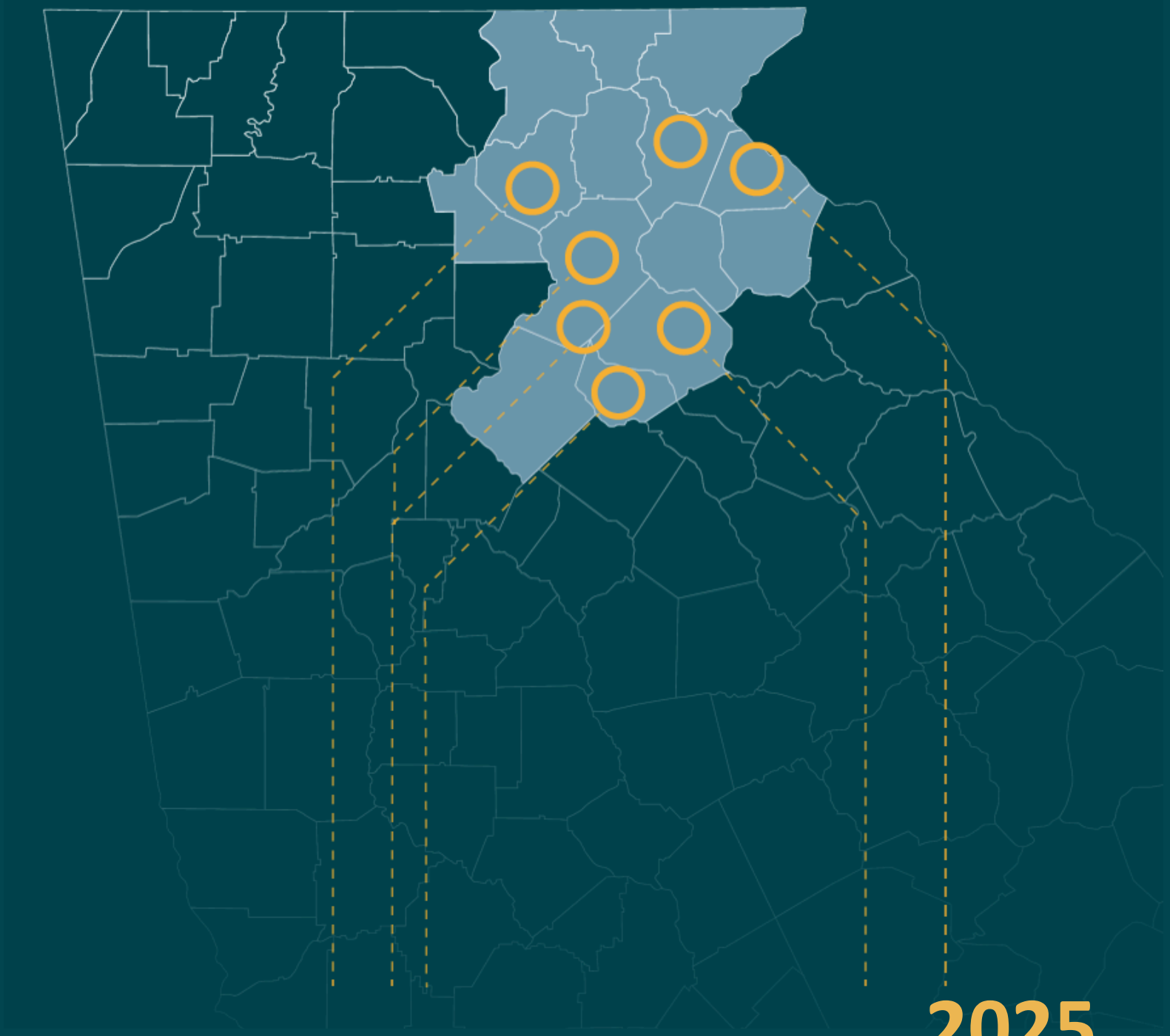
Northeast Georgia Regional
COMMUNITY HEALTH NEEDS ASSESSMENT



2025

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How to Navigate This Report

We are pleased to share the FY25 Northeast Georgia Regional Community Health Needs Assessment. Individuals and organizations are invited to use this data and delve into it more. The report is organized into sections so readers can use the Table of Contents to navigate the sections of most interest.

Downloadable data sheets by service area are available at nghs.com/community-benefit-resources. An interactive data tool can be found at NortheastGeorgiaCHNA.com. At this site, users can search data from the report that is most relevant to their communities.

For questions, or if you'd like to pick up a hard copy of the report, email us at communityhealthimprovement@nghs.com or call (770) 219-8085.

Executive Summary

Background
As a result of the Affordable Care Act, non-profit hospitals are required to conduct a health needs assessment of the communities they serve once every three years.

Hospitals must prioritize identified significant health needs, adopt an implementation strategy, and make the CHNA publicly accessible. The assessment report is shared broadly via the Northeast Georgia Health System (NGHS) and Stephens County Hospital (SCH) websites. We also maintain an interactive data tool, which makes it easier for individuals and organizations to use the data. This tool can be found here.

History
Northeast Georgia Medical Center (NGMC) has conducted community health needs assessments since the late 1990s. It became required by law beginning in 2013. Stephens County Hospital began collaborating with NGMC in 2019 to expand its CHNA process to be more regionally encompassing.

Approach
Phillippa Lewis Moss and Monica Newton, D.O., are Co-Chairs for the Regional 2025 CHNA.

Knowing that a greater impact is possible when working collectively, organizational partners include:

NGMC Gainesville & Braselton
NGMC Barrow
NGMC Habersham
NGMC Lumpkin
Stephens County Hospital
District 2 Public Health
Good News Clinics

Holly Lang of Public Goods Group (PGG) was engaged to help with data collection and analysis. Phillippa Lewis Moss and Lisa Thomas of The ThoMoss Group facilitated focus groups and key stakeholder interviews. Online surveys were conducted: one for the general public and one for employees of the participating organizations. The surveys were available in English, Spanish, and Vietnamese. To ensure we heard from the community's most vulnerable, we worked with community partners such as the Housing Authority, Good News Clinics, The Compass Center, and in homeless camps to conduct short face-to-face interviews for feedback. Focus groups were conducted, as well as one-on-one interviews with key stakeholders.

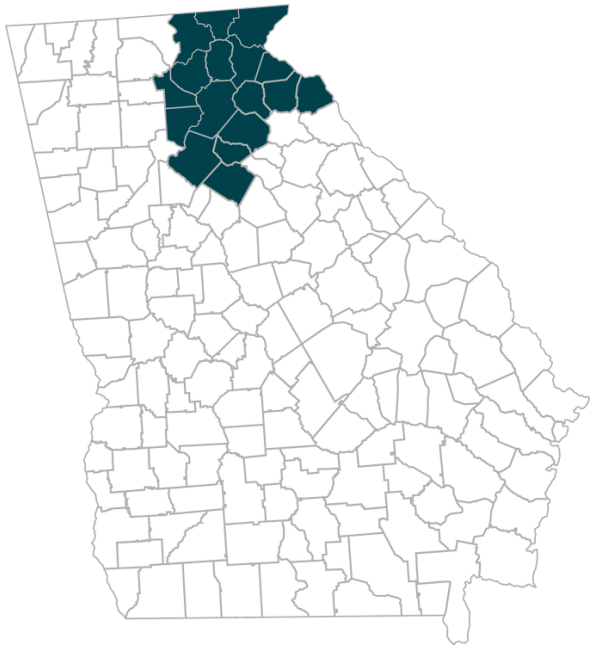
After a thorough review of data and public input, NGMC and SCH, with the help of community partners and advisors, prioritized identified needs and are working to create implementation plans.

Executive Summary

Communities Included

Communities served by each partner overlapped and combined to include all or part of 17 counties in Northeast Georgia. These communities reflect the following service areas, which together comprise the region:

- District 2 Public Health: Banks, Barrow, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, and White counties
- Good News Clinics: Hall County
- NGMC Habersham: Banks, Habersham, Stephens, Towns, Union, and White counties
- NGMC Gainesville: Hall County, parts of Banks and Jackson counties
- NGMC Braselton: Barrow and Jackson counties, parts of Gwinnett and Hall counties
- NGMC Lumpkin: Dawson and Lumpkin counties, parts of Forsyth and Hall counties
- NGMC Barrow: Barrow and Walton counties, parts of Gwinnett County
- Stephens County Hospital: Stephens and Franklin counties



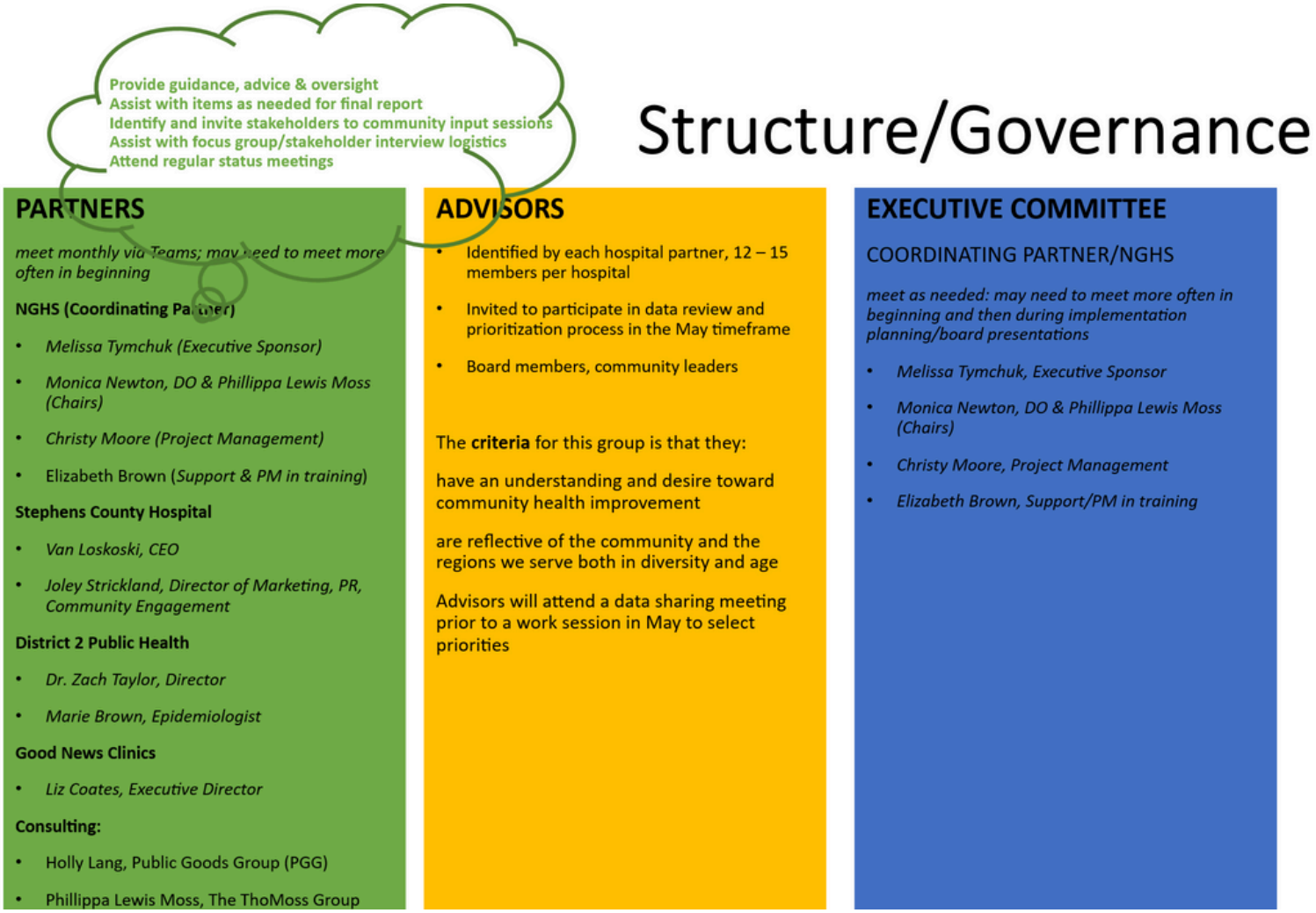
Identified Health Priorities

As a result of this process, the following health priorities were identified as the focus of each CHNA partner's work over the next three years:

NGMC Barrow	NGMC Braselton	NGMC Gainesville	NGMC Habersham	NGMC Lumpkin	SCH
Mental and Behavioral Health	Mental and Behavioral Health	Mental and Behavioral Health	Mental and Behavioral Health	Social Isolation & Mental and Behavioral Health	Mental Health
Access to Care	Access to Care	Access to Care with a focus on prevention, screenings, and culturally sensitive care	Access to Care as an underlying factor to all priorities	Access to Care	Access to Care
Healthy behaviors & education	Healthy behaviors education	Healthy behaviors, prevention & screenings	Healthy behaviors	Awareness of community resources, healthy behaviors and prevention	
			Pregnancy & Women's Health		
			Cancer, Diabetes, & Heart Disease		Heart with a focus on cardiovascular and cerebrovascular health
					Cancer

Process & Methodology

Beginning in October 2024, convening organization Northeast Georgia Health System initiated the CHNA process, including the formation of the CHNA Executive Committee, Partners, and Advisors groups.

