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Appendix A

Demographics
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For purposes of this assessment, the WellStar West Georgia Medical Center service area geography is defined as Troup, Harris, Heard and Meriwether counties in Georgia, illustrated in Figure 1:
Figure 1. WellStar WGMc Service Area
Population – WellStar WGMC Service Area

Figure 2 illustrates the WellStar WGMC Service Area Population from the 2000 and 2010 Census, as well as the 2015 Estimate and 2021 Projection. The populations for the counties within the service area have all been increasing, with the exception of Meriwether, which has decreased slightly and is expected to continue to decrease. The others projected to continue to increase through 2021. Troup County has the largest projected increase of 14,609 from 2000 to 2021, while Heard County has the smallest projected increase for the same period at 640.

Figure 2. WellStar WGMC Service Area Population Trend

Source: www.nielsen/claritas.com
Gender - WellStar WGMC Service Area

Figure 3 illustrates the WellStar WGMC Service Area by Gender. All four counties have slightly more females than males.

Figure 3. WellStar WGMC Service Area by Gender

Source: www.nielsen/claritas.com
Race – WellStar WGMC Service Area

Figure 4 illustrates the ethnicity breakdown of the service area of WellStar WGMC. Over three-fourths of the residents in Harris (79.4%) and Heard (84.8%) counties are White, while over one-third of the residents in Troup (35.6%) and Meriwether (38.8%) counties are Black or African American.

Figure 4. WellStar WGMC Service Area by Race

Source: www.nielsen/claritas.com
Age – WellStar WGMC Service Area

Figure 5 illustrates the age breakdown for the service area of WellStar WGMC. The majority of the population are between the ages of 25 and 84, with approximately one-third between the ages of 25-54 and one-third between the ages of 55-84.

Figure 5. WellStar WGMC Service Area by Age

Source: www.nielsen/claritas.com
Marital Status – WellStar WGMC Service Area

Figure 6 illustrates the service area by Marital Status for WellStar WGMC. Just over half of the population in Harris (55.3%) and Heard (51.1%) counties are married while less than half of the population (42.8%) in Meriwether County are married. Approximately one-third of the population in Troup County (32.2%) has never been married.

Figure 6. WellStar WGMC Service Area by Marital Status

Source: www.nielsen/claritas.com
Education – WellStar WGMC Service Area

Figure 7 illustrates the level of education for the service area of WellStar WGMC. Under half of the population have received a high school diploma or GED as their highest level of education.

Figure 7. WellStar WGMC Service Area by Education

Source: www.nielsen/claritas.com
Household Income – WellStar WGMC Service Area

Figure 8 illustrates the Household Income for the service area of WellStar WGMC. Meriwether County has the highest population of residents earning less than $35,000 a year (47.1%), while Harris County has the lowest (27.0%).

Figure 8. WellStar WGMC Service Area by Household Income
Employment Status – WellStar WGMC Service Area

Figure 9 illustrates the Employment Status for the service area of WellStar WGMC. Approximately half of the population in Troup (54.7%), Harris (57.1%) and Heard (49.6) counties are employed, while the population in Meriwether County is evenly split between being employed (45.3%) and not in the labor force (46.3%).

Figure 9. WellStar WGMC Service Area by Employment Status

Source: www.nielsen/claritas.com
Transportation to Work – WellStar WGMC Service Area

Figure 10 illustrates the type of transportation to work used by those living in the service area of WellStar WGMC. Over three-fourths of those employed drive alone to work.

Figure 10. WellStar WGMC Service Area by Transportation to Work

![Bar chart showing transportation modes and their percentages.]

Source: www.nielsen/claritas.com
Travel Time to Work – WellStar WGMC Service Area

Figure 11 illustrates the estimated average Travel Time to Work for the service area of WellStar WGMC. Over half of those employed in Troup (76.2%) and Harris (62.0%) travel less than 30 minutes to work, while those in employed in Heard (67.7%) and Meriwether (75.8%) counties travel less than 45 minutes to work.

Figure 11. WellStar WGMC Service Area by Travel Time to Work

Source: www.nielsen/claritas.com
Demographic Conclusions

- The populations for the counties within the service area have all been increasing with the exception of Meriwether, which has decreased slightly and is projected to decrease. Troup County has the largest projected increase of 14,609 from 2000 to 2021, while Heard County has the smallest projected increase for the same period at 640.
- All four counties have slightly more females than males.
- Over three-fourths of the residents in Harris (79.4%) and Heard (84.8%) counties are White, while over one-third of the residents in Troup (35.6%) and Meriwether (38.8%) counties are Black or African American.
- The majority of the population is between the ages of 25 and 84, with approximately one-third between the ages of 25-54 and one-third between the ages of 55-84.
- Just over half of the population in Harris (55.3%) and Heard (51.1%) counties is married while less than half of the population (42.8%) in Meriwether County is married. Approximately one-third of the population in Troup County (32.2%) has never been married.
- Under half of the population have received a high school diploma or GED as their highest level of education.
- Meriwether County has the highest population of residents earning less than $35,000 a year (47.1%), while Harris County has the lowest (27.0%).
- Approximately half of the population in Troup (54.7%), Harris (57.1%) and Heard (49.6) counties are employed, while the population in Meriwether County is evenly split between being employed (45.3%) and not in the labor force (46.3%).
- Over three-fourths of those employed drive alone to work.
- Over half of those employed in Troup (76.2%) and Harris (62.0%) travel less than 30 minutes to work, while those in employed in Heard (67.7%) and Meriwether (75.8%) counties travel less than 45 minutes to work.
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Appendix B

Asset Resource Listing
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A list of community assets and resources that are available in the community to support residents was compiled and is mapped in Figures 12 and 13. The assets identified are broken down into the following sections:

**Hospital Resources:**
- Audiology
- Cancer Clinic
- Continuing Care
- Critical Care
- Emergency Care
- Employee Assistance
- Heart Clinic
- Home Care
- Hospice
- Imaging
- Independent & Assisted Living
- Laboratory
- Long-Term Care

**Maternity Services**
- Nutrition Therapy
- Occupational Medicine
- Orthopedics
- Palliative Care
- Pulmonary Medicine
- Rehabilitation & Wellness
- Sleep Center
- Speech Pathology
- Stroke Care
- Surgical Services
- Weight Loss Surgery
- Women’s Health
- Wound Care
Community Resources:

- Adult Education, Employment and Training
- Alcohol and Substance Abuse
- Assistance Programs
- Assisted Living/Person Care Facilities
- Assistive Technology
- Blood Donations
- Breastfeeding
- Cancer Support Services
- Case Management
- Child Care
- Child Safety
- Children and Family Support Services
- Children’s Health Services
- Chiropractic Support
- Counseling
- Dentists
- Disabled Individual Services
- Disaster and Emergency Relief
- Domestic Violence Services
- Early Intervention Services
- Emergencies and Urgent Care Services
- Eye Care
- Family Assistance Services
- Food Banks
- Health Insurance Services
- Health Waiver Programs
- Home Health Services
- Hospice Services
- Hospital Services
- Hotline Numbers
- Housing Assistance
- Immunizations and Vaccinations
- Legal/Financial Advocacy
- Medicaid Enrollment Services
- Medical Clinics
- Mental Health Services
- Non-Emergency Transport
- Nursing Homes
- Oral Surgery
- Pharmacies and Drug Assistance
- Physical and Occupational Therapy
- Physical Fitness and Nutrition
- Primary Care Clinics
- Respite Care
- Senior Citizen Services
- Shelter Resources
- Special Education
- Support Groups
- Transportation Assistance for the Disabled
- Traumatic Brain Injury Resources
- Youth Services
Figure 12: WellStar WGMC Hospital Resources Map
WellStar West Georgia Medical Center - Hospital Asset Resources

- Audiology
- Continuing Care
- Critical Care
- Emergency Care
- Employee Assistance
- Enoch Callaway Cancer Center
- Home Care
- Hospice
- Imaging
- Independent & Assisted Living
- Laboratory
- Long-Term Care
- Maternity Services
- Nutrition Therapy

- Occupational Medicine
- Orthopedics
- Palliative Care
- Pulmonary Medicine
- Rehabilitation & Wellness
- Sleep Center
- Speech Pathology
- Stroke Care
- Surgical Services
- Weight Loss Surgery
- West Georgia Heart Clinic
- Women's Health
- Wound Care
WellStar WGMC Hospital Asset Resources Listing

AUDIOLOGY
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3677
http://www.wghealth.org/our-services/audiology/

ENOCH CALLAWAY CANCER CENTER
WellStar West Georgia Medical Center
111 Medical Drive
LaGrange, GA 30240
(706) 812-2191
http://www.wghealth.org/our-services/cancer-clinic/

Cancer Navigation
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 812-2191

Cancer Support Groups
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 812-2191
http://www.wghealth.org/our-services/cancer-clinic/cancer-support-group/

Complementary Therapies
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 812-2191

Genetic Assessment and Counseling
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3866

WellStar West Georgia Medical Center
Lung Screening Program
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3792

CONTINUING CARE
Florence Hand Home
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3256
http://www.wghealth.org/our-services/long-term-care/florence-hand-home/
Twin Fountains Home
1400 Hogansville Road
LaGrange, GA 30241
(706) 882-0121

Vernon Woods Retirement Community
101 Vernon Woods Drive
LaGrange, GA 30240
(706) 250-7730
http://www.vernonwoods.com/assisted-living/

EMPLOYEE ASSISTANCE

PACE Employee Assistance Program
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 812-2666
http://www.wghealth.org/our-services/employee-assistance/

WEST GEORGIA HEART CLINIC

WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3274
http://www.wghealth.org/our-services/heart-clinic/

HOME CARE

West Georgia Home Care
120 Glenn Bass Road
LaGrange, GA 30240
(706) 845-3291
(800) 899-4148
http://www.wghealth.org/our-services/home-care/
HOSPICE

West Georgia Hospice
1510 Vernon Road
LaGrange, GA 30240
(706) 845-3905
http://www.wghealth.org/our-services/hospice/

IMAGING

WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3785 or (706) 845-3786
http://www.wghealth.org/our-services/imaging/

Women's Health Center
WellStar West Georgia Medical Center
1420 Vernon Road
LaGrange, GA 30240
(706) 845-3785 or (706) 845-3786
http://www.wghealth.org/our-services/imaging/

INDEPENDENT AND ASSISTED LIVING

Vernon Woods Retirement Community
101 Vernon Woods Drive
LaGrange, GA 30240
(706) 250-7730
http://www.vernonwoods.com/assisted-living/

LABORATORY

WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 812-2413
http://www.wghealth.org/our-services/laboratory/

West Georgia Health Outpatient Lab Services
WellStar West Georgia Medical Center
1600 Vernon Road
Suite H
LaGrange, GA 30240
(706) 812-2413
http://www.wghealth.org/our-services/laboratory/

LONG-TERM CARE

Florence Hand Home
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3256
http://www.wghealth.org/our-services/long-term-care/florence-hand-home/

Twin Fountains Home
WellStar West Georgia Medical Center
1400 Hogansville Rd
LaGrange, GA 30241
(706) 882-0121
Maternity Services
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 882-1411
http://www.wghealth.org/our-services/maternity-services/

Nutrition Therapy
Center for Nutrition Therapy
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 242-5214
http://www.wghealth.org/our-services/nutrition-therapy/

Occupational Medicine
West Georgia Occupational Medicine
West Georgia Worx
WellStar West Georgia Medical Center
100 Glenn Bass Road
LaGrange, GA 30240
(706) 845-3075
http://www.wghealth.org/our-services/occupational-medicine/

Orthopedics
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 882-1411
http://www.wghealth.org/our-services/orthopedics/

Palliative Care
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3089
http://www.wghealth.org/our-services/palliative-care/

Pulmonary Medicine
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3779
http://www.wghealth.org/our-services/pulmonary-medicine/
REHABILITATION & WELLNESS

WellStar West Georgia Medical Center
1600 Vernon Road
Suite D
LaGrange, GA 30240
(706) 845-3883
http://www.wghealth.org/our-services/rehabilitation/

STROKE CARE

WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 812-2278
http://www.wghealth.org/our-services/stroke-care/

SLEEP CENTER

WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3779
http://www.wghealth.org/our-services/sleep-center/

SURGICAL SERVICES

WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 882-1411
http://www.wghealth.org/our-services/surgical-services/

SPEECH PATHOLOGY

WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 845-3677
http://www.wghealth.org/our-services/speech-pathology/

WEIGHT LOSS SURGERY

Bariatric Surgery
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 880-7318
WOMEN’S HEALTH SERVICES

Maternity Services
WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 882-1411
http://www.wghealth.org/our-services/maternity-services/

The Women’s Health Center
WellStar West Georgia Medical Center
1420 Vernon Road
LaGrange, GA 30240
(706) 880-7411
http://www.wghealth.org/our-services/womens-health/womens-imaging-services/

WOUND CARE

West Georgia Wound Care
WellStar West Georgia Medical Center
1600 Vernon Road
Suite G
LaGrange, GA 30240
(706) 880-7366
http://www.wghealth.org/our-services/wound-care/
Figure 13. WellStar WGMC Community Asset Resource Map
## WellStar West Georgia Medical Center - Community Asset Resources

- Adult Education, Employment and Training
- Alcohol and Substance Abuse Resources
- Assistance Living/Personal Care Facilities
- Assistance Programs Services Resources
- Assistive Technology Services Resources
- Blood Donations Resources
- Breastfeeding Resources
- Cancer Support Services Resources
- Case Management Resources
- Child Care Resources
- Child Safety Resources
- Children and Family Support Services Resources
- Children’s Health Services Resources
- Chiropractic Support Services Resources
- Counseling Resources
- Dental Services Resources
- Disabled Individual Services Resources
- Disaster and Emergency Relief Resources
- Domestic Violence Services Resources
- Early Intervention Services Resources
- Emergencies and Urgent Care Services Resources
- Eye Care Services Resources
- Family Assistance Services Resources
- Family Assistance Services Resources
- Food Bank Resources
- Health Insurance Resources
- Health Waiver Programs Services Resources
- Home Health Services Resources
- Hospice Services Resources
- Hospital Services Resources
- Housing Assistance Services Resources
- Immunizations and Vaccinations
- Legal/Financial Advocacy Resources
- Medicaid Enrollment Services Resources
- Medical Clinics Services Resources
- Mental Health Services Resources
- Nursing Home Services Resources
- Oral Surgery Services Resources
- Physical Fitness and Nutrition Services
- Physical and Occupational Therapy Services
- Primary Care Clinics Services Resources
- Respite Care Services Resources
- Senior Citizens Services Resources
- Shelter Resources
- Special Education Services Resources
- Support Group Resources
- Transportation Assistance for the Disabled
- Traumatic Brain Injury Resources
- Youth Services Resources
Community Resource Listing

**ADULT EDUCATION, EMPLOYMENT AND TRAINING**

**Adecco Employment Services**
100 Longley Place  
Suite A  
LaGrange, GA 30240  
(706) 884-9110  
www.adeccousa.com

**Certified Literate Community Program**
1 College Circle  
LaGrange, GA 30240  
(706) 756-4645  
www.troupclcp.org

**Express Personnel Services**
209 Ridley Avenue, Suite A  
LaGrange, GA 30240  
(706) 884-9003  
www.expresspros.com

**Kelly Services**
380 S. Davis Road  
Suite B  
LaGrange, GA 30241  
(706) 883-7771  
www.kellyservices.us

**LaGrange Career Center**
1002 Longley Place  
LaGrange, GA 30240  
(706) 845-4000  
https://dol.georgia.gov/location/laGrange

**Literacy Volunteers of America**
200 Main Street  
Suite 201  
LaGrange, GA 30240  
(706) 883-7837  
www.voa.org

**Malone Staffing-LaGrange**
1302 Lafayette Parkway  
Suite C  
LaGrange, GA 30240  
(706) 882-5300  
www.malonesolutions.com

**Malone Staffing-West Point**
405 West 8th Street  
West Point, GA 31833  
(706) 645-1321  
www.malonesolutions.com

**Manpower**
102 Corporate Plaza Drive  
LaGrange, GA 30241  
(706) 882-1839  
www.manpower.com

**MAU Workforce Solutions**
201 Calumet Center Road  
Suite D  
LaGrange, GA 30241  
(706) 298-4690  
www.mau.com/lagrange-ga
New Ventures
306 Fort Drive
LaGrange, GA 30240
(706) 882-7723
www.newventures.org

One Smart Cookie (formerly Troup County Works)
(706) 298-3639
www.onesmartcookie.jobs

Resource MFG
220 Fort Drive
Suite 100
LaGrange, GA 30240
(706) 884-9494
www.resourcefmg.com

University of Georgia Troup County Extension Office
114 Church Street
LaGrange, GA 30240
(706) 883-1675
www.caes.uga.edu/extension/troup

West Central Georgia Workforce Development (Three Rivers Regional Commission)
1710 Highway 16 West
Griffin, GA 30223
(770) 229-9799
(877) 633-9799
http://www.careerconnections.org/ftf.php

West Georgia Technical College
1 College Circle
LaGrange, GA 30240
(678) 821-3800
(855) 887-9482
http://www.westgatech.edu/locations/lagrang.htm

Westaff
105 Corporate Park East Court
LaGrange, GA 30241
(706) 882-4952
www.westaff.com

ALCOHOL AND SUBSTANCE ABUSE

Addiction Recovery Services
100 Smith Street
Suite 1
LaGrange, GA 30240
(706) 594-4735
http://www.addictionrecoverylagrange.com/
AFSAN, Inc.
321 Greenville Street
LaGrange, GA 30241
(706) 884-0987

Alcoholics Anonymous
Fellowship Group
Self Help Harbor
909 Stonewall Street
LaGrange, GA 30240
(706) 884-6993
http://www.aageorgia.org/10c-meetings.html

Alcoholics Anonymous
Pine Mountain Group
First Baptist Church
100 McDougald Street
Pine Mountain, GA 31822
http://www.aageorgia.org/10c-meetings.html

Animus Center for Therapeutic Services
1191 Franklin Parkway
Franklin, GA 30217
(706) 675-6076
http://www.animuscenter.org/

Counseling Services, Inc.
610 Ridley Avenue
LaGrange, GA 30240
(706) 884-5050
www.cps-lagrange.com

Hope Harbor
LaGrange, GA 30240
(706) 333-0000
http://hopeharborga.com/

Pathways Center
122 Gordon Commercial Drive
Suite C
LaGrange, GA 30240
(706) 845-4045
http://www.pathwayscsb.org/

Pathways Center - Carroll/Heard County
153 Independence Drive
Carrollton, GA 30116
(770) 836-6678
http://www.pathwayscsb.org/index.php/locations/carrollton-heard/
Pathways Center - Meriwether County
756 Woodbury Road
Greenville, GA 30222
(706) 672-1118
http://www.pathwayscsb.org/index.php/locations/meriwether/

Pathways Center - Troup County
122 Gordon Commercial Drive
Suite C
LaGrange, GA 30240
(706) 845-4054
http://www.pathwayscsb.org/index.php/locations/troup/

Self-Help Harbor
909 Stonewall Street
LaGrange, GA 30240
(706) 884-6993

West Georgia Psychiatric Center
104 Harwell Avenue
LaGrange, GA 30240
(706) 885-0111
http://westgeorgiapsychiatriccenter.com/home

ASSISTANCE PROGRAMS SERVICES

Chambers County Department of Family & Children Services
410 9th Avenue South West
LaFayette, AL 36862
(334) 864-4000
http://dhr.alabama.gov/counties/county_results.aspx?id=Chambers

Circles of Troup County Office
Parks and Rec Center
1220 Lafayette Parkway
LaGrange, GA 30241
(706) 883-1687
http://circlesoftroup.org/

Circles of Troup County
Thursday Meetings
Troup Baptist Association
1301 Washington Street
LaGrange, GA 30240
(706) 883-1687
http://circlesoftroup.org/contact-us/

Emmaus Women's Shelter
321 Greenville Street
LaGrange, GA 30241
(706) 883-7471
http://www.emmausshelter.com/

Georgia Food Stamp Program
Supplemental Nutrition Assistance Program (SNAP)
Troup County DFCS Office
1220 Hogansville Road
LaGrange, GA 30241
(877) 423-4746
http://dfcs.dhs.georgia.gov/food-stamps

Heard County Women, Infant and Children Nutrition Center
1191 Franklin Parkway
Franklin, GA 30217
(706) 298-6080
http://www.district4health.org/wic/wic-clinic-locations/
Highland Baptist Church
Food Bank
409 Askew Avenue
Hogansville, GA 30230
(706) 637-4217

Hogansville Empty Stocking Fund
Administered by the Hogansville Pilot Club
Hogansville, GA 30230
https://www.facebook.com/Pilot-Club-of-Hogansville-
30176116338655/info/?tab=page_info

LaGrange Personal Aid Association
416 Pierce Street
LaGrange, GA 30240
(706) 882-9291
http://www.lpaa.org/

LaGrange Personal Aid Association
Empty Stocking Fund
416 Pierce Street
LaGrange, GA 30240
(706) 882-9291
http://www.lpaa.org/

LaGrange Personal Aid Association
Interfaith Food Closet
416 Pierce Street
LaGrange, GA 30240
(706) 882-9291
http://www.lpaa.org/

Meriwether County Women, Infant and
Children Nutrition Center
51 Gay Connector
Greenville, GA 30222
(706) 298-6080
http://www.district4health.org/wic/wic-clinic-
locations/

Randolph County Department of Family &
Children Services
865 Hillcrest Avenue
Wedowee, AL 36278
(256) 357-3000
http://dhr.alabama.gov/counties/county_result-
s.aspx?id=Randolph

Saint Peter’s Catholic Church
St. Vincent De Paul
200 LaFayette Parkway
LaGrange, GA 30240
(706) 884-0076
www.stpeterslagrange.net

The Salvation Army
LaGrange Corps
202 Church Street
LaGrange, GA 30240
(706) 845-0197
http://salvationarmygeorgia.org/lagrange/

Troup County Department of Family &
Children Services
1220 Hogansville Road
LaGrange, GA 30241
(770) 830-2178
to report child abuse CPS intake center -(855)
422-4453
http://dfcs.dhs.georgia.gov/troup-county-dfcs-
ofice
Troup County Women, Infant and Children
Nutrition Center
900 Dallis Street
LaGrange, GA 30240
(706) 845-4035
http://www.district4health.org/wic/wic-clinic-locations/

Unity Baptist Church
Food Closet Ministry
715 South Greenwood Street
LaGrange, GA 30240
(706) 882-7714
http://www.ubclagrange.org/about-.html

West Point Food Closet
Located in West Point Gym
Highway 29
West Point, GA 31833
(770) 773-6262

ASSISTED LIVING/PERSONAL CARE FACILITIES

Bright Way Personal Care Home
8984 Hamilton Road
Pine Mountain, GA 31822
(706) 489-3038

Elvonioa Personal Care Home
5365 Whitesville Road
West Point, GA 31833
(706) 882-1183

Hollis House
407 Boulevard
LaGrange, GA 30240
(706) 882-2241

Juniper Street Personal Care Home
1313 Juniper Street
LaGrange, GA 30240
(706) 884-7880

Leisure Living of LaGrange
137 Parker Place
LaGrange, GA 30240
(706) 882-8225
http://www.leisurelivingoflagrange.com/

Poplar Creek
114 Old Airport Road
LaGrange, GA 30240
(706) 845-1500
http://poplarcreekseniorcare.com/

Matrel's Personal Care Home
1008 East 12th Street
West Point, GA 31833
(706) 645-5591

Opal's Personal Care Home
100 Oakridge Drive
LaGrange, GA 30240
(706) 882-1081

TLC Personal Home Care
2861 Greenville Road
LaGrange, GA 30241
(706) 885-0210

Vernon Woods Retirement Community
101 Vernon Woods Drive
LaGrange, GA 30240
(706) 250-7739
http://www.vernonwoods.com/assisted-living/
ASSISTIVE TECHNOLOGY

Center for Assistive Technology and Environmental Access (CATEA)
490 Tenth Street
Atlanta, GA 30332
(404) 894-4960
(800) 726-9119
http://www.catea.gatech.edu/

Georgia Department of Education
Georgia Project for Assistive Technology
(470) 218-1382
http://www.gpat.org/Georgia-Project-for-Assistive-Technology/Pages/default.aspx

Hanger Clinic: Prosthetics & Orthotics
109 Parker Drive
LaGrange, GA 30240
(706) 884-2864

BLOOD DONATIONS

American Red Cross of Central Midwest Georgia
900 Dallis Street
Suite C
LaGrange, GA 30240
(706) 884-5818
http://www.redcross.org/local/georgia/locations/central-midwest

LifeSouth Community Blood Center, Inc.
505 East Thomason Circle
Opelika, AL 36801
(334) 705-0884
http://www.lifesouth.org/

BREASTFEEDING

District 4 Public Health
WIC Peer Counselors
301 Main Street
LaGrange, GA 30240
(706) 298-6080 or (866) 636-7942
http://www.district4health.org/breastfeeding-peer-counselors/

District 4 Public Health
Feeding Your Infant (FYI) Discussion Groups
WIC Program
301 Main Street
LaGrange, GA 30240
(706) 298-6080 or (866) 636-7942
http://www.district4health.org/wic/feeding-your-infant-discussion-groups/

La Leche League
101 Walt Banks Road
Holy Trinity Catholic Church
Peachtree City, GA 30269
(866) 636-7942
www.lllofga.org
WellStar West Georgia Medical Center
Lactation Services
1420 Vernon Road
LaGrange, GA 30240
(706) 880-7416
http://www.wghealth.org/our-services/maternity-services/lactation-services/

Curvy Yoga
Women’s Health Center
1420 Vernon Road
LaGrange, GA 30240
(706) 812-2191

Look Good-Feel Better
Enoch Callaway Cancer Center
111 Medical Drive
LaGrange, GA 30240
(706) 812-2191

Nutrition Therapy
Enoch Callaway Cancer Center
111 Medical Drive
LaGrange, GA 30240
(706) 845-3910

Reach to Recovery
Enoch Callaway Cancer Center
111 Medical Drive
LaGrange, GA 30240
(706) 812-2191

Road to Recovery
Enoch Callaway Cancer Center
111 Medical Drive
LaGrange, GA 30240
(706) 812-2191

CANCER SUPPORT SERVICES

All Cancer Angels
Georgia
(706) 505-7601

American Cancer Society
250 Williams Street NW
Atlanta, GA 30303
(404) 315-1123
http://www.cancer.org/index

Art Therapy
Enoch Callaway Cancer Center
111 Medical Drive
LaGrange, GA 30240
(706) 812-2191

Breast Friends For Life
Women's Health Center
1420 Vernon Road
LaGrange, GA 30240
(706) 812-2191
West Central Georgia Cancer Coalition
633 19th Street
#B
Columbus, GA 31901
(706) 660-0317
http://wgcgcc.org/

West Georgia Cancer Support Group of LaGrange
ECCC Auditorium
111 Medical Drive
LaGrange, GA 30240
(706) 812-2191
http://www.wghealth.org/resources/support-groups/west-georgia-cancer-support-group-of-lagrange

CASE MANAGEMENT

Counseling Services, Inc.
610 Ridley Avenue
LaGrange, GA 30240
(706) 884-5050
www.cps-lagrange.com

Department of Behavioral Health and Developmental Disabilities
122 Gordon Commercial Drive
Suite C
LaGrange, GA 30240
(706) 845-4045
www.dbhdd.georgia.gov/community-service-boards-wcgrh

Department of Family and Children Services - Troup County
1220 Hogansville Road
LaGrange, GA 30241
(706) 298-7100
www.compass.ga.gov

Harmony House
LaGrange, GA
(706) 885-1525
www.harmonyhousega.org

LaGrange Personal Aid
416 Pierce Street
LaGrange, GA 30240
(706) 882-9291
www.lpaa.org

Pathways Center
122 Gordon Commercial Drive
Suite C
LaGrange, GA 30240
(706) 845-4045
www.pathwayscsb.org

Troup Cares
301 Medical Drive
Suite 501
LaGrange, GA 30240
(706) 882-1191
www.troupcares.org

Troup County, Georgia - Mental Health Court
100 Ridley Avenue
LaGrange, GA 30240
(706) 298-3613
http://www.troupcountyga.org/accountability_courts.html#d
CHILD CARE

Bright From the Start
(877) 255-4254
www.decal.ga.gov/#1

Child Care Resource & Referral
2429 Gillionville Road
Albany, GA 31707
(866) 833-3552
www.ccrr.darton.edu

Child Care Services in Troup County (state licensed)

CAFI LaGrange
104 McGregor Street
LaGrange, GA 30240
(706) 882-6725
www.decal.ga.gov/#1

Caring and Sharing Learning Center
105 Mimosa Terrace
LaGrange, GA 30241
(706) 443-6787
www.decal.ga.gov/#1

Childcare Network #107
41 North Cary Street
LaGrange, GA 30240
(706) 298-0089
www.decal.ga.gov/#1

Childcare Network #119
3009 West Point Road
LaGrange, GA 30240
(706) 882-2025
www.decal.ga.gov/#1

Childcare Network #239
2001 Kia Boulevard
West Point, GA 31833
(706) 408-6076
www.decal.ga.gov/#1

100 Broad Street
LaGrange, GA 30240
(706) 884-2437
www.decal.ga.gov/#1

First Presbyterian Child Care
120 Broad Street
LaGrange, GA 30240
(706) 884-2068
www.decal.ga.gov/#1

God’s Tomorrow
916 Colquitt Street
LaGrange, GA 30241
(706) 416-1450
www.decal.ga.gov/#1
Happy Days Childcare Learning Center
109 Bridgewood Drive  
LaGrange, GA 30240  
(706) 298-7390  
www.decal.ga.gov/#1

Maidee Smith Early Care and Learning Center
607 Union Street  
LaGrange, GA 30241  
(706) 882-2012  
www.decal.ga.gov/#1

Harper, Alma J
203 Eichelberger Drive  
LaGrange, GA 30241  
(706) 884-6777  
www.decal.ga.gov/#1

Mrs. Rhonda's Stay 'N Play
2767 Roanoke Road  
LaGrange, GA 30240  
(706) 812-9494  
www.decal.ga.gov/#1

Joyful Hearts Learning Center
1402 Dogwood Circle  
West Point, GA 31833  
(706) 412-0481  
www.decal.ga.gov/#1

Pride and Joy Day Care Center
102 Durand Road  
LaGrange, GA 30241  
(706) 812-8393  
www.decal.ga.gov/#1

Kids First Learning Center
74 Youngs Mill Road  
LaGrange, GA 30241  
(706) 883-6262  
www.decal.ga.gov/#1

Robinson, Linda J
201 Lee Street  
Hogansville, GA 30230  
(706) 637-8900  
www.decal.ga.gov/#1

Lafayette Christian School Early Learning Center
1904 Hamilton Road  
LaGrange, GA 30241  
(706) 884-6684  
www.decal.ga.gov/#1

Rutledge, Linda J
1086 Cannonville Road  
LaGrange, GA 30240  
(706) 884-3168  
www.decal.ga.gov/#1

Logan, Polly A
5096 West Point Road  
LaGrange, GA 30240  
(706) 882-3675  
www.decal.ga.gov/#1

Seedz of Faith Daycare
552 Hammett Road  
LaGrange, GA 30241  
(706) 443-5983  
www.decal.ga.gov/#1
WellStar WGMC
Community Health Needs Assessment Report Supplemental Data Resource
Appendix B – Asset Resource Listing

Sledge, Kimberly D
71 Willowood Road
LaGrange, GA 30241
(706) 882-2775
www.decal.ga.gov/#1

Sledge, Sandra L
221 Beechwood Circle
LaGrange, GA 30240
(706) 884-3003
www.decal.ga.gov/#1

Susan’s Early Learning Center
2868 Whitesville Road
LaGrange, GA 30240
(706) 845-8556
www.decal.ga.gov/#1

Teachable Moments
1411 D Hogansville Road
LaGrange, GA 30240
(706) 884-3304
www.decal.ga.gov/#1

Teaching, Loving, Caring
411 E. Depot Street
LaGrange, GA 30241
(706) 885-1681
www.decal.ga.gov/#1

Thompson, Laiton K
709 Glenn Robertson Drive
LaGrange, GA 30241
(706) 882-9267
www.decal.ga.gov/#1

Tiny Treasures Learning Center
811 Hammett Road
LaGrange, GA 30241
(706) 882-1496
www.decal.ga.gov/#1

West End Center
301 Pine Street
Hogansville, GA 30230
(706) 637-0401
www.decal.ga.gov/#1

Wright, Sandy K
420 Ginger Circle
LaGrange, GA 30240
(706) 845-7483
www.decal.ga.gov/#1

Yvette’s Little World Day Care Center
105 Fannin Street
LaGrange, GA 30240
(706) 884-2901
www.decal.ga.gov/#1

Daycare Resource Connection
www.daycareresource.com

Department of Family and Children Services - Harris County
134 N. College Street
Hamilton, GA 31811
(706) 628-4226
www.compass.ga.gov

Department of Family and Children Services - Heard County
7686 US Highway 27
Franklin, GA 30217
(706) 675-3361
www.compass.ga.gov
Department of Family and Children Services - Meriwether County
17234 Roosevelt Highway
Greenville, GA 30222
(706) 672-4244
www.compass.ga.gov

Children’s Advocacy Center of Troup County
701 Lincoln Street
LaGrange, GA 30241
(706) 298-5064
www.twincedars.org/programs/child-advocacy/

Department of Family and Children Services - Troup County
1220 Hogansville Road
LaGrange, GA 30241
(706) 298-7100
www.compass.ga.gov

Family Guidance Center of Alabama
Randolph County:
(877) 362-8057
Chambers County:
(877) 745-7037
www.familyguidancecenter.org

CHILD SAFETY

American Red Cross
900 Dallis Street
Suite C
LaGrange, GA 30240
(706) 884-5818
www.redcross.org/local/georgia/locations/central-midwest

CASA of Troup County, Inc.
118 Ridley Avenue
LaGrange, GA 30240
(706) 845-8243
www.troupcountyga.org

Poison Control
(800) 222-1222
www.georgiapoisoncenter.org

Consumer Product Safety Commission
(800) 638-2772
www.cpsc.gov

Department of Family and Children Services - Harris County
134 North College Street
Hamilton, GA 31811
(706) 628-4226
www.compass.ga.gov

Department of Family and Children Services - Heard County
7686 US Highway 27
Franklin, GA 30217
(706) 675-3361
www.compass.ga.gov

Department of Family and Children Services - Meriwether County
17234 Roosevelt Highway
Greenville, GA 30222
(706) 672-4244
www.compass.ga.gov
Department of Family and Children Services - Troup County
1220 Hogansville Road
LaGrange, GA 30241
(706) 298-7100
www.compass.ga.gov

Troup County Sheriff's Office
130 Sam Walker Drive
LaGrange, GA 30241
(706) 883-1616
www.troupcountysheriff.org

CHILD AND FAMILY SUPPORT SERVICES

Babies Can't Wait
301 Main Street
LaGrange, GA 30240
(706) 845-4035

Boy Scouts of America, Chattahoochee Council
1237 1st Avenue
Columbus, GA 31901
(706) 327-2634
http://www.chattahoochee-bsa.org/

Boys & Girls Clubs of West Georgia & Chambers County
Chambers County Club
1911 62nd Street
Valley, AL 36854
(334) 756-0097
http://begreatwestgeorgia.org/

Boys & Girls Clubs of West Georgia & Chambers County
Hogansville Club
611 East Main Street
Hogansville, GA 30230
(706) 884-1391
http://begreatwestgeorgia.org/

Boys & Girls Clubs of West Georgia & Chambers County
LaGrange Club
115 West Cannon Street
LaGrange, GA 30240
(706) 812-9698
http://begreatwestgeorgia.org/

Camp Dogwood Grief Support Camp
West Georgia Hospice
1510 Vernon Road
LaGrange, GA 30241
(706) 845-3905
http://www.wghealth.org/resources/camp-dogwood/

Camp Viola
208 Camp Viola Road
LaGrange, GA 30241
(706) 298-5050
http://campviola.org/

CASA of Troup and Heard Counties, Inc.
118 Ridley Avenue
LaGrange, GA 30240
(706) 845-8323
http://casatroupheard.org/
Certified Literate Community Program (CLCP)
1 College Circle
LaGrange, GA 30240
(706) 756-4645
http://www.troupclcp.org/

Children's Advocacy Center of Troup County
701 Lincoln Street
LaGrange, GA 30241
(706) 298-5064
http://www.twincedars.org/program/childrens-advocacy-troup-county/

Circle of Care
99 Johnson Street
Building C
LaGrange, GA 30241
(706) 298-2148 ext. 1225
http://www.twincedars.org/program/circle-of-care/

Community Action for Improvement (CAFI)
1380 Lafayette Parkway
LaGrange, GA 30241
(706) 884-2651
http://www.cafi-ga.org/index.html

Consumer Credit Counseling Service of West Georgia/East Alabama
309 Mooty Bridge Road
Suite C
LaGrange, GA 30240
(706) 845-7204
(800) 757-2227

Department of Human Resources-Randolph County, Alabama
865 Hillcrest Avenue
Wedowee, AL 36278
(256) 357-3000
http://dhr.alabama.gov/counties/county_result.aspx?id=Randolph

Department of Human Resources-Chambers County, Alabama
410 9th Avenue SW
LaFayette, AL 36862
(877) 756-9640
http://dhr.alabama.gov/

District 4 Public Health Services
301 Main Street
LaGrange, GA 30240
(706) 845-4035
http://www.district4health.org/clinic-sites/troup-county/

Emmaus Women's Shelter
321 Greenville Street
LaGrange, GA 30241
(706) 883-7471
http://www.emmauss shelter.com/

First Choice Women's Center of LaGrange, Georgia
300 Harwell Avenue
LaGrange, GA 30240
(706) 884-3833
(800) 395-4357
http://www.lagrangepregnancy.com/
First Steps Program
1514 Vernon Road
LaGrange, GA 30240
(706) 882-1411
http://www.wghealth.org/our-services/maternity-services/first-steps-program/

Georgia Sheriffs' Youth Homes-Pineland Campus
2048 Youngs Mill Road
LaGrange, GA 30241
(706) 845-9771
http://www.georgiasheriffsyouth.org/locations/pineland-camp-pioneer

Georgia Vocational Rehabilitation Agency
LaGrange Unit
1220 Hogansville Road
Suite 400
LaGrange, GA 30241
(706) 298-7270
https://gvra.georgia.gov/vocational-rehabilitation-program-locations#field_related_links-106-L

Girl Scouts of Greater Atlanta
5601 North Allen Road SE
Mableton, GA 30126
(770) 702-9415
http://www.girlscoutsatl.org/

Good Shepherd Therapeutic Center of Georgia Children's Homes and Family Ministries
Bar Rest Ranch
390 Bar Rest Ranch Road
Warm Springs, GA 31830
(706) 655-2354
http://www.gbchfm.org/

Goodwill Industries
143 Commerce Avenue
LaGrange, GA 30241
(706) 884-4451
http://www.goodwill.org/

Habitat for Humanity
333 Main Street
LaGrange, GA 30241
(706) 837-0702
https://tcchfh.wordpress.com/

Habitat for Humanity-ReStore
333 Main Street
LaGrange, GA 30241
(706) 837-0702
https://tcchfh.wordpress.com/restore-2/

Harmony House
LaGrange, GA 30241
(706) 885-1525 (24-Hr. Crisis Line)
(706) 882-4173 (Administration Line)
http://www.harmonyhousega.org/

Hawkes Library
100 West 8th Street
West Point, GA 31833
(706) 645-1549
http://www.exploregeorgia.org/listing/2218-hawkes-library

Hogansville Public Library
600 East Main Street
Hogansville, GA 30230
(706) 637-6230
http://www.thrl.org/hogansville-library/
LaGrange Career Center (Georgia Department of Labor)
1002 Longley Place
LaGrange, GA 30240
(706) 845-4000
http://dol.georgia.gov/location/lagrange

LaGrange Memorial Library
Troup-Harris Regional Library
115 Alford Street
LaGrange, GA 30240
(706) 882-7784
http://www.thrl.org/lagrange-memorial-library/

Literacy Volunteers of Troup County
200 Main Street
Suite 201
LaGrange, GA 30241
(706) 883-7837
http://www.readtroup.com/

Mike Daniel Recreation Center
1220 LaFayette Parkway
LaGrange, GA 30241
(706) 883-1670
http://www.trouprec.org/programs.html

New Ventures, Inc.
306 Fort Drive
LaGrange, GA 30240
(706) 882-7723
http://www.newventures.org/

Saint Vincent De Paul Society Outreach
200 LaFayette Parkway
LaGrange, GA 30240
(706) 884-0076
http://www.stpeterslagrange.net/ministries/svdp/

Success by 6
200 Main Street
LaGrange, GA 30240
(706) 884-8292
http://www.unitedwaywga.org/ContactUs.aspx

Troup BELL
200 Main Street
Suite J
LaGrange, GA 30240
(706) 882-0480
http://www.unitedwaywga.org/CommunityPartners/Partners.aspx

Troup County Department of Family & Children’s Services
1220 Hogansville Road
LaGrange, GA 30241
(770) 830-2178
http://dfcs.dhs.georgia.gov/troup-county-dfcs-office

Troup Family Connection Authority
LaGrange, GA 30241
(706) 298-7230
http://troup.gafcp.org/

Troup Transformation
136 Main Street
LaGrange, GA 30240
(706) 402-5634
http://www.trouptransformation.org/home
Twin Cedars Youth and Family Services
LaGrange, GA 30241
(706) 298-0050
http://www.twincedars.org/locations/lagrange/

United Way of West Georgia
200 Main Street
LaGrange, GA 30240
(706) 884-8292
http://www.unitedwaywga.org/

Workforce Investment Acts Services/Board (WIB)
1002 Longley Place
LaGrange, GA 30241
(706) 845-4362
http://careerconnect.ncclagrange.com/index.php/
employment-resources/government-agencies/

CHILDREN’S HEALTH SERVICES

Children 1st
District 4 Health Department
301 Main Street
LaGrange, GA 30240
(706) 845-4035

Children's Medical Services
District 4 Health Department
301 Main Street
LaGrange, GA 30240
(706) 845-4035

Kid Station Pediatrics
301 Medical Drive
Suite 504
LaGrange, GA 30240
(706) 882-5437
http://www.wgphysicians.org

LaGrange Pediatrics
1527 Vernon Road
LaGrange, GA 30240
(706) 883-6363
http://www.lagrangepediatrics.com/

LaGrange Personal Aid Association
416 Pierce Street
LaGrange, GA 30240
(706) 882-9291
http://www.lpaa.org/

Pediatric Associates of LaGrange, PC
205 Calumet Center Road
LaGrange, GA 30241
(706) 885-1961
http://www.pediatricsoflagrange.com/

