



2025

JEFFERSON HOSPITAL

# Community Health Needs Assessment & Implementation Plan



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The Hospital Authority of Jefferson County and the City of Louisville Board of Directors approved the 2025 Community Health Needs Assessment and Implementation Plan at their meeting on December 30, 2025. 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 [Jefferson Hospital | E.R., Health Clinic | Louisville GA](http://Jefferson Hospital | E.R., Health Clinic | Louisville GA). Hard copies are available upon request; please contact: Ansley Holloway, Director of Marketing, [athrift@jeffersonhosp.com](mailto:athrift@jeffersonhosp.com), (478) 625-7000 ext. 1336.

Mary Margaret Clark, Board Chairman  
Hospital Authority of Jefferson County and the City of Louisville  
Jefferson Hospital

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## Executive Summary

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Using a mixed-methods approach described below for this assessment, the Georgia Southern University CPHPR team gathered community input and data from secondary sources to **identify the health needs of the community that the hospital serves – the hospital's primary service area of Jefferson, Georgia, which is home to most of the patients utilizing Jefferson County Hospital**. Community input was collected from hospital stakeholders and the general public through surveys and focus group discussions. Recruitment efforts for these surveys and focus groups were tailored to ensure feedback from diverse population groups, including minority and underserved populations. Data from secondary sources used in assessing the community's needs were obtained from a variety of community health-related databases. Note that no written comments were received since the previous assessment. Due to resource limitations and ability to have an impact, hospital management decide to prioritize the 3 significant health needs where impact is most readily accomplished based on the data presented. The three priority areas identified were: behavioral health, obesity and nutrition and diabetes.

The results from the secondary data analyses identified:

- A contracting, aging county population with a growing proportion of American Indian/Native Alaskans, Asians, Native Hawaiian/Pacific Islanders, and non-Hispanic multiracial populations
- Higher rates of unhealthy behaviors (including obesity, smoking, physical inactivity, STD infection rates, and teen pregnancy rates) compared to the state
- Poorer health outcomes, compared to the rest of the state; high cancer rates, and lower average life expectancy in the county by 3.1 years, compared to the state
- Limited supply of primary care, dental, and mental health providers
- Limited access to both digital connectivity (particularly in the northwest corner of the county) and recreational opportunities – important health-promoting resources

Input from the community, through the survey and focus groups, was generally consistent with the findings from the secondary data analysis. Community members and key stakeholders described the hospital's primary service area as a tight-knit, safe, and family-oriented community, with poverty as the biggest challenge. Other themes from these data sources included:

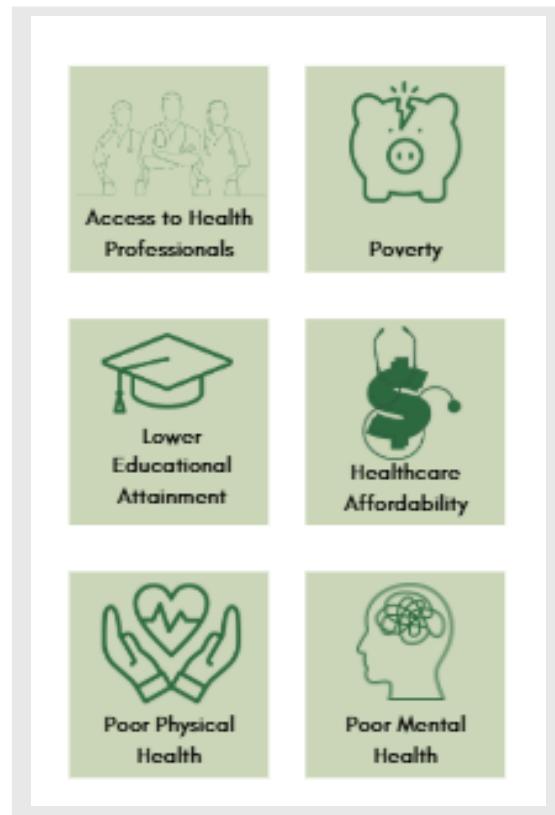
- Obesity, substance abuse and tobacco use are noted as key detractors from good health
- Inadequate nutrition stood out as the #1 negative influencer of child health
- Limited access to specialty providers, drug/alcohol rehab, and mental health services

# Previous CHNA of Jefferson County (2022)

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## *Brief Summary of Previous CHNA*

Previous trends in Jefferson County reflected many of the challenges typical of rural communities in eastern Georgia. The county's population was aging, with persistent poverty and lower levels of educational attainment influencing overall health outcomes. Limited access to health-promoting resources—such as recreation facilities, affordable healthcare, and broadband internet—further impacted residents' ability to maintain healthy lifestyles. High rates of chronic diseases, including diabetes and hypertension, were compounded by lower utilization of preventive care services. Behavioral risk factors such as smoking, poor nutrition, and physical inactivity were common and often reinforced by economic hardship and restricted access to health services. Mental health concerns also emerged as an area of need, with limited availability of specialized care. Collectively, these trends illustrate how socioeconomic and healthcare access barriers continue to shape health and quality of life across Jefferson County.



# Report Methodology

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## Hospital Steering Committee

The CPHPR project team collaborated with the hospital CHNA steering committee throughout the project to identify the health needs of Jefferson County, the primary communities served by Jefferson Hospital. The steering committee helped facilitate the completion of a community survey, recruited community members for focus group discussions, and provided updates on the hospital's activities to address community health needs since the last CHNA was completed in 2022.

## Primary Data Collection

### Community Survey

The online community survey assessed the health priorities and healthcare needs of residents within the primary service area of Jefferson Hospital, located in Jefferson County, Georgia. The survey link was shared through the hospital's social media pages and email lists, as well as those of local community partners.

### Focus Groups

Focus group participants represented key stakeholder groups responsible for maintaining the overall health of residents of Jefferson County and included representation from the local health department. Their insights offered a comprehensive view of life in the community.

## Secondary Data Collection

The secondary data on the community's profile, health care access, and utilization were obtained from multiple publicly available sources, including the US Census Bureau, the Area Resource File, Centers for Disease Control (CDC) disease and mortality data, Georgia Department of Public Health, Office of Health Indicators for Planning's OASIS (Online Analytical Statistical Information System), County Health Rankings, Policy Map, and the National Cancer Institute. The most recent data available from each source was collected at the time of analysis.

Findings from all the above-described data collection efforts informed the identification of community health needs and the development of an implementation plan.

## Data Analysis and Visualization

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviations. Analyses were completed, and charts and graphs were created using Microsoft Excel version 16 software and the Datawrapper data visualization application. Spatial variations in selected community health indicator estimates are also presented using data and maps from PolicyMap. Qualitative data from the focus groups were analyzed using the NVIVO14 qualitative analysis software.

# Hospital and Service Area

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## Service Area

Jefferson County is located in eastern Georgia. With a population of about 15,019 residents, the county seat of Louisville serves as the center of community life. The county includes several small towns such as Wrens, Wadley, and Bartow, each contributing to the area's rural character and local economy. Jefferson County is also home to the Jefferson Davis Memorial Historic Site, a 13-acre park and museum that highlights the area's historical significance and draws visitors from across the region.

## Area Attributes

Jefferson County's landscape is influenced by the Upper Ogeechee and Brier Creek river basins. The county seat of Louisville developed as a local crossroads and remains strategically positioned along major transportation routes, including U.S. Route 1, which connects the area to Augusta and Swainsboro. Its location continues to support regional travel and economic activity across eastern Georgia.



## Hospital Amenities

Jefferson Hospital is a community-based, 37-bed acute care facility serving Jefferson County and its surrounding region. The hospital operates a 24-hour emergency department, offers both inpatient and outpatient care, and supports ancillary services such as diagnostic radiology, laboratory testing, respiratory care, and surgery. It also provides rehabilitation therapies (physical, occupational, and speech), swing bed care, women's health services, and behavioral health through the Jefferson Hospital Center for Behavioral Health. About 90% of patient admissions originate from within Jefferson County, with the remainder coming from neighboring counties in the region.

## CHNA Report Organization

This report outlines the findings of the CHNA, starting with the results of the secondary data analysis. Community input from the survey and focus groups is then presented, followed by information on the outcomes of the previous CHNA process. Next, a status update on initiatives undertaken as part of the prior CHNA is provided. An implementation plan is included, along with a listing of community health care resources.

## Secondary Data

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### COUNTY DEMOGRAPHICS

As of 2024, Jefferson County had an estimated 15,709 residents. The population is 51.3% female and 48.7% male, with fewer children under 18 (22.8%) and more older adults (19%) than Georgia overall. The county is primarily Non-Hispanic Black (51.3%) and Non-Hispanic White (43.2%), with smaller Hispanic (3.8%) and multiracial (0.3%) populations. Jefferson has fewer foreign-born residents (1.4%), fewer non-English-speaking households (2%), and a higher percentage of residents under 65 with disabilities (41%).

Figure 1. Estimated percent of people 65+ (2019-2023)

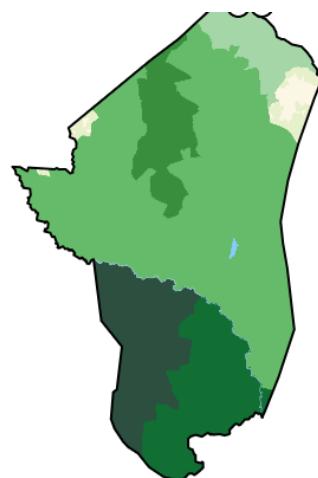


Figure 1, compiled from U.S. Census data via PolicyMap, shows age distribution across Jefferson County. The northwest region has 17.9% of residents aged 65 or older, while the southwest has the highest concentration at 40.8%. The southeast reports 21.1%, and the remaining areas range between 14–16%.

	Jefferson	GA
	Total Residents	15,709 11,029,227
	Female	51.3% 51.3%
	Male	48.7% 48.7%
<b>Age Distribution</b>		
	Population Under 5 years	5.5% 5.8%
	Population Under 18 years	22.8% 23%
	Population 65 years and older	19% 15.4%
<b>Race &amp; Ethnicity</b>		
	Non-Hispanic White	43.2% 49.6%
	Non-Hispanic Black/AA	51.3% 33.2%
	Other Races/Multiracial	0.3%* 8.1%
	Hispanic	3.8% 11.1%
<b>Other Demographics</b>		
	Foreign Born	1.4%* 11.9%
	Non-English Language Spoken at Home	2% 16.3%
	Veterans	6.1%* 7.0%
	Population under 65 years disabled	41%* 15.8%

## POPULATION CHANGE

Jefferson County's population declined by 1.6% between 2013 and 2023, compared to a 4.8% increase statewide. The White Non-Hispanic population grew slightly by 0.8%, while the Black Non-Hispanic population declined by 4.7%. Hispanic residents decreased by 1.0%. Notably, the American Indian/Native Alaskan population increased by 36.1%, the Asian population by 20.4%, and the Native Hawaiian/Pacific Islander population by 16.7%. The population aged 65 years and older grew by 2.5%, reflecting modest aging within the community.

Jefferson County's population is projected to decline by 1.7% between 2023 and 2028, compared to a 5.3% increase statewide. The youth population under 20 years is expected to decrease by 6.8%, and adults aged 20 to 64 by 3.8%. In contrast, the population aged 65 years and older is projected to increase by 11.5%, reflecting continued aging within the community. The county's population is also expected to become more diverse, with Hispanic residents projected to increase by 48% and other non-Hispanic groups by 22.7%.

Figure 2. Jefferson County Population Change, 2013-2023

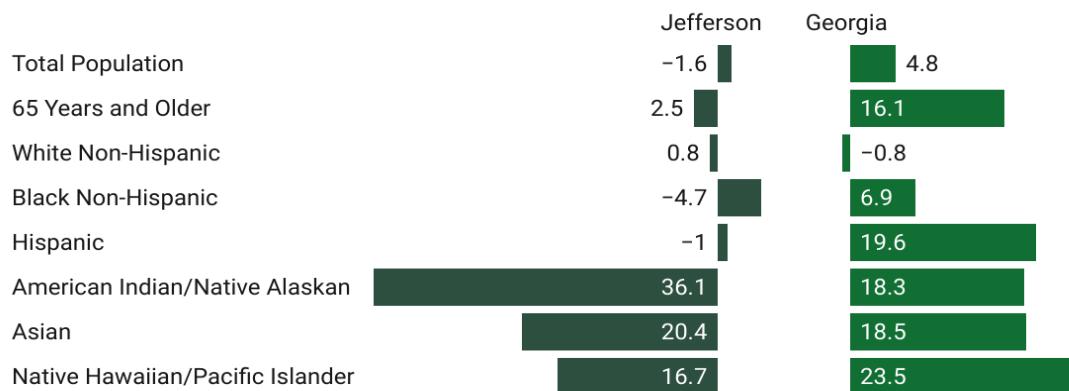
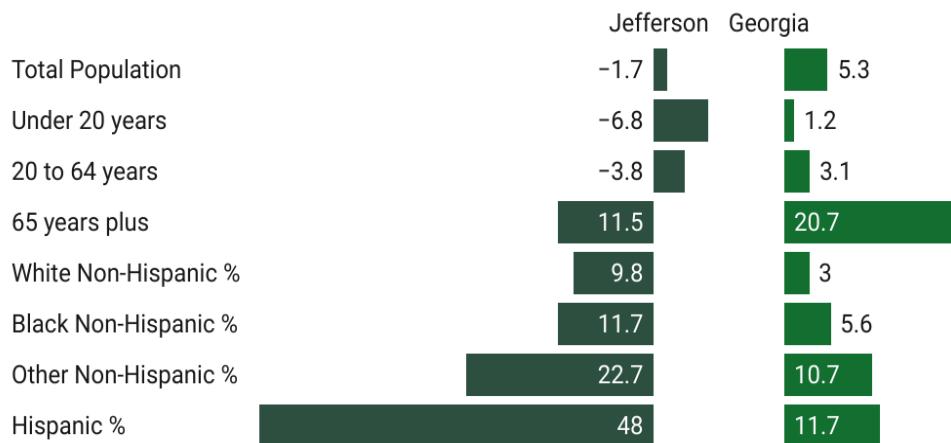


Figure 3. Jefferson County Population Change, 2023-2028



## CENSUS TRACT VARIATIONS IN DEMOGRAPHICS

The maps here display demographics within Jefferson County by census tract. Maps are from PolicyMap, with darker colors representing greater proportions.

