2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Morgan County, Georgia

Sponsored by

MORGAN MEDICAL CENTER

2024-0723-02

Prepared by
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INTRODUCTION

PROJECT OVERVIEW

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Morgan County, Georgia. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of Morgan Medical Center by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

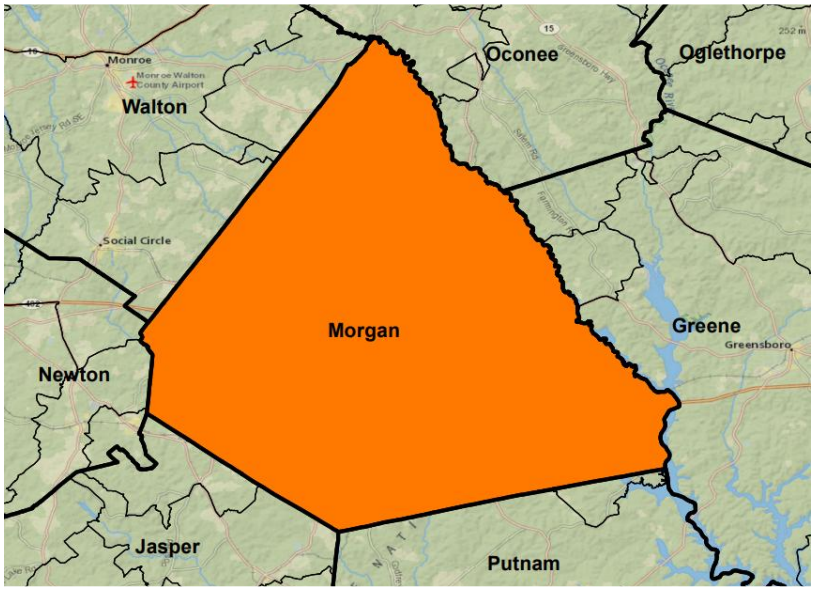
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Morgan Medical Center and PRC.

Community Defined for This Assessment

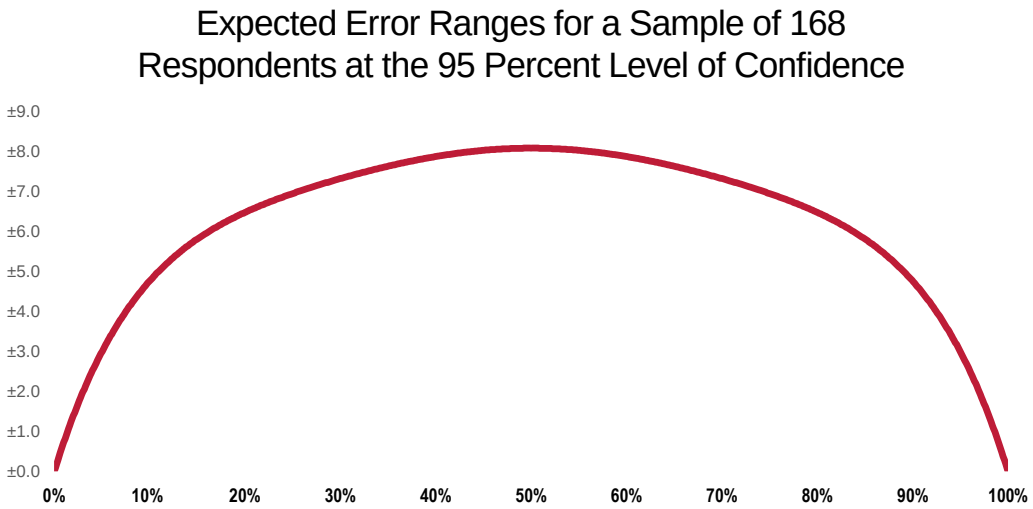
The study area for the survey effort is defined as Morgan County, Georgia. This community definition, determined based on the residence of recent patients of Morgan Medical Center, is illustrated in the following map.



Sample Approach & Design

The survey was administered via the internet. PRC hosted the online survey instrument, and Morgan Medical Center and local partners used a variety of communication tools to drive residents to take the survey online. Examples include press releases, social media advertising, posting on organizational websites, and email campaigns to community members and community partners. In all, a total of 168 surveys in Morgan County were achieved.

For statistical purposes, the maximum rate of error associated with a sample size of 168 respondents is ±8.0% at the 95 percent confidence level.



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

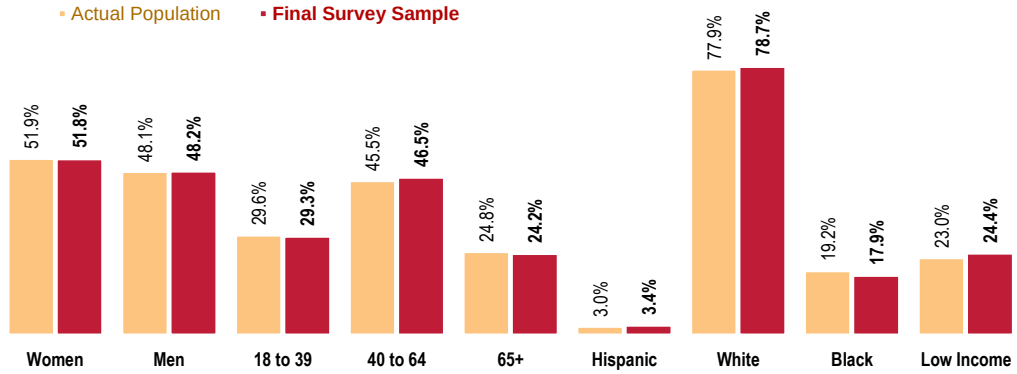
Examples:
- If 10% of the sample of 168 respondents answered a certain question with a "yes," it can be asserted that between 5.2% and 14.8% (10% ± 4.8%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 42.0% and 58.0% (50% ± 8.0%) of the total population would respond "yes" if asked this question.

Sample Characteristics

Once all interviews were completed, these were combined and weighted to best reflect the area as a whole. To accurately represent the population studied, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Morgan County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Morgan County, 2025)



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2025 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Morgan Medical Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 22 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	4
Public Health Representatives	1
Other Health Providers	5
Other Community Leaders	12

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Caring Place
- Jim Boyd Insurance Agency
- Madison-Morgan Chamber of Commerce
- Morgan County Charter Schools
- Morgan County Family Connection
- Morgan County Fire Department
- Morgan County Government
- Morgan County Hospital Authority
- Morgan County Library
- Morgan County Middle School
- Morgan County School District
- Morgan Medical Center
- PharmD on Demand
- The CCAA Group

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Morgan County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Comparisons

Georgia Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing sources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large enough sample for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	4
Part V Section B Line 3b Demographics of the community	21
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	84
Part V Section B Line 3d How data was obtained	4
Part V Section B Line 3e The significant health needs of the community	10
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	10
Part V Section B Line 3h The process for consulting with persons representing the community's interests	6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	88

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Primary Care Physician Ratio ▪ Access to Dentists
CANCER	▪ Leading Cause of Death ▪ Cancer Deaths ▪ Prostate Cancer Incidence
DISABLING CONDITIONS	▪ Alzheimer’s Disease Deaths
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Deaths
INFANT HEALTH & FAMILY PLANNING	▪ Key Informants: *Infant Health & Family Planning* ranked as a top concern.
MENTAL HEALTH	▪ Mental Health Provider Ratio ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Low Food Access ▪ Overweight & Obesity ▪ Key Informants: *Nutrition, Physical Activity & Weight* ranked as a top concern.
RESPIRATORY DISEASE	▪ Lung Disease Deaths

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Nutrition, Physical Activity & Weight
3. Infant Health & Family Planning
4. Heart Disease & Stroke
5. Cancer
6. Disabling Conditions
7. Respiratory Disease
8. Access to Health Care Services

Hospital Implementation Strategy

Morgan Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Morgan County results are shown in the larger, gray column.

- The columns to the right of the Morgan County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Morgan County compares favorably (☀), unfavorably (☁), or comparably (⛅) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	0.3	2.8	3.9	
Population in Poverty (Percent)	7.5	13.5	12.4	8.0
Children in Poverty (Percent)	8.7	18.7	16.3	8.0
No High School Diploma (Age 25+, Percent)	8.7	11.1	10.6	
Unemployment Rate (Age 16+, Percent)	2.9	3.4	3.9	
% Unable to Pay Cash for a $400 Emergency Expense	17.4		34.0	
Housing Cost Exceeds 30% of Income (Percent)	19.5	28.2	29.3	25.5
% Unhealthy/Unsafe Housing Conditions	3.4		16.4	
Population With Low Food Access (Percent)	34.6	30.9	22.2	
		better	similar	worse

OVERALL HEALTH	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
% "Fair/Poor" Overall Health	2.3	18.6	15.7	
		better	similar	worse

ACCESS TO HEALTH CARE	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	4.9	16.0	8.1	7.6
% Cost Prevented Physician Visit in Past Year	9.1	15.6	21.6	
% Cost Prevented Getting Prescription in Past Year	7.4		20.2	
% Transportation Hindered Dr Visit in Past Year	1.3		18.3	
Primary Care Doctors per 100,000	38.8	65.9	74.9	
% Routine Checkup in Past Year	61.6	76.9	65.3	
% Rate Local Health Care "Fair/Poor"	15.0		11.5	
		better	similar	worse

CANCER	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
Cancer Deaths per 100,000	239.2	167.8	182.5	122.7
Cancer Incidence per 100,000	494.6	463.8	442.3	
Lung Cancer Incidence per 100,000	59.8	57.9	54.0	
Female Breast Cancer Incidence per 100,000	143.0	129.2	127.0	
Prostate Cancer Incidence per 100,000	145.3	134.7	110.5	
Colorectal Cancer Incidence per 100,000	38.1	39.3	36.5	

CANCER (continued)	Morgan County	MORGAN COUNTY vs. BENCHMARKS vs. GA	vs. US	vs. HP2030
% Cancer	11.2	10.5	7.4	
[Women 50-74] Breast Cancer Screening (Percent)	78.8	75.5	76.0	80.5
		better	similar	worse

DIABETES	Morgan County	MORGAN COUNTY vs. BENCHMARKS vs. GA	vs. US	vs. HP2030
Diabetes Deaths per 100,000	19.0	25.7	30.5	
% Diabetes/High Blood Sugar	13.8	12.7	12.8	
Kidney Disease Deaths per 100,000	12.0	21.1	16.9	
		better	similar	worse

DISABLING CONDITIONS	Morgan County	MORGAN COUNTY vs. BENCHMARKS vs. GA	vs. US	vs. HP2030
% Activity Limitations	17.1		27.5	
Alzheimer's Disease Deaths per 100,000	45.9	39.4	35.8	
		better	similar	worse

HEART DISEASE & STROKE	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	272.5	200.2	209.5	127.4
% Heart Disease	9.0	6.3	10.3	
Stroke Deaths per 100,000	57.0	47.5	49.3	33.4
% Stroke	0.7	3.3	5.4	
% High Blood Pressure	41.1	35.7	40.4	42.6
% High Cholesterol	29.6		32.4	
% 1+ Cardiovascular Risk Factor	73.0		87.8	
		better	similar	worse

INFANT HEALTH & FAMILY PLANNING	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
Teen Births per 1,000 Females 15-19	14.7	18.6	15.5	
		better	similar	worse

INJURY & VIOLENCE	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000	60.2	59.1	67.8	43.2
		better	similar	worse

MENTAL HEALTH	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	19.8		24.4	
% Diagnosed Depression	26.6	17.7	30.8	
Suicide Deaths per 100,000	15.7	15.2	14.7	12.8
Mental Health Providers per 100,000	33.0	191.0	332.6	
% Unable to Get Mental Health Services in Past Year	8.0		13.2	
		better	similar	worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	6.0		30.0	
% No Leisure-Time Physical Activity	11.5	24.7	30.2	21.8
% Overweight (BMI 25+)	63.2	68.7	63.3	
% Obese (BMI 30+)	30.5	35.0	33.9	36.0
		better	similar	worse

ORAL HEALTH	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
Dentists per 100,000	38.0	54.0	73.4	
% Dental Visit in Past Year	71.9	59.9	56.5	45.0
		better	similar	worse

RESPIRATORY DISEASE	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
Lung Disease Deaths per 100,000	53.9	43.6	43.5	
% Asthma	5.6	9.4	17.9	
% COPD (Lung Disease)	1.7	6.2	11.0	
		better	similar	worse

SEXUAL HEALTH	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
HIV Prevalence per 100,000	201.7	664.1	386.6	
Chlamydia Incidence per 100,000	316.9	646.4	492.2	
Gonorrhea Incidence per 100,000	121.2	274.8	179.0	
		better	similar	worse

SUBSTANCE USE	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
% Binge Drinking	27.5	13.9	30.6	25.4
Unintentional Drug-Induced Deaths per 100,000	9.8	22.3	29.7	
% Used a Prescription Opioid in Past Year	14.6		15.1	
% Personally Impacted by Substance Use	40.9		45.4	
		better	similar	worse

TOBACCO USE	Morgan County	MORGAN COUNTY vs. BENCHMARKS		
		vs. GA	vs. US	vs. HP2030
% Smoke Cigarettes	12.4	12.0	23.9	6.1
% Use Vaping Products	7.5	7.6	18.5	
		better	similar	worse

DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population- based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2019-2023)

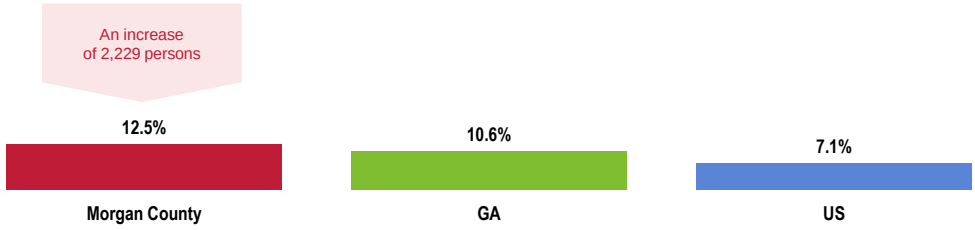
	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Morgan County	20,614	347.41	59
Georgia	10,822,590	57,716.61	188
United States	332,387,540	3,533,298.58	94

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

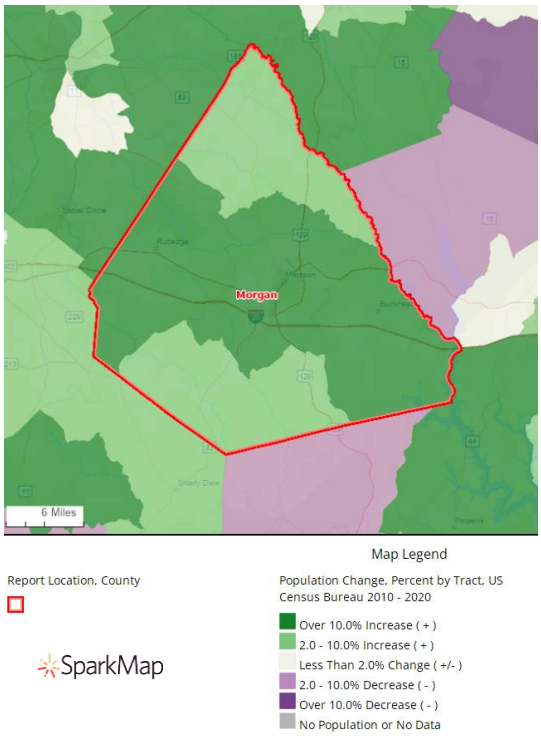
Population Change

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in Morgan County between the 2010 and 2020 US Censuses.

Change in Total Population
(Percentage Change Between 2010 and 2020)

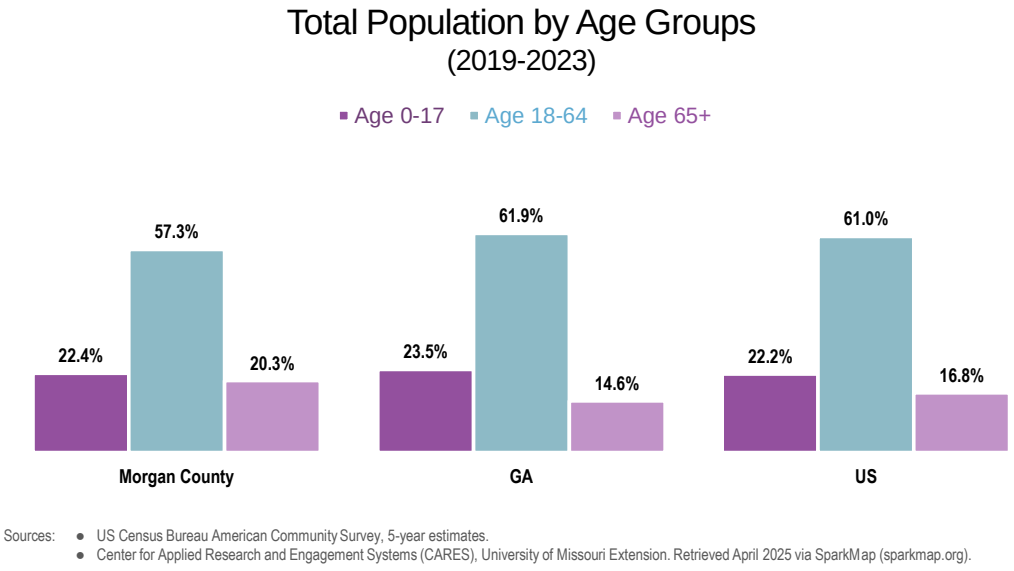


Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).



