EFFINGHAM
HEALTH SYSTEM®

COMMUNITY HEALTH NEEDS ASSESSMENT

Be the change. Lead the change. See the change.

2019 - 2022

EFFINGHAM
HEALTH SYSTEM®

EFFINGHAM HEALTH SYSTEM
459 HIGHWAY 119 SOUTH
SPRINGFIELD, GA 31329
912.754.6451

The Effingham Hospital Inc. Board of Directors approved the 2019-2022 Community Health Needs Assessment and Implementation Plan at their meeting on June 25, 2019.

Patricia Ann Yarbrough
Effingham Hospital Inc.
Board Chairman

The Community Health Needs Assessment (CHNA) Report is widely available to the public and interested parties can view and download it on the Effingham Health System website (www.effinghamhealth.org). Paper copies are available upon request, please contact Joe Tallent at 912-754-0456 or joseph.tallent@effinghamhospital.org.

Prepared by

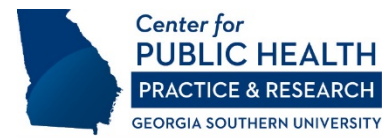The Center for Public Health Practice and Research

Jiann-Ping Hsu College of Public Health

Georgia Southern University

TEAM MEMBERS

Faculty	Bettye Apenteng, Ph.D
	Samuel Opoku, MBChB, Ph.D
	Charles Owens, MSA
	Linda Kimsey, Ph.D
	Angie Peden, MPH
Students	Imaobong Ekpo
	Emmanuel Akowuah
	Devin Hatchett
	Michela Hizine
	Samantha Finn

PARTICIPATING COMMUNITY ORGANIZATIONS

Effingham Health System

Coastal Georgia Indicators Coalition

Effingham County Board of Education

Effingham County School District

Family Connection

Family Promise

Jiann-Ping Hsu College of Public Health, Georgia Southern University

Parent University, Effingham

United Way of the Coastal Empire, Effingham

WellCare Health Plans

YMCA, Effingham County

HOSPITAL STEERING COMMITTEE AND COMMUNITY ADVISORY BOARD

Hospital Steering Committee	Fran Baker-Witt, RN, MBA, LNHA	CEO, Effingham Health System (EHS)
	Joseph Tallent, MHA	Community and Operations Coordinator, EHS
	Al Allred, FACHE	CFO, EHS
	Matthew Moore, MBA	Director, Decision Support/Data Analytics, EHS
Community Advisory Board	Fran Baker-Witt, RN, MBA, LNHA	CEO, Effingham Health System (EHS)
	Joseph Tallent, MHA	Community and Operations Coordinator, EHS
	Gregory J. Rosso	WellCare
	Wanda McDuffie	EMS
	Kim Dennis	Effingham Herald
	Elaine Spencer	Family Connection
	Franklin Goldwire	Parent University/Effingham
	Elise Zielicke	United Way
	Al Allred	EHS
	Wesley Corbitt	ECBC - Chairman
	Fran Baker-Witt	EHS
	Gladys Smalls	Citizen
	Rebecca Boston	FC/TRHC
	Leah Kessler	Family Promise
	Victoria Little	EHS
	Pam Corbitt	Citizen
	Ron Stephens	Quick Rx Pharmacy

PAGE LEFT BLANK INTENTIONALLY

CONTENTS

TABLE OF FIGURES

TABLES

EXECUTIVE SUMMARY

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

The Georgia Southern University team used a mixed method approach in this assessment. The team gained input from the hospital stakeholders and the general community through focus groups, community stakeholder interviews and surveys. Data from secondary sources were also used in assessing the needs of the community. Based on the results, the hospital's Community Advisory Board identified and voted on issues that they identified as key needs of the community. An implementation plan was developed based on these identified needs.

The results from the primary and secondary data analyses suggest that the county's population is growing, increasing more quickly among those over 65 and among non-Hispanic whites. Overall population increased in Effingham County at a rate two times that of the state (14% vs. 7%). Over this period, Effingham County experienced growth across all population sub-groups examined (Table 2). The greatest diversity changes were for non-Hispanic White races and ethnicities, compared to the Non-Hispanic White population. Elderly in the county increased by 44% in 2017, compared to 2010 levels. These population trends are rare among rural counites, as such presents unique opportunities and challenges. It is also important to note that there are significant locations within the greater service area that lag behind those with remarkable growth. Findings reveal more rural communities experience significant challenges including lagging economy, limited employment, lack of transportation and other challenges. (Section 3.4 Community Need Index)

The top 3 needs and goals prioritized by the Community Advisory Board based on the results of the primary and secondary data were:

- ➢ **PRIORITY ONE: Health Care Access**
  - o **GOAL:** To increase access to affordable healthcare options.
- ➢ **PRIORITY TWO: Mental Health and Substance Abuse**
  - o **GOAL**: Improve the mental well-being of Effingham County residents and to reduce substance abuse and misuse in the County.
- ➢ **PRIORITY THREE: Chronic Disease Education and Awareness**
  - o **GOAL:** Increase awareness of healthcare services and resources in Effingham County.

1 PURPOSE

The Center for Public Health Practice and Research at the Jiann-Ping Hsu College of Public Health, Georgia Southern University worked in partnership with Effingham Health System to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of Effingham County. This report summarizes the findings of the CHNA. The report informs the hospital's strategic service planning and community benefit activities as well as fulfils 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.

2 METHODOLOGY

The project team worked with hospital leadership and the community advisory board (CAB) to recruit community members for five focus groups, with an average of seven participants in each focus group. Five key informant interviews were also conducted with representatives of community-based organizations.

In addition to the focus groups, a community survey was administered aimed at assessing local health care access and needs of the people residing in the service area of Effingham Health System (EHS). The community survey was disseminated to residents of the hospital's primary service area with the help of hospital leadership and the Community Advisory Board (CAB). An online version of the survey was also made available to potential respondents via the hospital's website and the websites and social media pages of other community organizations, such as the school system.

Information from these primary data collection efforts was supplemented by secondary quantitative data on community profile, health care access, and utilization. These data were obtained from multiple publicly available sources including the US Census Bureau, the Area Resource File, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), The Georgia Annual Hospital Survey and County Health Rankings. The most recently available data were obtained from all data sources.

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

Data Analysis

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviation. Analyses

were completed using the IBM SPSS Statistics 23 software package. Charts and graphs were created using Microsoft Excel 2013 Software. Qualitative data from the focus groups were analyzed using the NVIVO12 qualitative analysis software.

Ranking Strategic Priorities

The project team facilitated an interactive implementation planning meeting with hospital leadership and CAB members. The top three strategic priority areas were identified using a multi-voting approach. First, a potential list of strategic priority issues based on the CHNA findings was identified through a brainstorming activity. In the first round of voting, participants independently identified their top three strategic priority issues. The list was short-listed based on the number of votes received in this first round of voting. The shortlist was discussed in detail by the group, after which the second round of voting was conducted. Again, participants selected the top three strategic priorities, and votes were tallied, resulting in the elimination of items with the fewest votes. The voting process was repeated until there were only three priorities remaining. These remaining priority areas were identified as the final strategic priority areas for the development of the implementation plan.

Implementation Planning

Development of Goals and Objectives. For each of the top three selected priority areas, participants worked together through discussion and consensus building to articulate the goals, SMART (specific, measurable, attainable, realistic and time-bound) objectives, and measures.

Implementation Plan: Action steps for each objective were delineated, together with the specification of the timeline for completion, and personnel responsible. For the purposes of evaluation and monitoring, targets were specified for each of the objectives.

SERVICE AREA

Effingham Health System serves Effingham County (83.8%), Chatham County (4.9%) and parts of Screven (3.6%), Bulloch (2.5%), Bryan (2.5%) counties. Effingham County makes up the hospital's primary service area.
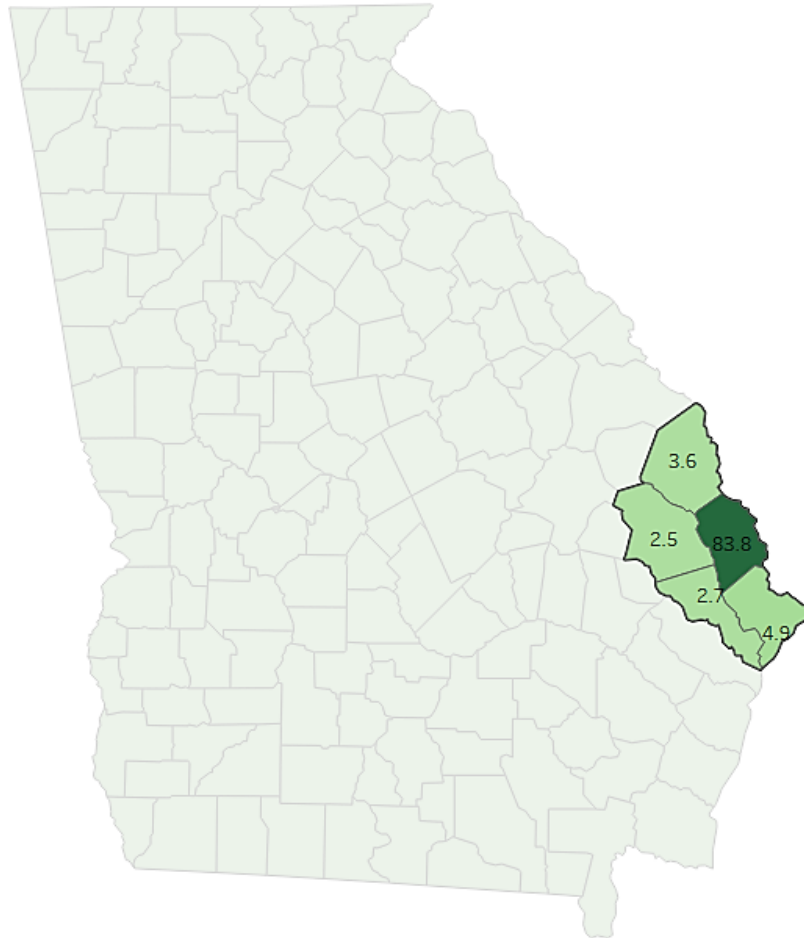
Data source: Inpatient utilization data from the Georgia Annual Hospital Survey, 2017

3 SECONDARY DATA ANALYSIS

3.1 POPULATION DEMOGRAPHICS OF PRIMARY SERVICE AREA

Demographic information for Effingham County (primary service area) is presented in Table 1. The county is less diverse than the state (for example, the % Non-Hispanic White is 79% for the county and 53% for the state). The proportion of the elderly population in Effingham County (12%) is lower than the state proportion of 14%. About 10 percent of the county's population lives in poverty, lower than the state proportion of 16% (Table 1).

Table 1. Population Demographics, Effingham County, 2017.

Indicator	Effingham	Georgia
Population	59,982	10,429,379
% below 18 years of age	26.4	24.1
% 65 and older	11.5	13.5
% Non-Hispanic African American	13.6	31.3
% American Indian and Alaskan Native	0.5	0.5
% Asian	1.1	4.2
% Native Hawaiian or Other Pacific Islander	0.1	0.1
% Multi-racial/Other	2.0	2.1
% Hispanic	4.4	9.7
% Non-Hispanic White	78.8	52.8
% Females	50.2	51.3
% High School graduate or higher, age 25+	86.2	85.8
Unemployment Rate	4.1	4.7
% Below Poverty Level	10.3	16.0
Per capita Income ($)	25,553	26,678
% Foreign Born	2.7	9.8
% Language Other than English Spoken at Home	4.5	13.7

* Less than 0.1% Data sources: (1) Georgia Department of Public Health Online Analytical Statistical Information system: Population Web Query, 2017 data: population size, population by age and race). (2) US Census Bureau Quick Facts (2012-2016 data: educational attainment, poverty rate, per capita income, foreign-born population, and language spoken at home). (3) Bureau of Labor Statistics (2017 data: unemployment rates).

The population demographics vary geographically within the county. The figures below show select demographic characteristics by census tract.

Figure 1. Population Diversity by Census Tract

Percent Non Hispanic White by Census Tract
Effingham County
2012-2016
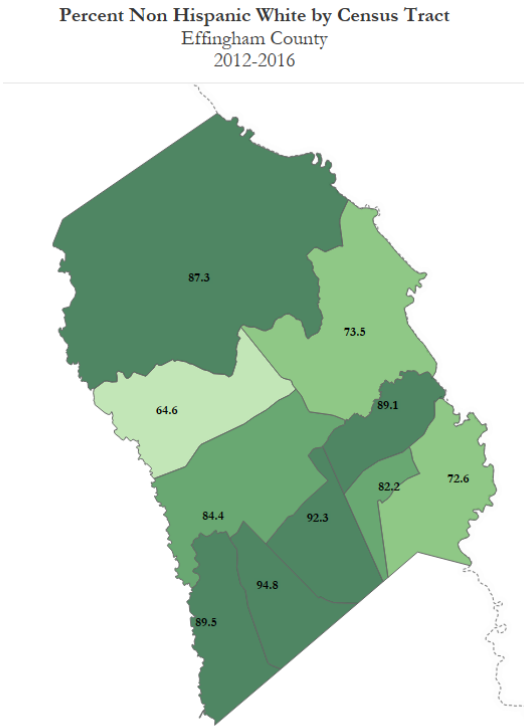
In general, the northern and southwestern to south central part of the county are least diverse (Figure 1).

Figure 2. The Proportion of Elderly by Census Tract

Percent Elderly (65 years+) by Census Tract
Effingham County
2012-2016
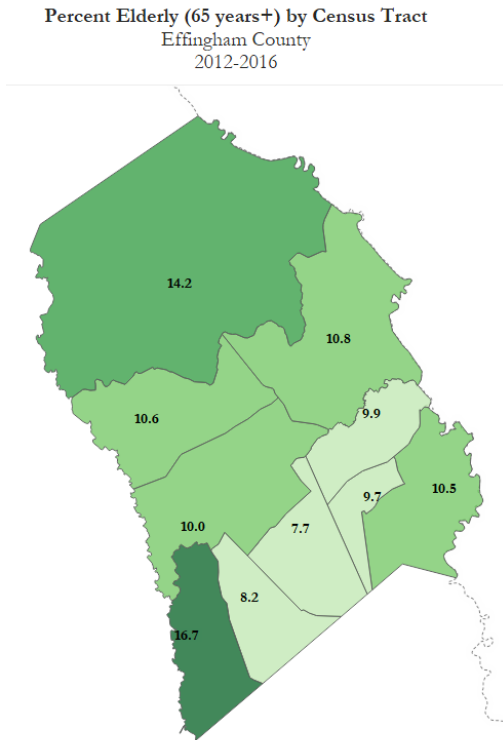
The south central part of the county is younger (Figure 2).

16

Figure 3. Median Income by Census Tract

Median Income by Census Tract
Effingham County
2012-2016

$25,829

$24,979

$25,502

$30,970

$33,638

$35,377

$29,441

$38,583

$26,429

$26,758
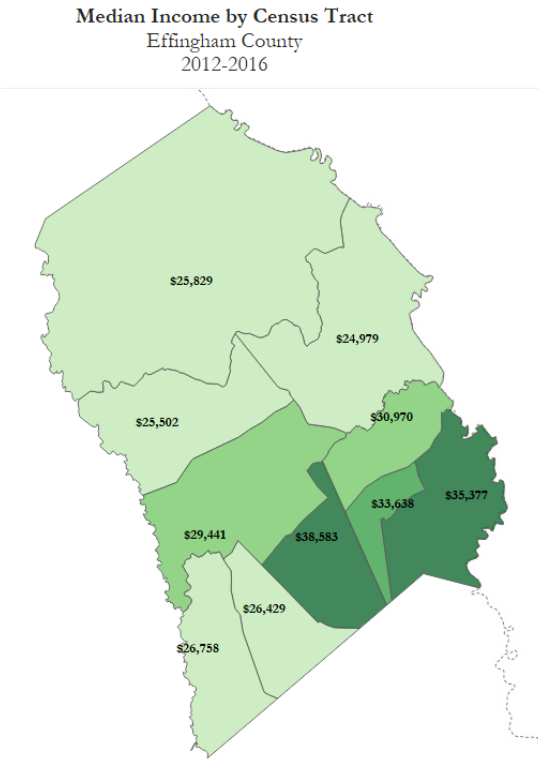
Household income is higher in the southeastern to south central parts of the county (Figure 3).

Figure 4. Educational Attainment by Census Tract

Percent with Less than High School Degree/GED by Census Tract
Effingham County
2012-2016
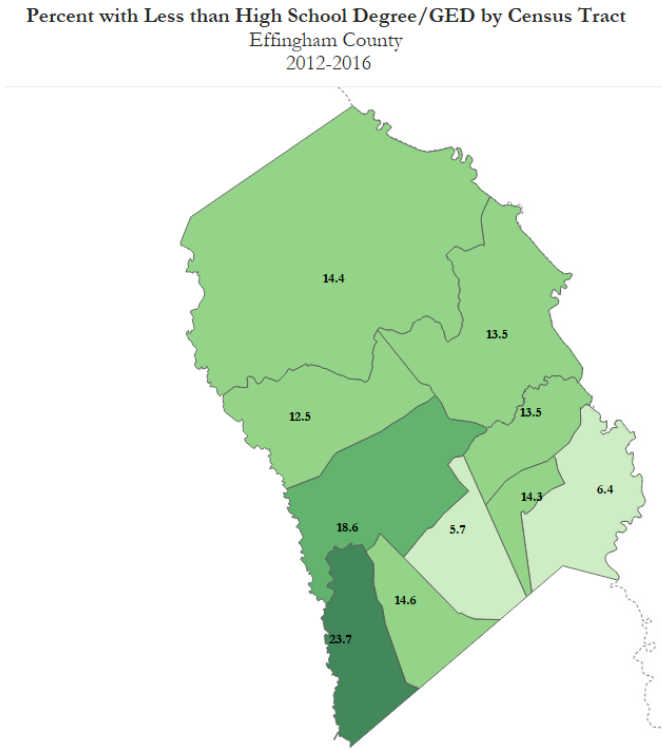
Educational attainment is also higher in the southeastern to south central parts of the county (Figure 4).

14.4

13.5

12.5

13.5

14.3

6.4

18.6

5.7

14.6

23.7

3.1.1   Population Change

Between 2010 and 2017, the overall population increased in Effingham County at a rate two times that of the state (14% vs. 7%). Over this period, Effingham County experienced growth across all population sub-groups examined (Table 2). The population became more diverse between 2010 and 2017, with greater changes recorded for non-Hispanic White races and ethnicities, compared to the Non-Hispanic White population. The proportion of elderly in the county increased by 44% in 2017, compared to 2010 levels. This was greater than the 36% increase recorded at the state level (Table 2).

Table 2. Population Trends, 2010 – 2017

Percent Change, 2010-2017		
Indicator	Effingham	Georgia
Total Population	14.4%	7.4%
Population Under 18 years old	6.0%	0.6%
Population 65 years and Older	44.4%	35.7%
Hispanic Population	70.2%	17.0%
Non-Hispanic White Population	11.2%	1.4%
Non-Hispanic African American Population	16.0%	11.5%
American Indian/Alaskan Native Population	39.2%	9.2%
Asian Population	42.6%	35.2%
Native Hawaiian/Pacific Islander Population	262.5%	15.5%
Multi-racial Population	36.8%	31.3%

Data source: Georgia Department of Public Health Online Analytical Statistical Information system: Population Web Query, 2010-2017

By 2021, the population in Effingham County is projected to increase by approximately nine percent, compared to a five percent projected increase at the state level. The elderly population is expected to increase the most, at 28% (Figure 5). The share of the population for Non-Hispanic Whites is expected to drop by 0.5% (vs. 1.8% decline at the state level) in 2020. The county is expected to become more diverse in 2021. However, overall, the rate of change in diversity is projected to be slower than that occurring at the state level (Figure 6).

