EVANS MEMORIAL HOSPITAL

2022

Community Health Needs Assessment & Implementation Plan

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EVANS MEMORIAL
HOSPITAL

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The Evans Memorial Hospital Board of Directors approved the 2022 Community Health Needs Assessment and Implementation Plan at their meeting on September 27, 2022. The Community Health Needs Assessments (CHNA) Report is widely available to the public, and interested parties can view and download it on the hospital's website www.evansmemorialhospital.org. Hard copies are available upon request; please contact John Wiggins, CFO, jwiggins@evansmemorial.org, or 912-739-5139.

Patsy Rogers

Patsy Rogers, Board Chairman

Evans Memorial Hospital

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EVANS MEMORIAL HOSPITAL
CHNA STEERING COMMITTE

Member	Position
Bill Lee	Chief Executive Officer, Evans Memorial Hospital (EMH)
John Wiggins	Chief Financial Officer, EMH
Monica Pachecodiaz	Chief Nursing Officer, EMH
Kathy Kleinsteuber	Quality Director, EMH
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EXECUTIVE SUMMARY

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

Using a mixed-methods approach for this assessment, the Georgia Southern University CPHPR team triangulated community input and data from secondary sources to identify community health needs for the hospital's primary service area of Evans and Tattnall Counties (GA). Community input was obtained from hospital stakeholders and the general community through community surveys and focus group discussions. Recruitment efforts for community surveys and focus groups were designed to obtain feedback from diverse populations. Data from secondary sources used in assessing the community's needs were obtained from a diverse list of community health-related databases.

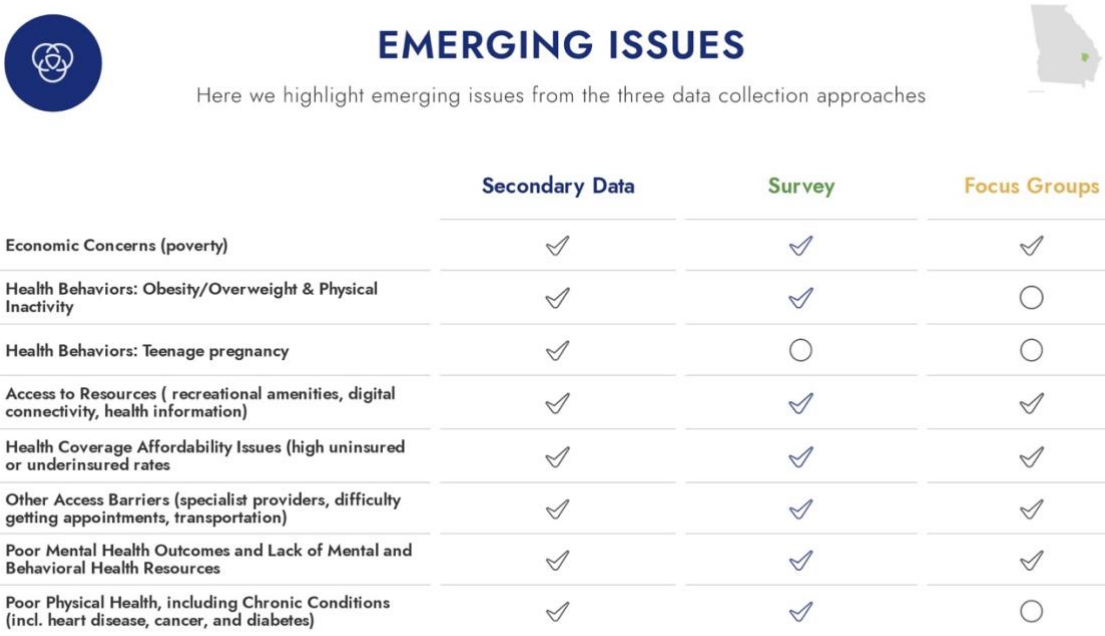
The results from the secondary data analyses identified:

- A community with stable population growth that is becoming increasingly diverse.
- Limited access to health-promoting amenities and resources in the community, including recreational opportunities, transportation, and digital connectivity.
- Higher rates of unhealthy behaviors (including obesity, physical inactivity, and substance use), compared to the state.
- Poorer health outcomes, compared to the rest of the state; cancer rates are high, and the average life expectancy in the service area is lower than the state average.
- Higher teenage pregnancy rates than in the state.
- The rate of sexually transmitted infection in Evans County is almost twice the state rate.
- Motor vehicle accident rates are also high in the service area

Input from the community, through the survey and focus groups, was generally consistent with the findings from the secondary data analysis. Community members and key stakeholders described the community as a caring community with its fair share of challenges. Community needs as prioritized by community members included:

- High poverty level
- Limited access to affordable healthcare coverage and transportation that serve as significant healthcare access barriers
- Inadequacies in the availability of certain health services, including mental health and substance abuse treatment services, women's health services, and specialists, including among others, orthopedics, cardiology, cancer care, surgery, neurology, gastroenterology, and nephrology.

- A general lack of community awareness about health and wellness and available health-promoting resources.



EMERGING ISSUES

Here we highlight emerging issues from the three data collection approaches

	Secondary Data	Survey	Focus Groups
Economic Concerns (poverty)	✓	✓	✓
Health Behaviors: Obesity/Overweight & Physical Inactivity	✓	✓	○
Health Behaviors: Teenage pregnancy	✓	○	○
Access to Resources (recreational amenities, digital connectivity, health information)	✓	✓	✓
Health Coverage Affordability Issues (high uninsured or underinsured rates	✓	✓	✓
Other Access Barriers (specialist providers, difficulty getting appointments, transportation)	✓	✓	✓
Poor Mental Health Outcomes and Lack of Mental and Behavioral Health Resources	✓	✓	✓
Poor Physical Health, including Chronic Conditions (incl. heart disease, cancer, and diabetes)	✓	✓	○

Based on these results, the CPHPR team facilitated an implementation planning process whereby the CHNA Steering Committee prioritized the community health needs to be addressed within the next three years. Goals, objectives, and actions to address the priority areas were developed and documented. The top needs and goals prioritized by the CHNA Steering Committee are presented below. The final prioritized needs reflected those prioritized by community members.

Priority Area One: Transportation

Goal: To increase access to transportation to appointment-based medical services to support the health and well-being of the residents of our community.

Objective 1: Assess the feasibility of alternative strategies and potential partnerships for addressing non-emergent medical transportation issues within the community by 2023.

Objective 2: Prioritize and implement a feasible community-oriented strategy for addressing non-emergent medical transportation issues in the community by 2025.

Priority Area Two: Community Education and Advocacy

Goal: To increase community health education and awareness and be the preferred resource for health information and health services in the community.

Objective 1: Develop a community education plan by 2023.

Objective 2: Improve marketing and outreach on available health services, resources, and programs within the community by 2025.

Priority Area Three: Access to Specialty Health Services

Goal: To improve access to specialty health services in the community.

Objective 1: Assess the specialty service gaps in the community and feasible strategies for addressing these gaps by 2023.

Objective 2: Expand access to prioritized specialty services in the community based on community need and feasibility by 2025.

ABOUT THE REPORT

PURPOSE

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

METHODOLOGY

The CPHPR project team worked with the hospital CHNA steering committee throughout the project. The steering committee facilitated the completion of a community survey, recruited key stakeholders for focus group discussions, and provided information about hospital utilization and the hospital's activities to address community health needs since the last CHNA was completed in 2019.

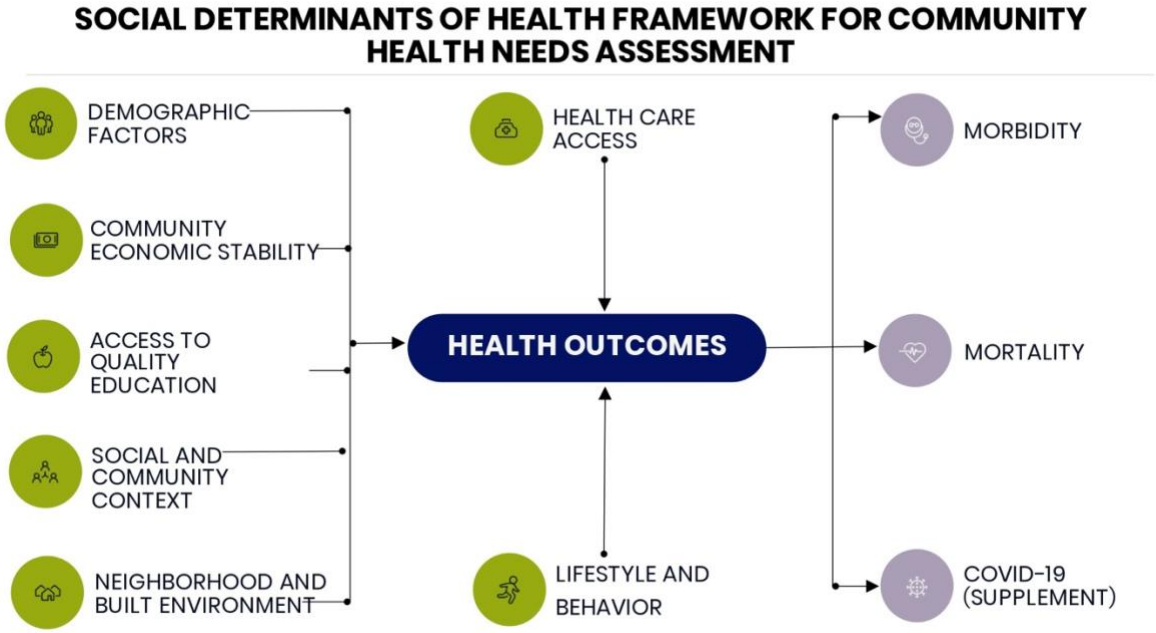
Community input was solicited through focus groups and a community survey. For this CHNA, the "community" was defined as the hospital's primary service area of Evans and Tattnall Counties, GA. Key community stakeholders were also involved in reviewing and interpreting findings from the CHNA and developing an implementation plan to address prioritized community needs.

The community survey and focus group interviews assessed local health care access and community needs. The community survey was disseminated to residents of the hospital's primary service area via the hospital's website, social media webpages, and email listservs, as well as those of local community partners. Focus group participants were all key community stakeholders of Evans and/or Tattnall County. Collectively, perspectives obtained from the surveys and focus groups provided a holistic view of life in the community and the health and health care needs of the residents.

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

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

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



HOSPITAL AND SERVICE AREA

Evans Memorial Hospital is a non-profit general acute care hospital located in Claxton, Georgia. The hospital is a 49-bed acute care hospital. In addition to inpatient services, the hospital also offers surgical services and a wide range of outpatient services, including laboratory, imaging, and radiology services and rehabilitation services through the Jack Strickland Rehabilitation Center. The hospital also has dedicated medical staff specializing in primary care specialties and general surgery. It also offers specialty clinics in cardiology, nephrology, neurology, orthopedic, pain management, podiatry, and pulmonology/sleep disorder.

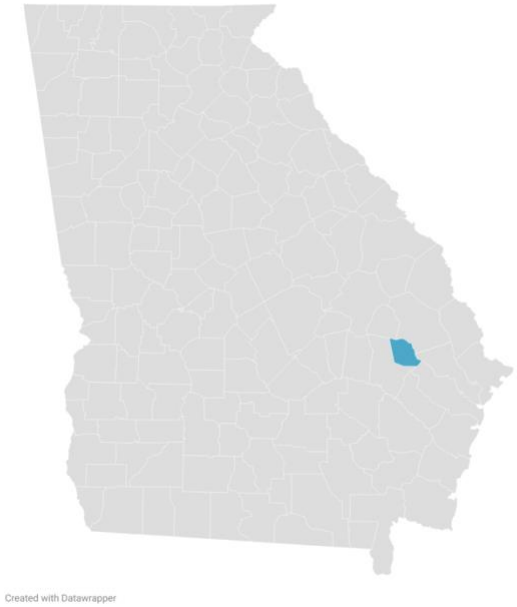


Figure 1. Service Area

Most patients seen at the hospital are residents of Evans County and Tattnall County, Georgia. **Thus, for this CHNA, the hospital's community includes Evans and Tattnall Counties, GA.**

Evans County is in the southeastern part of Georgia. The county seat is Claxton, where the hospital is also located. The County's economy is supported by food processing, agri-business, manufacturing, and forestry-related industries. Tattnall County is adjacent to Evans County. Its county seat is Reidsville. Tattnall county's economy is supported by agriculture and is known as Georgia's leading producer of the famous Vidalia Sweet Onion.

ORGANIZATION OF REPORT

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

SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

In 2021, there were approximately 10,672 and 23,052 residents in Evans and Tattnall Counties, respectively. Compared to the state, the proportion of Hispanics is higher in the service area. The proportion of residents who are veterans is higher for Tattnall County. About 11.1% and 12% in Evans and Tattnall Counties live with one or more disabilities, higher than the state.

Like the state, about 1 out of 6 residents of Evans County are 65 years or older.

	Evans County	Tattnall County	Georgia
Population			
Number of Residents	10,672	23,052	10,799,566
Sex			
Female	51%	43%	51%
Male	49%	58%	49%
Age Distribution			
Population Under 5 years	6%	5%	6%
Population Under 18 years	26%	20%	23%
Population 65 years and older	16%	15%	15%
Racial and Cultural Diversity			
Race			
White	64%	67%	59%
Black/AA	32%	29%	33%
Other Races/Multiracial	4%	4%	8%
Ethnicity			
Hispanic	12%*	13%*	10.2%
Nativity			
Foreign Born	5%	6%	10%
Non-English Language Spoken at Home	12%	14%	14%
Veterans			
Veteran Population	5.5%	7.9%*	5.8%
Disability			
Population under 65 years disabled	11.1%*	12%*	8.9%

*Significantly higher than state average

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

Estimated percent of all people 65 or older. Data Source: 2020 AHRQ SDOH Database. *(The darker the color the higher the proportion)*

Residents of the northwestern part of the service area are relatively older compared to the rest of the service area. The elderly population is the lowest in the southwestern part of the service area (Figure 2).

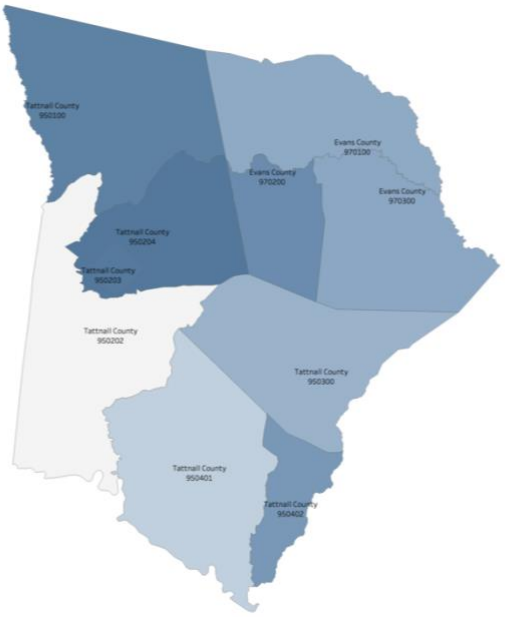
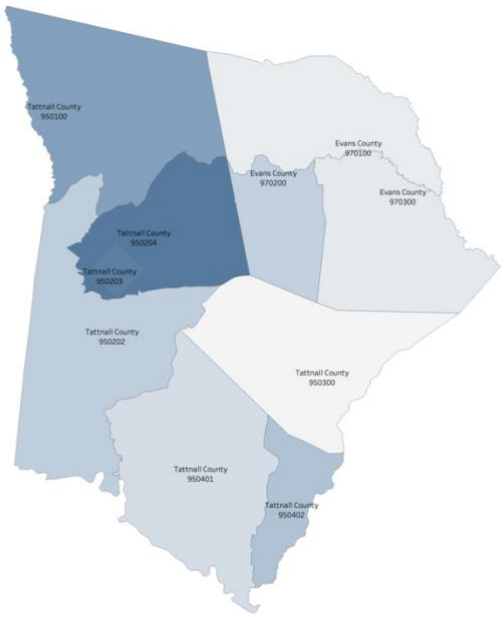


Figure 3. Proportion of Residents with Disability by Census Tract



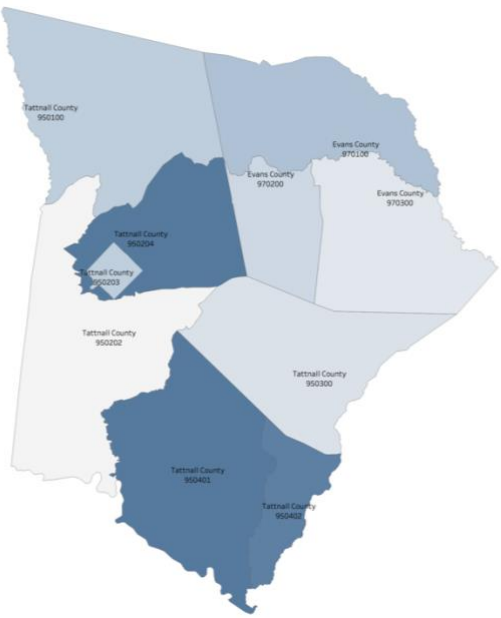
Proportion of Individuals Living with One or More Disabilities. Data Source: 2020 AHRQ SDOH Database. *(The darker the color the higher the proportion)*

A higher proportion of residents residing in the northwestern part of the service area live with one or more disabilities (Figure 3).

Figure 4. Veteran Population by Census Tract

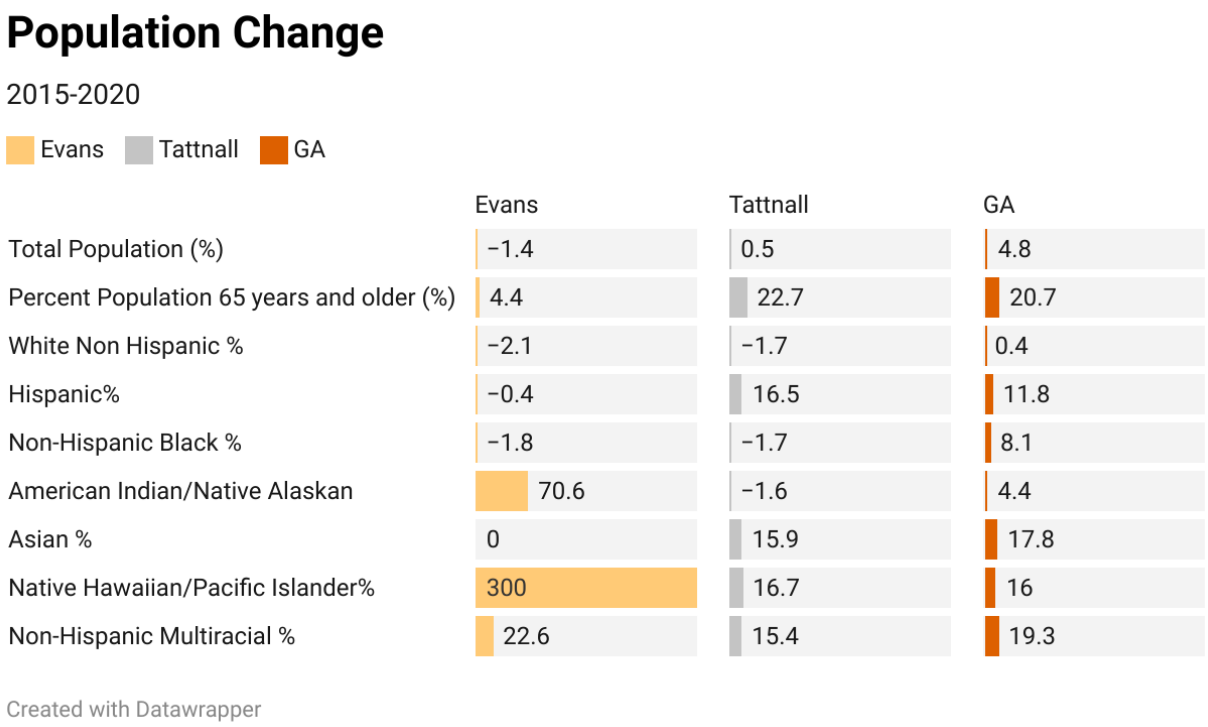
Proportion of Veterans. Data Source: 2020 AHRQ SDOH Database *(The darker the color the higher the proportion)*

The proportion of veterans is higher in the southeastern part of the service area and east central part of Tattnall County compared to the rest of the service area (Figure 4).



