

WellStar West Georgia Medical Center

2016 Community Health Needs Assessment



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**West Georgia
Medical Center**



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2016 WellStar WGMC Community Health Needs Assessment Report

This report serves to identify and assess the health needs of the community served by WellStar West Georgia Medical Center (WellStar WGMC). Previously known as West Georgia Health, this organization's 2013 Community Health Needs Assessment and Implementation Strategies were approved on Sept. 16, 2013, for its fiscal year ending on Sept. 30, 2013. This schedule complied with federal tax law requirements set forth in Internal Revenue Code section 501[®] and to satisfy the requirements set forth in IRS Notice 2011-52 and the Affordable Care Act for hospital facilities owned and operated by an organization described in Code 501(c)(3).

Working within that schedule for its next three-year CHNA cycle, the West Georgia Health CHNA steering committee began working on its 2016 CHNA with a target date of Sept. 30, 2016, as its deadline for approval by its Board of Trustees and public posting.

On April 1, 2016, West Georgia Health merged with the Marietta, Georgia-based WellStar Health System and became known as WellStar West Georgia Medical Center. In order to align its fiscal year with WellStar Health System's fiscal year, WellStar WGMC shortened its Fiscal Year 2016 to end on June 30, 2016. In turn, the WellStar WGMC CHNA steering committee accelerated its process for local board approval of the CHNA to occur on June 20, 2016.

Because of WellStar Health System's merger with WellStar WGMC and five additional, newly converted not-for-profit hospitals on April 1, WellStar plans to conduct its next Community Health Needs Assessment (CHNA) and Implementation Strategy reporting to align with the requirements for the newly converted not-for-profit hospitals. This means that all the hospitals within WellStar Health System will submit a new collective CHNA report and Implementation Strategies to meet the 501(r) requirements by fiscal year ending June 30, 2018.

Because WellStar WGMC's CHNA process was underway prior to the merger and despite the delayed deadline for system adoption until FY 2018, the WellStar WGMC steering committee proceeded with its plans to submit the CHNA for local board approval on June 20, 2016. The steering committee continued its plan to develop Implementation Strategies for local board approval on October 17, 2016, and will submit the CHNA and Implementation Strategies to the WellStar Board of Trustees for its review and approval in November 2016.



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The WellStar WGMC Community Health Needs Assessment and Implementation Strategies are posted on the WellStar WGMC website (wellstar.org/wgmc). Printed copies will be available by contacting: chnafeedback@wghealth.org.

ACKNOWLEDGEMENTS

The WellStar West Georgia Medical Center (WellStar WGMC) Community Health Needs Assessment (CHNA) was developed in collaboration with Strategy Solutions, Inc. (SSI), the consulting group engaged by WellStar WGMC to assist with the assessment. Representatives from WellStar WGMC and SSI worked collaboratively to guide and conduct the assessment. A steering committee made up of senior representatives of WellStar WGMC, as well as representatives from local health departments, leading health and social service organizations and county government provided additional input. The combined expertise, input and knowledge of the members of the steering committee was vital to the project. This group deserves special recognition for their tireless oversight and support of the CHNA process.

During this CHNA project, nine individuals were interviewed by SSI including representatives from health and social service agencies, public health officers, school system, clinicians, and the Hispanic community. SSI also conducted a community survey with 341 respondents, of which 299 were from Troup County, 12 from Heard County, 10 from Meriwether County, three from Harris County, eight from Randolph County, Alabama and nine from Chambers County, Alabama.

Finally, information was gathered by the project team through a series of 15 focus groups with 151 participants. These information-gathering efforts allowed the project team and steering committee to gain a better understanding of the health status, health care needs, service gaps and barriers to care of those living in the counties of Troup, Harris, Heard and Meriwether, which represent the primary and secondary service area of WellStar WGMC. The administration of WellStar WGMC would like to thank all of those who were involved in this project, particularly those who participated in interviews, survey efforts, focus groups and information gathering.



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Debra Thompson	Strategy Solutions, Inc.
Kathy Roach	Strategy Solutions, Inc.
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STEERING COMMITTEE MEMBERS

Community Members

David Ajayi, MD	District 4 Public Health
Sherrri Brown	Circles of Troup County
Debbie Burdette	Troup County Schools and Certified Literate Community Program
Donna Cherry	Troup Cares
Jack Eatman	Troup Family Connection
Jan Edwards	District 4 Public Health
Bart McFadden	Boys and Girls Club of West Georgia
Tishari McFarland	Troup County Health Department/Teen Maze
Christy Mason	Troup County Schools
Olugbenga Obasanjo	District 4 Public Health Officer
Holly Roberts	Circles of Troup County
Kathy Tilley	Troup County Center for Strategic Planning
Candace Tucker	Three Rivers Regional Commission Area Agency on Aging
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WellStar WGMC, in is proud to present its 2016 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic and other qualitative and quantitative data from Troup County, the primary focus service area of WellStar WGMC. This report also includes secondary and disease incidence and prevalence data from Troup County, along with the tertiary service areas of Harris, Heard and Meriwether counties in Georgia, as the WellStar WGMC service area includes portions of all of these counties. The data were reviewed and analyzed to determine the priority needs and issues facing the region.

As tax exempt organizations, not-for-profit hospitals have long been required to provide community benefits to the populations that they serve. Recent changes in legislation require that charitable hospitals explicitly demonstrate community benefit by conducting a community health needs assessment (CHNA), and adopting an implementation strategy to meet the identified community health needs.

Section 9007 of the Patient Protection and Affordable Care Act, Public Law 111-148 (the "Affordable Care Act"), created section 501(r) of the Code adding new requirements beginning with the first tax year on or after March 23, 2012; which state that 501(c)(3) hospitals must conduct a CHNA at least once every three years in order to assess community need and annually file information by means of Schedule H (Form 990), regarding progress toward addressing identified needs.

The primary purpose of this assessment was to identify the health needs and issues of the community defined as the primary service area of WellStar WGMC. In addition, the CHNA provides useful information for public health

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and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital, as well as other community providers, to more strategically identify community health priorities, develop interventions and commit resources to improve the health status of the region.

The full report is also offered as a resource to individuals and groups interested in using the information to inform better health care and community agency decision making.

Improving the health of the community and region is a top priority of WellStar WGMC. Beyond the education, patient care and program interventions provided by WellStar WGMC, we hope the information presented is not only a useful community resource, but also encourages additional activities and collaborative efforts that improve the health status of the community.



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The 2016 WellStar WGMC Community Health Needs Assessment (CHNA) was conducted to identify significant health issues and needs, as well as to provide critical information to WellStar WGMC and others in a position to make a positive impact on the health of the region's residents. The results enable the hospital and other community partners to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the WellStar WGMC primary service area of Troup County.

To assist with the CHNA process, WellStar WGMC retained Strategy Solutions, Inc. (SSI), Erie, PA, a planning and research firm whose mission is to create healthy communities to conduct the collaborative study. The assessment followed best practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. This CHNA and its supplemental resource data located in the appendices document include a detailed examination of the following areas:

- Evaluation of the 2013 WellStar WGMC CHNA Implementation Strategies
- Demographics & Socio-Economic Indicators
- Access to Quality Health Care
- Chronic Disease
- Healthy Environment
- Healthy Mothers, Babies and Children
- Infectious Disease
- Mental Health and Substance Abuse

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- Physical Activity and Nutrition
- Tobacco Use
- Injury

Secondary public health data on disease incidence and mortality, as well as behavioral risk factors, were gathered from numerous sources including the Georgia Department of Health, Healthy Communities Institute, the Centers for Disease Control, Healthy People 2020, and County Health Rankings, as well as a number of other reports and publications. The Georgia Behavioral Risk Factor Surveillance System (BRFSS) data compiled was for District 4 Public Health, which encompasses 12 counties, including Troup County (the primary service area for WellStar WGMC). For purposes of this report, this health district will be referred to as District 4 Public Health. Data were collected for WellStar WGMC, although some selected national data is included where local/regional data was not available.

Demographic data were collected from the Nielsen/Claritas demographic database. Primary qualitative data collected specifically for this assessment included a total of nine in-depth interviews with individuals from different consistencies and interest groups representing the needs of the WellStar WGMC service area, along with 15 focus groups reaching a total of 151 participants. A WellStar WGMC community survey was conducted with 341 responses received from the region, of which 299 were from Troup County, 12 from Heard County, 10 from Meriwether County, three from Harris County, eight from Randolph County, Alabama and nine from Chambers County, Alabama.

In addition to gathering input from stakeholder interviews, input and guidance also came from WellStar WGMC and community representatives who served on the WellStar WGMC Steering Committee.

After all primary (community survey, stakeholder interviews and focus groups) and secondary data were reviewed and analyzed by the Steering Committee during a meeting on May 12, 2016, the data suggested a total of 52 distinct issues, needs and possible priority areas for potential intervention by WellStar WGMC. Members of the WellStar WGMC CHNA Collaboration Work Group met on May 23, 2016 to review the final priorities (see **Table 27** on page 73) selected by the WellStar WGMC Steering Committee. After reviewing the results of the prioritization exercise using the criteria of (i) accountable role of the hospital, (ii) magnitude of the problem, (iii) impact on



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other health outcomes and (iv) capacity (systems and resources) to implement evidence-based solutions, the following identified needs were identified as the highest priorities. Refer to **Table 26** on page 70 for a more in-depth description of the four prioritization criteria.

1. Chronic Disease: High Blood Pressure
2. Chronic Disease: Diabetes
3. Chronic Disease: Heart Disease Mortality
4. Chronic Disease: Cardiovascular Disease (Stroke)
5. Chronic Disease: Obesity
6. Access to Quality Health Services: Using ER for Primary Care
7. Chronic Disease: Asthma/COPD
8. Chronic Disease: Colon Cancer
9. Chronic Disease: Lung Cancer
10. Chronic Disease: Breast Cancer
11. Access to Quality Health Services: High Cost of Health Care
12. Access to Quality Health Services: Health Fair or Poor
13. Access to Quality Health Services: Mammogram Screenings
14. Chronic Disease: Prostate Cancer
15. Physical Activity/Nutrition: Poor Diet/Eating Habits

The implementation strategies selected by WellStar WGMC and its community partners that will address the highest priority needs are published as a separate document.





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To guide this assessment, the hospital's leadership team formed a Steering Committee that consisted of hospital and community agencies who represented the broad interests of the local region. These included representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-income persons, minority groups, and those with chronic disease and mental health needs, individuals with expertise in public health, and internal program managers. The WellStar WGMC Steering Committee met twice, in November 2015 and May 2016 to provide guidance on the various components of the CHNA.

Service Area Definition

Consistent with IRS guidelines at the time of data collection, the project partners defined the community by geographic location based on the service area of WellStar WGMC. The geography of the WellStar WGMC region includes the primary focus service area of Troup County, along with the secondary service area including the counties of Harris, Heard, and Meriwether and is illustrated in **Figure 1**.

Community Resources

The hospital staff identified existing health care facilities and resources within their primary service area and the region overall available to respond to the significant health needs of the community. Resource directories currently utilized by the hospital’s case management and social service departments were compiled and augmented with additional information. The information included in the asset inventory and map includes a listing of community and hospital services (a detailed listing can be found in Appendix B of WellStar WGMC’s Supplemental Data Resource, pages 17-82):

Community Resources:

- | | |
|--|--|
| Adult Education, Employment and Training | Disaster and Emergency Relief Resources |
| Alcohol and Substance Abuse Resources | Domestic Violence Services Resources |
| Assistance Living/Personal Care Facilities | Early Intervention Services Resources |
| Assistance Programs Services Resources | Emergencies and Urgent Care Services Resources |
| Assistive Technology Services Resources | Eye Care Services Resources |
| Blood Donation Resources | Family Assistance Services Resources |
| Breastfeeding Resources | Food Bank Resources |
| Cancer Support Services Resources | Health Insurance Resources |
| Case Management Resources | Health Waiver Programs Services Resources |
| Child Care Resources | Home Health Services Resources |
| Child Safety Resources | Hospice Services Resources |
| Children and Family Support Services Resources | Hospital Services Resources |
| Children’s Health Services Resources | Hotline Numbers Resources |
| Chiropractic Support Services Resources | Housing Assistance Services Resources |
| Counseling Resources | Immunizations and Vaccinations |
| Dental Services Resources | Legal/Financial Advocacy Resources |
| Disabled Individual Services Resources | Medicaid Enrollment Services Resources |
| | Medical Clinics Services Resources |



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accomplished by identifying focus groups and key stakeholders who represented various subgroups in the community. In addition, the process included public health participation and input, through extensive use of the Georgia Health Department, Healthy Communities Institute, and Centers for Disease Control data and public health department participation on the Steering Committee.

The secondary quantitative data collection process included demographic and socio-economic data obtained from Nielsen/Claritas (www.claritas.com); disease incidence and prevalence data obtained from the Georgia Departments of Health and Vital Statistics; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention; American Community Survey and the Healthy People 2020 goals from HealthyPeople.gov. In addition, various health and health-related data from the following sources were also utilized for the assessment: the U.S. Department of Agriculture, the Georgia Department of Education, and the County Health Rankings (www.countyhealthrankings.org). Selected Emergency Department and inpatient utilization data from the hospital was also included. Economic data was obtained through the U.S. Census Bureau. Data presented are the most recent published by the source at the time of the data collection.



The primary data collection process also included conducting a community survey between April 25, 2016 and May 6, 2016, utilizing a mixed-methodology convenience sample, with data collection completed via paper and the Internet. Refer to Appendix G (pages 241-258) of the Supplemental Data Resource for a copy of the Community Survey. WellStar WGMC put a link to the survey on their website, posted the survey link on their FaceBook page, distributed the survey link via e-mail to local residents on their mailing lists and distributed paper surveys in selected locations in their facilities and community agencies. A total of 341 surveys were completed by residents of the WellStar WGMC service area, of which 299 were from Troup County, 12 from Heard County, ten from Meriwether County, three from Harris County, eight from Randolph County, Alabama and nine from Chambers County, Alabama.

The primary data collection process also included qualitative data from nine stakeholder interviews (see **Table 1**) conducted during February, April and May 2016 by staff members of SSI. Refer to Appendix E (pages 229-232) of the Supplemental Data Resource for a copy of the interview guide.

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Stakeholders interviewed included individuals with expertise in the following disciplines and/or organizational affiliations that could not be represented or convened through focus groups:

- Children and Youth
- School District
- Social Services Agencies
- GA Department of Health
- Health Services
- Faith-Based Hispanic Ministry

Table 1. WellStar WGMC Stakeholder Interviews

Date Conducted	Name	Organization
February 23, 2016	Bart McFadden	Boys and Girls Club
February 24, 2016	Debbie Burdette	Troup County School System
April 20, 2016	Donna Cherry	Troup Cares
April 20, 2016	Dr. Obasanjo Olugbenga and Jan Edwards	District 4 Public Health
April 21 2016	Jaime Exxum, Elaine Connolly, and Ophelia Morris	Conifer Health Services
May 4, 2016	Eddie Knowlton	LaGrange Internal Medicine
May 5, 2016	Eric Blackman	Emory at LaGrange
May 5, 2016	Adriana Munoz	St. Peter’s Hispanic Ministry
May 6, 2016	TiShari McFarland	Troup County Health Department

Focus groups were conducted with 15 different groups in February and April 2016 representing the following groups as seen in **Table 2**. Refer to Appendix F (pages 233-239) of the Supplemental Data Resource for the Focus Group Topic Guide.