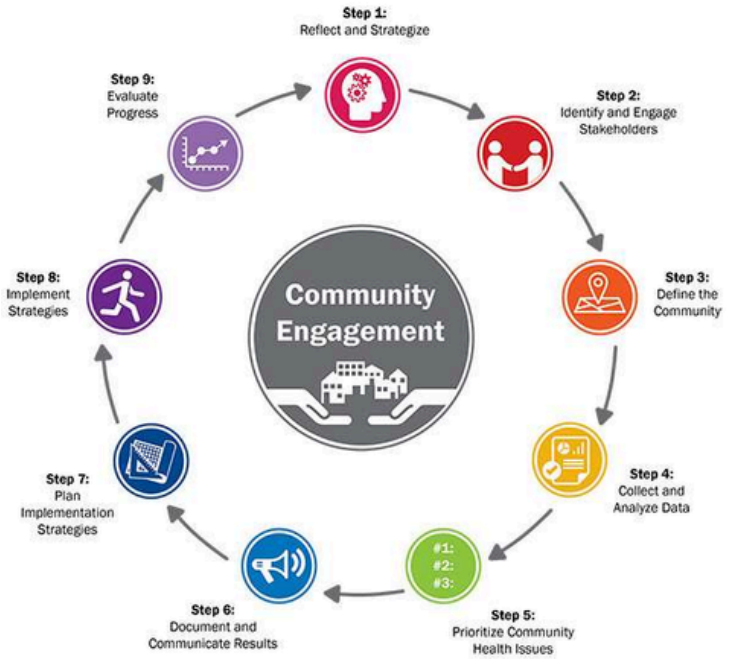


Process & Methodology

CHNA Partners and Advisors

Anjana Freeman	NGHS Advisory Council, Vice Chair, Mental Health Justice Collaborative
Ben McDaniel	Advisory Council, Development Authority Walton
Bridgette Barker	Lumpkin Family Connection Executive Director
Christy Moore	CHNA Partners, NGHS
Dan Palmer	Care Management, NGHS
David Wimpy	Advisory Council, Lumpkin, EMS
Dr. Antonio Rios	Chief, Population Health, NGHS
Dr. Monica Newton	CHNA Co-Chair
Dr. Zachary Taylor	District 2 Public Health Director, CHNA Partner
Jessica Dudley	President of United Way of Hall County, Former Chair NGHS Advisory Council
Joley Strickland	Stephens County Hospital
Jolinda Martin	Retired Nurse Executive, Wisdom Project, Advisory Council
Kay Hall	Nurse Leader, NGMC Lumpkin
Kay Keller	President & CEO, United Way Northeast Georgia
Kyndra Cohen	Hall County Fam Connection/Butler Center Director, Advisory Council
Liz Coates	Good News Clinics Executive Director
Marie Brown	District 2 Public Health, Epidemiologist
Marsha Stringer, NP	Chair, Newton Florist Club Health Disparities Committee (South Hall), Advisory Council
Melissa Tymchuk	CHNA Partners, NGHS
Mike Giles	Advisory Council, Executive, Poultry Association
Norma Hernandez	Advisory Council , Latino Chamber
Phillippa Lewis Moss	CHNA Co-Chair
Sarah Mclain, RN	NGMC Barrow, Case Mgmt., Housing Committee in Barrow
Semuel Maysonet	Board Facility Oversight Committee, NGMC Board, NGMC Executive Committee, Quality Committee
TD Teasley	US Marshall, Advisory Council
Van Loskoski	Stephens County Hospital

The Northeast Georgia Regional CHNA was led by NGMC with partners, advisors, and consulting organizations PGG and the ThoMoss Group, whose organizational overviews are found in Appendix Two. The CHNA partners guided the work, providing oversight and input throughout the process.



Source: American Hospital Association, Health Assessment Toolkit

Process & Methodology

Quantitative Data Gathering

PGG performed the quantitative assessment for this CHNA, examining public health indicators and economic data for each identified service area. Qualitative data gathering relies on numerical data and statistical analysis.

PGG examined 190 indicators from approximately 145 sources, including:

- District 2 Public Health
- Georgia Department of Public Health
- US Department of Health and Human Services, Center for Medicare and Medicaid Services
- US Department of Health & Human Services, Health Resources and Services Administration
- University of Wisconsin Population Health Institute, County Health Rankings
- Johns Hopkins University
- Centers for Disease Control and Prevention
- National Center for Health Statistics
- US Census Bureau
- US Department of Agriculture
- US Department of Labor
- UD Department of Commerce
- National Center for Education Statistics
- Opportunity Nation
- USDA Rural Development
- Federal Bureau of Investigation
- Dartmouth College Institute for Health Policy & Clinic Practice
- Nielsen
- State Cancer Profiles
- Institute for Health Metrics and Evaluation
- US HHS Substance Abuse and Mental Health Services Administration
- US Department of Housing and Urban Development
- Internal hospital data

The group conducted a benchmark analysis of the data, available in the online data resource Tableau, against both state and national rates for all service areas, allowing CHNA partners to understand the severity of a given issue in comparison. Approximately 190 health indicators were examined, with a focus on clinical data, health outcomes, and social determinants of health. Social determinants of health refer to external factors that influence an individual's health, including economic stability, education, housing, access to food, neighborhood quality, and the built environment. All indicators are for the last year for which data were available, as noted throughout the report.

Throughout the data collection process, special attention was paid to those disproportionately impacted by social determinants of health, including low-income and minority populations. These groups tend to have worse health statuses than others. Due to this, demographic, racial, and income information were included for all indicators where possible and appropriate. Finally, internal hospital data from NGHS and SCH were reviewed to include data on utilization, financing for low-income patients, and certain chronic conditions.

Process & Methodology

Qualitative Data Gathering

Qualitative data gathering focuses on experiences and perspectives from interviews and feedback directly from the community. PGG helped launch two online surveys developed by the CHNA Executive Committee: one for employees of partner health organizations and another for the general community. Employees of partner health organizations represent thousands who live and work in the region and have valuable insights into the health needs of the communities they serve. The community survey, available in three languages (English, Spanish, and Vietnamese), was open to anyone interested in providing feedback. The survey was promoted via a press release (Appendix Seven), an open invitation through MyChart, and active promotion by all partners. Both surveys were open and available online for a month.

Between January and March 2025, consulting firm The ThoMoss Group facilitated focus groups and one-on-one stakeholder interviews. Additionally, the staff of Good News Clinics, District 2 Public Health, Compass Center at United Way of Hall County, groups serving people living in homeless camps, and the Housing Authority conducted in-person interviews with approximately 330 community members. Participants in these sessions included individuals or organizations serving and/or representing the interests of medically underserved, low-income, and/or minority populations in the community, and in many cases, the uninsured, low-income individuals themselves.

The ThoMossGroup captured focus group and one-on-one interview data through transcripts and notes, and PGG collected data from the three surveys to identify key themes and community perceptions. Specifically, The ThoMoss Group and PGG:

- Identified and categorized qualitative data based on recurring themes and concepts.
- Assigned numerical values to the themes through frequency counting and scoring.
- Utilized descriptive statistics to calculate percentages, means, and related measures to analyze the data.

4	**Focus groups conducted:** Newtown Florist Club, the Hispanic Alliance, the Hall County Family Connection Network, and service areas represented by the NGHS Advisory Council.
45	**One-on-one telephone interviews:** ThoMoss talked with key leaders within the service areas to gain their insight on community health needs.
170	**Employee surveys (online):** Survey respondents are employees of partner health organizations and shared insights on challenges and opportunities within our communities.
330	**In-person assisted paper surveys:** Conducted in partnership with community groups serving clients through the Compass Center at United Way, people living in homeless camps, at the Housing Authority, Good News Clinics, and the NGPG Community Clinic at the Health Department, in an extra effort to capture more voices from underserved populations.
2975	**Community surveys (online):** Patients and community members were surveyed through a multilingual community health questionnaire.

Process & Methodology

Key Themes

Several key themes emerged during both the qualitative and quantitative data gathering that helped lead us to our priorities:

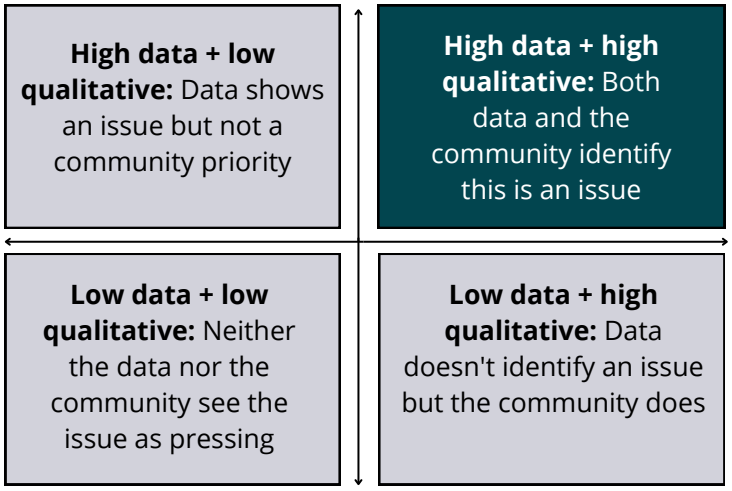
- Mental health is not improving post-COVID, and challenges remain not only in accessing mental health services but also in having healthy behaviors that may support mental well-being, such as adequate rest and ample exercise.
- Poverty persists, though rates have now generally dropped below the state average. Even so, community members struggle with access to both food and affordable housing, a concern frequently raised during stakeholder engagement.
- As the cost of living continues to rise, so do the percentage of households living in cost-burdened homes (where rents or mortgages exceed 50% of gross income) and the number of people reporting that they are food insecure.
- Heart disease and stroke continue to be the top causes of death. Between 2019 and 2023, heart disease was the top cause of death within the region. COVID-19 was second, Alzheimer's disease third, and stroke fourth. Death rates from COVID-19 and Alzheimer's disease were both worse than the state average.
- Survey respondents expressed concern over potential federal cuts to social services and fear for Hispanic and/or Latino populations accessing needed healthcare services.
- Nearly 18% of the region's adults were uninsured in 2023, creating significant barriers to accessing care. Nearly 7% of children were uninsured. Both rates are worse than the state average of 16.5% of uninsured adults and 6.2% of uninsured children.

Go to **NortheastGeorgiaCHNA.com** for data by service area and ZIP code, including demographics, socioeconomic indicators, disease prevalence, and insurance coverage.

Downloadable data sheets relevant to the service areas are available to the community at **nghs.com/community-benefit-resources**. These include a summary of health, economic and demographic indicators.

Process & Methodology

PGG conducted a comprehensive analysis to identify and document the convergence of needs indicated in the qualitative data (interviews and focus group feedback) and quantitative data (health indicators) in the quadrants described to the right.



Based on these results, PGG created health needs matrices showing the top challenges/issues for each community served. This was reviewed with the CHNA Partners on April 22, 2025, and the CHNA Advisors on May 9, 2025. Once the CHNA Partners reviewed and approved the top identified issues, PGG developed online Health Importance Worksheets, which were assigned on May 9 to Partners and Advisors to score in order to help rank each issue.

Partners and Advisors assigned scores to priorities through the lens of the following criteria:

- **Root cause**: Is the issue caused by a social driver of health or a root cause problem? Does this challenge disproportionately impact low-income, uninsured, or otherwise vulnerable populations? Would addressing this issue potentially address or impact other community issues?
- **Ability to impact:** Can the hospital and community impact this problem? Does the community support our addressing this issue?
- **Magnitude:** Is this a significant issue within the community? Is the problem severe and could lead to long-term disability or death?

At the final prioritization half-day work session, held on May 20, 2025, in the North Georgia Community Foundation's Community Room, CHNA partners and advisors broke into groups by service area to review relevant data and health needs rankings, and establish health priorities for the next three fiscal years. Each hospital then took the recommended priorities to their respective leadership for approval before presenting them to their boards of directors. For more information on our prioritization process, see Appendix Three.

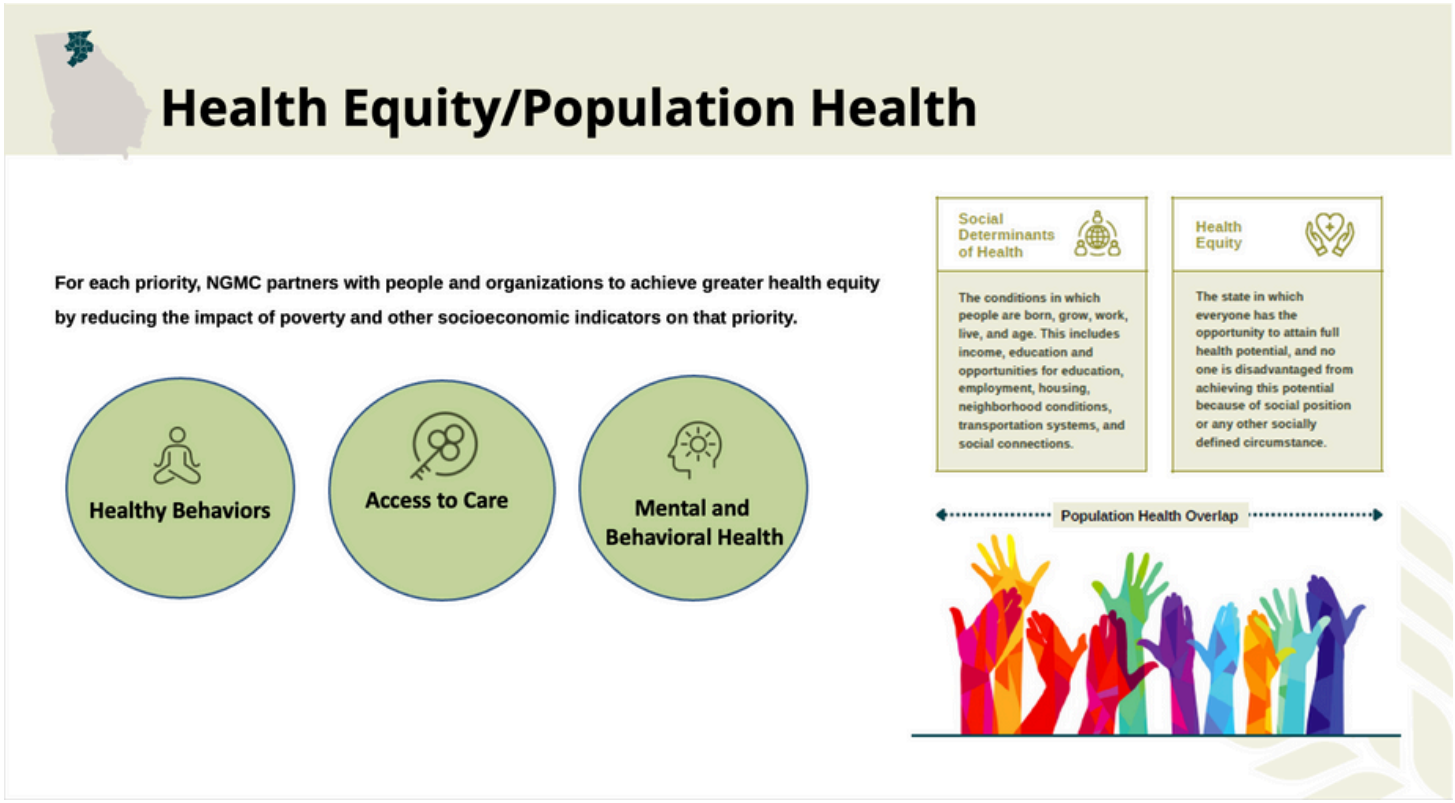
The NGMC hospital boards of directors approved the health priorities on August 25, 2025.
The Stephens County Hospital board of directors approved the health priorities on August 18, 2025.

Hospital partners are currently creating their CHNA implementation plans, which will be board-approved on or before February 15, 2026. These strategies outline a three-year plan for how each hospital will address the identified health priorities, including goals and tactics to make sustainable and meaningful changes within each of the six communities. Implementation strategies are made available to the public, and hospitals report annually on their progress towards their goals.

Both the CHNA and the subsequent implementation strategies were designed to fully comply with Internal Revenue Service regulations, as outlined in Internal Revenue Code Section 501(r). The CHNA Executive Committee, the CHNA Partners, and the CHNA Advisors also governed these.

Equity as Our North Star

Throughout the CHNA process, we considered health equity:



We paid particular attention to the following groups:

- Uninsured and underinsured populations
- Low-income populations
- The elderly
- Those with complex medical conditions or injury
- Those with unmanaged chronic conditions
- Veterans
- Racial and ethnic minorities
- LGBTQ+ communities
- Those living in rural communities
- Those living in substandard housing
- Those living with disabilities
- The homeless
- Those living with mental health challenges
- Those impacted by poverty

Qualitative Data: The Community's Voice

Over 3,600 Responses

The most important part of a CHNA is the community itself. We conducted one-on-one interviews, focus groups, and online and in-person surveys to hear from key individuals and groups.

