COMMUNITY HEALTH NEEDS ASSESSMENT

ST. MARY'S®
HEALTH CARE SYSTEM
A Member of Trinity Health

PREPARED BY

Grace Bagwell Adams, PhD
Rebecca Baskam, MPH
Kailey Blocker
Melat Mekonnen

PRESENTED BY

The Athens Wellbeing Project

EXECUTIVE SUMMARY

Sacred Heart Hospital: 2025 Community Health Needs Assessment

This executive summary presents the key findings of the 2025 Community Health Needs Assessment (CHNA) conducted for St. Mary's Health Care System, focusing on identifying the most pressing health needs within its service area. The assessment utilized a mixed-methods approach, combining quantitative data analysis from secondary sources with qualitative data gathered through focus groups and stakeholder engagement. This collaborative approach ensures the CHNA reflects the lived experiences and priorities of the community. The CHNA was produced to satisfy the requirements of Section 501(r) of the IRS code for three St. Mary's Health Care System hospitals: St. Mary's, Good Samaritan, and Sacred Heart.

Under the Affordable Care Act (ACA), nonprofit hospitals are required to conduct these assessments every three years to submit to the Internal Revenue Service (IRS). In addition to the assessment, an Implementation Strategy is required,detailing the hospital's plan to address the identified health needs.

The assessment built upon the Athens Wellbeing Project's established data collection and analysis infrastructure. This involved a comprehensive review of existing secondary data from various reliable sources, encompassing demographic trends, health indicators, and utilization patterns. This quantitative data was supplemented by qualitative data collected through focus groups conducted with community members and stakeholders representing diverse backgrounds and perspectives. The purpose was to understand underlying social determinants of health that contribute to the identified health needs. The Athens Wellbeing Project's substantial network of community partners was instrumental in facilitating access to relevant data sources and ensuring engagement throughout the assessment process.

The 2025 CHNA identified seven critical health needs prevalent within Sacred Heart's service area. These findings demonstrate persistent disparities and indicate the need for focused interventions to address these needs, which will be addressed in the implementation plan that accompanies this CHNA. The insights generated through this assessment will guide resource allocation, program development, and collaborative partnerships to improve the health and wellbeing of the population served by Sacred Heart hospital and the broader St. Mary's Health Care System across the region.

SIGNIFICANT HEALTH NEEDS

01 Healthcare Access

02 Behavioral Health

03 Maternal Health

04 Cardiovascular Health

05 Food Insecurity

06 Alzheimer's Disease & Related Dementia

07 Diabetes

- Healthcare Access continues to be the dominant concern, reflecting challenges in accessing affordable, quality healthcare services. Barriers include insurance coverage gaps, limited availability of primary care providers, transportation difficulties, and language barriers. This disparity disproportionately affects low-income populations and minority groups, leading to delayed or forgone care, resulting in worse health outcomes.

- Behavioral Health (Mental and Substance Use): The CHNA reveals high rates of mental health conditions and substance abuse disorders. Stigma, lack of awareness, limited access to mental healthcare services, and affordability are significant obstacles to care. The intersection of behavioral health issues with other health conditions further complicates treatment and management. The growing opioid crisis further exacerbates this health need and warrants urgent attention.

- Maternal Health: The CHNA indicates disparities in maternal health outcomes, such as higher rates of premature births and infant mortality among certain demographic groups. Access to quality prenatal care and postpartum support services is crucial for improving maternal health outcomes and reducing disparities.

- Cardiovascular Disease: Cardiovascular diseases (CVD) remain a major health concern, contributing to high rates of hospitalization and mortality. Risk factors such as poor diet, lack of physical activity, smoking, and hypertension are prevalent.

- Food Insecurity: A substantial portion of the population experiences food insecurity, lacking consistent access to sufficient, nutritious food. This issue affects household health, contributing to chronic diseases, and exacerbating existing health disparities.

- Alzheimer's Disease and Dementia: The aging population within the service area is experiencing an increasing prevalence of Alzheimer's disease and other forms of dementia. The associated caregiving burden for families and the need for specialized services constitute a growing challenge for the healthcare system.

- Diabetes in the service area causes serious complications such as heart disease, stroke, and kidney failure, significantly impacting residents' quality of life. This prevalence leads to increased healthcare utilization and substantial costs, placing a burden on both individuals and the healthcare system.

STUDY TEAM AND ACKNOWLEDGEMENTS

Community Health Needs Assessment Study Team
College of Public Health, University of Georgia
Grace Bagwell Adams, Ph.D., MPA, Principal Investigator
Rebecca Baskam, MPH
Kailey Blocker
Melat Mekonnen

St. Mary's Health Care System Representatives
Community Benefits Team
Brandiss Pearson, Ed.D., FNP-C, Regional Director of Community Health & Well-Being
Lindsey Floyd, MPH, Coordinator for Community Benefit & Outreach
Catherine Gurak, Coordinator for Community Benefit & Outreach

Advisory Council Members
Angy Fowler, Nurse Manager, Franklin County Health Department
Regina Hooper, Nurse Manager, St. Mary's Sacred Heart Hospital
Tyler Davison, Manager of Emergency Department, St. Mary's Sacred Heart Hospital
Brenda Powell, Manager of Mother/Baby, St. Mary's Sacred Heart Hospital
Tawnia Justice, Patient Access Manager, St. Mary's Sacred Heart Hospital
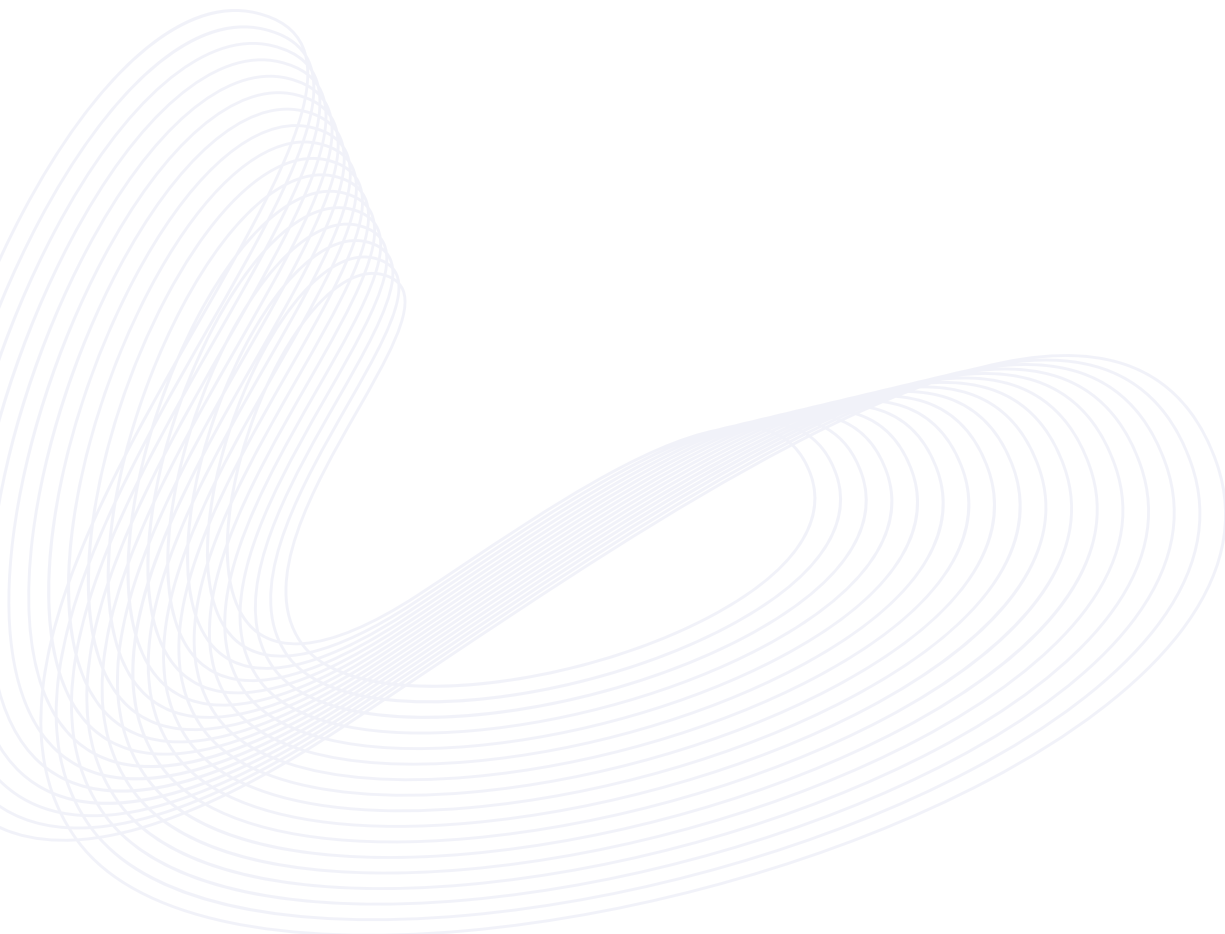John Herron, Board Chair, St. Mary's Sacred Heart Hospital
Lauren Papka, Vice President, St. Mary's Sacred Heart Hospital
Jennifer Reno, Manager of Nursing Operations, St. Mary's Sacred Heart Hospital

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Introduction

MISSION, VISION, VALUES

ABOUT ST. MARY'S HEALTH CARE SYSTEM
St. Mary's Health Care System is a not-for-profit Catholic health care ministry whose mission is to be a compassionate healing presence in the communities we serve. Founded in 1906 and now a member of Trinity Health, St. Mary's focuses on on neurosciences, cardiac care, orthopedics, general medicine/general surgery, women's health, and gastroenterology. Services include emergency care, intensive care, stroke care, cardiac catheterization, home health care/hospice services, inpatient and outpatient rehabilitation, assisted living, Alzheimer's/dementia care, preventive care, state-of-the-art diagnostic and therapeutic services and a growing network of physician practices.

MISSION
We, St. Mary's Health Care System and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

VISION
As a mission-driven, innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

VALUES
Reverence - We honor the sacredness and dignity of every person.
Justice - We foster right relationships to promote the common good, including sustainability of the Earth.
Commitment to Those Experiencing Poverty - We stand with and serve those who are poor, especially the most vulnerable.
Stewardship - We honor our heritage and hold ourselves accountable for the human, financial, and natural resources entrusted to our care.
Integrity - We are faithful to who we say we are.

SUMMARY OF THE 2021 CHNA:
SACRED HEART & ST. MARY'S HEALTHCARE SYSTEM

St. Mary's Health Care System completed a Community Health Needs Assessment (CHNA) in order to meet the requirements of the Internal Revenue Service (IRS), Notice 2011-52. The document assessed population factors, health conditions, community priorities, and health behaviors in Athens-Clarke County and the surrounding counties in Northeast Georgia. Additionally, and as the IRS requirement suggests, the assessment was used for the development of the hospitals community benefits program, including outreach services and resource development for 2022 through 2024.

The St. Mary's Health Care System hospital service area was defined by examining data at the patient visit level. For the purposes of the CHNA, existing secondary and primary data were gathered from local, state, and federal data sources. Primary data were gathered through administration of a household survey in Athens-Clarke County and focus groups in surrounding counties to gain insight into the most pressing community health needs. Special focus was given to populations where health disparities were present, including those without health insurance and low-income families.

The Community Advisory Committee assessed this data in order to accomplish a prioritization of health conditions and risk factors so that the hospital could concentrate their efforts and improve community health. Following the identification and prioritization of health needs, St. Mary's staff worked with faculty from the J.W. Fanning Institute for Leadership to construct an implementation plan to systematically address the health needs in the service area. This implementation plan provided specific areas of focus with objectives and strategies to accomplish stated objectives for the three years following the 2021 CHNA. Through this process, the following needs were recognized as the most important issues to be addressed to improve the health and quality of life in our community: access to health services; nutrition, physical activity, and obesity; cardiovascular disease.

Contact information for providing feedback or comments on the 2022 CHNA was available on the front page of the document, which was posted publicly on the St. Mary's website. No comments were received on the CHNA.

St. Mary's Healthcare system and Sacred Heart engaged with local community partners to increase access to care by annually host/co-host events bringing outreach education to the community about appropriate ER utilization, finding a PCP and other resources, and opportunities for insurance enrollment. St. Mary's also addressed chronic disease, including Cerebrovascular Health, Diabetes & Obesity, Cardiovascular Health, and Respiratory Health, through expansion of our support groups, education programs, and disease management classes. In fiscal year 2024 alone, St. Mary's has had over $34 million dollars in total community impact. Over $15.3 million of that impact was in financial assistance to patients.
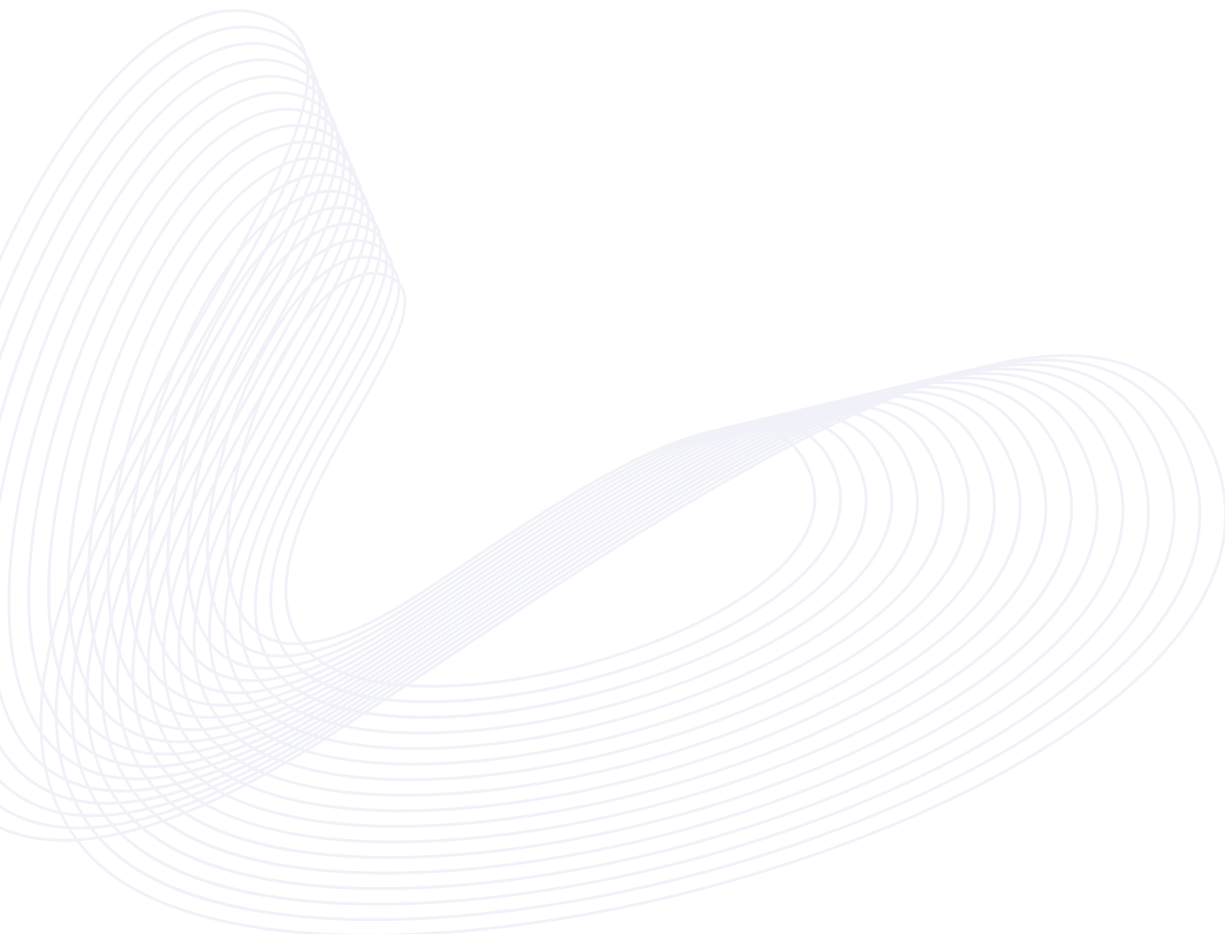
CHNA ADOPTION TIMELINE

The timeline for completing the Community Health Needs Assessment (CHNA) begins with submitting a draft to the Trinity Health System Office on January 24, 2025.

The CHNA will then be presented to the respective Boards for approval on February 5th. However, these board approval dates are subject to change, as noted by the Regional Director of Community Health & Wellbeing.

The final draft of the CHNA is scheduled for submission to the System Office by March 3. Following approval, the CHNA will be posted on the St. Mary's system website on June 23.

01 Draft Submission Sent to Board
January 24, 2025

02 Board Approval
February 2025

03 Final CHNA Submission
to Trinity Health
March 2025

04 CHNA Publicly Posted
on St. Mary's Website
June 2025

Community Served

GEOGRAPHIC AREA SERVED
BY SACRED HEART'S HOSPITAL IN LAVONIA, GEORGIA

The geographic service area was defined at the county-level for the purposes of the 2025 Community Health Needs Assessment (CHNA). The service area was determined by extracting patient-visit data. The service area counties accounted for the highest number of patient visits by county of residence using 2024 hospital data.

Five counties are defined as the service area for Sacred Heart Hospital: Banks, Elbert, Hart, Franklin, and Stephens. The counties with the most patient visits are the "primary service region." The counties with the next highest patient visits are the "secondary service region." See Figure 1 below for a map of the service area.

Figure 1. Sacred Heart's Hospital Service Area.
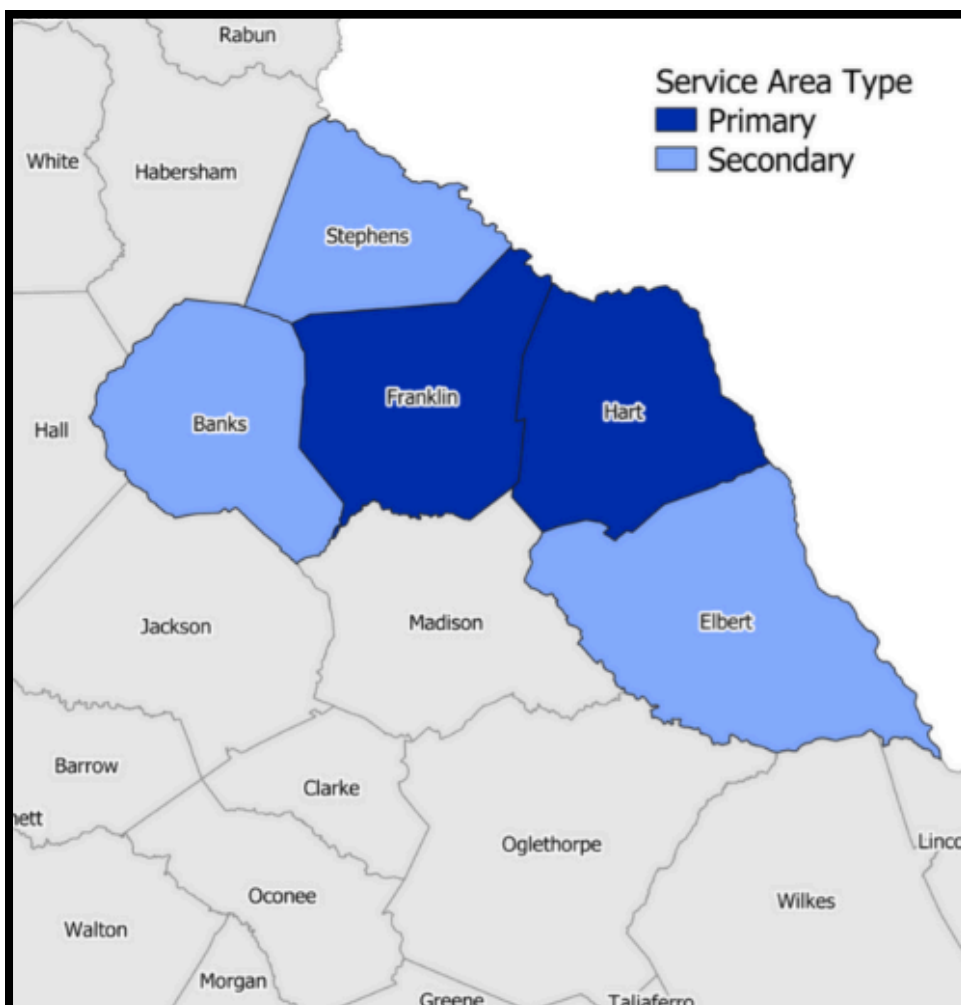
HEALTH FACILITIES

Owned and operated by Trinity Health in the St. Mary's Healthcare System

FACILITY	LOCATION	Number of Beds
St. Mary's Healthcare System	Athens, Georgia (Athens-Clarke County)	196
Good Samaritan Hospital	Greensboro, Georgia (Greene County)	25
Sacred Heart Hospital	Lavonia, Georgia (Franklin County)	56
		Total: 277

SERVICES PROVIDED BY ST. MARY'S HEALTHCARE SYSTEM

The following services are offered across St. Mary's Health Care System's three campuses: St. Mary's Hospital in Clarke County, Sacred Heart Hospital in Franklin County, and Good Samaritan Hospital in Greene County.

Breast Health Services
The St. Mary's Breast Health Center offers preventative care, high-risk counseling, treatment—both surgical and medical, and read-a-graphic organized through one center.

Cardiology
The St. Mary's team provides a comprehensive array of diagnostic tests to identify heart-related ailments and a number of innovative procedures to treat them. St. Mary's features advanced diagnostic tools like Cardiac MR, 3D echocardiography and 320-slice CT scanners.

Center for Rehabilitative Medicine
St. Mary's CRM provides inpatient care and intensive physical and occupational therapy and speech-language pathology services to help patients who meet admission qualifications maximize their function and return to independent living. CARF accredited.