Figure 5. Projected Total Population Change, 2017-2021

**Projected Change in Population by Age
2017-2021**
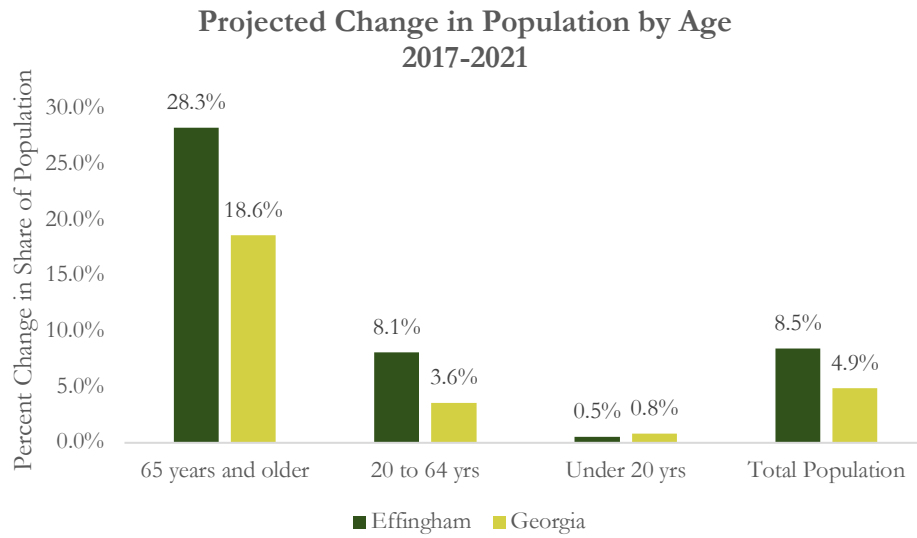
Data source: Governor's Office of Planning and Budget County Projections by Age

Figure 6. Projected Change in Share of Population by Race/Ethnicity, 2017-2021

**Projected Change in Share of Population by
Race/Ethnicity: 2017 - 2021**
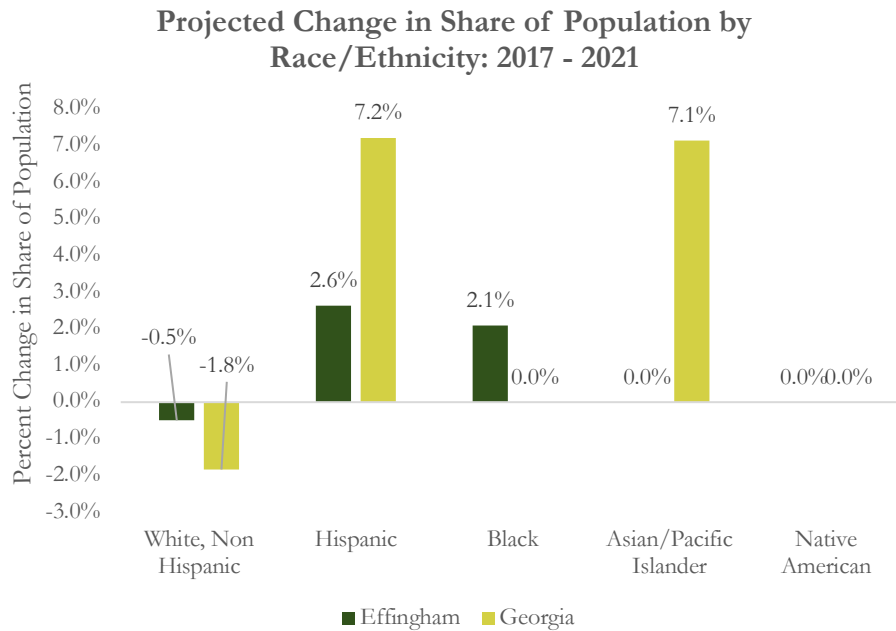
Data source: Author analysis of data from Woods & Poole Economics, Inc., Washington D.C accessed via The Atlanta Journal Constitution: https://www.myajc.com/news/state--regional/map-watch-georgia-racial-and-ethnic-changes-unfold/UWVTVqmkLK9wU9DC6jv6KL/

3.2   HEALTH NEEDS AND HEALTH OUTCOMES

3.2.1   Health Behaviors

Compared to the state, a higher proportion of adults in Effingham County are obese and engage in excessive drinking. However, the proportion of adults in Effingham County who smoke and are physically inactive was found to be slightly lower, in comparison to the state (Figure 7). The rates of sexual risk behaviors, including sexually transmitted diseases rate and teenage pregnancy rates were lower in the county compared to the state (Figure 8).

Figure 7. Health Behaviors
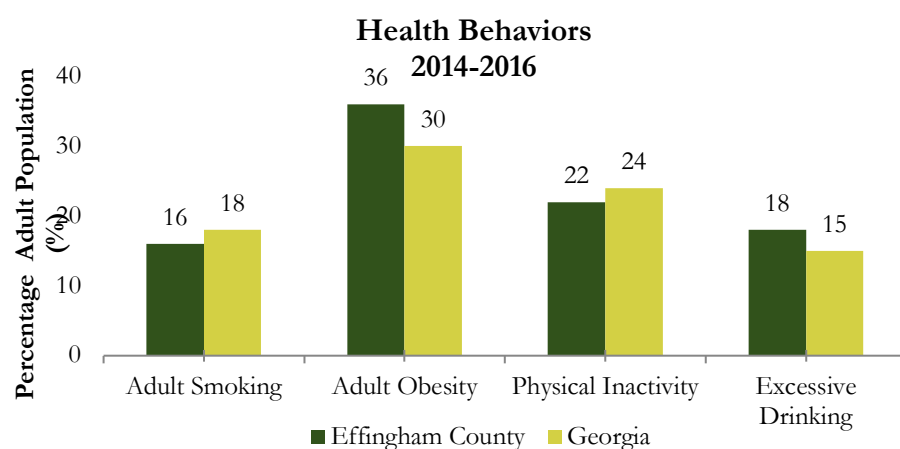
Health Behaviors 2014-2016

Category	Effingham County	Georgia
Adult Smoking	16	18
Adult Obesity	36	30
Physical Inactivity	22	24
Excessive Drinking	18	15

Data Source: 2018 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (Data Years: smoking and excessive drinking (2016); obesity and physical inactivity (2014)

Figure 8. Sexual Risk Behaviors
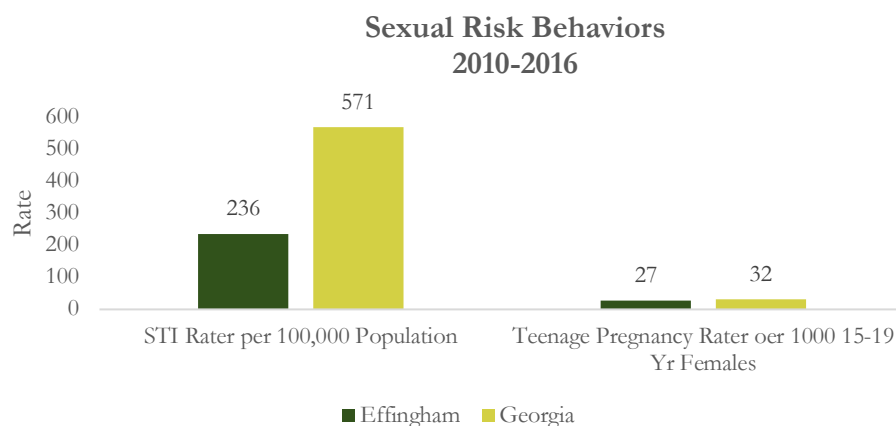
Sexual Risk Behaviors 2010-2016

Category	Effingham	Georgia
STI Rater per 100,000 Population	236	571
Teenage Pregnancy Rater oer 1000 15-19 Yr Females	27	32

Data Source: 2018 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

3.2.2 Morbidity

The prevalence rates of obesity, diabetes, and cancer in Effingham County were higher than the respective average rates at the state level. The prevalence of HIV in the county was lower than the state average. A lower proportion of residents in the county reported being in poor or fair health, compared to the state average. On average, residents reported being physically unhealthy on 3.5 days in the last 30 days, compared to a state-level average of 3.8 days. Similarly, on average, residents reported being to be mentally unhealthy on 3.7 days in the last 30 days, compared to a state-level average of 3.8 days.

Table 3. Morbidity Indicators

Indicator	Measurement	Effingham	Georgia
Obesity Prevalence (2014)	Percentage of adults that report BMI >= 30	36	30
Diabetes Prevalence (2014)	Percentage of adults diagnosed with diabetes	13	11
Low Birthweight (2010-2016)	Percentage of births with low birth weight (<2500g)	9	10
Age-Adjusted Cancer Rates, All Sites (2011-2015)	Annual Incidence Rate per 100,000 persons	486.3	454.6
HIV Prevalence Rate (2015)	Per 100,000 persons	121	588
Poor or Fair Health (2016)	The percentage reporting to be in poor or fair health	14	19
Poor Physical Health Days (2016)	The average number of physically unhealthy days reported in the past 30 days	3.5	3.8
Poor Mental Health Days (2016)	The average number of mentally unhealthy days reported in the past 30 days	3.7	3.8

Data sources: (1) National Cancer Institute and the Center for Disease Control and Prevention State Cancer Profiles (cancer rates). (2) The 2018 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (all other variables).

3.2.2.1 Trends in Morbidity

Cardiovascular Diseases

Between 2000 and 2016, hospitalization for major cardiovascular diseases and obstructive heart disease has decreased for residents in the hospital's primary service area of Effingham County, while that for stroke has remained relatively stable. Hospitalization rates for high blood pressure have declined from peak levels observed in 2013 (Figure 9).

Figure 9. Trends in Hospital Discharges for Cardiovascular Diseases
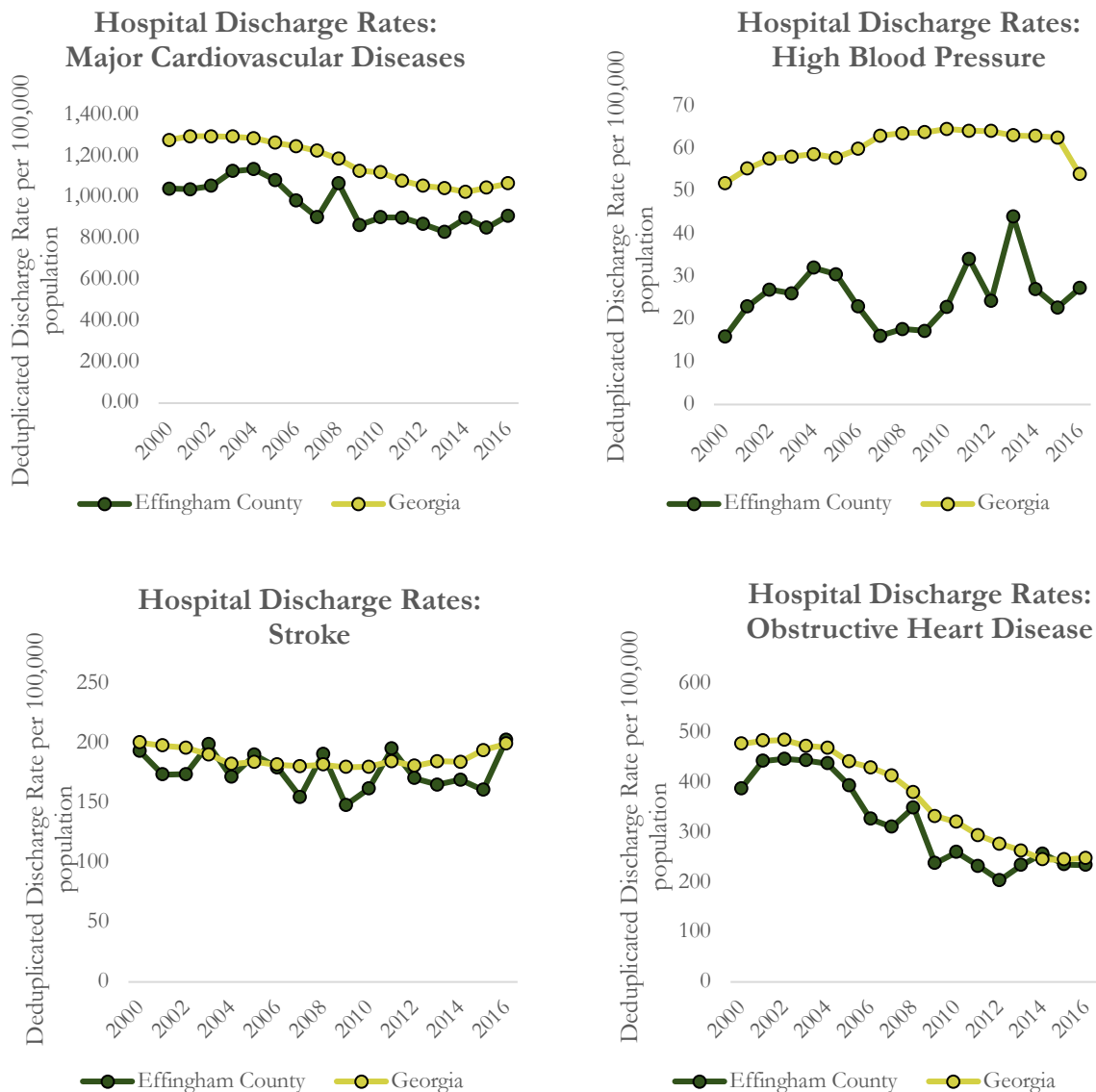
Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Hospital Discharge Web Query

Respiratory Disorders

Similarly, hospitalization rates for respiratory disorders, including asthma, and pneumonia have also been on the decline for Effingham county residents since 2000. Hospital discharges for these respiratory disorders remain below the state rates (Figure 10).

Figure 10. Trends in Hospital Discharges for Respiratory Disorders

Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Hospital Discharge Web Query
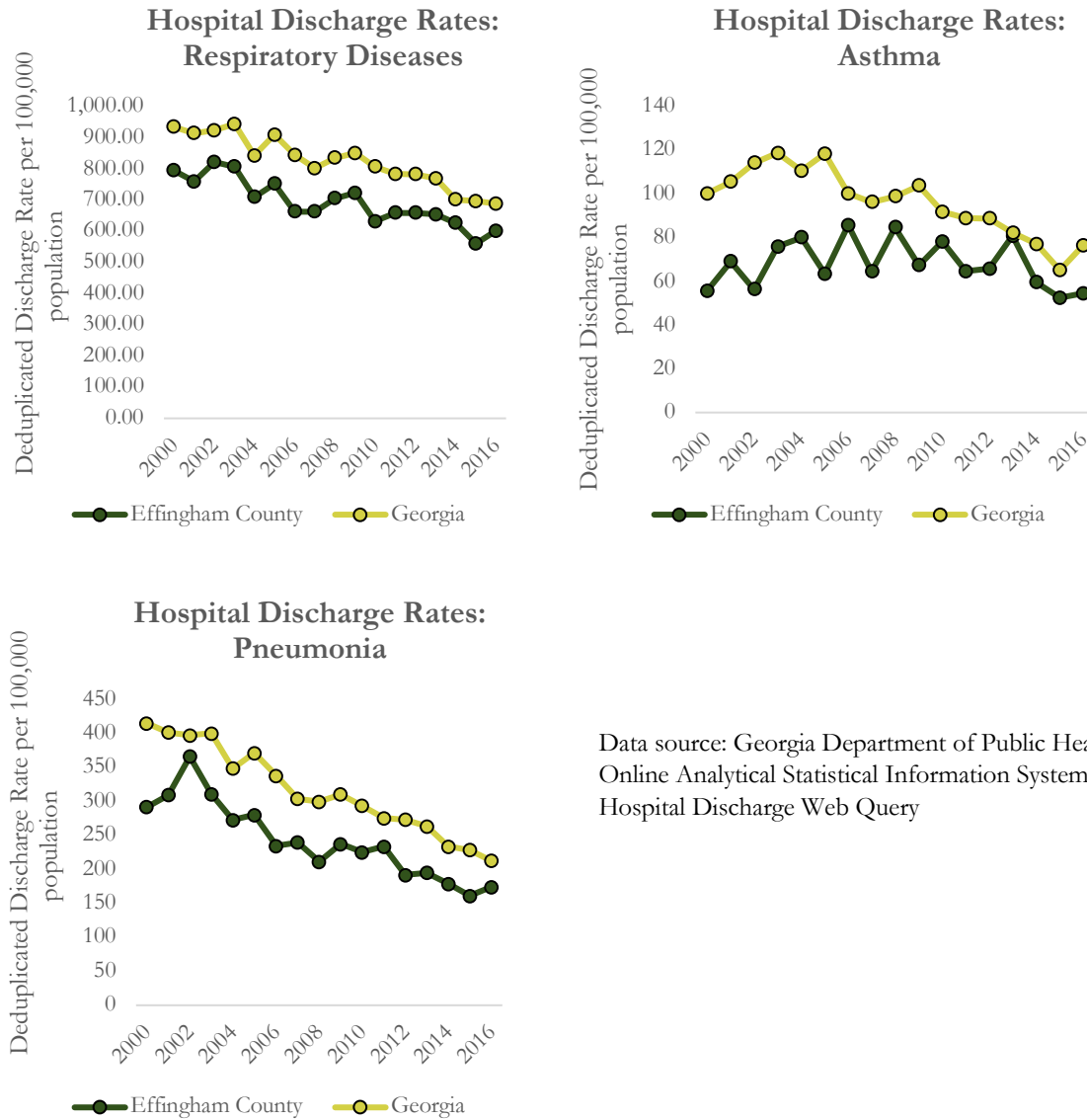
Cancers

Overall cancer discharge rates for Effingham County residents have been rising since 2014, similar to the trend observed at the state level. Rates for prostate, colon and lung cancers in Effingham County have generally remained higher than state averages (Figure 11).

Figure 11. Trends in Hospital Discharges for Cancer
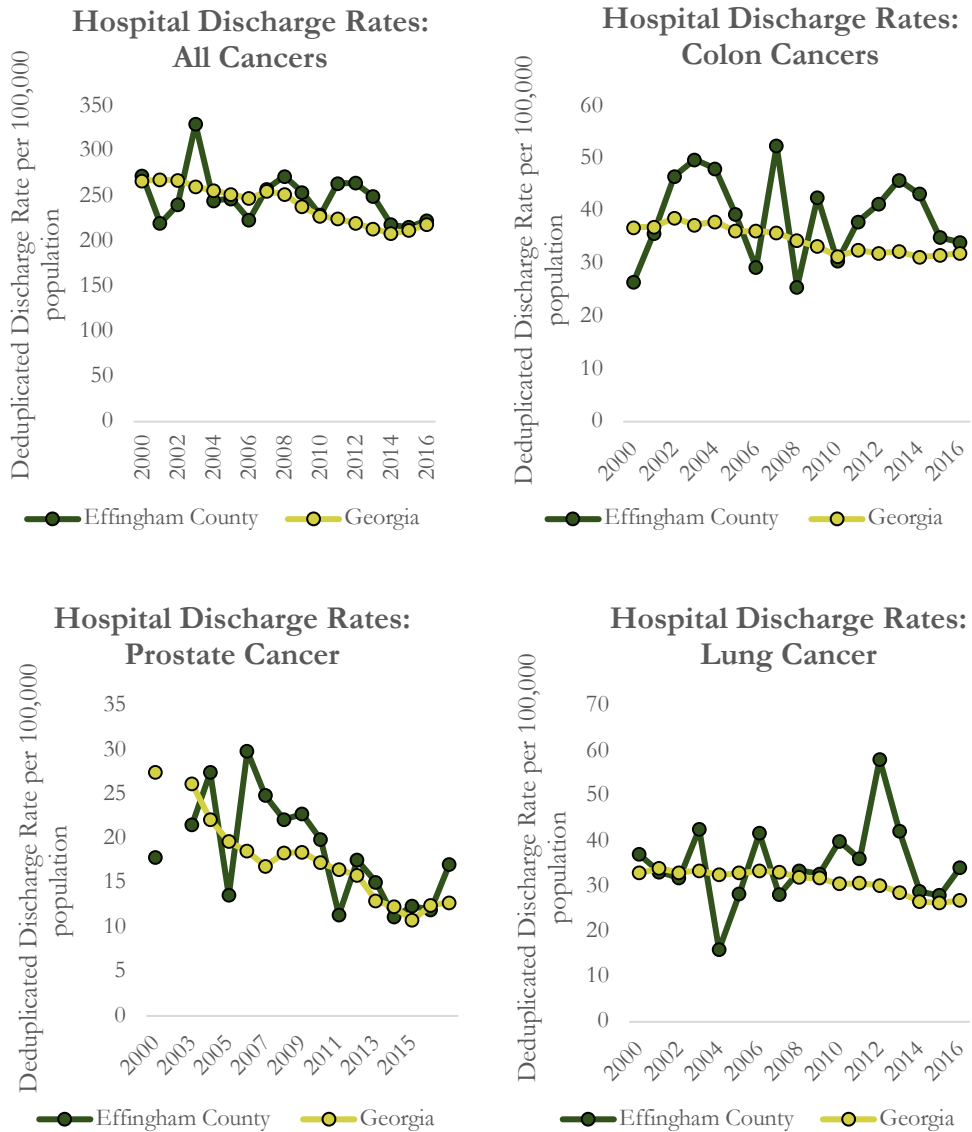
Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Hospital Discharge Web Query

Hospital Discharge Rates:
Breast Cancer
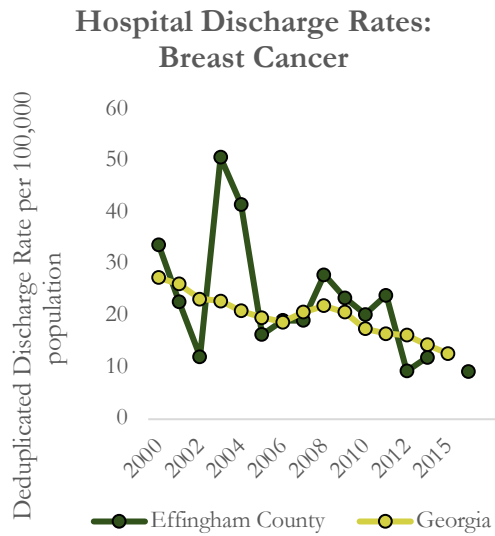
Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Hospital Discharge Web Query

Other Selected Conditions

Hospitalization rates for diabetes in Effingham County have in the past, generally, been lower or similar to state averages. In 2016, however, diabetes hospitalization rates in Effingham County were higher than that of the state. Hospitalization rates for mental health disorders in the service area have been on the increase since 2012, surpassing state averages in 2014.

