

# Community Health Needs Assessment and Implementation Plan

2022



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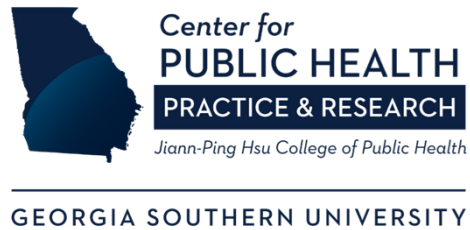
The Jefferson Hospital Board of Directors approved the 2022 Community Health Needs Assessment and Implementation Plan at their meeting on December 5, 2022. The Community Health Needs Assessments (CHNA) Report is widely available to the public, and interested parties can view and download it on the hospital's website [www.jeffersonhosp.com](http://www.jeffersonhosp.com). Hard copies are available upon request; please contact Isabella Fultz, Administrative Assistant / Credentialing Coordinator at 478-625-7000 extension 1200 or email at [ifultz@jeffersonhosp.com](mailto:ifultz@jeffersonhosp.com).

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## TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	10
ABOUT THE REPORT .....	13
PURPOSE.....	13
METHODOLOGY .....	13
HOSPITAL AND SERVICE AREA.....	16
ORGANIZATION OF REPORT .....	16
SECONDARY DATA ANALYSIS.....	17
DEMOGRAPHIC PROFILE .....	17
PAST POPULATION GROWTH.....	20
PROJECTED POPULATION GROWTH.....	21
ECONOMIC PROFILE .....	22
EDUCATION .....	24
SOCIAL AND COMMUNITY CONTEXT .....	25
NEIGHBORHOOD AND BUILT ENVIRONMENT.....	26
HEALTH CARE ACCESS.....	29
LIFESTYLE AND BEHAVIOR.....	30
HEALTH OUTCOMES .....	33
Morbidity.....	33
Mortality.....	33
Top 10 Causes of Death in Jefferson County and Georgia 2017-2021 .....	35
Cancers .....	37
COVID-19 .....	39
PROGRESS ON SELECTED INDICATORS.....	40
COMMUNITY SURVEY.....	43
DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS .....	43
HEALTH STATUS .....	45
HEALTH BEHAVIORS .....	47
Smoking, Nutrition, and Physical Activity.....	47
Preventative Screening.....	49
COMMUNITY PERCEPTIONS.....	51
General Community Perception .....	51
Community Perception Concerning Hospital Services.....	52

Community Perception Concerning Health and Quality of Life .....	53
HEALTH CARE ACCESS .....	59
Insurance Coverage and Usual Source of Care .....	59
Barriers to Health Care Access .....	61
COMMUNITY FOCUS GROUPS .....	64
Community Perception Overall .....	64
Health-Specific Community Characteristics.....	66
Healthcare-Specific Community Characteristics .....	67
Hospital Strategies for Approaching Community Health.....	72
Conclusion .....	73
PRIORITIZATION OF COMMUNITY NEEDS & .....	75
IMPLEMENTATION PLANNING.....	75
LAST IMPLEMENTATION PLAN.....	75
2023 - 2025 IMPLEMENTATION PLAN.....	76
HEALTH CARE RESOURCE LISTING.....	83

## TABLE OF FIGURES

Figure 1. Population Diversity by Census Tract (2020).....	18
Figure 2. Proportion of Residents 65 years and older by Census Tract (2020).....	18
Figure 3. Proportion of Residents with Disability by Census Tract (2020) .....	19
Figure 4. Veteran Population by Census Tract (2020) .....	19
Figure 5. Poverty Rate by Census Tract (2020).....	23
Figure 6. Median Household Income by Census Tract (2020).....	23
Figure 7. Educational Attainment by Census Tract (2020).....	25
Figure 8. Household Internet Access by Census Tract (2020) .....	27
Figure 9. Household Computer Access by Census Tract (2020) .....	28
Figure 10. Severe Homeowner Cost Burden by Census Tract (2015-2019).....	28
Figure 11. Severe Renter Cost Burden by Census Tract (2020).....	29
Figure 12. Smoking Rate by Census Tract (2021) .....	31
Figure 13. Physical Inactivity Rate by Census Tract (2021).....	32
Figure 14. Adult Obesity by Census Tract (2021) .....	32
Figure 15. Perceived Health Status by Census Tract (2021).....	34
Figure 16. Frequent Mental Health Distress by Census Tract (2021).....	34
Figure 17. Life Expectancy by Census Tract (2010-2015) .....	35
Figure 18. Cancer Death Rates, 2015-2019 .....	37
Figure 19. Death Rates by Race, 2015-2019 .....	38
Figure 20. Incidence Cancer Rates, 2014-2018 .....	39
Figure 21. Self-Reported Health Status.....	45
Figure 22. Number of Chronic Conditions.....	46
Figure 23. Most Common Chronic Conditions.....	46
Figure 24. Smoking Behavior .....	47
Figure 25. Fruit and Vegetable Consumption .....	48
Figure 26. Physical Activity .....	48
Figure 27. Colon Cancer Screening.....	49
Figure 28. Prostate Cancer Screening.....	50
Figure 29. Breast Cancer Screening .....	50
Figure 30. Cervical Cancer Screening .....	51
Figure 31. Community Perceptions .....	52
Figure 32. Community Perceptions Concerning Health Care Services.....	53
Figure 33. Perceptions Concerning Factors Affecting the Quality of Life in the Community .....	54
Figure 34. Substance Abuse Problems.....	55
Figure 35. Causes of Mortality and Morbidity .....	56
Figure 36. Negative Influencers of Community Health.....	57
Figure 37. Negative Influencers of Children’s Health .....	58



Figure 38. Insurance Coverage .....59  
Figure 39. Usual Source of Care.....60  
Figure 40. Sources of Health Information .....60  
Figure 41. Barriers to Healthcare Access .....61  
Figure 42. Willingness to Use Telemedicine.....62

## EXECUTIVE SUMMARY

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Jefferson Hospital, located in Louisville, GA, partnered with Draffin & Tucker, CPAs and the Center for Public Health Practice and Research (CPHPR), Georgia Southern University to conduct a community health needs assessment (CHNA) as required under the Affordable Care Act based on Internal Revenue Section (IRS Section 501(r)(3)(A)(i)). The purpose of this CHNA is to strengthen hospital organizations, enhance community engagement, identify community health needs and document efforts to address prioritized needs.

Using a mixed-methods approach for this assessment, the Georgia Southern University CPHPR team triangulated community input and data from secondary sources to identify community health needs for the hospital's primary service area of the Jefferson County, Georgia, which is the defined community for the community health needs assessment given the majority of patients originate from Jefferson County. Community input was obtained from hospital stakeholders and the general community through community surveys and focus group discussions. Recruitment efforts for community surveys and focus groups were tailored to obtain feedback from diverse population groups, including minority and underserved populations. Data from secondary sources used in assessing the needs of the community were obtained from a diverse list of community health-related databases.

The **results from the secondary data analyses** identified:

- An aging county population, with a high poverty rate and lower educational attainment.
- Limited access to health-promoting amenities and resources in the county, including recreational opportunities.
- Higher rates of unhealthy behaviors (including smoking, physical inactivity, and sexual risk behaviors), compared to the state.
- Poorer mental and physical health outcomes, compared to the rest of the state.
- Barriers to health care access, with high uninsurance rates and shortages of health professionals emerging as two important barriers to health care access.

**Input from the community**, through the survey and focus groups were generally consistent with the findings from the secondary data analysis. Community members and key stakeholders described Jefferson County as a wonderful community with its fair share of problems, including:

- High levels of poverty.
- High prevalence of unhealthy behaviors (including smoking, physical inactivity, and poor nutrition leading to overweight/obesity).
- Limited access to affordable health care insurance and specialty services.
- Poor health outcomes, driven by a higher of chronic diseases and limited use of preventative services.

Based on these results, the CPHPR team facilitated an implementation planning process, whereby the CHNA Steering Committee prioritized the community health needs to be addressed within the next three years. Goals, objectives, and actions were developed and documented to address the priority areas. The top needs and goals prioritized by the CHNA Steering Committee based were as follows:

#### Priority Area One: Outreach Education

**Goal:** *To increase outreach education activities in our community.*

Objective 1: Develop an educational program to include but not limited to, smoking cessation, diabetes, hypertension, and Medicare.

Objective 2: Expand care coordination/wellness.

#### Priority Area Two: Specialist Access

**Goal:** *To enhance specialist care in Jefferson County.*

Objective 1: To offer an increased variety of specialists.

Objective 2: To expand existing Surgical/Gastro-Intestinal services.

### Priority Area Three: Mental Health and Substance Abuse

**Goal:** To expand mental health and substance abuse services and resources in Jefferson County.

Objective 1: Intensive outpatient program expansion.

Objective 2: Expansion of psychiatry services.

## ABOUT THE REPORT

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### PURPOSE

Jefferson Hospital worked in partnership with Draffin & Tucker, LLP and the Center for Public Health Practice and Research (CPHPR) at the Jiann-Ping Hsu College of Public Health, Georgia Southern University to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of Jefferson County. This report summarizes the findings of the CHNA and informs the hospital's strategic service planning and community benefit activities, as well as fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all non-profit, tax-exempt hospitals to complete a CHNA at least every 3 years.

### METHODOLOGY

The CPHPR project team worked with the hospital CHNA steering committee throughout the assessment. The steering committee facilitated the completion of a community survey, recruited key stakeholders for focus group discussions and provided information about hospital utilization and the hospital's activities to address community health needs since the previous CHNA. **Ms. Joanna Hattaway, Jefferson County Health Department, contributed to the assessment and participated in the focus group to inform and provide direction based on her first-hand knowledge in serving the residents of Jefferson County. Ms. Leigh Davis, Jefferson County Health Department, served on the Hospital Steering Committee and also provided input based on her first-hand knowledge in serving residents of Jefferson County.**

**Community input** was solicited through focus groups and a community survey. Key community stakeholders were also involved in reviewing and interpreting findings from the CHNA and developing an implementation plan to address prioritized community needs.

The community survey and focus group interviews assessed local healthcare access and the needs of the people residing in the service area of Jefferson Hospital. The community survey was disseminated to residents of the hospital's primary service area via the hospital's social media webpages and email listservs, as well as those of local community

partners. Focus group participants were all key community stakeholders of the Jefferson community. Collectively, perspectives obtained from the surveys and focus groups provided a holistic view of life in the community and the health and healthcare needs of the residents.

No written comments were received regarding the previous CHNA or Implementation Strategy Report.

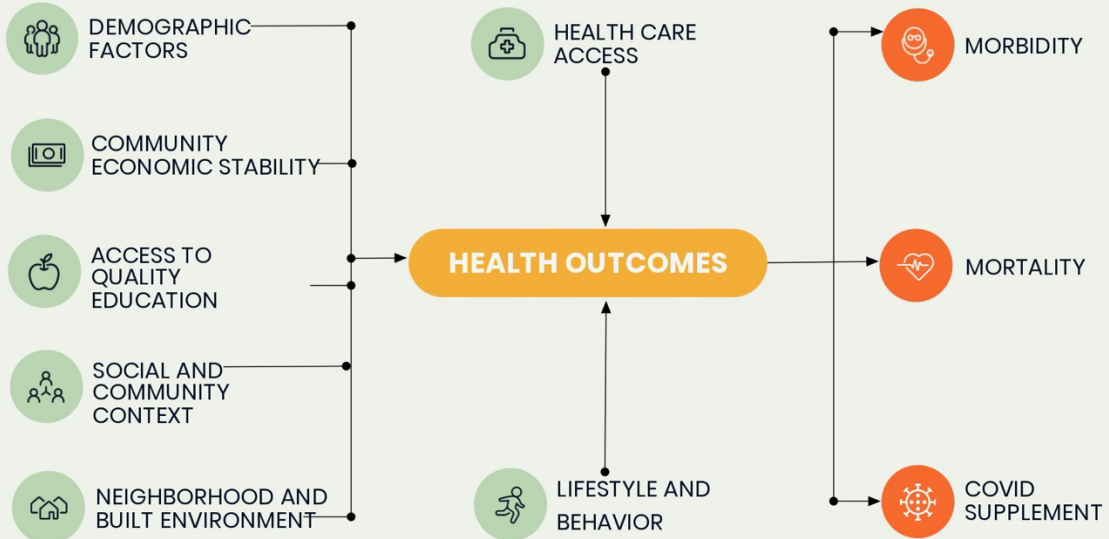
Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's demographic and economic profile, healthcare access, and utilization. These data were obtained from multiple publicly available sources, including the US Census Bureau, the University of Wisconsin's County Health Rankings, the Centers for Disease Control (CDC), the Bureau of Labor Statistics, and Georgia.gov population projections. The most recently available data were obtained from all data sources.

Findings from all the above-described primary and secondary data collection efforts informed the identification and prioritization of community health needs, as well as the development of an implementation plan to address these needs.

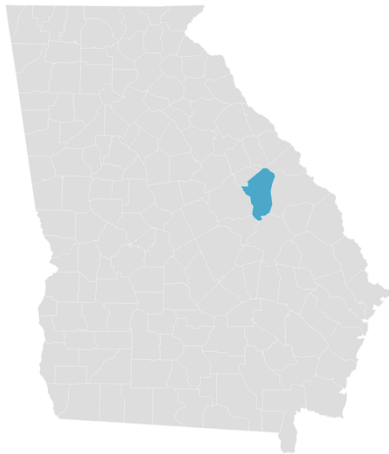
**Data Analysis and Visualization.** Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviation. Analyses were completed, and charts and graphs were created using Microsoft Excel version 16 software and Datawrapper data visualization application. Spatial variations in selected community health indicators estimates are also presented using data and maps created in R 4.2.1. Qualitative data from the focus groups were analyzed using the NVIVO12 qualitative analysis software. The conceptual framework used to inform data collection efforts is illustrated in the image below.



## SOCIAL DETERMINANTS OF HEALTH FRAMEWORK FOR COMMUNITY HEALTH NEEDS ASSESSMENT



## HOSPITAL AND SERVICE AREA



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Jefferson Hospital is a non-profit general acute care hospital located in Louisville, Georgia. The hospital offers medical and surgical services, and it has a well-equipped emergency room.

The hospital's primary service area comprises Jefferson County, Georgia. Jefferson County is located in the east-central part of Georgia. *Thus, for this community health needs assessment (CHNA), the hospital's community is defined as its primary service area of Jefferson County.*

The county seat is Louisville, where the hospital is also located. With a population density of 29.8 persons per square mile, the county is one of the more rural and sparsely populated counties in the state of Georgia. The county is home to manufacturing, retail trade, healthcare, and social services industries.

## ORGANIZATION OF REPORT







This report presents the findings of the CHNA, beginning with the results of the secondary data analysis. Community input from the survey and focus groups is presented next, followed by a reflection on the outcomes of the last CHNA process. Next, a description of the 2022 implementation planning process and implementation plan are presented. Finally, a community health care resource listing is provided.

## SECONDARY DATA ANALYSIS

### DEMOGRAPHIC PROFILE

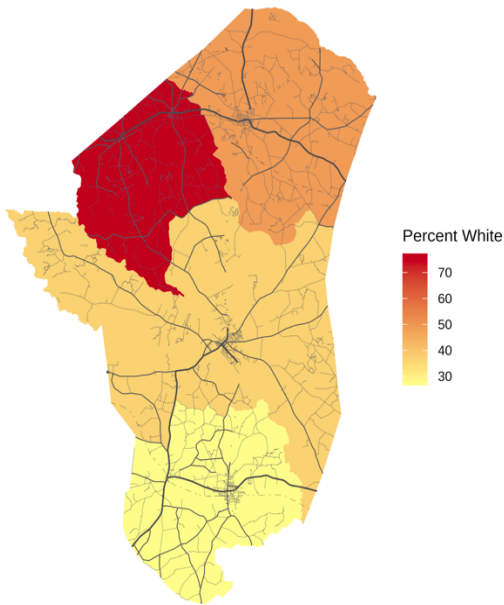
In 2021, there were approximately 15,524 residents in Jefferson County. Compared to the state of Georgia, the population of Jefferson County is older. The county is less racially and culturally diverse than the state. A slightly higher proportion of residents live with one or more disabilities, and veterans comprise about five percent of the population.

About 1 out of 5 residents of Jefferson County are 65 years and older

	Jefferson	Georgia
	<u>Population</u>	
	15,524	10,799,566
	<u>Sex</u>	
	51%	51%
	49%	49%
	<u>Age Distribution</u>	
	6%	6%
	23%	23%
	18.8%*	14.7%
	<u>Racial and Cultural Diversity</u>	
	<u>Race</u>	
	45.7%	59.4%
	52%	33%
	2.5%	7.6%
	<u>Ethnicity</u>	
	4%	10%
	<u>Nativity</u>	
	2%	10%
	4%	14%
	<u>Veterans</u>	
	5.4%*	5.8%
	<u>Disability</u>	
	10%*	9%

\*Significantly higher than state average  
Data Source: US Census Bureau QuickFacts

Figure 1. Population Diversity by Census Tract (2020)



Predominant Race (% White), 2020. Data Source: AHRQ.

The county is relatively homogeneous in terms of the geographic distribution of racial groups, with the central and southern part of the county being slightly more diverse (Figure 1).

Figure 2. Proportion of Residents 65 years and older by Census Tract (2020)

Estimated percent of all people 65 or older, 2020. Data Source: AHRQ.

The younger population of the county resides in the central part, whereas residents of the southern and northern parts of the county are relatively older (Figure 2).

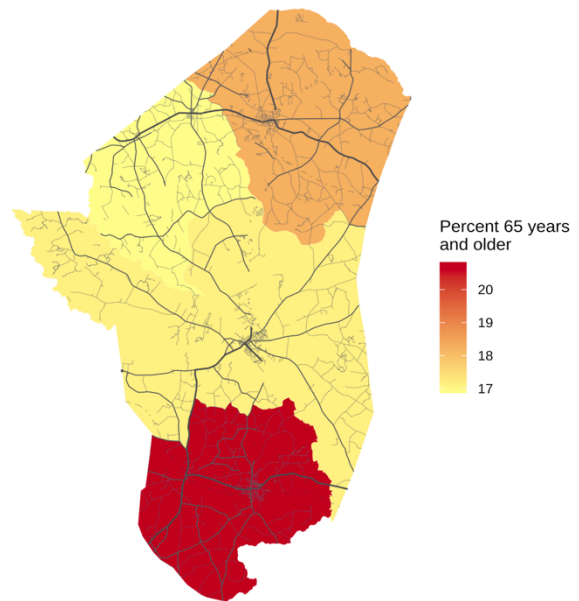
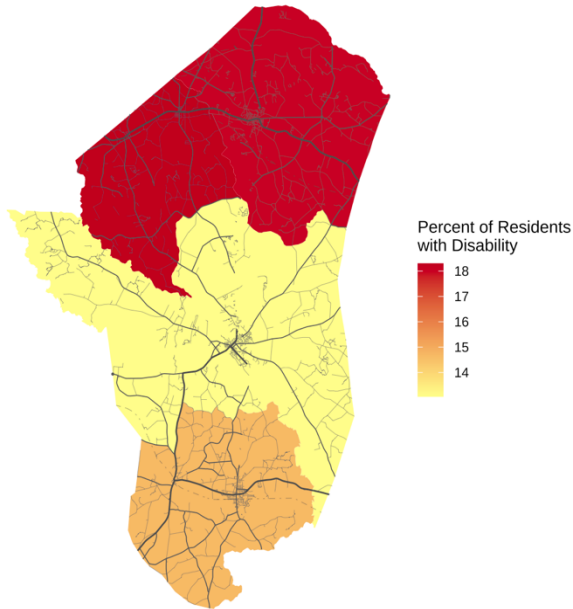


Figure 3. Proportion of Residents with Disability by Census Tract (2020)



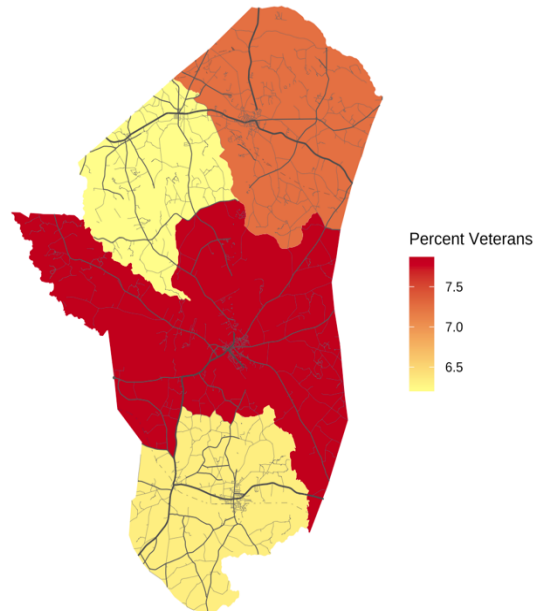
Proportion of Individuals Living with One or More Disabilities, 2020. Data Source: AHRQ.

