



June 30, 2022

To Whom It May Concern:

The Morgan County, GA Hospital Authority approved the 2022 Community Health Needs Assessment at our meeting on June 30, 2022. The Community Health Needs Assessment (CHNA) report is widely available to the public and interested parties. It can be viewed and download on the Morgan Medical Center website at www.morganmedical.org. Hard copies are also available upon request by contacting Megan Morris, Director of Development and Community Relations, at meganm@mmh.org or 706-752-2237.

Sincerely,

A handwritten signature in blue ink, appearing to read 'John Moore', is written over the word 'Sincerely,'.

John Moore, Chair
Morgan County Hospital Authority

ADVANCED
CARE,
RIGHT
HERE.



2022 COMMUNITY HEALTH NEEDS ASSESSMENT



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EXECUTIVE SUMMARY

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

The Georgia Southern University team applied a mixed method approach in this assessment. The team gained input from the hospital stakeholders and the general community through focus group discussions with community stakeholders and surveys. Data from secondary sources were also used in assessing the needs of the community. These results will allow the CHNA Steering Committee to determine the priority areas for the next three years. Goals, objectives, and actions were chosen to address the priority areas that would be meaningful and achievable. Ms. Amber Vandiver, RN, Nurse Manager, of the Morgan County Public Health Department participated in the process as required by the Treasury Department regulations.

The results from the secondary data analyses suggest that the county's population is both increasing and aging. From 2015 to 2020, overall population increased in Morgan County by 8.8%, nearly twice the growth rate for Georgia. Over this period, Morgan County also experienced an increase in the population aged 65 and over. The White Non-Hispanic population grew, while the Black Non-Hispanic population shrank. The population is expected to increase from 2020 to 2025, but at a slower rate (2.4%). Growth is projected for all racial groups and for the population over 65. It is important to note that demographics including income, education, and age, vary by census tract. Furthermore, specific communities experience greater challenges due to factors including lagging economy, limited employment, and lack of transportation. Secondary data agreed with survey and focus group findings in several areas of community health challenges including, but not limited to: mental health, inactivity, substance abuse, healthcare access and transportation, cancer, and nutrition and medication affordability.

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

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
Mental Health & COVID-19-related impacts	<ul style="list-style-type: none"> -Mental Health Provider Ratio Lower than State - Higher Proportion of adults reporting 14 or more Days of Poor Mental Health per month 	<ul style="list-style-type: none"> -Depression and anxiety were the 4th most common chronic condition -Lack of adequate mental health services noted -Social Isolation & Mental Health seen as biggest COVID-19 resulting issues -Mental health was a top 5 concern for children 	<ul style="list-style-type: none"> -Concerns about the Mental health needs for adults and young populations -Significant challenges with access to mental health services -Expanded mental health services was a top wish list item
Lack of Adequate Physical Activity	<ul style="list-style-type: none"> -Many do not have access to exercise opportunities -High rates of obesity and diabetes (even though diabetes is lower than the state level) 	<ul style="list-style-type: none"> -Overweight/obesity was 2nd most common chronic condition among participants -Two out of five residents stated that they meet the daily recommended physical guidelines - Obesity and inactivity - top 1 negative influencers of health as identified by 80% of respondents 	<ul style="list-style-type: none"> -Lack of opportunities for physical activity was discussed as a main factor impacting health -Partnership with the recreation department was mentioned as a strategy to improve physical activity levels among residents.
Substance Abuse		<ul style="list-style-type: none"> - Most significant factor affecting quality of life -Only 6% thought Drug and Alcohol addiction services adequate -Alcohol and prescription drugs were identified as main substance abuse problems -Listed as the 3rd main negative influencer on health and disease 	

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
Access & Transportation	<ul style="list-style-type: none"> -Per capita supply of primary care, mental, and dental health providers is lower than state 	<ul style="list-style-type: none"> -Lack of specialists listed as a key shortage area -Inadequate health insurance was a top 5 factor affecting quality of life 	<ul style="list-style-type: none"> -Affordability and access issues mentioned -Lack of transportation to healthcare appointments and facilities as a significant issue -Outreach to rural areas lacking transportation was a wish list item
Cancer	<ul style="list-style-type: none"> -Higher incidence and death rates compared to GA -Malignant neoplasms of the trachea, bronchus and lungs is 2nd leading cause of death -Higher rates of smoking compared to the state 	<ul style="list-style-type: none"> -Listed as the main cause of death and illness in the community 	
Nutrition and Medication Affordability	<ul style="list-style-type: none"> -High diabetes 	<ul style="list-style-type: none"> -Nutrition identified as top health issue for children -3/5 don't eat enough fruits and vegetables -Overweight/obesity – listed as the most significant influencer on health and disease 	<ul style="list-style-type: none"> -Access to healthy food option was mentioned as one of the main challenges that the residents face. -Medication affordability assistance was a key wish list item

It was noted that there were no written comments received regarding the prior Community Health Needs Assessment.

PURPOSE

The Center for Public Health Practice and Research (CPHPR) at the Jiann-Ping Hsu College of Public Health, Georgia Southern University worked in partnership with Morgan Medical Center to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of Morgan County. For purposes of the CHNA, the community that Morgan Medical Center serves was defined as Morgan County, which is the service area from where a majority of its patients originate. This report summarizes the findings of the CHNA. The report informs the hospital's strategic service planning and community benefit activities, as well as fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a community health needs assessment every 3 years.

METHODOLOGY

The CPHPR project team worked with the hospital CHNA steering committee throughout the project. The steering committee facilitated completion of a community survey, recruited key stakeholders for focus group discussions, and provided information about the hospital's activities to address community health needs since the last CHNA was completed in 2018.

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

Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's profile, health care access, and utilization. These data were obtained from multiple publicly available sources including the US Census Bureau, the Area Resource File, Centers for Disease Control (CDC) disease and

mortality data, Georgia population projections, County Health Rankings, and the Georgia Department of Health's Online Analytical Statistical Information System (OASIS). The most recently available data were obtained from all data sources at the time of analysis.

Findings from all the above-described primary and secondary data collection efforts will inform the identification and prioritization of community health needs, as well as provide suggested strategies to address these needs.

Data Analysis

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviation. Analyses were completed, and charts and graphs were created, using Microsoft Excel Version 16 Software. Qualitative data from the focus groups were analyzed using the NVIVO12 qualitative analysis software.

Strategic Priorities

The CPHPR project team facilitated an interactive implementation planning meeting with hospital steering committee members. Discussion from this meeting allowed the steering committee to determine priorities for the next three years.

Implementation Planning

Now that strategic priorities have been determined, goals, objectives, and action steps to address them will be developed. Objectives will be designed to be specific, meaningful and actionable, realistic, and timely. Action steps for each objective will be delineated, together with the specification of the timeline for completion and personnel responsible. Finally, for monitoring purposes, measures and targets will be defined.






SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

In 2021, there were approximately 20,635 residents in Morgan County. Compared Georgia, the population of Morgan County is older and less racially and culturally diverse than the state.

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

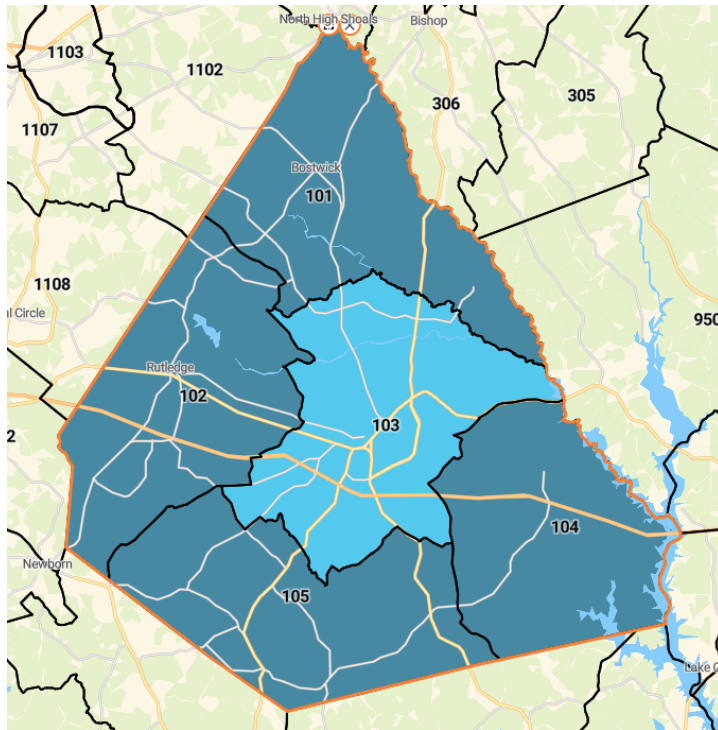
Comparable to the state, about 9% of the population live with one or more disabilities, and veterans make up close to 6 % of the population.

	Morgan	Georgia
	20,635	10,799,566
Sex		
Female	52%	51%
Male	48%	49%
		
Age Distribution		
Population Under 5 years	6%	6%
Population Under 18 years	22.5%	24%
Population 65 years and older	21%*	14%
		
Racial and Cultural Diversity		
Race		
White	75%*	60%
Black/AA	22%*	33%
Other Races/Multiracial	3%	7%
Ethnicity		
Hispanic	3%	10%
Nativity		
Foreign Born	2%	10%
Non-English Language Spoken at Home	2.5%	14%
		
Veterans		
Veteran Population	5.6%	5.7%
		
Disability		
Population under 65 years disabled	9%	9%

*Significantly higher than state average

Data Source: US Census Bureau

Figure 1. Population Diversity by Census Tract (2013-2017)



Predominant Race (% White), 2013-2017. Data Source: Policy Map. (The darker the color the higher the proportion.)

Compared to Georgia, Morgan County is generally less diverse. The county is relatively homogeneous in terms of the geographic distribution of racial groups, with the central part of the county being slightly more diverse (50%-70% white vs 70%-90%).

Figure 2. Proportion of Residents 65 years and older by Census Tract (2015-2019)

Estimated percent of all people 65 or older, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

Residents of the southeastern parts of the county are relatively older compared to the rest of the county (22% vs 18%-20%).

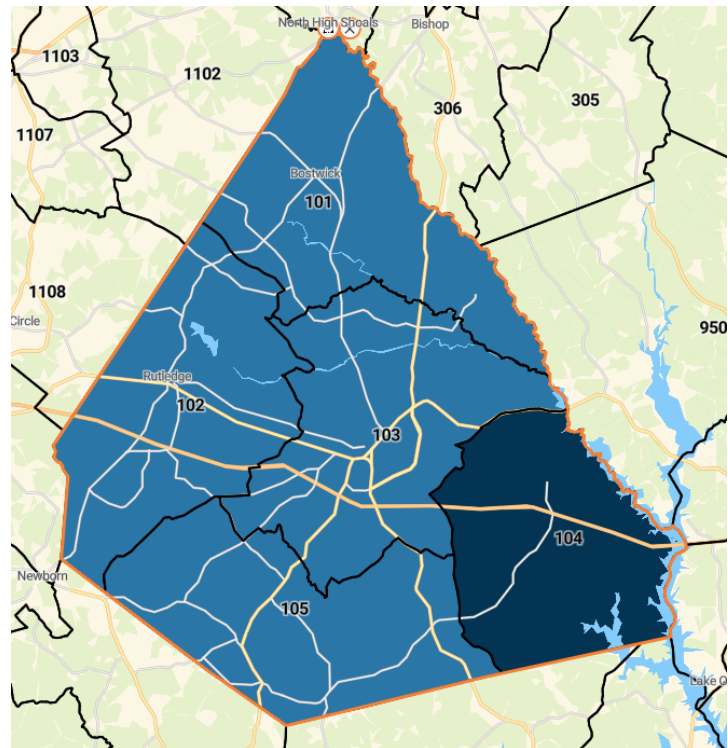
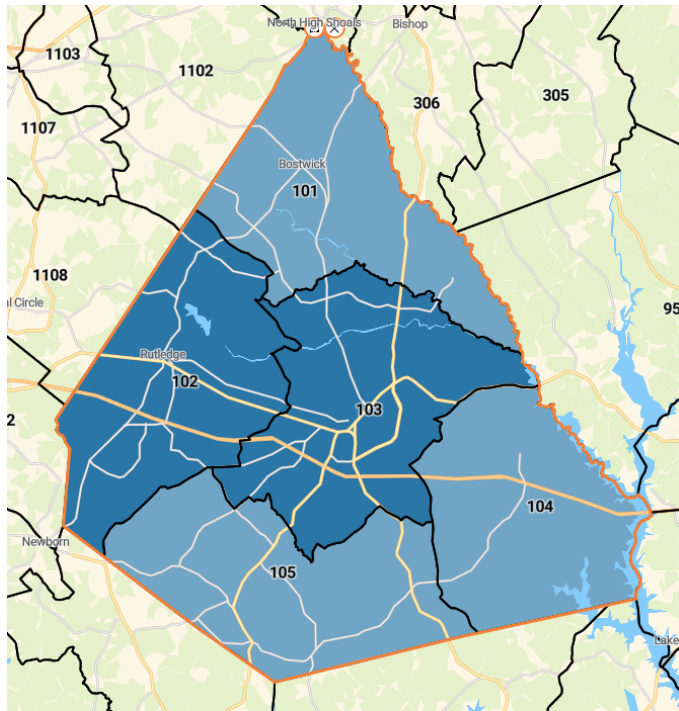


Figure 3. Proportion of Residents with Disability by Census Tract (2015-2019)



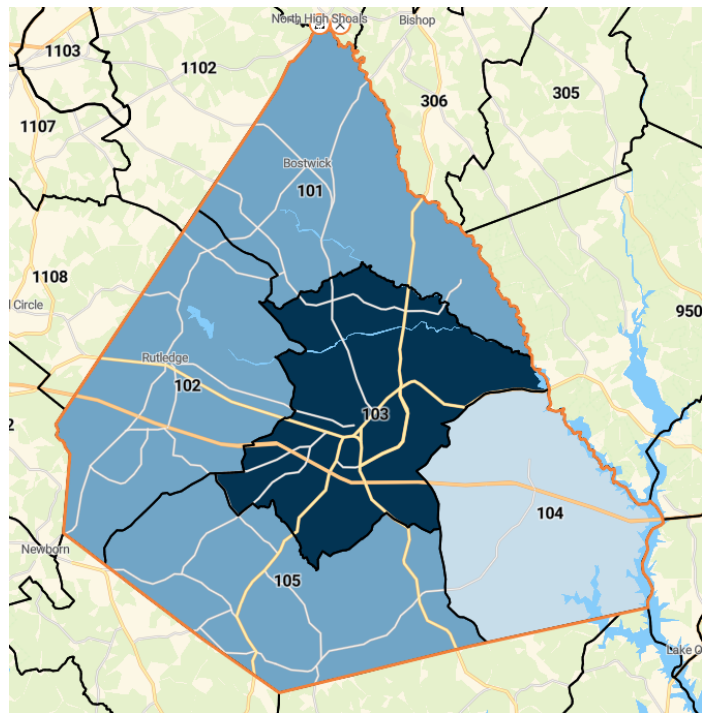
Proportion of Individuals Living with One or More Disabilities, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

A higher proportion of residents residing in the central part of the county live with one or more disability, (17%-18% vs 11%-14%).

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

Proportion of Veterans, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)

A slightly higher proportion of veterans (11%) live in the central part of the county compared to other parts (<8%).



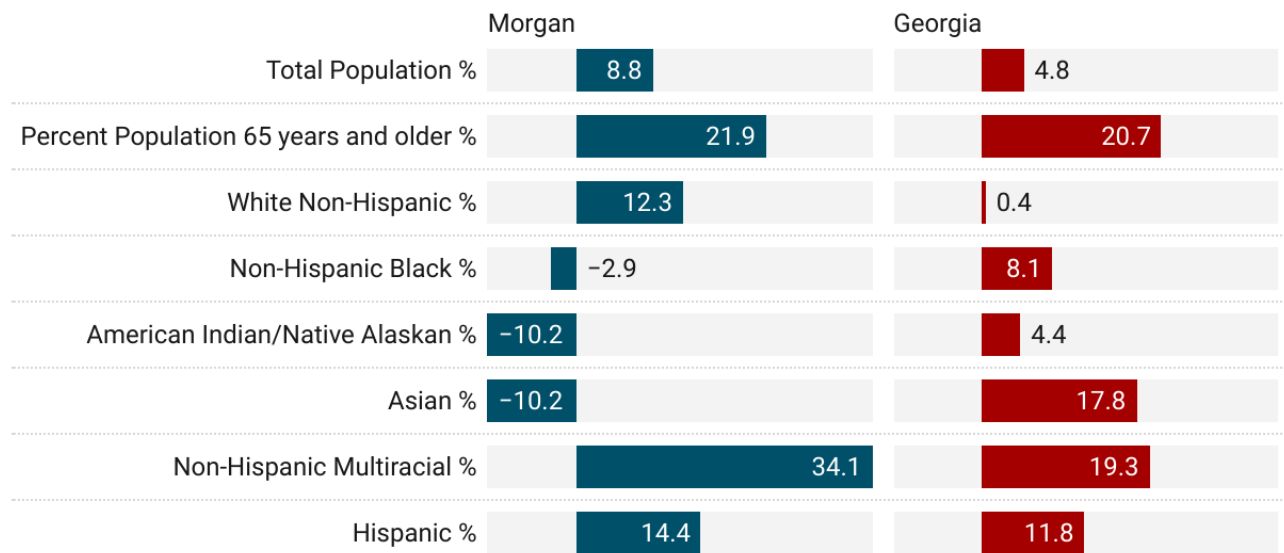
PAST POPULATION GROWTH

While the total population of the county increased by 8.8% between 2015 and 2020, over that period, the county saw a decline in the Asian, American Indian/Native Alaskan, and Non-Hispanic Black population. Growth was noticed for the White Non-Hispanic, Non-Hispanic Multiracial and Hispanic Populations. There was also growth in the population aged 65 and over at a rate comparable to Georgia.

Population Change

2015-2020

■ Morgan ■ Georgia



Created with Datawrapper

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

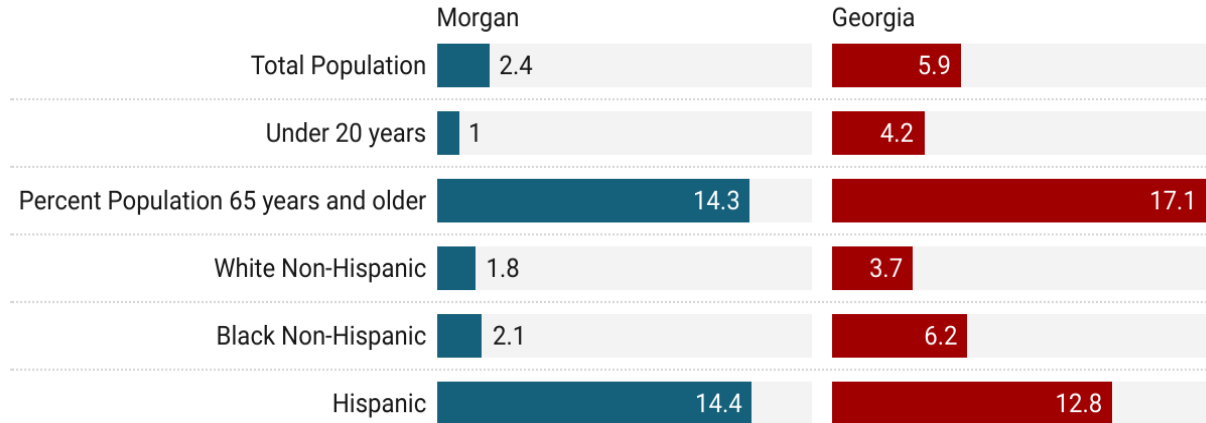
PROJECTED POPULATION GROWTH

The population of Morgan County is expected to increase through 2025, based on projections by Georgia Governor's Office of Planning and Budget. The growth is expected for all ages and racial groups. However, more growth is expected for the elderly population and Hispanic population, following trends for the state.

