2019

CHI Memorial Georgia

Community Health Needs Assessment

- Catoosa County, Dade County, & Walker County, GA -

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Perspective / Overview

Creating a culture of health in the community

Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: http://www.Countyhealthrankings.org/roadmaps/action-center

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

The Community Health Needs Assessment (CHNA) uses a systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Catoosa County, Dade County, & Walker County, GA.

CHI Memorial Georgia as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus group, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

This CHNA assesses health in Catoosa, Dade, and Walker Counties, the primary service area of CHI Memorial Georgia

Starting on June 14th, 2019, this report is made widely available to the community via CHI Memorial Georgia's website https://wwwMemorial.org and paper copies are available free of charge at CHI Memorial Georgia's, 100 Gross Crescent Circle, Fort Oglethorpe, GA 30742 or by phone (706) 858-2000.

The CHI Memorial Georgia board of directors approved this assessment and the hospital's implementation plan on May 14th.

PROJECT GOALS

1. To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.

2. To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.

3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

> *"We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we've been doing to improve health and has jumpstarted our next implementation plan," said Andrew McGill, Senior Vice President, Strategy, Business Development & Government Relations, CHI Memorial.*
>
> *"The Community Health Summit was the final step in the assessment process. Now the real work—improving the health of the community and implementing the ideas presented—begins" added Angie Hullander, Special Operations Leader, CHI Memorial Georgia.*

Community

Input and Collaboration

Data Collection and Timeline

In January 2019, CHI Georgia began a Community Health Needs Assessment for Catoosa, Dade and Walker Counties. CHI Memorial Georgia sought input from persons who represent the broad interests of the community using several methods:

• In January 2019, CHI Memorial Georgia began a Community Health Needs Assessment for Catoosa, Dade, and Walker Counties in Georgia. CHI Memorial Georgia sought input from persons who represent the broad interests of the community using several methods:

• Information gathering, using secondary public health sources, occurred in January 2019.

• A random landline, cell phone and online survey of community members was conducted January 7 through January 26, 2019. 100 total surveys were completed: 73 landlines, 10 cell phones, and 17 online surveys.

• 12 community members represented not-for-profit organizations representing medically underserved, low-income, minority populations, and the elderly (Family Crisis Center WDCC, The Sexual Assault Victims Advocacy Center, Northwest Georgia Area Agency on Aging), Northwestern Georgia Health Partnerships, North Georgia healthcare, health providers (hospitals, health department, primary healthcare centers), and Northwest Georgia Learning Disabilities Association, participated in a focus group and individual interviews for their perspectives on community health needs and issues on February 7, 2019.

• A Community Health Summit was conducted on February 20, 2019 with 74 community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.

Photo credit Stratasan

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) were not represented in the primary data. Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

Participants

Eighty-three individuals from fifty-three community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Catoosa, Dade, and Walker Counties. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the community.

Participation by those Representing the Broad Interests of the Community

Participation in the focus group, interviews and at the Community Health Summit creating the Catoosa, Dade, and Walker Counties Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
American Red Cross		Summit
Bethel AME Church	Minorities	Summit
Cardac Rehab		Summit
Catoosa County Board of Education	Schools	Summit
Catoosa County Health Department	All	Summit
Catoosa County Public Schools Board of Education	School System	Summit
Catoosa County Schools		Summit
Catoosa County Chamber of Commerce	Businesses	Summit
Cempa Community Care		Summit
Oglethorpe Area Food Bank	9 Counties in GA	Summit
Oglethorpe Room in the Inn		Summit
CHI Memorial		Summit
CHI Memorial Foundation		Summit
City of Fort Oglethorpe		Summit
City of Lafayette		Summit
City of Ringgold		Summit
Community Advocate		Summit
Community Member		Summit
Community Member		Summit
Community Member		Summit
Dade County Health Department	Dade County citizens	Focus group, Summit
East Oglethorpe Improvement	Health and wellness	Summit
Family Crisis Center WDCC, Inc.	Domestic violence victims/children	Focus group, Summit
First Presbyterian Church		Summit
Global Partnership of telehealth	Rural Hospitals/Clinics	Summit
Catoosa County FUSE project	homeless, mentally-ill criminals	Summit
Hand Up Ministry		Summit
Health Department		Summit
Life Care Center of Hixson		Summit
Life Care Centers of America		Summit
Life Spring Community Health		Summit
Lookout Mountain Community Senior		Summit
McKee Foods	Hispanics, elderly	Summit
North Georgia Healthcare Center	All	Focus group, Summit
Northwest Georgia Health Partnership	Special needs children/adults	focus group
Northwest Georgia Joint Economic Development Authority	Business	Focus group, Summit
NWGA Area Agency on Aging	Seniors	focus group
NWGA Regional Commisson	Aging Services	Summit
NWGRC Area Agency on Aging	Elderly/ Disabled	Summit
Primary healthcare		Summit
Primary Healthcare Centers	FQHC/underserved	Focus Group
Sound Living CC		Summit
Southern Adventist University		Summit
The Basilica of Saints Peter & Paul		Summit
The Sexual Assault Victims Advocacy Center	SAC/adolescents, adults, elderly	Focus Group
United Way	Community	Summit
University of GA Oglethorpe	Regional	Summit
UT Extension	Low Income Families	Summit
Walker Co- Sheriff's Office		Summit
Walker County Board of Education	School System	Summit
Walker County Health Department	Walker County citizens	Interview
Walker County Schools		Focus group
WGHCC	All	Summit

In many cases, several representatives from each organization participated.

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups, interviews, and the Community Health Summit. Agencies representing these population groups were intentionally invited to the focus group, interviews and Summit. Additionally the community telephone and online surveys were representative of the whole community – by age, income, and education.

Input of those with Expertise in Public Health

Representatives of the Catoosa, Dade, and Walker County Health Departments participated in the interviews as well as attending the Summit.

Community Engagement and Transparency

Many members of the community participated in the focus group, individual interviews, community surveys, and the Community Health Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of Catoosa, Dade, and Walker Counties. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the website or by contacting CHI Memorial Georgia.

Community Selected for Assessment

Catoosa and Dade Counties were the primary focus of the CHNA due to the service area of CHI Memorial Georgia. Used as the study area, Catoosa, Dade, and Walker Counties provided 91% of inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which CHI Memorial Georgia draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under CHI Memorial Georgia's Financial Assistance Policy.

CHI Memorial Georgia Patients - 2018
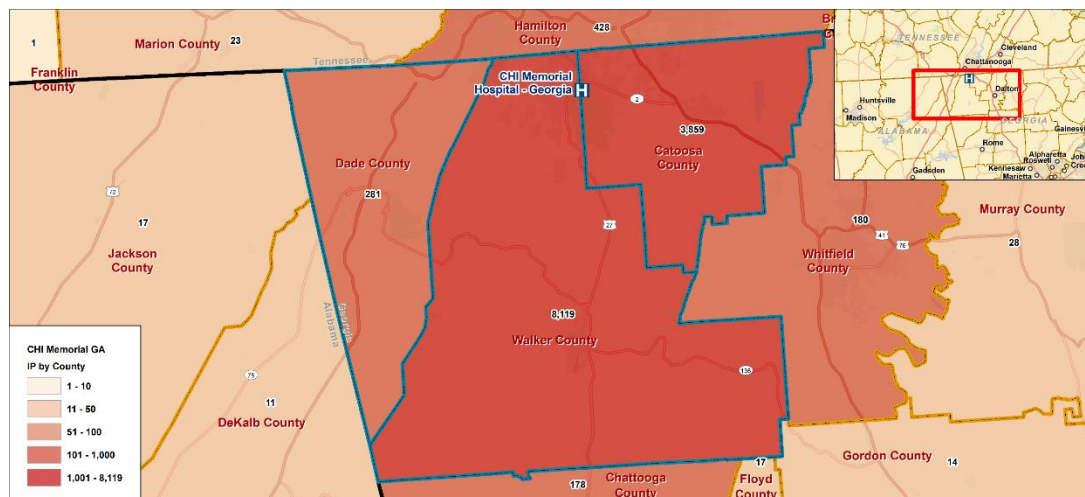
Source: CHI Memorial Georgia, 2018

Key Findings

Community Health Assessment

Results

Based on the primary and secondary data collected, the following needs were prioritized by attendees at the Community Health Summit. The remainder of the document outlines the process and data.

1. Affordable
2 (tie). Access
2 (tie). Obesity – healthy eating, active living
3. Smoking
4. Education
5. Substance Use Disorder
6. Transportation
7. Mental Health
8. Chronic Disease

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

• Community focus group

• Individual interviews with community members

• Survey of community members via landline, cell phone and online surveys

• Community Health Summit

Secondary methods included:

• Public health data – death statistics, County Health Rankings

• Demographics – population, poverty, uninsured

• Psychographics – Behavior measured by spending and media preferences
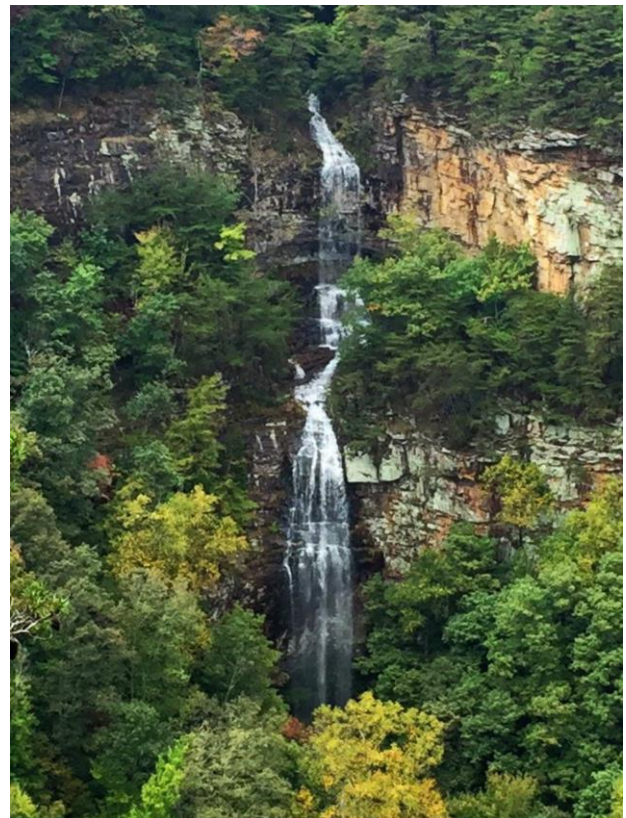
Photo credit Trover

Demographics of the Community 2018

Description of the Communities Served

The table below shows the demographic summary of Catoosa, Dade, and Walker Counties compared to Georgia and the U.S.

	Catoosa County	Dade County	Walker County	Georgia	USA
Population	67,471	16,581	69,136	10,517,229	330,088,686
Median Age	40.2	40.6	41.6	36.6	38.3
Median Household Income	$51,995	$44,477	$43,455	$54,785	$58,100
Annual Pop. Growth (2018-2023)	0.77%	-0.13%	0.17%	1.10%	0.83%
Household Population	25,758	6,306	26,598	3,883,230	124,110,001
Dominant Tapestry	Middleburg (4C)	Southern Satellites (10A)	Southern Satellites (10A)	Southern Satellites (10A)	Green Acres (6A)
Businesses	1,768	489	1,469	364,197	11,539,737
Employees	18,120	4,801	15,065	4,550,720	151,173,763
Medical Care Index*	82	84	81	95	100
Average Medical Expenditures	$1,599	$1,632	$1,585	$1,859	$1,950
Total Medical Expenditures	$41.2 M	$10.3 M	$42.2 M	$7.2 B	$242.0 B
Racial and Ethnic Make-up					
White	92%	95%	92%	57%	70%
Black	3%	1%	4%	32%	13%
American Indian	0%	1%	0%	0%	1%
Asian/Pacific Islander	2%	1%	1%	4%	6%
Other	1%	1%	1%	4%	7%
Mixed Race	2%	2%	2%	3%	3%
Hispanic Origin	3%	2%	2%	10%	18%

*The Medical Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.

Source: ESRI

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Catoosa County Demographics 2018

Percent of Population by Age Group ■2018 ■2023
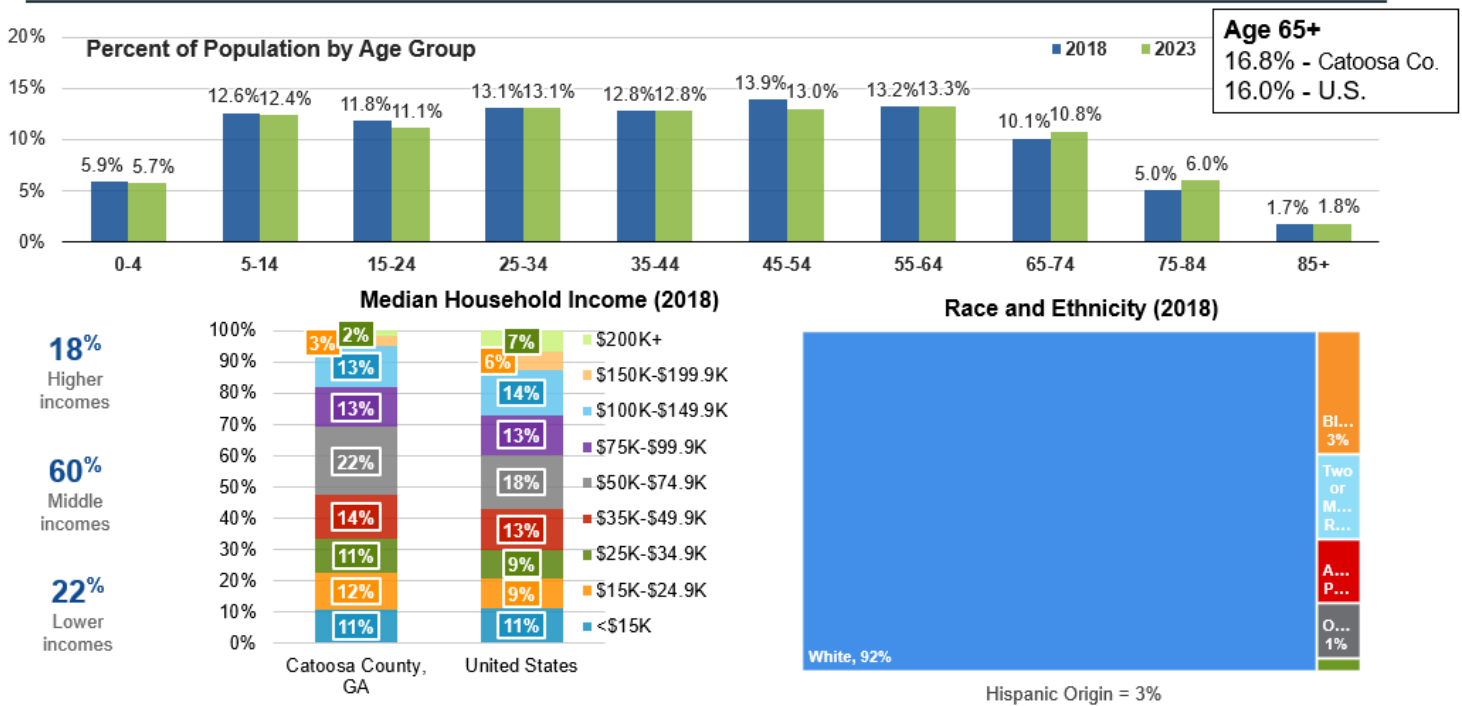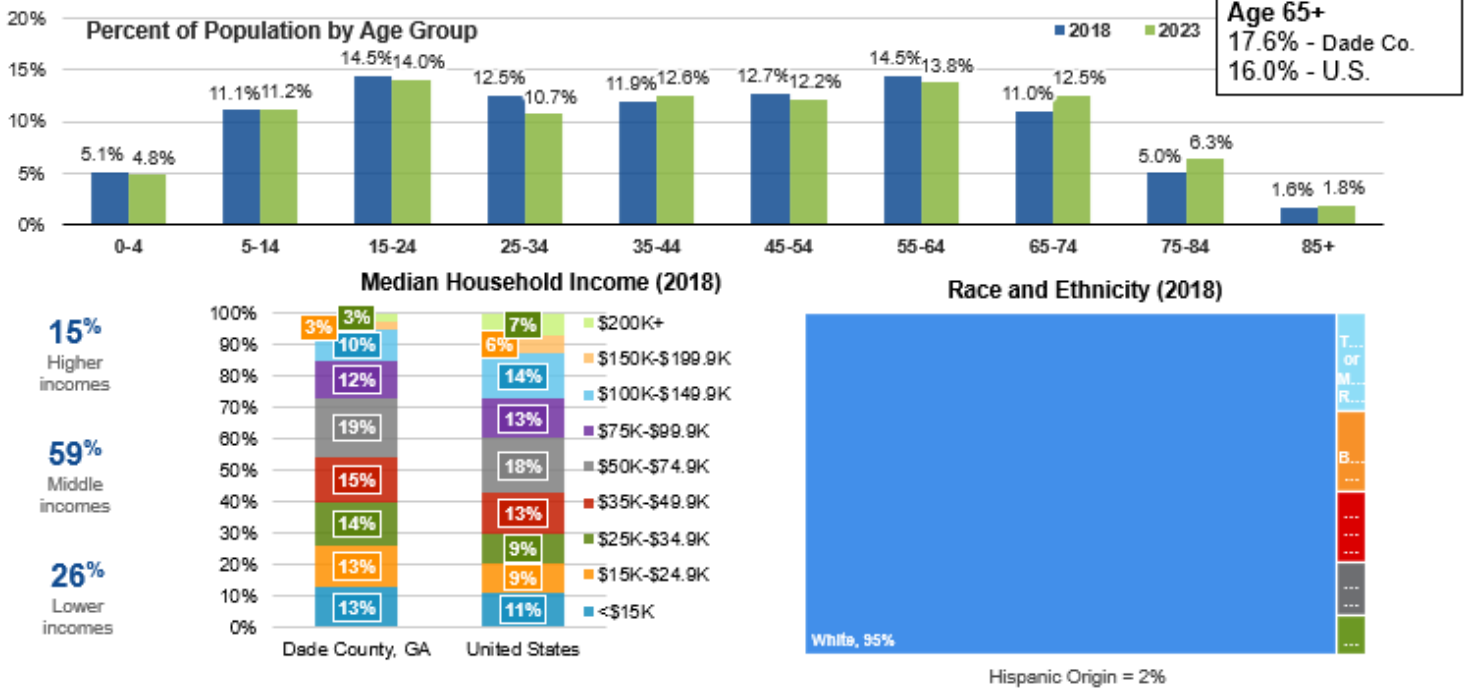
Age Group	2018	2023
0-4	5.9%	5.7%
5-14	12.6%	12.4%
15-24	11.8%	11.1%
25-34	13.1%	13.1%
35-44	12.8%	12.8%
45-54	13.9%	13.0%
55-64	13.2%	13.3%
65-74	10.1%	10.8%
75-84	5.0%	6.0%
85+	1.7%	1.8%

Age 65+
16.8% - Catoosa Co.
16.0% - U.S.