Clinical Laboratory Services
St. Mary's Laboratory Services provide a full range of state-of-the-art laboratory testing, from routine blood-work to the diagnosis of pathogens and cancers. The laboratory is fully accredited by the College of American Pathologists and the American Association of Blood Banks.

Diabetes Education Services
The Outpatient Diabetes Education Department at St. Mary's is recognized by the American Diabetes Association and offers individual appointments followed by two diabetes education classes. These classes cover all aspects of diabetes self-management from nutrition to reducing risk of diabetes-related complications.

Emergency Care
Open 24/7 for any medical emergency, including heart attack and stroke. St. Mary's is Joint Commission Certified as a Primary Stroke Center, Heart Failure Center, Knee Replacement Surgery Center, and Center for Advanced Inpatient Diabetes Care

Endocrinology
St. Mary's Health Care System is a provider of Endocrinology and Diabetes care and offers a full range of treatment options for those with diseases of the Endocrine system.

SERVICES PROVIDED BY ST. MARY'S HEALTHCARE SYSTEM

Graduate Medical Education
Partnering with the Augusta University/University of Georgia Medical Partnership, St. Mary's is the participating site for the Internal Medicine Residency Program, Northeast Georgia's first graduate medical education program. Up to 33 physician residents provide supervised care with increasing levels of independence as the final stage of their medical education. The program is designed to address Georgia's physician shortage and attract new doctors to our region.

Hospitalists
St. Mary's created the region's first hospitalist program in 2002 to optimize care for inpatients. Athens Hospitalists Services is an independent group of board certified internal medicine physicians dedicated to patient satisfaction.

Highland Hills
St. Mary's Highland Hills Village Senior Living is a community of support, fellowship, and watchful oversight for active seniors, and offers a robust continuum of care including, independent living, assisted living, and memory care.

Home Care and Hospice Services
St. Mary's has a long-standing tradition of providing quality, compassionate care with dignity and respect both in the traditional hospital setting and in homes across Northeast Georgia.

Infectious Disease Services
St. Mary's provides infectious disease services including outpatient medical care for patients, immunizations and vaccinations, management of chronic illnesses, specialist consults for other physicians.

Inpatient and Critical Care
Acute care, pre- and post-operative, and restorative inpatient care are available for medical and surgical patients, along with palliative care services at all levels. Critical care services include dedicated medical/surgical intensive care (ICU), neurosciences critical care (NCCU), and level II neonatal intensive care (NICU). St. Mary's also provides an intermediate care unit (IMCU).

Medical Imaging
St. Mary's Radiology Department maintains state-of-the-art equipment with capabilities such as digital x-ray, digital mammography, CT, MRI and ultrasound. St. Mary's recent expansion has created new suites for its high-tech CT and MRI scanners. The radiology department also offers convenient mammography and bone density services at St. Mary's Outpatient Diagnostic, Rehab and Wellness Center.

SERVICES PROVIDED BY ST. MARY'S HEALTHCARE SYSTEM

Military and Veterans Health Program (MilVet)
The goal of the MilVet program is to provide military service members, veterans and their families with convenient access to high-quality, culturally sensitive, people-centered health care services that meet their specific needs.

Mission Services
Mission Services is an integral part of St. Mary's commitment to caring. St. Mary's Mission Services encompasses Ethics, Spiritual Care, Spirituality in the Work Place, Formation, Language Services, and Patient Experience.

Neurology
St. Mary's Neurological Specialists are committed to true clinical excellence in patient care, providing medical treatment which is grounded in progressive, evidence-based medicine, utilizing the most current innovations and technologies

Outpatient Infusion Suite
St. Mary's Outpatient Infusion Suite can help patients of all ages manage a wide range of conditions such as Anemia, Asthma, Crohn's Disease, Immune Deficiencies, Psoriasis and Rheumatoid Arthritis. Our skilled, compassionate registered nurses are trained to help you maximize your health and avoid inpatient hospital stays.

Outpatient Services
Offering a wide variety of outpatient services from radiology and diagnostics to rehabilitation, St. Mary's provide patients with convenience, quality care and the latest technology to fit into their active lifestyles.

Palliative Care Services
St. Mary's Palliative Care Program is accessible to patients across Northeast Georgia. Care is provided by a team of expert specialists, led by a physician, that includes nurse practitioners, social workers, and chaplains. Services aim to provide relief from the symptoms and stresses of illness and to improve the patient's quality of life by focusing on the things that are most important to the patient and their family

Respiratory Care
St. Mary's Respiratory Care Department is available for any breathing-related need, from ventilator management in the critical care setting to outpatient breathing tests, smoking cessation, and a support group. St. Mary's is certified by The Joint Commission for COPD care.

SERVICES PROVIDED BY ST. MARY'S HEALTHCARE SYSTEM

Rheumatology Services
The Rheumatology Center of Athens, a St. Mary's collaboration with Padmanaidu Karnam, M.D., serves patients across Northeast Georgia who are living with arthritis and other autoimmune conditions.

Spine Care
St. Mary's is the first hospital in the Athens area to earn The Joint Commission Gold Seal of Approval for Spine Surgery.

St. Mary's Stroke Center
St. Mary's in Athens, GA, is the region's leading provider of comprehensive stroke care, offering 24/7 emergency services. Our advanced stroke care includes ischemic stroke interventions such as IV thrombolytics, commonly known as "clot busters," and cerebral thrombectomy, an endovascular procedure that removes clots from the brain.

Surgery and Robotics
All three St. Mary's hospitals provide traditional and minimally invasive surgical systems delivered by highly experienced surgeons and teams. In addition, St. Mary's Hospital in Athens also offers three surgical robots – our region's most comprehensive range of robotic surgical services.

Virtual Care
St. Mary's has avenues to connect with a provider using a computer, smartphone, or tablet for more basic appointments

Urgent Care
St. Mary's has Walk-in treatment options for minor to moderate conditions.

Women and Maternity Services
St. Mary's Hospital has the region's most spacious Family Birth Center, where most women can labor, deliver, recover and complete their post-partum stay in one room. They offer digital imaging capabilities in our Women's Imaging Center, including 3D-mammography, MRI-guided breast biopsy, CT, ultrasound and a breast health nurse. Find convenient and private mammography, bone density and ultrasound services at St. Mary's Outpatient Diagnostic, Rehab and Wellness Center. There's also a dedicated unit for women's urology and gynecology services.

Wound Center
St. Mary's Center for Wound Healing provides a full-range of wound healing services in a clean and modern outpatient facility. Our physicians take a multidisciplinary approach to managing chronic, non-healing wounds.

SERVICE AREA POPULATION DEMOGRAPHICS

The Sacred Heart health service area includes the following counties: Banks County, Elbert County, Franklin County, Hart County, and Stephens County. In 2023, on average, 22% of the service area population was under the age of 18, and 21% were over the age of 65. On average, 82% of the service area population had a high school diploma, and 17% had a bachelor's degree in 2023. [U.S Census]

The total population per county within the service area and aggregated across all five counties are presented below in ascending order, from least to greatest populous county. These data are from 2023 U.S. Census American Community Survey & County Quick Facts.

Hart: 27,556

Stephens: 27,228

Franklin: 24,782

Elbert: 20,013

Banks: 19,789
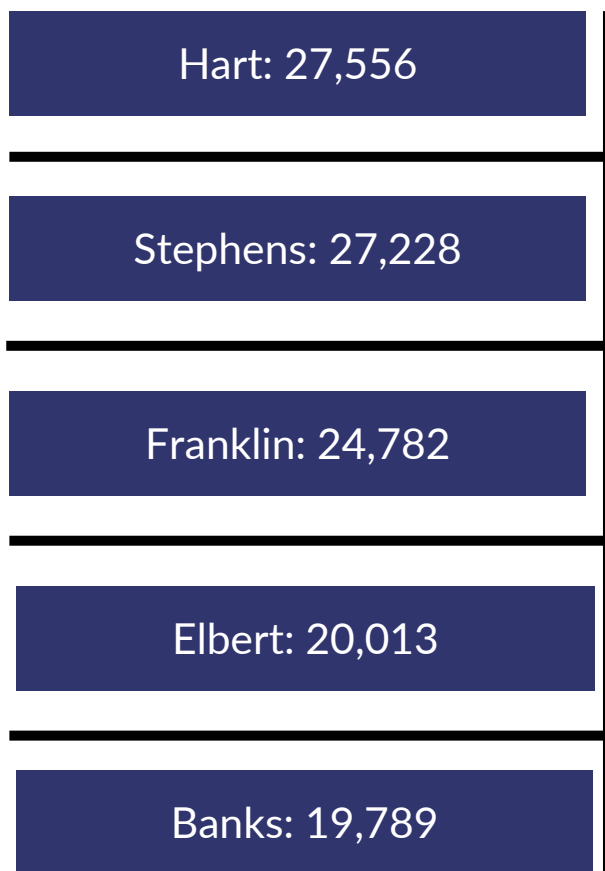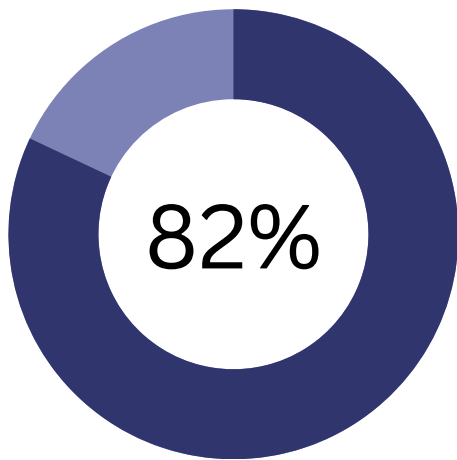
Service Area Population Size in 2023:

119,368

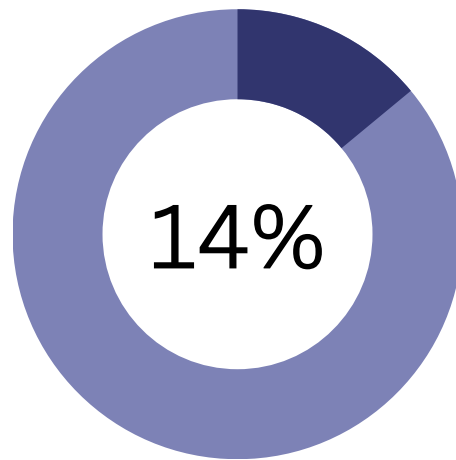# SERVICE AREA POPULATION DEMOGRAPHICS

Racial and Ethnic Composition

The majority of households in the St. Mary service area is listed as identify as Non-Hispanic White (82%), followed by African American (15%), Hispanic (9%), Asian (3%), Other (2%).
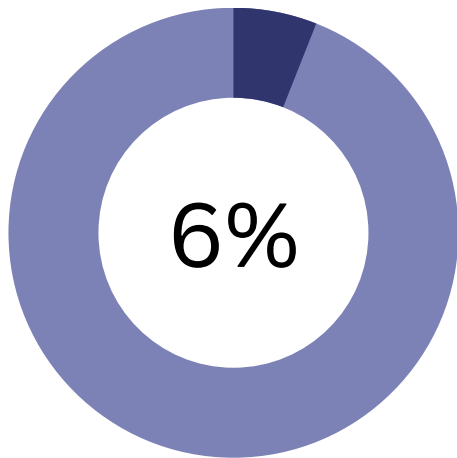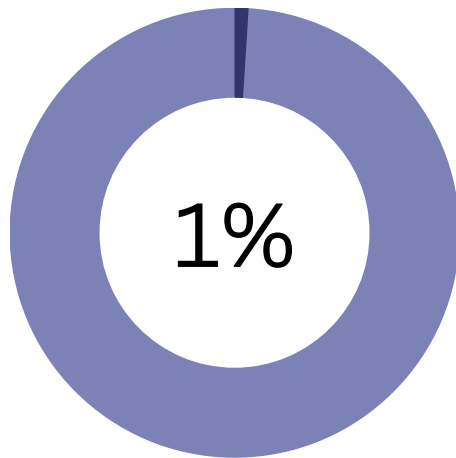
WHITE HOUSEHOLDS

82%

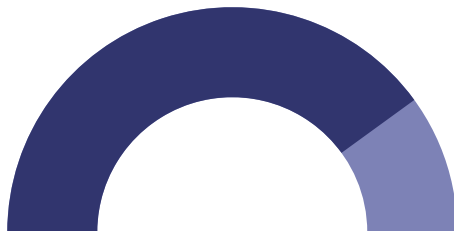### BLACK HOUSEHOLDS

14%

HISPANIC

6%

ASIAN

1%

SOURCE: U.S. CENSUS AMERICAN COMMUNITY SURVEY & COUNTY QUICK FACTS, 2023

# SERVICE AREA POPULATION DEMOGRAPHICS

Household Income

The median household income for the residents within the Sacred Heart service area was a range of $26,711 to $61,190. There is a wealth disparity between racial groups as White households earn a range average of $45,691 to $61,910 while Black households earn a range average of $26,711 to $55,844. This exposes the lack of financial mobility in communities of color. [County Health Rankings]

WHITE HOUSEHOLDS

$45,691 - $61,910

BLACK HOUSEHOLDS
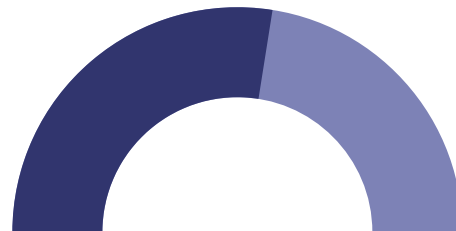
$26,711 - $55,844

Significant disparity in household income is observed--Black household's median income is much lower than White households.

Other Metrics to Note:

- Mean (or average) family size for the service area was 2.5 persons per household, when looking at the five year U.S. Census Bureau population estimates from the American Community Survey. [US Census]

- In 2023, annual estimates showed an average of 362 children (ages birth to 4 years of age) were enrolled in the Women, Infants, and Children (WIC) program [RWJF County Health Rankings].

- 89% of households had a computer, and 80% of households had high-speed internet connection in 2023. [U.S Census]

Process and Methods Used
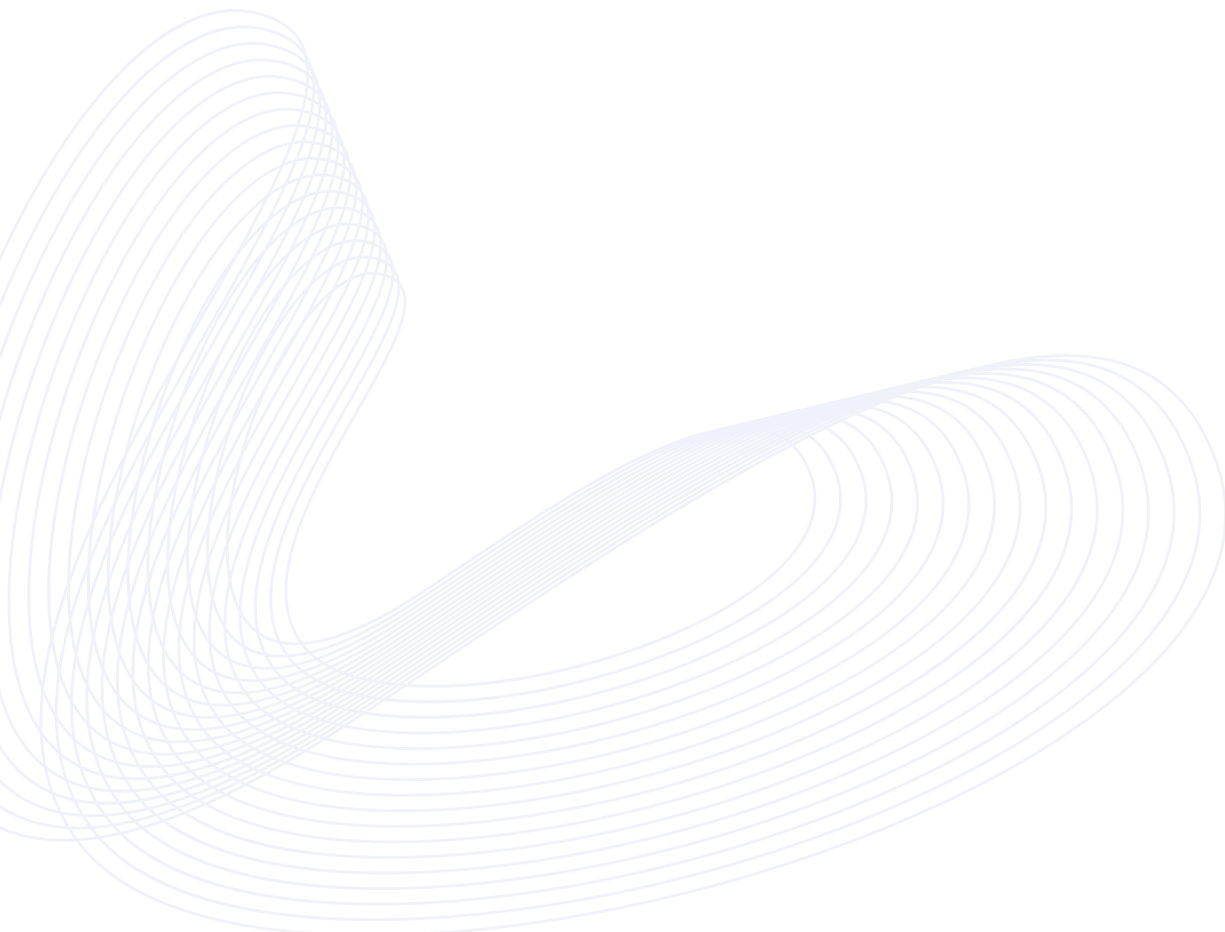
PROCESS AND METHODS:
THE ATHENS WELLBEING PROJECT PARTNERSHIP

Description of The Athens Wellbeing Project and the CHNA Study Team

This CHNA was conducted in partnership with The Athens Wellbeing Project, an initiative championed by the Athens Area Community Foundation, with research efforts led by Dr. Grace Bagwell Adams at the University of Georgia's College of Public Health. St. Mary's Healthcare system contracted with The Athens Wellbeing Project (AWP) and worked directly with Dr. Adams and Athens Wellbeing Project Manager, Rebecca Baskam, to do qualitative data collection and community engagement. The AWP team conducted quantitative data collection and analysis and prepared the written CHNA for the St. Mary's Community Benefits team to present to Trinity Health in partial fulfillment of their IRS requirement.

The study team was composed of AWP staff and graduate students from the University of Georgia College of Public Health as well. Dr. Adams served as the Principal Investigator for the CHNA and oversaw research design, data collection, data analysis, and composition of the final report. Rebecca Baskam and graduate students in Public Health, Kailey Blocker and Melat Mekonnen, assisted with all aspects of the CHNA preparation and completion.

AWP is a collaboration of community institutions and stakeholders committed to collecting and utilizing representative household data on life in the county across a variety of domains. These domains include health, housing, education, community safety, and civic vitality. The process for each survey instrument development was an iterative, collaborative process between the research team and AWP institutional partners. The approach focused on creating an instrument of quantitative questions that met the needs of community stakeholders operating across survey domains to facilitate better cross-sector alignment. The survey solicited responses from all counties in the St. Mary's Healthcare System service area. The 3rd iteration of data collection garnered 3,996 unique household responses and the 4th iteration of data collection takes place from October 2024 through February 2025.

Since 2016, St. Mary's Healthcare System has partnered with the AWP to use data and findings to inform their Community Benefits work. The data provide unique representation of historically excluded and marginalized groups and special populations that have been medically underserved. For example, this includes individuals experiencing homelessness or living in transitional living situations, and members of the Latinx community who experience language barriers when looking for care, and older adults. The full overview and technical documentation for AWP is available at www.athenswellbeingproject.org.

PROCESS AND METHODS:
A MIXED-METHODS APPROACH

A mixed-methods approach was used, which is a combination of qualitative and quantitative data and analyses. Using a mixed-methods approach allows for more confidence in the findings of the CHNA and ensures robustness in identification of health needs. The qualitative method to solicit input from primary sources (focus groups) are detailed on page 28. Quantitative data were extracted from a variety of publicly available secondary sources and Athens Wellbeing Project survey data. The survey, developed with input from local institutions and stakeholders, focuses on key areas such as health, education, housing, and civic engagement using a Social Determinants of Health framework. It utilizes a stratified random sampling approach to ensure diverse representation, with additional efforts made to include vulnerable populations and traditionally overburden communities. Data collection occurs through online, paper, and in-person methods, with incentives to encourage participation.

Secondary data were also extracted from the hosting institution's website, Trinity Health Data Hub and are presented in the Appendix in Figures I through VI. All quantitative data sources are detailed in Table I of the Appendix. Population estimates (e.g. the percentage of people experiencing a particular condition such as heart disease) were examined for each county in the service area and aggregated across counties.

Averages were calculated for the service area counties in aggregate form where appropriate. All data were extracted across multiple years of observation when available. When data had limited availability (e.g. one cross section, or year), the latest available year was collected and reported. the data source, variables used, observation timeframe, and data location are also detailed in Appendix Table I.