PAST POPULATION GROWTH

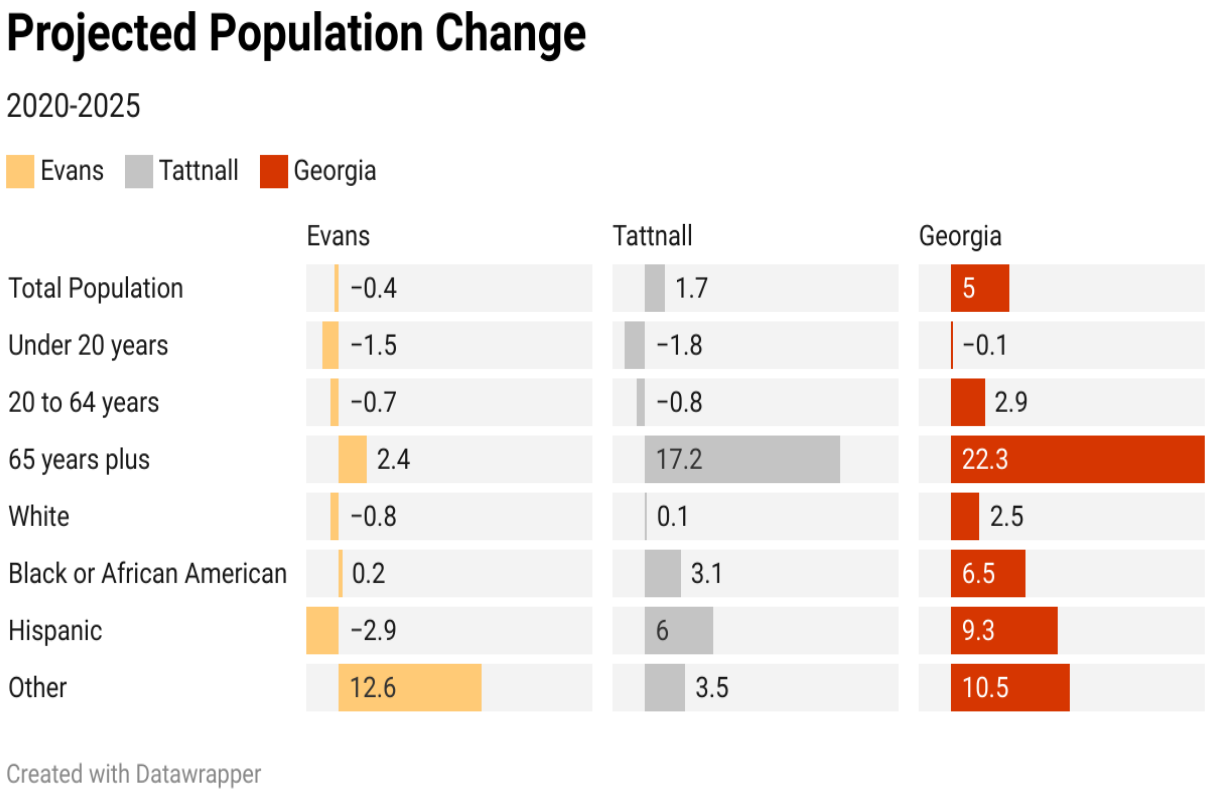
The total population for Evans County declined by 1.4%, while there was a 0.5% increase for Tattnall County between 2015 and 2020. During that duration, Evans County noticed growth among the Native Hawaiian/Pacific Islanders, American Indian/Native Alaskans, and the Non-Hispanic multiracial populations. In contrast, there was a decline in the White Non-Hispanic, Hispanic, and Non-Hispanic Black population. Tattnall County saw growth in the Hispanic, Asian, Native Hawaiian/Pacific Islanders, and Non-Hispanic Multiracial populations. On the other hand, there was a decline in the White Non-Hispanic, Non-Hispanic Black, and American Indian/Native Alaskan populations.



PROJECTED POPULATION GROWTH

The population of Evans County is expected to decline by 0.4% by 2025, based on projections by the Georgia Governor's Office of Planning and Budget. The projected population decline is expected to be among the White and Hispanic populations. In contrast, an increase is expected among the Black or African American and Other populations.

Tattnall County's population is expected to notice a population increase of 1.7% by 2025. The projected population increase is expected to be driven by the White, Hispanic, Black non-Hispanic, and Other populations. By 2025, both counties may observe a population decline in the youth (under 20 years) and adults (20 to 64 years) populations, while the elderly population is expected to grow.



ECONOMIC PROFILE

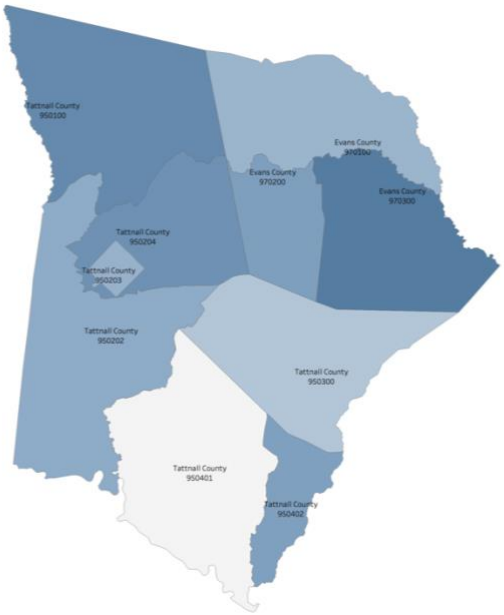
About 1 out of 3 children in Evans and Tattnall Counties are living in poverty.

Generally, economic conditions in Evans and Tattnall counties have historically been somewhat less favorable compared to the rest of the state. However, between 2019 and 2020, job growth rates were higher in both counties than in the state. In 2021, unemployment rates were also lower in both counties rates compared to the state average. The labor force participation rate tends to be generally lower than the state, especially among women and in Tattnall County. The median household income for both counties is lower than the state median. About one out five residents in Evans and Tattnall counties live in poverty, compared to one out of seven (14%) at the state level. Furthermore, almost all children in Evans (97%) and Tattnall (90%) counties are eligible for free or reduced lunch compared to 60% at the state level.

	Evans County	Tattnall County	Georgia
Economy			
Real Gross Domestic Product (GDP) Annual Growth Rate (2010-2020)	-0.9%	0.2%	2.2%
Real GDP Annual Growth Rate (2019-2020)	-4.6%	-0.7%	-3.9%
Job Growth Rate (2019-2020)	-0.2%	-2.8%	-4.6%
Labor Force Representation			
Unemployment Rate (2020-2021)	3.6%	3.2%	3.9%
Labor Force Representation (2013-2017)	68%*	43.8%*	75.5%
Male Labor Force Representation (2013-2017)	77.5%	34.3%*	80.4%
Female Labor Force Representation (2013-2017)	59.2%	60.7%	70.8%
Poverty			
Median Household Income (2016-2020)	$46,392*	$44,053*	$61,224
Population in Poverty (2019)	20%*	21%*	14%
Children in Poverty (2020)	30%*	28%*	20%
Children eligible for reduced lunch (2019-2020)	97%*	90%*	60%

*Significantly unfavorable compared to the state average

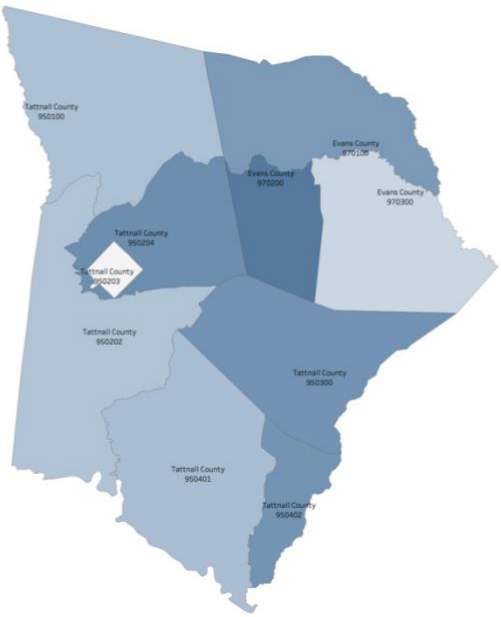
Figure 5. Poverty Rate by Census Tract



Proportion of Households on Food Stamps. Data Source: 2020 AHRQ SDOH Database. *(The darker the color the higher the proportion)*
Compared to the rest of the service area, the northwestern part of Tattnall County and southeastern part of Evans County have the highest proportion of households on food stamps. (Figure 5).

Figure 6. Median Household Income by Census Tract

Median Household Income. Data Source: 2020 AHRQ SDOH Database. *(The darker the color the higher the proportion)*
The median household income is the lowest in central Tattnall County (white area in map), compared to the service area (Figure 6).



EDUCATION

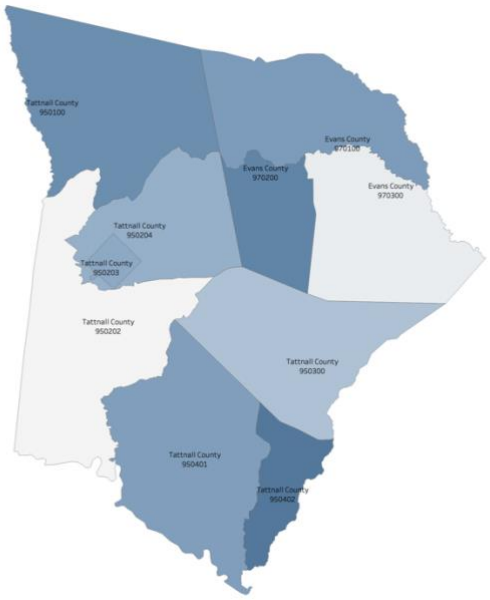
The Counties perform less favorably than the state on most education indicators. The high school graduation rate of 77% for both counties is lower than the state rate of 88%. Similarly, only 16% and 14% of the population of Evans and Tattnall counties, respectively, hold a bachelor's degree or higher, compared to 32% of the state's population. On average, County third graders perform slightly lower than the state average on state standardized tests.

Approximately 1 out of 6 residents of in the service area has a Bachelor's degree or higher.

	Evans County	Tattnall County	Georgia
Early Childhood Education			
Percent 3–4-year-old children in school	55.7%*	54.4%	49.1%
K-12 Education			
Average grade level performance for 3rd graders on English Language Arts standardized tests	2.2*	2.6*	3
Average grade level performance for 3rd graders on Mathematics standardized tests	2.5*	2.7*	2.9
High School Graduation and Higher Education			
High school graduation rate	77%*	77%*	88%
Percent population with bachelor's degree	16%*	14%*	32%

*Significantly lower than state average

Figure 7. Educational Attainment by Census Tract -Bachelor's Degree



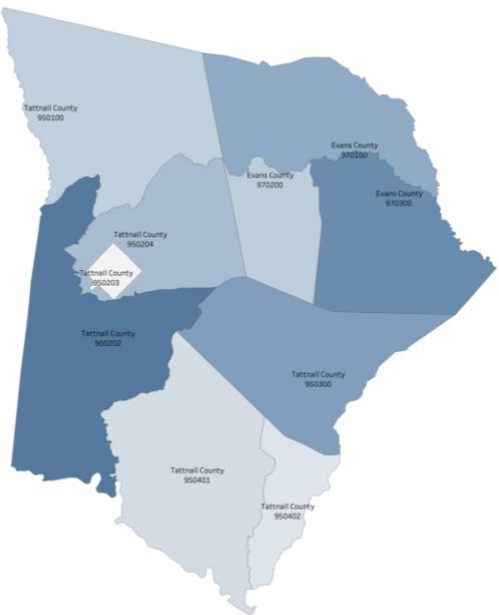
Proportion of Population 25 years+ with <u>at least</u> a Bachelor's Degree. Data Source: 2020 AHRQ SDOH Database. *(The darker the color the higher the proportion)*

While the College education rate is generally low in the service area, it is lowest in the southeastern part of Evans County and the southwestern part of Tattnall County compared to the other parts of the service area (Figure 7).

Figure 8. Educational Attainment by Census Tract – Less than High School Education

Proportion of Population 25 years+ with less than High School Education. Data Source: 2020 AHRQ SDOH Database. *(The darker the color the higher the proportion)*

Conversely, the proportion of the population 25 years and older with less than high school education is highest in the southeastern part of Evans County and the southwestern part of Tattnall County compared to the other parts of the service area (Figure 8).



SOCIAL AND COMMUNITY CONTEXT

Both Evans and Tattnall Counties residents are relatively more active in social associations; compared to the state; there are 10.3 and 9.9 social associations in the Evans and Tattnall Counties per 100,000 population respectively (vs. 8.9 membership associations per 100,000 at the state level). Over a third of children live in single parent households (38% and 40%) in Evans and Tattnall counties, respectively (versus state rate of 30%). Suicide rates are significantly higher both counties compared to the state level.

There are approximately 4,020 households in Evans County, with an average of 2.5 persons per household.

	Evans County	Tattnall County	Georgia
Household Characteristics			
Households	4020	8,345	3,830,264
Average persons per households	2.5	2.3	2.7
Children in single parent households	38%*	40%*	30%
Social Context			
Social Associations per 100,000	10.3	9.9	8.9
Suicide rates per 100,000	23*	19*	14

*Significantly unfavorable compared to the state average

NEIGHBORHOOD AND BUILT ENVIRONMENT

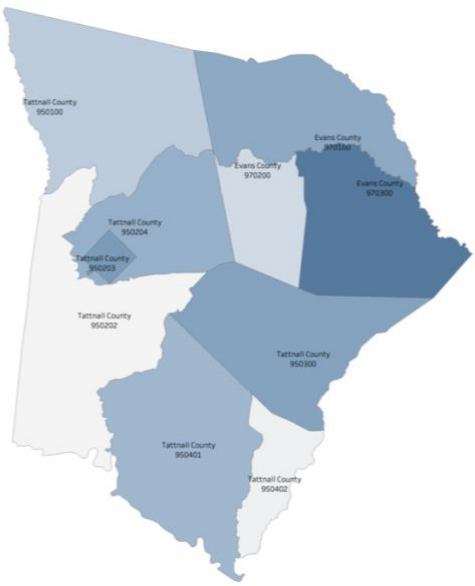
About two out of three (65%) Evans County residents and one out of three (36%) Tattnall County residents have access to exercise opportunities, compared to 70% at the state level. The counties' residents are also less digitally connected than the state; 75% and 78% of adults in Evans and Tattnall counties, respectively, have access to broadband Internet (vs 84.4% in the state). Both counties are safer, reporting less than a third of the state's violent crime rate. Notably, the proportion of households with severe housing problems is higher In Evans County than in Tattnall County.

One out of six households experience food insecurity in Evans and Tattnall counties.

	Evans County	Tattnall County	Georgia
Digital Connectivity and Amenities			
Households with computer	86%*	87%	92%
Adult with broadband internet	75%*	78%	84%
Access to exercise opportunities	65%	36%*	70%
Safety			
Violent crime rate per 100,000	160	105	388
Deaths from motor vehicle crashes per 100,000	29*	42*	14
Food Insecurity			
Percent low-income residents with limited access to healthy foods	0%	6%	10%
(Healthy) Food environment index (1 worst; 10 best)	7.7	7.1	6.3
Percentage of population experiencing food insecurity	16%*	16%*	12%
Transportation			
Average travel time to work (minutes)	25 mins	27 mins	29 mins
Percent households with no motor vehicle	5%*	--	6%
Housing			
Percent of homes owned	60%	67%	64%
Percent families spending more than 50% of income on housing	15%*	9%	14%
Percent population with severe housing problems	15%*	9%	14%
Median gross rent	$642*	$532*	$1,042
Median selected monthly owner costs, including mortgage	$938	$1,012	$1,417
Pollution			
Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	8.2	8.3	8.6

*Significantly unfavorable compared to the state average

Figure 9. Household Internet Access by Census Tract



Proportion of all households with no internet access. Data Source: 2020 AHRQ SDOH Database. *(The darker the color the higher the proportion)*

Internet access is lowest in the southeastern part of Evans County, compared to the rest of the service area
(Figure 9).

Figure 10. Household Computer Access by Census Tract

Proportion of all households without a computer. Data Source: 2020 AHRQ SDOH Database. *(The darker the color the higher the proportion)*

Computer access is highest in the southwestern part of Tattnall County
(Figure 10).