When it is difficult for a target audience to convene for a group discussion (such as the Hogansville Food Pantry), input from the group was gathered via an intercept survey. See Appendix H (pages 259-261) of the Supplemental Data Resource for the Focus Group Intercept Survey.

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Table 2. WellStar WGMC Focus Groups Conducted

Date Conducted	Group	Representing	Total # Participants
February 23, 2016	Women’s Health Center Yoga Class	Breast Cancer Patients	5
February 24, 2016	United Way Directors	Various Service Agencies	11
February 24, 2016	West Georgia Health Social Services Team	Social Services	7
February 24, 2016	West Georgia Health Access to Care	ER Staff, West Georgia Physicians Staff, Clinic Staff and Area Agency on Aging	4
February 25, 2016	West Georgia Health Chronic Disease Team	Clinicians and Dieticians	6
February 25, 2016	Troup County Strategic Planning	Education, Chamber of Commerce, Development, Foundation	19
February 25, 2016	Public Health	Public Health Representatives	7
February 25, 2016	Circles of Troup County	Underserved	14
April 19, 2016	Hogansville Senior Center	Senior Citizens and Hogansville Residents	13
April 19, 2016	Hogansville Church of God	Hogansville Residents	9
April 20, 2016	West Point Technology Training Center	West Point Residents	5
April 20, 2016	Jam’n Java Bakery	West Point Residents	15
April 21, 2016	Hogansville Food Pantry	Underserved Population	16
April 21, 2016	Troup County Chamber of Commerce	Various Service Agencies	12
April 21, 2016	Active Life Center	Senior Citizens	8
Total			151

Interviews and focus groups captured personal perspectives from community members, providers, and leaders with insight and expertise into the health of a specific population group or issue, a specific community or the county overall.

Needs/Issues Prioritization Process

On May 12, 2016, the WellStar WGMC Steering Committee met to review the primary and secondary data collected through the needs assessment process, and discussed needs and issues present in both the region and their local service territory. The team from SSI, including Debra Thompson,



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President of Strategy Solutions, Inc., presented the data to the WellStar WGMC Steering Committee and discussed the needs of the local area, what the hospital and other providers are currently offering the community, and discussed other potential needs that were not reflected in the data collected. A total of 52 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2020 goals, negative trends, or growing incidence). Four criteria, including accountable role, magnitude of the problem, impact on other health outcomes, and capacity (systems and resources to implement evidence based solutions), were identified that the group would use to evaluate identified needs and issues.

In the week following the meeting, Steering Committee members completed the prioritization exercise using the Survey Monkey Internet survey tool to rate each the needs and issues on a one to ten scale by each of the selected criteria. Thirty-seven (37) Steering Committee members participated in the prioritization exercise. See Appendix D (pages 221-228) of the Supplemental Data Resource for more information on the methodology of the prioritization process.

The consulting team analyzed the data from the prioritization exercise and rank ordered the results by overall composite score (reflecting the scores of all criteria) for the WellStar WGMC region, as well as for the hospital's Steering Committee.

On May 23, 2016, WellStar WGMC's CHNA Collaboration Work Group met again to discuss the prioritization results and determine which needs and issues would be addressed in the implementation strategy.

Review and Approval

The WellStar WGMC CHNA report was approved by the WellStar WGMC Board of Trustees on June 20, 2016.





Evaluation of the 2013 WellStar WGMC CHNA Implementation Strategies

WellStar WGMC conducted an evaluation of the implementation strategies undertaken since the completion of the 2013 CHNA. The hospital retained the services of Strategy Solutions, Inc. in an advisory role to assist the hospital with the implementation of its action plan. Although the status for most county-level indicators did not change substantially, it is clear that WellStar WGMC is working to improve the health of the community.

During October and November 2014 and 2015, WellStar WGMC CHNA Steering Committee conducted an evaluation of its implementation strategies for the 2012-2014 and 2014-2015 fiscal years ending September 30, respectively. The evaluation process included:

- Status report of activities and compiling year-end outcome and impact metrics.
- Steering Committee meeting to rate the accomplishments of each goal and determine if the current implementation strategies should be continued, discontinued or modified.
- Action plan update for the upcoming fiscal year.

The Steering Committee met on November 4, 2014 and November 3, 2015 to review the status, outcomes and impact of the various implementation strategies accomplished throughout the previous fiscal year. Some highlights of the outcomes/impact data are included below. The complete WellStar WGMC Year 1 and Year 2 Evaluations can be found in Appendix I of the Supplemental Data Resource (pages 262-385).

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Goal 1: Access – Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas

- Recruited several physicians and extenders and have initial contracts with new physicians for 2016 as well.
- Supported Troup Cares, a clinic for the working poor or near poor in Troup County, as well as offered a Community Service Clinic for Troup County residents with chronic diseases who are uninsured and meet certain financial qualifications.
- Three (3) specialist physicians have been recruited (pulmonologist, radiation oncologist and ENT), urology search still active; other recruitment efforts on hold until the physician needs assessment is updated.
- Over \$21 million was provided in charity care and bad debt; Emergency Department visits actually increased this past year, as did the percentage that was ambulatory care sensitive conditions (28%).
- The community resource guide is underway and is expected to be completed by December 31, 2015.
- 1,078 WellStar WGMC employees and spouses participated in the employee wellness programs; 618 employees participated in the weight loss challenge and lost a total of 2,343 pounds.
- Troup County Wellness at Work initiative expanded to only one employer; the Chamber is looking at strategies to expand participation.



Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

- Participated in 30 WellStar WGMC and community health fairs/screenings, with one person diagnosed with prostate cancer as a result of the screening and 66 women receiving vouchers for free mammograms.
- Hosted information sessions and sign-up assistance for the Affordable Care Act Health Exchange Program – 35 people met with health navigators, with 11 of those people enrolling in the exchanges provided by the Affordable Care Act.
- Promoted health improvement and prevention activities within its own workforce – 78% of WellStar WGMC employees currently

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participate in the hospital's Vitality® wellness program, with a 41% increase in the number of employees who have reached platinum status from 2013 to 2014.

- Began Healthy Troup – a community wellness initiative in collaboration with the LaGrange-Troup County Chamber of Commerce, Troup County Center for Strategic Planning, District 4 Public Health, the Troup County Health Department and Emory at LaGrange.
- Offered diabetes self-management training – 100% of the participants lowered and met their A1C goals.
- Continued the Project Red program designed to improve the health of congestive heart failure patients. For the first three quarters of 2014, 15.54% CHF patients participated in Project Red; participation is on target to meet or exceed the expected number of 19.61%.
- Decreased WellStar WGMC's COPD readmission rate – the COPD readmission rate was 8.84, a decrease of 48% from 2013 (16.92).
- 800 people participated in the "Paint the Town Pink" event; 12 low income women were screened and 11 were given payment vouchers and scheduled for mammograms.
- 113 people walked in the "Hope for a Day" walk, raising more than \$80,000 for breast cancer screenings, awareness, patient support, etc.
- Initiated lung CT screening for lung cancer; 12 patients – Stage 1; 4 patients – Stage 2; 23 patients – Stage 3; and 33 patients – Stage 4 lung cancer diagnoses reported.
- Zero participants in smoking cessation program; encouraging physicians to refer.
- Colon cancer diagnoses: Stage 1 - 5 patients; Stage 2 - 7 patients; Stage 3 - 6 patients; and Stage 4 - 8 patients.
- 178 men screened during prostate cancer event; 12 referred for follow up; Stage 1 - 19 patients; Stage 2 - 29 patients; Stage 3 - 0 patients; and Stage 4 - 3 patients diagnosed.
- Two 2-day health fairs at local industries attracted over 400 participants.
- 84 people participated in weight management classes with WellStar WGMC dietitians.
- Project RED 30-Day, All Cause Readmission rate for FY 2015 TD=4.69%; Overall WGH 30-Day, All-cause Heart Failure Readmission Rate for FY 2015 TD = 13.78%.



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Goal 3: Improve the health status of Troup County youth by targeting risk behaviors

- Participated in the planning and implementation of the Teen Maze program – 862 ninth graders participated in this community program that is designed to decrease youth risk behaviors.
- Partnered with the Boys & Girls Clubs of West Georgia on programs designed to promote self-esteem, wellness and positive behaviors and decrease youth risk behaviors. Results from the B&GC's Winning the Battle study indicate Boys & Girls Clubs participants have better percentages than the entire Troup County School System student body when it came to school absences and suspensions.
- Successfully instituted the First Steps program to decrease child abuse and Shaken Baby Syndrome.
- Partnered with the LaGrange Lions Club in March 2014 to host WellStar WGMC's first-ever Diabetes Walk (to raise awareness and funds for/about diabetes and obesity). It was a 5K walk that had 75 participants and raised \$1,600. Proceeds are being used to offer diabetes and nutrition education classes at Troup Cares.
- Partnered with District 4 Public Health, Jenny Jack Sun Farms and the local Master Gardeners group on a Community Garden project at the LaGrange Boys and Girls Club. This collaboration planted the first garden in August, with the crops being harvested in October and November. This project continued into FY 2015, with WellStar WGMC's piece of the puzzle being offered healthy cooking demos and recipes using vegetables grown in the garden, as well as nutrition information to the kids.
- No teen pregnancy classes were offered due to a lack of participation, despite heavy marketing. Teen births at WellStar WGMC increased 149% in 2015. The Troup County school district is adding a 7th grade curriculum.
- Sex, Truth and Consequences class held in January 2015 with 80 participants, post-tests showed 80% (combined parents and students) reported increased knowledge of the topics.
- Teen Maze event held in November 2014 with 900 participants.
- Provided financial support to local Boys and Girls Club events: 67% of local club members reported participating in physical activity for 7 days/week vs. 33% of youth nationwide; 63% of club members reported consuming at least 2 fruits/3 vegetables each day vs. 43% consumption among U.S. youth; 91.5% of youth participating in the



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clubs' summer program demonstrated improved fitness from June to July 2015.

- 555 parents were screened in the First Steps program to prevent Shaken Baby Syndrome; 2 cases were reported, up from zero in 2014.

A total of 20 Steering Committee members participated in the rating process for the 2015 CHNA evaluation. Progress for each of the goals was rated on a 5-point scale where 5=Excellent and 1=Poor. The results of the evaluation included:

- Access-related objectives were given a rating of 3.8, with 19% rating progress as excellent and 44% indicating very good. 94% of participants indicated that it was extremely important to continue access objectives. Suggestions for improvements included more involvement from the informatics department to automate indicators and bridging the gap between the hospital and the doctors' offices.
- Chronic disease-related objectives were given a rating of 4.1, with 29% rating progress as excellent and 47% indicating very good. All of the participants (100%) indicated that it was extremely important to continue chronic disease related objectives. Suggestions for improvements included determining strategies to deal with non-compliant patients, focusing on population health management through prevention to decrease emergency department utilization, and integration of physical and behavioral health to address non-compliance.
- Healthy youth-related objectives received a rating of 3.9, with 13% rating progress as excellent and 60% indicating very good. All of the participants (100%) indicated that it was extremely important to continue these objectives. Suggestions included adding the annual free athletic physicals into the numbers.





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For purposes of this assessment, the WellStar WGMC service area geography is defined as the primary service area of Troup County and the secondary service area of Harris, Heard, and Meriwether counties in Georgia.

The above listed primary and secondary service areas were used to pull Demographic data from Nielsen/Claritas and the U.S. Census Bureau – American Family Survey in order to report on the areas of: population, gender, race, age, marital status, educational status, household income, employment and poverty status, and travel time to work. Below are the Demographic conclusions from this data. For a more in-depth review of the Demographic data, please see pages 1-16 of WellStar WGMC’s CHNA Supplemental Data Resource, Appendix A.

Demographic Conclusions

- The populations of Troup, Harris and Heard Counties have been increasing and are projected to continue to increase through 2021. Troup County has the largest projected increase; almost 50%. Meriwether County’s population has been slowly decreasing and is projected to continue to decrease through 2021.
- All four counties have slightly more females than males.
- Over three-fourths of the residents in Harris (79.4%) and Heard (84.8%) counties are White, while over one-third of the residents in Troup (35.6%) and Meriwether (38.8%) counties are Black or African American
- The majority of the population is between the ages of 25 and 84, with approximately one-third between the ages of 25-54 and one-third between the ages of 55-84.
- Just over half of the population in Harris (55.3%) and Heard (51.1%) counties is married while less than half of the population (42.8%) in

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Meriwether County is married. Approximately one-third of the population in Troup County (32.2%) has never been married.

- Over a quarter of the adults in Heard and Meriwether counties have less than a high school education.
- Meriwether County has the highest population of residents earning less than \$35,000 a year (47.1%), while Harris County has the lowest (27.0%).
- Approximately half of the population in Troup (54.7%), Harris (57.1%) and Heard (49.6) counties are employed, while the population in Meriwether County is evenly split between being employed (45.3%) and not in the labor force (46.3%).
- Over three-fourths of those employed drive alone to work.
- Over half of those employed in Troup (76.2%) and Harris (62.0%) travel less than 30 minutes to work, while those employed in Heard (67.7%) and Meriwether (75.8%) counties travel less than 45 minutes to work.

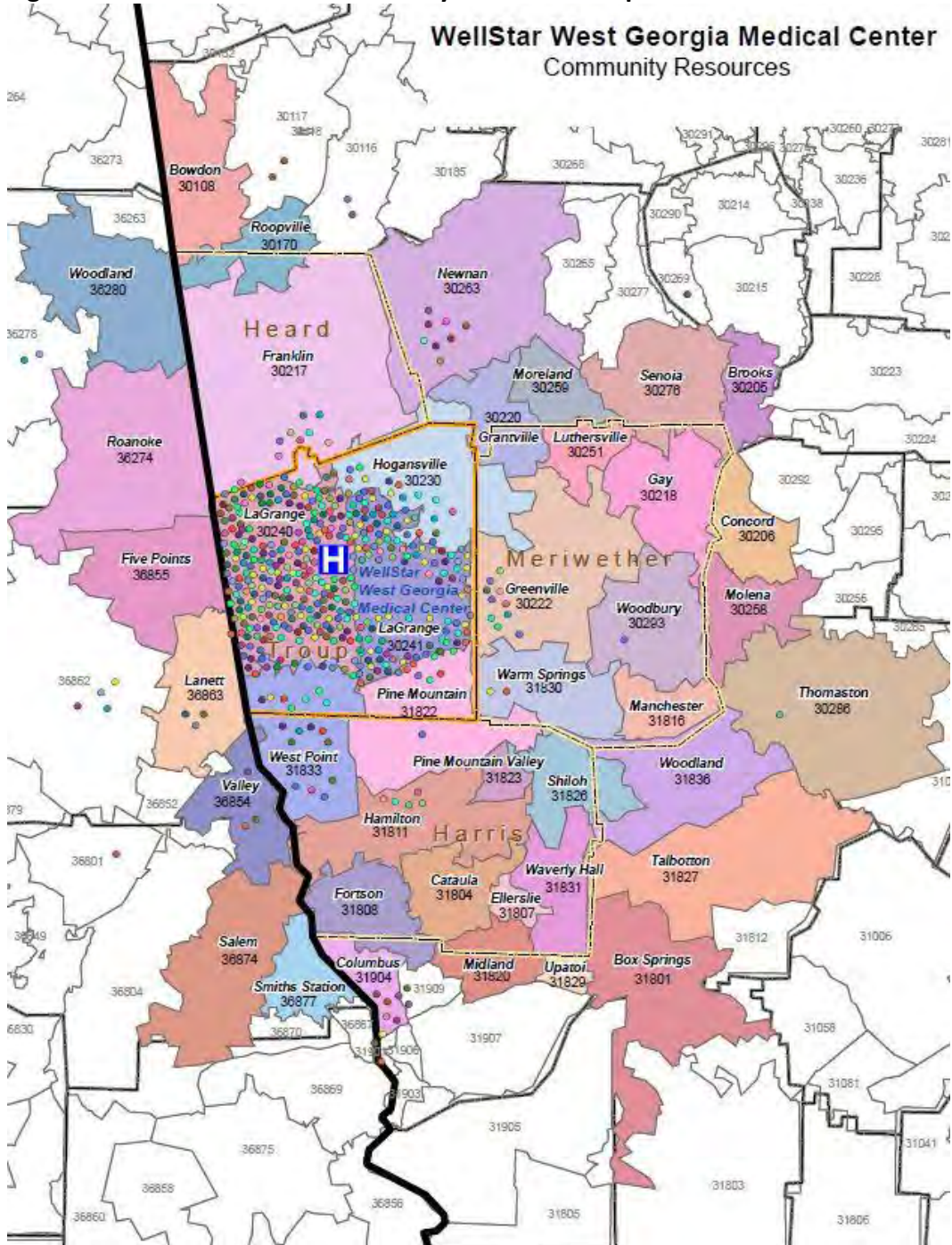


Community Resources

A list of community and hospital assets and resources that are available in the community to support residents were compiled and are mapped in **Figures 2 and 3** and listed in WellStar WGMC's CHNA Supplemental Data Resource, Appendix B, pages 17-82. The assets identified are broken down into the legends that appear after each resource map. The asset categories are also listed on pages 9-10 of this CHNA.

