



**Oconee Regional Medical Center
Community Health Needs Assessment Report
2016**

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Our History

Oconee Regional Medical Center (ORMC) is located in Milledgeville near the geographic center of Georgia, providing advanced healthcare technologies to the 135,493 residents living in the seven surrounding counties.

The hospital offers a wide range of medical services from specialized treatment centers for cancer to advanced imaging technologies that include digital mammography and high speed CT scanning. In addition to its 24/7 Emergency Department, the hospital also offers a number of outpatient treatment programs, same day surgery, health education programs, and a state of the art laboratory for diagnostic testing. For inpatient treatment, the hospital is licensed for 140 acute care beds and for 15 beds in its Skilled Nursing Unit, which serves patients requiring extended care.

ORMC's roots date back to March 1957, when it opened as Baldwin County Hospital. In the 1990s, the hospital's name was officially changed to Oconee Regional Medical Center and Oconee Regional Health Systems, Inc. was formed as a non-profit 501 (c) (3) organization to serve as a holding company to operate the hospital. Today, the system also encompasses a number of other healthcare subsidiaries, including Jasper Health Services which operates Jasper Memorial Hospital and The Retreat Nursing Home, both located in Monticello, Georgia.

As part of its mission to provide high quality, safe, compassionate and patient focused healthcare, ORMC continues to make substantial investments each year in new medical technologies, equipment, and upgrades to its facilities. During the past decade, this has included the addition of Park Tower, a four story complex which houses the Education Center, a Medical/Surgical unit, Cardiopulmonary Services, a Post-Surgical Unit, Same Day Surgery, Ambulatory Care, Outpatient Lab, Administration, and "A Place for Women," the hospital's maternity and obstetrics care unit. Other enhancements to its facilities have included renovation and expansion of the Emergency Treatment Center, which added 4,157 square feet to the unit, a Cancer Treatment Center, and a Sleep and Wellness Center.

ORMC is committed to patient centered care and is focused on quality improvements at every level of the patient experience. Through programs like Quality Works, every process from

admission to discharge is reviewed to ensure that each patient receives care that is safe, compassionate, and personalized to their specific illness or injury.

Oconee Regional Medical Center is fully accredited by The Joint Commission, the nation's oldest and largest independent, non-profit standards setting and accrediting body in health care. In addition, all our Radiologists are board certified by the American College of Radiology, and all of our Radiologic Technologists are certified by the American Registry of Radiologic Technologists. Laboratory services at the hospital are accredited by the College of American Pathologists.

Community Health Needs Assessment Background and Methodology

CHNA Background—The passage of the Affordable Care Act in 2010 required not-for-profit hospitals to participate in a Community Health Needs Assessment (CHNA) beginning with the first tax year on or after March 23, 2012. The CHNA must include specific guidelines as well as an implementation plan and is to be conducted once every three years. Oconee Regional Medical Center (ORMC) conducted its first CHNA in 2013 and per the guidelines, it was reported to the IRS. The previous CHNA recognized the disparity in health status and risk between those in the highest income levels and those in the lowest. It also recognized the difference between the insured and uninsured population in Baldwin County, which is the primary service area. The current CHNA acknowledged the issues that Baldwin County faces with regards to mental health, sexual health, obesity and lack of education regarding their health.

CHNA Methodology

Oconee Regional Medical Center began the planning process for the community health needs assessment in May 2016. Amanda Crandall, Data Analyst at ORMC was chosen to oversee the assessment process with the assistance of Michael Vaughn, Interim Chief Financial Officer, Hannah Rogers, Intern from the GCSU Community Health Program, Brett Grauss, Intern from the GCSU Community Health Program, and various community members, leaders and

organizations. The CHNA consists of five key elements: 1) Data Assessment, 2) Community Input, 3) Community Need Prioritization, 4) Reporting, 5) Monitoring.

For the first part of the Community Health Needs Assessment, primary and secondary data for Baldwin County was gathered. This included analysis from internal and external sources, which gathered demographic information as well as data on health factors, outcomes, and various determinants of health. The Community Health Needs Assessment requires input and information from stakeholders that represent “the broad interest” of the community. This information was gathered through personal interviews, community surveys, and a focus group. It is important to note that community assessments not only focus on documented or perceived community health issues/problems, but they focus on the positive aspects of the community also known as assets. As this assessment will be conducted every three years at Oconee Regional Medical Center, data updates and key measurements in the implementation plan will continue to be monitored for any changes.

Plan to Evaluate

In accordance with section 6033(b)(15)(A) of the IRS proposed regulations, ORMC will provide annually on the form 990 , a description of the actions taken during the taxable year to address the significant health issues identified through its most recent CHNA. If no actions were taken with respect to one or more of these needs, the reason or reasons why no actions were taken will be given.

2013 Community Health Needs Assessment Results

In 2013, the CHNA found the following items to be issues that we said we were going to address:

- Access to Care (Uninsured and Physician Need)
- Obesity/Nutrition
- Prevention and Screenings

- Health Education
- Wellness and Physical Activity

ORMC addressed the above issues in the following way:

1. Access to Care: This was achieved through collaboration with other community partners to better coordinate patient care. ORMC now has relationships with Home Health and nursing homes in the area to help coordinate patient care once a patient is discharged from the hospital. ORMC also recruited Dr. Valerie Walker to aid in access to physicians. Although Dr. Walker is no longer with us, we are still committed to growing our physician services to better the health of our community.
2. Obesity & Nutrition: The goal was to increase availability of nutrition information and education. This was achieved through partnering with Live Healthy Baldwin Safe Routines to School and Baldwin Family Connection's Diabetes Prevention. This was also achieved through coordination with Live Health Baldwin and Family Connection Strategy Meetings, which were held in the education center at ORMC. Presentations on healthy eating were given at the children's Early Learning Center and Little Caterpillars. Little Caterpillars was also given information on how to reduce sodium in their attendee's diets.
3. Prevention & Screenings: ORMC wanted to enhance the health screenings offered, so they participated in over five yearly health screenings in the area at different locations (Five Star Toyota, Georgia Power, City of Milledgeville, Century Bank, Health Department, S.G.D North America, ect). The hospital also wanted to focus on various prevention strategies within the hospital and in the community. A Community Supported Agriculture drop at the hospital to encourage local vegetables and fruit intake was proposed, but later denied. ORMC provided Train-the-Trainer for leadership at Shiloh Baptist Church and Wesley Chapel AME to increase the autonomy of the culture of health at these congregations, as well as provided diabetes prevention programs at AA meetings and farmers markets in the Harrisburg Community.
4. Health Education & Health Literacy: ORMC wanted to provide patient and community education to increase awareness and understanding of health behaviors and outcomes. This was achieved by providing monthly healthy eating option presentations to the Milledgeville Senior center, as well as giving presentations on healthy eating and weight loss to prevent Type 2

Diabetes at Healthy Art Festival at GCSU. ORMC also facilitated the monthly Diabetes Support Group meetings in the Education Center at ORMC.

5. **Wellness & Physical Activity:** The goal was to promote wellness and exercise through community based programs and events. This was achieved through the completion of a walking track on the front lawn of ORMC, which ORMC has marketed to the public. Parking has also been made available for individuals utilizing the track. ORMC attended many health fairs and has given flu shots to the members of the city (including police officers), as well as continuing to host the Old Capital 5K while supporting other community events that encourage physical activity when asked.

Community Served



Data for FY 2015 shows that Oconee Regional Medical Center's primary service area is Baldwin County. Baldwin County accounted for 65% of admissions to the hospital. Hancock, Jasper, Jones, Putnam, Washington and Wilkinson counties represented 31% of admissions. The remaining 3% of admissions came from other counties in the state of Georgia.

The previous Community Health Needs Assessment reported Baldwin County's population as 42,829. This data was collected from Nielsen Claritas. The previous CHNA, through the use of Nielsen Claritas, predicted a population decrease of 7.5% from 2013 to 2017. The Nielsen Claritas data was not available to the ORMC team in 2016, and therefore, population data was collected through County Health Rankings, a health statistic service provided by the Robert

Wood Johnson Foundation. Upon reexamination of the 2013 population, our team found the 2013 Baldwin County population to be 44,417. The 2016 population for Baldwin County is 45,909 which is an increase of 3.4%. While we do not discount the data used in the previous CHNA, our team wanted to be consistent with the sources that we used and chose The County Health Rankings for the majority of our data.

Sources Used in Data Assessment Process

2013 and 2016 County Health Rankings: The County Health Rankings is a partnership between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The data it provides show how influences such as education, jobs, income, and environment affect the health and quality of life of people. Ranking areas include mortality, morbidity, socioeconomic factors, health behaviors, as well as many other areas.

OASIS: OASIS stands for online analytical statistical information system and is a resource provided by the Georgia Department of Public Health to give users access to their data warehouse. The Department of Public Health is the main pathway for disease and health surveillance and reporting. OASIS includes both gross rates and age-adjusted morbidity and mortality measures, along with rankings for each measure from 2011-2014.

CDC: The Centers for Disease Control and Prevention is the leading public health institute in the U.S. and provides the latest research and data on health and disease. The CDC's Community Health Status Indicators resource provides multiple morbidity and mortality measures for every county in the United States to meet the growing need for community health improvement.

North Central Health District: The North Central Health District collects health data directly from the communities it serves. The 2013 Community Needs Assessment conducted by the Baldwin County health department reported and analyzed health data and other related indicators to address the state of health in Baldwin County. Data from this assessment was used as a benchmark to compare to the latest data measures such as chronic conditions, provider rates, and STDs.

HealthGrove: HealthGrove is a health resource site that covers a wide range of health topics from insurance, to medical conditions, to substance abuse. They focus on data driven analysis of health and policy issues and provide insightful visualizations and research tools. It was used to gather data related to Medicare patients in Baldwin County in 2015.

