WARM SPRINGS
Medical Center
5995 Spring Street Warm Springs, GA 31830 706-655-3331

COMMUNITY HEALTH NEEDS ASSESSMENT

2025-2027

WARM SPRINGS medical center

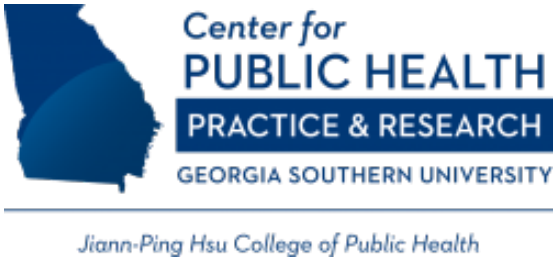
The Warm Springs Medical Center Board of Directors approved the three Fiscal Years 2025-2027 Community Health Needs Assessment and Implementation Plan on 11/6/24.

Bob Patterson, Board Chairman

Warm Springs Medical Center

The Community Health Needs Assessments (CHNA) Report is widely available to the public and interested parties can view and download it on the Warm Springs Medical Center website www.warmspringsmc.org. Paper copies are available upon request, please contact Milo Varnadoe, Chief Information Officer @ milo.varnadoe@warmspringsmc.org or 706-655-9354.

The following assessment was prepared by:



Center for Public Health Practice & Research Team Members:

Bettye Apenteng, PhD

Charles Owens, MSA

Blerta Shehaj, MPH

Wendy S. Kutten, PharmD

Samuel Anokye-Mensah, MPhil

With the assistance of the:

WARM SPRINGS MEDICAL CENTER CHNA STEERING COMMITTEE

WARM SPRINGS MEDICAL CENTER
STEERING COMMITTEE

Member	Position
Karen Daniels	Chief Executive Officer
Milo Varnadoe	Chief Information Officer
Carolyn McKinley	Chamber of Commerce
Stephanie Cannon	Family Nurse Practitioner
Mary Ann Collins, RN	Chief Nursing Officer
April Bunn, LPN	Infection Control
Public Health Input	
Laurie Roberts, RN, BSN	RN, Meriwether Public Health Department

Left Blank Intentionally

Table of Contents

EXECUTIVE SUMMARY

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

Using a mixed-methods approach for this assessment, the Georgia Southern University CPHPR team triangulated community input and data from secondary sources to identify community health needs for the hospital's primary service area of Meriwether County (GA). Community input was obtained from hospital stakeholders and the general community through community surveys and focus group discussions. Recruitment efforts for community surveys and focus groups were tailored to obtain feedback from diverse populations, including minority and underserved populations. Data from secondary sources used to assess the community's needs were obtained from diverse community health-related databases.

The results from the secondary data analyses identified:

- A declining and aging county population with socioeconomic challenges.
- Higher rates of unhealthy behaviors (including obesity, physical inactivity, alcohol-related motor vehicle deaths, and teen pregnancy) compared to the state.
- Limited supply of primary care, dental, and mental health providers.
- Poorer health outcomes, compared to the rest of the state.

Input from the community, through the survey and focus groups, was generally consistent with findings from the secondary data analysis. Community members and key stakeholders described Meriwether County as a tight-knit, welcoming community with socioeconomic challenges, including limited local resources. Other themes from these data sources included the following:

- Limited job opportunities, substance use, and poverty are noted as significant detractors of good health and quality of life.
- There is a low level of adherence to nutrition and physical activity guidelines.
- Chronic conditions such as diabetes, heart disease, high blood pressure, depression and anxiety, and obesity are noted as community health concerns.
- Access to specialty providers, mental health, and transportation services is limited.
- The high cost of or the lack of healthcare coverage is one of the most significant healthcare access barriers.
- There is a general lack of community awareness concerning health and wellness.

The findings from the secondary data aligned with the survey and focus group findings in several areas—the table below highlights areas of alignment in the data by area of concern.

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
Community Socioeconomic Challenges	Higher poverty rate and lower socioeconomic status (SES) than state	Limited job opportunities and poverty impacting quality of life	Limited job opportunities, and lower SES among segments of the community
Poor Health Behaviors	Physical inactivity Limited adherence to nutritional guidelines Substance use	Physical inactivity Limited adherence to nutritional guidelines	Physical inactivity Limited adherence to nutritional guidelines
Poor Physical and Mental Health Outcomes	High rates of obesity and premature deaths	Obesity, diabetes, heart disease, high blood pressure, depression and anxiety	Mental health, obesity, cancer, diabetes and heart diseases
Health Care Access – Limited Health Services	Per capita supply of providers of all types much lower than state	Perceived inadequacy of specialist medical services, mental health and substance use disorder services and transportation services.	Perceived inadequacy of specialist medical services and, mental health services and limited transportation
Health Care Access - Uninsurance	Higher rates of uninsurance compared to the state	Lack of or inadequate insurance identified as a significant health care access barrier	Lack of or inadequate insurance identified as a significant health care access barrier

Based on these results, the CPHPR team will facilitate an implementation planning process whereby the hospital prioritizes the community health that needs to be addressed within the next three years. Goals, objectives, and actions will be developed and documented to address the priority areas.

PREVIOUS NEEDS ASSESSMENT (2021)

Brief Summary of 2021 CHNA

The 2021 CHNA's results from the secondary data analyses noted that Meriwether County had a contracting and aging county population with high poverty rates, lower educational attainment, and limited access to health-promoting amenities. This resulted in higher rates of poor mental and physical health outcomes.

A synthesis of primary data collected from resident survey data and focus groups described Meriwether County as a small, close-knit community with some socioeconomic and health challenges, including poverty, a high prevalence of unhealthy behaviors (including smoking, physical inactivity, and poor nutrition), and limited access to healthcare insurance and specialty services.

In line with these needs, the CHNA steering committee prioritized efforts to expand community health education and awareness, access to healthcare services, and improve the community's physical, mental, and behavioral health outcomes.

Previous Goals

The steering committee established the following goals after prioritizing identified needs:

1. To empower Meriwether County residents with information and resources to support a healthy life
2. To increase access to health services in Meriwether County
3. To improve the mental well-being of the residents of Meriwether County

Outcomes from the previous implementation plan are discussed on pages 68-70.

ABOUT THE REPORT

PURPOSE

Warm Springs Medical Center partnered with the Center for Public Health Practice and Research (CPHPR) at the Jiann-Ping Hsu College of Public Health, Georgia Southern University, to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of the Meriwether County. This report summarizes the findings of the CHNA. The report informs the hospital's strategic service planning and community benefit activities and fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a CHNA at least every 3 years.

METHODOLOGY

The CPHPR project team worked with the hospital CHNA steering committee throughout the project. The steering committee facilitated the completion of a community survey, recruited key stakeholders for focus group discussions, and provided information about hospital utilization and the hospital's activities to address community health needs since the last CHNA was completed in 2021.

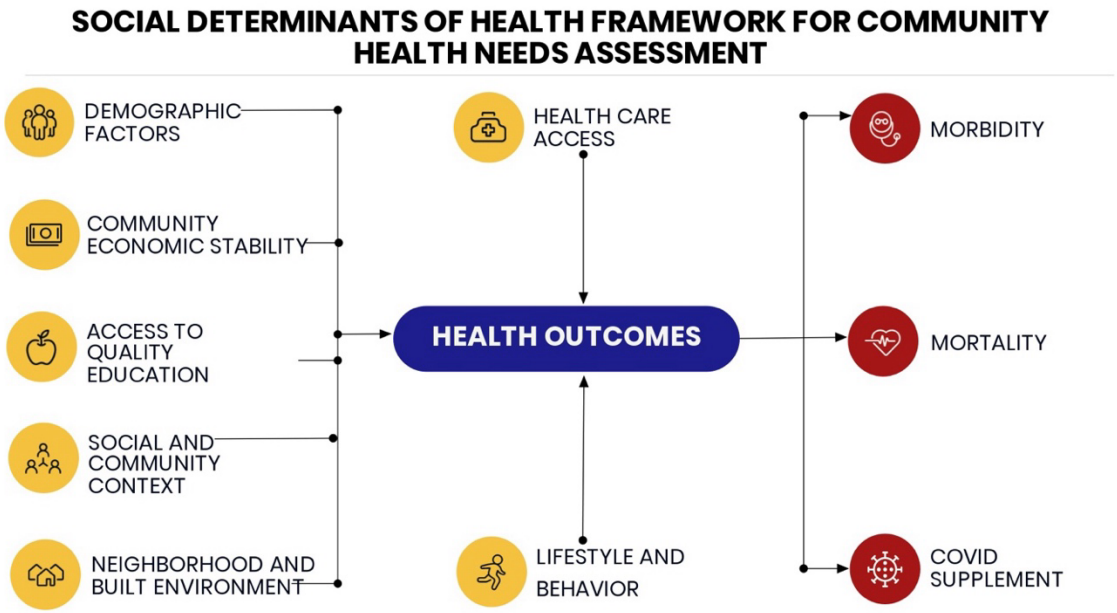
Community input was solicited through focus groups and a community survey. Key community stakeholders were also involved in reviewing and interpreting findings from the CHNA and developing an implementation plan to address prioritized community needs. The community survey and focus group interviews assessed local healthcare access and the needs of the Meriwether County community.

The community survey was disseminated to residents of the hospital's primary service area via the hospital's website, social media webpages, email listservs, and those of local community partners. Focus group participants were all key community stakeholders of Meriwether County. Collectively, perspectives obtained from the surveys and focus groups provided a holistic view of life in the community and the health and healthcare needs of the residents.

Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's demographic and economic profile, healthcare access, and utilization. These data were obtained from multiple publicly available sources, including the US Census Bureau, the University of Wisconsin's County Health Rankings, the Centers for Disease Control (CDC), the Bureau of Labor Statistics, and the Georgia Governor's Office of Planning and Budget population projections. The most recently available data were obtained from all data sources. The findings from all the above-described primary and secondary data collection efforts informed the identification and prioritization of community health needs and the development of an implementation plan to address these needs.

Data Analysis and Visualization. Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviation. The analyses, charts, and graphs were completed using Microsoft Excel version 16 software, Stata v17, and Datawrapper data visualization application. Spatial variations in selected community health indicators estimates are also presented using data and maps from PolicyMap. Qualitative data from the focus groups were analyzed using the NVIVO12 qualitative analysis software.

The conceptual framework used to inform data collection efforts is illustrated in the figure below.

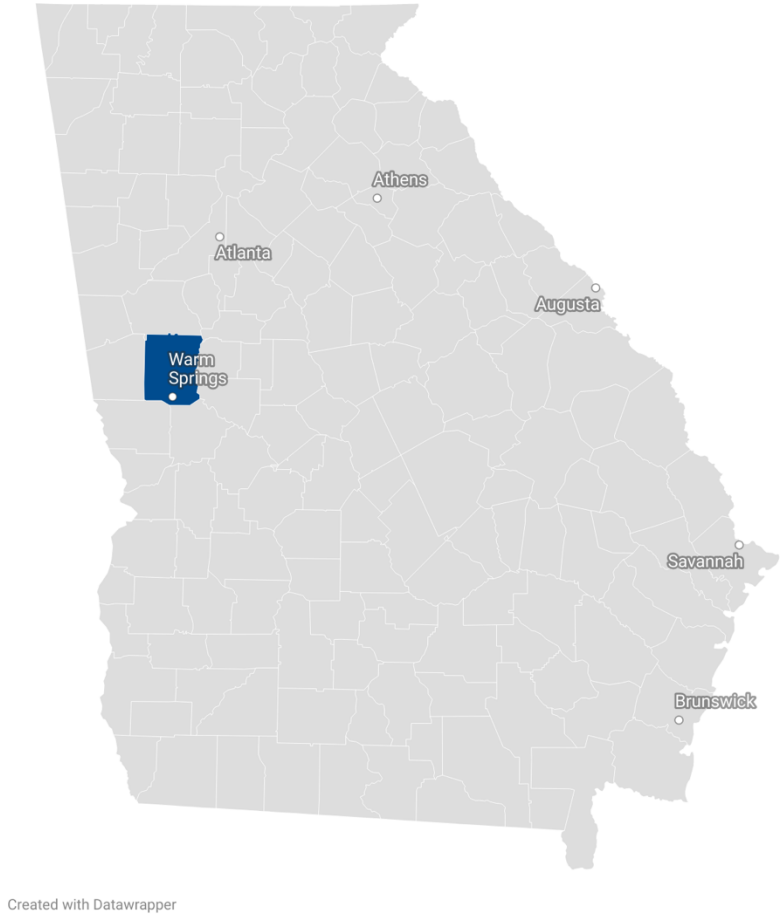


ABOUT THE ORGANIZATION AND SERVICE AREA

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

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

Hospital Service Area: Meriwether County, GA



SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

In 2023, there were approximately 20,930 residents in Meriwether County. Compared to the state of Georgia, the population of Meriwether County is older and less racially and culturally diverse. About 15 percent of the population live with one or more disabilities, a rate higher than the state.

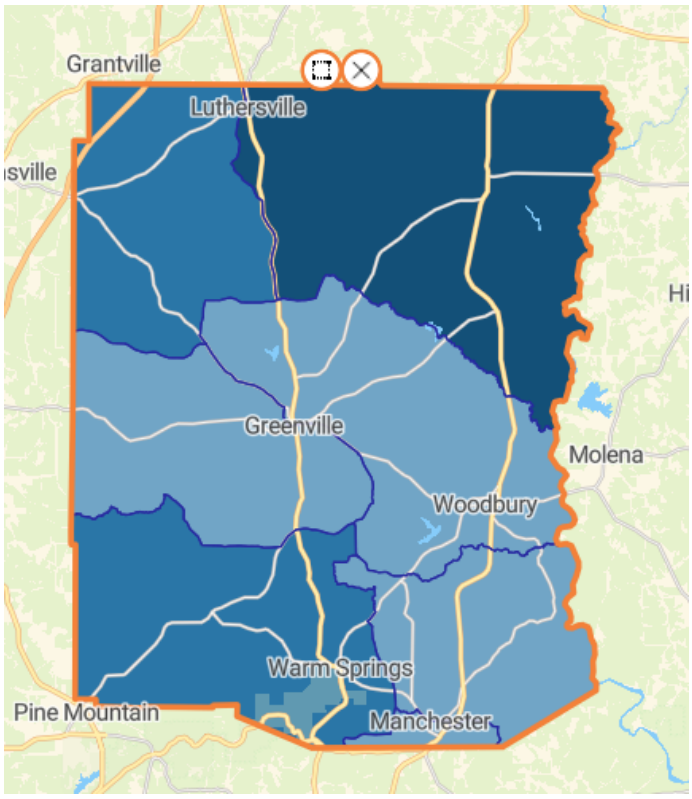
About 1 out of 5 residents of Meriwether County are 65 years or older.

	Meriwether	Georgia
Population		
Number of Residents	20,931	11,029,227
Sex		
Female	52%	51%
Male	48%	49%
Age Distribution		
Population Under 5 years	6%	6%
Population Under 18 years	21%	23%
Population 65 years and older	22%*	15%
Racial and Cultural Diversity		
Race		
White	60%	59%
Black/AA	36%	33%
Other Races/Multiracial	3.4%	7%
Ethnicity		
Hispanic	3%*	11%
Nativity		
Foreign Born	1%	10%
Non-English Language Spoken at Home	2%	15%
Veterans		
Veteran Population	5%	5.5%
Disability		
Population under 65 years disabled	15%*	9%

*Significantly higher than the state average

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

Figure 1. Population Diversity by Census Tract (2018-2022)



Predominant Race - 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion of the non-Hispanic White population)*

Compared to other counties in Georgia, Meriwether County is generally less diverse. The central and southeastern parts of the county are more heterogeneous, with a greater proportion of residents residing in those areas being Black (non-Hispanic).

Figure 2. Proportion of Residents 65 years and older by Census Tract (2018-2022)

Estimated percent of all people 65 or older, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

Residents of the west-central part of the county are relatively younger (13% are 65 years and older) compared to the rest of the county (20%-25% 65 years and older) (Figure 2).

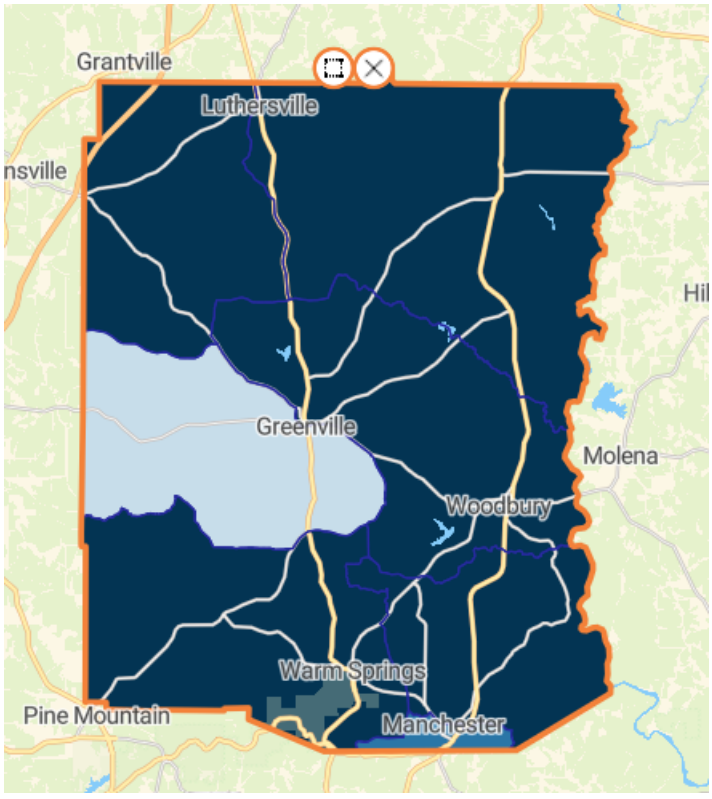
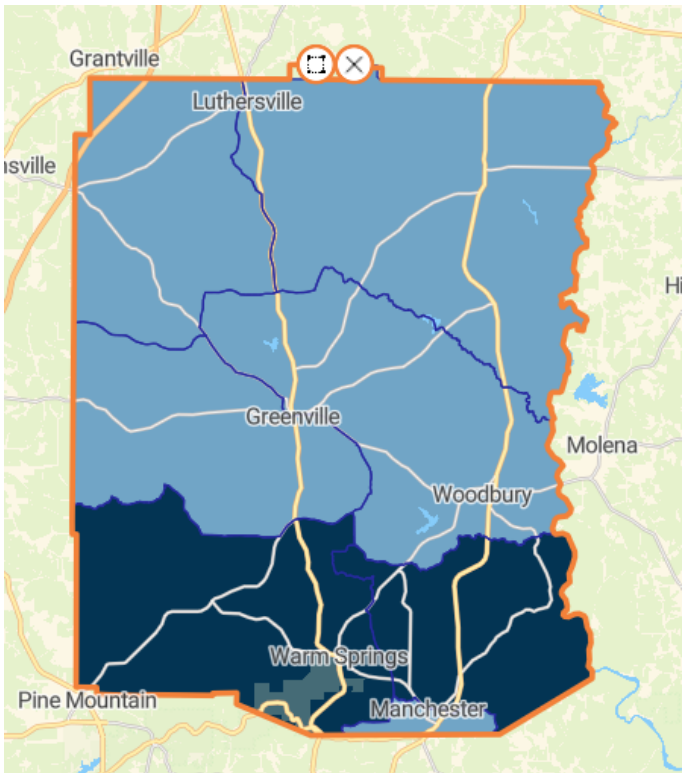


Figure 3. Proportion of Residents with Disability by Census Tract (2018-2022)



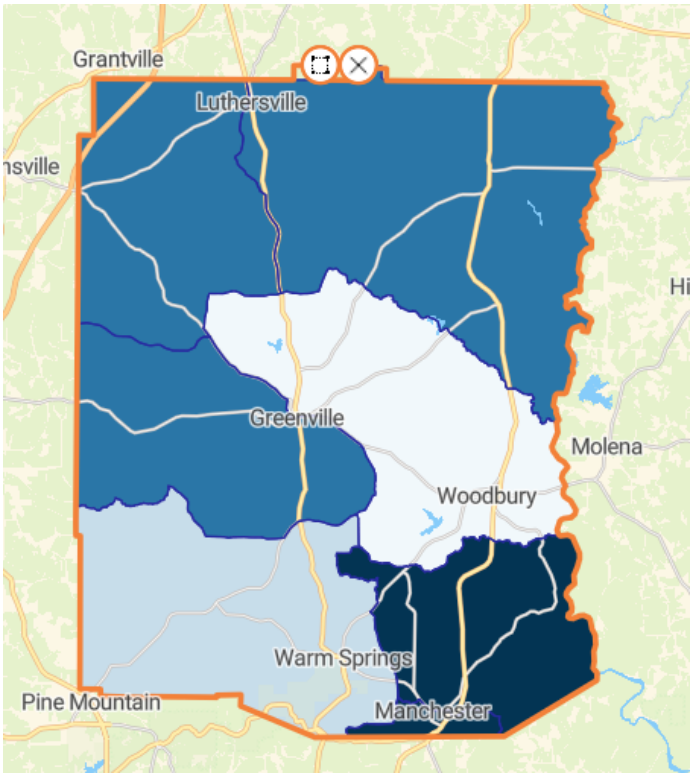
Proportion of Individuals Living with One or More Disabilities, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

A higher proportion of residents residing in the southern part of the county (32%-33%) live with one or more disabilities compared to the other parts of the county (15%-17%; Figure 3).

