



COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

2024

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



UNION GENERAL HOSPITAL, INC.

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The Union General Hospital, Inc. 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

Union General Hospital, located in Blairsville, Georgia partnered with the Center for Public Health Practice and Research, of the Jiann Ping Hsu College of Public Health at 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 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 a representative from the local health department, 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 results from the secondary data analyses suggest that the county's population was growing slightly and aging. From 2017 to 2022, the overall population increased by 12.5% in Union County. Over this period, the county's population over 65 increased by 18.2%. All ethnic and race groups grew with the exception of Asians. The population is expected to increase from 2023 to 2028, but at a slower rate (1.6%). Continued growth is projected for the population under 20 years old, while the population over 65 is projected to have a slower increase. It is important to note that demographics including income, education, and age, vary by census tract. Furthermore, specific communities experience greater challenges due to factors including lagging economy, limited employment, and lack of transportation. Secondary data agreed with survey and focus group findings in several areas of community health challenges including but not limited to: mental health and COVID-19 related impact, drug and alcohol misuse, and poverty levels due to limited employment opportunities.

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

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
Mental Health & COVID-19-related impacts	<ul style="list-style-type: none"> -Mental Health Provider ratio lower than the state - Higher proportion of adults reporting frequent mental distress -Higher suicide rates compared to the state levels 	<ul style="list-style-type: none"> -Depression and anxiety were the 3th most common chronic conditions -Lack of adequate mental health services -Mental health was a top 2nd concern for children 	<ul style="list-style-type: none"> -Limited access to mental health services and requests for expansion of services -Community residents expressed concerns about mental health issues in their community
Drug and Alcohol Misuse	<ul style="list-style-type: none"> -Higher Rates of Excessive Drinking compared to the state 	<ul style="list-style-type: none"> -Drug and alcohol abuse listed as the main factor impacting the quality of life in the community - Drug use listed by more than half of respondents as a risk factor for the health of children -Methamphetamine and prescription drugs listed as top problematic drugs -Only one out of 10 respondents agree there are enough drug and alcohol abuse services in the community 	<ul style="list-style-type: none"> -Drug abuse mentioned as an issue that has “plagued” the community and as a threat for the health and wellbeing of children
Poverty	<ul style="list-style-type: none"> -Lower median income compared to the state -The proportion of children living in poverty (one in four) has increased compared to the previous CHNA -Lower GPD growth than the state 	<ul style="list-style-type: none"> -Listed as one of the main health issues in the community. -Limited job opportunities are a challenge for community residents 	

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 Union General Hospital to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of Union County. This report summarizes the findings of the CHNA. The report informs the hospital's strategic 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 throughout the project. The steering committee facilitated 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 Union General Hospital – Union 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 Union County residents and included representation from the local health department by Glenda McGill, Office Manager of the Union County Health Department. Their perspectives provided a well-rounded view of life in the community and the health and health care needs of the county's residents.

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 26,388 residents in Union County. Compared to Georgia overall, the population of Union County is older and less racially diverse. About 10% of the population live with one or more disabilities, compared to 9% for Georgia. Veterans make up close to 9.6% of the population.

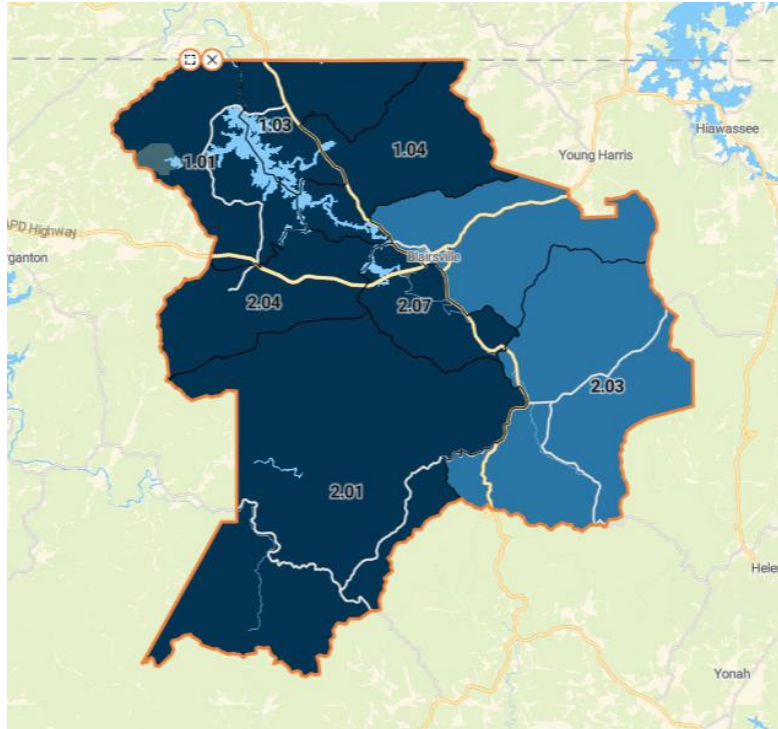
More than 1 out of 3 residents of Union County are 65 years or older.

	Population	Union	Georgia
	Number of Residents	26,388	10,912,876
	Sex		
	Female	50.7%	51.2%
	Male	49.3%	48.8%
	Age Distribution		
	Population Under 5 years	3.5%*	5.8%
	Population Under 18 years	15.1%	23%
	Population 65 years and older	34%*	15%
	Racial and Cultural Diversity		
	Race		
	White	92.9%*	50.4%
	Black/AA	1.2%	33.1%
	Other Races/Multiracial	2.3%	7.9%
	Ethnicity		
	Hispanic	4%*	10.5%
	Nativity		
	Foreign Born	2.9%*	10.4%
	Non-English Language Spoken at Home	3.7%*	14.5%
	Veterans		
	Veteran Population	6.5%*	5.7%
	Disability		
	Population under 65 years disabled	9.6%	9.1%

*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 eastern 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 and 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 (37% over 65, compared to 25%-35% in the northern part).

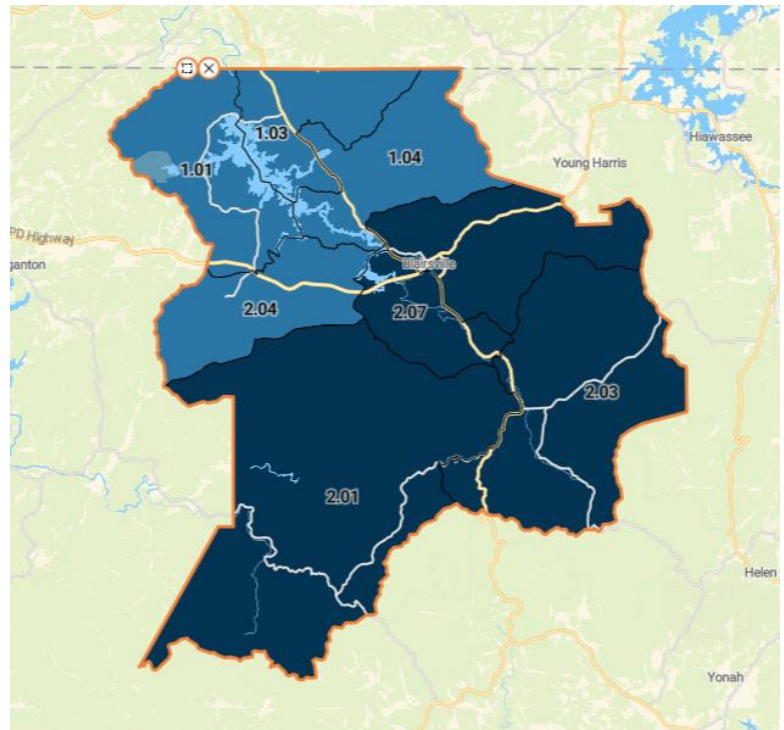
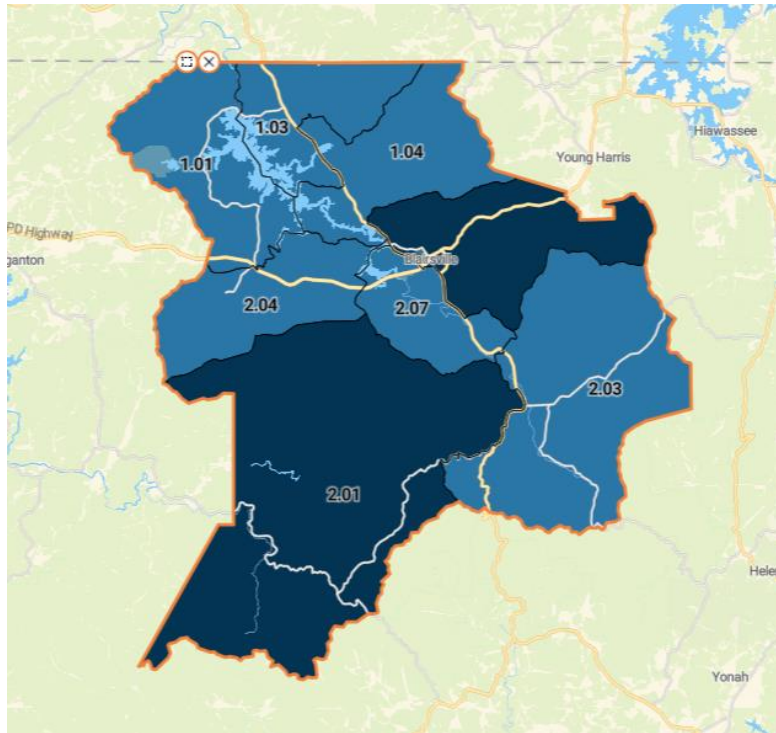


Figure 3. Proportion of Residents with Disability by Census Tract (2017-2021)



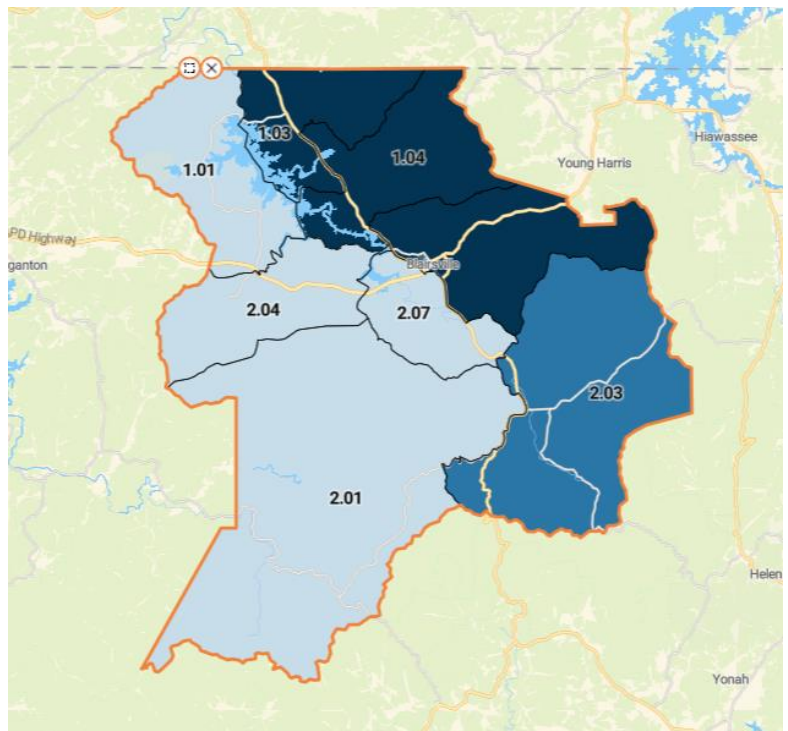
Proportion of Individuals Living with One or More Disabilities, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

A slightly higher proportion of residents residing in the southern and central parts of the county live with one or more disability (23-25% compared to 16% & 19%).

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

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

A higher proportion of veterans (16%-19%) live in the northeastern part of the county compared to other parts (8%-15%).



