

Community Health Needs Assessment



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INTRODUCTION

Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) was written to comply with federal tax law requirements in the Internal Revenue Code section 501(r) requiring nonprofit hospitals to conduct a CHNA once every three years. There are five major components to the CHNA:

1. Define community
2. Collect secondary data on community health
3. Gather community input and collect primary data
4. Prioritize community health needs
5. Implement Strategies to address community health needs

Habersham Medical Center partnered with the University of Georgia's Archway Partnership and College of Public Health to conduct its 2016 CHNA. This report includes a background on the hospital, the data collection process and key findings from the CHNA.

Habersham Medical Center

Located at 541 Historic Highway 441, Demorest, Georgia, Habersham Medical Center is a 53-bed not-for-profit acute care facility providing health care to more than 80,000 residents of Habersham and adjoining counties. As one of the largest employers in the area, Habersham Medical Center employs approximately 700, has an annual operating budget of \$42 million, and has a more than \$75 million local economic impact. More than 35 physicians serve on the Medical Staff representing many specialties including orthopedics, obstetrics, urology, ophthalmology, vascular surgery, neurosurgery and sports medicine. These specialties enhance and complement physicians in the family practice, internal medicine, and general surgery areas.

Habersham Medical Center has been awarded AVATAR International's National Customer Service Award for Exceeding Patient Expectations, five Quality and Patient Safety Awards from the Georgia Hospital Association's Partnership for Health and Accountability, and is recognized as a Certified Primary Stroke Center by DNV. The hospital has also received recognition for the following awards and accomplishments:

- Certified Primary Stroke Center—the first Certified Stroke Center in Region Two and the first one to be certified without a full-time neurologist on staff
- GHA Circle of Excellence Honor
- First community hospital to receive Pay for Performance from Blue Cross Blue Shield
- Georgia Hospital Association's Quality Honor Roll recipient in the Presidential Category
- Georgia Hospital Association Awards for Patient Quality and Safety
- Mentioned in *US News and World Report* for stroke care
- Numerous Patient Satisfaction Awards including a national award from AVATAR for Exceeding Patient Expectations.
- Habersham EMS—Georgia EMS of the Year 2007
- Habersham Chamber of Commerce Business of the Year 2009

- Featured article in Advance for Nurses magazine, September 2004, for safe surgery and low infection rates
- National article in Health Executive magazine, September 2008
- Featured article in The Joint Commission’s Journal on Quality and Patient Safety for low postoperative pneumonia rate in October 2006.
- American Heart Association Awards for Stroke Care

Mission

As a not-for-profit community health care facility, Habersham Medical Center’s mission is to provide quality and safe patient care in a compassionate, professional and economical manner to all persons in Habersham and surrounding counties including:

- emergency and acute inpatient and outpatient care to its community;
- an integrated program of long-term care for aged and chronically ill persons;
- cooperating with physicians, employers and various agencies to provide a coordinated program of health care to meet community needs; and
- programs to prevent illness and injury and to promote health.

Vision

Habersham Medical Center will develop an organizational culture in which systems fulfill and support its mission as evidenced by:

- Remaining clearly recognized as a provider of high quality and compassionate individualized patient care for the citizens of Habersham and surrounding counties.
- Remaining cognizant of the evolving status of healthcare changes and maintaining a proactive response.
- Measuring, assessing and improving patient satisfaction.
- Using information management effectively and advancing the integration of hospital services with physician practices and other identified partners in healthcare management.
- Providing accessible inpatient and outpatient healthcare services, including preventive, inpatient, outpatient, home health, rehabilitation and long-term care, and maintaining status as a leader in providing and coordinating healthcare services across the continuum of care within the organization and with other healthcare providers.
- Distinguishing Habersham Medical Center as the highest quality medical center of its size in the State.
- Maintaining constant vigilance of corporate compliance by in-depth monitoring and education of the Habersham Medical Center Compliance Program.
- Developing systems to proactively identify and manage potential risks to patient safety by promoting an environment of reporting and prevention.
- Remaining financially viable and monitoring cost effectiveness.
- Providing an adequate number of primary care and specialty physicians in its primary service area, in order to aid access to healthcare services.
- Adopting new and innovative methods of healthcare delivery consistent with the identified needs of its service area.

METHODOLOGY

A CHNA team was formed through the University of Georgia’s Archway Partnership to complete the 2016 Community Health Needs Assessment for Habersham Medical Center in Habersham County, Georgia. The CHNA team consisted of researchers from the departments of Health Promotion and Behavior, Health Policy and Management, graduate students from the College of Public Health, and the Public Service Office faculty member from Habersham County who served as the community liaison. In addition to extensive secondary data analysis, the CHNA team collected data from community members and other stakeholders with knowledge of the health needs, health disparities, and vulnerable populations.

Stakeholder Engagement

An important component of the CHNA process is stakeholder engagement. Habersham Medical Center set out with great deliberation to create a network of stakeholders that was representative of the population. In order to accomplish this goal, feedback was gathered from the Habersham Archway Health Work Group. Individuals on this committee were selected because of their community health expertise and their overall knowledge about the well-being of the community, including low income and minority populations.

Members of this committee include: Nancy Cathcart, Habersham County Schools; LaKeeta Chambers, RN; Kurt Cooper, Habersham County Department of Recreation; Andrea Harper, chairwoman, Habersham County Board of Commissioners; April James, Habersham Medical Center; Patrick Ledford, North Georgia Technical College; Linda Ramey, MedLink of Georgia; Melanie Sims, MD, local pediatrician; Renee Smagur, Habersham County 4-H; Ryan W. Snow, Habersham Medical Center; Jennifer Stein, Prevent Child Abuse Habersham; Andrea Thomas, Habersham County Schools; and Jerry Wise, CEO, Habersham Medical Center. This group was asked to provide expertise in the proper designation of the hospital’s service area, identify community health needs and interests, and assist in data collection strategies. The committee served as the guide for the entire process and led efforts to encourage participation and engagement in the CHNA process.

On November 4, 2015, members of this community met to discuss the CHNA process and assist in the collection of data through surveys made available in print and online. This group was responsible for piloting the survey, recruiting participants for survey completion and focus groups, and providing feedback on collected data. Other community stakeholders including those from the Habersham County Health Department were included in the survey and data collection process.

Define Community

As discussed in the introduction, the first step in conducting the CHNA is to define the community. Hospital officials, community members, and hospital utilization data were used to define the hospital service areas. The community for this particular CHNA was defined around the primary service delivery area for Habersham Medical Center, which is Habersham County.

Secondary Data Collection and Analysis

The second step in conducting the CHNA was to collect secondary data for Habersham County. Online sources for secondary data included County Health Rankings, U.S. Census Bureau, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), and Kids Count. All secondary data was exported and stored in Excel. Key indicators extracted from secondary data sources were organized into the following categories: demographics, health outcomes, health behaviors, health care, Kids Count data, clinical care, and OASIS. When available, data was pulled from two data points within a five year span (e.g., 2009 and 2013) in order to identify trends over time. The most recent year for available data was always the first data collection point. It is worth noting the most recent year for data differed across sources. For example, 2014 was the most recent year for data available in OASIS. However, 2013 was most recent year for data available from Kids Count. County level data was compared to state and national level statistics. A summary of key findings from secondary data was created for Habersham County, which generated a county health profile to identify potential areas for improvement. A detailed summary of the secondary data sources is below.