Figure 4. Veteran Population by Census Tract (2015-2019)

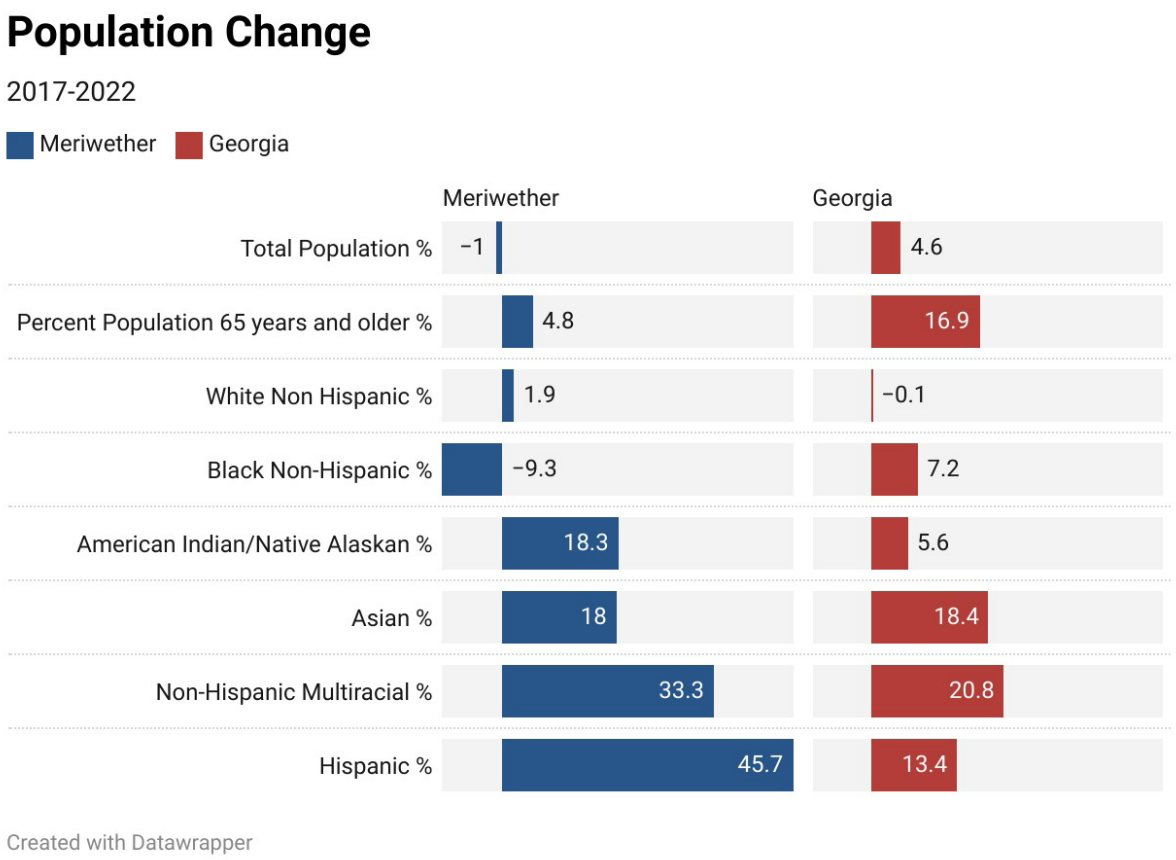
Proportion of Veterans, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

The proportion of veterans is higher in the southeastern part of the county (11%) compared to the rest of the county (2%-7%) (Figure 4).



PAST POPULATION GROWTH

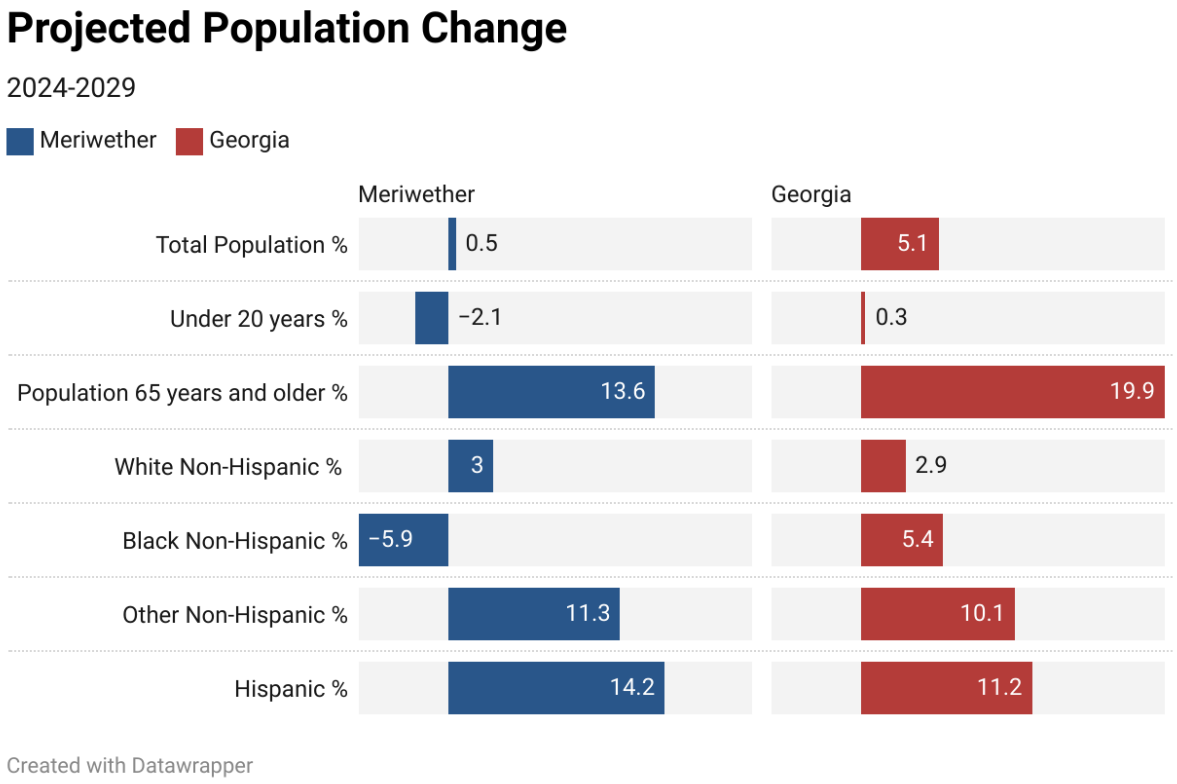
The county's total population decreased by 1% between 2017 and 2022. Over that period, Meriwether County saw growth in the American Indian/Native Alaskan, Asian, Hispanic, and Non-Hispanic Multiracial populations and a decline in the Black Non-Hispanic population. The county's elderly population increased by approximately 5%.



Data Source: Online Analytical Statistical Information System (OASIS)

PROJECTED POPULATION GROWTH

The population of Meriwether County is expected to have a slight increase of 0.5% by 2029, based on projections by the Georgia Governor's Office of Planning and Budget. The projected population increase is expected to be greater for the elderly, non-Hispanic White, Hispanic, and other non-Hispanic populations (except the non-Hispanic Black population). A decline in the younger and Black non-Hispanic populations is expected.



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

ECONOMIC PROFILE

Meriwether County experienced an increase in GDP between 2021 and 2022. Over this period, the job growth rate was lower than the state average. Fewer women (i.e., 20-64 years) are in the labor force than the state. The County unemployment rate of 3.9% is slightly higher than the state rate of 3.6%. The median household income for Meriwether County is almost $20,000 lower than the state median. About 17% of the population and 27% of children live in poverty. Both rates are higher than the state average. Furthermore, almost nine out of ten (88%) in the County are eligible for free or reduced lunch, compared to 56% at the state level.

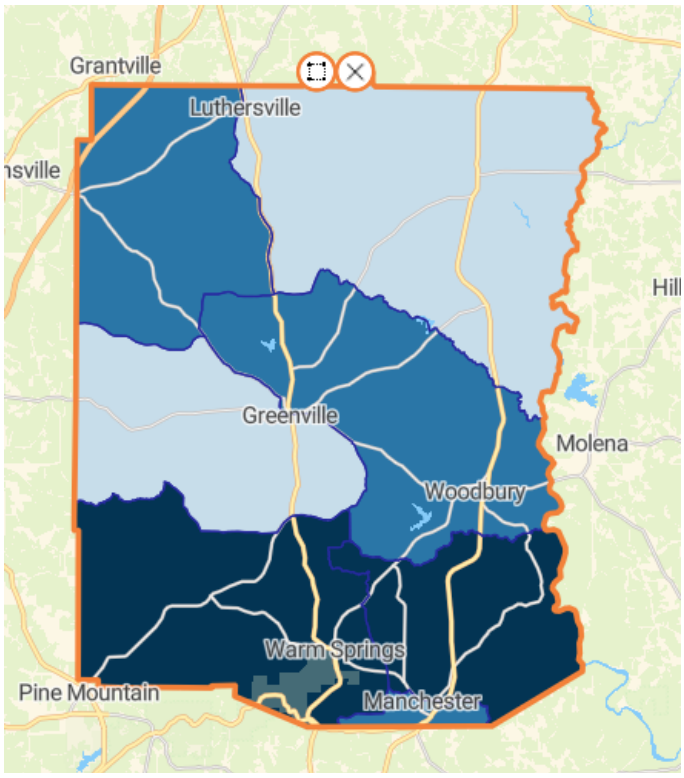
More than 1 out of 4 children in Meriwether County are living in poverty.

	Meriwether	Georgia
Economy		
Real GDP Annual Growth Rate (2021-2022)	4.2%	2.6%
Job Growth Rate (2021-2022)	3.2%	5.0%
Labor Force Representation		
Unemployment Rate (2023)	3.9%	3.6%
Labor Force Representation (2018-2022)	67.0%*	77.2%
Male Labor Force Representation (2013-2017)	72.1%*	81.5%
Female Labor Force Representation (2013-2017)	62.2%*	73%
Poverty		
Median Household Income (2018-2022)	$52,392*	$71,355
Population in Poverty (2019)	16.6%*	12.7%
Children in Poverty (2022)	27%*	17%
Children eligible for reduced lunch (2020-2021)	88%*	56%

*Significantly unfavorable compared to the state average

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

Figure 5. Poverty Rate by Census Tract (2018-2022)



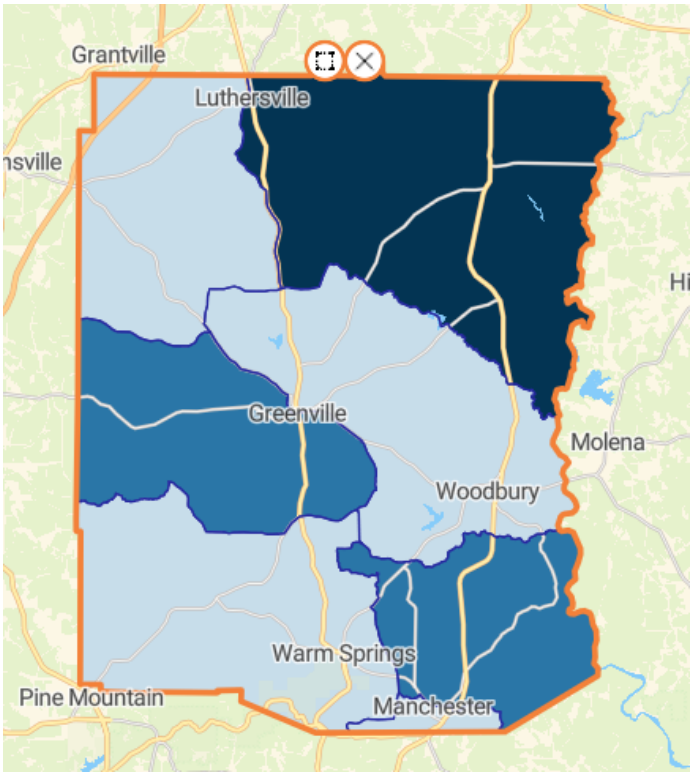
Proportion of Population Living in Poverty, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

A higher proportion of residents residing in the southern part of the County live in poverty (30%). The remaining of the county has poverty rates that range from 13%-26% (Figure 5).

Figure 6. Median Household Income by Census Tract (2018-2022)

Median Household Income, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

The median household income is higher in the northeastern part of the county ($63k) compared to the remaining parts, which range from $45k-$52k.



EDUCATION

Educational attainment in the County is generally lower than in the state for some indicators. The high school graduation rate of 83% is lower than the state rate of 89%. Similarly, only 13% of the population hold a bachelor's degree or higher, compared to 34% of the state's population. The county lags the state with respect to early childhood education. On average, Meriwether County third graders perform slightly lower than the state average on state standardized tests.

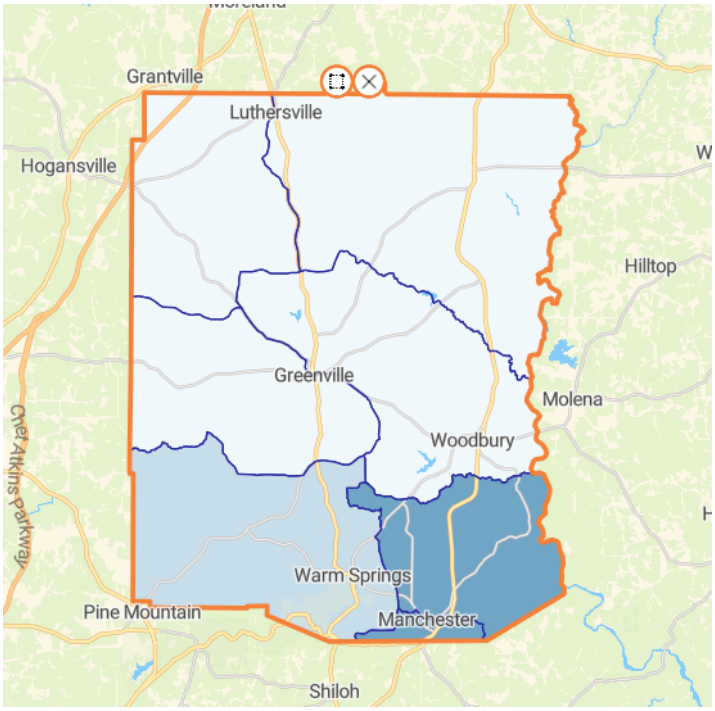
More than one out of two 3–4-year-old children are <u>not</u> enrolled in school.

	Meriwether	Georgia
<u>Early Childhood Education</u>		
Percent 3–4-year-old children in school	45%*	48%
<u>K-12 Education</u>		
Average grade level performance for 3rd graders on English Language Arts standardized tests	2.7*	3
Average grade level performance for 3rd graders on Mathematics standardized tests	2.5*	2.9
<u>High School Graduation and Higher Education</u>		
High school graduation rate	83%*	89%
Percent population with bachelor's degree	13%*	34%
<u>Education Cost and Funding</u>		
Childcare Cost Burden	28%*	24%
School Funding Adequacy	-$19.756*	-$6772

*Significantly lower than the state average

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

Figure 7. Educational Attainment by Census Tract (2018-2022)



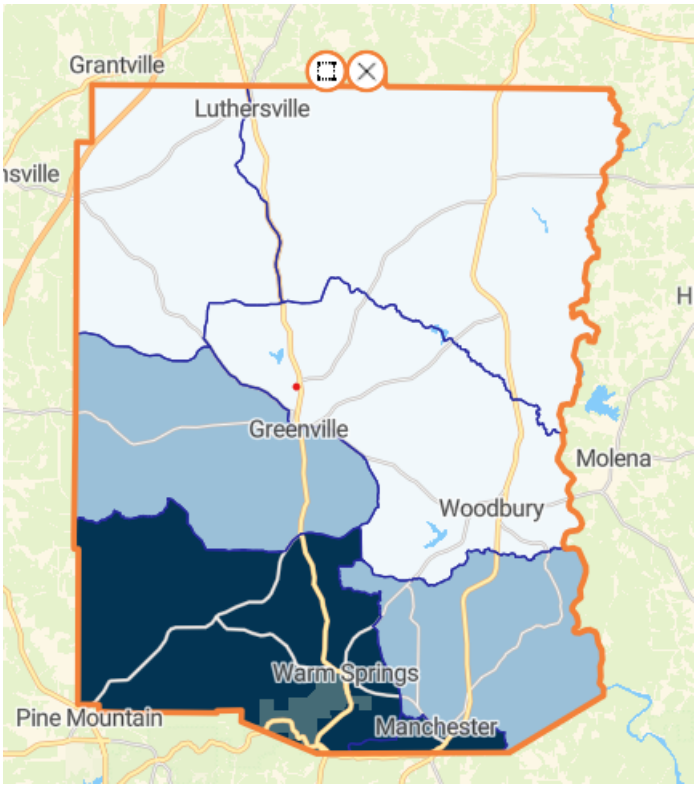
Proportion of Population with <u>at least</u> a High School Diploma, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

Educational attainment is higher in the southern parts of the county compared to the remaining parts. (85%-91% vs 77%-81%). (Figure 7).

Figure 8. Nursery and Pre-school Enrollment by Census Tract (2018-2022)

Proportion of 3 years or older enrolled in nursery or preschool, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

Although generally low in the County, preschool or nursery enrollment is relatively higher in the southern part of the county compared to the rest of the county (2% vs 0.7% vs 0.5%) (Figure 8).



SOCIAL AND COMMUNITY CONTEXT

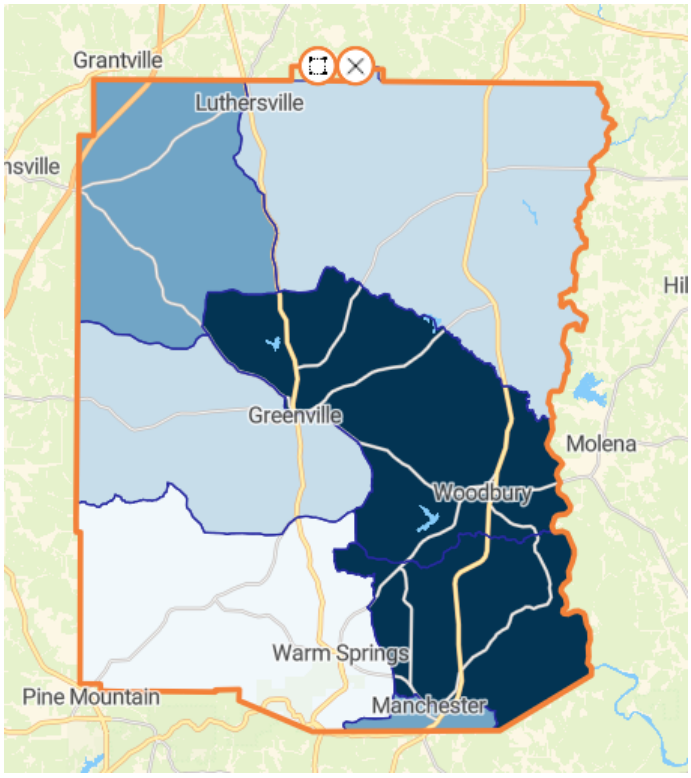
Like in the state, County residents are active in social associations in their community. Almost half of children live in single-parent households (46% versus state rate of 31%). Suicide rates are higher in the county compared to the state level.

There are approximately 8,106 households in Meriwether County, with an average of 2.5 persons per household.

	Meriwether	Georgia
<u>Household Characteristics</u>		
Households	8,106	3,946,490
Average persons per household	2.5	2.7
Children in single-parent households	46%	31%
<u>Social Context</u>		
Social Associations per 100,000	9	9
Suicide rates per 100,000	17*	14

*Significantly unfavorable compared to the state average
Data Source: County Health Rankings, US Census Bureau

Figure 9. Families with one adult and children in poverty (2018-2022)



Proportion of Families with one adult and children living in poverty, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

A higher proportion of families residing in the central and southeastern part of the county live in poverty (68%-87%), followed by the northwestern part (48%). The remaining parts of the county have poverty rates that range from 19%-29% (Figure 9).

NEIGHBORHOOD AND BUILT ENVIRONMENT

About one out of three (32%) county residents have access to exercise opportunities, which is significantly lower than at the state level. County residents are less digitally connected than the state; 85% of households have a computer, and 74% of adults have access to broadband internet. Only about one-third of the residents have access to exercise opportunities. The county is less safe, with a higher crime rate. Highway safety may be an area of concern as the county experiences twice more deaths from motor vehicle crashes than the state.

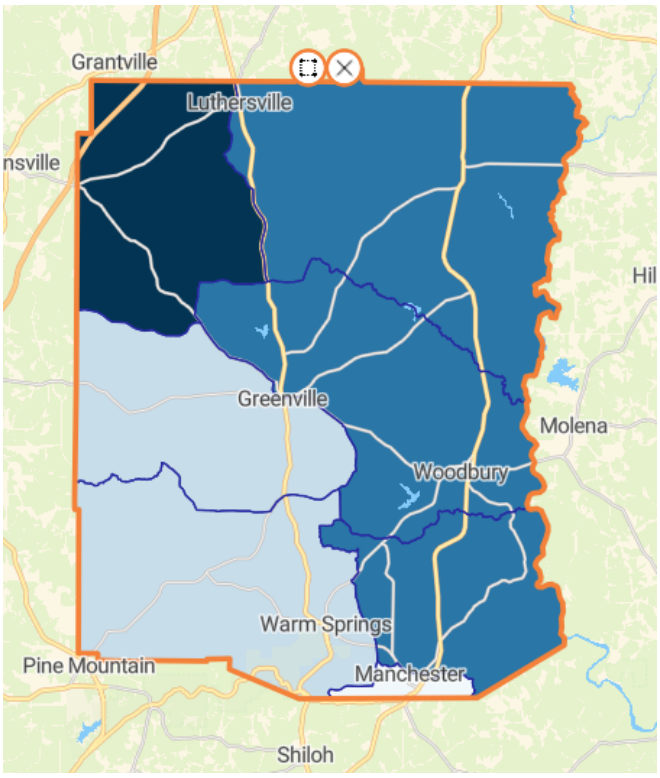
Relative to the state, fewer Meriwether County residents experience housing problems.