PAST POPULATION GROWTH

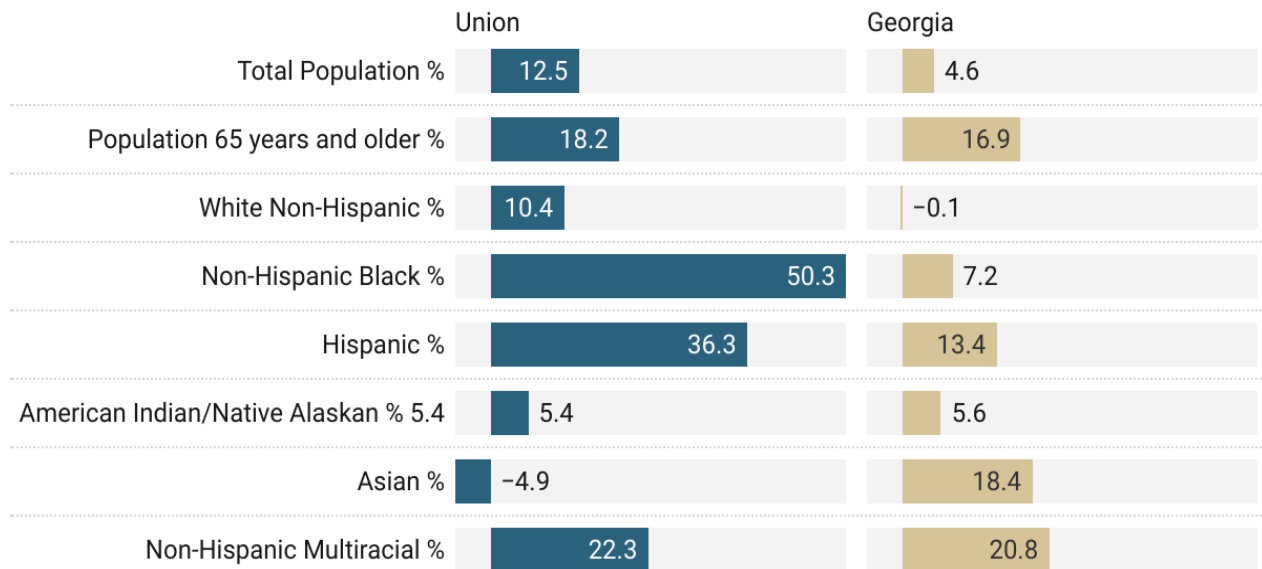
The total population of Union County increased by 12.5 % between 2017 and 2022. Over that period, the county saw a significant increase in Non-Hispanic Black, and Hispanic residents compared to Georgia overall. The county had a higher increase in the population over the age of 65, compared to the state levels.

Figure 5. Union County Past Population Change

Population Change, 2017-2022

Past Population Change

■ Union ■ Georgia



Created with Datawrapper

Data Source: Georgia Department of Public Health: Online Analytical Statistical Information System (OASIS)

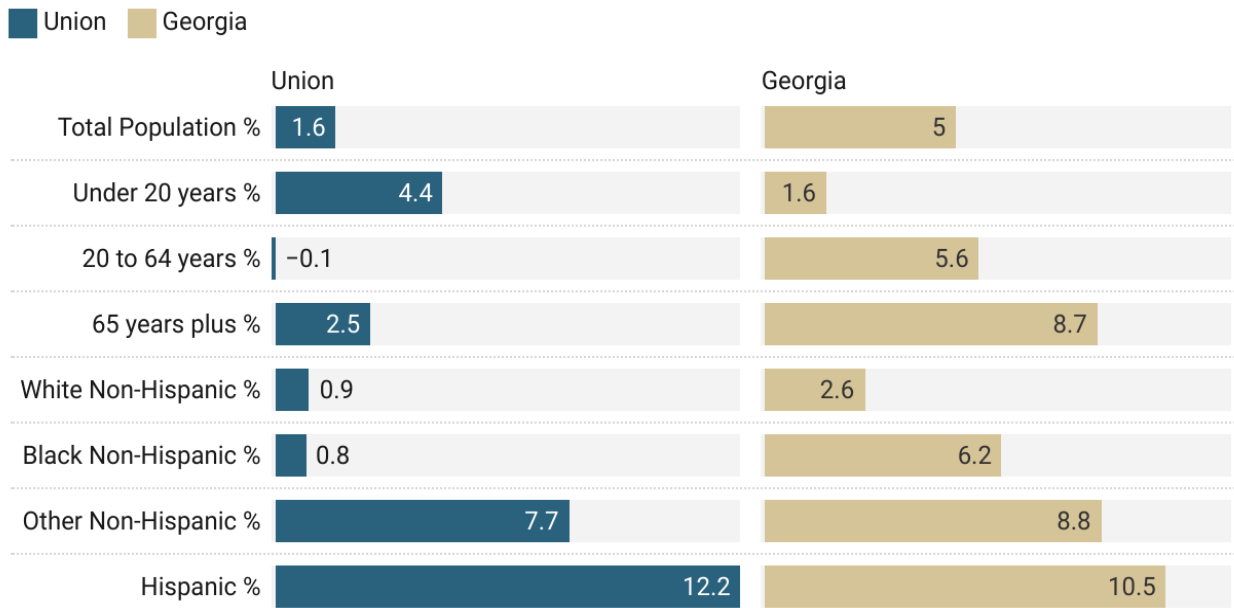
PROJECTED POPULATION GROWTH

The population of Union County is projected to increase by 1.6% by 2028 based on projections by Georgia Governor's Office of Planning and Budget. A small increase is expected for the population over 65, but at lower rates compared to the state. Growth is anticipated in youth under 20 years of age, for Hispanic and other non-Hispanic populations.

Figure 6. Union County Future Population Change

Projected Population Change

2023-2028






Created with Datawrapper

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

ECONOMIC PROFILE

The county experienced a similar increase in real Gross Domestic Product (GDP) between 2021 and 2022 compared to the state. Over this period, the rate of job growth was similar to 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 2.3% is lower than the state rate of 3.4%. The median household income for Union County is significantly below the state median (\$59K vs \$71K). About one in ten residents live in poverty in Union County (10.3%), a rate that is lower than that of the state (12.7%). About one in 5 children lives in poverty (21%), and that is equal to the state average. The rate of children in the county (48%) that are eligible for free or reduced lunch is lower compared to the state (56%).

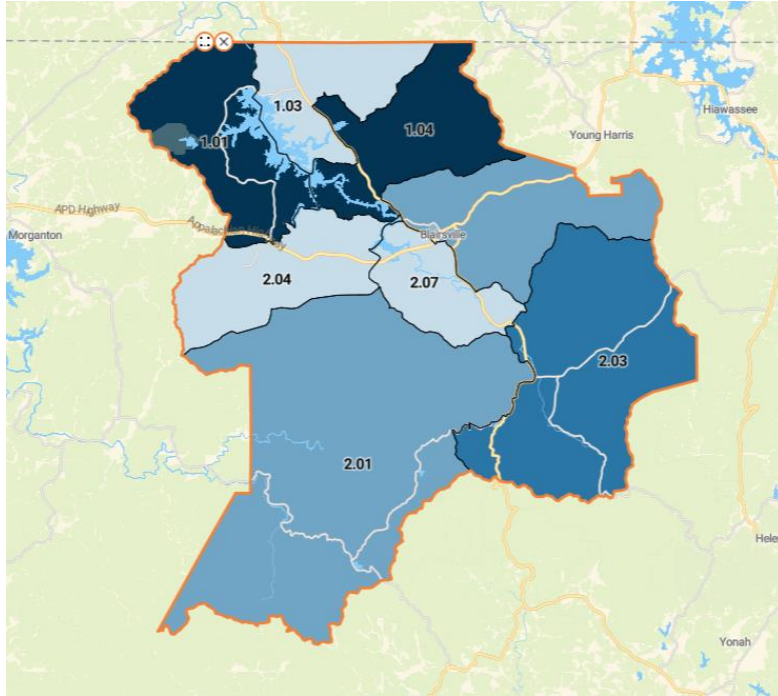
More than 1 out of 5 children in Union County are living in poverty.

	Union	Georgia
Economy		
 Real GDP Annual Growth Rate (2011-2021)	1.5	2.7
Real GDP Annual Growth Rate (2021-2022)	2.6	1.9
Job Growth Rate (2021-2022)	5.1	5
Labor Force Representation		
 Unemployment Rate (2023)	2.3%	3.4%
Labor Force Representation (2013-2017)	65.7%*	75.5%
Male Labor Force Representation (2013-2017)	68.4%*	80.4%
Female Labor Force Representation (2013-2017)	63.1%*	70.8%
Poverty		
 Median Household Income (2018-2022)	59,783*	\$71,355
Population in Poverty (2020)	10.3%	12.7%
Children in Poverty (2023)	21%	21%
Children eligible for reduced lunch (2018-2019)	48%	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)



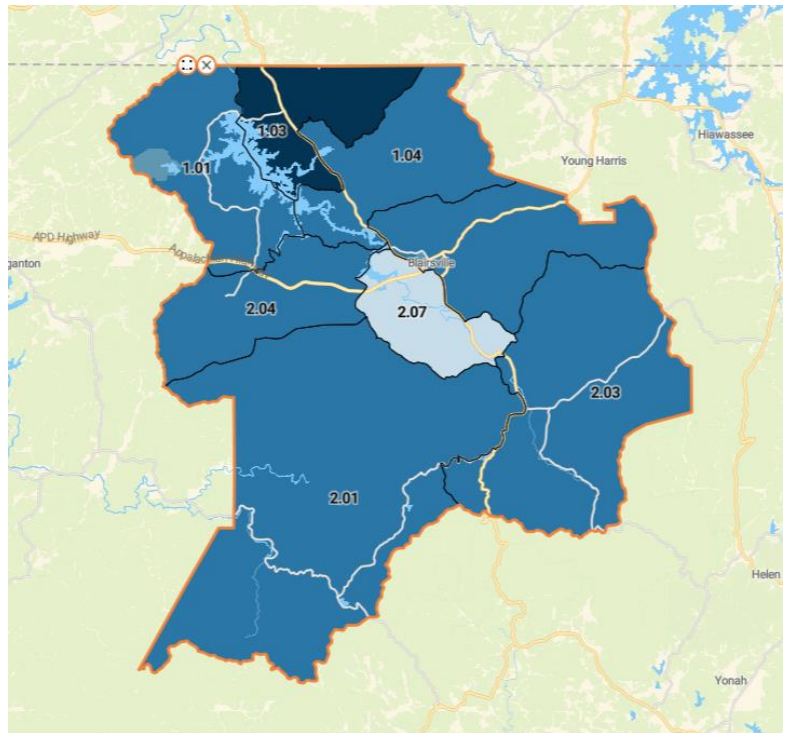
Proportion of Population Living in Poverty, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

Poverty levels are higher in the northern parts of the county (20+%) and eastern parts (17.15%). In other parts it ranges from 8-15%.

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.)

The median household income is lower in the central part of the county (\$31k), compared to the other parts of the county where it ranges from \$47K-\$54K.






EDUCATION

Educational attainment in the county is slightly lower than the state rates. The high school graduation rate of 88% is very similar compared to the state rate of 89%.

On average, Union County third graders

perform half a grade level higher than the state average overall on state standardized tests. Approximately 26% of the population holds a bachelor's degree or higher, compared to 34% for the state overall.

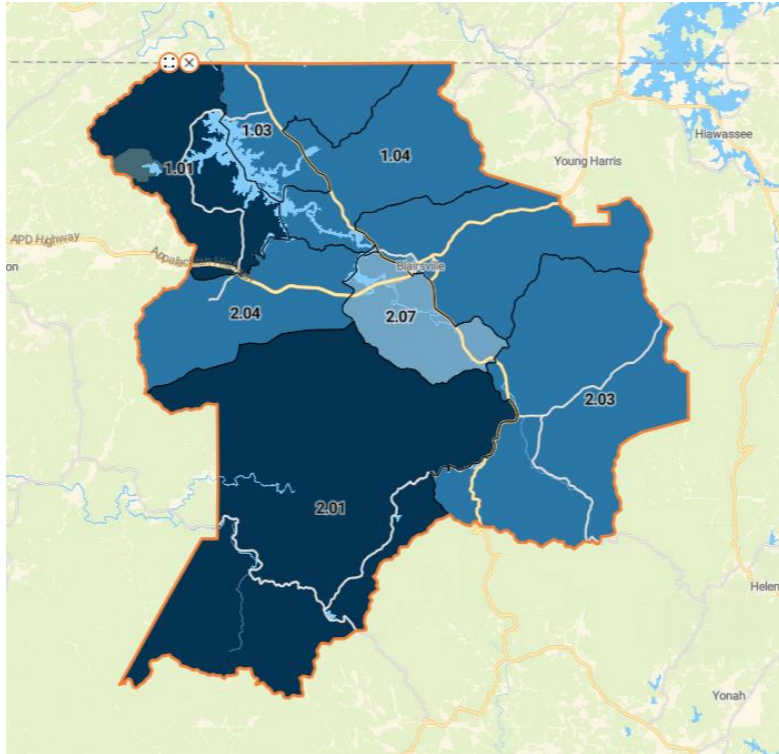
3rd graders performed somewhat better on standardized tests of English and Math.