A higher proportion of residents residing in the northern part of the County live with one or more disability compared to the remaining parts (Figure 3).

Figure 4. Veteran Population by Census Tract (2020)

Proportion of Veterans, 2020. Data Source: AHRQ.

A higher proportion of veterans reside in the central part of the County (Figure 4).

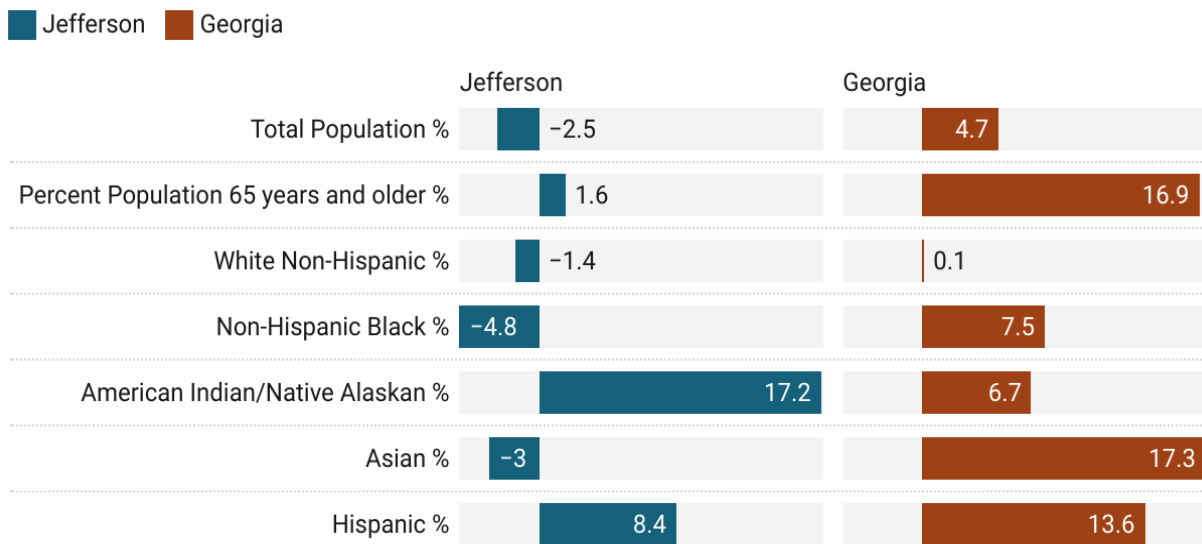


## PAST POPULATION GROWTH

While the total population of Jefferson County decreased between 2016 and 2021, the county saw growth in the older population over that period. White Non-Hispanic, Non-Hispanic Black, and Asian population declined from 2016 to 2021. On the other hand, the American Indian/Native Alaskan, and Hispanic populations increased significantly.

### Population Change

2016-2021



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Data Source: Online Analytical Statistical Information System (OASIS).

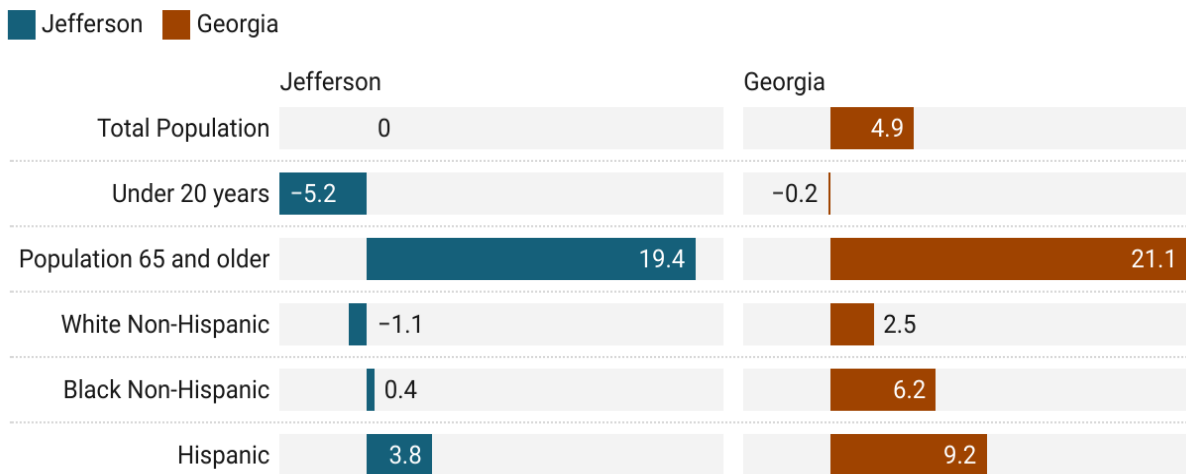


## PROJECTED POPULATION GROWTH

The population of Jefferson County is expected to remain the same into 2026, based on projections by the Georgia Governor's Office of Planning and Budget. The population increase is projected for the Black Non-Hispanic, and Hispanic populations, whereas the White Non-Hispanic population is expected to increase. Projections also indicate a significant growth of the older population.

### Projected Population Change

2021-2026 Percentage Population Change



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

## ECONOMIC PROFILE

The county experienced a decrease in GDP between 2019 and 2020. Over this period, the county's unemployment rate, 4.7%, was higher than the state average of 3.9%. Labor force representation for both male and female are significantly lower than state average. The median household income for Jefferson County is \$37,009, more than \$24,000 lower than the state median. About 21% of the population and 33% of children live in poverty. Both rates are higher than the state average.

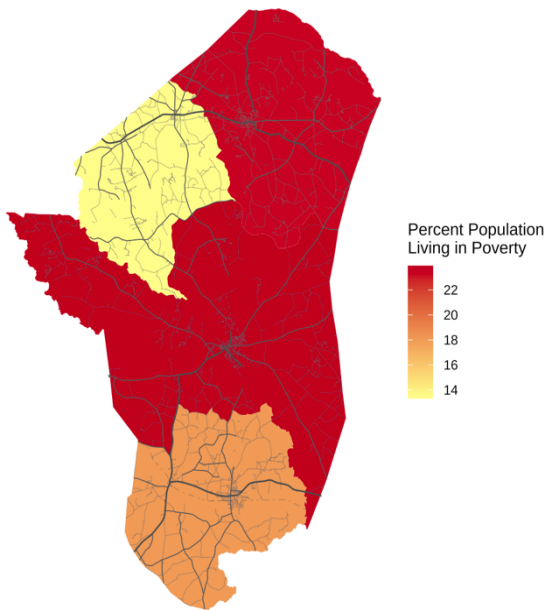
**About 1 out of 3 children in Jefferson County are living in poverty.**

	Jefferson	Georgia	
<b><u>Economy</u></b>			
	Real Gross Domestic Product (GDP) Annual Growth Rate (2010-2020)	0.0%	2.2%
	Real GDP Annual Growth Rate (2019-2020)	-2.8%	-3.9%
	Job Growth Rate (2019-2020)	-2.7%	-4.6%
<b><u>Labor Force Representation</u></b>			
	Unemployment Rate (2021)	4.7%*	3.9%
	Labor Force Representation (2013-2017)	63.9%*	75.5%
	Male Labor Force Representation (2013-2017)	67.8%*	80.4%
	Female Labor Force Representation (2013-2017)	60.1%*	70.8%
<b><u>Poverty</u></b>			
	Median Household Income (2016-2020)	\$37,009*	\$61,224
	Population in Poverty (2016-2020)	21%*	14%
	Children in Poverty (2020)	33%*	20%

\*Significantly lower than state average

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

Figure 5. Poverty Rate by Census Tract (2020)



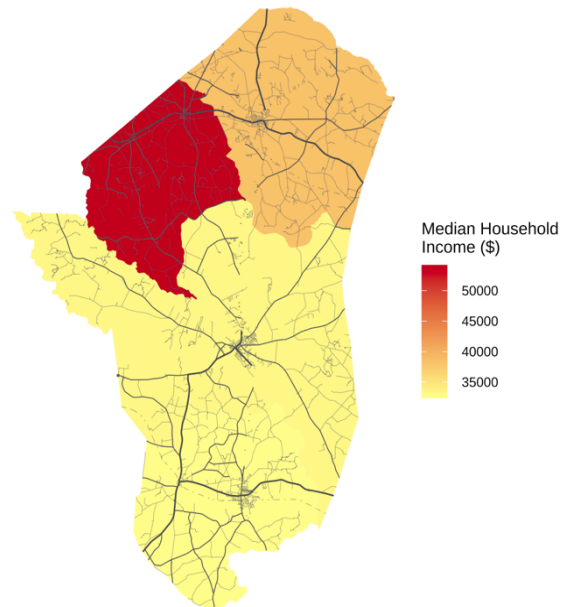
Proportion of Population Living in Poverty, 2020. Data Source: AHRQ

The poverty rates are higher in the central and northern parts of the county compared to the remaining parts (Figure 5).

Figure 6. Median Household Income by Census Tract (2020)

Median Household Income, 2020. Data Source: AHRQ




Similarly, the median household income is higher in the southwestern part of the County, compared to the rest (Figure 6).



## EDUCATION

Educational attainment in the county is lower than in the state. The population with a bachelor's degree rate of 11% is significantly lower than the state rate of 32%. The high school graduation rate of the county, 78.5%, is also lower than the state rate of 88%. The county performs better than the state with respect to early childhood education enrollment. On average, county third graders perform slightly lower than the state averages on state standardized tests.

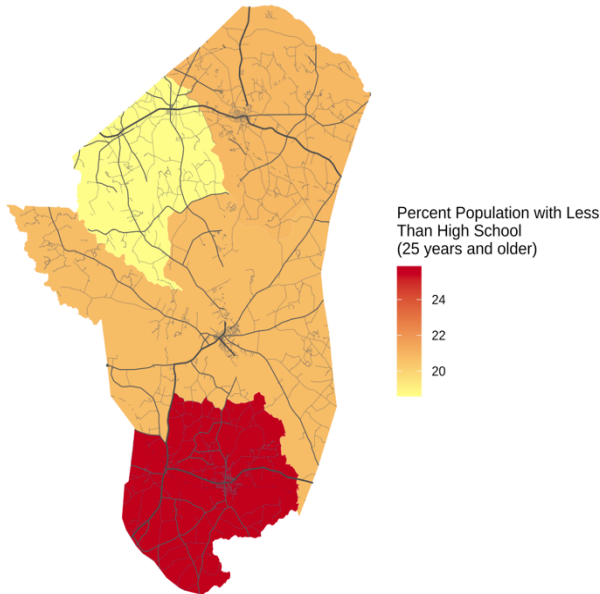
**About 1 out of 10 residents of Jefferson County has bachelor's degree.**

	Jefferson	Georgia
<b>Early Childhood Education</b>		
 Percent 3–4-year-old children in school	51.7%	49%
<b>K-12 Education</b>		
 Average grade level performance for 3rd graders on English Language Arts standardized tests	2.4*	3
Average grade level performance for 3rd graders on Mathematics standardized tests	2.4*	2.9
<b>High School Graduation and Higher Education</b>		
 High school graduation rate	78.5%*	87.9%
Percent population with bachelor's degree	11%*	32%

\*Significantly lower than state average

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

Figure 7. Educational Attainment by Census Tract (2020)





Proportion of Population with Less Than High School Diploma, 2020. Data Source: AHRQ.

Compared to other parts of the County, educational attainment is higher in the north-western part of the County (Figure 7).

## SOCIAL AND COMMUNITY CONTEXT

County residents are more active in social associations; compared to the state, there are 11.7 membership associations in the County per 100,000 population (vs. 9 membership associations per 100,000 at the state level). Close to one out of two children live in single-parent households.

*There are approximately 5,583 households in Jefferson County, with an average of 2.7 persons per household.*






	Jefferson	Georgia
<b>Household Characteristics</b>		
 Households	5,583	3,830,264
Average persons per household	2.7	2.7
Children in single-parent households	46%*	30%
<b>Social Context</b>		
 Social Associations per 100,000	11.7	8.9
Suicide rates per 100,000	NA	14

Data Source: County Health Rankings, US Census Bureau

## NEIGHBORHOOD AND BUILT ENVIRONMENT

About one out of two (48%) county residents have access to exercise opportunities, considerably lower than the state level of 70%. County residents are relatively less digitally connected compared to the state; 80% of households have a computer and 70.5% of adults have access to broadband internet. The county has relatively higher food insecurity in comparison to the state. Moreover, highway safety may be an area of concern as the county experiences relatively more deaths from motor vehicle crashes than the state average. The violent crime rate is significantly higher than the state average.

**Compared to the state, more Jefferson County residents lack a motor vehicle**

	Jefferson	Georgia
<b>Digital Connectivity and Amenities</b>		
 Households with computer	80%*	92%
Households with broadband internet	70.5%*	84.4%
Access to exercise opportunities	48%*	70%
<b>Safety</b>		
 Violent crime rate per 100,000	508*	388
Deaths from motor vehicle crashes per 100,000	30*	14
<b>Food Insecurity</b>		
 Percent low-income residents with limited access to healthy foods	0%	10%
(Healthy) Food environment index (1 worst; 10 best)	7.8	6.3
Percentage of population experiencing food insecurity	15%*	12%
<b>Transportation</b>		
 Average travel time to work (minutes)	30 mins	29 mins
Percent households with <u>no</u> motor vehicle	11.7%*	6.3%
<b>Housing</b>		
 Percent of homes owned	64%	64%
Percent families spending more than 50% of income on housing	14%	14%
Percent population with severe housing problems	17%	16%
Median gross rent	\$575	\$1,042



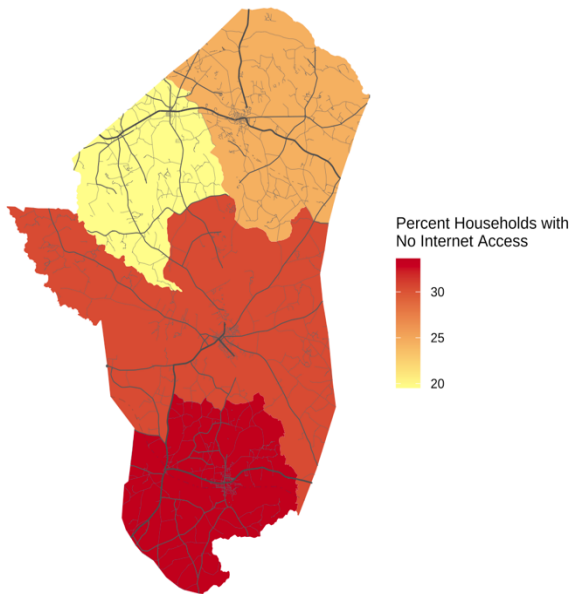


Median selected monthly owner costs, including mortgage	\$982	\$1,449
<b>Pollution</b>		
Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	9.0	8.6

\*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 8. Household Internet Access by Census Tract (2020)



Proportion of all households with no internet access, 2020. Data Source: AHRQ.)

Internet access was low throughout the county (Figure 8).

Figure 9. Household Computer Access by Census Tract (2020)

Proportion of all households with a computer, 2020. Data Source: Policy Map.

Computer access was lowest in the southern part of the county compared to the north (Figure 9).

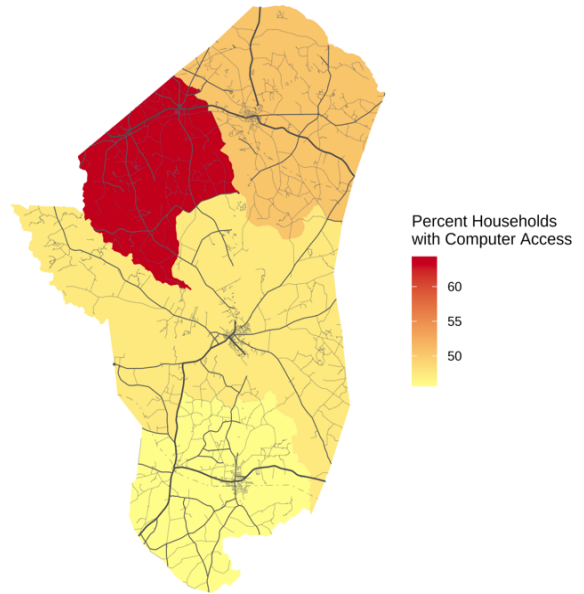


Figure 10. Severe Homeowner Cost Burden by Census Tract (2015-2019)

Proportion of all homeowners who are severely burdened by housing costs, 2016-2020. Data Source: Policy Map.

Compared to other parts of the County, severe homeowner cost burden is higher in the central and southern parts of the County (Figure 10).