	Meriwether	Georgia
 Digital Connectivity and Amenities		
Households with computer	85%*	94%
Adult with broadband internet	74%*	88%
Access to exercise opportunities	32%*	74%
 Safety		
Firearm fatalities per 100,000	24*	17
Deaths from motor vehicle crashes per 100,000	33*	15
 Food Insecurity		
Percent low-income residents with limited access to healthy foods	1%	10%
(Healthy) Food environment index (1 worst; 10 best)	7.6	6.4
Percentage of the population experiencing food insecurity	15%*	11%
 Transportation		
Average travel time to work (minutes)	34 mins*	28 mins
Percent households with no motor vehicle	7.3%*	6%
 Housing		
Percent of homes owned	67%	65%
Percent families spending more than 50% of income on housing	11%	14%
Percent population with severe housing problems	12%	15%
Median gross rent	$864	$1,221
Median selected monthly owner costs, including mortgage	$1,334	$1,640
 Pollution		
Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	9.6	9.4

*Significantly unfavorable compared to the state average

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

Figure *10*. Household Internet Access by Census Tract (2018-2022)



Proportion of all <u>households</u> with no internet access, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

Compared to the remaining parts of the county, the northwestern part has higher rates of households without internet access (38%), followed by the eastern part (29%-30%). The southwestern parts have rates that range from 21%-26%. (Figure 10).

Figure 11. Household Computer Access by Census Tract (2018-2022)

Proportion of all <u>households</u> <u>without</u> a computer, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

Computer access is lower in the southern and central parts of the county (19%-24% vs 16%-18% vs 10%) (Figure 11).

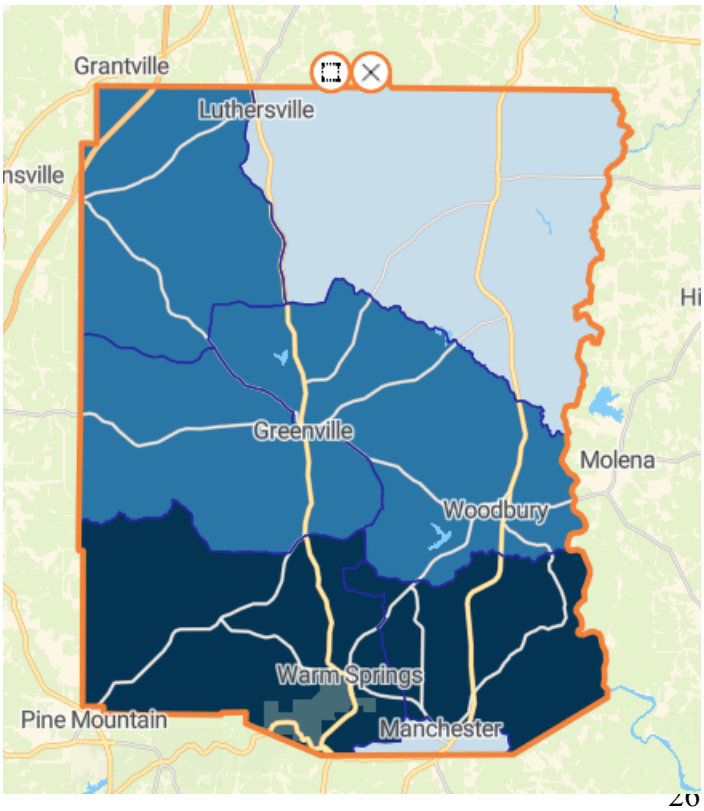
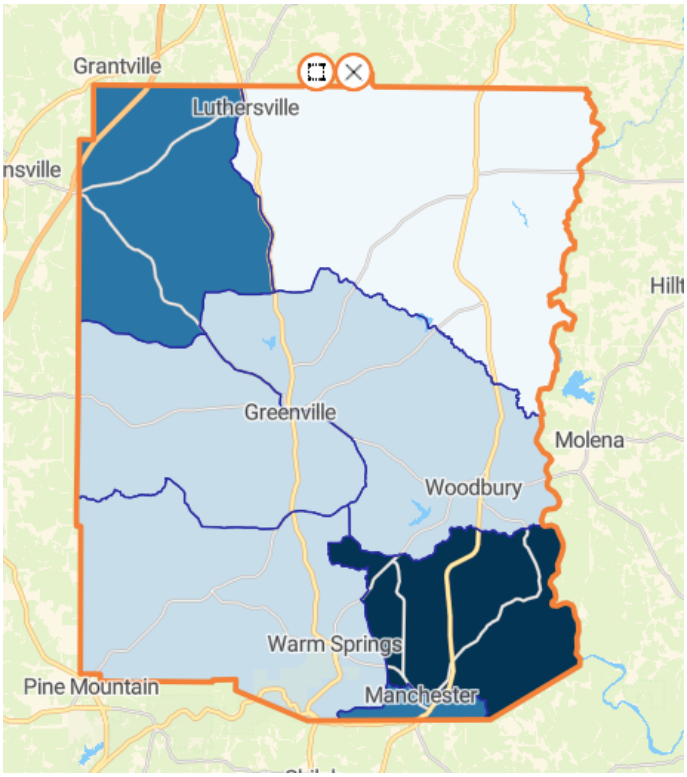


Figure *12*. Severe Homeowner Cost Burden by Census Tract (2018-2022)



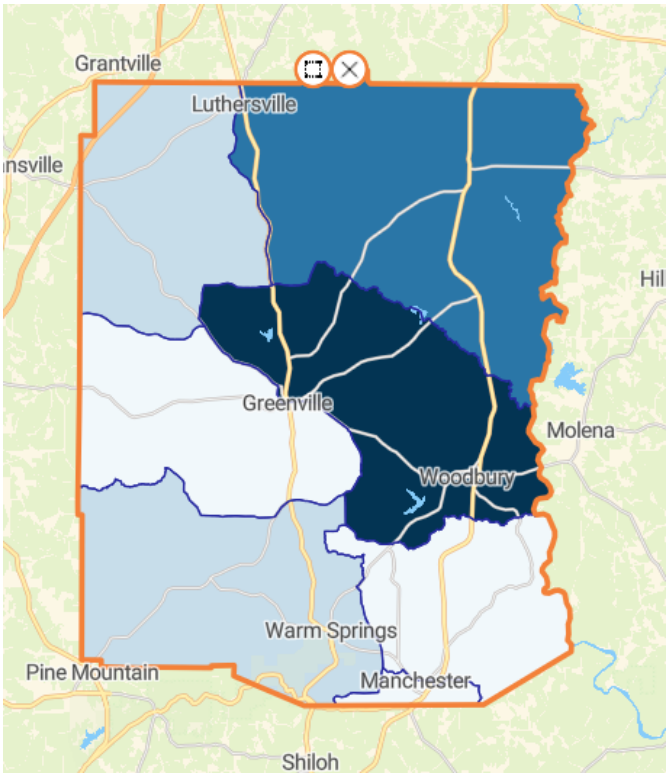
Proportion of all <u>Homeowners</u> who are severely burdened by housing costs, 2018-2022. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

Compared to other parts of the county, severe housing cost burden is higher in the southeastern and northwestern parts (12%-19.5% vs 4%-7%). (Figure 12).

Figure 13. Severe Renter Cost Burden by Census Tract (2018-2022)

Proportion of all <u>Renters</u> who are severely burdened by housing costs, 2015-2019. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

A higher proportion of renters living in the central and northeastern parts of the county experience severe rental cost burdens compared to the remaining parts of the county (25% - 43% vs. 3% -15 %) (Figure 13).



HEALTH CARE ACCESS

Healthcare access in the county is limited compared to the state. At 17%, the proportion of uninsured residents is higher than the state rate of 15%. Compared to the state, the county experiences significant shortages of health professionals, especially primary care physicians, dentists, and mental health providers. Mammogram screening and vaccination rates are lower than the respective state rates.

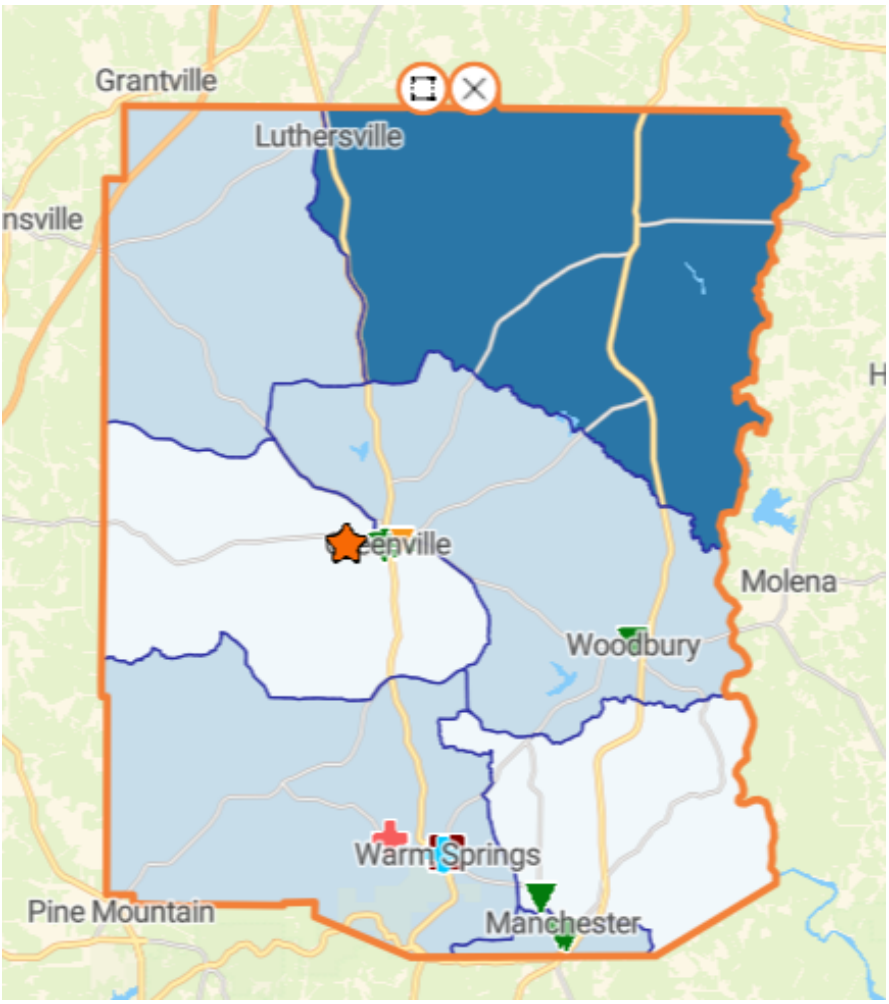
Preventable hospitalization rates are higher in Meriwether County than in the state, reflecting limited access to primary care services.

	Meriwether	Georgia
Health Insurance Coverage		
Percent under 65 years Uninsured	17%*	15%
Provider Supply		
Population to One Primary Care Physician	3,470*	1,520
Population to One Dentist	4,170*	1,860
Population to One Mental Health Provider	990*	560
Primary Care and Prevention		
Adults with a Personal Doctor or Health Provider	74%	72%
Adults Reporting a Physical Checkup within Past Year	79%*	NA%
Preventable Hospital Stays per 100,000 Medicare Enrollees	3,807*	3,076
Mammogram Screening Rates	35*	41
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	37*	43

*Significantly unfavorable compared to the state average
Data Source: County Health Rankings, Policy Map

Figure 14. Access to Health and Mental Health Services

Location of Health and Behavioral Health Facilities. Data Source: Policy Map.
Health care and mental health resources are mostly located in the central part of the County (Figure 14).



Legend: Orange Plus = hospital, blue plus = Medicare Certified Hospital, green triangle = pharmacies, orange star = nursing facility, red square = community health center,
Green flag = mental health treatment facility, orange triangles = drug and alcohol treatment facilities

Assessed facilities include hospitals, 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 is higher, although the proportion of adults who engage in excessive drinking is lower than that of the state. The proportion of adults who are obese and who are physically inactive is much higher than the respective state rates. Alcohol-related motor vehicle deaths are twice as high in the county compared to the state. Sexually transmitted infections (STI) and teenage births are also higher in the county compared to the state.

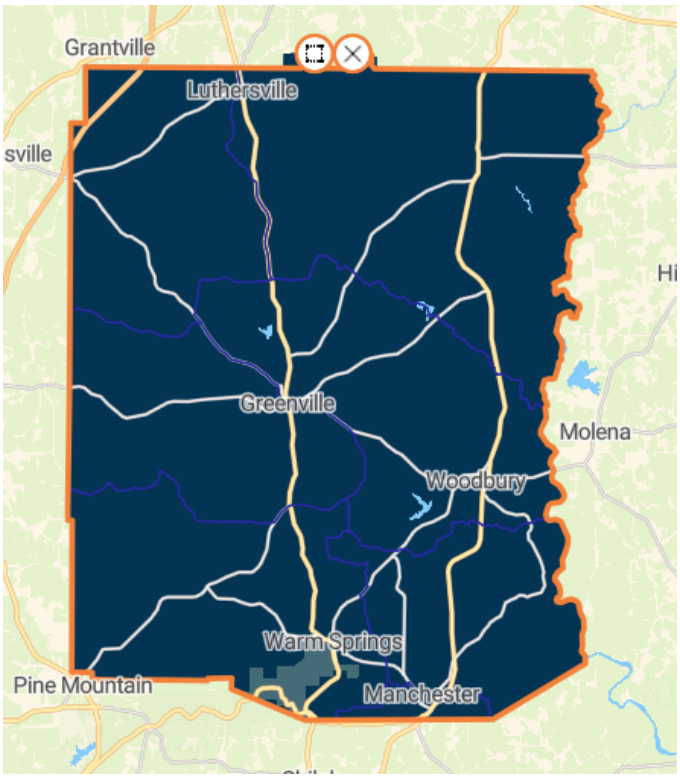
Generally, a higher proportion of Meriwether County residents engage in unhealthy behavior than at the state level

	Meriwether	Georgia
 Suboptimal Lifestyle Behaviors		
Adult smoking rate	23%*	16%
Adult excessive drinking rate	14%	17%
Percent driving deaths with alcohol involvement	46%*	20%
Adult obesity rate	42%*	34%
Adult physical inactivity rate	32%*	22%
Percentage of adults who report insufficient sleep (fewer than 7 hours of sleep on average)	39%	36%
 Sexual Risk Behaviors		
STD infection rates per 100,000	644	629
Teen births per 1000 female teens	27*	20

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure *15*. Smoking Rate by Census Tract (20221)



Proportion of adults who currently are smoking, 2021. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

Smoking rates are high throughout the county ranging from 21% - 24% (Figure 15).

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 rates of physical inactivity are high throughout the county but more prominent in the southern parts of the county (33%-35% vs 31%) (Figure 16).

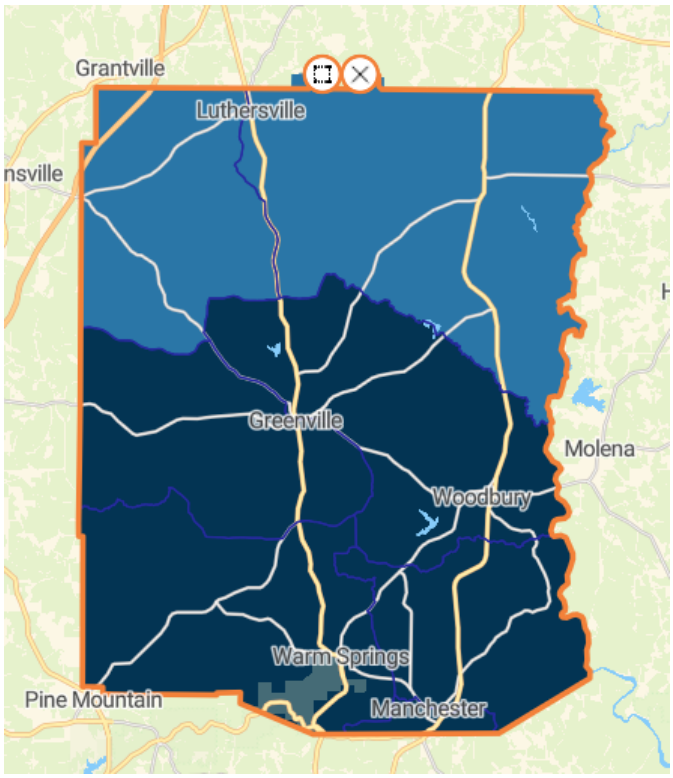
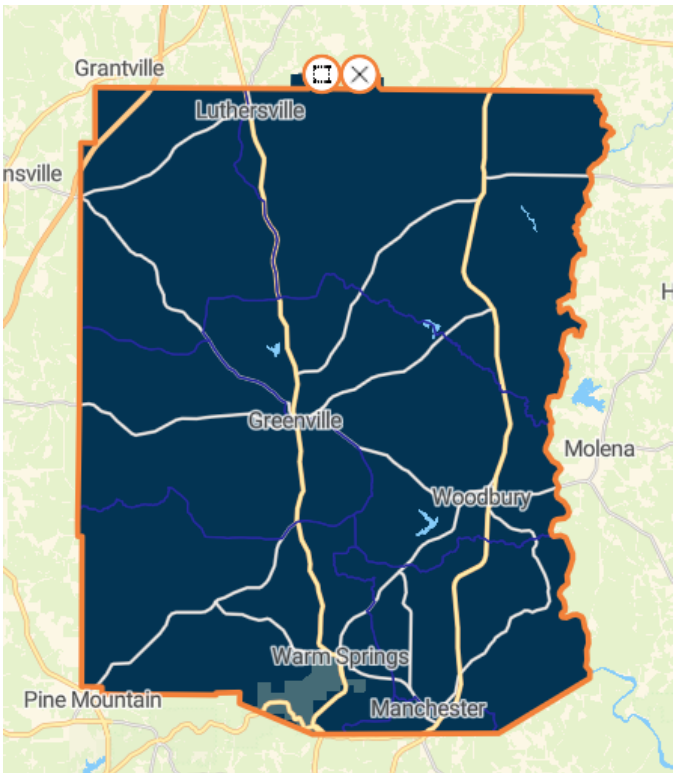


Figure 17. Adult Obesity by Census Tract (2021)



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

Similarly, obesity rates are consistently high (41% - 44%) across the county (Figure 17).

HEALTH OUTCOMES

Morbidity

A higher proportion of Meriwether County residents self-report poor physical and mental health compared to the state. Similarly, prevalence rates of common conditions, including diabetes, cancers, and cardiovascular diseases, are higher than the state rates.

One out of five Meriwether County residents report poor or fair health.

	Meriwether	Georgia
<u>Disease Burden</u>		
Cancer incidence rates per 100,000 population	491*	469
Adult diabetes prevalence rate %	14%*	11%
HIV prevalence rate per 100,000 population	604	657
Cardiovascular disease hospitalization per 1000 Medicare enrollees	69.4*	57.9
Low birthweight	12%*	10%
<u>Self-Reported Health Outcomes</u>		
Percent adults reporting poor or fair health	23%*	18%
Percent adults reporting frequent physical distress	15%*	11%
Percent adults reporting frequent mental distress	19%*	15%

Mortality

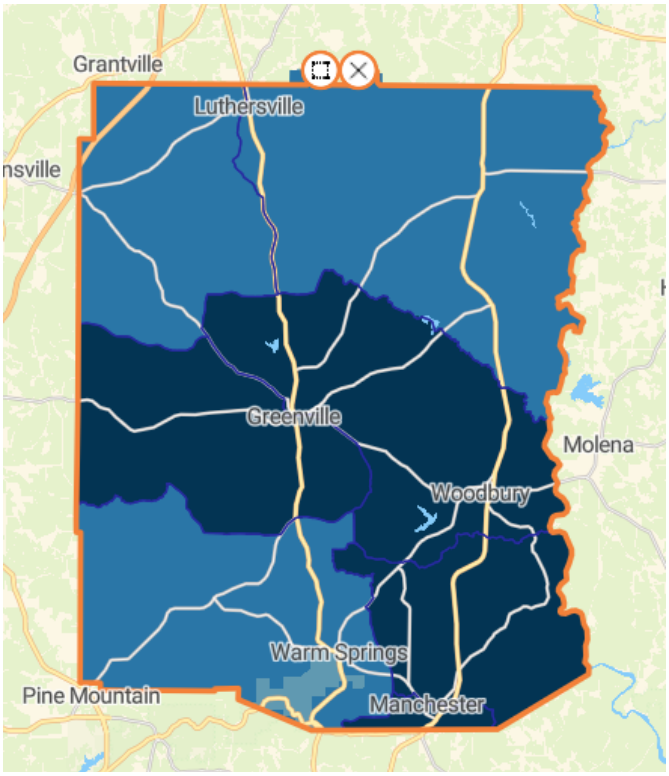
Premature death rates are higher in Meriwether County compared to the state levels.

The average life expectancy in Meriwether County is 76.5 years – about 1.5 years less than the average life expectancy in Georgia.

	Meriwether	Georgia
Mortality Indicators		
Life Expectancy	71.1*	76.1
Premature (under 75yrs) Death Rate per 100,000 population	690*	440

*Significantly unfavorable compared to the state average

Figure 18. Perceived Health Status by Census Tract (2021)



Proportion of adults reporting poor or fair health status, 2021. Data Source: Policy Map. *(The darker the color, the higher the proportion)*
A higher proportion of adults in the central and southeastern parts of the county report poor or fair health compared to the rest of the county 24% vs 27%) (Figure 18).

