

CHATUGE REGIONAL HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN 2024



Center for
PUBLIC HEALTH
PRACTICE & RESEARCH
Jiann-Ping Hsu College of Public Health

GEORGIA SOUTHERN UNIVERSITY

Compiled by the Center for
Public Health Practice &
Research Team Members.



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The Chatuge Regional Hospital Board of Directors approved the 2024-2027 Community Health Needs Assessment and Implementation Plan at their meeting on April 23, 2024.

The Community Health Needs Assessment Report is widely available to the public and interested persons can view and download the report from the hospital website, www.uniongeneralhealthsystem.com. Paper copies are available upon request, please contact:

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EXECUTIVE SUMMARY

Chatuge Regional Hospital, a Critical Access Hospital in Towns County Georgia, partnered with the Center for Public Health Practice and Research, Jiann Ping Hsu College of Public Health of Georgia Southern University, to conduct a community health needs assessment (CHNA) 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 applied a mixed method approach in this assessment. The team gained input from the general community through focus group discussions and surveys. Data from secondary sources were also used in assessing the needs of the community. Based on the results, the CHNA Steering Committee, which included representatives from two local health departments, Christiana Chinkhan, RN, Nurse Manager, Towns County Public Health and neighboring Clay County North Carolina Public Health Nurse Manager, Regina Harper, RN. Towns determined the priority areas for the next three years. Goals, objectives, and actions were chosen to address the priority areas that would be meaningful and achievable.

The table that follows highlights where alignment is present in the various data sources across areas of concern.

CONCERN	SECONDARY DATA	SURVEY	FOCUS GROUP
Mental Health	<ul style="list-style-type: none"> - Mental Health Provider Ratio over four times higher than Georgia overall - Higher suicide rates compared to the state levels - Sixth leading cause of death 	<ul style="list-style-type: none"> -Mental health was the top concern for children - Few respondents perceived they had access to addiction services and mental health services 	-Limited access to mental health services
Income	<ul style="list-style-type: none"> -The county unemployment rate of is higher than the state -The median household income for Towns County is below the state median (\$53K vs \$65K). -About 13% of the population and 21% of children live in poverty 	<ul style="list-style-type: none"> -Only 16% of respondents thought the county had enough jobs -Respondents indicated that one factor impacting quality of life in Towns County was limited job opportunities (63%) 	
Cardiovascular Diseases	<ul style="list-style-type: none"> -Ischemic heart and vascular diseases are the leading cause of death - Hospital Discharges are slightly higher for Towns County 	-Most frequently chosen cause of death and illness in the community	
Cancer	<ul style="list-style-type: none"> -Higher incidence compared to state -Lung cancer is 7th cause of death -Higher rates of smoking compared to the state 	-Smoking reported as a top concern for youth	

Recommended Communication Approach:

Over 22% of Towns County residents had no internet access. Survey respondents indicated that 53% of respondents indicated social media was a preferred source of information, 39% said it was newspaper (figure 41). During the focus group participants remarked: *“I think personal experience and word of mouth is the best. That’s my opinion. You can always go online and look things up, but when you hear someone that you know share a personal experience, whether it be positive or negative, I think that speaks volumes.”* Comparatively another said *“I think the internet is your golden choice. That’s your easiest access to any information in today’s world. I don’t know how you do without internet, but I think that’s the number one way to do it. Number two would be just to simply call a hospital and ask.”*

PURPOSE

The Center for Public Health Practice and Research (CPHPR) at the Jiann-Ping Hsu College of Public Health, Georgia Southern University worked in partnership with Chatuge Regional Hospital to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of Towns 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 fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a community health needs assessment every 3 years.

METHODOLOGY

The CPHPR project team worked with the hospital CHNA steering committee to facilitate completion of a community survey, recruited community members for focus group discussions, and provided information about the hospital's activities to address community health needs since the last CHNA was completed in 2019.

The community survey that was administered aimed at assessing local health care access and needs of the people residing in the primary service area of Chatuge Regional Hospital – Towns County. The community survey was disseminated via the hospital's social media webpages and email lists, as well as those of local community partners. Focus group participants were all key stakeholders in maintaining the overall health of Towns County residents and included representation from the local health department. Their perspectives provided a well-rounded view of life in the community.

Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's profile, health care access, and utilization. These data were obtained from multiple publicly available sources including the US Census Bureau, the Area Resource File, Centers for Disease Control (CDC) disease and mortality data, Georgia Governor's Office of Planning and Budget, County Health Rankings, and the Georgia Department of Health's Online Analytical Statistical Information System (OASIS), Policy Map, and the National Cancer Institute. The most recently available data were obtained from all data sources at the time of analysis.

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, and charts and graphs were created, using Microsoft Excel Version 16 Software. Qualitative data from the focus groups were analyzed using the NVIVO12 qualitative analysis software.

SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

In 2022, there were approximately 12,972 residents in Towns County. Compared to Georgia, the population of Towns County is older and less racially diverse. About 12% of the population live with one or more disabilities, compared to 9% for Georgia. Veterans make up close to 8% of the population.

About 4 out of 10 residents of Towns County are 65 years or older.

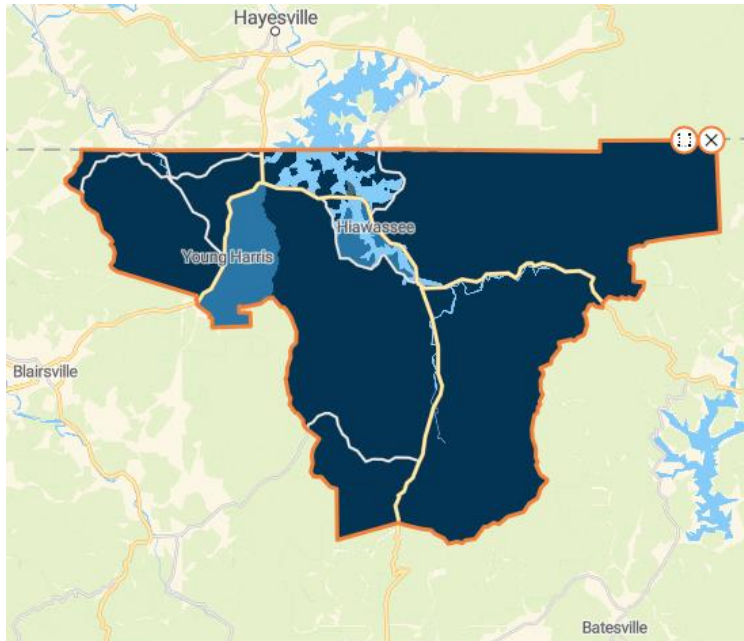


	Population	Towns	Georgia
Number of Residents		12,972	10,912,876
Sex			
Female		52%	51%
Male		48%	49%
Age Distribution			
Population Under 5 years		4%	6%
Population Under 18 years		13%	23%
Population 65 years and older		37%	15%
Racial and Cultural Diversity			
Race			
White		94%*	50%
Black/AA		1%	33%
Other Races/Multiracial		5%	17%
Ethnicity			
Hispanic		2.7%*	11%
Nativity			
Foreign Born		2.6%*	10%
Non-English Language Spoken at Home		2%*	14%
Veterans			
Veteran Population		8%*	6%
Disability			
Population under 65 years disabled		12%*	9%

*Significantly different than state average

Data Source: US Census Bureau

Figure 1. Population Diversity by Block Group (2017-2021)



Predominant Race (% White), 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

The county is relatively homogeneous in terms of the geographic distribution of racial groups, with the western central part of the county being slightly more diverse compared to the south (70%-90% white vs +90%).

Figure 2. Proportion of Residents 65 years and older by Census Tract (2017-2021)

Estimated percent of all people 65 or older, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

Residents of the southern part of the county are relatively older compared to the rest of the county (40% over 65, compared to 25% Western Part, 38% eastern).

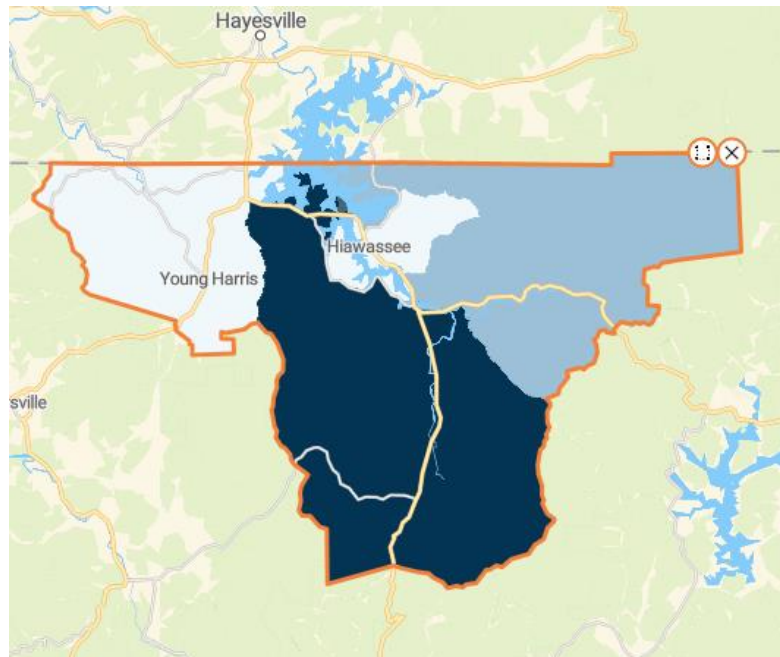


Figure 3. Proportion of Residents with Disability by Census Tract (2017-2021)

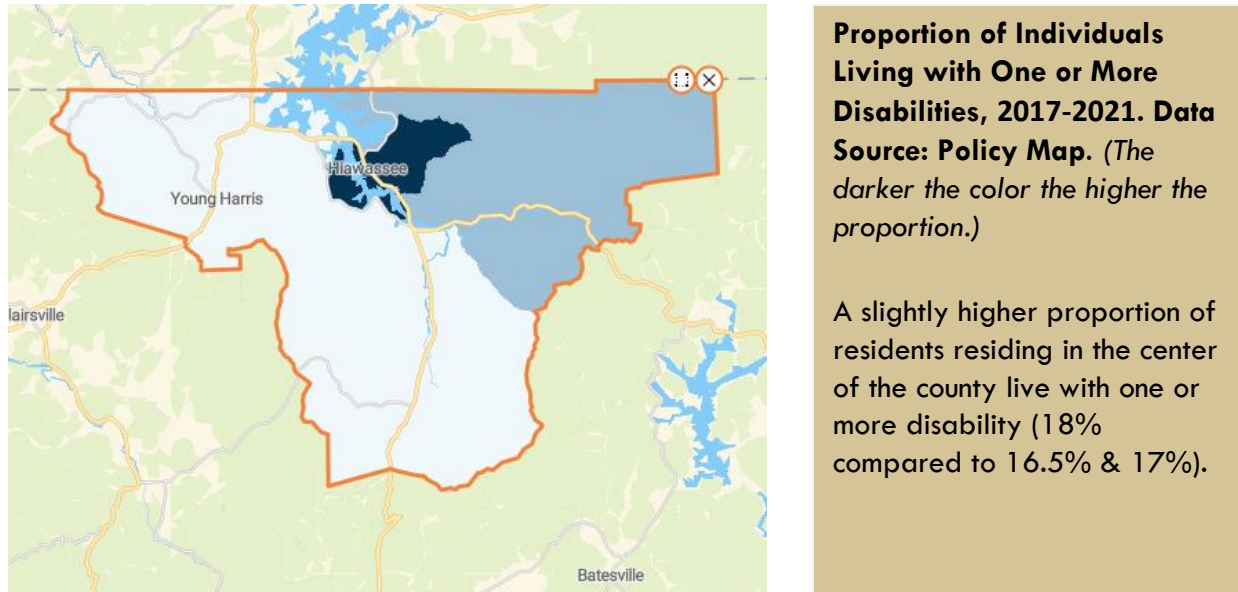
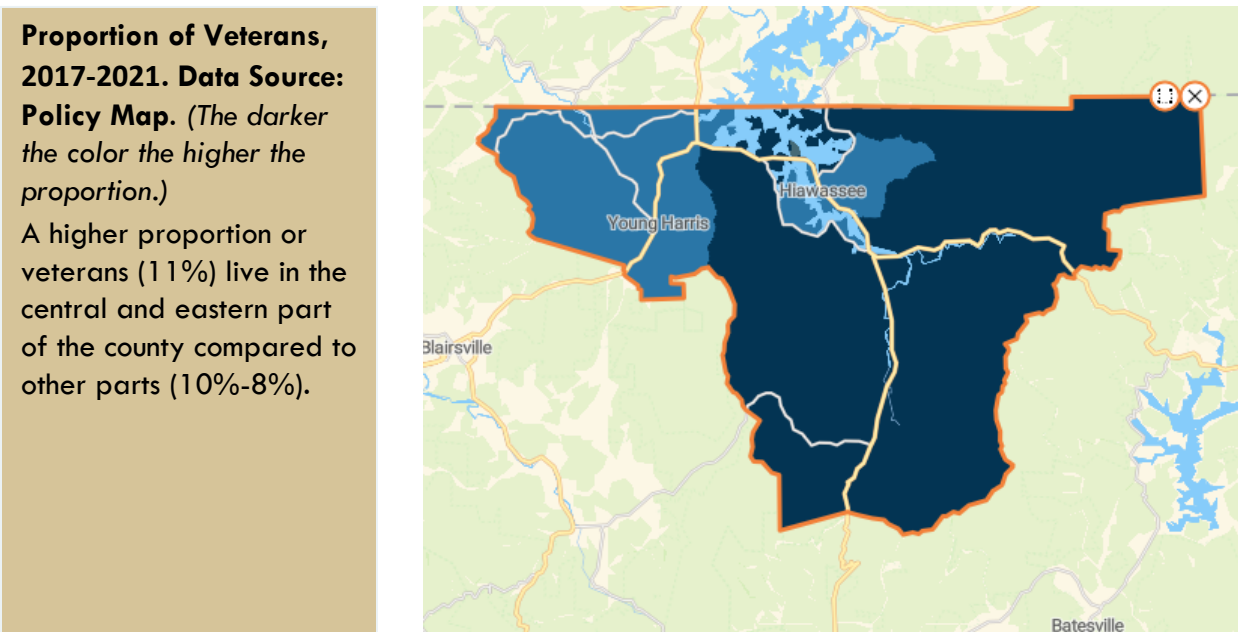


