WARM SPRINGS MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

2022-2024

WARM SPRINGS medical clinic

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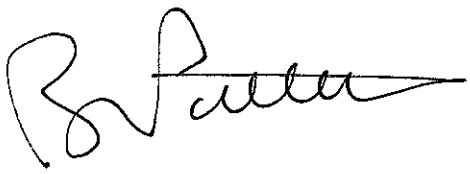
WARM SPRINGS medical center

The Warm Springs Medical Center Board of Directors approved the three Fiscal Years 2022-2024 Community Health Needs Assessment and Implementation Plan on December 2, 2021.

Bob Patterson, Board Chairman

Warm Springs Medical Center

The Community Health Needs Assessments (CHNA) Report is widely available to the public and interested parties can view and download it on the Warm Springs Medical Center website www.warmspringsmc.org. Paper copies are available upon request, please contact Theresa Gordon, Executive Assistant @ 706-655-9351 or Theresa.gordon@warmspringsmc.org.



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EXECUTIVE SUMMARY

Warm Springs Medical Center, partnered with the Center for Public Health Practice and Research (CPHPR), Georgia Southern University to conduct a Community Health Needs Assessment (CHNA) as required under the Affordable Care Act based on Internal Revenue Service Code Section 501(r)(3)(A)(i). This needs assessment is in fulfillment of the IRS mandate for non-profit organizations and to enhance community engagement.

A mixed method approach was used in this assessment to gain input from the hospital stakeholders and the general community. Data from secondary sources were triangulated with primary data collected through community focus groups and a community survey.

The **results from the secondary data analyses** identified:

- ⇒ a community with a declining economy
- ⇒ an aging county population, with a high poverty rate and lower educational attainment
- ⇒ a high prevalence of food insecurity and limited access to health-promoting amenities and resources in the county, including a lack of adequate recreational opportunities and limited digital connectivity
- ⇒ higher rates of unfavorable lifestyle behaviors (including poor nutritional habits, physical inactivity, and sexual risk behaviors), compared to the state
- ⇒ higher prevalence of mental health and substance abuse issues magnified by the COVID-19 pandemic
- ⇒ poorer mental and physical health outcomes, compared to the rest of the state, including a life expectancy in the county that is 4 years lower than the state.
- ⇒ barriers to health care access, including high uninsured and underinsured rates and shortages of health professionals

Input from the community, through the survey and focus groups were generally consistent with the findings from the secondary data analysis. Community members and key stakeholders described the hospital's service area of Meriwether County as a great community to live with its fair share of challenges, including:

- ⇒ high levels of poverty, driven in part by the lack of job opportunities in the county
- ⇒ high prevalence of unhealthy behaviors, including substance use, physical inactivity and poor nutrition leading to overweight/obesity

⇒ limited or inadequate access to health care insurance and specialty services and general dissatisfaction with the availability and/or adequacy of health services in the community

⇒ poor health outcomes, driven by a higher prevalence of heart disease, cancer, and diabetes

⇒ geographic maldistribution of community health resources and a general lack of awareness about community health services and health promoting resources

EMERGING ISSUES

Here we highlight emerging issues from the three data collection approaches

	Secondary Data	Survey	Focus Groups
Economic Concerns (Poverty, Lack of Jobs)	✓	✓	✓
Obesity/Overweight & Physical Inactivity	✓	✓	✓
Substance Use	✓	✓	✓
Access to Resources (e.g. recreational amenities)	✓	✓	✓
High Uninsured /Under Insured Rates	✓	✓	✓
Provider Shortages	✓		✓
Lack of Specialty Services	✓	✓	✓
Poor Mental Health	✓	✓	
Poor Physical Health, including chronic Conditions (incl. cancer, heart disease, diabetes, COPD, High Blood Pressure)	✓	✓	✓

Based on these results, the CPHPR team facilitated an implementation planning process, whereby the CHNA Steering Committee prioritized the community health needs to be addressed within the next three years. Goals, objectives, and actions to address the priority areas were developed and documented. The top needs and goals prioritized by the CHNA Steering Committee are described next.

Priority Area One: Community Education and Awareness of Health Services

Goal: To empower Meriwether County residents with information and resources to support a healthy life

Objective: To improve community awareness of health services and health promoting resource in the county by 2024

Priority Area Two: Health Services Access

Goal: To increase access to health services in Meriwether County

Objective 1: To strategically expand specialist services through telehealth by 2024
Objective 2: To improve the accessibility of health services to county residents by 2024

Priority Area Three: Mental Health and Substance Use

Goal: To improve the mental well-being of the residents of Meriwether County

Objective: To expand access to mental health and substance abuse services in the county by 2024

ABOUT THE REPORT

PURPOSE

The purpose of this report is to summarize findings from the Community Health Needs Assessment (CHNA) for Warm Spring Medical Center. This CHNA fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a community health needs assessment every 3 years. In addition to fulfilling the IRS requirement, this assessment is an opportunity for the hospital to enhance its engagement with the community members and provide information on services currently offered at the hospital.

APPROACH

The CPHPR project team worked in partnership with the hospital CHNA steering committee throughout the project to facilitate the completion of a community survey, recruitment of key stakeholders for focus group discussions, and documentation of the hospital's efforts to address community health needs since the last CHNA was completed in 2018.

Obtaining **community input** is a key aspect of the CHNA process. This was solicited through focus groups and a community survey. Efforts were made to obtain input from a diverse group of community members, including underserved, racial and minority groups. Key community stakeholders were also involved in reviewing and interpreting findings from the CHNA and developing an implementation plan to address prioritized community needs.

The community survey and focus group interviews were used to obtain data on community perception regarding local health care access and health needs of residents of the hospital's service area of Meriwether County. The community survey was disseminated to residents of the hospital's primary service area via the hospital's social media webpages and email listservs, as well as those of local community partners. Focus group participants were key community stakeholders of Meriwether County.

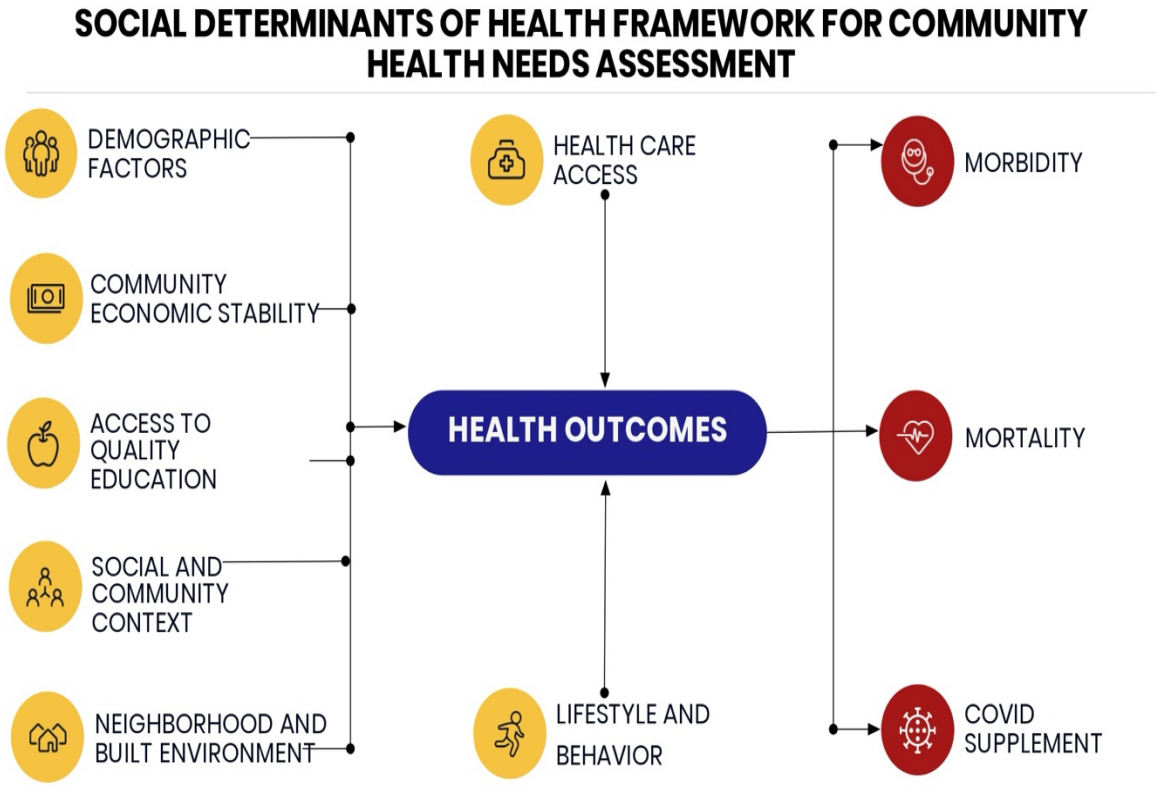
Information from these primary data collection efforts were triangulated with the most recently available data secondary quantitative data on the community's demographic and economic profile, health care access, and utilization. These data were obtained from multiple publicly available sources

including the US Census Bureau, University of Wisconsin's County Health Rankings, Centers for Disease Control (CDC), the Bureau of Labor Statistics, Georgia Department of Health and the Georgia Governor's Office of Planning and Budget (for population projections).

Findings from all the above-described primary and secondary data collection efforts informed the identification and prioritization of community health needs, as well as the development of an implementation plan to address these needs.

Data Analysis and Visualization

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics (including frequencies, means, and standard deviation) and visualized using tables, charts, graphs, and infographics created. Spatial variations in selected community health indicators estimates are also presented using data and maps from PolicyMap. Qualitative data from the focus groups were analyzed using thematic analysis. The conceptual framework used to inform data collection efforts is illustrated in the image below.

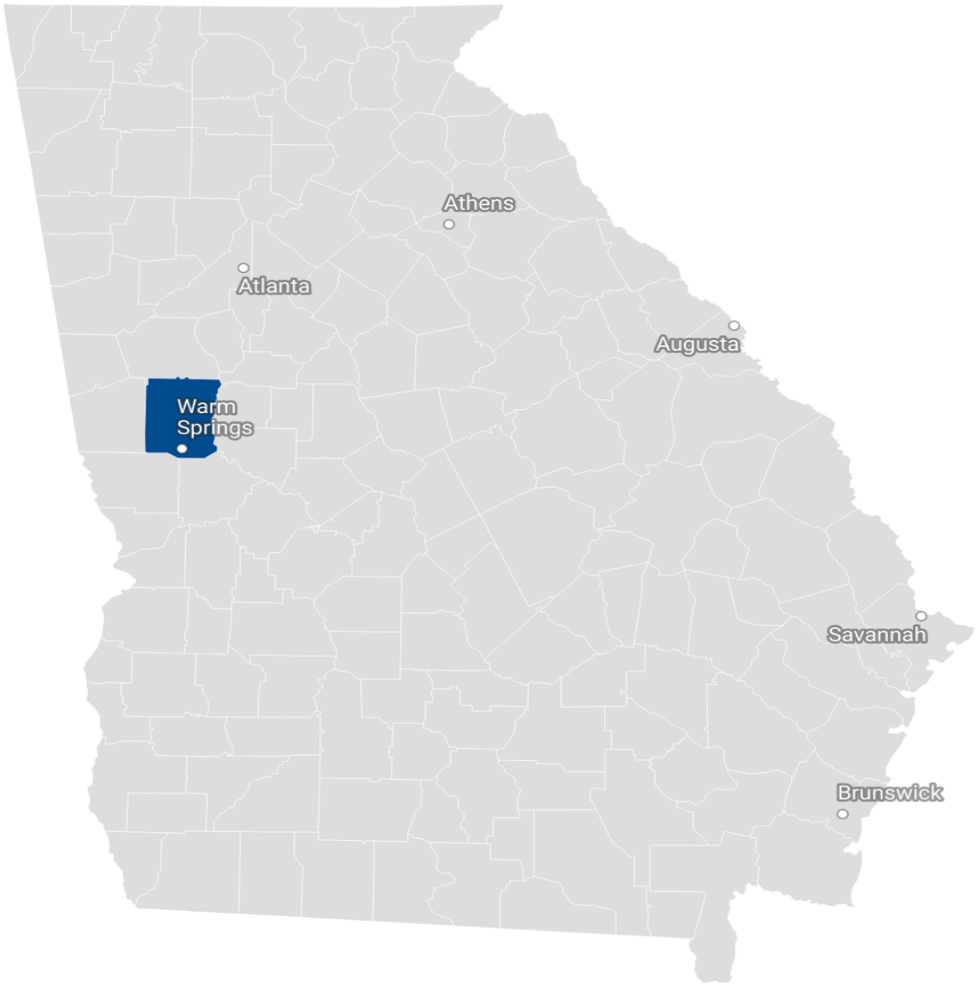


SERVICE AREA

Warm Springs Medical Center is a 25-bed Critical Access Hospital founded in 1957 and located in Warm Springs, Georgia. Hospital services include inpatient services, outpatient services, including laboratory and radiology and a nursing home.

The hospital's primary service area comprises Meriwether County, Georgia located in the west central part of the state. The county is in proximity to larger urban centers including, the metropolitan areas of Atlanta, Macon, and Columbus. The county seat is in Greenville, GA.

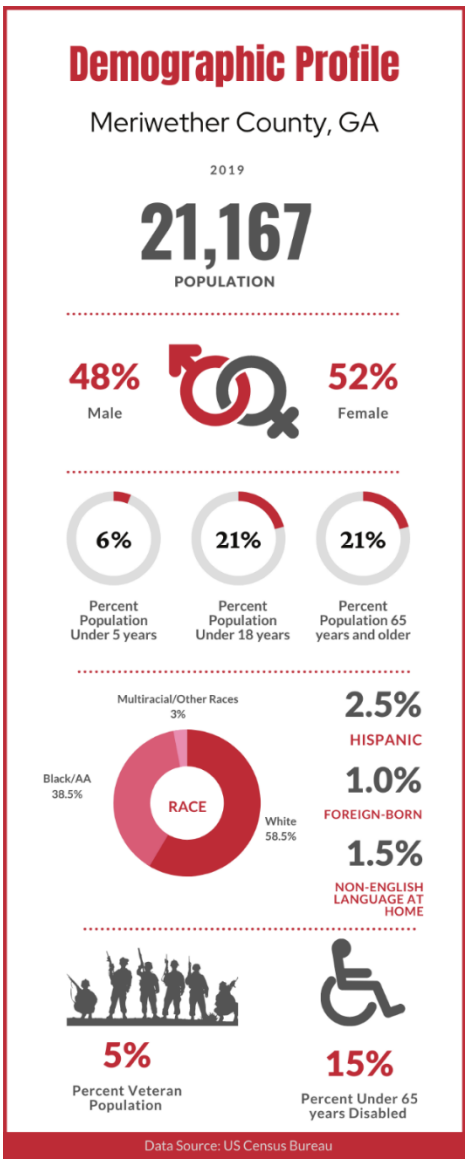
Hospital Service Area: Meriwether County, GA

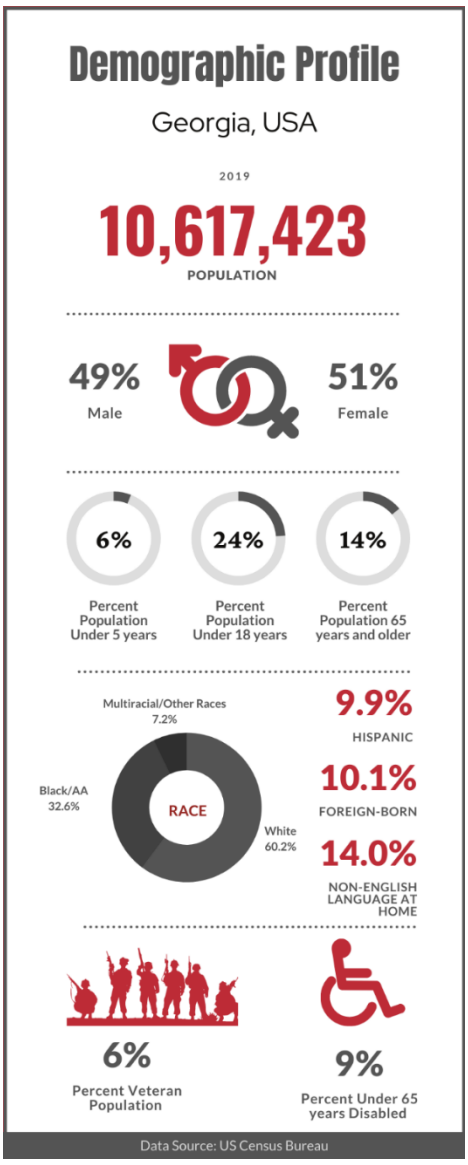


SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

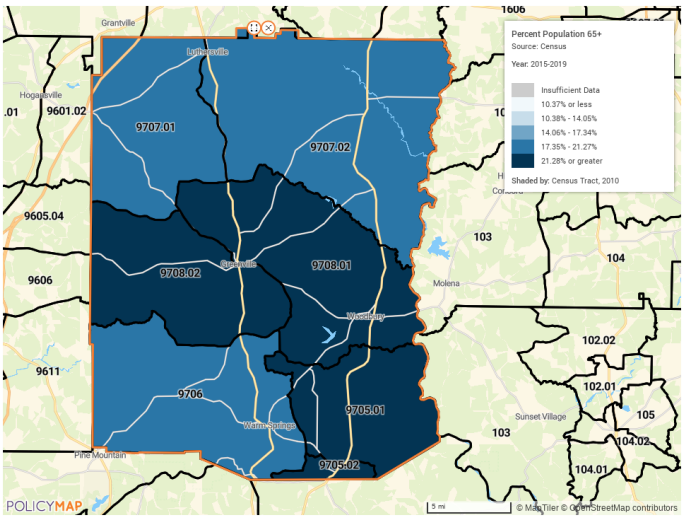
In 2019, there were approximately 21,000 residents of Meriwether County. Compared to the state, the population of Meriwether County is older, with approximately one out of every five residents being 65 years or older. The County is more racially diverse than the state but has a lower proportion of Hispanic and foreign-born residents. Compared to the state, a higher proportion of residents are disabled. Five percent of the population are veterans.





