



8/25/2022

The Appling Healthcare Board of Directors approved the 2022 Community Health Needs Assessment and Implementation Plan at their meeting on August 25, 2022. The Community Health Needs Assessment (CHNA) Report is widely available to the public and interested parties can view and download it from the Appling Healthcare website. Hard copies are available upon request as well as website location, please contact: *Amy Carter, Administrative Assistant, carteram@appling-hospital.org and 912-367-9841 ext. 1201 for copies or web location.*

A handwritten signature in black ink that reads "Cindy Tomberlin". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Cindy Tomberlin, Board Chairman

Appling Healthcare



# COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

Connecting  
Acknowledging  
Reassuring  
Engaging



2022

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**And in partnership with:**



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## HOSPITAL STEERING COMMITTEE

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Board Chair  
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Chief Operations Officer  
Quality and Infection Control Manager

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## EXECUTIVE SUMMARY

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Appling Healthcare, located in Baxley, Appling County, Georgia, partnered with Draffin & Tucker, CPAs, and the Center for Public Health Practice and Research, Georgia Southern University, to conduct a community health needs assessment (CHNA) as required under the Affordable Care Act based on Internal Revenue Section (IRS Section 501(r)(3)(A)(i)) to strengthen non-profit hospital organizations, identify and document community needs and efforts to address as well as enhance community engagement.

The Georgia Southern University team applied a mixed method approach in this assessment. The team gained input from the hospital stakeholders and the general community through focus group discussions with community stakeholders and surveys. Data from secondary sources were also used in assessing the needs of the community. Based on the results, the CHNA Steering Committee, in concert with representatives of the local health department, determined the priority areas for the next three years. Goals, objectives, and actions were chosen to address the priority areas that would be meaningful and achievable. **Ms. Angie Griffin, RN, Nurse Manager of the Appling County Public Health Department, participated in the process as required by the Treasury Department regulations.**

The results from the secondary data analyses suggest that the county's population is generally stable, and it is expected to age overall by 2025. From 2015 to 2020, total population decreased in Appling County by 0.7%. Over this period, Appling County also experienced an increase in the population aged 65 and over by almost 13%. The White non-Hispanic, Black non-Hispanic and Asian populations decreased while Hispanic, Multiracial non-Hispanic, and Native Hawaiian/Pacific Islander populations grew. The population is expected to increase slightly from 2020 to 2025. Growth is projected for the population over 65 and reduction for younger age groups. It is important to note that demographics including income, education, and age, vary by census tract. Furthermore, specific communities experience greater challenges due to factors including lagging economy, limited employment, and lack of transportation. Secondary data confirmed the survey and focus group findings in several areas. Both identified community health challenges including, but not limited to, chronic conditions and behaviors that contribute to poor health such as poor nutrition and inadequate physical exercise, transportation (especially to healthcare appointments), mental health, access to specialists, and poverty. The following table summarizes the findings.

| AREA OF CONCERN                                       | SECONDARY DATA  | SURVEY   | KEY STAKEHOLDER FOCUS GROUPS   |
|---|---|--|--|
| Chronic Conditions: Obesity, Cancer, CVD and Diabetes | <ul style="list-style-type: none"> <li>- 25% smoke</li> <li>-37% overweight or obese</li> <li>- 38% physically inactive</li> <li>- Only 27% of the population has access to exercise opportunities</li> <li>-Diabetes prevalence is 14%</li> <li>-Discharge rate for CVD higher than the state levels</li> <li>-Cancer death rates higher than the state level</li> <li>-Heart disease is the leading cause of death</li> </ul> | <ul style="list-style-type: none"> <li>- 32% of the population has three or more chronic conditions</li> <li>-Top three chronic conditions include high blood pressure, high cholesterol and overweight/obesity</li> <li>-Overweight/obesity and physical inactivity were listed as top perceived negative influencers of health and disease</li> </ul>          | <ul style="list-style-type: none"> <li>-Obesity was highlighted as one of the main health issues, given the unhealthy eating choices &amp; patterns</li> <li>-Education on the management of chronic conditions, especially among the elderly population, was discussed as a need</li> </ul> |
| Nutrition   | <ul style="list-style-type: none"> <li>- 23% of low-income families have limited access to healthy foods</li> <li>- Food environment index 5.6 compared to the 6.3 state level</li> <li>- 15% of the population experiences food insecurity</li> </ul>  | <ul style="list-style-type: none"> <li>- Less than one out of three (30.8%) residents eat the recommended servings of fruits and vegetables</li> <li>- The main reason for the inadequate consumption of fruits and vegetables is their expensive prices</li> <li>-Nutrition was listed as the main perceived negative influence on children's health</li> </ul> | <ul style="list-style-type: none"> <li>- Healthy eating was noted as a challenge due to expense and access. –</li> <li>- Restaurants in the area primarily serve fast food</li> <li>- Education on healthy meals and healthy nutrition was noted as a significant need</li> </ul>            |
| Mental health and COVID-19                            | <ul style="list-style-type: none"> <li>- Mental Health Provider Ratio lower than state</li> </ul>   | <ul style="list-style-type: none"> <li>-Depression and anxiety were the 4<sup>th</sup> most commonly</li> </ul>  | <ul style="list-style-type: none"> <li>- Concerns about mental health needs of residents were repeatedly mentioned</li> </ul>  |

| AREA OF CONCERN     | SECONDARY DATA   | SURVEY   | KEY STAKEHOLDER FOCUS GROUPS  |
|---------------------|--|--|---|
|                     | <ul style="list-style-type: none"> <li>- Higher proportion of adults reporting 14 or more days of poor mental health per month</li> </ul>  | <ul style="list-style-type: none"> <li>reported chronic condition</li> <li>-Lack of adequate mental health services were noted</li> <li>-Poor mental health was identified as a main negative influencer of health and disease</li> <li>-Social isolation &amp; mental health were identified as the greatest challenges emerging from the COVID-19 pandemic</li> <li>-Mental health was the 4<sup>th</sup> most concerning issue for adult health and 2<sup>nd</sup> for children's health</li> </ul> | <ul style="list-style-type: none"> <li>-Challenges with accessing mental health services was also a recurring theme</li> </ul>  |
| Lack of specialists | <ul style="list-style-type: none"> <li>-Shortage of health professionals including dentists and mental health providers</li> <li>-Very few health and behavioral health facilities – mainly located in the center of the county</li> </ul> | <ul style="list-style-type: none"> <li>-Only 6.5% of respondents agree that there are sufficient specialists in Appling County</li> <li>-Lack of specialists was Identified as a shortage area for health care access</li> </ul>   | <ul style="list-style-type: none"> <li>-Participants expressed the need for an increased presence of specialists in the county, especially obstetrics and endocrinology</li> </ul>          |
| Transportation      | <ul style="list-style-type: none"> <li>- 8.1% of the households do not have a motor vehicle</li> <li>- 17.7% of the population are elderly. for whom transportation may be a struggle</li> </ul>   | <ul style="list-style-type: none"> <li>- 85.5% of the survey respondents acknowledged transportation to access health care was a challenge</li> </ul>  | <ul style="list-style-type: none"> <li>-Transportation was identified as one of the main barriers affecting access to healthcare services, especially for the elderly population</li> </ul> |

| AREA OF CONCERN | SECONDARY DATA  | SURVEY   | KEY STAKEHOLDER FOCUS GROUPS  |
|-----------------|---|--|---|
| Poverty         | <ul style="list-style-type: none"> <li>-Lower median household income compared to the state</li> <li>-Roughly 20% of the population &amp; 30% of children live in poverty</li> <li>-90% of children are eligible for reduced or free lunch costs</li> </ul> | <ul style="list-style-type: none"> <li>- Only 36% of respondents agreed or strongly agreed that there are adequate jobs in the county</li> <li>-Poverty was the 2nd most frequently selected factor affecting quality of life</li> </ul> | <ul style="list-style-type: none"> <li>-Participants noted that many families in the county struggle financially</li> <li>-Participants noted that many residents have low-paying jobs</li> </ul> |

After reviewing the data summarized above, and considering how the hospital (and its resources and personnel) can have the biggest impact, the Steering Committee decided to focus on the following areas: 1. Mental & Behavioral Health; 2. Access to Care; 3. Lifestyle and Obesity; 4. Adolescent Health; and 5. Social Media Outreach. This strategy represents a continuation of priorities from the prior plan, as well as a focus of enhancing the hospital's overall social media outreach strategy.

It is noted that there were no written comments received from the community regarding the prior Community Health Needs Assessment and Implementation Strategy Report.

## PURPOSE

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For purposes of the CHNA, Appling Healthcare defined Appling County as the community they serve, given that the majority of patients originate from the community of Appling County. This report summarizes the findings of the community assessment and informs the hospital's strategic service planning and community benefit activities, as well as fulfils the Patient Protection and Affordable Care Act (PPACA) mandate that requires nonprofit, tax-exempt hospitals to complete a community health needs assessment every 3 years.

## METHODOLOGY

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The CPHPR project team worked with the hospital CHNA steering committee throughout the project. The steering committee facilitated completion of a community survey, recruited key stakeholders for focus group discussions, and provided information about the hospital's actions undertaken to address community health needs since the 2019 CHNA.

The Appling County community survey was administered to assess local health care access and needs of the people residing in the service area of Appling Healthcare. The community survey was disseminated via the hospital's social media webpages and email listservs, as well as those of local community partners. Focus group participants were all key stakeholders reflective of the community with knowledge of the overall health of Appling County and that of vulnerable and minority populations. Angie Griffin, RN, Appling County Nurse Manager participated in the focus group research component. Focus Group participants' perspectives provided a well-rounded view of life in the community and the health and health care needs of the residents.

Information from the primary data collection efforts was supplemented by secondary quantitative data on the community's profile, health care access, and utilization. These data were obtained from multiple publicly available sources including the US Census Bureau, Centers for Disease Control (CDC) disease and mortality data, Georgia Governor's Office of Planning and Budget, County Health Rankings, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS),

Policy Map, and the National Cancer Institute. The most recently available data were obtained from all data sources at the time of analysis.

Findings from all the above-described primary and secondary data collection efforts informed the identification and prioritization of community health needs, as well as provided suggested solutions to address these needs.

### **Data Analysis**

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviation. Analyses were completed, and charts and graphs were created, using Microsoft Excel Version 16 Software. Qualitative data from the focus groups were analyzed using the NVIVO12 qualitative analysis software.







## SECONDARY DATA ANALYSIS

### DEMOGRAPHIC PROFILE

In 2021, there were approximately 18,488 residents in Appling County. Compared to Georgia, the population of Appling County is older and less racially and culturally diverse.

Comparable to the state, about 8.6% of the population live with one or more disabilities, and veterans make up close to 5% of the population.

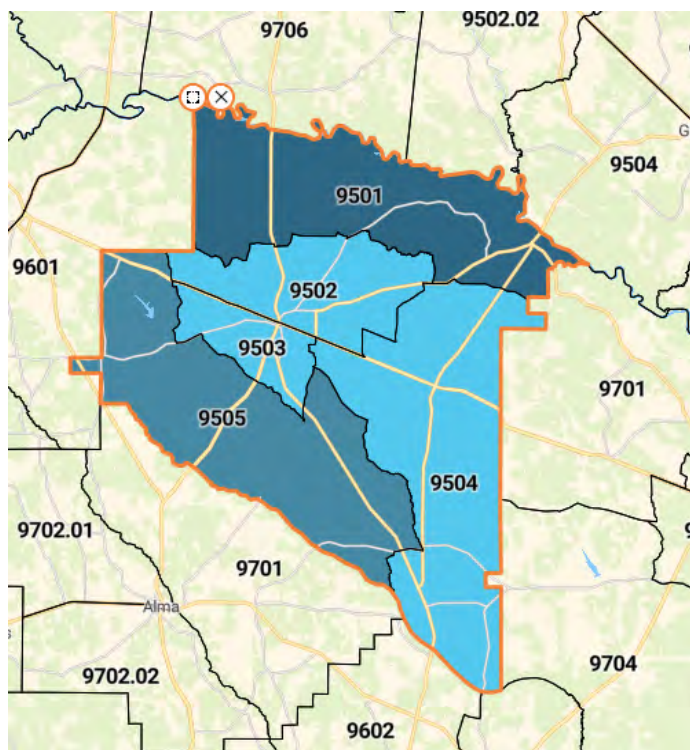
**About 1 out of 6 residents of Appling County are 65 years or older.**

|   |                                      | Appling | Georgia    |
|---|--------------------------------------|---------|------------|
|    | <b>Population</b>                    |         |            |
|   | Number of Residents                  | 18,488  | 10,799,566 |
|    | <b>Sex</b>                           |         |            |
|   | Female                               | 50.2%   | 51%        |
|   | Male                                 | 49.8%   | 49%        |
|   | <b>Age Distribution</b>              |         |            |
|   | Population Under 5 years             | 6.4%    | 6%         |
|   | Population Under 18 years            | 24.5%   | 24%        |
|   | Population 65 years and older        | 17.7%   | 14%        |
|  | <b>Racial and Cultural Diversity</b> |         |            |
|   | White                                | 77.2%*  | 60%        |
|   | Black/AA                             | 19.6%*  | 33%        |
|   | Other Races/Multiracial              | 3.2%*   | 7%         |
|   | <b>Ethnicity</b>                     |         |            |
|   | Hispanic                             | 10%     | 10%        |
|   | <b>Nativity</b>                      |         |            |
|   | Foreign Born                         | 4.9%*   | 10%        |
|   | Non-English Language Spoken at Home  | 9%*     | 14%        |
|  | <b>Veterans</b>                      |         |            |
|   | Veteran Population                   | 4.8%    | 5.7%       |
|  | <b>Disability</b>                    |         |            |
|   | Population under 65 years disabled   | 8.6%    | 9%         |

\*Significantly different from state average

Data Source: US Census Bureau

Figure 1. Population Diversity by Census Tract (2013-2017)



Predominant Race (% White), 2013-2017. Data Source: Policy Map.

(The darker the color the higher the proportion.)

The central and eastern section of the county are slightly more diverse (50%-70% white vs 70%-90%) in terms of racial distribution.

Figure 2. Proportion of Residents 65 years and older by Census Tract (2015-2019)

Estimated percent of all people 65 or older, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

Residents of the eastern section of the county are relatively older compared to the rest of the county

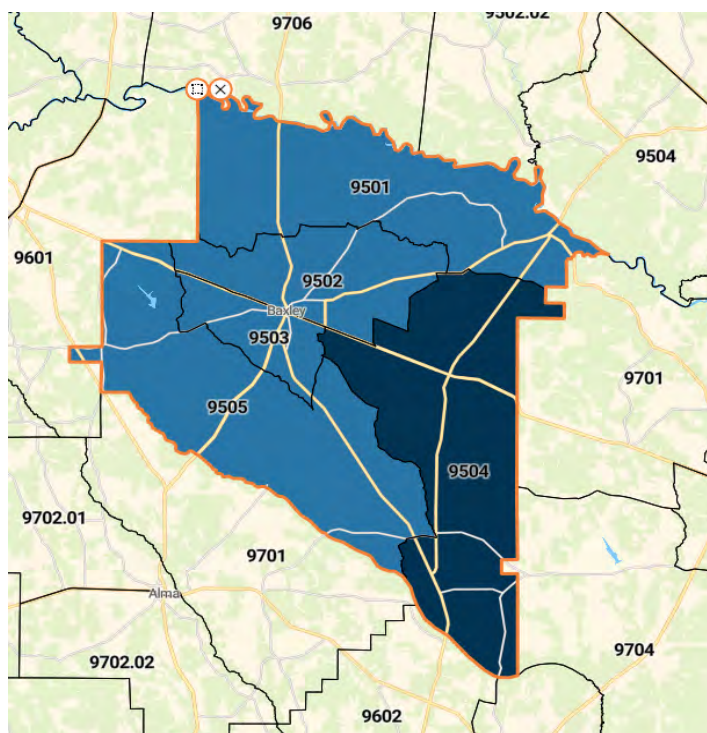
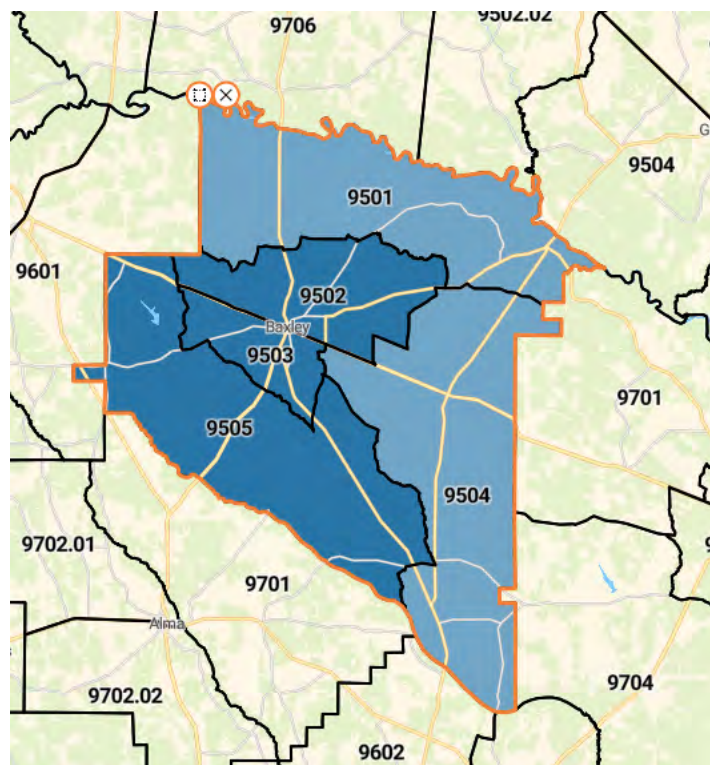




Figure 3. Proportion of Residents with Disability by Census Tract (2015-2019)



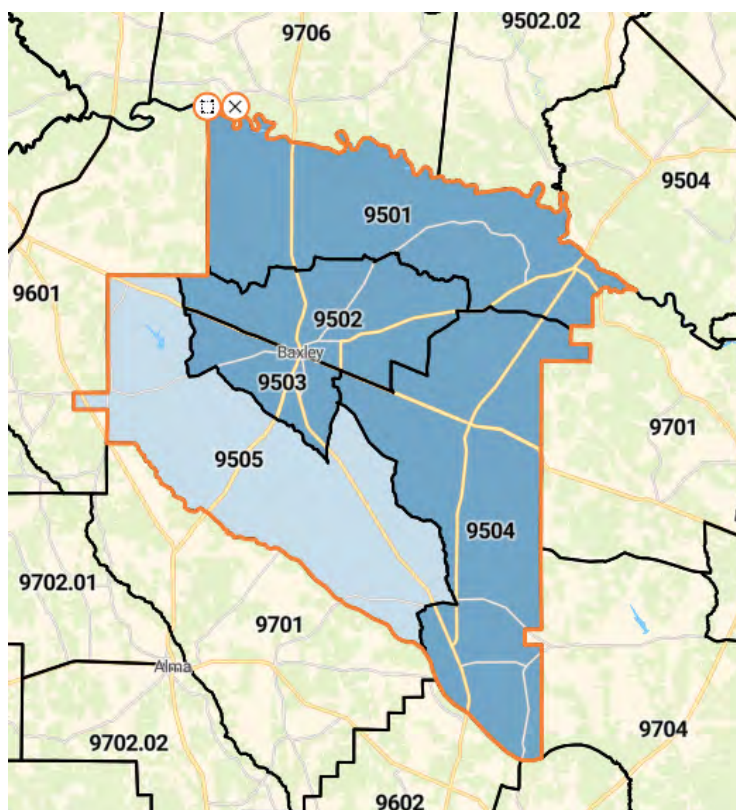
Proportion of Individuals Living with One or More Disabilities, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

A higher proportion of residents residing in the central and southwestern parts of the county live with one or more disability (16%-17% vs 12%-14%).

Figure 4. Veteran Population by Census Tract (2015-2019)

Proportion of Veterans, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

A lower proportion of veterans (4%) live in the southwestern section of the county compared to other parts (6%-8%).



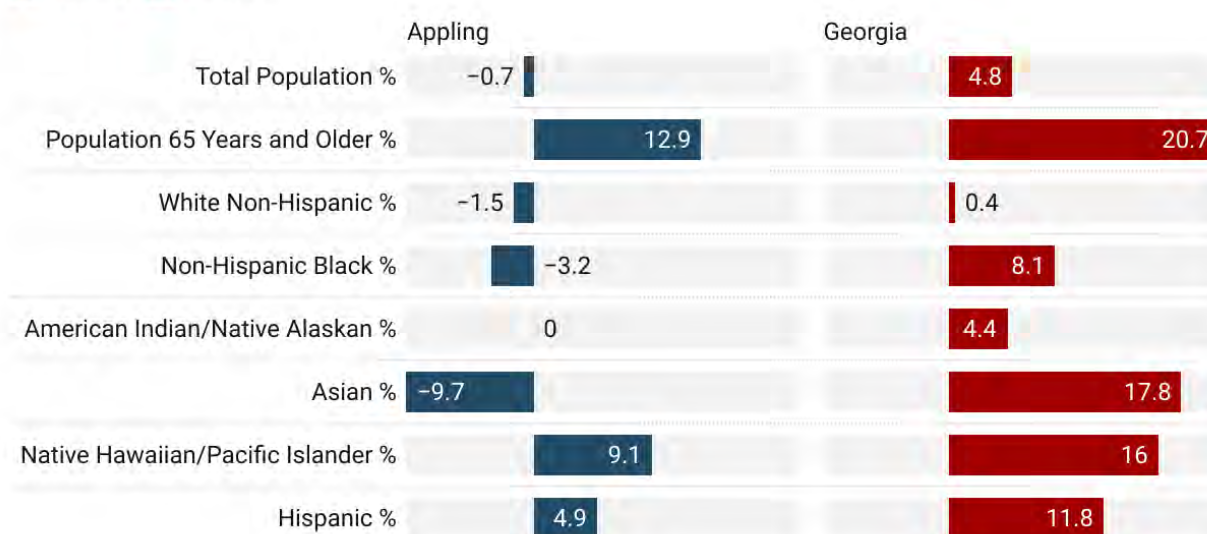
## PAST POPULATION GROWTH

The total population of the county decreased by 0.7% between 2015 and 2020. Over the period, the county experienced a decline in the Non-Hispanic White, Non-Hispanic Black, and Asian populations. Growth occurred for the Hispanic and Native Hawaiian/Pacific Islander populations. There was substantial growth in the population aged 65 and over.