Figure 12. Trends in Hospital Discharges for Other Selected Conditions
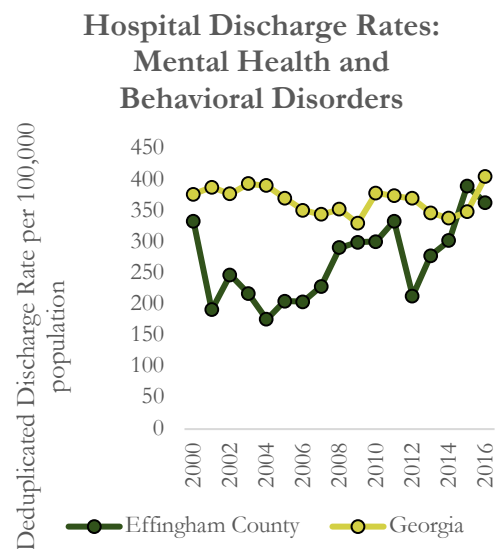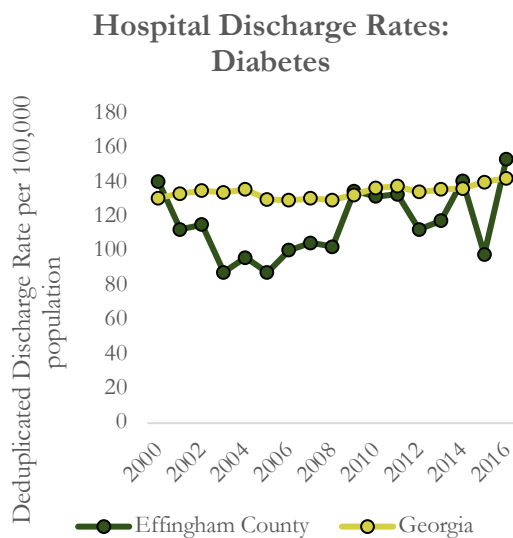
Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Hospital Discharge Web Query

3.2.3 Mortality

The average life expectancy of residents in Effingham County is lower than the state and nation (Figure 13). Compared to the state, the age-adjusted all-cause death rate is higher in Effingham County (Figure 14).

The leading cause of death in Effingham County is Ischemic Heart and Vascular Disease. The other top 5 causes of death include Chronic Obstructive Pulmonary Disease (COPD) disease (#2), Cancer of the trachea, bronchus, and lung (#3), Essential (Primary) Hypertension and Hypertensive Renal, and Heart Diseases (#4) and, Cerebrovascular Disease (#5). The top 10 causes of death for Effingham County and the state of Georgia are listed in Table 4.

The deaths rates in Effingham County for COPD, motor vehicles crashes, and pneumonia are significantly higher than the respective state rates (Figures 15).
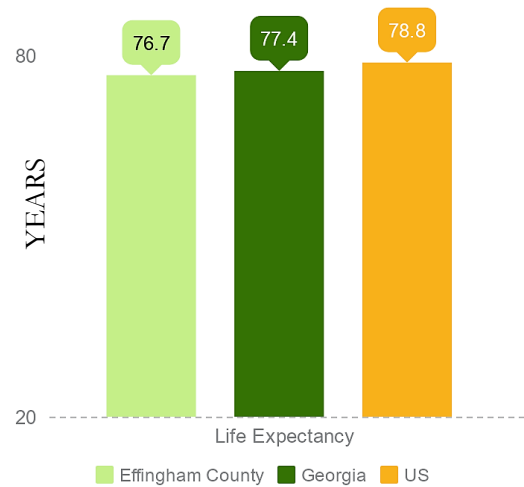
Figure 13. Life Expectancy

Data Source: Robert Wood Johnson Foundation. Does where you live affect how long you live?

https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

Figure 14. Age-Adjusted All-Cause Death Rate
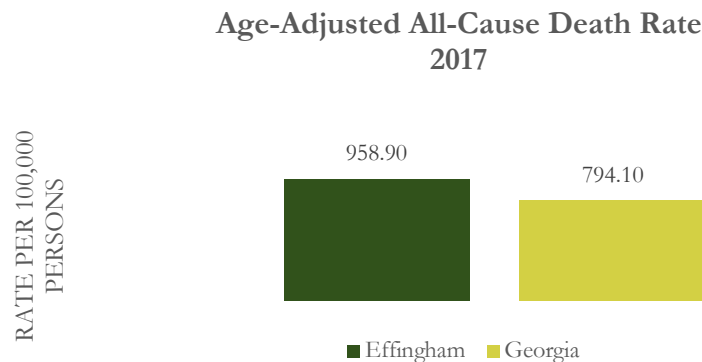
Age-Adjusted All-Cause Death Rate 2017

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

Table 4. Top 10 Causes of Death (2013-2017)

Causes of Death	Effingham Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
All COPD Except Asthma	2	3
Malignant Neoplasms of the Trachea, Bronchus, and Lung	3	2
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Diseases	4	7
All Other Mental and Behavioral Disorders	5	5
Cerebrovascular Disease	6	4
Motor Vehicle Crashes	7	13
Alzheimer's Disease	8	6
Diabetes Mellitus	9	8
Malignant Neoplasms of Colon, Rectum, and Anus	10	11

Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Community Health Needs Assessment Dashboard

Figure 15. Significantly High Causes of Death: Effingham County
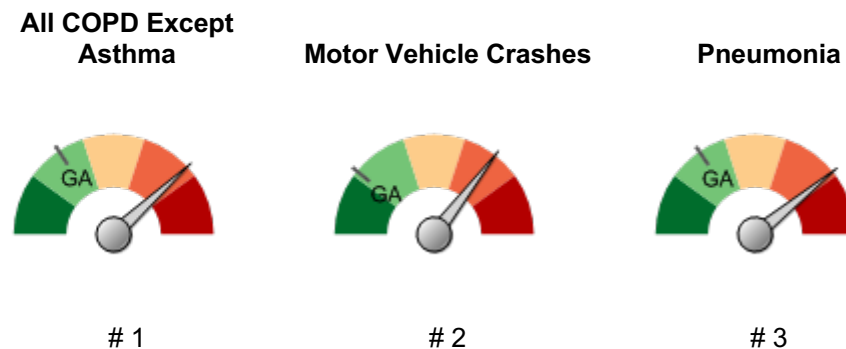
All COPD Except Asthma   **Motor Vehicle Crashes**   **Pneumonia**

1   # 2   # 3

Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Community Health Needs Assessment Dashboard

3.3 HEALTH CARE ACCESS AND UTILIZATION

3.3.1   Access to Providers and Services

The adult and children uninsurance rates in Effingham County were lower than the average rate for the state in 2016 (12% and 5% versus 15% and 7%, respectively) (Table 5). Similar to state-wide trends, the uninsurance rates in the county has declined, both for children and adults. The uninsurance rate in the hospital's primary service area has consistently remained lower than the state average (Figure 16).

The supply of healthcare providers in the service area, including primary care providers, mental health providers, and dentists, remain lower than the state average (Table 5).

Table 5. Health Care Access Indicators (2015-2017)

Indicator	Measurement	Effingham	Georgia
Adult Uninsurance (2016)	Percentage of people 18-64 without insurance	11.7	14.9
Children Uninsurance Rate (2016)	Percentage of people under age 19 without insurance	5.1	6.7
Provider Supply			
Primary Care Physician Rate (2015)	The ratio of population to primary care physicians	4759:1	1519:1
Other Primary Care Provider Rate (2017)	The ratio of population to primary care providers, other than physicians	4516:1	1146:1
Mental Health Provider Rate (2017)	The ratio of population to mental health providers	2669:1	829:1
Dentist Rate (2016)	Ratio of population to dentists	8387:1	1984:1

Data source: (1) Small Area Health Insurance Estimates from the Census Bureau, 2016 (insurance variables) (2) The 2018 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (all other variables).

Figure 16. Trends in Uninsurance
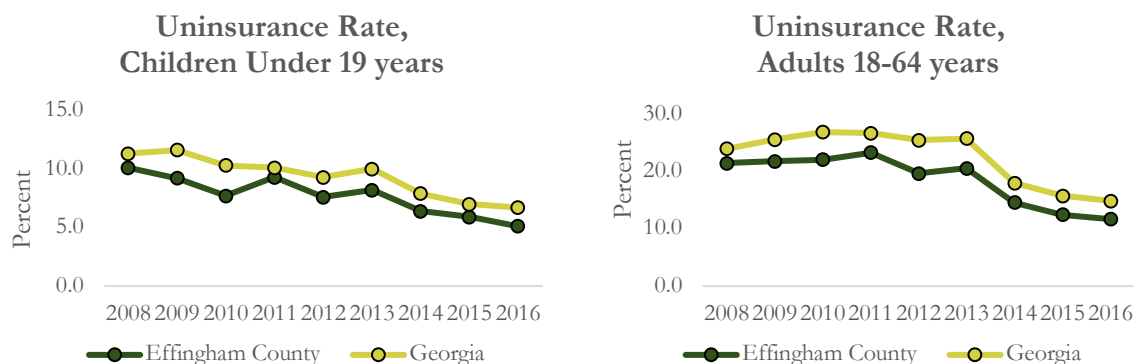
Data Source: Small Area Health Insurance Estimates from the Census Bureau.

3.3.2 Use of Preventative Services

Diabetes HbA1c and mammography screening rates in the service area are slightly higher than the state screening rate. Preventable hospitalization rates (i.e., conditions that respond to timely and effective care in the outpatient (ambulatory) setting) are higher for residents of the hospital's primary service area, compared to the state (Figure 17).

Figure 17. Utilization of Preventative Services
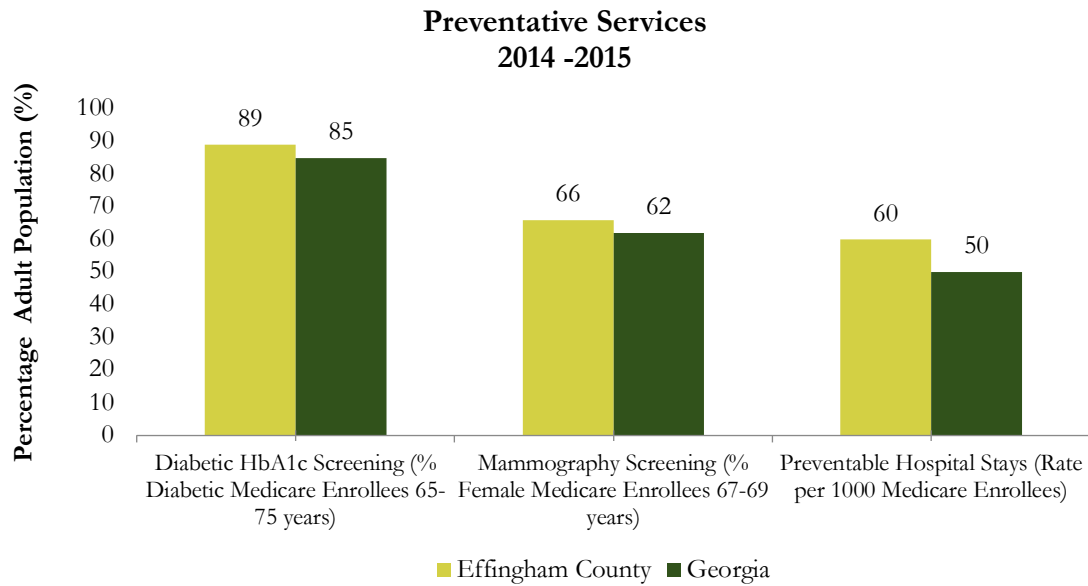
Preventative Services
2014 -2015

Data Source: 2018 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Data Year: Diabetic Screening and Mammography Screening (2014), Preventable Hospital Stays (2015)

3.3.3   Hospital Utilization

3.3.3.1   County-Level Utilization

Similar to the national trend, inpatient utilization in Effingham County has been on the decline since 2014, although it had risen in the previous years. During the same period, Emergency Department utilization in the county has remained stable. Overall, hospital utilization in Effingham County is lower than state and national averages (Figures 18 & 19).

Figure 18. Trends in Inpatient Utilization

Trends in Inpatient Utililization 2010-2016
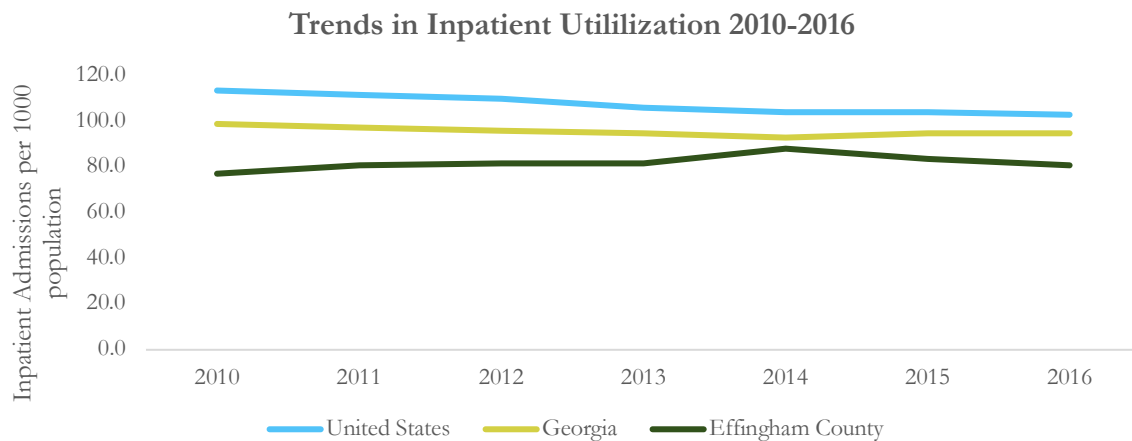
Data Source: County data from the Georgia Department of Community Health Annual Hospital Survey, 2010-2016. National and State data from the Kaiser Family Foundation, available at http://kff.org/other/state-indicator/admissions-by-ownership/

Figure 19. Trends in Emergency Department Utilization

Trends in Emergency Room Utilization 2010-2016
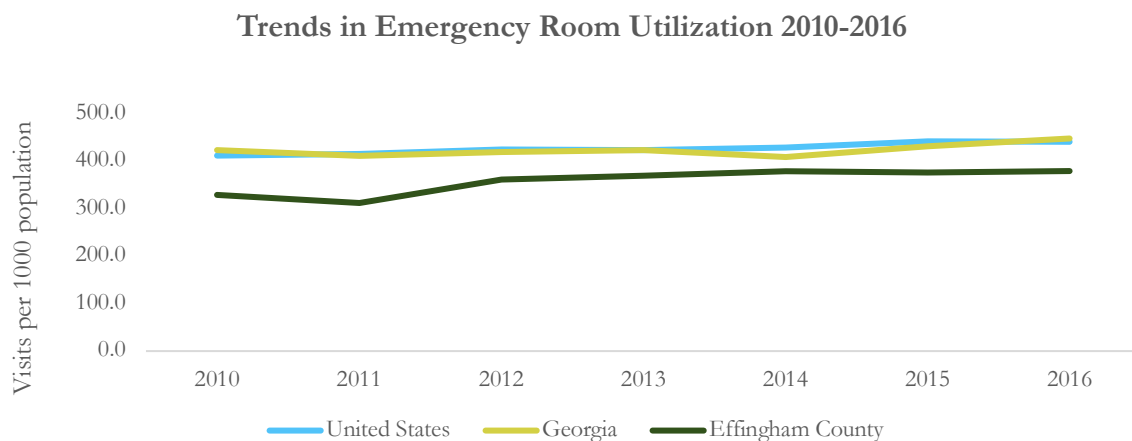
Data Source: County data from the Georgia Department of Community Health Online Analytical Statistical Information System. National and State data from the Kaiser Family Foundation, available at http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/

3.4 COMMUNITY NEED INDEX

The community need index (CNI) was developed by Dignity Health and Truven Health to serve as a composite measure of community need. The CNI is an average score of five different socio-economic barrier scores including income barrier (e.g., indicator is the percentage of families with children below the poverty line), cultural barrier (e.g., indicator is the percentage of the population that is minority), education barrier (e.g., indicator is the percentage of the population over 25 without a high school diploma), insurance barrier (e.g., indicator is the percentage of population without health insurance) and housing barrier (e.g., indicator is the percentage of households renting their home). The CNI methodology has been previously reported[1].

Based on the CNI, the following zip codes are identified as having high community need: 31303, 31326, and 31329 (Figure 20).

Figure 20. Community Need Index

Zip Code	CNI Score	Population	City	County
31302	3	9742	Bloomingdale	Effingham
31303	3.4	2148	Clyo	Effingham
31312	3.2	19518	Guyton	Effingham
31326	3.6	22927	Rincon	Effingham
31329	3.8	9852	Springfield	Effingham

---
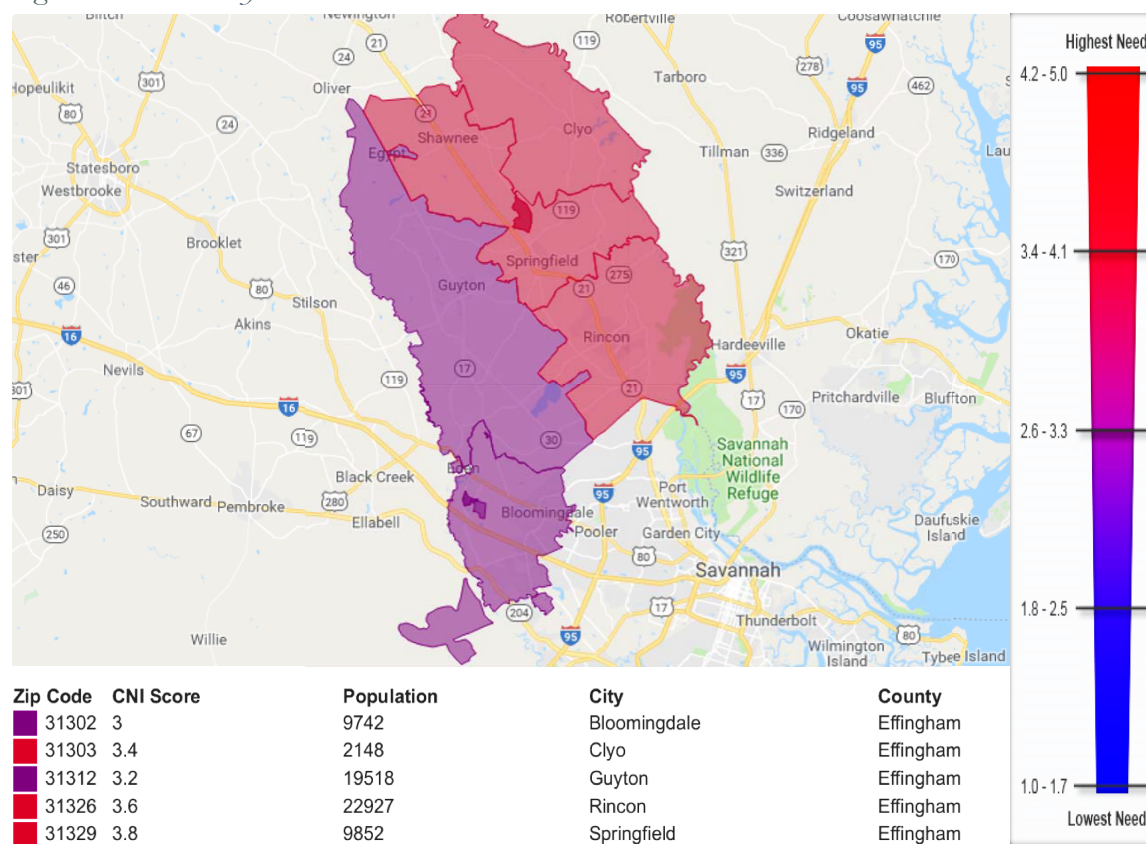
[1] Truven Health Analytics. Community Need Index Methodology and Source Notes. Retrieved from http://cni.chw-interactive.org/Truven%20Health_2015%20Source%20Notes_Community%20Need%20Index.pdf

4 COMMUNITY SURVEY

Three hundred and four community mail-in and online surveys were completed and returned.

4.1 RESPONDENT DEMOGRAPHIC CHARACTERISTICS

Almost nine out of ten (86.2%) of the survey respondents resided in Effingham County (60.5%); the remainder (13.8%) lived in the surrounding counties, including Bulloch, Screven, Jasper, Bryan, and Chatham. The respondent characteristics were similar to what has been observed with most surveys. The majority of survey respondents were female (86.0%), Non-Hispanic White (81.2%), aged under 65 years (85.1%), married or partnered (72.3%) and employed (82.3%), with at least a bachelor degree (53.1%). The majority reported an annual household income above $40,000 (67.9%) (Table 6).