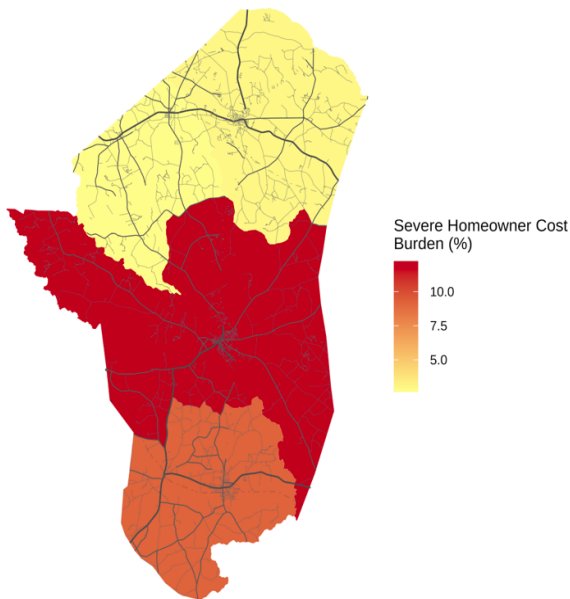
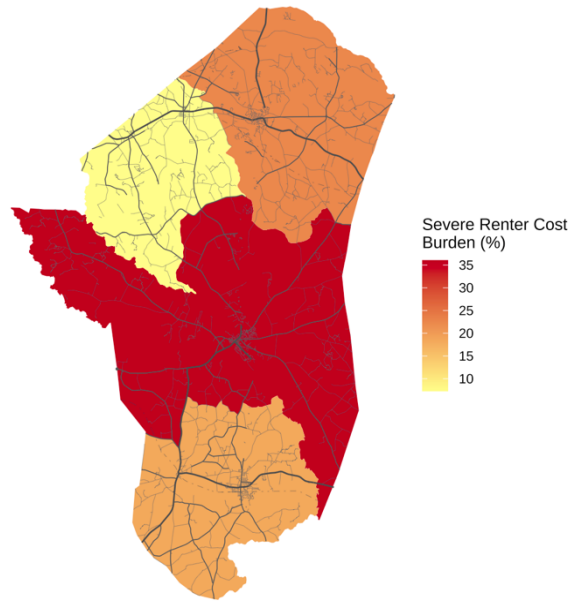


Figure 11. Severe Renter Cost Burden by Census Tract (2020)

Proportion of all renters who are severely burdened by housing costs, 2020. Data Source: CDC




A higher proportion of renters in the central part of the county experience severe rental cost burden compared to the rest of the County (Figure 11).



## HEALTH CARE ACCESS

Healthcare access in the county is relatively limited compared to the state. At 18%, the number of uninsured residents 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 and dentists. Regarding preventative care, mammogram screening rates and flu vaccination rates are lower than the state levels.

**Preventable hospitalization rates are higher in Jefferson County compared to the state levels.**



	Jefferson	Georgia
<b>Health Insurance Coverage</b>		
 Percent under 65 years Uninsured	18%*	16%
<b>Provider Supply</b>		
 Population to One Primary Care Physician	3,070*	1,490
Population to One Dentist	5,090*	1,920
Population to One Mental Health Provider	NA*	640
<b>Primary Care and Prevention</b>		
 Preventable Hospital Stays per 100,000 Medicare Enrollees	4,852*	4,295
Mammogram Screening Rates	40%*	42%
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	25%*	46%

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

## LIFESTYLE AND BEHAVIOR

Compared to the state, the proportion of residents who smoke is higher than the state. While excessive drinking rates are lower than that of the state, the proportion of adults who are obese, physically inactive, and do not get sufficient sleep is higher than the respective state rates. Alcohol-related motor vehicle deaths are significantly higher than at the state level. Similarly, Teen pregnancy and sexually transmitted infections are significantly higher in the county compared to the state.

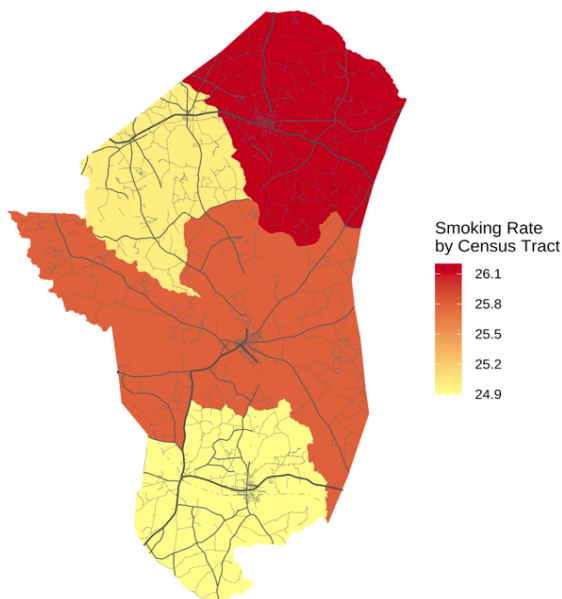
**Generally, a higher proportion of Jefferson County residents engage in unhealthy behavior compared to the state level**

	Jefferson	Georgia
<b>Suboptimal Lifestyle Behaviors</b>		
 Adult smoking rate	26%*	17%
Adult excessive drinking rate	15%	18%
Percent driving deaths with alcohol involvement	38%*	21%
Adult obesity rate	42%*	33%
Adult physical inactivity rate	40%*	27%
Percentage of adults who report insufficient sleep (fewer than 7 hours of sleep on average)	44%*	38%
<b>Sexual Risk Behaviors</b>		
 STD infection rates per 100,000	742.1*	637.8
Teen pregnancy rates per 1000 female teens	35*	23

\*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure 12. Smoking Rate by Census Tract (2021)



Proportion of adults who ever smoked cigarettes, 2021. Data Source: CDC.

Smoking rates are high across the county, however, the northern part has a slightly higher rate (Figure 12).

Figure 13. Physical Inactivity Rate by Census Tract (2021)

Proportion of adults physically inactive, 2021. Data Source: CDC.

Similarly, the rate of physical inactivity is consistently high across the county (Figure 13).

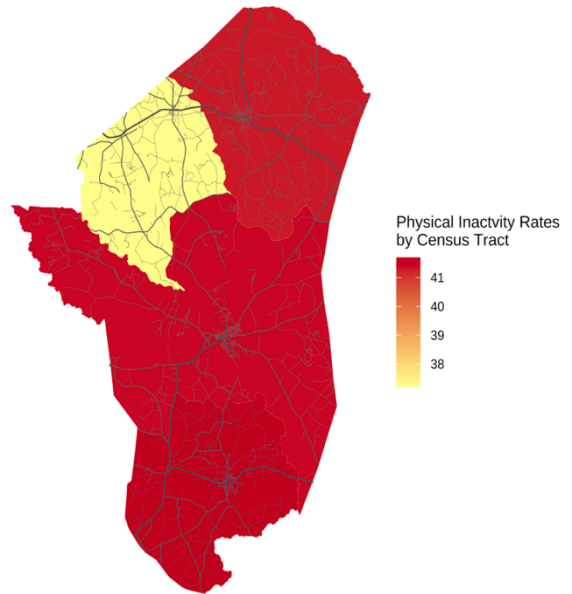
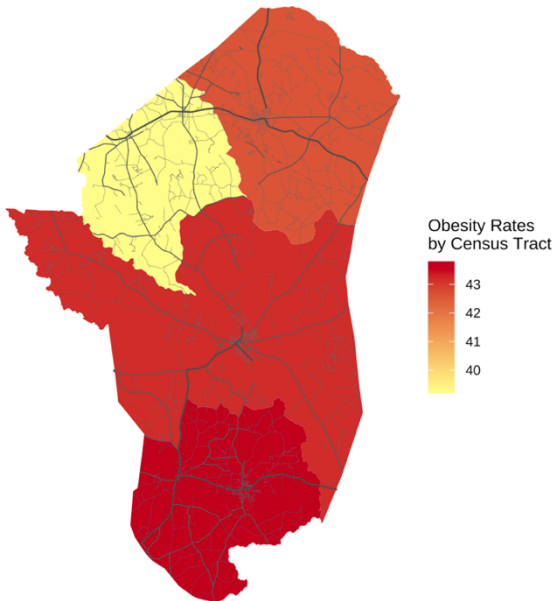


Figure 14. Adult Obesity by Census Tract (2021)

Proportion of adults reporting to be obese, 2021. Data Source: CDC.

The rate of obesity is generally high and distributed with minor variations in the county (Figure 14).







## HEALTH OUTCOMES

### Morbidity

A higher proportion of Jefferson County residents self-report poor or fair health compared to the state; similarly, the rates of

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

frequent mental and physical distress are higher compared to the state. The disease burden related to cancer is higher than the state and diabetes prevalence is higher than the state. The burden related to HIV is significantly lower than the state, and the low birthweight rate is slightly higher. Hospitalizations from cardiovascular diseases are higher for Jefferson County compared to the state.

	Jefferson	Georgia
<b>Disease Burden</b>		
 Cancer incidence rates per 100,000 population	508*	469
Adult diabetes prevalence rate %	16%*	11%
HIV prevalence rate per 100,000 population	397	639
Cardiovascular disease hospitalization per 1000 Medicare enrollees	69.4*	65
Low birth rate	12%*	10%
<b>Self-Reported Health Outcomes</b>		
 Percent adults reporting poor or fair health	29%*	19%
Percent adults reporting frequent physical distress	18%*	13%
Percent adults reporting frequent mental distress	20%*	15%

### Mortality

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

**The average life expectancy in Jefferson County is close to 72 years – more than 5 years less than the average life expectancy in Georgia.**


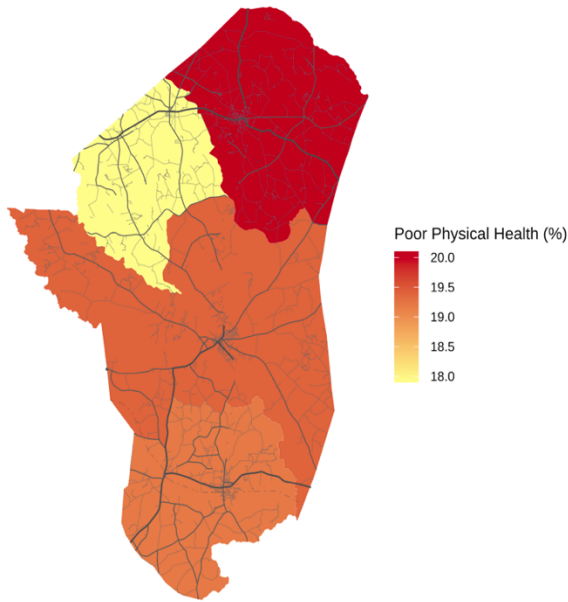
	Jefferson	Georgia
<b>Mortality Indicators</b>		
 Life Expectancy	71.9*	77.3
Premature (under 75yrs) Death Rate per 100,000 population	660*	400

Figure 15. Perceived Health Status by Census Tract (2021)



Proportion of adults reporting poor or fair health in the past 30 days, 2021 Data Source: CDC.

The proportion of adults reporting poor or fair health is equally distributed through the county with minor variations (Figure 15).

Figure 16. Frequent Mental Health Distress by Census Tract (2021)

Proportion of adults reporting 14 or more days of poor mental health in the past 30 days, 2018. Data Source: CDC.

Geographically, the proportion of adults reporting frequent mental health distress were similar (Figure 16).

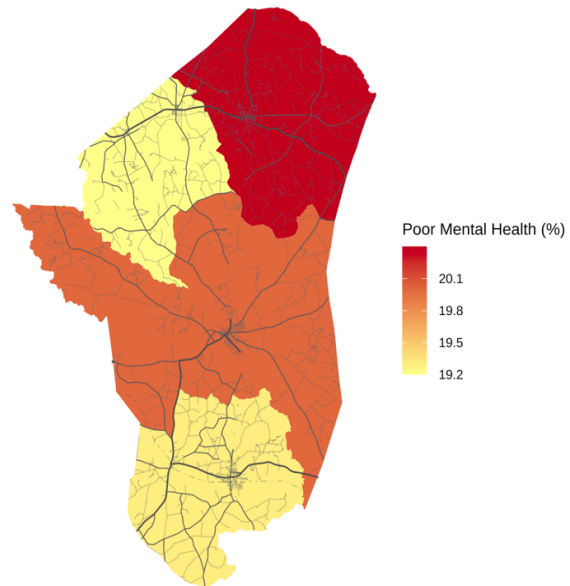
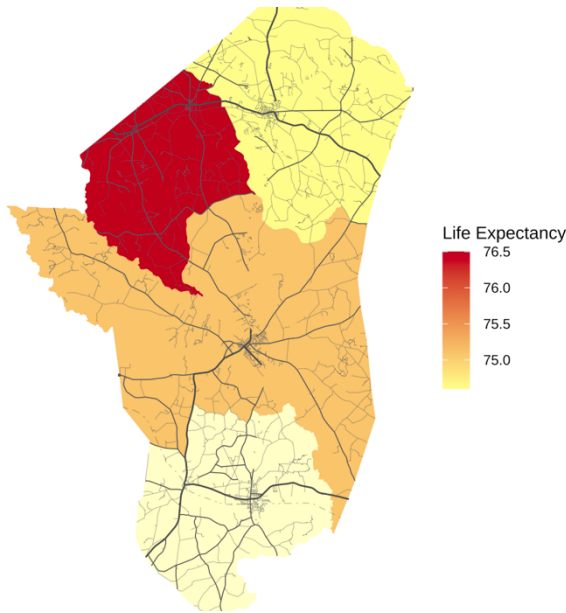


Figure 17. Life Expectancy by Census Tract (2010-2015)



Life Expectancy at Birth, 2010-2015. Data Source: Policy Map.

Life expectancy is slightly lower for residents in the northern part of the county, compared to the rest of the county (Figure 17).

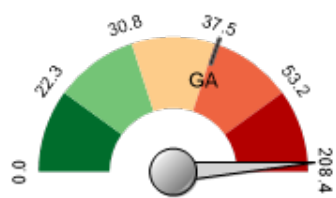
### Top 10 Causes of Death in Jefferson County and Georgia 2017-2021

The top three main causes of death in Jefferson County are Ischemic Heart and Vascular Disease, Essential Hypertension and Hypertensive Renal and Heart Disease, and Alzheimer's Disease. Mental and behavioral disorders, and endocrine, nutritional and metabolic disease deaths rank much higher for Jefferson County compared to Georgia.

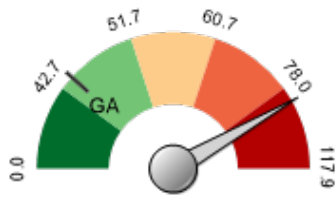
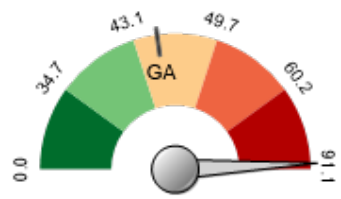
Cause	Jefferson Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
Essential (Primary) Hypertension and Hypertensive Renal and Heart Disease	2	7
Alzheimer's Disease	3	5
Covid-19	4	2
Cerebrovascular Disease	5	4
Malignant Neoplasms of the Trachea, Bronchus and Lung	6	6
All Other Mental and Behavioral Disorders	7	10
Diabetes Mellitus	8	9
All COPD Except Asthma	9	3
All Other Endocrine, Nutritional and Metabolic Diseases	10	12

Rank/County Comparison to Georgia

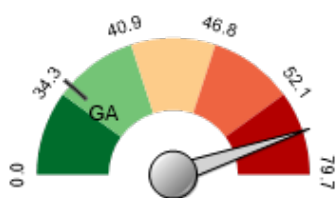
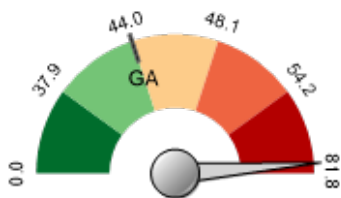
**1** Ischemic Heart and Vascular Disease      **2** Essential (Primary) Hypertension and Hypertensive Renal and Heart Disease



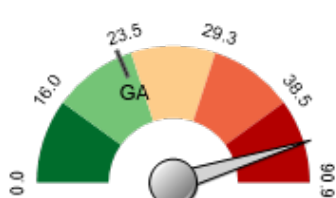
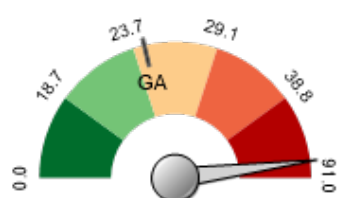
**3** Alzheimer's Disease      **4** Covid - 19



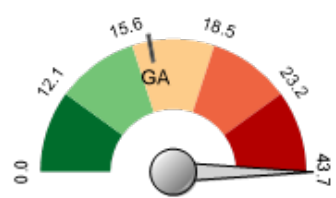
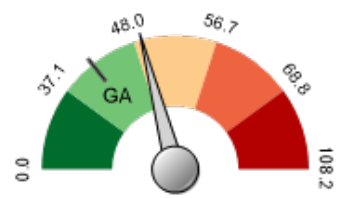
**5** Cerebrovascular Disease      **6** Malignant Neoplasms of the Trachea, Bronchus and Lung



**7** All Other Mental and Behavioral Disorders      **8** Diabetes Mellitus



**9** All COPD except Asthma      **10** All Other Endocrine, Nutritional and Metabolic Diseases

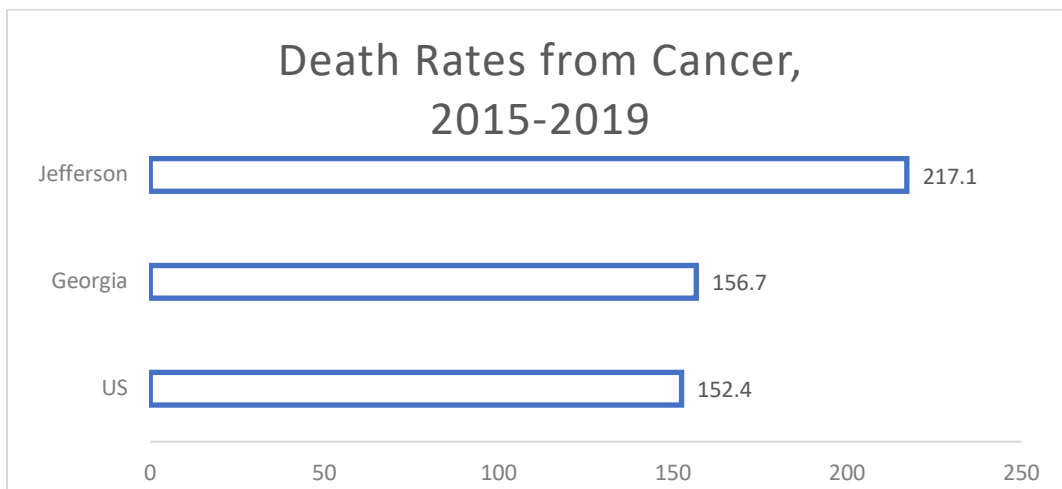


## Cancers

The death rate for cancer for Jefferson County residents is higher than the state and the US levels. Furthermore, for the time of 2015-2019, Jefferson County ranks as the 5<sup>th</sup> county with the highest cancer death rates in Georgia. Jefferson County ranks as the third county with the highest death rate for the age of 50 and older. Death rates for both males and females are higher compared to the state, and significantly higher for men compared to women. Death rates for Whites (Non-Hispanic) and Blacks (including Hispanics) are higher in the county compared to the state levels, whereas death rates for Blacks (including Hispanics) are higher compared to Whites.

Incidence rates for prostate, lung and bronchus, uterus and colorectal cancers in Jefferson County are higher than the state levels. Female breast cancer and skin melanoma incidence are lower than the state rates.