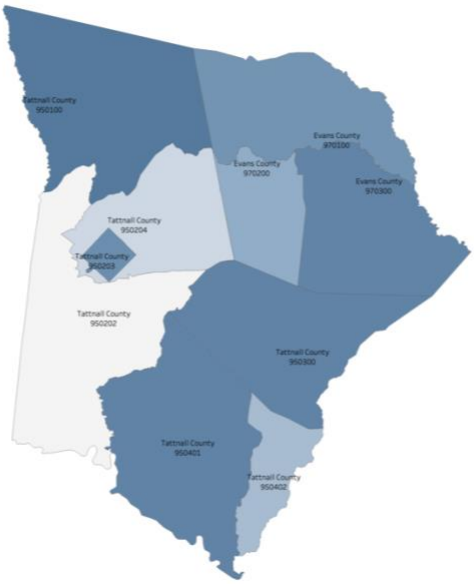
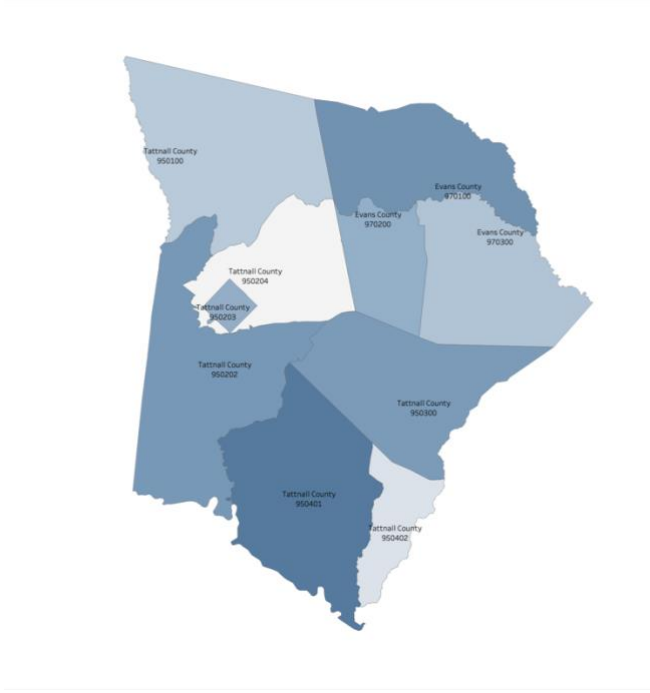


Figure 11. Severe Homeowner Cost Burden by Census Tract



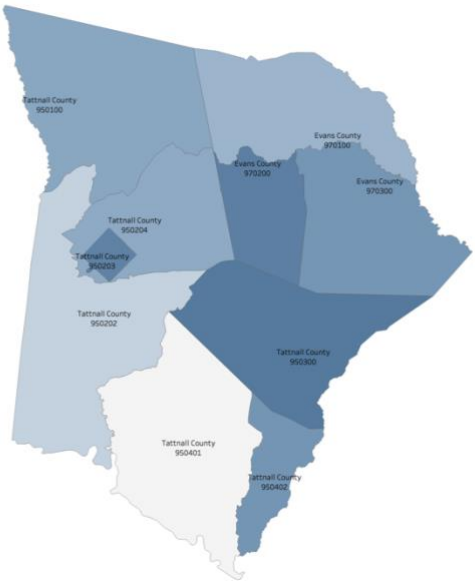
Proportion of all <u>Homeowners</u> who are severely burdened by housing costs. Data Source: 2020 AHRQ SDOH Database. *(The darker the color the higher the proportion)*

The proportion of homeowners experiencing severe housing burden (i.e., housing costs account for at least 30% of income) is high across the service area, especially in northern Evans County and Southern Tattnall County. (Figure 11).

Figure 12. Figure 12. Severe Renter Cost Burden by Census Tract

Proportion of all <u>Renters</u> who are severely burdened by housing costs. Data Source: 2020 AHRQ SDOH Database. *(The darker the color the higher the proportion)*

A higher proportion of renters in the eastern part of the service area experience severe rental cost burden (i.e., rental costs account for at least 30% of income) compared to the other parts of the service area (10%) (Figure 12).



HEALTH CARE ACCESS

Compared to the state, both counties experience shortages of health professionals, including primary care physicians, dentists, and mental health providers. At 19% and 20% (Evans and Tattnall counties resp), the proportion of uninsured residents is higher than the state rate of 16%. In general, access to primary and preventative services tend to be comparable to the state. Screening and immunization rates, including mammogram screening and flu vaccination rates, are lower for Tattnall County compared to Evans County and the state of Georgia.

Both counties experience significant shortage of healthcare professions, compared to the state.

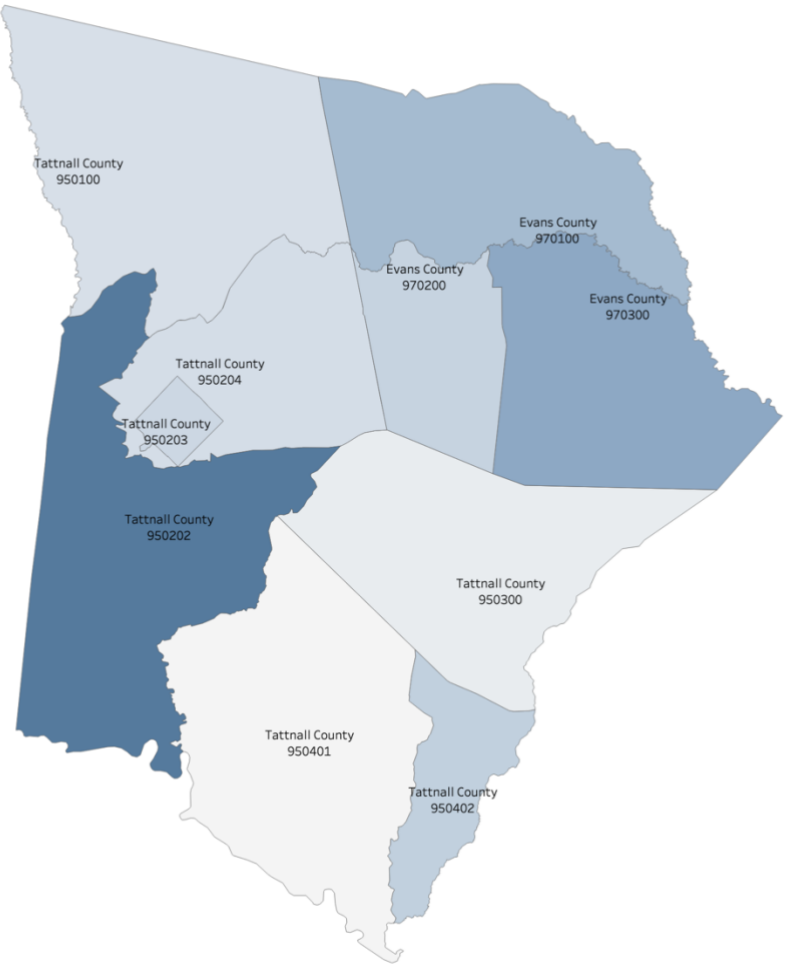
	Evans County	Tattnall County	Georgia
Health Insurance Coverage			
Percent under 65 years Uninsured	19%*	20%*	16%
Provider Supply			
Population to One Primary Care Physician	2,130*	4,210*	1,490
Population to One Dentist	5,320*	8,460*	1,920
Population to One Mental Health Provider	10,640*	6,340*	640
Primary Care and Prevention			
Adults with a Personal Doctor or Health Provider	68%	--	72%
Adults Reporting a Physical Checkup within last year	77%	--	78%
Preventable Hospital Stays per 100,000 Medicare Enrollees	4,785	4,643	4835
Mammogram Screening Rates	39	34	42
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	44	35	46

*Significantly unfavorable compared to state average

Figure 13. Uninsured Rate by Census Tract

Proportion of Population Uninsured. Data Source: 2020 AHRQ SDOH Database

Uninsured rate is the highest in the southwestern part of the service area (Figure 13).



LIFESTYLE AND BEHAVIOR

Compared to the state, the proportion of residents of both counties who smoke, who are obese, and who are physically inactive is significantly higher than the respective state rates. Although excessive drinking rates tend to be lower in both Evans and Tattnall counties than the state rates, alcohol-related motor vehicle death rates for both counties are higher than in the state. With respect to sexual risk behaviors, the sexually transmitted infection (STI) rate is significantly higher in Evans county than the state rate. Teen pregnancy rates are also significantly higher in both counties (49% -Evans and 40%-Tattnall) compared to the state rate (23%).

Generally, a higher proportion of Evans and Tattnall County residents engage in unhealthy behavior than at the state

	Evans County	Tattnall County	Georgia
Suboptimal Lifestyle Behaviors			
Adult smoking rate	25%*	25%*	17%
Adult excessive drinking rate	15%	17%	18%
Percent driving deaths with alcohol involvement	26%*	31%*	21%
Adult obesity rate	39%*	38%*	33%
Adult physical inactivity rate	40%*	38%*	27%
Percentage of adults who report insufficient sleep (fewer than 7 hours of sleep on average)	41%*	41%*	38%
Sexual Risk Behaviors			
STD infection rates per 100,000	1135.7*	609	637.8
Teen pregnancy rates per 1000 female teens	49*	40*	23

*Significantly unfavorable compared to the state average

HEALTH OUTCOMES

Morbidity

A higher proportion of Evans and Tattnall County residents self-report poor physical and mental health compared to the state. In addition, the prevalence rates of common chronic conditions, including diabetes and heart disease are also higher in both counties compared to the state. On the contrary, the HIV prevalence rate is significantly lower in both counties. Cancer incidence rates are also lower in Evans and Tattnall counties than in the state.

Two out of seven residents of Evans and Tattnall Counties report having poor or fair health.

	Evans County	Tattnall County	Georgia
Disease Burden			
Cancer incidence rates per 100,000 population	423.1	393.2	458.8
Adult diabetes prevalence rate %	15%*	15%*	11%
HIV prevalence rate per 100,000 population	474	425	639
Cardiovascular disease hospitalization per 1000 Medicare enrollees	72.6*	73.5*	65
Low birth rate	11%	10%	10%
Self-Reported Health Outcomes			
Percent adults reporting poor or fair health	29%*	28%*	19%
Percent adults reporting frequent physical distress	18%*	18%*	13%
Percent adults reporting frequent mental distress	20%*	19%	15%

Mortality

Premature death rates are higher in both counties compared to the state.

The average life expectancy in Evans and Tattnall County are 74.0 and 75.9 years respectively, lower than 77.3 years average life expectancy in Georgia.

	Evans County	Tattnall County	Georgia
Mortality Indicators			
Life Expectancy	74.0*	75.9*	77.3
Premature (under 75yrs) Death Rate per 100,000 population	550*	470*	400

*Significantly unfavorable compared to the state average

Cancers

The death rate for cancer for Evans and Tattnall County residents are higher than the respective state and the national rate. Cancer death rates for Whites and Blacks (including Hispanics) are higher in both counties compared to the state levels.

Incidence rates for female breast, prostate, and colorectal cancers in Evans and Tattnall Counties generally remained below state averages. The incidence rate for lung and bronchus cancer is higher in both counties than at the state level.

Figure 14. Cancer Death Rates, 2015-2019

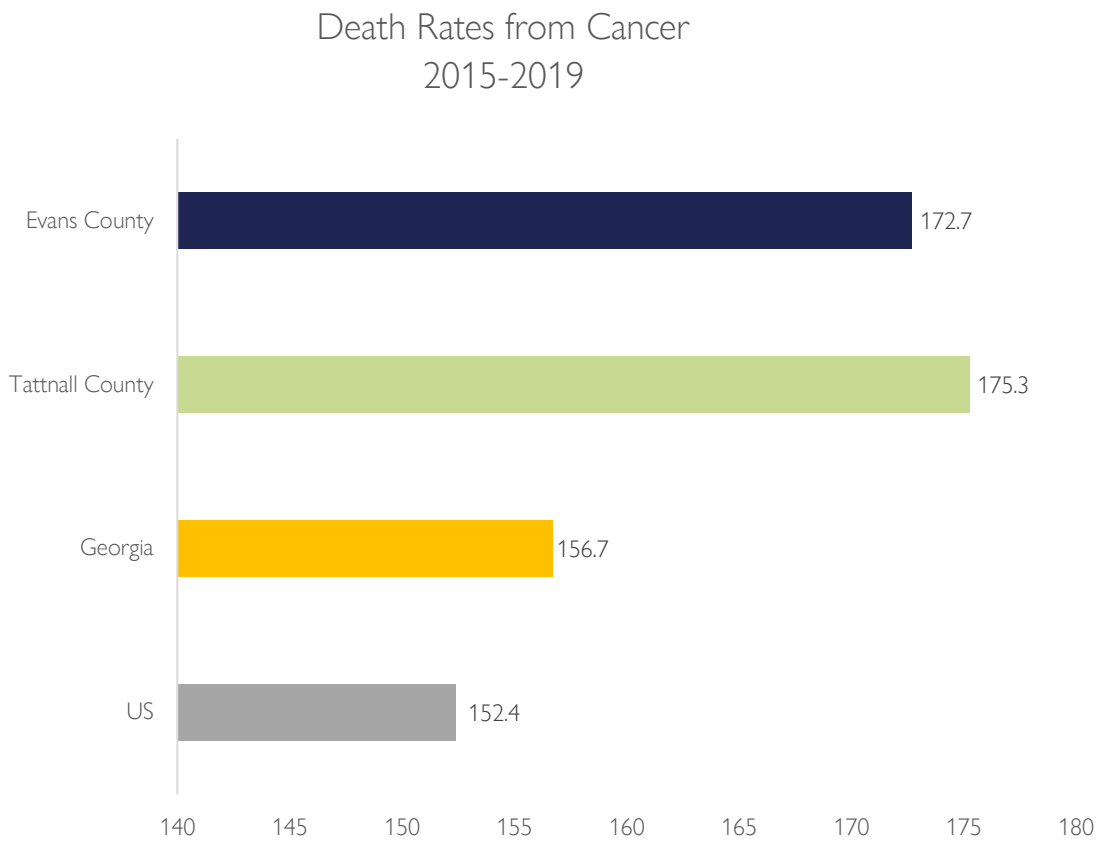


Figure 15. Cancer Death Rates by Race, 2015-2019

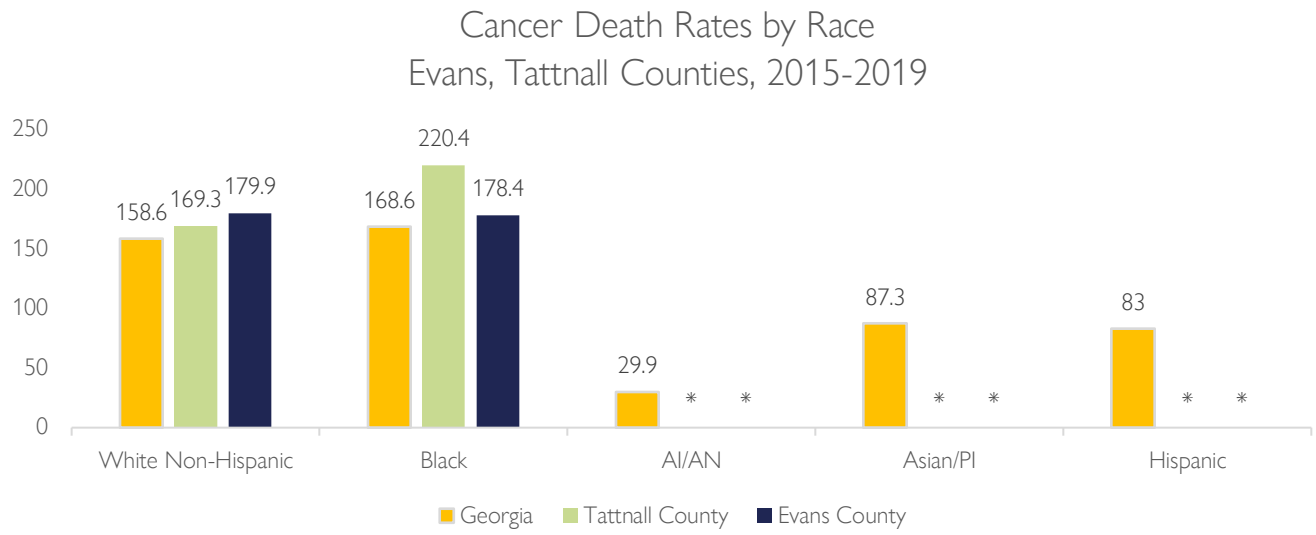
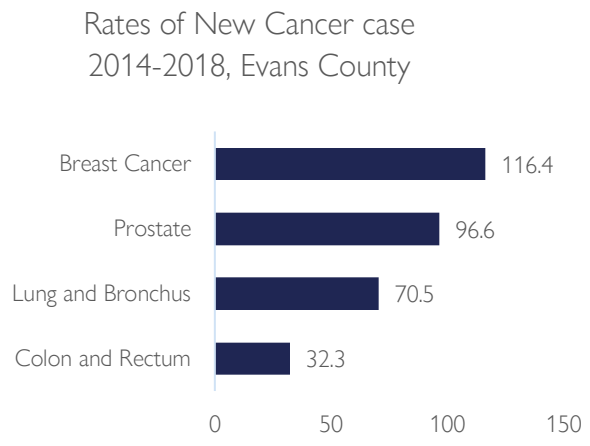
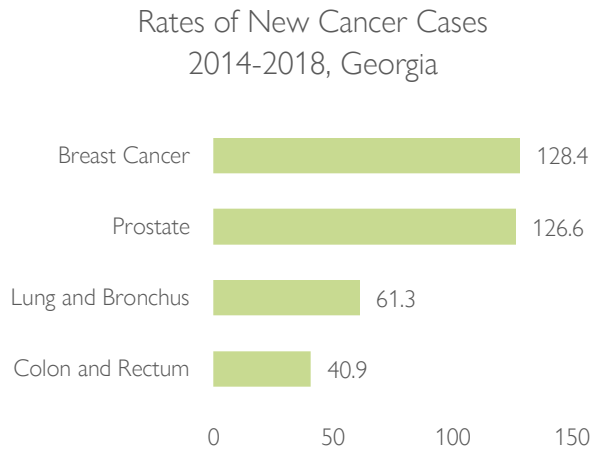
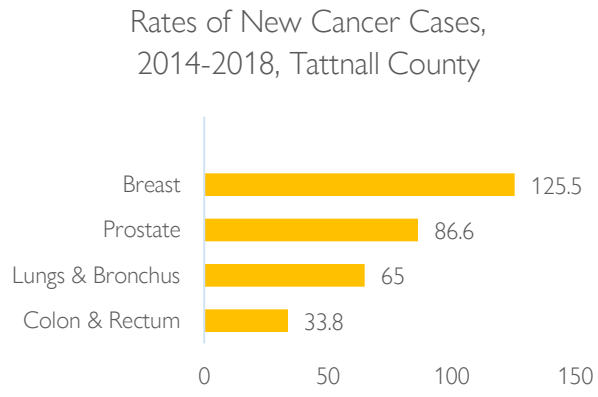


Figure 16. Cancer Incidence, 2014-2018







COVID-19

COVID-19 infection rates in Evans and Tattnall Counties were lower than the state averages as of September 2022. However, during the same period, the death rate in both counties was higher than the state average. Vaccination rates were also lower than the state average.

As of September 2022, Evans and Tattnall Counties had reported 1,643 and 3,610 COVID-19 infections respectively. In addition, COVID-19 deaths were 42 and 84 respectively.