4 **Focus groups conducted** with Newtown Florist Club, the Hispanic Alliance, the Hall County Family Connection Network, and service areas represented by the NGHS Advisory Council.

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45 **One-on-one telephone interviews** with key leaders

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170 **Employee surveys (online):** Survey respondents are employees of partner health organizations and shared insights on challenges and opportunities within our communities.

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330 **In-person assisted paper surveys**, conducted in partnership with community groups serving clients through the Compass Center at United Way, people living in homeless camps, at the Housing Authority, Good News Clinics, and the NGPG Community Clinic at the Health Department, in an extra effort to capture more voices from underserved populations.

2975 **Online multilingual community surveys** for patients and community members.

Online Community Survey

In March 2025, NGHS launched an online survey to the community through MyChart, a press release to media outlets throughout the region (Appendix Seven), the NGHS website, CHNA partners, and social media. This survey, available in English, Spanish, and Vietnamese, asked community members what they think about their community, health, and opportunities. Approximately 2,975 community members responded, including 23 from out of state.

Figure 01 **Top 20 Counties Identified As Home County by Respondents and No. of Responses, 2025**

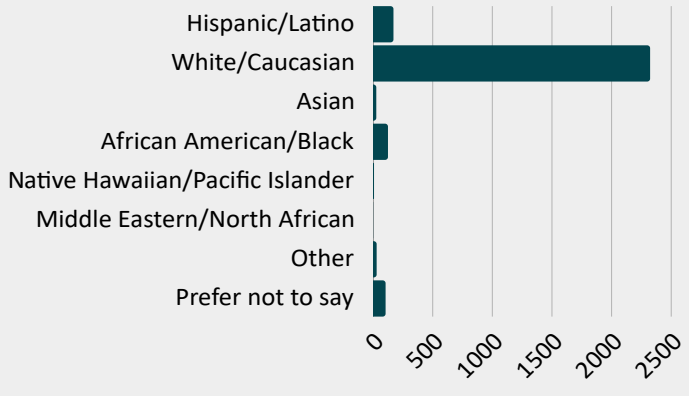
1. Hall County: 832
2. Bartow County: 263
3. Gwinnett County: 244
4. Habersham County: 232
5. Jackson County: 231
6. White County: 180
7. Lumpkin County: 123
8. Stephens County: 112
9. Dawson County: 95
10. Rabun County: 37
11. Franklin County: 41
12. Forsyth County: 30
13. Towns County: 21
14. Union County: 21
15. Banks County: 18
16. Walton County: 15
17. Fannin County: 14
18. Hart County: 9
19. Madison County: 8
20. Clarke County: 7

Source: FY25 NEGA Community Survey, 2025.

Although the majority of responses came from community members living in Hall County, approximately 110 of Georgia's 159 counties were represented in the survey, indicating the widespread reach of these hospitals and their partners.

The majority of respondents were White, had some level of college education, and were between the ages of 45 and 64. Many were employed either full-time or part-time, and incomes varied widely among respondents. Females were more likely to respond than males.

Figure 02 **Responses by Race/Ethnicity, April 2025**



Source: FY25 NEGA Community Survey, 2025.

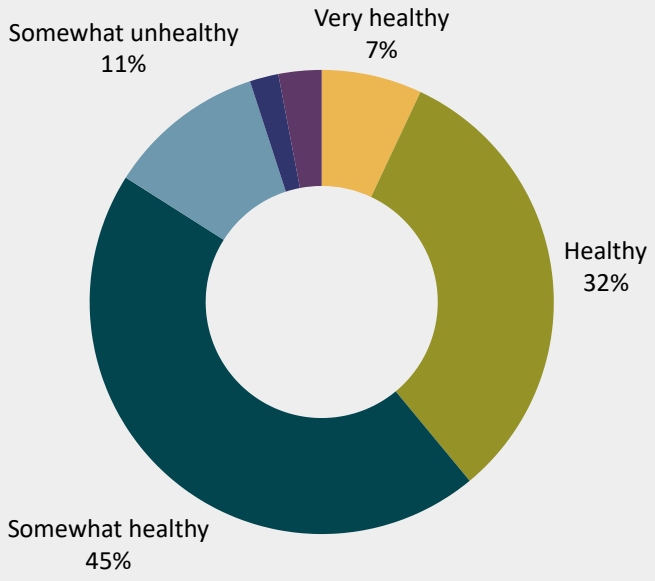
Although many ranked the overall health of the community around the average mark, they generally rated their own health as good, and this was especially true of those who reported having some form of health insurance.

The most common form of health insurance was private insurance or Medicare with an Advantage plan. For the latter, the respondents were generally retired and reported that they generally had sufficient resources for food, medication, and housing.

Go to **NortheastGeorgiaCHNA.com** for full survey results, including all answers searchable by service area or the full region.

Online Community Survey, Continued

Figure 03 **Q: Please Rate Your Community's Health.**



Source: FY25 NEGA Community Survey, 2025.

When asked **what the five most important factors for a healthy community are**, respondents named in order:

- Access to healthcare (63%)
- Access to healthy foods (59%)
- Healthy behaviors and lifestyle (51%)
- Good place to raise children (38%)
- Quality of housing or housing availability (37%)

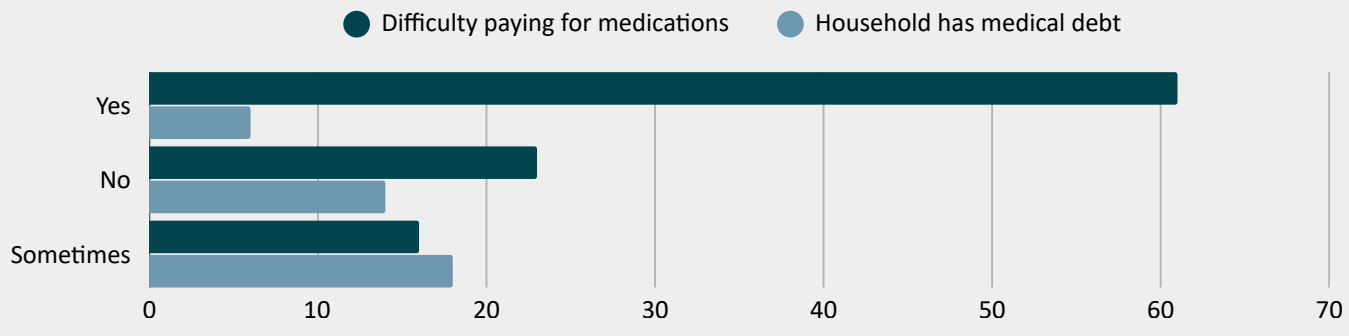
When asked if **they felt there are enough health and social services in your community**, the community's sentiments were:

- Strongly agree (9.3%)
- Mostly agree (27.8%)
- Sometimes agree (30.9%)
- Mostly don't agree (17.5%)
- Strongly disagree (14.4%)

When asked if, over the last year, they worried they would not have enough food to eat, nearly two-thirds of respondents answered **"no, we have had enough resources."** About 32% of respondents indicated they had some concerns but were mostly alright. The rest indicated they have had some concerns about food (11%).

As shown in the chart below, many community members have had difficulty in paying for medicine over the last year – about 61% of all respondents.

Figure 04 **Q: In the last year, have you worried that you would not have enough food to eat?**
Q: Do you or anyone in your household currently have medical debt?



Source: FY25 NEGA Community Survey, 2025.

Online Community Survey, Continued

The survey included several open-ended questions. Below are some of those answers.

Q: What challenges do you feel you face in your community?

"There are options for food, such as churches and civic organizations that give away food regularly, so if people have transportation to get there, food is available."

"We're growing too big for a small community."

"Availability of affordable minor emergency facilities and preventative care. Low levels of drug and alcohol use. Transparency into [the] cost of unhealthy decisions."

"Options for healthy food. A burger costs a $1 but a salad costs $10."

Q: How would you define a healthy community?

"All members have access to primary care, healthy food, and can afford necessary care and medication."

"A community where there are opportunities for everyone to have affordable access to transportation, housing, healthy food, basic utilities... and access to sufficient employment, healthcare, mental health resources, and community connections."

"Less obesity, better nutrition, less violence."

"Quality healthcare, education and housing are a priority. Other important factors are the arts, amenities such as parks and other outdoor venues and a variety of places of worship. And a community that practices the golden rule and truly cares for each other. Lastly, safety is always of the highest priority."

Q: What resources do you need to be healthy?

"Clean water, air, good public schools, access to healthy foods, and safe parks to walk in."

"More resources for small farmers who are trying their best to bring fresh food to the community."

"Local access to specialists, imaging and lab facilities local, healthy restaurants/food options, more exercise opportunities like gyms with childcare or workout classes."

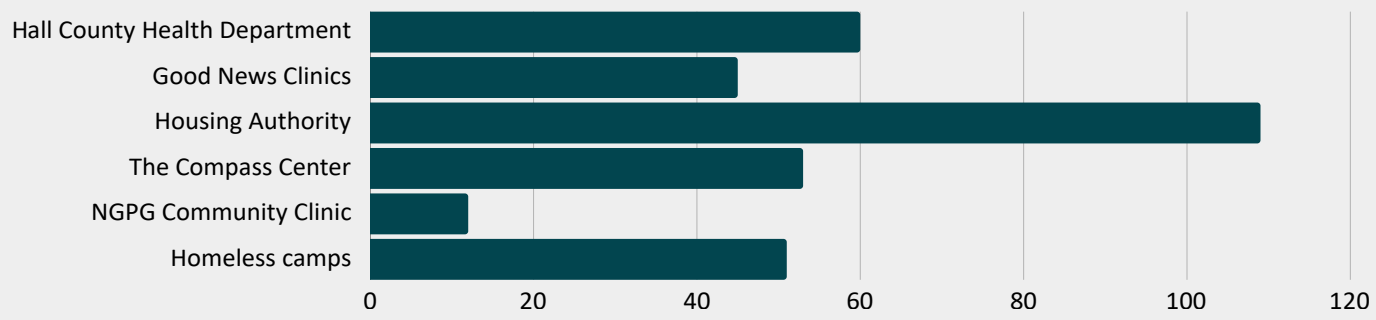
"Access to healthcare providers and healthy lifestyle choices."

In-Person Paper Survey

In March 2025, NGHS partnered with community groups serving clients through the Compass Center at United Way of Hall County, individuals living in homeless camps, the Housing Authority, Good News Clinics, NGPG Community Clinic, and the District 2 Public Health Department, in an effort to capture more voices from underserved populations. The survey, which was assisted by each group's staff and was answered by 330 individuals, asked clients and residents five questions:

1. Are you covered by some type of health insurance plan? If yes, what kind?
2. How well are family needs being met? Answers were on a scale of "Very well" to "Very poorly."
3. What would you say is your greatest health need?
4. What problems do you have getting your health needs met?
5. In your opinion, what are the top three health problems facing the community?

Figure 05 **Survey Interviewees, By Site and Total Number, March 2025**



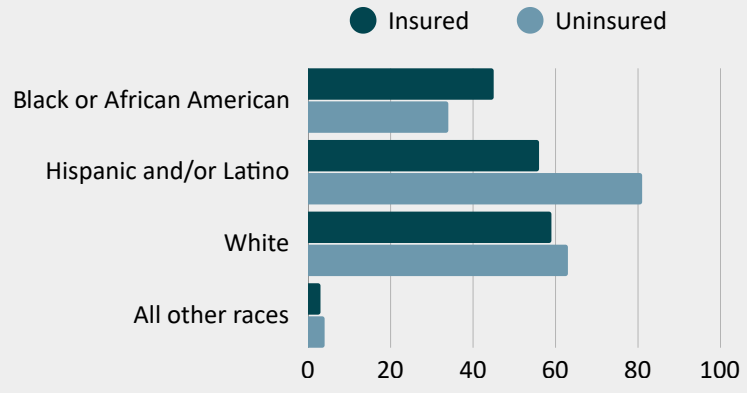
Source: FY25 NEGA In-Person Survey, 2025.

Of those interviewed, 37% were White, 35% were Hispanic or Latino, 24% were Black, and 4% were comprised of all other races.

Of interviewees, **56% had no form of health insurance.** For the rest, about 19% of respondents were covered through Medicaid, 20% through Medicare, and the rest a mix of private plans. Due to Medicare Advantage plans, there may be some overlap between Medicare-covered patients and those indicating they are covered through a private plan.

Adults aged 45 to 54 were most likely to be uninsured. Adults 35 to 44 were second most likely to be uninsured.

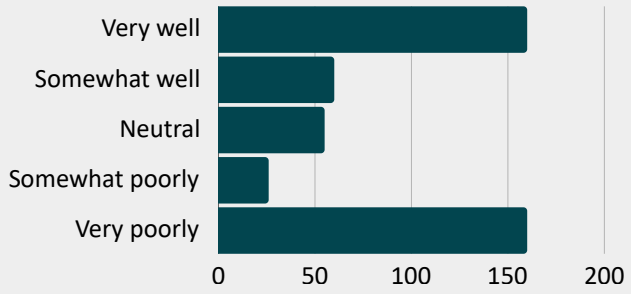
Figure 06 **Health Insurance Status, By Race**



Source: FY25 NEGA In-Person Survey, 2025.

In-Person Paper Survey, Continued

Figure 07 **Q2: How well are your family needs being met?**

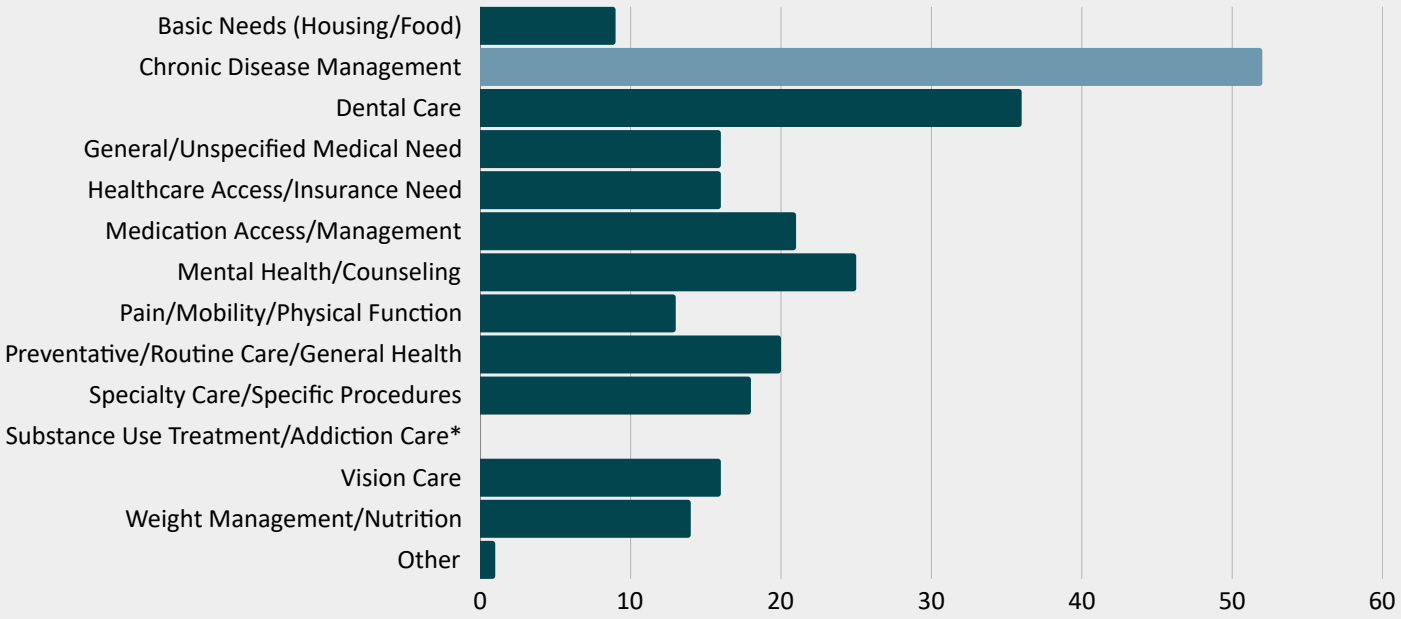


Source: FY25 NEGA In-Person Survey.