Table 6. Demographic Characteristics of Survey Respondents

	Frequency (N)	Total Respondents	Percentage (%)
County of Residence		275	
Effingham	237		86.2
Surrounding Counties	38		13.8
Gender		272	
Female	234		86.0
Male	38		14.0
Age		275	
Under 35 years	47		17.1
35-44 years	58		21.1
45-54 years	70		25.5
55-64 years	59		21.5
65-74 years	30		10.9
75 years and older	11		4.0
Race		271	
Non-Hispanic Black	32		11.8
Non-Hispanic White	220		81.2
Hispanic	5		1.8
Non-Hispanic Other	6		2.2
2 or More Races	8		3.0
Education		273	
Less than High School	3		1.1
High School graduate or GED	34		12.5
Some College or Associate Degree	91		33.3
Bachelor Degree	71		26.0
Graduate or Advanced Degree	74		27.1
Marital Status		274	
Married/Partnered	198		72.3

	Frequency (N)	Total Respondents	Percentage (%)
Divorced/Separated	35		12.8
Widowed	12		4.4
Single/Never Married	28		10.2
Other	1		0.4
Household Income		271	
Below $16,000	10		3.7
$16,001 - $24,000	7		2.6
$24,001 - $32,000	11		4.1
$32,001 - $40,000	13		4.8
Above $40,000	184		67.9
Refused/Don't Know	46		17.0
Employment Status		271	
Full-time	202		74.5
Part-time	21		7.7
Retired	37		13.7
Unemployed	11		4.1
Home Ownership		268	
Yes	216		80.6
No	52		19.4
Access to Reliable Transportation		269	
Yes	266		98.9
No	3		1.1

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

4.2 HEALTH STATUS

Almost half of the survey respondents (49.0%) described their health as very good or excellent, although about a quarter (23.9%) reported having three or more chronic conditions. The most common chronic conditions that respondents reported having included overweight/obese (38.7%), high blood pressure (37.6%), and depression or anxiety (29.4%) (Figures 21-23).

Figure 21. Self-Reported Health Status

General Health Status
N=282

Poor 0.7 — Fair 11.7 — Good 38.7 — Very Good 40.8 — Excellent 8.2

■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent
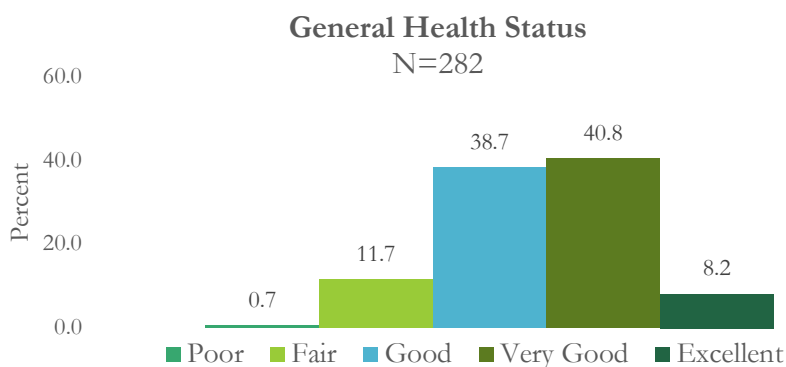
Note: Percentages may not add up to 100 due to rounding.

Figure 22. Burden of Multiple Chronic Conditions

Number of Chronic Conditions
N=282

9.3%

26.2%

14.6%

21.5%

28.5%

■ 0 ■ 1 ■ 2 ■ 3 ■ 4+
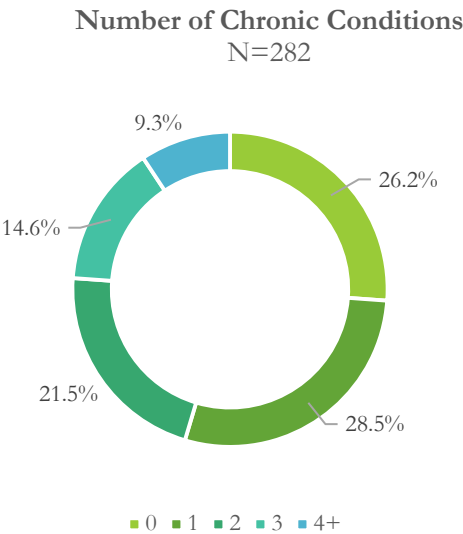
Note: Percentages may not add up to 100 due to rounding.

Figure 23. Most Common Chronic Conditions
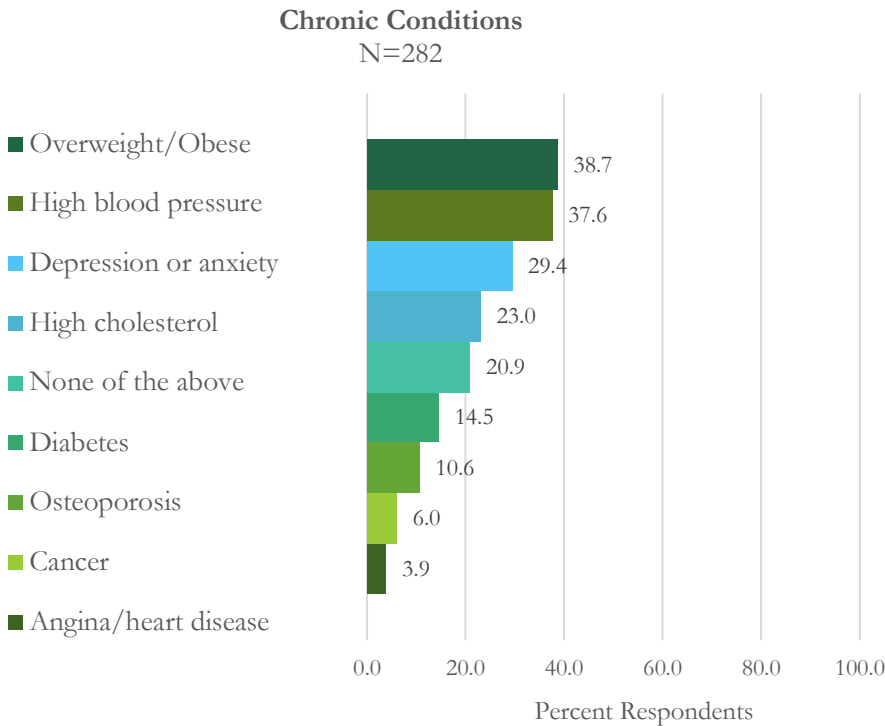
Chronic Conditions
N=282

■ Overweight/Obese — 38.7

■ High blood pressure — 37.6

■ Depression or anxiety — 29.4

■ High cholesterol — 23.0

■ None of the above — 20.9

■ Diabetes — 14.5

■ Osteoporosis — 10.6

■ Cancer — 6.0

■ Angina/heart disease — 3.9

Percent Respondents

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

4.3 HEALTH BEHAVIORS

4.3.1 Smoking, Nutrition and Physical Activity

Among respondents, approximately eight percent reported that they currently used tobacco products (Figure 24). About four out of ten (39.7%) reported eating the recommended five servings of fruits and vegetables daily. Nearly a quarter of all respondents indicated that they weren't able to adhere to the recommended guidelines on fruits and vegetable intake because the produce was quickly perishable and expensive. About two out of ten stated that they didn't think about fruits and vegetables or did not have time to prepare them (Figure 25).

Figure 24. Smoking Behavior

Do you currently use tobacco products?
N=282

7.8%

92.2%

■ No ■ Yes
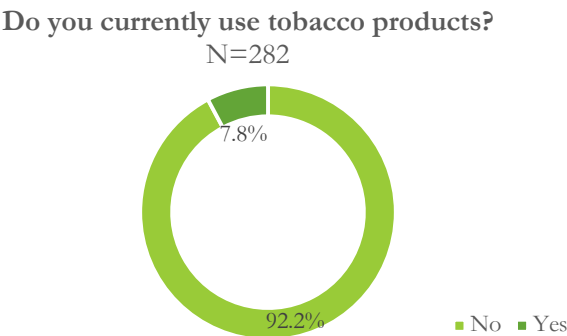
Figure 25. Fruit and Vegetable Consumption
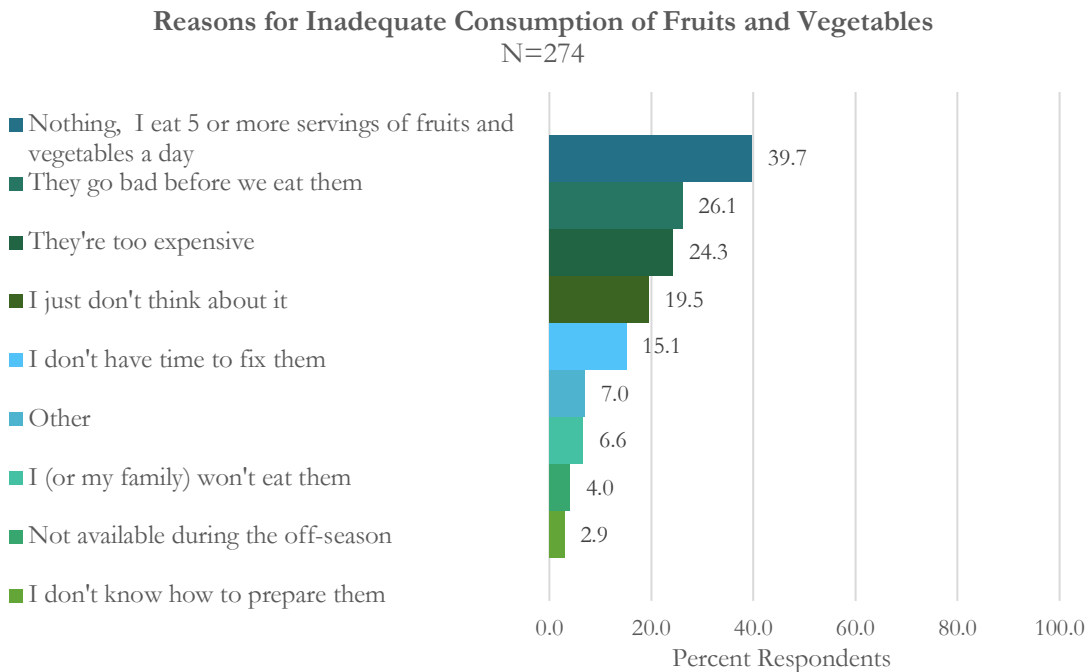
Reasons for Inadequate Consumption of Fruits and Vegetables
N=274

- ■ Nothing, I eat 5 or more servings of fruits and vegetables a day — 39.7
- ■ They go bad before we eat them — 26.1
- ■ They're too expensive — 24.3
- ■ I just don't think about it — 19.5
- ■ I don't have time to fix them — 15.1
- ■ Other — 7.0
- ■ I (or my family) won't eat them — 6.6
- ■ Not available during the off-season — 4.0
- ■ I don't know how to prepare them — 2.9

Percent Respondents

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

Concerning physical activity, a third of respondents stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. Approximately three out of ten indicated that they did not get this much activity because they were too tired to exercise or did not have enough time to exercise (Figure 26).

Figure 26. Physical Activity

Reasons for Lack of Adequate Physical Activity
N=274

Reason	Percent
Nothing, I get this much physical activity	33.6
I don't have enough time to exercise	31.8
I'm too tired to exercise	27.4
I don't like to exercise	17.2
I feel like I get this at my work	9.1
I don't know how to get started	8.4
Fear of working out in public	8.4
It costs too much to exercise	7.7
I would need child care and I don't have it	7.7
Other	7.3
I don't have access to a place that has the things I need	6.9
There is no safe place to exercise	5.5
I don't know how to find exercise partners	4.4
I'm physically disabled	4.7
Exercise is not important to me	0.7

Percent Respondents

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

4.3.2   Screening

Respondents were also asked about their utilization of preventative and screening services and their adherence to recommended screening guidelines. Eighty percent of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 27). Three-quarters (75.6%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 28). Almost nine out of ten (87.9%) of female respondents 50 years and older reported that they received annual mammograms (Figure 29). Similarly, 84 percent of females 21 years and older said that they received a pap smear at least every five years (Figure 30).

Figure 27. Colon Cancer Screening

If you are 50 years or older, have you ever had a colonoscopy?
N=146

19.9%

80.1%

■ No ■ Yes
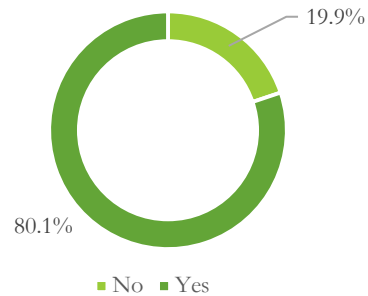
Figure 28. Prostate Cancer Screening

If you are a male over age 40, have you had a discussion with your health care provider about prostate cancer screening?
N=41

24.4%

75.6%

■ No ■ Yes
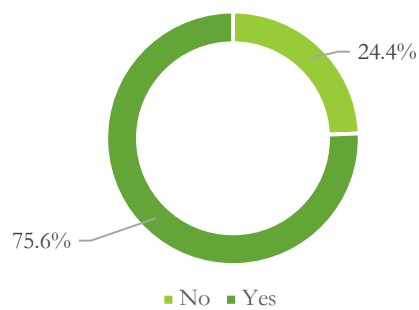
Figure 29. Breast Cancer Screening

If you are a female 50 years or older, do you have an annual mammogram?
N=124

12.1%

87.9%

■ No ■ Yes
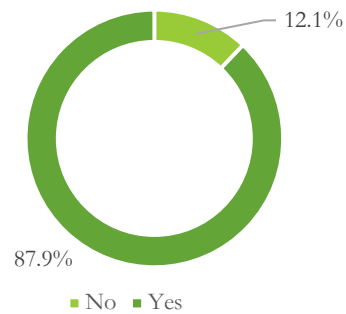
Figure 30. Cervical Cancer Screening

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

N=237

16.0%

84.0%

■ No ■ Yes
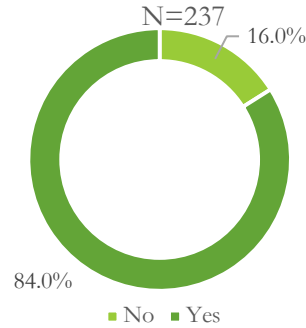
4.4 COMMUNITY PERCEPTION

4.4.1 General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs and community resources. Almost nine out of ten (88.4%) respondents strongly agreed or agreed that they enjoyed living in the community, while only approximately half (46.3%) felt there were enough jobs. Almost nine out of ten respondents (88.6%) strongly agreed or agreed that the local hospital was important (Figure 31).

Figure 31. Community Perceptions
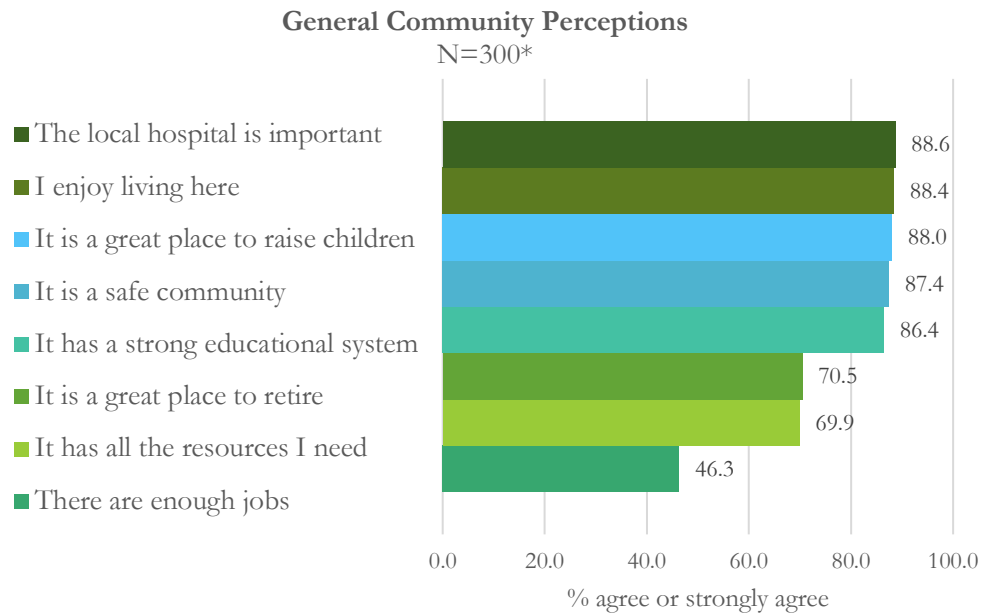
General Community Perceptions

N=300*

■ The local hospital is important	88.6
■ I enjoy living here	88.4
■ It is a great place to raise children	88.0
■ It is a safe community	87.4
■ It has a strong educational system	86.4
■ It is a great place to retire	70.5
■ It has all the resources I need	69.9
■ There are enough jobs	46.3

0.0   20.0   40.0   60.0   80.0   100.0

% agree or strongly agree

*Average sample size is reported. For each statement, we report valid percentage based on the respective sample size. Sample size ranged from a minimum of 298 to a maximum of 302.

4.4.2 Community Perception Concerning Health Care Services

The respondents' perceptions of the adequacy of medical services within the community were fair. Less than half reported availability and adequacy of women's health, public health, and nursing home services. Less than a third of respondents reported adequacy in senior care and less than a quarter reported the availability of specialists, adequate medical transportation, mental health services, and alcohol and drug addiction recovery services (Figure 32).

Figure 32. Community Perceptions Concerning Health Care Services
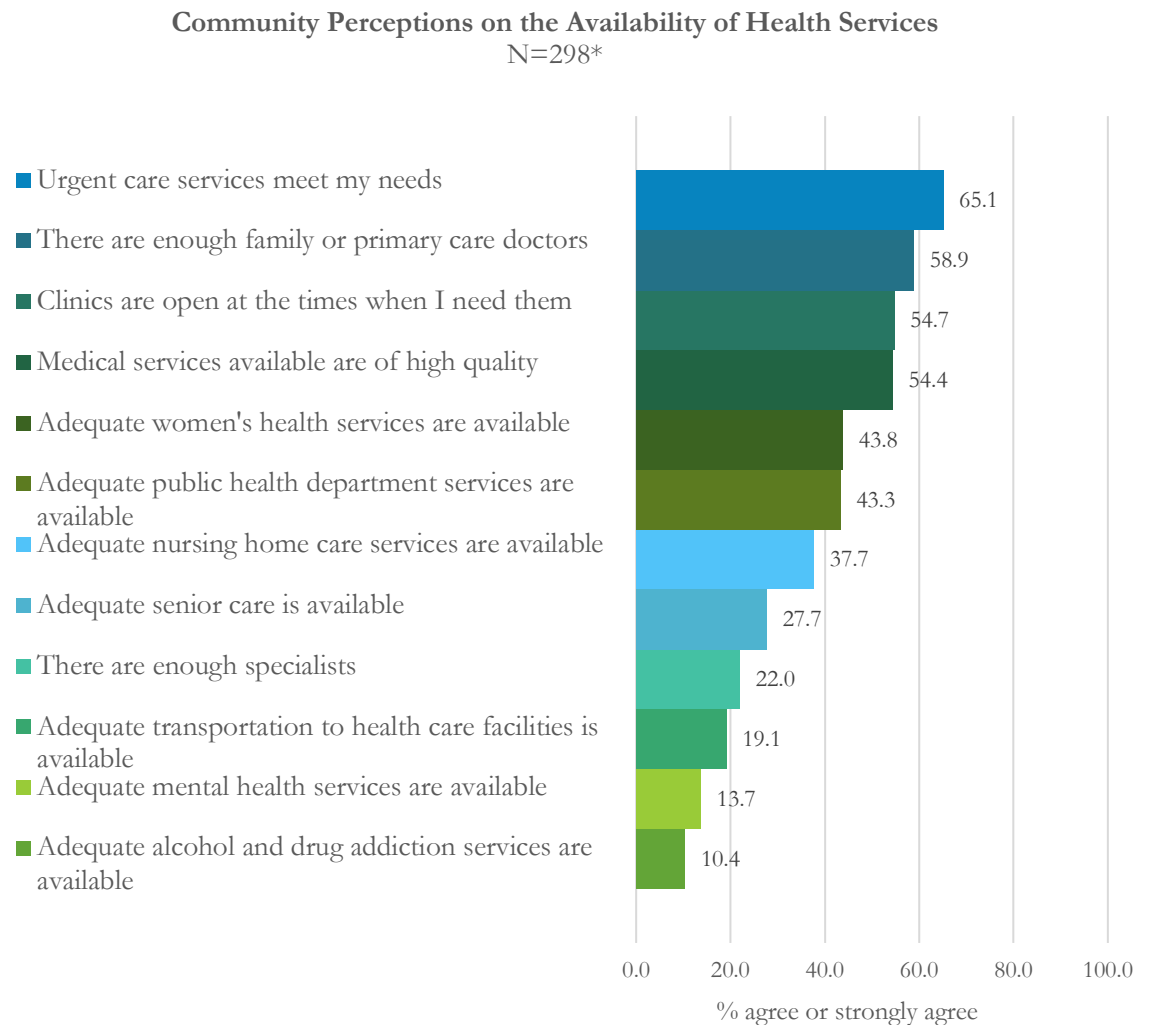
Community Perceptions on the Availability of Health Services
N=298*

*Average sample size is reported. For each statement, we report valid percentage based on the respective sample size. Sample size ranged from a minimum of 298 to a maximum of 300.

4.4.3 Community Perceptions Concerning Health and Quality of Life

Respondents (67.5%) identified drug and/or alcohol abuse as the most significant factor affecting the quality of life in the community. Poverty, lack of job opportunities, child abuse and lack of or inadequate health insurance coverage rounded out the top five concerns (Figure 33). Concerning substance abuse in the community, methamphetamine was identified as the most commonly abused substance, followed by prescription drugs and alcohol, respectively (Figure 34).

