Clinch Memorial
HOSPITAL

2022

COMMUNITY HEALTH NEEDS ASSESSMENT
& IMPLEMENTATION PLAN

Clinch Memorial HOSPITAL

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To Whom It May Concern:

The Clinch Memorial Hospital Board of Directors approved the 2022 Community Health Needs Assessment and Implementation Plan at their meeting on May 27, 2022. The Community Health Needs Assessments (CHNA) Report is widely available to the public and interested parties can view and download it on the Clinch Memorial Hospital website. Hard copies are available upon request as well as website location, please contact: Lily James, Director of Organizational Development, ljames@clinchmh.org and (912) 470-2401 for copies or web location.

Ellice Martin

Ellice Martin, Board Chairman

Clinch Memorial Hospital

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Beth Jones	Clinch Memorial Hospital Board Member
Elexis Williams	Homerville City Councilman
Nancy K. Strickland	Accounts Payable Coordinator
George Johnson	Materials Management Manager
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Lily James	Director of Organizational Development
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EXECUTIVE SUMMARY

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

The Georgia Southern University team applied a mixed method approach in this assessment. The team gained input from the hospital stakeholders and the general community through focus group discussions with community stakeholders and surveys. Data from secondary sources were also used in assessing the needs of the community. Based on the results, the CHNA Steering Committee, in concert with representatives of the local health department, determined the priority areas for the next three years. Goals, objectives, and actions were chosen to address the priority areas that would be meaningful and achievable.

The results from the secondary data analyses suggest that the county's population is slightly contracting and aging. From 2015 to 2020, overall population decreased in Clinch County, while Georgia population increased (-4.5% vs. +4.8%). Over this period, Clinch County experienced a decrease in the proportion of population under age 65, and an increase in the proportion of population 65 and over. The proportion of population that is White Non-Hispanic decreased, but at a slower rate than either African Americans or Hispanics. The population is expected to decrease from 2020 to 2025, but at a slower rate. By 2025, the proportion of African Americans and Hispanics is expected to increase, while the proportion of White Non-Hispanics is expected to decreases. It is also important to note that demographics including income, education, and age, vary by census tract. Furthermore, specific communities experience greater challenges due to factors including lagging economy, limited employment, and lack of transportation. Secondary data agreed with survey and focus group findings in several areas of community health challenges including, but not limited to: nutrition, obesity, inactivity, drugs, access to specialists, transportation, preventative screening utilization, and senior care.

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

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
Lack of Adequate Physical Activity	-Obesity, Inactivity, and Diabetes Worse than State	Obesity and Inactivity Top 2 Negative Influencers of Health	-Senior inactivity specifically mentioned -No access to fitness facilities
Mental Health & COVID-19-related impacts	-Mental Health Provider Ratio Lower than State -Days of Poor Mental Health in Last 30 Comparable to State, but Higher than US	-Top 3 Concern -Social Isolation & Mental Health seen as biggest COVID-19 resulting issues -Mental health was a top 5 concern for children	-Frequently mentioned as an issue
Drug Abuse	Meth use trending upward in GA	-2nd most frequently noted issue affecting quality of life	-Prescription pills and Meth frequently mentioned as issues
Risky Sexual Behavior	High rates of teen pregnancy	Early sexual activity was 2nd most important factor affecting children's health	
Low Life Expectancy	Significantly lower than state. Heart Disease #1 cause of death	Respondents identified cancer and heart disease as top 2 causes of death and illness	
Nutrition and Prescription Compliance	-High diabetes -21% of residents experiencing food insecurity	~1/4 noted having 3 or more chronic conditions -Nutrition identified as top health issue for children -2/3 don't eat enough fruits and vegetables	-Frequently mentioned -Need for enhanced coordination/strategy in providing diet & prescription education identified
Access & Transportation	-Per capita supply of all provider types is lower than state - ~10% of residents lack access to a car	-Greatest concerns related to access to specialists and certain types of services	-Frequently mentioned (Remote area resident access, access to specialty services outside the county, lack of some services within the county)

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
Utilization	-Preventable hospital stays higher than state -Low mammogram & flu shot rates	-Preventive screenings for colon and prostate cancers need improvement	-Inadequate medical transportation limits ability to utilize healthcare services
Senior care	-Aging population	-Less than 2 in 10 felt that adequate senior care services were available	-Getting seniors involved in community was mentioned

The top needs and goals prioritized by the CHNA Steering Committee based on the results of the primary and secondary data were:

- PRIORITY AREA ONE: Health Behaviors: The Basics
  - GOAL 1: To improve the diet of Clinch County residents
  - GOAL 2: Create a more active Clinch County population

- PRIORITY AREA TWO: Teen Health
  - GOAL: Improve health behavior of teens

- PRIORITY AREA THREE: Preventive Screenings
  - GOAL: Improve rates of preventive screenings

- PRIORITY AREA FOUR: Mental Health
  - GOAL: Enhance services available for mental health, including drug and alcohol counseling

PURPOSE

The Center for Public Health Practice and Research at the Jiann-Ping Hsu College of Public Health, Georgia Southern University worked in partnership with Clinch Memorial Hospital to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of Clinch County. This report summarizes the findings of the CHNA. The report informs the hospital's strategic service planning and community benefit activities, as well as fulfils the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a community health needs assessment every 3 years.

METHODOLOGY

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

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

Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's profile, health care access, and utilization. These data were obtained from multiple publicly available sources including the US Census Bureau, the Area Resource File, Centers for Disease Control (CDC) disease and mortality data, Georgia population projections, County Health Rankings, and the Georgia Department of Health's Online Analytical Statistical Information System

(OASIS). The most recently available data were obtained from all data sources at the time of analysis.

Findings from all the above-described primary and secondary data collection efforts informed the identification and prioritization of community health needs, as well as provided suggested solutions to address these needs.

Data Analysis

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

Strategic Priorities

The project team facilitated an interactive implementation planning meeting with hospital steering committee members and representation from the local health department. Discussion from this meeting provided the foundation for the implementation plan.

Implementation Planning

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

SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

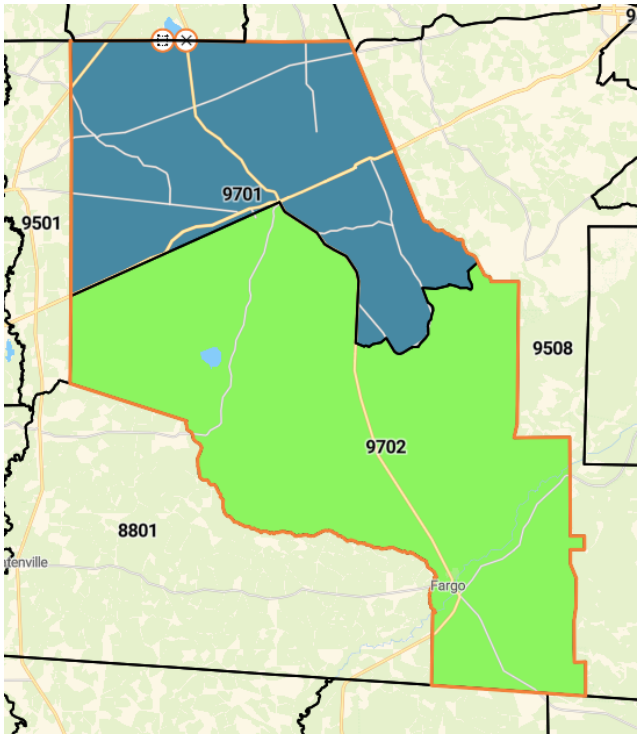
In 2019, there were approximately 6,618 residents in Clinch County. Compared to the state of Georgia, the population of Clinch County is older and less racially and culturally diverse. Unlike the state, about 13% of the population live with one or more disabilities. Veterans make up three percent of the population.

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

	Clinch County	Georgia
Population		
Number of Residents	6,618	10,617,423
Sex		
Female	52%	51%
Male	48%	49%
Age Distribution		
Population Under 5 years	6%	6%
Population Under 18 years	25%	24%
Population 65 years and older	17%*	14%
Racial and Cultural Diversity		
Race		
White	69%*	60%
Black/AA	28%*	33%
Other Races/Multiracial	3%*	7%
Ethnicity		
Hispanic	6%*	10%
Nativity		
Foreign Born	3%*	10%
Non-English Language Spoken at Home	3%*	14%
Veterans		
Veteran Population	3%	6%
Disability		
Population under 65 years disabled	13%*	9%

Data Source: US Census *Significantly higher than state average

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



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

The majority of the population in the northern part of the county is White (70-90%) whereas in the south of the county the majority is Black (50-70%).

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

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

Residents of age 65 and older are distributed somewhat equally throughout the county.

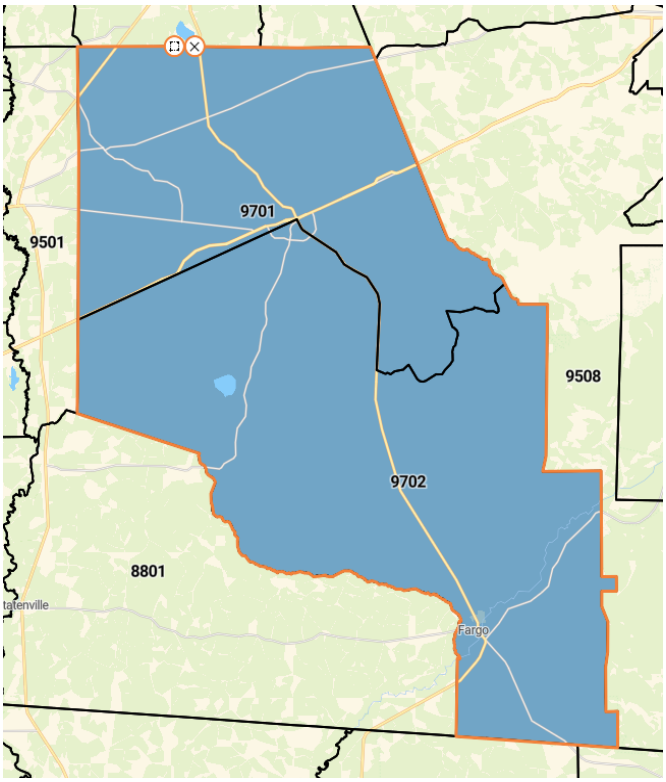
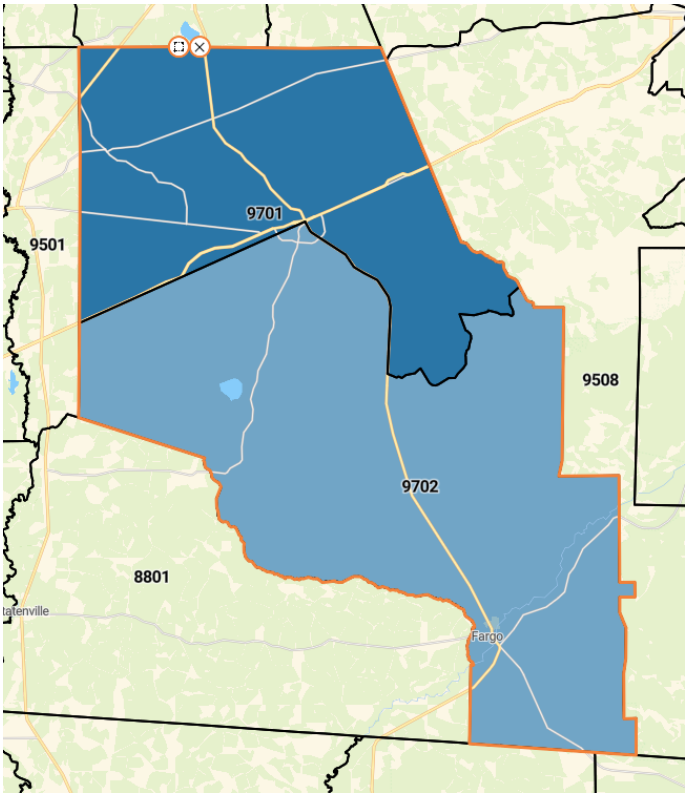


Figure 3. Proportion of Residents with Disability by Census Tract (2015-2019)



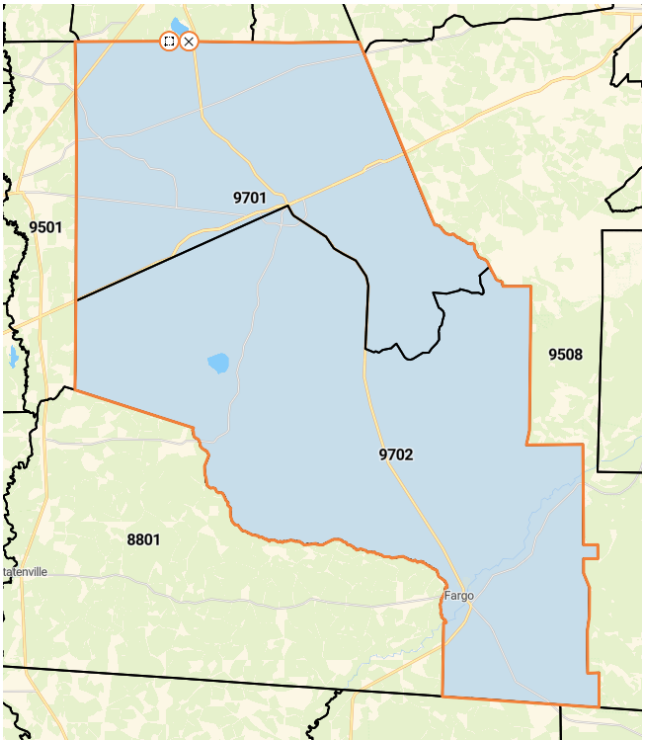
Proportion of Individuals Living with One or More Disabilities, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion.)*

A higher proportion of residents residing in the northern part of the county live with one or more disability (18% vs. 13%) (Figure 3).

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

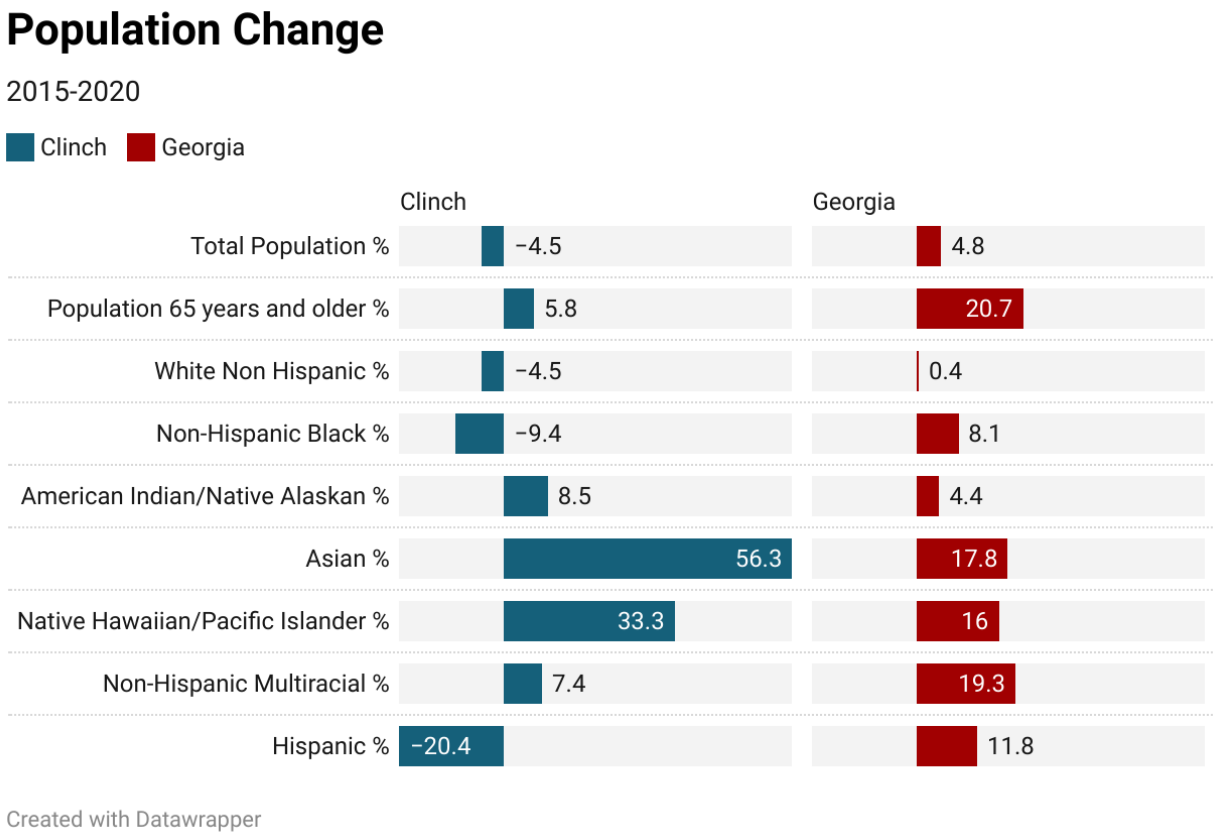
Proportion of Veterans, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion.)*

The proportion of veterans is equally distributed throughout Clinch County.



PAST POPULATION GROWTH

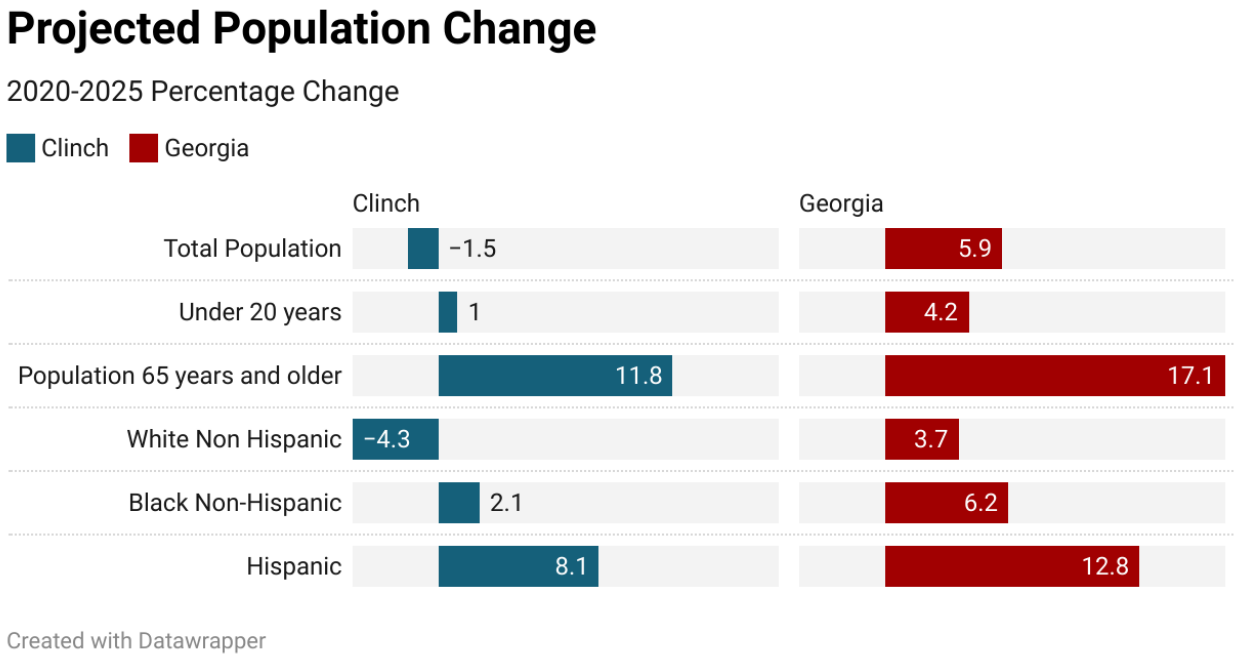
While the total population of the county declined by 4.5% between 2015 and 2020, over that period, the county experienced growth in the Native Hawaiian, Asian, and American Indian/Native Alaskan populations, and decline in the non-Hispanic White and Black populations.