Figure 4. Median Income by Household (2019-2023)

The highest median household income in Jefferson County is in the western area at \$56,250, followed by the southwest at \$54,732, while the southeast reports the lowest at \$38,237.

Figure 4 is generated with data from the Census using an online mapping platform PolicyMap, 2025.

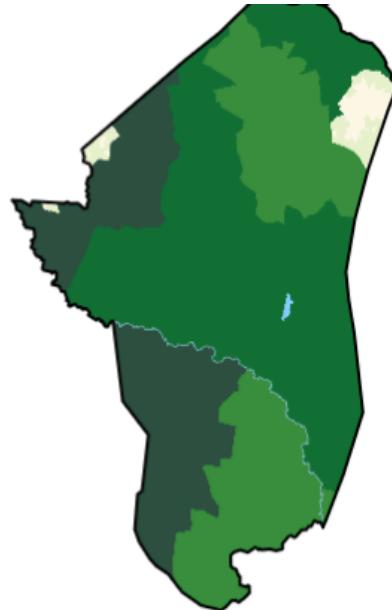
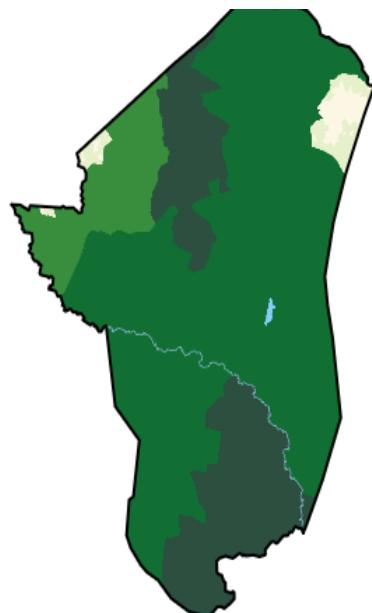


Figure 5. Estimated percent of all people 65 or older who live in poverty (2019-2023)

The map on the right shows the proportion of residents aged 65 and older living in poverty. In Jefferson County, rates are highest in the northern area (31%), followed by the northwest (20%) and southwest (17%), indicating notable regional disparities in senior economic well-being.

Figure 5 is generated with data from the Census using an online mapping platform PolicyMap, 2025.

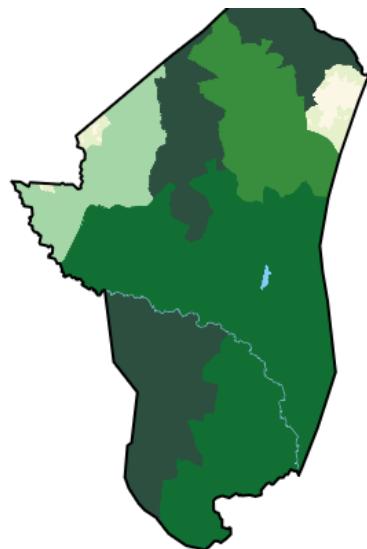


## ECONOMIC PROFILE

Jefferson County's workforce participation (63.9%) is below the Georgia average (75.5%), and the median household income (\$45,561) is well under the state level of \$74,664. Poverty affects 22.5% of residents and 33% of children, compared to 13.6% and 19% statewide. Homeownership is slightly higher at 68%, though 15% of families spend more than half their income on housing. Median gross rent is \$723, nearly half the state average of \$1,306

Figure 6, compiled from Census data using PolicyMap (2025), shows that poverty levels in Jefferson County are highest in the southeast (23.5%) and northwest (23.4%), while the remainder of the county ranges between 15% and 18%.

Figure 6. Percent of People Living in Poverty (2019-2023)



	Jefferson	GA
Real GDP Growth Rate (2022-2023)	4.5	1.9
Real GDP Rate (2013-2023)	0.9	3.1
<b>Poverty</b>		
Median Household Income (2019-2023)	\$45,561	\$74,664
Population in Poverty (2022)	22.5%*	13.6%
Children in Poverty (2019-2023)	33%*	19%
<b>Employment</b>		
16+ work seekers unemployed (2023)	4.5%	3.6%
20-64-year-old Work Force Representation (2023)	63.9%	75.5%
<b>Housing</b>		
Homeownership (2019-2023)	68%	65%
Families spending > 50% of income on housing	15%	14%
Median gross rent (2019-2023)	\$723*	\$1,306

\*Significantly different from state average, Data Source: US Census Bureau, County Health Ranking, BEA Quickfacts

## EDUCATION

Jefferson County falls below state averages across several education measures. The high school graduation rate is 84.9%, and only 10.4% of residents hold at least a bachelor's degree, compared to 34.2% statewide. Early childhood enrollment is lower, with 34.2% of 3-4-year-olds in school versus 47.7% in Georgia. Third-grade scores average 2.8 in English and 2.6 in Math, both below state levels. Nearly 95% of students qualify for free or reduced lunch, and school funding adequacy is significantly lower at -\$9,861 per student compared to -\$2,969 statewide.

Figure 7 illustrates the percentage of residents with at least a high school diploma in Jefferson County, compiled from Census data using PolicyMap (2025). Educational attainment is highest in the central area (88.8%) and western area (87.1%), while the southern (73.9%) and northern (72.4%) portions show lower levels of completion.

Figure 7. High School Graduation (2018-2022)



	Jefferson	GA
High school graduation rate (2019-2023)	81.4%*	89%
Population with at least a bachelor's degree	11.2%*	34.2%
3-4-year-old children in school (2021)	54.4%	48.1%
Average grade score for 3rd graders in English (2019)	2.5	3.0
Average grade score for 3rd graders in Math (2019)	2.5	2.9
Children eligible for reduced lunch	100%*	60%
School Funding Adequacy (2022)	-\$9,637*	-\$2,969

## SOCIAL CONTEXT

Jefferson County has a similar average household size to Georgia (2.6 persons) but more social associations (11.1 per 10,000 vs. 8.8 statewide), indicating strong community engagement. However, 34% of adults report lacking social and emotional support, slightly above the state rate of 31%.

	Jefferson	GA
	Average persons per household (2019-2023)	2.6
	Social Associations per 10,000 (2022)	11.1
	Lack of Social and Emotional Support (2022)	34%

\*Significantly different compared to the state average Data Sources: County Health Rankings, US Census Bureau

## NEIGHBORHOOD AND ENVIRONMENT

In Jefferson County, 79.3% of households have internet access, below the Georgia rate of 89.4%. Access to exercise opportunities is limited at 51%, and 8.7% of households lack a motor vehicle. Safety indicators show higher firearm (21 per 100,000), motor vehicle (32 per 100,000), and injury deaths (105 per 100,000) than the state. Food insecurity affects 14% of residents, though the county performs well on the food environment index (8.3). Air quality is slightly worse than average, and no drinking water violations were reported in 2023.

Figure 8. Area Deprivation Index

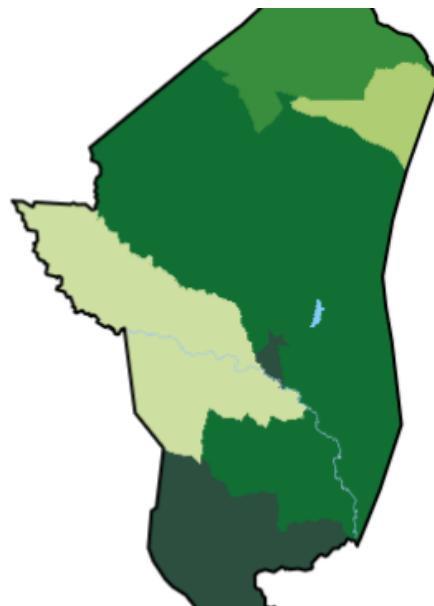


Figure 8 illustrates the Area Deprivation Index (ADI) for Jefferson County, compiled from Census data using PolicyMap (2025). Most of the county ranks at level 9, with the southern area showing the highest deprivation at level 10, the northern area at level 8, and the western portion least deprived at level 4.

	Jefferson	GA
	Access	
Households with Internet Access (2019-2023)	79.3%*	89.4%
Access to exercise opportunities	51%*	74%
Households with <u>no</u> motor vehicle	8.7%	5.9%
	Safety	
Firearm deaths per 100,000 (2018-2022)	21	18
Deaths from MVA, per 100,000 (2016-2022)	32	16
Injury Deaths per 100,000 (2018-2022)	105	77
	Food Insecurity	
Low-income with limited access to healthy foods	0%	10%
Food environment index (1 worst; 10 best)	8.3	6.4
Food insecurity (2022)	14%	13%
	Pollution	
Air pollution (PM2.5) (2020)	9.4	8.8
Drinking Water Violations (2023)	No	N/A

\*Significantly different from the state. Data Source: County Health Rankings, US Census Bureau, Sparkmap

## DIFFERENCES IN ENVIRONMENT BY CENSUS TRACT

The maps below display demographics within Jefferson County by Census tract. Maps are from PolicyMap, with darker colors representing greater proportions.

Figure 9. Walkability Index (2019-2023)

Walkability in Jefferson County varies across the region. The central area has the highest walkability score at 8.5, while the southern portion scores lowest at 3.3. The eastern and northern areas have moderate scores of 4.7 and 4.3, respectively, and the western area is lowest overall at 2.2, indicating limited pedestrian accessibility in much of the county.

Figure 9 is generated with data from the Census using an online mapping platform, PolicyMap (2025).

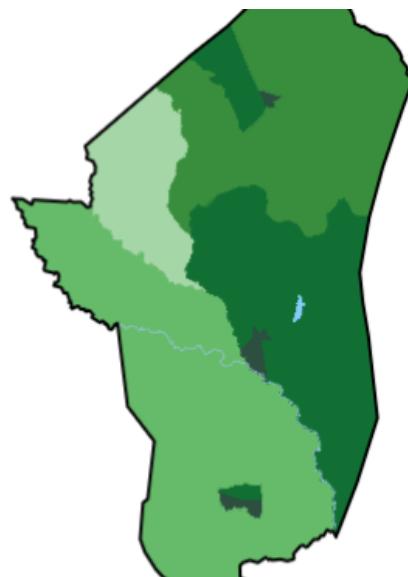
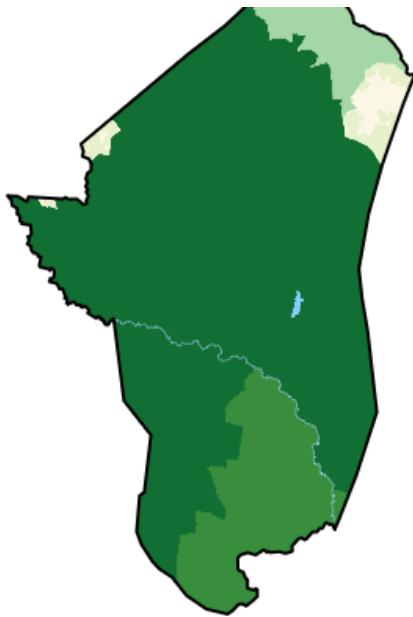


Figure 10. Household Internet Access (2019-2023)



Internet access in Jefferson County varies by region. Most of the county reports strong connectivity at 83.3%, while the southern area is slightly lower at 73.8% and the northern portion has the lowest access at 55.9%, indicating regional disparities in digital access.

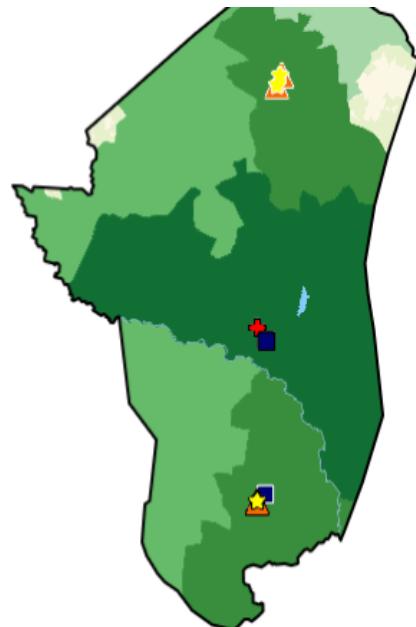
Figure 10 is generated using data from the Census and an online mapping platform, PolicyMap (2025).

