



Photo Credit: URM

# 2021

## Upton Regional Medical Center Community Health Needs Assessment

- Upton County, Georgia -

*Paper copies of this document may be obtained at: Upton Regional Medical Center  
801 W. Gordon St., Thomaston, GA 30286 or by phone 706.647.8111 or via the hospital website [URMC.org](http://URMC.org)*

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# Perspective / Overview

## About Upson Regional Medical Center

Upson Regional Medical Center is a full service, DNV Healthcare accredited organization located in Thomaston, Georgia. We are committed to providing exceptional, safe and compassionate care to our patients and families. We have proudly served a multi-county area of middle Georgia for over 65 years, constantly growing and expanding our facilities, technology and expertise, all in an effort to better serve those who need us. On behalf of our boards, medical staff, volunteers, and over 700 dedicated employees, we are honored you have chosen us.

Upson Regional Medical Center is community-based hospital located in Thomaston, Georgia with more than 50 providers bringing expertise in 20+ specialties.



Photo Credit: URMIC

## Creating a culture of health in the community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Upson County, Georgia.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.



## 2021 Community Health Needs Assessment

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Upson Regional Medical Center (URMC).

Upson Regional Medical Center as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

- ✓ Starting on December 30, 2021, this report is made widely available to the community via Upson Regional Medical Center's website <https://www.URMC.org> and paper copies are available free of charge at Upson Regional Medical Center, 801 W. Gordon St., Thomaston, GA 72015 or by phone (706) 647-8111.
- ✓ Upson Regional Medical Center's board of directors approved this assessment on December 15, 2021.

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### PROJECT GOALS

- 1 To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.
- 2 To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- 3 To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said Jeff Tarrant, CEO Upson Regional Medical Center

The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Chandler English, Manager Marketing, Upson Regional Medical Center

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## Community

### Input and Collaboration

#### Data Collection and Timeline

In July 2021, Upson Regional Medical Center began a Community Health Needs Assessment for Upson County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in August 2021.
- Community members participated in focus groups and individual interviews for their perspectives on community health needs and issues June 28, 2021.
- A Community Health Summit was conducted on November 16, 2021, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, and other community members.



Photo Credit: URMCC

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## Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

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## Participants

Forty-four individuals from twenty community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Upson County. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the communities.

## Participation by those Representing the Broad Interests of the Community

Participation in interviews and the Community Health Summit creating the Upson County Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
Beyond the Bell	Youth 9 to 20 yo and parents	Focus group
City Council & Bank President	All	Focus group
City of Thomaston Police Chief	All	Focus group
Fletcher-Day Funeral Home	All	Summit
Upson County Health Department	All	Focus group, Summit
Lamar County Health Department	All	Focus group
Retired pastor	Minority community	Focus group, Summit
Thomaston-Upson Chamber Director	Businesses	Focus group
Thomaston-Upson County Schools	Children, youth, teachers	Focus group, Summit
Three Rivers AHEC	Students	Focus group
Upson Beacon (newspaper)	All	Focus group, Summit
Upson County Clerk	County	Focus group
Upson County Manager	All	Summit
Upson County Sheriff	All	Focus group, Summit
Upson EMC	All	Focus group
Upson Family Connection	Mental health, families, children	Focus group
Upson Family Physicians	All	Focus group
Upson Regional Medical Center	All	Focus group, Summit
Upson Regional Medical Center Auxiliary	All	Summit
Upson Regional Medical Center Board Member	All	Summit

In many cases, several representatives from each organization participated.



## Community Engagement and Transparency

Many members of the community participated in individual interviews, surveys and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts.

### **Input of the Medically Underserved, Low-Income, and Minority Populations**

Input of medically underserved, low-income and minority populations was received through interviews, focus groups and the Community Health Summit. Agencies representing these population groups were intentionally invited to interviews and Summit.

### **Input of those with Expertise in Public Health**

Representatives of the Upson County Department of Health participated in the focus group and attended the Summit. They Health Department presented their focus and priorities for the next three years. URMC and the Health Department will continue to collaborate on the Health Departments Community Health Assessment.

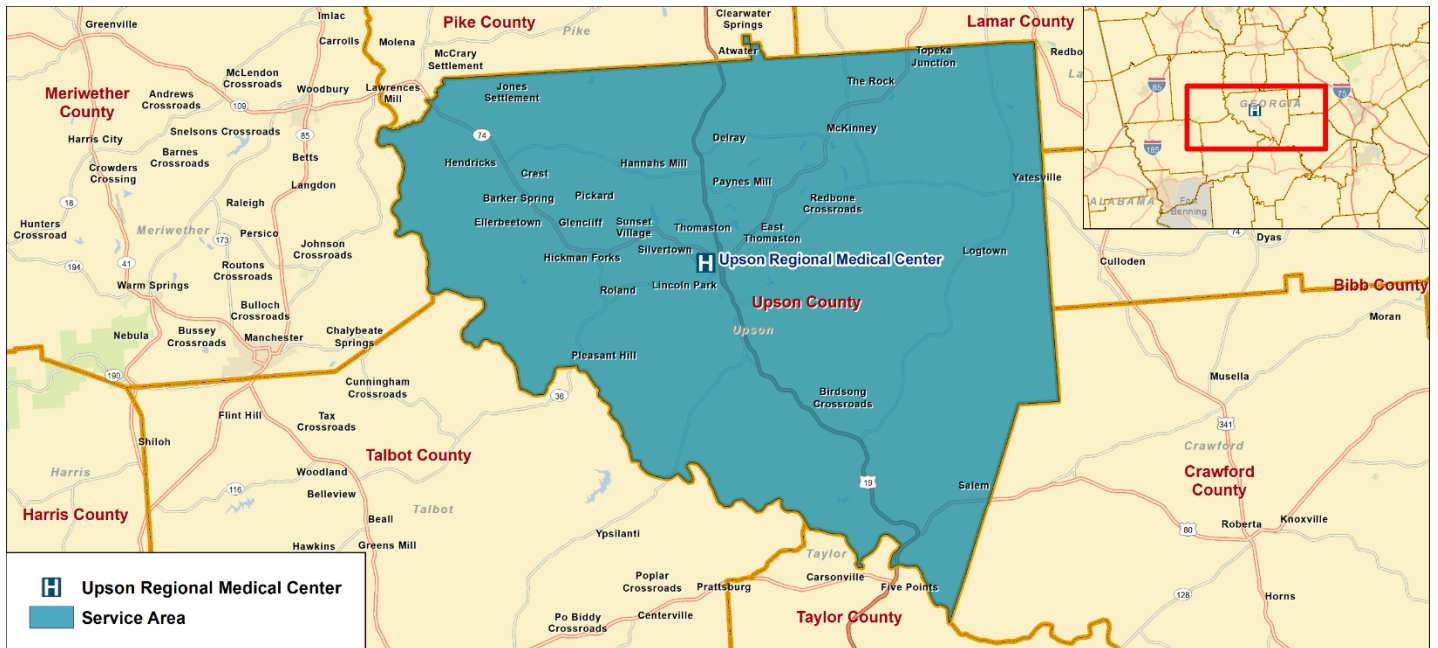


*Photo Credit: URMC*

## Community Selected for Assessment

Upson County was the primary focus of the CHNA due to the service area of Upson Regional Medical Center. Used as the study area, Upson County provided 47% of 2020-2021 inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Upson Regional Medical Center draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Upson Regional Medical Center's Financial Assistance Policy.

## Upson Regional Medical Center Study Area - 2021



# Key Findings

## Community Health Assessment

### Results

Based on the previous CHNA priorities, secondary data, focus groups, and interviews the summit participants selected the following significant health needs to be the focus of the work of community over the next three years.

1. Mental Health 15 votes – access to services, suicide, teen mental health
2. Access to care 12 votes - staffing, screening, transportation, emergency medical services and Education on available health resources
3. Substance Use 10 votes – tobacco and substance use disorder
4. Obesity and Chronic Diseases 9 votes – diabetes, high blood pressure, obesity, cancer, heart disease
5. Poverty/Socioeconomics 7 votes – child poverty, education, graduation rate, wages, single parent households,
6. Teen Pregnancy 5 votes – prevention, education and low birthweight babies improving health of women of childbearing age
7. Miscellaneous 2 votes
  1. Law enforcement staffing
  2. Trust in medical science

### Process and Methods

Both primary and secondary data sources were used in the CHNA.

#### Primary methods included:

- Focus groups and individual interviews with community members
- Community Health Summit

#### Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



Photo Credit: URMC

# Description of the Communities Served

## Demographics

The table below shows the demographic summary of Upson County compared to Georgia and the U.S.

	Upson County	Georgia	USA
Population	26,740	10,746,984	333,793,107
Median Age	42.2	36.9	38.5
Median Household Income	\$38,297	\$59,084	\$62,203
Annual Pop. Growth (2021-2026)	-0.24%	1.07%	0.72%
Household Population	10,719	3,985,622	126,083,849
Dominant Tapestry	Rooted Rural (10B)	Southern Satellites (10A)	Green Acres (6A)
Businesses	724	355,892	11,994,763
Employees	7,817	4,498,648	146,120,824
Health Care Index*	71	98	100
Average Health Expenditures	\$4,090	\$5,607	\$5,748
Total Health Expenditures	\$43.8 M	\$22.3 B	\$724.7 B
<b>Racial and Ethnic Make-up</b>			
White	67%	56%	69%
Black	29%	32%	13%
American Indian	0%	0%	1%
Asian/Pacific Islander	1%	4%	6%
Other	1%	4%	7%
Mixed Race	2%	3%	4%
Hispanic Origin	2%	10%	19%

Source: ESRI

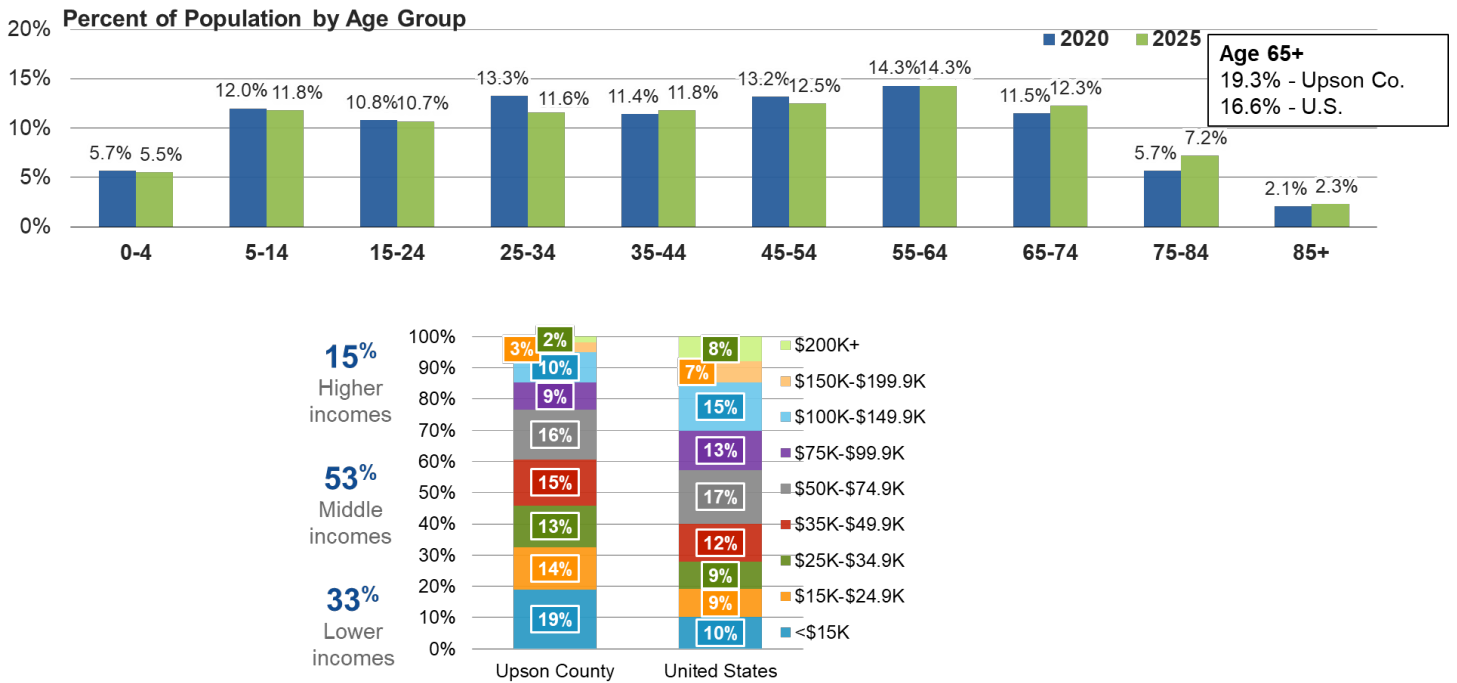
\*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.



