



2019

Hamilton Health Care System

Community Health Needs Assessment

- Murray and Whitfield Counties, Georgia -

*Paper copies of this document may be obtained at: Hamilton Medical Center
1200 Memorial Drive, Dalton GA 30720 or by phone 706-272-6000 or via the hospital website
<https://www.hamiltonhealth.com>*

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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 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 Murray and Whitfield Counties, Georgia.

2019 Community Health Needs Assessment

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Hamilton Medical Center.

Hamilton Medical Center as the sponsors 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 and surveys, facilitated the focus groups, 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.

- ✓ Starting on October 1, 2019, this report is made widely available to the community via Hamilton Medical Center's website <https://www.hamiltonhealth.com> and paper copies are available free of charge at Hamilton Medical Center, 1200 Memorial Drive, Dalton GA 30720 or by phone 706-272-6000.
- ✓ Hamilton Medical Center's board of directors approved this assessment on September 26, 2019.

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.

Community

Input and Collaboration

Data Collection and Timeline

In April 2019, Hamilton Medical Center began a Community Health Needs Assessment for Murray and Whitfield Counties and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in May 2019.
- An online survey of Hamilton Medical Center employees and community physicians was conducted May 5 – May 31, 2019.
- Thirty-two community members, not-for-profit organizations representing medically underserved, low-income, minority populations, and the elderly. Health providers, education providers, and the health departments participated in three focus groups and individual interviews for their perspectives on community health needs and issues on May 2-3, 2019.



Photo Credit: Career Day at Blue Ridge Elementary; dpsschools.wordpress.com

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.

Participants

Thirty-two individuals from twenty-seven community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Murray and Whitfield 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 communities.

Participation by those Representing the Broad Interests of the Community

Participation in the focus groups and interviews creating the Murray and Whitfield Counties Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented (kids, low income, minorities, those w/o access)
Centerstone	Foster care
Chatsworth Police Department	Community
Chattanooga Area Food Bank	Food insecure
City of Dalton- Parks & Recreation	Community
City of Eton	All of community
Community member	Children
Corner Drugs	All of community
Cross Plains community partner	Adults with developmental disabilities
Dalton high schools	Community parents
Dalton Unified Joint Development Authority	Community
Director Case Management	Hamilton Medical Center
Greater Dalton Chamber	Community
Hamilton Hospice	Terminally ill- all age groups
Hamilton Medical Center	Community/healthcare
Hamilton Physician Group Internal Medicine	All of community
Highland Rivers	All- Mental health, addictive disease
Magistrate Court	Community
Murray County Chamber	Community
Murray County Extension	Farmers, 4-H youth
Murray County Health Department	Community
Murray County Senior Center	Senior community
Northwest Georgia Healthcare Partnership	Community
Patient and Family Advisory Council	Hospital/church
Retired educator, chamber delegate	Children- others
The DEO Clinic, Inc.	Low income/uninsured
Whitfield County 911	Community
Whitfield County Health Department	Public health

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 surveys. Agencies representing these population groups were intentionally invited to the focus groups and interviews. Additionally, hospital staff and physicians who live in the community were asked for their opinions on community health. They have particular insight when it comes to community health.

Input of those with Expertise in Public Health

Representatives of the Murray and Whitfield Counties Public Health Departments participated in the focus groups, and interviews.

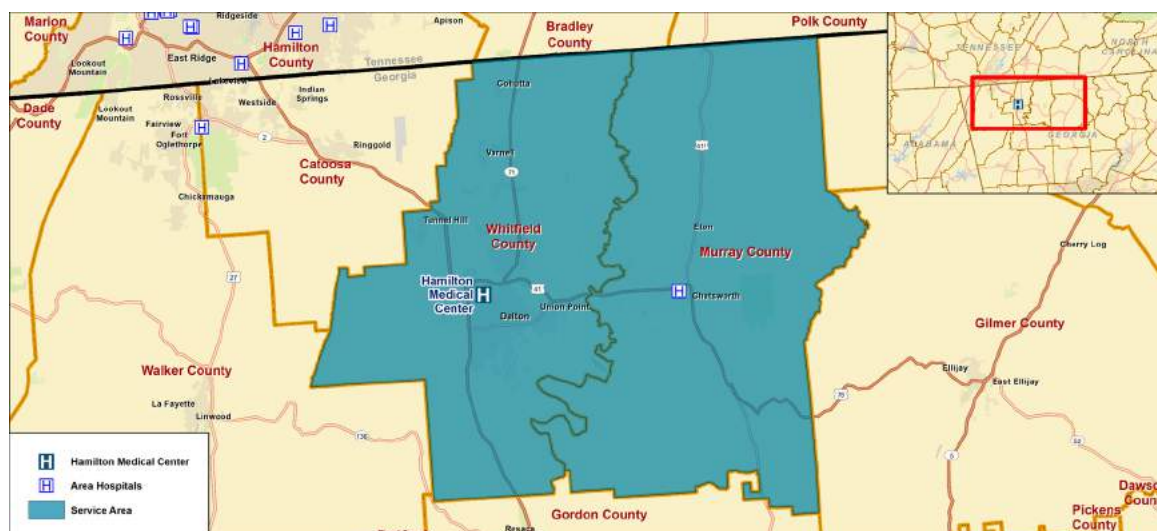
Community Engagement and Transparency

Many members of the community participated in the focus groups, individual interviews, and surveys. 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 Murray and Whitfield 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.

Community Selected for Assessment

Murray and Whitfield Counties were the primary focus of the CHNA due to the service area of Hamilton Medical Center. Used as the study area, Murray County provided 20% and Whitfield County provided 70% of inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Hamilton Medical Center draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Hamilton Medical Center's Financial Assistance Policy.

Hamilton Medical Center Patients - 2018



Source:
Hamilton
Medical Center
2018

Key Findings

Community Health Assessment

Results

Hamilton Healthcare System executive leadership team reviewed the primary and secondary data and ranked the health priorities. Not surprisingly, the list is very similar to 2016.

1. Lifestyle – Nutrition and activity
2. Chronic Diseases
 - Diabetes
 - Cardiovascular disease and Hypertension
 - Cancer
3. Mental Health
4. Access to care
 - Access to providers
 - Access to free and reduced cost care
5. Substance Use – including tobacco
6. Social Determinants of Health - socioeconomics, housing, family dynamics, food insecurity

Process and Methods

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

Primary methods included:

- Community focus groups
- Individual interviews with community members
- Online survey of hospital employees and community physicians

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



Photo credit: hamiltonhealth.com

Demographics of the Community 2018-2023

Description of the Communities Served

The table below shows the demographic summary of Murray and Whitfield Counties compared to Georgia and the U.S.

	Murray County	Whitfield County	Georgia	USA
Population	40,077	105,241	10,517,229	330,088,686
Median Age	37.6	35.2	36.6	38.3
Median Household Income	\$42,785	\$44,609	\$54,785	\$58,100
Annual Pop. Growth (2018-2023)	0.21%	0.47%	1.10%	0.83%
Household Population	14,305	35,581	3,883,230	124,110,001
Dominant Tapestry	Southern Satellites (10A)	Barrios Urbanos (7D)	Southern Satellites (10A)	Green Acres (6A)
Businesses	784	3,475	364,197	11,539,737
Employees	8,494	52,471	4,550,720	151,173,763
Medical Care Index*	76	80	95	100
Average Medical Expenditures	\$1,483	\$1,568	\$1,859	\$1,950
Total Medical Expenditures	\$21.2 M	\$55.8 M	\$7.2 B	\$242.0 B
Racial and Ethnic Make-up				
White	87%	74%	57%	70%
Black	1%	4%	32%	13%
American Indian	1%	1%	0%	1%
Asian/Pacific Islander	0%	2%	4%	6%
Other	9%	17%	4%	7%
Mixed Race	2%	3%	3%	3%
Hispanic Origin	15%	36%	10%	18%

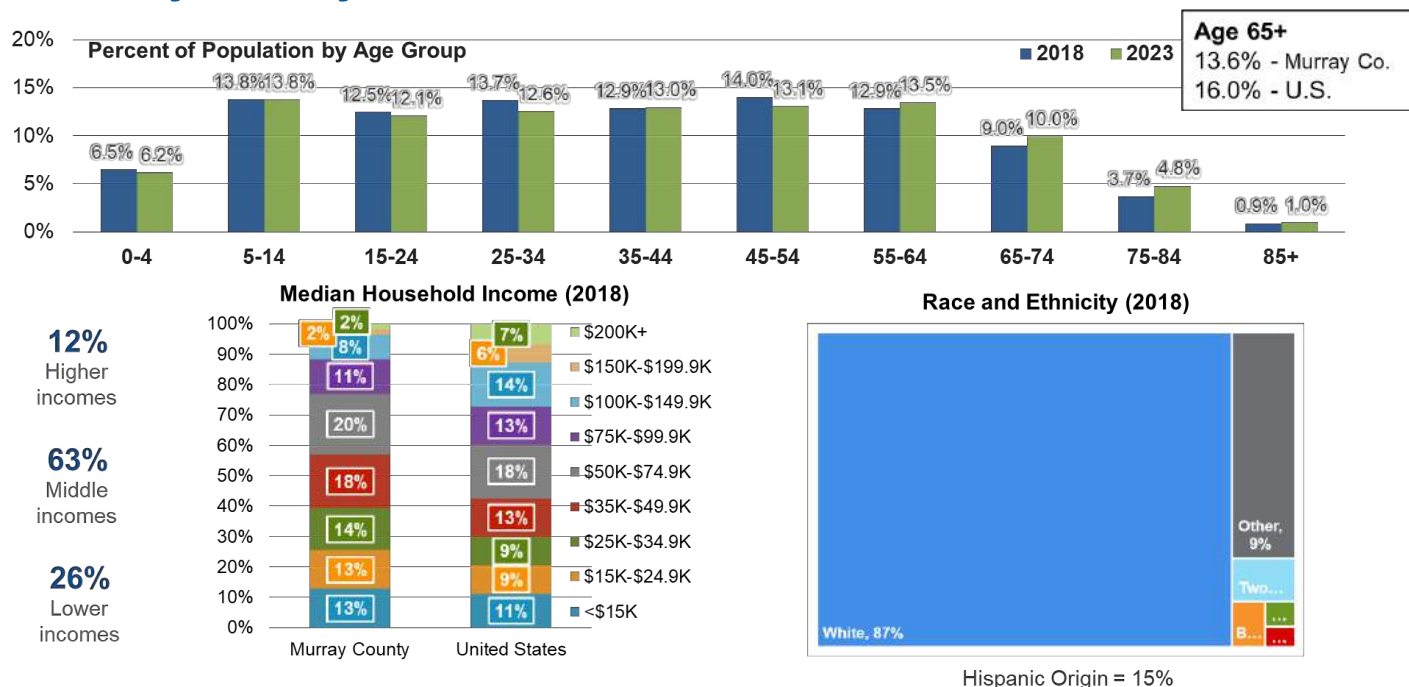
Source: ESRI

*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.