	Union	Georgia
Early Childhood Education		
 Percent 3–4-year-old children in school	28.4%*	48%
K-12 Education		
 Average grade level performance for 3rd graders on English Language Arts standardized tests	3.5	3.0
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	88%	89%
Population with bachelor's degree	26%*	34%

*Significantly lower than state average

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

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



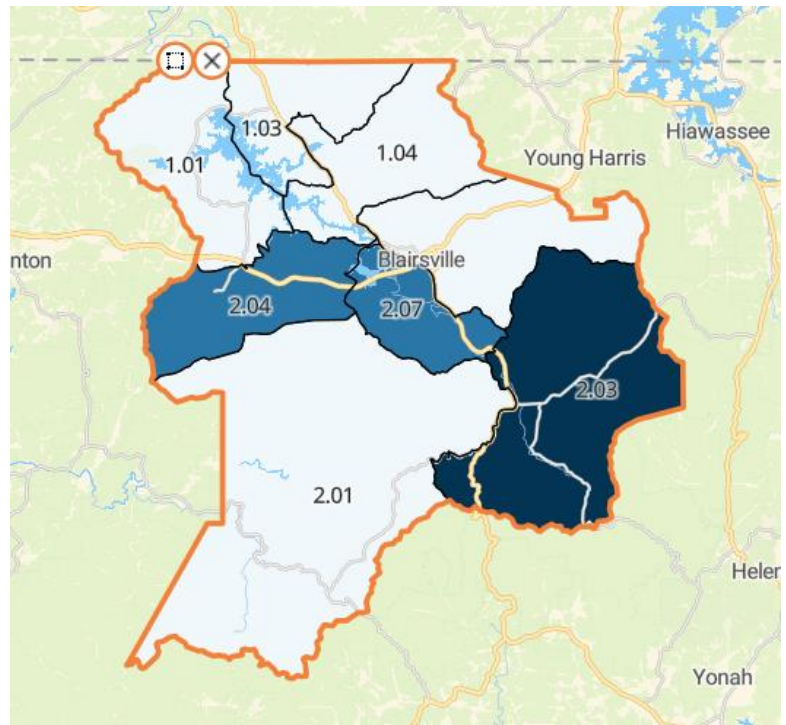
Proportion of Population with at least a High School Diploma, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

Educational attainment is overall higher in the western parts (90+%), compared, 80%-88%.

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 eastern part of the county (3%) and central part (1.3%-1.7%) 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. Union County residents have relatively more social associations; compared to the state there are 9.5 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 26 per 100,000 (compared to 13).

There are approximately 10,759 households in Union County, with an average of 2.3 persons per household.

		Union	Georgia
Household Characteristics			
	Households	10,759	3,946,490
	Average persons per households	2.3	2.7
	Children in single parent households	16%	30%
Social Context			
	Social Associations per 10,000	9.5	8.8
	Suicide rates per 100,000	26*	14







*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, US Census Bureau

NEIGHBORHOOD AND BUILT ENVIRONMENT

Almost all Union County 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 significantly lower violent crime rate than the state. About 3% of the households do not have a motor vehicle, a rate that is lower than the state's (6.1%). While Union county is a fairly good healthy food environment with an 8 food Index compared to 6.1 for the state overall, a higher percentage of the county (13%) compared to the state overall (11%) is experiencing food insecurity.

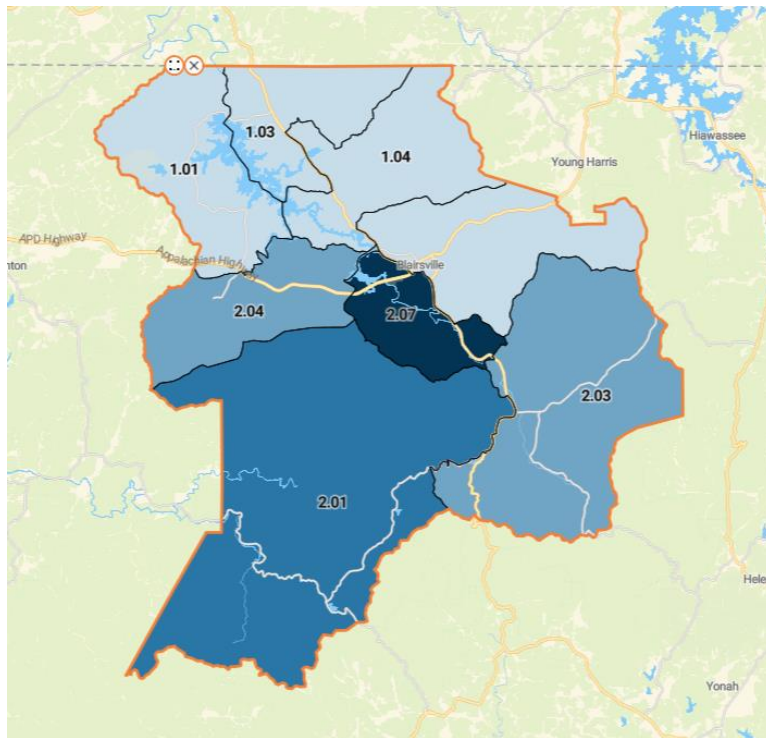
Compared to the state, Union County residents experience less air pollution.

	Union	Georgia
Digital Connectivity and Amenities		
 Households with computer	89.7%*	94.1%
Adult with broadband internet	86.6%*	87.8%
Access to exercise opportunities	94%	75%
Safety		
 Violent crime rate per 100,000	165	388
Deaths from alcohol impaired motor vehicle crashes	0%	21%
Food Insecurity		
 % low-income with limited access to healthy foods	2%	10%
(Healthy) Food environment index (1 worst; 10 best)	8.0	6.1
Percentage of population experiencing food insecurity	13%	11%
Transportation		
 Average travel time to work (minutes)	23.7 min	28.4 min
Percent households with <u>no</u> motor vehicle	5%	6.1%
Housing		
 Percent of homes owned	81%	65%
Percent families spending > 50% of income on housing	12%	14%
Percent population with severe housing problems	12%	15%
Median gross rent	\$781	\$1,221
Median selected monthly owner costs, includes	\$1,223	\$1,640
Pollution		
 Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	7.7	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)



Proportion of all households with no internet access, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

The proportion of households with no internet access was highest in the center of the county at 33% followed by the southern tracts of the county ranging from 14%-25% of the households lacking access. In the northern part of the county only 9%-14% of households lack access.

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

Proportion of all households without a computer, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

Similarly, lack of computer access was highest in the central part of the county where 27% of households lack any type of computer, followed by the southern parts with 12%-16%. The northern part has the lowest proportion ranging from 6%-8%.

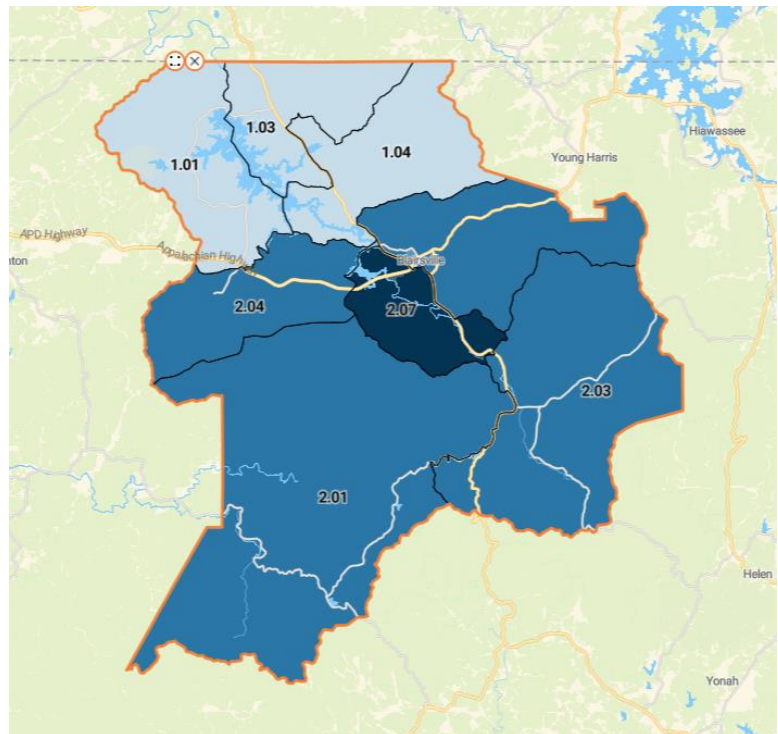
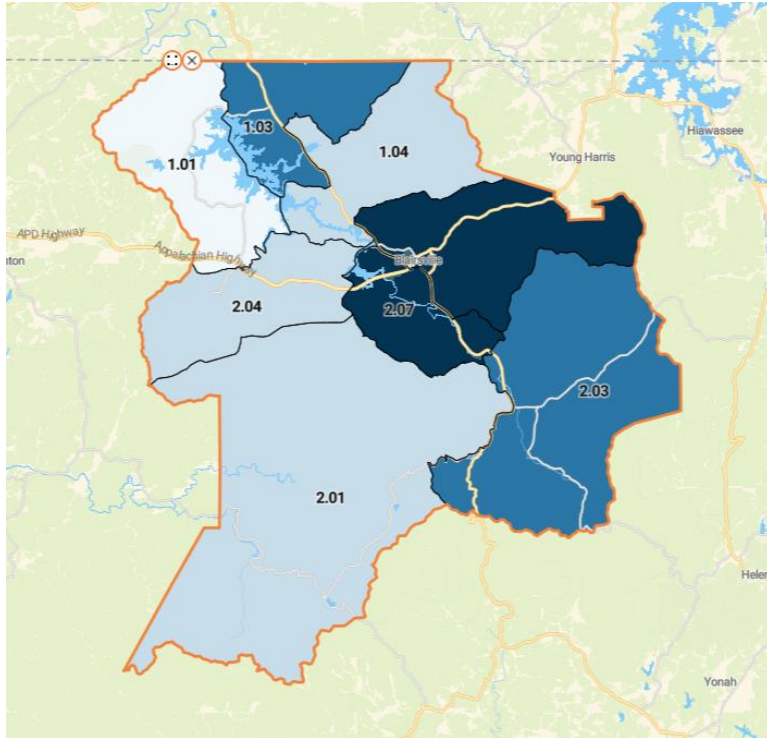


Figure 13. Severe Homeowner Cost Burden by Census Tract (2017-2021)



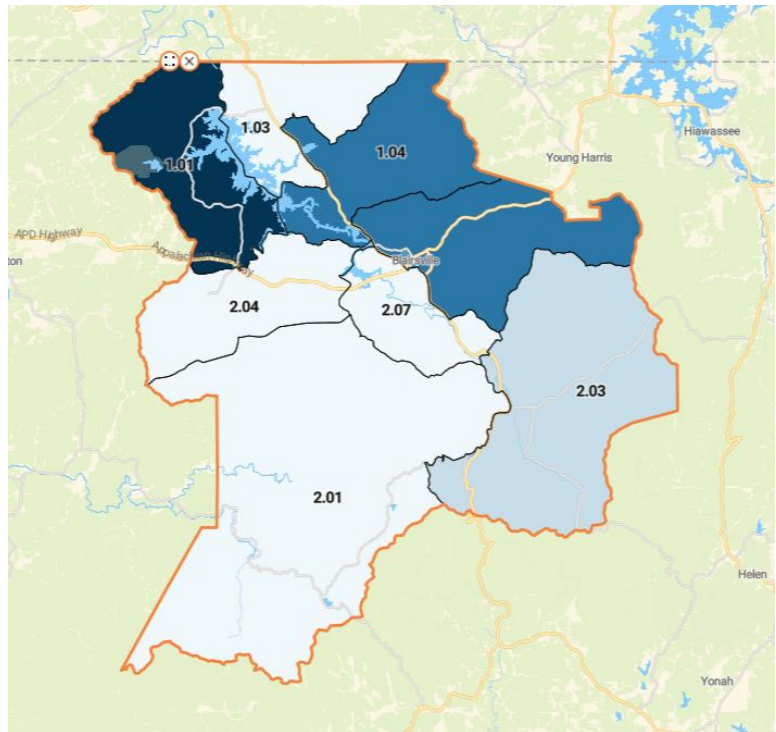
Proportion of all Homeowners who are severely burdened by housing costs, 2017-2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

Severe homeowner cost burden is higher in the central and eastern part of the county ranging from 15%-21%. In the other parts it ranges from 8% to 14%.

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 Union County residents who are uninsured is higher than the state rate of 15%. Compared to the state, the county also has significant shortages of dentists, and mental health providers. Flu vaccination and mammography rates are higher than the state levels. Preventable hospital stays per 100k Medicare enrollees is significantly lower than the state, possibly indicating that primary care is adequately meeting the needs of community members.