There were two main categories of data used for the 2025 CHNA. These data sources used can be broken into two main types:
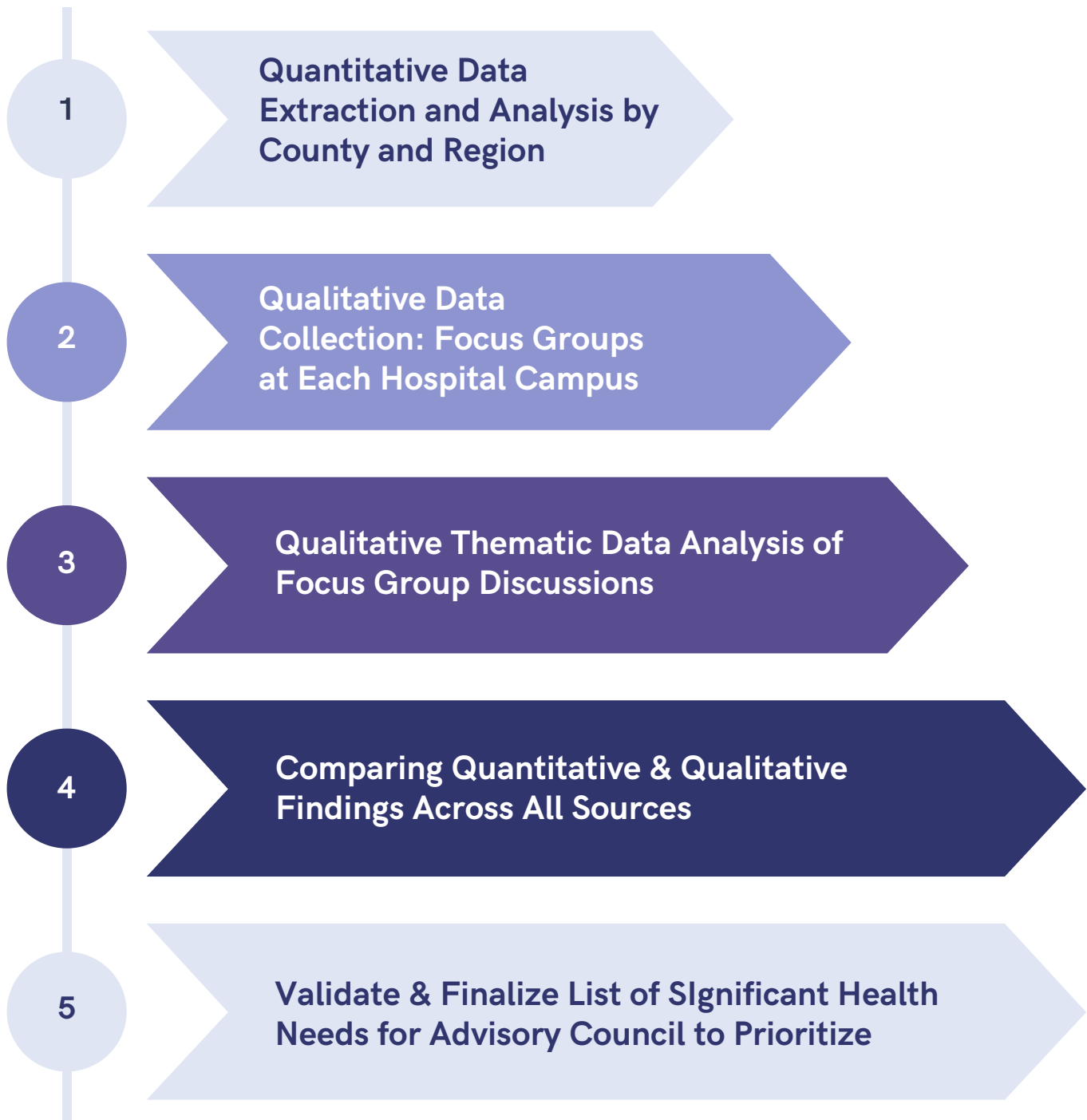
1. Primary Data
Primary data are data that were generated by the CHNA process. These are original data sources that were collected by the study team which is detailed in the community input section of this report. Focus groups in the St. Mary service area counties were conducted and thematic analysis from these groups were compiled.

2. Secondary Data
Secondary data are data that were publicly available from existing sources. This included local, state, and federal agencies that routinely collect and report population-level data. These sources were free and available to download for analysis and reporting purposes. In order to measure both supply and demand-side factors, secondary data were collected on the demographics, healthcare utilization, and health outcomes of service area populations in addition to supply-side measures on the number of licensed physicians, specialists and the health provider shortage areas in service-area counties. Each of these sources are detailed in table on the next page; all observation time frames were collected for the latest available date as of September 2024.

PROCESS AND METHODS: VISUAL DIAGRAM

1 Quantitative Data Extraction and Analysis by County and Region

2 Qualitative Data Collection: Focus Groups at Each Hospital Campus

3 Qualitative Thematic Data Analysis of Focus Group Discussions

4 Comparing Quantitative & Qualitative Findings Across All Sources

5 Validate & Finalize List of SIgnificant Health Needs for Advisory Council to Prioritize

COLLABORATIVE PARTNERS

St. Mary's Healthcare System engaged with many community partners in the Community Health Needs Assessment process. These partners include the the College of Public Health at the University of Georgia. St. Mary's Regional Director of Community Health & Well-Being, Brandiss Pearson, and the Community Benefits & Outreach Coordinators, Lindsey Floyd and Catherine Gurak. St. Mary's Community Benefits team coordinated with the College of Public Health's Athens Wellbeing Project team to oversee the CHNA approach. Athens-Clarke County data were supplemented by The Athens Wellbeing Project survey data and research approach. The Athens Wellbeing Project partners are listed below, and these institutions connect on a regular basis to share and discuss data from the project to further their organizational missions. Community partners of the Athens Wellbeing Project include:
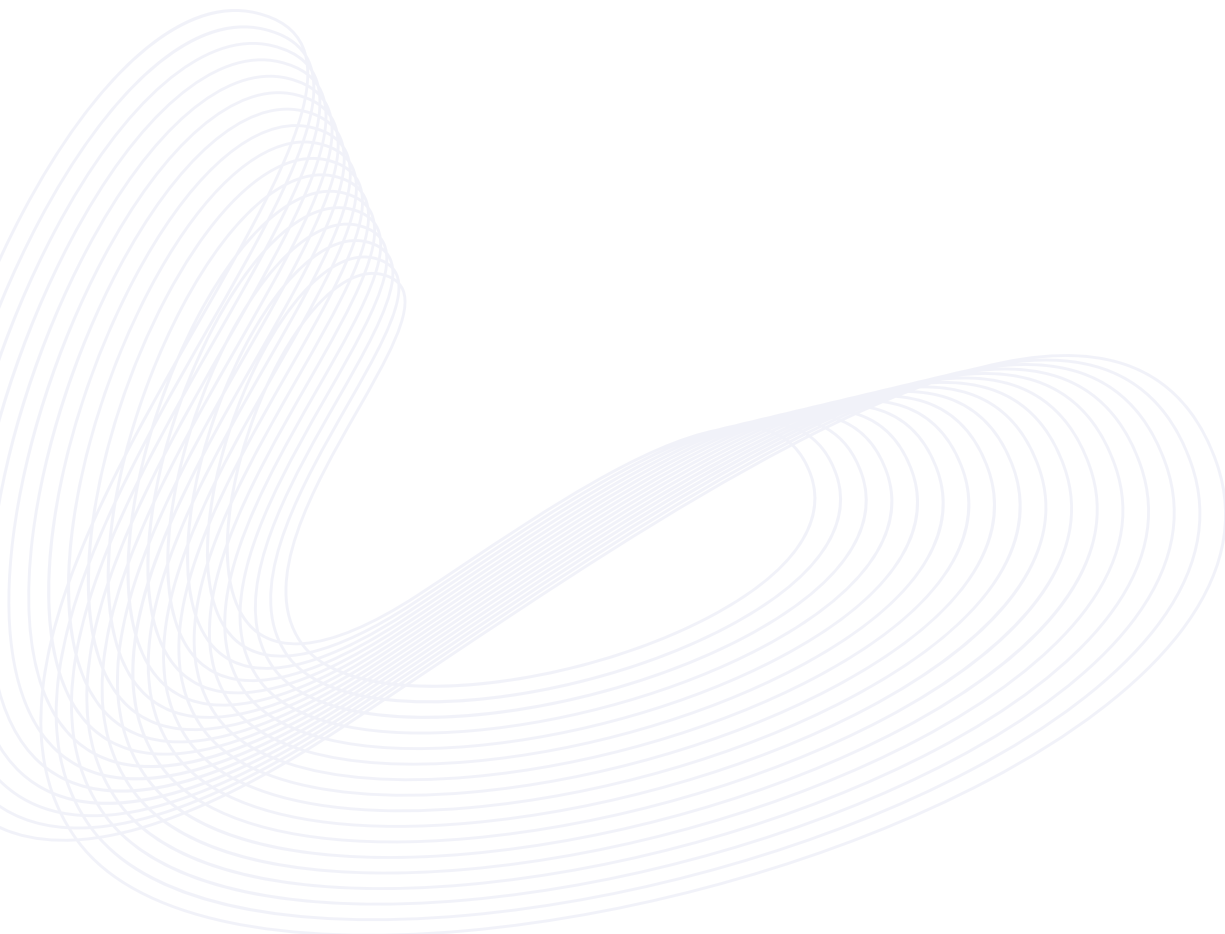
THE ATHENS WELLBEING PROJECT PARTNERS

Athens Area Community Foundation	Family Connection-Communities in Schools of Athens	Advantage Behavioral Health
Athens Housing Authority	Piedmont Athens Regional Medical Center	Food Bank of Northeast Georgia
Athens-Clarke Unified Government	St. Mary's Healthcare System	Athens-Clarke County Police Department
Clarke County School District	United Way of Northeast Georgia	Jackson EMC Foundation
Envision Athens	University of Georgia	Athens Homeless Coalition

COLLABORATIVE PARTNERS (CONTINUED)

Throughout the CHNA process, St. Mary's Healthcare System also integrated many community partners in the data collection process through a series of focus groups. In addition, a CHNA advisory council was created to guide the CHNA process. This advisory council was made up of both hospital stakeholders (administrators, clinicians, and staff) and other nonprofit and community-based organizations. These individuals are listed in the beginning of this report in the Acknowledgements section, and their organizations and institutions are represented by the logos below. Logos of organizations that offered additional community insight are also include below.

Community Input

COMMUNITY INPUT: STATE HEALTH DEPARTMENT

Northeast Health District Input

The Northeast Georgia Health District is comprised of 18 clinics within a 10-county region. A district contact within their program management and administration team was contacted by email and phone about the top health needs observed in Northeast Georgia. We received emailed confirmation of top health needs that they are seeing are also aligned with the health needs our research team identified through quantitative and qualitative methods in December 2024. The Public Health District representative was also encouraged to add any additional input about top health needs for the Northeast Georgia area. We received written communication as summarized below, which was taken into account by the hospital for the final confirmation and prioritization of significant health needs.

Summary of Input Received

A health district professional provided written correspondence via email request that identified and prioritized what they perceived as the most pressing regional health needs as shown below. Written feedback was taken into account by the research team in identifcation of needs by comparing this list with quantitative data findings.

1. **Healthcare Access**
2. **Maternal health**
3. **Behavioral health**

COMMUNITY INPUT: MEDICALLY UNDERSERVED & BROADER COMMUNITY

Methods Used to Solicit Input

The methods used to solicit input included using quantitative data from secondary sources and qualitative data via focus groups. The use of secondary public health data at the county level over a 20-year timeframe for the Sacred Heart campus is essential for comprehensively understanding the broader community's health needs, particularly those of the medically underserved. Data sources such as the Office of Applied Statistics and Information Systems (OASIS), U.S. Census Bureau, and Health Resources and Services Administration (HRSA) provide critical insights into demographic trends, socioeconomic factors, and health outcomes. OASIS data enables us to track health indicators and service utilization, while Census data offers vital information on population changes and economic conditions within the community. HRSA data informs us about healthcare access and availability, especially for vulnerable populations. By synthesizing these data sources, we can identify persistent health disparities, prioritize urgent needs, and guide the development of targeted interventions that improve health equity and access for all community members, ultimately leading to better health outcomes across the region. We supplemented these secondary data with the focus group. The St. Mary's Community Benefits Team invited a diverse group of key community partners working in quality-of-life related service delivery in the service area. Invitees were specifically invited who would speak to the needs of the medically underserved and broader community.

COMMUNITY INPUT: MEDICALLY UNDERSERVED AND BROADER COMMUNITY

Medically Underserved & Low Income: Secondary Data

It is important to note that mixed-methods data collection and analysis provide a comprehensive understanding of community need. The approach used in this CHNA integrated both qualitative and quantitative methods, drawing on focus groups, surveys, and extensive population health data to enhance the research team's understanding of significant health needs, particularly for medically underserved and indigent patients.

Both secondary and survey data were collected to examine health access, utilization, and outcomes for low-income populations and those experiencing healthcare disparities in the hospital service area. Secondary data from the Office of Applied Statistics and Information Systems (OASIS), Health Professional Shortage Area (HPSA) designations, and the Area Health Resource File (AHRF) were analyzed at the county level, with a focus on sub-groups including racial and ethnic minorities and low-income populations. These secondary sources were downloaded in Summer 2024 and systematically analyzed through August 2024.

The analysis revealed significant variations in healthcare access and outcomes among counties, with underserved areas reporting higher rates of chronic diseases such as diabetes and hypertension. For example, data indicated that a higher proportion of low-income residents and racial minorities faced substantial barriers to accessing primary care providers, behavioral health services, and dental care facilities.

The HPSA data indicated a notable shortage of healthcare professionals in the service area, exacerbating disparities in care accessibility. Additionally, insights from the AHRF underscored systemic challenges, including a lack of affordable housing and limited availability of specialty care, which disproportionately affect low-income and minority populations. OASIS data further illustrated troubling trends in hospital utilization, with increased emergency department visits often serving as a substitute for primary care due to barriers in accessing routine health services. This comprehensive analysis thus served as a vital foundation for understanding and addressing the multifaceted health needs within the Sacred Heart community.

COMMUNITY INPUT: FOCUS GROUP DETAILS

Ensuring Medically Underserved Were Represented:
Having MedLink, Family Connection, the Franklin Chamber of Commerce, and Advantage Behavioral Health participate in the focus group for Sacred Heart ensured that medically underserved communities were well-represented. MedLink, with its commitment to providing primary care services to uninsured and underinsured individuals, offered critical insights into the healthcare challenges faced by these vulnerable populations. Family Connection brought a wealth of knowledge about the social determinants of health affecting families, highlighting the importance of community resources and support systems. The Franklin Chamber of Commerce contributed a broader perspective by addressing economic factors that impact access to healthcare, emphasizing the need for collaboration between health and business sectors. Advantage Behavioral Health provided essential input regarding mental health needs, particularly the barriers to accessing behavioral health services in the community.

Together, these organizations represented a diverse cross-section of the medically underserved, contributing informed viewpoints that were crucial for developing inclusive and effective health strategies. Their participation ensured that the focus group identified and prioritized significant health needs, aligning healthcare delivery with the lived experiences and pressing challenges faced by these populations.

Identifying & Prioritizing Needs: Medically Underserved & Broader Community
The focus group sought to engage these stakeholders by asking them to identify the greatest health needs faced by their respective communities. Participants were encouraged to articulate the specific challenges and barriers that affected the populations they served, generating valuable qualitative data. Following this discussion, the focus group also probed participants on how they believed these identified needs should be prioritized, fostering a collaborative dialogue about the urgency and impact of various health concerns. This qualitative data was subsequently utilized by the research team to inform the identification of significant health needs within the community. Moreover, the insights gathered were shared with the advisory council, ensuring that the final prioritization process was grounded in the lived experiences and expertise of stakeholders who represent the medically underserved. This approach not only enhanced the relevance of the findings but also underscored the importance of community engagement in shaping effective health interventions.

Participants from broader community organizations also played a pivotal role in representing the wider community during the focus group. Their collaboration facilitated a holistic view of community health needs, allowing for comprehensive dialogue that captured various voices and perspectives. The collective input from these participants was instrumental in identifying overarching health priorities, ultimately helping to shape effective strategies that cater to the needs of a diverse population while fostering community cooperation and trust.

COMMUNITY INPUT: FOCUS GROUP DETAILS

Community partners participating in the focus group joined the Sacred Heart Community Benefit Coordinator and the Athens Wellbeing Project team for a meal at the Sacred Heart campus in Franklin County on 8.16.2024, from 12:30pm-1:30pm.

The Athens Wellbeing Project team designed a semi-structured questionnaire to guide the conversations and facilitated the focus groups to collect data from the participating individuals. One to two note takers were present for each focus group and transcripts of the conversations were generated through a recording of the focus group meeting. Focus groups lasted for one hour, and were conducted across all three campuses. Each focus group reflected and represented the service area of its respective campus. The aim of the focus group included:
- Understand the most pressing health needs across the 5-county service area of Sacred Heart's Hospital.
- Identify potential gaps in healthcare services currently offered.
- Gather insights on how Sacred Heart's Hospital can better serve diverse communities within its service area.

Community partners participating were provided with background information on the CHNA process and Sacred Heart's role in community-related work. Participants in the focus group were then given an overview of the Athens Wellbeing Project and their role in the facilitating the focus group and integrating the findings into the CHNA. Semi-structured questions were then posed to the group that included the following prompts:

- Considering your specific community within the Sacred Heart's Hospital service area, what are the top health concerns facing residents in the communities you serve?
  - Follow-up: how have those needs changed in the last three years, especially after the COVID-19 pandemic?
  - How would you prioritize those needs?
- Considering the identified health needs, how can Sacred Heart's Hospital better serve the diverse communities within its service area?
  - How can Sacred Heart best meet the needs of the medically underserved?

Facilitators encouraged participants to share answers to these questions openly and encouraged discussion among all present at the focus group. Facilitators also encouraged discussion on how Sacred Heart can better serve all populations within its service area by probing for specifics and examples to understand the nature of the needs across the different communities. Once focus groups were complete, participants were debriefed and facilitators shared how the data would be analyzed and used in the final CHNA.

Thematic analysis was utilized to extract common topics from the focus group discussion. Once themes from the qualitative data were identified, these findings were used in combination with secondary quantitative data to identify and prioritize top health needs for the service area. The thematic analysis was used to identify health needs and to supplement the findings presentation for the advisory council that helped inform their prioritization of the needs.

COMMUNITY INPUT: MEDICALLY UNDERSERVED & BROADER COMMUNITY

Participant Organization	Organization Imapact	Service Population	CHNA Population of Interest
MedLink Georgia	provides access to high quality, affordable, and comprehensive primary and preventive medical, dental, and mental healthcare	Uninsured and indigent patients	Medically Underserved
Georgia Department of Public Health	Lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective.	Broader Population	Broader Population
Family Connection-Communities	Brings together more than 3,000 local- and state-level partners in all 159 counties in Georgia working toward measurably better outcomes for all children, families, and communities	Families with school-aged children	Medically Underserved & Broader Community
United Way of Northeast Georgia	makes positive, sustained, and measurable change through: identifying regional needs; collecting, sharing, and removing barriers to local resources; and building nonprofit capacity.	Broader Population	Broader Population
Advantage Bhavioral Health	provides person-centered treatment and recovery support to individuals and families experiencing behavioral health challenges, intellectual/ developmental disabilities, and addictive diseases	Low income and unsinsured patients	Medically Underserved

COMMUNITY INPUT: MEDICALLY UNDERSERVED & BROADER COMMUNITY

Summary of Input Received

The data collected from the Sacred Heart focus group provided valuable qualitative insights that were used to triangulate with quantitative data from various sources. This combined analysis enriched our understanding of the community's healthcare landscape and helped identify the top healthcare needs. The focus group highlighted the interconnectedness of these needs and elucidated specific examples that underscored the challenges faced by community members.

Transportation Issues: A major concern expressed by participants was the lack of reliable transportation options, including the absence of public transportation and ride-sharing services in the community. This lack of access severely hinders individuals' ability to reach hospitals and attend necessary medical appointments, thus exacerbating healthcare access challenges.

Emerging Housing and Homelessness Issues: Participants also identified emerging issues related to housing stability and homelessness, which complicate healthcare access for vulnerable populations. The intersection of these challenges highlights the urgency of providing comprehensive support to improve overall health outcomes in the community.

Healthcare Access, Including Vision and Dental Care: Additional barriers to routine and follow-up care appointments were noted, alongside chronic disease management, particularly in rural areas. A significant gap exists for those who are uninsured or underinsured, compounded by limited facilities and high costs.

Behavioral Health: Mental health issues and substance use disorders were prevalent across all age groups. The focus group emphasized particular concerns about youth mental health, highlighting the need for increased services that cater to the unique challenges faced by younger populations. Stigma around seeking care and limited service availability further discouraged individuals from obtaining the help they need.

Dementia and Alzheimer's Care: Families expressed a strong need for support in caring for older adults diagnosed with these conditions.

Food Insecurity and Public Assistance: Accessing programs such as SNAP and Medicaid remains fraught with challenges, including administrative hurdles and limited access to communication channels, perpetuating a cycle of unmet needs.

FOCUS GROUP THEMATIC ANALYSIS

Focus Group Theme	Specific Topic	Population(s) Most Affected
Healthcare Access	Transportation	Low income, children, older adults
Healthcare Access	Uninsured and underinsured lack of affordable care options	Low income working-aged adults (especially those without dependents)
Healthcare Access	Medication Management; Low medication adherence; Rationing insulin and other prescriptions for Chronic disease management	Low income working age adults and older adults
Healthcare Access	Support After Hospital discharge; Need for diabetic wound care education and support	Low-Income Households
Healthcare Access	Dental Care	Children, Working age adults, and older adults
Behavioral Health	Stigma Fear and Mistrust	Children, Working age adults, and older adults
Aging-related Disease	Alzheimer's and Dementia diagnosis and referral to treatment	Older Adults and their families; grandparents raising grandchildren; caregivers
Food Insecurity	Access and Affordability to Quality Food	Children, Working age adults, and older adults
Maternal Health	New parent Support Accessibility for appointments	Low-income households in rural counties

Significant Community Health Needs

Data and methods discussed in the above sections of this report resulted in the identification of seven of the most pressing health needs. While the list is not exhaustive (there are certainly other health needs in the service area outside of those listed here), these are the health needs that appeared in the focus group discussions and the secondary data analysis and consistently emerged in both magnitude (the number of people affected) and intensity (the morbidity and mortality associated with the needs). Each need is discussed in further detail with supporting evidence and findings coresponding to each of the needs identified.

