



COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

NEIGHBORS SERVING NEIGHBORS



The Crisp Regional Hospital, Inc.'s Hospital Board of Directors approved the 2022 Community Health Needs Assessment and Implementation Plan at their meeting on June 28th, 2022. The Community Health Needs Assessments (CHNA) Report is widely available to the public and interested parties can view and download it on the Crisp Regional Hospital website. Hard copies are available upon request as well as website location. Please contact: Brooke Marshall, Director of Community Relations, bmarshall@crispregional.org; 229-276-3284 for copies or web location.

A handwritten signature in black ink, reading 'William P. Pannell'.

William P. Pannell, M.D., Board Chairman
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EXECUTIVE SUMMARY

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

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

The results from the secondary data analyses suggest that the county's population is both aging and has contracted slightly. From 2015 to 2020, overall population decreased in Crisp County, while Georgia population increased (-3.7% vs. +4.8%). The proportion of population that is White Non-Hispanic and African Americans decreased, but White Non-Hispanics decreased at a higher rate. The county's population is expected to increase slightly from 2020 to 2025 (0.8%). By 2025, the proportion of African Americans and Hispanics is expected to increase, while the proportion of White Non-Hispanics is expected to decrease. It is also important to note that demographics including income, education, and age, vary by census tract. Furthermore, specific communities experience greater challenges due to factors including lagging economy, limited employment, and lack of transportation. There was alignment between secondary data and survey and focus group findings in several areas of community health challenges. These include: lack of physical activity and obesity, mental health, nutrition, access and transportation, healthcare utilization, senior care, and pulmonary issues.

The table that follows highlights where alignment was present in the various data sources across areas of concern.

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
Lack of Adequate Physical Activity	<ul style="list-style-type: none"> -Obesity, Inactivity, and Diabetes Worse than State Poor access to exercise opportunities 	<ul style="list-style-type: none"> -Obesity Top Negative Influencer of Health 	<ul style="list-style-type: none"> -High proportion of residents with both obesity and diabetes -Increasing physical activity opportunities for children was a top “wish list” item
Mental Health & COVID-19-related impacts	<ul style="list-style-type: none"> -Mental Health Provider Ratio lower than state -Suicide rate more than 2x GA rate -Days of Poor Mental Health in Last 30 higher than GA 	<ul style="list-style-type: none"> -Top 3 Concern for adults and children -Social Isolation & Mental Health seen as biggest COVID-19 resulting issues -Lack of mental health facilities noted by ~90% of survey respondents 	<ul style="list-style-type: none"> -Identified as a top healthcare issue of concern, particularly for seniors and children -Need for more mental health counselors and social workers mentioned
Risky Sexual Behavior	<ul style="list-style-type: none"> -High rates of teen pregnancy 	<ul style="list-style-type: none"> -Early sexual activity was 4th most important factor affecting children’s health 	
Low Life Expectancy	<ul style="list-style-type: none"> -Significantly lower than state. -High premature death rate 	<ul style="list-style-type: none"> -Respondents identified cancer and heart disease as top 2 causes of death and illness Over half noted having 2 or more chronic conditions 	<ul style="list-style-type: none"> -High prevalence of chronic conditions, including hypertension and diabetes, was noted -Respiratory conditions were listed as a key area of concern
Nutrition and Prescription Compliance	<ul style="list-style-type: none"> -High diabetes -20% of residents experiencing food insecurity 	<ul style="list-style-type: none"> -Nutrition identified as the top health issue for children -2/3 don’t eat enough fruits and vegetables 	<ul style="list-style-type: none"> -Need for education on nutrition and diabetes management mentioned

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
Access & Transportation	<ul style="list-style-type: none"> -Per capita supply of mental and dental providers is lower than state - ~14% of residents lack access to a car 	-Only ~14% of respondents felt that adequate transportation to healthcare facilities was available	-Need for a mobile unit discussed as a way to assist remote residents with no means of transportation
Utilization	<ul style="list-style-type: none"> -Preventable hospital stays higher than state -Low flu shot rates 	-Just over half report no barriers to accessing healthcare	- Need for a mobile unit discussed as a way to assist remote residents with no means of transportation
Senior care	-Aging population	-Only ~2 in 10 felt that adequate senior care services were available	-Senior mental health called out as a concern
Pulmonary health	Lung cancer, COPD, and pneumonia are top10 causes of death	-50% of participants identified tobacco use as a negative influencer on the health of community members	Breathing issues for children specifically mentioned

It was noted that the hospital received no written comments received regarding the prior Community Health Needs Assessment.

PURPOSE

The Center for Public Health Practice and Research (CPHPR) at the Jiann-Ping Hsu College of Public Health, Georgia Southern University worked in partnership with Crisp Regional Hospital to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area. For purposes of the CHNA, the community that Crisp Regional Hospital serves was defined as Crisp County, which is the service area from where a majority of its patients originate. This report summarizes the findings of the CHNA. The report informs the hospital's strategic service planning and community benefit activities, as well as fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a community health needs assessment every 3 years.

METHODOLOGY

The CPHPR project team worked with the hospital CHNA steering committee throughout the project. The steering committee facilitated completion of a community survey, recruited key stakeholders for focus group discussions, provided information about the hospital's activities to address community health needs since the last CHNA was completed in 2019, and provided the healthcare resource listing at the end of this report.

The community survey that was administered aimed at assessing local health care access and needs of the people residing in the primary service area of Crisp Regional Hospital – Crisp County. The community survey was disseminated via the hospital's social media webpages and email listservs, as well as those of local community partners. Focus group participants were all key stakeholders in maintaining the overall health of the community. Their perspectives provided a well-rounded view of life in the community and the health and healthcare needs of the residents.

Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's profile, health care access, and utilization. These data were obtained from multiple publicly available sources including the US Census

Bureau, the Area Resource File, Centers for Disease Control (CDC) disease and mortality data, Georgia population projections, County Health Rankings, and the Georgia Department of Health's Online Analytical Statistical Information System (OASIS). The most recently available data were obtained from all data sources at the time of analysis.

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

Data Analysis

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

Strategic Priorities

The CPHPR project team facilitated an interactive implementation planning meeting with hospital steering committee members. Discussion from this meeting allowed the steering committee to determine priorities for the next three years.

Implementation Planning

Now that strategic priorities have been determined, goals, objectives, and action steps to address them will be developed. Objectives will be designed to be specific, meaningful and actionable, realistic, and timely. Action steps for each objective will be delineated, together with the specification of the timeline for completion and personnel responsible. Finally, for monitoring purposes, measures and targets will be defined.







SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

In 2021, there were approximately 19,879 residents in Crisp County. Compared to Georgia, the county's population is older. The county is somewhat more racially diverse than the state, as

About 1 out of 5 residents of Crisp County are 65 years or older.

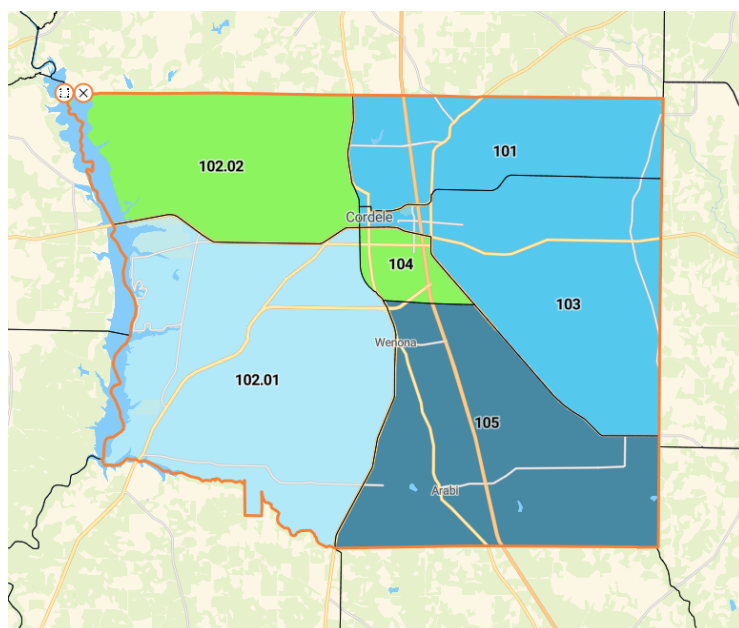
indicated by the proportions of White and Black residents. About 13% of the population have one or more disabilities – a rate that is >40% higher than the state.

	Crisp	Georgia
 Population		
Number of Residents	19,879	10,799,566
 Sex		
Female	52%	51%
Male	48%	49%
 Age Distribution		
Population Under 5 years	6%	6%
Population Under 18 years	24%	24%
Population 65 years and older	19%*	14%
 Racial and Cultural Diversity		
Race		
White	52%	60%
Black/AA	45%*	33%
Other Races/Multiracial	3%	7%
Ethnicity		
Hispanic	4%	10%
Nativity		
Foreign Born	2%	10%
Non-English Language Spoken at Home	4%	14%
 Veterans		
Veteran Population	6%	6%
 Disability		
Population under 65 years disabled	13%*	9%

*Significantly higher than state average

Data Source: US Census Bureau

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



Predominant Race (% White), 2013-2017. Data Source: Policy Map.
(The darker the color the higher the proportion.)

Crisp County is somewhat more diverse compared to the state. The majority of the population living in the northwestern and central parts of the county are Black; whereas in the remaining parts the majority is White.

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

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

Residents of the eastern part of the county are relatively older compared to the rest of the county (23% - 24%). The rate is slightly lower in the western part (18-19%), whereas the central part has the lowest percentage (10%).

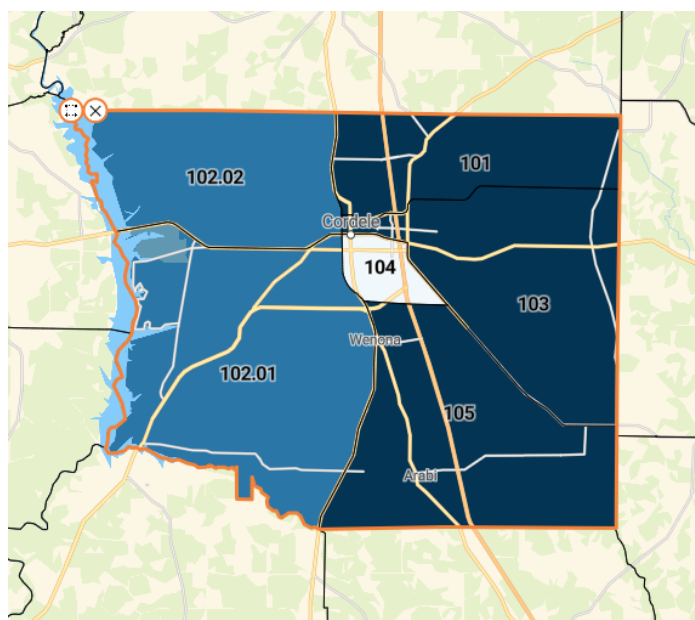
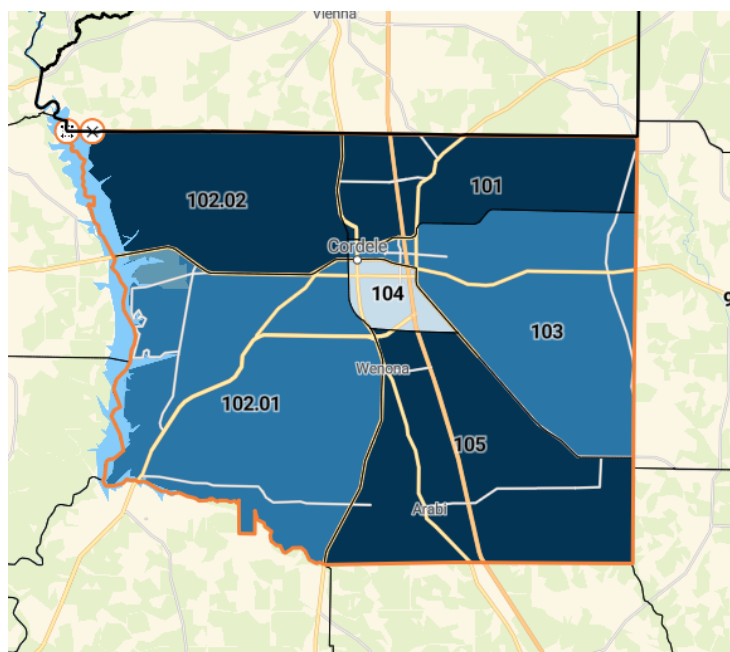


Figure 3. Proportion of Residents with Disability by Census Tract (2015-2019)



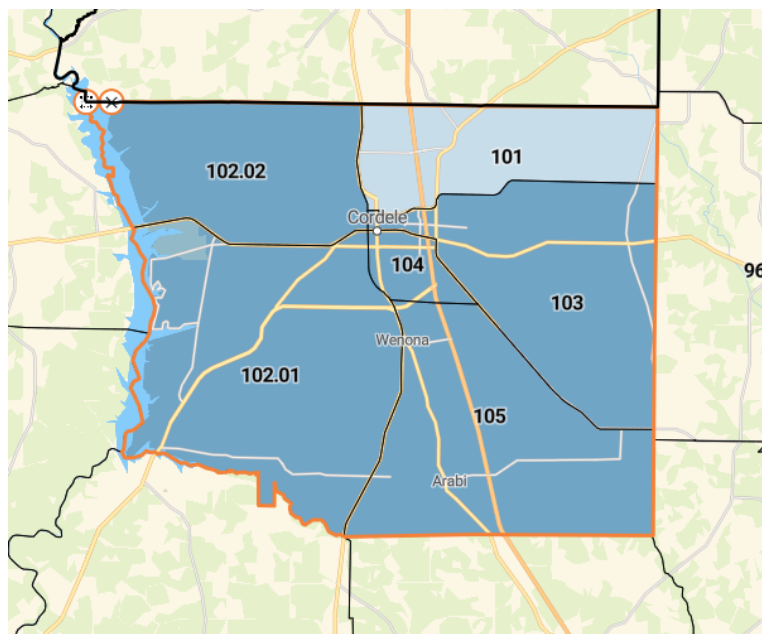
Proportion of Individuals Living with One or More Disabilities, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

A higher proportion of residents residing in the northern and southeastern parts of the county live with one or more disability, with rates ranging from 19% to 21%. The central part has the lowest rate of 11%.

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

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

A lower proportion of veterans (5%) live in the northeastern part of the county compared to other parts (6%-8%).



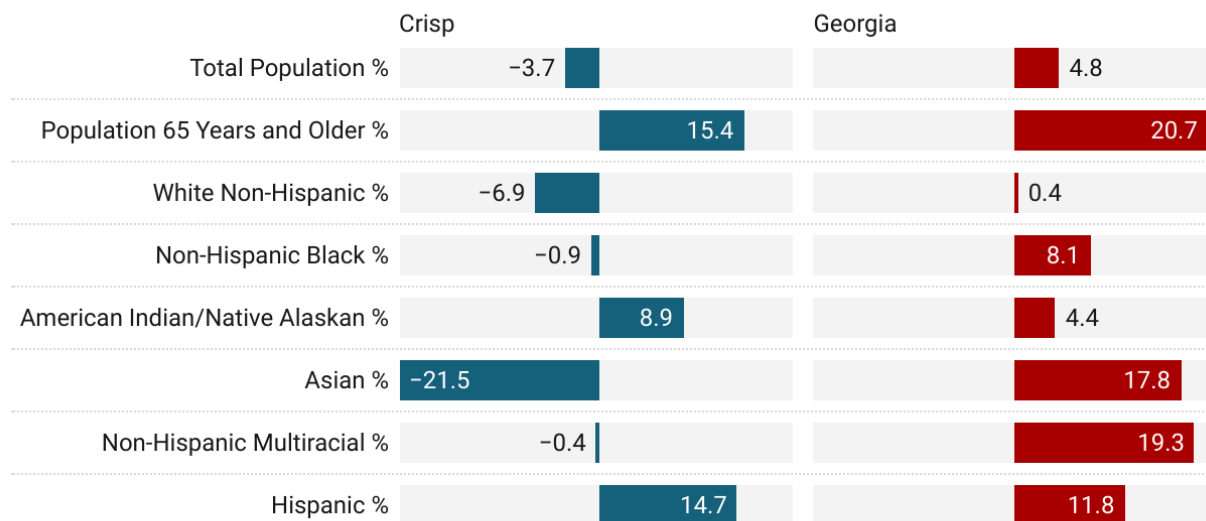
PAST POPULATION GROWTH

While the total population of the Crisp County declined by 3.7% between 2015 and 2020, over that period, the county experienced growth in the Hispanic and American Indian/Native Alaskan populations. A decline was observed for the White Non-Hispanic, Non-Hispanic Black, Asian and Non-Hispanic Multiracial population. The state experienced growth overall and in all categories from 2015 to 2020.

Population Change

2015-2020

■ Crisp ■ Georgia



Created with Datawrapper

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

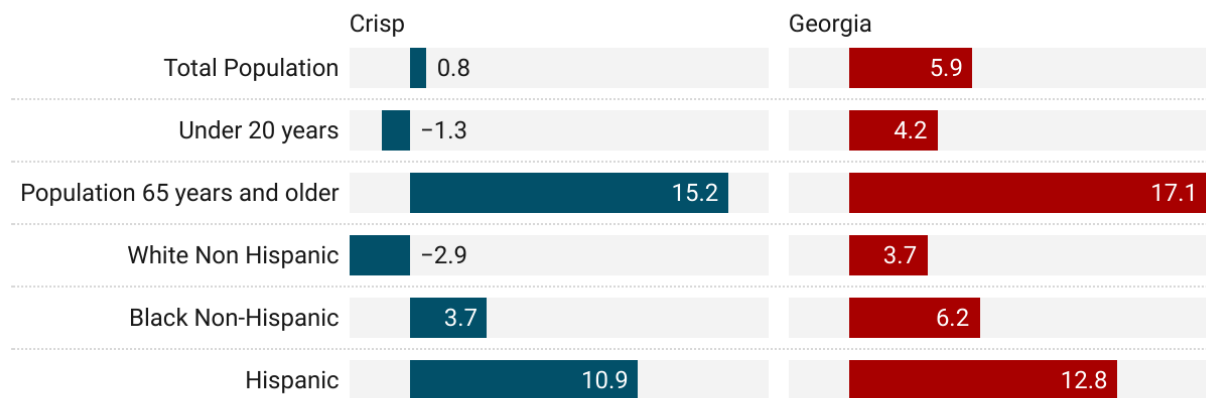
PROJECTED POPULATION GROWTH

A slight population increase (0.8%) is expected into 2025, based on projections by Georgia Governor's Office of Planning and Budget. This overall increase is predicted to be driven by increases in Black Non-Hispanic and Hispanic populations. Projections indicate a growth by 15.2% in the elderly population of the county.

Projected Population Change

2020-2025 Percentage Change

■ Crisp ■ Georgia



Created with Datawrapper




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

ECONOMIC PROFILE

Crisp County experienced a decrease in GDP between 2010 and 2020, and job losses from 2019 to 2020 were higher than for the state. Fewer adults

About 1 out of 2 children in Crisp County are living in poverty.