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

Description of the Communities Served

Murray County

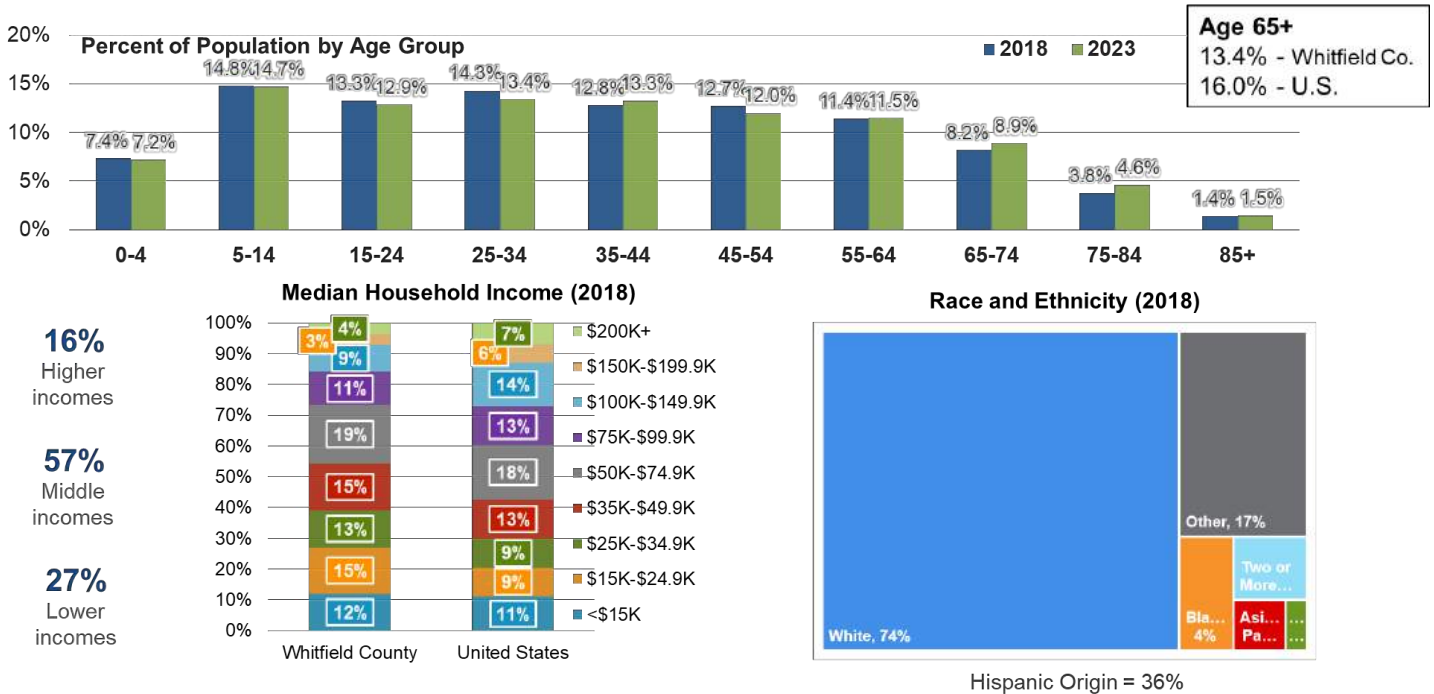


Source: ESRI

- The population of Murray County is projected to increase from 2018 to 2023 (0.21% per year). Georgia is projected to increase 1.10% per year. The U.S. is projected to increase 0.83% per year.
- Murray County had a higher median age (37.6 median age) than GA 36.6, but lower than the U.S. at 38.3 median age. Murray County's percentage of the population 65 and over was 13.6%, lower than the U.S. population 65 and over at 16%.
- Murray County had lower median household income at \$42,785 than GA (\$54,785) and the U.S. (\$58,100). The rate of poverty in Murray County was 17.2% which was higher than GA (15.1%) and the U.S. (13.4%).
- The household income distribution of Murray County was 12% higher incomes (over \$100,000), 63% middle income and 26% lower incomes (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. Murray County was 76, indicating 24% 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 Murray County was 87% White, 1% Black, 15% Hispanic Origin, 9% other, 2% mixed race, and 1% American Indian. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

Description of the Communities Served

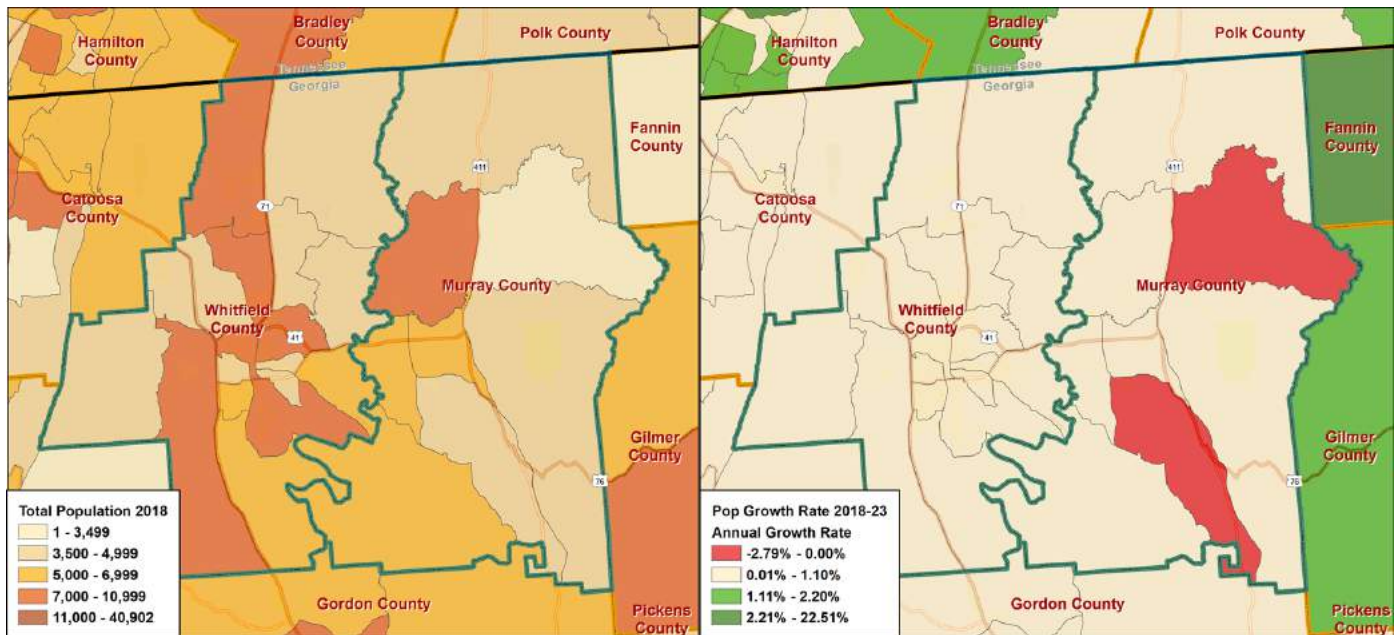
Whitfield County



Source: ESRI

- The population of Whitfield County is projected to increase from 2018 to 2023 (0.47% per year). Georgia is projected to increase 1.10% per year, and the U.S. 0.83% per year.
- Whitfield County had a lower median age (35.2 median age) than GA (36.6 median age), and the U.S. (38.3 median age). Whitfield County percentage of the population 65 and over was 13.4%, lower than the U.S. population 65 and over at 16%.
- Whitfield County had lower median household income at \$44,609 than GA at (\$54,785) and the U.S. (\$58,100). The rate of poverty in Whitfield County was 16.5% which was higher than GA (15.1%) and the U.S. (13.4%).
- The household income distribution of Whitfield County was 16% higher income (over \$100,000), 57% 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. Whitfield County was 80, indicating 20% 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 Whitfield County was 74% White, 36% Hispanic Origin, 17% other, 3% mixed race, 4% Black, 2% Asian/Pacific Islander, and 1% 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

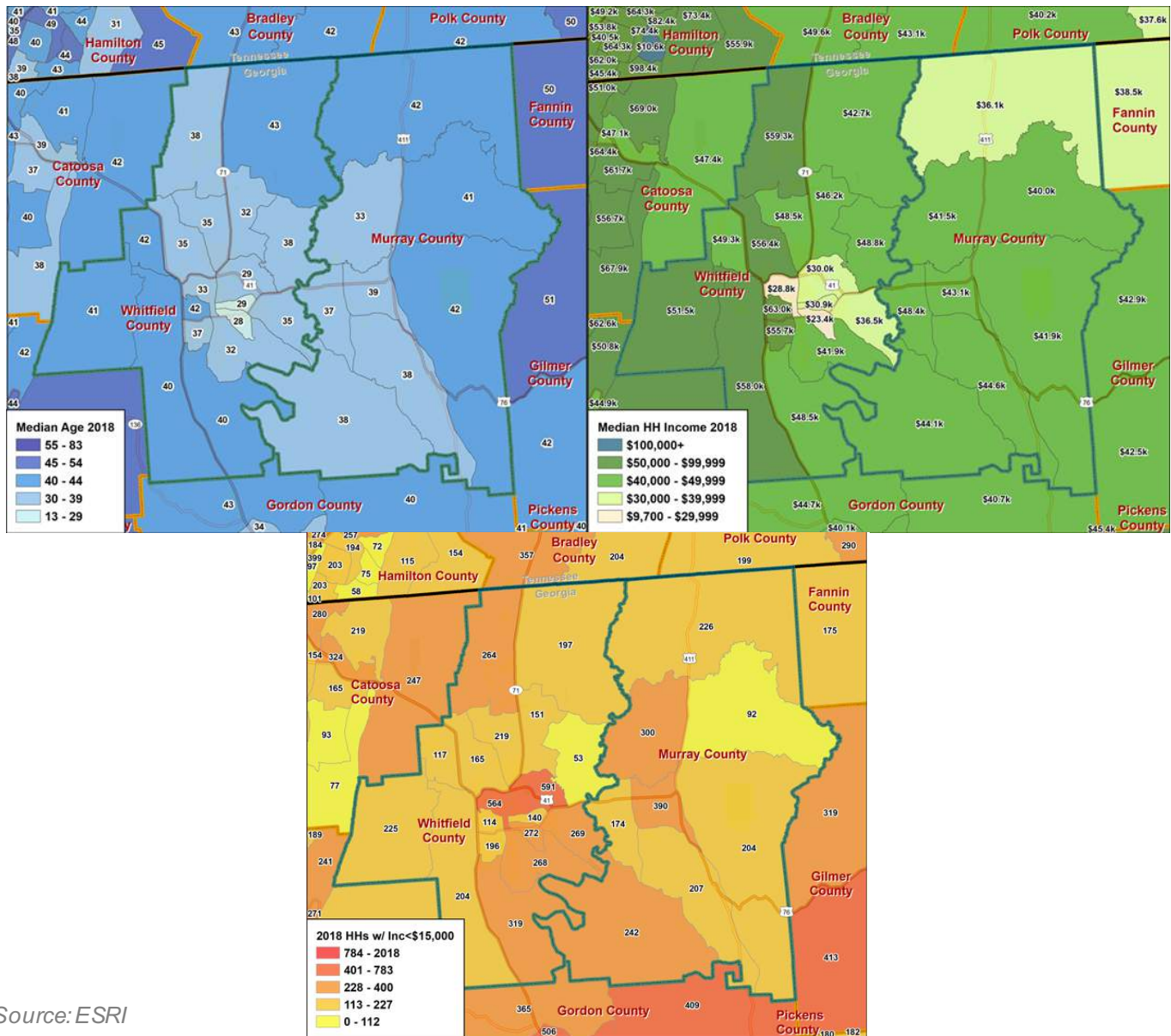
Red is population decline
Yellow is positive up to the GA growth rate
Green is greater than the GA growth rate
Dark Green is twice the GA growth rate

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

Murray County's population was projected to increase from 2018 to 2023, 0.21% per year. However, there are two census tracts where the population was projected to decline, one east of Eaton and one south of Chatsworth. The remainder of the county was projected to grow up to the rate of GA.

Whitfield County's population was projected to increase 0.47% per year. All census tracts were projected to increase up to the rate of GA.

2018 Median Age & Income



Source: ESRI

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 in the northeast corner of Whitfield County with a median age of 43 and the census tracts in east Dalton with median ages of 29 and 28.

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. Murray has one census tract in the north of the county that has lower household income than the rest of the county. In Whitfield County there are two census tracts, one in west Dalton and one in south Dalton have lower incomes, 28.8K and 23.4K.

Description of the Communities Served

The lower map is the number of households making less than \$15,000 per year. Again further attempting to identify those areas within the county that may have lower health status. Two census tracts in west and north Dalton have higher numbers of low-income households.

Additionally, Murray County's February 2019 preliminary unemployment was 5.6% and Whitfield's was 5.3% compared to 3.9% for Georgia and 3.8% for the U.S., which is 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.

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Business Profile

69.3% of employees in Murray County were employed in:

- Manufacturing (28.4%)
- Retail Trade (15.4%)
- Educational services (13.9%)
- Accommodation and food services (8.0%)
- Public Administration (6.8%)

Source: ESRI

Retail, accommodation, and food service jobs offers health insurance at a lower rate than manufacturing, healthcare, manufacturing, public administration and educational services. Murray County loses 5,134 net commuters per day commuting out of the county for work, with 8,732 commuting out of the county and 3,598 commuting into the county.

Source: US Census Bureau, American Community Survey (2009-2013)

69.5% of employees in Whitfield County were employed in:

- Manufacturing (31.6%)
- Retail trade (15.9%)
- Health care and social assistance (8.1%)
- Educational services (7.0%)
- Accommodation and food services (6.9%)

Source: ESRI

Whitfield County gains 12,293 net commuters per day commuting outside the county for work, with 7,394 commuting out of the county and 19,687 commuting into the county.