Figure 19. Frequent Mental Health Distress by Census Tract (2021)

Proportion of adults reporting 14 or more days of poor mental health, 2021. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

Geographically, the proportion of adults reporting frequent mental health distress was similar across the county, ranging from 18% to 19.5% (Figure 19).

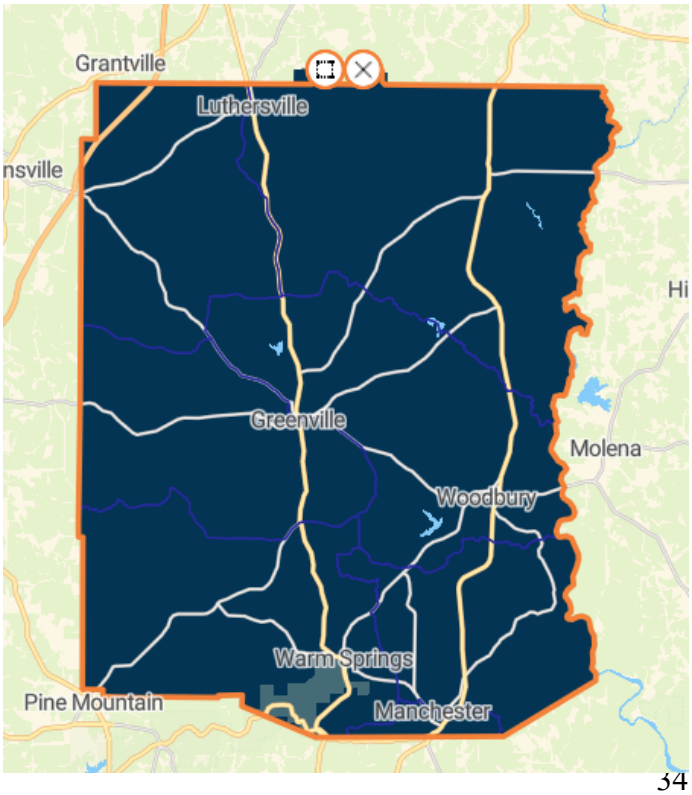
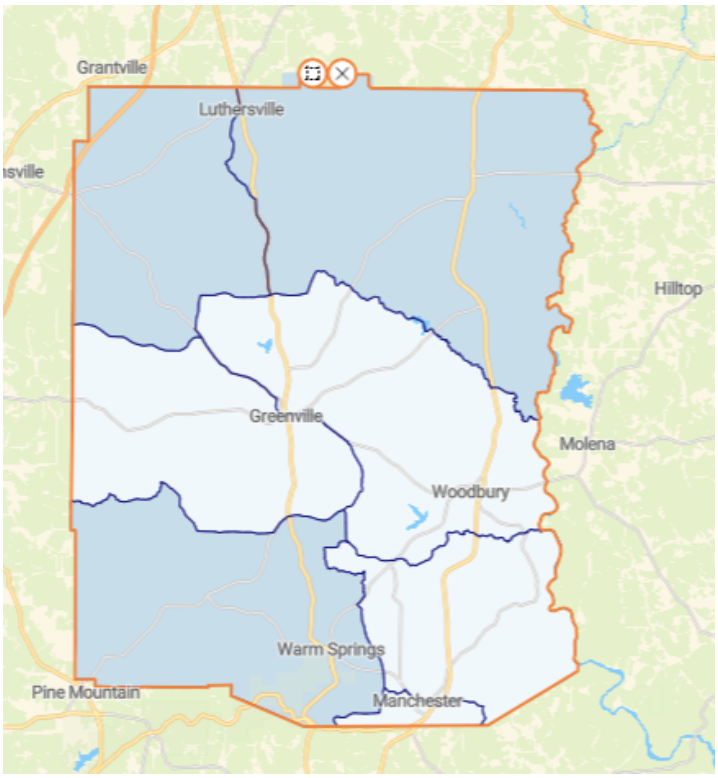


Figure *20*. Life Expectancy by Census Tract (2010-2015)



Life Expectancy at Birth, 2010-2015. Data Source: Policy Map. *(The darker the color, the higher the proportion)*

Life expectancy is higher for residents in the northern and southeastern parts of the county (75-76 years) compared to the central and southeastern parts of the county (73 years) (Figure 20).

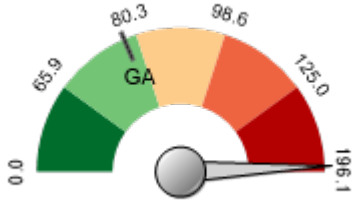
Top 10 Causes of Death in Meriwether County and Georgia 2018-2022

Like the state, the top three main causes of death for Meriwether County are ischemic heart and vascular diseases, COVID-19 and cerebrovascular diseases. The death rates from septicemia and nephritis, nephrotic syndrome and nephrosis are higher in the county compared to the state.

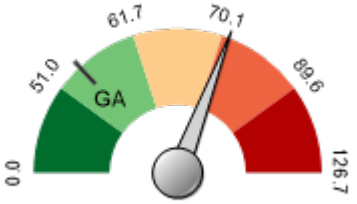
Cause	Meriwether Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
COVID-19	2	2
Cerebrovascular Disease	3	3
All COPD Except Asthma	4	4
Alzheimer's Disease	5	6
Malignant Neoplasms of the Trachea, Bronchus and Lung	6	7
Nephritis, Nephrotic Syndrome and Nephrosis	7	11
Septicemia	8	14
Essential (Primary) Hypertension, and Hypertensive Renal, and Heart Disease	9	5
Diabetes Mellitus	10	9

Rank/County Comparison to Georgia

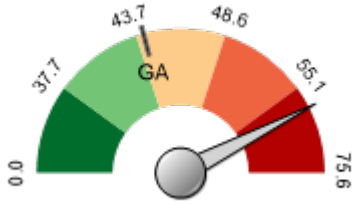
1 Ischemic Heart and Vascular Disease



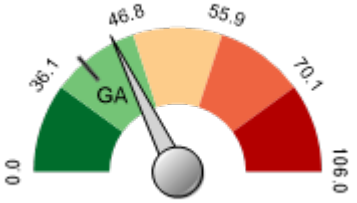
2 COVID-19



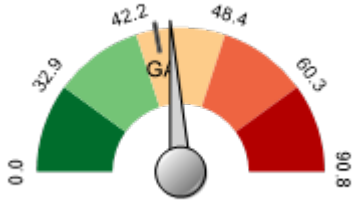
3 Cerebrovascular Disease



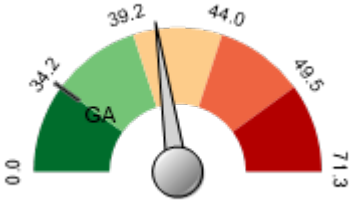
4 All COPD Except Asthma



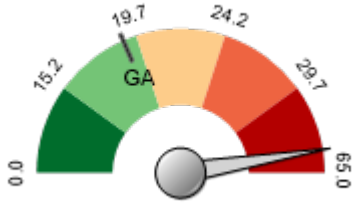
5 Alzheimers Disease



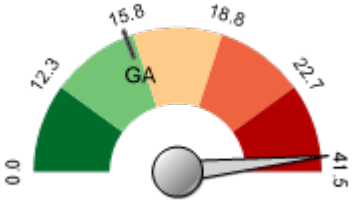
6 Malignant Neoplasms of the Trachea, Bronchus, and Lung



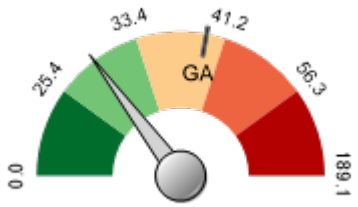
7 Nephritis, Nechrotic Syndrome, and Nephrosis

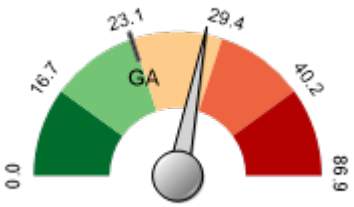


8 Septicemia



9	Essential Hypertension and Hypertensive Renal and Heart Disease	10	Diabetes Mellitus





Cancers

The death rate for cancer for Meriwether County residents is higher than the state and the US levels (Figure 21). Death rate is significantly higher for Black residents compared to Whites (Non-Hispanic) and Blacks is higher in the county compared to the state levels (Figure 22).

Incidence rates for female breast and colorectal cancers in Meriwether County have generally remained higher compared to the state averages. The incidence rate for prostate and lung and bronchus are very similar to the state levels (Figure 23).

Figure 21. Cancer Death Rates, 2016-2020

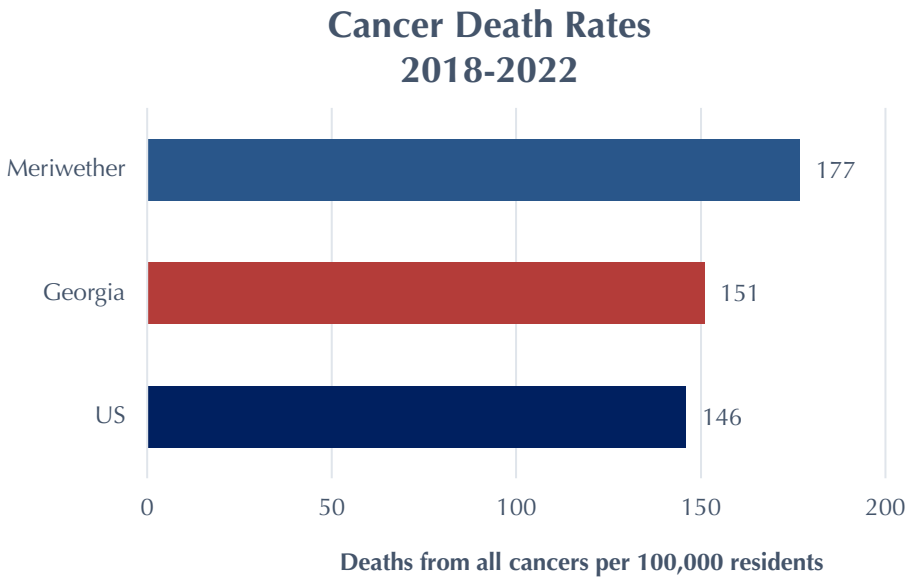


Figure 22. Cancer Death Rates by Race, 2016-2020

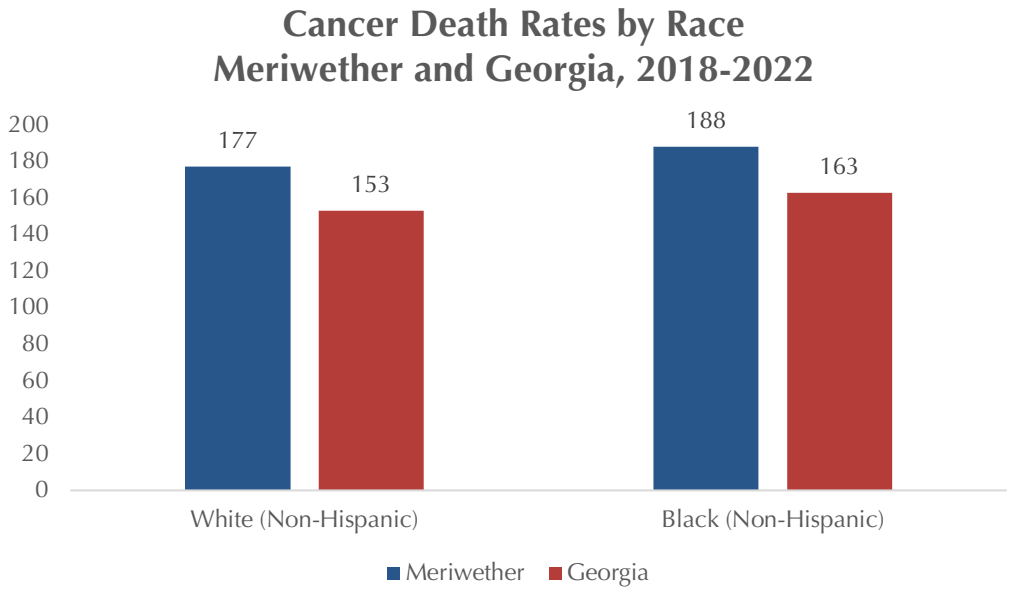
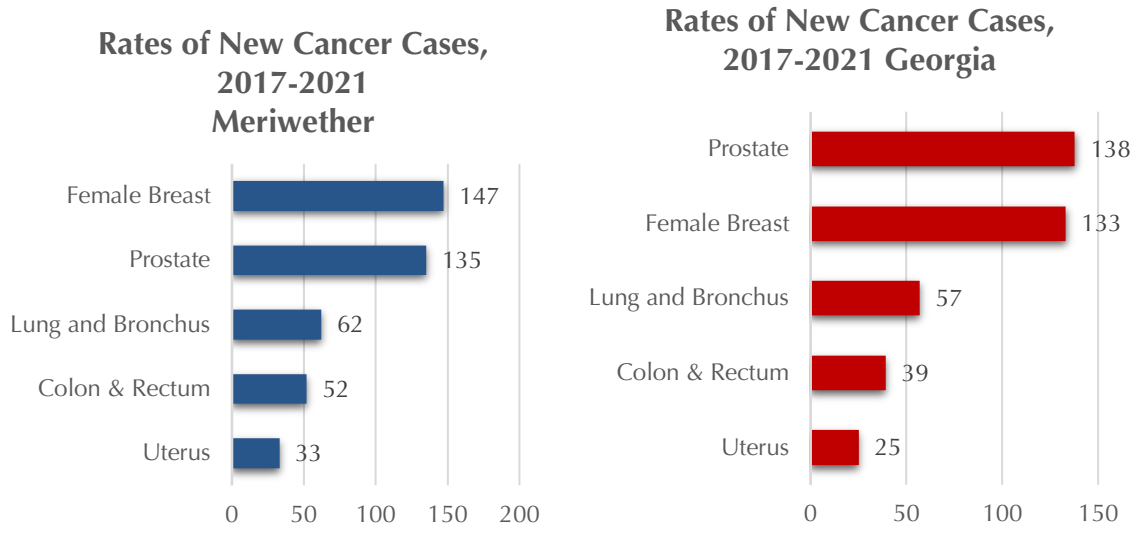


Figure 23. Rates of New Cancer Cases, 2017-2021



PROGRESS ON SELECTED INDICATORS FROM PREVIOUS CHNA

	Previous CHNA	Current CHNA	Progress
Economic Profile			
Percent children in poverty	31%	27%	→
Unemployment rate	4.5%	3.9%	→
Education			
High school graduation rate	80%	83%	→
Social and Community Context			
Social associations per 100,000	10	9	←
Percent children in single-parent households	44%	46%	←
Neighborhood and Built Environment			
Percent population with access to exercise opportunities	40%	32%	←
Percent population food insecure	17%	15%	→
Health Care Access			
Uninsurance rate	17%	17%	–
Primary care provider to population	3,010	3,470	←
Mental health provider to population	1,110	990	→
Health Behaviors			
Obesity rate	41%	42%	←
Physical inactivity rate	38%	32%	→
Smoking rate	23%	23%	–
Teen pregnancy rate (per 1000 teen females)	33	27	→
Health Outcomes			
Percent reporting poor or fair health	22%	23%	←
Low birthweight rate	12%	12%	–
Diabetes prevalence	13%	14%	←
Premature (under 75yrs) death rate per 100,000 population	438	690	←

SUMMARY POINTS FROM THE SECONDARY DATA ANALYSIS

A conceptual framework for social determinants of health was used to assess factors shaping health and well-being in the community. A community health needs and outcomes profile emerged by examining health indicators from several secondary data sources.

Community Demographic and Socioeconomic Profile

- The population of Meriwether County is slightly older and less racially diverse than the state.
- Economic conditions are less favorable in the county.
- About one in two children in the county live in single-parent households
- Additionally, compared to the state, Meriwether County residents are less digitally connected.

Health Care Access

- Access to health care may be limited due to shortages of health professionals.
- The uninsured rate is higher than in the state.

Lifestyle Behavior and Health Outcomes

- Generally, compared to the state, a higher proportion of Meriwether County residents engage in unhealthy behaviors such as smoking and physical inactivity.
- The mortality rate in the County is relatively worse than in the state.

Progress on Selected Health Indicators since the last CHNA

- Of 18 selected indicators, the County performed better on 7 than the previous CHNA.

PRIMARY DATA ANALYSIS

COMMUNITY SURVEY

RESPONSE RATE AND REPRESENTATIVENESS

The survey was shared on the hospital's website, through social media accounts, and by leveraging community networks for further dissemination. One hundred twenty-one community members provided complete or partial responses to the online survey. The demographic characteristics of survey respondents are provided in Table 1. Compared to county census data, survey respondents were more likely to be female, White, and have at least a high school degree.

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

Most survey respondents were female (86%), White (86%), aged under 65 years (71%), married or partnered (64%), and employed (74%), with at least some college or associate degree (81%). Of those responding, 66% reported annual household income above $60,000. Survey respondents were significantly more likely to be female (86% sample vs 52% county census). Respondents were significantly more educated: 81% of respondents had at least a Bachelor's degree, while only 13.1% of county residents had this level of education, according to census figures. Similarly, 66% of respondents reported household earnings greater than the county median household income of $52K. Participants over 65 (29% sample vs 21.5% county census) were slightly overrepresented. The proportion of Non-Hispanic White participants was higher than the county overall (86% sample vs 60% county census).

Table 1: Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
Gender (n=90)		
Female	77	86
Male	13	14
Other	0	0
Age (n=92)		
Under 35 years	14	15
35-44 years	14	15
45-54 years	21	23
55-64 years	16	17
65-74 years	17	18
75 years and older	10	11
Race (n=92)		
Black or African American	12	13
White	78	85
Hispanic	0	0
American Indian/Native Alaskan	1	1

	Frequency (N)	Percentage (%)
Other	1	1
Asian	0	0
Native Hawaiian or Pacific Islander	0	0
Education (n=102)		
Less than High School	0	0
High School Graduate or GED	17	19
Some College or Associate Degree	42	46
Bachelor's degree	14	15
Graduate or Advanced Degree	18	20
Marital Status (n=92)		
Married/Partnered	59	64
Divorced/Separated	13	14
Widowed	6	7
Single/Never Married	12	13
Other	2	2
Household Income (n=92)		
Below $20,000	3	3
$20,001-$40,000	12	13
$40,001-$60,000	17	18
$60,001-$80,000	16	17
$80,001-$100,000	11	12
Above $100,000	23	25
Refused/Don't know	10	11
Employment Status (n=92)		
Full-time	60	65
Part-time	8	9
Retired	19	21
Unemployed	5	5
Home Ownership (n=92)		
Yes	73	79
No	19	21
Access to Reliable Transportation (n=92)		
Yes	91	99
No	1	1

Census Figures Source: U.S. Census Bureau (2024). Quick Facts. Retrieved from: https://www.census.gov/quickfacts/fact/table/meriwethercountygeorgia/POP010220

HEALTH STATUS

More than half of respondents (53%) reported their health status as very good or excellent (Figure 24). However, only about one in five (21%) perceive their community as healthy/very healthy (Figure 25). The most common chronic conditions that the participants reported having were overweight/obesity (36%), high blood pressure (36%), and depression or anxiety (33%) (Figure 26).