Median Household Income (2018)

18% Higher incomes
60% Middle incomes
22% Lower incomes

Catoosa County, GA: $200K+ 3%, $150K-$199.9K (—), $100K-$149.9K 13%, $75K-$99.9K 13%, $50K-$74.9K 22%, $35K-$49.9K 14%, $25K-$34.9K 11%, $15K-$24.9K 12%, <$15K 11%

(Catoosa top orange 3%, green 2%)

United States: $200K+ 7%, $150K-$199.9K 6%, $100K-$149.9K 14%, $75K-$99.9K 13%, $50K-$74.9K 18%, $35K-$49.9K 13%, $25K-$34.9K 9%, $15K-$24.9K 9%, <$15K 11%

Race and Ethnicity (2018)

White, 92%
Bl... 3%
Two or M... R...
A... P...
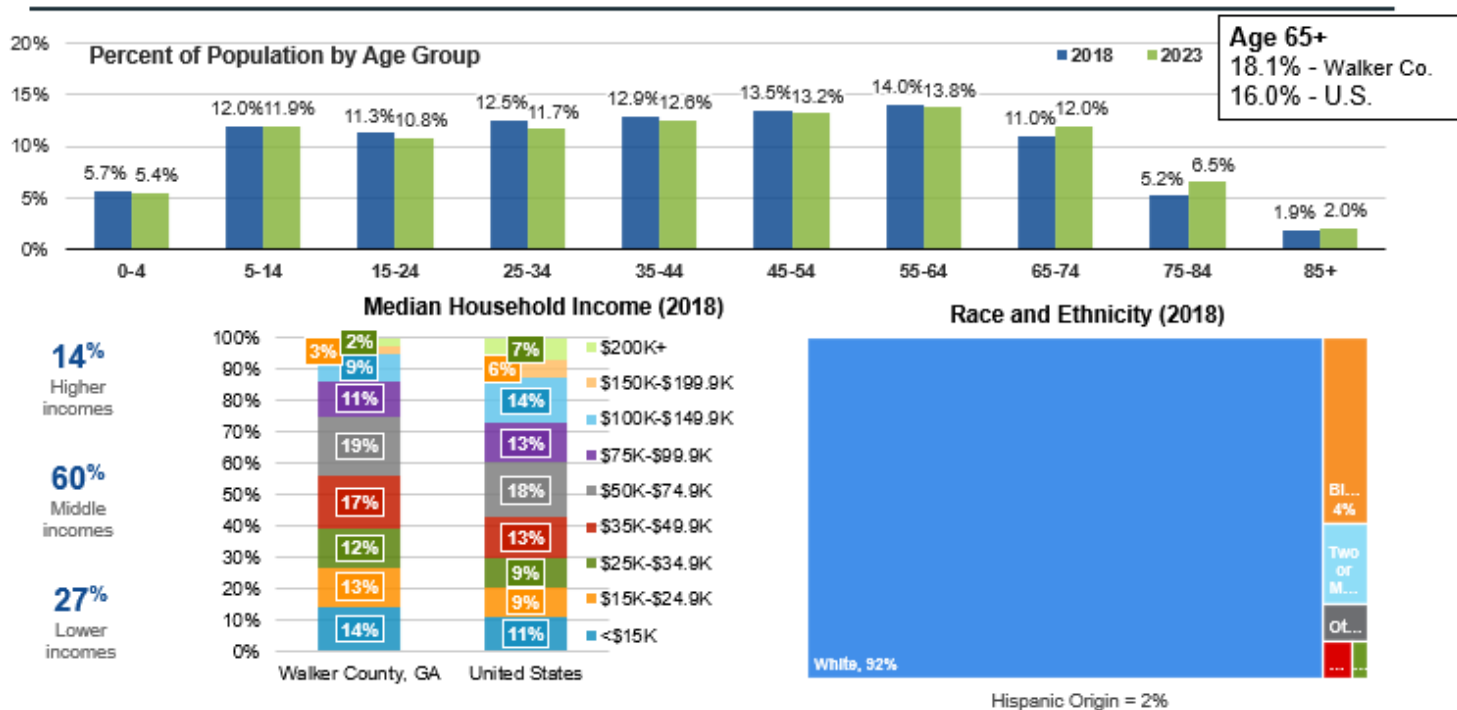O... 1%

Hispanic Origin = 3%

- The population of Catoosa County is projected to increase from 2018 to 2023 by .77% per year. Georgia is projected to increase 1.10% per year. The U.S. is projected to increase .83% per year.

- Catoosa County had a lower median age (40.2) than GA (39.6) and the U.S. (38.3). Catoosa County percentage of the population 65 and over was 16.8%, higher than the US population 65 and over at 16%.

- Catoosa County had higher median household income at $51,995 than GA ($54,785) and the U.S. ($58,100). The rate of poverty in Catoosa County was 12.9% which was lower than GA (16.1%) and the U.S. (14.0%).

- The household income distribution of Catoosa County was 18% higher income (over $100,000), 60% middle income and 22% lower income (under $24,999).

- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Catoosa County was 82, indicating 18% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).

- The racial and ethnic make-up of Catoosa County was 92% white, 3% black, 3% Hispanic Origin, 2% mixed race, 1% other, 1% Asian/Pacific Islander, 0% American Indian. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

Dade County Demographics 2018

Percent of Population by Age Group

Age Group	2018	2023
0-4	5.1%	4.8%
5-14	11.1%	11.2%
15-24	14.5%	14.0%
25-34	12.5%	10.7%
35-44	11.9%	12.6%
45-54	12.7%	12.2%
55-64	14.5%	13.8%
65-74	11.0%	12.5%
75-84	5.0%	6.3%
85+	1.6%	1.8%

Age 65+
17.6% - Dade Co.
16.0% - U.S.

Median Household Income (2018)

15% Higher incomes

59% Middle incomes

26% Lower incomes

Income	Dade County, GA	United States
$200K+	3%	7%
$150K-$199.9K	3%	—
$100K-$149.9K	10%	6%
$75K-$99.9K	12%	14%
$50K-$74.9K	19%	13%
$35K-$49.9K	15%	18%
$25K-$34.9K	14%	13%
$15K-$24.9K	13%	9%
<$15K	13%	9% / 11%

Race and Ethnicity (2018)

White, 95%

Hispanic Origin = 2%

- The population of Dade County is projected to decrease from 2018 to 2023 (.13% per year). Georgia is projected to increase 1.10% per year, and the U.S. is projected to increase by .83% per year.

- Dade County had a higher median age (40.6 median age) than GA, 39.6 and the U.S. 38.3. Dade County percentage of the population 65 and over was 17.6%, which was higher than the US population 65 and over at 16%.

- Dade County had lower median household income of $44,477 than GA ($54,785) and the U.S. ($58,100). The rate of poverty in Dade County was 15.6% which was lower than GA (16.1%) but higher than the U.S. (14.0%).

- The household income distribution of Dade County was 15% higher income (over $100,000), 59% middle income and 26% lower income (under $24,999).

- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Dade County was 84, indicating 16% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).

- The racial and ethnic make-up of Dade County was 95% White, 2% Hispanic Origin, 2% mixed race, 1% Black, 1% Asian/Pacific Islander, 1% other, and 0% American Indian. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

Walker County Demographics 2018

Percent of Population by Age Group

Age Group	2018	2023
0-4	5.7%	5.4%
5-14	12.0%	11.9%
15-24	11.3%	10.8%
25-34	12.5%	11.7%
35-44	12.9%	12.6%
45-54	13.5%	13.2%
55-64	14.0%	13.8%
65-74	11.0%	12.0%
75-84	5.2%	6.5%
85+	1.9%	2.0%

Age 65+
18.1% - Walker Co.
16.0% - U.S.

Median Household Income (2018)

14% Higher incomes
60% Middle incomes
27% Lower incomes

Income	Walker County, GA	United States
$200K+	2%	7%
$150K-$199.9K	3%	6%
$100K-$149.9K	9%	14%
$75K-$99.9K	11%	13%
$50K-$74.9K	19%	18%
$35K-$49.9K	17%	13%
$25K-$34.9K	12%	9%
$15K-$24.9K	13%	9%
<$15K	14%	11%

Race and Ethnicity (2018)

White, 92%
Bl... 4%
Two or M...
Ot...

Hispanic Origin = 2%

- The population of Walker County is projected to increase from 2018 to 2023 (.17% per year). Georgia is projected to increase 1.10% per year, and the U.S. .83% per year.

- Walker County had a higher median age (41.6 median age) than GA, 39.6 and the U.S. 38.3. Walker County percentage of the population 65 and over was 18.1%, higher than the US population 65 and over at 16%.

- Walker County had lower median household income at $43,455 than GA at $54,785 and the U.S. at $58,100. The rate of poverty in Walker County was 18.6% which was higher than GA (16.1%) and the U.S. (14.0%).

- The household income distribution of Walker County was 14% higher income (over $100,000), 60% middle income and 27% lower income (under $24,999).

- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Walker County was 81, indicating 19% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).

- The racial and ethnic make-up of Walker County was 92% White, 4% Black, 2% Hispanic Origin, 2% mixed race, 1% Asian/Pacific Islander, 1% other, and 0% American Indian. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

# 2018 Population by Census Tract and Change (2018-2023)
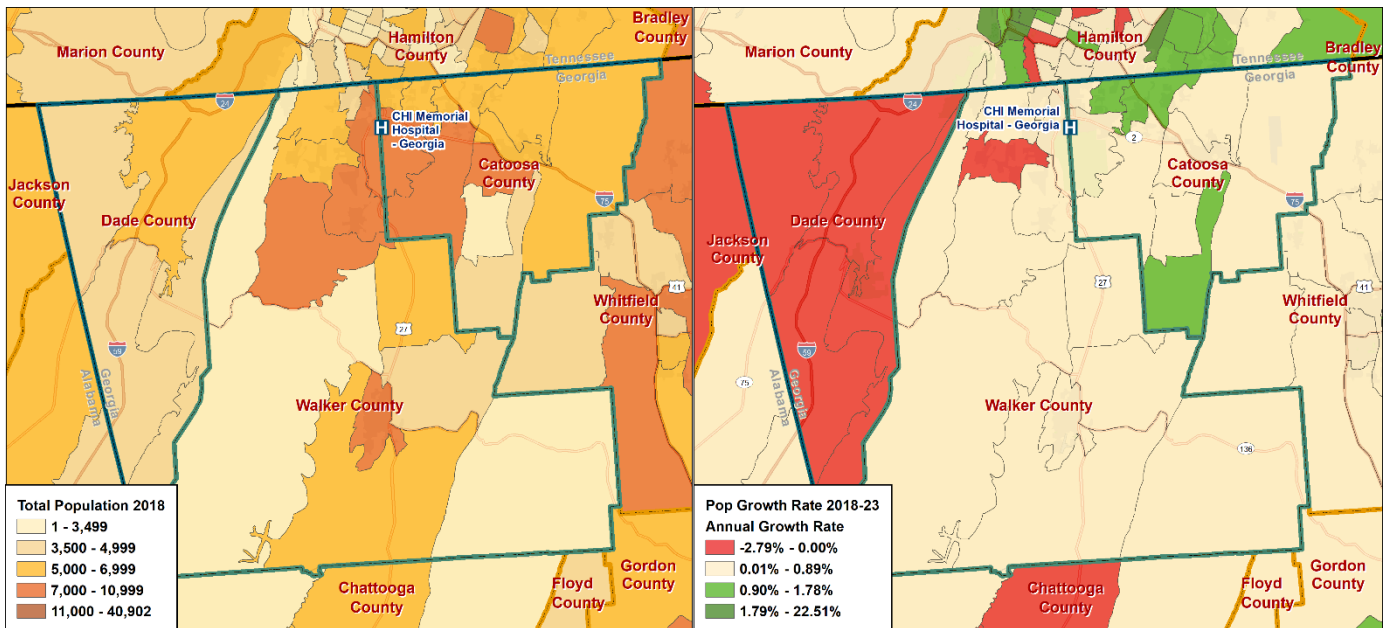
Source: ESRI

Red is population decline
Yellow is positive up to the GA growth rate
Green is greater than the GA growth rate
Dark Green is twice the GA growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

Catoosa County population was projected to increase by .77% per year from 2018 to 2023. There are four census tracks in Catoosa County projected to increase greater than the rate of Georgia. Walker County population was projected to increase by .17% per year. Only one census tract was projected to decrease in population. The remainder of the tracts in Walker County were projected to increase. Dade County population is expected to decrease by .13% per year. All census tracts in Dade County were projected to decline.

The area surrounding CHI Memorial Hospital had the largest total population ranging from, 7,000-10,999.

2018 Median Age & Income
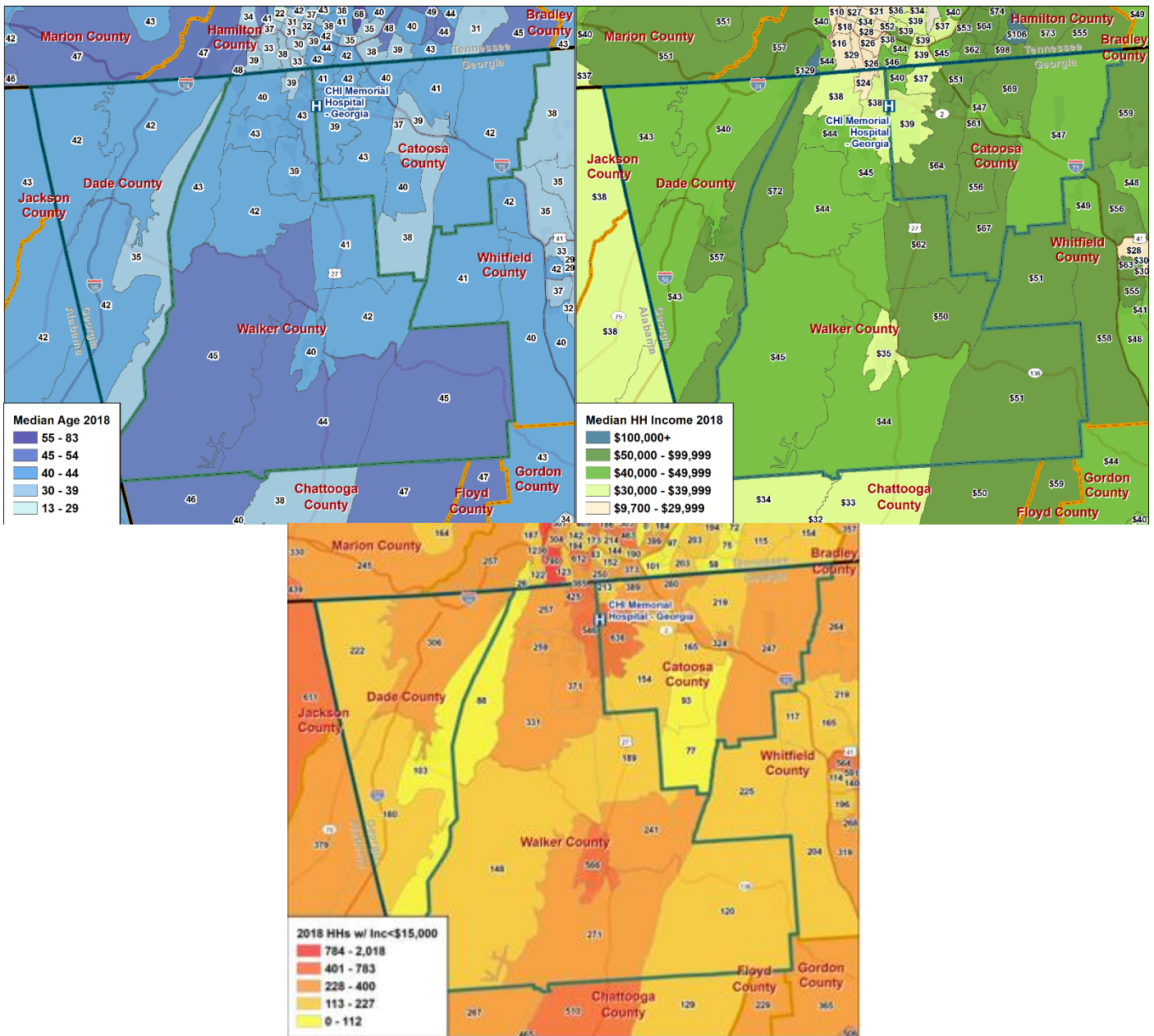
These maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different. For example, the south region of Walker county had an older median age of 55. The area surrounding CHI Memorial Hospital had a median age ranging from 39-42.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The area surrounding the hospital in the north region of Walker and Catoosa had a median household income of $38,000. This area will likely have different needs than the neighborhoods in the North were the median household income ranged from $51,000 to $69,000.