## HEALTHCARE ACCESS

Jefferson County faces notable healthcare access challenges. An estimated 22% of residents under age 65 are uninsured, compared to 17% statewide. Provider shortages are significant, with one primary care physician for every 7,760 residents, one dentist for every 5,100 residents, and one mental health provider for every 15,180 residents. Preventable hospital stays among Medicare patients occur at a rate of 3,144 per 100,000, slightly higher than the Georgia average of 3,076, indicating ongoing gaps in access to routine and preventive care.

Figure 11 maps health care facilities in Jefferson County, including one hospital, two nursing facilities, three Federally Qualified Health Centers (FQHCs), and three community health centers.

Figure 11. Location of Health Facilities



**Legend:** Census tracts are shaded based on total population in 2019-2023, with darker colors representing greater population counts. Red Cross = Medicare Certified Hospital, Blue Square = Nursing Facility Orange Triangle = Federally Qualified Health Center (FQHC), Community Health Center = Yellow Star

		Jefferson	GA
	Health Insurance Coverage		
	Percent under 65 years Uninsured (2022)	22%	17%
	Provider Supply		
	Population to One Primary Care Physician	7,760*	1,520
	Population to One Dentist	5,100	1,860
	Population to One Mental Health Provider	15,180*	560
	Primary Care		
	Medicare Preventable Hospital Stays per 100,000	3,144	3,076

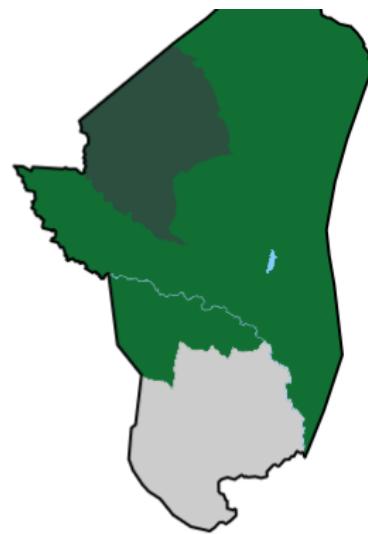
\*Significantly different from the state. Data Source: County Health Rankings, US Census Bureau

## LIFESTYLE AND HEALTH BEHAVIOR

Jefferson County reports lower preventive care and screening rates than Georgia overall. Flu vaccination among Medicare recipients is 29% compared to 45% statewide, and Pap smear screening is slightly lower at 72.1%. Adult smoking (23%), obesity (44%), and physical inactivity (36%) exceed state averages, while excessive drinking rates are similar. Nearly half of adults (45%) report insufficient sleep. STD (901 per 100,000) and teen pregnancy (28 per 1,000) rates are higher than statewide levels, though HIV prevalence remains lower.

Figure 12, compiled from Census data using PolicyMap (2025), shows life expectancy in Jefferson County ranging from 74.6 to 75.5 years, with the northwest reaching 76.5 and limited data in the southern area.

Figure 12. Life Expectancy at Birth (2010-2015)



	Jefferson	GA
Disease Prevention and Screening Behaviors		
Flu Vaccination Rates among Medicare	29%*	45%
Pap Smear Screening Rates		
	72.1	76.5
Suboptimal Lifestyle Behaviors		
Adult smoking rate	23%*	13%
Adult excessive drinking rate	15%	16%
Adult obesity rate	44%*	37%
Adult physical inactivity rate	36%*	23%
Adults report insufficient sleep (<7 hours) (2020)	45%	39%
Sexual Risk Behaviors		
HIV prevalence rate per 100,000 population	404*	664
STD infection rates per 100,000	901.1	665.8
Teen pregnancy rates per 1000 female teens	28	21

\*Significantly different compared to the state. Sources: County Health Rankings, statecancerprofiles.cancer.gov

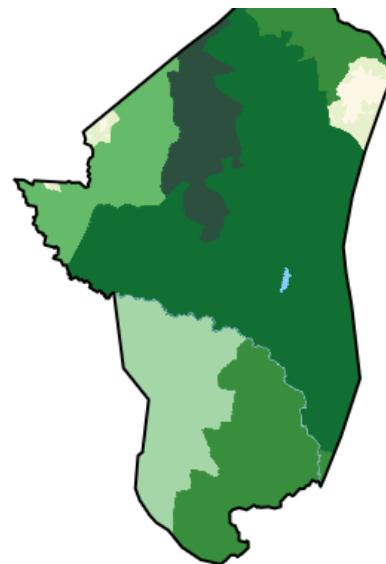
## HEALTH OUTCOMES

Life expectancy in Jefferson County (73 years) is lower than the Georgia average (76.1). Chronic disease rates are elevated, with 16% of adults diagnosed with diabetes and cardiovascular hospitalizations at 44.6 per 1,000, above the state rate of 42.3. The county also reports a higher low birth weight rate (14%) and a premature death rate of 630 per 100,000, compared to 440 statewide. Overall, 27% of adults report poor health and 20% experience frequent mental distress, underscoring significant ongoing health challenges.

Figure 13 depicts the percentage of adults aged 18 and older with disabilities in Jefferson County, compiled from Census data using PolicyMap (2025).

Disability prevalence is highest in the northern portion of the county (62.7%), followed by the central area (38.3%) and southeast (33.7%), with the southwest reporting the lowest rate at 21.5%.

Figure 13. Percent of Adult Disabilities (2022)



## Top 5 Causes of Death 2019-2023

Cause	Jefferson	GA
Ischemic Heart Disease	1	1
Covid-19	2	2
Hypertension, Renal /Heart Disease	3	3
Alzheimer's Disease	4	6
Cerebrovascular Disease	5	4

\*Significantly different compared to the state. Sources: CDC Atlas of heart Disease and Stroke, County Health Rankings, GA Dept. Of Health, NIH State Cancer

In Jefferson County, the leading causes of death are ischemic heart disease and COVID-19, followed by hypertension-related heart and renal disease. Alzheimer's disease and cerebrovascular disease also rank among the top five causes, with Alzheimer's occurring more frequently locally than statewide. These patterns highlight the ongoing impact of chronic and age-related conditions on overall community health.

	Jefferson	GA
<b>Disease Burden &amp; Health Outcomes</b>		
Adult diabetes prevalence rate	16%	11%
Cardiovascular disease hospitalizations	44.6*	42.3
Low birth weight rate	14%	10%
Life expectancy	73*	76.1
Premature (under 75 years) death rate per 100,000	630*	440
Percent of adults reporting poor health	27%*	18%
Percent of adults reporting frequent mental distress	20%	15%

## PROGRESS ON SELECTED INDICATORS

		Previous CHNA (2022)	Current CHNA (2025)	Progress
	Social and Economic Context			
	Percent children in poverty	33%	33%	▬
	Unemployment rate	4.7%	4.5%	→
	High school graduation rate	78.5%	81.4%	→
	Social associations per 10,000	11.7	11.1	←
	Environment			
	Percent population with access to exercise opportunities	48%	51%	→
	Percent population food insecure	15%	14%	→
	Health Care Access			
	Uninsured adults	18%	22%	←
	Proportion of people to primary care providers	3,070:1	7,760:1	←
	Proportion of people to mental health providers	N/A	15,180:1	
	Health Behaviors			
	Obesity rate	42%	44%	←
	Physical inactivity rate	40%	36%	→
	Smoking rate	26%	23%	→
	Teen pregnancy rate (per 1000 teen females)	35	28	→
	Health Outcomes			
	Percent reporting poor or fair health	29%	18%	→
	Low birth weight rate	12%	13%	←
	Diabetes prevalence	16%	16%	▬
	Premature (under 75yrs) death rate per 100,000	660	780	←

← worsened

▬ stable

→ improved

Data source: County Health Rankings, Years: 2022 to 2024.

# Primary Data

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## COMMUNITY SURVEY

The survey was shared on the hospital's website, through social media accounts, and with the school board for further dissemination. There were 77 community members who provided complete or partial responses to the online survey. Demographics of survey respondents are provided in Table 1.

## RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The majority of survey respondents were female (84%), White (84%), aged under 65 years (73%), married or partnered (75%) and employed (93%), with at least some college or associate degree (88%). Of those responding, 52% reported annual household income less than \$60,000. Survey respondents were significantly more likely to be female (84% sample vs 51% county census). Respondents were significantly more educated: 43% of respondents had at least a bachelor's degree, while only 11% of county residents had this level of education according to census figures. Participants over 65 (27.5% sample vs 22.4% county census) were comparable to the county overall while participants that were Non-Hispanic White were overrepresented (84% sample vs 43.2% county census).

Table 1: Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
<b>Gender (n=56)</b>		
Female	47	84
Male	9	16
<b>Age (n=55)</b>		
25-34 years	4	7.3
35-44 years	12	22
45-54 years	14	25
55-64 years	10	18
65-74 years	12	22
75 years and older	3	5.5
<b>Race (n=56)</b>		
Black or African American	5	8.9
White	47	83.9
Hispanic	0	0
Other	2	3.6
Asian	2	3.6
<b>Education (n=56)</b>		

	Frequency (N)	Percentage (%)
High School Graduate or GED	7	13
Some College or Associate Degree	25	45
Bachelor's degree	8	14
Graduate or Advanced Degree	16	29
<b>Marital Status (n=56)</b>		
Married/Partnered	43	77
Divorced/Separated	2	3.6
Widowed	6	11
Single/Never Married	5	8.9
<b>Household Income (n=55)</b>		
\$20,001-\$40,000	8	15
\$40,001-\$60,000	12	22
\$60,001-\$80,000	8	15
\$80,001-\$100,000	10	18
Above \$100,000	14	25
Refused/Don't know	2	3.6
<b>Employment Status (n=56)</b>		
Full-time	32	57
Part-time	3	5.4
Retired	15	27
Unemployed	6	11
<b>Home Ownership (n=56)</b>		
Yes	49	88
No	7	13
<b>Access to Reliable Transportation (n=53)</b>		
Yes	52	98.1
No	1	1.9

## HEALTH STATUS

Nearly half of respondents (50.9%) reported their health status as very good or excellent (Figure 14). The most common chronic conditions that the participants reported having were High Blood Pressure, High Cholesterol and Depression/ Anxiety (Figure 15).

Figure 14. Self-Reported Health Status

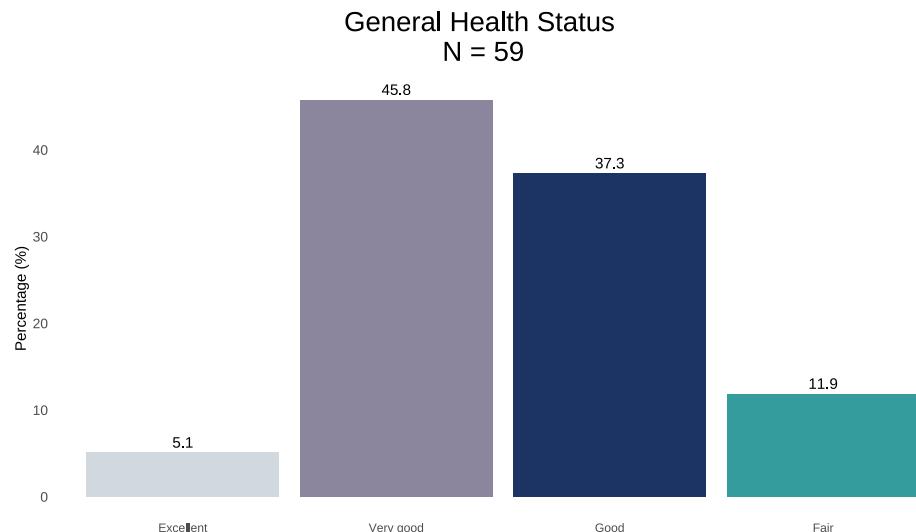
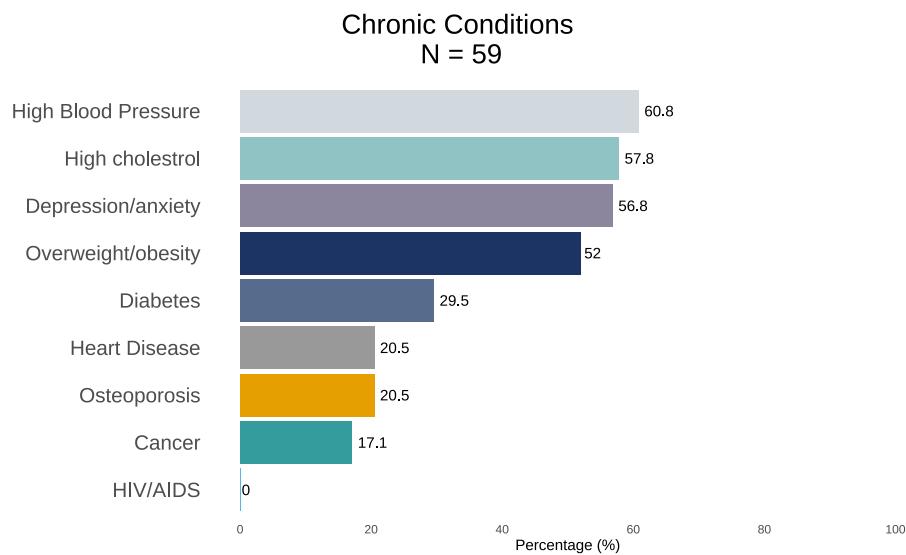


Figure 15. Most Common Chronic Conditions



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

## HEALTH BEHAVIORS

### *Smoking, Nutrition, and Physical Activity*

Close to a fifth (16%) of respondents reported currently smoking tobacco products (Figure 16). About two out of five (44%) reported eating the recommended five servings of fruits and vegetables daily (Figure 17). Of those not meeting the recommended amounts, about 43.8% indicated that they were not able to adhere to this recommended nutrition guideline because they don't think about it and (37.5%) because fruits and vegetables are too expensive. Similarly, about one in three respondents (34.4%) stated that they go bad before they ate them (Figure 18).

