



Community Health Needs Assessment 2022

Taylor Regional Hospital

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Executive Summary

Introduction: Under the Patient Protection and Affordable Care Act (ACA), nonprofit hospitals are required to conduct a Community Health Needs Assessment (CHNA) and develop an Implementation Strategy every three years. The purpose is to ensure that hospitals have the information they need to provide community benefits that meet the needs of their communities and fulfill ACA requirements. There are five steps to conducting a CHNA that include defining community, collecting secondary data on community health, collecting primary data from the community, prioritizing community health needs, and implementing strategies to address community health needs.

In 2021, Taylor Regional Hospital partnered with the University of Georgia (UGA) Archway Partnership and UGA College of Pharmacy (COP) to conduct its 2022 CHNA. This report includes a background on the hospital, the data collection process for conducting the CHNA, and key findings from the CHNA.

Methodology: A CHNA team was formed, comprising of a UGA COP faculty, a graduate student and a UGA Archway Public Service and Outreach (PSO) professional, who worked in the community. In order to engage stakeholders, a CHNA Steering Committee and a Community Advisory Committee were formed. The CHNA Steering Committee served as the guide for the entire CHNA process and led efforts to encourage community's participation and engagement in the CHNA process. The Community Advisory Committee was responsible for recruiting participants for survey and focus groups and providing feedback on the data collected. The contribution from the two committees and the UGA Archway PSO professional fostered collaboration between community members and the UGA COP team to conduct the CHNA.

The CHNA team employed the five-step process in completing the CHNA. In the first step, the community, or service area for Taylor Regional Hospital was identified and it included the counties of Pulaski, Bleckley, Dooley, and Wilcox. After defining the community, primary and secondary data was collected. The CHNA team pulled county level data for the four counties within the identified service area. Sources for secondary data included the Georgia County Health Rankings, U.S. Census Bureau, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), and the Annie E. Casey Foundation Kids Count data. Secondary data was exported into Excel for county level and state level comparisons. Summaries were created for each county which generated a county health profile and compared health outcomes to other counties, Georgia, and national statistics in order to identify potential areas for improvement.

Following the collection of secondary data, the CHNA team collected primary data from community members. Six focus groups were conducted with twenty-four community stakeholders to gain an in-depth understanding of overall community health status and needs, health behaviors, hospital use, and COVID-19 impact. Focus group participants varied in expertise and represented diverse community views. All focus groups were recorded and transcribed by the CHNA team. The CHNA team summarized the responses from the focus groups and identified key themes. In addition to the qualitative data collection,

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the CHNA team developed a community survey to identify individual health status, COVID-19 diagnosis, health behaviors, hospital use, and views on overall community health status and needs. Both online and paper surveys were used to collect data from the participants. An online survey link and QR code were sent by the PSO professional via email to the community members. Paper surveys were made available if participants preferred the paper survey to the electronic survey. Survey results were analyzed to produce descriptive statistics and cross-tabulations were run to examine relationships between selected demographics and health outcomes.

Results: By triangulating findings across primary and secondary data sources, the CHNA team created a community health profile for the service area of the hospital. The community profile highlighted major health issues in the community, barriers to accessing care and to managing health conditions, important areas to improve the health of the community, and additional services needed. Based on the findings, community members identified mental health, hypertension, diabetes, overweight/obesity, cancer and aging related health issues as major health problems in the community. Community members expressed the need for specialty care services such as mental health services, OB-GYN, dermatologist, and improved access to care. Community members also highlighted the need for additional services, most often requesting repair and opening of the pool at the wellness center, recruitment and retention of doctors and operating Taylor Express outside of the working hours.

Prioritization of Community Needs: The results from data collection were presented to the CHNA Steering Committee and the Community Advisory Committee on June 28, 2022. To determine the priority health needs of the community, the CHNA Steering Committee will meet to discuss the CHNA results. The Committee will debate the merits or values of the community's priorities, considering the resources available to meet these needs.

Implementation Strategy: The final step in conducting the CNHA is the development of implementation strategies to address the identified community health needs. A team of CHNA Steering committee members will be identified to develop the implementation strategy for Taylor Regional Hospital. This group will engage community members in the development of and the execution of the implementation strategy.

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INTRODUCTION

Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) was conducted in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r), that requires nonprofit hospitals to conduct a CHNA once every three years. There are five major components to the CHNA:

1. Define community
2. Collect secondary data on community health
3. Gather community input and collect primary data
4. Prioritize community health needs
5. Implement strategies to address community health needs

Taylor Regional Hospital partnered with the University of Georgia (UGA) Archway Partnership and College of Pharmacy (COP) to conduct its 2022 CHNA. This report includes a background on the hospital, the data collection process, and key findings from the CHNA.

Taylor Regional Hospital

Taylor Regional Hospital (TRH), an acute care facility, is a private, not-for-profit facility governed by a self-perpetuating Board of Trustees. Chartered in 1936, TRH began in downtown Hawkinsville with only a handful of physicians and was the only hospital south of Macon. In 1977, the hospital moved to its present 90-acre campus north of town, paving the way for growth and expansion. In 1994, construction was completed on a 14,000 square foot outpatient surgery and ancillary center. In 1998, Taylor Health Care Group was formed: comprised of Taylor Regional and Bleckley Memorial Hospitals, a home health agency and durable medical equipment company, and outreach clinics in Cochran, Vienna, Kathleen, Eastman, Rochelle, and Unadilla. In 2014, Taylor Health Care Group continued its commitment to the community with the acquisition of Pinewood Manor Nursing Home. This acquisition positioned TRH to provide nursing and care services for patients who didn't need to be in a hospital, but who couldn't receive care at home.

Over time, TRH has developed into an integrated healthcare organization providing healthcare services for the entire continuum of care. It provides general medical and surgical care for inpatient, outpatient, and emergency room patients. The Dan S. Maddock Cancer Treatment Center is a \$3 million, state-of-the-art radiation and medical oncology center on the TRH campus that provides Hawkinsville and surrounding communities with the most up-to-date cancer treatment available. Taylor Rehabilitation & Wellness Center offers outpatient physical therapy, and a comprehensive fitness/wellness program to community members. Taylor express care provides services for non-life-threatening illnesses and accidents that need immediate attention. A telemedicine program links the facility to larger, metropolitan hospitals, thus enabling patients to receive necessary specialty care without having to leave the area. As a

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member of most PPO and HMOs, TRH has 39 managed care contracts. Health care services are also provided for area prisons through a correctional medicine program. Through the COVID-19 pandemic, TRH has excelled at supporting its communities by providing COVID-19 testing, vaccination and treatment services. Onsite COVID-19 testing has been a crucial component of TRH's ability to help reduce the spread of COVID-19 in the community. Inpatient emergency, urgent care, ICU, and outpatient services are provided for the COVID-19 patients. Additionally, COVID-19 vaccination efforts have been in the forefront of TRH's work. They've focused on vaccinating the entire community, including underserved groups by organizing community drives and through vaccine appointments.

Today, the hospital boasts an annual gross revenue of over \$67,550,876, and employs nearly 235 employees, with an annual payroll exceeding \$13,507,705. Taylor Health Care Group reaches a patient base of over 170,000 and provides patients with access to credentialed physicians representing thirty-three major specialties. Taylor Regional Hospital has achieved national accreditation from DNV Healthcare, the only hospital accreditation program approved by the US Centers for Medicare and Medicaid Services (CMS) that integrates the ISO 9001 Quality Management System with the Medicare Conditions of Participation. The hospital has also received awards for Outstanding Hospital of the Year from Georgia Alliance of Community Hospitals, Outstanding Rural Health Program of the Year from Georgia Rural Health Association, the Circle of Hope Award from the American Cancer Society and has been named Hospital of the Year by GACH.

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Mission

The mission of TRH is to ensure access to high level medicine, technically sound diagnostics, and integrated healthcare for its community. The hospital strives to achieve success from operational integrity, leading to implementation of services that are in direct alignment of the community needs supported by the medical staff, credible vendor relationships, employee engagement and innovation.

Taylor Regional's long term mission include the following:

- Sustainability: Maximizing return while being mindful of our overall responsibilities we take on as a community and regional medical center.
- People: Being a great place to work where people are inspired to be the best they can be.
- Portfolio: Bringing monetary gains that anticipate and satisfy needs of Taylor Regional Hospital; associated with ever dynamic healthcare and rural medicine.
- Partners: Nurturing a winning network of partners and building mutual loyalty, respect, and trust among regulatory, state, federal agencies, and vendors.
- Planet: Being a responsible global citizen that makes a difference in the lives of our community and serve our patient population.

Goals

Taylor Regional's long term mission is to achieve sustainable growth and TRH plans to achieve it by fulfilling the following goals:

- Partnerships with other healthcare entities, providers, municipalities, and governmental agencies
- Strong community and patient relationships
- Routine physical plant assessments and maintenance
- Addition of services based on community needs through assessment of overall benefit, financial impact and sustainability for the organization
- Provide tools and resources to clinical and non-clinical staff to be successful in the provision of high quality and regulatory sound healthcare
- Consistency in overall approach of healthcare delivery
- Financial assessment in a continual evaluation phase to be abreast of market changes and success in rural medicine
- Relationship integrity/ credibility with internal and external vendors and providers

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METHODOLOGY

In September 2021, a CHNA team was formed through the University of Georgia Archway Partnership to complete the 2022 CHNA for TRH in Hawkinsville, Georgia. The CHNA team consisted of a faculty and a graduate student from the College of Pharmacy, and a Public Service Outreach professional from Pulaski County who served as the community liaison. The CHNA team collaborated to complete the five steps of the CHNA process.