Figure 33. Perceptions Concerning Factors Affecting the Quality of Life in the Community
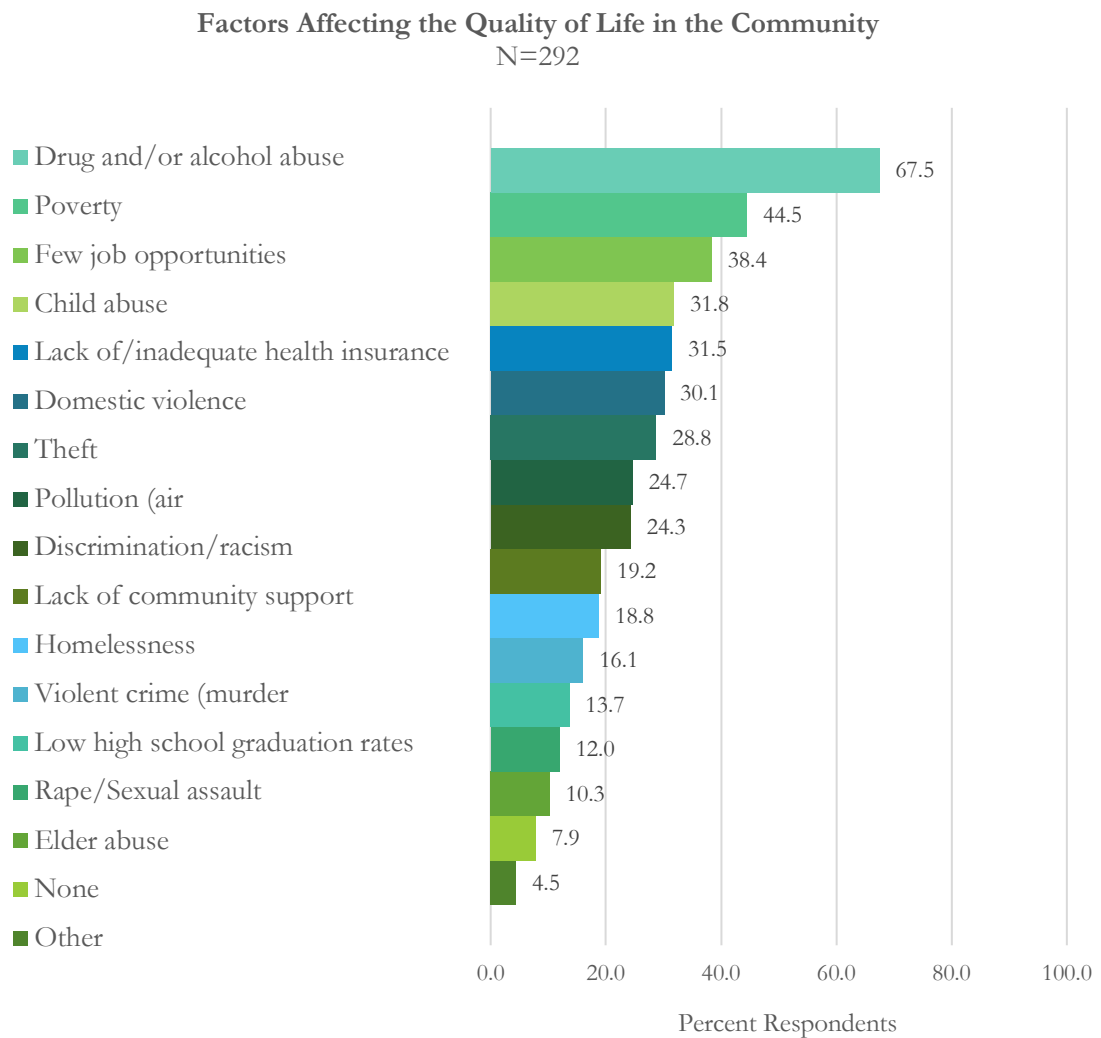
Factors Affecting the Quality of Life in the Community
N=292

Factor	Percent Respondents
Drug and/or alcohol abuse	67.5
Poverty	44.5
Few job opportunities	38.4
Child abuse	31.8
Lack of/inadequate health insurance	31.5
Domestic violence	30.1
Theft	28.8
Pollution (air	24.7
Discrimination/racism	24.3
Lack of community support	19.2
Homelessness	18.8
Violent crime (murder	16.1
Low high school graduation rates	13.7
Rape/Sexual assault	12.0
Elder abuse	10.3
None	7.9
Other	4.5

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

Figure 34. Substance Abuse Problems
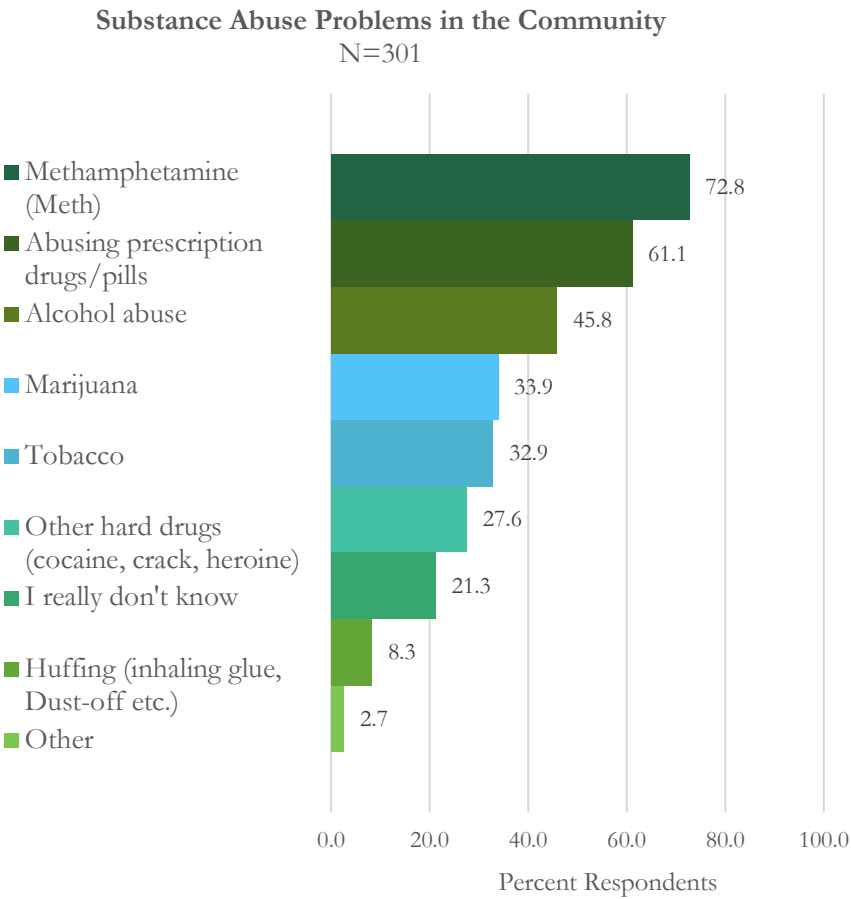
Substance Abuse Problems in the Community
N=301

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

Cancers, heart diseases and motor vehicle accidents were identified by the survey respondents as the top three causes of mortality and morbidity in the community (Figure 35). Obesity/overweight, physical inactivity, and substance use were identified as the top three negative influencers of health in the community (Figure 36), while improper nutrition, mental health issues, and bullying were identified as the top three negative influencers of children's health (Figure 37).

Figure 35. Causes of Mortality and Morbidity
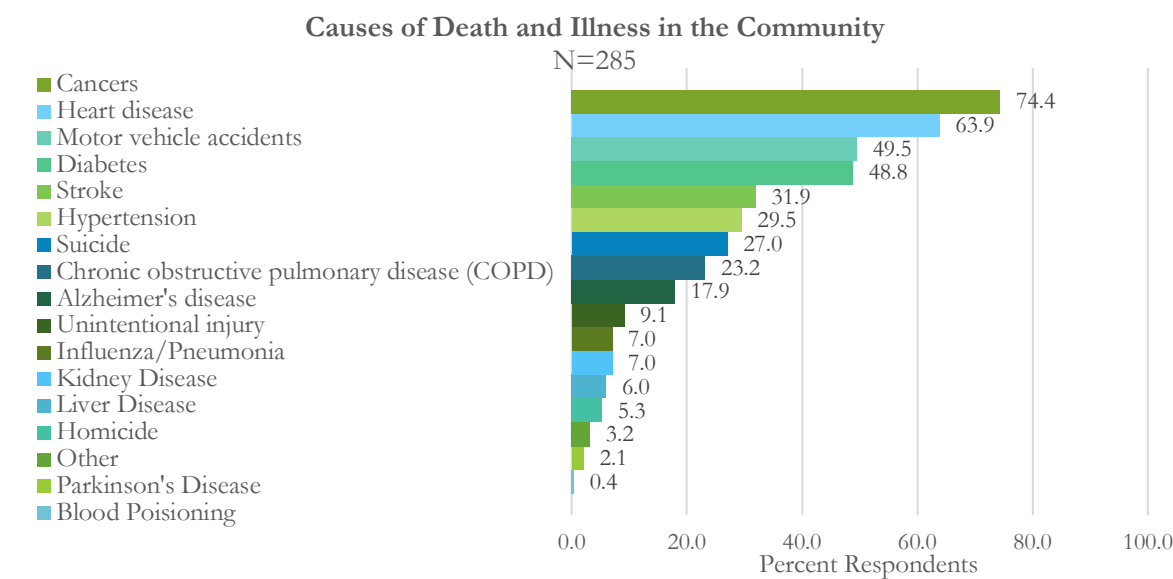
Causes of Death and Illness in the Community
N=285

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

Figure 36. Negative Influencers of Community Health
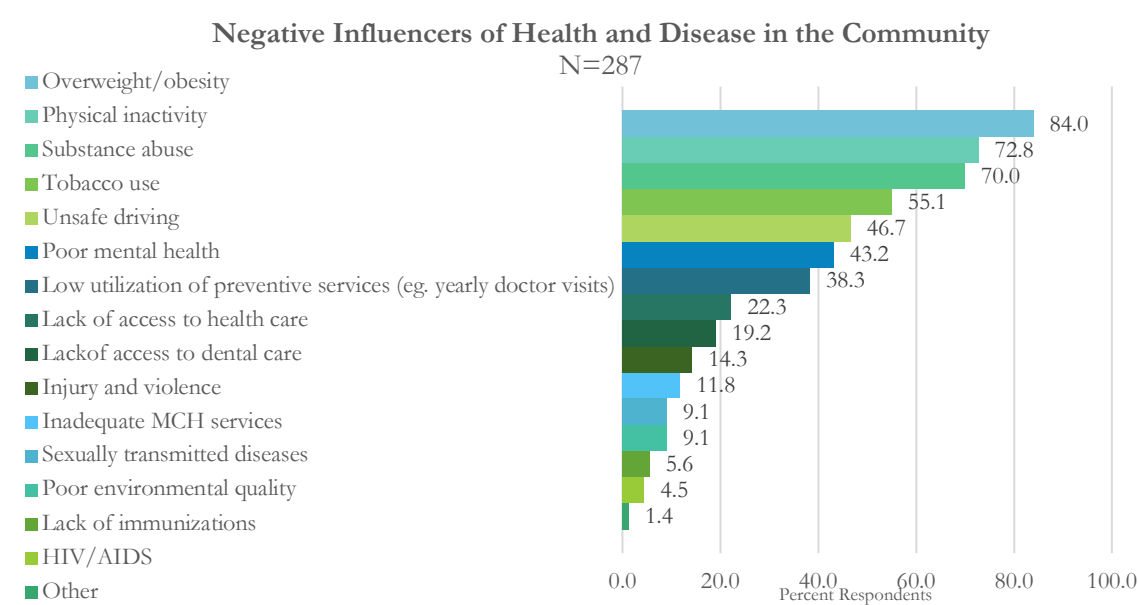
Negative Influencers of Health and Disease in the Community
N=287

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

Figure 37. Negative Influencers of Children's Health

Negative Influencers of Health and Disease Among Children
N=278

- Nutrition — 69.1
- Mental health issues — 55.8
- Bullying — 55.0
- Internet use — 45.0
- Drug abuse — 45.0
- Early sexual activity — 42.1
- Alcohol — 37.4
- Dental hygiene — 36.3
- Tobacco — 30.6
- Uncontrolled diabetes — 17.3
- Eating disorders — 14.0
- Other — 4.0

Percent Respondents

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

4.5 HEALTH CARE ACCESS

4.5.1 Insurance Coverage and Usual Source of Care

Nearly two-thirds of survey respondents (65.8%) reported that they had insurance through private insurers other than that purchased from the Insurance Marketplace (as part of the Affordable Care Act). Sixteen percent were covered by Medicare, and seven percent were covered through TRICARE. About nine percent reported that they were either uninsured or did not know how they were covered (Figure 38).

Majority of the respondents (82.6%) identified that their usual source of care as a provider in a doctor's office setting. Two out of ten (19.1%) identified the urgent care setting as their usual source of care, while four percent identified the emergency department as their usual source of care (Figure 39).

Figure 38. Insurance Coverage

Insurance Coverage
N=225

- Other private insurance — 65.8
- Medicare — 15.6
- TRICARE — 6.7
- Unknown — 4.9
- Marketplace insurance through the Affordable Care Act — 4.9
- Uninsured — 4.0
- Medicaid — 2.7
- Veteran's benefits (VA) — 1.3

Percent Respondents

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

Figure 39. Usual Source of Care
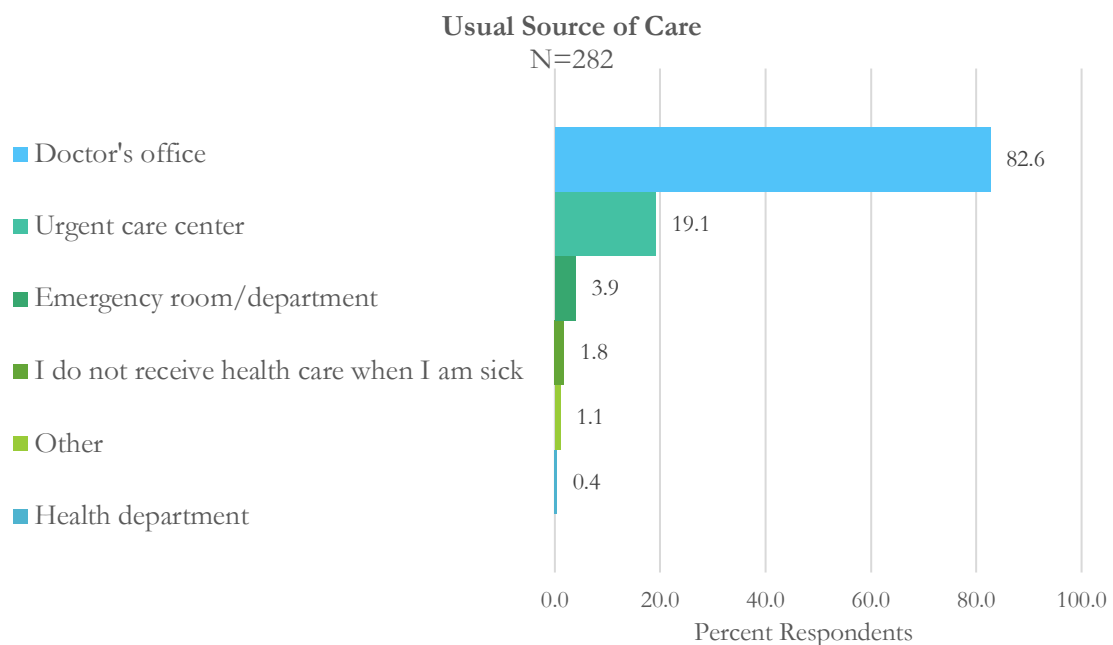
Usual Source of Care
N=282

- Doctor's office — 82.6
- Urgent care center — 19.1
- Emergency room/department — 3.9
- I do not receive health care when I am sick — 1.8
- Other — 1.1
- Health department — 0.4

Percent Respondents

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

3.5.2   Barriers to Healthcare Access

About four out of ten respondents reported experiencing barriers to health care access in the past 12 months, including high cost (19.6%), lack of insurance adequate coverage (16.0%), difficulties getting medical appointments (15.1%) and uninsurance (10.0%) (Figure 40). About three-quarters were willing to access specialists via telemedicine if EHS offered specialist telemedicine services (Figure 41).

Figure 40. Barriers to Healthcare Access
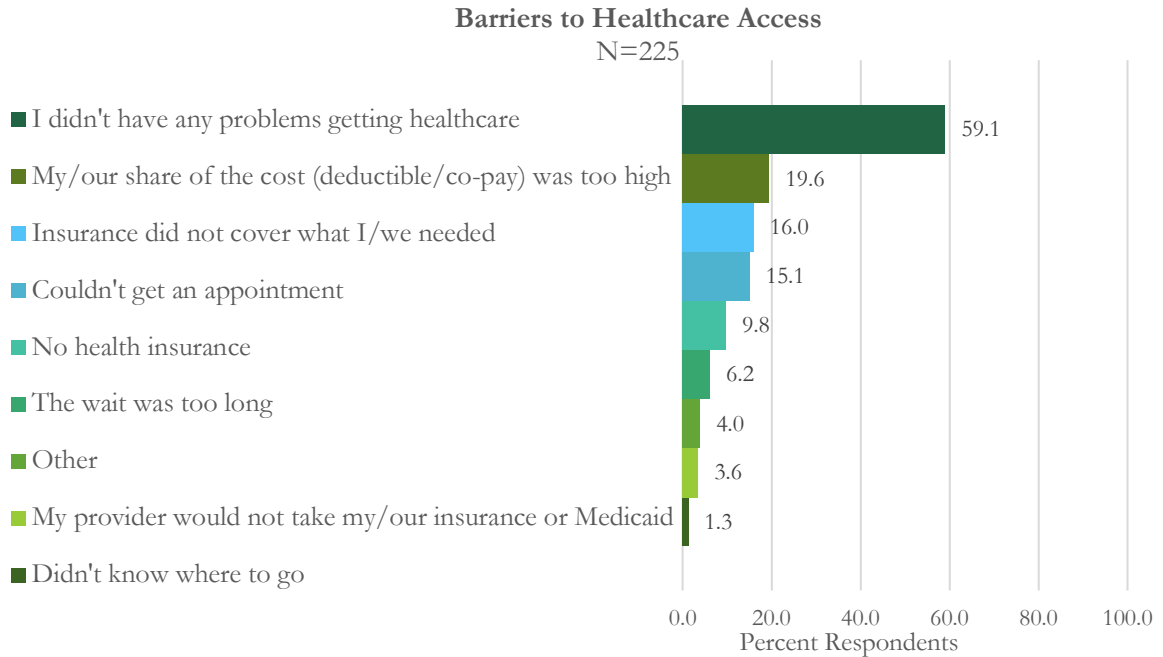
Barriers to Healthcare Access
N=225

Barrier	Percent
I didn't have any problems getting healthcare	59.1
My/our share of the cost (deductible/co-pay) was too high	19.6
Insurance did not cover what I/we needed	16.0
Couldn't get an appointment	15.1
No health insurance	9.8
The wait was too long	6.2
Other	4.0
My provider would not take my/our insurance or Medicaid	3.6
Didn't know where to go	1.3

Percent Respondents

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

Figure 41. Willingness to Use Telemedicine

If offered by your local hospital, would you be willing to consult a specialist via telemedicine?
N=248

24.6%

75.4%

■ No ■ Yes
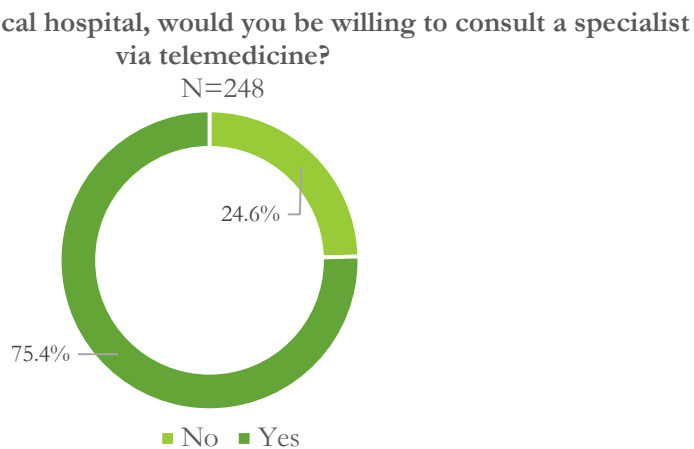
4.5.3 Health Information

Respondents most commonly identified their health care provider as their source of health information (87.3%), followed by the internet (52.7%), family and friends (29.0%), pharmacist (19.1%) and the hospital (18.7%) (Figure 42).