Figure 24. Self-Reported Health Status

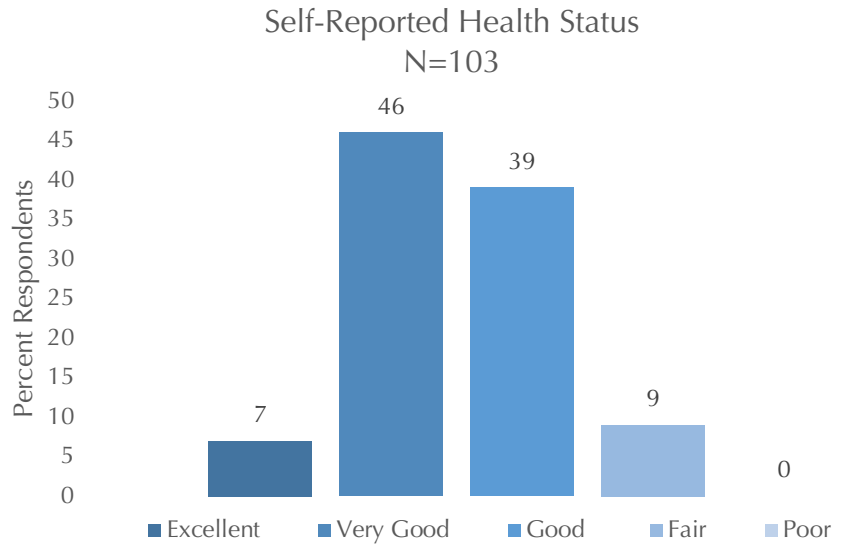


Figure 25. Rating of Community Health Status

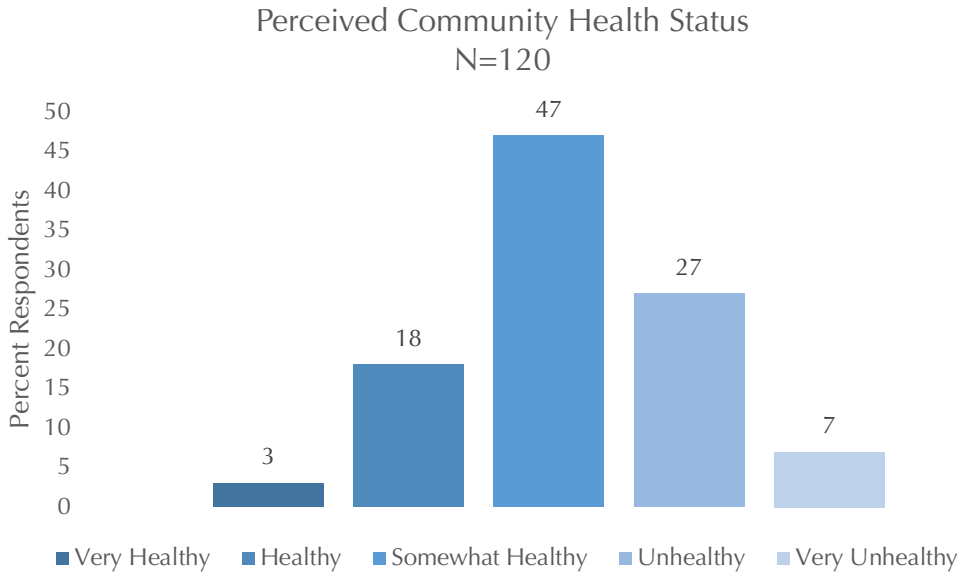
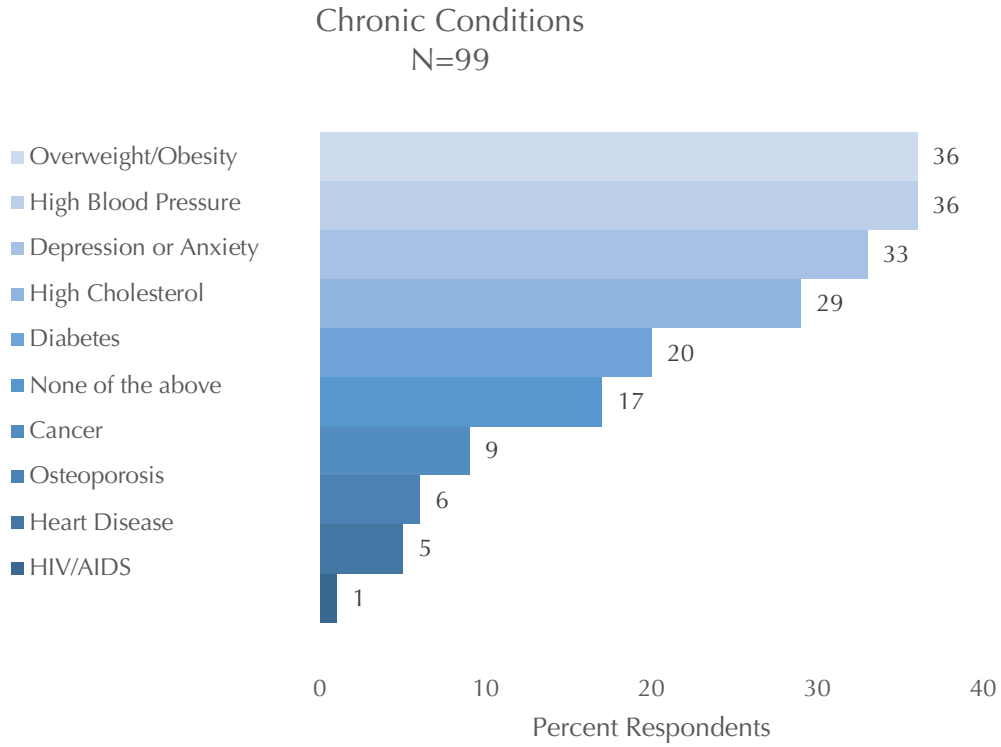


Figure 26. Most Common Chronic Conditions



Note: Participants could choose multiple response options, so the percentages may not add up to 100.

HEALTH BEHAVIORS

Smoking, Nutrition, and Physical Activity

Nearly one in seven (14%) respondents reported currently smoking tobacco products (Figure 27). About two out of five (41%) reported eating the recommended five servings of fruits and vegetables daily (Figure 28). Of those not meeting the recommended amounts, about a third indicated that they were not able to adhere to this recommended nutrition guideline because they don't think about it (37%), because fruits and vegetables are too expensive (35%), or they go bad before being consumed (35%; Figure 29).

Regarding physical activity, about two in three respondents (64%) stated that they met the daily recommended physical activity guidelines of 30 minutes per day, five times per week (Figure 30). Respondents cited time and the lack of exercise spaces as reasons for physical inactivity. Among those who do not meet the recommended amount, about two out of five respondents reported that they don't have enough time to exercise (39%). One out of three (33%) participants reported that they don't have access to a gym, pool, or other facility to exercise (Figure 31).

Figure 27. Smoking Behavior

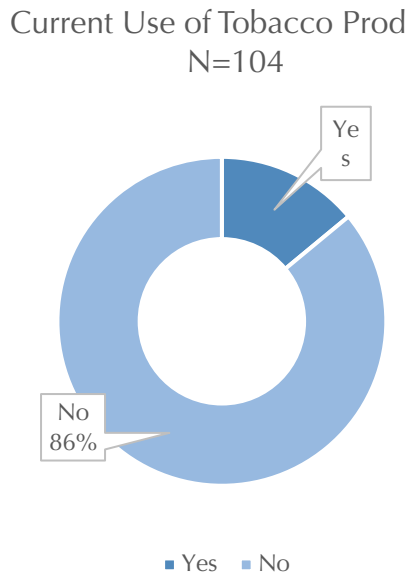


Figure 28. Fruit and Vegetable Consumption

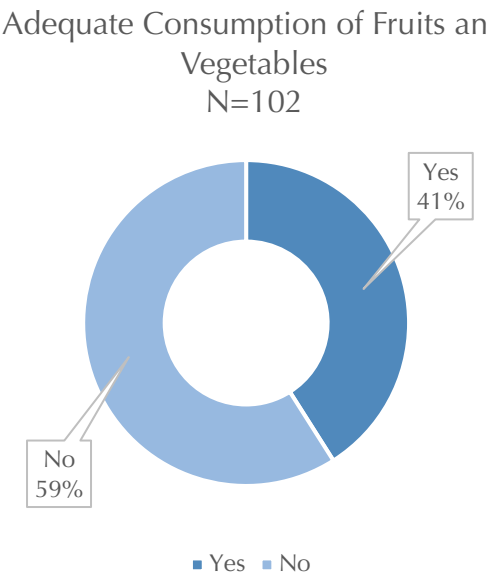
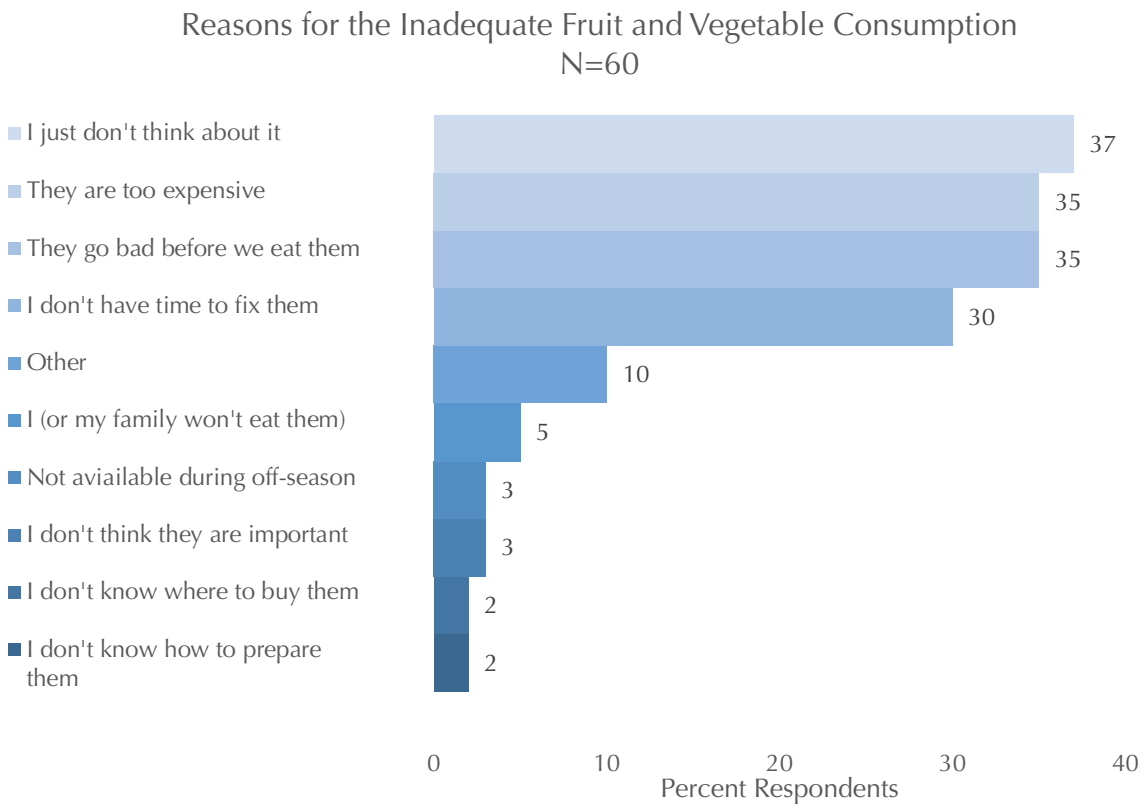


Figure 29. Reasons for Inadequate Vegetables and Fruits Consumption



Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Figure 30. Physical Activity

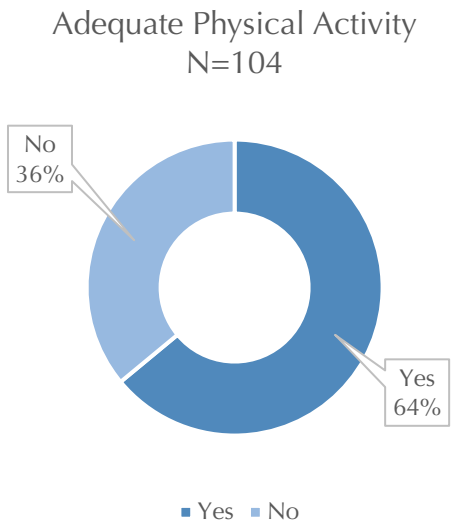
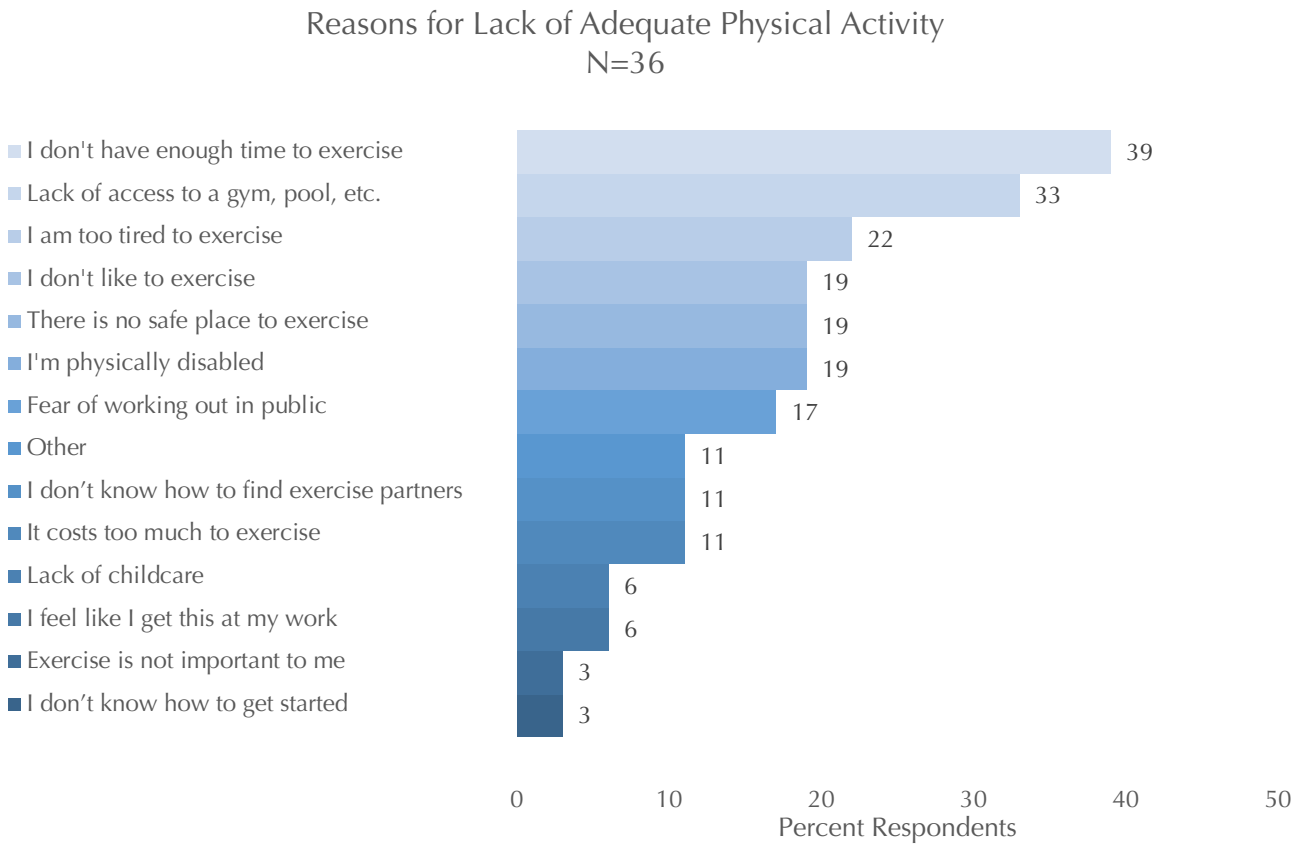


Figure 31. Inadequate Physical Activity Reasons



Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Preventive Screening

Respondents were also asked about their utilization of preventive and screening services and adherence to recommended screening guidelines. Nearly seven out of ten (69%) respondents 50 years and older reported having received a colonoscopy (Figure 32). About one in eight (13%) reported having barriers to obtaining a colonoscopy (Figure 33).

Figure 32. Colon Cancer Screening

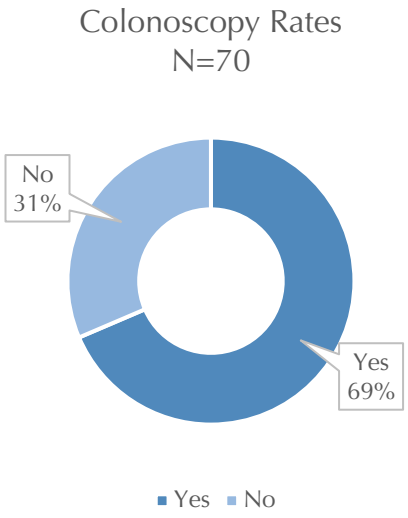
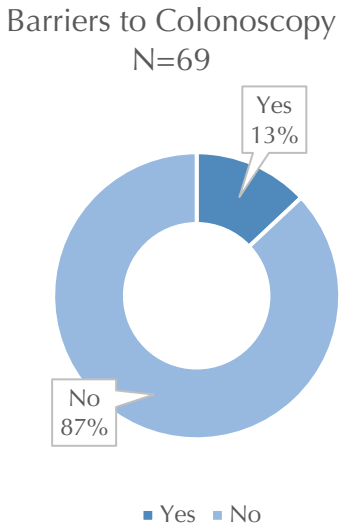


Figure 33. Barriers to Colon Cancer Screening



Nearly two-thirds (61%) of male respondents over 40 years had discussed prostate cancer screening with their healthcare provider (Figure 34). No barriers to prostate cancer screening were reported by respondents (Figure 35).

Figure 34. Prostate Cancer Screening

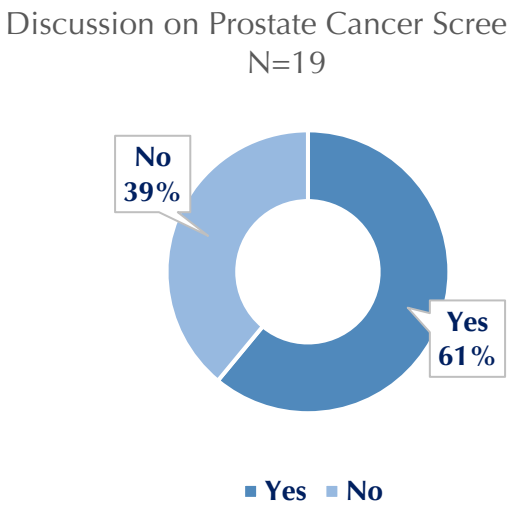
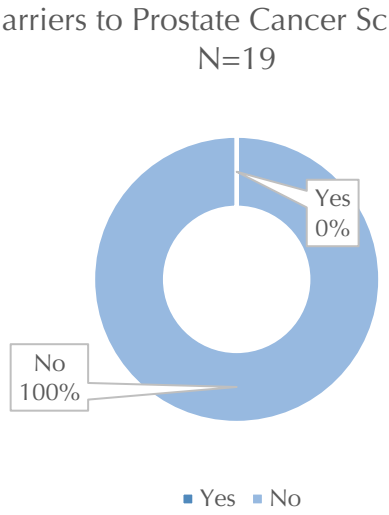


Figure 35. Barriers to Prostate Cancer Screening



More than eight out of ten (81%) female respondents 50 years or older reported receiving an annual mammogram (Figure 36). About one out of eight (12%) reported having barriers to receiving mammography (Figure 37).

Figure 36. Breast Cancer Screening

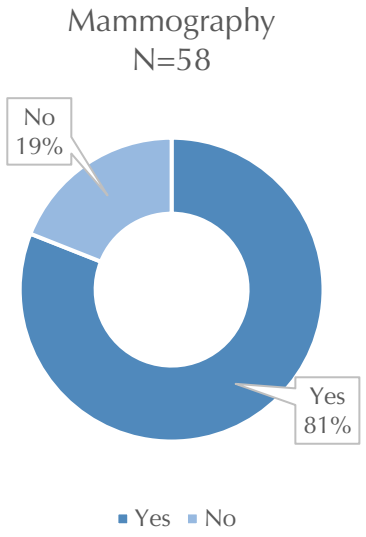
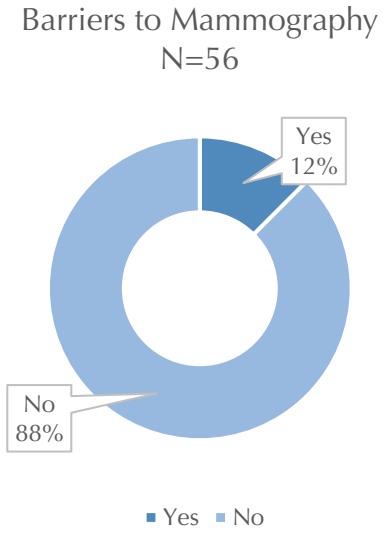


Figure 37. Barriers to Breast Cancer Screening



About seven out of ten (71%) females over 21 reported receiving a pap smear in the last five years (Figure 38). About one out of ten respondents (9%) reported facing barriers to getting a pap smear (Figure 39).

Figure 38. Cervical Cancer Screening

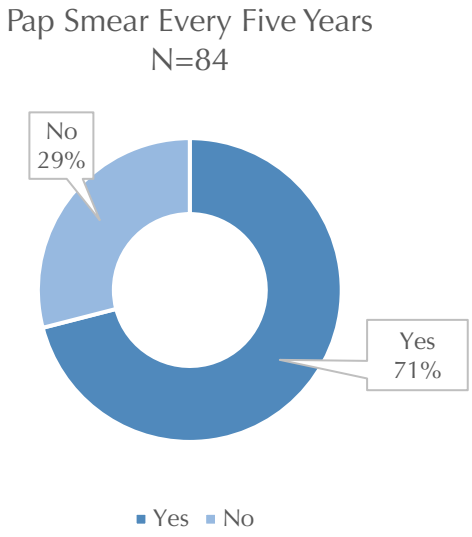
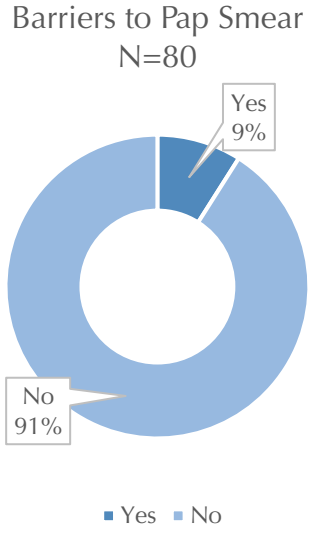


Figure 39. Barriers to Cervical Cancer Screening

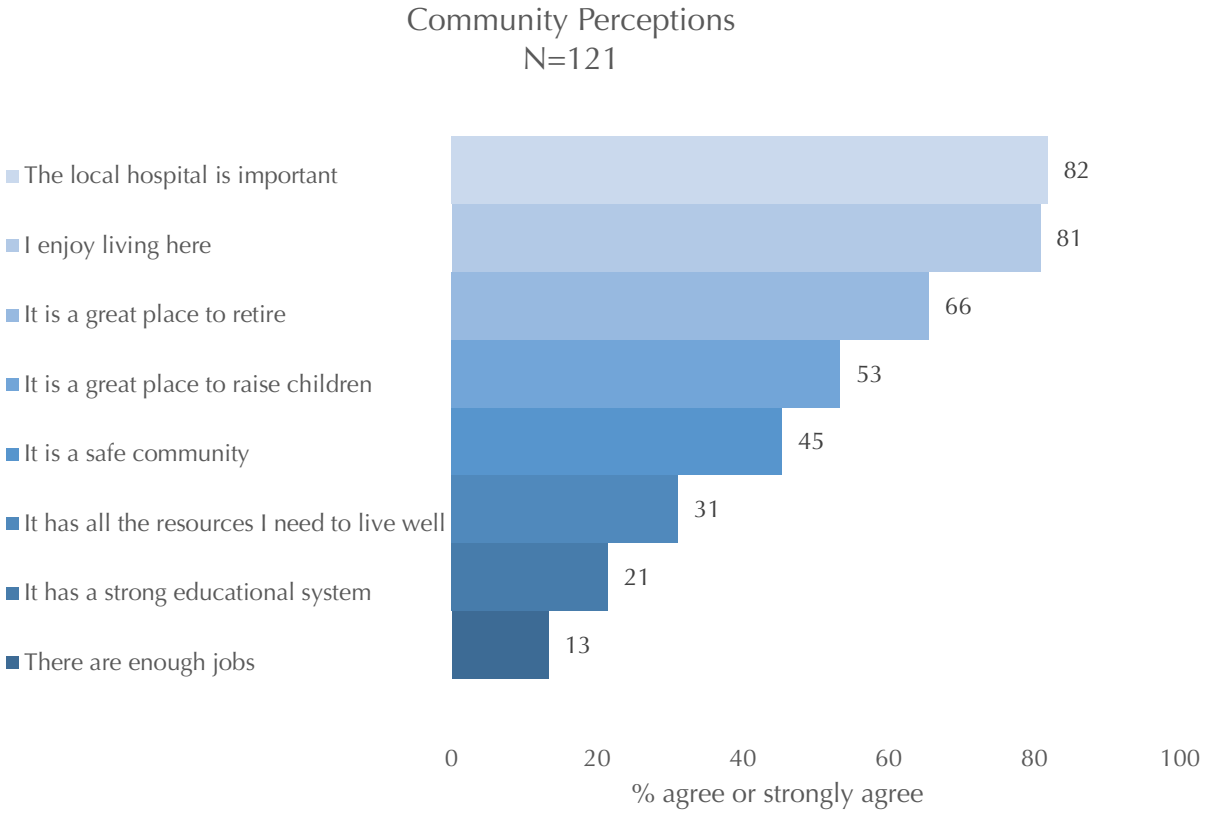


COMMUNITY PERCEPTION

General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs and the quality of the educational system. More than four out of five respondents (82%) strongly agreed or agreed that the local hospital was important. Similarly, about eight out of ten respondents (81%) strongly agreed or agreed that they enjoyed living in Meriwether County. About two-thirds of respondents agreed that the community was a great place to retire (66%), and more than half reported that it was a great place to raise children (53%). However, only about one in ten respondents (13%) felt there were enough jobs, and about one in five reported that the community had a strong educational system (21%) (Figure 40).