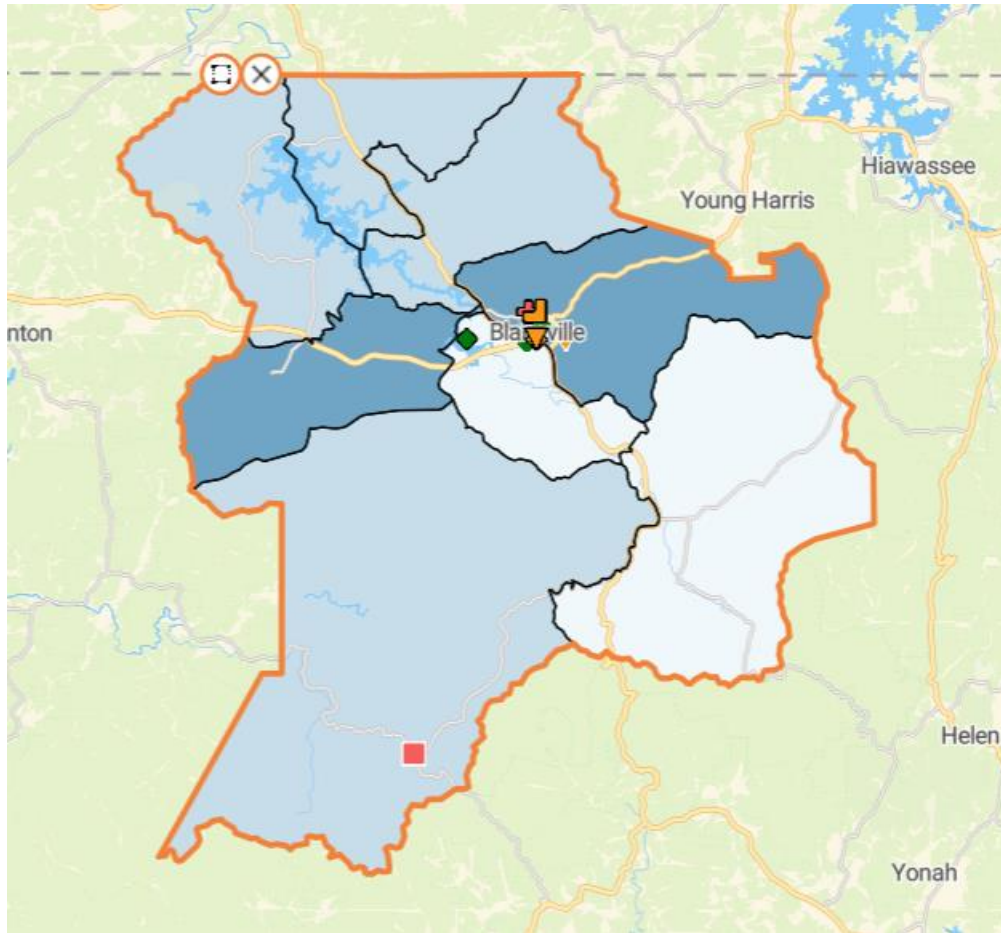
The ratio of population to one mental health provider is twice as high compared to Georgia overall.

	Union	Georgia
Health Insurance Coverage		
 Percent under 65 Years Uninsured	18%*	15%
Provider Supply		
 Population to One Primary Care Physician	1,490	1,490
Population to One Dentist	3,190*	1,880
Population to One Mental Health Provider	1,220*	600
Primary Care and Prevention		
 Adults with a Personal Doctor or Health Provider	76%	72%
Adults Reporting a Physical Checkup within last year	81%	NA
Preventable Hospital Stays per 100,000 Medicare	2,130	3,318
Mammogram Screening Rates	46%	36%
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	51%	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



Most of the hospital and mental health service facilities are located in the central part of the County (Figure 15)

Legend: Red plus = hospital; Green rhombus = pharmacies, orange half plus = nursing home facility, pink plus Assisted facilities 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

The proportion of residents who smoke and excessively drink is slightly higher in Union County compared to the state. Obesity rates, physical inactivity and the proportion of adults who do not get sufficient sleep are slightly better than the state overall. Both teen birth rates and sexually transmitted infection (STI) rates are also lower in the county than the state.

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

	Union	Georgia
Suboptimal Lifestyle Behaviors		
 Adult smoking rate	20%*	16%
Adult excessive drinking rate	19%*	16%
Percent driving deaths with alcohol involvement	0%	21%
Adult obesity rate	32%	34%
Adult physical inactivity rate	26%	25%
Adults report insufficient sleep (<7 hours)	33%	36%
Sexual Risk Behaviors		
 STD infection rates per 100,000	110.2	589.4
Teen birth rates per 1000 female teens	20	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 generally high across the county ranging from 26% to 28% in the northwestern part of the county.

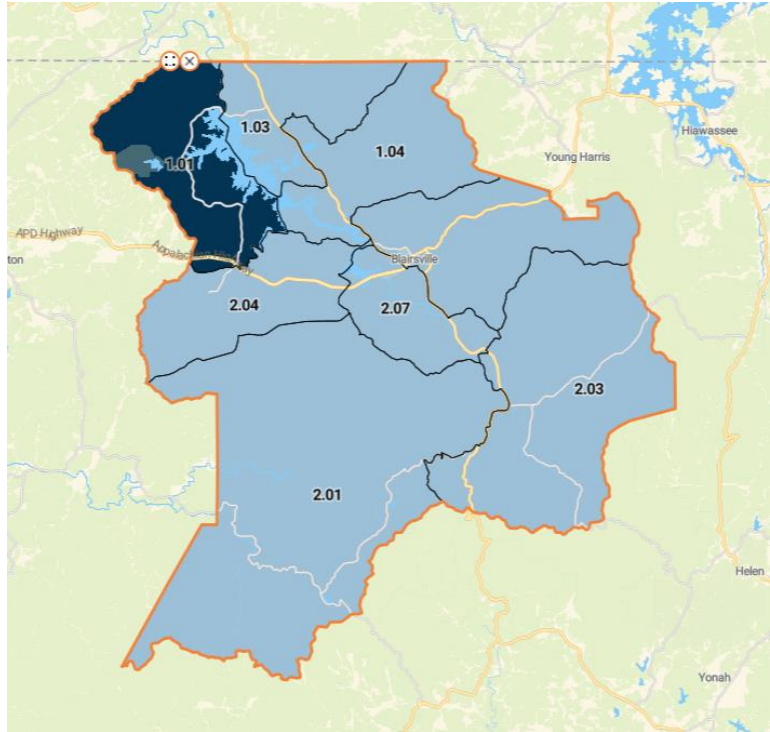
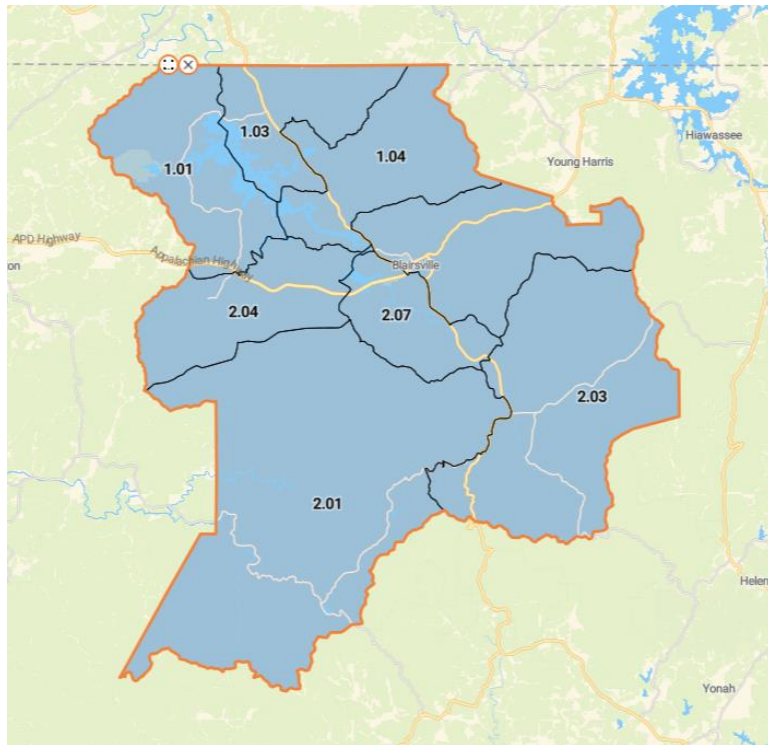


Figure 17. Adult Obesity by Census Tract (2021)



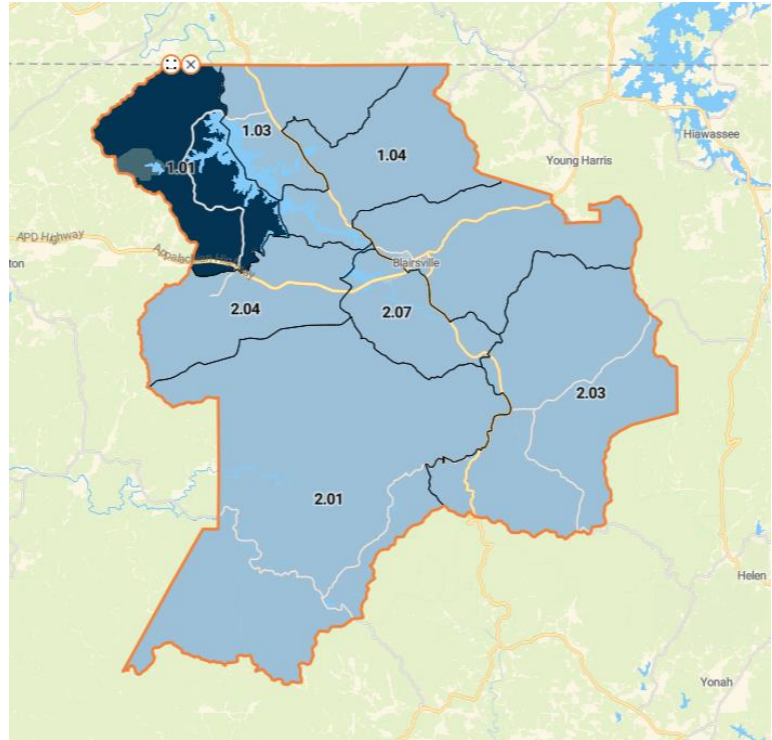
Proportion of adults reporting to be obese, 2021. Data Source: Policy Map. (The darker the color the higher the proportion.)

Obesity rates are homogeneously high across the county ranging from 33% to 35% of adults reporting to be obese.

Figure 18. Adult smokers by Census Tract (2021)

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

Smoking rate is higher in the northern western part of the county (19%). In the remaining parts of the county, it ranges from 15%-16%.





HEALTH OUTCOMES

Morbidity

The proportion of Union County residents who self-report poor or fair health, and physical distress overall are closely aligned with the state rate.

As of 2022, Union County had a lower cancer incidence rate compared to the state.

A higher proportion of Union County adults reported frequent mental distress(17%) compared to the state(15%). The disease burden related to cancer and diabetes prevalence are 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 Union County compared to the state.

	Union	Georgia
Disease Burden		
 Cancer incidence rate per 100,000 population	448	464
Adult diabetes prevalence rate %	10%	11%
HIV prevalence rate per 100,000 population	141	644
Cardiovascular disease hospitalization per 1000, 65+	45.1	61.4
Low birth weight rate	9%	10%
Self-Reported Health Outcomes		
 Percent adults reporting poor or fair health	15%	15%
Percent adults reporting frequent physical distress	11%	10%
Percent adults reporting frequent mental distress	17%*	15%

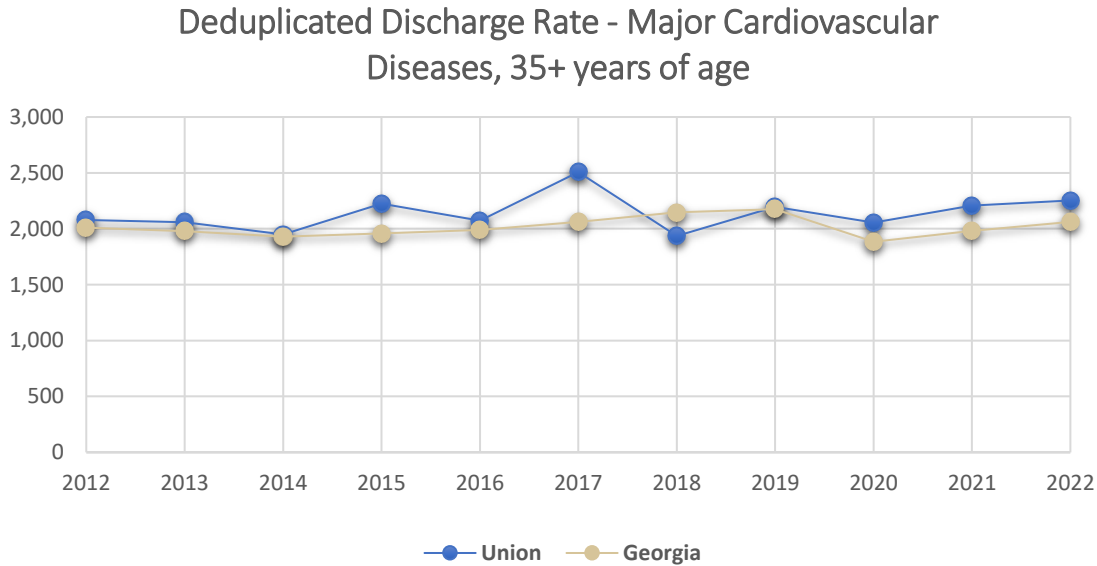
*Significantly unfavorable compared to the state average

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 varied a lot across the years, however, since 2020 they have been slightly increasing and are slightly higher compared to the state level.