Additionally, Catoosa County's November 2018 preliminary unemployment was 2.8% in Catoosa County, 3.1% in Dade County, and 3.2% in Walker County. All three counties had a lower preliminary unemployment percentage compared to 3.5% for Georgia and 3.7% for the U.S. There has been a large decline in unemployment since 2014. These figures do not include those who have ceased looking for work and dropped out of the workforce. However, indications are these people have begun to reenter the workforce.

Business Profile

63.2% of employees in <u>Catoosa County</u> were employed in:

• Retail trade (25.7%)

• Health care and social assistance (11.9%)

• Accommodations & food service (9.8%)

• Education (9%)

• Construction (6.8%)

Retail, accommodation & food service jobs offers health insurance at a lower rate than healthcare, manufacturing and finance and insurance. Catoosa looses 12,952 net commuters per day commuting outside for work, with 19,929 commuting out of the county and 6,977 commuting into the county.

69.3% of employees in <u>Dade County</u> were employed in:

• Manufacturing (27.9%)

• Retail trade (12.4%)

• Public administration (11.5%)

• Health care and social assistance (9.6%)

• Accommodations & food services (7.9%)

Dade County loses 2,886 net commuters per day commuting outside the county for work, with 4,313 commuting out of the county and 91,427 commuting into the county.

63.9% of employees in <u>Walker County</u> were employed in:

• Retail trade (18.1%)

• Education Services (17.5%)

• Finance & Insurance (10.4%)

• Manufacturing (9.3%)

• Public Administration (8.6%)

Walker County loses 12,095 net commuters per day commuting outside the county for work, with 17,238 commuting out of the county and 5,143 commuting into the county.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church and school. These are three excellent places to reach people to create a culture of health.

Source: ESRI

Tapestry Segmentation

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 54% of total households in Catoosa, Dade, and Walker Counties are included in three Tapestry Segments. These are very diverse markets with six different LifeModes represented. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly.

The dominant Tapestry Segments in the counties were Southern Satellites (31%), Heartland Communities (12%), and Middleburg (12%). Old and Newcomers (4%) is the dominate Tapestry Segment around the hospital. The map below demonstrates the dominant Tapestry Segment by census tract. There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm. Studying the Tapestry Segments in the study area help determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.
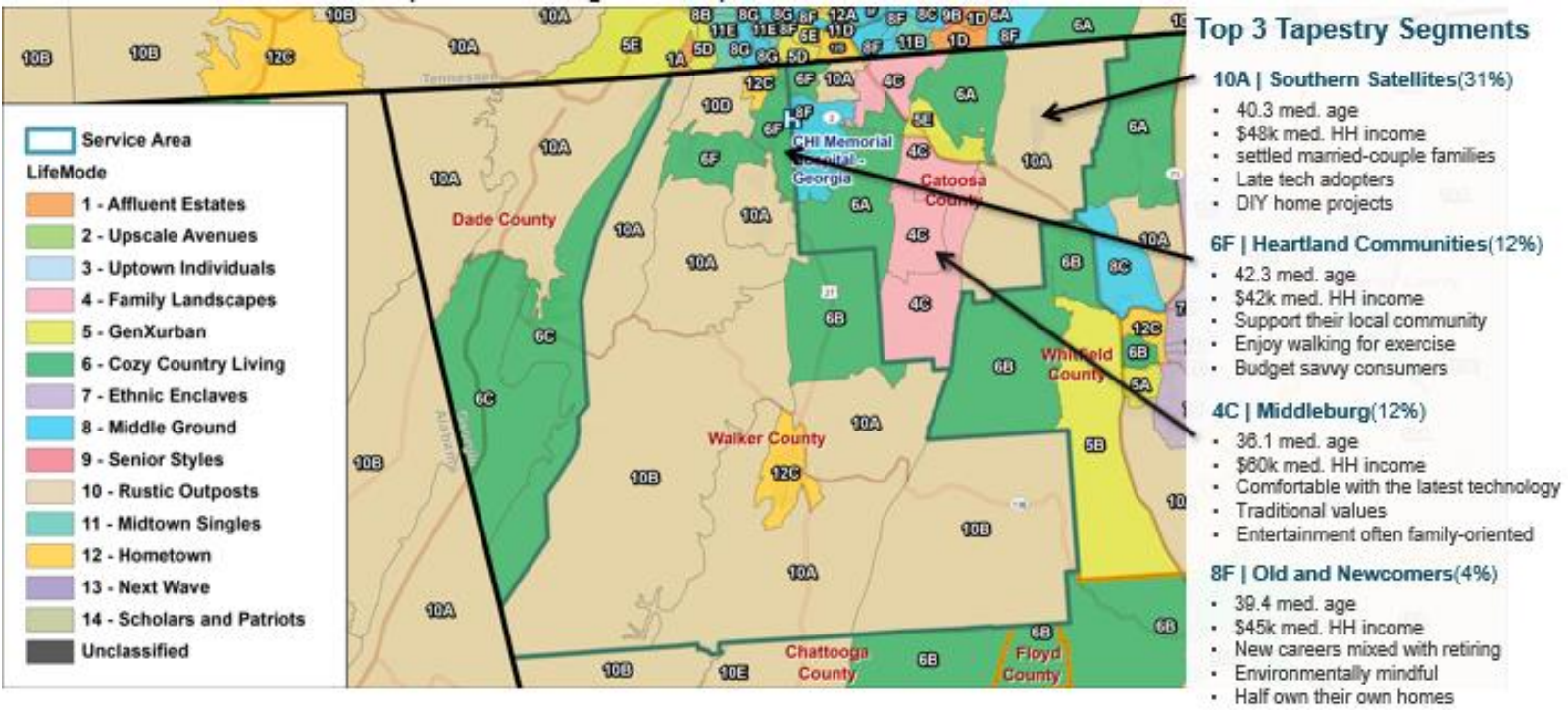
Source: ESRI

Southern Satellites

10A

Households: 3,856,800

Average Household Size: 2.67

Median Age: 40.3

Median Household Income: $47,800

WHO ARE WE?

Southern Satellites is the second largest market found in rural settlements but within metropolitan areas located primarily in the South. This market is typically nondiverse, slightly older, settled married-couple families, who own their homes. Two-thirds of the homes are single-family structures; almost a third are mobile homes. Median household income and home value are below average. Workers are employed in a variety of industries, such as manufacturing, health care, retail trade, and construction, with higher proportions in mining and agriculture than the US. Residents enjoy country living, preferring outdoor activities and DIY home projects.

OUR NEIGHBORHOOD

- About 78% of households are owned.
- Married couples with no children are the dominant household type, with a number of multigenerational households (Index 112).
- Most are single-family homes (67%), with a number of mobile homes (Index 509).
- Most housing units were built in 1970 or later.
- Most households own 1 or 2 vehicles, but owning 3+ vehicles is common (Index 144).

SOCIOECONOMIC TRAITS

- Education: almost 40% have a high school diploma only (Index 140); 45% have college education (Index 73).
- Unemployment rate is 6%, slightly higher than the US rate.
- Labor force participation rate is 59.1%, slightly lower than the US.
- These consumers are more concerned about cost rather than quality or brand loyalty.
- They tend to be somewhat late in adapting to technology.
- They obtain a disproportionate amount of their information from TV, compared to other media.

Heartland Communities

6F

Households: 2,850,600

Average Household Size: 2.39

Median Age: 42.3

Median Household Income: $42,400

WHO ARE WE?

Well settled and close-knit, *Heartland Communities* are semirural and semiretired. These older householders are primarily homeowners, and many have paid off their mortgages. Their children have moved away, but they have no plans to leave their homes. Their hearts are with the country; they embrace the slower pace of life here but actively participate in outdoor activities and community events. Traditional and patriotic, these residents support their local businesses, always buy American, and favor domestic driving vacations over foreign plane trips.

OUR NEIGHBORHOOD

- Rural communities or small towns are concentrated in the Midwest, from older Rustbelt cities to the Great Plains.
- Distribution of household types is comparable to the US, primarily (but not the majority) married couples, more with no children, and a slightly higher proportion of singles (Index 112) that reflects the aging of the population.
- Residents own modest, single-family homes built before 1970.
- They own one or two vehicles; commutes are short (Index 82).

SOCIOECONOMIC TRAITS

- Retirees in this market depress the average labor force participation rate to less than 60% (Index 94), but the unemployment rate is comparable to the US.
- More workers are white collar than blue collar; more skilled than unskilled.
- The rural economy of this market provides employment in the manufacturing, construction, utilities, healthcare, and agriculture industries.
- These are budget savvy consumers; they stick to brands they grew up with and know the price of goods they purchase. Buying American is important.
- Daily life is busy, but routine. Working on the weekends is not uncommon.
- Residents trust TV and newspapers more than any other media.

Middleburg

4C

Households: 3,511,200

Average Household Size: 2.75

Median Age: 36.1

Median Household Income: $59,800

WHO ARE WE?

Middleburg neighborhoods transformed from the easy pace of country living to semirural subdivisions in the last decade, when the housing boom reached out. Residents are conservative, family-oriented consumers. Still more country than rock and roll, they are thrifty but willing to carry some debt and are already investing in their futures. They rely on their smartphones and mobile devices to stay in touch and pride themselves on their expertise. They prefer to buy American and travel in the US. This market is younger but growing in size and assets.

OUR NEIGHBORHOOD

- Semirural locales within metropolitan areas.
- Neighborhoods changed rapidly in the previous decade with the addition of new single-family homes.
- Include a number of mobile homes (Index 150).
- Affordable housing, median value of $175,000 (Index 84) with a low vacancy rate.
- Young couples, many with children; average household size is 2.75.

SOCIOECONOMIC TRAITS

- Education: 65% with a high school diploma or some college.
- Unemployment rate lower at 4.7% (Index 86).
- Labor force participation typical of a younger population at 66.7% (Index 107).
- Traditional values are the norm here— faith, country, and family.
- Prefer to buy American and for a good price.
- Comfortable with the latest in technology, for convenience (online banking or saving money on landlines) and entertainment.

Old and Newcomers

8F

Households: 2,859,200

Average Household Size: 2.12

Median Age: 39.4

Median Household Income: $44,900

WHO ARE WE?

This market features singles' lifestyles, on a budget. The focus is more on convenience than consumerism, economy over acquisition. *Old and Newcomers* is composed of neighborhoods in transition, populated by renters who are just beginning their careers or retiring. Some are still in college; some are taking adult education classes. They support charity causes and are environmentally conscious. Age is not always obvious from their choices.

OUR NEIGHBORHOOD

- Metropolitan city dwellers.
- Predominantly single households (Index 148), with a mix of married couples (no children); average household size lower at 2.12.
- 55% renter occupied; average rent, $880, (Index 85).
- 45% of housing units are single-family dwellings; 45% are multiunit buildings in older neighborhoods, built before 1980.
- Average vacancy rate at 11%.

SOCIOECONOMIC TRAITS

- Unemployment is lower at 5.1% (Index 93), with an average labor force participation rate of 62.6%, despite the increasing number of retired workers.
- 32% of households are currently receiving Social Security.
- 31% have a college degree (Index 99), 33% have some college education, 9% are still enrolled in college (Index 121).
- Consumers are price aware and coupon clippers, but open to impulse buys.
- They are attentive to environmental concerns.
- They are more comfortable with the latest technology than buying a car.

Focus Group and Interview Results

12 community stakeholders representing the broad interests of the community participated in a focus group and individual interviews on February 7, 2019 for their input into the community's health. Community participation in the focus group and interviews represented a broad range of interests and backgrounds. Below is a summary of the 90-minute focus group discussion and individual interviews.

1. How do you define health?
- Feeling good
- Being able to do your daily activities
- Mental, emotional, spiritual, physical health, whole being

2. Generally, how would you describe the community's health?
- Lacking
- Uneducated about health Impoverished
- Fair to middling, not optimistic
- Not great
- Large amount of poverty

3. What are the most important health issues facing Catoosa, Dade, and Walker Counties?

- Obesity
- Diabetes
- Lung Cancer
- COPD
- Poor diet
- Healthy food is expensive
- Lack of exercise
- Lack of motivation to change
- Mental and behavioral health
- Substance use disorders
- Lack of primary care physicians
- Lack of dental care
- Lack of preventive care
- Lack of transportation
- Asthma
- Cardiovascular disease
- Hypertension
- Drug abuse
- High suicide rate
- STDs increasing
- Lack of life management skills
- Lack of specialists
- Access to resources- knowledge they exist
- Access to affordable healthy food
- Lack of community interest

Focus Group Results, cont.

4. What are the most important health issues facing various populations including medically-underserved, low-income and minority populations?
- The Hispanic population is fearful of deportation
- Dental care
- Obesity in kids and adults- kids are too sedentary
- Developmentally delayed children
- Get babies into WIC
- Homeless people have moved into Lafayette because churches are serving meals and providing places to stay
- Hepatitis – spreading in homeless and prison populations
- Tuberculosis

5. What are the most important health issues facing children/teens?
- Hispanic children not getting care because of fear of deportation
- Children with disabilities not receiving timely care- 18-month wait
- Kids without parents are often raised by grandparents
- More and more kids going into foster care
- Homeless children
- Unvaccinated children
- Spotty access for pediatrics population, more acute treatment and less prevention
- Dental care
- Obesity
- Babies born to addicted mothers have major health problems.
- Home births

6. What are the most important health issues facing seniors?
- Need a lot of medications
- Multiple chronic conditions
- Fixed income and making decisions between housing, heat and medicines
- Elder abuse by family members
- Elderly don't question doctors on the cost of medicines
- Dementia, Alzheimer's Disease
- Access to care – primarily specialty care. They do not want to travel to see specialists.
- Malnutrition
- Transportation – Senior Center in Lafayette and Rossville, but can't get there
- Diabetes – treatment education
- Hypertension

7. What has changed most related to health status in the last three years?
- Lack of specialists
- Access to resources- knowledge they exist
- Access to affordable healthy food
- Lack of community interest

Focus Group Results, cont.

8. What behaviors have the most negative impact on health?
- Smoking
- Tobacco use
- Vaping – starting in middle school
- Marijuana use – some think it's legal, it's a plant that grows in the ground, natural
- Opioids – overprescribing, ER, underground selling
- Diet
- Lack of Exercise
- Alcohol
- Taking drugs
- Drinking
- Culture is very influential – focused on today, not future oriented

9. What environmental factors have the biggest impact on community health?
- Housing for lower income people, none in Catoosa and in Walker County
- Many people have their primary goal to get on disability
- High cancer incidence in North GA, near Oglethorpe which is impacted by the air, and smog
- No sidewalks
- Multiple families living in a home
- Rossville – textile mills closed, abandoned buildings, homes in need to repair
- Nomadic people moving in and out of Walker and Catoosa Counties
- Trailer parks not in great condition
- Lafayette had a water issue with the treatment plant last summer
- Soil issue in Walker Co.

10. What are the barriers to improving health going forward?
- Dade County is highly rural- isolating
- Younger generation doesn't know how to cook, only how to use a microwave
- Lots of fast food restaurants
- People don't know what resources are available
- There are state line insurance issues- prevents form getting treatment in another state
- Uninsured are not getting their needs met
- Money - shortfalls of funding creates less services, waiting list for meals on wheels
- Transportation - huge barrier, walking isn't easy
- Getting the word out - communication
- Individuals have to want to be part of the solution
- Drivers don't like bicycles and bicyclists don't like drivers
- Groups have offered support groups, but low attendance
- Difficulty referring to specialists who take insurances, GA Medicaid
- Recruiting professionals – doctors and dentists. Shortage of psychiatrists.
- Not a lot of jobs in Lafayette

Focus Group Results, cont.

11. What community assets support health and wellbeing?

- Some mental health services are for free
- Drug take back programs with police
- NIH program at Tiger Creek Elementary
- United Healthcare offering 24 hour telehealth
- School systems
- Senior Centers – meals, delivered
- Church community
- Family Connections
- Northwest GA Regional Commission programs
- Area Agency on Aging
- Parent to Parent
- Lifeline out of Oglethorpe, but works in North GA
- VISTA volunteers – domestic Peace Corps
- NW Georgia Healthcare Partnership
- Blood bank
- YMCA provides backpack program, after school programs
- Churches – nourishing children programs providing food on weekends
- Care Mission – private organization that takes donations, diapers, food, furniture, like Goodwill but if you don't have money don't have to pay

- Love Out Loud through the churches – nutrition
- Walking trails and outdoor activities
- Relative caregiver support group
- Day Reporting Center - Alcoholics Anonymous
- Celebrate Recovery in Dade County helps people in jail
- Physician and staff who speak Spanish at Primary Healthcare Center clinics
- Churches where the Hispanic population may gather and trust
- Churches – offer guidance distribute food
- PeachCare MCOs have food distribution
- Family planning services
- Library – provides education
- Memorial Convenient Care in Lafayette primary care
- Community Partnerships are good
- Walker County high school graduation rate up to 88%
- Good recreation department – lots of opportunities for kids to be involved
- Food Pantry

12. What does the community need in order to manage health conditions or stay healthy?

- It will take some unique partnerships and creative solutions
- Sidewalks
- No Crisis services for mental health for adults or kids
- Share info on primary physicians, so they don't depend on the hospital for primary care
- Updated contact information for support groups and resources
- Preventive care
- More information on available resources
- Teach people how to question providers effectively with respect. Give parents the tools to ask and receive help for their kids.
- Transportation, Transportation, Transportation
- Specialists, more providers, doctors
- Strong community hospital
- Adequate access to healthcare for everyone
- Understanding the need for prevention and well visits
- Dental care

Focus Group Results, cont.