### Population Change

2015-2020

■ Appling ■ Georgia



Created with Datawrapper

Data Source: Georgia Department of Public Health: Online Analytical Statistical Information System (OASIS)

## PROJECTED POPULATION GROWTH

The population of Appling County is expected to increase by 1.2% from 2020 to 2025 based on projections by Georgia Governor's Office of Planning and Budget. Hispanic and Black Non-Hispanic populations are expected to grow over the five-year period, leading to a more racially diverse county. Consistent with the state, the population aged 65 years and over is expected to grow significantly.

### Projected Population Change

2020-2025 Percentage Change

■ Appling ■ Georgia



Created with Datawrapper




Data Source: Georgia Governor's Office of Planning and Budget.

## ECONOMIC PROFILE

The county experienced an increase in real Gross Domestic Product (GDP) between 2019 and 2020. Over this period, the rate of job loss was lower than the state average. Fewer adults (i.e., 20-64 years) are

**About 1 out of 3 children in Appling County are living in poverty.**

in the labor force, compared to the state. The county unemployment rate of 3.6% is slightly lower than the state rate of 3.9%. The median household income for Appling County is lower than the state median (\$38K vs \$61K). About 20% of the population and 30% of children live in poverty. Both rates are higher than the state average. Furthermore, almost every school-aged child (90%) in the county is eligible for free or reduced lunch, compared to 60% at the state level.

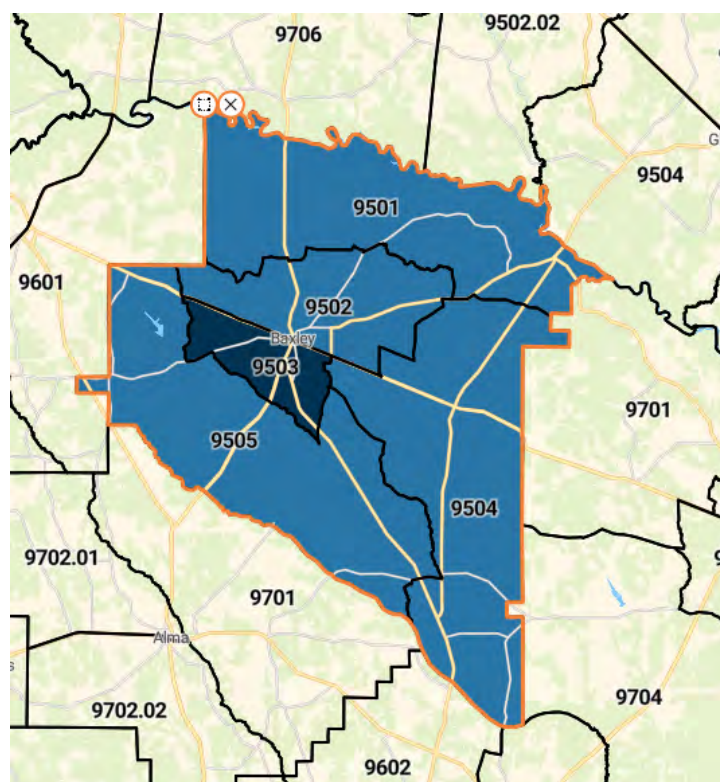
|   | Appling   | Georgia  |
|---|-----------|----------|
| <b>Economy</b>  |           |          |
|  Real Gross Domestic Product (GDP) Annual Growth Rate (2010-2020) | 2.2%      | 2.2%     |
| Real GDP Annual Growth Rate (2019-2020)   | 9.6%      | -3.9%    |
| Job Growth Rate (2019-2020)   | -2.9%     | -4.6%    |
| <b>Labor Force Representation</b>   |           |          |
|  Unemployment Rate (2021)  | 3.6%      | 3.9%     |
| Labor Force Representation (2013-2017)  | 59.9%*    | 75.5%    |
| Male Labor Force Representation (2013-2017)   | 71.6%*    | 80.4%    |
| Female Labor Force Representation (2013-2017)   | 59.9%*    | 70.8%    |
| <b>Poverty</b>  |           |          |
|  Median Household Income (2016-2020)                             | \$37,924* | \$61,224 |
| Population in Poverty (2020)  | 19.9%*    | 14%      |
| Children in Poverty (2019)  | 30%*      | 20%      |
| Children eligible for reduced lunch (2018-2019)   | 90%*      | 60%      |

\*Significantly unfavorable compared to the state average

Data Source: US Department of Labor, US Census, County Health Rankings



Figure 5. Poverty Rate by Census Tract (2015-2019)



**Proportion of Population Living in Poverty, 2015-2019.**

**Data Source: Policy Map.**

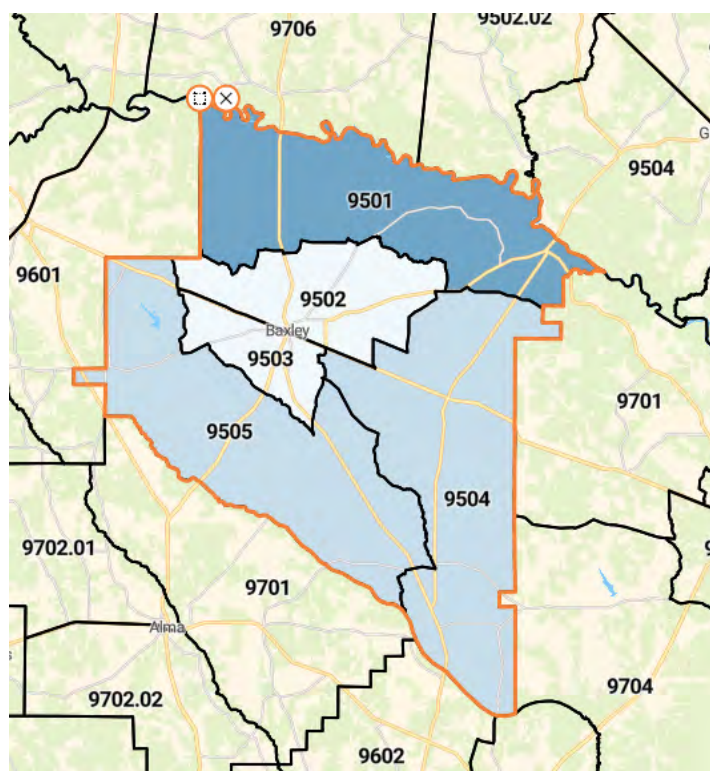
*(The darker the color the higher the proportion.)*

A higher proportion of residents residing in the central part of the county live in poverty (27%). The remaining parts of the county have rates that vary from 20% to 23%.

Figure 6. Median Household Income by Census Tract (2015-2019)

**Median Household Income, 2015-2019. Data Source: Policy Map.** *(The darker the color the higher the income.)*

The median household income is lower in the central part of the county (\$35,000 - \$38,000), compared to the rest of the county. The southern part has income that ranges from \$42,000-\$44,000. The northern part has the highest income level of \$57,000+.






## EDUCATION

Educational attainment in the county is lower than for the state. The high school graduation rate of 77.2%% is lower than the state rate of 88%. On average, county third

**Almost two out of three 3–4-year-old children are not enrolled in school.**

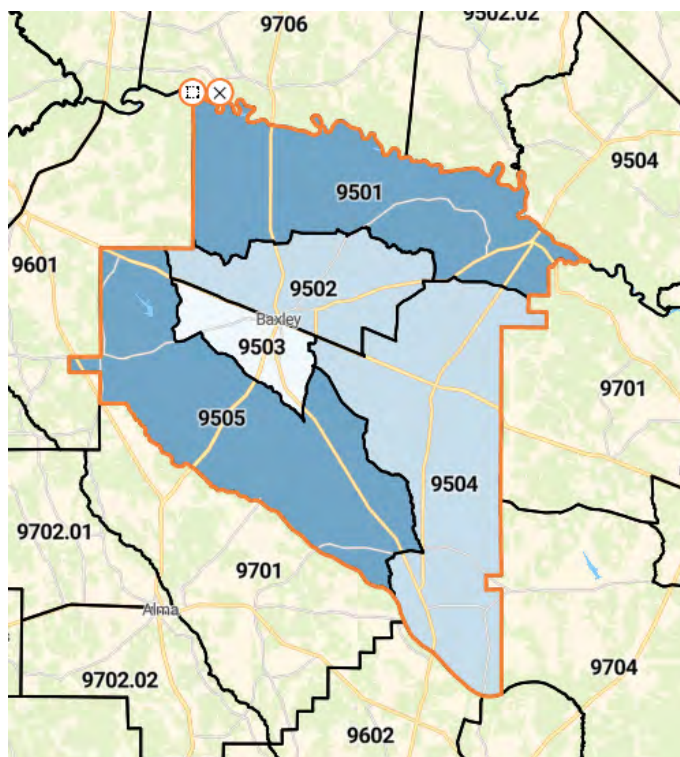
graders perform slightly lower than the state average on state standardized tests. The county has lower rate of students in early childhood education than state. Approximately 10% of the population holds a bachelor's degree or higher, compared to 32% of the state's population.

|  | Appling | Georgia |
|--|---------|---------|
|  <b>Early Childhood Education</b>                     |         |         |
| Percent 3–4-year-old children in school  | 33.9%*  | 49.1%   |
|  <b>K-12 Education</b>                               |         |         |
| Average grade level performance for 3rd graders on English Language Arts standardized tests  | 2.8     | 3       |
| Average grade level performance for 3rd graders on Mathematics standardized tests  | 2.8     | 2.9     |
|  <b>High School Graduation and Higher Education</b> |         |         |
| High school graduation rate  | 77.2%*  | 88%     |
| Percent population with bachelor's degree  | 9.5%*   | 32%     |

\*Significantly lower than state average

Data Source: County Health Rankings, US Census Bureau, Sparkmap

Figure 7. Educational Attainment by Census Tract (2015-2019)



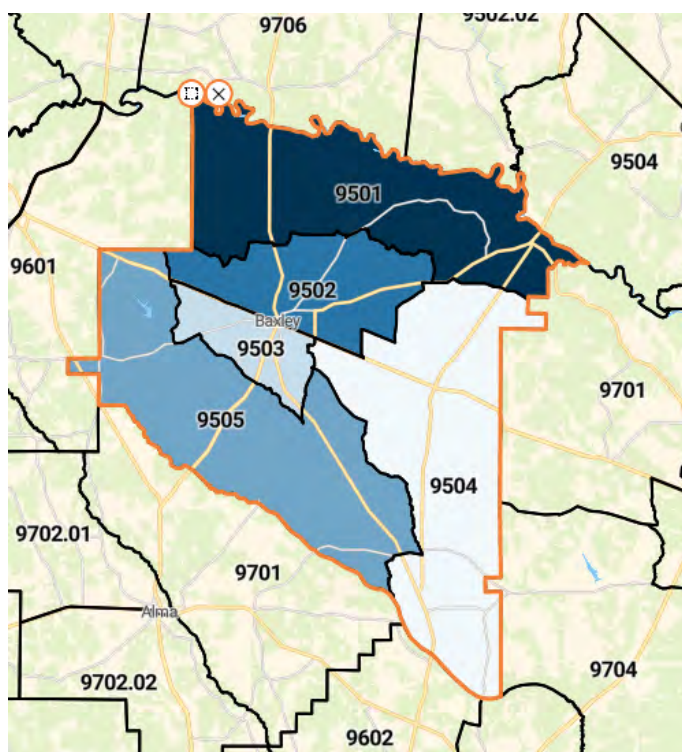
Proportion of Population with at least a High School Diploma, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

Educational attainment is lowest in the central part of the county with 67% of the population having a high school diploma compared to the remaining parts of the county (73%-84%).

Figure 8. Nursery and Pre-school Enrollment by Census Tract (2015-2019)

Proportion of 3 years or older enrolled in nursery or preschool, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

Preschool or nursery enrollment is relatively higher in the northern part of the county (2%-2.8%) compared to the rest of the county (0%-1.4%).





## SOCIAL AND COMMUNITY CONTEXT

Participation and involvement in community life are linked to both healthy behaviors and positive health outcomes. Community members with strong social support, a strong social network, and high levels of trust are

more likely to engage in healthy behaviors. County residents are relatively more active in social associations than the state overall (12 vs 8.9 membership associations per 10,000 population). Over one-third of children live in single parent households (34% versus state rate of 30%). The county suicide rate is slightly lower than the state suicide rate.

***There are approximately 6,650 households in Appling County, with an average of 2.7 persons per household.***

|  | Appling | Georgia   |
|--|---------|-----------|
|  <b>Household Characteristics</b> |         |           |
| Households   | 6,650   | 3,830,264 |
| Average persons per households   | 2.7     | 2.7       |
| Children in single parent households   | 34%*    | 30%       |
|  <b>Social Context</b>          |         |           |
| Social Associations per 10,000   | 12      | 8.9       |
| Suicide rates per 100,000  | 13      | 14        |

\*Significantly unfavorable compared to the state average







Data Source: County Health Rankings, US Census Bureau



## NEIGHBORHOOD AND BUILT ENVIRONMENT

Only one out of four county residents (27%) have adequate access to exercise opportunities at parks or recreational facilities. County residents are less digitally connected, compared to the state. The county has slightly lower violent crime rate than the state, yet deaths from motor vehicle crashes are significantly higher. Twenty-three percent of low-income residents have limited access to healthy foods, and 8.1% of households do not have a motor vehicle.

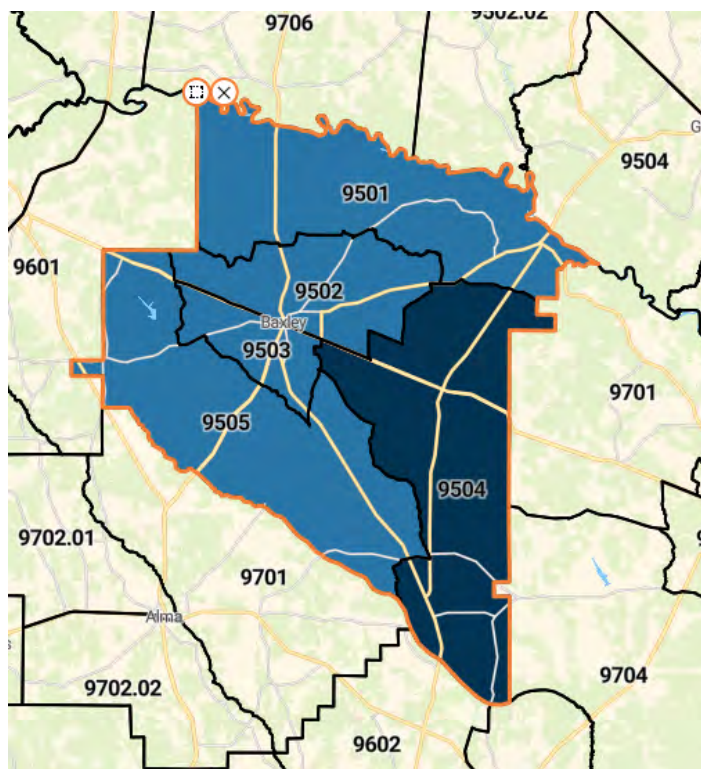
**Relative to the state, Appling County residents experience slightly less air pollution issues.**

|  | Appling                                   | Georgia |
|--|---|---------|
|                     | <b>Digital Connectivity and Amenities</b> |         |
| Households with computer   | 86%*                                      | 92%     |
| Adult with broadband internet  | 62%*                                      | 84%     |
| Access to exercise opportunities   | 27%*                                      | 70%     |
|                     | <b>Safety</b>                             |         |
| Violent crime rate per 100,000   | 379                                       | 388     |
| Deaths from motor vehicle crashes per 100,000  | 29*                                       | 14      |
|                   | <b>Food Insecurity</b>                    |         |
| % low-income with limited access to healthy foods  | 23%*                                      | 10%     |
| (Healthy) Food environment index (1 worst; 10 best)  | 5.6                                       | 6.3     |
| Percentage of population experiencing food insecurity  | 15%                                       | 12%     |
|                   | <b>Transportation</b>                     |         |
| Average travel time to work (minutes)  | 24 mins                                   | 29 mins |
| Percent households with <u>no</u> motor vehicle  | 8.1%*                                     | 6.5%    |
|                   | <b>Housing</b>                            |         |
| Percent of homes owned   | 75%                                       | 64%     |
| Percent families spending > 50% of income on housing   | 11%                                       | 14%     |
| Percent population with severe housing problems  | 11%                                       | 16%     |
| Median gross rent  | \$571                                     | \$1,042 |
| Median selected monthly owner costs, includes mortgage   | \$935                                     | \$1,449 |
|                   | <b>Pollution</b>                          |         |
| Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter) | 8.2                                       | 8.6     |

\*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, U.S Census Bureau Quick Facts, Policy Map (percent of households with no motor vehicle).

Figure 9. Household Internet Access by Census Tract (2015-2019)



Proportion of all households with no internet access, 2015-2019.

Data Source: Policy Map. (The darker the color the higher the proportion.) The proportion of households with no internet access was highest in the eastern part of the county with 38% of the households lacking access. In the remaining parts of the county rates range from of 27% -34%.

Figure 10. Household Computer Access by Census Tract (2015-2019)

Proportion of all households without a computer, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.) Computer access was lower in the eastern part of the county where 28% of households lack any type of computer, compared to 15%-22% in other areas of the county.

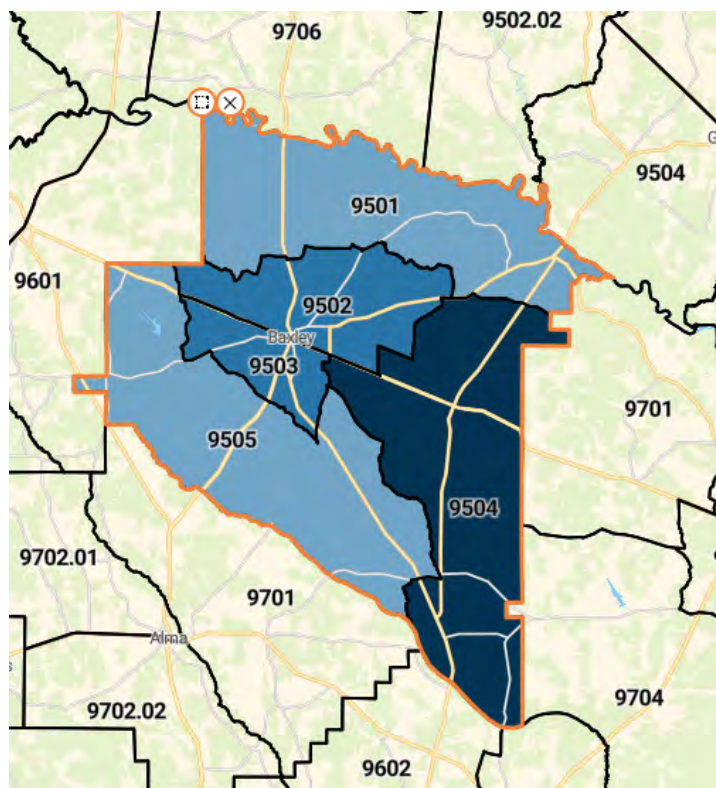


Figure 11. Severe Homeowner Cost Burden by Census Tract (2015-2019)

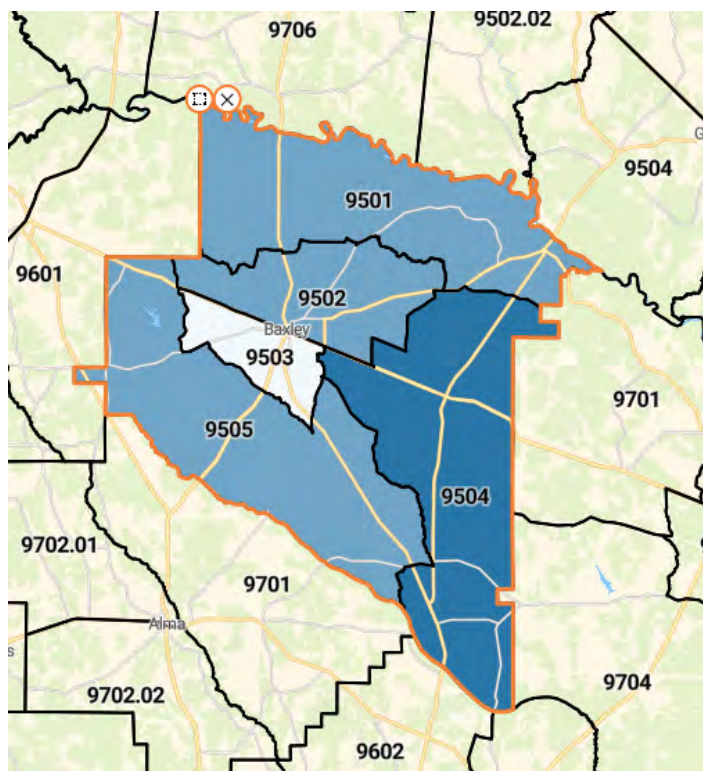


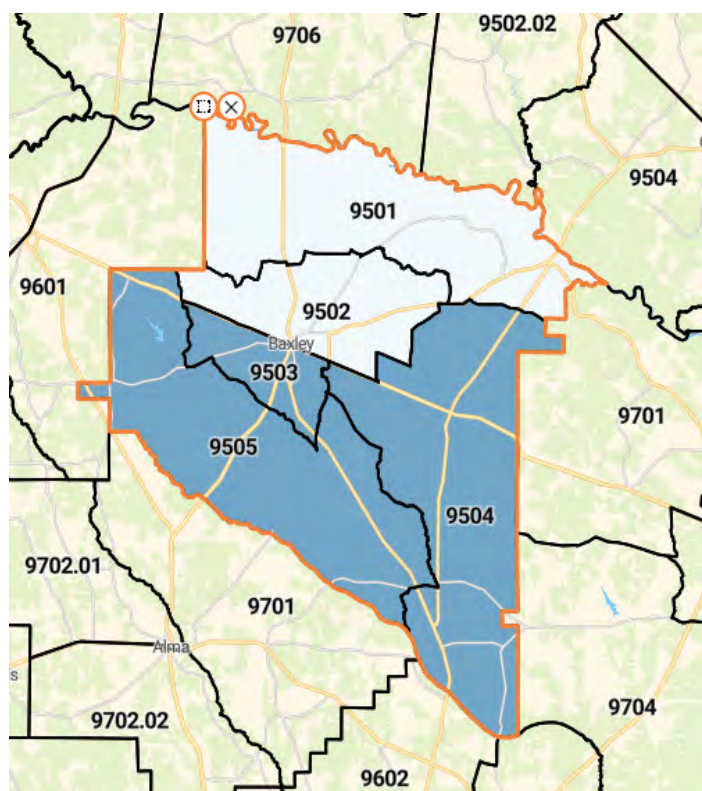
Figure 12. Severe Renter Cost Burden by Census Tract (2015-2019)

Proportion of all Renters who are severely burdened by housing costs, 2015-2019.