Age

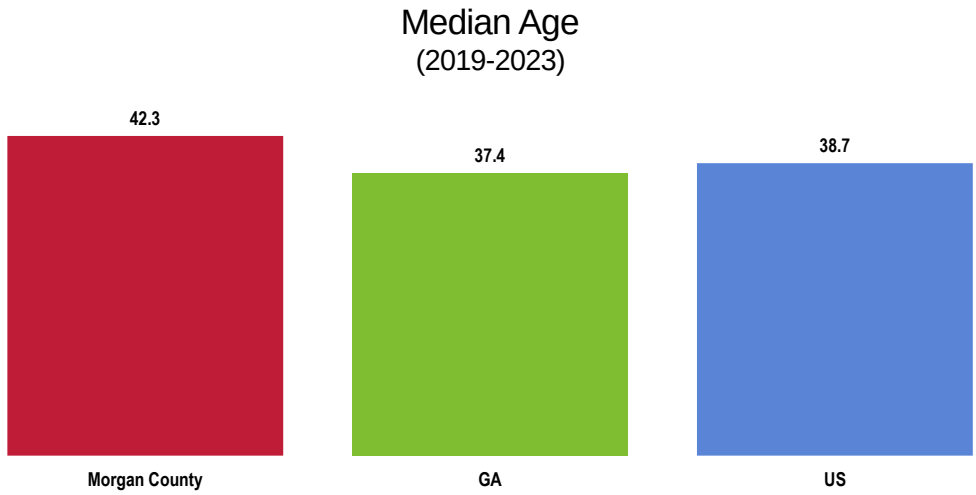
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

Median Age

Note the median age of our population, relative to state and national medians.



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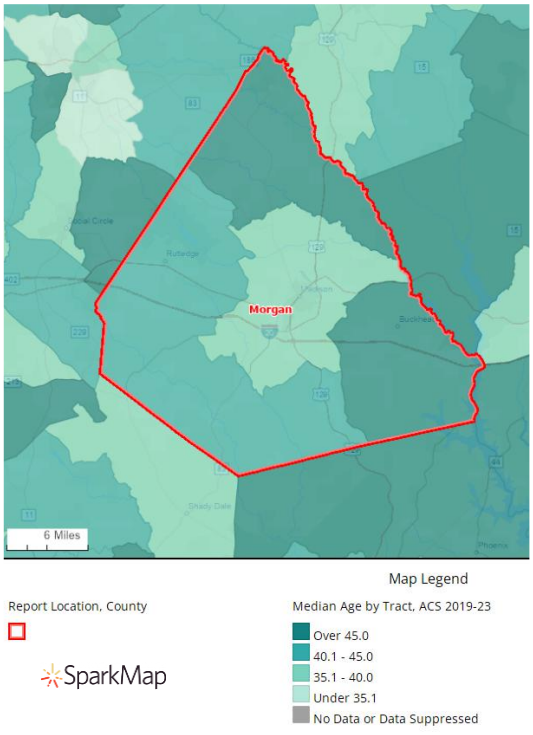
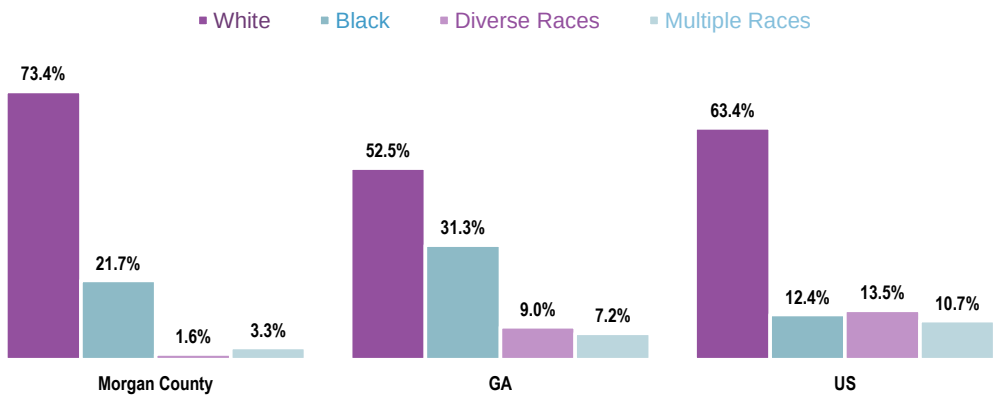


Race & Ethnicity

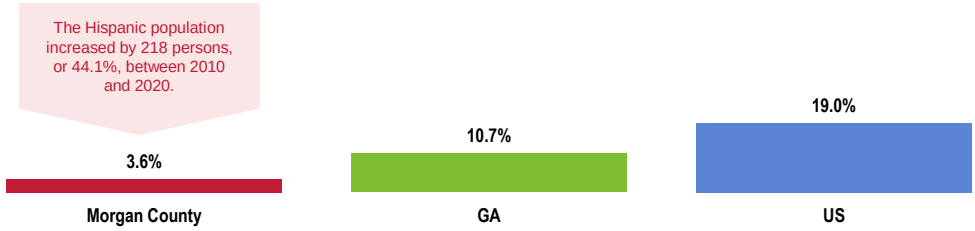
The following charts illustrate the racial and ethnic makeup of our community. Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone
(2019-2023)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Hispanic Population
(2019-2023)



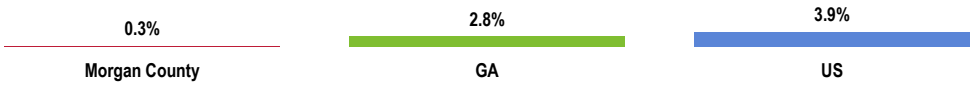
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

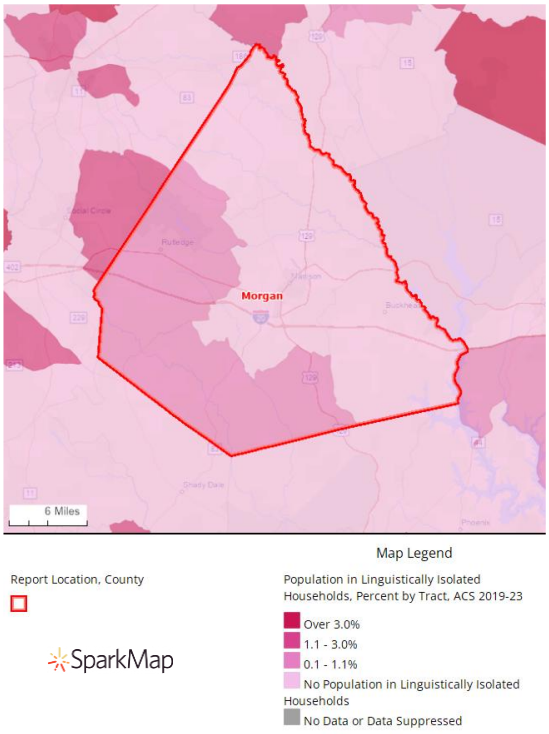
This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.”

Linguistically Isolated Population
(2019-2023)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English "very well."



Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

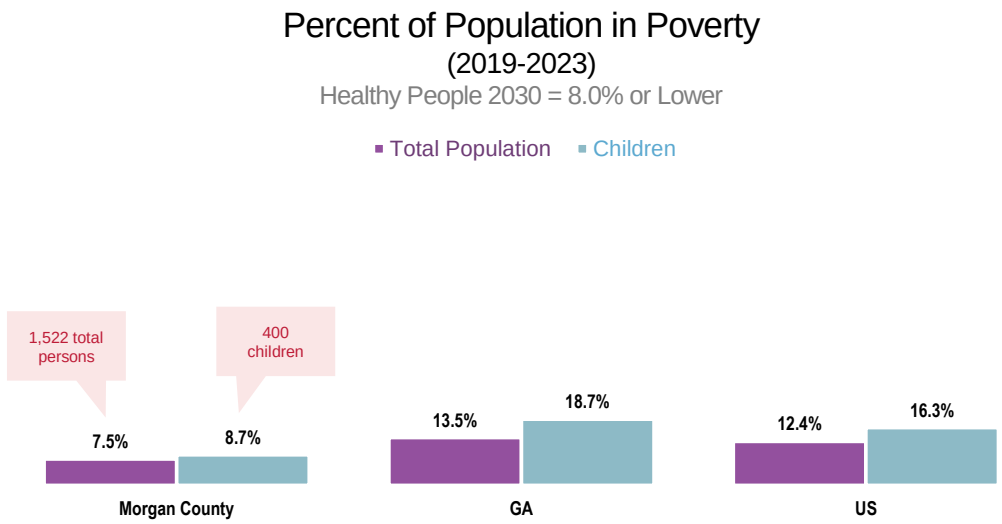
Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

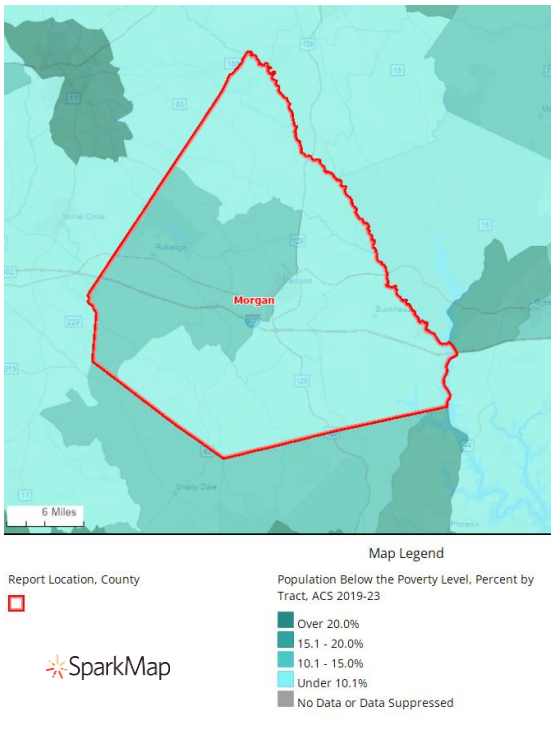
Income & Poverty

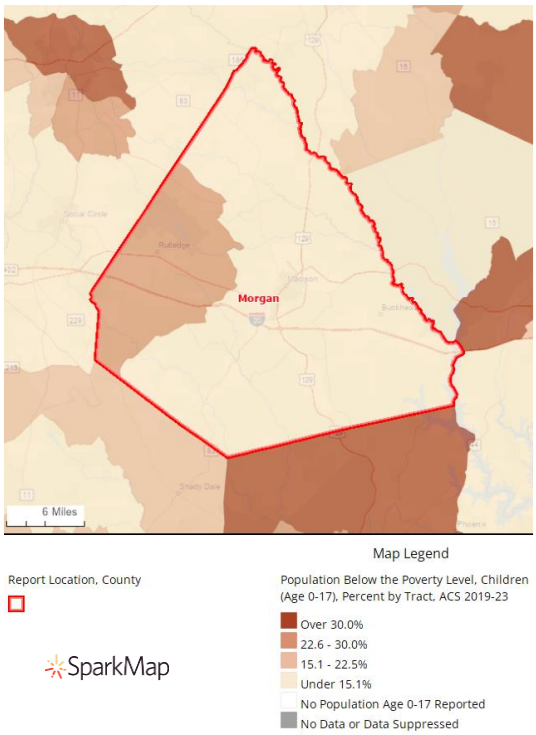
Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health. The following chart outlines the proportion of our population below the federal poverty threshold (for the total population as well as only among children) in comparison to state and national proportions.



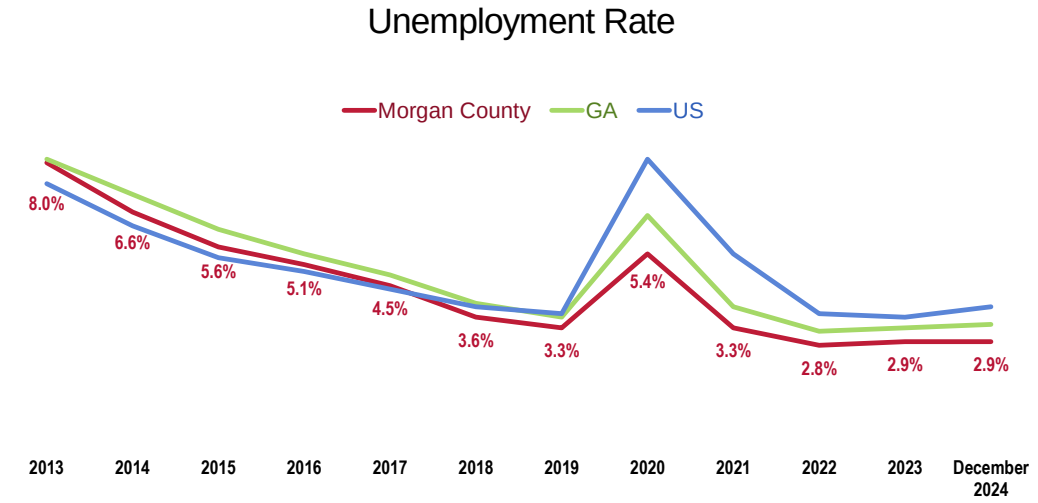
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople





Employment

According to data derived from the US Department of Labor, the unemployment rate in Morgan County as of December 2024 was 2.9%.



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

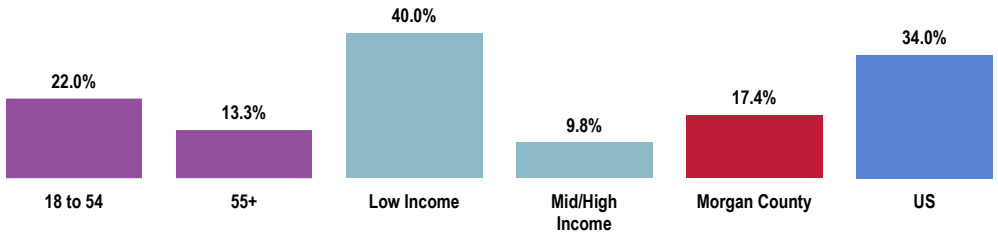
Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Financial Resilience

PRC SURVEY ► "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

The following charts detail "no" responses in Morgan County in comparison to benchmark data, as well as by basic demographic characteristics (namely by age groupings and income [based on poverty status]).

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Morgan County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 30]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

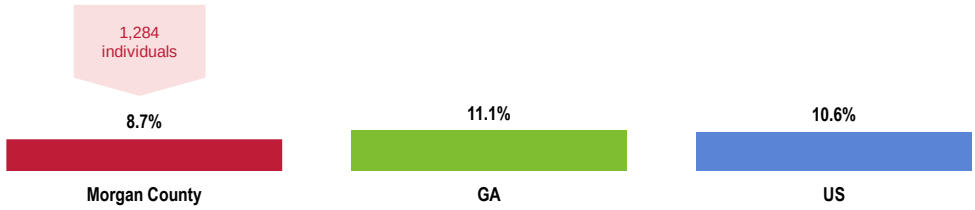
INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for a family of four at $30,700 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by race and/or ethnicity.

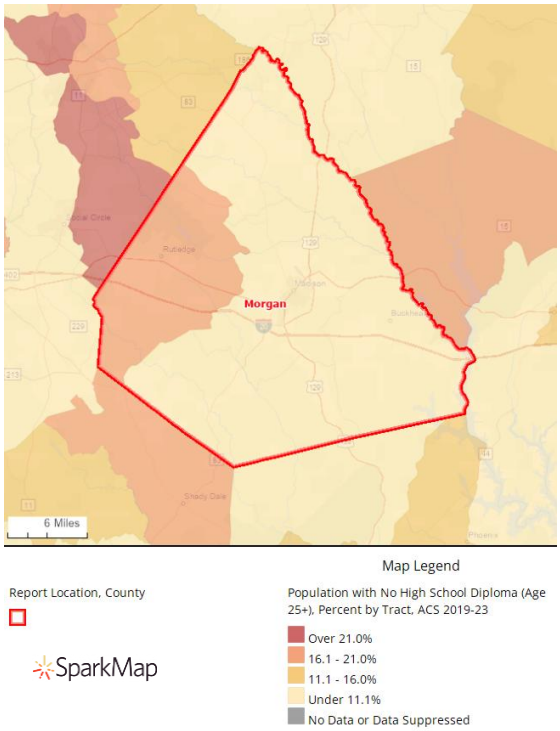
Education

Education levels are reflected in the proportion of our population without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

Population With No High School Diploma
(Adults Age 25 and Older; 2019-2023)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).