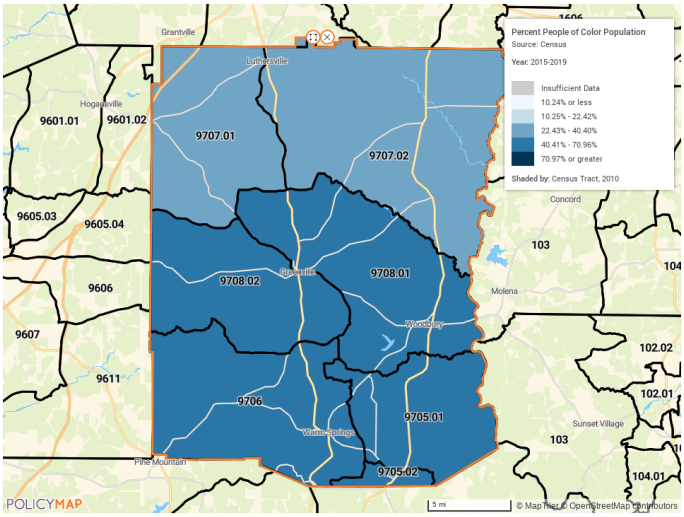
The population demographics vary geographically within the county.

Figure 1. Proportion of Elderly by Census Tract



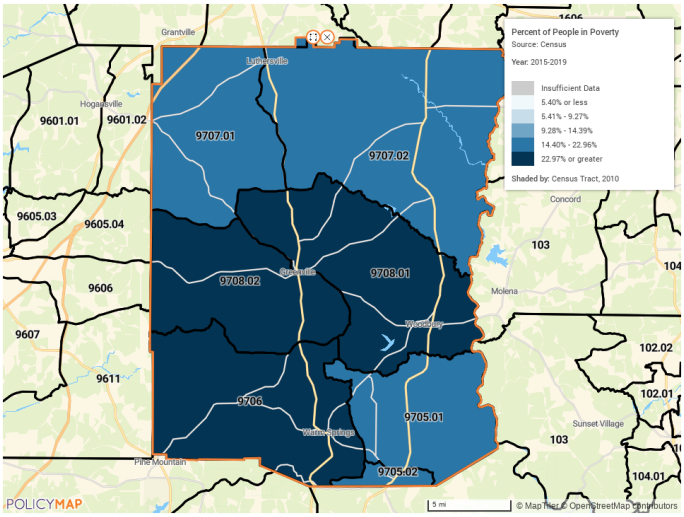
In general, the central and southeastern parts of the county are older compared to the northern part of the county (Figure 1).

Figure 2. Population Diversity by Census Tract



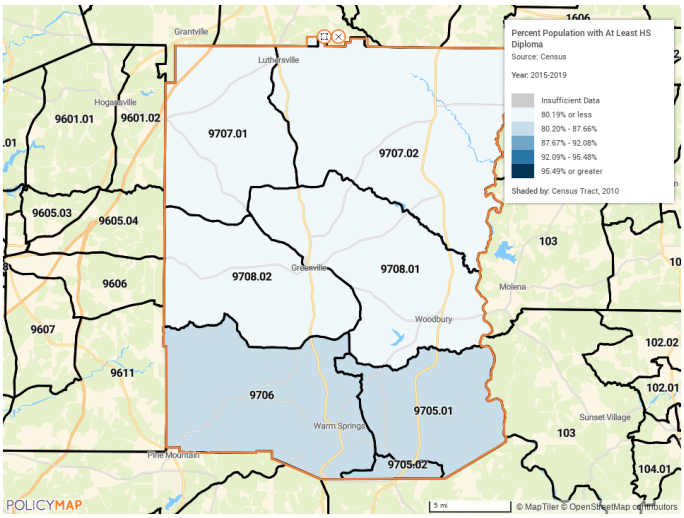
Compared to the northern part of the county, the central and southern parts of the county are more racially diverse (Figure 2).

Figure 3. Poverty by Census Tract



The proportion of the population living in poverty is highest in the central and southwestern part of the county (Figure 3).

Figure 4. Educational Attainment by Census Tract



Educational attainment (i.e., proportion of population with at least a high school diploma) is lowest in the northern and central parts of the county (Figure 4).

POPULATION GROWTH

While the total population of the County has been stable over the last 5 years, the County has observed significant growth in the elderly population. Between 2015 and 2019, the population 65 years and older grew by 7.3%. This growth rate was however lower than the state rate of 16.2%.

In the past 5 years, the County has become increasingly diverse, seeing growth in the Hispanic, Multi-racial, Native Hawaiian/Pacific Islander and American Indian/Native Alaskan populations.

Population Growth

Meriwether County, GA

2015-2019

	Total Population Growth Rate	Elderly Population (65 yrs and older) Growth Rate
		
County	-0.1%	+9.1%
State	+9.1%	+16.2%

Change in Racial Composition

	County	State
Non-Hispanic White	-0.1%	+0.4%
Non-Hispanic Black	-1.9%	+6.6%
American Indian/ Native Alaskan	+5.6%	+3.8%
Asian	-8.3%	+13.4%
Native Hawaiian/Pacific Islander	+66.7%	+1.9%
Non-Hispanic Multiracial	+37.1%	+14.2%
Hispanic	+11.9%	+9.8%

Data Source: Georgia OASIS

PROJECTED POPULATION GROWTH

The total County population is not expected to change significantly over the next 4 years. However, the elderly population is projected to grow by 8.4%. This estimated growth rate is however lower than the state (17.1%).

By 2025, the County is expected to become more diverse, with the highest growth expected in the Hispanic population.

Projected Population Growth

Meriwether County, GA

2020-2025

Projected Growth in Population by Age Group

	County	State
Total Population	-0.3%	+5.9%
Under 20 years	-0.4%	+4.2%
20 - 64 years	-3.4%	+3.5%
65 years and older	+8.4%	+17.1%

Projected Growth in Population by Race/Ethnicity

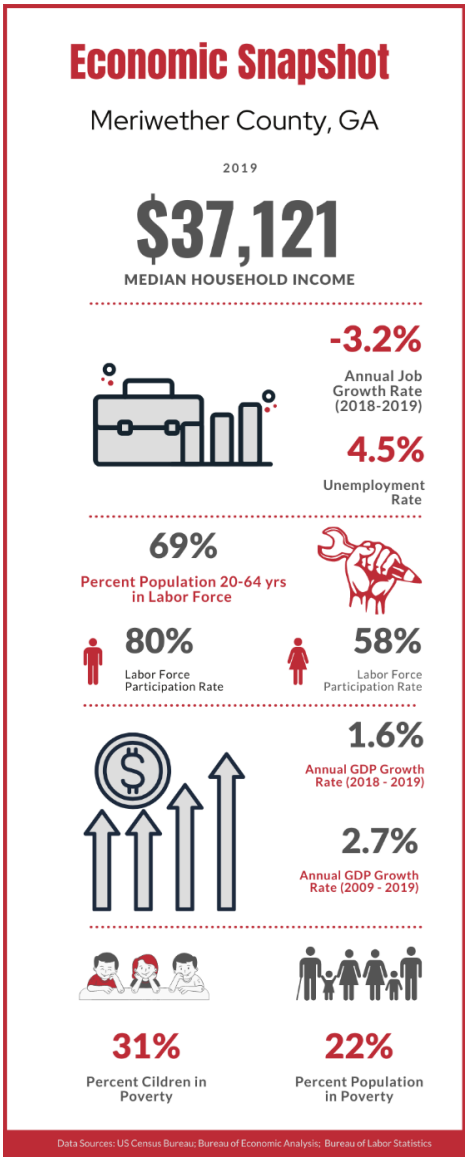
	County	State
Non-Hispanic White	-1.8%	+3.7%
Non-Hispanic Black	+0.9%	+6.2%
Other Non-Hispanic	+6.8%	+11.0%
Hispanic	+7.2%	+12.8%

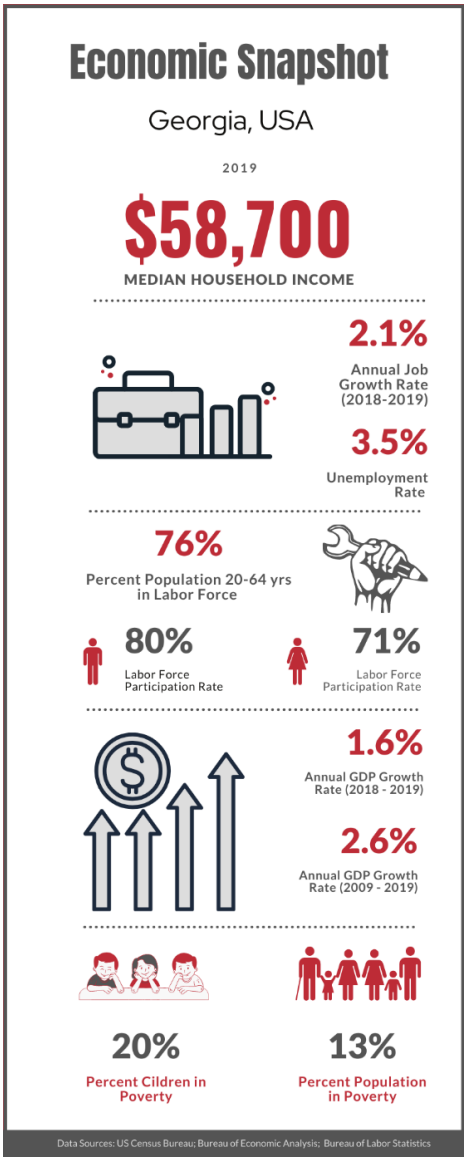
Data Source: Georgia Governor's Office of Planning and Budget

ECONOMIC PROFILE

The median household income for Meriwether County is almost $20,000 lower than the state median. Fewer adults (i.e., 20-64 years) – especially women – are in the labor force, compared to the state. The County unemployment rate of 4.5% is higher than the state rate of 3.5, and between 2018 and 2019, job growth declined in the County, even though it increased at the state level.

Almost 1 out of 4 residents and about 1 out of 3 of children in Meriwether County are living in poverty.





EDUCATION

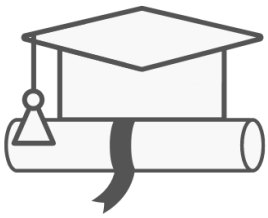
Educational attainment in the County is lower than the state. The high school graduation rate of 80% is lower than the state rate of 87%. Similarly, only 10% of the population hold a bachelor's degree or higher, compared to 31% of the state's population.

On average, County third graders perform lower than the state average on state standardized tests.

Education

Meriwether County, GA

2015-2019



COUNTY

80%
Proportion of Population with High School Degree or Higher

10%
Proportion of Population with Bachelor's Degree or Higher

STATE

87%
Proportion of Population with High School Degree or Higher

31%
Proportion of Population with Bachelor's Degree or Higher

Average grade level performance for 3rd graders on standardized tests

COUNTY

2.7
English Language Arts

2.5
Mathematics

STATE

3.0
English Language Arts

2.9
Mathematics

A score of 3 indicates performance at grade level (i.e. 3rd grade)

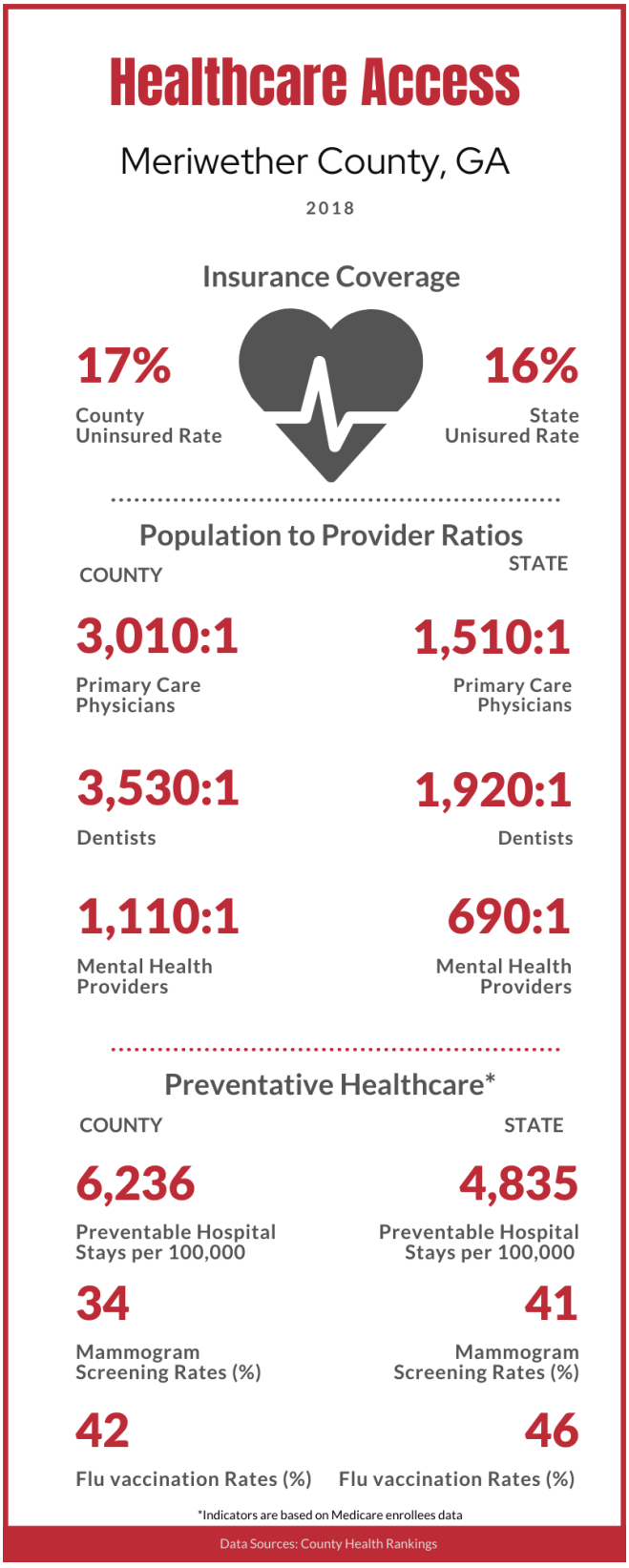
Data Sources: US Census Bureau; County Health Rankings

HEALTHCARE ACCESS

The County uninsured rate of 17% is similar to the state rate of 16%

Compared to the state, the County experiences significant shortages of health professionals including primary care physicians, dentists, and mental health providers.

The utilization of preventative services such as mammograms and flu vaccination in Meriwether County is lower than the state. Preventable hospitalization rates are higher in the County than in the state and may be reflective of a limited access to primary care services.



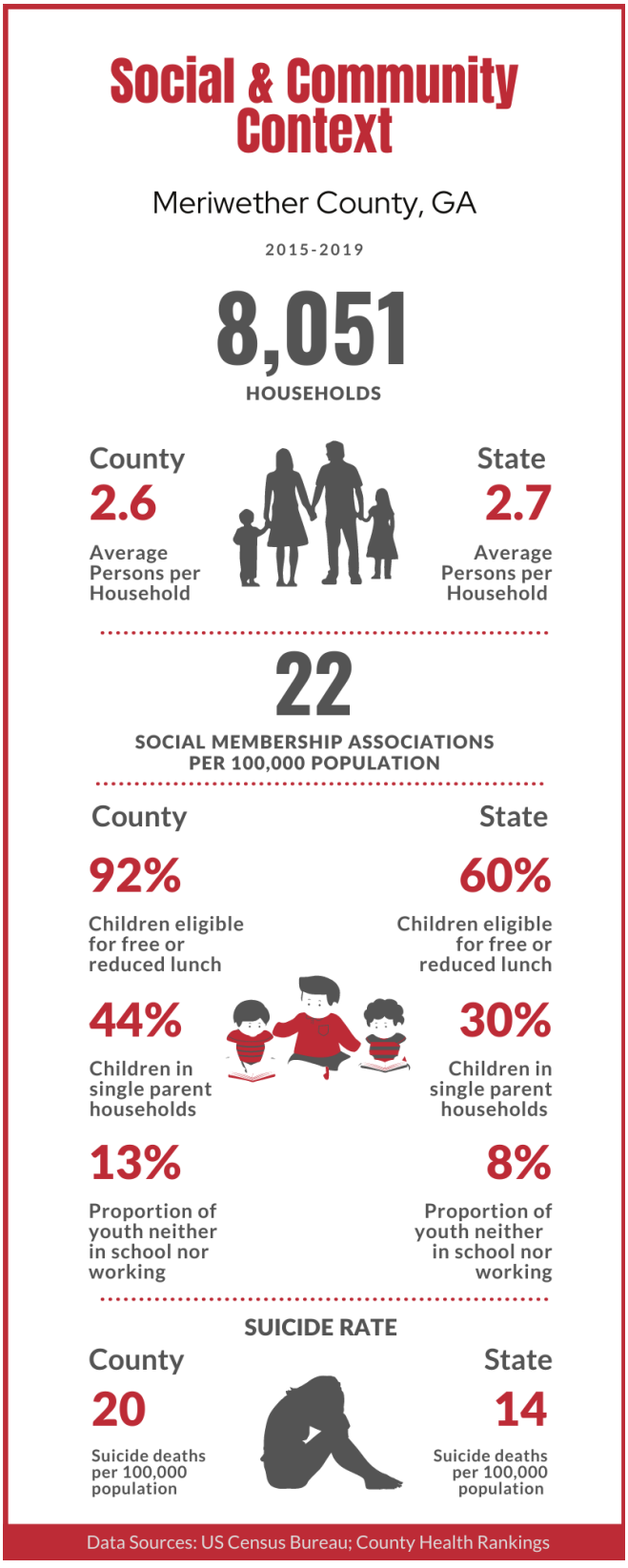
SOCIAL AND COMMUNITY CONTEXT

There are approximately 8,000 households in Meriwether County, with an average of approximately 3 persons per household.