County Health Rankings

County Health Rankings is published online by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings use standard methods to assess the overall health of nearly every county in the United States. Rankings consider factors that affect people's health within the following categories: health behavior, clinical care, social and economic factors, and physical environment. Information is based on the latest publicly available data from sources such as, the National Center for Health Statistics (NCHS) and the Health Resources and Services Administration (HRSA). More information is available at www.countyhealthrankings.org.

Georgia Department of Public Health

The Georgia Department of Public Health manages a system called OASIS (Online Analytical Statistical Information System). Indicators available within OASIS include the following: vital statistics (i.e., births, deaths, infant deaths, fetal deaths, and induced terminations), Georgia Comprehensive Cancer Registry, hospital discharge, emergency room visit, arboviral surveillance, Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance Survey (BRFSS), STD, and population data. More information is available at <http://oasis.state.ga.us>.

Kids Count Data Center

Kids Count Data Center is managed and funded by the Annie E. Casey Foundation. The Kids Count Data Center receives data from a nationwide network of grantee projects. They advocate for and collect data on the wellbeing of children at state and local levels. More information is available at www.datacenter.kidscount.org.

U.S. Census Bureau

The U.S. Census Bureau manages an online tool called the American FactFinder. American FactFinder provides access to data from the Decennial Census, American Community Survey, Puerto Rico Community Survey, Population Estimates Program, Economic Census, and Annual Economic Surveys. A variety of data is provided which include population, economic, geographic, and housing information at the city, county, and state levels. More information is available at www.factfinder.census.gov.

Gather Community Input and Collect Primary Data

The first two steps in the CHNA process informed the collection of primary data. Primary data provided a critical role in filling informational gaps and providing additional data not available through secondary data sources. In addition, the collection of primary data ensured the inclusion of the community's views. Qualitative and quantitative methods were used to collect primary data, which included one focus group and a community survey.

Focus Groups and Key Informant Interview

In March 2016, the CHNA team from UGA facilitated a focus group in Demorest, Georgia. A semi-structured focus group guide was developed to examine community assets, community resources, and additional services needed to address community health problems (Appendix A). The Archway Partnership for Habersham County identified and recruited community members to participate in the focus groups. Focus group participants represented a variety of community stakeholders including elected officials, nonprofit directors, health department staff, recreation department staff, school nurses, and retirees. A total of 10 community members participated in the focus group. The focus group lasted approximately one hour and was conducted at Habersham Medical Center. The focus group was recorded and transcribed by researchers at the University of Georgia. The CHNA team summarized the responses from the focus group and identified key themes.

All participants signed an informed consent form (Appendix B). A complete list of participants is located in Appendix C.

Community Survey

The CHNA team developed a community survey (Appendix D) to examine individual health status, health behaviors, hospital use, and views on overall community health status and needs. General demographic information such as insurance carrier, household income, age, race/ethnicity, and highest level of education was also collected. Community members completed the survey from February 2016 through April 2016. The online survey link was distributed by email to the more than 600 Habersham Chamber members and was posted on the Habersham Medical Center Facebook page and website. A newspaper column was also printed in the local newspaper, *The Northeast Georgian*, from the Habersham Medical Center CEO encouraging community participation. Paper surveys were distributed to community members through the Habersham County Extension Office, Habersham Senior Center, Habersham County Health Department, Habersham County Recreation Department, the Ninth District Opportunity's Habersham office, local organizations, and medical facilities, including Habersham Medical Center and a physician's office. All paper surveys were returned to the University of Georgia for

data entry and descriptive analyses. Table 1 outlines the constructs and variables included in the survey.

Table 1. Information collected from the CHNA community survey

Survey Constructs	Survey Variables
Community Health	<ul style="list-style-type: none"> • Most important community health problems • Ways to improve community health
Health and Health Care Practices	<ul style="list-style-type: none"> • Perceived health status • Existing health conditions • Preventative health care practices • Barriers to accessing care
Health Habits	<ul style="list-style-type: none"> • Use of tobacco products • Use of alcohol products • Preventative health behaviors • Fruit and vegetable consumption • Food security • Mental health • BMI
Hospital use	<ul style="list-style-type: none"> • Hospital use • Reasons for using hospitals other than Habersham Medical • Hospital services used at Habersham Medical • Satisfaction with services at Habersham Medical • Access to physicians at Habersham Medical • Additional services requested for Habersham Medical
Demographics	<ul style="list-style-type: none"> • Age • Sex • Ethnicity/Race • Marital status • Highest level of education • Family size • Household income • Employment status • Insurance coverage • County of residence

Prioritization Strategy

The data compiled by the Focus Group meeting, the Community Survey and the UGA School of Public Health was reviewed and discussed by the Habersham Archway Health Workgroup during a meeting on Friday, April 29, 2016. Then, a prioritization strategy plan was formally approved by Hospital Leadership and the Hospital Authority of Habersham County in June 2016 after reviewing the Community Health Needs Assessment from the UGA School of Public Health. The prioritization strategy plan will be presented to the Habersham Archway Health

Workgroup for their assistance in serving on committees and providing assistance in implementing; with quarterly progress reports and updates provided to the Habersham Archway Health Workgroup.

Implementation Strategy

The Community Health Needs Assessment was reviewed and adopted by the Hospital Authority of Habersham County at its regular meeting on June 21, 2016 and this action was included in the minutes of the meeting.

The CHNA report will be made available to the public. This will include posting the report on the Habersham Medical Center website, emailing the report to select stakeholders and sending a press release with a summary of the report to local media. The prioritization report will be reviewed at the Habersham Archway Health Workgroup meetings with updates and progress reported quarterly.

RESULTS

Secondary Data

The CHNA team gathered secondary data from national and state level data sources to create a community profile for Habersham County. County level indicators were then compared to state and national statistics. These results provided an initial overview of the community's health status and potential areas for improvement. The findings also guided primary data collection needs. Table 2 provides some of the key indicators collected and assessed.

Table 2. Secondary data results for Habersham County

Health Indicator	Habersham County	Georgia
Diabetes	13%	11%
Premature Age-Adjusted Mortality Rate	342	370
Childhood Mortality (per 100,000)	50	57
Adult Smoking	17%	17%
Obesity	29%	29%
Physical Inactivity	29%	25%
Low Birth Weight Babies N (%)	11 (9.2%)	12,158 (9.5%)
Teen Births, Ages 15-19 (N and Rate per 1,000)	12 (34.8)	10,251 (30.3)
STDs Morbidity (N and Rate per 100,000)	77 (538)	62,398 (624)
Uninsured Adults	29%	21%
Uninsured Children	12%	10%
Poor Mental Health Days	3.0	4.0
Primary Care Providers (Patient to Provider Ratio)	14,587:1	1,540:1

Table Notes: Data are from 2015 Community Health Rankings and the 2013 Annie E. Casey Kids Count Data.

Health Outcomes

The rates of chronic illnesses in Habersham County are similar to state level rates. For example, the percent of the population with diabetes (11%) is similar to Georgia. According to 2015 County Health Rankings, 29% of the population in Habersham is obese, which is equal to the percent of obese adults found at the state level. Twenty nine percent of adults are physically inactive, although 88% have access to exercise opportunities. On the other hand, the rates of

childhood mortality (49.9 per 100,000) and premature age adjusted mortality (341.7 per 100,000) in Habersham are lower than the rates in Georgia (57.4 and 375.0 per 100,000, respectively).