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

PROJECTED POPULATION GROWTH

Population decline is expected to continue through 2025, based on projections by the Georgia Governor's Office of Planning and Budget. The projected population decline is expected to be greatest for the white population. The population aged 65 and over is expected to increase by nearly 12%.



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

ECONOMIC PROFILE

About 1 out of 3 children in Clinch County are living in poverty.

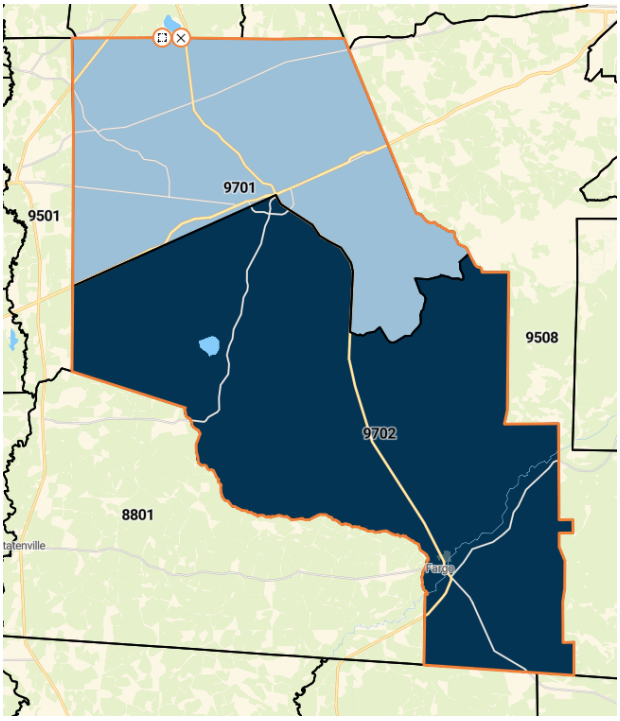
The county experienced an increase in GDP between 2018 and 2019. Over this period, Clinch County's job growth rate was slightly higher than the state average. Fewer working age adults (i.e., 20-64 years) – both men and women – are in the labor force, compared to the state. The county unemployment rate of 4.0% is lower than the state rate of 6.5%. The median household income for Clinch County is less than half of the state median. About 22% of the population and 31% of children live in poverty. Both rates are higher than the state average. Additionally, more than three out of every four school-aged children (84%) in the county are eligible for free or reduced lunch, compared to 60% at the state level.

	Clinch County	Georgia
Economy		
Real Gross Domestic Product (GDP) Annual Growth Rate (2009-2019)	3.2%	2.6%
Real GDP Annual Growth Rate (2018-2019)	5.9%	1.6%
Job Growth Rate (2018-2019)	2.2%	2.1%
Labor Force Representation		
Unemployment Rate (2020)	4.0%	6.5%
Labor Force Representation (2013-2017)	56.9%*	75.5%
Male Labor Force Representation (2013-2017)	54.5%*	80.4%
Female Labor Force Representation (2013-2017)	59%*	70.8%
Poverty		
Median Household Income (2019)	$27,658*	$58,700
Population in Poverty (2019)	22%*	13.3%
Children in Poverty (2019)	31%*	20%
Children eligible for reduced lunch (2018-2019)	84%*	60%

*Significantly unfavorable compared to the state average

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

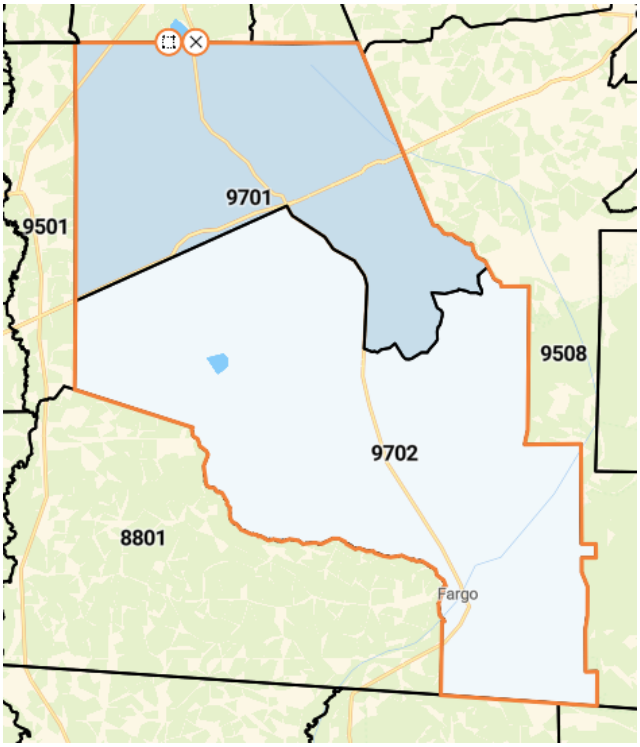
Figure 5. Poverty Rate by Census Tract (2015-2019)



Proportion of Population Living in Poverty, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion.)*
A higher proportion of residents residing in the southern part of the county live in poverty (54% vs 36%).

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

Median Household Income, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the income.)*
Similarly, the median household income is lower in the central and southern part of the county, compared to the rest of the county ($19,000 vs $29,000).



EDUCATION

Educational attainment in the county is generally lower than the state. The high school graduation rate of 69% is lower than the state rate of 87%. Similarly, only 10% of the population hold a bachelor's degree or higher, compared to 31% of the state's population. The county lags the state with respect to early childhood education. On average, county third graders perform slightly lower than the state average on state standardized tests.

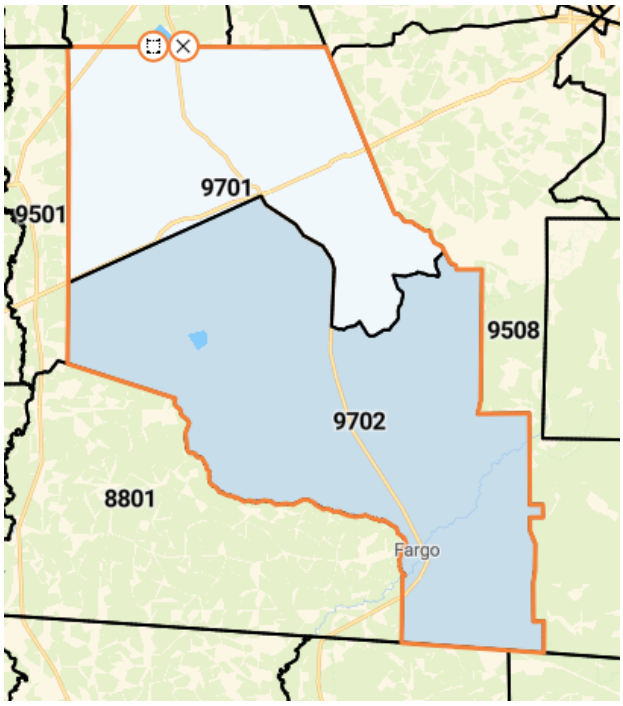
Almost two out of three 3–4-year-old children are <u>not</u> enrolled in school.

	Clinch County	Georgia
Early Childhood Education		
Percent 3–4-year-old children in school	38.1%*	50.3
K-12 Education		
Average grade level performance for 3rd graders on English Language Arts standardized tests	2.8*	3
Average grade level performance for 3rd graders on Mathematics standardized tests	2.7*	2.9
High School Graduation and Higher Education		
High school graduation rate	69.2%*	87.1%
Percent population with bachelor's degree	10%*	31.3%

*Significantly lower than state average

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

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



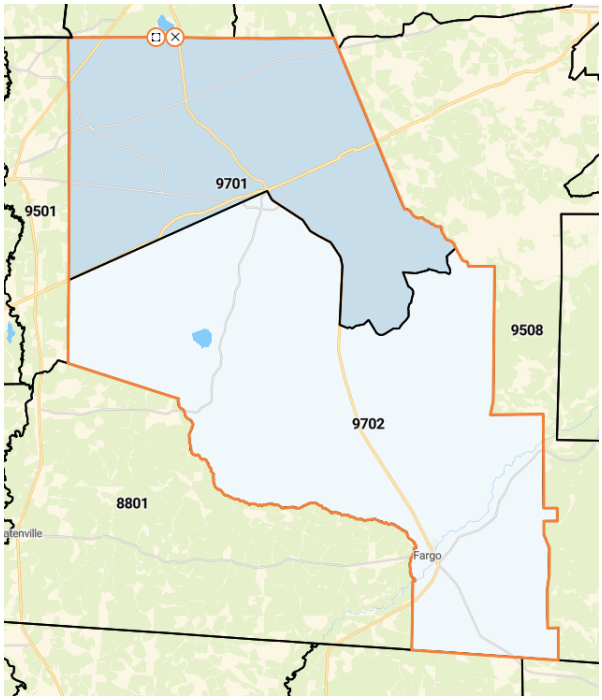
Proportion of Population with at least a High School Diploma, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion.)*

High school diploma attainment is higher in the southern part of the county (72%) compared to the north (67%).

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

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

Preschool or nursery enrollment is higher in the northern part of the County compared to the rest of the County (0.8% vs 0.45%).



SOCIAL AND COMMUNITY CONTEXT

Participation and involvement in community life are both linked to health behaviors and health outcomes. Community members with strong social support, social network and trust are more likely to engage in healhty behaviors. Clinch County residents are active in social associations. There are 16.5 membership associations in the county per 100,000 population, compared to 8.8 membership associations per 100,000 at the state level. More than half of children live in single parent households (52% vs. 30% for Georgia).

There are approximately 2,477 households in Clinch County, with an average of 2.5 persons per household.

	Clinch County	Georgia
Household Characteristics		
Households	2,477	3,758,798
Average persons per households	2.5	2.7
Children in single parent households	52%*	30%
Social Context		
Social Associations per 100,000	16.5	8.8
Suicide rates per 100,000	NA	14

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, US Census Bureau

NEIGHBORHOOD AND BUILT ENVIRONMENT

Only five percent of county residents have access to exercise opportunities. County residents are significantly less digitally connected compared to the state: 73% of households have a computer and 47% of adults have access to broadband internet. The county is also has a higher violent crime rate than the state. One out of five households experiences food insecurity. While more residents own their home and housing costs are lower compared to the state, the proportion of households with severe housing problems is higher than that of the state.

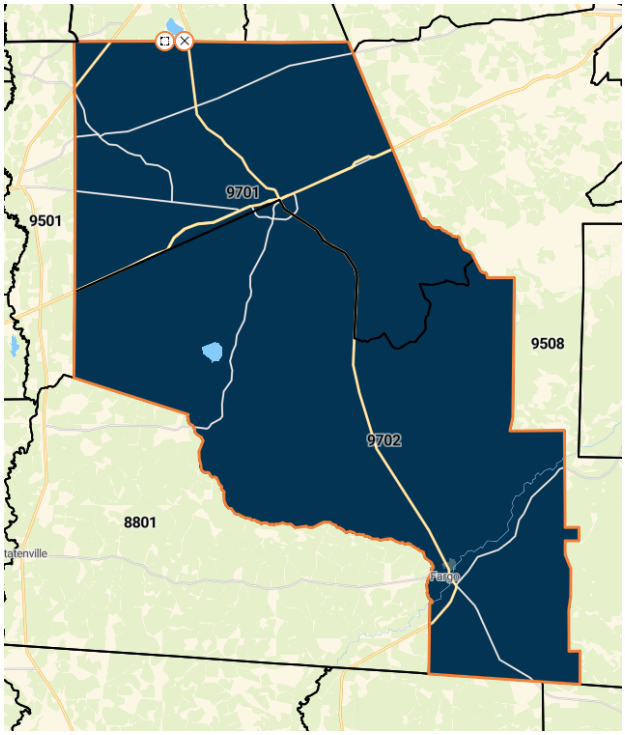
Relative to the state, fewer Clinch County residents experience travel time, or air pollution issues.

	Clinch County	Georgia
Digital Connectivity and Amenities		
Households with computer	73%*	90%
Adult with broadband internet	47%*	81%
Access to exercise opportunities	5%*	75%
Safety		
Violent crime rate per 100,000	473	388
Deaths from motor vehicle crashes per 100,000	NA	14
Food Insecurity		
Low-income residents with limited access to healthy foods	5%	9%
(Healthy) Food environment index (1 worst; 10 best)	6.4	6.5
Population experiencing food insecurity	21%*	13%
Transportation		
Average travel time to work (minutes)	17 mins	29 mins
Households with no motor vehicle	9.37%*	6.45%
Housing		
Homes owned	75%	63%
Families spending > 50% of income on housing	15%	14%
Households with severe housing problems	18%*	16%
Median gross rent	$439	$1,006
Median selected monthly owner costs, including mortgage	$932	$1,417
Pollution		
Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	8.5	9.6

*Significantly unfavorable compared to the state average

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

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



Proportion of all households with no internet access, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion.)*

The proportion of households with no internet access was high (>40%) throughout the county.

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

Proportion of all households without a computer, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion)*

Computer access was comparable through the county, with around 30% of households not having any type of computer.

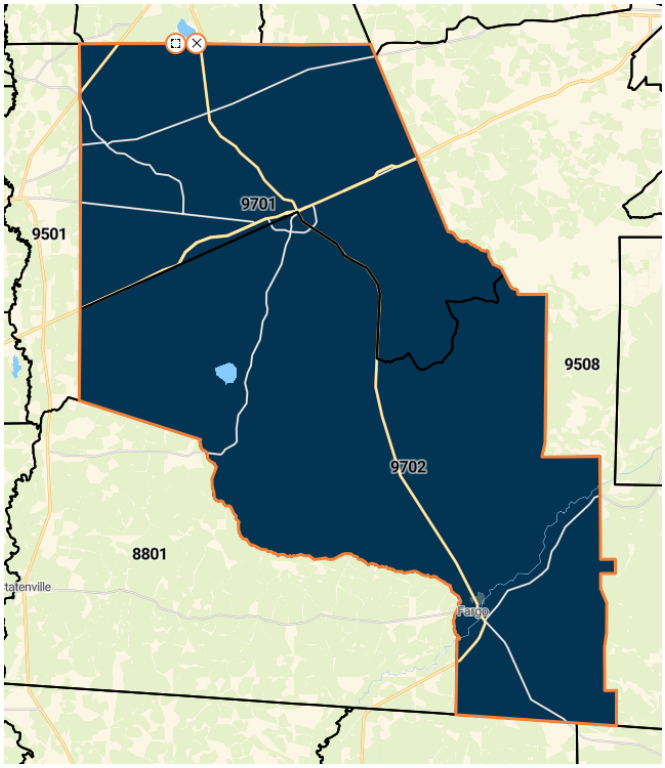
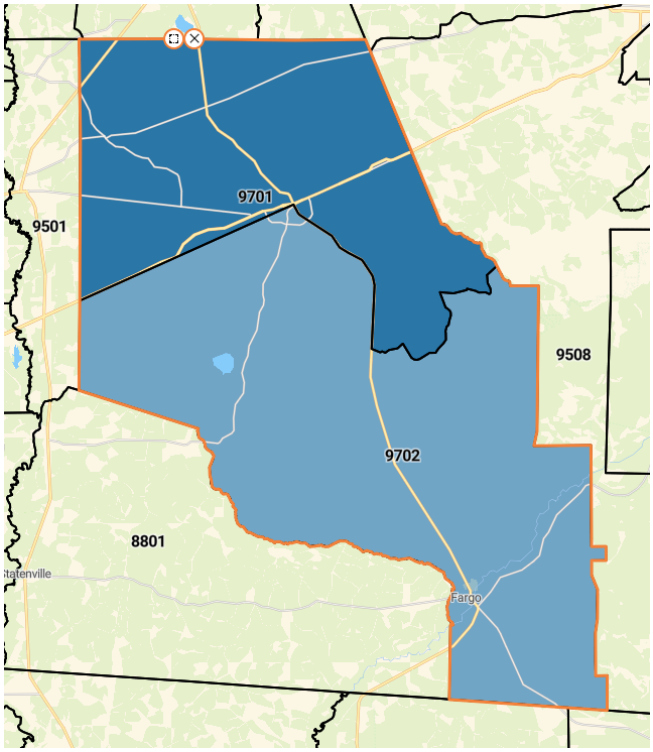


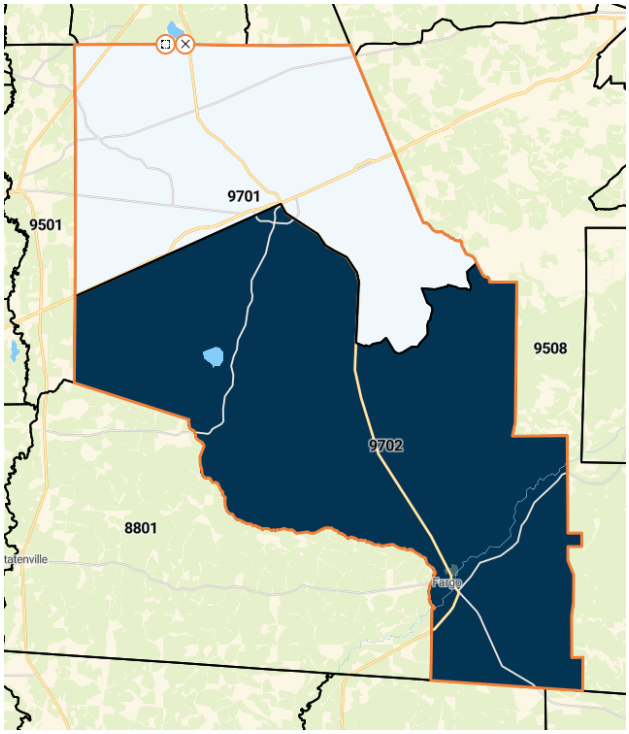
Figure 11. Severe Homeowner Cost Burden by Census Tract (2015-2019)



Proportion of all Homeowners who are severely burdened by housing costs, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion.)*
Severe homeowner cost burden occurs when the owner costs are 50% or more of the household income. Compared to the southern part of the county, severe homeowner cost burden is higher in the northern part of the county (12% vs 7.5%).

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

Proportion of all Renters who are severely burdened by housing costs, 2015-2019. Data Source: Policy Map. *(The darker the color the higher the proportion.)*
Severe renter cost burden occurs when the renter household costs are 50% or more of the household income. A higher proportion of renters (36%) in the southern half of the county experience severe rental cost burden compared to the northern half of the county (10%).



HEALTH CARE ACCESS

Health care access in the county, as reflected by insurance coverage and providers per capita, is relatively limited compared to the state. At 18%, the proportion of residents who are uninsured is higher than the state rate of 16%. Compared to the state, the county also experiences significant shortages of health professionals, including primary care physicians, dentists, and mental health providers. (While the statistics reported below indicate only one primary care physician for Clinch residents, as of June 1,2022, there were three primary care physicians in practice. There were also three mid-level practitioners providing care in the county.) With respect to preventive care, mammogram screening rates and flu vaccination rates are lower than the state levels.