Housing

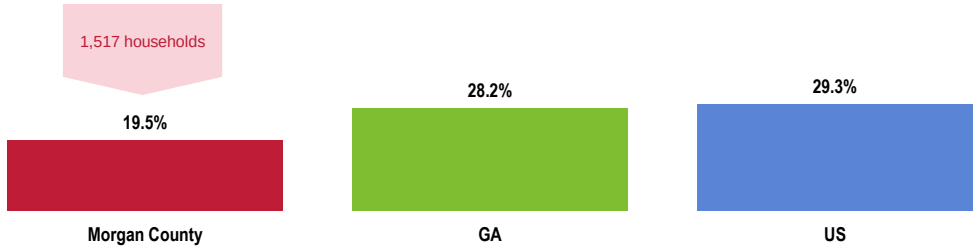
Housing Burden

"Housing burden" reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

The following chart shows the housing burden in Morgan County. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Percent of Individuals for Whom Housing Costs Exceed 30% of Household Income
(2019-2023)

Healthy People 2030 = 25.5% or Lower

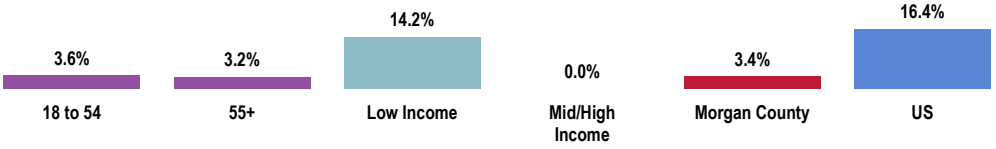


Sources:
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Unhealthy or Unsafe Housing

PRC SURVEY ► "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

Unhealthy or Unsafe Housing Conditions in the Past Year
(Morgan County, 2025)

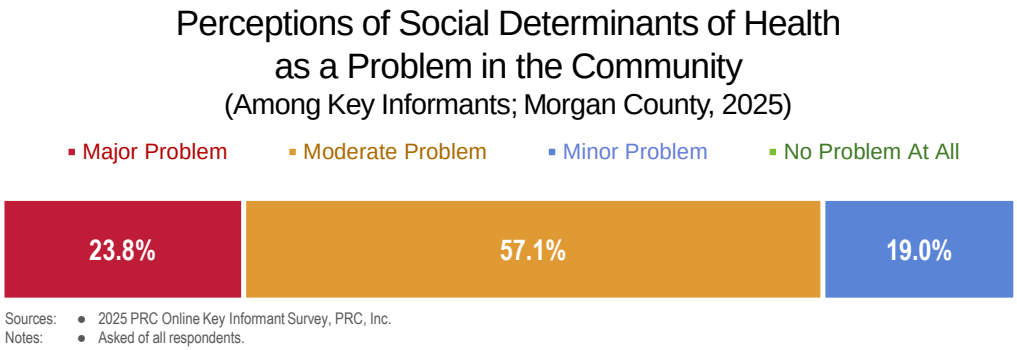


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Key Informant Input: Social Determinants of Health

The following chart outlines key informants' perceptions of the severity of *Social Determinants of Health* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Income/Poverty

> We have a large portion of our community who are poor and without health care. — Health Care Provider
>
> Most people are trying to make a living and not really concerned about their health. Cost of living is very high, and some just have enough to get by. People can barely meet the necessary things that they truly need, so their health suffers. — Community Leader

Housing

> There is a lack of affordable housing for our low- to middle-income families. — Community Leader

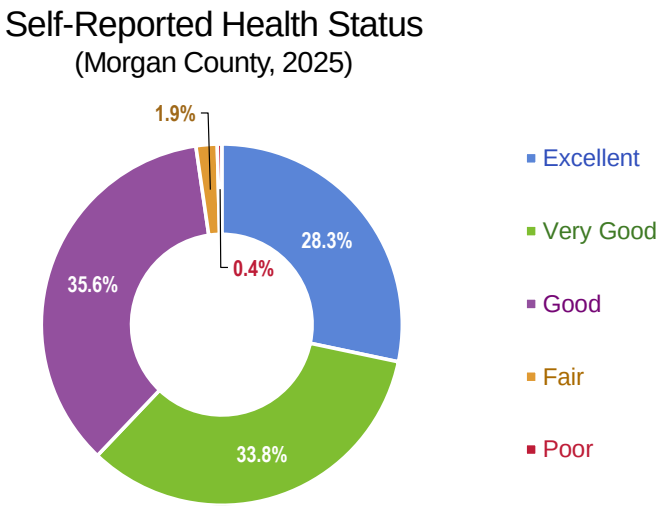
Insufficient Physical Activity

> Lack of exercise. — Community Leader

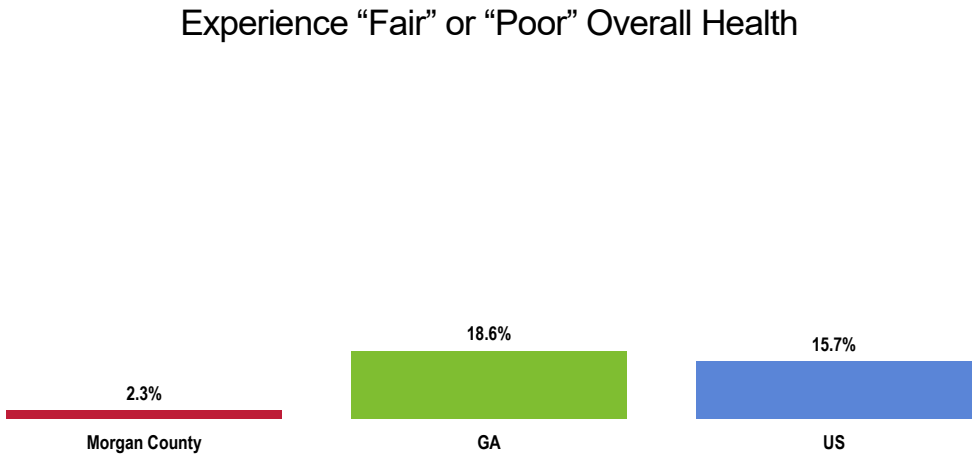
HEALTH STATUS

Overall Health

PRC SURVEY ► "Would you say that, in general, your health is: excellent, very good, good, fair, or poor?"

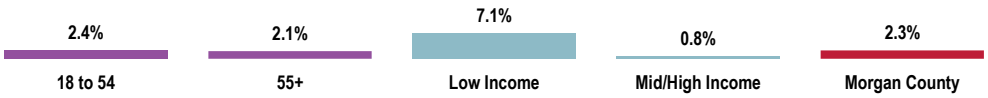


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 3]
Notes: ● Asked of all respondents.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 3]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Morgan County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 3]
Notes: ● Asked of all respondents.

Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

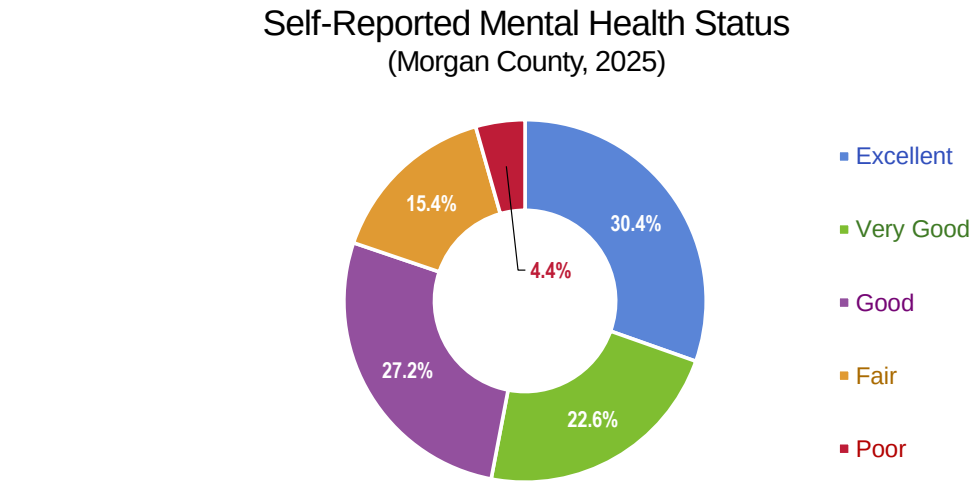
About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

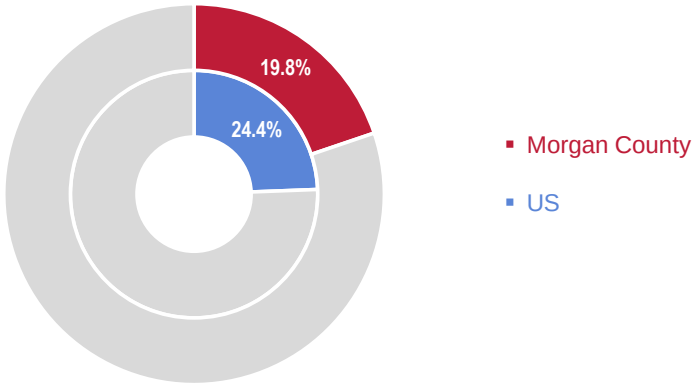
Mental Health Status

PRC SURVEY ► "Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?"



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Mental Health



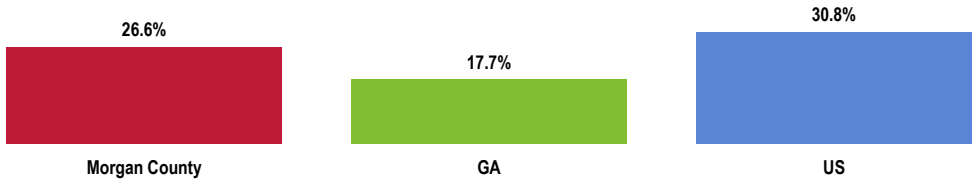
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 26]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Diagnosed Depression

PRC SURVEY ► “Has a doctor, nurse, or other health provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Have Been Diagnosed With a Depressive Disorder
(Morgan County, 2025)

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 27]

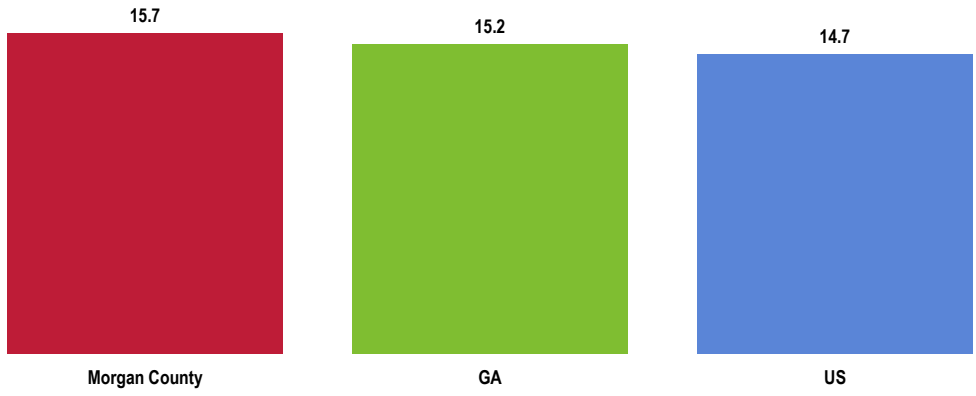
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Suicide

Here, deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population.

The following chart outlines the most current mortality rates attributed to suicide in our population.

Suicide Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

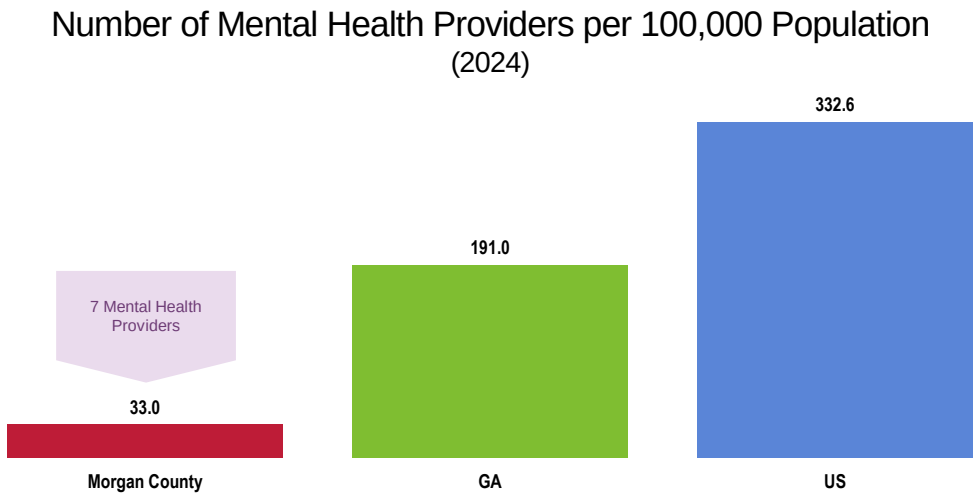
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Mental Health Treatment

Access to Mental Health Providers

Note that this indicator only reflects providers practicing in Morgan County and residents of Morgan County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) per 100,000 residents.

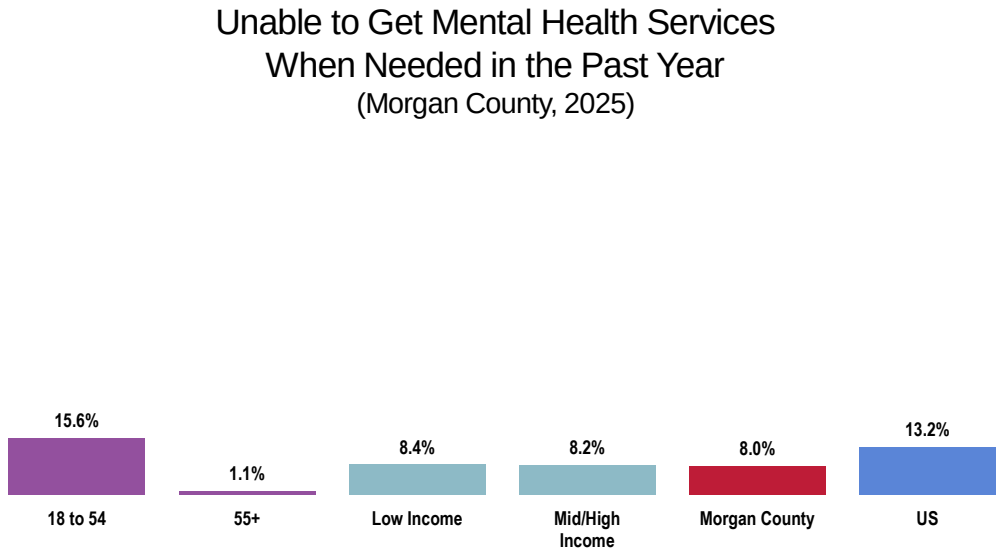


Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Difficulty Accessing Mental Health Care

PRC SURVEY ► "Was there a time in the past 12 months when you needed mental health services but were not able to get them?"

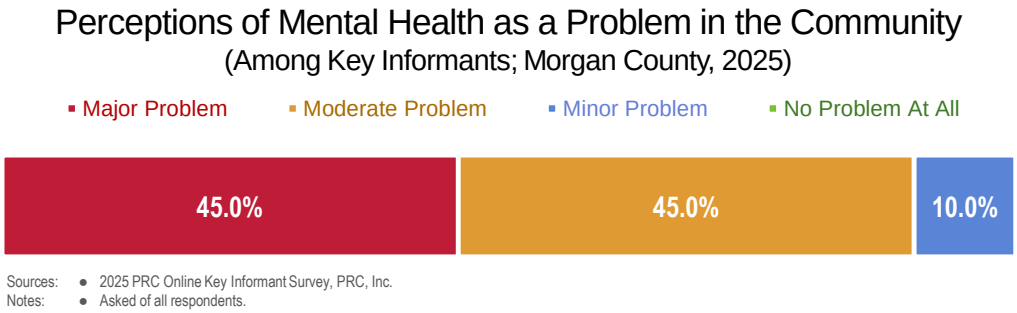


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 28]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> Dearth of therapists, counselors, group opportunities for those with depression, anxiety, grief, etc. While online referral companies have expanded access to groups of therapists, these are generally not face-to-face opportunities as most people desire. — Physician
>
> There are counselors, but not enough for the growing population. — Community Leader
>
> Hard to find a therapist who remains in our community. — Health Care Provider

Access to Care/Services

> Not being able to get help. — Community Leader
>
> Lack of professional services to treat those suffering with mental illness. — Community Leader
>
> Access to care, compliance with medications. — Health Care Provider

Insurance Issues

> Being able to find a provider that accepts their insurance. — Health Care Provider

DEATH, DISEASE & CHRONIC CONDITIONS

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

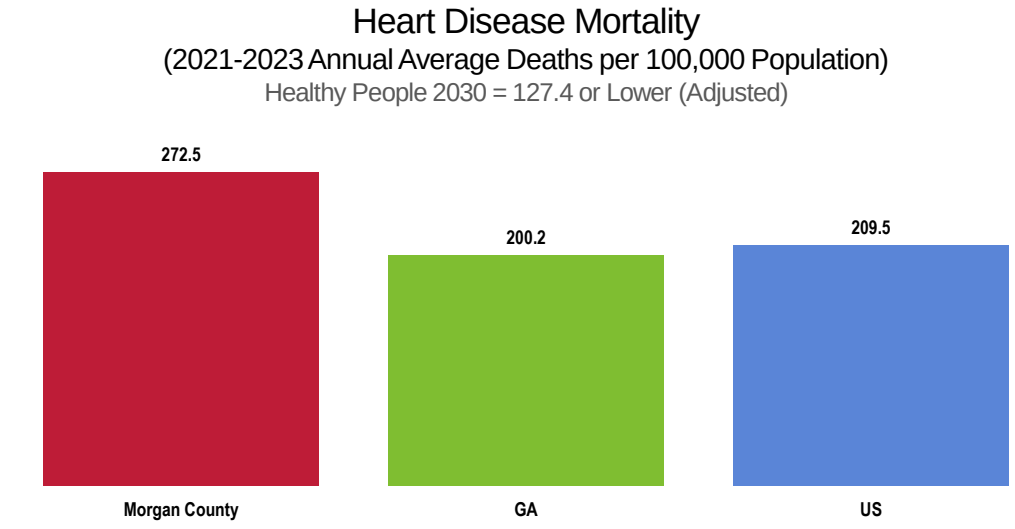
Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline mortality rates for heart disease and for stroke in our community.



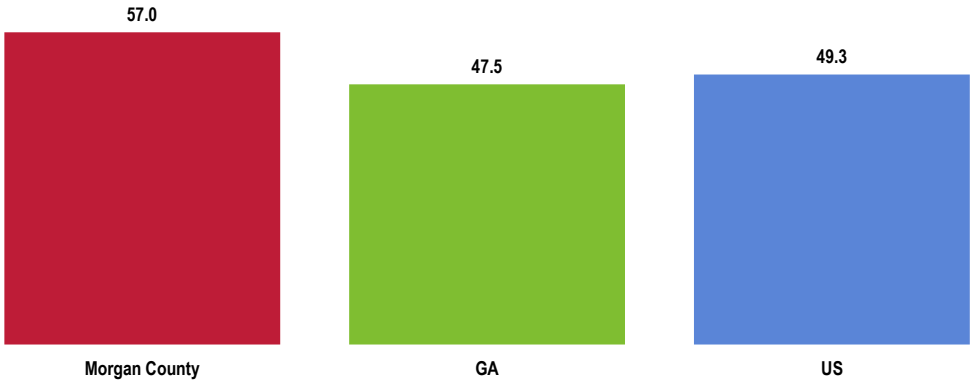
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Stroke Mortality

(2021-2023 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



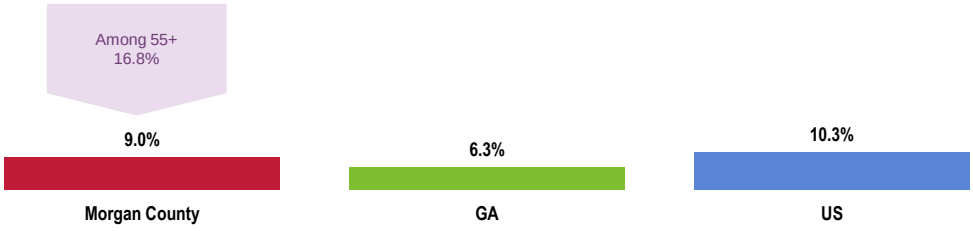
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Prevalence of Heart Disease & Stroke

PRC SURVEY ► "Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?"