Figure 18. Cancer Death Rates, 2015-2019



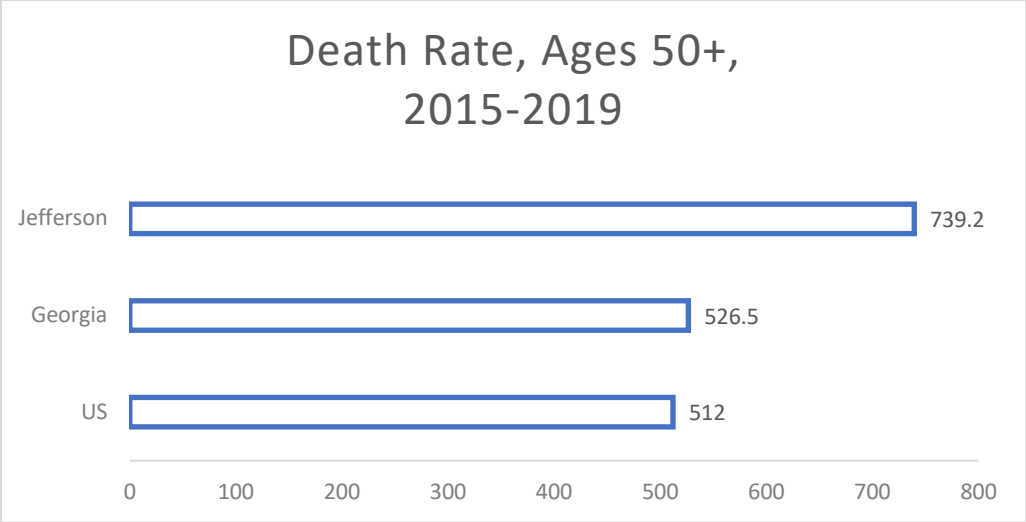


Figure 19. Death Rates by Race, 2015-2019

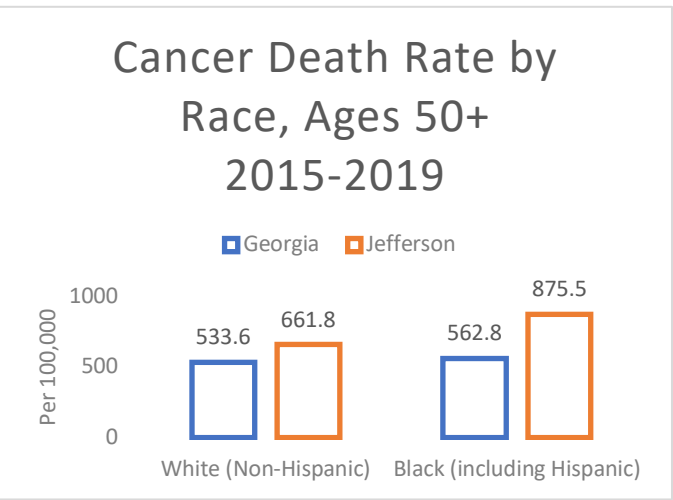
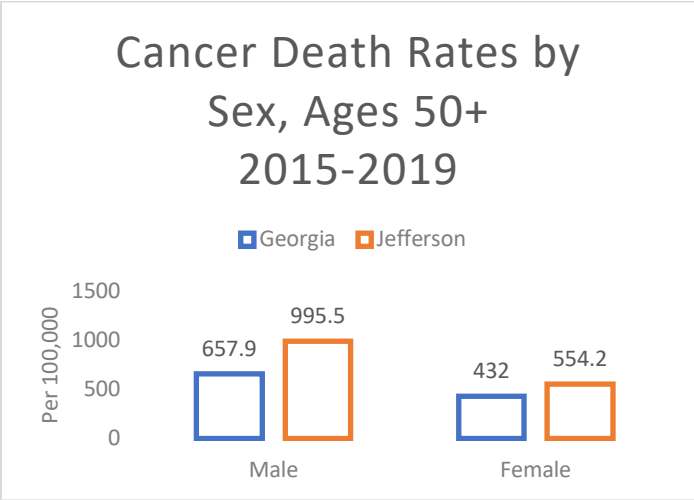
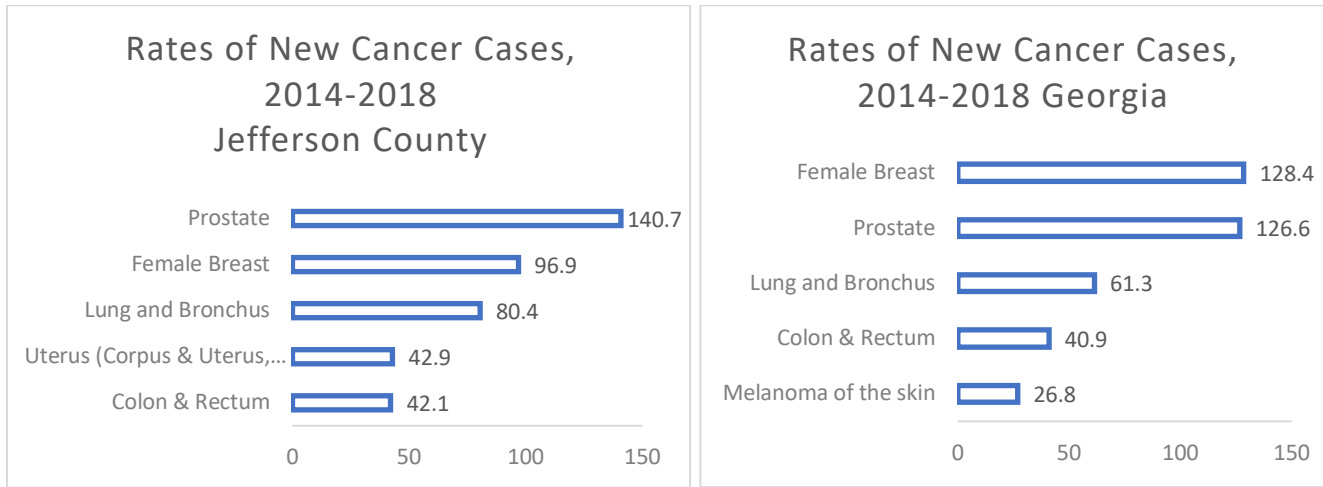


Figure 20. Incidence Cancer Rates, 2014-2018





Data Source: National Cancer Institute

## COVID-19








COVID-19 death rates in the county were higher than the state average as of October 2022, whereas infection rates were lower. Vaccination rates, for the population with at least one vaccine dose, are lower than the state level, whereas the rate of the population that is fully vaccinated is similar to the state.

**As of October 2022, there had been 84 COVID-19 deaths in Jefferson County.**

	Jefferson	Georgia
<b>Cumulative COVID-19 Infections and Deaths (10/05/2022)</b>		
 Number of COVID-19 Infections	4,040	2,899,58
Infection Rate per 100,000	26,383	26,852
Number of COVID-19 Deaths	84	33,524
Death Rate per 100,000	548.6*	309.4
<b>Vaccination Rates (10/05/2022)</b>		
 Percent Population who are Fully Vaccinated	58%	58%
Percent Population with at least One Vaccine Dose	63%*	66%

Data Source: Georgia Department of Public Health

## PROGRESS ON SELECTED INDICATORS

	Previous CHNA	Current CHNA	Progress
	<b>Economic Profile</b>		
Percent children in poverty	38%	33%	→
Unemployment rate	5.4%	4.7%	→
	<b>Education</b>		
High school graduation rate	88%	78.5%	←
	<b>Social and Community Context</b>		
Social associations per 100,000	13.7	11.7	←
Percent children in single parent households	53%	46%	→
	<b>Neighborhood and Built Environment</b>		
Percent population with access to exercise opportunities	52%	48%	←
Percent population food insecure	14%	17%	←
	<b>Health Care Access</b>		
Uninsurance rate	19%	18%	→
Primary care provider to population	5,370	3,070	→
Dentists to population	5,090	3,980	→
	<b>Health Behaviors</b>		
Obesity rate	33%	42%	←
Physical inactivity rate	28%	40%	←
Smoking rate	22%	26%	←
Teen pregnancy rate (per 1000 teen females)	53	35	→
	<b>Health Outcomes</b>		
Percent reporting poor or fair health	25%	29%	←
Low birth weight rate	13%	12%	→
Diabetes prevalence	17%	16%	→
Premature (under 75yrs) death rate per 100,000 population	560	660	→

← Worsened

→ Improved or stable

*\*Some indicators were not available in the 2018 Community Health Needs Assessment. These were retrieved from 2018 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 Jefferson County is older and has higher disability rate compared to the state of Georgia.
- The population decrease, observed between 2016 and 2021 is projected to stabilize into 2026.
- The county has unfavorable unemployment rates (relative to the state), and it 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

- Almost half of children in the county live in single parent households.
- The county has relatively higher food Insecurity in comparison to the state.
- The county lacks access to amenities such as recreational opportunities.
- Additionally, compared to the state, Jefferson County residents are less digitally connected.

### Health Care Access

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

## SUMMARY POINTS FROM SECONDARY DATA ANALYSIS – CONT'D

### Lifestyle Behavior & Health Outcomes

- Generally, compared to the state, a higher proportion of Jefferson County residents engage in unhealthy behaviors such as smoking, physical inactivity, and teen pregnancy.
- 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.
- Additionally, obesity rates are higher in the county, compared to the state.

### COVID-19

- Jefferson County residents have been impacted by the ongoing COVID-19 pandemic.
- As of October 2022, COVID-19 death rates were higher in the county compared to the state, whereas infection rates were lower.

### 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 56% (10/18) and worse on 44% (8/18) compared to the last CHNA.

## COMMUNITY SURVEY

Two hundred and five online surveys were initiated, while one hundred and fifty-nine were returned.

### DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

More than nine out of ten (93.7%) of the survey respondents resided in Jefferson County; the remainder (6.3%) lived in the surrounding counties, including Washington, Richmond, Glascock, and McDuffie. The majority of survey respondents were female (71.7%), Non-Hispanic White (71.7%), aged between 55 and 64 years (29.7%), married or partnered (72.4%) and employed (76.6%), with at least a bachelor’s degree (69.3%). The majority reported an annual household income above \$100,000 (35.7%) (Table 1).

Table 1. Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
<b>County of Residence</b>	126	
Jefferson	118	93.7
Surrounding Counties	8	6.3
<b>Gender</b>	127	
Female	91	71.7
Male	36	28.3
<b>Age</b>	128	
Under 35 years	13	10.2
35-44 years	17	13.3
45-54 years	29	22.7
55-64 years	38	29.7
65-74 years	24	18.8
75 years and older	7	5.5
<b>Race</b>	127	
Black or African American	28	22.0
Non-Hispanic White	91	71.7
Other	8	6.3
<b>Education</b>	127	
Less than High School	2	
High School graduate or GED	11	8.7

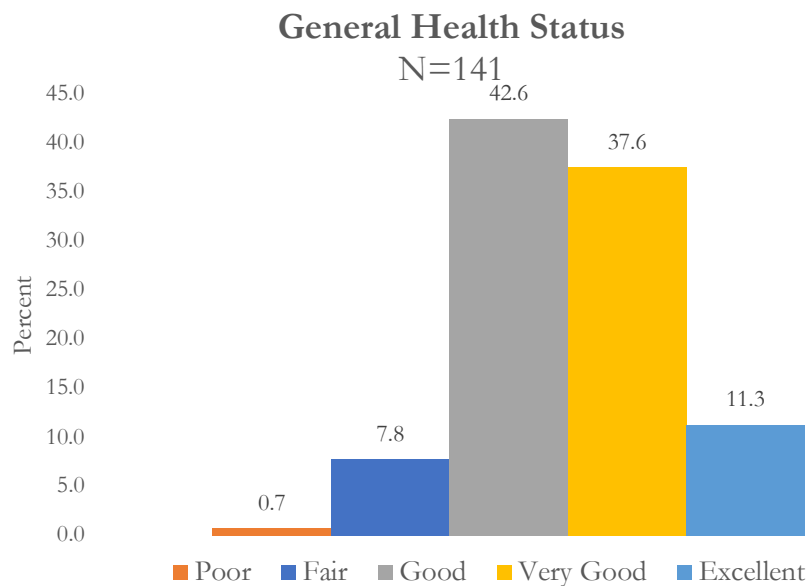
Some College or Associate Degree	26	20.5
Bachelor's Degree	32	25.2
Graduate or Advanced Degree	56	44.1
<b>Marital Status</b>	<b>127</b>	
Married/Partnered	92	72.4
Divorced/Separated	10	7.9
Widowed	8	6.3
Single/Never Married	17	13.4
Other	0	0.0
<b>Household Income</b>	<b>126</b>	
Below \$20,000	9	7.1
\$20,001 - \$40,000	8	6.3
\$40,001 - \$60,000	14	11.1
\$60,001 - \$80,000	16	12.7
\$80,001-100,000	18	14.3
Above \$100,000	45	35.7
Refused/Don't Know	16	12.7
<b>Employment Status</b>	<b>124</b>	
Full-time	95	76.6
Part-time	8	6.5
Retired	19	15.3
Unemployed	2	1.61
<b>Home Ownership</b>	<b>125</b>	
Yes	99	79.2
No	26	20.8
<b>Access to Reliable Transportation</b>	<b>128</b>	
Yes	122	95.3
No	6	4.7

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

## HEALTH STATUS

- Almost half of the survey respondents (48.9%) described their health as very good or excellent.
- Notably, about seven out of ten reported having one or more chronic conditions.
- The most common chronic conditions that respondents reported having included high blood pressure (48.2%), overweight and obesity (36.9%), and high cholesterol (35.5%) (Figures 21-23).

Figure 21. Self-Reported Health Status



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

Figure 22. Number of Chronic Conditions

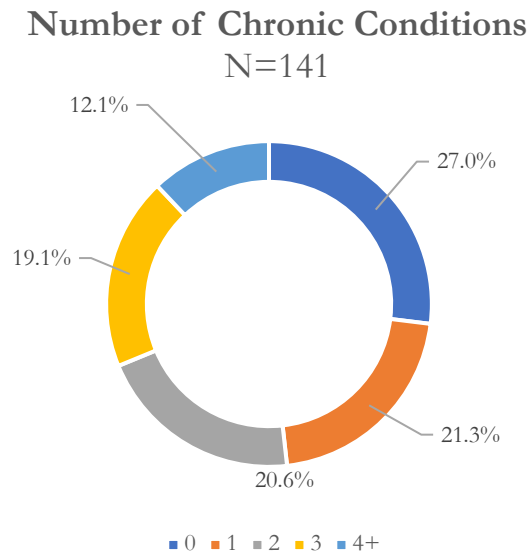
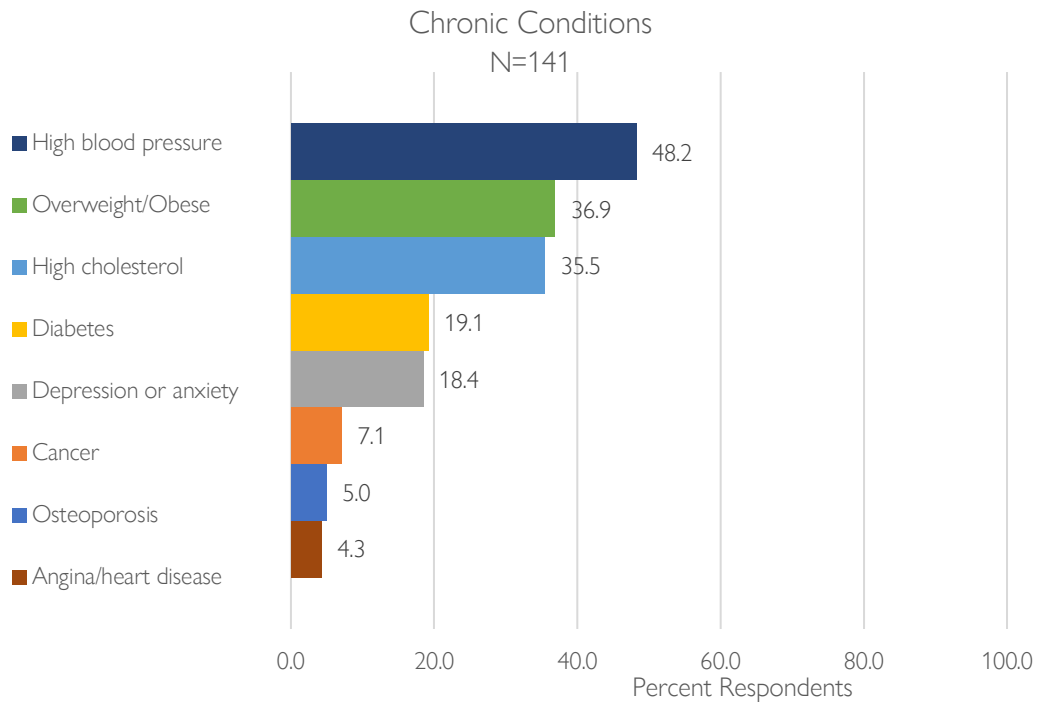


Figure 23. Most Common Chronic Conditions



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

## HEALTH BEHAVIORS

### Smoking, Nutrition, and Physical Activity

- Among respondents, approximately ten percent reported that they currently used tobacco products (Figure 24).
- Only about two out of five respondents (37.2%) reported eating the recommended five servings of fruits and vegetables daily. About two out of ten (19%) indicated that they weren't able to adhere to the recommended guidelines on fruit and vegetable intake because they didn't think about it, they were too expensive (17.5%), and they went bad before they eat them (17.5%) (Figure 25).
- Concerning physical activity, only four out of ten respondents (37.2%) stated that they met the daily recommended physical activity guidelines of 30 minutes per day, five times per week. Approximately a quarter (27%) indicated that they did not get this much activity because they were too tired to exercise or did not have enough time to exercise (23.4%) (Figure 26).

Figure 24. Smoking Behavior

Do you currently use tobacco products?