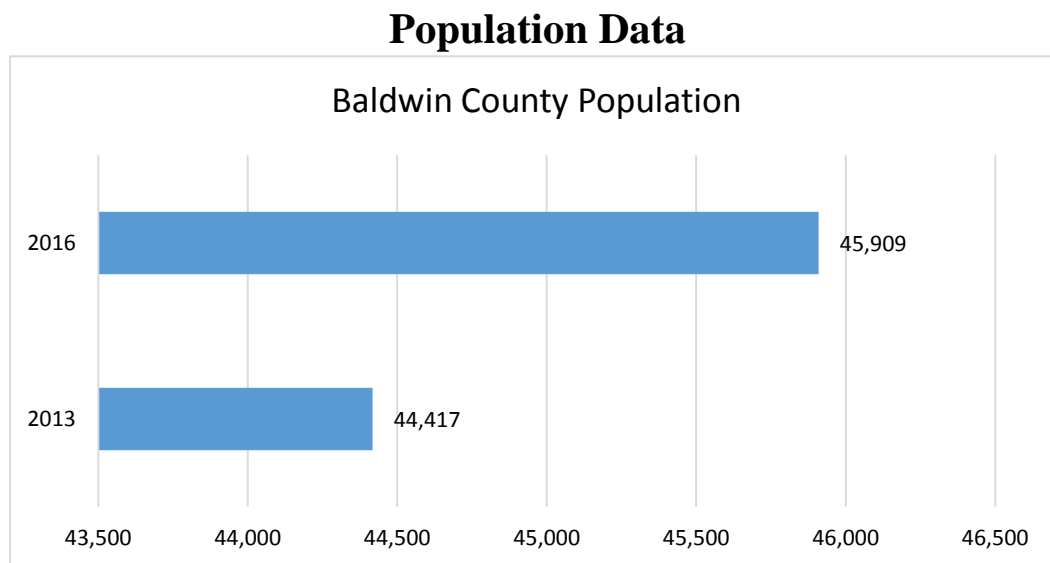
ORMC Internal Data: This data was collected by the Quality Department at ORMC through the use of various internal sources for fiscal year 2015.

Union Recorder: A news article from the local newspaper was used to find the high school graduation rate in 2015.

National Institute of Mental Health: This is the leading mental health institution and is a part of the National Institutes of Health and the United States Department of Health and Human Services.

Data Assessment Highlights and Findings

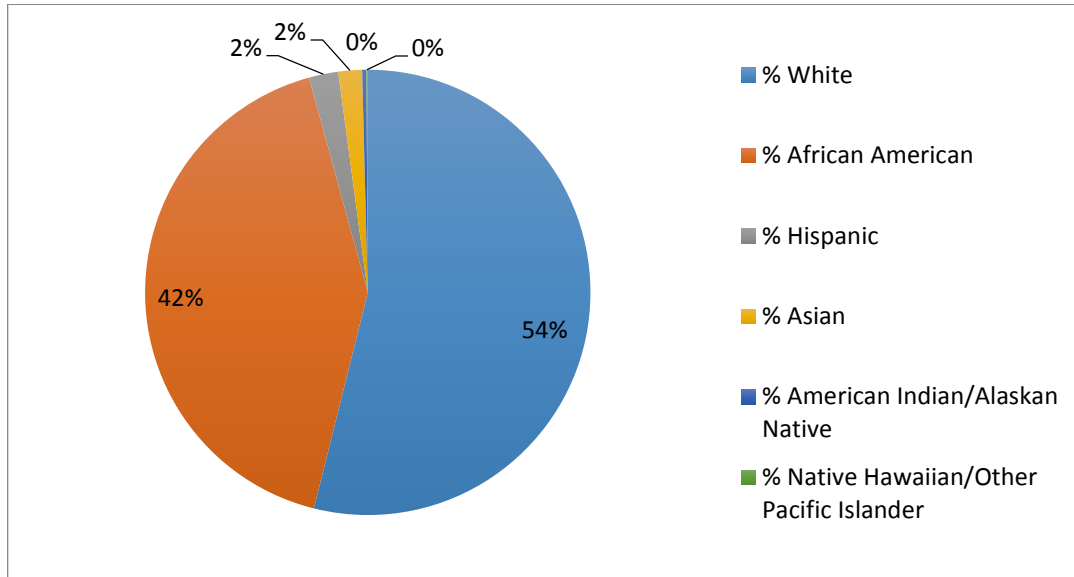
This section of the CHNA consists of graphs and charts with data collected from widely available and reliable sources. Data was collected based on various determinants of health including economic factors, education, population demographics, community resources, social aspects, and health related factors. This data was used to identify at-risk populations, underserved populations, health need areas, and resource shortages.



Source: 2013 and 2016 County Health Rankings

Over the past three years, Baldwin County's population has increased by about 3.4%.

Diversity



Source: 2016 County Health Rankings

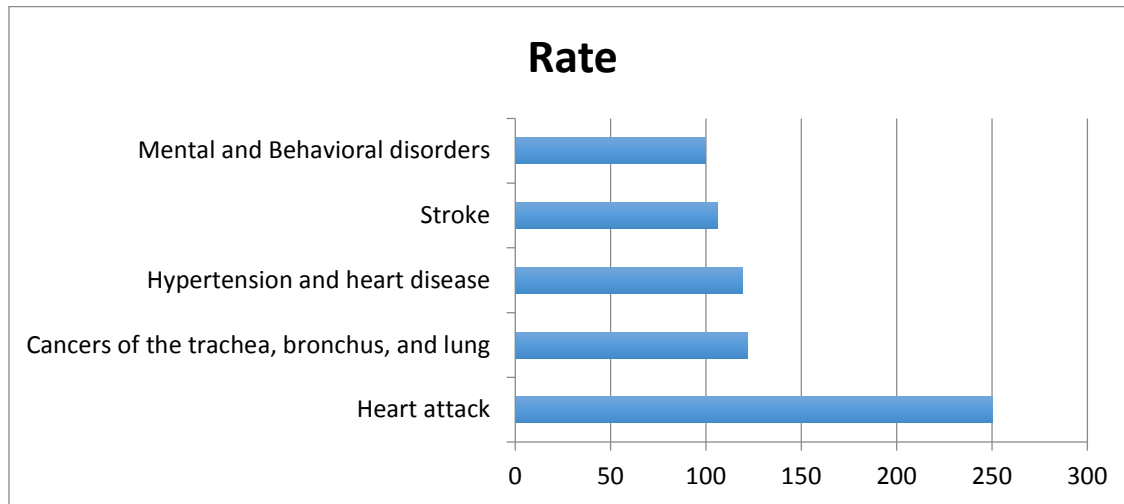
Physically and Mentally Unhealthy Days

	2012	2016	Georgia
Physically Unhealthy Days/Month	5	4.6	3.9
Mentally Unhealthy Days/ Month	4.7	4.3	4

Source: 2016 County Health Rankings; CDC 2012

Physically and mentally unhealthy days measure the number of days in each month a person rates their health as unhealthy. According to the CDC, self-reported health status is considered to be a strong predictor of morbidity and mortality and is generally considered a valid measurement for service needs and intervention outcomes. Residents of Baldwin County reported less unhealthy days in 2016 than in 2013. While these numbers are above the Georgia average, they still represent a decline over three years.

Top 5 Causes of Death



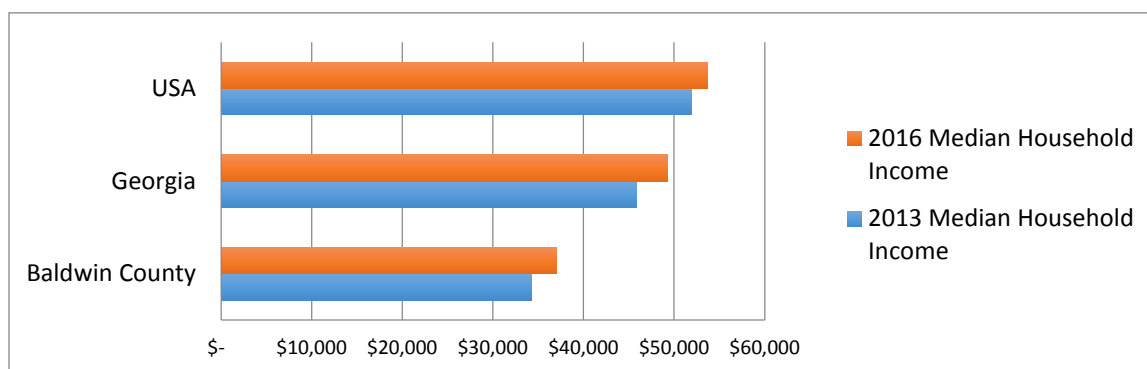
Source: *OASIS 2014*

The top causes of death in Baldwin County in 2014 were heart attacks, respiratory cancers, heart disease, stroke, and mental and behavioral disorders. These top causes of death correlate with the top causes of death at both the state and national level, and are all somewhat preventable conditions, according to the CDC.

Socioeconomic Indicators

Socioeconomic indicators measure an individual or family's social and economic position in relation to others based on income, education, and occupation. These indicators are strong predictors of health outcomes, as socioeconomic status has been shown to directly correlate with health behaviors and outcomes.

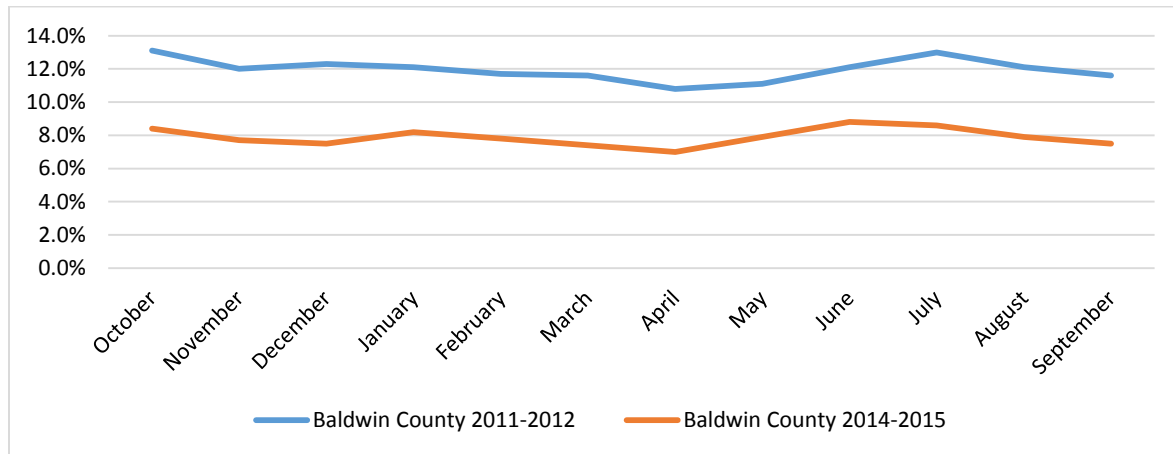
Median Household Income



Source: *2013 and 2016 County Health Rankings*

The median household income in Baldwin County is \$37,000. According to the Centers for Medicare & Medicaid Services, the per capita cost of healthcare in 2012 was \$8,915, and it has risen approximately 5.5% up to \$9,400 in 2015. In contrast, the median household income has risen 8% since 2013, which is a positive indicator.