Regarding physical activity, more than half (54%) respondents stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. Among those who do not meet the recommended amount, 37% reported they don't like to exercise and about 30% reported that they are too tired to exercise (Figure 20).

Figure 16. Smoking Behavior

Do you currently use tobacco products?  
N = 58

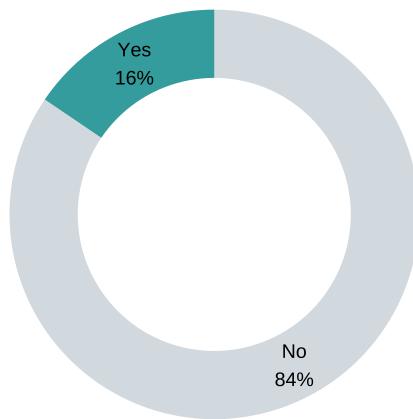


Figure 17. Fruit and Vegetable Consumption

Do you eat at least 5 servings of fruits and vegetables a day?  
N = 57

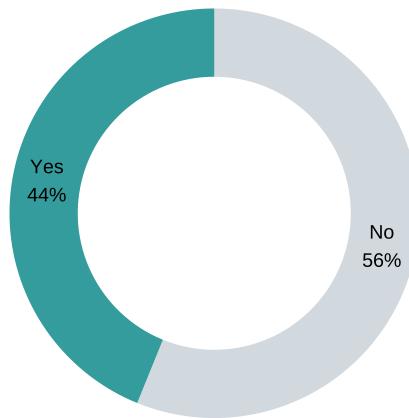
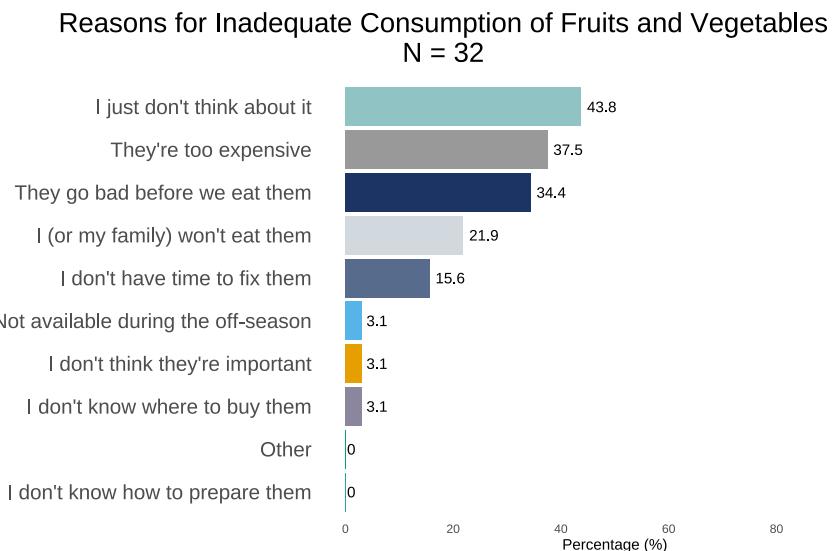


Figure 18. Reasons for Inadequate Vegetables and Fruits Consumption



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

Figure 19. Physical Activity

Do you currently get at least the recommended amount of physical activity  
( 30 minutes per day, 5 days per week (total of 2.5 hours per week)?  
N = 59

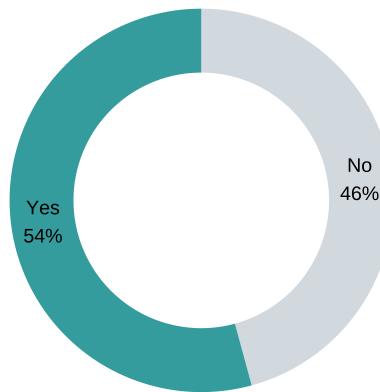


Figure 20. Inadequate Physical Activity



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

## Preventive Screening

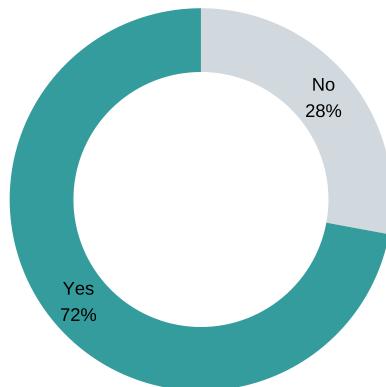
Respondents were also asked about their utilization of preventive and screening services and their adherence to recommended screening guidelines.

Close to 3 out of 4 (72%) of respondents 45 years and older reported having ever received a colonoscopy (Figure 21).

*Figure 21. Colon Cancer Screening*

If you are 45 years or older, have you ever had a colonoscopy?

N = 43

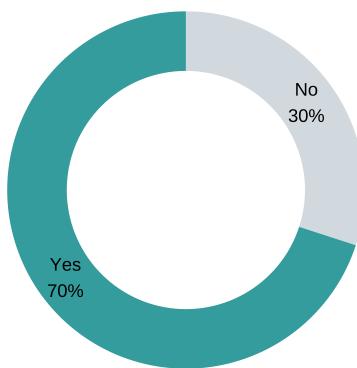


Seven out of ten (70%) male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 22).

*Figure 22. Prostate Cancer Screening Figure*

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

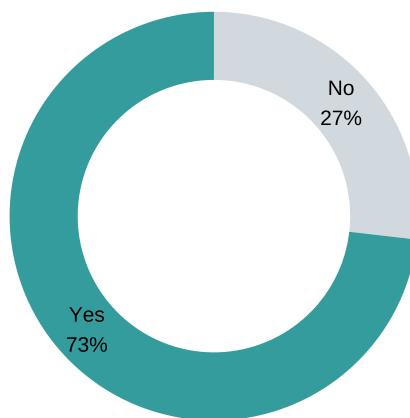
N = 10



About three quarters (73%) of female respondents 40 years or older reported they received an annual mammogram (Figure 23).

*Figure 23. Breast Cancer Screening*

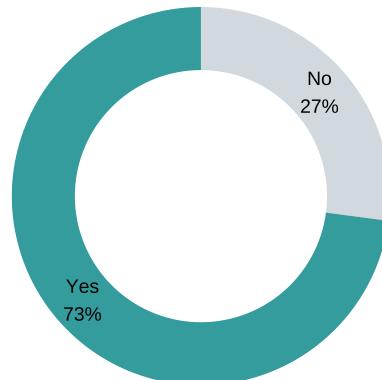
If you are a female and 40 years or older,  
do you have an annual mammogram?  
N = 41



Like mammography, about three out of four (73%), of female over the age of 21, reported having received a pap smear in the last five years (Figure 24).

*Figure 24. Cervical Cancer Screening*

If you are female and over 21, do you have a pap  
smear at least every 5 years?  
N = 48



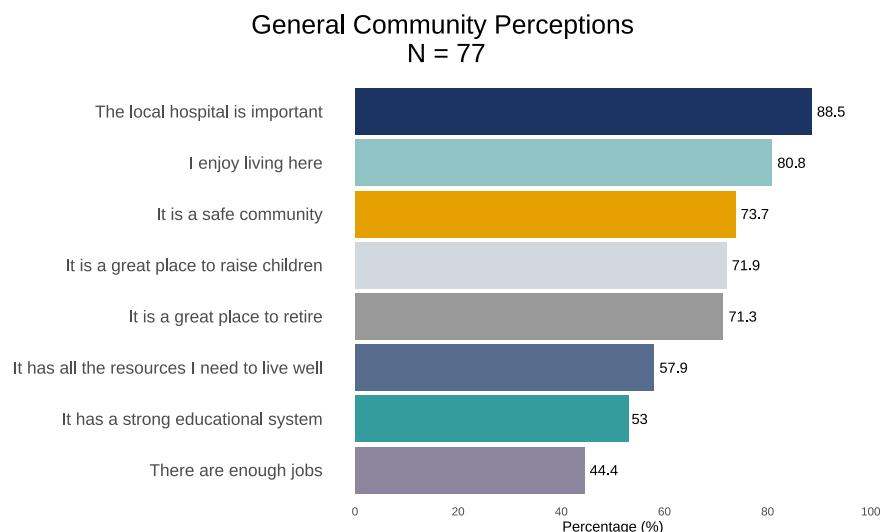
## COMMUNITY PERCEPTION

### General Community Perception

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

About nine out of ten (88.5%) respondents either agreed or strongly agreed that the local hospital is important. More than eight out of ten respondents (80.8%) strongly agreed or agreed that they enjoy living in Jefferson County (Figure 25). Similarly, seven out of ten respondents agreed that the community is a safe community (73.7%), it's a great place to raise children (71.9%) and it's a safe to retire (71.3%). However, less than half of the residents (44.4%) felt there were enough jobs (Figure 25).

Figure 25. General Community Perceptions



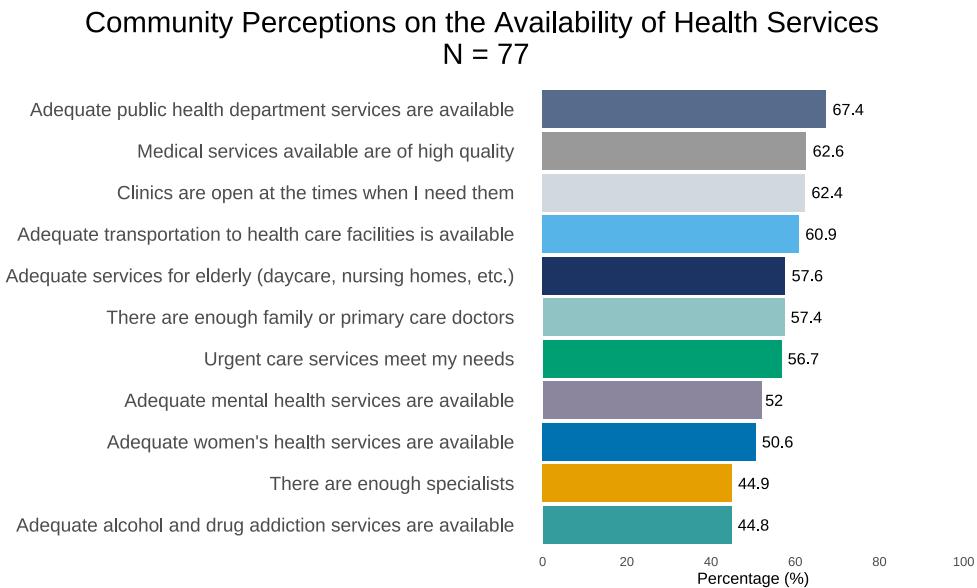
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

### Community Perception Concerning Health Care Services

Respondents reported adequacy of public health department services, medical services of high quality, clinics are open at the times when they need them.

Respondents reported inadequacy in alcohol and drug services, in number of health specialists, and in women's health services in the community (Figure 26).

Figure 26. Community Perceptions Concerning Health Care Services



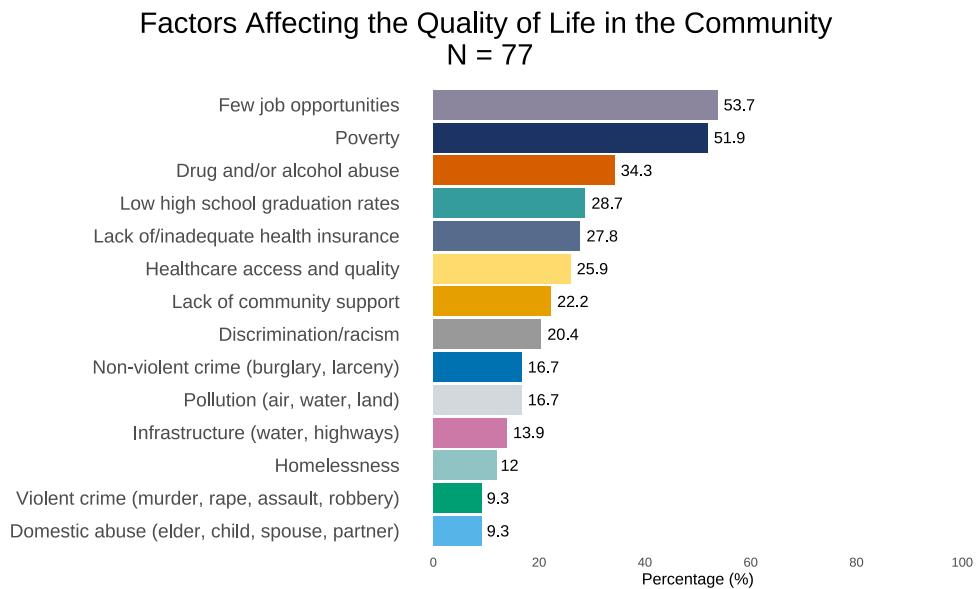
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

## ***Community Perceptions Concerning Health and Quality of Life***

More than half of the respondents identified few job opportunities (53.7%) and poverty (51.9%) and as the most significant factor affecting the quality of life in the community, followed by drug and or alcohol abuse (34.3%) (Figure 27).