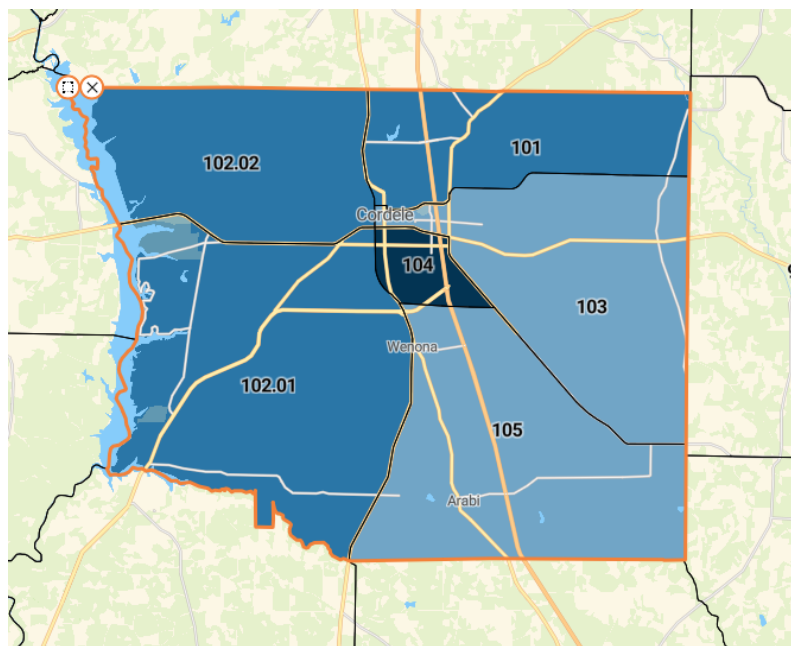
(i.e., 20-64 years) – especially women – were in the labor force, compared to the state. The 2021 county unemployment rate of 8.6%, while higher than Georgia, has since decreased to 4.2% in 2022. The median household income for Crisp County is much lower than the state median. Poverty is a significant issue. About 25% of the population and 44% of children live in poverty. Both rates are above the state averages. More than one out of two school-aged children (54%) in the county are eligible for free or reduced lunch.

	Crisp	Georgia
Economy		
	Real GDP Annual Growth Rate (2010-2020)	2.6%
	Real GDP Annual Growth Rate (2019-2020)	-5.8%*
	Job Growth Rate (2019-2020)	-4.6%
Labor Force Representation		
	Unemployment Rate (2021)	8.6%*
	Labor Force Representation (2013-2017)	75.5%
	Male Labor Force Representation (2013-2017)	80.4%
	Female Labor Force Representation (2013-2017)	70.8%
Poverty		
	Median Household Income (2016-2020)	\$38,272*
	Population in Poverty (2016-2020)	14.3%
	Children in Poverty (2019)	20%
	Children eligible for reduced lunch (2018-2019)	60%

*Significantly unfavorable compared to the state average

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

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



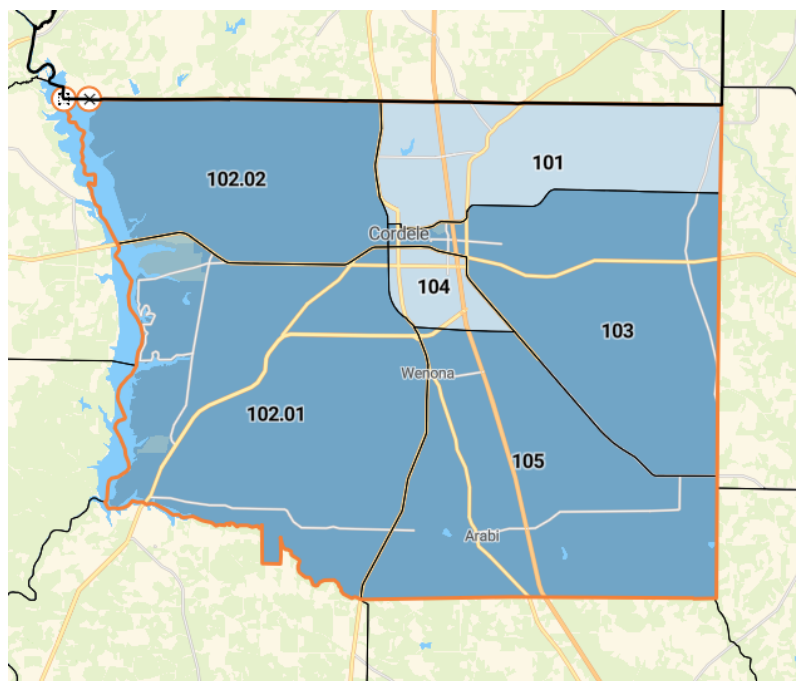
Proportion of Population Living in Poverty, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

There is significant variation in poverty rates by census tract. A higher proportion of residents in the central part of the county live in poverty (46%). The remaining parts of the county have poverty rates that range from 13%-32%.

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

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

The median household income is lower in the northeastern part of the County (\$28,000 - \$33,000), compared to the rest of the County (\$40,000-\$44,000).






EDUCATION

Educational attainment in the county is generally lower than the state. The high school graduation rate of 83% is lower than the state rate of 88%. On average, county

More than two out of five 3–4-year-old children are not enrolled in school.

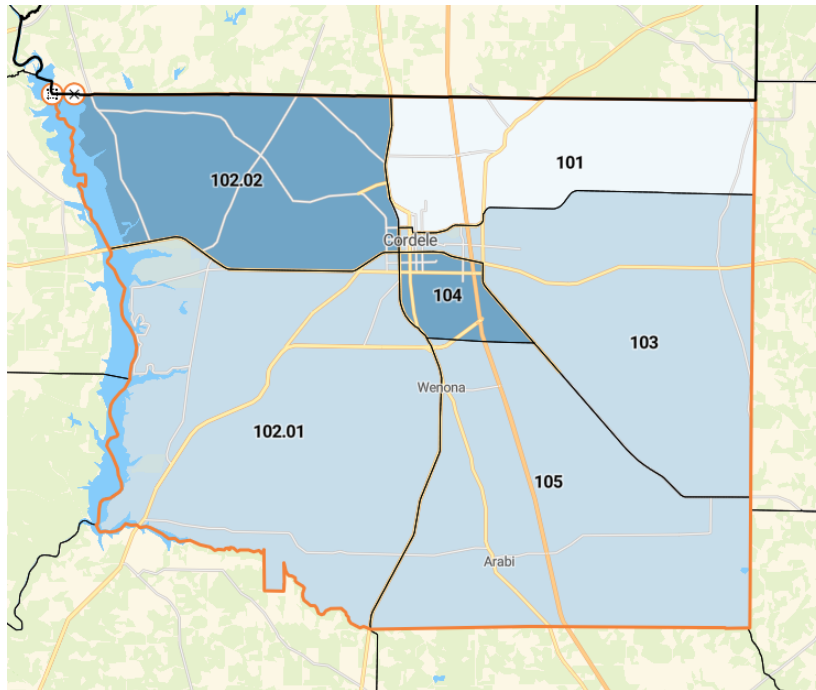
third graders perform lower than the state average on state standardized tests. The county lags the state with respect to early childhood education. Similarly, 14% of the population hold a bachelor's degree or higher, compared to 32% of the state's population.

	Crisp	Georgia
 Early Childhood Education		
Percent 3–4-year-old children in school	42.0%*	50.3%
 K-12 Education		
Average grade level performance for 3rd graders on English Language Arts standardized tests	2.5*	3
Average grade level performance for 3rd graders on Mathematics standardized tests	2.6*	2.9
 High School Graduation and Higher Education		
High school graduation rate	83%*	88%
Percent population with bachelor's degree	14%*	32%

*Significantly unfavorable compared to the state average

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

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



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

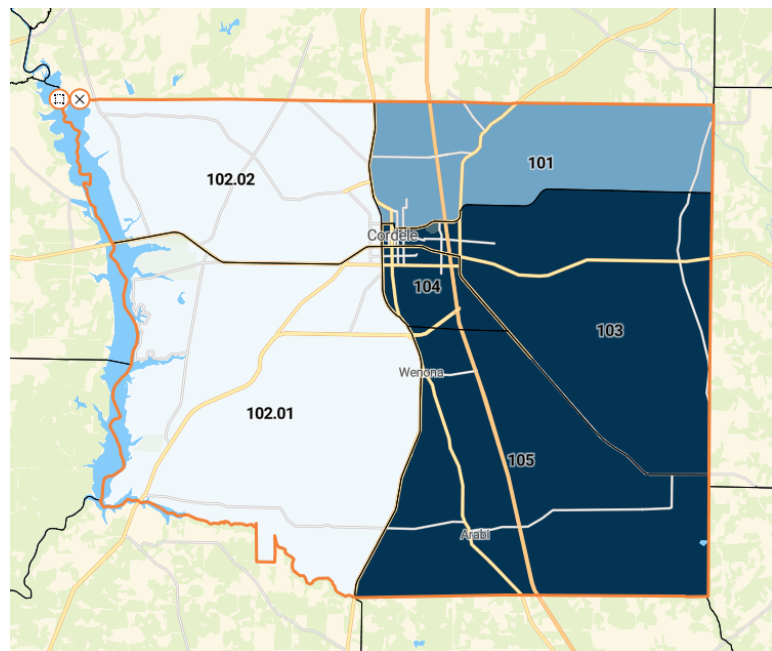
Educational attainment is higher in the northwestern and central part of the county with 88% of the population having at least a high school diploma.

The remaining tracts have rates that range from 77%-82%.

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

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



Preschool or nursery enrollment is relatively higher in the eastern part of the county compared to the rest of the county with respective levels of 3% vs 1.5% vs 0.3%.



SOCIAL AND COMMUNITY CONTEXT

Almost six out of ten children live in single parent households (57% versus state rate of 30%). The suicide rate is substantially higher than the state level (22 per 100,000 vs 14 per 100,000).

There are approximately 8,480 households in Crisp County, with an average of 2.6 persons per household.

		Crisp	Georgia
Household Characteristics			
	Households	8,479	3,830,264
	Average persons per households	2.6	2.7
	Children in single parent households	57%*	30%
Social Context			
	Social Associations per 100,000	8	9
	Suicide rates per 100,000	22*	14

Data Source: County Health Rankings, US Census Bureau






*Significantly unfavorable compared to the state average

NEIGHBORHOOD AND BUILT ENVIRONMENT

Less than half (43%) of county residents have access to exercise opportunities. County residents are slightly less digitally connected compared to the state; 85% of households have a computer and 68% of adults have access to broadband internet. The county is also relatively

**Relative to the state, more
Crisp County residents
experience air pollution
issues.**

safe, with a lower violent crime rate than the state. One out of five households experiences food insecurity and 14% of the households do not have a motor vehicle. The proportion of households with severe housing problems is higher than Georgia's.

	Crisp	Georgia
Digital Connectivity and Amenities		
 Households with computer	85%*	92%
Adult with broadband internet	68%*	84%
Access to exercise opportunities	43%*	75%
Safety		
 Violent crime rate per 100,000	288	388
Deaths from motor vehicle crashes per 100,000	16*	14
Food Insecurity		
 Percent low-income residents with limited access to healthy foods	6%	9%
(Healthy) Food environment index (1 worst; 10 best)	6.4	6.5
Percentage of population experiencing food insecurity	20%*	13%
Transportation		
 Average travel time to work (minutes)	21 mins	29 mins
Percent households with <u>no</u> motor vehicle	14%*	6.45%
Housing		
 Percent of homes owned	54%*	63%
Percent families spending more than 50% of income on housing	16%*	14%
Percent population with severe housing problems	20%*	16%
Median gross rent	\$641	\$1,042
Median selected monthly owner costs, including mortgage	\$1,043	\$1,449



Pollution

Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)

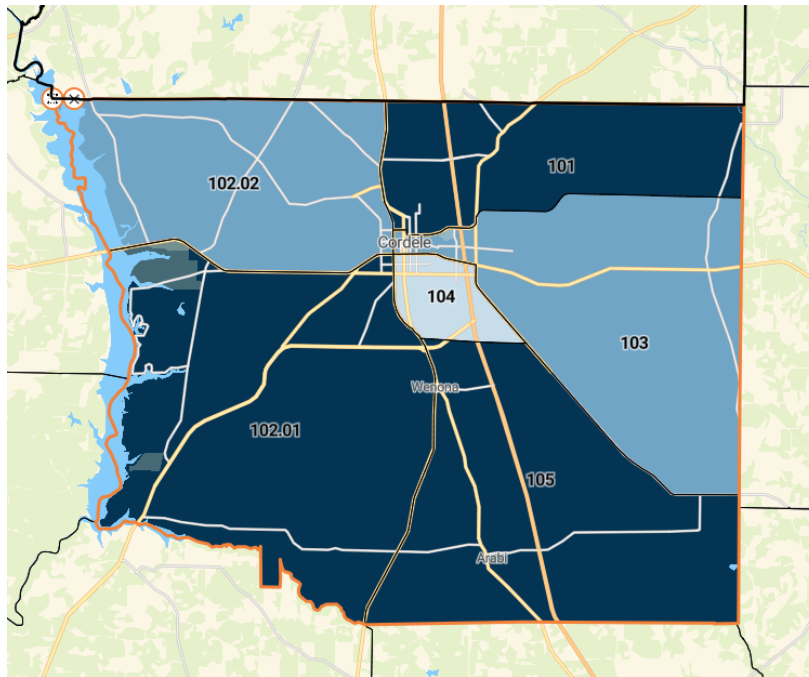
9.5

9.6

*Significantly unfavorable compared to the state average

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

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



Proportion of all households with no internet access, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

The proportion of households with no internet access was high in the southern and northeastern parts of the county with rates of 38%-43%. In the other parts of the county rates range from 27%-32%.

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

Proportion of all households without a computer, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

Computer access was lower in the northeastern part of the county where 33% of households lack any type of computer. In other parts of the county the rate varies from 10%-22%.

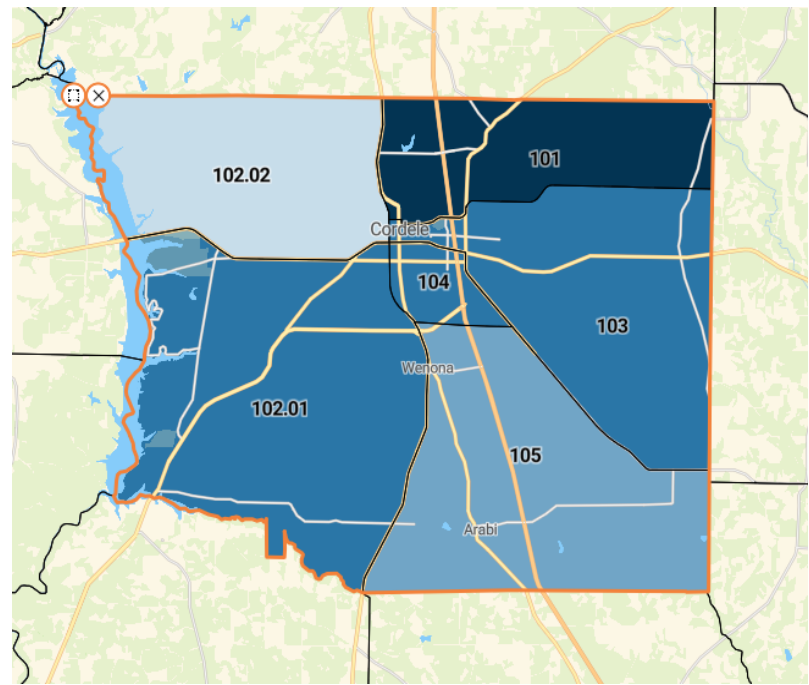
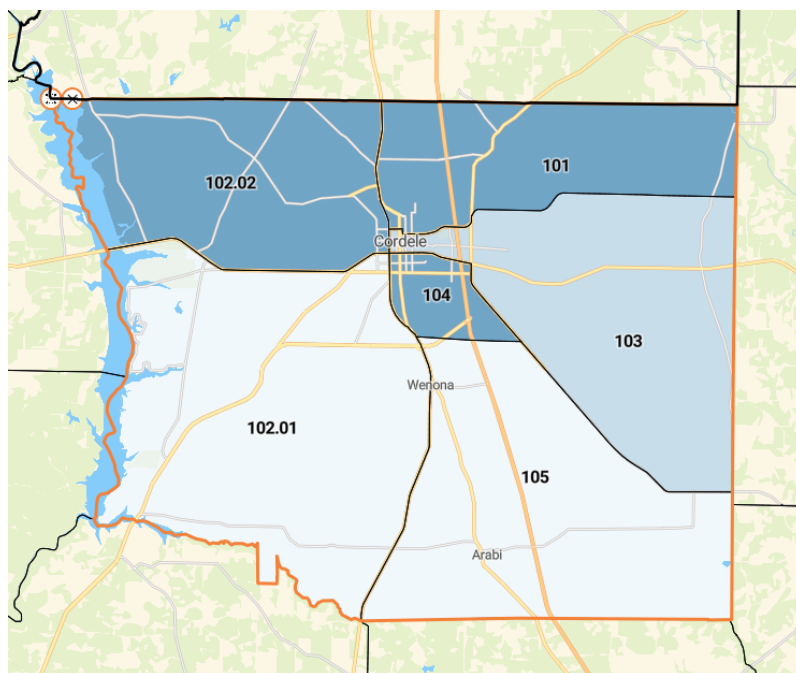


Figure 11. Severe Homeowner Cost Burden by Census Tract (2015-2019)



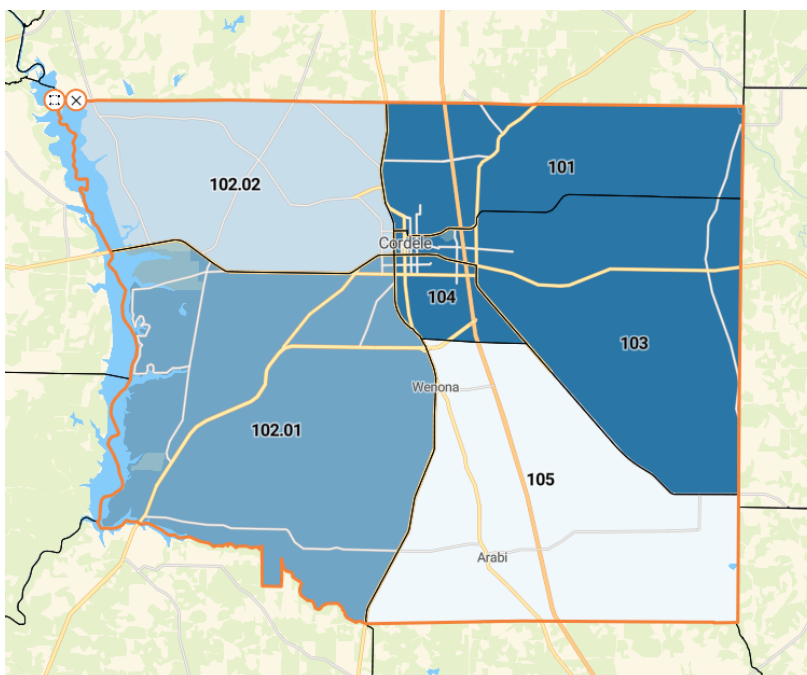
Proportion of all Homeowners who are severely burdened by housing costs, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

Compared to the southern part of the county (4%-6%), severe homeowner cost burden is higher in the northern and central parts of the county (9%).

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

Proportion of all Renters who are severely burdened by housing costs, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)




A higher proportion of renters (27%-29%) in the northeastern and central parts of the county experience severe rental cost burden compared to the remaining parts.



HEALTH CARE ACCESS

Health care access in the county is lower compared to the state. At 16%, the proportion of residents who are uninsured is equal to the state rate. The ratio of primary care providers to population is greater for the county, However, ompared to the state, Crisp County experiences shortages of dentists, and mental health providers. Flu vaccination rates are also lower than the state levels whereas mammogram screening is higher than the state. Preventable hospital hospitalizations are significantly higher for residents of the county than of Georgia.

Preventable hospitalization rates are higher in Crisp County than in the state, reflective of a limited access to primary care services.