When asked **what problems do you have in getting your needs met,** the top answers were, in order:

1. Cost or financial burdens
2. Insurance issues
3. Transportation barriers
4. Personal factors/time constraints/motivation/lack of support
5. Appointment/scheduling availability issues

Figure 08 **Q3: What would you say is your greatest health need?**



*No interviewees indicated substance abuse treatment or addiction care as a need.

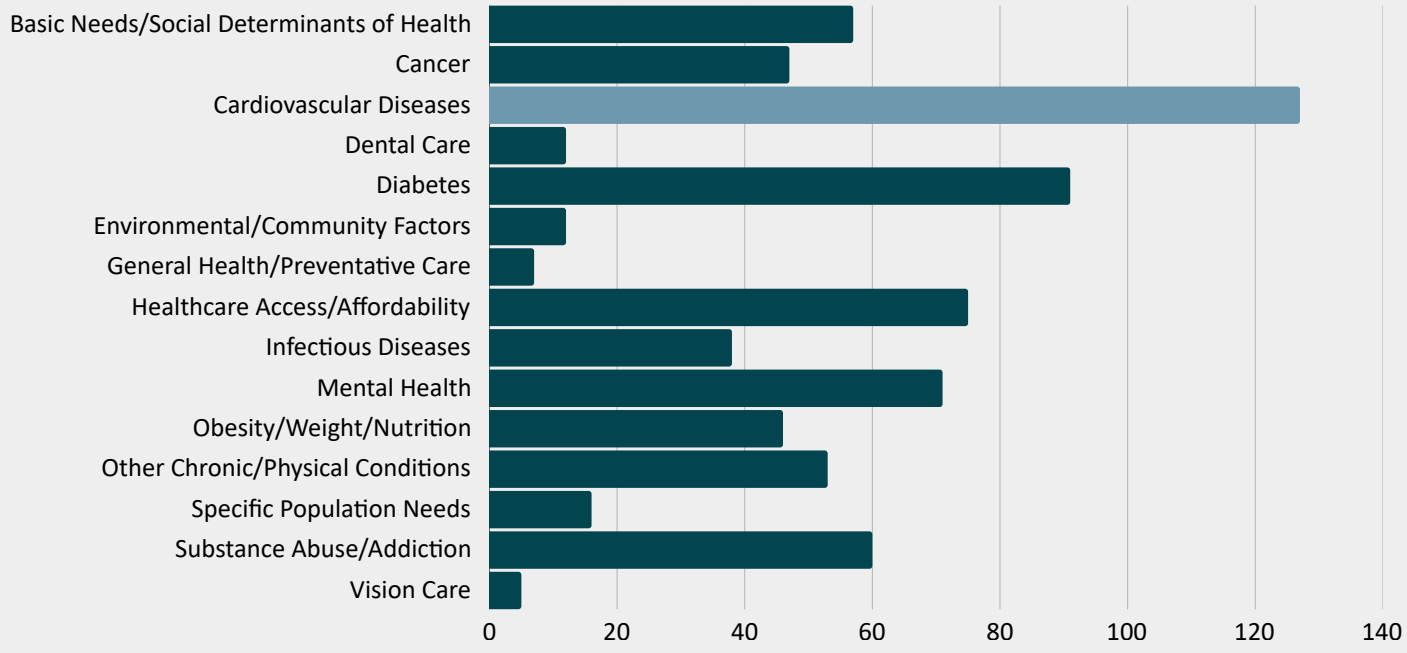
Source: FY25 NEGA In-Person Survey, 2025.

The top five barriers to health that were named were, in order:

1. Insurance issues
2. Cost and/or financial burdens
3. Transportation barriers
4. Documentation/immigration status/fear related to status
5. Physical limitations/disability/age-related issues

In-Person Paper Survey, Continued

Figure 09 **Q5: In your opinion, what are the top three health problems facing the community?**



Source: FY25 NEGA In-Person Survey, 2025.

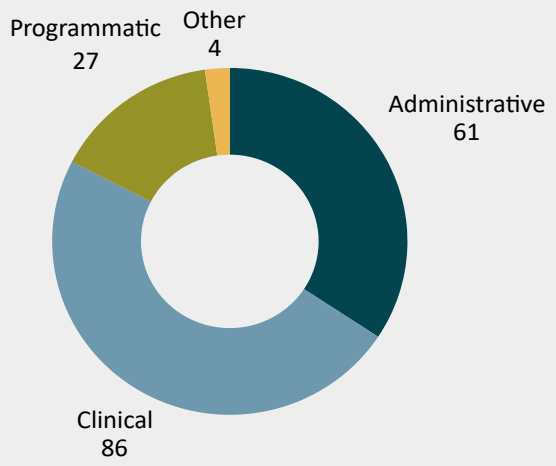
Overall, the trends identified in the in-person surveys align with those in the public health data for the region: cardiovascular disease and diabetes are the top concerns. People worry not only about managing their chronic conditions but also about affording dental and mental health care. Additionally, like many in the region, those surveyed expressed significant concerns regarding cost and financial burdens, insurance issues, and transportation, all of which are crucial to maintaining good health.

Not surprisingly, respondents struggle with their needs being met, whether that is due to financial constraints, transportation barriers or, for many, issues with documentation and immigration status. Some struggle due to disability or physical limitations, and some voiced concerns on accessible housing and health care. Overall, this population – already vulnerable due to their socioeconomic circumstances – can easily struggle to get, or stay, healthy.

Employee Survey

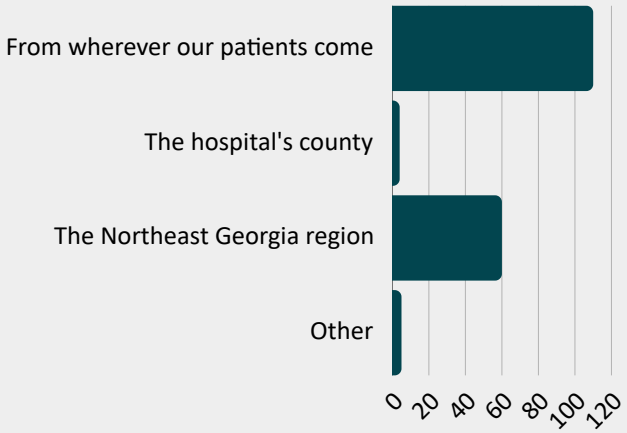
In March 2025, NGHS launched an online employee survey that captured feedback from 170 employees within the CHNA partner groups. All questions and answers can be found online via our interactive dashboard at **www.NortheastGeorgiaCHNA.com**.

Figure 10 **Survey Respondents, By Job Role and Number, March 2025**



Source: FY25 NEGA Employee Survey, 2025.

Figure 11 **How Respondents Defined Their Community, By Number, March 2025**



Source: FY25 NEGA Employee Survey, 2025.

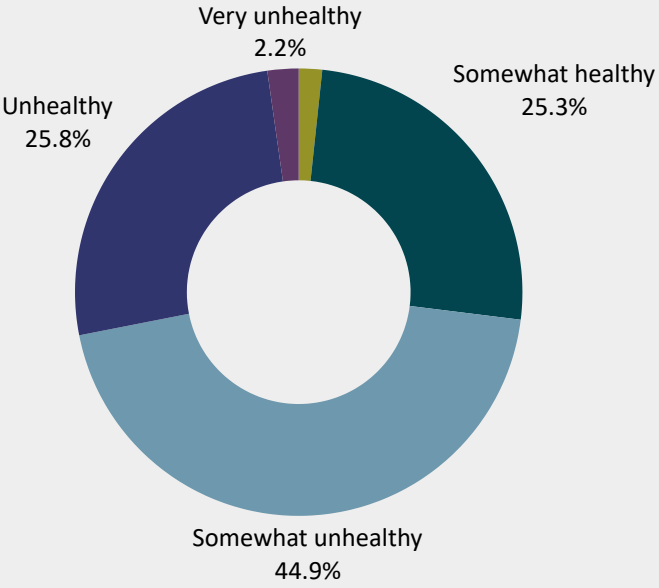
When asked **what the five most important factors for a healthy community are**, the top five answers were:

- Access to healthcare
- Access to healthy foods
- Healthy behaviors and lifestyle
- Quality jobs and economic stability
- Quality of housing or housing availability

When asked what are the **five critical risky behaviors in our community are**, the top five answers were:

- Alcohol abuse
- Drug abuse
- Lack of exercise
- Excessive social media use
- Lack of maternity care

Figure 12 **Q: Please Rate Your Community's Health.**



Source: FY25 NEGA Employee Survey, 2025.

Community Surveys from Area Hospitals

As part of the CHNA process, we reviewed assessments from other hospitals within the service area. Two hospitals conducted community surveys relevant to NGMC: Chatuge Regional Hospital and Union General Hospital. Below are the survey results from their publicly available CHNAs.

Chatuge Regional Hospital: Towns County

Survey Reach
Total participants: 80
Promotion channels: Hospital website, social media, school board

Who Participated?
- Women: 84%
- Non-Hispanic White: 92%
- Under age 65: 93%
- Married or partnered: 73%
- Employed: 64%
- Some college or more: 77%
- Household income over $60K: 53%
- Only 16% over age 65 (vs. 37% countywide)

Health Status
- Excellent/Very Good/Good Health: 81%
- Fair or Poor Health: 13%

Chronic Conditions:
- High blood pressure: 40%
- Obesity: 37%
- Depression/Anxiety: 36%
- High cholesterol: 35%

Health Behaviors
- Current smokers: 15%
- Barriers to healthy eating:
  - Produce cost: 33%
  - Don't follow dietary guidelines: 25%
- Barriers to exercise:
  - Lack of time: 33%
  - Fatigue: 20%
  - Lack of enjoyment: 18%

Top Community Concerns
- Job shortages: 63%
- Substance abuse: 58%
- Poverty: 38%
- Lack of health insurance: 37%
- Homelessness: 15%

Perceived Leading Causes of Illness and Death
- Cancer: 78%
- Heart disease: 73%
- Stroke: 46%
- Diabetes: 41%
- High blood pressure: 27%

Community Surveys from Area Hospitals

Union General Hospital: Union County

Survey Reach

Total participants: 126

Promotion channels: Hospital website, social media, school board

Who Responded?

- Women: 89%
- Non-Hispanic White: 96%
- Under Age 65: 82%
- Married or Partnered: 71%
- Bachelor's Degree or Higher: 47%
- Employed: 68%
- Income Over $60K: 88% (vs. $59.8K county median)

Health Status

- Good or Very Good Health: 81%
- Fair or Poor Health: 13%
- One in five reported 3+ chronic conditions
- Obesity: 40%
- High Blood Pressure: 32%
- Depression or Anxiety: 29%

Health Behaviors

- Current Smokers: 15%
- Barriers to Healthy Eating:
  - Cost of produce: 31%
  - Don't know how to prepare: 25%

Barriers to Physical Activity:

- Too busy: 30%
- No safe place to exercise: 25%
- Too tired: 24%
- Not enjoyable: 17%

Preventive Care Use

- Colonoscopy (eligible adults): 84%
- Mammogram (women 50+): 94%
- Pap smear (women 21+): 78%
- Prostate screening discussion (men 40+): 59%

Community Perception

- Feel Safe in the Community: 95%
- Hospital is Important: 94%
- Enjoy Living in Union County: 90%
- Great Place to Raise Kids or Retire: 80%
- Say There Are Enough Jobs: 28%
- Have All Needed Resources to Live Well: 50%

Top Community Concerns

- Substance Abuse: 60%
- Lack of Job Opportunities: 48%
- Poverty: 47%
- Inadequate Health Insurance: 45%
- Domestic Violence, Child Abuse, Lack of Support: ~30% each

Mental Health Services Not Adequately Available

- Specialty Care: 88%
- Addiction Support: 87%
- Nursing Home Availability: 73%
- Access to Family and Primary Care: 70%

One-On-One Interviews

Between February and March 2025, the ThoMoss Group conducted 45 one-on-one 30-minute telephone interviews with key stakeholders within the region. These interviewees represented a diverse cross-section of stakeholders, including leaders from NGHS, as well as individuals from government agencies, nonprofit organizations, faith-based communities, and the business sector. A list of all interviewees is available in Appendix Six.

Interviews were structured around eight core questions, which were provided to interviewees in advance of the call. These questions were:

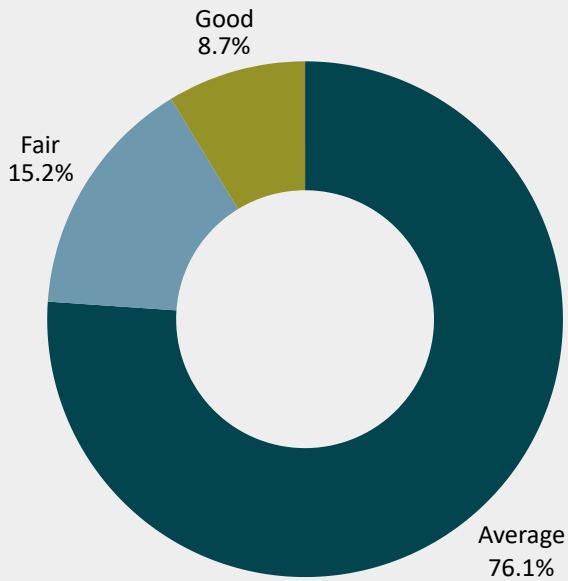
1. How would you rate the overall health of your community on a scale from one to five?
2. What conditions or obstacles keep the service area from being healthy?
3. Which populations are most vulnerable to being unhealthy, and why?
4. What existing community resources do you and/or vulnerable populations rely on?
5. What can the medical facility serving your community do to improve health outcomes?
6. How easy is it for community members to access care, and what can be done to improve access?
7. What, if any, long-term impacts did COVID-19 have on your community?
8. Is there anything else you'd like to share before we complete the call?