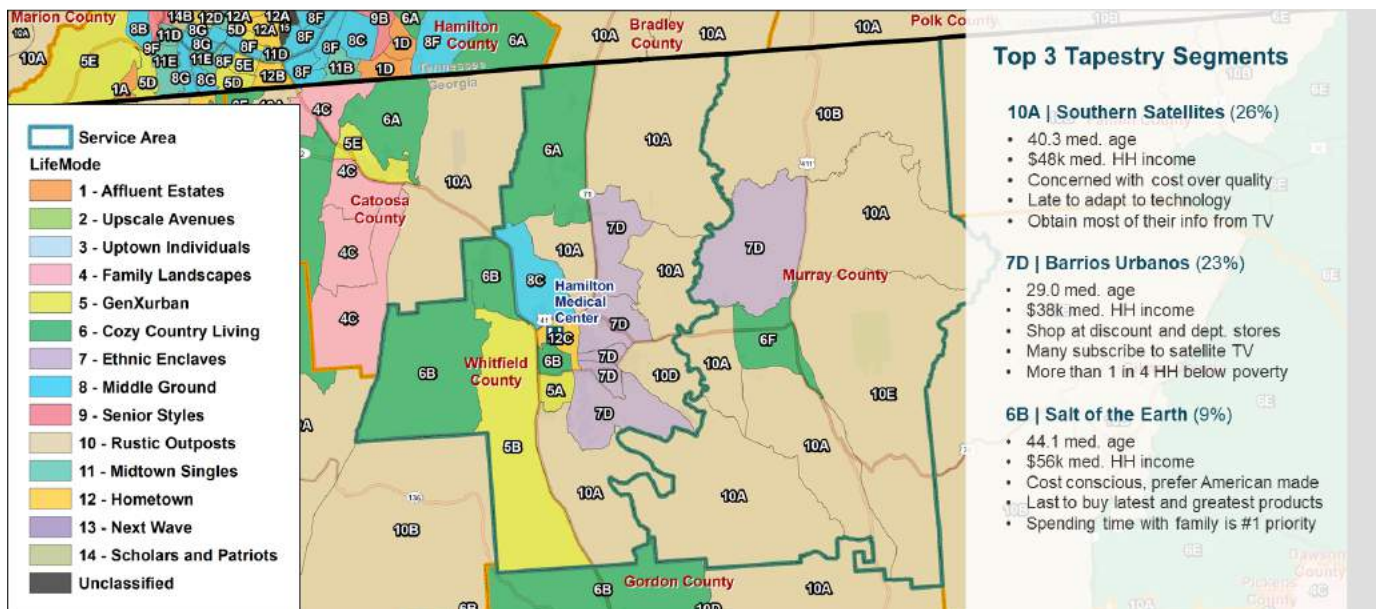
Description of the Communities Served

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. 58% of Murray and Whitfield Counties are included in three Tapestry Segments. 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 (26%), Barrios Urbanos (23%), and Salt of the Earth (9%). 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 helps 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



LifeMode Group: Rustic Outposts 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.



LifeMode Group: Ethnic Enclaves Barrios Urbanos

7D

Households: 1,289,900

Average Household Size: 3.62

Median Age: 28.9

Median Household Income: \$38,000

WHO ARE WE?

Family is central within these diverse communities. Hispanics make up more than 70% of the residents. More than one in four are foreign born, bringing rich cultural traditions to these neighborhoods in the urban outskirts. Dominating this market are younger families with children or single-parent households with multiple generations living under the same roof. These households balance their budgets carefully but also indulge in the latest trends and purchase with an eye to brands. Most workers are employed in skilled positions across the manufacturing, construction, or retail trade sectors.

OUR NEIGHBORHOOD

- Family market; over a third of all households are married couples with children, with a number of multigenerational households and single-parent families; household size is higher at 3.62.
- While most residents live in single-family homes, almost 10% of householders reside in mobile home parks.
- Homes are owner occupied, with slightly higher monthly costs (Index 103) but fewer mortgages (Index 83).
- Most are older homes, nearly 60% built from 1950 to 1989.
- Most households have one or two vehicles; many commuters car pool or walk to work (Index 145).
- *Barrios Urbanos* residents live within the urban periphery of larger metropolitan areas across the South and West.

SOCIOECONOMIC TRAITS

- While a majority finished high school, over 40% have not (Index 321).
- Unemployment is higher at 8.4% (Index 155); labor force participation is slightly lower at 61%.
- More than one in four households is below the poverty level (Index 183).
- Residents balance their budgets carefully by spending only on necessities and limiting activities like dining out.
- Many have no financial investments or retirement savings, but they have their homes.



Note: The Index represents the ratio of the segment rate to the US rate multiplied by 100. Consumer preferences are estimated from data by GfK Mill.



LifeMode Group: Cozy Country Living

Salt of the Earth

6B

Households: 3,545,800

Average Household Size: 2.59

Median Age: 44.1

Median Household Income: \$56,300

WHO ARE WE?

Salt of the Earth residents are entrenched in their traditional, rural lifestyles. Citizens here are older, and many have grown children that have moved away. They still cherish family time and also tending to their vegetable gardens and preparing homemade meals. Residents embrace the outdoors; they spend most of their free time preparing for their next fishing, boating, or camping trip. The majority has at least a high school diploma or some college education; many have expanded their skill set during their years of employment in the manufacturing and related industries. They may be experts with DIY projects, but the latest technology is not their forte. They use it when absolutely necessary, but seek face-to-face contact in their routine activities.

OUR NEIGHBORHOOD

- This large segment is concentrated in the Midwest, particularly in Ohio, Pennsylvania, and Indiana.
- Due to their rural setting, households own two vehicles to cover their long commutes, often across county boundaries.
- Home ownership rates are very high (Index 133). Single-family homes are affordable, valued at 25 percent less than the national market.
- Nearly two in three households are composed of married couples; less than half have children at home.

SOCIOECONOMIC TRAITS

- Steady employment in construction, manufacturing, and related service industries.
- Completed education: 40% with a high school diploma only.
- Household income just over the national median, while net worth is nearly double the national median.
- Spending time with family their top priority.
- Cost-conscious consumers, loyal to brands they like, with a focus on buying American.
- Last to buy the latest and greatest products.
- Try to eat healthy, tracking the nutrition and ingredients in the food they purchase.

Focus Groups and Interview Results

Thirty-two community stakeholders representing the broad interests of the community as well as representing low income, medically underserved and minority populations participated in three focus groups and individual interviews on May 2nd and 3rd, 2019 for their input into the community's health. There were focus groups in Dalton, and Chatsworth. Community participation in the focus groups and interviews represented a broad range of interests and backgrounds. Below is a summary of the 90-minute focus group discussions and the individual interviews.

1. How do you define health?

- Physical, emotional, mental, social and spiritual health
- Access to medical services
- Physically active
- Independent
- Being well all around
- Balanced – work-life balance, physical and mental health, emotional and spiritual
- Preventive
- Nutritional disciplines

2. Generally, how would you describe the community's health?

- There are certain areas where health is a real issue, primarily tied to economic status and access
- Some people's health is great
- 25% are in poverty, uninsured, disparities both economic and cultural
- Unbalanced
- Improving
- Better in Whitfield than Murray because of more access to health services
- Good – great facilities and clinics
- Fair for mental health
- Pretty good for spiritual health
- Poor, unhealthy
- Overall mediocre

3. What are the most important health issues facing Murray and Whitfield Counties?

- Lifestyle – exercise, diet, electronics, fear of deportation, language barriers
- Obesity- poverty drives obesity, convenience of fast food
- Chronic diseases – Diabetes, hypertension, heart disease, respiratory disease, cancer
- Mental Health – suicide, depression, stress, stigma, dementia, lack of resources
- Substance use disorder – drugs, alcohol, vaping, smoking, opioid crisis, Neonatal Abstinence Syndrome, lack of treatment
- Access to care – dental, specialists, preventative, developmentally disabled, uninsured, high cost of insurance and prescription drugs
- Family dynamics – single parents, unsupervised children
- Economics – lack of industry, skilled workers, resources, affordable housing, low wages
- Teen pregnancy
- Transportation
- No one ever leaves- gets stuck in the cycle

Focus Group Results, cont.

4. What are the most important health issues facing various populations including medically underserved, low-income and minority populations?

- Undocumented population – access to care, insurance, dialysis, fear
- Latino population – preventative care, cancer, language barriers
- LGBTQ population – stigma about seeking help, fear
- Poor decision-making
- Smoking, vaping
- Lack of information, knowledge on resources and health information
- Low income can't afford a gym membership or healthy food
- Cultural and generational issues
- Transportation

5. What are the most important health issues facing children?

- Access to dental and child care
- Lack of exercise – screen time, lack of P.E. in school
- Nutrition – obesity or underweight, poor diets, food insecurity
- Literacy rate low
- Family dynamics – grandparents raising grandchildren, raising themselves, foster care
- Vaping
- Victimization children, sexual molestation, bullying
- Allergies
- Generational cycles
- Lack of communication skills

6. What are the most important health issues facing seniors?

- Affordable senior housing and caregiver services
- Diabetes
- Transportation
- Dementia
- Neglect, isolation
- Lack of geriatric psych treatment
- Working into older age to have health insurance
- Choosing between medications and food
- Dental care
- Undocumented seniors – dialysis, cancer, issues with access
- Long-term care facilities are not available

7. What has changed most in the health status in the last 3 years?

Improved

- Access to care
- Access to cancer care
- Access to exercise opportunities
- Teen pregnancy
- More education on resources
- Flu shots
- National Alliance on Mental Illness (NAMI)
- AA support groups

Worsened

- Sexually transmitted infections
- Drug use – Methamphetamines, prescription drugs, pill parties
- Communication and education on resources

Focus Group Results, cont.

8. What behaviors have the most negative impact on health?

- Smoking, vaping – not knowing the consequences
- Drug use – opioids, heroin, meth
- Lack of physical activity
- Use of technology
- Lack of activity – don't use the natural resources available locally, hiking, waterways
- Expense of healthy foods
- Don't play anymore at school – have to prepare for tests

9. What environmental factors have the biggest impact on community health?

- Plenty of opportunities for safe exercise – walking trails, walkable downtown
- Shortage/lack of housing – low and all incomes, substandard housing. Families are doubling and tripling up. Substandard housing – lack of plumbing and cat and dog feces in the house and chickens living in the house

10. What were the barriers to improving health in the last 3 years and going forward?

- Lack of mental health resources – inpatient beds, residential treatment, professionals
- High insurance and cost of healthcare, lack of Medicaid expansion, CMOs not covering services
- Knowledge of health services and resources available, cooking
- Undocumented population lack of access to care
- Transportation
- Education – literacy, importance
- Income gap between haves and have nots
- Money, poor county, low wages, unemployment, lack of industry, loss of jobs
- Lack of affordable housing
- Human nature- change is difficult

11. What community assets support health and well-being?

- | | |
|--|--|
| • Family connections and collaborative | • United Way |
| • Bradley Wellness | • Ross Woods adult day care |
| • Northwest GA Health Partnership | • Generous community- family foundations |
| • Anna Shaw Children's Institute | • Downtown Dalton Farmer's Market |
| • Children's Assistance Program | • Churches |
| • Health Departments | • Food Bank |
| • Hamilton Health Care System | • Woman's Community Club |
| • Lions Club | • Homeless Shelter |
| • Kiwanis Club | • Carpet and Rug Institute |
| • Dalton State College | • Community Center |
| • Dalton Public Schools | • Dept of Child & Family Services |
| • GA Hope – mental health | • Senior Center |
| • DACA | • Murray Transit |
| • Natural resources – parks, trails | • Parks and Recreation |

Focus Group Results, cont.

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

- Deo Clinic
- Rock Bridge Hope Clinic
- Hamilton Health Care Emergency Department – because people don't have money to go elsewhere. They will get billed later, get a payment plan or charity care program.
- Dodson Clinic (in Chattanooga for dental care for low-income)
- The Hispanic physicians
- Advent Health Murray Emergency Department
- Hamilton Walk-in Clinic
- Doctor's offices

13. If you had the power you so richly deserve, what priority health improvement actions should we focus on?

- Doctors to see charity patients throughout the community
- Access to mental health services, local facilities, reduce stigma
- Expand GA Medicaid
- Expand outpatient clinics and services
- Full time clinics in schools
- Telehealth for specialists and psychiatrists
- Dental Clinic – free and sliding scale
- Convenient, low-cost transportation
- Improve wages
- Reasonable sick leave opportunities
- Education on lifestyle, food and exercise (local trails, biking)
- Change attitudes about personal health and lifestyle
- Community garden and microwave cooking classes



Photo Credit:
Downtown Dalton, GA;
exploregeorgia.org

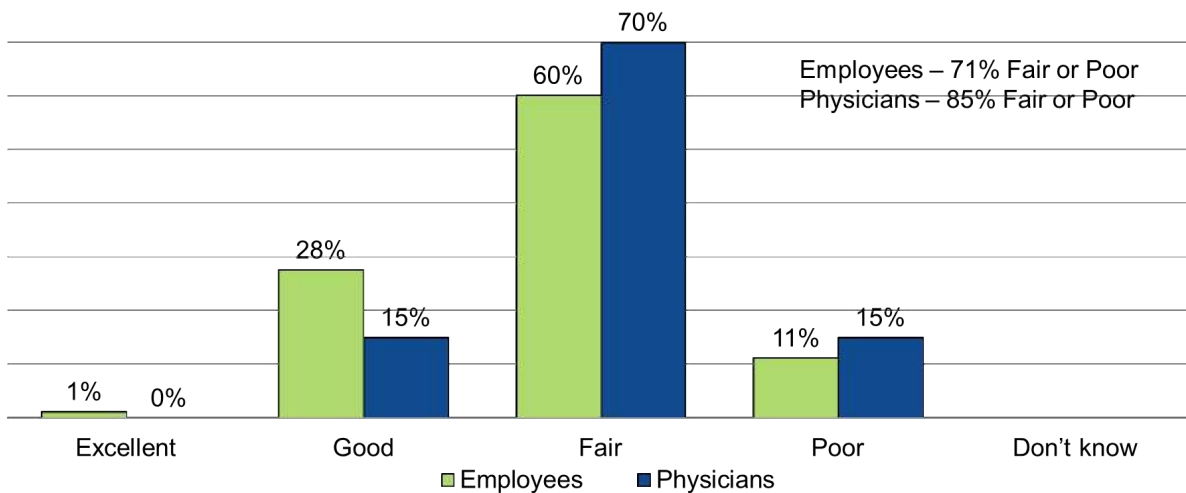
Hospital Employee and Community Physicians Survey

Survey Process

Hamilton Medical Center conducted employee and physician surveys about the health of Murray County and Whitfield County. 422 employees and 33 physicians completed the on-line surveys. The surveys were conducted between May 5, 2019 through May 29, 2019.