	Evans County	Tattnall County	Georgia
Cumulative COVID-19 Infections and Deaths (09/07/2022)			
Number of COVID-19 Infections	1,643	3,610	2,882,544
Infection Rate per 100,000	25,470	21,979	26,608
Number of Confirmed COVID-19 Deaths	42	84	33,088
Confirmed Death Rate per 100,000	393*	330*	305
Vaccination Rates (09/07/2022)			
Percent Population who are Fully Vaccinated	50%*	36%*	57%
Percent Population with at least One Vaccine Dose	45%*	40%*	65%

*Significantly unfavorable compared to the state average

PROGRESS ON SELECTED INDICATORS FOR EVANS COUNTY

	Previous CHNA	Current CHNA	Progress
Economic Profile			
Percent children in poverty	41%	30%	→
Unemployment rate	4.4%	3.6%	→
Education			
High school graduation rate	75%	77%	→
Social and Community Context			
Social associations per 100,000	15.9	10.3	←
Percent children in single parent households	43%	38%	→
Neighborhood and Built Environment			
Percent population with access to exercise opportunities	66%	65%	←
Percent population food insecure	17%	16%	→
Health Care Access			
Uninsurance rate	18%	19%	←
Primary care provider to population	3560	2130	→
Mental health provider to population	NA	10,640	
Health Behaviors			
Obesity rate	33%	39%	←
Physical inactivity rate	27%	40%	←
Smoking rate	21%	25%	←
Teen pregnancy rate (per 1000 teen females)	65	49	→
Health Outcomes			
Percent reporting poor or fair health	22%	29%	←
Low birthweight rate	10%	11%	←
Diabetes prevalence	13%	15%	←
Premature (under 75yrs) death rate per 100,000 population	480	550	←

← Worsened → Improved or stable

Data: County Health Rankings

PROGRESS ON SELECTED INDICATORS FOR TATTNALL COUNTY

	Previous CHNA	Current CHNA	Progress
Economic Profile			
Percent children in poverty	36%	28%	→
Unemployment rate	5.0%	3.2%	→
Education			
High school graduation rate	80%	77%	←
Social and Community Context			
Social associations per 100,000	10.4	9.9	←
Percent children in single parent households	45%	40%	→
Neighborhood and Built Environment			
Percent population with access to exercise opportunities	40%	36%	←
Percent population food insecure	17%	16%	→
Health Care Access			
Uninsurance rate	19%	20%	←
Primary care provider to population	3580	4210	←
Mental health provider to population	8440	6,340	→
Health Behaviors			
Obesity rate	35%	38%	←
Physical inactivity rate	35%	38%	←
Smoking rate	22%	25%	←
Teen pregnancy rate (per 1000 teen females)	51	40	→
Health Outcomes			
Percent reporting poor or fair health	23%	28%	←
Low birthweight rate	11%	10%	→
Diabetes prevalence	13%	15%	←
Premature (under 75yrs) death rate per 100,000 population	530	470	→

← Worsened → Improved or stable

Data: County Health Rankings

COMMUNITY SURVEY

One hundred and four surveys were completed either partially or fully.

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

About two-thirds (65.6%) of the survey respondents resided in Evans County; the remainder (16.7%) lived in Tattnall County and the surrounding counties, including Bryan, Bulloch, and Candler Counties (18.8%). Most survey respondents were female (73.2%), Non-Hispanic White (85.2%), aged under 65 years (88.5%), married, or partnered (76.0%), and employed (83.5%), with at least a bachelor's degree (43.3%). The majority reported an annual household income above $80,000 (51.6%) (Table 1).

Table 1. Demographic Characteristics of Survey Respondents

	Frequency (N)	Percentage (%)
County of Residence	96	
Evans	63	65.6
Tattnall	16	16.7
Surrounding Counties	18	18.8
Gender	97	
Female	71	73.2
Male	26	26.8
Age	96	
Under 35 years	18	18.8
35-44 years	12	12.5
45-54 years	18	18.8
55-64 years	30	31.3
65-74 years	11	11.5
75 years and older	7	0.0
Race	96	
Non-Hispanic Black or African American	7	7.3
Non-Hispanic White	82	85.4
Hispanic	6	6.3
Other	1	1.0
Education	97	
High School graduate or GED	6	6.2
Some College or Associate Degree	49	50.5
Bachelors Degree	23	23.7
Graduate or Advanced Degree	19	19.6
Marital Status	96	

	Frequency (N)	Percentage (%)
Married/Partnered	73	76.0
Divorced/Separated	7	7.3
Widowed	3	3.1
Single/Never Married	12	12.5
Other	1	1.0
Household Income	95	
Below $20,000	2	2.1
$20,001 - $40,000	13	13.7
$40,001 - $60,000	8	8.4
$60,001 - $80,000	11	11.6
$80,001-100,000	21	22.1
Above $100,000	28	29.5
Refused/Don't Know	12	12.6
Employment Status	97	
Full-time	72	74.2
Part-time	9	9.3
Retired	15	15.5
Unemployed	1	1.03
Home Ownership	97	
Yes	84	86.6
No	13	13.4
Access to Reliable Transportation	97	
Yes	95	97.9
No	2	2.1

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

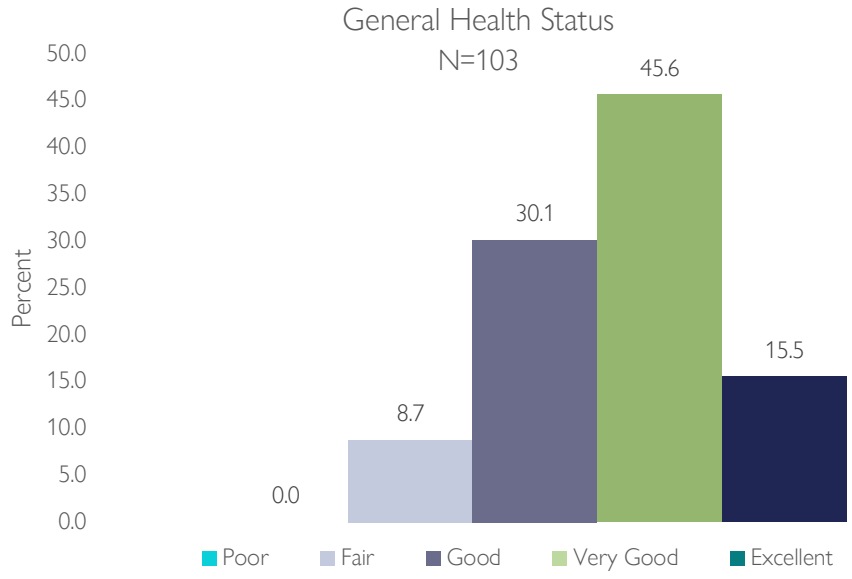
HEALTH STATUS

- About six of ten survey respondents (61.2%) described their health as very good or excellent (Figure 17).

- Notably, about three out of four (73.8%) respondents reported having one or more chronic conditions.

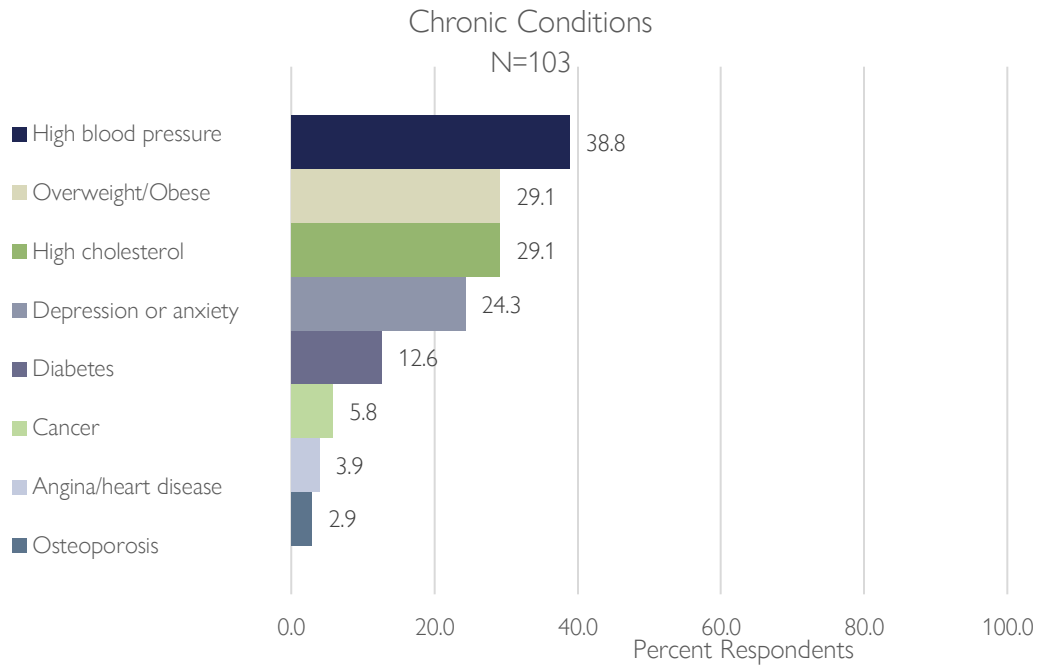
- The most common chronic conditions that respondents reported having included high blood pressure (38.8%), overweight and obesity (29.1%), and high cholesterol (29.1%) (Figure 18).

Figure 17. Self-Reported Health Status



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

Figure 18. Most Common Chronic Conditions



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

HEALTH BEHAVIORS

Smoking, Nutrition, and Physical Activity

- Among respondents, four percent (3.9%) reported using tobacco products (Figure 19).

- About three out of ten respondents (31.4%) reported eating the recommended five servings of fruits and vegetables daily. Most indicated that they could not adhere to the recommended guidelines on fruit and vegetable intake because the produce went bad before consumption (20.6%) or that they were expensive (18.6%) (Figure 20).

- Similarly, about a third out of ten respondents (31.4%) stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. Most indicated that they did not get this much activity because they did not have enough time to exercise (42.2%) or they were too tired to exercise (26.5%) (Figure 21).

Figure 19. Smoking Behavior

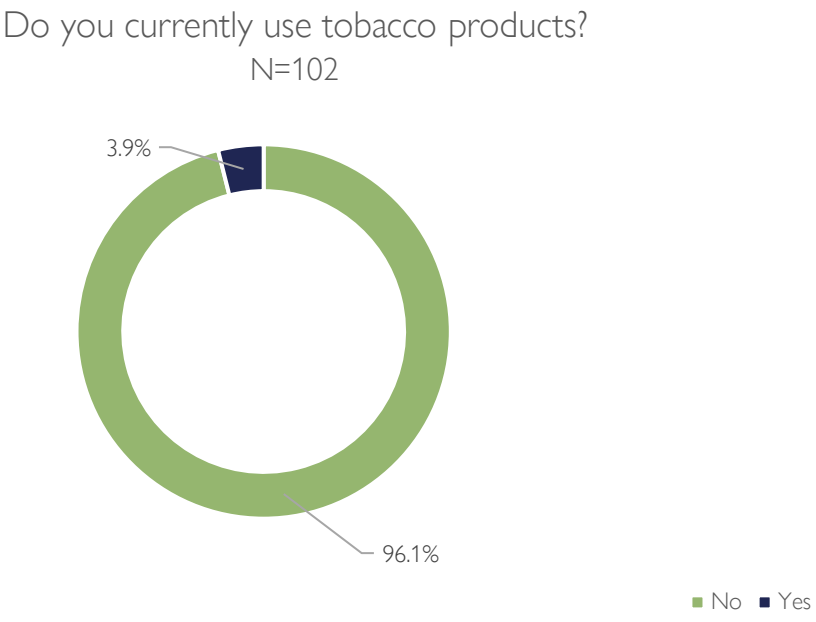
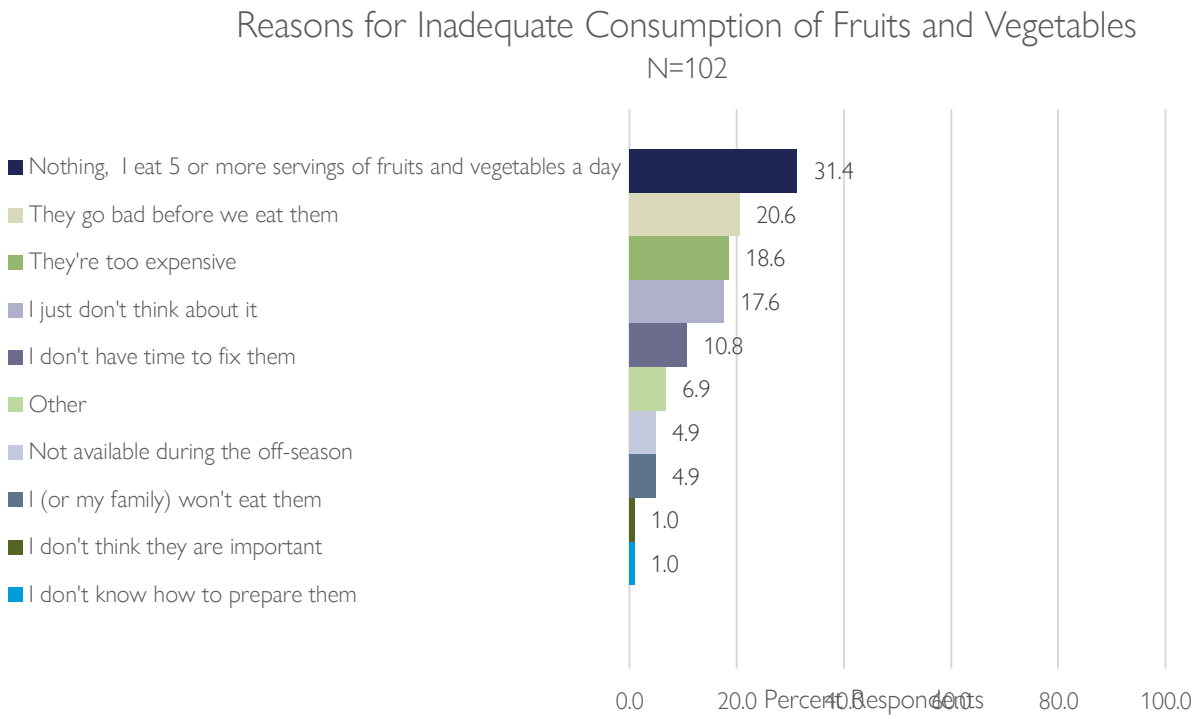
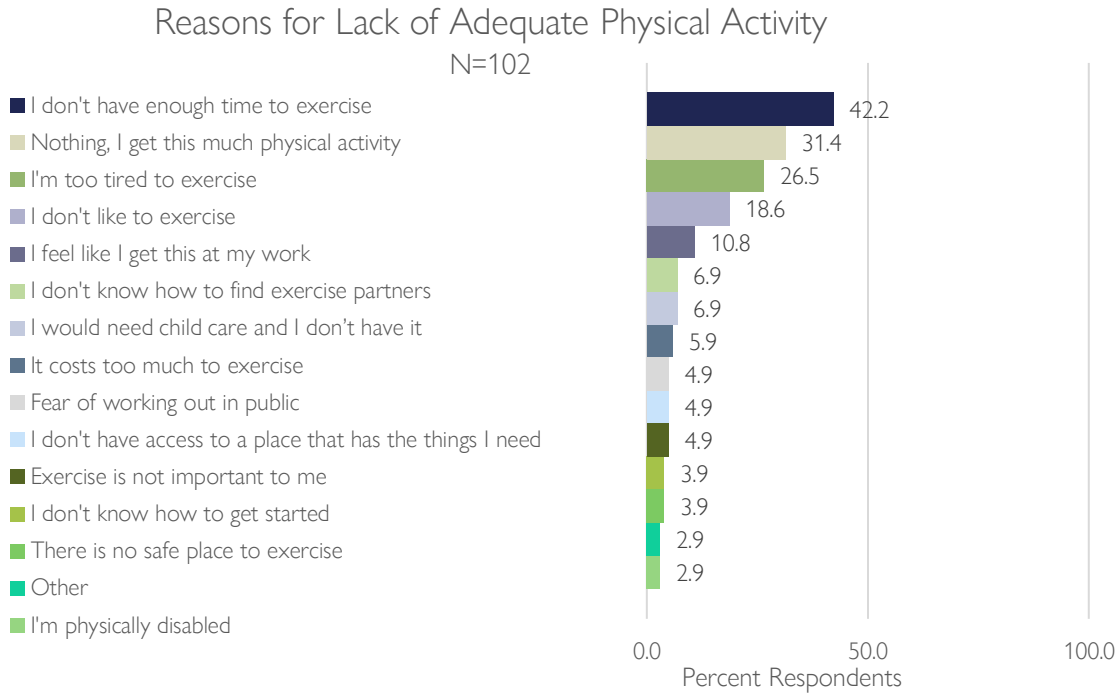


Figure 20. Fruit and Vegetable Consumption



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

Figure 21. Physical Activity



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

Preventative Screening

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

- About eight out of ten (83.3%) of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 22).

- Two-thirds (66.7%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 23).

- Almost nine out of ten (85.4%) of female respondents, 50 years and older, reported that they received annual mammograms (Figure 24).

- About three-quarters (73.0%) of females, 21 years and older reported receiving a pap smear at least every five years (Figure 25).