The teen pregnancy rate in Habersham County decreased from 2009-2013, but is slightly higher than the state level rate of pregnancy among this age group. Based on 2015 County Health Rankings data, the rate of teen births is 56 per 1,000 in Habersham, in comparison to 45 per 1,000 in GA. On the other hand, the morbidity rate for STDs of 258.7 per 100,000 in Habersham County is lower than Georgia's 624 per 100,000. However, the number of STD cases in Habersham increased from 77 in 2008 to 112 in 2013.

Health Care

Nearly one-third of adults in Habersham were uninsured, in comparison to 26% of adults in Georgia. Twelve percent of children in Habersham were without health insurance, which is also higher than the overall Georgia rate of 9.1%. Approximately 42% of children have public health insurance. Sixteen percent of the population could not see a doctor due to costs.

Leading Causes of Death

The top ten causes of death in Habersham are similar to the top ten causes of death in Georgia and include cancer, Alzheimer's disease, cardiovascular disease, diabetes, and mental and behavioral disorders (Table 3). The infant mortality rate in Habersham in 2013 was 10.4 per 1,000 live births, in comparison to the Georgia infant mortality rate of 7.2 per 1,000 live births. SIDS was the leading cause of infant mortality in Habersham County from 2010-2014. For children between the ages of 5 and 9 and adults ages 20-34 years old, motor vehicle crashes were the leading cause of death. Ischemic heart and vascular disease was the leading cause of death for adults ages 35-64, as well as, adults older than 75 years old. For adults between the ages of 65-74, lung, trachea, and bronchial cancers were ranked as the number leading causes of death.

Accidental poisoning and exposure to noxious substances were not overall leading causes of death in Habersham County, but were ranked among the top ten leading causes of death among certain age groups, according to OASIS. For example, 20-34 years old, accidental poisoning and exposure to noxious substances were the second leading causes of death. Accidental poisoning and exposure to noxious substances were ranked as the ninth leading cause of death among 35-44 year olds and the third leading cause of death among 45-54 year olds.

Table 3. Top ten causes of death in Habersham County

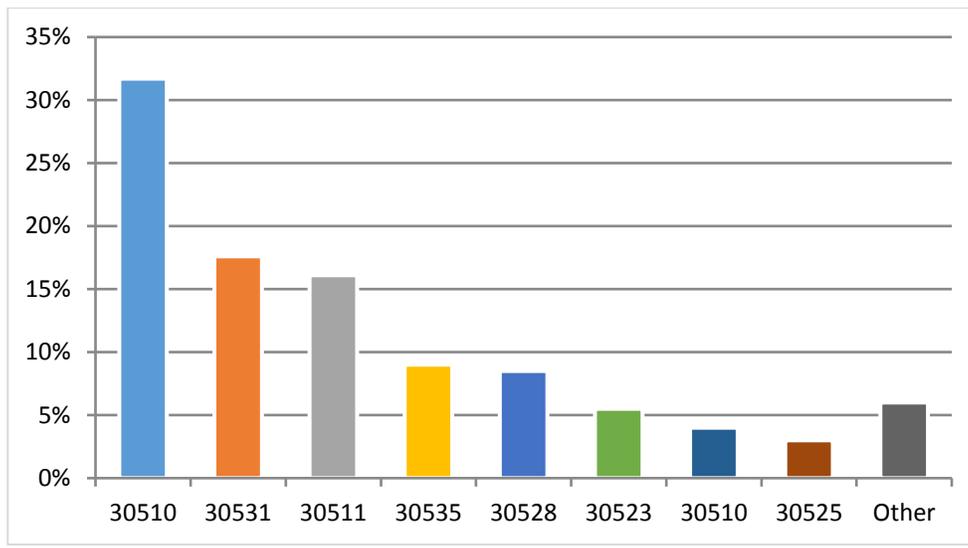
Top 10 Causes of death in Habersham County	
1	Heart Disease
2	Trachea, Bronchus, and Lung Cancer
3	All COPD, Except Asthma
4	Alzheimer's Disease
5	Cerebrovascular Disease
6	All other mental and behavioral disorders
7	Pneumonia
8	Colon, Rectum, and Anus Cancer
9	Diabetes
10	Breast Cancer

Community-Based Survey

The following section presents the results from the community survey.

Survey Demographics

Figure 1. Percent of survey respondents by zip code



Community members completed a total of 207 surveys, either in person or online. The largest percentage of survey respondents resided in the following zip codes: 30510 (31%), 30531 (17%), 30511(16%), and 30535 (9%). The majority of survey respondents were women (72%) (Figure 1). Nearly 70% of survey respondents were also married. In addition, the majority of survey respondents were non-Hispanic White (97.5%), one percent of respondents were Black/African American or selected “Other”, and 0.5% were Hispanic/Latino. The race/ethnicity of respondents that completed the survey is similar to the US Census data for Habersham County, showing the race/ethnicity demographics of survey respondents were representative of Habersham Medical Center’s service area.

Survey respondents reported higher education and household income levels in comparison to the county level demographics. Over 60% of survey respondents had completed a Bachelor’s degree or higher, in comparison to 17.1% of the overall population in Habersham County, based on Census data. Sixty five percent of survey respondents reported a household income of \$55,000 or more with 30.3% reporting a household income of \$100,000 or more (Table 4).

Table 4. County-level comparison of survey respondent demographics and U.S. Census 2014 data

Demographics	Survey Population	Census
Gender (% Female)	72.2%	52.6%
Age (% 65 and older)	25.4%	17.4%
Race	97.5% White 1.0% African American	90.7% White 4% African American
Education (% Bachelor’s degree or higher)	62.5%	17.1%

Information Gaps

Based on the respondents' demographics, the survey sample may not have been completely representative of Habersham Medical Center's service area, with a possible skew towards the opinions of women and community members with higher education and income levels.

Community Perception

This section describes community member's perceptions of the most important health problems and ways to improve the health of the community.

Table 5. Top five most important health problems	
Health Problem	% of Respondents
Drug Abuse (illegal and/or prescription)	56.0%
Overweight/Obesity	37.0%
Mental Health Problems	24.0%
Heart Disease	24.0%
Cancer	23.5%

Among community members who completed the survey, drug abuse, which includes both legal and illegal drugs, was identified as the most important health problem in the community (56%), followed by overweight and obesity (37%). Mental health, heart disease, and cancer were reported by approximately 24% of respondents.

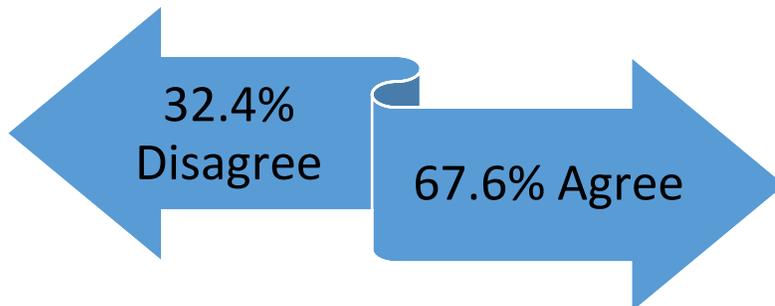
Table 6. Most important things to improve the health of the community	
Responses	% of Respondents
Not abuse drugs (illegal and/or prescription)	57.5%
Exercise	47.0%
Eat well	43.5%
Not use tobacco	28.5%
Graduate from high school	28.0%
Follow medical advice	28.0%

Community members were asked to select the three most important things that people could do to improve the health of the community. Survey respondents often selected more than three items and all responses were included in the analysis. Respondents most often selected not abusing drugs (57%) as one of the most important things to improve the health of the community. Nearly 50% of respondents selected exercising, followed by eating well (43.5%). Approximately 29% of respondents selected not using tobacco as one of the most important things to improve the health of the community. An equal percentage of respondents selected graduating from high school and following medical advice (28%).