Prevalence of Heart Disease

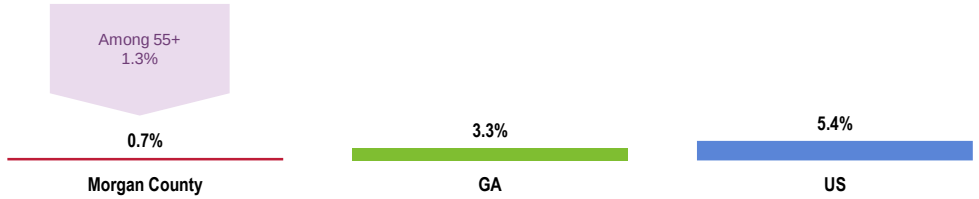


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 12]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

PRC SURVEY ► "Have you ever suffered from or been diagnosed with a stroke?"

Prevalence of Stroke



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 13]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

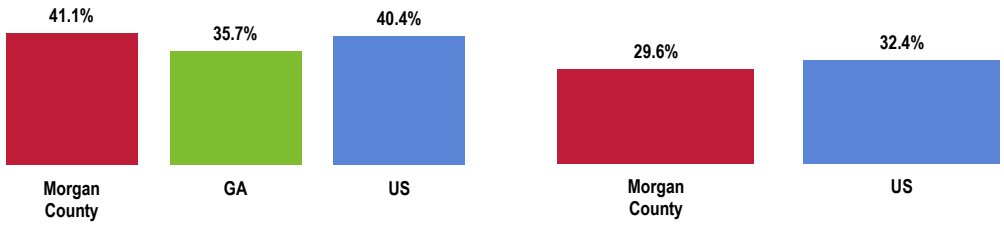
PRC SURVEY ► "Have you ever suffered from or been diagnosed with high blood pressure?"

PRC SURVEY ► "Have you ever suffered from or been diagnosed with high blood cholesterol?"

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower

Prevalence of High Blood Cholesterol



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 14-15]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

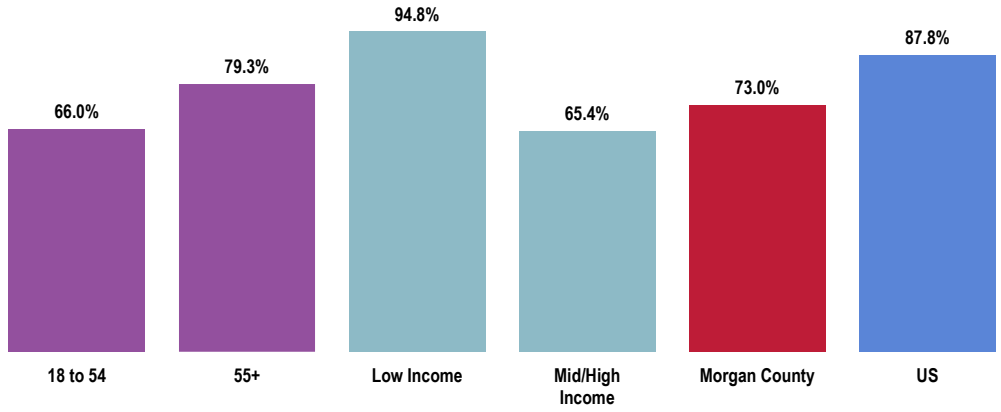
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

The following chart reflects the percentage of adults in Morgan County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

Exhibit One or More Cardiovascular Risks or Behaviors
(Morgan County, 2025)

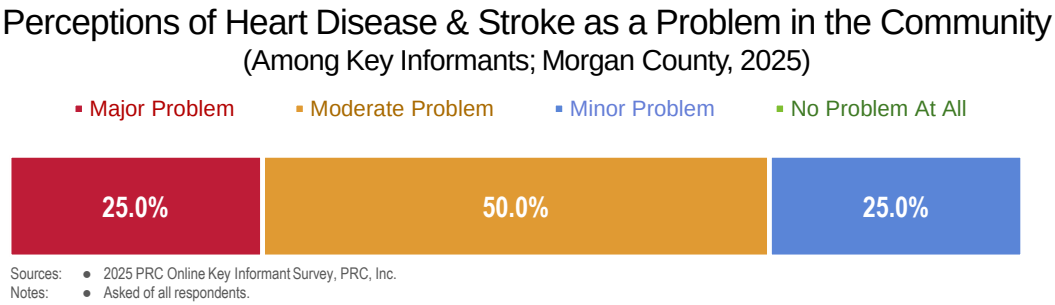


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 51]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Lifestyle

> Lack of access to exercises, like walking and hiking, and easy access to fast food. — Community Leader
>
> Smoking and overweight patients. — Physician

Aging Population

> The average age of Morgan County is above 40 years old, where heart disease begins to be a problem. Resources to address this are needed in the community. — Physician

Disease Management

> Many people are not compliant with antihypertensives, and this puts them at higher risk. — Health Care Provider

Prevention/Screenings

> They are major because individuals fail to take care of themselves, like with wellness checkups. — Community Leader

Cancer

ABOUT CANCER

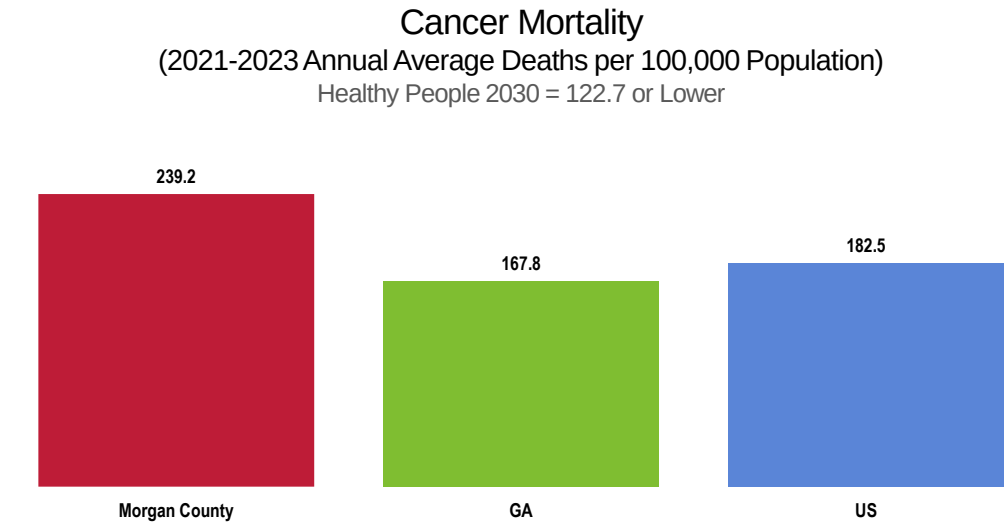
The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Cancer Deaths

The following chart illustrates cancer mortality (all types) in Morgan County.

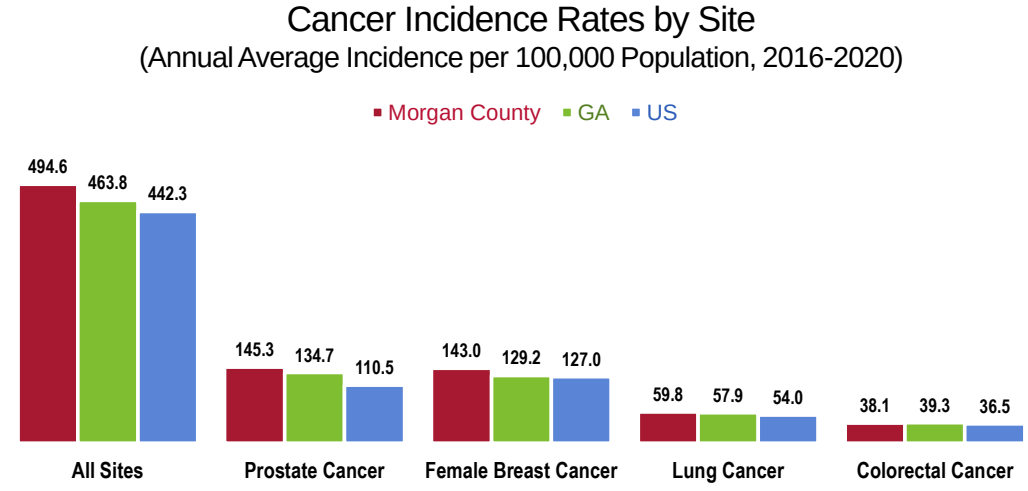


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.



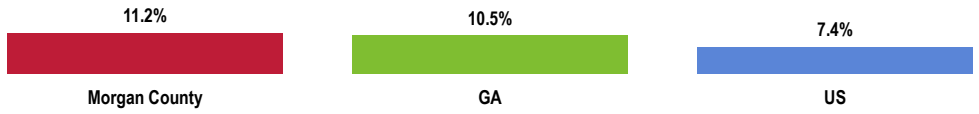
Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

Prevalence of Cancer

PRC SURVEY ► "Have you ever suffered from or been diagnosed with cancer?"

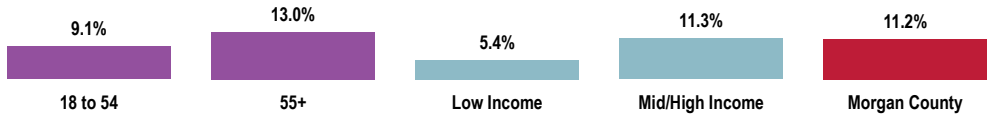
Prevalence of Cancer



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Morgan County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 17]

Notes:
- Asked of all respondents.

Mammograms

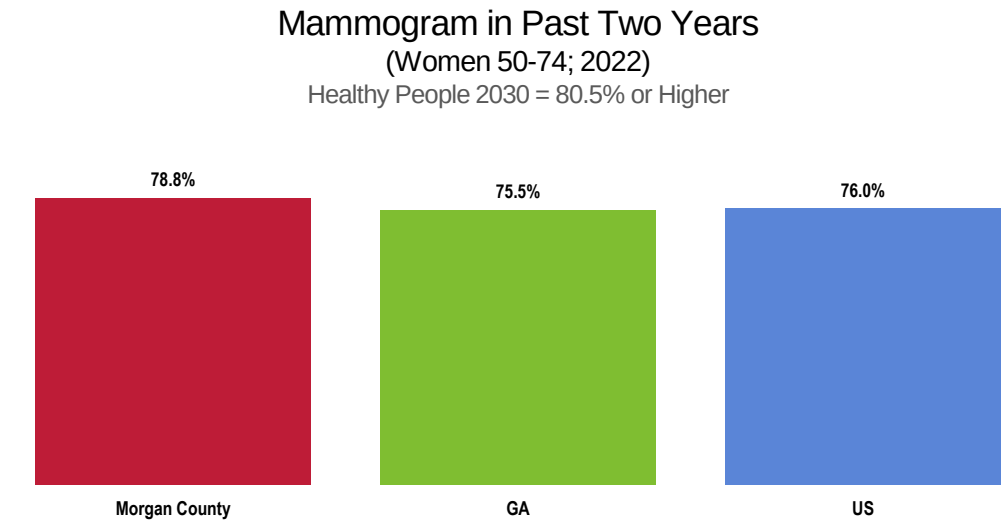
FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

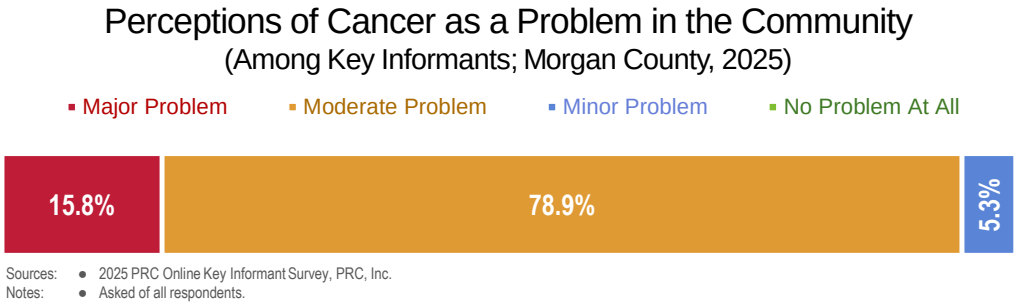
The following indicator outlines the percentage of women age 50 to 74 who have received a mammogram in the past two years. Mammography is important as a preventive behavior for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.



Sources:
- Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> So many people I meet on a day-to-day basis seem to be affected in some way with cancer. — Community Leader
>
> High cancer rates and most services, including screenings, in Athens. — Health Care Provider

Access to Care/Services

> Many persons impacted by it, yet local access to treatment is limited. — Public Health Representative

Awareness/Education

> People are uneducated about causes and risk factors, they are obese, and they don't have support to quit smoking or overeating. There is no oncologist in town, but there are plenty within 25 miles. — Physician

Respiratory Disease

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

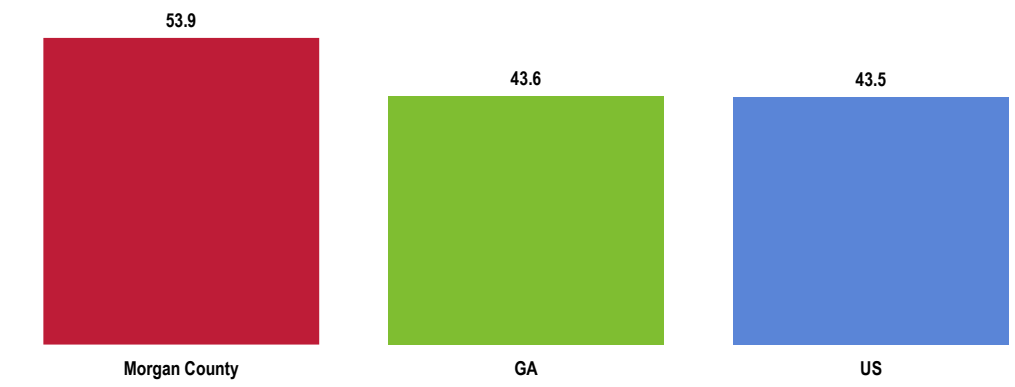
– Healthy People 2030 (https://health.gov/healthypeople)

Note that this section also includes data relative to COVID-19 (coronavirus disease).

Lung Disease Deaths

The mortality rate for lung disease in Morgan County is summarized below, in comparison with Georgia and national rates.

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

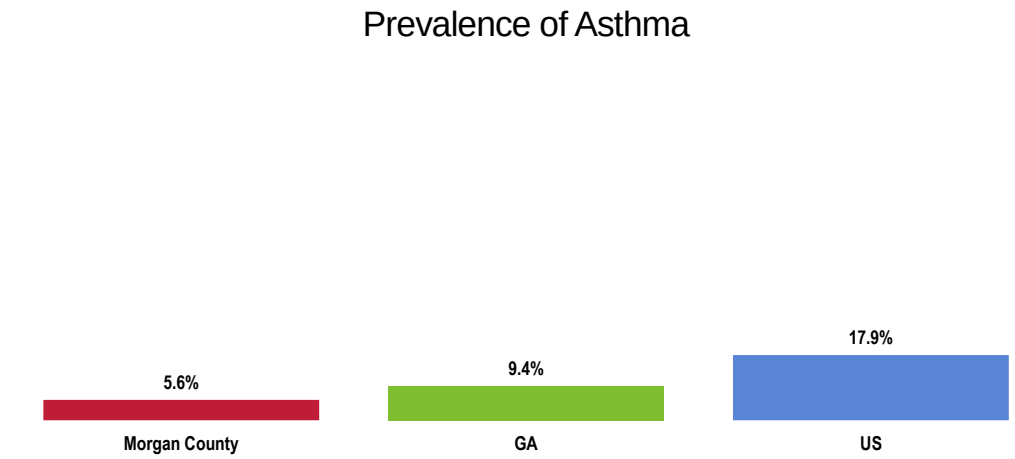


Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.
● Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Prevalence of Respiratory Disease

Asthma

PRC SURVEY ► "Do you currently have asthma?"

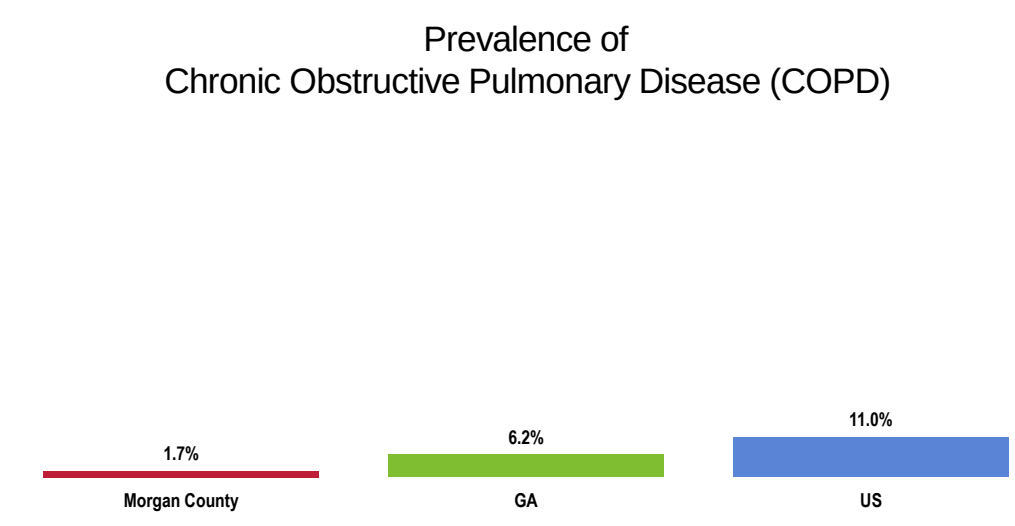


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 10]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Chronic Obstructive Pulmonary Disease (COPD)

PRC SURVEY ► "Have you ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including chronic bronchitis or emphysema?"