Data Source: Policy Map.

(The darker the color the higher the proportion.)

A higher proportion of renters (19%) in the southern area of the county experience severe rental cost burden compared to the north (7%).








## HEALTH CARE ACCESS

At 21%, the proportion of residents who are uninsured is higher than the state rate of 16%. Compared to the state, the county also has significant shortages of health

***Preventable hospitalization rates are higher in Appling County than for Georgia.***

professionals, including primary care physicians, dentists, and mental health providers. However, the county has fourteen primary care mid-level providers, who help alleviate this shortage. Preventable hospital stays for Medicare beneficiaries are slightly higher for Appling County residents, which can indicate a need for enhanced primary care. Mammogram screening rates and flu vaccination rates are also lower than the state levels.

|  | Appling | Georgia |
|--|---------|---------|
| <b>Health Insurance Coverage</b>   |         |         |
|  Percent under 65 years Uninsured                 | 21%     | 16%     |
| <b>Provider Supply</b>   |         |         |
|  Population to One Primary Care Physician         | 3,060*  | 1,490   |
| Population to One Dentist  | 9,160*  | 1,920   |
| Population to One Mental Health Provider   | 1,220*  | 640     |
| <b>Primary Care and Prevention</b>   |         |         |
|  Adults with a Personal Doctor or Health Provider | 69.4%   | 72%     |
| Adults Reporting a Physical Checkup within last year   | 76.2%   | 78%     |
| Preventable Hospital Stays per 100,000 Medicare Enrollees  | 4,999*  | 4,295   |
| Mammogram Screening Rates  | 32%*    | 42%     |
| Flu Vaccination Rates among Fee-for-service Medicare Enrollees   | 32%*    | 46%     |

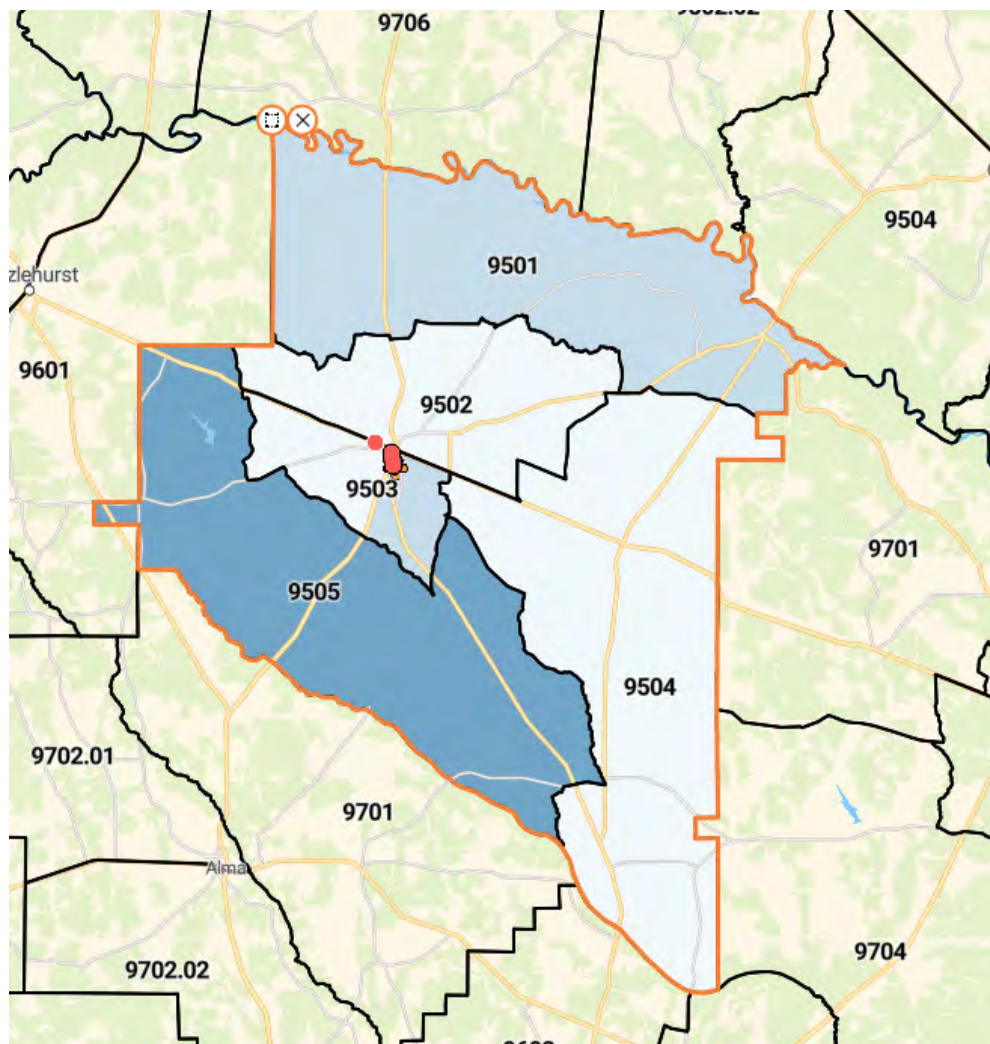
\*Significantly unfavorable compared to state average

Data Source: County Health Rankings, Policy Map.

Figure 13. Access to Health and Mental Health Services

**Location of Health and Behavioral Health Facilities. Data Source: Policy Map.8**

Health care and mental health resources are primarily located in the central part of the County (Figure 13).



**Legend:** pink circles = buprenorphine physicians; orange plus = hospital, white triangle = nursing facility

Assessed facilities include hospital, nursing homes, community health centers (including FQHCs and look-alikes), retail-based healthcare, mental health treatment facilities and drug and alcohol

## LIFESTYLE AND BEHAVIOR

Compared to the state, the proportion of residents who smoke is higher in Appling County (25% vs 17%). While excessive drinking rate is slightly lower than the state's rate, the percentage of driving deaths with alcohol involvement is higher. Physical inactivity and insufficient sleep rates are significantly higher

**Generally, higher proportion of Appling County residents engage in unhealthy behavior compared to the state level.**

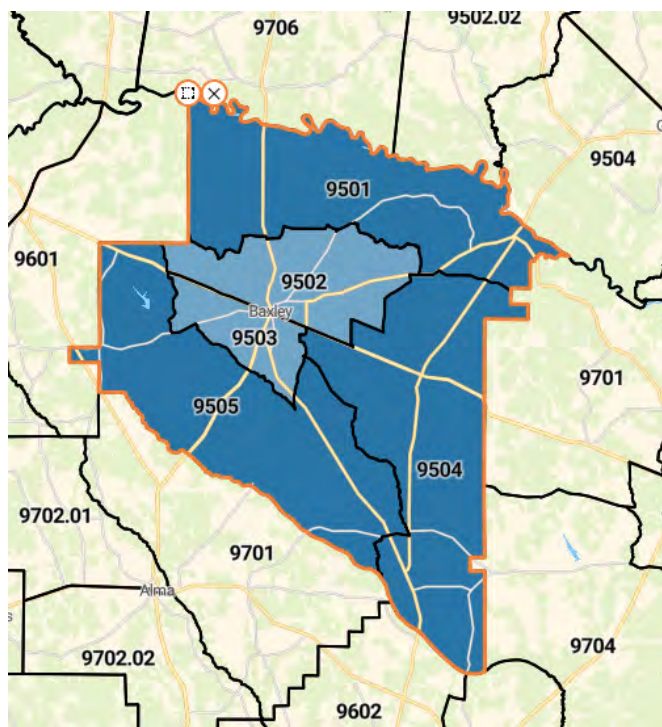
than for Georgia. Teen pregnancy rates are more than twice higher than the state level, whereas sexually transmitted infection rates are substantially lower in the county than the state.

|   | Appling | Georgia |
|---|---------|---------|
| <b>Suboptimal Lifestyle Behaviors</b>   |         |         |
|  Adult smoking rate               | 25%*    | 17%     |
| Adult excessive drinking rate   | 17%     | 18%     |
| Percent driving deaths with alcohol involvement   | 28%*    | 21%     |
| Adult obesity rate  | 37%*    | 33%     |
| Adult physical inactivity rate  | 38%*    | 27%     |
| Percentage of adults who report insufficient sleep (fewer than 7 hours of sleep on average)                         | 41%*    | 38%     |
| <b>Sexual Risk Behaviors</b>  |         |         |
|  STD infection rates per 100,000 | 424.2   | 637.8   |
| Teen pregnancy rates per 1000 female teens  | 49*     | 23      |

\*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure 14. Smoking Rate by Census Tract (2018)



Proportion of adults who ever smoked cigarettes, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.)

Smoking rates are high consistently high across the county (44%), and slightly lower in the central part of the county (40%-42%).

Figure 15. Physical Inactivity Rate by Census Tract (2017)

Proportion of adults physically inactive, 2017.

Data Source: Policy Map. (The darker the color the higher the proportion.)

The rate of physical inactivity is consistently high across the county ranging from 36-40%.

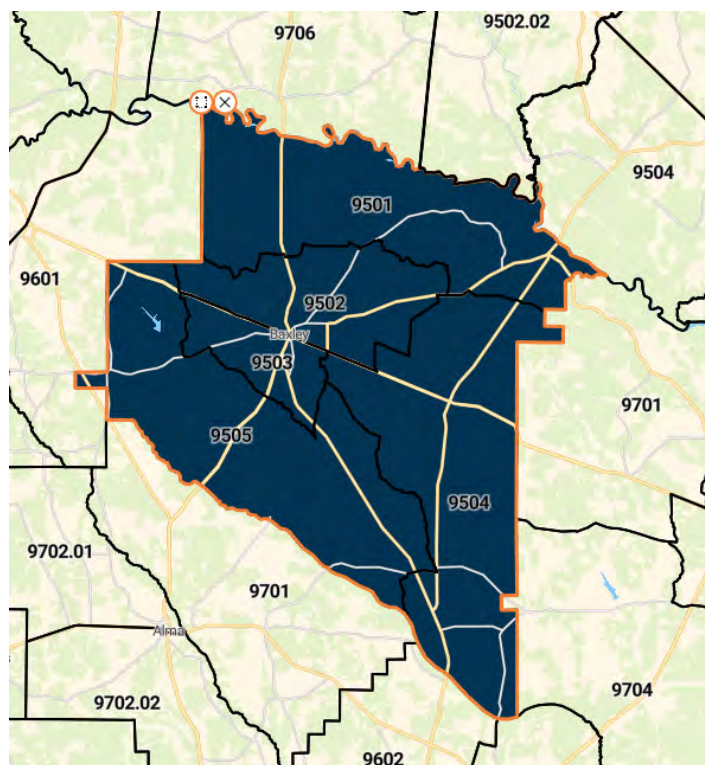
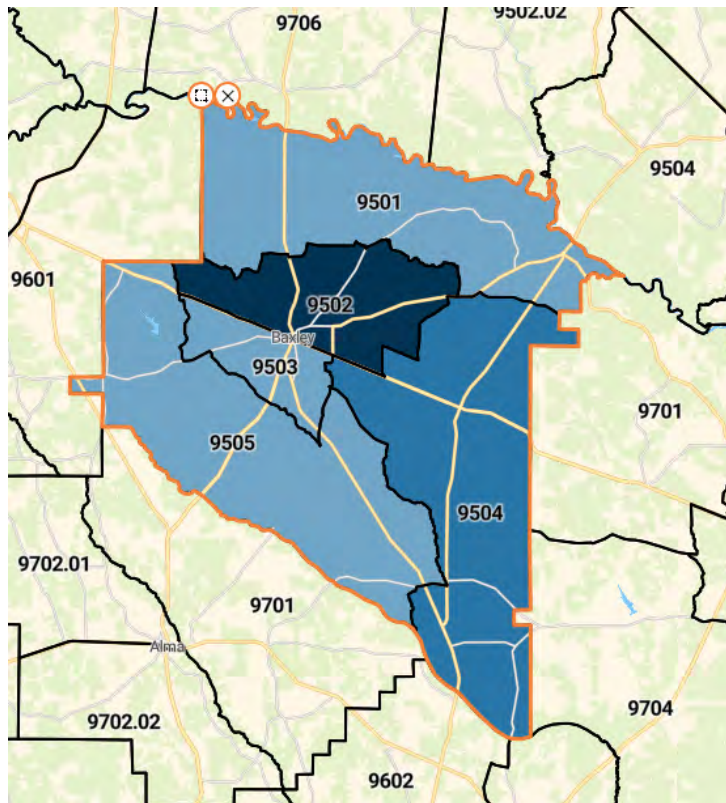




Figure 16. Adult Obesity by Census Tract (2018)



Proportion of adults reporting to be obese, 2018. Data

Source: Policy Map. (The darker the color the higher the proportion.)

Obesity rates are consistently high across the county; however, the central part of the county has the highest rate of 36% whereas the remaining tracts have rates ranging between 32%-33%.





## HEALTH OUTCOMES

### Morbidity

A higher proportion of Appling County residents self-report poor or fair health, frequent mental distress, or frequent physical distress

**Nearly one out of three residents of Appling County report having poor or fair health.**

compared to the state. The disease burden related to cancer is comparable to the state, while the prevalence of diabetes is higher for Appling residents. The prevalence of HIV is substantially lower than the state and the rate of low weight births in the county is comparable to that of Georgia.

|  | Appling | Georgia |
|--|---------|---------|
| <b>Disease Burden</b>  |         |         |
|  Cancer incidence rate per 100,000 population | 459     | 459     |
| Adult diabetes prevalence rate %   | 14%*    | 11%     |
| HIV prevalence rate per 100,000 population   | 225     | 639     |
| Cardiovascular disease hospitalization per 1000  | 68*     | 65      |
| Medicare enrollees   |         |         |
| Low birth weight rate  | 10%     | 10%     |
|  <b>Self-Reported Health Outcomes</b>       |         |         |
| Percent adults reporting poor or fair health   | 28%*    | 19%     |
| Percent adults reporting frequent physical distress  | 18%*    | 13%     |
| Percent adults reporting frequent mental distress  | 20%*    | 15%     |

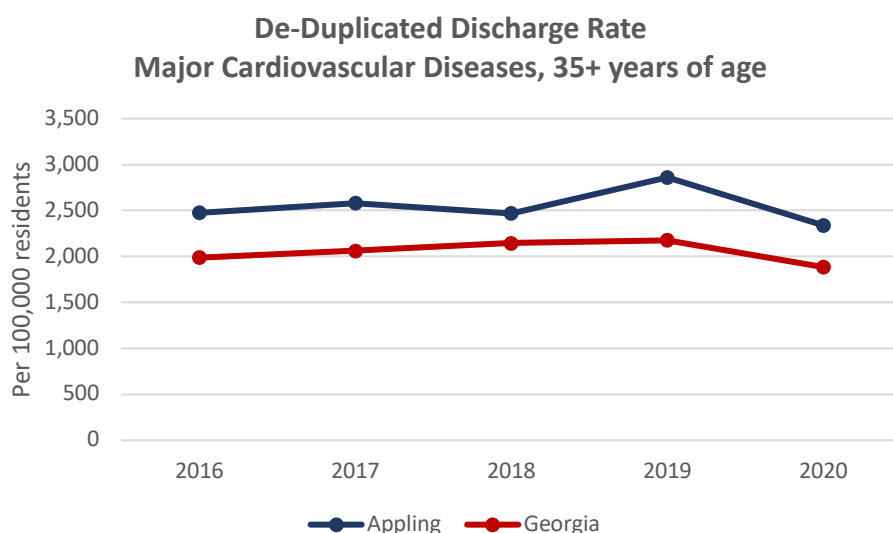
\*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, Centers for Disease Control and Prevention

### Cardiovascular Disease Morbidity

Hospital discharges for cases of major cardiovascular disease among adults 35 years of age and older have been consistently higher for Appling County than for the state. Discharge rates decreased from 2019 to 2020 (Figure 17 below).

Figure 17. Cardiovascular Disease-Related Hospitalizations

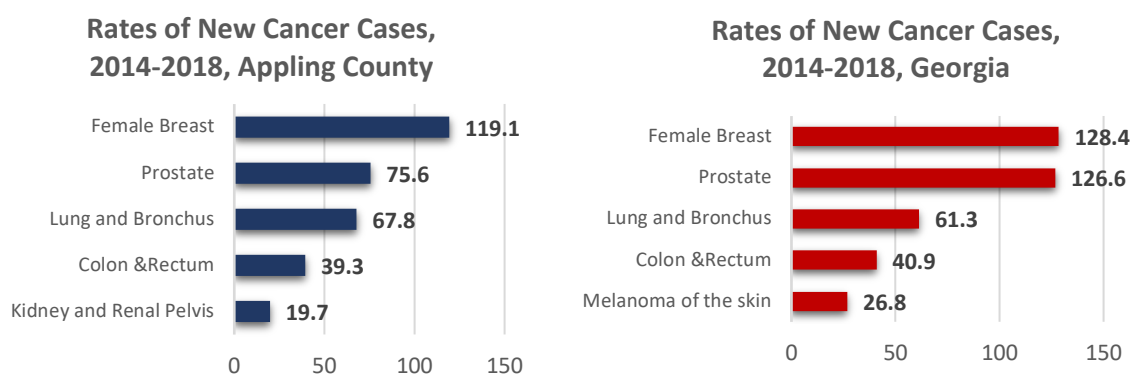


Data source: Georgia Department of Public Health Online Analytical Statistical Information System

### Cancer Morbidity

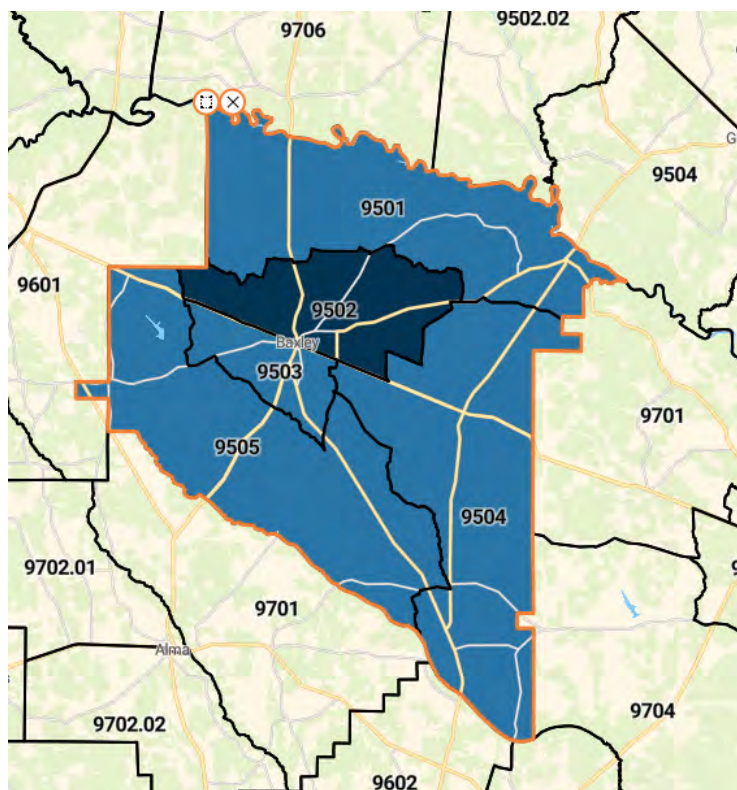
The incidence rates for female breast, prostate, and colorectal cancers are lower than rates for Georgia. Incidence rates for lung and bronchus cancer in Appling County have generally remained above state averages. Kidney and renal pelvis cancer has the 5<sup>th</sup> highest incidence rate in the county.