Figure 22. Colon Cancer Screening

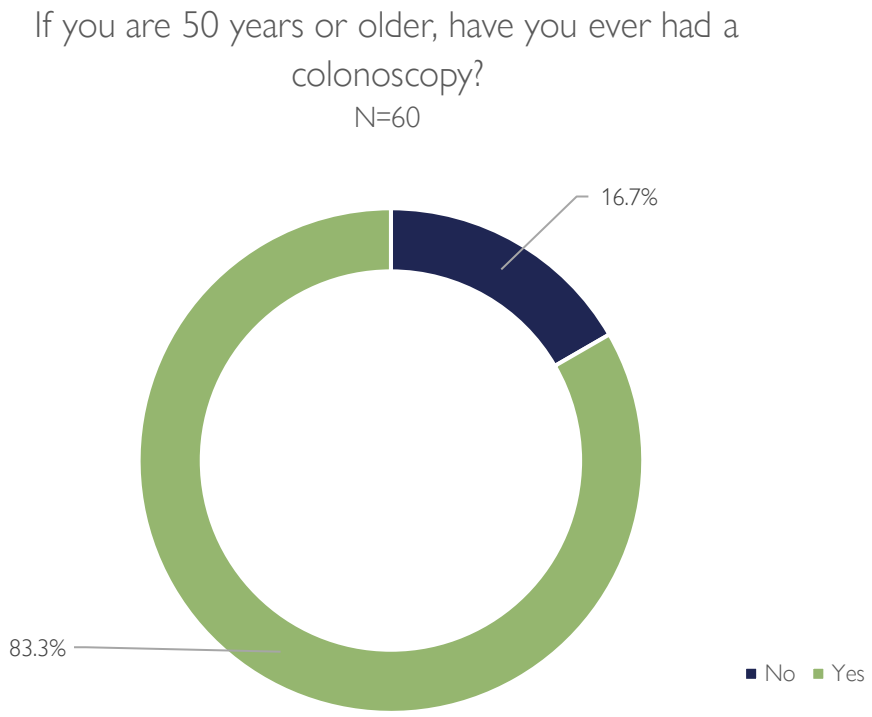


Figure 23. Prostate Cancer Screening

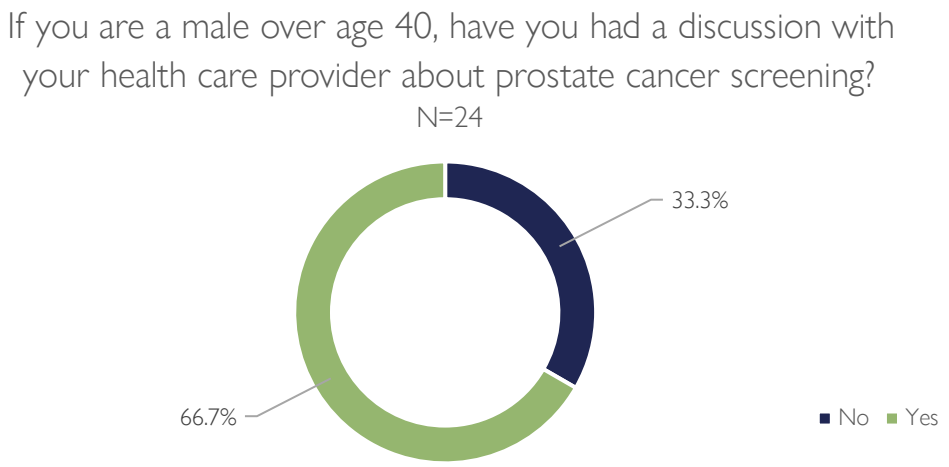


Figure 24. Breast Cancer Screening

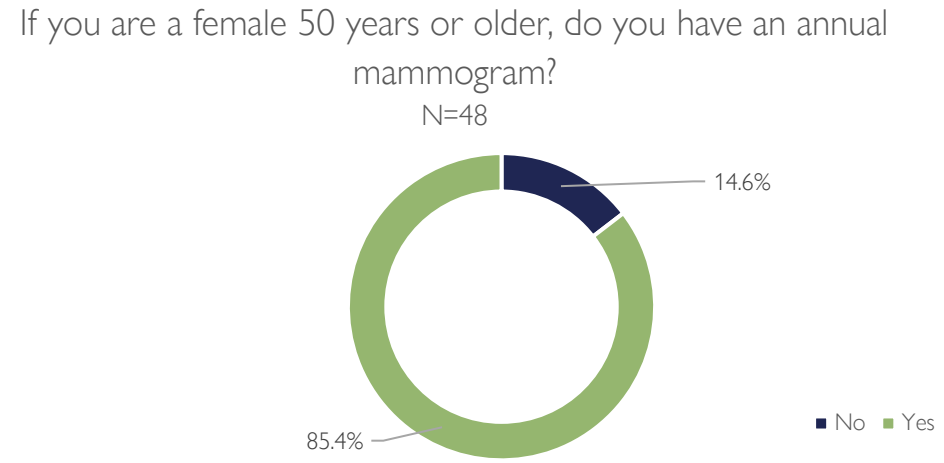
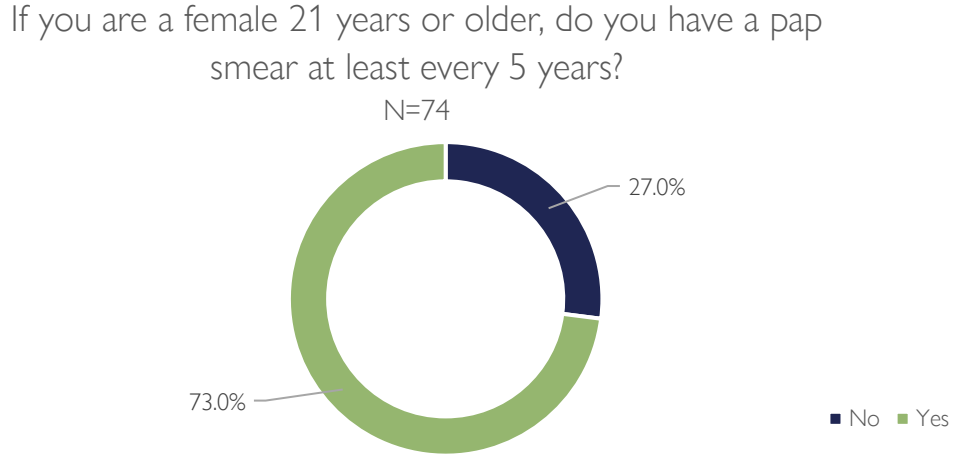


Figure 25. Cervical Cancer Screening



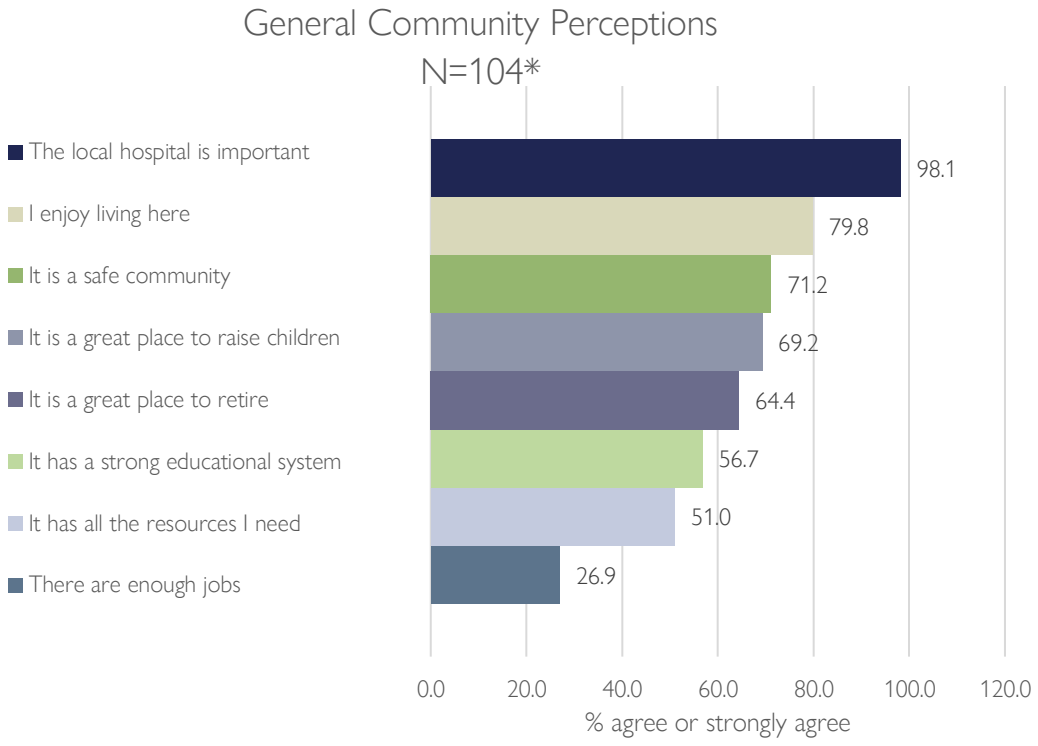
COMMUNITY PERCEPTIONS

General Community Perception

In general, respondents had a favorable view of the community.

- About eight out of ten (79.8%) respondents strongly agreed or agreed that they enjoyed living in the community.
- Most strongly agreed or agreed that the community was safe (71.2%) and a great place to raise children (69.2%) or retire (64.4%).
- However, only about a quarter of respondents (26.9%) strongly agreed or agreed there were enough jobs.
- Almost all respondents (98.1%) strongly agreed or agreed that the local hospital was important (Figure 26).

Figure 26. Community Perceptions



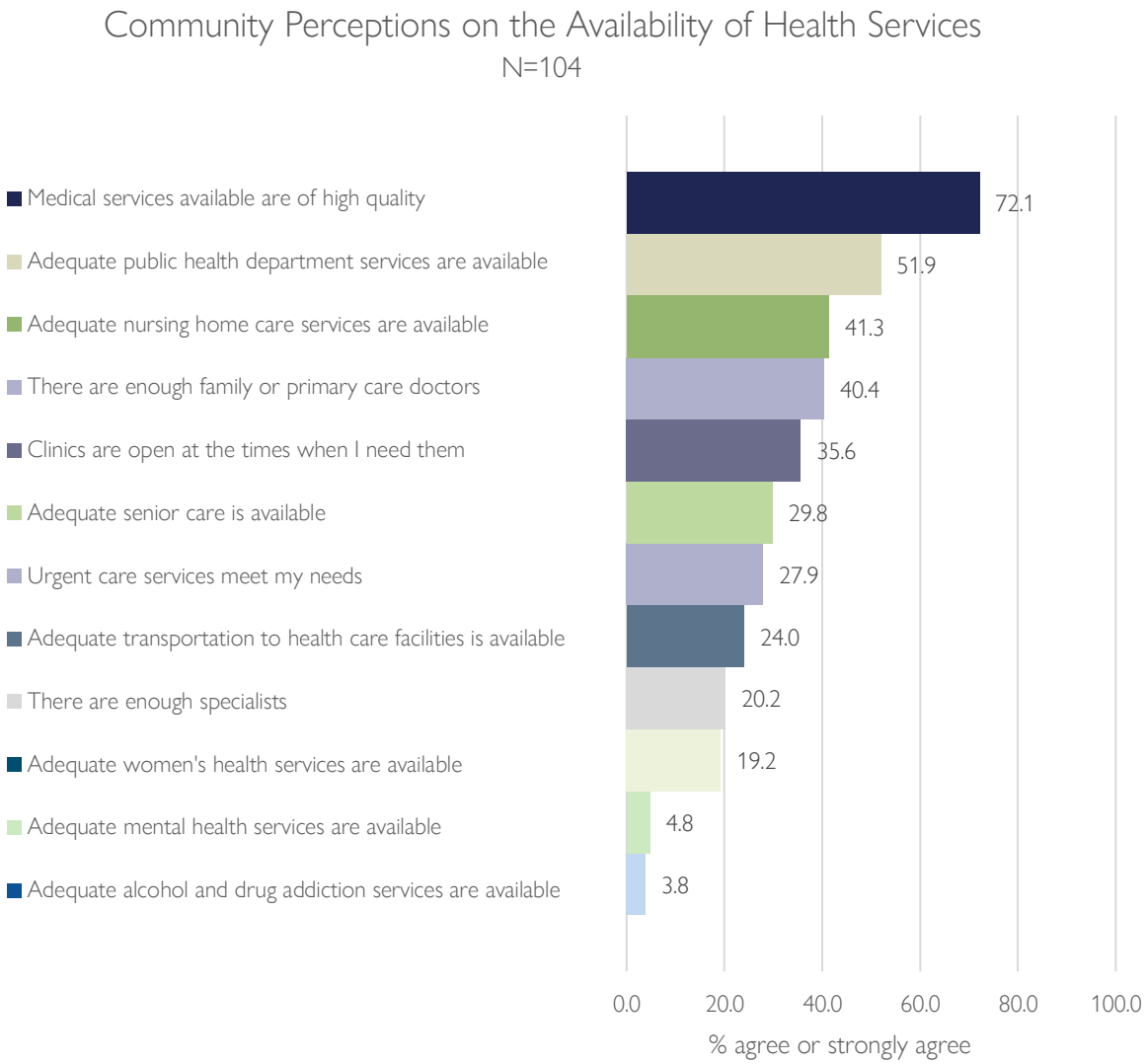
For each statement, we report a valid percentage based on the respective sample size. *represents the average sample size for all statements.

Community Perception Concerning Hospital Services

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

- Respondents noted inadequacies in alcohol and drug addiction services, mental health services, women's health services, the supply of specialists, and adequate medical transportation, with less than a quarter of respondents describing the availability of these services as adequate (Figure 27).

Figure 27. Community Perceptions Concerning Health Care Services



For each statement, we report a valid percentage based on the respective sample size. *Represents the average sample size for all statements.

Community Perception Concerning Health and Quality of Life

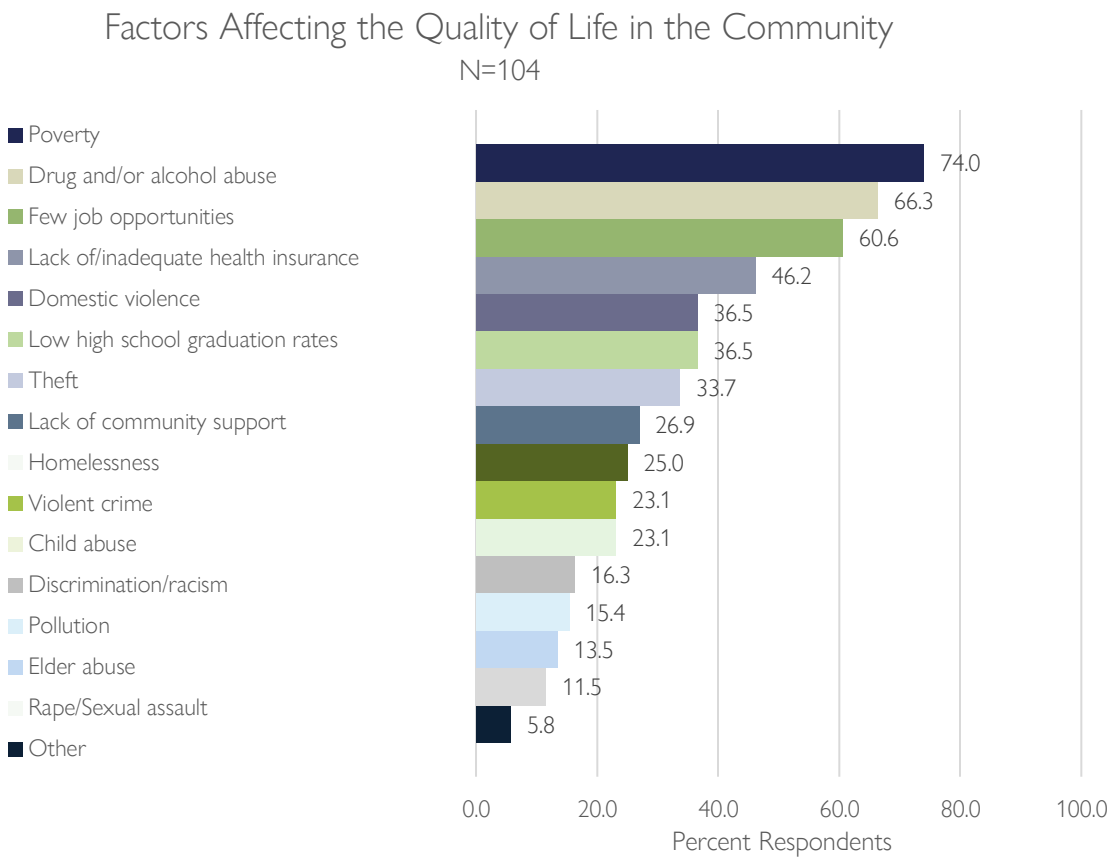
Quality of Life

- Respondents identified poverty (74.0%), followed by drug and alcohol abuse (66.3%), and the lack of job opportunities (60.6%) as the most significant factors affecting the quality of life in the community (Figure 28).

- A lack of or inadequate health insurance coverage, domestic violence, and low high school graduation rates (tied for 5th) rounded out the top five concerns (Figure 28).

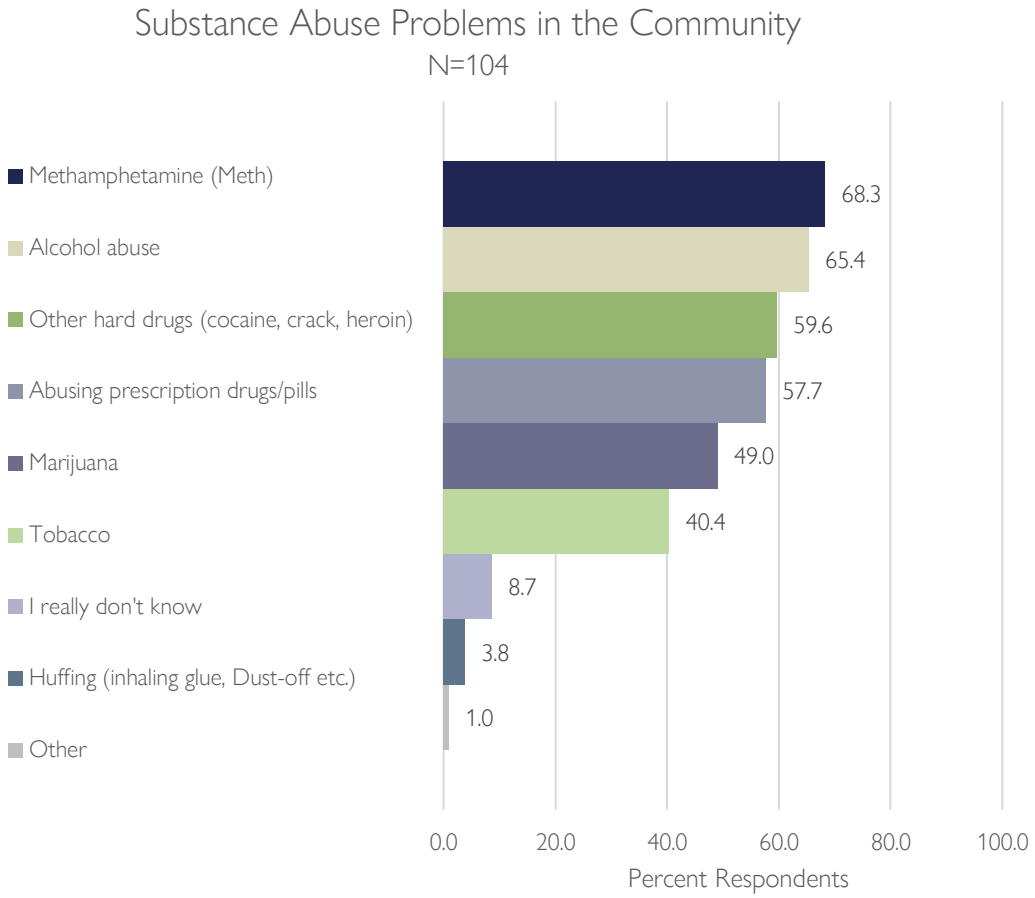
- Concerning substance abuse in the community, methamphetamine was identified as the most abused substance, followed by alcohol and other hard drugs (such as cocaine, crack, and heroin), respectively (Figure 29).