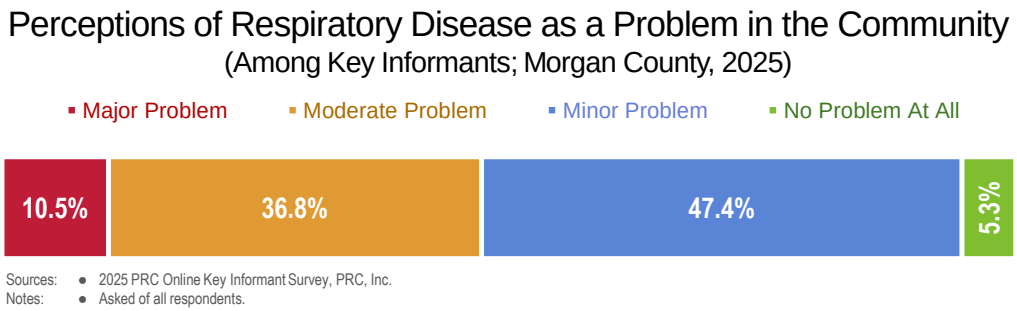


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 11]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> There are many families dealing with the flu, COVID, and pneumonia. — Community Leader
>
> Significant admissions to the hospital with respiratory illnesses. — Health Care Provider

Injury & Violence

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

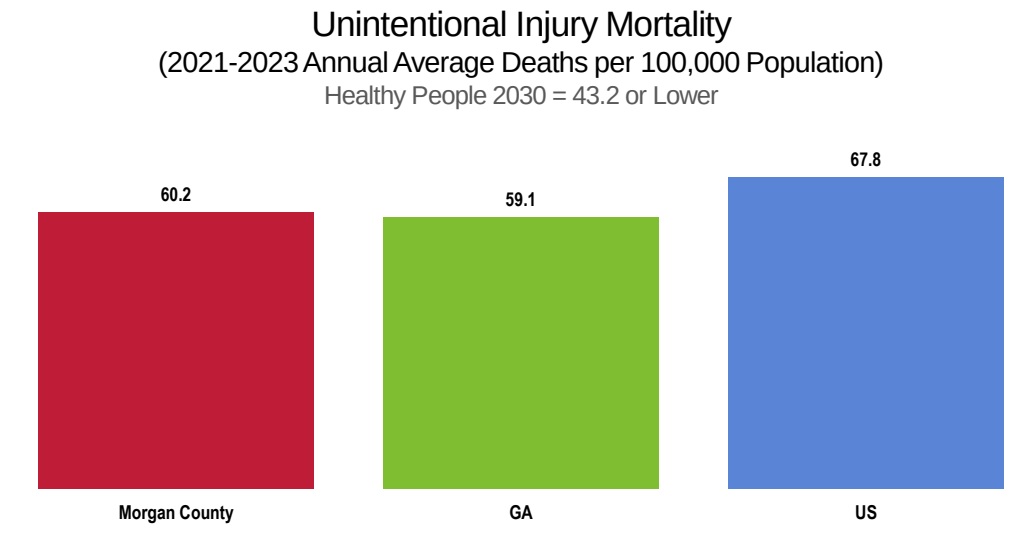
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Morgan County, Georgia, and the US.

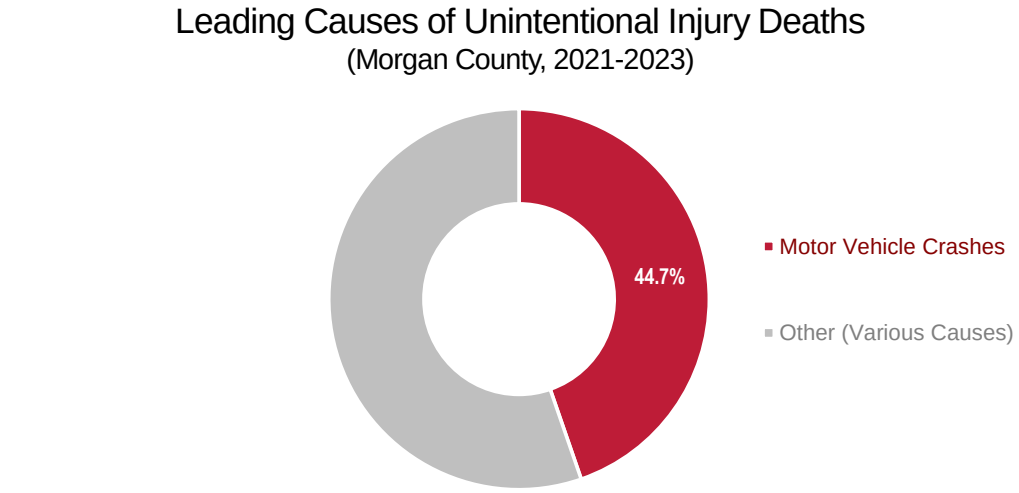


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Leading Causes of Unintentional Injury Deaths

The leading cause of unintentional injury deaths in Morgan County is motor vehicle crashes.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2025.

Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Diabetes

ABOUT DIABETES

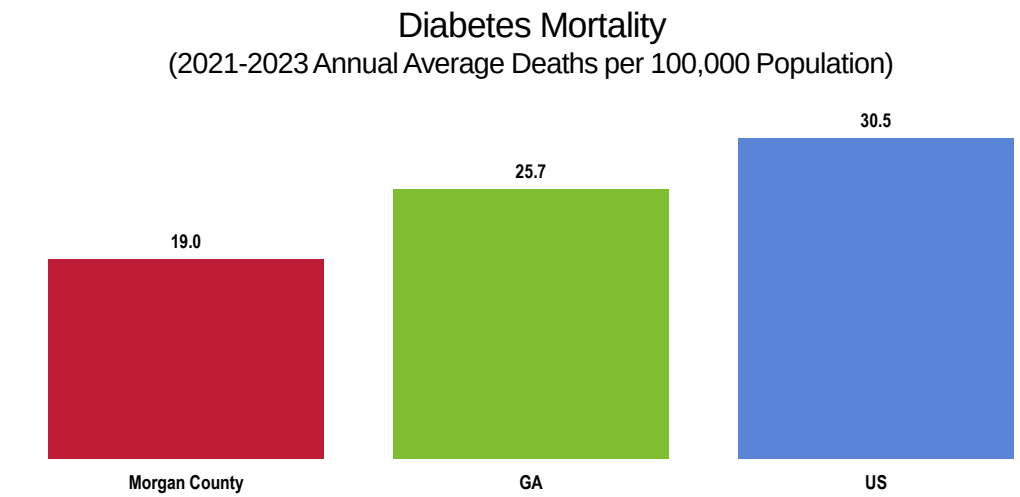
More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Diabetes Deaths

Mortality attributed to diabetes is shown in the following chart.

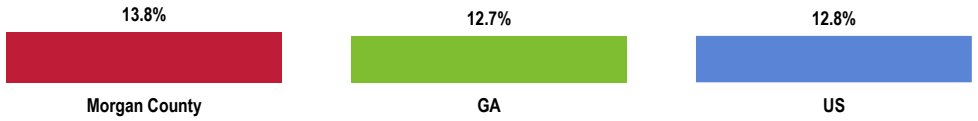


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2025.

Prevalence of Diabetes

PRC SURVEY ► "Have you ever suffered from or been diagnosed with diabetes, not counting diabetes only occurring during pregnancy?"

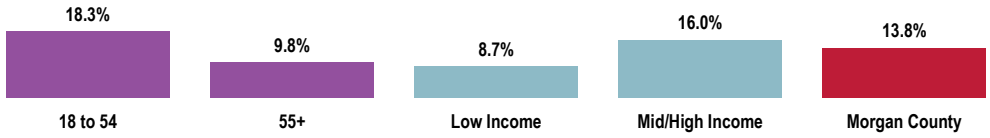
Prevalence of Diabetes



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Morgan County, 2025)

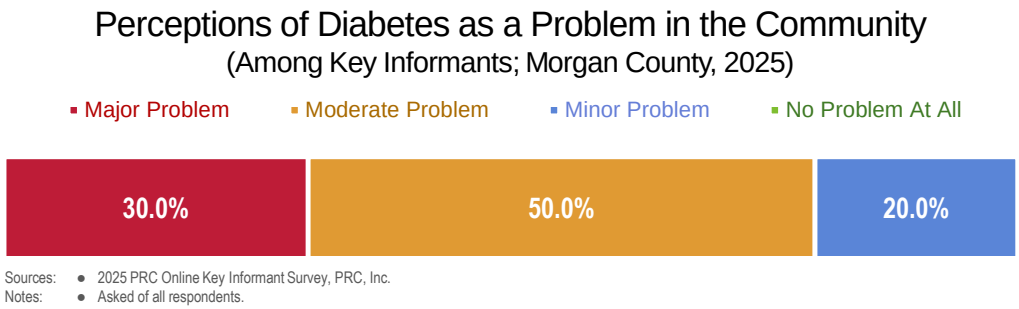


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 16]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> Nutritional information on DM prevention and treatment. — Physician
>
> Poor educational support. — Health Care Provider

Affordable Medications/Supplies

> Adhering to treatment with affordable options to medicine. — Health Care Provider

Lifestyle

> Unable or unwilling to adopt a healthier lifestyle of diet and exercise. — Physician

Disabling Conditions

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

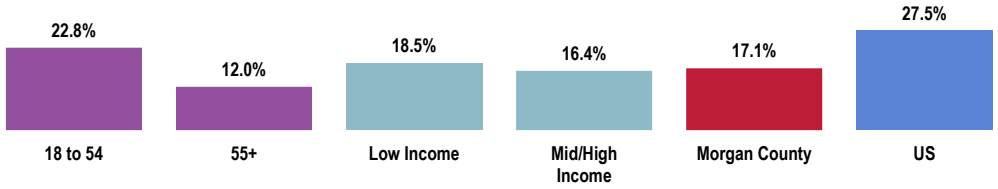
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

Activity Limitations

PRC SURVEY ► "Are you limited in any way in any activities because of physical, mental, or emotional problems?"

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem
(Morgan County, 2025)

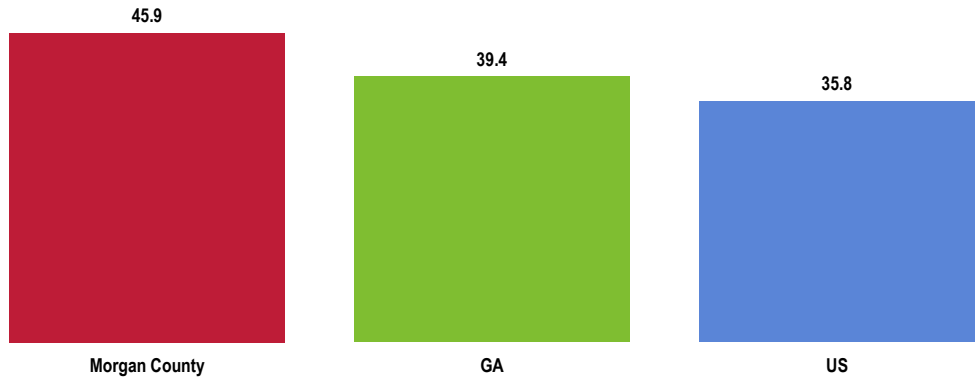


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 29]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Alzheimer's Disease Deaths

Mortality attributed to Alzheimer's Disease is shown in the following chart.

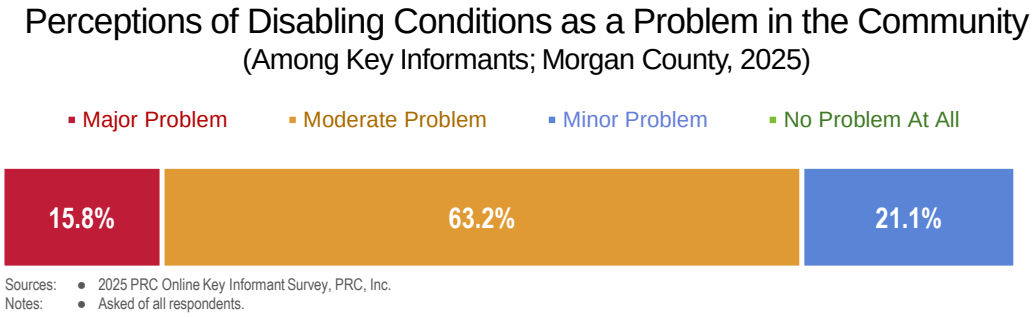
Alzheimer's Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2025.

Key Informant Input: Disabling Conditions

The following chart outlines key informants' perceptions of the severity of *Disabling Conditions* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> There are not enough medical providers in rural parts of Georgia, like Morgan County, to address the plethora of disabling disease that are found in the area. — Physician
>
> My answer was specifically for dementia. No neurologist in the county to help with dementia. — Community Leader

Dementia

> Dementia, no support services in our community to help with this. — Health Care Provider
>
> Treating dementia, not aware of any local programs or professional providers. — Community Leader

BIRTHS

Family Planning

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

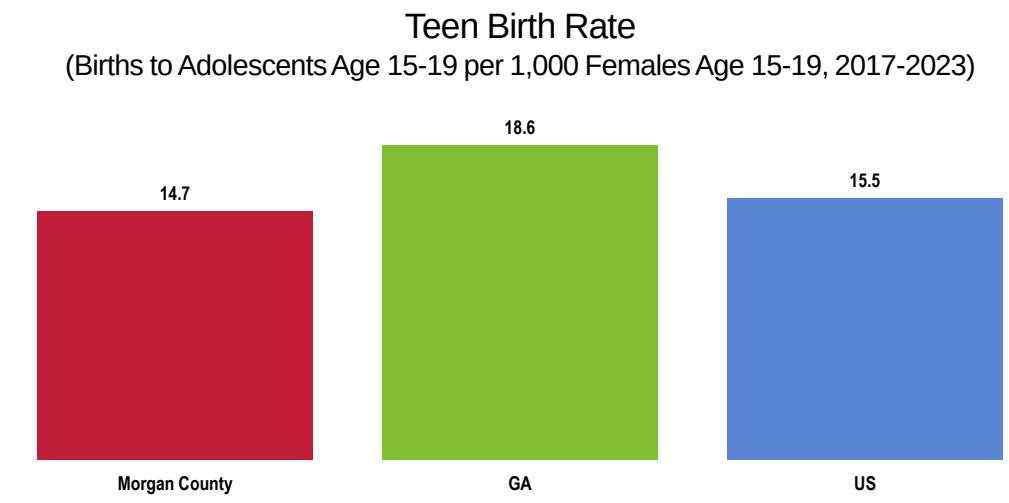
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Here, teen births include births to women age 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

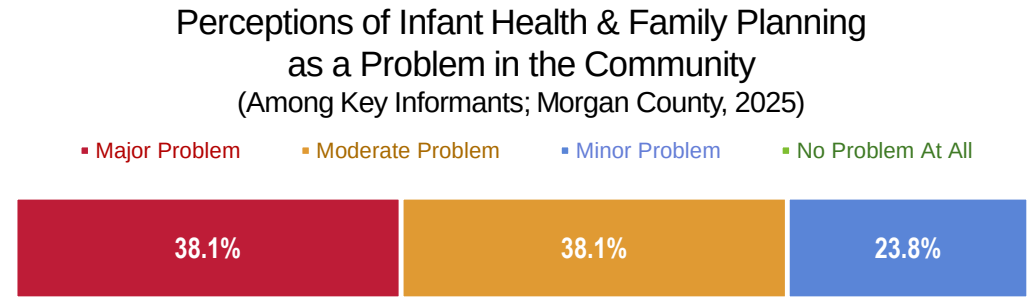
The following chart outlines the teen birth rate in Morgan County, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).
- This indicator reports the rate of total births to women age 15–19 per 1,000 female population age 15–19

Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health & Family Planning* as a problem in the community:



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> No pediatrician or obstetrician. The health department is not open full-time. Populations that are more religious tend to be less open to multiple types of contraception and to sexual education starting before puberty, when it is shown to be most effective. — Physician
>
> Morgan County lacks a pediatrician to take care of the infant health. Family planning is not a problem. — Physician
>
> Lack of pediatricians. — Physician
>
> No pediatrician in the area. — Health Care Provider
>
> The pediatrician in the county. — Community Leader

Access to Pediatric Care/Services

> From the perspective of pediatric emergency care, Morgan County is limited in capabilities from the responder side, as well at the hospital services level. — Community Leader
>
> We have no pediatric-specific services. — Health Care Provider

MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

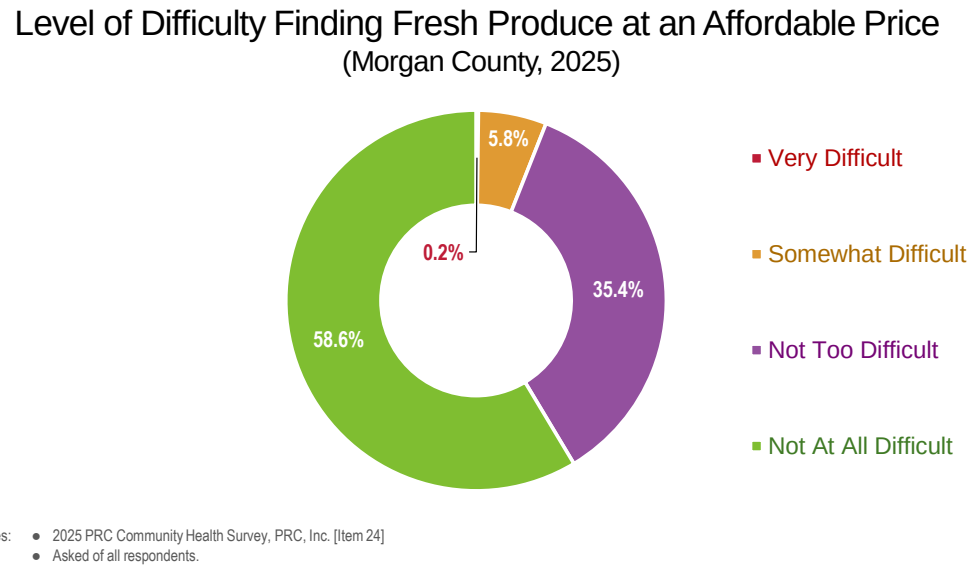
Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