14. What improvement activities should be a priority for Catoosa, Dade, and Walker Counties focus on?

- Break the chain of poverty with children
- Educate the parents through the kids
- More opportunities for exercise
- Education – Meet people where they are. Offer food and services in the communities.
- Mental Health 101 offered to more people
- First responder training on special needs kids
- Malnutrition in the senior population contributes to illness making it harder to heal. Fix malnutrition prior to coming to the hospital
- Alzheimer's and dementia in the senior population is creating a "sandwich" generation taking care of parents and children
- More health education in middle and high schools
- Lack of specialists
- More prevention
- Somewhere for those without insurance to have surgery

15. Where do members of the community turn for basic healthcare needs?

- FQHCs
- Private practice physicians
- Dentists
- ER – Lots use the ER for primary care

Survey Process

Wilkins Research Services conducted the community surveys by landline, cell phones and online for Catoosa, Dade, Walker County residents on. 100 surveys were completed: 73 landlines, 10 cell phones, and 17 online.

Survey Demographics

How would you describe the overall health status of the citizens of Catoosa, Dade, Walker Counties?

Gender

Split evenly between male and female. The age breakdown skews a little older.

Male 49%
Female 51%

Age

18 to 24	2%
25 to 34	4%
35 to 44	16%
45 to 54	18%
55 to 64	22%
65 to 74	20%
75 or older	18%
Decline to answer	0%

What county do you live in?

Dade	45%
Walker	43%
Catoosa	12%

Race

Caucasian/White	85%
African-American	5%
Mixed Race	4%
Hispanic or Latino	2%
Other	1%
Asian or Pacific Islander	0%
Decline to answer	3%

Health Status

Generally, how would you describe your health?

Excellent	Good	Fair	Poor
15%	52%	26%	7%
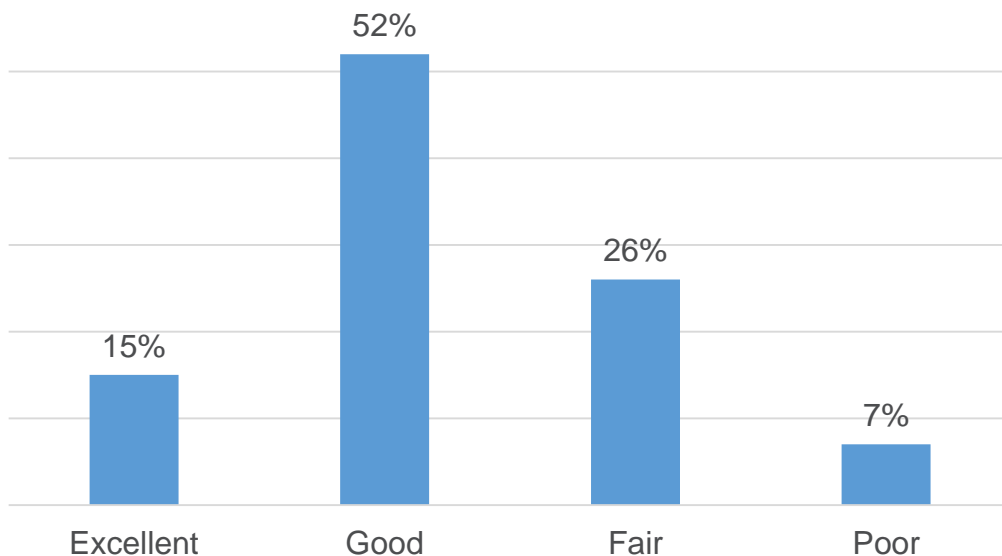
33% believe their health is fair or poor, leaving 67% believing their health is excellent or good.

Non-Urgent Healthcare Needs

If you have one person or group you turn to for healthcare needs, where do you go most often when you have a non-emergency non-urgent healthcare need?

Category	Percentage
My primary care doctor or family physician	61%
Hospital	18%
Urgent care center	5%
Health department	3%
Friend or Relative	3%
Employer Health Clinic	3%
Free or low income clinic	2%
Retail clinic	2%
Alternative healthcare providers	1%
Use Specialist as PCP	1%
School/University nurse	0%
Other	6%
I do not have a healthcare provider	4%
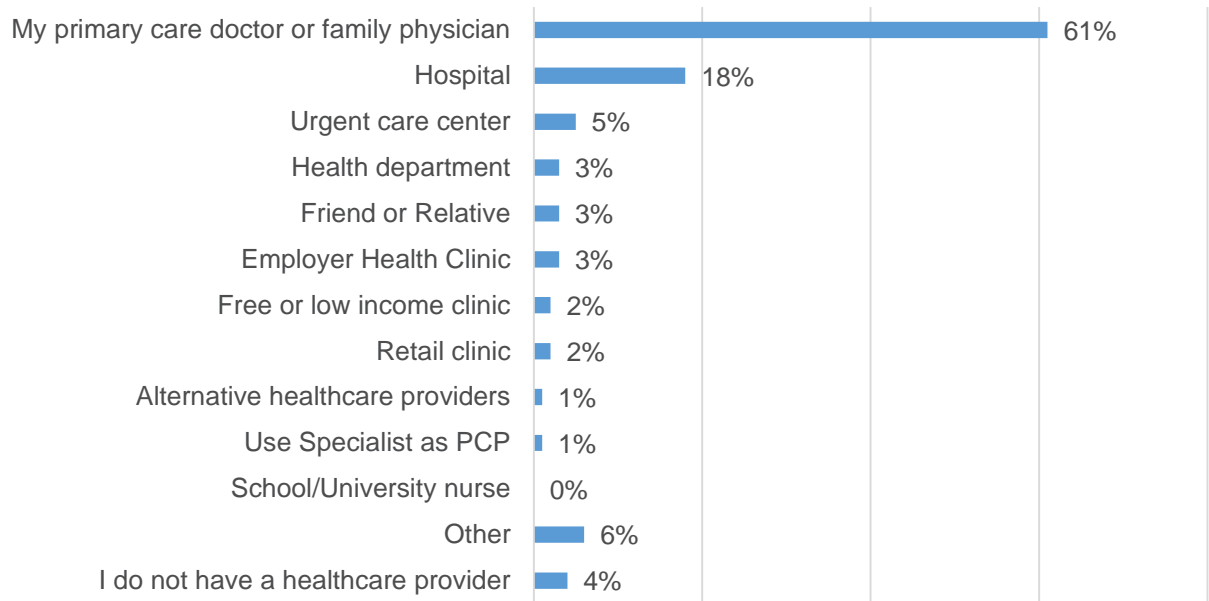
Most people go to their primary care doctor or family physician for non-urgent healthcare needs, followed by hospital, then urgent care.

Urgent Healthcare Needs

If you have one person or group you turn to for healthcare needs, where do you go most often when you have a non-emergency but urgent health care need?

Category	Percentage
My primary care doctor or family physician	50%
Hospital	22%
Urgent care center	14%
Free or low income clinic	4%
Health department	2%
Employer Health Clinic	2%
Retail clinic	1%
Alternative healthcare providers	1%
School/University nurse	0%
Friend or Relative	0%
Use Specialist as PCP	0%
Other	5%
I do not have a healthcare provider	4%
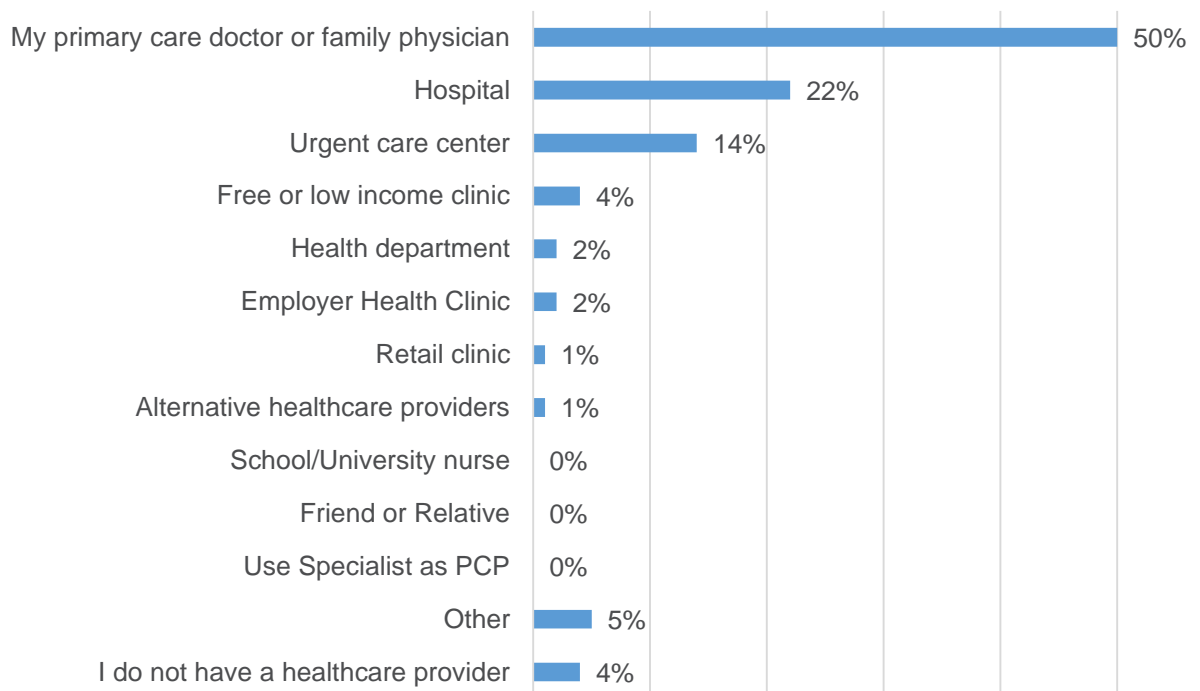
Most people go to their primary care doctor or family physician for urgent healthcare needs, followed by hospital, then urgent care.

Virtual Physician Care

How likely are you to utilize virtual physician care such as through the computer or your smart phone?

1 - Not at all likely	52%
2 - Somewhat unlikely	14%
3 - Somewhat likely	26%
4 - Very likely	5%
Decline to answer	3%

66% were somewhat unlikely or not at all likely to utilize virtual physician care.

Physician Access

Was there a time in the past 12 months when you needed to see a doctor but could not?

Yes 22%
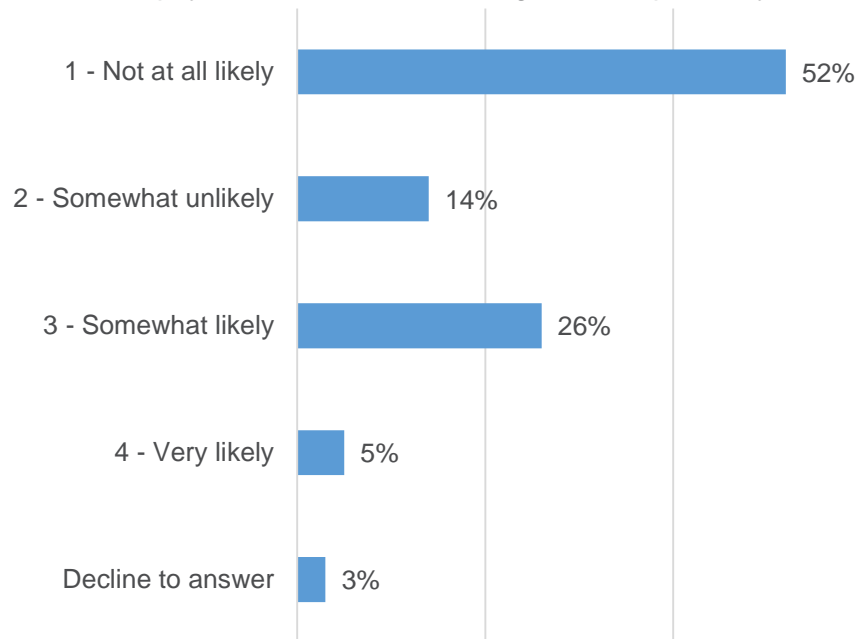No 78%
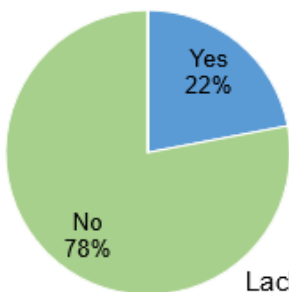
What are some reasons you could not see a doctor?

Inconvenient office hours	27%
Lack of money / insurance for office visit	27%
Doctor unavailable	27%
Lack of transportation	14%
Lack of access to a physician taking new patients	9%
Specific service I needed was not available locally	5%
Weather was too bad	5%
I was too sick	5%
I'm not comfortable with any doctor	0%
Language/racial/cultural barriers	0%
Don't know how to find a good doctor	0%
Other	9%

22% indicated there was a time in the last 12 months when they needed to see a doctor but could not. This is a higher percentage compared to other surveys. The primary reasons were inconvenient office hours, or lack of money or insurance for an office visit, and doctor unavailable.

Exercise

During the past month, other than your regular job, about how often did you participate in any physical activities or exercise, such as fitness walking, running, weight-lifting, team sports, etc.?

Category	Percentage
Every once in awhile	17%
1-2 times a week	17%
3-4 times a week	16%
5-7 times a week	17%
Several times a day	3%
Never	28%
Decline to answer	2%
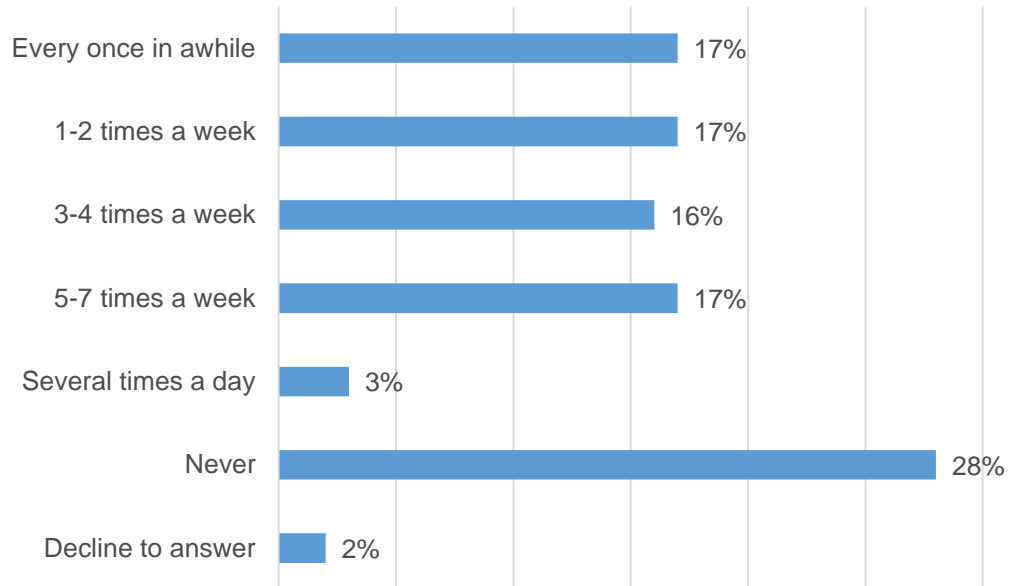
50% exercise regularly, while 50% do not exercise regularly.