Figure 18. Cancer Incidence Rates for Appling and Georgia, 2014-2018



Data Source: National Cancer Institute, State Cancer Profile

Figure 19. Perceived Health Status by Census Tract (2018)



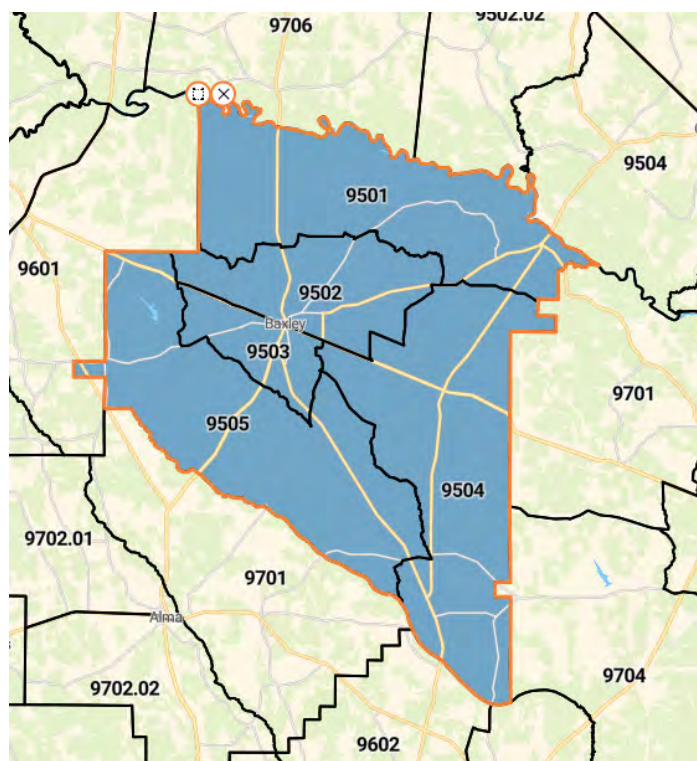
Proportion of adults reporting poor or fair health in the past 30 days, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.)

A higher proportion of adults in the central part of the county reported poor or fair health compared to the rest of the county (23% vs 20%-22%).

Figure 20. Frequent Mental Health Distress by Census Tract (2018)

Proportion of adults reporting 14 or more days of poor mental health in the past 30 days, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.)


There was minimal variation in the proportion of adults reporting frequent mental health distress across the county (14%-15%).



## Mortality

Premature death rates are significantly higher in Appling County than the state.

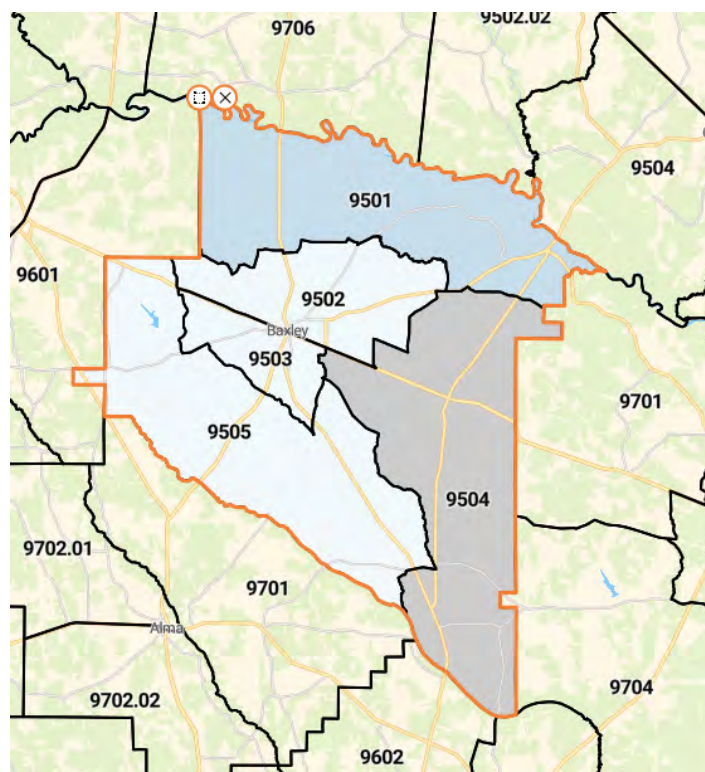
***The average life expectancy in Appling County is 73.9 years (lower than the average life expectancy in Georgia).***

|   |   | Appling | Georgia |
|---|---|---------|---------|
| <b>Mortality Indicators</b>   |   |         |         |
|  | Life Expectancy   | 73.9    | 77.3    |
|   | Premature (under 75yrs) Death Rate per 100,000 population | 560*    | 400     |

\*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, OASIS, Centers for Disease Control and Prevention

Figure 21. Life Expectancy by Census Tract (2010-2015)



**Life Expectancy at Birth, 2010-2015. Data Source:**

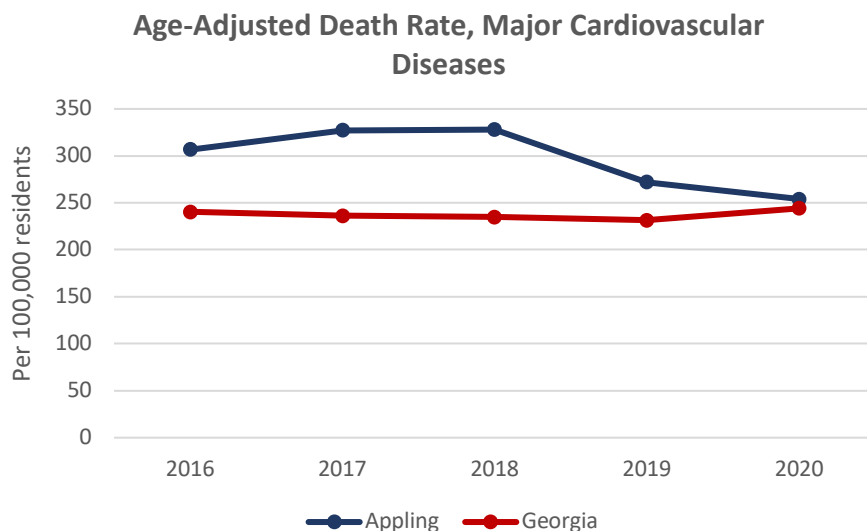
**Policy Map.** (The darker the color the higher the proportion.)

Life expectancy is higher for residents in the northern part of the county (76.2 years), compared to the rest of the county (72.3-74.2 years). There is not sufficient data for the eastern part of the county.

### Cardiovascular Disease Mortality

Trends on death rates for major cardiovascular diseases show that Appling County's rates have been consistently higher than the state's rates. However, since 2018 the county's death rate has decreased, reaching rates comparable to the state in 2020.

Figure 22. Major Cardiovascular Diseases Death Rates, Appling County & Georgia, 2010-20

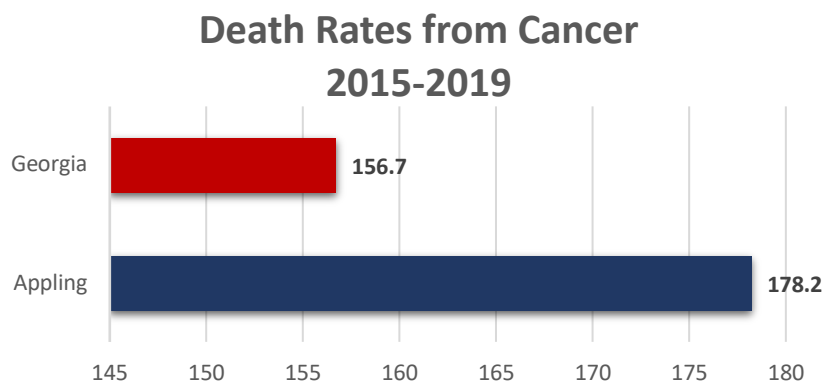


Data source: Georgia Department of Public Health Online Analytical Statistical Information System

### Cancer Mortality

The death rate for cancer for Appling County residents is higher than the state rate (Figure 23).

Figure 23. Cancer Death Rates per 100,000 residents, 2015-2019



Data Source: National Cancer Institute, State Cancer Profiles

## Top 10 Causes of Death: Appling County and Georgia 2016-2020

According to the Georgia Department of Public Health Online Analytical Statistical Information System, the top three causes of death for Appling County are ischemic heart and vascular diseases, cerebrovascular diseases, and all chronic obstructive pulmonary diseases (except asthma). Deaths from COVID-19, and motor vehicle crashes ranked somewhat higher for Appling County compared to Georgia. Top Ten comparisons are provided in the table and figure below.

| Cause   | Appling Rank | Georgia Rank |
|---|--------------|--------------|
| Ischemic Heart and Vascular Disease                 | 1            | 1            |
| Cerebrovascular Disease                             | 2            | 3            |
| All COPD Except Asthma                              | 3            | 2            |
| Malignant Neoplasms of the Trachea, Bronchus & Lung | 4            | 5            |
| Alzheimer's Disease                                 | 5            | 4            |
| COVID-19  | 6            | 11           |
| All Other Mental and Behavioral Disorders           | 7            | 8            |
| Diabetes Mellitus                                   | 8            | 9            |
| Major Vehicle Crashes                               | 9            | 14           |
| Nephritis, Nephrotic Syndrome and Nephrosis         | 10           | 10           |





Figure 24. Rank/County Comparison to Georgia



## COVID-19

COVID-19 death rates in the county are significantly higher than the state average as of June 2022. Vaccination rates were lower than the state rate as of June 2022.

**As of June 2022, Appling County had reported 3,585 COVID-19 infections and 114 COVID-19 deaths.**








|  | Appling | Georgia   |
|--|---------|-----------|
|   |         |           |
| <b>Cumulative COVID-19 Infections and Deaths (06/22/2022)</b>                      |         |           |
| Number of COVID-19 Infections  | 3,585   | 2,051,117 |
| Infection Rate per 100,000   | 26,141  | 24,432    |
| Number of COVID-19 Deaths  | 114     | 32,072    |
| Death Rate per 100,000   | 614*    | 296       |
|  |         |           |
| <b>Vaccination Rates (06/22/2022)</b>  |         |           |
| Percent Population who are Fully Vaccinated  | 38*     | 57%       |
| Percent Population with at least One Vaccine Dose                                  | 42%*    | 64%       |

\*Significantly unfavorable compared to state average

Data Source: Georgia Department of Public Health



## PROGRESS ON SELECTED INDICATORS

|   |  | Previous CHNA | Current CHNA | Progress |
|---|--|---------------|--------------|----------|
|    | <b>Economic Profile</b>                                  |               |              |          |
|   | Percent children in poverty                              | 32%           | 30%          | →        |
|   | Unemployment rate  | 4.4%          | 3.6%         | →        |
|    | <b>Education</b>   |               |              |          |
|   | High school graduation rate                              | 89%           | 77.2%        | ←        |
|    | <b>Social and Community Context</b>                      |               |              |          |
|   | Social associations per 10,000                           | 14.1          | 12           | ←        |
|   | Percent children in single parent households             | 40            | 34%          | →        |
|    | <b>Neighborhood and Built Environment</b>                |               |              |          |
|   | Percent population with access to exercise opportunities | 26            | 27%          | →        |
|   | Percent population food insecure                         | 15            | 15%          | —        |
|   | <b>Health Care Access</b>                                |               |              |          |
|   | Uninsurance rate   | 17.5%         | 21%          | ←        |
|   | Primary care provider to population                      | 1,680         | 3,060        | ←        |
|   | Mental health provider to population                     | 2,630         | 1,220        | →        |
|  | <b>Health Behaviors</b>                                  |               |              |          |
|   | Obesity rate   | 35%           | 37%          | ←        |
|   | Physical inactivity rate                                 | 26%           | 38%          | ←        |
|   | Smoking rate   | 20%           | 25%          | ←        |
|   | Teen pregnancy rate (per 1000 teen females)              | 62.2          | 49           | →        |
|  | <b>Health Outcomes</b>                                   |               |              |          |
|   | Percent reporting poor or fair health                    | 21            | 28%          | ←        |
|   | Low birth weight rate                                    | 10%           | 10%          | —        |
|   | Diabetes prevalence                                      | 12%           | 14%          | ←        |
|   | Premature (under 75yrs) death rate per 100,000           | 560           | 560          | —        |

← worsened      — stable      → improved

\*Some indicators were not available in the 2019 Community Health Needs Assessment. These were retrieved from 2018 County Health Rankings for comparison.

## SUMMARY POINTS FROM SECONDARY DATA ANALYSIS

A profile of community health needs and outcomes emerged through an examination of health indicators from several secondary data sources. A social determinants of health conceptual framework was used for assessing factors shaping health and well-being in the community.

### Community Demographic Profile, Economic Profile & Education

- The population of Appling County is older and less diverse compared to the state of Georgia.
- Population growth is projected to increase slightly through 2025 and diversity is projected to increase.
- The county has a slightly lower unemployment rate than Georgia. However, a significant proportion of children live in poverty.
- Educational attainment (based on high school completion and rates of having some college) is lower than for Georgia.

### Social and Community Context & Neighborhood and Built Environment

- Nearly one in four children in the county live in single parent households.
- Many Appling County residents lack access to amenities such as recreational opportunities.
- Compared to the state, Appling County residents are relatively less digitally connected.

### Health Care Access

- Access to health care is limited, compared to the state, based on shortages of primary care, mental, and dental health professionals. Additionally, the county's health uninsurance rates are higher than Georgia's. Shortages of healthcare workers in the county could be a contributor to a high rate of preventable hospitalizations for Appling Medicare beneficiaries.

## SUMMARY POINTS FROM SECONDARY DATA ANALYSIS – CONT'D

### Lifestyle Behavior & Health Outcomes

- While fewer county residents report drinking alcohol excessively than in the state, more residents engage in other unhealthy behaviors, including smoking and physical inactivity.
- Self-reported health outcomes in the county are worse than the state's, with a higher proportion of residents reporting fair or poor health.
- Cancer incidence rates are comparable to the state's rates while diabetes prevalence is higher in Appling County.

### COVID-19

- Appling County residents have experienced significant adverse outcomes resulting from the ongoing COVID-19 pandemic.
- As of June 2022, COVID-19 death rates were higher in Appling County compared to the state.
- Vaccination rates, however, remained lower than the state during the same period.

### Progress on Selected Health Indicators Since last CHNA

- Of 18 selected health indicators assessed across the SDOH dimensions, the county performed better or similar on 50% (9/18), and worse on 50% (9/18) compared to the last CHNA.

## COMMUNITY SURVEY

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To contribute to the identification of community needs an online survey was disseminated electronically due to COVID-19 restrictions. The online survey was available from March 25 – June 1, 2022. The survey was disseminated by the hospital and community partners utilizing their websites, listservs and/or social media. Online surveys were completed (partially or in full) by 65 community members.

### RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The majority of survey respondents were female (92%), Non-Hispanic White (90.2%), aged under 65 years (78%), married or partnered (72%) and employed either full or part-time (61.1%), with at least some college or associate degree (74%). Approximately two out of three respondents (67.3%) reported an annual household income above \$40,000 (Table 6).

COVID-19 protocols created challenges for obtaining a representative survey response. Survey respondents were significantly more likely to be female (92% sample vs 50% county census). Respondents were significantly more educated: 38% of respondents held a Bachelor's degree, while only 9.5% of county residents have this level of education according to census figures. Similarly, respondents had higher income than the county overall: roughly 67% of respondents reported household earnings that were greater than the county median household income of \$37.9K. Participants over 65 (22% sample vs 18% county census) were somewhat comparable to the census, whereas non-Hispanic Whites (90.2% sample vs 68.7% county census) were overrepresented.

### Demographic Characteristics of Survey Respondents

| Demographic Characteristics of Survey | Frequency (N) | Percentage (%) |
|---------------------------------------|---------------|----------------|
| <b>Gender (n=50)</b>                  |               |                |
| Female                                | 46            | 92             |
| Male                                  | 4             | 8              |
| <b>Age (n=50)</b>                     |               |                |
| Under 35 years                        | 8             | 16             |
| 35-44 years                           | 9             | 18             |
| 45-54 years                           | 11            | 22             |
| 55-64 years                           | 11            | 22             |
| 65-74 years                           | 9             | 18             |
| 75 years and older                    | 2             | 4              |
| <b>Race (n=51)</b>                    |               |                |
| Non-Hispanic Black                    | 3             | 5.9            |
| Non-Hispanic White                    | 46            | 90.2           |
| Hispanic                              | 2             | 3.9            |
| American Indian/Native Alaskan        | 0             | 0              |
| Other                                 | 0             | 0              |
| Asian                                 | 0             | 0              |
| Native Hawaiian or Pacific Islander   | 0             | 0              |
| <b>Education (n=50)</b>               |               |                |
| Less than High School                 | 0             | 0              |
| High School Graduate or GED           | 13            | 26             |
| Some College or Associate Degree      | 18            | 36             |
| Bachelor Degree                       | 12            | 24             |
| Graduate or Advanced Degree           | 7             | 14             |
| <b>Marital Status (n=50)</b>          |               |                |
| Married/Partnered                     | 36            | 72             |
| Divorced/Separated                    | 5             | 10             |
| Widowed                               | 4             | 8              |
| Single/Never Married                  | 5             | 10             |
| Other                                 | 0             | 0              |
| <b>Household Income (n=49)</b>        |               |                |
| Below \$20,000                        | 3             | 6.1            |
| \$20,00-\$40,000                      | 5             | 10.2           |
| \$40,001-\$60,000                     | 7             | 14.3           |
| \$60,001-\$80,000                     | 6             | 12.2           |
| \$80,001-\$100,000                    | 5             | 10.2           |
| Above \$100,000                       | 15            | 30.6           |
| Refused/Don't know                    | 8             | 16.3           |

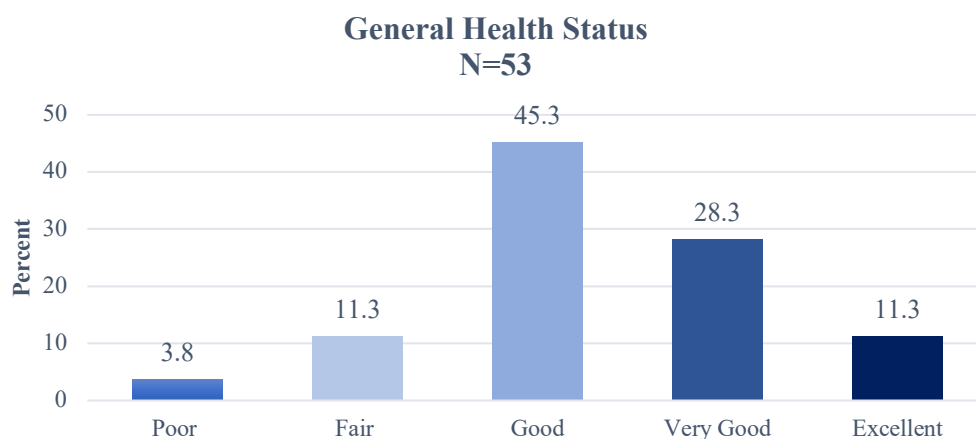
| Demographic Characteristics of Survey           | Frequency (N) | Percentage (%) |
|---|---------------|----------------|
| <b>Employment Status (n=49)</b>                 |               |                |
| Full-time                                       | 28            | 57.1           |
| Part-time                                       | 2             | 4              |
| Retired   | 15            | 30.6           |
| Unemployed                                      | 4             | 8.2            |
| <b>Home Ownership (n=47)</b>                    |               |                |
| Yes   | 38            | 80.9           |
| No  | 9             | 19.1           |
| <b>Access to Reliable Transportation (n=47)</b> |               |                |
| Yes   | 47            | 100            |
| No  | 0             | 0              |

Source: U.S. Census Bureau (2021). *Quick Facts*. Retrieved from <https://www.census.gov/quickfacts/fact/table/applingcountygeorgia,GA/PST045221>

## HEALTH STATUS

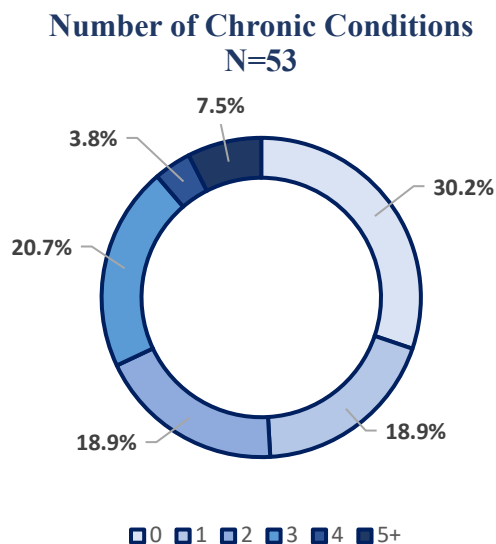
A majority of survey respondents (73.6%) reported their health as either good or very good. Around 15% of respondents said their health is poor or fair. One out of three (32%) respondents reported having three or more chronic conditions. The most common chronic conditions that respondents reported having include high blood pressure (56.8%), high cholesterol (54.1%) and overweight/obesity (48.7%) (Figures 25-27).