County residents are active in social associations.

Nine of ten children (92%) in the County are eligible for free or reduced lunch, compared to 60% at the state level. Over a third of children live in single parent households (44% versus state rate of 30%). Thirteen percent of youth in the County are neither in school nor working, compared to 8% at the state level.

The suicide rate of 20 per 100,000 population is higher than the state rate of 14 per 100,000 population.



NEIGHBORHOOD AND BUILT ENVIRONMENT

Only four out of ten (40%) County residents have access to exercise opportunities, compared to 75% at the state level. County residents also have limited access to digital connectivity, compared to the rest of the state.

The County is generally safe; violent crimes occur at a rate lower than the state. However, deaths resulting from motor vehicle crashes occur at twice the state rate.

County residents have a longer commute to work compared to the average work commute statewide (36 mins vs. 29 mins).

Neighborhood & Built Environment

Meriwether County, GA

2013-2019

Access to Amenities

	Percent Population with Access to Exercise Opportunities	Percent Households with Computer	Percent Population with Access to Broadband Internet
County	40%	75%	60%
State	75%	90%	81%

Community Safety

	Violent Crime Rate per 100,000 population	Number of motor vehicle crash deaths per 100,000 population	Air Pollution: Fine Particulate Matter (PM2.5) density
County	321	28	10
State	388	14	10

Transportation

	County	State
Average Work Travel Time (minutes)	36 mins	29 mins

Data Sources: US Census Bureau; County Health Rankings

While most County residents, including low-income residents live in proximity to a grocery store, a significant proportion of residents (17%) lack adequate access to food.

Homeownership rate in the County is 68%, higher than the state rate of 63%.

Housing costs tend to be lower in the County, compared to the state.

The proportion of residents experiencing housing-related issues is generally similar to that of the state.

Neighborhood & Built Environment

Meriwether County, GA

2013-2019

Food Insecurity

County		State
2%	Percentage of Population who are Low-income and Don't Live Close to a Grocery Store	9%
17%	Percentage of Population Lacking Adequate Access to Food	13%

Housing

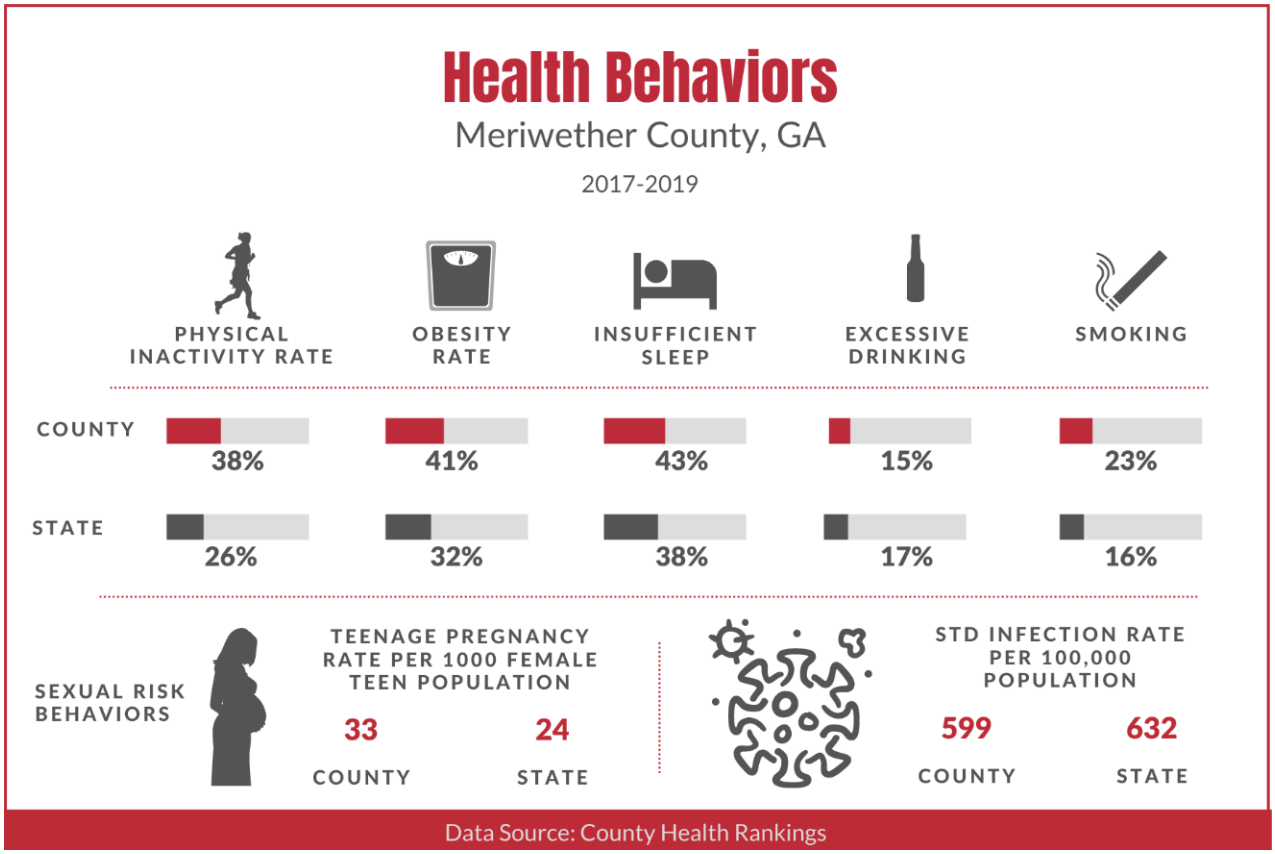
County		State
68%	Percentage of Occupied Housing Units that are Owned.	63%
$1,130	Median Selected Monthly Owner Costs with Mortgage	$1,417
$714	Median Gross Rent	$1,006
13%	Percentage of Households Spending More than 50% of Income on Housing	14%
17%	Percentage of Households with Severe Housing Problems	16%

Data Sources: US Census Bureau; County Health Rankings

HEALTH BEHAVIOR

Compared to the state, the proportion of residents who smoke, do not get sufficient sleep and are physically inactive or obese is higher than the respective state rates. Teen pregnancy rate is also higher in the county compared to the state.

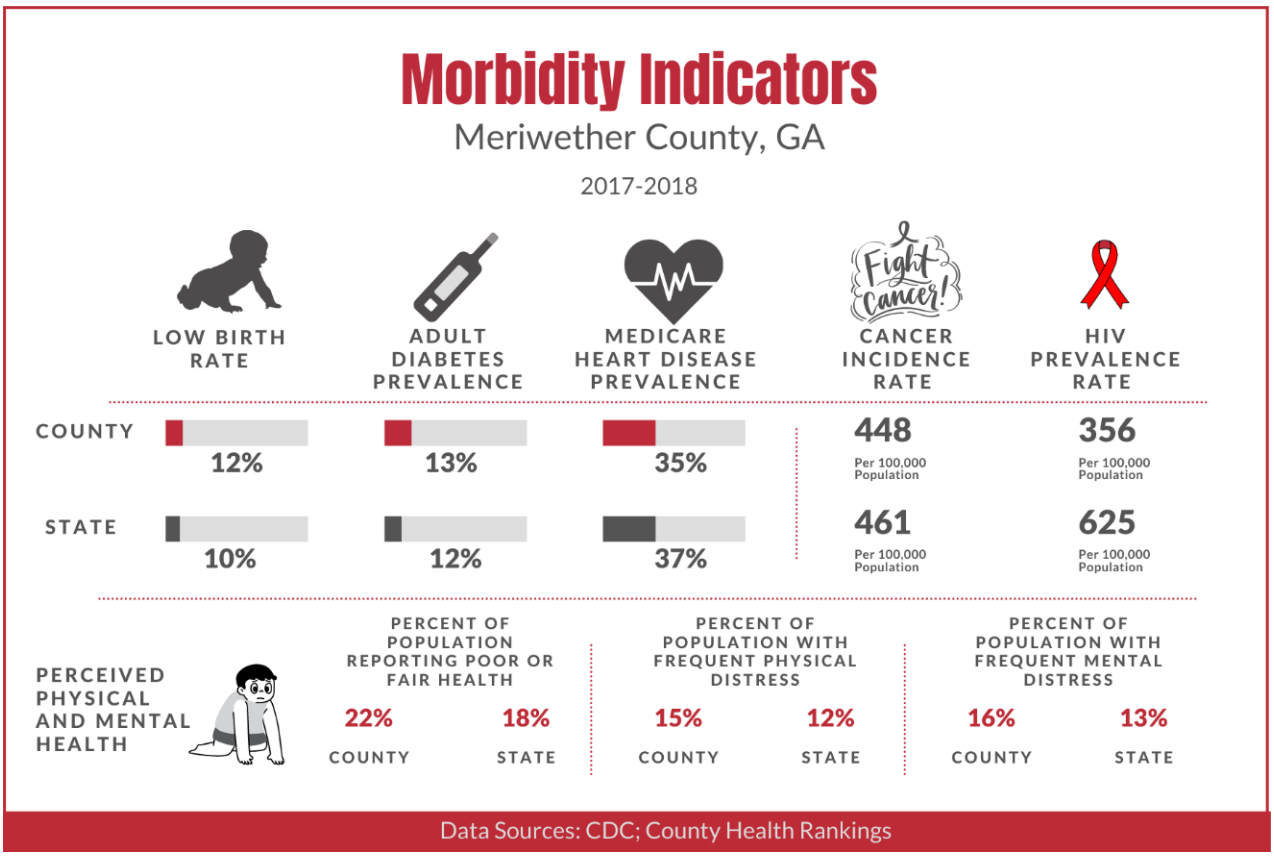
Generally, a higher proportion of Meriwether County residents engage in unhealthy behavior than at the state level.



HEALTH OUTCOMES - MORBIDITY

A higher proportion of Meriwether County residents self-report poor physical and mental health compared to the state. However, prevalence rates of common conditions, including diabetes heart disease, cancer and HIV are similar or lower than the state rates. Low birth weight rate is slightly higher than the state rate (12% versus 10%).

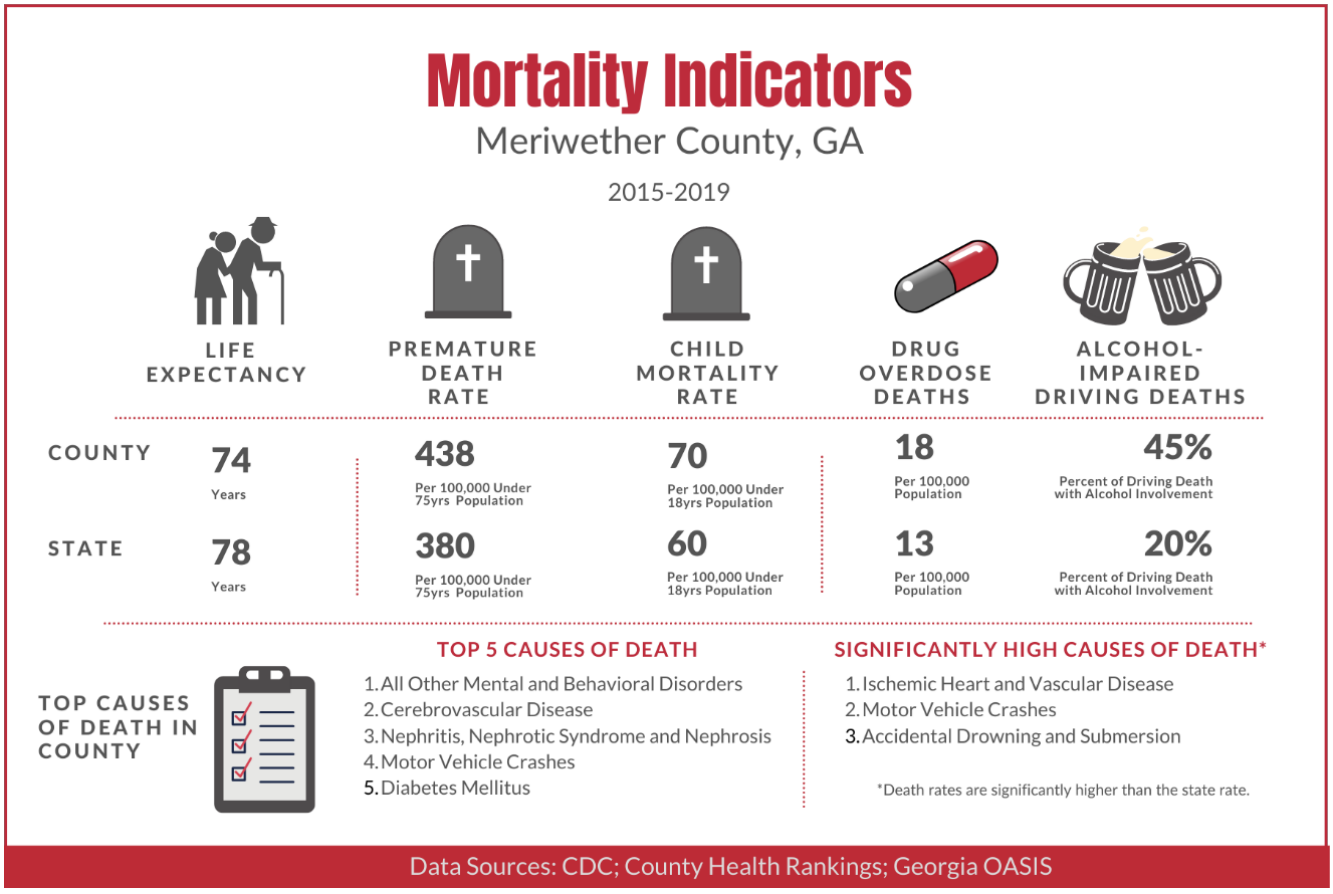
About 1 in 4 Meriwether County residents report poor or fair health and 1 in 6 report frequent mental distress.



HEALTH OUTCOMES - MORTALITY

Mortality rates in Meriwether County is generally higher than that of the state. Additionally, more residents die from drug overdose and alcohol related driving accidents than observed at the state level. Death rates are significantly higher than the respective state rates for ischemic heart and vascular disease, motor vehicle crashes and accidental drowning and submersion.

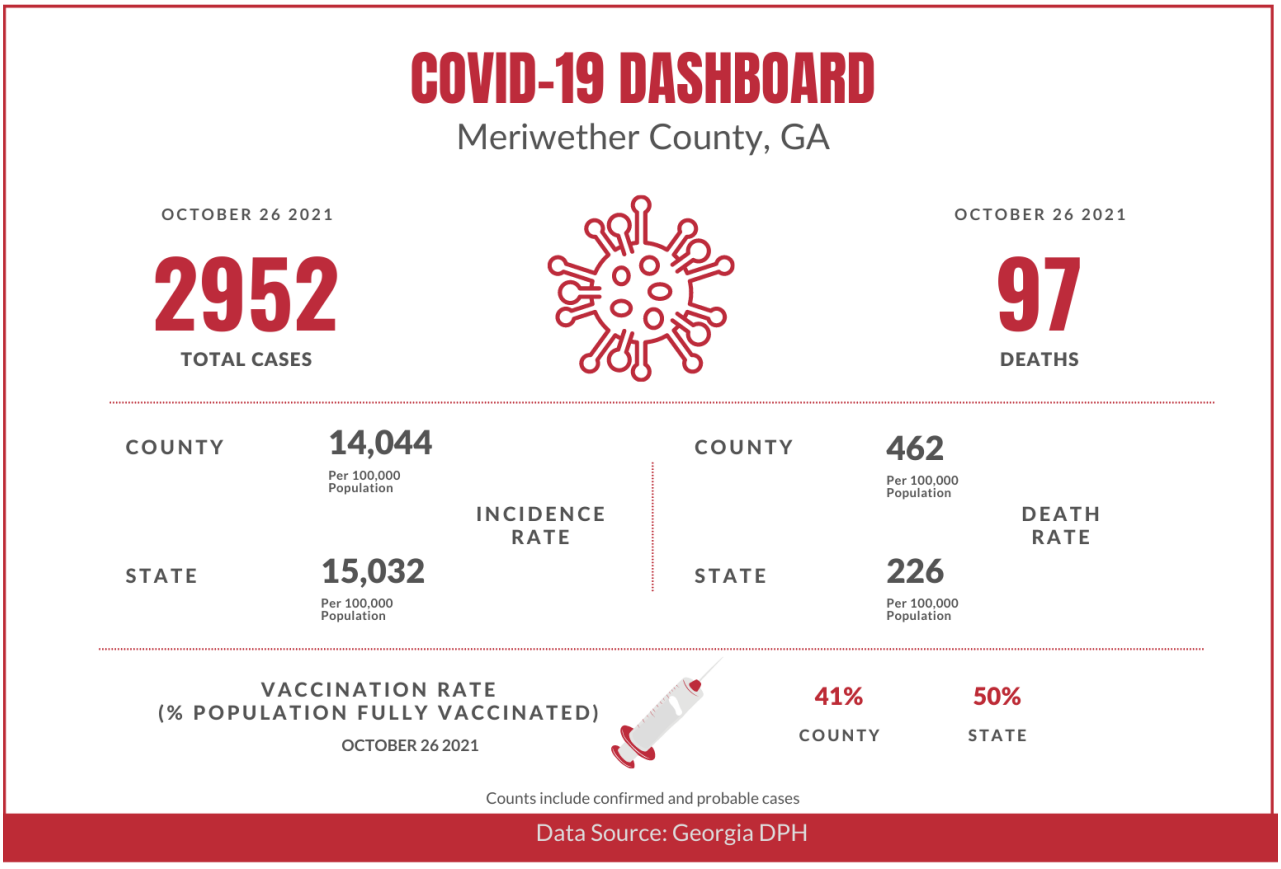
The average life expectancy in Meriwether County is 74 years – 4 years less than the average life expectancy in Georgia.