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

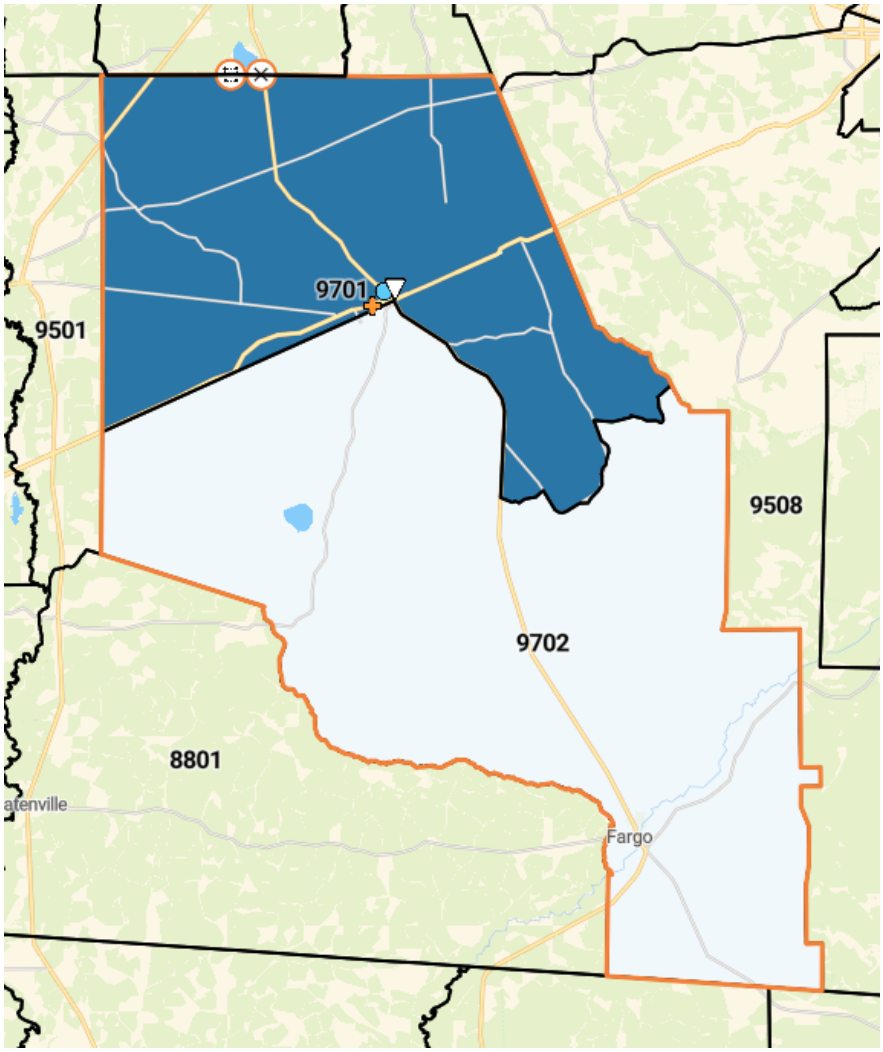
	Clinch County	Georgia
Health Insurance Coverage		
Percent under 65 years Uninsured	18%*	16%
Provider Supply		
Population to One Primary Care Physician	6,650*	1,510
Population to One Dentist	6,620*	1,920
Population to One Mental Health Provider	6,620*	690
Primary Care and Prevention		
Adults with a Personal Doctor or Health Provider	70%	72%
Adults Reporting a Physical Checkup within last year	77%	78%
Preventable Hospital Stays per 100,000 Medicare Enrollees	7500*	4835
Mammogram Screening Rates	35%*	41%
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	33%*	46%

*Significantly unfavorable compared to state average

Data Source: County Health Rankings, Policy Map.

Figure 13. Access to Health and Mental Health Services

Location of Health and Behavioral Health Facilities. Data Source: Policy Map.
Health care, nursing home care and mental health facilities are located in the solely in Homerville.



Legend: orange plus = hospital; blue circle = mental health treatment facility; white triangle = nursing facility.

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

LIFESTYLE AND BEHAVIOR

Compared to the state, the proportion of residents who smoke is higher in Clinch County. The physical inactivity rate is lower than for the state. The proportions of adults who are obese, and who do not get sufficient sleep are higher than the respective state rates. Alcohol-related motor vehicle deaths are significantly lower in the county. Teen pregnancy rates are significantly higher in the county compared to the state.

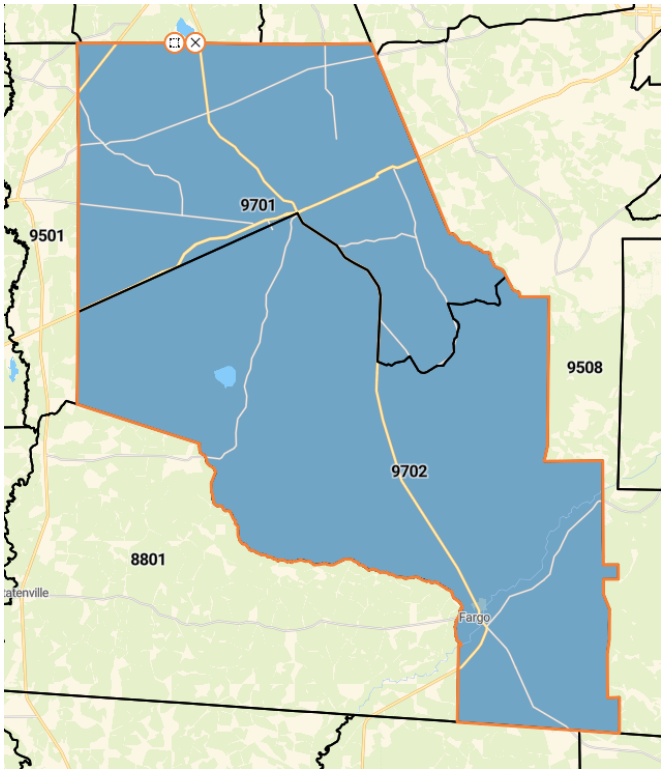
Compared to Georgia, rates of teen pregnancy, smoking, and obesity are higher for Clinch County. Excess alcohol consumption & alcohol-related traffic fatalities are lower.

	Clinch County	Georgia
Suboptimal Lifestyle Behaviors		
Adult smoking rate	28%*	16%
Adult excessive drinking rate	14%	17%
Percent driving deaths with alcohol involvement	10%	20%
Adult obesity rate	46%*	32%
Adult physical inactivity rate (reporting no leisure time physical activity)	22%	26%
Percentage of adults who report insufficient sleep (fewer than 7 hours of sleep on average)	43%*	38%
Sexual Risk Behaviors		
STD infection rates per 100,000	639.2	632.2
Teen pregnancy rates per 1000 female teens	52*	24

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure 14. Smoking Rate by Census Tract (2018)



Proportion of adults who ever smoked cigarettes, 2018. Data Source: Policy Map. *(The darker the color the higher the proportion.)*

Smoking rates are high (40%+) consistently across different parts of the county.

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

Proportion of adults physically inactive, 2017. Data Source: Policy Map. *(The darker the color the higher the proportion.)*

The rate of physical inactivity is consistently high across the county (close to 40%).

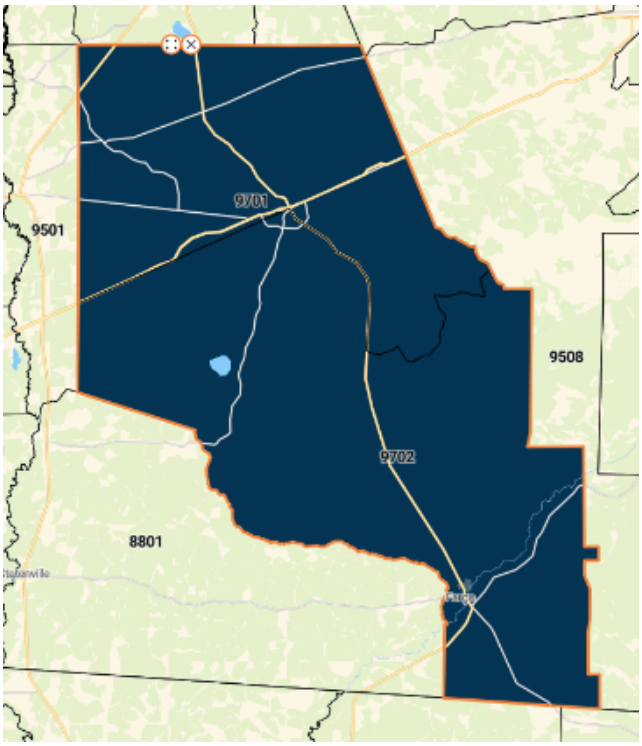
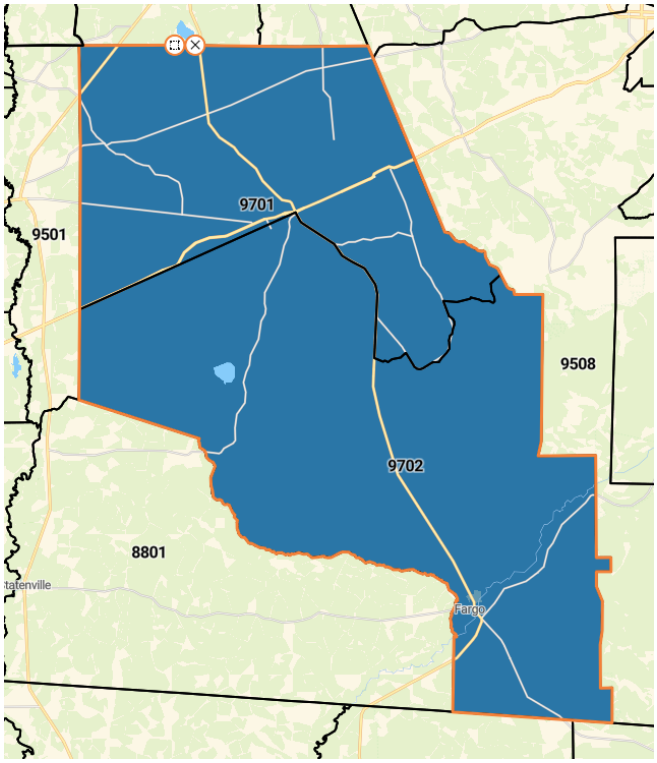


Figure 16. Adult Obesity by Census Tract (2018)



Proportion of adults reporting to be obese, 2018. Data Source: Policy Map. *(The darker the color the higher the proportion.)*
Obesity rates are consistently high (>30%) across the county.

HEALTH OUTCOMES

Morbidity

A higher proportion of Clinch County residents self-report poor physical and mental health compared to the state. Prevalence rates of diabetes, heart disease, and low birth weight are higher than the state rates. Cancer incidence rates are also slightly higher than the state. The prevalence of HIV is lower for the county than for the state.

One out of three residents of Clinch County report having poor or fair health.

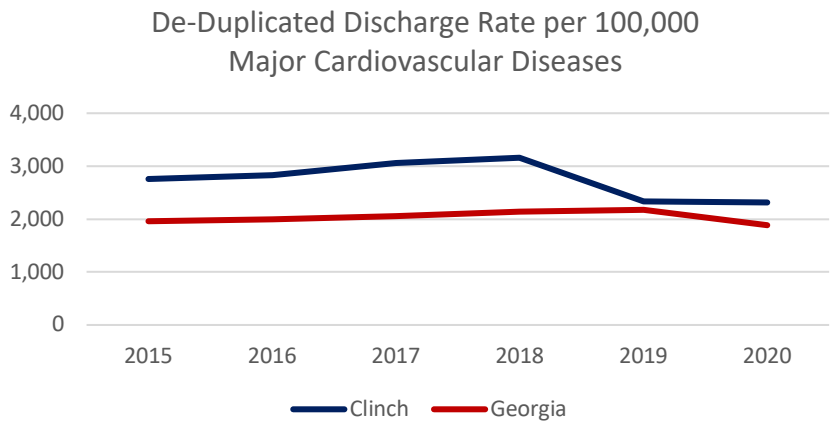
	Clinch County	Georgia
Disease Burden		
Cancer incidence rates per 100,000 population	491*	459
Adult diabetes prevalence rate %	18%*	12%
HIV prevalence rate per 100,000 population	552	625
Cardiovascular disease hospitalizations per 1,000 Medicare enrollees	67.4*	60.5
Low birth weight	12%*	10%
Self-Reported Health Outcomes		
Percent adults reporting poor or fair health	31%*	18%
Percent adults reporting frequent physical distress	20%*	12%
Percent adults reporting frequent mental distress	20%*	13%

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

Cardiovascular Disease Morbidity

Hospital discharges for cases of major cardiovascular disease among adults 35 years of age and older are consistently higher for Clinch County than for the state overall, but have decreased since 2018 (Figure 17 below).

Figure 17. Cardiovascular Disease-Related Hospitalizations

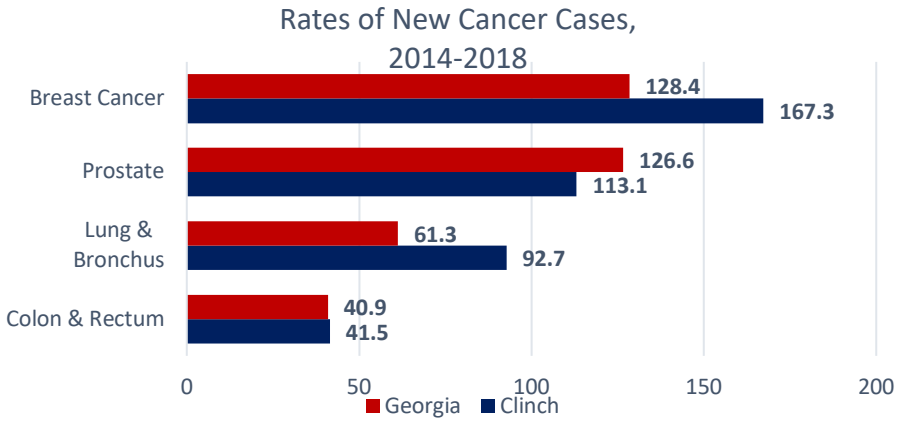


Data source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer Morbidity

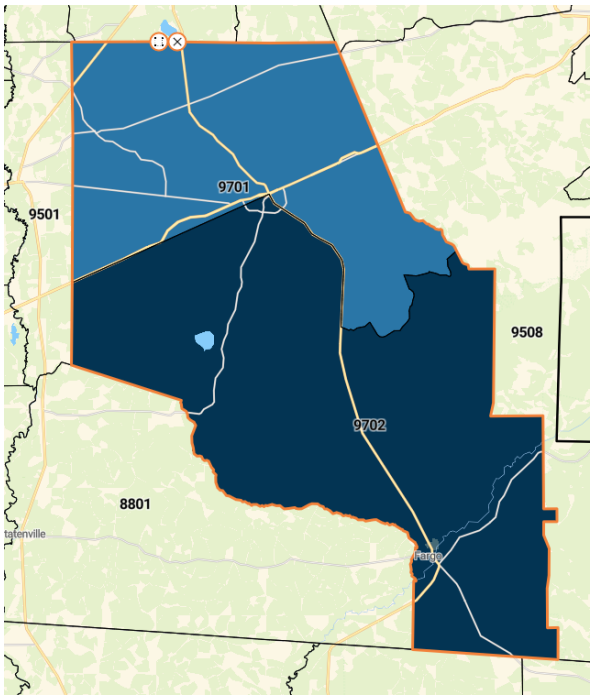
The incidence rates of breast and lung/bronchus cancers are significantly higher for Clinch County residents than for the state over all. Colon/rectum cancer incidence rates are slightly higher for Clinch County, while the incidence rate of prostate cancer is slightly lower for Clinch County residents (Figure 18).

Figure 18. Cancer Incidence Rates, 2014-2018



Data Source: National Cancer Institute, State Cancer Profiles

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



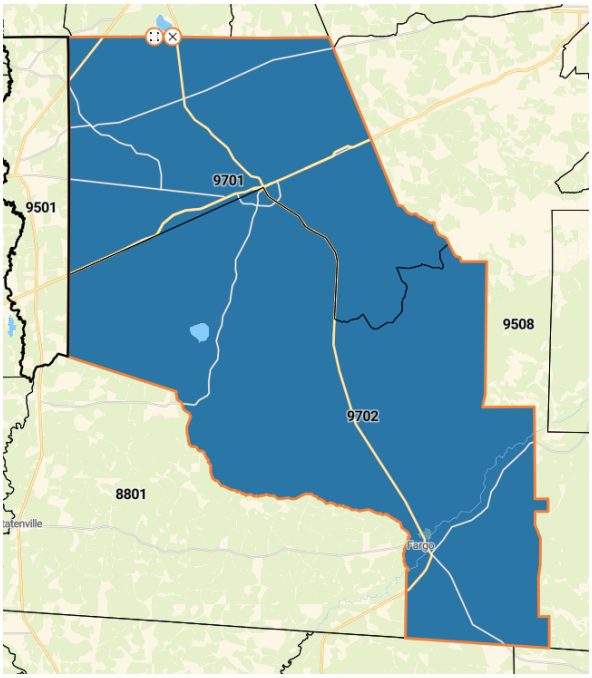
Proportion of adults reporting poor or fair health in the past 30 days, 2018. Data Source: Policy Map. *(The darker the color the higher the proportion.)*

A lower proportion of adults in the northern part of the County reported poor or fair health compared to the rest of the County (20% vs 22%).

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

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

Geographically, the proportion of adults reporting frequent mental health distress was similar throughout the county (15%).



Mortality

Premature death rates are roughly twice as high in Clinch County than the state.

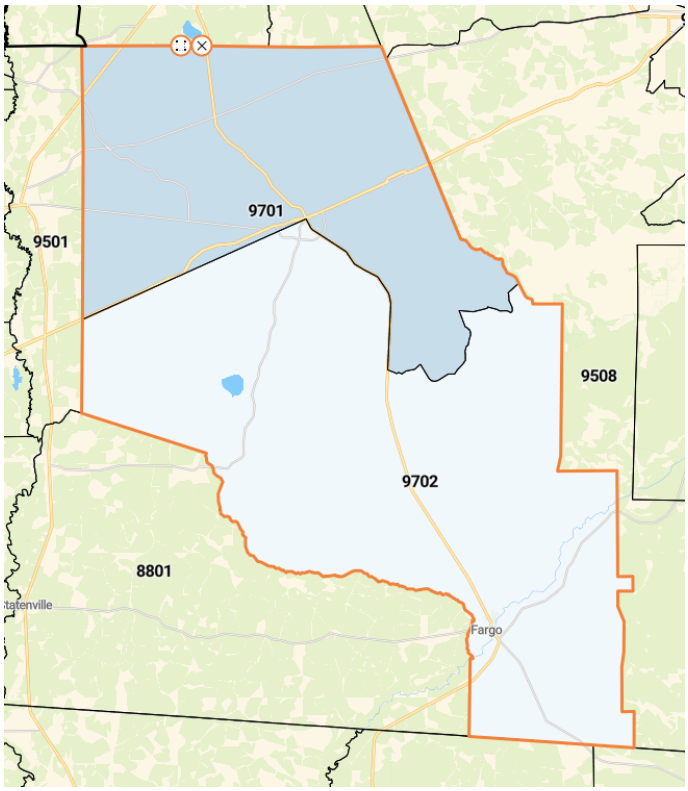
The average life expectancy in Clinch County is 72.6 years – about five years less than the average life expectancy in Georgia.