Smoking

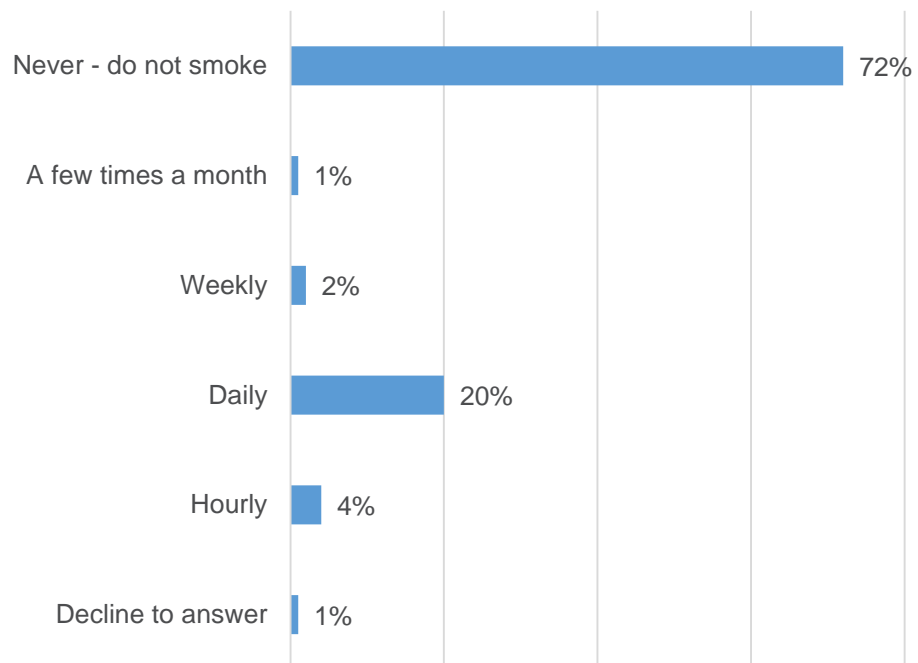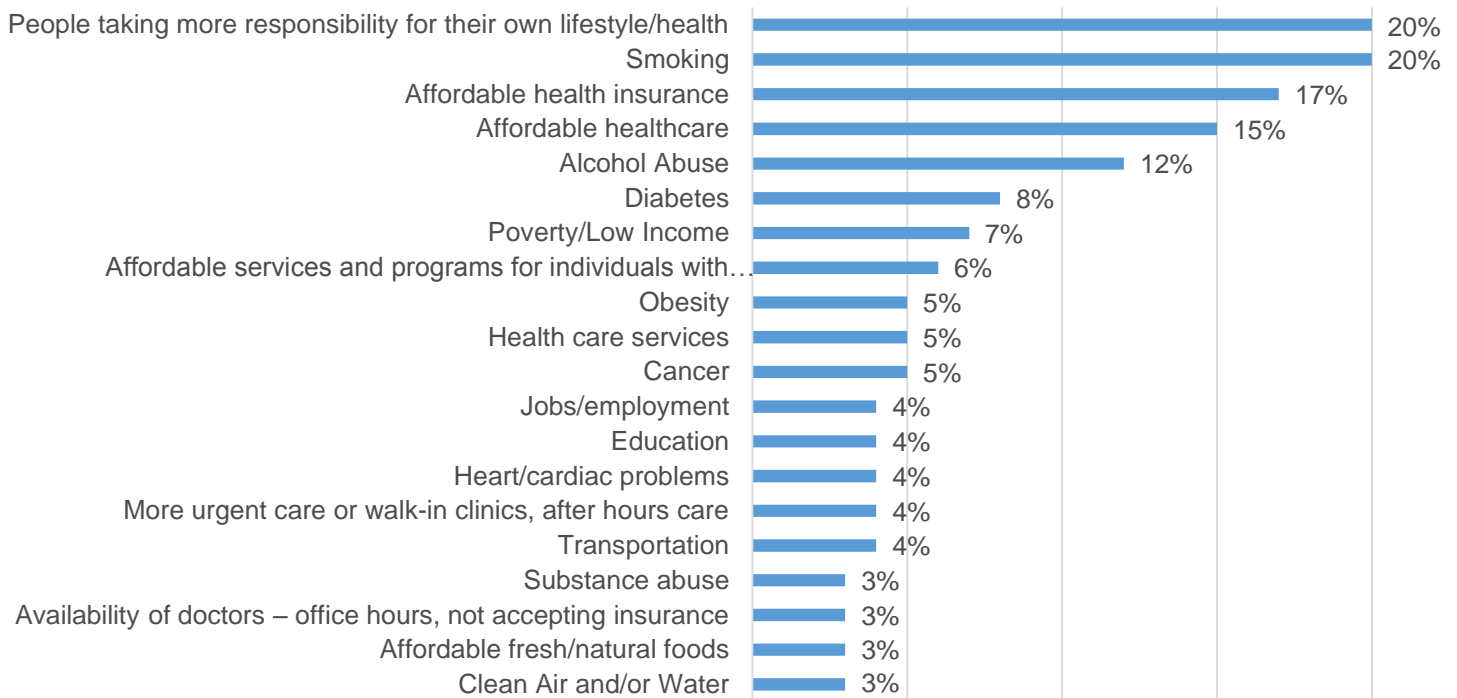During the past month, other than your regular job, about how often did you participate in any physical activities or exercise, such as fitness walking, running, weight-lifting, team sports, etc.?

Category	Percentage
Never - do not smoke	72%
A few times a month	1%
Weekly	2%
Daily	20%
Hourly	4%
Decline to answer	1%

26% smoke regularly while 72% do not smoke.

Top Three Issues that Impact Health

What are the top 3 issues in your community that impact people's health?

Issue	Percent
People taking more responsibility for their own lifestyle/health	20%
Smoking	20%
Affordable health insurance	17%
Affordable healthcare	15%
Alcohol Abuse	12%
Diabetes	8%
Poverty/Low Income	7%
Affordable services and programs for individuals with…	6%
Obesity	5%
Health care services	5%
Cancer	5%
Jobs/employment	4%
Education	4%
Heart/cardiac problems	4%
More urgent care or walk-in clinics, after hours care	4%
Transportation	4%
Substance abuse	3%
Availability of doctors – office hours, not accepting insurance	3%
Affordable fresh/natural foods	3%
Clean Air and/or Water	3%

People taking more responsibility for their own lifestyle/health, smoking, followed by affordable health insurance are the top three issues that impact people's health.

Top Three Concerns for Children

In your opinion, what are the top 3 health concerns for children in your community?

Concern	Percent
Healthy diet	32%
Physical activity	32%
Responsible, involved parents	17%
Access to primary care	10%
Immunizations/Vaccinations	8%
Substance abuse	7%
School lunch programs	5%
Dental health services	5%
Children's health education	4%
Affordable healthcare	4%
Saftey/ Abuse	4%
Mental health services	3%
Child-care/day care options	3%
Gangs	3%
Responsible sexual behavior	2%
Other	24%
Don't know	25%

Healthy diet, physical activity and responsible, involved parents are the top three concerns for children.

Health Conditions

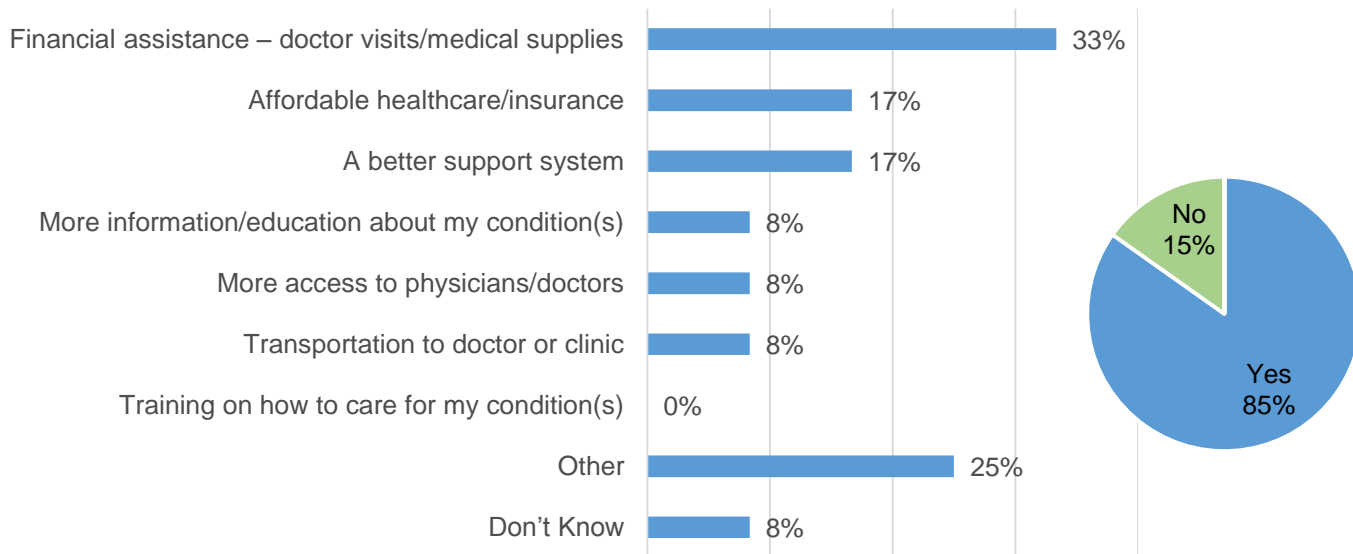Have you ever been told by a doctor you have any of these conditions, diseases or challenges?

Condition	Percentage
High blood pressure/hypertension	48%
Arthritis	32%
High cholesterol	26%
Diabetes	24%
Overweight or obese	17%
Heart disease	14%
Cancer	11%
Mental or emotional problem	11%
Asthma	8%
Eating disorder	3%
Developmental/learning concerns	2%
Substance abuse	2%
None	21%

Did you receive treatment for your health condition(s)?

No 16%
Yes 84%
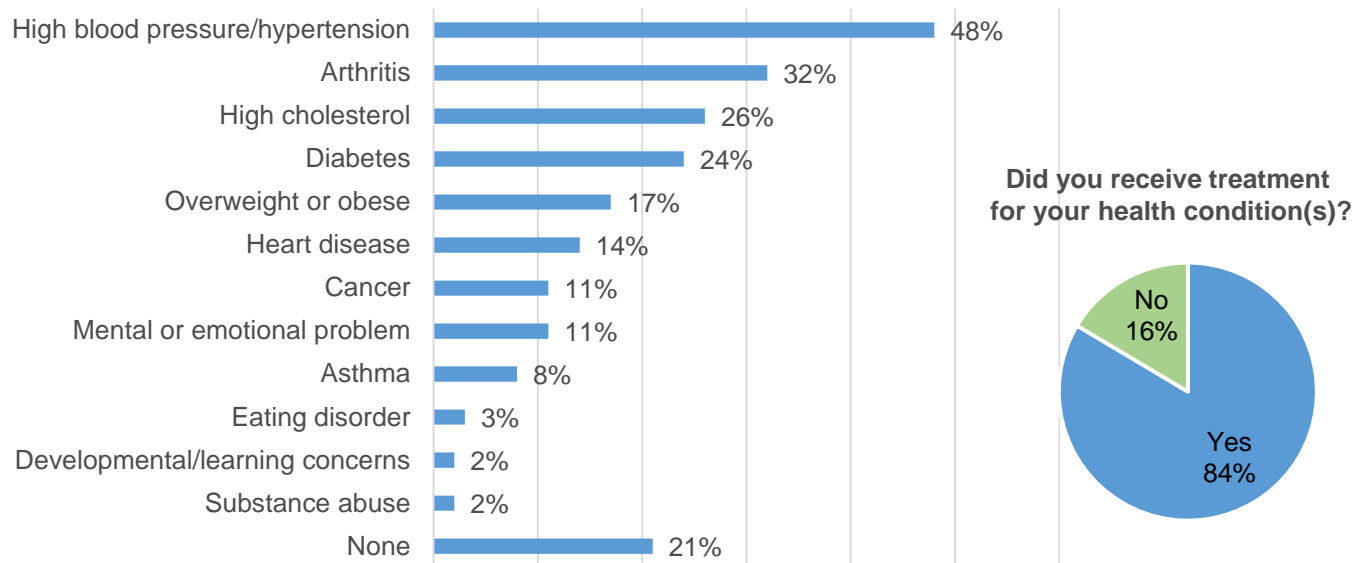
21% of those surveyed had no conditions, diseases or challenges. Of those that had a condition, 48% had high blood pressure, 32% had arthritis, and 26% had high cholesterol. 16% did not receive treatment for their conditions.
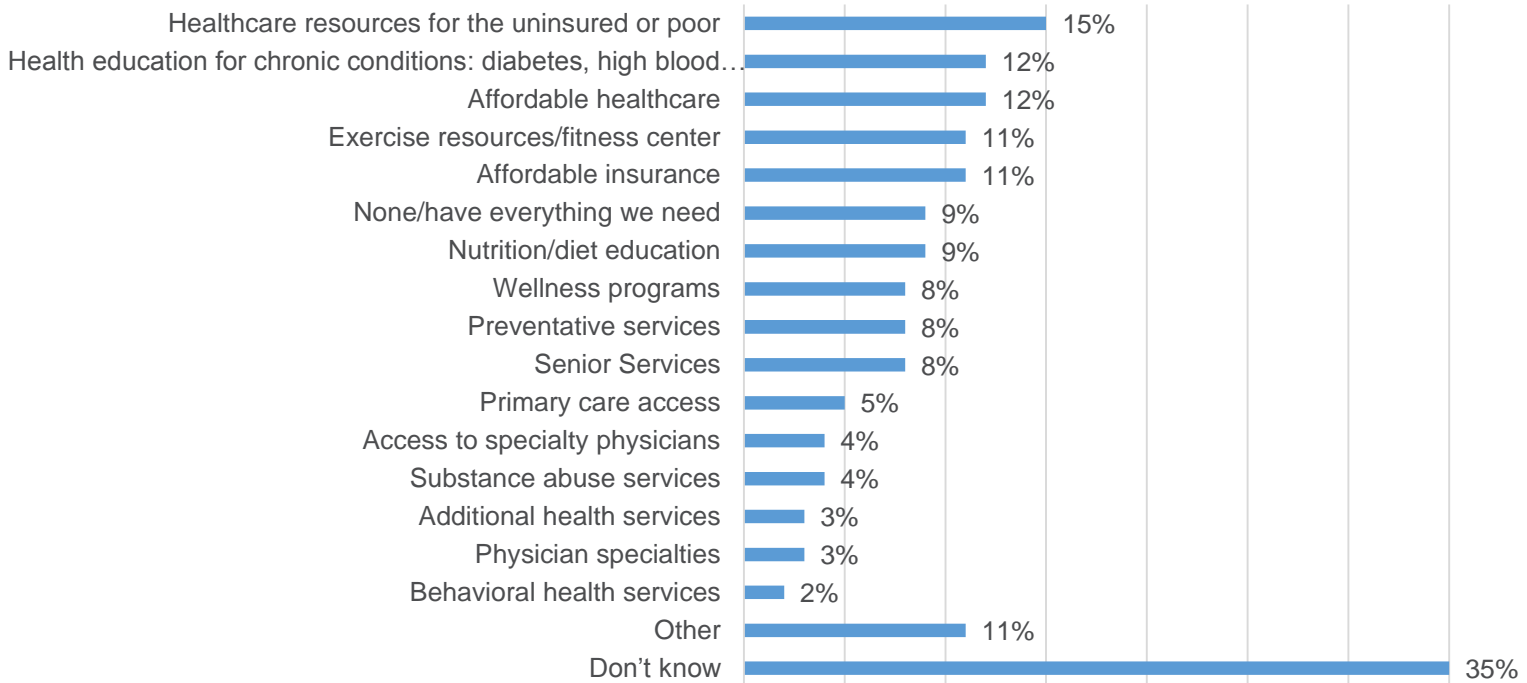
Needed to Manage Health

Do you feel you have all that you need to manage your health condition(s)? What do you need in order to manage your health condition(s)?

Need	Percentage
Financial assistance – doctor visits/medical supplies	33%
Affordable healthcare/insurance	17%
A better support system	17%
More information/education about my condition(s)	8%
More access to physicians/doctors	8%
Transportation to doctor or clinic	8%
Training on how to care for my condition(s)	0%
Other	25%
Don't Know	8%

No 15%
Yes 85%

15% do not feel they have all they need to manage their health conditions. They need financial assistance and affordable healthcare/insurance, and a better support system.

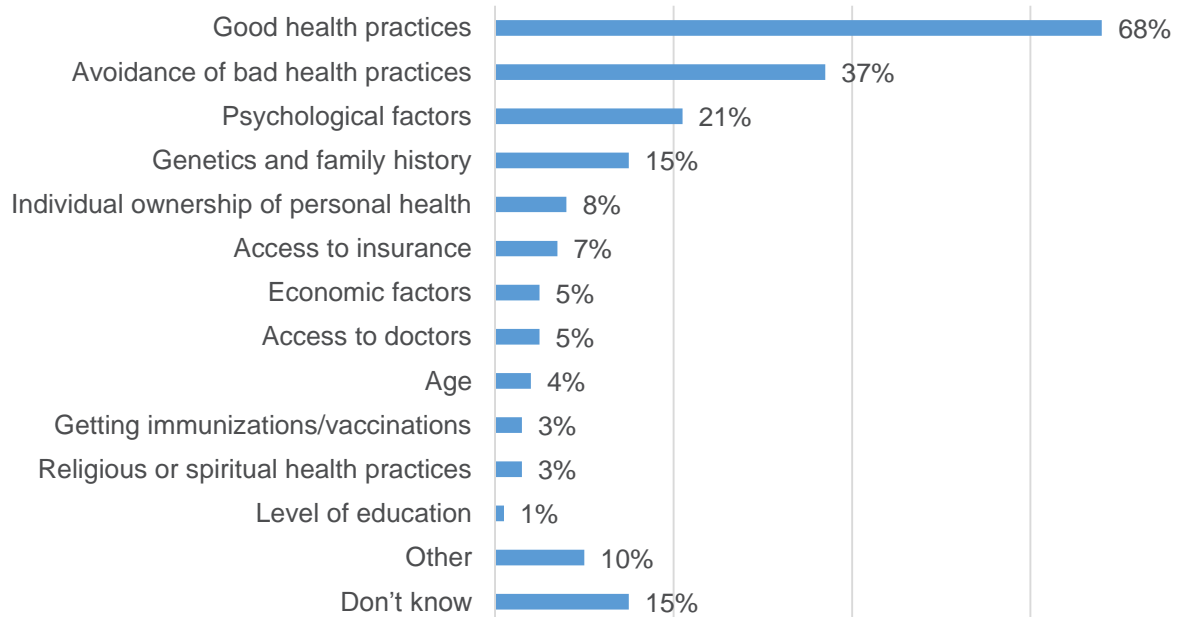## Healthcare, Health Education or Public Health Services or Programs

What healthcare, health education or public health services or programs would you like to see offered in your community?

Category	Percentage
Healthcare resources for the uninsured or poor	15%
Health education for chronic conditions: diabetes, high blood…	12%
Affordable healthcare	12%
Exercise resources/fitness center	11%
Affordable insurance	11%
None/have everything we need	9%
Nutrition/diet education	9%
Wellness programs	8%
Preventative services	8%
Senior Services	8%
Primary care access	5%
Access to specialty physicians	4%
Substance abuse services	4%
Additional health services	3%
Physician specialties	3%
Behavioral health services	2%
Other	11%
Don't know	35%

Respondents would like to see healthcare resources for the uninsured or poor followed by health education for chronic conditions and affordable healthcare.

Health influencers

In your opinion, which are the top 3 factors that influence how healthy someone is?

Factor	Percentage
Good health practices	68%
Avoidance of bad health practices	37%
Psychological factors	21%
Genetics and family history	15%
Individual ownership of personal health	8%
Access to insurance	7%
Economic factors	5%
Access to doctors	5%
Age	4%
Getting immunizations/vaccinations	3%
Religious or spiritual health practices	3%
Level of education	1%
Other	10%
Don't know	15%

Good health practices followed by avoidance of bad health practices then psychological factors are the top three factors that influence health.