Stakeholder Engagement

An important component of the CHNA process is stakeholder engagement. In order to accomplish this goal, TRH created a network of stakeholders: a CHNA Steering Committee and a Community Advisory Committee. The CHNA Steering Committee was formed in September, 2021. Individuals on this committee were selected because of their community health expertise and their overall knowledge about the well-being of the community, including low income and minority populations. Members of the CHNA Steering Committee included: members of hospital administration, the hospital CEO, the hospital Vice President Executive Director, the hospital director of surgical services, the hospital comptroller, and an insurance specialist. This group was asked to provide expertise in the proper designation of the hospital's service area, identify leaders to serve on the Community Advisory Committee, and assist in data collection strategies. The CHNA Steering Committee served as the guide for the entire process and led efforts to encourage participation and engagement in the CHNA process.

A second committee, the Community Advisory Committee was formed in October 2021. Members of the Advisory Committee were selected by Board of Trustees and hospital leadership with an emphasis on culture diversity and their role in the community. Members discussed the CHNA process and assisted in the data collection. This group assisted in the primary data collection by recruiting participants for survey and focus groups and providing feedback on collected data.

In June 2022, both committees were invited to review primary and secondary data collected for the CHNA. They were asked to provide input on the CHNA process and data collection strategies in order to improve future assessments. They were also asked to assist in the prioritization of identified health needs. This process of stakeholder engagement served as the foundation for the development of the community engagement strategy and fostered a collaborative approach to improving community health.

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Define Community

As discussed in the introduction, the first step in conducting the CHNA is to define the community. The community for this CHNA was defined around the service delivery area for TRH. Hospital officials, community members, and hospital utilization data were used to define the hospital service areas, which included the following Georgia counties: Pulaski, Bleckley, Dooly, and Wilcox.

Secondary Data Collection and Analysis

The second step in conducting the CHNA was to collect secondary data on community health indicators. Secondary data was collected for the counties within the defined service areas for TRH and included the following four counties: Pulaski, Bleckley, Dooly, and Wilcox. Online sources for secondary data included County Health Rankings, U.S. Census Bureau, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), and Kids Count. All secondary data was exported and stored in Excel. Key indicators extracted from secondary data sources were organized into the following categories: demographics, health outcomes, health behaviors, health care, Kids Count data, clinical care, and OASIS. When available, data was pulled from two data points within a 2 year span (e.g. 2019 and 2021) in order to identify trends over time. The most recent year for available data was always the first data collection point. County level data was compared across the four counties and to state-level statistics. Summaries were created for each county which generated a county health profile and compared health outcomes to other counties and Georgia in order to identify potential areas for improvement. A detailed summary of the secondary data sources is below.

County Health Rankings

County Health Rankings is published online by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings use standards methods to assess the overall health of nearly every county within the United States. Rankings consider factors that affect people's health within four categories: health behavior, clinical care, social and economic factors, and physical environment. Information is based on the latest publicly available data from sources such as, National Center for Health Statistics (NCHS) and Health Resources and Services Administration (HRSA). For more information, go to www.countyhealthrankings.org.

Georgia Department of Public Health

The Georgia Department of Public Health manages a system called OASIS (Online Analytical Statistical Information System). Indicators available within OASIS include the following: Vital Statistics (births, deaths, infant deaths, fetal deaths, and induced terminations), Georgia Comprehensive Cancer Registry, Hospital Discharge, Emergency Room Visit, Arboviral Surveillance, Risk Behavior Surveys (Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance Survey (BRFSS), STD, and population data. For more information, go to <http://oasis.state.ga.us>.

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Kids Count Data Center

Kids Count Data Center is managed and funded by the Annie E. Casey Foundation. This foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the U.S. The Kids Count Data Center receives data from a nationwide network of grantee projects. They collect data on, and advocate for, the wellbeing of children at the state and local levels. For more information, go to www.datacenter.kidscount.org.

U.S. Census Bureau

The U.S. Census Bureau manages an online tool called the American FactFinder. American FactFinder provides quick access to data from the Decennial Census, American Community Survey, Puerto Rico Community Survey, Population Estimates Program, Economic Census, and Annual Economic Surveys. The data from these sources includes a wide variety of population, economic, geographic, and housing information at the city, county, and state level. For more information, go to www.factfinder.census.gov.

Primary data collection

The primary data collection was informed by the first two steps in the CHNA process: defining community and collection of secondary data. Primary data provided a critical role in filling informational gaps and providing additional data not available through secondary data sources. Quantitative and qualitative methods were used to collect primary data, which included a community survey and six focus group interviews.

Community Survey: The CHNA team developed a community survey to examine community health issues, individual health status, COVID-19 diagnosis, health behaviors, hospital use, views on overall community health status and needs. General demographic information, such as gender, age, race/ethnicity, household income, highest level of education and insurance coverage/carriers was also collected (Appendix A). Additional services needed to address community health problems were also captured in the survey (Appendix B). Table 1 outlines the constructs and variables included in the survey.

The survey was finalized through a collaborative process that included feedback from the TRH Advisory Committee. Data was collected using electronic (REDCap) and paper formats. People were encouraged to complete the survey online, but the paper surveys were available if participants preferred the paper to the electronic survey. Surveys were emailed to community members through Hawkinsville Archway Partnership Office, City of Hawkinsville. Community members completed the survey from November 2021 through January 2022. Online responses were recorded on REDCap and paper surveys were returned to the UGA COP for data entry and analysis. Survey results were analyzed to produce descriptive statistics and crosstabs were run to examine relationships between selected demographics and health outcomes.

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Focus Groups: In April 2022, the CHNA team from UGA facilitated six focus group interviews. A semi-structured focus group guide (Appendix C) was developed to examine community assets, community resources, health problems, health service use and additional services needed to address community health problems. The Archway Partnership PSO professional for Pulaski County identified and recruited community members to participate in the focus groups. Focus groups participants represented a diverse group of community stakeholders and included business owners, manufacturing/production employees, school staff, nurses and hospital staff, retirees, public health administrators, and a county administrator. A total of twenty-four community members participated in the six focus groups. There was one focus group with six participants, one with five participants, two with four participants, one with three and one with two participants. The focus groups lasted approximately one hour and three were conducted in-person at Courthouse Annex, Hawkinsville and three were conducted on zoom. Focus groups were recorded and transcribed verbatim. The CHNA team summarized the responses from the focus groups and identified key themes. All participants signed an informed consent form (Appendix D).

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Table 1. Information Collected from the CHNA Community Survey

Survey Constructs	Survey Variables
Community Health	• Most important community health problems • Most important community risk behaviors • Ways to improve community health
Health and Health Care Practices	• Perceived health status • Stress • Existing health conditions • COVID-19 diagnosis • Preventative health care practices • Insurance coverage • Barriers to accessing healthcare
Health Habits	• Frequency of exercise • Use of tobacco products • Use of Alcohol products • Use of seat belt • Fruit and vegetable consumption • Food security • BMI
Hospital Use	• Hospital use • Reasons for using hospitals other than Taylor Regional • Hospital services used at Taylor Regional • Satisfaction with services at Taylor Regional • Access to physicians at Taylor Regional • Additional Services requested for Taylor Regional
Demographics	• Age • Sex • Ethnicity/Race • Marital Status • Highest level of education
Family and Home	• Family size • Housing situation • County of Residence
Money and Resources	• Employment status • Household income • Social benefits • Basic needs • Lack of transportation as a barrier

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RESULTS

Results: Secondary Data on Community Health

Data gathered from a variety of sources were used to create community profiles for each county, and then compared to state and national statistics. Table 2 provides some of the key indicators collected and assessed. Each county is included in the table, as well as the state-level indicators.

Health disparities between county and state level data are evident in many of these indicators. While a few of the selected county level indicators (% of uninsured adults and uninsured children, poor mental health days) were similar to the overall indicators at the state level, most of the indicators, including smoking, obesity, diabetes, physical inactivity, and premature age-adjusted mortality, were moderately worse than the state level. Some county-level indicators (e.g., patient provider ratios and preventable hospital stays in the counties) were considerably worse than Georgia. In addition, the results revealed cases where specific counties had notably worse outcomes in comparison to the neighboring counties and Georgia (e.g., obesity, STD incidence and poor mental health days in Pulaski county, premature age-adjusted mortality, smoking, physical inactivity in Wilcox county, children in poverty and diabetes in Dooly and Wilcox counties). These results were used to understand cross-county variation and guide primary data collection needs.