## Demographics, cont.

### Upson County

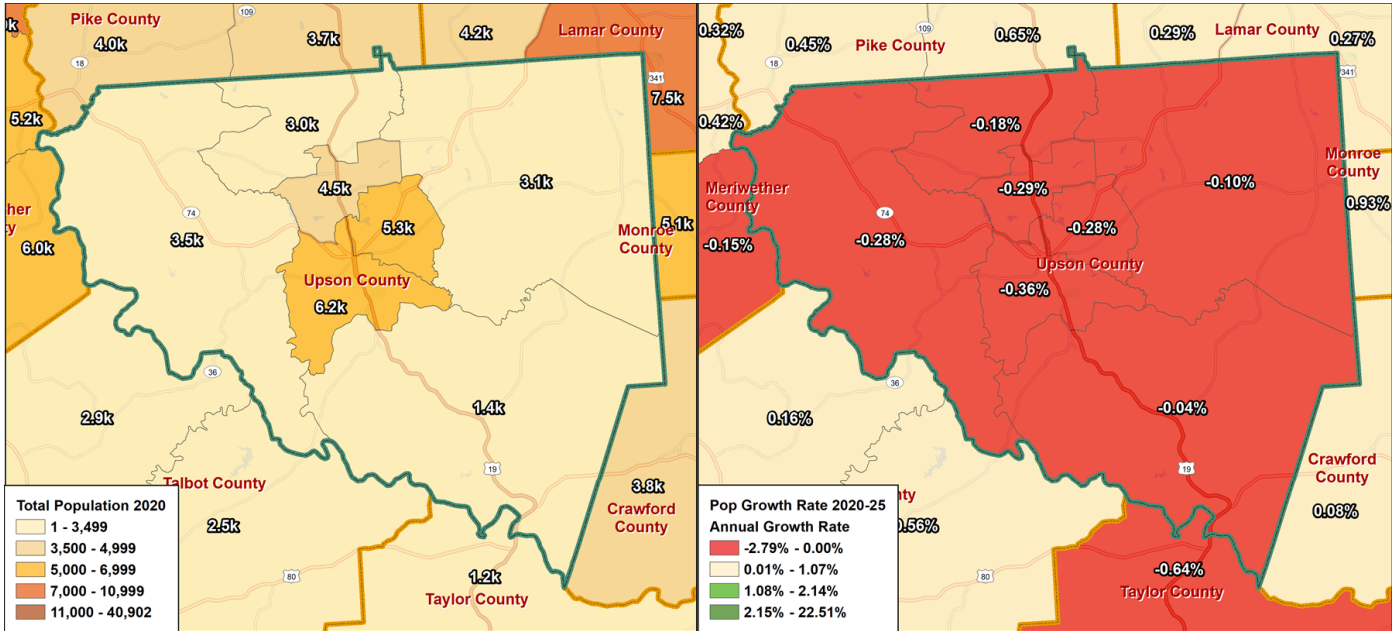


Source: ESRI

- The population of Upson County is projected to decrease from 2020 to 2025 (-.24% per year). Georgia is projected to increase 1.07% per year. The U.S. is projected to increase 0.72% per year.
- Upson County had a higher median age (42.2 median age) than GA (36.9) and the U.S. (38.5). In Upson County the percentage of the population 65 and over was 19.3%, higher than the U.S. population 65 and over at 16.6%.
- Upson County median household income at \$38,297 was lower than GA (\$59,084), and the U.S. (\$62,208). The rate of poverty in Upson County was 19.1% which was higher than GA (13.5%) and the U.S. (12.3%).
- The household income distribution of Upson County was 15% higher income (over \$100,000), 53% middle income, and 33% lower income (under \$25,000). Upson County had a lower percentage of higher incomes and a higher percentage of lower incomes than the U.S.
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Upson County was 71, indicating 29% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Upson County was 67% White, 29% Black, 2% Hispanic Origin, 2% mixed race, 1% Asian/Pacific Islander, and 1% other. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

## Demographics, cont.

### 2020 Population by Census Tract and Change (2020-2025)



Source: ESRI

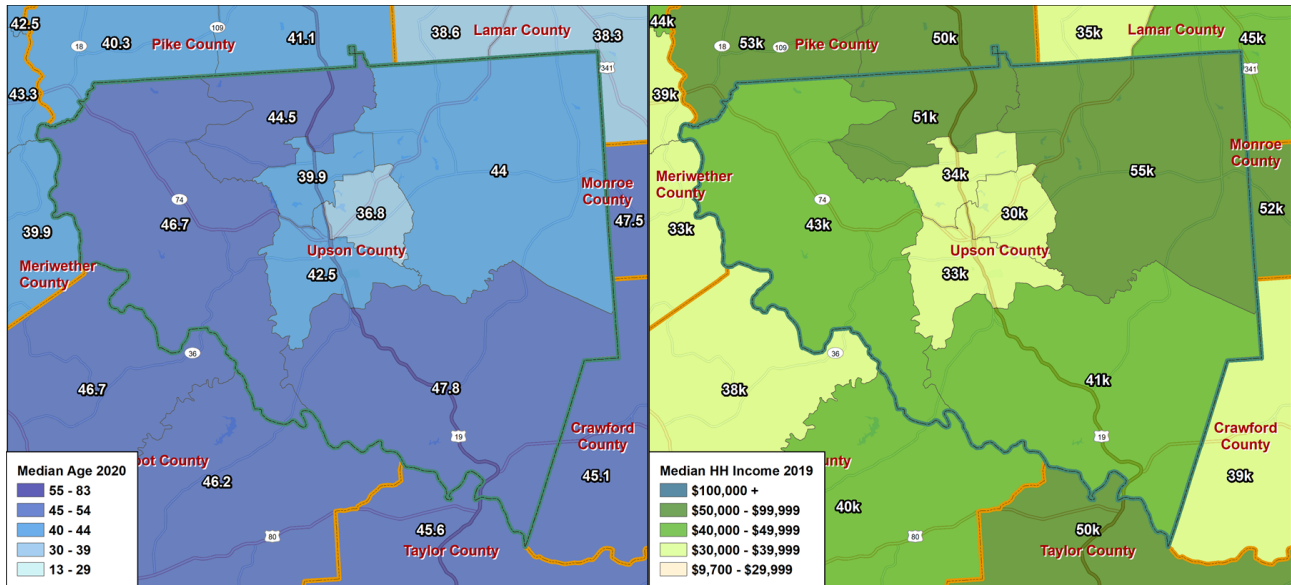
Red is population decline  
 Yellow is positive up to the GA growth rate  
 Green is greater than the GA growth rate  
 Dark Green is twice the GA growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

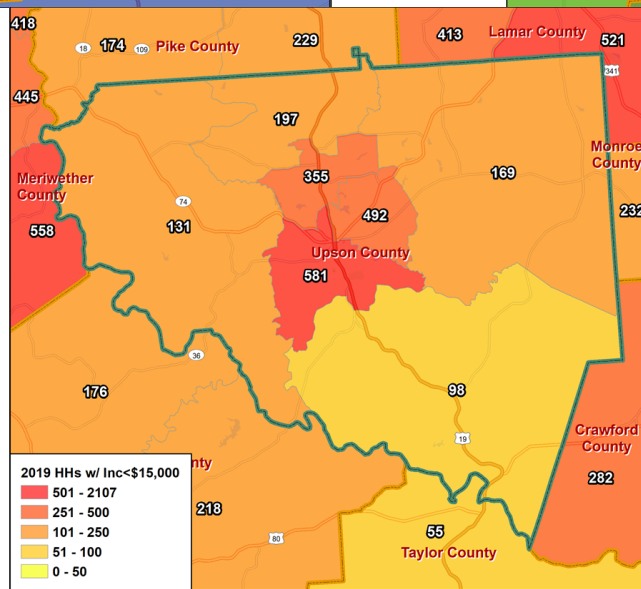
The census tracts in east and west Thomaston have the highest population in the county at 11.3K with one census tract north of Thomaston that had 4.5K population. The census tracts surrounding Thomaston contained 11K population.

Upson County's population was projected to decrease from 2020 to 2025, .24% per year. All census tracts in the county are projected to decline from -.04% to -.29% per year.

## 2020 Median Age & Income



Source: ESRI



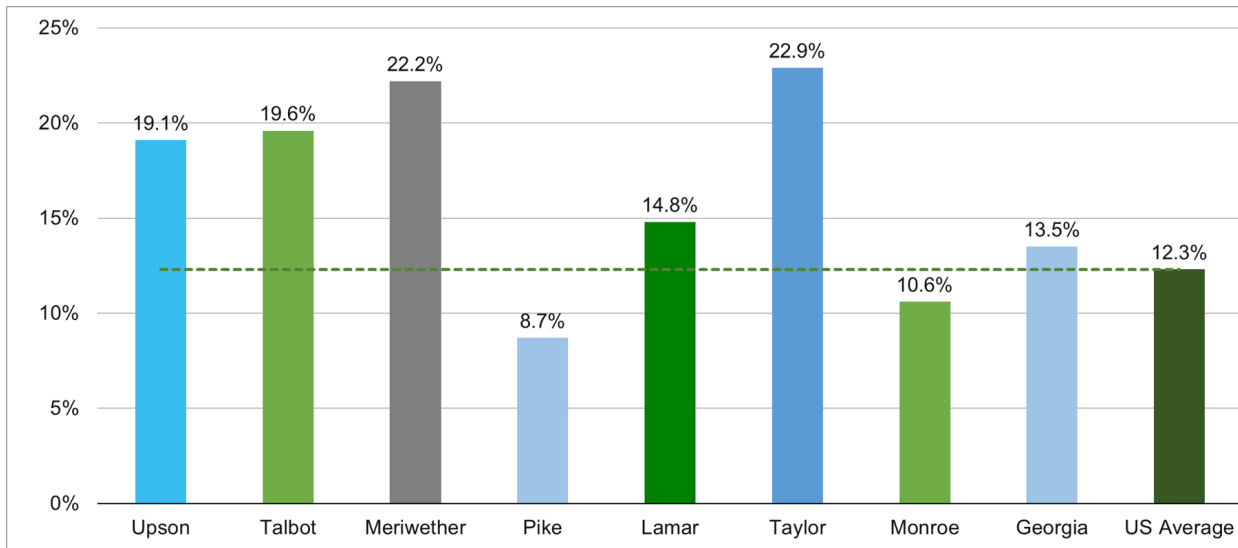
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in the south with a median age of 47.8 than the census tract in the east Thomaston with a median age of 36.8.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The lower income census tracts were in the three Thomaston tracts. The higher income tracts are north and northeast of Thomaston.

The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the county that may have lower health status. The census tract in south Thomaston had 581 households making less than \$15K per year.

## Demographics, cont.

Upson County's 2019 poverty percentage was 19.1% compared to Georgia at 13.5% and the U.S. at 12.3%. The cost of living in Upson County is lower than GA and the U.S.



### Cost of Living

	Upson County	Georgia	US
Overall	74.2	93.4	100
Grocery	91.9	95.5	100
Housing	31.1	80.7	100
Median Home Cost	\$72,000	\$186,500	\$231,200
Utilities	103.8	103.2	100
Transportation	77.5	105.1	100
Miscellaneous	92.3	94.8	100

## Business Profile

73.3% percent of employees in Upson County were employed in:

- Manufacturing (20.6%)
- Health Care & Social Assistance (17.0%)
- Retail Trade (13.6%)
- Education Services (11.3%)
- Accommodation & Food Service (10.8%)

Source: Esri

Retail offers health insurance at a lower rate than healthcare, manufacturing and educational services.

Upson County's April 2021 preliminary unemployment was 3.9% compared to 4.9% for Georgia and 5.8% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week, work, church and school. These are three excellent places to reach people to create a culture of health.

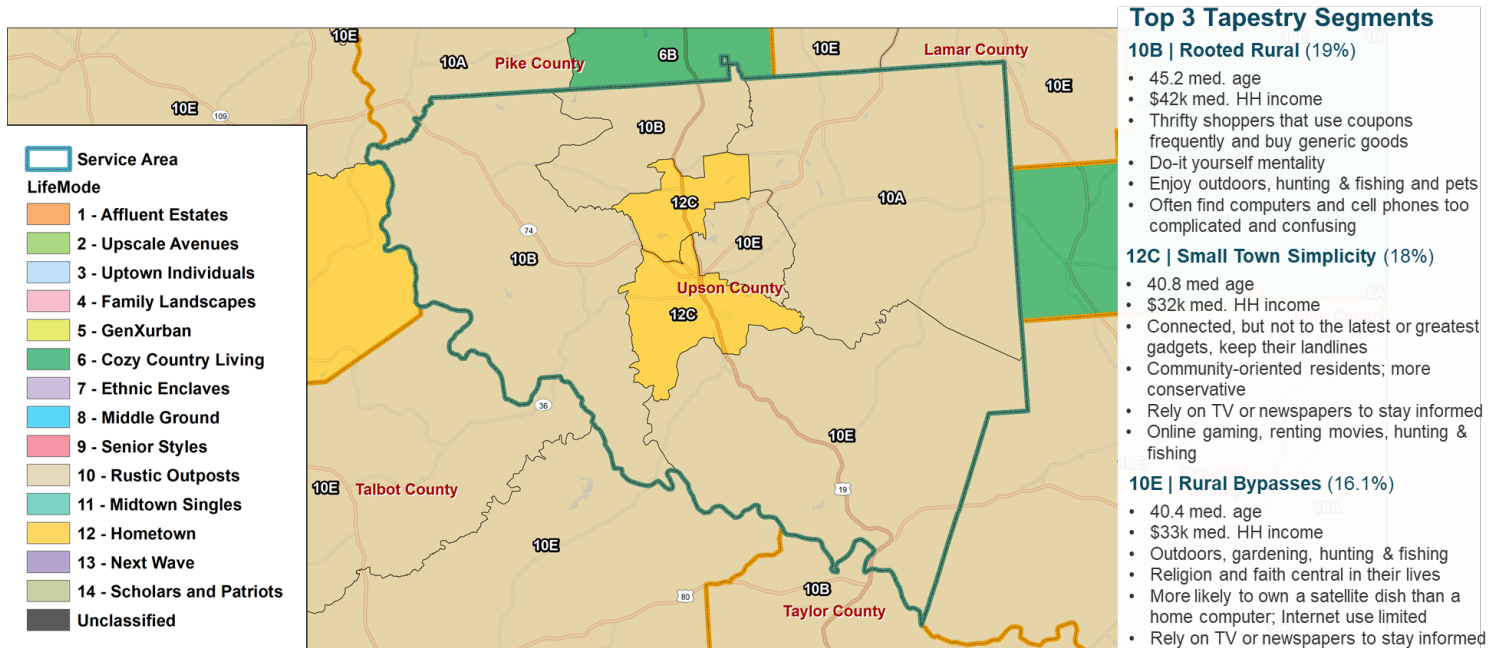


## Tapestry Segmentation

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 53% of Upson County are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the county were Rooted Rural (19%), Small Town Simplicity (18%), and Rural Bypasses(16%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>. Studying the Tapestry Segments in the study area helps determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.