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Figure 2: WellStar WGMC Community Resources Map



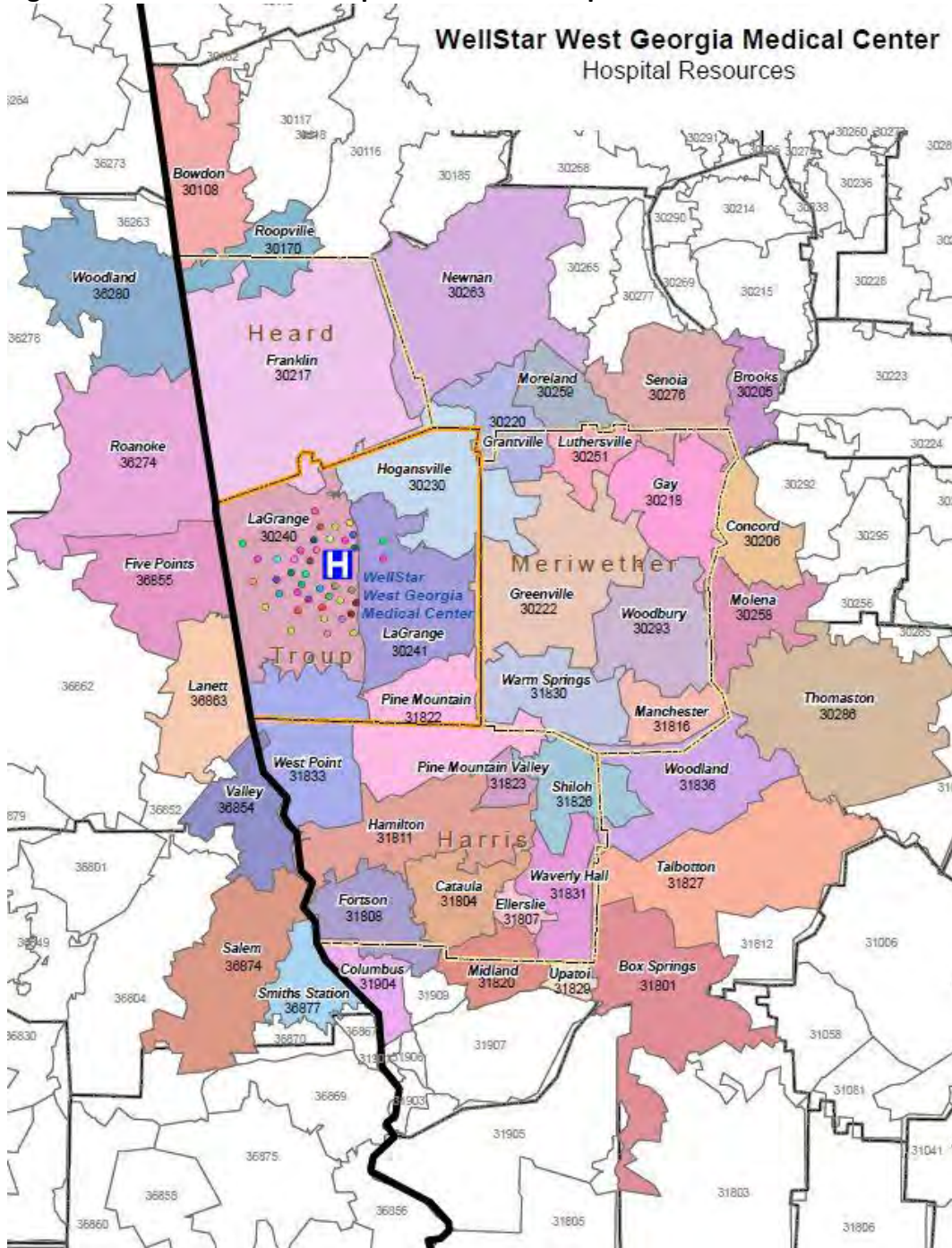
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The Community Resource Directory offers a comprehensive listing of agencies, services, businesses and health care resources available within Troup County and beyond. The directory is divided into 75 categories, with the 50 community-based categories listed below.

- Adult Education, Employment and Training
- Alcohol and Substance Abuse Resources
- Assistance Living/Personal Care Facilities
- Assistance Programs Services Resources
- Assistive Technology Services Resources
- Blood Donations Resources
- Breastfeeding Resources
- Cancer Support Services Resources
- Case Management Resources
- Child Care Resources
- Child Safety Resources
- Children and Family Support Services Resources
- Children's Health Services Resources
- Chiropractic Support Services Resources
- Counseling Resources
- Dental Services Resources
- Disabled Individual Services Resources
- Disaster and Emergency Relief Resources
- Domestic Violence Services Resources
- Early Intervention Services Resources
- Emergencies and Urgent Care Services Resources
- Eye Care Services Resources
- Eye Care Services Resources
- Family Assistance Services Resources
- Food Bank Resources
- Health Insurance Resources
- Health Waiver Programs Services Resources
- Home Health Services Resources
- Hospice Services Resources
- Hospital Services Resources
- Hotline Numbers Resources
- Housing Assistance Services Resources
- Immunizations and Vaccinations
- Legal/Financial Advocacy Resources
- Medicaid Enrollment Services Resources
- Medical Clinics Services Resources
- Non-Emergency Transport Services Resources
- Nursing Home Services Resources
- Oral Surgery Services Resources
- Pharmacies and Drug Assistance Resources
- Physical Fitness and Nutrition Services
- Physical and Occupational Therapy Services
- Primary Care Clinics Services Resources
- Respite Care Services Resources
- Senior Citizen Services Resources
- Shelter Resources
- Special Education Services Resources
- Transportation Assistance for the Disabled
- Traumatic Brain Injury Resources
- Youth Services Resources

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Figure 3: WellStar WGMC Hospital Resources Map



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The following hospital-related resources were also included in the Community Resource Directory.

- Audiology
- Continuing Care
- Critical Care
- Emergency Care
- Employee Assistance
- Enoch Callaway Cancer Center
- Home Care
- Hospice
- Imaging
- Independent & Assisted Living
- Laboratory
- Long-Term Care
- Maternity Services
- Nutrition Therapy
- Occupational Medicine
- Orthopedics
- Palliative Care
- Pulmonary Medicine
- Rehabilitation & Wellness
- Sleep Center
- Speech Pathology
- Stroke Care
- Surgical Services
- Weight Loss Surgery
- West Georgia Heart Clinic
- Women's Health
- Wound Care

Key Findings – BRFSS & Public Health Data

This assessment reviewed a number of indicators at the county level from the statewide Behavioral Risk Factor Survey (BRFSS), as well as disease incidence and mortality indicators. For this analysis, the service area data was compared to state and national data where possible.

As outlined in **Tables 3** through **8**, when looking at the BRFSS questions related to WellStar WGMC’s primary and secondary service area data, the regional rates that were worse than Georgia include the percentage of people who reported their health fair or poor, prevalence of mammography screenings, obesity, diabetes among adults, pneumonia and influenza vaccinations among adults age 65 and older, adults ever tested for HIV and the prevalence of physical inactivity among adults.



The public health data within WellStar WGMC’s primary and secondary service areas have increasing rates of chronic diseases in several areas:

- Breast cancer incidences in Harris County
- Breast cancer mortality in Troup and Harris counties
- Lung cancer incidences in Heard County

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- Lung cancer mortality in the counties of Troup, Heard and Meriwether
- Colorectal cancer incidences in Meriwether County
- Prostate cancer mortality in Troup County
- Hypertensive heart disease mortality in Troup County
- High blood pressure mortality in Troup, Heard and Meriwether counties
- Obstructive heart disease mortality in the counties of Harris and Meriwether
- Cerebrovascular (stroke) mortality in Troup County
- Diabetes mortality in Harris County

For the Healthy Mothers, Babies and Children indicators, WellStar WGMC's primary and secondary service areas have increasing rates in Harris, Heard and Meriwether counties for low birth rate births.

For the selected indicators within Infectious Disease, Mental Health and Substance Abuse, Tobacco Use and Injury, WellStar WGMC's primary and secondary service areas have increasing rates of:

- Pneumonia mortality in Troup County
- Influenza and pneumonia mortality in the counties of Troup, Harris and Meriwether
- Chlamydia and females with chlamydia in Troup, Heard and Meriwether Counties
- Males with chlamydia in Troup County
- Gonorrhea in the counties of Troup, Harris and Heard
- Females with gonorrhea in Troup County
- Males with gonorrhea in the counties of Troup and Harris
- Poisoning mortality in Troup County
- Unintentional poisoning mortality in Troup and Meriwether counties

Other indicators that show an increasing trend in the WellStar WGMC primary and secondary service areas include:

- Adults reporting their health fair or poor in Troup County
- Adult obesity in Heard and Meriwether counties
- Children living in poverty in the counties of Heard and Meriwether
- Children living in a single parent home in Troup County



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- Prevalence of HIV/AIDS in the counties of Harris, Heard and Meriwether
- Physical inactivity in Meriwether County
- Children eligible for free lunch in Troup, Harris and Heard counties
- Adults who smoke in Troup County.

There is also a decreasing trend in women receiving mammogram screenings in Troup and Heard Counties and access to recreational opportunities in Heard County.

The 2008-2014 Healthy Communities Institute data for the WellStar WGMC primary and secondary service areas show that there are decreasing percentages in 8th grade students proficient in math in Meriwether County and students eligible for the lunch program in all four counties of Troup, Harris, Heard and Meriwether.

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The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Overall Key Findings

Table 3 below highlights the key findings of the Behavioral Risk Factor Survey for WellStar WGMC.

Table 3. WellStar WGMC Behavioral Risk Factor Comparative Table

WGH Executive Summary Spreadsheet	District 4: LaGrange								Trend	GA				US	US	HP 2020	GA	US	HP 2020
	2011		2012		2013		2014			+/-	2011	2012	2013	2014	2010	2013	Goal	Comp	Comp
Behavior Risk	%	#	%	#	%	#	%	#	%	%	%	%	%	%	%	%	%	%	%
ACCESS																			
Reported Health Poor or Fair	16.1%	609	15.8%	361	19.7%	491	21.4%	361	+	18.9%	17.5%	19.0%	18.8%	14.7%	16.7%		+/-	+/-	
No Health Insurance	27.3%	444			17.6%	349	17.3%	238	-	29.0%		27.3%	25.0%	17.8%	16.8%	0%	+/-	+/-	+
Prevalence of Adults who have seen a Doctor in the Past 12 months	71.7%	591	73.6%	353	75.1%	481	31.6%	352	-	72.4%		72.9%	72.9%				+/-		
Prevalence of Pap Testing in the Last 3 Years Among Women, Age 18+	63.1%	114			80.2%	266	72.9%	202	+/-	83.6%		74.8%	73.4%				+/-		
Prevalence of Mammography in the Last 2 Years Among Women, Age 18+					76.3%	206	72.4%	156	-	83.2%		81.7%	81.1%				-		
Needed to See a Doctor But Could Not Due to Cost, Past Year	18.5%	610	20.3%	361	18.0%	492	18.5%	361	+/-	21.8%		19.8%	19.0%		15.3%	4.2%	+/-	+	+
CHRONIC DISEASE																			
Adults Who Have Had a Heart Attack (ages 18 +)	5.0%	610	5.1%	360	4.2%	491	5.7%	358	+/-	4.4%	4.2%	3.9%	4.5%				+/-		
Adults Who Have Had Angina	4.3%	608	4.3%	360	3.6%	486	5.4%	357	+/-	4.4%	4.5%	3.7%	4.1%				+/-		
Adults Who Have Had a Stroke (ages 18+)	2.8%	607	3.9%	362	3.0%	491	3.6%	360	+/-	3.4%	3.3%	2.8%	3.3%				+/-		
Overweight (BMI 25-30)			30.4%	347	37.0%	472	33.8%	344	+/-		35.3%	35.3%	35.2%	36.2%	35.4%		+/-	+/-	
Obese (30-99.99)	25.4%	580	28.9%	347	25.4%	472	35.7%	344	+	27.8%	29.0%	30.0%	30.5%	27.5%	29.4%	30.5%	+/-	+/-	+/-
Prevalence of Diabetes Among Adults	9.6%	610	10.4%	362	11.6%	493	14.8%	360	+	10.2%	9.9%	10.8%	11.6%				+/-		
HEALTHY ENVIRONMENT																			
Prevalence of Asthma among Adults	12.5%	605	7.1%	361	8.6%	491	7.4%	360	+/-	9.6%	8.2%	8.4%	8.3%				+/-		
INFECTIOUS DISEASE																			
Adults Who Had a Pneumonia Vaccine in the Past 12 Months, Age 65 and older	66.0%	154	61.3%	107	70.9%	126	60.6%	102	+/-	66.5%	66.2%	66.4%	65.2%	68.8%	69.5%	90.0%	+/-	+/-	-
Adults Who Had an Influenza Vaccine in the Past 12 Months, Age 65 and older	54.6%	155	52.3%	110	58.0%	129	50.7%	109	+/-	55.2%	60.1%	54.6%	54.7%			90.0%	+/-		-
Ever Tested for HIV, Ages 18+					42.4%	438	37.3%	324	-			43.7%	43.7%			73.6%	+/-		-
MENTAL HEALTH AND SUBSTANCE ABUSE																			
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women)	14.1%	576	12.1%	347	13.5%	473	14.2%	342	+/-	16.6%	14.4%	13.1%	14.2%	17.1%	16.8%	24.4%	+/-	-	-
At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	4.0%	579	7.6%	351	4.7%	472	3.9%	340	+/-	6.2%	5.1%	4.7%	5.3%		6.2%		+/-	+/-	
PHYSICAL ACTIVITY AND NUTRITION																			
Prevalence of Physical Inactivity Among Adults			20.2%	362	25.7%	466	26.5%	361	+		23.6%	27.2%	23.6%				+/-		
TOBACCO USE																			
Adults who use Smokeless Tobacco	3.6%	610	3.2%	356	7.6%	480	5.0%	350	+/-	4.4%		5.0%	4.7%				+/-		
Prevalence of Cigarette Smoking among Adults	22.0%	608	24.2%	355	25.3%	476	18.1%	349	+/-	21.2%	20.4%	18.8%	17.4%	17.3%	18.8%	12.0%	+/-	+/-	+

Source: Georgia Department of Public Health, Centers for Disease Control, www.healthypeople.gov

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The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Table 6 highlights various public health indicators included in the assessment for WellStar WGMC.