	Crisp	Georgia
Health Insurance Coverage		
 Percent under 65 years Uninsured	16%	16%
Provider Supply		
 Population to One Primary Care Physician	1,330	1,510
Population to One Dentist	2,030	1,920
Population to One Mental Health Provider	2,490*	690
Primary Care and Prevention		
 Adults with a Personal Doctor or Health Provider	73%	72%
Adults Reporting a Physical Checkup within last	80%	78%
Preventable Hospital Stays per 100,000 Medicare Enrollees	7,168*	4,835
Mammogram Screening Rates	47	41
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	41*	46

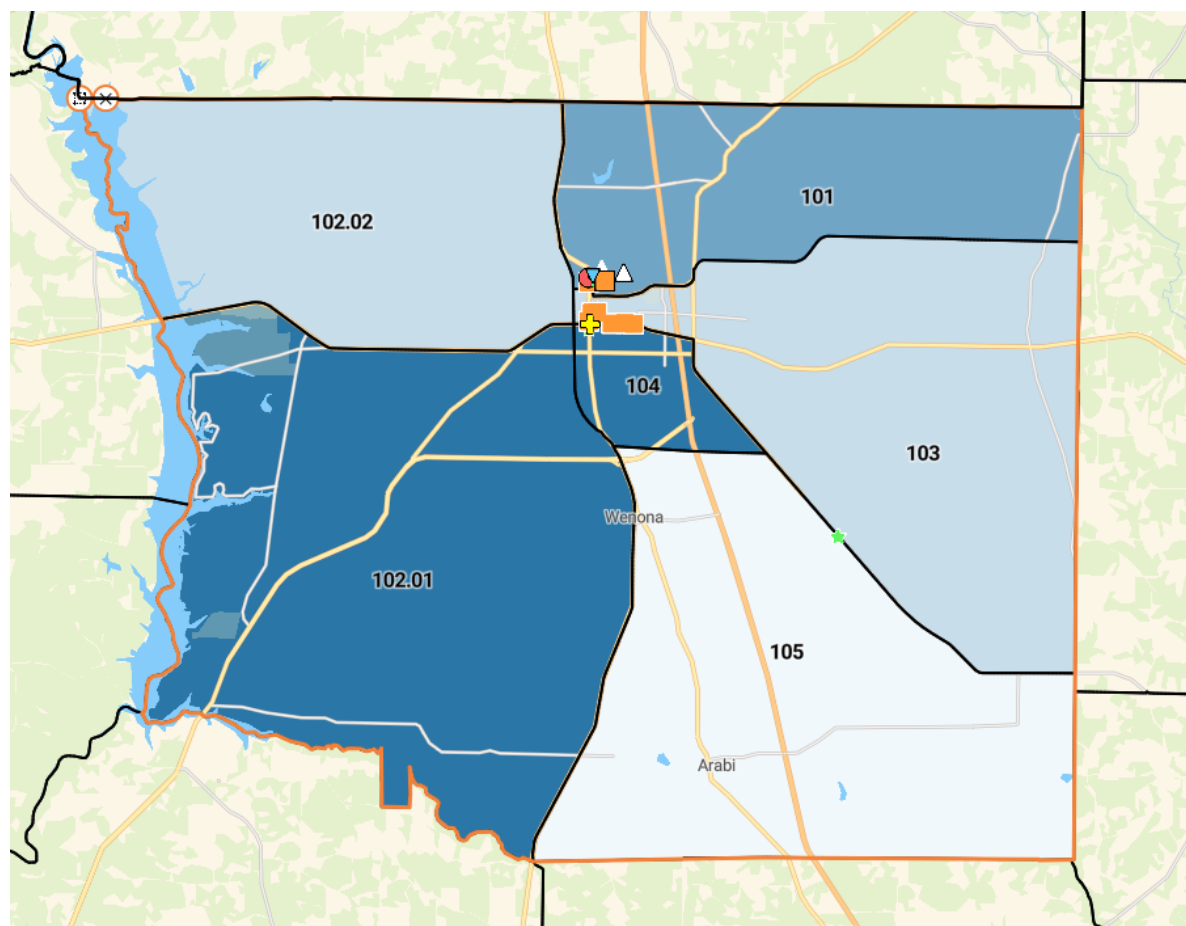
*Significantly unfavorable compared to state average

Data Source: County Health Rankings, Policy Map.

Figure 13. Access to Health and Mental Health Services

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

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




Legend: pink circle = hospital; white triangle = nursing facilities; green stars = community health centers; orange squares = community health centers and look-alikes; yellow plus = mental health treatment facility

Assessed facilities include hospital, nursing homes, community health centers (including FQHCs and look-alikes), retail-based healthcare, mental health treatment facilities and drug and alcohol treatment facilities. **Census tracts are shaded based on total population, with darker colors representing greater population counts.**

LIFESTYLE AND BEHAVIOR

The proportion of county residents who smoke is higher than the state's. While the excessive drinking rate is lower than that of the state, the proportion of adults who are obese, physically inactive, or who do not get sufficient sleep is higher. Crisp County reported no alcohol-related driving deaths for the reporting year. Rates of teen pregnancy are more than twice as high as the state level, whereas sexually transmitted infection (STI) rates are lower than the state's rates.

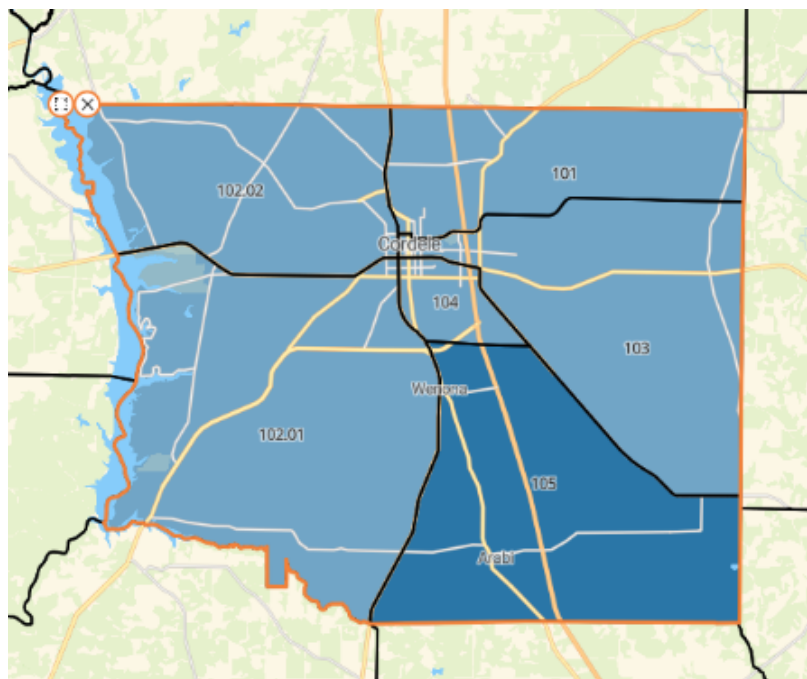
Generally, a higher proportion of Crisp County residents engage in unhealthy behavior than at the state level

	Crisp	Georgia	
Suboptimal Lifestyle Behaviors			
	Adult smoking rate	25%*	16%
	Adult excessive drinking rate	14%	17%
	Percent driving deaths with alcohol involvement	0%	20%
	Adult obesity rate	36%*	32%
	Adult physical inactivity rate	37%*	26%
	Percentage of adults who report insufficient sleep (fewer than 7 hours of sleep on average)	44%*	38%
Sexual Risk Behaviors			
	STD infection rates per 100,000	572	632
	Teen pregnancy rates per 1000 female teens	50*	24

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure 14. Smoking Rate by Census Tract (2018)



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

Smoking rates are high consistently high across the county (40%-44%), however, the southeastern part of the county has the highest rate (44%).

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

Proportion of adults physically inactive, 2017. Data Source: Policy Map. (The darker the color the higher the proportion.)

Similarly, the rate of physical inactivity is consistently high across the county ranging from 38%-40% (Figure 15).

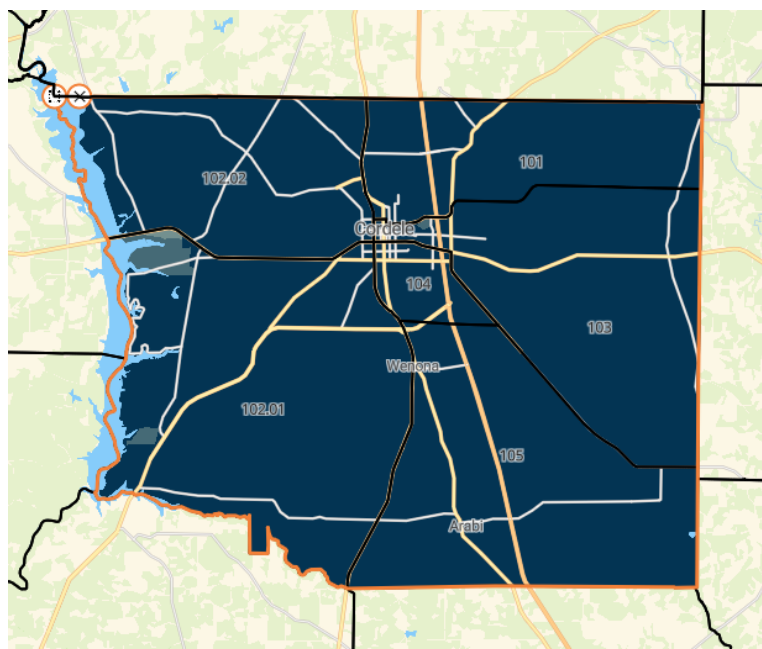
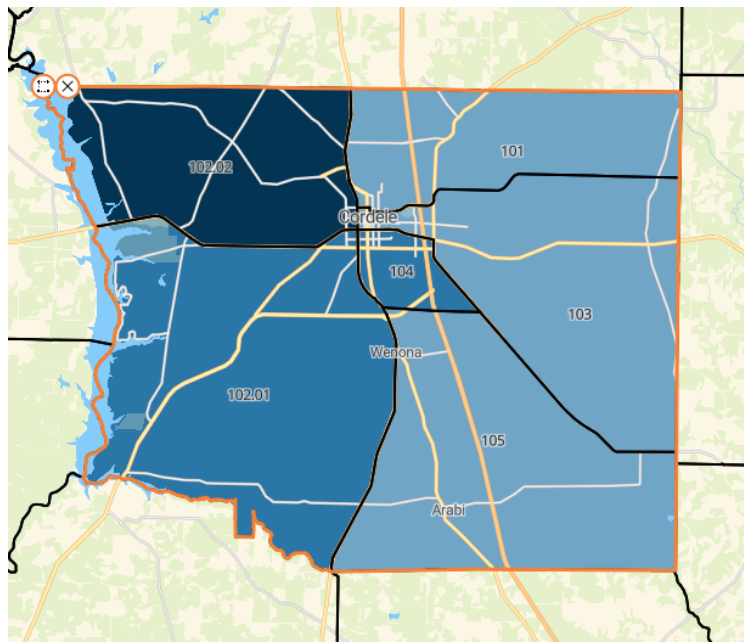


Figure 16. Adult Obesity by Census Tract (2018)



Proportion of adults reporting to be obese, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.)



Obesity rates are consistently high in the county; however, the western and central parts have higher rates (35%-36%) compared to the eastern parts (32%-33%).

HEALTH OUTCOMES

Morbidity

A higher proportion of Crisp County residents self-report poor physical and mental health compared to the state. Similarly, prevalence rates of common conditions, including diabetes, heart disease, HIV and low birth weight are higher than the state rates. Cancer incidence rates are also slightly higher than the state.

One out of three residents of Crisp County report having poor or fair health.

	Crisp	Georgia
	Disease Burden	
Cancer incidence rates per 100,000 population	419	469
Adult diabetes prevalence rate %	18%*	12%
HIV prevalence rate per 100,000 population	662*	625
Cardiovascular disease hospitalization per 1000 Medicare enrollees	90.4*	65
Low weight birth rate	13%*	10%
	Self-Reported Health Outcomes	
Percent adults reporting poor or fair health	28%*	18%
Percent adults reporting frequent physical distress	18%*	12%
Percent adults reporting frequent mental distress	18%*	13%

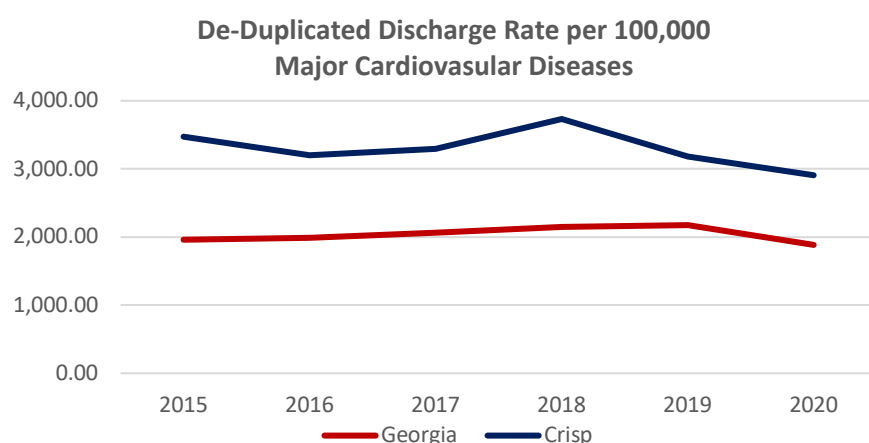
*Significantly unfavorable compared to the state average

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

Cardiovascular Disease Morbidity

Hospital discharges for cases of major cardiovascular disease among adults 35 years of age and older are consistently higher for Crisp County than for the state overall but have decreased since 2018 (Figure 17 below).

Figure 17. Cardiovascular Disease Discharge Rates, 2015-2020

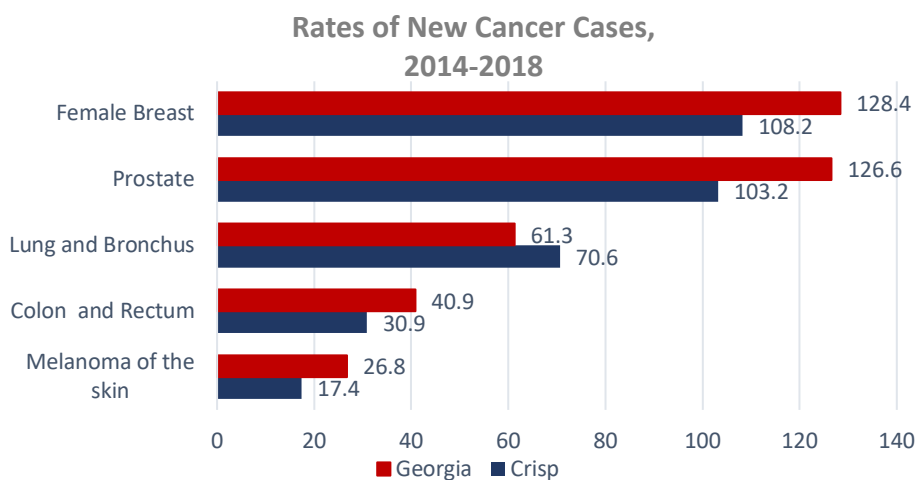


Data source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer Morbidity

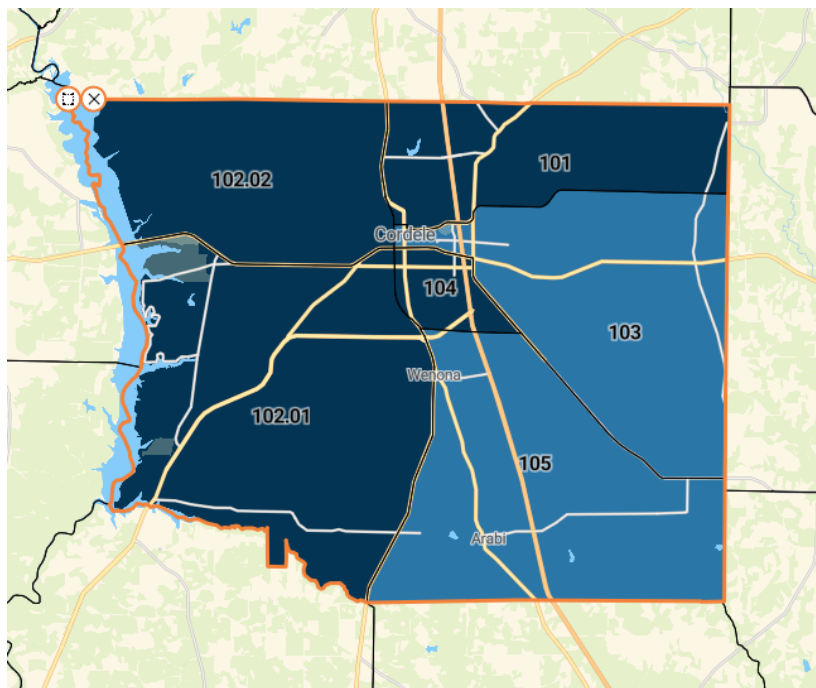
The incidence rates of female breast, prostate, colorectal and skin melanoma cancers were lower for Crisp County than Georgia for the 2014-2018 timeframe. The incidence rate of lung and bronchus cancer was higher for Crisp County residents than the state. (Figure 18).

Figure 18. Cancer Incidence Rates, 2014-2018



Data Source: National Cancer Institute, State Cancer Profile

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



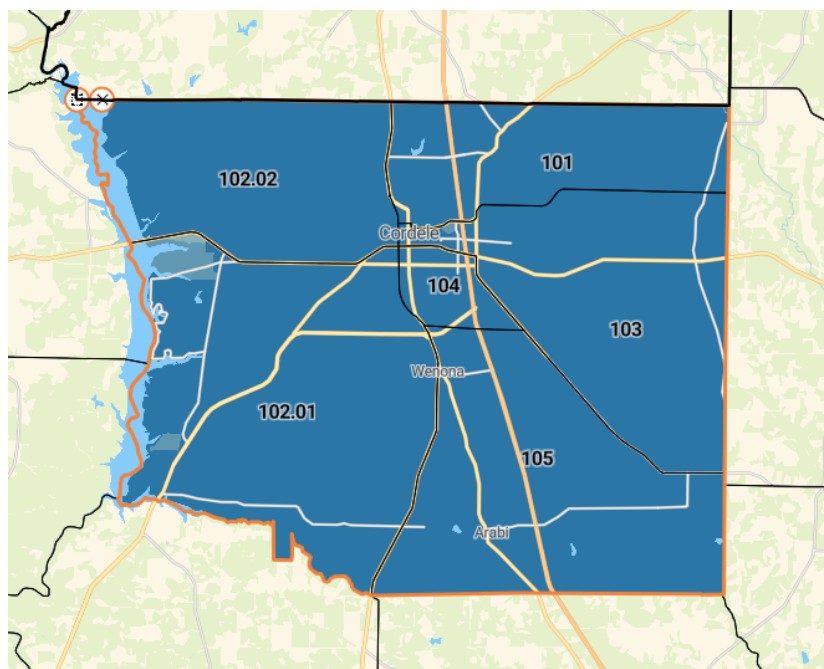
Proportion of adults reporting poor or fair health in the past 30 days, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.)

A higher proportion of adults in the western and northeastern parts of the county reported poor or fair health compared to the rest of the county 22%-23% vs 20%.

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

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

The proportion of adults reporting frequent mental health distress were similar across the county, 14%-15%.




Mortality

Premature death rates are significantly higher in Crisp County compared to the state.

Black residents' life

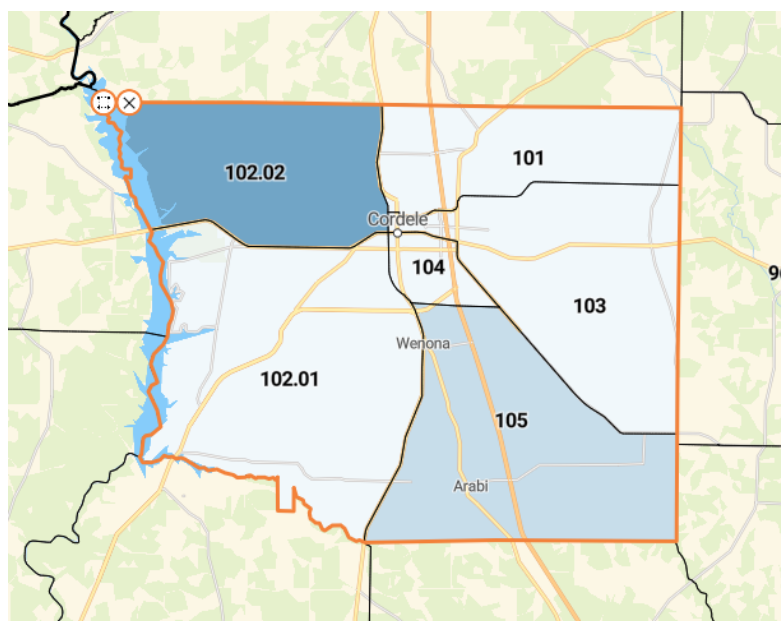
expectancy is shorter than that of white residents (72.0 vs 76.4).