COVID-19

As of October 27, 2021, Meriwether County had recorded 2,952 cases of COVID-19 and 97 COVID-related deaths. While the COVID-19 incidence rate was lower than the state rate, the death rate was about two times higher.

The vaccination rate of 41% is significantly lower than the state rate of 50% as of October 2021.



PROGRESS ON SELECTED INDICATORS: 2018-2021

	Previous CHNA	Current CHNA	Progress
Economic Profile			
Percent Population in Poverty	21%	22%	→
Unemployment Rate	5.9%	4.5%	↑
Education			
High School Graduation Rate	84%	80%	↓
Social and Community Context			
Percent Children in Single Parent Households	40%	44%	↓
Percent Youth not in School or Working	27%	13%	↑
Neighborhood and Built Environment			
Percent Population with Access to Exercise Opportunities	29%	40%	↑
Percent Population Food Insecure	20%	17%	↑
Health Care Access			
Uninsured Rate	16%	17%	→
Primary Care Provider to Population	3027:1	3010:1	→
Health Behaviors			
Obesity Rate	35%	41%	↓
Smoking Rate	20%	23%	↓
Teen Pregnancy Rate (per 1000 Teen Females)	42	33	↑
Health Outcomes - Morbidity			
Percent Reporting Poor or Fair Health	22%	22%	→
Low Birth Weight Rate	11%	12%	→
Diabetes Prevalence	16%	13%	↑
Health Outcomes - Mortality			
Life Expectancy (years)	75	74	↓
Deaths from Motor Vehicle Crashes (per 100K)	25	28	↓

Worsened ↓ Stable → Improved ↑

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS

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

Community Demographic Profile, Economic Profile & Education

- The population of Meriwether County is older and more racially diverse compared to the State of Georgia.
- Between 2015 and 2019, the county observed significant growth in the elderly and non-White populations. This trend is expected to continue into 2025.
- The county experiences high levels of poverty, compounded by a declining economy.
- Educational attainment is generally lower in the county, compared to the state.

Social and Community Context & Neighborhood and Built Environment

- Over a third of children in the county live in single parent households.
- A higher proportion of youth are neither working nor in school, compared to the state.
- Suicide rates are about 1.5 times higher in the county than the state, calling for attention to social isolation and mental and emotional well-being.
- The county lacks access to amenities such as recreational opportunities and a significant proportion of county residents experience food insecurity.
- Additionally, compared to the state, Meriwether County residents are less digitally connected.
- Road safety is a concern as deaths occurring from motor vehicle crashes occur at twice the state rate.

Health Care Access

- Access to health care is limited, compared to the state, due to shortages of health professionals and higher uninsured rates.
- Utilization of preventative services is also lower.

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS – CONT'D

Lifestyle Behavior & Health Outcomes

- Generally, compared to the state, a higher proportion of Meriwether County residents engage in unhealthy behaviors such as smoking, physical inactivity and risky sexual behaviors.
- Health outcomes in the county are relatively worse than the state, with about one in four county residents reporting poor or fair health, and one in six reporting frequent mental health distress.
- The average life expectancy in Meriwether County is 4 years less than that of the state.

COVID-19

- Meriwether County residents have been impacted by the ongoing COVID-19 pandemic
- While COVID-19 infection rates have generally been lower than the state, the COVID-19 death rate in the county is twice that of the state.
- Vaccination rates remained lower than the state as of October 2021, especially among the non-elderly.

Progress on Selected Health Indicators Since last CHNA

- Of 17 selected health indicators assessed across the SDOH dimensions, the county performed better or similar on 65% (11/17) and worse on 35% (6/17) compared to the last CHNA.

COMMUNITY SURVEYS

One hundred and twenty-three online surveys were initiated while ninety responded to at least one question on the survey. Demographic information was provided by approximately 72 respondents.

CHARACTERISTICS OF SURVEY RESPONDENTS

Nine out of ten (90.3%) of the survey respondents were residents of Meriwether County; the remainder (9.7%) lived in the nearby counties, including Talbot, Pike, Coweta, and Upson. Most survey respondents were female (79.2%), White (94.4%), aged under 65 years (75.0%), married, or partnered (63.9%) and employed (64.3%), with at least some college education (88.9%). The majority reported an annual household income between $20,000 and $60,000 (44.4%) (Table 1).

Table 1. Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
County of Residence	72	
Meriwether County	65	90.3
Surrounding Counties	7	9.7
Gender	72	
Female	57	79.2
Male	15	20.8
Age	72	
Under 35 years	17	23.6
35-44 years	9	12.5
45-54 years	10	13.9
55-64 years	22	30.6
65 years and older	18	25.0
Race	71	
Black or African American	4	5.6
White	67	94.4
Other	0	0.0
Education	72	
Less than High School	1	1.4
High School graduate or GED	7	9.7
Some College or Associate Degree	31	43.1
Bachelor's Degree	17	23.6
Graduate or Advanced Degree	16	22.2

	Frequency (N)	Percentage (%)
Marital Status	72	
Married/Partnered	46	63.9
Divorced/Separated	13	18.1
Widowed	7	9.7
Single/Never Married	6	8.3
Other	0	0
Household Income	72	
Below $20,000	3	4.2
$20,001 - $40,000	8	11.1
$40,001 - $60,000	11	15.3
$60,001 - $80,000	13	18.1
$80,001-100,000	5	6.9
Above $100,000	13	18.1
Refused/Don't Know	19	26.4
Employment Status	70	
Full-time	40	57.1
Part-time	5	7.1
Retired	19	27.1
Unemployed	6	8.6
Home Ownership	70	
Yes	55	78.6
No	15	21.4
Access to Reliable Transportation	71	
Yes	69	97.2
No	2	2.8

Note: Percentages may not total 100 due to rounding.

HEALTH STATUS

The burden of chronic condition was generally high among study respondents.

⇒ One out of two survey respondents (50%) described their health as very good or excellent (Figure 5).

⇒ Notably, about six out of ten (64%) reported having one or more chronic conditions.

⇒ Among those with chronic conditions, the most reported chronic conditions included overweight and obesity (54%), high blood pressure (53%), and high cholesterol (36%) (Figure 6).

Figure 5. Self-Reported Health Status

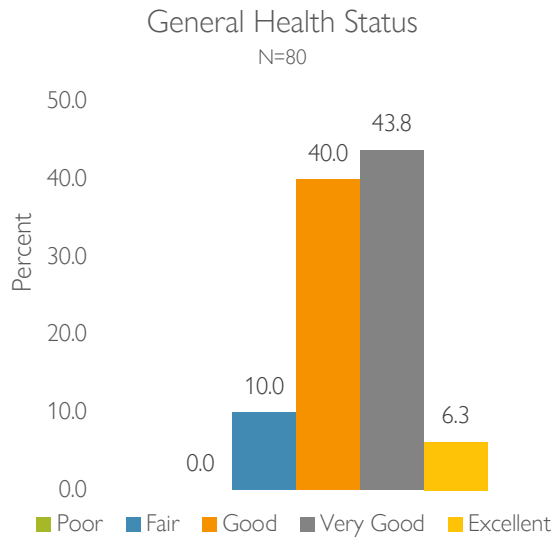
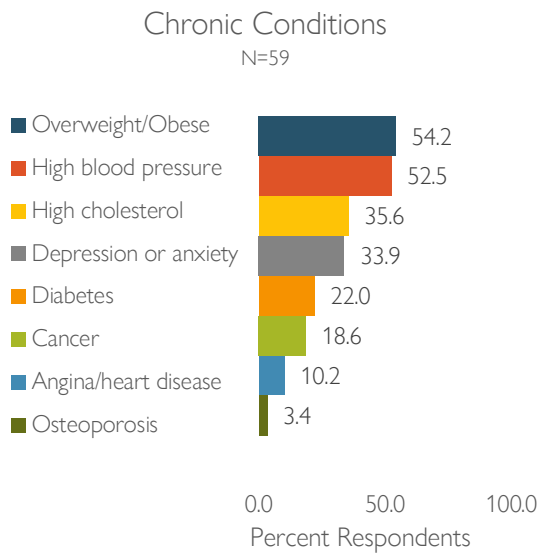


Figure 6. Most Common Chronic Conditions



HEALTH BEHAVIOR

Smoking, Nutrition and Physical Activity

Adherence to nutrition and physical activity guidelines were low among respondents.

⇒ Among respondents, approximately one out of ten (11%) reported that they currently used tobacco products (Figure 7).

⇒ A third of respondents (38%) reported eating the recommended five servings of fruits and vegetables daily. Two out of ten (21%) indicated that they couldn't adhere to the recommended guidelines on fruit and vegetable intake because they didn't think about it or that they didn't have time to prepare them (18%) (Figure 8).

⇒ Similarly, only about a third of respondents (39%) stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. Approximately a sixth of respondents (17%) indicated that they did not participate in 30 minutes of physical activity daily because they did not like to exercise, did not have enough time to exercise or did not have access to a place with equipment for exercising (Figure 9).

Figure 7. Smoking Behavior

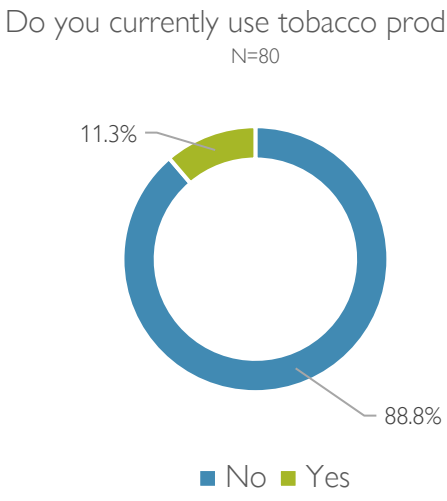


Figure 8. Fruit and Vegetable Consumption

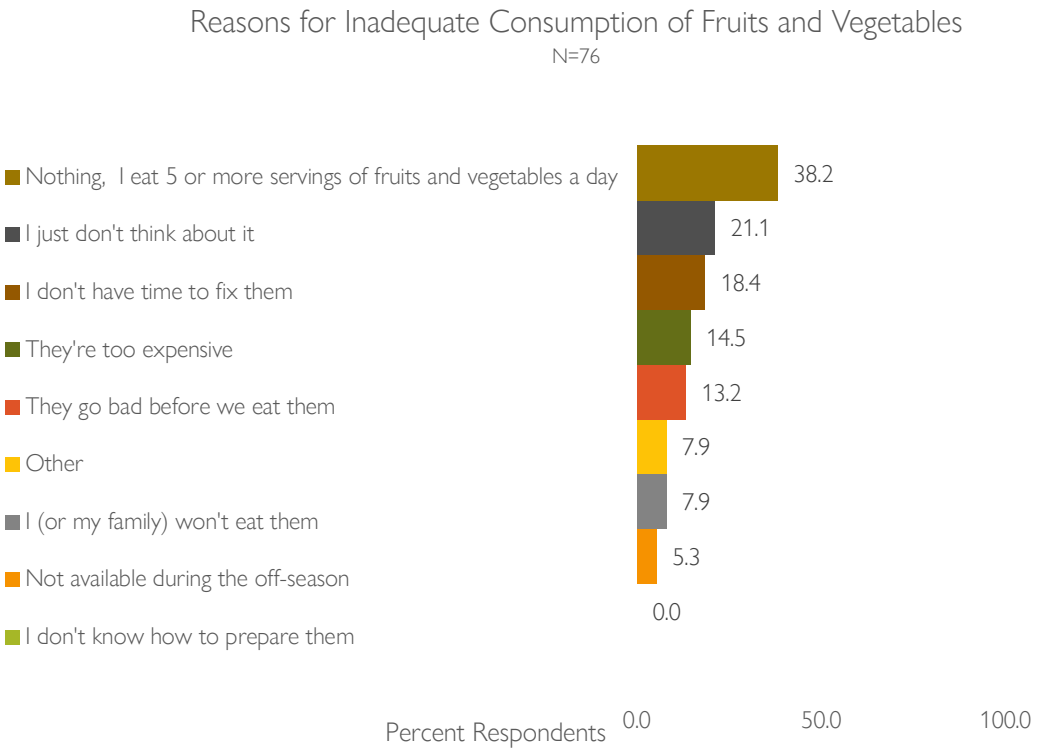


Figure 9. Physical Activity

Preventative Screening

Respondents were also asked about their utilization of preventative and screening services and their adherence to recommended screening guidelines. Adherence to preventative and screening guidelines were rated moderate to high.

⇒ About three out of four (74%) of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 10).

⇒ Only two-third (65%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 11).

⇒ Almost three out of four (74%) of female respondents 50 years and older reported that they received annual mammograms (Figure 12).

⇒ Similarly, 75% percent of females 21 years and older said that they received a pap smear at least every five years (Figure 13).

Figure 10. Colon Cancer Screening

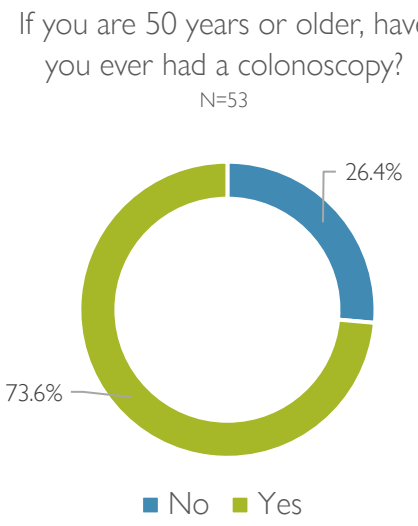


Figure 11. Prostate Cancer Screening

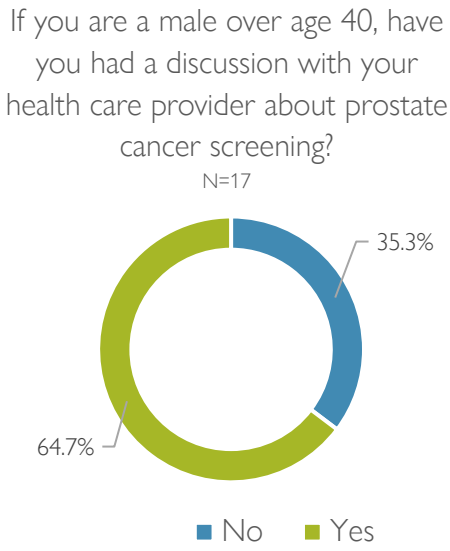


Figure 12. Breast Cancer Screening

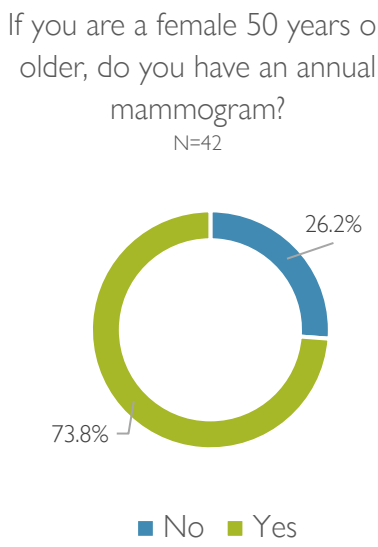
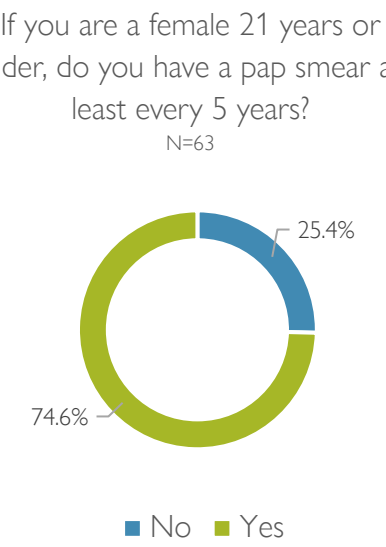


Figure 13. Cervical Cancer Screening



COMMUNITY PERCEPTIONS

General Community Perception

In general, respondents enjoyed living in the community, but had some concerns about the availability of jobs and resources, including educational resources for children.

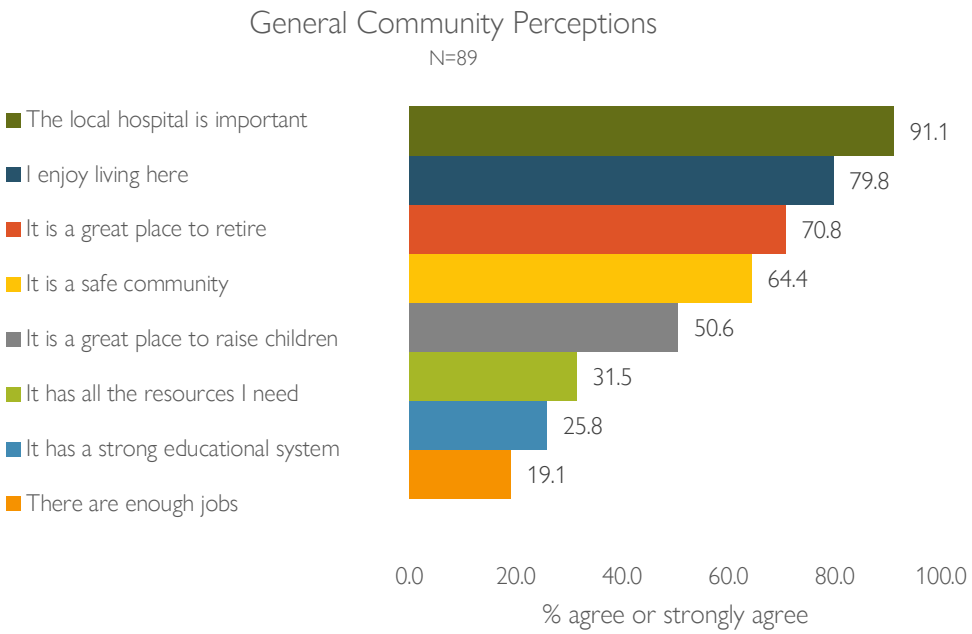
⇒ Eight out of ten (80%) respondents strongly agreed or agreed that they enjoyed living in the community.