Figure 25. Self-Reported Health Status



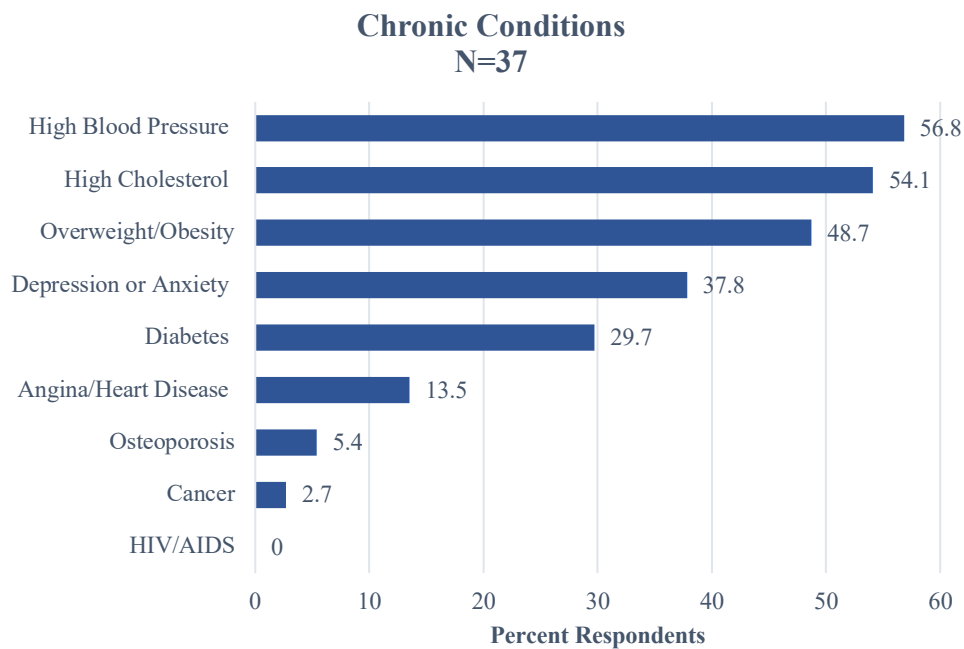
Note: Percentages may not add up to 100 due to rounding.

Figure 26. Burden of Multiple Chronic Conditions



Note: Percentages may not add up to 100 due to rounding.

Figure 27. Most Common Chronic Conditions



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

## HEALTH BEHAVIORS

### Smoking, Nutrition and Physical Activity

Among respondents, around 13% reported that they currently used tobacco products (Figure 28). Almost one out of three (30.8%) reported eating the recommended five servings of fruits and vegetables daily. Nearly one-third of all respondents indicated that they were not able to adhere to the recommended guidelines on fruits and vegetable intake due to the expensive prices. About one in four stated that fruits and vegetables go bad before being consumed (Figure 29).

Figure 28. Smoking Behavior

#### Do you currently smoke tobacco products?

N=53

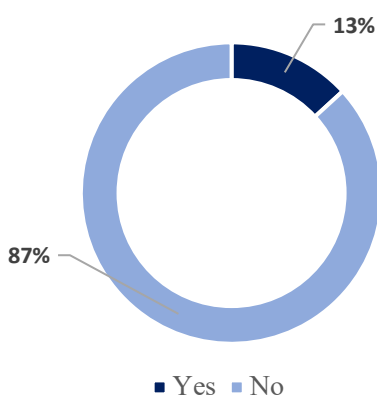
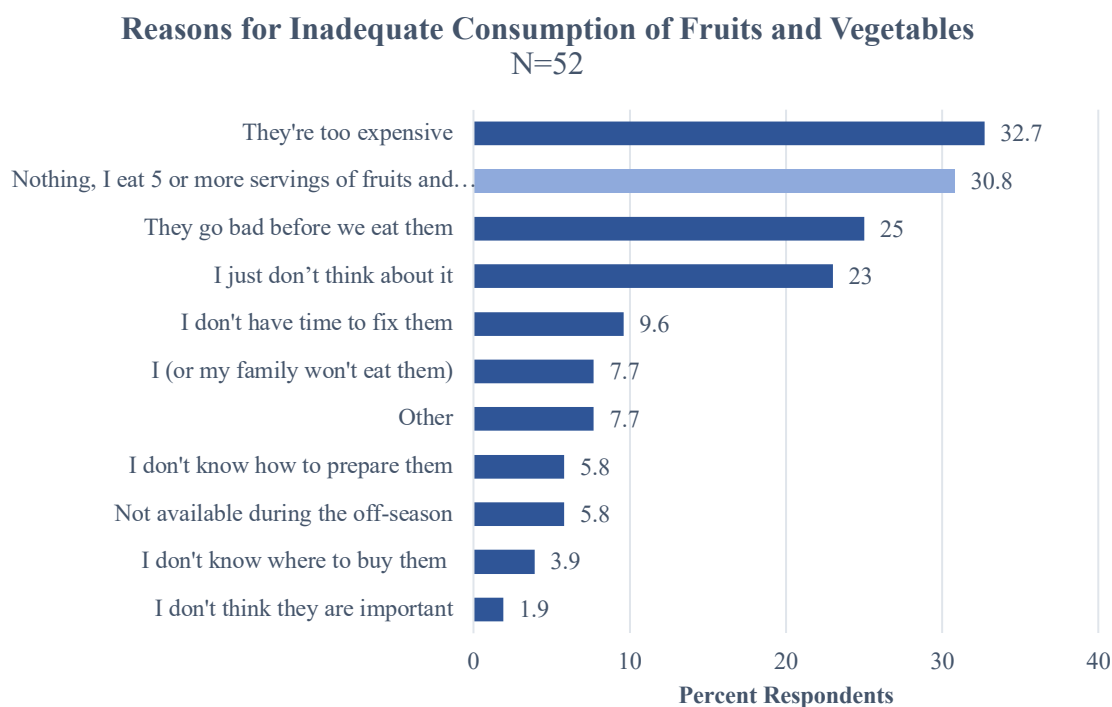




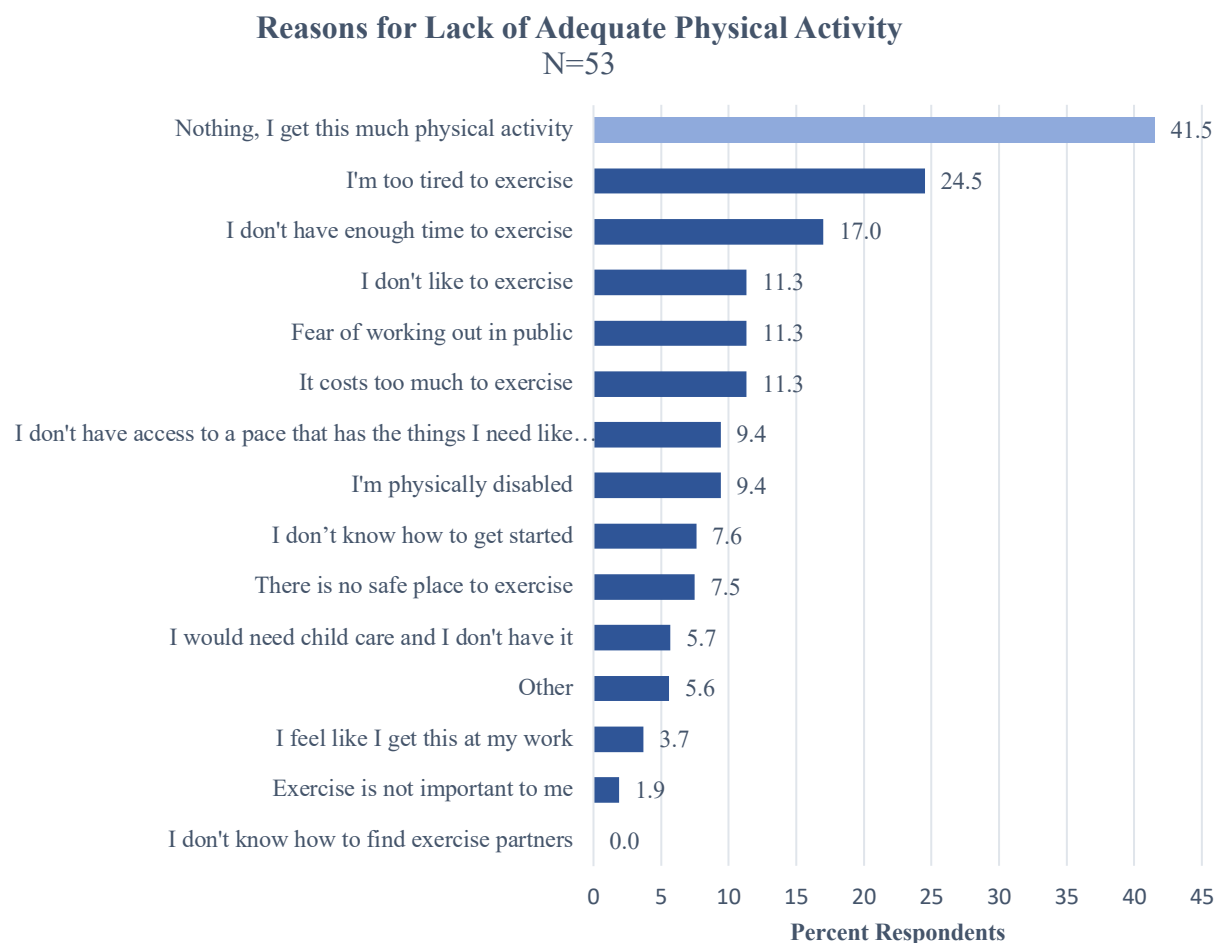
Figure 29. Fruit and Vegetable Consumption



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Regarding physical activity, more than two out of five respondents stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. One in four respondents reported that they feel too tired to exercise (24.5%). Seventeen percent of participants reported that they don't have enough time to exercise (Figure 30).

Figure 30. Physical Activity



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

## Screening

Respondents were also asked about their utilization of preventive and screening services and their adherence to recommended screening guidelines. Nearly 68% of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 31). One out of two (50%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 32). Approximately two out of three (65.5%) of female respondents 50 years and older reported that they received annual mammograms (Figure 33). Similarly, two out of three female respondents (66%) 21 years and older said that they received a pap smear at least every five years (Figure 34).

Figure 31. Colon Cancer Screening

**If you are 50 years or older, have you ever had a colonoscopy?**  
N=31

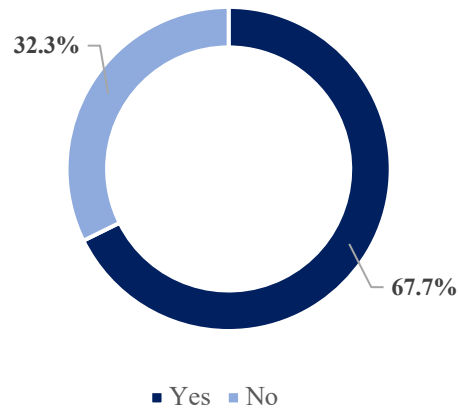


Figure 32. Prostate Cancer Screening

**If you are a male over age 40, have you had a discussion with your health care provider about prostate cancer screening?**  
N=6

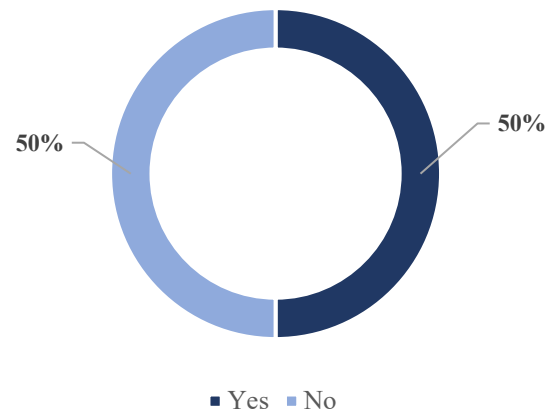


Figure 33. Breast Cancer Screening

**If you are a female 50 years or older, do you have an annual mammogram?**  
N=29

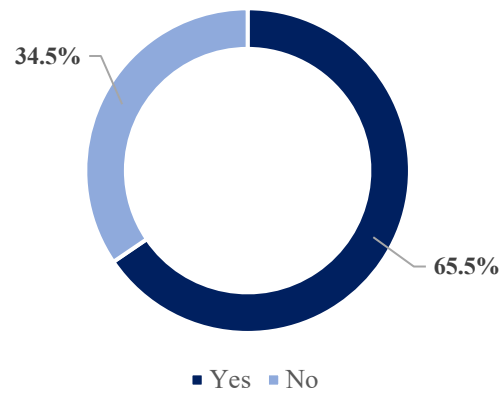
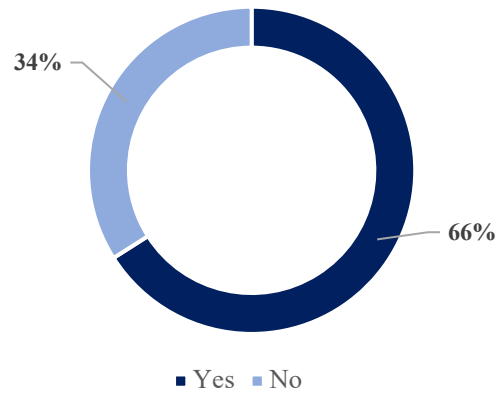


Figure 34. Cervical Cancer Screening

**If you are a female 21 years or older, do you have a pap smear at least every 5 years?**  
N=47

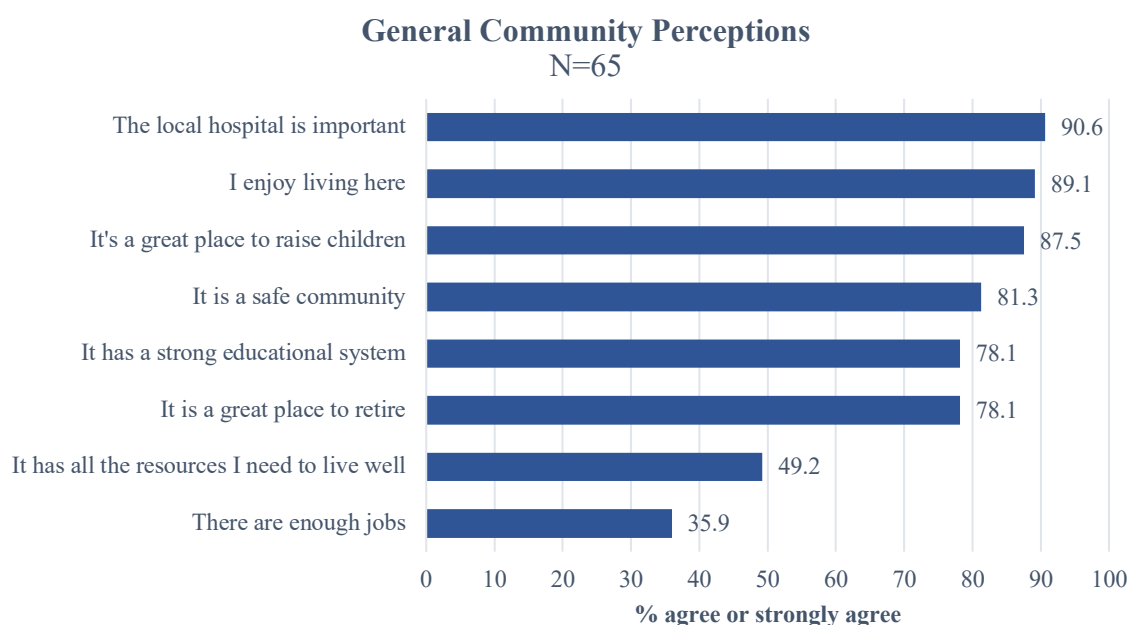


## COMMUNITY PERCEPTION

### General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs and community resources. Nine out of ten (90.6%) respondents either agreed or strongly agreed that the local hospital is important. However, only around 36% of respondents felt there were enough jobs and just under one-half of respondents felt that there were not adequate resources available in the county to live well. Close to nine out of ten respondents (89.1%) strongly agreed or agreed that they enjoy living in Appling County and that it is a great place to raise children (Figure 35).

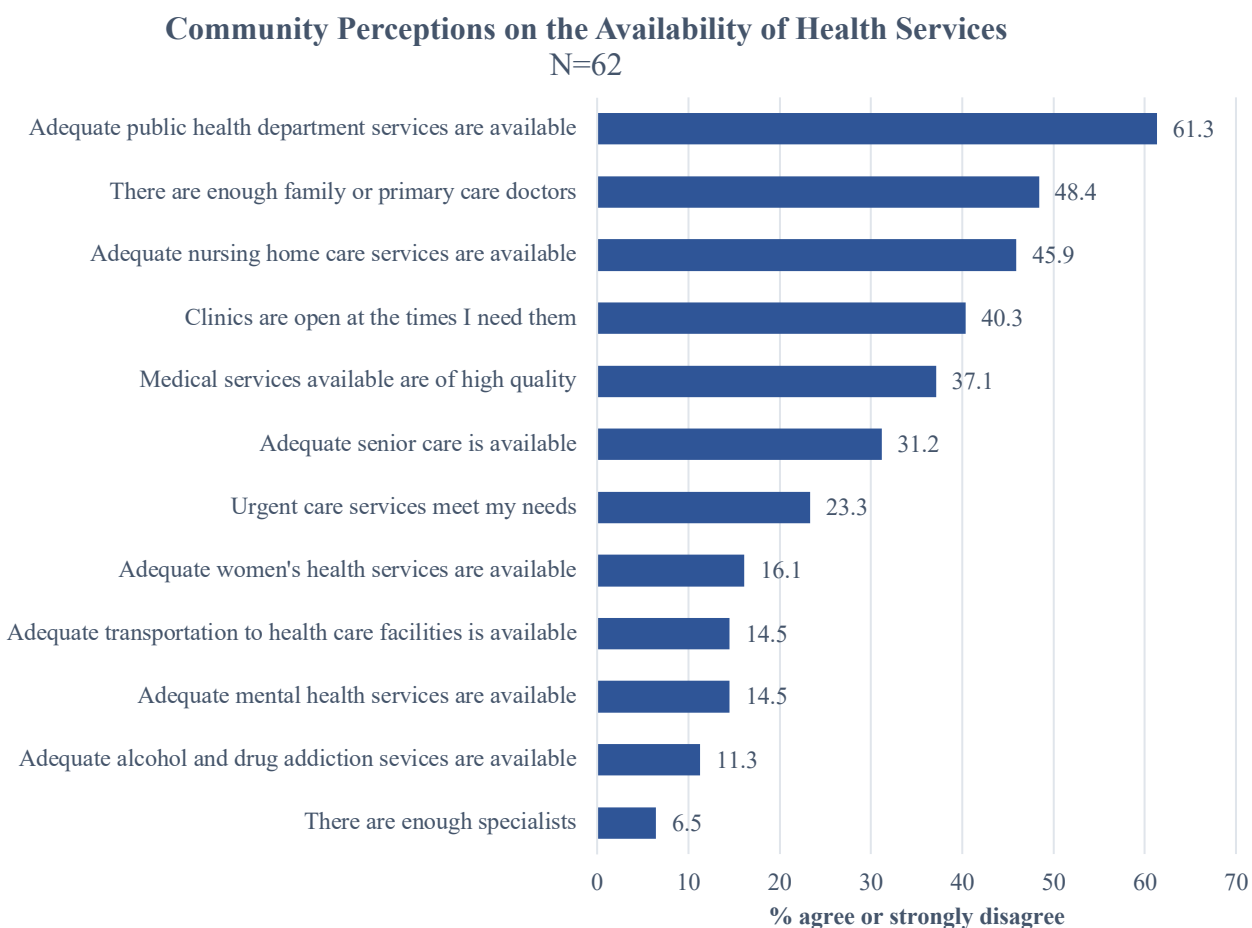
Figure 35. General Community Perceptions



## Community Perception Concerning Health Care Services

Availability of health services was a significant issue overall. Respondents' perceptions of the adequacy of medical services within the community were sufficient in terms of public health. Less than half of respondents felt there were enough primary care doctors or nursing homes. Similarly, only 40% felt that clinics were open when needed. Less than one-third of respondents reported adequacy in senior care and urgent care. Key areas of shortages include lack of mental health and alcohol and drug addiction services, lack of transportation and lack of specialists (Figure 36).