	Clinch County	Georgia
Mortality Indicators		
Life Expectancy	72.6*	77.9
Premature (> 75yrs) Death Rate per 100,000 population	670*	380

*Significantly unfavorable compared to the state average.

Data Source: County Health Rankings

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



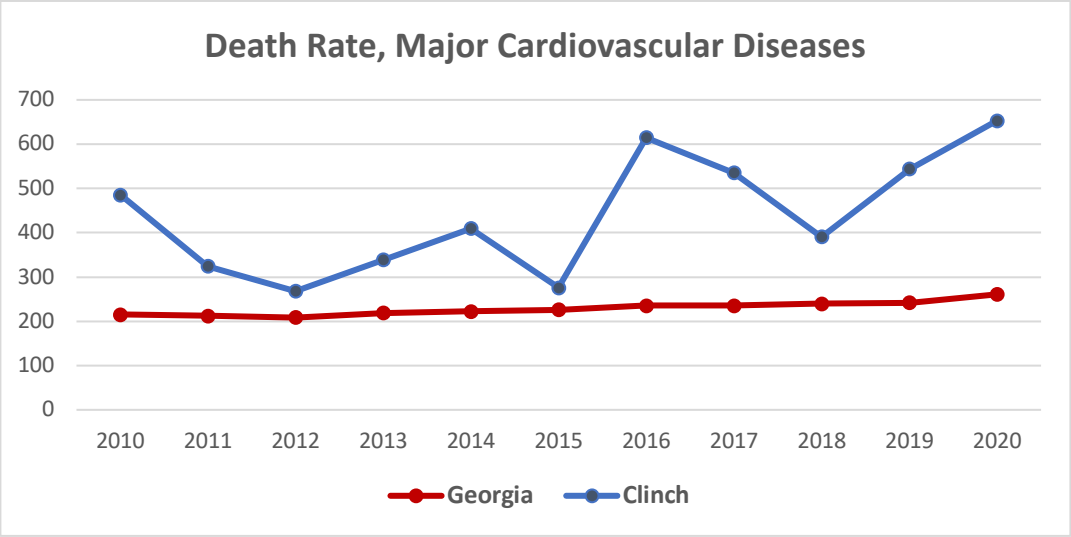
Life Expectancy at Birth, 2010-2015. Data Source: Policy Map. *(The darker the color the greater the years.)*

Life expectancy is higher for residents in the northern part of the county (74.7 years), compared to southern half of the county (71.3).

Cardiovascular Disease Mortality

Trends on death rates for major cardiovascular diseases show that Clinch County's rates are increasing and have consistently been higher than the state's rates (Figure 22).

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

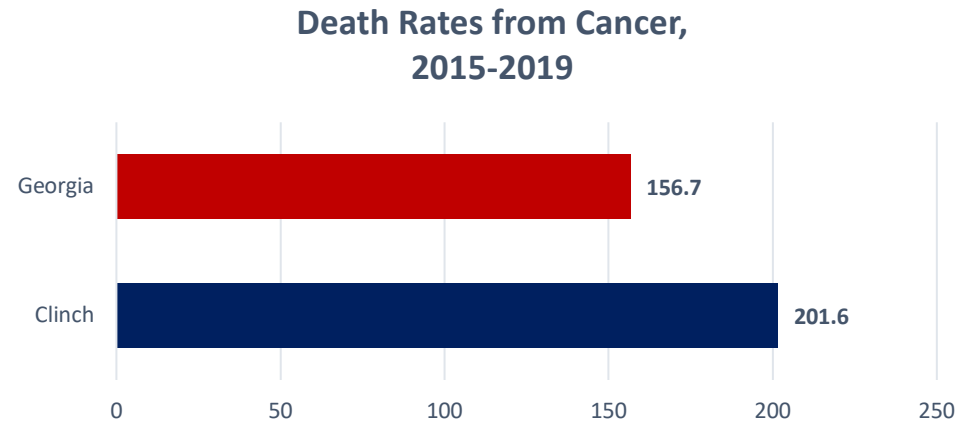


Data source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer Mortality

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

Figure 23. Cancer Death Rates per 100,000 residents, 2016-2020



Data Source: National Cancer Institute, State Cancer Profiles

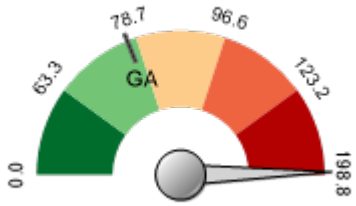
Top 10 Causes of Death: Clinch County and Georgia 2016-2020

According to the Georgia Department of Public Health Online Analytical Statistical Information System, the top three causes of death for Clinch County are Ischemic Heart and Vascular Disease, Alzheimer's Disease, and Chronic Obstructive Pulmonary Diseases (excluding asthma). Deaths from COVID-19 ranked much higher for Clinch County compared to Georgia. Top Ten comparisons are provided in the table and figure below.

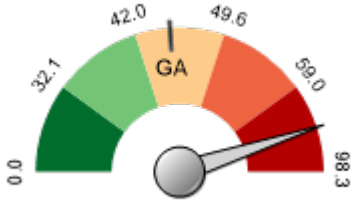
Cause	Clinch Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
Alzheimer's Disease	2	4
All COPD Except Asthma	3	2
Malignant Neoplasms of the Tracheas, Bronchus & Lung	4	5
Cerebrovascular Disease	5	3
COVID-19	6	11
All Other Diseases of the Nervous System	7	7
Nephritis, Nephrotic Syndrome and Nephrosis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

Figure 24: Rank/County Comparison to Georgia

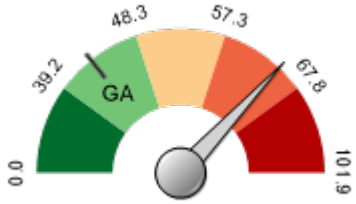
1 Ischemic Heart and Vascular Disease



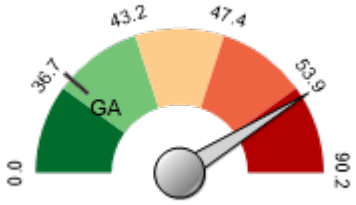
2 Alzheimer's Disease



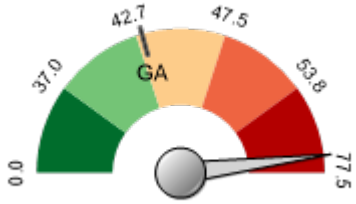
3 All COPD Except Asthma



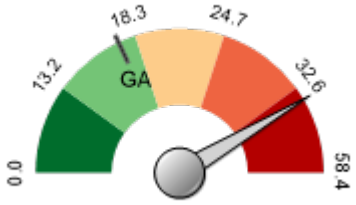
4 Malignant Neoplasms of the Trachea, Bronchus and Lung



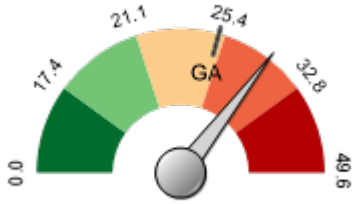
5 Cerebrovascular Disease



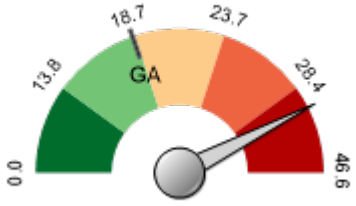
6 COVID-19



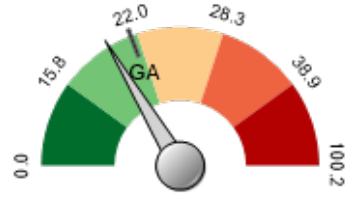
7 All Other Diseases of the Nervous System



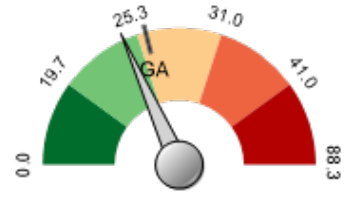
8 Nephritis, Nephrotic Syndrome and Nephrosis



9 Diabetes Mellitus



10 All Other Mental and Behavioral Disorders



COVID-19

COVID-19 infection and death rates in the county were higher than the state average as of November, 2021. Vaccination rates were lower than the state average as of November 2021.

As of November 2021, Clinch County had reported 1,489 COVID-19 infections and 33 COVID-19 deaths.

	Clinch County	Georgia
Cumulative COVID-19 Infections and Deaths (11/01/2021)		
Number of COVID-19 Infections	1,489	1,635,524
Infection Rate per 100,000	22,371*	15,097
Number of COVID-19 Deaths	33	24,876
Death Rate per 100,000	495.8*	229.6
Vaccination Rates (11/01/2021)		
Percent Population who are Fully Vaccinated	39%*	50%
Percent Population with at least One Vaccine Dose	43%*	56%

*Significantly unfavorable compared to state average

Data Source: Georgia Department of Public Health COVID-19 Status Report

PROGRESS ON SELECTED INDICATORS

	Previous CHNA	Current CHNA	Progress
Economic Profile			
Percent children in poverty	36%	31%	→
Unemployment rate	5.5%	4%	→
Education			
High school graduation rate	73.6%	69%	←
Social and Community Context			
Social associations per 100,000	16	16.5	→
Percent children in single parent households	53%	52%	→
Neighborhood and Built Environment			
Percent population with access to exercise opportunities	5%	5%	–
Percent population food insecure	21%	21%	–
Health Care Access			
Uninsurance rate	18%	18%	–
Primary care provider to population	6893	6650	→
Mental health provider to population	NA	6620	
Health Behaviors			
Obesity rate	31%	46%	←
Physical inactivity rate	26%	22%	→
Smoking rate	23%	28%	←
Teen pregnancy rate (per 1000 teen females)	66	52	→
Health Outcomes			
Percent reporting poor or fair health	25%	31%	←
Low birth weight rate	12%	12%	–
Diabetes prevalence	13%	18%	←
Premature (under 75yrs) death rate per 100,000 population	570	670	←

← Worsened – Stable → Improved

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

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS

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

Community Demographic Profile, Economic Profile & Education

- The population of Clinch County is older and less diverse than the Georgia as a whole.
- Population decline, observed between 2015 and 2020 is projected to continue but at a lower rate through 2025.
- Despite favorable unemployment rates (relative to the state), the county experiences high levels of poverty.
- Educational attainment is generally lower in the county, compared to the state.

Social and Community Context & Neighborhood and Built Environment

- More than half of children in the county live in single parent households.
- Clinch County residents lack access to amenities such as recreational opportunities.
- Compared to the state, Clinch County residents are less digitally connected.
- A high number of social associations/connections were found for county residents.

Health Care Access

- Access to health care is limited, compared to the state, due to shortages of health professionals and higher uninsurance rates.

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS – CONT'D

Lifestyle Behavior & Health Outcomes

- Generally, compared to the state, a higher proportion of Clinch County residents engage in unhealthy behaviors such as smoking, and risky sexual behaviors, primarily evidenced by high rates of teen pregnancies.
- Health outcomes in the county are relatively worse than the state, with a higher proportion of county residents reporting poor physical and mental health, compared to the rest of the state.
- Cancer rates are higher in the county, compared to the state.

COVID-19

- Clinch County residents have been impacted by the ongoing COVID-19 pandemic.
- As of November 2021, COVID-19 infection and death rates were higher in the county compared to the state.
- Vaccination rates, however, remained lower than the state during the same period.

Progress on Selected Health Indicators Since last CHNA

- Of 18 selected health indicators assessed across the SDOH dimensions, the county performed better or similar on 39% (7/18), worse on 33.3% (6/18) compared to the last CHNA and 22.2% (4/18) remained the same. Comparison for one indicator was not possible due to a lack of data for previous years.

COMMUNITY SURVEY

Online surveys were completed and returned by 135 community members.

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The majority of survey respondents were female (86.7%), Non-Hispanic White (87.9%), aged under 65 years (94.4%), married or partnered (65.6%) and employed (83.5%), with at least some college or associate degree (28.6%). Half of the participants reported an annual household income above $60,000 (51.6%) (Table 6). COVID-19 protocols created challenges for obtaining a representative survey. The survey was shared on the hospital's website, through social media accounts, and with the school board for further dissemination. Additional efforts were made to share QR codes through churches and other networks. Survey respondents were significantly more likely to be female (86.7% sample vs 51.7% county census), under 65 (94.4% sample vs 83.2% county census), non-Hispanic White (87.9% sample vs 64.4% county census). Respondents were significantly more educated: 60.5% of respondents had at least a Bachelor's degree, while only 10% of county residents had this level of education according to census figures. Similarly, more than 86% of respondents reported household earnings that were greater than the county median household income of $27.8K.

Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
Gender (n=90)		
Female	78	86.7
Male	12	13.3
Age (n=90)		
Under 35 years	26	28.9
35-44 years	17	18.9
45-54 years	21	23.3
55-64 years	21	23.3
65-74 years	5	5.6
75 years and older	0	0
Race (n=91)		
Non-Hispanic Black	10	11
Non-Hispanic White	80	87.9
Hispanic	0	0
American Indian/Native Alaskan	0	0

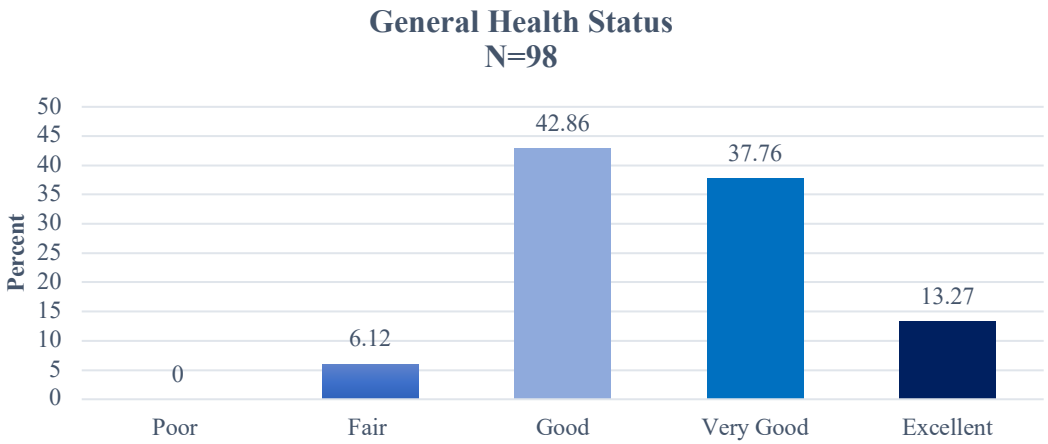
	Frequency (N)	Percentage (%)
Other	1	1.1
Asian	0	0
Native Hawaiian or Pacific Islander	0	0
Education (n=91)		
Less than High School	1	1.1
High School Graduate or GED	9	9.9
Some College or Associate Degree	26	28.6
Bachelor Degree	26	28.6
Graduate or Advanced Degree	29	31.9
Marital Status (n=90)		
Married/Partnered	59	65.6
Divorced/Separated	9	10
Widowed	3	3.3
Single/Never Married	19	21.1
Other	0	0
Household Income (n=91)		
Below $20,000	2	2.2
$20,00-$40,000	10	11
$40,001-$60,000	18	19.8
$60,001-$80,000	11	12
$80,001-$100,000	12	13.1
Above $100,000	24	26.4
Refused/Don't know	14	15.4
Employment Status (n=91)		
Full-time	73	80.2
Part-time	3	3.3
Retired	7	7.7
Unemployed	8	8.8
Home Ownership (n=91)		
Yes	77	84.6
No	14	15.4
Access to Reliable Transportation (n=91)		
Yes	90	98.9
No	1	1.1

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

HEALTH STATUS

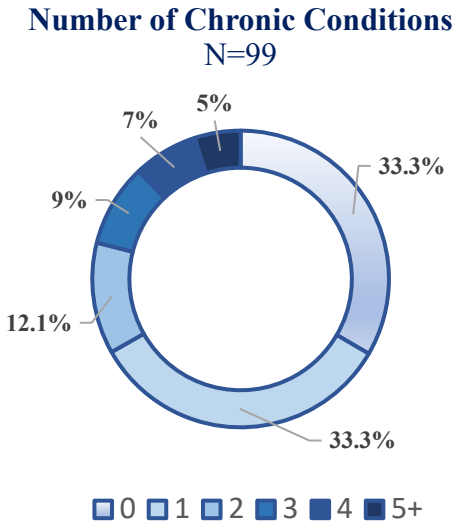
The majority of the survey respondents (80.6%) report their health as either good or very good. Around 6% of the respondents say their health is poor or fair. One out of five respondents reported having three or more chronic conditions. The most common chronic conditions that the participants reported having include overweight/obesity (59.1%), high blood pressure (50%) and high cholesterol (37.9%) (Figures 25-27).

Figure 25. Self-Reported Health Status



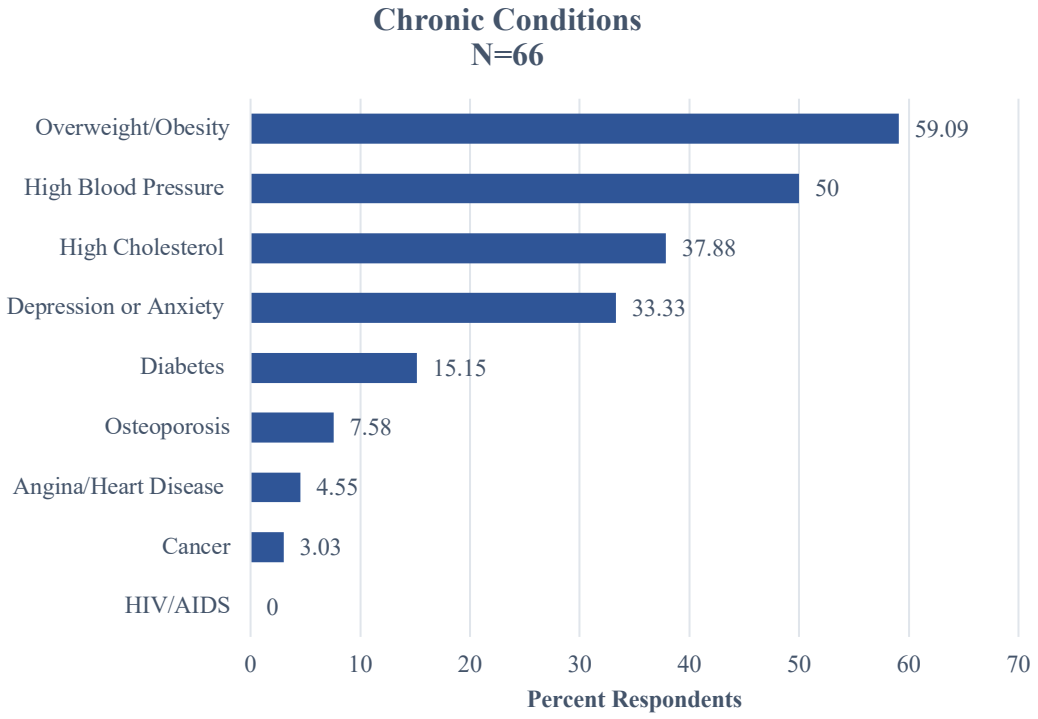
Note: Percentages may not add up to 100 due to rounding.