Source: ESRI

## Interview and Focus Group Results

### Interviews

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved and minority populations participated in individual interviews and focus groups on June 28, 2021, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups and interviews.

#### 1. How do you define health?

- Physical and mental wellbeing
- Wellbeing of the person-physically, mentally, spiritually, emotionally
- General wellbeing of the community—work life, home life, all encompassing
- Healthcare access
- Risk factors—policing, government
- Economics
- Social determinants of health
- Prevention
- Opportunities

#### 2. For the purposes of this Community Health Needs Assessment, the community is Upson County, generally, how would you describe the community's health?

- Good x2
- Fair
- Just under average
- Not very good-- mental health high issues, state pushed it down to local level; not healthy physically; low median income
- Not great, not horrible

#### 3. What are the most significant health issues for the community today?

- Mental Health
- Substance Use
- Access to healthcare – medications, transportation, insurance
- Teen pregnancy
- Low income – avoiding care, difficult to eat healthy
- Obesity
- Cultural issues – communication, caring about health, racial tensions, social media

#### 4. What are the most significant health issues facing various populations including medically underserved, low-income, and/or minority populations?

- Obesity/chronic diseases
- Access to medication and follow-up care
- Mental health
- Knowledge of health services and resources available

## Interview and Focus Group Results, cont.

### 5. What are the most important health issues facing children?

- Obesity – healthy eating/active living, leads to diabetes
- Access to pediatricians, mental health, dental care
- Substance use – vaping, exposure to drugs
- Mental Health – body image, bullying, social media, behavioral health medications, anxiety
- Socialization competencies with mask wearing
- Lower academic achievement, falling grades
- Socioeconomics
- Healthcare basics – how to: brush teeth, eat healthy, health knowledge
- Not understanding impacts of choices

### 6. What are the most important health issues facing seniors?

- Fear and anxiety – Covid, technology, news, family
- Access to healthcare and medications – transportation, low scoring nursing homes, pride
- Mental health – dementia, cognitive issues, situational depression, loneliness
- Obesity
- Chronic diseases – diabetes
- Very compliant so sheltered in place and received the vaccine
- Elder abuse and neglect
- Homelessness
- Food resources

### 7. The community performed a CHNA in 2018 and identified priorities for health improvement

- a. Jobs/poverty
- b. Access to care
- c. Obesity/Chronic disease

#### What has changed most related to health status in the last three years?

- Access to care – Better
- Still issues – Obesity/chronic diseases, poverty, missing some subspecialties: GI pulmonology, oncology/hematology, neurology
- Not preparing high schoolers for work, e.g., how to dress, be on time, shake hands - Worse.

### 8. What, if any, health issues or inequities did the Covid-19 pandemic expose in the community?

- Substance use
- Mental Health
- Obesity – nutrition, sedentary lifestyle
- Lack of vaccinated individuals
- Conspiracy theories
- Domestic abuse
- Teen pregnancies
- Covid didn't recognize socioeconomic status – no rhyme or reason to who got it and many deaths
- Vitamin intake increased
- Aging population
- Maternal health issues

## Interview and Focus Group Results, cont.

### 9. What behaviors have the biggest impact on community health?

- Nutrition – older pop not getting enough food, not eating right, too much fast food
- Substance use – drugs, vaping
- Unprotected sex - teen pregnancies, more STDs
- Poor parenting – inadequate supervision, grandparents raising kids

### 10. What environmental factors have the biggest impact on community health?

- No environmental issues
- Transportation – Mim’s taxi, but no busses
- Housing – landlords not maintaining houses to code, poor conditions, lack of workforce housing, homelessness
- City water is good – replaced pipes
- Plenty of parks
- Nice Civic Center

### 11. What do you think the barriers will be to improve health in the communities?

- No barriers to access
- Knowledge – fast food leads to obesity
- Culture - Just because mama was like x doesn’t mean you have to be like that
- Don’t care – live for the moment, don’t think of the future. “Health issue X isn’t going to happen to them”
- Lack of concern or interest—hard to find coalition members
- Having to go out of town for mental health assessments
- Growing demographics of kids served—find a way to get into school system
- More prevention and education

### 12. What community assets support health and wellbeing?

- A hospital like this – many communities don’t have with the ability to bring in specialists.
- On the Path
- Youth Villages covers this area
- Viewpoint Health
- Win Georgia
- Grace Harbor
- Thomaston Counseling Center
- Thomaston Housing Authority
- Centering program for mothers using aquatics
- Greatest Generation Park
- Wellness Center
- Silvertown Park
- Sprewell Bluff
- Upson Beacon
- Churches
- Transportation
- Sports physicals in the gym
- Health department
- Community leaders
- Resilience – Upson County has always demonstrated resilience



## Interview and Focus Group Results, cont.

### 13. If you had a magic wand, what improvement activity should be a priority for Upson County to improve health?

- Mental Health – no long-term recovery options, suicides
  - Access to care – medications, transportation, maintain primary care
  - Obesity
  - Chronic disease
  - Substance use
  - Poverty/jobs/education
  - Community education/communication
  - Teen pregnancy
  - Ambulance service
- 



Photo Credit: URMCC

### Health Status Data

Based on the 2021 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin<sup>2</sup>, Upson County ranked 134<sup>th</sup> out of 159 Georgia counties ranked for health outcomes (1= the healthiest; 159 = unhealthiest), and 89<sup>th</sup> for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Upson County were higher adult smoking, higher alcohol-impaired driving deaths, higher teen births, higher preventable hospital stays, lower mammography screening, lower high school completion, higher children in poverty, higher children in single-parent households, and higher air pollution-particulate matter. The areas of strength were identified as lower uninsured, lower population to primary care physician, and lower unemployment.

When analyzing the health status data, local results were compared to Georgia, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Upson County's results were worse than GA and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Georgia and eventually the nation, Upson County must close several lifestyle gaps. For additional perspective, Georgia was ranked the 38<sup>th</sup> healthiest state out of the 50 states. (Source: 2019 America's Health Rankings; lower is better) Georgia strengths were low percentage of housing with lead risk, higher percentage of fluoridated water, and low premature death racial inequality. Georgia challenges were high prevalence of avoided care due to cost, high prevalence of high-risk HIV behaviors, and high prevalence of low birthweight babies.

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### Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, and interviews. If a measure was better than Georgia, it was identified as a strength, and where an indicator was worse than Georgia, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

<sup>2</sup> *The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Georgia's counties every year since 2003.*

## Comparisons of Health Status

In most of the following graphs, Upson County will be blue, Georgia (GA) will be red, U.S. grey and the 90th percentile of counties in the U.S. gold.

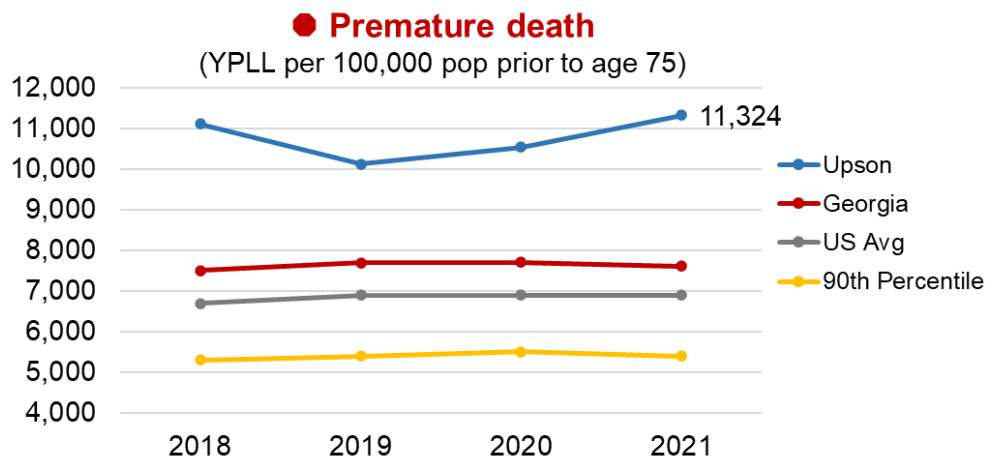
## Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Upson County ranked 134<sup>th</sup> in health outcomes out of 159 Georgia counties.

### Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 159, lower is better. For example, a 25-year-old is killed in an accident, equates to 50 years of potential life lost prior to age 75. Upson County ranked 137<sup>th</sup> in length of life in GA. Upson County lost 11,324 years of potential life per 100,000 population which was higher than GA and the U.S.

Upson County residents can expect to live 6 years less than the average U.S. resident.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2017-2019

### ● Life Expectancy

(Average number of years a person can expect to live)

2017-2019		Upson County 2017-2019	
Upson County	72.8	Black	73.8
Georgia	77.9	Hispanic	NA
US Avg*	78.8	White	72.0
90th Percentile	81.1		

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2017-2019



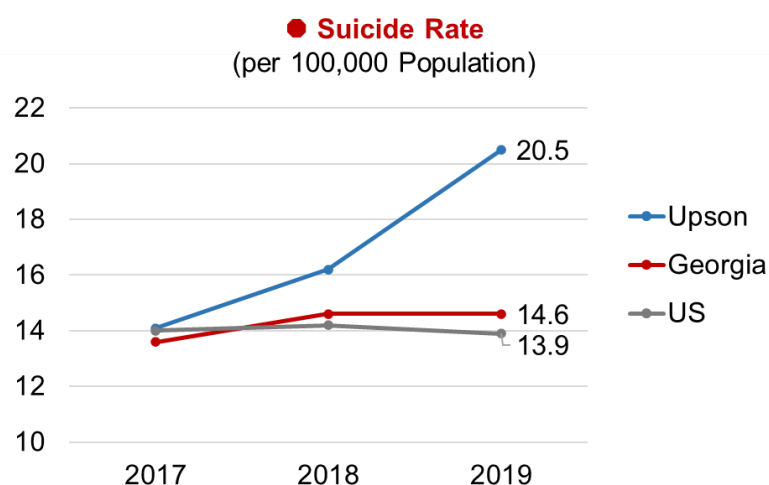
## Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Upson County	Georgia	US
Heart Disease	269.1	175.5	161.5
Cancer	201.5	151.4	146.2
Accidents (Unintentional Injuries)	40.2	42.2	49.3
Respiratory Diseases	91.4	42.1	38.2
Strokes	91.1	41.9	37.0
Alzheimer's	50.9	41.9	29.8
Diabetes	28.4	20.5	21.6
Kidney disease	27.0	18.1	12.7
Influenza and Pneumonia	44.7	11.8	12.3
Suicide	20.5	14.6	13.9
Liver disease	N/A	10.0	11.3
Sepsis	27.3	15.0	9.5
Covid-19*	311.6	99.7	105.4

\*2020, Upson County had 86 deaths due to Covid, and 173 deaths in total YTD Oct 27, 2021.

Source: Wonder.cdc.gov. Age-adjusted rates per 100,000 population. Upson County data from 2017-2019 combined. GA, US data from 2019. \*Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

Rates in red had death rates higher than GA. The leading causes of death in Upson County, as in GA and the U.S., were heart disease, cancer, followed respiratory diseases, strokes, Alzheimer's, Influenza and pneumonia, accidents, diabetes, sepsis, and kidney disease. Covid is projected to be a leading cause of death in 2020.



The suicide trend increased with Upson County's rate higher than GA and the U.S.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.

## Length of Life STRENGTHS

- Upson County had lower death rates attributable to accidents than Georgia and the U.S.
- 

## Length of Life OPPORTUNITIES

- Upson County had a shorter life expectancy than and the U.S.
  - Upson County had higher number of years of potential life lost prior to age 75 than GA and the U.S.
  - Upson County had a higher death rates for heart disease, cancer, respiratory diseases, strokes, Alzheimer's, diabetes, kidney disease, influenza and pneumonia, suicide and sepsis than GA and the U.S.
  - COVID-19 death rates indicate higher than GA and the U.S.
  - Upson County's suicide rate increased in 2019 and was higher than GA and the U.S.
- 