Figure 19. Cardiovascular Disease-Related Hospitalizations



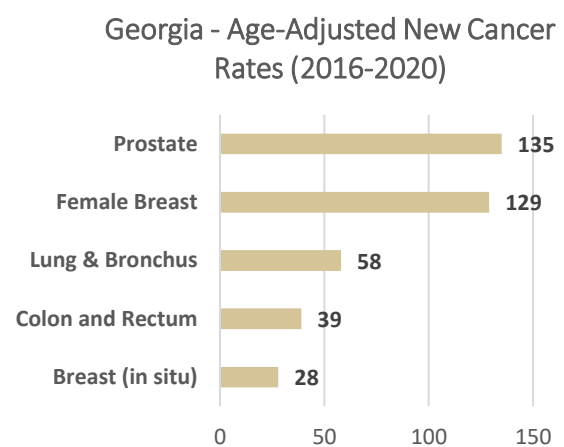
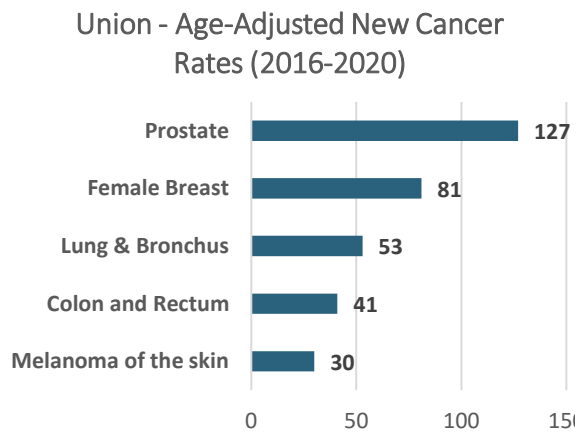
Data source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer Morbidity

Incidence rates for colon and rectum, and melanoma of the skin cancers are higher for Union County compared to Georgia overall. The incidence rate for prostate, female breast cancer, lung and bronchus are lower than the state level.

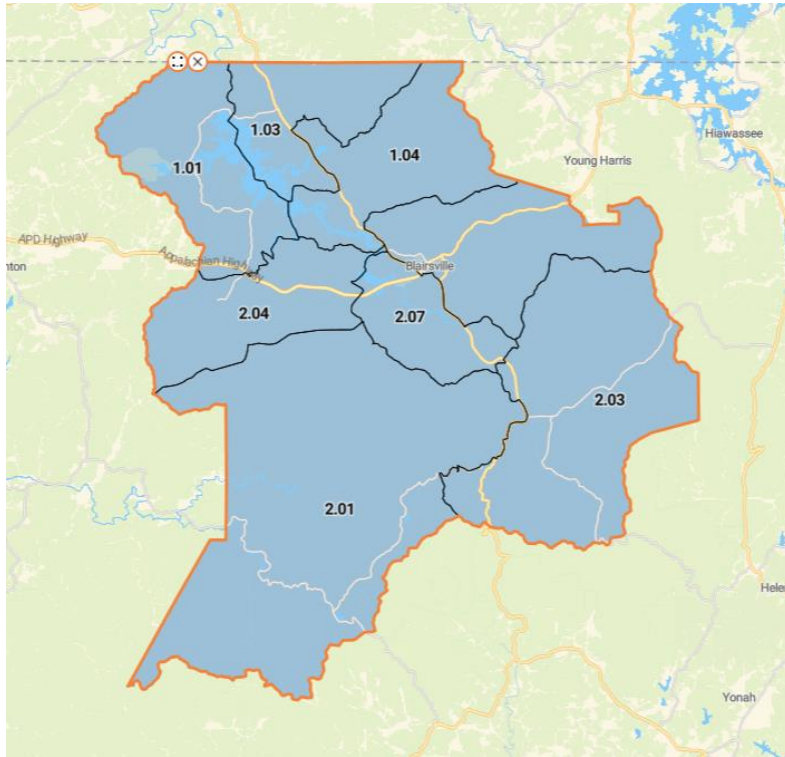
Figure 20. Cancer Incidence Rates for Union County, 2016-2020

Figure 21. Cancer Incidence Rates Georgia, 2016-2020



Data Source: National Cancer Institute, State Cancer Profile

Figure 22. Perceived Health Status by Census Tract (2021)



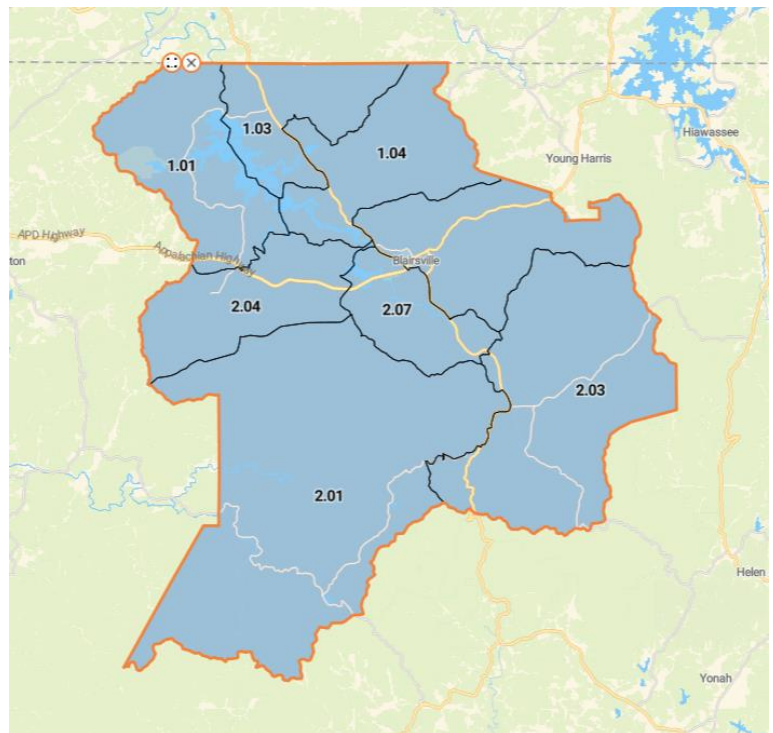
Proportion of adults reporting poor or fair health, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.)

Similar levels of poor and fair health were reported in the county with rates ranging only slightly from 18%-20%.

Figure 23. 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.)

The proportion of adults reporting poor health is similar throughout the county ranging from 14% to 16%



Mortality

Premature death rates are slightly higher in Union County than the state overall.

The average life expectancy in Union County is 78.9, about 1.6 years higher than that of the state.

	Union	Georgia
Mortality Indicators		
Life Expectancy	78.9	77.3
Premature (under 75yrs) Death Rate per 100,000 population	8100*	8000

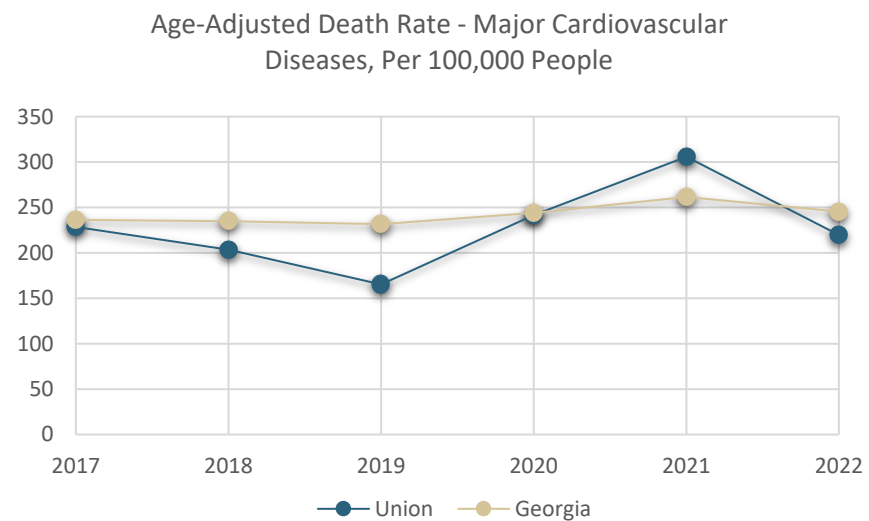


Data Source: County Health Rankings, OASIS, Centers for Disease Control and Prevention

Cardiovascular Disease Mortality

Trends on death rates for major cardiovascular diseases show that generally Union 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 24. Major Cardiovascular Diseases Death Rates, Union County & Georgia, 2017-22

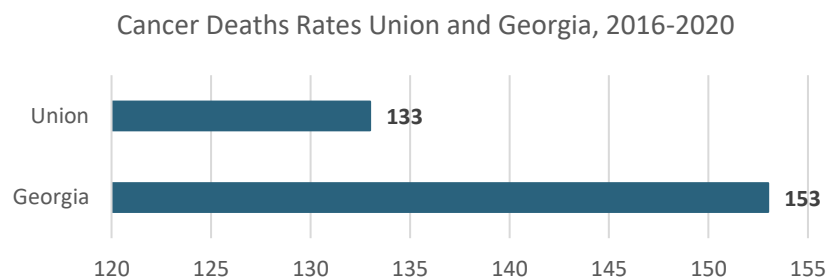


Data source: Georgia Department of Public Health Online Analytical Statistical Information

Cancer Mortality

The death rate for cancer for Union County residents is lower than the state rate.

Figure 25. Cancer Diseases Death Rates, Union County & Georgia, 2017-22



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

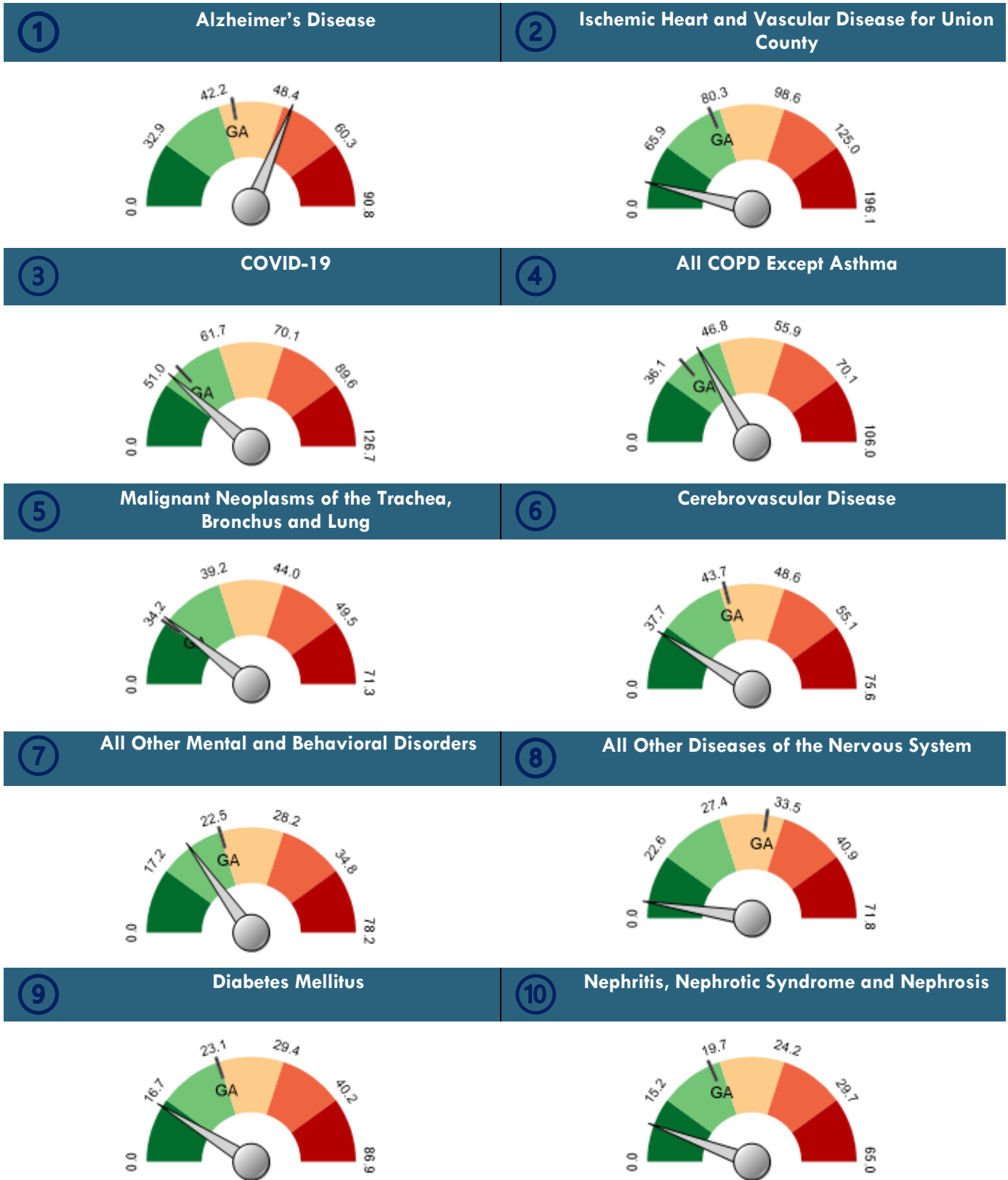
Top 10 Causes of Death: Union County and Georgia 2018-2022

According to the Georgia Department of Public Health Online Analytical Statistical Information System, the top three causes of death for Union County are Alzheimer's disease, ischemic heart and vascular diseases, COPDs and malignant neoplasms of the trachea, bronchus and lung.

Deaths from Alzheimer's, malignant neoplasms, and mental and behavioral disorders ranked higher for Union County compared to Georgia. Top ten comparisons are provided in the table and figure below.