Health Status

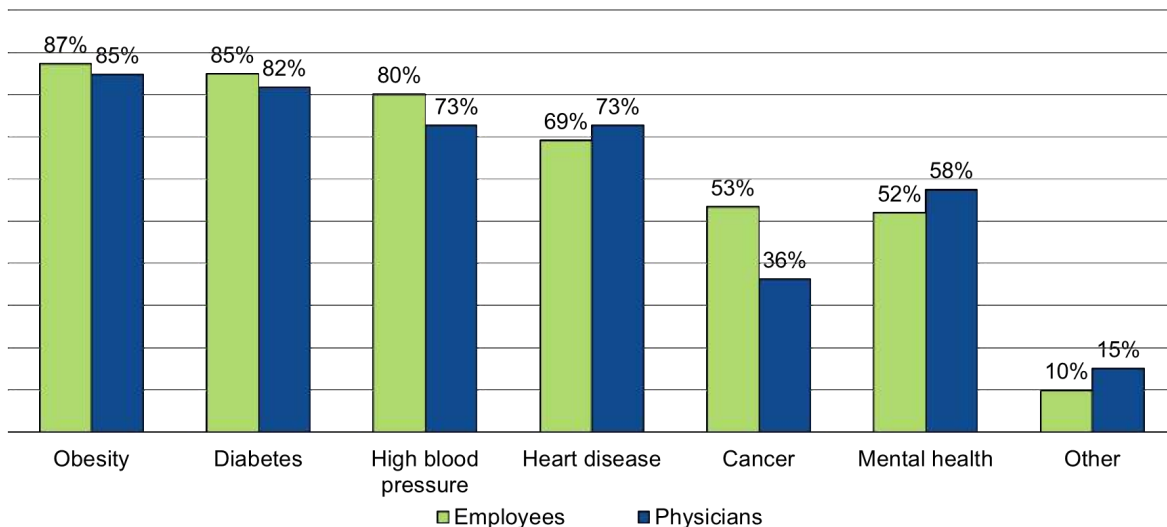
How would you describe the overall health status of the citizens of Murray and Whitfield Counties?



The employees rated the community's health as 71% fair or poor. The physicians indicated 85% of the community's health was fair or poor.

Prevalent Chronic Diseases

What are the most prevalent chronic diseases in your community?

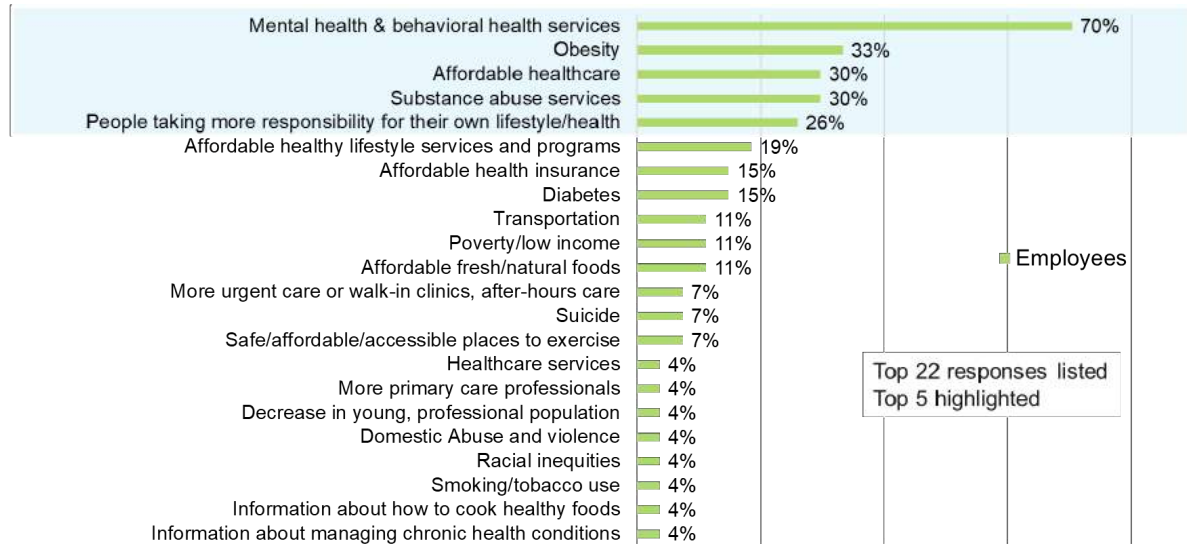


The employees indicated obesity, diabetes, high blood pressure, heart disease, cancer and mental health were the most prevalent chronic diseases. The providers thought the same with mental health being above cancer.

Hospital Employee and Community Physicians Survey

Top Health Needs that Impact Health - Employees

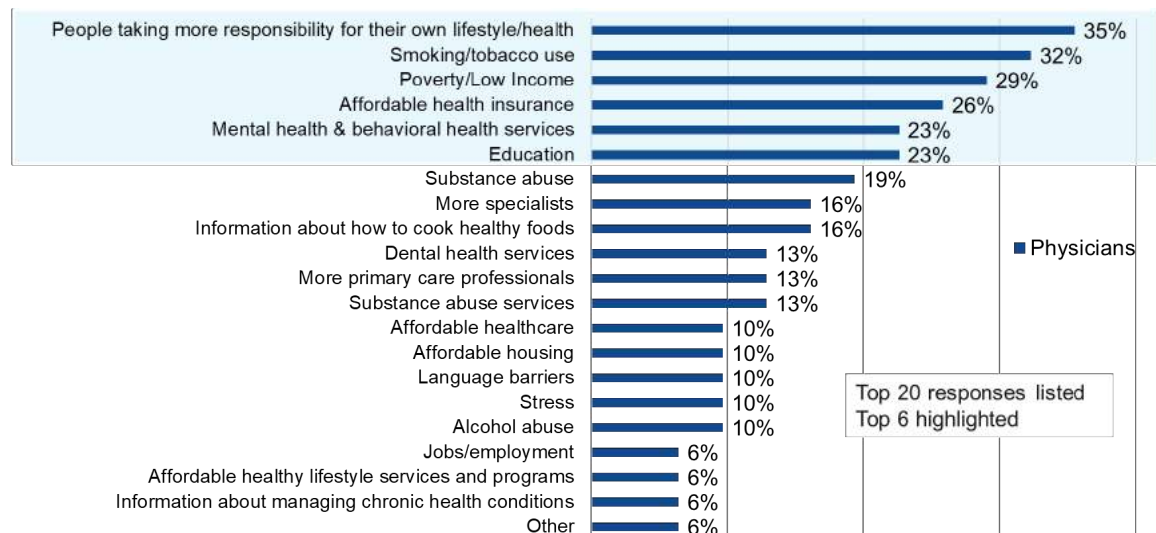
What are the top 3 issues that need to be addressed in your community that impact people's health?



Employees thought mental and behavioral health services, obesity, affordable healthcare, substance abuse services, and personal responsibility were the top health issues.

Top Health Needs that Impact Health - Physicians

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

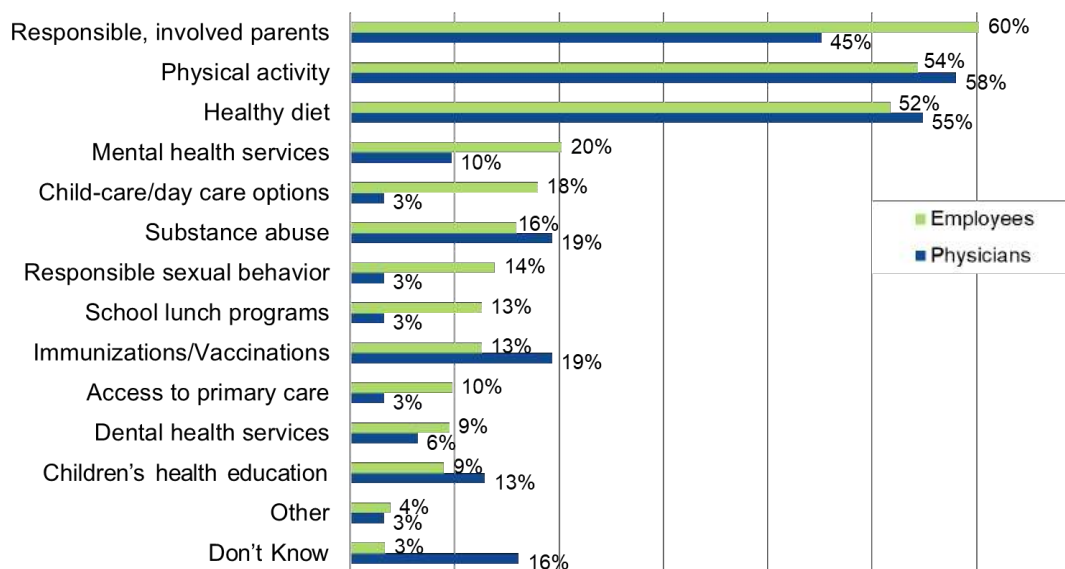


Physicians ranked personal responsibility, smoking/tobacco use, poverty/low income, affordable health insurance, mental and behavioral health services and education as the top health issues.

Hospital Employee and Community Physicians Survey

Top Health Concerns for Children

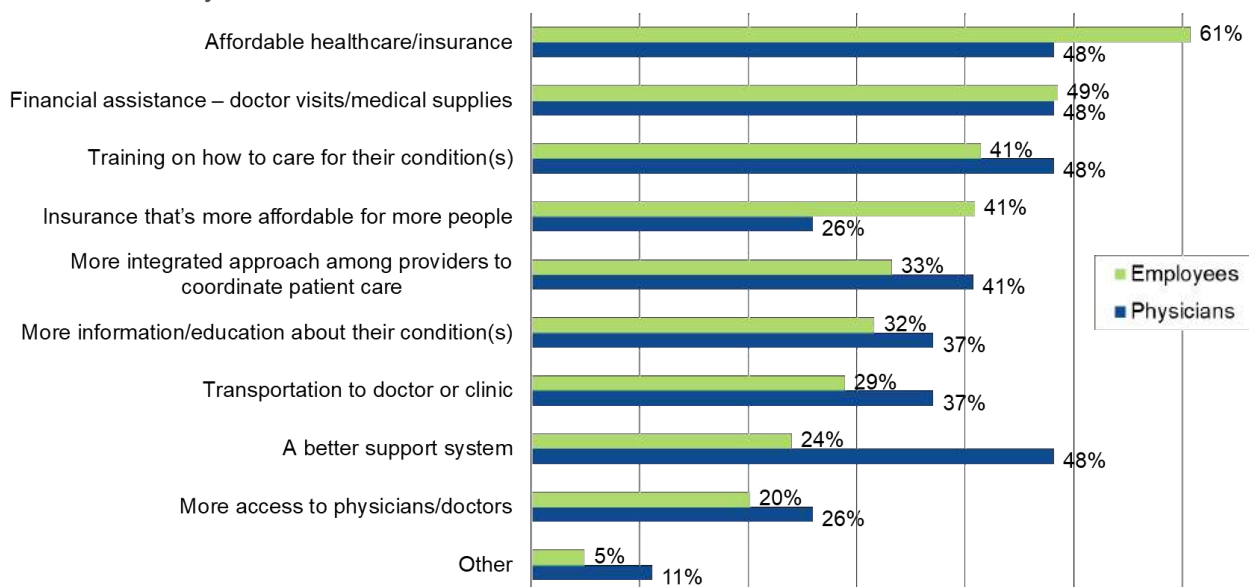
What are the top 3 health concerns for children in your community?



Employees and physicians agreed on the top three health concerns for children, responsible involved parents, physical activity and healthy diet.

Community Needs

What, if anything, do you think the people in the community need in order to manage their health more effectively?