Figure 4. Veteran Population by Census Tract (2017-2021)



PAST POPULATION GROWTH

The total population of Towns County increased by 8.5 % between 2017 and 2022, over that period, the county saw a significant increase in Asian residents compared to Georgia overall. All other races and ethnicities saw increases as well, similar to Georgia overall. There was also growth in the population aged 65 and over, comparable to the state’s growth.

The population of Towns County is projected to increase by 4.7% by 2027 based on projections by Georgia Governor's Office of Planning and Budget. Nearly no growth is expected for the 65 years and over age group. Growth is anticipated in youth under 20 years old, for White Non-Hispanic, Black Non-Hispanic population, and Hispanic populations.

Figure 5. Towns Population Change

Percent Population Change, 2017-2022

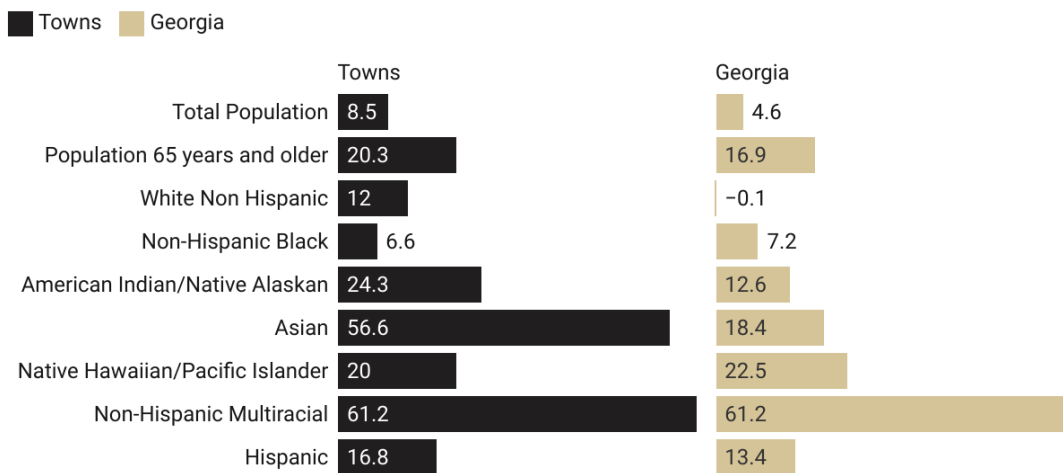
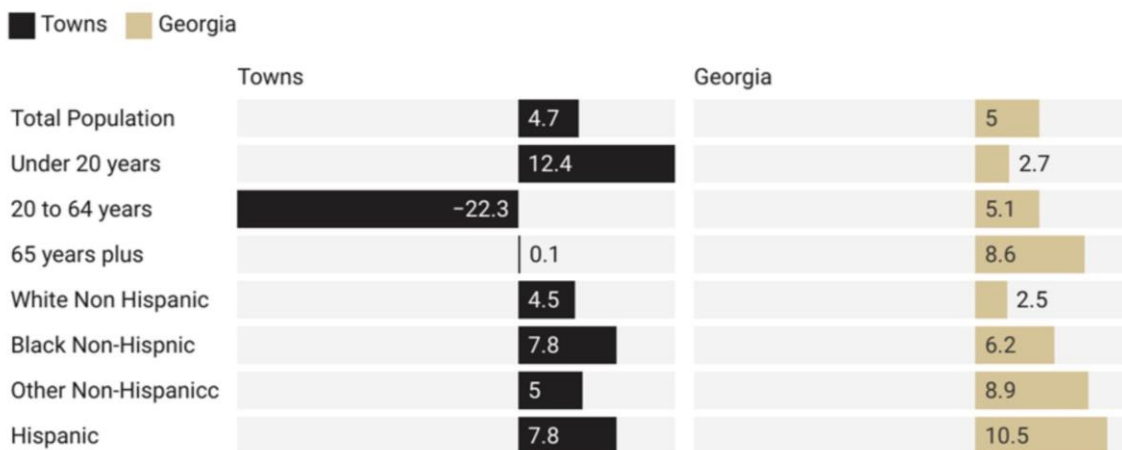


Figure 6. Projected Towns Population Change

Percent Projected Population Change, 2022-2027






Source: Georgia Governor’s Office of Planning and Budgets, created with Datawrapper

ECONOMIC PROFILE

The county experienced a significant increase in real Gross Domestic Product (GDP) between 2020 and 2021. Over this period, the rate of job growth was higher than the state average. Fewer adults (i.e., males and females, 20-64 years) are in the labor force, compared to the state. The county unemployment rate of 4% is slightly higher than the state rate of 3.2%. The median household income for Towns County is significantly below the state median (\$53K vs \$65K). About 13% of the population and 21% of children live in poverty, but both of these rates are similar to the state averages. Furthermore, more than one out of two school-aged children (53%) in the county are eligible for free or reduced lunch, compared to 56% at the state level.

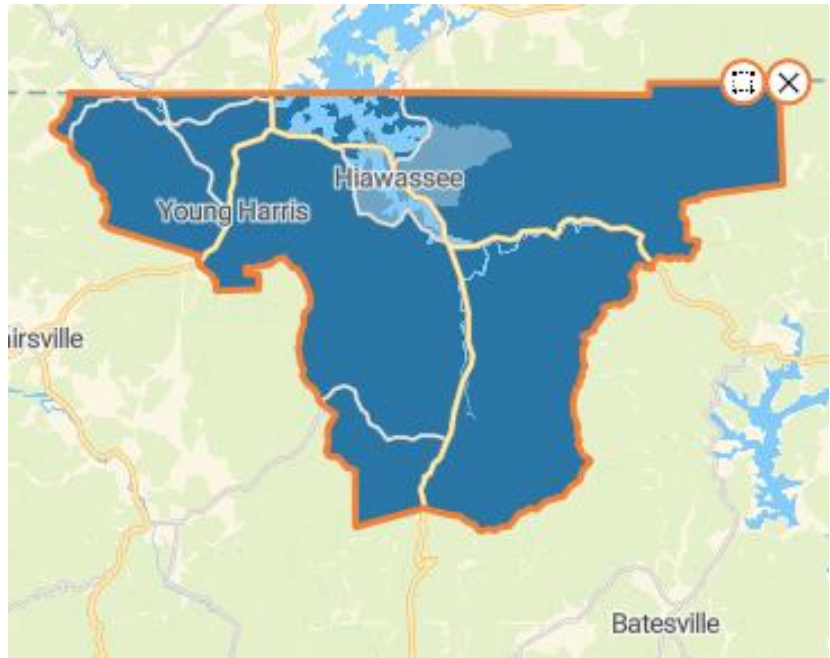
More than 1 out of 5 children in Towns County are living in poverty.

	Towns	Georgia
Economy		
 Real GDP Annual Growth Rate (2011-2021)	1.5	2.7
Real GDP Annual Growth Rate (2020-2021)	6.7	7
Job Growth Rate (2019-2020)	4.5	3.4
Labor Force Representation		
 Unemployment Rate (2023)	4 %*	3.2%
Labor Force Representation (2013-2017)	65.4%*	75.5%
Male Labor Force Representation (2013-2017)	65.3%*	80.4%
Female Labor Force Representation (2013-2017)	65.6%	70.8%
Poverty		
 Median Household Income (2017-2021)	\$53,084*	\$65,030
Population in Poverty (2020)	13.6%	14%
Children in Poverty (2023)	21%	21%
Children eligible for reduced lunch (2018-2019)	53%	56%

*Significantly unfavorable compared to the state average

Data Source: US Department of Labor, US Census, County Health Rankings

Figure 7. Poverty Rate by Census Tract (2017-2021)



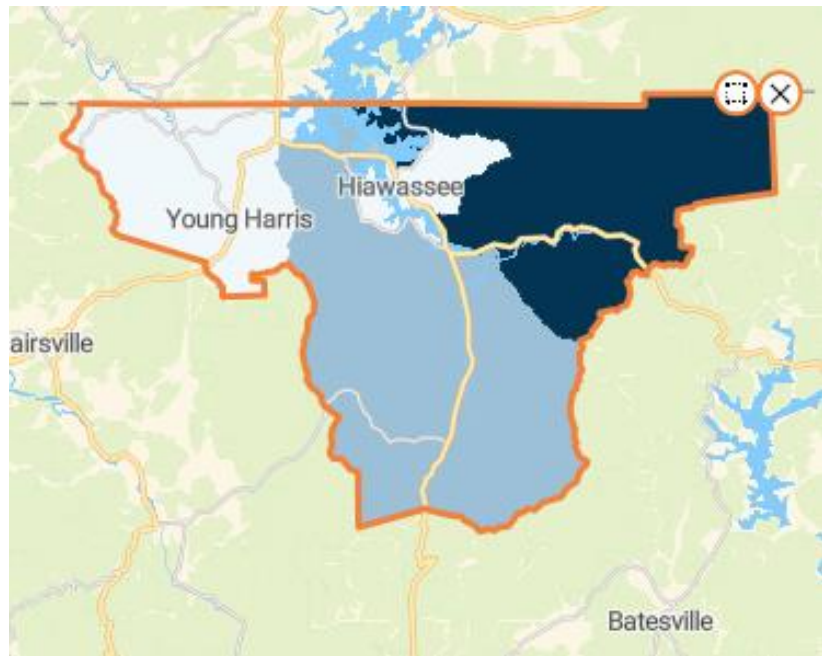
Proportion of Population Living in Poverty, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

A majority of the county has similar poverty levels with the exception of the center of the county, which has slightly better rate (10% compared to 14% and 15%)

Figure 8. Median Household Income by Census Tract (2017-2021)

Median Household Income 2017-2021 Data Source: Policy Map. (The darker the color the higher the income.)




Overall, there are slight variations in the household income. The median household income is lower in the western and central part of the county (\$48K - \$49K), compared to the south and east of the county where it ranges from \$55K-\$57K.



EDUCATION

Educational attainment in the county is slightly better than the state average. The high school graduation rate of 92% is higher compared to the state rate of 88%. On average, county third graders perform slightly better than the state average on state standardized tests. Approximately 31.5% of the population holds a bachelor's degree or higher, compared to 33% for the state overall.