Projected Population Change

2020-2025 Percentage Change

■ Morgan ■ Georgia



Created with Datawrapper




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

ECONOMIC PROFILE

The county experienced a decrease in real Gross Domestic Product (GDP) between 2019 and 2020. Over this period, the rate of job loss was lower than the state average. Slightly fewer adults (i.e., 20-64

About 1 out of 6 children in Morgan County are living in poverty.

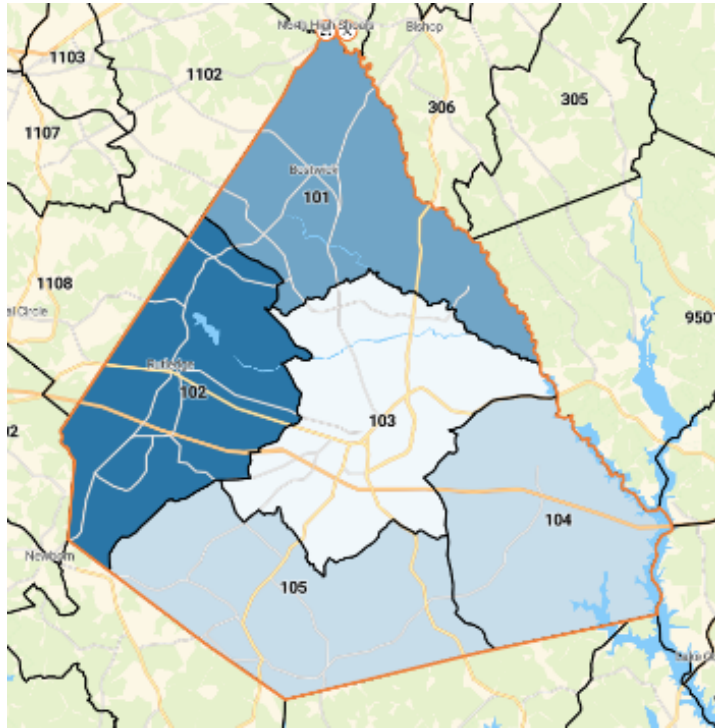
years) are in the labor force, compared to the state. The county unemployment rate of 3.2% is lower than the state rate of 3.9%. The median household income for Morgan County is higher than the state median (\$68.7K vs \$61.2K). About 12% of the population and 17% of children live in poverty. Both rates are lower than the state average. Furthermore, almost one out of two school-aged children (44%) in the county are eligible for free or reduced lunch, compared to 60% at the state level.

	Morgan	Georgia
Economy		
 Real Gross Domestic Product (GDP) Annual Growth Rate (2010-2020)	4.2%	2.2%
Real GDP Annual Growth Rate (2019-2020)	-3.3%	-3.9%
Job Growth Rate (2019-2020)	-3.1%	-4.6%
Labor Force Representation		
 Unemployment Rate (2021)	3.2%	3.9%
Labor Force Representation (2013-2017)	74.9%	75.5%
Male Labor Force Representation (2013-2017)	80.7%	80.4%
Female Labor Force Representation (2013-2017)	69.5%	70.8%
Poverty		
 Median Household Income (2016-2020)	\$68,669	\$61,224
Population in Poverty (2020)	12%	14%
Children in Poverty (2019)	17%	20%
Children eligible for reduced lunch (2018-2019)	44%	60%

*Significantly unfavorable compared to the state average

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

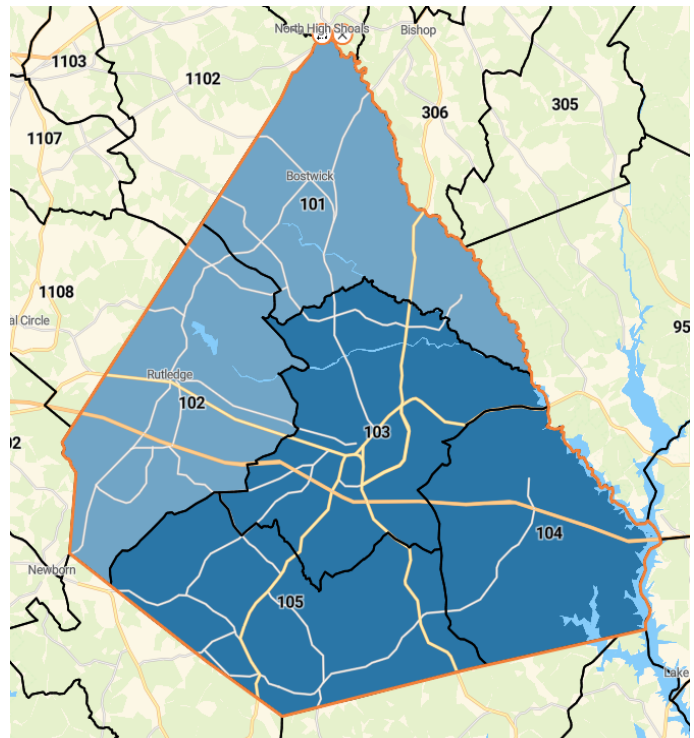
Figure 5. Poverty Rate by Census Tract (2015-2019)



Proportion of Population Living in Poverty, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.)
A higher proportion of residents residing in the western part of the county live in poverty (18%). The remaining parts of the county have rates that vary from 4%-11%.

Figure 6. Median Household Income by Census Tract (2015-2019)




Median Household Income, 2015-2019. Data Source: Policy Map. (The darker the color the higher the income.)
The median household income is lower in the western and northern parts of the county (<\$60,000), compared to the rest of the county (\$66,000-\$75,000).



EDUCATION

Educational attainment in the county is generally similar to (and for some indicators higher than) the state. The high school graduation rate of 89% is slightly higher than the state rate of 87%. On average, county third graders perform higher than the state average on state standardized tests. The county lags the state slightly with respect to early childhood education. Approximately 24% of the population holds a bachelor's degree or higher, compared to 32% of the state's population.

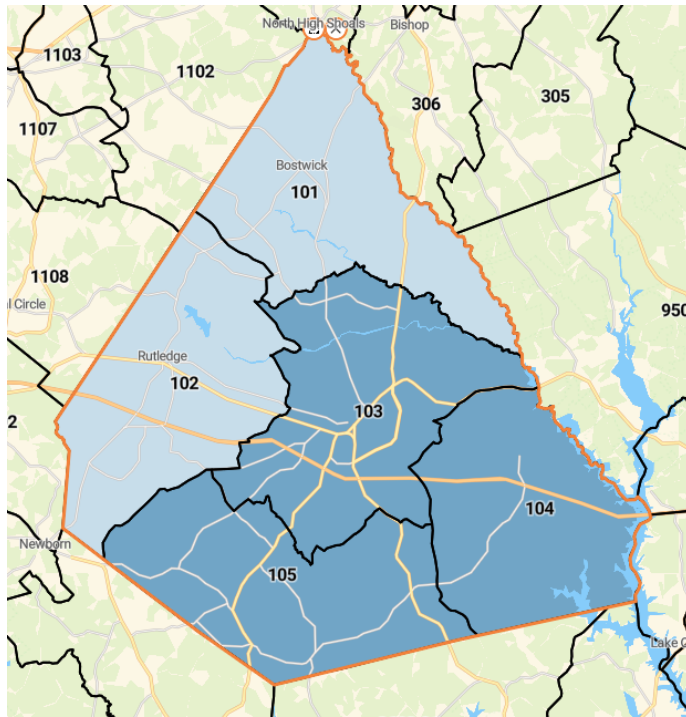
Almost one out of two 3–4-year-old children are not enrolled in school.

	Morgan	Georgia
 Early Childhood Education		
Percent 3–4-year-old children in school	49.3%	50.3%
 K-12 Education		
Average grade level performance for 3rd graders on English Language Arts standardized tests	3.1	3
Average grade level performance for 3rd graders on Mathematics standardized tests	3.2	2.9
 High School Graduation and Higher Education		
High school graduation rate	89%	88%
Percent population with bachelor's degree	24%*	32%

*Significantly lower than state average

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

Figure 7. Educational Attainment by Census Tract (2015-2019)



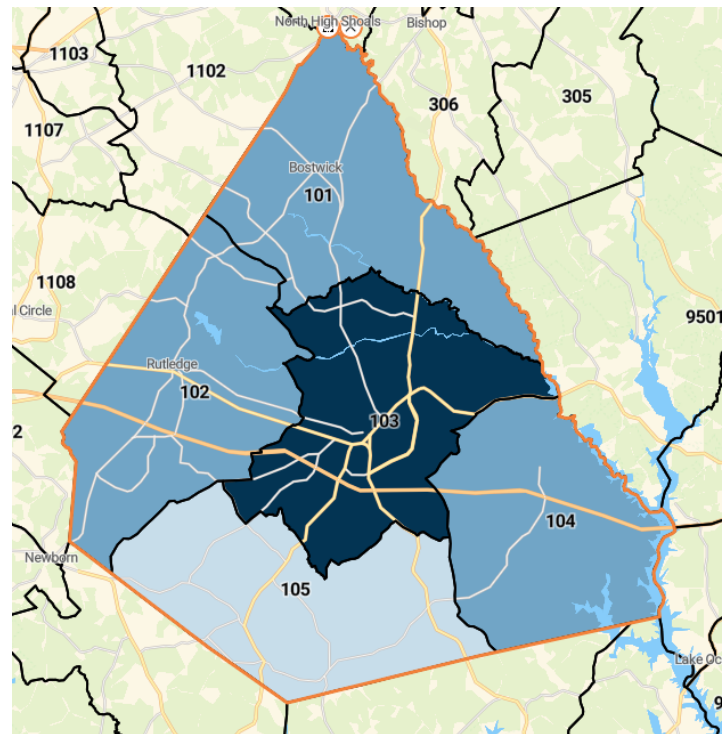
Proportion of Population with at least a High School Diploma, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion.)*

Educational attainment is lower in the northern and western parts of the county with 82%-84% of population with a high school diploma versus 90% in the other parts of the county.

Figure 8. Nursery and Pre-school Enrollment by Census Tract (2015-2019)

Proportion of 3 years or older enrolled in nursery or preschool, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion.)*

Preschool or nursery enrollment is relatively higher in the central part of the county (2.5%) compared to the rest of the county with respective levels of 0.9% (south) and 1.5% elsewhere.





SOCIAL AND COMMUNITY CONTEXT

Participation and involvement in community life are both linked to health behaviors and health outcomes. Community members with strong social support, social network and trust are more likely to engage in healthy behaviors.

There are approximately 7,040 households in Morgan County, with an average of 2.6 persons per household.

County residents are relatively more active in social associations; compared to the state there are 9.5 membership associations per 10,000 population (vs. 8.8 at the state level). Almost one in five children lives in single parent households (19% versus state rate of 30%). The county suicide rate is slightly lower than the state rate.

	Morgan	Georgia
Household Characteristics		
 Households	7,040	3,830,264
Average persons per households	2.7	2.7
Children in single parent households	19%	30%
Social Context		
 Social Associations per 10,000	9.5	8.8
Suicide rates per 100,000	13	14







*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, US Census Bureau

NEIGHBORHOOD AND BUILT ENVIRONMENT

Approximately one out of three county residents (34%) have access to exercise opportunities, considerably less than the state level. County residents are slightly less digitally connected compared to the state. The county is relatively safe, with a lower violent crime rate than the state, yet deaths from motor vehicle crashes are significantly higher than for the state. Just over 10% of residents experience food insecurity. Almost 5% of the households do not have a motor vehicle.

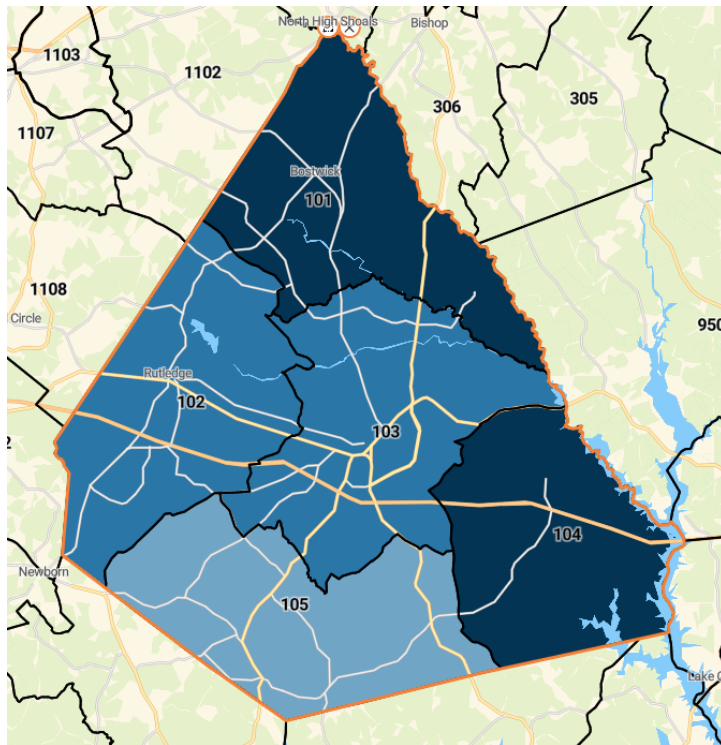
Relative to the state, more Morgan County residents experience air pollution issues.

	Morgan	Georgia
Digital Connectivity and Amenities		
 Households with computer	89%*	92%
Adult with broadband internet	78%*	84%
Access to exercise opportunities	34%*	75%
Safety		
 Violent crime rate per 100,000	176	388
Deaths from motor vehicle crashes per 100,000	26*	14
Food Insecurity		
 % low-income with limited access to healthy foods	7%	9%
(Healthy) Food environment index (1 worst; 10 best)	8.1	6.5
Percentage of population experiencing food insecurity	11%	13%
Transportation		
 Average travel time to work (minutes)	25 mins	29 mins
Percent households with <u>no</u> motor vehicle	4.5%	6.5%
Housing		
 Percent of homes owned	73%	63%
Percent families spending > 50% of income on housing	11%	14%
Percent population with severe housing problems	13%	16%
Median gross rent	\$832	\$1,006
Median selected monthly owner costs, includes mortgage	\$1,430	\$1,417
Pollution		
 Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	10.3*	9.6

*Significantly unfavorable compared to the state average

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

Figure 9. Household Internet Access by Census Tract (2015-2019)



Proportion of all households with no internet access, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.) The proportion of households with no internet access was highest in the northern and southeastern parts of the county with 23%-24%. In the remaining parts of the county rates range from of 16% -21%.

Figure 10. Household Computer Access by Census Tract (2015-2019)

Proportion of all households without a computer, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.) Similarly, computer access was worst in the southeastern part of the county where 16% of households lack any type of computer, compared to 11-12% in other areas of the county.

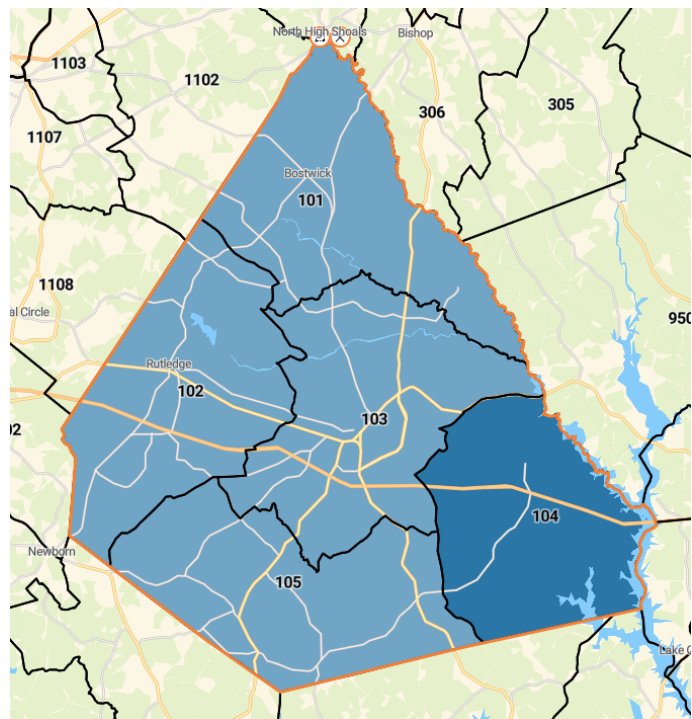
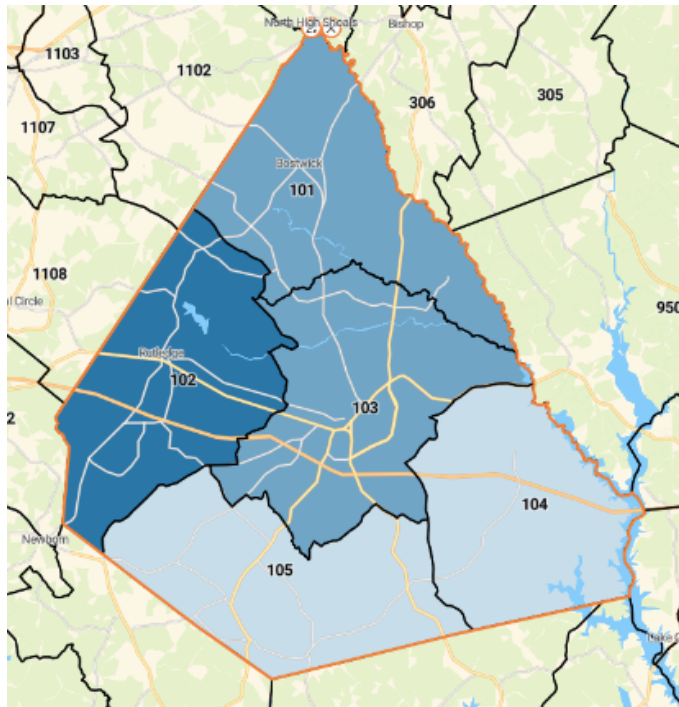


Figure 11. Severe Homeowner Cost Burden by Census Tract (2015-2019)

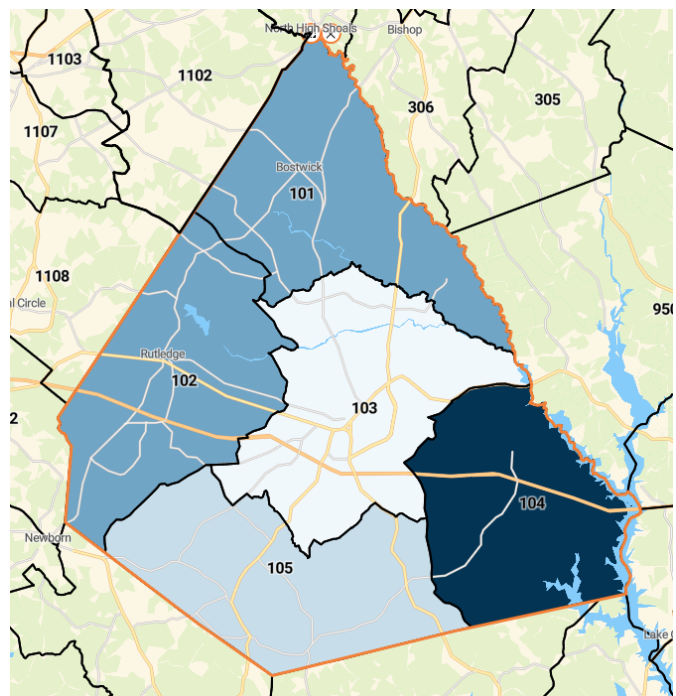


Proportion of all Homeowners who are severely burdened by housing costs, 2015-2019. Data Source: Policy Map. (The darker the color the higher the proportion.) Compared to the south and southeastern part of the county, severe homeowner cost burden is higher in the western part of the county (11%) compared to the remaining parts (6%-9%).