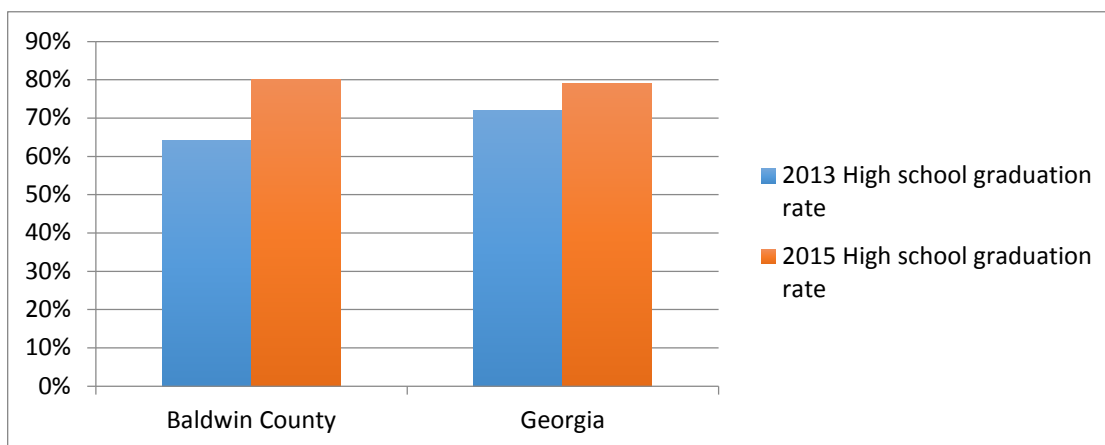
Baldwin County Unemployment Rate



Source: 2013 and 2016 County Health Rankings

The unemployment rate has decreased by about 4%. Unemployed men and women are at a far greater health risk because they lack the income to maintain a healthy and preventive lifestyle, and are more likely to be uninsured. According to the Robert Wood Johnson Foundation, unemployed men and women are 54% more likely to have fair or poor health, and are more likely to have increased stress and blood pressure, unhealthy coping behaviors, and depression.

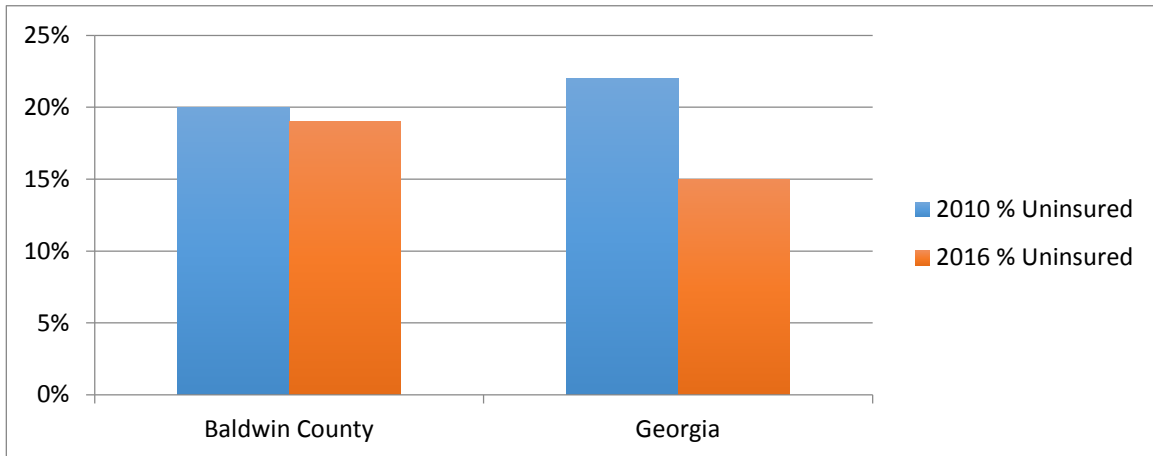
High School Graduation Rate



Source: *The Union Recorder* 2015

According to the CDC, 19% of adults in Baldwin County do not have a high school diploma. This demographic is at-risk because they are more likely to be near the poverty line and uninsured.

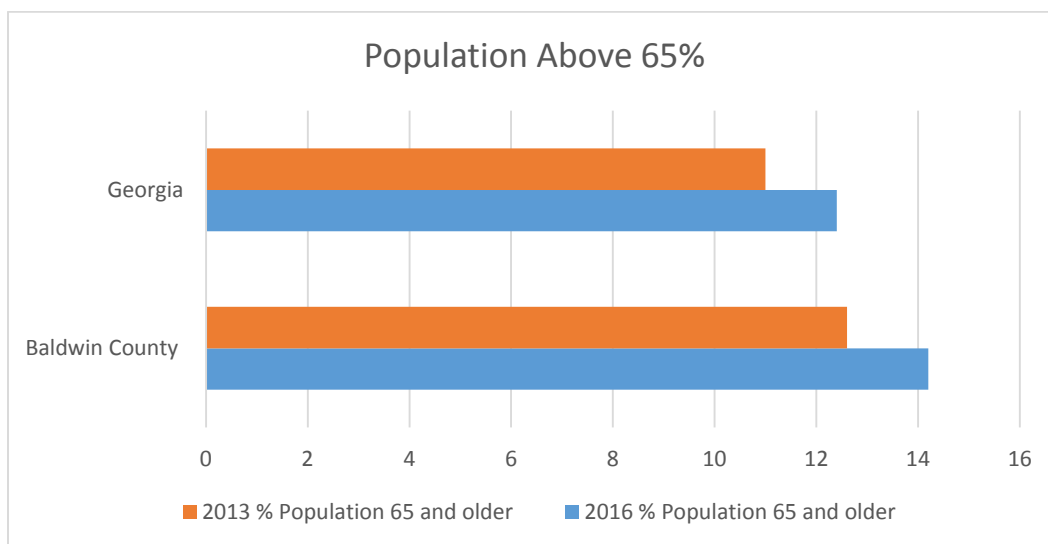
Access to Care



Source: 2013 and 2016 County Health Rankings

The uninsured population remains above the state benchmark, but it has decreased by over 1% since 2010. Uninsured people are much more likely to forgo needed health care because of cost, so this increase gives more people access to the care they need. According to the CDC, 22% of adults in Baldwin County did not see a doctor due to cost. Consequently, this often results in more costly emergency room visits in the future that the patients are likely unable to pay for.

Age 65 and Older



Source: 2013 and 2016 County Health Rankings

Baldwin County, Georgia population age 65 or older has increased by 13% over the last three years. As the population continues to age, the use of medical services rises. ORMC FY 2015 data shows 55% of inpatient admissions were from Medicare patients. Of all the Medicare patients, 77% were age 65 or older.

Medicare Statistics

Medicare is a national insurance program administered by the U.S. government. It provides health insurance for people over the age of 65, as well as people with disabilities, end stage renal disease, and amyotrophic lateral sclerosis. It covers about half of the healthcare costs for those enrolled, and in 2011, accounted for almost half of all inpatient hospital costs in the U.S.

Total Medicare expenditures	Medicare enrollees	Per capita cost
\$41,884,000	7,949	\$9,500

Source: HealthGrove 2015

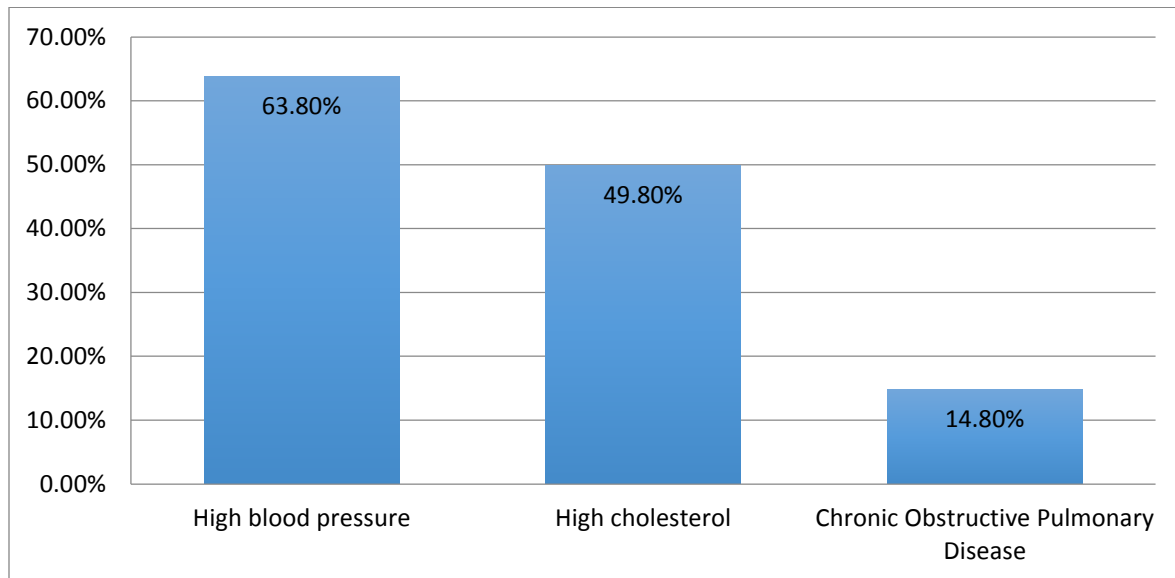
Baldwin County has about 8,000 Medicare beneficiaries, which is slightly lower than the amount in 2013. In 2014, Baldwin County spent approximately \$41,884,000 on Medicare beneficiaries, with a per capita cost of about \$9,500.

	Baldwin County	National average
Medicare recipient hospital readmission rate	17.79%	16.78%
Emergency department visit rate per 1,000	824	657

Source: HealthGrove 2015

Emergency department visits for Medicare patients occurred 824 times per 1,000 beneficiaries, which is 167 more times per 1,000 than the national average. Moreover, the hospital readmission rate for Medicare recipients was 17.79%, which is only 1% more than the national average. When patients are readmitted into a hospital for care within 30 days of discharge, the hospital faces financial penalties. According to the CDC, about 65 per 1,000 older adult hospitalizations are preventable.