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Table 2. Secondary Data Results

	Pulaski	Bleckley	Dooly	Wilcox	Georgia	Source
Children in Poverty	28%	26%	42%	39%	20%	2021 County Health Rankings
High School Completion	79%	90%	80%	84%	88%	2021 County Health Rankings
Premature Age-Adjusted Mortality	440	450	400	460	380	2021 County Health Rankings
Adult Smoking	23%	22%	22%	24%	16%	2021 County Health Rankings
Obesity	45%	41%	39%	35%	32%	2021 County Health Rankings
Physical Inactivity	35%	34%	31%	41%	26%	2021 County Health Rankings
Low Birth Weight Babies (Number and Percent)	16 (16%)	16 (11%)	20 (15%)	12 (14.8%)	12,661 (10%)	2019 Kids Count Data
Teen Births Ages 15-19 (Number and Rate per 1000)	13 (47.3)	10 (13.5)	19 (48.0)	7 (36.1)	7,090 (20)	2019 Kids Count Data
STD Incidence (Number and Rate)	40 (68.8)	34 (24.0)	26 (35.5)	19 (45.0)	23,233 (31.7)	2019 Kids Count Data
Uninsured Adults	18%	17%	20%	21%	19%	2021 County Health Rankings
Uninsured Children	8%	7%	8%	9%	8%	2021 County Health Rankings
Poor Mental Health Days	5.2	4.8	4.7	4.7	4.2	2021 County Health Rankings
Primary Care Providers	1,580:1	2,570:1	13,710:1	8,810:1	1,510:1	2021 County Health Rankings
Diabetes	17%	6%	22%	22%	12%	2021 County Health Rankings
Motor Vehicle Deaths	15	15	21	-	14	2021 County Health Rankings
Preventable Hospital Stays	4,949	4,394	6,255	7,022	4,835	2021 County Health Rankings

Note: Drug Overdose Deaths data for the four counties were missing and not reported in 2021.

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Results: Survey Data and Focus Group Interview Data

Community Survey

The community survey examined indicators that were not available from secondary data and allowed the CHNA team to compare perceptions/experiences to the health outcomes observed from secondary data sources. Community members completed a total of 257 surveys (n = 256 online and n = 1 paper). Majority of the survey respondents were women (77.25%) and White (75%). A small percentage were African- Americans (12.69%) and Hispanic/Latino/Other (12.30%). Around 68.4% of the survey respondents were 45 years or older, and only 3.9% were in the age range of 18-24. A large percentage of the population were employed (70.75%). About 63% of the respondents had an annual household income of \$50,000 or more.

Table 3 provides the demographic information collected in the community survey. U.S. Census data were used to compare the level of representativeness of the survey to the actual population. Based on the comparison of participant demographics to U.S. Census data, the findings may reflect the views of community members with employment and higher levels of education and may also be slightly skewed to reflect the views of women and older adults (United States Census Bureau 2018). These differences in demographics may limit the generalizability of the results.

Table 3. County level comparison of survey respondent demographics and U.S. Census 2018 data

	n = 257	
	Survey	Census
Gender		
% Female	77.25%	50.75%
Age		
% 55-64 and older	47.26%	29.40%
Race		
% White	75%	72.30%
% African- American	12.69%	12.70%
Education		
% Bachelor's degree or higher	44.53%	33.10%
Employment	70.75%	60.20%

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Focus Groups Interviews

The focus groups interviews expanded the CHNA team’s understanding of community perceptions related to health, healthcare access and barriers to care. Focus group findings were organized into the following two categories: community strengths/assets and community health challenges.

The results from the secondary data, community survey, and focus group interviews are presented below in the form of strengths and challenges of the community. The results are organized by strengths and challenges that are 1) aligned (i.e., consistent) across all sources of data (secondary data, community survey, and focus groups), or 2) mixed (i.e., inconsistent/did not align) across sources of data or that were highlighted in only one source of data.

Strengths: Aligned

Hospital’s Community Involvement:

The focus group participants were very pleased with the hospital’s involvement within the community and identified it as a clear strength of the community:

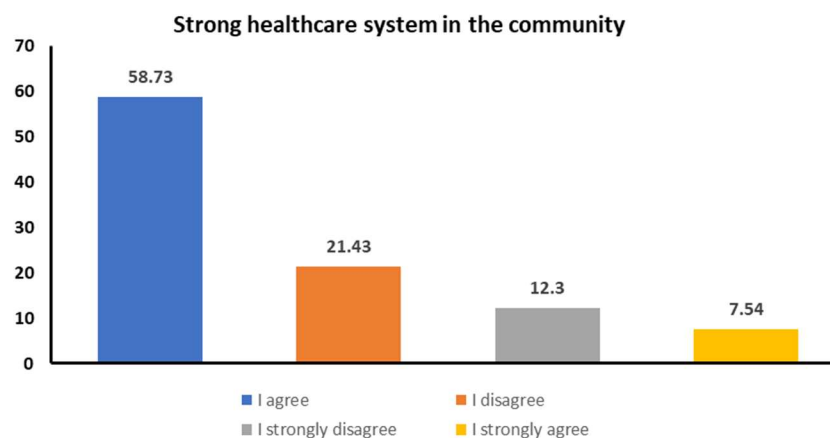
“We’ve got a hospital that is good about serving the community.”

“We also have a wonderful hospital, and we are blessed by being such a small community to have a hospital and have the doctors that we do have.”

“I believe the access to different facilities such as our cancer treatment, the orthopedics, and a variety of doctors. The urgent care center. I think things like that are very useful for our community.”

“Strong healthcare system in the community”

Survey respondents were asked the extent to which they believed there was a strong healthcare system in the community. Majority of the respondents agreed (58.7%) that there was a strong healthcare system in the community.



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Some of the community strengths highlighted during focus group interviews included:

Walking track at the hospital

“I think the, the little track around the pond is a good idea, I've seen people walking on that little track.”

“I know that the hospital has a walking trail around a really nice lake. And I have seen people run around there.”

“And also we have the track around the hospital, they put that in to walk around the pond that's, that's accessible for everyone. So, um, which is, is great to see because some communities don't have those things.”

“So I definitely think the walking track at the hospital it's a good resource.” “I know a lot of people walked at the track at the hospital,”

Taylor Express / Urgent care

“Um, so, people have places to go for emergent care, urgent care, that kind of thing, as long as it's within a period of time like 8:00 to 5:00, sometimes 5:30.”

“And I think - I think we have a lot that - we - we still have a lot of go to the - the ER, but I do think we've had a lot that have transitioned, and they walk in Express Care Clinic, which has been nice because it keeps the ER from being so backed up when.....”

“Yeah. Taylor Express is I think is well utilized also.”

“Our local hospital. Like I said, we – I believe we still have an urgent care facility. Some people do go out of town, but we do have the local hospital that offers a good bit of amenities to accommodate people.”

Wellness Center

“We have a wellness center here that's good for physical therapy. It has a gym in it that people can participate in.”

“I know that the Taylor Regional has the wellness center,”

“I was taking bare feet in a Wellness Center you know, they have that out there.”

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Cancer Center

“I’ll say also that, you know, we have our cancer treatment center, and those type of things in, in the community..... we have a lot, lot going in Hawkinsville, Pulaski County to be thankful for.”

“The Cancer Center is phenomenal.”

Transit system

“Um, we also have a great transit system that is willing to help transit, you know, take them for dialysis, that's a great asset for us.”

“you know, transit, you can call them.. , I bet they can take them to Warner Robins to go shopping or do couple of things.

Strengths: Mixed

Community’s Initiatives to Stay Healthy: Physical Activity Initiatives

The focus group participants discussed people starting yoga groups or using community resources such as local gym, and walking track at the hospital to remain physically active.

“We have several private citizens that started yoga groups in the community...”

“people kayak. And, um, I’ve seen people bike down there and play on the playground with their kids.”

“I’ve seen people walking on that little track.”

“we do have a local gym here, um, that people have access to, which is wonderful, you know,”

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However, this behavior was not reflected in the secondary data and the survey findings. The County Health Rankings show that the physical inactivity in the TRH service area was higher (35% in Pulaski vs. 26% in state) when compared to the average in the state of Georgia (Table 2). Additionally, in the survey, about 47.86% of people reported physical inactivity or lack of exercise (Table 6).

Community Health Data 2021 and Survey 2022

	Pulaski	Bleckley	Dooley	Wilcox	Georgia	Source
Physical Inactivity	35%	34%	31%	41%	26%	2021 County Health Rankings

Health Behavior	Respondents (%)
Lack of exercise	47.86%

Challenges: Aligned

Chronic Conditions in the Community:

When asked which chronic conditions the community suffers from the most, the focus group participants responded with mental health, metabolic diseases (hypertension, diabetes, obesity) and cancer. Focus group participants also mentioned elderly health problems as a pressing issue in the community.

Mental Health

“Mental health is really big in our community.”

“Wow. I mean, I see it on just the streets of you know, you see a lot of the same people all the time. And, you know, they're, there's the issues.”

“Mental health, and that's coming from the school systems perspective. We have a tremendous need for mental health with our students, and we do not have access to it.”

Metabolic Diseases

“And high blood pressure and, you know, people that, you know, can't get around on their own, and a lot of people have other illness, you know, like going on... Yeah. I meant diabetes.. Yeah. Heart problems.”

“And blood pressure.”

“But I think the issue is a lot of them have high blood pressure.”

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“And speaking for myself, diabetes.”

“I do think that we probably have more diabetes than what, um, I probably recognize.”