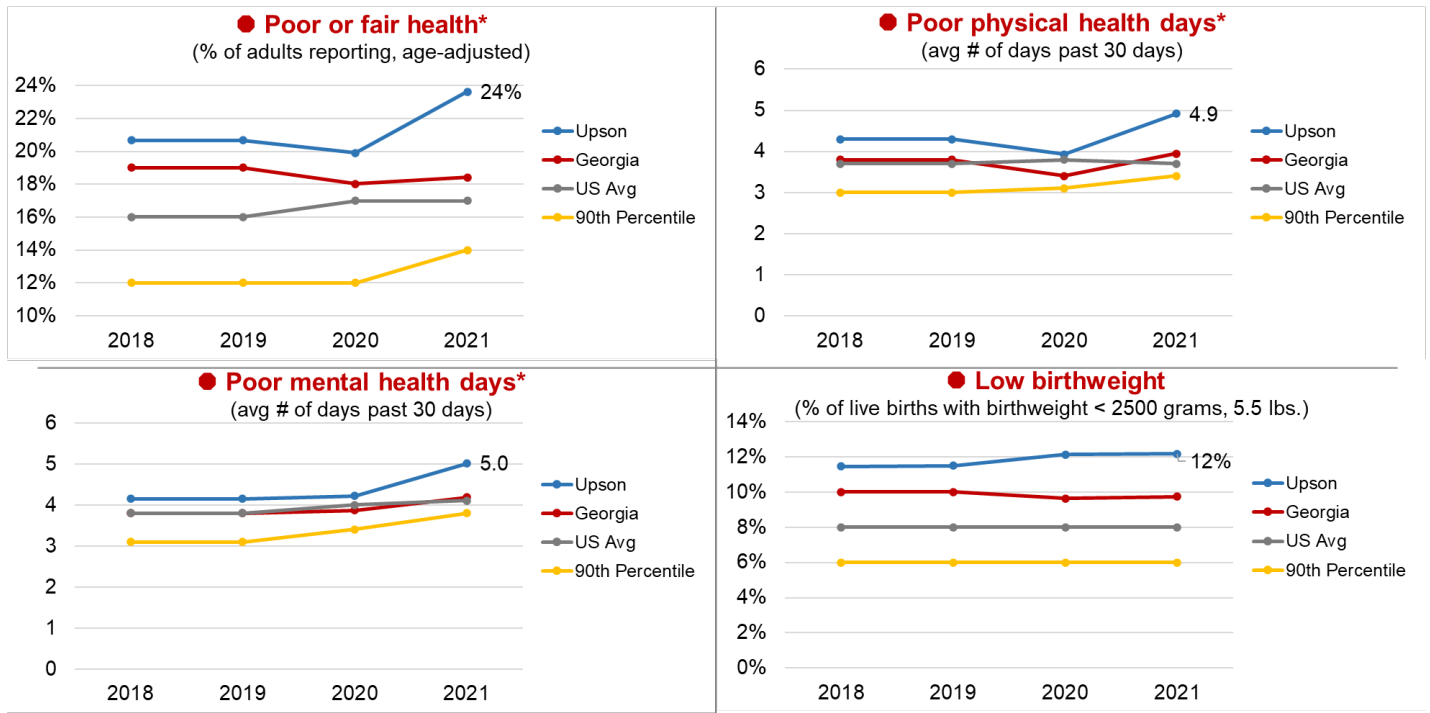


Photo Credit: URMIC



## Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Upson County ranked 122<sup>nd</sup> in quality of life out of 159 Georgia counties.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2018  
 Source: County Health Rankings: National Center for Health Statistics – Natality files (2013-2019)

## Quality of Life OPPORTUNITIES

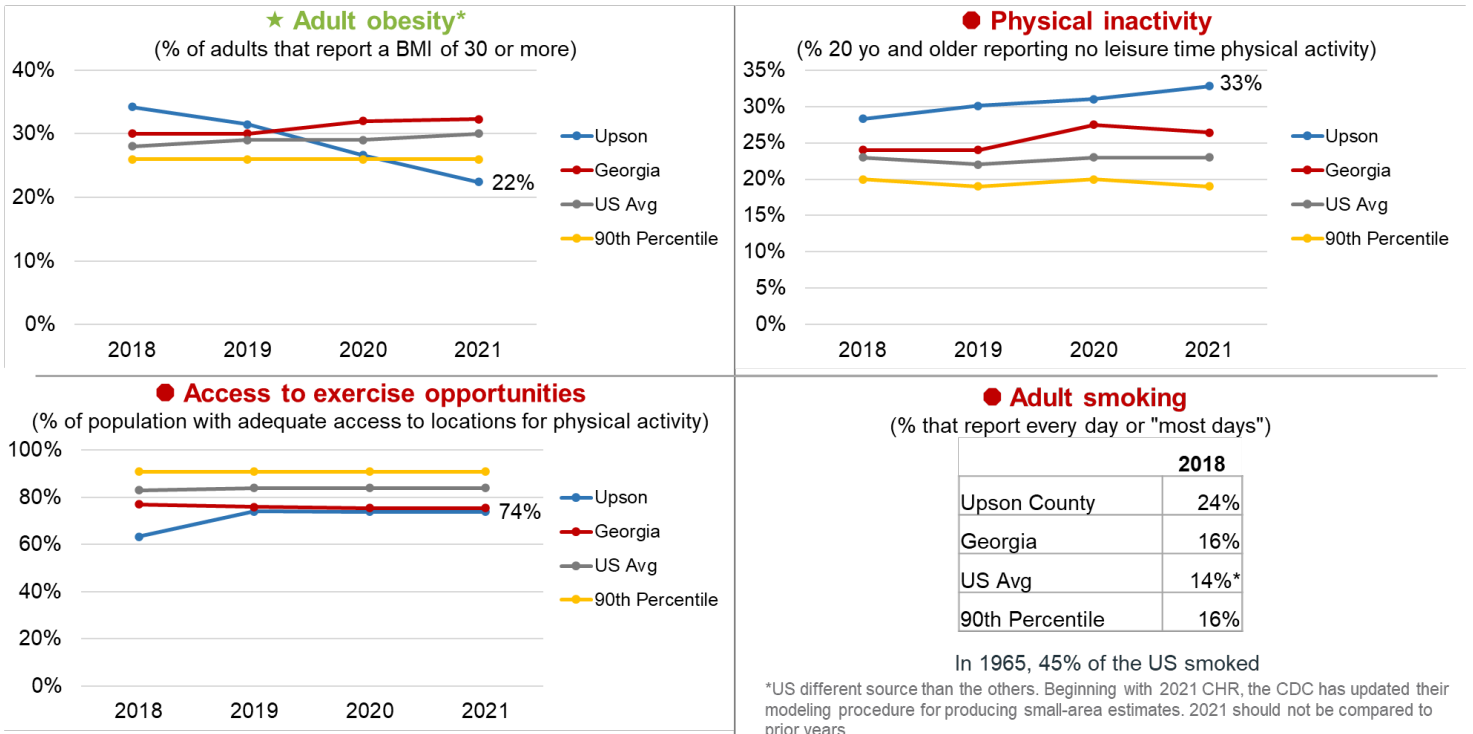
- Upson County had a higher percentage of adults reporting poor or fair health than GA at 19%.
- Upson County had a higher percentage of low birthweight babies at 12% than GA and the U.S.
- Upson County had a higher percentage of adults reporting poor mental health days than GA and the U.S. at 5.0.
- Upson County had a higher percentage of adults reporting poor physical health days than GA and the U.S. at 4.9.

## Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Upson County ranked 89<sup>th</sup> in health factors out of 159 Georgia counties.

## Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Upson County ranked 84<sup>th</sup> in health behaviors out of 159 counties in Georgia.

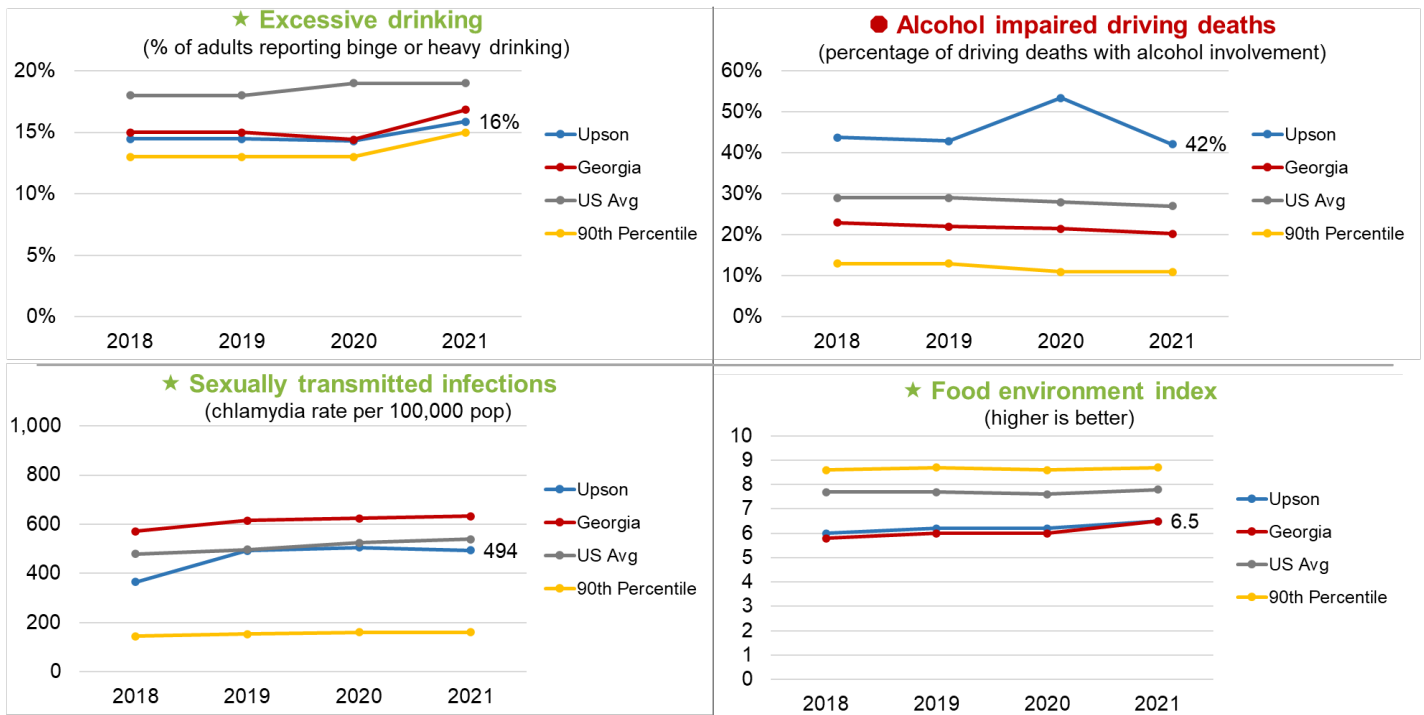


Source: Obesity & Physical Inactivity – CHR, United States Diabetes Surveillance System, 2017

Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files, 2010 and 2019. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2018

## Health Behaviors, Cont.



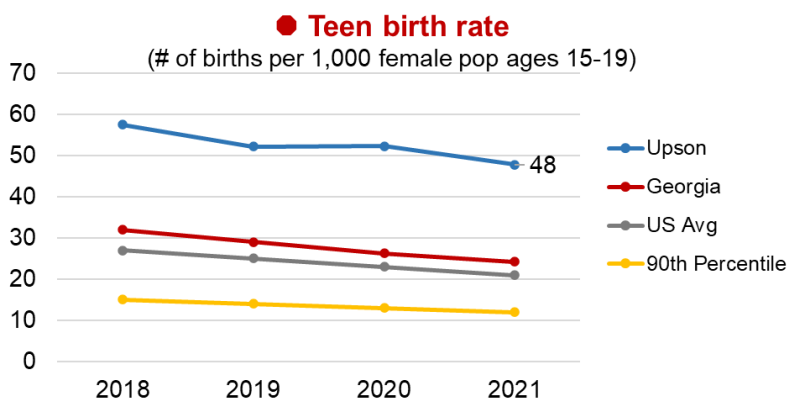
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2018

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2015-2019

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2018

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



**Teen birth rate**  
(# of births per 1,000 female pop ages 15-19)

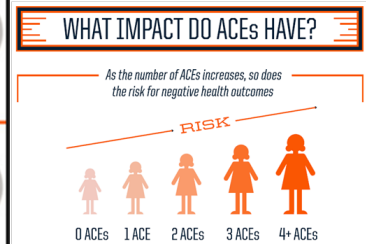
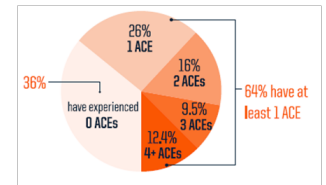
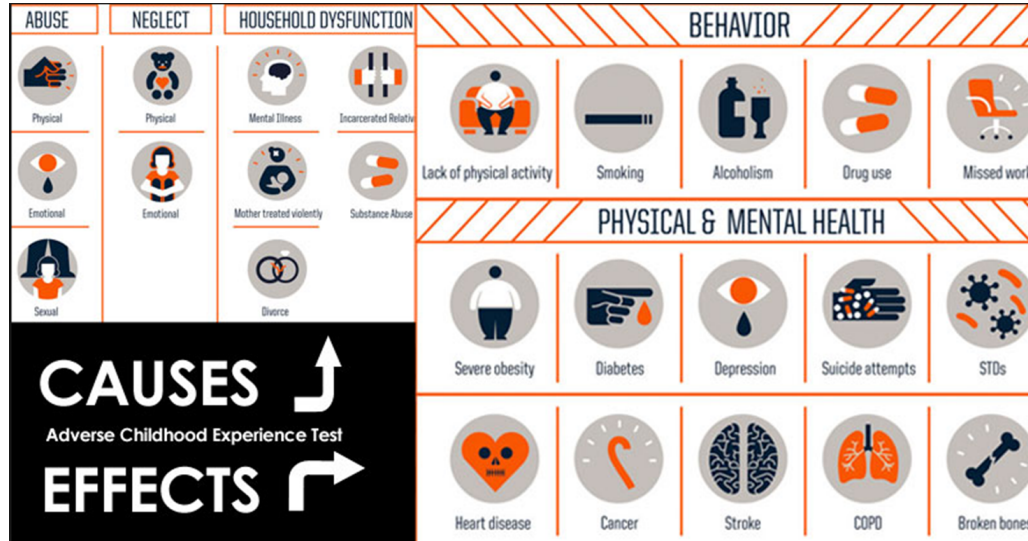
Upson County	2021
Black	63
Hispanic	62
White	40

Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2013-2019

## Health Behaviors, Cont.

### Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes.



	0 ACEs	1 ACEs	2+ ACEs
<b>United States</b>	54%	25%	22%
<b>Georgia</b>	52%	23%	25%

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children’s Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Upson County. However, Georgia had a lower percentage of youth with no aces and higher percentages of youth with 2 or more ACEs.