The average life expectancy in Crisp County is 75.2 years – about 2.5 years less than the average life expectancy in Georgia.

		Crisp	Georgia
	Mortality Indicators		
	Life Expectancy	75.2*	77.9
	Premature (under 75yrs) Death Rate per 100,000 population	560*	380
*Significantly unfavorable compared to the state average			

Data Source: County Health Rankings

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



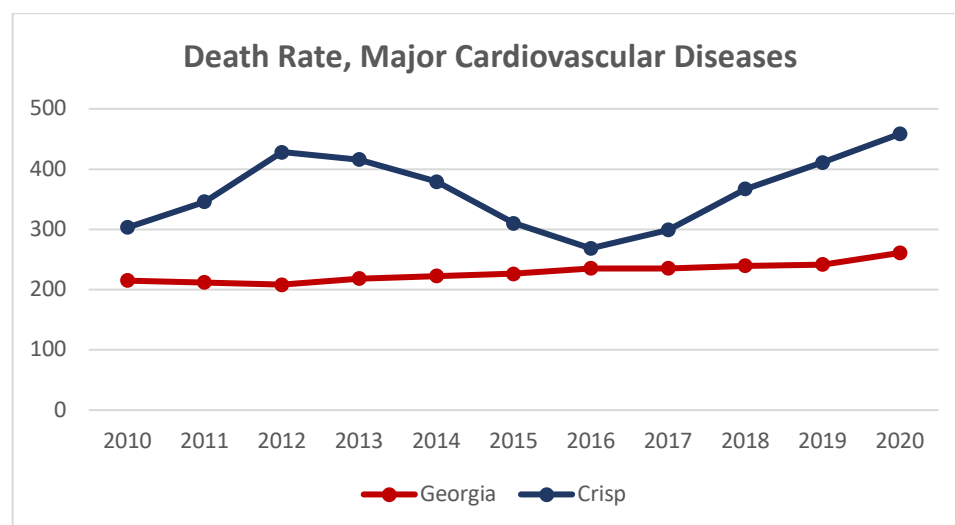
Life Expectancy at Birth, 2010-2015. Data Source: Policy Map. (The darker the color the higher the life expectancy.)

Life expectancy is greater for residents in the northwestern part of the County (78 years), followed by the southeastern part (75 + years). In the remaining parts of the county life expectancy is around 74 years old.

Cardiovascular Disease Mortality

Trends on death rates for major cardiovascular diseases show that Crisp County's rate has been increasing since 2016 and have been consistently higher than the state's rates since 2010. For Black residents, the age adjusted 5-year (2016-2020) average death rate from major cardiovascular diseases is higher than for White residents (370.7 vs 233.5).

Figure 22. Major Cardiovascular Diseases Death Rates per 100,000, 2010-20

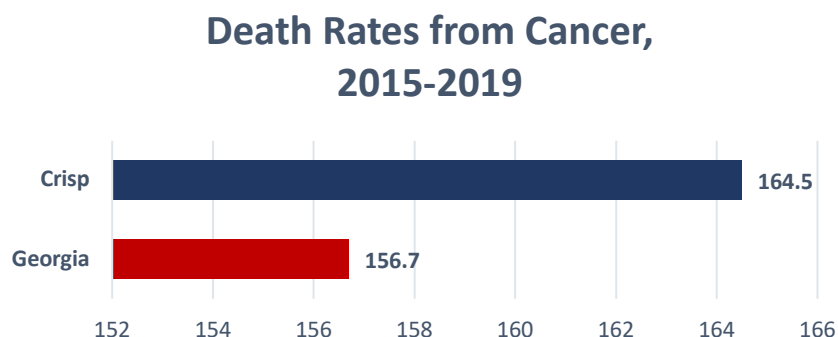


Data Source: Online Analytical Statistical Information System (OASIS)

Cancer Mortality

The death rate from cancer for Crisp County residents is higher than for Georgia (Figure 23). Black residents have a higher rate than White residents (189.3 vs 155.8).

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



Data Source: National Cancer Institute, State Cancer Profiles.

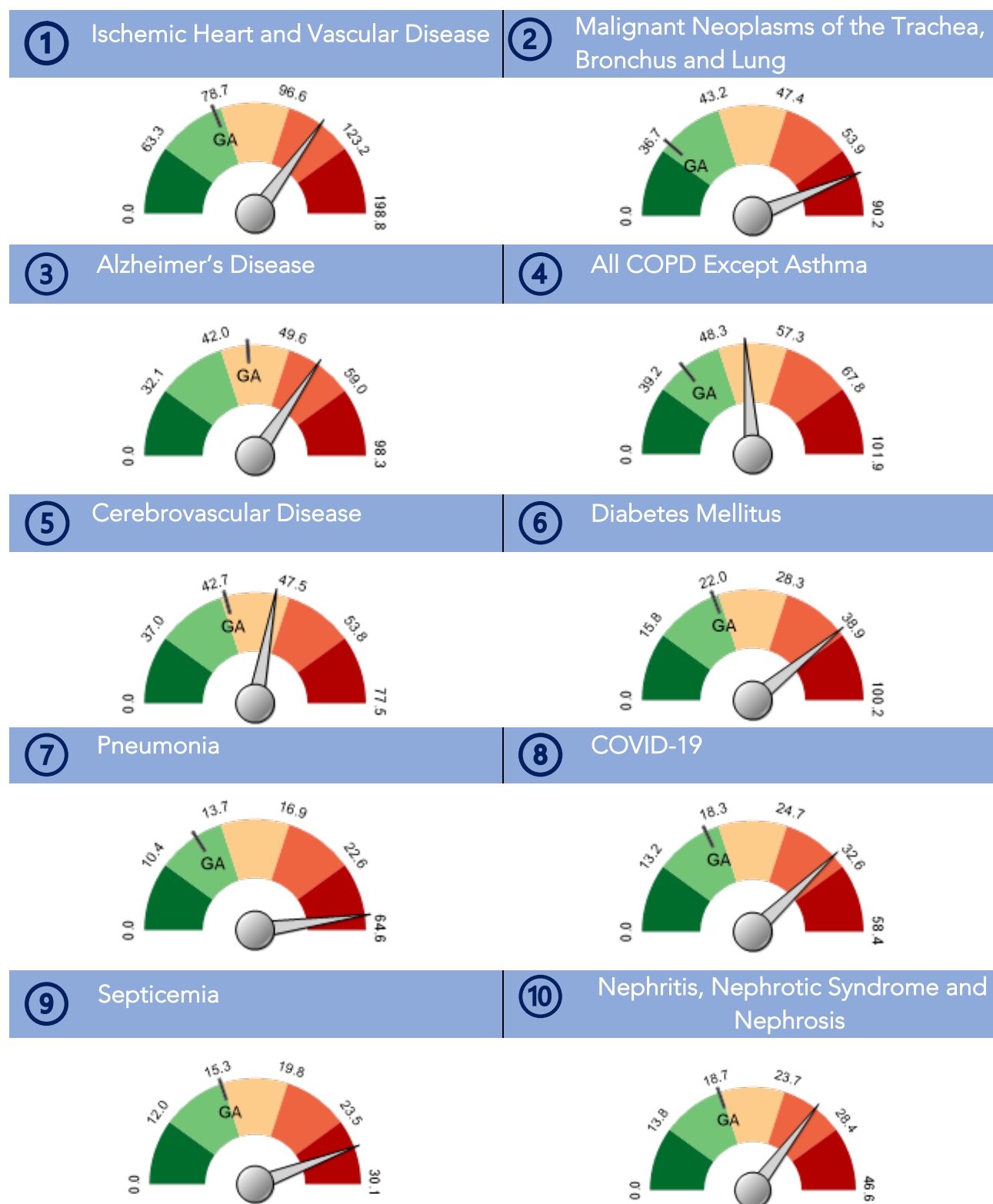
Top 10 Causes of Death: Crisp County and Georgia 2016-2020

According to the Georgia Department of Public Health Online Analytical Statistical Information System, the top three causes of death for Crisp County are Ischemic Heart and Vascular Disease, Malignant Neoplasms of the Trachea, Bronchus and Lung and Alzheimer's Disease. Deaths from Diabetes, Pneumonia, COVID-19, and Septicemia ranked much higher for Crisp County compared to Georgia. Top Ten comparisons are provided in the table and figure below.

Cause	Crisp Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
Malignant Neoplasms of the Trachea, Bronchus and Lung	2	5
Alzheimer's Disease	3	4
All COPD Except Asthma	4	2
Cerebrovascular Disease	5	3
Diabetes Mellitus	6	9
Pneumonia	7	19
Covid-19	8	11
Septicemia	9	12
Nephritis, Nephrotic Syndrome and Nephrosis	10	10

Data Source: OASIS



Figure 24. Mortality Rank/County Comparison to Georgia



COVID-19

Although the COVID-19 infection rate was lower in Crisp County than in Georgia, the COVID-19 death rate was higher than the state average as of May 2022. Vaccination rates were lower than the state average as of May 2022,








As of May 2022, there had been 4,636 COVID-19 infections and 71 COVID-19 deaths in Crisp County.

	Crisp	Georgia
	Cumulative COVID-19 Infections and Deaths (05/04/2022)	
Number of COVID-19 Infections	4,636	2,520,881
Infection Rate per 100,000	20,799*	23,269
Number of COVID-19 Deaths	71	31,627
Death Rate per 100,000	318.5*	291.9
	Vaccination Rates (05/04/2022)	
Percent Population who are Fully Vaccinated	45%*	56%
Percent Population with at least One Vaccine Dose	50%*	64%

*Significantly unfavorable compared to state average

Data Source: Georgia Department of Public Health

PROGRESS ON SELECTED INDICATORS

	Previous CHNA	Current CHNA	Progress
	Economic Profile		
	Percent children in poverty	46.9% → 44%	→
	Unemployment rate	4.3% → 8.6%	←
	Education		
	High school graduation rate	88% → 83%	←
	Social and Community Context		
	Social associations per 100,000	10.5 → 8	←
	Percent children in single parent households	56% → 57%	←
	Neighborhood and Built Environment		
	Percent population with access to exercise opportunities	62% → 43%	←
	Percent population food insecure	23% → 20%	→
	Health Care Access		
	Uninsurance rate	21% → 15%	→
	Primary care provider to population	1,270 → 1,330	←
	Mental health provider to population	2,840 → 2,490	→
	Health Behaviors		
	Obesity rate	33% → 36%	←
	Physical inactivity rate	33% → 27%	→
	Smoking rate	24% → 25%	←
	Teen pregnancy rate (per 1000 teen females)	52.9 → 50	→
	Health Outcomes		
	Percent reporting poor or fair health	16% → 28%	←
	Low birth weight rate	13% → 13%	—
	Diabetes prevalence	14% → 18%	←
	Premature (under 75yrs) death rate per 100,000 population	490 → 540	←

*Where indicator was not measured in prior CHNA, data sources comparable to current cycle were used.

← worsened — stable → improved

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS

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

Community Demographic Profile, Economic Profile & Education

- The population of Crisp County is older and more diverse compared to the state of Georgia.
- The population decline observed between 2015 and 2020 is projected to reverse slightly from 2020 to 2025.
- Crisp County has unfavorable unemployment rates compared to the state, and it experiences high levels of poverty, both for adults and children.
- Educational attainment is generally lower in the county, compared to the state.

Social and Community Context & Neighborhood and Built Environment

- More than half of children in the county live in single parent households.
- Crisp county lacks access to amenities such as recreational opportunities.
- Compared to the state, Crisp County residents are less digitally connected.

Health Care Access

- Access to dental and mental health care providers health care is relatively limited, compared to the state. Primary care appears adequate. Uninsurance rates remain similar to the state.

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS – CONT'D

Lifestyle Behavior & Health Outcomes

- Generally, compared to the state, a higher proportion of Crisp County residents engage in unhealthy behaviors such as smoking, and risky sexual behaviors. Teenage pregnancy rates are double the rates of the state.
- Health outcomes in the county are relatively worse than the state, with a higher proportion of county residents reporting poor physical and mental health, compared to Georgia.
- Crisp County residents have a shorter average life span than Georgia residents.

COVID-19

- Crisp County residents have been impacted by the ongoing COVID-19 pandemic
- As of May 2022, COVID-19 death rates were higher in the county compared to the state, even though infection rates were lower.
- Vaccination rates, however, remained lower than the state during the same period.

Progress on Selected Health Indicators Since Previous CHNA

- Of 18 selected health indicators assessed across the SDOH dimensions, the county performed better or similarly on 39% (7/18) and worse on 61% (11/18) compared to the last CHNA.

COMMUNITY SURVEY

To contribute to the identification of community needs an online survey was disseminated electronically due to COVID-19 restrictions. The online survey was available from Nov 20, 2021 - March 23, 2022. The survey was disseminated by the hospital and community partners utilizing their websites, listservs and/or social media pages including but not limited to the following:

- Crisp Regional Hospital website, Facebook, Instagram platforms
- Rotary, Kiwanis, and Lions civic clubs email listservs
- Cordele - Crisp County Chamber of Commerce email listserv
- local Cordele & Crisp County churches listservs
- CRH newsletter subscribers
- Employee listserv to encourage family members to participate
- Crisp County School System listserv
- Crisp Academy listserv

Surveys were completed (either completely or partially) by 54 community members.

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The majority of survey respondents were female (74.4%), Non-Hispanic White (86%), aged under 65 years (90.7%), married or partnered (60.5%) and employed (70%), with at least some college or associate degree (34%). Half of the participants reported an annual household income above \$60,000 (47.6%) (Table 6). COVID-19 protocols created challenges for obtaining a representative survey. The survey was shared on the hospital's website, through social media accounts, and with the school board for further dissemination. Additional efforts were made to share it through churches and other networks. Survey respondents were significantly more likely to be female (74.4% sample vs 52.6% county census), under 65 (90.7% sample vs 80.7% county census), non-Hispanic White (86% sample vs 49.2% county census). Respondents had more education: 43.1% of respondents had at least a Bachelor's degree, while only 32% of county residents had this level of education according to census figures. Similarly, more than 55% of respondents reported household earnings that were greater than the county median household income of \$38.3K.

Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
Gender (n=43)		
Female	32	74.4
Male	11	25.6
Age (n=43)		
Under 35 years	8	18.6
35-44 years	11	25.6
45-54 years	6	13.9
55-64 years	14	32.6
65-74 years	4	9.3
75 years and older	0	0
Race (n=43)		
Non-Hispanic Black	4	9.3
Non-Hispanic White	37	86.0
Hispanic	0	0
American Indian/Native Alaskan	0	0
Other	2	4.65
Asian	0	0
Native Hawaiian or Pacific Islander	0	0
Education (n=44)		
Less than High School	3	6.8
High School Graduate or GED	7	15.9
Some College or Associate Degree	15	34
Bachelor Degree	6	13.6
Graduate or Advanced Degree	13	29.5
Marital Status (n=43)		
Married/Partnered	26	60.5
Divorced/Separated	5	11.6
Widowed	3	7
Single/Never Married	9	20.9
Other	0	0
Household Income (n=44)		
Below \$20,000	4	9
\$20,00-\$40,000	5	11.4
\$40,001-\$60,000	3	6.8

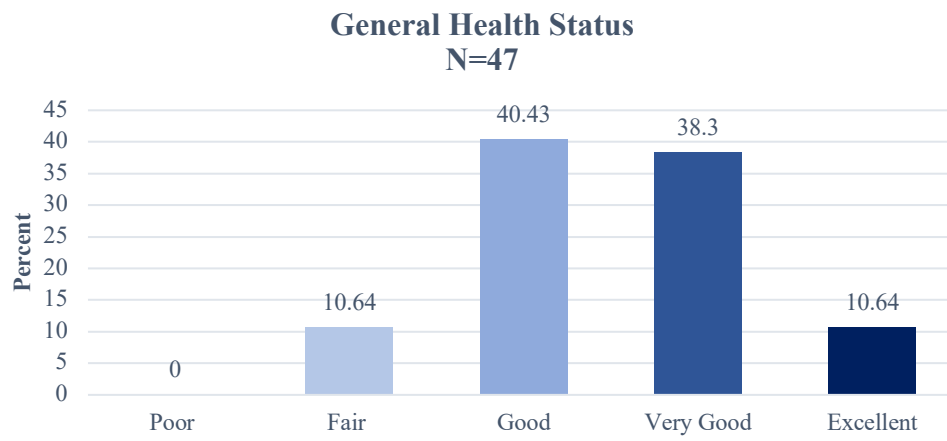
	Frequency (N)	Percentage (%)
\$60,001-\$80,000	2	4.5
\$80,001-\$100,000	6	13.6
Above \$100,000	13	29.5
Refused/Don't know	11	25
Employment Status (n=43)		
Full-time	28	65.1
Part-time	2	4.6
Retired	7	16.3
Unemployed	6	14
Home Ownership (n=43)		
Yes	32	74.4
No	11	26.6
Access to Reliable Transportation (n=43)		
Yes	41	95.4
No	2	4.6

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

HEALTH STATUS

The majority of the survey respondents (78.7%) report their health as either good or very good. Around 10.6% of the respondents say their health is poor or fair. Over half (53.2%) of respondents reported having two or more chronic conditions. The most common chronic conditions that the participants reported having were high blood pressure (51.4%), overweight and obesity (43.2%), depression or anxiety (40.5%) and high cholesterol (37.8%) (Figures 25-27).

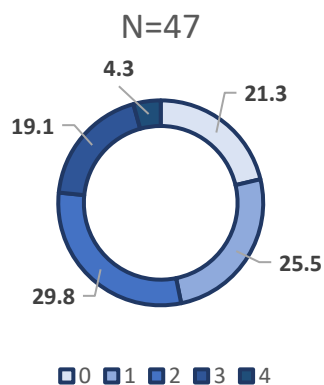
Figure 25. Self-Reported Health Status



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

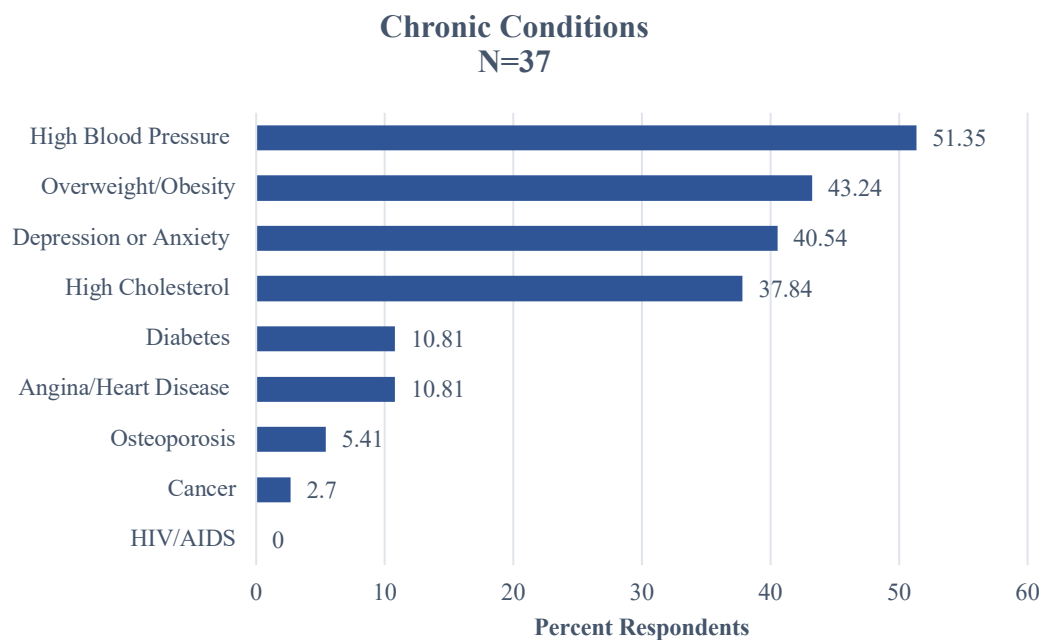
Figure 26. Burden of Multiple Chronic Conditions

Number of Chronic Conditions



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

Figure 27. Most Common Chronic Conditions



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

HEALTH BEHAVIORS

Smoking, Nutrition and Physical Activity

Among respondents, 9% reported that they currently used tobacco products (Figure 28). About one out of three (32.6%) reported eating the recommended five servings of fruits and vegetables daily. Nearly 34% of all respondents indicated that they were not able to adhere to the recommended guidelines on fruits and vegetable intake because they are too expensive. About one in four stated that they just don't think about the consumption of fruits and vegetables (Figure 29).