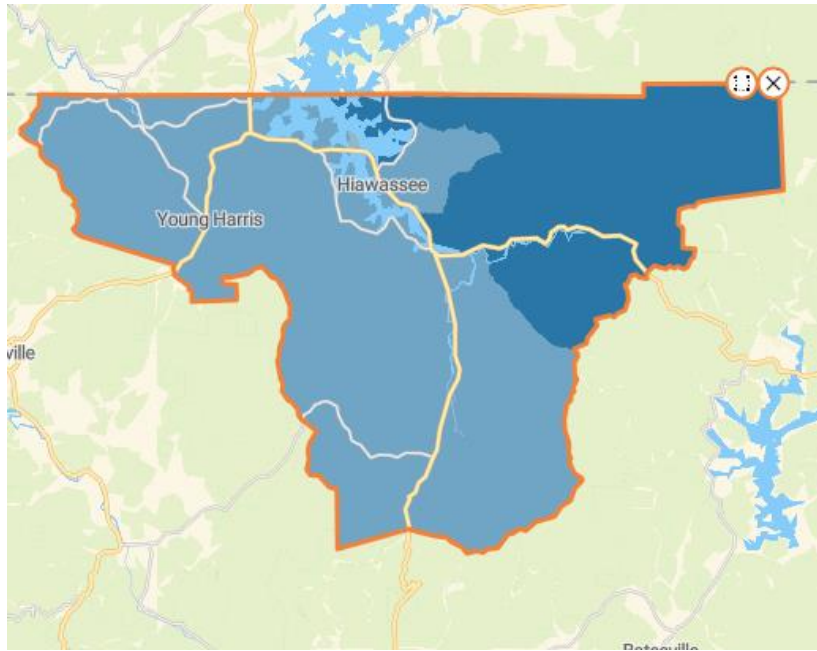
3rd graders performed somewhat better on standardized tests of English and Math.

	Towns	Georgia
Early Childhood Education		
 Percent 3–4-year-old children in school	55%	48%
K-12 Education		
 Average grade level performance for 3rd graders on English Language Arts standardized tests	3.3	3
Average grade level performance for 3rd graders on Mathematics standardized tests	3.1	2.9
High School Graduation and Higher Education		
 High school graduation rate	92.5%	88%
Population with bachelor's degree	31.5%*	33%

*Significantly lower than state average

Data Source: County Health Rankings, US Census Bureau, Sparkmap

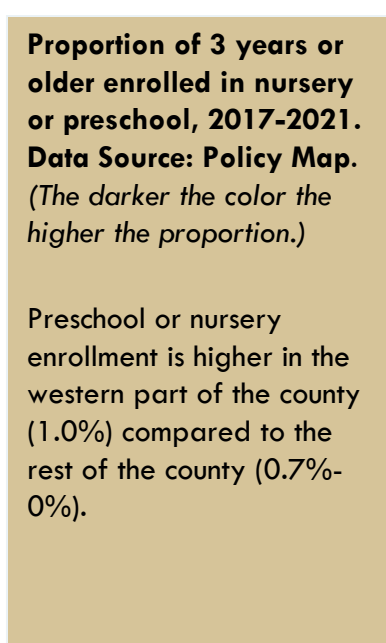
Figure 9. Educational Attainment by Census Tract (2017-2021)



Proportion of Population with at least a High School Diploma, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

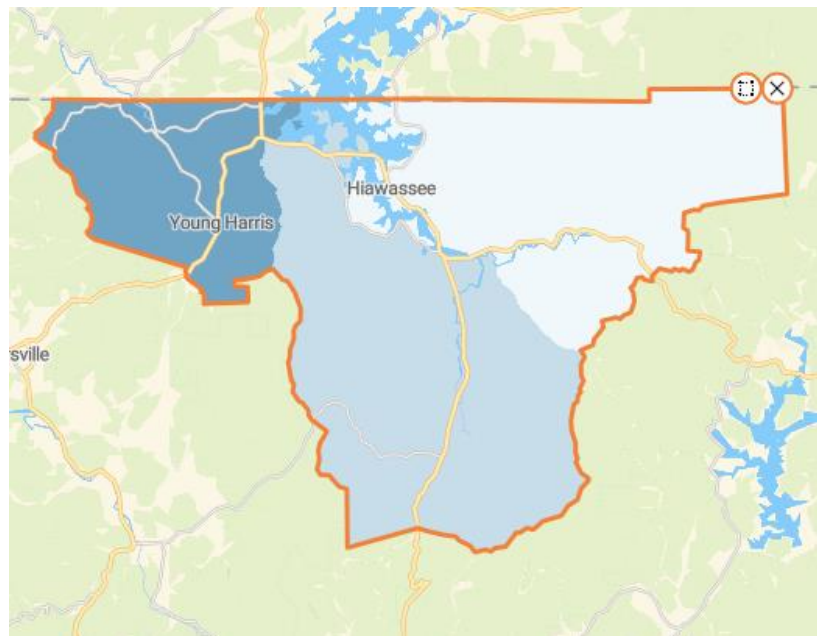
Educational attainment overall for Towns County is better than Georgia with variation between 90% and 92%.

Figure 10. Nursery and Pre-school Enrollment by Census Tract (2017-2021)



Proportion of 3 years or older enrolled in nursery or preschool, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

Preschool or nursery enrollment is higher in the western part of the county (1.0%) compared to the rest of the county (0.7%-0%).





SOCIAL AND COMMUNITY CONTEXT

Participation and involvement in community life are both linked to health behaviors and health outcomes. Community members with strong social support, social network and trust are more likely to engage in healthy behaviors and have better health outcomes. Nearly one in four children lives in single parent households (24.8% versus state rate of 33.5%).

County residents have relatively more active in social associations; compared to the state there are 11.4 membership associations per 10,000 population (vs. 8.8 at the state level). However, even with a higher number of social associations, the county suicide rate is higher than the state rate at 19 per 100,000 (compared to 13).

**Relative to the state,
Towns County
residents experience
less air pollution.**







	Towns	Georgia
Household Characteristics		
 Households	5,323	3,885,371
Average persons per households	2.2	2.7
Children in single parent households	24.8%	33.5%
Social Context		
 Social Associations per 10,000	11.4	8.8
Suicide rates per 100,000	19*	13

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, US Census Bureau

NEIGHBORHOOD AND BUILT ENVIRONMENT

Reported 100% of Towns residents have access to exercise opportunities, considerably more than the state level (75%). County residents are slightly less digitally connected compared to the state. The county has a somewhat lower violent crime rate than the state, yet deaths from motor vehicle crashes are similar to the state. About 3% of the households do not have a motor vehicle, a rate that is lower than the state's (6.1%).

	Towns	Georgia
Digital Connectivity and Amenities		
	Households with computer	88.7%*
	Adult with broadband internet	82.8%*
	Access to exercise opportunities	100% 75%
Safety		
	Violent crime rate per 100,000	320 388
	Deaths from alcohol impaired motor vehicle crashes	22 21
Food Insecurity		
	% low-income with limited access to healthy foods	0% 10%
	(Healthy) Food environment index (1 worst; 10 best)	8.3 6.1
	Percentage of population experiencing food insecurity	12% 11%
Transportation		
	Average travel time to work (minutes)	26 42
	Percent households with <u>no</u> motor vehicle	3% 6.1%
Housing		
	Percent of homes owned	79% 65%
	Percent families spending > 50% of income on housing	15% 14%
	Percent population with severe housing problems	16% 15%
	Median gross rent	\$774 \$1,110
	Median selected monthly owner costs, includes mortgage	\$1,223 \$1,514
Pollution		
	Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	7.2 9.4

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, U.S Census Bureau Quick Facts, Policy Map (percent of households with no motor vehicle).

Figure 11. Household Internet Access by Census Tract (2017-2021)

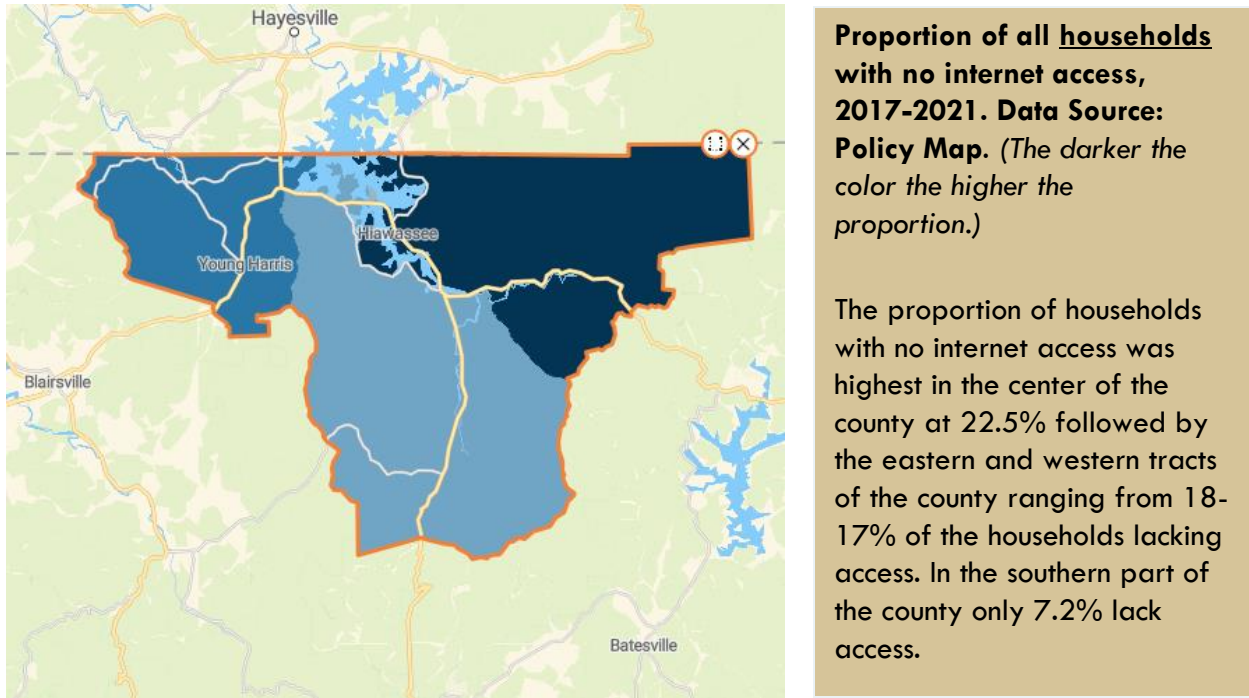


Figure 12. Household Computer Access by Census Tract (2017-2021)

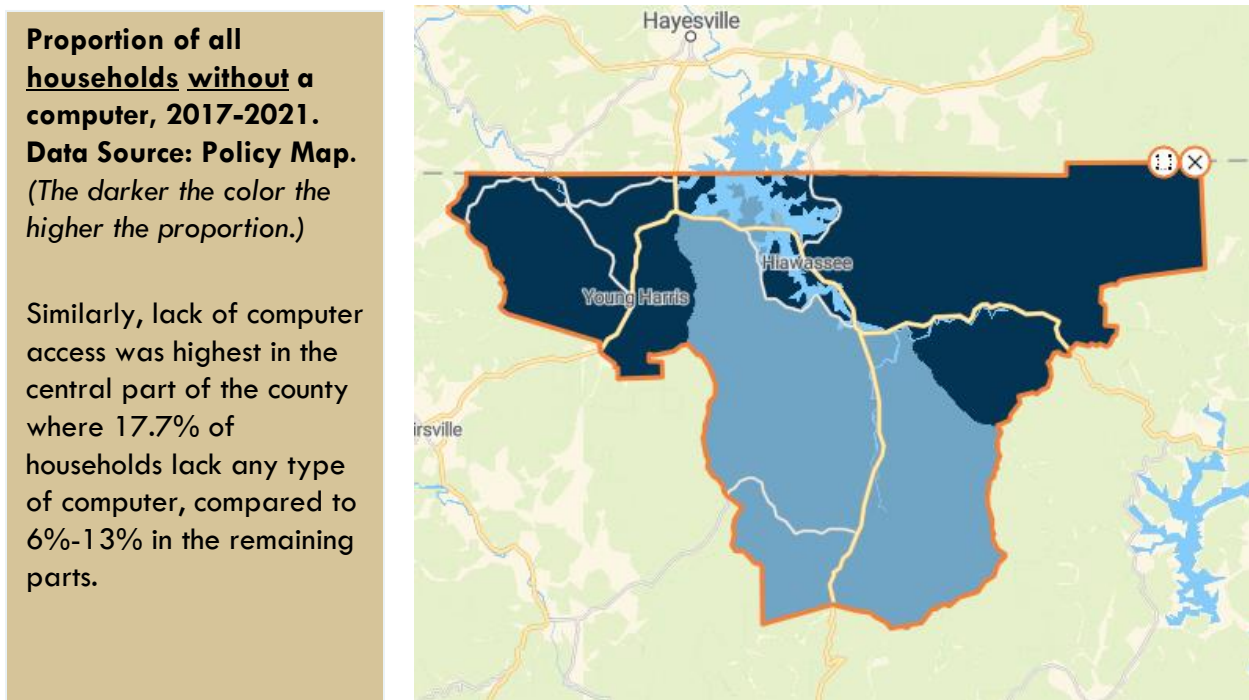
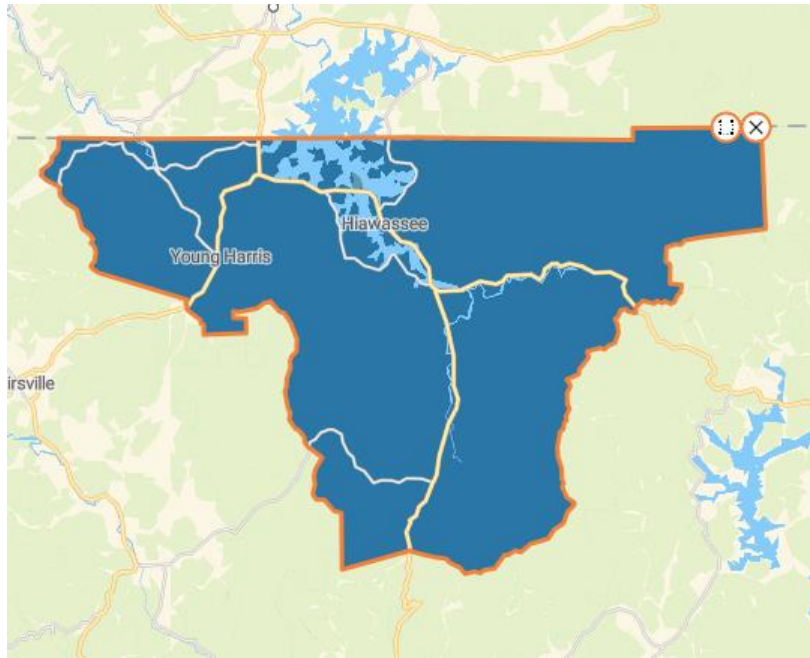