Recurring themes were identified across interviews, particularly in the areas of access, transportation, and health education.

When asked "how would you rate the overall health of your community on a scale from one to five," interviewees mostly ranked the community's health as "average." This suggests a general consensus that, although communities are not in crisis, they face persistent challenges that hinder positive health outcomes.

Top among these barriers was **transportation,** which was the most frequently cited barrier to health across all counties. In some counties, only one taxi driver operates during business hours. In other areas, limited van services are reserved exclusively for registered members of the senior center. Finally, some residents call 911 to use ambulances for non-emergency transport.

Figure 13 **Regional Community Health Rating**



Source: FY25 NEGA CHNA One-on-One Interviews, 2025.

One-On-One Interviews

Additional Barriers to Health

Interviewees cited several additional barriers to health and health services, including:

- Long wait times for primary care appointments
- Limited access to affordable, nutritious food
- Lack of childcare support during medical visits
- Low health literacy and limited access to culturally relevant health education
- Difficulty navigating healthcare and insurance systems

Vulnerable Populations

When asked which groups are most at risk for poor health outcomes, three key populations emerged:

- **Older adults, and in particular seniors in rural areas,** are disproportionately affected by social isolation, limited mobility, and inadequate access to transportation and digital technology.
- **Working families**, also referred to as A.L.I.C.E., or Asset-Limited, Income-Constrained, Employed, face challenges such as rising costs, inadequate insurance, time constraints, limited access to healthy foods, and affordable childcare.
- **Homeless individuals** are visibly on the rise, often co-occurring with mental health challenges and substance use. This aligns with state data showing a significant increase in unsheltered populations across Georgia in 2025.

Impact of COVID-19

The top three long-term community impacts of the pandemic include:

- **Erosion of trust:** Many respondents expressed ongoing skepticism toward government and health institutions, citing inconsistent messaging during the pandemic.
- **Mental health strain:** Increased rates of depression, anxiety, substance abuse, and suicide were reported, along with growing screen addiction and reduced interpersonal skills.
- **Decline in soft skills and work culture:** Several respondents, particularly employers, observed that younger workers now lack essential social skills. One interviewee noted, “social graces are all but lost,” while another reflected, “healthcare has lost its glam,” referring to a drop in enthusiasm for health careers.

One-On-One Interviews, Continued

Stakeholder Interviews From Other Community Groups: Walton Wellness

As part of the CHNA process, we reviewed assessments from other organizations within the service communities. Community-based organization Walton Wellness conducted a CHNA in 2025, which is relevant to the NGMC Barrow community. As part of that process, their team interviewed community members to better understand barriers to wellbeing. Below is a summary from its publicly-available CHNAs.

Walton County is unique for its mix of rural and urban areas and its proximity to larger counties. Strong relationships between residents and local organizations are seen as a major strength, helping to provide care for low-income populations. However, high demand is straining these services.

Identified top health needs:

- Safe, accessible places to exercise
- Affordable healthy food
- Transportation to care
- Low-cost mental health and substance abuse services

Health disparities are most evident among residents in remote areas and public housing, due to limited funds, insurance, and transportation. A lack of funding and health understanding among decision-makers was also noted as a barrier. Interviewees noted diabetes and access to healthcare as priority issues.

Focus Groups

Between February and March 2025, the ThoMoss Group facilitated focus group sessions to explore further the state of community health across the region. Participants included members of the NGHS Advisory Council as well as representatives from three nonprofit organizations. A total of 82 individuals participated in these focus groups, and a list of these individuals is provided in Appendix Six.

These groups were:

- The **Northeast Georgia Health System Advisory Council** meets quarterly to stay informed about current health system practices and to provide direct feedback to NGHS staff on a range of community issues related to health and well-being. Council members play a crucial role in bridging the gap between the healthcare system and the communities it serves. Please refer to Appendix One for a list of NGHS Advisory Council members.
- The **Hispanic Alliance** is an advocacy organization dedicated to supporting new and emerging Hispanic/Latinx immigrant families. The Alliance offers a diverse range of services and programs that foster cultural integration, economic opportunities, and health equity.
- The **Newtown Florist Club**, originally established over 70 years ago as a benevolent society supporting African American families with funeral services, has since evolved into a dynamic environmental justice organization. Today, it focuses on advocacy, education, and youth leadership development, particularly in addressing environmental health concerns in underserved communities.
- The **Hall County Family Connection Network,** an affiliate of the Georgia Family Connection Network, serves as a collaborative hub for public and private partners working to improve outcomes for children and families. The network addresses issues such as graduation rates, literacy, health, and nutrition through coordinated community action.

The insights gathered from these focus groups provide a meaningful snapshot of the community's perception of health priorities, challenges, and opportunities for improvement. These conversations have laid a strong foundation for the broader CHNA by amplifying the voices of those most closely connected to the region.

NGHS Advisory Council Focus Group: Summary Report

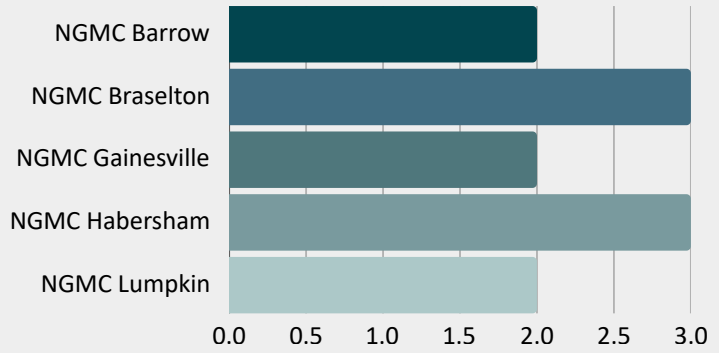
On February 03, 2025, Phillippa Lewis Moss of The ThoMoss Group facilitated a focus group with the NGHS Advisory Council. Thirty participants, representing the region, were seated by service area to encourage localized discussions. Participants were given a worksheet to respond to a series of eight individual guided questions. After individual reflection, table groups discussed their responses collectively. One representative from each table then shared their group's insights with the whole audience.

Focus Groups, Continued

Each group ranked their community's health, on a scale from one to five, with five signifying a top level of community health, and one as the lowest. The average among all communities was a **two for fair,** as demonstrated in the chart to the right.

Each group identified key community health barriers, major health concerns, community resources, and opportunities for hospitals to consider. A summary of each service area's feedback is provided below:

Figure 14 **Health Ratings, By NGHS Service Area**



Source: FY25 NEGA CHNA Focus Groups, 2025.

NGMC Barrow

Barriers to health shared by this group include limited access to exercise and behavioral health services, as well as childcare challenges due to parents working multiple jobs. Vulnerable populations discussed including working parents, low-income individuals, women of childbearing age, and transient residents. While community resources such as the YMCA, food distribution programs, WIC, and local initiatives like the "Church of the Month" offer support, rapid population growth has reduced green spaces, increased fast-food presence, and weakened social cohesion.

The community is still emotionally recovering from the Apalachee High School shooting, though it has also sparked greater empathy and collaboration. Additional health supports include NGMC Barrow and Barrow County Family Connection Network. Hospitals have opportunities to expand behavioral health services, promote telehealth, and strengthen partnerships. Challenges remain in connecting discharged patients to community resources and addressing perceptions of unequal care, with many seeking services outside NGMC Barrow. COVID-19 has intensified social isolation and emotional delays, especially among children.

Focus Groups, Continued

NGMC Braselton

Barriers to health shared by this group include rapid population growth, an aging population, insufficient green spaces, a lack of high-wage jobs, rising homelessness, language barriers, the opioid crisis among youth, and signs of food insecurity. Vulnerable populations discussed include school-age children without adult supervision and isolated seniors lacking family support. Community resources like NGHS/Laurelwood mental health services, local hospitals, churches, and food pantries provide support.

Challenges mentioned include outdated infrastructure, limited parks and walkways, an overwhelmed emergency department, and overburdened law enforcement. Hospitals have opportunities to increase local specialists, expand emergency care access, and promote education and prevention, particularly regarding drug use. While access to care is generally good, improvements are needed for emergency services and specialty care, especially in Buford. The community is also dealing with the lingering effects of COVID-19, including business closures, a shift toward telework, ongoing anxieties, and long-COVID symptoms.

NGMC Gainesville

Health-related barriers mentioned by this group include environmental factors, limited transportation, poor health education, language difficulties, youth mental health challenges, and lack of access to nutritious food and essential resources. Vulnerable populations mentioned include the homeless (especially men), uninsured individuals, seniors, culturally isolated groups, children, and minorities. Numerous community organizations, such as United Way of Hall County, Good News Clinics, the Salvation Army, Hall County Health Department, and others, offer support.

Challenges mentioned were high rates of homelessness with mental health needs, insufficient shelters, language barriers, mistrust of healthcare providers, lack of affordable housing, low Pre-K participation, increasing infant mortality, and poor coordination of services—although platforms like Unite Us are helping. Hospitals have opportunities to expand mental health services, pediatric care, mobile pharmacies, educational outreach, life skills training, and community gardens.

Improving access to care requires better discharge planning, referral systems, customer service, and equity in treatment. Additionally, the COVID-19 pandemic exacerbated issues by increasing social isolation, hindering emotional development, and deepening mistrust of the medical system.

NGMC Habersham

Barriers to health mentioned by this group include low health literacy, high rates of chronic disease, and a shortage of bilingual services. Vulnerable populations primarily include members of the Hispanic/Latinx community, individuals without health insurance, and those with limited educational attainment.

Focus Groups, Continued

NGMC Habersham, Continued

Key community resources that help address these issues include NGMC Habersham, local public schools, Grace Gate Clinic, the Cornelia Food Bank, and various faith-based organizations. However, the community still contends with significant challenges, such as a high demand for bilingual healthcare professionals, rising chronic illness among younger people, and limited transportation options.

Other contributing health factors stem from the community's reliance on agriculture and manufacturing jobs, which pose inherent health risks. Hospitals have opportunities to enhance care by providing culturally competent services, expanding education on diabetes and heart health, and increasing mobile health screenings.

Access to care remains uneven, with urban centers having better availability while rural residents continue to face barriers such as language and cost. The impact of COVID-19 has also been significant, leading to increased anxiety and depression, educational disruption, and workforce instability. Nonetheless, a growing network of community health advocates and nonprofit organizations is emerging to support local health efforts.

NGMC Lumpkin

The NGMC Lumpkin group mentioned the following health barriers: limited transportation, a shortage of healthcare providers—particularly specialists—economic instability, and geographic isolation, all of which restrict access to services. Vulnerable groups discussed include the elderly, low-income families, and those lacking reliable transportation. Community support is provided through free health clinics, churches, food pantries, senior centers, Lumpkin County Family Connection, and a strong network of local volunteers. However, the area struggles with limited healthcare infrastructure, mental health stigma, and a high rate of uninsured individuals.

Additional challenges stem from an economy reliant on seasonal work and poor broadband access, which hampers telehealth use. Hospitals have opportunities to improve care by deploying mobile health units, expanding telehealth services, and partnering with local civic and faith-based organizations. Access gaps remain in specialty and after-hours care, with long wait times and travel distances. The COVID-19 pandemic worsened conditions by increasing senior isolation, reducing transportation services, and decreasing routine healthcare visits.

Focus Groups, Continued

Hispanic Alliance Focus Group
February 11, 2025, Hosted Virtually

Founded in 2016, the Hispanic Alliance works to improve the quality of life and offer opportunities for Gainesville's Hispanic community through services, collaborations, and initiatives in education, health, financial stability, and immigration. Five members of the Hispanic Alliance participated in this focus group.

The Hispanic Alliance rated its community as "unhealthy" due to deep-rooted structural and economic barriers. Key issues include the high cost of healthy food, limited culturally and linguistically appropriate health education, and inadequate pediatric care, particularly for uninsured children. Breastfeeding rates are low due to early returns to work and a lack of support from employers. Vulnerable groups include uninsured women, children reliant on school meals, and seniors on fixed incomes who often turn to fast food. Access to care is hindered by transportation limitations, fear of deportation, language barriers, and the complexity of navigating the health system.

The community also faces long-term impacts from COVID-19, especially for those in essential labor sectors, such as poultry processing, who often returned to work prematurely. Rising homelessness, a growing mental health crisis, addiction among youth, and insurance coverage gaps—such as NGHS being out-of-network for major providers—further complicate wellness. Hospital engagement opportunities include expanding bilingual staff, improving health literacy outreach in Spanish, simplifying access to financial and clinical services, and strengthening trust through inclusive communication. There's also a strong call for trauma-informed education on parenting, relationships, and emotional health to promote long-term community resilience.

Newtown Florist Club Focus Group
February 25, 2025, Hosted Virtually

The Newtown Florist Club, founded in 1950 by African American residents of Gainesville-Hall County, is a grassroots nonprofit organization that champions youth development and advocates for social, economic, and environmental justice. The focus group was composed mainly of long-time residents and retirees who spoke passionately about healthcare accessibility, the need for written health resources, and in-home support services for older adults and individuals without reliable transportation. Ten members of Newtown Florist Club attended the focus group.

Most participants rated their community's health as fair or average. Five respondents gave a rating of 2 (fair), while three rated it 3 (average), including one from Lumpkin County who noted limited but available access. Several challenges hinder community wellness, including a lack of affordable workforce housing with proper kitchen facilities, limited Medicaid access, and unsafe neighborhood designs that discourage physical activity. High medication costs and unreliable transportation hinder healthcare access. Additionally, gaps in both healthy food availability and nutrition education, as well as a shortage of mental health providers, were noted. Lumpkin County faces overwhelmed emergency rooms, rising food insecurity, and community concerns about high thyroid cancer rates in the region, prompting questions about ongoing efforts to address the issue.

Focus Groups, Continued

Newtown Florist Club Focus Group, Continued

Seniors, especially Black older adults, face difficulty navigating the healthcare system and often lack transportation. Homeless individuals struggle with basic access to care and nutrition. Low-income families deal with poor nutrition and limited preventive care. Middle-aged men on disability often endure chronic pain, increasing their risk for substance abuse and further health decline.

Transportation remains a significant barrier. Expanding telehealth and accepting a broader range of insurance plans were seen as critical solutions. Participants requested a comprehensive health resource directory to navigate available services.

The pandemic led to increased homelessness and worsened pre-existing health conditions in vulnerable populations. Long COVID symptoms, particularly respiratory issues like COPD and asthma-like symptoms, continue to affect the community.

Participants emphasized the need for printed communication, particularly a user-friendly health resource directory, for individuals with limited digital access. The Gainesville Housing Authority was suggested as a priority location for future community health needs interviews and outreach.

Hall County Family Connection Network Focus Group
March 13, 2025, Hosted In-Person at The Butler Center

The Hall County Family Connection Network (HCFCN) is one of 159 local collaborative partnerships within the Georgia Family Connection Network. As the designated decision-making body for issues impacting families and children in Hall County, HCFCN brings together nonprofit organizations, local government, school systems, healthcare providers, and business leaders. Over the past decade, the collaborative has focused on initiatives related to literacy, school attendance, and high school graduation, striving to improve outcomes for all families in the region. Thirty-seven representatives of the local collaborative attended the focus group.