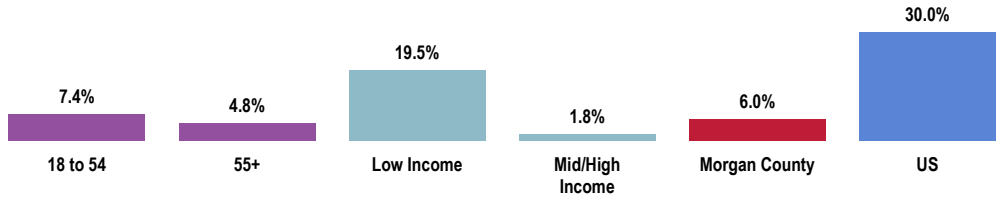
Difficulty Accessing Fresh Produce

PRC SURVEY ► "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: ● Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce
(Morgan County, 2025)



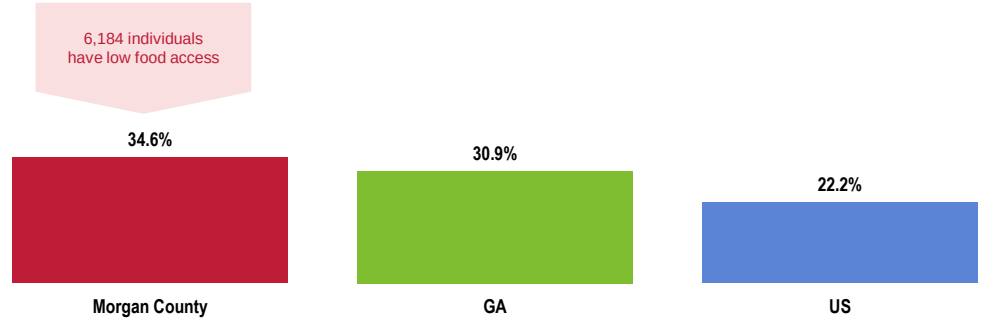
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 24]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Low Food Access

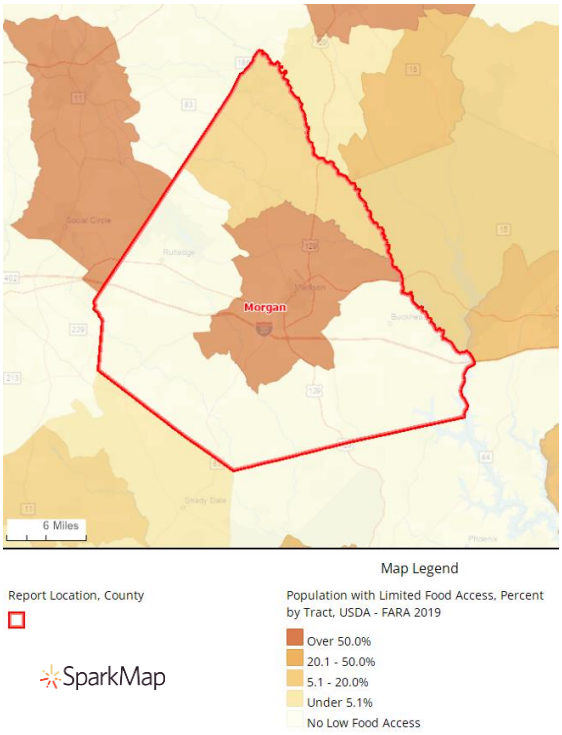
Low food access is defined as living more than one mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones. This related chart is based on US Department of Agriculture data.

Percent of Population With Low Food Access
(Morgan County, 2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.



Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

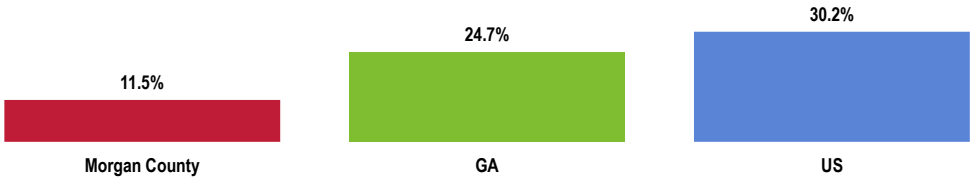
– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

PRC SURVEY ► "During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower

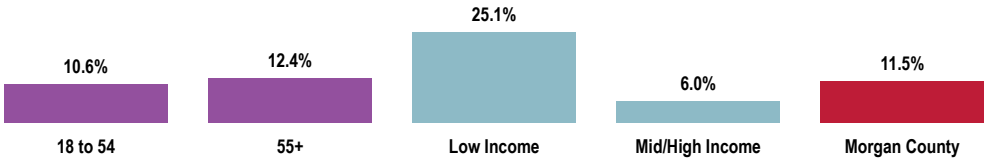


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 25]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

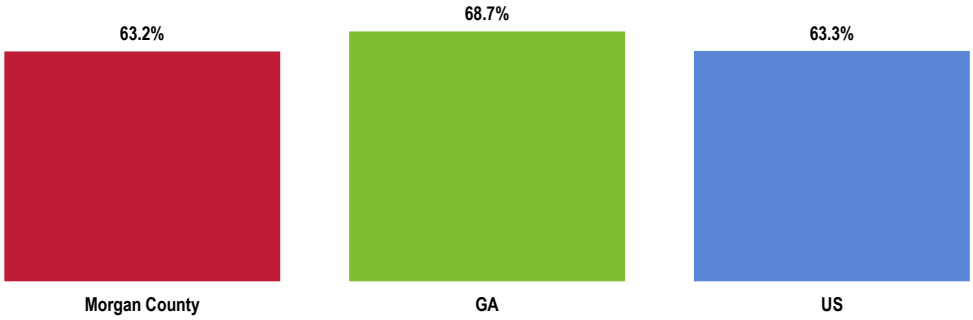
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

PRC SURVEY ► "About how much do you weigh without shoes?"

PRC SURVEY ► "About how tall are you without shoes?"

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

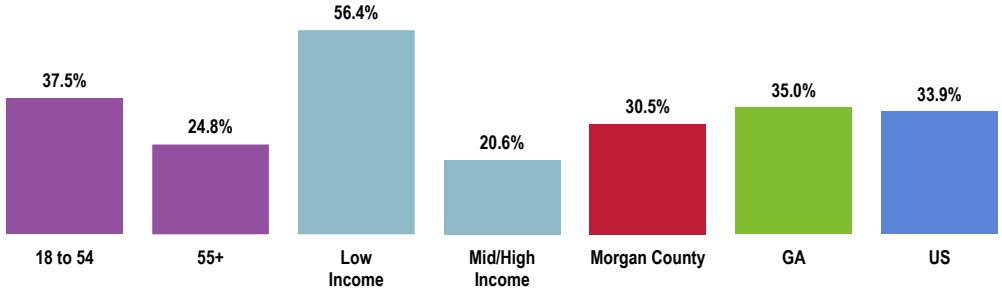
Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity
(Morgan County, 2025)
Healthy People 2030 = 36.0% or Lower

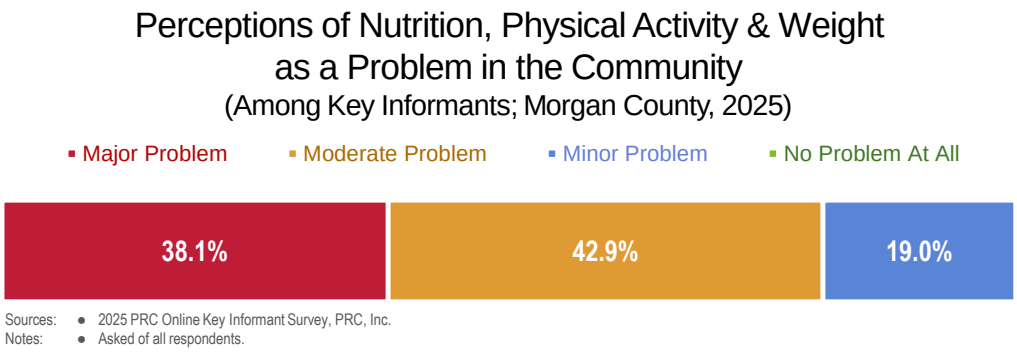


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:



Among those rating this issue as a "major problem," reasons related to the following:

Lifestyle

> People are not eating right and not active; therefore, we are overweight. — Community Leader
>
> Very few healthy-option restaurants in our town. No walking paths for citizens during inclement weather, and the recreation department is too small to offer adult activities regularly. — Community Leader
>
> Individuals will not even go for walks. They don't watch their diets. Eat too much fast food. Don't get enough green leafy vegetables. Even children don't go outside to play. They are playing video games that cause obesity in children and goes to adulthood. — Community Leader

Awareness/Education

> Just walk into Walmart any time and take a look. The community is just not educated and prioritizes fast food, processed food, and social activities that centralize eating. Health is not a priority in the US, and especially not in the South. There are some cities in the US that ban drive-throughs, but such a prohibition would be unthinkable in Madison. — Physician
>
> Education and financial barriers to obtain healthy options. — Health Care Provider

Nutrition

> Too much dependence on fast food, soda, and sugary foods. Need to get sodas out of the high school, especially. — Physician

Obesity

> Above-average weight and diabetes are high and commonplace in Morgan County. — Physician

Substance Use

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

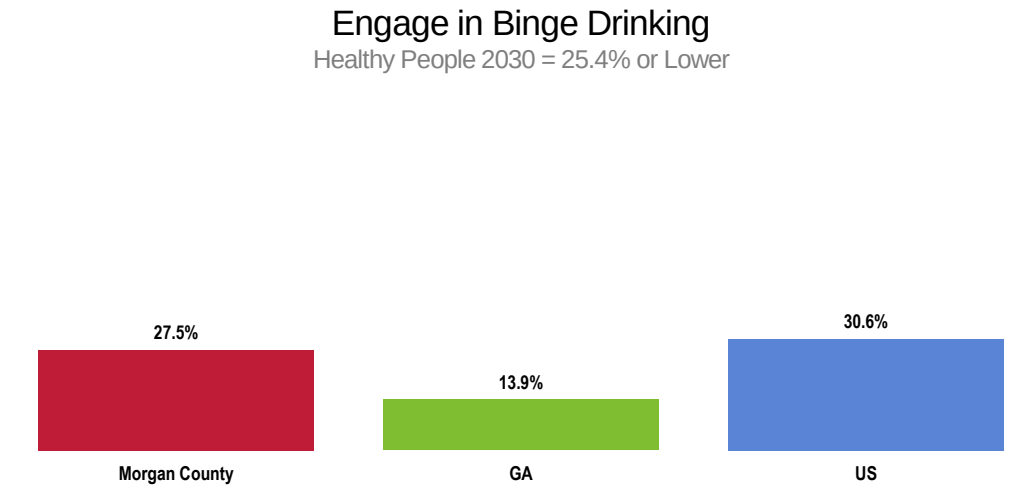
Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol Use

Binge Drinking

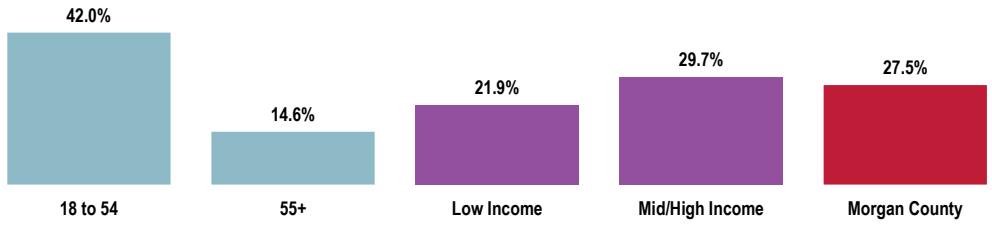
PRC SURVEY ► "Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 (if female)/5 (if male) or more drinks on an occasion?"



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Binge drinking reflects the percentage of persons aged 18 years and over who drank 5 or more drinks on a single occasion (for men) or 4 or more drinks on a single occasion (for women) during the past 30 days.

Engage in Binge Drinking
(Morgan County, 2025)
Healthy People 2030 = 25.4% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

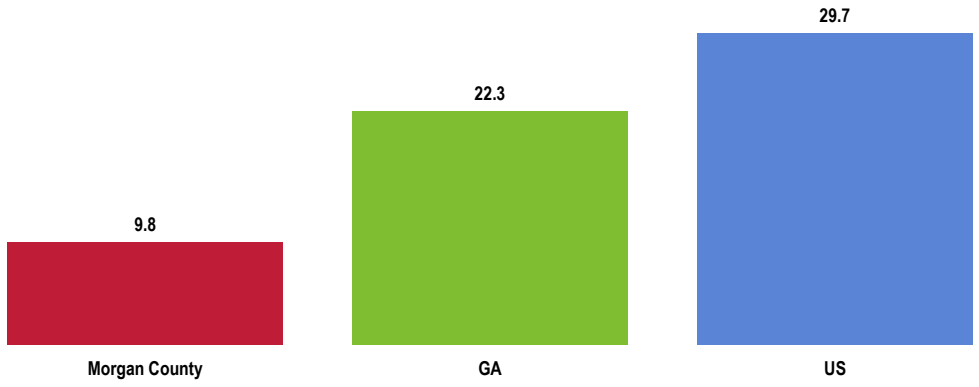
Notes:
- Asked of all respondents.
- Binge drinking reflects the percentage of persons aged 18 years and over who drank 5 or more drinks on a single occasion (for men) or 4 or more drinks on a single occasion (for women) during the past 30 days.

Drug Use

Unintentional Drug-Induced Deaths

Unintentional drug-related mortality is shown in the following chart.

Unintentional Drug-Induced Mortality
(2019-2023 Annual Average Deaths per 100,000 Population)

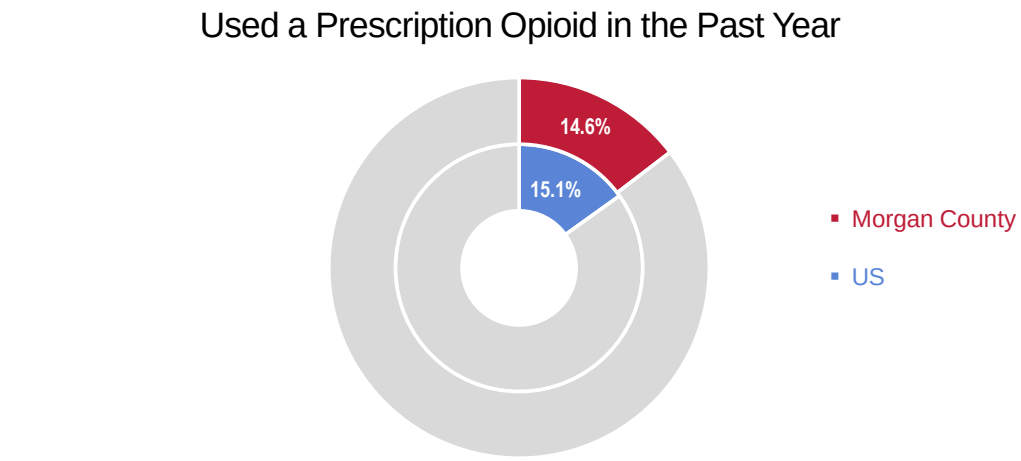


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2025.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

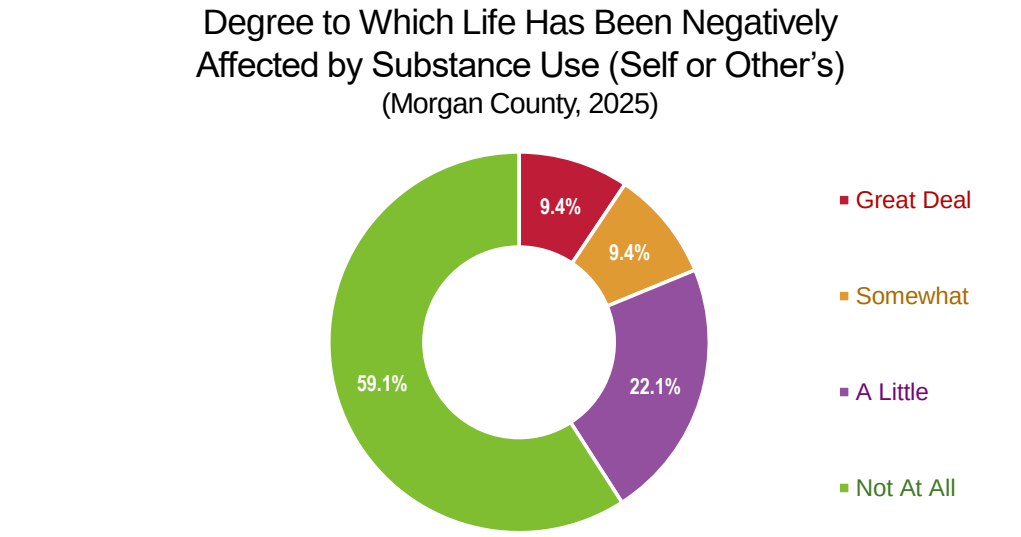
PRC SURVEY ► "Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?"