⇒ However, only approximately one out of five (19%) felt there were enough jobs.

⇒ About a third (32%) were dissatisfied with resource availability, and about a quarter (26%) did not consider the county's educational system to be strong.

⇒ Almost all respondents (91%) strongly agreed or agreed that the local hospital was important (Figure 14).

Figure 14. Community Perceptions

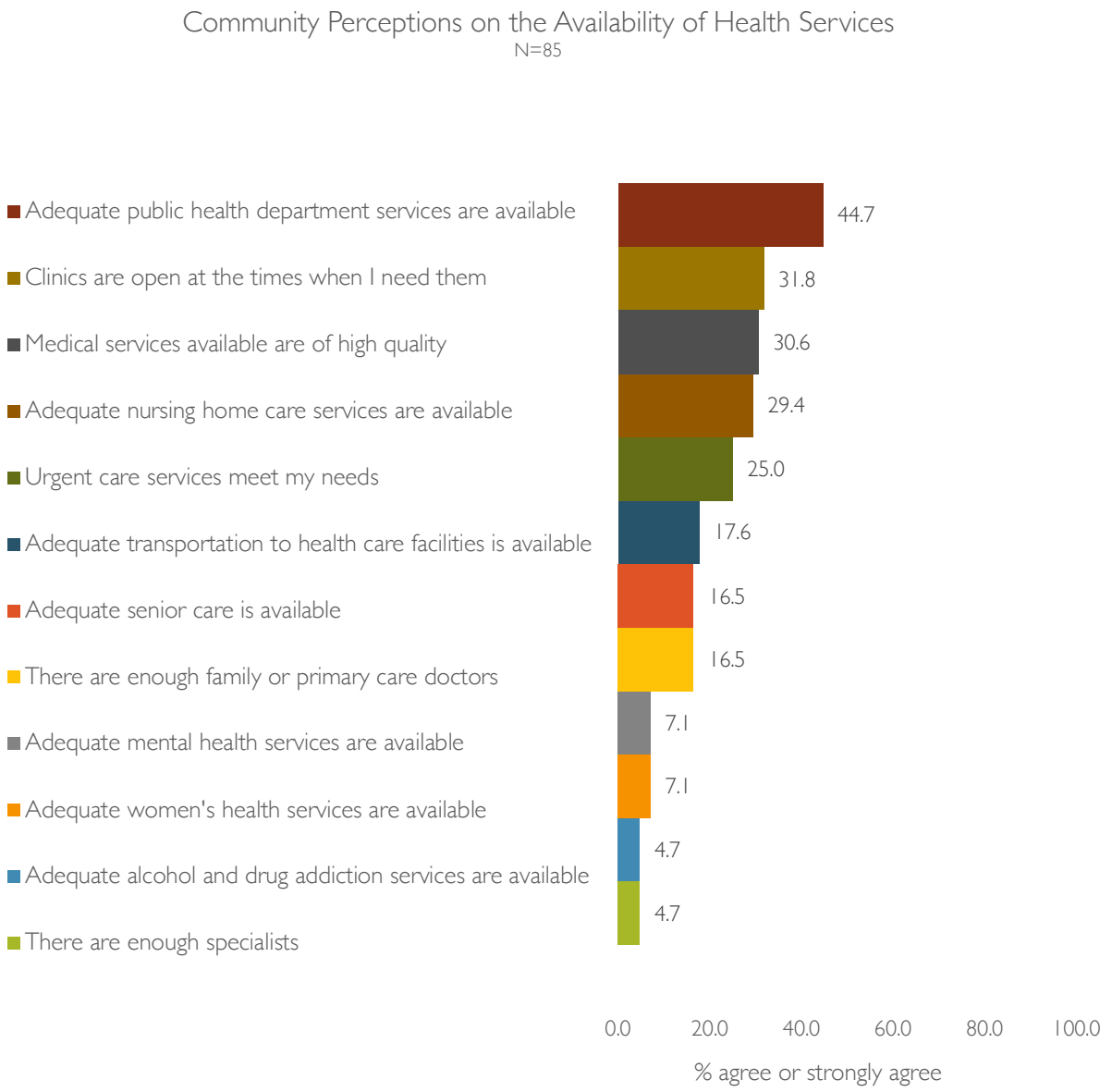


Community Perceptions Concerning Health Services

The respondents' perceptions of the adequacy of medical services within the community were fair to poor.

⇒ Respondents noted inadequacies in specialty, substance abuse services, women's health, and mental health services. Less than half reported the availability of select health services in the community was adequate (Figure 15).

Figure 15. Community Perceptions Concerning Health Care Services



Community Perceptions Concerning Community Health and Quality of Life

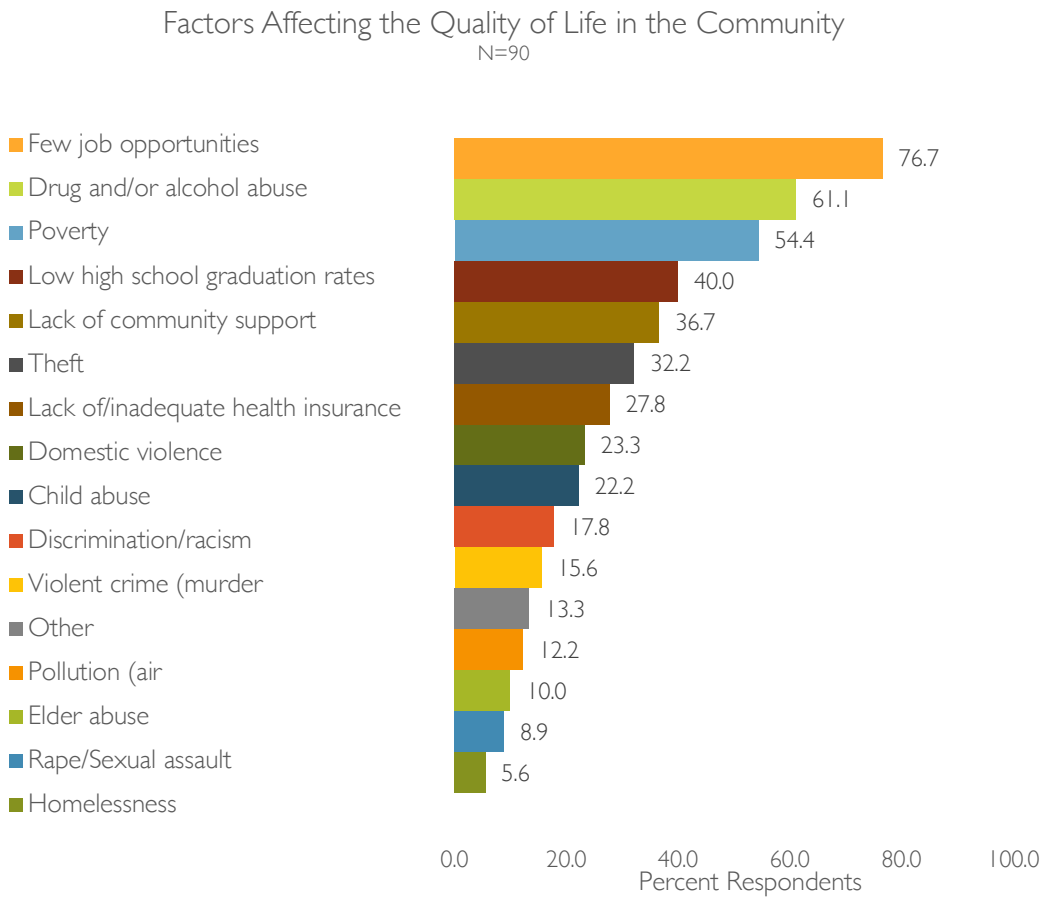
Respondents identified the lack of job opportunities, substance use and poverty as the biggest drivers of adverse quality of life in the community. A high prevalence of obesity and physical inactivity in the community, resulted in poor health outcomes, including heart disease, cancer, and diabetes.

Quality of Life

⇒ Respondents (77%) identified the lack of job opportunities as the most significant factor affecting the quality of life in the community.

⇒ Drug and / or alcohol abuse, poverty, low high school graduation rates and the lack of community support rounded out the top five concerns (Figure 16).

Figure 16. Perceptions Concerning Factors Affecting the Quality of Life in the Community

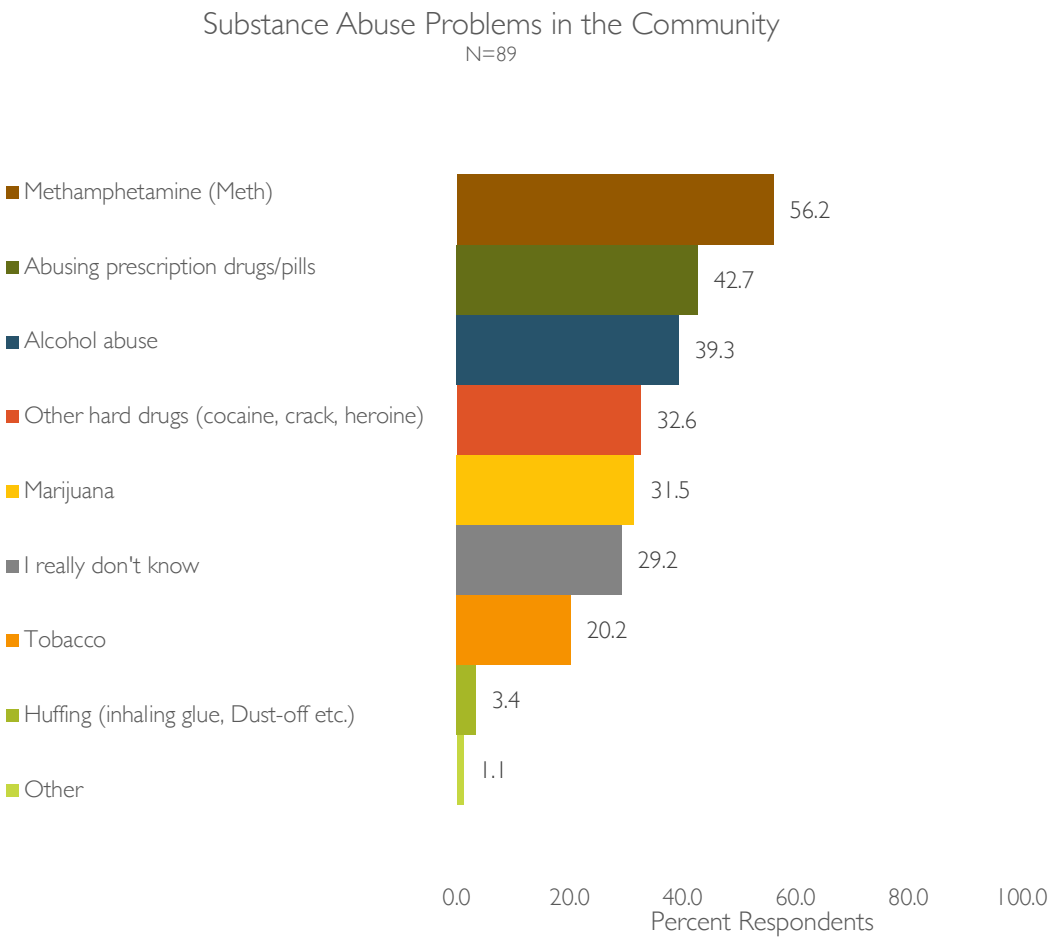


Note: Participants could choose more than one response option. Hence, percentages may not total 100.

Substance Use

⇒ Concerning substance abuse in the community, methamphetamine was identified as the most commonly abused substance, followed by prescription drugs, and alcohol respectively (Figure 17).

Figure 17. Substance Abuse Problems



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

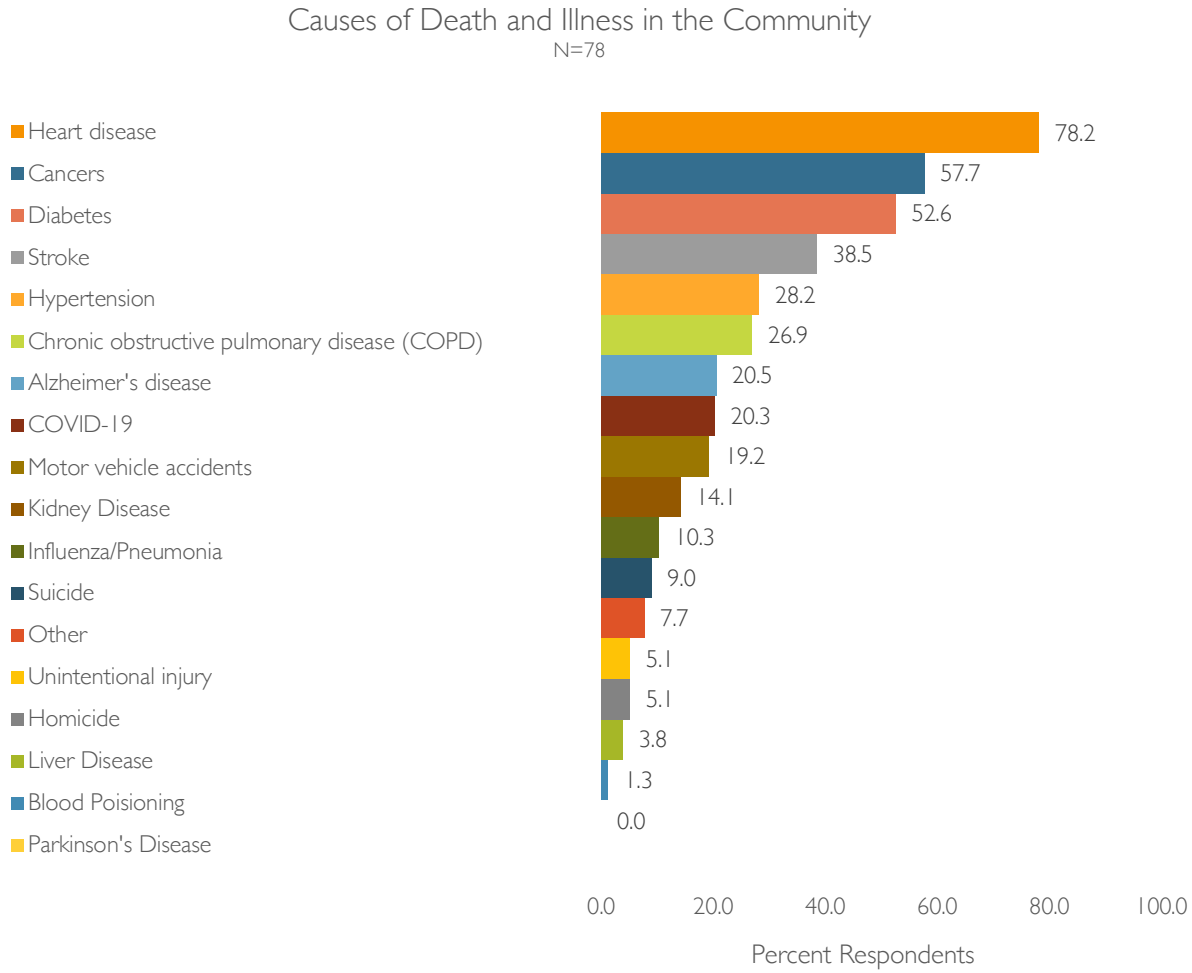
Causes of Morbidity and Mortality

⇒ Heart disease, cancer and diabetes were identified by the survey respondents as the top three causes of mortality and morbidity in the community (Figure 18).

⇒ Obesity/overweight, physical inactivity and substance use were identified as the top three negative influencers of health in the community (Figure 19).

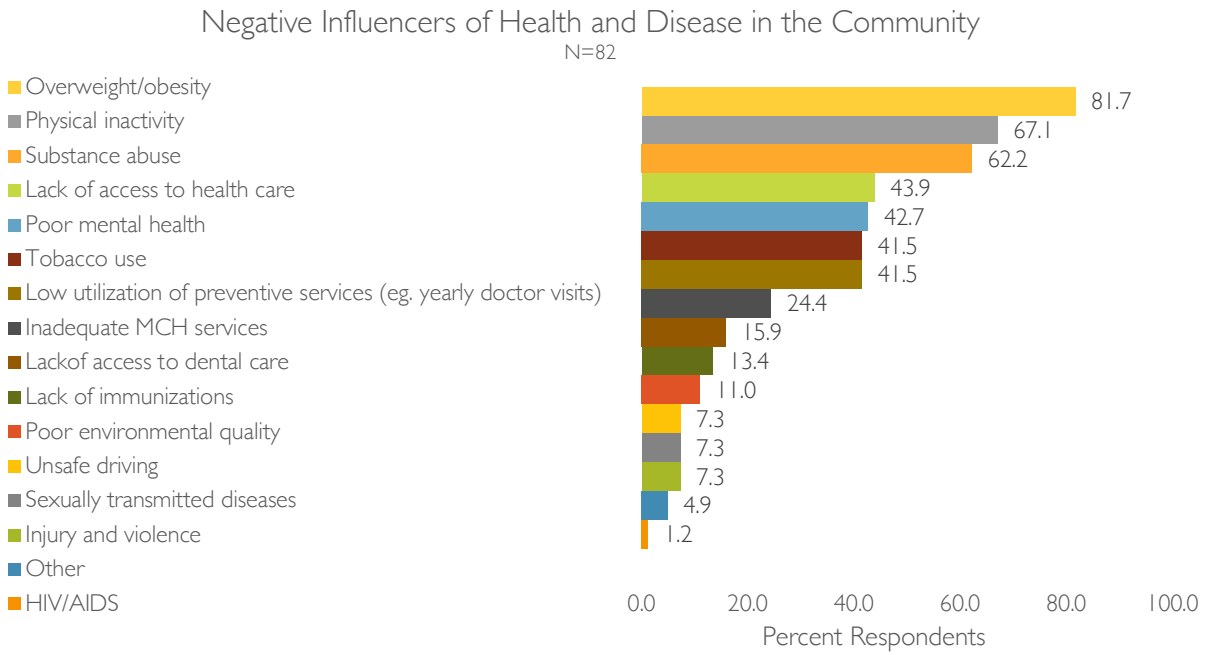
⇒ Early sexual activity, drug abuse, and bullying were identified as the top three negative influencers of children's health (Figure 20).