Three Components of a Community Health Needs Assessment (CHNA):

1) Identifying Health Needs
2) Prioritization of Needs
3) Presentation of Community Health Resources

SIGNIFICANT HEALTH NEEDS

Healthcare Access

Behavioral Health

Maternal Health

Cardiovascular Disease

Alzheimer's & Dementia

Food Insecurity

Diabetes

HEALTHCARE ACCESS

Healthcare access is one health need in the Sacred Heart service area. Healthcare access is substantively unique in that it is not defined by a specific set of conditions or health outcomes. Rather, access is a complex, multidimensional area of need that is ubiquitous in all communities and deeply connected to all the other health needs presented in this study. As with each of the other top health needs, healthcare access stood out as a concern across all data sources. Shortage of supply in health professionals of all types is a primary factor in this category as was being uninsured and underinsured. Addressing healthcare access presents an opportunity to simultaneously intervene on all health needs, because when access improves, so does community and public health.

''I think any way you are able to get medical people [personnel] to the people in our communities--whether it's for education, whether it's for service.--it's helpful because people in local counties especially... they don't have transportation to get here [the hospital].''

Focus Group Participant

Transportation significantly impact access to healthcare services in Banks, Elbert, Franklin, Stephens, and Hart counties in Georgia, particularly in rural and underserved areas. Many residents rely on public transportation options that may be limited in frequency and coverage, making it difficult to reach healthcare facilities, especially for those without personal vehicles. Some counties in the service area do not have any public transportation options and also do not have ride-share companies such as Lyft or Uber either.

Long distances to clinics and hospitals can further complicate regular medical visits, exacerbating health issues and discouraging preventative care. Additionally, individuals with disabilities or those who are elderly may face additional barriers due to inadequate transportation options that accommodate their specific needs. As a result, these transportation limitations can lead to higher rates of missed appointments and reduced access to essential health services, contributing to poorer health outcomes and maintaining a cycle of uninsurance and health disparities within these communities. Addressing these transportation challenges is crucial for improving healthcare access and overall health equity in the region.

In addition to transportation challenges and decreases in insurance coverage, workforce shortages in dental, mental, primary, and specialty care have been pervasive in the region. While Athens-Clarke county has many more providers than other counties, the reliance of more rural counties on Athens providers has increased strain on the local healthcare infrastructure and has led to longer wait times and many individuals having to travel to the metro Atlanta region for care--especially to find a clinician who accepts Medicaid.

# Workforce Shortages are persistent in the service area.
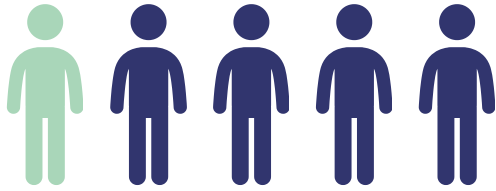
1 in 5 could not find a primary care provider in the last five months
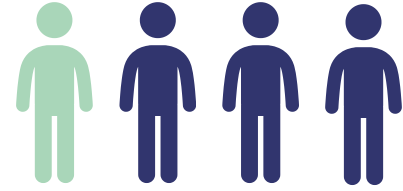
1 in 4 could not find a mental health or dental provider in the last twelve months

Uninsured and Underinsured Families are the Most Vulnerable.

The uninsured rates in Banks, Elbert, Franklin, Hart and Stephens counties in Georgia can be attributed to several interrelated factors. Firstly, economic conditions play a crucial role; areas with lower median incomes may struggle to afford health insurance premiums, especially in rural regions where job opportunities may be limited and wages lower. Secondly, the lack of Medicaid expansion in Georgia means that many low-income individuals do not qualify for Medicaid and cannot obtain subsidized insurance through the federal marketplace. Additionally, residents in these counties may face barriers to accessing information about available healthcare coverage options, leading to lower enrollment rates. Lastly, systemic issues such as transportation challenges, a shortage of healthcare providers, and varying levels of health literacy further contribute to the difficulties residents face in securing health insurance, perpetuating the cycle of uninsurance and inadequate access to healthcare services.

Age 65+: 0.6%

Under Age 18: 12.0%

Age 18–64: 87.5%
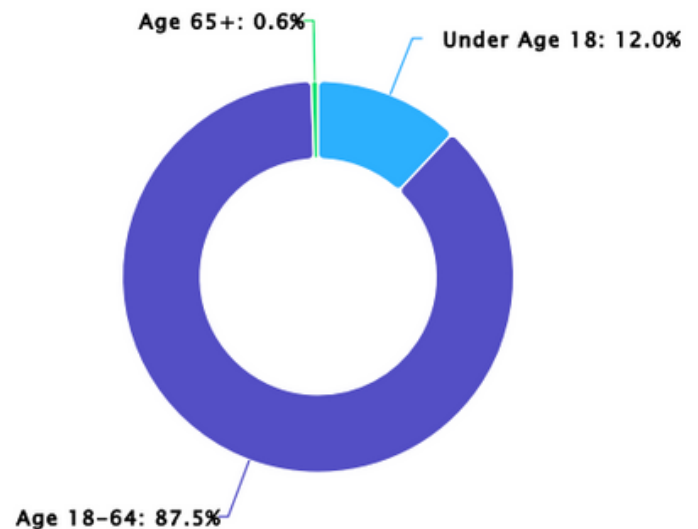
Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES); US Census Bureau, American Community Survey. 2018-22. Extracted October 2024.

BEHAVIORAL HEALTH

Behavioral health is a second health need within the Sacred Heart service area which includes: mental health and substance use disorder. Due to the comorbidity of mental health and substance use disorder, the categorization of the two together is critically important and they must be addressed simultaneously. Suicide and drug overdose were the leading causes of mortality within this health need. The demographic group most was males. Within substance use disorder, licit and illicit opioid use and misuse has driven the increase in drug overdoses (many of which result in death). Supply of behavioral health professionals and treatment for substance use disorder is a major concern in the service areas.

"There's more people [vaping]...they are vaping younger and younger. Most all the high school kids are doing it. "

"You've got some feelings of hopelessness or helplessness. Then also tons of isolation"

Sacred Heart Focus Group

Drug overdose is the regional leading cause of preventable death. These overdoses are mostly driven by **fentanyl** and other **synthetic opioids.**
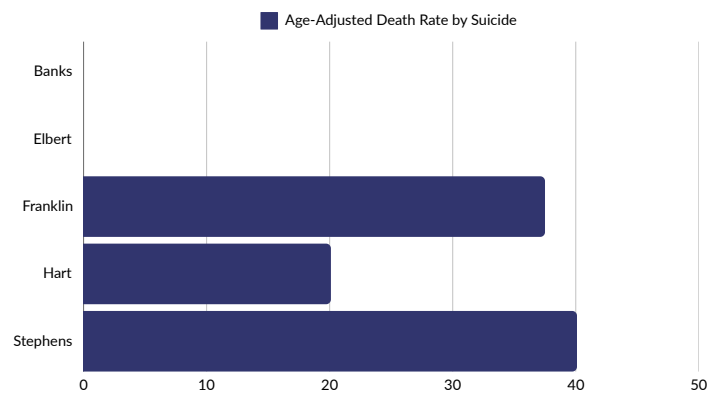
Loss of life to suicide is higher across the service area than the state rate and is **highest for working-age males**

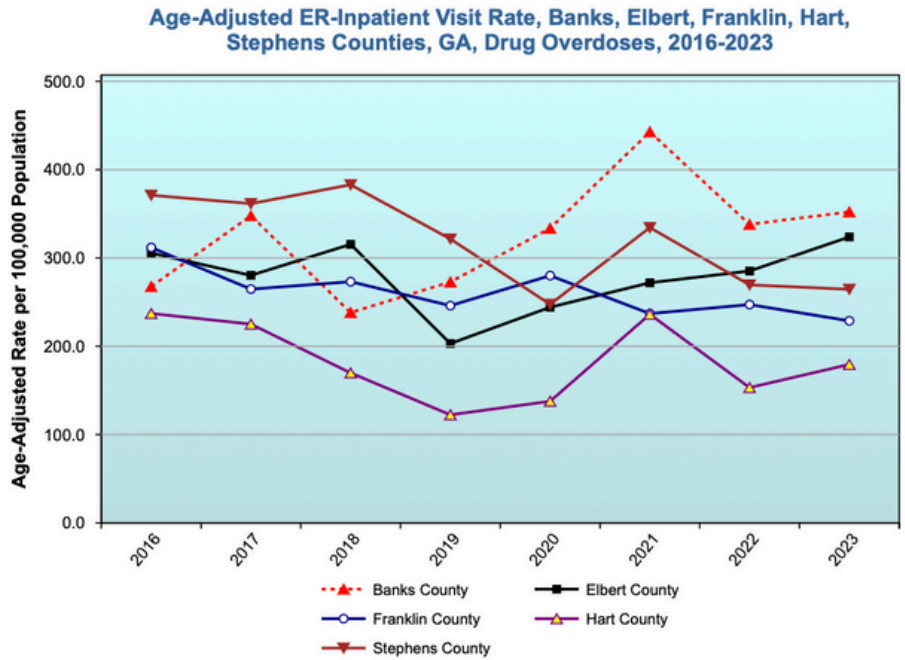### Age-Adjusted Death Rate by Residence, Drug Overdoses, 2023

■ Age-Adjusted Death Rate by Overdose
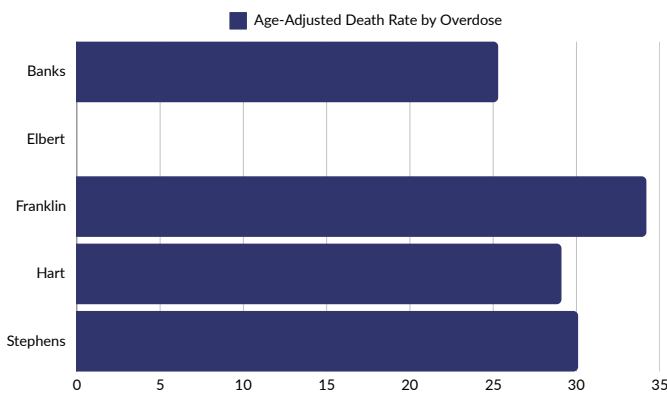
OASIS, 2023
*Elbert data not available

Age-Adjusted Death Rate by Residence, Intentional Self-Harm (Suicide), 2022
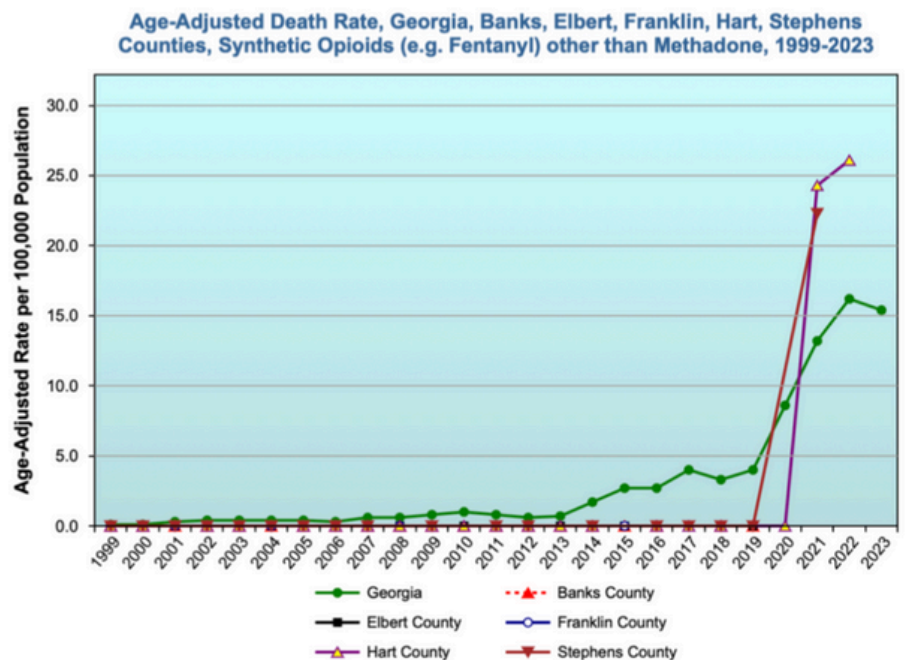

■ Age-Adjusted Death Rate by Suicide

OASIS, 2023
*Banks and Oglethorpe data not available

Like the rest of the country, local counties in the service area have been affected by the prescription opioid epidemic. Now in it's fourth wave, the opioid epidemic has shown consistent impact on our service area. Mortality and Emergency Department visit rates are two of the longitudinal indicators examined for the CHNA, each of which reflect persistent loss of life and increased demand for hospital services due to Substance Use Disorder and accidental poisoning. Most service area counties have higher ER visit rates due to drug overdoses than the rest of the state, as seen in the figure to the right (OASIS, 2024). .

Age-Adjusted ER-Inpatient Visit Rate, Banks, Elbert, Franklin, Hart, Stephens Counties, GA, Drug Overdoses, 2016-2023

The fourth wave of the opioid epidemic is hallmarked by a steep increase in synthetic opioid overdoses (substances such as Fentanyl). Many of these fentanyl substances are also mixed with other substances such as Xylazine which increase the chances of morbidity and mortality among those affected. The trend in loss of life has exponentially increased since the pandemic and the service area counties are consistently showing higher age-adjusted mortality rates than the state averages. This is at the level of regional public health crisis and a significant intersecting health need is lack of healthcare access for many of the individuals experiencing Substance Use Disorder and mental illness.

Age-Adjusted Death Rate, Georgia, Banks, Elbert, Franklin, Hart, Stephens Counties, Synthetic Opioids (e.g. Fentanyl) other than Methadone, 1999-2023

MATERNAL HEALTH

Maternal health was significant across data sources and observed as being a concern. Health disparities for maternal and child health are concentrated in low income, rural communities and are especially problematic for racial and ethnic minorities. Shortage in Ob-Gyn specialists, pediatricians, and other health professionals that serve pregnant and postpartum women and their children is a major barrier to health in the service area. Many women must travel significant distances for routine prenatal care, labor and delivery, and pediatric care for their children.

Quantitative and focus group data showed Maternal Health as a top concern for the service area.

The absence of early prenatal care increases the risk of undetected complications during pregnancy, such as gestational diabetes and preeclampsia, which can negatively affect maternal and fetal health. The prevalence of low birthweight further highlights the potential impact of these missed opportunities for early intervention, as low birthweight is associated with higher risks of neonatal mortality, developmental delays, and chronic health conditions later in life.

9%

of the population within the service area received no prenatal care during the first trimester of their pregnancy from 2020-2022.

Source: Maternal and Infant Health Mapping Tool

% Of Preterm Births by County (2020-2022)
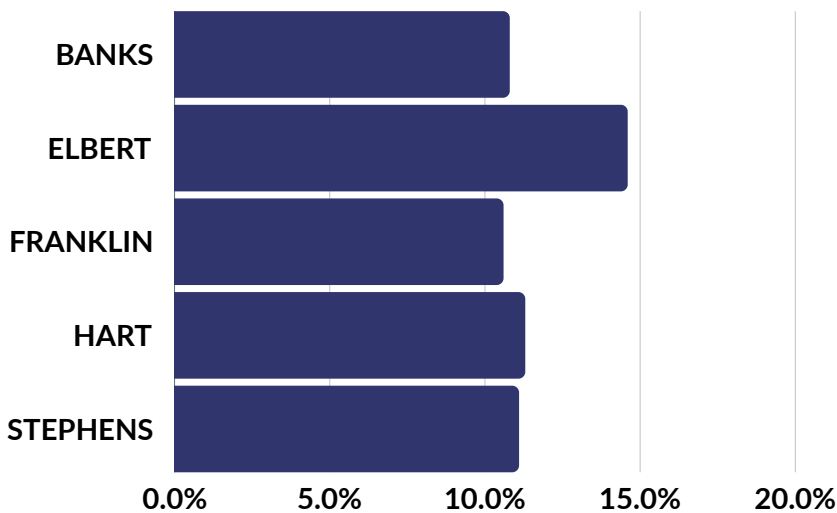
17%

of the population within the service area had a low-birthrate from 2020-2022.

Maternal and Infant Health Mapping Tool

Maternal and Infant Health Mapping Tool

The lack of prenatal care in Banks, Elbert, Franklin, Hart, Stephens counties poses significant challenges, particularly regarding access in the crucial first trimester of pregnancy. Early prenatal care is essential for monitoring the health of both the mother and the developing fetus, as it allows for the timely identification and management of potential complications. Unfortunately, many women in these counties face barriers such as inadequate access to healthcare facilities, insufficient transportation options, and a shortage of qualified providers, which can prevent them from seeking care during this vital stage.

As a result, a significant number of expectant mothers may miss critical early assessments and interventions, increasing the risk of adverse health outcomes. These outcomes can include higher rates of preterm births, low birth weight, and complications such as gestational diabetes and hypertension. Additionally, the lack of early prenatal care can lead to insufficient education about healthy pregnancy practices, further exacerbating risks for both mothers and their infants. Ultimately, these challenges contribute to longstanding health disparities that can have lasting effects on families and communities in the region.

Low weight (LBW) births in Banks, Elbert, Franklin, Hart, Stephens counties present significant public health concerns due to their association with numerous adverse health outcomes. Infants born with low birth weight, defined as less than 5.5 pounds, are at a greater risk for a range of complications, including respiratory issues, developmental delays, and increased susceptibility to infections. These infants are also more likely to require extended hospital stays, leading to higher healthcare costs for families and the healthcare system alike. Moreover, LBW is often linked to factors such as inadequate prenatal care, poor maternal nutrition, and high-stress environments, all of which reflect broader socioeconomic challenges within these communities.

% RECEIVING NO PRENATAL CARE DURING 1ST TRIMESTER OF PREGNANCY BY COUNTY (2020-2022)
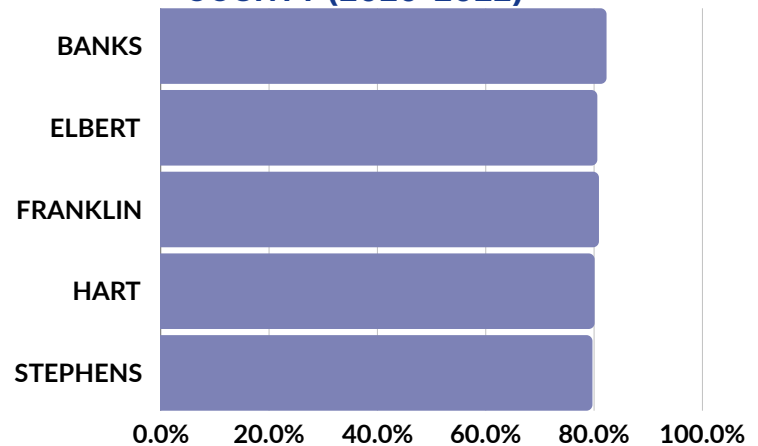
% LOW BIRTH WEIGHT BIRTHS BY COUNTY (2020-2022)
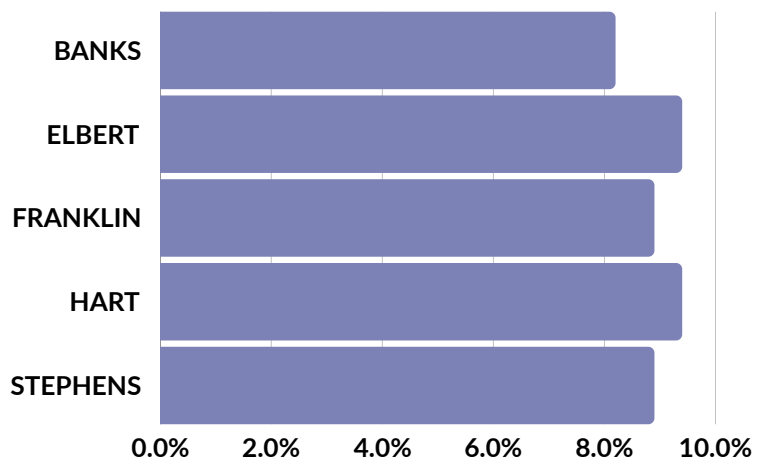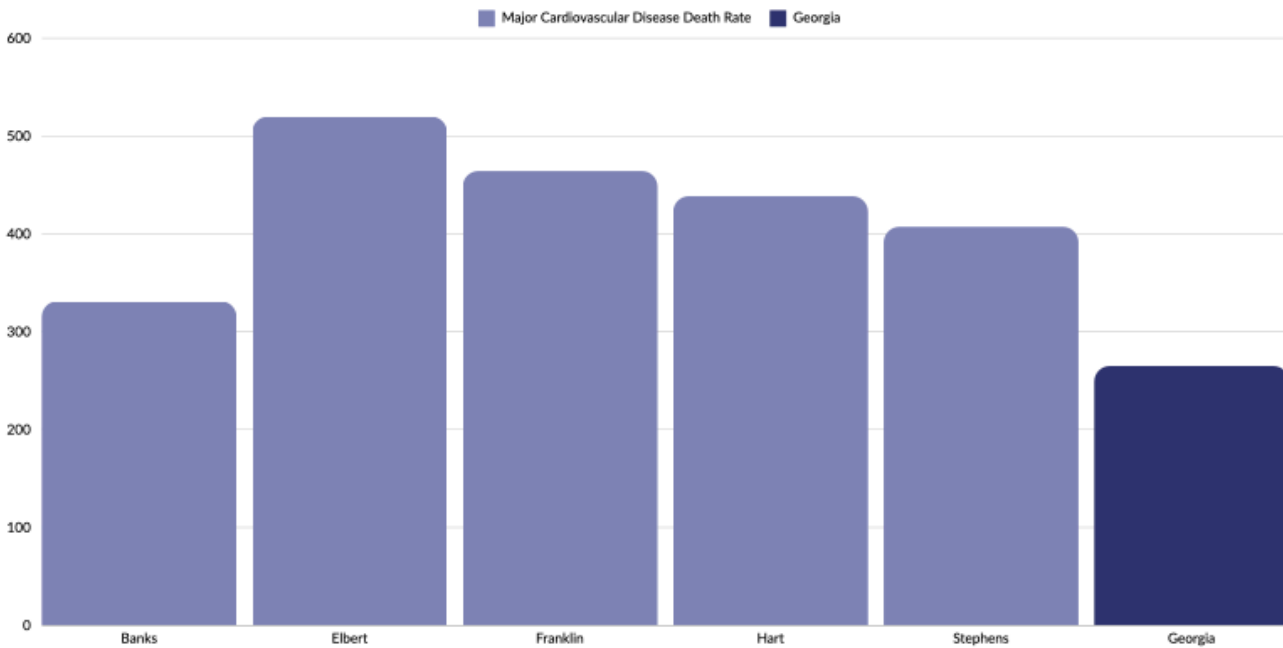
CARDIOVASCULAR DISEASE

Cardiovascular disease (CVD) is a general term that encompasses a range of heart of failure disease. CVD and preliminary indicators of compromised cardiovascular health are also linked to many other health conditions, many of which are preventable. Further, there was significant health disparity present in cardiovascular outcomes for individuals in medically underserved communities, low income individuals, and racial and ethnic minorities. CVD remains one of the most prevalent conditions in the Sacred Heart's Service Area CVD deaths are far more likely for Black patients than White, and fewer gains have been made for people of color over the last 25 years in improving outcomes.