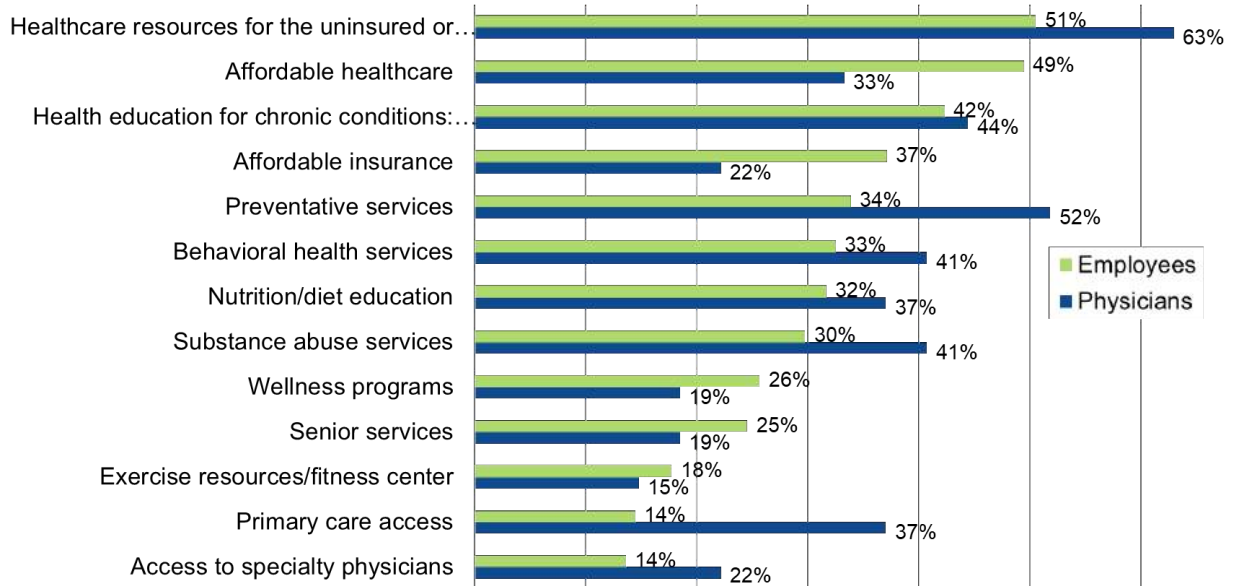


Affordable healthcare/insurance, financial assistance for doctor visits/medical supplies, training on how to care for their condition(s) and a better support system were the top community needs for people to manage their health.

Hospital Employee and Community Physicians Survey

Healthcare, Health Education or Public Health Services

What new healthcare, health education, or public health services/programs would be most beneficial to your community for the hospital to provide/offer?



Healthcare resources for the uninsured or poor, affordable healthcare, health education for chronic conditions, preventative services, and primary care access were the most beneficial services to add.

Health Status Data

Based on the 2018 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Murray County ranked 95th healthiest County in Georgia out of the 159 counties ranked (1= the healthiest; 159 = unhealthiest), 76th for health outcomes and 115th for health factors. Whitfield County ranked 58th healthiest county in Georgia, 42nd for health outcomes and 75th for health factors.

County Health Rankings suggest the areas to explore for improvement in Murray County were: higher adult smoking, higher adult obesity percentage, higher teen birth rate, higher percentage of uninsured, higher population to primary care physician, higher preventable hospital stays, lower mammography screening, lower high school graduation, lower percentage of adults with some college, higher unemployment, lower social associations and higher violent crime rate. The areas of strength were identified as higher (better) food environment index, lower rate of sexually transmitted infections, lower income inequality and lower percentage of children in single-parent households.

County Health Rankings suggest the areas to explore for improvement in Whitfield County were: higher adult smoking, higher adult obesity percentage, higher percentage of uninsured, lower high school graduation, lower percentage of adults with some college, and higher unemployment. The areas of strength were identified as higher (better) food environment index, higher percentage of flu vaccinations, lower income inequality, and higher injury death rates,

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 Murray and Whitfield 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, Murray and Whitfield Counties must close several lifestyle gaps. For additional perspective, Georgia was ranked the 39th healthiest state out of the 50 states (Source: 2018 America's Health Rankings). Georgia strengths were high meningococcal immunization coverage among adolescents, low prevalence of excessive drinking, and low prevalence of frequent physical distress. Georgia challenges were low immunization coverage among children, high prevalence of low birthweight babies, high percentage of uninsured population.

² 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

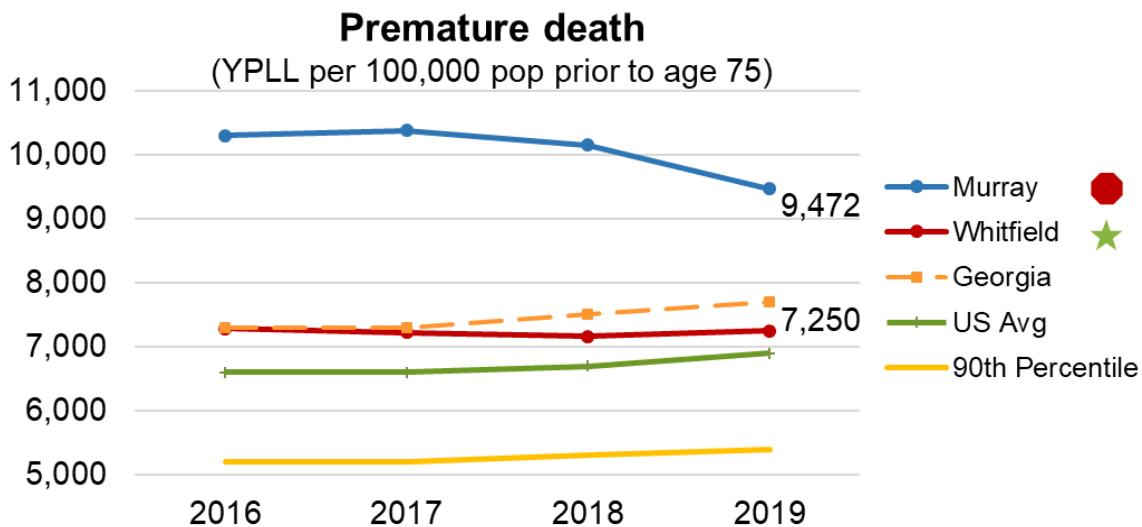
Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health 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. Murray County ranked 76th and Whitfield County ranked 42nd 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. Murray County ranked 85th in length of life in GA. Murray County lost 9,472 years of potential life per 100,000 population which is higher than GA and the U.S. Whitfield lost 7,250 YPLL per 100,000 population, lower than GA, but higher than the U.S.



Source: County Health Rankings; National Center for Health Statistics—Mortality File 2015-2017

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

Cause of Death	Murray County	Whitfield County	Georgia	US
Heart diseases	210.4	167.8	178.7	166.5
Cancer	184.7	158.6	160.8	156.9
Respiratory Diseases	76.8	59.1	46.5	40.9
Accidents (Unintentional Injuries)	65.8	42.0	43.6	45.2
Stroke	56.7	53.4	44.0	37.3
Alzheimer's Disease	62.4	52.2	41.4	29.1
Diabetes	26.7	22.5	21.6	21.2
Influenza and Pneumonia	16.6	20.3	14.9	14.5
Suicide	***	12.8	13.1	13.4
Kidney Disease	20.4	20.2	18.7	13.2

Source(s): Wonder CDC.gov (2017) Age-adjusted rates per 100,000 population. Multiple years were combined for each county to calculate reliable use rates. Murray County data from 2016, 2017. Whitfield County Data from 2015, 2016, 2017. GA and US data from 2017. Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

Red areas had death rates higher than GA. The leading causes of death in Murray County and Whitfield County were heart disease followed by cancer, like GA and the U.S. Lagging as causes of death were respiratory diseases, accidents, Alzheimer's Disease, stroke, diabetes, kidney disease and influenza.

In most of the following graphs, Murray County will be blue, Whitfield County will be red, Georgia (GA) will be orange, U.S. green and the 90th percentile of counties in the U.S. gold.

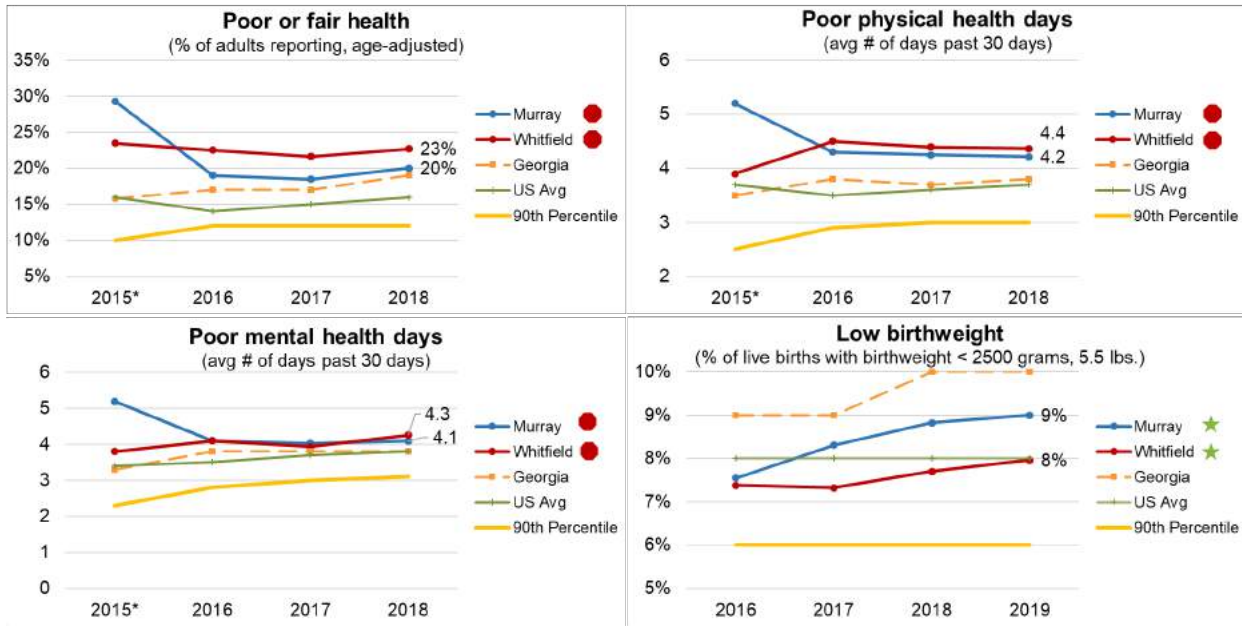
*indicates a change in the BRFSS Survey calculations of results. 2016 forward cannot be compared to prior year results.



Photo Credit: Haig
Mill Lake Park;
exploregeorgia.org

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. Murray County ranked 71st and Whitfield ranked 90th 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 (2011-2017)

Quality of Life STRENGTHS

- Years of potential life lost per 100,000 population prior to age 75 in Whitfield County were lower than GA but higher than the U.S.
- Whitfield County had lower death rates for heart disease, cancer, accidents, and suicide than GA.
- Murray and Whitfield Counties had lower percentages of low birthweight babies at 9% and 8% than GA (10%).

Quality of Life OPPORTUNITIES

- Murray County had higher years of potential life lost prior to age 75 than GA.
 - Murray County had higher death rates than GA for heart disease, cancer, respiratory diseases, accidents, stroke, Alzheimer's Disease, diabetes, influenza and pneumonia and kidney disease.
 - Whitfield County had higher death rates than GA for respiratory diseases, stroke, Alzheimer's Disease, diabetes, influenza and pneumonia, and kidney disease.
 - Murray and Whitfield Counties had higher percentages of adults reporting poor or fair health, 20% and 23% than GA and the U.S.
 - Murray and Whitfield Counties had higher average number of poor physical health days in the past 30 days than GA and the U.S. at 4.2 and 4.4 days.
 - Murray and Whitfield Counties also had higher numbers of poor mental health days in the past 30 days than GA and the U.S. at 4.1 and 4.3.
-



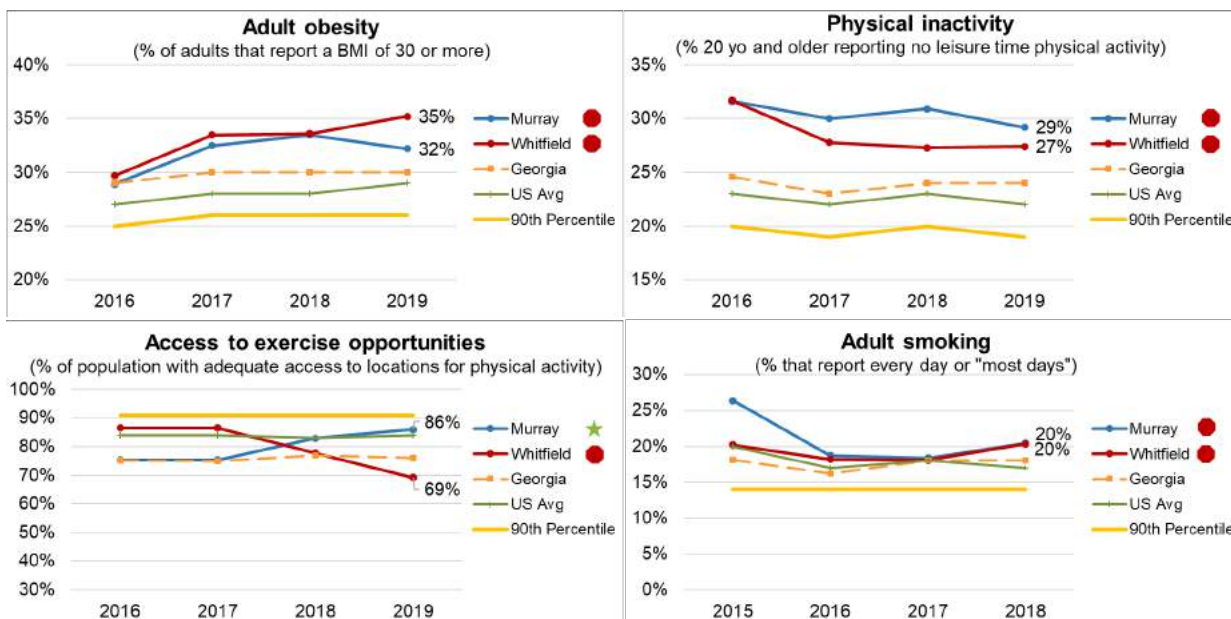
Photo Credit: Dalton Red Carpet Half Marathon/5k/2k; daltonhalf.org

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%). Murray County ranked 115th and Whitfield County ranked 75th out of 159 Georgia counties.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Murray County ranked 78th and Whitfield County ranked 93rd out of 159 Georgia counties.