Figure 13. Severe Homeowner Cost Burden by Census Tract (2017-2021)



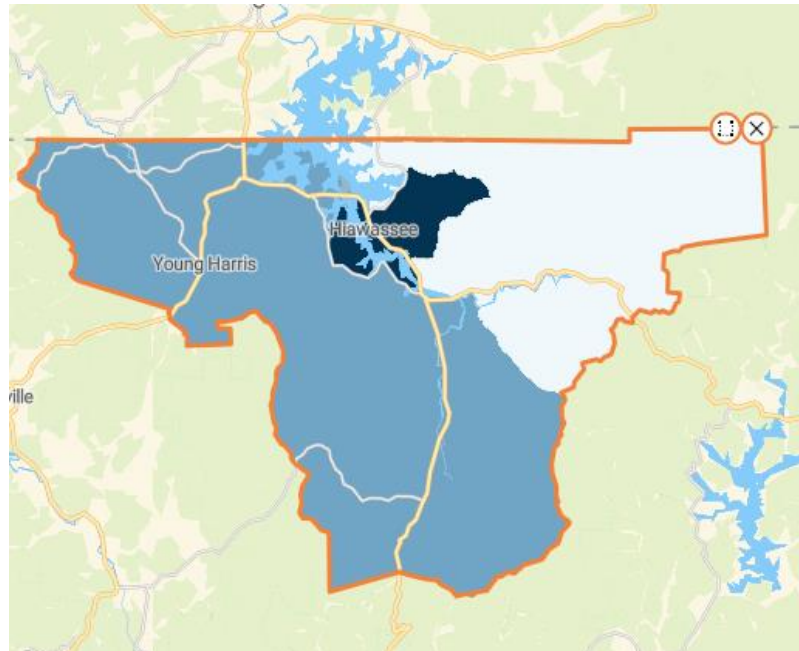
Proportion of all Homeowners who are severely burdened by housing costs, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

Severe homeowner cost burden is fairly similar in all parts of the county (12%-13%).

Figure 14. Severe Renter Cost Burden by Census Tract (2017-2021)

Proportion of all Renters who are severely burdened by housing costs, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)




There is high variation in rental burden across parts of the county. The highest is in the center tract at 32%, with east and south at 22 and 18%. Whereas the eastern tract has 0%.



HEALTH CARE ACCESS

At 18%, the proportion of Towns residents who are uninsured is higher than the state rate of 15%. Compared to the state, the county also has significant shortages of primary care physicians, and mental health providers. Whereas flu vaccination rates are slightly higher than the state levels. Preventable hospital stays per 100k enrollees is significantly lower than the state, possibly indicating that primary care is serving the needs of community members. Especially given that a higher proportion of Towns residents had a personal health care provider, 75.8%, compared to the state (71.8%).

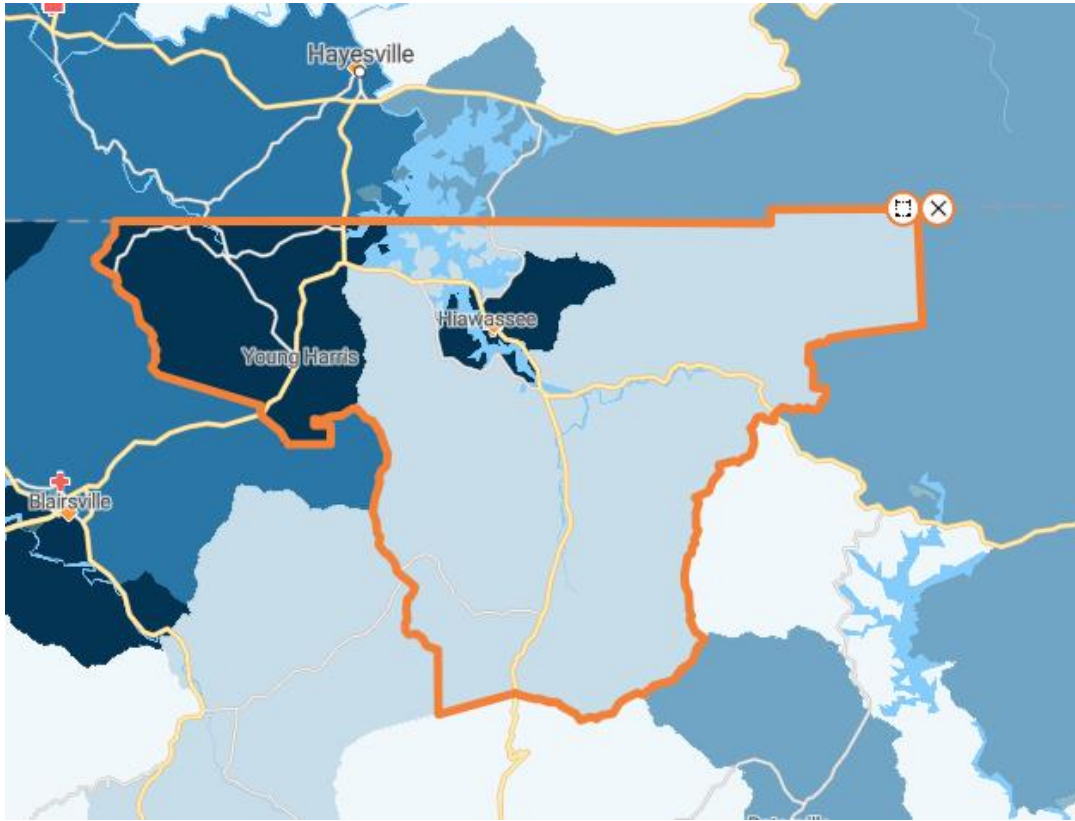
The ratio of population to one mental health provider is over five times Georgia overall.

	Towns	Georgia
Health Insurance Coverage		
 Percent under 65 years Uninsured	18%	15%
Provider Supply		
 Population to One Primary Care Physician	1,750*	1,490
Population to One Dentist	1,840	1,880
Population to One Mental Health Provider	2,580*	600
Primary Care and Prevention		
 Adults with a Personal Doctor or Health Provider	75.8%	71.8%
Adults Reporting a Physical Checkup within last year	80.3%	NA
Preventable Hospital Stays per 100,000 Medicare	2,104	3,318
Mammogram Screening Rates	36%	36%
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	49%	48%

*Significantly unfavorable compared to state average

Data Source: County Health Rankings, Policy Map.

Figure 15. Access to Health and Mental Health Services



Location of Health and Behavioral Health Facilities. Data Source: Policy Map.8
The only hospital and mental health service facilities are located in the central part of the County (Figure 15).



Legend: red plus = hospital; red square = community health centers and look-alikes, Orange diamond = mental health treatment facility

Assessed facilities include hospital, nursing homes, community health centers (including FQHCs and look-alikes), retail-based healthcare, mental health treatment facilities and drug and alcohol treatment facilities. **Census tracts are shaded based on total population, with darker colors representing greater population counts.**

LIFESTYLE AND BEHAVIOR

Compared to the state, the proportion of residents who smoke and excessively drink is slightly higher in Towns County. While obesity rates, physical and the proportion of adults who do not get sufficient sleep are slightly better than the state overall. Both teen pregnancy rates and sexually transmitted infection (STI) rates are also lower in the county than the state.

Generally, a lower proportion of Towns County residents engage in unhealthy behaviors compared to the state.

	Towns	Georgia
Suboptimal Lifestyle Behaviors		
 Adult smoking rate	17%*	16%
Adult excessive drinking rate	19%*	16%
Percent driving deaths with alcohol involvement	22%	21%
Adult obesity rate	32%	34%
Adult physical inactivity rate	23%	25%
Adults report insufficient sleep (<7 hours)	31%	36%
Sexual Risk Behaviors		
 STD infection rates per 100,000	132.9	589.4
Teen pregnancy rates per 1000 female teens	14	23

*Significantly unfavorable compared to the state

Data Source: County Health Rankings

Figure 16. Physical Inactivity Rate by Census Tract (2021)

Proportion of adults physically inactive, 2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

The rate of physical inactivity is consistently average across the county ranging from 24%-27%.

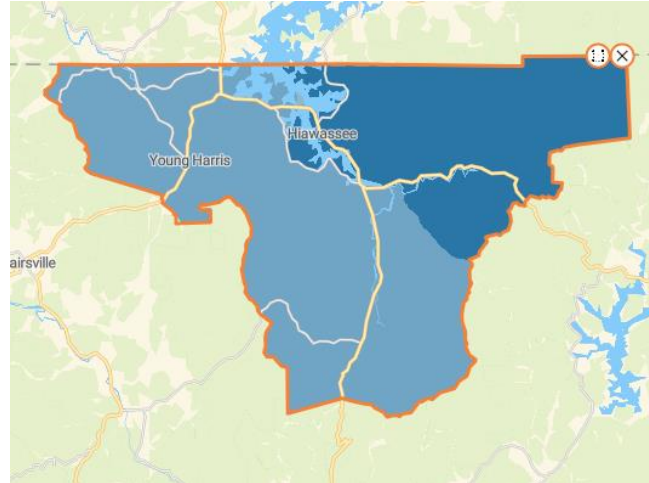


Figure 17. Adult Obesity by Census Tract (2021)

Proportion of adults reporting to be obese, 2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

Obesity rates are high across the county ranging from 31% to 33% of adults reporting to be obese.

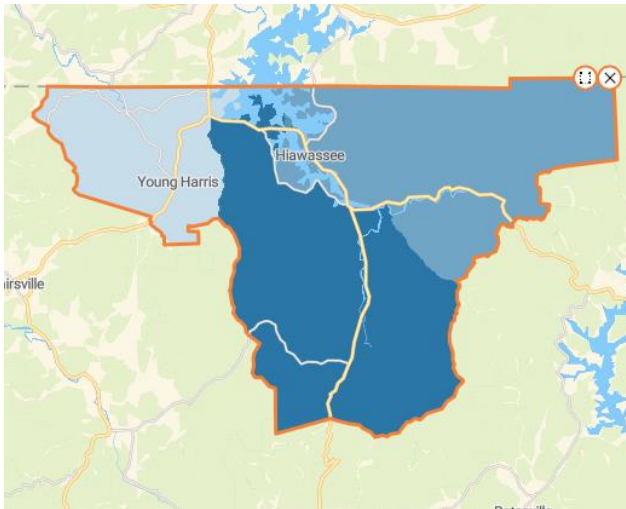
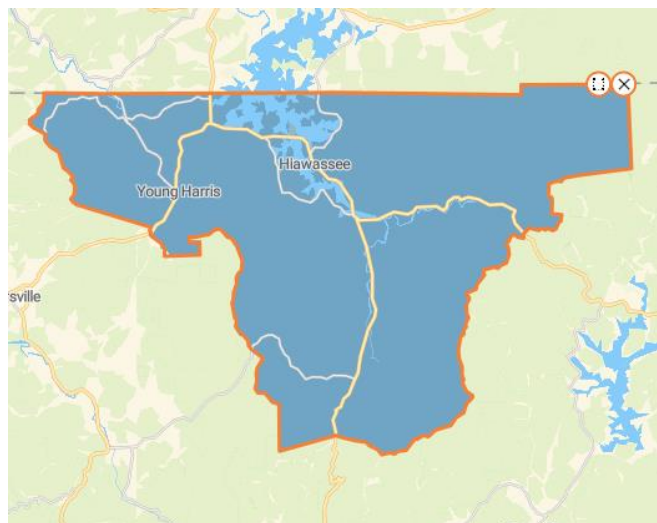


Figure 18. Smoking by Census Tract (2021)

Crude percent of current smoking adults in 2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

Obesity rates are consistent across the county at about 15%.