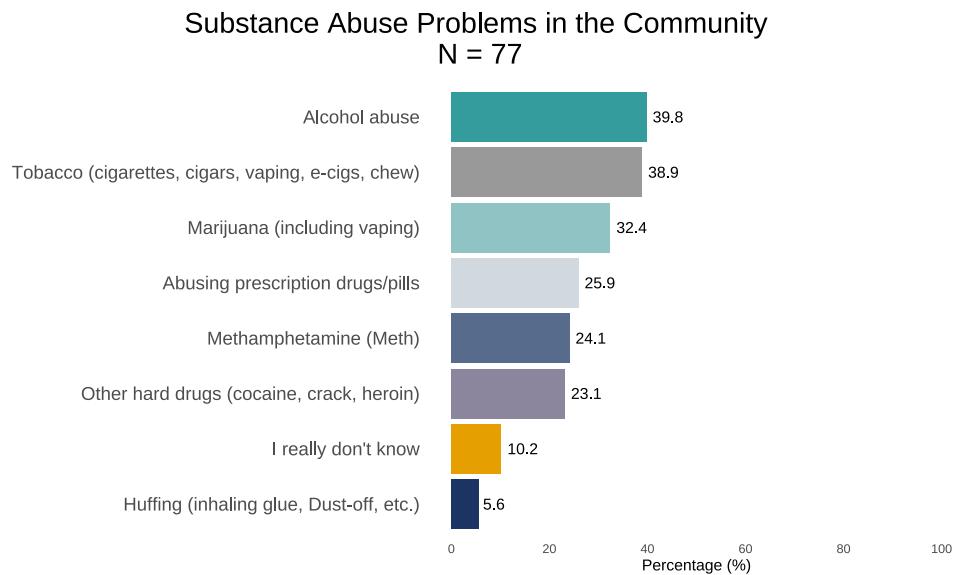
Concerning substance abuse in the community, alcohol abuse (39.8%) was identified as the most commonly abused substance, followed by tobacco (38%), Marijuana (32.4%), and abusing prescription drugs/pills (25.9%) and methamphetamine (24.1%) respectively (Figure 28).

Figure 27. 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 28. Substance Abuse Problems

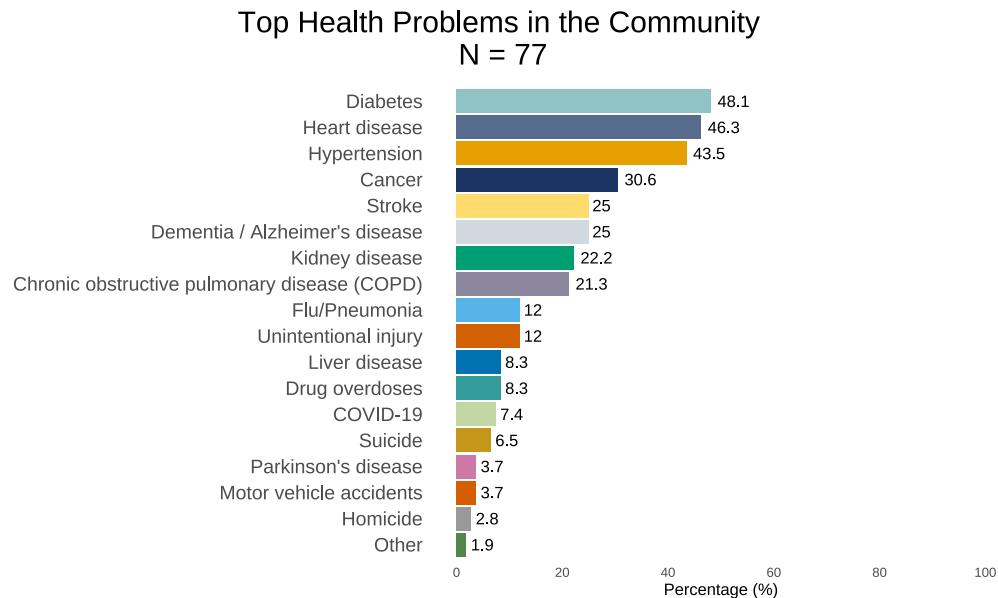


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

## Community Perceptions Concerning Mortality & Morbidity

Diabetes (48.1%), heart disease (46.3%) and Hypertension (43.5%) were identified by the survey respondents as the top three causes of mortality and morbidity in the community. (Figure 29).

Figure 29. Causes of Mortality and Morbidity



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

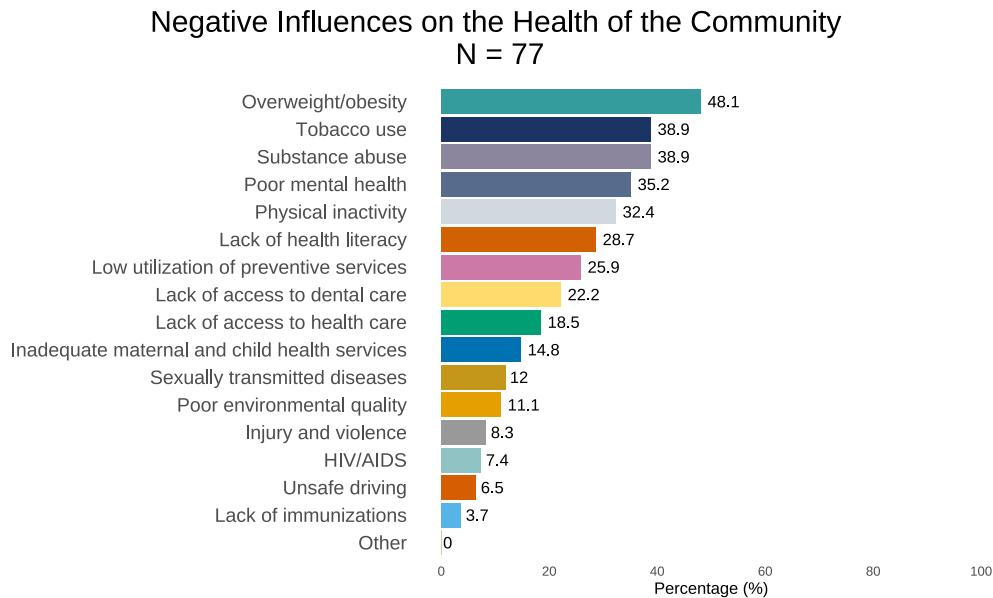
## Negative Influencers of Health

Obesity/overweight (48.1%), substance abuse (38.9%), and tobacco use (38.9%) were identified as the top three negative influencers of health in the community for adults (Figure 30).

Nutrition (43.5%), parental neglect (37%), and early sexual activity (33.3%) were identified as the top three negative influencers of children's health (Figure 31).

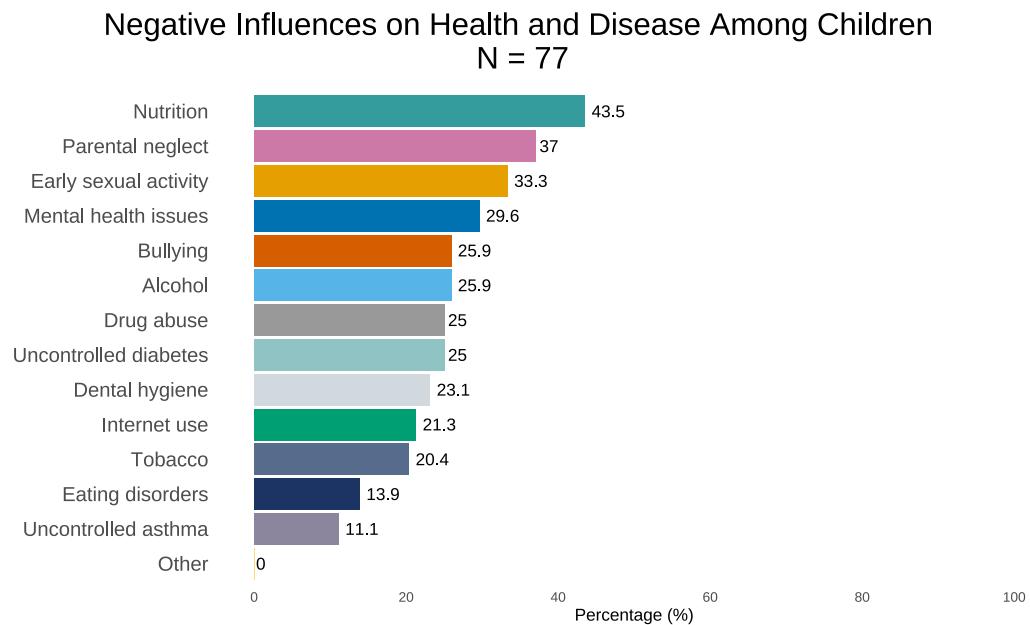
With respect to COVID-19, respondents reported that mental health issues (34.3%), financial stress (34.3%), and social isolation (32.4%) were the top three issues exacerbated by the pandemic in Jefferson County (Figure 32).

Figure 30. Negative Influencers of Community Health



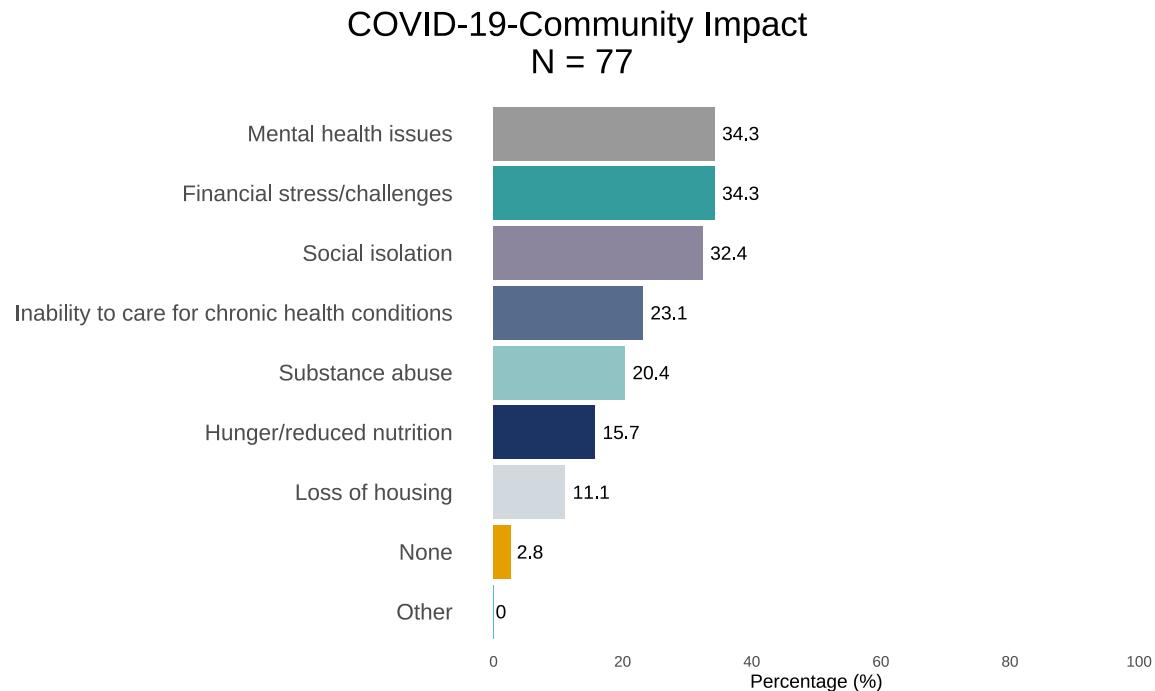
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Figure 31. Negative Influencers of Children's Health



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

Figure 32. COVID-19 Community Impact



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

## HEALTH CARE ACCESS

### *Insurance Coverage and Usual Source of Care*

More than three out of four respondents (77.4%) reported that they had employer-based insurance. Nearly a fifth of respondents were covered by Medicare, and approximately ten percent were covered through other directly purchased private health insurance. Only 3.8% reported having Medicaid (Figure 33).

About eight out of ten of the respondents (84.5%) reported that their usual source of care was a provider in a doctor's office setting. About 5% identified the non-local hospital or urgent care as their usual source of care and 3% reported using the emergency room (Figure 34).

Respondents most commonly identified their health care provider (doctor/nurse) as their source of health information (98.1%), followed by the pharmacist (61%), internet/social media (61%), hospital (50%), and friends and family (42.5%) (Figure 35).