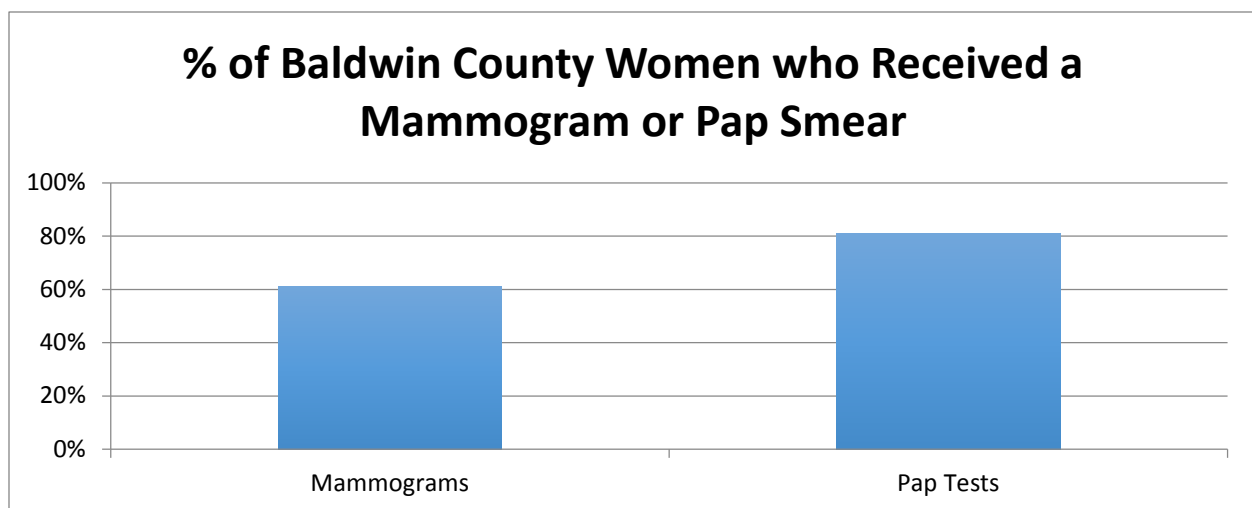
Top Medicare Health Conditions



Source: *HealthGrove 2015*

High blood pressure and cholesterol are risk factors for more serious conditions like coronary heart disease, stroke, and heart attacks. The over 65 population is at an even greater risk of having these conditions, which are among the top causes of death and disability. Other issues amongst this demographic are chronic kidney disease and renal disease.

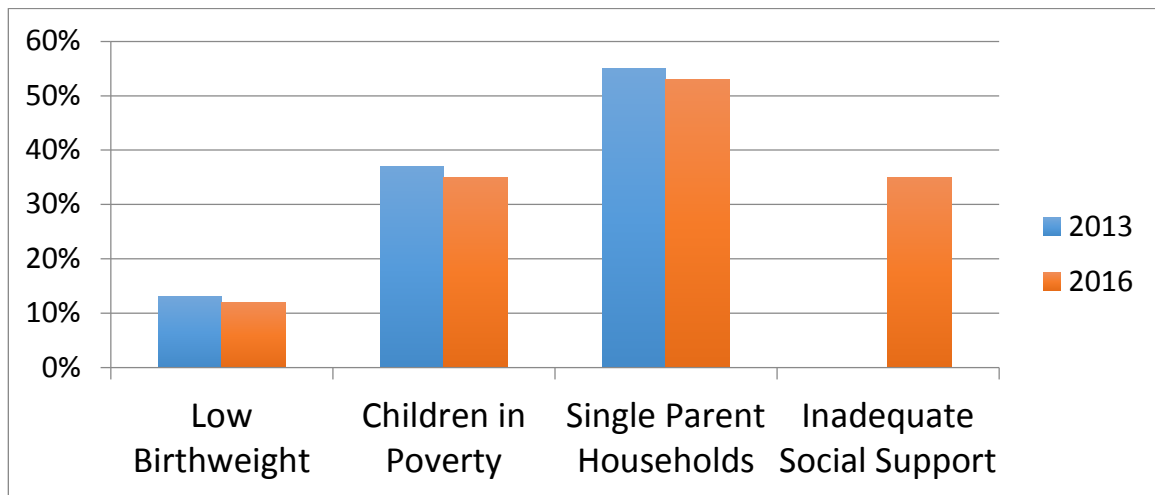
Women's Health Access



Source: *2016 County Health Rankings, CDC 2016*

Women's health issues have been an important aspect of recent health initiatives, and the best way to intervene with these issues is through primary and secondary prevention. Regular use of cancer screening tests allows for early diagnosis and removal of pre-cancer, and they greatly reduce the chances of the cancer growing and spreading.

Maternal, Infant, and Child Health

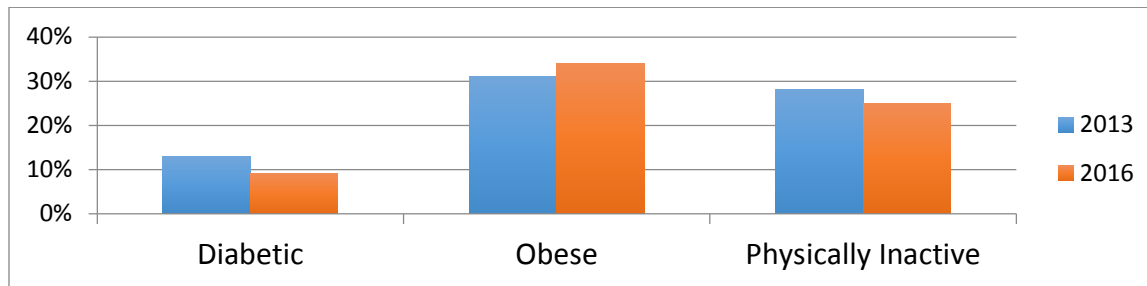


Sources: 2013 and 2016 County Health Rankings; CDC 2016

Maternal, infant, and child health are very important because how much the body develops. The human brain grows 90% of its adult size by the age of 3, and early childhood health can be used to predict future public health challenges. These measures show that the young are an at-risk population for multiple reasons. Babies that are born underweight are more likely to have some of the top chronic diseases later in life including high blood pressure, diabetes, heart disease, and obesity. Children living in poverty and under single parent households are less likely to have regular and sufficient access to healthy food, regular exercise, and routine preventive healthcare. Children with inadequate social support are less likely to have the resources to facilitate physical health, mental health, and overall healthy lifestyles. Baldwin County is well under the Healthy People 2020 teen birth rate goal of 36 teen births per 1,000 female teens with a rate of 28.

Nutrition, Physical Activity, and Obesity

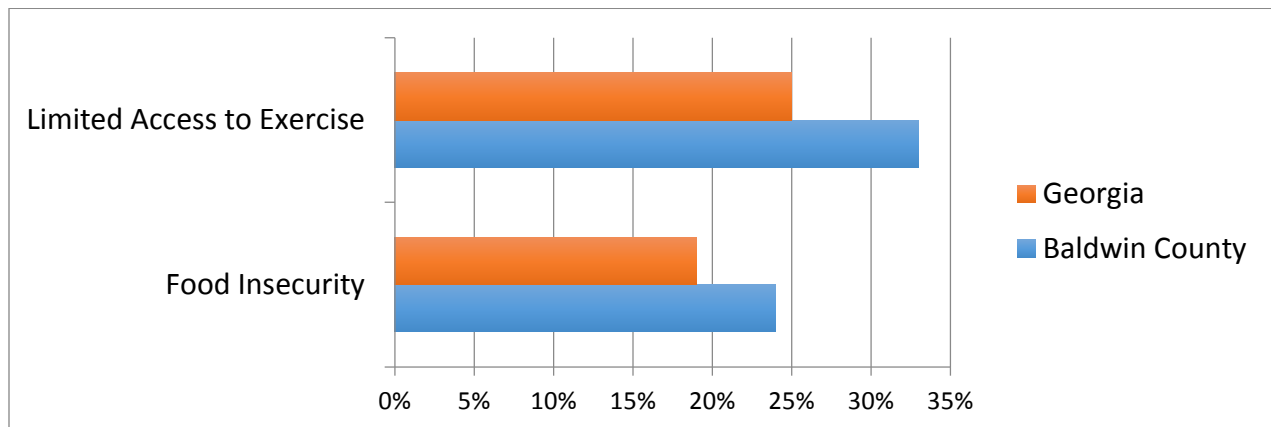
Maintaining a healthy diet and routine exercise are arguably the most important aspects of health; therefore, nutrition, physical activity, and obesity measures are important in assessing the overall health of a community.



Source: 2013 and 2016 County Health Rankings

Even though more people have become physically active, the obesity rate in Baldwin County has continued to increase over the years. Obesity is a major risk factor for many of the leading causes of death and it is a major risk factor for developing type-2 diabetes. Continuing to improve the health education in the school systems and other institutions is essential in combating this epidemic.

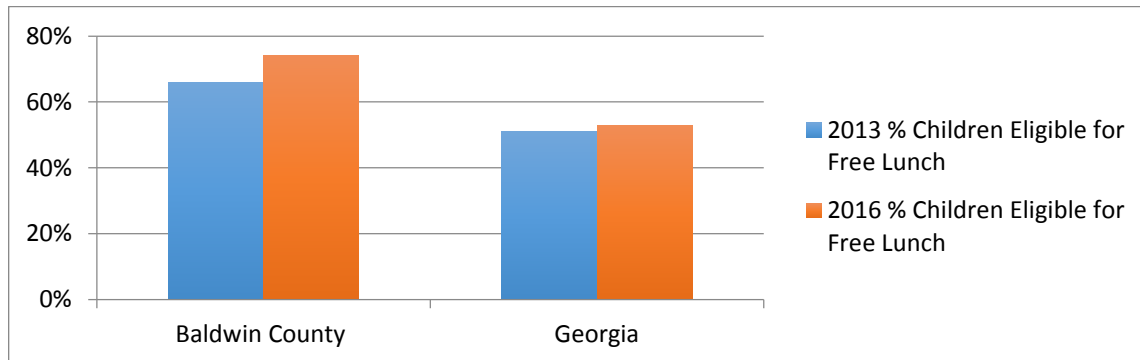
Food Insecurity and Access to Exercise



Source: 2016 County Health rankings; CDC 2016

Food insecurity is a state in which a person has limited and unreliable access to a sufficient quantity of healthy food. In Baldwin County, lower socioeconomic status individuals that are considered food insecure will buy unhealthy food options that last longer and cost less than healthy food. According to the USDA, the national average for food insecurity for 2014 was 14%. For 2016, Baldwin County was at 24%. Moreover, 52% of restaurants in Baldwin County are fast food, which only adds to the lack of proper nutrition in the community.