Figure 42. Sources of Health Information
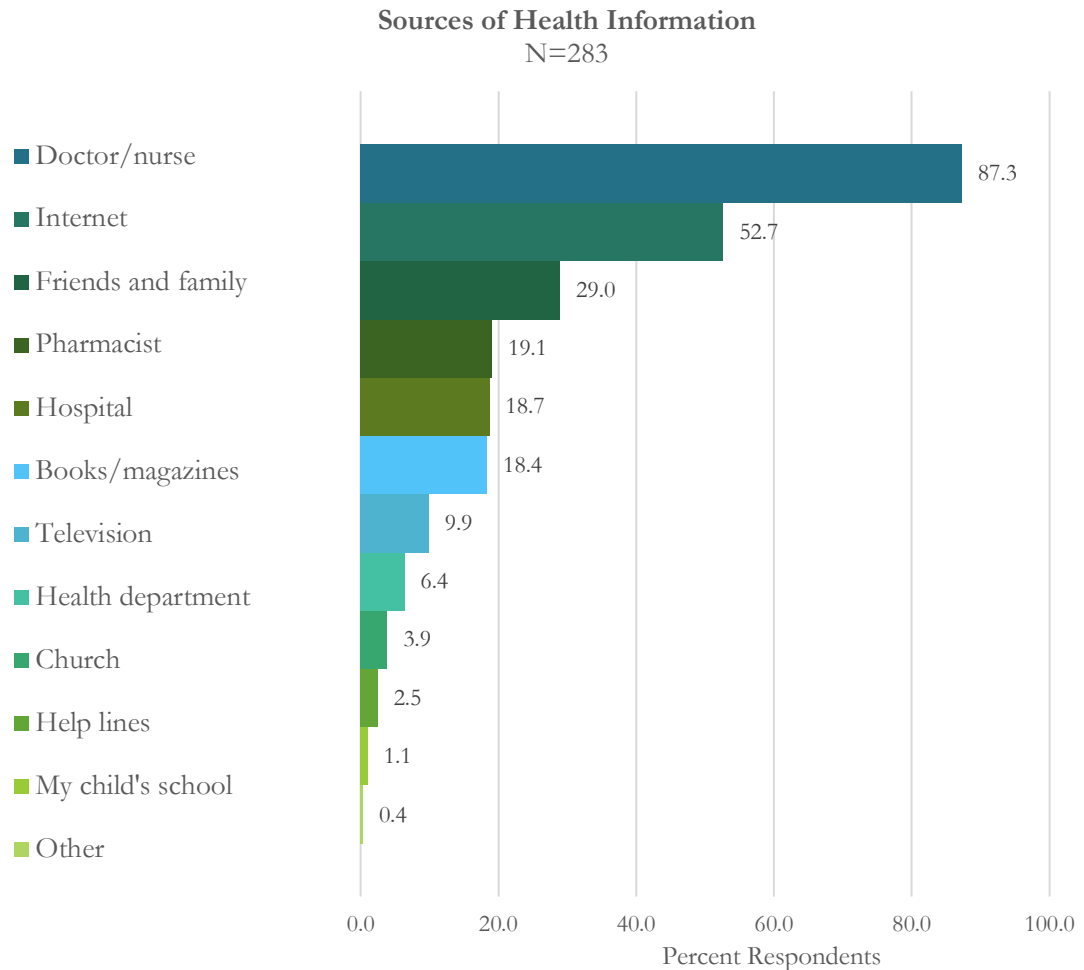
Sources of Health Information
N=283

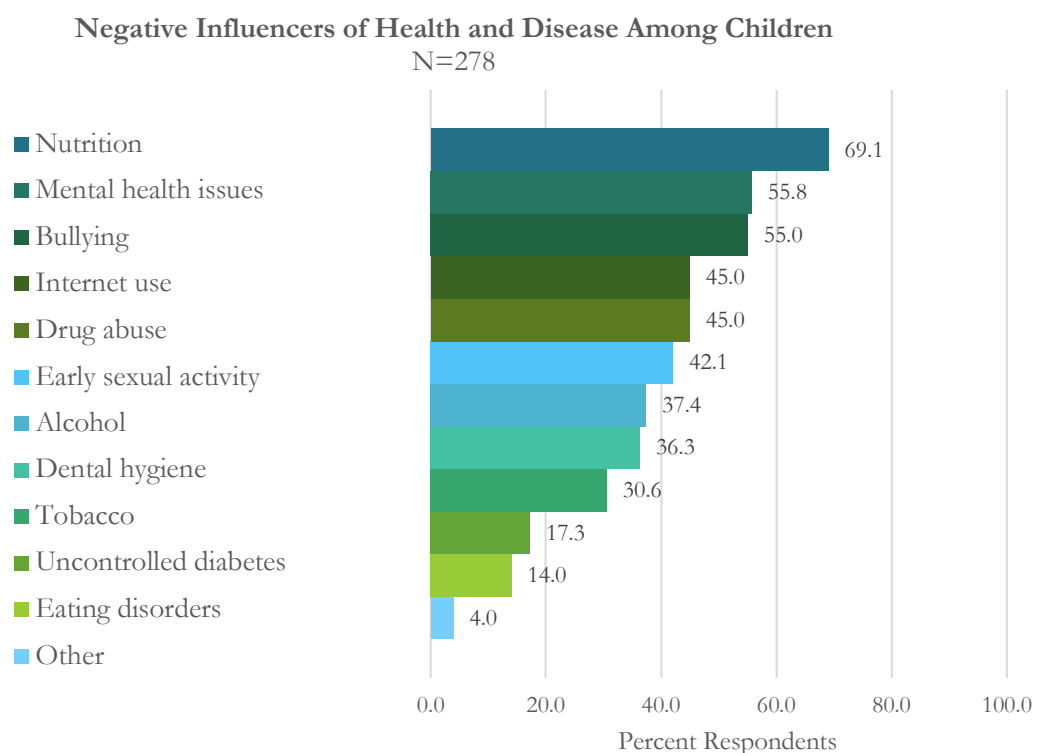| Source	Percent
Doctor/nurse	87.3
Internet	52.7
Friends and family	29.0
Pharmacist	19.1
Hospital	18.7
Books/magazines	18.4
Television	9.9
Health department	6.4
Church	3.9
Help lines	2.5
My child's school	1.1
Other	0.4

Percent Respondents

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

5 COMMUNITY FOCUS GROUPS

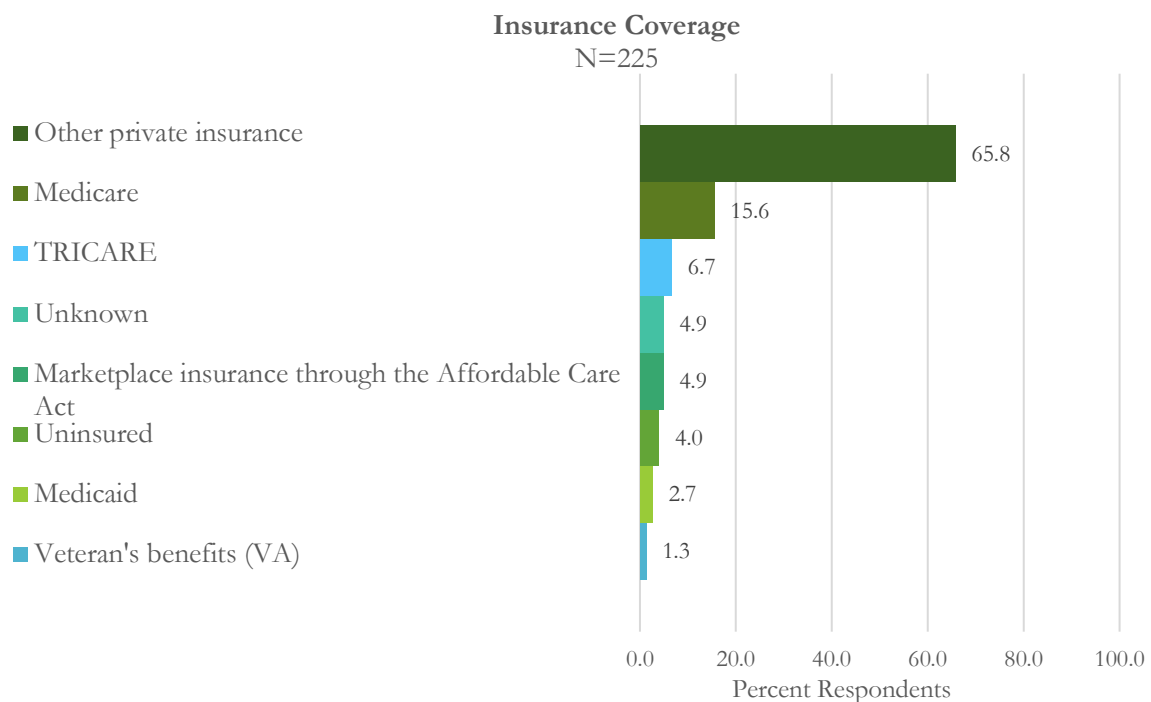## 5.1 PARTICIPANTS' CHARACTERISTICS

Five focus groups were held between February and April of 2019, with an average of seven participants per focus group. Focus group participants were recruited by the hospital in partnership with some community-based organizations, including Parent University, the YMCA and Family Promise. Focus groups were held in Rincon or Springfield but included participants from across Effingham County. The focus groups lasted 71 minutes each, on average.

In total, 34 participants participated in the focus groups. Participants were predominantly female (87.9%), married (57.1%) and currently not working (i.e., either retired or unemployed) (75.8%). Participants' ages ranged from 23 to 81 years with an average age of 61 years. A little over half (54.6%) of the participants identified their race as White/Caucasian, 42.4% as African-American/Black and 3.0% as Hispanic. A little over a third (39.4%) reported that they had a bachelor's degree or higher and over half (58.1%) reported a household income of at least $50,000. Almost all (97.0%) lived in Effingham County. The remaining (3.0%) worked/volunteered in the county only. About 47% of participants had used the Effingham Health System within the last six months and about a quarter (21.9%) had never used the hospital. One participant did not provide any demographic information (Table 7).

Table 7. Demographic Characteristics of Focus Group Participants

Characteristic	%
Gender	
Female	87.9%
Male	12.1%
Race	
White	54.6%
Black	42.4%
Hispanic	3.0%
Marital Status	
Married	63.6%
Single	3.0%
Separated	3.0%
Divorced	6.1%
Widowed	24.2%
Education	
Some High School, No Diploma	3.0%
High School graduate or GED	15.2%

Characteristic	%
Some college credit, no degree	18.2%
Associate Degree	24.2%
Bachelor's Degree	24.2%
Master's Degree or Higher	15.2%
Household Income ($)	
Under 10,000	6.5%
10,000-24,999	6.5%
25,000 - 49,999	29.0%
50,000 - 74,999	16.1%
75,000-99,999	29.0%
100,000-124,999	3.2%
125,000-150,000	3.2%
150,000-174,999	6.5%
Currently Employed	
Yes	24.2%
No (Retired/Unemployed)	75.8%
Residency Status	
Live here only	75.8%
Work/Volunteer here only	3.0%
Work and Live here	21.2%
Last Hospital Use	
Within the last month	18.8%
2-6 months ago	28.1%
1-2 years ago	21.9%
More than two years ago	9.4%
Never used the hospital	21.9%

Notes: One participant did not provide any demographic information. Four and two participants did not provide age and income information, respectively. One participant did not provide information on hospital use.

5.2   EMERGING THEMES

The following sections divide the focus group discussions by common thread or topic.

Community Perception

Participants, in general, described their community as a growing one with diverse citizens, particularly in terms of socioeconomic status.

> *There's a big gap difference, in my school we've got across the road from my school, like four to five hundred thousand dollar houses and then the same school down the road we got apartments with low income.* (Focus Group 5 Participant)

It's diverse. You have citizens that are able to make a good living, and then you have some based on skills that aren't able. (Focus Group 4 Participant)

They further described the community as "*the bedroom of Savannah*" - a commuting community with many citizens living in the county while working outside the county (especially in Savannah). This was partly due to lower crime and an excellent school system.

Participants identified both positive and negative attributes of the community.

Positive Attributes - Themes: Home, Growth, Family Orientation, Retirement Destination

Overall, participants had a very favorable perception of their community. For many, Effingham County was **home**, and as one participant put it, there was "*no place like home.*" Participants indicated that they enjoyed living in the county and were appreciative of its many positive attributes including its recent **population and economic growth**. Also highlighted were the excellent school system and relatively low crime, which made the County **conducive for raising children** and attractive to young families. They also noted that the community was also an excellen**t place for retirees** to settle down following their careers.

The following exemplary quotes capture these expressed sentiments:

I've never had too many issues with anything [here]. (Focus Group 3 Participant)

This is home. (Focus Group 2 Participant)

I can see so much growth in the past five years. (Focus Group 3 Participant)

If you go anywhere in this county, there's a sign on everyone's front door that everyone is hiring. (Focus Group 1 Participant)

This is a good community for the schools, for the children. (Focus Group 2 Participant)

I just think that it's a wonderful place for retirees. (Focus Group 3 Participant)

Negative Attributes - Themes: Limited Access to Health Promoting Resources and Services, Lack of Transportation Options, Inadequacy of Existing Mental Health and Substance Abuse Services, Suburban Issues

Despite the positive aspects of their community, participants noted that opportunities for community improvement. In particular, they discussed the **limited access to some social services and health-promoting resources** extensively, especially for seniors and low to middle-income citizens, such as the homeless, the uninsured, the underinsured or those on Medicaid. In highlighting the lack of health-promoting resources and social support services, one participant noted:

Transportation, housing assistance, utility assistance; we don't have Section 8 housing in Effingham county anymore, they took that away, so that's a big problem for some people. (Focus Group 1 Participant)

Others specifically noted the lack of outdoor and recreational opportunities as well as access to healthy food options.

And one of the other problems I've been thinking about living in Effingham County is like common space. You know 'cause like to be able to go to someplace and sit outside where [there's] nice trees and whatever...I enjoy just to be able to sit and read a book. I mean I can do that at home, but there's something about being outside that...to be able to watch people move back and forth, that sort of thing. That's what I'd like to see. (Focus Group 2 Participant)

In response to another participant's comment about the proliferation of eateries in the county, one participant noted: "*but they don't have like a nice restaurant, like a nice eating place. Just fast foods!*" (Focus Group 2 Participant). Another added: "*I feel like we might need to have more healthy restaurants, we have a lot of those fast food things popping up*" (Focus Group 5 Participant).

Others, however, noted that although still somewhat limited compared to Savannah, access to health-promoting resources had improved significantly in the county, yet the issue related to a lack of awareness of the availability of these resources remained.

There seems to be a lot of resources but sometimes getting that message out to the ones who need it sometimes the most because you know...they may not be aware even if it's here. (Focus Group 4 Participant)

A consistent theme across all focus groups was the **lack of transportation** within the county, especially medical transportation. As one participant expressed this need in the following statement:

I have an 11-year-old granddaughter and one day, we went to McDonald's, and there was a taxi in McDonald's and [she] said 'Oh they got taxis in Rincon!' and I said 'Baby that probably came from the airport...no! We don't have taxis in Rincon'. We don't have any kind of transportation other than that coastal bus. (Focus Group 3 Participant)

There are some parents here who do not have transportation for their child, either to pick them up or..they are struggling. (Focus Group 5 Participant)

The absence of reliable mode of transportation limited the access of vulnerable and underserved populations (such as seniors and low-income citizens) to medical care as well as to health-promoting resources. They noted that current transportation options, such as coastal bus and Uber, were limited in scale, unreliable or unsafe.

I have a friend who uses Uber a lot, to come to church. I asked her if she always got the same person and she said no. But my fear is we could get someone who's a psycho driving around cars, and you don't know what you're gonna get. (Focus Group 3 Participant)

Another cross-cutting theme was the **inadequacy of existing mental health and substance abuse services**. As one participant put it concisely, "*there's no mental healthcare.*" This participant continued by recounting her personal experience with an inadequate mental health system.

*My son was in the hospital three separate times trying to kill himself, so you leave that, and then they keep you only 72 hours, now with here they keep you longer, okay he's ready to come home - no he's not. You should get counseled once a day, three different group meetings. So he's in that setting, and he's great, and your son participates, oh great, send him back to Rincon where there's nothing. I buried him two years ago, Friday. (*Focus Group 1 Participant)

Although participants lauded the economic growth experienced by the county in recent years, they added that such growth brought with it **issues associated with a sprawling suburban community**. They lamented the increase in the cost of living as well as the crime in the community, which they characterized as a spill-over from neighboring urban Savannah.

Even though I haven't lived here for over 30 years, I would like to move back to when we first thought about it, it was pretty reasonable, but now the prices are really much, much higher. (Focus Group 4 Participant)

Well, Savannah is overgrown now, and you have people moving to the suburbs, and when they move to the suburbs, the crime comes with them. So we are finding there are robberies out here, there are killings out here but praise God we have a very good police force. (Focus Group 2 Participant)

Community Health Outcomes

Themes: Mental Health and Substance Abuse, Cancer, Diabetes, Obesity, Dementia, Cardiovascular Diseases

The top health condition in the county, identified in all focus groups was mental health and substance abuse. Diabetes was identified as a significant community health concern in four of the five focus. Three focus groups identified cancer as important health challenges in the community. Other health conditions that were mentioned included obesity, dementia and cardiovascular diseases. Top children health concerns included asthma, substance abuse (e-cigarettes and vaping) and mental and behavioral health issues such as Attention Deficit and Hyperactivity Disorder (ADHD).

Community Access to Health Services

Themes: Lack of Specialists, Limited Dental Care Services, Lack of Health Insurance

Participants noted that the poor community health outcomes were driven in part by limited access to health services, including specialists and affordable insurance. It was also noted that existing health services were geographically maldistributed across the county.

> *All the services that are in Effingham County are more or less located in the heart of Effingham or in the Rincon and Springfield area, and so it makes you feel like you're a stepchild down on the other end especially when it comes to medical services.* (Focus Group 4 Participant)

For many, accessing health services, especially **specialist services** required to travel to Savannah or other areas, which came with many scheduling and logistical challenges.

> *[I have to travel to] Waycross for my Rheumatologist to just to treat my allergies and my arthritis and that's an all-day project too as well. And I've missed a lot of those appointments is because of being where it is. And not having transportation now it has been over six months since I've seen my doctor.* (Focus Group 1 Participant)

When asked to identify the specialists needed in the community, participants identified the need for several specialists including an endocrinologist, rheumatologists, orthopedics, neurologists, ear, nose and throat specialists, podiatrists, ophthalmologists, internal medicine, pain management, wound care, just to name a few. One participant's response to the question about the types of specialist needed summed it up: "*Everything!*" (Focus Group 1 Participant)

The need for access to affordable **dental care services** in the community was highlighted in some of the focus groups: "*I don't have dental coverage, and the places you can go up here are too expensive. They want 250 dollars just to clean the teeth. I'll clean it in the bathroom*" (Focus Group 2 Participant)

The availability of **affordable health insurance** with little to no coverage and access restrictions was highlighted a significant need in the community. Access to health services in Effingham County was, especially, restricted for the uninsured, for those on public insurance programs like Medicaid and Medicare Advantage and for middle-income individuals who fell through the crack (i.e., made too much to qualify for public programs but too little to afford private insurance).

> *"We make too much but not enough. We haven't had insurance in 5 years"* (Focus Group 1 Participant)

> *I think we could use more regular doctors here that can accept more Medicaid. It's kinda a hard time finding doctors in this area* (Focus Group 1 Participant)

That's the problem, insurance, people do not have insurance so they cannot go to the hospital for anything, that would be too much to pay, and if they have to go, they never pay and the hospitals, hospital lose a lot of money there. (Focus Group 2 Participant)

Participants, however, lauded attempts to expand access in the community, including through the use of telemedicine in schools:

We're trying to increase [access]. We're getting told that. We do telemedicine at our school, and it's going to all the elementary schools next year, increasing in middle and high school, and there are volunteers, so we are trying to have access for our kids. (Focus Group 5 Participant)

I think that there are a lot of medical resources here that people can tap into... And now they've also started the telemed in the school system. They've got that in the school system now, not all of the schools. (Focus Group 4 Participant)

Hospital's Role in Advancing Community Health and Wellness

Themes: Increasing Scope of Services, Increasing Access, Increasing Community Health Outreach efforts

To best serve the community and facilitate community health promotion and wellness, participants called for the hospital to **expand the types and scope of services** they provided to the community, to limit the need to travel outside of the county limit for healthcare. As one participant stated it simply: *Offer more services* (Focus Group 3 Participant)

They also suggested that the hospital could **expand access** by increasing its use of telemedicine, lowering the cost of hospital services, expanding current indigent care program and expand access to primary care services by organizing mobile clinics. Mobile clinics could serve as a means of serving community members who are geographically disadvantaged, in terms of health services access as well as those who did not know about the availability of these services or those who did not have a means to get to the hospital.

If the hospital could do a mobile clinic, in the South end and the North end, just a clinic once or twice a month and that would catch..not everybody but once it has gotten done then people will know..okay on the third Sunday, on the third Monday, 9-5 or whenever the clinic is gonna be [open], I can go in there and go and have my blood pressure or whatever, go in and possibly something could be caught if it's there (Focus Group 4 Participant)

I think perhaps more screening, like maybe the mobile type you know where they are, where churches do special days...they could offer that, so the community knows what it is that they have. (Focus Group 3 Participant)

Participants also called for the hospital to **increase community health outreach efforts**. Health outreach activities could include nutritional classes, and more "lunch and learns." While most acknowledged that the hospital held health fairs and tried to remain connected to the community, they called for an increase in the hospital's visibility in the community. According to them, through its engagement in the community and its community health outreach efforts, the hospital could not only positively impact health and wellness in the community but could also market itself to the community and improve prevailing community perceptions about the hospital. Consequently, such efforts may increase hospital utilization, reduce outmigration and improve the hospital's viability.