Health Status Data

Based on the 2018 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin , Catoosa County ranked 19th healthiest county in Georgia out of the 159 counties ranked (1= the healthiest; 159 = unhealthiest), 17th for health outcomes and 21th for health factors. Dade County ranked 53rd healthiest county in Georgia, 73rd for health outcomes and 34th for health factors. Walker County ranked 80th healthiest county in Georgia, 93rd for health outcomes and 68th for health factors.

County Health Rankings suggest the areas to explore for improvement in Catoosa County were: higher adult smoking, higher adult obesity percentage, higher excessive drinking percentage, and lower percentage of high school graduation. The areas of strength were identified as higher food environment index, lower uninsured, lower income inequality, lower percentage of children in single-parent homes, and lower percentage of severe housing problems.

County Health Rankings suggest the areas to explore for improvement in Walker County were: higher adult smoking, higher adult obesity percentage, high population to primary care, higher preventable hospital stays, lower mammography screening percentage, lower percentage of high school graduation, lower percentage of some college and higher violent crime rate. The areas of strength were identified as lower percentage of uninsured, lower sexually transmitted infections, and lower unemployment percentage.

County Health Rankings suggest the areas to explore for improvement in Dade County were: higher adult smoking, higher adult obesity percentage, higher excessive drinking percentage, higher uninsured percentage, primary care physicians numbers, and higher violent crime. The areas of strength were identified as higher food environment index, lower percentage of alcohol-impaired driving deaths, lower sexually transmitted infections, and higher percentage of high school graduates.

When analyzing the health status data, local results were compared to Georgia, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Catoosa, Dade, Walker Counties' results were worse than GA and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Georgia and eventually the Nation, Catoosa, Dade, Walker Counties must close several lifestyle gaps. For additional perspective, Georgia was ranked the 39nd healthiest state out of the 50 states. (Source: 2018 America's Health Rankings)

[1] *The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Georgia's counties every year since 2003.*

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. Data for Georgia, the U.S. or the top 10% of counties (90th percentile) were used as comparisons when available. If a measure was better than Georgia, it was identified as a strength, and where an indicator was worse than Georgia, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red symbols, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Catoosa ranked 17th, Dade County ranked 73rd, and Walker County ranked 93rd in Health Outcomes out of 159 Georgia counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. Catoosa County ranked 27th in length of life in GA. Catoosa County lost 7,455 years of potential life per 100,000 population which is equivalent to GA, but higher than the U.S. Dade County ranked 124th in length of life in GA. Dade County lost 10,515 YPLL per 100,000 population which is notably higher than both GA and the U.S. Walker County ranked 113th in length of life in GA. Walker County lost 10,181 YPLL per 100,000 population.
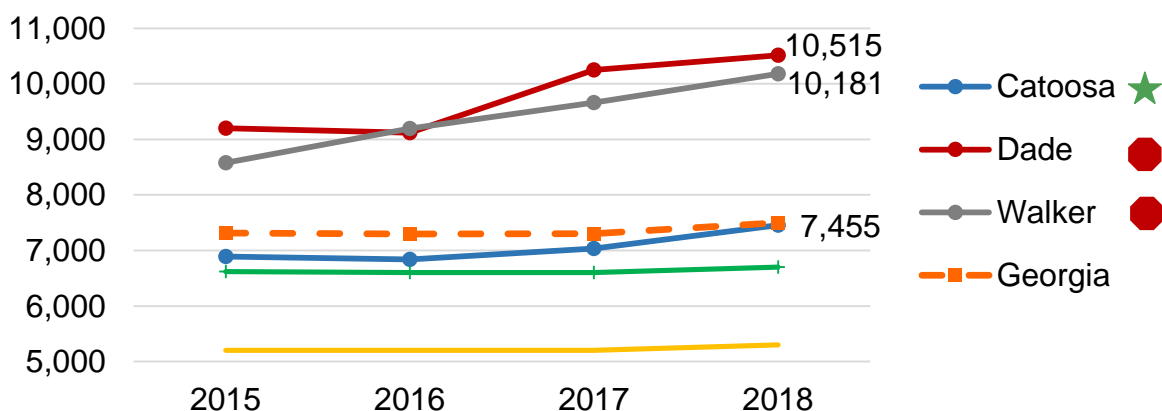
Source: County Health Rankings; National Center for Health Statistics – Mortality File 2012-2014

Leading Causes of Death: Age-Adjusted Death Rates per 100,000

| Cause of Death	Catoosa County	Dade County	Walker County	Georgia	US
Heart disease	199.0	222.0	293.2	175.8	165.0
Cancer	172.2	194.8	179.9	154.9	152.5
Accidents	59.0	---	52.6	45.2	49.4
Respiratory disease	67.2	82.0	77.7	46.2	40.9
Stroke	45.3	59.6	62.6	43.5	37.6
Alzheimer's disease	48.9	54.8	56.8	46.0	31.0
Diabetes	25.0	---	16.1	21.5	21.5

Source(s): Wonder CDC.gov (2018), CDC (2017)

Red areas had death rates higher than the state. The leading causes of death in Catoosa, Dade, Walker County were heart disease followed by cancer, the same as GA and the U.S. Lagging as causes of death were accidents, stroke, respiratory disease, Alzheimer's disease and diabetes.

In most of the following graphs, Catoosa County will be blue, Dade County will be red, Walker County will be grey, Georgia (GA) will be orange, U.S. will be green and the 90th percentile of counties in the U.S. will be gold. *indicates a change in the BRFSS Survey calculations of results. 2016 forward cannot be compared to prior year results.

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Catoosa County ranked 16th, Dade County ranked 27th, and Walker County ranked 69th out of 195 Counties in Georgia for quality of life.
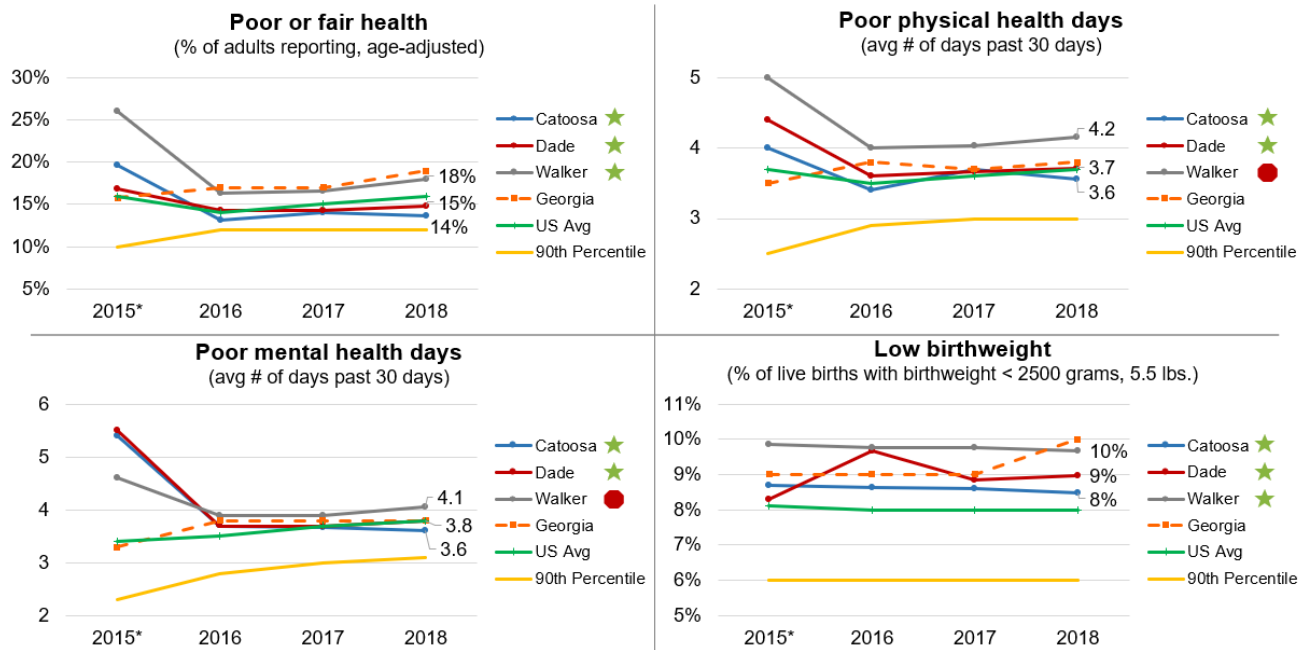
Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2016 Source: County Health Rankings: National Center for Health Statistics – Natality files (2010-2016)

Quality of Life STRENGTHS

- Years of potential life lost per 100,000 population prior to age 75 in Catoosa County was equivalent to GA but higher than the U.S.
- Walker County had a lower death rates for diabetes than GA and the US.
- Catoosa, Dade, and Walker County had a lower percentage of adults reporting poor or fair health than GA.
- Catoosa had an average of 3.6 poor physical health days in the past 30 days, lower than GA at 3.8 and the U.S. at 3.7.
- Catoosa had an average of 3.6 poor mental health days in the past 30 days, lower than both GA and the U.S. at 3.8 days. Dade county had the same average as GA and the U.S.
- Catoosa, Dade, and Walker County had a lower percentage of low birthweight babies than GA, but a higher percentage than the U.S.

Quality of Life OPPORTUNITIES

- Catoosa, Dade and Walker Counties had higher death rates for heart disease, cancer, stroke, Alzheimer's Disease, and respiratory diseases than GA and the U.S.
- Catoosa County had lower death rates for diabetes and accidents than GA and the U.S.
- Walker County had adults reporting an average of 4.2 days of poor physical health days in the past 30 days, which is higher than both GA reporting 3.8 and the U.S. reporting 3.7.
- Walker County had adults reporting an average of 4.1 days of poor mental health days in the past 30 days, which is higher than GA and the U.S both reporting 3.8 days.
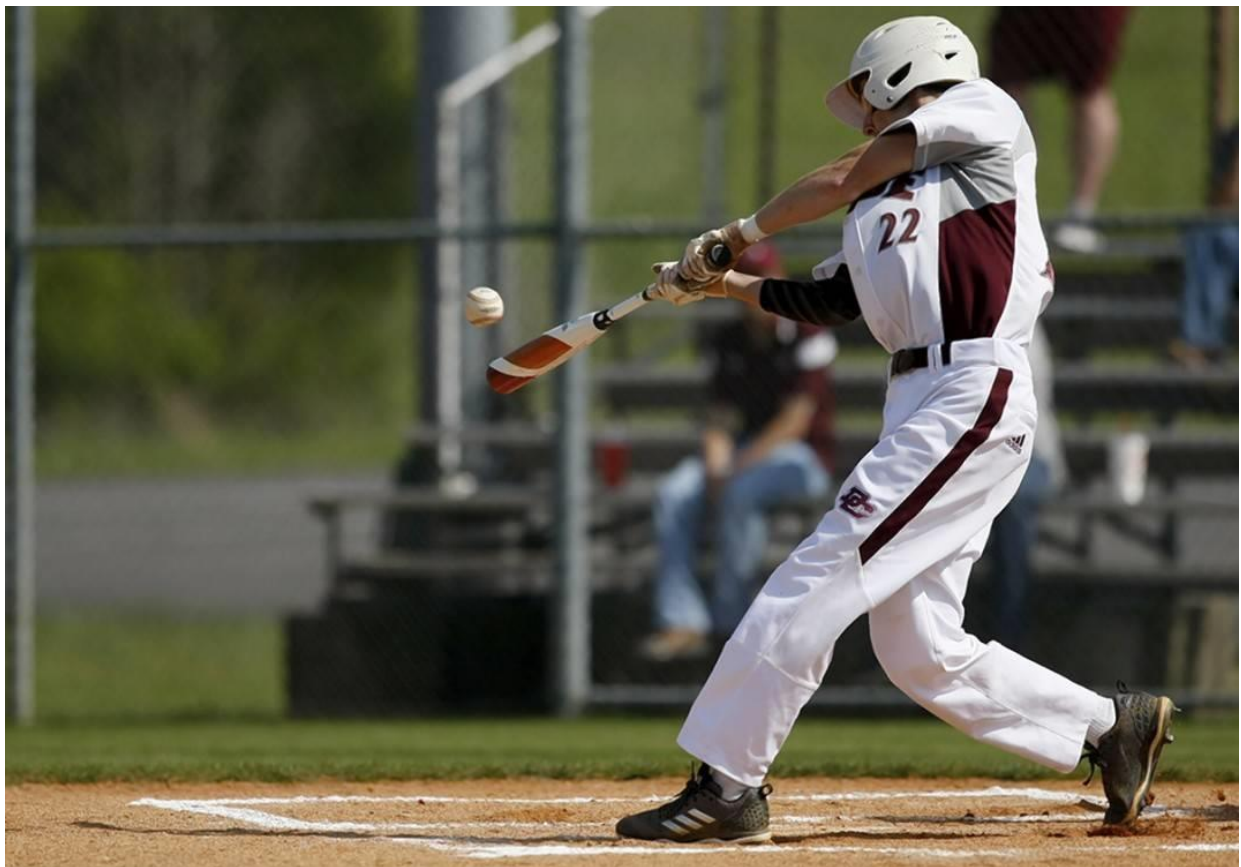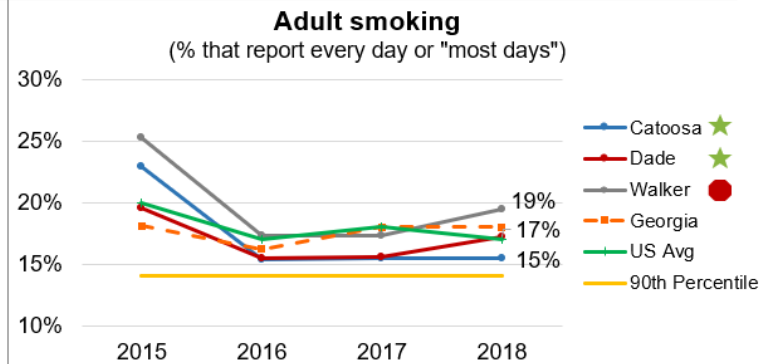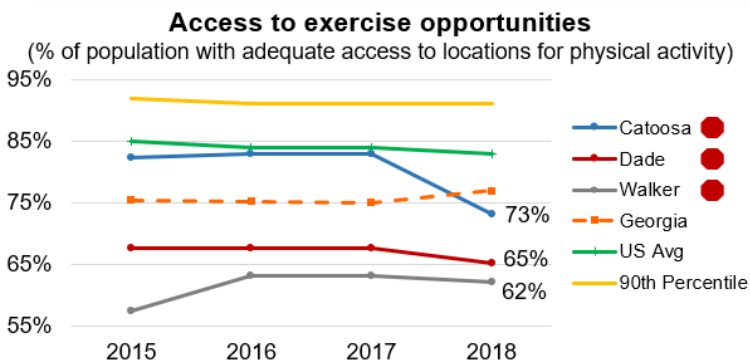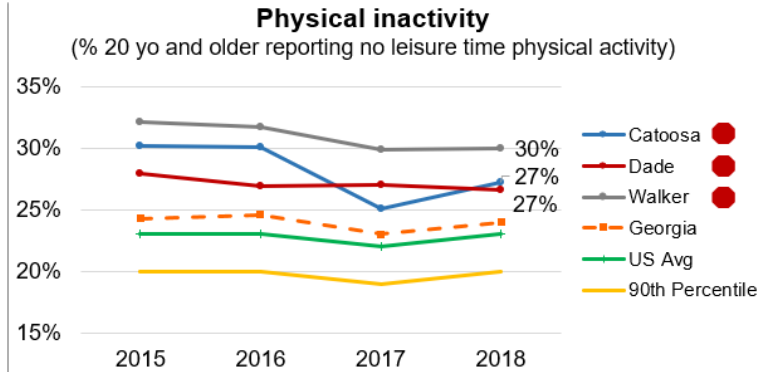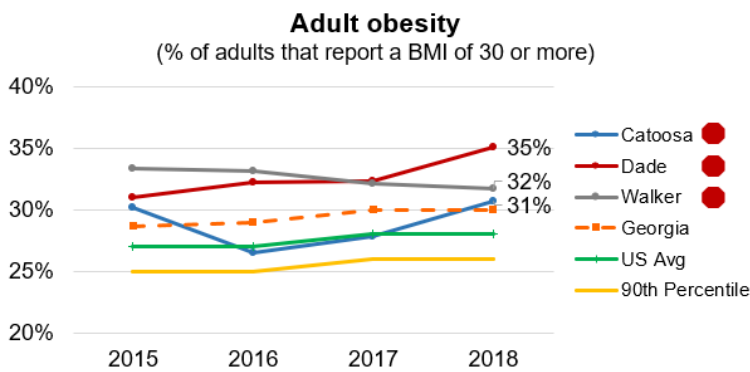

Photo credit: C.B. Schmelter

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Catoosa County ranked 21th and Dade County ranked 34st, and Walker County ranked 68th out of 195 Georgia Counties.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Catoosa County ranked 22nd, Dade County ranked 33rd, and Walker County ranked 60th out of 159 counties in Georgia.