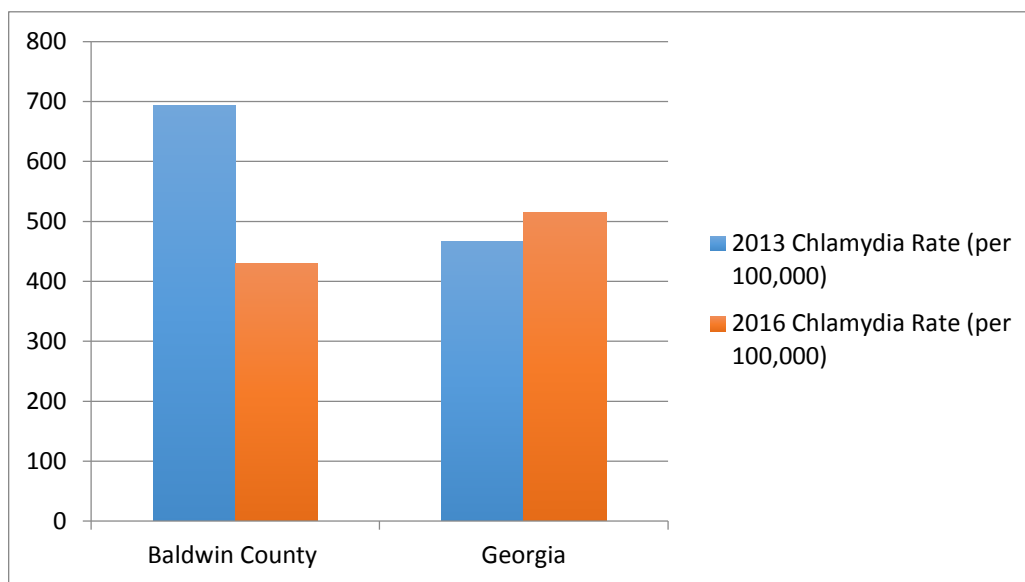
Children Eligible for Free Lunch



Source: 2013 and 2016 County Health Rankings

Since the amount of eligible students for free meals is so high in the county, all students in the public school system are able to receive free breakfast and lunch. Nutrition education for the children and compliance with school nutrition standards is very important for this demographic.

Sexual Health

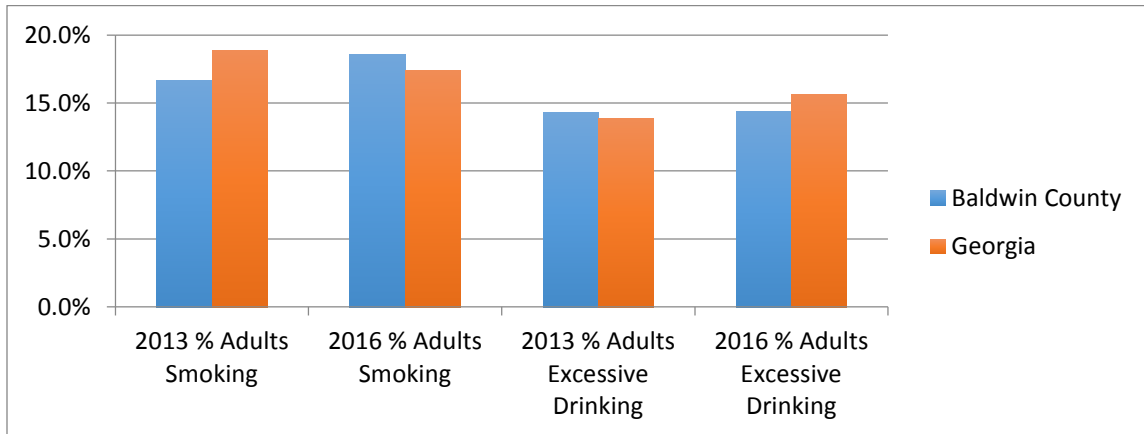


Source: 2013 and 2016 County Health Rankings

The chlamydia rate dropped by almost 40% since 2013. The highest rates of chlamydia are among African American and Hispanic 15-25 year olds. The most effective interventions for

sexually transmitted diseases are educating the population about sexual health and contraception, and then leading them to the appropriate resources.

Substance Abuse and Tobacco



Source: 2013 and 2016 County Health Rankings

The adult smoking rate increased by 2% since 2013. Tobacco use, drug use and substance abuse usually point to deeper mental health problems like anxiety and depression. Therefore, substance abuse prevention and treatment should include elements of mental health support.

Mental Health

	2013	2016
Mentally unhealthy days/month	5.5	4.7

Source: 2013 and 2016 County Health Rankings

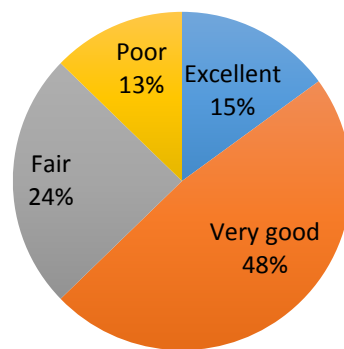
According to the National Institute of Mental Health, mental health disorders are the leading cause of disability, and suicide is the second leading cause of death amongst adolescents. Baldwin County residents have experienced a small decrease in mentally unhealthy days per month. Another important measure for mental health is the percentage of children that receive adequate social support, which was measured at only 35% by County Health Rankings. These children are more at risk for future problems like mental health issues and substance abuse. Often times mental health issues are hidden, underreported, and remain unaddressed because of the stigma surrounding those issues and because people don't seek outside help.

Survey Process

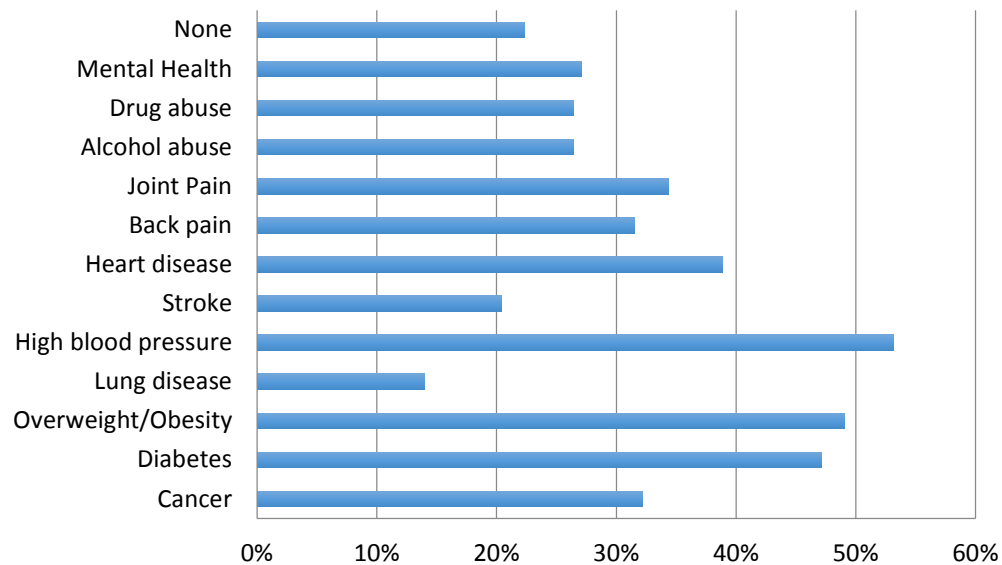
A 17-question survey was conducted to identify the health and wellness related needs of the community. Surveys were passed out to patients at the outpatient reception areas of the hospital, to hospital employees, local churches in the Harrisburg community, at Baldwin Family

Connection, the Collins P. Lee Center, and at the Piggly Wiggly on South Wayne Street. Sampling at multiple locations gave us a diverse sample that on a broader scale looks similar to the community's demographics. A total of 314 surveys were returned and then analyzed. Response rates for each question and answer choice were analyzed and then compared to similar data from the previous section to find supporting data and evidence of a need.

1. How would you describe your overall health?

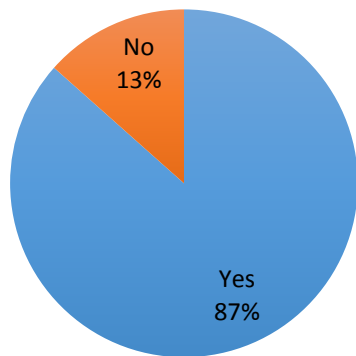


2. What health challenges do you and members of your community face?

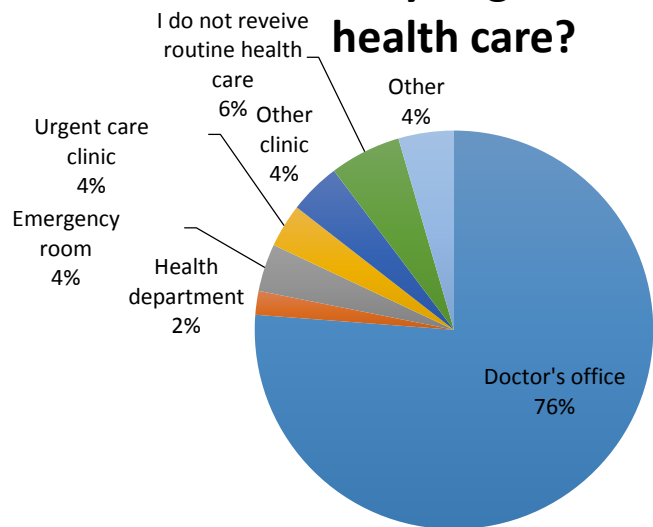


The top 5 health challenges of survey respondents were high blood pressure, obesity, diabetes, heart disease, and joint pain. This aligns with data from OASIS of the top causes of death and disease in Baldwin County. The next leading health challenge according to respondents was mental health.