The Children's Clinic, LLC
1550 Doctors Drive
LaGrange, GA 30240
(706) 884-2686
http://childrensclinicllc.com/
CHIROPRACTIC SUPPORT SERVICES

Aspinwall Chiropractic Clinic
302 South Greenwood Street
LaGrange, GA 30240
(706) 884-8360
http://www.aspinwallclinic.com/

Back To Life Chiropractic Center
1505 Lafayette Parkway
LaGrange, GA 30241
(706) 882-5737
http://www.btlcc.com/

Crouch Chiropractic Clinic
413 Greenville Street
LaGrange, GA 30241
(706) 812-2225
Grego Chiropractic
2170 West Point Road
LaGrange, GA 30240
(706) 616-6775
http://www.backpainfreeme.com/

LaGrange Clinic of Specific Chiropractic
403 Ridley Avenue
LaGrange, GA 30240
(706) 882-1000
http://lagrangeclinic.com/

COUNSELING

Afsan, Inc.
321 Greenville Street
LaGrange, GA 30241
(706) 884-0987

Animus Center for Therapeutic Services
1191 Franklin Parkway
Franklin, GA 30217
(706) 675-6076
http://www.animuscenter.org/

Counseling Services, Inc.
610 Ridley Avenue
LaGrange, GA 30240
(706) 884-5050
www.cps-lagrange.com

Family Psychology Associates
516 Ridley Avenue
LaGrange, GA 30240
(706) 845-1601

Pathways Center-Carroll/Heard County
153 Independence Drive
Carrollton, GA 30116
(770) 836-6678
http://www.pathwayscsb.org/index.php/locations/carrollton-heard/

Pathways Center-Meriwether County
756 Woodbury Road
Greenville, GA 30222
(706) 672-1118
http://www.pathwayscsb.org/index.php/locations/meriwether/
West Georgia Counsel & Assessment Service  
98 Gordon Commercial Drive  
LaGrange, GA 30240  
(706) 837-0045

West Georgia Psychiatric Center  
104 Harwell Avenue  
LaGrange, GA 30240  
(706) 885-0111  
http://westgeorgiapsychiatriccenter.com/home

**DENTIST SERVICES**

Aspen Dental  
1507 Lafayette Parkway  
LaGrange, GA 30240  
(706) 663-3428  

Beall Dental Clinic  
106 Corporate Plaza Drive  
LaGrange, GA 30241  
(706) 882-2597  
http://www.bealldentalcenter.com/

Carl Blades, DDS  
808 Avenue C  
West Point, GA 31833  
(706) 643-7731  
http://www.westpointdentistry.com/

Charles H. Pitts, DDS  
307 Church Street  
Suite A  
LaGrange, GA 30240  
(706) 882-0591

Children's Dentistry of West Georgia -- Dr. Angela Bulloch-Patterson  
105 Parker Drive  
Suite B  
LaGrange, GA 30240  
(706) 298-5007  
http://www.yourkidsdentist.net/

Childress Dental Center  
114 Calumet Center Road  
LaGrange, GA 30241  
(706) 882-1888  
http://childressdentalcenter.com/

Choice One Dental Care  
1423 Lafayette Parkway  
LaGrange, GA 30240  
(706) 298-8858  

Chris Harman, DMD  
116 Calumet Center Road  
LaGrange, GA 30241  
(706) 882-2937  
http://www.drchrisharman.com/

D.K. Fagundes Endodontics-LaGrange Office  
105 Parker Drive  
LaGrange, GA 30240  
(706) 884-3636  
http://www.westgarootcanal.com/
D.K. Fagundes Endodontics-Newnan Office
166 Jefferson Parkway
Newnan, GA 30263
(678) 673-6816
http://www.westgarootcanal.com/

Joel Pritchett, DMD
307 Church Street
Suite A
LaGrange, GA 30240
(706) 882-0591

Drew Ferguson IV, DMD
704 Avenue C
West Point, GA 31833
(706) 643-3294

John M. Jackson Jr. DMD, PC
304 South Lewis Street
LaGrange, GA 30240
(706) 845-0544
http://jjacksondmd.com/

First Baptist Church Dental Clinic
100 Broad Street
LaGrange, GA 30240
(706) 882-5551

John Vollenweider, DMD
210 North Lewis Street
LaGrange, GA 30240
(706) 882-2551
http://www.drvollenweider.com/

George Baker, Jr., DMD
606 Greenwood Street
LaGrange, GA 30240
(706) 882-5551

Karen Jackson, DMD
204 Smith Street
LaGrange, GA 30240
(706) 884-4254

Gregory Freeman, DDS
100 College Street
Hogansville, GA 30230
(706) 637-6125

Kersey Dental
110 Kia Drive
LaGrange, GA 30241
(706) 242-9222
http://www.kerseydental.com/

Healthy Smiles --- Eugenia Harry
1620 Vernon Street
Suite 102
LaGrange, GA 30240
(706) 885-9991
http://www.healthysmilesfamilydentistryllc.com/

Kid’s Zone Dentistry
307 Church Street
LaGrange, GA 30240
(706) 882-0591
http://kidszonedentistry.com/

James Tyrer, DDS
407 North Greenwood
LaGrange, GA 30240
(706) 882-0094

Mark Oliver, DDS
409 West Broome Street
LaGrange, GA 30240
(706) 884-8523
Steven Teaver, Sr., DMD  
309 Lewis Street  
LaGrange, GA 30240  
(706) 882-8874  

WestPoint Smiles  
Payol Shroff, DDS  
1107 3rd Avenue  
West Point, GA 31833  
(706) 645-2254  
http://www.westpointsmiles.com/  

DISABLED INDIVIDUAL SERVICES  

American Medical Response Troup County  
1657 West Lukken Industrial Drive  
LaGrange, GA 30240  
(706) 884-1739  
https://www.amr.net/locations/operations/georgia/troup-county.aspx  

LaGrange Personal Aid Association  
416 Pierce Street  
LaGrange, GA 30240  
(706) 882-9291  
http://www.lpaa.org/  

River Valley Area Agency on Aging  
710 Front Avenue  
Suite A  
Columbus, GA 31901  
(800) 615-4379  
hearing impaired: (706) 256-2944  
http://www.rivervalleyrc.org/index.php/area-agency-on-aging  

Southeastrans, Inc.  
Georgia Medicaid Non-Emergency Transportation Program  
Central Region (Heard, Meriwether and Troup Counties)  
(888) 224-7981  
http://www.southeastrans.com/consumers-members/medicaid-program.html  

Southeastrans, Inc.  
Georgia Medicaid Non-Emergency Transportation Program  
Southwest Region (Harris County)  
(888) 224-7985  
http://www.southeastrans.com/consumers-members/medicaid-program.html  

Three Rivers Area Agency on Aging  
13273 Georgia Highway 34  
Franklin, GA 30217  
(678) 552-2838  
toll free: (866) 854-5652  

Troup Transit  
1220 Lafayette Parkway  
LaGrange, GA 30240  
(706) 883-1673  
http://www.troupcountyga.org/transit.html
DISASTER AND EMERGENCY RELIEF

American Red Cross-Georgia Three Rivers Chapter
900 Dallis Street
Suite C
LaGrange, GA 30240
(706) 884-5818
http://www.redcross.org/local/georgia/locations/central-midwest

Harmony House
LaGrange, GA 30241
(706) 885-1525 (24-Hr. Crisis Line)
(706) 882-4173 (Administration Line)
http://www.harmonyhousega.org/

DOMESTIC VIOLENCE SERVICES

Carroll County Domestic Violence Center
Carrollton, GA 30112
(770) 834-1141

Domestic Violence Intervention Center
Opelika, AL 36803
(800)650-6522 or (334) 749-1515 (24 hr. crisis line)
(334) 749-9284 (agency info)
http://www.dvic2.org/index.html

Georgia Coalition Against Domestic Violence
114 New Street
Suite B
Decatur, GA 30030
(800) 334-2836 (Georgia Statewide Domestic Violence Hotline)
(404) 209-0280 (administration contact line)
http://gcadv.org/about-gcadv/

National Teen Dating Abuse Hotline
(866) 331-9474
http://www.loveisrespect.org/

EARLY INTERVENTION SERVICES

Alabama Department of Human Resources
Chambers County
410 9th Avenue South West
LaFayette, AL 36862
(334) 864-4000
http://dhr.alabama.gov/counties/county_results.aspx?id=Chambers

Alabama Department of Human Resources
Randolph County
865 Hillcrest Avenue
Wedorree, AL 36278
(256) 357-3000
http://dhr.alabama.gov/counties/county_results.aspx?id=Randolph

Babies Can't Wait
301 Main Street
LaGrange, GA 30240
(706) 845-4035
Children 1st
301 Main Street
LaGrange, GA 30240
(706) 845-4035

Community Action for Improvement (CAFI)
1380 Lafayette Parkway
LaGrange, GA 30241
(706) 884-2651
http://www.cafi-ga.org/index.html

First Steps Program
1514 Vernon Road
LaGrange, GA 30240
(706) 882-1411
http://www.wghealth.org/our-services/maternity-services/first-steps-program/

Success by 6
200 Main Street
LaGrange, GA 30240
30241
(706) 884-8292
http://www.unitedwaywga.org/ContactUs.aspx

Troup BELL
200 Main Street
Suite J
LaGrange, GA 30240
(706) 882-0480
http://www.unitedwaywga.org/CommunityPartners/Partners.aspx

Troup County Department of Family & Children Services
1220 Hogansville Road
LaGrange, GA 30241
(770) 830-2178
To report child abuse CPS intake center (855) 422-4453
http://dfcs.dhs.georgia.gov/troup-county-dfcs-office

Troup County Health Department
900 Dallis Street
Suite A
LaGrange, GA 30240
(706) 845-4085
http://troupcohealth.org/

Troup Family Connection Authority
1220 Hogansville Road
LaGrange, GA 30241
(706) 298-7230
http://troup.gafcp.org/

EMERGENCIES AND URGEN CARE SERVICES

AMR (American Medical Response)
Troup County
1657 West Lukken Industrial Drive
LaGrange, GA 30240
(706) 884-1739
https://www.amr.net/

Emory at LaGrange
303 Smith Street
LaGrange, GA 30240
(706) 882-8831
(800) 554-9134
http://clarkholderclinic.com/index.php
LaGrange Med-Center
309 Vernon Street
LaGrange, GA 30240
(706) 885-9510

Peachtree Immediate Care (The ER Alternative)
1495 Lafayette Parkway
LaGrange, GA 30241
(706) 884-7822
http://peachtreemed.net/

Troup County 911
100 Ridley Avenue
LaGrange, GA 30240
911
http://www.troupcountyga.org/911.html

WellStar West Georgia Medical Center
Emergency Department
1514 Vernon Road
LaGrange, GA 30240
(706) 882-1411
http://www.wghealth.org/our-services/emergency-care/

EYE CARE SERVICES

Dr. Brent Brown & Associates, Inc.
Inside Wal-Mart of LaGrange
803 New Franklin Road
LaGrange, GA 30240
(706) 885-0610
http://drbrentbrown.com/drbrentbrown.com/
Dr._Brent_Brown_%26_Associates.html

Emory at LaGrange
Ophthalmology Department
303 Smith Street
LaGrange, GA 30240
(706) 882-8831

LaGrange Eye Clinic
208 Smith Street
LaGrange, GA 30240
(706) 756-5904
http://www.lagrangeeyeclinic.com/

Vision World
LaGrange Mall
1501 Lafayette Parkway
B9
LaGrange, GA 30241
(706) 882-8841
http://www.visionworldinc.com/

West Georgia Vision Center
407 South Greenwood Street
LaGrange, GA 30240
(706) 882-0616
http://www.westgeorgiavision.com/

FAMILY ASSISTANCE SERVICES

LaGrange Personal Aid Association
416 Pierce Street
LaGrange, GA 30240
(706) 882-9291
http://www.lpaa.org/
2016 WellStar WGMC
Community Health Needs Assessment Report Supplemental Data Resource
Appendix B – Asset Resource Listing

Saint Vincent De Paul Society Outreach
200 LaFayette Parkway
LaGrange, GA 30240
(706) 884-0076
http://www.stpeterslagrange.net/ministries/svdp/

Salvation Army
LaGrange Corps
202 Church Street
LaGrange, GA 30240
(706) 845-0197
http://salvationarmygeorgia.org/lagrange/

State Court Public Defender
100 Ridley Avenue
Suite 3400
LaGrange, GA 30240
(706) 883-2170

Troup BELL
200 Main Street
Suite J
LaGrange, GA 30240
(706) 882-0480
http://www.unitedwaywga.org/CommunityPartners/Partners.aspx

FOOD BANKS

Baptist Tabernacle
849 South Davis Road
LaGrange, GA 30241
(706) 882-0087
www.baptisttabernacle.ws

Christian Service Center, Inc.
5342 Cusseta Road
Lanett, AL 36863
(334) 576-3552
www.christianservicecenter.homestead.com

Feeding the Valley Food Bank
Columbus Location
5928 Coca Cola Boulevard
Columbus, GA 31909
(706) 561-4755

Feeding the Valley Food Bank
LaGrange Location
118 Gordon Commercial Drive
LaGrange, GA 30240
(762) 822-1712

First Baptist Church Food Closet
301 East Eighth Street
West Point, GA 31833
(706) 645-2969
www.fbcwestpoint.com

First United Methodist Church
401 Broad Street
LaGrange, GA 30241
(706) 884-4635
http://www.lagrangefumc.org/

First United Methodist Church of West Point
306 East Seventh Street
West Point, GA 31833
(706) 645-1379
www.westpointfumc.org
Highland Baptist Church
Food Bank
409 Askew Avenue
Hogansville, GA 30230
(706) 637-4217

Interfaith Food Closet
1810B 30th Street
Valley, AL 36854
(334) 768-3663

LaGrange Personal Aid Association
Interfaith Food Closet
416 Pierce Street
LaGrange, GA 30240
(706) 882-9291
http://www.lpaa.org/

Meals on Wheels
First Baptist Church on the Square
100 Broad Street
LaGrange, GA 30240
(706) 884-5631
http://www.fbclagrange.org/missions/local/

Meals on Wheels
First United Methodist of LaGrange
401 Broad Street
LaGrange, GA 30240
(706) 884-4635
http://www.lagrangeumc.org/outreach/local-outreach/

Meals on Wheels
St. Mark’s Episcopal Church
207 North Greenwood Street
LaGrange, GA
(706) 845-8323
http://www.stmarkslg.org/ministries/meals-on-wheels/

Saint Peter’s Catholic Church
St. Vincent De Paul
200 LaFayette Parkway
LaGrange, GA 30240
(706) 884-0076
www.stpeterslagrange.net

Salvation Army
202 Church Street
LaGrange, GA 30240
(706) 884-6842
www.salvationarmygeorgia.org/lagrange

Troup County Department of Family and Children Services
1220 Hogansville Road
LaGrange, GA 30241
(706) 298-7100
http://dfcs.dhs.georgia.gov/troup-county-dfcs-office

Unity Baptist Church
Food Closet Ministry
715 South Greenwood Street
LaGrange, GA 30240
(706) 882-7714
http://www.ubclagrange.org/about-.html
West Point Food Closet
Located in West Point Gym
Highway 29
West Point, GA 31833
(770) 773-6262

HEALTH INSURANCE SERVICES

BlueCross BlueShield of Georgia
https://www.bcbsga.com/health-insurance/

Georgia Health Coverage, Inc.
5 Lagrange Street
Suite 100
Newnan, GA 30260
(770) 253-9283
http://www.gahealthcoverage.com/

HealthCare.gov
Nationwide

Insure Alabama
Statewide program
(888) 373-5437
https://insurealabama.adph.state.al.us/

Medicaid
Region Four-Atlanta
61 Forsyth Street Southwest
Suite 4T20
Atlanta, GA 30303
(404) 562-7359
https://www.medicaid.gov/medicaid-program-information/
medicaid-and-chip-program-information.html

Medicare
Nationwide
(800) 633-4227

PeachCare for Kids
Statewide program
(877) 427-3224
https://www.peachcare.org/

HEALTH WAIVER PROGRAMS SERVICES

Community Care Services
Southern Crescent
(866) 854-5652

Comprehensive Supports Waiver Program (COMP)
Georgia Department of Community Health
2 Peachtree Street Northwest
Atlanta, GA 30303
(404) 656-4507
Georgia Pediatric Program (GAPP)
Medicaid Aging and Special Populations Office
2 Peachtree Street Northwest
Atlanta, GA 30303
(404) 656-6862

Independent Care Waiver Program
Georgia Medical Care Foundation
(678) 527-3619 or (800) 982-0411, ext. 3619
https://dch.georgia.gov/sites/dch.georgia.gov/files/IndependentCareWaiverProgram_FY14_Final_0.pdf

New Options Waiver Program (NOW)
Georgia Department of Community Health
2 Peachtree Street Northwest
Atlanta, GA 30303
(404) 656-4507

SOURCE Care Management Office
Newnan
772 Greison Trail
Suites H & I
Newnan, GA 30263
(478) 621-2070 Ext 2812

HOME HEALTH SERVICES

Comfort Keepers
111 Airport Road
LaGrange, GA 30240
(706) 298-5431
http://www.comfortkeepers.com/

Corley Home Health Care
104 East Battle Street
LaGrange, GA 30240
(706) 884-0386

Georgia HomeCare of LaGrange
300 West Broome Street
Suite 108
LaGrange, GA 30240
(706) 884-5292
http://lhcgroup.com/locations/georgia-homecare-of-lagrange

Home Helpers
125 Jefferson Street
Newnan, GA 30265
(678) 876-5118
http://www.homehelpershomecare.com/newnanag/why-home-helpers/about-us

Home Instead Senior Care
113 Ridley Avenue
LaGrange, GA 30240
(706) 883-2310
https://www.homeinstead.com/736.1/home-care-services/senior-care
West Georgia Home Care
120 Glenn Bass Road
LaGrange, GA 30240
(706) 845-3291
(800) 899-4148
http://www.wghealth.org/our-services/home-care/

HOSPICE SERVICES

Chattahoochee Hospice, Inc.
6 Medical Park North
Valley, AL 36854
(334) 756-8043 or (800) 770-8043
http://www.chattahoocheehospice.com/index.shtml

Columbus Hospice
7020 Moon Road
Columbus, GA 31909
(706) 569-7992
http://www.columbushospice.com/

Gentiva Hospice Columbus Inpatient Unit
8301 Franciscan Woods Drive
Suite 201
Columbus, GA 31909
(706) 649-3900
http://www.gentiva.com/hospice/

Gentiva Hospice Newnan
2525 Highway 34 East
Newnan, GA 30265
(770) 502-1104
http://www.gentiva.com/hospice/

West Georgia Hospice
1510 Vernon Road
LaGrange, GA 30240
(706) 845-3905
http://www.wghealth.org/our-services/hospice/

HOSPITAL SERVICES

WellStar West Georgia Medical Center
1514 Vernon Road
LaGrange, GA 30240
(706) 882-1411
http://www.wghealth.org/

HOTLINE NUMBERS

Al-Anon Family Group Headquarters, Inc.
(757) 563-1600
http://www.al-anon.alateen.org/

Alcoholics Anonymous
(404) 525-3178
http://www.aa.org/

Alzheimer's Association
(800) 272-3900
http://www.alz.org/

American Cancer Society
250 Williams Street NW
Atlanta, GA 30303
(404) 315-1123
(800) 227-2345
http://www.cancer.org/index
American Lung Association  
(800) 548-8252  
http://www.lung.org/about-us/

Autism Society  
(800) 328.8476  
http://www.autism-society.org/

National Alcoholism and Substance Abuse Information Center  
(800) 784-6776  
http://www.addictioncareoptions.com/

National Suicide Prevention Lifeline  
(800) 273-8255  
http://www.suicidepreventionlifeline.org/

National Teen Dating Abuse Hotline  
(866) 331-9474  
http://www.loveisrespect.org/

Poison Control  
(800) 222-1222  
http://www.aapcc.org/

Substance Abuse and Mental Health Services Administration National Helpline  
(800) 662-4357  
http://www.samhsa.gov/find-help/national-helpline

The National Domestic Violence Hotline  
(800) 799-7233 or (800)787-3224 (TTY)  
http://www.thehotline.org/

Vet2Vet Veteran's Crisis Line  
(877) 838-2838  
http://www.veteranscall.us/

Veterans Crisis Line  
(800) 273-8255 and Press 1  
https://www.veteranscrisisline.net/

HOUSING ASSISTANCE SERVICES

Community Action for Improvement (CAFI)  
1380 Lafayette Parkway  
LaGrange, GA 30241  
(706) 884-2651  
http://www.cafi-ga.org/

Dependable Affordable Sustainable Housing-DASH LaGrange  
1200 4th Avenue  
LaGrange, GA 30240  
(706) 298-0221  
http://www.dashlagrange.org/

Franklin Housing Authority  
900 South River Road  
Franklin, GA 30217  
(706) 675-6060

Habitat for Humanity  
333 Main Street  
LaGrange, GA 30241  
(706) 837-0702  
https://tcchfh.wordpress.com/

Hogansville Housing Authority  
200 West Boyd Road  
Hogansville, GA 30230  
(706) 637-8153
Housing Authority of the City of Greenville, Georgia
3041 Highway 100
Greenville, GA 30222
(706) 672-1353

Housing Authority of the City of West Point, Georgia
1201 East 12th Street
West Point, GA 31833
(706) 645-1202

Housing Authority of the County of Harris County, Georgia
420 Copeland Avenue
Hamilton, GA 31811
(706) 628-4266

HUD'B-Houses "U" Didn't Build Program with The Harvest Center Group Corporation
300 Mooty Bridge Road
Suite 106
LaGrange, GA 30240
(706) 882-2464
http://www.harvestcentergroup.com/hud.html

LaGrange Housing Authority
Lucy Morgan Homes
611 Borton Street
LaGrange, GA 30240
(706) 884-9586
http://www.phalagrange.net/

LaGrange Personal Aid Association
416 Pierce Street
LaGrange, GA 30240
(706) 882-9291
http://www.lpaa.org/

IMMUNIZATIONS AND VACCINATIONS

Children 1st
District 4 Health Department
301 Main Street
LaGrange, GA 30240
(706) 845-4035

CVS Pharmacy Hogansville Road Location-LaGrange
1597 Hogansville Road
LaGrange, GA 30241
(706) 242-4902
http://www.cvs.com/store-locator/store-locator-landing.jsp?_requestid=1479675
<table>
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<tr>
<th>Pharmacy Name</th>
<th>Address</th>
<th>Phone Number</th>
<th>Website</th>
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<tr>
<td>CVS Pharmacy Morgan Street Location</td>
<td>300 Morgan Street, LaGrange, GA 30241</td>
<td>(706) 882-2971</td>
<td><a href="http://www.cvs.com/store-locator/store-locator-landing.jsp?_requestid=1479675">Website</a></td>
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<tr>
<td>CVS Pharmacy Roanoke Road Location</td>
<td>1802 Roanoke Road, LaGrange, GA 30240</td>
<td>(706) 882-5564</td>
<td><a href="http://www.cvs.com/store-locator/store-locator-landing.jsp?_requestid=1479675">Website</a></td>
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<tr>
<td>CVS Pharmacy Veterans Memorial Parkway</td>
<td>10 Veterans Memorial Parkway, Lanett, AL 36863</td>
<td>(334) 644-2800</td>
<td><a href="http://www.cvs.com/store-locator/store-locator-landing.jsp?_requestid=1479675">Website</a></td>
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<tr>
<td>Holmes Pharmacy</td>
<td>136 Commerce Avenue, LaGrange, GA 30241</td>
<td>(706) 884-7301</td>
<td><a href="http://www.holmespharmacy.com/">Website</a></td>
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<tr>
<td>Kid Station Pediatrics</td>
<td>301 Medical Drive, Suite 504, LaGrange, GA 30240</td>
<td>(706) 882-5437</td>
<td><a href="http://www.wgphysicians.org/">Website</a></td>
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<tr>
<td>Kroger Pharmacy</td>
<td>203 Commerce Avenue, LaGrange, GA 30240</td>
<td>(706) 883-6178</td>
<td><a href="https://www.kroger.com/topic/pharmacy">Website</a></td>
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<tr>
<td>LaGrange Pediatrics</td>
<td>1527 Vernon Road, LaGrange, GA 30240</td>
<td>(706) 883-6363</td>
<td><a href="http://www.lagrangepediatrics.com/">Website</a></td>
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<tr>
<td>Pediatric Associates of LaGrange, PC</td>
<td>205 Calumet Center Road, LaGrange, GA 30241</td>
<td>(706) 885-1961</td>
<td><a href="http://www.pediatricsoflagrange.com/">Website</a></td>
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<tr>
<td>Publix Pharmacy at LaGrange Plaza</td>
<td>139 Commerce Ave, LaGrange, GA 30241</td>
<td>(706) 883-7225</td>
<td><a href="http://www.publix.com/locations/540-lagrange-plaza">Website</a></td>
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<tr>
<td>Rite Aid Pharmacy</td>
<td>900-K Hogansville Road, LaGrange, GA 30241</td>
<td>(706) 882-0161</td>
<td><a href="https://www.riteaid.com/store-details?storeNumber=11769">Website</a></td>
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<tr>
<td>The Children's Clinic, LLC</td>
<td>1550 Doctors Drive, LaGrange, GA 30240</td>
<td>(706) 884-2686</td>
<td><a href="http://childrenscliniclcc.com/">Website</a></td>
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</table>
Troup County Health Department
900 Dallis Street
Suite A
LaGrange, GA 30240
(706) 845-4085
http://troupcohealth.org/immunizations/

Walgreens
115 Vernon Street
LaGrange, GA 30240
(706) 812-9852
http://www.walgreens.com/locator/walgreens-115+vernon+st-lagrange-ga-30240/id=9622

Walmart Pharmacy LaGrange Neighborhood Market
955 Lafayette Parkway
LaGrange, GA 30241
(706) 443-7060
http://www.walmart.com/store/2773/details

Walmart Pharmacy LaGrange Walmart Supercenter
803 New Franklin Road
LaGrange, GA 30240
(706) 812-8456
http://www.walmart.com/store/614/details

LEGAL/FINANCIAL ADVOCACY

Consumer Credit Counseling Service of West Georgia/East Alabama
309 Mooty Bridge Road
Suite C
LaGrange, GA 30240
(706) 845-7204
(800) 757-2227
http://www.cccswga.com/plaintext/home/home.aspx

Division of Child Support Services
Harris County, Georgia
1327 3rd Avenue
Columbus, GA 31902
1-844-694-2347
http://dcss.dhs.georgia.gov/harris-county-0

Division of Child Support Services
Heard County, Georgia
102 College Street
Carrollton, GA 30117
1-844-694-2347
http://dcss.dhs.georgia.gov/heard-county-0

Division of Child Support Services
Meriwether County, Georgia
8A Madison Street
Newnan, GA 30263
1-844-694-2347
http://dcss.dhs.georgia.gov/meriwether-county-0
Division of Child Support Services  
**Troup County, Georgia**  
102 College Street  
Carrollton, GA 30117  
1-844-694-2347  
http://dcss.dhs.georgia.gov/troup-county-0

Georgia Legal Services Program  
**Columbus Regional Office**  
The Corporate Center  
233 12th Street  
Suite 910  
Columbus, GA 31902  
(800) 533-3140  
http://www.glsp.org/

State Court Public Defender  
100 Ridley Avenue  
Suite 3400  
LaGrange, GA 30240  
(706) 883-2170  

**MEDICAID ENROLLMENT SERVICES**

416 Pierce Street  
LaGrange, GA 30240  
(706) 882-9291  
http://www.lpaa.org/

Right from the Start Medicaid Program  
**Harris County-Harris County Health Department**  
210 Forest Hill Road  
Hamilton, GA 31811  
(706) 628-9928

http://dfcs.dhs.georgia.gov/right-start-medicaid-program

Right from the Start Medicaid Program  
**Heard and Troup Counties**  
**RSM Project Office**  
**WellStar West Georgia Medical Center**  
1514 Vernon Road  
3rd Floor  
LaGrange, GA 30240  
(706) 845-4246  
http://dfcs.dhs.georgia.gov/right-start-medicaid-program

Right from the Start Medicaid Program  
**Meriwether County**  
**RSM Project Office c/o Upson County Health Department**  
314 East Lee Street  
Thomaston, GA 30286  
(706) 646-6300  
http://dfcs.dhs.georgia.gov/right-start-medicaid-program

Right from the Start Medicaid Program  
**Troup County Department of Family & Children Services**  
1220 Hogansville Road  
LaGrange, GA 30241  
(770) 830-2178  
(877) 423-4746  
http://dfcs.dhs.georgia.gov/medicaid
MEDICAL CLINIC SERVICES

Advanced Aesthetics
1600 Vernon Road
Suite A
LaGrange, GA 30240
(770) 461-4000
http://www.plasticsurgerycorner.com/about/plastic-surgeon-stewart/

Ankle & Foot Centers of Georgia
1075 Lafayette Parkway
#200
LaGrange, GA 30241
(706) 845-9370
http://www.ankleandfootcenters.com/lagrange-podiatrists/

Dermatology Institute
1075 Lafayette Parkway
LaGrange, GA 30240
(770) 400-8400
http://www.derminstitutemd.com/

Emory at LaGrange
303 Smith Street
LaGrange, GA 30240
(706) 882-8831
(800) 554-9134

Emory at LaGrange West Point Clinic
1610 East 10th Street
West Point, GA 30118
(706) 882-8831
(800) 554-9134

Emory Southern Orthopedics/Sports Medicine
1805 Vernon Road
Suite B
LaGrange, GA 30240
(706) 884-2691
http://www.southernorthopedics.com/

First Choice Women’s Center of LaGrange, Georgia
300 Harwell Avenue
LaGrange, GA 30240
30241
(706) 884-3833
(800) 395-4357
http://www.lagrangepregnancy.com/

Heart & Vascular Care of Georgia
505 Jenkins Street
LaGrange, GA 30240
(706) 407-0161

Hometown Family Medicine
1698 Vernon Road
LaGrange, GA 30240
(706) 298-4937

The Hughston Clinic
107 Calumet Drive
LaGrange, GA 30240
(706) 884-3274
http://www.hughston.com/

The Kidney Clinic
142 Old Mill Road
LaGrange, GA 30240
(706) 885-1900
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<th>LaGrange Foot Clinic</th>
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<tr>
<td>(706) 883-6415</td>
<td>(706) 884-7822</td>
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<td><a href="http://www.lagrangefootclinic.com/">http://www.lagrangefootclinic.com/</a></td>
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<td>1602 Vernon Road Suite 400</td>
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<td>LaGrange, GA 30240</td>
<td>LaGrange, GA 30241</td>
</tr>
<tr>
<td>(706) 882-9341</td>
<td>(706) 882-2800</td>
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<td><a href="http://www.lagrangeinternalmedicine.com/">http://www.lagrangeinternalmedicine.com/</a></td>
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<td>LaGrange, GA 30240</td>
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</tr>
<tr>
<td>(706) 885-9510</td>
<td>(706) 443-5273</td>
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<td><a href="http://www.tdipain.com/">http://www.tdipain.com/</a></td>
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<tr>
<td>1602 Vernon Road Suite 200</td>
<td>501 Medical Drive</td>
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<tr>
<td>LaGrange, GA 30240</td>
<td>Suites 501 &amp; 502</td>
</tr>
<tr>
<td>(706) 884-6026</td>
<td>LaGrange, GA 30240</td>
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<tr>
<td>lagrangewomenshealth.com</td>
<td>(706) 882-1191</td>
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<td>301 Medical Drive Suite 701</td>
<td>900 Dallis Street</td>
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<tr>
<td>LaGrange, GA 30240</td>
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</tr>
<tr>
<td>(706) 882-8971</td>
<td>LaGrange, GA 30240</td>
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<td>(706) 845-4085</td>
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<tr>
<td>LaGrange, GA 30241</td>
<td>Suite 300</td>
</tr>
<tr>
<td>(706) 350-5525</td>
<td>LaGrange, GA 30240</td>
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<tr>
<td></td>
<td>(706) 242-5100</td>
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<td>www wgphysicians.org</td>
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<td>West Georgia CardioPulmonary</td>
<td>West Georgia OB/GYN Specialists</td>
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<tr>
<td>1551 Doctors Drive</td>
<td>303 Medical Drive</td>
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<tr>
<td>LaGrange, GA 30240</td>
<td>Suite 405</td>
</tr>
<tr>
<td>(706) 880-7222</td>
<td>LaGrange, GA 30240</td>
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<td><a href="http://www.wgphysicians.org">www.wgphysicians.org</a></td>
<td>(706) 242-5099</td>
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<tr>
<td>(706) 882-5119</td>
<td>(706) 812-2426</td>
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<td><a href="http://drbarth.com/">http://drbarth.com/</a></td>
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<td>Suite 705</td>
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<tr>
<td>LaGrange, GA 30240</td>
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<tr>
<td>(706) 880-7411</td>
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<td><a href="http://www.wgphysicians.org">www.wgphysicians.org</a></td>
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<th>West Georgia Family Practice</th>
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<tr>
<td>1497 Lafayette Parkway</td>
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<td>LaGrange, GA 30241</td>
<td>Greenville, GA 31822</td>
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<tr>
<td>(706) 880-7335</td>
<td>(706) 845-3599</td>
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<td><a href="http://www.wgphysicians.org">www.wgphysicians.org</a></td>
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<tr>
<td>1555 Doctors Drive</td>
<td>211 East Broad Street</td>
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<tr>
<td>Suite 102</td>
<td>Pine Mountain, GA 31822</td>
</tr>
<tr>
<td>LaGrange, GA 30240</td>
<td>(706) 845-3494</td>
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<tr>
<td>(706) 880-7266</td>
<td><a href="http://www.wgphysicians.org">www.wgphysicians.org</a></td>
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<th>West Georgia Kid Station Pediatrics</th>
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<tr>
<td>301 Medical Drive</td>
<td>1009 U.S. 29</td>
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<tr>
<td>Suite 504</td>
<td>West Point, GA 31833</td>
</tr>
<tr>
<td>LaGrange, GA 30240</td>
<td>(706) 242-5081</td>
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<tr>
<td>(706) 812-2655</td>
<td><a href="http://www.wgphysicians.org">www.wgphysicians.org</a></td>
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<tr>
<td>Address</td>
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<tr>
<td>West Georgia Primary Care</td>
<td>303 Medical Drive</td>
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<tr>
<td>303 Medical Drive</td>
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<tr>
<td>LaGrange, GA 30240</td>
<td>(706) 880-7361</td>
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<td>West Georgia Primary Care - Hogansville</td>
<td>2000 Billy Tucker Circle</td>
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<td>2000 Billy Tucker Circle</td>
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<td>(706) 880-7188</td>
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<td>West Georgia Radiation Oncology</td>
<td>111 Medical Drive</td>
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<tr>
<td>(706) 845-3544</td>
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<tr>
<td>West Georgia Surgery</td>
<td>1600 Vernon Road</td>
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<tr>
<td>1600 Vernon Road</td>
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<tr>
<td>LaGrange, GA 30240</td>
<td>(706) 880-7321</td>
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<tr>
<td>West Georgia Surgery &amp; Bariatrics</td>
<td>300 Medical Drive</td>
</tr>
<tr>
<td>300 Medical Drive</td>
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<tr>
<td>LaGrange, GA 30240</td>
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<td><a href="http://wgbariatrics.com/">http://wgbariatrics.com/</a></td>
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<tr>
<td>106 Lukken Industrial Drive West</td>
<td>LaGrange, GA 30240</td>
</tr>
<tr>
<td>(706) 880-7204</td>
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<tr>
<td>West Georgia Urology</td>
<td>303 Medical Drive</td>
</tr>
<tr>
<td>303 Medical Drive</td>
<td>Suite 401</td>
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<tr>
<td>LaGrange, GA 30240</td>
<td>(706) 242-5201</td>
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<tr>
<td>West Georgia Worx</td>
<td>100 Glenn Bass Road</td>
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<td>100 Glenn Bass Road</td>
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<tr>
<td>(706) 845-3075</td>
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<td><a href="http://www.wghealth.org/our-services/occupational-medicine/">http://www.wghealth.org/our-services/occupational-medicine/</a></td>
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<tr>
<td>The Women's Center</td>
<td>310 South Lewis Street</td>
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**MENTAL HEALTH SERVICES**

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<tr>
<th>Address</th>
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<tbody>
<tr>
<td>Afsan, Inc.</td>
<td>321 Greenville Street</td>
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<tr>
<td>321 Greenville Street</td>
<td>LaGrange, GA 30241</td>
<td>(706) 884-0987</td>
</tr>
<tr>
<td>Department of Behavioral Health and</td>
<td>3000 Schatulga Road</td>
<td></td>
</tr>
<tr>
<td>Developmental Disabilities-Region 6 Field</td>
<td>Columbus, GA 31907</td>
<td>(706) 565-7835</td>
</tr>
<tr>
<td>Office</td>
<td></td>
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</tr>
<tr>
<td>Family Psychology Associates</td>
<td>516 Ridley Avenue</td>
<td></td>
</tr>
<tr>
<td>516 Ridley Avenue</td>
<td>LaGrange, GA 30240</td>
<td>(706) 845-1601</td>
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National Alliance on Mental Illness
NAMI Connection-LaGrange
Support Group of NAMI Columbus
(706) 333-9600
http://namiga.org/affiliate-locations/

Pathways Center-Carroll/Heard County
153 Independence Drive
Carrollton, GA 30116
(770) 836-6678
http://www.pathwayscsb.org/index.php/locations/carrollton-heard/

Pathways Center-Meriwether County
756 Woodbury Road
Greenville, GA 30222
(706) 672-1118
http://www.pathwayscsb.org/index.php/locations/meriwether/

Pathways Center-Troup County
122 Gordon Commercial Drive
Suite C
LaGrange, GA 30240
(706) 845-4054
http://www.pathwayscsb.org/index.php/locations/troup/

West Georgia Psychiatric Center
104 Harwell Avenue
LaGrange, GA 30240
(706) 885-0111
http://westgeorgiapsychiatriccenter.com/home

NON-EMERGENCY TRANSPORT SERVICES

American Medical Response Troup County
1657 West Lukken Industrial Drive
LaGrange, GA 30240
(706) 884-1739
https://www.amr.net/locations/operations/georgia/troup-county.aspx

Southeastrans, Inc.
Georgia Medicaid Non-Emergency Transportation Program
Central Region (Heard, Meriwether and Troup Counties)
(888) 224-7981
http://www.southeastrans.com/consumers-members/medicaid-program.html

Southeastrans, Inc.
Georgia Medicaid Non-Emergency Transportation Program
Southwest Region (Harris County)
(888) 224-7985
http://www.southeastrans.com/consumers-members/medicaid-program.html

Troup Transit
1220 Lafayette Parkway
LaGrange, GA 30240
(706) 883.1673
http://www.troupcountyga.org/transit.html
## NURSING HOMES

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<tr>
<td>LaGrange Nursing and Rehabilitation Center</td>
<td>2111 West Point Road, LaGrange, GA 30240</td>
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## ORAL SURGERY SERVICES

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## PHARMACIES AND DRUG ASSISTANCE SERVICES

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<tr>
<td>CVS Roanoke Road Location-LaGrange</td>
<td>1802 Roanoke Road, LaGrange, GA 30240</td>
<td>(706) 882-5564</td>
<td><a href="http://www.cvs.com/store-locator/store-locator-landing.jsp?_requestid=1479675">http://www.cvs.com/store-locator/store-locator-landing.jsp?_requestid=1479675</a></td>
</tr>
</tbody>
</table>
Holmes Pharmacy
136 Commerce Avenue
LaGrange, GA 30241
(706) 884-7301
http://www.holmespharmacy.com/

Kroger Pharmacy
203 Commerce Avenue
LaGrange, GA 30240
(706) 883-6178
https://www.kroger.com/topic/pharmacy

LaGrange Personal Aid Association
416 Pierce Street
LaGrange, GA 30240
(706) 882-9291
http://www.lpaa.org/

Publix Pharmacy at LaGrange Plaza
139 Commerce Ave
LaGrange, GA 30241
(706) 883-7225
http://www.publix.com/locations/540-lagrange-plaza

Rite Aid Pharmacy
900-K Hogansville Road
LaGrange, GA 30241
(706) 882-0161
https://www.riteaid.com/store-details?storeNumber=11769

Salvation Army
LaGrange Corps
202 Church Street
LaGrange, GA 30240
(706) 845-0197
http://salvationarmygeorgia.org/lagrange/

The Medicine Cabinet-Mooty Bridge
300 Mooty Bridge Road
LaGrange, GA 30240
(706) 298-4930

The Medicine Cabinet-Vernon Street
205 Vernon Street
LaGrange, GA 30240
(706) 298-4928

Troup Cares Inc. Clinic
501 Medical Drive
Suite 501 & 502
LaGrange, GA 30240
(706) 882-1191
http://www.troupcares.org/story.php

Walgreens
115 Vernon Street
LaGrange, GA 30240
(706) 812–9852
http://www.walgreens.com/locator/walgreens-115+vernon+st-lagrange-ga-30240/id=9622

Walmart Pharmacy LaGrange Neighborhood Market
955 Lafayette Parkway
LaGrange, GA 30241
(706) 443-7060
http://www.walmart.com/store/2773/details

Walmart Pharmacy LaGrange Supercenter
803 New Franklin Road
LaGrange, GA 30240
(706) 812-8456
http://www.walmart.com/store/614/details
PHYSICAL AND OCCUPATIONAL THERAPY SERVICES

WellStar WGMC Rehabilitation & Wellness
1600 Vernon Road
Suite D
LaGrange, GA 30240
(706) 845-3883
http://www.wghealth.org/our-services/rehabilitation/

Hughston Clinic
107 Calumet Center Road
LaGrange, GA 30240
(706) 884-3274

Southern Rehab & Sports Medicine-LaGrange Office
1805 Vernon Road
Suite A
LaGrange, GA 30240
(706) 845-9383
http://southernrehab.com/

PHYSICAL FITNESS AND NUTRITION

WellStar WGMC Rehabilitation & Wellness
1600 Vernon Road
Suite D
LaGrange, GA 30240
(706) 845-3883
http://www.wghealth.org/our-services/rehabilitation/

Hughston Clinic
107 Calumet Center Road
LaGrange, GA 30240
(706) 884-3274

Southern Rehab & Sports Medicine-LaGrange Office
1805 Vernon Road
Suite A
LaGrange, GA 30240
(706) 845-9383
http://southernrehab.com/

PRIMARY CARE SERVICES

Emory at LaGrange
303 Smith Street
LaGrange, GA 30240
(706) 882-8831
(800) 554-9134