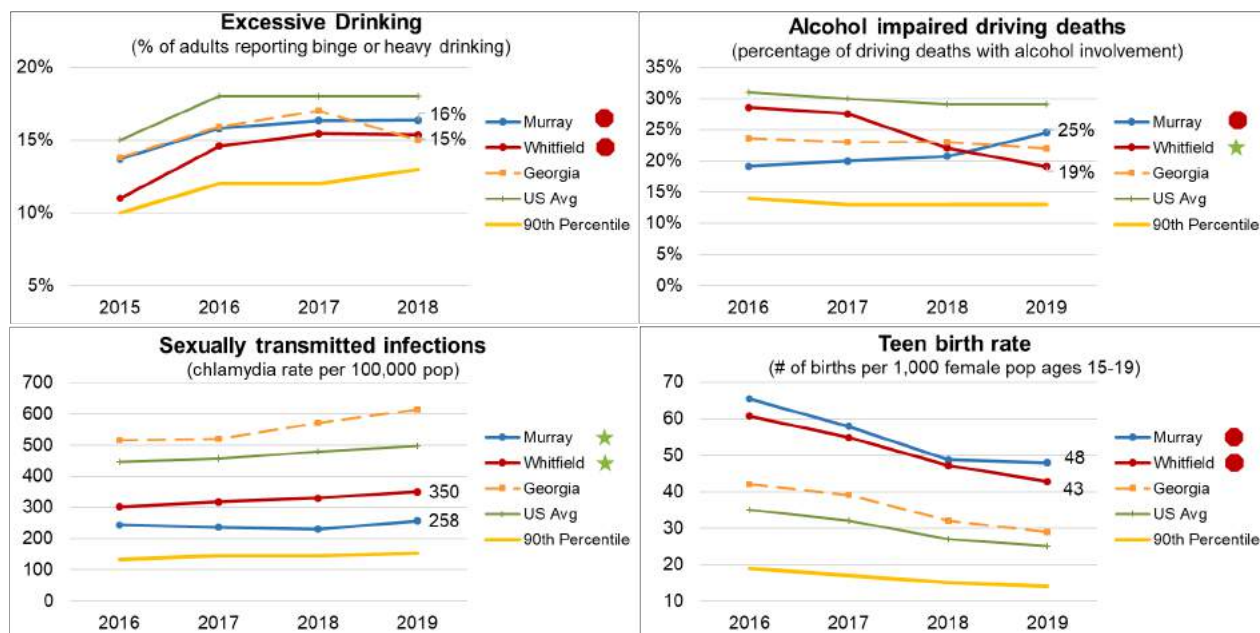
Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS and Census Bureau's population estimates program, 2015 Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2010 and 2018. 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 based on SIC codes) Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016

Reason for Smoking Ranking

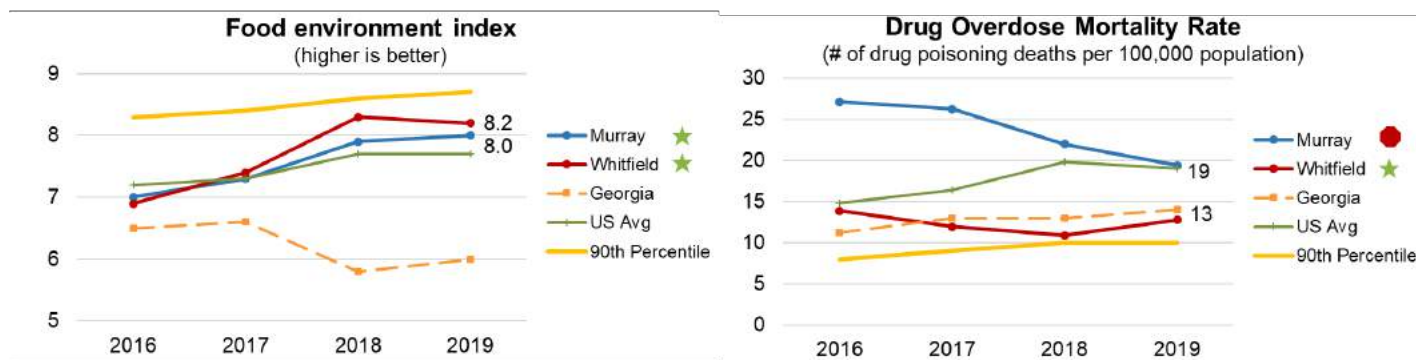
Each year approximately 480,000 premature deaths can be attributed to smoking.[1] Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

[1] U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014[accessed 2018 Feb 22]. [2] Nelson DE, Holtzman D, Bolen J, Stanwyck CA, Mack KA. Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *Soz Präventivmed*. 2001;46:S3-S42.

Health Behaviors, Cont.



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, 2013-2017 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016 Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2011-2017



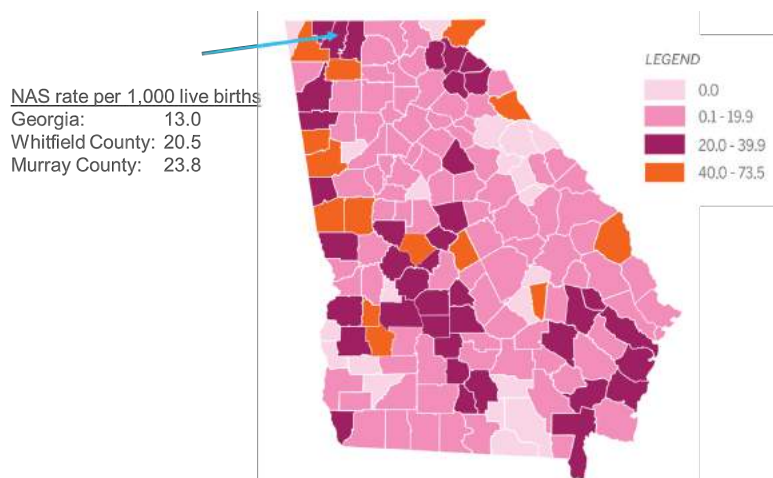
Source: County Health Rankings; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2016; CDC WONDER mortality data, 2015-2017

The food environment index is 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, Cont.

The Impact of E-Cigarettes on the Lung

Both counties have a higher rate of neonatal abstinence syndrome.



Source: GA Department of Public Health, Annual Surveillance Report 2017; Georgia Hospital Discharge Data (2007-2017)

The Impact of E-Cigarettes on the Lung

Following excerpt taken from American Lung Association website, www.lung.org, “The Impact of E-Cigarettes on the Lung”

“In January 2018, the National Academies of Science, Engineering and Medicine¹ released a consensus study report that reviewed over 800 different studies.

That report made clear: using e-cigarettes causes health risks. It concluded that e-cigarettes both contain and emit a number of potentially toxic substances. The Academies' report also states there is moderate evidence that youth who use e-cigarettes are at increased risk for cough and wheezing and an increase in asthma exacerbations.

A study from the University of North Carolina found that the two primary ingredients found in e-cigarettes—propylene glycol and vegetable glycerin—are toxic to cells and that the more ingredients in an e-liquid, the greater the toxicity.²

E-cigarettes produce a number of dangerous chemicals including acetaldehyde, acrolein, and formaldehyde. These aldehydes can cause lung disease, as well as cardiovascular (heart) disease.³

E-cigarettes also contain acrolein, a herbicide primarily used to kill weeds. It can cause acute lung injury and COPD and may cause asthma and lung cancer.⁴”

1. NAM Report - <https://www.nap.edu/resource/24952/012318edcigaretteConclusionsbyEvidence.pdf>

2. Sassano MF, Davis ES, Keating JE, Zorn BT, Kochar TK, Wolfgang MC, et al. (2018) Evaluation of e-liquid toxicity using an open-source high-throughput screening assay. PLoS Biol 16(3): e2003904. <https://doi.org/10.1371/journal.pbio.2003904>

3. Ogunwale, Mumiye A et al. (2017) Aldehyde Detection in Electronic Cigarette Aerosols. ACS omega 2(3): 1207-1214. doi: 10.1021/acsomega.6b00489].

4. Bein K, Leikauf GD. (2011) Acrolein - a pulmonary hazard. Mol Nutr Food Res 55(9):1342-60. doi: 10.1002/mnfr.201100279.

Health Behaviors, Cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor outcomes

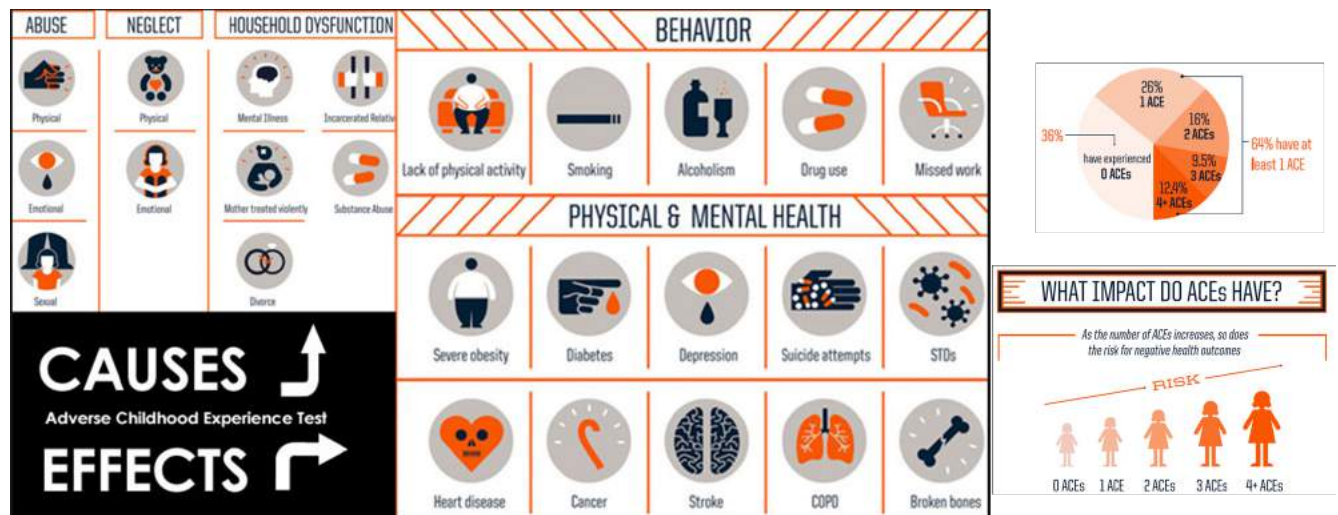


Photo Credit: Learning garden program, Chef Ann Foundation; chefannfoundation.org

Health Behaviors STRENGTHS

- Access to exercise opportunities in Murray County was 86%, higher than GA at 76% and the U.S. at 84%.
- Alcohol impaired driving deaths were lower in Whitfield County (19%) than GA (22%) and the U.S. (29%).
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Murray County (258) and Whitfield County (350) than GA (615) and the U.S. (497).
- The food environment index was higher in Murray County (8.0), and Whitfield County (8.2) than GA (6.0) and the U.S. (7.7). The index has increased/improved for both Counties since 2016.
- The drug overdose mortality rate in Whitfield County was lower than GA and the U.S. at 13 drug poisoning deaths per 100,000 population.

Health Behaviors OPPORTUNITIES

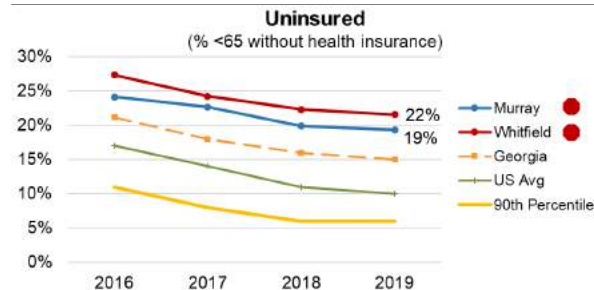
- Adult obesity in Murray County was 32% and Whitfield County was 35%, both higher than GA at 30%, and the U.S. at 29%. The obesity trend increased in Whitfield. Murray County's obesity percentage decreased from 2018 to 2019 data release. Obesity in Georgia is flat. Obesity in the U.S. continues to rise, 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 Disease and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity was higher in Murray County at 29% and in Whitfield at 27% than GA at 24% and the U.S. at 22%.
- Access to exercise opportunities in Whitfield County was 69%, lower than GA and the U.S.
- Adult smoking was higher in Murray and Whitfield Counties (both at 20%) than GA at 18% and the U.S. at 17%.
- 16% of Murray County and 15% of Whitfield County reported binge or heavy drinking slightly higher than GA, but lower than the U.S. at 18%.
- Alcohol impaired driving deaths were higher in Murray County (25%) than in GA (22%), but lower than the U.S. (29%).
- The teen birth rate in Murray County was 48 births per 1,000 female population ages 15-19 and Whitfield was 43, both higher than than GA at 29 births and the U.S. at 25 births, but has decreased since 2016.
- The drug overdose mortality rate in Murray County was higher than GA and the U.S. at 19 drug poisoning deaths per 100,000 population.