Figure 28. Perceptions Concerning Factors Affecting the Quality of Life in the Community



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

Figure 29. Substance Abuse Problems



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

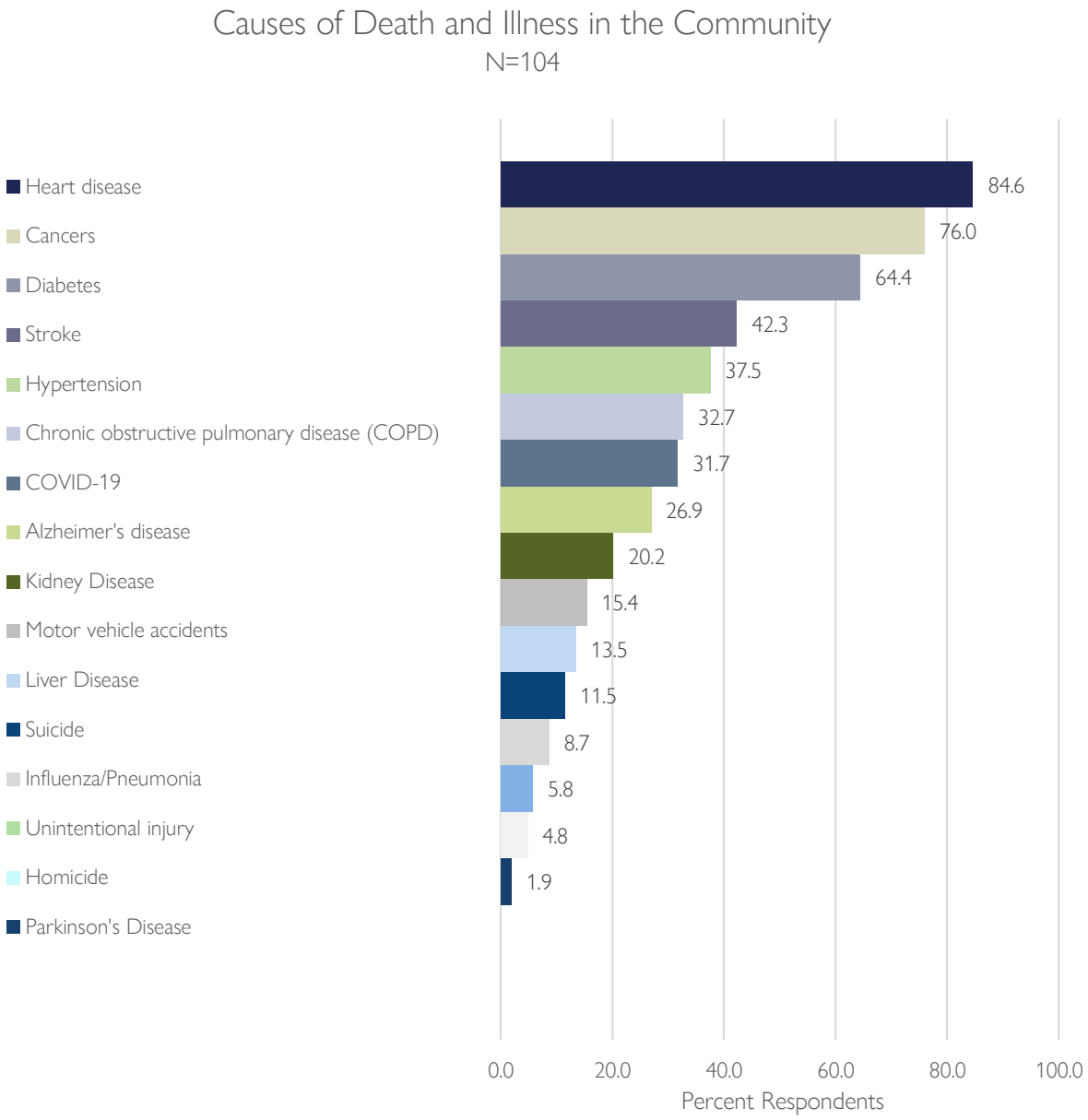
Causes of Morbidity and Mortality

- The survey respondents identified heart diseases, cancers, and diabetes as the community's top three causes of mortality and morbidity (Figure 30).

- Obesity/overweight, physical inactivity, and substance use were identified as the top three negative influences on health in the community (Figure 31).

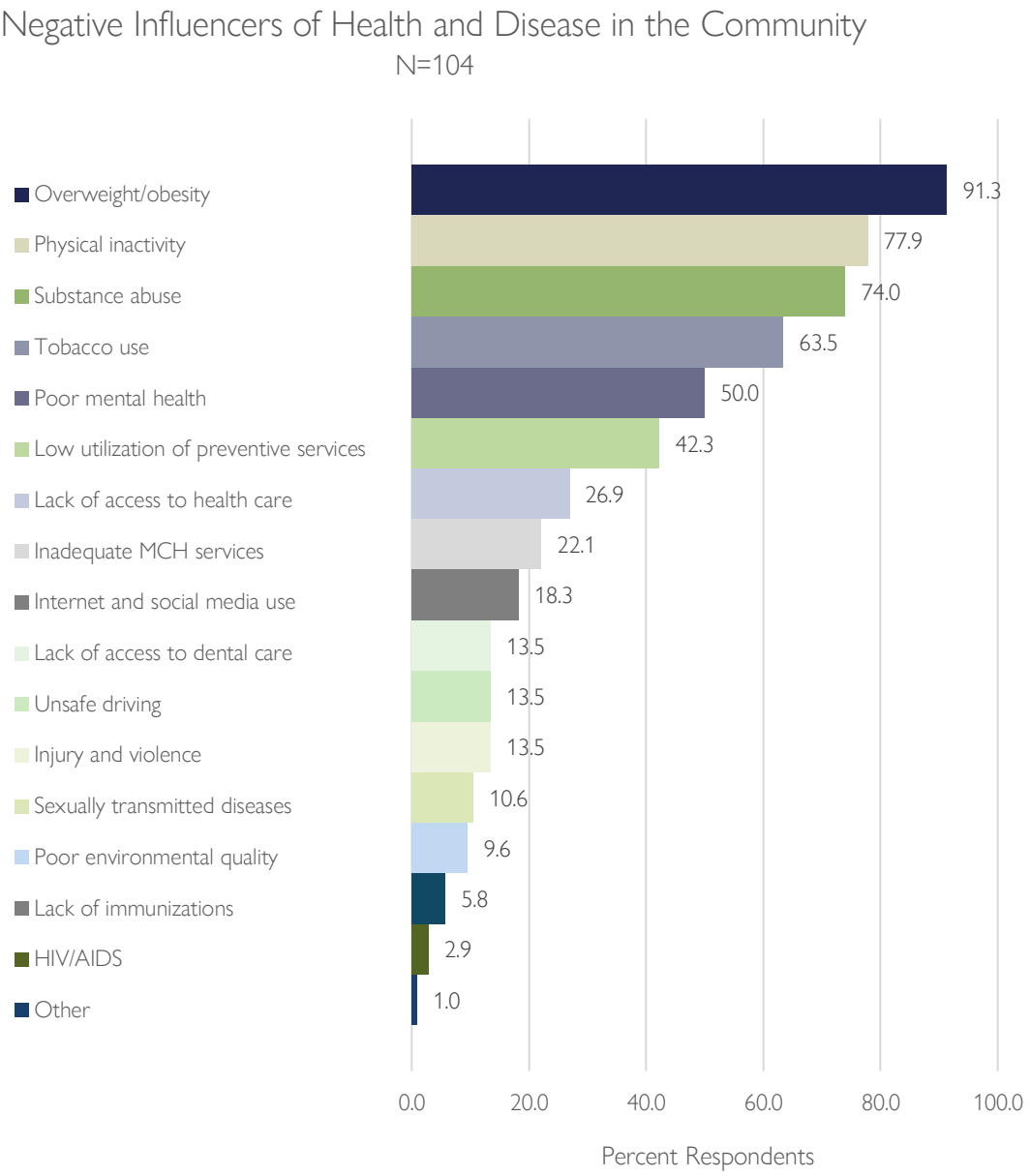
- Improper nutrition, bullying, the internet, and social media were the top three negative influences on children's health (Figure 32).

Figure 30. Causes of Mortality and Morbidity



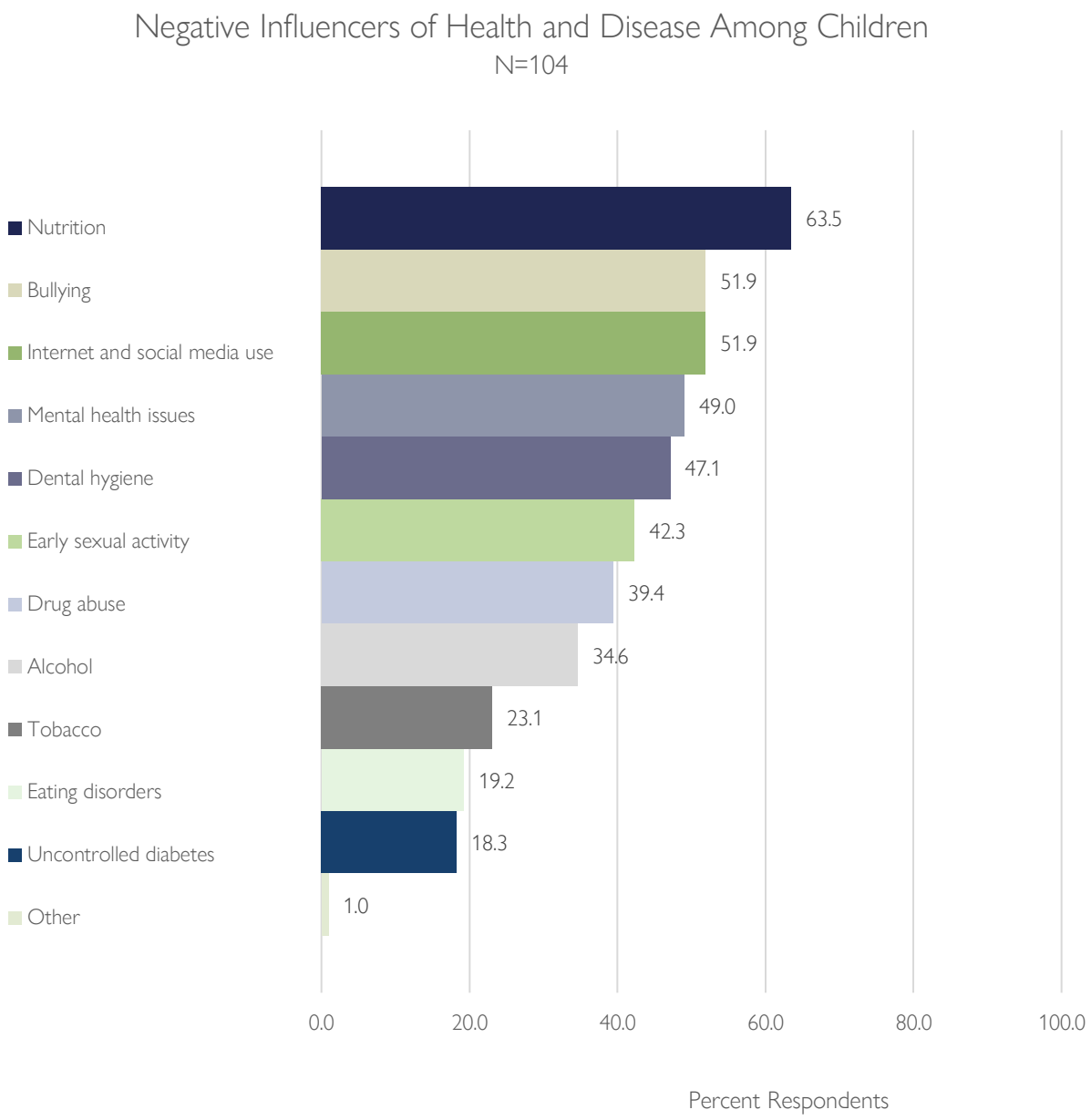
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 31. Negative Influences on Community Health



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

Figure 32. Negative Influences on Children's Health



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

HEALTH CARE ACCESS

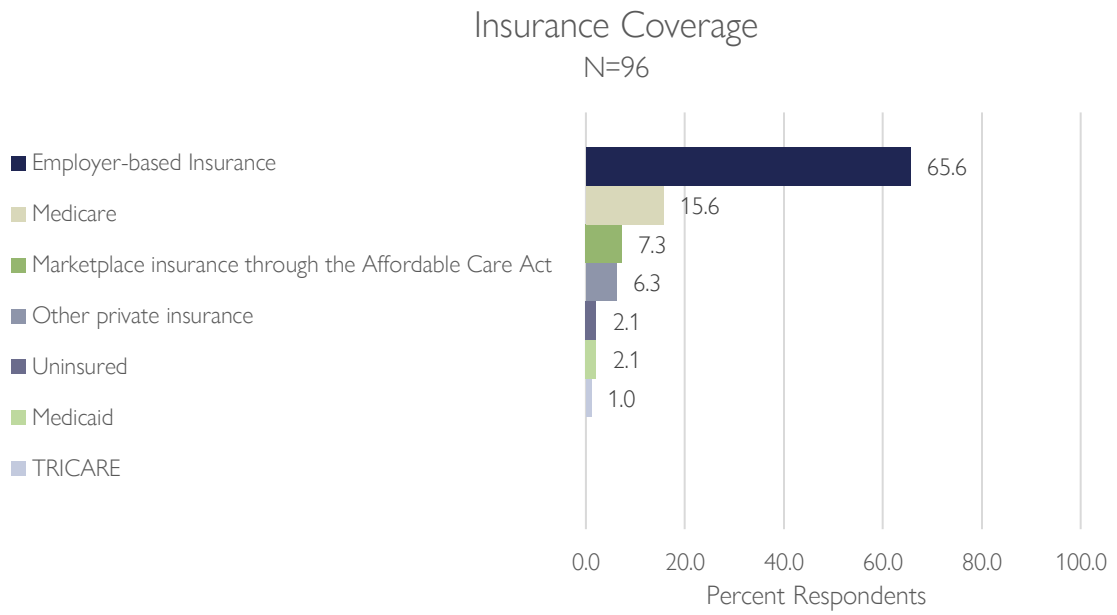
Insurance Coverage and Usual Source of Care

- About two-thirds of survey respondents (65.6%) reported that they had insurance through their employer (Figure 33).

- Most respondents (85.0%) identified their usual source of care as a provider in a doctor's office setting, followed by urgent care facilities (9.0%) (Figure 34).

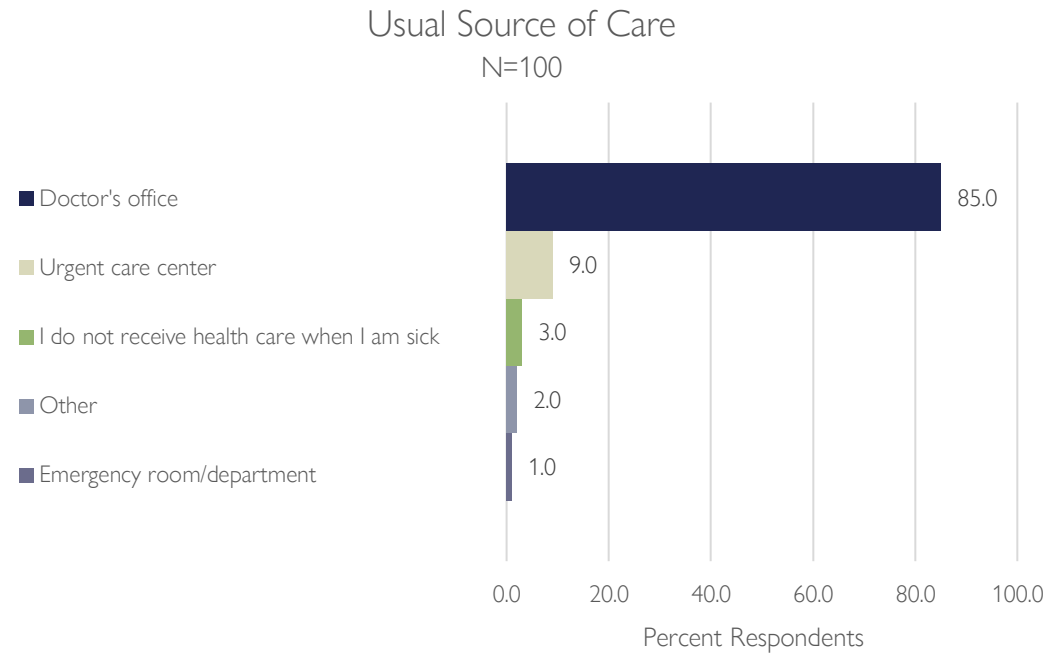
- Respondents mostly identified their health care provider as their source of health information (86.3%), followed by the internet (39.2%), pharmacist (31.4%), hospital (30.4%), and family and friends (16.7%) (Figure 35).

Figure 33. Insurance Coverage



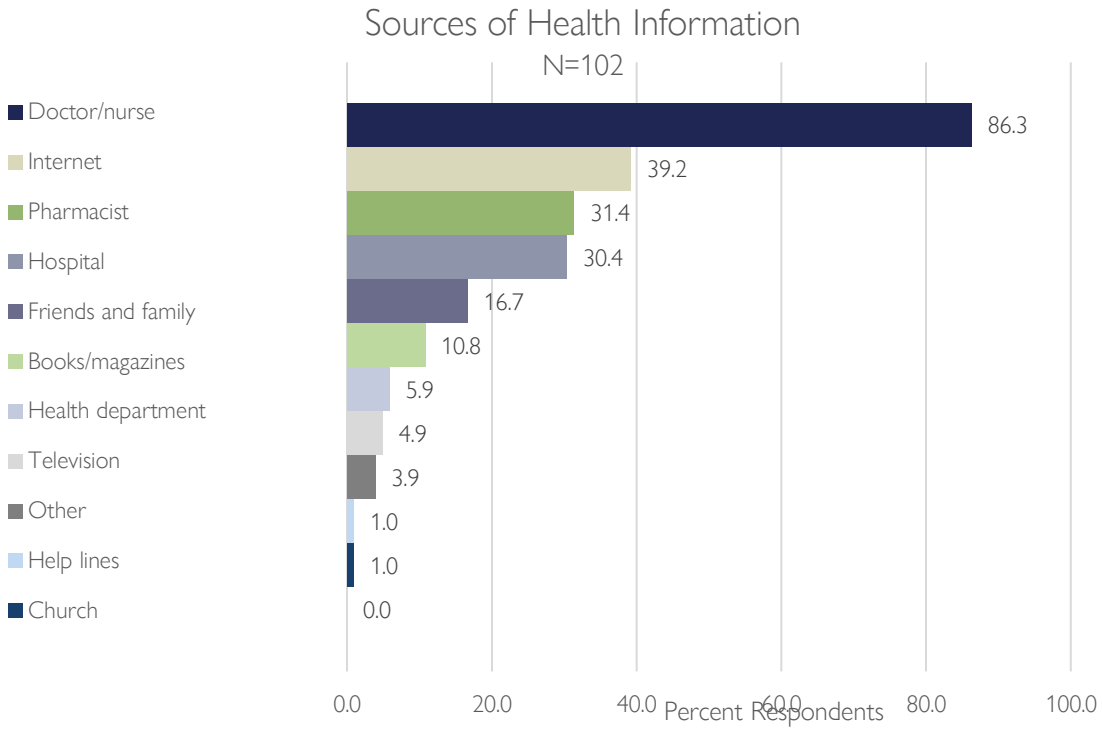
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 34. Usual Source of Care