Figure 26. Burden of Multiple Chronic Conditions



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

Figure 27. Most Common Chronic Conditions



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

HEALTH BEHAVIORS

Smoking, Nutrition and Physical Activity

Among respondents, less than 10% reported that they currently used tobacco products (Figure 28). About one out of three (33.0%) reported eating the recommended five servings of fruits and vegetables daily. Nearly 30% of all respondents indicated that they were not able to adhere to the recommended guidelines on fruits and vegetable intake because they go bad before being consumed. About one in four stated that fruits and vegetables are too expensive (Figure 29).

Figure 28. Smoking Behavior

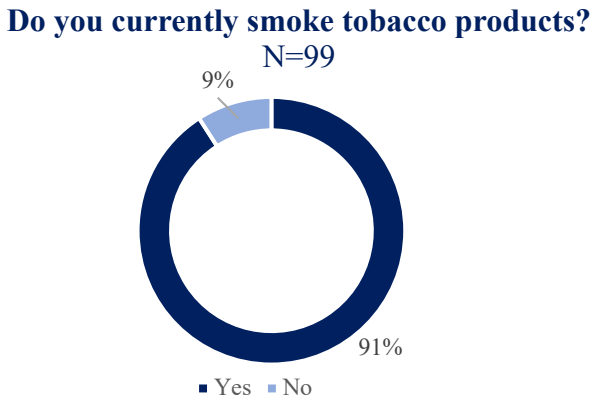
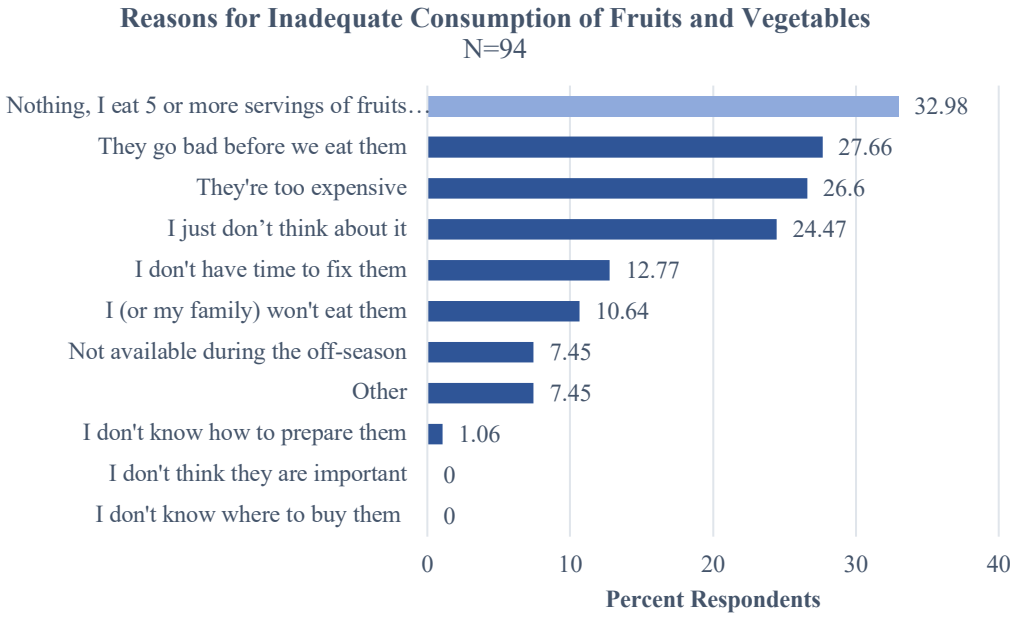


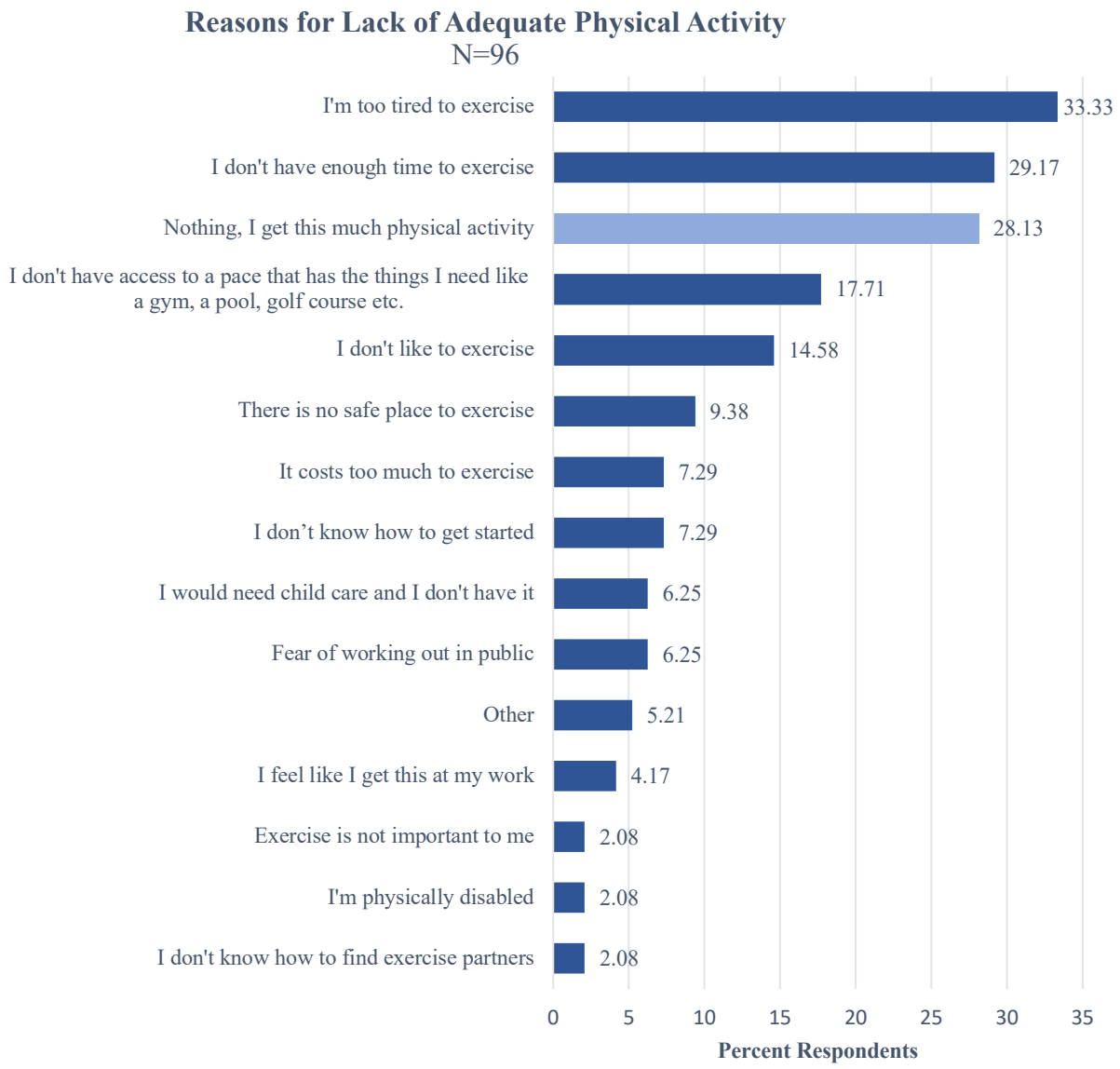
Figure 29. Fruit and Vegetable Consumption



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

Regarding physical activity, almost one in three respondents stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. One in three respondents reported that they are too tired to exercise (33.3%). Opportunities to exercise are a problem: almost 50% of participants reported that they don't have enough time to exercise or that they lack access to places where they can exercise (Figure 30).

Figure 30. Physical Activity



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

Screening

Respondents were also asked about their utilization of preventive and screening services and their adherence to recommended screening guidelines. Almost seventy percent of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 31). More than two-thirds (70%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 32). More than nine out of ten (90.5%) of female respondents 50 years and older reported that they received annual

mammograms (Figure 33). Nine out of ten (93.8%) of females 21 years and older said that they received a pap smear at least every five years (Figure 34).

Figure 31. Colon Cancer Screening

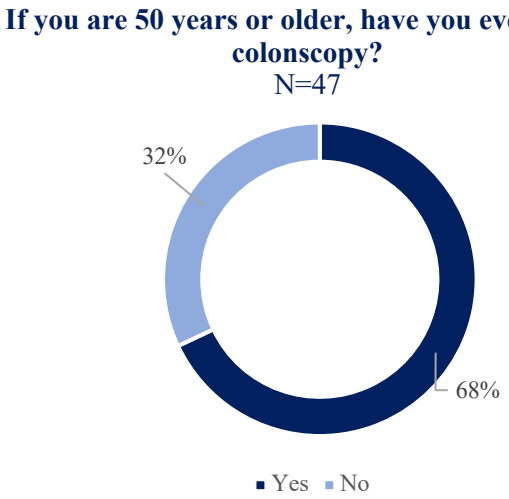


Figure 32. Prostate Cancer Screening

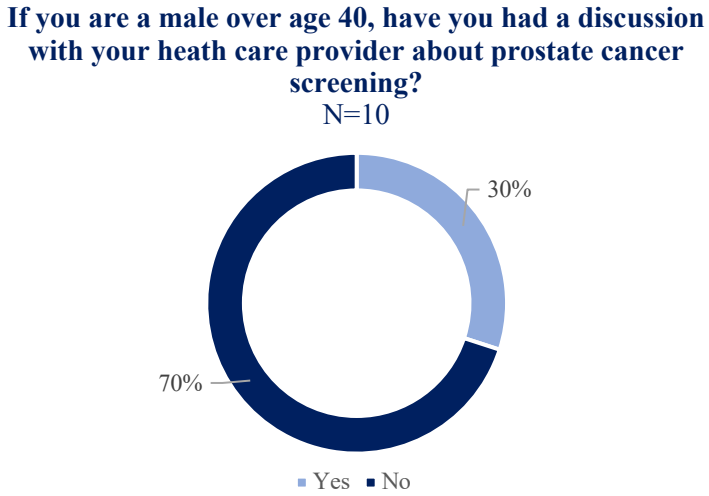


Figure 33. Breast Cancer Screening

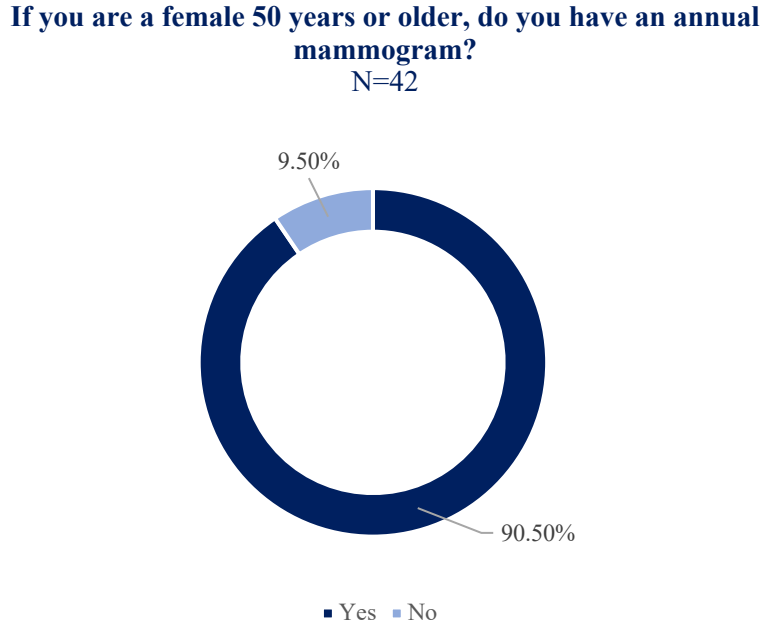
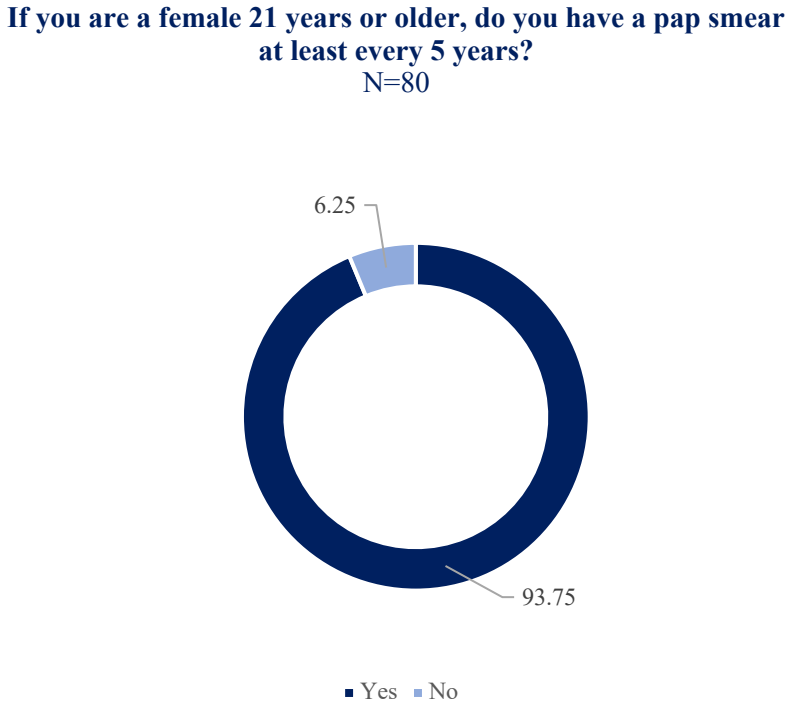


Figure 34. Cervical Cancer Screening

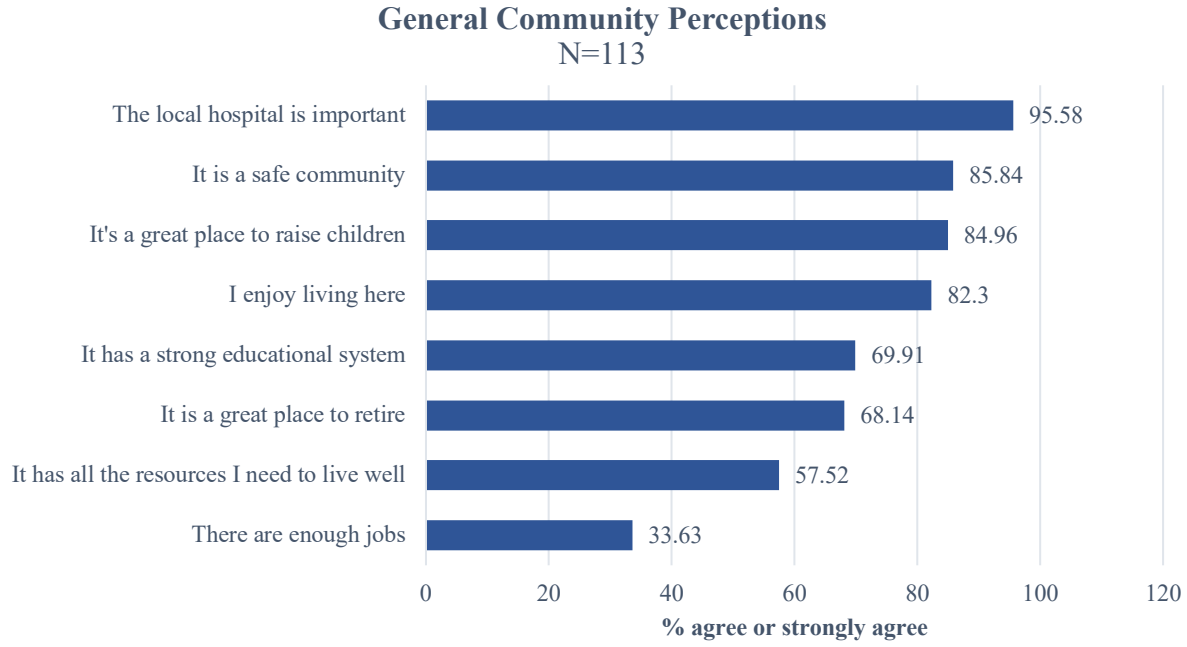


COMMUNITY PERCEPTION

General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs and community resources. Eight out of ten (82.3%) respondents either agreed or strongly agreed that they enjoy living in the community. However, only one in three residents felt there were enough jobs and over 40% felt that there were not adequate resources available in the county to live well. More than nine out of ten respondents (95.6%) strongly agreed or agreed that the local hospital was important (Figure 35).

Figure 35. General Community Perceptions

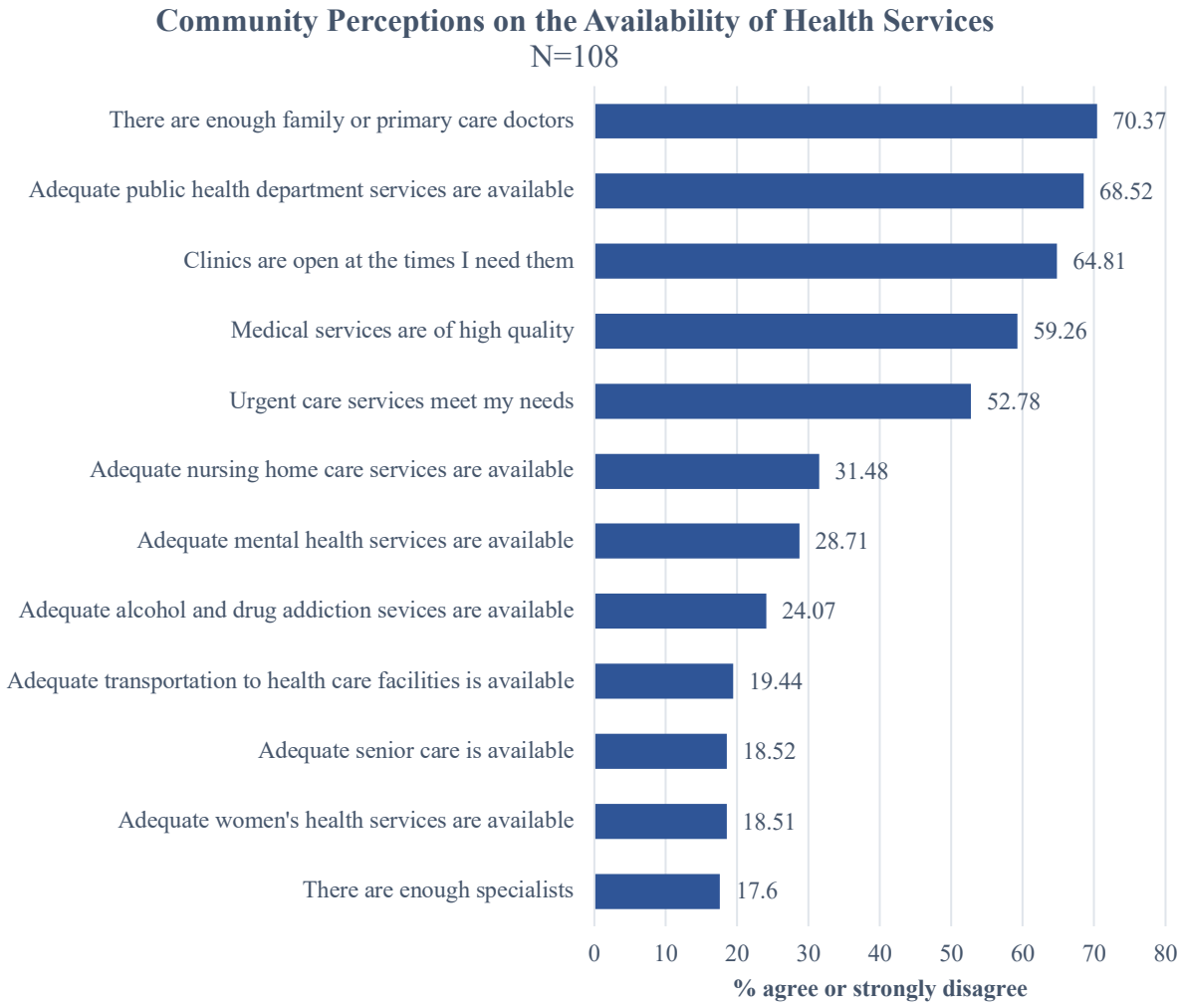


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perception Concerning Health Care Services

The respondents' perceptions of the adequacy of medical services within the community were sufficient in terms of primary care. There are, however, areas of concern. Less than a third of respondents reported adequacy in nursing home care services and mental health services. Less than a quarter reported the availability of adequate alcohol and drug addiction services, transportation to health care facilities, adequate senior care, women's health services and specialists (Figure 36).