Emory at LaGrange Davis Road Primary Care
380 South Davis Road
LaGrange, GA 30241
(706) 882-8331
Emory at LaGrange West Point Clinic  
1610 East 10th Street  
West Point, GA 30118  
(706) 882-8831  
(800) 554-9134  

Hometown Family Medicine  
1698 Vernon Road  
LaGrange, GA 30240  
(706) 298-4937

LaGrange Internal Medicine  
1602 Vernon Road  
Suite 400  
LaGrange, GA 30240  
(706) 882-9341  
http://www.lagrangeinternalmedicine.com/

LaGrange Med-Center  
309 Vernon Street  
LaGrange, GA 30240  
(706) 885-9510

LaGrange Pediatrics  
1527 Vernon Road  
LaGrange, GA 30240  
(706) 883-6363  
http://www.lagrangepediatrics.com/

Medical Care of LaGrange  
301 Medical Drive  
Suite 701  
LaGrange, GA 30240  
(706) 882-8971

Peachtree Immediate Care (The ER Alternative)  
1495 Lafayette Parkway  
LaGrange, GA 30241  
(706) 884-7822  
http://peachtreemed.net/

Pediatric Associates of LaGrange, PC  
205 Calumet Center Road  
LaGrange, GA 30241  
(706) 885-1961  
http://www.pediatricsoflagrange.com/

The Children’s Clinic, LLC  
1550 Doctors Drive  
LaGrange, GA 30240  
(706) 884-2686  
http://childrensclinicllc.com/

Troup Cares Inc. Clinic  
501 Medical Drive  
Suites 501 & 502  
LaGrange, GA 30240  
(706) 882-1191  
http://www.troupcares.org/story.php

Troup County Health Department  
900 Dallis Street  
Suite A  
LaGrange, GA 30240  
(706) 845-4085  
http://troupcohealth.org/child-health/

West Georgia Family Practice  
1497 Lafayette Parkway  
LaGrange, GA 30241  
(706) 880-7335  
www.wgphysicians.org
West Georgia Gynecology & Primary Care
1555 Doctors Drive
Suite 102
LaGrange, GA 30240
(706) 880-7266
www.wgphysicians.org

West Georgia Kid Station Pediatrics
301 Medical Drive
Suite 504
LaGrange, GA 30240
(706) 812-2655
www.wgphysicians.org

West Georgia Physicians at Greenville
454 LaGrange Street
Greenville, GA 31822
(706) 845-3599
www.wgphysicians.org

West Georgia Physicians at Pine Mountain
211 East Broad Street
Pine Mountain, GA 31822
(706) 845-3494
www.wgphysicians.org

West Georgia Physicians West Point Clinic
1009 U.S. 29
West Point, GA 31833
(706) 242-5081
www.wgphysicians.org

West Georgia Primary Care
303 Medical Drive
LaGrange, GA 30240
(706) 880-7361
www.wgphysicians.org

West Georgia Primary Care - Hogansville
2000 Billy Tucker Circle
Hogansville, GA 30230
(706) 880-7188
www.wgphysicians.org

RESPITE CARE SERVICES

Home Instead Senior Care
113 Ridley Avenue
LaGrange, GA 30240
(706) 883-1113

Vernon Woods Respite Care
101 Vernon Woods Drive
LaGrange, GA 30240
(706) 812-2899
http://www.wghealth.org/our-services/independent-assisted-living/respite-care/

West Georgia Hospice
1510 Vernon Road
LaGrange, GA 30240
(706) 845-3905
http://www.wghealth.org/our-services/hospice/hospice-lagrange-facility/
SENIOR CITIZEN SERVICES

Home Instead Senior Care
113 Ridley Avenue
LaGrange, GA 30240
(706) 883-1113

Vernon Woods Respite Care
101 Vernon Woods Drive
LaGrange, GA 30240
(706) 812-2899
http://www.wghealth.org/our-services/independent-assisted-living/respite-care/

West Georgia Hospice
1510 Vernon Road
LaGrange, GA 30240
(706) 845-3905
http://www.wghealth.org/our-services/hospice/hospice-lagrange-facility/

SHELTERS

A Higher Calling
305 Louise Lane
Griffin, GA 30223
(678) 603-2880
www.ahighercallinggriffin.org

American Red Cross
900 Dallis Street
Suite C
LaGrange, GA 30240
(706) 884-5818
http://www.redcross.org/local/georgia/locations/central-midwest

Ark Refuge Ministry
504 East Depot Street
LaGrange, GA 30241
(706) 845-0335
http://arkrefuge.net/

Community Action for Improvement, Inc. (CAFI)
1380 Lafayette Parkway
LaGrange, GA 30241
(706) 884-2651
www.cafi-ga.org

Emmaus Women's Shelter
312 Greenville Street
LaGrange, GA 30241
(706) 883-7471
www.emmaussHELTER.com

Fellowship Deliverance Ministries
207 West Mulberry Street
LaGrange, GA 30240
(706) 845-0071
www.fdm1.org

Georgia Sheriffs’ Youth Homes
3000 Highway 42 North
Stockbridge, GA 30281
(770) 914-1076
www.georgiasheriffsyouth.org
God's Dwelling Place
LaGrange, GA 30241
(706) 412-9004

Harmony House Domestic Violence Shelter
LaGrange, GA
(706) 885-1525
www.harmonyhousega.org

Hope's Inn for Single Mothers
106 North Monroe Street
Lafayette, AL 36862
(334) 864-0890

Housing Authority of Columbus, GA
1000 Wynnton Road
Columbus, GA 31906
(706) 571-2800
www.columbushousing.org

LaGrange Housing Authority - Benjamin Harvey Hill Homes
201 Chatham Street
LaGrange, GA 30240
(706) 882-6416
www.phalagrange.net

LaGrange Housing Authority - Lucy Morgan Homes
611 Borton Street
LaGrange, GA 30240
(706) 884-9856
www.phalagrange.net

Troup County Homeless Coalition
LaGrange, GA 30240
homeless helpline: (706) 298-7228
(762) 822-1712
http://www.tchomeless.com/about.html

SPECIAL EDUCATION SERVICES

Exceptional Education Department
Troup County School System
1712 Whitesville Road
LaGrange, GA 30240
706-812-7939
http://www.troup.k12.ga.us/Content/492

SUPPORT GROUPS

Alzheimer's Support Group
Vernon Woods Retirement Community
101 Vernon Woods Drive
LaGrange, GA 30240
(706) 812-2899
http://www.wghealth.org/resources/support-groups/alzheimers-support-group

Bereavement Support Group
West Georgia Hospice
1510 Vernon Road
LaGrange, GA 30240
(706) 845-3905
http://www.wghealth.org/resources/support-groups/bereavement-support-group
Breast Friends For Life  
**Women's Health Center**  
1420 Vernon Road  
LaGrange, GA 30240  
(706) 812-2191

**Breastfeeding Support Group**  
**Women's Health Center at WellStar WGMC**  
1420 Vernon Road  
LaGrange, GA 30240  
(706) 880-7416  
http://www.wghealth.org/resources/support-groups/breastfeeding-support-group

**Camp Dogwood Grief Support Camp**  
**West Georgia Hospice**  
1510 Vernon Road  
LaGrange, GA 30240  
(706) 845-3905  
http://www.wghealth.org/resources/camp-dogwood/

**Parkinson's Support Group**  
**WellStar WGMC Rehabilitation & Wellness**  
1600 Vernon Road  
LaGrange, GA 30240  
(706) 845-3883  
http://www.wghealth.org/our-services/rehabilitation/therapy-services/parkinsons-support-group

**The SOUL Group (Survivors of Unexpected Loss)**  
**First United Methodist Church of LaGrange**  
401 Broad Street  
LaGrange, GA 30240  
(706) 884-4635

**Surgical Weight Loss Support Group**  
**WellStar WGMC Bariatric Services**  
Various Locations  
(706) 880-7316  
http://www.wghealth.org/resources/support-groups/surgical-weight-loss-support-group

**West Georgia Cancer Support Group of LaGrange**  
**ECCC Auditorium**  
111 Medical Drive  
LaGrange, GA 30240  
(706) 812-2191  
http://www.wghealth.org/resources/support-groups/west-georgia-cancer-support-group-of-lagrange

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**TRANSPORTATION ASSISTANCE FOR THE DISABLED**

**American Medical Response Troup County**  
1657 West Lukken Industrial Drive  
LaGrange, GA 30240  
(706) 884-1739  
https://www.amr.net/locations/operations/georgia/troup-county.aspx

**Southeastrans, Inc.**  
**Georgia Medicaid Non-Emergency Transportation Program**  
**Central Region (Heard, Meriwether and Troup Counties)**  
(888) 224-7981  
http://www.southeastrans.com/consumers-members/medicaid-program.html
Southeastrans, Inc.
Georgia Medicaid Non-Emergency Transportation Program
Southwest Region (Harris County)
(888) 224-7985
http://www.southeastrans.com/consumers-members/medicaid-program.html

Troup Transit
1220 Lafayette Parkway
LaGrange, GA 30240
(706) 883-1673
http://www.troupcountyga.org/transit.html

TRAUMATIC BRAIN INJURY SERVICES

Brain Injury Association of Georgia
Troup County Support Group
Clearview Chapel
Fellowship Hall (Left side entrance)
2101 South Davis Road
LaGrange, GA 30241
(706) 302-1887
http://www.braininjurygeorgia.org/support.html

Independent Care Waiver Program
Georgia Medical Care Foundation
(678) 527-3619 or
(800) 982-0411, ext. 3619
https://dch.georgia.gov/sites/dch.georgia.gov/files/IndependentCareWaiverProgram_FY14_Final_0.pdf

Shannon Keith Dunlap, Psychologist
Counseling & Psychology Services, Inc.
610 Ridley Avenue
LaGrange, GA 30240
(706) 550-9794
http://www.cps-lagrange.com/

YOUTH SERVICES

Boy Scouts of America, Chattahoochee Council
1237 1st Avenue
Columbus, GA 31901
(706) 327-2634
http://www.chattahoochee-bsa.org/

Boys & Girls Clubs of West Georgia & Chambers County
Chambers County Club
1911 62nd Street
Valley, AL 36854
(334) 756-0097
http://begreatwestgeorgia.org/

Boys & Girls Clubs of West Georgia & Chambers County
Hogansville Club
611 East Main Street
Hogansville, GA 30230
(706) 884-1391
http://begreatwestgeorgia.org/
Boys & Girls Clubs of West Georgia & Chambers County
LaGrange Club
115 West Cannon Street
LaGrange, GA 30240
(706) 812-9698
http://begreatwestgeorgia.org/

Camp Academia, Inc.
1507 Vernon Road
LaGrange, GA 30240
(706) 884-4492
http://www.campacademia.com/index.html

Camp Dogwood Grief Support Camp
West Georgia Hospice
1510 Vernon Road
LaGrange, GA 30241
(706) 845-3905
http://www.wghealth.org/resources/camp-dogwood/

Camp Viola
208 Camp Viola Road
LaGrange, GA 30241
(706) 298-5050
http://campviola.org/

Children's Advocacy Center of Troup County
701 Lincoln Street
LaGrange, GA 30241
(706) 298-5064
http://www.twincedars.org/program/childrens-advocacy-troup-county/

Circle of Care
99 Johnson Street
Building C
LaGrange, GA 30241
(706) 298-2148 ext. 1225
http://www.twincedars.org/program/circle-of-care/

Communities In Schools of Georgia
1220 Hogansville Road
LaGrange, GA 30241
(706) 298-7121
http://www.cistroup.org/
http://www.cisga.org/

Court Appointed Special Advocates (CASA) of Troup and Heard Counties, Inc.
118 Ridley Ave
LaGrange, GA 30240
(706) 845-8323
http://casatroupheard.org/

First Choice Women's Center of LaGrange, Georgia
300 Harwell Avenue
LaGrange, GA 30240
(706) 884-3833
(800) 395-4357
http://www.lagrangepregnancy.com/

Girl Power & Emerging Women
2170 West Point Road
LaGrange, GA 30240
(706) 882-0950
Girl Scouts of Greater Atlanta
5601 North Allen Road SE
Mableton, GA 30126
(800) 771-1139
http://www.girlscoutsatl.org/

Good Shepherd Therapeutic Center of Georgia
Children’s Homes and Family Ministries
Bar Rest Ranch
Warm Springs, GA 31830
(770) 567-8987
(706) 975-0236

National Teen Dating Abuse Hotline
Nationwide helpline
(866) 331-9474
http://www.loveisrespect.org/

Salvation Army
LaGrange Corps
202 Church Street
LaGrange, GA 30240
(706) 845-0197
http://salvationarmygeorgia.org/lagrange/

Troup County Health Department
900 Dallis Street
Suite A
LaGrange, GA 30240
(706) 845-4085
http://www.district4health.org/clinics/sites/troup-county/
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Appendix C

Needs Assessment Data by Topic Area
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Access to comprehensive, quality healthcare is important for the achievement of health equity and for increasing the quality of life for everyone in the community. Issues related to a need for access to specialists in the area rather than travelling outside of the coverage area for care, an aging population, and a lack of psychiatric care in the area were identified in focus groups as factors impacting the health of the community.
Fair or Poor Health

Figure 14 illustrates the percentage of adults who reported fair or poor health in the United States, Georgia, and District 4: LaGrange, where data is available. The percentage of adults in District 4 LaGrange who report their health as “Fair” or “Poor” has been increasing over the past four years, and in 2014 (21.4%) was higher when compared to the state (18.8%) and nation (16.7%).

**Figure 14. Adults Reporting Fair or Poor Health**

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>Georgia</th>
<th>District 4: LaGrange</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>18.9%</td>
<td>16.1%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>17.5%</td>
<td>15.8%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>16.7%</td>
<td>19.0%</td>
<td>19.7%</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control
Figure 15 illustrates the percentage of adults who reported fair or poor health in Georgia for 2016 and Troup, Harris, Heard, and Meriwether counties for 2011 through 2016, where data is available. The percentage of adults reporting their health as “Fair” or “Poor” has been increasing in Troup County, while it has decreased in both Harris and Meriwether counties. In 2016, when compared to the state (16.0%), Troup County (19.0%) and Meriwether County (20.0%) had a higher percentage of adults reporting health as “Fair” or “Poor” while Harris County (12.0%) was lower. Data was available for Heard County only in 2016.

Figure 15. Adults Reporting Health Fair or Poor by County

<table>
<thead>
<tr>
<th></th>
<th>GA (2016)</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>12.0%</td>
<td>12.0%</td>
<td>12.0%</td>
<td>25.0%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>13.0%</td>
<td>12.0%</td>
<td>13.0%</td>
<td>24.0%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>14.0%</td>
<td>13.0%</td>
<td>13.0%</td>
<td>21.0%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>15.0%</td>
<td>13.0%</td>
<td>13.0%</td>
<td>21.0%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>15.0%</td>
<td>13.0%</td>
<td>13.0%</td>
<td>21.0%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>16.0%</td>
<td>19.0%</td>
<td>12.0%</td>
<td>18.0%</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
No Health Insurance

Figure 16 illustrates the percentage of adults reporting that they have no health insurance in the United States, Georgia and District 4: LaGrange for the years 2011 through 2014, where data is available. In 2014, District 4 LaGrange (17.3%) had a lower percentage of adults reporting not having health insurance when compared to the state (25.0%). Both the District and state were higher than the nation (16.8%) and Healthy People 2020 Goal (0%).

Figure 16 Adults with No Health Insurance

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>Georgia</th>
<th>District 4: LaGrange</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td>29.0%</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td>27.3%</td>
</tr>
<tr>
<td>2013</td>
<td>16.8%</td>
<td>27.3%</td>
<td>17.6%</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>25.0%</td>
<td>17.3%</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Doctor’s Visit

**Figure 17** shows adults who reported that they needed to see a doctor in the last year but could not due to cost in the United States, Georgia, and District 4: LaGrange for the years 2011 through 2014, where data is available. The percentage of adults in District 4 LaGrange who needed to see a doctor but could not due to cost has fluctuated over the past four years, and in 2014 (18.5%) was slightly below the state (19.0%). Both the District and state were above the nation (15.3%) and Healthy People 2020 Goal (4.2%).

**Figure 17. Adults Who Reported Needing to See a Doctor But Could Not Due to Cost, Past Year**

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>Georgia</th>
<th>District 4: LaGrange</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
<td>21.8%</td>
<td>18.5%</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td>20.3%</td>
</tr>
<tr>
<td>2013</td>
<td>15.3%</td>
<td>19.8%</td>
<td>18.0%</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>19.0%</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Mammograms

Figure 18 shows females ages 18 or older who reported that they had a mammogram in the last 2 years in Georgia and District 4: LaGrange for the years 2011 through 2014, where data is available. The prevalence of females over the age of 18 in District 4 LaGrange who have received a mammogram in the past two years decreased between 2013 (76.3%) and 2014 (72.4%), and in 2014 was below the state (81.1%).

Figure 18. Prevalence of Mammography in the Last 2 Years Among Women, Age 18+

<table>
<thead>
<tr>
<th></th>
<th>Georgia</th>
<th>District 4: LaGrange</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>83.2%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>81.7%</td>
<td>76.3%</td>
</tr>
<tr>
<td>2014</td>
<td>81.1%</td>
<td>72.4%</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control
Figure 19 illustrates the percentage of females who have had a mammogram in the United States in 2012, Georgia in 2016 and Troup, Harris, Heard, and Meriwether counties for the years 2011 through 2014, where data is available. The percentage of females who have had a mammogram in Troup, Harris and Heard counties has increased, while the percentage of females receiving a mammogram in Meriwether County has decreased. In 2016 when compared to the state (61.6%), Harris County (69.0%) had a higher percentage of females receiving a mammogram, while Troup (58.0%), Heard (51.0%) and Meriwether (57.0%) counties were lower. All are below the Healthy People 2020 goal of 81.1%.

Figure 19. Mammogram Screenings by County

Source: County Health Rankings, Centers for Disease Control, Healthy People 2020
Community Input

Personal Health

Figure 20 illustrates the percentage of 2016 Community Survey respondents who rated their personal overall health. Two-thirds (63.2%) of the 2016 Community Survey respondents rated their personal health as “Excellent” or Very Good.”

Figure 20. 2016 Community Survey – Personal Overall Health

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 21 illustrates the percentage of 2016 Focus Group participants who rated their personal health status. Just under half (49.3%) of the 2016 Focus Group participants rated their personal health as “Excellent” or “Very Good.”

Figure 21. 2016 Focus Groups – Personal Health Status

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016
Community Health

Figure 22 illustrates the percentage of 2016 Community Survey respondents who rated the health of their community. A little less than half (42.9%) of 2016 Community Survey respondents rated the health of the community as “Fair” or “Poor.”

Figure 22. 2016 Community Survey – Health of Your Community

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 23 illustrates the percentage of 2016 Focus Group participants who rated the health of their community. Half (50.0%) of the 2016 Focus Group participants rated the health of the community as “Fair” or “Poor.”

Focus Group Input

According to comments from the Focus Group participants on community health status, the top reasons given for a “Fair” or “Poor” rating for the overall health of the community were obesity and poor diet.
Access to Providers and Insurance

Figure 24 illustrates whether or not the 2016 Community Survey respondents had a regular health care provider. The majority (89%) of 2016 Community Survey respondents said that yes, they do have a regular health care provider.

**Figure 24. 2016 Community Survey – Do You Have a Regular Health Care Provider**

- Yes, 302, 89%
- No, 37, 11%
- Don’t Know, 1, 0%

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 25 illustrates whether or not the 2016 Community Survey respondents had any kind of medical insurance. Almost all (97%) of the 2016 Community Survey respondents have some form of health insurance.

Figure 25. 2016 Community Survey – Do You Have Any Kind of Medical Insurance

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 26 illustrates how long it has been since the 2016 Community Survey respondents had last visited a doctor for a routine checkup. The majority (78.6%) of respondents have visited a doctor for a routine checkup in the past year.

Figure 26. 2016 Community Survey – Time Since Last Doctor’s Visit For a Routine Checkup

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 27 illustrates how long it has been since the 2016 Community Survey respondents had last visited a dentist or dental clinic for any reason. The majority (81.1%) of respondents have visited a dentist or dental clinic in the past year.

**Figure 27. 2016 Community Survey – Time Since Last Dentist or Dental Clinic Visit**

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 28 illustrates the percentage of 2016 Community Survey respondents who could not fill a prescription due to cost in the past year. Slightly more than one in ten (12%) of respondents could not fill a prescription due to cost in the past year.

**Figure 28. 2016 Community Survey – Could Not Fill Prescription Due to Cost**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>87%</td>
</tr>
<tr>
<td>Yes</td>
<td>12%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 29 illustrates the percentage of 2016 Community Survey respondents who could not seek medical treatment due to cost in the past year. 10% of respondents could not seek medical treatment due to cost in the past year.

Figure 29. 2016 Community Survey – Could Not Seek Medical Treatment Due to Cost

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 30 illustrates the percentage of 2016 Community Survey respondents who could not seek medical care services because of lack of transportation. 1% of respondents could not seek medical care services because of lack of transportation.

**Figure 30. 2016 Community Survey – Could Not Seek Medical Care Services Because of Lack of Transportation**

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>98%</td>
</tr>
<tr>
<td>Yes</td>
<td>2%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 31 illustrates the percentage of 2016 Community Survey respondents who had ever had a sigmoidoscopy or colonoscopy. Half (51%) of the respondents have had a sigmoidoscopy or colonoscopy.

Figure 31. 2016 Community Survey – Ever Had A Sigmoidoscopy or Colonoscopy

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 32 illustrates responses from the 2016 Community Survey respondents regarding the community issues related to access problems. The 2016 Community Survey respondents identified lack of mental health care services (56.9%), lack of dementia care services (53.9%), and lack of access to shelters in the area (50.0%) as the top 3 access problems impacting the community.

Figure 32. 2016 Community Survey – Access Problems

- Lack of Access to Mental Health Care Services: 56.9%
- Lack of Access to Dementia Care Services: 53.9%
- Lack of Access to Shelters in the Area: 50.0%
- Lack of Access to Insurance Coverage: 47.4%
- Lack of Access to Affordable Health Care (related to copays and...): 46.9%
- Lack of Access to Transportation to Medical Care Providers and Services: 41.1%
- Lack of Access to Dental Care: 33.1%
- Lack of Availability of Specialists/Specialty Medical Care: 29.6%
- Lack of Access to General Health Screenings (including blood pressure,...): 23.3%
- Lack of Access to Primary Medical Care Providers: 22.5%

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figures 33, 34 and 35 illustrates responses from the focus groups regarding the community issues related to access problems. The 2016 Focus Group participants identified Transportation to Healthcare (68.2%), Using the ER for Primary Care (71.9%), and the High cost of healthcare (co-pays, deductibles, insurance)-people do not seek medical care because they cannot afford it (85.3%) as the top 3 access problems impacting the community.

Figure 33. 2016 Focus Groups – Access Problems, 1 of 3

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016
Figure 34. 2016 Focus Groups – Access Problems, 2 of 3

- Doctors treat symptoms but not the underlying causes; don’t answer questions or explain things properly like medication, etc. (53.9%)
- Alzheimer’s/dementia (53.4%)
- Patients discharged too early because of managed care/type of insurance (52.9%)
- Lack of oral care/dental care (especially that will accept medicaid) (51.8%)
- Lack of collaboration between entities (disconnects between efforts) (51.4%)
- Cultural Issues/barriers (50.0%)
- Trauma care (50.0%)
- Culture of medicine- It is not preventative; doctor is always right; doctor’s don’t give options or explain alternatives; lack of... (49.3%)
- Lack of support for the aging population (47.3%)
- Adult daycare center (care during day) (46.6%)

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016
Figure 35. 2016 Focus Groups – Access Problems, 3 of 3

- Lack of community connection and communication (not knowing what your neighbor is doing): 46.3%
- Availability of holistic care options/healthcare providers (have to travel to access): 45.7%
- How to make information accessible to people who need it: 45.1%
- Lack of available health care/healthcare providers: 44.1%
- Lack of options for off regular business hours “access to health care”: 43.3%
- Silo-ism in health care and lack of connection and communication across silos: 40.5%
- Relateability/credibility of health care professionals (meet people where they are and help people connect to what they understand): 35.7%
- Complacency (I am going to die of something; I don’t need to know): 29.3%
- Language barriers (we have high Korean population, we have transient population of interstate): 23.7%
- Lack of ALS services: 19.7%

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016
Stakeholder Input

Stakeholders identified the following as top problems in the community:
- Transportation, especially in outlying areas
- Lack of knowledge of available services/how to get health information to individuals who need it

Focus Group Input

Focus group participants identified the following as top community problems:
- Need for affordable health care/cost of health care/insurance
- Transportation to health care services
- Awareness of available services; the community needs a ‘one stop shop’
Access to Quality Health Care Conclusions

There are a number of observations and conclusions that can be derived from the data related to Access to Quality Health Care. They include:

- The percentage of adults in District 4 LaGrange who report their health as “Fair” or “Poor” has been increasing over the past four years, and in 2014 (21.4%) was higher when compared to the state (18.8%) and nation (16.7%).
- The percentage of adults reporting their health as “Fair” or “Poor” has been increasing in Troup County, while it has decreased in both Harris and Meriwether counties. In 2016, when compared to the state (16.0%), Troup County (19.0%) and Meriwether County (20.0%) had a higher percentage of adults reporting health as “Fair” or “Poor” while Harris County (12.0%) was lower. Data was only available for Heard County for the year 2016.
- In 2014, District 4 LaGrange (17.3%) had a lower percentage of adults reporting not having health insurance when compared to the state (25.0%). Both the District and state were higher than the nation (16.8%) and Healthy People 2020 Goal (0%).
- The percentage of adults in District 4 LaGrange who needed to see a doctor but could not due to cost has fluctuated over the past four years, and in 2014 (18.5%) was slightly below the state (19.0%). Both the District and state were above the nation (15.3%) and Healthy People 2020 Goal (4.2%).
- The prevalence of females over the age of 18 in District 4 LaGrange who have received a mammogram in the past two years decreased between 2013 (76.3%) and 2014 (72.4%), and in 2014 was below the state (81.1%).
- The percentage of females who have had a mammogram in Troup, Harris and Heard counties has increased, while the percentage of females receiving a mammogram in Meriwether County has decreased. In 2016 when compared to the state (61.6%), Harris County (69.0%) had a higher percentage of females receiving a mammogram, while Troup (58.0%), Heard (51.0%) and Meriwether (57.0%) counties were lower. All rates are lower than the Healthy People 2020 goal of 81.1%
- Two-thirds (63.2%) of the 2016 Community Survey respondents rated their personal health as “Excellent” or Very Good”, while 42.9% rated the health of the community as “Fair” or “Poor”.
- Just under half (49.3%) of the 2016 Focus Group participants rated their personal health as “Excellent” or “Very Good”, while 50.0% rated the health of the community as “Fair” or “Poor”.
- The top reasons given for a “Fair” or “Poor” rating for the overall health of the community were obesity and poor diet.
- The majority (89%) of 2016 Community Survey respondents have a regular health care provider.
- Almost all (97%) of the 2016 Community Survey respondents have some form of health insurance.
The majority (78.6%) of 2016 Community Survey respondents have visited a doctor for a routine checkup in the past year, as well as a dentist (81.1%) within the past year.

Slightly more than one in ten (12%) 2016 Community Survey respondents could not fill a prescription due to cost in the past year, 10% could not seek medical care due to cost, and 1% could not seek medical care due to lack of transportation.

Half (51%) of 2016 Community Survey respondents have had a sigmoidoscopy or colonoscopy.

2016 Community Survey respondents identified the following as the top 3 access problems impacting the community:
- Lack of mental health care services (56.9%)
- Lack of dementia care services (53.9%)
- Lack of access to shelters in the area (50.0%)

2016 Focus Group Participants identified the following as the top 3 access problems impacting the community:
- Transportation to Healthcare (68.2%)
- Using ER for Primary Care (71.9%)
- High cost of healthcare (co-pays, deductibles, insurance) - people do not seek medical care because they cannot afford it (85.3%)

Stakeholders identified transportation and the lack of knowledge of available services as top problems in the community.

Focus group participants identified the need for affordable health care, transportation, and awareness of available services as top community problems.
Conditions that are long-lasting, relapse, have remission and continued persistence are categorized as chronic diseases. The issues of obesity, hypertension/high blood pressure, high cholesterol and a high cancer rate were identified as major concerns in the focus groups and participants commented that it is the root of many other health problems.
Obesity

Figure 36 illustrates the percentage of obese adults for the United States, Georgia, and District 4: LaGrange for the years 2011 through 2014, where data is available. The percentage of adults in District 4 LaGrange who are obese has fluctuated over the past four years, with an increase of 10% between 2013 (25.4%) and 2014 (35.7%). In 2014, the District had a higher percentage of obese adults when compared to the state (30.5%) and nation (29.4%). The District was also above the Healthy People 2020 Goal of 30.5%.

Figure 36: Obese Adults (BMI 30-99.99)

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>Georgia</th>
<th>District 4: LaGrange</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>27.8%</td>
<td></td>
<td>25.4%</td>
</tr>
<tr>
<td>2012</td>
<td>29.0%</td>
<td></td>
<td>28.9%</td>
</tr>
<tr>
<td>2013</td>
<td>29.4%</td>
<td>30.0%</td>
<td>25.4%</td>
</tr>
<tr>
<td>2014</td>
<td>30.5%</td>
<td></td>
<td>35.7%</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Figure 37 illustrates the percentage of obese adults by county for Troup, Harris, Heard, and Meriwether for the years 2011 through 2016, where data is available. Adult obesity has fluctuated in the service area counties, and between 2015 and 2016 has increased in Harris, Heard and Meriwether counties, while it decreased in Troup County. In 2016 when compared to the state (29.0%), Harris (30.0%), Heard (31.0%) and Meriwether (35.0%) counties had a higher percentage of adults who were obese, while Troup County (29.0%) had a similar percentage.

**Figure 37: Obese Adults by County**

<table>
<thead>
<tr>
<th></th>
<th>GA (2016)</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>31.0%</td>
<td>30.0%</td>
<td>28.0%</td>
<td>30.0%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>33.0%</td>
<td>28.0%</td>
<td>28.0%</td>
<td>32.0%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>33.0%</td>
<td>28.0%</td>
<td>28.0%</td>
<td>32.0%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>31.0%</td>
<td>28.0%</td>
<td>29.0%</td>
<td>32.0%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>30.0%</td>
<td>29.0%</td>
<td>29.0%</td>
<td>33.0%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>29.0%</td>
<td>29.0%</td>
<td>30.0%</td>
<td>31.0%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
Diabetes

**Figure 38** illustrates the prevalence of diabetes among adults for Georgia and District 4: LaGrange for the years 2011 through 2014. The prevalence of adults with diabetes in District 4 LaGrange has been increasing over the past four years. In 2014, the District (14.8%) had a higher percentage of adults with diabetes when compared to the state (11.6%).

**Figure 38: Prevalence of Diabetes Among Adults**

<table>
<thead>
<tr>
<th>Year</th>
<th>Georgia</th>
<th>District 4: LaGrange</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>10.2%</td>
<td>9.6%</td>
</tr>
<tr>
<td>2012</td>
<td>9.9%</td>
<td>10.4%</td>
</tr>
<tr>
<td>2013</td>
<td>10.8%</td>
<td>11.6%</td>
</tr>
<tr>
<td>2014</td>
<td>11.6%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 39 illustrates the percentage of adults with diabetes for Troup, Harris, Heard, and Meriwether County for the years 2011 through 2016, where data is available. The percentage of adults with diabetes in Troup and Harris counties has decreased, while the percentage increased in Meriwether County and remained the same in Heard County. In 2016, Troup (12.0%), Heard (12.0%) and Meriwether (15.0%) counties had a higher percentage of adults with diabetes when compared to the state (11.0%), while Harris County (11.0%) had the same percentage.

**Figure 39: Adults with Diabetes by County**

<table>
<thead>
<tr>
<th>Year</th>
<th>GA (2016)</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>13.0%</td>
<td>11.0%</td>
<td>11.0%</td>
<td></td>
<td>13.0%</td>
</tr>
<tr>
<td>2012</td>
<td>13.0%</td>
<td>12.0%</td>
<td>11.0%</td>
<td></td>
<td>14.0%</td>
</tr>
<tr>
<td>2013</td>
<td>13.0%</td>
<td>12.0%</td>
<td>11.0%</td>
<td></td>
<td>14.0%</td>
</tr>
<tr>
<td>2014</td>
<td>14.0%</td>
<td>13.0%</td>
<td>12.0%</td>
<td></td>
<td>13.0%</td>
</tr>
<tr>
<td>2015</td>
<td>13.0%</td>
<td>14.0%</td>
<td>12.0%</td>
<td></td>
<td>13.0%</td>
</tr>
<tr>
<td>2016</td>
<td>11.0%</td>
<td>12.0%</td>
<td>11.0%</td>
<td>12.0%</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
Figure 40 illustrates the diabetes mortality rates for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. The diabetes mortality rate has decreased in Troup County, while the rate has increased in Harris and Meriwether counties. Trend data is not available for Heard County. When compared to the state in 2014 (22.0), the rate in Troup County (18.7) was lower, while the rate in Harris (27.4) and Meriwether (47.2) counties was higher. The counties and state are below the nation (73.3) as well as the Healthy People 2020 Goal (66.6).

Figure 40: Diabetes Mortality Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>20.3</td>
<td>29.8</td>
<td>24.9</td>
<td>50.6</td>
<td>18.7</td>
<td>47.2</td>
</tr>
<tr>
<td>2011</td>
<td>21.4</td>
<td>26.6</td>
<td>15.5</td>
<td>42.6</td>
<td>18.7</td>
<td>47.2</td>
</tr>
<tr>
<td>2012</td>
<td>73.3</td>
<td>20.8</td>
<td>35.1</td>
<td>30.7</td>
<td>42.6</td>
<td>47.2</td>
</tr>
<tr>
<td>2013</td>
<td>21.9</td>
<td>33.3</td>
<td>21.4</td>
<td>42.4</td>
<td>42.4</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>22.0</td>
<td>18.7</td>
<td>27.4</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Cancer

Figure 41 illustrates the breast cancer incidence rate for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Breast cancer incidence has decreased in Troup and Harris counties between 2013 and 2014. When compared to the state (15.2), Troup County (13.0) had lower incidence of breast cancer, while Harris County (24.3) had a higher rate. The rate in Heard and Meriwether was too small to report. The counties and state fall below the nation (122.0) with the counties meeting the Healthy People 2020 Goal (41.0).

Figure 41. Breast Cancer Incidence Rates

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Figure 42 illustrates the breast cancer mortality rate for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Breast cancer mortality has increased in both Troup and Harris counties, with the rate in 2014 for Troup (17.3) and Harris (21.3) counties higher than the state (12.9). The rate in Heard and Meriwether was too small to report. Troup County was lower than the nation (21.5); while Harris County was comparable. Troup County meets the Healthy People 2020 Goal (20.7) while Harris County and the state fall just above the goal.

**Figure 42. Breast Cancer Mortality Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>12.6</td>
<td>11.9</td>
<td>18.7</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>12.1</td>
<td>7.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>21.5</td>
<td>11.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>12.6</td>
<td>7.2</td>
<td>18.4</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>12.9</td>
<td>17.3</td>
<td>21.3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Figure 43 illustrates the bronchus and lung cancer incidence rate for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. The lung cancer incidence rate has increased in Troup and Heard counties, but decreased in Harris County and remained the same in Meriwether County. When compared to the state for 2014 (32.0), Harris County (24.3) had a lower lung cancer incidence rate, while Troup (41.7) and Heard (86.2) counties were higher, with Meriwether County having a comparable rate. With the exception of Heard County all the other counties and state are below the nation (73.0).

Figure 43. Bronchus and Lung Cancer Incidence Rates

![Bronchus and Lung Cancer Incidence Rates](image)

Source: GA Department of Public Health, Centers for Disease Control
Figure 44 illustrates the lung cancer mortality rate for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Lung cancer mortality has been increasing in Troup, Harris and Meriwether counties, with a slight decrease in Heard County. Compared to the state in 2014 (45.6) all counties had a higher lung cancer mortality rate. Harris (94.8) and Meriwether (75.5) counties are above the nation (57.9) and Healthy People 2020 Goal (45.5).

Figure 44. Lung Cancer Mortality Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate Per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>44.9 62.2 84.4 59.5</td>
</tr>
<tr>
<td>2011</td>
<td>45.3 60.5 49.6 93.7 78.6</td>
</tr>
<tr>
<td>2012</td>
<td>57.9 46.0 42.4 46.1 77.4 65.8</td>
</tr>
<tr>
<td>2013</td>
<td>45.9 55.0 49.0 95.2 65.9</td>
</tr>
<tr>
<td>2014</td>
<td>45.6 63.3 54.8 94.8 75.5</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Figure 45 illustrates the colorectal cancer incidence rate for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. The rate of colon cancer in Meriwether County decreased between 2013 and 2014, while it has remained the same in the other counties. In 2014 compared to the state (34.1) and nation (46.1), Troup (30.2) and Harris (33.5) counties had a lower rate, while Heard (60.3) and Meriwether (75.5) counties were higher. Troup and Harris counties met the Healthy People 2020 Goal (38.6).

Figure 45. Colorectal Cancer Incidence Rates

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Figure 46 illustrates the colorectal cancer mortality rate for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Colon cancer mortality has increased in Troup County and decreased in Harris and Meriwether counties. Compared to the state in 2014 (15.3), Troup (18.7), Heard (51.7) and Meriwether (23.6) had a lower colon cancer mortality rate, while Harris County (15.2) was comparable and also lower than the nation (18.1). All the service area counties and state exceed the Healthy People 2020 Goal of 14.5.

**Figure 46. Colorectal Cancer Mortality Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>14.8</td>
<td>14.9</td>
<td>37.2</td>
<td>17.7</td>
<td>18.6</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>14.9</td>
<td>14.0</td>
<td>20.4</td>
<td>15.4</td>
<td>0.0</td>
<td>28.2</td>
</tr>
<tr>
<td>2012</td>
<td>18.1</td>
<td>14.0</td>
<td>20.4</td>
<td>15.4</td>
<td>0.0</td>
<td>28.2</td>
</tr>
<tr>
<td>2013</td>
<td>14.5</td>
<td>17.4</td>
<td>18.4</td>
<td>18.4</td>
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<td>2014</td>
<td>15.3</td>
<td>18.7</td>
<td>15.2</td>
<td>51.7</td>
<td>23.6</td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Figure 47 illustrates the ovarian cancer incidence rate for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Ovarian cancer incidence data was only available for Troup County and has decreased between 2011 and 2013. The rate for the county (7.2) is higher than the state (6.0), but lower than the nation (11.3).

**Figure 47. Ovarian Cancer Incidence Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>6.6</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2011</td>
<td>6.3</td>
<td>8.9</td>
<td></td>
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<tr>
<td>2012</td>
<td>11.3</td>
<td>5.8</td>
<td>8.8</td>
<td></td>
<td>0.0</td>
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</tr>
<tr>
<td>2013</td>
<td>6.0</td>
<td>7.2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2014</td>
<td>5.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control
Figure 48 illustrates the ovarian cancer mortality rate for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Ovarian cancer mortality data was only available for Troup County and has remained the same from 2013 and 2014 (7.2), which is higher than the state (3.8) and comparable to the nation (7.5).

**Figure 48. Ovarian Cancer Mortality Rates**

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>4.3</td>
<td></td>
<td></td>
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<tr>
<td>2011</td>
<td>4.1</td>
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</tr>
<tr>
<td>2012</td>
<td>7.5</td>
<td>3.7</td>
<td></td>
<td></td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2013</td>
<td>4.1</td>
<td>7.2</td>
<td></td>
<td>0.0</td>
<td></td>
<td>0.0</td>
</tr>
<tr>
<td>2014</td>
<td>3.8</td>
<td>7.2</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control
**Figure 49** illustrates the prostate cancer mortality rate for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. In 2014 when compared to the state (7.9), Troup (10.1), Harris (15.2) and Meriwether (23.6) counties had a higher prostate cancer mortality rate. With the exception of Meriwether County, all were below the nation (20.8) and meet the Healthy People 2020 Goal (21.8).

**Figure 49. Prostate Cancer Mortality Rates**

![Prostate Cancer Mortality Rates Graph](image)

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>7.8</td>
<td>7.4</td>
<td>7.4</td>
<td>0.0</td>
<td>0.0</td>
<td>20.8</td>
</tr>
<tr>
<td>2011</td>
<td>7.7</td>
<td>7.7</td>
<td>7.7</td>
<td>0.0</td>
<td>0.0</td>
<td>20.8</td>
</tr>
<tr>
<td>2012</td>
<td>20.8</td>
<td>7.6</td>
<td>7.3</td>
<td>0.0</td>
<td>0.0</td>
<td>23.6</td>
</tr>
<tr>
<td>2013</td>
<td>8.0</td>
<td>10.1</td>
<td>15.2</td>
<td>0.0</td>
<td>23.6</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>7.9</td>
<td>10.1</td>
<td>15.2</td>
<td>0.0</td>
<td>23.6</td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Heart Disease

Figure 50 illustrates the hypertensive heart disease mortality rates for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Hypertensive Heart Disease mortality data was only available for Troup County and has fluctuated over the past several years. In 2014, the rate in the county (21.6) was higher than the state (15.0).

Figure 50. Hypertensive Heart Disease Mortality Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>13.5</td>
<td>13.4</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>14.0</td>
<td>16.2</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>14.4</td>
<td>24.8</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>14.8</td>
<td>20.3</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>15.0</td>
<td>21.6</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 51 illustrates the high blood pressure mortality rates for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Mortality due to high blood pressure has decreased in Troup and Harris counties, while it has increased in Heard and Meriwether counties.

Figure 51. High Blood Pressure Mortality Rates

<table>
<thead>
<tr>
<th></th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2008</td>
<td>6.7</td>
<td>10.7</td>
<td></td>
<td>15.9</td>
</tr>
<tr>
<td>2007-2009</td>
<td>9.1</td>
<td>12.4</td>
<td></td>
<td>11.9</td>
</tr>
<tr>
<td>2008-2010</td>
<td>13.0</td>
<td>14.3</td>
<td>16.3</td>
<td>13.6</td>
</tr>
<tr>
<td>2009-2011</td>
<td>17.1</td>
<td>13.6</td>
<td>18.6</td>
<td>15.1</td>
</tr>
<tr>
<td>2010-2012</td>
<td>17.9</td>
<td>14.9</td>
<td>19.8</td>
<td>22.8</td>
</tr>
<tr>
<td>2011-2013</td>
<td>15.4</td>
<td>11.7</td>
<td>26.2</td>
<td>29.8</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Obstructive Heart Disease and Heart Attack

Figure 52 illustrates the obstructive heart disease (including heart attack) mortality rates for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Obstructive heart disease mortality has decreased in Troup, Harris, Heard and Meriwether counties. Compared to the state in 2014 (73.4), all counties had a higher obstructive heart disease mortality rate.