Table 6. WellStar WGMC Public Health Indicators – Table 3 of 3

WGH Executive Summary Spreadsheet	TROUP COUNTY							Trend	HARRIS COUNTY							Trend	HEARD COUNTY							Trend	MERIWEATHER COUNTY							Trend	HP 2020 Goal	HP Goal Comp
	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	+/-		2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	+/-		2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	+/-		2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	+/-			
CHRONIC DISEASE																																		
Age-Adjusted Death Rate due to Obstructive Heart Disease per 100,000	134.4	114.5	106.7	96.7	97.1	90.6	+/-	108.7	108.5	86.3	77.0	60.0	83.6	+/-	84.0	63.6	83.0	80.1	94.3	82.7	+/-	186.2	169.4	164.1	153.7	146.9	157.1	+/-						
Age-Adjusted ER Rate due to Heart Failure per 10,000		10.5	9.9						11.0	13.0					10.9	10.3							9.2	12.3										
Age-Adjusted Hospitalization Rate due to Heart Failure per 10,000		50.2	55.6						29.8	29.1					37.9	41.6							45.4	53.6										
Age-Adjusted Death Rate due to High Blood Pressure per 100,000	6.7	9.1	13.0	17.1	17.9	15.4	+/-	10.7	12.4	14.3	13.6	14.9	11.7	+/-			16.3	18.6	19.8	26.2	+	15.9	11.9	13.6	15.1	22.8	29.8	+/-						
Age-Adjusted ER Rate due to COPD per 10,000		25.9	32.1						14.9	16.4					44.6	41.4							18.1	17.6						56.8				
Age-Adjusted Hospitalization Rate due to COPD per 10,000		35.8	43.2						12.8	15.3					28.7	30.1							24.9	30.7						50.1				
HEALTHY ENVIRONMENT																																		
Age-Adjusted ER Rate due to Pediatric Asthma per 10,000 (pop. Under 18)		72.9	76.5						22.8	21.6					40.6	52.5							35.0	42.1						95.7				
INFECTIOUS DISEASE																																		
Age-Adjusted Death Rate due to Influenza and Pneumonia per 100,000	13.0	12.8	14.1	14.4	11.6	17.1	+/-	11.5	10.3	13.7	16.9	16.3	14.0	+/-	24.8	16.5	17.5	17.1	22.2	22.6	+/-	10.2	20.6	19.7	26.1	20.8	21.6	+/-						
INJURY																																		
Age-Adjusted Death Rate due to Unintentional Poisonings per 100,000	7.8	9.2	8.4	14.1	14.2	14.5	+/-		8.9	9.4	10.5	6.6	7.6	+/-	14.6	21.2	20.4	15.2	11.6		+/-	11.9	10.6	10.8	9.1	19.6	19.6	+/-	11.1	+/-				

Source: Georgia Department of Public Health, Centers for Disease Control, www.healthypeople.gov

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Table 8 highlights various education indicators included in the assessment for WellStar WGMC.

Table 8. WellStar WGMC Department of Education

WGH Executive Summary Spreadsheet	TROUP COUNTY						Trend	HARRIS COUNTY						Trend	HEARD COUNTY						Trend	MERIWETHER COUNTY						Trend	HP 2020	HP 2020
	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014		2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014		2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014		2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014			
HEALTHY ENVIRONMENT																														
4th Grade Students Proficient in Math	66.0%	79.0%	81.4%	83.0%	83.5%	79.5%	+/-	82.0%	87.0%	87.7%	82.0%	86.9%	89.2%	+/-	75.0%	78.0%	80.4%	84.1%	89.5%	94.1%	+	58.0%	63.0%	65.5%	61.9%	61.5%	69.1%	+/-	43.0%	+
4th Grade Students Proficient in Reading	89.0%	90.0%	87.7%	89.2%	93.4%	93.5%	+/-	91.0%	95.0%	91.9%	93.0%	92.5%	95.9%	+/-	91.0%	91.0%	88.2%	89.6%	90.4%	97.8%	+/-	74.0%	82.0%	79.4%	79.3%	79.6%	89.6%	+/-	36.3%	+
8th Grade Students Proficient in Math	75.0%	82.0%	90.0%	89.7%	89.8%	89.3%	+/-	77.0%	87.0%	85.2%	92.2%	94.5%	95.9%	+/-	88.0%	87.0%	87.1%	98.2%	99.3%	96.7%	+/-	72.0%	68.0%	77.3%	71.8%	65.1%	62.4%	+/-	37.3%	+
8th Grade Students Proficient in Reading	94.0%	96.0%	99.1%	98.1%	98.7%	97.7%	+/-	98.0%	98.0%	97.2%	98.7%	99.0%	99.2%	+/-	93.0%	97.0%	98.7%	99.4%	100.0%	100.0%	+	90.0%	94.0%	94.6%	93.1%	96.0%	94.2%	+/-	35.6%	+
PHYSICAL ACTIVITY AND NUTRITION																														
Students Eligible for Free Lunch Program	50.7%	52.6%	55.9%	55.6%	56.6%	58.8%	+	24.9%	26.0%	28.6%	27.9%	31.0%	28.3%	+/-	45.1%	51.7%	54.1%	53.0%	57.7%	57.3%	+/-	68.3%	68.0%	52.8%	53.8%	69.5%	76.1%	+/-		

Source: Healthy Communities Institute, www.healthypeople2020.gov

Other Secondary Data: Hospital Utilization Rates

As seen in **Table 9** from 2013 through 2013, hospital inpatient discharges for ambulatory care sensitive conditions for WellStar WGMC increased for: dental conditions, iron deficiency anemias, nutritional deficiencies, bacterial pneumonia, cervical cancer, cellulitis, gastroenteritis, hypoglycemia, kidney/urinary infection, pelvic inflammatory disease, severe ENT infections, asthma, COPD, congestive heart failure, diabetes, grand mal and other epileptic conditions, hypertension and tuberculosis (non-pulmonary).

Table 10 shows that when comparing years 2006-2010 and 2011-2014 for the top reasons for hospitalization of Troup County residents for any hospital, there has been an increase in infectious disease hospitalizations, while the other top reasons have seen a decrease.

For the same time period, the top 20 admitting diagnoses for adult-only emergency room visits, as seen in **Table 11**, shows that the largest increases between 2006-2010 and 2011-2014 are in sprains and strains (from 11 to 1), respiratory disease (from 8 to 2), skin tissue infections (from 12 to 4), upper respiratory infection (from 19 to 9), and gastroenteritis (from 17 to 10). The largest decreases for the same time periods include open wounds of extremities (from 4 to 14) and dizziness or vertigo (from 7 to 19).

Tables 12 and 13 show the top 10 admitting diagnosis for emergency room visits by females and males, broken out by age groups for the years 2011-2014.

For the same time period, hospital ER and inpatient discharges for mental health for WellStar WGMC, as seen in **Table 14**, increased for: drug-related diagnoses, anxiety, alcohol-related diagnoses, bi-polar, depression, paranoia/psychosis, Schizophrenia, adjustment-related diagnoses, transient organic psychotic conditions, dementia, personality disorders, youth emotional disorders, conduct/social disturbances, manic disorders and sleep disorders.

Table 15 shows that from 2013 to 2015, hospital DRG conditions for WellStar WGMC increased for: heart failure and shock, vaginal delivery with complicating diagnoses, COPD, alcohol/drug abuse or dependence, pneumonia and pleurisy, hypertension, bronchitis and asthma, fractures of hips and pelvis in adults 65 and older, digestive malignancy, malignant breast disorders, and menstrual and other female reproductive system disorders.



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Table 16 identifies the number of people in Troup, Harris, Heard and Meriwether counties who visit WellStar WGMC to access the emergency room, inpatient, observation or surgical day care services. For the years 2013 through 2015, Harris County saw a slight increase in emergency room and inpatient utilization, and a slight decrease in the observation and surgical day care procedures. Heard County experienced a decrease in emergency room, inpatient and surgical day care usage of WellStar WGMC’s facilities, while showing an increase in observation for the same three-year period. For the years 2013 through 2015, Meriwether County’s usage of Wellstar WGMC decreased for emergency room visits and surgical day care usage, while increasing its usage for inpatient and observations. For the three years ending 2015, Troup County saw an increase of inpatient and observation usage of the WellStar WGMC facilities and had a decrease in emergency room visits and surgical day care usage.

Table 9. Ambulatory Care Sensitive Conditions – ER Only

	FY 2013	FY 2014	FY 2015
Preventable Conditions			
Dental Conditions	43	41	161
Iron Deficiency Anemias	155	171	256
Nutritional Deficiencies	62	153	168
Acute Conditions			
Bacterial Pneumonia	514	584	655
Cervical Cancer	6	1	9
Cellulitis	105	123	142
Gastroenteritis	81	84	143
Hypoglycemia	5	16	31
Kidney/Urinary Infection	663	710	800
Pelvic Inflammatory Disease	15	15	19
Severe ENT Infections	45	52	113
Skin Grafts with Cellulitis	4	4	1
Chronic Conditions			
Angina	38	21	37
Asthma	111	113	211
COPD	1126	1014	1280
CHF	1265	1208	1610
Diabetes with ketoacidosis	136	145	187
Diabetes with other conditions	113	100	165

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	FY 2013	FY 2014	FY 2015
Diabetes without other conditions	1479	1364	1649
Grand Mal and other Epileptic Conditions	18	29	27
Hypertension	2376	2319	2865
Tuberculosis-Non Pulmonary	0	0	1

Table 10. Top Reasons for Hospitalization of Troup County Residents – Any Hospital

Top Reasons for Hospitalization of Troup County Residents - Any Hospital, Total 2006-2010 and 2011 - 2014		
Reason	2006-2010	2011-2014
Cardiovascular	7,673	4,898
Pregnancy related	5,311	3,929
Digestive system	3,943	2,866
Respiratory system	3,904	2,799
Infectious disease	1,306	1,747
External causes	2,026	1,612
Reproductive system	1,948	1,482
Mental health	1,503	1,482
Endocrine system	1,876	1,378
Bone, muscle disorders	1,658	1,159
Cancer	1,050	745

Table 11. Top 20 Admitting Diagnoses for Adult Only Emergency Room Visits

WellStar West Georgia Medical Center Top 20 Diagnoses for Emergency Room Visits		
2006-2010	2011-2014	Adults Only
11	1	Sprains and strains
8	2	Respiratory disease
3	3	Abdominal pain
12	4	Skin tissue infections
1	5	Superficial injury, contusion
6	6	Injuries due to external causes
2	7	Chest pain
10	8	Urinary tract infections
19	9	Upper respiratory infection
17	10	Gastroenteritis

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WellStar West Georgia Medical Center Top 20 Diagnoses for Emergency Room Visits		
2006-2010	2011-2014	Adults Only
13	11	Acute bronchitis
	12	LUMBAGO
16	13	Headaches
4	14	Open wounds of extremities
14	15	Fracture
	16	Periapical abscess
	17	Pyelonephritis nos
20	18	Hypertension
7	19	Dizziness or vertigo
	20	Dental disorder nos

Table 12. Top 10 Admitting Diagnoses for Emergency Room Visits by Females

WellStar West Georgia Medical Center Female - Top 10 Diagnoses for Emergency Room Visits								
Rank	0-13	14-19	20-29	30-39	40-49	50-59	60-69	>69
1	Respiratory disease	Respiratory disease	Respiratory disease	Sprains and strains	Sprains and strains	Respiratory disease	Respiratory disease	Superficial injury, contusion
2	Otitis media nos	Sprains and strains	Abdominal pain	Respiratory disease	Abdominal pain	Sprains and strains	Sprains and strains	Respiratory disease
3	Injuries due to ext causes	Abdominal pain	Sprains and strains	Abdominal pain	Respiratory disease	Abdominal pain	Superficial injury, contusion	Injuries due to ext causes
4	Upper respiratory infection	Urinary tract infections	Urinary tract infections	Skin tissue infections	Chest pain	Chest pain	Abdominal pain	Urinary tract infections
5	Fever, unspecified	Injuries due to ext causes	Skin tissue infections	Chest pain	Superficial injury, contusion	Superficial injury, contusion	Chest pain	Fracture
6	Superficial injury, contusion	Superficial injury, contusion	Oth curr cond-antepartum	Urinary tract infections	Skin tissue infections	Acute bronchitis	Fracture	Sprains and strains
7	Skin tissue infections	Skin tissue infections	Superficial injury, contusion	Superficial injury, contusion	Injuries due to ext causes	Injuries due to ext causes	Acute bronchitis	Chest pain
8	Cough	Oth curr cond-antepartum	Pyelonephritis nos	Injuries due to ext causes	Upper respiratory infection	Urinary tract infections	Injuries due to ext causes	Abdominal pain
9	Sprains and strains	Chest pain	Injuries due to ext causes	Headaches	Urinary tract infections	Skin tissue infections	Urinary tract infections	Acute bronchitis
10	Urinary tract infections	Pyelonephritis nos	Upper respiratory infection	Upper respiratory infection	LUMBAGO	Headaches	Skin tissue infections	Fluid and electrolyte disorders

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Table 13. Top 10 Admitting Diagnoses for Emergency Room Visits by Males

WellStar West Georgia Medical Center Male - Top 10 Diagnoses for Emergency Room Visits								
Rank	0-13	14-19	20-29	30-39	40-49	50-59	60-69	>69
1	Respiratory disease	Sprains and strains	Sprains and strains	Sprains and strains	Sprains and strains	Sprains and strains	Respiratory disease	Respiratory disease
2	Otitis media nos	Respiratory disease	Respiratory disease	Respiratory disease	Skin tissue infections	Respiratory disease	Sprains and strains	Injuries due to ext causes
3	Injuries due to ext causes	Superficial injury, contusion	Skin tissue infections	Skin tissue infections	Respiratory disease	Chest pain	Chest pain	Superficial injury, contusion
4	Superficial injury, contusion	Injuries due to ext causes	Injuries due to ext causes	Injuries due to ext causes	Chest pain	Skin tissue infections	Injuries due to ext causes	Sprains and strains
5	Upper respiratory infection	Fracture	Superficial injury, contusion	Abdominal pain	Abdominal pain	Injuries due to ext causes	Abdominal pain	Abdominal pain
6	Skin tissue infections	Skin tissue infections	Open wounds of extremities	Chest pain	Injuries due to ext causes	Abdominal pain	Superficial injury, contusion	Chest pain
7	Fever, unspecified	Open wounds of extremities	Abdominal pain	Superficial injury, contusion	Superficial injury, contusion	Superficial injury, contusion	Skin tissue infections	Urinary tract infections
8	Cough	Abdominal pain	Gastroenteritis	Open wounds of extremities	Lumbago	Open wounds of extremities	Open wounds of extremities	Dizziness or vertigo
9	Wounds	Wounds	Periapical abscess	Lumbago	Open wounds of extremities	Acute bronchitis	Acute bronchitis	Fluid and electrolyte disorders
10	Sprains and strains	Gastroenteritis	Chest pain	Periapical abscess	Upper respiratory infection	Lumbago	Hypertension	Acute bronchitis