Figure 40. General Community Perceptions

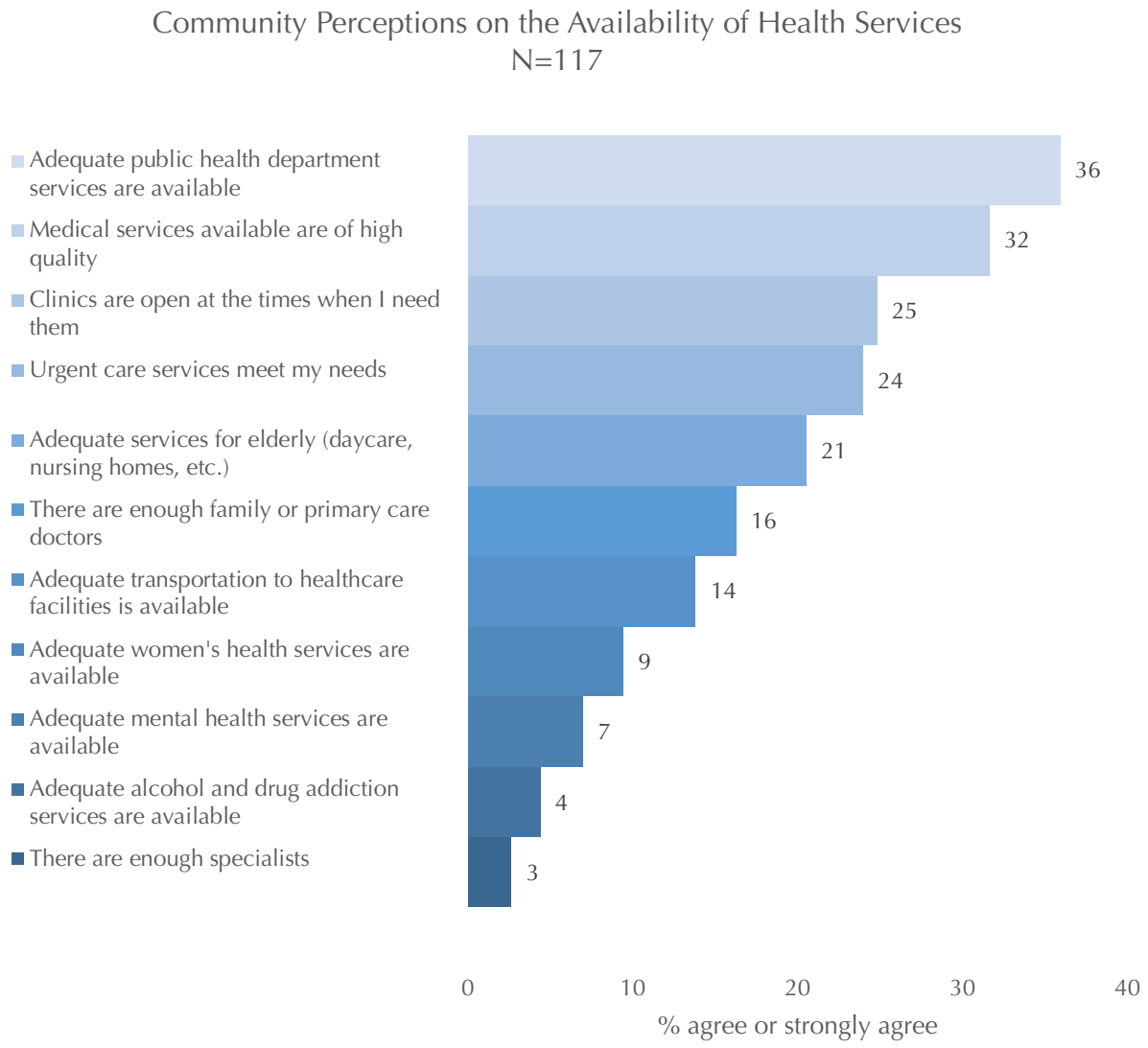


Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Community Perception Concerning Health Care Services

Respondents' perceptions of the adequacy of health services were generally low. Only about a third of respondents reported an adequacy of public health services and medical services of high quality. About a quarter reported that clinics were open when needed and that available urgent care met their needs. Respondents, especially, reported inadequacy in the number of health specialists, alcohol and drug services, mental health services, and women's health services in the community (Figure 41).

Figure 41. Community Perceptions Concerning Health Care Services



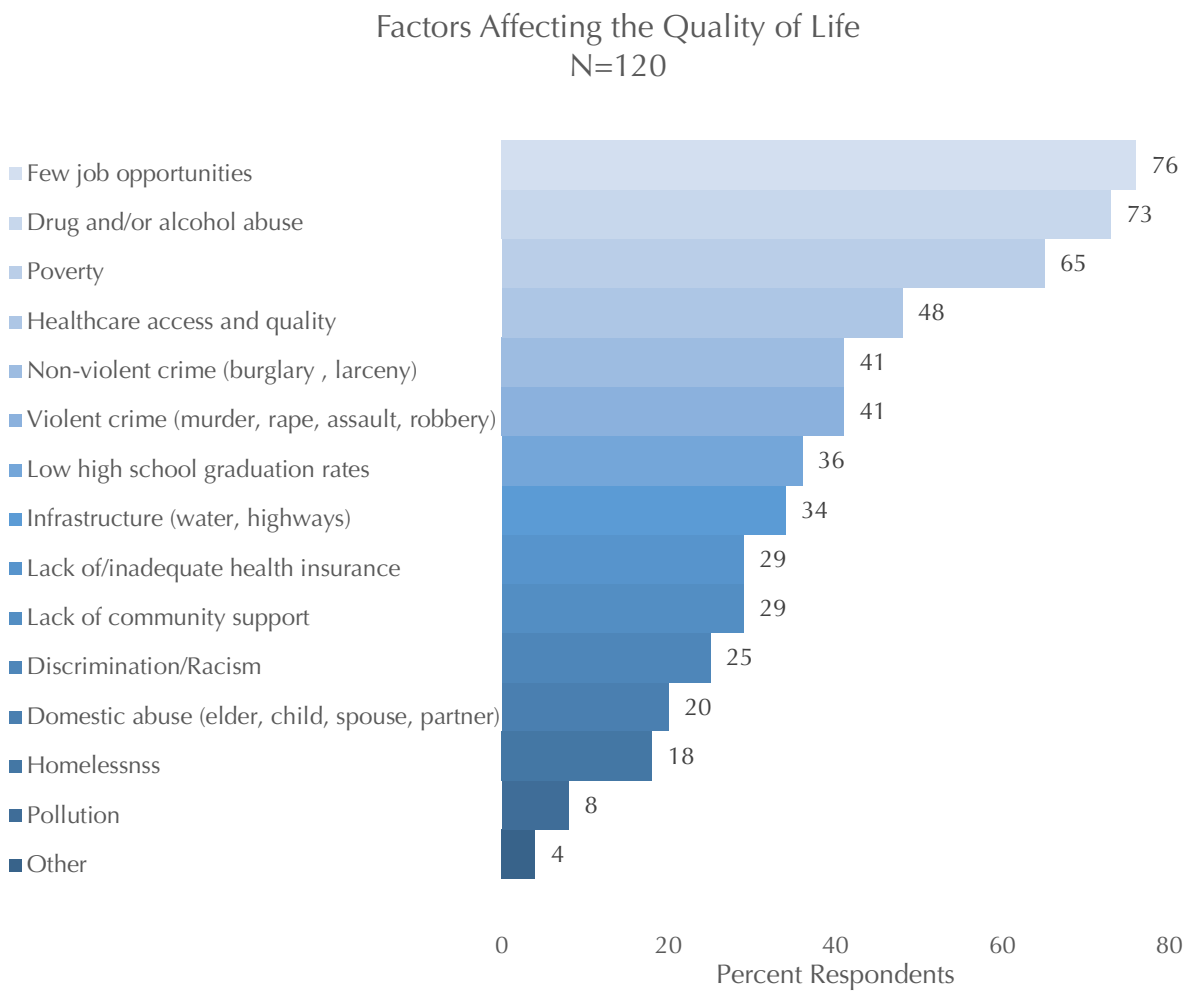
Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Community Perceptions Concerning Health and Quality of Life

About two-thirds of the respondents (76%) identified the lack of job opportunities as the most significant factor affecting the quality of life in the community, followed by drug and alcohol abuse (73%) and poverty (65%). Healthcare access and quality (48%) and non-violent and violent crime (41%) completed the top five (Figure 42).

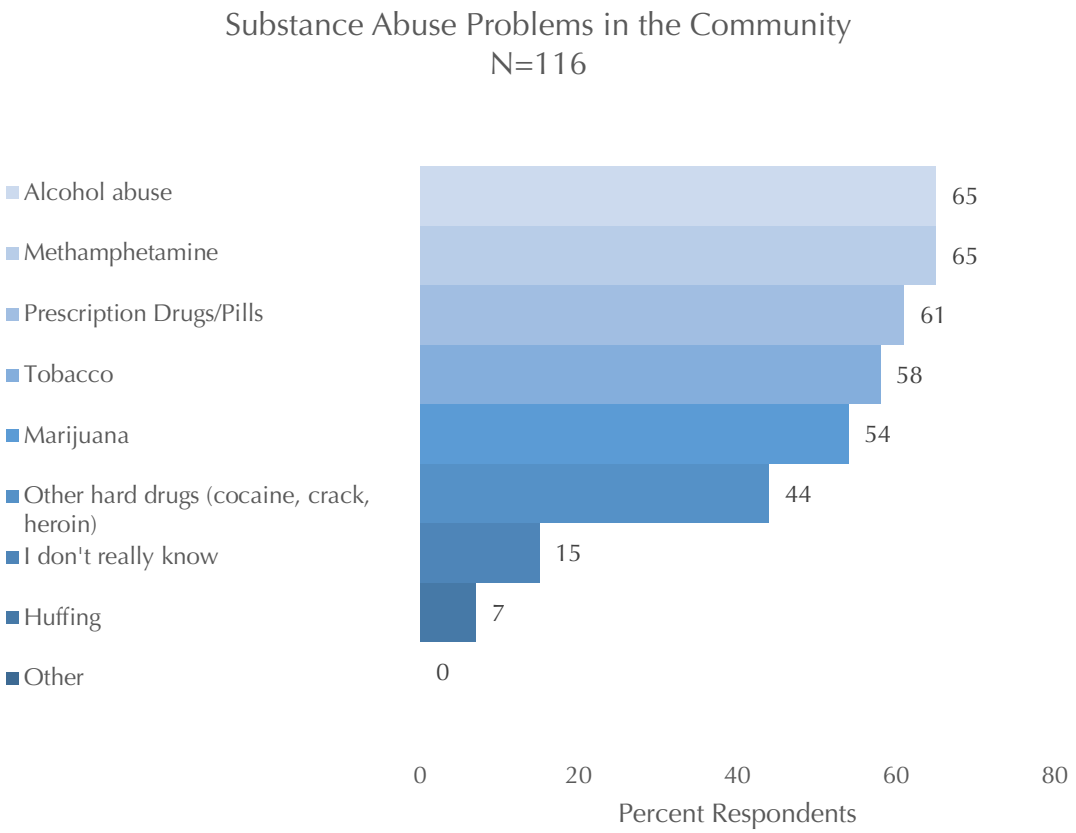
Concerning substance abuse in the community, alcohol (65%) and methamphetamine use (65%) were identified as the most commonly abused substances, followed by prescription drugs/pills (61%), tobacco (58%), and marijuana (54%) respectively (Figure 43).

Figure 42. Perceptions Concerning Factors Affecting the Quality of Life in the Community



Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Figure 43. Substance Abuse Problems

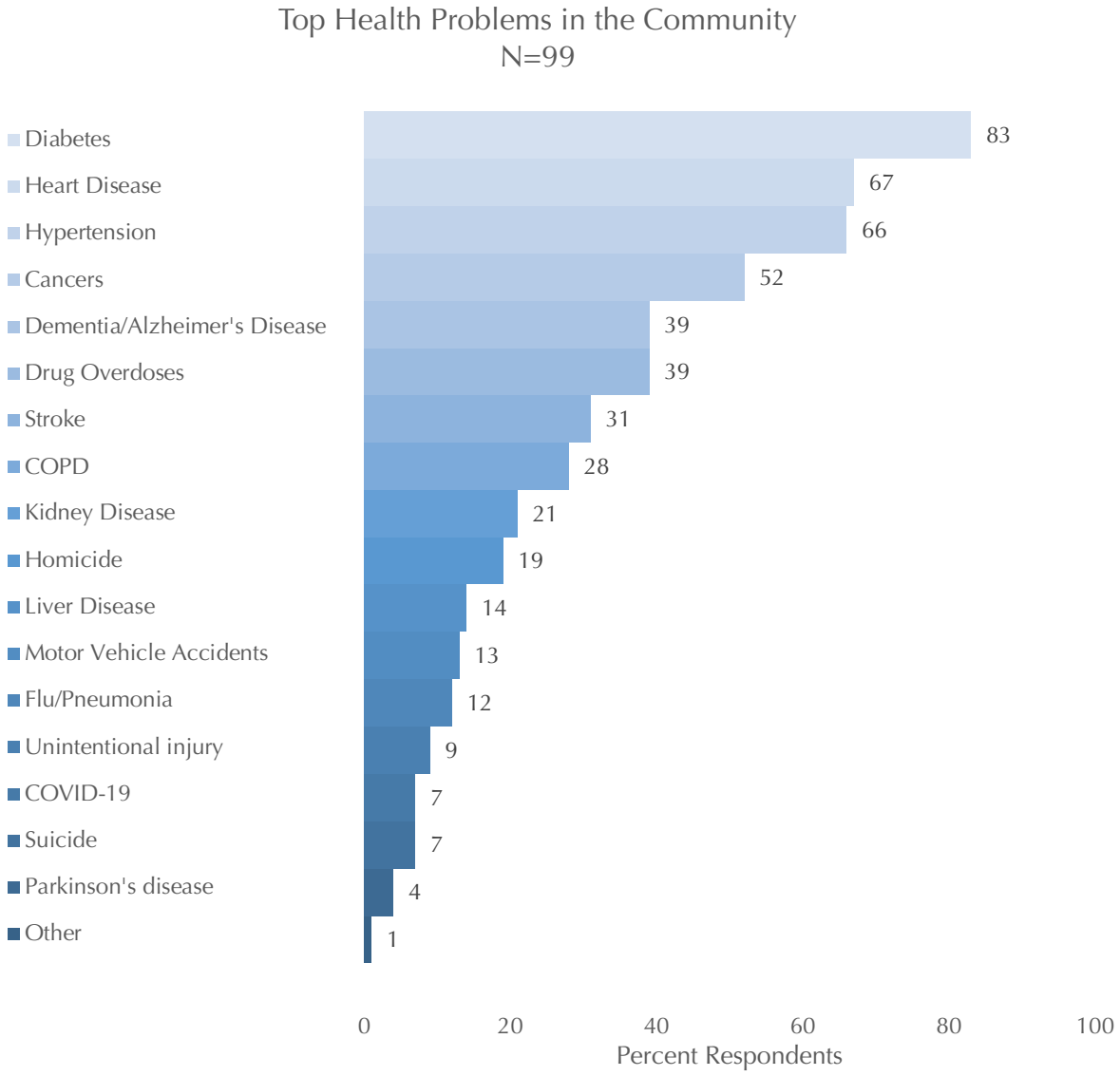


Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Community Perceptions Concerning Mortality & Morbidity

Diabetes (83%), heart disease (67%), and hypertension (66%) were identified by the survey respondents as the top three causes of mortality and morbidity in the community. These were followed by cancers (52%), dementia/Alzheimer's (39%), and drug overdoses (39%) (Figure 44).

Figure 44. Top Health Problems in the Community



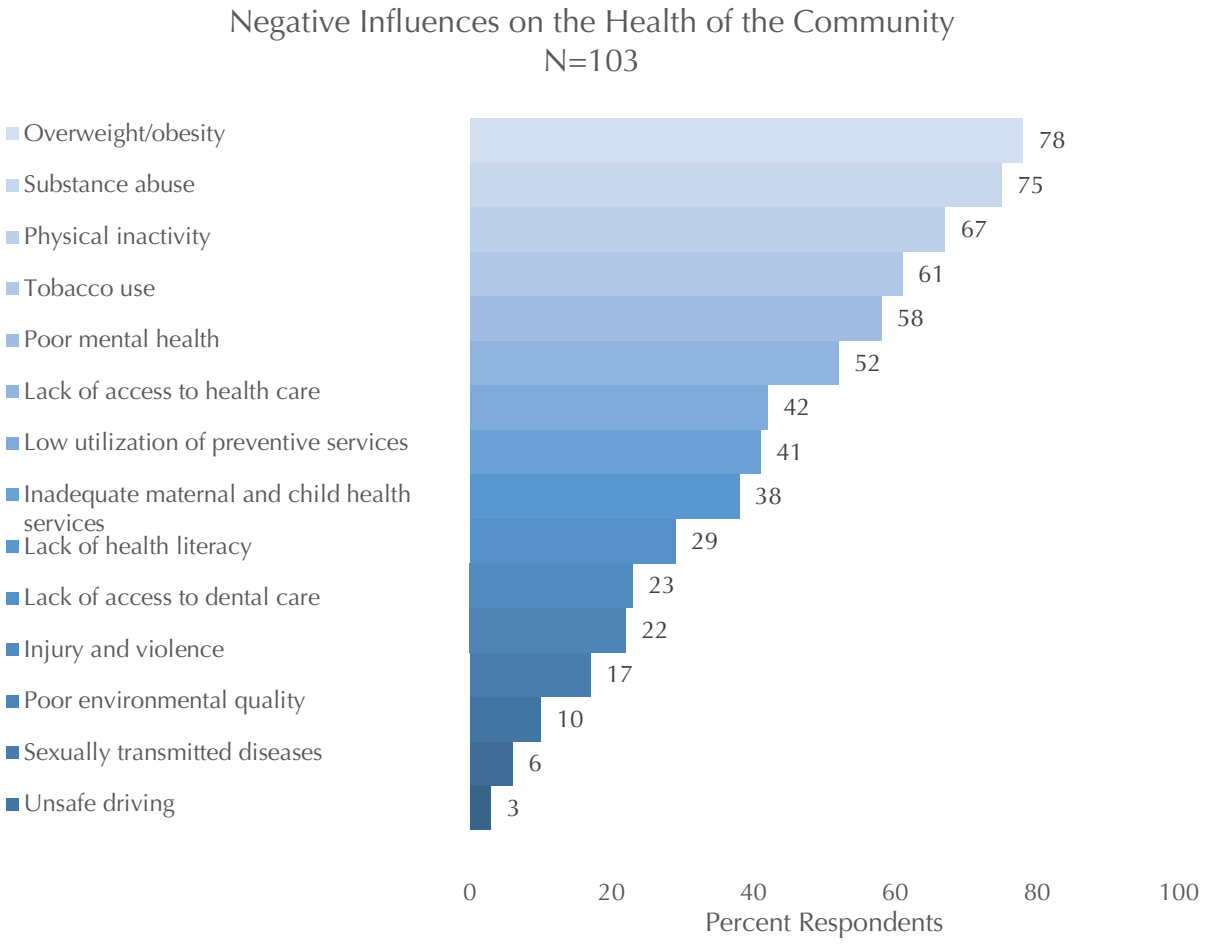
Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Negative Influencers of Health

Obesity/overweight (78%), substance abuse (75%), and physical inactivity (67%), were identified as the top three negative influencers of health in the community for adults. These were followed by tobacco use (61%), poor mental health (58%), and a lack of access to healthcare in the community (52%) (Figure 45). Among children, parental neglect (66%), nutrition (61%), and bullying (57%) were identified as the top three negative influencers of children's health. These were followed by mental health issues and internet use (Figure 46).