Figure 18. Causes of Mortality and Morbidity



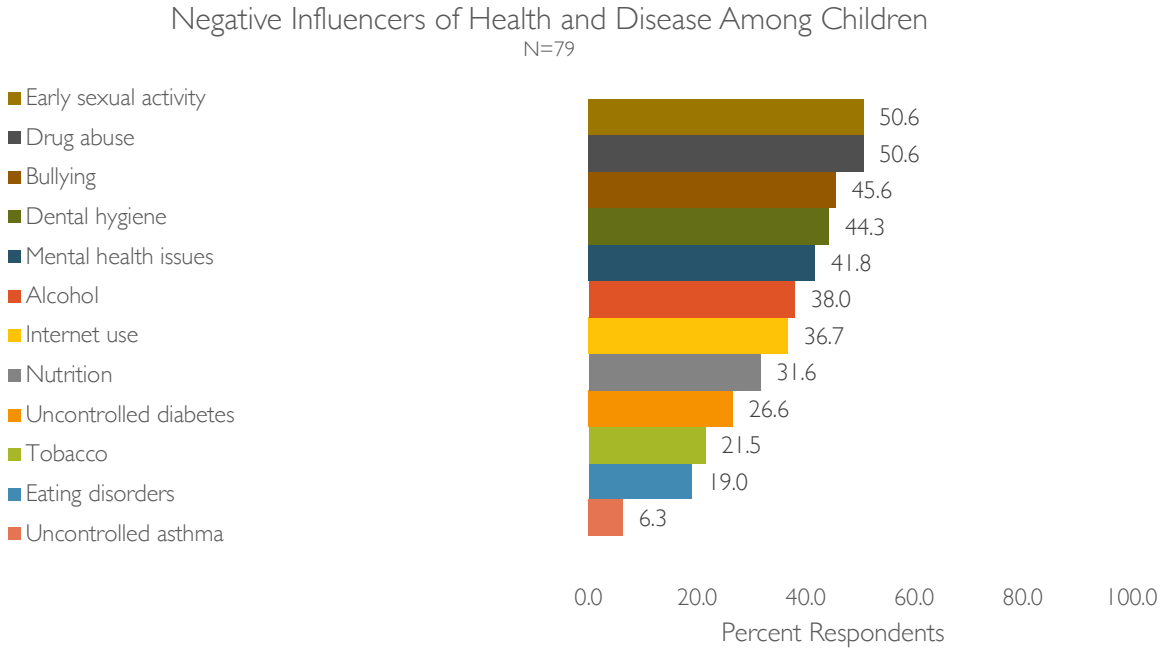
Note: Participants could choose more than one response option. Hence, percentages may not total 100.

Figure 19. Negative Influencers of Community Health



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

Figure 20. Negative Influencers of Children's Health



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

HEALTH CARE ACCESS

Insurance Coverage and Usual Source of Care

About a third of respondents identified a health provider other than the doctor's office setting as their usual source of care, with about one in five respondents identified an urgent care or emergency care provider as their usual source of care.

⇒ About half of survey respondents (51%) reported that they had insurance through their employer (Figure 21).

⇒ Majority of the respondents (68%) identified that their usual source of care as a provider in a doctor's office setting (Figure 22).

⇒ Twenty-one percent and four percent identified urgent care clinics and the emergency department as their usual source of care, respectively (Figure 22).

⇒ Respondents most commonly identified their health care provider as their source of health information (81%), followed by the internet (47%), pharmacists (32%) and family and friends (27%) (Figure 23).

Figure 21. Insurance Coverage

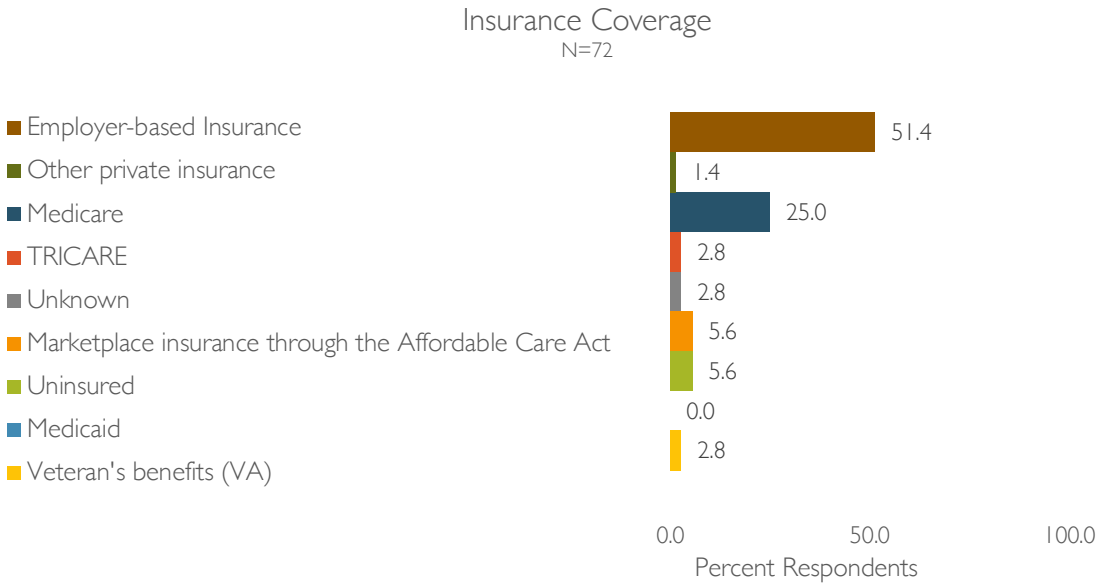


Figure 22. Usual Source of Care

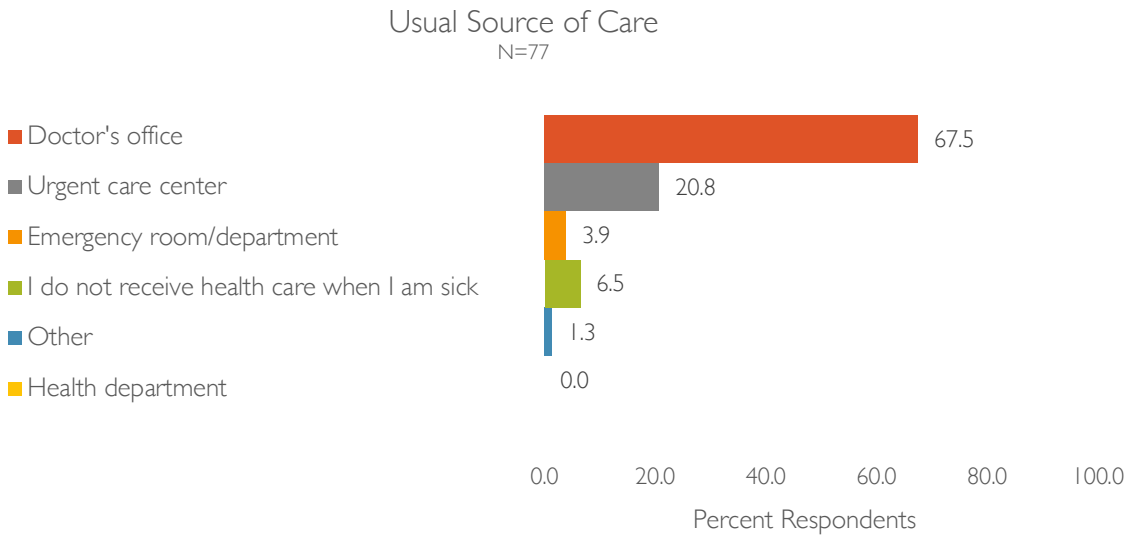
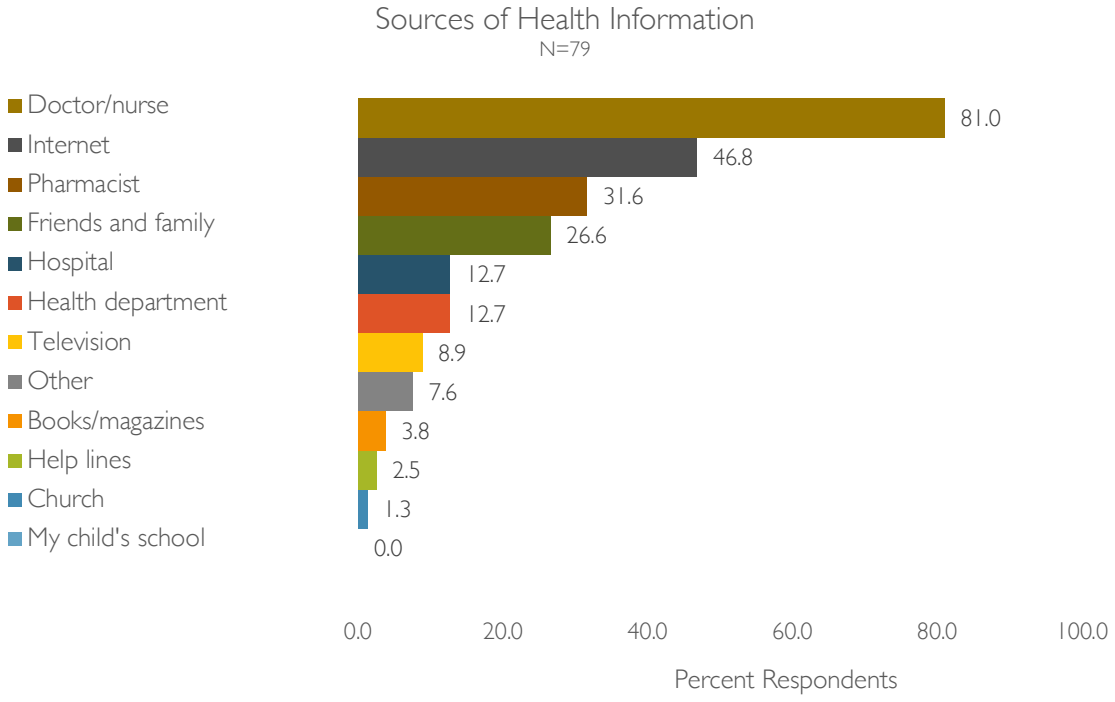


Figure 23. Sources of Health Information



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

Barriers to Health Care Access

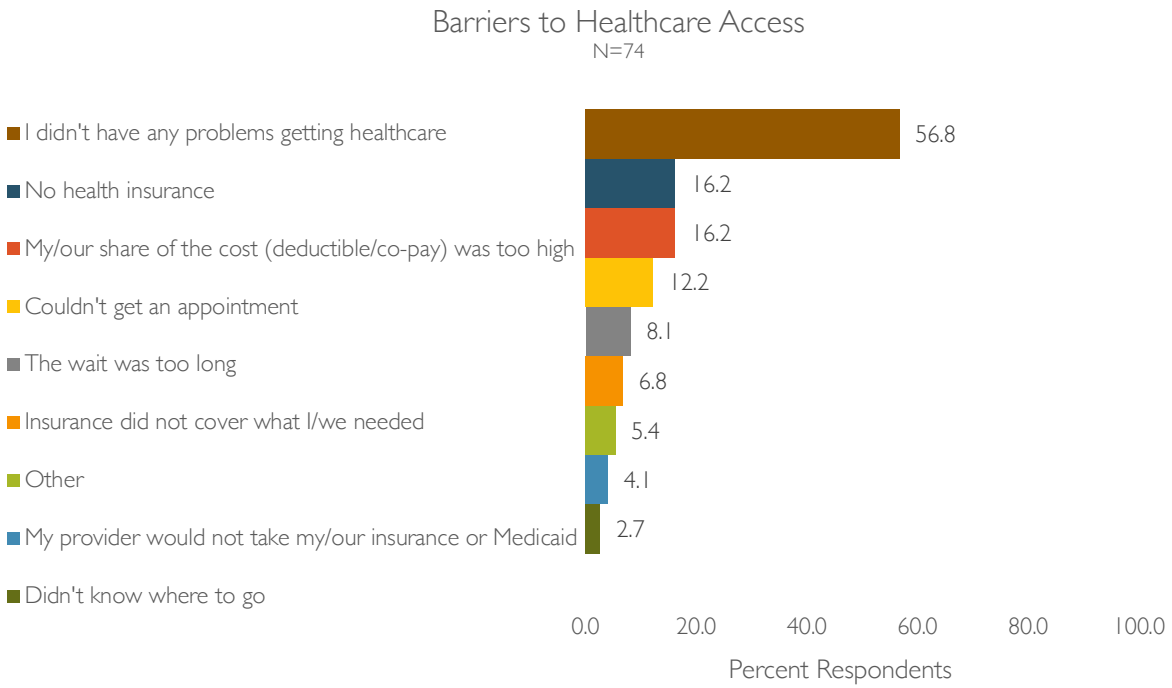
Respondents identified challenges with healthcare access in the community, including the lack or adequacy of health insurance coverage. Respondents were open to the use of telehealth to expand access to specialty care in the community.

⇒ About four out of ten respondents (43%) reported experiencing barriers to health care access in the past 12 months, including lack of adequate insurance coverage (16%), high cost (16%), and difficulties getting medical appointments (12%) (Figure 24).

⇒ Respondents were open to the use of telehealth to expand access to specialty care. About two-thirds (61%) were willing to access specialists via telemedicine if the local hospital offered specialist telemedicine services (Figure 25).

⇒ A third (37%) reported that they had used telemedicine in the past year (Figure 26) and two-thirds noted that were more willing to use telemedicine following the COVID-19 pandemic (Figure 27).

Figure 24. Barriers to Healthcare Access



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

Figure 25. Willingness to Use Telemedicine

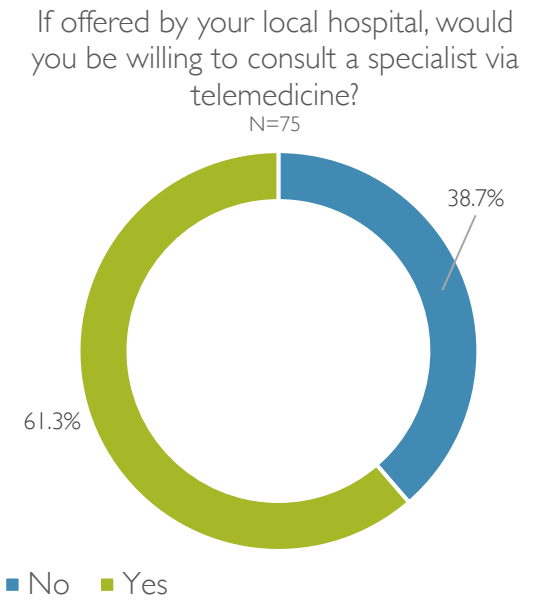


Figure 26. Past Use of Telemedicine

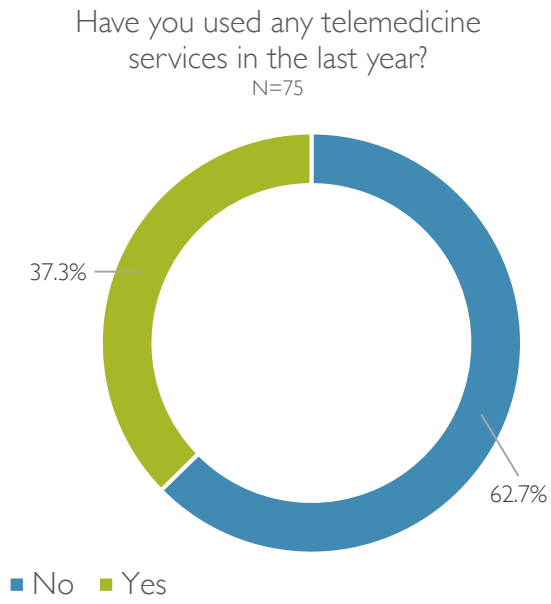
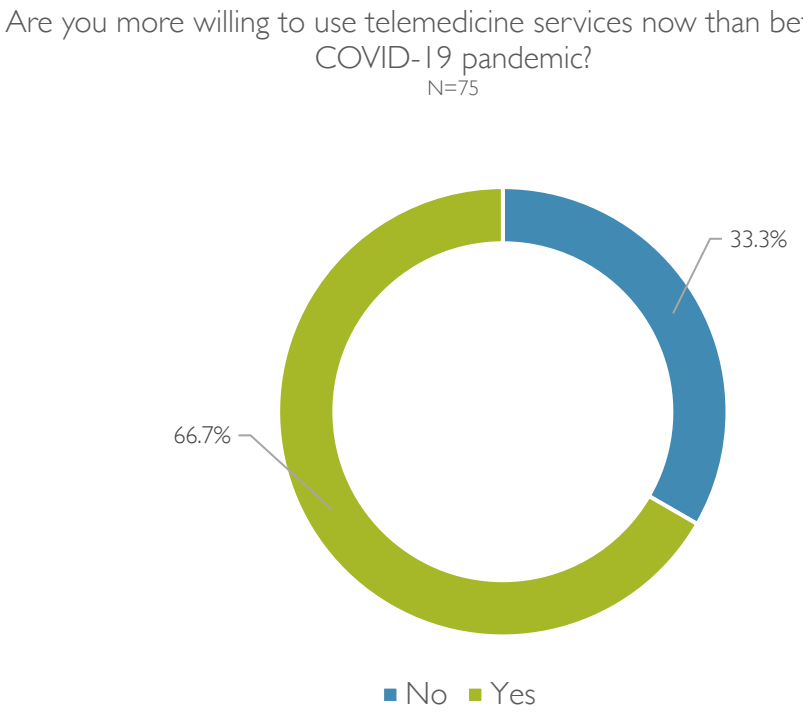