Cause	Union Rank	Georgia Rank
Alzheimer's Disease	1	6
Ischemic Heart and Vascular Disease	2	1
COVID-19	3	2
All COPD Except Asthma	4	4
Malignant Neoplasms of the Trachea, Bronchus and Lung	5	7
Cerebrovascular Diseases	6	3
All Other Mental and Behavioral Disorders	7	10
All other Diseases of the Nervous System	8	8
Diabetes Mellitus	9	9
Nephritis, Nephrotic Syndrome and Nephrosis	10	11



Figure 26: Rank and County Comparison to Georgia



COVID-19

COVID-19 death rate in the county is significantly higher, more than twice the state average as of January 2024 (682.8 for Union compared to 333.5 in Georgia overall). Vaccination rates were also lower (54.8%) than the state rate(59%) as of January, 2024.








As of January 2024, Union County had reported 6,430 COVID-19 infections and 173 COVID-19 deaths.

	Union	Georgia
Cumulative COVID-19 Infections and Deaths (01/24/2024)		
 Number of COVID-19 Infections	6430	3,273,531
Infection Rate per 100,000	25,380	29,885
Number of COVID-19 Deaths	173	36,129
Death Rate per 100,000	682.8*	333.5
Vaccination Rates (01/2024)		
 Percent Population who are Fully Vaccinated	54.8%*	59%
Percent Population with at least One Vaccine Dose	59.1%*	68%

*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	3.1%	2.3%	→
Education				
	High school graduation rate	88.9%	98%	→
Social and Community Context				
	Social associations per 10,000	10.4	9.5	←
	Percent children in single parent households	23%	16%	→
Neighborhood and Built Environment				
	Percent population with access to exercise opportunities	96%	94%	←
	Percent population food insecure	12%	13%	←
Health Care Access				
	Uninsurance adults' rate	18.8%	18%	→
	Primary care provider to population	1,500	1,490	→
	Mental health provider to population	1,360	1,220	→
Health Behaviors				
	Obesity rate	28%	32%	←
	Physical inactivity rate	27%	26%	→
	Smoking rate	15%	20%	←
	Teen birth rate (per 1000 teen females)	9	14	←
Health Outcomes				
	Percent reporting poor or fair health	17%	15%	→
	Low birth weight rate	8%	9%	←
	Diabetes prevalence	12%	10%	→
	Premature (under 75yrs) death rate per 100,000	7,300	8,100	←

← 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 Union County is older and less diverse compared to the state of Georgia.
- Population growth is projected to increase slightly through 2028 and become slightly more diverse.
- The county has unfavorable child poverty rate.
- Educational attainment is slightly lower than the state rates.

Social and Community Context & Neighborhood and Built Environment

- 16% of children in the county live in single parent households.
- Compared to the state, Union County residents are slightly less digitally connected.

Health Care Access

- Access to health care is limited, compared to the state, due to shortages of mental, and health professionals, and covid vaccination rates that are lower than Georgia's.
- Yet the mental health provider rates have improved.

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS – CONTINUED

Lifestyle Behavior & Health Outcomes

- A big proportion of Union 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 state.
- 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

- Union County residents have been impacted by the ongoing COVID-19 pandemic.
- As of January 2024, COVID-19 death rates were higher in Union County compared to 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 performed better or similar on 50% (8/18), and worse on 50% (10/18) compared to the last CHNA.

COMMUNITY SURVEY

Online surveys were completed (partially or in full) by 209 community members.

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The majority of survey respondents were female (89.3%), Non-Hispanic White (96%), aged under 65 years (81.6%), married or partnered (71%) and employed (68%), with at least some college or associate degree (50.9%). 88% of the participants reported an annual household income above \$60,000. The survey was shared on the hospital's website, through social media accounts, and with the school board for further dissemination. Survey respondents were significantly more likely to be female (89.3% sample vs 50.7% county census). Respondents were significantly more educated: 47.4% of respondents had at least a Bachelor's degree, while only 25.5% of county residents had this level of education according to census figures. Similarly, roughly 88% of respondents reported household earnings that were greater than the county median household income of \$59.8K.

Demographic Characteristics of Survey	Frequency (N)	Percentage (%)
Gender (n=177)		
Female	158	89.3%
Male	19	10.7%
Age (n=177)		
Under 35 years	33	18.6%
35-44 years	39	22%
45-54 years	33	18.6%
55-64 years	40	22.6%
65-74 years	21	11.9%
75 years and older	11	6.2%
Race (n=178)		
Non-Hispanic Black	0	0%
Non-Hispanic White	171	96%
Hispanic	5	3%
American Indian/Native Alaskan	0	0%
Asian	2	1%
Other	0	0%
Education (n=178)		
Less than High School	0	0%
High School Graduate or GED	31	17.4%
Some College or associate degree	59	33.5%
Bachelor's degree	45	23.3%
Graduate or Advanced Degree	43	24.1%
Marital Status (n=176)		
Married/Partnered	126	71%
Separated	5	3%
Divorced	15	8%
Widowed	11	6%

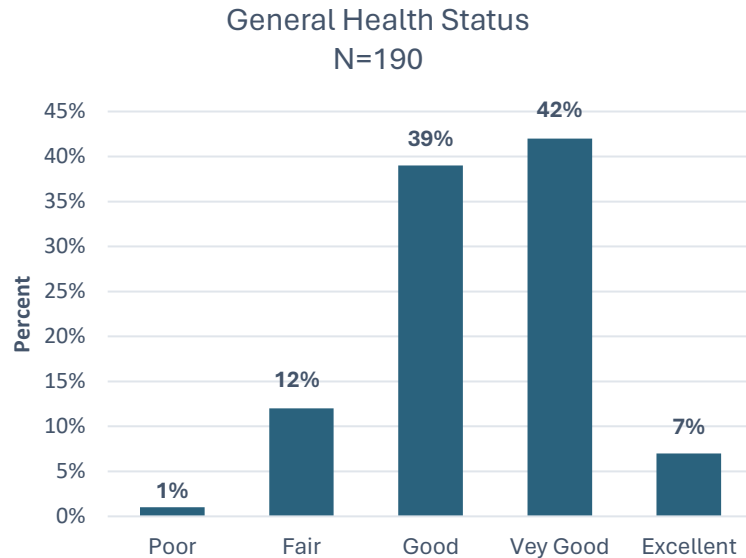
Demographic Characteristics of Survey	Frequency (N)	Percentage (%)
Single/Never Married	19	11%
Household Income (n=120)		
Below \$20,000	8	6.7%
\$20,001-\$40,000	16	13.3%
\$40,001-\$60,000	20	16.7%
\$60,001-\$80,000	40	33.3%
\$80,001-\$100,000	21	17.5%
Above \$100,000	45	37.5%
Employment Status (n=175)		
Full-time	104	59%
Part-time	15	9%
Retired	39	22%
Unemployed	17	10%
Home Ownership (n=176)		
Yes	145	82%
No	31	18%
Access to Reliable Transportation (n=176)		
Yes	176	100%
No	0	0%

Source: U.S. Census Bureau (2021). *Quick Facts*. Retrieved from <https://www.census.gov/quickfacts/fact/table/unioncountygeorgia,US/PST045223>

HEALTH STATUS

The majority of the survey respondents (81%) report their health as either good or very good. Around 13% of the respondents stated that their health is poor or fair.

Figure 27. Self-Reported Health Status



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

One out of five respondents reported having three or more chronic conditions. The most common chronic conditions that the participants reported having include overweight/obesity (40%), high blood pressure (32%) and depression/anxiety (29%) (Figure 28).

Figure 28. Self-Reported Chronic Conditions

Respondents Most reported Chronic Conditions (n=190)

	%	N
Overweight/obesity	40%	76
Hypertension	32%	60
Depression or anxiety	29%	56
High cholesterol	26%	50
Cancer	8%	15

Note: Respondents could select multiple options

Smoking, Nutrition and Physical Activity

Around 15% of respondents reported currently smoking tobacco products (Figure 29). About one out of three respondents (31%) indicated that they were not able to adhere to this recommended nutrition guideline because fruits and vegetables are too expensive. About one in four stated that they don't know how to prepare them (Figure 30).

Figure 29. Smoking Behavior

Current Use of Tobacco Products
N=189

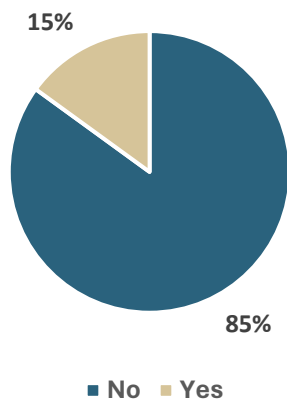
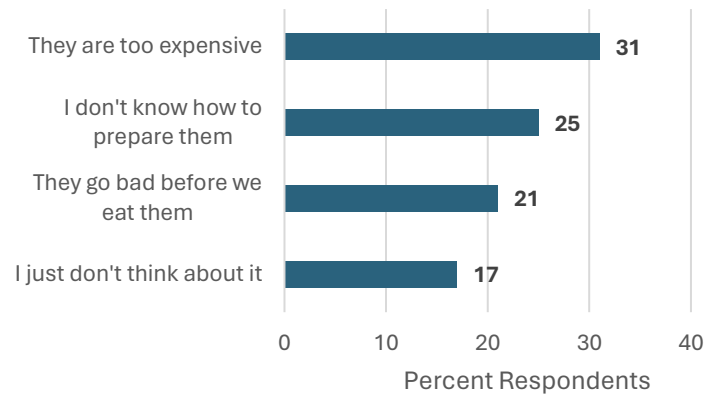


Figure 30. Fruit and Vegetable Consumption

Top reasons for inadequate fruit and vegetable consumption
N=186

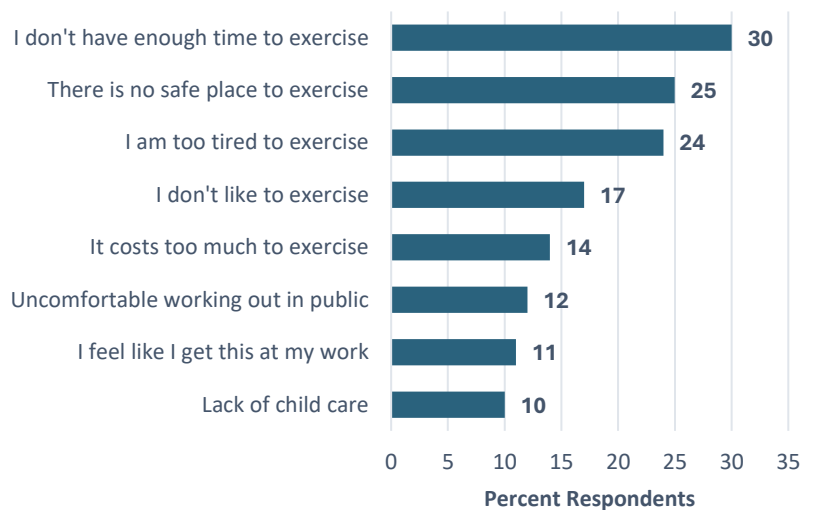


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 31. Physical Activity

Regarding physical activity, close to one out of three respondents reported that they don't have enough time to exercise (30%). One out of four (25%) of participants reported that there are no safe places to exercise. Being too tired and disliking physical exercise were the following most reported reasons (Figure 31).

Top reasons for inadequate physical activity
N=188



Screening

Respondents were also asked about their utilization of preventive and screening services and their adherence to recommended screening guidelines. Eighty four percent of those 50 years and older who responded to a question regarding colon cancer screening reported having received a colonoscopy (Figure 32). About three out of five (59%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure N). More than nine out of ten (94%) of female respondents 50 years and older reported that they received annual mammograms. Close to eight out ten (78%) of females 21 years and older said that they received a pap smear at least every five years.

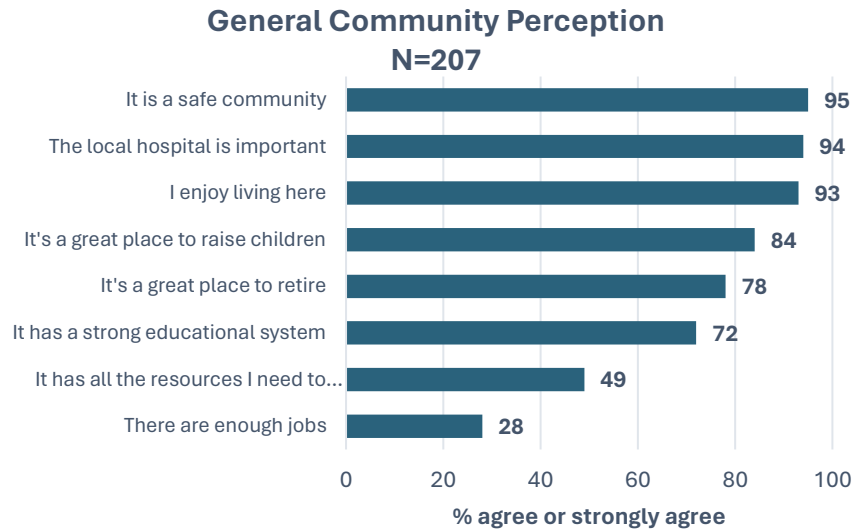
Figure 32. Cancer Screening

Respondents Cancer Screening	N	%
Over 50, colonoscopy (n=106)		
Yes	84	84%
No	22	22%
Male over 40, prostate exam (n=22)		
Yes	13	59%
No	9	41%
Female over 50, mammogram (n=86)		
Yes	81	94%
No	5	6%
Female over 21, pap smear (n=168)		
Yes	131	78%
No	37	22%

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 respondents (95%) reported that their community is safe (Figure 33). Similarly, 94% of respondents either agreed or strongly agreed that the local hospital is important. More than nine out of ten respondents agreed that they enjoy living in Union County. About eight out of ten respondents reported that their community is a great place to raise children and to retire. However, slightly over one out of four residents (28%) felt there were enough jobs in their community. About half or respondents agree that they have all the resources they need to live well.