Table 7. Top areas that would improve health of community	
Responses	% of Respondents
Improve access to health care	62.6%
Mental health services	48.7%
Services for seniors	39.0%
Transportation	36.9%
Urgent care	33.3%

Community members were also asked about the top areas that would improve the health of the community. Similarly, respondents often selected more than three responses to this question. All responses were included in the analysis. The majority of respondents (62.6%) reported that improving health care was a top area that would improve the health of the community. Community members who completed the survey also reported mental health services (48.7%), transportation (36.9%), services for seniors (39.0%), and urgent care (33.3%).

“We have a strong health care system in our community.”



Survey respondents were asked the extent to which they believed there was a strong health care system in the community. Of the respondents that answered this question (n = 201), the majority either agreed (53.2%) or strongly agreed (14.4%) that there was a strong health care system in their community.

Personal Health and Health Care

This section describes the health and health care seeking behaviors of the survey respondents. Survey respondents were asked about their overall health status, health care seeking behaviors, barriers to accessing care, and prevention behaviors.

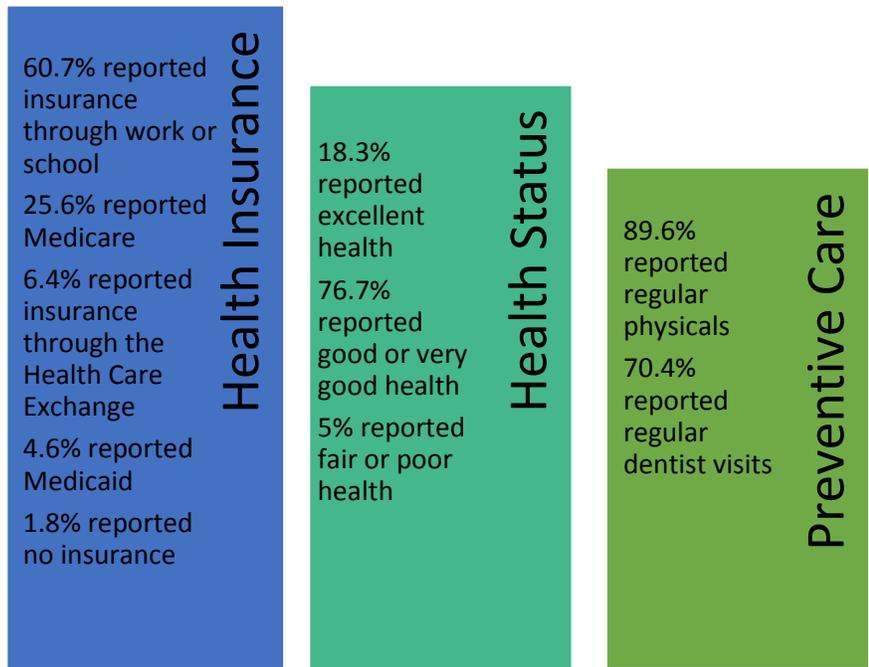


Table 8. BMI categories for survey respondents (N = 182)

BMI Category	% of Respondents
Underweight	1.1%
Normal	32.4%
Overweight	35.2%
Obese	31.3%

The body mass index (BMI) was calculated for survey respondents who provided weight and height. About one-third of survey respondents (32.4%) were normal weight, according to BMI calculations. More than 66% of respondents were classified as either overweight or obese.

Table 9. Where are you most likely to go for care when you or someone in your household is ill?

Responses	% of Respondents
My doctor’s office	87.1%
Urgent care facility	21.9%
Emergency room	15.4%

When asked about health care facilities, the majority of survey respondents (87.1%) reported that they were most likely to go to their doctor’s office for health care when they, or someone else in their family, were ill. Nearly 22% of respondents also reported going to urgent care and 15% reported going to the emergency room.

In addition, 19.9% of respondents (n = 201) reported there was a time in the past 12 months when they avoided filling a prescription because they could not afford the cost.

Responses	% of Respondents
I have not had any barriers	50.3%
Work hours	20.1%
Cannot afford copays or deductibles	20.1%
Cannot get a timely appointment	17.6%
Medical professional will not take my health insurance	8.5%

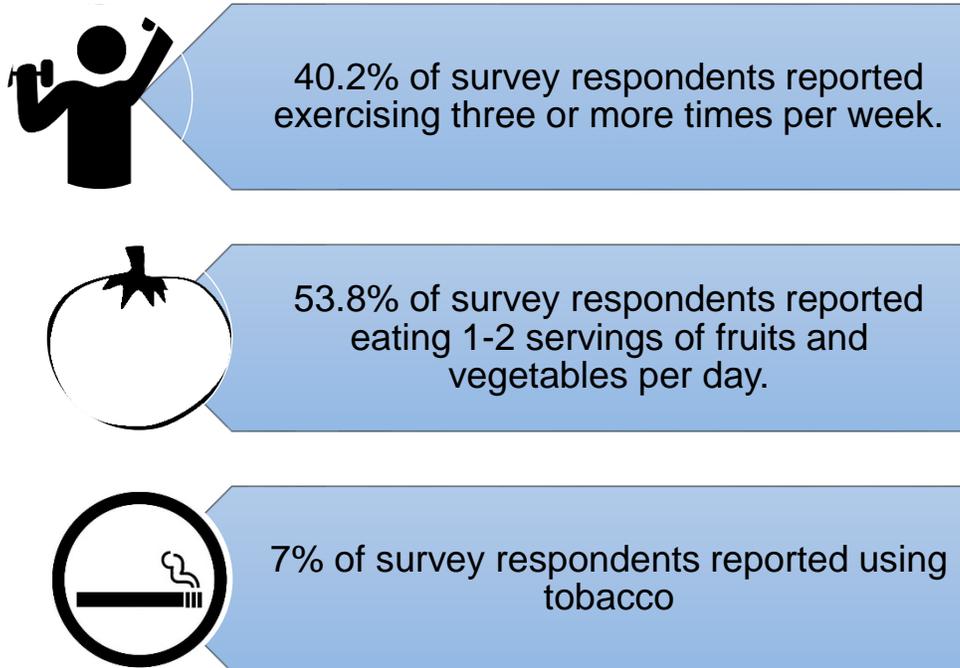
Among community members who completed the survey, 50.3% reported they had no barriers to accessing care. Survey respondents most often reported work hours and the cost of copays or deductibles as a barrier to accessing care (20.1%). Nearly 18% of respondents reported not being able to get a timely appointment. Issues with health insurance were also reported, as 8.5% of respondents reported having a medical professional who does not accept their health insurance as a barrier.

Health Problem	% of Respondents
High blood pressure	50.3%
Overweight/Obesity	42.2%
Aging problems	37.3%
Diabetes	21.1%
Heart Disease, stroke, heart failure	17.4%
Cancer	17.4%

When asked about the top health conditions experienced, survey respondents most often reported they, or other members in their household, were diagnosed with chronic diseases. Similarly, chronic diseases were also reported among the most important health problems in the community, as described earlier in this report. For example, 50.3% of respondents reported either they or someone else in their household had high blood pressure, 42.2% reported overweight or obesity, 21.1% reported diabetes, and 17.4% reported heart disease and cancer. Aging problems were also among the top health issues experienced, as reported by 37.3% of respondents.