Figure 12. Severe Renter Cost Burden by Census Tract (2015-2019)

Proportion of all Renters 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 (29%) in the southeastern part of the county experience severe rental cost burden compared to the central part (9%). In the other parts of the county the rate ranges from 15% to 18%.



HEALTH CARE ACCESS

At 15%, the proportion of residents who are uninsured is slightly lower than the state rate of 16%. However, compared to the state, the county also has significant shortages of health professionals, including primary care physicians, dentists, and mental health providers. Mammogram screening rates and flu vaccination rates are similar to the state levels.

Preventable hospitalization rates are lower in Morgan County than the state levels.

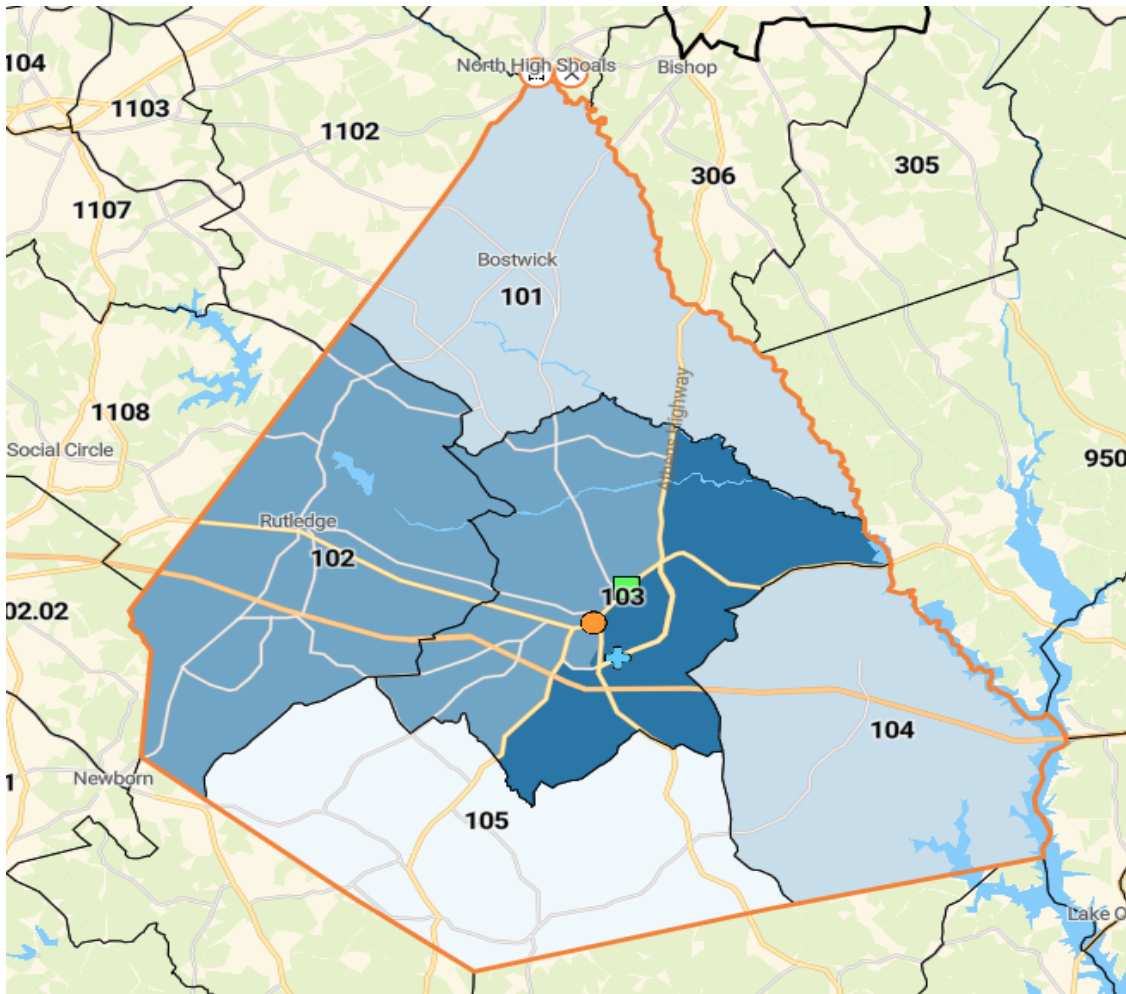
	Morgan	Georgia
Health Insurance Coverage		
 Percent under 65 years Uninsured	15%	16%
Provider Supply		
 Population to One Primary Care Physician	1,890*	1,150
Population to One Dentist	2,410*	1,920
Population to One Mental Health Provider	3,860*	690
Primary Care and Prevention		
 Adults with a Personal Doctor or Health Provider	72%	72%
Adults Reporting a Physical Checkup within last year	78%	78%
Preventable Hospital Stays per 100,000 Medicare Enrollees	3,986	4,835
Mammogram Screening Rates	42	41
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	46	46

*Significantly unfavorable compared to state average

Data Source: County Health Rankings, Policy Map.

Figure 13. 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 13).



Legend: blue plus = hospital; orange circle = nursing facilities, green square = mental health treatment facility

Assessed facilities include hospital, nursing homes, community health centers (including FQHCs and look-alikes), retail-based healthcare, mental health treatment facilities and drug and alcohol

Regional health care resources may also be viewed in the Healthcare Resource Listing at the end of this document. However, it is Important to note that given the challenges facing the underserved Including, but not limited to poverty, lack of Insurance and



transportation, as well as knowledge of available resources underserved residents experience dire challenges accessing health care. All of which, magnifies the vital Importance of Morgan Medical Center's efforts to meet the needs of the community.

LIFESTYLE AND BEHAVIOR

Compared to the state, the proportion of residents who smoke is higher in Morgan County. While physical inactivity rate is lower than that of the state, the proportion of adults who are either obese or do not get sufficient sleep is about the same as the respective state rates. Alcohol-related motor vehicle deaths are

Generally, the same proportion of Morgan County residents engage in unhealthy behavior compared to the state level.

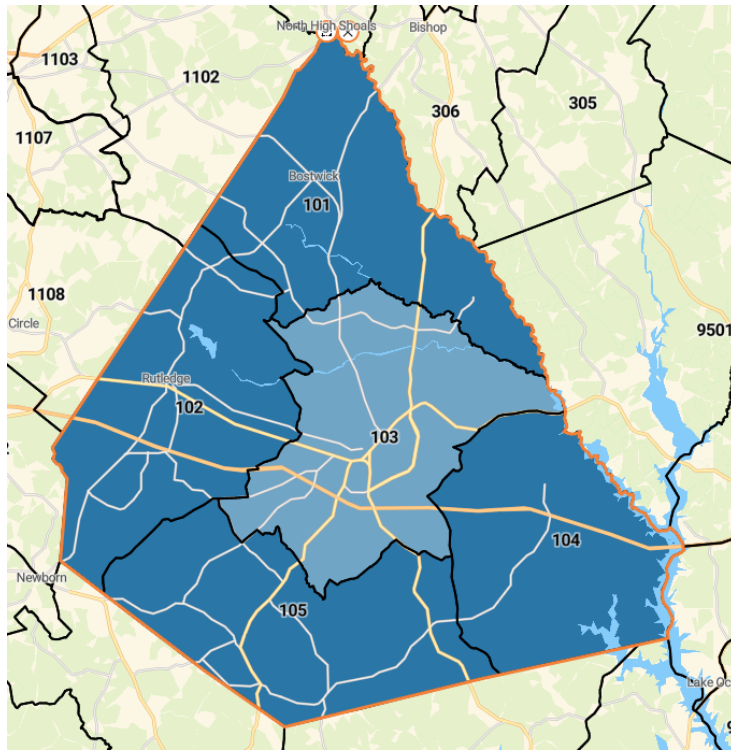
lower in the county. Teen pregnancy are comparable to the state level, whereas sexually transmitted infection (STI) rates are lower in the county than the state.

	Morgan	Georgia
Suboptimal Lifestyle Behaviors		
 Adult smoking rate	19%*	16%
Adult excessive drinking rate	18%	17%
Percent driving deaths with alcohol involvement	19%	20%
Adult obesity rate	31%	32%
Adult physical inactivity rate	23%	26%
Percentage of adults who report insufficient sleep (fewer than 7 hours of sleep on average)	38%	38%
Sexual Risk Behaviors		
 STD infection rates per 100,000	429	632
Teen pregnancy rates per 1000 female teens	25	24

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure 14. Smoking Rate by Census Tract (2018)



Proportion of adults who ever smoked cigarettes, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.) Smoking rates are high consistently high across the county (44%+), and slightly lower in the central part of the county (42%).

Figure 15. Physical Inactivity Rate by Census Tract (2017)

Proportion of adults physically inactive, 2017. Data Source: Policy Map. (The darker the color the higher the proportion.) The rate of physical inactivity is consistently high across the county ranging from 38-40%.

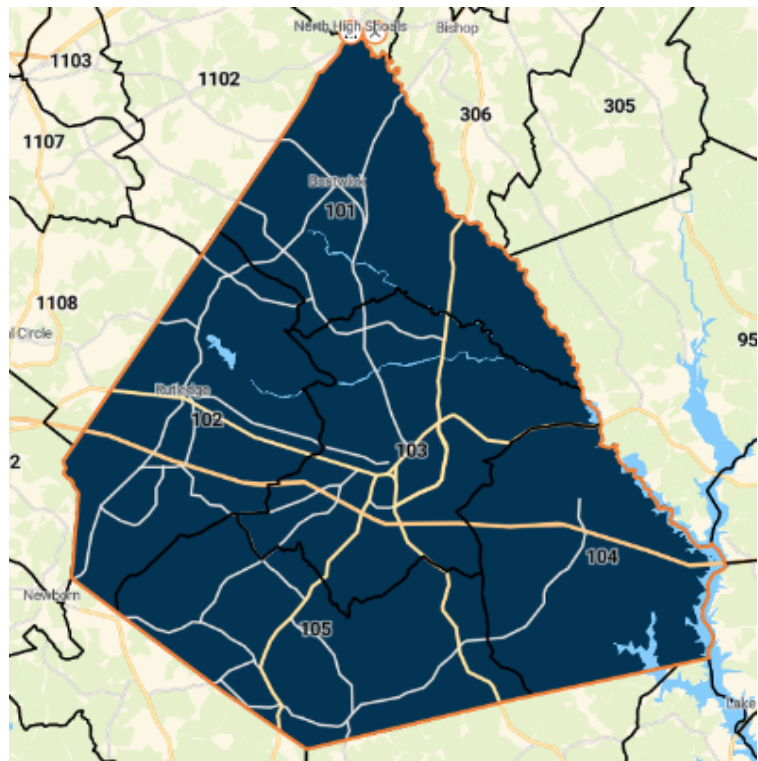
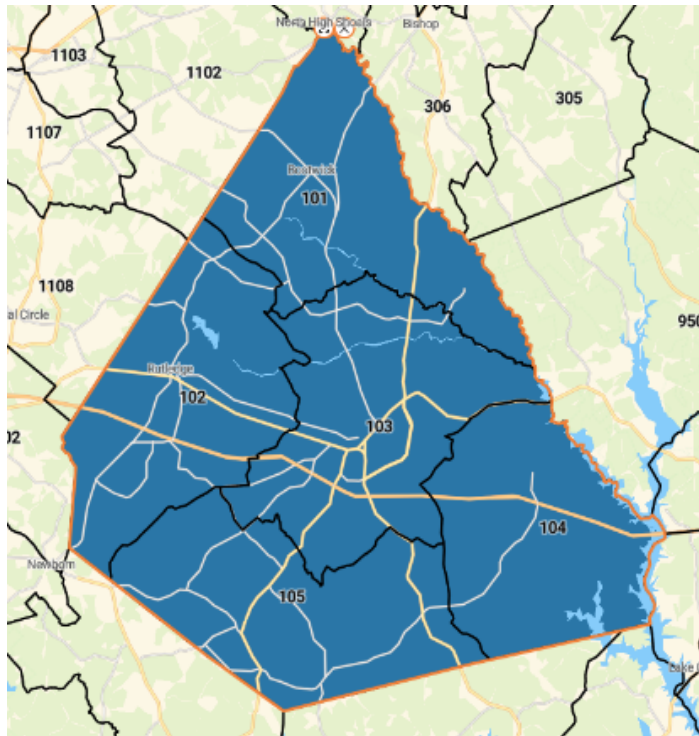


Figure 16. Adult Obesity by Census Tract (2018)



Proportion of adults reporting to be obese, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.) Obesity rates are consistently high across the county, ranging between 33%-35%.



HEALTH OUTCOMES

Morbidity

A slightly lower proportion of Morgan County residents self-report poor or fair health, while a slightly higher proportion self reports

Nearly one out of four residents of Morgan County report having poor or fair health.

frequent mental distress compared to the state. The disease burden related to cancer and diabetes is higher than the state, while the burden related to HIV, cardiovascular disease, and low birth weight is lower than the state.

		Morgan	Georgia
	Disease Burden		
	Cancer incidence rate per 100,000 population	478*	459
	Adult diabetes prevalence rate %	15%*	12%
	HIV prevalence rate per 100,000 population	214	625
	Cardiovascular disease hospitalization per 1000 Medicare enrollees	58	65
	Low birth weight rate	8%	10%
	Self-Reported Health Outcomes		
	Percent adults reporting poor or fair health	17%	18%
	Percent adults reporting frequent physical distress	12%	12%
	Percent adults reporting frequent mental distress	14%	13%

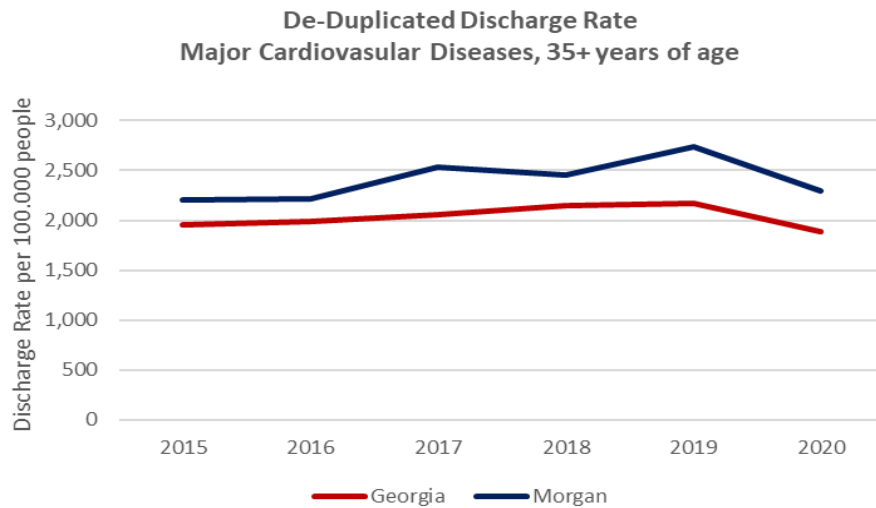
*Significantly unfavorable compared to the state average

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

Cardiovascular Disease Morbidity

Hospital discharges for cases of major cardiovascular disease among adults 35 years of age and older have been consistently higher for Morgan County than for the state. From 2015 to 2019 rates increased, but since 2019, rates have decreased (Figure 17 below).

Figure 17. Cardiovascular Disease-Related Hospitalizations

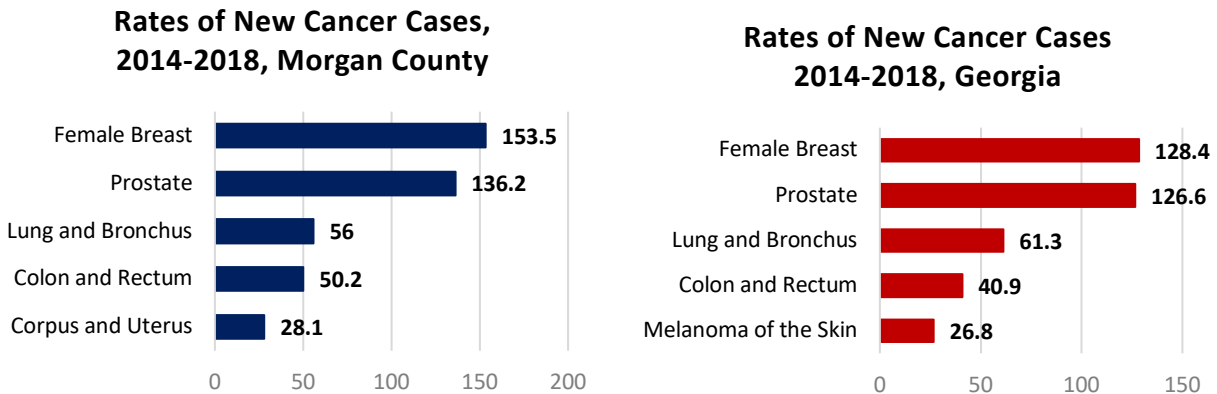


Data source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer Morbidity

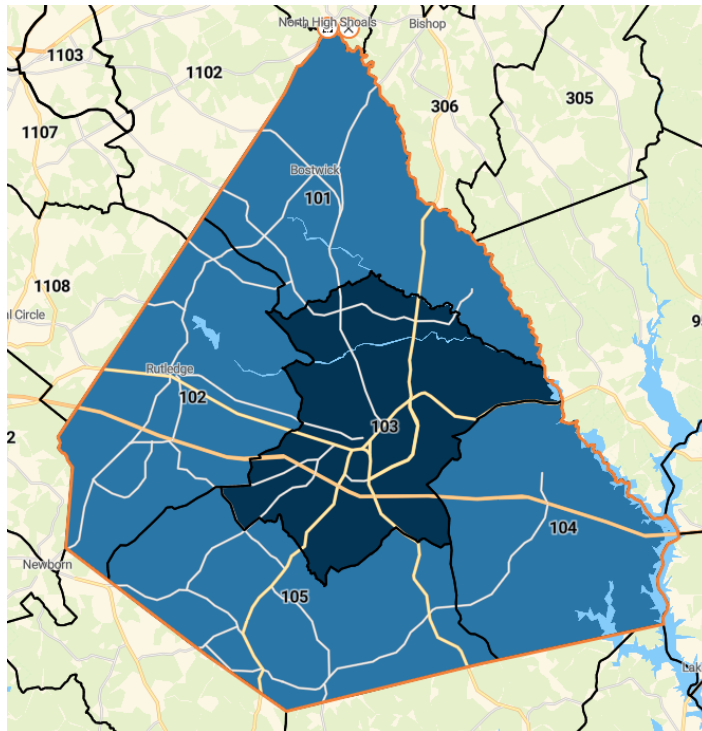
Incidence rates for female breast, prostate, and colorectal cancers in Morgan County have generally remained above state averages. The incidence rate for lung and bronchus cancer is lower than the state level, and the fifth most common new cancer for the county is corpus and uterus, vs melanoma of the skin for the state.