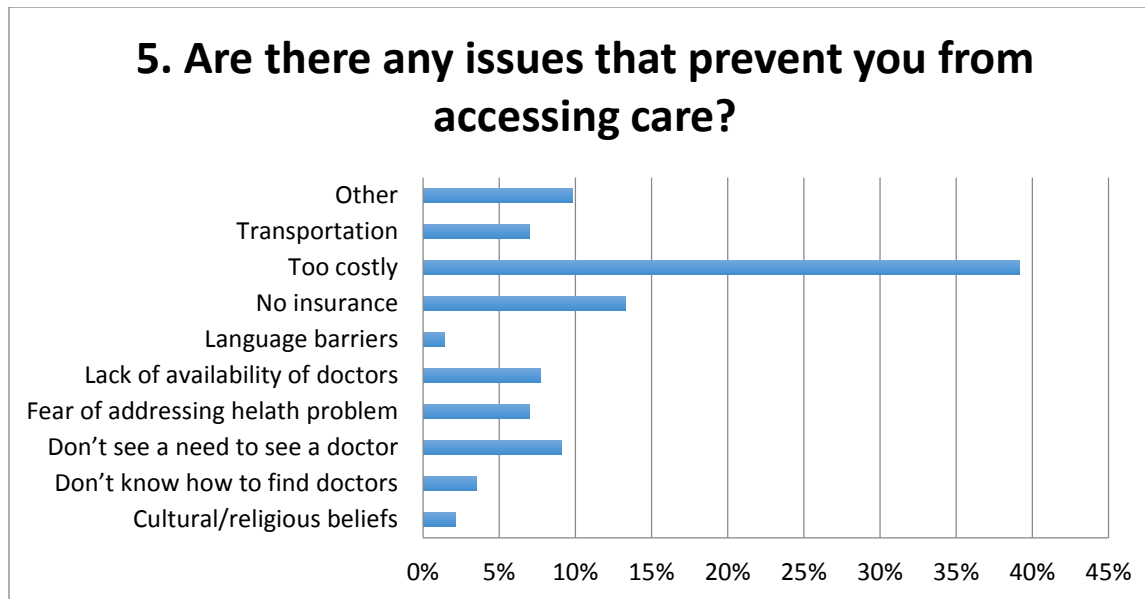
3. Do you have a primary care doctor?



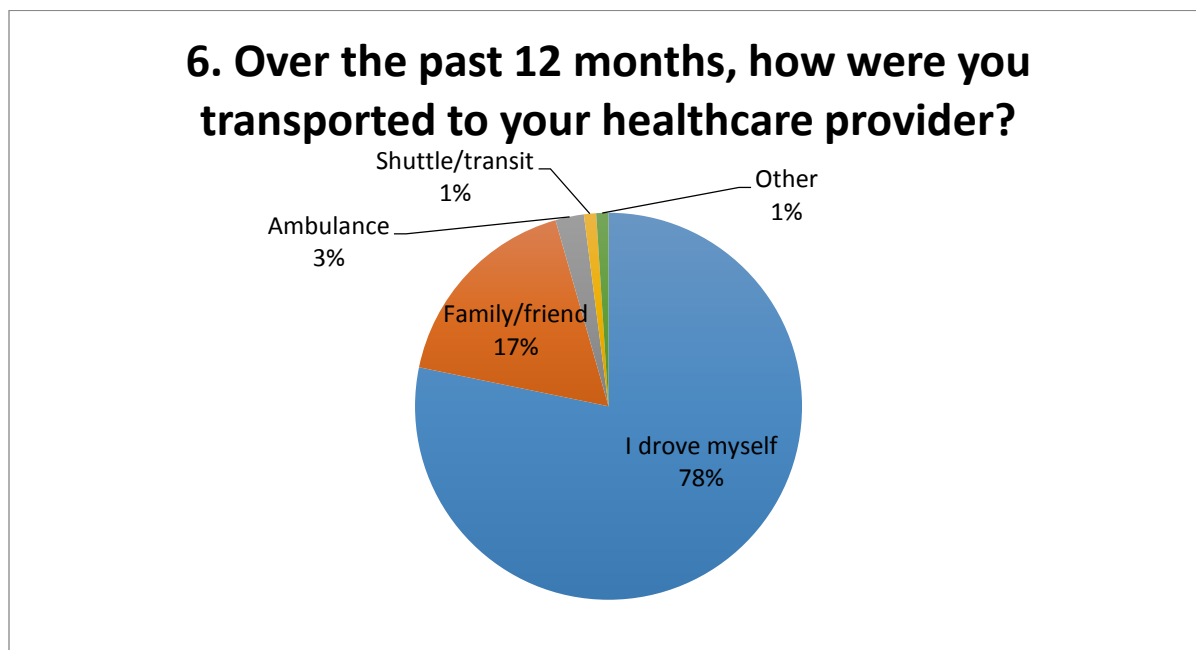
4. Where do you go for routine health care?



While most people use a primary care provider for routine health care, 16% of respondents go to other sources for care.

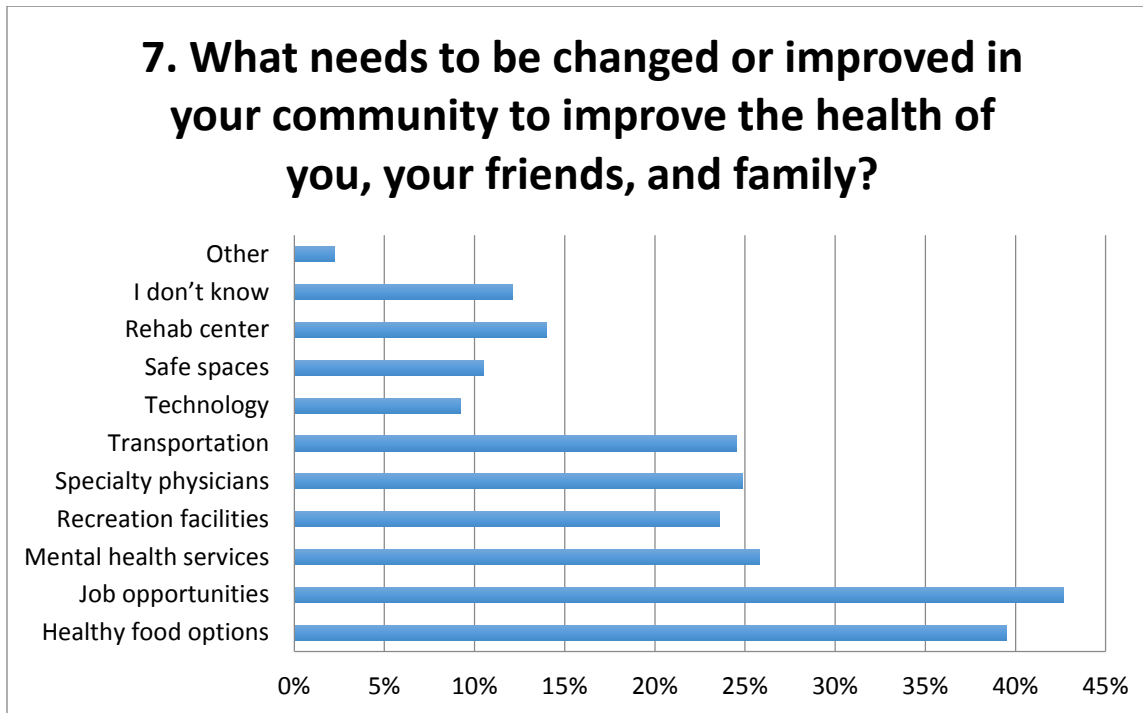


A priority need that was addressed in the 2013 CHNA was access to care, so we addressed it again in this question. The results show that 54% of respondents experience no issues in accessing care. Out of the 46% that do face issues in accessing care, the top 2 issues are high costs with 39%, and lack of insurance with 13%. The most common “other” issues listed in the open-ended section of this question were time constraints and physician availability.



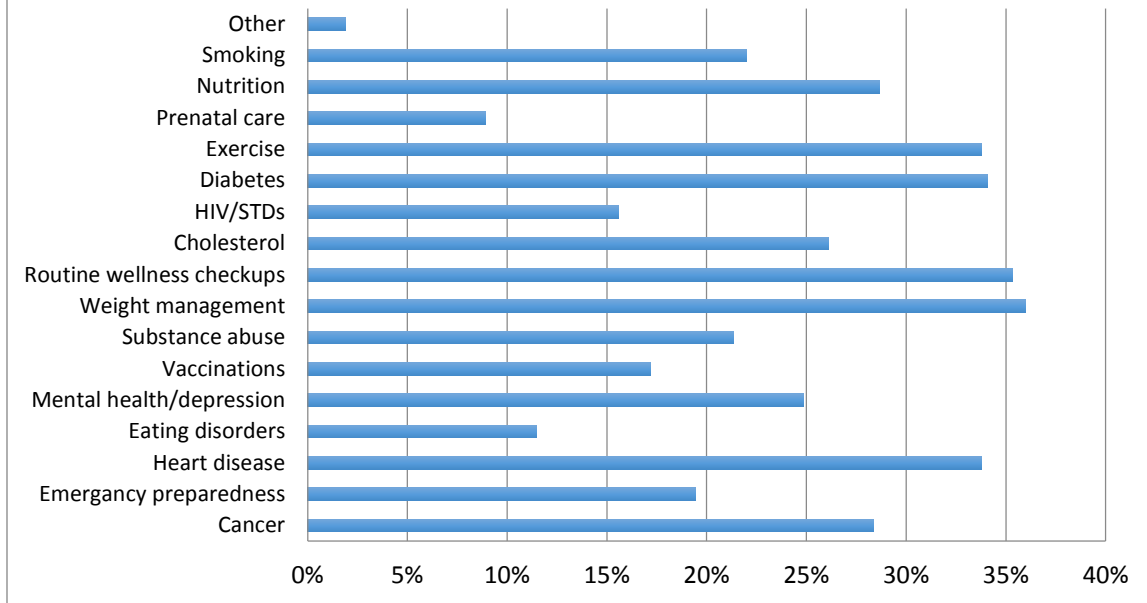
Reliable transportation to healthcare was addressed as a priority need in the 2013 CHNA; however, it was not seen as a serious issue in the survey. In question #5, only 7% of respondents listed transportation as a

barrier to care, and 95% of respondents in question #6 listed driving themselves or having a friend or family member drive to their healthcare provider.