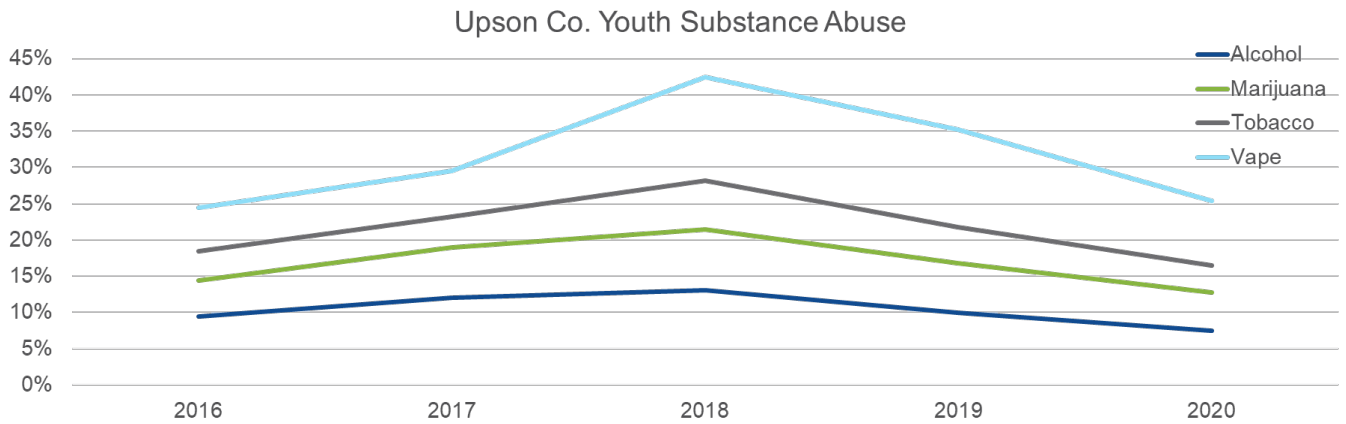
## Health Behaviors, Cont.

### Substance Use Data from Beyond the Bell

Most drug deaths in Upson County were due to opioids and fentanyl not heroin.

Upson County Youth Substance use (2020)

- 1.9% Meth
- 2.9% Prescription drugs
- Both on the decline



Source: *Beyond the Bell; Opioid Overdose Surveillance, Georgia Student Youth Health Survey 2020*



Photo Credit: URMC



## Health Behaviors STRENGTHS

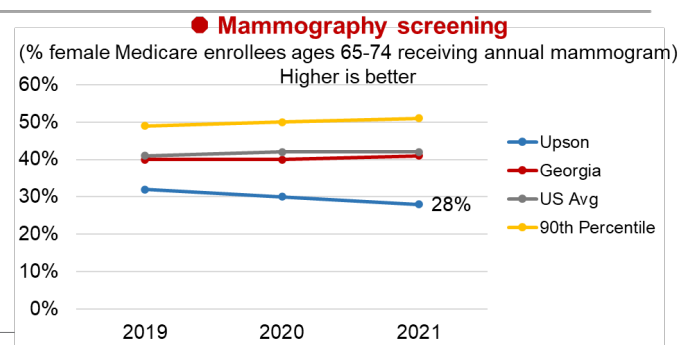
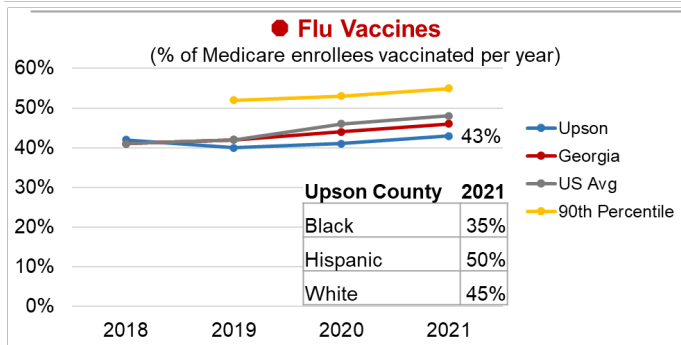
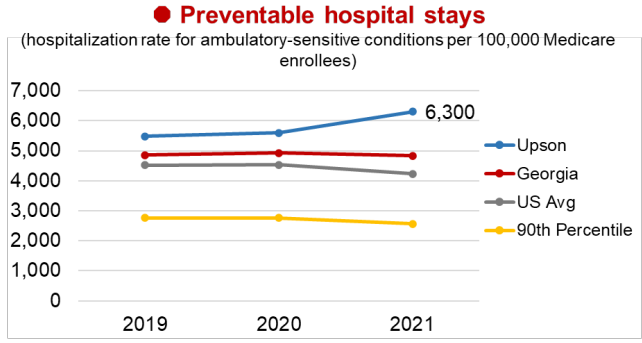
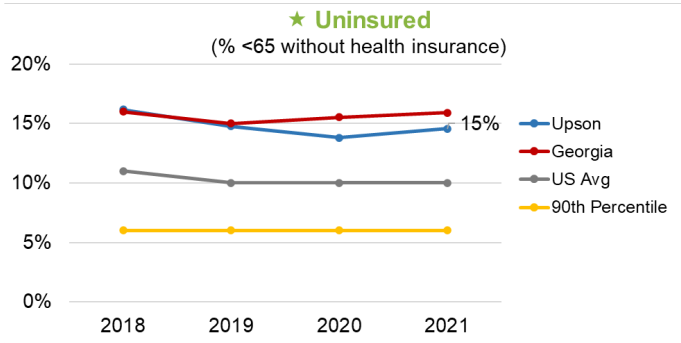
- Adult obesity in Upson County was 22%, lower than GA at 32% and the U.S. at 30%. The obesity trend had been decreasing in Upson County. Obesity in Georgia and the U.S. continue to rise, putting people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer’s and often leads to metabolic syndrome and type 2 diabetes.
- 16% of Upson County reported binge or heavy drinking lower than GA at 17% and the U.S. (19%).
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Upson County (494) than GA (632) and the U.S. (540).
- The food environment index in Upson County (6.5) was the same as GA, but lower than the U.S. (7.8). (higher is better)
- Youth substance use for meth and prescription drugs declined and were used by 1.9% and 2.9% respectively.

## Health Behaviors OPPORTUNITIES

- Physical inactivity was higher in Upson County at 33% than in GA with 26% and higher than the U.S. at 23%.
- 24% of Upson County smoked, higher than GA at 16% and the U.S. at 14%.
- 74% of Upson County had access to exercise opportunities compared to 84% of the US and 75% of GA.
- Alcohol impaired driving deaths were higher in Upson County (42%) than in GA (20%) and the U.S. at 27%.
- The teen birth rate in Upson County was 48 births per 1,000 female population ages 15-19, higher than GA at 24 births and the U.S. at 21 births. The teen birthrate is higher among Hispanic and Black populations. The trend has decreased since 2018.
- Vaping is the most common substance used by youth, followed by tobacco, marijuana then alcohol.
- Georgia had a lower percentage of youth with no aces and higher percentages of youth with 2 or more ACEs, 25%.

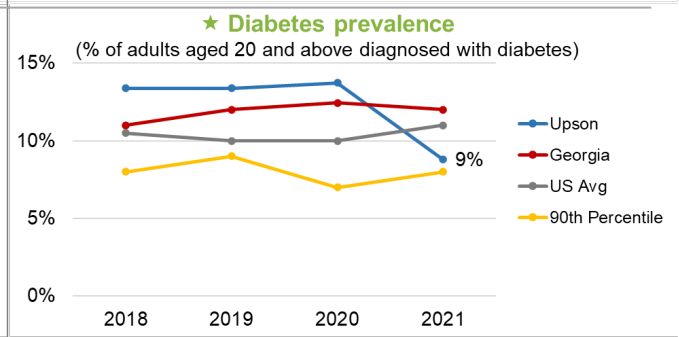
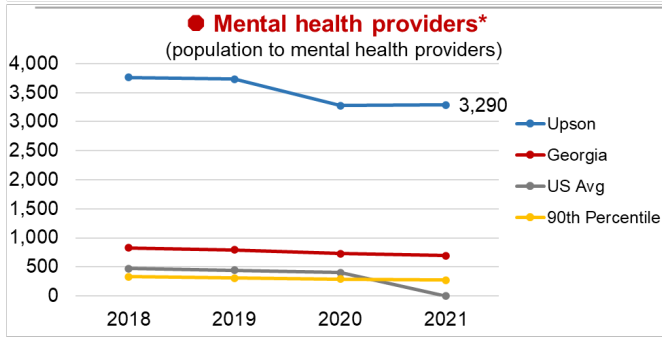
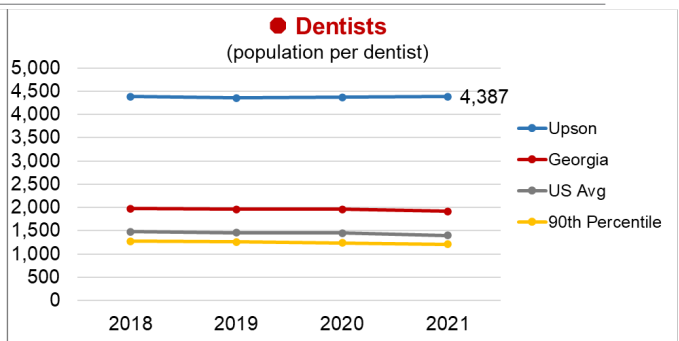
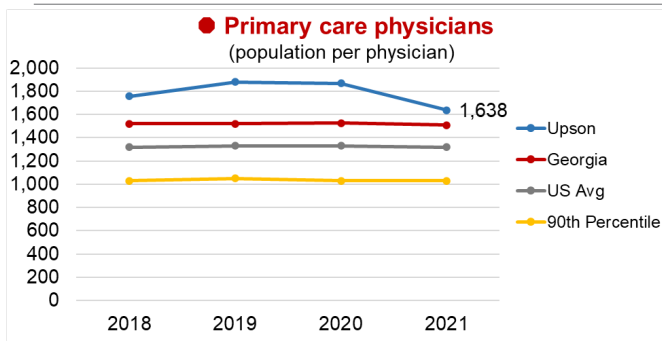
# Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Upson County ranked 106<sup>th</sup> in clinical care out of 159 Georgia counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2018

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2018



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2018

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2019

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2019

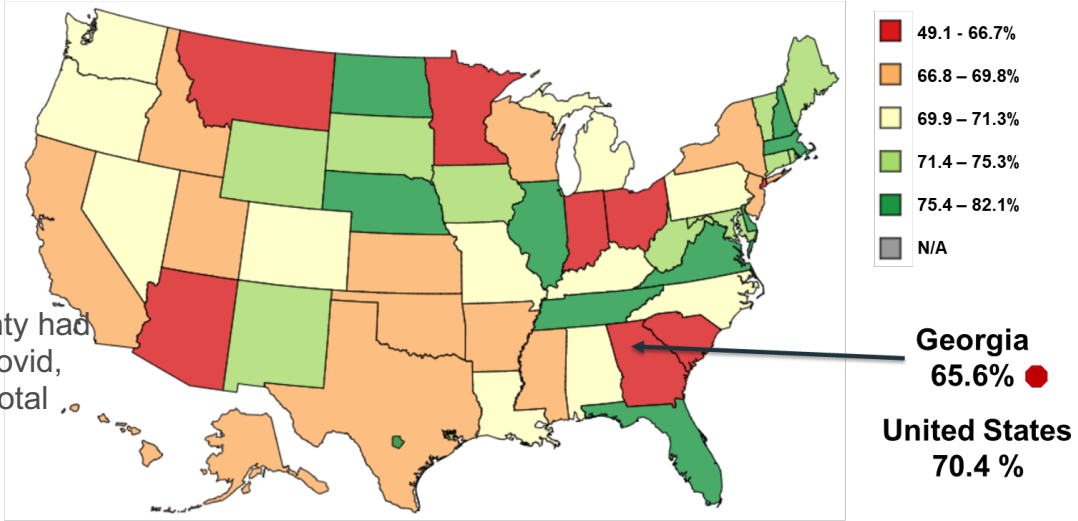
Source: Diabetes prevalence – U.S. Diabetes Surveillance System, 2017

## Clinical Care, cont.

GA had a lower vaccination percentage among children 19-35 months old than the U.S.

### Vaccination Coverage Among Children

Combined 7-vaccine Series Vaccination % coverage among children 19-35 months by state  
National Immunization Survey-Child (NIS-Child), 2017



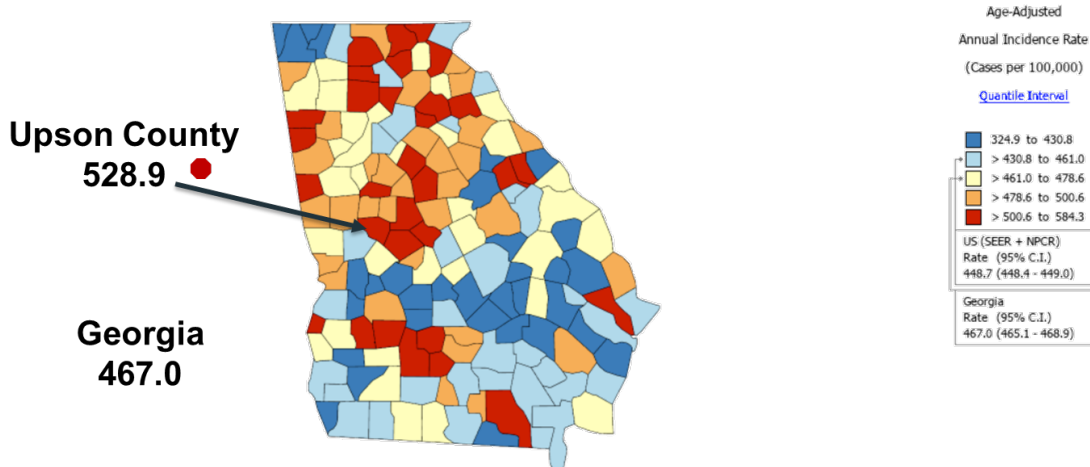
\*2020, Upson County had 86 deaths due to Covid, and 173 deaths in total, YTD Oct 27, 2021.