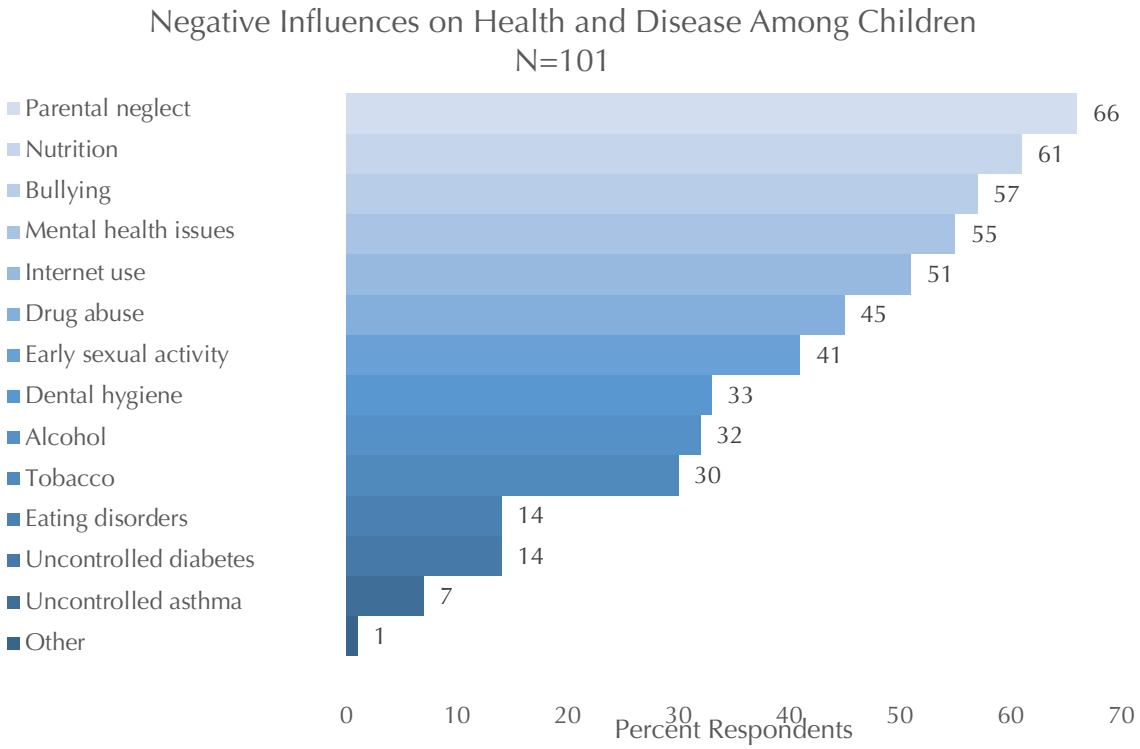
With respect to COVID-19, respondents reported that financial stress (66%), mental health issues (59%), and social isolation (52%) were the top three issues exacerbated by the pandemic in the community (Figure 47).

Figure 45. Negative Influencers on Community Health



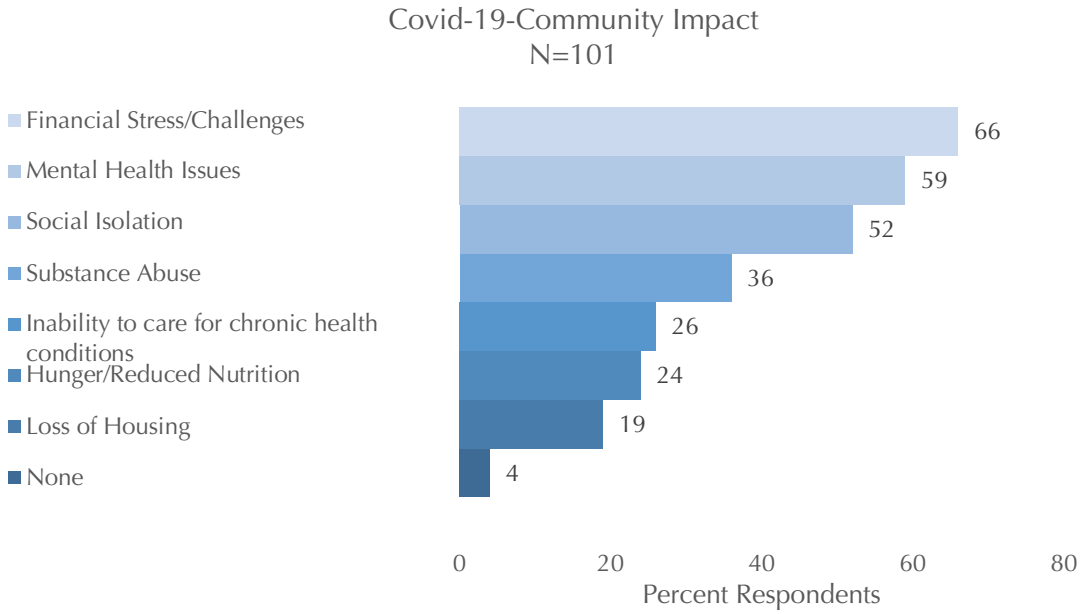
Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Figure 46. Negative Influencers on Children's Health



Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Figure 47. COVID-19 Community Impact



Note: Participants could choose multiple response options, so the percentages may not add up to 100.

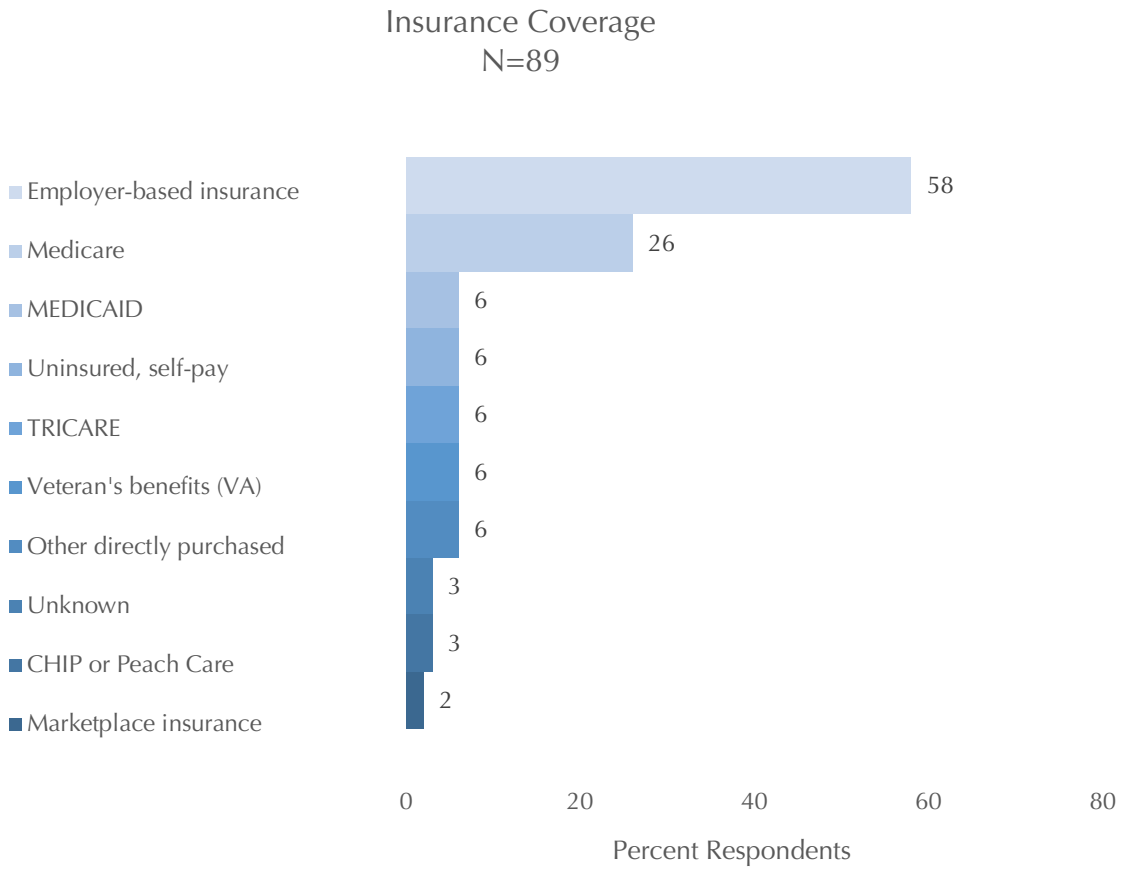
HEALTH CARE ACCESS

More than half of the respondents (58%) reported having employer-based insurance. About a quarter were covered by Medicare, and less than a tenth was covered through Medicaid, Tricare, directly purchased private health insurance, or the VA (6% each). About 6% reported being uninsured (Figure 48).

Less than half of respondents (43%) identified a provider in a local doctor's office setting as their usual source of care. Under a quarter identified a non-local hospital (19%) or urgent care as their usual source of care (16%) (Figure 49).

Respondents most commonly identified their health care provider (doctor/nurse) as their source of health information (82%), followed by friends and family (29%), the internet or social media (27%), and the pharmacist (24%) (Figure 50).

Figure 48. Insurance Coverage



Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Figure 49. Usual Source of Care

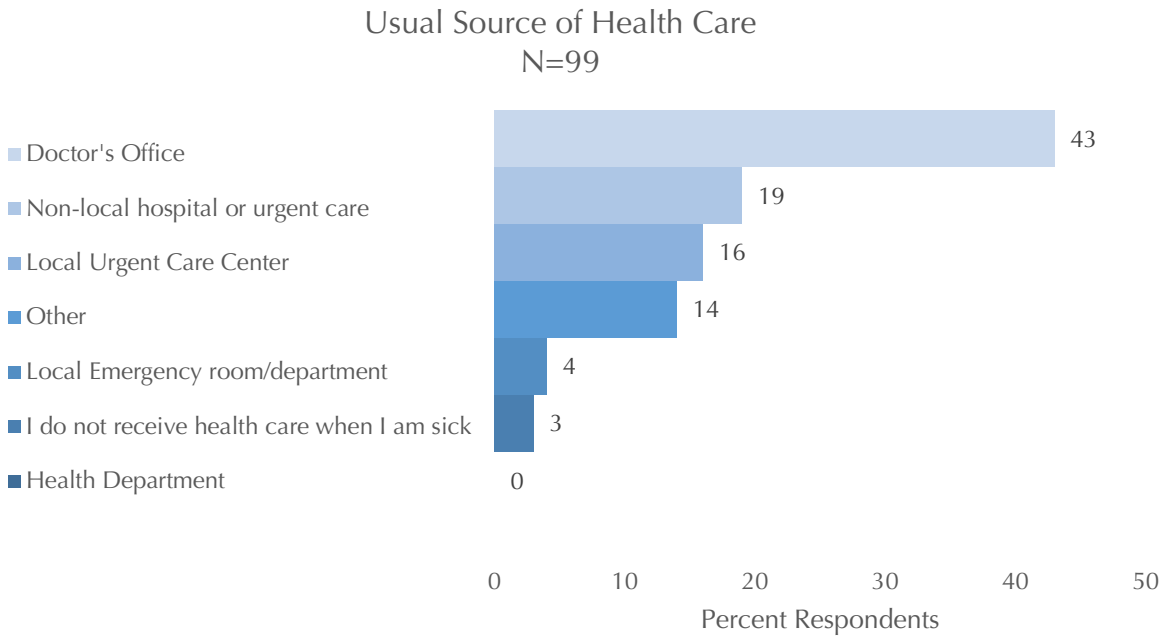
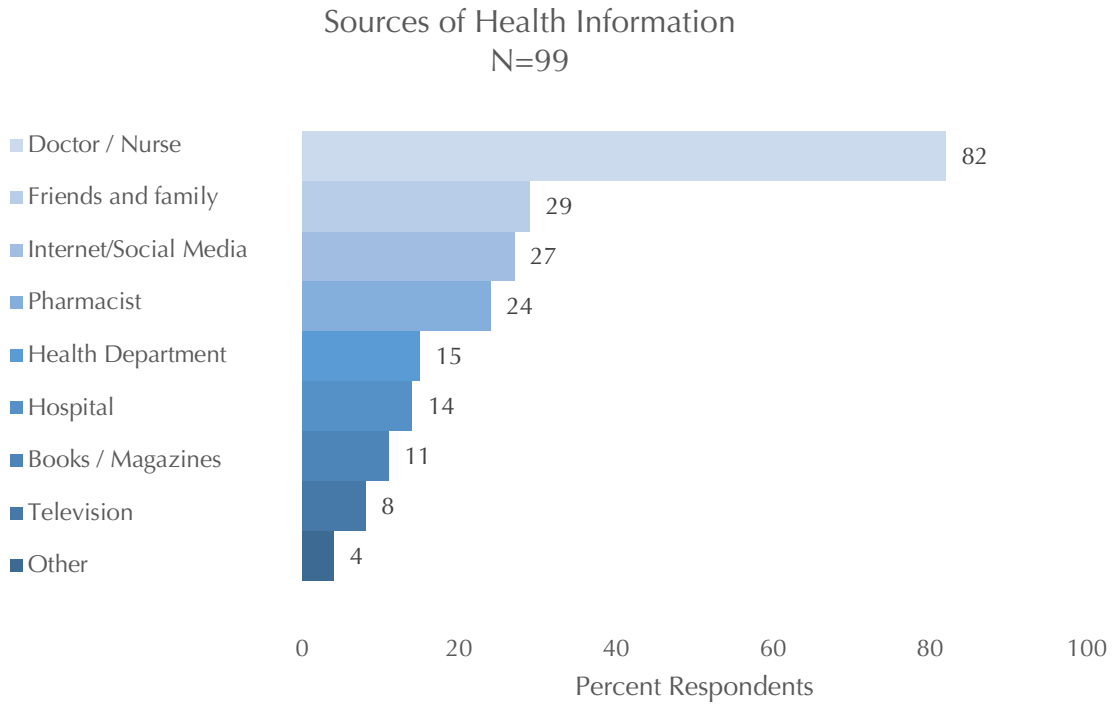


Figure 50. Sources of Health Information



Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Barriers to Healthcare Access

Eighteen percent of respondents reported experiencing barriers to healthcare access in the past 12 months (Figure 51). The barriers most frequently mentioned were limited insurance coverage (37%), high deductibles/copays (32%), long wait times (32%), and providers who wouldn't take insurance or Medicaid (32%) (Figure 52).

Figure 51. Barriers to Healthcare Access

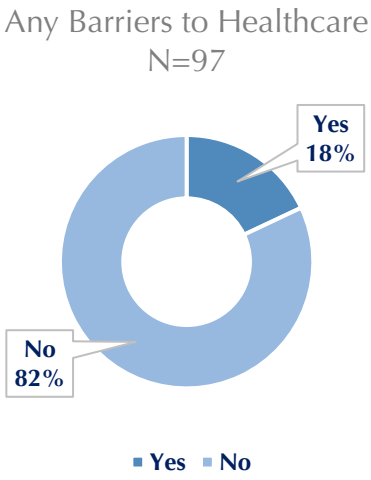
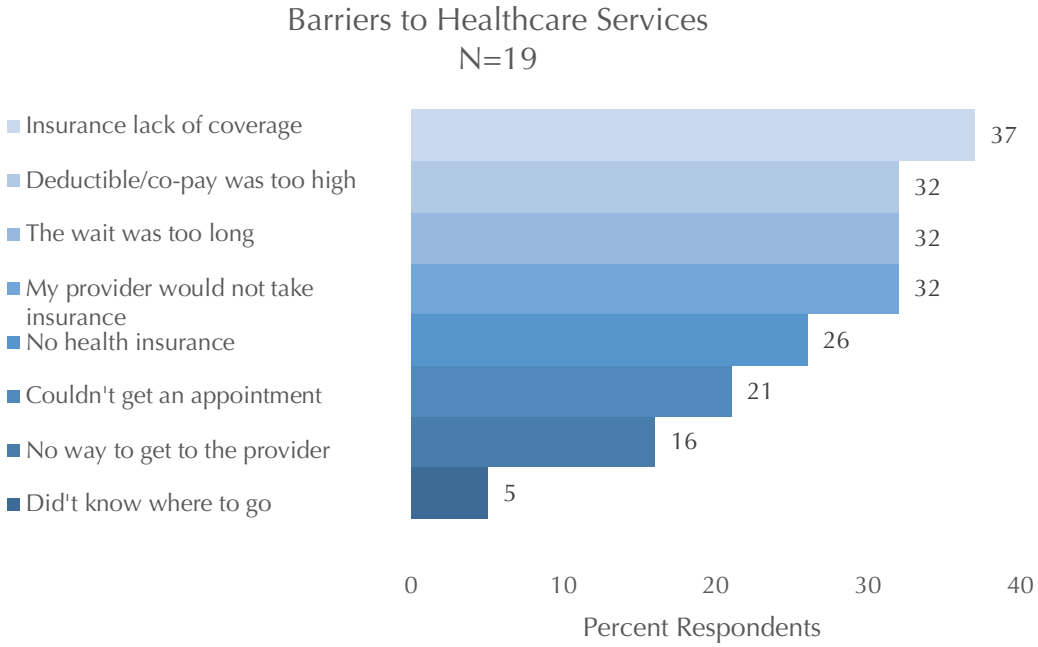


Figure 52. Commonly Cited Barriers to Healthcare Access



Note: Participants could choose multiple response options, so the percentages may not add up to 100.

Health Specialists

More than nine out of ten (95%) noted insufficient health specialists in Meriwether County (Figure 53). Cardiology was reported as the most needed health specialty (78%), followed by pediatrics (74%), endocrinology (52%), and neurology (48%) (Figure 54).

Figure 53. Adequacy of Health Specialists

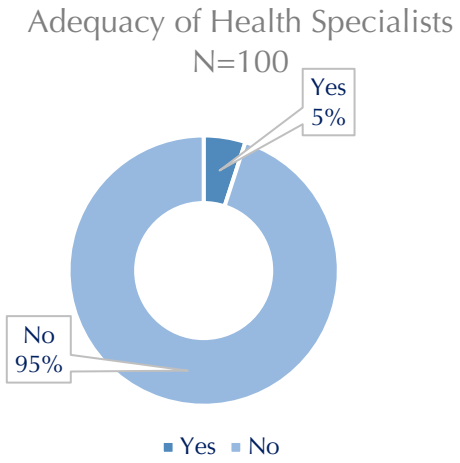
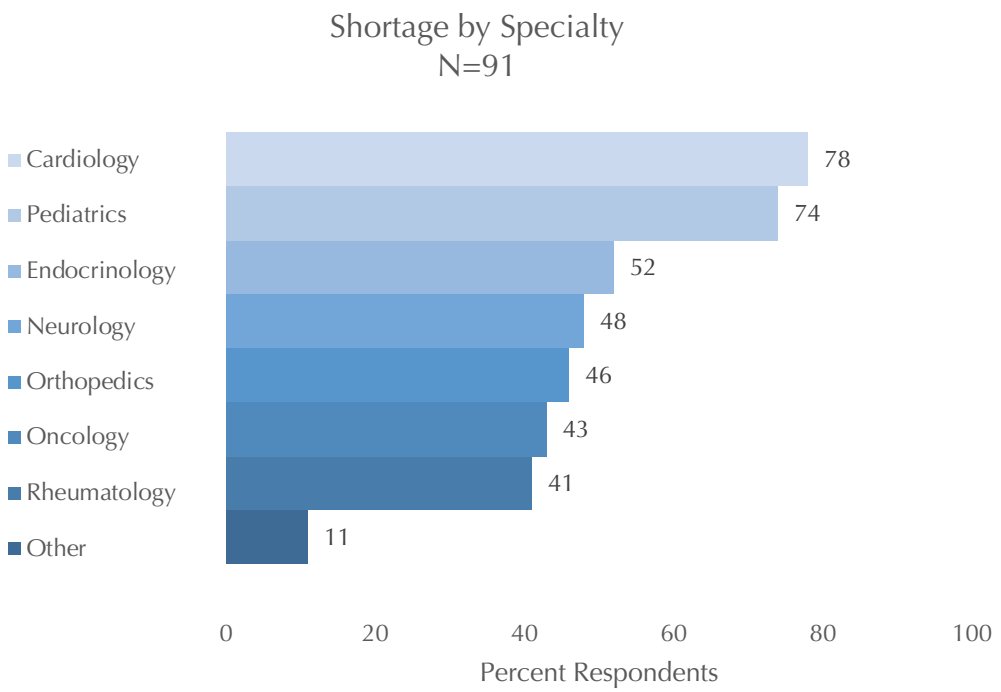


Figure 54. Most Needed Specialties



Note:

Participants could choose multiple response options, so the percentages may not add up to 100.

SUMMARY POINTS FROM THE COMMUNITY SURVEY

Respondents were mostly White, educated females residing in Meriwether County.

Health Status and Behavior

- The most common chronic conditions that the participants reported having include overweight/obesity, high blood pressure, and depression/anxiety.
- Reported adherence to nutrition and physical activity guidelines was limited among respondents.
- Reported adherence to cancer screening guidelines was generally high among participants, with colonoscopy and prostate cancer screening being relatively low.