HEALTH OUTCOMES

Morbidity

The same proportion of Towns County residents self-report physical and mental distress as the state. Less Towns County adults reported poor health compared to the state. The disease burden related to cancer is significantly higher than the state while diabetes prevalence is lower than the state. The burden related to HIV and low birth weight are additionally significantly lower than the state.

Hospitalizations from cardiovascular diseases are significantly lower for Towns County compared to the state.

As of 2022, Towns County had the tenth highest cancer incidence rate of the counties in the state.

	Towns	Georgia
Disease Burden		
 Cancer incidence rate per 100,000 population	524*	463
Adult diabetes prevalence rate %	9%	11%
HIV prevalence rate per 100,000 population	72	644
Cardiovascular disease hospitalization per 1000, 65+	39.2	61.4
Low birth weight rate	7%	10%
Self-Reported Health Outcomes		
 Percent adults reporting poor or fair health	13%	15%
Percent adults reporting frequent physical distress	10%	10%
Percent adults reporting frequent mental distress	10%	10%

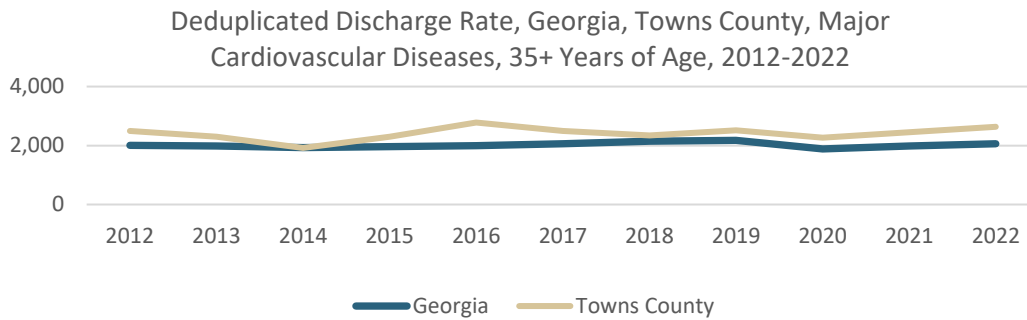
*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, Centers for Disease Control and Prevention

Cardiovascular Disease Morbidity

Hospital discharges for cases of major cardiovascular disease among adults 35 years of age and older have declined but have stayed consistently slightly higher for Towns County than for the state. From 2012 to 2022 rates have increased and decreased several times, but since 2020, rates have increased similarly to the state overall (Figure 17 below).

Figure 19. Cardiovascular Disease-Related Hospitalizations

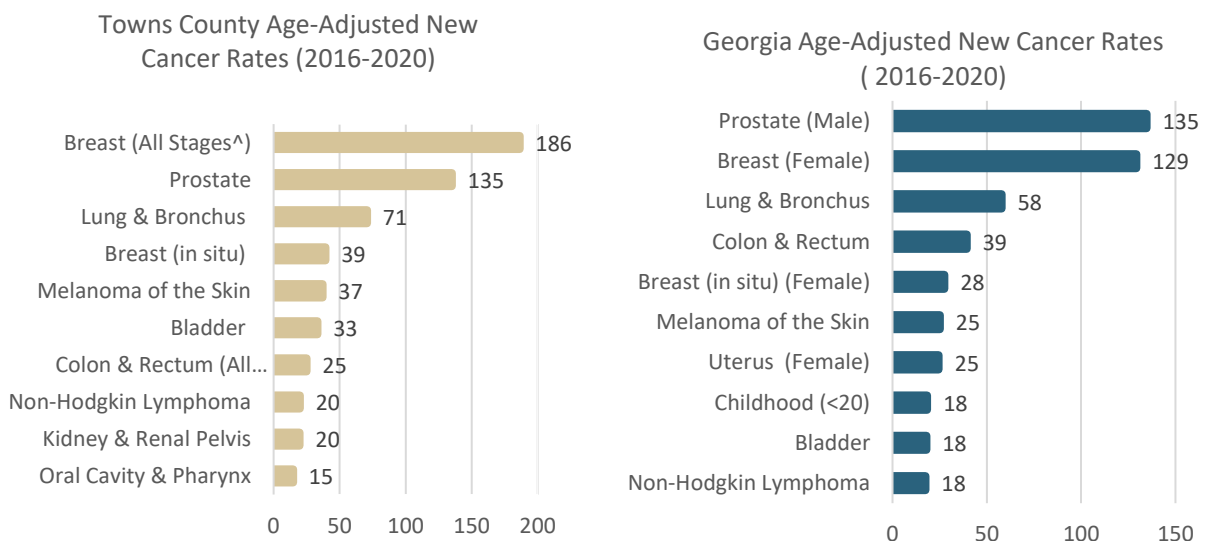


Data source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer Morbidity

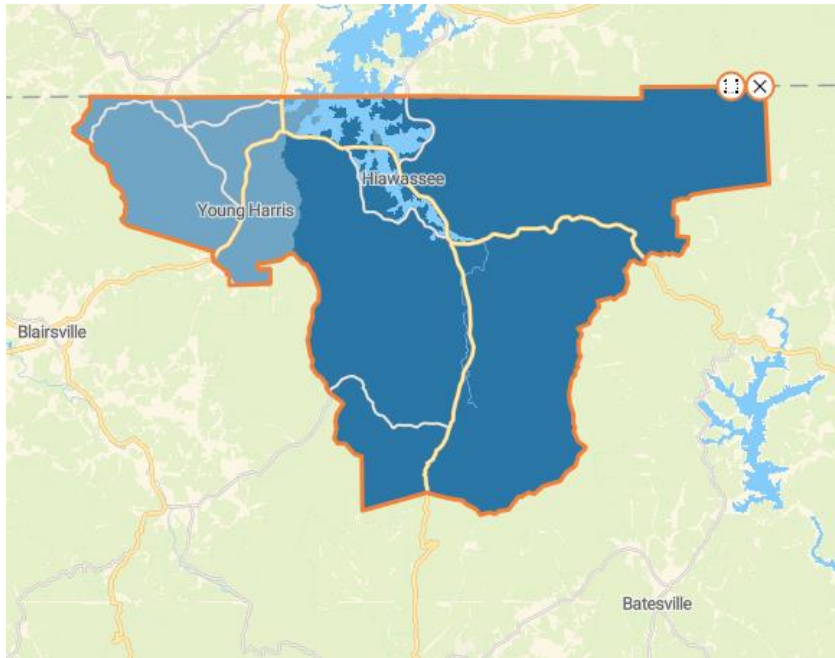
Incidence rates for Breast, Lung & Bronchus, Bladder, and Melanoma of the Skin cancers in Towns County were significantly higher than Georgia overall. The incidence rate for female breast cancer is lower than the state level. Towns Incidence of Colon and rectal cancer, 25 per 100,000 was lower than the state of Georgia overall (39 per 100,000).

Figure 20. Cancer Incidence Rates for Towns and Georgia, 2016-2020



Data Source: National Cancer Institute, State Cancer Profile

Figure 21. Perceived Health Status by Census Tract (2021)



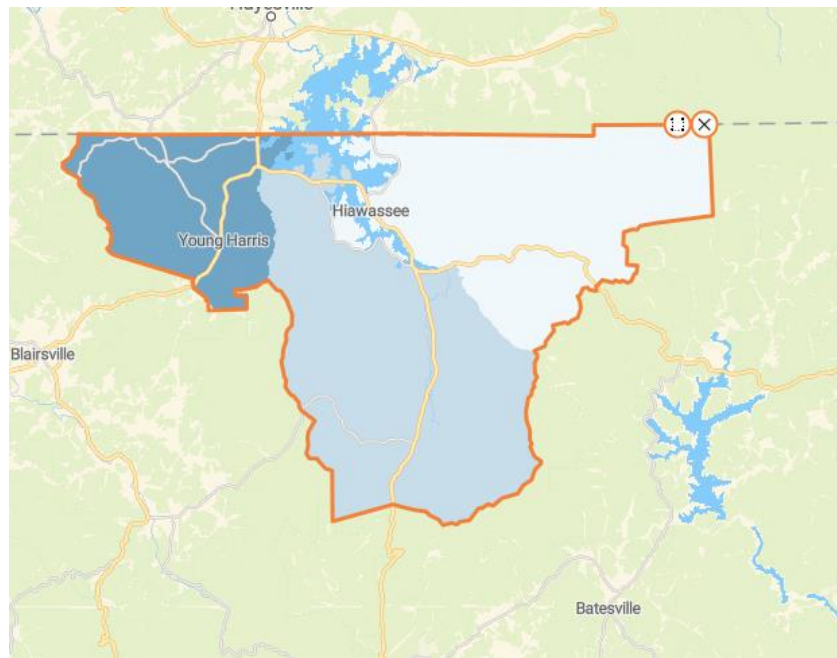
Proportion of adults reporting poor or fair health in the past 30 days, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.)

The lowest proportion, 16.8% of adults in the western part of the county reported poor or fair health compared to the rest of the county (18.5% vs 18.8%).

Figure 22. Frequent Mental Health Distress by Census Tract (2021)

Proportion of adults reporting 14 or more days of poor mental health in the past 30 days, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.)

Geographically, the highest proportion of adults reporting frequent mental health distress was the western part of the county, 16.8% compared to slightly lower



Mortality

Premature death rates are lower in Towns County than the state.

The average life expectancy in Towns County is 79 years (higher than the average life expectancy in Georgia).

	Towns	Georgia
Mortality Indicators		
Life Expectancy	79	77.3
Premature (under 75yrs) Death Rate per 100,000 population	7400	8000

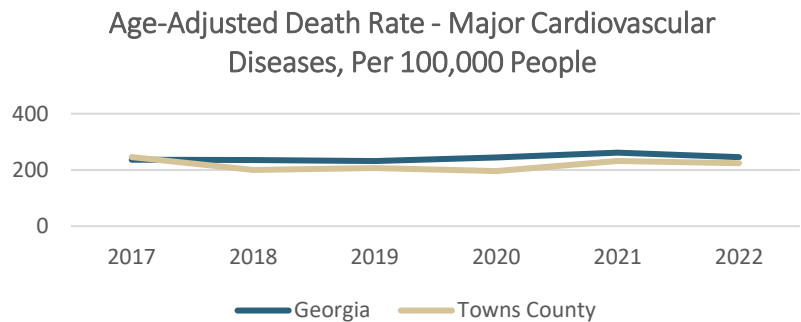


Data Source: County Health Rankings, OASIS, Centers for Disease Control and Prevention

Cardiovascular Disease Mortality

Trends on death rates for major cardiovascular diseases show that Towns County's rates have stayed lower than the state's rates since 2017. Yet in 2022, rates are reducing slightly, parallel to the state overall.

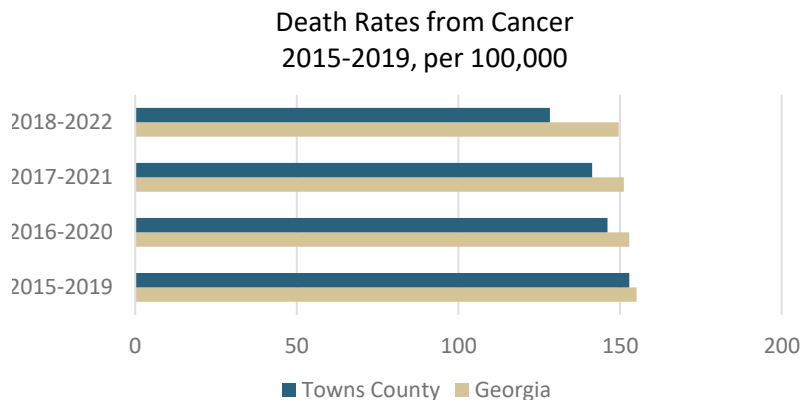
Figure 23. Cardiovascular Diseases Death Rates, Towns County & Georgia, 2017-22



Cancer Mortality

The death rate for cancer for Towns County residents is slightly lower than the state rate but has been increasing over aggregated five-year periods (Figure 24).