Figure 36. Community Perceptions Concerning Health Care Services

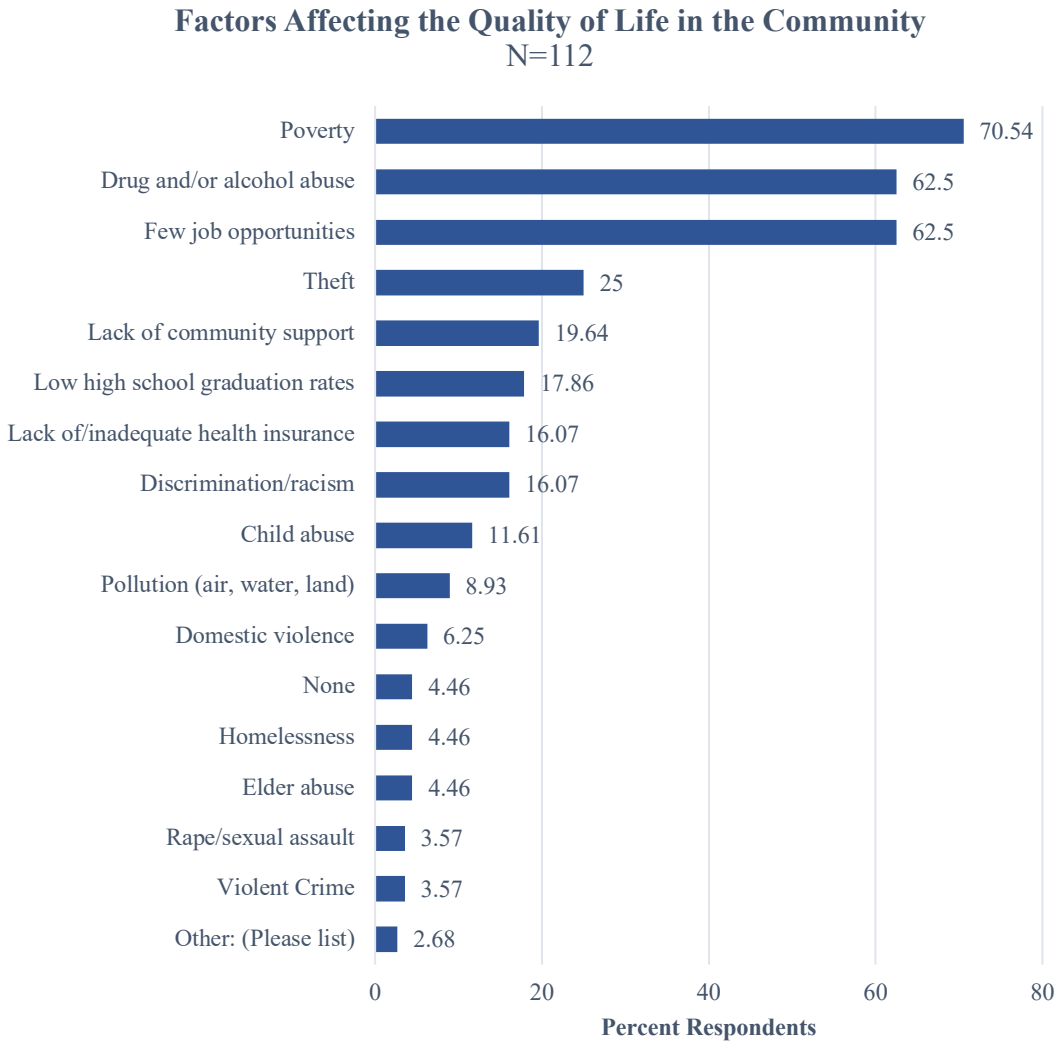


For each statement, we report valid percentages based on the respective sample size.

Community Perceptions Concerning Health and Quality of Life

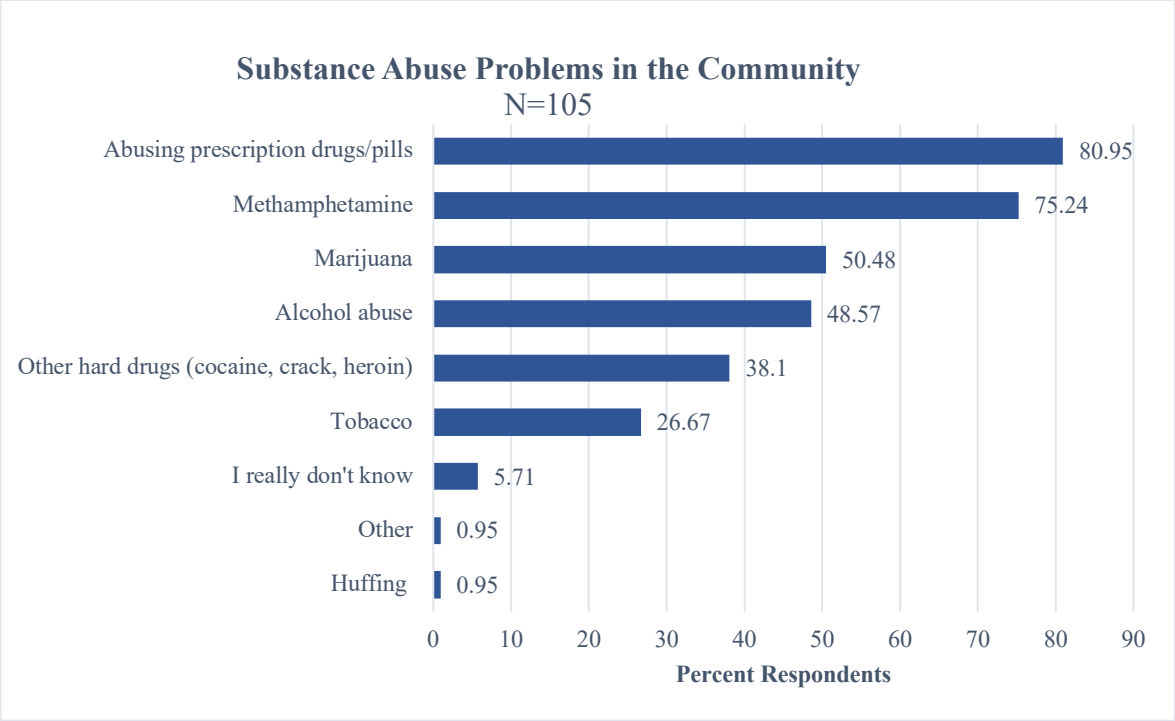
Respondents (70.54%) identified poverty as the most significant factor affecting the quality of life in the community. Drug and alcohol abuse and few job opportunities rounded out the top three concerns, each with 62.5% of respondents choosing it as negatively affecting quality of life (Figure 37). Concerning substance abuse in the community, prescribed drugs/pills (80.9%) were identified as the most commonly abused substance, followed by methamphetamine (75.2%) and marijuana abuse (50.5%), respectively (Figure 38).

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



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

Figure 38. Substance Abuse Problems

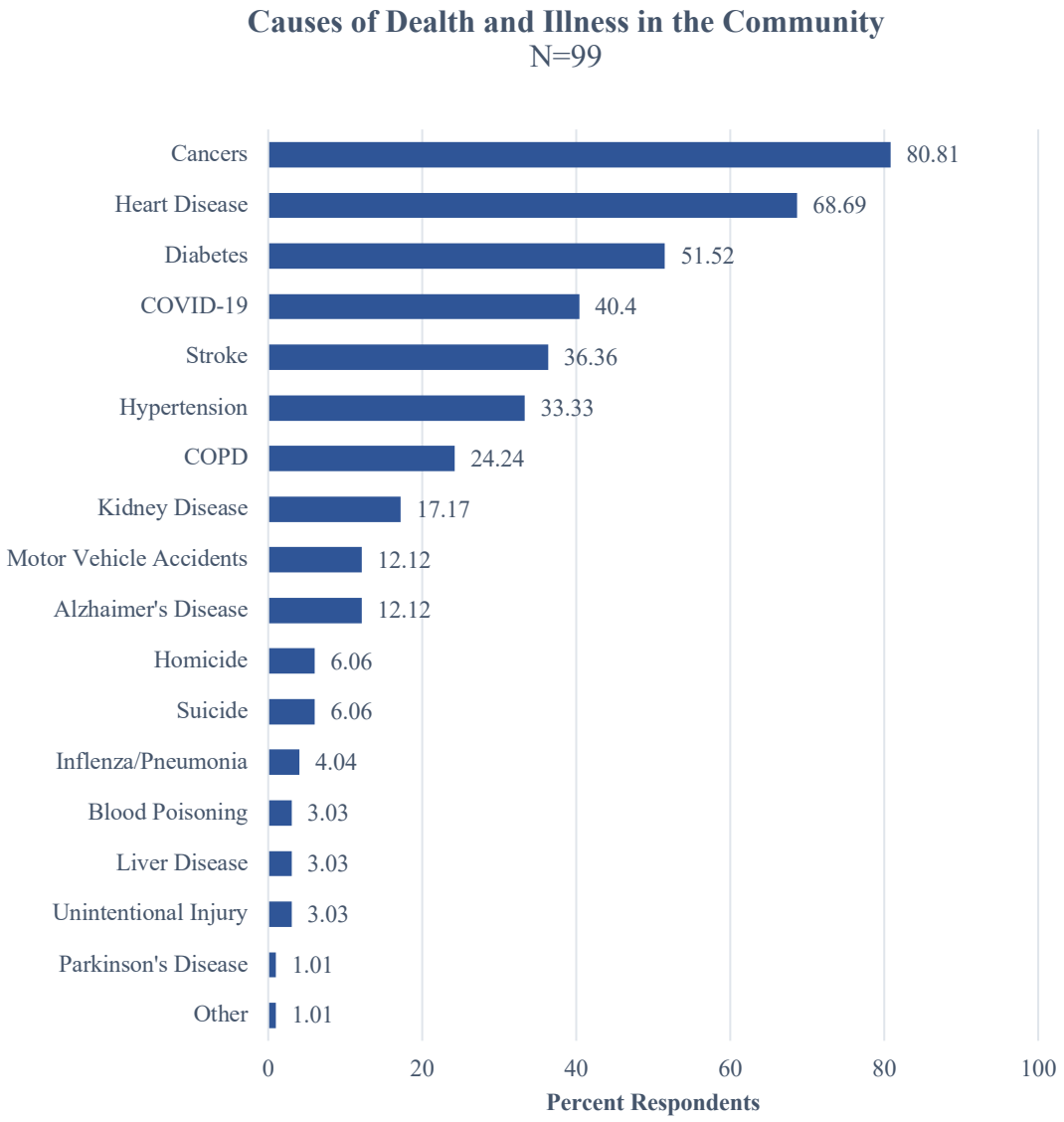


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perceptions Concerning Mortality & Morbidity

Cancers (80.8%), heart disease (68.7%) and diabetes (51.5%) were identified by the survey respondents as the top three causes of mortality and morbidity in the community (Figure 39). The toll of COVID-19 was evident, with 40.4% of respondents choosing it as a significant cause of death and illness.

Figure 39. Causes of Mortality and Morbidity



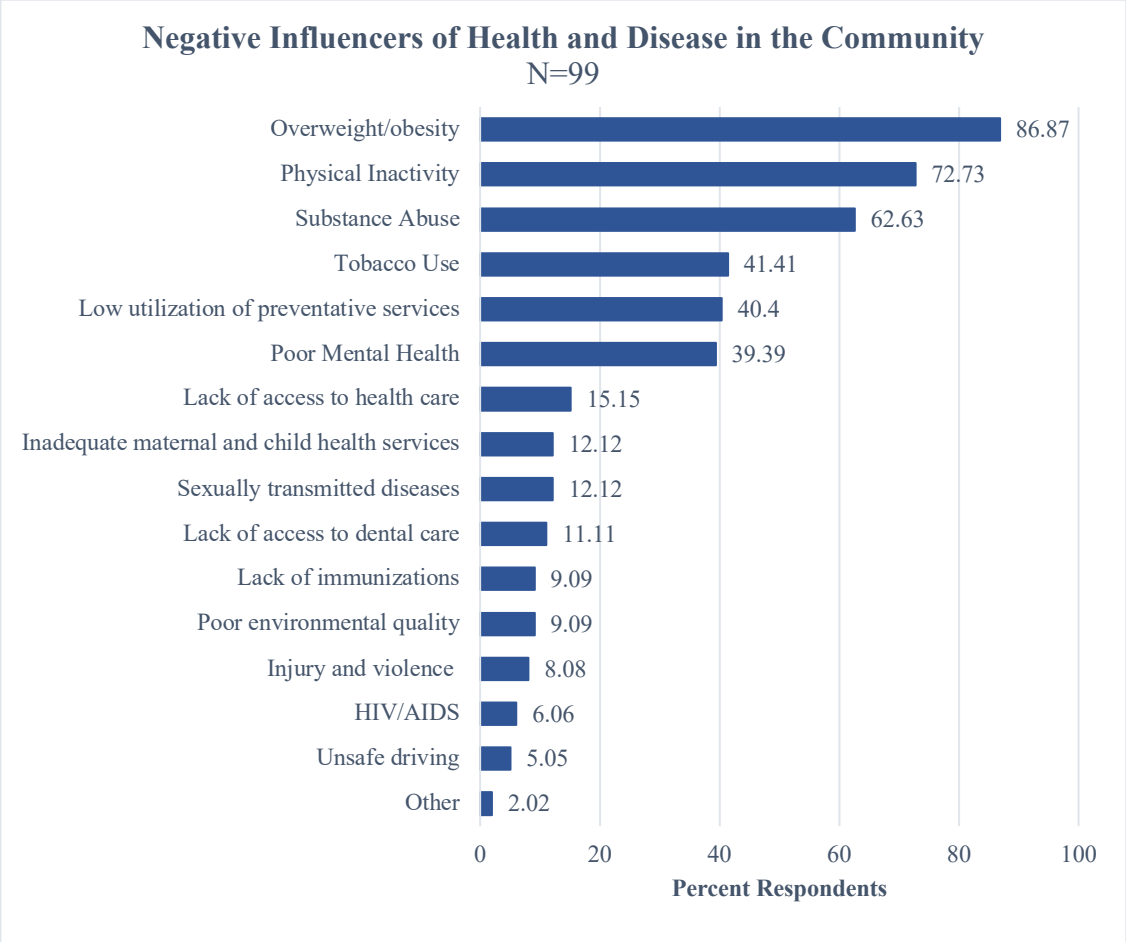
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100

Negative Influencers of Health

Obesity/overweight (86.9%), physical inactivity (72.7%), and substance abuse (62.6%) were identified as the top three negative influencers of health in the community for adults (Figure 40). Furthermore, tobacco use (41.4%), low utilization of preventative services (40.4%) and poor mental health (30.4%) formed a second tier of significant negative factors on the health of community members.

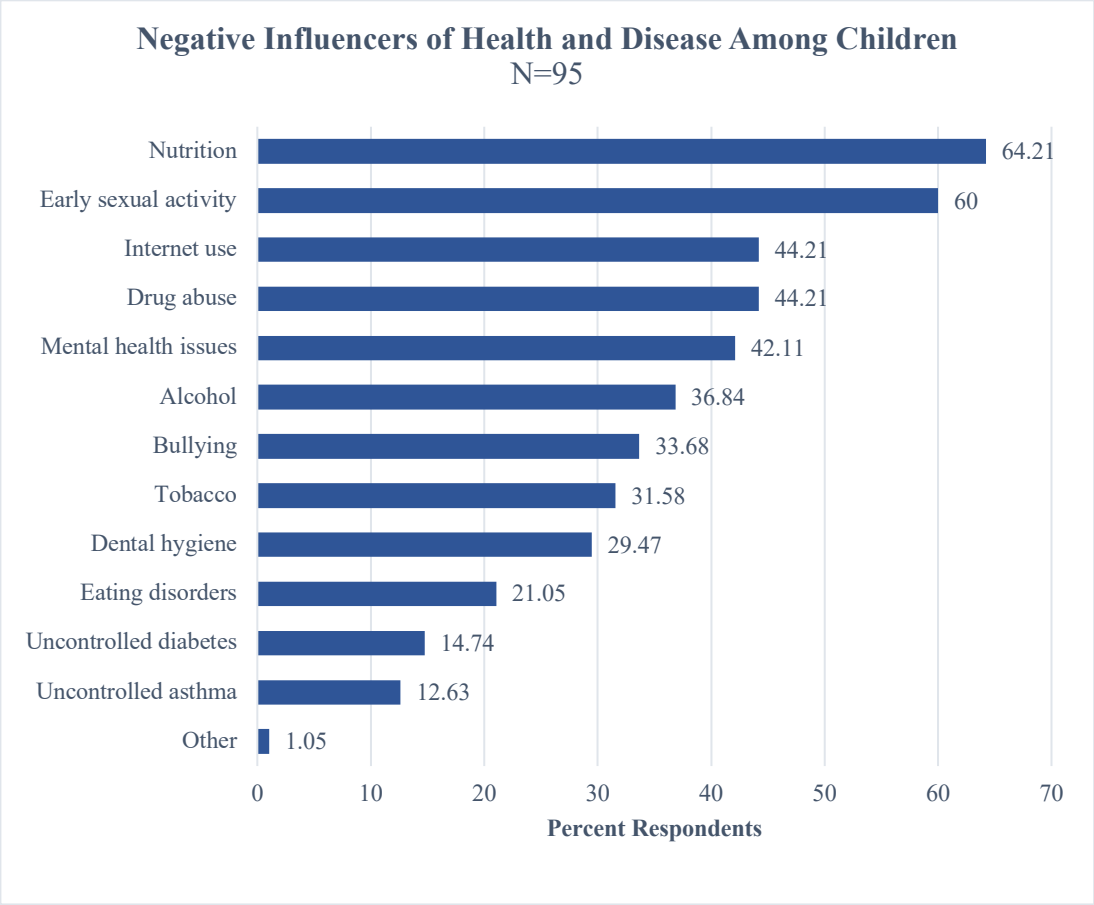
Nutrition (64.2%) and early sexual activity (60%) were identified as the top two negative influencers of children's health. A second tier of responses highlighted other important factors for the health of children were: internet use (44.2%), drug abuse (44.2%), mental health (42.1%), alcohol (36.8%), bullying (33.6%), tobacco use (31.5%), and dental hygiene (29.5%) (Figure 41).