In 2022, CVD was a **top 5** causes of "loss of life years" in 4 of 5 counties:

Banks, Elbert, Franklin, & Stephens

| Age-Adjusted Death Rate for Major Heart Disease by race	
284 White Individuals	411 Black Individuals

OASIS, 2023

## Major Cardiovascular Disease Death Rate, 2022

OASIS, 2022

Cardiovascular disease trends in Banks, Elbert, Franklin, Hart, and Stephens counties in Georgia mirror broader national patterns, with varying influences based on demographic and socioeconomic factors. In the figures to the right, we examined stroke and heart attack as two major causes of death in the service area. In recent years, there has been a concerted effort to improve heart health through public health campaigns and local initiatives aimed at reducing risk factors like obesity, smoking, and sedentary lifestyles.

Age-Adjusted Death Rate, Georgia, Banks, Elbert, Franklin, Hart, Stephens Counties, Stroke, 1994-2023
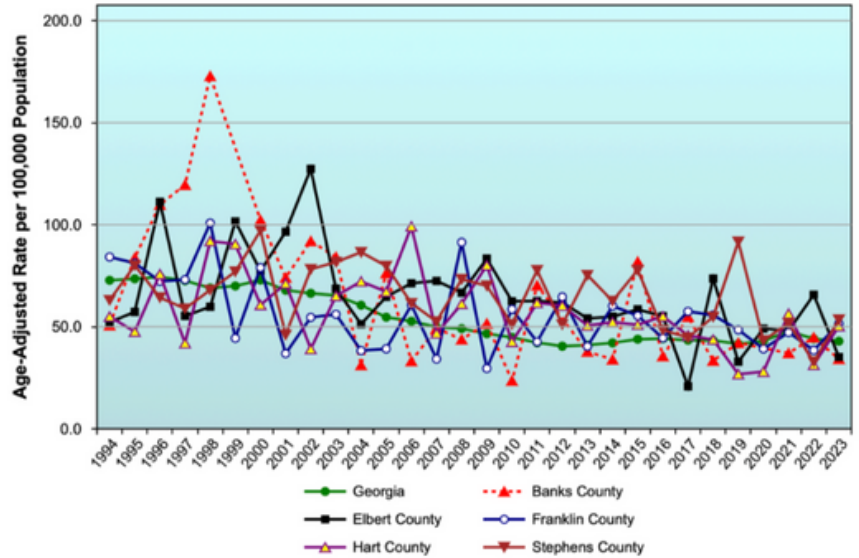
Access to healthcare, including preventative services, plays a crucial role in these counties, with rural areas facing greater challenges in healthcare delivery. Additionally, lifestyle changes and increased awareness of heart health have shown gradual improvements in some areas, though disparities persist, particularly in rural and underserved communities Over the last 20 years, the death rate in these counties has decreased, though most of that change occurred prior to 2010. Racial disparity in disease and death rates persists and is more likely to affect people of color.

Age-Adjusted Death Rate, Georgia, Banks, Elbert, Franklin, Hart, Stephens Counties, Major Cardiovascular Diseases, 1994-2023
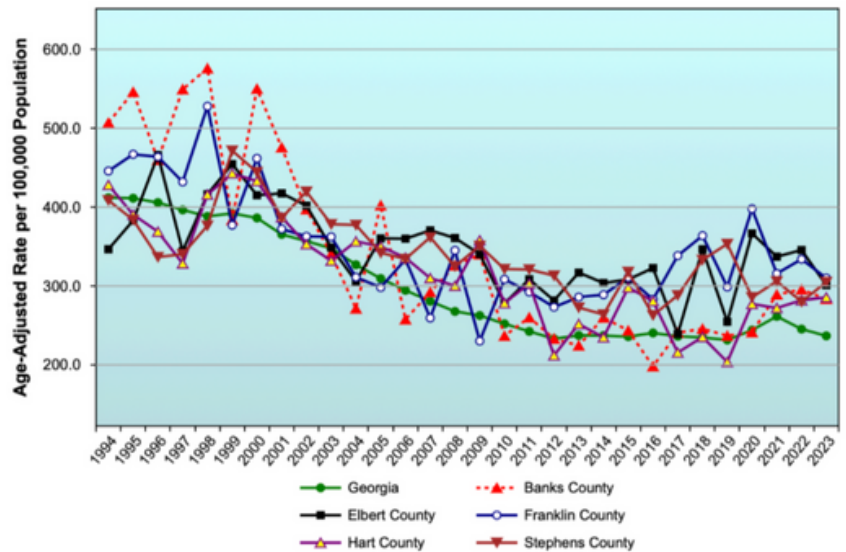
HUNGER & FOOD INSECURITY

Not enough food; not enough healthy food.

The Food index includes deciding factors of a health food environment, including access, with 0 being the worst and 10 being the best. Of the service area 3/5 counties have available food index scores:

Banks: 8.1
Elbert: 6.5
Stephens 7.5

Food Prices have spiked in the last five years.

While inflation has affected the price of all goods, the price of food has increased even more proportional to most other goods. From 2019-2023, the price of food increased by 25% (all other goods increased by 19%). (2024 Consumer Pricing Index, USDA.
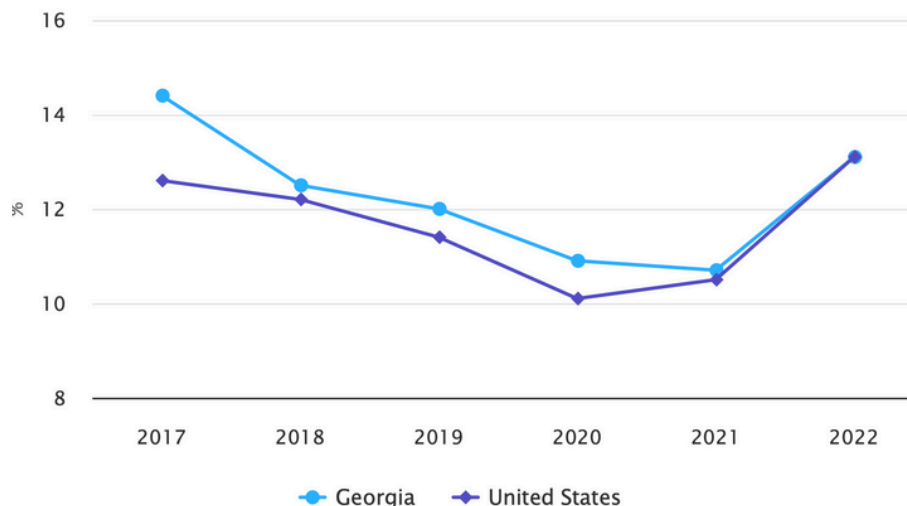
Most service area counties have significant child food security needs.

Of the five counties in the Sacred Heart service area, four have over half their population on Free & Reduced Lunch (Stephens and Elbert = 65% and 75% on FRL).

State and National Food Security Rates, 2017-2022.

Food Insecurity – Trends in Food Insecurity Rates Over Time

Legend: Georgia, United States

ALZHEIMER'S & DEMENTIA

Aging-related diseases like Alzheimer's and Dementia are prevalent throughout this area and increasing steadily. Quantitative and focus group data both showed this as an emergent issue. While there is currently no cure, there are multiple treatment options that can help improve quality of life. These are more effective when the patient is diagnosed early. In female, non-Hispanic Black, and Hispanic patients, this diagnosis is frequently either missed or delayed. However, these are also the same population in which Alzheimer's and Dementia are the most common. One final consideration for Alzheimer's and Dementia is that the primary care-giving responsibility usually falls on family members. This creates a substantial strain on time and resources, and the mental health of those providing care.

> "I mean, we're saying, there's a lot of aging related disease. Alzheimer's and dementia is really all around us"
>
> *Sacred Heart Focus Group*

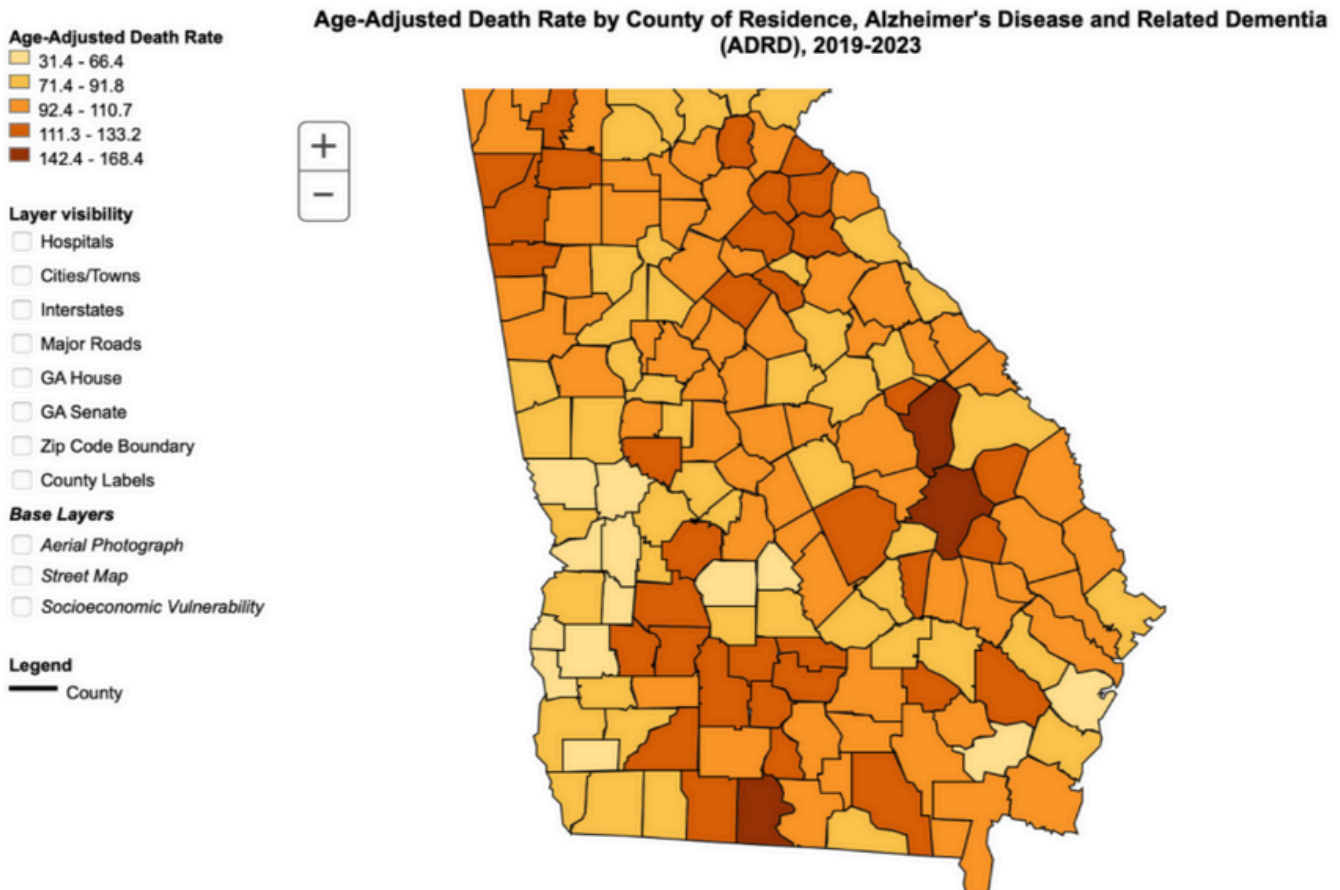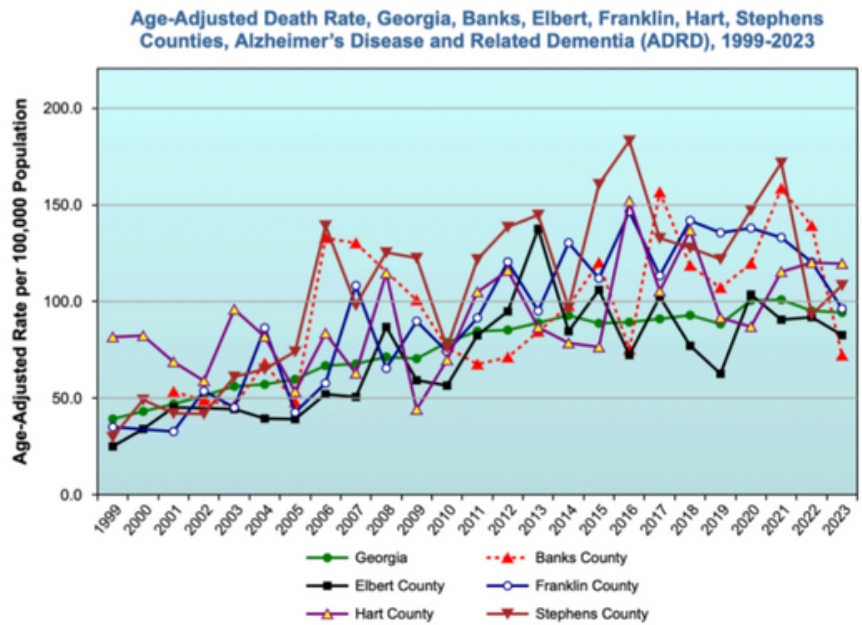## Alzheimer's Disease and Related Dementia (ADRD) Mortality Rate per 100,000
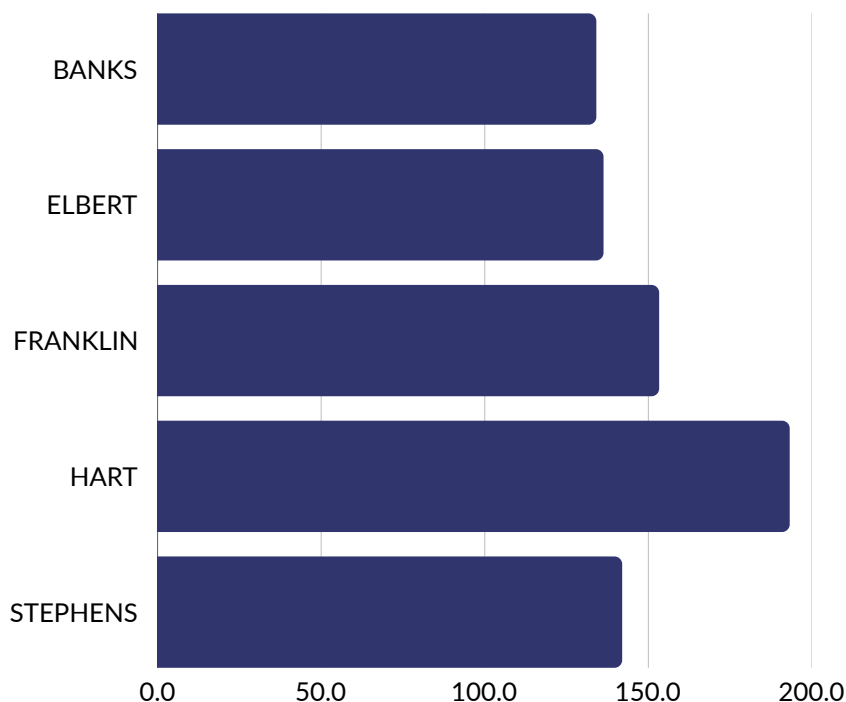
Since people are living longer and the population of people age 65 and older continues to grow, the amount of people with Alzheimer's and Dementia is predicted to increase. Some estimates suggest it's prevalence will more than **double** by 2060.

Source: Dhana et al., Alzheimer's & Dementia, 2023

11%

of adults aged 65 or up in these five counties have Alzheimer's or Dementia.

Alzheimer's disease and related dementia have been on the rise for the last generation (over 20 years). If we examine the Department of Public Health's OASIS data on deaths due to these diseases, we see a steady and significant increase between 1999 and 2023 in the figure to the right. This is true for the state as well as the service area counties. Most counties in the service area have a higher prevalence of Alzheimer's and dementia deaths than the state average across time. This is also illustrated in the county-level map below, where the darker color represents higher death rates due to these conditions in pre and post-pandemic years 2019-2023.

Age-Adjusted Death Rate, Georgia, Banks, Elbert, Franklin, Hart, Stephens Counties, Alzheimer's Disease and Related Dementia (ADRD), 1999-2023

Age-Adjusted Death Rate by County of Residence, Alzheimer's Disease and Related Dementia (ADRD), 2019-2023

Age-Adjusted Death Rate
31.4 - 66.4
71.4 - 91.8
92.4 - 110.7
111.3 - 133.2
142.4 - 168.4

Layer visibility
Hospitals
Cities/Towns
Interstates
Major Roads
GA House
GA Senate
Zip Code Boundary
County Labels

Base Layers
Aerial Photograph
Street Map
Socioeconomic Vulnerability

Legend
County

DIABETES

Diabetes is the fifth health need identified, because there has been an increase in prevalence in the service area in recent years. Diabetes is a lifestyle disease that is very manageable if diagnosed and consistently monitored. Communities of color are more likely to be affected; however, they tend to have less access to diabetes care and management. Resulting issues from long term diabetes such as wound care, weakened immune systems, and ER visits for unregulated blood sugars also puts increased demand for services on the hospital system and leads to many patients seeking acute emergency care on a recurring basis.

Type 2 diabetes is the 8th leading cause of death in the United States and continues to increase in prevalence in the Sacred Heart service area.

| Diabetes-Related ER Visit Rate Per 100,000 by Race	
287 White Patients	713 Black Patients

The Diabetes-Related ER Visit Rate is

2.5x greater

for Black patients than White patients.

% of Adults with Diabetes in the Service Area

County Health Rankings, 2024
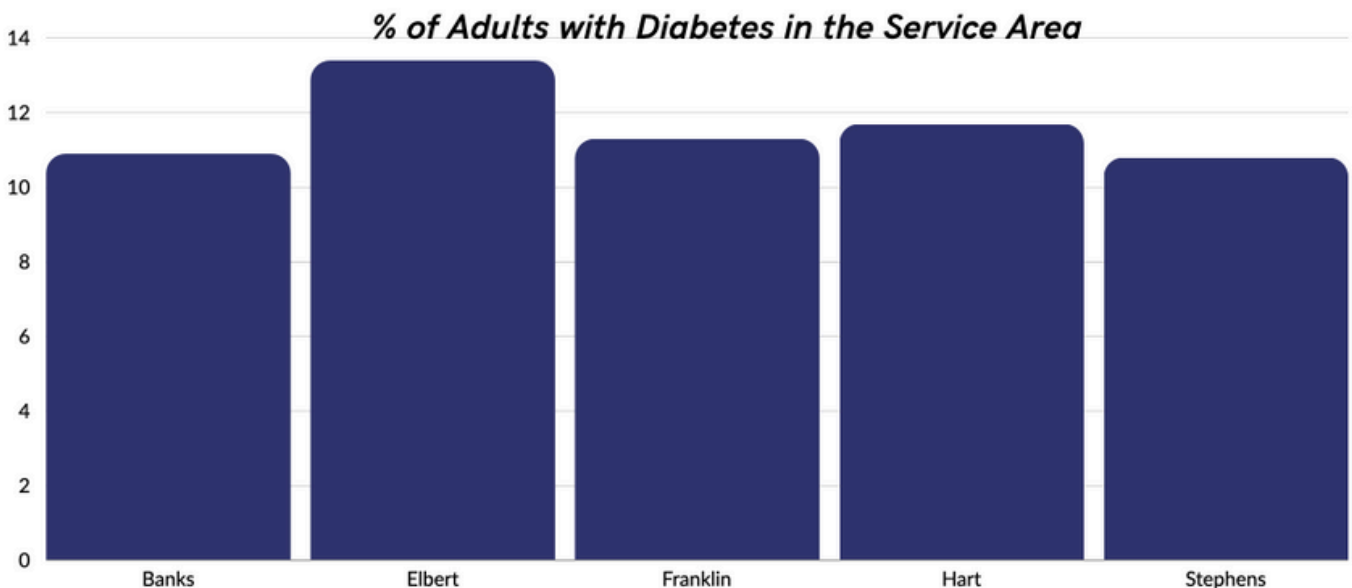
Emergency Room Visit Rate in Service Area Counties for White and Black Patients, 2002 to 2023 shows persistent disparities over time.
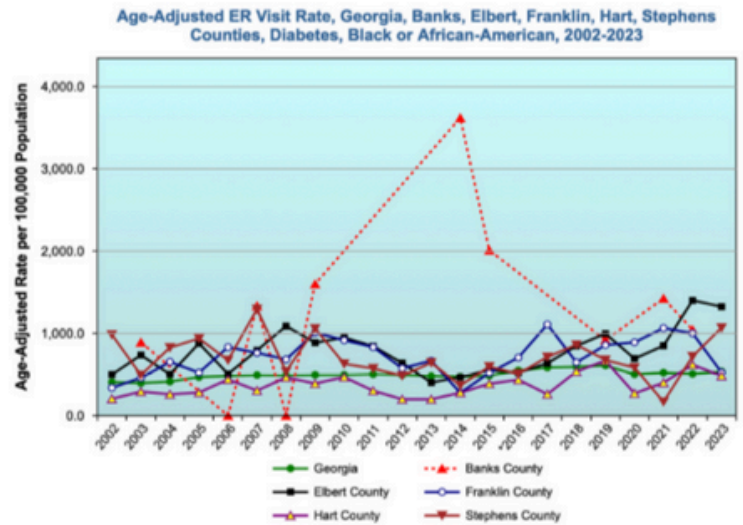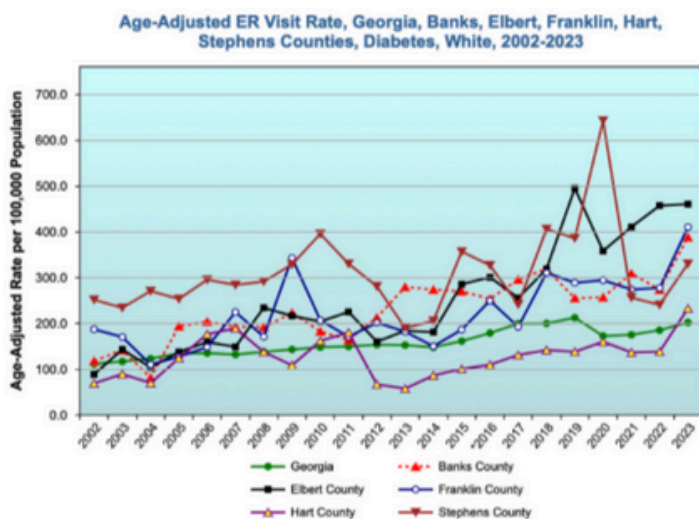
Over the last twenty years, the prevalence of diabetes has been on the rise, and commensurate increases in obesity and other metabolic disorders have correlated (i.e., been associated) with those increases as well. Diabetes is also exacerbated by food insecurity and and hunger, which is discussed as a separate but related health need below. Many low income families who also have a diabetes diagnosis in the household struggle with accessing consistent and quality sources of food, which can increase intensity of illness symptoms and adverse health outcomes among individuals with this disease. The increasing cost of insulin has also created challenges for many diabetics in terms of remaining in a stable health state, leading to increasing acute glycemic crises and emergency room visits.