Figure 28. Smoking Behavior

Do you currently smoke tobacco products?

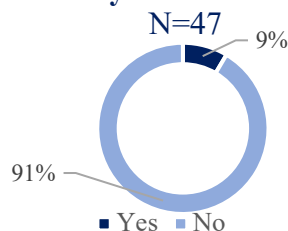
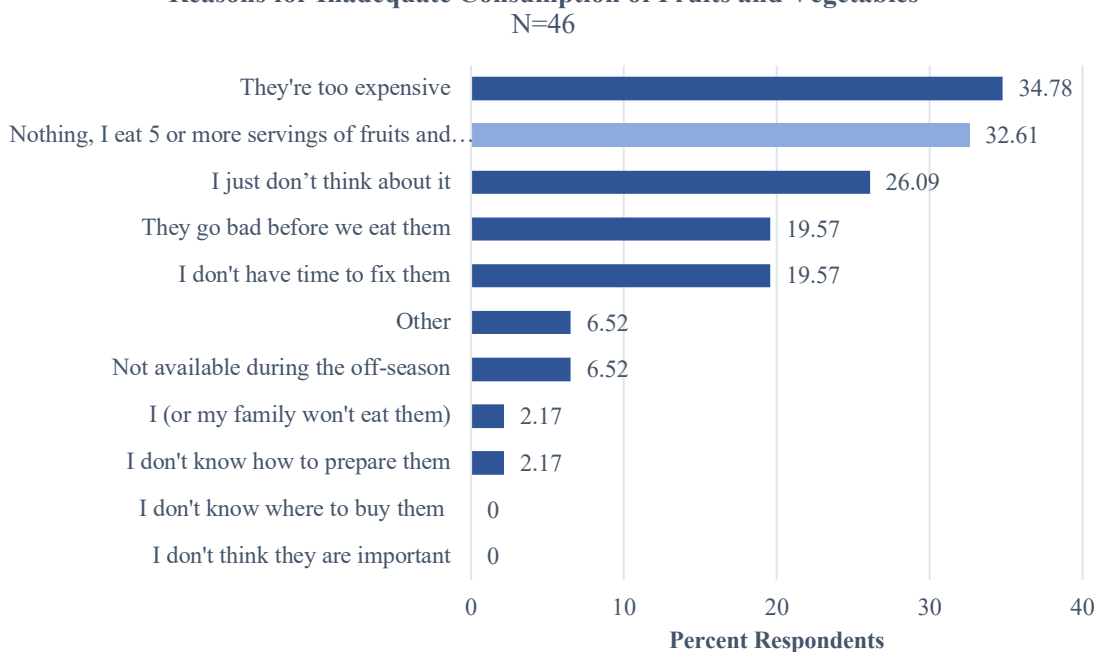


Figure 29. Fruit and Vegetable Consumption

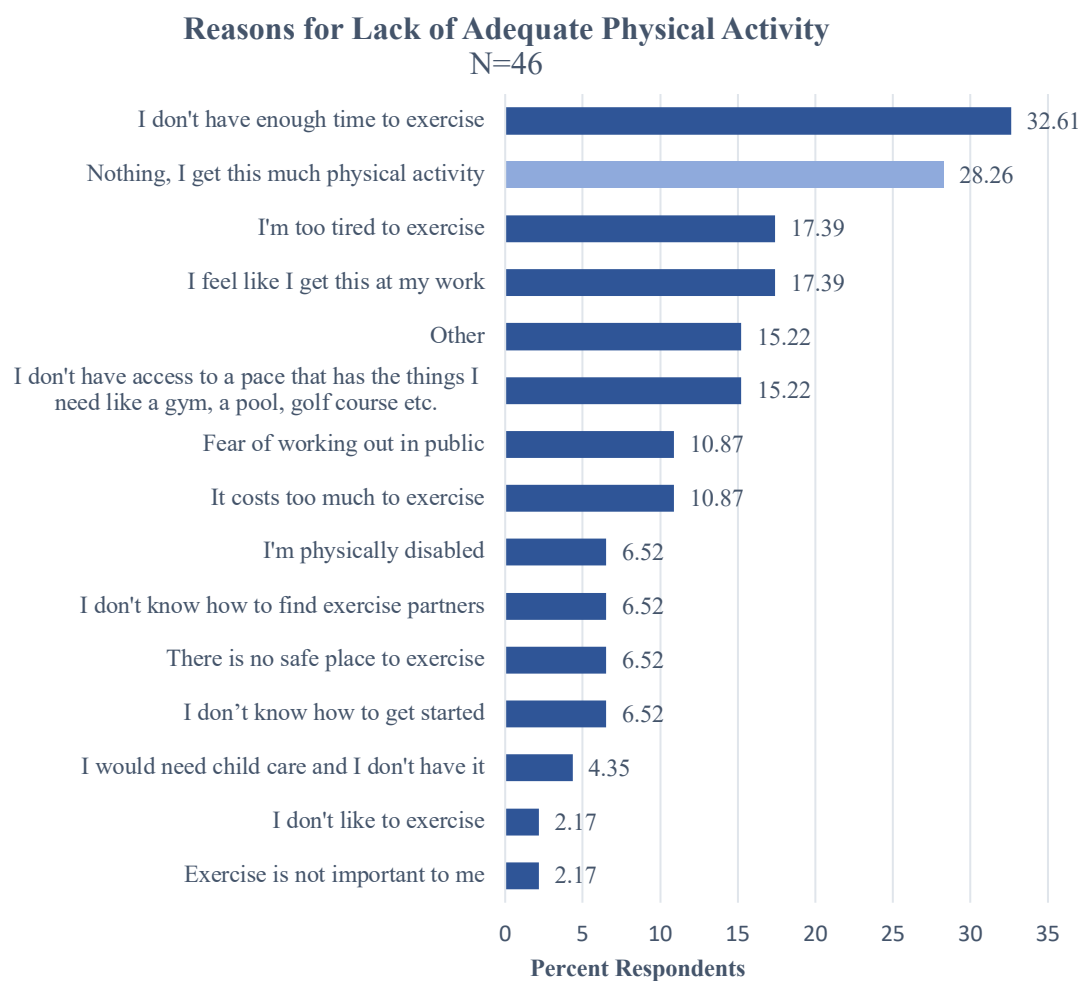
Reasons for Inadequate Consumption of Fruits and Vegetables



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

Regarding physical activity, almost three out of ten respondents stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. One in three respondents reported that they don't have enough time to exercise (32.6%). Almost 35% of participants reported that they either feel too tired to exercise or that they get physical activity at their workplace. Access was noted as an issue by almost 15% of respondents (Figure 30).

Figure 30. Physical Activity



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

Screening

Respondents were also asked about their utilization of preventive and screening services and their adherence to recommended screening guidelines. Almost eighty percent of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 31). Half (50%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 32). Almost eight out of ten (76.9%) of female respondents 50 years and older reported that they received annual mammograms (Figure 33). Two out of three (66.7%) of females 21 years and older said that they received a pap smear at least every five years (Figure 34).

Figure 31. Colon Cancer Screening

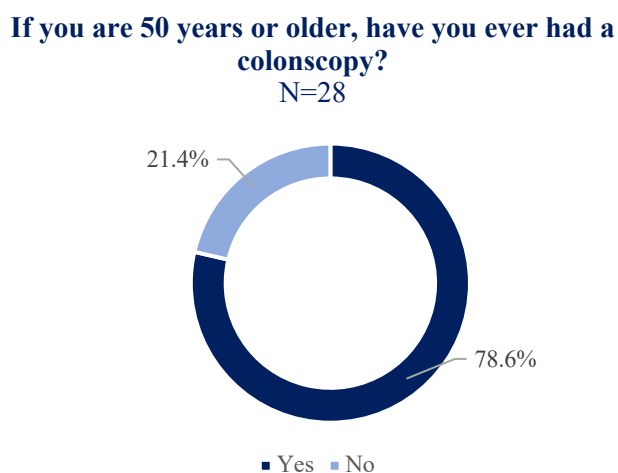


Figure 32. Prostate Cancer Screening

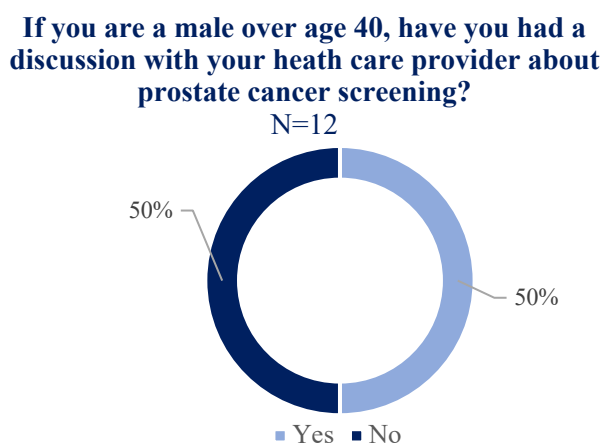


Figure 33. Breast Cancer Screening

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

N=26

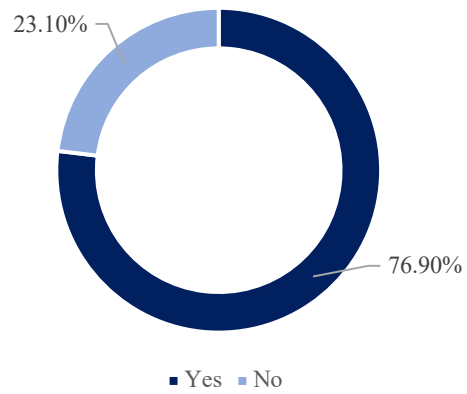
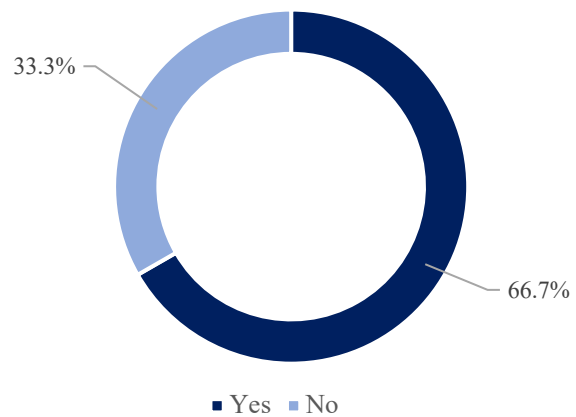


Figure 34. Cervical Cancer Screening

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

N=36

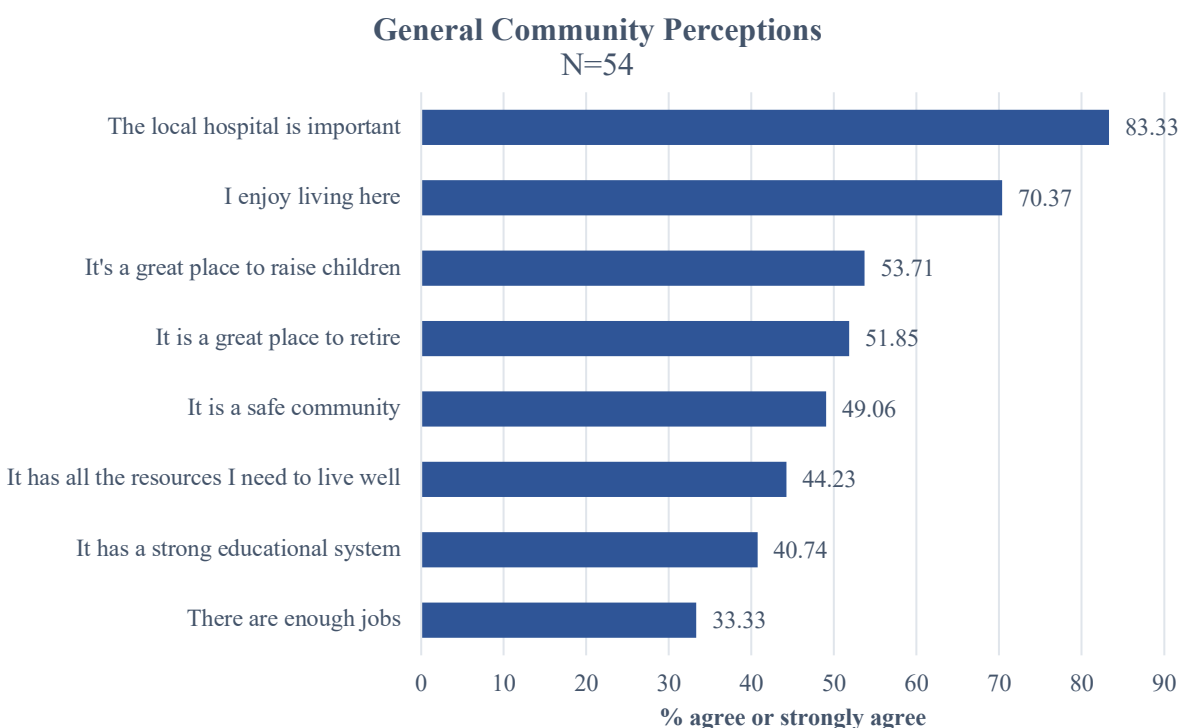


COMMUNITY PERCEPTION

General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs and the presence of a strong educational system. Seven out of ten (70.4%) respondents either agreed or strongly agreed that they enjoy living in Crisp County. However, only one in three residents felt there were enough jobs and 60% felt that there was not a strong educational system in the county. More than eight out of ten respondents (83.3%) strongly agreed or agreed that the local hospital was important (Figure 35).

Figure 35. General Community Perceptions

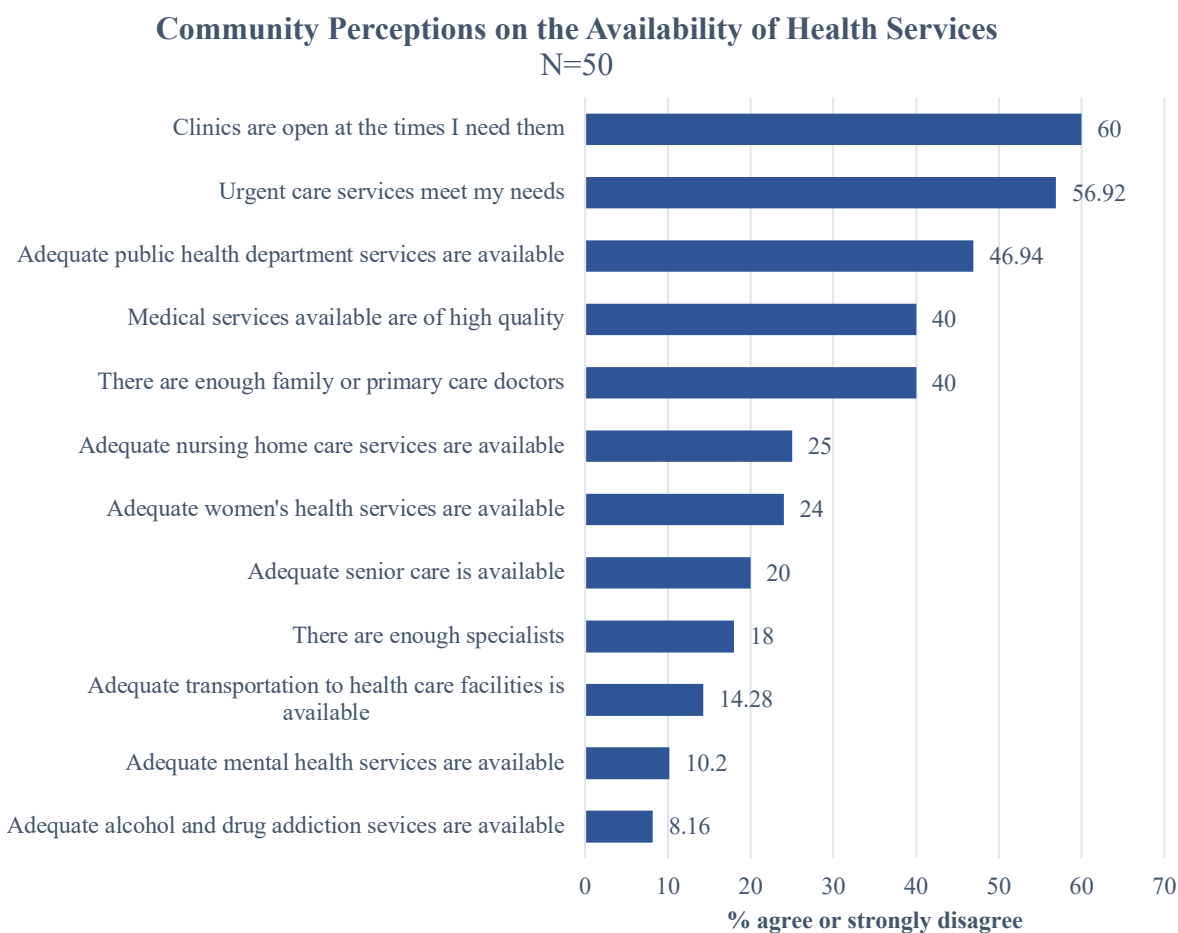


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perception Concerning Health Care Services

The respondents' perceptions of the adequacy of medical services within the community indicated moderate levels of satisfaction in terms of service offered by clinics and urgent care. There are, however, areas of concern. Less than half felt there were adequate public health services available. Less than a third of respondents reported adequacy in nursing home care services and mental health services. Only about a quarter of respondents felt that there were adequate nursing home and women's health services. Only one out of five or fewer residents reported adequate senior care, specialized care, transportation to health care, mental health services, or drug addiction services (Figure 36).