Figure 27. Willingness to Use Telemedicine Following COVID-19



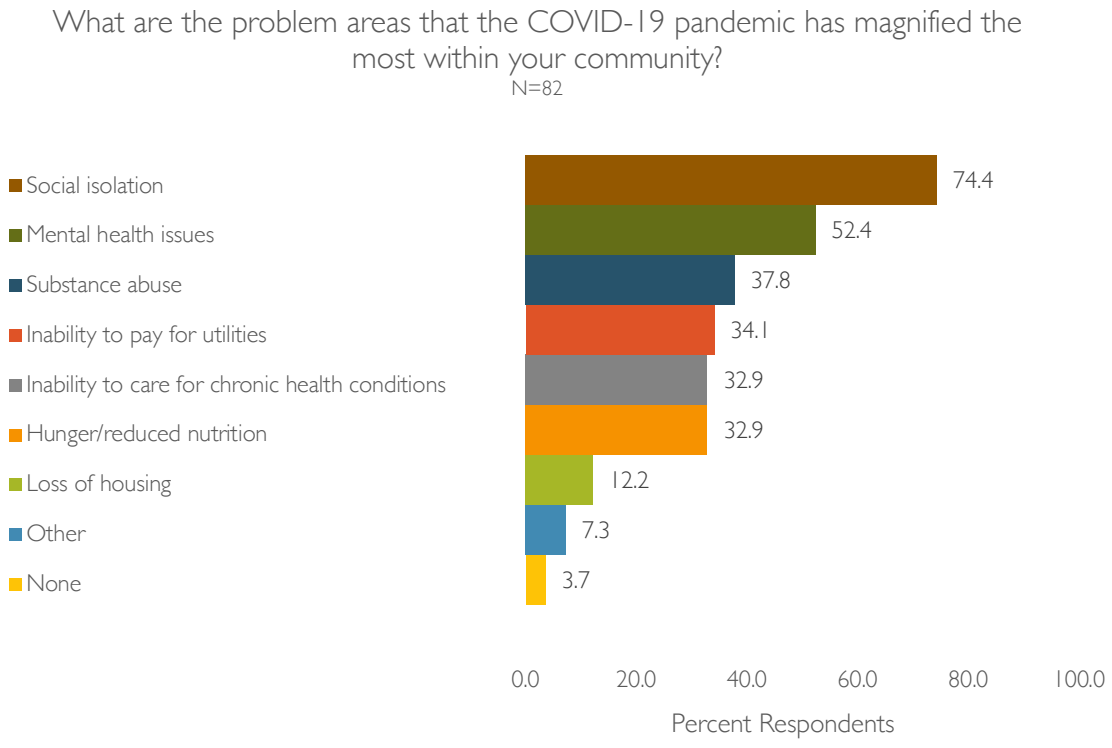
COVID-19

Respondents identified social isolation as the number one community problem magnified by the pandemic. Some expressed satisfaction with the hospital's response to the pandemic and indicated an increased willingness to use the hospital's services following the pandemic.

⇒ The majority of the survey respondents (74%) identified social isolation as a problem area magnified the most by the COVID-19 pandemic. Mental health issues and substance use were also identified as significant issues magnified by the pandemic (Figure 28).

⇒ About a third (31%) of the survey respondents reported having an improved view of the hospital following the pandemic (Figure 29), with 35% rating the hospital's pandemic response as very good or excellent (Figure 31). About a quarter of respondents (22%) indicated an increased likelihood of using the hospital's services following the pandemic (Figure 30).

Figure 28. Community Problems Magnified by COVID-19



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

Figure 29. View of Local Hospital Following COVID-19

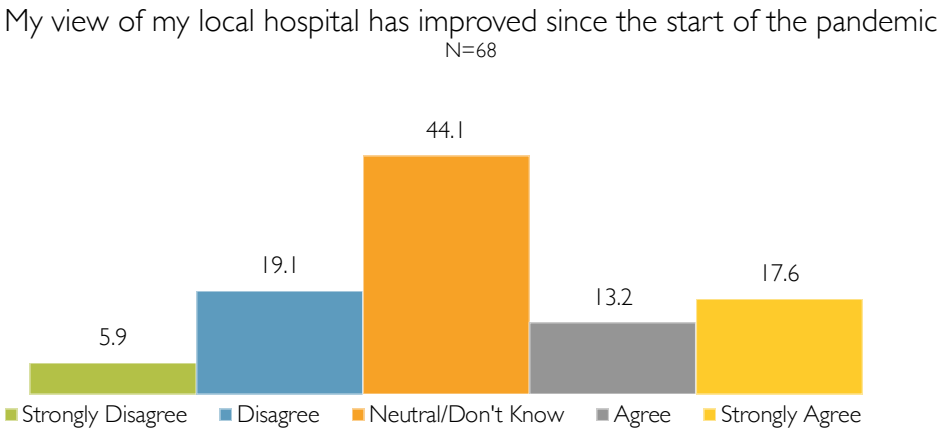


Figure 30. Willingness to Use Local Hospital Following COVID-19

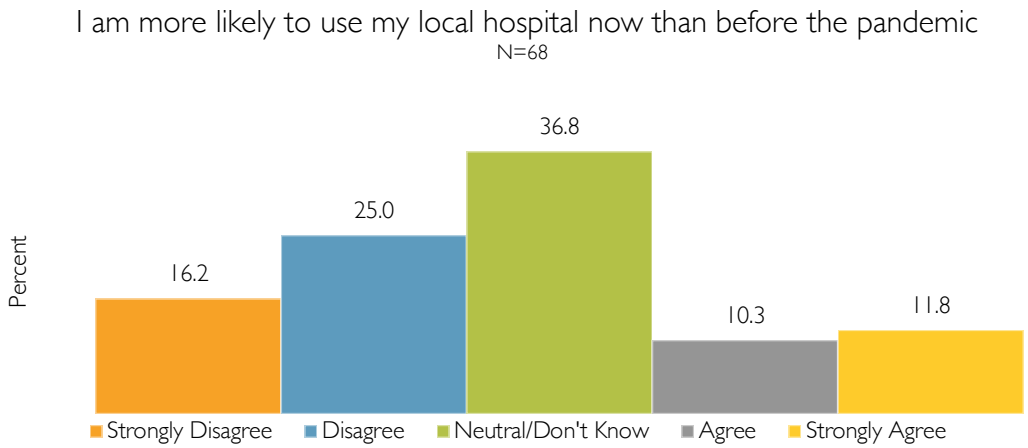
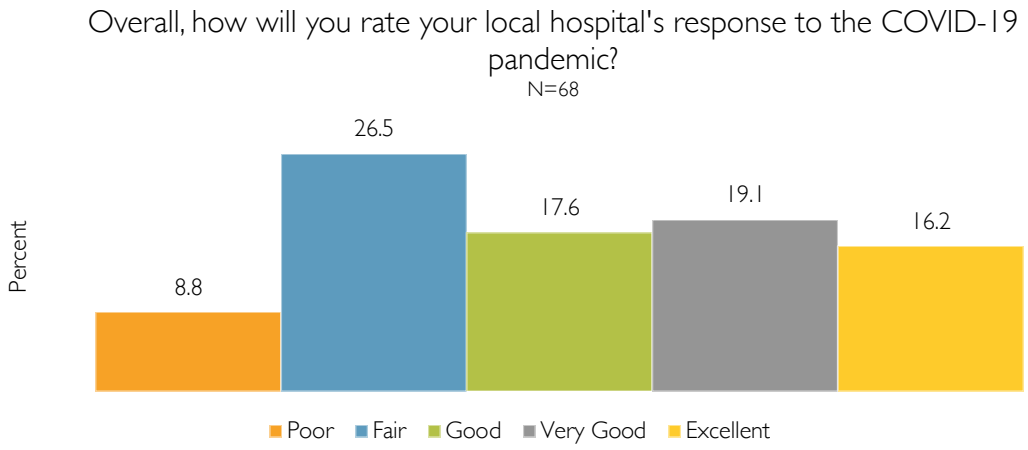


Figure 31. Satisfaction with Local Hospital's COVID-19 Response



SUMMARY POINTS FROM COMMUNITY SURVEY

Respondents were mostly older white educated females residing in Meriwether County.

Health Status and Behavior

- Overweight and obesity, high blood pressure and high cholesterol were the most commonly self-reported chronic conditions.
- Adherence to nutrition and physical activity guidelines were low among respondents.
- Reported adherence to cancer screening guidelines were generally moderate to high among survey respondents.

Perceptions about the Community, Community Health and Health Access

- Respondents were dissatisfied with the availability of jobs and resources, educational resources and the availability and/or adequacy of health services in the community.
- Respondents also identified the lack of job opportunities as the most significant factor affecting the quality of life in the community.
- Heart diseases, cancers and diabetes were identified as the top three causes of Illness and death in the community, while obesity/overweight, physical inactivity and substance use emerged as the top three negative health influences.

Health Access

- About four out of ten respondents reported experiencing one or more barriers to health care access in the past 12 months, with lack of insurance adequate coverage being the most common barrier.
- Respondents were generally open to the use of telehealth to expand access to specialty care.

COVID-19 and Community Health

- According to respondents, the pandemic had magnified issues relating to social isolation.
- Some expressed satisfaction with the hospital's response to the pandemic and indicated an increased willingness to use the hospital's services following the pandemic.

COMMUNITY FOCUS GROUPS

Two virtual focus groups were held in the month of July 2021 with an average of eight participants per focus group. Fifteen community members participated in the focus group. Participants were recruited by the hospital and the CHNA steering committee and included key community stakeholders representing health care, local public health department, library, school district, faith-based organizations, chamber of commerce and local businesses. The participants were predominantly female (80%) and white (93%). Each focus group discussion lasted for about 80 minutes on average.

EMERGING THEMES

The emerging themes centered on community perception, community health outcomes and behavior, health promoting resources and barriers to health and hospital's role in community health. Below these themes and subthemes are discussed with associated exemplary quotes.

Community Perception

Meriwether county is a great serene community with some socioeconomic challenges that have a trickle-down effect on health and well-being.

Participants highlighted community strengths, yet also acknowledged its weaknesses.

Positives: natural resources; proximity to larger urban centers, close-knit small town; community advocacy.

Negatives: lack of jobs; high poverty; school district with less favorable reputation; minimal digital connectivity.

> *"It's a wonderful community. There are no traffic jams. You can get to where you're going. A lot of green forest and woods. In fact, I live in the woods and basically, I have really enjoyed it, and I live here by choice".*

> *"Generational poverty issue is sort of at the fundamental core of so many other negative things that we are facing in our community...I just think we need to keep that uppermost in our mind because it sort of has a domino effect on so many other things."*

They described the community as growing, noting that growth can be a double-edged sword associated with a potential erosion of longstanding community values and culture.

"We are attracting a lot of new populations, particularly on the north end of the county, and that's typically because counties outside towards the north – Coweta, Fayette and so forth – are running out of room. So, we have a lot of people moving into the community which represents plusses and minuses. Plusses, of course, they add to the tax base, but on the other hand they often are people who, since they're not quite from here then they don't have a vested interest in the community and oftentimes are not as readily available in terms of jumping in and assisting or giving back to the community so to speak."

Community Health Outcomes and Behavior

Participants identified opportunities for improvement with respect to health behaviors and health outcomes in the community, which are constraint by resource limitations in the community.

The top drivers of poor health outcomes in the county identified by focus group participants included obesity, diabetes, heart disease, and stroke. Participants noted that these health outcomes were due in part to poor lifestyle and health behaviors shaped by socioeconomic factors.

"*We have poor lifestyle and eating habits which lead to most of these [health problems]."*

"I think in general we have a majority unhealthy community, but I think an important thing to remember is that less expensive food is less healthy, so it cost money to be healthy and money is a problem with a lot of our citizens, or lack of money, I should say."

Health Promoting Resources and Barriers to Health

The community is not homogeneous with respect to health-related experiences and access to health promoting resources and information.

Participants noted that while community members with personal resources are able to navigate community health resource constraints, individuals living under low socioeconomic conditions and in certain geographic parts of the county experienced significant challenges in accessing health promoting resources and health services.

"I think access probably, for people who know about the services and have means to get to the services, access is not an issue."

"Also have a lot of food ministries throughout the county, and different groups. I know there's a diaper giveaway because I've volunteered and helped pack different sized diapers, but there is food accessible in a lot of different areas. But if you live out in the

country and not in the city, sometimes that makes it very hard to even access the free food."

Notable among discussed resource constraints were transportation and digital connectivity.

> *"I think for a lot of folks, they're able to-do okay. But if you don't have transportation, it's not accessible and affordable to you, then you're really in a food desert, a healthcare desert, whatever kind of desert you want to describe it. If you have mobility and a fairly good income, it's not too difficult to live here,' cause you can access goods and services that you need. However, for those folks who don't have convenient or affordable transportation, it's pretty hard."*

> *"In general, you have to either go to Columbus, LaGrange, or Thomaston [for health services] and there you are. If you don't have transportation, and unfortunately some neighbors and friends charge an astronomical fee to take you to one of these towns. And it's such a shame."*

> *"You've got so many places in the community where there's no internet service...even if you got a cell phone, you had no service and there's no landline type of internet service. We found that out last year, trying to do remote education with students. Someplace is just not there."*

The lack of health information and health promoting resources also drives low utilization of preventative health services among some segments of the population.

Participants also noted that the socioeconomic circumstances of a significant segment of the population and the lack of information and health promoting resources resulted in low utilization of preventative health services, including among children.

> *"And a lot of times they don't take care of issues right away. They prolong it and of course it gets worse and then all of a sudden, we have an emergency and Ems needs to be called... They don't recognize the need for medical intervention sometimes until it's too late, for probably a lot of different reasons, lack of transportation, a lack of money and things like that"*

Access to care is constrained by provider shortages, the lack of specialty health services and affordable health care coverage.

Medical specialties and health services identified as community needs included Ob/Gyn, pediatric, ENT, cardiology specialists and urgent care services. Participants also discussed challenges in obtaining affordable health care coverage.

"There [are] no real specialty doctors."

"For a specialist, I do have to go out of town for that. So, I can just get my regular healthcare from [a local doctor], but everything else I go to Columbus for."

"We are going to have one of our physicians, who is currently serving as our medical director, he's going to be retiring at the end of this month."

"Our premium is about $700.00 a month. Or deductible is $16,500 a year. And so that definitely would limit us in jumping right out to the hospital, a doctor, anything like that. We're going to try to self-medicate, self-diagnose, holistically treat ourselves before going to seek medical care."

In cases where health resources are available, community use may be limited due to lack of awareness of the availability to those health services or resources.

Through the discussions, it became apparent that in several instances, community members were unaware of the availability of existing health resources in the community, including hospital services.

"Part of it may be just not – for me personally – not being aware of what all those kinds of services might be...So maybe if that's something [the hospital] can do, those types of services, maybe it's just making us aware in the community that we can have more of these type things done and save a trip back and forth even when we do need to see a specialist."

"Sometimes people are not aware of everything that's right there at their fingertips, you know, so I'm big on accessibility and making it known. People may know this in the hospital, but what tells people exactly what's offered or what you can do and how to assess it."

Hospital's Role in Community Health

The hospital is a valuable community asset (especially for emergency care).

Participants generally had a favorable view of the hospital, describing it as a valuable community asset. They noted improvements in the hospital's reputation over the years, adding that negative hospital experiences were isolated incidents.

"The hospital certainly adds to the assets in the community and has really done such a good job in the last few years and [they] actually exponentially increased their value to

the community during the COVID outbreak and the vaccines that they made so readily available."

"When we first came here a little over 14 years ago, we heard the stigma that don't go to Warm Springs for anything more than glue or band-aids, and that has changed – we don't hear that a lot anymore. we attribute to all the work that you have been doing to kind of turn around that stigma."

The hospital can facilitate awareness about available health resources and services by remaining visible in the community and leveraging existing community networks.

Participants saw the hospital as playing a central role in the health and wellness of the community. They noted that the hospital could facilitate awareness about community health resources and increase its community visibility by partnering with individuals and organizations who are trusted within the community, such as faith-based organizations. They emphasized that collectively, word-of-mouth and social media can be used to navigate "the communication desert limitations of rural area" and facilitate the spread of information about hospital services and health resources within the community.

"At least in Meriwether, there's a decent chance that churches may be as good a connecting point as any in all the communities we have. but that still leaves out huge swaths of people, but at least maybe if there's some way to do something in the churches with healthy eating or exercise preventative kinda things, rather than just treating things after the fact."

They also suggested that it might be helpful for the hospital to take care to the community. This could include selecting non-hospital site for hospital led community health events, such as health fairs.

"But if you wanted to have like a health fair or something or even just have blood pressure screening or something like that, you could book our meeting room. It's free to do that, and you might get a different group of people than you would normally get, say, at the hospital or any of the other places around town."

SUMMARY POINTS FROM COMMUNITY FOCUS GROUPS

Fifteen participants took part in the community focus groups. Participants discussed barriers and facilitators to health and well-being within Meriwether County, GA.