Figure 33. General Community Perceptions

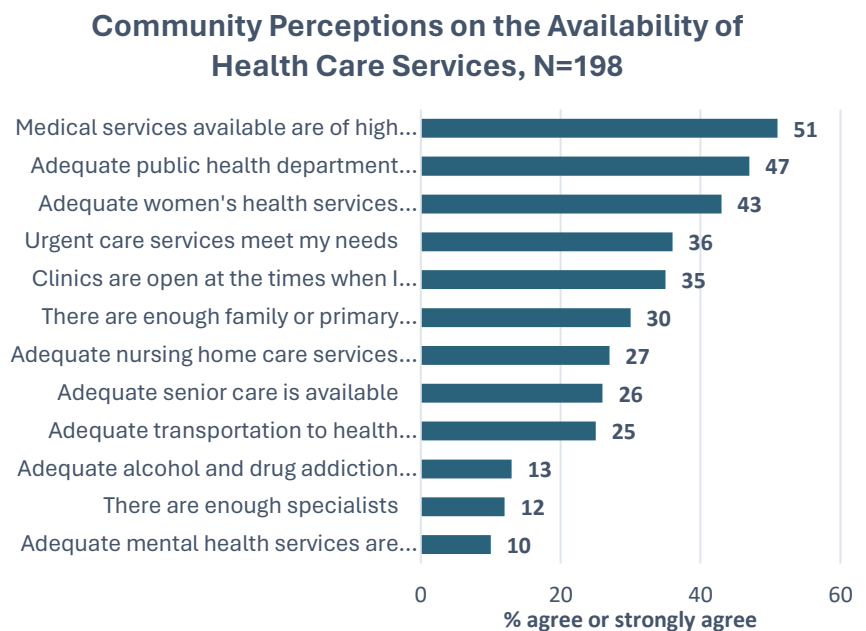


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perception Concerning Health Care Services

The respondents' perceptions of the adequacy of medical services within the community were sufficient in terms of high-quality medical, adequate public health and women's health services. There are, however, areas of concern. Only one out of ten respondents agree that there are adequate mental health, specialty care and alcohol and drug addiction services. of respondents or fewer reported adequacy in nursing home care services and family or primary care doctors.

Figure 34. Perceptions on the availability of healthcare services



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

Community Perceptions Concerning Health and Quality of Life

About six out of ten of the respondents (60%) identified drug and alcohol abuse as the most significant factor affecting the quality of life in the community. A second tier of main factors included lack of job opportunities, poverty, and inadequate health insurance. Domestic violence, child abuse and lack of community support formed a third tier of main factors impacting community life, with around 30% of respondents identifying each as a negative impact on quality of life (Figure 35).

Figure 35. Perceptions Concerning Factors Affecting the Quality of Life in the Community

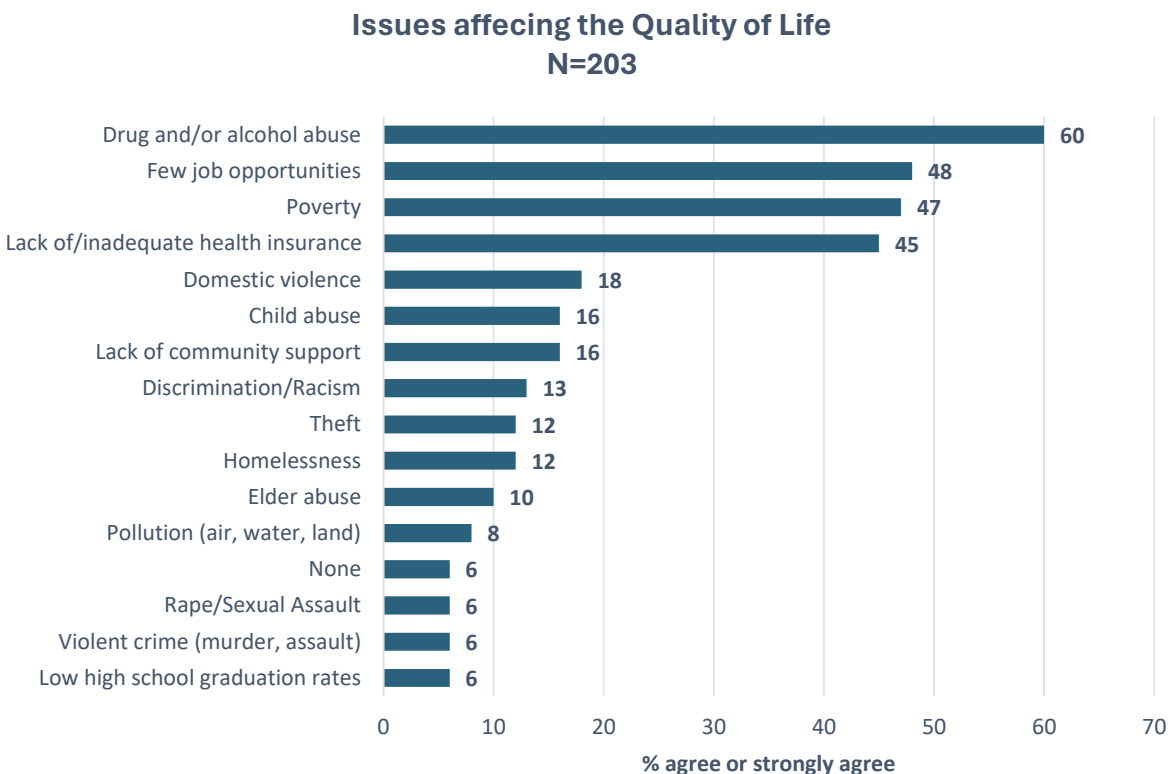
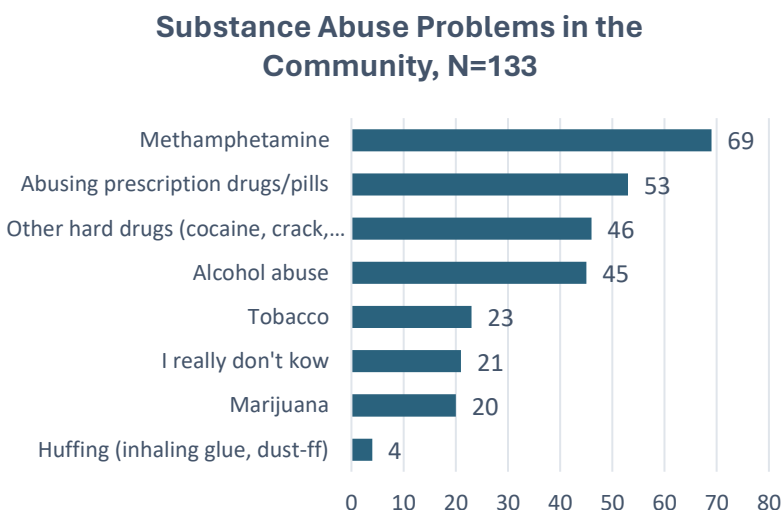


Figure 36. Substance Abuse Problems

Concerning substance abuse in the community, methamphetamine (69%) was identified as the most commonly abused substance, followed by prescription drugs (53%), other hard drugs (46%), and alcohol (45%) respectively (Figure 36).

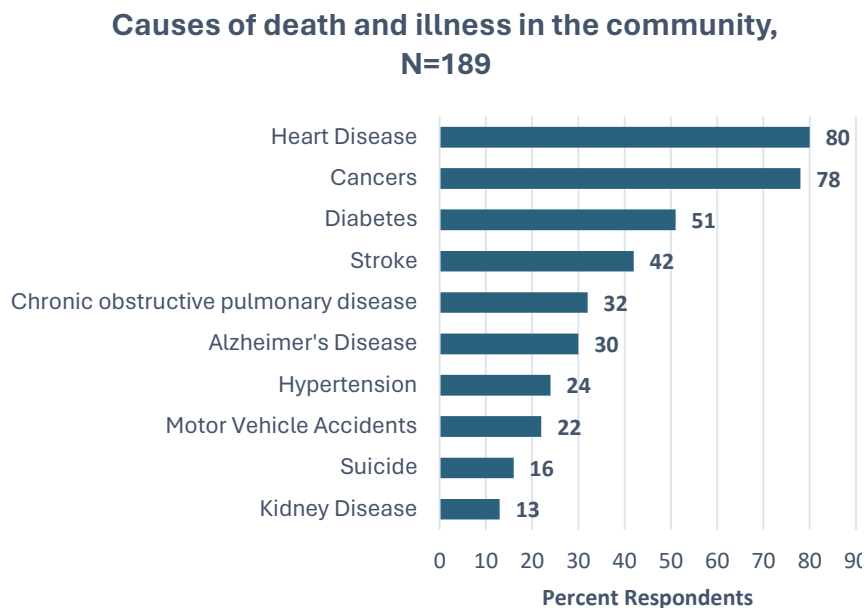
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.



Community Perceptions Concerning Mortality & Morbidity

The survey respondents identified heart disease (80%), cancers (78%) and diabetes (51%) as the top three causes of mortality and morbidity in the community (Figure 37). Stroke, COPD, Alzheimer's disease and hypertension were the main following mortality causes.

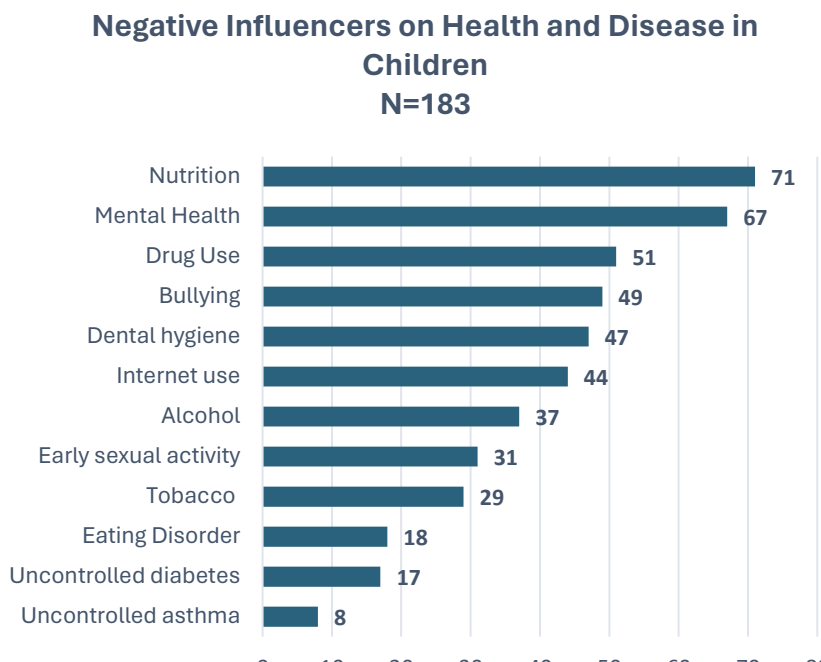
Figure 37. Causes of Mortality and Morbidity



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

Nutrition (71%), mental health (67%), drug use (51%) and bullying (49%) were identified as the top four negative influencers of children's health. A second tier of responses highlighted other important factors for the health of children that were: dental hygiene (47%), and internet use (44%) (Figure 38).