Figure 36. Community Perceptions Concerning Health Care Services

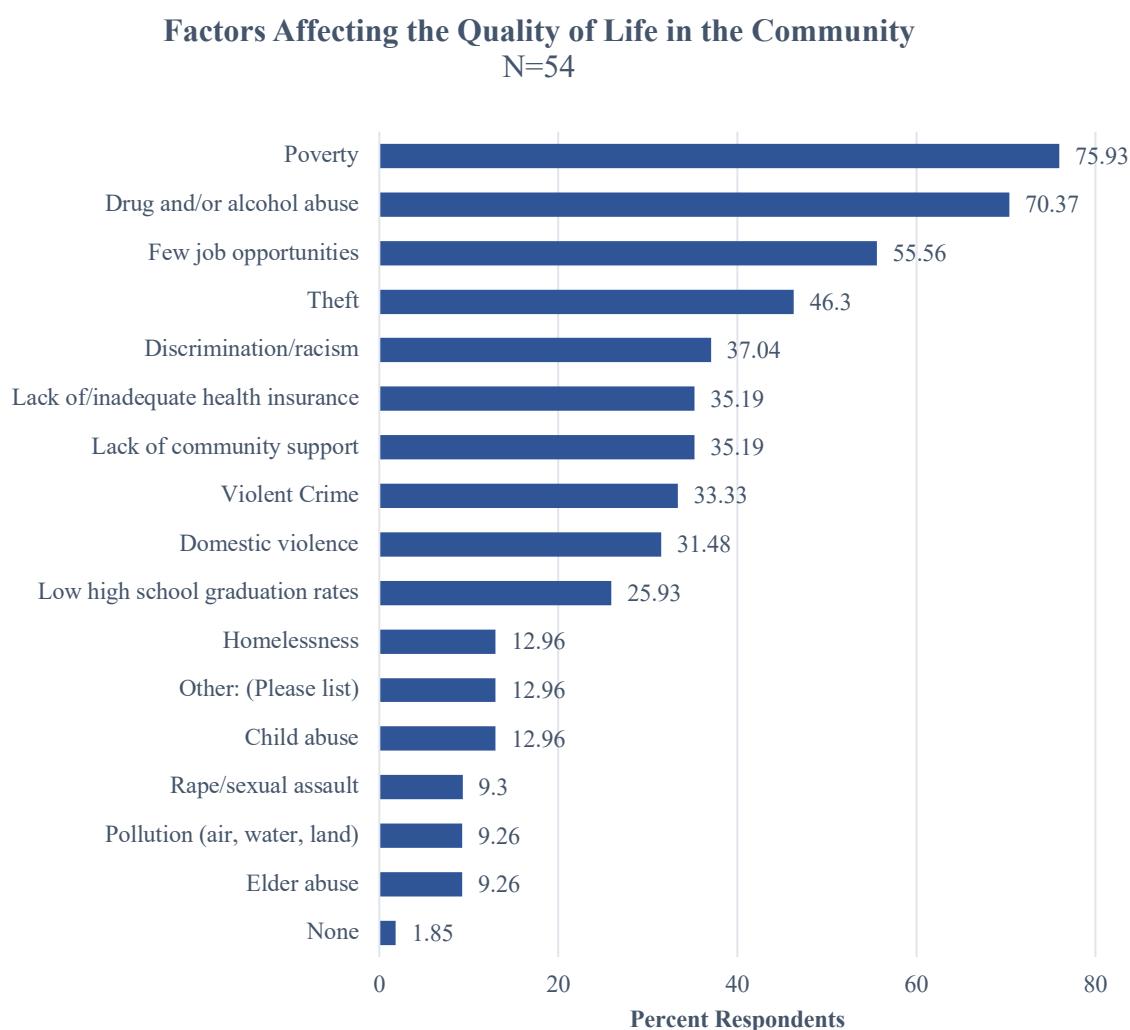


For each statement, we report valid percentages based on the respective sample size.

Community Perceptions Concerning Health and Quality of Life

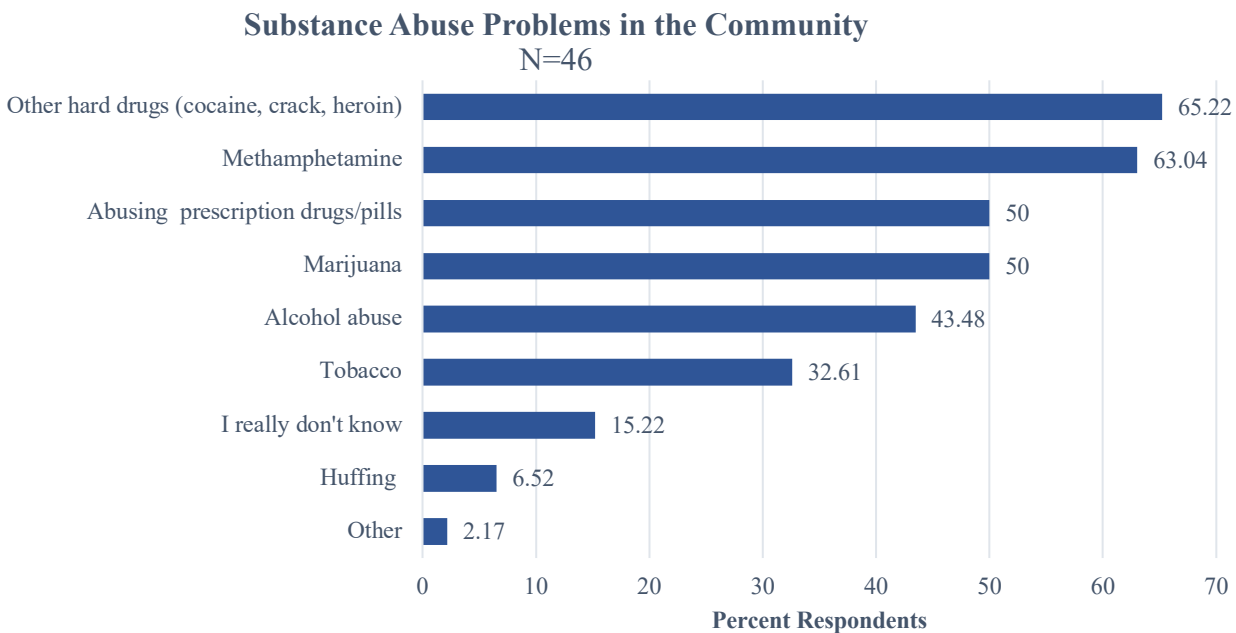
A high percentage of respondents (75.9%) identified poverty as the most significant factor affecting the quality of life in the community. Drug and alcohol abuse and few job opportunities rounded out the top three concerns. (Figure 37). Concerning substance abuse in the community, hard drugs (cocaine, heroin) (65.2%) were identified as the most commonly abused substances, followed by methamphetamine (63%) and prescription pills and drug abuse (50.5%), respectively (Figure 38).

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



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

Figure 38. Substance Abuse Problems

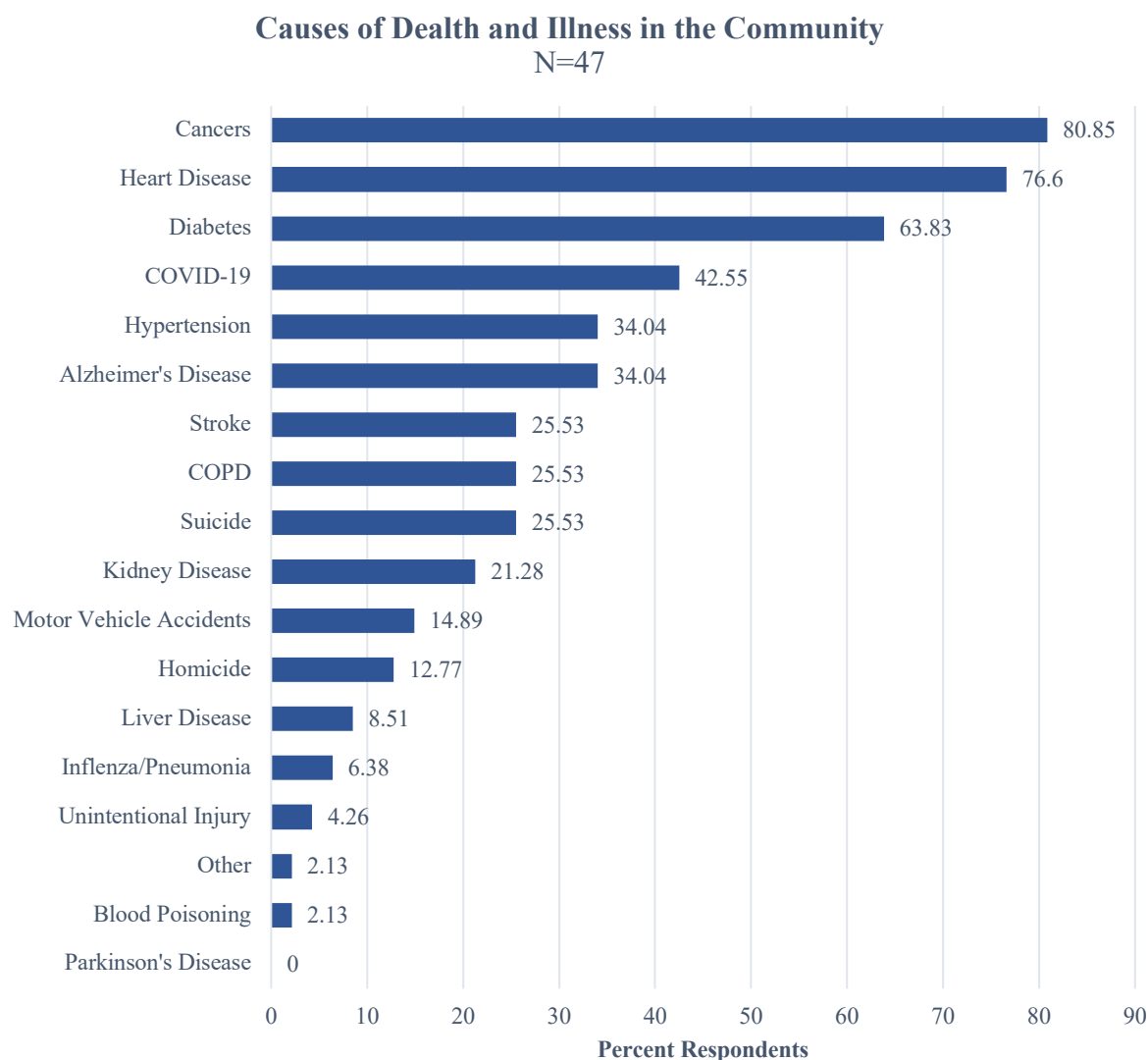


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perceptions Concerning Mortality & Morbidity

Cancers (80.8%), heart disease (76.6%) and diabetes (63.8%) were identified by the survey respondents as the top three causes of mortality and morbidity in the community (Figure 39). The toll of COVID-19 was evident. Respondents perceived it as the fourth most common cause of mortality and morbidity, with 42.6% of respondents choosing it as a significant cause of death and illness.

Figure 39. Causes of Mortality and Morbidity



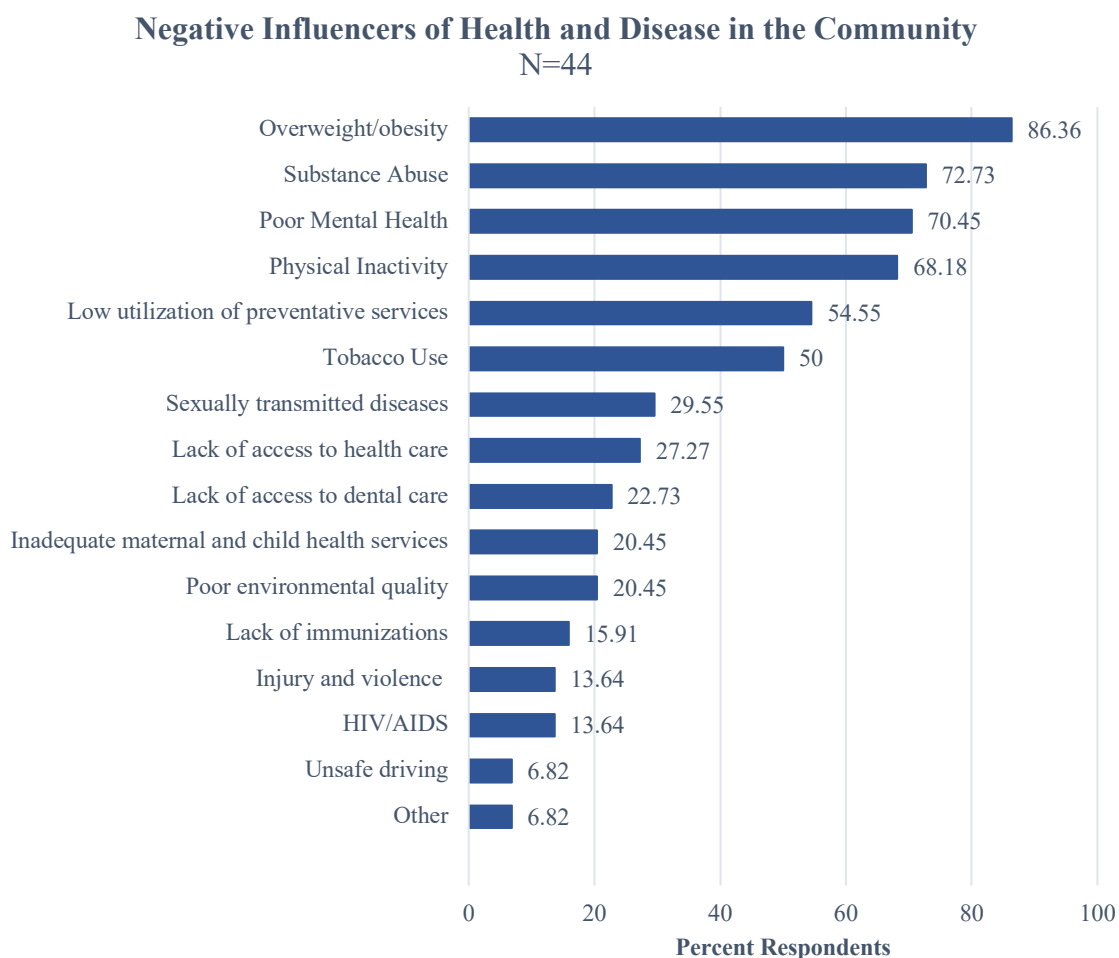
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100

Negative Influencers of Health

Obesity/overweight (86.4%), substance abuse (72.7%), poor mental health (70.5%), and physical inactivity (68.2%) were identified as the top four negative influencers of health in the community for adults. Low utilization of preventative services (54.5%) and tobacco use (50%) formed a second tier of significant negative factors on the health of community members (Figure 40). Nutrition (63%) was identified as the top negative

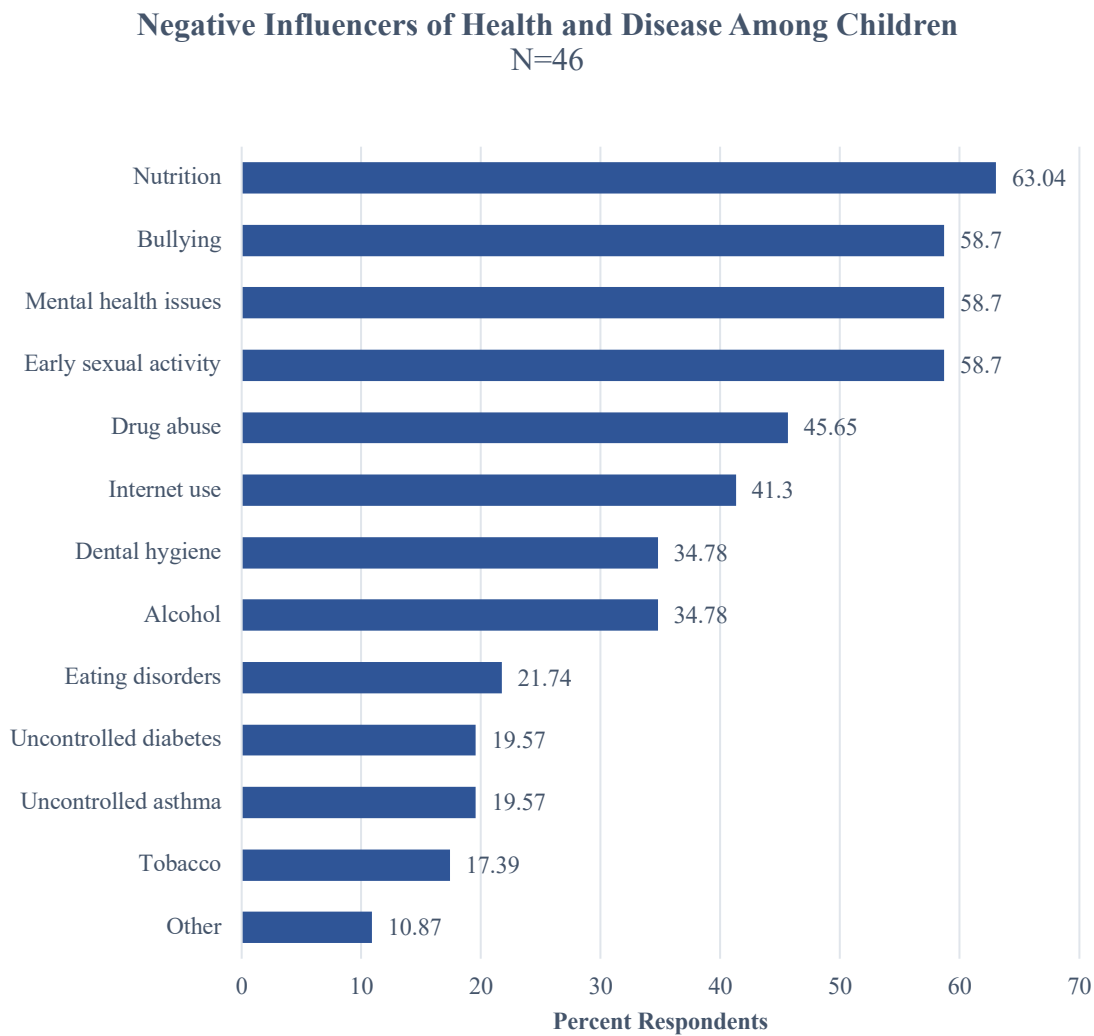
influencer of children’s health. Bullying, mental health, and early sexual activity had equal response rates (58.7%) as negative factors for children’s health. Other negative influencers include drug abuse (45.6%), internet use (41.3%), dental hygiene (34.8%), and alcohol use (34.8%) (Figure 41).

Figure 40. Negative Influencers of Community Health



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

Figure 41. Negative Influencers of Children's Health

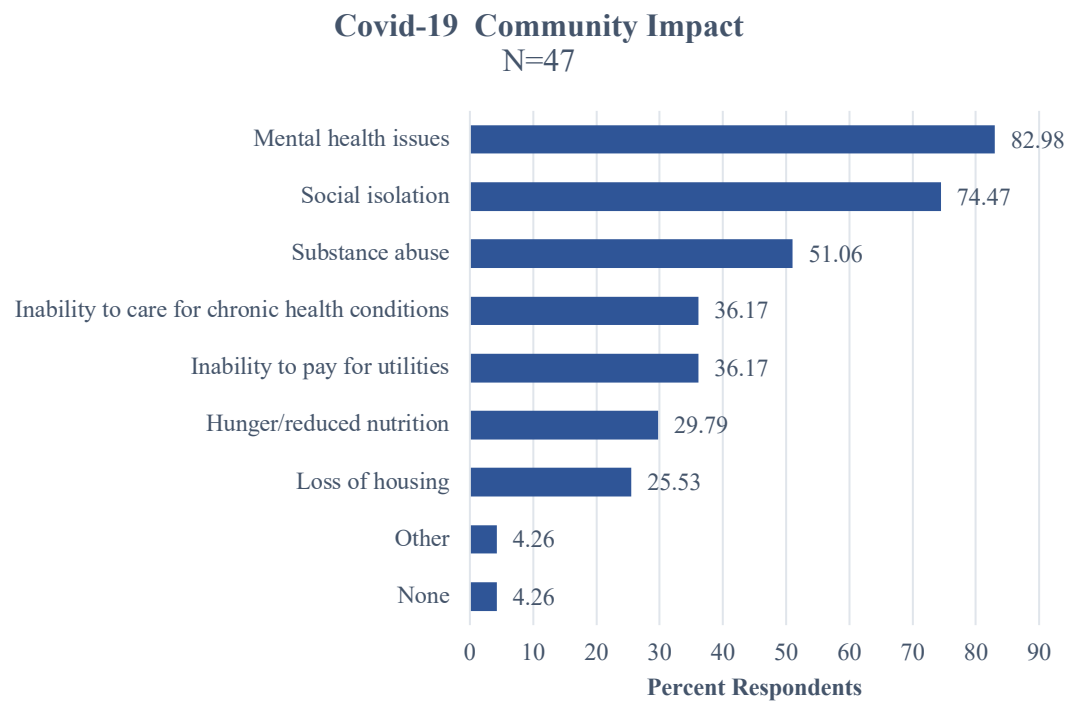


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

COVID-19

With respect to COVID-19, respondents reported that mental health issues (83%), social isolation (74.5%) and substance abuse (51.1%) were the top three issues exacerbated by the pandemic in Crisp County (Figure 42).