Table 14. Mental Health ICD-9 and ICD-10 Codes

Mental Health ICD-9 File			
Description	2013	2014	2015
Drug Related	1906	1889	2398
Anxiety	636	614	842
Alcohol Related	553	514	577
Bi-polar	227	228	333
Depression	162	147	215
Paranoia/Psychosis	148	134	188
Schizophrenia	102	109	116
Adjustment related	73	60	99
Other organic psychotic conditions (chronic)	105	94	90
Transient organic psychotic conditions	51	62	88
Stress Related	31	33	27
Dementia	21	21	23
Personality Disorders	14	20	20
Emotional Disorders (youth)	3	3	9
Phobias	8	7	8

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Mental Health ICD-9 File			
Description	2013	2014	2015
Conduct/social disturbances	3	8	8
Eating disorders	8	7	3
Manic Disorders	0	0	1
Sexual deviations and disorders	1	1	1
Psychogenic Disorders	1	2	1
Sleep disorders	0	1	1

Table 15. Diagnosis Related Groups

DRG File	2013	2014	2015
Heart Failure & Shock with MCC	72	100	149
Heart Failure & Shock with CC	108	95	134
Vaginal Delivery with Complicating Diagnoses	71	66	112
Chronic Obstructive Pulmonary Disease with MCC	63	53	67
Alcohol/Drug Abuse or Dependence without Rehabilitation Therapy without MCC	57	63	60
Simple Pneumonia & Pleurisy with CC	86	58	55
Simple Pneumonia & Pleurisy with MCC	37	54	52
Chronic Obstructive Pulmonary Disease with CC	85	41	49
Hypertension without MCC	28	12	33
Bronchitis & Asthma without CC/MCC Under18	29	23	28
Bronchitis & Asthma with CC/MCC	16	10	24
Heart Failure & Shock without CC/MCC	33	21	22
Chronic Obstructive Pulmonary Disease without CC/MCC	59	28	21
Simple Pneumonia & Pleurisy without CC/MCC	44	28	17
Alcohol/Drug Abuse Or Dependence without Rehabilitation Therapy with MCC	8	7	10
Bronchitis & Asthma with CC/MCC Under 18	12	6	8
Fractures Of Hip & Pelvis without MCC 65+	3	6	8
Digestive Malignancy with MCC	4	6	7

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DRG File	2013	2014	2015
Digestive Malignancy with CC	7	7	7
Hypertension with MCC	3	1	6
Threatened Abortion	14	9	6
Bronchitis & Asthma without CC/MCC	19	12	5
Malignant Breast Disorders with CC	1	0	4
Ectopic Pregnancy	11	5	3
Menstrual & Other Female Reproductive System Disorders with CC/MCC	2	6	3
Mastectomy For Malignancy without CC/MCC	4	3	2
Malignancy, Female Reproductive System with MCC	1	1	2
Fractures Of Femur without MCC 65+	2	3	2
Mastectomy For Malignancy with CC/MCC	1	2	1
Digestive Malignancy without CC/MCC	1	1	1
Malignancy, Female Reproductive System with CC	3	1	1
Menstrual & Other Female Reproductive System Disorders without CC/MCC	5	4	1
Alcohol/Drug Abuse Or Dependence, Left Ama	4	1	1
Fractures Of Femur with MCC 65+	0	0	1
Fractures Of Hip & Pelvis with MCC 65+	1	1	0

Table 16. Hospital Utilization Usage for the Counties of Harris, Heard, Meriwether and Troup

FY 2013	Emergency Room	Inpatient	Observation	Surgical Day Care	Total
Troup	45,059	5,823	1,536	5,226	57,644
Harris	1,933	334	103	345	2,715
Heard	1,880	262	77	213	2,432
Meriwether	2,424	641	127	614	3,806

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FY 2014	Emergency Room	Inpatient	Observation	Surgical Day Care	Total
Troup	42,160	5,521	1,832	4,391	53,904
Harris	1,688	274	98	312	2,372
Heard	1,751	258	85	194	2,288
Meriwether	2,406	567	187	534	3,694
FY 2015	Emergency Room	Inpatient	Observation	Surgical Day Care	Total
Troup	43,701	5,958	1,875	3,812	55,346
Harris	1,949	347	99	280	2,675
Heard	1,620	256	90	179	2,145
Meriwether	2,422	674	188	418	3,702

Primary Research Results

A total of nine stakeholder interviews were conducted throughout Troup County. Stakeholders were identified as experts in a particular field related to their background, experience or professional position and/or someone who understood the needs of a particular underrepresented group or constituency. A total of 15 focus groups were conducted in the overall region. A WellStar WGMC community survey conducted through Internet and paper survey distribution received 341 surveys completed, of which 299 were from Troup County, 12 from Heard County, ten from Meriwether County, three from Harris County, eight from Randolph County, Alabama and nine from Chambers County, Alabama.

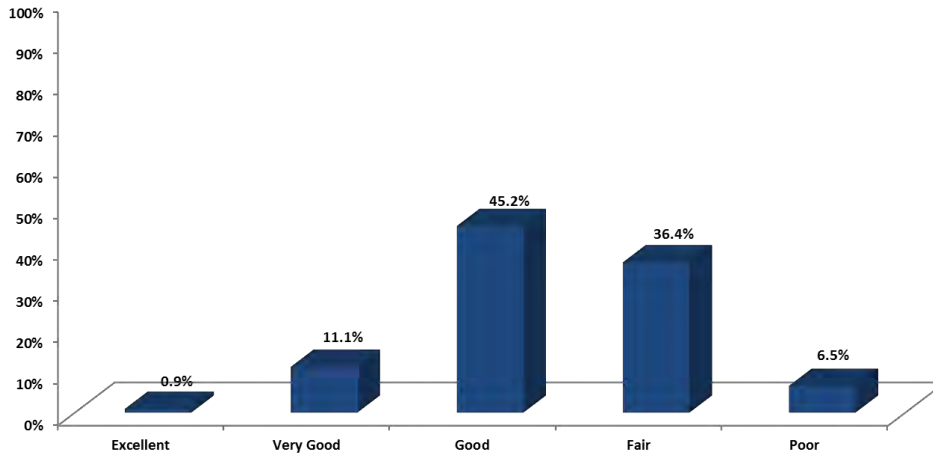
While the interviews, focus groups and surveys were conducted across the region with various community constituencies, they were conducted using a convenience sample and thus are not necessarily representative of the entire population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview and focus group participants.

Overall Community Health Status

Community survey respondents (341) were asked to rate the health status of the community. As seen in **Figure 4**, almost half (42.9%) of the respondents rated the health of the community as “Fair” or “Poor.”

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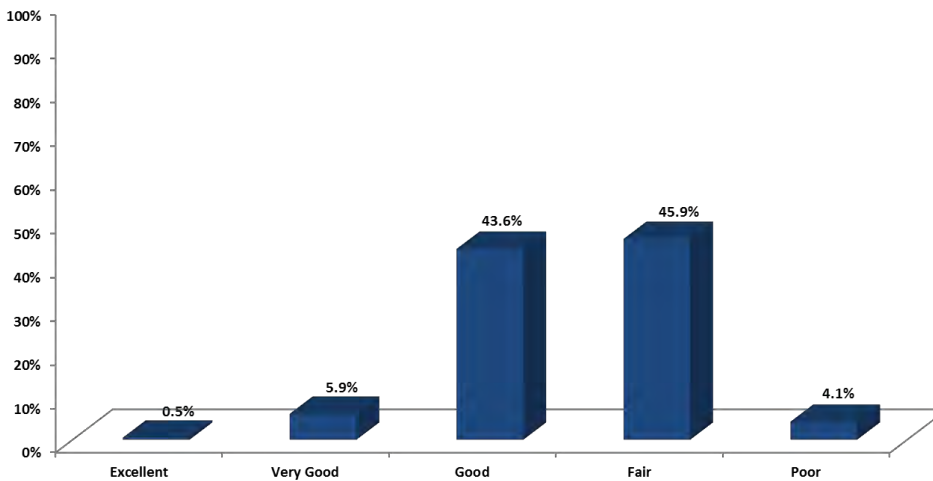
Figure 4. Community Survey – Community Health Status, N=341



Source: 2016 WellStar WGMC Community Survey, Strategy Solutions, Inc.

As seen in **Figure 5**, half (50.0%) of the participants rated the health of the community as “Fair” or “Poor”.

Figure 5. Focus Groups – Community Health Status



Source: 2016 WellStar WGMC Focus Groups, Strategy Solutions, Inc.

When asked to identify factors that impact the health of the community, focus group respondents indicated that a variety of things impact health including:

- Need affordable health care/cost of health care/insurance)
- Transportation to health care services
- Awareness of available services/one stop shop
- Need dental clinic/more dentists

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- Economic income levels
- Lack of support for aging
- Illiteracy and education
- People can't afford the cost of prescriptions
- Lack local trauma care
- Language barriers
- Support services for seniors to remain independent
- Lack of coordination among all care providers
- Need nutritionist
- Need for general practitioners
- Services are available but everyone can afford them
- Lack specialists
 - Neurology
 - Endocrinology
 - Urology
 - Rheumatology
 - Gastroenterology
- Lack of ALS services
- Noncompliance with care/medications
- Preventative care may not be covered by insurance
- People are reluctant to seek services/ask for health
- Cultural barriers – illegal immigrants will not seek services
- High rates of people using ER for primary care



Stakeholders were asked to identify the factors that most contributed to the health of the community. Responses included:

- Transportation is a barrier to accessing health care
 - Especially for those in outlying areas
 - There is no public transportation
- Lack of knowledge of available services/how to get health information to individuals who need it
 - Rural area and poverty make internet access limited
 - Need central location/HUB where people could call or access information on available resources
 - Lack advertisement on available services and how to access them
- Lack specialists
 - Endocrinology
 - Rheumatology
 - Orthopedics
 - Neurology

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- Immunology
- Allergist
- Ability to afford prescriptions is a barrier
- Need for alternative care resources
- Need for more low cost clinics
- Affordability of health care is a barrier to receiving care
- We have a smaller population so we do not tend to get a lot of resources in the area
- People are not managing their health and then end up in the emergency room for treatment of something that could have been prevented
- Language barriers and access to services that have translators

Initiatives Currently Underway

Focus group and interview participants were asked to identify initiatives that they are aware of that are currently underway to meet the needs of the community. Initiatives mentioned included:

- Teen pregnancy taskforce
- Community garden
- Downtown LaGrange Redevelopment
 - Walk Around Troup
 - Building churches and places of worship
- Chamber of Commerce is a great source to know what is going on in the community and bringing people together
- Family Connections holds collaborative meetings with representation from all sectors
- Troup Transit – churches offer services, meals on wheels, volunteers to drive you places
- Charity Care – covers hospital bills for those who can't afford to pay
- Partnership offer external programs
- Case Manager in the Emergency Room
- Support groups (diabetes, weight management, breast cancer)
- Active Life Center – programs/groups available for seniors
- Nephrology classes and education
- Active lifestyle programs
- Troup County Parks and Recreation
- Trying to get bike and running paths
- Various groups sponsor 5K runs
- Health Fairs
- Teen/youth groups
- School district offers health programs



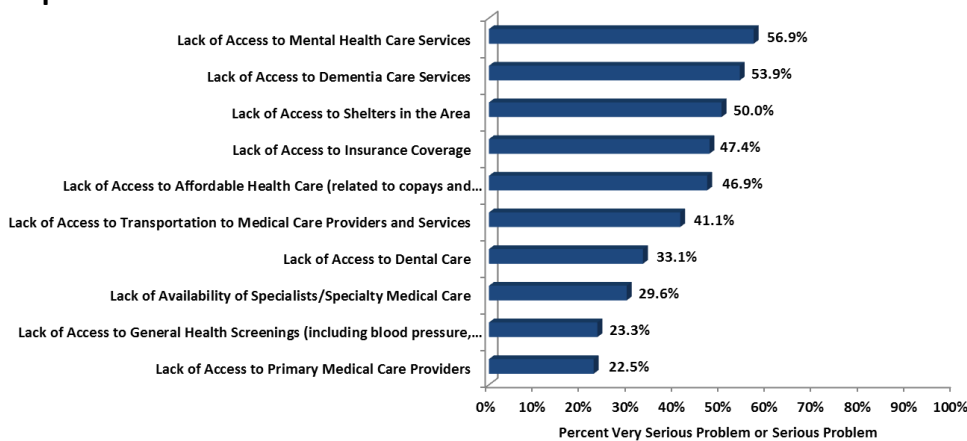


Access to Quality Health Care

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone in the community. For a more in-depth review of the Access to Quality Health Care data, please see pages 85-110 of WellStar WGMC’s CHNA Supplemental Data Resource, Appendix C.

Figure 6 shows the top ten access problems from the 2016 Community Survey respondents. Lack of access to mental health services (56.9%) was the access problem with the highest percentage of respondents indicating that it was a very serious or serious problem.

Figure 6. 2016 Community Survey: Access Problems Affecting Survey Respondents



WellStar WGMC CHNA Community Survey, 2016

Table 17 outlines the top community needs related to access identified in the Community Survey, Focus Groups and Stakeholder Interviews.

Table 17. Summary of Top Access Needs by Community Group

Top Access Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Mental Health Care Services	X		
Dementia Care Services	X	X	
Access to Shelters in the Area	X		
Insurance Coverage	X		
Affordable Health Care	X	X	X
Access to Transportation to Medical Care Providers and Services	X	X	X
Dental Care	X	X	
Specialists/Specialty Medical Care	X		X
General Health Screenings	X		
Primary Medical Care Providers	X	X	
Lack of Knowledge of Available Services		X	X

There are a number of observations and conclusions that can be derived from the data related to Access to Quality Health Care. They include:

- The percentage of Troup County adults in the District 4 Public Health Region who report their health as “Fair” or “Poor” has been increasing over the past four years, and in 2014 (21.4%) was higher when compared to the state (18.8%) and nation (16.7%).
- The percentage of adults reporting their health as “Fair” or “Poor” has been increasing in Troup County, while it has decreased in both Harris and Meriwether counties. In 2016, when compared to the state (16.0%), Troup County (19.0%) and Meriwether County (20.0%) had a higher percentage of adults reporting health as “Fair” or “Poor” while Harris County (12.0%) was lower. Data was not available for Heard County.
- In 2014, District 4 Public Health (17.3%) had a lower percentage of adults reporting not having health insurance when compared to the state (25.0%). Both the District and state were higher than the nation (16.8%) and Healthy People 2020 Goal (0%).