Perceptions about the Community and Community Health

- Respondents had a favorable view of the community but felt that there were shortfalls in healthcare specialists, substance abuse treatment services, mental health, and women's health services.
- Respondents identified limited job opportunities, drug and alcohol abuse, and poverty as the most significant factors affecting the quality of life in the community.
- Diabetes, heart disease, and hypertension were identified as the top three causes of illness and death in the community, while overweight/obesity, substance abuse, and physical inactivity were identified as the top three negative influences on health.
- Parental neglect, nutrition, and bullying emerged as the top three negative health influences among children.
- Financial stress, mental health, and social isolation were identified as the top three community issues amplified by the COVID-19 pandemic.

Access to Healthcare Services

- About one in five respondents reported experiencing barriers to receiving health care in the past 12 months, with the most common barriers being the lack of insurance coverage and high deductibles/co-pays.
- Almost all respondents reported an insufficiency of health specialists in the county, with cardiology, pediatrics, and endocrinology identified as the most needed specialties.

COMMUNITY FOCUS GROUPS

Three virtual focus groups were held in September 2024, with an average of 5 participants per focus group. The hospital and the CHNA steering committee recruited thirteen focus group participants. They included key community stakeholders representing health care, the local public health department, faith-based organizations, the chamber of commerce, and local businesses. Each focus group discussion lasted for about an hour.

EMERGING THEMES

The following themes and associated exemplary quotes were identified from the focus group discussions:

COMMUNITY PERCEPTION

Feedback provided by the focus group participants reflected a great impression of the Meriwether County community. They described the community as having **significant growth potential.** They discussed the county's diversity in economic circumstances.

> "Small-town living. I came back after attending the University of Georgia years ago. I like the small-town living. I do miss some stuff. I think we've got [an] opportunity for growth."

> **"**I think there are definitely some things that could come into our communities that would help us a lot. I don't understand why they don't come, but I think we have a lot of potential here in our community and still let it maintain the small-town feeling. We've actually had a lot of people move into our communities from a lot bigger cities, Los Angeles, Newnan, and Columbus, and trying to get out of the big town city."

> "…but at the same time, you've still got a different dynamic group of people. Big money, socio-deprived area, so it's just a blend of everything if you ask me."

Community Strengths: Has opportunity for growth; close-knit and welcoming community; close to larger communities; family-oriented; local availability of needs; resource abundance.

In addition to its growth potential, the focus group participants cited numerous community strengths, describing their community as **welcoming** and **close-knit,** with **relatively easy access to resources.**

> **"**One of the things I like about it is [it is] very homey. I guess that's not even a real word, but everybody is very close-knit. I moved here. I'm a transplant to this area, so I'm not from here, but I feel like I have friends everywhere because everybody is very

inviting and warm. They make you feel like you are part of their family. It's just a welcoming area.**"**

"I also like the fact that we are a small community, but we aren't too far away from somewhere else if we need to go for some particular reason. For almost everything we want, we can probably get here. If we don't have it, we can get to somewhere in a short period of time. The relationships and the connectivity are important factors that I really enjoy about this community."

Challenges: **Bedroom community; Limited resources; Low workforce; Low-income level; Financial strain; Insufficient healthy food options**

Despite the numerous positive aspects of living in their community, participants in focus groups noted that the opportunities that come with the socio-economic improvements in the community might not be uniformly distributed within the community. They noted that the community generally has a **low socioeconomic status** and **limited local resources**.

Participants also observed that some patients experienced domestic or verbal abuse.

"Some of the patients come in, and we do our social determinants of health on each patient that comes in. We're seeing some that are related to income, not sure how they're going to meet their basic needs with where they are."

"The facts don't lie; it's a very poverty-stricken area. Like I said, primarily, I just go to the Manchester area for [my work], but we're in and out of quite a few houses, and it's apparent. A lot of folks are living at or even below the poverty level."

"There are some opportunities here in the county, but it is very limited."

Another concern was the **limited availability of healthy food options** in the community.

"There's not an overload of healthy food options if they don't make those healthy choices. They go to the fast-food route; there's that option, and it could impact health in a negative way."

"They have a lot of great restaurants here, but restaurants aren't necessarily the healthiest places to eat. Then, they're very limited in their selection of grocery stores as well."

"To me is the thought that Big Chic's closer than anything else. That is one thing to me. Like I said, just primarily thinking of Manchester in the Warm Springs area is the food choices. If you go out to lunch, it's just very limited. There's several-- or one gym here and there - the institute's got a gym, but the food choices are very just fast food, really."

"Everything's heavy and fried, and the grocery store here is not top quality by any means."

TOP COMMUNITY HEALTH CONCERNS

THEMES: Behavioral health, Unhealthy eating habits, Limited health education, Lack of culture change, Chronic health conditions

The top community health concern mentioned during the focus groups was **behavioral health**, including the **lack of health services** to address these issues. Participants also noted **health illiteracy** as a pressing problem.

"Plus, another thing that prevents people is education. Education about their health issues and what they need to know about their health, what tests they need, what immunizations they need, and stuff like that."

"Sometimes I feel like the lack of awareness of how much good preventative health care could do for folks is part of the issue. That's one of those ongoing challenges."

"Behavioral health is on everybody's radar. It's huge here. We don't have that many behavioral health patients that come in, but when they do, they stay here two to three to four days before we can find a facility that will accept or have a placement for them. We constantly hear, 'We have no available beds, we have no available beds.'"

HEALTH CARE ACCESS

THEMES: Accessibility of services with notable absence of specific services; Lack of elderly assistance programs; Transportation gaps; Limited insurance coverage

While participants noted that there had been an improvement in the accessibility of health services, there were persistent gaps in access to specialty services and elderly assistance programs. Participants noted that patients often came to the ER for prompt access to specialty care due to delays in obtaining appointments. This lack of access was noted to be exacerbated by a lack of access to adequate transportation.

"We just had a patient who needed to see her GI doctor, basically pancreatitis problem, and she ended up having to drive all the way to LaGrange to the ER to circumvent that situation. They're having to go into the ER, which drastically, in my opinion, it's just a misappropriation and allocation of resources that people are having to go to the emergency room to be able to see a specialist or get on board with a specialist faster than they can get into an appointment."

"Because we really don't have enough doctors in the area to service all the people. In the old days, the doctors, you could just go in and walk in and be seen. Now, you can't do that now. You might go several days without getting seen somewhere if you can't get anywhere else."

"Honestly, proximity to specialists and specialists that take certain insurances is something we struggle with daily, literally daily, here at the clinic."

"The biggest problem and barrier that we have is most definitely elderly assistance. We have had multiple people who would have benefited from Meals on Wheels. We try to send them to the correct governing buildings, and they have no idea on what Meals on Wheels are, how to do that community service, how to even approach that or do the correct paperwork."

"Coming into the ER, people have a difficult time getting back home. So, a lot of times, it's the transportation need, and maybe they don't have the means to get to healthier choices because of lack of transportation. That's always been a big problem here and something we've been trying to help to mitigate. Just we haven't gotten there quite yet."

Limited insurance coverage and high health care costs were identified as another important barrier to access to health services in the community.

"Just medication cost is a huge barrier to access, even with insurance. Doctors prescribe the drug that they believe is best, but patients just can't afford it. We go round and round on that. Then, they may not take it. They may not tell you they can't afford it, and they just don't come for three or four months and just end up back again in the hospital or at the specialist or-- it's just a very vicious cycle."

"Then there are a lot of folks who don't have health insurance, but I believe that they are entitled to that."

HOSPITAL'S ROLE IN ADVANCING COMMUNITY HEALTH AND WELLNESS

THEMES: Asset, Active community involvement

The hospital was described as **valued** by the community members and was lauded for its **visibility and active involvement in the community.**

"I'm just glad that we have a community that has a local hospital in our county."

"They're all very involved in the community in different aspects."

> "I know they're very active in the prevention of child sexual abuse, and they get a lot of good publicity from that. They offer the lunches for the EMS public safety providers as part of a 911 memorial event."

Focus group participants acknowledged the hospital's efforts to educate the community on health issues. Participants encouraged the hospital to collaborate with others to offer continuous public health education to bridge health literacy gaps.

> "I think we need more education, and I don't know the answer to that. I don't know how we disseminate it if it just has to be a collaboration between all of us. People understand that they need to eat healthy, but they don't know what that looks like. I think just the education is very lacking. Even with our limited choices, there is a way to choose better options. They just don't understand that… or they don't know how to change their lifestyle."

SUMMARY POINTS FROM COMMUNITY FOCUS GROUPS

Thirteen community stakeholders participated in the community focus groups. Participants discussed barriers and facilitators to health and well-being within the Meriwether County community.

Perceptions about the Community and Community Health

- Meriweather County is a growing, welcoming, close-knit, family-oriented community with diverse economic circumstances and limited local resources.
- The county faces challenges such as income disparity, high demand for and limited access to behavioral health services, transportation gaps—particularly for vulnerable populations—and a general lack of community awareness regarding health and wellness and available health-promoting resources.

Barriers and Facilitators of Community Health and Well-being

- The hospital is highly engaged within the community and is considered an asset for improving health and well-being.
- Participants noted that the scope and quality of medical services, including those provided by the hospital, had improved, resulting in improved access to care. However, some persisting constraints to healthcare access limit health and well-being, including limited access to behavioral health services and select specialists, unaffordable health coverage, and difficulties in obtaining medical appointments.
- Enhanced collaboration between the hospital and community organizations in health education and outreach efforts was discussed as a strategy to improve overall community health and wellness.

SUMMARY OF CHNA FINDINGS & NEXT STEPS

The results from the secondary data analyses identified:

- A declining and aging county population with socioeconomic challenges.
- Higher rates of unhealthy behaviors (including obesity, physical inactivity, alcohol-related motor vehicle deaths, and teen pregnancy) compared to the state.
- Limited supply of primary care, dental, and mental health providers.
- Poorer health outcomes, compared to the rest of the state.

Input from the community, through the survey and focus groups, was generally consistent with findings from the secondary data analysis. Community members and key stakeholders described Meriwether County as a tight-knit, welcoming community with socioeconomic challenges, including limited local resources. Other themes from these data sources included the following:

- Limited job opportunities, substance use, and poverty are noted as significant detractors of good health and quality of life.
- There is a low level of adherence to nutrition and physical activity guidelines.
- Chronic conditions such as diabetes, heart disease, high blood pressure, depression and anxiety, and obesity are noted as community health concerns.
- Access to specialty providers, mental health, and transportation services is limited.
- The high cost of or the lack of healthcare coverage is one of the most significant healthcare access barriers.
- There is a general lack of community awareness concerning health and wellness.

Based on these results, the CPHPR team will facilitate an implementation planning process whereby the hospital prioritizes the community health that needs to be addressed within the next three years. Goals, objectives, and actions will be developed and documented to address the priority areas.

WARM SPRINGS medical center
Large enough to serve...Small enough to care

2022 - 2024 Community Health Needs Assessment
IMPLEMENTATION PLAN SUMMARY

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of the community served by Warm Springs Medical Center (WSMC) in Warm Springs Georgia. (Meriwether County, GA)

This document is the WSMC Implementation Plan outlining how the hospital addressed significant health needs in the community.

The CHNA is contained in a separate document.

To successfully make our community healthier, it is necessary to have a collaborative venture which brings together all of the care providers, citizens, government, schools, churches, not-for-profit organizations and business and industry around an effective plan of action. The community health needs assessment was completed previously and posted on WSMC's website.

Based on the results of the CHNA, WSMC has selected the following three identified significant health needs to address:

1. Community Education and Awareness of Health Services

2. Health Services Access

3. Mental Health and Substance Abuse

Need	Initiative	Action	Date(s)	Responsible person
Community Education And Awareness of Health Services	**Information Sharing Initiatives**	TV's converted into Message Boards were installed in the main Lobby of the hospital as well as the ER Waiting Room. These message Boards, as well as Facebook, have Been updated with health reminders That coincide with the healthcare Calendar. Ex: February = Cardiac Month	December 2022	Milo Varnadoe
		Flyers for the newly established Cardio-Metabolic Center of Excellence have been added to WSMC's Facebook page, message Boards, and provided to the local Paper and Chamber of Commerce newsletter	December 2022	Karen Daniel, CEO Milo Varnadoe
		A video focused on WSMC's Laboratory services was produced and Posted to WSMC's Facebook page	September 2023	Milo Varnadoe / Rocky Maher

Need	Initiative	Action	Date(s)	Responsible person
Community Education And Awareness of Health Services	**Information Sharing Initiatives (con't)**	Flyers created for WSMC Rural Health Clinic were disseminated to Flint River Academy students in order to promote awareness of healthcare access to an underserved population.	October 2023	WSMC RHC Staff
		Dr. Childress, along with CNO Mary Ann Collins presented to Rotary which highlighted our offerings of higher acuity services in the hospital.	November 2023	RPG Mary Ann Collins, CNO
		Sally Cartwright, Radiology Manager, presented to a retiree community highlighting all radiology services at WSMC. The meeting was well received with lots of Q&A.	November 2023	Sally Cartwright, Radiology Manager
		WSMC Radiology Department hosted students from Flint River Academy with guidance on career paths.	November 2023	Sally Cartwright, Radiology Manager
		Healthy eating recipes and tips are being posted to the WSMC FB page	December 2023	Milo Varnadoe
		Continue the promotion of the cardio-metabolic center on WSMC leased campus clinic space to our residents of Meriwether County, targeting nutrition, weight loss, and cardiac health	December 2023	CHEN Committee
		A video focused on WSMC's Radiology services was produced and Posted to WSMC's Facebook page	January 2024	Milo Varnadoe / Sally Cartwright
		A video focused on WSMC's Respiratory services was produced And Posted to WSMC's Facebook page	April 2024	Milo Varnadoe / Chris Biggs
		A video focused on WSMC's Hospitalist services was produced and Posted to WSMC's Facebook page	June 2024	Milo Varnadoe / Mary Ann Collins / RPG Physicians
		A Chamber of Commerce After-Hours Event was hosted by WSMC, highlighting our hospitalist Services and introducing them to the Community.	June 2024	Karen Daniel, CEO RPG Physicians
Health Services Access	**Telehealth**	Medical Staff By-laws were revised and Approved by the Medical Staff to Include telehealth access to our physicians	January 2023	Karen Daniel, CEO
		Pathways was discovered to have a 24/7 In/Out clinic in Newnan, GA, and are Also willing to assist with telehealth Assessment of WSMC's 10.13's in ED.	February 2023	Karen Daniel, CEO
		Wound Care access to internal hospitalized patients by providing telehealth from Infectious Disease physician	December 2023	Dr. Ravi Kamepalli

Need	Initiative	Action	Date(s)	Responsible person
Health Services Access	**Improve Accessibility Of health Services To residents**	Director of Pharmacy spoke to local Lion's Club on upgraded technical capabilities of WSMC's pharmacy	August 2022	Renee Smith, PharmD, Dir Of Pharmacy
		WSMC participated in a health fair, conducted at the Manchester Community Center. Offerings included phlebotomy to obtain Lipid panels, PSA's, CBC's and TSH levels. Education provided to the public regarding Services of WSMC	May 2023	WSMC Staff
		WSMC hosted and conducted a community CPR class. This class has proven to be very popular, and there is now a waiting list of participants for the next one.	July 2023	Chris Biggs
		Flyers of lab services were revamped With a focus on convenience and sent Out to community partners	August 2023	Rocky Maher
		WSMC partnered with Rural Physician's Group to provide 24/7 hospitalist coverage For observation, inpatient, and swing bed patients	September 2023	Karen Daniel, CEO
		New local Nurse Practitioner, Shane Clay, now seeing cardiology patients every other Tuesday on WSMC leased campus space to encourage a reduction in outmigration for our community residents.		Dr. A. Rajeev, Cardiologist
		Continue offering after-hours options at Rural health clinic and measure by reporting # of visits after 5 pm. 2022 visits after 5 pm = 65 2023 visits after 5 pm = 74		WSMC RHC
Mental Health and Substance Abuse	**Improve Mental Well-being Of the residents Of Meriwether County**	WSMC hosted a Youth Mental Health First Aid course, open to the community.	March 2024	Karen Daniel, CEO Milo Varnadoe

HEALTH RESOURCE LISTING

MERIWETHER COUNTY

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

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
CLOTHING		
Bargain House	S. Courthouse Square Greenville, GA 30222	706-672-4207 *Run by United Methodist Women – will give free items to people with certain hardships
Salvation Army Store	156 Broad St. Manchester, GA 31816	706-846-2697
CRISIS INTERVENTION		
AARP		800-687-2277
Adult Protective Services Intake (APS)		888-774-0152
Bell South Lifeline		888-726-3223
Cancer State Aide		800-227-2345
Carroll County Emergency Shelter *victims of domestic violence (accepts Meriwether County residents)	POB 2192 Carrollton, GA 30112	706-834-1141 ccdvcenter@carrollcountyemergencyshelter.com
Central LogistiCare		888-224-7981
Children's Advocacy Center of Troup County	99 Johnson Street LaGrange, GA 30240	706-298-2148 ext 102 *Provides services for sexually abused children
Domestic Violence Helpline		800-334-2836
Domestic Violence – Harmony House *24 hr hotline		706-885-1525 www.harmonyhousega.org
GA Partnership for Caring		800-982-4723
GA Cares – Prescriptions & Healthcare		800-669-8387
Georgia Council for Hearing Impaired		800-541-0710
Georgia Homeless		877-243-1576
Help-Line Georgia		800-338-6745
Hope Harbor Ministries for Women	2929 Durand Hwy Warm Springs, GA 31830	706-333-0000 hopeharbor@gmail.com www.hopeharborga.org

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
Mental Health Crisis Line		888-247-9048
Mid-Ga Community Action		800-422-9063
Suicide Hope Line		800-784-2433
West GA Rape Crisis Center		706-834-7273
FOOD		
Emergency Food Assistance Program Community Action for Improvement		706-884-2651 www.cafi-ga.org/food.htm
Families Feeding Families of Middle GA	Thomaston, GA	www.gafamiliesfeedingfamilies.org
Food Distribution – HFL Resource Center/Manchester Senior Center	121 Perry Street Manchester, GA 31816	706-846-8086 *Third Tue of each month/Must stop by PRIOR to getting food box to complete intake paperwork
HEALTHCARE PROVIDERS		
Dr. Victor Lambert	Smith-Lambert Clinic Warm Springs Hwy Manchester, GA 31816	Family Practice 706-846-3151
Dr. Anthony Olofintuyi	Southwest Medical Clinic Internal Medicine 5995 Spring Street, Building B Warm Springs, 31830	706-672-4818 706-655-4136
Dr. Will Cunningham	Your Town Health Center 3939 Whitehouse Parkway Warm Springs, GA 31830	404-929-8824 *Federally Qualified Health Center that takes clients with little or no income; and little or no insurance. Fees based on income/sliding scale
Dr. Bhavin Mehta	Professional Building WSMC Campus	*Podiatry Services
Columbus Renal Associates	Professional Building WSMC Campus	*Nephrology Services

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
Avilys	WSMC	*Sleep Studies @ WSMC - outpatient
US Renal	WSMC	*Acute hemodialysis @ WSMC – inpatient & post-acute
MyEyeDoctor Eyecare	1180 Warm Springs Hwy Manchester, GA 31816	706-846-2131
Dr. Abel Aguilar – Dentist	408 Perry St Manchester, GA 31816	706-846-2273 http://manchesterdental.net
Houston Dental Dr. Andrew Houston	614 W. Main St Manchester, GA 31816	706-441-0405
Dr. Carolyne V. Mason – Dentist	Gay Connector Road Greenville, GA 30222	706-672-0819
Sabrina Lancaster, NP-C Manchester Family Medicine	410 5th Ave, Suite A Manchester, GA 31816	706-846-2102
HEALTH & HUMAN SERVICES		
Aids Testing @ Pathways	Greenville, GA 30222	706-672-4131
Deaf services	25 Palm Lane Durand, GA	706-663-9005 *Interpreter will use sign language to deliver the sermon
Ex-offender Programs *For ex-offenders or felons trying to re-enter society		www.xamire.com
Eye Glasses	Manchester Lions Club Greenville Lions Club	Provides free eye glass to economically disadvantaged people. Contact Hannah Flynn @ Hannah.flynn@att.net or call Tina Evans at DFCS in Greenville
Peachcare for Kids – Low Cost health insurance for kids		877-GAPEACH www.peachcare.org
Parenting Classes	County Line Church 2552 County Line Road Durand, GA	706-663-8240
Smoking Cessation		877-270-STOP 877-266-3863 (Spanish)

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
GA Tobacco Quit Line		www.livehealthygeorgia.org
Your Town Health Dental Center	51 Gay Connector Greenville, GA 30222	706-672-0819 *Federally Qualified Health Center that takes clients with little or no income; and little or no insurance. Fees based on income/sliding scale
Your Town Health Center	3939 Whitehouse Parkway Warm Springs, GA 31830	404-929-8824 *Federally Qualified Health Center that takes clients with little or no income; and little or no insurance. Fees based on income/sliding scale
Meriwether County Health Department *Greenville Clinic & Environmental Health	51 Gay Connector Greenville, GA 30222	Ph: 706.672.4974 Fax: 706.672.1065 Hours: Tues., Wed., Thurs. 8am-5pm
TRANSPORTATION		
Meriwether County Transit *Local public bus service		770-251-0014 *Mon-Fri 8a – 5p (excluding holidays) *Must call within 24 hours of needing a ride *$3.00 per ride
UTILITY ASSISTANCE		
Meriwether County DFCS *Energy Assistance Programs	17234 Roosevelt Hwy Building A Greenville, GA 30222	706-672-3823 *Salvation Army assists with a one-time payment