Most people in the focus group feel their community's overall health is okay, not great, but not terrible either. Out of all the responses, nine people rated the community's health as a 2 (fair), and 21 rated it a 3 (average).

When asked about barriers to good health, respondents pointed to a wide range of issues. Many mentioned the middle class is shrinking—families that once felt financially stable are now struggling to cover the basics. Healthcare costs are another major issue. Between the price of appointments and prescriptions, many people are putting off the care they need. There are also gaps in available services, particularly in care for low-income individuals, dental care, and mental health.

Focus Groups, Continued

Hall County Family Connection Network Focus Group, Continued

Housing was also discussed—families living in places with mold, asbestos, or other hazards are concerned about their health. **And with rent and mortgages so high, some are forced to choose between food, housing, or medical care.** Another issue discussed included growing screen time among both kids and adults, which negatively impacts physical activity, which in turn impacts mental health.

Access to care was discussed, with some saying they are unable to make appointments because they lack reliable transportation, or that clinic hours conflict with their schedules, or providers fail to follow up. The need for better, more clear and accessible health education was expressed. Many doctors don't take Medicaid, which leaves out a big group of patients. For families with kids, a lack of childcare often leads to missed appointments. Undocumented and Hispanic residents face additional obstacles, like language barriers and fear of using public services due to immigration status.

Kids and teens, especially post-COVID, don't have enough access to mental health support. People with disabilities and families with special-needs children also report difficulty finding the right services that are accessible and appropriate.

The long-term effects of the COVID-19 pandemic are still felt. Many childcare centers shut down and never reopened. Trust in public health systems has eroded, and vaccine hesitancy remains a common concern. Mental health has declined, with noticeable increases in anxiety, depression, and substance use, and especially fentanyl.

Certain groups in the community are especially vulnerable. Undocumented individuals often go without care entirely due to fear and a lack of information. Families with low or moderate incomes continue to struggle with affording healthcare and accessing services. Homeless individuals face challenges with transportation and getting basic medical help. Seniors are often isolated and struggle to use digital tools for healthcare.

Young people are struggling in school, with more skipping class and fewer ready for college. People are spending more time on screens and less time being active or social.

The pandemic also altered the job market, particularly in the service industry, and many families are still struggling with financial setbacks. Additionally, families who lost loved ones during the pandemic are still facing emotional and economic hardship. Routine preventive care visits have dropped, too.

Finally, participants discussed a rise in homelessness; more are living in camps or relying on institutions like hospitals or jails for shelter. They also noticed a shift in the community's tone: less empathy, more judgment. Some suggested holding events like "A Day in the Life of Struggling People" to help build compassion and understanding. Other concerns included growing political division, rising discrimination toward marginalized groups, and an increase in deaths related to despair, such as mental illness, drug use, and loneliness.

Focus Groups Results from Area Hospitals

As part of the CHNA process, we reviewed assessments from other organizations within the service communities. Hospitals Chatuge Regional Hospital (Towns County), Union General Hospital (Union County), and St. Mary's Sacred Heart Hospital (Franklin County) conducted CHNAs in 2024 and 2025. Below is a summary from their focus group results shared via their publicly-available CHNAs, which are linked here:

Chatuge Regional Hospital CHNA

St. Mary's Sacred Heart Hospital

Union General Hospital

Chatuge Regional Hospital

Community Strengths

Residents appreciated the small-town atmosphere, scenic surroundings, and community transportation options. The local recreation center was seen as a helpful resource for staying active. Many praised the hospital's role in promoting health and wellness.

Challenges Noted

- Lack of jobs and financial struggles, especially for non-retired residents
- Overabundance of fast food and limited access to healthy food
- Towns County is largely a retirement community, which impacts service needs

Healthcare Concerns

- Lack of or unaffordable insurance
- Shortage of specialists—many travel elsewhere for specialty care
- Inadequate attention to older adults' health needs
- Not enough family physicians or mental health/addiction services

Key Recommendations

- Expand access to healthy foods
- Increase job opportunities for working-age residents
- Add more general care providers and specialists
- Improve care for seniors
- Invest in mental health and addiction recovery resources

Focus Groups Results from Area Hospitals, Continued

St. Mary's Sacred Heart Hospital

Identified key community challenges:

- Transportation is a major barrier to healthcare. Without public transit or ride-share options, many residents struggle to attend medical appointments, especially in rural areas.
- Emerging issues with housing instability and homelessness are making it harder for vulnerable groups to access healthcare and maintain well-being.
- Residents face obstacles to routine care, follow-up visits, and chronic disease management. Gaps in dental, vision, and specialty care are worsened by a lack of insurance, high costs, and limited local facilities.
- Mental health and substance use issues affect all ages, with youth mental health being a key concern. Stigma and lack of available services prevent people from seeking help.
- Families need more resources and care options for aging adults living with memory-related conditions such as dementia and Alzheimer's disease.
- Challenges in accessing SNAP, Medicaid, and other public programs—such as paperwork and communication issues—leave many needs unmet. Many people within the community are food insecure and need the support.

Union General Hospital

Community Strengths and Lifestyles: Participants appreciated the small-town feel, scenic views, friendly atmosphere, outdoor activities, and family-oriented environment. Good school options were also a highlight.

Concerns and Challenges: Although generally happy, participants highlighted issues such as high housing costs, income inequality, drug use, and the area's heavy focus on retirement.

Healthcare Issues: Concerns included a lack of or unaffordable insurance, staff shortages, and long wait times. Suggested improvements include more mental health services, better medical transportation, and access to specialists like dermatologists and primary care doctors.

Healthy Living: Most felt there were good opportunities to stay active and eat well, especially for families. However, time management, post-COVID challenges, and tech-related barriers made it harder to maintain healthy habits.

Quantitative Data

190 indicators from approximately 145 sources were examined, including:

- Georgia Department of Public Health
- US Department of Health and Human Services, Center for Medicare and Medicaid Services
- US Department of Health & Human Services, Health Resources and Services Administration
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
- University of Wisconsin Population Health Institute, County Health Rankings
- Centers for Disease Control and Prevention
- National Center for Health Statistics
- US Census Bureau
- US Department of Agriculture
- US Department of Labor

We also conducted extensive literature reviews of CHNAs from similar hospitals and facilities to evaluate potential sources.

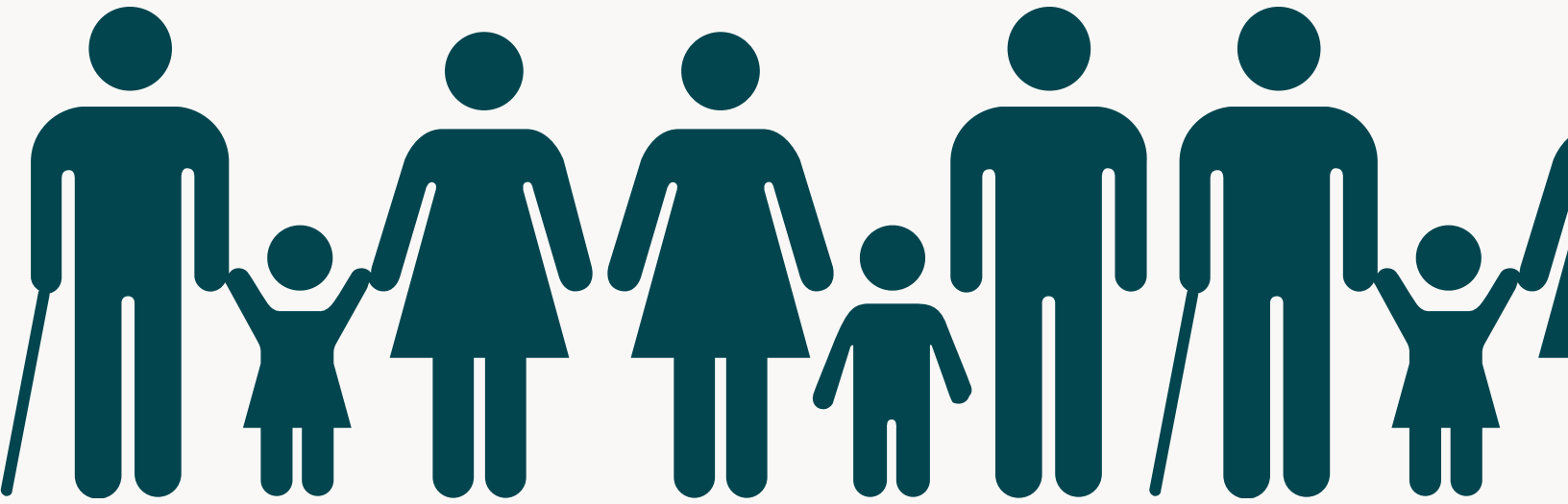
Finally, we reviewed multiple studies and journals for relevant data, which helped us understand both the patient population and the impact of health inequities on patient populations traditionally underserved within healthcare.

Families and Income

Families and income play a major role in shaping health outcomes. **Income levels directly impact a person's ability to access healthcare, afford nutritious food, secure safe housing, and obtain reliable transportation**—all critical factors for maintaining good health. People with lower incomes are often uninsured or underinsured and may delay or skip care due to cost, leading to worse health outcomes over time.

At the same time, **family circumstances influence health habits and support systems**. For example, children in low-income households may face food insecurity, limited access to healthcare, and higher levels of stress, all of which impact their long-term physical and mental development. Caregivers of older adults or people with disabilities also experience added emotional, financial, and physical strain, which can affect their own health.

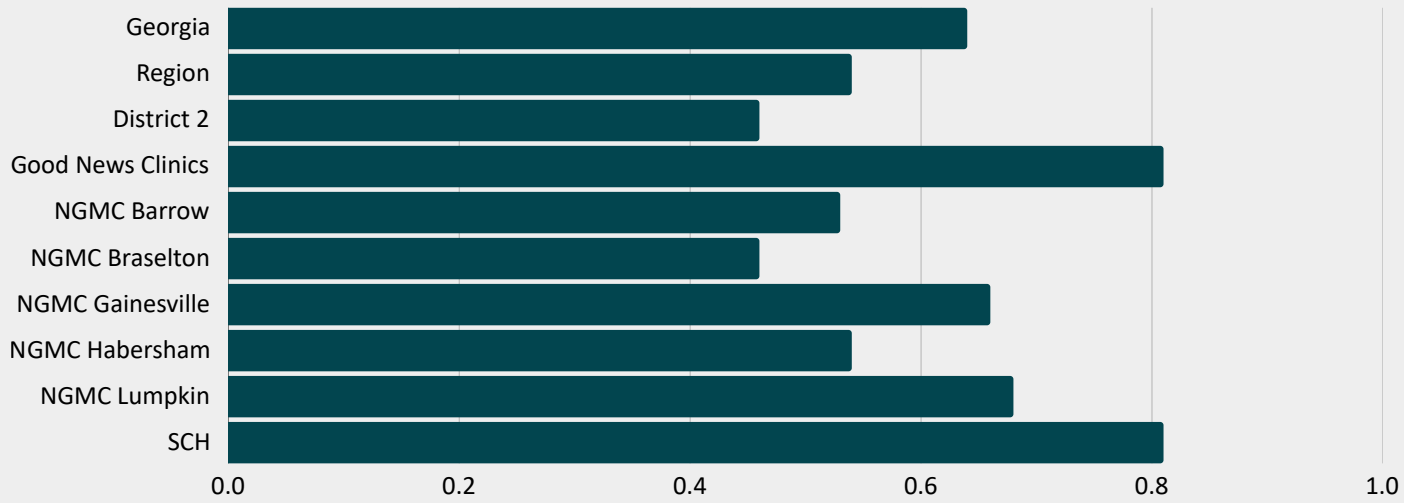
Additionally, **financial stress and unstable living environments are closely linked to increased rates of anxiety, depression, and chronic stress-related illnesses.** By taking families and income into account, we can better understand the root causes of poor health and develop more effective, equitable strategies that go beyond medical care alone.



Social Vulnerability & Area Deprivation Indexes

The **Social Vulnerability Index (SVI)** measures the degree of social vulnerability in counties and neighborhoods across the United States. A higher score indicates higher vulnerability, including high poverty, low vehicle access, or crowded households. **The higher the score, the more vulnerable the community.**

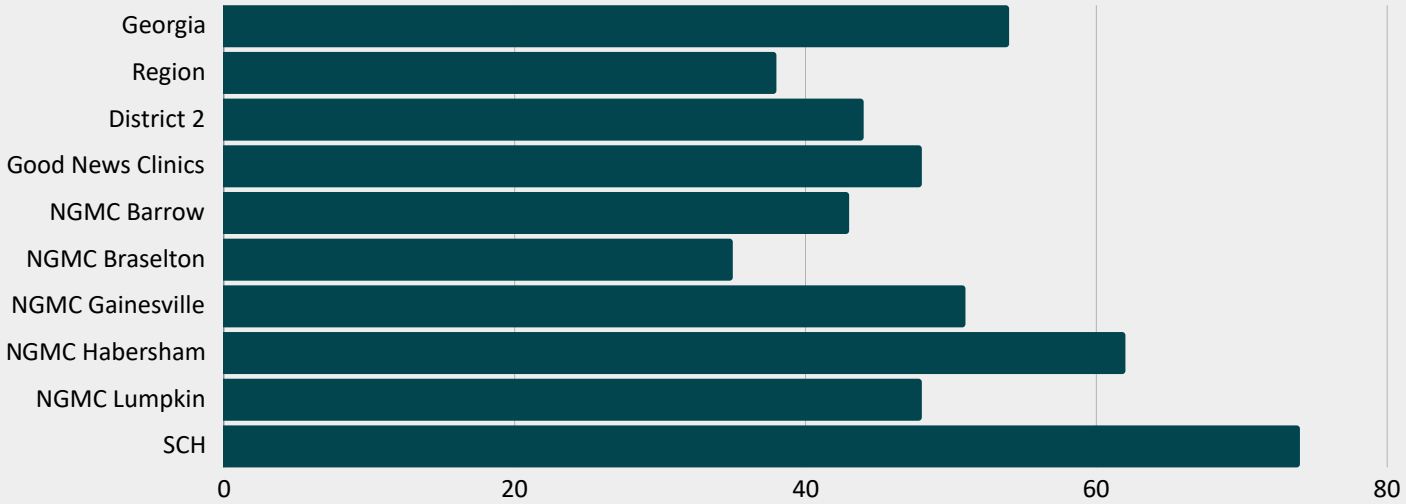
Figure 15 **Social Vulnerability Index, Northeast Georgia, 2022 (Higher is Worse)**



Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2022.

The **Area Deprivation Index (ADI)** ranks neighborhoods and communities relative to other neighborhoods in the state and is calculated based on 17 measures related to education, income and employment, housing, and household characteristics. **One indicates the lowest level of deprivation** (least disadvantaged) and **100 is the highest level of deprivation** (most disadvantaged).