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- The percentage of adults in District 4 Public Health who needed to see a doctor but could not due to cost has fluctuated over the past four years, and in 2014 (18.5%) was slightly below the state (19.0%). Both the District and state were above the nation (15.3%) and Healthy People 2020 Goal (4.2%).
- The prevalence of females over the age of 18 in District 4 Public Health District who have received a mammogram in the past two years decreased between 2013 (76.3%) and 2014 (72.4%), and in 2014 was below the state (81.1%).
- The percentage of females in Troup County who have had a mammogram in Troup, Harris and Heard counties has increased, while the percentage of females receiving a mammogram in Meriwether County has decreased. In 2016 when compared to the state (61.6%), Harris County (69.0%) had a higher percentage of females receiving a mammogram, while Troup (58.0%), Heard (51.0%) and Meriwether (57.0%) counties were lower.
- Two-thirds (63.2%) of the 2016 Community Survey respondents rated their personal health as “Excellent” or Very Good”, while 42.9% rated the health of the community as “Fair” or “Poor”.
- Just under half (49.3%) of the 2016 Focus Group participants rated their personal health as “Excellent” or “Very Good”, while 50.0% rated the health of the community as “Fair” or “Poor”.
- The top reasons given for a “Fair” or “Poor” rating for the overall health of the community were obesity and poor diet.
- The majority (89%) of 2016 Community Survey Respondents have a regular health care provider.
- Almost all (97%) of the 2016 Community Survey Respondents have some form of health insurance.
- The majority (78.6%) of 2016 Community Survey Respondents have visited a doctor for a routine checkup in the past year, as well as a dentist (81.1%) within the past year.
- Slightly more than one in 10 (12%) 2016 Community Survey Respondents could not fill a prescription due to cost in the past year, 10% could not seek medical care due to cost, and 1% could not seek medical care due to lack of transportation.
- Half (51%) of 2016 Community Survey Respondents have had a sigmoidoscopy or colonoscopy.
- 2016 Community Survey Respondents identified the following as the top 3 access problems impacting the community:
 - Lack of mental health care services (56.9%)
 - Lack of dementia care services (53.9%)



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Table 18 is a summary of the top chronic disease community needs identified in the Community Survey, Focus Groups and Stakeholder Interviews. Obesity and overweight, diabetes, hypertension/high blood pressure, heart disease, cancer, and asthma/COPD related issues were consistently identified as needs by survey, focus group and interview respondents.

Table 18. Summary of Top Chronic Disease Needs by Community Group

Top Chronic Disease Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Obesity and Overweight	X	X	X
Diabetes	X	X	X
Hypertension/High Blood Pressure	X	X	X
Cerebrovascular (Stroke)	X		X
Heart Disease	X	X	X
High Cholesterol	X	X	
Cancer	X	X	X
Asthma/COPD Related Issues	X	X	X
Dental Hygiene/Dental Problems	X		
Allergies	X		
Joint Problems		X	
Chronic Back Pain		X	
Congestive Heart Failure		X	X
Seizures		X	X
Kidney Disease			X

There are a number of observations and conclusions that can be derived from the data related to Chronic Disease. They include:

- The percentage of adults in District 4 Public Health who are obese has fluctuated over the past four years, with an increase of 10% between 2013 (25.4%) and 2014 (35.7%). In 2014 the District had a higher percentage of obese adults when compared to the state (30.5%) and nation (29.4%). The District was also above the Healthy People 2020 Goal of 30.5%.
- Adult obesity has fluctuated in the service area counties, and between 2015 and 2016 has increased in Harris, Heard and Meriwether counties, while it decreased in Troup County. In 2016 when compared to the state (29.0%), Harris (30.0%), Heard (31.0%) and Meriwether (35.0%) counties had a higher percentage of adults

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who were obese, while Troup County (29.0%) had a similar percentage.

- The prevalence of adults with diabetes in District 4 Public Health has been increasing over the past four years. In 2014, the District (14.8%) had a higher percentage of adults with diabetes when compared to the state (11.6%).
- The percentage of adults with diabetes in Troup and Harris counties has decreased, while the percentage increased in Meriwether County and remained the same in Heard County. In 2016, Troup (12.0%), Heard (12.0%) and Meriwether (15.0%) counties had a higher percentage of adults with diabetes when compared to the state (11.0%), while Harris County (11.0%) had the same percentage.
- The diabetes mortality rate has decreased in Troup County, while the rate has increased in Harris and Meriwether counties. Trend data is not available for Heard County. When compared to the state in 2014 (22.0), the rate in Troup County (18.7) was lower, while the rate in Harris (27.4) and Meriwether (47.2) counties was higher. The counties and state are below the nation (73.3) as well as the Healthy People 2020 Goal (66.6).
- Breast cancer incidence has decreased in Troup and Harris counties between 2013 and 2014. When compared to the state (15.2), Troup County (13.0) had lower incidence of breast cancer, while Harris County (24.3) had a higher rate. The rate in Heard and Meriwether was too small to report. The counties and state fall below the nation (122.0) with the counties meeting the Healthy People 2020 Goal (41.0).
- Breast cancer mortality has increased in both Troup and Harris counties, with the rate in 2014 for Troup (17.3) and Harris (21.3) counties higher than the state (12.9). The rate in Heard and Meriwether was too small to report. Troup County was lower than the nation (21.5); while Harris County was comparable. Troup County meets the Healthy People 2020 Goal (20.7) while Harris County and the state fall just above the goal.
- The lung cancer incidence rate has increased in Troup and Heard counties, but decreased in Harris County and remained the same in Meriwether County. When compared to the state for 2014 (32.0), Harris County (24.3) had a lower lung cancer incidence rate, while Troup (41.7) and Heard (86.2) counties were higher, with Meriwether County having a comparable rate. With the exception of Heard County, all the other counties and state are below the nation (73.0).



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- Lung cancer mortality has been increasing in Troup, Harris and Meriwether counties, with a slight decrease in Heard County. Compared to the state in 2014 (45.6) all counties had a higher lung cancer mortality rate. Harris (94.8) and Meriwether (75.5) counties are above the nation (57.9) and Healthy People 2020 Goal (45.5).
- The rate of colon cancer in Meriwether County decreased between 2013 and 2014, while it has remained the same in the other counties. In 2014 compared to the state (34.1) and nation (46.1), Troup (30.2) and Harris (33.5) counties had a lower rate, while Heard (60.3) and Meriwether (75.5) counties were higher. Troup and Harris counties met the Healthy People 2020 Goal (38.6).
- Colon cancer mortality has increased in Troup County and decreased in Harris and Meriwether counties. Compared to the state in 2014 (15.3), Troup (18.7), Heard (51.7) and Meriwether (23.6) had a lower colon cancer mortality rate, while Harris County (15.2) was comparable and also lower than the nation (18.1). All the service area counties and state exceed the Healthy People 2020 Goal of 14.5.
- Ovarian cancer incidence data was only available for Troup County and has decreased between 2011 and 2013. The rate for the county (7.2) is higher than the state (6.0), but lower than the nation (11.3).
- Ovarian cancer mortality data was only available for Troup County and has remained the same from 2013 and 2014 (7.2), which is higher than the state (3.8) and comparable to the nation (7.5).
- In 2014 when compared to the state (7.9), Troup (10.1), Harris (15.2) and Meriwether (23.6) counties had a higher prostate cancer mortality rate. With the exception of Meriwether County, all were below the nation (20.8) and meet the Healthy People 2020 Goal (21.8).
- Hypertensive Heart Disease mortality data was only available for Troup County and has fluctuated over the past several years. In 2014 the rate in the county (21.6) was higher than the state (15.0).
- Mortality due to high blood pressure has decreased in Troup and Harris counties, while it has increased in Heard and Meriwether counties.
- Obstructive heart disease mortality has decreased in Troup, Harris, Heard and Meriwether counties. Compared to the state in 2014 (73.4), all counties had a higher obstructive heart disease mortality rate.
- Cerebrovascular mortality has decreased in Troup and Meriwether counties, while it has increased in Harris County. In 2014, compared to the state (38.6) and nation (39.9), all counties (except for Heard



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which had no reportable mortality rates for all years) had a higher cerebrovascular mortality rate and fall above the Healthy People 2020 Goal (34.8).

- One-third (33.5%) of the 2016 Community Survey Respondents have been told they have high blood pressure.
- 8.5% of 2016 Community Survey Respondents have been told they have diabetes.
- The majority (78.6%) of 2016 Community Survey Respondents have had their blood pressure checked in the past year, 88.9% have had their blood cholesterol checked within the past year.
- Just over half (54.4%) of the females who completed the 2016 Community Survey have had a pap test within the past year, while 53.7% have had a mammogram in the past year.
- Three-fourths (74.9%) of the 2016 Community Survey respondents are considered overweight or obese.
- The majority (85.7%) of males over the age of 65 who completed the 2016 Community Survey have had a PSA test within the past year.
- 2016 Community Survey Respondents identified the following as the top 3 chronic disease problems impacting the community:
 - Obesity and overweight (85.8%)
 - Diabetes (81.2%)
 - Hypertension/high blood pressure (77.5%)
- 2016 Focus Group Participants identified the following as the top 3 chronic disease problems impacting the community:
 - Obesity (86.3%)
 - Heart Disease (77.0%)
 - Cancer (75.2%)
- Stakeholders and focus group participants identified diabetes, obesity, cancer, heart disease and hypertension as problems in the community.

Healthy Environment

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information. Community survey respondents noted that allergies,

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lack of safe roads and sidewalks, employment opportunities/lack of jobs, poverty and affordable and available housing were all problems when looking at Healthy Environment. For a more in-depth review of the Healthy Environmental data, please see pages 143-152 of WellStar WGMC’s CHNA Supplemental Data Resource, Appendix C.

Table 19 compares healthy environment-related needs identified in the Community Survey, Focus Groups and Stakeholder interviews. Delinquency/youth crime and poverty were consistently identified as needs by survey, focus group and interview participants.

Table 19. Summary of Top Healthy Environment Needs by Community Group

Top Healthy Environment Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Delinquency/Youth Crime/Gang Violence	X	X	X
Crime	X	X	
Poverty	X	X	X
Violence	X	X	
Gun Violence	X		
Lack of Affordable and Adequate Housing	X	X	
Homelessness	X	X	
Lack of Employment Opportunities/Jobs	X		X
Gambling	X		
Lack of Safe Roads and Sidewalks	X		

There are a number of observations and conclusions that can be derived from the data related to Healthy Environment. They include:

- High school graduation rates have been increasing in Harris and Heard counties, while they have been decreasing in Troup and Meriwether counties. In 2016, when compared to the state (70.0%), all counties had higher graduation rates. Harris (87.0%) and Heard (88.0%) counties meet the Healthy People 2020 Goal (82.4%), while Troup (73.0%) and Meriwether (74.0%) fall short.
- Students in 8th grade who are proficient in Math have fluctuated over the past six school years, with Harris County showing a slight increase



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in most recent years, while Heard and Meriwether counties have decreased. The percentage of students in Troup County has remained the same. All counties meet and exceed the Healthy People 2020 Goal of 37.3%.

- The percentage of children living in poverty in the service area counties has fluctuated over the past six years, and between 2015 and 2016, all counties show a decrease. In 2016, when compared to the state (27.0%), Troup (28.0%), Heard (28.0%) and Meriwether (34.0%) counties had a higher percentage of children living in poverty, while Harris County (14.0%) had fewer children living in poverty compared to the state.
- The percentage of children living in single parent homes has fluctuated over the past six years, with Harris County having an increase in recent years, Meriwether County showed a decrease, and Troup and Heard counties remained the same. In 2016, Troup (47.0%) and Meriwether (40.0%) counties had a higher percentage of children living in single parent homes when compared to the state (37.0%), while Harris (24.0%) and Heard (29.0%) counties had a smaller percentage.
- 2016 Community Survey Respondents identified the following as the top 3 healthy environment problems impacting the community:
 - Delinquency/youth crime (72.0%)
 - Crime (66.8%)
 - Poverty (62.8%)
- 2016 Focus Group Participants identified the following as the top 3 healthy environment problems impacting the community:
 - Crime (82.6%)
 - Economics/Income Levels (77.9%)
 - Gangs (73.9%)
- Stakeholders identified the low income levels, lack of employment opportunities, and high dropout rates as problems in the community.
- Focus group participants identified poverty, lack of affordable housing options, lack of education and poor road conditions as problems in the community.

Healthy Mothers, Babies and Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors, and health



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systems indicators that affect the health, wellness, and quality of life for the entire community. Community Survey respondents rated lack of early childhood development/child care, childhood obesity, child neglect, child emotional abuse and access to childhood immunizations as top community health needs. For a more in-depth review of the Healthy Mothers, Babies and Children data, please see pages 153-160 of WellStar WGMC’s CHNA Supplemental Data Resource, Appendix C.

Table 20 compares healthy mothers, babies and children problems identified by Community Survey respondents, Focus Group participants and Stakeholders interviewed. Teenage pregnancy was consistently identified as a community need by survey, focus group and interview respondents.

Table 20. Summary of Top Healthy Mothers, Babies and Children Needs by Community Group

Top Healthy Mothers, Babies and Children Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Childhood Obesity	X		
Teenage Pregnancy	X	X	X
Child Neglect	X	X	
Child Emotional Abuse	X		
Child Sexual Abuse	X		
Child Physical Abuse	X		
Lack of Early Childhood Development/ Child Care	X		
Lack of Access to Women’s Health Services	X		
Lack of Access to Prenatal Care	X	X	
Lack of Access to Childhood Immunizations	X		

There are a number of observations and conclusions that can be derived from the data related to Healthy Mothers, Babies and Children. They include:

- The percentage of low birth weight babies has decreased in Troup, Harris and Meriwether counties, while it has increased in Harris County. In 2014, the percentage of low birth rate babies in the county was lower when compared to the state (9.5%).
- The teen pregnancy rate has decreased in Troup, Heard and Meriwether counties, while it has remained the same in Harris

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County. In 2014, when compared to the state (37.1), the teenage pregnancy rate was higher in Troup (53.9) and Meriwether (44.4) counties, and lower in Harris (26.0) and Heard (28.8) counties.

- The teen birth rate has decreased in all of the counties. When compared to the state in 2014 (28.3), Harris County (21.2) had a lower teen birth rate, while Troup (42.6), Heard (28.8) and Meriwether (39.7) counties was higher.
- 2016 Community Survey Respondents identified the following as the top 3 healthy mother, infant and children problems impacting the community:
 - Childhood obesity (76.5%)
 - Teenage pregnancy (66.3%)
 - Child neglect (53.7%)
- 2016 Focus Group Participants identified the following as the top 2 healthy mother, infant and children problems impacting the community:
 - Teen pregnancy (73.0%)
 - Kids falling through the cracks (50.0%)
- Stakeholders and focus group participants identified teenage pregnancy as a problem in the community.

Infectious Disease

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization). Community Survey respondents listed Influenza and Pneumonia, access to adult immunizations and sexual behaviors (unprotected, irresponsible and risky) as top community health needs. For a more in-depth review of the Infectious Disease data, please see pages 161-180 of WellStar WGMC's CHNA Supplemental Data Resource, Appendix C.



Table 21 compares infectious disease problems from Community Survey respondents, Focus Group participants and Stakeholders interviewed. None of the topics were consistently identified as community needs by survey and focus group respondents. The topic was not discussed in the stakeholder interviews.

Table 21. Summary of Top Infectious Disease Needs by Community Group

Top Infectious Disease Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Sexual Behaviors (unprotected, irresponsible/risky)	X		
Influenza and Pneumonia	X		
Lack of Access to Adult Immunizations	X		
Sexually Transmitted Diseases		X	
Tuberculosis		X	
Hepatitis-C		X	

There are a number of observations and conclusions that can be derived from the data related to Infectious Disease.. They include:

- Limited data is available for pneumonia mortality, but when compared to the most recent year data was available the rate in Troup (23.2 vs. 14.2), Harris (21.7 vs. 14.6) and Meriwether (23.6 vs. 14.1) counties was higher when compared to the state.
- The percentage of adults over the age of 65 in District 4 Public Health who have had a pneumonia vaccine in the past year decreased by 10% between 2013 (70.9%) and 2014 (60.6%). There were slightly fewer adults how received the pneumonia vaccine in the District in 2014 (60.6%) compared to the state (65.2%) and nation (69.5%). The District, state and nation are all well below the Healthy People 2020 Goal (90.0%).
- The percentage of adults over the age of 65 in District 4 Public Health who have had an influenza vaccine in the past year decreased between 2013 (58.0%) and 2014 (50.7%). In 2014 the District had fewer adults receive the vaccine than the state (54.7%). The District and state are below the Healthy People 2020 Goal of 90.0%.
- Mortality due to influenza and pneumonia has increased in Troup and Meriwether counties, while it has decreased in Harris County and remained the same in Heard County.
- The percentage of adults over the age of 18 who have been tested for HIV in District 4 Public Health decreased between 2013 (42.4%) and 2014 (37.3%). In 2014 there were fewer people in the District having



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been tested than the state (43.7%). Both the District and state are below the Healthy People 2020 Goal (73.6%).