Combined 7 vaccine series (4:3:1:3\*:3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)

Source: CDC, National Center for Immunization and Respiratory Diseases (2017 data posted 2020)

### Cancer Incidence Rates – GA Counties

Incidence Rates<sup>†</sup> for Georgia by County  
All Cancer Sites, 2013 - 2017  
All Races (includes Hispanic), Both Sexes, All Ages



Notes:  
State Cancer Registries may provide more current or more local data.  
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).  
<sup>†</sup> Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER\*Stat. Population counts for denominators are based on Census populations as modified by NCI. The 1969-2017 US Population Data File is used for SEER and NPCR incidence rates.  
Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)  
Data for the United States does not include data from Puerto Rico

Cancer incidence rates (cases per 100,000 population) were higher in Upson County(529) than in GA, and the U.S. (449).

## Clinical Care STRENGTHS

- The percent of population under sixty-five without health insurance was 15% in Upson County, lower than GA at 16% but higher than the U.S. at 10%.
- The percentage of adults with diabetes in Upson County was 9%, lower than GA (12%) and same as the U.S. (11%).

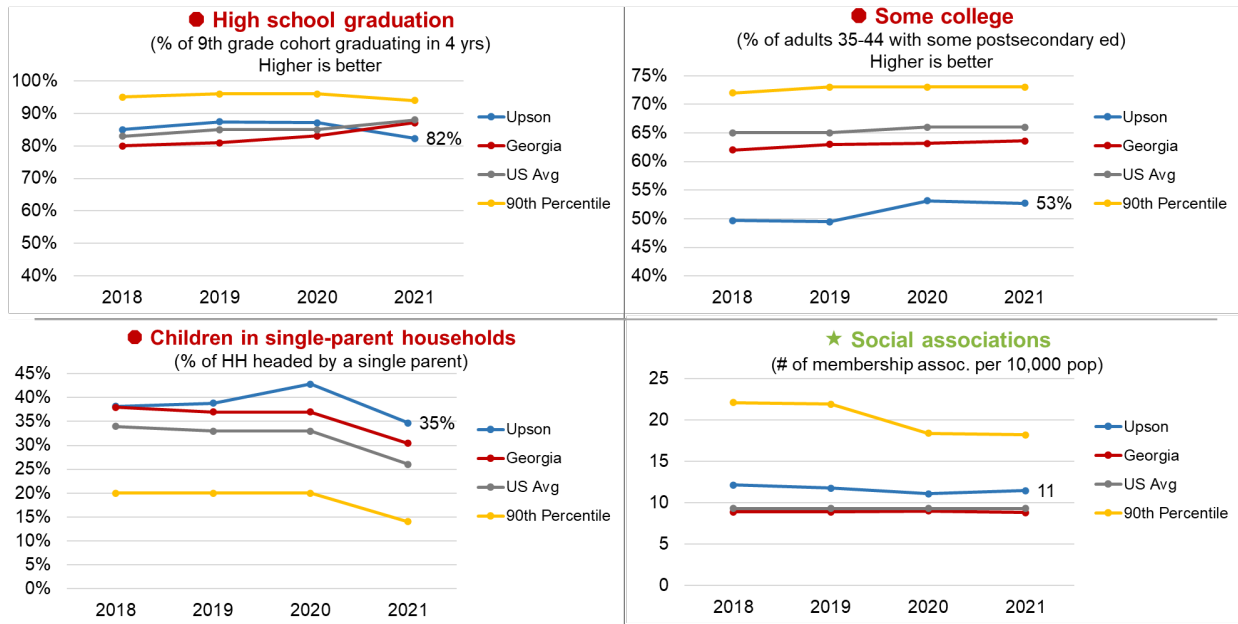
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## Clinical Care OPPORTUNITIES

- Preventable hospital stays in Upson County were 6,300 per 100,000 Medicare enrollees which was higher than GA (4,769), but higher than the U.S. (4,236). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. *J Am Geriatric Soc.* 2007;55:993-1000.
- The percent of Medicare enrollees with flu vaccines per year was lower in Upson County at 43% than GA (46%) and the U.S. (48%).
- Mammography screening was lower in Upson County at 28% than GA and the U.S. at 41%.
- The population per primary care physician was at 1,638 in Upson County higher than GA (1,508) and the U.S. (1,320).
- The population per dentists was 4,387 in Upson County higher than GA (1,921) than the U.S. (1,400).
- The population per mental health provider was 2,289 in Upson County higher than GA (634) and the U.S. (380).
- The cancer incidence rate in Upson County was 529 cases per 100,000 population which was higher than GA (467), and the US (449).
- The percentage of vaccination coverage amount children 19-35 months was lower in GA at 65.6% than the U.S. at 70.4%. COVID-19 vaccinations were lower in Upson County than GA and the U.S.

## Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Upson County ranked 64<sup>th</sup> in social and economic factors out of 159 Georgia counties.

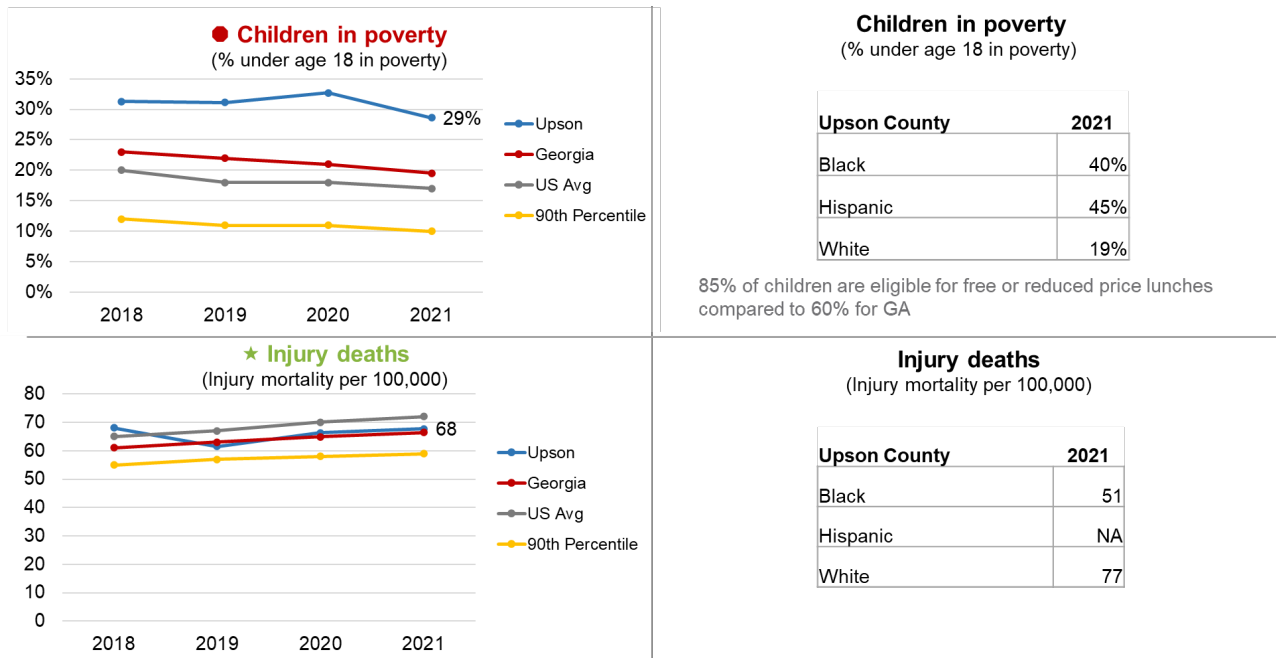


Source: High School graduation – CHR, American Community Survey, 5-yr estimates, 2015-2019

Source: Some college CHR; American Community Survey, 5-year estimates, 2015-2019.

Source: Children in poverty - CHR; U.S. Census, Small Area Income and Poverty Estimates, 2019

Source: Social associations - CHR; County Business Patterns, 2018



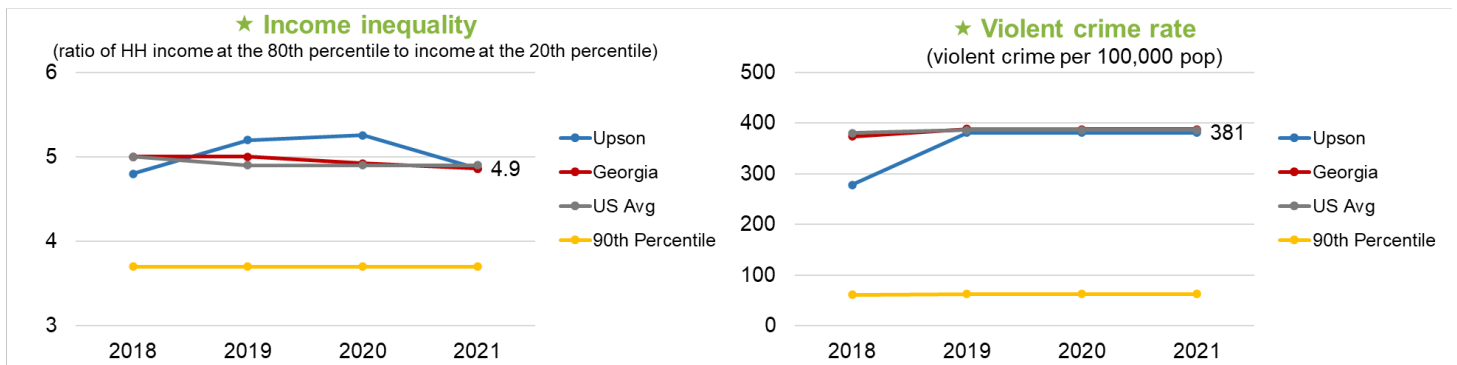
Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2015-2019.

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2015-2019.

Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016



## Social & Economic Factors Cont.



### Social & Economic Factors STRENGTHS

- Social associations were higher in Upson County at 11 memberships per 10,000 population than GA and the U.S. at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations
- Income inequality represents the ratio of household income at the 80<sup>th</sup> percentile compared to income at the 20<sup>th</sup> percentile. Income inequality was Upson County 4.9, the same as GA and the U.S.
- The violent crime rate in Upson County was 38 violent crimes per 100,000 population, which was the same as GA and the U.S.

### Social & Economic Factors OPPORTUNITIES

- The high school graduation rate was lower in Upson County at 82% than GA (87%) and the U.S. (88%).
- 53% of Upson County adults had some postsecondary education which was lower than GA (64%) and the U.S. (66%).
- The percentage of children in single-parent households was 35% in Upson County, higher than GA (30%) and the U.S. at 26%.
- The percentage of children in poverty was higher for Upson County at 29% than GA at 20% and the U.S. (17%).
- The percentage of Hispanic and Black children in poverty children was higher, 45% and 40% respectively
- Injury deaths were higher in Upson County at 68 per 100,000 population than GA at 66 but lower than the U.S. (72). White injury deaths were higher at 77 than Black deaths at 51 per 100,000 pop) and the trend is increasing.
- The poverty estimates for 2019 showed Upson County at 19.1%, higher than GA (13.5%) the U.S. (12.3%).
- The median household income in Upson County was \$38,297, lower than GA at \$59,084 and the U.S. at \$62,203.

## Physical Environment

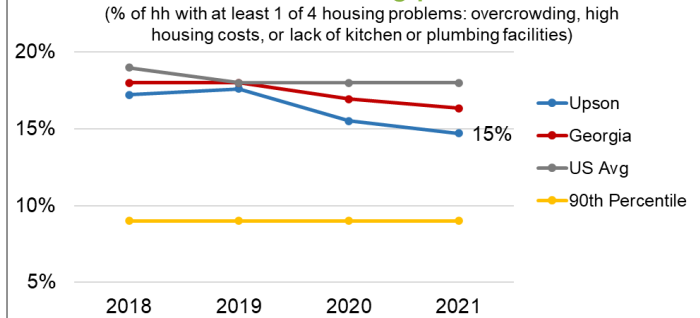
Physical environment contains four measures in the category and accounts for 10% of the county rankings. Upson County ranked 149<sup>th</sup> in physical environment out of 159 Georgia counties.

### ● Drinking water violations

	2019	2020	2021
Upson County	Yes	Yes	Yes

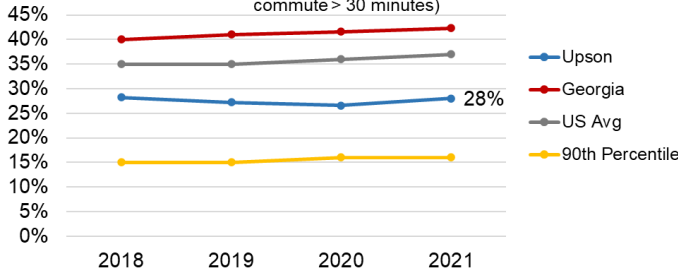
Source: EPA Safe Drinking Water Information System.

### ★ Severe housing problems



### ★ Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)



### ● Broadband access

(% of households with broadband internet connection)

Upson County	2021
Upson County	69%
Georgia	81%
US Avg	83%
90th Percentile	86%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2018. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2012-2016. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2014-2018. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2014. Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2015-2019

## Physical Environment STRENGTHS

- Upson County had a lower percentage of severe housing problems as GA at 15% than GA (16%) and the U.S. at 18%.
- 28% of workers in Upson County who commute alone commute over 30 minutes, lower than GA at 42% and the U.S. at 37%.

## Physical Environment OPPORTUNITIES

- Upson County had drinking water violations.
- Broadband access was lower in Upson County at 69% than GA (81%) and the U.S. (83%).

### There were Four Broad Themes that Emerged in this Process:

- Upson County needs to continue to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
- While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, Upson County has many assets to improve health.