Figure 16 **ADI, State Percentile, Northeast Georgia, 2022 (Higher is Worse)**

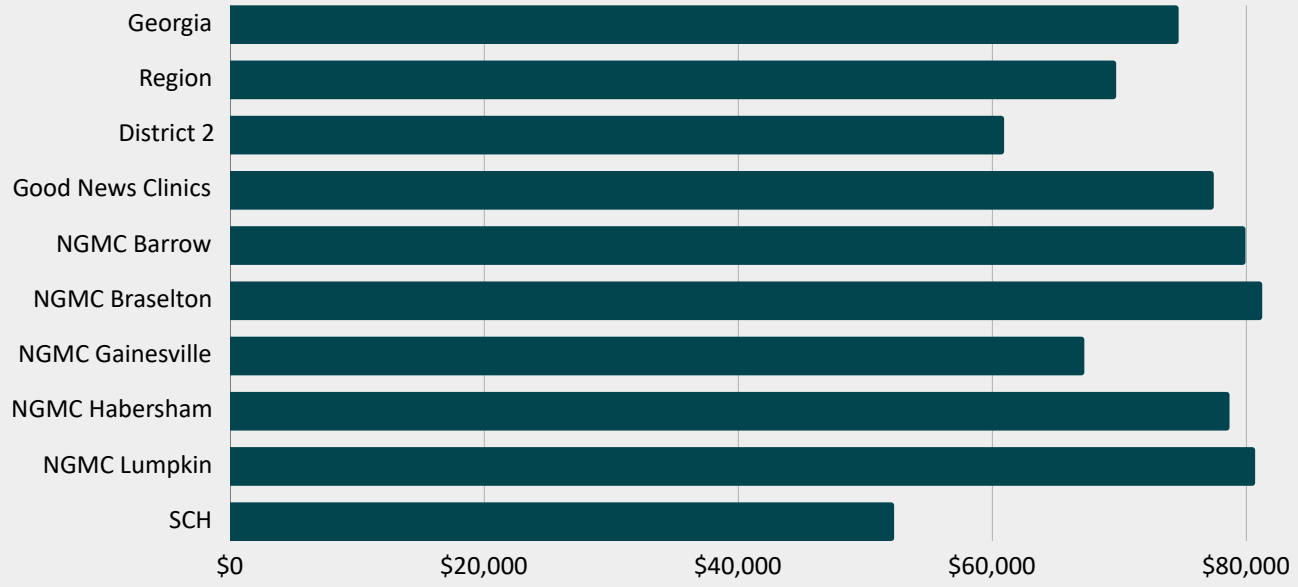


Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas, 2022.

Income Overview

Income is a key determinant of health, influencing access to healthcare, healthy food, housing stability, and overall quality of life. Indicators such as median household income and poverty rates reflect a community's economic well-being.

Figure 17 **Median Family Income, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

Throughout the region, the average person made $39,120 annually between 2019 and 2023, a little less than the state average of $39,524. Community members in Stephens County had the lowest per person average income of $27,521. There were only four counties with average per person incomes above the state average: Forsyth, Dawson, Union, and Towns counties, with community members in Forsyth County had the highest per person average income of $55,936.

Higher income allows individuals to afford health insurance, which provides access to necessary medical care, including preventative services, treatments, and medications. Income also enables individuals to pay for healthcare costs not covered by insurance, such as co-pays and deductibles. Income influences the ability to afford nutritious food, including fruits, vegetables, and lean protein, which are essential for maintaining a healthy diet. Higher income also allows for living in safer neighborhoods with less exposure to environmental hazards, such as pollution or crime, which can negatively impact health.

In essence, income acts as a foundation for a healthy life by providing access to resources, opportunities, and support systems that promote well-being. Conversely, low income can create barriers to these resources, leading to poorer health outcomes.

Income and Families

Income by Household Type

When we break income down by household type, we see that some family structures are more likely to be poorer. Generally, throughout the region, single women with children tend to be the poorest, with an average income of approximately $38,439 (as shown in data between 2019 and 2023). Married couples with children had the highest average income of $106,658.

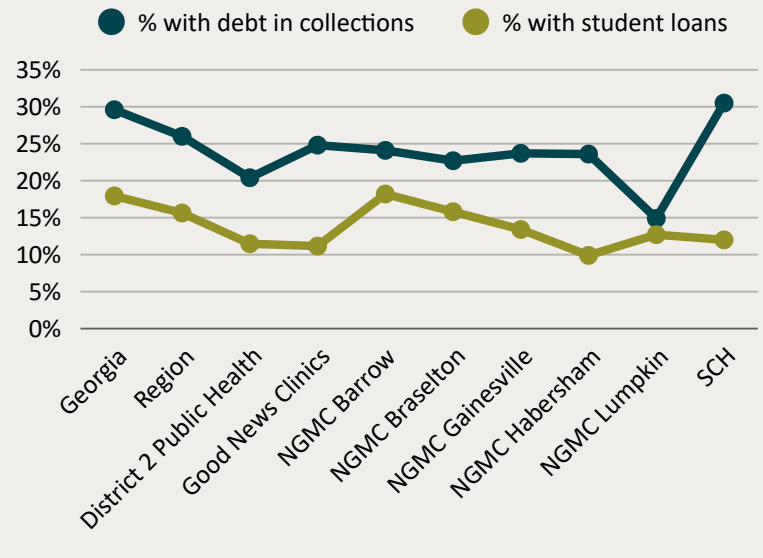
Childcare

On average between 2019 and 2023, and when evaluating costs for two children in care, childcare costs consumed about 19.6% of median household income (around $14,410) throughout the region. Some communities saw higher costs, including Forsyth, Gwinnett, and Hall counties, in order of most expensive. For those three communities, childcare costs totaled more than $20,000 annually. Hall County had the highest rate of childcare costs burden, with that expense averaging 26.7% of household income annually.

Debt

Debt, particularly high levels of debt, can negatively impact both mental and physical health. Stress, anxiety, and depression are common mental health consequences, while physical health issues like headaches, sleep problems, high blood pressure, and increased risk of heart disease can arise.

Figure 18 **% of Community Members with Debt**



Source: Debt in America, The Urban Institute, 2019-2024.

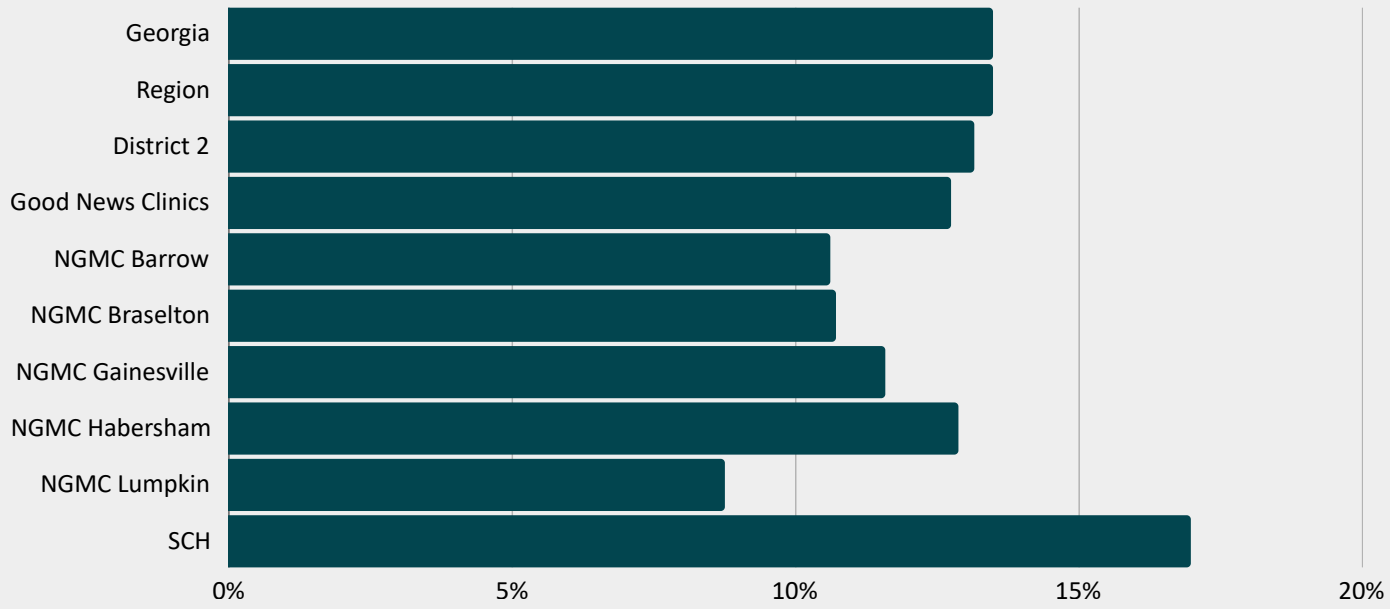
According to the CDC's 2022 Risk Factor Surveillance System survey, about 7.4% of the region's community members aged 18 and older reported having had a threat of their utilities being cut off at least once some point the month before. This is lower than the state average of 9.4%.

Community members in Banks, Barrow, Gwinnett, and Walton counties reported the highest number of threats to turning off utility services. Community members in Towns, Union, Dawson, and Lumpkin counties were least likely.

Poverty Rates

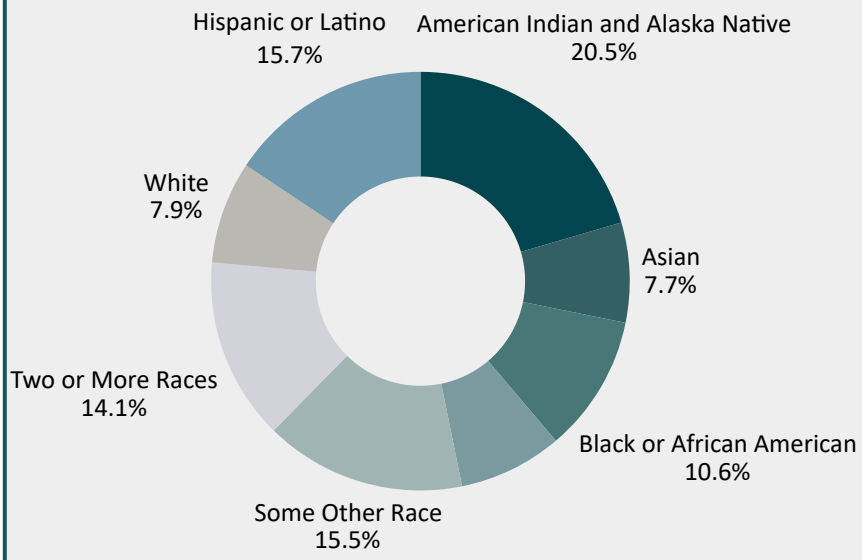
Living in poverty is the driving force of poor health. Poverty creates barriers to access, particularly when it comes to accessing health services, healthy food, and other necessities. In 2023, a family of four living at 100% of the Federal Poverty Level (FPL) had an annual gross income of $30,000 or below.

Figure 19 **Percent of Population Living at 100% FPL, Northeast Georgia, 2023**



Source: US Census Bureau, Small Area Income and Poverty Estimates, 2023.

Figure 20 **Poverty Rates by Race and Ethnicity, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

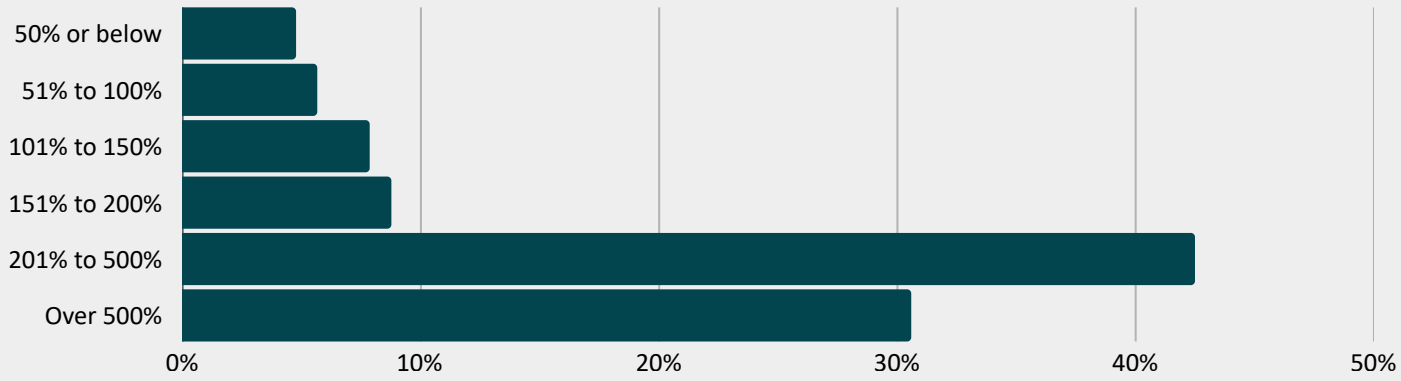
Poverty often shifts between races and ethnicities, with White and Asian populations traditionally being the two least likely to live in poverty.

Racial and ethnic minorities often experience higher poverty rates than Whites.

Poverty

Most people in the region live at 201% to 500% of the FPL, meaning they had pre-tax incomes ranging from $55,500 to $138,750 for a family of four. It's important to remember younger families often have childcare costs, housing costs, and may have debt.

Figure 21 **Percent of the Population at Varying Poverty Rates, Northeast Georgia, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

Poverty in Northeast Georgia remains a significant challenge, particularly in the region's more rural and isolated counties. While some areas, like Hall County, have seen economic growth and population increases, others struggle with limited job opportunities, low wages, and generational poverty. Many communities face barriers such as lack of access to reliable transportation, affordable housing, and quality child care—factors that make it harder for residents to maintain stable employment or pursue higher education. The agricultural and manufacturing roots of the region provide some jobs, but these positions are often low-paying and lack benefits.

Households living in poverty are more likely to experience food insecurity, poor health outcomes, and limited access to healthcare and educational opportunities. For children in particular, poverty can have long-lasting impacts on academic performance and overall well-being. Although various nonprofit and faith-based organizations work to fill gaps in services, the persistence of poverty highlights the need for more coordinated, systemic solutions to support economic mobility and reduce disparities across Northeast Georgia.