Figure 18. Cancer Incidence Rates for Morgan and Georgia, 2014-2018



Data Source: National Cancer Institute, State Cancer Profiles

Figure 19. Perceived Health Status by Census Tract (2018)



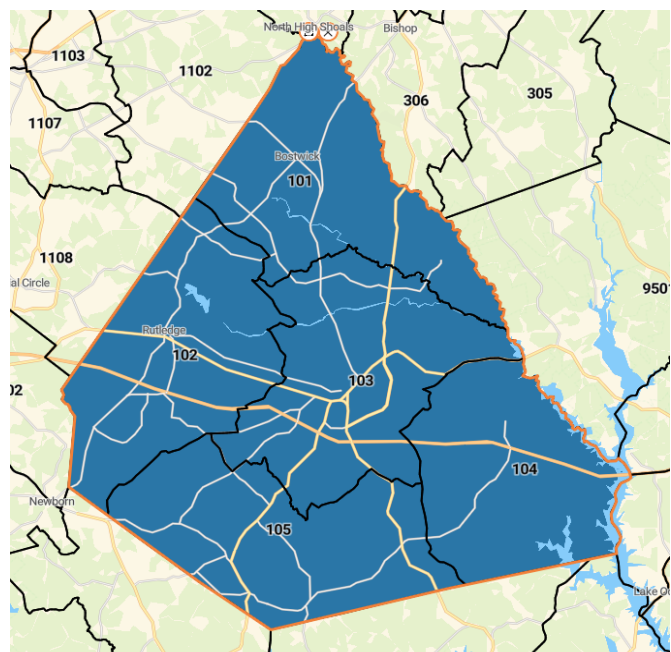
Proportion of adults reporting poor or fair health in the past 30 days, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.)

A higher proportion of adults in the central part of the county reported poor or fair health compared to the rest of the county (23% vs 21%).

Figure 20. Frequent Mental Health Distress by Census Tract (2018)

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

Geographically, the proportion of adults reporting frequent mental health distress were similar. with



Mortality

Premature death rates are higher in Morgan County than the state.

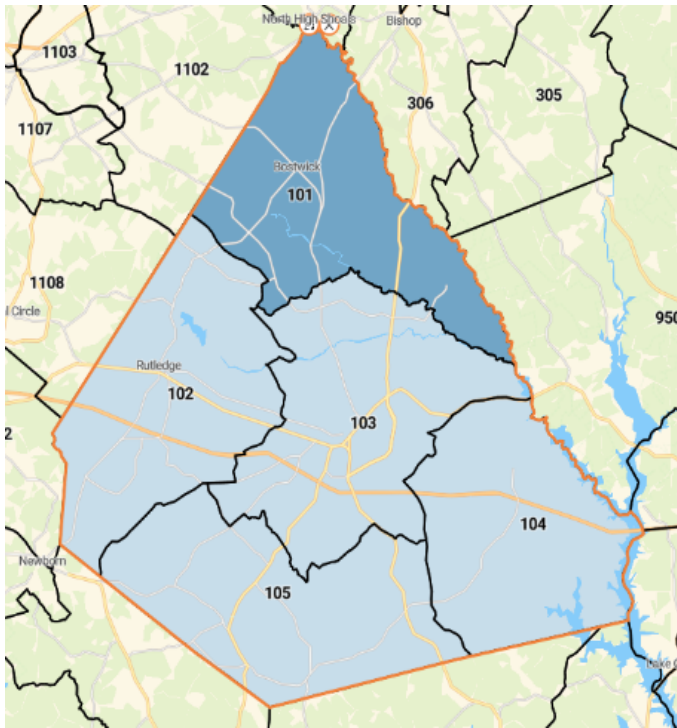
The average life expectancy in Morgan County is 78.1 years – comparable to the average life expectancy in Georgia.

		Morgan	Georgia
Mortality Indicators			
	Life Expectancy	78.1	77.9
	Premature (under 75yrs) Death Rate per 100,000 population	410*	380

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure 21. Life Expectancy by Census Tract (2010-2015)



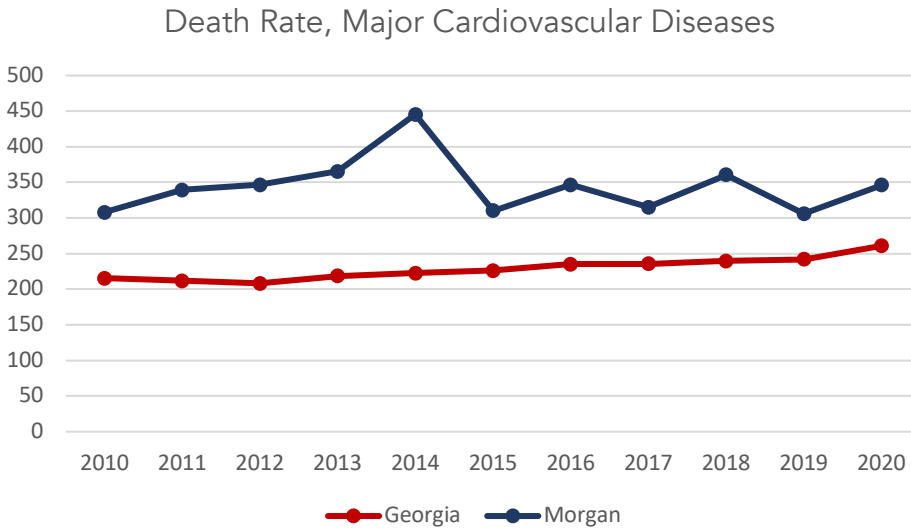
Life Expectancy at Birth, 2010-2015. Data Source: Policy Map. (The darker the color the higher the proportion.)

Life expectancy is higher for residents in the northern part of the county (78.1 years), compared to rest of the county (75.7-77.1 years).

Cardiovascular Disease Mortality

Trends on death rates for major cardiovascular diseases show that Morgan County's rates have been consistently higher than the state's rates, yet have remained relatively steady.

Figure 22. Major Cardiovascular Diseases Death Rates, Morgan County & Georgia, 2010-20

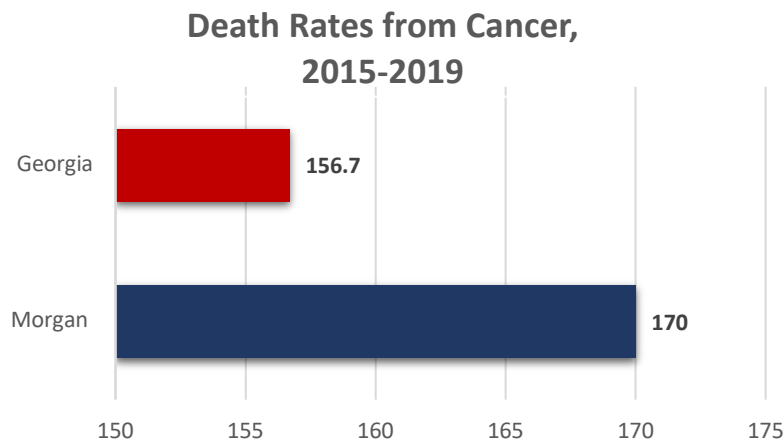


Data source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer Mortality

The death rate for cancer for Morgan County residents is higher than the state rate (Figure 23).

Figure 23. Cancer Death Rates per 100,000 residents, 2015-2019



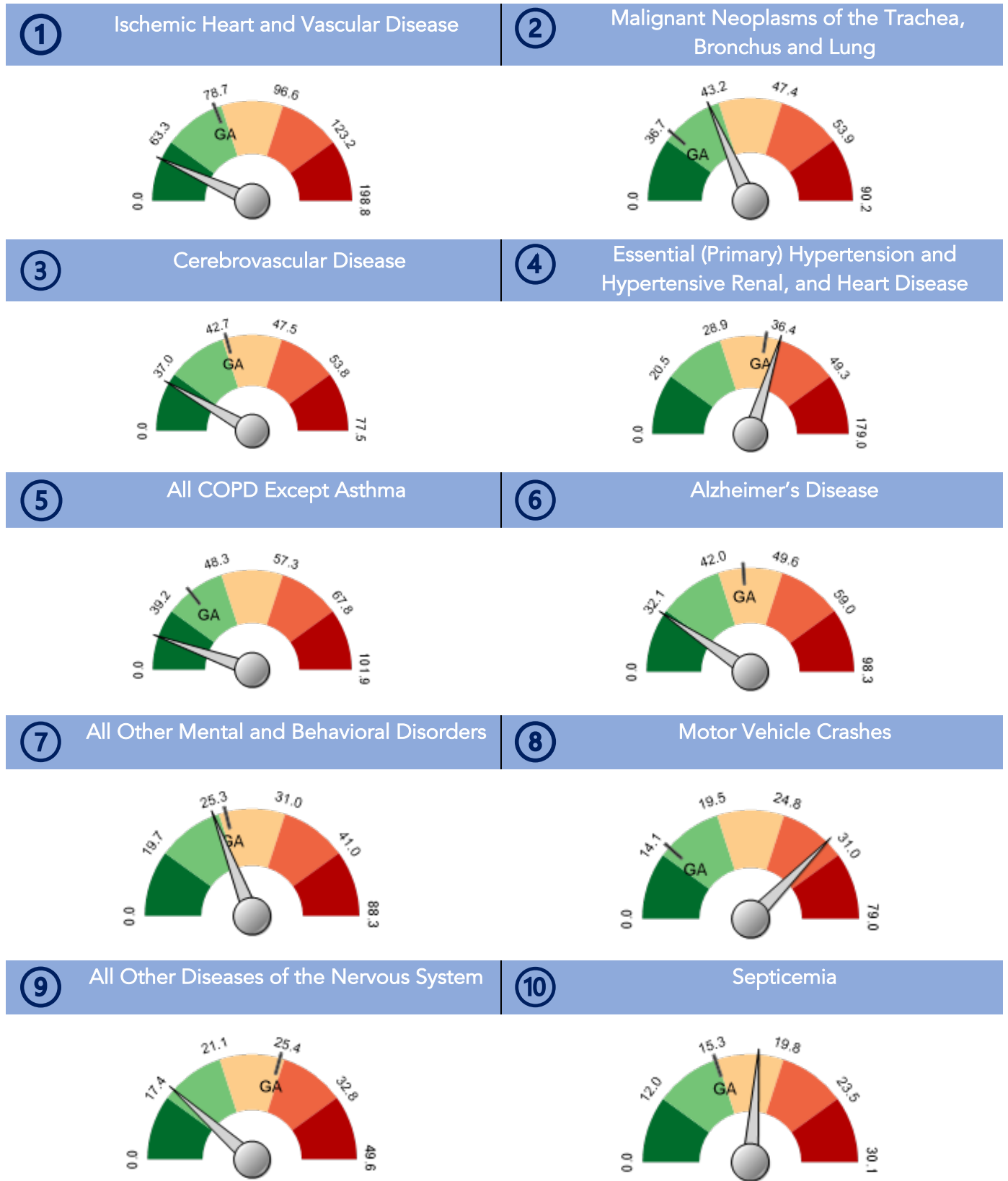
Data Source: National Cancer Institute, State Cancer Profiles

Top 10 Causes of Death: Morgan County and Georgia 2016-2020

According to the Georgia Department of Public Health Online Analytical Statistical Information System, the top three causes of death for Morgan County are ischemic heart and vascular disease, malignant neoplasms of the trachea, bronchus and lungs, and cerebrovascular disease. Deaths from heart disease, motor vehicle crashes, and septicemia ranked higher for Morgan County compared to Georgia. Top Ten comparisons are provided in the table and figure below.

Cause	Morgan Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
Malignant Neoplasms of the Trachea, Bronchus & Lung	2	5
Cerebrovascular Disease	3	3
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	4	6
All COPD Except Asthma	5	2
Alzheimer's Disease	6	4
All Other Mental and Behavioral Disorders	7	8
Motor Vehicle Crashes	8	14
All Other Diseases of the Nervous System	9	7
Septicemia	10	12



Figure 24. Rank/County Comparison to Georgia



COVID-19

COVID-19 infection and death rates in the county were slightly higher than the state average as of April 2022. Vaccination rates were lower than the state rate as of April 2022.








As of April 2022, Morgan County had reported 4,552 COVID-19 infections and 57 COVID-19 deaths.

	Morgan	Georgia
Cumulative COVID-19 Infections and Deaths (04/27/2022)		
 Number of COVID-19 Infections	4,552	2,514,355
Infection Rate per 100,000	23,785*	23,209
Number of COVID-19 Deaths	57	31,547
Death Rate per 100,000	297.8*	291.2
Vaccination Rates (04/27/2021)		
 Percent Population who are Fully Vaccinated	49%*	56%
Percent Population with at least One Vaccine Dose	52%*	64%

*Significantly unfavorable compared to state average

Data Source: Georgia Department of Public Health

PROGRESS ON SELECTED INDICATORS

	Previous CHNA	Current CHNA	Progress
Economic Profile			
 Percent children in poverty	20%	17%	→
Unemployment rate	3.6%	5.4%	←
Education			
 High school graduation rate	89.6%	87.7%	←
Social and Community Context			
 Social associations per 100,000	13.8	9.5	←
Percent children in single parent households	30%	19%	→
Neighborhood and Built Environment			
 Percent population with access to exercise opportunities	34%	34%	—
Percent population food insecure	13%	11%	→
Health Care Access			
 Uninsurance rate	13%	15%	←
Primary care provider to population	1820	1890	←
Mental health provider to population	3680	3860	←
Health Behaviors			
 Obesity rate	29%	31%	←
Physical inactivity rate	25%	23%	→
Smoking rate	17%	19%	←
Teen pregnancy rate (per 1000 teen females)	27	25	→
Health Outcomes			
 Percent reporting poor or fair health	16%	17%	←
Low birth weight rate	8.5%	8%	→
Diabetes prevalence	14%	15%	→
Premature (under 75yrs) death rate per 100,000	400	410	←

← worsened — stable → improved

*Some indicators were not in the 2019 Community Health Needs Assessment. These were retrieved from 2019 County Health Rankings for comparison.

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS

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

Community Demographic Profile, Economic Profile & Education

- The population of Morgan County is older and less diverse compared to the state of Georgia.
- Population growth, observed between 2015 and 2020 is projected to continue but at a slower rate through 2025.
- The county has favorable unemployment rates (relative to the state). However, a significant proportion of children live in poverty.
- Educational attainment is generally similar to the state.

Social and Community Context & Neighborhood and Built Environment

- Close to one in five children in the county live in single parent households.
- Many Morgan County residents lack access to amenities such as recreational opportunities.
- Compared to the state, Morgan County residents are relatively less digitally connected.

Health Care Access

- Access to health care is limited, compared to the state, due to shortages of primary care, mental, and dental health professionals even though the uninsurance rates are lower than Georgia's.

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS – CONTINUED

Lifestyle Behavior & Health Outcomes

- With the exception of smoking, a lower proportion of Morgan County residents engage in unhealthy behaviors such as risky sexual behaviors or physical inactivity.
- Health outcomes in the county are similar to the state, with a lower proportion of residents reporting fair or poor health.
- Cancer rates and diabetes prevalence are higher in the county, compared to the state.

COVID-19

- Morgan County residents have been impacted by the ongoing COVID-19 pandemic.
- As of April 2022, COVID-19 infection and death rates were slightly higher in Morgan County compared to the state.
- Vaccination rates, however, remained lower than the state during the same period.

Progress on Selected Health Indicators Since last CHNA

- Of 18 selected health indicators assessed across the SDOH dimensions, the County performed better or similar on 55.6% (10/18), worse on 39% (7/18) compared to the last CHNA and 5.6% (1/18) remained stable.

COMMUNITY SURVEY

Online surveys were completed (partially or in full) by 135 community members.

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The majority of survey respondents were female (81%), Non-Hispanic White (71.6%), aged under 65 years (74.6%), married or partnered (79%) and employed (64.7%), with at least some college or associate degree (80.6%). 71.8% of the participants reported an annual household income above \$60,000 (Table 6). The survey was shared on the hospital’s website, through social media accounts, and with the school board for further dissemination. COVID-19 protocols created challenges for obtaining a representative survey. Survey respondents were significantly more likely to be female (81% sample vs 52% county census). Respondents were significantly more educated: 57.5% of respondents had at least a Bachelor’s degree, while only 24% of county residents had this level of education according to census figures. Similarly, roughly 65% of respondents reported household earnings that were greater than the county median household income of \$68.7K. Participants over 65 (25.4% sample vs 20.5% county census), and non-Hispanic Whites (71.6% sample vs 75.2% county census) were somewhat comparable to the census.

Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
Gender (n=105)		
Female	85	81
Male	20	19
Age (n=106)		
Under 35 years	9	8.9
35-44 years	12	11.3
45-54 years	25	23.6
55-64 years	33	31.1
65-74 years	19	17.9
75 years and older	8	7.5
Race (n=104)		
Non-Hispanic Black	18	15.5
Non-Hispanic White	83	71.6
Hispanic	4	3.5
American Indian/Native Alaskan	3	2.6

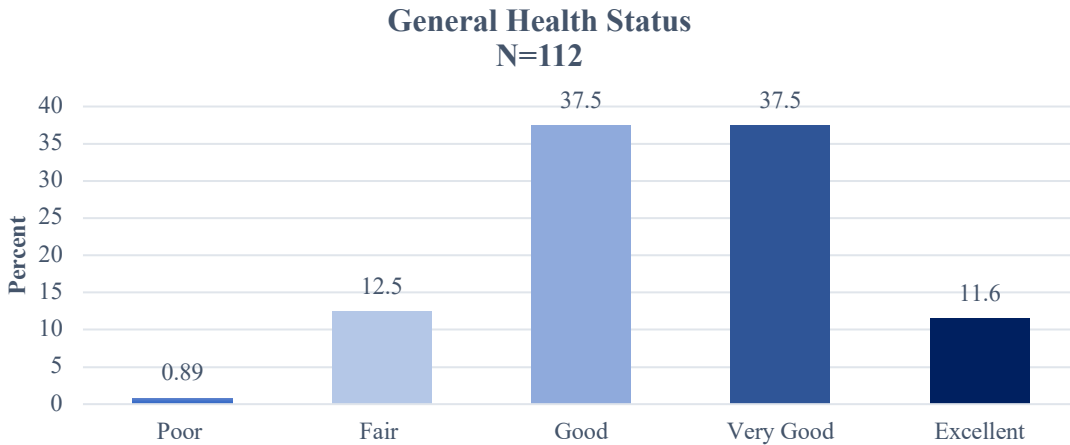
	Frequency (N)	Percentage (%)
Other	4	3.5
Asian	2	1.7
Native Hawaiian or Pacific Islander	2	1.7
Education (n=106)		
Less than High School	0	0
High School Graduate or GED	10	9.4
Some College or Associate Degree	35	33
Bachelor Degree	28	26.4
Graduate or Advanced Degree	33	31.1
Marital Status (n=105)		
Married/Partnered	83	79
Divorced/Separated	12	11.4
Widowed	4	3.8
Single/Never Married	6	5.7
Other	0	0
Household Income (n=103)		
Below \$20,000	1	1
\$20,00-\$40,000	5	4.8
\$40,001-\$60,000	7	6.8
\$60,001-\$80,000	9	8.7
\$80,001-\$100,000	17	16.5
Above \$100,000	48	46.6
Refused/Don't know	16	15.5
Employment Status (n=105)		
Full-time	62	59
Part-time	6	5.7
Retired	36	34.3
Unemployed	1	1
Home Ownership (n=104)		
Yes	93	89.4
No	11	10.6
Access to Reliable Transportation (n=105)		
Yes	105	100
No	0	0

Source: U.S. Census Bureau (2021). *Quick Facts*. Retrieved from <https://www.census.gov/quickfacts/fact/table/morgancountygeorgia/PST045221>

HEALTH STATUS

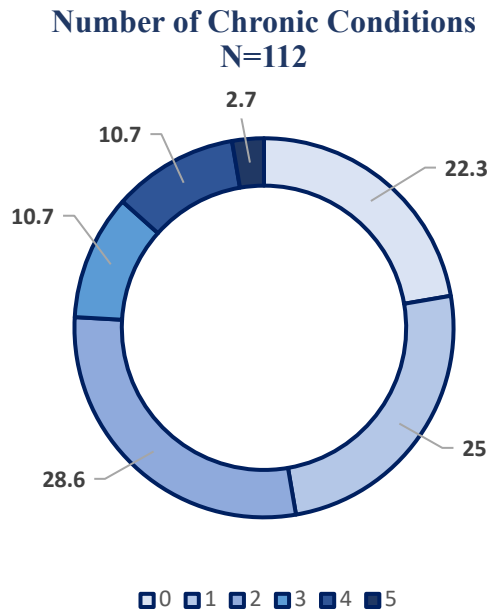
The majority of the survey respondents (75%) report their health as either good or very good. Around 13% of the respondents say their health is poor or fair. One out of four respondents reported having three or more chronic conditions. The most common chronic conditions that the participants reported having include high blood pressure (63%), overweight/obesity (44.8%) and high cholesterol (34.5%) (Figures 25-26).

Figure 25. Self-Reported Health Status



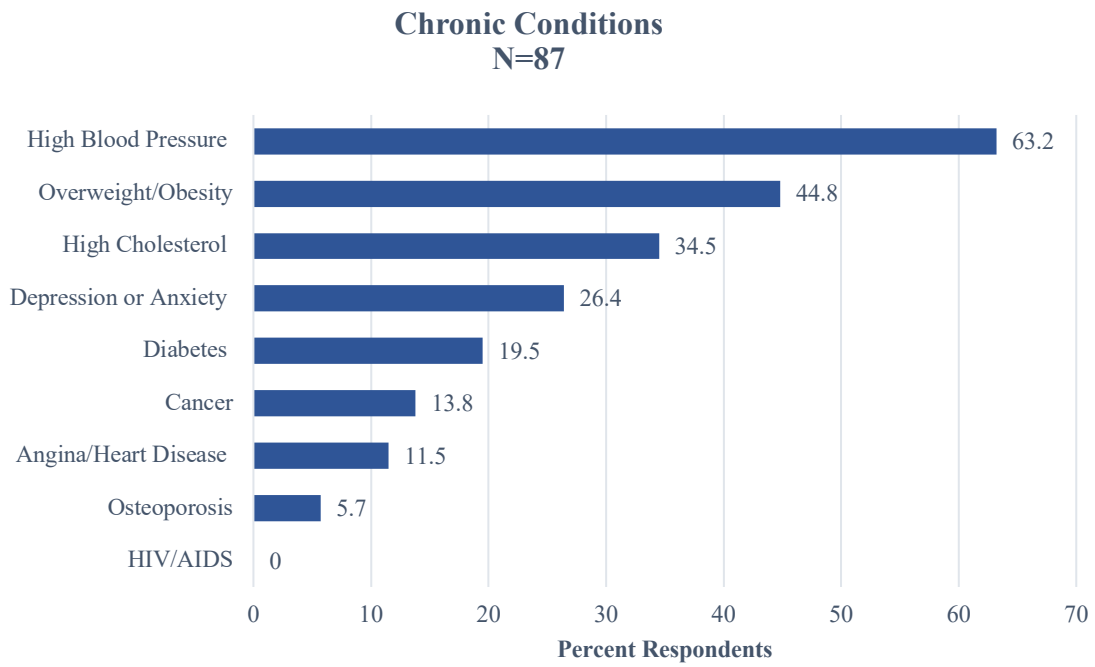
Note: Percentages may not add up to 100 due to rounding.

Figure 26. Burden of Multiple Chronic Conditions



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

Figure 27. Most Common Chronic Conditions



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

HEALTH BEHAVIORS

Smoking, Nutrition and Physical Activity

Among respondents, around 7% reported that they currently used tobacco products (Figure 25). About two out of five (40.6%) reported eating the recommended five servings of fruits and vegetables daily. Nearly 27% of all respondents indicated that they were not able to adhere to the recommended guidelines on fruits and vegetable intake because they go bad before being consumed. About one in four stated that they don't think about eating fruits and vegetables (Figure 28).

Figure 28. Smoking Behavior

Do you currently smoke tobacco products?

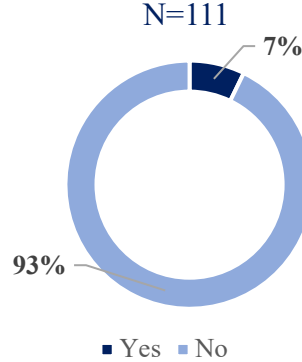
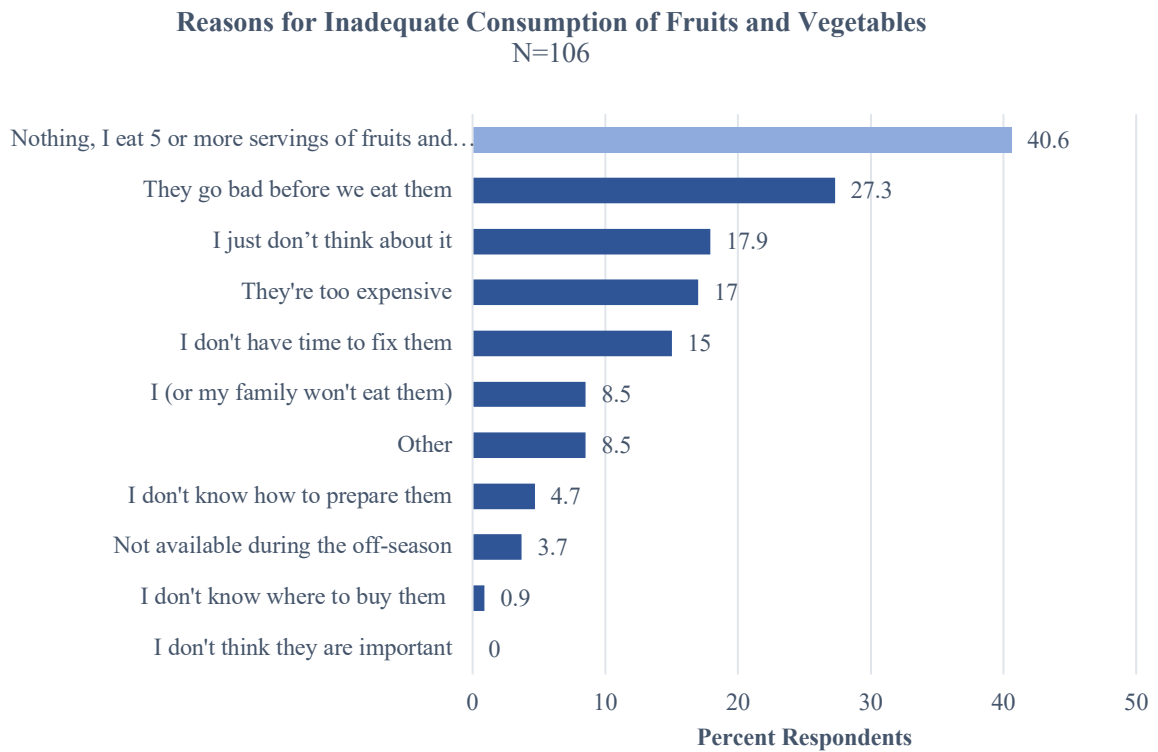


Figure 29. Fruit and Vegetable Consumption



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

Regarding physical activity, more than two in five respondents stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. One in four respondents reported that they don't have enough time to exercise (24.7%). Almost 30% of participants reported that they are too tired to exercise or that they don't like to exercise (Figure 30).

Figure 30. Physical Activity



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

Screening

Respondents were also asked about their utilization of preventive and screening services and their adherence to recommended screening guidelines. Over eighty percent of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 31). More than nine out of ten (91%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 32). Approximately nine out of ten

(88.7%) of female respondents 50 years and older reported that they received annual mammograms (Figure 33). Four out of five (83.1%) of females 21 years and older said that they received a pap smear at least every five years (Figure 34).

Figure 31. Colon Cancer Screening

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

N=77

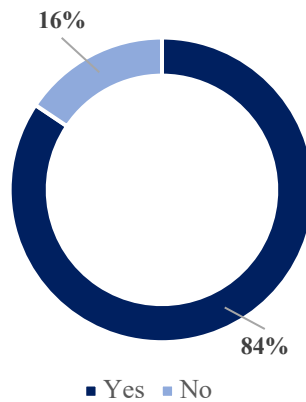


Figure 32. Prostate Cancer Screening

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

N=22

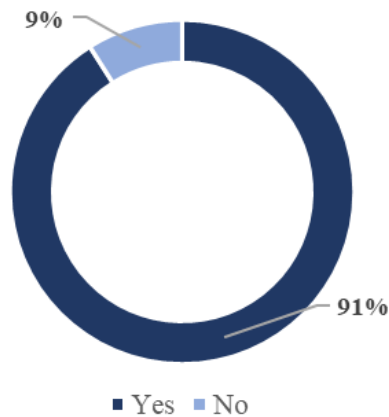


Figure 33. Breast Cancer Screening

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

N=62

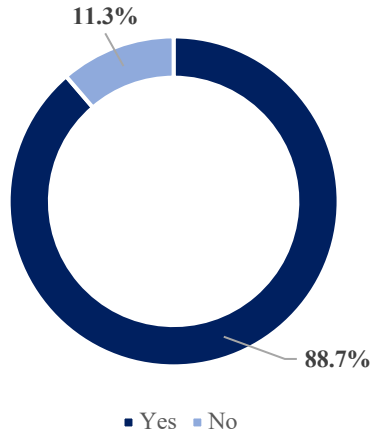
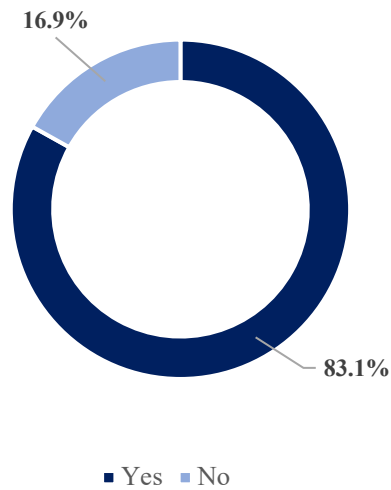


Figure 34. Cervical Cancer Screening

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

N=89

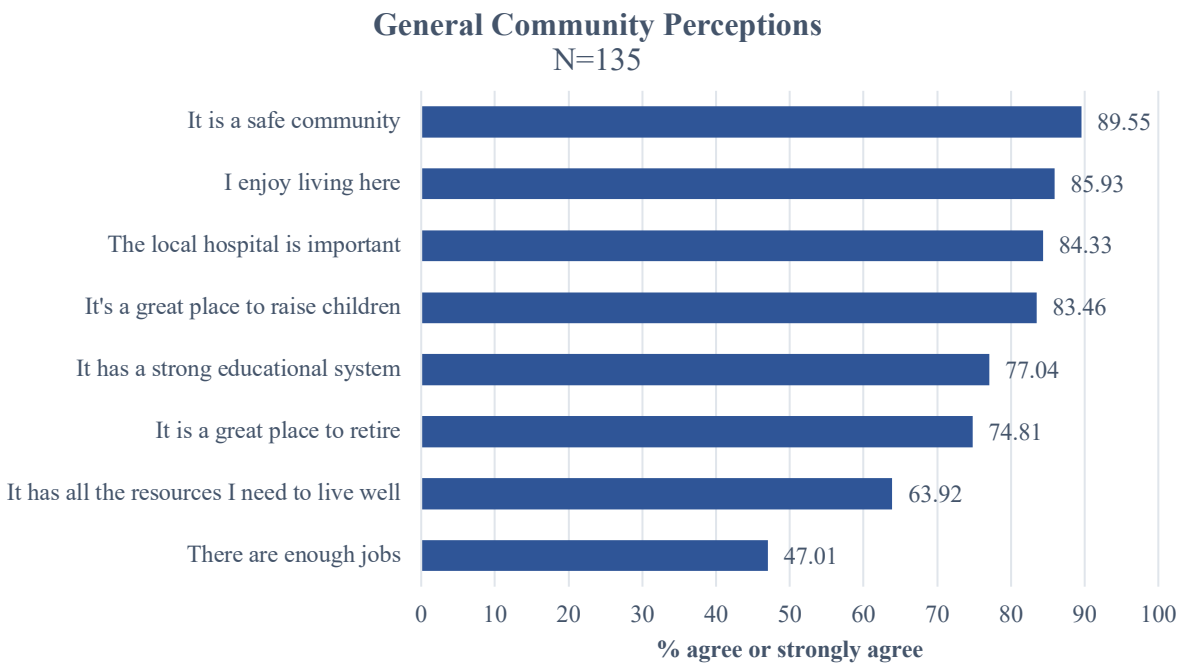


COMMUNITY PERCEPTION

General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs and community resources. Nine out of ten (89.6%) respondents either agreed or strongly agreed that the community is safe. However, only less than one out of two residents felt there were enough jobs and close 40% felt that there were not adequate resources available in the county to live well. More than eight out of ten respondents (84.3%) strongly agreed or agreed that the local hospital was important (Figure 35).

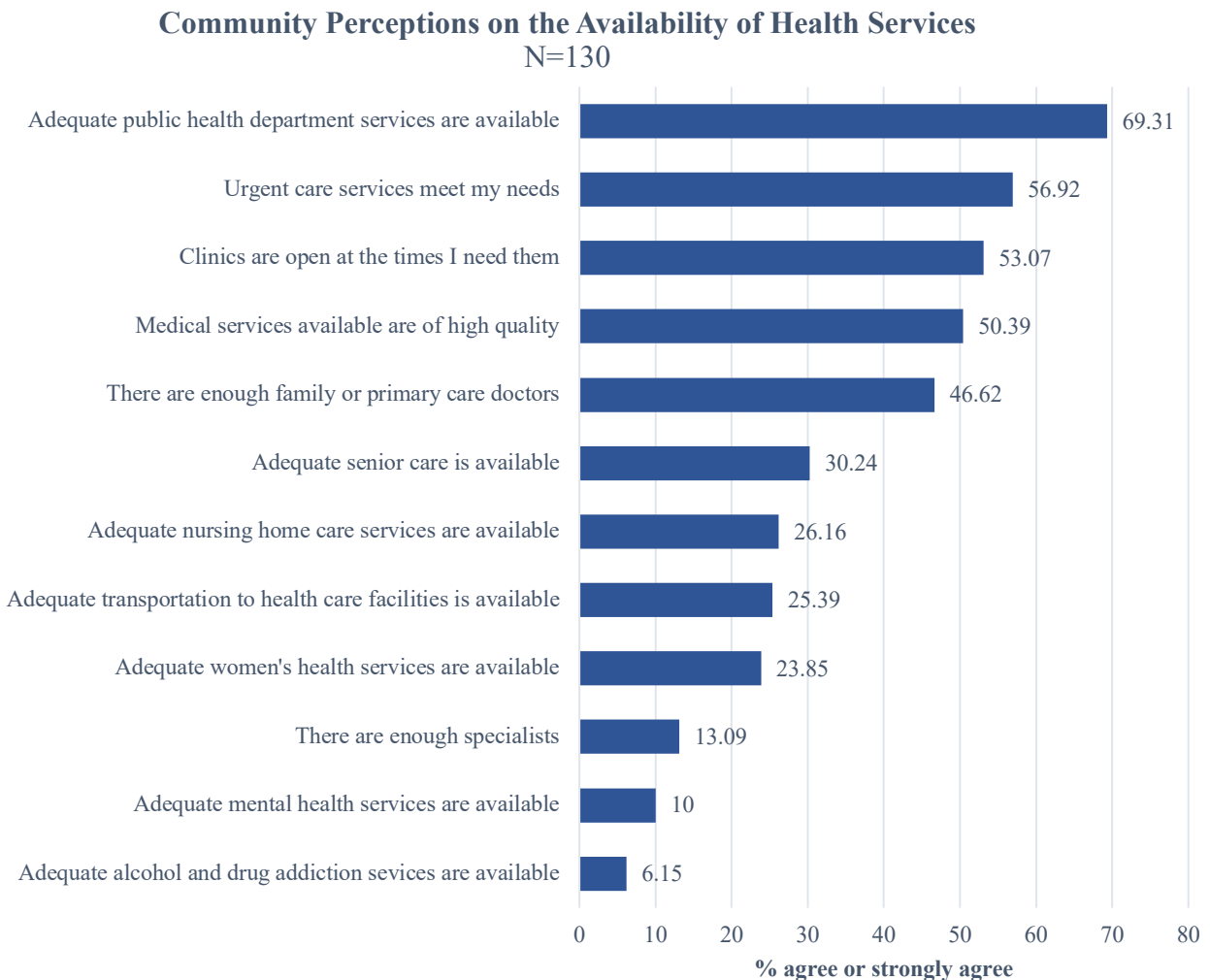
Figure 35. General Community Perceptions



Community Perception Concerning Health Care Services

The respondents’ perceptions of the adequacy of medical services within the community were sufficient in terms of public health, urgent care, and primary care. There are, however, areas of concern. Less than a third of respondents reported adequacy in senior care and nursing home care services and mental health services. About one out of four reported the availability of adequate transportation to health care facilities, and women’s health services and specialists. Key areas of shortages include lack of specialists, lack of mental health and alcohol and drug addiction services (Figure 36).