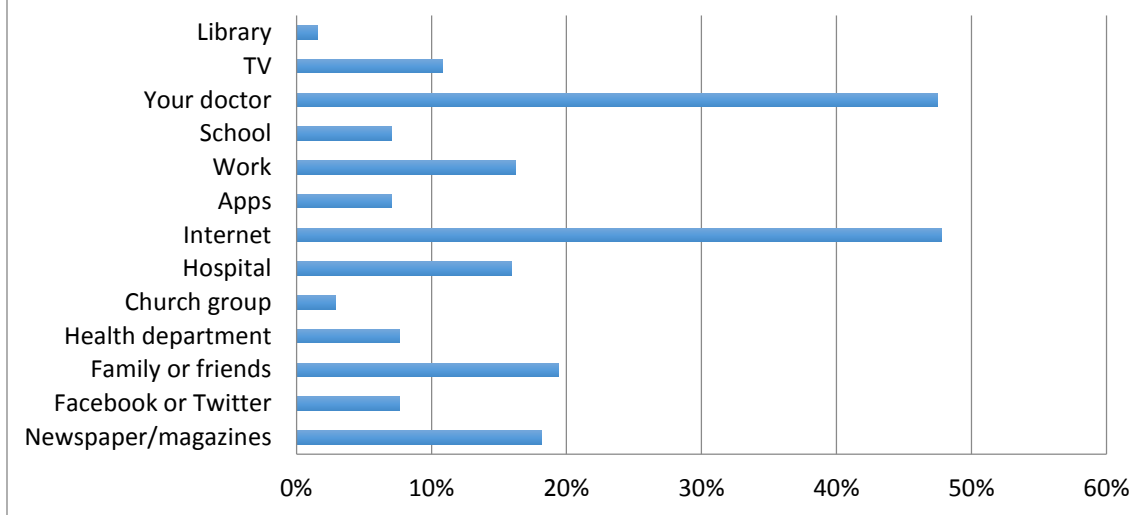
The top community health improvements that could be made according to the survey responses were more job opportunities with 43%, followed by better access to healthy food options with 39%, and improvements in mental health services with 26%. Job opportunities were also listed in the 2013 CHNA as a need for improvement, as well as healthy food access. Lastly, with the closing of mental health services at Central State Hospital in 2010, many feel there is a lack of mental health services in the community, or that those existing services are underutilized.

8. What services would you like to see at a community health fair?

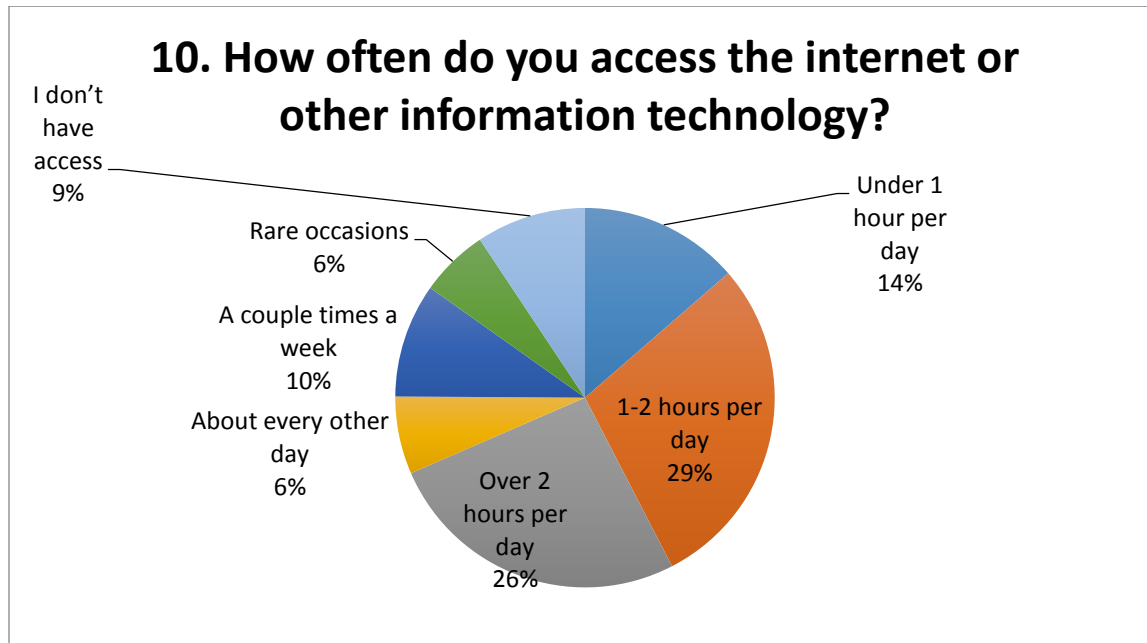


The top 5 health fair services were weight management with 36%, routine wellness checkups with 35%, diabetes and heart disease with 34%, and exercise with 34%. All of those services address nutrition and physical activity, and the 6th favored health fair service, nutrition, follows suit. Mental health and depression was also a service that gained considerable attention with 25%.

9. Where do you get most of your health information?



Half of respondents get most of their health information from either their doctor or the Internet, so further utilizing physicians and information technology to promote health would lead to a community benefit.

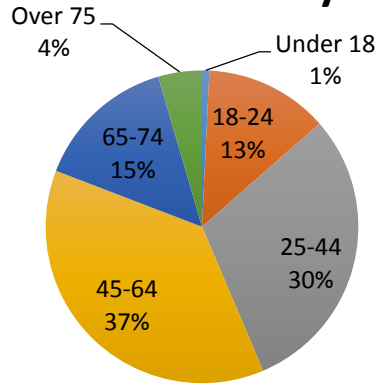


Over half of respondents access the Internet for over an hour every single day. On the other hand, 9% of respondents do not have access to the Internet or other forms of information technology.

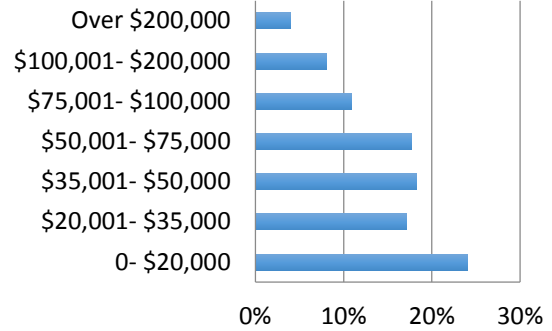
Question number 11 on the survey addressed preventative health and gave us valuable insight into the health behaviors of the community. About 25% of respondents don't utilize preventative screenings like colonoscopy, prostate exams, mammograms, and pap smears. Moreover, 72% of respondents do not get their skin checked every year when they go to see a doctor. This is significant because according to the CDC, melanoma rates have consistently been increasing by about 2% every year.

Survey Demographics

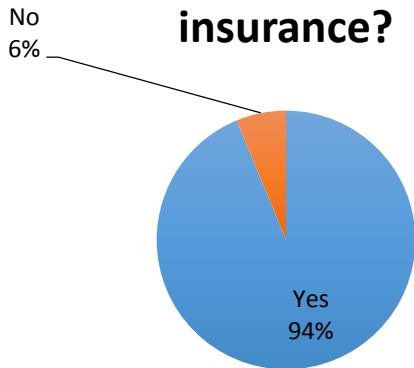
12. How old are you?



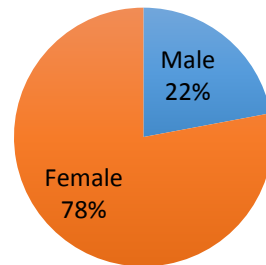
13. What is your household income?

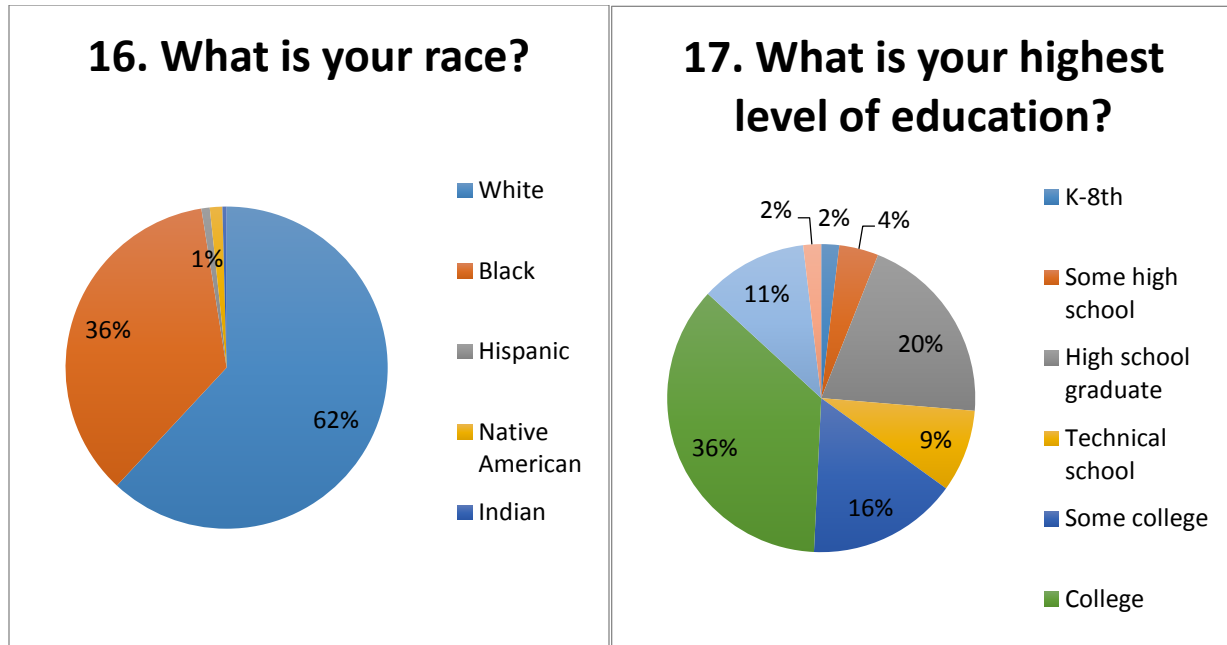


14. Do you have health insurance?



15. What is your gender?





Summary

The survey results provided some data that was expected and normal, while on the other hand, some findings were surprising. There are two categories for issues revealed from the surveys; economic issues and health issues. The relationship between economic and health issues is important to community health because they directly impact each other.

Some of the top economic issues in the community are lack of insurance, access to the Internet, healthy food access, and costly healthcare.

Economic Issues	Reference
Lack of insurance	Question 5
Healthy food access	Question 7
Costly healthcare	Question 5
Internet access	Questions 9 and 10

On the other hand, the top health issues addressed were high blood pressure, heart disease, nutrition, obesity, exercise, mental health, and prevention.

Health Issues	Reference
High blood pressure	Questions 2 and 8
Heart disease	Questions 2 and 8
Nutrition	Questions 2, 7, and 8
Obesity	Questions 2, 7, and 8
Exercise	Questions 2, 7, 8, and 11
Mental Health	Questions 2, 7, and 8
Prevention	Questions 7, 8, and 11

Community Focus Groups

On June 14, 2016 one large focus group was held at Oconee Regional Medical Center with a diverse group of community members. The group was comprised of community leaders with various range of backgrounds and professions, and with a wide array of knowledge of different aspects of the Milledgeville and Baldwin County community. This included physicians, nurses, the director of the emergency department, the Baldwin County health department, advocates for women's and LGBTQ health, a police officer for the Sheriff Department, a church pastor, a politician, and the department of family and child services. Throughout the focus group, there was discussion on the biggest health issues here in Milledgeville and the barriers to needed health care, as well as thoughts on how these issues should be addressed.