“I’m seeing a lot of obesity, and of course, with obesity comes high blood pressure, kidney disease, those kind of things.”

“Um, diabetes... Hypertension, um.. COPD and all that.”

Aging related Problems

“Well, I’ll mention, I, I think one of the things is true here, and maybe it’s true everywhere is the aging population that we, we have, greater and greater numbers of elderly”

“But, you know, a lot of is, is, I think more of an aging community. So, so a lot of these illnesses may be related to the fact that we’re old or getting old.”

“Yeah, sometimes, you know your body change, as you get older your body going to still change, and then sometimes you get, started having more health issue, you know?”

Cancer

“Well, you know, like other people have cancer.”

“I think we have a high amount of cancer in our area. But I believe also that’s due a lot to where big farming community, chemical related, a lot of it, but we do have a lot of cancer patients.”

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Among the community members who completed the survey, respondents identified cancer as the most important health problem (42.41%). This was followed by mental health problems (36.19%), heart disease (34.24%), overweight/obesity (29.96%), aging related problems (29.96%), diabetes (29.18%), hypertension (26.07%), and substance abuse (25.29%). See Table 4.

Table 4. Top Health Problems in the Community

Health Problem	Respondents (%)
Cancer	42.41%
Mental Health Problems	36.19%
Heart disease	34.24%
Overweight/ Obesity	29.96%
Aging related problems	29.96%
Diabetes	29.18%
Hypertension	26.07%
Substance Abuse	25.29%

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Challenges: Aligned

Health Conditions Experienced by Respondents or Household members:

Focus group participants were not asked about the health conditions experienced by them or their family members. However, they were asked about the impact of COVID-19 in their personal life and in the community. Two diverse opinions emerged during the discussion:

COVID-19 did not affect our community

“For me, personally, I don't really think that it has affected our community - to the extent it has some urban areas, because we're in a - in a bubble”

“I think we, um, traversed COVID-19, Pulaski County in a whole very well.... , I think our school system did well, um, places were opened up as soon as they could, um, we did not have that many fatalities related to COVID in our community, um, and those that were sick, have gotten over it, and certainly have had some stories to tell.”

“a lot of stuff was carried on business as usual.”

“I think we've had our fair amount of positive results. Considering the amount of positives, I have not heard of an excessive amount of people with major issues.”

COVID-19 crisis affected both individuals and the community

“It has been, like everywhere it's been a devastating blow, I lost my mother in law to it”

“I had to aunts that died within about a week and a half apart of each other.”

“I have a family member that now has heart problems, because of COVID, um, never had heart problems before.”

“we lost some really good people here in our due to COVID, um, some wonderful people that, that we have not seen the full impact we have, I'm gonna call a community, grandma who passed away, and I never realized all that she did until she's gone.”

“That was heartbreaking, you know, saying, to see your actual medical staff, trying to make personal protection gear from trash bags and plastic, I, I can't imagine what those people went through.”

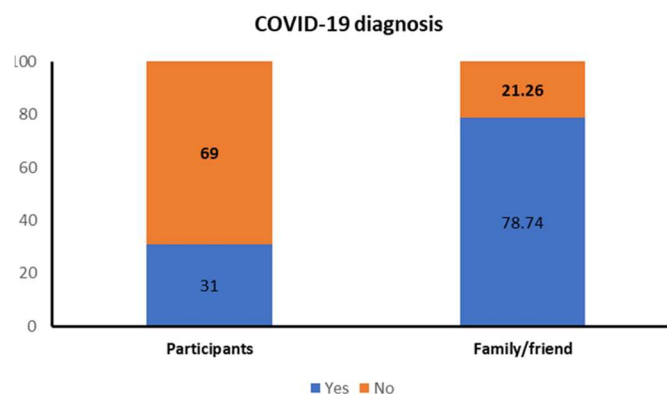
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In the survey, participants were asked about top health conditions experienced by them or their household members. Findings from the surveys indicated that many community members and/or their household members had chronic health conditions: hypertension (51.36%), overweight/ obesity (40.08%), diabetes (24.12%) and heart disease (15.95%). Community members also suffered from aging related problems (30.74%), mental health problems (26.46%), dental problems (17.12%), and cancer (11.67%).

Table 5. Has a healthcare provider ever told you or someone else in your household that you have any of the following conditions?

Health condition	Respondents (%)
Hypertension/high blood pressure	51.36%
Overweight/obesity	40.08%
Aging related problems	30.74%
Mental health problems	26.46%
Diabetes	24.12%
Dental problems	17.12%
Heart disease, stroke, heart failure	15.95%
Cancer	11.67%
Participants COVID-19 diagnosis	31%
Family/friend COVID-19 diagnosis	78.7%

In the survey, respondents were asked about COVID-19 diagnosis. About 31% of the respondents reported receiving COVID-19 diagnosis. And 78.7% of the respondents reported their family members or friends were diagnosed with COVID-19. See Table 5.



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Challenges: Aligned

Risk Behaviors: Failure to Follow Medical Advice

The focus group participants were concerned that some community members may have problems following medical advice and understanding the services they receive. Failure to follow medical advice were attributed to low health literacy, COVID-19 restrictions, and lack of patient navigators.

“And so to be able to, for people to understand what they sign up for, um, and put it in third grade language, uh, because I think that that actually makes it as a barrier, they don't understand what's actually going on, um, with their own health care.”

“Because of COVID people put off their routine screenings, mammograms, colonoscopies, dermatological visits.”

“....particularly patients that have been in a - in the hospitals that have been - that have had an inpatient stay, or routed to that liaison for follow up, you know, to make sure that they're following protocol, even if it's just with the phone call, you know, to check in if they - maybe if they can't get back there physically.”

“when we really should have almost a, a patient navigator that is able to do case management, and really walk them through step by step,”

Survey participants were asked to select the top 5 risk behaviors in the community. Majority of the respondents selected poor eating habits (55.64%) and lack of exercise (47.86%) as the most prominent risk behaviors. This was followed by alcohol abuse (40.86%), not following medical advice (38.52%), tobacco use (21.79%), and not getting immunizations (19.07%). See Table 6.

Table 6. Top 5 Risk behaviors in the community

Behavior	Respondents (%)
Poor eating habits	55.64%
Lack of exercise	47.86%
Alcohol abuse	40.86%
Not following medical advice	38.52%
Tobacco use	21.79%
Not getting immunizations ("shots" to prevent disease)	19.07%

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Challenges: Align

Healthcare Utilization:

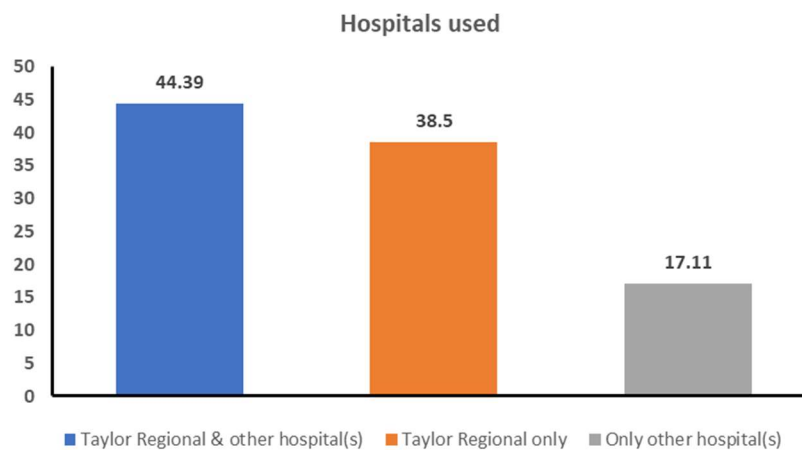
The focus group participants agreed with consensus that having a hospital in the community was an asset however access to services was a challenge in their community.

“Our local hospital. Like I said, we – I believe we still have an urgent care facility. Some people do go out of town, but we do have the local hospital that offers a good bit of amenities to accommodate people.”

“Yeah, so we don't have a lot of doctors in this area --.So, -- but yeah, most of our pati -- most people seem to have to go out of town to find someone. I know I did. I had to go to Perry.”

Out of all the people using hospital services in the last 24 months, 38.5% of the survey respondents reported that they used Taylor Regional Hospital, while 44.4% used Taylor Regional and other hospitals. A small percentage (17.11%) also reported using other hospitals.