Photo Credit: URM

# Results of the CHNA: Community Health Summit Prioritized Health Needs

## Prioritization of Health Needs

### Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

<b>Magnitude / scale of the problem</b>	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
<b>Seriousness of Consequences</b>	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
<b>Feasibility</b>	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

### Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room.

1. Mental Health 15 votes – access to services, suicide, teen mental health
2. Access to care 12 votes - staffing, screening, transportation, emergency medical services and Education on available health resources
3. Substance Use 10 votes – tobacco and substance use disorder
4. Obesity and Chronic Diseases 9 votes – diabetes, high blood pressure, obesity, cancer, heart disease
5. Poverty/Socioeconomics 7 votes – child poverty, education, graduation rate, wages, single parent households,
6. Teen Pregnancy 5 votes – prevention, education and low birthweight babies improving health of women of childbearing age
7. Miscellaneous 2 votes
  1. Law enforcement staffing
  2. Trust in medical science

# Community Health Summit Brainstorming

## Community Health Goals and Actions Brainstorming

Once the stakeholders had prioritized the most significant health issues, they broke into groups to brainstorm solutions to each of the priorities. They created potential goals and actions the community could take to improve these issues.

### Significant Health Need 1: Mental Health and Substance Use Disorder

- ✔ **Goal 1 – Increase access to mental health outpatient services**
  - Action 1** – Identify provider and financial resources
  - Action 2** – Recruit providers for mental health outpatient services and increase access to care for financially challenged
  - Action 3** – Establish financial application programs for indigent care services as many patients are uninsured or on Medicaid

*Resources/Collaborators Needed: health department, hospital law enforcement, national alliance on mental illness*
- ✔ **Goal 2 – Communicate education on mental health and suicide awareness program**
  - Action 1** – Provide education to the community for early detection of suicide risk
  - Action 2** – Partner with local media and organizations to provide hotline information and outreach services, communications, pamphlets and other educational resources
  - Action 3** – Identify an outreach resource for the health department for community education. Promote with the assistance of local media, Chamber, others.
  - Action 4** – The health department will attend community events to conduct outreach and education.

---

### Significant Health Need 2: Access to Care

- ✔ **Goal 1 – Ensure adequate emergency medical services (EMS) to meet the community’s needs by February 2022.**
  - Action 1** – Have availability of 3 trucks and 24/7 advanced cardiovascular life support (ACLS) crews
  - Action 2** – Successfully transition 911 contract to new provider working through process with Region 4 EMS Council
  - Action 3** – Define community’s total EMS needs and work with new provider and county leaders to assure adequate services are provided.
- ✔ **Goal 2 – Increase education and knowledge of healthcare services available**
  - Action 1** – Focus community education, marketing, and communication efforts on healthcare services available and how to access.
- ✔ **Goal 3 – Grow the healthcare workforce**
  - Action 1** – Work with local schools to develop and support programs to resolve current and future healthcare workforce demands (grow our own healthcare professionals)



## Significant Health Need 4: Chronic Disease and Obesity

- ✔ **Goal 1 – Provide education on nutrition and BMI using technology**
    - Action 1** – Create a hospital-based app that links to resources for calculating BMI, checking BP, healthy nutrition
    - Action 2** – Have a booth set up at grocery store – shop with a nutritionist to learn how to shop for healthy foods, speak to civic group, cooking demo, recipe contest
    - Action 3** – Speak at all community meetings and gatherings, especially churches, hardware stores, grocery stores to educate
    - Resources/Collaborators Needed: Schools, health department, IT and 3rd party vendor, PR, nursing, nutritionist, public, grocery stores*
  - ✔ **Goal 2 – Focus on exercise fostering community involvement or exercise events**
    - Action 1** – Sponsor exercise events (5K, triathlon, etc.)
    - Action 2** – Community competition like Biggest Loser with a prize at the end. Hold “Upson Olympics” focus on getting moving virtual exercise classes
    - Action 3** – Hold Business Battlefield – field day for businesses
    - Resources/Collaborators Needed: Wellness Center, PR, Newspaper, social media, schools, health department*
- 

## Significant Health Need 5: Poverty/Socioeconomics

- ✔ **Goal 1 – Socioeconomic community education programs through collaborative community engagement opportunities with all representatives of the community**
    - Action 1** - Public service announcements
    - Action 2** – Collaborative community engagement opportunities
    - Action 3** – Mentorship program opportunities for kids, parents, young adults
    - Action 4** - Opportunities/events that promote civic responsibility and how to get out of poverty
    - Resources/Collaborators Needed: Everyone in the community, board of education, industry representatives*
- 

## Significant Health Need 6: Teen Pregnancy

- ✔ **Goal 1 – Communicate teen pregnancy statistics and input on community health with the community**
    - Action 1** - Communicate the data via your five greatest employers in the county
    - Resources/Collaborators Needed: manufacturers, school system, hospital, retailers*
  - ✔ **Goal 2 – Establish an adolescent healthy lifestyle program in the next 3 years**
    - Action 1** - Form a committee from various community stakeholders (Upson collaborative) will pull together and establish ground rules
    - Action 2** – The committee will incorporate parents and teens and other community members
    - Resources/Collaborators Needed: we need external resources and to investigate programs initiatives working elsewhere*
-

# Impact of 2018 CHNA and Implementation Plan

## Impact

COVID-19 impacted implementation in 2020. Groups were unable to meet in person and services were limited in the community. However, progress was made.

### Priority 1: Poverty & Jobs

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Results/Metrics	Community Organization Collaborators (if applicable)
Raise internal minimum wage to \$11/hour for all employees	Increased staff retention, increased recruitment of qualified staff, and more individuals with higher incomes in the community.	Budgeted funds increase	Turnover rates Internal minimum wage was increased to \$11/hour on 3/17/19. Turnover rates have stayed relatively stable even during the pandemic	
Work-based learning interns	Expose high school students to the work environment of hospital activities involving direct patient care and roles that support patient care activities.	Existing hospital staff train students in specific jobs assigned	Turnover rates Select high school students were allowed to participate in a floating work study program where they got to work in various departments within the hospital to learn more about all positions that support patient care	Upton Lee High School Pike County High School
Salary market adjustments for designated staff	Increased staff retention, more individuals with higher incomes in the community.	Budgeted funds increase	Turnover rates Market adjustments were done in June 2019 to adjust individuals in lower pay grades and in September 2019 to address hard to fill positions. HR teamed up with PayScale, a tool to monitor market salaries. Spot market adjustments for critical/hard to fill positions were done in 2020 and 2021	
Growth of business creating additional jobs in community	More jobs created	Budgeted staffing funds	Number of new hires  <b>Partnered with SCTC to develop and sponsor CNA certification course. First cohort started Q-1 2021. 8 students completed 6-week course.</b>	
Nurse Residency Program	More jobs created through a program to yield better prepared new or inexperienced nurses	Budgeted funds Additional RN residency positions budgeted and funded in Nursing Administration cost center for 2020 and 2021. Program has been very successful for recruiting new RN graduates.	Number of new hires <b>Outcome:</b> <b>2018- total 3 RNs</b> <b>2019-total 5 RNs</b> <b>2020-total 22 RNs (2 cohorts)</b> <b>2021- total 9 RNs in 1<sup>st</sup> Cohort</b>	Community Colleges, and State Colleges  <b>Partnered with SCTC and Gordon State College for clinical rotations.</b>

# Impact of 2018 CHNA and Implementation Plan, cont.

## Impact

### Priority 2: Access to Care

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide additional access points for walk-in care for the community. Develop Rural Health Clinic (RHC) as a resource for underserved and underinsured population. Explore telemedicine for primary care resource.	Addition of walk –in primary care resources to include telemedicine for primary care will increase the access of care through convenience and ease of access, lessen times between on-set of symptoms and treatment, resulting in positive impact for community health. RHC as a community resource will allow ease of access for underserved and underinsured populations, developing a fiscally responsible alternative to Emergency Department utilization for primary care needs.	Increase staff budget and increased operational and technical support.	Improved community health and outcomes. Decrease non-emergent visits to ED. Improved Patient Satisfaction scores.  <b>RHC successfully increased accessibility to walk-in primary care &amp; point of care COVID-19 testing – RHC provided an affordable alternative resource to non-emergent ED visits and rapid COVID-19 testing results to the community. Consistent patient volume increase over the past 24-month period.</b>  <b>Implementation of Telemedicine for primary care 1<sup>st</sup> quarter 2020 - increasing primary care convenience, accessibility and ease of scheduling. Reduced patient exposure to COVID-19 allowing access to providers virtually.</b>	Georgia Department of Community Health
Establish “Silver Care”, as an inpatient hospital mental health unit. Develop mental health resource for the unique challenges of treatment and care for communities’ aging population.	Meet needs of community to improve quality of life for aging population by being able to provide care and mental health services not previously addressed within the service area.	Increase cost associated with staff & provider resources. Hospital renovation costs to ensure compliance & safety requirements involved with care of the patient population.	Improved mental health of community seniors. Program started 2018 experiencing various challenges and has been a successful business model beginning 2 <sup>nd</sup> half of 2019 through current month. Patient safety equipment purchased. Social Worker and Activity Director recruited 2020. Provide inpatient Geri- psych services.	

# Impact of 2018 CHNA and Implementation Plan, cont.

## Impact

### Priority 2: Access to Care, cont.

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Expansion of patient centering approach to obstetrical community care. In coordination with local Department of Public Health, promotion and expansion of Pregnancy Centering classes offered by education of additional staff resources as “Class Facilitators”, assess strategy, capacity and sustainability of the project through Georgia’s Centering Pregnancy Incentive Pilot Project	Promote social relationships between patients for increased support; educate patients regarding importance of prenatal care compliance, increase appointment capacity by creation of group appointment approach. Increased compliance and education of community will result in improved prenatal care, improved birth outcomes and positive patient satisfaction.	Staff education and certification. Minimal supply costs for facilitation	Improved compliance with prenatal care. Improved birth outcomes and newborn health  <b>Achieved Centering Certification of all Ob/Gyn providers and office clinical staff, coordinated w/ hospital resource for Diabetic Nutritional Education</b> - increasing group-centering capacity and centering participation, improving ease of scheduling and prenatal care compliance. Increased patient education and preparation resulted in improved birthing experiences.	Upson County Department of Public Health Georgia Department of Community Health Georgia State University March of Dimes
Physician and APP recruitment for specialist and primary care. Expanding the community’s access to care. This should include Population Health and Chronic care management Provider resource	Increase appointment availability for primary care, implementation of population health, chronic care management, incorporating transition of care will positively impact community health through compliance and lessen readmissions and frequency of use of ER resources	Increase cost associated with staff and provider resources.	Improved compliance with prenatal care. Improved birth outcomes and newborn health. Improved healthcare compliance for chronic conditions and outcomes. Decrease non-emergent visits to ED. Decrease readmission rates and length of stay. <b>Recruitment of 2 additional primary care physicians 3<sup>rd</sup> quarter 2019</b> - increased access to primary care, improving scheduling capacity and patient satisfaction. <b>Recruitment of office-based Population Health Nurse Practitioner &amp; coordination w/ hospital Case Mgmt resources</b> - improving patient compliance w/ chronic care mgmt, improving transition of care management resulting in reduction in hospital readmission rates. Improving compliance w/ routine screening and patient wellness compliance. <b>Recruitment of additional OB/Gyn, 1<sup>st</sup> quarter 2021</b> – increasing scheduling capacity and access to patient care, discontinue utilization of OB/Gyn locum tenens resources resulting in continuity of patient care and increased patient satisfaction. <b>Recruitment of Certified Nurse Midwife, 2<sup>nd</sup> quarter 2020</b> – expansion of OB care to include midwifery option, providing increased scheduling capacity and access to prenatal care. Midwifery option has been well received by the community.	

## Impact of 2018 CHNA and Implementation Plan, cont.

### Impact

#### Priority 2: Access to Care, cont.

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
<p>Establish “Silver Care”, as an inpatient hospital mental health unit. Develop mental health resource for the unique challenges of treatment and care for communities’ aging population.</p>	<p>Meet needs of community to improve quality of life for aging population by being able to provide care and mental health services not previously addressed within the service area.</p>	<p>Increase cost associated with staff and provider resources. Hospital renovation costs to ensure compliance and safety requirements involved with care of the patient population.</p>	<p><b>Improved mental health of community seniors.</b>  <b>Program started 2018 experiencing various challenges and has been a successful business model beginning 2<sup>nd</sup> half of 2019 through current month. Patient safety equipment purchased. Social Worker and Activity Director recruited 2020. Provide inpatient Geri- psych services.</b></p>	



## Impact of 2018 CHNA and Implementation Plan, cont.

### Impact

### Priority 3: Obesity & Chronic Disease

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide monthly diabetes education on disease management and nutrition	Diabetes requires daily care and attention/compliance by the patient in addition to healthcare providers providing medical oversight. More than many pharmacological therapies, diabetes education is fundamental and improves A1c (a laboratory measure of blood glucose control) by as much as 0.76% and CDE discusses patients' recent results and levels of control.	Budgeted Certified Diabetes Care and Education Specialist (CDCES), RN and a Registered Dietitian Nutritionist.	Increase in quality of life, changes in A1c results, reduced ER visits and reduced hospitalizations.  2020 – 88 class attendees 54 out-patient consults 2019 – 193 class attendees 60 out-patient consults 2018 – 184 class attendees 23 out-patient consults	Area physician offices, Upson County Health Department, area dental offices, and locally owned pharmacies.
Provide blood glucose screenings at community health fairs	Identify individuals who may have pre-diabetes or diabetes and refer to medical providers and diabetes education services based on screening results.	Budgeted Certified Diabetes Care and Education Specialist (CDCES), RN or designee.	Increase in quality of life, reduced ER visits and reduced hospitalizations.  2020 – 66 screened (2 events) 2019 – 247 screened (5 events) 2018 – 240 screened (4 events)	Upson County Health Dept.  Gordon State College and University,  Southern Rivers Energy

## Impact of 2018 CHNA and Implementation Plan, cont.

### Impact

### Priority 3: Obesity & Chronic Disease, cont.

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide insulin to uninsured/underserved patients.	Patient assistance program for the uninsured or underinsured person with diabetes who requires insulin therapy.	Utilize 340b program to provide insulin for persons in need of insulin therapy. Blood glucose meters, strips, supplies, and insulin syringes are also available as needed for persons with diabetes.	Improved disease management, delayed or prevented disease complications, decreased hospital admissions and readmissions  2020 – 167 served 2019 – 147 served 2018 – 140 served	Pharmaceutical Vendors provide syringes and supplies for blood glucose monitoring.
Provide resources to online health education resources via <a href="http://www.urmc.org">www.urmc.org</a>	The URMC website provides information about our free diabetes classes and the professionals providing diabetes care and education services.			