Photo Credit:
visitdaltonga.com

Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Murray County ranked 148th and Whitfield County ranked 108th out of 159 Georgia counties in clinical care.

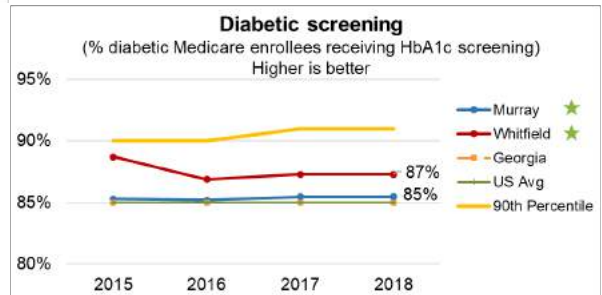


Preventable hospital stays
(hospitalization rate for ambulatory-sensitive conditions per 100,000 Medicare enrollees)

2019	
Murray	6,063
Whitfield	5,134
Georgia	4,851
US Avg	4,520
90th Percentile	2,765

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

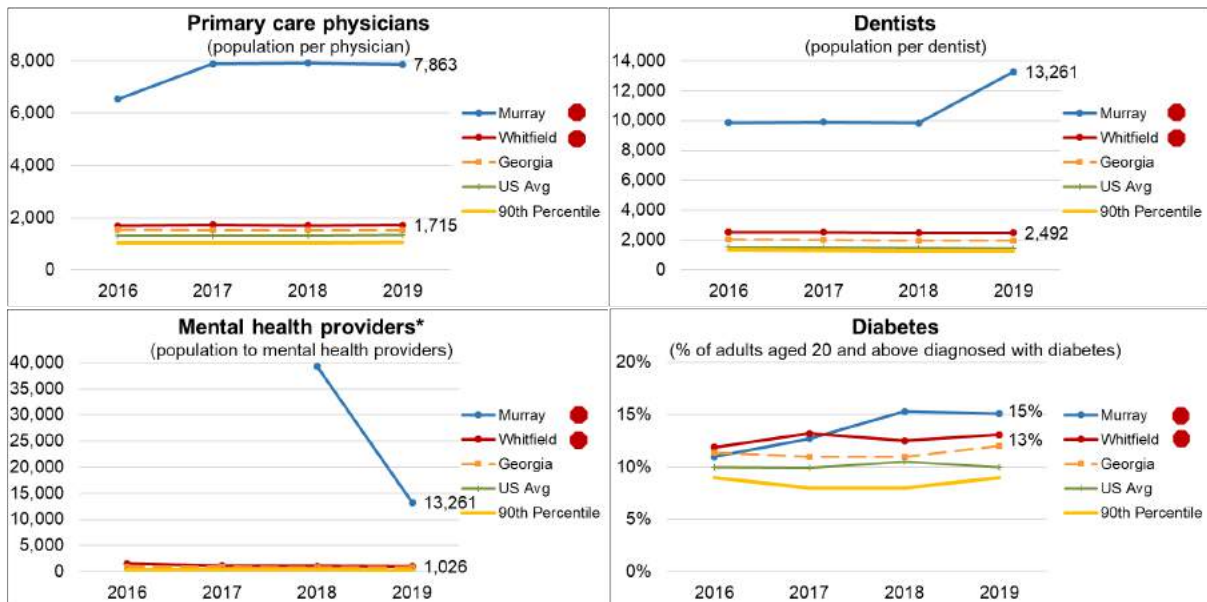
2019	
Murray	34%
Whitfield	40%
Georgia	40%
US Avg	41%
90th Percentile	49%



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2016

Source: Preventable hospital stays, mammography screening – County Health Rankings, CMS Mapping Medicare Disparities Tool, 2016

Source: diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2016

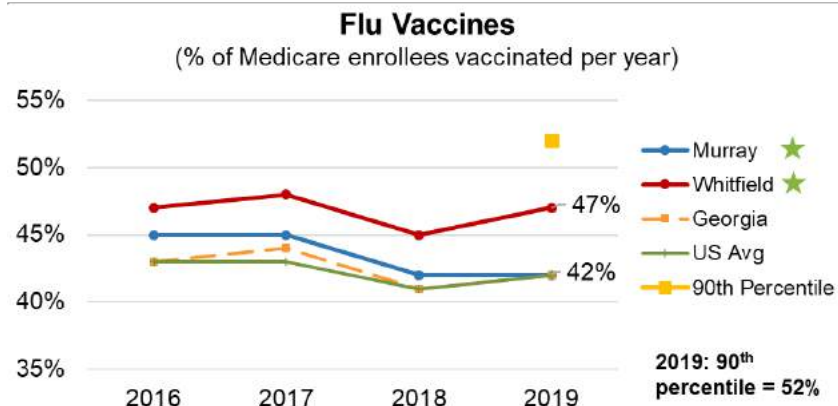


Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2016

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2017

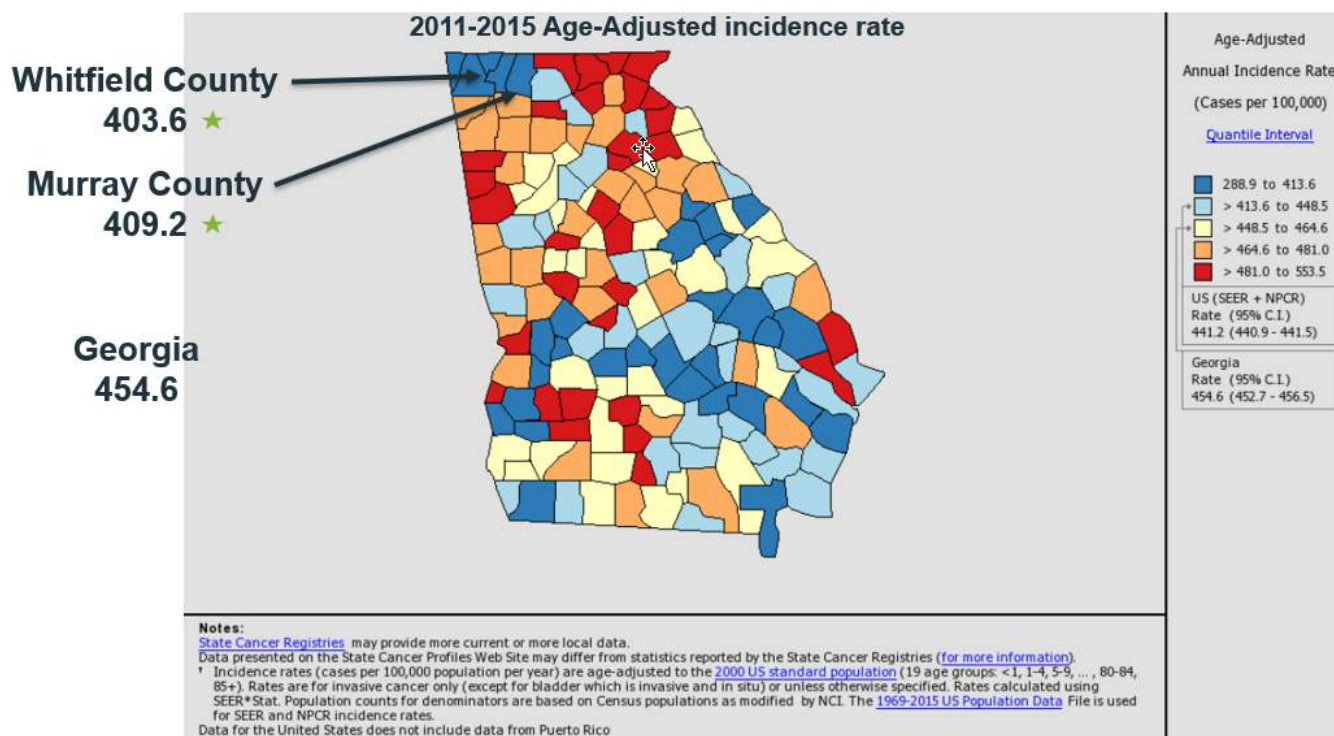
Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2018

Clinical Care, Cont.



Source: The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2016

Cancer Incidence Rates – GA Counties



Clinical Care STRENGTHS

- Diabetic screening was 87% in Whitfield and 85% in Murray County, the same as GA and the U.S.
- The percent of Medicare enrollees with flu vaccines per year was Whitfield County was 47% and 42% Murray County, the same as GA and U.S.
- The cancer incidence rate in Murray and Whitfield Counties was 409.2 and 403.6 cases per 100,000 population, which was lower than GA (454.6).
- The percent of female Medicare enrollees receiving mammography screening in Whitfield County was 40%, the same as GA, but lower than the U.S. at 41%.

Clinical Care OPPORTUNITIES

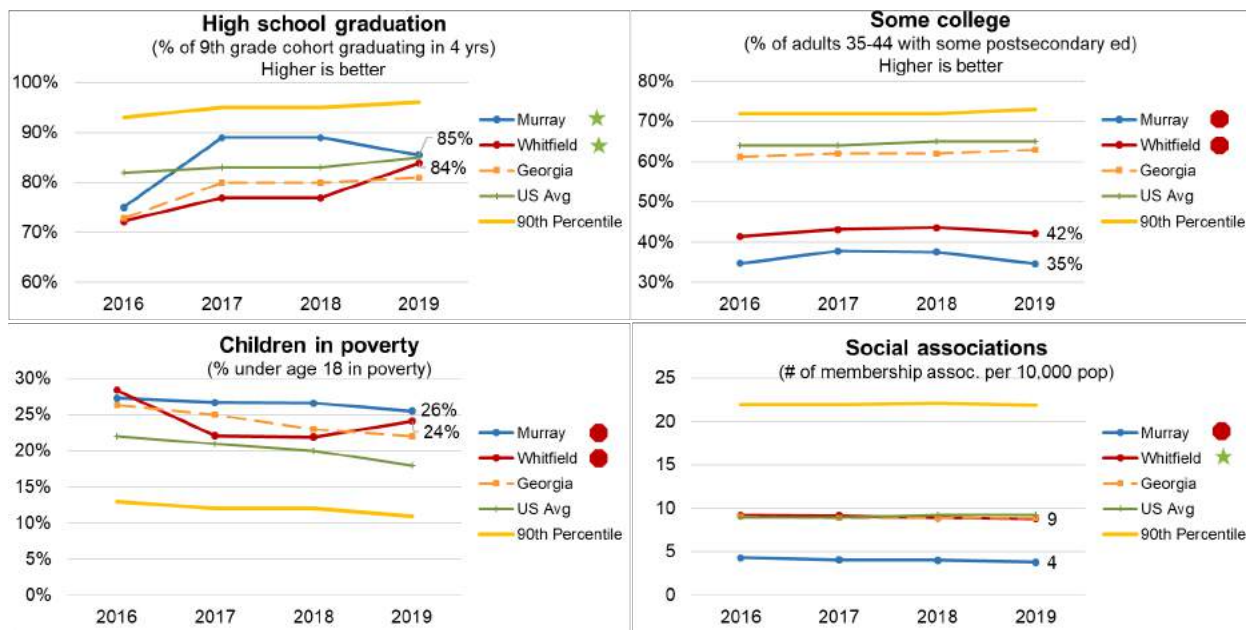
- The percent of population under sixty-five without health insurance was 22% in Whitfield County and 19% in Murray County, which was higher than GA at 15% and the U.S. at 10%.
- Preventable hospital stays in Murray and Whitfield Counties were 6,063 and 5,134 per 100,000 Medicare enrollees, which was higher than GA (4,851) and the U.S. (4,520).
- Mammography screening was lower in Murray County at 34% than GA and the U.S.
- The percent of adults over 20 who had been diagnosed with diabetes was 13% in Whitfield County and 15% in Murray County, which is higher than GA (12%) and the U.S. (10%).
- The population per primary care physician was higher in Murray (7,863) and Whitfield (1,715) Counties than GA (1,520) and the U.S. (1,330).
- The population per mental health provider was higher in Murray and Whitfield Counties than GA and the U.S. at 13,261 and 1,026.
- The population per dentist was higher in Murray and Whitfield Counties than GA and the U.S. at 13,261 and 2,492.