Figure 36. Community Perceptions Concerning Health Care Services

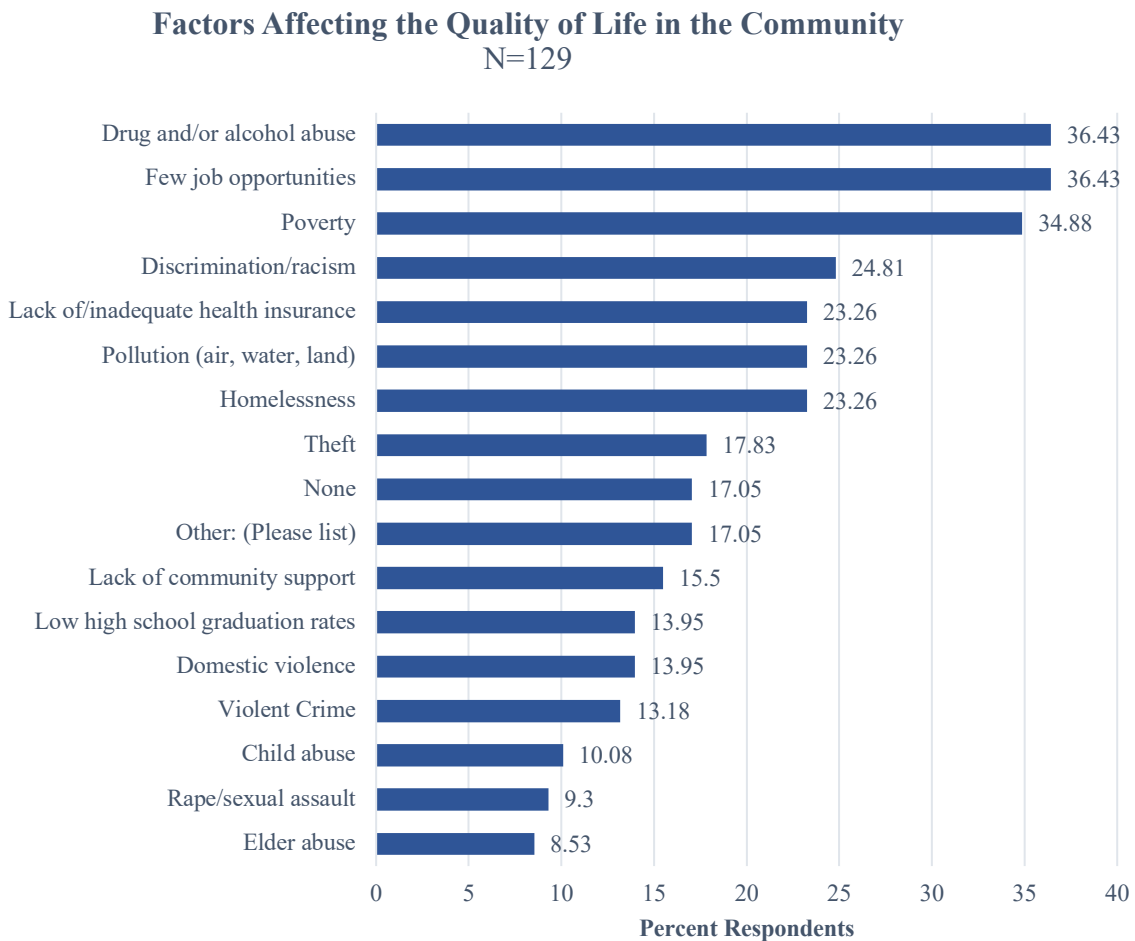


For each statement, we report valid percentages based on the respective sample size.

Community Perceptions Concerning Health and Quality of Life

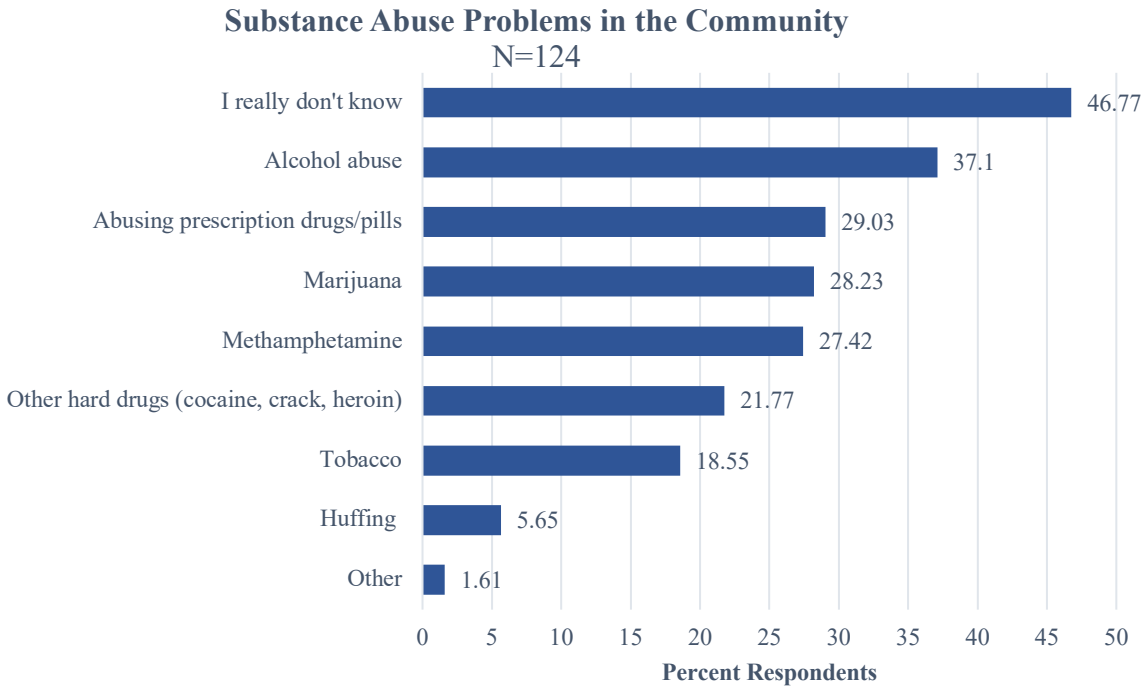
Over one-third of respondents (36.4%) identified drug and alcohol abuse and lack of job opportunities as the most significant factors affecting the quality of life in the community. Poverty was the third main factor impacting community life, with almost 35% of respondents identifying it as a negative impact on quality of life (Figure 34). Concerning substance abuse in the community, alcohol (37.1%) was identified as the most commonly abused substance, followed by prescription drugs and pills (29%), marijuana (28.2%), and methamphetamines (27.4%) respectively (Figure 37).

Figure 37. Perceptions Concerning Factors Affecting the Quality of Life in the Community



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

Figure 38. Substance Abuse Problems

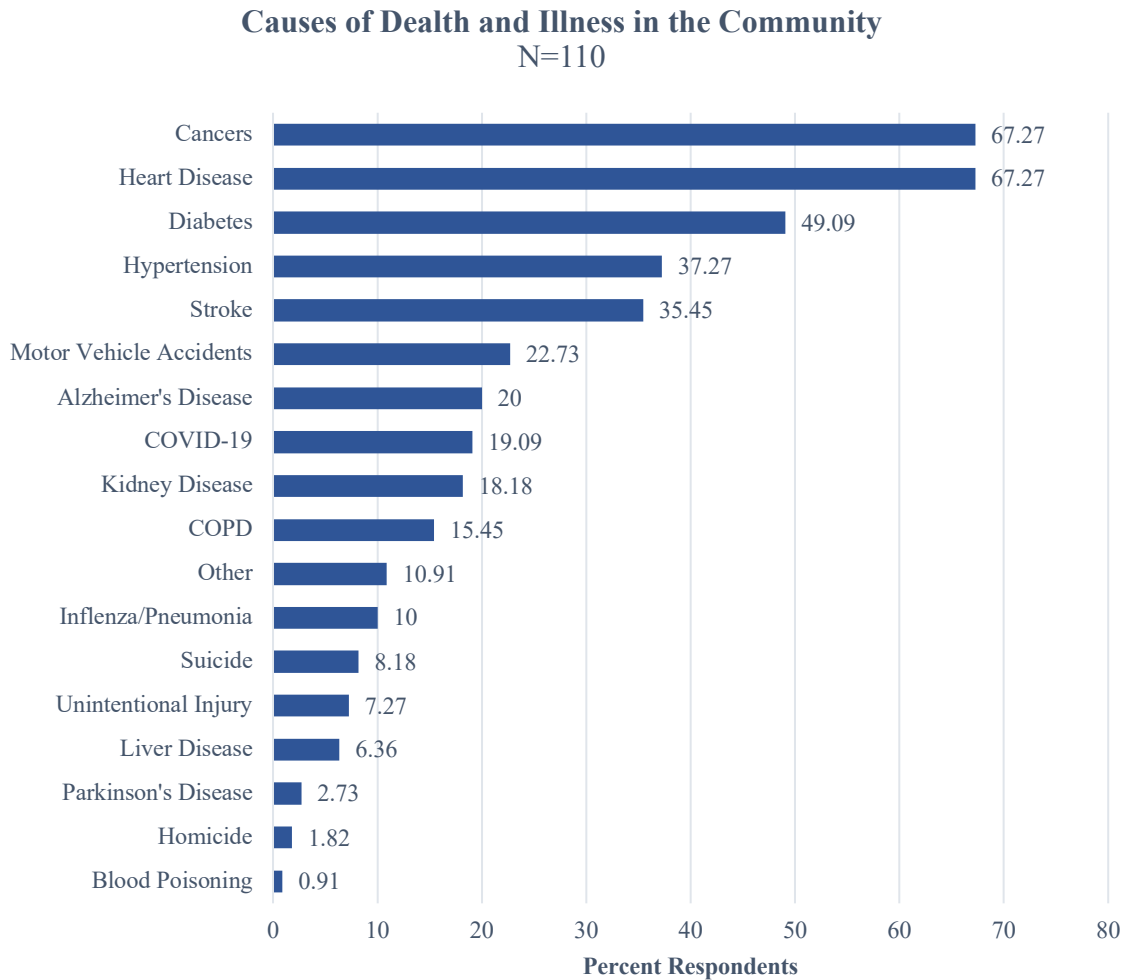


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perceptions Concerning Mortality & Morbidity

Cancers (67.3%), heart disease (67.3%) and diabetes (49.1%) were identified by the survey respondents as the top three causes of mortality and morbidity in the community (Figure 39). The toll of COVID-19 was evident, with 19% of respondents choosing it as a significant cause of death and illness.

Figure 39. Causes of Mortality and Morbidity



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

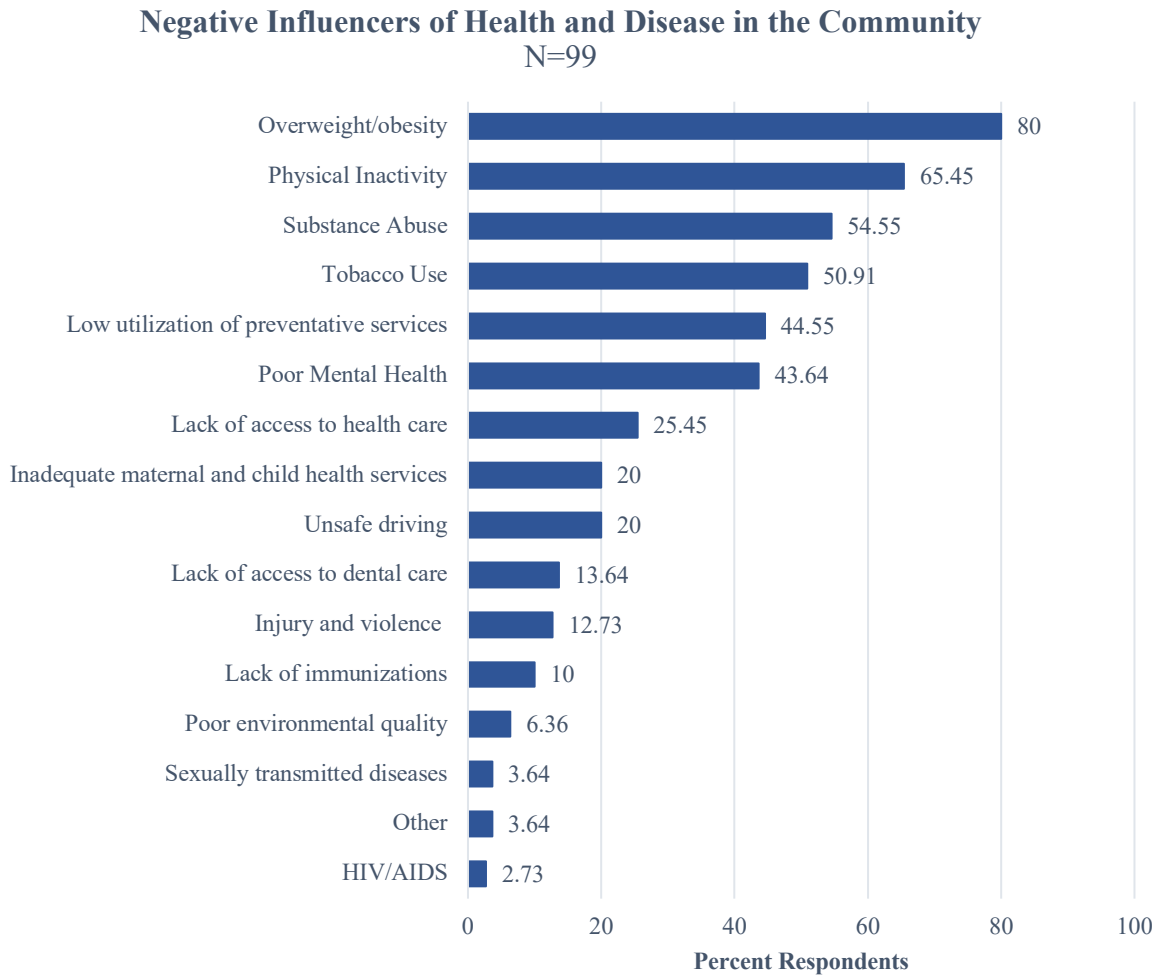
Negative Influencers of Health

Obesity/overweight (80%), physical inactivity (65.5%), and substance abuse (54.5%) were identified as the top three negative influencers of health in the community for adults (Figure 37). Tobacco use (51%), low utilization of preventative services (44.5%) and poor mental health (43.6%) formed a second tier of significant negative factors on the health of community members.

Nutrition (58.3%), internet use (49%) bullying (47.2%) and mental health issues (43.5%) were identified as the top four negative influencers of children's health. A second tier

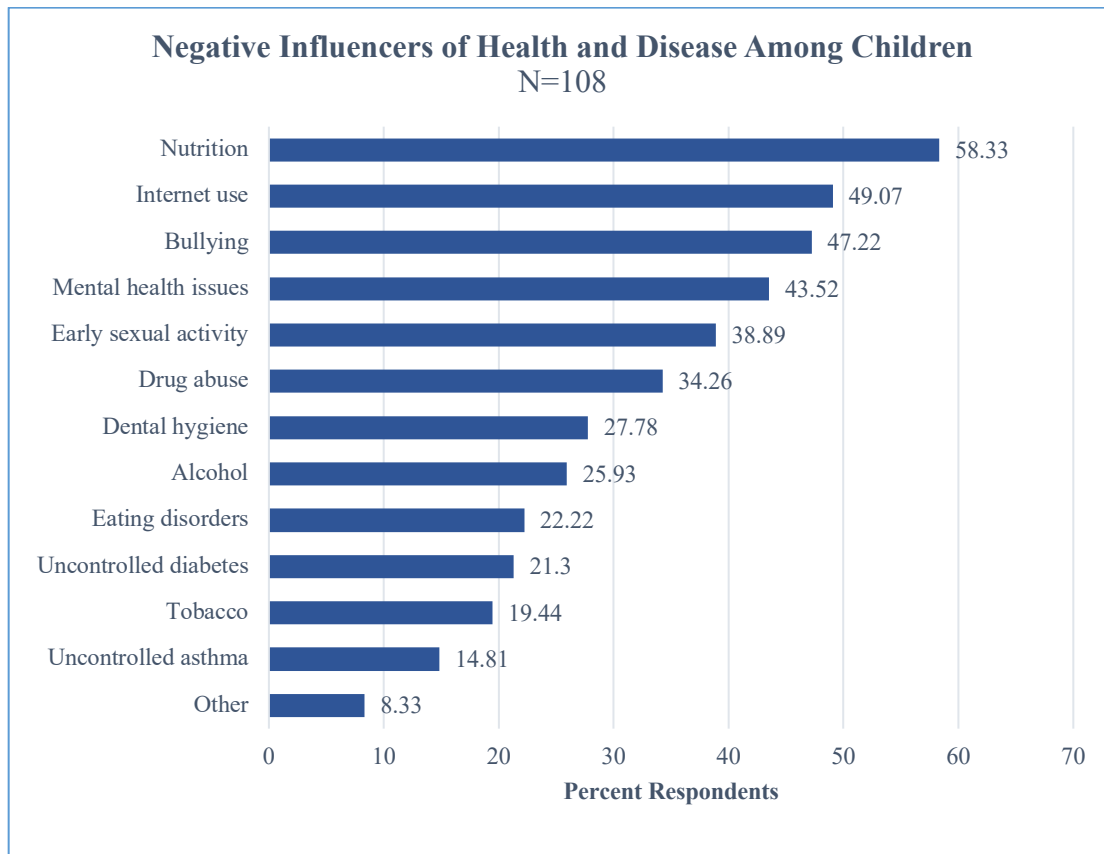
of responses highlighted other important factors for the health of children were: early sexual activity (38.9%), and drug abuse (34.2%) (Figure 40).