Figure 40. Negative Influencers of Community Health



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

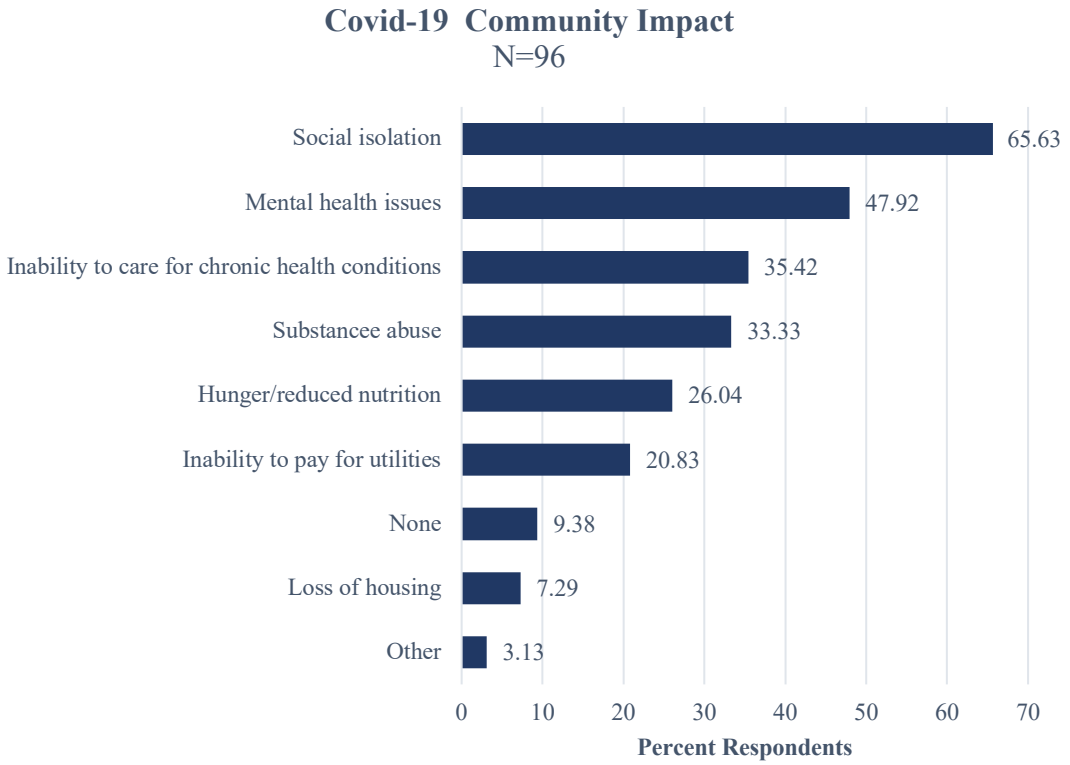
Figure 41. Negative Influencers of Children's Health



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

With respect to COVID-19, respondents reported that social isolation (65.6%), mental health issues (47.9%) and inability to care for chronic health conditions (35.4%) were the top three issues exacerbated by the pandemic in Clinch County (Figure 42).

Figure 42. COVID-19 Community Impact



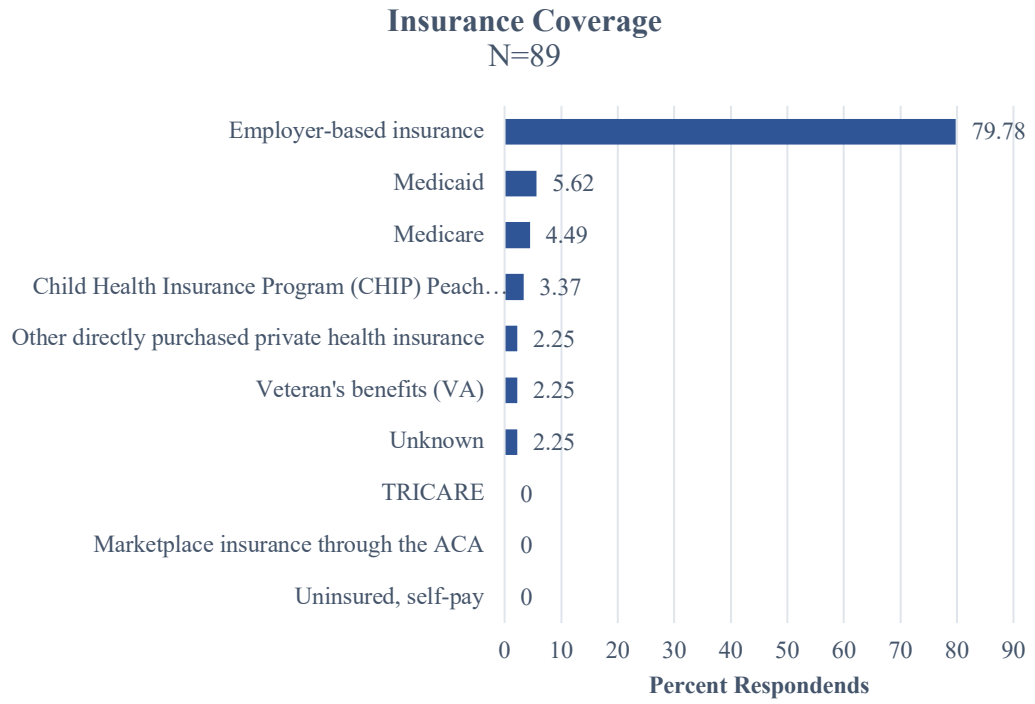
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

HEALTH CARE ACCESS

Insurance Coverage and Usual Source of Care

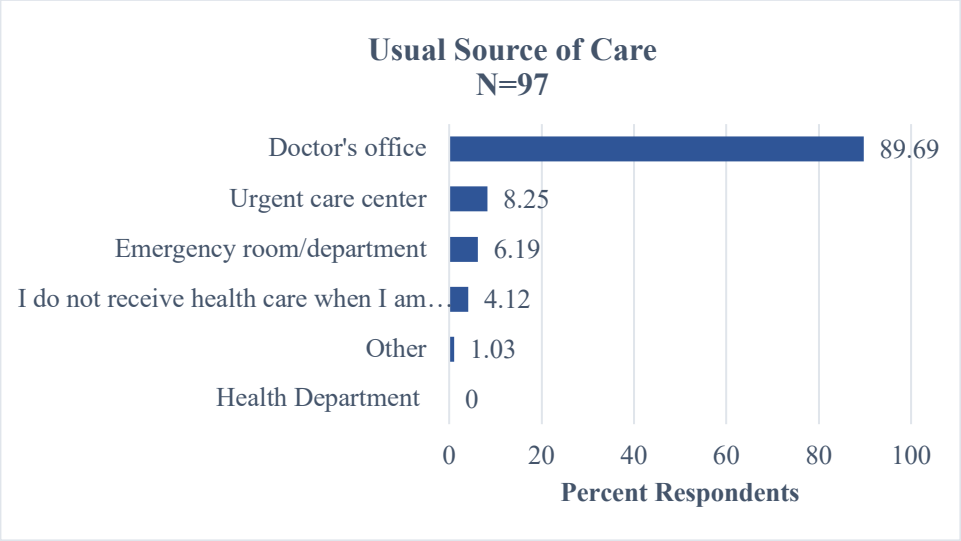
The majority of survey respondents (79.8%) reported that they had employer-based insurance. Over five percent were covered by Medicaid, and four percent were covered through Medicare. Almost three percent reported that they did not know how they were covered (Figure 43). A majority of the respondents (84.2%) identified that their usual source of care as a provider in a doctor's office setting. Over 14% identified either the urgent care setting (8.2%) or the emergency room (6.1%) as their usual source of care (Figure 44).

Figure 43. Insurance Coverage



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

Figure 44. Usual Source of Care

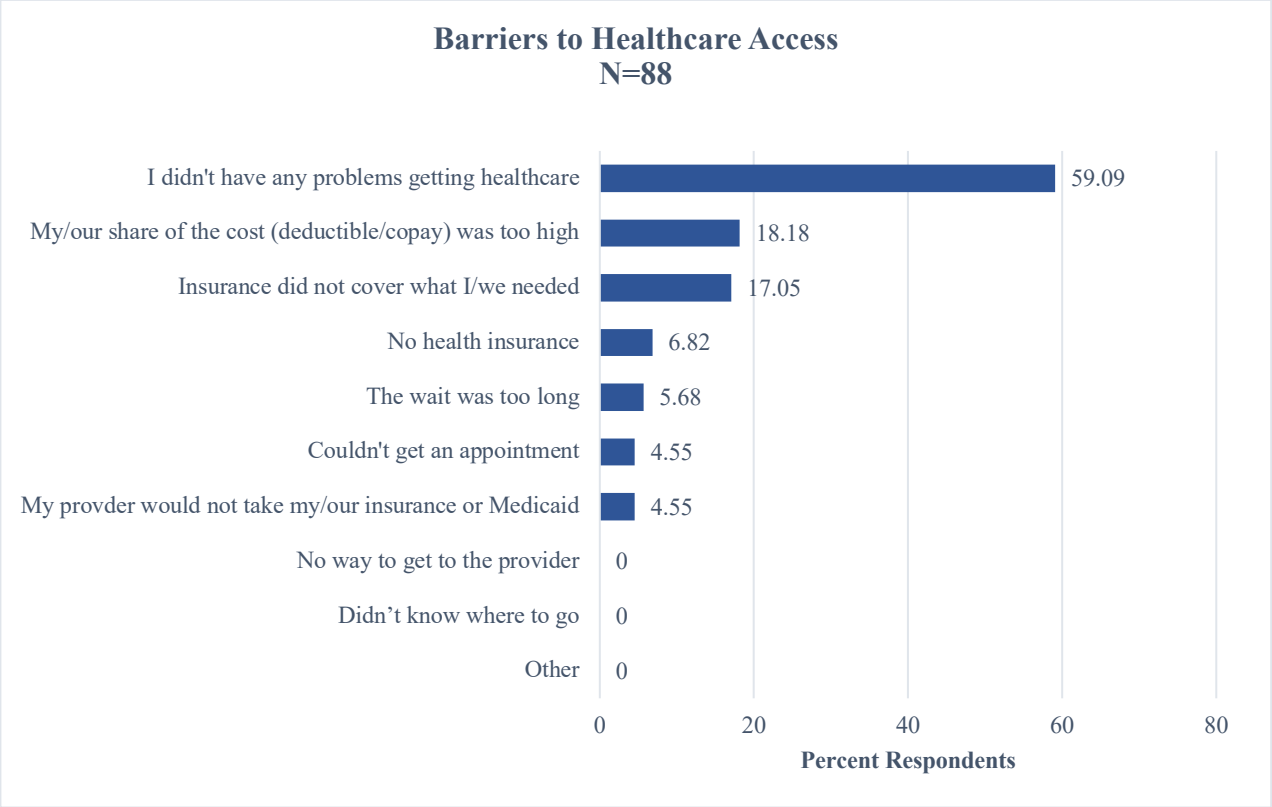


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Barriers to Healthcare Access

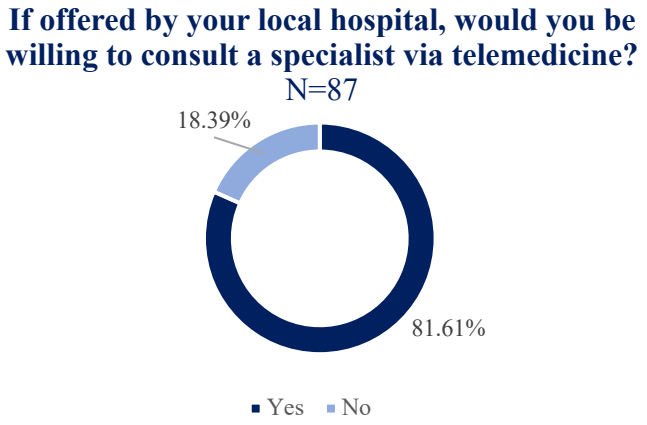
About two out of five respondents reported experiencing barriers to health care access in the past 12 months, including high cost (18.8%), lack of insurance coverage of services (17.1%), lack of insurance (6.8%) and long waiting hours (5.7%) (Figure 43). More than four out of five respondents (81.6%) were willing to access specialists via telemedicine if Clinch Memorial were to offer specialist telemedicine services (Figure 46).

Figure 45. Barriers to Healthcare Access



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

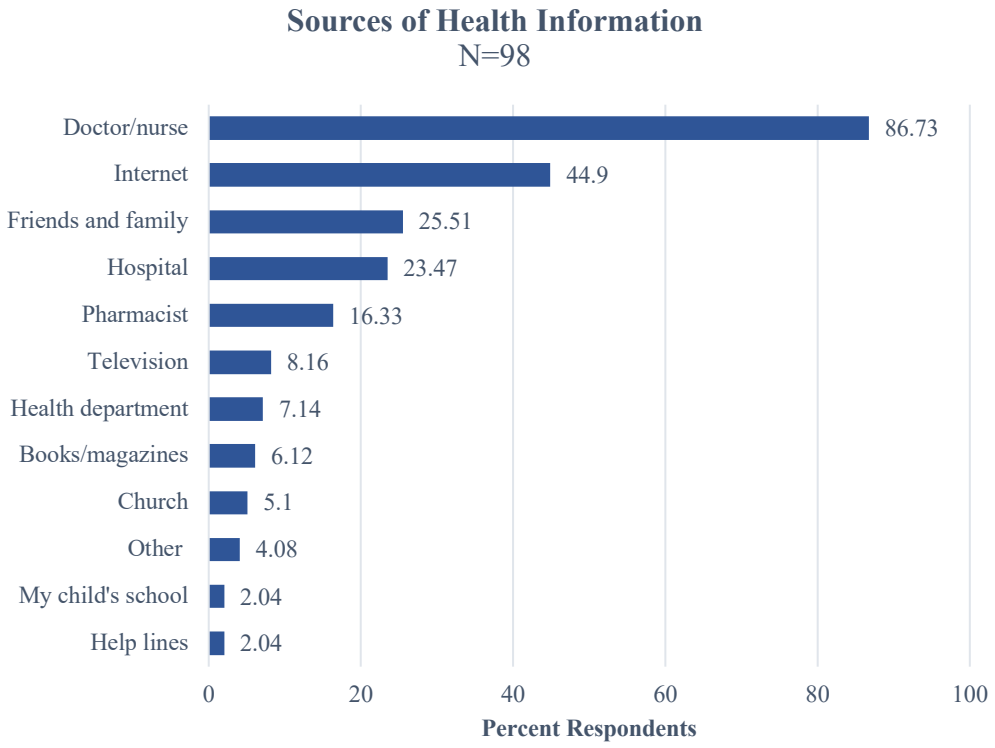
Figure 46. Willingness to Use Telemedicine



Health Information

Respondents most commonly identified their health care provider (doctor/nurse) as their source of health information (86.7%), followed by the internet (44.9%), friends and family (25.5%), hospital (23.5%) and the pharmacist (16.3%) (Figure 47).

Figure 47. Sources of Health Information



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

KEY STAKEHOLDER FOCUS GROUPS

PARTICIPANT CHARACTERISTICS

"Living here is awesome. I think all of us in here would probably do anything possible to make it better if we could."

"I really think that our slow-paced life is critical in being… for me, it makes me feel a lot less stressed being here than when I'm on the road. In a lunch hour, you can go to the dry cleaner. You can go sit down and eat with somebody."

Three focus groups of key stakeholders were held in November of 2021 with a total of eleven participants representing different and vital aspects of the community. Participants represented business interests, church groups, healthcare workers, public health workers, and hospital employees. Focus groups were held via Zoom. Each focus group session lasted 60 minutes on average.

EMERGING THEMES

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

Community Perception Overall

Participants, overall, described their community as a tight-knit one where they know and can rely on each other. The residents also expressed that they are very engaged and involved in community activities to support the further development of the county.

"It's a very interesting place. We're small. I like to say we're a very resilient, kind of scrappy little community that's very much there for each other, for the most part, very supportive. The school system plays a big role in our community. It's a wonderful place to live."

STRENGTHS: Engaged Community, Potential for Development, Family Raising, Hospital as a Great Resource

The participants highlighted several aspects of the community as favorable factors of living in Clinch County. One emphasized focal point is how **supportive and caring** the community is to its members. Furthermore, they explained that the county is **a great place to raise a family**, as people in the school system or hospital know each other and have established relationships based on trust and reliance. Levels of stress were also thought to be lower in the county than in many other places. The participants spoke highly of **the hospital** concerning how personalized and empathetic the care is, and how each patient is treated as a family member. Participants also expressed a lot of trust in the county's potential for more development.

The following quotes capture these sentiments:

"I've lived a lot of different places, I've lived in different cities, I've lived in resort communities, college towns, and I've been here about 10 years and my family has chosen to make this home. And a big part of that is the small town feel as they were talking about, knowing everybody. If you need help, people are there to lend a hand."

"I really think that our slow-paced life is critical in being… for me, it makes me feel a lot less stressed being here than when I'm on the road. In a lunch hour, you can go to the dry cleaner. You can go sit down and eat with somebody. You can come home and do something around your house. I feel safe here. I think those things make it easier."

"I'm just super thankful we have [the hospital]. There's been a lot of lives saved out there. It's helped a lot of people. So we're a blessed community to be so small but to have such a good health care facility."

CHALLENGES: Poverty, Communication (lack of internet), Lack of Access to: Healthy Food, Transportation, Entertainment Options, Employment, Affordable Housing

Despite the positive aspects of their community, participants noted challenges that exist in Clinch County. A consistent theme of all focus groups was the high number of county residents living in **poverty**. Participants expressed concern about the proportion of children who qualify for free lunch, but also about growing income inequality in the county, leaving fewer people in the middle class. **Communication** is also a challenge for

the community members due to the lack of internet and computer access, especially in the remote areas of the county.

"From what I see here, I've been doing this for 20 years now, in Clinch County there's almost no in-between. Either you have the struggling folks, … those that need the assistance, whether it be through the DFCS organization or eating free lunches at school, and then you have the folks who don't live paycheck to paycheck and have excess money to go on trips and vacations. There's not much of the in-between. You're either struggling or you're more well off."

"I would say for the most part I see that in the school system. [M]ost of our children… qualify for free and reduced lunch. We have a large population of folks that I think kind of struggle."

"And even with specialties, I had to go to Jacksonville to go to Mayo for something and that's two hours away. Some people don't have access to that and telehealth may not be an option either due to lack of computers and wi-fi."

Another critical concern is the lack of access to healthy food. Participants noted that residents of the county have very limited options for buying and eating healthy foods. They expressed concern about the lack of healthy options in restaurants. Most of the food is fried and not nutritious. Furthermore, the county stores do not offer healthy foods for purchase, which makes it challenging for the residents to engage and keep healthy meal planning and cooking as a habit.

"What makes it harder is we do not have – I mean everybody serves fried food. I'd love to have – I mean they all serve salads, too, but anyway, I'd like a little more diversity in the food choices."

"… I feel like the grocery store is relatively empty a lot of times and I feel like that can be hard on obviously a lot of people in the community, especially those who can't get out of town."

"Or even like this isn't the most nutritious thing, but boxed dinners like Hamburger Helper, there's just – you really never know what you're gonna get when you go into the store, and you can't really plan meals around it because you really don't know

what's gonna be there. Which also goes back and it's a never-ending cycle. If we had to go out of town to get groceries, then they'll have less and then it's more expensive."

Another key concern was the **lack of transportation**. Participants shared that many residents have to walk to the hospital which is a key barrier to health.