Figure 42. COVID-19 Community Impact



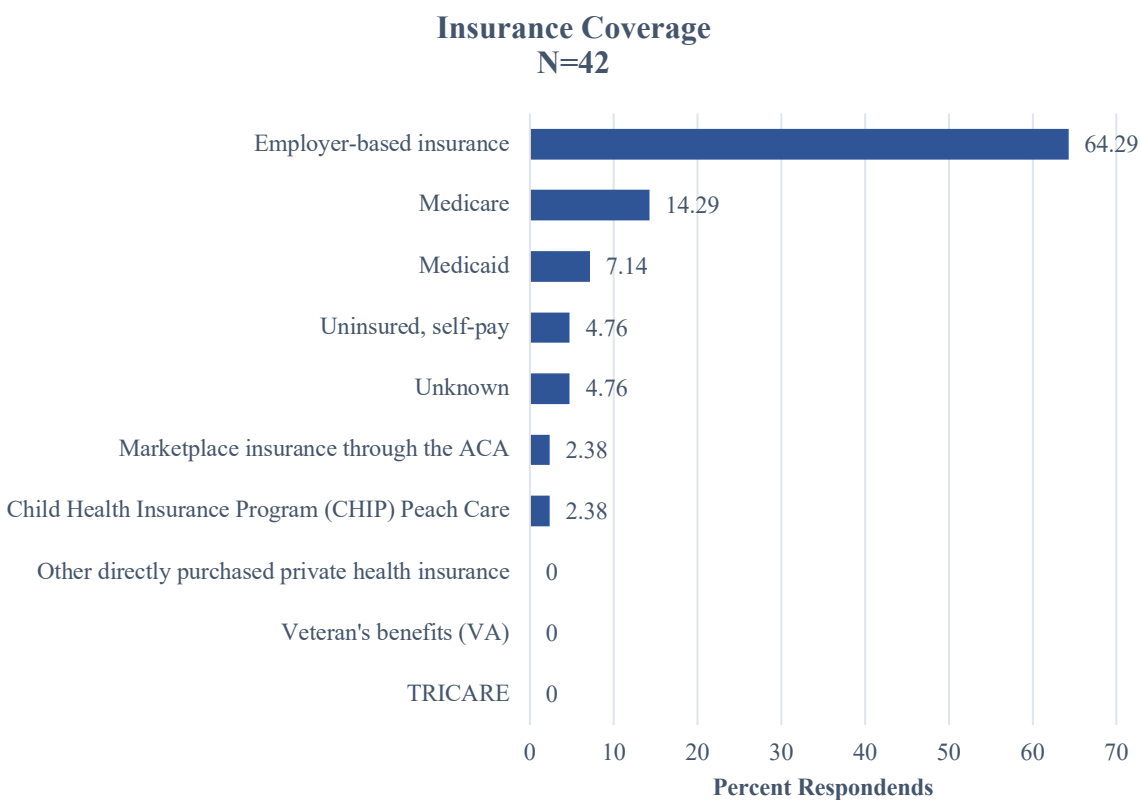
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

HEALTH CARE ACCESS

Insurance Coverage and Usual Source of Care

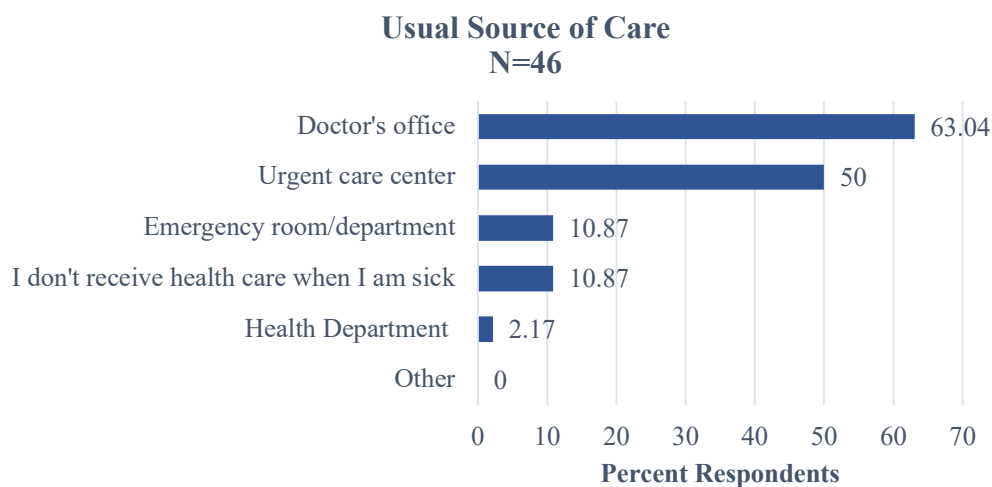
The majority of survey respondents (64.3%) reported that they had employer-based insurance. One out of seven respondents were covered by Medicare, and seven percent were covered through Medicaid. Almost ten percent reported being uninsured or that they did not know what type of insurance they had (Figure 43). The majority of the respondents (63%) identified a doctor's office as their usual source of care. Three out of five of the survey respondents identified either the urgent care setting (50%) or the emergency room (10.9%) as their usual source of care. Almost 11% reported that they did not receive help when they are sick (Figure 44).

Figure 43. Insurance Coverage



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

Figure 44. Usual Source of Care

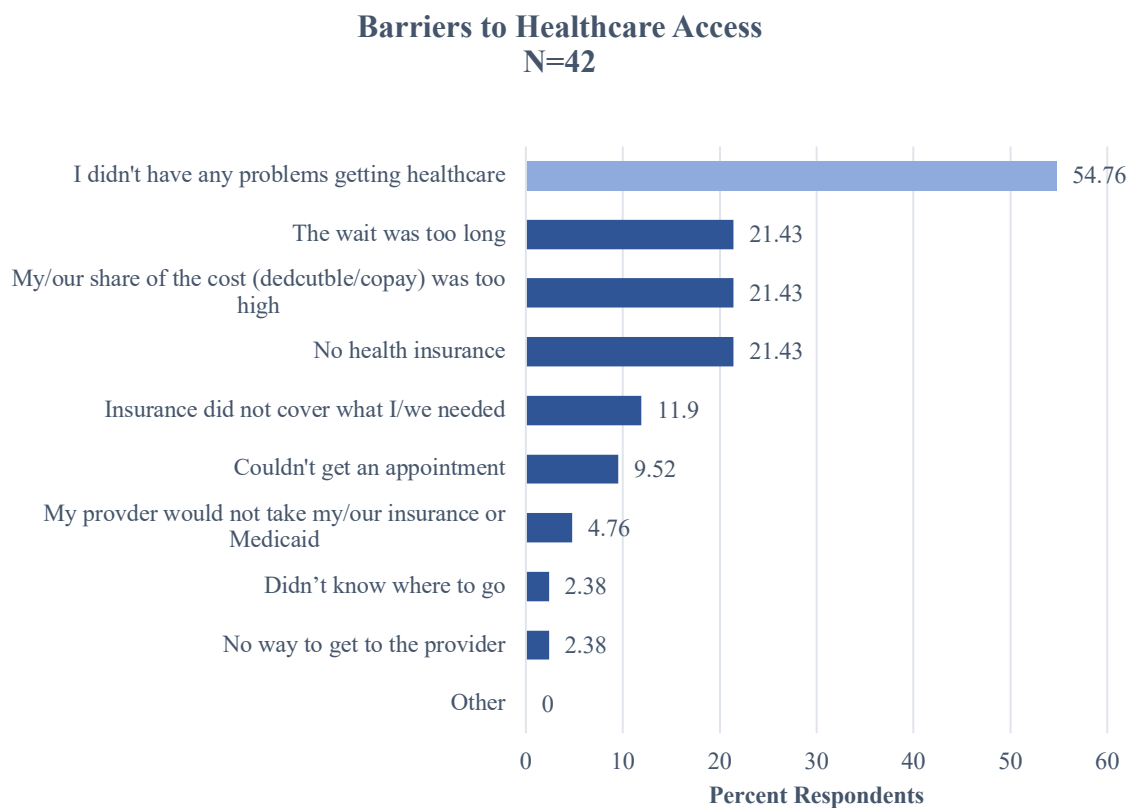


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Barriers to Healthcare Access

Nearly half of the respondents reported experiencing barriers to health care access in the past 12 months, including long waiting hours, high deductibles/copays, and lack of insurance, each with 21.4%. (Figure 45). More than seven out of ten respondents (73.8%) said they were willing to access specialists via telemedicine if Crisp Regional were to offer specialist telemedicine services (Figure 46).

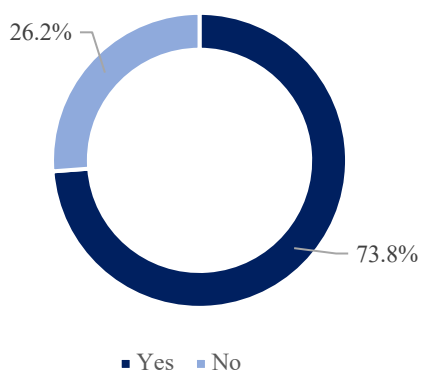
Figure 45. Barriers to Healthcare Access



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

Figure 46. Willingness to Use Telemedicine

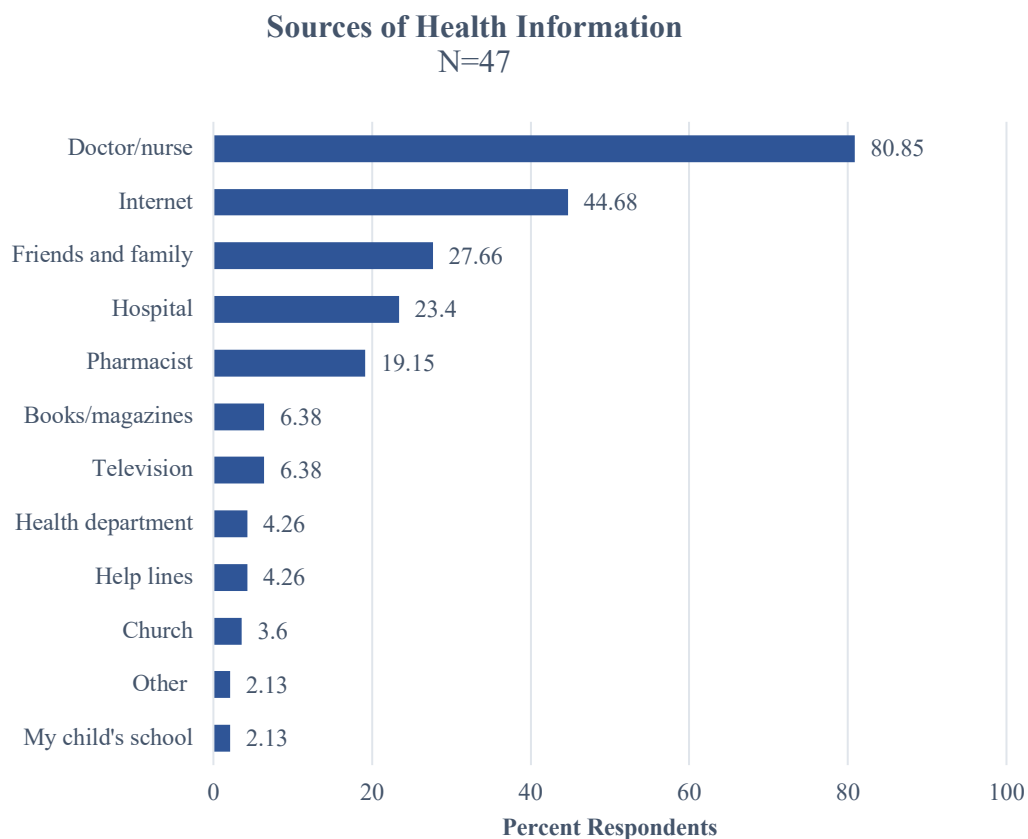
If offered by your local hospital, would you be willing to consult a specialist via telemedicine?
N=42



Health Information

Respondents most commonly identified their health care provider (doctor/nurse) as their source of health information (80.9%), followed by the internet (44.7%), friends and family (27.7%), the hospital (23.4%) and the pharmacist (19.2%) (Figure 47).

Figure 47. Sources of Health Information



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

KEY STAKEHOLDER FOCUS GROUPS

PARTICIPANT CHARACTERISTICS

"I love the smallness, the quieter more relaxed, laid-back, knowing a lot of the people that you are around and I'm just having a little different priority. I always say working to live versus living to work. Coming from a big city, that seems to be a shift."

Four focus groups of key stakeholders were held in November and December of 2021 with a total of 18 participants representing different and vital aspects of the community. Participants represented business interests, church groups, healthcare workers, public health workers, and hospital employees. Focus groups were held via Zoom. Each focus group session lasted 60 minutes on average.

EMERGING THEMES

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

Community Perception Overall

Participants, overall, described their community a small, close-knit, and peaceful one with residents who are aware of - and involved in addressing - the community's needs and opportunities. Participants noted that the community comes together when big things have to be done.

"...I've lived here my whole life. I'm dedicated to my community. I enjoy the closeness of the family, friends and more than ever, actually and very proud to have the awareness of mental health and substance abuse as being a major part of our community and we actually have partners who are working with us very closely."

STRENGTHS: Strong School System, Potential for Development, Family Raising, Hospital as a Great Resource

Focus group participants emphasized several favorable aspects of living in Crisp County. The **school system** was considered to be a great resource for the community, especially with regard to how progressive and innovative it is. One emphasized focal point is how **supportive and engaged** the community members are in discussing and addressing needs in their community.

The participants stated that **the hospital** is constantly growing and expanding their services and staff, being able to address many of the needs that community members may have. **Sports** provide a way of bringing community members together. Participants also expressed a lot of trust in the county's potential for more development.

The following quotes capture these sentiments:

"For the community, I think that there are, for a small town, there are a lot of opportunities, especially in our school system. They're really good at bringing the innovative and newer things within the school, which is, for a small community, I think is pretty cool."

"I've been here about 15 years, and it's a great community, a very family feel to it. But it also, especially over the last few years, has really taken on a progressive mindset in the school system."

"Of course, it's a small town, but we love to do big things and, being a small town, we come together when big things needs to be done. There's the jobs, we have the jobs, I agree with him on that. The school system, which I think there is growth a little bit there. But as far as—and its sports, I'll give it to the sports, because I think our sports bring our community together, which also may help with the hospital because of injuries or whatever. But hey, it's a small town doing big things and looking for better growth..."

"And the hospital is really growing every year in the physicians and the services that they offer. So, for the size town that we are, I think it's really growing and very progressive and it's a very exciting time for our town."

CHALLENGES: Persistent Poverty, Transportation, Healthy Nutrition

Despite the positive aspects of their community, participants noted various challenges that exist in Crisp County and that impact the health and wellbeing of its residents. A consistent theme of all focus groups was the presence of high proportions of the population living in poverty. Participants explained that poverty is a persistent issue that was exacerbated even more by the COVID-19 pandemic. There are limited employment opportunities and many low-paying jobs in the county, limiting residents' options. Stores and businesses are reluctant to come to the area due to poverty levels, impacting its further development and limiting employment opportunities.

'My opinion is that they're (low-income residents) pretty much locked into the community and don't have a lot of opportunity to be able to move forward. There's a lot of service jobs and things of that nature, there's a lot of poverty, and people just don't have the means to move forward and get their needs met as should be.'

"I would say there's a lot of poverty here, a lot of people really right now struggling because of COVID and you know that situation financially, a lot of – like everywhere else I guess there's not too many people in the workforce and that gets kind of discouraging and frustrating."

"We've talked about wanting to have additional grocery stores, additional stores, additional activities, and part of the reason we don't already have those is that the market... doesn't see any profitability here. We're so deep in poverty that major grocery stores—I'll pick on them or a moment—simply won't locate here, because they look at the poverty statistics and they say, "We don't care."

"One thing I guess I would look at is possibly transportation. Because of the agency that I work with, a lot of our girls, our families don't have transportation, even though that, we have the cars. Sometimes, it's not as reliable as getting them to where they need in time or, you know, just able to just do what it needs to do for them. But anyway, I guess our biggest thing would be transportation."

Transportation was discussed with much concern. Many low-income families struggle with transportation to school and to healthcare services. Another critical concern is

the **lack of access to healthy food**. Participants explained that **low-income families cannot afford healthy food**. It was also pointed out that there is a **lack of health education and the ways in which nutrition impacts health**. Participants noted that residents of the county have very limited options for buying and eating healthy foods. They expressed concern about the lack of healthy options in restaurants and most of the food being fried and unhealthy.

"[T]here's a large percentage of poverty in the community and no transportation for low-income families. And transportation is a real issue for parents. They are unable to get to school to take care of business."

"Yeah, you can go get fresh fruits and vegetables, of course. But I'm a mom who does not necessarily struggle and I still find it easier to pull through McDonald's. So we need some healthier fast options here but that is also tied to money. But when you look at people living in poverty and in trauma, they are thinking survival. And while we know this is critical to survival, that's not on their list for survival. So I think having healthy options here is definitely necessary but it also has to be within a price point. And that is something that you're going to always battle with poverty."

"I think all southwest Georgia has great access to highly processed foods but not necessarily great access to healthy and whole foods."

Health-Specific Community Characteristics

Themes: Mental Health, Chronic Conditions Awareness, Respiratory Conditions

The top health conditions of concern in the county across all focus groups were mental health, chronic conditions, and respiratory conditions. **Mental health** was identified as the main issue affecting the elderly population but also for the children residing in the county. Furthermore, both of these vulnerable groups were Impacted by COVID-19 social isolation and the county needs more resources to address the current needs. Participants expressed concerns especially regarding children with ADHD who get diagnosed very late.

Chronic conditions including obesity and diabetes were mentioned as key concerns. Participants talked about several aspects of these conditions; there is a high proportion of the population that suffers from both obesity and diabetes. Participants also noted that there is shame and stigma in getting services. These issues are more prominent among residents also due to a lack of health education on these conditions. **Respiratory conditions** were the last set of conditions that the residents expressed a lot of concern about, noting how common “breathing machines” are for children.

“For Crisp County, chronic disease is one that we run at a higher average than the state. So, as a community, we run at that about 38 percent of obese, adults that are being obese, and that plays into the physical inactivity that happens. And then pre-diabetes is another thing that’s pretty high and prevalent in Crisp County. So, I know that as a community, there are some things that make us an unhealthy community, but there are programs and things in place and initiatives I know that are helping towards some of that.”

“...I know that we have a lot of people that suffer with obesity, with the related illness to that like diabetes and high blood pressure and stuff like that. I would just say if I had to put a percentage on it, I would say at least 50 percent. I would say half and half.”

“As I said earlier, respiratory is a big problem in the area. When I moved here 15, 16 years ago, I remember somebody telling me, you know, “If your child doesn’t have a breathing machine, they will get one. It’s like the kids’ best friends around here. It’s just such a big problem in the area.”

“I think that when we’re looking at mental health, there’s a couple things that scare me, and again, this is getting off on my tangent, but I think one is, for the elderly, I think we sometimes let it slip that there is geriatric psychiatric issues. I think that sometimes we don’t realize as we get old how we become frail and how depressing that can be. I’m crawling out of bed in the morning with aches and pains now, and I wasn’t 20 years ago.”

Healthcare-Specific Community Characteristics

Focus groups participants discussed many barriers that influence the access the

Themes: Health Insurance, Transportation, Waiting Times, Care Coordination

residents have to healthcare services. **Health insurance** is not affordable to many low-income residents due to costly co-pays, deductibles, and premiums. Apart from being an overall issue for the county residents, **transportation** is a key factor for residents to be able to regularly attend therapy sessions or to follow up appointments. Participants also mentioned that in a few cases, they were reluctant to get needed healthcare services due to **long waiting times** to schedule an appointment and high prices from the hospital compared to surrounding providers.

"And I know people that have insurance benefits that can't get the services that they need because they can't afford to go to the doctor because of the copays and those types of things that are attached to their healthcare. It's one thing to be able to say I have insurance and be able to meet a law or a requirement; it's another thing to actually be able to go."