Health Behavior Habits

This section describes the health related behaviors reported by survey respondents and includes information on practices such as alcohol consumption, tobacco use, fruit and vegetable consumption, food security, and exercise.



Twenty seven percent of respondents reported exercising either occasionally, 1-2 times per week, or 3-4 times per week. Thirteen percent of respondents reported exercising 5 or more times per week. Approximately 6% of respondents reported no exercise at all.

Nearly 54% of respondents reported eating 1-2 servings of fruits and vegetables per day. Forty percent reported eating 3-4 servings per day and 1.5% reported eating zero servings per day. Only 4.5% reported eating five or more servings of fruits and vegetables per day, as recommended.

Only 7% of survey respondents reported tobacco use (n=201). Of those respondents who reported tobacco use, cigarettes/cigars/pipes were the most commonly reported tobacco product used (78.5%), followed by chewing tobacco (14.3%).

Table 12. How often in the past 30 days have you felt, down, depressed, or hopeless (n = 202)

Frequency	% of Respondents
Never	29.7%
Rarely	40.1%
Sometimes	26.2%
Almost always	3.5%
Always	0.5%

Survey respondents were asked, “How often in the last month did you feel down, depressed, or hopeless?” Of those that responded to this question (n = 202), approximately one third reported

never feeling down, depressed, or hopeless in the past 30 days. Forty percent of respondents reported rarely and 26.2% reported sometimes feeling down, depressed, or hopeless in the last month. Less than 5% reported almost always feeling depressed and less than 0.5% reported always feeling depressed in the last month. Less than half (45.9%) percent of women who completed the survey (n = 146) responded completing monthly breast exams.

Hospital Use

This section describes hospital use among community members who completed the survey.

Table 13. Hospital locations used (n = 198)	
Responses	% of Respondents
We haven't been to the hospital in the last 24 months.	20.7%
We only used Habersham Medical Center.	55.1%
We used other hospitals.	34.8%

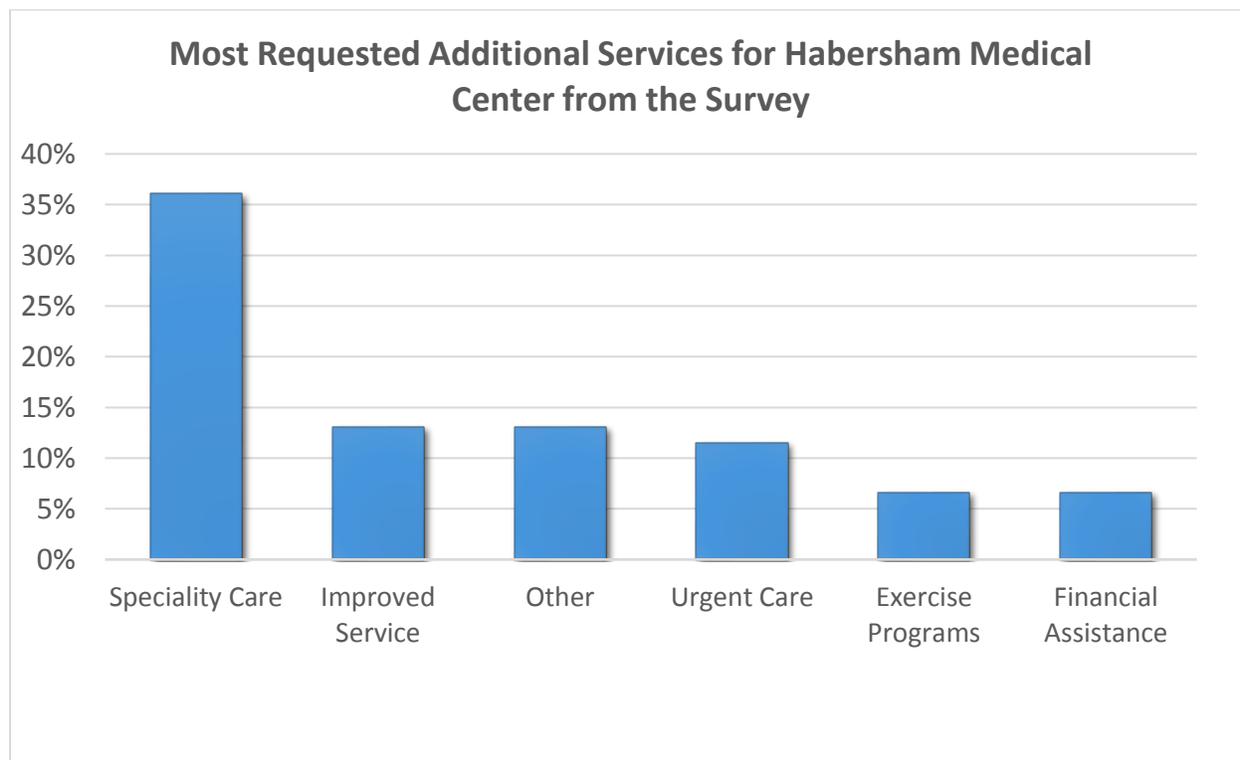
Almost 21% of respondents (n=198) reported that they did not use a hospital in the last 24 months. Of the survey respondents who reported hospital use, 55% reported they used Habersham Medical Center and nearly 35% reported they used other hospitals.

Table 14. Reasons for using hospital other than Habersham Medical Center	
Reason	% of Respondents
Specialty care	46.3%
Physician referral	37.5%
Quality of doctors	38.8%
Quality of care	32.5%
Quality of nursing staff	18.8%

Overall, community members completing the survey reported satisfaction with Habersham Medical Center, with 80% of respondents who used the hospital (n=141) reporting satisfaction with the services. The two most commonly reported reasons for using other hospitals was to access specialty care (46.3%) and physician referral (37.5%). The remaining reasons commonly reported were related to the quality of care and services received at Habersham Medical Center. For example, 38.8% reported quality of doctors, 32.5% reported quality of care, and 18.8% reported quality of nursing staff as reasons for using other hospitals.

Table 15. Top five reported services used at Habersham Medical Center	
Type of service used	% of Respondents
ER	46.8%
Radiological imaging	42.3%
Laboratory	26.3%
General outpatient surgery	22.4%
Exercise fitness facility	7.1%

Eighty eight percent of respondents (n = 104) reported they were able to get an appointment with a primary care physician when needed.



Survey respondents most often requested additional specialty services for Habersham Medical Center (36%). The request for additional specialty services included more specialists, in general, and as well as specific specialties, such as pediatrics, cardiac care, endocrinology, urology, and women’s health. Respondents also requested improved customer service or patient care, urgent care, community exercise programs, and assistance with hospital bills and insurance. “Other” services included better lighting and better sanitation in the hospital and increasing the number of doctors in the hospital.

Focus Groups and Key Informant Interview

A focus group of 10 participants was conducted to gain an understanding of community perceptions related to health, access to healthcare and barriers to care. Participants included: school nurses, the health department, elected officials, nonprofit directors, hospital staff and retirees from Habersham County. The focus group was held at Habersham Medical Center on February 19, 2016, 2016 at 4:00 pm.