Figure 36. Community Perceptions Concerning Health Care Services



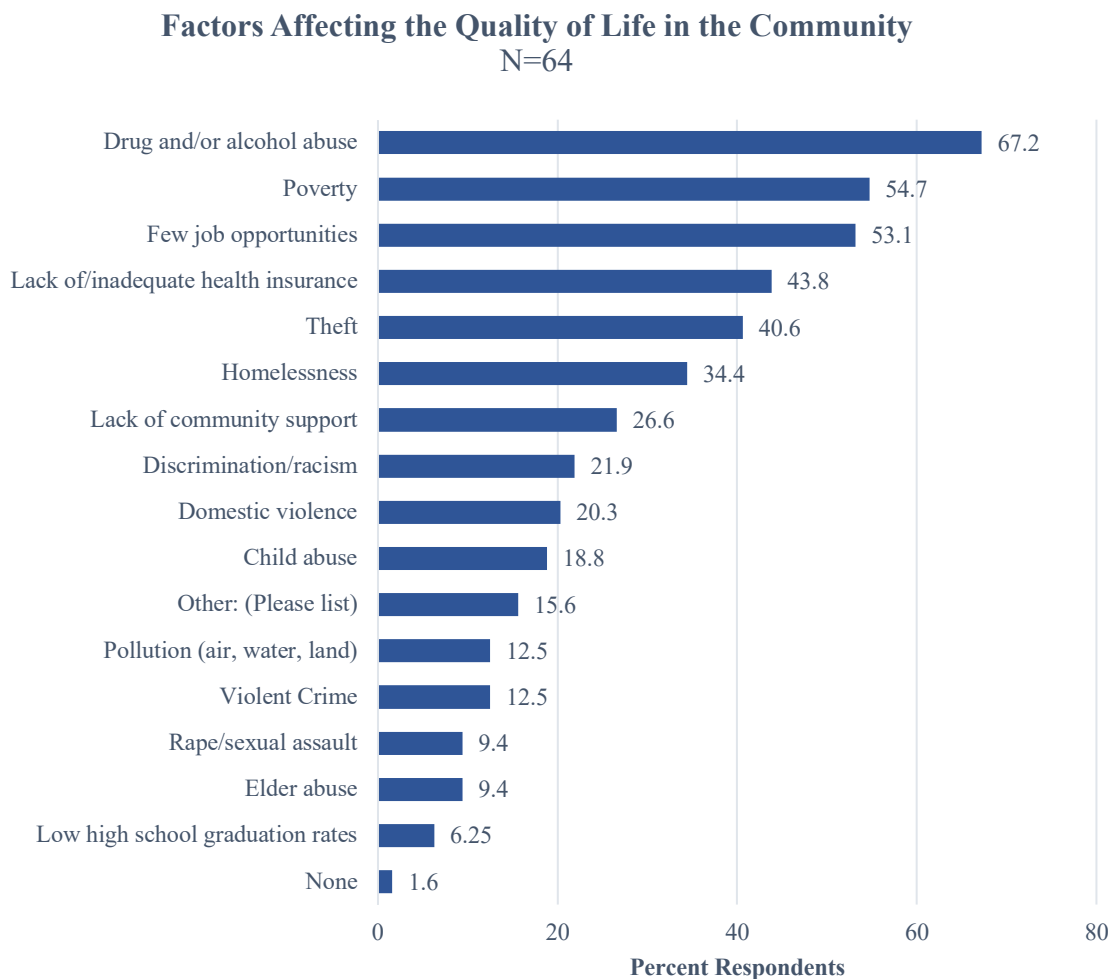
For each statement, we report valid percentages based on the respective sample size.



## Community Perceptions Concerning Health and Quality of Life

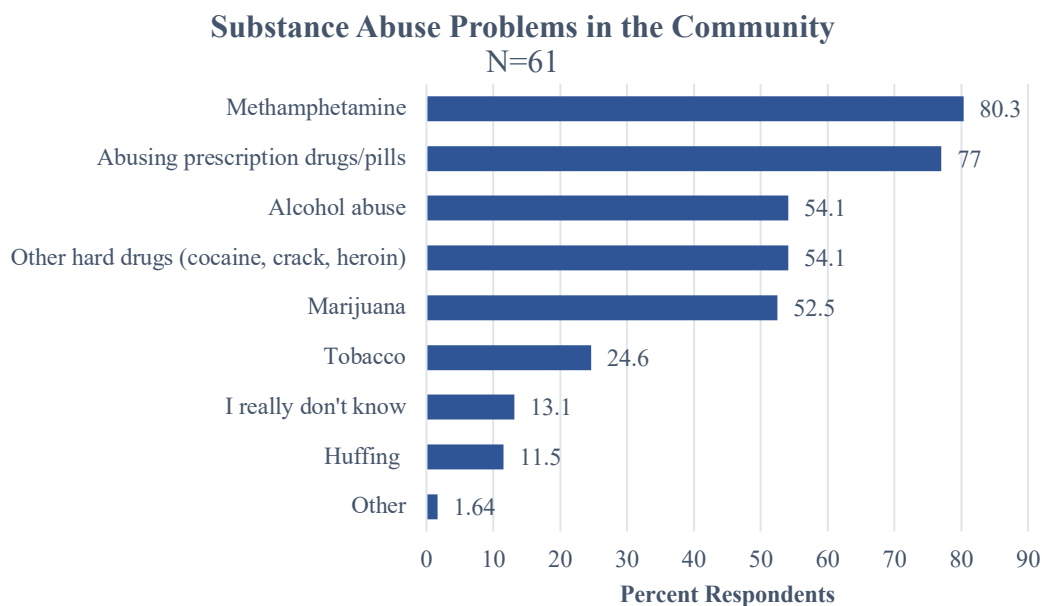
Over two-third of respondents (67.2%) identified drug and alcohol abuse as the most significant factor affecting the quality of life in the community. Over half of respondents identified poverty and lack of job opportunities as the next two most significant factors affecting quality of life. (Figure 37). Concerning substance abuse in the community, methamphetamine (80.3%) was identified as the most commonly abused substance, followed by prescription drugs and pills (77%), alcohol (54.1%), and other drugs (54.1%) respectively (Figure 38).

Figure 37. Perceptions Concerning Factors Affecting the Quality of Life in the Community



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 38. Substance Abuse Problems

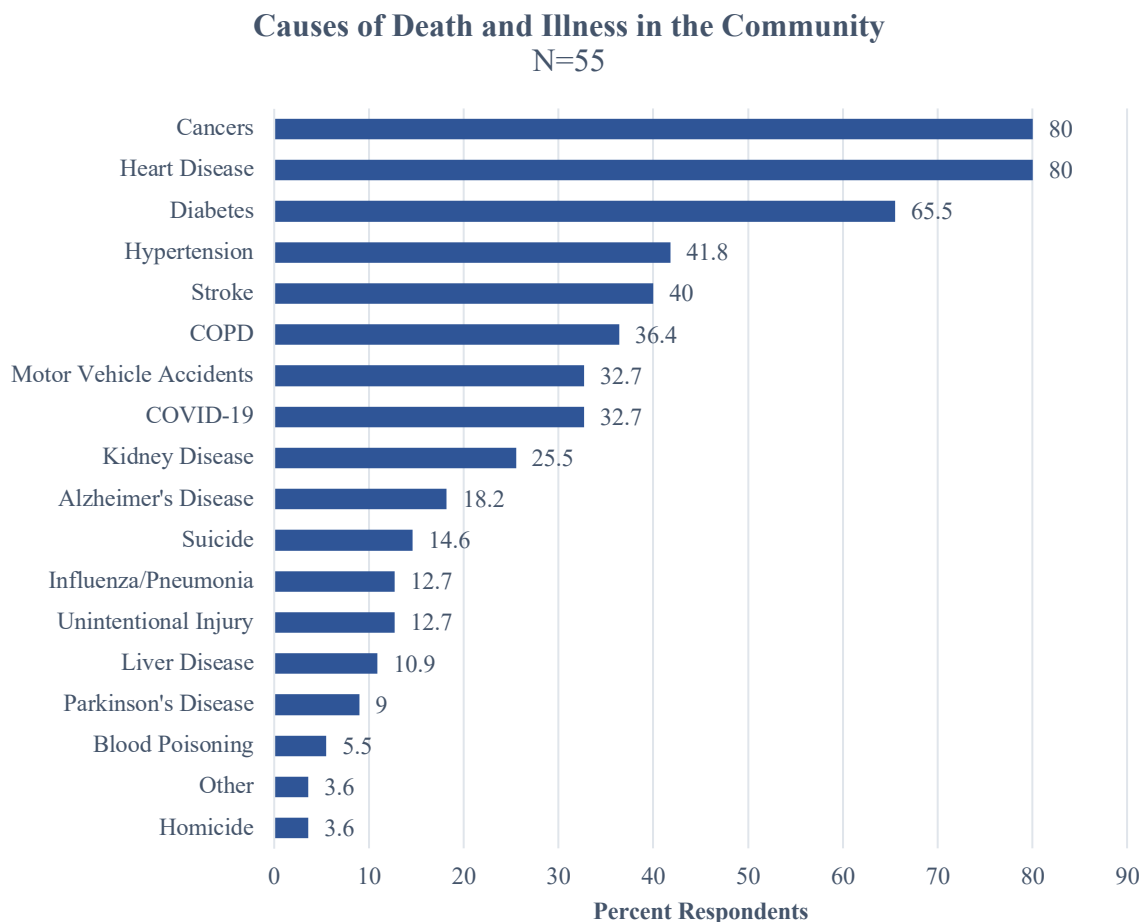


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

## Community Perceptions Concerning Mortality & Morbidity

Cancers (80%), heart disease (80%) and diabetes (65.5%) were identified by the survey respondents as the top three causes of mortality and morbidity in the community (Figure 39). The toll of COVID-19 was evident, with 32.7% of respondents choosing it as a significant cause of death and illness.

Figure 39. Causes of Mortality and Morbidity



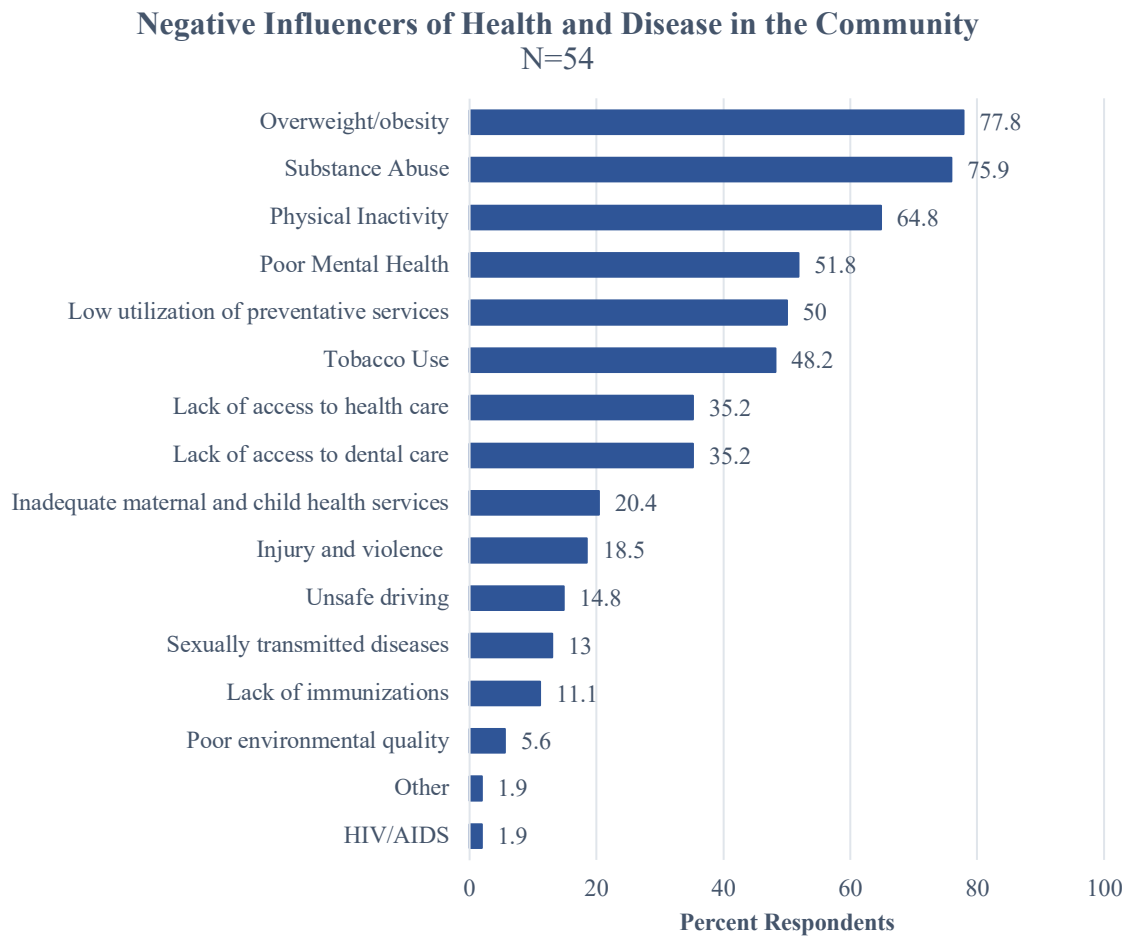
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100

## Negative Influencers of Health

Overweight/Obesity (77.8%), substance abuse (75.9%), and physical inactivity (64.8%) were identified as the top three negative influencers of health in the community for adults (Figure 40). Poor mental health (51.8%), low utilization of preventative services (50%) and tobacco use (48.2%) formed a second tier of significant negative factors on the health of community members.

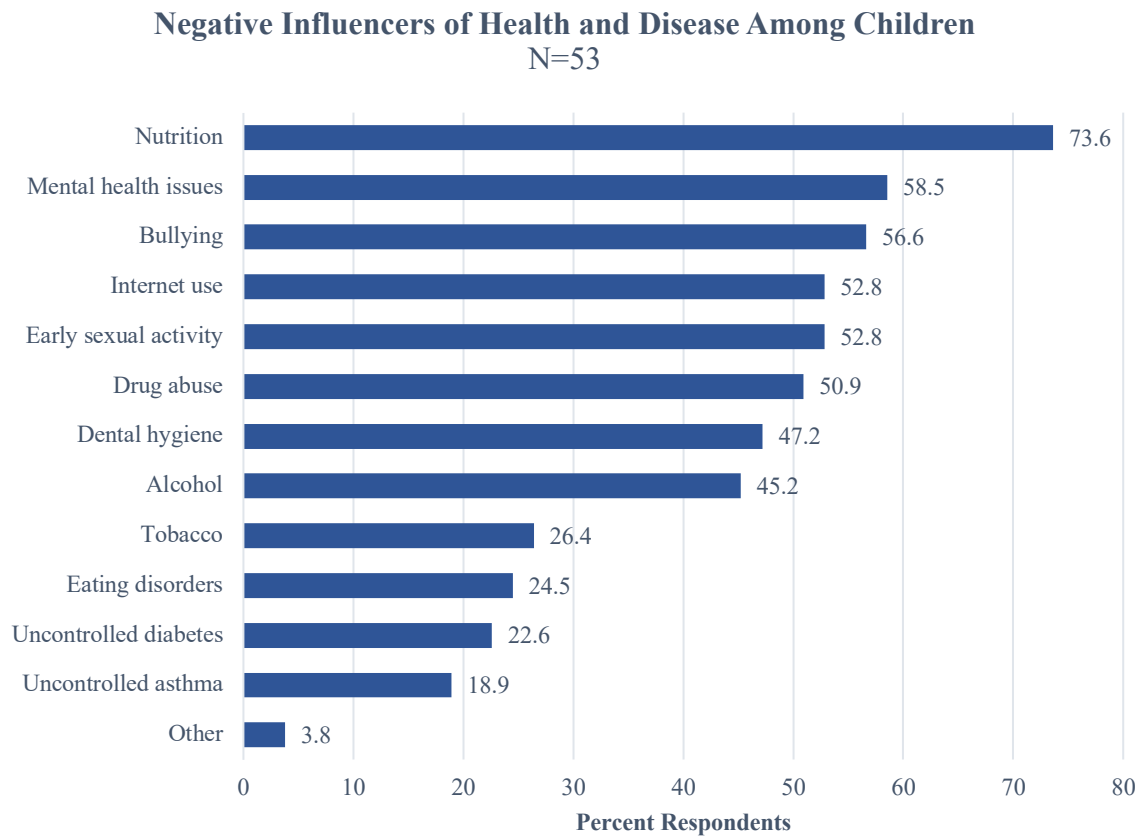
Nutrition (73.6%), mental health issues (58.5%) and bullying (56.6%) were identified as the top three negative influencers of children's health. A second tier of responses highlighted other important factors for the health of children including: internet use (52.8%), early sexual activity (52.8%) and drug abuse (50.9%) (Figure 41).

Figure 40. Negative Influencers of Community Health



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Figure 41. Negative Influencers of Children's Health

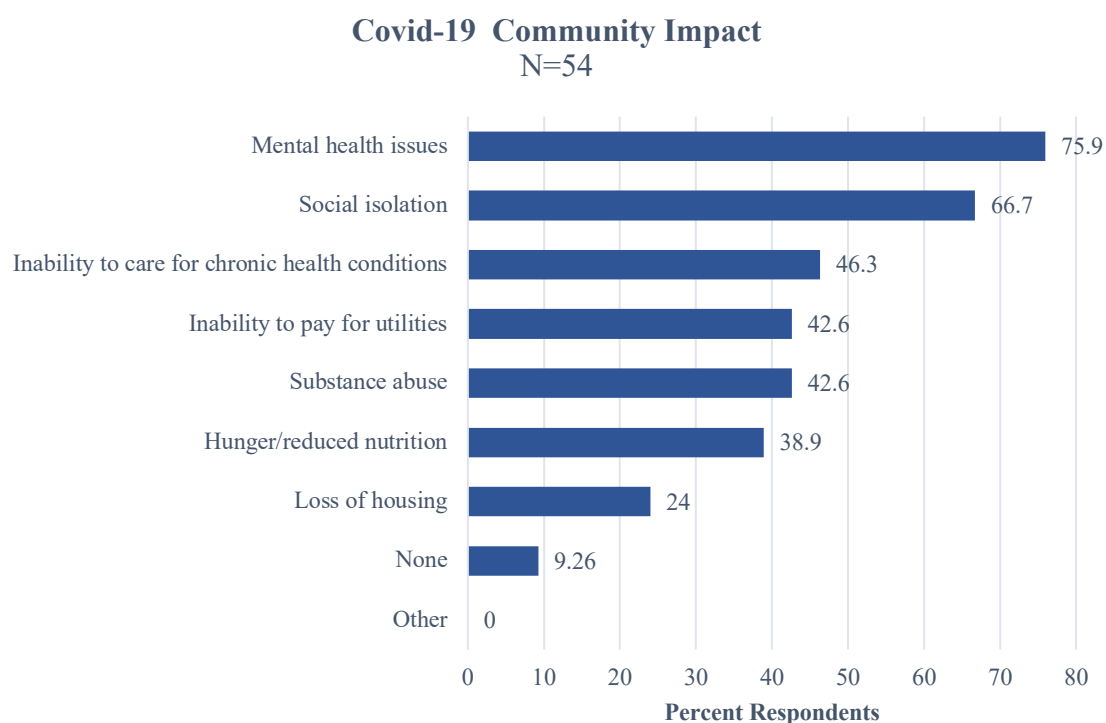


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

## COVID-19

With respect to COVID-19, respondents reported that mental health issues (75.9%), social isolation (66.7%) and inability to care for chronic health conditions (46.3%) were the top three issues exacerbated by the pandemic in Appling County (Figure 42).

Figure 42. COVID-19 Community Impact



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

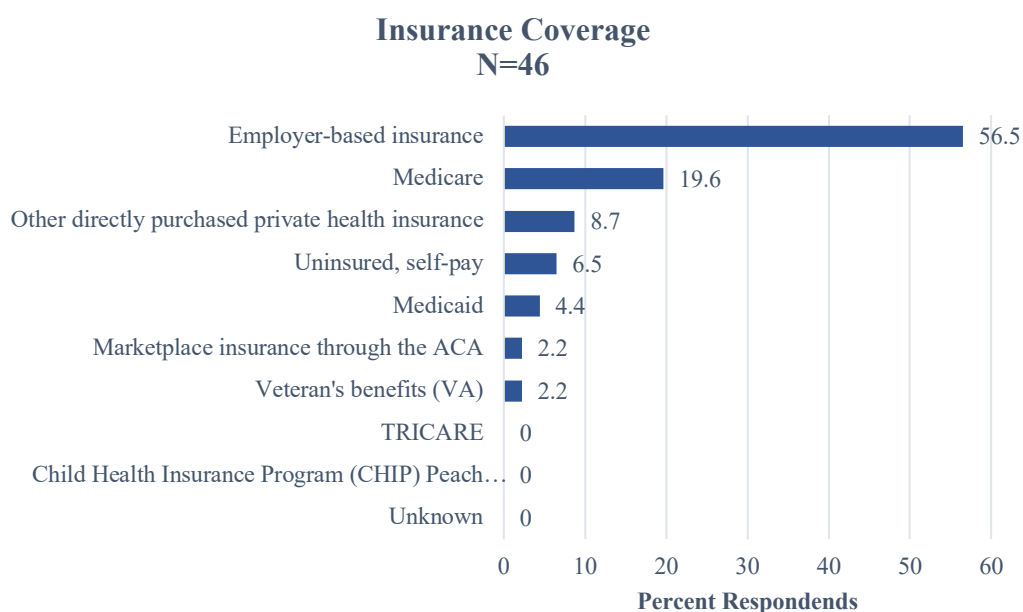


## HEALTH CARE ACCESS

### Insurance Coverage and Usual Source of Care

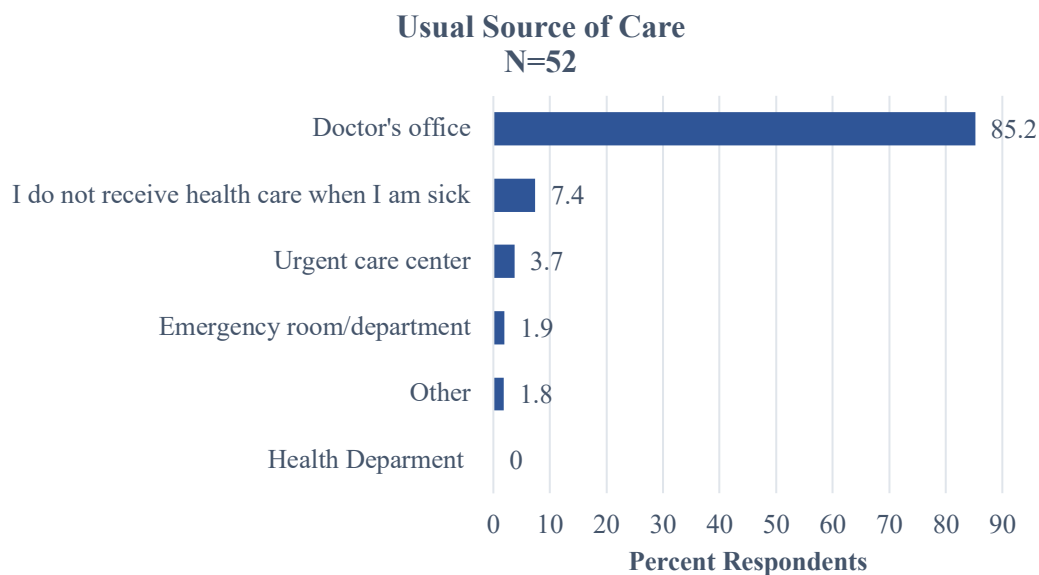
The majority of survey respondents (56.5%) reported that they had employer-based insurance. Close to twenty percent were covered by Medicare, and almost nine percent were covered through privately purchased health insurance (Figure 43). A majority of the respondents (85.2%) identified that their usual source of care was a provider in a doctor's office setting. Notably, more than 7% stated that they do not receive health care when sick (Figure 44).