N=137

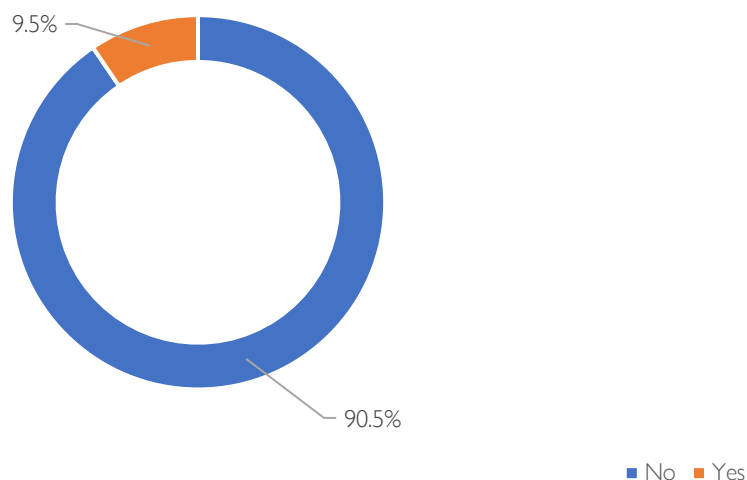
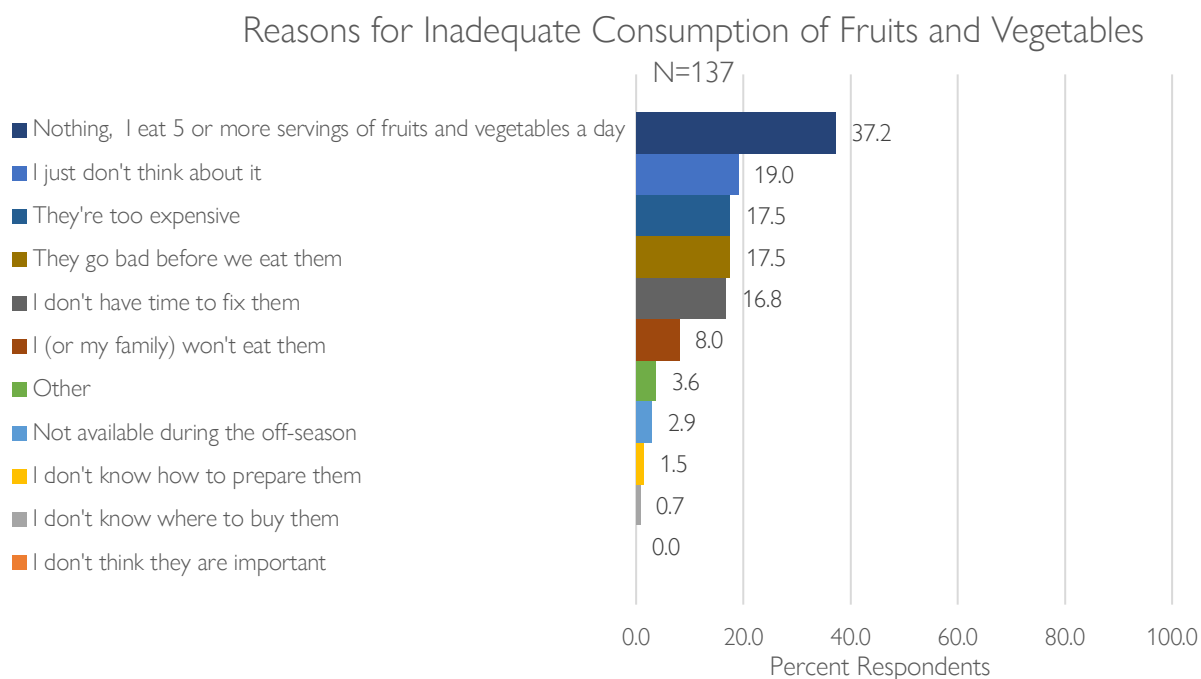
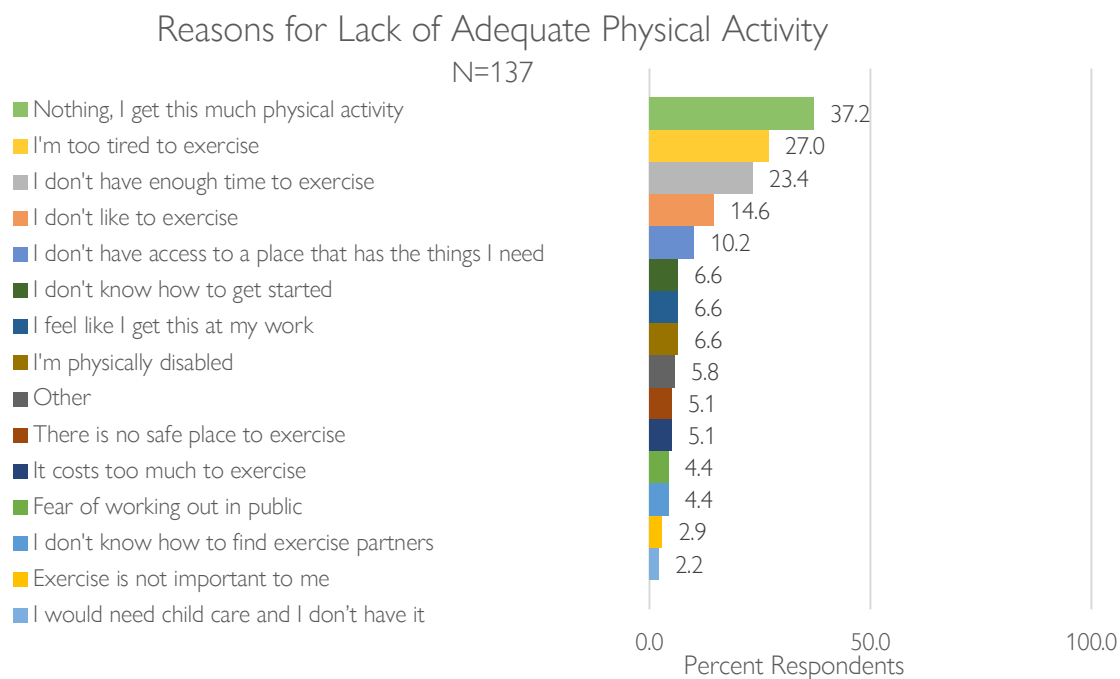


Figure 25. Fruit and Vegetable Consumption



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

Figure 26. Physical Activity



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



## Preventative Screening

Respondents were also asked about their utilization of preventative and screening services and their adherence to recommended screening guidelines.

- About eighty percent of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 27).
- More than seven out of ten (77.5%) male respondents over 40 years had discussed prostate cancer screening with their healthcare provider (Figure 28).
- Almost eight out of ten (75.4%) female respondents 50 years and older reported that they received annual mammograms (Figure 29).
- Similarly, 78.3 percent of females 21 years and older said that they received a pap smear at least every five years (Figure 30).

Figure 27. Colon Cancer Screening

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

N=89

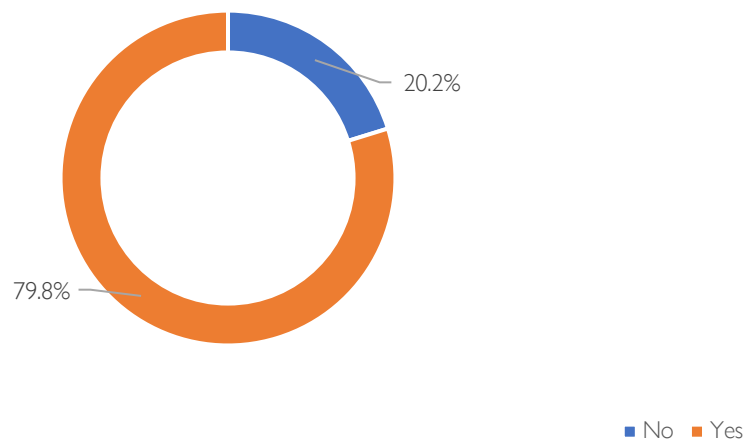


Figure 28. Prostate Cancer Screening

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

N=40

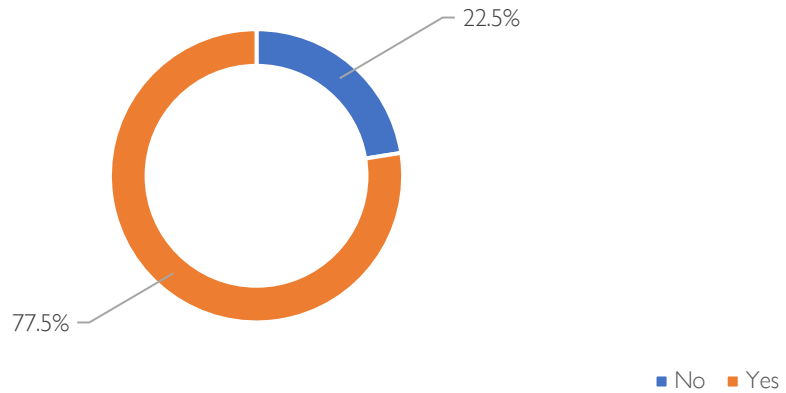


Figure 29. Breast Cancer Screening

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

N=61

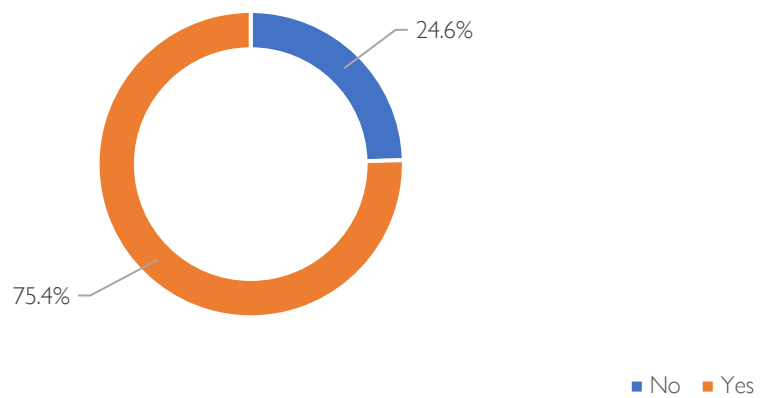
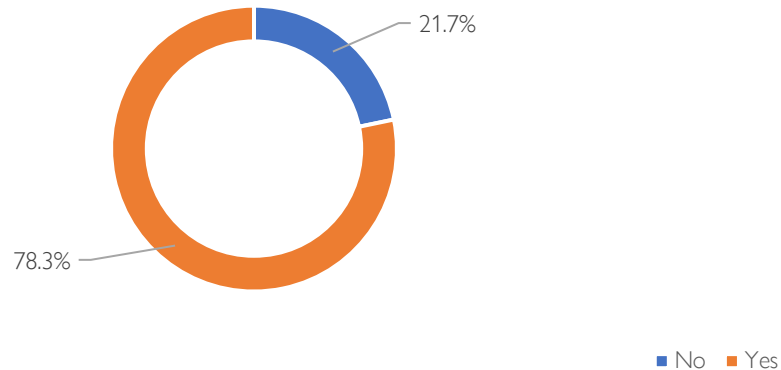


Figure 30. Cervical Cancer Screening

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

N=92



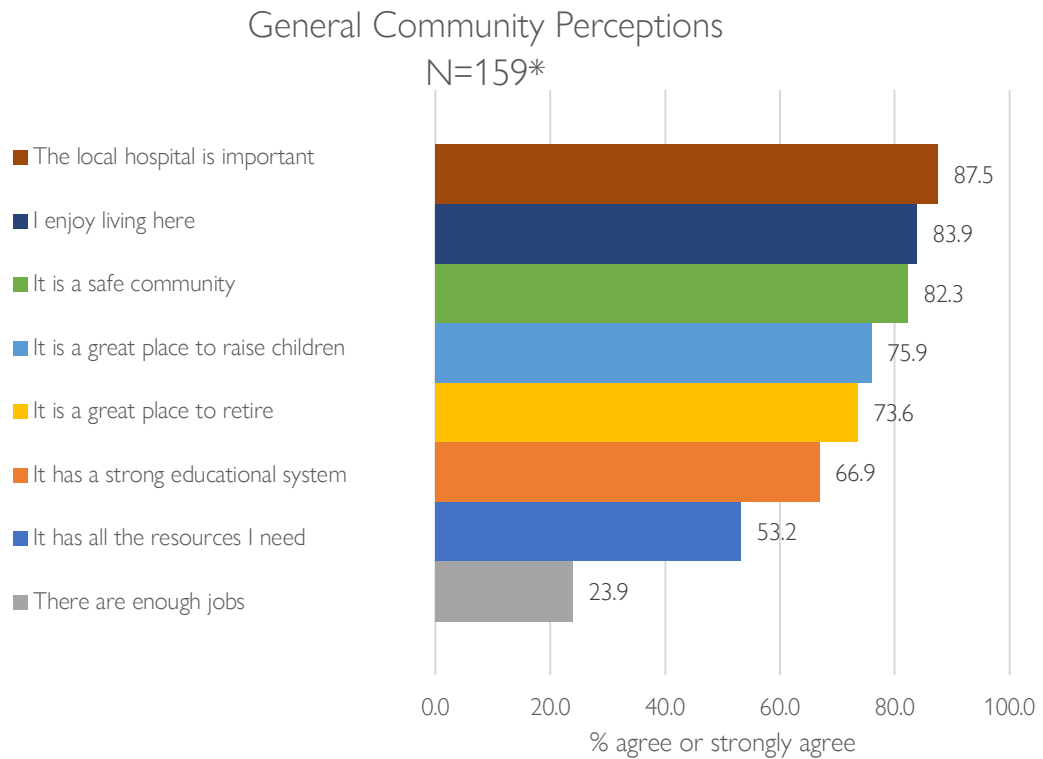
## COMMUNITY PERCEPTIONS

### General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs and resources.

- Almost eight out of ten (83.9%) respondents strongly agreed or agreed that they enjoyed living in the community.
- However, only approximately a quarter (23.9%) felt there were enough jobs.
- Almost nine out of ten respondents (87.5%) strongly agreed or agreed that the local hospital was important (Figure 31).

Figure 31. Community Perceptions



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

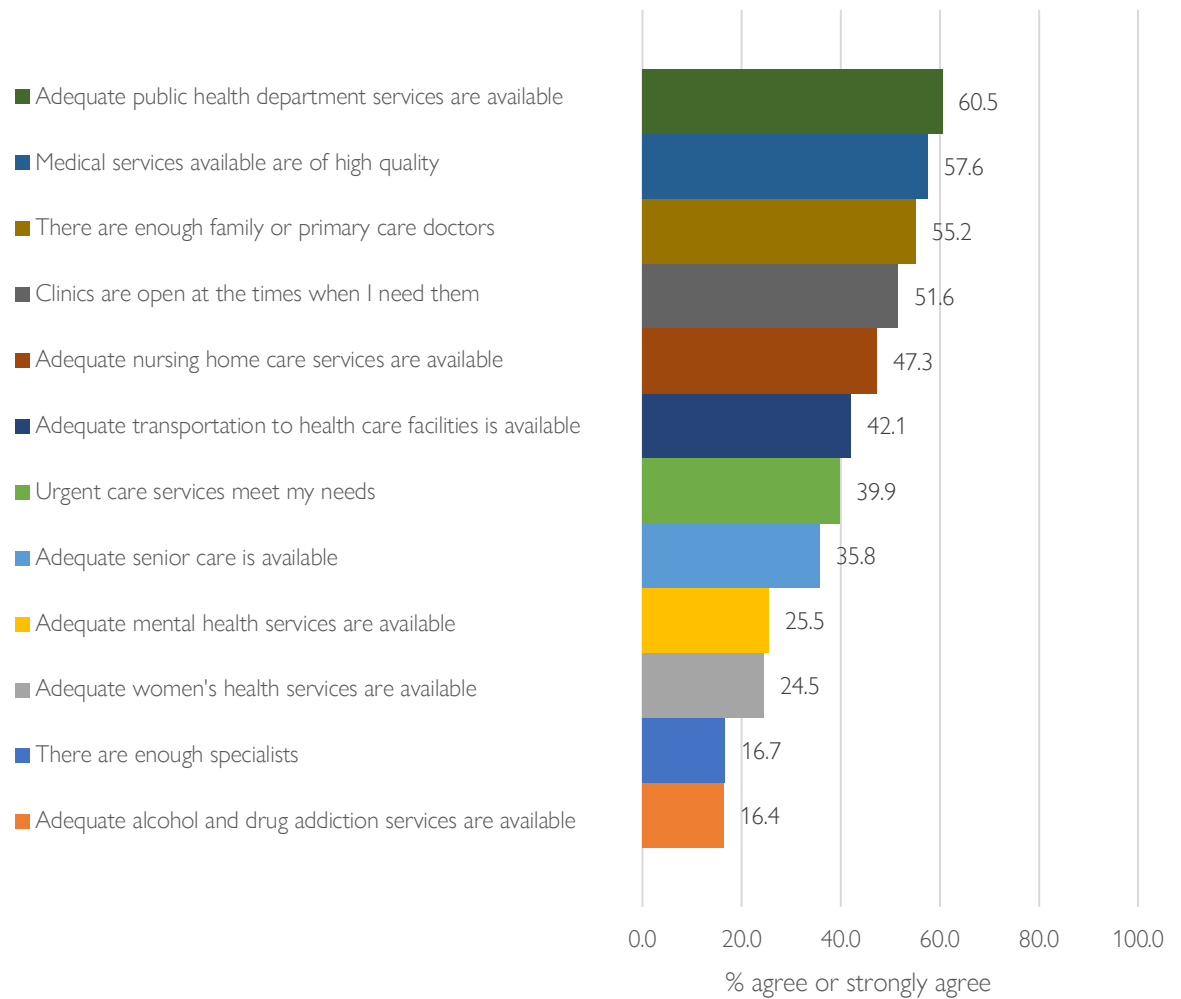
### Community Perception Concerning Hospital Services

The respondents' perceptions of the adequacy of medical services within the community were fair.

- Respondents noted inadequacies in specialty, women's health, and alcohol and drug addiction services. Just about a quarter reported the availability of women's health, and less than two out of ten reported the availability and adequacy of specialty or alcohol and drug addiction services (Figure 32).

Figure 32. Community Perceptions Concerning Health Care Services

Community Perceptions on the Availability of Health Services  
N=151



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

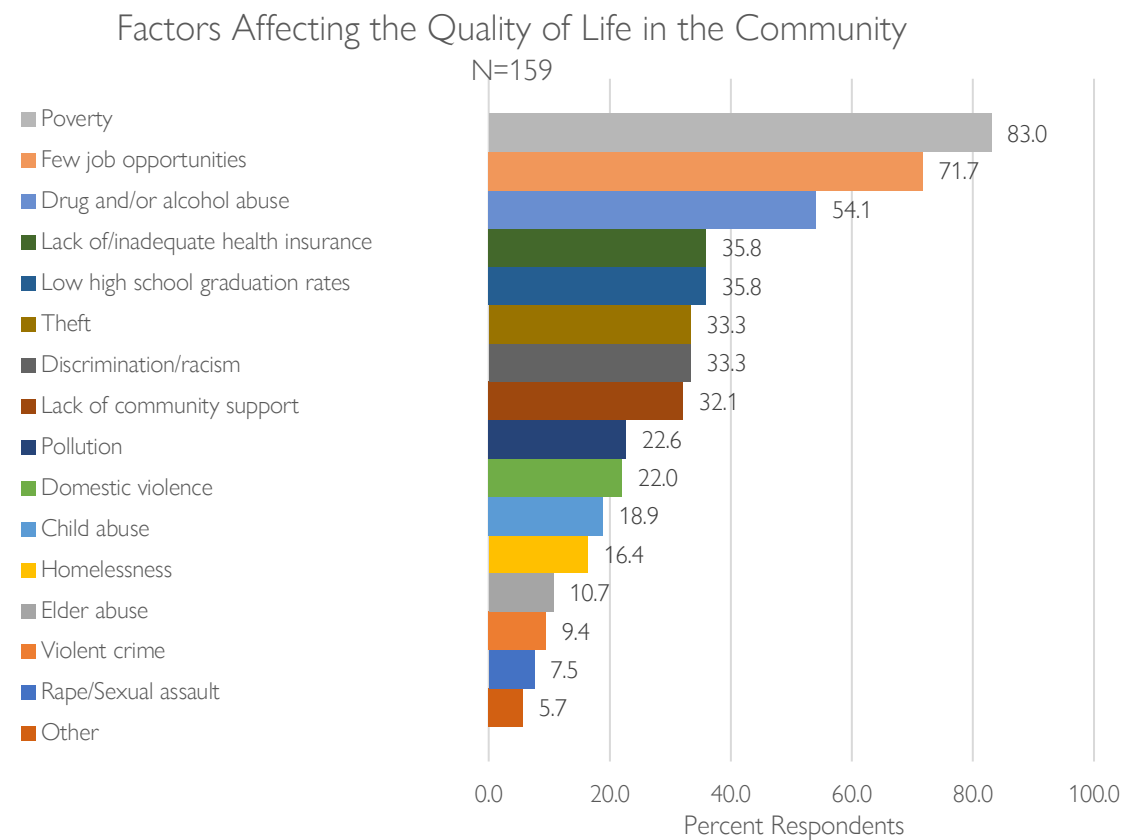
### Community Perception Concerning Health and Quality of Life

#### Quality of Life

- Respondents (83.0%) identified poverty as the most significant factor affecting the quality of life in the community (Figure 33).