"I can speak to this. I think we definitely need more reliable, available transportation for our community for ones that don't drive to get to physician's appointments, to get to counseling sessions. To get any kind of ride, they have to schedule it so far in advance. If something changes and the office reschedules, it's hours to be able to get these people a ride, and ...transportation to and from places is a big issue in our community."

"I tried to get an appointment with my gynecologist, and it was like 3 months later so yeah, it's very difficult to get an appointment around here."

Participants also mentioned that they sometimes struggle with their health due in part to what they perceive as a **lack of continuity of care**, and sometimes difficulties in understanding and navigating the healthcare system. The hospital uses numerous ways of communicating with residents, however certain areas of the county struggle with access to Wi-Fi, and residents of these areas are therefore lacking on the most recent health related news.

"I've only utilized services the participants in my family have needed and I would go to a website to find that out or make a phone call. The population that I serve though often doesn't have that opportunity because their cell phones, they have them on for a little while and then they're off. If they can hit a Wi-Fi, free Wi-Fi somewhere then they may be able to phone someone through a phone number they can get through the internet and again I'm not real versed on how to do all that, I probably need to be more so, but that's the way that I find the underserved getting the information and their needs met and often there's a crisis before they reach out."

"Yeah, it's a lack of the continuity of care and even I know here we have a clinic that's run by the hospital right here in our school and we were trying to find a urologist for a child in our area and it's like they don't see children under certain ages so that's another thing that you know just an example of trying to find a healthcare provider."

"Yeah, I think that's a big thing because a lot of people do not have Internet. They don't have smart phones. A lot of people because they can't afford that. And so maybe having a health fair or having a booklet of information that we can all work together on, getting together as resources to provide for our community would be beneficial."

Hospital's Role in Advancing Community Health and Wellness

Themes: Community Involvement, Great Care, Expansion of Services, School Health

Participants recognize the **hospital's involvement in the community**, and the quality of care they offer. They noted that the **staff are friendly and respectful** to the patients. The participants praised the hospital's work, especially with regard the expansion of staff and services. They stated that the hospital is very **responsive to the community's needs and feedback**. Another aspect of the hospital's work that was emphasized was how closely the hospital works with the **school system** to address the health needs of the county's children, noting the school clinic that is run by the hospital.

"As far as the resources and the things that we've used I think they've been adequate. I have transported several of our participants to the hospital and I was satisfied with the service and the care that they got and the friendliness of staff. I've not had anybody that hasn't treated me with dignity and respect."

"I think we have a good hospital and for the size of the hospital, we offer a lot of different services. And as I said earlier, a very progressive mindset right now with plans to just continue bringing more new services and physicians to the area. So, I think what we have now is very, very good and very competent. We have some great doctors and some very good and caring staff."

"I know here at our school we have a clinic that is run by Crisp Regional, we have a nurse practitioner that works here every day and that's wonderful. It's wonderful for our students and our parents because they don't have to get off work to come and you know their kids can be seen here and they can be prescribed medicine and that is a wonderful service for our community so I give them kudos for that one."

"I will say, I have to brag. We have Crisp Regional and Crisp Pediatrics is partnered with our school system and we have a clinic in our primary school. And it has been – I mean, just for my aspect as a parent, a godsend because I don't have to take my children and wait in line."

Health-Specific Wish List Items

Themes: Physical Activity, Healthy Eating, Mobile Unit, Community Outreach, Pulmonary Services

The focus group participants were asked about their personal wish lists for services and resources that have the potential to improve the overall health of Crisp County residents. Participants suggested several strategies that could help with addressing the health challenges and barriers that the community currently faces. Participants identified several health topics that could benefit from increased **community outreach efforts**. These efforts would include increasing **physical activity opportunities for children** and **education on healthy eating aimed to different targets of the population**. The possibilities for a **mobile unit** to provide services to residents who struggle with healthcare access was also mentioned. Education on **management of diabetes** is also much needed among residents. Since mental health is a challenging issue, focus groups participants suggested that having **more counselors, social workers and community health workers** reaching out to community members would be beneficial. Many **community health programs** which were organized in collaboration with the hospital

were interrupted due to the COVID-19 pandemic. Interest in resuming those activities was expressed. Participants also noted a need for pulmonary services and rehabilitation.

"I think sometimes having a mobile operation where you can – and again I'm not sure if they have that, a unit that goes out and you've got a nurse, a doctor, a dentist, people that go into the underserved communities and take the services to them. Back a long time ago, before my time, doctors did house visits. They're doing that now with telehealth but I think more of that for the underserved would be helpful."

"...I go back to, you know, in my organization and expand on the fact that education and awareness is key. So, you know, Registered Dietitians, Registered Nutritionists who can educate us on what carbs do, what, you know, what does it turn into? Taking pre-diabetics and putting them in a cohort of individuals to have a support group to try to prevent full-blown diabetes."

"You know, I don't think we have pulmonary rehabilitation. That would be nice. A lot of COPD, certainly, we could benefit from pulmonary rehab."

"I would definitely say mental health. In the school system, I can tell you COVID had a huge impact on social and emotional needs of our students. And I really would like to see more licensed therapists. Guidance counselors cannot do the things they used to could do anymore. So I really think we need more licensed therapists in our schools."

NEXT STEPS

As highlighted in the Executive Summary, a synthesis of secondary data, community survey responses, and key stakeholder focus group input indicated several possible priority areas for improving health in Crisp County. Areas of need that were highlighted in more than one data source included physical activity/exercise, mental health, risky teen sexual behavior, nutrition, prescription compliance, transportation and access to care, senior care, and pulmonary health. After reviewing these data and considering the hospital's past CHNA plans and related initiatives, the Hospital CHNA Steering Committee prioritized four areas for the 2022 implementation plan: 1) maternal and

child health, 2) mental health, 3) transportation, and 4) risky teen behaviors. Next, the Hospital CHNA Steering Committee will develop an implementation plan to address these prioritized focus areas effectively.

CRISP COUNTY HEALTHCARE RESOURCE LISTING

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

ASSISTED LIVING FACILITIES	
<p>Cordelia Manor 1307 Blackshear Road Cordele, GA 31015 229-273-1173</p>	<p>Blackshear Retirement Villas 1110 Blackshear Road Cordele, GA 31015 229-273-2405</p>
<p>Easter Seals Crisp Options for Living (for women) Physical address: 508 E. 27th Avenue, Cordele, GA Home office: 1906 Palmyra Road, Albany, GA 31701 800-365-4583 229-271-9788 229-439-7061</p>	<p>Easter Seals Options for Living (for women) 310 Collier Street Vienna, GA 31092 229-268-6546</p>
<p>Easter Seals Options for Living (for men) 1140 Oak Street Unadilla, GA 31091 478-627-9295</p>	
ADULT DAYCARE	
<p>Innovative Senior Solutions Adult Day Care Centers 101 E. 4th Avenue Cordele, GA 31015 866-928-3670</p>	<p>Easter Seals Cordele Day Solutions (Day-hab for people 18 yrs. and older with disabilities) 601 E. 13th Avenue Cordele, GA 31015 229-276-1540</p>
<p>Easter Seals Vienna Day Solutions (Day-hab for people 18 yrs. and older with disabilities) Home office: 1906 Palmyra Road, Albany (31701) 800-365-4583</p>	

BIRTH CERTIFICATES	
Cordele Health Department 111 E. 24 th Avenue Cordele, GA 31015 229-276-2680	
BLOOD DONATIONS	
American Red Cross 1.800.RED.CROSS (P) 1.800.733.2767 (P) www.redcross.org	Southeastern Blood Center 1214 N. Patterson Avenue, Suite N Douglas, GA 31533
BREASTFEEDING RESOURCES	
Breastfeeding Information www.breastfeeding.com	La Leche League of GA Hotline 404.681.6342 (P)
NO support resource offered in Crisp County	
CAR SEAT RESOURCES AND SAFETY	
Georgia State Patrol 208 GA Hwy 300 South Cordele, GA 31015 229-276-2330	
CANCER SUPPORT SERVICES	
American Cancer Society 323 Pine Avenue Albany, GA 229-446-1073	Crisp Regional Oncology 902 7 th Street N Cordele, GA 31015 229-276-3361

CHILDREN & FAMILY SUPPORT SERVICES	
Crisp County Department Family & Children Services 107 W. 23 rd Avenue Cordele, GA 31015 229-401-3001	The Gateway Center 511 E. 3 rd Avenue Cordele, GA 31015 229-273-0600
Southwest Georgia United 123 S. 7 th Street Cordele, GA 31015 229-273-8582	CASA (Child Appointed Special Advocate) 210 S. 7 th Street Cordele, GA 31015 229-513-3195
Crisp County Community Council, A Georgia Family Connection Collaborative 1129 N. 5 th Street Extension Cordele, GA 31015 229-271-1054 Ext. 22	
Crisp County Office of Child Support Services (OCSS) Serving: Ben Hill, Crisp, Dooly & Wilcox 305 15 th Avenue East Cordele, GA 31015 877-423-4746	ALL GA KIDS 877.255.4254 (P)
CLOTHING RESOURCES	
Houston Baptist Association 2116 North Hwy 41 Cordele, Georgia 31015 229-273-4127	The Fuller House 205 E. 15 th Avenue Cordele, Georgia 31015 229-271-8000
COUNSELING	
Middle Flint Behavioral 1335 N. 5 th Street Extension Cordele, GA 31015 229-276-2367	

CRISIS INTERVENTION	
Department of Juvenile Justice 412 E. 16 th Avenue, #D Cordele, Georgia 31015 229-276-2740	Middle Flint Behavioral Disorders 1335 N. 5 th Street Cordele, Georgia 31015 229-276-2367
United Way of Southwest Georgia Help Line Albany, Georgia 31708 229-883-6700	National Domestic Violence Hotline 800.799.7233 (P)
DENTAL (LOW-INCOME)	
Dr. Darryl Chapman, Sr., DDS 706 E. 16 th Avenue Cordele, Georgia 31015 229-273-7800	Kids on low income Medicaid, Peach Dr. Brad Ford, DMD 301 East 16 th Avenue Cordele, Georgia 31015 229-273-3828
DEVELOPMENTAL NEEDS	
Babies Can't Wait www.health.state.ga.us/programs/bcw	Parent to Parent of Georgia 800.229.2038 (P)
DME & RESPIRATORY PROVIDERS	
Health Products Plus 404 E. 3 rd Avenue Cordele, Georgia 31015 229-273-6424	MRS Homecare 716 E. 16 th Avenue Cordele, GA 31015 229-273-4442
DIALYSIS PROVIDER(S)	
Crisp Regional Dialysis 1302 N. 5 th Street Extension Cordele, Georgia 31015 229-273-2335	

EMERGENCIES / URGENT CARE	
Crisp Regional Hospital 902 N. 7 th Street Cordele, GA 31015 229-276-3100	Crisp Urgent Care 602 16 th Avenue Suite B Cordele, GA 31015 229-271-9330
Crisp Regional Convenient Care 100 Hospital Drive Cordele, GA 31015 229-276-2000	
FATHERHOOD	
Healthy Families 1015 18 th Avenue East Cordele, GA 31015 229-276-0555	
Georgia Fatherhood Program 844-694-2347	National Center for Fathers 800-593-3237 (P)
FINANCIAL ASSISTANCE	
Crisp and Dooly Department of Family & Children Services 107 W. 23 rd Avenue Cordele, GA 31015 229-401-3001	Salvation Army www.salvationarmy-georgia.org
FINANCIAL COUNSELING	
Consumer Credit Counseling Service 800-388-2227 (P) www.credability.org	
FOOD ASSISTANCE	
Angel Food Ministries 877-366-3646 (P) www.angelfoodministries.com	Northern Heights Baptist Church 1102 East 8 th Avenue Cordele, GA 31015 229-273-1544

Crisp and Dooly Department of Family & Children Services 107 W. 23 rd Avenue Cordele, GA 31015 229-401-3001	Cordele WIC (Women, Infant & Children) Cordele Health Department 111 24 th Avenue East Cordele, GA 31015 229-276-2680
United Way of Southwest Georgia 112 N. Westover Blvd Albany, GA 31707 (home office) 229-883-6700	
FURNITURE RESOURCES	
The Fuller House 205 E. 15 th Avenue Cordele, Georgia 31015 229-271-8000	
Goodwill Industries www.goodwillng.org	www.salvationarmy-georgia.org
GED CLASSES	
Empowerment Pathways Youth Build (for 15-24 years of age) 390 Perry Hey Hawkinsville, GA 31036 229-276-1480	Work Y.E.S. Center Youth Build 212 2 nd Street N Cordele, GA 31015 229-276-1580
South Georgia Technical College 402 N. Midway Road Cordele, Georgia 31015 229-271-4040	
HEALTH CARE INFORMATION	
PowerLine 2300 Henderson Mill Road, Suite 410 Atlanta, GA 30345 800-300-9003 (P) 800-822-2539 (P) www.resourcehouse.com/HMHB	Together Rx Access 800-444-4106 (P) www.trxaccess.com

HEALTH INSURANCE	
PeachCare for Kids 877-427-3224 (P) www.peachcare.org	Medicaid Member Services: 866-211-0950 (P) Provider Services: 800-766-4456 (P) Eligibility: 404-730-1200 (P) Customer Service: 404-657-5468 (P) www.medicaid.gov
Medicare 800.MEDICARE / 800.633.4227 (P) Medicare Service Center: 877.486.2048 (P) Report Medicare Fraud & Abuse: 800.HHS.TIPS / 800.447.8477 (P) www.medicare.gov	Cordele Health Department 111 E. 24 th Avenue Cordele, GA 31015 229-276-2680
HOSPICE PROVIDERS	
Reflections Hospice of Crisp Regional Hospital 202 4 th Avenue East Cordele, GA 31015 229-273-6282	
HOME CARE	
Care South, An Affiliate of Crisp Regional Hospital 906 5 th Street N., suite F-6 Cordele, Georgia 31015 229-271-4695	Crisp Care Management 910 N. 5 th Street Cordele, Georgia 31015 229-276-2126
Visiting Nurses Association (VNA) of Cordele 511 E. 3 rd Avenue Cordele, Georgia 31015 229-273-3082	Amedisys Home Healthcare Hawkinsville, GA – 866-448-2615 Americus, GA – 229-928-3483 Tifton, GA – 229-386-0665

ResCare Home Care 515 3 rd Street South Cordele, Georgia 31015 229-273-6892	
HOSPITAL BASED REHABILITATION	
HOUSING / UTILITY ASSISTANCE	
Easter Seals Southern Georgia House Home office: 1906 Palmyra Road Albany, GA 31701 Cordele phone: 229-276-1540	Cordele Housing Authority 401 S. 10 th Street Cordele, GA 31015 229-273-3938
Dooly County Community Service Center 1150 Industrial Drive Vienna, GA 31092 229-268-9104	Georgia Dept. of Community Affairs Georgia Dream Homeownership Program housing@dca.ga.gov
Vienna Housing Authority 700 Fitzpatrick Place Vienna, Georgia 31092 229-268-4458	Georgia Housing Search www.georgiahousingsearch.org
Low Income Home Energy Assistance Program (LIHEAP) To verify if you are eligible, please call: 800.869.1150 (P)	
JOB TRAINING	
Georgia Department of Labor Cordele Career Center 1205 S. 7 th Street Cordele, GA 31015 229-276-2355	Department of Juvenile Justice 412 E. 16 th Avenue, Suite D Cordele, Georgia 31015 229-276-2740

Georgia Dept. of Labor Career Centers www.dol.state.ga.us/js/	
LEGAL ISSUES	
Georgia Legal Services 800-822-5391 (P)	
LITERACY	
Family Literacy Hotline 404-539-9618 (P)	First Foundation for Childhood Literacy 888-565-0177 (P)
MEDICAL FINANCIAL ASSISTANCE	
Medicare 800.MEDICARE / 800.633.4227 (P) Medicare Service Center: 877.486.2048 (P) Report Medicare Fraud & Abuse: 800.HHS.TIPS / 800.447.8477 (P) www.medicare.gov	Division of Family & Children Services (DFCS) www.dfcs.dhs.georgia.gov
Medicaid Member Services: 866.211.0950 (P) Provider Services: 800.766.4456 (P) Eligibility: 404.730.1200 (P) Customer Service: 404.657.5468 (P) www.medicaid.gov	
MEDICAL CLINICS AND CARE	
Crisp Convenient Care 216 Hospital Drive Cordele, GA 31015 229-276-2000	InfantSee 888-396-3937 (P) www.infantsee.org

Warwick Clinic 135 Dogwood Street Warwick, GA 31796 229-535-4567	
Cordele Health Department 111 E. 24 th Avenue Cordele, GA 31015 229-276-2680	
MENTAL HEALTH	
Middle Flint Behavioral Disorders 415 N. Jackson Street Americus, GA 31709 1335 N. 5 th Street Cordele, GA 31015 229-276-2367	Middle Flint Behavioral Healthcare - Phoenix Health (day treatment for mental health patients) 1335 5 th Avenue Cordele, GA 31015 229-273-2091
NURSING HOME/SKILLED NURSING FACILITIES	
Crisp Regional Nursing & Rehab Center 902 Blackshear Road Cordele, Georgia 31015 229-273-1481	Cordele Health & Rehab 1106 N. 4 th Street Cordele, Georgia 31015 229-273-1227
Crossview Care Center Post Office Box 148 Pineview, Georgia 31071 229-624-2432	Pinehill Nursing Home 712 Patterson Street Byromville, Georgia 31007 478-433-5711
PARENTING RESOURCES	
American Academy of Pediatrics www.healthychildren.org	Children's Healthcare of Atlanta (CHOA) www.choa.org

<p>"MOPS" International (Mothers of Preschoolers) General Info: 800-929-1287 (P) / 303-733-5353 (P) 303-733-5770 (F) Service/Group Info: 888-910-MOPS (6677) (P) www.mops.org</p>	<p>Healthy Families 1015 18th Avenue E. Cordele, GA 31015 229-276-0555</p>
PATERNITY	
<p>Crisp County Office of Child Support Services (OCSS) Serving: Ben Hill, Crisp, Dooly & Wilcox 305 15th Avenue East Cordele, Georgia 31015 877-423-4746</p>	
PHYSICAL THERAPY / REHABILITATION SERVICES	
<p>ELITE Physical Therapy by Crisp Regional 1106 16th Avenue E. #1 Cordele, GA 31015 229-271-4612</p>	
POSTPARTUM DEPRESSION	
<p>Georgia Crisis Line 800-715-4225 (P) www.bhlweb.com/tabform</p>	<p>Georgia Postpartum Support Network 866-944-4776 (P)</p>
<p>Meetup www.postpartum.meetup.com</p>	<p>National Women's Health Information Center 800-994-9662 (P) www.4woman.gov/faq/depression-pregnancy.cfm</p>
<p>Postpartum Support International 800-944-4773 (P) www.postpartum.net</p>	

PUBLIC LIBRARIES	
Cordele-Crisp Carnegie Library 115 East 11 th Avenue Cordele, GA 31015 229-276-1300	
RECREATION	
Boys & Girls Club www.bgca.org	Crisp County Recreation Department 1205 N. 5 th Street Cordele, Georgia 31015 229-276-2797
SAFETY	
Georgia Poison Control 800-222-1222 (P) www.gpc.dhr.georgia.gov	Safe Kids 1301 Pennsylvania Avenue, NW, Suite 1000 Washington, DC 20004 202-662-0600 (P) 202-393-2072 (F) www.safekids.org
SMOKING CESSATION	
Georgia Tobacco Quit Line 877-270-7867 (P) www.livehealthygeorgia.org/quitline	Crisp Regional Hospital 902 N. 7 th Street Cordele, GA 31015 229-273-3100
TEEN PARENTING RESOURCES	
Healthy Families 1015 18 th Avenue E. Cordele, GA 31015 229-276-0555	Young Mommies Help Site www.youngmommies.com

TRANSPORTATION	
RMS Crisp Area Rural Transit 913 E. 17 th Avenue Cordele, GA 31015 229-276-0370	RMS Dooly County 306 Garrett Drive Vienna, GA 31092 229-268-7433