Figure 43. Insurance Coverage



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Figure 44. Usual Source of Care

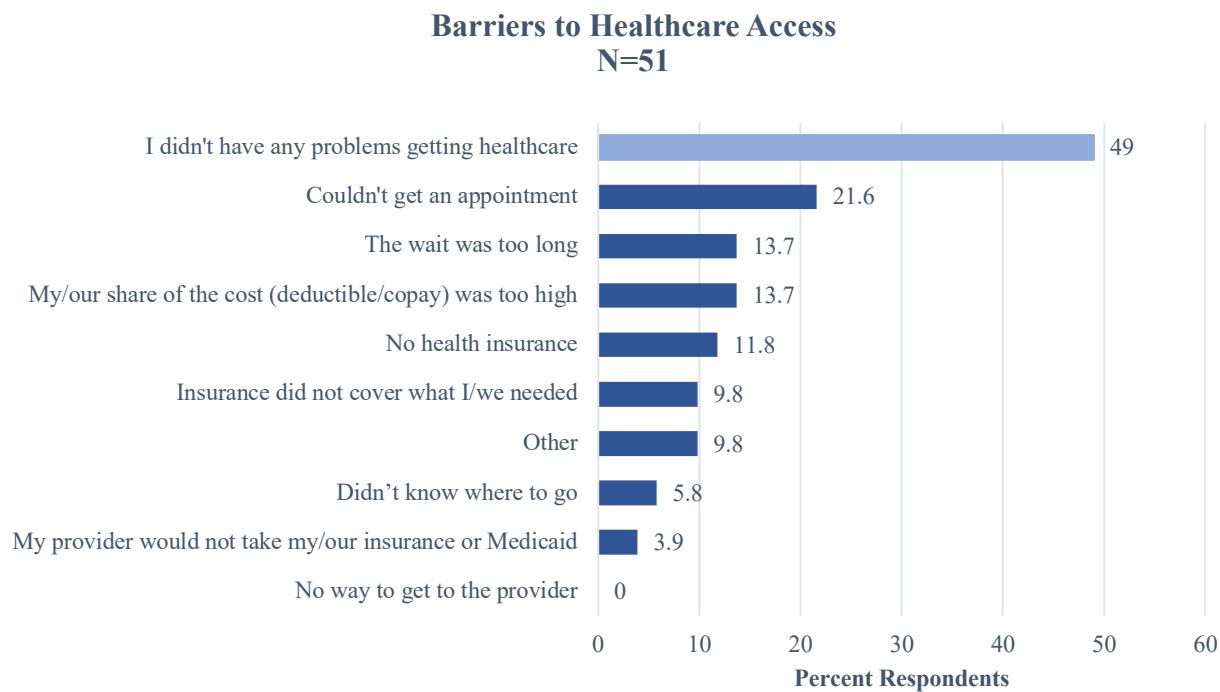


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

## Barriers to Healthcare Access

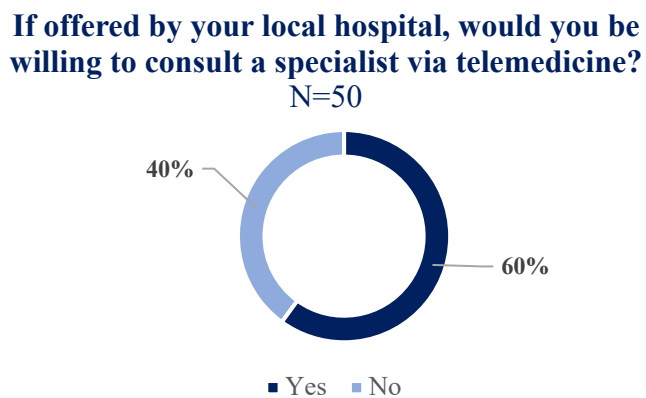
About half of the respondents reported experiencing barriers to health care access in the past 12 months. Barriers most frequently mentioned were difficulty in scheduling appointments (21.6%), long waiting times (13.7%), high deductibles/copays (13.7%) and lack of health insurance (11.8%) (Figure 45). Three out of five respondents (60%) said they were willing to access specialists via telemedicine if Applying Healthcare were to offer specialist telemedicine services (Figure 46).

Figure 45. Barriers to Healthcare Access



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

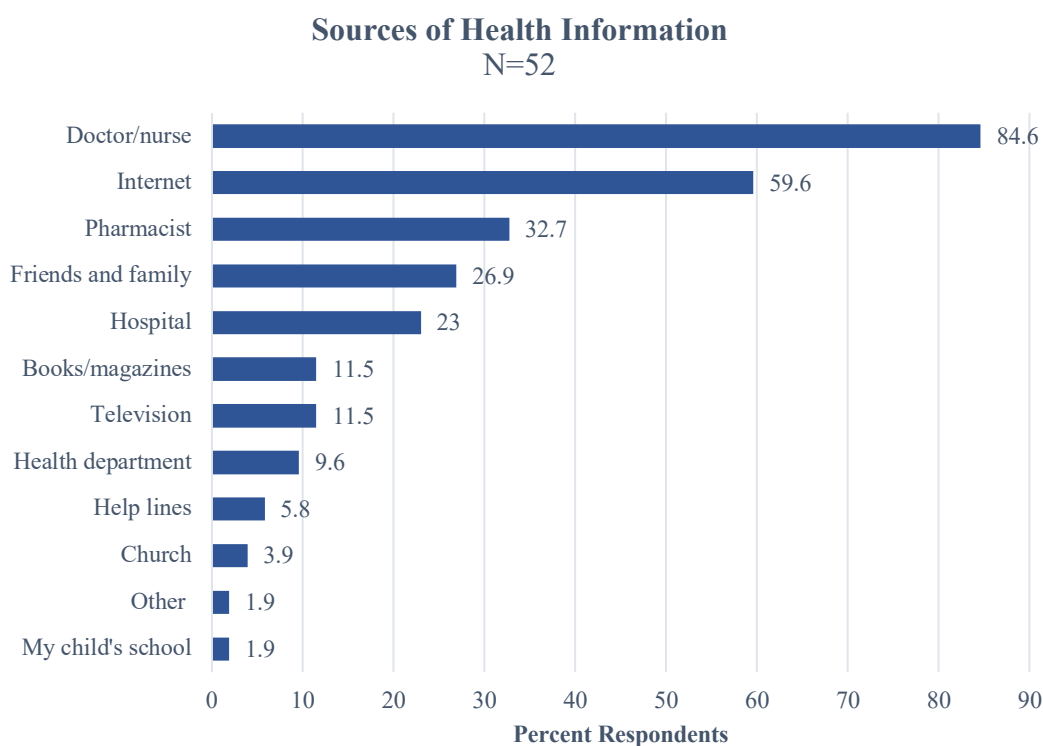
Figure 46. Willingness to Use Telemedicine



## Health Information

Respondents most commonly identified their health care provider (doctor/nurse) as their source of health information (84.6%), followed by the internet (59.6%), the pharmacist (32.7%), friends and family (26.9%), and the hospital (23%) (Figure 47).

Figure 47. Sources of Health Information



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

## KEY STAKEHOLDER FOCUS GROUPS

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### PARTICIPANT CHARACTERISTICS

*"Overall life is very good here in this community. It's a good place to raise a family and a lot of values are instilled in families. So we've got a lot to be proud of."*

Three focus groups of key stakeholders were held in March and April of 2022 with a total of seventeen participants representing different and vital aspects of the community. Participants represented business interests, church groups, healthcare workers, public health workers, and hospital employees. Focus groups were held via Zoom. Focus group sessions lasted 60 minutes on average.

### EMERGING THEMES

The following sections provide details of the focus group discussions by common thread or topic.

#### Community Perception Overall

Participants, overall, described their community a tight-knit and supportive one with residents who are aware of the community's needs and opportunities. They also expressed that they enjoy the relaxed and peaceful pace of life.

*"...It is very peaceful. I love raising my family here. My family have been long life residents here for several generations. So, I would say it's peaceful. It's a great place to live. I agree ...that if we don't have the resources, they're very accessible. But we do have a lot to offer in our small community."*

## STRENGTHS: Family Raising, Athletics, Community Collaboration, Community-Oriented

The focus group participants emphasized several factors of the community as favorable aspects of living in Appling County. Participants explained that community members know each other, and that makes Appling County a **great place to raise a family**. One emphasized focal point was how **supportive, caring and collaborative** the community members and organizations are in addressing needs in their community. Appling County was described as a community-oriented place to live. The participants also stated that **sports and athletics** are very big in the community, particularly among students.

*"But it is a of course a small rural town. Most everybody knows everyone else. [I]n the community we live, we have accessibility to things that maybe aren't as far reached as some rural areas since we're only an hour from Brunswick, a little over an hour and a half to Savannah. So, we're still in an area that it's easy to gain access to other resources that we may not have here within our county which I'll say is a 30 miles radius but depends which direction you travel. But overall life is very good here in this community. It's a good place to raise a family and a lot of values are instilled in families. So, we've got a lot to be proud of."*

*"It's very community oriented. The people are friendly. We help each other. And that's the reason I've never wanted to leave."*

*"Our government agencies work very well, so that makes it a very good resourceful community because everybody works together, everybody gets along, and it just makes it – the resources to be available to everyone."*



## CHALLENGES: Geographically Spread Out, Gym Affordability, Healthy Nutrition, Poverty

Despite the positive aspects of their community, participants noted various challenges that exist in Appling County and that impact the health and wellbeing of its residents. Some residents residing in the more distant and remote areas of the county may be **secluded and marginalized**. Another issue that was discussed is that many **families struggle economically**, as evidenced by the fact that 100% of students in Appling County qualify for free school lunches. It was also noted that **low-paying jobs** are a contributor to the county's poverty rates. Additionally, there are **limited opportunities for physical activity** for residents, due in part to the remoteness of some areas of the county, but also because for some community members, gyms are expensive. Finally, **healthy eating is challenging** because healthy options tend to be more expensive, and most of the restaurants in Appling County serve fast food with limited dine-in options.

*"Just like any county, there are groups that do not struggle as much as some, but we seem to have a large number of uninsured and below the poverty line."*

*"All of our schools are eligible for CEP, meaning every student eats free. So, our percentage of low-income students is pretty high."*

*"The city of Baxley is the main city within our county lines. We also have Graham and Surrency. And of course, they have like a Dollar General store and convenience store in each of those locations. Other than that, on the lower end of the county you're somewhat – well, I'll say you're somewhat secluded now. I think everywhere has got a Dollar General. But as far as having access to a lot, they're far removed. If you live in the lower end of the county, you're going to be 15 to 20 miles from anywhere. And in today's environment that's not a long distance. People commute much further than that. But depending on your economic status, that can be somewhat difficult... They definitely can't walk to get what they need."*

*"I feel like fitness is a struggle here. I grew up here, moved back two years ago. And it wasn't until I moved away that I really focused on fitness and I feel like that's kind of a mentality thing. And people struggle. I know growing up 12 miles from town like if we*

wanted to – if you wanted to walk or do something you had to drive to town to go to the track. So, I feel like...it's a mentality but it's also because we're spread out so far there's a lack of availability..."

"I would say [gym memberships] would be expensive in comparison to a larger city, of course, because they don't have much competition. You could get a gym membership for \$9.99 a month in Atlanta all day long anywhere, and here, I mean, you're looking at \$30 to \$40 a month. So, if you want to talk about for the population, the area we live in, those gyms would be considered expensive and not a necessity to someone who's trying to pay their bills."

"Our city is full of fast-food restaurants. Very little sit-down restaurants, and of those restaurants, not very many offer healthy options outside of your basic salad or grilled chicken. That's about the extent of it in Appling County. But now, we have a fast-food restaurant on every corner and they are steadily popping up. So, I would say it's not very diverse. We don't have any vegan or vegetarian restaurants or anything that caters to people that eat that way."

## Health-Specific Community Characteristics

**Themes: Transportation, Mental Health, Obesity**

The three leading health priorities for the Appling community across all focus groups were 1) transportation, 2) mental health and 3) obesity. **Transportation** was identified as a main barrier affecting access to health and healthcare related services for residents. **Mental health** was also discussed as a priority for county residents, given the remarkable increase in mental health issues seen throughout the community. Obesity was also frequently discussed. Hypertension and diabetes were also identified as significant concerns as well, given the risk in alignment with obesity.

"I'm going to say one of the issues as it relates to healthcare would deal somewhat with transportation. [T]hose who are somewhat in an economic status that don't have availability to a vehicle to get from their home to the doctor's office for a doctor's appointment, that's somewhat critical."

*"Another issue that I've noticed over the last ten years that seems to be trending higher is mental health and it seems to be getting worse... It seems to be a growing issue and concern across the state of Georgia and it's probably across the nation for that matter. But mental health seems to be somewhat of a trending issue."*

*"We don't have taxis or Uber or anything here. So, if you don't have a car, you either walk or you don't get there."*

*"The last one and this would play into the obesity component maybe even as an umbrella. But a lot of these individuals are not obese but because of the diet that we do partake of in the south of course, heart disease and diabetes is extremely high. Type two diabetes in particular. As our citizens get older, they start experiencing issues and that type two diabetes is, seems to be growing as a problem. And we just need to try to figure out a way to try to help individuals manage that a little bit better. And I guess the majority of that would be through diet and exercise, but that does seem to be a growing issue."*

## Healthcare-Specific Community Characteristics

**Themes: Specialty Care, Lack of Education on Services, Transportation, Health Insurance, Drug and Alcohol Services**

Focus groups participants discussed many barriers that influence the access the residents have to healthcare services. **Lack of specialty care** was mentioned as a critical issue from the participants even though the participants stated that there are enough nurse practitioners in the county. Specialties that participants felt were lacking were included obstetrics, neurology, and nephrology. Another issue with accessing specialty care in Appling County that participants mentioned is that some specialists only have a **part-time presence** in the county, making it challenging for residents to access the needed services in a timely manner. This means that some of the residents must travel out of the county. Furthermore, some participants explained that for community members, it can be difficult to connect and build trust with temporary staff. As previously mentioned, transportation is a barrier for some residents (elderly), especially

when they need specialty services. Challenges with the affordability of health insurance were also discussed. It was noted that especially for individuals who are unemployed or from low-socio economic status, it may be challenging to access **alcohol and drug rehabilitation services**.

*"We've got a plethora of nurse practitioners here. So, I think general healthcare is easily accessible. I think where folks struggle is when they need to meet with a specialist or see someone they've got to go to Jacksonville. They've got to go to Savannah. I think that's a struggle a lot of times.*

*"Obstetrics is another one that we don't have in the county. And I think a lot of that is because our county is not large enough to support someone full time and the hospital does not deliver babies anymore. So, OB is one of the things that they have to go outside of the county for..."*

*"We have different providers. You have nephrologists, you have cardiologists, pulmonologists, rheumatoid physicians, all those visits in county but, no one has a permanent office here. So, since they're not located in the county full time, then you do have to go out of town for certain procedures like cardiac cath or lithotripsy..."*

*"There's not a lot of access within the county for drug and alcohol or psych assistance even though that has improved some. But there's a bigger struggle on the state level. So, speaking from an ER standpoint we can have people that come in that are looking for help, but they sit in the ER for days because they're in that group that fall into the lower socioeconomic. Therefore, they have no coverage. You can't find placement for them within the state anywhere, and they will be there for as long as a week. So not having the resources within the county to treat those drug and alcohol or psych within certain age groups. You have – there is help for geriatrics. We have a geriatric unit. But there's not a lot of help locally for the age group with those that fall without coverage, or they're unemployed, or they are just the lower socioeconomic group."*

*"...I also see especially with our aging population that transportation is a barrier at times. Especially...with us not having much access to specialists. I mean they can't get there even sometimes to just their regular doctor's appointment. Transportation is a barrier."*

*"I think that one of the issues here is accessibility to health insurance, because you have a lot of blue-collar workers and the majority of these businesses do not offer health insurance to their employees, or they're not full-time to receive it. And then, in order to qualify for Medicaid benefits, your salary has to be pretty low as an adult to qualify. So, I would venture to say we have a lot of our population that's uninsured. So, whenever they get sick, most of the time, they will go to the emergency room because the emergency room can't necessarily turn them away, versus when you walk into a doctor's office. If you're uninsured, they have that right. So, the first issue is having an insured population so that people can get the health care that they need.*

*It really is, because, I mean, we don't, you don't have taxis or Uber or anything here. So, if you don't have a car, you either walk or you don't get there."*

*"[W]e don't have many specialists in this county either, such as pediatricians or any other – GI or any other specialists here."*

*"A lot of our elderly people live at home and their families live out of state, some of them even, and they really have a lot of trouble – I had many patients who relied on a friend or church members to take them to doctor's appointments and things because either they couldn't drive or they didn't have a car. So, that has always been a big thing here, is being so rural and then those people having issues with transportation."*

## Hospital's Role in Advancing Community Health and Wellness

**Themes: Personalized Care, Community Involvement, Social Media Presence**

One key aspect that was brought up by participants is the **personalized care** that community members receive from the hospital's staff. Participants recognize the efforts of the hospital's **strong presence in the community**, and the quality of care they offer.

*"I think the hospital is very active in community events. They always seem to participate in whatever event the chamber may be hosting. They've initiated and had their own events for the community. So, I think that from that standpoint I think that the hospital*

*has done a good job of involving themselves in the community. And of course, that's always something you can build upon and grow. But for the most part I do feel like that they've done a really good job of trying to be involved within our community."*

*"I don't do social media that much, but I will say the hospital has a big presence, big social media blast more often than most of us. I would say that kind of communication in our community is what everybody goes to now. I think they have a big presence there which is good. That's how they get a lot of information out. And even through the local newspaper they still put some stuff there. And also, the radio. So, I think the message gets out..."*

*"My family uses Appling Healthcare even though for the last five years, I was out working at other hospitals. It is convenient. We've always received great care when coming here. And...the care that you receive is not just like another number like some larger hospitals. You are actually somebody here, and you get taken care of well."*

## Health-Specific Wish List Items

### Themes: Nutrition Education, Specialists, Management of Chronic Conditions

The focus group participants were asked about their personal wish lists for services and resources that could possibly improve the overall health of Appling County residents. Participants suggested several strategies that could help with addressing the health challenges and barriers that the community currently faces. **Education** on overall **nutrition and healthy meals** was a recurring theme among participants. The need for an **increased presence of specialists** including obstetrics and gynecology, psychiatry and endocrinologist was also discussed. Furthermore, participants also mentioned the need for **education on the management of chronic conditions**, especially among the elderly population.

*"Most people who grow up in this area, we tend to have the same diet, the fried foods. That's the way we were taught to cook or either people who are in their 20s or so are not being taught to cook."*

*"So, I think one of the needs is just education on how to fix healthy meals... [T]hat's just a struggle for me. Maybe just having that education that you can have a meal that tastes good, and it's healthy for you also. So that's just an idea. Whether it's something that the hospital can offer. I know that we have a phenomenal manager over our kitchen and our dietary department, and she's very knowledgeable about that stuff."*

*"I mean specialty services we have but they're very sporadic and spread out. So we're very thankful that we have them for one or two days every one or two weeks when we can get them. But I mean certainly it would be nice if we had a psychiatrist on staff or an endocrinologist is probably one of the biggest things for me because the closest one is about 65 miles. So, I mean access to specialties. But then again, I mean we do the best with what we have, and we refer. Some specialties we have that come once a week, some every two weeks."*

*"I think it would be great for Appling to get back obstetrics and gynecology. I think that's huge. I think every community needs the ability for women to safely give birth,*



*and we do not have that. And I think it's very important because you do have a lot of babies being born in places like ambulances and in the ER or at the house because they just can't make it where they need to get to have their kids. And in 2022 we shouldn't be dealing with that."*

*"With what I see, the limited patient population I see they're older. Education is not, it's not that it's just limited about the certain disease states that they see. So they're not as educated on those like the cardiovascular or the diabetes. So that would help a lot if that was available to them."*

## Hospital Strategies for Approaching Community Health

**Themes: Partnership with the school department, Improved community communication**

When asked to think about possible collaborations that the hospital could use to improve the health of Appling County residents, focus group participants offered up several ideas for consideration focused on **partnering with the school system to promote healthy lifestyle choices, particularly among students**. Participants also highlighted a need for the hospital to increase its efforts in **improving communication** with community members and advertising their services to strengthen the hospital's position in the community and to improve public opinion of the hospital. Even though participants had a favorable opinion of the hospital, they felt there were some actions that could be undertaken to improve its reputation in the greater community.

*"Coordinating a partnership with the young people [through the middle and high schools] to maybe work on that healthier lifestyle. These are going to be the individuals that become the future of our community. So, whether that's through employment or through healthy living or utilizing the services at the hospital, I think that's something that there needs to be a joint focus on and really trying to show those young people what the hospital has to offer and maybe make it where they feel comfortable utilizing Appling Healthcare for their future needs."*

*"The public opinion of our hospital, I think you kind of get mixed reviews. Even I have a mixed opinion on it... [A]lot of people go to Alma Hospital or Jesup, and some people*

even go to Vidalia and just bypass Baxley. I think that's for a lot of different reasons, but over the years, our hospital's reputation has been up and down..."