Figure 52. Obstructive Heart Disease (including Heart Attack) Mortality Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>74.6</td>
<td>110.1</td>
<td>49.7</td>
<td>118.1</td>
<td>155.6</td>
</tr>
<tr>
<td>2011</td>
<td>74.2</td>
<td>87.1</td>
<td>68.2</td>
<td>68.1</td>
<td>198.9</td>
</tr>
<tr>
<td>2012</td>
<td>70.8</td>
<td>109.5</td>
<td>79.9</td>
<td>111.8</td>
<td>192.7</td>
</tr>
<tr>
<td>2013</td>
<td>76.0</td>
<td>94.1</td>
<td>116.3</td>
<td>77.9</td>
<td>216.7</td>
</tr>
<tr>
<td>2014</td>
<td>73.4</td>
<td>93.6</td>
<td>94.3</td>
<td>60.3</td>
<td>188.7</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 53 illustrates the cerebrovascular disease mortality rate for the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Cerebrovascular mortality has decreased in Troup and Meriwether counties, while it has increased in Harris County. In 2014, compared to the state (38.6) and nation (39.9), all counties had a higher cerebrovascular mortality rate and fall above the Healthy People 2020 Goal (34.8).

**Figure 53. Cerebrovascular Disease Mortality Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>37.5</td>
<td>43.2</td>
<td>65.3</td>
<td></td>
<td></td>
<td>59.5</td>
</tr>
<tr>
<td>2011</td>
<td>35.9</td>
<td>44.3</td>
<td>27.9</td>
<td>76.6</td>
<td></td>
<td>50.9</td>
</tr>
<tr>
<td>2012</td>
<td>39.9</td>
<td>58.4</td>
<td>18.4</td>
<td>79.9</td>
<td></td>
<td>79.9</td>
</tr>
<tr>
<td>2013</td>
<td>36.7</td>
<td>65.2</td>
<td>30.6</td>
<td>80.1</td>
<td></td>
<td>80.1</td>
</tr>
<tr>
<td>2014</td>
<td>38.6</td>
<td>56.1</td>
<td>48.7</td>
<td>60.3</td>
<td>51.9</td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Figure 54 illustrates the percentage of 2016 Community Survey respondents who had ever been told they have high blood pressure. One-third (33.5%) of the 2016 Community Survey respondents have been told they have high blood pressure.

Figure 54. 2016 Community Survey – Ever Told You Have High Blood Pressure

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 55 illustrates the percentage of 2016 Community Survey respondents who had ever been told they have diabetes. 8.5% of 2016 Community Survey respondents have been told they have diabetes.

Figure 55. 2016 Community Survey – Ever Told You Have Diabetes

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 56 illustrates the length of time since the 2016 Community Survey respondents had had their blood pressure checked. The majority (78.6%) of 2016 Community Survey respondents have had their blood pressure checked in the past year.

Figure 56. 2016 Community Survey – Length of Time Since You Had Blood Pressure Checked

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 57 illustrates the length of time since the 2016 Community Survey respondents had had their cholesterol checked. The majority (88.9%) of 2016 Community Survey respondents have had their cholesterol checked in the past year.

Figure 57. 2016 Community Survey – Length of Time Since You Had Cholesterol Checked

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 58 illustrates the length of time since the 2016 Community Survey respondents’ last Pap test. Just over half (54.4%) of the females who completed the 2016 Community Survey have had a pap test within the past year.

Figure 58. 2016 Community Survey – Length of Time Since Last Pap Test

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 59 illustrates the length of time since the 2016 Community Survey respondents’ last mammogram. Over half (53.7%) of the females who completed the 2016 Community Survey have had a mammogram within the past year.

Figure 59. 2016 Community Survey – Length of Time Since Last Mammogram

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 60 illustrates the percentage of 2016 Community Survey respondents who are considered overweight or obese. Three-fourths (74.9%) of the 2016 Community Survey respondents are considered overweight or obese.

**Figure 60. 2016 Community Survey – Obesity/Overweight**

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 61 illustrates the length of time since 2016 Community Survey respondents who were male and 65 or older had had a PSA test. The majority (85.7%) of males over the age of 65 who completed the 2016 Community Survey have had a PSA test within the past year.

Figure 61. 2016 Community Survey – Length of Time Since Last PSA Test (Males, 65+) N=7

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 62 illustrates responses from the 2016 Community Survey respondents regarding the chronic disease problems affecting the community. The 2016 Community Survey respondents identified obesity and overweight (85.8%), Diabetes (81.2%) and Hypertension/high blood pressure (77.5%) as being the top 3 chronic disease problems affecting the community.

Figure 62. 2016 Community Survey – Chronic Disease Problems

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figures 63 illustrates responses from the focus groups regarding the chronic disease problems in their community. The 2016 Focus group participants identified Obesity (86.3%), Heart Disease (77.0%), and Cancer (75.2%) as being the top 3 chronic disease problems impacting the community.

Figure 63. 2016 Focus Groups – Chronic Disease Problems

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016

Stakeholder and Focus Group Input

Both Stakeholders and Focus Group Participants identified the following as top problems in the community:

- Diabetes
- Obesity
- Cancer
- Heart Disease
- Hypertension
Chronic Disease Conclusions

There are a number of observations and conclusions that can be derived from the data related to Chronic Disease. They include:

- The percentage of adults in District 4 LaGrange who are obese has fluctuated over the past four years, with an increase of 10% between 2013 (25.4%) and 2014 (35.7%). In 2014 the District had a higher percentage of obese adults when compared to the state (30.5%) and nation (29.4%). The District was also above the Healthy People 2020 Goal of 30.5%.
- Adult obesity has fluctuated in the service area counties, and between 2015 and 2016 has increased in Harris, Heard and Meriwether counties, while it decreased in Troup County. In 2016 when compared to the state (29.0%), Harris (30.0%), Heard (31.0%) and Meriwether (35.0%) counties had a higher percentage of adults who were obese, while Troup County (29.0%) had a similar percentage.
- The prevalence of adults with diabetes in District 4 LaGrange has been increasing over the past four years. In 2014, the District (14.8%) had a higher percentage of adults with diabetes when compared to the state (11.6%).
- The percentage of adults with diabetes in Troup and Harris counties has decreased, while the percentage increased in Meriwether County and remained the same in Heard County. In 2016, Troup (12.0%), Heard (12.0%) and Meriwether (15.0%) counties had a higher percentage of adults with diabetes when compared to the state (11.0%), while Harris County (11.0%) had the same percentage.
- The diabetes mortality rate has decreased in Troup County, while the rate has increased in Harris and Meriwether counties. Trend data is not available for Heard County. When compared to the state in 2014 (22.0), the rate in Troup County (18.7) was lower, while the rate in Harris (27.4) and Meriwether (47.2) counties was higher. The counties and state are below the nation (73.3) as well as the Healthy People 2020 Goal (66.6).
- Breast cancer incidence has decreased in Troup and Harris counties between 2013 and 2014. When compared to the state (15.2), Troup County (13.0) had lower incidence of breast cancer, while Harris County (24.3) had a higher rate. The rate in Heard and Meriwether was too small to report. The counties and state fall below the nation (122.0) with the counties meeting the Healthy People 2020 Goal (41.0).
- Breast cancer mortality has increased in both Troup and Harris counties, with the rate in 2014 for Troup (17.3) and Harris (21.3) counties higher than the state (12.9). The rate in Heard and Meriwether was too small to report. Troup County was lower than the nation (21.5); while Harris County was comparable. Troup County meets the Healthy People 2020 Goal (20.7) while Harris County and the state fall just above the goal.
- The lung cancer incidence rate has increased in Troup and Heard counties, but decreased in Harris County and remained the same in Meriwether County. When compared to the state for 2014 (32.0), Harris County (24.3) had a lower lung cancer incidence rate, while Troup (41.7) and Heard (86.2)
counties were higher, with Meriwether County having a comparable rate. With the exception of Heard County all the other counties and state are below the nation (73.0).

- Lung cancer mortality has been increasing in Troup, Harris and Meriwether counties, with a slight decrease in Heard County. Compared to the state in 2014 (45.6) all counties had a higher lung cancer mortality rate. Harris (94.8) and Meriwether (75.5) counties are above the nation (57.9) and Healthy People 2020 Goal (45.5).

- The rate of colon cancer in Meriwether County decreased between 2013 and 2014, while it has remained the same in the other counties. In 2014 compared to the state (34.1) and nation (46.1), Troup (30.2) and Harris (33.5) counties had a lower rate, while Heard (60.3) and Meriwether (75.5) counties were higher. Troup and Harris counties met the Healthy People 2020 Goal (38.6).

- Colon cancer mortality has increased in Troup County and decreased in Harris and Meriwether counties. Compared to the state in 2014 (15.3), Troup (18.7), Heard (51.7) and Meriwether (23.6) had a lower colon cancer mortality rate, while Harris County (15.2) was comparable and also lower than the nation (18.1). All the service area counties and state exceed the Healthy People 2020 Goal of 14.5.

- Ovarian cancer incidence data was only available for Troup County and has decreased between 2011 and 2013. The rate for the county (7.2) is higher than the state (6.0), but lower than the nation (11.3).

- Ovarian cancer mortality data was only available for Troup County and has remained the same from 2013 and 2014 (7.2), which is higher than the state (3.8) and comparable to the nation (7.5).

- In 2014 when compared to the state (7.9), Troup (10.1), Harris (15.2) and Meriwether (23.6) counties had a higher prostate cancer mortality rate. With the exception of Meriwether County, all were below the nation (20.8) and meet the Healthy People 2020 Goal (21.8).

- Hypertensive Heart Disease mortality data was only available for Troup County and has fluctuated over the past several years. In 2014 the rate in the county (21.6) was higher than the state (15.0).

- Mortality due to high blood pressure has decreased in Troup and Harris counties, while it has increased in Heard and Meriwether counties.

- Obstructive heart disease mortality has decreased in Troup, Harris, Heard and Meriwether counties. Compared to the state in 2014 (73.4), all counties had a higher obstructive heart disease mortality rate.

- Cerebrovascular mortality has decreased in Troup and Meriwether counties, while it has increased in Harris County. In 2014, compared to the state (38.6) and nation (39.9), all counties had a higher cerebrovascular mortality rate and fall above the Healthy People 2020 Goal (34.8).

- One-third (33.5%) of the 2016 Community Survey respondents have been told they have high blood pressure.

- 8.5% of 2016 Community Survey respondents have been told they have diabetes

- The majority (78.6%) of 2016 Community Survey respondents have had their blood pressure checked in the past year, 88.9% have had their blood cholesterol checked within the past year.
• Just over half (54.4%) of the females who completed the 2016 Community Survey have had a pap test within the past year, while 53.7% have had a mammogram in the past year.
• Three-fourths (74.9%) of the 2016 Community Survey respondents are considered overweight or obese.
• The majority (85.7%) of males over the age of 65 who completed the 2016 Community Survey have had a PSA test within the past year.
• 2016 Community Survey respondents identified the following as the top 3 chronic disease problems impacting the community:
  • Obesity and overweight (85.8%)
  • Diabetes (81.2%)
  • Hypertension/high blood pressure (77.5%)
• 2016 Focus Group Participants identified the following as the top 3 chronic disease problems impacting the community:
  • Obesity (86.3%)
  • Heart Disease (77.0%)
  • Cancer (75.2%)
• Stakeholders and focus group participants identified diabetes, obesity, cancer, heart disease and hypertension as problems in the community.
Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information.
High School Graduation Rates

Figure 64 displays high school graduation rates for Georgia and Troup, Harris, Heard and Meriwether counties for the years 2011 through 2016, where data is available. High school graduation rates have been increasing in Harris and Heard counties, while they have been decreasing in Troup and Meriwether counties. In 2016, when compared to the state (70.0%), all counties had higher graduation rates. Harris (87.0%) and Heard (88.0%) counties meet the Healthy People 2020 Goal (82.4%), while Troup (73.0%) and Meriwether (74.0%) fall short.

Figure 64. High School Graduation Rates

Source: County Health Rankings, Healthy People 2020
Figure 65 displays the percentage of 8th grade students proficient in Math in Troup, Harris, Heard and Meriwether counties for the years ranging 2008-2009 through 2013-2014. Students in 8th grade who are proficient in Math has fluctuated over the past six school years, with Harris County showing a slight increase in most recent years, while Heard and Meriwether counties have decreased. The percentage of students in Troup County has remained the same. All counties meet and exceed the Healthy People 2020 Goal of 37.3%.

Figure 65. 8th Grade Students Proficient in Math

<table>
<thead>
<tr>
<th></th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>75.0%</td>
<td>77.0%</td>
<td>88.0%</td>
<td>72.0%</td>
</tr>
<tr>
<td>2009-2010</td>
<td>82.0%</td>
<td>87.0%</td>
<td>87.0%</td>
<td>68.0%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>90.0%</td>
<td>85.2%</td>
<td>87.1%</td>
<td>77.3%</td>
</tr>
<tr>
<td>2011-2012</td>
<td>89.7%</td>
<td>92.2%</td>
<td>98.2%</td>
<td>71.8%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>89.8%</td>
<td>94.5%</td>
<td>99.3%</td>
<td>65.1%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>89.3%</td>
<td>95.9%</td>
<td>96.7%</td>
<td>62.4%</td>
</tr>
</tbody>
</table>

Source: Healthy Communities Institute
Figure 66 illustrates the percentage of children living in poverty in Georgia and in Troup, Harris, Heard and Meriwether counties for the years 2011 through 2016, where data is available. The percentage of children living in poverty in the service area counties has fluctuated over the past six years, and between 2015 and 2016, all counties show a decrease. In 2016, when compared to the state (27.0%), Troup (28.0%), Heard (28.0%) and Meriwether (34.0%) counties had a higher percentage of children living in poverty, while Harris County (14.0%) had fewer children living in poverty compared to the state.

Figure 66. Children Living in Poverty

<table>
<thead>
<tr>
<th>Year</th>
<th>GA (2016)</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>26.0%</td>
<td>12.0%</td>
<td>25.0%</td>
<td>29.0%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>30.0%</td>
<td>13.0%</td>
<td>31.0%</td>
<td>31.0%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>32.0%</td>
<td>16.0%</td>
<td>39.0%</td>
<td>36.0%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>32.0%</td>
<td>16.0%</td>
<td>32.0%</td>
<td>36.0%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>34.0%</td>
<td>15.0%</td>
<td>31.0%</td>
<td>43.0%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>27.0%</td>
<td>28.0%</td>
<td>14.0%</td>
<td>28.0%</td>
<td>34.0%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
Figure 67 illustrates the percentage of children living in single parent homes in Georgia and in Troup, Harris, Heard and Meriwether counties for the years 2011 through 2016, where data is available. The percentage of children living in single parent homes has fluctuated over the past six years, with Harris County having an increase in recent years, Meriwether County showed a decrease, and Troup and Heard counties remained the same. In 2016, Troup (47.0%) and Meriwether (40.0%) counties had a higher percentage of children living in single parent homes when compared to the state (37.0%), while Harris (24.0%) and Heard (29.0%) counties had a smaller percentage.

Figure 67. Children Living in Single Parent Homes

<table>
<thead>
<tr>
<th>Year</th>
<th>GA (2016)</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>41.0%</td>
<td>26.0%</td>
<td>27.0%</td>
<td>47.0%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>42.0%</td>
<td>23.0%</td>
<td>27.0%</td>
<td>49.0%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>41.0%</td>
<td>20.0%</td>
<td>33.0%</td>
<td>52.0%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>46.0%</td>
<td>20.0%</td>
<td>27.0%</td>
<td>46.0%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>47.0%</td>
<td>19.0%</td>
<td>29.0%</td>
<td>46.0%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>37.0%</td>
<td>24.0%</td>
<td>29.0%</td>
<td>40.0%</td>
<td></td>
</tr>
</tbody>
</table>

Source: County Health Rankings
Figure 68 illustrates responses from the 2016 Community Survey respondents regarding the healthy environment problems affecting the community. The 2016 Community Survey respondents identified Delinquency/Youth Crime (72.0%), Crime (66.8%), and Poverty (62.8%) as the top 3 healthy environment problems impacting the community.

Figure 68. 2016 Community Survey – Healthy Environment Problems

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figures 69 illustrates responses from the focus groups regarding the healthy environment problems in their community. The 2016 Focus group participants identified Crime (82.6%), Economics/Income Levels (77.9%), and Gangs (73.9%) as the top 3 healthy environment problems impacting the community.

Figure 69. 2016 Focus Groups – Healthy Environment Problems

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016
Stakeholder Input

Stakeholders identified the following as top problems in the community:

- Low income levels
- Lack of employment opportunities
- High dropout rates

Focus Group Input

Focus Groups identified the following as top problems in the community:

- Poverty
- Lack of affordable housing options
- Lack of education
- Poor road conditions
Healthy Environment Conclusions

There are a number of observations and conclusions that can be derived from the data related to Health Environment. They include:

- High school graduation rates have been increasing in Harris and Heard counties, while they have been decreasing in Troup and Meriwether counties. In 2016, when compared to the state (70.0%), all counties had higher graduation rates. Harris (87.0%) and Heard (88.0%) counties meet the Healthy People 2020 Goal (82.4%), while Troup (73.0%) and Meriwether (74.0%) fall short.

- Students in 8th grade who are proficient in Math has fluctuated over the past six school years, with Harris County showing a slight increase in most recent years, while Heard and Meriwether counties have decreased. The percentage of students in Troup County has remained the same. All counties meet and exceed the Healthy People 2020 Goal of 37.3%.

- The percentage of children living in poverty in the service area counties has fluctuated over the past six years, and between 2015 and 2016, all counties show a decrease. In 2016, when compared to the state (27.0%), Troup (28.0%), Heard (28.0%) and Meriwether (34.0%) counties had a higher percentage of children living in poverty, while Harris County (14.0%) had fewer children living in poverty compared to the state.

- The percentage of children living in single parent homes has fluctuated over the past six years, with Harris County having an increase in recent years, Meriwether County showed a decrease, and Troup and Heard counties remained the same. In 2016, Troup (47.0%) and Meriwether (40.0%) counties had a higher percentage of children living in single parent homes when compared to the state (37.0%), while Harris (24.0%) and Heard (29.0%) counties had a smaller percentage.

- 2016 Community Survey respondents identified the following as the top 3 healthy environment problems impacting the community:
  - Delinquency/youth crime (72.0%)
  - Crime (66.8%)
  - Poverty (62.8%)

- 2016 Focus Group Participants identified the following as the top 3 healthy environment problems impacting the community:
  - Crime (82.6%)
  - Economics/Income Levels (77.9%)
  - Gangs (73.9%)

- Stakeholders identified the low income levels, lack of employment opportunities, and high dropout rates as problems in the community.

- Focus group participants identified poverty, lack of affordable housing options, lack of education and poor road conditions as problems in the community.
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Improving the well-being of mothers, babies and children is a critical and necessary component of community health. The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors and health systems indicators that affect the health, wellness and quality of life for the entire community.
Figure 70 illustrates the percentage of low birth weight babies born in Georgia and Troup, Harris, Heard, and Meriwether counties in 2010 through 2014. The percentage of low birth weight babies has decreased in Troup, Harris and Meriwether counties, while it has increased in Harris County. In 2014, the percentage of low birth rate babies in the county was lower when compared to the state (9.5%).

**Figure 70. Low Birth Rate Babies Born**

<table>
<thead>
<tr>
<th></th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>9.8%</td>
<td>10.4%</td>
<td>4.9%</td>
<td>9.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>2011</td>
<td>9.4%</td>
<td>10.4%</td>
<td>7.3%</td>
<td>7.2%</td>
<td>10.5%</td>
</tr>
<tr>
<td>2012</td>
<td>9.4%</td>
<td>10.1%</td>
<td>8.7%</td>
<td>8.1%</td>
<td>9.9%</td>
</tr>
<tr>
<td>2013</td>
<td>9.5%</td>
<td>12.1%</td>
<td>10.1%</td>
<td>4.3%</td>
<td>13.2%</td>
</tr>
<tr>
<td>2014</td>
<td>9.5%</td>
<td>10.0%</td>
<td>9.9%</td>
<td>11.6%</td>
<td>12.4%</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 71 illustrates the rate of teen pregnancies for teenagers ages 15-19 in Georgia and Troup, Harris, Heard, and Meriwether counties in 2010 through 2014. The teen pregnancy rate has decreased in Troup, Heard and Meriwether counties, while it has remained the same in Harris County. In 2014, when compared to the state (37.1), the teenage pregnancy rate was higher in Troup (53.9) and Meriwether (44.4) counties, and lower in Harris (26.0) and Heard (28.8) counties. Troup and Meriwether Counties are above the HP 2020 goal, while Harris and Heard Counties are below the HP 2020 goal.

Figure 71. Teen Pregnancy Rate, Ages 15-19

Source: GA Department of Public Health, Healthy People 2020
Figure 72 illustrates the teen birth rate for teenagers ages 15-19 in Georgia and Troup, Harris, Heard, and Meriwether counties in 2010 through 2014. The teen birth rate has decreased in all of the counties. When compared to the state in 2014 (28.3), Harris County (21.2) had a lower teen birth rate, while Troup (42.6), Heard (28.8) and Meriwether (39.7) counties was higher.

Figure 72. Teen Birth Rates, Ages 15-19

<table>
<thead>
<tr>
<th>Year</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>41.3</td>
<td>53.8</td>
<td>25.7</td>
<td>54.7</td>
<td>60.7</td>
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<tr>
<td>2011</td>
<td>37.9</td>
<td>54.1</td>
<td>32.7</td>
<td>78.3</td>
<td>40.7</td>
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<tr>
<td>2012</td>
<td>33.6</td>
<td>51.5</td>
<td>17.3</td>
<td>69.4</td>
<td>55.8</td>
</tr>
<tr>
<td>2013</td>
<td>30.3</td>
<td>47.0</td>
<td>22.6</td>
<td>76.1</td>
<td>47.1</td>
</tr>
<tr>
<td>2014</td>
<td>28.3</td>
<td>42.6</td>
<td>21.2</td>
<td>28.8</td>
<td>39.7</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 73 illustrates responses from the 2016 Community Survey respondents regarding the healthy mother, infant and children problems affecting the community. The 2016 Community Survey respondents identified Childhood Obesity (76.5%), Teenage Pregnancy (66.3%), and Child Neglect (53.7%) as the top 3 healthy mother, infant and children problems impacting the community.

Figure 73. 2016 Community Survey – Healthy Mother, Infant and Children Problems

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figures 74 illustrates responses from the focus groups regarding the healthy mother, infant and children problems in their community. The 2016 Focus group participants identified Teen Pregnancy (73.0%) and Kids falling through the crack of services (50.0%) as the top 2 healthy mother, infant and children problems impacting the community.

Figure 74. 2016 Focus Groups – Healthy Mother, Infant, and Children Problems

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016

Stakeholder and Focus Group Input

Stakeholders and Focus Group participants identified the following as the top problem in the community:

- Teenage Pregnancy, as well as trying to prevent a second pregnancy
Healthy Mothers, Babies and Children Conclusions

There are a number of observations and conclusions that can be derived from the data related to Healthy Mothers, Babies and Children. They include:

- The percentage of low birth weight babies has decreased in Troup, Harris and Meriwether counties, while it has increased in Harris County. In 2014, the percentage of low birth rate babies in the county was lower when compared to the state (9.5%).
- The teen pregnancy rate has decreased in Troup, Heard and Meriwether counties, while it has remained the same in Harris County. In 2014, when compared to the state (37.1), the teenage pregnancy rate was higher in Troup (53.9) and Meriwether (44.4) counties, and lower in Harris (26.0) and Heard (28.8) counties. Troup and Meriwether Counties are above the HP 2020 goal, while Harris and Heard Counties are below the HP 2020 goal.
- The teen birth rate has decreased in all of the counties. When compared to the state in 2014 (28.3), Harris County (21.2) had a lower teen birth rate, while Troup (42.6), Heard (28.8) and Meriwether (39.7) counties was higher.
- 2016 Community Survey respondents identified the following as the top 3 healthy mother, infant and children problems impacting the community:
  - Childhood obesity (76.5%)
  - Teenage pregnancy (66.3%)
  - Child neglect (53.7%)
- 2016 Focus Group Participants identified the following as the top 2 healthy mother, infant and children problems impacting the community:
  - Teen pregnancy (73.0%)
  - Kids falling through the cracks (50.0%)
- Stakeholders and focus group participants identified teenage pregnancy as a problem in the community.
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Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization).
Figure 75 illustrates the pneumonia mortality rate for Georgia and Troup, Harris, Heard and Meriwether counties for the years 2010 through 2014, where data is available. Limited data is available for pneumonia mortality, but when compared to the most recent year data was available the rate in Troup (23.2 vs. 14.2), Harris (21.7 vs. 14.6) and Meriwether (23.6 vs. 14.1) counties was higher when compared to the state.

Figure 75. Pneumonia Mortality

<table>
<thead>
<tr>
<th></th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>14.3</td>
<td>10.4</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2011</td>
<td>14.6</td>
<td>17.7</td>
<td>21.7</td>
<td></td>
<td>37.0</td>
</tr>
<tr>
<td>2012</td>
<td>13.3</td>
<td>7.3</td>
<td></td>
<td>23.5</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>14.2</td>
<td>23.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>14.1</td>
<td></td>
<td></td>
<td></td>
<td>23.6</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 76 illustrates percentage of adults age 65 and older who have had a pneumonia vaccine in the United States, Georgia and District 4: LaGrange for 2011 through 2014, where data is available. The percentage of adults over the age of 65 in District 4 LaGrange who have had a pneumonia vaccine in the past year decreased by 10% between 2013 (70.9%) and 2014 (60.6%). There were slightly fewer adults how received the pneumonia vaccine in the District in 2014 (60.6%) compared to the state (65.2%) and nation (69.5%). The District, state and nation are all well below the Healthy People 2020 Goal (90.0%).

Figure 76. Adults Who Had Pneumonia Vaccine, Age 65 and Older

<table>
<thead>
<tr>
<th></th>
<th>USA 2013</th>
<th>Georgia</th>
<th>District 4: LaGrange</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>66.5%</td>
<td>66.0%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>66.2%</td>
<td>61.3%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>69.5%</td>
<td>66.4%</td>
<td>70.9%</td>
</tr>
<tr>
<td>2014</td>
<td>65.2%</td>
<td>60.6%</td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Figure 77 illustrates percentage of adults age 65 and older who have had an influenza vaccine in Georgia and District 4: LaGrange for 2011 through 2014, where data is available. The percentage of adults over the age of 65 in District 4 LaGrange who have had an influenza vaccine in the past year decreased between 2013 (58.0%) and 2014 (50.7%). In 2014, the District had fewer adults receive the vaccine than the state (54.7%).

Figure 77. Adults Who Had Influenza Vaccine, Age 65 and Older

<table>
<thead>
<tr>
<th></th>
<th>Georgia</th>
<th>District 4: LaGrange</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>55.2%</td>
<td>54.6%</td>
</tr>
<tr>
<td>2012</td>
<td>60.1%</td>
<td>53.2%</td>
</tr>
<tr>
<td>2013</td>
<td>54.6%</td>
<td>58.0%</td>
</tr>
<tr>
<td>2014</td>
<td>54.7%</td>
<td>50.7%</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 78 illustrates influenza and pneumonia mortality rate for Troup, Harris, Heard and Meriwether County the cluster years 2006-2008 through 2011-2013. Mortality due to influenza and pneumonia has increased in Troup and Meriwether counties, while it has decreased in Harris County and remained the same in Heard County.

Figure 78. Influenza and Pneumonia Mortality

<table>
<thead>
<tr>
<th>Year</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
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</thead>
<tbody>
<tr>
<td>2006-2008</td>
<td>13.0</td>
<td>11.5</td>
<td>24.8</td>
<td>10.2</td>
</tr>
<tr>
<td>2007-2009</td>
<td>12.8</td>
<td>10.3</td>
<td>16.5</td>
<td>20.6</td>
</tr>
<tr>
<td>2008-2010</td>
<td>14.1</td>
<td>13.7</td>
<td>17.5</td>
<td>19.7</td>
</tr>
<tr>
<td>2009-2011</td>
<td>14.4</td>
<td>16.9</td>
<td>17.1</td>
<td>26.1</td>
</tr>
<tr>
<td>2010-2012</td>
<td>11.6</td>
<td>16.3</td>
<td>22.2</td>
<td>20.8</td>
</tr>
<tr>
<td>2011-2013</td>
<td>17.1</td>
<td>14.0</td>
<td>22.6</td>
<td>21.6</td>
</tr>
</tbody>
</table>

Source: Healthy Communities Institute
Figure 79 illustrates the percentage of adults age 18 and older who have ever been tested for HIV in Georgia and District 4: LaGrange for years 2011 through 2014, where data is available. The percentage of adults over the age of 18 who have been tested for HIV in District 4 LaGrange decreased between 2013 (42.4%) and 2014 (37.3%). In 2014 there were fewer people in the District having been tested than the state (43.7%). Both the District and state are below the Healthy People 2020 Goal (73.6%).

Figure 79. Ever Tested for HIV, Adults 18+

Source: GA Department of Public Health, Healthy People 2020
Figure 80 illustrates the prevalence of HIV/AIDS in Georgia and Troup, Harris, Heard, and Meriwether counties for the years 2011 through 2016, where data is available. The HIV prevalence rate has increased in Harris, Heard, and Meriwether counties in recent years, while the rate in Troup County has stayed the same. In 2016, the prevalence rate in all the counties was well below the state (429.0).

**Figure 80. HIV/AIDS Prevalence Rate**

<table>
<thead>
<tr>
<th>Year</th>
<th>GA (2016)</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>191.0</td>
<td>129.0</td>
<td>54.0</td>
<td>181.0</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>187.0</td>
<td>159.0</td>
<td>85.0</td>
<td>196.0</td>
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</tr>
<tr>
<td>2013</td>
<td>178.0</td>
<td>164.0</td>
<td>121.0</td>
<td>213.0</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>163.0</td>
<td>149.0</td>
<td>127.0</td>
<td>221.0</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>163.0</td>
<td>149.0</td>
<td>127.0</td>
<td>221.0</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>429.0</td>
<td>163.0</td>
<td>178.0</td>
<td>279.0</td>
<td>246.0</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
Figure 81 illustrates the rates of HIV/AIDS in Georgia and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. The HIV/AIDS rate has decreased in Troup County and increased in Meriwether County, data was not available for Harris and Heard counties. Compared to the state in 2014 (20.0), Meriwether County had a higher HIV/AIDS rate (56.6), while the rate in Troup County (11.5) was lower.

**Figure 81. HIV/AIDS Rates**

<table>
<thead>
<tr>
<th></th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>28.4</td>
<td>29.8</td>
<td></td>
<td></td>
<td>59.5</td>
</tr>
<tr>
<td>2011</td>
<td>24.8</td>
<td>23.6</td>
<td></td>
<td></td>
<td>27.8</td>
</tr>
<tr>
<td>2012</td>
<td>22.9</td>
<td>16.1</td>
<td></td>
<td>0.0</td>
<td>23.5</td>
</tr>
<tr>
<td>2013</td>
<td>20.8</td>
<td>21.7</td>
<td></td>
<td>0.0</td>
<td>42.4</td>
</tr>
<tr>
<td>2014</td>
<td>20.0</td>
<td>11.5</td>
<td></td>
<td>0.0</td>
<td>56.6</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 82 illustrates the rates of HIV/AIDS in females in Georgia and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Where data was available, the HIV/AIDS rate for females was higher in Troup (16.8 vs. 12.4) and Meriwether (54.4 vs. 12.0) counties. Data was not available for Harris or Heard counties.

**Figure 82. HIV/AIDS Rates in Females**

<table>
<thead>
<tr>
<th></th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>19.0</td>
<td>28.6</td>
<td>0.0</td>
<td>0.0</td>
<td>61.3</td>
</tr>
<tr>
<td>2011</td>
<td>16.1</td>
<td>14.2</td>
<td>0.0</td>
<td>0.0</td>
<td>44.4</td>
</tr>
<tr>
<td>2012</td>
<td>15.0</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2013</td>
<td>12.4</td>
<td>16.8</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2014</td>
<td>12.0</td>
<td></td>
<td>0.0</td>
<td>0.0</td>
<td>54.4</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 83 illustrates the rates of HIV/AIDS in males in Georgia and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. In 2014 the HIV/AIDS rate for males was lower in Troup County (14.9) and higher in Meriwether County (59.0) when compared to the state (28.4). Data was not available for Harris or Heard counties.

Figure 83. HIV/AIDS Rates in Males

<table>
<thead>
<tr>
<th></th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>38.3</td>
<td>31.0</td>
<td></td>
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<td>57.5</td>
</tr>
<tr>
<td>2011</td>
<td>34.0</td>
<td>33.7</td>
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<tr>
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<td>2013</td>
<td>29.6</td>
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<tr>
<td>2014</td>
<td>28.4</td>
<td>14.9</td>
<td>0.0</td>
<td>59.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 84 illustrates chlamydia rates in the United States, Georgia and Troup, Harris, Heard and Meriwether counties for the years 2010 through 2014, where data is available. The chlamydia rate has increased in all of the service area counties. In 2014, when compared to the state (509.9) and nation (426.0), the chlamydia rate was higher in Troup (712.5) and Meriwether (518.9) counties, while it was lower in Harris (216.0) and Heard (284.4) counties.

Figure 84. Chlamydia Rate

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
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</thead>
<tbody>
<tr>
<td>2010</td>
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<td>236.3</td>
<td>227.8</td>
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<td></td>
</tr>
<tr>
<td>2011</td>
<td>518.9</td>
<td>581.4</td>
<td>226.3</td>
<td>187.3</td>
<td>485.7</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>426.0</td>
<td>497.1</td>
<td>704.0</td>
<td>236.6</td>
<td>266.5</td>
<td>375.1</td>
</tr>
<tr>
<td>2013</td>
<td>466.2</td>
<td>479.3</td>
<td>208.2</td>
<td>207.6</td>
<td>362.7</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>509.9</td>
<td>712.5</td>
<td>216.0</td>
<td>284.4</td>
<td>518.9</td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control
Figure 85 illustrates chlamydia rates for females in Georgia and Troup, Harris, Heard and Meriwether counties for the years 2010 through 2014. The chlamydia rate for females has increased in all of the service area counties. In 2014, when compared to the state (712.8), Troup (981.2) and Meriwether (825.7) counties had a higher chlamydia rate for females, while Harris (339.1) and Heard (481.3) were lower.

Figure 85. Chlamydia Rates in Females

<table>
<thead>
<tr>
<th>Years</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>653</td>
<td>773.4</td>
<td>347.4</td>
<td>352.2</td>
<td>674.6</td>
</tr>
<tr>
<td>2011</td>
<td>747.1</td>
<td>833.8</td>
<td>340.3</td>
<td>305.2</td>
<td>701.7</td>
</tr>
<tr>
<td>2012</td>
<td>703.0</td>
<td>1,091.8</td>
<td>312.5</td>
<td>458.5</td>
<td>566.8</td>
</tr>
<tr>
<td>2013</td>
<td>659.2</td>
<td>628.8</td>
<td>287.2</td>
<td>308.3</td>
<td>542.7</td>
</tr>
<tr>
<td>2014</td>
<td>712.8</td>
<td>981.2</td>
<td>339.1</td>
<td>481.3</td>
<td>825.7</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 86 illustrates chlamydia rates for males in Georgia and Troup, Harris, Heard and Meriwether counties for the years 2010 through 2014, where data is available. The chlamydia rate for males has increased in Troup and Meriwether counties, while it has decreased in Harris and Heard counties. In 2014, when compared to the state (295.9), Troup County (424.0) had higher chlamydia rate for males while Harris (91.7), Heard (86.4) and Meriwether (176.9) counties were lower.

**Figure 86. Chlamydia Rates in Males**

<table>
<thead>
<tr>
<th>Year</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>251.0</td>
<td>282.0</td>
<td>124.6</td>
<td>101.8</td>
<td>306.7</td>
</tr>
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<td>2011</td>
<td>268.5</td>
<td>251.4</td>
<td>105.6</td>
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<tr>
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<td>282.4</td>
<td>135.5</td>
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<td>157.5</td>
</tr>
<tr>
<td>2013</td>
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<td>303.5</td>
<td>98.2</td>
<td>104.9</td>
<td>157.2</td>
</tr>
<tr>
<td>2014</td>
<td>295.9</td>
<td>424.0</td>
<td>91.7</td>
<td>86.4</td>
<td>176.9</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 87 illustrates the gonorrhea rates in the United States in 2012 as well as Georgia and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014. The gonorrhea rate in Troup, Heard and Meriwether counties has increased, while the rate in Harris County has decreased. Compared to the state in 2014 (135.2) and nation (106.7), Troup (254.8) and Meriwether (174.5) counties had a higher gonorrhea rate, while Harris (48.7) and Heard (60.3) counties were lower.

**Figure 87. Gonorrhea Rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>161.3</td>
<td>217.3</td>
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<td>2011</td>
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<td>2012</td>
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<td>130.1</td>
<td>102.8</td>
<td>61.2</td>
<td>51.9</td>
<td>84.8</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>135.2</td>
<td>254.8</td>
<td>48.7</td>
<td>60.3</td>
<td>174.5</td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control
Figure 88 illustrates gonorrhea rates in females in Georgia and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. The gonorrhea rate for females has increased in Troup and Meriwether counties, while it has remained the same in Harris County. When compared to the state in 2014 (126.5), Harris County (48.4) had a lower rate and Troup (272.4) and Meriwether (163.3) counties were higher.

**Figure 88. Gonorrhea Rates in Females**

<table>
<thead>
<tr>
<th></th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
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</thead>
<tbody>
<tr>
<td>2010</td>
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<td>214.8</td>
<td>74.2</td>
<td>84.8</td>
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<td>2011</td>
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<td>115.5</td>
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<td>2012</td>
<td>149.4</td>
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<td>99.5</td>
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<td>2013</td>
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<td>95.0</td>
<td>48.4</td>
<td>118.9</td>
<td>163.3</td>
</tr>
<tr>
<td>2014</td>
<td>126.5</td>
<td>272.4</td>
<td>48.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 89 illustrates gonorrhea rates in males in Georgia and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. The gonorrhea rate for males has increased in Troup and Meriwether counties, while it has decreased for Harris County. Compared to the state in 2014 (144.1), the gonorrhea rate for males was higher in Troup (235.9) and Meriwether (186.7) counties, while it was lower in Harris County (48.9).

**Figure 89. Gonorrhea Rates in Males**

<table>
<thead>
<tr>
<th>Year</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>155.0</td>
<td>213.8</td>
<td>37.4</td>
<td></td>
<td>239.6</td>
</tr>
<tr>
<td>2011</td>
<td>151.7</td>
<td>165.5</td>
<td>49.7</td>
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<td>106.2</td>
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<tr>
<td>2012</td>
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<td>2014</td>
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<td>235.9</td>
<td>48.9</td>
<td></td>
<td>186.7</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 90 illustrates responses from the 2016 Community Survey respondents regarding the infectious disease problems affecting the community. The 2016 Community Survey respondents identified risky/irresponsible sexual behaviors (66.0%) as the largest infectious disease problem impacting the community.

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figures 91 illustrates responses from the focus groups regarding the infectious disease problems in their community. The 2016 Focus group participants identified STDs (41.7%) as one of the top infectious disease problems impacting the community, but also noted that the community is challenged by Hepatitis C (5.9%).

Figure 91. 2016 Focus Groups – Infectious Disease Problems

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016
Infectious Disease Conclusions

There are a number of observations and conclusions that can be derived from the data related to Infectious Disease, although the topic was not discussed in the Stakeholder Interviews. They include:

- Limited data is available for pneumonia mortality, but when compared to the most recent year data was available the rate in Troup (23.2 vs. 14.2), Harris (21.7 vs. 14.6) and Meriwether (23.6 vs. 14.1) counties was higher when compared to the state.
- The percentage of adults over the age of 65 in District 4 LaGrange who have had a pneumonia vaccine in the past year decreased by 10% between 2013 (70.9%) and 2014 (60.6%). There were slightly fewer adults how received the pneumonia vaccine in the District in 2014 (60.6%) compared to the state (65.2%) and nation (69.5%). The District, state and nation are all well below the Healthy People 2020 Goal (90.0%).
- The percentage of adults over the age of 65 in District 4 LaGrange who have had an influenza vaccine in the past year decreased between 2013 (58.0%) and 2014 (50.7%). In 2014, the District had fewer adults receive the vaccine than the state (54.7%).
- Mortality due to influenza and pneumonia has increased in Troup and Meriwether counties, while it has decreased in Harris County and remained the same in Heard County.
- The percentage of adults over the age of 18 who have been tested for HIV in District 4 LaGrange decreased between 2013 (42.4%) and 2014 (37.3%). In 2014 there were fewer people in the District having been tested than the state (43.7%). Both the District and state are below the Healthy People 2020 Goal (73.6%).
- The HIV prevalence rate has increased in Harris, Heard, and Meriwether counties in recent years, while the rate in Troup County has stayed the same. In 2016, the prevalence rate in all the counties was well below the state (429.0).
- The HIV/AIDS rate has decreased in Troup County and increased in Meriwether County, data was not available for Harris and Heard counties. Compared to the state in 2014 (20.0), Meriwether County had a higher HIV/AIDS rate (56.6), while the rate in Troup County (11.5) was lower.
- Where data was available, the HIV/AIDS rate for females was higher in Troup (16.8 vs. 12.4) and Meriwether (54.4 vs. 12.0) counties. Data was not available for Harris or Heard counties.
- In 2014 the HIV/AIDS rate for males was lower in Troup County (14.9) and higher in Meriwether County (59.0) when compared to the state (28.4). Data was not available for Harris or Heard counties.
- The chlamydia rate has increased in all of the service area counties. In 2014, when compared to the state (509.9) and nation (426.0), the chlamydia rate was higher in Troup (712.5) and Meriwether (518.9) counties, while it was lower in Harris (216.0) and Heard (284.4) counties.
- The chlamydia rate for females has increased in all of the service area counties. In 2014, when compared to the state (712.8), Troup (981.2) and Meriwether (825.7) counties had a higher chlamydia rate for females, while Harris (339.1) and Heard (481.3) were lower.
• The chlamydia rate for males has increased in Troup and Meriwether counties, while it has decreased in Harris and Heard counties. In 2014, when compared to the state (295.9), Troup County (424.0) had higher chlamydia rate for males while Harris (91.7), Heard (86.4) and Meriwether (176.9) counties were lower.