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 22]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

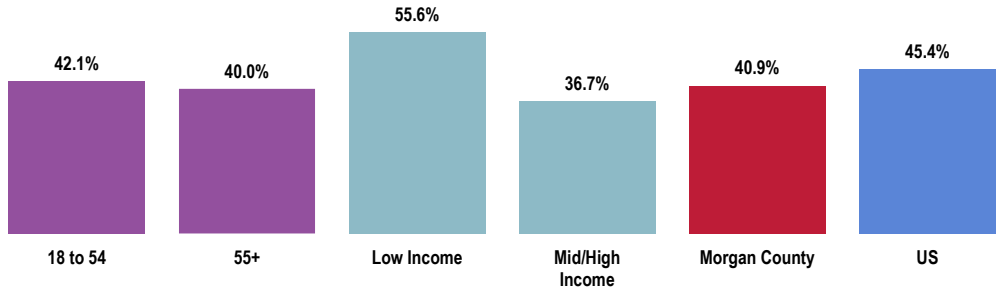
Personal Impact From Substance Use

PRC SURVEY ► "To what degree has your life been negatively affected by your own or someone else's substance use issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?"



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
Notes: ● Asked of all respondents.

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(Morgan County, 2025)



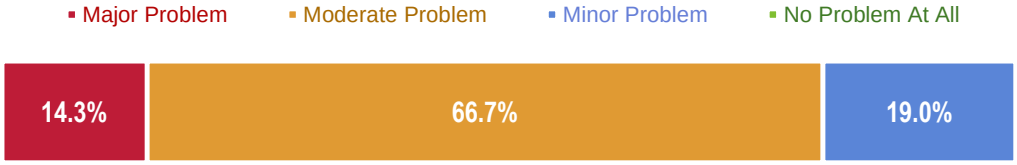
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

The following chart outlines key informants' perceptions of the severity of *Substance Use* as a problem in the community:

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Morgan County, 2025)



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Denial/Stigma

> People are ashamed. Lack of education in this area. People don't know where to find help. — Community Leader

Easy Access

> Easy access to drugs for younger people, finances, lack of treatment places, judgment from others, and transportation if out of town. — Community Leader

Access to Treatment Programs

> I'm only aware of AA meetings. — Health Care Provider

Tobacco Use

ABOUT TOBACCO USE

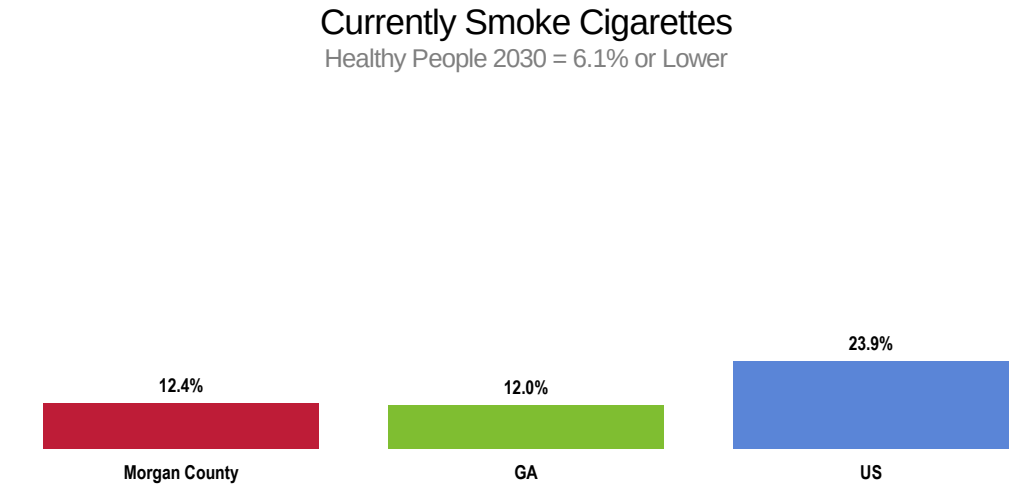
Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

PRC SURVEY ► "Do you currently smoke cigarettes every day, some days, or not at all?"
("Currently Smoke Cigarettes" includes those smoking "every day" or on "some days.")



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 19]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke every day or on some days.

Currently Smoke Cigarettes
(Morgan County, 2025)
Healthy People 2030 = 6.1% or Lower

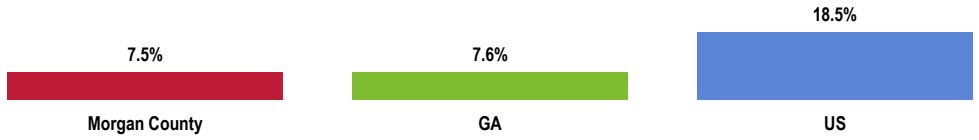
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 19]

Notes:
- Asked of all respondents.
- Includes those who smoke every day or on some days.

Use of Vaping Products

PRC SURVEY ► "Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as e-cigarettes, every day, some days, or not at all?"

Currently Use Vaping Products
(Every Day or on Some Days)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

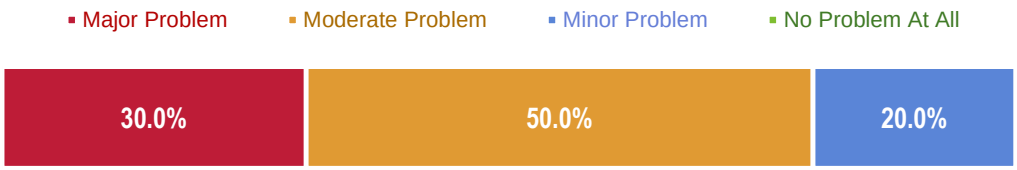
Currently Use Vaping Products
(Morgan County, 2025)

Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 20]
Notes: • Asked of all respondents.
• Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use as a Problem in the Community
(Among Key Informants; Morgan County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Tobacco and vaping. — Health Care Provider
>
> Lots of smokers and vaping with teens. Should shut down that Texaco with all the vape products on Main Street. — Physician
>
> Several reported tobacco users in the community. — Health Care Provider

Impact on Quality of Life

> People are not concerned with the risks to them or those around them with secondhand smoke. I know vaping is not tobacco, but people should be educated on the dangers this poses, as well. — Health Care Provider

Cultural Norm

> It's a problem because some people think that's the only way to find relief in trying to make a decent living here. Trying to forget their problems. — Community Leader

Marijuana

> When I say tobacco, I hope this includes marijuana. — Community Leader

E-Cigarettes

> Vaping. People think that because it isn't tobacco, then it is okay. — Health Care Provider

Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

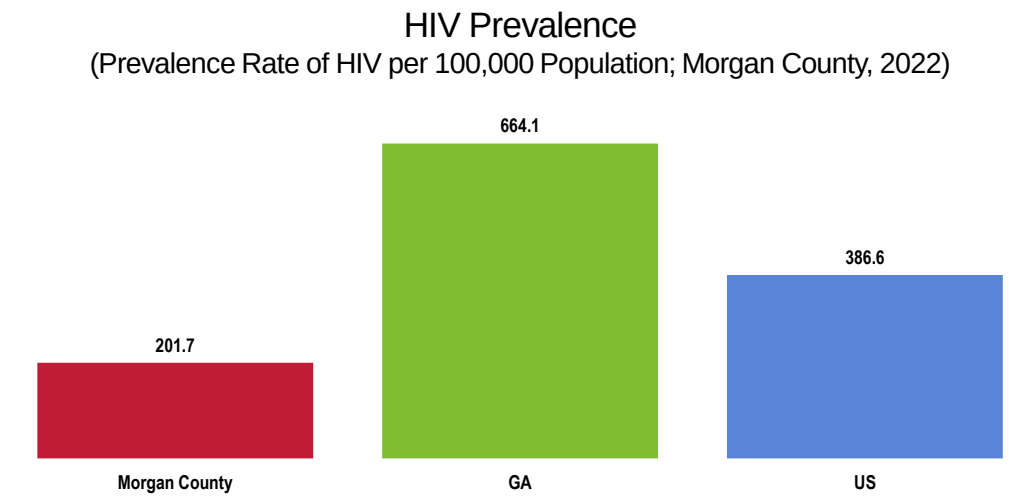
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

HIV

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.



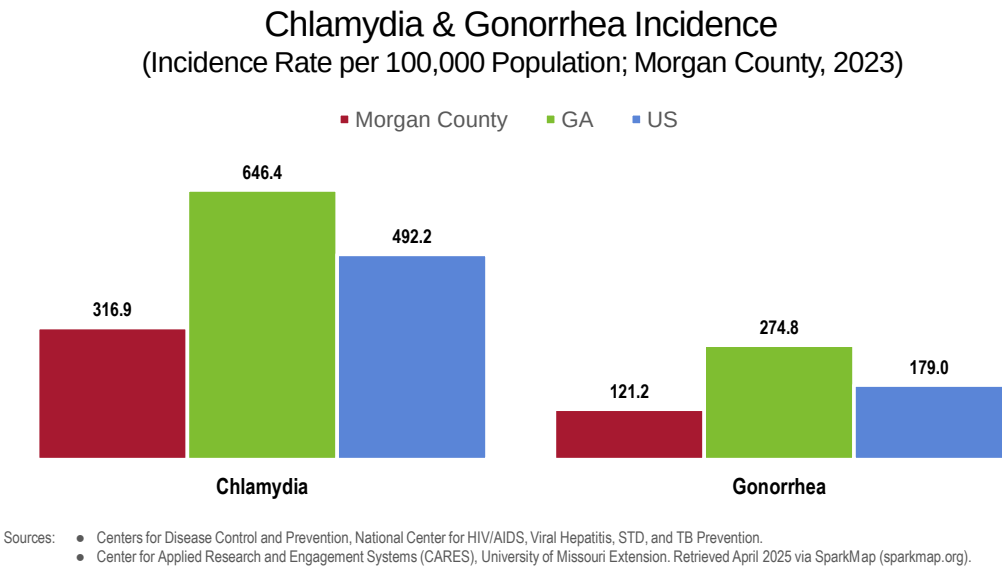
Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Anyone who is sexually active can get gonorrhea. **Gonorrhea** can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

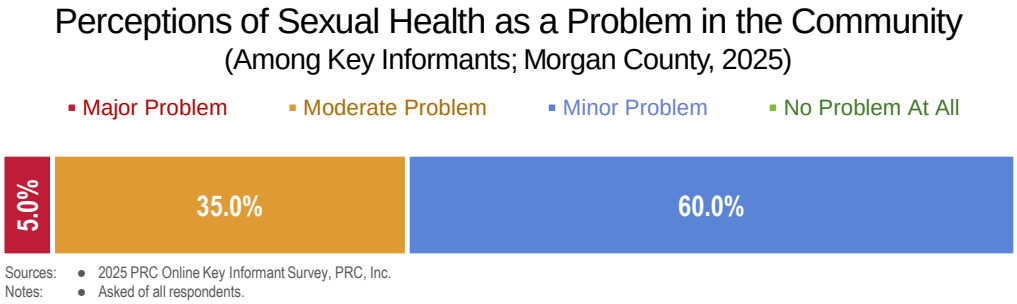
The following chart outlines local incidence for these STIs.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:



Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> Only primary care providers and one part-time gynecologist. Nothing for young teens. — Health Care Provider

ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. … People without [health] insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

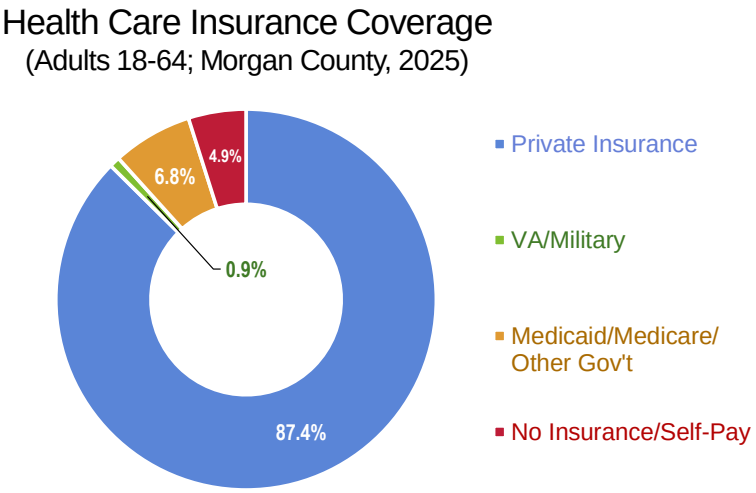
Lack of Health Insurance Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

PRC SURVEY ► "Do you have any government-assisted health care coverage, such as Medicare, Medicaid, or VA/military benefits?"

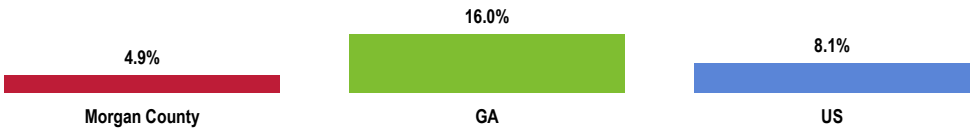
PRC SURVEY ► "Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?"

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
Notes: ● Reflects respondents aged 18 to 64.

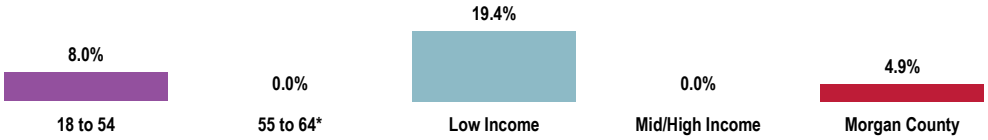
Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents aged 18 to 64.

Lack of Health Care Insurance Coverage
(Adults 18-64; Morgan County, 2025)
Healthy People 2030 = 7.6% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents aged 18 to 64.
- *Use caution when interpreting these results, as the sample falls below n=50.

Difficulties Accessing Health Care

Barriers to Health Care Access

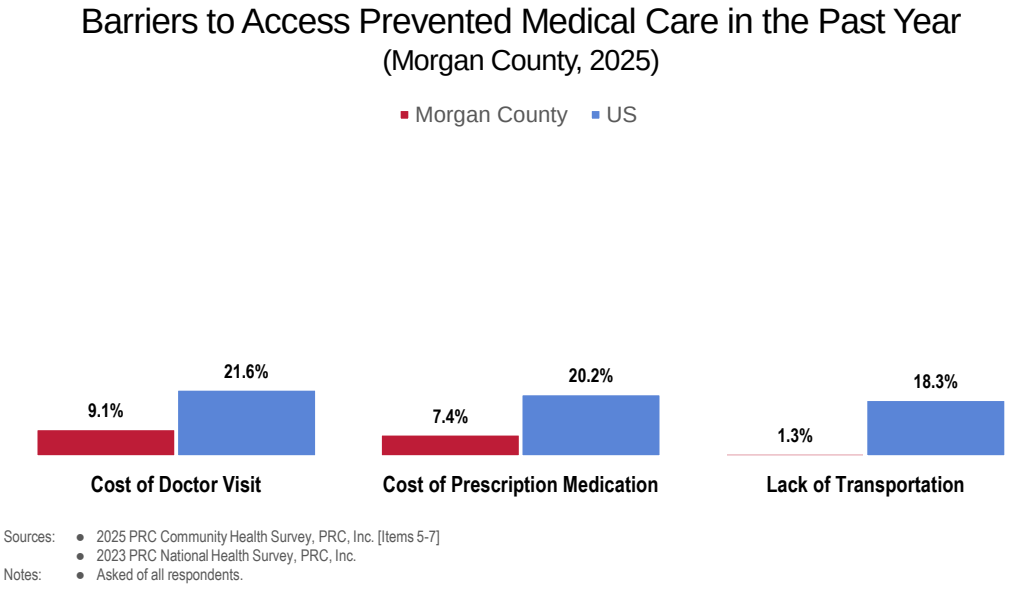
To better understand health care access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

PRC SURVEY ► "Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?"

PRC SURVEY ► "Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?"

PRC SURVEY ► "Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

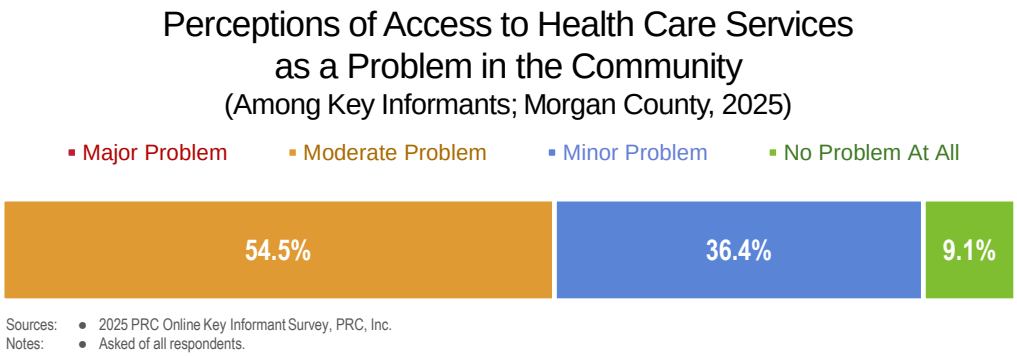


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 5-7]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:



Note the following comment related to access to health care in the community:

Major Acute Care

> Any major acute event, such as MCI, CVA, or major traumatic injury, can only receive stabilizing care locally. All have to be transported to Atlanta, Athens, or Augusta for definitive care. — Community Leader

Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

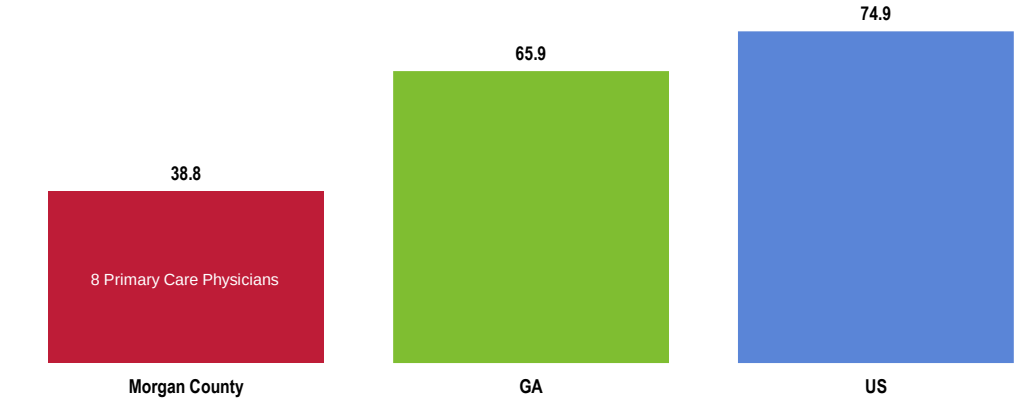
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

he following chart shows the number of active primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Note that this indicator takes into account only primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.