Figure 24. Cancer Death Rates per 100,000 residents, 2015-2019

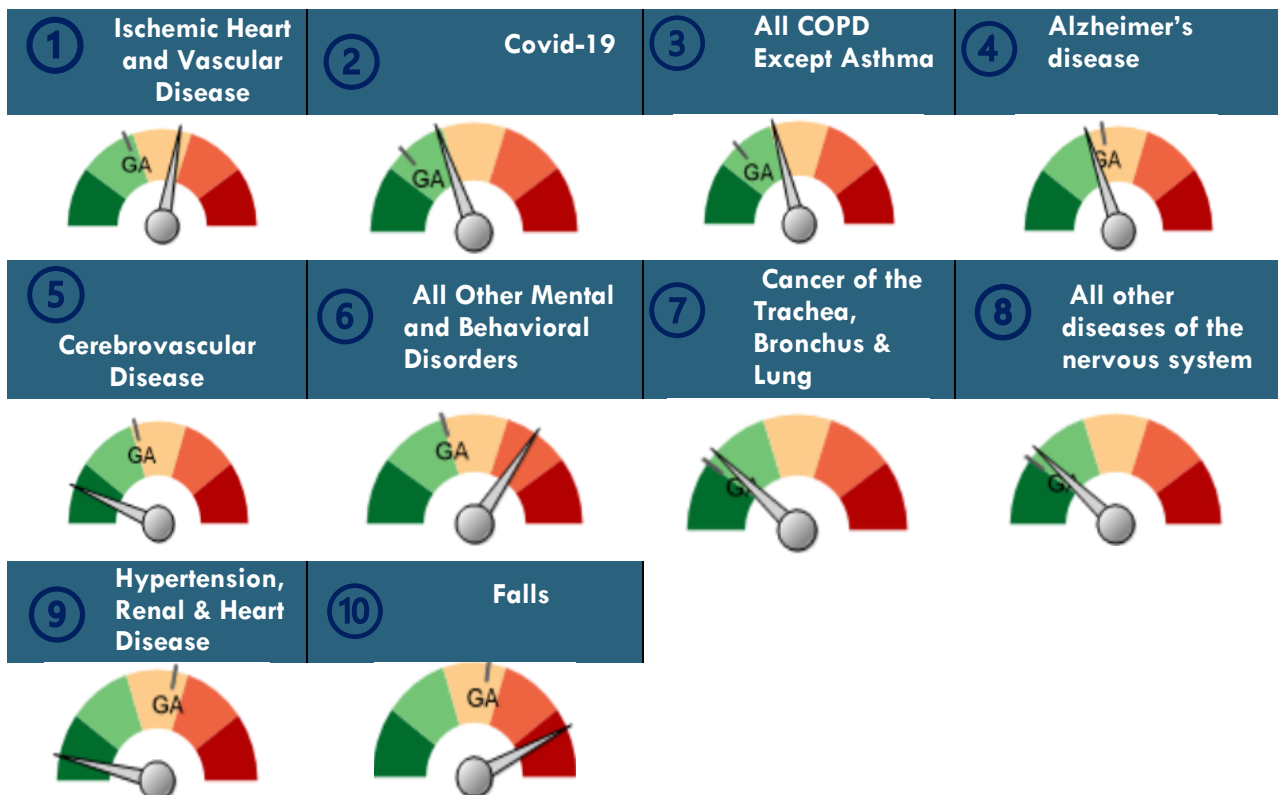


Top 10 Causes of Death: Towns County and Georgia 2018-2022

According to the Georgia Department of Public Health Online Analytical Statistical Information System, the top three causes of death for Towns County are ischemic heart and vascular diseases, Covid-19, and COPD. Deaths from Alzheimer’s, Mental and behavioral health disorders, and falls ranked higher for Towns County compared to Georgia. Top Ten comparisons are provided in the table and figure below.

<u>Cause</u>	<u>Towns Rank</u>	<u>Georgia Rank</u>
Ischemic Heart and Vascular Disease	1	1
Covid-19	2	2
All COPD Except Asthma	3	4
Alzheimer’s Disease	4	6
Cerebrovascular Disease	5	3
All Other Mental and Behavioral Disorders	6	10
Cancer of the Trachea, Bronchus & Lung	7	7
All other diseases of the nervous system	8	8
Primary Hypertension and Hypertensive Renal, and Heart Disease	9	5
Falls	10	26



Figure 25: Rank/County Comparison to Georgia



COVID-19

COVID-19 death rate in the county is significantly higher, over twice the state average as of September 2023. Vaccination rates were also lower than the state rate as of September 2023.








As of September 2023, Towns County had reported 3,170 COVID-19 infections and 132 COVID-19 deaths.

	Towns	Georgia
Cumulative COVID-19 Infections and Deaths (09/29/2023)		
 Number of COVID-19 Infections	3170	3,156,707
Infection Rate per 100,000	23,009	29,138
Number of COVID-19 Deaths	132	35,631
Death Rate per 100,000	881*	329
Vaccination Rates (09/29/2023)		
 Percent Population who are Fully Vaccinated	52%*	59%
Percent Population with at least One Vaccine Dose	62%*	67%

*Significantly unfavorable compared to state average

Data Source: Georgia Department of Public Health

PROGRESS ON SELECTED INDICATORS

		Previous CHNA (2021)	Current CHNA (2024)	Progress
	Economic Profile			
	Percent children in poverty	19%	21%	←
	Unemployment rate	4.8%	3.9%	→
	Education			
	High school graduation rate	98%	98%	—
	Social and Community Context			
	Social associations per 10,000	8.8	11.4	→
	Percent children in single parent households	27%	33%	←
	Neighborhood and Built Environment			
	Percent population with access to exercise opportunities	100%	100%	—
	Percent population food insecure	12%	12%	—
	Health Care Access			
	Uninsurance adults rate	19%	18%	→
	Primary care provider to population	1,190	1,750	←
	Mental health provider to population	4,010	2,580	→
	Health Behaviors			
	Obesity rate	26%	32%	←
	Physical inactivity rate	25%	23%	←
	Smoking rate	19%	17%	→
	Teen pregnancy rate (per 1000 teen females)	15	14	→
	Health Outcomes			
	Percent reporting poor or fair health	18%	18%	—
	Low birth weight rate	7%	7%	—
	Diabetes prevalence	12%	9%	→
	Premature (under 75yrs) death rate per 100,000	9,000	7,400	→

← worsened — stable → improved

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS

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

Community Demographic Profile, Economic Profile & Education

- The population of Towns County is older and less diverse compared to the state of Georgia.
- Population growth is projected to increase slightly through 2025 and become slightly more diverse.
- The county has unfavorable child poverty rate.
- Educational attainment better than the state rates.

Social and Community Context & Neighborhood and Built Environment

- 33% of children in the county live in single parent households.
- Compared to the state, Towns County residents are slightly less digitally connected.

Health Care Access

- Access to mental health care is limited In Towns County, compared to the state, due to shortages of mental health professionals.
- Covid vaccination rates that are lower than Georgia's.
- Yet the number of mental Health providers has Increased In the last two years.

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS – CONT'D

Lifestyle Behavior & Health Outcomes

- A high proportion of Townes County residents engage in unhealthy behaviors such as smoking and excessive drinking.
- Health outcomes in the county are overall mostly better or equal to the states.
- Cancer rates are higher compared to the state's while diabetes prevalence is lower in the county compared to Georgia.
- Higher rate of suicide than the state, yet equal % of Individuals reported frequent mental distress.

COVID-19

- As of September 2023, COVID-19 death rates were over 2x higher in than the state.
- Vaccination rates, however, remained lower than the state during the same period.

Progress on Selected Health Indicators Since last CHNA

- Of 18 selected health indicators assessed across the SDOH dimensions, the County improved or stayed the same on over 72% (13/18) and worse on 27% (5/18) compared to the last CHNA.

COMMUNITY SURVEY

Online surveys were completed (partially or in full) by 126 community members. The survey was shared on the hospital's website, through social media accounts, and with the school board for further dissemination.

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The majority of survey respondents were female (84%), Non-Hispanic White (92%), aged under 65 years (92.7%), married or partnered (73.2%) and employed (63.7%), with at least some college (77.4%). 53% of the participants reported an annual household income above \$60,000. Survey respondents were significantly more likely to be female (84% of respondents vs 51% county census). Respondents were slightly younger on average than the county overall with only 15.8% of respondents over 65 with 37% of the county being over 65. More respondents were also White non-Hispanic (92% sample vs 50% county census).

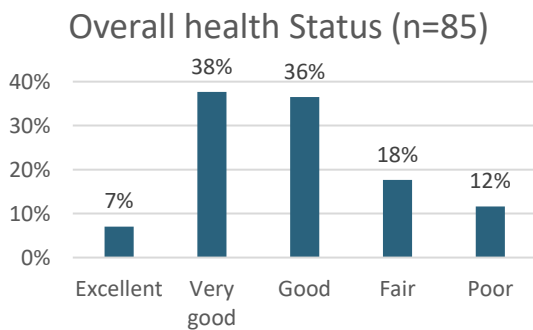
Demographic Characteristics of Survey	Frequency (N)	Percentage (%)
Gender (n=80)		
Female	68	84%
Male	12	14.8%
Age (n=82)		
Under 35 years	10	12.2%
35-44 years	15	18.3%
45-54 years	24	29.3%
55-64 years	20	24.4%
65-74 years	7	8.5%
75 years and older	6	7.3%
Race (n=88)		
Non-Hispanic Black	1	1.1%
Non-Hispanic White	81	92.0%
Hispanic	2	1.6%
American Indian/Native Alaskan	3	2.4%
Other	1	1.1%
Education (n=80)		
Less than High School	2	2.5%
High School Graduate or GED	16	20%
Some College or associate degree	23	28.7%
Bachelor's degree	16	20.0%
Graduate or Advanced Degree	23	28.7%
Marital Status (n=82)		
Married/Partnered	60	73.2%
Separated	1	1.2%
Divorced	14	17.1%

Demographic Characteristics of Survey	Frequency (N)	Percentage (%)
Widowed	3	3.7 %
Single/Never Married	4	4.9%
Household Income (n=80)		
Below \$20,000	8	10.0%
\$20,001-\$40,000	7	8.8%
\$40,001-\$60,000	10	12.5%
\$60,001-\$80,000	13	16.3%
\$80,001-\$100,000	13	16.3%
Above \$100,000	16	20.0%
Employment Status (n=80)		
Full-time	51	63.7%
Part-time	6	7.5%
Retired	19	15.1%
Unemployed	4	5%
Home Ownership (n=81)		
Yes	66	81.5%
No	15	18.5%
Access to Reliable Transportation (n=81)		
Yes	80	98.8%
No	1	1.2%

HEALTH STATUS

Over half of the survey respondents (81%) report their health as either excellent, good or very good. Around 13% of the respondents say their health is poor or fair. Of respondents, the most common chronic conditions that the participants reported having include high blood pressure (40%), and overweight/obesity (37%) depression or anxiety (36%), high cholesterol (35%) (Figures 26-27).

Figure 26. Self-Reported Health Status



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

Figure 27. Chronic Conditions

Respondents Most reported Chronic Conditions (n=84)

	%	N
High Blood Pressure	40%	34
Overweight/obesity	37%	31
Depression or anxiety	36%	30
High cholesterol	35%	29
Diabetes	19%	16

Note: Respondents could select multiple options

HEALTH BEHAVIORS

Smoking, Nutrition and Physical Activity

Around 15% of respondents reported currently smoking tobacco products (Figure 28). Nearly 33% of respondents indicated that the cost of fruits and vegetables impacted their ability to eat the recommended daily serving. A fourth said they didn't think about fruit and vegetable guidelines (Figure 29).