Figure 40. Negative Influencers of Community Health



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

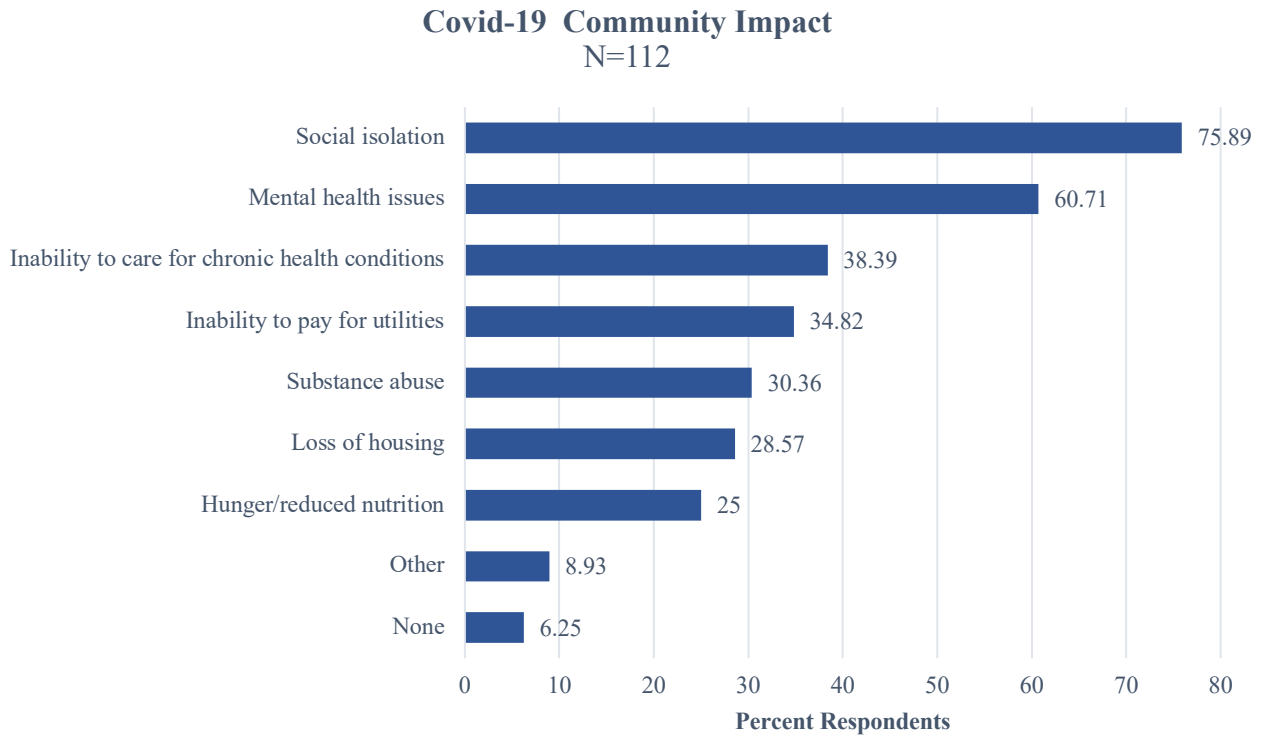
Figure 41. Negative Influencers of Children’s Health



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

With respect to COVID-19, respondents reported that social isolation (75.9%), mental health issues (60.7%) and inability to care for chronic health conditions (38.4%) were the top three issues exacerbated by the pandemic in Morgan County (Figure 42).

Figure 42. COVID-19 Community Impact



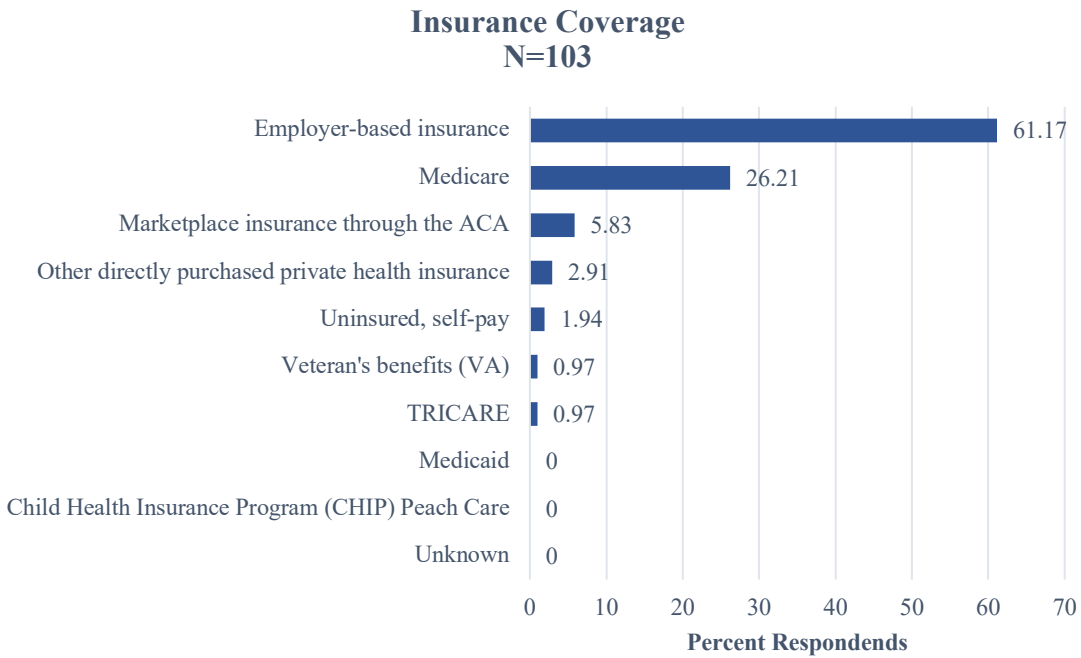
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

HEALTH CARE ACCESS

Insurance Coverage and Usual Source of Care

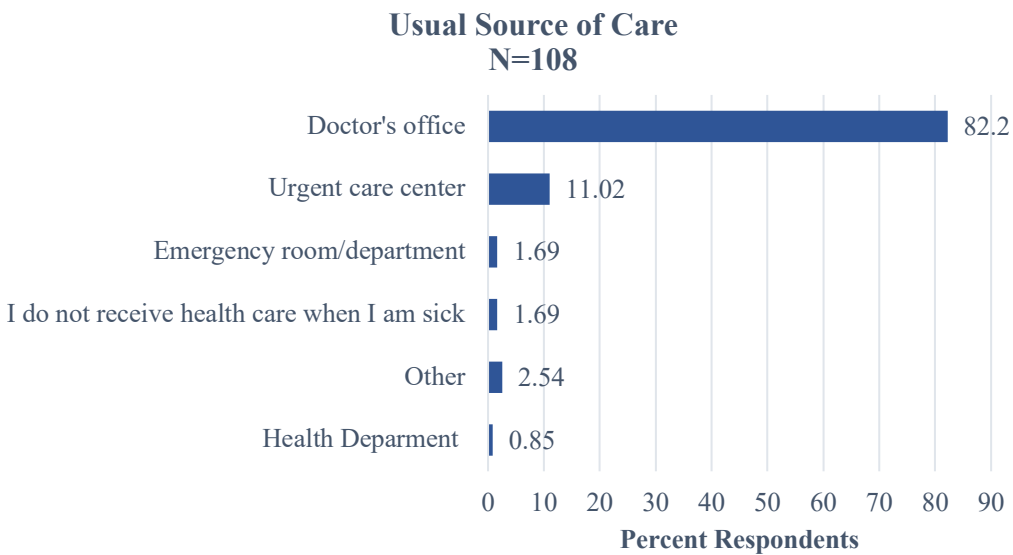
The majority of survey respondents (61.1%) reported that they had employer-based insurance. Over twenty-six percent were covered by Medicare, and almost six percent were covered through the ACA (Figure 43). A majority of the respondents (82.2%) identified that their usual source of care as a provider in a doctor’s office setting. Over 11% identified either the urgent care setting as their usual source of care (Figure 44).

Figure 43. Insurance Coverage



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

Figure 44. Usual Source of Care

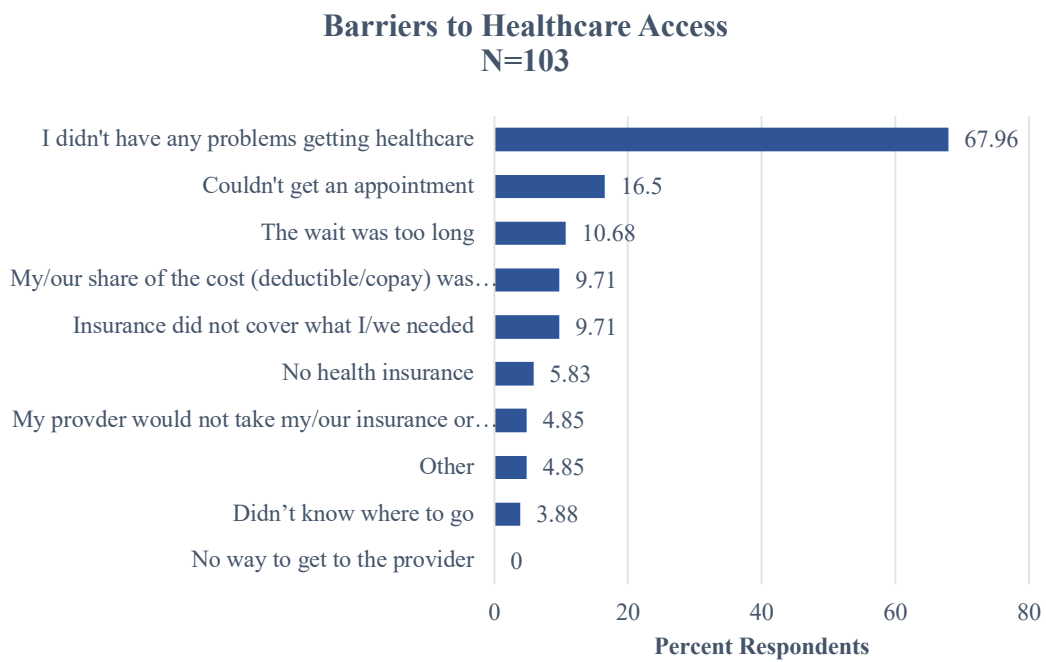


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Barriers to Healthcare Access

About one out of three respondents reported experiencing barriers to health care access in the past 12 months. Barriers most frequently mentioned were difficulty in scheduling appointments (16.5%), long waiting times (10.7%), high deductibles/copays (9.7%) and insurance not covering the needed services (9.7%) (Figure 45). More than four out of five respondents (85.6%) were willing to access specialists via telemedicine if Morgan Medical Center were to offer specialist telemedicine services (Figure 46).

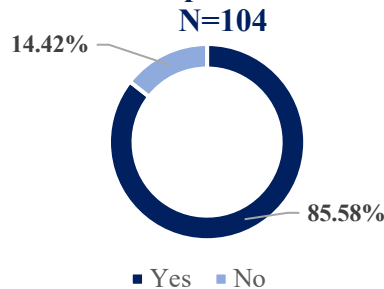
Figure 45. Barriers to Healthcare Access



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

Figure 46. Willingness to Use Telemedicine

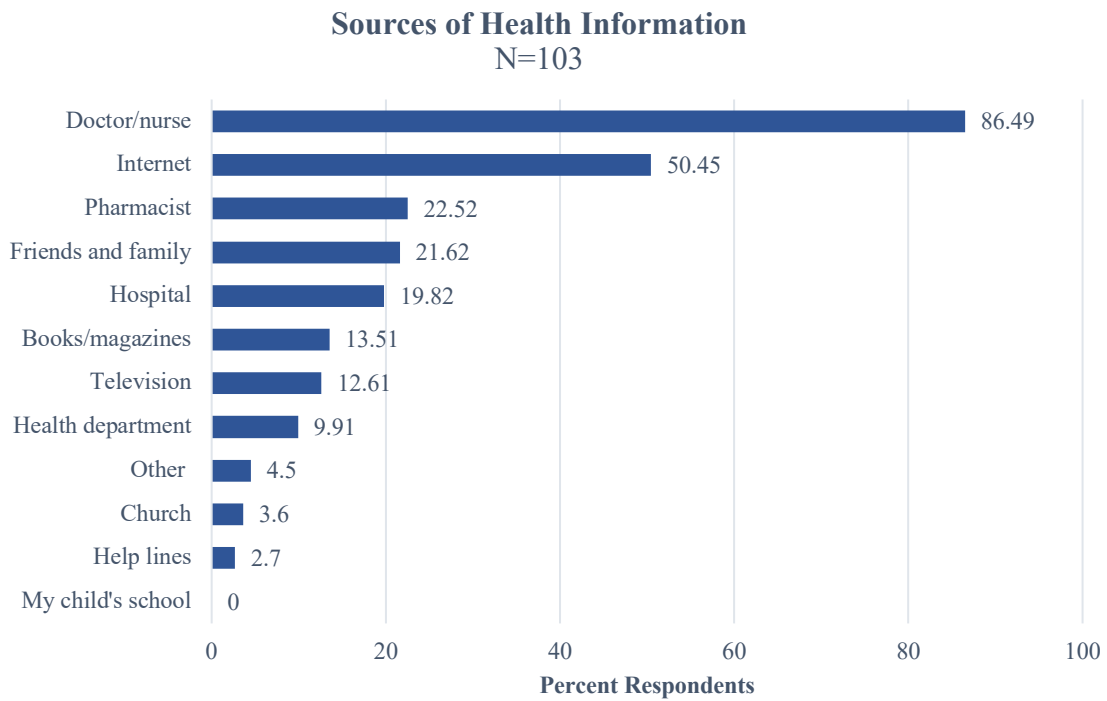
If offered by your local hospital, would you be willing to consult a specialist via telemedicine?



Health Information

Respondents most commonly identified their health care provider (doctor/nurse) as their source of health information (86.9%), followed by the internet (50.5%), the pharmacist (22.5%), friends and family (21.6%), and hospital (19.8%) (Figure 47).

Figure 47. Sources of Health Information



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

KEY STAKEHOLDER FOCUS GROUPS

PARTICIPANT CHARACTERISTICS

"I enjoy living in Morgan County. It's for the most part rural, super rural in some areas..."

"Morgan has always been very farm-oriented, so you're going to have a lot of middle-class families, lower-income earnings."

Four focus groups of key stakeholders were held in March of 2022 with a total of 14 participants representing different and vital aspects of the community. Participants represented business interests, church groups, healthcare workers, public health workers, and hospital employees. Participants demonstrated direct and secondary knowledge of issues and challenges facing vulnerable populations. Focus groups were held via Zoom. Each focus group session lasted approximately 60 minutes.

EMERGING THEMES

The following sections provide details of the focus group discussions by common thread or topic.

Community Perception Overall

Participants, overall, described their community as peaceful with much to offer its residents. Community members tend to help one another. While the community is rural, participants observed that the county is experiencing substantial growth.

"I enjoy living in Morgan County. It's for the most part rural - super rural in some areas... [I]t's a nice quiet community, has a lot to offer for a community of its size. And I guess a lot of the citizens that live in Morgan County are very helpful, willing to help, and it's just a good community to live in."

"It used to be a very small town. It felt very Andy Griffith, Mayberry-ish, for lack of better terms. But, now, you go out to eat, and you're around town, and sometimes you

know very few people. I do know that we've had a big turnover with a lot of new people here that we've never had before."

STRENGTHS: Peaceful and rural, Forward-thinking, Growing economy, Proximity to large cities.

The participants highlighted several aspects of the community as favorable factors of living in Morgan County. A **peaceful**, small-town feel, where **everyone knows each other** and is friendly, was emphasized. The promise of growth due to incoming manufacturing plants was also mentioned. Many participants had direct experience with receiving care in the facility, and each reported very positive experiences.

The following quotes capture these sentiments:

"Life here in Madison Morgan County is to me very peaceful. It's a very lovely place to be. Very friendly, warm. Just a town where pretty much everyone knows everyone."

"I feel like this community is very much proactive in trying to look down the road at things that are gonna come to our community and try to stay on top of things. Our city council obviously is... very open minded...So I think the progress that Morgan County and Madison makes to look ahead and try to stay on top things and address issues before they get here is a big plus for this community, and the hospital is a prime example."

"A lot of people pull together. A lot of organizations pull together. So it is a really, yeah a family friendly community I would say."

"We have enjoyed in the past a balanced economy. We have tourism. We even have some agricultural still here, but we're a regional retail center. We've got maybe 1,300 people out of our 8,000 workforce working in manufacturing. For the good or bad, Rivian has announced that they're coming to Morgan County and they're going to be looking to hire over a period of time up to 7,500 jobs. So there will be plenty of opportunities for our local folks as they pursue a career path with the electric vehicles

to be able to do that here locally instead of having to commute, but we're also going to open up our borders and have some commuters coming here which will be a little bit of a challenge."

CHALLENGES: Poverty, Transportation in rural areas, Communication, Access to healthy food.

Living in Morgan County is not without challenges. A consistent theme of all focus groups was the existence of **poverty, even in the presence of wealth**. Residents of the county's rural areas are likely to have transportation issues, which hinder access to social events, healthy food, exercise opportunities, and healthcare. **Communication** is also a challenge for the community members due to the lack of internet and computer access, especially in the remote areas of the county. In the midst of the pandemic, with kids attending school remotely, some had to drive to wi-fi spots to access the internet for them to do school work. It was also noted that much of the area has an issue with **inadequate access to healthy foods**.

"Morgan County is a mixture and contrast. It has a lot of wealthy individuals, and then also crushing poverty at the same time. So it is, if you just drove along main street where I'm at right now you would not catch that there are real needs in this community that a lot of visitors come and don't necessarily catch onto."

"There is a lot of activities that are available, but then again for people that are in poverty the transportation and the means to get there always poses an issue, and because the bulk of the population is in the outskirts in Morgan County the transportation has always been a huge issue to be able to have access to those, to the resources that are available."

"Not having accessibility to public transportation to take you to the hospital or take you to urgent care can be problematic. If you talk to our EMS folks, they will sit there and say a lot of times they'll get calls to come to the house and somebody's run out of their medication or they need to have some simple care that they could've gotten on their own."

“We have to take the kids to the little volunteer fire department sometimes and sit in the car so that they can do their schoolwork.”

“Some areas are probably considered a food desert, so...access to fresh produce is probably tougher, which is again one of the things that we're trying to do on the food pantry.”

Health-Specific Community Characteristics

Themes: Affordability and Access, Transportation, Awareness of Services, Lack of adult physical activity opportunities

Across focus groups, fundamental issues of **affordability and access** were discussed as primary challenges to maintaining good health. **Transportation** to healthcare appointments and facilities was noted as a significant issue. Additionally, basic awareness of what services are available was also mentioned. While gyms were noted to be available, access to adult recreational activities was also noted as a challenge.

“You have a lot of...what we call the working poor, where they are working but still are not able to get insurance from their place of employment other than I guess what we say underemployed, but also underinsured. The deductibles and all that are just outrageous, so...it's an issue for so many here.”

“One of the major problems that we have with a lot of people that don't have enough money to go to a health care provider, they do not have insurance... If we could get more affordable health care, I think most people would be able to be served then.”

“We have very limited transportation that can take a person out of town to a doctor's appointment, public transportation.”

“I think really just one lacks knowledge of what's available and then the lack of accessibility to those resources is really, yeah really a barrier as well.”

“As far as our recreation department, we have a lot of things here in Morgan County, in my opinion, for children. But, for adults, we don't have as much here as far as recreational places to go and things to do as surrounding counties.”

Healthcare-Specific Community Characteristics

Themes: Adequate primary care, Access to specialists, Mental health needs.

Consistently, participants felt that access to **primary care was noted as adequate** in the county. However, access to **specialty care providers was noted as a challenge** for the area, with various specialties mentioned. **Pediatrics** and **geriatrics** were also noted as significant needs. **Dermatology** and **nephrology** were also mentioned.

“Dermatology would be nice. Nephrology would be nice. We have cardiology. We have podiatry. We have plenty of dentists in town. Orthodontists we have access to. I think we have good access to primary care. I feel like we have a lot of primary care. A pediatrician would be really nice. That’s a huge need. I don't know how – you know, it's difficult to find in rural areas, but a pediatrician would be really good. We have a new gynecologist here.”

“The other area that I think is going to be a bigger need is gerontology. Because we have a lot of communities being built that are for older folks. And I know now our family medicine practitioners are all partial gerontologists because there's a lot of people moving into the county who are facing their sunset of their years.”