- The HIV prevalence rate has increased in Harris, Heard, and Meriwether counties in recent years, while the rate in Troup County has stayed the same. In 2016, the prevalence rate in all the counties was well below the state (429.0).
- The HIV/AIDS rate has decreased in Troup County and increased in Meriwether County. Data was not available for Harris and Heard counties. Compared to the state in 2014 (20.0), Meriwether County had a higher HIV/AIDS rate (56.6), while the rate in Troup County (11.5) was lower.
- Where data was available, the 2014 HIV/AIDS rate for females was higher in Troup (16.8 vs. 12.4) and Meriwether (54.4 vs. 12.0) counties when compared to the state. Data was not available for Harris or Heard Counties.
- In 2014 the HIV/AIDS rate for males was lower in Troup County (14.9) and higher in Meriwether County (59.0) when compared to the state (28.4). Data was not available for Harris or Heard counties.
- The chlamydia rate has increased in all of the service area counties. In 2014, when compared to the state (509.9) and nation (426.0), the chlamydia rate was higher in Troup (712.5) and Meriwether (518.9) counties, while it was lower in Harris (216.0) and Heard (284.4) counties.
- The chlamydia rate for females has increased in all of the service area counties. In 2014, when compared to the state (712.8), Troup (981.2) and Meriwether (825.7) counties had a higher chlamydia rate for females, while Harris (339.1) and Heard (481.3) were lower.
- The chlamydia rate for males has increased in Troup and Meriwether counties, while it has decreased in Harris and Heard counties. In 2014, when compared to the state (295.9), Troup County (424.0) had higher chlamydia rate for males while Harris (91.7), Heard (86.4) and Meriwether (176.9) counties were lower.
- The gonorrhea rate in Troup, Heard and Meriwether counties has increased, while the rate in Harris County has decreased. Compared to the state in 2014 (135.2) and nation (106.7), Troup (254.8) and Meriwether (174.5) counties had a higher gonorrhea rate, while Harris (48.7) and Heard (60.3) counties were lower.
- The gonorrhea rate for females has increased in Troup and Meriwether counties, while it has remained the same in Harris County. When compared to the state in 2014 (126.5), Harris County



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(48.4) had a lower rate and Troup (272.4) and Meriwether (163.3) counties were higher.

- The gonorrhea rate for males has increased in Troup and Meriwether counties, while it has decreased for Harris County. Compared to the state in 2014 (144.1), the gonorrhea rate for males was higher in Troup (235.9) and Meriwether (186.7) counties, while it was lower in Harris County (48.9).
- 2016 Community Survey Respondents identified risky/irresponsible sexual behaviors (66.0%) as a serious problem in the community.
- 2016 Focus Group Participants identified STDs (41.7%) as a serious problem in the community. They also noted that the community is challenged by Hepatitis C.

Mental Health and Substance Abuse

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome – a cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

In 2008, Troup County Prevention Coalition (TCPC) was established to serve as a catalyst for systems change and sustained collaborative work in the community to ensure the reduction and prevention of alcohol, drug, and tobacco use among Troup County youth. TCPC is a program within the Twin Cedars Youth & Family Services, Inc., a Council on Accreditation accredited facility and program. TCPC's vision is to have a community of exceptional people promoting a positive and drug free lifestyle with the following goals:

1. To reduce substance abuse among youth and, over time, among adults by addressing the factors that increase the risk of substance



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abuse and promote the factors that minimize the risk of substance abuse.

2. To establish and strengthen collaboration among communities, private nonprofit agencies, and Federal, State, local, and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

TCPC is the recipient of an Office of National Drug Control Drug-Free Communities Program Grant.

Community Survey respondents, Focus Group participants and Stakeholders interviewed noted that chronic depression and illegal drug/prescription drug/alcohol abuse were top community health needs. For a more in-depth review of the Mental Health and Substance Abuse data, please see pages 181-190 of WellStar WGMC’s CHNA Supplemental Data Resource, Appendix C.

Table 22 compares mental health and substance abuse problems identified by Community Survey respondents, Focus Group participants and Stakeholders interviewed. Illegal drug use, alcohol abuse and chronic depression were consistently identified as needs by survey, focus group and interview respondents.

Table 22. Summary of Top Mental Health and Substance Abuse Needs by Community Group

Top Mental Health and Substance Abuse Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Illegal Drug Use	X	X	X
Prescription Drug Abuse	X	X	
Alcohol Abuse	X	X	X
Chronic Depression	X	X	X
Lack of Mental Health Services		X	X
Drug and Alcohol Rehab		X	

There are a number of observations and conclusions that can be derived from the data related to mental health and substance abuse. They include:

- Drug use mortality in 2014, was higher in Troup County (7.2) when compared to the state (3.9). Data was not available for Harris, Heard or Meriwether counties.

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- Suicide mortality has increased in Troup County, while it decreased in Harris County. Compared to the state (12.5), Troup County (8.6) has a lower suicide mortality rate and Harris County (18.3) has a higher rate, both counties are higher than the state (4.5). Troup County meets the Healthy People 2020 Goal of 10.2.
- Slightly more than one in four (29.5%) 2016 Community Survey Respondents have experienced little interest or pleasure in doing things over the past few days, 26.5% have felt depressed or hopeless, and 57.9% have had difficulty falling asleep or sleeping too much.
- Very few (12.8% females, 2.4% males) of the 2016 Community Survey Respondents report binge drinking in the past 30 days.
- 2016 Community Survey Respondents identified the following as the top 3 mental health and substance abuse problems impacting the community:
 - Illegal drug abuse (78.0%)
 - Prescription drug abuse (68.3%)
 - Alcohol abuse (62.4%)
- 2016 Focus Group Participants identified the following as the top 3 mental health and substance abuse problems impacting the community:
 - Drugs (87.3%)
 - Lack of mental health services (70.9%)
 - Drug and alcohol rehab (68.1%)
- Stakeholders and Focus Group Participants identify the need for mental health services and substance abuse (as well as rehab services) as needs in the community.



Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones and joints. Proper nutrition and maintaining a healthy weight are critical to good health. Physical activity and nutrition topics explored include: levels of physical activity, availability of fast or fresh food, and utilization of free and reduced-price lunches for school aged children. Community Survey respondents identified lack of exercise/physical activity, access to high quality/affordable foods and lack of recreational activities as the top community needs. For a more in-depth review of the Physical Activity and Nutrition data, please see pages 191-202 of WellStar WGMC's CHNA Supplemental Data Resource, Appendix C.



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Table 23 compares physical activity and nutrition problems identified by Community Survey respondents, Focus Group participants and Stakeholders interviewed. Lack of recreational opportunities was consistently identified as a community need by survey, focus group and interview respondents.

Table 23. Summary of Top Physical Activity and Nutrition Needs by Community Group

Top Physical Activity and Nutrition Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Lack of Exercise/Physical Activity	X		X
Lack of Access to High Quality, Affordable Healthy Foods	X		
Lack of Recreational Opportunities	X	X	X
Nutrition		X	X
Lifestyles that Don't Promote Health		X	X
Good Old Southern Cooking		X	
Lack of Knowledge of How to Cook		X	

There are a number of observations and conclusions that can be derived from the data related to physical activity and nutrition, although the topic was not discussed in Stakeholder Interviews. They include:

- The percentage of adults who are physically inactive in District 4 Public Health has been increasing between 2012 and 2014, while the percentage for the state has been decreasing. In 2014, the District (26.5%) had a slightly higher percentage of inactive adults compared to the state (23.6%).
- The percentage of adults who are physically inactive has increased in Harris and Meriwether counties and remained the same in Troup and Heard counties. In 2016 when compared to the state (24.0%), Harris County (23.0%) had fewer adults reporting being inactive while Troup (29.0%), Heard (28.0%) and Meriwether (33.0%) counties had a higher percentage of inactive adults.
- Access to recreation has decreased in both Heard and Meriwether counties, and remained the same for Troup and Harris counties. In 2016, when compared to the state (75.0%), Troup County (80.0%) had higher access to recreation, while Harris (54.0%), Heard (27.0%) and Meriwether (24.0%) counties had less access to recreation opportunities.



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- The percentage of children eligible for free lunch in Heard and Meriwether counties has increased, while it has remained the same in Troup and Harris counties. When compared to the state in 2016 (51.0%), Troup (57.0%), Heard (58.0%) and Meriwether (69.0%) had a higher percentage of children eligible for free lunch, while Harris (31.0%) had fewer children.
- Fewer than one in ten 2016 Community Survey respondents are getting 5 or more servings of fruits (9.5%) or vegetables (8.5%) per day.
- The majority (85.3%) have participated in some physical activity within the past 30 days.
- 2016 Community Survey Respondents identified lack of exercise/physical activity (60.1%) as a serious problem in the community.
- 2016 Focus Group Participants identified the following as the top 3 physical activity and nutrition problems impacting the community:
 - Nutrition (82.3%)
 - Poor diet/eating habits (72.1%)
 - Lifestyles that do not promote health (68.7%)
- Stakeholders identify the lack of recreation, sedentary lifestyle and poor eating habits as needs in the community.
- Focus group participants identify the need for accessible exercise, commitment to a healthy lifestyle and a lack of understanding of nutrition as needs in the community.

Tobacco Use

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions. Community Survey respondents stated that tobacco use and tobacco use during pregnancy were the two biggest community health needs issues. For a more in-depth review of the Tobacco Use data, please see pages 203-212 of WellStar WGMC's CHNA Supplemental Data Resource, Appendix C.



Table 24 compares tobacco use problems identified by Community Survey respondents, Focus Group participants and Stakeholders interviewed. None of the topics were consistently identified as needs by survey and focus group participants. Tobacco use was not discussed in the stakeholder interviews.

Table 24. Summary of Top Tobacco Use Needs by Community Group

Top Tobacco Use Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Tobacco Use	X		
Tobacco Use During Pregnancy	X		
Smoking/Vaping		X	
Smokeless Tobacco		X	

There are a number of observations and conclusions that can be derived from the data related to tobacco use. They include:

- The percentage of adults in District 4 Public Health who smoke has decreased, although in 2014 (18.1%) was still slightly higher when compared to the state (17.4%), but slightly lower than the nation (18.8%). The District, state and nation are above the Healthy People 2020 Goal (12.0%).
- The percentage of adults who smoke in Troup County has been increasing, while it has decreased in Harris and Meriwether counties. In 2016 when compared to the state (18.0%), Harris County (13.0%) had fewer adults who smoke, while Troup, Heard and Meriwether counties (18.0%) had the same percentage as the state. The counties and state have fewer adults who smoke compared to the nation (20.0%), but all are above the Healthy People 2020 Goal of 12.0%.
- The majority of 2016 Community Survey Respondents do not chew (98.0%), smoke (94.0%), or vape (97%).
- Tobacco use (73.7%) and smoking while pregnant (62.0%) were identified as serious problems by 2016 Community Survey Respondents.
- 2016 Focus Group Participants identified smoking/vaping (66.9%) as a serious problem
- They also noted that children are using snuff and the community sees oral cancer due to individuals using chew.

Unintentional and Intentional Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Injury topics explored include: auto accident mortality, suicide, fall mortality, firearm mortality, burns, head injuries and domestic violence. Community Survey respondents indicated that texting and driving, domestic abuse, violence, gun violence, motor vehicle crash



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deaths and sexual abuse were the top community health needs. For a more in-depth review of the injury data, please see pages 213-220 of WellStar WGMC’s CHNA Supplemental Data Resource, Appendix C.

Table 25 compares unintentional and intentional injury problems from Community Survey respondents, Focus Group participants and Stakeholders interviewed. None of the topics were consistently identified as needs by survey, focus group and interview respondents. Stakeholders did not discuss injury-related topics.

Table 25. Summary of Top Unintentional and Intentional Injury Needs by Community Group

Top Unintentional and Intentional Injury Needs Identified	Community Survey	Focus Groups	Stakeholder Interviews
Texting and Driving	X		
Driving Under the Influence of Drugs or Alcohol	X		
Domestic Violence	X		
Sexual Abuse	X		
Motor Vehicle Crash Deaths	X		

There are a number of observations and conclusions that can be derived from the data related to unintentional injuries. They include:

- Motor vehicle crashes mortality has decreased in Troup County. Where data is available, the rate in Troup (13.0 vs. 12.1), Harris (30.7 vs. 11.9) and Meriwether (33.0 vs.12.2) counties were higher when compared to the state. The counties and state are higher than the nation (10.7) and the counties are all above the Healthy People 2020 Goal (12.4).
- Poisoning mortality has increased in Troup County and was higher when compared to the state in 2014 (14.4 vs. 10.5).
- Unintentional poisoning mortality has been increasing in Troup and Harris counties, while it has remained the same in Meriwether County and decreased in Heard County. Troup (14.5), Heard (11.6) Meriwether (19.6) counties are above the Healthy People 2020 Goal (11.1) while Harris County (7.6) meets the Healthy People Goal.
- Limited fall mortality data is available due to the low numbers, but in 2013 the rate in Troup County (13.0) was higher than the state (6.8), nation (9.6) and Healthy People 2020 Goal (7.2).



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- 2016 Community Survey Respondents identified the following as the top 3 injury-related problems impacting the community:
 - Texting and driving (79.8%)
 - Driving under the influence of alcohol or drugs (65.9%)
 - Domestic violence (52.3%)

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Top Priorities

Community Survey respondents rated various problems in the community. Below is the listing of those problems with the highest percentages of Very Serious or Serious ratings, in rank order.

- | | |
|---|---|
| 1. Obesity and Overweight (85.8%) | 18. Poverty (62.8%) |
| 2. Diabetes (81.2%) | 19. Alcohol Abuse (62.4%) |
| 3. Texting and Driving (79.8%) | 20. Violence (62.3%) |
| 4. Illegal Drug Use (78.0%) | 21. Tobacco Use in Pregnancy (62.0%) |
| 5. Hypertension/High Blood Pressure (77.5%) | 22. Lack of Exercise/Physical Activity (60.1%) |
| 6. Cerebrovascular Disease and Stroke (76.6%) | 23. Asthma/COPD related issues (58.1%) |
| 7. Childhood Obesity (76.5%) | 24. Lack of Access to Mental Health Care Services (56.9%) |
| 8. Heart Disease (75.8%) | 25. Dental Hygiene/Dental Problems (55.7%) |
| 9. High Cholesterol (74.4%) | 26. Gun Violence (55.3%) |
| 10. Tobacco Use (73.7%) | 27. Chronic Depression (54.3%) |
| 11. Delinquency/Youth Crime (72.0%) | 28. Lack of Access to Dementia Care Services (53.9%) |
| 12. Prescription Drug Abuse (68.3%) | 29. Child Neglect (53.7%) |
| 13. Crime (66.8%) | 30. Domestic Violence (52.3%) |
| 14. Cancer (66.6%) | 31. Child Emotional Abuse (51.8%) |
| 15. Teenage Pregnancy (66.3%) | 32. Allergies (50.7%) |
| 16. Sexual Behaviors (unprotected, irresponsible/risky) (66.0%) | 33. Lack of Access to Shelters in the Area (50.0%) |
| 17. Driving Under the Influence of Drugs or Alcohol (65.9%) | |



Focus Group participants also rated the top problems in the community. Below is the listing of those problems with the highest percentages of Very Serious or Serious ratings, in rank order.