Figure 33. Insurance Coverage

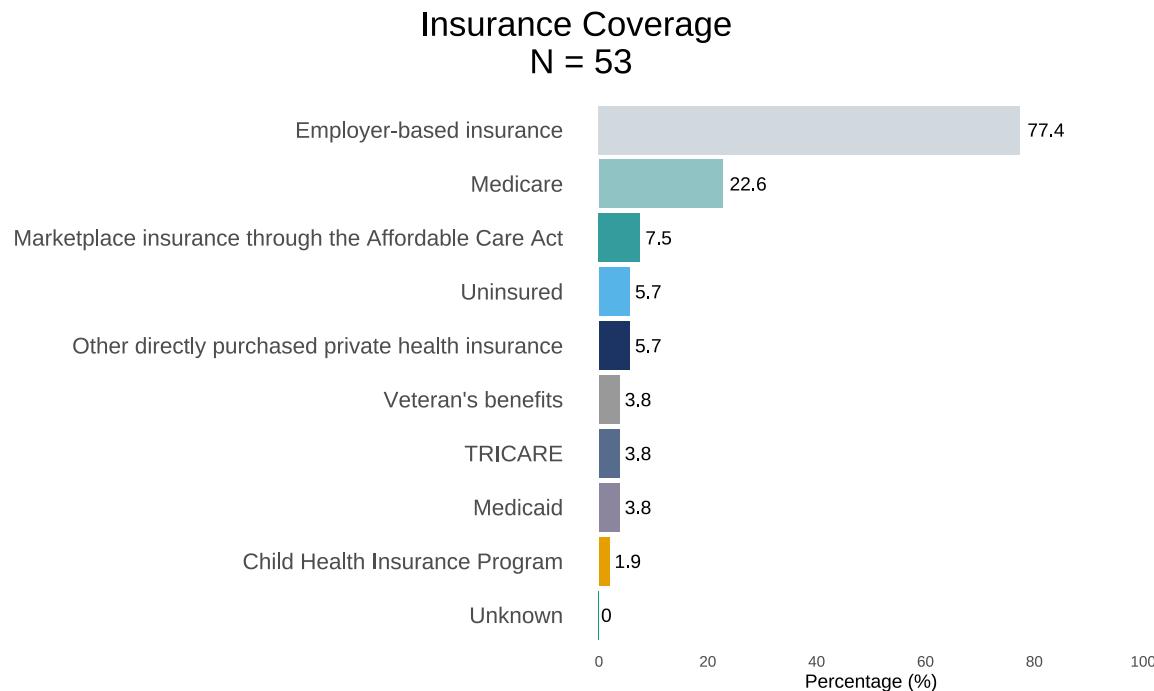


Figure 34. Usual Source of Care

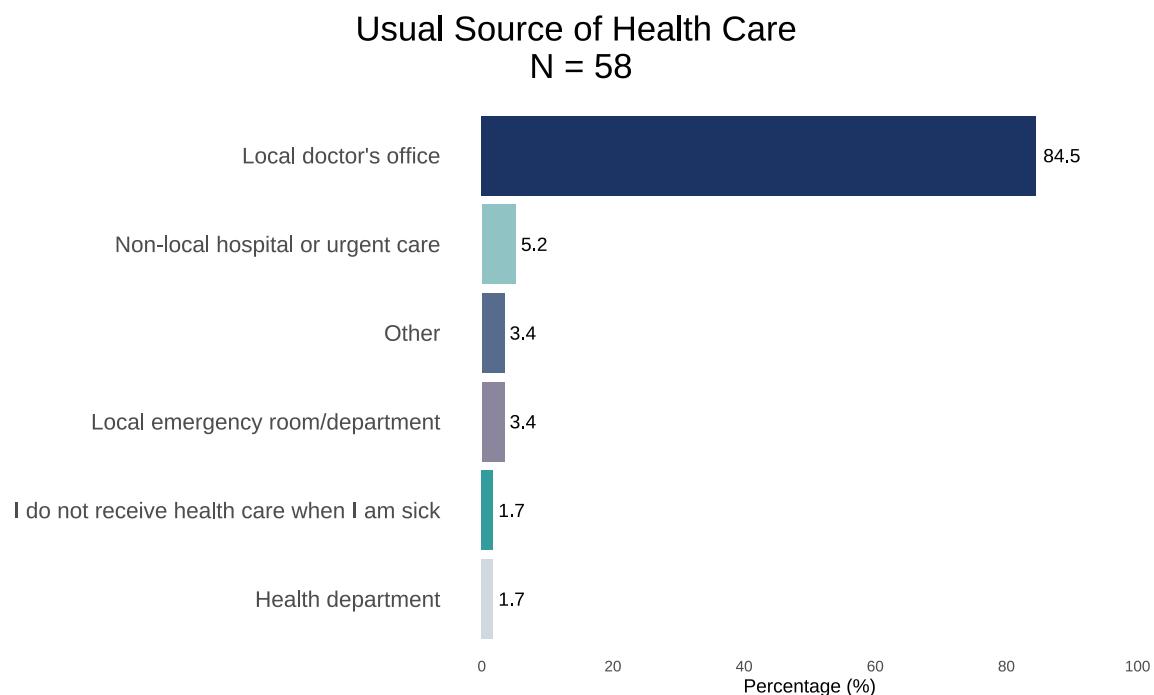
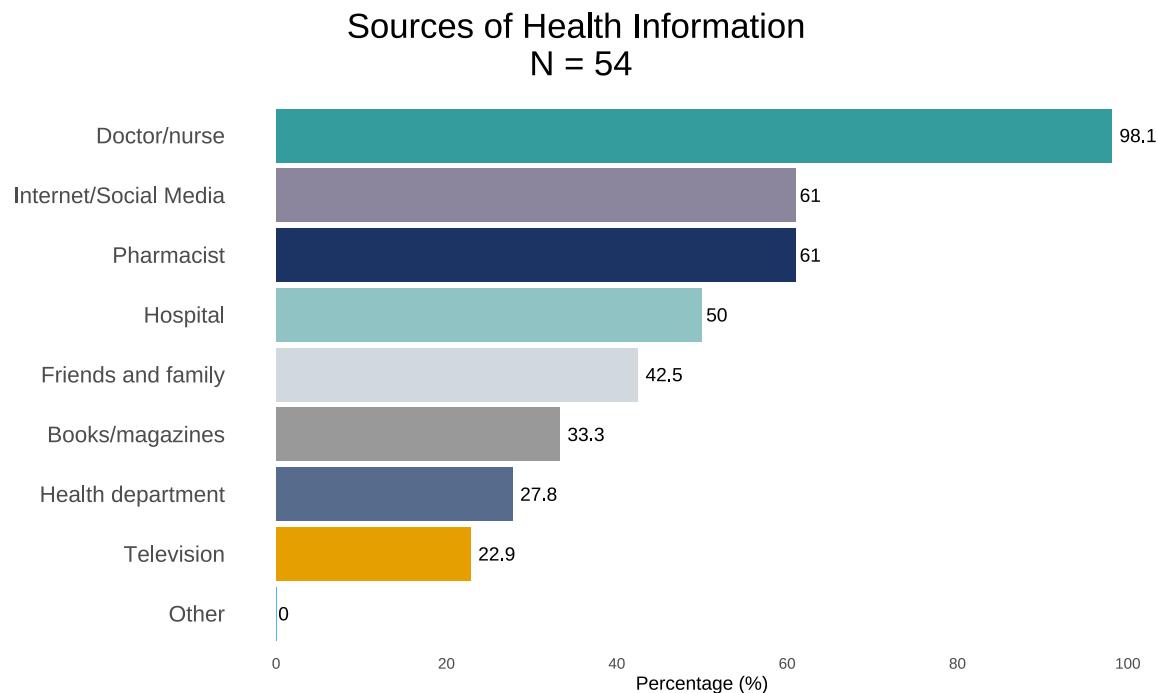


Figure 35. Sources of Health Information



## Barriers to Healthcare Access

Nearly a third (27%) of respondents reported experiencing barriers to health care access in the past 12 months (Figure 36). Barriers most frequently mentioned were high deductibles/copays (68.8%), limited insurance coverage (62.5%), and no health insurance (50%) (Figure 37).

Figure 36. Barriers to Healthcare Access

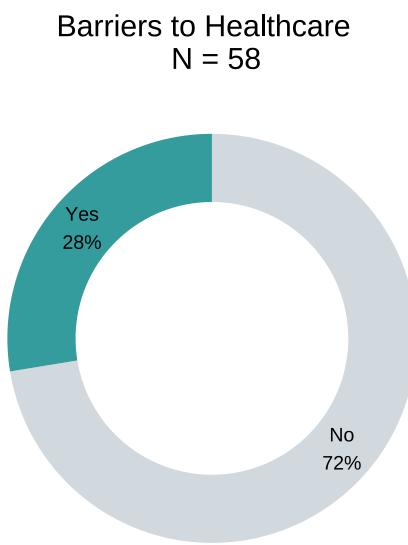
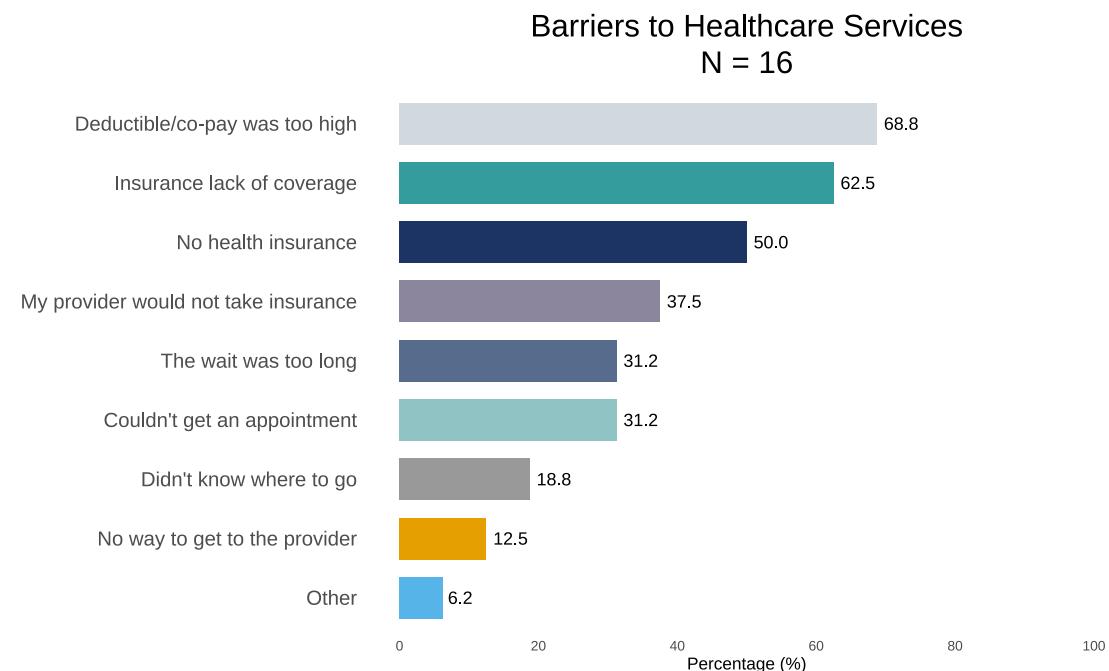


Figure 37. Specific Barriers to Healthcare Access



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

## ***Health Specialists***

More than eight out of ten of respondents (83%) expressed that there are not enough health specialists in Jefferson County (Figure 38). Cardiology was reported as the most needed health specialty (91.4%), followed by orthopedics (71.4%), oncology (51.4%), and pediatrics (48.6%) (Figure 39).

Figure 38. Adequacy of Health Specialists

**Adequacy of Health Specialists**  
N = 58

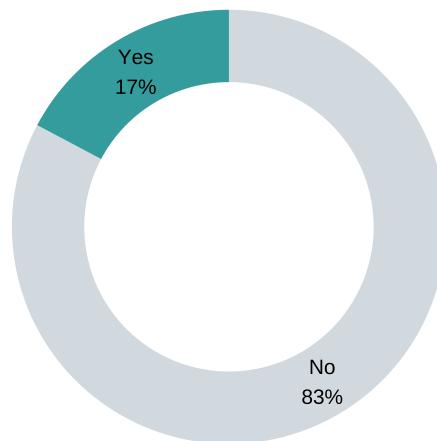
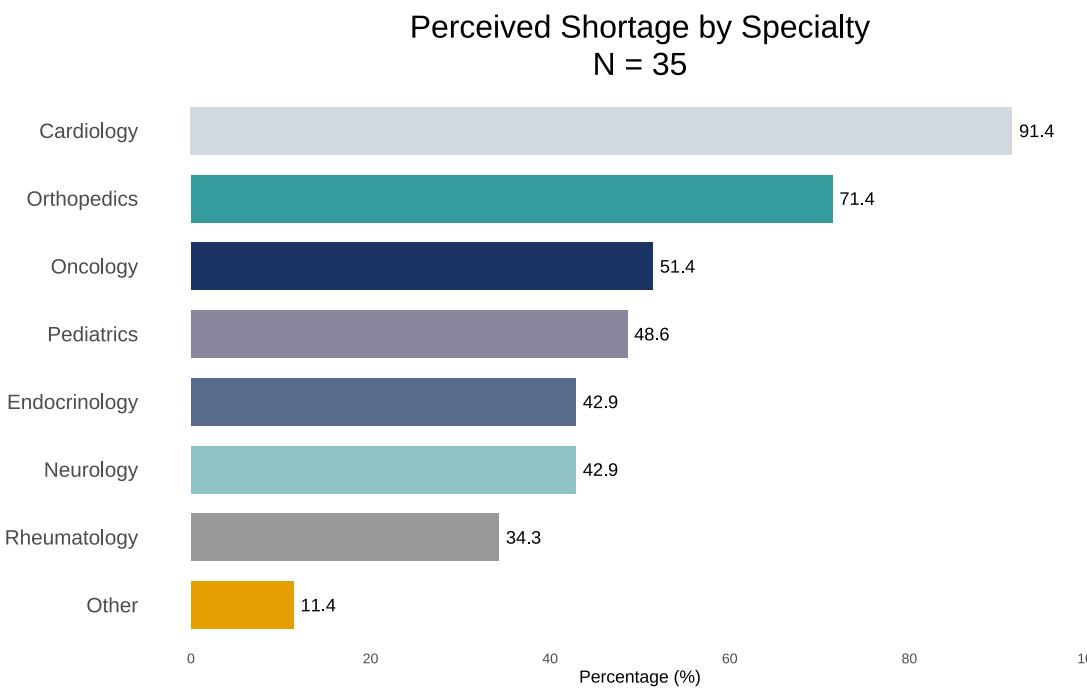


Figure 39. Most Needed Specialties



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

## **SUMMARY POINTS FROM THE COMMUNITY SURVEY**

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

### **Health Status and Behavior**

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

### **Perceptions about the Community and Community Health**

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

### **Access to Healthcare Services**

- About one in three respondents reported experiencing barriers to receiving health care in the past 12 months with high cost and limited services covered by insurance as the most common barriers.
- More than eight out of ten of respondents think there are not enough health specialists in the county, with cardiology, orthopedics and oncology identified as the most needed specialties.