Very strong sentiments were shared regarding access to **mental health** services across all focus groups. The discussions highlighted the complexity of mental health services and the increasing diagnostic complexity of patients, and emphasized the shortage of mental health providers that is seen across the state.

“We've had to travel a distance, and part of that has to do with the [mental health] services itself. There is a waiting list in the surrounding counties, and it can go anywhere from six to nine months to get services. And when you do get the services a lot of times their protocol is that...we will provide medication, but you will see our therapist. Now if you have a child that has diagnoses that are clearly at a need for a

higher level of care than what they do, that becomes difficult. And we're finding that a lot of these places are telling us upfront that they have services, but two or three sessions into it... you just... it's not working."

"[Mental health issues] get so bad that they're taken through the ER, and the emergency room really has no idea what to do. They don't; they have not experienced it... [T]hey pull out their list of 10 or 12 places rounding the counties of where a child can go to keep themselves safe. So you're tied to an emergency bed until that happens. I think that's...not a good setting."

"I feel like recently we've had an increase in mental health issues going on. A lot of our patients will verbalize to us depression or anxiety, and of course our next question would be, "Are you on medication for this? Have you seen a doctor for this?" because we can't offer them those medications. But, I do believe that is an issue where we don't have the helpful resources in this area to be able to address that or even to refer people to...I feel like the need for mental health is desperately growing threefold, for sure, because usually places that have behavioral health programs are definitely not in this town, and we have to refer people elsewhere, and so then transportation is a problem because how are they to get from point A to point B? I do think mental health is a big issue."

"From the law enforcement aspect of it, I will absolutely say that mental health care is an issue for us because, just for instance, right now if we were to get someone who didn't need to be in jail, they needed medical attention for their mental health; we've basically got to go to Augusta. That's where the facility is that's going to take them and evaluate them and decide what type of medical care they need, whether it's just they're someone who is off their meds, and they need someone to oversee the facts that they need their medication every day for them to function properly or if it's something else that's going on with them. But there is nothing here... So access to local mental health care providers would be a great asset to us. If we could just utilize our hospital facility and have the personnel there to assist us with that, that would be a great help to us."

Hospital's Role in Advancing Community Health and Wellness

Themes: Active and engaged role in community, COVID-19 support

Morgan Medical Center was noted as being extremely **active in the community** and present at community events where they work to educate residents on the services they provide and ways to improve health. The hospital's drive-through **COVID-19 testing program** was also praised.

"They always tend to not only participate, but they actually sponsor a lot of events. Back to school rallies is a big one that comes to mind that they're heavily involved in. Prior to the pandemic, it was actually held on hospital grounds every year... And supporting the various projects around the county. I know they have employees that are involved in social clubs, civic clubs in the community. We actually have a couple of folks in our Rotary club... that participate in the various events in the community. I think they do a good job of being a part of the community and reaching out in community events."

"They're constantly out there doing things that'll support the different organizations from my perspective."

"I will give them credit for trying to be proactive. If you meet the board, they're all engaged individuals."

"The hospital sponsors several mammograms for people that are underinsured in the community through their primary care physicians."

"They're also one of the leaders with some of the drive thru COVID testing. You know, this was a state program that they did, but they also are right in front of the hospital if you need to get checked, you pull in and have that done."

Health and Healthcare Wish List Items

Themes: Expanded mental health services, Outreach to rural areas lacking transportation, Medication affordability assistance.

Focus group participants were asked about what items might be on their personal wish lists for services and resources that could improve the overall health of county residents. Participants suggested several areas for consideration, focusing on the **mental health issues** that had been identified, reaching out to the most rural residents to provide health checks, and offering assistance with paying for basic medications.

“Start linking in mental health services and not have to go in through an emergency room, as no one [in the ER] is knowledgeable of what to do.”

“Access to local mental health care providers would be a great asset to us.”

“Having at-home clinicians that would make house calls might be an outreach that you could do in certain areas for those that are shut in or those that don’t have access to the health care that I do. They might have somebody that comes by to see them from time to time just to check up on them and do a wellness check with the folks in that community.”

“Offer assistance programs for medications, or have some sort of sliding scale to where it may not be affordable but at least someone is making a payment towards being able to get what they need. I think that would be a big contribution, to be able to help the low-income people be able to get the supplies or medication that they need.”

Themes: Partnership with the recreation department, school system, retirement villages

Hospital Strategies for Approaching Community Health

When asked to think about possible collaborations that the hospital could use to improve health of Morgan County residents, focus group participants offered up

several ideas for consideration focused on **partnering with the recreation department** to enhance physical activity opportunities, the school system to address student needs, and local retirement villages to address seniors' needs.

“As much as they can partner with other organizations to get that word out and to continue to develop new partnerships, I think would be great.”

“We always try to look through the lens of who are we not reaching? And I don't know if there are ways to gauge that particularly if there are children in the community that are not, I would think partnering with the school system whether it's an immunization clinic, or those kinds of things.”

“I think partnerships with some of the retirement villages, and folks that are going in I think, could be something pretty neat. Part of it is just community marketing for the services they provide like you had mentioned.”

“What are those issues at the school system, are they even having? I know that we've got some school nurses now, but just making a connection there to make sure that the youngest in the community, especially, are getting served, and getting what they need.”

Conclusion

In summary, focus group participants, most of whom were long-standing residents of the community, expressed favorable opinions about their community, its potential for growth and the role of the hospital in promoting health. The perspectives shared by participants on ways to improve the health of Morgan County residents were introspective and informative. In particular, participants advocated for improving access and resources on mental health, outreach to residents who live in remote areas to provide health checks to them, and assistance with the affordability of basic needs for medication. The suggested initiatives include strengthening partnerships with the recreation department to enhance physical activity opportunities, improved efforts to address the health needs of the school system students, and collaboration with local retirement villages to respond to the needs of the senior population in Morgan County. Areas of concern included challenges with affordability and access to healthcare

services, limited physical activity opportunities, and access to specialty services such as pediatric and geriatric services.

NEXT STEPS

As highlighted in the Executive Summary, a synthesis of secondary data, community survey responses, and key stakeholder focus group input points to several priority areas for Morgan County. Areas of need that were highlighted in more than one data source included mental health (including COVID-19 related impacts), inadequate physical activity, access/transportation, cancer (and smoking), and nutrition and medication affordability. After both reviewing these data and considering the hospital's past and current community health-related initiatives, the Hospital CHNA Steering Committee prioritized four areas for its 2022 implementation plan: 1) Lifestyle/Obesity, 2) Access to care, 3) Mental health and Behavioral Health, and 4) Senior Health. The Hospital CHNA Steering Committee will now further consider these identified priority areas to determine what strategies that the hospital can put in place to address them effectively.

HEALTHCARE RESOURCE LISTING

In order to access health care, community members should be aware of available resources. The following pages provide information to the community about these resources.

ASSISTED LIVING FACILITIES	
Madison House 167 W. Jefferson Street Madison, GA 30650 706-474-3722	Oconee House 126 Parks Mill Road Buckhead, GA 30625 706-474-3722
Savannah Court of Lake Oconee 1061 Willow Run Road Greensboro, GA 30642 706-454-0980	Benton House 7155 Dearing Road Covington, GA 30014 770-788-6660
Palmshade Villa 175 Crowell Road North Covington, GA 30014 770-788-9844	Remington House 1504 Renaissance Drive Conyers, GA 30012 770-761-4888
Whispering Pines ALF 100 E. Paces Drive Athens, GA 30605 706-354-6540	Arbor Terrace of Athens 170 Marilyn Farmer Way Athens, GA 30606 706-353-0400
Merryvale 11980 Highway 142 North Oxford, GA 30054 770-786-4688	Great Oaks 920 Highway 138 Monroe, GA 30655 770-267-7902
Harbor on Harmony 923 Harmony Rd. Eatonton, GA 31024 706-438-4441	Hollander Senior Living 171 Highway 78 NW Monroe, GA 30655 770-267-7050
Manchester Court 1358 Manchester Drive NE Conyers, GA 30012 470-207-7250	The Gardens of Social Circle 621 N. Cherokee Rd. Social Circle, GA 30025 770-464-4211
Morningside 1352 Wellbrook Circle, NE Conyers, GA 30012 770-761-4888	Oaks at Ashton Hills 10050 Eagle Dr. Covington, GA 30014 770-886-4600

<p>Lakeview Manor 1321 Price Mill Rd. Madison, GA 30650 706-342-7159</p>	<p>The Madison 150 Hancock St. Madison, GA 706-343-9991</p>
<p>BLOOD DONATIONS</p>	
<p>American Red Cross 800.RED.CROSS / 800.733.2767 (P) www.redcross.org</p>	<p>Shepard Community Blood Center 1533 Wrightsboro Rd. Augusta, GA 30904 706-737-4551 (bloodmobile comes to Madison)</p>
<p>BREASTFEEDING RESOURCES</p>	
<p>Breastfeeding Information www.breastfeeding.com</p>	<p>La Leche League of GA Hotline 404.681.6342 (P)</p>
<p>First Call Pregnancy Center 1531 W. Broad St. Greensboro, GA 30642 706-453-1908 www.firstcall.me/ (mobile unit comes to Madison)</p>	
<p>CAR SEAT RESOURCES AND SAFETY</p>	
<p>Morgan County Sherriff's Office 1380 Monticello Rd. Madison, GA 30650 706-342-1507</p>	<p>First Call Pregnancy Center 1531 W. Broad St. Greensboro, GA 30642 706-453-1908 www.firstcall.me/</p>
<p>Auto Safety Hotline 800.424.9393</p>	

CANCER SUPPORT SERVICES	
American Cancer Society 800.227.2345 (Preferred)	
CHILDREN & FAMILY SUPPORT SERVICES	
ALL GA KIDS 877.255.4254 (P)	
Morgan County DFCS 2005 S. Main St., Suite 100 Madison, GA 30650 770-343-5800	Division of Child Support Services (DCSS) Ocmulgee Milledgeville 111 Fieldstone Dr., Suite 200 Milledgeville, GA 31061 844-694-2347
CLOTHING RESOURCES	
Joseph's Coat 1140 Monticello Rd. #300 Madison, GA 30650 706-342-0444	Goodwill 1512 Eatonton Rd. Madison, GA 30650 706-752-3084
COUNSELING	
Madison Family Counseling 1040 Barclay Dr. Madison, GA 30650 706-438-3003	Hope Springs Counseling 271 W. Washington St. Madison, GA 30650 678-635-3136
Child and Adolescent Resource 706-342-3130	Advantage Behavioral Health 706-453-2301
CRISIS INTERVENTION	
Georgia Crisis Line 800.715.4225 (P)	National Domestic Violence Hotline 800.799.7233 (P)

DENTAL (LOW-INCOME)	
Help-A-Child-Smile (mobile dental clinic) 770-760-7900 800-770-0388	
DEVELOPMENTAL NEEDS	
Babies Can't Wait www.health.state.ga.us/programs/bcw	Parent to Parent of Georgia 800.229.2038 (P)
DME & RESPIRATORY PROVIDERS	
Medics Home Health Services, Inc. Madison: 706-342-9236	Thrifty Mac Madison: 706-342-4141
Apalachee Medical Supply and Mobility Greensboro: 706-999-1751/Loganville: 678-374-7999	Aero Care Home Medical Equipment 470-735-0266
Lincare Bogart: 706-549-8968/1-800-371-8968	Care Medical 706-354-4136/800-287-2618
Med Resources Covington: 678-658-4663	Apria 866-689-8098
Reagan Home Care Pharmacy 770-483-4727	

FINANCIAL ASSISTANCE	
<p>Division of Family and Children Services (DFCS) Temporary Assistance for Needy Families (TANF) Morgan Co. DFCS 2005 S. Main St., Suite 100 Madison, GA 30650 706-343-5800</p>	
FOOD ASSISTANCE	
<p>Morgan Co. DFCS 2005 S. Main St., Suite 100 Madison, GA 30650 706-343-5800 www.dfcs.dhs.georgia.gov For Food Stamps</p>	<p>Morgan County Health Department 2005 S. Main St., Suite 200 Madison, GA 30650 706-752-1266 For WIC Assistance</p>
<p>The Caring Place 1140 Monticello Rd., Suite 400 Madison, GA 30650 706-342-9861</p>	<p>Madison Morgan Community Food Pantry 951 Eliza Morris St. P.O. Box 407 Madison, GA 30650 706-707-8900</p>
FURNITURE RESOURCES	
<p>Goodwill 1512 Eatonton Rd. Madison, GA 30650 706-752-3084</p>	

HEALTH INSURANCE	
<p>PeachCare for Kids 877.427.3224 (P) www.peachcare.org</p>	<p>Medicaid Member Services: 866.211.0950 (P) Provider Services: 800.766.4456 (P) Eligibility: 404.730.1200 (P) Customer Service: 404.657.5468 (P) www.medicaid.gov</p>
<p>Medicare 800.MEDICARE / 800.633.4227 (P) Medicare Service Center: 877.486.2048 (P) Report Medicare Fraud & Abuse: 800.HHS.TIPS / 800.447.8477 (P) www.medicare.gov</p>	
HOSPICE PROVIDERS	
<p>Abbey Hospice 215 Azalea Court Social Circle, GA 30025 770-464-5858</p>	<p>Compassionate Care Hospice 2340 Prince Avenue, Suite A Athens, GA 30606 706-369-3550</p>
<p>Hospice Compassus 2470 Daniels Bridge Road Building 100, Suite 171 Athens, GA 30606 706-354-1707</p>	<p>Pruitt Health Hospice 435 Hawthorne Avenue Suite 200 Athens, GA 30606</p>
<p>Regency-Southern Care Hospice 825 Baxter Street Athens, GA 30605 706-549-5558</p>	<p>Gentiva Hospice 855 Gaines School Road, Suite G Athens, GA 30606 706-549-5736</p>
<p>St. Mary's Hospice 1660 Jennings Mill Road Watkinsville, GA 30677 706-425-2525</p>	<p>Affinis Hospice 1612 Mars Hill Road, Suite A Watkinsville, GA 30677 706-705-6000</p>
<p>Homestead Hospice 1561 Lenru Road, Suite A Bogart, GA 30622 770-725-2399</p>	

HOUSING / UTILITY ASSISTANCE	
Low Income Home Energy Assistance Program (LIHEAP) To verify if you are eligible, please call: 800.869.1150 (P)	Georgia Dept. of Community Affairs Georgia Dream Homeownership Program 800.359.4663 (P)
Georgia Housing Search www.georgiahousingsearch.org	
LEGAL ISSUES	
Georgia Legal Services 800.822.5391 (P)	
LITERACY	
Family Literacy Hotline 404.539.9618 (P)	Ferst Foundation for Childhood Literacy 888.565.0177 (P)
MEDICAL FINANCIAL ASSISTANCE	
Morgan Co. DFCS 2005 S. Main St., Suite 100 Madison, GA 30650 706-343-5800	
MEDICAL CLINICS AND (FREE AND SLIDING FEE)	
Morgan Co. Health Department 2005 S. Main St., Suite 200 Madison, GA 30650 706-752-1266	

MENTAL HEALTH	
Advantage Mental Health Outpatient clinic 834 Hwy 11 South Monroe, GA 30655 770-267-8302	Samaritan Counseling Center 455 N Lumpkin Street Athens, GA 30601 706-369-7911
SummitRidge 400 Hawthorne Lane Athens, GA 30606 678-442-5858	
NURSING HOMES/SKILLED NURSING	
Madison Health and Rehab 2036 South Main Street Madison, GA 30650 706-342-3200	Morgan Medical Center Short Term Acute Rehab 1740 Lions Club Road Madison, GA 30650 706-342-1667
The Oaks 490 Kathwood Dr. Athens, GA 30607 706-355-7400	PruittHealth – Athens Heritage 960 Hawthorne Ave. Athens, GA 30606 706-549-1613
PruittHealth – Grandview 165 Winston Dr. Athens, GA 30607 706-549-6013	University Nursing and Rehab 180 Epps Bridge Rd. Athens, GA 30606 706-549-5382
Greene Point Health and Rehab 1321 Washington Union Point, GA 30669 706-486-2167	Legacy 1201 Siloam Rd. Greensboro, GA 30642 706-453-1912
The Retreat of Monticello 898 College St. Monticello, GA 31064 706-468-6411	Westbury Nursing Home 922 McDonough Rd. Jackson, GA 30233 770-775-7832
PruittHealth – Covington 4148 Carroll St. Covington, GA 30016 770-786-0427	Riverside Health Care Center 5100 West Street NW Covington, GA 30014 770-787-0211

<p>High Shoals Health and Rehab 3450 New High Shoals Rd. High Shoals, GA 30645 706-769-7738</p>	<p>Eatonton Health and Rehab 125 Sparta Hwy. 16 East Eatonton, GA 31024 706-485-8573</p>
<p>Rockdale HealthCare 1510 Renaissance Dr. Conyers, GA 30012 770-483-4480</p>	<p>Westbury Health and Rehab 1420 Milstead Rd. Conyers, GA 30012 770-483-3902</p>
<p>Park Place 1865 Bold Springs Rd. NW Monroe, GA 30656 770-267-8677</p>	<p>Center for Advanced Rehabilitation at Social Circle 671 N Cherokee Rd. Social Circle, GA 30025 770-464-2019</p>
<p>PARENTING RESOURCES</p>	
<p>American Academy of Pediatrics www.healthychildren.org</p>	<p>First Call Pregnancy Center 1531 W. Broad St. Greensboro, GA 30642 706-453-1908 www.firstcall.me/ (mobile unit comes to Madison)</p>
<p>"MOPS" - Mothers of Preschoolers General Info: 800.929.1287 (P) 303.733.5353 (P) 303.733.5770 (F) Service/Group Info: 888.910.MOPS / 888.910.6677 (P) www.mops.org</p>	
<p>PATERNITY</p>	
<p>Division of Child Support Services (DCSS) Ocmulgee Milledgeville 111 Fieldstone Dr., Suite 200 Milledgeville, GA 31061 844-694-2347</p>	

PHYSICAL THERAPY / REHABILITATION SERVICES	
<p>Morgan Medical Center Inpatient and Outpatient Programs 1740 Lions Club Road Madison, GA 30650 706-342-1667 www.morganmedical.org</p>	
PUBLIC LIBRARIES	
<p>Morgan County Library 1131 East Avenue Madison, GA 30650 706-342-1206</p>	
RECREATION	
<p>Morgan County Parks and Recreation 1253 College Dr. Madison, GA 30650 706-342-0588 www.mcplayrec.org</p>	
SAFETY	
<p>Georgia Poison Control 800.222.1222 (P) www.gpc.dhr.georgia.gov</p>	
SENIORS	
<p>Morgan County Senior Center 991 S. Main St. Madison, GA 30650 706-342-1614</p> <p>Meals on Wheels</p>	

SMOKING CESSATION	
Georgia Tobacco Quit Line 877.270.7867 (P) www.livehealthygeorgia.org/quitline	
TEEN PARENTING RESOURCES	
First Call Pregnancy Center 1531 W. Broad St. Greensboro, GA 30642 706-453-1908 www.firstcall.me/	Young Mommies Help Site www.youngmommies.com
TRANSPORTATION	
Morgan County Transit 991 S. Main St. Madison, GA 30650 706-342-4052	