The following emerged as the greatest health issues in Baldwin County:

- Mental Health
- Obesity
- Sexual Health
- Education & Support
- Prevention and Screening

The following were seen as barriers in accessing community health services

- Financial
- Uninsured
- Awareness of Available Services
- Non-compliance

Prioritization of Needs

Based on the population data assessment, survey results, focus groups, and interviews, the top community needs were prioritized based on the need's significance to the community and ORMC's ability to impact the need. The top priorities are as follows:

- **Mental health**
- **Sexual health**
- **Obesity**
- **Education & support**
- **Prevention & screenings**

Mental Health

- Mental disorders were identified as the 5th top underlying cause of death for people in Baldwin County from 2011 to 2014.
- According to the CDC, about 12% of adults in Baldwin County suffer from depression. Depression is a highly underreported condition, so the real number is most likely much higher.
- The topic that generated the most concern and discussion in the focus group was mental health issues in the community. Survey data also showed mental health to be a top concern and opportunity for improvement.
- According to 2016 County Health Rankings, 35% of youth in Baldwin County receive inadequate social support, and 53% live in single parent households. This shows that kids in the community are at risk for both mental and behavior problems in the future if support is not offered.
- According to the Anxiety and Depression Association of America, people with anxiety and depression disorders are 3 to 5 times more likely to go to a doctor and 6 times more likely to be hospitalized than those not suffering from those disorders.

Sexual Health

- Through discussion in the focus group, sexual health was considered a top priority for reform and improvement.

- During the focus group, the Baldwin County Health Department expressed concern with the amount of people getting STD tests and how much resources it takes to meet the sexual health needs of the community.
- There are multiple existing resources and coalitions to partner with to address sexual health education and STD prevention.
- Considering the at-risk youth population and the lack of health education among community members, increasing resources and support towards sex education and STD prevention was identified as a necessary preventive intervention.

Obesity

- Obesity is considered one of the top risk factors for the top causes of death in the community including heart disease, cancer, diabetes, and strokes.
 - An underlying cause of obesity is poor nutrition and sedentary lifestyles, which is becoming increasingly more common in our culture.
- The obesity rate increased from 31% to 34% since 2013.
- According to the CDC and 2016 County Health Rankings, 33% of Baldwin County residents have limited access to exercise opportunities, and 24% have limited and reliable access to a sufficient amount of healthy food.
- Existing coalitions like Live Healthy Baldwin, local health departments, GCSU, and local churches provide a good foundation for supporting obesity prevention and reduction however it is clear that more can be done.
- During the focus group, a top priority in the discussion of obesity was nutrition in the public school system, which enables all students to get free breakfast and lunch.

Education and Support Groups

- Many of the major underlying causes of disease are preventable by education and support.
- Through demographic analysis, the middle aged and aging population over 65 was identified to be at risk for preventable issues surrounding mental health and the effects of serious conditions like renal failure and strokes.
- Increasing access to resources and support surrounding stigmatized health issues will increase participation for people needing help.
- The focus group identified inadequacies in follow-up healthcare and compliance with discharge instructions to be a major issue in ensuring care for people after doctor visits.

Prevention and Screenings

- The surveys revealed that about 25% of respondents don't utilize preventive screenings like colon, breast, cervical, and cancer screenings.
- MRSA is a common preventable infectious disease that is easily spread through healthcare facilities, schools, fitness facilities, etc., and the E.D. diagnoses and monitors many new cases every year.

- Primary preventive strategies are more cost-efficient for improving health outcomes than treatments are.
- In the 2013 CHNA, 24% of pregnant women didn't access prenatal care, which is a strong indicator for the future health outcomes of a child throughout adulthood.

Through the data assessment, surveys, focus groups, and interviews, we identified other issues that will not be addressed in the implementation plan. This includes issues pertaining to the LGBTQ population in Baldwin County and access to care. Although LGBTQ issues were mentioned in the focus group, there is not sufficient existing data about the LGBTQ population in Baldwin County to provide a foundation for an intervention. Access to care was addressed in the previous CHNA implementation plan, and it was determined that other needs require greater attention.

Inventory of Services Addressing Community Needs

	External Resources in Baldwin County	Internal Resources in ORMC
Mental Health	River Edge Behavioral Center Oconee Center Maranatha Mission	Emergency Department
Sexual Health	Baldwin County Health Department Crossroads Pregnancy Center The HOPE Center	Education Department
Obesity	Live Healthy Baldwin Baldwin Family Connection Community Gardens Farmers Markets Oconee River Greenway Collins P. Lee Community Center	Education Department Walking Track Wellness Center Medical Nutrition Therapy Annual Old Capitol 5k
Education and Support	Public Health Student Organization Baldwin County Health Department	Breastfeeding Classes Smoking Cessation Diabetes Support Group and self-management education Heart Fest
Prevention and Screening	Baldwin County Health Department	ORMC diagnostic testing

Implementation Plan

An implementation strategy has been developed to address each of the health needs identified above. The plan will be rolled out over the next three years, and will involve both ORMC resources and partnering community organizations. The strategies will be monitored and evaluated to ensure full compliance with the set implementation plan and to assess the impact of the implementation plan.

Board Approval

This Community Health Needs Assessment for fiscal year 2016 was approved by the Oconee Regional Medical Center/Oconee Regional Health Systems, Inc.

X 

Dr. Phyllis M. Parks-Veal
ORMC, Inc. Board Chair

X 9-21-2016

Date

ORMC Community Health Needs Assessment Implementation Plan 2016

The 2016 Community Health Needs Assessment gathered the overall health information about the Baldwin County community in middle Georgia. The analysis of the community health needs assessment data provided adequate means to evaluate and prioritize the areas with the greatest need in the community. To prioritize the health needs that were identified, a ranking process was used. Health needs were chosen because they met the following criteria

- Allowed for a clear plan of action
- Community and system resources available
- Achievable through hospital resources
- Sustainable through community coaching & teaching
- Outcome and effectiveness have ability to be quantitatively measured

The following portion of the CHNA, the Implementation Plan, will further explain how Oconee Regional plans to meet and address the health needs that were identified throughout the CHNA. Through expansion and continuation of existing programs and services, and through implementation of new strategies, alliances, services, and programs. An explanation of why the hospital cannot meet all of the health needs, along with how ORMC will support other community partners and organizations in doing so, will also be provided. Through community collaboration, internal resources, stewarding existing and upcoming resources, and creation of contemporary programs on both hospital grounds and within the community of Milledgeville, ORMC hopes to make a lasting impact on the following identified health needs.

- Mental Health
- Sexual Health
- Obesity
- Education & Support
- Prevention & Screening

The following goals will underlie each objective to address the priority areas. The goals are:

- Increase knowledge within the community regarding their health
- Collaborate with community partners to improve community health
- Educate patient and community members to improve self-management of chronic and preventable diseases
- Encourage health behaviors to improve wellness of community

2016 ORMC CHNA Implementation Proposal

Priority #1: Mental Health (Depression and Anxiety)

Objective: Reduce stigma surrounding Depression and Anxiety

Strategy

- 1) Look into partnering with River Edge to host a Depression and Anxiety support group on a monthly basis
- 2) Work with River's Edge, and the College of Health Sciences at GCSU to provide education on Depression and Anxiety to local churches and schools

Objective: Increase Access to Care for Mental Health Services

Strategy

- 1) Use a matrix to determine if ORMC would benefit from recruiting a psychiatrist or psychologist either on site or through the use of telemedicine
- 2) Provide education to local schools and churches on where people can access mental health services
- 3) Provide speakers on Mental Health needs to the community

Priority #2: Sexual Health

Objective: Collaborate with other community partners to provide a more comprehensive sexual health education

Strategy

- 1) Collaborate with the College of Health Sciences at GCSU, the Department of Public Health and the Board of Education to train youth pastors and other leaders in churches in the county on how to educate teens and parents on sexual health
- 2) Collaborate with the College of Health Sciences at GCSU and the Department of Public Health to host quarterly sex education classes at ORMC, GCSU, a church or the Collins P. Lee Center for the community

Objective: Promote safe sex and STD prevention

Strategy

- 1) ORMC will explore implementation of a pilot program in the ER to distribute condoms to any patient who is diagnosed with a STD and properly educate on safe sex and the prevention and spread of STD's
- 2) Anyone diagnosed with a STD in the ORMC ER will be given information on classes held in the community on sexual health (If ORMC is able to partner with the community to hold these classes). They will also get website links for other services, a list of primary care doctors who can treat them for STD's, and other educational information related to sexual health.

Priority #3: Obesity

Objective: Provide support and education to obese/morbidly obese persons

Strategy

- 1) Investigate a potential partnership with the community to provide a low cost weight loss support group that mimics weight watchers.

- 2) Provide quarterly healthy cooking demonstrations around the community.
 - a. Engage local restaurants to sponsor health cooking classes
- 3) Work with the community to market the existing weight loss opportunities available such as the garden in Harrisburg, Local Farmer's Market etc.
- 4) Host an educational offering which may include but not limited to a health fair, meetings and Q & A sessions to educate the community of the dangers of obesity by discussing how obesity can lead to diabetes, hypertension, high cholesterol, etc.
- 5) Offer nutritionist support

Priority #4: Education and Support

Objective: Work with local physicians to determine what support groups may need to be added at ORMC

Strategy

- 1) ORMC will send out a survey to all local physicians at least once a year that will include a list of support groups ORMC currently offers as well as what new support groups need to be offered. Survey will also ask doctors what education they feel ORMC can assist with
- 2) Per the results of the surveys to physicians, look into hosting support groups for other needs such as stroke, renal failure, etc. and ask physicians to participate in the support groups

Objective: Work the community to provide better support for Baldwin County's aging population

Strategy

- 1) Partner with community resources to train them on the needs of the aging population such as making sure they take their medication, assist them with transportation to MD visits, etc.

2) Investigate current discharge planning process to see if a more comprehensive discharge planning tool would help connect patients with resources in the community while they are still in the hospital.

Priority #5: Prevention and Screenings

Objective: Reduce the spread of MRSA and other infectious diseases in Baldwin County

Strategy

- 1) Educate schools, churches, recreational departments and fitness facilities on the transmission prevention strategies
- 2) Partner with GCSU College of Health Science to train members of the community on MRSA prevention so that they can help educate their congregations, families, friends, etc.
- 3) Offer to provide flu shots at ORMC for a discounted cost to the public