## FOCUS GROUPS

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In June 2025, three focus groups were conducted, involving fifteen participants from diverse sectors of the community, including public health. These participants actively contributed to the discussions and insights shared during the focus groups.

### Overall Community Perception

The focus group participants described Jefferson County as a great place to live and raise a family but also as a poor community where it is difficult to make ends meet and there is little economic development or employment. The community's poverty also impacts their health overall and access to healthcare.

*"Anyway, I would say it's very difficult for our families to make ends meet because while wages have not increased, the cost of living has increased. I think people are struggling even more than normal because groceries are ridiculously priced now. To eat healthy is so expensive. Therefore, people buy what's cheap. Cheap is not always healthy. I think people are really struggling more than before. In the hurricane, people are still fighting with insurance, lost homes, lost cars. Even people that weren't struggling before are struggling now."*

"Jefferson County may be less affluent; however, we have a good quality of life here. Our greatest challenge/disadvantage is our low population density. Also, our county is losing population, not gaining. Our workforce is aging, and young people are having much less children than ever before. Never mind what the other lady said, Wadley has 4 international companies that sell their products all over the world."

*"Well, it's a poor community. Not a lot of businesses. In Wadley, you have one big place that employs people. Here in Louisville, to me, I probably-- It's outside of town, they have a big place that employs people. There's just a lot of poor people. We're steady trying to get them health insurance and stuff because they don't have it and they can't qualify for Medicaid. There's just a lot of elderly and then people that don't have incomes coming in to afford large insurances and medical bills and stuff."*

### Community Strengths

**Themes:** Close, Small Community, Family Friendly, Health-Resources

Participants described the community strengths of the county as being close and small where everybody knows everybody else. The participants also described the community as having some health resources including health clinics and hospitals. They also described it despite its challenges as a friendly place that is a great place to raise a family.

*"Jefferson County, to me, has always been a special place. I've been to other places, but in Jefferson County, it's a small community of people that basically everybody know everybody else. To me, that's not necessarily a bad thing because now we have a community that they can socialize with each other. A lot of us in the community grew up together, work together in different capacities."*

*"We use the hospital quite often for just routine checkups, routine doctor's appointments, and some emergency care, especially when-- my wife is somewhat disabled. We visit the hospital quite often. Again, when we need specialty care, it's like making a trip back and forth to Augusta."*

*"It's just a warm feeling to have a family atmosphere, no matter where you go within Jefferson County area. "*

*"Jefferson County is a great place to live, raise a family, and grow. "*

*"Throughout our lives, we've used it a lot with broken legs and meningitis, you name it, all the things. had a baby. I can go on and on through the years. The different things we've used it for. Yes, we do use the hospital and the facilities provided. Also, as an employer, I've had to assist many employees over time at the hospital for various things."*

*"We got two of those in Wrens, which I've never understood. CHCS has got one here in Wrens. I think the other office over here is connected to the Burke County, or what they call Burke Hospital now. Here's little old Wrens, Georgia, with 2,500 people and four clinics. If you can't find a doctor in Wrens, Georgia, you know something. You can get to a doctor and get seen here in Wrens, Georgia. You can use the services at the hospital."*

## **Challenges**

**Themes:** Poverty, Hypertension, Avoiding Care, Limited Resources, Racial-divide

Participants reflected on some of the challenges of living in Jefferson County. They described the community as lacking vibrancy and experiencing high poverty. This poverty, they noted, affects health by limiting access to essential resources like health insurance and nutritious food. One participant shared how their employee avoids necessary healthcare due to the associated costs. Additionally, other participants mentioned the presence of a racial divide that further hinders access to services.

*"I feel like the economy is not as vibrant as other communities."*

*"Jefferson County is not a wealthy county. Our resources are limited, and our hospital resources are limited."*

*"I have one staff member who has some critical health needs, and sometimes she really, really needs to go to the doctor, and she can't because she said, "I just can't afford it."*

*"Jefferson County is somewhat racially separated, but not completely."*

*"I think one thing for the community that I see lacking is education on resources that are available in the community. I think oftentimes people don't know what services are out there."*

*"Then, the access to fruits and vegetables, we have those in our grocery stores. Rarely do we have a farmer's market. In the past, we have had a couple of things where people would set up and have a farmer's mark".*

*"There's just a lot of poor people. We're steady trying to get them health insurance and stuff because they don't have it and they can't qualify for Medicaid. There's just a lot of elderly and then people that don't have incomes coming in to afford large insurances and medical bills and stuff."*

*"There's so many people that do not have insurance and that just hinders it all.*

### **Health-Specific Community Characteristics**

**Themes:** Healthy Food Access, Poverty, Health Screenings

Participants reflected on the health characteristics of their community. They described specific health-related characteristics, such as limited access to affordable healthy food options, with groceries being more expensive. Some participants also mentioned how low-income families

could potentially be impacted by health education. Additionally, participants reflected on how their health education and nutrition affected diabetes. Other health-related challenges included difficulties accessing health screenings, with some participants noting that transportation to screenings outside the county was an issue. One participant also shared their personal experience with accessing health screenings.

*"I work at the health department, so there are some insurances that we are not allowed to accept. Probably our number one organization within, but other than the hospital, probably our number one organization that's in Jefferson County, we're not allowed to accept their insurance. That is one of the things."*

*"Groceries are expensive here. If you want to eat healthy, if you can afford to go buy lettuce and cucumbers and all that stuff at Ingalls, then go for it. Me, personally, I travel out of the county just to go get healthier foods because it's cheaper to pay the gas than it is to go to our local grocery stores and buy the healthy foods"*

*"I think the financial situations of a lot of families doesn't allow them to choose healthier options maybe, as oftentimes those are more expensive. Not having the resources and educational resources on diets, or their diabetes, or not seeking the care for their diabetes, that kind of thing."*

*"Through the health department, I'm able to send people to the hospital for a mammogram, but then if it's abnormal, I'm having to refer them out. I typically refer them to Augusta. Their pap smears, if they have an abnormal pap and need a colposcopy, I have to refer that out. That can be tricky because if the patient doesn't have transportation, our local transit will have to call them. They can only go to Richmond County, so I have to find them a provider in Richmond County. Sometimes my free colposcopy services are in other counties"*

### **Healthcare-Specific Community Characteristics**

**Themes:** Local Health services, Health Department, Out of County Services, Perspective of Services

Participants described the county as having multiple health clinics, a health department that provides screenings and health services, and a hospital. The hospital is a crucial healthcare facility where participants rely on for various services, including physical therapy, routine check-ups, and emergency care, although it has limited health provider specialists.

*"We got two of those in Wrens, which I've never understood. CHCS has got one here in Wrens. I think the other office over here is connected to the Burke County, or what they call Burke Hospital now. Here's little old Wrens, Georgia, with 2,500 people and four clinics. If you can't find a doctor in Wrens, Georgia, you know something. You can get to a doctor and get seen here in Wrens, Georgia. You can use the services at the hospital. Now, Wrens is North Jefferson County, Charles. I don't know if you're familiar with our county."*

*"I work at the health department, so there are some insurances that we are not allowed to accept. Probably our number one organization within, but other than the hospital, probably our number one organization that's in Jefferson County, we're not allowed to accept their insurance. That is one of the things."*

*"Their rehab is very strong. Physical therapy, occupational therapy, cardiac, rehab, they have a very good rehab program and have utilized all of the above."*

*"That can include pain management, cardiology, podiatry. We have a surgeon on campus twice a week, but he only does cases once a week."*

*"We use the hospital quite often for just routine checkups, routine doctor's appointments, and some emergency care, especially when-- my wife is somewhat disabled. We visit the hospital quite often. Again, when we need specialty care, it's like making a trip back and forth to Augusta."*

*"Throughout our lives, we've used it a lot with broken legs and meningitis, you name it, all the things. had a baby. I can go on and on through the years. The different things we've used it for. Yes, we do use the hospital and the facilities provided. Also, as an employer, I've had to assist many employees over time at the hospital for various things."*

### **Main Healthcare Issues in the Community**

**Themes:** Under-Insured, Inadequate Mental Health Services, Lack Specialty Services, Inequality of Services,

Participants highlighted the primary healthcare challenges in the community as limited access and a general disparity in healthcare service availability. They identified several factors contributing to this discrepancy, including varying levels of health insurance coverage and a shortage of healthcare providers. Participants also mentioned the high costs of purchasing insurance and the difficulty in signing up for Medicare due to the location of resources outside the county. Additionally, they pointed out the limited availability of both specialty and mental

health care providers. Some participants also reflected on the racial divide in the community and its impact on minority individuals' reluctance to use hospitals, as they often feel intimidated or discouraged from seeking medical care.

*"Our community definitely has a lack of access to specialty services. At the hospital, we do our best to provide those. Like you said, oftentimes, those services are only here one or two days a week.*

*"We're a lot closer to Richmond County and Columbia County. You know it's not that far drive for us in terms of where do you go get your service. Some of our citizens probably do drive over to Richmond County or Columbia County, or McDuffie County. Now, some of them use the hospital here in Jefferson, too. "*

*"I don't want to make it sound like Jefferson is bad, because they're not a bad hospital. I think being a minority, it's just-- I don't know how to say it [laughs]. Sometimes it sounds like, you better not go there, let me put it like that. You better go somewhere else.."*

*"We're now seeing a lot more people seeking mental health services than ever. In our organization, we see people now, adults. When we first started this program, they had to be mandated through the court system. Now we're having people that's involved in domestic problems or dealing with issues with their children, and they see that they need some counseling, and they're actually walking in the door. We see all the time that there is definitely a need for additional mental health providers within Jefferson County."*

*"We also have the elderly community that is Medicare-appropriate and of age. Some of them have not even signed up for Medicare. They don't have no insurance at all, or they sign up only for Part B, and then they don't have inpatient coverage. The ones that don't have any Medicare at all, we've tried to tell them what to do, where to go to, get them assistance. We're trying to get them signed up. Then they don't go do it, or they don't have transportation to go do it because we don't have a Social Security office here in town. They have to either go to Vidalia, Dublin, Swainsboro, or something."*

## **Hospital's Role in the Community's Health**

**Themes:** Emergency services, Regular care, Specialty care services, Community education on resources, Involved

Participants shared their experiences utilizing the hospital for emergency services, including treating broken bones and acute illnesses, as well as transferring patients from the nursing facility. They also mentioned using the hospital for routine care without the need to travel outside the county. Participants reflected on the hospital's role in providing surgical care on specific days and highlighted its potential as a crucial resource for accessing specialty services. Furthermore, participants acknowledged the hospital's involvement in community events but expressed a desire to raise awareness about the available hospital resources that the community could benefit from.