Adult obesity
(% of adults that report a BMI of 30 or more)

Catoosa ●, Dade ●, Walker ●, Georgia, US Avg, 90th Percentile

35%, 32%, 31%

Physical inactivity
(% 20 yo and older reporting no leisure time physical activity)

Catoosa ●, Dade ●, Walker ●, Georgia, US Avg, 90th Percentile

30%, 27%, 27%

Access to exercise opportunities
(% of population with adequate access to locations for physical activity)

Catoosa ●, Dade ●, Walker ●, Georgia, US Avg, 90th Percentile

73%, 65%, 62%

Adult smoking
(% that report every day or "most days")

Catoosa ★, Dade ★, Walker ●, Georgia, US Avg, 90th Percentile
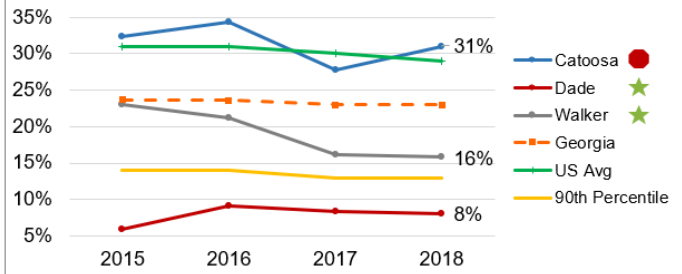
19%, 17%, 15%

Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS, 2014 Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2016. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools) Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016
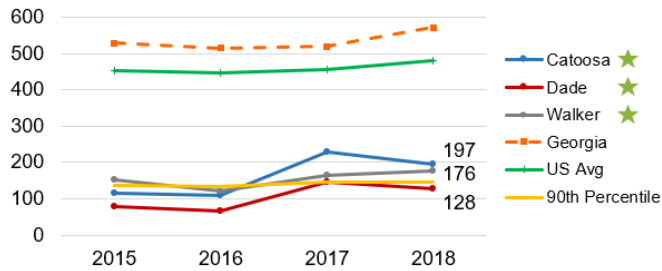
Health Behaviors cont.

Excessive Drinking
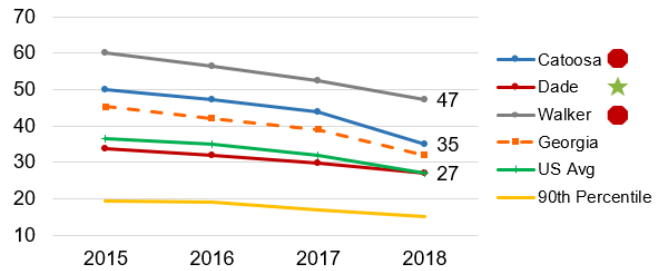(% of adults reporting binge or heavy drinking)

Catoosa ●
Dade ●
Walker ●
Georgia
US Avg
90th Percentile

17%
17%
16%
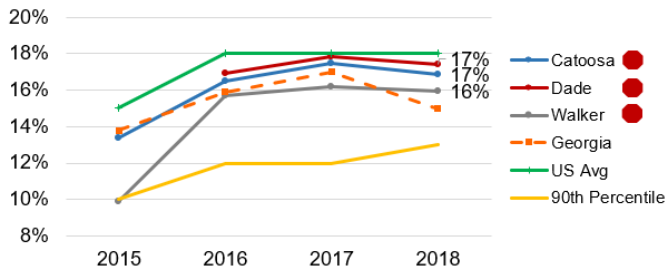
Alcohol impaired driving deaths
(percentage of driving deaths with alcohol involvement)

Catoosa ●
Dade ★
Walker ★
Georgia
US Avg
90th Percentile

31%
16%
8%

Sexually transmitted infections
(chlamydia rate per 100,000 pop)

Catoosa ★
Dade ★
Walker ★
Georgia
US Avg
90th Percentile

197
176
128

Teen birth rate
(# of births per 1,000 female pop ages 15-19)

Catoosa ●
Dade ★
Walker ●
Georgia
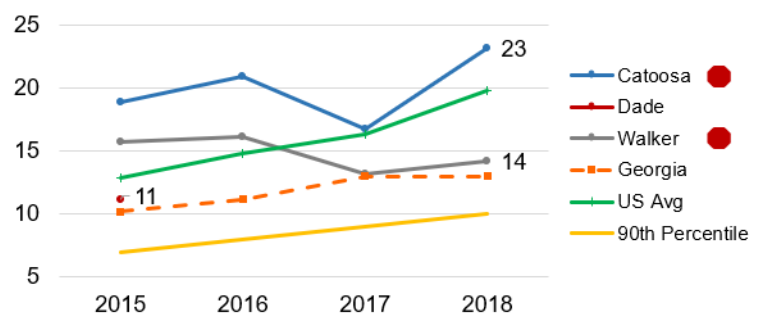US Avg
90th Percentile

47
35
27

Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2012-2016 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2015 Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2010-2016

Food environment index
(higher is better)

Catoosa ★
Dade ★
Walker ★
Georgia
US Avg
90th Percentile

8.6
7.8
7.3
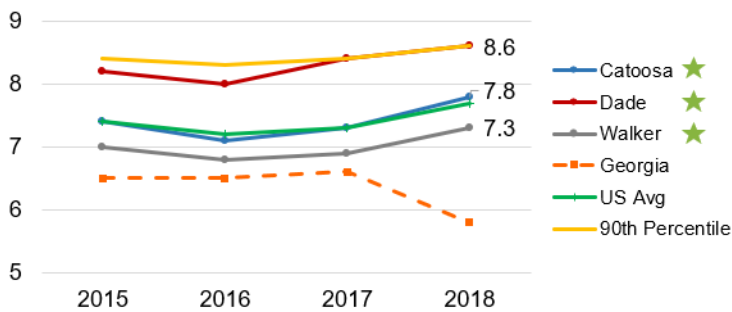
Drug overdose mortality rate
(# of drug poisoning deaths per 100,000 population)

Catoosa ●
Dade
Walker ●
Georgia
US Avg
90th Percentile

23
14
11

Source: County Health Rankings; USDA Food Environment Atlas, 2015; CDC WONDER mortality data, 2014-2016

The food environment index is a comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.
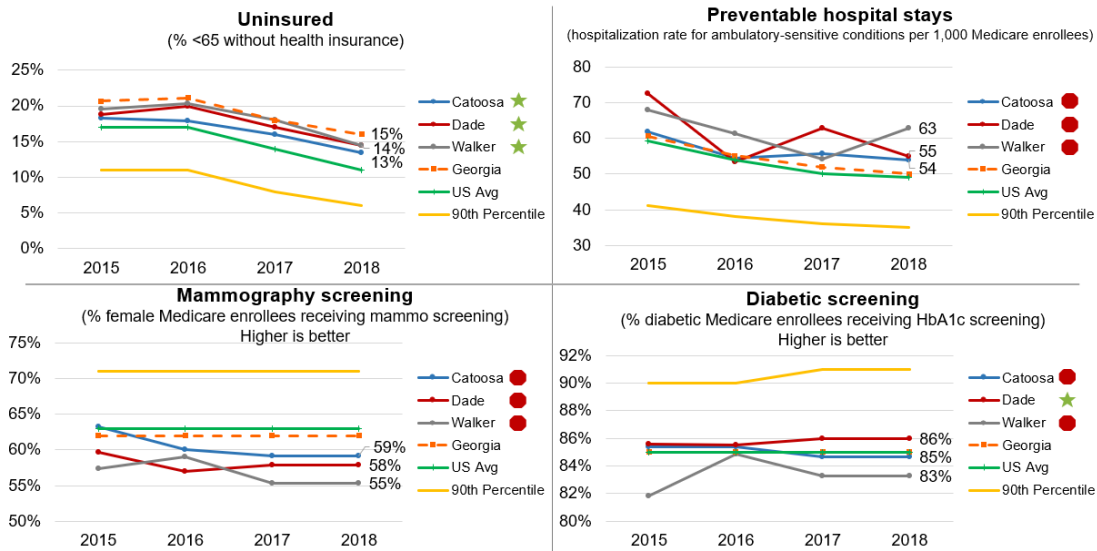
Health Behaviors STRENGTHS

- Adult smoking was lower in Catoosa County (15%) than in GA (22%) and the U.S. (17%). Dade County had the same percentage as the U.S.
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were significantly lower in Catoosa County (197), Dade County (126), and Walker County (176) than GA (571) and the U.S. (479).
- Teen birth rate in Dade County was 27 births per 1,000 female population ages 15-19 were the same as the U.S. and lower than GA at 32 births, and decreased since 2015.
- Alcohol impaired driving deaths were lower in both Dade County (8%) and Walker County (16%) than in GA (23%) and the U.S. (27%). Dade County had a lower percentage than the 90th percentile (13%).
- The food environment index was higher in Catoosa County (7.8), Dade County (8.6), and Walker County (7.3) than GA (5.8). The rate has increased for all three Counties since 2016.

. . . .

Health Behaviors OPPORTUNITIES

- Adult obesity in Catoosa County (31%), Dade County (35%), and Walker County (32%) were higher than GA and the U.S. Obesity in Georgia and the U.S. continue to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity was higher in Catoosa County at 27%, Dade County at 27%, and Walker County at 30% than GA at 24% and the U.S. at 23%.
- Access to exercise opportunities dropped from 84% to 73% from 2017- 2018 in Catoosa County and was lower than GA at 77% the U.S at 83%. Dade County (65%) and Walker County (62%) were also lower than GA and the U.S.
- 19% of adults reported smoking in Walker County which was higher than GA and the U.S and is trended upward.
- Catoosa County (17%), Dade County (17%), and Walker County (16%) all reported higher percentages of adults reporting binge or heavy drinking than GA (15%) but lower than the U.S. (18%).
- Alcohol impaired driving deaths increased from 28% to 31% from 2017-2018 in Catoosa County and was higher than both GA at 23% and the U.S. at 29%.
- Teen birth rate in Catoosa County was 35 and in Walker County it was 47 births per 1,000 female population ages 15-19 which was higher than GA at 32 and the U.S. at 27 births. However, the rate decreased since 2015 in all three counties, GA, and the U.S.
- Catoosa County at 23 and Walker County at 14 had a higher number of drug poisoning deaths per 100,000 population than GA at 13. The drug overdose mortality rate significantly increased since 2015 for both counties, GA, and the U.S.
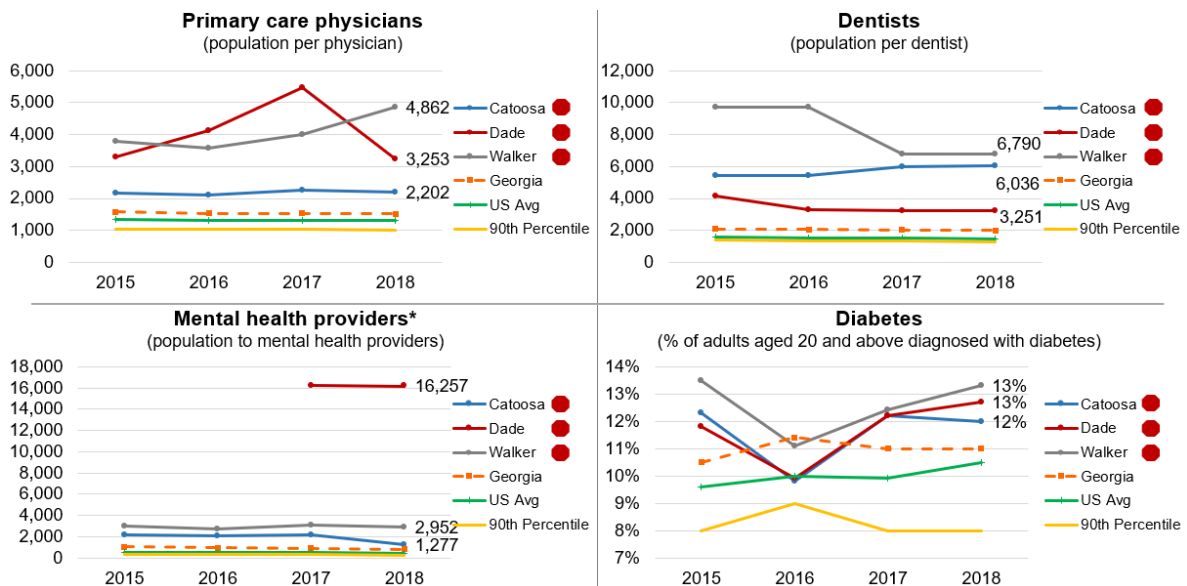
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Catoosa County ranked 43rd, Dade County ranked 63rd, and Walker County ranked 97th out of 195 Georgia Counties in clinical care.

Uninsured
(% <65 without health insurance)

Preventable hospital stays
(hospitalization rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees)

Mammography screening
(% female Medicare enrollees receiving mammo screening)
Higher is better

Diabetic screening
(% diabetic Medicare enrollees receiving HbA1c screening)
Higher is better

Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2015
Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2014

Primary care physicians
(population per physician)

Dentists
(population per dentist)

Mental health providers*
(population to mental health providers)

Diabetes
(% of adults aged 20 and above diagnosed with diabetes)

Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2015
Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2016 Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2017

Cancer Incidence Rates – GA Counties

Dade County: 406.8

Walker County: 405.6

Catoosa County: 371.8

Georgia: 454.6

Age-Adjusted Annual Incidence Rate (Cases per 100,000)

Quantile Interval

■	288.9 to 413.6
□	> 413.6 to 448.5
□	> 448.5 to 464.6
■	> 464.6 to 481.0
■	> 481.0 to 553.5

US (SEER + NPCR) Rate (95% C.I.) 441.2 (440.9 - 441.5)

Georgia Rate (95% C.I.) 454.6 (452.7 - 456.5)

Notes:
State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The 1969-2015 US Population Data File is used for SEER and NPCR incidence rates.
Data for the United States does not include data from Puerto Rico

Clinical Care STRENGHTS

- Catoosa County had an age-adjusted annual incidence rate of 371.8 cases per 100,000 population. Dade County had a rate of 406.8 and Walker County had a rate of 405.6 cases per 100,000 population. All three counties had a lower rate than GA at 454.6 cases per 100,000 population.
- The percent of population under sixty-five without health insurance in Catoosa County (13%), Dade County (14%) and Walker County (14%) were lower than GA (15%) but higher than the U.S. (11%). Georgia did not expand Medicaid, therefore their percent uninsured is higher than the U.S. The percentage has been declining since 2016 for all three counties, GA, and the U.S.
- Dade, Walker, and Catoosa had lower age-adjusted annual cancer incidence rates per 100,000 than GA, and were in the lowest Quantile in GA.

Clinical Care OPPORTUNITIES

- Preventable hospital stays in Catoosa County were 54 per 1,000 Medicare enrollees, 55 in Dade County, and 63 in Walker County. All three counties had a higher rate than GA and the U.S.
- The percent of diabetic Medicare enrollees receiving diabetic screening was 85% in Catoosa County and 83% in Walker County which were lower than GA (87%) and the U.S. (85%).
- The percent of female Medicare enrollees receiving mammography screening was 59% in Catoosa County, 58% in Dade County, and 55% in Walker County which were lower than GA and the U.S. at 63%.
- The population per primary care physician was 2,202 in Catoosa County, 3,253 in Dade County, and 4,862 in Walker County. All three counties had a larger population per primary care physician than GA (1,520) and the U.S. (1,320). However, the population per primary care physician in Dade County dropped from 4,563 in 2017 to 3,253 in 2018.
- The population per dentist was lower in Catoosa County (6,036), Dade County (3,251), and Walker County (6,790) than GA (1,980) and the U.S. (1,408).
- The percentage of adults aged 20 and above diagnosed with diabetes was 12% in Catoosa, 13% Dade County, and 13% in Walker County. In all three counties the percentage significantly increased from 2016 and remained higher than GA and the U.S. at 11%.
- The population per mental health provider was higher in Catoosa County (1,277), Dade County (16,257) and Walker County (2,952) than GA (830) and the U.S. (470).
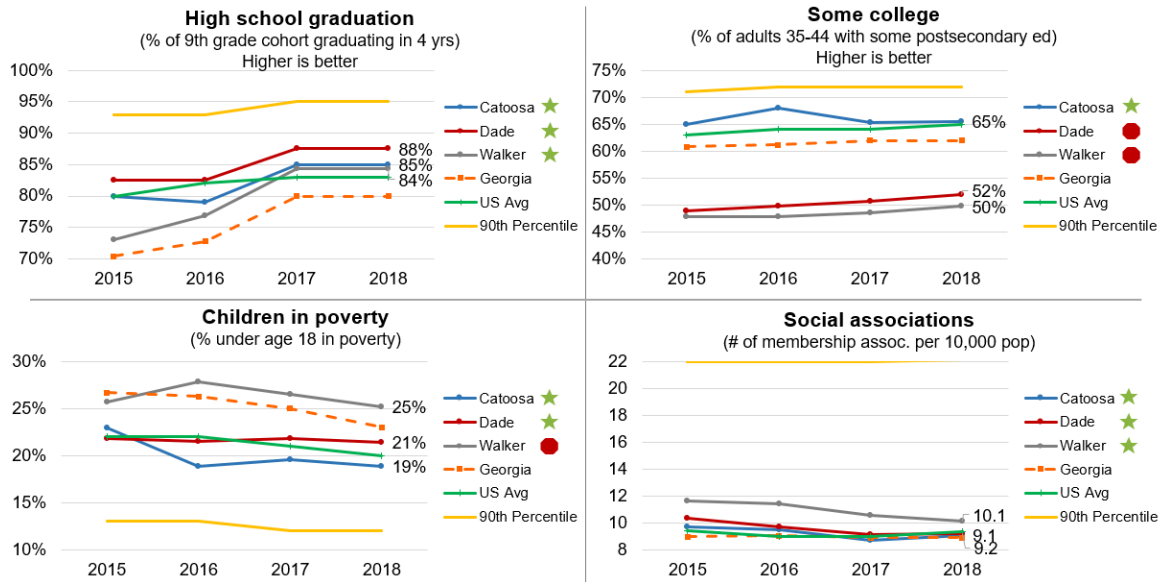

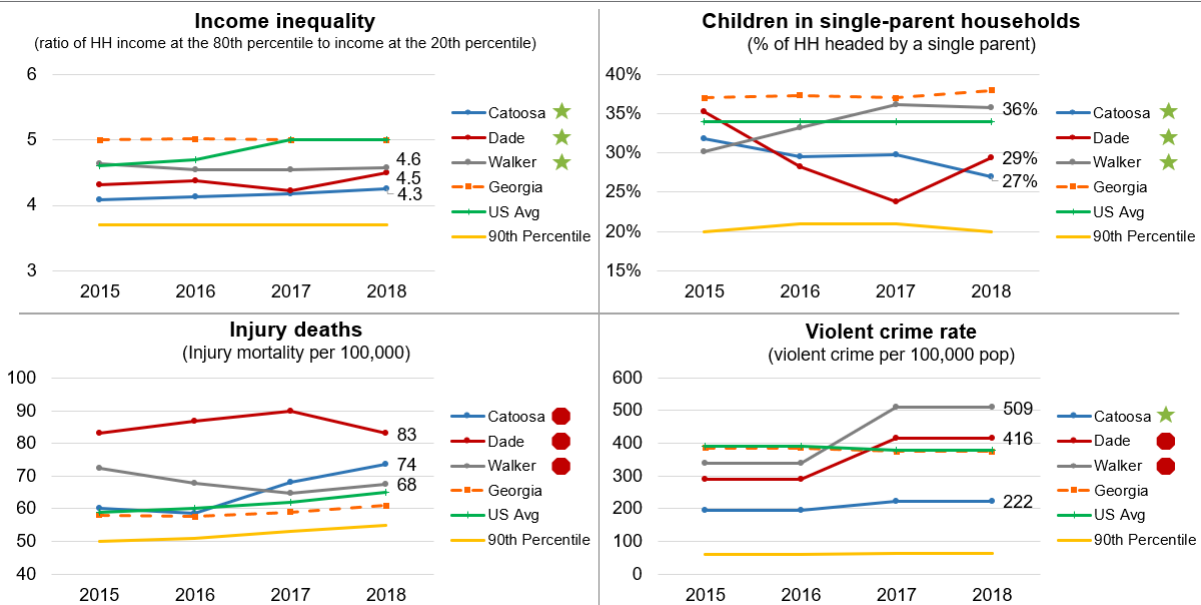*Photo credit Walker County GA Website*

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Catoosa County ranked 15th, Dade County ranked 34th, Walker County ranked 57th, out of 195 Georgia counties.