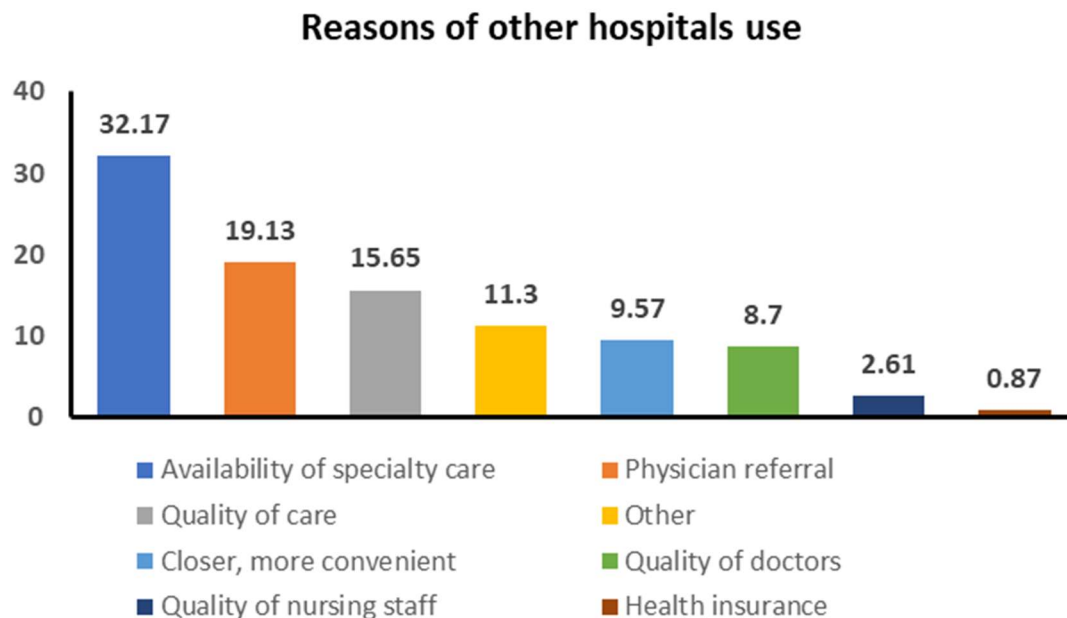
At which hospital were services received?



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Most commonly reported reason of other hospitals use was availability of specialty care (32.2%). This was followed by physician referral (19.1%), and quality of care (15.7%) as reasons for community members to use other hospitals.

Why did you use other hospitals?



Challenges: Mixed

Healthcare Utilization: Use of ER for Primary Care Services

Focus group respondents reported that community members used the emergency department to address issues that are more appropriate for primary care settings. However, they also added that things are changing and some use Taylor Express Clinic.

“I think we have a lot that - we - we still have a lot of go to the - the ER, but I do think we’ve had a lot that have transitioned, and they walk in Express Care Clinic.”

The ER because it's free, and they can't get turned away. And so with Taylor Express, like I recently learned Taylor Express can do some of that, but it's not advertised.”

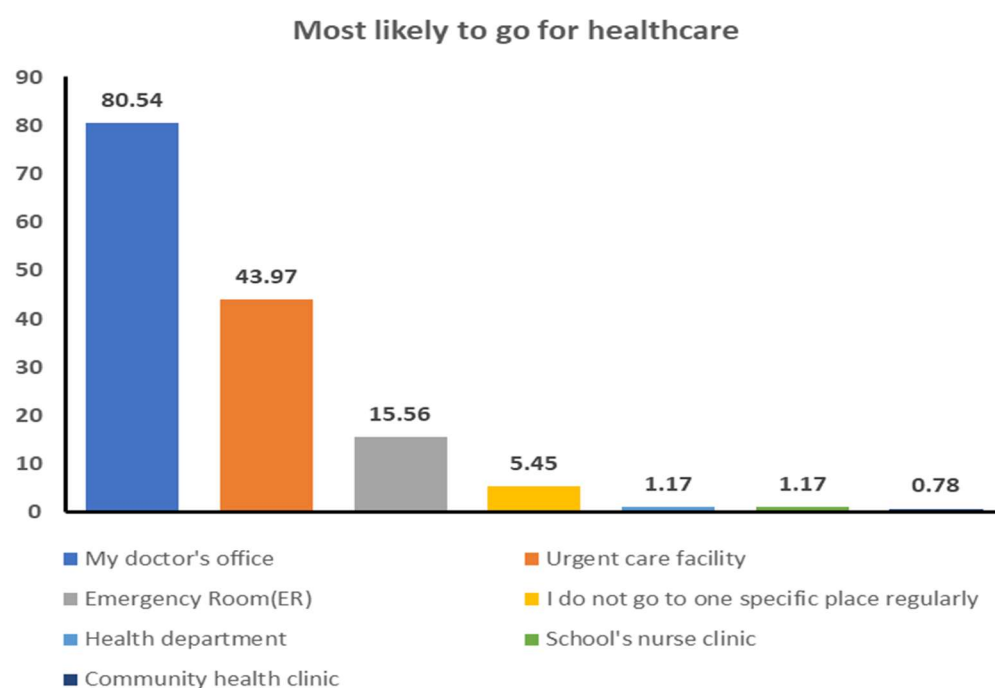
“Taylor Express is I think is well utilized also”

“I believe we still have an urgent care facility”

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However, when asked about healthcare facilities used, the majority of community members who responded to the survey (80.5%) reported that they were most likely to go to their doctor's office when they or someone else from their family was ill. A substantial percentage also reported going to the urgent care (44%) and emergency room (15.6%), indicating that they perceived urgent care and the emergency department as a better option compared to the doctor's office.

Where are you most likely to go for care when you or someone from your household is ill?



Challenges: Align

Barriers to Care

The focus group participants identified following barriers when accessing health care:

Lack of Providers

"I do think we need more primary care at our hospital because we've - we've lost some that haven't necessarily been backfield."

"I don't think. Um, so I think there's a need because it's hard to get in - to get an appointment with a lot of our local providers."

"Yeah, so we don't have a lot of doctors in this area"

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Lack of Specialty Care

“ Specialty Care is a little bit more difficult. ”

“Like renal physicians, um, cardiology they have to go out of town with if it's not within our hospital, if it's for outpatient visits, they had to go out of town, um, dermatology, urology.”

“I know my brother just had surgery on his leg, and he had to go to orthopedics in Warner Robins in Perry, you know Perry for the surgery”

“A lot of our students go to Dublin, Dublin for the mental health.”

Service hours

“we need something after the five, you know, it's desperately needed,”

“Um, so, people have places to go for emergent care, urgent care, that kind of thing, as long as it's within a period of time like 8:00 to 5:00, sometimes 5:30. But if you have a need, particularly those people who work and they don't have time off or they can't take time off, there is no place other than the emergency room for them to go after hours. And so, this rural community is in, I believe, in need of after hour care without going to the emergency room.”

Transportation

“Transportation, I'd say that's the biggest thing, transportation.”

“the need for consultation out of town, and it -- and I can still drive but I can see, when I'm no longer personally able to drive to Macon or, or Atlanta that, you know, there, there will be certain services that I'm -- my family's taking I'm helping with my family now, but I won't be able to help with in some point.”

“I think transportation might be one of them for some. Yeah, even here in town transportation could be a problem.”

“it's all about access, and, you know, it's very difficult for someone who has limited transportation to drive, even 20 miles,”

Economic Challenges

“... So for your lower socioeconomic population, and even now for your middle class with your, your gas prices, um, a trip to Warner Robins or Macon and back, um, gets expensive.”

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Majority of the survey respondents reported that work hours (26.1%) was a barrier to accessing healthcare. This may also be suggestive of lack of appointments after work hours of the community members. About 22.2% reported that they could not get timely appointments. Additionally, 18.7% reported co- pays/ deductibles as a barrier to accessing care and 12.5% reported not having convenient service providers. See Table 7.

Table 7. What barriers, if any, keep you or other people in your household from accessing health care?

Responses	% of Respondents
Work hours	26.07%
Cannot get a timely appointment	22.18 %
Cannot afford co-pays or deductibles	18.68 %
No convenient service provider	12.45 %

Challenges: Mixed

Provider-related Issues that Impact Healthcare Utilization:

The focus group participants highlighted a number of provider-related challenges that impacted their healthcare utilization:

Turnover

“Well, and, and I think we're lacking just in some primary care, um, we've had some reduction through just attrition, um, no fault of the hospital, but it is difficult to find, um, primary care physicians, whether they are family practice, or internal medicine, that want to come to rural Georgia”

“And they finally establish themselves with someone and 2 or 3 years into the process of trusting them and know when they can call them, all of a sudden, they're gone, and they have to reestablish their care you know. But it's, uh, as another one of those rural healthcare difficulties.”

“....we are having a lot of turnover with our doctors. So, we do lose our doctors kind of frequently I'm not sure why.”

“I think I'm on my 5th doctor in about six or seven years from just simply not staying. They leave, they get assigned a new one that's gonna take over the practice, I get established with them, they leave, and it just keeps repeating and repeating.”

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Trust

“I mean we all know that the African American population does not trust the health care providers, particularly when they have skin color that is different than theirs. And that's a pretty strong history of why too, so it's hard.”

“And we don't necessarily have a trusting population, um, due to things that have happened in the past that made it mistrusting.”

Other Issues that Impact Health Service Utilization

Insurance and Communication

In addition to provider related issues, focus group participants discussed insurance, communication, and lack of stable internet as barriers to utilization of healthcare services.

“So if you're without dental insurance, or without the cash to pay for dental, it's, it's difficult to obtain dental services.”

“the Hispanic population, they're afraid to go to the health cares. They're afraid to go anywhere. They're afraid to be, you know, to be put out there for any reason..... I've heard them say, "I can't go to the doctor." Um, and then, they also were not the insurance, of course, is an issue.”

“My gut feeling is communication in general, particularly because we do have a large Hispanic population. And many of them do not speak much English at all. So, that's a barrier.”