• The gonorrhea rate in Troup, Heard and Meriwether counties has increased, while the rate in Harris County has decreased. Compared to the state in 2014 (135.2) and nation (106.7), Troup (254.8) and Meriwether (174.5) counties had a higher gonorrhea rate, while Harris (48.7) and Heard (60.3) counties were lower.

• The gonorrhea rate for females has increased in Troup and Meriwether counties, while it has remained the same in Harris County. When compared to the state in 2014 (126.5), Harris County (48.4) had a lower rate and Troup (272.4) and Meriwether (163.3) counties were higher.

• The gonorrhea rate for males has increased in Troup and Meriwether counties, while it has decreased for Harris County. Compared to the state in 2014 (144.1), the gonorrhea rate for males was higher in Troup (235.9) and Meriwether (186.7) counties, while it was lower in Harris County (48.9).

• 2016 Community Survey respondents identified risky/irresponsible sexual behaviors (66.0%) as a serious problem in the community.

• 2016 Focus Group Participants identified STDs (41.7%) as a serious problem in the community. They also noted that the community is challenged by Hepatitis C.
Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization’s definition of health: “A state of complete physical, mental and social well-being, and not merely the absence of disease.” Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome – a cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.
Figure 92 illustrates the drug use mortality rate in Georgia and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Drug use mortality in 2014, was higher in Troup County (7.2) when compared to the state (3.9). Data was not available for Harris, Heard or Meriwether counties.

Figure 92. Drug-Use Mortality

<table>
<thead>
<tr>
<th></th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
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<tr>
<td>2010</td>
<td>2.9</td>
<td>7.4</td>
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<tr>
<td>2011</td>
<td>2.8</td>
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<td>0.0</td>
<td>0.0</td>
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<tr>
<td>2012</td>
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<td>0.0</td>
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<tr>
<td>2013</td>
<td>3.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>3.9</td>
<td>7.2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 93 illustrates the suicide mortality rate in the United States, Georgia, and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Suicide mortality has increased in Troup County, while it decreased in Harris County. Compared to the state (12.5), Troup County (8.6) has a lower suicide mortality rate and Harris County (18.3) has a higher rate, both counties are higher than the state (4.5).

**Figure 93. Suicide Mortality**

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td></td>
<td>11.2</td>
<td>22.3</td>
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<tr>
<td>2011</td>
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<td>10.3</td>
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<td></td>
<td>0.0</td>
</tr>
<tr>
<td>2012</td>
<td>4.5</td>
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<tr>
<td>2013</td>
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<td>12.0</td>
<td>7.2</td>
<td>27.6</td>
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<tr>
<td>2014</td>
<td></td>
<td>12.5</td>
<td>8.6</td>
<td>18.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Center for Disease Control
Figure 94 illustrates responses from the 2016 Community Survey respondents regarding how often they have been bothered by little interest or pleasure in doing things over the past two weeks. Slightly more than one in four (29.5%) of the 2016 Community Survey respondents have experienced little interest or pleasure in doing things over the past few days.

**Figure 94. 2016 Community Survey – Over the Past Two Weeks, How Often Have You Been Bothered by Little Interest or Pleasure in Doing Things**

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 95 illustrates responses from the 2016 Community Survey respondents regarding how often they have been bothered by feeling down, depressed, or hopeless over the past two weeks. Slightly more than one in four (26.5%) of the 2016 Community Survey respondents have felt depressed or hopeless.

Figure 95. 2016 Community Survey – Over the Past Two Weeks, How Often Have You Been Bothered by Feeling Down, Depressed, or Hopeless

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 96 illustrates responses from the 2016 Community Survey respondents regarding how often they have had trouble falling asleep, staying asleep or sleeping too much over the past two weeks. Over half (57.9%) of the 2016 Community Survey respondents have had difficulty falling asleep or sleeping too much.

Figure 96. 2016 Community Survey – Over the Past Two Weeks, How Often Have You Had Trouble Falling Asleep, Staying Asleep, or Sleeping Too Much

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 97 illustrates responses from the 2016 Community Survey respondents regarding binge drinking. Binge drinking was defined as five or more drinks on the same occasion for males and four or more drinks on the same occasion for females. Very few (12.8% females, 2.4% males) of the 2016 Community Survey respondents report binge drinking in the past 30 days.

Figure 97. 2016 Community Survey-Binge Drinking

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 98 illustrates responses from the 2016 Community Survey respondents regarding the mental health and substance abuse problems affecting the community. The 2016 Community Survey respondents identified Illegal Drug Use (78.0%), Prescription Drug Abuse (68.3%), and Alcohol Abuse (62.4%) as the top three mental health and substance abuse problems impacting the community.

Figure 98. 2016 Community Survey –Mental Health and Substance Abuse Problems

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figures 99 illustrates responses from the focus groups regarding the mental health and substance abuse problems in their community. The 2016 Focus Group participants identified Drugs (87.3%), Lack of mental health services (70.9%), and Drug and Alcohol Rehab (68.1%) as the top 3 mental health and substance abuse problems impacting the community.

**Figure 99. 2016 Focus Groups – Mental Health and Substance Abuse Problems**

- **Drugs**: 87.3%
- **Lack of mental health services**: 70.9%
- **Drug and Alcohol Rehab**: 68.1%
- **Under age drinking/alcohol abuse**: 65.1%
- **Depression**: 65.0%
- **Prescription drug abuse**: 56.5%
- **Lack of mental health services for children/teens (hard to figure out)**: 52.6%
- **Lack of Drug and Alcohol Rehab**: 49.2%
- **Heroin**: 40.6%
- **Opium**: 21.4%

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016

**Stakeholder and Focus Group Input**

Stakeholders and Focus Group participants identified the following as the top problem in the community:
- Need for mental health services
- Substance abuse (as well as rehab services)
Health and Substance Abuse Conclusions

There are a number of observations and conclusions that can be derived from the data related to Mental Health and Substance Abuse. They include:

- Drug use mortality in 2014, was higher in Troup County (7.2) when compared to the state (3.9). Data was not available for Harris, Heard or Meriwether counties.
- Suicide mortality has increased in Troup County, while it decreased in Harris County. Compared to the state (12.5), Troup County (8.6) has a lower suicide mortality rate and Harris County (18.3) has a higher rate, both counties are higher than the state (4.5).
- Slightly more than one in four (29.5%) 2016 Community Survey respondents have experienced little interest or pleasure in doing things over the past few days, 26.5% have felt depressed or hopeless, and 57.9% have had difficulty falling asleep or sleeping too much.
- Very few (12.8% females, 2.4% males) of the 2016 Community Survey respondents report binge drinking in the past 30 days.
- 2016 Community Survey respondents identified the following as the top 3 mental health and substance abuse problems impacting the community:
  - Illegal drug abuse (78.0%)
  - Prescription drug abuse (68.3%)
  - Alcohol abuse (62.4%)
- 2016 Focus Group Participants identified the following as the top 3 mental health and substance abuse problems impacting the community:
  - Drugs (87.3%)
  - Lack of mental health services (70.9%)
  - Drug and alcohol rehab (68.1%)
- Stakeholders and focus group participants identify the need for mental health services and substance abuse (as well as rehab services) as needs in the community.
Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones and joints. Proper nutrition and maintaining a healthy weight are critical to good health.
Physical Activity

Figure 100 illustrates the prevalence of physical inactivity among adults in Georgia and District 4: LaGrange for the years 2011 through 2014, where data is available. The percentage of adults who are physically inactive in District 4 LaGrange has been increasing between 2012 and 2014, while the percentage for the state has been decreasing. In 2014, the District (26.5%) had a slightly higher percentage of inactive adults compared to the state (23.6%).

Figure 100. Prevalence of Physical Inactivity Among Adults

<table>
<thead>
<tr>
<th>Year</th>
<th>Georgia</th>
<th>District 4: LaGrange</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>23.6%</td>
<td>20.2%</td>
</tr>
<tr>
<td>2013</td>
<td>27.2%</td>
<td>25.7%</td>
</tr>
<tr>
<td>2014</td>
<td>23.6%</td>
<td>26.5%</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 101 illustrates the prevalence of physical inactivity among adults by county in Troup, Harris, Heard, and Meriwether counties for the years 2011 through 2016, where data is available. The percentage of adults who are physically inactive has increased in Harris and Meriwether counties and remained the same in Troup and Heard counties. In 2016 when compared to the state (24.0%), Harris County (23.0%) had fewer adults reporting being inactive while Troup (29.0%), Heard (28.0%) and Meriwether (33.0%) counties had a higher percentage of inactive adults.

**Figure 101. Physical Inactivity Among Adults By County**

<table>
<thead>
<tr>
<th>Year</th>
<th>GA (2016)</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>29.0%</td>
<td>20.0%</td>
<td>20.0%</td>
<td>28.0%</td>
<td>28.0%</td>
</tr>
<tr>
<td>2012</td>
<td>29.0%</td>
<td>21.0%</td>
<td>21.0%</td>
<td>28.0%</td>
<td>28.0%</td>
</tr>
<tr>
<td>2013</td>
<td>30.0%</td>
<td>22.0%</td>
<td>22.0%</td>
<td>29.0%</td>
<td>29.0%</td>
</tr>
<tr>
<td>2014</td>
<td>30.0%</td>
<td>21.0%</td>
<td>21.0%</td>
<td>28.0%</td>
<td>31.0%</td>
</tr>
<tr>
<td>2015</td>
<td>24.0%</td>
<td>29.0%</td>
<td>23.0%</td>
<td>28.0%</td>
<td>33.0%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
Figure 102 illustrates the access to recreational opportunities in Georgia and Troup, Harris, Heard, and Meriwether counties for the years 2011 through 2016, where data is available. Access to recreation has decreased in both Heard and Meriwether counties, and remained the same for Troup and Harris counties. In 2016, when compared to the state (75.0%), Troup County (80.0%) had higher access to recreation, while Harris (54.0%), Heard (27.0%) and Meriwether (24.0%) counties had less access to recreation opportunities.

Figure 102. Access to Recreational Opportunities

<table>
<thead>
<tr>
<th>Year</th>
<th>GA (2016)</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>59.0%</td>
<td>35.0%</td>
<td>44.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td>80.0%</td>
<td>55.0%</td>
<td>36.0%</td>
<td>36.0%</td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td>75.0%</td>
<td>80.0%</td>
<td>54.0%</td>
<td>27.0%</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
Free Lunch Program

Figure 103 illustrates the percentage of students who are eligible for the free lunch program in Georgia and Troup, Harris, Heard, and Meriwether counties during the years 2011 through 2016, where data is available. The percentage of children eligible for free lunch in Heard and Meriwether counties has increased, while it has remained the same in Troup and Harris counties. When compared to the state in 2016 (51.0%), Troup (57.0%), Heard (58.0%) and Meriwether (69.0%) had a higher percentage of children eligible for free lunch, while Harris (31.0%) had fewer children.

Figure 103. Students Eligible for Free Lunch Program

<table>
<thead>
<tr>
<th>Year</th>
<th>GA (2016)</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>51.0%</td>
<td>25.0%</td>
<td>45.0%</td>
<td>68.0%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>51.0%</td>
<td>25.0%</td>
<td>45.0%</td>
<td>68.0%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>56.0%</td>
<td>29.0%</td>
<td>54.0%</td>
<td>53.0%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>56.0%</td>
<td>29.0%</td>
<td>54.0%</td>
<td>53.0%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>56.0%</td>
<td>28.0%</td>
<td>53.0%</td>
<td>54.0%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>51.0%</td>
<td>31.0%</td>
<td>58.0%</td>
<td>69.0%</td>
<td></td>
</tr>
</tbody>
</table>

Source: County Health Rankings
Figure 104 illustrates responses from the 2016 Community Survey respondents who get five or more servings a day of fruits or vegetables. Fewer than one in ten 2016 Community Survey respondents are getting 5 or more servings of fruits (9.5%) or vegetables (8.5%) per day.

**Figure 104. 2016 Community Survey-Five or More Servings Per Day of Fruits or Vegetables**

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 105 illustrates responses from the 2016 Community Survey respondents who had participated in some form of physical activity in the past 30 days. The majority (85.3%) have participated in some physical activity within the past 30 days.

Figure 105. 2016 Community Survey-Physical Activity, Past 30 Days

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 106 illustrates responses from the 2016 Community Survey respondents regarding the physical activity and nutrition problems affecting the community. The 2016 Community Survey respondents identified Lack of Exercise/Physical Activity (60.1%) as the top physical activity and nutrition problems impacting the community.

Figure 106. 2016 Community Survey – Physical Activity and Nutrition Problems

- Lack of Exercise/Physical Activity: 60.1%
- Lack of Access to High Quality Affordable Healthy Foods: 33.5%
- Lack of Recreational Opportunities: 28.0%

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figures 107 illustrates responses from the focus groups regarding the physical activity and nutrition problems in their community. The 2016 Focus group participants identified Nutrition (82.3%); Poor diet/eating habits (72.1%), and Lifestyles that don’t promote health (68.7%) as the top 3 physical activity and nutrition problems impacting the community.

Figure 107. 2016 Focus Groups – Physical Activity and Nutrition Problems

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016
Stakeholder Input

Stakeholders identified the following as the top problems in the community:

- Lack of recreation
- Sedentary lifestyle
- Poor eating habits

Focus Group Input

Focus group participants identified the following as the top problems in the community:

- Need for accessible exercise
- Commitment to a healthy lifestyle
- Lack of understanding of nutrition
Physical Activity and Nutrition Conclusions

There are a number of observations and conclusions that can be derived from the data related to Physical Activity and Nutrition. These include:

- The percentage of adults who are physically inactive in District 4 LaGrange has been increasing between 2012 and 2014, while the percentage for the state has been decreasing. In 2014, the District (26.5%) had a slightly higher percentage of inactive adults compared to the state (23.6%).
- The percentage of adults who are physically inactive has increased in Harris and Meriwether counties and remained the same in Troup and Heard counties. In 2016 when compared to the state (24.0%), Harris County (23.0%) had fewer adults reporting being inactive while Troup (29.0%), Heard (28.0%) and Meriwether (33.0%) counties had a higher percentage of inactive adults.
- Access to recreation has decreased in both Heard and Meriwether counties, and remained the same for Troup and Harris counties. In 2016, when compared to the state (75.0%), Troup County (80.0%) had higher access to recreation, while Harris (54.0%), Heard (27.0%) and Meriwether (24.0%) counties had less access to recreation opportunities.
- The percentage of children eligible for free lunch in Heard and Meriwether counties has increased, while it has remained the same in Troup and Harris counties. When compared to the state in 2016 (51.0%), Troup (57.0%), Heard (58.0%) and Meriwether (69.0%) had a higher percentage of children eligible for free lunch, while Harris (31.0%) had fewer children.
- Fewer than one in ten 2016 Community Survey respondents are getting 5 or more servings of fruits (9.5%) or vegetables (8.5%) per day.
- The majority (85.3%) have participated in some physical activity within the past 30 days.
- 2016 Community Survey respondents identified lack of exercise/physical activity (60.1%) as a serious problem in the community.
- 2016 Focus Group Participants identified the following as the top 3 physical activity and nutrition problems impacting the community:
  - Nutrition (82.3%)
  - Poor diet/eating habits (72.1%)
  - Lifestyles that do not promote health (68.7%)
- Stakeholders identify the lack of recreation, sedentary lifestyle and poor eating habits as needs in the community.
- Focus group participants identify the need for accessible exercise, commitment to a healthy lifestyle and a lack of understanding of nutrition as needs in the community.
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Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions.
Figure 108 illustrates the prevalence of cigarette smoking among adults in the United States, Georgia, and District 4: LaGrange during 2008 through 2014, where data is available. The percentage of adults in District 4 LaGrange who smoke has decreased, although in 2014 (18.1%) was still slightly higher when compared to the state (17.4%), but slightly lower than the nation (18.8%). The District, state and nation are above the Healthy People 2020 Goal (12.0%).

Figure 108. Prevalence of Cigarette Smoking Among Adults

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>Georgia</th>
<th>District 4: LaGrange</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
<td>21.2%</td>
<td>22.0%</td>
</tr>
<tr>
<td>2012</td>
<td>20.0%</td>
<td>20.4%</td>
<td>24.2%</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td>18.8%</td>
<td>25.3%</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>17.4%</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Figure 109 illustrates the percentage of adults by county who smoke in Troup, Harris, Heard and Meriwether counties during 2011 through 2016, where data is available. The percentage of adults who smoke in Troup County has been increasing, while it has decreased in Harris and Meriwether counties. In 2016 when compared to the state (18.0%), Harris County (13.0%) had fewer adults who smoke, while Troup, Heard and Meriwether counties (18.0%) had the same percentage as the state. The counties and state have fewer adults who smoke compared to the nation (20.0%), but all are above the Healthy People 2020 Goal of 12.0%.

Figure 109. Adults Who Smoke by County

<table>
<thead>
<tr>
<th>Year</th>
<th>USA (2012)</th>
<th>GA (2016)</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
<td>14.0%</td>
<td>18.0%</td>
<td></td>
<td></td>
<td>19.0%</td>
</tr>
<tr>
<td>2012</td>
<td>20.0%</td>
<td>15.0%</td>
<td>20.0%</td>
<td></td>
<td></td>
<td>15.0%</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td>18.0%</td>
<td>20.0%</td>
<td></td>
<td></td>
<td>16.0%</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>15.0%</td>
<td>19.0%</td>
<td></td>
<td></td>
<td>19.0%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td>15.0%</td>
<td>19.0%</td>
<td></td>
<td></td>
<td>19.0%</td>
</tr>
<tr>
<td>2016</td>
<td>18.0%</td>
<td>18.0%</td>
<td>13.0%</td>
<td>18.0%</td>
<td>18.0%</td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control, Healthy People 2020
Figure 110 illustrates responses from the 2016 Community Survey respondents who currently use chewing tobacco, snuff, or snus. The majority of 2016 Community Survey respondents do not use chewing tobacco, snuff, or snus (98%).

Figure 110. 2016 Community Survey-Currently Use Chewing Tobacco, Snuff, or Snus

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 111 illustrates responses from the 2016 Community Survey respondents who currently smoke. The majority of 2016 Community Survey respondents do not currently smoke (94%).

Figure 111. 2016 Community Survey-Currently Smoke

![Pie chart showing responses to current smoking status](image)

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 112 illustrates responses from the 2016 Community Survey respondents who currently vape (smoke e-cigarettes). The majority of 2016 Community Survey respondents do not vape (97%).

Figure 112. 2016 Community Survey-Currently Vape (Smoke E-Cigarettes)

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
Figure 113 illustrates responses from the 2016 Community Survey respondents regarding the tobacco use problems affecting the community. The 2016 Community Survey respondents identified Tobacco Use (73.7%) and Tobacco Use in Pregnancy (62.0%) as the top tobacco use problems impacting the community.

Figure 113. 2016 Community Survey –Tobacco Use Problems

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
**Figures 114** illustrates responses from the focus groups regarding the tobacco use problems in their community. The 2016 Focus group participants identified Smoking/Vaping (66.9%) as the top tobacco use problem impacting the community.

**Figure 114. 2016 Focus Groups – Tobacco Use Problems**

Source: WellStar West Georgia Medical Center CHNA Focus Groups, 2016

**Focus Group Input**

Focus group participants identified the following as the top problems in the community:

- Children using snuff
- Oral cancer due to individuals using chew
Tobacco Use Conclusions

There are a number of observations and conclusions that can be derived from the data related to Tobacco Use. These include:

- The percentage of adults in District 4 LaGrange who smoke has decreased, although in 2014 (18.1%) was still slightly higher when compared to the state (17.4%), but slightly lower than the nation (18.8%). The District, state and nation are above the Healthy People 2020 Goal (12.0%).
- The percentage of adults who smoke in Troup County has been increasing, while it has decreased in Harris and Meriwether counties. In 2016 when compared to the state (18.0%), Harris County (13.0%) had fewer adults who smoke, while Troup, Heard and Meriwether counties (18.0%) had the same percentage as the state. The counties and state have fewer adults who smoke compared to the nation (20.0%), but all are above the Healthy People 2020 Goal of 12.0%.
- The majority of 2016 Community Survey respondents do not chew (98%), smoke (94%), or vape (97%).
- Tobacco use (73.7%) and smoking while pregnant (62.0%) were identified as serious problems by 2016 Community Survey respondents.
- 2016 Focus Group Participants identified smoking/vaping (66.9%) as a serious problem.
- They also noted that children are using snuff and the community sees oral cancer due to individuals using chew.
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The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Injury topics explored include: auto accident mortality, suicide, fall mortality, firearm mortality, burns, head injuries and domestic violence.
Figure 115 illustrates auto accident mortality rates in the United States in 2012, as well as Georgia and Troup, Harris, Heard, and Meriwether counties from 2010 through 2014, where data is available. Motor vehicle crashes mortality has decreased in Troup County. Where data is available the rate in Troup (13.0 vs. 12.1), Harris (30.7 vs. 11.9) and Meriwether (33.0 vs.12.2) were higher when compared to the state. The counties and state are higher than the nation (10.7).

Figure 115. Mortality Rate for Auto Accidents

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>12.6</td>
<td>16.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>12.7</td>
<td>22.1</td>
<td>15.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>10.7</td>
<td>11.9</td>
<td>13.1</td>
<td>30.7</td>
<td>56.4</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>12.2</td>
<td>21.7</td>
<td></td>
<td>33.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>12.1</td>
<td>13.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health, Centers for Disease Control
Figure 116 illustrates the poisoning mortality rates in Georgia and Troup, Harris, Heard, and Meriwether counties from 2010 through 2014, where data is available. Poisoning is defined as the effect of taking too much of any substance. Poisoning mortality has increased in Troup County and was higher when compared to the state in 2014 (14.4 vs. 10.5).

Figure 116. Poisoning Mortality

<table>
<thead>
<tr>
<th>Year</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>9.7</td>
<td>8.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>9.9</td>
<td>20.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>9.2</td>
<td>11.7</td>
<td></td>
<td></td>
<td>28.2</td>
</tr>
<tr>
<td>2013</td>
<td>9.8</td>
<td>10.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>10.5</td>
<td>14.4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Public Health
Figure 117 illustrates the unintentional poisoning mortality rates in Troup, Harris, Heard, and Meriwether counties for the year ranges 2006-2008 through 2011-2013, where data is available. Unintentional poisoning is when a person did not intend to harm themselves. Unintentional poisoning mortality has been increasing in Troup and Harris counties, while it has remained the same in Meriwether County and decreased in Heard County.

**Figure 117. Unintentional Poisoning Mortality**

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2008</td>
<td>7.8</td>
<td></td>
<td>14.6</td>
<td>11.9</td>
</tr>
<tr>
<td>2007-2009</td>
<td>9.2</td>
<td>8.9</td>
<td>21.2</td>
<td>10.6</td>
</tr>
<tr>
<td>2008-2010</td>
<td>8.4</td>
<td>9.4</td>
<td>20.4</td>
<td>10.8</td>
</tr>
<tr>
<td>2009-2011</td>
<td>14.1</td>
<td>10.5</td>
<td>15.2</td>
<td>9.1</td>
</tr>
<tr>
<td>2010-2012</td>
<td>14.2</td>
<td>6.6</td>
<td>11.6</td>
<td>19.6</td>
</tr>
<tr>
<td>2011-2013</td>
<td>14.5</td>
<td>7.6</td>
<td></td>
<td>19.6</td>
</tr>
</tbody>
</table>

Source: Healthy Communities Institute
Figure 118 illustrates the fall mortality rates in the United States, Georgia and Troup, Harris, Heard, and Meriwether counties for the years 2010 through 2014, where data is available. Limited fall mortality data is available due to the low numbers, but in 2013 the rate in Troup County (13.0) was higher than the state (6.8) and nation (9.6).

**Figure 118. Fall Mortality**

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>GA</th>
<th>Troup</th>
<th>Harris</th>
<th>Heard</th>
<th>Meriwether</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>6.1</td>
<td>6.7</td>
<td></td>
<td></td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>6.7</td>
<td>7.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>9.6</td>
<td>6.3</td>
<td>13.0</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>6.5</td>
<td>6.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>6.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: GA Department of Health, Centers for Disease Control
Figure 119 illustrates responses from the 2016 Community Survey respondents regarding the injury problems affecting the community. The 2016 Community Survey respondents identified Texting and Driving (79.8%), Driving Under the Influence of Drugs or Alcohol (65.9%), and Domestic Violence (52.3%) as the top 3 injury problems impacting the community.

Figure 119. 2016 Community Survey – Injury Problems

Source: WellStar West Georgia Medical Center CHNA Community Survey, 2016
**Unintentional and Intentional Injury Conclusions**

There are a number of observations and conclusions that can be derived from the data related to Unintentional and Intentional Injury. These include:

- Motor vehicle crashes mortality has decreased in Troup County. Where data is available the rate in Troup (13.0 vs. 12.1), Harris (30.7 vs. 11.9) and Meriwether (33.0 vs. 12.2) were higher when compared to the state. The counties and state are higher than the nation (10.7).
- Poisoning mortality has increased in Troup County and was higher when compared to the state in 2014 (14.4 vs. 10.5).
- Unintentional poisoning mortality has been increasing in Troup and Harris counties, while it has remained the same in Meriwether County and decreased in Heard County.
- Limited fall mortality data is available due to the low numbers, but in 2013 the rate in Troup County (13.0) was higher than the state (6.8) and nation (9.6).
- 2016 Community Survey respondents identified the following as the top 3 injury problems impacting the community:
  - Texting and driving (79.8%)
  - Driving under the influence of alcohol or drugs (65.9%)
  - Domestic violence (52.3%)
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Appendix D

Prioritization Process
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As a result of the primary and secondary data analysis, the consulting team identified 44 distinct community needs and issues that demonstrated disparity, negative trend or gap between the local/regional data and the state, national or healthy people goal and/or that qualitative information suggested that it was a growing need in the community. The Steering Committee met on May 12, 2016 and reviewed the data and agreed with the potential priority list. Using an Internet Survey, during the week after the meeting, the Steering Committee rated each of the items by the criteria and determined the highest needs. Table 1 identified the selected criteria.

**Table 1. Prioritization Criteria**

<table>
<thead>
<tr>
<th>Item</th>
<th>Definition</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountable Role</td>
<td>The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community</td>
<td>This is an important priority for the community to address</td>
</tr>
<tr>
<td>Magnitude of the problem</td>
<td>The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue</td>
<td>Low numbers of people affected; no risk for epidemic</td>
</tr>
<tr>
<td>Impact on other health outcomes</td>
<td>The extent to which the issue impacts health outcomes and/or is a driver of other conditions</td>
<td>Little impact on health outcomes or other conditions</td>
</tr>
<tr>
<td>Capacity (systems and resources) to implement evidence based solutions</td>
<td>This would include the capacity to and ease of implementing evidence based solutions</td>
<td>There is little or no capacity (systems and resources) to implement evidence based solutions</td>
</tr>
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**Table 2. WellStar WGMC CHNA Prioritization Survey - Sorted by Total**

<table>
<thead>
<tr>
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<th>Capacity</th>
<th>Total</th>
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<tbody>
<tr>
<td>Chronic Disease: High Blood Pressure</td>
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<td>8.29</td>
<td>9.13</td>
<td>7.43</td>
<td>31.67</td>
</tr>
<tr>
<td>Chronic Disease: Diabetes</td>
<td>6.74</td>
<td>8.32</td>
<td>9.26</td>
<td>7.20</td>
<td>31.52</td>
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<tr>
<td>Chronic Disease: Heart Disease Mortality</td>
<td>7.22</td>
<td>7.77</td>
<td>8.94</td>
<td>7.50</td>
<td>31.43</td>
</tr>
<tr>
<td>Chronic Disease: Cardiovascular Disease (Stroke)</td>
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<td>7.30</td>
<td>9.03</td>
<td>7.43</td>
<td>30.98</td>
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<tr>
<td>Chronic Disease: Obesity</td>
<td>5.83</td>
<td>8.48</td>
<td>9.35</td>
<td>7.03</td>
<td>30.69</td>
</tr>
<tr>
<td>Access to Quality Health Services: Using ER for Primary Care</td>
<td>6.55</td>
<td>7.97</td>
<td>8.00</td>
<td>7.07</td>
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<td>Chronic Disease: Asthma/COPD</td>
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<td>6.90</td>
<td>8.29</td>
<td>7.50</td>
<td>29.58</td>
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## Answer Options

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<td>Chronic Disease: Colon Cancer</td>
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<td>6.81</td>
<td>7.68</td>
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<tr>
<td>Chronic Disease: Lung Cancer</td>
<td>7.07</td>
<td>6.97</td>
<td>7.61</td>
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</tr>
<tr>
<td>Chronic Disease: Breast Cancer</td>
<td>7.22</td>
<td>6.35</td>
<td>7.67</td>
<td>7.70</td>
</tr>
<tr>
<td>Access to Quality Health Services: High Cost of Health Care</td>
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<td>8.39</td>
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<tr>
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<tr>
<td>Chronic Disease: Prostate Cancer</td>
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<td>6.94</td>
<td>7.27</td>
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<tr>
<td>Physical Activity/Nutrition: Poor Diet/Eating Habits</td>
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<td>7.65</td>
<td>8.68</td>
<td>6.47</td>
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<tr>
<td>Physical Activity/Nutrition: Physical Inactivity</td>
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<tr>
<td>Chronic Disease: Ovarian Cancer</td>
<td>7.15</td>
<td>5.26</td>
<td>6.87</td>
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</tr>
<tr>
<td>Mental Health and Substance Abuse: Lack of Health Care</td>
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<tr>
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<tr>
<td>Infectious Disease: Influenza Vaccine/Mortality</td>
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</tr>
<tr>
<td>Mental Health and Substance Abuse: Depression</td>
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<tr>
<td>Healthy Mothers, Babies and Children: Low Birthweight</td>
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<td>Healthy Mothers, Babies and Children: Teen Birth Rate</td>
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<td>6.00</td>
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<tr>
<td>Infectious Disease: Pneumonia Vaccine/Mortality</td>
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</tr>
<tr>
<td>Access to Quality Health Services: Lack of Access</td>
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<td>6.55</td>
<td>6.35</td>
<td>5.43</td>
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<tr>
<td>Healthy Mothers, Babies and Children: Teen Pregnancy Rate</td>
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<td>6.03</td>
<td>7.16</td>
<td>5.77</td>
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<td>Mental Health and Substance Abuse: Underage Drugs</td>
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<td>7.33</td>
<td>7.55</td>
<td>4.60</td>
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<td>Answer Options</td>
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<td>Impact</td>
<td>Capacity</td>
</tr>
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<td>--------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-----------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Tobacco Use: Chewing Tobacco Use</td>
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<td>5.55</td>
<td>7.16</td>
<td>6.00</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse: Drug Use Mortality</td>
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<td>6.37</td>
<td>7.23</td>
<td>4.93</td>
</tr>
<tr>
<td>Healthy Mothers, Babies and Children: Tobacco Use During Pregnancy</td>
<td>5.03</td>
<td>5.23</td>
<td>7.00</td>
<td>5.63</td>
</tr>
<tr>
<td>Infectious Disease: HIV/AIDS</td>
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<td>6.48</td>
<td>6.47</td>
</tr>
<tr>
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<td>4.24</td>
<td>6.23</td>
<td>7.29</td>
<td>4.53</td>
</tr>
<tr>
<td>Healthy Environment: Poverty</td>
<td>2.13</td>
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<td>8.32</td>
<td>4.00</td>
</tr>
<tr>
<td>Healthy Environment: Children Living in Poverty</td>
<td>2.67</td>
<td>7.39</td>
<td>7.94</td>
<td>4.13</td>
</tr>
<tr>
<td>Infectious Disease: Chlamydia</td>
<td>4.20</td>
<td>5.53</td>
<td>5.45</td>
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<tr>
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<td>Healthy Environment: Domestic Violence/Child Abuse</td>
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<td>4.97</td>
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<td>5.37</td>
<td>6.26</td>
<td>4.17</td>
</tr>
<tr>
<td>Physical Activity/Nutrition: Access to Recreation</td>
<td>2.84</td>
<td>4.84</td>
<td>6.32</td>
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<tr>
<td>Healthy Environment: Lack of Jobs/Unemployment</td>
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<td>6.29</td>
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<tr>
<td>Healthy Environment: Crime/Gang Violence</td>
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<td>6.77</td>
<td>6.52</td>
<td>3.67</td>
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<td>Healthy Environment: Children Living in Single Parent Homes</td>
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<td>7.06</td>
<td>6.16</td>
<td>3.33</td>
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<tr>
<td>Injury: Fall Mortality</td>
<td>4.30</td>
<td>3.42</td>
<td>5.26</td>
<td>5.00</td>
</tr>
<tr>
<td>Healthy Environment: Lack of Financial Literacy</td>
<td>1.83</td>
<td>6.30</td>
<td>5.84</td>
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</tr>
<tr>
<td>Injury: Motor Vehicle Mortality</td>
<td>2.56</td>
<td>4.00</td>
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<tr>
<td>Injury: Unintentional Poisoning Mortality</td>
<td>3.92</td>
<td>3.35</td>
<td>4.74</td>
<td>4.33</td>
</tr>
<tr>
<td>Injury: Poisoning Mortality</td>
<td>4.00</td>
<td>3.45</td>
<td>4.68</td>
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</tbody>
</table>
### Table 3. WellStar WGMC CHNA Prioritization Survey Results - Sorted by Accountability (Hospital Role)

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Accountable Role</th>
<th>Magnitude</th>
<th>Impact</th>
<th>Capacity</th>
<th>Total</th>
<th>Total M + I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease: Cardiovascular Disease (Heart Disease, Cholesterol, etc.)</td>
<td>9.03</td>
<td>7.77</td>
<td>9.10</td>
<td>7.31</td>
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<tr>
<td>Chronic Disease: Breast Cancer</td>
<td>9.03</td>
<td>6.39</td>
<td>8.21</td>
<td>7.31</td>
<td>30.94</td>
<td>14.60</td>
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<td>Chronic Disease: Colorectal Cancer</td>
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<td>8.00</td>
<td>7.17</td>
<td>30.14</td>
<td>13.97</td>
</tr>
<tr>
<td>Chronic Disease: Diabetes</td>
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<td>7.46</td>
<td>9.03</td>
<td>7.21</td>
<td>32.50</td>
<td>16.49</td>
</tr>
<tr>
<td>Chronic Disease: Lung Cancer</td>
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<td>6.45</td>
<td>7.90</td>
<td>6.83</td>
<td>29.98</td>
<td>14.35</td>
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<tr>
<td>Chronic Disease: Prostate Cancer</td>
<td>8.77</td>
<td>5.97</td>
<td>7.52</td>
<td>7.03</td>
<td>29.29</td>
<td>13.49</td>
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<tr>
<td>Access: Access to Urgent Care Services</td>
<td>8.65</td>
<td>5.92</td>
<td>8.60</td>
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<td>Access: Access to Primary Care Services</td>
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<td>8.03</td>
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<td>Chronic Disease: COPD/Chronic Bronchitis</td>
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<td>8.00</td>
<td>6.93</td>
<td>30.13</td>
<td>14.62</td>
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<tr>
<td>Healthy Mothers, Babies &amp; Children: Need to Expand Women's Health Services/Prenatal Care</td>
<td>8.29</td>
<td>6.41</td>
<td>7.45</td>
<td>7.00</td>
<td>29.15</td>
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<tr>
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<td>7.08</td>
<td>7.10</td>
<td>7.21</td>
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<td>14.18</td>
</tr>
<tr>
<td>Access: Access to Mental Health Services</td>
<td>8.10</td>
<td>6.62</td>
<td>8.45</td>
<td>6.66</td>
<td>29.83</td>
<td>15.07</td>
</tr>
<tr>
<td>Chronic Disease: Obesity</td>
<td>7.30</td>
<td>8.26</td>
<td>9.24</td>
<td>6.82</td>
<td>31.62</td>
<td>17.50</td>
</tr>
<tr>
<td>Access: Affordability of Health Care/Insurance Costs/Copays</td>
<td>6.90</td>
<td>6.96</td>
<td>8.76</td>
<td>5.86</td>
<td>28.48</td>
<td>15.72</td>
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<td>Infectious Disease: Lyme Disease</td>
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<tr>
<td>Healthy Mothers, Babies &amp; Children: Tobacco Use During Pregnancy</td>
<td>6.23</td>
<td>6.90</td>
<td>8.17</td>
<td>6.50</td>
<td>27.80</td>
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<tr>
<td>Access: Elder Care Services</td>
<td>6.06</td>
<td>5.69</td>
<td>7.93</td>
<td>6.90</td>
<td>26.58</td>
<td>13.62</td>
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<tr>
<td>Healthy Mothers, Babies &amp; Children: Drug Use During Pregnancy</td>
<td>5.83</td>
<td>6.86</td>
<td>8.50</td>
<td>6.28</td>
<td>27.47</td>
<td>15.36</td>
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<td>6.84</td>
<td>8.00</td>
<td>6.28</td>
<td>26.86</td>
<td>14.84</td>
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<td>5.52</td>
<td>6.07</td>
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## Prioritization Process

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<tr>
<th>Answer Options</th>
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<th>Magnitude</th>
<th>Impact</th>
<th>Capacity</th>
<th>Total</th>
<th>Total M + I</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use: Chewing Tobacco, Snuff, Snus</td>
<td>4.83</td>
<td>7.38</td>
<td>8.21</td>
<td>5.55</td>
<td>25.97</td>
<td>15.59</td>
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<tr>
<td>Tobacco Use: Smoking</td>
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<td>6.79</td>
<td>8.34</td>
<td>5.62</td>
<td>25.46</td>
<td>15.13</td>
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<td>7.97</td>
<td>8.71</td>
<td>5.93</td>
<td>27.18</td>
<td>16.68</td>
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<tr>
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<td>7.50</td>
<td>8.14</td>
<td>6.38</td>
<td>26.28</td>
<td>15.64</td>
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<tr>
<td>Physical Activity/Nutrition: Nutrition Education</td>
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<td>7.39</td>
<td>6.41</td>
<td>23.87</td>
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<tr>
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<td>7.79</td>
<td>8.00</td>
<td>6.07</td>
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<td>15.79</td>
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<tr>
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<td>3.80</td>
<td>7.59</td>
<td>8.62</td>
<td>5.96</td>
<td>25.97</td>
<td>16.21</td>
</tr>
<tr>
<td>Access: Transportation To/From Medical Services</td>
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<td>5.63</td>
<td>7.14</td>
<td>5.45</td>
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<td>8.48</td>
<td>6.07</td>
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<td>16.51</td>
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<td>8.04</td>
<td>6.34</td>
<td>24.76</td>
<td>15.35</td>
</tr>
<tr>
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<td>3.06</td>
<td>7.24</td>
<td>7.75</td>
<td>6.38</td>
<td>24.43</td>
<td>14.99</td>
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<tr>
<td>Injury: Sexual Abuse</td>
<td>2.84</td>
<td>6.40</td>
<td>7.62</td>
<td>6.34</td>
<td>23.20</td>
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<td>5.00</td>
<td>7.14</td>
<td>4.72</td>
<td>19.21</td>
<td>12.14</td>
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</tbody>
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Appendix E

Stakeholder Interview Guide
Thank you for taking the time to talk with us to support the West Georgia Health Community Health Needs Assessment Process.

1. First of all, could you tell me a little bit about yourself and your background/experience with community health related issues.

<table>
<thead>
<tr>
<th>2. What, in your opinion, are the top 3 community health needs for Troup County?</th>
<th>3. What, in your opinion are the issues and the environmental factors that are driving these community health needs?</th>
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<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>Others mentioned:</td>
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</table>

4. Check to see if the area they were selected to represent is one of the top priorities identified above. If not mentioned, say…. 

Our records indicate that you were selected to participate in these individual interviews because you have specific background/experience/knowledge regarding ________________. What do you feel are the key issues related to this topic area?

What, in your opinion are the issues and the environmental factors that are driving the needs in this topic area?

5. What activities/initiatives are currently underway in the community to address the needs within this topic area?
6. What more, in your opinion, still needs to be done in order to address this community health topic area.

7. What advice do you have for the project steering committee who is implementing this community health assessment process?
Appendix F

Focus Group Topic Guide
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Community Health Assessment

Focus Group Topic Guide
West Georgia Health
I. Introduction

Hello, my name is _____________________ and we’re going to be talking about community health. We are attempting to conduct a community health assessment by asking diverse members of the community to come together and talk to us about community health problems, services that are available in the community, barriers to people using those services, and what kinds of things that could or should be done to improve the health of the community.

Does anyone have any initial questions?

Let’s get started with the discussion. As I stated earlier, we will be discussing different aspects of community health. First, I have a couple of requests. One is that you speak up and only one person speaks at a time.

The other thing is, please say exactly what you think. There are no right or wrong answers in this. We’re just as interested in your concerns as well as your support for any of the ideas that are brought up, so feel free to express your true opinions, even if you disagree with an idea that is being discussed.

I would also ask that you do some self-monitoring. If you have a tendency to be quiet, force yourself to speak and participate. If you like to talk, please offer everyone a chance to participate. Also, please don’t be offended if I think you are going on too long about a topic and ask to keep the discussion moving. At the end, we will vote on each of the topic areas brought up and rank them according to how important they are to the health status of the community.

Also, we have an outline of the topics that we would like to discuss before the end of our meeting. If someone brings up an idea or topic that is part of our later questions, I may ask you to “hold that thought” until we get to that part of our discussion.

Now, to get started, perhaps it would be best to introduce ourselves. Let’s go around the table one at a time and I’ll start. Please tell your name and your favorite flavor of ice cream.
II. Overall Community Health Status

A. Overall, how would you rate the health status of your community? Would you say, in general, that your community’s health status is Excellent, Very Good, Good, Fair or Poor. RECORD HOW MANY OF EACH.

NOTE: If someone asks how we define community, ask, “How would you define it?”

B. Why do you say that?

C. Overall, how would you rate your personal health status? Would you say, in general, that your community’s health status is Excellent, Very Good, Good, Fair or Poor. RECORD HOW MANY OF EACH.

D. What are the things that you think are impacting the health of the community?

E. Why do you say that?

F. How do you think a person’s individual health affects the health of the community? Do you think there’s a link between individual health and the health of the community?