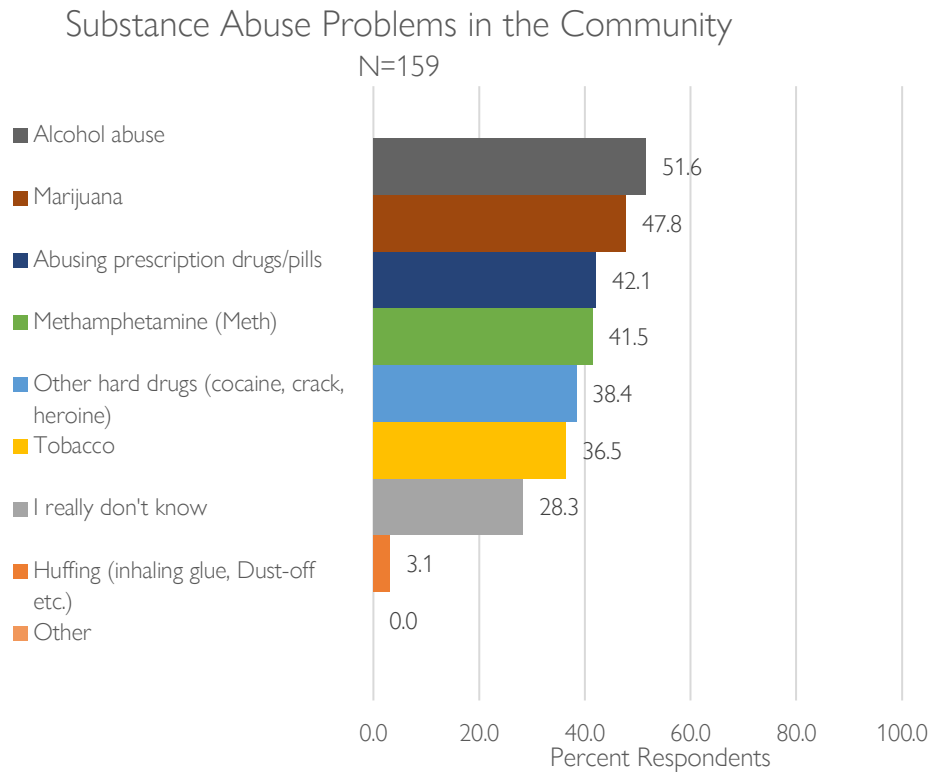
- Lack of job opportunities, drug and / or alcohol abuse, lack of or inadequate health insurance coverage and low high school graduation rates rounded out the top five concerns (Figure 33).
- Concerning substance abuse in the community, alcohol was identified as the most commonly abused substance, followed by marijuana and prescription drugs, respectively (Figure 34).

Figure 33. 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 34. Substance Abuse Problems



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

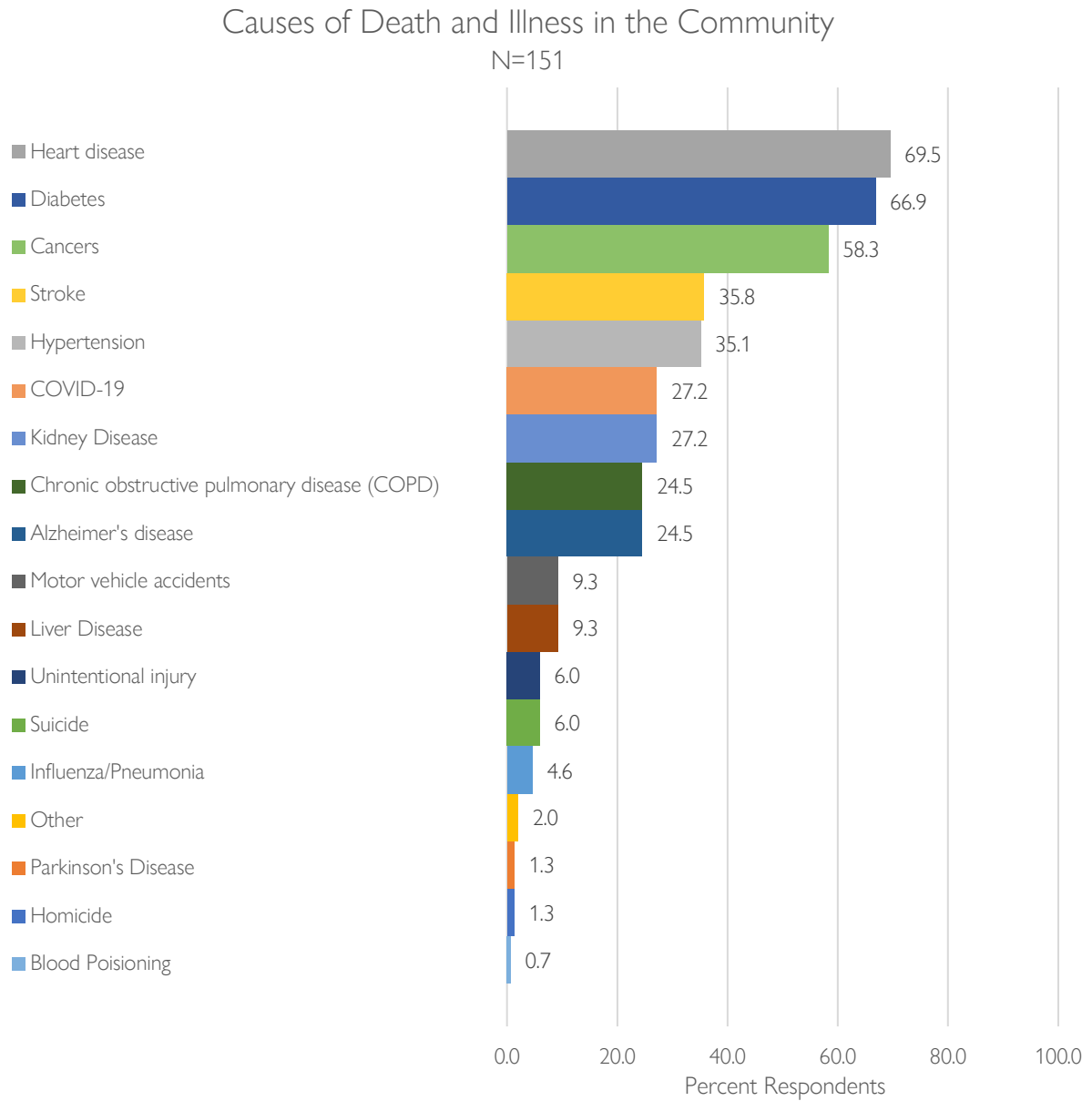
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### *Causes of Morbidity and Mortality*

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- Heart diseases, diabetes, and cancers were identified by the survey respondents as the top three causes of mortality and morbidity in the community (Figure 35).
- Obesity/overweight, physical inactivity, and substance abuse were identified as the top three negative influencers of health in the community (Figure 36).
- Improper nutrition, dental hygiene, and internet and social media use were identified as the top three negative influencers of children's health (Figure 37).

Figure 35. Causes of Mortality and Morbidity



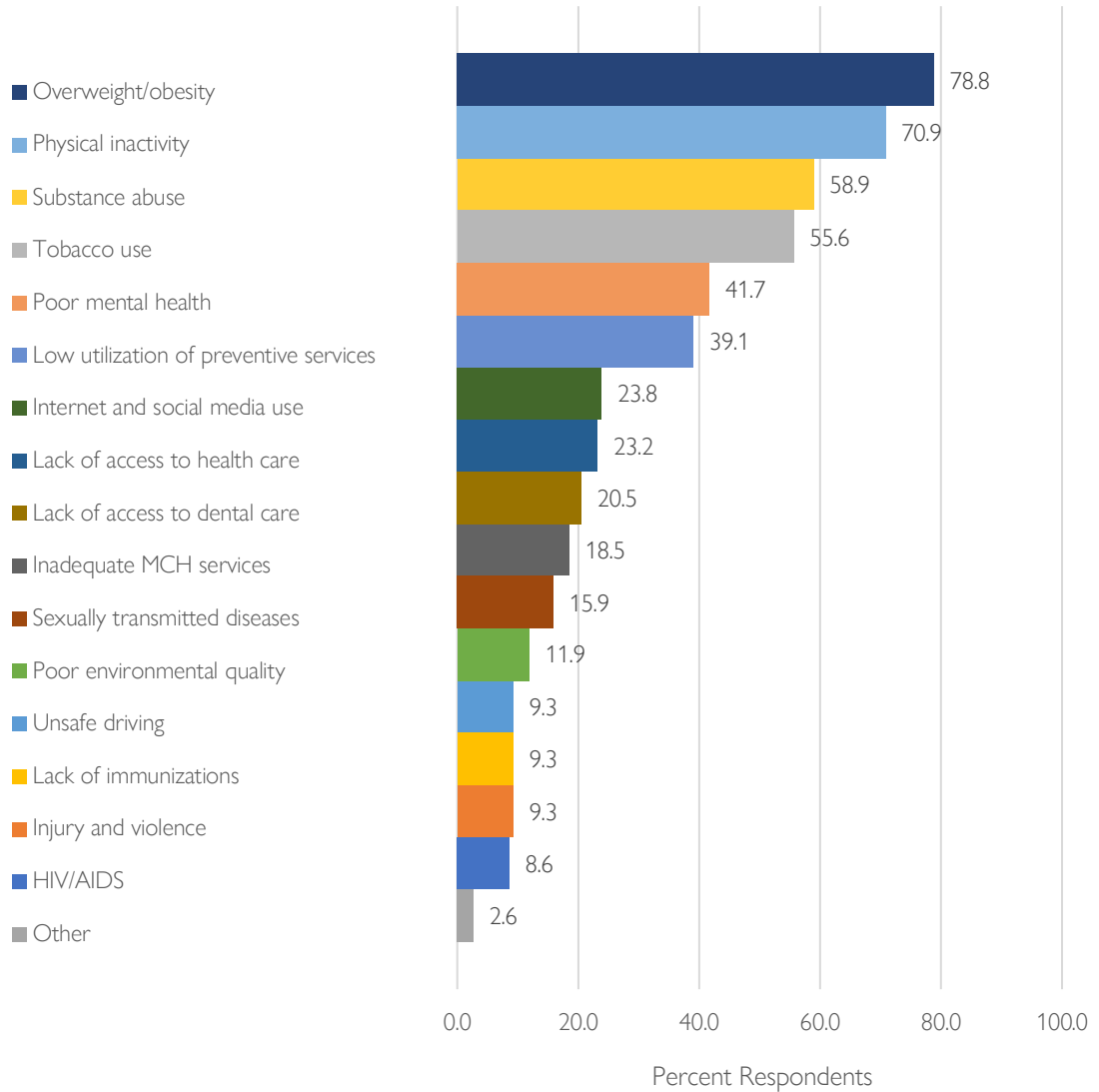
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.



Figure 36. Negative Influencers of Community Health

Negative Influencers of Health and Disease in the Community

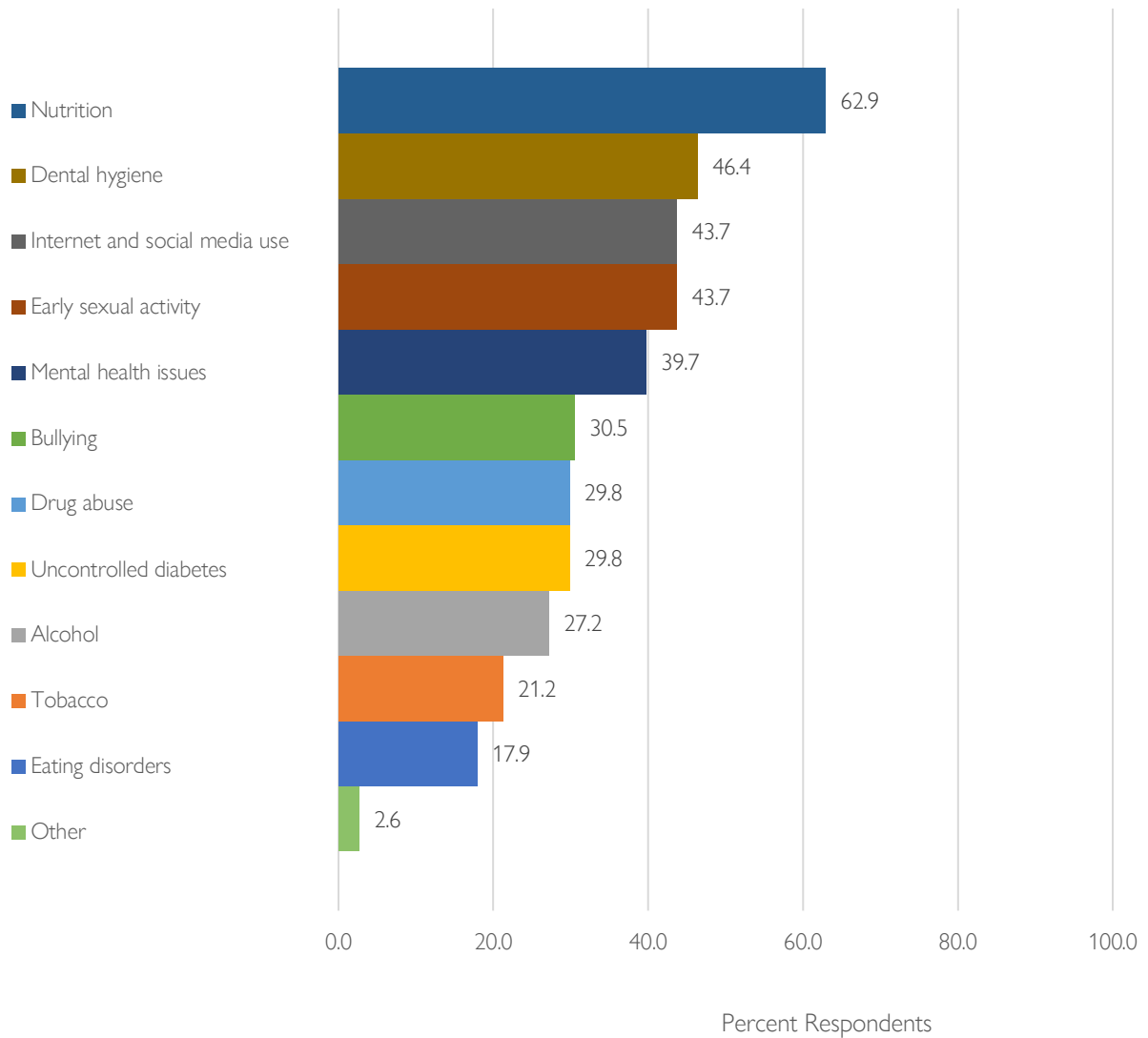
N=151



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

Figure 37. Negative Influencers of Children's Health

Negative Influencers of Health and Disease Among Children  
N=151



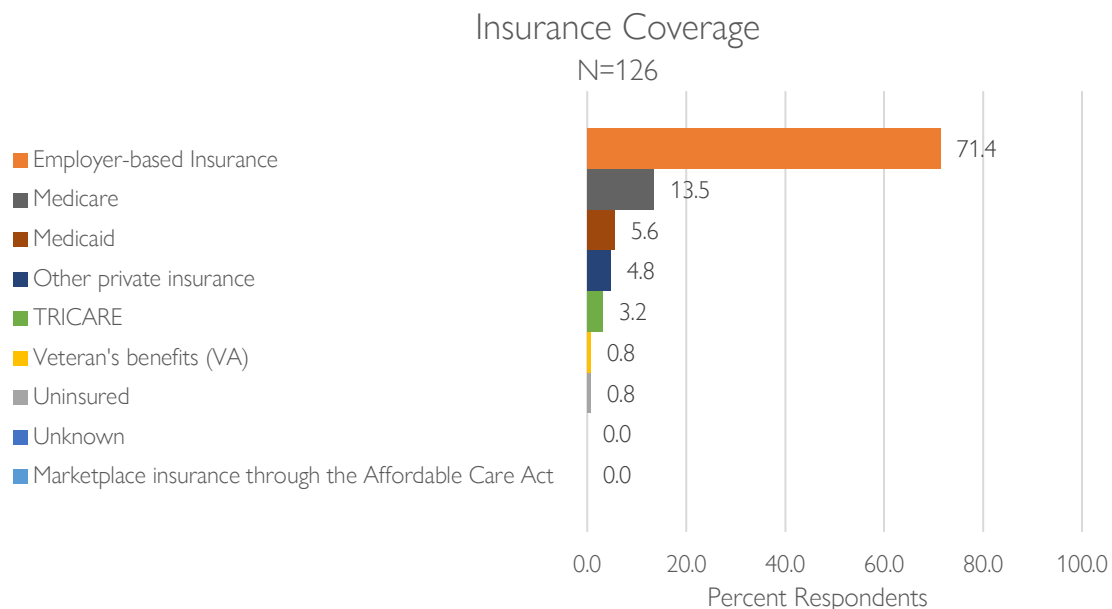
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

## HEALTH CARE ACCESS

### Insurance Coverage and Usual Source of Care

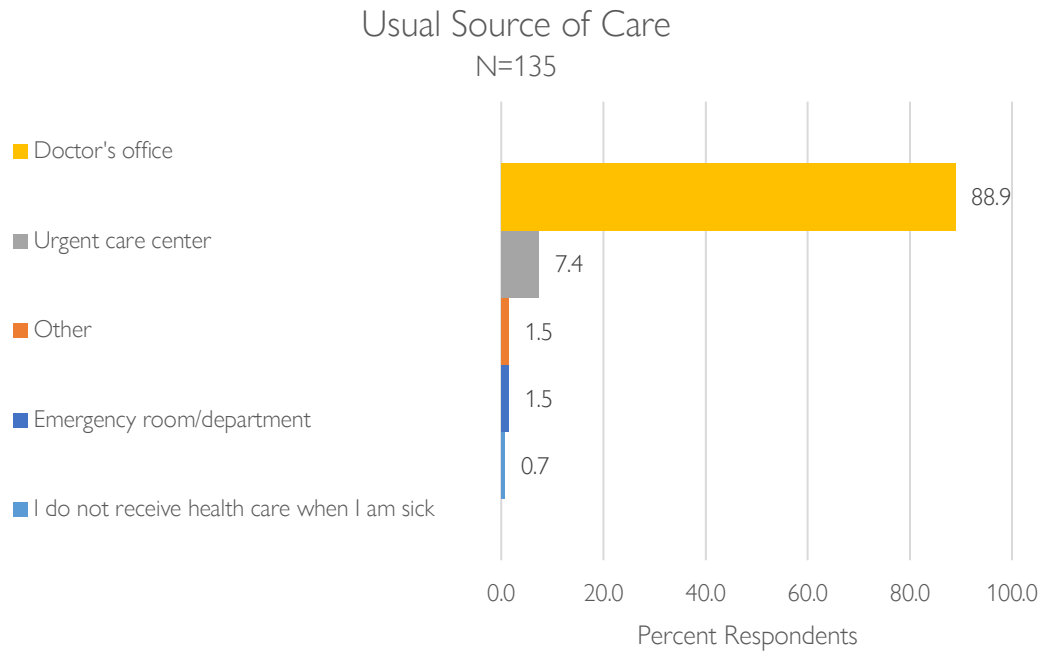
- Almost three-quarters of survey respondents (71.4%) reported that they had insurance through their employer (Figure 38).
- Majority of the respondents (88.9%) identified their usual source of care as a provider in a doctor's office setting (Figure 39).
- About two percent identified the emergency department as their usual source of care (Figure 39).
- Respondents most commonly identified their health care provider as their source of health information (90.5%), followed by the internet (41.6%), family and friends (35.0%), and pharmacists (29.9%) (Figure 40).