Lack of Stable Internet/ Phone for Communication and Telehealth

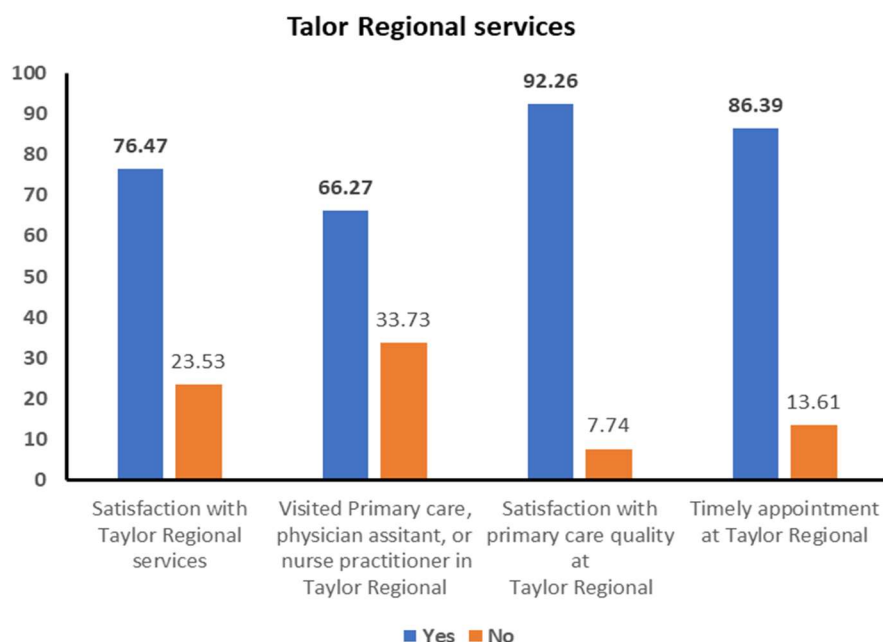
“I don't think we reach everybody, And part of that's just because of the, the access to a broadband.”

“I don't think, we don't have stable Internet, we don't even have stable cell phone. So if we're trying to do some of our health care telemedicine, Um, but that's a huge barrier for us is internet access, and then like I said, even just being connected via, uh, uh, just network.”

“we have holes in our community, spots in our community that do not get reached. And part of that's just because of the, the access to a broadband.”

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Although focus group participants reported various issues that impacted the utilization of care, the majority of survey respondents (76.5%) were satisfied with services provided by Taylor Regional. In addition, 92.3% were satisfied with the quality of primary care provided by Taylor Regional Hospital and 86.4% reported receiving timely appointment at Taylor Regional.



Services Needed to Improve Health in the Community

Focus group participants reported additional areas that could be addressed in order to improve health care in the community. The topics are discussed below.

Mental Health Services

“there is that mental health with anyone that that’s not here, so - and I think there’s a lot more of that in the school that, um, youth are dealing with, especially after COVID, um, that needs to be addressed. But we just don’t have that here.”

“Mental health would be good.”

Retention of doctors

“If they’re contracted through a hospital, I would think that negotiations could be better to retain them here longer.”

“you still got to have so many physicians to, to handle all of the mid-levels,”

“Is it - is it more incentives to our med students to stay longer?”

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Repair and Operation of the Pool at The Wellness Center

“And I’ve heard a lot, I really have heard a lot of people say they wish the pool was fixed.”

“And then they are saying that cost a lot of money to get fixed the pool back, and then that will help a lot of people with disability problems, and a lot of people be out there in wheel, you know, wheelchairs.”

“Well, could you help us get a pool brother?”

“Um, and a crack in the, in the pool, um, I think it's expensive to fix but, um,”

Operating Taylor Express Outside Working Hours

“I’d like to see our Taylor Express actually be a Taylor Express. I’d like to see it back to where it was open later hours, it doesn’t need to open at the same time.”

“And I think that that’s an opportunity for them for the future. I think if they were to change, Taylor Expresses hours to lunchtime and to eight o’clock even, so we’re not, we’re not extending eight hours, you know, we’re not going past an eight hour shift.”

Services for Seniors

“So maybe we need some geriatric doctors... We need some doctors who understand the issues that aged population has.”

“are they asking these elderly patients, do you have family? ...Who’s going to take care of you? So I think that, that would go, um, hand in hand with some of this and making sure that particularly patients that have been in a - in the hospitals that have been - that have had an inpatient stay, or routed to that liaison for follow up, you know, to make sure that they’re following protocol.”

Education & Health Literacy

And then, they don’t follow through with it, because they’re not educated to know that they - if they don’t follow these guidelines, they going to end up back in the same situation that they were in previously. So I think healthcare education .”

“Um, I just don’t think people have ... the education to know when they need to access health care,.... And by the time they go, oh, I think we need to go to the hospital, I mean, they are, they’re sick, they’re sicker than they should be, had they access health care sooner.”

“what doctors take which insurance...some of the clients I work with don’t understand to ask that question.. difference of in network and out of network,that’s things if you know what, you know, but you don’t know what you don’t know. So I think that there’s -- I think education, health education is huge.

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Public outreach

“I don't see the hospital doing outreach like I've seen in other communities. I think if they did some outreach in the community that would help the community feel a little bit more positive towards them.”

Transportation

“And then, even if they're referred, the transportation needs too to get them to wherever they're going to be referred”

Services Needed to Improve Health:

Survey respondents reported the following as the top areas that would improve the health of the community: mental health services (55.25%), improved access to care (49.81%), and substance abuse treatment (40.08%), and services for seniors (36.19%).

Table 8. Top areas that would improve the health of the community

Responses	% Respondents
Mental Health Services	55.25%
Improved access to healthcare	49.81%
Substance abuse treatment	40.08%
Services for seniors	36.19%
Pharmaceutical assistance	22.96%
Transportation for indigent/ Medicaid/ elderly	21.40%

When asked about top areas that would improve the community's health, survey respondents most often requested for mental health services and improved access to care.

Furthermore, in an open-ended question about additional services request at Taylor Regional, survey respondents reiterated the request for mental health services, extended hours for Taylor Express and repair and opening of the pool. Survey participants also asked for more doctors and specialty care services such as OB-GYN, ENT, Cath lab, and pediatric doctors. A full list of additional services requested by the survey participants are located in Appendix B.

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PRIORITIZATION OF COMMUNITY NEEDS

The UGA COP CHNA team used data from all three sources to present key findings to the Steering Committee members. These results were presented at the meeting on June 28, 2022.

The Steering Committee will meet to discuss the CHNA results and determine the priority health needs of the community. The Committee will debate the merits or values of the community's priorities, considering the resources available to meet these needs. The following questions will be considered by the Steering Committee in making the priority decisions:

- Do community members recognize this as a priority need?
- How many people are affected by this problem in our community?
- Is the number of affected people growing?
- Is the problem greater in our community than in other communities, the state, or region?
- Is the problem getting worse?
- Is the problem an underlying cause of other problems?
- What happens if the hospital does not address this problem?
- Are resources available to meet these needs?

IMPLEMENTATION STRATEGY

The final step in completing the CHNA was the development of an implementation strategy to address opportunities to continue the dialogue established during the CHNA process and provide accountability for addressing significant health needs in the community. This exceeded the current ACA requirements but supported the goals of greater transparency and greater community involvement in the process expressed in the CHNA requirements.

While no prescribed method for the development of this strategy is specified under the Affordable Care Act (ACA) requirements, there is the requirement that the strategy will be adopted by the hospital's governing body within 4 ½ months of the completion of the CHNA (Stephens, 2015). Additionally, the implementation strategy, unlike the CHNA, does not have the same requirement “to be made widely available” or to “consider suggestions/ input from people who represent the interests of the community” (Stephens, 2015). However, TRH has an established history of collaboration in the community through participation in the Archway Partnership. This provides an ongoing opportunity to develop an effective implementation strategy with a variety of community partners, publicize the intended strategy, and demonstrate progress toward addressing the established needs.

A diverse team of CHNA Steering committee members was identified to develop the implementation strategy for TRH. This group will engage community members in the development of and the execution of the implementation strategy.

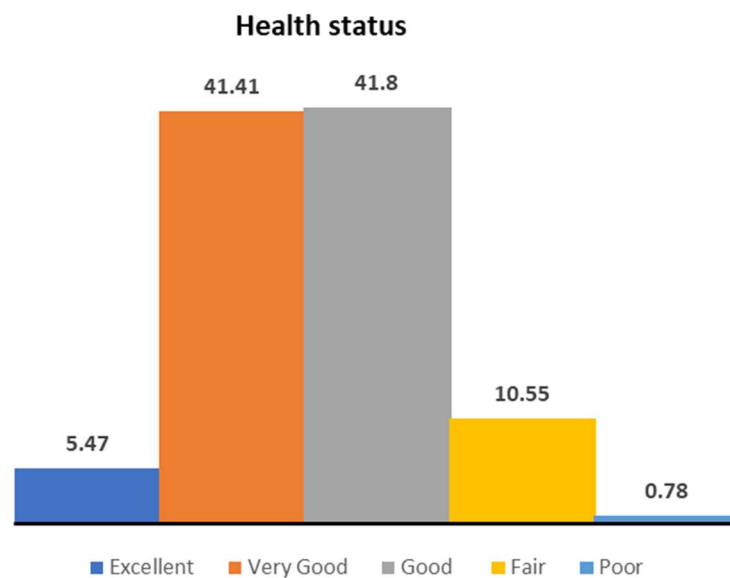
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Miscellaneous Results: Personal Health and Healthcare of the Survey Respondents

This section explains health and health seeking behaviors of the respondents. They were asked about their overall health status, insurance coverage, preventive care, barriers to accessing healthcare, and healthcare seeking behaviors.