Focus group participants discussed the need for patient education and outreach, especially for diabetic patients, on the topic of wound care. Many patients visit the Emergency Department who need acute wound care related to their diabetes, and these patients often have hospital readmissions because of wound-related issues.

Prioritization of Health Needs

PRIORITIZING NEEDS: ADVISORY COUNCIL

The Sacred Heart Advisory Council (SHAC) was created by the St. Mary's Community Benefit Team as part of the fulfillment of the CHNA. SHACs were formed at each of the three campuses and included stakeholders from community organizations as well as hosptial staff and clinicians. The SHAC was the body of stakeholders that participated in the the multi-voting technique to finalize the prioritization of health needs. Following the prioritization of needs, the SHAC also engaged in discussion to inform the development of the implementation strategy. Advisory Council members joined the St. Marys Community Benefit Team and the Athens Wellbeing Project team at the Sacred Heart campus in Lavonia County to learn about their role on the advisory council and to be presented with quantitative data on identified health needs as presented in the previous section of this report.

Following the completion of the focus groups, Advisory Council members joined for a follow-up meeting to complete the multi-voting technique. While prioritizing health needs, each member of the advisory council was asked to consider their decisions through the lens of what St. Mary's can do to address these needs over the next three years. The Athens Wellbeing Project team identified 7 health needs and presented data on each of these needs to the council. The SHAC then used the multi-voting technique (described in the following section) to prioritize the health needs that they recommend for targeted focus for the St. Mary's Community Benefit Team over the coming three years.

Advisory Council Meeting Details		
Meeting 1 :Council is charged with mission and secondary data are shared.	August 16th, 2024	11:00 AM -12:00 PM
Meeting 2: Qualitative data and final health needs presented; multi-voting technique employed for prioritizaiton of health needs.	October 15th, 2024	11:00 AM-12:00 PM

Prioritizing Health Needs
In order to determine how to prioritize the seven health needs, we first conducted a Best Practices Analysis of peer-reviewed literature on the topic of how to best conduct a Community Health Needs Assessment. A scan of the literature and current methods used from the National Association of County and City Health Officials Guide To Prioritization Techniques was completed in Summer 2024.

There are five common strategies used in to prioritize community health needs for CHNAs in hospital and healthcare settings across the country. These include: Multi-Voting Technique, Strategy Grids, Nominal Group Technique, Hanlon Method, and Prioritization Matrix. The Athens Wellbeing Project team first utilized the Hanlon Method after gathering quantitative and qualitative data for the CHNA. Once this method was employed and the top seven health needs were identified, the team then employed the Multi-Voting technique with the SMAC to prioritize the health needs. Below is a brief description of the two prioritizaiton strategies employed:

The Hanlon Method
The Hanlon Method combines quantitative data with qualitative judgment to prioritize health problems objectively. Each health issue is rated on size, seriousness, and effectiveness of interventions, with scores calculated using a weighted formula. Additionally, the PEARL test (Propriety, Economics, Acceptability, Resources, and Legality) is applied to assess feasibility. This method provides a rigorous framework, making it particularly suitable for data-driven decision-making.

The Multi-Voting Technique
Communities face complete and diverse health needs. It is important to utilize methods that empower communities to be apart of the decision process for prioritizing those needs. Using the multi-voting technique allows a diverse representation of community stakeholders representation in the prioritization of the identified top health needs that St. Marys focuses on in the next three years. The multi-voting technique is a decision-making process that narrows down a large list of choices into a smaller list of top priorities. This method is preferred over general majority voting because it allows for a broader consensus. Each stakeholder is given a voice through individual voting and ensures that all viewpoints are considered in the decision-making process.

Identified Health Needs: Approach & Prioritization

The advisory council for St. Mary's Healthcare System's Sacred Heart campus prioritized health needs by incorporating quantitative data, focus group findings, and facilitated discussions that encompassed the perspectives of the medically underserved, local health department officials, and the broader community. The council employed a multi-voting technique—an established practice within the Community Health Needs Assessment (CHNA) processes for nonprofit hospitals—to systematically assess and rank the identified health priorities. This collaborative method enabled council members to evaluate the significance of various health issues through a structured voting process, ensuring that diverse stakeholder voices were represented. By combining qualitative insights drawn from community focus groups with solid quantitative data, the advisory council effectively identified and prioritized the most pressing health needs. This comprehensive approach not only validated the stakeholders' concerns but also fostered a sense of shared commitment and responsibility, guiding the formulation of targeted health interventions that address the unique challenges faced by the Sacred Heart service area.

Prioritized Needs: Determined by Advisory Council Using the Multi-Voting Technique
1) Healthcare Access
2) Cardiovascular Disease (CVD)
3) Behavioral Health (Mental & Substance Use)
4) Maternal Health
5) Alzheimer's & Dementia
6) Food Insecurity
7) Diabetes

Community Resources

COMMUNITY RESOURCES

The Sacred Heart's Community Health Needs Assessment aims to enhance health and well-being across Banks, Elbert, Franklin, Hart, and Stephens counties. Understanding the diverse needs of families in these regions is critical for fostering a supportive community. This resource guide compiles essential county and regional health and human services, as well as nonprofit organizations that offer support to families facing various challenges. From healthcare access and mental health services to food assistance and social support, these resources are invaluable for empowering families and promoting resilience within the community.

Regional Resource Guide: Health and Human Services			
Organization	**Services**	**Contact Number**	**Website**
United Way of Northeast Georgia	Community services, financial assistance, and referral resources through 211	(706) 353-6683	www.unitedwaynega.org
211 Referral Service	Comprehensive information and referral service for health and human services	211	www.unitedway.org
Advantage Behavioral Health Systems	Mental health services, substance abuse programs, and crisis intervention	(866) 599-4999	www.advantagebhs.org
Food Bank of Northeast Georgia	Food distribution to individuals and families in need	(706) 354-8191	www.foodbanknega.org
Mercy Health Center	Access to affordable healthcare services, including medical, dental, and behavioral health	(706) 354-0006	www.mercyhealthcenter.org
Sacred Heart Healthcare System	Health services including primary care, specialty care, and community wellness programs	(706) 356 7800	https://www.stmaryshealthcaresystem.org/location/st-marys-sacred-heart-hospital
Casa de Amistad	Support services for Latino families, including education and advocacy	(706) 354-5008	http://athensamistad.com

Banks County

Organization	Services	Contact Number	Website
Banks County Health Department	Immunizations, women's health, WIC, dental care, environmental health services	(706) 677-2272	https://phdistrict2.org
Medlink Banks	Primary healthcare services, preventive care, chronic disease management, family planning and birth control, medication-assisted recovery	(706) 677 4568	https://medlinkga.org/location/banks/
Banks County Department of Family and Children Services	Child welfare and family support	(706) 677 2256	https://dfcs.georgia.gov/locations/banks-county
Banks County Family Connection	Support for families and youth resources	(706) 716 0620	https://banks.gafcp.org
Banks County Public Library	Educational programs and community resources	(706) 677 3164	https://www.prlib.org/banks-county

Elbert County

Organization	Services	Contact Number	Website
Elbert County Department of Family and Children Services	Child welfare and family support	(706) 213-2001	https://dfcs.georgia.gov/locations/elbert-county
Elbert County Health Department	Health services and immunizations	(706) 282-4505	https://northeasthealthdistrict.org/locations/elbert-county/
Elbert County Family Connection	Support for families and youth resources	(706) 283 8838	https://elbert.gafcp.org
Medlink Bowman	Primary healthcare services, preventive care, chronic disease management, family planning and birth control, medication-assisted recovery	(706) 245 7361	https://medlinkga.org/location/bowman/
Elbert County Library System	Educational programs and community resources	(706) 283 5375	https://www.elbertlibrary.org

Franklin County

Organization	Services	Contact Number	Website
Franklin County Department of Family and Children Services	Child welfare and food assistance	(706) 356-0251	https://dfcs.georgia.gov/locations/franklin-county
Franklin County Health Department	Health services and immunizations	(706) 384-5575	https://phdistrict2.org/franklin-county-health-department/
Royston Public Library	Community education and literacy programs	(706) 245 6748	https://athenslibrary.org/location/royston-public-library/
Lavonia-Carnegie Library	Community education and literacy programs	(706) 356 4307	https://athenslibrary.org/location/lavonia-carnegie-library/
Franklin County Family Connection	Support for families and youth resources	(706) 384 4554, ext. 11361	https://franklin.gafcp.org
Medlink Royston	Primary healthcare services, preventive care, chronic disease management, family planning and birth control, medication-assisted recovery	(706) 245 5050	https://medlinkga.org/location/royston/
Franklin County Habitat for Humanity	Affordable housing construction and repair for low-income families	(706) 356 5479	https://www.habitat.org/ga/lavonia/franklin-county-hfh
The Salvation Army of Franklin County	Emergency assistance and youth programs	(706) 367-1103	www.salvationarmyusa.org

| Hart County			
Organization	Services	Contact Number	**Website**
Hart County Department of Family and Children Services	Child welfare and family support	(706) 856-2740	https://dfcs.georgia.gov/locations/hart-county
Hart County Health Department	Health services and wellness education	(706) 376-5117	https://phdistrict2.org/hart-county-health-department/
Hart County Library	Community resources and literacy programs	(706) 378 4655	https://www.hartcountylibrary.com
Medlink Hartwell	Primary healthcare services, preventive care, chronic disease management, family planning and birth control, medication-assisted recovery	(706) 376 6100	https://medlinkga.org/location/hartwell/
Hart County Habitat for Humanity	Affordable housing construction and repair for low-income families	(706) 376 3258	www.harthabitat.org
Hart County Family Connection	Support for families and youth resources	(706) 376 7449	https://hart.gafcp.org
Stephens County			
Organization	Services	Contact Number	**Website**
Stephens County Family Connection	Support for youth and families	(706) 898 5049	https://stephens.gafcp.org
Stephens County Health Department	Health screenings and immunizations	(706) 282-4507	https://phdistrict2.org/stephens-county-health-department/
Stephens County Library	Community engagement and literacy programs	(706) 886 6082	https://toccoastephenslibrary.org
Stephens County Department of Family and Children Services	Child welfare and family support	(706) 282-4505	https://dfcs.georgia.gov/locations/stephens-county
Stephens County Habitat for Humanity	Affordable housing construction and repair for low-income families	(706) 886 3790	https://toccoahabitat.com
Medlink Toccoa Family Foot C	Family Foot Care	(706) 886 9441	https://medlinkga.org/location/toccoa-family-foot-care/

Appendix
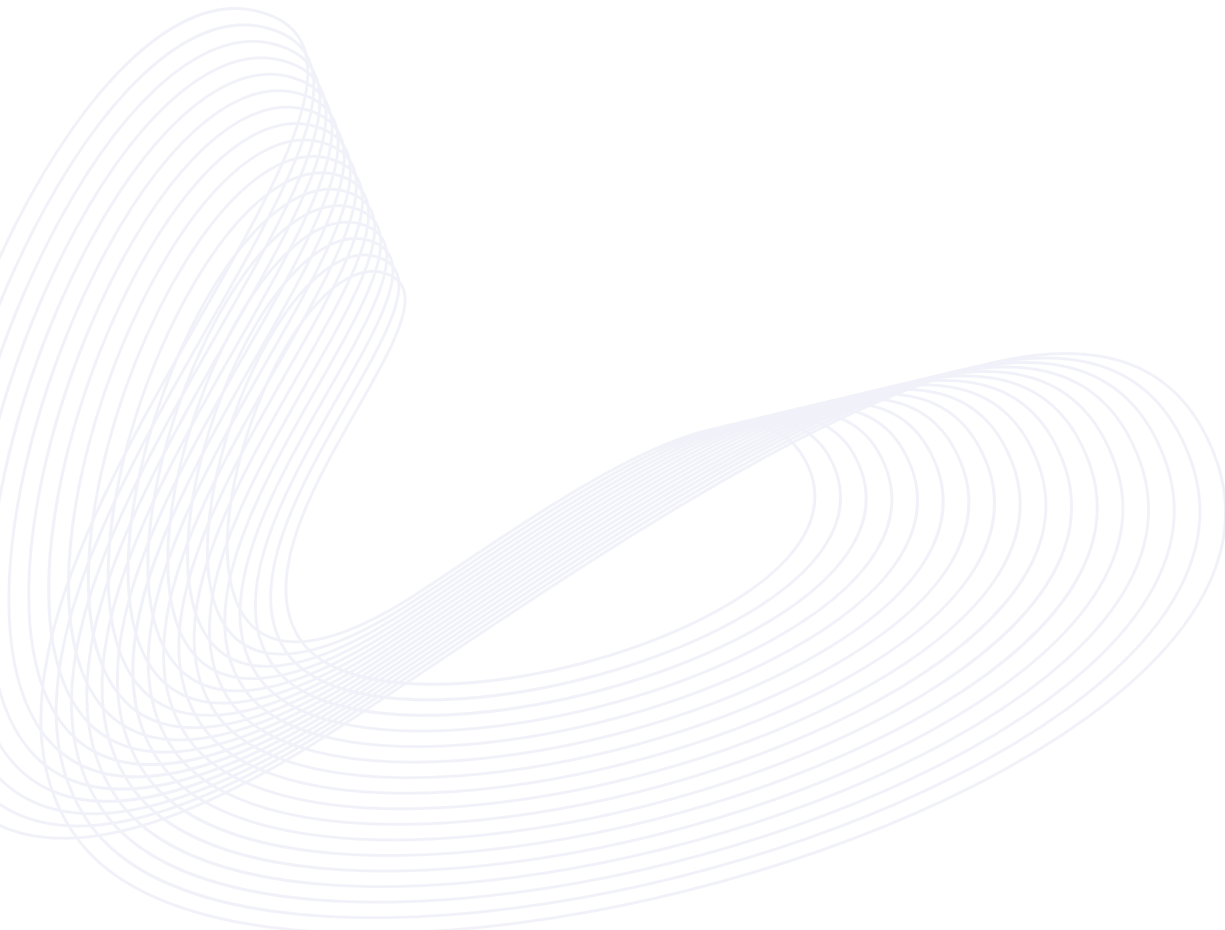
TABLE I. QUANTITATIVE DATA & SOURCES

Dataset	Indicator Focus	Observation Time-Frame	Source
Behavioral Risk Factor Surveillance System (BRFSS)	Health-related risk behaviors by county and service area	2016-2022	Centers for Disease Control and Prevention
Census QuickFacts	Demographic factors by county	2023	U.S. Census Bureau
Health Professional Shortage Areas	HPSA Scores (1-26) for Primary Care, Mental Health, and Dental by county	2024	Health Resources & Services Administration
OASIS Emergency Department Utilization	Emergency Department visits by disease type, county, race, and payor	2002-2022	Georgia Department of Public Health
OASIS Mortality	Causes of Death by disease type, county, and race	2002-2022	Georgia Department of Public Health
OASIS Opioid Mortality	Opioid deaths by drug category and county	2002-2022	Georgia Department of Public Health
County Health Rankings	Social determinants of health; health outcomes, county level rankings	2017-2024	Robert Wood Johnson Foundation
March of Dimes Peristats Maternal Care Deserts	Maternal and infant health outcomes by county	2020-2022	Health Resources & Services Administration
Behavioral Risk Factor Surveillance System (BRFSS)	Food environment index, food insecurity, food deserts by county	2014-2021	Centers for Disease Control and Prevention

St. Mary's Sacred Heart Hospital

Trinity Health System - Full Assessment Report - Quick Facts

Demographics

Data Indicator	Indicator Variable	Location Summary	Georgia
Foreign-Born Population	Total Population	142,567	10,722,325
	Naturalized U.S. Citizens	2,754	538,433
	Population w/o U.S. Citizenship	3,864	580,933
	Total Foreign-Birth Population	6,618	1,119,366
	Foreign-Birth Population, Percent of Total Population	4.64%	10.44%
Medicare Enrollment	Total Medicare Beneficiaries	32,526	1,703,148
	Medicare Advantage Beneficiaries	17,378	928,498
	FFS Beneficiaries	15,148	774,650
	Medicaid Eligible, Percentage	16.57%	13.09%
	Avg. Age of FFS Beneficiaries	72	72
Population Age 0-4	Total Population	142,567.00	10,722,325
	Population Age 0-4	7,971.00	635,299
	Percent Population Age 0-4	5.59%	5.93%
Population Age 18-64	Total Population	142,567.00	10,722,325
	Population Age 18-64	84,199.00	6,669,335
	Population Age 18-64, Percent	59.06%	62.20%
Population Age 5-17	Total Population	142,567.00	10,722,325
	Population Age 5-17	23,502.00	1,877,246
	Population Age 5-17, Percent	16.48%	17.51%
Population Age 65+	Total Population	142,567	10,722,325
	Population Age 65+	26,895	1,540,445
	Population Age 65+, Percent	18.86%	14.37%
Population Geographic Mobility	Total Population	140,943	10,609,628
	Population In-Migration	9,009	825,968
	Percent Population In-Migration	6.39%	7.79%
Population Under Age 18	Total Population	142,567	10,722,325
	Population Age 0-17	31,473	2,512,545
	Population Age 0-17, Percent	22.08%	23.43%
Population with Any Disability	Total Population (For Whom Disability Status Is Determined)	140,857	10,531,900
	Population with a Disability	24,767	1,336,645
	Population with a Disability, Percent	**17.58%**	**12.69%**
Population with Limited English Proficiency	Population Age 5+	134,596	10,087,026
	Population Age 5+ with Limited English Proficiency	4,189	551,131
	Population Age 5+ with Limited English Proficiency, Percent	**3.11%**	**5.46%**
	Total Population	142,567	10,722,325

Data Indicator	Indicator Variable	Location Summary	Georgia
Total Population	Total Land Area (Square Miles)	1,431.08	57,716.98
	Population Density (Per Square Mile)	100	186
Urban and Rural Population	Total Population	140,776	10,711,908
	Urban Population	33,020	7,933,986
	Rural Population	107,756	2,777,922
	Urban Population, Percent	23.46%	74.07%
	Rural Population, Percent	76.54%	25.93%
Veteran Population	Total Population Age 18+	110,947	8,153,384
	Total Veterans	7,849	610,515
	Veterans, Percent of Total Population	7.07%	7.49%