Data from the qualitative data collection are valuable to understanding the community’s perceptions of strengths, challenges, and opportunities for growth. The key findings from the focus group are outlined in this section.

Community Assets

Participants were asked questions related to community strengths, access to healthcare services and challenges to addressing health concerns. When asked about community assets, participants

listed a number of resources. As identified by the participants the community assets were: Habersham Medical Center, the health department, the parks and recreation department, community-based organizations, and the Chamber of Commerce. One focus group participant stated that, “for this size community to have a hospital like this and with this breadth of services is unheard of. If you go around the state to similar communities, you are not going to have this.” This information highlights that community members recognize a number of assets within their community.

Community Health Challenges

In addition to listing community assets, participants discussed the major health challenges in the community. These challenges include substance abuse, lack of adequate mental health services, childhood obesity, and education related to physical activity and nutrition. Participants also emphasized that the health challenges in their community span across all populations, regardless of age, ethnicity, or income level.

Recommendations for addressing community health challenges

As participants were able to identify major health challenges within the community, they also offered a variety of suggestions for addressing these challenges. Recommendations on ways to address childhood obesity included continuing programs like the Farm to School initiative. Participants also discussed in detail the need to inform community members of available resources. According to one participant,

“[It is] almost like a website that would help plug us into who we are, what we do and how can we help - you know, what's our target population because I believe there's more than what we've shared here today that could benefit our families and so ... we each possible have our own resource guide but sharing that resource guide ... what's available and who can go to it and how it works and us each keeping it up to date and active would be beneficial.”

In the past, this has been done through United Way, as well as a program developed by 4-H to create a small community resource guide.

Access to health services

Community members travel to a number of places to access health care services. In addition to Habersham Medical Center and community mobile units, health care facilities in Gainesville, Athens, and Atlanta were recognized as alternatives for accessing specialty care services.

Barriers to accessing health care services

When considering recommendations for addressing health challenges and access to health care services, focus group participants acknowledged that there were a number of barriers to accessing these services. Transportation barriers were discussed extensively by participants. Language barriers, an inability to take time off from work, and education were also identified as key barriers to accessing healthcare. Participants stated the following:

“We've got a huge problem with transportation with our youth at risk. You'd be surprised with the number that the minute that they turn 16 they know they need to go to work to

help support their family and they don't have a car, they don't have insurance, they don't have a license and so that's a tremendous need there.”

“Well, sometimes parents don't feel like they can miss work because they're afraid they'll get fired so they don't want to take off to take them to the doctor because they don't want to lose their jobs so that's an issue too for some.”

According to participants, some barriers are structural—such as the availability of transportation services, while others are related to economics.

Additional services offered by Habersham Medical

Finally, when asked what additional services community members would like to see offered at Habersham Medical Center, participant responses included an increase in pediatric care, geriatric services, affiliations with larger hospitals, and telemedicine. Participants shared the following suggestions in reference to expanding or enhancing services offered by Habersham Medical:

“I'd like to see our hospital affiliate with a larger hospital so that if we can't get the specialist here we can at least share their specialists and its pediatrics, its geriatrics, it's all sorts of different things that we could be using this facility to share with so that our—the people that are actually paying for this hospital will use this hospital instead of going away.”

“More and more communities are going to telemedicine kinds of things, particularly for their children.”

“It would be nice if we could offer something for our veterans or affiliate with something like that for them.”

According to the focus group attendees, it is not expected that Habersham Medical Center will provide every service needed by community members. However, affiliating with other hospitals and investing in programs such as telemedicine, can create a more streamlined and continuous process of care for those who need it most.

The qualitative data in this section highlight the voices of the community as they pertain to health needs and services. The findings also emphasize the resources that community members are aware of and changes that can be made to improve community health outcomes. Finally, these data support previous secondary and survey data related to health disparities and access to care with Habersham County.

Prioritization Strategy (Space holder)

Careful consideration was given to projects that the hospital could address with limited staff, available funding and other resources. While Habersham Medical Center has and will continue to lead the need for health improvement in the service area, hospital leadership also recognizes that many health and health-related issues stem from personal choice and behaviors. Therefore, the best use of resources should be used to assist in providing enhanced community education and encourage partnerships with local organizations with similar interests.

The main issues to be addressed included:

1. **Substance Abuse** – drugs and alcohol
2. **Obesity/lack of physical activity** – which can cause major health issues like heart disease, cancer and diabetes – some of the top causes of death within the service area.
3. The **infant mortality rate** in Habersham in 2013 was 10.4 per 1,000 live births, in comparison to the Georgia infant mortality rate of 7.2 per 1,000 live births. This again could be related to substance abuse, obesity and large minority population/language barriers.
4. **Hospital Enhancement:** The request for additional specialty services included more specialists, in general, and as well as specific specialties, such as pediatrics, cardiac care, endocrinology, urology, and women’s health. Respondents also requested improved customer service or patient care, urgent care, community exercise programs, and assistance with hospital bills and insurance. “Other” services included better lighting and better sanitation in the hospital and increasing the number of doctors in the hospital.

Implementation Strategy **(Space holder)**

Examples of ways each area will be addressed include:

1. **Substance Abuse:**
 - Work with the local drug prevention program, Saving Habersham, to help educate the community through a link on the hospital website.
 - Provide information on the local drug prevention program, Saving Habersham, on the Get Healthy Habersham website.
 - Provide handouts in the Habersham Medical Center Emergency Department.
2. **Obesity/lack of physical activity:**
 - Host a community health fair at the Ruby Fulbright Aquatic Center/Recreation Department.
 - Promote the recreational opportunities on the Get Healthy Habersham website.
 - Encourage the local workforce the importance of healthy eating and exercise through an e-newsletter distributed to the Habersham Medical Center WorkWise Occupational Health clients.
3. **Infant Mortality Rate:**
 - Discussion with local Obstetric physicians and midwives for suggestions.
 - Community education (in English and Spanish) on importance of prenatal care.
 - Community education (in English and Spanish) on effects of drug use, smoking, etc. and infant mortality.
4. **Hospital Enhancement:**
 - Recruit additional specialists based on available resources and community need and promote throughout the community.
 - Continue to further discussions on partnerships with larger health care systems.
 - Promote SilverSneakers Exercise Program and other exercise programs offered by Total Fitness, Habersham Medical Center’s fitness facility.

- Promotion of the hospital's patient satisfaction scores.
- Promote phone number and email address for hospital bill and insurance assistance.
- Promote Community Resources in the Emergency Department to help ease the burden of the insured and misuse of the Emergency Department for non-urgent care.

APPENDIX

Appendix A. Focus Group Guide

Habersham Medical Center - Habersham County Community Health Needs Assessment Focus Group Facilitator Guide

Principal Investigator: Marsha Davis, PhD
College of Public Health
(706) 542-4369
davism@uga.edu

1. **What are some of your community's assets and strengths related to the health of community residents? (*In other words, what are we doing well with respect to the health of our community?*)**
 - Probe: Can you name a few community resources/assets that promote health and wellness?
 - Probe: Are there any specific things that people in your community do to help them stay healthy?
2. **What would you say are the biggest health problems in the community?**
 - Probe: Obesity, heart disease, diabetes, mental health, substance abuse, dental problems health, etc.
 - Follow up: Are there any specific groups of people who are impacted by these health problems (e.g. age groups, socioeconomic groups, sections of town)?
3. **For community members who have chronic conditions (e.g. diabetes, obesity, heart disease), how well do you think they are managing these health problems?**
 - Probe: How to people manage their heart disease, mental health, substance use etc.?
 - What are some of the challenges to managing health problems in your community?
4. **What suggestions or recommendations do you have for addressing the health issues you mentioned?**
 - What community resources are available to help your community address their health problems?
 - What resources are needed?
5. **Where does the community usually get health care services when they need it? (*In other words, where have you gone and/or where do people go for health care?*)**
 - Probe: What about specialty care? Where do people go for it?
 - Probe: What about mental and behavioral health care? Where do people go for it?
 - Follow up: In general, where do uninsured and underinsured individuals go when they need health care?