Overall health status

Majority of the survey respondents had good health status with 41.4% reporting “good” and 41.8% reporting “very good” health status.



Mental Health

Only 31.5% of the respondents reported that they were never depressed. About 32.7% were sometimes depressed. These findings can be indicative of some of the underlying mental health issues prevalent in the community.

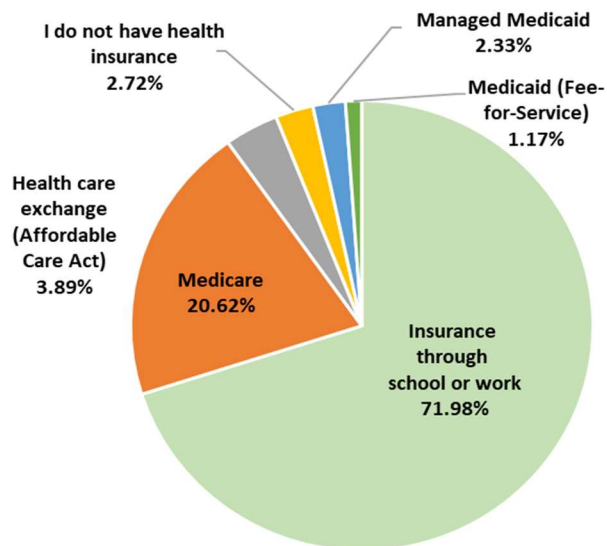
How often, in the past 30 days, have you felt down, depressed, or hopeless?

Frequency	Percentage
Never	31.50%
Rarely	31.50%
Sometimes	32.68%
Almost Always	3.15%
Always	1.18 %

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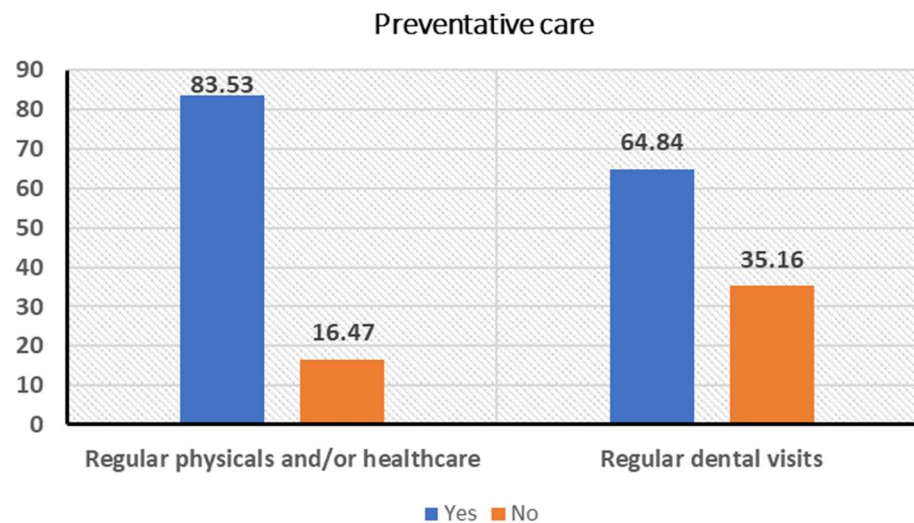
Health Insurance

Majority of the survey respondents had insurance through work/school (71.9%). About 20.6% had Medicare insurance, only 2.7% did not have any insurance.



Preventive care utilization

Majority of the survey respondents utilized preventative care services. About 83.5% had regular physicals and 64.8% reported regular dental visits. Only 41.98% of the women in the community reported having monthly breast self-examinations done.



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Type of TRH services use

Laboratory services was the most commonly used service (45.1 %), followed by radiological imaging (41.6%). About 27.2% reported using emergency services, 19.8% used Taylor express, 18.7% used physicians services, and 15.9% used outpatient services.

If you went to Taylor Regional, what hospital services were used?

Type of Service	% of Respondents
Laboratory	45.14%
Radiological imaging	41.63%
Emergency room	27.24%
Taylor Express care	19.84%
Physician services	18.68%
Outpatient services	15.95%
Inpatient services	6.61%
Rural health clinic	3.89%
Oncology	1.56%

Health Behavior Habits

The following section describes health related behaviors like exercise, fruit and vegetable consumption, and tobacco use. Although most of the respondents had very good/ good health (41.4%), there was a high percentage of people who reported only occasional exercise (47.54%) or no exercise at all (14.9%). Only 3.92% of people reported exercising 5 or more times each week.

Exercise behavior

Frequency of exercise	Percentage
Not at all	14.90%
Occasionally	47.84 %
1-2 times each week	22.35%
3-4 times each week	10.98%
5 or more times each week	3.92%

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Fruits and vegetables intake

About 67.98% of respondents reported eating 1 to 2 servings of fruits and vegetables per day. Nearly 22.5% reported eating 3 to 4 servings per day, and only 4.74% reported eating the recommended servings of more than 5 per day. This result is reflective of obesity being a top health condition in the community.

How many servings of fruits and vegetables do you eat each day?

Servings	Percentage
0	4.74%
1 to 2	67.98%
3 to 4	22.53%
5 or more	4.74%

Tobacco use

Of the participants who completed the survey, 12.7% reported using tobacco products. Among the tobacco users, majority were non- Hispanic whites (80%) and individuals above 45 years of age (68.75%). Cigarettes/cigars/pipe were the top products used (84.38%), followed by e-cigarettes (9.38%).

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APPENDIX A

The following section shows the demographic results from the community survey:

Survey Participants Demographics (n=257)

		N	Percentage
Gender	Female	197	77.25
	Male	58	22.75
Race/Ethnicity	White, Non-Hispanic	189	75.00
	Black/African-American	32	12.69
	Hispanic/Latino/Other	31	12.30
Age group	18-24	10	3.91
	25-34	29	11.33
	35-44	42	16.41
	45-54	54	21.09
	55-64	67	26.17
	65 or older	54	21.09
Marital status	Married/Living together	187	73.04
	Single/Divorced/Widowed	69	26.95
Degree	Advanced	53	20.70
	Bachelor	61	23.83
	Some college	56	21.88
	Associate	41	16.02
	High school or GED	44	17.19
Employment	Full-time	159	62.85
	Part-time	14	5.53
	Retired	66	26.09
	Self-employed	6	2.37
	Unemployed	8	3.16
Income	\$100,000 or more	63	25.61
	\$75,000 to \$99,000	39	15.85
	\$50,000 to \$74,000	53	21.54
	\$25,000 to \$49,000	54	21.95
	Under \$25,000	17	6.91
	Don't know/not sure	20	8.13

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APPENDIX B

Community Survey: Additional Services Requested for Taylor Regional

After hours urgent care that is open when people are off work. I've tried to go to the TRH urgent care twice in the past 6 months on a Saturday and they were closed.
Alcohol treatment
Better doctors, better healthcare, such as emergency room.
Bring back maternity services. Bring in more specialty doctors so one doesn't have to go out of town.
Cardiac cath lab, more extensive surgical/orthopedic services.
Cardiac, Neuro, Mental Health.
Delivery of babies! Health classes, fix the pool at wellness center!!!
Doctor's offices staying open later and on Friday afternoons.
Dr kopaz office has because unreachable they never follow back up with the parents that call to make appointments they never answer.
ENT, Eye Care
ENT and Dermatology
Exercise classes. The pool reopening would be AWESOME... many of us ladies did well exercising when it was open. Please re-open.
Express Care or urgent Care
Extended hours for the urgent care office i.e. Sunday's.
Eye Doctors (able to get glasses or contacts locally) , local Blood Bank to donate Blood.
For Taylor Express to be open on the weekend or some type of service equivalent to Taylor Express
Free health care for ppl that do not have insurance
Gastro urology
Get Dr's and nurses that care about people
Good doctors and nurses that speak English

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Heart cath lab, cancer treatment, neurological stroke
I am able to see ortho and general surgery without a problem. I am unable to reach internal medicine/family practice and have left messages with no return phone calls. This has happened to me and my extended family. I have found a provider in Perry and my extended family also has gone to Houston County due to lack of family practice physicians in Hawkinsville.
I don't! I refuse to go or bring any of my family member back to Taylor.
I think the Wellness Center needs to provide more services, like it did when it first opened. This county desperately needs a good after hours urgent care facility.
I was very disappointed to see labor and delivery services discontinued at Taylor Regional. This is a very needed service in our area and one in which Taylor used to excel. I would also like to see more caring and better quality ER services at Taylor Regional. The last time we used the ER, the staff seemed overworked and not happy to be there.
I would like to see the Taylor Of Ellen's center opened back up (the gym).
I would love to see labor and delivery return. Both of my daughters were born there and we got the best service ever from that department. A ton of my friends live in big cities and had their children at those hospitals. They were treated like nothing more than a patient. When my now 4 year old daughter was born we were taken care of for 24 hours with no problem. When my now 2 year old daughter was born, they remembered names and asked how our first daughter was doing. I thought it was a terrible decision when that service was cut out.
Improved ER staff, better ER staff, improved ER services , better ER service, better Er room.
Keep the urgent care and possibly expand the hours.
Labor and delivery.
Local optometrist.
Maternity
Mental health services; psychiatry
Mental health/counseling services, mental health resources for adults and children
Mental Health services and I would like to see the hospital revisit the discussion of having a health clinic in the school system. This would help with ADHD medication refills and also help staff not have to miss/take a whole or half day to see a doctor.
More Doctors and less NP and PAs.