Figure 38. Insurance Coverage



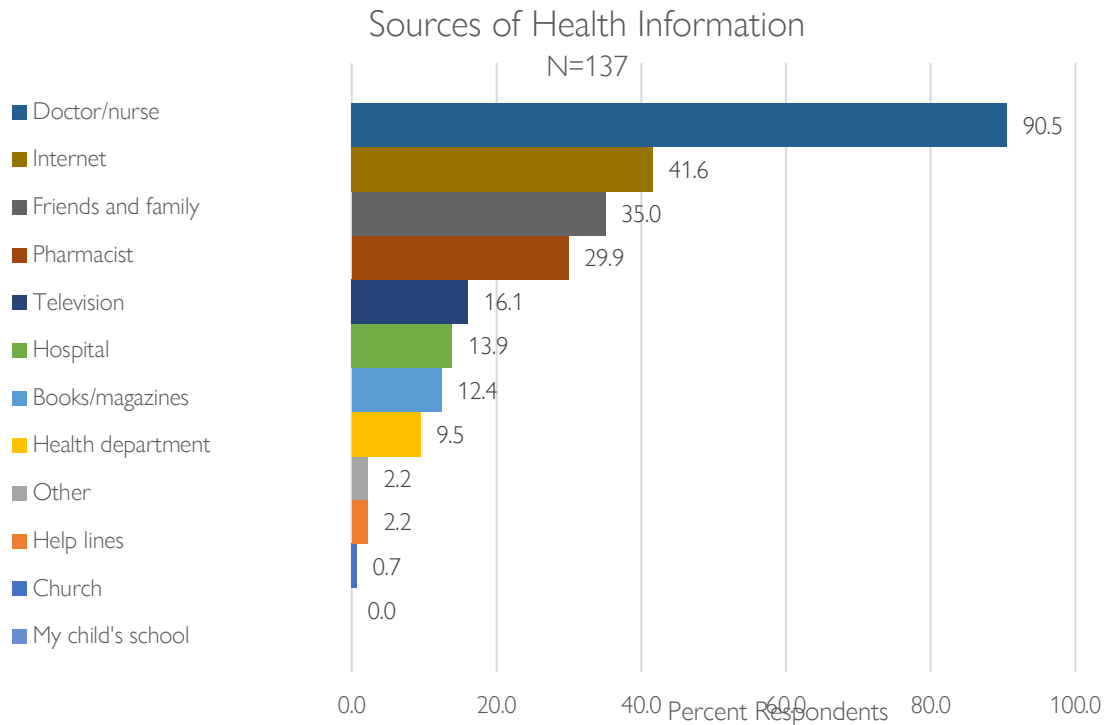
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 39. Usual Source of Care



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

Figure 40. Sources of Health Information

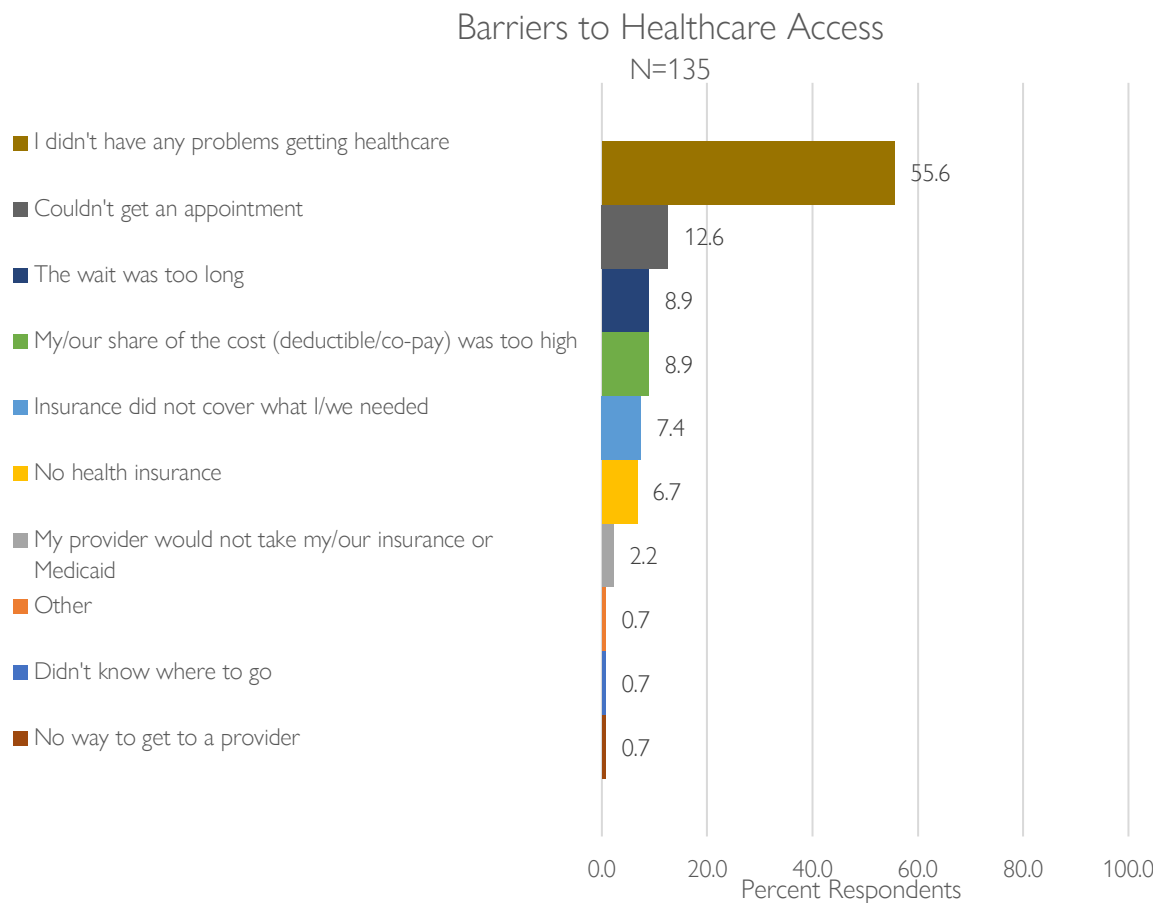


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

### Barriers to Health Care Access

- About four out of ten respondents reported experiencing barriers to healthcare access in the past 12 months, including difficulties getting medical appointments (12.6%), long wait times (8.9%), and high costs (8.9%) (Figure 41).
- Respondents were open to the use of telehealth to expand access to specialty care. About eight out of ten respondents were willing to access specialists via telemedicine if the local hospital offered specialist telemedicine services (Figure 42).

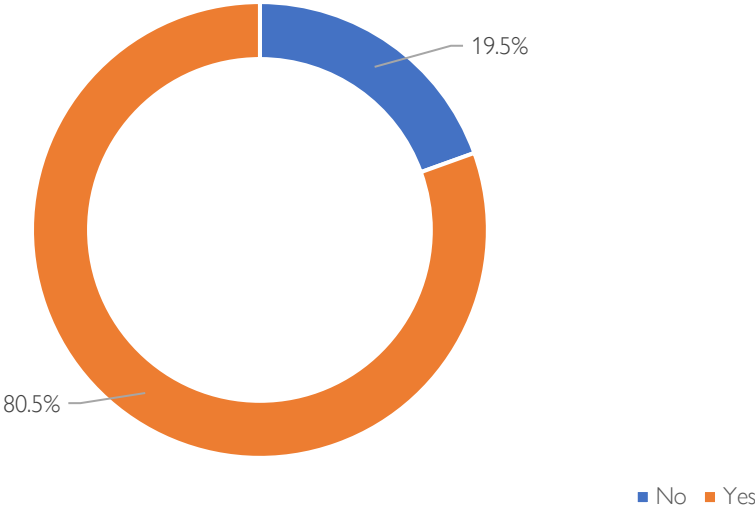
Figure 41. Barriers to Healthcare Access



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

### Figure 42. Willingness to Use Telemedicine

If offered by your local hospital, would you be willing to consult a specialist via telemedicine?  
N=123



## SUMMARY POINTS FROM COMMUNITY SURVEY

Respondents were mostly younger White educated females residing in Jefferson County.

### Health Status and Behavior

- High blood pressure, overweight and obesity, and high cholesterol were the most commonly self-reported chronic conditions.
- Adherence to nutrition and physical activity guidelines were low among respondents.
- Reported adherence to cancer screening guidelines were generally high among participants.

### Perceptions about the Community and Community Health

- Respondents had a favorable view of the community but were dissatisfied with the availability of jobs and resources, specialty health care services, alcohol and drug addiction services, and women's health services.
- Respondents also identified poverty as the most significant factor affecting the quality of life in the community.
- Cancers, heart diseases and diabetes were identified as the top three causes of illness and death in the community, while obesity/overweight, physical inactivity, and substance use emerged as the top three negative health influences.
- About half of respondents reported experiencing one or more barriers to health care access in the past 12 months, with difficulty getting an appointment being the most common barrier.
- Respondents were open to the use of telehealth to expand access to specialty care.

## COMMUNITY FOCUS GROUPS

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### Participant Characteristics

*“For me, being in a small community that's a family type community – I've lived in large cities before where nobody knows anybody, but I like the small community where everybody knows everybody.”*

Three focus groups of key stakeholders were conducted via zoom in July of 2022, with a total of fifteen participants representing different and vital aspects of the community. Participants represented local business interests, church groups, healthcare workers, public health workers, and hospital employees. The focus group sessions lasted 29 minutes on average.

### Emerging Themes

The following sections provide details of the overall findings and themes grouped by commonalities across the three focus groups.

#### Community Perception Overall

Participants, overall, described the Jefferson County community as a tight-knit and supportive one with residents who are aware of the community's needs and opportunities. They identified different challenges and health issues that are present in the community and suggested numerous strategies to address these issues.

*“Well, I enjoy being in a small community. It's pretty tightknit. We all know each other. And everyone is here to help each other really resource-wise and in terms of healthcare. We have to work together to provide for our residents.”*



## STRENGTHS: Tight-knit Community, Community Collaboration, Economic Growth

The focus group participants emphasized several strengths of Jefferson County. One prominent strength is the communities' strong **connection and family feeling** due to the county's engagement in solving issues that affect its members. Similarly, Jefferson County was described as a place where community members are supportive of each other. Lastly, community members discussed the economic development of the county as being more focused on what the industry has to offer.

"There was a kind of family connection. I, too, agree with that. The small community atmosphere is very much – is what I like. And being in a community where everyone knows everybody, and everybody can communicate or relate to the issues of most of the people within the county. So, that's what I like about it."

"I feel like a lot of people here work in the industry. We've got several top plants. So that's where a lot of, I guess it's not to be – a lot of the male workforce works in that type of industry, and we also got Battle One Burn, different companies like that attract people for the job force."

## CHALLENGES: Poverty, Nutrition, Housing Affordability

Despite the strengths, participants discussed various challenges that exist in Jefferson County and that impact the health and well-being of its residents. Poverty is one of the main issues that severely impacts the residents of the county, and it has been exacerbated by the Covid-19 pandemic. Many families are low-income, and with the recent inflation rates they struggle to cover their basic needs.

"Okay. That was the part I was missing. We're kind of a rural area so, I think there's a lot of people that kind of live paycheck to paycheck. And with the cost of everything going up right now, we do have a lot of struggles with gas and groceries and things such as that."

"..and we see more and more struggles with just basic household essentials – paying the household utilities and maintaining their mortgage payment and those kind of things. And so, it very much – we see a lot of people living exactly like she said earlier –

from paycheck to paycheck – sometimes falling short of a paycheck. And so, it is a struggle right now.”

**Healthy eating can be a challenge** for the community members because healthy foods are more expensive and because most restaurants in the community offer fast-food options.

“As far as nutrition-wise, most of the restaurants we have are gonna be fast food. So that’s – if you’re wanting to eat out, there’s not many options for the healthier chose, I guess. But we do have facilities like the YMCA, and I believe it’s Capital Fitness in Louisville would be – would want to participate in physical activity. I don't know that we necessarily have all of the resources to be able to purchase those. I think financially some of our community members may not be able to choose the healthier option. As we know it produce can be very expensive for many, and they may need to spread those monies across in different areas besides that to have a good quality of life here.”

It was also noted that there **is limited availability of housing options**, and affordability can be a challenge for newcomers in the county, limiting further growth.

“I personally believe housing is an issue for our community just because I am currently in the housing market, and we don't really have anything to choose from because there's not much here housing-wise. And it’s few and far between that something’s for sale even or for rent. So, it makes it challenging. And that also presents a challenge for those that may want to come to the community. There is no way for them to live.”

“I agree with everything he just said. We have a care coordinator who struggles every day trying to find meals for people and housing for people because there's so many that just have lost everything with the way the economy has been lately.”

## Health-Specific Community Characteristics

Themes: Cardiovascular Diseases, Obesity, Mental Health, Specialty Care

Across all focus groups, the top health concerns in the county were cardiovascular diseases, obesity, and mental health conditions. Other key conditions include diabetes

and lack of specialty care. Participants highlighted the need for more cardiologists and more **health education** to address this need.

“I think diabetes would be one of 'em. And that's just because I see so many people being on dialysis and that kind of thing.”

“Education for diabetes and hypertension. It's sad that it costs more – when you go to the grocery store, it costs more for fruits and vegetables and things that are good for you than all the junk food. Junk food is cheap, and people are living from paycheck to paycheck, struggling to pay, have groceries. They're gonna choose that item that's cheaper over the more expensive. But education is big on those things.”

“From my perspective, what I'm seeing is we need more, I guess, maybe education in male health issues. I see a lot of people having to take dialysis, and that concerns me. The high blood pressure issues within the community concerns me. Also, with the – well, high blood pressure and dialysis, all that kind of goes into being obese areas. And so, obesity, again, is another problem that I see.”

Failure to having health checkups or preventative services seems to be an issue in managing chronic conditions.

“But, in general, I think I'm in pretty good health. Otherwise, like a lot of men, I don't attend – get physical checkups like I should, and I know that.

I don't attend the doctors as often as maybe I should, and I grew up in a society of – you know, work's area of public service where I tend to give more than I – look after other people more than I tend to look after myself. So, that's my shortcomings.”

## Healthcare-Specific Community Characteristics

Themes: Health Insurance, Specialty Care, Transportation

Focus group participants discussed many barriers that influence residents' access to healthcare services. **Health insurance** is very challenging; there are certain low-income segments of the population that lack health insurance or for which deductibles are very high and not affordable. Participants stated that navigating health insurance plans and choosing the best option is often complicated and challenging. Even when residents have health insurance, the coverage is limited.

“Yeah. I have to agree with that one, too. It's very much – very difficult to find money to be able to afford good health insurance.”

“I feel like most of the population would consider their insurance to be very expensive. I can't speak for everyone, but I mean I feel like that's the consensus that if you have a family-owned, an insurance plan, but it's going to eat a chunk of your paycheck is really what I hear often.”

“I had to purchase my own health insurance, and I found that it's much more difficult than I ever thought it would be just maneuvering the – figuring out what type of health insurance I want or I need. And even when I did find a health insurance carrier, at one point, I had to wait until the sign-up period or something, which I don't understand that. Then, the next thing, I had to figure out how to – whether I wanted a PPO or something else, and it just – almost you gotta have someone that deals with health insurance to be able to guide you in the right direction of which – where you need to go. It's not a user-friendly system. Not to me, anyhow. I don't know. ”

“But I do know that there's a lot of other people out there in the same position I am – where they retired from a position and now, they need health insurance, and they're finding that they have to go through the same thing. And, in some cases, they feel like it's not worth the aggravation, and they'd go without health insurance, which is not good at all. But it's a problem.”

“And then, when you do, after you've spent your money paying for the health insurance, then, they don't pay a whole lot so then, you have all the bills left over from what they don't pay.”

Transportation was also discussed as a barrier to receiving healthcare services, as it is limited and does not adequately meet their needs.

“I think one barrier we have is travel. A lot of people can't get to where they need to be because of lack of a vehicle. We do have Jefferson Transit that carries many of our patients to and from appointments, and that kind of thing of. Something just speaking from the hospital perspective that we have kind of amped up is our wellness program to kind of monitor those patients' health. And we're working on doing some chronic care management and trying to get those patients that may frequent the ER and don't have a primary care provider, getting them on a steady schedule and just ensuring their

overall health is where it needs to be, and they're having their annual screenings, etcetera."

"But the transportation that we have now is limited. It's not all week long."

## Hospital's Role in Advancing Community Health and Wellness

Themes: Professionalism, Community Involvement, Social Media Presence

Focus group participants mentioned numerous aspects that they enjoyed about the hospital. Participants expressed high appreciation and satisfaction with the **quality of services** that they have been receiving from the hospital. They appreciate the level of care and the proximity of the hospital. The only instances in which they didn't use the hospital services were when they needed specialized care.

"Because it's local, and my experience there has been very good and excellent. And since I'm an economic development person, I go out of my way to buy and get everything I can locally."

"I've always used the hospital. I never had a reason to turn my back and decide otherwise. The only reason that I would use a provider in Augusta is simply for a specialty doctor like a heart doctor like we just previously said. We just don't have that access in Jefferson County."

"I've been fortunate with health that I haven't had to use the hospital, but yes, I would use it if I needed it."

Participants also noted that the hospital participates in numerous community events.

"I think that they're doing quite well with community events. So, that's basically the area that I work in now, and we have partnered with the hospital to do some community events in the past, as well as now. And so, for that reason, I feel like they doing really good as far as community events."

"They're very involved. You see social media posts. Health fair stuff. They're very

involved.”

I would just add that they’re very professional if you have to put something in because we’re proud of our hospital here in Jefferson County.

They stated that the hospital uses a variety of **communication means**, which has helped increased residents' awareness of the services offered.

“We've always found out, mainly, through physicians' offices. Now, I have – I do know that they do now – they doing some advertisement over the local radio station, that kind of thing about special services that's available, and that's very helpful.”

Participants also noted that the public’s trust and the reputation of the hospital have improved over time.

“There’s been a lot of change as far as the community outlook on our local hospital. I think they're more trusting of our local hospital than they used to be. And then just you’re able to see things. There’s a lot advertisement for the hospital that’s positively reflected for the community. And then the additional services too that have come about.”

“And just to piggyback off what Lee said earlier, I feel like the community outlook on the hospital has definitely changed than what it was in the past. I feel like it's much more favorable. And they look forward to utilizing the services they have right here rather than choosing a competitor of ours. Like they want to support the hospital, and they understand that the services we provide are at the same level as those they may receive in the August area. We are upgrading the equipment to have that technology to provide the more efficient services and results. And I definitely feel like it's more favorable if we're speaking about currently.”