- 6. What are the biggest barriers that keep people in the community from accessing health care? (e.g. Insurance, availability of providers, transportation, cost, language/cultural barriers, accessibility, awareness of services)**
 - Follow up: What about access to dental and vision care? What about mental health services?

- 7. On a scale of 1 to 10, with 1 being the worst, 5 being average, and 10 being the best, how would you rate Habersham Medical Center? Consider things like the quality of services, ease of getting an appointment, range of services provided, and overall satisfaction.**
 - Follow-up: Why did you choose this rating?
 - Follow-up: How can this rating be improved?

- 8. What additional services, if any, would you like to see provided at Habersham Medical Center?**

Is there anything we haven't covered in this discussion that you think is important?

Appendix B. Consent Form

UNIVERSITY OF GEORGIA CONSENT FORM HABERSHAM COUNTY - COMMUNITY HEALTH NEEDS ASSESSMENT

CHNA Team Statement

We are asking you to take part in a focus group as a part of the Habersham County Community Health Needs Assessment (CHNA). Before you decide to participate in this group, it is important that you understand why it is being done and what it will involve. This form is designed to give you the information about the CHNA so you can decide whether to be in the study or not. Please take the time to read the following information carefully. Please ask the focus group facilitators if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want to be in the focus group or not. This process is called “informed consent.” A copy of this form will be given to you.

Principal Investigator: Marsha Davis, PhD
University of Georgia, College of Public Health
706.542.4369 or davism@uga.edu

Purpose of the Study

The Habersham County Community Health Needs Assessment is being conducted to collect information about your community’s needs, assets and resources.

Study Procedures

If you agree to participate, you will be asked to ...

- Participate in a 1-hour focus group with other community members. This focus group will ask you about the available needs and resources in your community.

Risks and discomforts

- We do not anticipate any risks from participating in this group.
- However, your name will not be used in any reports or study documents.

Benefits

- By participating in this group, you will help us learn valuable information about your community, including the resources that are currently available and areas where the community may need more assistance.

Audio/Video Recording

Focus groups will be audio recorded for the purpose of making sure that we collect all important information that is shared. The Research Assistants will listen to these recordings and make notes based on the information you provide. Your name will not appear on any of the notes and the recording will be destroyed within one year after the Habersham County CHNA is completed.

Please provide initials below if you agree to have this interview audio recorded or not. You may still participate in this study even if you are not willing to have the interview recorded.

_____ I do not want to have this interview recorded.
_____ I am willing to have this interview recorded.

Privacy/Confidentiality

The audio recordings will be stored securely at the University of Georgia’s College of Public Health. No one will have access to these recordings other than the Habersham County CHNA team.

The project’s records may be reviewed by departments at the University of Georgia responsible for regulatory and project oversight.

The Habersham County CHNA Team will not release identifiable results of the study to anyone other than individuals working on the project without your written consent unless required by law.

Taking part is voluntary

Your involvement in the group is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled.

If you decide to stop or withdraw from the group, the information/data collected from or about you up to the point of your withdrawal will be kept as part of the data and may continue to be analyzed.

If you have questions

The main faculty lead conducting this study is Marsha Davis, a professor at the University of Georgia. Please ask any questions you have now. If you have questions later, you may contact Dr. Davis at davism@uga.edu or at (706) 542-4369. If you have any questions or concerns regarding your rights as a focus group participant you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

Subject’s Consent to Participate in Focus Group:

To voluntarily agree to take part in this focus group, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire consent form, and have had all of your questions answered.

Name of Facilitator

Signature

Date

Name of Participant

Signature

Date

Please sign both copies, keep one and return one to the focus group facilitator.

Appendix C. Focus Group Participants

- Barbara Duncan—*Habersham Medical Center Staff*
- April James—*Habersham Medical Center Staff*
- Commissioner Andrea Harper—*Habersham County Commission*
- Blake Foster—*Habersham United Believers*
- Nancy Rithmire—*Habersham County Schools*
- Karen Clements—*Habersham County Schools*
- Andrea Thomas—*Habersham County Schools*
- Kurt Cooper—*Habersham County Recreation Department*
- Jerry Wise—*Habersham Medical Center Staff / CEO*
- Jennifer Stein—*Prevent Child Abuse Habersham*
- Rick Story—*University of Georgia, Archway Partnership*
- Sue Chapman, Ed.D.—*University of Georgia, Archway Partnership*
- Marsha Davis, Ph.D.—*University of Georgia, College of Public Health*

Appendix D. Community Health Survey

YOUR COMMUNITY

1. In the following list, what do you think are the **three** most important “health problems” in our community?

Check only three:

- Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- Alcohol abuse
- Alzheimer’s/Dementia
- Asthma
- Cancer
- Child abuse/neglect
- Dental problems
- Diabetes
- Drug abuse (illegal and/or prescription)
- Firearm-related injuries
- Heart disease, stroke, heart failure
- Hypertension/high blood pressure
- HIV/AIDS
- Infectious diseases (e.g., flu, hepatitis, TB, etc.)
- Mental health problems (depression, bipolar disease, anxiety)
- Motor vehicle crash injuries
- Overweight/obesity
- Prenatal and infant health
- Rape/sexual assault
- Respiratory/lung disease (e.g., COPD)
- Sexually transmitted diseases (STDs)
- Suicide
- Teenage Pregnancy
- Other: _____

2. What are the **three** most important things that people could do that would improve the health of our community?

Check only three:

- Not abuse alcohol
- Graduate from high school
- Exercise
- Eat well
- Not abuse drugs (illegal and/or prescription)
- Follow medical advice (e.g., visits to doctor's offices, taking medication)
- Get maternity care
- Get immunizations ("shots" to prevent disease)
- Not use tobacco
- Use birth control
- Use seat belt/child safety seats
- Be tolerant of everyone regardless of race or ethnicity
- Have save sex
- Secure firearms
- Other: _____

3. What are the top three areas that would improve the health of the community?

*Check only **three**:*

- Improved access to health care
- Services for the disabled
- Transportation
- Mental health services
- Prenatal health care services
- Bilingual health care providers
- Hospice
- Urgent care
- Services for seniors
- Other: _____

4. We have a strong health care system in my community. Do you strongly agree, agree, disagree or strongly disagree with that statement?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

YOU AND YOUR HEALTHCARE

1. Please rate your overall health status.
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

2. Do you get regular physicals and/or healthcare?
 - Yes
 - No

3. Where are you most likely to go for care when you or someone from your household is ill?
*Check **all** that apply.*
 - My doctor's office
 - Emergency Room (ER)
 - Urgent care facility
 - Health department
 - Community health clinic
 - School nurse's office
 - I do not go to one specific place regularly

4. What type of health insurance do you have? *Check **all** that apply.*
 - Medicaid
 - Medicare
 - Managed Medicaid (Wellcare, AmeriGroup, PeachCare)
 - Health care exchange (Affordable Care Act)
 - Insurance through school or work
 - I do not have health insurance.