*"We use the hospital quite often for just routine checkups, routine doctor's appointments, and some emergency care, especially when-- my wife is somewhat disabled. We visit the hospital quite often. Again, when we need specialty care, it's like making a trip back and forth to Augusta".*

*"For the nursing home, we try to use Jefferson Hospital as much as possible. We'll send our patients over there as much as we can. We utilize them".*

*"Throughout our lives, we've used it a lot with broken legs and meningitis, you name it, all the things a baby. I can go on and on through the years. The different things we've used it for... Also, as an employer, I've had to assist many employees over time at the hospital for various things. That's been my most recent visit was a burn of an employee over there"*

*"We go to Jefferson Hospital if the service is provided there. That's where we would prefer to go. We just go down there. Now, some of it, I think you've got to go to Richmond County to get in Columbia County or wherever, to get some medical services".*

*"We have a surgeon on campus twice a week, but he only does cases once a week. Just having those specialty services available".*

*"for Jefferson County, it's hard to get specialty doctors to come to small towns, because they don't think that they'll either have enough patients or they won't make enough money in the community or however. We have to reach out to these specialty doctors to see if they would be willing to come to Jefferson County for, I don't know, two, three days out of the month or out of the week, just like they do any other hospital if they have to travel to different hospitals. I just think it's just that they just need to collaborate with some other specialties in order to get them in Jefferson County so that they can have those things available for the community"*

*"They're excellent with community service events. They do a great job. We normally do a major event, the back-to-school event, here in Jefferson County. It's a big festival-type*

*event. The hospital has been a part of that for the last, as long as I can remember, in some capacity, within the last three years, four years, they've partnered with Jefferson County SHIPS for Youth to sponsor that event".*

*"They are very visible at multiple things all over the community that I see. Lots of things that-- even faith-based events, just different things like that. I see they're very visible and active in that".*

*"The services that I've received from the hospital, my primary doctor is there at Jefferson Hospital, is through referrals. He may refer you to a specialist, and then that specialist come into town. That's the way it is. It's through referrals for us".*

*"I think one thing for the community that I see lacking is education on resources that are available in the community. I think oftentimes people don't know what services are out there".*

### **Health-Specific Wish List Items**

**Themes:** Afterhours Healthcare Access, Health Insurance, Specialty-Care Services Access, Prenatal Care Access, Mental Health Care Access

The focus group participants prioritized healthcare access as their top community health concern. They emphasized the need for non-emergency after-hours care and a shortage of specialty services. While acknowledging the hospital's efforts to recruit specialists, they noted their limited availability on specific days. These specialists provide OBGYN services for prenatal care and childbirth. Participants also strongly desired mental health specialists, especially those specializing in pediatrics. They highlighted the compounded challenges posed by the lack of affordable healthcare options and limited health insurance coverage in the community. One participant specifically mentioned the significance of abnormal pap smears in the county.

*"Wish there was an after-hours clinic, urgent care, of some sort. Like I said, you have to travel outside the county for urgent care. Something after-hours that's not ER-related, so I don't have to pay an ER bill [chuckles] would be helpful."*

*"Our community definitely has a lack of access to specialty services. At the hospital, we do our best to provide those. Like you said, oftentimes, those services are only here one or two days a week."*

*"hypertension, is big. Specifically, your male population that doesn't have health insurance. Women are able to get, especially women of childbearing years, are able to get on planning for healthy babies and things like that."*

*"Being in the health department, STDs, [laughs] so that's pretty much it. In Jefferson County, we're seeing a lot of abnormal pap smears. I've probably seen more abnormal paps in the last year than I have in the last 10 years that I've been here."*

*"Our community definitely has a lack of access to specialty services."*

*"We need prenatal care for sure within Jefferson Hospital. I'm not sure if they still have it or are they don't. I know at one time, they did have prenatal care. . . Childbirth within Jefferson County would be great because of transportation issues for sure."*

*"We're desperate for some mental health services for children, especially, but even adults. It's very difficult for people to get those services. There's already a stigma attached to those services. Then, when I have to make more of an effort to go 30 miles out of town and all of those things, it's not a good situation with that."*

*"Number one thing is for them to be able to afford to buy their medications and stuff, and to be able to go to a doctor on a regular basis. As I spoke before, there's so many people that do not have insurance and that just hinders it all."*

## **SUMMARY POINTS FROM THE FOCUS GROUPS**

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

### **Perceptions about Community and Community Health**

- Great place to live and raise a family
- Poor community where it is difficult to make ends meet and there is little economic development or employment.

### **Perceptions about Health and Healthcare**

- Limited access to affordable healthy food options with groceries being more expensive.
- Challenges with accessing health screenings.
- Poverty impacting health through access to resources like health insurance and fruit and vegetables
- Community members foregoing care due to cost

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

- Hospital is present at community events and fairs.
- More information on available services and resources at the hospital needed.
- Targeted information campaigns, such as the "It's a Girl's Thing!" program, empower residents with the knowledge and resources to make informed health decisions.

### **Health-Specific Wish List Priorities**

- Non-emergent after-hours care is.
- There's a significant demand for mental health specialists and pediatricians.
- Lack of affordability of available services and or health insurance that would cover them in the community.

## Results of Previous Implementation Plan

Goal: To increase outreach education activities in our community

Objective 1: Community Liaison & Educational Program

-Jefferson Hospital's Director of Marketing is the individual handling this.

-A marketing group has been created with managers. We meet monthly to discuss initiatives and opportunities to go out and share about our services.

-The RHSP grant initiative is assisting with marketing and outreach. They have provided ample resources and trainings for our Community Champion. Our Marketing Director serves as the Community Champion.

Objective 2: Expansion of Care Coordination/Wellness

-We work regularly with premier health network to monitor opportunities and progress of our wellness visits.

-Our approach has changed in terms of structure. We have started having providers in each clinic perform wellness visits.

Goal: To enhance access to specialist care in Jefferson County

Objective 1: Offer an Increased Variety of Specialty Services

-We have specialists from Burke Health and Doctor's Hospital who rotate through our Multi-Specialty Clinic to provide pain management, orthopedics and general surgery.

-We recently opened our Jefferson Hospital Cancer Center. Dr. Stephen Schleicher is our oncologist. We hope to see a lot of growth in this clinic.

-We need cardiology and pediatrics.

Objective 2: Expand Existing Surgical/GI Services

-A feasibility study is being performed by the Rural Hospital Stabilization Program team to evaluate an orthopedic surgery service line.

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

#### Objective 1: Intensive Outpatient Program Expansion

- We regularly participate in events to bring awareness to our behavioral health services
- Our behavioral health team communicates with referral sources daily

#### Objective 2: Expansion of Psychiatry Services

- We have developed relationships with many resources to ensure we are able to assist our behavioral health patients as best we can
- We continuously assess opportunities to increase volumes and expand services.  
Administration meets with the behavioral health team weekly.

### **Prioritization**

During the Hospital Steering Committee's meeting on December 8, 2025, findings from the assessment and prioritization of needs for the next three years were discussed. The committee discussed the findings of the assessment and prioritization of needs for the next three years (2025 – 2027). Given resource limitations and the potential for significant impact, hospital management decided to prioritize three critical health needs based on the data presented. These priorities were wellness, specialty care and mental health and substance abuse.

To arrive at these three areas, the committee thoroughly reviewed the report, considering the areas of concern highlighted by secondary data, surveys, and focus group discussions. They also examined existing activities and partnerships that address these concerns. Next, the Steering Committee developed an implementation plan to address these focus areas effectively.

Priority Area One: Community Outreach					
ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
<b>Goal: To increase outreach education activities in our community</b>					
<i>Objective 1:</i>					
Community Liaison & Educational Program	<ul style="list-style-type: none"> <li>-Develop an educational program to include but not limited to, smoking cessation, diabetes, hypertension, Medicare, etc.</li> <li>-Host educational events</li> <li>-Increase community engagement and education utilizing department managers/experts</li> </ul>	Q4 2028	<ul style="list-style-type: none"> <li>-Number of educational opportunities provided</li> <li>-Number of attendees</li> <li>-Number of site visits</li> </ul>	Administration	<ul style="list-style-type: none"> <li>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, nursing homes and assisted living facilities, Medicare advocates, insurance representatives, Premier Health Group, senior center, referral sources, etc.</li> </ul>
<i>Objective 2:</i>					
Expansion of Care Coordination/Wellness	-Train all mid-levels at all locations to promote wellness visits and increase capacity	Q4 2028	-Volume of patients participating in the program	Mid-levels and Administration	Please see the list above.

	<ul style="list-style-type: none"><li>-Pursue existing opportunities in terms of our wellness program to ensure we are improving patient outcomes and maximizing our return</li><li>-Implement processes in our ER, med-surg unit and behavioral health unit</li></ul>		<ul style="list-style-type: none"><li>-Volume of patients receiving follow up care</li></ul>		

Priority Area Two: Specialty Care					
ACTIVITIES	ACTION STEPS	TIMELINE	MEASURE	HOSPITAL POINT OF CONTACT	COMMUNITY PARTNERS
<b>Goal: To enhance access to specialist care in Jefferson County</b>					
<i>Objective 1:</i>					
Offer an increased Variety of Specialty Services	-Recruit specialists and increase appointment availability  Cardiology Pediatrics Oncology	Q4 2028  Q2 2026 Q1 2026 Q4 2028	-Number of specialists and their specialties -Appointment availability	Administration	Burke Health, 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	Q4 2028	-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
<b>Goal: To expand mental health and substance abuse services and resources in Jefferson County</b>					
<i>Objective 1:</i>					
Intensive Outpatient Program Expansion	<ul style="list-style-type: none"> <li>-Develop relationships with referral sources</li> <li>-Continue marketing efforts</li> <li>-Individual focused Outpatient program Initiative</li> </ul>	<ul style="list-style-type: none"> <li>Q4 2028</li> <li>Q1 2026</li> </ul>	<ul style="list-style-type: none"> <li>-Volume of patients</li> </ul>	<ul style="list-style-type: none"> <li>Jefferson Hospital Center for Behavioral Health, Administration</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>
<i>Objective 2:</i>					
Expansion of Psychiatry Services	<ul style="list-style-type: none"> <li>-Implement strategic plan to expand outpatient psychiatry services</li> <li>-Develop a better understanding of psychiatry services offered through local school systems and develop those relationships</li> <li>-Develop relationships with facilities offering treatment for substance abuse to ensure we have</li> </ul>	Q4 2028	<ul style="list-style-type: none"> <li>-Psychiatry services offered</li> <li>-Volume of patients</li> </ul>	<ul style="list-style-type: none"> <li>Jefferson Hospital Center for Behavioral Health, Administration</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>

	resources to share with our patients -Grow individual services as opposed to group therapies to service a larger population and age groups				

# HEALTH CARE RESOURCE LISTING

"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."

## PRENATAL CARE

Jefferson Hospital Prenatal Center  
1067 Peachtree Street  
Louisville, GA 30434  
(478) 625-9111

## FAMILY PLANNING

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

## NEWBORNS & CHILDREN

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

<p>Department of Family &amp; Children Services (DFACS) Financial Help, Medicaid, Food Stamps, Transportation 2459 US Hwy 1 N. Louisville, GA 30434 (478) 625-7259</p>	<p>Safe Homes of Augusta 904 Merry Street Augusta, GA 30904 (706) 736-2499</p>
<p>Jefferson County Health Department Health Screening, Family Planning, etc. 2501 Highway 1 North Louisville, GA 30434 (478) 625-3716</p>	
<p><b>OLDER ADULTS</b></p>	
<p>PruittHealth - Old Capitol 310 Hwy #1 Bypass Louisville, GA 30434 (478) 625-3741</p>	<p>GeorgiaCares State Health Insurance Assistance Program for Georgia 1(866) 552-4464 (Option 4)</p>
<p>Comfort Creek Nursing Home 10200 Hwy 1 South Wadley, GA 30477 (478) 252-5254</p>	<p>The Homeplace Adult Day Care 504 N Main St. Wrens, GA 30833 (706) 547-2138</p>
<p>Jefferson County Health Department 2501 Hwy 1 North Louisville, GA 30434 (478) 625-3716</p>	<p>Silver Lining Personnel Care Home 407 Harvey Street Stapleton, GA 30823 (706) 547-3060</p>
<p>Jefferson County Leisure Center 209 E. 7<sup>th</sup> Street Louisville, GA 30434 (478) 625-8820</p>	<p>University Health Care (706) 722-9011</p>

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

Rehabilitation Department of Jefferson Hospital (478) 253-4325	Doctor's Hospital Inpatient Rehabilitation <u>(706) 651-6161</u>
Warrenton Health & Rehabilitation Center (706) 465-3328	
<b>MISCELLANEOUS</b>	
Alcoholics Anonymous (706) 860-8331	ACE DUI & Community Intervention Program (706) 863-6261
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. Pediatrician PHG – Louisville Children’s Clinic (478) 625-9816</p>	<p>Nancy Cox, MD Pediatrician/ 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>	
<b>JEFFERSON HOSPITAL SPECIALTY CLINIC</b>	
<p>Dr. Christopher Hogan Jefferson Hospital – General Surgery (478) 625-8471</p>	
<b>PAIN MANAGEMENT / REHAB</b>	
<p>Dennis Williams, MD Jefferson Hospital (only on Tuesdays) Louisville, GA 30434 (478) 625-7000</p>	
<b>OPTOMETRISTS</b>	
<p>Dr. Gina R. Durant Louisville, GA</p>	

(478) 625-7605	
<b>DENTISTS</b>	
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	
<b>EMERGENCY SERVICES</b>	
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	
<b>PHARMACIES</b>	

<p>Louisville Drug Company 101 E Broad St. Louisville, GA 30434 (478) 625-7575</p>	<p>Barney's Pharmacy 106 S Main St. Wrens, GA 30833 (706) 547-4111</p>
<p>Gunn Drug Company 48 N Main St. Wadley, GA 30477 (478) 252-5252</p>	<p>Barney's Pharmacy 819 Peachtree St. Louisville, GA 30434 (478) 625-8980</p>
<p>Peachtree Pharmacy &amp; Gifts 802 Peachtree Street Louisville, GA 478-625-9450</p>	<p>Wrens Drug 206 E Broad Street Wrens, GA 30833 (706) 547-2225</p>