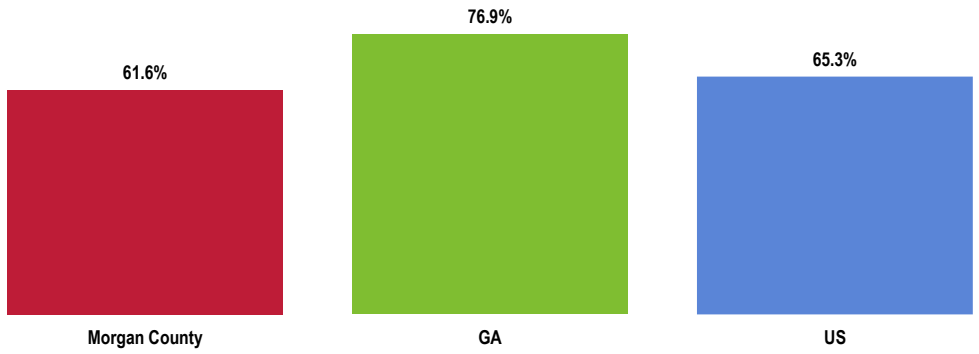
Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded.

Utilization of Primary Care Services

PRC SURVEY ► "A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?"

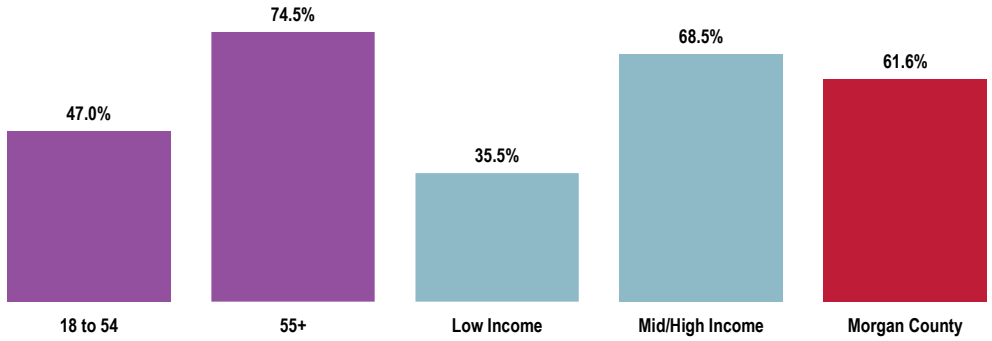
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 8]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Morgan County, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 8]

Notes:
- Asked of all respondents.

Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

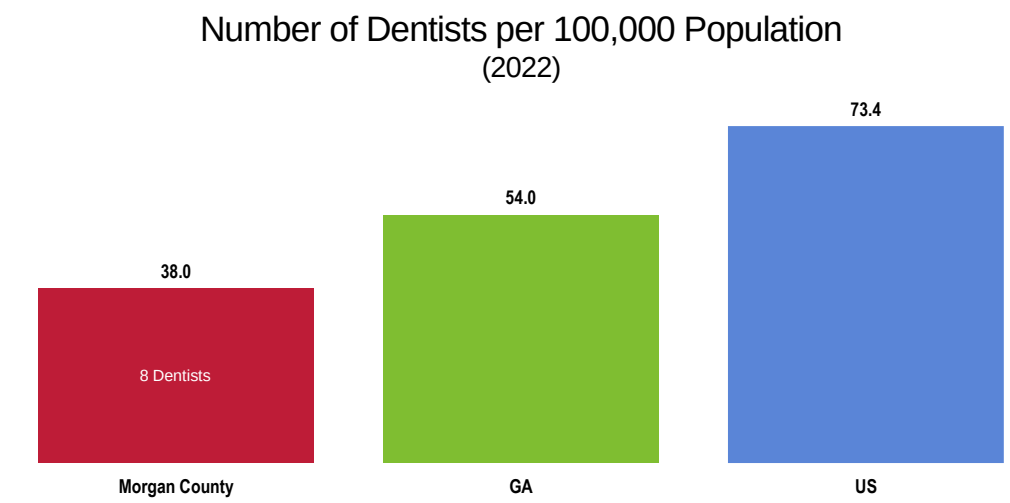
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Dentists

This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

The following chart outlines the number of dentists for every 100,000 residents in Morgan County.

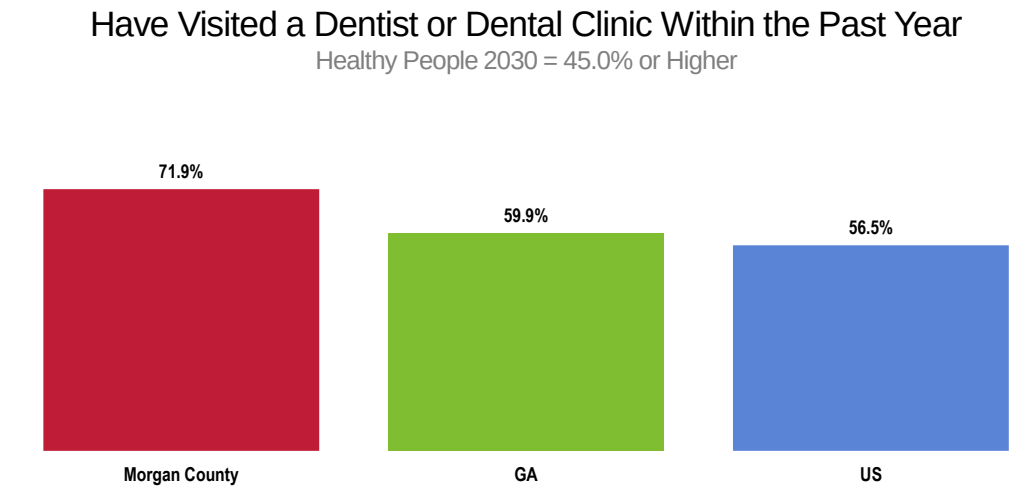


Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Dental Care

PRC SURVEY ► "About how long has it been since you last visited a dentist or a dental clinic for any reason?"

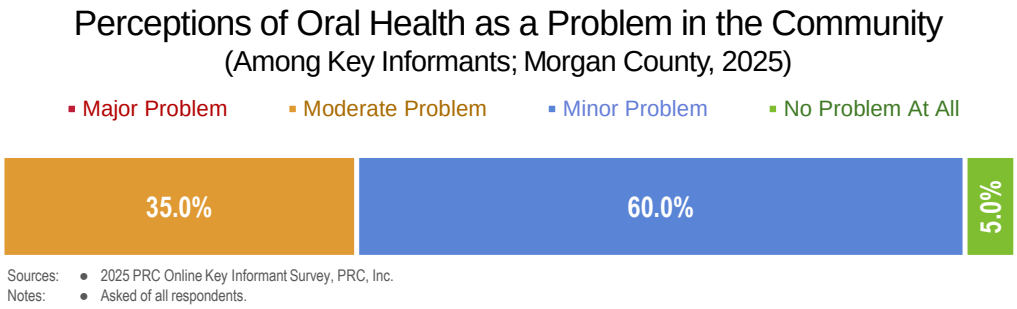


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:



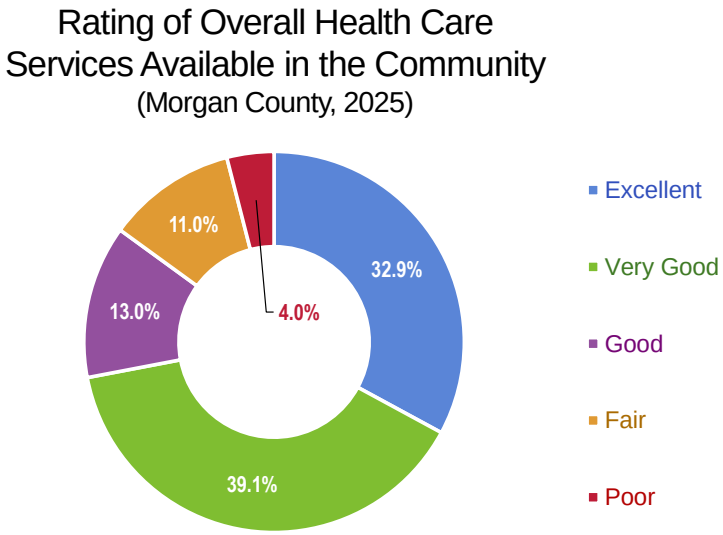
Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

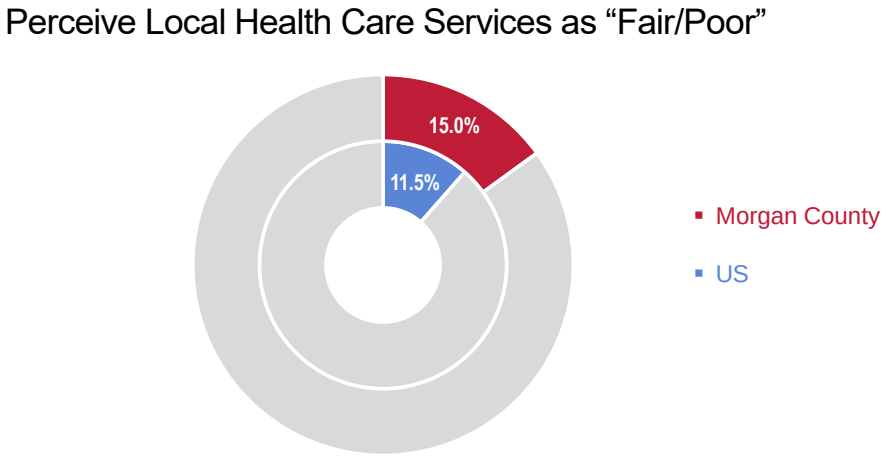
LOCAL RESOURCES

Perceptions of Local Health Care Services

PRC SURVEY ► "How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"



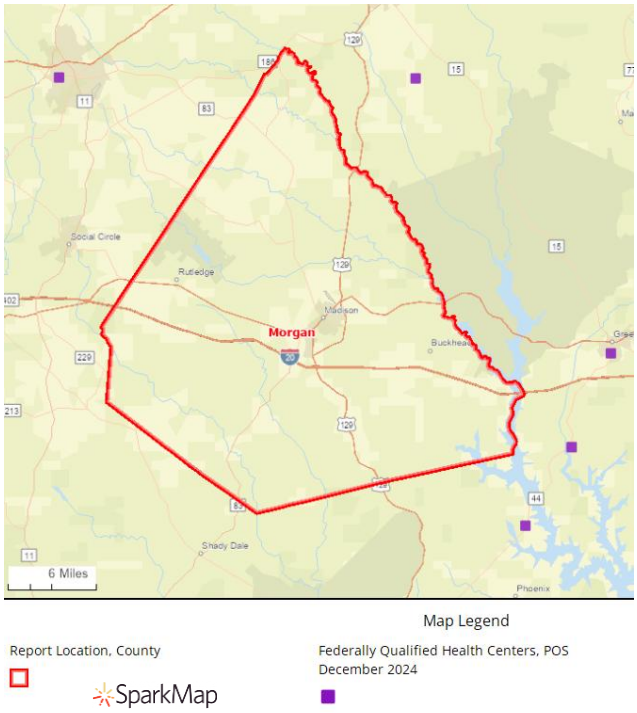
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Federally Qualified Health Centers (FQHCs)

The following map shows no Federally Qualified Health Centers (FQHCs) within Morgan County as of December 2024.



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Cancer

- Doctors' Offices
- Hospitals
- Morgan Medical Center

Diabetes

- Churches
- Doctors' Offices
- Health Department
- Hospitals

Disabling Conditions

- Greensboro
- Hospitals
- Morgan County Health Department
- Morgan Medical Center
- Morgan Physician Services
- Physical Therapy/Occupational Therapy

Heart Disease & Stroke

- Churches
- Doctors' Offices
- Health Department
- Hospitals

Infant Health & Family Planning

- Doctors' Offices
- Greensboro
- Hospitals
- Morgan County Health Department
- Pediatric Physician Services

Mental Health

- Advantage Behavioral
- Churches
- Hospitals
- Methodist Church
- School System
- Therapists

Nutrition, Physical Activity & Weight

- Churches
- Doctors' Offices
- Farmers' Markets
- Fitness Centers/Gyms
- Health Department
- Parks and Recreation
- Running Club

Respiratory Diseases

- Doctors' Offices
- Hospitals

Sexual Health

- Doctors' Offices
- Fitness Centers/Gyms

Social Determinants of Health

- ACTION, Inc.
- Churches
- Fitness Centers/Gyms
- Health Department
- Hospitals
- Morgan Cares Center
- Parks and Recreation
- School System

Substance Use

- AA/NA
- Churches
- Doctors' Offices
- Hospitals

APPENDIX

EVALUATION OF PAST ACTIVITIES

Focus Area 1: Lifestyle and Obesity

Goal 1: Provide Morgan County residents with information, tools, and support to live a healthier lifestyle				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1.1: Target at risk populations such as diabetics and other risk groups for training and education to advance healthy living among those served				
Implement recurring annual education fair	Annually	Clinical Educator Dietician	# attendees	Recreation Department; Churches; Schools; Medical Executive Committee
Offer educational classes on diabetes and other healthy lifestyle topics	Quarterly	Clinical Educator Dietician	#classes #attendees	Medical Executive Committee
Results: • Healthy Eating Plan and Diabetes classes offered March 2025 • Community Health Fair scheduled for May 17, 2025. No Health Fairs over the last 3 years				
Objective 1.2: Raise awareness of community healthy lifestyle and exercise opportunities				
Promote recreation department and opportunities for physical activity and healthy living	Spring and Fall of each CY	Marketing Clinical Educator	# classes # attendees	Recreation Department; Churches; Schools; Medical Executive Committee
Results: not done				
Objective 1.3: Develop educational resources for the community at large				
Implement a recurring social media outreach plan	Feb/Mar 2023 and annually going forward	Marketing Clinical Educator	# Posts # Views # Likes	
Results: Social Media Facebook: Diabetes, Stroke, HTN				

Focus Area 2: Access to Care

Goal 2: Improve access to care				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 2.1: Expand specialty care provided in Morgan County				
Expand telemedicine services for Internal Medicine, Nephrology, Cardiology		COO	# services added # new patients	
Relocate Family Medicine outside the hospital to allow for additional specialists to provide care within facility		COO	Y/N Relocation complete	Local community developer
Recruit an additional Internal Medicine provider		CEO CMO	Y/N Provider added	
Results: • Cardiology telemedicine started. 3 new tele-med services starting in 2025 (nephrology, neurology, infectious disease). • Internal Medicine provider recruitment is ongoing. The Current FP provider has retired so now we are in search of two FP/IM providers. • FP will relocate to an outside office within the next 18 months approx. A new MOB is being built with groundbreaking around July 2025.				
Objective 2.2: Continue to promote financial assistance options to qualifying patients				
Find and implement strategies to ensure qualifying patients are informed of financial assistance options		Dir. of Revenue Cycle	% of qualifying patients choosing an assistance option	Community medical staff
Results: No results at this time.				
Objective 2.3: Increase transportation services for patients to and from the hospital				
Increase awareness and use of county transportation services		Discharge Planning	# trips to/from hospital	Morgan County Public Transit
Results: • Morgan County Transit has increased its services; these are available during business hours only. Additional trucks are in place and the services go to Athens once a week. Requires a 24-in advance reservation. The fee is $2 per person. Uber and cab services are not available in Morgan County.				

Focus Area 3: Mental Health

Goal 3: Expand capacity for providing mental health services to county residents				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 3.1: Continue providing education and training to first responders, police, and caregivers				
Offer recurring training	Quarterly	Clinical Educator Director of Nursing Services	# classes # attendees	Police, Fire, EMS
Results: Heart Saver Classes offered to the public for the last 3 years. ACLS/PALS offered to local EMS, Church CPR classes held within the last year by our Educator. Emergency Childbirth Course and Difficult Airway Course offered to EMS and FD over last 3 years.				
Objective 3.2: Assess the county's current mental health budget for possible strategies to increase its effectiveness				
Review line items in county budget that support mental health for possible modifications to improve effectiveness		CEO	Y/N complete assessment # ideas for improvement	County Manager
Results: No results at this time.				
Objective 3.3: Continue to support those in need of complex inpatient mental health management				
Continue to support and/or expand financial resources for mental health inpatient treatment	FY 2022	CNO	# patients served through contracts	Contractual referral partners
Results: Added a 3 contract for uninsured MH patients to be cared for at offsite MH facilities when unable to be accepted at a state facility. MMC pays this fee daily for up to 5-7 days. Three MH contracts total.				

Focus Area 4: Senior Health

Goal 4: Provide Morgan County senior citizens with actionable health-focused education				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 4.1: Provide classes in locations where need is great and transportation challenges exist				
Select locations for classes	FY2022	Director of Community Relations	# new locations	Churches Senior Center Assisted Living Providers
Provide classes regularly for seniors	FY2023	Recreation therapist	# locations # classes # attendees	Churches Senior Center Assisted Living Providers
Results: No results at this time.				
Objective 4.2: Provide health education targeted at senior citizens via social media				
Implement a regular senior-citizen-targeted social media outreach plan	FY 2023	Marketing Clinical Educator	# Posts # Views # Likes	Senior Center Assisted Living Providers Churches
Results: No results at this time.				