G. Why do you say that?
III. Community Health Needs

A. Based on your experience in your neighborhood and community, what do you think the single biggest community health need is? *(BUILD LIST ONTO GRID SHEET).*

B. Why do you say that?

C. What are some of the other problems that are impacting the health of the community? *(BUILD LIST ONTO GRID SHEET).*

D. How much of a problem do you think each is in this community? *GRID SHEET*

Access to Services

A. What solutions to these problems are currently available in the community? What are you aware of? Are you aware of community agencies and organizations who are working on these? *(BUILD LIST ONTO GRID SHEET).*

B. To what extent do people use these services/solutions? Why? *GRID SHEET*

C. What are the things/barriers that prevent people from using these services? *(BUILD LIST ONTO GRID SHEET).*

D. Why do you say that? *GRID SHEET*
IV. Potential Solutions

A. What should the community be doing to improve community health? (BUILD LIST ONTO GRID SHEET).

B. How important is each of these to focus on over the next 3 years? GRID SHEET

C. Who do you think should take the lead on each? GRID SHEET

D. What advice would you give those of us who are working on this community assessment? RECORD BELOW IF GET TO THIS QUESTION
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Appendix G

Community Survey
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WellStar West Georgia Medical Center
Community Health Survey

WellStar West Georgia Medical Center is interested in learning about the health of the residents in West Georgia and East Alabama. Your input in this process is very important.

We are asking that you complete this survey that will help us to identify the needs of our community so that we can work together to address those needs. The survey should take approximately 5-10 minutes to complete, and we ask that you please complete by Friday, May 6, 2016.

Your responses are important and will provide us with information that will allow us to identify the most pressing needs of our community so that we might all work together to address those needs.

Please note that your responses are completely anonymous. If you have questions regarding the survey, or need assistance completing this survey please contact Jacqui or Kathy at 1-866-480-8003.

Thank you for your participation!

1. How would you rate your (personal) overall health?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

2. Overall, how would you rate the health status of your community?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
3. What is your gender?
   - Male
   - Female

4. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, aerobics, golf, gardening, or walking for exercise?
   - Yes
   - No
   - Don’t Know

5. Do you have a regular health care provider?
   - Yes
   - No
   - Don’t Know

6. If you do not have or use a regular health care provider, please tell us why:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

7. Do you have any kind of medical insurance coverage, including health insurance, prepaid plans such as HMO's or government plans such as Medicare?
   - Yes
   - No
   - Don’t Know
8. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?
   - Yes
   - No
   - Don’t Know

9. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (Note: snus [Swedish for snuff] is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum)
   - Every day
   - Some days
   - Not at all

10. Do you currently vape (also known as smoking e-cigarettes)?
    - Every day
    - Some days
    - Not at all

11. Do you currently smoke?
    - Yes
    - No

12. Please enter the number of cigarettes smoked per day:
    _______

13. Have you ever been told by a doctor, nurse, or other health care professional that you have high blood pressure?
    - Yes
    - Yes, but only during pregnancy
    - No
    - Told borderline or pre-hypersensitive
    - Don’t Know
14. Have you ever been told by a doctor that you have diabetes?
   - Yes
   - Yes, but only during pregnancy
   - No
   - No, pre-diabetes or borderline diabetes
   - Don’t Know

15. About how long has it been since you last had your blood pressure checked by a doctor, nurse, or other health care provider?
   - Less than 6 months
   - 6 months to less than 12 months
   - 12 months to less than 2 years
   - 2 years to less than 5 years
   - 5 years or more
   - Never

16. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a physical exam, not an exam for a specific injury, illness, or condition.
   - Less than 6 months
   - 6 months to less than 12 months
   - 12 months to less than 2 years
   - 2 years to less than 5 years
   - 5 years or more
   - Never

17. About how long has it been since you last visited a dentist or dental clinic for any reason? (Include visits to specialists, such as orthodontists)
   - Less than 6 months
   - 6 months to less than 12 months
   - 12 months to less than 2 years
   - 2 years to less than 5 years
   - 5 years or more
   - Never
18. **About how long has it been since you last had your cholesterol checked?**
   - Less than 6 months
   - 6 months to less than 12 months
   - 12 months to less than 2 years
   - 2 years to less than 5 years
   - 5 years or more
   - Never

19. **How long has it been since your last Pap test?**
   - Less than 6 months
   - 6 to less than 12 months
   - 12 months to less than 2 years
   - 2 years to less than 5 years
   - 5 years or more
   - Never had one

20. **How long has it been since your last mammogram?**
   - Less than 6 months
   - 6 to less than 12 months
   - 12 months to less than 2 years
   - 2 years to less than 5 years
   - 5 years or more
   - Never had one

21. **A prostate-specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. How long has it been since your last PSA test?**
   - Less than 6 months
   - 6 to less than 12 months
   - 12 months to less than 2 years
   - 2 years to less than 5 years
   - 5 years or more
   - Never had one
22. During the past month, not counting juice, how many times per day, week, or month did you eat fruit? (Count fresh, frozen or canned fruit)
   Day_____  
   Week_____  
   Month_____  

23. During the past month, how many times per day, week, or month did you eat dark green vegetables (for example broccoli or leafy greens including romaine, chard, collard greens, or spinach)?
   Day_____  
   Week_____  
   Month_____  

24. Considering all types of alcoholic beverages, how many times in the last 30 days have you had 4 or more drinks on the same occasion (at the same time or within a couple of hours of each other)?
   _______  

25. Considering all types of alcoholic beverages, how many times in the last 30 days have you had 5 or more drinks on the same occasion (at the same time or within a couple of hours of each other)?
   _______  

26. In the last 30 days, what is the largest number of drinks that you have had on any one occasion?
   _______  

27. Over the past two weeks, how often have you been bothered by little interest or pleasure in doing things?
   ☐ Not at all  
   ☐ A few days  
   ☐ Several days  
   ☐ More than half the days  
   ☐ Nearly every day
28. Over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless?
   - Not at all
   - A few days
   - Several days
   - More than half the days
   - Nearly every day

29. Over the past two weeks, how often have you had trouble falling asleep or staying asleep or sleeping too much?
   - Not at all
   - A few days
   - Several days
   - More than half the days
   - Nearly every day

30. About how much do you weigh without shoes?
    ______

31. About how tall are you without shoes?
    Feet ____________________
    Inches ____________________

Social and Environmental Issues

32. How much of a problem is each of these in the community?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Very Serious Problem</th>
<th>Serious Problem</th>
<th>Somewhat of a Problem</th>
<th>Small Problem</th>
<th>Not a Problem</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Affordable and Adequate Housing</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>Homelessness</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>Lack of Employment Opportunities/Jobs</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>Poverty</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐ ☐</td>
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</table>
### Behaviors

**33. How much of a problem is each of these in the community?**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Very Serious Problem</th>
<th>Serious Problem</th>
<th>Somewhat of a Problem</th>
<th>Small Problem</th>
<th>Not a Problem</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Abuse</td>
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<tr>
<td>Prescription Drug Abuse</td>
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<tr>
<td>Illegal Drug Use</td>
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<tr>
<td>Crime</td>
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<tr>
<td>Delinquency/Youth Crime</td>
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<tr>
<td>Domestic Violence</td>
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<tr>
<td>Sexual Abuse</td>
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<tr>
<td>Child Physical Abuse</td>
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<tr>
<td>Child Sexual Abuse</td>
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<tr>
<td>Child Emotional Abuse</td>
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<tr>
<td>Child Neglect</td>
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<tr>
<td>Violence</td>
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<tr>
<td>Gun Violence</td>
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<tr>
<td>Lack of Exercise/Physical Activity</td>
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<tr>
<td>Sexual Behaviors</td>
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<td>(unprotected, irresponsible/risky)</td>
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</table>
### Access

34. **How much of a problem is each of these in the community?**

<table>
<thead>
<tr>
<th>Access Issue</th>
<th>Very Serious Problem</th>
<th>Serious Problem</th>
<th>Somewhat of a Problem</th>
<th>Small Problem</th>
<th>Not a Problem</th>
<th>Don’t Know</th>
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</thead>
<tbody>
<tr>
<td>Lack of Access to Insurance Coverage</td>
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<tr>
<td>Lack of Access to Adult Immunizations</td>
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<tr>
<td>Lack of Access to Childhood Immunizations</td>
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<tr>
<td>Lack of Access to General Health Screenings (including blood pressure, cholesterol, colorectal cancer and diabetes)</td>
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<tr>
<td>Lack of Access to Mental Health Care Services</td>
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<tr>
<td>Lack of Access to Prenatal Care</td>
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</table>
### Lack of Access to Transportation to Medical Care Providers and Services

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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### Lack of Access to Women's Health Services

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<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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### Lack of Access to Primary Medical Care Providers

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<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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### Lack of Availability of Specialists/Specialty Medical Care

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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### Lack of Access to Affordable Health Care (related to copays and deductibles)

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<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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### Lack of Access to Dementia Care Services

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<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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<tr>
<td>?</td>
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### Lack of Access to Dental Care

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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### Lack of Access to Shelters in the Area

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
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### 35. Was there a time in the past 12 months when you experienced any of the following:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
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<tbody>
<tr>
<td>☐</td>
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</table>

- Could not fill a prescription due to cost
- Could not seek medical treatment because of cost
- Could not get health care services because of lack of transportation
36. **What other things kept you from receiving the health care you needed in the past 12 months?**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Health Problems**

37. **How much of a problem is each of these in the community?**

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Very Serious Problem</th>
<th>Serious Problem</th>
<th>Somewhat of a Problem</th>
<th>Small Problem</th>
<th>Not a Problem</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma/COPD related issues</td>
<td></td>
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<tr>
<td>Cancer</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Influenza and Pneumonia</td>
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<tr>
<td>Heart Disease</td>
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<tr>
<td>Obesity and Overweight</td>
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<tr>
<td>Childhood Obesity</td>
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<tr>
<td>Cardiovascular Disease and Stroke</td>
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<tr>
<td>High Cholesterol</td>
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<tr>
<td>Hypertension/High Blood Pressure</td>
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<tr>
<td>Dental Hygiene/Dental Problems</td>
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<tr>
<td>Allergies</td>
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<tr>
<td>Chronic Depression</td>
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</tbody>
</table>
38. What do you feel are the top three health problems in the county you live in? (For Example: Cancer, Diabetes, Obesity, Etc...) Your response does not need to be limited to the topics previously listed.

Problem 1

Problem 2

Problem 3

39. What do you feel are the top three social or environmental problems in the county you live in? (For Example: High Rates of Drug Use, Poor Weather Conditions, Lack of Jobs, Etc...) Your response does not need to be limited to the topics previously listed.

Problem 1

Problem 2

Problem 3
Problem 2
_________________________________
_________________________________
_________________________________
_________________________________
_________________________________

Problem 3
_________________________________
_________________________________
_________________________________
_________________________________
_________________________________

40. What additional health care services would you like in the area?
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________
_____________________________________________________

The following are for statistical purposes only:

41. What county do you currently live in?
- Troup, Georgia
- Heard, Georgia
- Meriwether, Georgia
- Harris, Georgia
- Randolph, Alabama
- Chambers, Alabama
- Other

Please Specify__________________________________________

_______
42. How many children under the age of 18 live in your household?  

43. Which one or more of the following would you say is your race? CHECK ALL THAT APPLY  
- Caucasian/White  
- Black or African American  
- Asian  
- Native Hawaiian or other Pacific Islander  
- Native American  
- Alaska Native  
- Other  
- Don't Know  

44. Are you Hispanic or Latino?  
- Yes  
- No  
- Don't Know  

45. What is the highest grade or year of school you completed?  
- Less than 9th Grade  
- Some High School, No Diploma  
- High School Graduate (or GED)  
- Some College, No Degree  
- Associate Degree  
- Bachelor's Degree  
- Master's Degree  
- Professional School Degree  
- Doctorate Degree  

46. What is your annual household income?  
- Less than $15,000  
- $15,000 to less than $25,000  
- $25,000 to less than $50,000  
- $50,000 to less than $75,000  
- $75,000 or more
47. What is your marital status?
- Single, Never Married
- Married
- Divorced
- Widowed
- Separated
- Member of an unmarried couple

48. What is your employment status?
- Currently employed for wages
- Self-employed
- Out of work for less than one year
- Out of work for more than one year
- Homemaker
- Student
- Retired
- Unable to work
- Other

Please Specify__________________________________________
__________________________________________
__________________________________________

49. If you are currently employed how many minutes do you travel for work one way?
- Less than 15 minutes
- 15 to 29 minutes
- 30 to 44 minutes
- 45 to 59 minutes
- 1 to 2 hours
- 2 hours or more
50. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and older

Thank you very much for your time and input!
Appendix H

Focus Group Intercept Survey
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1. How would you rate the health of the community? Would you say it is Excellent, Very Good, Good, Fair or Poor?
   a. Why do you say that?

2. How would you rate your personal health? Would you say it is Excellent, Very Good, Good, Fair or Poor?
   a. Why do you say that?

3. What would you say are the top 3 health needs of the community? Why do you say that?

4. Based on the 3 needs you just listed, what, if anything, is the hospital/community doing to correct these needs?

5. What additional services are needed in the community that you feel are missing?

6. What, if any, barriers are you or your family experiencing related to health care?
Appendix I

2013 CHNA Implementation Strategy Evaluations Year 1 and Year 2
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Executive Summary

On November 4, 2014, West Georgia Health (WGH) held a Community Health Needs Assessment (CHNA) evaluation meeting. This meeting was facilitated by Debbie Thompson, President and Founder of Strategy Solutions, Inc. A total of 17 hospital representatives attended this meeting to review WGH’s implementation strategies that have been underway over the last year.

The evaluation meeting included a review of each of WGH’s goals, objectives, implementation strategies and accomplishments, along with discussion on updating the implementation action plan for the upcoming fiscal year. A detailed look at the implementation strategies for WGH was conducted, determining what action items were started, completed or tabled during the first year of evaluation.

WGH retained the services of Strategy Solutions, Inc. in an advisory role to assist the hospital with the implementation of its action plan. Through this partnership, WGH has accomplished the following in regards to its implementation strategies action plan:

- Recruited several physicians and extenders and have initial contracts with new physicians for the upcoming year as well.
- Supported Troup Cares, a free clinic for the working poor or near poor in Troup County, as well as offered a Community Service Clinic for Troup County residents with chronic diseases who are uninsured and meet certain financial qualifications.
- Participated in 30 WGH and community health fairs/screenings, with one person diagnosed with prostate cancer as a result of the screening and 66 women receiving vouchers for free mammograms.
- Hosted information sessions and sign-up assistance for the Affordable Care Act Health Exchange Program – 35 people met with health navigators, with 11 of those people enrolling in the exchanges provided by the Affordable Care Act.
- Promoted health improvement and prevention activities within its own workforce – 78% of WGH employees currently participate in the hospital’s Vitality® wellness program, with a 41% increase in the number of employees who have reached platinum status from 2013 to 2014.
- Began Healthy Troup – a community wellness initiative in collaboration with the LaGrange-Troup County Chamber of Commerce, Troup County Center for Strategic Planning, District 4 Public Health, the Troup County Health Department and Emory Clark-Holder Clinic.
- Offered diabetes self-management training – 100% of the participants lowered and met their A1C goals.
- Continued its Project Red program designed to improve the health of congestive heart failure patients – for the first three quarters of 2014, 15.54% CHF patients participated in Project Red, with numbers for the entire year to be released in a few months; participation is on target to meet or exceed the expected number of 19.61%.
- Decreased WGH’s COPD readmission rate – the COPD readmission rate was 8.84, a decrease of 48% from 2013 (16.92).
- Participated in the planning and implementation of the Teen Maze program – 862 ninth graders participated in this community program that is designed to decrease youth risk behaviors.
Partnered with the Boys & Girls Clubs of West Georgia on programs designed to promote self-esteem, wellness and positive behaviors and decrease youth risk behaviors. Results from the BG&C’s Winning the Battle study indicate Boys & Girls Clubs participants have better percentages than the entire Troup County School System student body when it came to school absences and suspensions.

Successfully instituted the First Steps program to decrease child abuse and shaken baby syndrome.

Partnered with the LaGrange Lions Club in March to host WGH’s first-ever Diabesity Walk (to raise awareness and funds for/about diabetes and obesity). It was a 5K walk that had 75 participants and raised $1,600. Proceeds are being used to offer diabetes and nutrition education classes at Troup Cares.

Partnered with District 4 Public Health, Jenny Jack Sun Farms and the local Master Gardeners group on a Community Garden project at the LaGrange Boys and Girls Club. This collaboration planted the first garden in August, with the crops being harvested in October and November. This project continues into FY 2015, with our piece of the puzzle being to offer healthy cooking demos and recipes using vegetables grown in the garden, as well as nutrition information to the kids. WGH conducted its first cooking demo in November.

WGH is continuing to work on the following action items that couldn’t begin in 2014 due to time and resource constraints:

- Recruitment of an endocrinologist, pulmonary critical care specialist and radiation oncologist.
- Development of a centralized community resource directory.
- Securing a physician champion for lung cancer screenings, as well heavily promoting the availability of the lung CT scan due to changes in Medicare/Medicaid now paying for these screenings.
- Finding a solution to involve more diabetes patients in educational/nutritional outreach.
- Decreasing the onset of symptom-to-hospital time for WGH’s Acute Myocardial Infarction patients, as WGH is 28% above the National average.
- Increasing participation in teen pregnancy education classes and beginning classes regarding teen-health related needs and issues.

During the course of this evaluation, it was determined that implementing a mobile health clinic, along with breast cancer, colon cancer, prostate cancer, diabetes and stroke risk assessment products were not financially feasible and will not be pursued further.
Evaluation Meeting

During October and November 2014, West Georgia Health conducted an evaluation of the Community Health Needs Assessment implementation strategies that have been underway over the last year. The evaluation process included:

- Submission and review of the outcomes and impact data that was tracked and reported during the last fiscal year.
- Discussion of the accomplishments and next steps identified during an evaluation meeting held with West Georgia Health leadership on November 4, 2014.

A total of 17 hospital representatives attended the evaluation meeting held in the Cancer Center Conference Room at 10 a.m. The meeting was facilitated by Debra Thompson, President of Strategy Solutions. The participants included:

Liza Fritchley – Executive Staff
Jan Nichols – Marketing/Community Relations
Natalie Shelton – Marketing/Community Relations
Jeffery Davis – Pulmonary Medicine
Brenda Shelton – Social Services
Jamie Exum – Patient Access
Twyla Buttrill – Performance Improvement
Kathy McWhorter – Performance Improvement
Clarissa Grizzard – Performance Improvement
Linda Mack – Food and Nutrition Services
Charis Acree – Executive Staff
Tracy Gynther – Executive Staff
Kathy Hammock – Maternal-Infant Services
Norma Tucker – First Steps Program
Anne Bottenfield – Human Resources
Randy Calhoun – Emergency Department
Jane Bower – Cardiovascular Services

Evaluation Methodology

The evaluation meeting agenda included a review of each of the goals, objectives and implementation strategies, followed by a discussion. Using an audience response polling system, the participants were asked to rate the hospital’s progress in accomplishing the implementation strategies related to each of the goals on a 5-point scale where 5=Excellent, 4=Very Good, 3=Good, 2=Fair and 1=Poor. Each rating was followed by a discussion of the strategies. The next steps will include updating the implementation action plan for the upcoming fiscal year.

Progress Reports and Evaluation Discussion
Goal 1: Access - Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas

**Objective A: Implement a mobile health clinic**

The progress report included:
- Mobile Health Clinics determined not to be financially feasible in Q1.

Comments included:
- We determined early on (in quarter 1) that the mobile health clinic was something that we were not going to pursue due to the costs associated with the project.

**Objective B: Recruit primary care and specialty physicians and selected mid-level practitioners**

The progress report included:
- Dr. James Parker began working at the new West Point Clinic, which opened in November 2013; Dr. Chasity Duckworth began working at WG Family Practice in LaGrange in September 2014.
- Dr. Torey Harden began working at Kid Station Pediatrics in August 2014.
- Candace Wortham, APRN, began working with West Georgia Family Practice, then moved to the West Point Clinic in November 2013.
- Hope Zachman, PA began working for WGP Surgery in December 2013.
- Recruitment efforts continue for an endocrinologist.
- Recruitment efforts continue for two pulmonary critical care specialists.
- Recruitment efforts continue for a radiation oncologist.

Comments included:
- We recruited several physicians and extenders.
- We have initial contracts for the upcoming year as well.

**Objective C: Continue to identify and develop appropriate levels of care for uninsured persons**

The progress report included:
- Total adjusted uncompensated care was $20,786,134.35.
- Troup Cares – 768 individuals were seen with a total of 5,373 visits.
- A total of 4,083 accounts (some of these accounts were for the same people) were screened for financial assistance.
- A total of 744 accounts (some of these accounts were for the same people) were connected with some type of insurance (Medicaid, Medicare, etc.).
- FY 14 – 23% of total ED patients were ambulatory care sensitive conditions; FY 2013 – 25%
Comments included:

- We adjust off charity and indigent care.
- We support Troup Cares, a free clinic for the working poor or near poor in Troup County. Troup Cares served 768 individuals for a total of 5,373 visits during FY 2014. West Georgia Health provided $1.16M in funding and in-kind services to Troup Cares in FY 2014.
- Decreased FY 2014 numbers for non-urgent admissions – last year 25% of emergency department were non-emergent and this year it dropped to 23%.
- We do offer a Community Service Clinic for Troup County residents who have chronic disease(s), are uninsured and meet certain financial qualifications; we had 1,110 patient visits this past year; the total operating expenses for the Community Service Clinic pharmacy were $229,924 (including drug costs, wages/salaries/benefits, supplies, contract maintenance and utilities).

**Objective D: Develop centralized community resource directory**

The progress report included:

- The research phase has been rescheduled for Q2, 2015 with publication scheduled for July 2015. Has not yet begun for the community directory.

Comments Included:

- This has not been completed due to lack of time and resources.
- Although this was not included in the original implementation plan, another way we have provided access to care for our cancer patients is through our oncology nurse navigator. In FY 2014, our nurse navigator provided patients 794 connections to care through a variety of services including drug assistance, transportation, American Cancer Society programs, counseling, food assistance, hospice care, and complementary therapies, among others.

**Objective E: (New) Promote enrollment in the Affordable Care Act Health Exchanges**

The progress report included:

- Attendance, one-on-one meetings with navigators; eligibility and enrollment.

Comments Included:

- Events held in LaGrange and West Point on March 17 and March 22. Results: 74 attended; 35 met with navigators; 18 were deemed eligible for enrollment; 11 enrolled.

**Objective F: (New) Provide access to services and care uniquely required for oncology patients**

The progress report included:

- Number of patient encounters involving connections to care and services.

Comments Included:
In FY 2014, our nurse navigator provided patients 794 connections to care through a variety of services including drug assistance; financial assistance; transportation; American Cancer Society programs (Look Good, Feel Better; Reach to Recovery); counseling; food assistance; beautician services; dietary services; hospice care; health department; wound care; physical therapy; prosthesis/wigs; utility assistance; palliative care; complementary therapies, among others.

The participants were then asked to rate their progress on this objective. The results included:

A- Overall, how would you rate our progress on our ACCESS-related objectives?

Participants were then asked to indicate how important it was to continue the access-related implementation strategies. The responses included:
Debbie then asked the participants to comment on what worked well about the implementation strategies related to access. Comments included:

- Physicians
- When people need access to care, physicians offices will work them in.
- We are impacting what we can impact; would like things to be better but we are limited financially (in what we are able to do).

She then asked the group to comment on what it would take to reach an “excellent” rating next year. Comments included:

- If the county and city got behind us and provided financial help; if we had more dollars and more support.
- Medicaid expansion (could be an opportunity for us).
- Group classes for gestational diabetes (that will help).
- Financial assistance – we have transitioned to an integrated MECS team that does home visits.
Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

Objective A: Increase employee engagement in Vitality® (Employee Wellness) Program at West Georgia Health

The progress report included:
- Of current 1,010 employees enrolled in the health insurance: 788 employees and 309 spouses have completed the biometric screening.
- 530 employees are at gold or platinum levels.
- Discounted Sales for Living Lean = $109,316 for FY 2014.

Comments Included:
- 53% of our employees are at platinum status; up from 41% last year.

Objective B: Implement community-wide Wellness at Work Initiative in collaboration with LaGrange-Troup County Chamber of Commerce, Troup County Center for Strategic Planning, and Public Health agencies.

The progress report included:
- The LaGrange-Troup County Chamber of Commerce launched its year-long Wellness at Work program in February 2014 and first year results will be announced in February-March 2015.
- Healthy Troup initiative – a partnership of the Troup County Center for Strategic Planning, West Georgia Health, Troup County Health Department, District 4 Public Health, Emory Clark-Holder Clinic – launched the first phase of HealthyTroup.org in September 2014; database capabilities and additional interactive features are planned for FY 2015. This website also received funding from the Heart of West Georgia organization.
- # employers participating in the business survey is not available until Spring 2015.
- # employees participating in point system is not available until Spring 2015.
- # employers with a smoke free campus will not be available until Spring 2015.

Comments Included:
- Chamber members who participate in the Wellness at Work program will earn a designation for this program.

Objective C: Decrease late stage breast cancer diagnoses

The progress report included:
- 800 participants in Paint the Town Pink event.
- Four free breast screening events were held in FY 2014 – Paint the Town Pink, New Community Church health fair, Warren Temple Methodist Church health fair, and West Point Housing Authority health fair –
Total of 76 women received clinical breast exams; of those women, 66 were given vouchers for a free mammogram. 

- Stats from 2013 breast cancer registry data: stage 0=7; stage 1=24; stage 2=14; stage 3=6; stage 4=4
- 140 walkers raised more than $80,000 in the HOPE for a Day walk.
- The Breast Cancer Risk Assessment products were determined not to be financially feasible.

Comments Included:
- We identified 4 major cancer sites and we do awareness and screening activities for all of those; we will focus most of our efforts on breast cancer for this upcoming year.
- One way or another, there is no one who comes to the event who doesn't get care. There have also been multiple awareness events.
- Between $80,000 and $100,000 has been raised; all money will remain in Troup County area to assist local breast cancer patients and their families.

**Objective D: Decrease late stage lung cancer diagnoses**

The progress report included:
- 4,926 Lung CT cards sent to public; 71 letters sent to doctors announcing this new service.
- Nine Lung CT screens were performed from April until September 30, 2014; 0 were referred for follow up; 520 visits were made to the Lung CT screening page on WGH website April - September 30, 2014. There were very few inquiries, and those who did inquire did not follow through despite good advertisement in community.
- One problem was insurance coverage was limited, although in 2015, Medicare/Medicaid should cover this cost which should increase our numbers.
- The pulmonary staff conducted approximately 696 inpatient consults encouraging smoking cessation.

Comments Included:
- Securing the physician champion has not happened yet.
- Added low-dose lung CT scans; this is an area where we would like to work further to get greater participation.

**Objective E: Decrease late stage colon cancer diagnoses**

The progress report included:
- Worked with local gastroenterologists and provided Scope it Out info for offices.
- This is not a current measure, but we mailed 7,375 Scope It Out direct mail cards with signs/symptoms and screening guidelines.
- Stats from 2013 registry - Stg-0=4; Stg-1=9; Stg-2=6; Stg-3=6; Stg-4=15
- The colon cancer risk assessment was determined not to be financially feasible.

Comments Included:
For the upcoming year, we need to figure out how many people are being seen at each booth at health fairs; how many people are getting their blood pressure taken or blood drawn; and how many people are receiving prevention information. Getting this information was a challenge we experienced this past year.

**Objective F: Decrease late stage prostate cancer diagnoses**

The progress report included:

- 163 people were screened in our annual two-night $5 prostate screening in September.
- 12 people referred for follow up; one person had a positive diagnosis.
- From registry 2013 data: stg-0=0; stg-1=28; stg-2=34; stg-3=1; stg-4=4
- A redesign concept for prostate cancer screenings that had previously occurred during the Superstar Football Camp Program was introduced to program organizers in April 2014. No date has been rescheduled yet, but responsible WGH parties will follow up in Q2 2015.
- Prostate cancer risk assessment products determined not to be financially feasible.

**Objective G: Continue to offer and/or participate in community & business health fairs and other screening events**

The progress report included:

- Six health fair events – Zion Hill Church Health Fair/CBE screenings; Family Expo; Living Well Health Fair; West Georgia Technical College; Anointed by Faith Church; New Community Church.
- 2,451 exposures to screenings (including 800 Paint the Town Pink).
- Two sessions for KIA in October 2013 – 1,000 combined participants for both sessions. Two sessions for KIA in April 2014 – 1,000 combined participants for both sessions.
- Two sessions for MOBIS in July 2014 – served 100 for both sessions.
- The Walmart Distribution Center did not request a health fair this year.

Comments Included:

- For the upcoming year, we need to figure out how many people are being seen at each booth at health fairs; how many people are getting their blood pressure taken or blood drawn; that is a challenge we faced this past year.

**Objective H: Improve diabetes management through education, nutrition and support services**

The progress report included:

- # participants in Diabetes Self-Management Training program = 2 (one completed the course). Have not had five people who were referred or interested in attending a class otherwise.
- # participants in Diabetes Support Group = 10
- Decrease in blood glucose levels of DMST program participants. Both participants achieved their goal for A1C.
- Mobile van clinics were determined not to be financially feasible.
• Diabetes risk assessment products determined not to be financially feasible.

Comments Included:
• Our biggest challenge/disappointment has been that people just don’t show for these programs.

Consultant Debbie Thompson mentioned that she has seen other hospitals struggling with getting people to show up for programs that are not part of a “captive audience.” Debbie suggested adding a “call to action” to invitation cards or some other type of incentive where people are asked to “bring in their card” to get something (either entered into a drawing or some “giveaway”).

**Objective I: Improve management of Congestive Heart Failure through Project Red**

The progress report included:
• For our 30-day, all-cause Heart Failure readmission rate for Fiscal Year 2014: 18.53%, Expected= 19.50% (The “Expected rate” looks at the acuity, demographics, type of hospital, location, size for this time period.)
• For our Project RED, 30-Day All-Cause readmission rate for Calendar Year 2014 was 4.77%.

Our 30-Day, all-Cause Heart Failure readmission rate for FY 2014 was 18.53%. The expected rate for our facility during that time frame was 19.50%. The Project RED 30-Day All-Cause readmission rate for CY 2014 was 4.77%.

Comments Included:
• We are doing well here; we will be continuing on this path.
• We are looking to add a consult order to the physician’s initial evaluation to determine if a patient should be put in Project Red right away. Currently they are being identified by staff; it is not part of the automated care protocol for the physicians. Our informatics manager is working on this.

**Objective J: Increase stroke awareness**

The progress report included:
• # of events=14 42,033 exposures to education materials relating to stroke awareness
• # people receiving a screening – not available
• # people referred for follow up – not available
• Stroke risk assessment products determined not to be financially feasible.

**Objective K: Reduce time from Acute Myocardial Infarction symptom onset to hospital presentation**

The progress report included:
• National Average is 117 minutes; average for WGH is 162 minutes.
• This is the most recent data available through June 2014.
WGH & EMS Quarterly Meeting Dates; includes review of STEMI data - process review dates: 11/21/13, 3/7/14, 7/18/14.

We did not offer the discounted screening package due to staffing changes.

Comments Included:

- Reducing the time from AMI symptom onset to hospital presentation is a people/education issue (not a hospital process issue). We are educating people regarding the symptoms to take seriously and call EMS; this should eventually impact this number.

**Objective L: Improve management of COPD patients**

The progress report included:

- 2013 COPD readmission rate – 16.92; 2014 COPD readmission rate – 8.84.
- Teaching notebooks and smoking cessation materials were completed in September 2014.
- # patients participating in pulmonary rehabilitation was lower than expected due to unexpected medical leave of person overseeing the program.

Comments Included:

- We formed a multidisciplinary team to track patients from ER visits to admission; the team will be tracking this process over the next year.
- We developed a smoking cessation pamphlet; we have a standardized teaching tool for smoking cessation for inpatients and outpatients who are in the pulmonary rehab program; the problem on the inpatient side is letting us know that there are smokers we need to see; we are working on building an electronic referral process that will trigger a requisition to see those patients. We were getting triggered for some people, but not for those who continue to smoke. We worked up a COPD discharge plan to address – how is this going to help you manage your smoking, medications, doctor visits and what to look for, and take control of the smoking/the disease. We are going to use this in all parts of the pulmonary program.

Debbie then asked the group to rate their progress on Goal 2. The responses included:
C- Overall, how would you rate our progress on our chronic disease objectives?

Participants were then asked to rate the importance of continuing these intervention strategies.

D- How important is it for us to continue our chronic disease objectives?

Additional discussion included:

- We have a good start and are doing good work; this is evolving.
- This puts the issue front and center, and things are moving forward; we know how many procedures we do.
One of our biggest challenges is our health fairs. After hours, it is hard to get a team of people to come and represent the hospital at health fairs, particularly when a lot of people don’t show up at the event. We have the same people working most of the events.

• How to incentivize people to participate?
• Regarding the staffing, there is a disincentive for managers to encourage staff members to participate because of the staffing numbers, although it is a good teambuilding strategy.
• More of the issue is having people feel like their time was well invested (if they work a health fair). If there is a low turnout, it is a challenge.
• We could increase the scope and include home care in the measurement.

Goal 3: Improve the health status of Troup County youth by targeting risk behaviors

Objective A: Ensure healthy teen births and decrease rebirths

The progress report included:

• Scheduled a teen pregnancy class in April, but it was cancelled due to low registration. Only one participant registered, so we placed her in a regular Prepared Childbirth class and offered some additional one-on-one time with her during the class. Advance promotion included a full page ad promoting this event that was placed in the Troup County Banner, which was mailed to 20,892 households, as well as flyers to physicians and school counselors and social media outlets.

Comments Included:

• Doctors have admitted that they don't do a good job in teaching about birth control; we need to be careful about messaging for second class; we want to keep doing it; may need a different approach; look at incentives for encouraging participation such as a Walmart gift card as a door prize.
• The LaGrange City Council has started a youth council that possibly could help with recruitment; incentives that are promoted in outreach/media, i.e., “bring this card and register by this date.”
• “Prevent Event” at LaGrange College; there is a lot going on that is hard to tap into – how to tap into those resources out there; the Teen Maze has a pregnancy component in it; 900 ninth-graders participated in Teen Maze.

Objective B: Increase awareness of teen-health related needs and issues

The progress report included:

• No classes held at present.
• Class to be held in spring next year for parents and youth.
• Class to be held in November for mothers and daughters.
Objective C: Decrease youth risk behaviors

The progress report included:
- 862 ninth graders participated in the Teen Maze event in October 2013.
- West Georgia Health has a partnership with the Boys & Girls Clubs of West Georgia. There were no pre or post-tests for the Boys & Girls Clubs’ Winning the Battle program, but the Boys & Girls Club did submit some data from 202 students who attended the clubs 50% of the time from August 8, 2013 to December 31, 2013 versus the entire student body of 12,500+ students in the Troup County School System.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>System-wide Percentage</th>
<th>Boys &amp; Girls Club Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 or more absences from school</td>
<td>37.3%</td>
<td>11.9%</td>
</tr>
<tr>
<td>10 or more absences from school</td>
<td>12.7%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>One or more referrals for in-school suspension</td>
<td>10.2%</td>
<td>0%</td>
</tr>
<tr>
<td>One or more referrals for out of school suspension</td>
<td>7.6%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Objective D: Ensure healthy starts for babies born in Troup County

The progress report included:
- 671 parents screened through the First Steps program at West Georgia Health.
- 42 respondents to the First Steps follow-up survey – 66.7% of respondents indicated that the DVD and booklet were very useful; 85.7% watched the DVD and 92.9% shared it with a caregiver.
- We need to set up a tracking system for incidence of shaken baby syndrome - child abuse statistics up to one year; deaths less than and greater than one but less than 5 years.

Comments Included:
- There is an infant mortality review board in the county; maybe can get the information from the past four years to see if the numbers have gone down.

Debbie then asked the group to rate their progress on the healthy youth objectives. The responses included:
She then asked the group to rate how important it is to continue these efforts. The group unanimously agreed that it is extremely important to continue efforts, but did not offer specific comments because the meeting was running over the allotted time and participants had to leave. However, during a lunch meeting with Maternal-Infant Nursing Director Kathy Hammock, First Steps Coordinator Norma Tucker and WGH Marketing/Community Relations Director Jan Nichols, the consensus reflected a desire to continue to work on our healthy youth objectives.

F- How important is it for us to continue our healthy youth objectives?
Additional discussion included:
- This is food for thought.
- As we forge new territory, we have done a decent job but we have more to do.
- This is the first year, and into the next couple of years, they will be more lenient.

Next Steps

The next steps include:
- Finalizing the numbers in the report.
- Updating the action plan for the next year.
- Submitting the evaluation report as an attachment to the 990.
- Keeping track of the numbers so that they can be included in the next CHNA.

The meeting adjourned at 11:20 am.
Appendix A

West Georgia Health
2014 Implementation Plan Status
## Access

**Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas**

<table>
<thead>
<tr>
<th>Objective A:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status at end of FY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify departments and physician practices to participate in mobile clinic.</td>
<td></td>
<td>Mobile Van Coordinator</td>
<td>By Dec. 31, 2013</td>
<td>If implemented, outcomes measures will include:</td>
<td></td>
</tr>
<tr>
<td>Obtain commitments to participate in mobile clinic.</td>
<td></td>
<td>Mobile Van Coordinator</td>
<td>by March 31, 2014</td>
<td># of people screened for financial eligibility</td>
<td></td>
</tr>
<tr>
<td>Determine implementation budget.</td>
<td></td>
<td>Mobile Van Coordinator</td>
<td>By April 30, 2014</td>
<td># people connected to financial resources/insurance products</td>
<td></td>
</tr>
<tr>
<td>Identify locations.</td>
<td></td>
<td>Mobile Van Coordinator</td>
<td>By April 30, 2014</td>
<td># patients seen</td>
<td></td>
</tr>
</tbody>
</table>
## Access

**Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas**

<table>
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<tr>
<td></td>
<td>If deemed feasible, advertise mobile clinic &quot;kickoff&quot; events.</td>
<td>Mobile Van Coordinator and Marketing Director</td>
<td>One month prior to launch no later than July 31, 2014</td>
<td># visits to practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># people participating in the screenings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Launch mobile clinics if deemed feasible.</td>
<td>Mobile Van Coordinator</td>
<td>By July 31, 2014</td>
<td># appointments made from screenings</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># immunizations given</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td># referrals to specialists</td>
<td></td>
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<td></td>
<td></td>
<td># shared appointments for chronic disease management</td>
<td></td>
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<td># screening tests conducted</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td># patients who attend chronic disease programs</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># inpatient admissions/readmissions</td>
<td></td>
</tr>
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</tr>
<tr>
<td></td>
<td>Recruit primary care and specialty physicians and selected mid-level practitioners.</td>
<td>Physician Recruiter</td>
<td>By October 31, 2014</td>
<td># physicians recruited and placed</td>
<td>Dr. James Parker began working at the new West Point Clinic, which opened in November 2013; Dr. Chasity Ducksworth began working at WG Family Medicine in September 2014. Candace Wortham, APRN, began working with West Georgia Family Practice, then moved to the West Point Clinic in November 2013.</td>
</tr>
<tr>
<td></td>
<td>Recruit 1 pediatrician.</td>
<td>Physician Recruiter</td>
<td>By October 31, 2014</td>
<td># mid-level practitioners recruited and placed</td>
<td>Dr. Torey Harden began working at Kid Station Pediatrics in August 2014.</td>
</tr>
<tr>
<td></td>
<td>Recruit 1 dermatologist.</td>
<td>Physician Recruiter</td>
<td>By September 30, 2014</td>
<td></td>
<td>Recruitment efforts continue for a dermatologist.</td>
</tr>
<tr>
<td></td>
<td>Recruit 1 endocrinologist.</td>
<td>Physician Recruiter</td>
<td>By September 30, 2014</td>
<td></td>
<td>Recruitment efforts continue for an endocrinologist.</td>
</tr>
<tr>
<td></td>
<td>Recruit 2 pulmonary critical care specialists</td>
<td>Physician Recruiter</td>
<td>By September 30, 2014</td>
<td></td>
<td>Recruitment efforts continue for a pulmonary critical care specialist.</td>
</tr>
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**Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas**

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<tr>
<td></td>
<td>Recruit 1 Radiation oncologist</td>
<td>Physician Recruiter</td>
<td>By September 30, 2014</td>
<td>Recruitment efforts continue for a radiation oncologist.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recruit 1 primary care physician</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recruit 1 otolaryngologist</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recruit 1 urologist</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recruit 1 rheumatologist</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>N/A</td>
<td></td>
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<td></td>
<td>Continue to identify and develop appropriate levels of care for uninsured persons.</td>
<td>Patient Financial Services Director</td>
<td>Ongoing</td>
<td>$ cost associated with uncompensated care</td>
<td>Total Adjusted dollars for uncompensated care = $20,786,134.35.</td>
</tr>
<tr>
<td></td>
<td>Continue to offer uncompensated care for needy individuals.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Continue to operate and support the Community Service Clinic.</td>
<td></td>
<td></td>
<td></td>
<td>1,110 visits were made to the Community Service Clinic; the total operating expenses for the Community Service Clinic pharmacy were $229,924 (including drug costs, wages/salaries/benefits, supplies, contract maintenance and utilities). Community Service Clinic serves uninsured people with chronic diseases, who meet certain financial qualifications.</td>
</tr>
<tr>
<td></td>
<td>Continue to support and refer to Troup Cares medical clinic.</td>
<td>Social Services Director</td>
<td>Ongoing</td>
<td># persons served through Troup Cares</td>
<td>Troup Cares – 768 individuals were seen with a total of 5373 visits. West Georgia Health gave $1.16 million in funding and in-kind services to Troup Cares in FY 2014.</td>
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<tr>
<td></td>
<td>Continue to improve Emergency Department triage services to ensure appropriate levels of care.</td>
<td>Emergency Services Director</td>
<td>Ongoing</td>
<td># persons screened for financial assistance</td>
<td>A total # of 4083 accounts (some of these accounts were for the same people) were screened for financial assistance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># of persons connected to financial resources/insurance</td>
<td>A total number of 744 accounts (some of these accounts were for the same people) were connected with some type of insurance (Medicaid, Medicare, etc.).</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Decrease in ED utilization of ambulatory care sensitive conditions</td>
<td>FY 2014 – 23% of total ED patients were ambulatory care sensitive conditions; FY 2013 – 25%.</td>
</tr>
</tbody>
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**Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas**

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<tbody>
<tr>
<td>Develop centralized community resource directory.</td>
<td>Contract with community researcher to identify comprehensive resources, contact information and services provided.</td>
<td>Marketing Director</td>
<td>Begin research April 2014</td>
<td>Community directory published by Fall 2014 (Q1, 2015)</td>
<td>The research phase has been rescheduled for Q2, 2015 with publication scheduled for July 2015 has not yet begun for the community directory.</td>
</tr>
<tr>
<td>Publish Community Resource guide to be widely distributed throughout Troup County and to service providers.</td>
<td>Marketing Director</td>
<td>Publish by December 31, 2014</td>
<td></td>
<td># guides distributed</td>
<td></td>
</tr>
</tbody>
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**Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas**