5. Was there a time in the past 12 months, when you avoided filling a prescription because you couldn't afford to do so?
 - Yes
 - No

6. What barriers, if any, keep you or other people in your household from accessing health care?
*Check **all** that apply.*
 - Transportation
 - Work hours
 - School demands
 - No health insurance
 - Medical provider will not take my health insurance

- Cannot afford co-pays or deductibles
- Cannot get a timely appointment
- Childcare issues
- Caregiver issues
- Undocumented status
- Other: _____
- I have not had any barriers to accessing healthcare.

7. Has a healthcare provider ever told you or someone else in your household that you have any of the following conditions? *Check **all** that apply.*

- Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- Alcohol abuse
- Alzheimer's/Dementia
- Asthma
- Cancer
- Dental problems
- Diabetes
- Drug abuse (illegal and/or prescription)
- Heart disease, stroke, heart failure
- Hypertension/high blood pressure
- HIV/AIDS
- Infectious diseases (e.g., flu, hepatitis, TB, etc.)
- Mental health problems (depression, bipolar disease, anxiety)
- Overweight/obesity
- Respiratory/lung disease (e.g., COPD)
- Sexually transmitted diseases (STDs)
- Other: _____

8. Do you see a dentist regularly (at least twice a year)?

- Yes
- No

YOU AND YOUR HEALTH HABITS

1. How often do you exercise?

- Not at all
- Occasionally
- 1-2 times each week
- 3-4 times each week
- 5 or more times each week

2. Do you use tobacco products?

- Yes
- No

3. Which tobacco products do you use?
*Check **all** that apply.*

- Cigarettes/cigars/pipe
- E cigarettes
- Chew tobacco
- Dipping tobacco
- Dissolvable tobacco

4. During the last 30 days, did you have at least one drink of any alcoholic beverage?
One drink = one can of beer, one glass of wine, bottle of wine cooler, one cocktail, or one shot of liquor.

- Yes
- No

5. On the days you drank alcohol, about how many drinks did you have on average?

- 1 drink
- 2-3 drinks
- 4-5 drinks
- 6 or more drinks

6. How often do you buckle your seat belt when you are driving or riding in a car?

- Never
- Rarely
- Sometimes
- Almost always
- Always

7. How often, in the past 30 days, have you felt down, depressed, or hopeless?

- Never
- Rarely
- Sometimes
- Almost always
- Always

8. How many servings of fruits and vegetables do you eat each day? (1 serving = ½ cup cooked vegetables, 1 cup salad, 1 piece fruit, ¾ cup 100% fruit juice).

- 0
- 1-2
- 3-4
- 5 or more

9. How tall are you? _____ feet _____ inches

How much do you weigh? _____ pounds

10. Have you or your family not eaten when you were hungry or skipped a meal because there was not enough money to buy food?

- Yes
- No

11. Where do you get food for your household? *Check **all** that apply.*

- Grocery Store
- Farmers market
- Home garden
- Community garden
- Food bank/Pantry
- Senior meal site
- Fast food restaurant
- Gas stations/convenience stores
- Church/community organization
- Other (Please specify): _____

12. For you, what are the main problems, if any, in getting the foods you need? *Check **all** that apply.*

- Cost of food
- Quality of food
- Time for shopping
- Distance to the store
- Safety
- Other (Please specify): _____
- I don't have any problems getting food I need.

WOMEN ONLY:

13. Do you do a monthly breast self-exam?

- Yes
- No

YOUR HOSPITAL USE

1. Which of the following hospitals have you or anyone in your household visited in the last two years? *Check **all** that apply*

- We haven't been to the hospital in the last 24 months.
- We used **Habersham Medical Center**
- We used other hospital(s). Please list the city or cities where the hospital(s) was located.

2. Why did you use other hospitals?

- Physician referral
- Closer, more convenient
- Health insurance
- Quality of care
- Quality of doctors
- Quality of nursing staff

- Availability of specialty care
- Other (Please specify):

3. If you went to **Habersham Medical Center** in the last two years, what hospital services were used? *Check **all** that apply.*

General Services

- Cardiovascular services
- Emergency room (ER)
- EMS/Ambulance Services
- Family birth center
- General and outpatient surgery
- Imaging services
- Inpatient care
- Intensive care unit
- Laboratory

Prevention/Wellness

- Cardiac rehabilitation
- Physical, speech and occupational therapy
- Pulmonary rehabilitation
- Stroke support group
- Total fitness exercise facility
- Wellness center
- Wellness classes
- WorkWise occupational health

Specialty Services

- Habersham Home Long-term Care

- HCMC Home Care
- Pain Management Clinic
- Prime Care Non-Urgent Clinic
- Sleep Disorders Center
- Other services used at Habersham Medical Center (Please specify):

- Don't know/can't remember
- I did not go to Habersham Medical Center

4. Were you or someone else in your household satisfied with the services you received at **Habersham Medical Center**?

- Yes
- No

5. Have you or someone else in your household been to a primary care (family) doctor, physician assistant, or nurse practitioner in **Habersham Medical Center** in the last two years?

- Yes
- No

6. Are you able to get an appointment with the primary care (family) doctor or physician assistant or nurse practitioner at **Habersham Medical Center** when you need one?

- Yes
- No

7. What services or programs would you like to see offered at **Habersham Medical Center**?

Answer: _____

ABOUT YOU

- | | |
|---|---|
| 1. What is your gender?
<input type="radio"/> Male
<input type="radio"/> Female | 2. How old are you? _____ years |
| 3. What is your ethnicity/race?
<input type="radio"/> White, Non-Hispanic
<input type="radio"/> Black/African-American
<input type="radio"/> Hispanic/Latino
<input type="radio"/> Asian/Pacific Islander
<input type="radio"/> American Indian/Alaskan Native
<input type="radio"/> Other: _____ | 4. What is your marital status?
<input type="radio"/> Single/Never married
<input type="radio"/> Married
<input type="radio"/> In a relationship/Living together
<input type="radio"/> Separated
<input type="radio"/> Divorced
<input type="radio"/> Widowed |
| 5. What is the number of people in each age group who live in your household? Include yourself. | |

Age range	Number in household
0-5 years	
6-12 years	
13-17 years	
18-65 years	
65+ years	

6. What is your highest level of education?

- Less than High School
- High School *or* GED
- Technical School/Associates Degree (2 years)
- Some College
- College graduate
- Advanced degree (masters, doctorate, MD, JD)

7. What best describes your current employment status? *Check **all** that apply.*

- Employed, full-time
- Employed, part-time
- Going to school
- Working in the home/homemaker
- Retired
- Self-employed
- Unemployed

8. What is your yearly household income?

- Under \$15,000
- \$15,000 to \$34,999
- \$35,000 to \$54,999
- \$55,000 to \$74,999
- \$75,000 to \$100,000
- Over \$100,000

9. What benefits are you receiving? *Check **all** that apply.*

- TANF (Temporary Assistance for Needy Families)
- SSI (Supplemental Security Income)
- Food stamps/SNAP
- Disability insurance
- Medicare
- Medicaid
- Childcare assistance

- WIC
- Unemployment
- No benefits

10. What is the zip code where you live most of the time?

- 30510
- 30511
- 30523
- 30525
- 30528
- 30531
- 30535
- 30563
- 30571
- 30577
- Other: _____

Thank you for completing the survey!