"So, I think it's going to take some rebranding and some rebuilding for Appling Healthcare to really bounce back and win over public approval again in our community."

"Another thing that I think impacts the bad publicity that sometimes is given to the hospital is the lack of information on what is available in the hospital. I mean, I live here and some of the resources that they do have available, I didn't even know about it until I was able to go visit and see the different departments that they have. And all this time. I've been traveling out of town to get different things done whenever I could just go here to the hospital and get everything done, because they have the same equipment as other major hospitals do. Now, they don't have all of it, but they do have a good bit of equipment. So, ever since I found out that they did have those items available there, I mean, I don't travel to Jesup, I don't travel to Savannah, I just get all my – everything done here locally."

"...I think...being proactive...and letting the community know about the services that y'all do have available, because good gracious, y'all have lots, lots of fancy machines there. And I mean, every time I had to do a whatever procedure, I never waited more than five minutes. I was already in and out. And I mean, to me, it's wonderful service. But that is my opinion. That is my experience with the hospital."

"...When you pass [a hospital in another town's] sign, it states how long their ER wait time was. So, something like that is beneficial I feel like. A lot of times people always think just an ER visit is going to be multiple hours."

"Another partnership that we've had talking about nutrition education is the county extension office. X has done several classes on cooking classes and then also nutrition classes. But it's always with low participation. I know I was just on a call with her about a couple of weeks ago and they have a healthy cooking class going on at that time. And all they needed was five participants and they – two weeks no one showed up. One week I think two people showed up. And they have all this food that they get the

*participants could take it home with them. They got to see how to prepare it, how to cook it there. But it's just the participation in those programs are low."*

## **Conclusion**

In summary, focus group participants, many of whom were long-standing residents of the community, expressed favorable opinions about their community, and the role of the hospital in promoting health. The perspectives shared by participants on ways to improve the health of Appling County residents were introspective and informative. In particular, participants advocated for initiatives to assist residents in the more remote areas of the county and others who have transportation issues for both daily needs and for getting to healthcare appointments. Creating more opportunities for nutrition education, especially for students, was a strong theme, given an increasing trend in obesity and related diseases. While access to primary care was noted as being strong, participants suggested improving arrangements with specialists both to increase access for some specialty areas and to expand weekly physical presence for those specialty areas already available in the county. Finally, recommendations for the hospital to enhance its communication with the community were discussed as a means of improving both overall community health and the hospital's reputation.

## PRIORITIZATION

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### PREVIOUS IMPLEMENTATION PLAN

Appling Healthcare's 2019 Implementation Plan centered on four important health-related areas: 1. Mental & Behavioral Health; 2. Access to Care; 3. Lifestyle and Obesity; and 4. Adolescent Health. The COVID-19 pandemic impacted progress on some of these actions.

In the area of **Mental and Behavioral Health**, AHS assisted and evaluated 103 psychiatric patients in 2020 and 77 in 2021 using Behavioral Health Link. AHS treated 446 patients in 2020 and 439 patients in 2021 in the Geriatric Behavior Health Center. The AHS Intensive Outpatient Program treated 13 patients in 2020 and 16 patients in 2021.

To target **Lifestyles and Obesity**, AHS utilized social media to disseminate education information on obesity and unhealthy lifestyles during the past three years. AHS also engaged in partnerships with the local Coalition for a Healthy Appling County who provides social media posts on obesity, nutrition, and unhealthy lifestyles. AHS also partnered with the Appling County Extension Office to utilize their diet, nutrition, and cooking classes for the community. While most classes were postponed due to COVID-19, classes, health fairs, and activities resumed in 2022. AHS also utilized Facebook and Instagram to disseminate information on nutrition, skin cancer, and kidney disease during the 2020 and 2021.

In the area of **Access to Care**, AHS and the Appling County Chamber and Appling County Health Department worked together to provide services and resources as requested to disseminate information about available resources to residents. AHS participated in Chamber Meetings through attendance at monthly meetings, and providing speakers as requested by the chamber. AHS participated in Board of Health meetings and has partnered with the local Appling Health Department events and activities throughout the years. AHS hired a community relations coordinator to further efforts to inform and educate the community. Unfortunately, many community health fairs and other events were postponed due to COVID. A part-time marketing advisor

was hired to enhance the hospital's social media presence. From September 1 2020 through August 31, 2021 the hospital's Facebook account had 3,490 Likes, 148,773 people reached, and 9,372 page visits. The hospital's Instagram account had 182 Instagram Followers and had reached 1,796 people. During the time period of September 1, 2021 through March 1, 2022, Facebook had 3,680 likes, 56,783 people reached, and 3,763 page visits. The hospital's Instagram account had 195 followers and had reached 264 people.

In the area of **Adolescent Health**, AHS partnered with local law enforcement, Appling Family Connections, and the local school system to present Teen Maze and Teen Topics programs. The February 2020 Teen Maze had 500 high school student participants. In the interactive Teen Maze "Game of Life", participants have the opportunity to face consequences of randomly selected life-style choices that are associated with risky youth behaviors in a safe and controlled environment. Teen Topics was presented to 8<sup>th</sup> graders, who had parental permission. Professionals from the Appling County Family Connections and local health department had open conversations with students concerning, vaping, pregnancy, STDs, smoking, social media dangers, and legal matters. These programs were suspended in 2021 due to COVID-19.

## 2022 PRIORITIZATION OF INITIATIVES

The 2022 Implementation Plan prioritization session occurred remotely on June 29, 2022. The hospital CHNA steering committee, consisting of hospital employees and a local health department representative, participated in the planning session. The session was facilitated by members of the Center for Public Health Practice and Research team of Georgia Southern University. Consideration of the data contained in this report, in conjunction with results of the previous implementation plan, led the committee to determine that the 2019 priorities should remain foci for the 2022 implementation plan. An additional priority that focuses on consolidating social media efforts representing aspects of the other four priorities, was added. The 2022 Appling Healthcare Implementation Plan priorities are reflected below.

## **PRIORITY AREA ONE: Mental and Behavioral Health**

**GOAL:** Improve delivery/continuity of mental health care to those in need

**OBJECTIVES:**

- Implement a mental/behavioral health call follow-up process for related Emergency Department visits
- Continue and enhance existing mental and behavioral health services and policies

## **PRIORITY AREA TWO: Access to Care**

**GOAL:** Improve access to healthcare services for Appling County residents

**OBJECTIVES:**

- Increase access to specialty care for Appling County residents
- Increase transportation services for patients to and from the hospital

## **PRIORITY AREA THREE: Lifestyle and Obesity**

**GOAL:** Improve the nutritional habits of Appling County residents

**OBJECTIVES:**

- Improve community knowledge on healthy eating/nutrition
- Provide more opportunities for community members to engage in physical activity

## **PRIORITY AREA FOUR: Adolescent Health**

**GOAL:** Improve Appling County adolescent health behaviors

**OBJECTIVES:**

- Increase adolescent knowledge of healthy living
- Reduce teen pregnancy rate

## **PRIORITY AREA FIVE: Social Media Outreach**

**GOAL:** Utilize social media to inform and educate the community

**OBJECTIVES:**

- Improve social media outreach for health education
- Improve social media outreach on awareness of hospital services

The complete implementation plan, with timelines, responsible person, measures, and possible collaborators, is provided in the next section.



# IMPLEMENTATION PLAN

## Focus Area 1: Mental and Behavioral Health

| Goal 1: Improve delivery & continuity of mental health care to those in need   |               |                                 |  |  |
|--|---------------|---------------------------------|--|--|
| Action Steps   | Timeline      | Person Responsible              | Measure  | Community Partners Involved  |
| Objective 1.1: Implement a mental/behavioral health call follow-up process for related ED visits   |               |                                 |  |  |
| Develop ED call-back process   | By 08/01/2023 | Rose Keller, CNO and ED Manager | -Process put in place (Y/N)  | Local mental / behavioral health providers                               |
| Implement call-back process and track calls made   | By 08/01/2023 | Rose Keller, CNO and ED Manager | -# calls made  |  |
| Objective 1.2: Continue and enhance existing mental and behavioral health services and policies  |               |                                 |  |  |
| Work to fully utilize capacity of hospital's geriatric psychiatric inpatient unit and Senior Life Solutions, the hospital's intensive outpatient mental health program | Ongoing       | Tonia Weaver                    | -# Bed days in inpatient unit<br><br>-# Patients who complete outpatient program | Hospital geriatric unit<br><br>Hospital outpatient mental health program |
| Continue ED participation in the state's Behavioral Health Link program to find beds in mental health facilities for those in need                                     | Ongoing       | Rose Keller, CNO                | -# patients who need referral that do NOT receive it (goal is 0)                 | Hospital ED  |

## Focus Area 2: Access to Care

| Goal 2: Improve access to healthcare services for Appling County residents           |             |                    |                                |                             |
|--|-------------|--------------------|--------------------------------|-----------------------------|
| Action Steps   | Timeline    | Person Responsible | Measure                        | Community Partners Involved |
| Objective 2.1: Increase access to specialty care for Appling County residents        |             |                    |                                |                             |
| Research specialties in most need in Appling County                                  | Ongoing     | Robin Crosby, COO  | -Y/N                           |                             |
| Develop a specialist recruitment plan that aligns with the hospital's strategic plan | Ongoing     | Robin Crosby, COO  | -Y/N                           |                             |
| Implement specialist recruitment plan to bring in 2 new specialists                  | Ongoing     | Robin Crosby, COO  | -# specialists recruited       |                             |
| Objective 2.2: Increase transportation services for patients to and from hospital    |             |                    |                                |                             |
| Find ways to better use hospital bus/van   | By 8/1/2023 | Robin Crosby, COO  | -# new uses<br>-# miles by use |                             |

## Focus Area 3: Lifestyle and Obesity

| Goal 3: Improve the nutritional habits of Appling County residents                                   |          |                    |  |   |
|--|----------|--------------------|--|---|
| Action Steps   | Timeline | Person Responsible | Measure  | Community Partners Involved                 |
| Objective 3.1: Improve community knowledge on healthy eating/nutrition                               |          |                    |  |   |
| Partner with Cooperative Extension to increase nutrition course offerings                            | Ongoing  | Robin Crosby, COO  | -# courses & students at Extension/ Hospital/ School | Cooperative Extension                       |
| Objective 3.2: Provide more opportunities for community members to engage in physical activity       |          |                    |  |   |
| Partner with Share Health of Southeast Georgia to increase healthy living courses & exercise classes | Ongoing  | Robin Crosby, COO  | -# courses & students                                | Share Health of Southeast Georgia My Clinic |

## Focus Area 4: Adolescent Health

| Goal 4: Improve Appling County adolescent health behaviors                  |               |                    |                                       |   |
|---|---------------|--------------------|---------------------------------------|---|
| Action Steps  | Timeline      | Person Responsible | Measure                               | Community Partners Involved                 |
| Objective 4.1: Increase adolescent knowledge of healthy living              |               |                    |                                       |   |
| Bolster Teen Maze post-Covid  | Ongoing       | Robin Crosby, COO  | -# students                           | School system<br>Appling Family Connections |
| Explore collaboration with Cooperative Extension to offer courses at school | By 09/01/2023 | Robin Crosby, COO  | -Y/N<br>-# courses/<br>students       | School system<br>Cooperative Extension      |
| Objective 4.2: Reduce teen pregnancy rate                                   |               |                    |                                       |   |
| Bolster Teen Topics/The Talk post-Covid                                     | Ongoing       | Robin Crosby, COO  | -# students<br>-% Teen pregnancy rate | School system                               |

## Focus Area 5: Social Media Outreach

| Goal 5: Utilize social media to inform and educate the community               |               |  |                            |                             |
|--|---------------|--|----------------------------|-----------------------------|
| Action Steps   | Timeline      | Person Responsible                       | Measure                    | Community Partners Involved |
| Objective 5.1: Improve social media outreach for health education              |               |  |                            |                             |
| Develop annual plan for health education social media messaging                | By 09/01/2022 | Andrea Graham, CEO and Robin Crosby, COO | Y/N                        |                             |
| Implement health education social media plan                                   | By 09/01/2022 | Andrea Graham, CEO and Robin Crosby, COO | -# views/ followers/shares |                             |
| Objective 5.2: Improve social media outreach on awareness of hospital services |               |  |                            |                             |
| Develop annual plan for facility awareness social media messaging              | By 09/01/2022 | Andrea Graham, CEO and Robin Crosby, COO | -Y/N                       |                             |
| Implement facility awareness social media plan                                 | By 09/01/2022 | Andrea Graham, CEO and Robin Crosby, COO | -# views/ followers/shares |                             |

## HEALTHCARE RESOURCE LISTING

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In order to access health care, community members should be aware of available resources. The following pages provide information to the community about these resources.

|  |                                     |
|--|-------------------------------------|
| HOME HEALTH AGENCIES   |                                     |
| Altamaha Home Health<br>912-367-4621   | CareOne Home Health<br>800-533-2094 |
| Rescare Home Care<br>912-366-1622  | Amicita Home Health<br>800-476-6787 |
| Nurses Plus, Inc.<br>912-526-8883  |                                     |
| BLOOD DONATIONS  |                                     |
| American Red Cross<br>800-RED-CROSS   800-733-2767 (P)<br><a href="http://www.redcross.org">www.redcross.org</a> |                                     |
| BREASTFEEDING RESOURCES  |                                     |

|   |   |
|---|---|
| Breastfeeding Information<br><a href="http://www.breastfeeding.com">www.breastfeeding.com</a> | La Leche League of GA<br>Hotline 404-681-6342 (P)           |
| Georgia Dept of Public Health WIC<br>Program<br>912-367-4601 (P)                              |   |
| CAR SEAT RESOURCES AND SAFETY   |   |
| Auto Safety Hotline<br>800-424-9393 (P)   | Georgia Department of Public Health<br>912-367-4601 (P)     |
| CANCER SUPPORT SERVICES   |   |
| American Cancer Society<br>800-227-2345 (Preferred)   | Appling Healthcare Foundation<br>912-367-9841 (P)           |
| CHILDREN & FAMILY SUPPORT SERVICES  |   |
| ALL GA KIDS<br>877-255-4254 (P)   | Office of Child Support Services (OCSS)<br>877-423-4746 (P) |
| Appling Family Connections<br>912-367-8816  | Tri-County CASA<br>912-367-0064                             |

|   |  |
|---|--|
| COUNSELING  |  |
| Pineland Mental Health<br>912-367-4614  | Southern Counseling Services<br>912-705-0858 (P)       |
| Georgia Crisis Line<br>800-715-4225 (P)   | National Domestic Violence Hotline<br>800-799-7233 (P) |
| Senior Life Solutions-Applying Healthcare<br>912-367-9841   |  |
| DEVELOPMENTAL NEEDS   |  |
| Babies Can't Wait<br><a href="http://www.health.state.ga.us/programs/bcw">www.health.state.ga.us/programs/bcw</a> | Parent to Parent of Georgia<br>800-229-2038 (P)        |
| DME & RESPIRATORY PROVIDERS   |  |
| Certified Respiratory<br>912-366-9226   | Austin Home Health Care<br>Equipment 912-375-3528      |
| Shuman HealthCare<br>912-285-5272   |  |



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|---|--|
| FINANCIAL ASSISTANCE  |  |
| Division of Family & Children Services (DFCS)<br>912-526-5468<br>Temporary Assistance for Needy Families (TANF)   |  |
| FOOD ASSISTANCE   |  |
| Division of Family & Children Services (DFCS)<br>912-526-5468<br><a href="http://www.dfcs.dhs.georgia.gov">www.dfcs.dhs.georgia.gov</a> For Food Stamps | Appling County Health Department<br>912-367-4601<br>For WIC Assistance |
| Appling County Food Bank<br>912-366-3663  |  |
| FURNITURE RESOURCES   |  |
| Local Goodwill<br>912-367-0803  |  |
| GED CLASSES   |  |
| Coastal Pines Technical College<br>912-367-1700   |  |
| HEALTH INSURANCE  |  |

|  |  |
|--|--|
| PeachCare for Kids<br>877-427-3224 (P)<br><a href="http://www.peachcare.org">www.peachcare.org</a>   | Medicaid Member Services:<br>866-211-0950 (P)<br>Provider Services:<br>800-766-4456 (P)<br>Eligibility: 404-730-1200 (P)<br>Customer Service: 404-657-5468 (P)<br><a href="http://www.medicaid.gov">www.medicaid.gov</a> |
| Medicare<br>800-MEDICARE / 800-633-4227 (P)<br>Medicare Service Center:<br>877-486-2048 (P)<br>Report Medicare Fraud & Abuse:<br>800-HHS-TIPS / 800-447-8477 (P)<br><a href="http://www.medicare.gov">www.medicare.gov</a> |  |
| HOSPICE PROVIDERS  |  |
| Bethany Hospice<br>912-384-6100  | Comfort Care Hospice<br>912-367-4146   |
| Serenity Hospice<br>912-537-1410   | Southern Care Hospice<br>912-537-2273  |
| Spanish Oaks Hospice<br>912-739-0502   | Community Hospice<br>800-477-4758  |
| HOUSING/ UTILITY ASSISTANCE  |  |

|   |  |
|---|--|
| Low Income Home Energy Assistance Program (LIHEAP)<br>To verify if you are eligible, please call:<br>800-869-1150 (P) | Georgia Dept. of Community Affairs Georgia Dream Homeownership Program<br>800-359-4663 (P) |
| Georgia Housing Search<br><a href="http://www.georgiahousingsearch.org">www.georgiahousingsearch.org</a>              |  |
| LEGAL ISSUES  |  |
| Georgia Legal Services<br>800-822-5391 (P)  |  |
| LITERACY  |  |
| Family Literacy Hotline<br>404-539-9618 (P)   | First Foundation for Childhood Literacy<br>888-565-0177 (P)                                |
| MEDICAL FINANCIAL ASSISTANCE  |  |
| Division of Family & Children Services (DFCS)<br>912-526-5468   |  |
| MEDICAL CLINICS AND (FREE AND SLIDING FEE)  |  |
| County Health Department<br>912-367-4601  | Appling Medical Group<br>912-367-0102  |

|   |   |
|---|---|
| South Georgia Medical Group<br>912-367-4122                       | Appling Pediatrics<br>912-366-9688              |
| Mercy Medical Clinic<br>912-387-0463                              | East Georgia Healthcare Center<br>912-705-5656  |
| Medical Wellness Center of Georgia<br>912-705-9110                | Appling Family Total Healthcare<br>912-367-2596 |
| Precision Family Healthcare<br>912-705-5395                       | Family Medicine of Baxley<br>912-705-1227       |
| Southern Medicine<br>912-785-7022                                 | Southern Family Walk-In<br>912-705-8050         |
| HealthHIE Community Center<br>912-705-2273                        | Your Choice Healthcare, P.C.<br>912-705-9680    |
| South Georgia Diagnostic and<br>Prevention Center<br>912-367-9559 | Heart & Soul Wellness<br>912-500-9207           |
| DOCS<br>912-366-1362  |   |

|   |   |
|---|---|
| MENTAL HEALTH   |   |
| Pineland Mental Health<br>912-367-4164  | Senior Life Solutions-Applying Healthcare<br>912-367-9841 |
| Senior Care Unit-Applying Healthcare<br>912-367-9841  |   |
| NURSING HOMES/SKILLED NURSING   |   |
| The Pavilion<br>912-367-9841  | Triad/Lumber City Nursing B: Rehab<br>912-363-2484        |
| Hazlehurst Court Care B: Rehab Center<br>912-375-3677   | Golden Living Center<br>912-427-6858                      |
| PARENTING RESOURCES   |   |
| American Academy of Pediatrics<br><a href="http://www.healthychildren.org">www.healthychildren.org</a>  |   |
| "MOPS" - Mothers of Preschoolers<br>General Info:<br>800-929-1287 (P)<br>303-733-5353 (P)<br>303-733-5770 (F)<br>Service/Group Info:<br>888-910-MOPS / 888-910-6677 (P)<br><a href="http://www.mops.org">www.mops.org</a> |   |

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|--|--|
| PATERNITY  |  |
| Office of Child Support Services (OCSS)<br>Brunswick Jesup<br>1313 West Pine Street Jesup, GA 31545<br>1-844-MYGADHS |  |
| PHYSICAL THERAPY/ REHABILITATION SERVICES  |  |
| Appling Rehabilitation Services PT/SP/ OT<br>912-366-6590  |  |
| PUBLIC LIBRARIES   |  |
| Appling County Public Library<br>242 E. Parker St, Baxley, GA<br>912-367-8103  |  |
| RECREATION   |  |
| Appling County Recreation Department<br>912-367-8190   |  |
| SAFETY   |  |

|  |   |
|--|---|
| Georgia Poison Control<br>800-222-1222 (P)<br>www.gpc.dhr.georgia.gov                |   |
| SENIORS  |   |
| Area Agency on Aging<br>331 W Parker Street, Baxley GA<br>912-367-9913               | Senior Life Solutions-Applying Healthcare<br>912-367-9841                                 |
| SMOKING CESSATION  |   |
| Georgia Tobacco Quit Line<br>877-270-7867 (P)<br>www.livehealthygeorgia.org/quitline |   |
| TEEN PARENTING RESOURCES   |   |
| Appling County DFCS<br>1160 West Parker Street Baxley, GA 31513                      | Young Mommies Help Site<br><a href="http://www.youngmommies.com">www.youngmommies.com</a> |
| TRANSPORTATION   |   |
| Logisticare<br>888-224-7988  |   |