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

Figure 35. Sources of Health Information

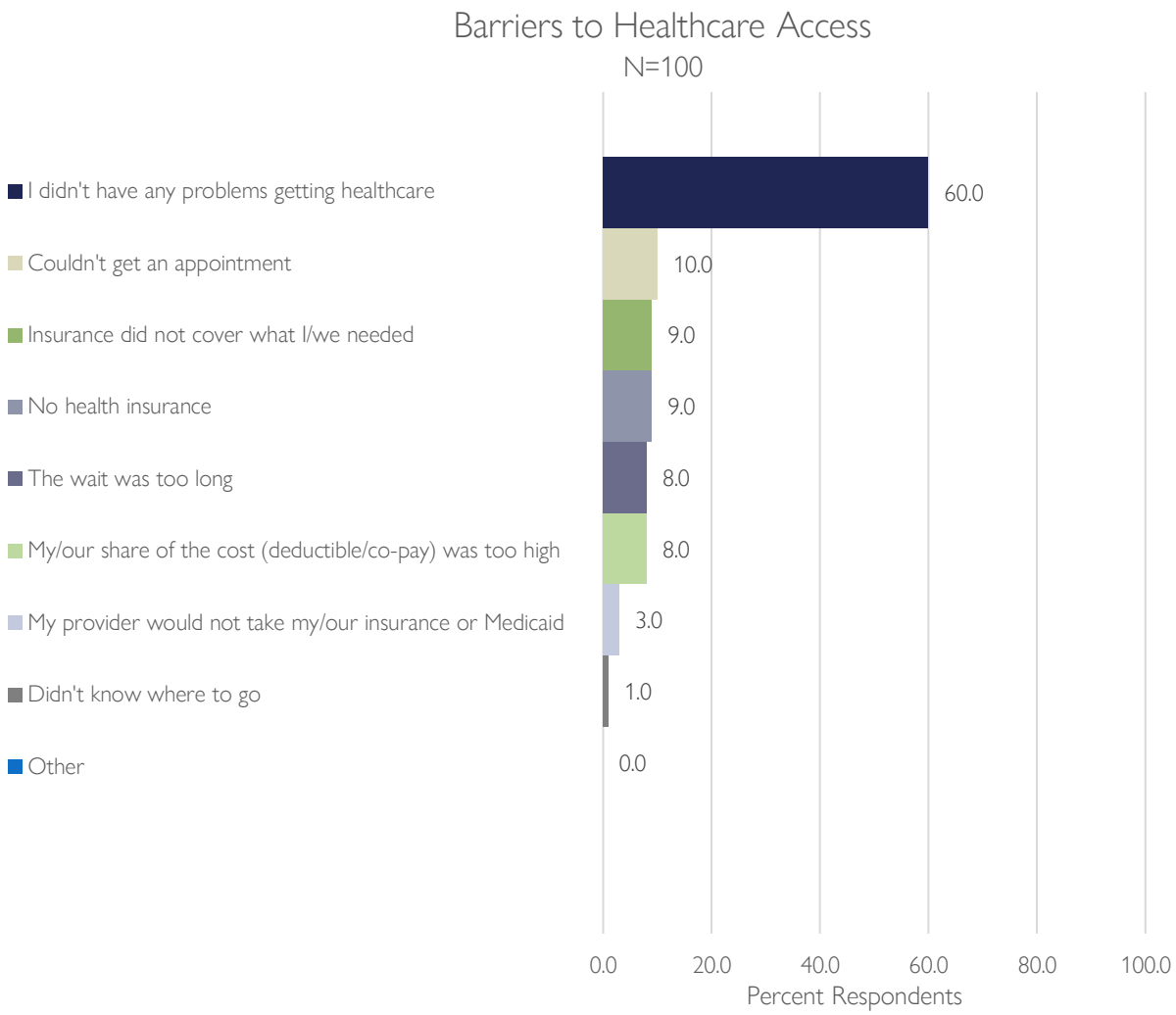


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Barriers to Health Care Access

- Four out of ten respondents (40.0%) reported experiencing one or more barriers to health care access in the past 12 months, including difficulties in getting an appointment (10.0%) and the lack of or inadequacy in health insurance coverage (9.0%) (Figure 36).

Figure 36. Barriers to Healthcare Access



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

Telehealth

- Respondents were open to using telehealth to expand access to specialty care. About eight out of ten (83.3%) were willing to access specialists via telemedicine if the local hospital offered specialist telemedicine services (Figure 37).

- Over a third (38.1%) had used telemedicine in the past year (Figure 38).

- The pandemic experience had made the majority (61.5%) more open to telemedicine use (Figure 39), and about a quarter of respondents (22.1%) reported recent telehealth use to access local health services more conveniently (Figure 40).

Figure 37. Willingness to Use Telemedicine

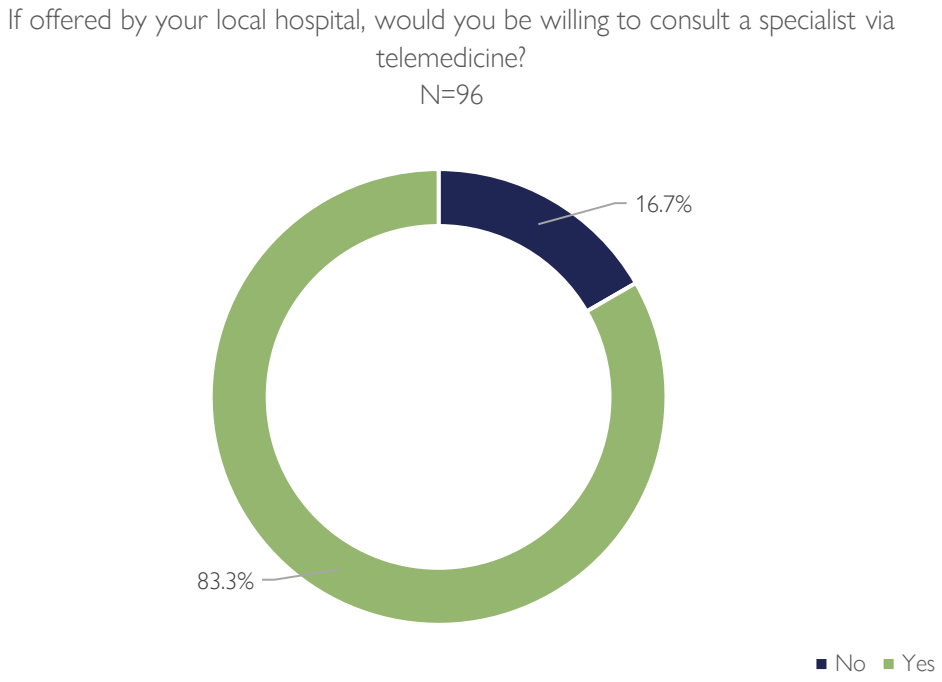


Figure 38. Telemedicine Use in Past Year

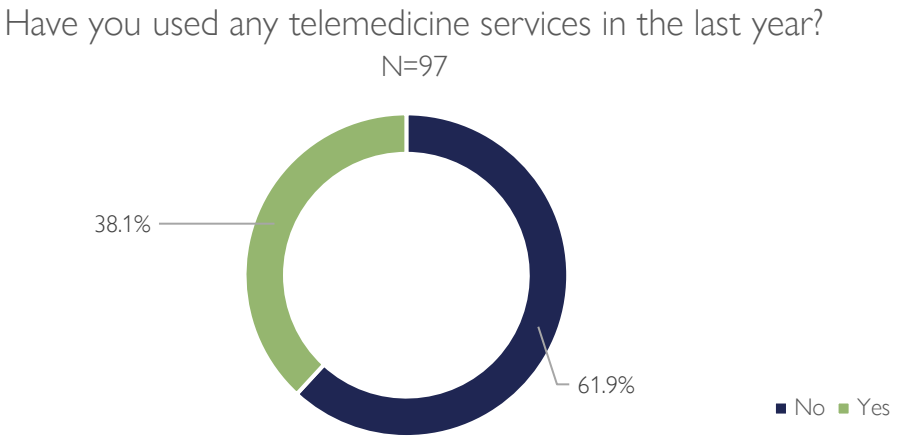


Figure 39. COVID-19 and Willingness to Use Telemedicine

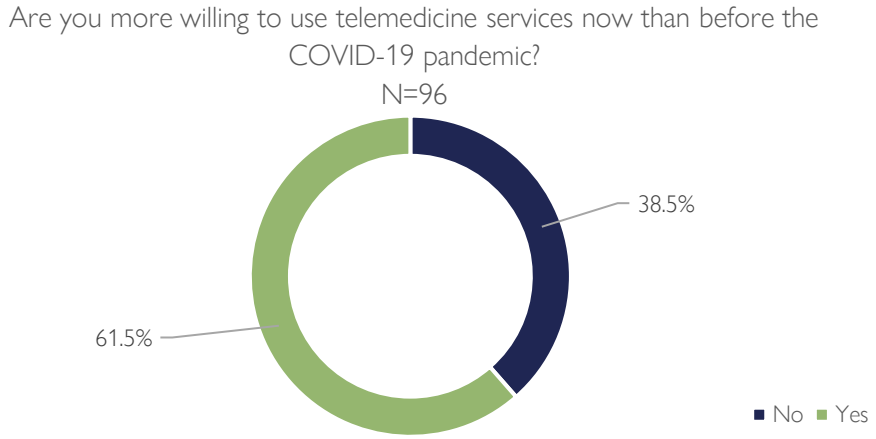
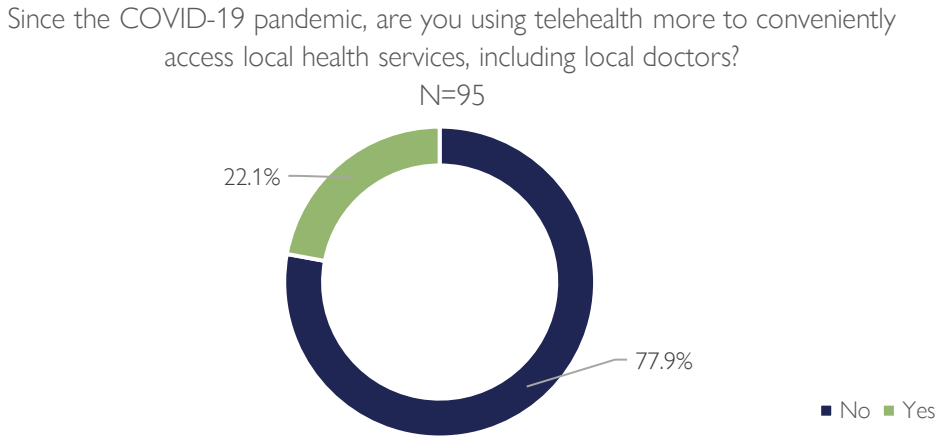


Figure 40. Telemedicine Use for Local Health Services Since COVID-19

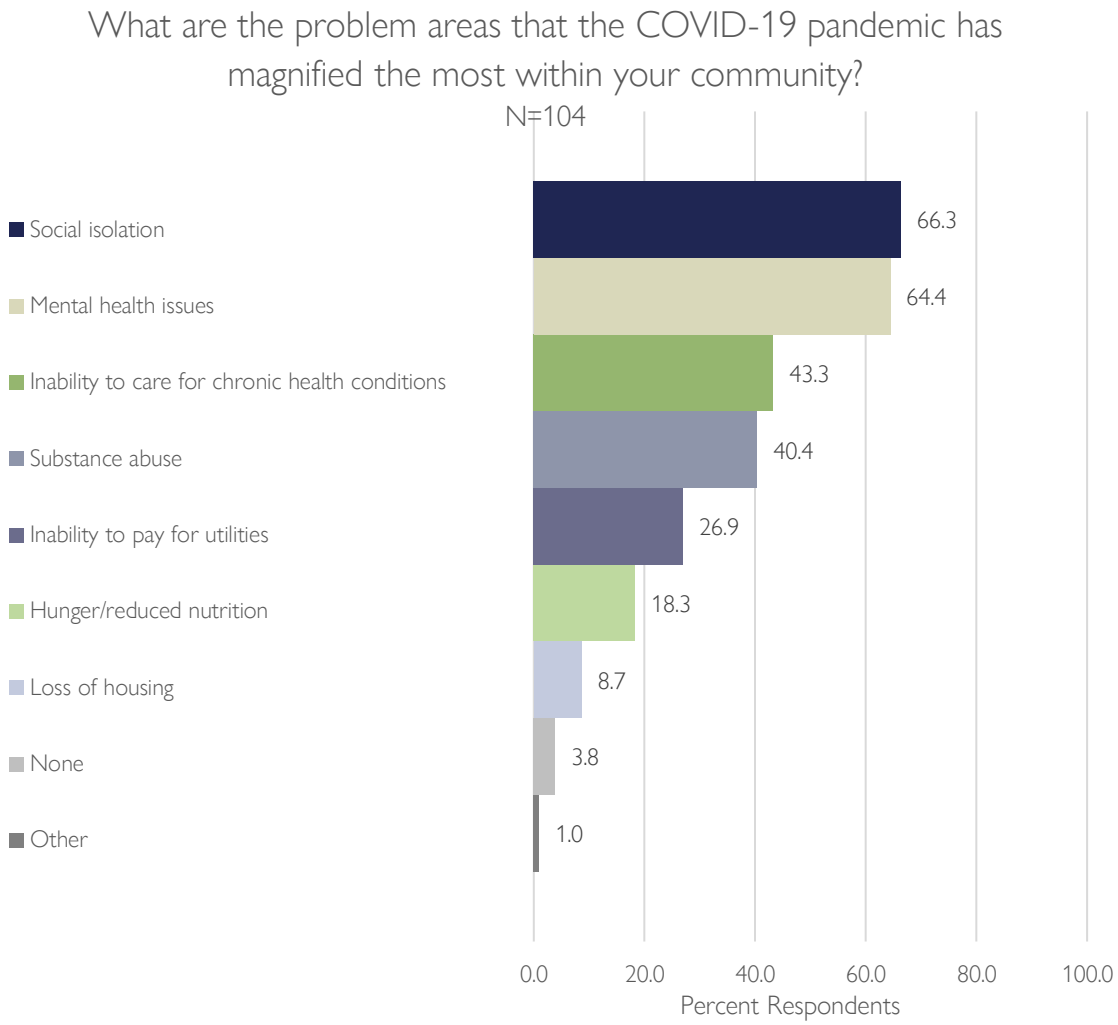


COVID-19

- Respondents identified social isolation, mental health issues, and the inability to care for chronic conditions as the top three community health issues amplified by the COVID-19 pandemic.

- Substance abuse and the inability to pay for utilities rounded up the top five community health issues amplified by the COVID-19 pandemic (Figure 41).

Figure 41. Community Health Issues Amplified by COVID-19



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

SUMMARY POINTS FROM COMMUNITY SURVEY

Respondents were primarily White, older, educated females residing in Evans and Tattnall Counties.

Health Status and Behavior

- High blood pressure, overweight/obesity, and high cholesterol were the most commonly self-reported chronic conditions.
- Adherence to nutrition and physical activity guidelines was low among respondents, with only about a third reporting adherence.
- Reported adherence to cancer screening guidelines was generally high among participants, except for prostate screening.

Perceptions about the Community and Community Health

- Respondents had a favorable view of the community but were dissatisfied with the availability of substance abuse treatment services, mental health services, women's health services, specialists including, among others, cardiology, cancer care, neurology, orthopedics, and nephrology. and transportation services.
- Respondents also identified poverty, substance use, and the lack of job opportunities as the most significant factors affecting the quality of life in the community.
- Heart Disease, cancers, and diabetes were the top three causes of illness and death.
- Obesity/overweight, physical inactivity, and substance use emerged as the top three negative health influences.
- Improper nutrition, bullying, and the internet and social media emerged as the top three negative influences on children's health.
- About half of respondents reported experiencing one or more barriers to health care access in the past 12 months, with difficulties getting appointments and the lack of adequate health coverage identified as the most common barriers.
- Respondents were open to the use of telehealth to expand access to specialty care and reported an increased openness to telehealth following the pandemic.

Impact of COVID-19 on Community Health

- Social isolation, mental health issues, and an inability to self-manage chronic diseases were identified as the top three community health issues amplified by the COVID-19 pandemic.

COMMUNITY FOCUS GROUPS

Two focus groups were held in March 2022, with an average of 8 participants per focus group. The hospital and the CHNA steering committee recruited sixteen focus group participants. They included vital community stakeholders representing health care, the school district, community-based health, human and social services organizations, faith-based organizations, the chamber of commerce, and local businesses. Each focus group discussion lasted approximately one hour.

EMERGING THEMES

The following themes and associated exemplary quotes were identified from the focus group discussions:

COMMUNITY PERCEPTION

Strengths: Caring community with stable economic growth

Challenges: Poverty

Focus group participants identified both community strengths and challenges. They described their community as **caring and close-knit, with a relatively stable economy.** Despite the relative economic stability, participants noted that **a significant proportion of the community struggled financially**.

> *"So, I think we're a community that even though we have issues, but when it comes down to it, we do care about each other"*

> *"I think we are a stable, sound community when it comes to talking about the economic health of the community."*

> *"I think that we have, is we do probably have a pretty high poverty level."*

COMMUNITY HEALTH CONCERNS – NON-MEDICAL DETERMINANTS

Participants discussed community-level influences on health and well-being. They cited challenges within the community with accessing health-promoting resources, including housing, healthy food options, and a general lack of health awareness.

Limited and unaffordable healthy food choices make it difficult to stay healthy.

A concern extensively discussed by participants was the **limited availability of healthy food options** in the community:

> *"Fast food restaurants are really all we have here. We have a couple of – one barbecue restaurant, one Mexican restaurant, and one home-style [restaurant]."*

> *"I would say it's very difficult in Evans County. Extremely difficult. There's nowhere healthy to eat here, so you have to cook it yourself. And if you're busy – I mean, I'm an extremely busy mother [it is difficult]."*

There is a lack of adequate housing in the community.

Participants also noted significant constraints in the housing market resulting in **difficulties obtaining affordable housing**. Consequently, **homelessness** was described as relatively high in the community.

"We have a housing problem in this community. We have no access to housing."

"I work in education. We have a great deal of students who are classified as homeless and living with an extended family member, or they may be living in a hotel or have temporary housing."

There is a need to improve general health awareness in the community about available health-promoting resources.

Participants noted that while the community was increasingly expanding the list of health-promoting resources available (including a free clinic and food banks), there was a need for continued community health education to improve awareness of the accessible community resources.

> *"I think a lot of that is also education as far as how to access services. I think there are things out there [but] I think there are a lot of questions about accessibility."*

COMMUNITY HEALTH CONCERNS – HEALTH SERVICES AND ACCESS

There is a significant need for behavioral health services, women's health services, and specialists in the community.

The top community health concerns identified during the focus groups included **the lack of behavioral health resources within the community**. Participants also cited **the lack of women's health services and specialists** in the community as an essential community health issue.

> *"When you look at services, I agree that mental health is probably the top issue here."*
>
> *"Because I even had a child at school that needed immediate mental health [care], and I helped her mom call. We called Statesboro, Savannah, Vidalia, all these other big cities, and the first available openings were like – this was in December, beginning of December. They didn't have openings until like February and March."*
>
> *"My daughter, who passed away this last September, had an aorta split, and due to the lack of resources here in the community, we had to go to Atlanta... So, we need specialists, and we need primary doctors."*
>
> *"Women's health is [a] huge [need]."*

A significant proportion of the community is uninsured or underinsured.

"It's bad. It's bad. If they have health insurance, they can't afford the deductible."