### Health-Specific Wish List Items

Themes: Health Education, Enhanced Community Outreach, Preventative Services

The focus group participants were asked about their personal wish lists for services and resources that could bring improvements to the overall health of Jefferson County residents. Participants suggested several strategies that could help with addressing the

health challenges and barriers that the community currently faces. Health education for chronic conditions such as hypertension, diabetes, obesity, and pain management are key needs.

“From my perspective, what I'm seeing is we need more, I guess, maybe education in male health issues. I see a lot of people having to take dialysis, and that concerns me. The high blood pressure issues within the community concerns me. Also, with the – well, high blood pressure and dialysis, all that kind of goes into being obese areas. And so, obesity, again, is another problem that I see.”

Improved Community Outreach was also highlighted as an important way to reach out to low-income residents, and also to address issues such as stigma or mental health.

“And, in addition to that, even if we had some – like, somebody like what she was talking about – with a liaison that could go out into the community. So, the people that, again, I deal with quite a bit, are less likely to seek services until they actually have a problem. So, we need someone to be able to go out into the communities – low-income communities as well as also where they can actually bring awareness to what the hospital has to offer and the different services within the community that they can easily access, and getting rid of some of the stigma around different things such as mentally ill – mental problems as well as diabetes problems, heart attack problems. Just get someone that can go out into the community and work with the community where they are and meet people where they are.”

A need to increase screening services participation from community participants was also highlighted, especially for the proportion of the population that lacks health insurance.

“Okay. So one of the things that I think we could, as a community, providers could do better is promoting cancer prevention services. Seeing a lot of people come through the health department, you know, we do mammography. We do pap smears. And the abnormal stuff that has come back post-pandemic has been pretty enormous. Pushing colonoscopies, especially we have a high number of people that don't have health insurance that fall in that category that need colonoscopies.”

## Hospital Strategies for Approaching Community Health

### Themes: Stronger Collaboration Partnerships, Improved Communication

When asked to think about possible collaborations that the hospital could use to improve the health of Jefferson County residents, focus group participants offered up several ideas for consideration. They suggested that strengthening collaboration and partnerships with community members and community organizations is an efficient way to address the health needs of the residents.

“I don’t consider myself old even though I am. But I have a flip phone and I do use social media a little bit. But I have seniors that don’t have access. They can’t read, and they can’t even dial a phone. So, I have to think about those people, and that’s the ones that I have to extend myself to.”

“And it also – just to add on to what she was saying – it would also help with the collaboration between the community and the hospital as a whole if we had someone in place like that. And that way, you would have that collaborative effort where the hospital know what's going on – I'll just throw some of the agencies out – like the health department, and family connection as a whole. Be able to pull together these different organizations, be able to discuss what's going on with the issues of the hospital and also, bring awareness as to what the hospital has to offer the community. And then, these outside agencies can be aware of what the hospital has in place more so than what they are right now.”

Participants also highlighted a need for the hospital to increase its efforts in improving communication with community members and patients receiving care. Furthermore, participants noted the needs and challenges of vulnerable segments of the community, such as the elderly, low-income families, and individuals who can't read in receiving information through social media and online sources.

“The public relation is not where it needs to be. I don't know if it's just they need more public relation training or what, but it's not a friendly atmosphere for people who are sick and confused or not understanding exactly what they're needing. We need a little bit more personal feeling there, I guess – especially when you're dealing with a



community like Jefferson County, where everybody basically knows everybody. You should be having a little bit more compassion for the people that walk in and not treat them just like a number and not have time to wait on them like you should. It's just not that friendly of an atmosphere anymore to me."

"I'm gonna agree with what he said. I've seen it first-hand in the past, but when people know that you're in health care or you have a different position, they do treat you different when they come in, but everybody needs to be treated the same. It doesn't matter whether you're there for – because you stumped your toe or you broke your toe. Everybody should be treated with respect, and like they matter. And I have – We have patients that come in, and they complain because, "Well, I know, I was having this, and I went to the hospital, and I don't feel like they listened to me. I don't feel like they did anything for me. They just gave me a pill and sent me on my way and told me to follow-up." But people need to be talked to instead of just, "Oh, yeah. Take this pill and you can go."

## Conclusion

In summary, focus group participants, many 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 Jefferson County residents were introspective and informative. In particular, participants advocated for initiatives to assist residents who may face financial challenges and others who have transportation issues for both daily needs and for getting to healthcare appointments.

Creating more opportunities for chronic conditions education and increasing engagement with preventative services was a strong theme, given concerning trends of cardiovascular diseases and other chronic conditions. Participants suggested adding more specialty services to increase access to some specialty areas that are highly needed among community members. Finally, recommendations for the hospital to enhance its communication with the community members were discussed to improve overall community health and the hospital's reputation.

## SUMMARY POINTS FROM COMMUNITY FOCUS GROUPS

Thirteen participants took part in the community focus groups. Participants discussed barriers and facilitators to health and well-being within Jefferson County, GA.

### Perceptions about the Community and Community Health

- Jefferson County is a close-knit and supportive community.
- The County experiences challenges including high prevalence of conditions such as mental health disorders, cancers and childhood obesity.

### Barriers and Facilitators of Health and Well-being

- The hospital is engaged within the community and is considered an asset for improving health and well-being
- However, there are resource limitations in the community that limit health and well-being, including limited access to transportation and recreational opportunities.
- Access to care is constrained by the lack of specialty health services and affordable health care coverage.

## PRIORITIZATION OF COMMUNITY NEEDS & IMPLEMENTATION PLANNING

### LAST IMPLEMENTATION PLAN

CHNA / Implementation Strategy	Impact of Actions from 2019 to 2021.
Address the lack of local mental health and behavioral health facilities for both crisis and outpatient treatment options	<ul style="list-style-type: none"> <li>- Inpatient behavioral health unit opened in November 2021</li> <li>- Intensive Outpatient Clinic opened in August 2022</li> </ul>
Address the need for more community education on substance abuse issues for both adolescents and adults. Also, address the need for education regarding personal care/accountability, taking control of one's health, and a healthy diet	<ul style="list-style-type: none"> <li>- No progress on this type of education to date. The pandemic created a barrier to providing in-person education</li> <li>- Continue to evaluate opportunities to provide community education in the coming years, collaborating with other community partners</li> </ul>
Address the need for communication of available community resources, lack of transportation, and availability of free and low-cost health screenings for common diseases	<ul style="list-style-type: none"> <li>- Updated our community resources guide and added to our website</li> <li>- Working through a HealthIE Georgia grant to provide free transportation to patients discharged from BHU with no other transportation</li> <li>- Pandemic delayed the scheduling of community education meetings</li> <li>- Wellness program initiated in our rural health clinic to schedule Medicare patients for annual wellness visits (at no cost to them) and expanding to all clinic patients in 2022-2023</li> </ul>

<p>Address community needs on adolescent sexual behavior, substance abuse, and birth control. Also, encouraging a higher level of parent engagement and accountability for better adolescent health</p>	<ul style="list-style-type: none"> <li>- The pandemic created a barrier to expanding education over the last 2 years.</li> <li>- Continue communications with local schools, health departments, etc. to determine the next steps to increase education in the community</li> </ul>
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## 2023 - 2025 IMPLEMENTATION PLAN

Community health needs were prioritized using a modified nominal group technique, which included a brainstorming session followed by a detailed discussion and ranking of identified potential priority areas. Three focus areas were prioritized following the present CHNA cycle, which generally aligned with those emerging from the community input. The goals, objectives, and activities developed under each priority area extend previous efforts to improve community health education and access to addiction and mental health services. Below, goals, objectives, and an implementation plan are outlined for each focus area. See the Implementation Plan on the following pages

**Priority Area One: Outreach Education**

ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
<i>Goal: To increase outreach education activities in our community</i>					
<i>Objective 1:</i>					
Community Liaison & Educational Program	<ul style="list-style-type: none"> <li>-Develop position and job description</li> <li>-Recruit a qualified individual</li> <li>-Develop an educational program to include but not limited to, smoking cessation, diabetes, hypertension, Medicare, etc.</li> </ul>	Q3-Q4 of 2023	<ul style="list-style-type: none"> <li>-Number of educational opportunities provided</li> <li>-Number of attendees</li> </ul>	Administration	Chamber of Commerce, county/city officials, religious groups, Health Department, Sheriff's Department, EMS, Board of Education, Hospital Board, Hospital Foundation, surrounding primary care offices, Medicare advocates (Beau Miller), insurance representatives, Premier Health Group, referral sources
<i>Objective 2:</i>					
Expansion of Care Coordination/Wellness	<ul style="list-style-type: none"> <li>-Hire a mid-level to focus on wellness and care coordination</li> <li>-Pursue existing opportunities in terms of our</li> </ul>	Ongoing	<ul style="list-style-type: none"> <li>-Volume of patients participating in the program</li> <li>-Volume of patients</li> </ul>	Care Coordination Team, Administration	Please see list above.

	wellness program to ensure we are improving patient outcomes and maximizing our return -Implement processes in our ER, med-surg unit and behavioral health unit		receiving follow-up care		
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**Priority Area Two: Specialist Access**

ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
<i>Goal: To enhance access to specialist care in Jefferson County</i>					
<i>Objective 1:</i>					
Offer an Increased Variety of Specialty Services	-Determine needed specialties  -Recruit specialists	Ongoing	-Number of specialists and their specialties -Appointment availability	Administration	Burke Medical, Augusta University, Doctors Hospital, other individual specialist groups, referral sources, Chamber of Commerce, county/city officials, religious groups, Health Department, Sheriff's Department, EMS, Board of Education, Hospital Board, Hospital Foundation
<i>Objective 2:</i>					
Expand Existing Surgical/GI Services	-Pursue opportunities to increase efficiency  -Increase hours of surgery availability	Ongoing	-Appointment availability -Volume of patients	Administration	Please see the list above.

**Priority Area Three: Mental Health and Substance Abuse**

ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
<i>Goal: To expand mental health and substance abuse services and resources in Jefferson County</i>					
<i>Objective 1:</i>					
Intensive Outpatient Program Expansion	-Develop relationships with referral sources  -Continue marketing efforts	Ongoing	-Volume of patients	Jefferson Hospital Center for Behavioral Health, Administration	Assisted living facilities, skilled nursing facilities, Coastal Harbor, surrounding hospitals and emergency rooms, primary care providers, other referral sources, Chamber of Commerce, county/city officials, religious groups, Health Department, Sheriff's Department, EMS, Board of Education, Hospital Board, Hospital Foundation
<i>Objective 2:</i>					
Expansion of Psychiatry Services	-Implement strategic plan to expand outpatient psychiatry services  -Develop a better understanding of psychiatry services offered through local school systems and develop those relationships	Ongoing	-Psychiatry services offered -Volume of patients	Jefferson Hospital Center for Behavioral Health, Administration	Assisted living facilities, skilled nursing facilities, Coastal Harbor, Broken Shackles, Breaking Free, Benaiah Ministries, other rehabilitation facilities, surrounding hospitals/emergency rooms, primary care providers, other referral sources, Mercer University, Chamber of Commerce, county/city officials, religious groups, Health Department, Sheriff's Department, EMS, Board of Education, Hospital Board, Hospital Foundation



	-Develop relationships with facilities offering treatment for substance abuse to ensure we have resources to share with our patients				
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## HEALTH CARE RESOURCE LISTING

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"The inclusion of a provider or organization on this list does not represent an endorsement by this facility of that provider, nor does it make any representation as to the qualification of such provider, other than such provider has met the requirements under the federal law 42 V.S.C. 1395 (ee) (2) to be included on this list."

<b>PRENATAL CARE</b>	
Jefferson Hospital Prenatal Center 1067 Peachtree Street Louisville, GA 30434 (478) 625-9111	
<b>FAMILY PLANNING</b>	
Jefferson County Health Department 2501 Highway 1 North Louisville, GA 30434 (478) 625-3716	
<b>NEWBORNS &amp; CHILDREN</b>	
Immunizations Suraj Sukumaran, MD Pediatrician PHG – Louisville, GA 30434 (478) 625-9816	Immunizations Nancy Cox, MD Pediatrician/ Internal Medicine/Adult Care PHG – Wrens, GA 30833 (706) 547-7055
Jefferson County Health Department 2501 Highway 1 North Louisville, GA 30434 (478) 625-3716	Louisville Head Start Center Pre-school education, Social Services, Health care, nutrition (four-year-old's) 5315 Middleground Road Louisville, GA 30434 (478) 625-8911

ADULTS

Department of Family & Children Services  
(DFACS)  
Financial Help, Medicaid, Food Stamps,  
Transportation  
2459 US Hwy 1 N.  
Louisville, GA 30434  
(478) 625-7259

Safe Homes of Augusta  
904 Merry Street  
Augusta, GA 30904  
(706) 736-2499

Jefferson County Health Department  
Health Screening, Family Planning, etc.  
2501 Highway 1 North  
Louisville, GA 30434  
(478) 625-3716

OLDER ADULTS

PruittHealth - Old Capitol  
310 Hwy #1 Bypass  
Louisville, GA 30434  
(478) 625-3741

GeorgiaCares  
State Health Insurance Assistance Program for  
Georgia  
1(866) 552-4464 (Option 4)

Comfort Creek Nursing Home  
10200 Hwy 1 South  
Wadley, GA 30477  
(478) 252-5254

The Homeplace  
Adult Day Care  
504 N Main St.  
Wrens, GA 30833  
(706) 547-2138

Jefferson County Health Department  
2501 Hwy 1 North  
Louisville, GA 30434  
(478) 625-3716

Silver Lining Personnel Care Home  
407 Harvey Street  
Stapleton, GA 30823  
(706) 547-3060

Jefferson County Leisure Center  
209 E. 7<sup>th</sup> Street  
Louisville, GA 30434  
(478) 625-8820

University Health Care  
(706) 722-9011

<p>Senior Citizens Council  Long-Term Care OMBUDSMAN  <a href="tel:8665524464">(866) 552-4464</a> (Option 3)</p>	<p>Trinity Home Health Services  "Emergency Response System for elderly who live alone"  1212 Augusta W. Pkwy  Augusta, GA 30909  (706) 729-6000</p>
<p>Next Step Care  P.O. Box 25  105 Broad Street  Butler, GA 31006  (888) 762-2420</p>	<p>Kindred at Home  1225 W. Wheeler Pkwy  Building C  Augusta, GA 30909  (706) 651-1211</p>
<p>Gibson Health &amp; Rehabilitation Center  Gibson, GA 30810  (706) 598-3201</p>	<p>Keysville Nursing Home &amp; Rehabilitation Center  Keysville, GA 30816  (706) 722-3090</p>
<p>The Home Place  Personal Care Home  Louisville, GA 30434  (478) 625-7256</p>	<p>Jefferson County Leisure Center  "Meals on Wheels," Brown Bag Program,  Activities  (478) 625-8820</p>
<p>HOSPICE CARE</p>	
<p>Trinity Home Health  1212 Augusta W. Pkwy  Augusta, GA 30909  (706) 729-6000</p>	<p>Encompass Health Hospice  (706) 854-7500  4128 Madeline Drive  Augusta, GA 30909</p>
<p>PruittHealth Hospice  667 South Main Street  Swainsboro, GA 30401  (478) 237-7798</p>	<p>Alliance Hospice  3475 Riverwatch Pkwy  Martinez, GA 30807  (877) 440-2461</p>
<p>REHABILITATION SERVICES</p>	
<p>Jefferson Hospital Swing Bed  Rehabilitation service and short-term care  (478) 625-7000</p>	<p>HealthSouth Walton Rehabilitation Hospital  (706) 724-7746</p>

Rehabilitation Department of Jefferson Hospital (478) 253-4325	Doctor's Hospital Inpatient Rehabilitation <a href="tel:7066516161">(706) 651-6161</a>
Warrenton Health & Rehabilitation Center (706) 465-3328	
<b>MISCELLANEOUS</b>	
Alcoholics Anonymous (706) 860-8331	ACE DUI & Community Intervention Program (706) 863-6261
Alcohol and Drug Hotline (800) 252-6465	Jefferson Co. DFACS Adult & Child Sexual and Physical Abuse Support Group (478) 625-7259
American Heart Association (803) 341-9592	Georgia Legal Services Free Legal Help (800) 248-6697
Housing Authority Waynesboro, GA 30802 (706) 554-2233	Jefferson County Transit System (478) 625-8518
Jefferson County Health Department Vital Records (478) 625-3716	Medicare Information (800) 727-0827
Jefferson County Board of Education School Registration (478) 625-3283	Social Security Administration (800) 772-1213
The Sunshine House, Children's Advocacy Center 478-237-7801	Louisville Community Food Pantry 718 West Nelms Street Louisville, GA 30434 478-625-0890
<b>PHYSICIANS</b>	

<p>Suraj Sukumaran, M.D.  Pediatician  PHG – Louisville Children’s Clinic  (478) 625-9816</p>	<p>Nancy Cox, MD  Pediatician/ Internal Medicine/Adult Care  PHG – Wrens Clinic  (706) 547-6409  Pediatrics Clinic  706-547-7055</p>
<p>Lauren Stewart, PA-C  PHG – Wrens Clinic  (706) 547-6409</p>	<p>James Pilcher, MD  Internal Medicine  PHG-Louisville Clinic  (478) 625-8471</p>
<p>Samuel Franklin, MD  Internal Medicine  PHG – Louisville Clinic  (478) 625-8471</p>	<p>Erin Nobles, F-NP  PHG – Louisville Clinic  (478) 625-8471</p>
<p>Jennifer Tanner, PA-C  PHG – Louisville Clinic  (478) 625-7000</p>	<p>Abbot Easterlin, PA-C  PHG – Wadley Clinic  (478) 252-8900</p>
<p>James Ford, MD  Wrens, GA  (706) 547-2559</p>	
<p>JEFFERSON HOSPITAL SPECIALTY CLINIC</p>	
<p>Dr. Christopher Hogan  Jefferson Hospital – General Surgery  (478) 625-8471</p>	
<p>PAIN MANAGEMENT / REHAB</p>	
<p>Dennis Williams, MD  Jefferson Hospital (only on Tuesdays)  Louisville, GA 30434  (478) 625-7000</p>	
<p>OPTOMETRISTS</p>	
<p>Dr. Gina R. Durant  Louisville, GA  (478) 625-7605</p>	

DENTISTS

Dr. William E. Real  
Wrens, GA  
(706) 547-3148

Dr. Tonya Gunby  
Louisville, GA  
(478) 625-3662

Dr. David Avery  
Dr. Andrew Wright  
Louisville, GA  
(478) 625-2341

EMERGENCY SERVICES

Police – 911  
Fire – 911  
Sheriff - 911  
Ambulance Service - 911

Poison Control Center  
1(800) 222-1222

Rape Crisis Hotline at University Hospital  
(706) 724-5200

Ogeechee Behavioral Health Services  
478-289-2522

24 Hour Emergency Crisis Line  
1-800-715-4225

PHARMACIES

Louisville Drug Company  
101 E Broad St.  
Louisville, GA 30434  
(478) 625-7575

Barney's Pharmacy  
106 S Main St.  
Wrens, GA 30833  
(706) 547-4111

Gunn Drug Company 48 N Main St. Wadley, GA 30477 (478) 252-5252	Barney's Pharmacy 819 Peachtree St. Louisville, GA 30434 (478) 625-8980
Peachtree Pharmacy & Gifts 802 Peachtree Street Louisville, GA 478-625-9450	Wrens Drug 206 E Broad Street Wrens, GA 30833 (706) 547-2225