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<tbody>
<tr>
<td></td>
<td>Create Community Resource tab on the West Georgia Health website.</td>
<td>Marketing Director</td>
<td>Publish by January 2015</td>
<td># of hits to Community Resource tab on wghealth.org.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seek agreements from service providers and other community organizations to provide links from their respective websites to the Community Resource section of wghealth.org.</td>
<td>Marketing Director/Public Relations Specialist</td>
<td>Publish by January 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>Objective E:</th>
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<tbody>
<tr>
<td>NEWLY ADDED OBJECTIVE: Promote enrollment in the Affordable Care Act Health Exchanges.</td>
<td>Host information/enrollment sessions with Certified Health Navigators.</td>
<td>Legal Services Director, Patient Access Manager, Social Services Director, Marketing Director</td>
<td>Q2</td>
<td>Attendance, one-on-one meetings with navigators; eligibility and enrollment</td>
<td>Events held in LaGrange and West Point on March 17 and 22. Results: 74 attended; 35 met with navigators; 18 were deemed eligible for enrollment; 11 enrolled.</td>
</tr>
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**Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas**

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<tbody>
<tr>
<td>NEW ADDED OBJECTIVE: Provide access to services and care uniquely required of oncology patients.</td>
<td>Connect cancer patients with services needed to provide care and services need throughout their cancer journeys.</td>
<td>Oncology Services Director, Oncology Patient Nurse Navigator</td>
<td>Ongoing</td>
<td>Number of patient encounters involving connections to care and services.</td>
<td>In FY 2014, our nurse navigator provided patients 794 connections to care through a variety of services including drug assistance; financial assistance; transportation; American Cancer Society programs (Look Good, Feel Better; Reach to Recovery); counseling; food assistance; beautician services; dietary services; hospice care; health department; wound care; physical therapy; prosthesis/wigs; utility assistance; palliative care; and complementary therapies, among others.</td>
</tr>
</tbody>
</table>

NEW ADDED OBJECTIVE:
Provide access to services and care uniquely required of oncology patients.
### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

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<tbody>
<tr>
<td>Increase employee engagement in Vitality (Employee Wellness) Program at West Georgia Health.</td>
<td>Offer annual biometrics screening to employees and spouses covered by WGH insurance plan.</td>
<td>Benefits Manager</td>
<td>Ongoing</td>
<td># participants completing biometrics screenings</td>
<td>Of current 1,010 employees enrolled in the health insurance: 788 employees and 309 spouses have completed the biometric screening. The Gold/Platinum levels achieved in 2013 were 41% of participating employees/spouses. In 2014, that number increased to 53% of participating WGH employees/spouses.</td>
</tr>
<tr>
<td>Implement ideas generated through Wellness Champs program.</td>
<td>Implement quarterly Lunch and Learn wellness programs.</td>
<td>Benefits Manager</td>
<td>Ongoing</td>
<td># participants achieving Gold Status in Vitality program by Dec. 31, 2014.</td>
<td>530 employees are at gold or platinum levels.</td>
</tr>
<tr>
<td>Encourage/expand participation in quarterly employee weight loss challenges.</td>
<td>Encourage/expand selections of Living Lean menu items in the WGH cafeteria.</td>
<td>Employee Health/Workers Comp Manager</td>
<td>Ongoing</td>
<td># pounds lost in employee weight loss challenge</td>
<td>Two employee weight loss challenges during FY 14 resulted in a total weight loss of 1,527 lbs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food/Nutrition Services Manager</td>
<td>Ongoing</td>
<td># employees participating in onsite fitness activities (walking clubs, exercise classes, fitness room)</td>
<td>An average of 51 employees/spouses participated in an average of 272 workouts per month during FY 2014.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td>Total discounted dollars from living lean menu items sold</td>
<td>Discounted Sales for Living Lean = $109,316 for FY 2014.</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

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<td>Implement community-wide Wellness at Work Initiative in collaboration with LaGrange-Troup County Chamber of Commerce, Troup County Center for Strategic Planning, and Public Health agencies.</td>
<td>Present plan to respective governing boards for approval and determine budget and funding sources.</td>
<td>Healthy Troup Committee members</td>
<td>Complete by December 2013</td>
<td>Plan presented by target date</td>
<td>The LaGrange-Troup County Chamber of Commerce launched its year-long Wellness at Work program in February 2014 and first year results will be announced in February-March 2015.</td>
</tr>
<tr>
<td>If plan is determined feasible, adopted and approved for funding, create HealthyTroup.org website with database capabilities.</td>
<td>WGH Marketing Director</td>
<td>Complete by December 2013</td>
<td>Funding commitments received from designated community partners</td>
<td>Healthy Troup initiative – a partnership of the Troup County Center for Strategic Planning, West Georgia Health, Troup County Health Department, District 4 Public Health, Emory Clark-Holder Clinic – launched first phase of HealthyTroup.org in September 2014; database capabilities and additional interactive features are planned for FY 2015. This website also received funding from the Heart of West Georgia organization.</td>
<td></td>
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### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

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<td>Develop survey for participating businesses, seeking input from HR leaders at local large businesses/industries.</td>
<td>Healthy Troup Committee members</td>
<td>Complete by December 2013</td>
<td># employers participating</td>
<td>N/A until Spring 2015</td>
</tr>
<tr>
<td></td>
<td>Develop program parameters to determine point system for year-long recognition program.</td>
<td>Healthy Troup Committee members</td>
<td>Complete by January 2014</td>
<td># employees participating</td>
<td>N/A until Spring 2015</td>
</tr>
<tr>
<td></td>
<td>Launch program at a LaGrange-Troup County Chamber meeting in early 2014 (contingent on securing partnership funding).</td>
<td>Chamber of Commerce Director</td>
<td>Complete by March, 2014</td>
<td># employers with smoke free campuses</td>
<td>N/A until Spring 2015</td>
</tr>
<tr>
<td></td>
<td>If plan is determined feasible, adopted and approved for funding, market and promote program and associated sanctioned activities.</td>
<td>WGH Marketing Director and committee members</td>
<td>Begin by March 31, 2014 - then ongoing</td>
<td></td>
<td></td>
</tr>
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### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

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<th>Objective C: Decrease late stage breast cancer diagnoses.</th>
<th>Action Steps</th>
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<td><strong>Objective C:</strong> Decrease late stage breast cancer diagnoses.</td>
<td>Continue to offer the Paint the Town Pink event.</td>
<td>Director of Oncology Services &amp; Cancer Care Navigator</td>
<td>Late September of each year</td>
<td># participants</td>
<td>800 participants</td>
</tr>
<tr>
<td></td>
<td>Partner with West Central Georgia Cancer Coalition to provide clinical breast exams at Paint the Town Pink and other appropriate events and provide vouchers for uninsured and low income women to receive screening mammograms at the WGH Women’s Health Center.</td>
<td>Director of Oncology Services &amp; Cancer Care Navigator</td>
<td>Ongoing</td>
<td># people receiving a screening</td>
<td>4 free breast screening events were held in FY 2014 – Paint the town Pink, New Community Church health fair, Warren Temple Methodist Church health fair, and West Point Housing Authority health fair. Total of 76 women received clinical breast exams; of those women, 66 were given vouchers for a free mammogram.</td>
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### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

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<td>Continue to partner with HOPE for a Day Walk organization to raise money and awareness</td>
<td>Director of Oncology Services &amp; Cancer Care Navigator</td>
<td>Late September of each year</td>
<td># people walking</td>
<td>140 walkers</td>
</tr>
<tr>
<td></td>
<td>Evaluate Breast Cancer Risk Assessment products and seek funding options for implementation</td>
<td>Marketing Director and Director of Oncology Services</td>
<td>By January 31, 2014</td>
<td># dollars raised</td>
<td>Over $80,000 raised</td>
</tr>
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<td></td>
<td>Decrease late stage lung cancer diagnoses.</td>
<td>Director of Oncology Services</td>
<td>Achieve by September 2015</td>
<td># pulmonologist(s) recruited to practice at West Georgia Health</td>
<td>We implemented the screening program, but have not yet found a physician to champion this cause to increase awareness and support from fellow physicians.</td>
</tr>
<tr>
<td></td>
<td>Offer smoking cessation classes.</td>
<td>Pulmonary Medicine Director</td>
<td>Ongoing</td>
<td># physicians/offices participating in program</td>
<td>4,926 Lung CT cards sent to public; 71 letters sent to doctors announcing this new service.</td>
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### Chronic Disease Management

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<td></td>
<td></td>
<td>Pulmonary Medicine Director</td>
<td># people receiving a screening</td>
<td>9 Lung CT screens were performed from April until September 30, 2014; 0 were referred for follow up; 520 visits to Lung CT screening page on WGH website April - September 30, 2014. There were very few inquiries, and those who did inquire did not follow through despite good advertisement in community. One problem was insurance coverage was limited although in 2015 Medicare/Medicaid should cover this cost which should increase our numbers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pulmonary Medicine Director</td>
<td># people referred for follow up</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of Oncology Services to report these #</td>
<td># people diagnosed with cancer stage 0, 1 or 2 versus 3 and 4</td>
<td>From 2013 registry - Stg-0=0;stg-1=7;stg-2=12;stg-3=15;stg-4=40</td>
<td></td>
</tr>
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</tr>
<tr>
<td></td>
<td></td>
<td>Pulmonary Medicine Director</td>
<td># people participating in smoking cessation classes</td>
<td>0 – due to the departure of the person leading this program and the time frame it took to replace the position, no classes were held</td>
<td></td>
</tr>
<tr>
<td>Decrease late stage colon cancer diagnoses</td>
<td>Work with primary care physicians to establish screening initiative.</td>
<td>Director of Oncology Services and WG Physicians Operations Manager</td>
<td>Set by March 2014</td>
<td>local primary care physician(s) recruited to participate in program</td>
<td>Worked with local gastroenterologists and provided Scope it Out info for offices. Mailed 7375 Scope it Out cards with signs/symptoms and screening guidelines.</td>
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### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

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<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status at end of FY 14</th>
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<td># people referred for follow up</td>
<td>These figures are not readily available, but we are looking for a way to determine these numbers for next year.</td>
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<tr>
<td></td>
<td>Expand the Scope it Out awareness and screening program</td>
<td>Marketing Director and Oncology Services Director</td>
<td>March of each year</td>
<td># people diagnosed with colorectal cancer stage 0, 1 or 2 versus 3 and 4</td>
<td>From 2013 registry - Stg-0=4; Stg-1=9; Stg-2=6; Stg-3=6; Stg-4=15</td>
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<td># people participating in screening</td>
<td>784 colonoscopies were performed at WGH during FY 2014. West Georgia Health does not have access to the number of colonoscopies performed at a nearby private ambulatory surgery clinic.</td>
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<td># people referred for follow up</td>
<td>This is not a current measure, but we mailed 7,375 Scope It Out direct mail cards with signs/symptoms and screening guidelines.</td>
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### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
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<tr>
<th>Objective</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status at end of FY 14</th>
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<tbody>
<tr>
<td><strong>Objective E:</strong></td>
<td>Evaluate Colon Cancer Risk Assessment products and seek funding options for implementation</td>
<td>Marketing Director</td>
<td>By January 31, 2014</td>
<td>Impact will be measured and evaluated through these indicators:</td>
<td>Determined not to be financially feasible.</td>
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<td><strong>Objective F:</strong></td>
<td>Decrease late stage prostate cancer diagnoses.</td>
<td>Marketing Director and Oncology Services Director</td>
<td>Redesign by June 2014</td>
<td>Program redesigned</td>
<td>Program redesign concept was introduced to program organizers in April 2014. No date has been rescheduled yet, but responsible WGH parties will follow up in Q2, 2015.</td>
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<tr>
<td></td>
<td>Continue to offer low-cost screening program every September.</td>
<td>Oncology Services Director</td>
<td>September of each year</td>
<td># people receiving a screening</td>
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**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

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</tbody>
</table>
## Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Objective G</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status at end of FY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kia Manufacturing Plant</td>
<td>WGH Public Relations Specialist/WGH Worx Director</td>
<td>Semi-annually</td>
<td>Two sessions for KIA in October 2013 – 1,000 total participants; Two sessions for KIA in April 2014 – 1,000 total participants.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Walmart Distribution Center</td>
<td>WGH Public Relations Specialist/WGH Worx Director</td>
<td>Annual</td>
<td>Walmart Distribution Center did not request a health fair this year.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mobis Health Fair</td>
<td>WGH Public Relations Specialist/WGH Worx Director</td>
<td>Annual</td>
<td>Two sessions for MOBIS in July 2014 – 100 total participants.</td>
<td></td>
</tr>
</tbody>
</table>
## Chronic Disease Management

### Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

<table>
<thead>
<tr>
<th>Objective H:</th>
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<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status at end of FY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve diabetes management though education, nutrition and support services.</td>
<td>Promote participation and physician referrals for Diabetes Self-Management program.</td>
<td>WGH Food/Nutrition Services Director</td>
<td>Ongoing</td>
<td># participants in DMST program</td>
<td># Participants in Diabetes Self-Management Training program = 2 (1 completed the course). Have not had 5 people who were referred or interested in attending a class otherwise.</td>
</tr>
<tr>
<td></td>
<td>Promote participation in monthly Diabetes Support Group meetings.</td>
<td>WGH Food/Nutrition Services Director</td>
<td>Ongoing</td>
<td># participants in DMST program</td>
<td># participants in Diabetes Support Group = 10</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># of participants at community and worksite health fairs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Decrease in blood glucose levels of DMST program participants</td>
<td>Decrease in blood glucose levels of DMST program participants. Both achieved their goal for A1c.</td>
</tr>
<tr>
<td></td>
<td>If WGH Mobile Van Clinics are deemed feasible, offer educational sessions in conjunction with WGH Mobile Van clinics.</td>
<td>WGH Food/Nutrition Services Director</td>
<td>Beginning in July 2014 then ongoing</td>
<td>Mobile Van Clinics determined not to be financially feasible.</td>
<td></td>
</tr>
</tbody>
</table>
### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
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<tr>
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<th>Status at end of FY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluate Diabetes Risk Assessment products and seek funding options for implementation.</td>
<td>Marketing Director</td>
<td>By January 31, 2014</td>
<td></td>
<td>Determined not to be financially feasible.</td>
</tr>
<tr>
<td></td>
<td>Promote awareness of Diabetes/Obesity and raise funds for nutrition/education classes through a Diabesity 5K Walk.</td>
<td>Marketing Director/Public Relations Specialist/ WGH Food/Nutrition Services Director</td>
<td>Ongoing</td>
<td># walkers</td>
<td>75 walkers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ funds raised</td>
<td>Raised $1,600 – proceeds being used to offer diabetes and nutrition education classes at Troup Cares.</td>
</tr>
</tbody>
</table>
**Chronic Disease Management**

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Objective H:</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Promote good eating habits through participation in nutritional education classes for children by creating a community garden.</td>
<td>Marketing Director/Public Relations Specialist/ WGH Food/Nutrition Services Director</td>
<td>Ongoing</td>
<td>Impact will be measured and evaluated through these indicators:</td>
<td>We partnered with District 4 Public Health, Jenny Jack Sun Farms and the local Master Gardeners group on a Community Garden project at the LaGrange Boys and Girls Club. We planted the first garden in August, and those crops came in October and November. This project continues into FY 2015, with our piece of the puzzle being to offer healthy cooking demos and recipes using vegetables grown in the garden, as well as nutrition info to the kids. We did our first cooking demo in November.</td>
</tr>
<tr>
<td></td>
<td># and types of crops planted</td>
<td></td>
<td></td>
<td></td>
<td>8 cabbage plants, 15 collard plants, 6 lettuce plants, several row feet of radishes and carrots, 20 strawberry plants, onions and garlic.</td>
</tr>
<tr>
<td></td>
<td># crops harvested</td>
<td></td>
<td></td>
<td></td>
<td>Crops harvested in October and November were: 8 cabbage plants, 6 lettuce plants, radishes and 45 collard plants (harvested 3 times). Strawberry plants, onions and garlic will not be harvested until the spring</td>
</tr>
<tr>
<td></td>
<td># nutrition classes offered for children</td>
<td></td>
<td></td>
<td></td>
<td>1 class held in November 2014.</td>
</tr>
</tbody>
</table>
## Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># children participating in nutrition classes</td>
<td>146 children/110 families</td>
</tr>
</tbody>
</table>

**Objective I:**

**Action Steps:** Standardize inpatient teaching materials and post discharge care plan for CHF patients to address medications, diet, activities, restrictions, follow up care, etc. to ensure constant, consistent messaging.

**Accountability:** RN, QI Coordinator

**Timeframe:** Ongoing

**Impact will be measured and evaluated through these indicators:** Decrease in CHF readmissions

**Status at end of FY 14**

- For our 30-day, all-cause Heart Failure readmission rate for Fiscal Year 2014: 18.53%, Expected= 19.50% (The “Expected rate” – looks at the acuity, demographics, type of hospital, location, size for this time period.)
- For our Project RED, 30-Day All-Cause readmission rate for Calendar Year 2014 was 4.77%.

**Action Steps:** Identify barriers to follow up care and make appropriate referrals.

**Accountability:** Case Manager

**Timeframe:** Ongoing

**Impact will be measured and evaluated through these indicators:** Improve # of patients keeping follow-up appointments within 10 days post discharge

**Status at end of FY 14**

Currently no system is in place to determine physician follow up. We plan to create a way to track follow up visits for patients who are referred within the West Georgia Physicians system.

**Action Steps:**

- # people referred for follow up

**Accountability:**

- Currently no mechanism exists to track physician follow-up visits. We plan to create a way to track follow-up visits for patients who are referred within the West Georgia Physicians system.
## Chronic Disease Management

### Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

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</tr>
</thead>
<tbody>
<tr>
<td>Increase stroke awareness</td>
<td>Promote awareness of signs and symptoms of stroke via health fairs, screenings and advertising.</td>
<td>RN, QI Coordinator/ Marketing Director/Public Relations Specialist</td>
<td>Ongoing</td>
<td># of events</td>
<td>14 events; 42,033 exposures to education</td>
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<tr>
<td></td>
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<td># people receiving a screening</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td># people referred for follow up</td>
<td>NA</td>
</tr>
<tr>
<td>Evaluate Stroke Risk Assessment products and seek funding options for implementation.</td>
<td>Marketing Director</td>
<td>By January 31, 2014</td>
<td>Determined not to be financially feasible.</td>
<td></td>
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</tr>
</tbody>
</table>
## Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Objective K: Reduce time from Acute Myocardial Infarction symptom onset to hospital presentation.</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status at end of FY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Promote awareness of signs and symptoms of AMI via health fairs, screenings, advertising, and the annual Heart Truth for Women Luncheon.</td>
<td>Cardiovascular Medicine Director, CV Development RN, Marketing Director, Public Relations Specialist</td>
<td>Ongoing</td>
<td># minutes from symptom onset to hospital presentation</td>
<td>National Average is 117 minutes. Average for WGH is 162 minutes. Most recent data available through June 2014.</td>
</tr>
<tr>
<td></td>
<td>Provide quarterly education sessions for regional EMS providers.</td>
<td>Cardiovascular Medicine Director, CV Development RN, Emergency Department Director</td>
<td>Ongoing</td>
<td></td>
<td>WGH &amp; EMS Quarterly Meeting Dates Includes Review of STEMI data – process review Dates: 11/21/13, 3/7/14, 7/18/14</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Objective K:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status at end of FY 14</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Offer discounted screening package to include coronary calcium screening, lipid panel, cardiac health risk assessment, EKG rhythm and ultrasound screen.</td>
<td>Cardiovascular Medicine Director, CV Development RN, Radiology Department Director, Radiology Chief Tech</td>
<td>Offer by April 30, 2014</td>
<td># screening participants</td>
<td>Due to reduced staffing in this department, we were unable to complete this tactic in FY 2014.</td>
</tr>
<tr>
<td></td>
<td>Evaluate Heart Risk Assessment products and seek funding options for implementation.</td>
<td>Marketing Director and Director of Cardiovascular Services</td>
<td>By January 31, 2014</td>
<td># positives identified via the screening</td>
<td>N/A</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Determined not to be financially feasible.</td>
<td></td>
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</tbody>
</table>
# Chronic Disease Management

## Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

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<tr>
<th>Objective</th>
<th>Action Steps</th>
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<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status at end of FY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve management of COPD patients.</td>
<td>Multidisciplinary committee currently meeting to address readmissions.</td>
<td>Pulmonary Medicine Director</td>
<td>Ongoing</td>
<td>Decrease in COPD readmissions</td>
<td>2013 COPD readmission rate – 16.92; 2014 COPD readmission rate – 8.84.</td>
</tr>
<tr>
<td></td>
<td>Standardize inpatient teaching materials and post discharge care plan for COPD patients to address medications, diet, activities, restrictions, follow up care, etc. to ensure constant, consistent messaging.</td>
<td>Pulmonary Medicine Director</td>
<td>Ongoing</td>
<td>Review proposed materials January 2014</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meet with COPD inpatients to screen for pulmonary rehabilitation participation.</td>
<td>Pulmonary Medicine Director</td>
<td>Ongoing</td>
<td>Increase # patients participating in Pulmonary Rehabilitation.</td>
<td>Lower than expected due to unexpected medical leave of person overseeing the program.</td>
</tr>
</tbody>
</table>

- **Objective L**: Action Steps
- **Accountability**: Pulmonary Medicine Director
- **Timeframe**: Ongoing
- **Impact will be measured and evaluated through these indicators**: Decrease in COPD readmissions
- **Status at end of FY 14**: 2013 COPD readmission rate – 16.92; 2014 COPD readmission rate – 8.84.
### Healthy Youth

#### Goal 3: Improve the health status of Troup County youth by targeting risk behaviors

<table>
<thead>
<tr>
<th>Objective A:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status at end of FY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure healthy teen births and decrease rebirths.</td>
<td>Offer teen pregnancy classes to include education on prenatal care, newborn care, labor techniques and birth control following pregnancy.</td>
<td>Director of Women’s Services/Labor &amp; Delivery Nurse Manager</td>
<td>Ongoing</td>
<td># people attending</td>
<td>Scheduled teen pregnancy class was cancelled due to low attendance scheduled. 1 participant scheduled and was placed in ongoing childbirth. Full page ad promoting this event was placed in the Troup County Banner, which was mailed to 20,892 households.</td>
</tr>
<tr>
<td>Develop relationships with middle/high school nurses and counselors to increase participation in these classes.</td>
<td>Director of Women’s Services/Labor &amp; Delivery Nurse Manager</td>
<td>Increased Understanding Of How To And How Not To Get Pregnant</td>
<td>Increased Understanding Of How To And How Not To Get Pregnant</td>
<td>Taught one-on-one with pregnant teen mom who joined a regular Childbirth Preparation class when the teen pregnancy class was cancelled due to low registration for the 2014 class.</td>
<td></td>
</tr>
<tr>
<td>Market class to promote participation.</td>
<td>Marketing Director/Public Relations Specialist</td>
<td>Prior to each event</td>
<td>Increased Understanding Of Birth Control Options</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Increased Understanding Of Newborn Care</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Intent To Change Risk Behaviors</td>
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</tbody>
</table>
Healthy Youth

Goal 3: Improve the health status of Troup County youth by targeting risk behaviors

<table>
<thead>
<tr>
<th>Objective B:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Increase awareness of teen-health related needs and issues.</td>
<td>Identify evidenced-based curriculum to use for pre-puberty education program.</td>
<td>Director of Women's Services/Labor &amp; Delivery Nurse Manager</td>
<td>Identify by December 31, 2013</td>
<td># adults and children attending</td>
<td>Due to scheduling conflicts, these classes did not occur in FY 2014. Classes are scheduled to begin in January 2015.</td>
</tr>
<tr>
<td></td>
<td>Recruit Physicians, Physician Assistants and Nurse Practitioners to present.</td>
<td>Director of Women's Services/Labor &amp; Delivery Nurse Manager</td>
<td>Recruit by March 31, 2014</td>
<td>Increase parent knowledge regarding how to talk to kids.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secure locations and dates to offer pre-puberty education programs twice annually.</td>
<td>Director of Women's Services/Labor &amp; Delivery Nurse Manager</td>
<td>To begin between March - May 2014 and continuing semiannually</td>
<td>Increased understanding of body changes (teens).</td>
<td>Due to scheduling conflicts, these classes did not occur in FY 2014. However, a class is scheduled for November 2014 for mothers and daughters.</td>
</tr>
<tr>
<td></td>
<td>Market class to promote participation.</td>
<td>Marketing Director/Public Relations Specialist</td>
<td>Prior to each event</td>
<td>Increased knowledge of sexually transmitted diseases (teens)</td>
<td></td>
</tr>
</tbody>
</table>
## Healthy Youth

### Goal 3: Improve the health status of Troup County youth by targeting risk behaviors

<table>
<thead>
<tr>
<th>Objective C: Decrease youth risk behaviors</th>
<th>Action Steps</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Continue participation in Teen Maze Program (Troup County Health Dept.) to discourage risky behaviors and encourage smart decision-making.</td>
<td>Marketing Director/Public Relations Specialist</td>
<td>Annually each fall</td>
<td># participants, increased knowledge of the consequence of risk behaviors, intent to change risk behaviors</td>
<td>862 ninth graders participated in this event in October 2013.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Decrease In teen pregnancy rates</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Teen births are showing a slight decline from 2013 to 2014, as seen in the data below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Teen births for 2013: 10-14 years of age: 2 15-17 years of age: 34 18-19 years of age: 99</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Teen births for 2014: 10-14 years of age: 1 15-17 years of age: 18 18-19 years of age: 79</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Decrease In sexually transmitted diseases</td>
<td></td>
</tr>
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### Healthy Youth

**Goal 3: Improve the health status of Troup County youth by targeting risk behaviors**

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Continue participation in Boys &amp; Girls Club evidence-based programs that encourage smart decision-making, respecting their body, and raising self esteem</td>
<td>Marketing Director/Public Relations Specialist</td>
<td>Ongoing with new programs coming on board in March 2014</td>
<td>Pre- and post-tests of Boys and Girls Club programs</td>
<td>There are currently no pre- or post-test data available. However, for the past 2 years, West Georgia Health has offered financial support to the Boys &amp; Girls Clubs of West Georgia ($20,000 for 2013 and $12,000 for 2014 plus in-kind donations). Program results for the first semester of the 2013-14 Troup County school year indicate: BGC members had an 11.9% absentee rate of 5 or more at 11.9% versus 37.3% for the remaining total student population; the absentee rate of 10 or more was less than 1% for BGC members versus 12.7% of the remaining total student population; and 0% among BGC members for one or more referrals for in-school suspensions versus 10.2% of the remaining total student population; and 6.1% among BGC members for one or more referrals for out-of-school suspensions versus 7.6% of the remaining total student population. Further, 75% of BGC members achieved a &quot;C&quot; or better average in reading, with 39% achieving an A or B average in reading.</td>
</tr>
</tbody>
</table>
Healthy Youth

**Goal 3: Improve the health status of Troup County youth by targeting risk behaviors**

<table>
<thead>
<tr>
<th>Objective D: Ensure healthy starts for babies born in Troup County.</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
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<th>Status at end of FY 14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Continue First Steps' Period of Purple Crying program</td>
<td>First Steps Program Coordinator</td>
<td>Ongoing</td>
<td># parents screened</td>
<td>671</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Increase parent knowledge of baby management strategies</td>
<td>42 respondents to First Steps follow up survey; 66.7% of respondents indicated that the DVD and booklet were very useful; 85.7% watched the DVD and 92.9% gave it to a caregiver.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Decrease incidences of Shaken Baby Syndrome</td>
<td>We currently do not have a trigger in the system to measure how many abuse cases are referred to DFACS but we are looking to add a field in our EHR system for FY 2015.</td>
</tr>
</tbody>
</table>
Executive Summary – Year 2 Evaluation

During October and November 2015, West Georgia Health Community Health Needs Assessment (CHNA) Steering Committee conducted an evaluation of its implementation strategies for the 2014-2015 fiscal year ending September 30, 2015. The evaluation process included:

- Status report of activities and compiling year-end outcome and impact metrics
- Steering Committee meeting to rate the accomplishments of each goal and determine if the current implementation strategies should be continued, discontinued or modified
- Action plan update for the upcoming fiscal year.

The Steering Committee met on November 3, 2015 to review the status, outcomes and impact of the various implementation strategies accomplished throughout the previous fiscal year. Some highlights of the outcomes/impact data included:

Goal 1: Access

- 3 specialist physicians have been recruited (pulmonologist, radiation oncologist and ENT), urology search still active; other recruitment efforts on hold until physician needs assessment is updated
- Over $21 million was provided in charity care; Emergency Department visits actually increased this past year, as did the percentage that was ambulatory care sensitive conditions (28%)
- The community resource guide is underway and is expected to be completed by December 31, 2015
- 1,078 WGH employees and spouses participated in the employee wellness programs; 618 employees participated in the weight loss challenge and lost a total of 2,343 pounds
- Troup County Wellness at Work initiative expanded to only one employer; the Chamber is looking at strategies to expand participation

Goal 2: Chronic Disease Prevention and Management

- 800 people participated in the “Paint the Town Pink” event; 12 low income women were screened and 11 were given payment vouchers and scheduled for mammograms
- 113 people walked in the “Hope for a Day” walk, raising more than $80,000 for breast cancer screenings, awareness, patient support, etc.
- Initiated lung CT screening for lung cancer; 12 Stage 1; 4 Stage 2; 23 Stage 3; 33 Stage 4 lung cancer diagnoses reported
- Zero participants in smoking cessation program; encouraging physicians to refer
Colon cancer diagnoses: Stage 1 - 5 patients; Stage 2 - 7 patients; Stage 3 - 6 patients; Stage 4 - 8 patients
178 men screened during prostate cancer event; 12 referred for follow up; Stage 1 - 19 patients; Stage 2 - 29 patients; Stage 3 - 0 patients; Stage 4 - 3 patients diagnosed
Two 2-day health fairs attracted over 400 participants
84 people participated in weight management classes with WGH dietitians
Project RED 30-Day, All Cause Readmission rate for FY 2015 TD = 4.69%; Overall WGH 30-Day, All-cause Heart Failure Readmission Rate for FY 2015 TD = 13.78%

Goal 3: Healthy Youth

No teen pregnancy classes were offered due to a lack of participation. Teen births at WGH increased 149% in 2015. The Troup County school district is adding a 7th grade curriculum
Sex, Truth and Consequences class held in January 2015 with 80 participants, post-tests showed 80% (combined parents and students) reported increased knowledge of the topics
Teen Maze event held in November 2014 with 900 participants
Provided financial support to local Boys and Girls Club events: 67% of local club members reported participating in physical activity for 7 days/week vs. 33% of youth nationwide; 63% of club members reported consuming at least 2 fruits/3 vegetables each day vs. 43% consumption among U.S. youth; 91.5% of youth participating in the clubs’ summer program demonstrated improved fitness from June to July
555 parents were screened in the First Steps program to prevent shaken baby syndrome; 2 cases were reported, up from zero in 2014.

A total of 20 Steering Committee members participated in the rating process. Progress for each of the goals was rated on a 5-point scale where 5=Excellent and 1=Poor. The results of the evaluation included:

Access-related objectives were given a rating of 3.8, with 19% rating progress as excellent and 44% indicating very good. 94% of participants indicated that it was extremely important to continue access objectives. Suggestions for improvements included more involvement from the informatics department to automate indicators and bridging the gap between the hospital and the doctors' offices.
Chronic disease-related objectives were given a rating of 4.1, with 29% rating progress as excellent and 47% indicating very good. All of the participants (100%) indicated that it was extremely important to continue chronic disease related objectives. Suggestions for improvements including determining strategies to deal with non-compliant patients, focusing on population health management through prevention to decrease emergency department utilization and integration of physical and behavioral health to address non-compliance.
Healthy youth-related objectives received a rating of 3.9, with 13% rating progress as excellent and 60% indicating very good. All of the participants (100%) indicated that it
was extremely important to continue these objectives. Suggestions included adding the annual free athletic physicals into the numbers.

**Methodology**

During October and November 2015, West Georgia Health (WGH) conducted an evaluation of the Community Health Needs Assessment implementation strategies that been underway over the last year. The evaluation process included:

- Submission and review of the outcomes and impact data that was tracked and reported during the last fiscal year
- Discussion of the accomplishments and next steps identified during an evaluation meeting held with WGH leadership on November 3, 2015

A total of 20 hospital representatives attended the evaluation meeting held in the Cancer Center Conference Room on November 3, 2015. The meeting was facilitated by Debra Thompson, President of Strategy Solutions. The participants included:

- Charis Acree
- Karen Blanton
- Anne Bottenfield
- Jane Bower
- Tommy Britt
- Brandie Brown
- Twyla Buttrill
- Lynn Cleveland
- Jeffery Davis
- Clarissa Grizzard
- Kathy Hammock
- Mary Ann Hodnett
- Veronica Hopster
- Wanda Lowe
- Charlene McClanahan
- Kathy McWhorter
- Jan Nichols
- Patricia Rogers
- Brenda Shelton
- Natalie Shelton

The evaluation meeting agenda included a review of each of the goals, objectives and implementation strategies, followed by a discussion. Using the audience response polling system, the participants were asked to rate the hospital’s progress in accomplishing the implementation strategies related to each of the goals on a 5 point scale where 5=Excellent, 4=Very Good, 3=Good, 2=Fair and 1=Poor. Each rating was followed by a discussion of the strategies. The next steps will include updating the implementation action plan for the upcoming fiscal year.

**Progress Reports and Evaluation Discussion**

**Goal 1: Access – Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas**
Objective A: Recruit primary care and specialty physicians and selected mid-level practitioners

The progress report included:

- Dr. Salman Fidahussein began working at WGH in August 2015 as a Pulmonologist.
- Dr. Robert Taylor joined the WGH staff as a Radiation Oncologist in August 2015.
- Dr. Danielle Warner began working at WGH in September 2015 as an Otolaryngologist.
- Recruitment efforts continue for a Urologist.
- The following recruitment efforts have been put on hold until a new physician needs assessment has been conducted in late 2015 or early 2016
  - Dermatologist
  - Endocrinologist
  - Primary Care Physician
  - Interventional Cardiologist
  - Rheumatologist

Comments included:

- When WGH recruits for the Primary Care Physician it would be recruiting for the Community Service Clinic as well.

Objective B: Continue to identify and develop appropriate levels of care for uninsured persons

The progress report included:

- The cost associated with uncompensated care for fiscal year ending October 2015 totaled $21,300,078.
- WGH continued to support the Community Service Clinic and recorded 864 visits made to the clinic during fiscal year ending October 2015.
- WGH continued to support the Troup Cares Medical Clinic by referring 1,216 patients to the clinic for 3 of the 4 quarters.
- Improving Emergency Department triage has begun with screening for financial assistance.
Comments included:

- Create the ability to record the number of heavy Emergency Department users that are now utilizing the clinic
- The nursing staff dollars needs to be added to the cost of uncompensated care number.

**Objective C: Develop centralized community resource directory**

The progress report included:

- The Community Resource Guide will be published by December 31, 2015, along with PDF download capabilities and Google interactive mapping on the WGH website.
- The Community Resource Tab on the WGH website will be created and operational by December 31, 2015.
- Seeking agreements from service providers and other community organizations to provide links from their respective websites to the Community Resource section of the WGH website has not yet begun as this action step would come after the guide being uploaded onto the WGH website.

**Objective D: Provide access to services and care uniquely required for oncology patients**

The progress report included:

- The number of cancer patients connected with services needed to provide care, as well as services needed throughout their cancer journey, totaled 484 for the fiscal year ending October 2015.

The participants were then asked to rate their progress on this objective. The results included:
Participants were then asked to indicate how important it was to continue the access-related implementation strategies. The responses included:

**B- How important is it for us to continue our access objectives?**

- 0% Not important
- 0% Somewhat important
- 6% Important
- 94% Extremely important
Debra Thompson then asked the participants to comment on what improvements could be done for next year regarding the implementation strategies related to access. Comments included:

- More involvement from the Infomatics Department, especially automating some of the indicators like A1C.
- Bridging WGH and the doctors’ offices

She then asked the group to mention any other access-related projects happening in the WGH system that you ought to be taking credit for. Comments included:

- WGH sponsored flu clinics at local businesses and industries for fiscal year ending October 2015.
  - 12 flu clinics
  - 550 flu vaccinations administered

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

**Objective A: Increase employee engagement in Vitality® (Employee Wellness) Program at WGH**

The progress report included:

- 1,078 employees and spouses have completed the annual biometric screening.
- 515 employees are at gold status.
- During the employee weight loss challenge, 2,343 pounds were lost between 618 employees.
- Discounted sales for Living Lean menu items equaled $28,290 for FY 15.

Comments included:

- Almost 50% of WGH employees are at gold status, down 8% from FY 14.

**Objective B: Implement community-wide Wellness at Work Initiative in collaboration with LaGrange-Troup County Chamber of Commerce, Troup County Center for Strategic Planning and Public Health Agencies**
The progress report included:

- The LaGrange-Troup County Chamber of Commerce Wellness at Work program evolved into a Chamber-only project for FY 15 with only District 4 Public Health participating.
- The following programs will be continued into FY 16:
  - Phase 2 of HealthTroup.org website with database capabilities
  - Development of a survey for participating businesses, seeking input from HR leaders at local large businesses/industries
  - Development of program parameters to determine point system for year-long recognition program
  - Launch program at a LaGrange-Troup County Chamber meeting
  - Market and promote program and associated sanctioned activities

Comments included:

- More outreach needs to be done to promote/ramp up this program for FY 16.

**Objective C: Decrease late stage breast cancer diagnoses**

The progress report included:

- Continued to offer Paint the Town Pink event with 800 participants this fiscal year.
- 12 people received breast screenings at the Paint the Town event.
- 11 women scheduled mammograms.
- 113 people participated in the HOPE for a Day walk breast cancer screenings, awareness, patient support, etc.

Comments included:

- Added a breast/lung cancer navigator which has been very helpful with patient flow, mammograms, diagnostics and biopsies.

**Objective D: Decrease late stage lung cancer diagnoses**

The progress report included:
• Successfully recruited a Pulmonologist and Radiation Therapist
• 16 people referred for follow-up from the GA Quitline
• 34 people received secondary consultations
• 12 people diagnosed with Stage 1 lung cancer; 4 people diagnosed with Stage 2 lung cancer; 23 people diagnosed with Stage 3 lung cancer; and 33 people diagnosed with Stage 4 lung cancer
• No participants in the smoking cessation classes offered by WGH

Comments included:

• Continue to have issues with no one wanting to participate in smoking cessation classes.
• The outcomes measurements need to be changed to reflect what WGH is actually measuring with regard to smoking cessation.
• Need to include those dollars committed to smoking cessation and count as a community benefit – spending vs. reimbursement.
• WGH has applied for the American Cancer Society’s Excellence in Workplace Tobacco Control.

**Objective E: Decrease late stage colon cancer diagnoses**

The progress report included:

• No local primary care physicians have been recruited to participate in WGH’s screening initiative in FY 15.
• 5 people diagnosed with Stage 1 colon cancer, 7 people diagnosed with Stage 2 colon cancer, 6 people diagnosed with Stage 3 colon cancer and 8 people diagnosed with Stage 4 colon cancer.
• Partnered with ACS during FY 15 for the colorectal awareness campaign.

Comments included:

• No comments discussed

**Objective F: Decrease late stage prostate cancer diagnoses**

The progress report included:

• Missed the opportunity to work with Superstar Football Camp.
• Continued to offer low-cost screening program every September. 178 men received the screening with 12 men referred for follow-up.
• 19 men were diagnosed with Stage 1 prostate cancer, 29 men were diagnosed with Stage 2 prostate cancer, and 3 men diagnosed with Stage 4 prostate cancer. No men were diagnosed with Stage 3 prostate cancer.

Comments included:

• No comments discussed

*Objective G: Continue to offer and/or participate in community and business health fairs and other screening events*

The progress report included:

• Participated in three Living Well health fairs at the LaGrange Mall.
• 15 people were screened at the Troup Family Expo
• 13 people were referred for follow-up after screenings received at the Bringing the Ages Together health event.
• Two, two-day health fairs were conducted at the Kia Manufacturing Plant impacting 400 employees at each fair.
• Over 100 people attended the Canaan Baptist Church health fair.
• 60 people attended the Hanil E. Hwa health fair.
• Over 100 people participated in the Friendship Baptist Church health fair.
• 50+ people attended the St. James CME health fair

Comments included:

• When inputting the health fair participation numbers this is an opportunity to also track participants from screening through the entire health process.

*Objective H: Improve diabetes management through education, nutrition and support services*

The progress report included:

• The DMST program has been put on hold due the lack of participation.

Comments included:
• Several Diabetes self-management classes were offered with no interest or participation due to the cost associated with these classes.
• Idea of offering these classes to WGH employees first free of charge and combine it with the employee wellness program.
• Employees and their families are not getting screened for diabetes like they are for breast or prostate cancer.
• Need to promote screenings more.
• Suggestion of conducting a focus group with employees to talk about the issues they face and the strategies/incentives to get them more involved.

Objective I: Improve management of Congestive Heart Failure through Project Red

The progress report included:

• The readmission rate for Congestive Heart Failure through Project Red was only 4.69%, compared to the overall readmission rate of 13.78% which is lower than the expected rate of 19.62%.
• Information is not available for FY 15 regarding:
  o # of patients keeping follow-up appointments within 10 days post discharge
  o # of people referred for follow-up post discharge
  o # of people who kept their follow-up appointments with their WG physicians 10 days post discharge

Comments included:

• Meeting with Infomatics personnel to see what can be done to better record and track data.

Objective J: Increase stroke awareness

The progress report included:

• WGH hosted nine events to promote awareness of the signs and symptoms of a stroke (34,675 people received stroke education).
• Conducted hospital training for current employees.
• New hires receive stroke awareness training.

Comments included:
No comments discussed.

**Objective K: Reduce time from Acute Myocardial Infarction symptom onset to hospital presentation**

The progress report included:

- WGH hosted two events to promote awareness of signs and systems of AMI (570 people received AMI education with 32 referrals made due to elevated blood pressure findings).
- WGH conducted quarterly education session for regional EMS providers with 28 attendees.
- The number of minutes from symptom onset to hospital presentation has decreased from 3.08 hours in September 2014 to 2.27 hours as of March 2015 (most current data).
- Offering a discounted screening package to include coronary calcium screening, lipid panel, cardiac health risk assessment, EKG rhythm and ultrasound screen was not completed during FY 15.

Comments included:

- National median time from symptom onset to hospital presentation is 1.95 hours.

**Objective L: Improvement management of COPD patients**

The progress report included:

- Current COPD readmission rate is 15.48% with the expected rate being 17.59%.
- All COPD admissions or patients with COPD history receive printed educational materials addressing medications, diet, activities, restrictions, follow-up care, etc.
- Seven Pulmonary Rehab participants were added during the third quarter of FY 15 with 46 participants for the year.