> *They [the hospital] used to be real active. Years ago they had a Girl's Night Out which started at the imaging center, and then it went over to Goshen Methodist, and you know, they'd use up all the doctors. So it has...quit.* (Focus Group 3 Participant)

Hospital and Community Collaboration for Community Health and Wellness

Theme: Partnerships

For the hospital to succeed in its role as a change agent for health in the community, participants stated that they needed to work with other community stakeholders. They stressed the importance of **partnerships** as a means for the hospital and the community to collaborate to promote and achieve community health and wellness. According to participants, community-based organizations like churches, schools, YMCA and other organizations could serve as excellent partners for the hospital.

The following quotes exemplify these discussions:

> *Possibly more collaboration with the school nurse. That would help because you have those chronic cases, for children who are in school and they are chronically, are constantly ill. That would bring something...I know most schools do something anyway.* (Focus Group 4 Participant)

> *Churches would probably be glad to sponsor things like having a mobile facility park in the yard there, and they can come and do mammograms or whatever it is that they do.* (Focus Group 3 Participant)

The hospital's lunch and learn series with the YMCA was cited across several focus groups as an excellent example of how the hospital could collaborate with community organizations for health promotion.

> *They come from the hospital here to the Y, and then like our classes just like this here, we come in, eat and he gives us his presentation all what not and we learn a lot that way to the point where you don't have to actually go to the hospital to get anything. The hospital comes to us in so many instances, and that makes it much better for us because we have learned a lot, where like myself if we didn't go to lunch and learn I wouldn't know anything* (Focus Group 2 Participant)

Conclusion

In summary, focus group participants, most of whom were long-standing residents of the community, expressed favorable opinions about their community. They noted that the recent population growth experienced by the community brought with it growing pains including, an increase in crime as well as public resource constraints. In particular, they advocated for health resources including specialists, mental health and substance abuse services, affordable dental services, transportation options and, affordable health insurance options. They also emphasized the need to address the top health conditions in the community: mental health and substance abuse, cancer, diabetes. Participants felt the local hospital could improve health and wellness in the community through (a) service expansion efforts (b) efforts to make health services more accessible and (c) an increase in community health outreach efforts. They added that the effectiveness of these efforts could be augmented by strong and effective partnerships with community-based organizations, like schools and churches.

6 KEY INFORMANT INTERVIEWS

6.1 PARTICIPANTS' CHARACTERISTICS

Representatives of community-based health and social service organizations in Effingham County were invited to participate in key informant interviews. Twelve participants agreed, and five completed the interviews (40% response rate). Each interview lasted approximately 19 minutes on average. Participants included two men and three women and represented organizations, including health and human services, school system, health care plans and providers and community-based organizations. Participants served in leadership roles in these organizations.

6.2 EMERGING THEMES

The following sections divide the interview discussions by common thread or topic.

Community Perception

Positive Attributes - Themes: Growth, Close-Knit, Family-oriented, Strong School System, Low Crime

Similar to the focus group participants, the key informants, generally, had a positive perception of the county. Some of them lived and worked in Effingham while some only worked in Effingham. However, all participants spent a lot of time in the community and interacted with residents due to the nature of their jobs. The majority of the informants reported exponential **growth** in the county, both in terms of the economy and population. Despite this growth, they noted that the county had maintained its "small feel" and remained a **close-knit** community. They highlighted the community's **family-orientation**, **excellent school system** and **lower crime** as strengths of the community.

> *I think that some of the strengths here in our community are that although it is growing in population, it has a small feel and with that comes close community ties, so I see that people come together to help others, to help their neighbors and that's what I really love about Effingham.* - Informant 1

> *People rally around when there is a need; it is a close-knit community even if there are a lot of people moving in, it's just a rural enough area that people like to live here.* - Informant 3

> *They come together like no other county that I have worked in. They communicate. They engage. Collaborate. They love where they live in; they love where they work. People are excited to be in Effingham County.* - Informant 4

Key informants discussed some challenges in the community, with **transportation** being the most consistently emerging theme. The lack of public transportation options served as a barrier to accessing care and economic opportunities for some citizens including low-income and seniors. They called for public transportation options for the community.

> *The ongoing challenge is transportation; we do not have any public transportation… therefore we need a bus system or a cab/taxi system – something of that nature.* – Informant 2

Other challenges identified included limited **access to health services.** The key informants highlighted the impact of cost barriers to healthcare access, especially for the uninsured. They noted that not only were some health services, including specialist care, limited but in some cases, individuals may often be unaware of available community resources.

> *There was a huge barrier with residents trying to get healthcare services but having to travel so far away* - Informant 1

> *People [have a] lack of knowledge of what is available to them in the community, some people do not have internet, immobility, some do not have transportation* - Informant 5

Community Health Outcomes

Themes: Poor Mental and Behavioral Health and Obesity

Poor **mental and behavioral health** and **obesity** were identified as the most prominent health issues in the community. They highlighted the need for additional mental and behavioral health resources and for increasing community awareness of existing resources.

> *Our elderly population, uninsured population, and people [are] dealing with mental health issues. People that have specialized needs… For mental health, having readily available resources, and maybe we even have resources, but it is not communicated very well.* - Informant 3

One of the participants also identified chronic illnesses as significant community health outcomes: *"Chronic illnesses are definitely the top that I see through my work. And I think that kinda ties with the one I would rank as third, which is obesity. Obesity rates are high."* To address obesity and chronic illness issues, participants called for an increase in recreational and outdoor spaces to promote physical activity.

> *[Provide] the connectivity and outdoor space for people to get out and walk, and promote our inner communities as being a walking community, a biking community. We don't really have that right now, and more so, you have to drive, or it's unsafe. But I think that together can promote healthy living which could decrease the obesity rate and improve chronic illness.* - Informant 1

Community Access to Health Services

Themes: Lack of Specialists, Lack of Health Insurance, Limited Knowledge of Available Resources, Economic Barriers

Community access to healthcare was said to be influenced by the **lack of specialists**, **limited insurance coverage** and **lack of knowledge of available resources**. **Lack of economic resources** was also identified as a possible barrier to healthcare access.

> *I think the big one will be transportation, the cost of services for uninsured individuals, and more specialized area of need – more specialized physicians in regards to endocrinology or gastroenterology…Most doctors are just family practitioners."* - Informant 3

> *Lack of economic resources, being that they can't afford care. Also lack of knowledge, like when they apply for some of the programs, on how to access affordable healthcare. And some people don't say anything on time until it is too late. Economic barriers are one, pure lack of knowledge [is another].* - Informant 5

Hospital's Role in Advancing Community Health and Wellness

Themes: Expanding Services, Improving Access, and Improving Communication

Key informants provided some recommendations for the hospital to possibly explore as a means of advancing community health and wellness. The majority called for the hospital to **expand its services and to improve health care access**. They also emphasized the need to **enhance communication**, with emphasis on sharing health resources with the community and the organizations serving the community.

> *The health system does have kind of a branch off of Bernard health that provides people with affordable insurance, and I'm trying to learn more about that. Depending on what their barriers are, expanding that program to cover those barriers that some people [who] can't be served, [who] don't fall into the parameters to help them get affordable insurance.* - Informant 1

> *Definitely should advertise some of the new services or professional doctors that they have that come to the hospital. I can say truly, Effingham for a lot of years, the community as a whole always thought that they were just inadequate, they didn't have sufficient doctors [or] knowledgeable in certain different fields and currently that has increased – upgraded facility, more doctors visiting or [having] offices here a couple of days a week. It's just pretty much putting the word out, whether it be in the newspaper, pamphlets and getting people to advocate in the community that hey, these services are here in Effingham and they are available to you.* - Informant 5

They noted that ultimately, improving community health and wellness required partnerships among community stakeholders.

> *I think between county, the school system and the health department and ultimately the hospital. There are things that are put in place in the community, needs that are there and just bringing*

everything available to the public and just realizing how great the needs are. I think we are moving in the right direction. – Informant 2

Hospital and Organization Collaboration for Community Health and Wellness

Theme: Partnerships

All the key informants reported that their respective organizations had made good collaborative strides with the hospital in the past and currently. However, there was a consensus that there is room for improvement through **strengthened and sustained partnerships** and continued collaboration. They identified the need for sharing resources between the hospital and organizations including data, and the need for communication and listening. To this regard, the informants shared the following thoughts:

I think we are moving in the right direction, there is a good partnership there, with it just being more open-minded, listening to what the needs are of the families. We have a great partnership with the hospital on several [initiatives]… like doing the telehealth, increasing that and I believe if the school system and the insurance offers… if telehealth became a part of that as well, that would be a great step forward in the community. - Informant 2

Doing the health needs assessment is kind of a good place to start again; I'm part of the 2016 needs assessment. That helps our organization that they allow us to participate and give our input and use our data. And I think organizations across the board can also do the same. -Informant 1

To continue to work together, to partner together, like I said, we have employees from the hospital on our board, being more partners with them on theirs, ground level. A big thing will be sharing resources – knowledge, community awareness, data, [and] community involvement. -Informant 3

We work together with Joe and Miss Fran for healthcare needs if they need something. They had a health fair recently that we could not attend because of the time frame, but we work very well together if Joe needs something he calls me, if I need something I call Joe, they've always been responsive. Joe is at different meetings that I'm at so we do share a lot of collaborative together. We do collaborate together when needed. - Informant 4

Primarily [improving] the lines of communication and just working together to let people know to eat healthier, make healthier choices and what is available in the medical profession within the community. Doctors that are affiliated with Effingham Hospital, days of the week that different professions…and just making sure that information is well saturated in the community. I think working together on that is going to make a big difference and an impact. - Informant 5

Conclusion

The feedback obtained from the key informant interviews was similar to that obtained from the community focus groups. Key informants noted the negative impact that the lack of transportation may be having on access to healthcare, resources and the overall health of the community. They identified other significant community health needs to include affordable insurance, access to specialists including mental health specialists and pediatricians. They identified mental and behavioral health and obesity as the topmost common health conditions that required attention. While there was a consensus that the hospital had improved in recent years, they stated that the hospital could build on its improvement efforts by expanding their services, providing more access to care at an affordable rate, enhancing community outreach efforts especially through liaising with community advocates and improving communication and marketing efforts. They also emphasized the need to strengthen partnership and collaborations with community-based organizations to improve health and wellness in the community.

SUMMARY OF FINDINGS FROM KEY INFORMANT INTERVIEWS AND COMMUNITY FOCUS GROUPS

Community Strengths
- Economic and Population Growth
- Close-Knittedness and Family Orientation
- Strong School System
- Lower Crime and Lower Cost of Living

Factors Hindering Community Health and Wellness
- Limited Transportation Options
- Limited Access to Health and Social Services
- Inadequacy of Existing Mental Health and Substance Abuse Services
- Lack of Health Dining Options and Limited Recreational Options

Community Health Outcomes
- Mental Health and Substance Abuse
- Diabetes
- Cancer
- Obesity
- Cardiovascular Diseases

Barriers to Health Care Access
- Lack of Specialists
- Limited Dental Care Services
- Health Insurance Coverage Issues (both uninsurance and underinssurance)
- Lack of Community Awareness of Available Health Resources

Hospital's Role in Promoting Health and Wellness
- Expansion and Increased Advertisement of Hosptial Service Offerings
- Increasing Access to Affordable and Accessible Health Services
- Increasing Community Health Outreach Efforts

Community and Hospital Collaboration for Health and Wellness
- Strengthened Partnerships

7 PRIORITIZATION

The hospital steering committee and community advisory board members identified and prioritized community health needs during a 2-day planning workshop. Each session lasted at least 3 hours. The approach for prioritizing community health needs have been previously described in the methodology section of this document. Briefly, participants thoroughly reviewed and discussed the findings of the needs assessment and its implications for health planning in Effingham County. Next, significant community health needs were identified through brainstorming and subsequently, a multi-voting approach. Participants then outlined goals and objectives for each of the identified top three community health priorities.

Below are the prioritized community health issues:

PRIORITY ONE: Health Care Access

GOAL 1: To increase access to affordable healthcare options.

OBJECTIVES:

- Objective 1.1: Identify and communicate currently available transportation opportunities to residents.
- Objective 1.2: Promote and explore the expansion of telemedicine systems across the service area.

PRIORITY TWO: Mental Health and Substance Abuse

GOAL 2: Improve the mental well-being of Effingham County residents and to reduce substance abuse and misuse in the County.

OBJECTIVES:

- Objective 2.1: Reduce the amount of time between Emergency Room encounter and referral to appropriate mental health and substance abuse services for patients needing such services by December 31st, 2021.
- Objective 2.2: Reduce drug and alcohol use in the Effingham county by 10% by December 2021.

PRIORITY THREE: Chronic Disease Education and Awareness

GOAL 3: Increase awareness of healthcare services and resources in Effingham County.

OBJECTIVES:

- Objective 3.1: Identify healthcare services and resources
- Objective 3.2: Communicate and disseminate information on healthcare services and resources
- Objective 3.3: Educate community on Chronic Conditions

An implementation plan is outlined on the next page.

8 IMPLEMENTATION PLAN

Community Priority Area 1: Health Care Access

Goal: To increase access to affordable healthcare options				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Identify and communicate currently available transportation opportunities to residents				
Establish contact and partnership with transportation agencies	90 days	Fran Baker-Witt	Referral relationship established.	Coastal Regional Commission and others as identified
Develop transportation resource document for public dissemination	120 days	Fran Baker-Witt	Document complete	Coastal Regional Commission and others as identified.
Objective 2: Promote and explore the expansion of telemedicine systems across the service area				
Create a marketing and communication plan for telemedicine	90 days	Fran Baker-Witt	Marketing and Communication Plan	EHS, Effingham County Board of Education
Complete expansion plan and increase telemedicine services	2022	Fran Baker-Witt	Number of patients Number of visits	EHS, Effingham County Board of Education & other stakeholders

Community Priority Area 2: Mental Health and Substance Abuse

Goal: To improve the mental wellbeing of Effingham County residents and to reduce substance abuse and misuse in the county				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Reduce the amount of time between ER encounter and referral to appropriate mental health and substance abuse services for patients needing such services by December 31st, 2021				
Obtain baseline data – 12 months of data from EHS	90 days	Fran Baker-Witt	Data Report	EHS
Research and prepare funding solicitations as available	120 days	Fran Baker-Witt	Requests submitted	Local & State agencies Georgia Southern University
Develop a list of mental health and substance abuse services	120 days	Fran Baker-Witt	Community Resource List	Family Connections, Gateway, Community Resource Council
Establish collaboration with stakeholders and meet	120 days	Fran Baker-Witt	Meeting Minutes	Family Connections, Gateway, Community Resource Council
Monitor and measure referrals and trends	Quarterly	Fran Baker-Witt	Quarterly Reports	EHS

Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 2: Reduce drug and alcohol use in the Effingham county by 10% by December 2021				
Obtain baseline data on drug & alcohol use	90 days	Fran Baker-Witt	Baseline Data Report	Sheriff, REESA, Kids Count Program
Seek funding to support campaign to reduce drug and alcohol use	180 days	Fran Baker-Witt	Solicitations submitted Funds awarded	Local & State agencies Georgia Southern University
Educational Events: ✓ Health Fairs ✓ Sheriff's Department ✓ School Resource Officers	Annual Annual Semi-annual	Fran Baker-Witt	Number of events Number participating	Family Connections, United Way, Substance Abuse Counselors

Community Priority Area 3: Chronic Disease Education Awareness

Goal: Increase awareness of healthcare services and resources in Effingham County.				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Identify, communicate and disseminate information on healthcare services and resources.				
Update Community resource digital list bi-annually	90 Days	Fran Baker-Witt	Community resource list	EHS, Family Connection, United Way
Have community partners host service and resource list on company websites	180 Days	Fran Baker-Witt	Listing available on community websites	EHS, Family Connection, United Way, Chamber of Commerce
Objective 2: Educate community on Chronic Conditions				
Lunch and Learns ✓ Diabetes ✓ COPD ✓ Better Breathers ✓ Hypertension ✓ CHF	90 Days	Fran Baker-Witt	Number of classes hosted Number of participants	EHS, Family Connection, United Way, Physician Practices

9 HEALTH CARE RESOURCE LISTING

ORGANIZATION	LOCATION	PHONE	EMAIL/WEB SITE/OTHER
Abuse & Domestic Violence			
Ahimsa House	P.O. Box 8181 Atlanta, GA 31106	(404)496-4038	24/7 crisis hotline, (404) 452-6248 use this number ONLY for victims of abuse or victim representatives
Effingham Victim-Witness Assistance Program, Inc.	P.O. Box 893 768 Highway 119 South Springfield, GA 31329	(912)754-7460	director@evwap.org
Child & Youth Services			
Abundant Life Church	1541 Highway South Springfield, GA 31329	(912)754-3148	
Acts III Thrift Store	6014 Highway 21 South Rincon, GA 31326	(912)826-2981	
Big Brother Big Sisters of the Coastal Empire	428 Bull Street Suite 203 Savannah, GA 31401	(912) 233-7669	
Boy Scouts of America	11900 Abercorn Exp Savannah, GA 31419	(912)927-7272	bsa099@bsamail.org bssavannah.org
Carmen's Day Care Center, Inc.	107 North Maple Street Springfield, GA 31329	(912)754-6079	
CASA	515 Denmark Street Statesboro, GA 30458	(912)764-4849	joincasa@gmail.com Programs: edcasaogee@frontiernet.net casaogeechee.org
Coastal Children's Advocacy	P.O. Box 9926 Savannah, GA 31412	(912)236-1401	ccac-savannah.org
Coastal Harbor Treatment Center	1150 Cornell Avenue Savannah, GA 31406	(912)354-3911	coastalharbor.com
Coastal Risk Reduction & DUI Academy	5912 Highway 21 South #7 Westwood Plaza Rincon, GA 31326	(912)826-0447	coastalduiacademy.com
Durden Consulting Services, LLC	5910 Highway 21 South Unit #6 Rincon, GA 31326	(912)988-3649	durdenconsulting.com
E.O.A. Head start	4752 Highway 17 South Guyton, GA 31312	(912)728-9621	
East Georgia Counseling Services	110 Rushing Lane Statesboro, GA 30458	(912)764-7785	eastgacounseling.org
Effingham County B.O.E. Pre – K Program	405 North Ash Street Springfield, GA 31329	(912)754-5628	effinghamschools.com
Effingham County High School	Jackie Brown, Social Worker 1589 Hwy. 119 South Springfield, GA 31329	(912)754-6404 (912)754-6893	effinghamschools.com
Effingham Head Start Center	434 Wallace Drive Springfield, GA 31329	(912)754-1822	elaines@eoasga.org; alfrediah@eoasga.org
G.L.O.W. Ministries, Inc.	1094 Goshen Road Rincon, GA 31329	(912)663-5806	turnersw63@ad.com
Gateway Behavioral Health Services	108 W 8th Street Rincon, GA 31326	(912) 826 7469	gatewaybhs.org
Gilead Counseling	207 N. Columbia Ave. #B Rincon, GA 31326	(912)772-307	jcochranphd@gileadcounseling.com
Girl Scouts of Historic Georgia, Inc.	110 Pipemakers Circle Suite 116 Pooler, GA 31322	(912)236-1571	gshg.org
God's Mission House	1435 Highway 119 North Springfield, GA 31329	(912)754-0840	
Goodwill of the Coastal Empire	410 South Columbia Avenue Suite B Rincon, Georgia 31326	(912)513-0002	goodwillsavannah.org

ORGANIZATION	LOCATION	PHONE	EMAIL/WEB SITE/OTHER
Habitat for Humanity – ReStore	3605 Highway 21 South Rincon, GA 31326	(912)826-6433	effinghamhabitat.org
Hope Christian Concepts	5912 GA Highway 21 South Westwood Plaza Unit #7 Rincon, GA 31326	(912)826-0443	hopechristianconcepts.org
Hospice Savannah, Inc. Full Circle Grief & Loss Center	Full Circle Grief & Loss Center 450 Mall Blvd. Suite H Savannah, GA 31406	(912)303-9442	HOSPICESAVANNAHHELPS.org
HYPE Outreach Ministries, Inc.	P.O. Box 1302 Springfield, GA. 31329	(912) 663-0145 (912) 658-9811	hypeoutreach@yahoo.com
Kathy's Daycare	1211 Laurel Street Springfield, GA 31329	(912)754-3742	
Katie McGrory Play Therapist, LPC	711 Zitterour Road Rincon, GA 31326	(912)441-1435	playheals.vpweb.com
Little Country Daycare and Pre-K School	7951 Highway 21 Port Wentworth, GA 31407	(912)964-4532	
Little Tot's Day Care	699 Highway 80 West Eden Port Wentworth, GA 31307	(912)748-0700	
Manna House Ministries	1210 Patriot Drive Rincon, GA 31326	(912)826-2037	mannahouse@mannahouserincon.org mannahouserincon.org
Mobile Crisis Response Services	1141 Cornell Avenue Savannah, GA 31405	(912)351-6560	
R & R Group Daycare	203 B Samuel Small Avenue Guyton, GA 31312	(912)772-4539	
Recovery Place Inc.	835 East 65th Street Suite 104 Savannah, GA 31405	(912)355-1440 (800)627-4010	admin@recoveryplace.org recoveryplace.org
Rincon Recovery & Counseling Center	613 Towne Park Drive West Ste 103 Rincon, GA 31326	(912)826-0918	info@rinconrecovery.com rinconrecovery.com
South Effingham County High School Social Worker - Erin Woodcock	1220 Noel. C. Conaway Rd Guyton, GA 31312	(912)728-7511	effinghamschools.com
Treutlen House at New Ebenezer	131 Old Augusta Rd Central Rincon, GA 31326	(912)754-9797	treutlenhouse@windstream.net treutlenhouse.org
Twinkle, Twinkle Little Shop	6020 C Highway 21 Rincon, GA 31326	(912)826-6464	
YMCA Pryme – Time	1224 Patriot Drive. Rincon, GA 31326	(912)826-2199	ymcaofcoastalga.org/ymca/pryme-tyme/pryme-tyme
Youth Challenge Academy Georgia National Guard	Building 13540 P.O. Box 3610 Fort Stewart, GA 31315	(912)876-1721	
Disability Services			
Armstrong Atlantic State University	11935 Abercorn Street Savannah, GA 31419	(912)344-2576	armstrong.edu
Asperger's Support Group	Pooler Children's Boutique Pooler, GA 31322	(912)346-4912	
B & B Care Services, INC.	303 Laurel Street Springfield, GA 31329	(912) 754-0817	bandbcare.com
BPEY Day Program	806 Towne Park Drive P.O. Box 1082 Rincon, GA 31326	(912) 826-3883	BPEYGA.com
Brewton –Parker College	4625 Waters Avenue Savannah, GA 31404	(912)583-2241	bpc.edu