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More doctors , More CARING Doctors
More doctors and Silver Sneakers
More good doctors and nurse practitioner. The ones that take time and show compassion to their patients are not around long, then you need to find another doctor.
More mental health services and richer services for children so parents do not have to travel far in the case of emergencies.
More prenatal care for mothers, labor and delivery because many people here can't travel out of town for family members that are having a baby that need to be there
More qualified staff..all areas
More primary care physicians, More PCP so you can be seen when you need to be seen
More physicians to select from
More quality family practice doctors.
More specialists satellite offices. ENT, Allergists, pediatric dentistry, OBGYN's, gym/wellness center with pool for therapy.
More than one general surgeon. GI. Ear, nose, throat. Urology.
More than what is offered now.
Nursery
Nutrition and dietary preparing of foods.
Observe how the ER is operated at Perry hospital and try to run TRH similar. The wait time at TRH ER is way too long and the quality of care is not as good as Perry. The urgent care center should be opened longer hours than 8-5.
OB, OB/GYN that will see obstetrical patients!
Pediatric care
Pediatrics and Urology. Also an updated ER instead of updated Entry.
PFT lung tests
Pharmacy

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Primary care doctor able to see you within 48 hours and not weeks.
Primary care doctors that do not accept Medicaid patients.
Psychiatry, dermatology, ENT, psychology
Psychiatrist that accepts Secure Health for employees and an actual
Pulmonary and wound care
Quality healthcare physicians
Qualified, knowledgeable, and efficient ER.
Qualified and professional staff in the ER.
Senior programs and mental health. Had one for only short while after 2 appointments he was gone.
Since I don't live in Pulaski County, I'm not sure what services would be most needed here. I know the Urgent Care facility has been well-received, as a result of the last CHNA.
Taylor delivering babies again and the wellness center repairing the pool for public use.
The ability to receive more timely treatment. This past summer, a friend living in Hawkinsville experienced severe pain about 3:00am and was taken to Taylor Regional. She was diagnosed as having an appendix that was about to rupture and was scheduled for surgery. She was not seen by a doctor until about 9:00am (approx 6 hours later). My friend thinks the delay was due to the doctor having to travel to Taylor Regional from a distant location.
The services here I believe are okay.
Therapy and Sleep studies
Therapy for ADHD patients. I have to drive all the way to Warner Robins for my son therapy sessions. It would be nice to have something a little closer.
The Wellness Center was awesome. A shame it was not valued by Taylor; Wellness center exercise section open with qualified trainers.
The swimming pool repaired.
Urgent care, short and long term inpatient care, I.e. swing bed, post op, rehab
Water healing again ! Fix the pool! It is a service only provided here for surrounding areas! We need it back!
WE REALLY REALLY need that pool to open back up. So many elderly women were getting the much

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needed exercise. Please re-open it meant a lot to MANY of us. If not the pool some sort of dance/aerobic class to help with obesity and improve healthcare.
WEIGHT LOSS, Weight loss clinics, Weight Management
Wellness, would love to see wellness center and pool reopened.
Urology
When I have to visit Taylor Regional they do not see their patients in a timely manner, and they don't act as though they care

APPENDIX C

TAYLOR REGIONAL HOSPITAL - PULASKI COUNTY HEALTH NEEDS ASSESSMENT FOCUS GROUP FACILITATOR GUIDE

Principal Investigator: Henry N Young, PhD
College of Pharmacy
(706) 542-0720
hnyoung@uga.edu

1. **What are some of your community's assets and strengths that promote health and wellness of the community residents? *(In other words, what are we doing well with respect to the health of our community?)***
 - Probe: Can you name a few community resources/assets that promote health and wellness?
 - Probe: Are there any specific things that people in your community do to help them stay healthy? (e.g., exercising, eating healthy, using preventative care)
2. **Do you think the community is aware of the locally available resources/services in the community?**
 - Follow up: If yes, how do people in your community find out what health resources/services are available in the area? (e.g., hospital, or clinic where you see your doctor, public library, local government agencies, online)
3. **What would you say are the 4 major health related issues in your community?**
 - Probe: any issues in terms of disease (obesity, diabetes, substance abuse), lack of health education, lack of exercise, access to care etc.
 - Follow up: Are there any specific groups of people who are impacted by these health problems (e.g. age groups, socioeconomic groups, sections of town)?
4. **What suggestions or recommendations do you have for addressing the health issues you mentioned?**
5. **Where does the community usually get health care services when they need it? *(In other words, where have you gone and/or where do people go for health care?)***
 - Probe: What about specialty care? Where do people go for it?
 - Probe: What about mental and behavioral health care? Where do people go for it?
 - Follow up: In general, where do uninsured and underinsured individuals go when they need health care?

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- 6. What are the biggest barriers that keep people in the community from accessing health care services?** *(e.g., Insurance, availability of providers, transportation, cost, language/cultural barriers, accessibility, awareness of services)*
 - Follow up: What about access to dental and vision care? What about mental health services?
- 7. What would help to remove barriers that may be affecting the access and use of local health services by the community as a whole?**
 - Probe: Availability of providers, transportation, funding, health education
- 8. On a scale of 1 to 10, with 1 being the worst, 5 being average, and 10 being the best, how would you rate Taylor Regional Hospital? Consider things like the quality of services, ease of getting an appointment, range of services provided, and overall satisfaction.**
 - Follow up: Why did you chose this rating?
 - Follow up: How can this rating be improved?
- 9. What additional services, if any, would you like to see provided at Taylor Regional Hospital?**
- 10. Is there anything we haven't covered in this discussion that you think is important?**
- 11. How has COVID-19 affected your community?**

APPENDIX D

**UNIVERSITY OF GEORGIA
CONSENT FORM
PULASKI COUNTY - COMMUNITY HEALTH NEEDS ASSESSMENT (P-CHNA)**

CHNA Team Statement

We are asking you to take part in a focus group as a part of the Pulaski County Community Health Needs Assessment (P-CHNA). Before you decide to participate in this group, it is important that you understand why it is being done and what it will involve. This form is designed to give you the information about the CHNA so you can decide whether to be in the study or not. Please take the time to read the following information carefully. Please ask the focus group facilitators if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want to be in the focus group or not. This process is called “informed consent.” A copy of this form will be given to you.

Principal Investigator: Henry N. Young, PhD

University of Georgia, College of Pharmacy
706.542.0720 or hnyoung@uga.edu

Purpose of the Study

The Pulaski County Community Health Needs Assessment is being conducted to collect information about your community’s needs, assets and resources.

Study Procedures

If you agree to participate, you will be asked to ...

- Participate in a 1-hour focus group with other community members. This focus group will ask you about the available needs and resources in your community.

Risks and discomforts

- We do not anticipate any risks from participating in this group.
- However, your name will not be used in any reports or study documents.

Benefits

By participating in this group, you will help us learn valuable information about your community, including the resources that are currently available and areas where the community may need more assistance.

Audio/Video Recording

Focus groups will be audio recording for the purpose of making sure that we collect all important information that is shared. The Research Assistants will listen to these recordings and make notes based on the information you provide. Your name will not appear on any of the notes and the recording will be destroyed within one year after the P-CHNA is completed.

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Please provide initials below if you agree to have this interview audio recorded or not. You may still participate in this study even if you are not willing to have the interview recorded.

_____ I do not want to have this interview recorded.

_____ I am willing to have this interview recorded.

Privacy/Confidentiality

The audio recordings will be stored securely at the University of Georgia's College of Pharmacy. No one will have access to these recordings other than the P-CHNA team.

The project's records may be reviewed by departments at the University of Georgia responsible for regulatory and project oversight.

The P-CHNA Team will not release identifiable results of the study to anyone other than individuals working on the project without your written consent unless required by law.

Taking part is voluntary

Your involvement in the group is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled.

If you decide to stop or withdraw from the group, the information/data collected from or about you up to the point of your withdrawal will be kept as part of the data and may continue to be analyzed.

If you have questions

The main faculty lead conducting this study is Henry N. Young, a professor at the University of Georgia. Please ask any questions you have now. If you have questions later, you may contact Dr. Young at hnyoung@uga.edu or at (706) 542-0720. If you have any questions or concerns regarding your rights as a focus group participant you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

Subject's Consent to Participate in Focus Group:

To voluntarily agree to take part in this focus group, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire consent form and have had all of your questions answered.

Name of Facilitator

Signature

Date

Name of Participant

Signature

Date

Please sign both copies, keep one and return one to the focus group facilitator.