## Impact of 2018 CHNA and Implementation Plan, cont.

### Impact

### Priority 3: Obesity & Chronic Disease, cont.

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Provide an evidenced based weight management education class (Core 4)	Provide education for healthy weight loss and other nutrition information	Budgeted supplies and staff of Registered, Licensed Dietitian/Nutritionist.	Improved glucose control, blood pressure, and digestive health <b>Core 4 Sessions</b> Jan. 8-March 26, 2018 (10 class sessions plus 4 individual consults) March 26-June 25, 2018 (9 class sessions plus 3 individual consults) September 10 - November 19, 2018 (10 class sessions, plus 4 individual consults) March 4-May 13, 2019 (11 class sessions, 3 individual consults) September 9-16 (2 sessions. Stopped d/t only 2 participants)	Area physician offices
Provide healthy eating education material at community health fairs with special emphasis on weight management and chronic conditions.	The anticipated impact would be improved weight status and eating habits.	Budgeted supplies and staff of Registered, Licensed Dietitian/Nutritionist	Improved glucose control, blood pressure control, hydration, & digestive health. A registered dietician attended Southern Rivers Energy Health Fair in 2018 & 2019. Also a dietician attended the Lamar County Health Department & Lamar County Family Connections' Health Fair in February 2020 located. Educational materials on healthy eating were placed in our Lobby during Nutrition Month (March) in 2018 & 2019.	Upson County Health Department  Southern Rivers Energy

## Impact of 2018 CHNA and Implementation Plan, cont.

### Impact

### Priority 3: Obesity & Chronic Disease, cont.

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
<p>Nutrition for a Healthy Start provides education for obesity and/or excessive weight gain during pregnancy</p>	<p>The anticipated impact would be for participants to learn healthy strategies for nutrition during pregnancy that lead to a safe and healthy delivery. Gestational diabetes, hypertension, large babies, increased risk for C-section are discussed.</p>	<p>Budgeted Registered Dietitian Nutritionist.</p> <p>Certified Diabetes Care and Education Specialist (CDCES) provides GDM education for patients in the OB office.</p>	<p>Healthy Start Classes were held in 2018 and 2019.</p> <p>Also, the dietician taught the nutrition component in the Centering Class in 2018 and 2019.</p> <p>Nutrition Module for Centering Program was taught on 3/28/2018, 5/15/2018, 7/24/2018, 9/25/2018, 11/27/2018, 1/15/2019, 3/19/2019, 6/18/2019, 8/6/2019, 11/5/2019 &amp; 12/10/2019. There was a total attendance in 2018 of 30 patients and 26 + (missing 2 sign in sheets).</p> <p>Nutrition for Health Start (Obesity in Pregnancy) was talked on 6/12/2018, 1/17/2019, 2/21/2019, 4/18/2019, 5/16/2019, 6/20/2019, 7/18/2019, 8/15/2019, and 10/17/2019. There were 2 attendees in 2018 and 12 + (missing sign in sheets) in 2019.</p>	<p>Upton Women's Services.</p>

## Impact of 2018 CHNA and Implementation Plan, cont.

### Impact

### Priority 3: Obesity & Chronic Disease, cont.

Actions/ Tactics	Anticipated Impact	Hospital Resources Contributed (Programs, Staff, Budget)	Outcomes to Measure	Community Organization Collaborators (if applicable)
Cardiac CT scan for Coronary Calcium Studies	Heart Scan coronary CT program designed to identify those at high risk for heart disease	Deep discounted global fee for technical and professional fees	Improved heart disease, reduced ER visits, and unscheduled hospital visits.  2018 -- 98 studies 2019 – 70 studies 2020 – 75 studies	
Conduct blood pressure checks at community events.	Blood pressure screening at Southern Rivers Energy event each year.	Budgeted staff	Improved heart disease  A cardiology and nursing members were present at the Southern Rivers Energy Health Fair in 2018 and 2019 to perform BP checks. They performed an average of 150 – 160 checks per health fair.	Upson County Health Department  Southern Rivers Energy

#### Nutrition Community Programs 2018-2020

##### Special Presentations

May 3, 2018: Drake Heights Community Diabetes Class

June 28, 2018: Mediterranean Diet

October 3, 2018: Healthy Eating for Teens (Pike County Middle School Health Class – 2 sessions)

May 29, 2019: Healthy Aging (Wellness Center Senior Health and Fitness Day)

June 18, 2019: Physiology of Weight Loss

October 22, 2020: Basics of Weight Management Class

##### Health Fair Activities

June 22, 2018: Upson Family Physicians Healthy Family Day

May 18, 2019: Upson Family Fun Day

March 2018: Nutrition information table in hospital lobby for National Nutrition Month

March 2019: Nutrition information table in hospital lobby for National Nutrition Month

September 26, 2019: Employee Health Fair at Caterpillar Plant (Griffin, GA)



# Community Health Needs Assessment for Upson County

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*Completed by Upson Regional Medical Center in partnership with:*

Stratasan

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# Appendix

## Community Asset Inventory

*The document contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. The focus group also identified community resources to improve health, which are listed on page 20 of the Community Health Needs Assessment.*



*Photo Credit: Upson Regional Medical Center*

# 2021

## Upson County, GA

### Community Asset Inventory/Resource Guide

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## **Public Safety**

### **Police**

Thomaston Police Department  
1100 Barnesville Hwy  
Thomaston, GA 30286  
(706) 647-5455

Upson County Sheriff  
235 Aviation Drive  
Thomaston, GA 30286  
(706) 647-7411

### **Fire**

Thomaston Fire Department  
121 West Thompson Street  
Thomaston, GA 30286  
(706) 647-7543

Northside Fire Department  
620 Jeff Davis Road  
Thomaston, GA 30286  
(706) 648-6363

Rock Hill Fire Department  
79 Rock Hill School Road,  
Thomaston, GA 30286

### **EMS Ambulance Services**

Upson County EMS  
(706) 647-7700

Community Ambulance  
104 Hugo Starling Drive  
Thomaston, GA 30286  
(800) 633-3593

## **Access to Care and Chronic Disease**

### **Hospitals**

Upson Regional Medical Center  
801 W Gordon Street  
Thomaston, GA 30286  
(706) 647-8111

## **Health Department**

Upson County Health Department  
314 E Lee Street  
Thomaston, GA 30286  
(706) 647-7148

## **Free Medical & Dental Clinics**

None Available

## **Rural Health Clinics**

Upson Family Medical Center Southside  
206 Cherokee Road  
Thomaston, GA 30286  
(706) 646-5730

Thomaston Medical Clinic, PC  
2931 Perryton Parkway  
Suite B  
Thomaston, GA 30286  
(706) 639-5916

Upson Family Physicians  
206 Cherokee Road  
Thomaston, GA 30286  
(706) 647-8111

Upson Family Medical Center Northside  
1512 US-19  
Thomaston, GA 30286  
(706) 647-2641

## **Insurance Assistance**

Human Service Department  
103 Civic Center Drive  
#4232  
Thomaston, GA 30286  
(706) 647-5020

## **Transportation**

Mimbs Taxi  
120 West Thompson Street  
Thomaston, GA 30286  
(706) 647-5411



## **Obesity – Healthy Eating, Active Living**

Thomaston Upson Recreation Department  
101 Civic Center Drive  
Thomaston, GA 30286  
(706) 647-9691

Sprewell Bluff Park  
700 Sprewell Bluff Road  
Thomaston, GA 30286  
(706) 601-6711

Greatest Generation Memorial Park  
213 Park Drive  
Thomaston, GA 30286  
(706) 647-4242

Lakeside Park  
800 W County Road  
Thomaston, GA 30286

Silvertown Ball Park  
218 O Street Southwest  
Thomaston, GA 30286

## **Substance Abuse Resources**

Upson County Counseling Center  
713 Andrews Drive  
Thomaston, GA 30286  
(770) 358-5252

Upson Counseling Center  
605 W Gordon St  
Thomaston, GA 30286  
(706) 646-6038

## **Tobacco**

Georgia Tobacco QuitLine  
1-800-270-7867

## **Mental Health Resources**

Upson County Counseling Center  
713 Andrews Drive  
Thomaston, GA 30286  
(770) 358-5252

Anita C Whitmore LPC  
693 Short East Street  
Thomaston, GA 30286  
(706) 647-4513

Ensocare: Holistic Mental Health Services  
96 Balsam Drive  
Culloden, GA 31016  
(478) 973-1414

On The Path  
108 Bird Way  
Suite 400  
Warner Robins, GA 31088  
(478) 953-0368

Win Georgia  
1875 Fant Drive  
Fort Oglethorpe, GA 30742  
(706) 806-1260

## **Pregnancy Resources**

Heritage Pregnancy Center  
501 West Gordon Street  
Thomaston, GA 30286  
(706) 647-8062

Upson OB/GYN  
917 West Gordon Street  
Suite A  
Thomaston, GA 30286  
(706) 647-9627

## **Poverty/Socioeconomic Resources**

Thomaston Housing Authority  
574 Triune Avenue  
Thomaston, GA 30286  
(706) 647-7420

Youth Villages  
3 Corporate Boulevard  
Atlanta, GA 30329  
(470) 498-5600

## Education

Thomaston Board of Education  
205 Civic Center Drive  
Thomaston, GA 30286  
(706) 647-9621

Upson-Lee Pre-K  
216 E Lee Street  
Thomaston, GA 30286  
(706) 646-4729

Upson-Lee Primary School  
172 Knight Trail  
Thomaston, GA 30286  
(706) 647-7516

Upson-Lee Elementary  
334 Knight Trail  
Thomaston, GA 30286  
(706) 647-3632

Upson-Lee Middle School  
101 Holston Drive  
Thomaston, GA 30286  
(706) 647-6256

Upson-Lee High School  
4000 Bad Cattle Company Road  
Thomaston, GA 30286  
(706) 669-4900

Upson-Lee Alternative School  
300 Adams Street  
Thomaston, GA 30286  
(706) 647-5738

Student Mental Health Service  
205 Civic Center Drive  
Thomaston, GA 30286  
(706) 647-7911

Gordon State College  
419 College Drive  
Barnesville GA, 30204  
(678) 359-5555



Photo Credit: URMIC

## National Hotlines

**National Suicide Prevention Lifeline**

800-273-TALK or 800-237-8255

**National Runaway Safeline**

1-800-RUNAWAY

**National Centers for Disease Control**

1-800-232-4636

**Gay, Lesbian, Bisexual and Transgender**

1-888-843-4564

**HIPS Hotline**

1-800-676-HIPS

**National Sexually Transmitted Disease**

1-800-227-8922

**Women Alive**

1-800-554-4876

**AIDS Info**

1-800-HIV-0440

**Project Inform**

1-800-822-7422

**DMRS Investigations**

1-888-633-1313

**Mobile Crisis**

1-800-681-7444

**Domestic Violence**

1-800-356-6767

**Spanish Domestic Violence**

1-800-942-6908

**Poison Control Center**

1-800-222-1222

**Veterans Crisis Line**

800-273-8255 Press 1

**National Youth Crisis**

800-442-HOPE (4673)

**National Missing Children**

1-800-235-3535

**National Sexual Assault**

1-800-656-4673

**Alcohol Hotline**

1-800-331-2900

**Alcohol Treatment Referral**

1-800-252-6465

**National Drug Abuse**

1-800-662-4357

**Poison Control**

1-800-942-5969

**National Homeless**

1-800-231-6946

**National Elder Abuse**

1-800-252-8966



Photo Credit: URMIC Facebook

## Sources

### Public Safety

<https://www.cityofthomaston.com/163/Police>

<https://www.cityofthomaston.com/>

<http://www.thomastongachamber.com/>

### Access to Care

<https://urmc.org/>

<https://www.district4health.org/locations/upson-county/>

<http://www.thomastongachamber.com/>

### Mental Health Services

<https://www.mctrail.org/>

### Insurance Assistance

<https://www.cityofthomaston.com/158/Human-Resources>

### Substance Abuse Resources

<https://www.yesquit.org/resources.htm>

### Chronic Diseases

<https://www.district4health.org/locations/upson-county/>

### Nutrition, Physical Activity, Healthy Living

<https://www.upsoncountyga.org/199/Spewell-Bluff-Park>

<https://www.district4health.org/locations/upson-county/>

<https://www.cityofthomaston.com/>

### Education

<https://www.upson.k12.ga.us/>

### Hotlines

<http://www.pleaselive.org/hotlines/>

### Pictures

<https://urmc.org/>

<https://www.facebook.com/upsonregionalmedicalcenter/>

<https://www.exploregeorgia.org/evans/outdoors-nature/parks/lakeside-park>

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:

Upson Regional Medical Center Marketing Department



# Community Asset Inventory/ Resource Guide

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*Completed by Stratasan in partnership with:*

Upson Regional Medical Center

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