Figure 38. Negative Influencers of Children's Health

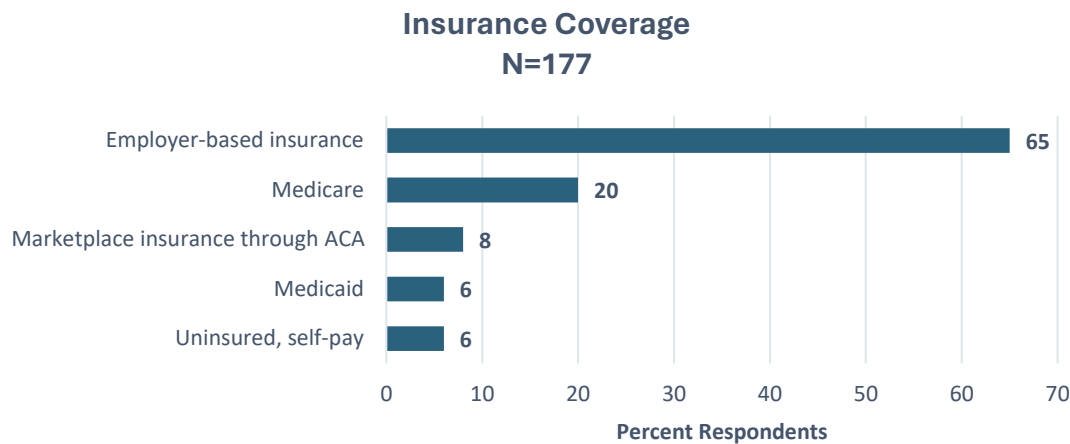


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Insurance Coverage and Usual Source of Care

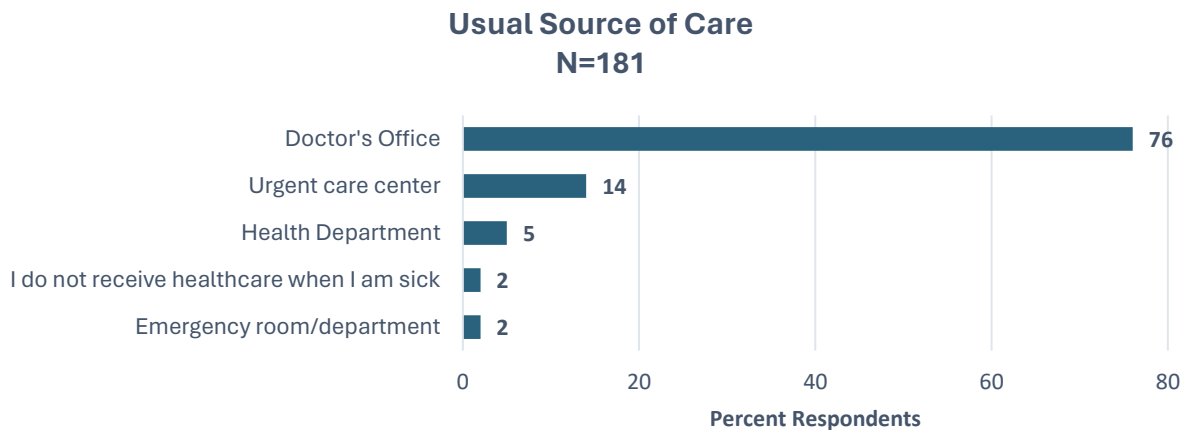
The majority of survey respondents (65%) reported that they had employer-based insurance. About one in five reported being covered by Medicare, and approximately eight percent were covered through marketplace insurance (Figure 39). A majority of the respondents (83.8%) reported that their usual source of care was a provider in a doctor’s office setting. About 14% identified the urgent care setting as their usual source of care and 5% reported using the emergency room (Figure 40).

Figure 39. Insurance Coverage



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

Figure 40. Usual Source of Care

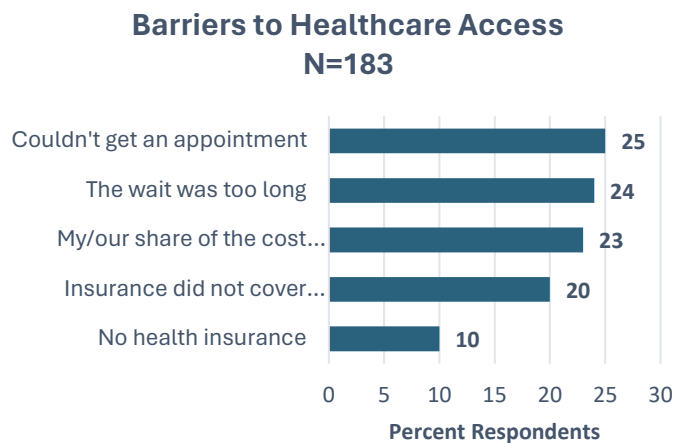


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Barriers to Healthcare Access

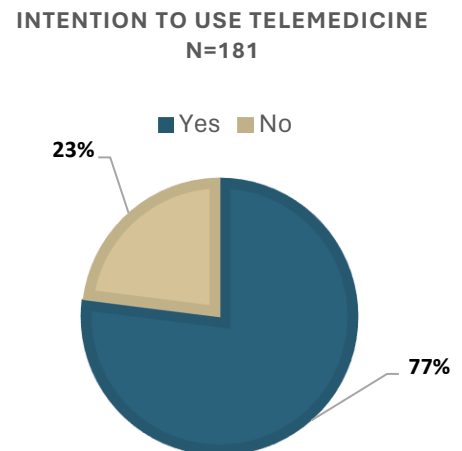
Barriers most frequently mentioned were difficulties getting an appointment (25%), long waiting times (24%), and high cost of deductible or copay (23%) (Figure 41). About four out of five respondents (77%) were willing to access specialists via telemedicine if Union General were to offer specialist telemedicine services (Figure 42).

Figure 41. Barriers to Healthcare



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

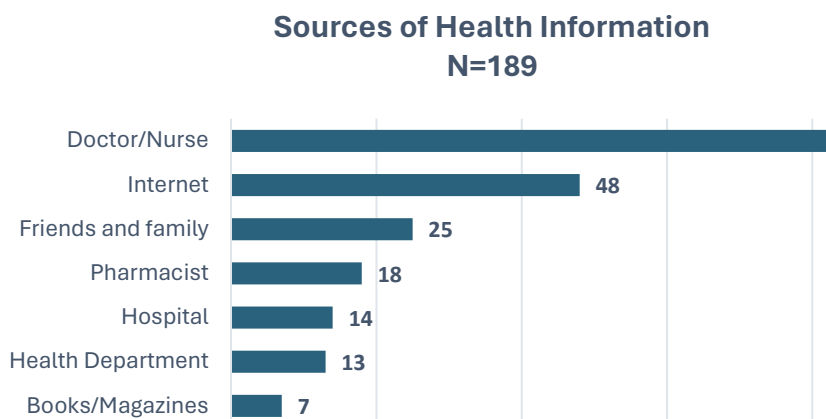
Figure 42. Willingness to Use Telemedicine



Health Information

The respondents reported their health care provider (doctor/nurse) most commonly as their source of health information (86%), followed by the internet (48%), friends and family (25%), the pharmacist (18%), and the hospital (14%) (Figure 43).

Figure 43. Sources of Health Information



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

Focus group results: Union General

Community Themes: Beautiful area, friendly community, outdoor town, family-oriented, great schools, growing population.

Participants enjoyed the small-town life and beautiful scenery. They expressed that it was a very friendly community with a lot of outdoor activities. One participant said:

“We have so many resources, like the Appalachian Trail comes through here, which most people can't claim that. All the outdoor resources, waterfalls, the hiking trails. The facilities that we have are amazing. If you look at our parks, our roadways, performing art center, our hospital, really, it's just a draw for people to come here and want to live as well as vacation. It's a small town in America. Everyone is nice and polite. They have what they need here. You can find really anything that you need here that you can find in a big city just without the rat race mentality.”

Participants also felt that community was family-oriented and had a lot of great school options:

“Our schools are some of the bests in the state. We just have a great area to live in. It's a beautiful mountain country. It's just a great place to live.”

Community Issues - Themes: Expensive housing, “the haves and the have nots”, drug problems, aging population.

Participants were generally happy but recognized that there were issues that needed to be addressed such as expensive housing, “the haves and the have nots”, drug problems, and the fact that it was a predominantly retirement community.

One participant said:

“There are those that come up here with lots of resources and have lots of financial backing from having worked in a big city and retired here and make their second life here, if you will. Then it's my experience that there's a population of folks that really struggle and often find it hard to make ends meet.”

Another person stated:

“I would say, having worked in mental health, drug and alcohol for the last 15, 20 years, this area is plagued with drugs, and keeping your kids from that and safe from that and not having that compound, I think is a challenge for a lot of families.”

Healthcare - Themes: Variety of resources such as walk-in clinic, social workers, volunteers, new OB-GYN clinic, primary caregivers, whole wellness.

Participants talked about various resources that were available in the community. For example, one person said:

“I guess until it affects you, you really don't think about how fortunate we are to have all of those resources right here as far as medical professional, volunteers and facilities.”

Another person said:

“We have quite a number of primary caregivers here so you're able to get affordable care. We also have several clinics that you can go to, just walk in over the weekend or whatever. Then of course they have the emergency room at the hospital, so there's a lot of different options. Also, we have the health department if needed. There's a lot of different options to obtain the healthcare that you need.”

Healthcare Issues - Themes: Unaffordable insurance, staffing issues, long waits at the doctors' offices.

When participants were asked about issues in the healthcare system, many of them talked about lack of /or unaffordable insurance, staffing issues, and long waits and the doctors' offices. For example, one participant said:

“This is just me speaking from an HR perspective, but it's really terrible that small businesses, a ton of mom-and-pop businesses in our community can't afford to offer insurance to their employees at an affordable rate, and they're small enough where they aren't required to.”

Another person said:

“When you're a family raising young kids, that's when you pick and choose. Are you going to pick healthy food, or a box of macaroni and cheese and have the healthcare? The whole thing.”

Suggestions to Improve Healthcare - Themes: Access to mental health services, medical transportation, more specialists.

When asked how the healthcare services can be improved in the community, participants wanted to see mental health services, available medical transportation, and more specialists such as dermatologists and primary caregivers. One person stated:

“I was going to say mental health, for sure, and we're seeing that. I'm new to the everyday operations in a hospital, but the mental needs.”

Another participant said: *“I think we need another dermatologist because the one that we have now is not taking any new patients, so people have to drop to go to a dermatologist. When the people move here from Florida, they've got a lot of skin cancer.”*

Maintaining a Healthy Lifestyle - Themes: Available resources to exercise and eat healthy, a lot of options for kids.

Participants were asked what made it easy to maintain a healthy lifestyle. The majority of them agreed that there were plenty of opportunities to stay active and eat healthy:

“Think just, again, talking about the outdoor resources, people have the ability to not have to pay for a gym membership. You can go to Meeks Park. There's a one-and-half-mile walking trail that's easily accessible. There's outdoor exercise equipment at the kayak park side. That park just by itself is great. We have great roadways and sidewalks downtown for people to be able to exercise, as well as have gym facilities and things. We have great grocery stores, so people have access to the produce and stuff.”

They also talked about opportunities for children to exercise:

“I will say this because we're all adults, but the kids' activities are incredible. Meaning, there's the recreation facility that has like all of the kids' basketball and football and baseball, and then the schools all have their own teams and stuff.”

Barriers to Healthy Lifestyle - Themes: Time management, challenges to socialize due to COVID and technology utilization.

When asked what makes it difficult to maintain a healthy lifestyle in the community, participants felt like time management and challenges associated with COVID and technology were the main barriers:

“I think it's interesting too, this community, because we had a lot of people move up here during COVID. A lot of people have home offices; the sedentary lifestyle, the ease with which it is to stay in one place and not necessarily get out. I forced myself to come and work in a different office now just so I can get out of the house and not be in one single place all the time.”

Hospital - Themes: New and clean facilities, new doctors, friendly and helpful staff, addressing issues early, partnerships with other services, sponsoring events in the community, helicopter pad.

Overall, participants were very pleased with the local hospital. They mentioned that the hospital had new and clean facilities, new doctors, friendly and helpful staff.

One person said:

“don't know their financials, but what I will say is they look like they're prospering. There are new buildings, there are new doctors, there are new facilities. It feels like they're in growth mode, and so in that way, it feels like the economic status of the business is good.”

They also discussed that the hospital is very proactive, addressing issues early on and partnering up with other services.

One participant said:

“I would say that they are thinking outside of the box on certain things. With us, if we have a child that's born with substance or addiction, they are tracking those families early and sending them- they partner with a provider to help them become sober so their children will be healthier, and their family will be healthier, and they can maintain their family intact.”

They also commented on the involvement of the hospital in the community:

“I feel like they're sponsoring stuff in the community all the time. I feel like they are actively involved at events within the community. I have probably been there for three or four different events in the year that I've been here. They're hosting stuff and attending stuff and I think they're one of our biggest contributors to the chamber.”

Hospital Suggestions - Themes: Need for education, mental health services, health fairs, collaborating with small businesses.

Even though participants were extremely satisfied with the local hospital, they had some recommendations. They wanted to see more educational activities, mental health services, health fairs, and collaborations with the local business.

One participant said:

“Maybe when we're talking about education and things since, they do have access to such great staff and folks of knowledge, whether they be retired volunteers there. Maybe they could do a weekly educational video via Zoom, Facebook, so that people that wanted to learn about things.”

Another participant suggested:

“I think one thing when we were talking about, like, the hospital doing the health fairs and the food trucks and stuff like that, I think sometimes we forget when it's like, because the hospital is such a large organization, and then we forget we have other companies like United Community Bank, who loves to go out in community and help.”

Best Source of Information to Learn about the Hospital - Themes: Social media and mail.

When asked how the participants want to receive information about the hospital, they mentioned social media and mail.

For example, one participant said:

“I’ll say this for me. Social media is fine, and I’m linked to them. For my husband and brother-in-law who aren’t on social media, I think getting things in the mail is probably the easiest way for them to know about stuff.”

2024 CHNA IMPLEMENTATION PLAN FOR UNION GENERAL HOSPITAL

Health Need: <u>CANCER</u>	ACTIONS:
<p>Increase awareness, provide education and free screenings for Union 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 Union 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>	
Increase awareness of connection between Diabetes and Weight Management and prevention strategies.	<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, pool classes and personal trainers available, as well as access to treadmills, 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 in the 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.