Comments included:

- Currently having a problem with pre-screenings as the patient says they have COPD but the Pulmonary Rehab physical therapists say they do not have COPD once the testing is complete – four cases of this during FY 15.
Debbie then asked the group to rate their progress on Goal 2. The responses included:

C- Overall, how would you rate our progress on our chronic disease objectives?

![Graph showing percentages of responses for different levels of progress: 0% for Poor, 0% for Fair, 24% for Good, 47% for Very Good, 29% for Excellent.]

Participants were then asked to rate the importance of continuing these intervention strategies. Responses included:
She then asked if there was anything else that could be done to enhance any of the programs moving forward. Comments included:

- Difficulty with non-compliant patients and what to do with them.
- Need to focus more on population health like diabetes and work through industries and those we see coming into the Emergency Department to help them get their chronic disease under control.
- Focus more on prevention and compliance (i.e., home care/ambulatory paramedicine) rather than readmissions.
- Integration of physical and mental health and behavioral health is a big issue in the community.

Goal 3: Improve the health status of Troup County youth by targeting risk behaviors

**Objective A: Ensure healthy teen births and decrease rebirths**

The progress report included:

- No teen pregnancy classes offered due to very small attendance at the last class.
• Troup County School System is adding a district-wide curriculum for 7th graders in the spring 2016 to address teens and risky behaviors. Future plans are to add programming for 6th graders.
• Offered Sex, Truth and Consequences program and was well-attended (80-85 participants) and looking at offering this education twice a year.
• 2 Circle of Girls classes were held with 15 mother-daughter duos (sometimes trios) attending.

Comments included:
• Couldn’t make any strides in the doctors’ offices. WGH educators met with the office managers and shared teen pregnancy data, but it’s beyond WGH control on what they are going to teach their patients in their offices.

**Objective B: Increase awareness of teen health-related needs and issues**

This objective wasn’t discussed.

**Objective C: Decrease youth risk behaviors**

The progress report included:

• Nine WGH staff assisted with the annual Teen Maze with 900 9th graders attending.

Comments included:

• Need to update the Teen Maze numbers on the draft report.

**Objective D: Ensure healthy starts for babies born in Troup County**

The progress report included:

• 555 parents were screened for the First Step’s Period of Purple Crying program.

Comments included:

• Follow-up needed on the pre/post-test given for the participants of the Period of Purple Crying program.
• HC9 numbers needed for shaken baby syndrome.
• The hospital paid for the First Steps program last year, as WGH did not receive any funding. The total amount, including direct costs, can be counted as a community benefit.

Debra Thompson then asked the group to rate their progress on the healthy youth objectives. The responses included:

E- Overall, how would you rate our progress on our healthy youth objectives?

She then asked the group to rate how important it is to continue these efforts. Responses included:
Additional discussion included:

- The annual free athletic physicals need to be added into this year’s implementation strategies numbers.

Next Steps

The next steps include:

- Finalizing the numbers in the report
- Updating the action plan for next year
- Submitting the evaluation report as an attachment to the 990
- Including the information in the WGH 2016 CHNA
| Objective A: | Action Steps | Accountability | Timeframe | Impact will be measured and evaluated through these indicators: | Status of activities | Oct. 1, 2014 - Sept. 30, 2015 |
|-------------|--------------|----------------|-----------|---------------------------------------------------------------|----------------------|
| Recruit primary care and specialty physicians and selected mid-level practitioners. | Recruit 1 dermatologist | Physician Recruiter | By September 30, 2015 | # physicians recruited and placed | Recruiting efforts for a dermatologist have been put on hold until a new physician needs assessment is conducted in late 2015 or early 2016. |
| | Recruit 1 endocrinologist | Physician Recruiter | By September 30, 2015 | | Recruiting efforts for an endocrinologist have been put on hold until a new physician needs assessment is conducted in late 2015 or early 2016. |
### Access

**Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas**

<table>
<thead>
<tr>
<th>Position</th>
<th>Recruiter</th>
<th>Deadline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit 2 pulmonary critical</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>Dr. Salman Fidahussein joined the WGH medical staff in August 2015. Recruiting efforts for a second pulmonary critical care specialist are on hold until a new physician needs assessment is conducted in late 2015 or early 2016.</td>
</tr>
<tr>
<td>care specialists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruit 1 Radiation oncologist</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>Dr. Robert Taylor joined the WGH medical staff in August 2015.</td>
</tr>
<tr>
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</tr>
<tr>
<td>Recruit 1 primary care physician</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>Recruiting efforts for a dermatologist have been put on hold until a new physician needs assessment is conducted in late 2015 or early 2016.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruit 1 otolaryngologist</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>Dr. Danielle Warner joined the WGH medical staff in September 2017.</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Recruit 1 urologist</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>An active search continues for a</td>
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</tbody>
</table>
Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas

<table>
<thead>
<tr>
<th>Access</th>
<th>Recruiter</th>
<th>Timeframe</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit 1 interventional cardiologist</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>Recruiting efforts for an interventional cardiologist have been put on hold until a new physician needs assessment is conducted in late 2015 or early 2016.</td>
</tr>
<tr>
<td>Recruit 1 rheumatologist</td>
<td>Physician Recruiter</td>
<td>By September 30, 2015</td>
<td>Recruiting efforts for a rheumatologist have been put on hold until a new physician needs assessment is conducted in late 2015 or early 2016.</td>
</tr>
</tbody>
</table>

Objective B:

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators: Status of activities</th>
<th>Oct. 1, 2014 - Sept. 30, 2015</th>
</tr>
</thead>
</table>
## Access

**Goal 1:** Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas

<table>
<thead>
<tr>
<th>Continue to identify and develop appropriate levels of care for uninsured persons.</th>
<th>Continue to offer uncompensated care for needy individuals.</th>
<th>Patient Financial Services Director</th>
<th>Ongoing</th>
<th>cost associated with uncompensated care</th>
<th>$21,300,078 for uncompensated care + $315,000 in care provided to Troup Cares patients in FY 2015.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to operate and support the Community Service Clinic</td>
<td></td>
<td>Patient Financial Services Director</td>
<td>Ongoing</td>
<td>Patient encounters served through the Community Service Clinic</td>
<td>864 visits were made to the Community Service Clinic; the total operating expenses for the Community Service Clinic pharmacy were $239,640 (including drug costs, wages/salaries/benefits, supplies, contract maintenance and utilities) The Community Service Clinic serves uninsured people with chronic diseases, who meet certain financial qualifications.</td>
</tr>
</tbody>
</table>
## Access

<table>
<thead>
<tr>
<th>Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access</strong></td>
</tr>
<tr>
<td>Continue to support and refer to Troup Cares medical clinic.</td>
</tr>
<tr>
<td>West Georgia Health provided $60,000 in funding for the Troup Cares medical clinic in FY 2015. Patients served through Troup Cares are as follows: 1Q 438 unduplicated patients Total of 1319 visits. 2Q 439 unduplicated patients Total of 1323 visits 3Q 406 unduplicated patients Total of 1197 visits 4Q 371 unduplicated patients Total of 938 visits. Total visits for FY ‘15 were 4777.</td>
</tr>
</tbody>
</table>
### Access

<table>
<thead>
<tr>
<th>Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to improve Emergency Department triage services to ensure appropriate levels of care.</td>
</tr>
<tr>
<td># of persons connected to financial resources/insurance</td>
</tr>
</tbody>
</table>
## Access

<table>
<thead>
<tr>
<th>Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease in ED utilization of ambulatory care sensitive conditions</td>
</tr>
<tr>
<td>ED utilization rate actually increased this year. 2015 - 28% of patients presented for ambulatory care sensitive conditions; 2014 - 23%; 2013 - 25%.</td>
</tr>
</tbody>
</table>

### Objective C:

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop centralized community resource directory</td>
<td>Publish Community Resource guide to be widely distributed throughout Troup County and to service providers.</td>
<td>Marketing Director</td>
<td>Publish by Summer 2015</td>
</tr>
</tbody>
</table>

Work began on the Community Resource Guide in August 2015 and is expected to be completed by Dec. 31, 2015.
<table>
<thead>
<tr>
<th>Objective D:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status of activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Create Community Resource tab on the West Georgia Health website.</td>
<td>Marketing Director</td>
<td>Publish by September 30, 2015</td>
<td># of hits to Community Resource tab on wghealth.org</td>
<td>Work began on the Community Resource Guide in August 2015 and is expected to be completed by Dec. 31, 2015. Once completed, this information will be added to <a href="http://www.wghealth.org">www.wghealth.org</a>.</td>
</tr>
<tr>
<td></td>
<td>Seek agreements from service providers and other community organizations to provide links from their respective websites to the Community Resource section of wghealth.org.</td>
<td>Marketing Director/Public Relations Specialist</td>
<td>January-September 2015</td>
<td></td>
<td>Work began on the Community Resource Guide in August 2015 and is expected to be completed by Dec. 31, 2015</td>
</tr>
</tbody>
</table>
### Access

<table>
<thead>
<tr>
<th>Objective E:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators: Status of activities Oct. 1, 2014 - Sept. 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Access

<table>
<thead>
<tr>
<th>Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas</th>
<th>In FY 2015, our nurse navigator provided patients with 484 connections to care through a variety of services including drug assistance; financial assistance; transportation; American Cancer Society programs (Look Good, Feel Better; Reach to Recovery); counseling, food assistance, beautician services, dietary services, hospice care; health department; wound care; physical therapy; prosthesis/wigs; utility bill assistance; palliative care; and complementary therapies, among others. This number appears to be reduced from the 794 connections reported for FY 2014, but we believe there was an accounting error in the previous year where some connections were counted twice. We believe we have corrected this mistake from occurring again.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW ADDED OBJECTIVE: Provide access to services and care uniquely required of oncology patients.</td>
<td>Connect cancer patients with services needed to provide care and services needed throughout their cancer journeys.</td>
</tr>
<tr>
<td>Oncology Services Director, Oncology Patient Nurse Navigator</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Number of patient encounters involving connections to care and services.</td>
<td></td>
</tr>
</tbody>
</table>
### Access

<table>
<thead>
<tr>
<th>Access</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 1:</strong> Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas</td>
<td></td>
</tr>
<tr>
<td><strong>NEW ADDED OBJECTIVE:</strong> Prevent and contain the number of influenza cases in our community.</td>
<td>Provide onsite flu clinics to local business and industries</td>
</tr>
</tbody>
</table>

### Objective F:

<table>
<thead>
<tr>
<th>Objective F:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
</tr>
</thead>
</table>

The West Georgia Worx staff conducted 13 Flu Clinics at local businesses/industries during FY 15, with 550 flu vaccinations administered.

| Access |  
|---|---|
| **Goal 1**: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas |  
| **NEWLY ADDED OBJECTIVE**: Ensure safe and healthy participation in school athletic events |  
| Offer free athletic physicals to all middle- and high-school students in Troup County | WGH Chief Nursing Officer and a designated member of the WGH Medical Staff | Springtime each year | The number of students assessed during the event. | Approximately 300 student athletes from LaGrange, Callaway, and Troup high schools were assessed on May 12, 2015. Local orthopedic surgeon Dr. Jim Bruce coordinated the clinical staff for the event which included several physicians and 12 WGH staff members, with assistance from LaGrange College and West Georgia Technical College nursing students. |
## Chronic Disease Management

<table>
<thead>
<tr>
<th>Objective A:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status of activities Oct. 1, 2014-Sept. 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase employee engagement in Vitality® (Employee Wellness) Program at West Georgia Health.</td>
<td>Offer annual biometrics screening to employees and spouses covered by WGH insurance plan.</td>
<td>Benefits Manager</td>
<td>Ongoing</td>
<td># participants completing biometrics screenings</td>
<td>1,078 Employees &amp; Spouses participated</td>
</tr>
<tr>
<td>Implement ideas generated through Wellness Champs program.</td>
<td></td>
<td>Benefits Manager</td>
<td>Ongoing</td>
<td># participants achieving Gold Status in Vitality® program by December 31, 2015</td>
<td>Currently, 515 employees are at Gold Status or higher.</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

<table>
<thead>
<tr>
<th>Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</th>
<th># pounds lost in employee weight loss challenge</th>
<th>2,343 pounds lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage/expansion participation in quarterly employee weight loss challenges.</td>
<td>Employee Health/Workers Comp Manager</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Encourage/expansion selections of Living Lean menu items in the WGH cafeteria.</td>
<td>Food/Nutrition Services Manager</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

| Objective B: Action Steps | Accountability | Timeframe | Impact will be measured and evaluated through these | Status of activities Oct. 1, 2014-Sept. 30, 2015 |
### Chronic Disease Management

<table>
<thead>
<tr>
<th>Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</th>
<th>Indicators:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Implement community-wide Wellness at Work Initiative in collaboration with LaGrange-Troup County Chamber of Commerce, Troup County Center for Strategic Planning, and Public Health agencies</th>
<th>Present plan to respective governing boards for approval and determine budget and funding sources.</th>
<th>Healthy Troup Committee members</th>
<th>Complete by April 2015</th>
<th>Plan presented by target date</th>
</tr>
</thead>
</table>

The LaGrange-Troup County Chamber of Commerce’s Wellness at Work program evolved into a Chamber-only project this year. District 4 Public Health was the only entity to achieve recognition in 2015 for the Wellness at Work program. West Georgia Health is exploring ways with the Chamber of Commerce to build participation.

If plan is determined feasible, adopted and approved for funding, create Phase 2 of HealthyTroup.org website with WGH Marketing Director | Complete by September 30, 2015 | Funding commitments received from designated community partners | To continue into FY 2016 |
<table>
<thead>
<tr>
<th>Chronic Disease Management</th>
<th>Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>database capabilities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop survey for participating businesses, seeking input from HR leaders at local large businesses/industries.</td>
<td>Healthy Troup Committee members</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop program parameters to determine point system for year-long recognition program.</td>
<td>Healthy Troup Committee members</td>
</tr>
<tr>
<td>Chronic Disease Management</td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through</th>
<th>Status of activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch program at a LaGrange-Troup County Chamber meeting in early 2014 (contingent on securing partnership funding).</td>
<td>Chamber of Commerce Director</td>
<td>Complete by May 2015</td>
<td># employers with smoke free campuses</td>
<td>To continue into FY 2016</td>
</tr>
<tr>
<td>If plan is determined feasible, adopted and approved for funding, market and promote program and associated sanctioned activities.</td>
<td>WGH Marketing Director and committee members</td>
<td>Begin by September 30, 2015 – then ongoing</td>
<td></td>
<td>To continue into FY 2016</td>
</tr>
</tbody>
</table>

**Objective C:**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through</th>
<th>Status of activities</th>
</tr>
</thead>
</table>
### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Details</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease late stage breast cancer diagnoses.</td>
<td>Continue to offer the Paint the Town Pink event.</td>
<td>800</td>
</tr>
<tr>
<td>Partner with West Central Georgia Cancer Coalition to provide clinical</td>
<td>Director of Oncology Services &amp; Cancer Care Navigator</td>
<td></td>
</tr>
<tr>
<td>breast exams at Paint the Town Pink and other appropriate events and</td>
<td>Late September of each year</td>
<td></td>
</tr>
<tr>
<td>provide vouchers for uninsured and low income women to receive screening</td>
<td># participants</td>
<td></td>
</tr>
<tr>
<td>mammograms at</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ongoing</td>
<td>12</td>
</tr>
</tbody>
</table>

Director of Oncology Services & Cancer Care Navigator
<table>
<thead>
<tr>
<th>Chronic Disease Management</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal 2:</strong> Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</td>
<td></td>
</tr>
<tr>
<td>the WGH Women's Health Center.</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of women scheduled for mammograms 11</td>
</tr>
<tr>
<td>Continue to partner with HOPE for a Day Walk organization to raise money</td>
<td>Director of Oncology Services &amp; Cancer Care Navigator</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

**Goal 2:** Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

<table>
<thead>
<tr>
<th>Objective D: Decrease late stage lung cancer diagnoses.</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
</tr>
</thead>
</table>

- Director of Oncology Services
- Pulmonary Medicine Director

<table>
<thead>
<tr>
<th>Objective D:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th># physicians/offices participating in program</th>
<th>Impact will be measured and evaluated through these indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure physician champion to implement lung CT screening program with new physicians.</td>
<td>Director of Oncology Services</td>
<td>Achieve by September 2015</td>
<td># pulmonologists recruited to practice at West Georgia Health</td>
<td>Status of activities Oct. 1, 2014-Sept. 30, 2015</td>
<td></td>
</tr>
</tbody>
</table>

- With the recent addition of a new pulmonologist to the WGH medical staff in September, we plan to secure his advocacy of lung CT screenings and smoking cessation classes among his
### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary Medicine Director</td>
<td>Ongoing</td>
<td># people referred for follow up</td>
<td>16 Secondary Consultations resulting in GA Quitline contacts/referrals</td>
</tr>
<tr>
<td>Pulmonary Medicine Director</td>
<td>Ongoing</td>
<td># people receiving a screening</td>
<td>N/A</td>
</tr>
<tr>
<td>Director of Oncology Services to report these #</td>
<td></td>
<td># people diagnosed with cancer stage 0, 1 or 2 versus 3 and 4</td>
<td>12 Stage 1; 4 Stage 2; 23 Stage 3; 33 Stage 4</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

<table>
<thead>
<tr>
<th>Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary Medicine Director</td>
</tr>
<tr>
<td>Pulmonary Medicine Director</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective E:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated</th>
<th>Status of activities Oct. 1, 2014-Sept. 30, 2015</th>
</tr>
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<tbody>
<tr>
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<td></td>
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</table>
## Chronic Disease Management

### Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Strategy</th>
<th>Timeframe</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease late stage colon cancer diagnoses.</td>
<td>Work with primary care physicians to establish screening initiative.</td>
<td>Set by March 2015</td>
<td>Local primary care physician(s) recruited to participate in program</td>
<td>No primary care physicians were recruited to participate this year due to a lack of time and a new focus with the ACS “80% by 2018” colorectal screening initiative.</td>
</tr>
<tr>
<td>Expand the Scope it Out awareness and screening program.</td>
<td>Marketing Director and Oncology Services Director</td>
<td>March of each year</td>
<td># people diagnosed with colorectal cancer stage 0, 1 or 2 versus 3 and 4</td>
<td>Stage 1 - 5 patients; Stage 2 - 7 patients; Stage 3 - 6 patients; Stage 4 - 8 patients</td>
</tr>
<tr>
<td>Partnering with ACS to work toward &quot;80% by 2018” colorectal awareness.</td>
<td>Oncology Services Director</td>
<td>Ongoing</td>
<td># people participating in screening</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

<table>
<thead>
<tr>
<th>Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Objective F:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators: Status of activities Oct. 1, 2014-Sept. 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease late stage prostate cancer diagnoses.</td>
<td>Work with Superstar Football camp organizers to redesign program.</td>
<td>Marketing Director and Oncology Services Director</td>
<td>Redesign by June 2015</td>
<td>Program redesigned</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective G:</strong></td>
<td></td>
<td></td>
<td>Status of activities Oct. 1, 2014-Sept. 30, 2015</td>
<td></td>
</tr>
<tr>
<td>Continue to offer low-cost screening program every September.</td>
<td>Oncology Services Director</td>
<td>September of each year</td>
<td># people receiving a screening</td>
<td>178 men were screened during the 2-night event.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td># people referred for follow up</td>
<td>12 men were referred for follow-up evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td># people diagnosed with cancer stage 0, 1 or 2 versus 3 and 4</td>
<td>Stage 1 - 19 patients; Stage 2 - 29 patients; Stage 3 - 0 patients; Stage 4 - 3 patients</td>
</tr>
</tbody>
</table>

- **Continue to offer and/or participate in community & business health fairs**
  - Living Well health fair at LaGrange Mall
  - WGH Public Relations Specialist

#### Objective G:
- **Action Steps**: Continue to offer low-cost screening program every September.
- **Accountability**: Oncology Services Director
- **Timeframe**: September of each year
- **Impact will be measured and evaluated through these indicators**: # people receiving a screening, # people referred for follow-up, # people diagnosed with cancer stage 0, 1 or 2 versus 3 and 4.

#### Goal 2:
- **Objective**: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes.
- **Action Steps**: Continue to offer low-cost screening program every September.

- **Oncology Services Director**
- **September of each year**
- **# people receiving a screening**: 178 men were screened during the 2-night event.
- **# people referred for follow-up**: 12 men were referred for follow-up evaluation.
- **# people diagnosed with cancer stage 0, 1 or 2 versus 3 and 4**: Stage 1 - 19 patients; Stage 2 - 29 patients; Stage 3 - 0 patients; Stage 4 - 3 patients.

- **Objective G**
  - **Action Steps**: Continue to offer and/or participate in community & business health fairs
  - **Accountability**: WGH Public Relations Specialist
  - **Timeframe**: Annual - Spring each year
### Chronic Disease Management

#### Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

<table>
<thead>
<tr>
<th>Event</th>
<th>Responsible Department</th>
<th>Frequency</th>
<th># People Screened</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup Family Expo</td>
<td>WGH Public Relations Specialist</td>
<td>Annual - Spring each year</td>
<td>Team members from 4 WGH departments (WGH Women’s Health Services, First Steps Program, Nutrition Services and Vernon Woods) participated, distributing health information and discussing health topics with participants.</td>
<td></td>
</tr>
<tr>
<td>Bringing the Ages Together health event</td>
<td>WGH Public Relations Specialist</td>
<td>Annual -- August/ September each year</td>
<td>In addition to the breast cancer screenings West Georgia Physicians team members conducted screenings</td>
<td></td>
</tr>
</tbody>
</table>
### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Location</th>
<th>Responsible Official</th>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troup Active Life (senior center)</td>
<td>Home Care Director</td>
<td>ongoing</td>
<td>WG Home Care and other WGH divisions conducted 4 screenings at the Active Life Center in FY 2015. Nov. 3, 2014 - 23 seniors got a BMI assessment; March 5, 2015 - 37 seniors received blood pressure and cholesterol screenings; April 15 - 50 seniors received blood pressure and balance screenings; and on July 30, 17 seniors had blood pressure and hearing screenings.</td>
</tr>
<tr>
<td>Kia Manufacturing Plant</td>
<td>WGH Public Relations Specialist/WGH Worx Director</td>
<td>Semi-annually</td>
<td>Two 2-day health fairs -- impacted 400 employees at each of the 2-day events</td>
</tr>
<tr>
<td>Walmart Distribution Center</td>
<td>WGH Public Relations Specialist/WGH Worx Director</td>
<td>Annual</td>
<td>Walmart Distribution did not request a health fair from WGH in 2015.</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Objective H:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status of activities Oct. 1, 2014-Sept. 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobis Health Fair</td>
<td>WGH Public Relations Specialist/WGH Worx Director</td>
<td>Annual</td>
<td>Mobis team did not request a health fair from WGH in FY 2015.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canaan Baptist Church Friendship Baptist Church; Hanil E Hwa; St. James CME</td>
<td>Director of Oncology Services</td>
<td>Annual</td>
<td>Canaan Baptist Church - 100 participants; Friendship Baptist - 100 participants; Hanil E Hwa - 60 participants; St. James CME - 50 participants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Objective H:**

**Action Steps**

Improve diabetes management though education, nutrition and support services.

- Promote participation and physician referrals for Diabetes Self-Management program.
- WGH Food/Nutrition Services Director
- Ongoing
- # participants in DMST program
- WGH dietitians offer monthly group classes on diabetes self-management and weight management at Troup Cares. They counseled with 84 participants in 2015.
### Chronic Disease Management

**Goal 2:** Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

<table>
<thead>
<tr>
<th>Objective I:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
</tr>
</thead>
</table>

| Promote participation in monthly Diabetes Support Group meetings. | WGH Food/Nutrition Services Director | Ongoing | # participants in DMST program | On hold due to lack of participation. |
| # of participants at community and worksite health fairs | | | | N/A |
| Decrease in blood glucose levels of DMST program participants | | | | N/A |
## Chronic Disease Management

### Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

<table>
<thead>
<tr>
<th>Improve management of Congestive Heart Failure through Project Red.</th>
<th>Standardize inpatient teaching materials and post discharge care plan for CHF patients to address medications, diet, activities, restrictions, follow-up care, etc. to ensure constant, consistent messaging.</th>
<th>RN, QI Coordinator</th>
<th>Ongoing</th>
<th>Decrease in CHF readmissions</th>
<th>Project RED 30-Day, All Cause Readmission rate for FY 2015 TD=4.69%</th>
<th>Overall WGH 30-Day, All-cause HF Readmission Rate for FY 2015 TD = 13.78%</th>
<th>Expected = 19.62%</th>
</tr>
</thead>
</table>
| Identify barriers to follow up care and make appropriate referrals. | Improve # of patients keeping follow-up appointments within 10 days post discharge | Case Manager | Ongoing | This information is not available but we are working on a system to capture this information with WG Physician providers in 2016.
### Chronic Disease Management

<table>
<thead>
<tr>
<th>Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td># people referred for follow up post discharge</td>
</tr>
<tr>
<td># people who kept their follow-up appointments with their WG physicians 10 days post discharge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective J:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
</tr>
</thead>
</table>
**Chronic Disease Management**

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Increase stroke awareness.</th>
<th>Promote awareness of signs and symptoms of stroke via health fairs, screenings and advertising.</th>
<th>RN, QI Coordinator/Marketing Director/Public Relations Specialist</th>
<th>Ongoing</th>
<th># of events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9 Events</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nov. 12, 2014 -- Dr. Switzer from Georgia Regents University (20 participants), Feb. 2, 2015 Dr. Haussen from Grady Health System (20 participants), 4/14/15- Teleneurology equipment training (39 participants) 8/27/15- ED presented Telestroke and Stroke Education for the Insiders Program (20 participants), Stroke Education given to new WGH Nurses during Orientation (141 participants), Stroke awareness info- Facebook (reached 4,358 people), All hospital admissions receive Stroke Education on arrival to WGH (8,438 patients), 85 South Stroke Awareness information (reached 15,000 subscribers), LaGrange Daily News Stroke Awareness information (reached 6,639 subscribers)</td>
</tr>
</tbody>
</table>

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End of Table
### Chronic Disease Management

<table>
<thead>
<tr>
<th>Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</th>
<th># people receiving a screening</th>
<th>No screenings were offered, but 34,675 received stroke education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective K:</td>
<td># people referred for follow up</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Action Steps**

<table>
<thead>
<tr>
<th>Objective K:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Status of activities</strong></td>
<td><strong>Oct. 1, 2014-Sept. 30, 2015</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Chronic Disease Management

<table>
<thead>
<tr>
<th>Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce time from Acute Myocardial Infarction symptom onset to hospital presentation.</td>
</tr>
<tr>
<td>Provide quarterly education sessions for regional EMS providers.</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

<table>
<thead>
<tr>
<th><strong>Goal 2:</strong> Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer discounted screening package to include coronary calcium screening, lipid panel, cardiac health risk assessment, EKG rhythm and ultrasound screen.</td>
</tr>
<tr>
<td>Cardiovascular Medicine Director, CV Development RN, Radiology Department Director, Radiology Chief Tech</td>
</tr>
<tr>
<td>Offer by September 30, 2015</td>
</tr>
<tr>
<td># screening participants</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>national median time - 1.95 hrs WGH median time - 2.27 hrs</th>
</tr>
</thead>
</table>

We were unable to offer this screening package this year due to limited staffing. We plan to offer this package to our community in FY 2016.
## Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Objective L:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
<th>Status of activities Oct. 1, 2014-Sept. 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve management of COPD patients.</td>
<td>Multidisciplinary committee currently meeting to address readmissions.</td>
<td>Pulmonary Medicine Director</td>
<td>Ongoing</td>
<td>Decrease in COPD readmissions</td>
<td>Readmission Rate - 15.48% (Expected Rate - 17.59% for the year) The 2014 rate was 8.84 (which is considered to be an outlier year). The 2013 rate was 16.92.</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

**Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes**

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Department</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide standardized inpatient teaching materials and post discharge care plan for COPD patients to address medications, diet, activities, restrictions, follow-up care, etc.</td>
<td>Pulmonary Medicine Director</td>
<td>Ongoing</td>
<td>COPD Information and Discharge Plan brochures were finalized in early FY 2015. The brochures were printed and began distribution in Q2. 250 brochures were given to COPD inpatients during consults from the pulmonary medicine team.</td>
</tr>
<tr>
<td>Meet with COPD inpatients to screen for pulmonary rehabilitation participation.</td>
<td>Pulmonary Medicine Director</td>
<td>Ongoing</td>
<td>Increase # patients participating in Pulmonary Rehabilitation.</td>
</tr>
</tbody>
</table>
### Chronic Disease Management

**Goal 2:** Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

| Last year's Objective H (but should have been I): | Promote good eating habits through participation in nutritional education classes for children by creating a community garden. | WGH Public Relations Specialist, WGH Food/Nutrition Director and District 4 Health promotion coordinator | Ongoing | West Georgia Health helped continue the community garden project for third grade garden club members at the LaGrange Boys & Girls club. WGH dietitians provided health information and conducted cooking demonstrations at the LaGrange Boys & Girls clubs in Nov. 2014 and May 2015, utilizing vegetables grown in the community garden. About 75 club kids and their parents participated in each of the two events. |
| Crops were planted three times throughout the 2014-15 school year. Plantings included carrots, radishes, lettuce, collards, cabbage, garlic and strawberries. | # and types of crops planted |
### Chronic Disease Management

Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

<table>
<thead>
<tr>
<th># of crops harvested</th>
<th>Crops were harvested 5 times throughout the school year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective A:</td>
<td>Action Steps</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Ensure healthy teen births and decrease rebirths.</td>
<td>Offer teen pregnancy classes to include education on prenatal care, newborn care, labor techniques and birth control following pregnancy.</td>
</tr>
<tr>
<td>Develop relationships with middle/high school nurses and counselors to increase participation in these classes.</td>
<td>Director of Women's Services/Labor &amp; Delivery Nurse Manager</td>
</tr>
<tr>
<td>Healthy Youth</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Goal 3: Improve the health status of Troup County youth by targeting risk behaviors</strong></td>
<td></td>
</tr>
<tr>
<td>Market class to promote participation.</td>
<td>Marketing Director/Public Relations Specialist</td>
</tr>
<tr>
<td>Increased understanding of newborn care</td>
<td>Increased understanding of birth control options</td>
</tr>
<tr>
<td>Intent to change risk behaviors</td>
<td>No teen pregnancy class offered during this time due to very small attendance at last class.</td>
</tr>
</tbody>
</table>
### Healthy Youth

#### Goal 3: Improve the health status of Troup County youth by targeting risk behaviors

| Develop incentives to encourage participation in teen pregnancy programs offered by WGH, as well as the Circle of Girls and Sex, Truth & Consequences information classes for teens. | Director of Women’s Services/Labor & Delivery Nurse Manager/Marketing Director/Public Relations Specialist | Ongoing | # participating in program | No teen pregnancy class was offered during this time due to very small attendance at last class. Sex, Truth & Consequences class was held on 1/27/15. Circle of Girls Class held in November 2014 & March 2015. 80-85 participated in the Sex, Truth & Consequences class. A total of 15 mother-daughter duos and in some cases, trios, participated in 2 Circle of Girls classes. |
| # participating in program due to incentive | No incentives were developed to encourage class participation. |
### Healthy Youth

<table>
<thead>
<tr>
<th>Goal 3: Improve the health status of Troup County youth by targeting risk behaviors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate and support the Troup County School District in the possible startup of the Troup Teen Pregnancy Prevention Task Force (TTPP)’s evidence-based curriculum – Promoting Health Among Teens-Abstinence Only within the school district’s health curriculum</td>
<td>Director of Women’s Services/Labor &amp; Delivery Nurse Manager/Marketing Director/Public Relations Specialist</td>
</tr>
</tbody>
</table>

# students receiving this curriculum

Troup County School System is adding a district wide curriculum for 7th graders in Spring 2016 to address teens and risky behaviors. Future plans are to add other programming in the 6th grade in the near future.
### Healthy Youth

#### Goal 3: Improve the health status of Troup County youth by targeting risk behaviors

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Decrease in teen pregnancies</td>
<td>Teen births at WGH increased by 149% in 2015. Teen births for 2015 were: 10-14 years: 3 births; 15-17 years: 30 births; 18-19 years - 112 births. Teen births for 2014 were: 10-14 years: 1 birth; 15-17 years: 18 births; 18-19 years: 112 births.</td>
</tr>
<tr>
<td></td>
<td></td>
<td># students pledging abstinence</td>
<td>No information is available on this tactic.</td>
</tr>
</tbody>
</table>

#### Objective B: Action Steps  Accountability  Timeframe  Impact will be measured and evaluated through these indicators: Status of activities  Oct. 1, 2014-Sept. 30, 2015
Healthy Youth

<table>
<thead>
<tr>
<th>Goal 3: Improve the health status of Troup County youth by targeting risk behaviors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase awareness of teen-health related needs and issues.</td>
<td>Identify evidenced-based curriculum to use for pre-puberty education program.</td>
</tr>
<tr>
<td>Director of Women's Services/Labor &amp; Delivery Nurse Manager</td>
<td>Identify by December 31, 2015</td>
</tr>
<tr>
<td># adults and children attending</td>
<td>Sex, Truth &amp; Consequences class taught on 1-27-15. Class involved a panel of physicians discussing puberty, myths about sex, STDs, and consequences of unprotected sex. Class was open to parents and 11-14 yr. olds. The class was well attended with approximately 80 participants. Pre and post surveys were conducted anonymously and revealed knowledge had been gained from attendance. Circle of Girls classes were held on November 24, 2014 with 10 in attendance and March 9, 2015 with 4 participants. No teen pregnancy class was held during this time due to low to no participation.</td>
</tr>
<tr>
<td>Healthy Youth</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>------------------</td>
</tr>
<tr>
<td><strong>Goal 3: Improve the health status of Troup County youth by targeting risk behaviors</strong></td>
<td></td>
</tr>
<tr>
<td>Recruit physicians, Physician Assistants and Nurse Practitioners to present.</td>
<td>Director of Women’s Services/Labor &amp; Delivery Nurse Manager</td>
</tr>
<tr>
<td>Secure locations and dates to offer pre-puberty education programs twice annually.</td>
<td>Director of Women’s Services/Labor &amp; Delivery Nurse Manager</td>
</tr>
</tbody>
</table>
### Healthy Youth

**Goal 3: Improve the health status of Troup County youth by targeting risk behaviors**

<table>
<thead>
<tr>
<th>Objective C:</th>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease youth risk behaviors.</td>
<td>Continue participation in Teen Maze Program (Troup County Health Dept.) to discourage risky behaviors and encourage smart decision-making.</td>
<td>Marketing Director/Public Relations Specialist</td>
<td>Annually each fall</td>
<td>Status of activities Oct. 1, 2014-Sept. 30, 2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pre- and post-event evaluations were given out. About 80% indicated increased knowledge, but the evaluations did not separate students from parents. We will need to revisit this tactic to ensure proper measurement in the future.</td>
</tr>
</tbody>
</table>

**Market class to promote participation.**

**Marketing Director/Public Relations Specialist**

Prior to each event

Increased knowledge of sexually transmitted diseases (teens)
**Healthy Youth**

<table>
<thead>
<tr>
<th>Goal 3: Improve the health status of Troup County youth by targeting risk behaviors</th>
<th>Teen births at WGH increased by 149% in 2015. Teen births for 2015 were: 10-14 years: 3 births; 15-17 years: 30 births; 18-19 years - 112 births. Teen births for 2014 were: 10-14 years: 1 birth; 15-17 years: 18 births; 18-19 years: 112 births.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue participation in Boys &amp; Girls Club evidence-based programs that encourage smart decision-making, respecting their body, and raising self esteem</td>
<td>Marketing Director/Public Relations Specialist</td>
</tr>
<tr>
<td>Marketing Director/Public Relations Specialist</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Decrease in sexually transmitted diseases</td>
</tr>
<tr>
<td></td>
<td>Chlamydia rates have increased from 2010 (541.4) to 773.3, Gonorrhea rates have increased from 146 to 197.7, while primary and secondary syphilis rates have decreased slightly from 7.5 to 7.4 per 100,000 population</td>
</tr>
<tr>
<td>Healthy Youth</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Goal 3: Improve the health status of Troup County youth by targeting risk behaviors</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre- and post-tests of Boys &amp; Girls Club programs</td>
</tr>
<tr>
<td></td>
<td>For the past 3 years, WGH has offered financial support to the Boys &amp; Girls Clubs of West Georgia ($20,000 for 2013 and $12,000 for 2013 and 2014 plus in-kind donations). Our support has helped our local clubs implement healthy lifestyles programming at both the LaGrange and Hogansville clubs including SMART Moves (SMART Girls and Passport to Manhood), Healthy Habits and Wanna Play? programs. A total of 393 youth participated. Outcomes: Pre- &amp; post-tests for content knowledge in selected programs -- For SMART Moves, 92% showed improvement; for Healthy Habits, 81% showed improvement. Additional outcomes: more than 74,000 healthy snacks and/or meals were served; 67% of local club members reported participating in physical activity for 7 days/week vs. 33% of youth nationwide; 63% of club members reported consuming at least 2 fruits/3 vegetables each day vs. 43% consumption among U.S. youth; 91.5% of youth participating in the clubs’ summer program demonstrated improved fitness from June to July.</td>
</tr>
</tbody>
</table>
### Healthy Youth

#### Goal 3: Improve the health status of Troup County youth by targeting risk behaviors

<table>
<thead>
<tr>
<th>Identify those children referred to the Department of Family Services by the ED due to abuse or neglect.</th>
<th>Emergency Department Personnel</th>
<th>Ongoing</th>
<th># children presenting in the ED for abuse or neglect</th>
<th>We created a trigger in our EMR system in July 2015 to measure how many abuse cases are referred to DFACS. In the time this new field was created until Sept. 30, no cases were referred to DFACS.</th>
</tr>
</thead>
<tbody>
<tr>
<td># children being referred to Department of Family Services due to abuse or neglect</td>
<td></td>
<td></td>
<td></td>
<td>We created a trigger in our EMR system in July 2015 to measure how many abuse cases are referred to DFACS. In the time this new field was created until Sept. 30, no cases were referred to DFACS.</td>
</tr>
</tbody>
</table>

#### Objective D:

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Accountability</th>
<th>Timeframe</th>
<th>Impact will be measured and evaluated through these indicators: Status of activities Oct. 1, 2014-Sept. 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure healthy starts for babies born in Troup County. Continue First Steps' Period of Purple Crying program.</td>
<td>First Steps Program Coordinator</td>
<td>Ongoing</td>
<td># parents screened</td>
</tr>
</tbody>
</table>
### Healthy Youth

<table>
<thead>
<tr>
<th>Goal 3: Improve the health status of Troup County youth by targeting risk behaviors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase parent knowledge of baby management strategies</td>
<td>Period of Purple Crying DVD given to all parents screened and discussed by First Steps Program. The coordinator did not utilize the measurement tool created to measure knowledge gained, but the team will study ways to ensure implementation in FY 2016.</td>
</tr>
<tr>
<td>Decrease incidences of Shaken Baby Syndrome</td>
<td>Shaken Baby Syndrome cases increased in 2015. There were 0 cases in 2014 and 2 cases occurring in 2015.</td>
</tr>
</tbody>
</table>
### Implementation Strategy Objectives Not Being Pursued by West Georgia Health

**Goal 1: Decrease inappropriate ER utilization and admissions by improving access to prevention, primary care and chronic disease management in underserved areas**

<table>
<thead>
<tr>
<th>Objective A:</th>
<th>Action Steps Affected</th>
<th>Reason for not pursuing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement a mobile health clinic</td>
<td>• Investigate cost benefit and feasibility of implementing mobile health clinic and determine roll out schedule if feasible.</td>
<td>During the course of this evaluation, it was determined that implementing a mobile health clinic was not financially feasible and will not be pursued further.</td>
</tr>
<tr>
<td></td>
<td>• Identify departments and physician practices to participate in mobile clinic.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Obtain commitments to participate in mobile clinic.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Determine implementation budget.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identify locations.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If deemed feasible, advertise mobile clinic “kickoff” events</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Launch mobile clinics if deemed feasible</td>
<td></td>
</tr>
</tbody>
</table>
Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

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</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Decrease late stage breast cancer diagnoses.</td>
<td>Evaluate Breast Cancer Risk Assessment products and seek funding options for implementation. During the course of this evaluation, it was determined that evaluating and implementing Breast Cancer Risk Assessment products was not financially feasible and will not be pursued further.</td>
</tr>
<tr>
<td>E</td>
<td>Decrease late stage colon cancer diagnoses.</td>
<td>Evaluate Colon Cancer Risk Assessment products and seek funding options for implementation. During the course of this evaluation, it was determined that evaluating and implementing Colon Cancer Risk Assessment products was not financially feasible and will not be pursued further.</td>
</tr>
<tr>
<td>F</td>
<td>Decrease late stage prostate cancer diagnoses</td>
<td>Evaluate Prostate Cancer Risk Assessment products and seek funding options for implementation. During the course of this evaluation, it was determined that evaluating and implementing Prostate Cancer Risk Assessment products was not financially feasible and will not be pursued further.</td>
</tr>
<tr>
<td>H</td>
<td>Improve diabetes management through education, nutrition and support services</td>
<td>IF WGH Mobile Van Clinics are deemed feasible, offer educational sessions in conjunction with WGH Mobile Van Clinics. During the course of this evaluation, it was determined that implementing a mobile health clinic was not financially feasible and will not be pursued further.</td>
</tr>
</tbody>
</table>
Goal 2: Reduce incidence and prevalence of chronic diseases and improve chronic disease management of obesity, heart disease, cancer, stroke and diabetes

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<thead>
<tr>
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<th>Action Steps Affected</th>
<th>Reason for not pursuing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective C:</strong></td>
<td>Evaluate Diabetes Risk Assessment products and seek funding options for implementation.</td>
<td>During the course of this evaluation, it was determined that evaluating and implementing Diabetes Risk Assessment products was not financially feasible and will not be pursued further.</td>
</tr>
<tr>
<td><strong>Objective J:</strong></td>
<td>Evaluate Stroke Risk Assessment products and seek funding options for implementation.</td>
<td>During the course of this evaluation, it was determined that evaluating and implementing Stroke Risk Assessment products was not financially feasible and will not be pursued further.</td>
</tr>
<tr>
<td><strong>Objective K:</strong></td>
<td>Evaluate Heart Risk Assessment products and seek funding options for implementation.</td>
<td>During the course of this evaluation, it was determined that evaluating and implementing Heart Risk Assessment products was not financially feasible and will not be pursued further.</td>
</tr>
</tbody>
</table>