Healthcare Access

Data Indicator	Indicator Variable	Location Summary	Georgia
Access to Care - Addiction/Substance Abuse Providers	Total Population (2020)	140,776	10,711,908
	Number of Facilities	4	318
	Number of Providers	2	833
	Providers, Rate per 100,000 Population	**1.41**	**7.78**
Access to Care - Dentists	Estimated Population	146,157	10,912,877
	Number of Dentists	44	5,880
	Ratio of Dental Providers to Population (1 Provider per x Persons)	3,288.2	1,855.9
	Dentists, Rate (Per 100,000 Population)	**30.4**	**53.9**
Access to Care - Mental Health Providers	Total Population (2020)	140,776	10,711,908
	Number of Facilities	18	4,080
	Number of Providers	62	20,185
	Providers, Rate per 100,000 Population	**44.12**	**188.44**
Access to Care - Primary Care	Total Population (2020)	140,776	10,711,908
	Number of Facilities	38	4,041
	Number of Providers	69	10,051
	Providers, Rate per 100,000 Population	**49.21**	**93.83**
Federally Qualified Health Centers	Total Population (2020)	140,776	10,711,908
	Number of Federally Qualified Health Centers	6	331
	Rate of Federally Qualified Health Centers per 100,000 Population	**4.26**	**3.09**
	Primary Care Facilities		
Health Professional Shortage Areas	Mental Health Care Facilities	No data	80
	Dental Health Care Facilities	No data	57
	Total HPSA Facility Designations	No data	55
	Total Population (ACS 2019 5-Year Estimates)	No data	192
Health Professional Shortage Areas - Dental Care	Dental Health Care HPSA Designation Population	145,070	10,403,847
	HPSA Designation Population, Percentage of Total	0	1,931,884
	Percentage of HPSA Population Underserved	**0.00%**	**18.57%**
	Total Population (For Whom Insurance Status is Determined)	No data	82.79%
Insurance - Population Receiving Medicaid	Population with Any Health Insurance	140,857	10,531,900
	Population Receiving Medicaid	119,942	9,170,520
	Percent of Insured Population Receiving Medicaid	30,132	1,859,799
	Total Population (For Whom Insurance Status is Determined)	**25.12%**	**20.28%**
Insurance - Uninsured Population	Uninsured Population	140,857	10,531,900
	Uninsured Population, Percent	20,915	1,361,380
	Total Population	**14.85%**	**12.93%**
Recent Primary Care Visit	Adults Age 18+ with Routine Checkup in Past 1 Year (Crude)	140,724	10,912,876
	Adults Age 18+ with Routine Checkup in Past 1 Year (Age-Adjusted)	**76.5%**	**76.3%**
		No data	75.4%

Economic Stability

Data Indicator	Indicator Variable	Location Summary	Georgia
Area Deprivation Index	Total Population (2020)	140,777	10,711,908
	State Percentile	70	50
	National Percentile	**71**	**54**
Employment - Labor Force Participation Rate	Total Population Age 16+	132,825	8,504,181
	Labor Force	77,246	5,406,476
	Labor Force Participation Rate	**58.16%**	**63.57%**
Employment - Unemployment Rate	Labor Force	72,004	5,406,862
	Number Employed	69,772	5,215,418
	Number Unemployed	2,232	191,444
	Unemployment Rate	**3.1%**	**3.5%**
Food Insecurity Rate	Total Population	141,676.00	10,723,704
	Food Insecure Population, Total	21,208	1,371,420
	Food Insecurity Rate	**15%**	**12.79%**
Homeless Children and Youth	Students in Reported Districts	21,899	1,741,375
	Students Experiencing Homelessness	416	36,678
	Students Experiencing Homelessness, Percent	**1.90%**	**2.11%**
	Districts Reporting	100.00%	93.68%
	Students in Reported Districts	100.00%	99.27%
Income - Median Household Income	Total Households	53,157	3,946,490
	Average Household Income	$72,563	$99,345
	Median Household Income	**$58,359**	**$71,355**
Poverty - Children Below 200% FPL	Total Population Under Age 18	139,050.00	2,477,290
	Population Under Age 18 Below 200% FPL	52,109.00	1,031,175
	Population Under Age 18 Below 200% FPL, Percent	**37.48%**	**41.63%**
Poverty - Children Eligible for Free/Reduced Price Lunch	Total Students	22,018	1,750,972
	Students Eligible for Free or Reduced Price Lunch	13,680	1,043,080
	Students Eligible for Free or Reduced Price Lunch, Percent	**62.1%**	**59.6%**
Poverty - Population Below 200% FPL	Total Population	139,050.00	10,462,430
	Population with Income Below 200% FPL	52,109.00	3,284,036
	Population with Income Below 200% FPL, Percent	**37.48%**	**31.39%**
SNAP Benefits - Households Receiving SNAP	Total Households	53,157	3,946,490
	Households Receiving SNAP Benefits	6,785	477,519
	Percent Households Receiving SNAP Benefits	**12.76%**	**12.10%**

Education

Data Indicator	Indicator Variable	Location Summary	Georgia
Access - Head Start	Children Under Age 5	4,739	614,218
	Total Head Start Programs	4	457
	Head Start Programs, Rate (Per 10,000 Children Under Age 5)	9.11	7.44
Access - Preschool Enrollment (Children Age 3-4)	Population Age 3-4	3,392	272,392
	Population Age 3-4 Enrolled in School	1,536	130,021
	Population Age 3-4 Enrolled in School, Percent	45.28%	47.73%
Attainment - Bachelor's Degree or Higher	Total Population Age 25+	114,618	7,158,620
	Population Age 25+ with Bachelor's Degree or Higher	19,546	2,407,707
	Population Age 25+ with Bachelor's Degree or Higher, Percent	17.05%	33.63%
Attainment - No High School Diploma	Total Population Age 25+	98,909	7,158,620
	Population Age 25+ with No High School Diploma	17,856	808,639
	Population Age 25+ with No High School Diploma, Percent	18.05%	11.30%
Chronic Absenteeism	Student Cohort	21,661	1,713,231
	Number Chronically Absent	4,818	378,631
	Chronic Absence Rate	22.24%	22.10%
Proficiency - Student Reading Proficiency (4th Grade)	Students with Valid Test Scores	5,800	338,112
	Students Scoring 'Proficient' or Better, Percent	31.1%	33.6%
	Students Scoring 'Not Proficient' or Worse, Percent	69.0%	66.4%

Social Support & Community Context

Data Indicator	Indicator Variable	Location Summary	Georgia
Commuter Travel Patterns - Public Transportation	Total Population Employed Age 16+	61,786.00	5,010,799
	Population Using Public Transit for Commute to Work	106.00	74,368
	Percent Population Using Public Transit for Commute to Work	0.17%	1.48%
Households with No Motor Vehicle	Total Occupied Households	62,049	3,946,490
	Households with No Motor Vehicle	3,259	236,816
	Households with No Motor Vehicle, Percent	5.25%	6.00%
Incarceration Rate	Total Population (2010)	141,254	9,687,653
	Incarceration Rate	1.8%	2.1%
Opportunity Index	Total Population	135,287	10,304,763
	Opportunity Index Score	42.6	47.9
Teen Births	Female Population Age 15-19	29,968	2,522,349
	Teen Births, Rate per 1,000 Female Population Age 15-19	25.8	19.6
Violent Crime	Total Population	137,531.00	10,527,735
	Violent Crimes, 3-year Total	1,103.00	117,844
	Violent Crimes, Annual Rate (Per 100,000 Pop.)	267.30	373.10
Young People Not in School and Not Working	Population Age 16-19	7,304	602,479
	Population Age 16-19 Not in School and Not Employed	516	47,447
	Population Age 16-19 Not in School and Not Employed, Percent	7.06%	7.88%

Neighborhood & Physical Environment

Data Indicator	Indicator Variable	Location Summary	Georgia
Air Quality - Particulate Matter 2.5	Total Population Average Daily Ambient Particulate Matter 2.5	140,776	10,651,622
	Number of Days Exceeding NAAQS Standards Percentage of Days	No data	8.84
	Exceeding Standards, Crude Average Percentage of Days	0.00	0.00
	Exceeding Standards, Pop. Adjusted Average Total Number of	0.01%	0.08%
	Broadband Serviceable Locations Access to DL Speeds >=	0.01%	0.07%
Built Environment - Broadband Access	25MBPS and UL Speeds >= 3 MBPS Access to DL Speeds >=	67,990	3,802,127
	100MBPS and UL Speeds >= 20 MBPS Total Population	89.84%	95.72%
	Population Within a 10-Minute Walk Percent of Population	82.81%	93.49%
Built Environment - Park Access	Within a 10-Minute Walk Total Population (2020) Number of	140,776	10,711,908
	Establishments Establishments, Rate per 100,000 Population	11,637	1,882,190
	Total Population (2020) Number of Establishments	8.27	17.57
Built Environment - Recreation and Fitness Facility Access	Establishments, Rate per 100,000 Population Estimated Total	No data	10,711,908
	Population Presence of Health-Based Drinking Water Violation	No data	1,171
	Total Population (2020) Number of Establishments	No data	10.93
	Establishments, Rate per 100,000 Population Total Population	140,739	10,711,908
Built Environment - Social Associations	(2020) Number of Establishments Establishments, Rate per		9,819
	100,000 Population Total Population Low Income Population	147	91.66
	Low Income Population with Low Food Access Percent Low	104.45	
Drinking Water Safety	Income Population with Low Food Access Total Households Cost-	111,836.00	8,315,530
	Burdened Households Cost-Burdened Households, Percent Total	Yes	Yes
	Occupied Housing Units Overcrowded Housing Units Percentage		140,739	10,711,908
Food Environment - Fast Food Restaurants	of Housing Units Overcrowded Total Occupied Housing Units	86	9,479
	Occupied Housing Units with One or More Substandard Conditions	61.11	88.49
		140,739	10,711,908
Food Environment - Grocery Stores and Supermarkets	Occupied Housing Units with One or More Substandard Conditions, Percent	7	1,755
	Total Occupied Housing Units	4.97	16.38
		141,250	9,687,653
Food Environment - Low Income & Low Food Access		60,183	3,420,617
		6,518	971,069
		10.83%	28.39%
Housing Costs - Cost Burden (30%)		53,157	3,946,490
		12,462	1,150,558
		23.44%	29.15%
Housing Quality - Overcrowding		43,088	2,279,982
		1,287	88,235
		2.99%	3.87%
		62,049	3,946,490
Housing Quality - Substandard Housing		15,134	1,171,255
		24.39%	29.68%
		53,157	3,946,490

Data Indicator	Indicator Variable	Location Summary	Georgia
Tenure - Owner-Occupied Housing	Owner-Occupied Housing Units	38,665	2,565,877
	Percent Owner-Occupied Housing Units	72.74%	65.02%
Tenure - Renter-Occupied Housing	Total Occupied Housing Units	53,157	3,946,490
	Renter-Occupied Housing Units	14,492	1,380,613
	Percent Renter-Occupied Housing Units	27.26%	34.98%

Health Outcomes & Behaviors

Data Indicator	Indicator Variable	Location Summary	Georgia	Georgia
30-Day Hospital Readmissions	Medicare FFS Beneficiaries	32,521	1,703,148	
	30-Day Hospital Readmissions	556	29,355	
	30-Day Hospital Readmissions, Rate	**17.3%**	**18.3%**	
Binge Drinking	Total Population	140,724		10,912,876
	Adults Age 18+ Binge Drinking in the Past 30 Days (Crude)	**14.5%**	**15.3%**	
	Adults Age 18+ Binge Drinking in the Past 30 Days (Age-Adjusted)	No data	15.8%	
Cancer Incidence - All Sites	Estimated Total Population	5,787,646		11,719,275
	New Cases (Annual Average)	4,541	54,354	
	Cancer Incidence Rate (Per 100,000 Population)	**78.5**	**463.8**	
Cancer Incidence - Breast	Estimated Total Population (Female)	5,787,646		6,241,486
	New Cases (Annual Average)	4,541	8,064	
	Cancer Incidence Rate (Per 100,000 Females)	**78.5**	**129.2**	
Cancer Incidence - Colon and Rectum	Estimated Total Population	5,787,646		11,567,430
	New Cases (Annual Average)	4,541	4,546	
	Cancer Incidence Rate (Per 100,000 Population)	**78.5**	**39.3**	
Chronic Conditions - Alzheimer's Disease (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	18,872		922,696
	Beneficiaries with Alzheimer's Disease	2,106	98,702	
	Beneficiaries with Alzheimer's Disease, Percent	**11.2%**	**10.7%**	
Chronic Conditions - Diabetes (Adult)	Total Population	140,724		10,912,876
	Adults Age 18+ Ever Diagnosed with Diabetes (Crude)	**14.1%**	**12.6%**	
	Adults Age 18+ Ever Diagnosed with Diabetes (Age-Adjusted)	No data	11.6%	
Chronic Conditions - Heart Disease (Medicare Population)	FFS Beneficiaries	16,219		817,181
	Ischemic Heart Disease Prevalence, Total	3,613	179,780	
	Ischemic Heart Disease Prevalence, Percent	**22%**	**22%**	
Chronic Conditions - Obesity (Adult)	Total Population	140,724		10,912,876
	Adults Age 18+ with Obesity (Crude)	**38.2%**	**36.8%**	
	Adults Age 18+ with Obesity (Age-Adjusted)	No data	36.8%	
Chronic Obstructive Pulmonary Disease	Total Population	140,724		10,912,876
	Adults Age 18+ Ever Diagnosed with COPD(Crude)	**10.2%**	**7.2%**	
	Adults Age 18+ with COPD (Age-Adjusted)	No data	6.6%	

Data Indicator	Indicator Variable	Location Summary	Georgia	Georgia
Current Asthma	Total Population	140,724		10,912,876
	Adults Age 18+ with Asthma (Crude)	**10.9%**	**10.4%**	
	Adults Age 18+ with Asthma (Age-Adjusted)	No data	10.3%	
Depression	Total Population	140,724		10,912,876
	Adults Age 18+ with Depression (Crude)	**23.2%**	**20.4%**	
	Adults Age 18+ with Depression (Age-Adjusted)	No data	20.6%	
Diabetes Management (Hemoglobin A1c Test)	Medicare Enrollees with Diabetes	2,012		101,932
	Medicare Enrollees with Diabetes with Annual Exam	1,787	89,176	
	Medicare Enrollees with Diabetes with Annual Exam, Percent	**88.81%**	**87.49%**	
High Blood Pressure	Total Population	140,724		10,912,876
	Adults Age 18+ with HTN (Crude)	**41.6%**	**37.4%**	
	Adults Age 18+ with HTN (Age-Adjusted)	No data	35.7%	
HIV Prevalence	Population Age 13+	123,707.00	9,170,559	9,170,559
	Population with HIV / AIDS	255.00	60,902	60,902
	Population with HIV / AIDS, Rate per 100,000 Pop.	**206.19**	**664.1**	**664.1**
Hospitalizations - Preventable Conditions	FFS Beneficiaries	16,219	817,181	
	Prevention Quality Overall Composite (PQI #90), Total	586	25,194	
	Prevention Quality Overall Composite (PQI #90), Rate per 100,000	**3,616**	**3,083**	
Lack of Prenatal Care	Total Births	360	381,786	
	Births with Late/No Care	23	32,275	
	% of Births with Late/No Care	**6.45%**	**8.45%**	
Life Expectancy	Total Population	130,626	10,108,188	
	Life Expectancy at Birth (2019-21)	**73.9**	**76.1**	
Low Birth Weight	Total Live Births	11,252	89,397	
	Low Birthweight Births	989	883,723	
	Low Birthweight Births, Percentage	**8.8%**	**10.1%**	
Mortality - Cancer	Total Population, 2018-2022 Average	142,146	10,711,871	
	Five Year Total Deaths, 2018-2022 Total	1,775	89,418	
	Crude Death Rate (Per 100,000 Population)	**249.7**	**167.0**	
Mortality - Coronary Heart Disease	Total Population, 2018-2022 Average	142,146	10,711,871	
	Five Year Total Deaths, 2018-2022 Total	920	40,886	
	Crude Death Rate (Per 100,000 Population)	**129.4**	**76.3**	
Mortality - Deaths of Despair	Total Population, 2018-2022 Average	142,146	10,711,871	
	Five Year Total Deaths, 2018-2022 Total	449	24,619	
	Crude Death Rate (Per 100,000 Population)	**63.2**	**46.0**	
Mortality - Drug Poisoning	Total Population, 2018-2022 Average	142,146	10,711,871	
	Five Year Total Deaths, 2018-2022 Total	175	10,556	
	Crude Death Rate (Per 100,000 Population)	**24.7**	**19.7**	
Mortality - Homicide	Total Population, 2018-2022 Average	142,146	10,711,871	
	Five Year Total Deaths, 2018-2022 Total	15	5,165	
	Crude Death Rate (Per 100,000 Population)	**5.9**	**9.6**	

Data Indicator	Indicator Variable	Location Summary	Georgia	Georgia
Mortality - Infant Mortality	Number of Infant Deaths	33	6,243	
	Deaths per 1,000 Live Births	8.7	7.0	
Mortality - Lung Disease	Total Population, 2018-2022 Average	142,146	10,711,871	
	Five Year Total Deaths, 2018-2022 Total	567	24,054	
	Crude Death Rate (Per 100,000 Population)	79.8	44.9	
Mortality - Motor Vehicle Crash	Total Population, 2018-2022 Average	142,146	10,711,871	
	Five Year Total Deaths, 2018-2022 Total	162	8,477	
	Crude Death Rate (Per 100,000 Population)	22.8	15.8	
Mortality - Suicide	Total Population, 2018-2022 Average	142,146	10,711,871	
	Five Year Total Deaths, 2018-2022 Total	120	7,945	
	Crude Death Rate (Per 100,000 Population)	19.6	14.8	
Physical Activity	Total Population	140,724	10,912,876	
	Adults Age 18+ with No Leisure-Time Physical Activity (Crude)	29.8%	25.4%	
	Adults Age 18+ with No Leisure-Time Physical Activity (Age-Adjusted)	No data	25.1%	
Poor Mental Health	Total Population	140,724	10,912,876	
	Adults Age 18+ with Poor Mental Health (Crude)	18.0%	16.7%	
	Adults Age 18+ with Poor Mental Health (Age-Adjusted)	No data	17.1%	
Poor or Fair Health	Population Age 18+	111,836	8,315,530	
	Adults with Poor or Fair Health	21,223	1,463,533	
	Percentage of Adults with Poor or Fair Health	19.0%	17.6%	
Poor Physical Health Days	Total Population	140,724	10,912,876	
	Adults Age 18+ with Poor Physical Health (Crude)	16.1%	13.2%	
	Adults Age 18+ with Poor Physical Health (Age-Adjusted)	No data	12.7%	
Sleep	Total Population (2020)	140,724	10,912,876	
	Adults Age 18+ Sleeping Less Than 7 Hours on Average (Crude)	36.4%	38.4%	
	Adults Age 18+ Sleeping Less Than 7 Hours on Average (Age-Adjusted)	No data	38.9%	
Tobacco - Tobacco Use	Total Population	140,724	10,912,876	
	Adults Age 18+ as Current Smokers (Crude)	17.9%	14.5%	
	Adults Age 18+ as Current Smokers (Age-Adjusted)	No data	14.7%	

ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

Athens Wellbeing Project

Community Partners
Athens Area Community Foundation, Athens-Clarke County Unified Government, ACC Housing and Community Development Department, Athens-Clarke County Police Department, Athens Housing Authority, Clarke County School District, Envision Athens, Advantage Behavioral Health, Family Connection, Piedmont Athens Regional Medical Center, St. Mary's Health Care System, United Way of Northeast Georgia, and the University of Georgia.

Description of Project
The Athens Wellbeing Project is working to improve the quality of life in our community. We are conducting a brief survey of Athens-Clarke County residents to better understand the needs of our neighborhoods and communities. Your household was randomly selected to participate in the survey.

Compensation
For taking this survey you will be eligible to be entered into a bi-weekly raffle for a $150 Walmart gift card.

Voluntary Nature of the Study
The survey will take approximately 15 to 20 minutes to complete. Your participation in the survey is voluntary. You can choose to end the survey at any time. You can also decline to answer any question for any reason.

Confidentiality
Reports created from the survey results will not identify you or your household. Internet data security cannot be guaranteed but responses from each household will be downloaded onto password-protected UGA computers. The anonymous survey results will be kept for future research and may be shared with other researchers. The findings from this project may provide information that can be used to improve the quality of life in Athens Clarke County. There are no known risks or discomforts associated with this survey.

Contact Information
Please contact Rebecca Baskam (Phone: 706-389-5462 ; email: rbaskam@uga.edu) for questions about this survey. Contact the UGA Institutional Review Board at irb@uga.edu or 706-542-3199 if you have questions or concerns about your rights as a research participant.

Consent
By clicking yes below, you are agreeing to participate in the survey. You must be at least eighteen (18) years old and a resident of Athens-Clarke County to participate in this survey.

1. I agree to participate in this survey.
   ○ Yes
   ○ No

2. Please write in your street address (e.g., 155 South Street):

   _____

3. Please write in your ZIP code: ☐☐☐☐☐

ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

4.Which of the following best describes your current housing?

○ Single family home
○ Apar tm ent
○ Mobile home
○ Assisted living facility or nursing home
○ Athens Housing Authority property
○ Unhoused

5.What race do you consider yourself to be? Please indicate one or more races you consider yourself to be.

○ American Indian or Alaska Native
○ As ian
○ Black or African American
○ Native Hawaiian or Other Pacific Islander
○ W hite
○ Other race (please specify)

_____

6. Do you consider yourself to be Hispanic or Latino?

○ Yes
○ No

7.What is your current legal marital status?

○ Single
○ Married
○ Separated
○ Divorced
○ W idowed

8.What is the highest level of education you have completed?

○ Less than high school
○ High school degree/GED
○ Some college but no degree
○ Associate's degree: occupational, technical or vocational program
○ Associate's degree: academic program
○ Bachelor's degree
○ Master's degree or higher

93. As a citizen of Athens-Clarke County, please provide any recommendations or suggestions for the Athens-Clarke County Police Department's 911 Center or the Athens-Clarke County Police Department.

94. In the raffle for a $150 Walmart gift card, how should we contact you if you win?
This information will not be associated with any of your survey responses.
*Limit 1 entry per household

○ Email (enter email address)

_____

○ Mail (enter mailing address)

_____

○ I do not wish to be entered into a raffle

ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

88. This set of questions is about the Athens-Clarke County Police Department (ACCPD). Remember, your answers will remain anonymous.

Please indicate the extent to which you agree or disagree with the following statements about the Athens-Clarke County Police Department (ACCPD).