Figure 28. Smoking Behavior

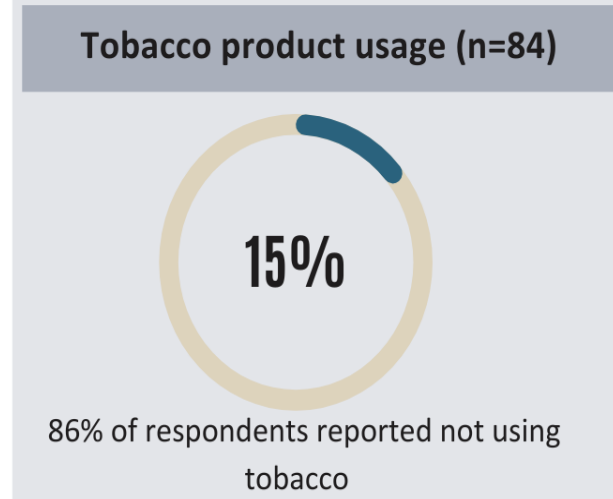


Figure 29. Fruit and Vegetables

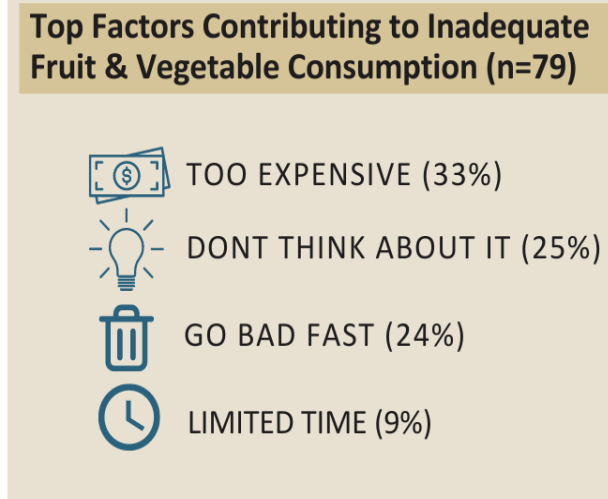
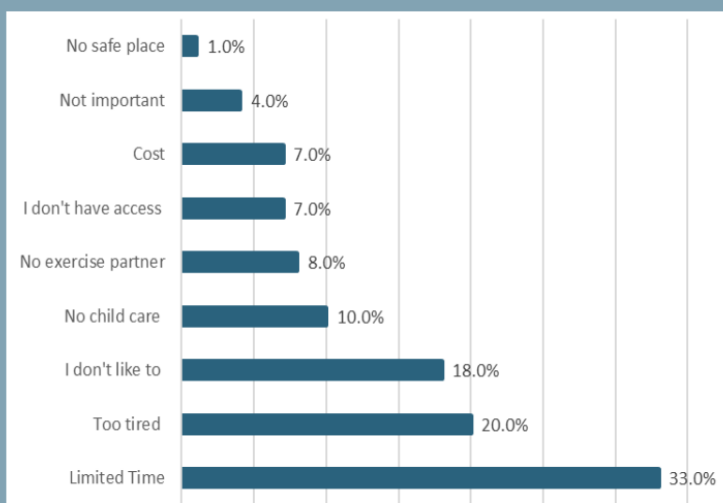


Figure 30. Physical Activity

Top factors for Inadequate Physical Activity (n=83)



Note: Participants could choose more than one response option.

Regarding physical activity, respondents indicated time was the biggest challenge to exercise (33%) followed by being too tired (20%), and not liking to exercise (18%). (Figure 30).

Health Screenings

Respondents were also asked about their utilization of preventive and cancer screening services and their adherence to recommended screening guidelines. Seventy nine percent of respondents 50 years and older reported having ever received a colonoscopy. Although there were a limited number of respondents, more than three out of five (64%) of male respondents over 40 years had a prostate cancer screening. 83% of female respondents 50 years and older reported that they received annual mammograms. Over half (65%) of females 21 years and older said that they received a pap smear at least every five years.

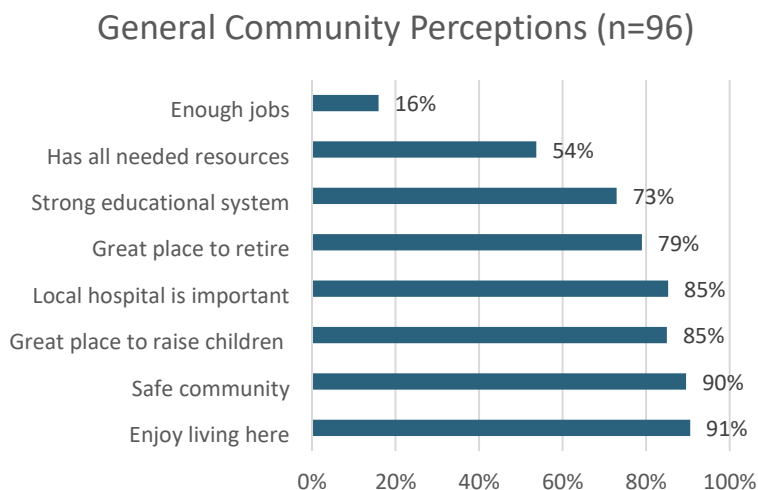
Respondents Cancer Screening		N	%
Over 50, colonoscopy (n=52)			
	Yes	41	79%
	No	11	21%
Male over 40, prostate exam (n=11)			
	Yes	7	64%
	No	4	36%
Female over 50, mammogram (n=47)			
	Yes	39	83%
	No	8	17%
Female over 21, pap smear (n=69)			
	Yes	45	65%
	No	24	35%

COMMUNITY PERCEPTION

General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs. More than nine out of ten (85%) respondents either agreed or strongly agreed that the local hospital is important. However, only 16% felt there were enough jobs. More than eight out of ten respondents (91%) strongly agreed or agreed that they enjoy living in Towns County. Similarly, nine out of ten respondents agreed that the community is safe, it has a strong educational system (73%) and it's a great place to raise children (85%). (Figure 31).

Figure 31. Community Perception



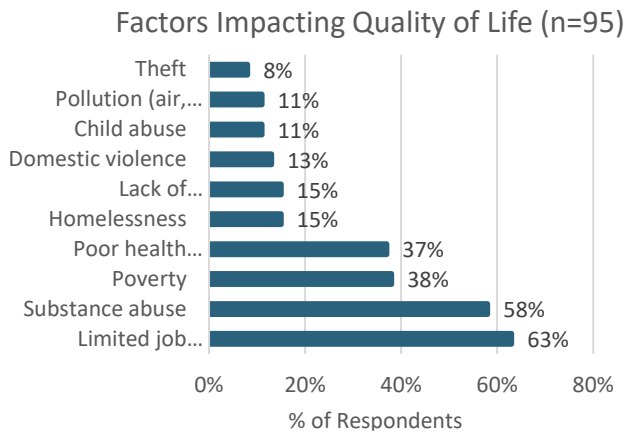
* Question response varied from 93 to 96 responses.

Community Perceptions Concerning Illness and Quality of Life

Respondents indicated that two factors were the most concerning factors impacting quality of life in Towns County, limited job opportunities (63%) and substance abuse (58%) Other priorities included poverty (38%), inadequate health insurance (37%) and homelessness (15%).

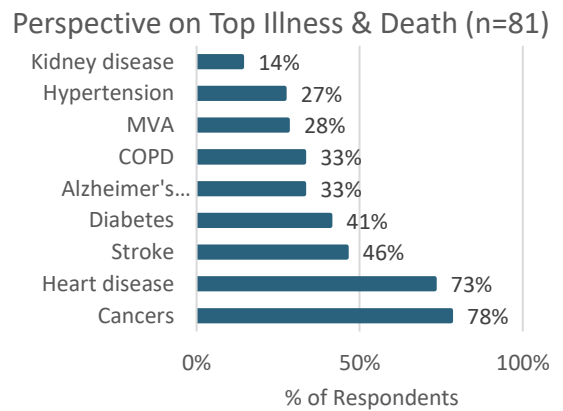
Respondents indicated the top causes of illness and death were cancers (78%), heart disease (73%), cancers (62.6%) and stroke (46%) followed by diabetes (41%), hypertension also ranked (27%). These findings indicate cardiovascular related concerns may be a top community priority.

Figure 32. Factors Impacting Life in Towns County



Note: Participants could choose more than one response

Figure 33. Causes of Mortality and Morbidity



Perception on Negative Influencers of Health

The highest percent of respondents perceived nutrition (64%), mental health issues (59%) and drug use as negative influences on Townes children's health. Of Townes County overall Meth (67%), alcohol (42%), and prescription drugs (40%).

Figure 34. Childrens Health

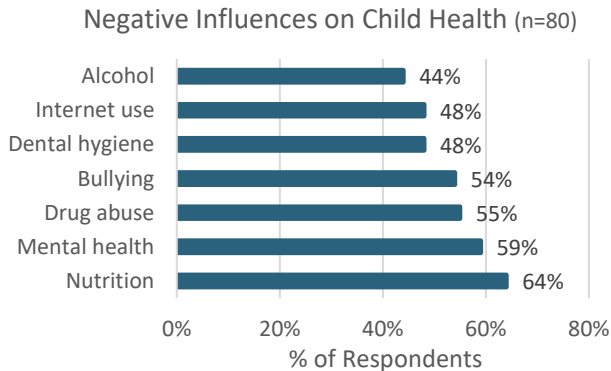
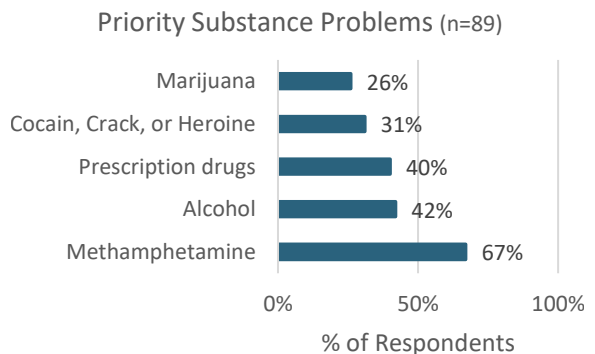


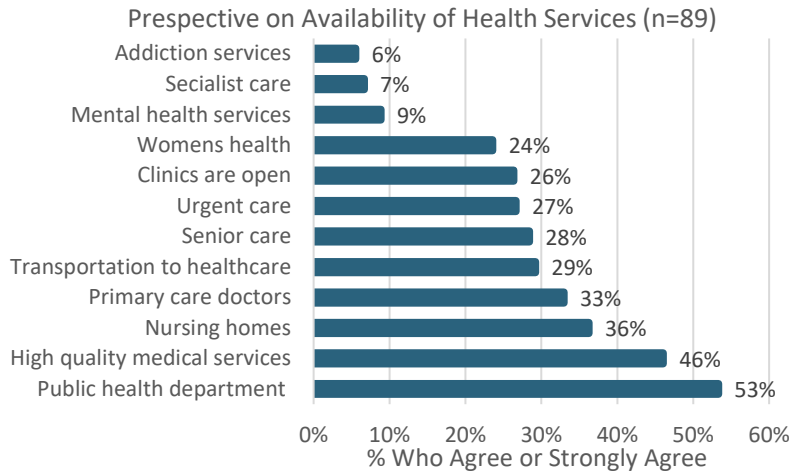
Figure 35. Substance Abuse



HEALTH CARE ACCESS

Community Perception Concerning Health Care Services

Figure 36. Community Perceptions Concerning Health



Note: Participants could choose more than one response option.

Overall approximately half of respondents agreed they had access to public health services (53%) and high quality medical services (46%) in Townes County.

Approximately 75% of respondents did not agree they had access other critical services.

The fewest percent of Respondents perceived they had access to addiction services, specialist care and mental health services (Figure 36).

Insurance Coverage and Usual Source of Care

The majority of survey respondents (68%) reported that they had employer-based insurance. Twenty percent were covered by Medicare, and eight percent were uninsured, whereas the census indicated 18% of Townes County is uninsured. (Figure 37). Most of the respondents (74%) reported that their usual source of care was a doctor's office. 13% identified urgent care, 6% reported not receiving care (Figure 38).