The lack of transportation is a significant barrier to health care for the most vulnerable in the community.

Transportation emerged as a significant community need that hindered equitable access to health care, especially among the elderly and vulnerable populations.

> *"I would say most of our community that needs the most focus on their health to be more – like healthier or exercise and stuff; they don't have the transportation or the money to get somewhere outside Evans County to make it happen."*
>
> *"I polled my seniors, and transportation is a big issue. We [our social service organization] provide transportation, but it's only for those who come for that meal that day, you know. But their issue was transportation to health specialists."*

COMMUNITY AND HOSPITAL PARTNERSHIP FOR COMMUNITY HEALTH AND WELLNESS

The hospital is visible, supportive, and community-oriented

The hospital was described by focus group participants as **the "cornerstone" of the community** and was applauded for its **visibility and community-centeredness.**

> *"The hospital has always been – I mean, it really is a cornerstone in our community."*

> *"So, the hospital has offered – they buy ads for our book to help support our scholarship fund. So, it's not just the health care side, too. They're supportive of our students and our staff and the other efforts that the school does besides just health care."*

Continued hospital-community partnerships, enhanced hospital communication, and marketing efforts are vital to community health improvement.

Participants encouraged the hospital to continue collaborating with physicians and community heath organizations in community health improvement efforts and increasing community awareness of the services provided by the hospital.

> *"I think just having a very good partnership with the businesses and stuff [is important] ... Just having that good communication and good partnership with somebody to know that you can rely on them."*

> *"[P]erhaps, doing a marketing campaign about getting the word out about the great things going on here [in the hospital], I think that could help. Maybe a rebranding"*

SUMMARY POINTS FROM COMMUNITY FOCUS GROUPS

Sixteen community stakeholders participated in the community focus groups. Participants discussed barriers and facilitators to health and well-being within the Evans Memorial Hospital service area.

Perceptions about the Community and Community Health

- Community members described the hospital's service area as a caring, close-knit community with stable economic conditions.
- The community experiences challenges, including poverty and high levels of homelessness due to shortages in housing supply.
- They noted a general need for efforts to increase community awareness about health and wellness and available health-promoting resources.

Barriers and Facilitators of Health and Well-being

- The hospital was described as highly engaged within the community and considered the community's cornerstone.
- However, participants noted that there were persisting constraints to health care access that limit health and well-being, including limited access to behavioral health services, women's health and specialist services which are not available in the area, and limited access to transportation, especially for vulnerable populations.
- Enhanced collaboration between the hospital and community organizations and increased hospital marketing and outreach efforts were discussed as potential strategies for improving overall community health and wellness.

PROGRESS ON PREVIOUS CHNA (FYE 2019) IMPLEMENTATION PLAN

Three-Pronged Strategy for Improving Community Health and Wellness

Collaboration: To develop and strengthen partnerships with local providers and community stakeholders to advance health and wellness.

Objectives:

1. Establish a mental health community collaborative by September 30th, 2020, to address mental health issues in the service area.

- With the maturation of the COVID-19 pandemic, Evans Memorial made the difficult decision to close its behavioral health unit (Windows of Hope) on a temporary basis and notified the state of this decision on January 27, 2020. This decision was made to allow additional beds and rooms of an appropriate size to accommodate the specialized care needs of patients suffering from COVID. With this decision made, we became a receiving and transfer facility rather than a treating facility.
- We collaborated with local law enforcement to enlist their aid in obtaining secure transport for patients needing transportation to inpatient facilities in this area. Evans also collaborates with Pineland Mental Health Center using telemedicine to evaluate and ensure appropriate treatment for individuals with mental health needs and crises who are seen in our emergency department.
- The lack of inpatient beds, especially for unfunded individuals, remains a concern and will need to be addressed in the future.
- Evans Memorial is now participating in a state data collection effort around transportation for individuals with a mental health crisis. This starts on August 29, 2022, with data submission weekly for 12 weeks.

2. Coordinate with local primary care providers and available specialists to effectively manage chronic care conditions in both community, inpatient, and outpatient settings.

- Much of our work in this area was halted due to the pandemic and the need to focus our effort on caring for patients with COVID-19.
- Efforts around the management of CHF, COPD, diabetes, and other chronic diseases begin at the time of admission. We have, in the past year, hired a Clinical Educator who is working with our team to ensure that staff members have the tools to properly educate patients regarding their disease management and strategies for success.
- We hosted a lunch and learn in 2022 with community education around management and living with diabetes and will continue to provide this service to move our community's health literacy and ability to self-manage forward.
- Currently, we work to ensure hospital discharge records and made available to community physicians, especially for patients with these long-term chronic conditions to facilitate continuity of care and improved health. Our community physicians work with us to provide rapid (within

5 days of discharge) for patients with these chronic health conditions to prevent readmissions, so care can be provided appropriately in the home setting.

- We also assist families and patients in choosing appropriate post-hospitalization care by using outcome data from the CMS websites again to optimize care within the community for our patients.

Education: To develop and implement a health education plan for outreach to the community and local provider network.

Objectives:

1. Implement a driver's education course with the Evans County School District by December 31st, 2021.

- Efforts in this area were suspended due to the COVID-19 pandemic and a shift to a virtual learning strategy in the school district during this period.

2. Provide health education and/or screening on community health issues in at least one community event annually.

- Pre and Post COVID, Evans Memorial was involved in community events such as the "Wildlife Festival" with blood pressure screenings by a registered nurse and provision of educational materials to individuals participating. The hospital also hosted several lunch and learns with topics on Diabetes Management and Breast Cancer Awareness. In 2021 we hosted a "Brassiere of the Year" contest on campus and publicized this in local papers and media to also increase awareness of breast cancer and the need for regular mammogram screening to ensure early detection and treatment for women with participation by Dr. Buchannan and Dr. Spahas.
- With the arrival of the COVID pandemic, we shifted from a community education plan around chronic disease to educating the public and our own staff regarding the COVID virus, signs and symptoms, and prevention and self-protection strategies. We provided information on our website, in newspaper articles, and through the use of posters and signage in the hospital. We educated individuals about home quarantine and how to manage loved ones who were positive as well as when medical care was necessary.
- When vaccines became available, Evans Memorial enrolled as a vaccine site and has given over 4872 vaccines in 2021 and 358 in 2022 through August. We set up a web-based scheduling system allowing us to provide this service while protecting our staff and the public from exposure to non-symptomatic individuals who may have been a part of the clinic setting. We dedicated two of our conference rooms for this purpose, allowing a dedicated waiting space with social distancing and a designated space for vaccine administration and monitoring of individuals after injection.
- Evans Memorial also provided community education about the benefits of vaccination and encouraged active participation in obtaining injections to protect the community.

- Evans Memorial also volunteered and designated space for a state-run COVID testing site on our campus 2 days per week. We shifted staff parking and assisted with educating the public about this service to decompress physician and ED departments as the pandemic continued.

Dissemination: To build community awareness about available community health resources

Objectives:

1. Maintain and share an updated directory of all community health and social services accessible to community residents, especially vulnerable and underserved populations.
   - Evans Memorial was able to compile the directory referenced above prior to the pandemic. With multiple agencies implementing work-from-home strategies and the need to close visitation to all but their own staff made meeting and face-to-face collaboration very difficult.
   - Evans did invest in and establish IT infrastructure to allow virtual meeting capability and conference calling for our facility.
   - We met with several hospice organizations, home health agencies, and skilled nursing facilities. We pulled together a list of these agencies and their services, along with CMS outcome information, to assist families and patients in making discharge plans for post-hospital care. We also expanded our use of inpatient rehab referrals in an effort to ensure patients would be more functional and better equipped to lead productive lives post-discharge. Evans Memorial is now in the process of updating the listings and ensuring accurate information and up-to-date services for each agency prior to sharing this as a local resource.

Note: No written community feedback was received on the previous CHNA and implementation plan.

CURRENT CHNA (FYE 2022) IMPLEMENTATION PLAN

To prioritize community health needs, a modified nominal group technique was adopted. Briefly, this involved a review of the CHNA findings with the CHNA steering committee, followed by a brainstorming session, after which there was a detailed discussion and ranking of identified potential priority areas. Of note, the CHNA steering committee, **which included a representative from the local health department per federal regulation**, agreed with community input on the pressing health needs of the community. These included:

1. Access to selected specialty health services, including mental health services, cardiology, cancer care, orthopedics, neurology, nephrology, gastroenterology, and surgery.
2. The (un)affordability of health insurance coverage,
3. Transportation, and
4. Community health education.

Three priority areas were selected from this list based on feasibility and urgency:

1. Transportation
2. Community education and advocacy

3. Access to specialty services

Health care coverage, while important was deemed to be a need requiring policy intervention, beyond the capability of the hospital. The hospital, however, remains committed to ongoing advocacy concerning affordable health care coverage options in the state. It will also continue to expand on it recently added patient navigation program that aims to connect patients to resources, including insurance.

The goals, objectives, and activities developed under each priority area extend previous efforts to improve community health education and access to physical and mental health services. Below, the goals and objectives are outlined for each priority area. An implementation plan is also presented.

Priority Area One: Transportation

Goal: To increase access to transportation to appointment-based medical services to support the health and well-being of the residents of our community.

Objective 1: Assess the feasibility of alternative strategies and potential partnerships for addressing non-emergent medical transportation issues within the community by 2023.

Objective 2: Prioritize and implement a feasible community-oriented strategy for addressing non-emergent medical transportation issues in the community by 2025.

Priority Area Two: Community Education and Advocacy

Goal: To increase community health education and awareness and be the preferred resource for health information and health services in the community.

Objective 1: Develop a community education plan by 2023.

Objective 2: Improve marketing and outreach on available health services, resources, and programs within the community by 2025.

Priority Area Three: Access to Specialty Health Services

Goal: To improve access to specialty health services in the community.

Objective 1: Assess the specialty service gaps in the community and feasible strategies for addressing these gaps by 2023. Such strategies can include recruitment and retention of specialty care providers or partnering with specialty medical groups to provide needed care in the community.

Objective 2: Expand access to prioritized specialty services in the community based on community need and feasibility by 2025.

IMPLEMENTATION PLAN

PRIORITY AREA ONE: TRANSPORTATION

TRANSPORTATION: To increase access to transportation to appointment-based medical services to support the health and well-being of the residents of our community.				
Action Steps	Timeline	Measure	Hospital Point of Contact	Community Partners Involved
Objective 1: Assess the feasibility of alternative strategies and potential partnerships for addressing non-emergent medical transportation issues within the community by 2023				
Evaluate and determine most cost effective and efficient method for addressing the current lack of transportation creating a barrier to healthcare access for citizen of Evans and Tattnall counties	December 31, 2022	Diverse alternatives & strategies evaluated and 1 chosen as opportunity to implement	John Wiggins	HomeTown Health Local Non-Emergency Transport companies Community healthcare providers Community leaders
Objective 2: Prioritize and implement a feasible community-oriented strategy for addressing non-emergent medical transportation issues in the community by 2025				
Implement plan chosen in Objective	December 31, 2025	Partnership or plan established with time	John Wiggins	Local Businesses HomeTown Health

TRANSPORTATION: To increase access to transportation to appointment-based medical services to support the health and well-being of the residents of our community.				
Action Steps	Timeline	Measure	Hospital Point of Contact	Community Partners Involved
1 or establish timeline for implementation		line for implementation established and appropriate documents executed as appropriate to plan.		Other community healthcare providers
Establish parameters and policies appropriate to chosen plan for implementation	September 31, 2025	Appropriate policies in place and staff educated regarding same	John Wiggins	Chosen partner or EMH Staff responsible

PRIORITY AREA TWO: COMMUNITY EDUCATION AND ADVOCACY

COMMUNITY EDUCATION AND ADVOCACY: To increase community health education and awareness and be the preferred resource for health information and health services in the community				
Action Steps	Timeline	Measure	Hospital Point of Contact	Community Partners Involved
Objective 1: Develop a community education plan by 2023				
Develop plan for addressing community need for health-related information and establish timeline for implementation	December 31, 2022	Communication plan developed (Y/N)	John Wiggins	Good Health Ministries Evans County School System Local community leaders
Develop Marketing plan to inform community of new transportation service (Objective 1) and how to access	September 31, 2025	Marketing/community education plan implemented	John Wiggins	Chosen partner or EMH Staff responsible
Objective 2: Improve marketing and outreach on available health services, resources, and programs within the community by 2025				
Develop speakers' presentations and educational	December 31 2023	Host minimum of 2 outreach events in 2022	John Wiggins	Good Health Ministries

COMMUNITY EDUCATION AND ADVOCACY: To increase community health education and awareness and be the preferred resource for health information and health services in the community				
Action Steps	Timeline	Measure	Hospital Point of Contact	Community Partners Involved
materials for community events to educate the public on health issues with establishment of regular topics covered in lunch and learn format.		increasing to quarterly in 2023.		Evans County School System, Community business and civic leaders
Host 1 community event focused on breast cancer awareness	December 31, 2022	Brassiere of the year event hosted with community participation and media coverage	John Wiggins	EMH, Local paper, WTOC, Community leaders
Provide initial presentation to improve community awareness on "Living with Diabetes"	September 31, 2022	Partner with community group to host lunch and learn with educational handouts and RN speaker	John Wiggins	Good Health Ministries

PRIORITY AREA THREE: ACCESS TO SPECIALTY HEALTH SERVICES

ACCESS TO SPECIALTY HEALTH SERVICES: To improve access to specialty health services in the community				
Action Steps	Timeline	Measure	Hospital Point of Contact	Community Partners Involved
Objective 1: Assess the specialty service gaps in the community and feasible strategies for addressing these gaps by 2023				
Determine community perception of need and feasibility of implementation through meetings with community leaders and other health providers in community	December 31, 2022	Completed specialty service gap assessment and feasibility study (Y/N)	John Wiggins	Other Health Care Organizations, Community leaders, and specialty medical groups to provide needed services in the Region.
Select 2 specialty health services to address and develop timeline for assessing method to address	December 31, 2024	2 strategies evaluated to address specialty service gaps with timeline to implement established if feasible	John Wiggins	Other Health Care Organizations & Community leaders in the Region

ACCESS TO SPECIALTY HEALTH SERVICES: To improve access to specialty health services in the community				
Action Steps	Timeline	Measure	Hospital Point of Contact	Community Partners Involved
Objective 2: Expand access to prioritized specialty services in the community based on community need and feasibility by 2025				
Implement 1 new specialty service offered by Evans Memorial for this community	December 31 2025	1 new specialty service Implemented	John Wiggins	Other Health Care Organizations & Community leaders in the Region
Educate Community on new specialty service offered in this area	December 31, 2025	Media coverage and 2 community awareness events held and	John Wiggins	Good Health Ministries Evans County School System, Community business and civic leaders

HEALTH CARE RESOURCE LISTING

Evans County Assets

Name of the company	Phone number	Address	Services
HEALTH SERVICES			
Evans Memorial Hospital	(912) 739-5000	200 N River St, Claxton, GA 30417	Hospitals, Medical Clinics, Rehabilitation Services, Surgical Clinics
Georgia Health Services Network	(770) 466-7771	Bellville Area	Personal Care Homes, Assisted Living & Elder Care Services, Elderly Homes
My Senior Care	(888) 258-9535	Daisy Area	Home Health Services, Alzheimer's Care & Services, Assisted Living Facilities
Visiting Clinics	(912) 739-2574	405 E Long St, Claxton, GA 30417	Medical Clinics (Pulmonology, Nephrology, Neurology)
Evans County Health Department-Southeast Health District	(855) 473-4374	4 North Newton St, Claxton, GA 30417	Maternal and Child Health, Family Planning, Environmental Health, Emergency preparedness, Epidemiology, and Infectious Diseases, Vaccinations and Immunizations, Health Check, WIC, Vital Records
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT SERVICES			
All About Treatment	(877) 414-5329	Claxton Area	Counseling Services, Drug Abuse & Addiction Centers, Alcoholism Information & Treatment Centers

Name of the company	Phone number	Address	Services
Drug & Alcohol Treatment Centers-US	(888) 296-6597	Hagan Area	Counseling Services, Counselors-Licensed Professional, Physicians & Surgeons, Addiction Medicine
Co-located Mental Health/Addiction Services at Evans County Dept of Family and Children Services	(912) 739-1222	201 Freeman St. Claxton, GA 30417	Mental and Behavioral Health Services, Counseling Services, Drug Abuse & Addiction Centers, Alcoholism
SOCIAL SERVICES			
Action Pact (Concerted Services) Senior Center		US Highway 280, Claxton GA, 30417	Senior Support Services
Evans County Christian Food		11 S Newton St, Claxton, GA 30417	Food Bank

Tattnall County Assets

Name of the company	Phone number	Address	Services
HEALTH SERVICES			
Doctors Hospital-Tattnall	(912) 557-1000	247 S Main St, Reidsville, GA 30453	Hospitals, Medical Clinics, Medical Centers
Tattnall Surgical Associates	(912) 557-3164	131 Memorial Dr, Reidsville, GA 30453	Hospitals
East Georgia Health Care Center	(912) 557-3300	222 S Main St, Reidsville, GA 30453	Medical Clinics, Physicians & Surgeons, Internal Medicine
Oh Clinic PC	(912) 557-4315	257 S Main St, Reidsville, GA	Medical Clinics
Tattnall Healthcare Center	(912) 557-4345	142 Memorial Dr, Reidsville, GA 30453	Medical Clinics, Nursing & Convalescent
Tattnall County Health Department- Southeast Health District	(855) 473-4374	Glennville Location: 1000 North Veteran Boulevard, Glenville, GA, Reidsville Location: 200B South Main St, Reidsville, GA, 30453	Maternal and Child Health, Family Planning, Environmental Health, Emergency preparedness, Epidemiology, and Infectious Diseases, Vaccinations and Immunizations, Health Check, WIC, Vital Records
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT SERVICES			
Tattnall Counseling	(912) 557-6794	150 Memorial Drive P. O. Box 818 (mail) Reidsville, GA 30453	Mental and Behavioral Health, Counseling Services
Tattnall-Evans Service Center	(912) 654-8020	740 N. Veterans Blvd Glennville, GA 30427	Mental and Behavioral Health, Counseling Services

Name of the company	Phone number	Address	Services
Daisy Circle - CLS		92 Daisy Circle Glennville, GA 30427	Mental and Behavioral Health; Counseling Services
Caswell / Howard St - CLS		31 Mack Kennedy Apt 31 Glennville, GA 30427	Mental and Behavioral Health; Counseling Services
SOCIAL SERVICES			
Sylvan Learning Center	(866) 404-3173	Serving the Reidsville Area	Youth Organizations & Centers, Special Education, Educational Services
Action Pact (formerly Concerted Services) Administrative Office	(912) 557-6687	111 Medical Arts Dr, Reidsville, GA, 30453	Family Support Services, Educational Services
Action Pact (Concerted Services) Senior Center		144 West Brazell St, Reidsville, GA, 30453	Senior Support Services
Family and Children's Services Department	(912) 557-7721	117 N Main St, Reidsville, GA 30453	Family Support Services