- | | |
|--|---|
| 1. Drugs (87.3%) | 16. Financial literacy (69.1%) |
| 2. Obesity (86.3%) | 17. Stress (68.8%) |
| 3. High cost of healthcare (co-pays, deductibles, insurance) - people do not seek medical care because they cannot afford it (85.3%) | 18. Lifestyles that don't promote health (68.7%) |
| 4. Crime (82.6%) | 19. Transportation to Healthcare (68.2%) |
| 5. Nutrition (82.3%) | 20. Drug and Alcohol Rehab (68.1%) |
| 6. Economics/Income levels (77.9%) | 21. High cholesterol (67.3%) |
| 7. Heart Disease (77.0%) | 22. Smoking/Vaping (66.9%) |
| 8. Cancer (75.2%) | 23. Lack of personal responsibility (66.4%) |
| 9. High Blood Pressure (74.5%) | 24. Lack of health knowledge (65.7%) |
| 10. Gang violence/crime (73.9%) | 25. Revolving door" of incarcerated population (without efforts to change)" (65.7%) |
| 11. Teen Pregnancy (73.0%) | 26. Under age drinking/alcohol abuse (65.1%) |
| 12. Diabetes (72.3%) | 27. Depression (65.0%) |
| 13. Lack of nutrition/poor eating habits/southern cooking (72.1%) | 28. Literacy/education level (the ability to read, write and comprehend) (61.5%) |
| 14. Using ER for Primary Care (71.9%) | 29. Domestic violence/child abuse (61.4%) |
| 15. Lack of mental health services (70.9%) | 30. Good old southern cooking (60.4%) |
| | 31. Joints - hip, knee replacements (60.0%) |



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The listing below outlines the overall top priorities by topic area, based on input from the WellStar WGMC 2015 Community Survey, Stakeholder Interviews and Focus Groups as well as disparities in the data itself. There were a total of 52 identified needs.

Access

1. Health Fair or Poor
2. No Health Insurance
3. Mammogram Screenings
4. High Cost of Health Care
5. Transportation
6. Lack of Awareness of Available Services
7. Using ER for Primary Care
8. Lack of Access to Dementia Care Services

Chronic Disease

9. Obesity
10. Diabetes
11. High Blood Pressure
12. Breast Cancer
13. Lung Cancer
14. Colon Cancer
15. Ovarian Cancer
16. Prostate Cancer
17. Heart Disease Mortality
18. Cerebrovascular Disease/Stroke
19. Asthma/COPD

Healthy Environment

20. High School Graduation Rates
21. Children Living in Poverty
22. Children Living in Single Parent Homes
23. Crime/Gang Violence
24. Poverty

25. Lack of Jobs/Unemployment
26. Lack of Financial Literacy
27. Domestic Violence/Child Abuse

Healthy Mothers, Babies and Children

28. Low Birthweight Babies
29. Teen Pregnancy Rate
30. Teen Birth Rate
31. Tobacco Use During Pregnancy

Infectious Diseases

32. Pneumonia Vaccine/Mortality
33. Influenza Vaccine/Mortality
34. HIV/AIDS
35. Chlamydia
36. Gonorrhea

Mental Health and Substance Abuse

37. Drug Use Mortality
38. Substance Abuse
39. Lack of Mental Health Providers/Services
40. Drug and Alcohol Rehab
41. Underage Drugs/Alcohol Abuse
42. Depression



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43. Suicide Mortality

48. Chewing Tobacco Use

Physical Health and Nutrition

44. Physical Inactivity

45. Access to Recreation

46. Poor Diet/Eating Habits

Injury

49. Motor Vehicle Mortality

50. Poisoning Mortality

51. Unintentional Poisoning
Mortality

52. Fall Mortality

Tobacco Use

47. Smoking/Vaping

Prioritization and Significant Health Needs

As a result of the primary and secondary data analysis, the consulting team identified 52 distinct community needs and issues that demonstrated a disparity, negative trend or gap between the local/ regional data and the state, national or healthy people goal and/or that qualitative information suggested that it was a serious or growing need in the community. At their meeting on May 12, 2016, the WellStar WGMC Steering Committee agreed with the list of potential needs, and later participated in prioritizing the needs based on the selected criteria. **Table 26** outlines the identified the selected criteria.

Table 26. Prioritization Criteria

Item	Definition	Scoring		
		Low (1)	Medium	High (10)
Accountable Role	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for the community to address	This is important as a collaboration between the health system(s) and the community	This is an important priority for the health system(s)
Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area

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Members of the WellStar WGMC CHNA Work Group met on May 23, 2016 to review the rating scores determined by the WellStar WGMC Steering Committee. Using the methodology of looking at the four prioritization criteria of (i) accountable role of the hospital, (ii) magnitude of the problem, (iii) impact on other health outcomes and (iv) capacity (systems and resources) the WellStar WGMC Steering Committee rank-ordered the 54 health needs as seen in **Table 27** below.

Table 27. WellStar WGMC Prioritization Survey Sorted by Total

Answer Options	Accountable Role - A	Magnitude M	Impact I	Capacity C	Total A+M+I+C	Rank
Chronic Disease: High Blood Pressure	6.82	8.29	9.13	7.43	31.67	1
Chronic Disease: Diabetes	6.74	8.32	9.26	7.20	31.52	2
Chronic Disease: Heart Disease Mortality	7.22	7.77	8.94	7.50	31.43	3
Chronic Disease: Cardiovascular Disease (Stroke)	7.22	7.30	9.03	7.43	30.98	4
Chronic Disease: Obesity	5.83	8.48	9.35	7.03	30.69	5
Access to Quality Health Services: Using ER for Primary Care	6.55	7.97	8.00	7.07	29.59	6
Chronic Disease: Asthma/COPD	6.89	6.90	8.29	7.50	29.58	7
Chronic Disease: Colon Cancer	7.30	6.81	7.68	7.53	29.32	8
Chronic Disease: Lung Cancer	7.07	6.97	7.61	7.47	29.12	9
Chronic Disease: Breast Cancer	7.22	6.35	7.67	7.70	28.94	10
Access to Quality Health Services: High Cost of Health Care	6.70	7.33	8.39	6.21	28.63	11
Access to Quality Health Services: Health Fair or Poor	6.70	6.20	7.32	7.77	27.99	12
Access to Quality Health Services: Mammogram Screenings	7.22	5.10	7.00	8.33	27.65	13
Chronic Disease: Prostate Cancer	7.30	5.94	6.94	7.27	27.45	14
Physical Activity/Nutrition: Poor Diet/Eating Habits	4.58	7.65	8.68	6.47	27.38	15
Physical Activity/Nutrition: Physical Inactivity	4.26	7.35	8.58	6.10	26.29	16
Chronic Disease: Ovarian Cancer	7.15	5.26	6.87	6.90	26.18	17
Mental Health and Substance Abuse: Lack of Mental Health Providers/Services	5.00	8.07	8.10	4.77	25.94	18
Access to Quality Health Services: Lack of Awareness of Available Services	6.00	5.93	7.00	6.97	25.90	19
Access to Quality Health Services: No Health Insurance	5.00	6.70	8.45	5.63	25.78	20
Tobacco Use: Smoking/Vaping	4.68	6.68	8.06	6.07	25.49	21
Mental Health and Substance Abuse:	4.62	7.97	7.94	4.53	25.06	22

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Answer Options	Accountable Role - A	Magnitude M	Impact I	Capacity C	Total A+M+I+C	Rank
Drug and Alcohol Rehab						
Mental Health and Substance Abuse: Substance Abuse	4.53	7.57	8.03	4.77	24.90	23
Infectious Disease: Influenza Vaccine/Mortality	5.74	4.70	6.26	7.57	24.27	24
Mental Health and Substance Abuse: Depression	4.17	7.62	7.65	4.67	24.11	25
Healthy Mothers, Babies and Children: Low Birthweight Babies	5.35	5.39	7.10	6.23	24.07	26
Healthy Mothers, Babies and Children: Teen Birth Rate	4.97	6.00	7.19	5.80	23.96	27
Infectious Disease: Pneumonia Vaccine/Mortality	6.00	4.45	6.20	7.30	23.95	28
Access to Quality Health Services: Lack of Access to Dementia Care Services	5.52	6.55	6.35	5.43	23.85	29
Healthy Mothers, Babies and Children: Teen Pregnancy Rate	4.81	6.03	7.16	5.77	23.77	30
Mental Health and Substance Abuse: Underage Drugs/Alcohol Abuse	3.70	7.33	7.55	4.60	23.18	31
Tobacco Use: Chewing Tobacco Use	4.33	5.55	7.16	6.00	23.04	32
Mental Health and Substance Abuse: Drug Use Mortality	4.43	6.37	7.23	4.93	22.96	33
Healthy Mothers, Babies and Children: Tobacco Use During Pregnancy	5.03	5.23	7.00	5.63	22.89	34
Infectious Disease: HIV/AIDS	5.00	4.50	6.48	6.47	22.45	35
Access to Quality Health Services: Transportation	4.24	6.23	7.29	4.53	22.29	36
Healthy Environment: Poverty	2.13	7.71	8.32	4.00	22.16	37
Healthy Environment: Children Living in Poverty	2.67	7.39	7.94	4.13	22.13	38
Infectious Disease: Chlamydia	4.20	5.53	5.45	6.43	21.61	39
Infectious Disease: Gonorrhea	4.17	5.23	5.32	6.50	21.22	40
Healthy Environment: Asthma	4.57	5.16	6.32	4.72	20.77	41
Healthy Environment: Domestic Violence/Child Abuse	2.87	5.74	7.00	4.97	20.58	42
Mental Health and Substance Abuse: Suicide Mortality	4.00	5.37	6.26	4.17	19.80	43
Physical Activity/Nutrition: Access to Recreation	2.84	4.84	6.32	5.70	19.70	44
Healthy Environment: Lack of Jobs/Unemployment	1.93	6.29	7.16	4.07	19.45	45
Healthy Environment: Crime/Gang Violence	1.93	6.77	6.52	3.67	18.89	46
Healthy Environment: Children Living in Single Parent Homes	1.97	7.06	6.16	3.33	18.52	47
Injury: Fall Mortality	4.30	3.42	5.26	5.00	17.98	48
Healthy Environment: Lack of	1.83	6.30	5.84	3.93	17.90	49

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Answer Options	Accountable Role - A	Magnitude M	Impact I	Capacity C	Total A+M+I+C	Rank
Financial Literacy						
Injury: Motor Vehicle Mortality	2.56	4.00	5.50	4.47	16.53	50
Injury: Unintentional Poisoning Mortality	3.92	3.35	4.74	4.33	16.34	51
Injury: Poisoning Mortality	4.00	3.45	4.68	4.07	16.20	52

Table 28 outlines the top 15 needs of the service area as ranked by the steering committee, along with a comparison to WellStar’s needs identified in their 2016 Implementation Strategy Report. With the joining of West Georgia Health into WellStar Health System as of April 1, 2016, it was important for WellStar WGMC to align itself during this prioritization process with the WellStar identified needs. As seen in the table below, 12 of the 15 WellStar WGMC priorities are aligned with one of the six WellStar published need areas of CVD, Type 2 Diabetes, Obesity, Underuse of Primary Care, COPD/Asthma and Cancer.

Table 28. WellStar WGMC CHNA Top 15 Prioritization Needs Sorted by Total of Accountability, Magnitude, Impact and Capacity

Answer Options	Total Ranking	WellStar Report Y or N	WellStar Need Area
Chronic Disease: High Blood Pressure	1	Y	CVD
Chronic Disease: Diabetes	2	Y	Type 2 Diabetes
Chronic Disease: Heart Disease Mortality	3	Y	CVD
Chronic Disease: Cerebrovascular Disease (Stroke)	4	N	
Chronic Disease: Obesity	5	Y	Obesity
Access to Quality Health Services: Using ER for Primary Care	6	Y	Underuse of Primary Care
Chronic Disease: Asthma/COPD	7	Y	COPD/Asthma
Chronic Disease: Colon Cancer	8	Y	Cancer
Chronic Disease: Lung Cancer	9	Y	Cancer
Chronic Disease: Breast Cancer	10	Y	Cancer
Access to Quality Health Services: High Cost of Health Care	11	N	
Access to Quality Health Services: Health Fair or Poor	12	N	
Access to Quality Health Services: Mammogram Screenings	13	Y	Cancer
Chronic Disease: Prostate Cancer	14	Y	Cancer
Physical Activity/Nutrition: Poor Diet/Eating Habits	15	Y	Obesity

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The above significant needs will be addressed in WellStar WGMC's Implementation Strategy which is published as a separate report and accessible to the public.

Please refer to Appendix D – Prioritization Criteria Listings on pages 221-228 in the Supplemental Data Resource for information on how the needs were prioritized by the four different criteria including:

- Accountability (hospital role)
- Magnitude and Impact
- Magnitude, Impact and Capacity
- Top ten needs comparison by total ranking, accountability and magnitude and impact

Review and Approval

This report serves to identify and assess the health needs of the community served by WellStar West Georgia Medical Center (WellStar WGMC) in 2016. Previously known as West Georgia Health, this organization's 2013 Community Health Needs Assessment and Implementation Strategies were approved on Sept. 16, 2013, for its fiscal year ending on Sept. 30, 2013. This schedule complied with federal tax law requirements set forth in Internal Revenue Code section 501(c) and to satisfy the requirements set forth in IRS Notice 2011-52 and the Affordable Care Act for hospital facilities owned and operated by an organization described in Code 501(c)(3).

Working within that schedule for its next three-year CHNA cycle, the West Georgia Health CHNA steering committee began working on its 2016 CHNA with a target date of Sept. 30, 2016, as its deadline for approval by its Board of Trustees and public posting.

On April 1, 2016, West Georgia Health merged with the Marietta, Georgia-based WellStar Health System and became known as WellStar West Georgia Medical Center. In order to align its fiscal year with WellStar Health System's fiscal year, WellStar WGMC shortened its Fiscal Year 2016 to end on June 30, 2016. In turn, the WellStar WGMC CHNA steering committee accelerated its process for local board approval of the CHNA report, which occurred on June 20, 2016.



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Because of WellStar Health System's merger with WellStar WGMC and five additional, newly converted not-for-profit hospitals on April 1, WellStar will adjust its future Community Health Needs Assessment (CHNA) and Implementation Strategy reporting to align with the requirements of the newly converted not-for-profit hospitals. This means that all the hospitals within WellStar Health System, including Wellstar WGMC will submit a new collective CHNA report and Implementation Strategies to meet the 501(r) requirements by fiscal year ending June 30, 2018.

The Wellstar WGMC Implementation Strategies are published in a separate document and were approved by the WellStar WGMC Board of Directors on October 17, 2017. After the WellStar WGMC Community Health Needs Assessment and Implementation Strategies documents are approved by the Wellstar Board of Directors, they will be posted on the WellStar WGMC website (wellstar.org/wgmc). Printed copies will be available by contacting: chnafeedback@wghealth.org.