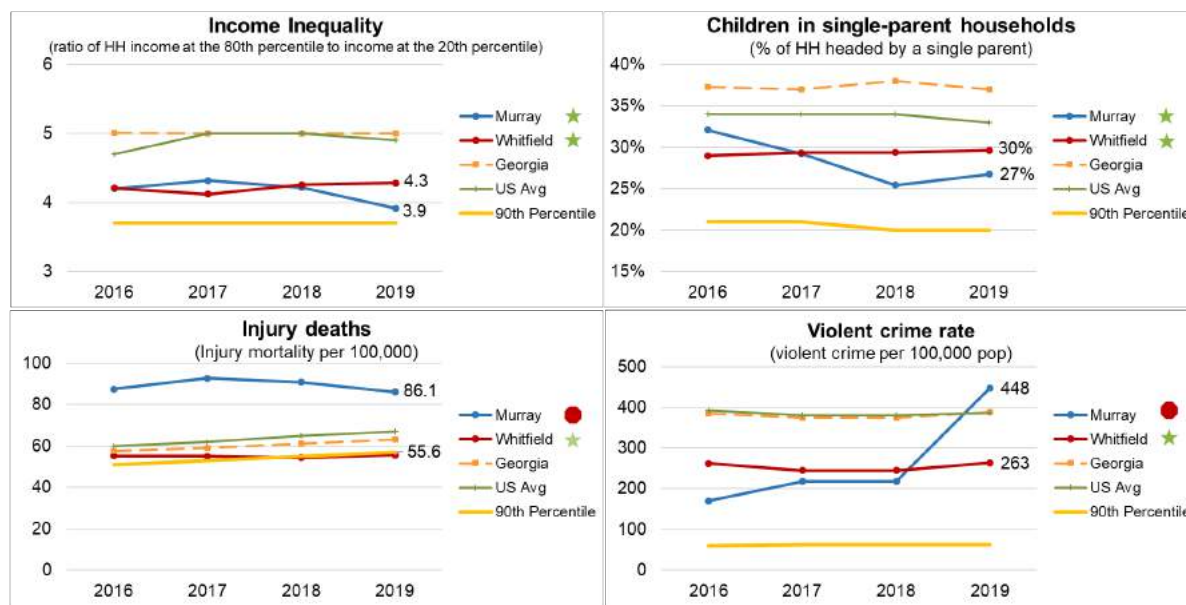
Photo Credit: visitdaltonga.com

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. Murray County ranked 110th and Whitfield County ranked 69th out of 159 Georgia counties.



Source: High School graduation – County Health Rankings; GA Dept of Public Instruction, 2016-2017
 Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2013-2017.
 Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2017
 Source: Social associations - County Health Rankings; County Business Patterns, 2016



Source: Income inequality and children in single-parent households - County Health Rankings; American Community Survey, 5-year estimates 2013-2017.
 Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2013-2017.
 Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2014 & 2016

Social & Economic Factors **STRENGTHS**

- High school graduation was higher in Murray and Whitfield Counties at 85% and 84% than GA at 81%.
- Social associations was the same in Whitfield County at 9 memberships per 10,000 population as GA and the U.S. 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.
- Income inequality represents the ratio of house hold income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in Murray and Whitfield Counties at 3.9 and 4.3 than GA and the U.S. both at 5.
- The percentages of children in single-parent households were 27% in Murray County and 30% in Whitfield County, which was lower than GA at 37% and the U.S. at 33%.
- Injury deaths were lower in Whitfield County at 55.6 per 100,000 population than GA (67), the U.S. (67), and the 90th percentile of all U.S. counties (57).
- The violent crime rate in Whitfield Counties at 263 violent crimes per 100,000 population was lower than in GA and U.S. both at 386.

Social & Economic Factors **OPPORTUNITIES**

- 35% of Murray County and 42% of Whitfield County adults had some postsecondary education which was lower than GA (63%) and the U.S. (65%).
- The children in poverty rate was lower for both Murray (26%) and Whitfield (24%) Counties than GA (22%) and the U.S. (18%).
- Social associations were lower in Murray County at 4 memberships per 10,000 population than GA and the U.S. at 9.
- The violent crime rate in Murray County at 448 violent crimes per 100,000 population was higher than GA and the U.S. and has increased since 2016.
- Injury deaths were higher in Murray County at 86.1 per 100,000 population than GA and the U.S.
- The median household income in Murray and Whitfield Counties were higher than GA and the U.S. at \$42,785 and \$44,609.
- The poverty estimates for 2017 have poverty in Murray County at 17.2% and in Whitfield County at 16.5%, both lower than GA (15.1%) and the U.S. (13.4%).



*Photo Credit: Dalton
State College
Basketball;
usatoday.com*

Physical Environment

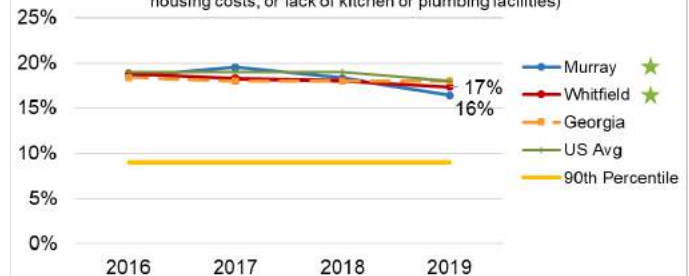
Physical environment contains four measures in the category and accounts for 10% of the County rankings. Murray County ranked 85th and Whitfield County ranked 71st out of 159 Georgia counties in physical environment.

Drinking water violations

	2017	2018	2019	
Murray County	No	No	No	★
Whitfield County	No	No	No	★

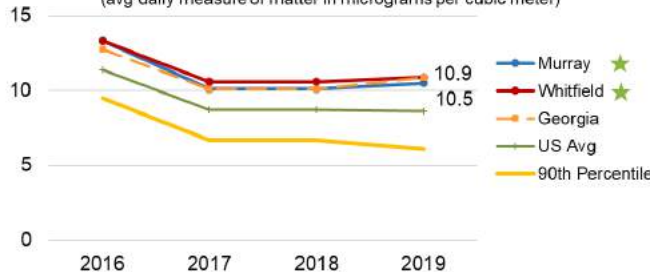
Severe housing problems

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



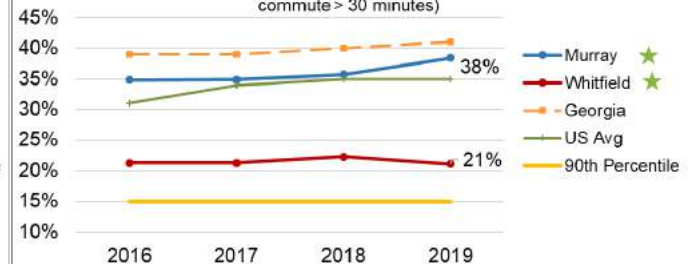
Air pollution - particulate matter

(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, 2017. Source: Severe housing problems– County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2011-2015. Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2013-2017. Source: Air pollution – County Health Rankings; CDC National Environmental Health Tracking Network, 2014

Physical Environment STRENGTHS

- Murray (16%) and Whitfield (17%) Counties had a lower percentage of severe housing problems than GA and the U.S. at 18% for both.
- Murray and Whitfield Counties had no drinking water violations.
- The average daily measures of matter in micrograms per cubic meter at 10.5 in Murray County and at 10.9 in Whitfield County were lower than GA at 11, but higher than the U.S. at 9.
- 38% of workers in Murray County and 21% of workers in Whitfield County who commute alone commute over 30 minutes which was lower than GA at 41%.

Physical Environment OPPORTUNITIES

- No physical environment opportunities were identified.

There were Four Broad Themes that Emerged in this Process:

- Murray and Whitfield 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.
 - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
 - 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.
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Photo Credit: daltonpublicschools.com

Results of the CHNA: Criteria and Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria

Hamilton Health Care System Leadership Team used the following criteria to prioritize the most significant community health needs.

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

Hamilton Healthcare System executive leadership team reviewed the primary and secondary data and individually ranked the health priorities. Their individual responses were then combined into one priority list and reviewed by the team. Not surprisingly, the list is very similar to 2016.

1. Lifestyle – Nutrition and activity
2. Chronic Diseases
 - Diabetes
 - Cardiovascular disease and Hypertension
 - Cancer
3. Mental Health
4. Access to care
 - Access to providers
 - Access to free and reduced cost care
5. Substance Use – including tobacco
6. Social Determinants of Health - socioeconomics, housing, family dynamics, food insecurity

Impact of 2016 CHNA and Implementation Plan

Impact

In 2016, the Murray and Whitfield Counties, Georgia communities prioritized the following health needs:

- | | |
|---|---|
| 1. Lifestyle & Chronic Diseases | 6. Access to Care – Free and Reduced Cost Care |
| 2. Access to Care – Providers and Facilities | 7. Mental Health |
| 3. Cancer | 8. Senior Health |
| 4. Cardiovascular Disease | 9. Teen Birth Rate |
| 5. Adolescent Lifestyle | 10. Accidents |

Lifestyle & Chronic Diseases	Hamilton provided education on nutrition, wellness, and healthy living at community events throughout the year including: For Her, Men's Health Challenge, Erwin Mitchell Community Health Fair, Back to School, Dalton State College Health Fair, community employer health fairs, Black Bear Festival, Chamber Business Expo, Heart Month events, and numerous other local events. Blood pressure checks, lung cancer CTs, heart calcification scoring, cholesterol and TSH checks were completed at numerous events. Diabetes education along with glucose testing were provided throughout the community as well.
Access to Care– Providers & Facilities	Hamilton recruited numerous primary care providers, mental health providers, and specialists. Additionally, Hamilton assisted in recruiting providers for community physician practices. Hamilton continues to actively recruit providers for primary care, mental health and specialists.
Cancer	Hamilton is nearing completion of the Peoples Cancer Institute which will bring cancer care under one roof in a state-of-the-art 64,000 sq. ft. facility. This new facility will serve as a regional cancer treatment hub providing much needed care for Whitfield and Murray counties. Additionally, Hamilton provided numerous screening and education events focused on prevention and early intervention. The annual Men's Health Challenge provided prostate cancer education and screening, including PSA and prostate exam by local urology specialists. Hamilton's For Her Event included breast exams by a Hamilton primary care doctor as well as skin cancer screenings provided by area physicians. Hamilton distributed FIT kits for early screening for colorectal cancers and provided education about colorectal cancer. Hamilton's cancer institute staff and providers offered education and spoke at numerous community events and health fairs about the risks, symptoms, prevention, and treatment for cancer.

Impact

Cardiovascular Disease	Hamilton provided education on heart disease at community events throughout the year including: Take it to Heart, For Her, Men's Health Challenge, Erwin Mitchell Community Health Fair, community employer health fairs, Black Bear Festival, Heart Month events, and numerous other local events. Blood pressure checks, heart calcification scoring, and cholesterol checks were also completed at numerous events as well. Hamilton Health magazine featured articles and education related to heart disease prevention and early detection.
Adolescent Lifestyle & Teen Birth Rate	Hamilton is a sponsor and active participant in the annual Teen Maze event for area high school sophomores. The event focuses on such adolescent lifestyle issues as teen pregnancy, alcohol and drug use, driver safety, and driving under the influence. Hamilton works closely with local community partners in support of teen lifestyle education and teen pregnancy.
Access to Care— Free & Reduced Cost Care	Hamilton is an active supporter of the Health Department, DEO Clinic and the Northwest Georgia Healthcare Partnership which provide free/reduced cost care to those in need as well as many support services, such as: child health advocates, promotoras (community health workers) who assist with transportation and other healthcare assistance and advocacy. Hamilton is also a supporter of United Way agencies. Hamilton provides financial counseling and assistance regarding insurance questions, and financial assistance according to the financial assistance policy. Community Benefit and financial assistance information can be accessed via the website, hamiltonhealth.com . Hamilton Sports Medicine provides athletic trainers free of charge to area high schools and the local college. Any athlete who needs their care is able to see them throughout the season.
Mental Health	Hamilton recruited additional psychiatrists and mental health providers to improve access for mental health services. Additionally, Hamilton offered depression screenings and mental health awareness activities during Mental Health Awareness Month and throughout the year.
Senior Health	Hamilton Medical Center is part of the larger Hamilton Health Care System, and as such, provides a comprehensive spectrum of care, including Long-term Care. Education and screenings specifically focused on the needs of senior populations, such as Parkinson's and joint replacement, were offered at senior centers, local community meeting spaces, and on the Hamilton campus. Hamilton Health Magazine featured articles on various topics related to senior health issues, prevention, wellness, and early intervention.
Accidents	Hamilton Health Magazine, Hamilton's website (hamiltonhealth.com) and various events featured safety information and accident prevention, including bike safety, helmet use, fall prevention, infant safety, and many other related topics. Hamilton Emergency Medical Services and Hamilton's Emergency Department participated in many health safety events throughout the community, including Teen Maze and Hamilton's Back to School event highlighting the importance of safety and prevention.

Community Asset Inventory

Community Asset Inventory

The separate document contains 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 21.



Photo Credit: visitdaltonga.com

Community Health Needs Assessment for Murray and Whitfield Counties

Completed by Hamilton Health Care System in partnership with:

Stratasan