Figure 37. Insurance Coverage

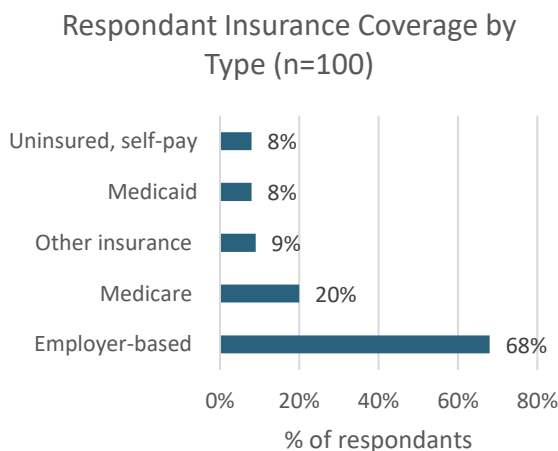
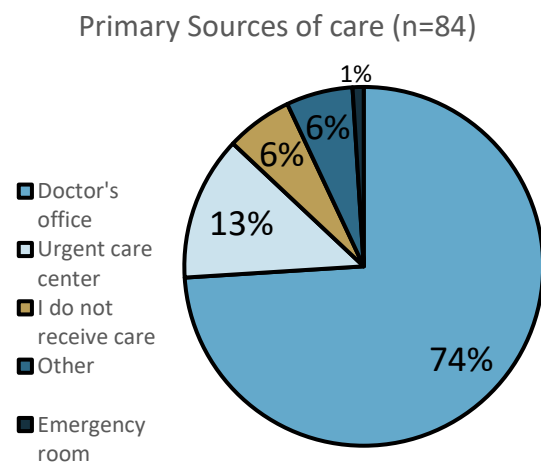


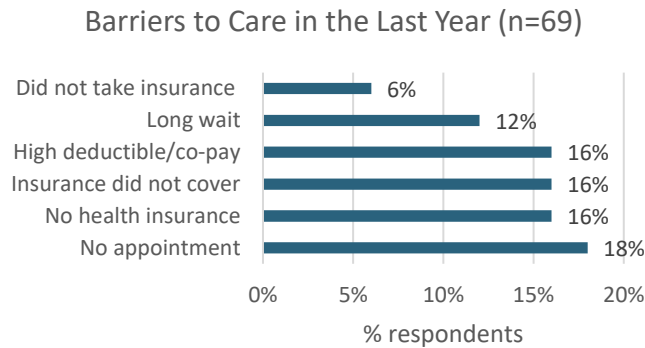
Figure 38. Usual Source of Care



Barriers to Healthcare Access

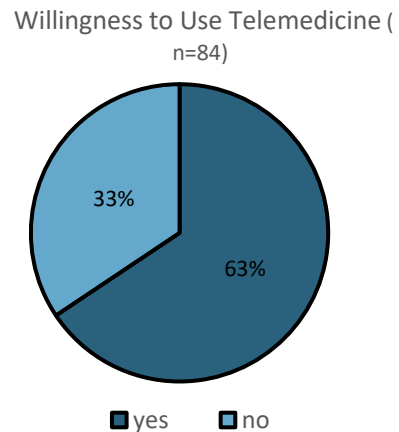
Among respondents the top barriers faced towards accessing healthcare included not being able to get an appointment (18%). Several were indicated as equal barriers: not having insurance, high cost of deductible or copays, or their insurance didn't cover care (16%). Additionally, 12% indicated long waits were a barrier (Figure 39). More than half of respondents (63%) were willing to access specialists via telemedicine if offered (Figure 40).

Figure 39. Barriers to Healthcare Access



Note: Participants could choose more than one response

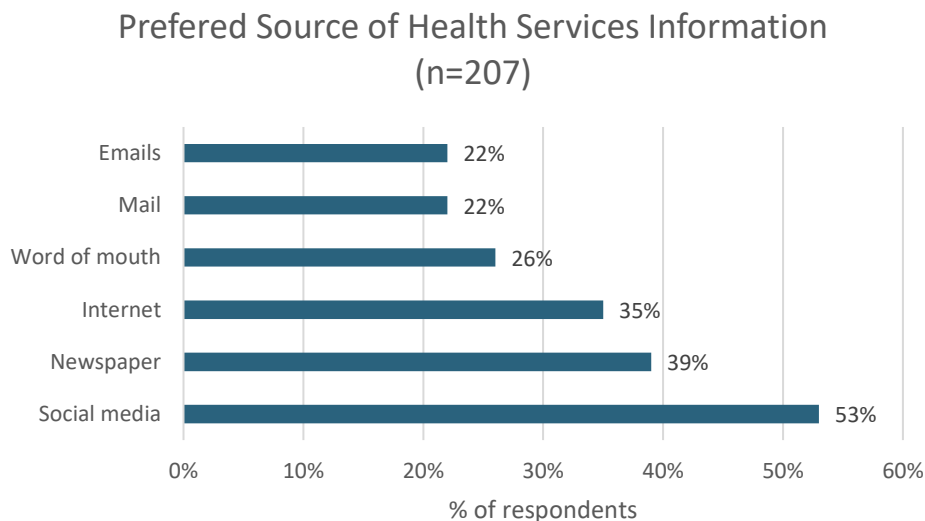
Figure 40. Telemedicine



Health Information

Respondents most commonly identified social media as their primary source of learning about health services (53%), followed by newspaper (39%), and Internet (35%) (Figure 41).

Figure 41. Sources of Health Information



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

KEY STAKEHOLDER FOCUS GROUPS

PARTICIPANT CHARACTERISTICS

Two focus groups of key stakeholders were held in Fall 2023 with a total of 8 participants representing different and vital aspects of the community. Participants represented business interests, church groups, healthcare workers, public health workers, and hospital employees. Focus groups were held via Zoom.

EMERGING THEMES

The following sections provide details of the focus group discussions by common thread or topic, focusing on those that cut across groups.

Community Perception Overall

Themes: Small town life, beautiful scenery, retirement community, available transportation

Participants enjoyed the small-town life and beautiful scenery. They expressed that it was a predominantly retirement community. One participant said:

“People are generous and predominately a retirement community. I like the scenery and location.”

Another person mentioned that they do provide transportation in the community for people who need it:

“Thinking back to the quality of life. We do offer transportation for those without transportation.”

Community Challenges

Themes: Lack of jobs, financial struggles, retirement community.

Participants were generally happy but recognized that there were issues that needed to be addressed such as lack of jobs, financial struggles, and the fact that it was a predominantly retirement community. One participant said:

“He had to go out of the area to find work because there was nothing here that would help us make ends meet.”

Another person said:

“Well, our community is a retired environment. That's the way it's been for many years. Obviously, age does take a toll on any health, whether it's old or young. I think in general our demographic certainly is a retired community.”

Maintaining Healthy Lifestyle

Themes: available transportation, recreation center, but lack of healthy food options, many fast-food places.

Participants were asked what made it easy to maintain a healthy lifestyle. The two themes that emerged were available transportation and a recreation center. However, the participants did talk about a lack of healthy food options in the community and the overabundance of fast-food places.

One person said:

“We have the Rec Center. While there are not many options, it is a great option.”

Another participant said:

“I think that's contributing to the community is like, there's not a lot of healthy places to eat around here. If you want to eat out, it's fast food. We have a few small restaurants. We don't really have the chains here you might see in a larger city. Even if you go to the grocery store, it's small. We like to eat a lot of fresh produce and a lot of different vegetables, and I can't find those at my local grocery store.”

Healthcare Challenges Overall

Themes: Lack of /or unaffordable insurance, few specialists, not providing adequate care for the aging population, long wait for doctor's appointments.

When participants were asked about issues in the healthcare system, many of them talked about lack of /or unaffordable insurance. For example, one participant said:

“We have a lot of people who are self-paid, about 10% of our population do not have insurance that are coming into the hospital. Then a lot of others are on Medicaid.”

Participants also talked about the lack of specialists in the community, and that many of them go somewhere else to receive specialty care.

One person said:

“Everyday health care needs are met here. If you do need a specialist and must go across the mountain it may be challenging depending on the area.”

Another issue was a lack of appropriate care for the aging population. Participants did not feel that the doctors spent enough time addressing the health issues of older adults.

For example, one participant said:

“As you get older, there has to be some issue. My dad feels like he's 80 and they just want to get him out of the doctor's office. When he comes in, he just feels like I'm 80 and they want me to die. I really didn't understand that until he had more severe problems. I go with him to his doctor's visits, and I understand where he's coming from now.”

Suggestions to Improve Healthcare

Themes: General family care physicians, more specialty services such as mental health, neurology, endocrinology, rheumatology, children dental services.

When asked how the healthcare services can be improved in the community, participants wanted to see more general family care physicians, more specialty services. One person said this:

“I don't think so. I think that it does cover, whether you're a PA or a doctor, either one, it just seems like the need for family care-- I think the opportunity is available for additional family care practices.”

Another person said:

“The one resource we do not have great access to is mental health. We see many that need some type of access dealing with mental health. We do not have the resources for that now.”

Another participant said:

“Would like more specialty services. They recently obtained a pulmonologist. But is in high demand so appointments are far out. Urgent care, after hours care – the only walk-in is no longer a walk-in clinic.”

Hospital

Themes: Short wait time, professional ER staff, small hospital atmosphere, caring people, providing great basic care, hospital is involved in the community.

Overall, participants were very happy with the local hospital. They mentioned that the hospital provides great basic care, has short wait time, has professional and caring staff, and has that small hospital atmosphere.

One person said:

“Think it is adequate. It treats employees well. Small enough to feel Mom & Pop as opposed to corporate. They look at how they pay and treat the employees well.”

The participants mentioned that the hospital provides great basic care and is involved in the community:

“They do participate in the community health fair. It is well received. Many people show up for that. The hospital tries to involve themselves in the community.”

Hospital-Specific Challenges

Themes: Limited services, outdated facilities, food can be better

Participants also recognized that there were issues that needed to be addressed with limited services, outdated facilities, and hospital food. They talked about limited services, outdated facilities, and limited food options.

One participant said:

“Chatuge Regional probably is not making money the way that they need to make money in order to provide more services. They don't have any debt, but they're not bringing in income that would allow them to hire specialists or additional services. We did just get a grant for an MRI, which was a huge blessing, but a lot of the rooms are outdated at the hospital itself because there's not the money to refurbish them.”

Another participant said:

“I think that like when they updated the Chatuge Regional, I feel like they updated the outside of the hospital per se, but they didn't do a lot, except to the front area of the hospital, they didn't do a lot to the rooms. You know what I'm saying? They just did a facelift. They didn't really do an interior.”

Hospital-Specific Recommendations

Themes: More special services such as dialysis, diabetic education, fitness center, more educational programs, helipad

Participants provided several recommendations for the hospital. They wanted to see more special services; more education programs especially related to management of diabetes:

“but there's so many diabetics here that they need to know how to manage their diabetes. I think that's a big part in this community. Even if you get a doctor that's talking to you about that, they don't specialize in that, and so they can't tell you exactly what kind of diet, or actually your primary doctor can prescribe some medications, but they can't really monitor.”

They also discussed the need for new fitness center and helipad:

“Just going off of that, the need for Chatuge in one aspect is a permanent location for a helipad. Currently, that community doesn't have a designated helipad. At the time of a helicopter need, that should be one of the least things you're worried about, is where to park that helicopter in order to receive a patient.”

Conclusion

In summary, focus group participants, many of whom were long-standing residents of the community, expressed favorable opinions about their community, and the role of the hospital in promoting and providing health, wellness, and providing health care access. The perspectives shared by participants on ways to improve the health of Towns County residents were introspective and informative. Participants advocated for initiatives focused on increasing access to healthy foods, and jobs for non-retired residents to improve overall health. Although the county does not have high rates of obesity and diabetes compared to the state overall, these improvements may positively impact the health of the community.

Additional recommendations to increase access to mental health services including addiction and recovery given that Mental health was a theme that emerged within the focus groups and surveys

2024 CHNA IMPLEMENTATION PLAN FOR CHATUGE REGIONAL HOSPITAL

Health Need: <u>CANCER</u>	ACTIONS:
<p>Increase awareness, provide education and free screenings for Towns County.</p>	<ol style="list-style-type: none"> 1. Partner with physicians for education, risks and prevention of all types of cancer. 2. Provide free cancer screenings at yearly hospital health fair. 3. Promote local Cancer support groups through social media platform and hospital website, 4. Continue participation in local Relay for Life events throughout the year. 5. Keep hospital website up-to-date with a "Wellness Update" that contains helpful information regarding health concerns and risks.

Health Need: <u>HEART DISEASE</u>	ACTIONS:
<p>Bring continued awareness and education to reduce heart disease in Towns County.</p>	<ol style="list-style-type: none"> 1. Continue to increase education in the community through classes either in-person or online that contain helpful information & prevention strategies. 2. Offer "Preventing Heart Disease Workshop" presented by local Cardiologist at hospital. Advertise in newspaper and on social media. 3. Partner w/local organizations to advertise and emphasize free exercise opportunities available throughout community (Methodist church has free exercise room, Meeks Park w/walking trails, new 24-hr gym that honors Silver Sneakers, pickleball courts, dog park). 4. Do special spotlight on hospital website about Local Senior Center that offers nutritious hot lunches, weekly exercise classes, and monthly education classes.

Health Need: <u>DIABETES</u>	
<p>Increase awareness of connection between Diabetes and Weight Management and prevention strategies.</p>	<ol style="list-style-type: none"> 1. Offer "Nutritional Cooking Class" open to community once a quarter led by educated health personnel. Provide recipes on hospital website and social media platforms. 2. Advertise hospital Wellness Center; exercise classes, poolclasses and personal trainers available, as well as access totreadmills, weights, machines, etc. 3. Reinstate Free Health Fair held yearly at hospital now that COVID restrictions are lifted. 4. Emphasize local farmers market for access to fresh produce,etc. 5. Provide education as to resources available to community inthe areas of fitness, wellness, recreation, etc. 6. Partner with local physicians and Health Dept to educate and engage patients and their families w/healthy nutrition and physical activity options.