ORGANIZATION	LOCATION	PHONE	EMAIL/WEB SITE/OTHER
Caregivers Assistance Program (CAP)	410 Mall Blvd. Suite G Savannah, GA 31406	(912)353-5001 (888)698-2984	coastalccsp.com
Coastal Home Care	6600 Abercorn St #100 Savannah, GA. 31405	(912) 354-3680	info@coastalhomecare.us coastalhomecare.us
Department of Labor	5520 White Bluff Road Savannah, GA 31405	(912)356-2773	dol.state.ga.us
Easter Seals Southern Georgia	6203 Abercorn Street #110 Savannah, GA 31405	(912)353-1993 (912)355-4906	easterseals.com/southerngeorgia/ Waycross (912)283-4691
Effingham County Alzheimer's Caregiver Support Group	St. Luke Episcopal Church 155 Goshen Road Rincon, GA 31326	(912)920-2231	
Effingham County Board of Education	405 North Ash Street Springfield, GA 31329	(912)754-6491	effinghamschools.com
Effingham County Developmental Services	275 First Street Extension Springfield, GA 31329	(912)754-3164	
Faith Equestrian Therapeutic Center	243 Appaloosa Way Guyton, GA 31312	(912)728-3728	info@faithetc.org faithetc.org
Georgia Relay Dial 7-1-1	Customer Service	(866)-694-5824	TTY 1-800-255-0056 Voice 1-800-255-0135 Spanish 1-888-202-3972 Speech to Speech 1-800-202-4082
Georgia Southern University	1332 Southern Drive Statesboro, GA 30458	(912)478-4636	georgiasouthern.edu
Goodwill Job Connection	410 South Columbia Avenue Rincon, Georgia 31501	(912)513-0001 Ext 2	mnixson@goodwillsavannah.org goodwillsavannah.org/jobconnection
Hammers, Hearts and Hands	United Way Effingham Service Cttr 711 Zitterour Road Rincon, GA 31326	(912)826-5300	uwce.org
Job Corps Atlanta	239 West Lake Ave. NW Atlanta, GA 30314	(404)794-9512	atlanta.jobcorps.gov
Job Corps Brunswick	4401 Glynco Industrial Park Brunswick, GA 31525	(912)264-8843	brunswick.jobcorps.gov
Job Corps Turner Albany	2000 Schilling Avenue Albany, GA 31705	(229)883-8500	turner.jobcorps.gov
Kicklighter Resource Center, Inc.	7219 Seawright Drive Savannah, GA 31406	(912)355-7633	krcacademy.org
Living Independence for Everyone, Inc. (LIFE)	5105 Paulsen St Suite 143-B Savannah, GA 31405	(912)920-2414	
March of Dimes	6555 Abercorn Street, Suite 117A Savannah, GA 31405	(912)354-5900	marchofdimes.com/Georgia
Ogeechee Technical College	One Joseph E. Kennedy Blvd. Statesboro, GA 30458	(912)681-5500	info@ogeecheetech.edu ogeecheetech.edu
Parenting Classes	Cindy Knight	912-754-5623	
Ready2CONNECT	711 Zitterour Road Rincon, GA. 31326	(912) 826-5300 ext. 116	dbradshaw@uwce.org
ROSS: Innovative Employment Solutions	768 Highway 119 South Springfield, GA 31329	(912)754-8179	coastalworkforceservices.org/one-stop-career-centers/
Royce Learning Center	4 Oglethrope Professional Blvd. Savannah, GA 31406	(912)354-4047	
Saint Leo University	7426 Hodgson Memorial Dr, Savannah, GA 31406	(912)352-8331	saintleo.edu/education-centers/locations/savannah-education-center.aspx
Savannah Association for the Blind, Inc.	214 Drayton Street Savannah, GA 31401	(912)236-4473	info@savannahcblv.org sabinc.org

ORGANIZATION	LOCATION	PHONE	EMAIL/WEB SITE/OTHER
Savannah Speech and Hearing Center	1206 East 66th Street Savannah, GA 31404	(912)355-4601	speech-hearing.org
Savannah State University	3219 College Street Savannah, GA 31404	(912)358-4338	savannahstate.edu
Savannah Technical College –Effingham Campus	2890 Highway 21 South Rincon, GA 31326	(912)754-2880	savannahtech.edu
South University	709 Mall Boulevard Savannah, GA 31406	(912)201-8000	southuniversity.edu
Telamon Corporation	325 South Walnut Street Statesboro, GA 30458	(912)764-6169	telamon.org
Vocational Rehabilitation Services	117 Savannah Avenue Statesboro, GA 30458	(912)871-1173	gvra.georgia.gov
Financial Services			
Amerigroup Community Care		(800) 600-4441 (800) 855-2880	www.myamerigroup.com
Consumer Credit Counseling Service of the Savannah Area, Inc.	7505 Waters Ave Suite C11 Savannah, GA 31406	(912)691-2227	ccccs@cccssav.com cccssavannah.org
Peach State Health Plan		(800) 704-1484 (800)255-0056	pshgeorgia.com
Social Apostolate	United Way Building 711 Zitterour Road Rincon, GA 31326	(912) 233-1877	
Volunteer Income Tax Assistance (VITA)	United Way- Effingham Service Center 711 Zitterour Road, Rincon, GA 31326	(912)826-5300	uwce.org
WellCare		(866) 231-1821 (877) 247-6272	georgia.wellcare.com
Food & Housing Resources			
Abundant Life Church	1541 Highway South Springfield, GA 31329	(912)754-3148	
Commons Apartments Homes	107 S. Laurel Street Springfield, GA 31329	(912) 754-6091	
Concerted Services Energy Assistance	Highway 768 South Springfield, GA 31329	(912)754-6910	
Department of Family and Children Services – Project Share	Project Share 204 Franklin Street Springfield, GA 31329	(912) 644-5956	dhr.state.ga.us
Effingham County Dept. of Family & Children Services	204 Franklin Street Springfield, GA 31329	(912)644-5956	dfcs.dhs.georgia.gov/effingham-county-dfcs-office
Fair Oaks Lane Apartments	401 Lisa Street #200 Rincon, GA 31326	(912)826-2067	
Family Promise of Effingham	2160 GA Highway 21 South Rincon, GA	(912) 519-0567	info@effinghamfamilypromise.org effinghamfamilypromise.org
G.L.O.W. Ministries	1094 Goshen Road Rincon, GA 31326	(912)826-3966	
GA Dept of Community Affairs - Rental Assistance	500 Alice Street Waycross, GA 31501	(912)285-6280	dca.state.ga.us/housing/RentalAssistance/index.asp
Georgia Elder Legal Services	6602 Abercorn St Suite 203 Savannah, GA 31405	(912)651-2180	glsp.org
Georgia Legal Service Program	6602 Abercorn St Suite 203 Savannah, GA 31405	(888)408-1004	glsp.org
Gods Mission House	1435 Highway 119 North Springfield, GA 31329	(912) 754-6755	
Goshen Crossing Apartments	121 Goshen Commercial Park Drive	(912)826-0180	

ORGANIZATION	LOCATION	PHONE	EMAIL/WEB SITE/OTHER
	Rincon, GA 31326		
Habitat for Humanity – Restore	3605 Highway 21 South Rincon, GA 31326	(912)826-6433	effinghamhabitat.org
Habitat for Humanity - Effingham County	3605 Hwy. 21 South Rincon, GA 31326	(912)826-6433	effinghamhabitat.org
Home Buyers Program Georgia Department of Community Affairs	GA Department of Community Affairs 500 Alice Street Waycross, GA 31501	(800)359-4663	
Housing Authority of Savannah	1407 Wheaton St. Savannah, GA. 31404	(912)235-5800	info@savannahpha.com savannahpha.com
Mableton Apartments, LLC	Eddy Coleman, Owner	(912)826-7388	
Rincon First Christian Church	5835 Highway 21 South Rincon, GA 31326	(912)224-2670 (912)826-2224	inconfirstchristian.com
Senior Citizen's Center- Effingham	128 New Stillwell Road P.O. Box 445 Springfield, GA 31329	(912)754-2138	effinghamcounty.org/DepartmentsRW /SeniorCitizensCenter
Spring Hollow Apartments	800 Ash Street Ext. #J53 Springfield, GA 31329	(912)754-9043	
St. Boniface Catholic Church	1952 GA-21 Springfield, GA 31329	(912)754-7473	jobcorps.gov/cdss/OA.aspx
The Filling Station	109 Lynn Bonds Avenue Guyton, GA 31312	(912)772-3478	
Veranda Village	501 Lisa Street #CB Rincon, GA 31326	(912)826-6476	
Willowpeg Village Apartments	111 Willowpeg Way Rincon, GA 31326	(912)826-4127	
Health & Human Services			
Amedisys Home Health	907 Lisa Street Rincon, GA 31326	(866)204-3028	
Amerigroup	120 N Columbia Avenue Rincon, GA 31326	(912)623-4966	
Community Cardiovascular Council	711 Zitterour Road Rincon, GA 31326	(912)826-2608	
Effingham Extended Care Center	459 GA Highway 119 Springfield, GA 31329	(912)754-0210	effinghamhealth.org
Effingham Health System Imaging Center	110 Goshen Road Rincon, GA 31326	(912)826-1400	
Family Promise of Effingham	2160 GA Highway 21 South Rincon, GA 31326	(912)519-0567	
Habitat for Humanity	P.O. Box 578 Springfield, GA 31329	(912)826-6433	
Lakeview Manor Retirement Home	728 GA-119 Springfield, GA 31329	(912)754-3214	
Matthew's Place	532 Mock Road Springfield, GA 31329	(912)754-0817	
Odyssey Hospice	810 Towne Park Drive Rincon, GA 31326	(912)826-2122	
Serenity Palliative and Hospice Care	5719 GA-21 Rincon, GA 31326	(912)295-5832	
Shirley's Place	110 Greene Drive Rincon, GA, 31326	(912)826-4527	
United Way of the Coastal Empire	711 Zitterour Road Rincon, GA 31326	(912) 826-5300	
Voa Deer Run Home	102 Deer Road Springfield, GA, 31329	(912) 754-4118	
Healthcare Providers			

ORGANIZATION	LOCATION	PHONE	EMAIL/WEB SITE/OTHER
Alda Medical Center	131 Goshen Commercial Park Drive Rincon, GA 31326	(912)826-0860	
Aspen Dental	429 S Columbia Ave Suite B Rincon, GA 31326	(912)667-6762	
Augusta Burn Center	3647 J Dewey Gray Circle Augusta, GA 30909	(706)863-9595	
Cardiology Associates of Savannah - Rincon Office	802 Towne Park Drive West Rincon, GA 31326	(912)927 3434	
Cardiology Associates of Savannah - Springfield Office	459 Highway 119 South Springfield, GA 31329	(912)927-3434	
Curtis V. Cooper Primary Health Center	106 East Broad Street Savannah, GA 31401	(912)527-1000	
Curtis V. Cooper Primary Health Center	339 West Bryan Street Savannah, GA 31401	(912)527-2727	Routine medical and prenatal care only
Curtis V. Cooper Primary Health Center	2 Roberts Street Garden City, GA 31408	(912)527-1100	All services except dental & radiology
Curtis V. Cooper Primary Health Center	Savannah State University 3219 College Street Savannah, GA 31404	(912)358-4122	
Curtis V. Cooper Primary Health Center Women's Center	Women's Center 5354 Reynolds Street Savannah, GA 31405	(912) 355-6990	
Effingham County Health Department	802 Hwy. 119 South P.O. Box 350 Springfield, GA 31329	(912)754-6484	gachd.org/counties/effingham_county_health_depart_1/
Effingham Family Medicine at Goshen	100 Goshen Road Rincon, GA 31326	(912)826-6000	effinghamhealth.org/physicians
Effingham Family Medicine at Guyton	3 Hidden Creek Drive Guyton, GA 31312	(912)772-8670	effinghamhealth.org/physicians
Effingham Family Medicine at Port Wentworth	912-966-2575 7306 Hwy. 21 Port Wentworth, GA 31407	(912)966-2575	effinghamhealth.org/physicians
Effingham Family Medicine at Rincon	800 Towne Park Drive West #100 Rincon, GA 31326	(912)826-0052	effinghamhealth.org/physicians
Effingham Family Medicine at Springfield	1451 GA-21 Springfield, GA 31329	(912)754-1035	effinghamhealth.org/physicians
Effingham Health System	459 Highway 119 South Springfield, GA 31329	(912)754-6451	
Effingham Medical Partners	1575 GA-21 Springfield, GA 31329	(912)754-7500	
Effingham Orthopaedics	613 Towne Park Drive West Suite 303-304 Rincon, GA 31326	(912)826-3111	
Effingham Women's Health	110 Goshen Road Rincon, GA 31326	(912)826-5239	effinghamhealth.org/physicians
Georgia Skin & Cancer Clinic	800 Towne Park Drive West Suite 400 Rincon, GA 31326	(912)925-0067	
Good Samaritan Clinic	4707 Augusta Road Garden City, GA 31408	(912)964-4326	sjchs.org/in-the-community/good-samaritan-clinic
Howard Family Dental	201 Business Park Drive Suite 101 Rincon, GA 31326	(912)826-2273	

ORGANIZATION	LOCATION	PHONE	EMAIL/WEB SITE/OTHER
J.C. Lewis Health Care Center	125 Fahm Street Savannah, GA 31401	(912)495-8887	
Kids First Pediatrics	808 Towne Park Drive West #200 Rincon, GA 31326	(912)826-0273	
Lynn's Family Practice	802 Towne Park Drive West Rincon, GA 31326	(912)826-1220	
Memorial Health University Physicians Family Care – Rincon	241 Silverwood Commerce Drive Rincon, GA 31326	(912)826-8802	
Memorial Health University Physicians Women's Care – Rincon	241 Silverwood Commerce Drive Rincon, GA 31326	(912)350-5937	
Metro Surgical	594 S Columbia Ave # 100 Rincon, GA 31326	(912)352-0920	
New Concept Healthcare	1214 N Columbia Ave Suite D Rincon, GA 31326	(912)826-2132	
Optim Healthcare	810 Towne Park Dr West # 200 Rincon, GA 31326	(912)826-2533	
Pregnancy Care Center	594 South Columbia Avnue Rincon, GA 31326	(912)826-1133	
Provident Ob/Gyn Associates	241 Silverwood Commercial Drive Rincon, GA 31326	(912)826-8820	
Rincon Medical Center-Urgent Care	119 Chimney Road Rincon, GA 31326	(912)295-5560	
Southcoast Health: Rincon Pediatrics	814 Towne Park Dr West Rincon, GA 31326	(912)826-4866	
Southeastern Orthopedic Center	810 Towne Park Dr West # 200 Rincon, GA 31326	(912)826-2533	
St. Joseph's/Candler Immediate Care	5621 GA-21 South Rincon, GA 31326	(912)295-5860	
St. Joseph's/Candler Medical Group - Rincon	423 S Columbia Avenue Rincon, GA 31326	(912)926-8860	
Two Rivers Health Clinic	1214 N Columbia Avenue Suite D, Rincon, GA 31326	(912)527-4984	2nd and 4th Thursday at 530pm
VA Outpatient Clinic	1170 Shawnee Street Savannah, GA 31419	(912)920-0214	va.gov
Medical & Dental Services			
Adult Sitter: Nina Holata		(912) 344-8554	
American Cancer Society	6600 Abercorn St #206 Savannah, GA 31405	(912)355-1378	cancer.org
American Cancer Society	4849 Paulsen Street #102 Savannah, GA 31405	(912)355-5196	
Effingham County Alzheimer's Caregiver Support Group	St. Luke Episcopal Church 155 Goshen Road Rincon, GA 31326	(912)920-2231	alz.org
Effingham Senior Center	128 Stillwell Road Springfield, GA 31329	(912)754-2138	effinghamcounty.org/DepartmentsRW /SeniorCitizensCenter.aspx
Experience Works	10122 Ford Avenue	(912)756-7708	

ORGANIZATION	LOCATION	PHONE	EMAIL/WEB SITE/OTHER
	Richmond Hill, GA 31324		
Georgia Department of Public Health		(404) 651-9172 800-436-7442	dph.georgia.gov
Georgia Department of Community Health; BCCEDP & WHM		(909)656-4507	dch.ga.gov/transportation
Georgia Department of Driver Services	2792 Highway 21 South Rincon, GA 31326	(912)754-1425	dds.ga.gov/SecureID
Hospice Savannah, Inc.	1352 Eisenhower Drive Savannah, GA 31406	(912)355-2289	HospiceSavannahHelps.org
In-Home Support by Senior Citizens Inc.	3025 Bull Street Savannah, GA 31405	(912)236-0363 (866)579-2116	seniorcitizensinc.org
Logisticare Solutions LLC	401 Mall Blvd. Suite 202A Savannah, GA. 31406	(912)355-1510 (888)224-7988	logisticare.com/index.php
MedBank	711 Zitterour Road Rincon, GA 31326	(912) 356-2898	medbank.org
Partnership for Prescription Assistance		(800)981-5851	pparx.org
Pregnancy Care Center of Rincon	594 S, Colombia Avenue Suite 500 Rincon, GA 31326	(912)826-1133	pregnancycarecenterofrincon.org
Publix Pharmacy	Port Wentworth Marketplace 7936 GA Hwy 21, Port Wentworth, GA 31407	(912)966-5895	
Together RX Access	P.O. Box 9426 Wilmington, DE 19809	(800)444-4106	togetherrxaccess.com
United Way –Effingham	Medical Lending Library 711 Zitterour Road Rincon, GA 31326	(912)826-5300	
Mental & Behavioral Health			
Gateway Behavioral Health Services	108 W 8th Street Rincon, GA 31326	(912)826-7469	
Grow U	272 South Columbia Ave. Rincon GA 31326	(912)665-1935	
Heritage Counseling	1009 N Columbia Avenue Rincon, GA 31326	(912)373-6864	
Horizon Behavioral Health, P.C.	595 Towne Park Dr West Suite 200 Rincon, GA 31326	(912)785-2100	
Parent and Child of Union Mission	711 Zitterour Road Rincon, GA 31326	(912)826-6442	
Rincon Recovery Resources	5946 Highway 21 South Rincon, GA 31326	(912) 826 0918	
South Eastern Counselling Center	135 Goshen Rd. Ext. Suite 256 Rincon	(912) 826 1145	
Southeastern Counseling Center	812 Towne Park Drive West Rincon, GA 31326	(912)826-1145	
Transportation			
Coastal Regional Coaches of Georgia	127 F Street Brunswick, GA 31520	(866)543-6744 (912)262-2800	coastalregionalcoaches.com
Concerted Services	Hwy 119 South Springfield GA, 31329	(912)754 6910	
Effingham County EMS	285 1st Street Extension Springfield, Ga 31329	911 Office:	

ORGANIZATION	LOCATION	PHONE	EMAIL/WEB SITE/OTHER
		(912)754-8119	
Get 2 It	632 Old Tusculum Road Springfield, GA 31329	(912)754-6160	theget2it.com
LifeStar Georgia Air Ambulance	285 First Street Extension Springfield, GA 31329	(855)359-5433	
Package Taxi Service	220 Everett Road Guyton, GA 31312	(912)547-2229	
Utility Assistance			
Concerted Services	Hwy 119 South Springfield GA, 31329	(912)754-6910	
Dept. of Family & Children Services	204 Franklin Street Springfield, GA 31329	(912)754-6471	
Hope Christian Concepts	5912 GA Hwy 21 South Westwood Plaza, Unit #7 Rincon, GA 31326	(912)826-0443	
Manna House Ministries	Patriot Park. Rincon, GA 31326	(912)826-2037	
New Providence Baptist Church	106 Church Street Guyton, GA 31312	(912)772-3590	
United Way of the Coastal Empire	711 Zitterour Road. Rincon, GA 31326	(912)826-5300	
Other			
YMCA	1224 Patriot Drive Rincon, GA 31326	(912)826-2199	