"Well, we are a smaller community. We have limited resources. We're a poor community. We have a lot of poverty. Things that the bigger cities have, like transportation is an issue around here. Just getting some of our people out to pay their bills and get medicine, get back and to doctor's appointments is a barrier a lot of times."

Another key issue tied with the poverty levels, is the lack of **employment** options. Residents are often left with the options of working out of the county or working jobs that are low paid.

"I agree and there's not much room to move up or if you don't have an education you pretty much have to go out of town for most jobs or work remotely if that's possible. We also don't have very good cell service and wi-fi and all of the things that we need to have these kind of jobs and opportunities in our small town."

"Well, it's difficult. We have some factory jobs. We have some fast food jobs. And then we have positions where you have to have an education to fill those positions. We don't have a lot to offer the community as far as choices."

Participants explained how **the lack of entertainment opportunities** especially for children puts them at risk for engaging in unhealthy behaviors such as initiation of substance use (smoking or vaping), or being physically inactive and how it can impact their mental health.

"There's really no kind of entertainment for our kids other than going to a football game or there's no movies to go to. There's no skating. There's no bowling. There's nothing fun that they can really go and do unless they participate in sports. Then again, that goes back I guess to can their parents get them there and can their parents afford it."

Lack of housing options was also discussed by the participants, especially for large families or for residents who may lack the financial means to afford these homes.

"We don't have places to rent. We don't have many options to buy. There are maybe three houses on the market right now to buy."

Health-Specific Community Characteristics

Themes: Substance Abuse, Mental Health, Chronic Conditions, Lack of Exercising Opportunities

The top health conditions of concern in the county across all focus groups were substance misuse/abuse, mental health, and chronic conditions. Discussions of substance abuse (both legal and illegal) turned to the misuse of prescription drugs, high levels of vaping among children and teenagers, and alcohol misuse. Mental health was also identified as a main issue for adult and young populations. Residents felt that mental health issues are often seen as a social norm and have been neglected and not addressed by residents of the county.

"…[V]aping. It leads to whatever. And then in the adult thing, I think prescription medication is a problem. That's just my opinion. I see some adults that are overmedicated and some that – anyway, I don't know where they get it. It could be illegal or legal. I don't know."

"In addition to not having good grocery stores and stuff, there's also not much to do. So I guess people decide that drugs are the way to go."

Many other chronic conditions were discussed by participants. Obesity, diabetes, and hypertension were discussed especially related to the lack of healthy diet, lack of health education pertaining prevention, physical activity and nutritional eating, and transportation as a main barrier to healthcare services.

Healthcare-Specific Community Characteristics

Themes: Lack of Specialists, Shortage of Dentists, Transportation, Health Insurance

Participants noted that access to healthcare services, in particular specialty care, were a significant challenge for the county. Women's health was noted as a main concern among the participants. Lack of a dialysis center was mentioned as a key health issue from several participants. Other specialties mentioned included lack of orthodontists, eye care providers (optometrist or ophthalmologist), pediatricians, cardiologists, and oncologists.

"You can go to the health department and get your annual exam, but that's really the only option as far as an OBGYN."

"I'm not sure if they have anyone who comes in like an oncologist or heart doctors or something like that, but I think there is probably definitely a need for that here in the county. A doctor who specializes in diabetes probably would be super-good for this county."

Participants also noted that there is **a shortage of dentists**, (one dentist in the county) and frequently residents have to wait to receive the services they need.

"Another thing that we don't really have a lot of options, we have to go out of town to go to the eye doctor, to go get glasses, to go get contacts. We have one dentist in town and so if you can't get an appointment with that dentist, you go out of town."

Three main factors seem to be considerable barriers to healthcare access for Clinch County community members. **Transportation** is challenging, especially for vulnerable residents. **Health insurance cost** is a key challenge to receiving healthcare, especially for low-income families. Lastly, high levels of **poverty** are an important obstacle to receiving and adhering to medical treatment.

"And I would say going back to the accessibility, Fargo's 30 minutes away from Homerville to the hospital. So especially the elderly or those who don't have vehicles or depending on others, that's a lot for them to have to go even to Homerville to get access to medical care. So going even further to Valdosta or Waycross or I guess they

might even go somewhere in Florida, but I don't know how – if there's insurance problems going to Florida. I don't know how that works or anything. Accessibility even in our own community can be an issue."

"When you have families that are trying to raise families on a fast food wage, you're not gonna have access to health insurance that way. Even if you try to buy something out of pocket on your own you wouldn't be able to afford it with that kind – the pay raise, the pay amount that they get per week or per month. It just wouldn't be enough money to be able to afford it. So yeah. I really do think that health insurance is a problem or the lack of here in Homerville because… it's expensive unless you have a parent or a spouse that works with the state where you can get it through the state. Still it's expensive."

"We need affordable because… half of our population is in poverty. So below the national poverty level. When somebody has to choose medicine or food or keep the lights on, that's an option that our citizens face sometimes. More likely they'll go without their medicine to be able to eat and keep the lights on."

Hospital's Role in Advancing Community Health and Wellness

Themes: Community Involvement, Expansion of Services, COVID-19 Support

Participants recognize the efforts of the hospital to be present and **proactive in the community**, even though they state they would like to see these efforts expanding even more. The participants praised the hospital's work, especially with regard to the **COVID-19 pandemic** and how they supported and increased knowledge in the community. The participants also discussed the expansion of some services, such as pharmacy.

"And I think the hospital does participate in the community… But I'm actually doing – we have an event coming up this weekend for the church that I'm in, and I also work for the church that I'm in. They're doing a big part – like I'm doing this church cookbook thing, and they've even participated in that even though they're not a part of it. So yeah, they do try to reach out to their community members..."

"The hospital is very aggressive at trying to do COVID testing, reaching out. They've been very proactive with different – trying to be creative with different ideas about setting up a little mobile office in Fargo I think was one of the things, and testing and

all that. Of course, a lot of hospitals have been doing whatever they can do to try to meet that need. But yeah, I think they do well as far as outreach, but there's always room for improvement even for the school system or whatever. You know, you always need to be looking for different things."

"There's a lot more community involvement. I think the talk is that's a lot of what people are looking for. It's gone a long way. The leadership has kind of turned the hospital around, which is tremendous for our community, because we need that hospital. It's a lifeline for somebody in a dire emergency."

"Through the whole COVID, I think the hospital, as much as they could be, was out in front of that and did a good job of supporting our community."

Health-Specific Wish List Items

Themes: Physical Activity Opportunities, More Specialists, Increased accessibility (mobile unit)

The focus group participants were asked about their personal wish lists for services and resources that have the potential to improve the overall health of Clinch County residents. Participants suggested several strategies that could help with addressing the health challenges and barriers that the community currently faces. Participants identified several health topics that could benefit from increased **community outreach efforts**. These efforts would include increasing **physical activity opportunities**, such as group exercise classes **education on healthy eating**. The potential of using a **mobile unit** to provide services to residents who struggle with healthcare access was also mentioned. Football games were also discussed as an avenue where more services could be offered for the residents.

"If you could get some aerobic activities going, some exercise classes, something that was offered to the community, whether it is walking or just aerobic classes, from a health standpoint, from the obesity, like a nutritional and an exercise program together with the one small gym that we have here. Some people need the encouragement, motivation."

"I think some sort of fitness program to motivate, and I'm as guilty as anyone. I need motivational things along those lines, but that to me would be a benefit, having some sort of coordinated effort to promote moving, if it's nothing more than a group walking

together. That, to me, is something that I think – if the hospital could take the lead on that, promoting wellness in the community. As Jenny mentioned earlier, our health numbers say that we have a lot of overweight people. So I think that would be a good start."

"I love to go out in the community and bring some outreach on how to be healthier, how to make healthier choices because if you can get your – the obesity under control, that's gonna help with the diabetes and hypertension."

"I would say if they had some kind of mobile unit that went to Fargo like the first Friday of every month or something like that to help with information, because they are very isolated. It's 30 minutes there. That could even be a cool thing to do like at the parades, if they had a mobile unit where you could just go. They have resource information in there. You might get your blood pressure taken or things like that."

"Anyway, I just think maybe seizing opportunities like at the ballgames. Football games and basketball games are probably, next to the Homerville for the Holidays and homecoming parade, are the biggest days. So to kind of piggyback everything, I think that the staff has been good about being involved in things. But I think maybe doing it, not even just passing out candy, but free blood pressure checks or something like that that's preventative."

Better access to food options was a main discussion point in all focus group discussions. Participants were very supportive on the idea of including the local farmers in increasing accessibility to healthy foods.

"We have a lot of local farmers and that might be something that the hospital could really partner with our local farmers in making healthy food more accessible to our citizens. I don't know if Homerville does the – what is it in Waycross they call it, the gleaning?"

Creating more entertainment options for children to keep them engaged and healthy, but also as a way of keeping them from initiating unhealthy behaviors (smoking, vaping), was mentioned by participants.

"I was thinking if we could have more options for our children to get also involved and some fun things for the kids to be that was free or very, very cheap that could get the kids moving, get them interested in being healthier."

A common theme among all these items of the wish list was a recognition of the need for **more health specialists**, especially with the chronic conditions that are present in the community.

"I'm not sure if they have anyone who comes in like an oncologist or heart doctors or something like that, but I think there is probably definitely a need for that here in the county. A doctor who specializes in diabetes probably would be super-good for this county."

Conclusion

In summary, focus group participants, most of whom were long-standing residents of the community, expressed favorable opinions about their community, and the role of the hospital in promoting health. The perspectives shared by participants on ways to improve the health of Clinch County residents were introspective and informative. In particular, participants advocated for initiatives to reach residents in the more distant areas of the county and others who are hardest to reach for nutrition and also for medication education, primary care, and preventive services. Those initiatives included the use of community health workers, improved coordination among participating organizations, and mobile health services. Areas of concern included nutrition, fitness, medication adherence, mental health, and substance abuse services, and access.

PRIORITIZATION

PREVIOUS IMPLEMENTATION PLAN

Clinch Memorial Hospital's 2019 Implementation Plan centered on four forward-thinking initiatives: 1. Creating a Community Health Grant Team; 2. Partnering with local community-based organizations to plant a Community Garden; 3. Establishing a Wellness Center; and 4. Enhancing Community Outreach and Promotion. The COVID-19 pandemic impacted progress on some of these actions. Although seeking external funding for community health initiatives remains important for the future, the COVID-19 pandemic re-focused hospital and community efforts to other issues. Establishing a Wellness Center remains a goal for the hospital. A community garden was created by Jesus and Jam, an independent community health focused partner of the hospital. Outreach and Promotion occurred, but public events were curtailed primarily due to COVID-19 restrictions.

2022 PRIORITIZATION OF INITIATIVES

The 2022 Implementation Plan prioritization session occurred remotely in February. A committee consisting of hospital employees and a local health department representative participated in the planning session. The session was facilitated by members of the Center for Public Health Practice and Research team of Georgia Southern University. The following priorities were developed in this session based on a review of the secondary data, survey results, and focus group findings in this report, in concert with the experience of group participants who live and work in Clinch County.

PRIORITY AREA ONE: Health Behaviors: The Basics

GOAL: To improve the diet of Clinch County residents

OBJECTIVES:

- Re-start Community Farmers Market by Spring 2023 on a quarterly basis
- Develop Quarterly Satellite Farmers Markets by Summer 2023
- Develop a healthy eating campaign by Spring 2023

GOAL: Create a more active Clinch County population

OBJECTIVES:

- Create new opportunities for free, healthy, community exercise by January 2023

PRIORITY AREA TWO: Teen Health

GOAL: Improve health behaviors of teens

OBJECTIVES:

- Establish Recurring Semi-annual Training for Teen Girls by Summer 2023
- Establish Recurring Semi-annual Training for Teen Boys by Summer 2023

PRIORITY AREA THREE: Preventive Screenings

GOAL: Improve Rates of Preventive Screenings

OBJECTIVES:

- Promote Prostate, Colorectal, Cervical, and Breast Cancer Screening beginning Fall 2022

PRIORITY AREA FOUR: Mental Health

GOAL: Enhance services in the area for mental health, including drug and alcohol counseling

OBJECTIVES:

- Increase awareness of existing mental health services by 2024

The complete implementation plan is provided in the next section.

FOCUS AREA 1: Health Behaviors: The Basics

Goal 1: To improve the diet of Clinch County residents				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Re-start Community Farmers Market by Spring 2023 on a quarterly basis				
Gain concurrence from Homerville Mainstreet to revitalize the market, using Homerville Depot as venue	Late fall 2022	Angela Ammons	Agreement reached	- Farmers - Homerville Mainstreet - Retaaza - Homerville City Council - Clinch County Commissioners - Clinch County Chamber of Commerce - Clinch County Farm Bureau
Engage with farmers, using contact info from Chamber of Commerce & Farm Bureau	Fall/Winter 2022	Lily James George Johnson	# Farmers/ Merchants who participate (goal of 5 initially)	
Engage with Downtown Business Organizations	Fall/Winter 2022	Lily James George Johnson	Measure expansion by the demand to schedule dates more frequently	
Objective 2: Develop Quarterly Satellite Farmers Markets by Summer 2023				
Inquire with produce farmers & others regarding a Fargo location at Clinch Memorial Family Practice	May 2023	Lily James	# of participants # of attendees lbs of food distributed	Retaaza Fargo City Council Clinch County Health Department Superior Pine and Berries
Inquire with employers about using their workplace as site for traveling market *(Pending grant approval)*	May 2023 *(Pending grant approval)*	Angela Ammons	# of participants # of attendees lbs of food distributed	Retaaza Superior Pine Lee Container Mauser Conner Holdings Ohio Mulch Argyle City Hall Dupont Post Office Cogdell
Marketing campaign to build awareness (flyers, brochures, ads)		Lily James	# flyers, brochures, ads	

Objective 3: Develop a healthy eating campaign by Spring 2023				
Create/locate content for social media	Spring 2023	Lily James George Johnson Dr. Ancor	Weekly Cadence # of interactions on social media # of posts	Clinch County Health Department
Modify social media content for newspaper to target older population	Spring 2023	Lily James Dr. Ancor	# of articles printed	Clinch County Health Department Clinch County News
Sponsor a table at Farmers Markets	Spring 2023	Lily James George Johnson	# markets covered	Homerville Mainstreet

Goal 2: Create a more active Clinch County population				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Create new opportunities for free, healthy, community exercise by January 2023				
Create recurring walk session around town (in conjunction with Biggest Loser)	January 16, 2023	George Johnson Lily James Sheila Rogers	# Participants Goal of 30 people per month	Clinch County (re-open workouts and Biggest Loser to the public)

FOCUS AREA 2: Teen Health

Goal 1: Improve health behaviors of teens				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Establish Recurring Semi-annual Training for Teen Girls by Summer 2023				
Began Q&A and Informational Sessions at High School	1st session May 2023 (Teen pregnancy prevention month)	Kellie Register Lily James	Twice a year (Once a semester) 140 female students of each high school grade (9-12)	- Clinch County High School - Local Health Department

Objective 2: Establish Recurring Semi-Annual Training for Teen Boys by Summer 2023				
Began Q&A and Informational Sessions at High School	1st session May 2023 (Teen pregnancy prevention month)	Dr. Igor Ancor George Johnson	Twice a year (Once a semester) 140 male students of each high school grade (9-12)	- Clinch County High School - Local Health Department

FOCUS AREA 3: Preventive Screenings

Goal 1: Improve Rates of Preventive Screenings				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Promote Prostate, Colorectal, Cervical, and Breast Cancer Screening beginning Fall 2022				
Develop & implement social media campaigns (Add in newspaper)	Immediately If successful, will continue campaign and measurements	Lily James George Johnson Sheila Rogers (Radiology Department)	# impressions for each post (weekly posts) - three month campaign # of scheduled screenings in a three month period	- CMH Radiology Dept & Staff
Promote Existing Men's Health Day	June 2023	George Johnson Dr. Igor Ancor	# of attendees	- CMH Radiology Dept & Staff
Create & Promote Women's Health Day i/c/w Breast Cancer Rodeo	October 2022	Sheila Rogers Lily James	# of attendees	- CMH Radiology Dept & Staff
Inform/educate/encourage providers to build awareness	Present	Lily James	# of providers contacted # of providers who attend health days	- Clinch Memorial Family Practice

FOCUS AREA 4: Mental Health

Goal 1: Enhance services in the area for mental health, including drug and alcohol counseling				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Increase awareness of existing mental health services by 2024				
Providers: Host lunch & learn with providers to educate them on mental health services available in Clinch County and how their patients can receive those services	Beginning Winter (pre-holidays) 2023 Annual Lunch	Sheila Rogers Dr. Igor Ancor	# of attendees	- Unison Health - Bridges of Hope
Public: Partner with Bridges of Hope to promote their services (via social media and newspaper and health day events) and educate community on the resources they can provide	By Fall 2023 Annual Campaign	George Johnson Lily James	- # inquiries about Bridges' services for duration of the campaign.	- Bridges of Hope - All orgs in the resource inventory that provide mental health services

CLINCH COUNTY HEALTHCARE RESOURCE LISTING

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
ALCOHOL ABUSE, ADDICTION, & TREATMENT FOR DEVELOPMENTALLY DISABLED		
Unison Behavioral Health	1007 Mary Street Waycross, GA 31503	(912) 449-7100
ASSISTED LIVING FACILITIES		
ResCare Normal Life	104 Peach Street Homerville, GA 31634	(912) 487-5292
River Brook Healthcare Center	390 N. Sweat Street	(912) 487-5328
CANCER SUPPORT SERVICES		
Pearlman Cancer Center Best Buddies: Support group for breast cancer survivors Look Good…Feel Better for Ladies: Support group for female cancer patients	209 Pendleton Dr Valdosta, GA 31602	(229) 259-4600
CHILDREN'S SERVICES		
Clinch County Family Connections	478 West Dame Avenue Homerville, GA 31634	(912) 483-0475
Babies Can't Wait	Georgia Dept of Public Health (South Health District) Locations in Echols, Ware, & Lowndes County	1-800-429-6307 (912) 284-2552 (229) 245-6565
Clinch County DFACs	17 Shirley Rd Homerville, GA 31634	(229) 219-1282
Children's 1st	401 Reed St W. Waycross, GA 31501	(912) 584-3271

Clinch County Head Start	282 Carswell Street Homerville, GA 31634	(912) 487-5304
Children's Medical Services	206 South Patterson Valdosta, GA 31601	(229) 245-4310
HEALTH CLINICS		
Clinch County Health Dept.	285 Sweat Street Homerville, GA 31634	(855) 473-4374
DIALYSIS		
DaVita Satilla River Dialysis	308 Carswell Ave Waycross, GA 31501	(866) 544-6741
DENTISTS		
Dr. Benjamin Tanner (Clinch Dental Care)	114 Huxford Street Homerville, GA 31634	(912) 487-5271
Dr. Varnedoe & Jackson	2009 Tabeau St Waycross, GA	(912) 283-1340
McKinney Health Center	218 Quarterman Street Waycross, GA 31501	(912) 287-9140
Morrison Dental Clinic	Waycross, GA 31501	(912) 232-2779
Morton & Peavey, D.D.S.	408 Lister Street Waycross, GA 31501	(912) 285-1212
FOOD PANTRY & FREE MEALS		
Hope Ministries	94 E Dame Avenue Homerville, GA 31634	(912) 487-5153
Clinch County Concerted Services	101 South College Street Homerville, GA 31634	(912 487-2445
Jesus and Jam of Clinch County Inc	75 Hampton Street Homerville, GA 31634	(912) 337-5342