	Strongly ag ree ▼	Agree ▼	Neither agree nor disagree ▼	Di sag ree ▼	Strongly disagree ▼
I have a great deal of confidence in the ACCPD and its officers and employees.	○	○	○	○	○
I have a great deal of respect for the ACCPD and its officers and employees.	○	○	○	○	○
The ACCPD shows a great deal of interest in community issues.	○	○	○	○	○
Overall, the ACCPD is doing a good job.	○	○	○	○	○

89. Have you called the Athens-Clarke County 911 Center in the last 12 months?

○ Yes
○ No → Please skip to question #93 on page 23

90. Did your call go through to an operator the first time you dialed 911?

○ Yes
○ No

91. Did you request an officer to be dispatched to your location?

○ Yes
○ No

92. Overall, how satisfied were you with the following?

	Very sati sf i ed ▼	Satisfied ▼	Nei th er satisfied nor dissatisfied ▼	Dis- sati sf i ed ▼	Very dissatisfied ▼
Assistance provided by the 911 operator over the t el ephone	○	○	○	○	○
Speed with which your call to 911 was answered by the operator	○	○	○	○	○
Overall professionalism of the 911 operator	○	○	○	○	○
Knowledge and understanding of the 911 operator	○	○	○	○	○
Overall customer service you received when you contacted the 911 center	○	○	○	○	○

9. Which of the following statements applies to you?

○ I am married and living in the same household as my husband or wife.
○ I have a steady partner, and we live in the same household.
○ I have a husband or wife or steady partner, but we don't live in the same household. } Please skip to question #11
○ I don't have a steady partner.

10. What is the highest level of education your spouse/partner has completed?

○ Less than high school
○ High school degree/GED
○ Some college but no degree
○ Associate's degree: occupational, technical or vocational program
○ Associate's degree: academic program
○ Bachelor's degree
○ Master's degree or higher

11. Are you currently enrolled in college?

○ Yes
○ No → Please skip to question #14

12. Are you a student at the University of Georgia?

○ Yes
○ No → Please skip to question #14

13. Are you an undergraduate or graduate student at UGA?

○ Undergraduate student
○ Graduate student

14. What is your total household monthly income before taxes? (e.g., $1500.00)

$ [ ][ ][ ][ ][ ][ ] . [ ][ ] per month

15. Is your total household monthly income before taxes less than $2000.00 per month?

○ Yes
○ No

ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

16. Please list the number of people in each age group who live in your household (including yourself).

0-4 years		people
5-11 years		people
12-17 years		people
18-25 years		people
26-64 years		people
65+ years		people

Total number of people
who live in your household:

17. What is your age?

☐☐☐ years old

18. Are you (or someone in your household) a veteran of the US Military?
○ Yes
○ No

19. Now, think about the past 12 months. Did you work at a job or business at any time during the past 12 months?
○ Yes → Please skip to question #21 on page 5
○ No

20. If you did not work in the past 12 months, are you...
○ a student
○ a homemaker
○ retired   Please skip to question #26 on page 6
○ unable to work
○ other (please specify)

---

85. This set of questions is about Athens-Clarke County (ACC) Police Officers. Remember, your answers will remain anonymous.

Have you had any contact with an Athens-Clarke County (ACC) Police Officer in the last 12 months?
○ Yes
○ No → Please skip to question #87

86. Overall, how satisfied were you with the following?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Assistance provided by the ACC Police Officer	○	○	○	○	○
Speed with which the ACC Police Officer provided assistance	○	○	○	○	○
Overall professionalism of the ACC Police Officer	○	○	○	○	○
Knowledge and understanding of the ACC Police Officer	○	○	○	○	○

87. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
ACC Police Officers would treat you with respect if you had contact with them.	○	○	○	○	○
ACC Police Officers treat everyone fairly regardless of who they are.	○	○	○	○	○
ACC Police Officers are helpful.	○	○	○	○	○
ACC Police Officers deal positively with young people.	○	○	○	○	○
ACC Police Officers focus on the public safety issues that concern you.	○	○	○	○	○
The number of ACC Police Officers that serve my neighborhood is satisfactory.	○	○	○	○	○

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ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

82. Please indicate the extent to which you agree or disagree with the following statements about your neighborhood.

	Strongly agree ▼	Agree ▼	Neither agree nor disagree ▼	Disagree ▼	Strongly disagree ▼
People in my neighborhood can be trusted.	○	○	○	○	○
People in my neighborhood generally get along with each other.	○	○	○	○	○
I feel comfortable with children playing outside in my neighborhood.	○	○	○	○	○
I feel safe enough to walk or exercise outside in my neighborhood.	○	○	○	○	○
I feel safe in my home	○	○	○	○	○
I feel safe on my street	○	○	○	○	○
I feel safe in my neighborhood	○	○	○	○	○
I feel safe in local parks	○	○	○	○	○
I feel safe in downtown Athens	○	○	○	○	○

83. In the past 12 months, would you say crime in your neighborhood has gotten better, worse, or stayed the same?
- ○ Better
- ○ Worse
- ○ Stayed the same

84. In the past 12 months, would you say crime in Athens-Clarke County has gotten better, worse, or stayed the same?
- ○ Better
- ○ Worse
- ○ Stayed the same

21. In what kind of business or industry were you employed during the past 12 months?
- ○ Educational services, and health care and social assistance
- ○ Professional, scientific, and management, and administrative and waste management services
- ○ Arts, entertainment, and recreation, and accommodation and food services
- ○ Retail trade
- ○ Manufacturing
- ○ Other (please specify):

_____

22. How hard is it to take time off during your work to take care of personal or family matters?
- ○ Not at all hard
- ○ Not too hard
- ○ Somewhat hard
- ○ Very hard

23. How many hours did you work LAST WEEK at all jobs or businesses? ☐☐☐

24. Which of the following best describes your usual work schedule? Please select all that apply.
- ○ Day shift
- ○ Afternoon
- ○ Night shift
- ○ Split shift
- ○ Irregular shift/on-call
- ○ Rotating shifts

25. Does your job offer any of the following benefits? Please select all that apply.
- ○ Medical insurance
- ○ Dental insurance
- ○ Sick leave
- ○ Paid vacation
- ○ Family or maternity leave
- ○ Retirement plan
- ○ Profit sharing
- ○ Bonuses (seasonal/quarterly)
- ○ My job does not offer any of the benefits listed above

ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

26. Have you, or has anyone in your household, experienced a loss of employment income in the last 12 months?
- ○ Yes
- ○ No

27. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?
- ○ Yes
- ○ No → Please skip to question #29

28. What is the PRIMARY source of your health care coverage?
- ○ A plan purchased through an employer, union, or school (includes plans purchased through another person's employer)
- ○ A plan that you or another family member buys on your own
- ○ A plan purchased through a state Healthcare Exchange ("Obamacare")
- ○ Medicare
- ○ Medicaid
- ○ Managed Medicaid (Wellcare or Amerigroup)
- ○ TRICARE (formerly CHAMPUS), VHA, or Military
- ○ Alaska Native, Indian Health Service, Tribal Health Services
- ○ Some other source (please specify)

_____

29. Are you currently receiving any of the following benefits? Please select all that apply.
- ○ TANF (Temporary Assistance for Needy Families)
- ○ Disability Insurance/SSDI (Social Security Disability Insurance)
- ○ Childcare assistance/CAPS (Childcare and Parent Services)
- ○ Section 8 Housing Assistance
- ○ SSI (Supplemental Security Income)
- ○ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- ○ Food stamps/SNAP (Supplemental Nutrition Assistance Program)
- ○ I do not currently receive any of the benefits listed above.

81. Please rate how important, if at all, you think it is for the Athens-Clarke County community to focus on each of the following in the coming three years.

	Very important ▼	Important ▼	Somewhat important ▼	Not at all important ▼
Making all residents feel welcome	○	○	○	○
Attracting people from diverse backgrounds	○	○	○	○
Valuing/respecting residents from diverse backgrounds	○	○	○	○
Taking care of vulnerable residents	○	○	○	○
Residents' connection and engagement with their community	○	○	○	○
Overall economic health	○	○	○	○
Overall design or layout of residential and commercial areas	○	○	○	○
Overall quality of the utility infrastructure	○	○	○	○
Overall quality of public transportation	○	○	○	○
Overall accessibility of public transportation	○	○	○	○
Overall feeling of safety	○	○	○	○
Overall quality of natural environment	○	○	○	○
Overall quality of parks and recreation opportunities	○	○	○	○
Overall health and wellness opportunities	○	○	○	○
Overall opportunities for education, culture, and the arts	○	○	○	○

ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

79. Are you thinking about moving out of Athens-Clarke County within the next 12 months?

○ Yes
○ No → Please skip to question #81 on page 19

80. People choose to move for a variety of reasons, either voluntary or non-voluntary.

What are the main reasons you are thinking about moving out of Athens-Clarke County? Please select all that apply.

○ For a new job or job transfer
○ To form your own household
○ To be closer to family, including for health reasons, economic reasons, or for any other reasons
○ Because of a change in household or family size, including marriage, divorce, separation, or child birth or adoption
○ To reduce commuting time
○ To upgrade to a large home or a better quality home
○ To reduce your housing costs
○ To be in a more desirable neighborhood
○ To send your child/children to better public schools
○ To have better access to public resources
○ For some other reason (Please specify):

30. Do you currently have a checking or savings account at a bank or financial institution? Please select all that apply.

○ Checking account
○ Savings account

31. Would you say that your household is better off financially or worse off than it was a year ago?

○ Better off
○ Worse off
○ The same

32. In the last 3 months, have you...

Please select all that apply.

○ been threatened with eviction or foreclosure
○ taken out a high interest loan (e.g., payday loan, title loan, etc.)
○ had difficulty paying medical bills
○ had difficulty paying utility bills
○ had difficulty paying credit card bills
○ had difficulty affording prescription medications
○ None of the above has happened to me in the past 3 months

(If one of your answers were 'been threatened with eviction or foreclosure', please continue to question #33, otherwise please skip to question #35 on page 8.)

33. What was the primary reason for threatened eviction or foreclosure?

○ Failure or inability to pay rent or mortgage
○ Cancellation of homeowners insurance
○ Other violation of lease
○ Landlord wants to use the unit for another tenant or purpose, including the landlord moving into the unit
○ Building condemned or due to be demolished
○ Landlord foreclosed on
○ Other (please specify):

34. How many months behind is your household in paying your rent or mortgage?

[|] months

5751468792

ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

35. What mode of transportation do you rely on in a typical week? Please select all that apply.

- ○ Personal vehicle
- ○ Carpool
- ○ Bus
- ○ Taxi/Uber/Lyft
- ○ Bicycle
- ○ W alking
- ○ Other (please specify):

_____

36. Now thinking about your primary mode of transportation, how reliable is your primary mode of transportation?

- ○ Extremely reliable
- ○ Reliable
- ○ Neutral
- ○ Somewhat reliable
- ○ Not at all reliable

37. Do you have a child/children in the Clarke County School District?

- ○ Yes
- ○ No, I send my child to private school or out of district
- ○ No, my child/children attend home school   <u>Please skip to question #42 on page 10</u>
- ○ No, I do not have school-aged children

38. Do you have a child/children in elementary school, middle school, high school, or other programming in the Clarke County School District? Please select all that apply.

- ○ Elementary school
- ○ Middle school
- ○ High school
- ○ Other school program (Early Learning Center, Athens Community Career Academy)

75. Are you currently participating in any of the following housing programs? Please select all that apply.

- ○ Section 8/Housing Choice Voucher Program
- ○ Rapid Rehousing
- ○ Tenant-Based Rental Assistance (TBRA)
- ○ Shelter Plus Care Programs (SP +C)
- ○ ACCGov Housing Counseling Program
- ○ I do not currently participate in any of the housing programs listed above.

76. Does your home have any of the following problems? Please select all that apply.

- ○ Exposed electrical wiring
- ○ Open crack/holes in the floors, wall, or ceilings
- ○ Missing shingles or roofing materials
- ○ Outside walls that lean or slant
- ○ Broken or boarded windows
- ○ Peeling paint
- ○ Health hazards such as lead paint or radon
- ○ Pests such as rats or cockroaches
- ○ Mold
- ○ My home does not have any of the problems listed above

77. Overall, how satisfied are you with your current housing?

- ○ Very satisfied
- ○ Satisf ied
- ○ Not very satisfied
- ○ Not at all satisfied

78. How many times have you moved in the last two years?

- ○ 0 1 2 3 or
- ○ more
- ○
- ○

ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

69. Do you currently use childcare services, including having a friend or family member take care of your child/children?

○ Yes
○ No → Please skip to question #71

70. Which of the following sources do you rely on for childcare? Please select all that apply.

○ Childcare/daycare center
○ Family friend
○ Grandparent
○ Older sibling
○ Other relative
○ Babysitter or nanny
○ Afterschool program
○ Other (please specify)

_____

71. How much are your current monthly childcare costs?

$ [   ][   ][   ] . [   ][   ] per month

The next set of questions ask about your current housing

72. Is your home currently...

○ Owned or being bought by someone in your household
○ Rented
○ Other (please specify)

_____

73. How much is your current monthly mortgage or rental payment?

$ [   ][   ][   ] . [   ][   ] per month

74. In the past two years, have your monthly housing costs increased, decreased, or stayed the same?

○ Increased
○ Decreased
○ Stayed the same

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39. If you have a child/children in elementary school, which of the following elementary schools does your child/children currently attend?

○ Bettye Henderson Holston Elementary School
○ Barnett Shoals Elementary School
○ Barrow Elementary School
○ Johnnie Lay Burks Elementary School
○ Cleveland Road Elementary School
○ Fowler Drive Elementary School
○ Gaines Elementary School
○ H.B. Stroud Elementary School
○ J.J. Harris Elementary School
○ Oglethorpe Ave Elementary School
○ Timothy Road Elementary School
○ Whit Davis Elementary School
○ Whitehead Road Elementary School
○ Winterville Elementary School
○ I do not have a child/children in elementary school.

40. If you have a child/children in middle school, which of the following middle schools does your child/children currently attend?

○ Burney-Harris-Lyons Middle School
○ Clarke Middle School
○ Hilsman Middle School
○ W.R. Coile Middle School
○ I do not have a child/children in middle school.

41. If you have a child/children in high school, which of the following high schools does your child/children currently attend?

○ Cedar Shoals High School
○ Clarke Central High School
○ Classic City High School
○ I do not have a child/children in high school.

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ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

42. During the past 12 months, did you do any of the following?

	Yes ▼	No ▼
Sign a petition about a political or social issue	○	○
Telephone, write a letter to, or visit a government official to express your views on a public issue	○	○
DAtetevnodte a a mnye teimtineg taob vooulut natne eisrs wueo rfkacing your community or schools	○	○
Attend a protest or demonstration	○	○
Attend a meeting about an issue facing your community or schools	○	○
Contribute any money to a church or charity	○	○
Vote in an election	○	○

43. How often do you meet socially with friends, relatives, or work colleagues?
- ○ Daily
- ○ A few times a week
- ○ Weekly
- ○ A few times a month
- ○ Monthly
- ○ Rarely or never

44. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly ag ree ▼	Agree ▼	Neither agree nor disagree ▼	Di sag ree ▼	Strongly disagree ▼
I can influence decisions affecting Athens.	○	○	○	○	○
I put a lot of effort into being part of the Athens community.	○	○	○	○	○
I feel like I belong in the Athens community.	○	○	○	○	○

45. Do you consider religion to be an important part of your life, or not?
- ○ Important
- ○ Not Important → Please skip to question #47 on page 11

46. Do you belong to a faith community in the Athens area?
- ○ Yes
- ○ No

64. In the past 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?
- ○ Yes
- ○ No

65. "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?
- ○ Of ten
- ○ Som etim es
- ○ Never true

66. Have you experienced the death of a family member or close friend in the years 2023 or 2024?
- ○ Yes
- ○ No

67. Please indicate the extent to which you agree or disagree with the following statements.   (If you do not have a school-aged child/children, please skip to question #72 on page 16.)

	Strongly agree ▼	Agree ▼	Neither agree nor disagree ▼	Disagree ▼	Strongly disagree ▼
I understand what my child is expected to learn in all subject areas.	○	○	○	○	○
I feel confident about my ability to help my child at hom e .	○	○	○	○	○
The education my child is receiving is preparing him/her for future success.	○	○	○	○	○

68. How far do you expect your child/children to go in school?
- ○ I expect my child/children to graduate from high school.
- ○ I expect my child/children to graduate from a vocational certificate program.
- ○ I expect my child/children to graduate from a two-year school or technical school.
- ○ I expect my child/children to graduate from a four-year college.
- ○ I expect my child/children to complete post-graduate studies after graduating from a four-year college.

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ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

60. During the past 12 months, was there any time when you (or anyone in your household) needed treatment or counseling for your/their use of alcohol or drugs but didn't get it?

○ Yes
○ No → Please skip to question #62

61. Which of these statements explain why you (or someone in your household) did not get the treatment or counseling needed for the use of alcohol or drugs? Please select all that apply.

○ You had no health care coverage, and you couldn't afford the cost.
○ You did have health care coverage, but it didn't cover treatment for alcohol/drugs or didn't cover the full cost.
○ You had no transportation to a program, or the programs were too far away, or the hours were not convenient.
○ You didn't find a program that offered the type of treatment or counseling you wanted.
○ You were not ready to stop using alcohol/drugs.
○ There were no openings in the programs.
○ You did not know where to go for treatment.
○ You were concerned that getting treatment or counseling might cause your neighbors or community to have a negative opinion of you.
○ You were concerned that getting treatment or counseling might have a negative effect on your job.
○ Some other reason(s). (please specify)

_____

62. Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it including: using it without a prescription of your own; using it in greater amounts, more often, or longer than you were told to take it; using it in any other way a doctor did not direct you to use it?

○ Yes
○ No

63. Does anyone in your household (including yourself) currently use tobacco products?

Tobacco products can include cigarettes, cigars, smokeless tobacco (e.g., chewing tobacco, snuff, dip), e-cigarettes or other electronic vaping products, as well as other tobacco products.

○ Yes
○ No

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47. All things considered, how satisfied are you with your life as a whole these days? Are you very satisfied, satisfied, not very satisfied, or not at all satisfied?

○ Very satisfied
○ Satisf ied
○ Not very satisfied
○ Not at all satisfied

48. All things considered, how satisfied are you with your life at home these days? Are you very satisfied, satisfied, not very satisfied, or not at all satisfied?

○ Very satisfied
○ Satisf ied
○ Not very satisfied
○ Not at all satisfied

49. All things considered, how satisfied are you with your job these days? Are you very satisfied, satisfied, not very satisfied, or not at all satisfied? (If you did not work at a job or business at any time during the past 12 months, please skip to question #50.)

○ Very satisfied
○ Satisf ied
○ Not very satisfied
○ Not at all satisfied

50. Has anyone in your household (including yourself) ever been told by a doctor, nurse or other health professional that they had any of the following health conditions? Please select all that apply.

○ Cancer
○ Diabetes
○ Hypertension or high blood pressure
○ Arthritis or rheumatism
○ High cholesterol
○ As thm a
○ Heart disease
○ Dementia or Alzheimer's disease
○ Obesity
○ Depression
○ Anxiety
○ Other mental health disorder (e.g., bipolar, schizophrenia)
○ Alcohol use disorder
○ Opioid use disorder
○ Other drug use disorder (e.g., cocaine, methamphetamine)
○ Chronic pain
○ No one in my household (including myself) has any of the health conditions listed above

ATHENS WELLBEING PROJECT 4.0 SURVEY INSTRUMENT

51. During the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes emergency room visits that resulted in a hospital admission.
   - ○ None → Please skip to question #53
   - ○ 1
   - ○ 2-3
   - ○ 4 or more

52. Which of these apply to your last emergency room visit?

	Yes ▼	No ▼
You didn't have another place to go	○	○
Your doctor's office or clinic was not open	○	○
Your health provider advised you to go	○	○
The problem was too serious for the doctor's office or clinic	○	○
Only a hospital could help you	○	○
The emergency room is your closest provider	○	○
You get most of your care at the emergency room	○	○
You arrived by ambulance or other emergency vehicle	○	○

53. During the past 12 months, did your child/children receive a well-child check-up, that is a general check-up, when they were not sick or injured? (If you do not have a school-aged or younger child/children, please skip to question #54.)
   - ○ Yes
   - ○ No

54. During the past 12 months, did you (or someone in your household) have trouble finding a general doctor or provider who would see you?
   - ○ Yes
   - ○ No → Please skip to question #56 on page 13

55. Were you (or someone in your household) able to find a general doctor or provider who could see you?
   - ○ Yes
   - ○ No

56. During the past 12 months, were you (or someone in your household) told by a doctor's office or clinic that they did not accept your health care coverage?
   - ○ Yes
   - ○ No

57. During the past 12 months, was there any time when you (or someone in your household) needed dental care but didn't get it?
   - ○ Yes
   - ○ No

58. During the past 12 months, was there any time when you (or someone in your household) needed mental health treatment or counseling but didn't get it?
   - ○ Yes
   - ○ No → Please skip to question #60 on page 14

59. Which of these statements explains why you (or someone in your household) did not get the mental health treatment or counseling needed? Please select all that apply.
   - ○ You couldn't afford the cost.
   - ○ You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.
   - ○ You were concerned that getting mental health treatment or counseling might have a negative effect on your job.
   - ○ Your health insurance does not cover any mental health treatment or counseling.
   - ○ Your health insurance does not pay enough for mental health treatment or counseling.
   - ○ You did not know where to go to get services.
   - ○ You were concerned that the information you gave the counselor might not be kept confidential.
   - ○ You were concerned that you might be committed to a psychiatric hospital or might have to take medicine.
   - ○ Some other reason(s). (please specify)

   _____

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For questions or comments on the CHNA, please contact the St. Mary's Community Benefits team below.

Brandiss Pearson, Ed. D., FNP-C
Regional Director, Community Health & Wellbeing
brandiss.pearson@stmarysathens.org

Catherine Gurak
Community Benefit and Outreach Coordinator,
Community Health and Well-being Department
Catherine.Gurak@stmarysathens.org

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