High school graduation
(% of 9th grade cohort graduating in 4 yrs)
Higher is better

Catoosa ★
Dade ★
Walker ★
Georgia
US Avg
90th Percentile

88%
85%
84%

Some college
(% of adults 35-44 with some postsecondary ed)
Higher is better

Catoosa ★
Dade ●
Walker ●
Georgia
US Avg
90th Percentile

65%
52%
50%

Children in poverty
(% under age 18 in poverty)

Catoosa ★
Dade ★
Walker ●
Georgia
US Avg
90th Percentile

25%
21%
19%

Social associations
(# of membership assoc. per 10,000 pop)

Catoosa ★
Dade ★
Walker ★
Georgia
US Avg
90th Percentile

10.1
9.1
9.2

Source: High School graduation – County Health Rankings; States to the Federal Government via EDFacts, 2014-2015 Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2012-2016. Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2016 Source: Social associations - County Health Rankings; County Business Patterns, 2015

Income inequality
(ratio of HH income at the 80th percentile to income at the 20th percentile)

Catoosa ★
Dade ★
Walker ★
Georgia
US Avg
90th Percentile

4.6
4.5
4.3

Children in single-parent households
(% of HH headed by a single parent)

Catoosa ★
Dade ★
Walker ★
Georgia
US Avg
90th Percentile

36%
29%
27%

Injury deaths
(Injury mortality per 100,000)

Catoosa ●
Dade ●
Walker ●
Georgia
US Avg
90th Percentile

83
74
68

Violent crime rate
(violent crime per 100,000 pop)

Catoosa ★
Dade ●
Walker ●
Georgia
US Avg
90th Percentile

509
416
222

Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2012-2016. Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2012-2016. Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2012-2016. Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2012 - 2014

Social & Economic Factors STRENGTHS

- High school graduation was higher in Catoosa County at 85%, Dade County at 88%, and Walker County at 85% than GA at 80% and the U.S. at 83%.
- Social associations were higher in Catoosa County at 9.1, Dade County at 9.2, and Walker County at 10.1 memberships per 10,000 population than in GA and the U.S. at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
- The children in poverty rate was lower for both Catoosa (19%) and Dade (21%) Counties than GA (23%).
- The percentage of adults ages 35-44 with some postsecondary education was 65% Catoosa County and the U.S. which was higher than GA at 62%.
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in Catoosa County (4.3), Dade County (4.5), and Walker County (4.6) than in GA and the U.S. (5).
- The percentages of children in single-parent households was 27% in Catoosa County, 29% in Dade County, and 36% in Walker County which was lower than GA at 38%.

Social & Economic Factors OPPORTUNITIES

- The percentage of adults ages 35-44 with some postsecondary education was 52% in Dade County, and 50% in Walker County which was lower than GA at 62% and the U.S. at 65%.
- The children in poverty rate was higher for Walker County (25%) than GA (23%) and the U.S. (20%). However, the rate in Walker County declined since 2016.
- The injury mortality per 100,000 was higher in Catoosa County (74), Dade County (83), Walker County (68) than in GA (61) and the U.S. (65).
- Since 2016, violent crime per 100,000 increased in Dade County (416) and Walker County (509) and was higher than GA (380) and the U.S. (380)

*Photo credit Dade County Facebook page*

Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the County rankings. Catoosa County ranked 88th, Dade County ranked 33rd, and Walker County ranked 120th out of 159 Georgia counties in physical environment.

Drinking water violations

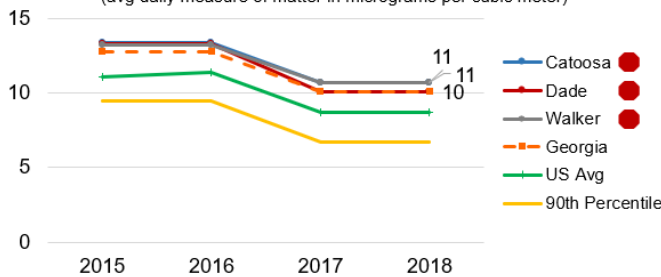|	2016	2017	2018
Catoosa County	Yes	Yes	No
Dade County	No	No	No
Walker County	No	No	No

Severe housing problems
(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)
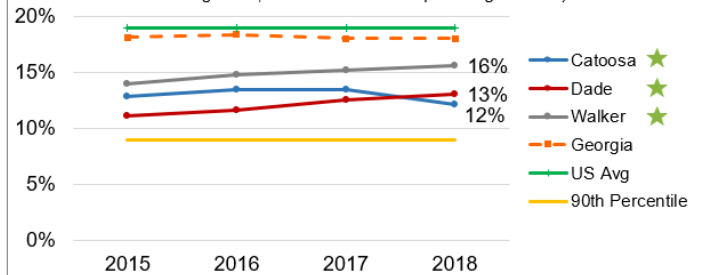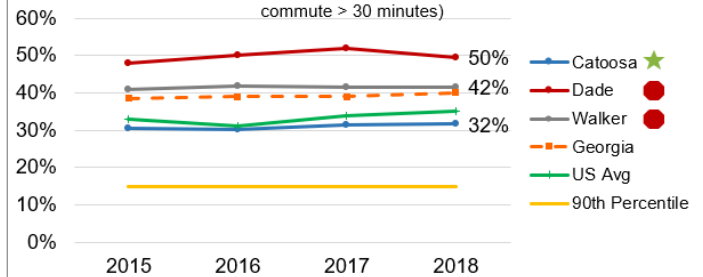

Air pollution - particulate matter
(avg daily measure of matter in micrograms per cubic meter)

Long commute- driving alone
(among workers who commute alone, the % that commute > 30 minutes)

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 016. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2010-2014. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2012-2016. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2012

Physical Environment STRENGTHS

- Dade, and Walker Counties had no drinking water violations from 2016-2018. Catoosa County did not have a drinking violation in 2018.
- Catoosa County (12%), Dade County (13%), and Walker County (16%) had lower percentages of severe housing problems than GA (19%) and the U.S. (19%).
- 32% of workers in Catoosa County who commute alone and commute over 30 minutes which was lower than GA (40%) and the U.S. (35%).

Physical Environment OPPORTUNITIES

- The average daily measure of matter in micrograms per cubic meter at 10 in Catoosa County, 11 in Dade County, 11 in Walker County, and 10 in GA. This measure decreased in all three counties and in GA since 2016 but remained higher than the U.S. at 9.
- 50% of workers in Dade County, and 42% of workers in Walker County who commute alone and commute over 30 minutes which was higher than GA (40%) and the U.S. (35%).

There were Four Broad Themes that Emerged in this Process:

- Catoosa, Dade, Walker Counties need to create a "Culture of Health" which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.

- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.

- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, the counties have many assets to improve health.

Photo Credit Fort Oglethorpe website

Results of the CHNA: Community Health Summit Prioritized Health Needs, Goals and Actions

Prioritization of Health Needs

Photo Credit Stratasan

PRIORITIZATION CRITERIA

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude / scale of the problem	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of "votes" or priority by topic. The bullets below the health need are many of the comments received on the sticky notes.

1 (tie). Access to care and insurance
1 (tie). Obesity – healthy eating, active living
2. Smoking/Vaping
3. Education

4. Substance Use Disorder
5. Transportation
6. Mental Health
7. Chronic Disease

1. (tie). Access to care and insurance (31 sticky notes)
- Access to affordable healthcare
- Willingness of people go
- Access to primary care, low income dental care, urgent care, specialty care
- Access to prescription drugs
- Access for low income individuals with insurance
- Access for individuals without insurance
- Access to affordable healthy food
- Positive Support networks
- Poverty
- Access in underserved/ isolated areas

1. (tie). Obesity (31 sticky notes)
- Healthy Eating, Active Living Health
- Physical Activity
- Exercise access to motivation and education
- Exercise availability
- Need recreational places
- Nutrition and access to healthy foods
- Serious issue, top priority
- This is manageable and for many, preventable
- Heart disease, diabetes

2. Smoking/Vaping (30 sticky notes)
- Smoking/ vaping education
- Smoking cessation
- E-cigs and vaping (in school aged)
- Serious preventable widespread issue, increase priority
- Leads to HTDS, obesity, DM, cancer, stroke

3. Education (18 sticky notes)
- Education on healthy behaviors, habits, life style
- Education- 50% lifestyle, then teach them appropriate choices
- Prevention- immerse elementary age students in healthy choices
- Personal accountability for health
- Positive support
- Teen STD
- Lack of resources
- Parents breaking the cycle
- Resistance to Technology

Most Significant Community Health Needs Continued

4. Substance Use Disorder (16 sticky notes)
- Prescription drug abuse (Xanax, Opiates)
- Drug addictions
- Opioid use
- Alcohol abuse / Drugs
- Significant impact on environment and lifestyle
- Education, support, employment, financial
- Overdose
- Tri-county
- Primary care- access and follow up
- Education- understanding proactive health care
- Affordable access to treatments

5.Transportation (11 sticky notes)
- Transportation availability to healthcare facilities
- Widespread problem- environmental Issue
- Difficult to address

6. Mental Health (13 sticky notes)
- Depression Generalized Anxiety Disorder
- Suicide prevention
- Loneliness and social isolation contribute to health issues
- Behavior health- substance use disorder
- Reach students in schools
- Significant impact on environment and lifestyle spheres of influence
- Access to counselor, trauma treatment, support group
- Mental Health Services
- Violence: educate recognize in schools

7. Chronic Diseases (5 sticky notes)
- Chronic Diseases (X2)
- Reduce cholesterol
- HIV Prevention / Sex Education
- Cancer – Specifically Breast Cancer

Photo Credit Stratasan

Community Health Summit Brainstorming

Community Health Goals and Actions

The most significant health needs coalesced into eight categories. Table groups then brainstormed existing community assets and how they could help with their assigned health need. These community assets and suggestions have been organized below.

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⊘ Significant Health Need 1 (tie): Access to care and insurance

Goal 1- Affordable health care and prescription drugs.

Action 1- Create cash clinics for the uninsured or underinsured. Look at other communities with successful cash clinics.

Action 2 – Advocate for Medicaid expansion.

Resources/ Collaborators Needed: State legislature, payoffs, other communities for support and ideas

Goal 2- Increase access to specialty services such as psychologists and surgical specialists.

Action 1- Expand the work force and clinic training programs to include specialties.

Action 2 - Get grant to help fund specialty services.

Resources/ Collaborators Needed: Universities and colleges, Federal loan program

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Photo Credit Walker County Website

✓ Significant Health Need 1 (tie): Obesity

Goal 1- Reduce obesity by 10% by 2022.

Action 1- Education for prevention and intervention.

Resources/ Collaborators Needed: School systems, YMCA, healthcare systems, clinics for underserved

Action 2- Increase physical activity.

Resources/ Collaborators Needed: bicycling, walking trails, wellness programs etc..

Goal 2- Increase access to healthier food options for the underserved.

Action 1- Availability of better food choices.

Resources/ Collaborators Needed: Community gardens, grocery stores should make healthy options more affordable and more accessible, personal gardens, mobile pantries at centralized locations

Action 2 - Increase nutrition education.

Resources/ Collaborators Needed: Sack Pack Program to include nutrition education, Parent involvement programs and theme nights

✓ Significant Health Need 2: Smoking/Vaping

Goal 1- Education and raise awareness in schools and in the communities via public service announcements social media, and billboards.

Action 1- Education on habits of smoking and vaping at the community level.

Resources/ Collaborators Needed: School systems, law enforcement, community agencies, government, public resources, churches, youth groups, classes for adults, media

Goal 2- Cessations in community and increase prevention measures.

Action 1- Education at parental level at schools.

Action 2- Programs on cessation and prevention in schools and physician offices

Resources/ Collaborators Needed: Schools, health providers, community leaders, businesses, law enforcement

Goal 3- Decrease school vaping by 50% each semester. Decrease smoking by 3% each year.

Action 1- Annual clinic screening and tracking. Screen the community in clinics with health questions and track responses year to year.

Action 2 - Annual education classes from CHAMPS in schools.

Resources/ Collaborators Needed: Smoking/vaping curriculum and classes from CHAMPS grant

✓ Significant Health Need 3: Education

Goal 2- Focus on youth education by partnering with schools. Pilot one youth education program by 2021 in a school in Walker County.

Action 1- Develop program and materials to focus on healthy lifestyles, nutrition, outside play, STDs, drugs, smoking, and safety.

Action 2- Develop tools to help parents. For example, create a map to show where it is safest to take children to play.

Resources/ Collaborators Needed: Schools, CHI Memorial, dietarian, pediatricians, YMCA, Boy/Girl Scouts, already existing programs, churches

Goal 2- Create and establish a youth rewards program with health rewards.

Action 1- Develop a program for health rewards around fruits and vegetables, water, play opportunities etc.

Resources/ Collaborators Needed: CHI Memorial, sporting events, camps, recreation association, businesses as sponsors

Action 2 - Find sponsors and develop community partners.

Resources/ Collaborators Needed: sports equipment, churches, already existing programs, school systems, transportation funding, tickets to sporting events, money for healthy awards

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✓ Significant Health Need 4: Substance Use Disorders

Goal 1- The number of substance abuse related overdoses in the tri-county area will fall below the state average by 2020.

Action 1- Provide affordable access to treatment including outpatient and inpatient services.

Action 2- Expand youth education programs in the community.

Action 3- Continue to support and expand the drug court.

Action 4- Expand youth treatment programs.

Resources/ Collaborators Needed: School systems, churches, CHI Memorial, law enforcement, court systems, legislators, clinics for underserved, local employers, mental health providers, local elected officials

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✓ Significant Health Need 5: Transportation

Goal 1 – Eliminate transportation to care as an obstacle to obtain health care or prevention serves by 2020

Action 1- Conduct study of established transportation services available in tri-county area in 30 days.

Action 2- Promote available services and develop education to reach population in need.

Resources/ Collaborators Needed: Utility bills, nurse navigators, transportation to clinics and psychologists

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✓ Significant Health Need 6: Mental Health

Goal 1 – Improve early identification and education of mental health disorders.

Action 1- Education efforts with community organizations such as schools, churches, employers on how to identify and look for words and actions and how to respond

Action 2- Personal education of warning signs and symptoms, knowledge of what to do and where to go .

Resources/ Collaborators Needed: School systems, employers, churches, libraries, community organizations

Goal 2- Increase access to providers and recourses for mental health. Collect metrics around the number of partnerships, events, communication frequency, and the number of screenings performed.

Action 1 - Develop partnerships with other organizations (schools, churches, employers) to extend existing resources and efficiently build new resources.

Action 2- Go to where the community is! Actively conduct community screening, education sessions, health providers, counselors, QA screenings out in the community.

Resources/ Collaborators Needed: Employers, community centers, volunteers, CHI Memorial, healthcare providers

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✓ Significant Health Need 8: Chronic Diseases

Goal 1- Educate all three counties on how to get, read, and understand health numbers by June 2020.

Action 1- Develop education on what health numbers mean and certain risk factors associated with them

Action 2- Dispense education materials to the public via marketing, primary care providers , and the health department

Resources/ Collaborators Needed: Primary care providers , health department

Goal 2- Education on the resources available to prevent or manage chronic diseases by June 2020.

Action 1- Devolve and deliver education material to the public via marketing, primary care providers and health departments

Action 2- Primary care taking the responsibility to get patients into screenings instead of waiting until they are in crisis mode**.**

Resources/ Collaborators Needed: Cardiac, primary care providers, health department, primary care

Community Assets and Inventory

Community Asset Inventory

A separate document includes a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. The focus group also identified community resources to improve health, which are listed on page 23.

Community Health Needs Assessment
for Catoosa, Dade, and Walker Counties

completed by CHI Memorial Georgia in Partnership with:

Stratasan