Perceptions about the Community

- Meriwether county is a great serene community with some socioeconomic challenges that have a trickle-down effect on health and well-being.

Community Health Outcomes and Behavior

- The top drivers of poor health outcomes in the county identified by focus group participants included obesity, diabetes, heart disease, and stroke.
- Participants identified opportunities for improvement with respect to health behaviors and health outcomes in the community, which are constraint by resource limitations in the community.

Health Promoting Resources and Barriers to Health

- The community is not homogeneous with respect to health-related experiences and access to health promoting resources and information, which drives disparities in health behavior, health care utilization, and health outcomes.
- Access to care is constrained by provider shortages, the lack of specialty health services and affordable health care coverage.
- There is a general lack of community awareness of available of health services or resources.

The Hospital's Role in Community Health

- The hospital is considered an asset for improving health and well-being.
- The hospital can facilitate awareness about available health resources and services by remaining visible in the community and leveraging existing community networks.

PRIORITIZATION

PREVIOUS CHNA AND IMPLEMENTATION PLAN

Warm Springs Medical Center's 2018 Community Health Needs Assessment was completed in compliance with the Federal Register, Volume 79, No.250, 12/31/2014 Rules & Regulations. Based on surveys and input from our community key leaders and stake holders, the following areas were identified as having room for opportunity for Warm Springs Medical Center to address:

- ⇒ Diabetic Education
- ⇒ General Health Education: Mental Health Awareness
- ⇒ General Health Education: Accidental Drowning/Healthy Food Choices
- ⇒ Wellness Activities
- ⇒ Health care access

Warm Springs Medical Center developed an Implementation Strategy as discussed below. The Community Health Needs Assessment was presented and adopted by the Governing Board of Meriwether Healthcare, LLC. Progress made on the CHNA concluding in 2021 is discussed next.

A Community Health Engagement Network (CHEN) was initiated by the hospital to include community leaders. This group initially met in November of 2018 and again on Feb. 28, 2019, July 30, 2019, with final meeting held on November 19, 2019. The purpose of this group was to consider each item identified as a need in our community, develop interventions addressing each one, and lastly, implement those actions to improve health and wellbeing of the community.

Diabetes Education

Warm Springs Medical Center obtained American Diabetic Association education materials and provided education to all Meriwether County School nurses and administration. This education was disseminated by school nurses to school children and parents as appropriate. Warm Springs Medical Center also engaged an Endocrinologist to lease space on the hospital campus to provide diabetic education and intervention not only to the hospital but also to Meriwether County School System via telehealth medicine. The hospital also provided FREE Alliant Diabetic teaching for Medicare recipients in our community including our local 79-bed skilled nursing facility. The Winter class graduated 12 students and the Spring class graduated 10 students.

General Health Education

Mental Health Awareness

Warm Springs Medical Center partnered with Upson Regional Medical Center in the promotion of mental health awareness classes to our community for those who chose to participate. Classes included education on:

- ⇒ Bipolar Disorder
- ⇒ Schizophrenia
- ⇒ Senior Hunger
- ⇒ Anxiety
- ⇒ PTSD
- ⇒ Alcoholism/Substance Abuse Disorder
- ⇒ Seasonal Affective Disorder
- ⇒ Borderline Personality
- ⇒ Dementia
- ⇒ Dissociative Personality (Multiple Personality)
- ⇒ Eating Disorder

Additionally, targeted efforts were made to reach youth in partnership with the Meriwether School System. Information was shared with Meriwether School System, students and parents including Teen Challenge brochures, the TEEN Suicide mobile app, and the Crisis Line.

Virtual Dementia Tours were offered to the public in WSMC's skilled nursing facility to bring awareness to the disease process and how it affects our seniors. Education provided on how to manage the dementia population.

Accidental Drowning/Healthy Food Choices

The Warm Springs Medical Center Marketing Team partnered with the hospital's Respiratory Therapy Dept. to offer CPR classes for the community. This program was very successful with large turn-out of the community to participate. Hands on CPR flyers were distributed to each participant at all WSMC health fairs in efforts to educate the public in case of accidental drowning. Education was also provided regarding pool safety.

Educational flyers with focus on healthy food choices were disseminated at all health fairs sponsored by Warm Springs Medical Center.

Wellness Activities

Warm Springs Medical Center participated in the Cotton Pickin Fair in Gay, GA on October 5th & 6th by setting up a booth to provide FREE BP screenings and offered education on wellness activities and healthcare information in general to the public. This is a huge event each year and offers a great venue to educate to the masses.

Our hospital planned to participate in the "Peaches in the Pines" event to offer wellness activities education; however, the event was rained out. Our hospital participated in the Meriwether County "Back to School Bash" for school age students where our Infection Preventionist presented an interactive "good hand-washing" skills exercise. WSMC also distributed information in back packs at this event regarding lice and scabies, which are often associated with school age children.
Attempted to schedule a health fair in Luthersville, GA but was unsuccessful.

Health Care Access

Healthcare Options After 5 p.m.

Warm Springs Medical Center was able to respond to this need in the community by opening up a new rural health clinic in Woodbury, GA located at 64A Jones Mill Road. This new clinic now affords a new healthcare access point to the community and has flexible hours two days/week where the clinic is open until 7 p.m. for those who need after hours appointments. The clinic staffs a full-time Nurse Practitioner along with a part-time physician who serves as Medical Director for the clinic. The clinic has one full time Receptionist/Medical Assistant.

In summary, Warm Springs Medical Center worked diligently to address all areas of need as presented by community leaders and stakeholders for the 2018 Community Health Needs Assessment.

2022-2024 PRIORITIZATION

Community health needs were prioritized using a modified nominal group technique, which included a brainstorming session, followed by detailed discussion and ranking of identified potential priority areas. Three priority areas were selected following the present cycle's CHNA. The goals, objectives and activities developed under each priority area extends previous efforts to improve community health education and access to physical and mental health services. Below goals and objectives are outlined for each priority area.

Priority Area One: Community Education and Awareness of Health Services

Goal: To empower Meriwether County residents with information and resources to support a healthy life

Objective: To improve community awareness of health services and health promoting resource in the county by 2024

Activities

- ⇒ Continue Community Health Education Network planning activities
- ⇒ Increase hospital's social media presence and leverage social media application for health education and health resource information dissemination purposes.
- ⇒ Pursue partnership with community networks including the community leader forum, chamber of commerce and faith-based organizations to facilitate community health education, community health improvement activities, and health resource information dissemination.
- ⇒ Leverage hospital board and community ambassadors to improve community awareness of health/hospital services.

Priority Area Two: Health Services Access

Goal: To increase access to health services in Meriwether County

Objective 1: To strategically expand specialist services through telehealth by 2024
Objective 2: To improve the accessibility of health services to county residents by 2024

Activities

- ⇒ Pursue telehealth expansion for specialty services based on community need and sustainability.

⇒ Coordinate efforts to deliver health services (including health fairs) and health promoting resources and services (including nutritional services) at centralized and accessible community locations to minimize transportation barriers to care.

⇒ Continue offering after-hours option at clinic to improve accessibility of primary care and affordable emergent care services in the community.

Priority Area Three: Mental Health and Substance Use

Goal: To improve the mental well-being of the residents of Meriwether County

Objective: To expand access to mental health and substance abuse services in the county by 2024

Activities

⇒ Explore partnership with community service board (CSB) to expand access to mental health and substance abuse services in the community.

⇒ Explore the feasibility of adding a telemental health service line.

IMPLEMENTATION STRATEGY

Priority Area One: Community Education and Awareness of Health Services					
ACTIVITIES	**ACTION STEPS**	**TIMELINE**	**MEASURE**	**HOSPITAL POINT OF CONTACT**	**COMMUNITY PARTNERS**
Goal: To empower Meriwether County residents with information and resources to support a healthy life					
Objective: To improve community awareness of health services and health promoting resource in the county by 2024					
Community Health Education Network	Continue Community Health Education Network planning activities, including holding quarterly meeting beginning March 2022.	2022-2024	Quarterly CHEN meetings with minutes	Milo Varnadoe, CIO/CHNA Coordinator	Meriwether County School System; Wrap Around Services, MCSS; & First Baptist Church, Warm Springs
Social Media Marketing	Increase hospital's social media presence and leverage social media application for health education and health resource information dissemination purposes.		#Likes, Shares, Comments	Milo Varnadoe, CIO	Chamber of Commerce; Medical Staff; Former patients; WSMC Staff
Community Partnerships	Pursue partnership with community networks including the community leader forum, chamber of commerce and faith-based organizations to facilitate community health education, community health improvement activities, and health resource information dissemination.		#Meetings/ Events	Barbara Nolan, Community Liaison	Chamber of Commerce; Faith-based Organizations; Community Leader Forum; Mary Hoffman/Nutrition; Back-to-School Bash & Career Day with Meriwether County School System; Family Connections, Rotary Club, Lions Club; Kiwanis Club
	Leverage hospital board and community ambassadors to improve community awareness of health/hospital services.		#Testimonial Videos	Karen Daniel, CEO Business Development Team	Community Leaders; former patients; medical staff; Chamber of Commerce; Board Members

Priority Area Two: Health Services Access					
ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
Goal: To increase access to health services in Meriwether County					
Objective 1: To strategically expand specialist services through telehealth by 2024					
Telehealth	Pursue telehealth expansion for specialty services based on community need and sustainability.	2022-2024	#Telehealth Visits	Jessica Hill, Chief Nursing Officer	GA Partnership for Telehealth
Objective 2: To improve the accessibility of health services to county residents by 2024					
Take Services to the Community locations to minimize transportation barriers to care.	Coordinate efforts to deliver health services (including health fairs) and health promoting resources and services (including nutritional services) at centralized and accessible community locations to minimize transportation barriers to care.	2022-2024	#Events, Community Locations	Barbara Nolan, Community Liaison	Food Pantries, Meals on Wheels, "Treat Box" Program (Chris Biggs)
After-hours Care	Continue offering after-hours option at clinic to improve accessibility of primary care and affordable emergent care services in the community.		#Visits after 5pm	Tim Gravel, Nurse Practitioner	Warm Springs Medical Clinic

Priority Area Three: Mental Health and Substance Abuse					
ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
Goal: To improve the mental well-being of the residents of Meriwether County					
Objective 1: To expand access to mental health and substance abuse services in the county by 2024					
Telemental Health	Explore the feasibility of adding a telemental health service line	2022-2024	#Mental Health Televisits	Jessica Hill, Chief Nursing Officer	Telehealth Provider

HEALTH RESOURCES LISTING

MERIWETHER COUNTY

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
Alcoholics Anonymous	First Methodist Church 206 Broad Street Manchester, GA 31816	*Fridays at 7:30 p.m.
Alcoholics Anonymous @ Jones Chapel	Jones Chapel 12973 Hwy 85 Woodbury, GA 30293	706-553-5091
Al-anon Teens @ 1st Baptist Warm Springs	First Baptist Church Warm Springs, GA 31830	706-655-2395 7 – 8 p.m. Mondays
Alzheimer Support Group	First Baptist Church Warm Springs, GA 31830	2nd Sunday of month @ 2 p.m. 706-655-2395
Cancer: West Central GA Cancer Coalition	633 19th Street Suite B Columbus, GA 30191	888-235-4550 cdcoakley@gdph.state.ga.us www.wcgcc.org
Cancer: (Neighbors Helping Neighbors) West Central GA Cancer Coalition	634 19th St Suite B Columbus, GA 30192	706-660-0317 *Assists those who are in cancer treatment – helps with utilities, taxes, car payments, etc.
Child Abuse Prevention Family Connections of DFACS	17234 Roosevelt Hwy Greenville, GA 30222	pcameriwether@gmail.com 706-672-4244
GAP by Fellowship Baptist Church (Life Improvement Resources)	131 W. Main St Manchester, GA 31816	*Assessment services are at the 131 West Main St. location in Manchester from 11:00 a.m. to 1:00 p.m. the last Tuesday of every month
Meriwether County Chamber of Commerce	PO Box 9 Warm Springs, GA 31830	706-655-2558 meriwethercountychamberofcommerce.net
Narcotics Anonymous	First Baptist Church Warm Springs, GA 31830	*8 p.m. on Mondays
Pathways Center Behavioral Health	756 Woodbury Hwy Greenville, GA 30222	706-672-4131
CLOTHING		
Bargain House	S. Courthouse Square Greenville, GA 30222	706-672-4207

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
		*Run by United Methodist Women – will give free items to people with certain hardships
Salvation Army Store	156 Broad St. Manchester, GA 31816	706-846-2697
CRISIS INTERVENTION		
AARP		800-687-2277
Adult Protective Services Intake (APS)		888-774-0152
Bell South Lifeline		888-726-3223
Cancer State Aide		800-227-2345
Carroll County Emergency Shelter *victims of domestic violence (accepts Meriwether County residents)	POB 2192 Carrollton, GA 30112	706-834-1141 ccdvcenter@carrollcountyemergencyshelter.com
Central LogistiCare		888-224-7981
Children's Advocacy Center of Troup County	99 Johnson Street LaGrange, GA 30240	706-298-2148 ext 102 *Provides services for sexually abused children
Domestic Violence Helpline		800-334-2836
Domestic Violence – Harmony House *24 hr hotline		706-885-1525 www.harmonyhousega.org
GA Partnership for Caring		800-982-4723
GA Cares – Prescriptions & Healthcare		800-669-8387
Georgia Council for Hearing Impaired		800-541-0710
Georgia Homeless		877-243-1576
Help-Line Georgia		800-338-6745
Hope Harbor Ministries for Women	2929 Durand Hwy Warm Springs, GA 31830	706-333-0000 hopeharbor@gmail.com www.hopeharborga.org
Mental Health Crisis Line		888-247-9048
Mid-Ga Community Action		800-422-9063

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
Suicide Hope Line		800-784-2433
West GA Rape Crisis Center		706-834-7273
FOOD		
Emergency Food Assistance Program Community Action for Improvement		706-884-2651 www.cafi-ga.org/food.htm
Families Feeding Families of Middle GA	Thomaston, GA	www.gafamiliesfeedingfamilies.org
Food Distribution – HFL Resource Center/Manchester Senior Center	121 Perry Street Manchester, GA 31816	706-846-8086 *Third Tue of each month/Must stop by PRIOR to getting food box to complete intake paperwork
HEALTHCARE PROVIDERS		
Dr. Victor Lambert	Smith-Lambert Clinic Warm Springs Hwy Manchester, GA 31816	Family Practice 706-846-3151
Dr. Anthony Olofintuyi	Southwest Medical Clinic Internal Medicine 5995 Spring Street, Building B Warm Springs, 31830	706-672-4818 706-655-4136
Dr. Will Cunningham	Your Town Health Center 3939 Whitehouse Parkway Warm Springs, GA 31830	404-929-8824 *Federally Qualified Health Center that takes clients with little or no income; and little or no insurance. Fees based on income/sliding scale
Dr. Bhavin Mehta	Professional Building WSMC Campus	*Podiatry Services
Columbus Renal Associates	Professional Building WSMC Campus	*Nephrology Services
Avilys	WSMC	*Sleep Studies @ WSMC - outpatient
US Renal	WSMC	*Acute hemodialysis @ WSMC – inpatient & post-acute
MyEyeDoctor Eyecare	1180 Warm Springs Hwy Manchester, GA 31816	706-846-2131
Dr. Abel Aguilar – Dentist	408 Perry St Manchester, GA 31816	706-846-2273 http://manchesterdental.net
Houston Dental Dr. Andrew Houston	614 W. Main St Manchester, GA 31816	706-441-0405
Dr. Carolyne V. Mason – Dentist	Gay Connector Road Greenville, GA 30222	706-672-0819

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
Sabrina Lancaster, NP-C Manchester Family Medicine	410 5th Ave, Suite A Manchester, GA 31816	706-846-2102
HEALTH & HUMAN SERVICES		
Aids Testing @ Pathways	Greenville, GA 30222	706-672-4131
Deaf services	25 Palm Lane Durand, GA	706-663-9005 *Interpreter will use sign language to deliver the sermon
Ex-offender Programs *For ex-offenders or felons trying to re-enter society		www.xamire.com
Eye Glasses	Manchester Lions Club Greenville Lions Club	Provides free eye glass to economically disadvantaged people. Contact Hannah Flynn @ Hannah.flynn@att.net or call Tina Evans at DFCS in Greenville
Peachcare for Kids – Low Cost health insurance for kids		877-GAPEACH www.peachcare.org
Parenting Classes	County Line Church 2552 County Line Road Durand, GA	706-663-8240
Smoking Cessation GA Tobacco Quit Line		877-270-STOP 877-266-3863 (Spanish) www.livehealthygeorgia.org
Your Town Health Dental Center	51 Gay Connector Greenville, GA 30222	706-672-0819 *Federally Qualified Health Center that takes clients with little or no income; and little or no insurance. Fees based on income/sliding scale
Your Town Health Center	3939 Whitehouse Parkway Warm Springs, GA 31830	404-929-8824 *Federally Qualified Health Center that takes clients with little or no income; and little or no insurance. Fees based on income/sliding scale
Meriwether County Health Department *Greenville Clinic & Environmental Health	51 Gay Connector Greenville, GA 30222	Ph: 706.672.4974 Fax: 706.672.1065 Hours: Tues., Wed., Thurs. 8am-5pm
TRANSPORTATION		
Meriwether County Transit		770-251-0014 *Mon-Fri 8a – 5p (excluding holidays)

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
*Local public bus service		*Must call within 24 hours of needing a ride *$3.00 per ride
UTILITY ASSISTANCE		
Meriwether County DFCS *Energy Assistance Programs	17234 Roosevelt Hwy Building A Greenville, GA 30222	706-672-3823 *Salvation Army assists with a one-time payment

Warm Springs Medical Center
5995 Spring St
Warm Springs, GA
31830