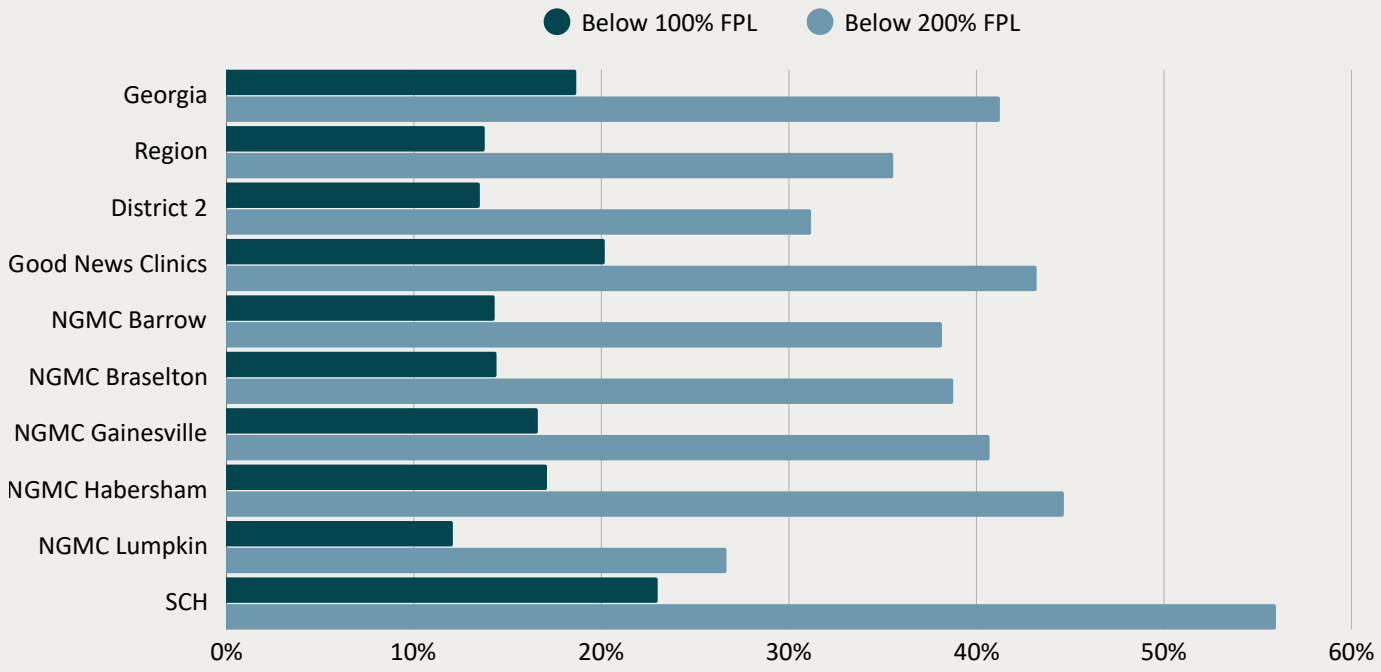
Additionally, individuals with disabilities are disproportionately more likely to live in poverty compared to those without disabilities, often due to challenges accessing employment, housing, and other resources.

Finally, people in rural communities are more likely to live in poverty than those in urban areas. Data from the US Department of Agriculture's Economic Research Service (ERS) indicate that poverty rates have been consistently higher in rural areas compared to urban areas, regardless of differences in racial and ethnic groups.

Children in Poverty

Between 2019 and 2023, nearly 36% children in the region lived in households with income below 200% of the Federal Poverty Level, annually on average. Poverty creates barriers to access including health services, healthy food, and other necessities contributing to poor health status, and has a significant effect on children.

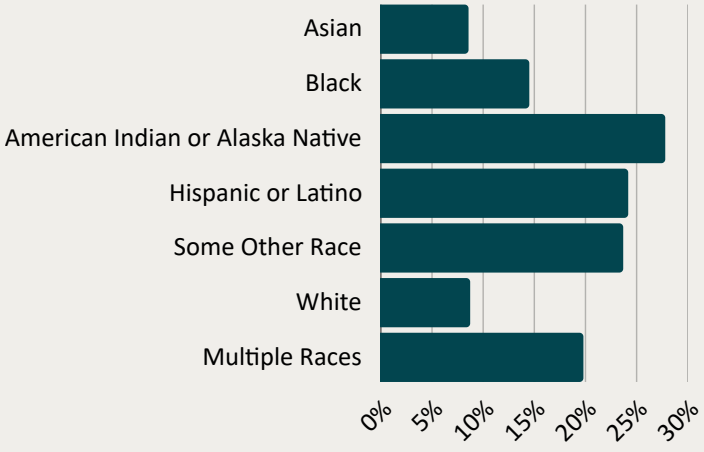
Figure 22 **Percent of Children Living At or Below 100% and 200% FPL, Northeast Georgia, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

According to the Annie E. Casey Foundation, Georgia ranked 32nd in the country for economic well-being. The rate of Georgia's children living in households where neither parent had full-time, year-round employment in 2022 was the same as the national average of 26%, while the percentage of children living in poverty was higher, at 17% in Georgia compared to 16% nationwide. Still, this represents an improvement from 2021 when 20%—or 91,000 more—of Georgia's children were living in poverty. The number of children living in households that spend more than 30% of their income on housing also declined by over 30,000 from 2021 to 2022, representing a return to pre-pandemic levels.

Figure 23 **Children Living At or Below 100% FPL, By Race, Northeast Georgia, 2019 to 2023**

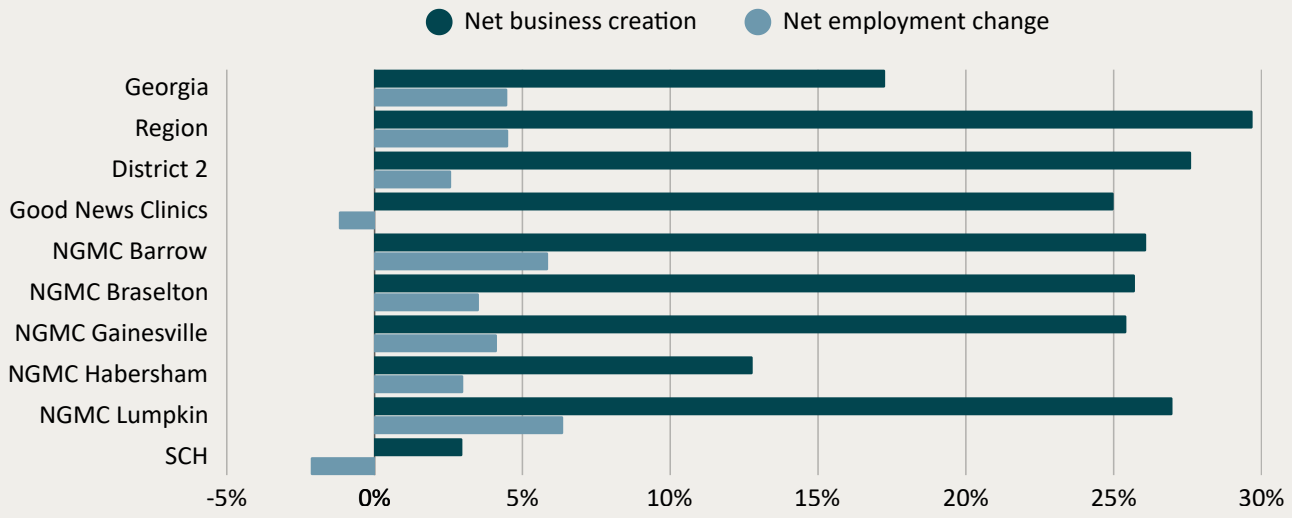


Source: US Census Bureau, American Community Survey, 2019-2023.

Employment

Between 2011 and 2021, about 56,740 new businesses were created within the region. During that same time, nearly 46,500 businesses closed, resulting in a establishment net change rate of 29.7%, far more than the state average of 17.3%. Stephens and Towns counties were the only two communities who saw a decline in business growth; Forsyth, Dawson, Jackson, and Barrow saw the biggest spikes in business creation.

Figure 24 **Net Business Creation and Net Employee Change, 2011 to 2021**



Source: US Census Bureau, American Community Survey, 2019-2023.

Throughout the region, about 65.6% of the working age population participated in the labor force, which includes those with jobs and those actively looking for work. This rate is a key indicator of labor market health, showing how many people are contributing to the economy or seeking to do so. This is above the state rate of 63.7%.

In the region, Georgia, and nationally, labor force participation rates are declining. This has been largely attributed to the aging baby boomer population, continued impact from COVID-19 employment trends, demographic shifts, and, to some degree, cyclical economic factors.

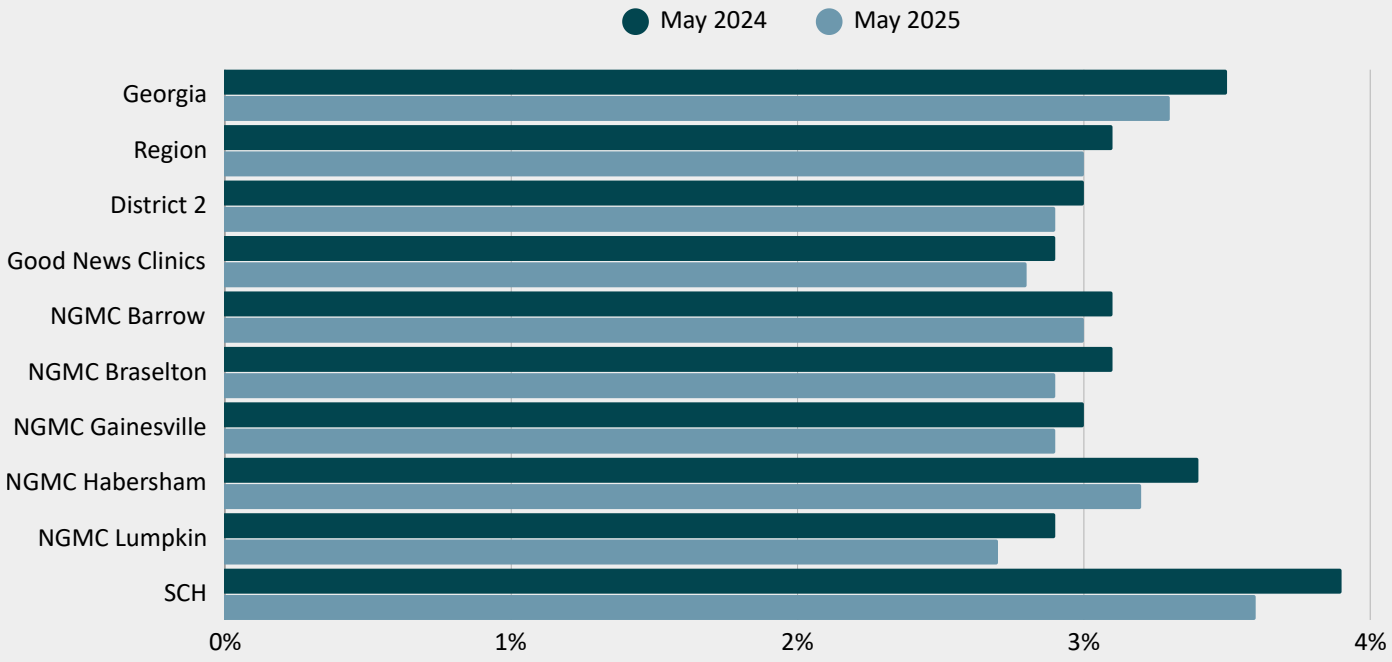
Approximately 92% of the disabled population within the region's labor force was employed – about 46,550 community members aged 18 to 64 who are not living in an institution had a job, either part-time or full-time. This is higher than state and national averages, which were 89.3% and 88.9%, respectively.

Of the counties within the region, Barrow County had the highest rate of disabled populations in the workforce, at approximately 95.5%. Towns County had the lowest rate at 77.5% of disabled populations having a job. It's good for these rates to be high; being employed provides income, job skills, and a sense of purpose.

Unemployment

High unemployment rates create financial instability and barriers to accessing including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. Not having a job significantly impacts health, leading to poorer mental and physical well-being, increased stress, and higher rates of chronic diseases, including mental health issues like depression and anxiety, as well as physical conditions like heart disease.

Figure 25 **Unemployment Rates, Northeast Georgia, May 2024 and May 2025**



Source: US Department of Labor, May 2025.

Unemployment can lead to:

Increased risk of suicide: Research indicates that unemployment is linked to an increased risk of suicidal thoughts and attempts, particularly among men.

Increased stress-related illnesses: Unemployed individuals are more likely to experience stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis.

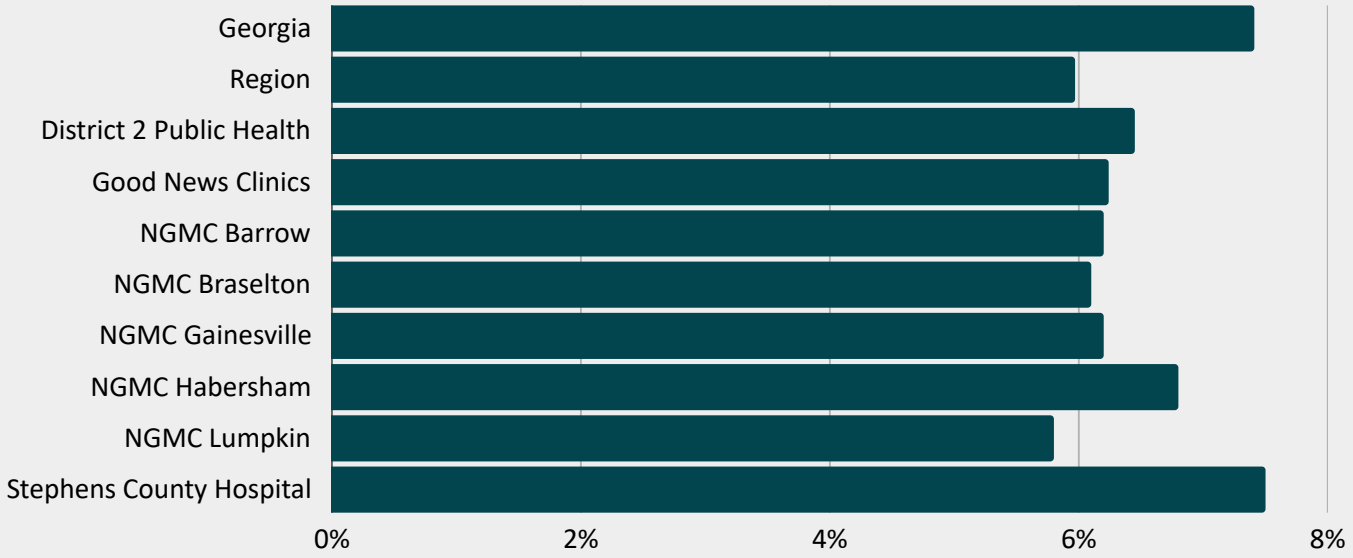
Obesity and chronic conditions: Unemployment can contribute to poor health behaviors, such as unhealthy eating habits and lack of physical activity, leading to increased obesity and chronic health conditions.

Reduced access to healthcare: Unemployment can lead to financial difficulties, making it harder for individuals to afford healthcare, medications, and preventative care, further impacting their health.

Veteran Populations

About 10.4% of the population are veterans, with some communities having a larger percentage, such as Houston County, where 16% of the population is a veteran.

Figure 26 **Percent of Veterans in Service Areas, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

In 2022, approximately 30.9% of Georgia veterans had a disability, a higher percentage than the general population. This means a significant portion of the state's veteran population experiences service-related disabilities. Specifically, Georgia has a higher rate of veterans with disabilities and a higher percentage of those with more severe disabilities (50% or higher) compared to the national average, according to the Atlanta Regional Commission. VA data reports that VA processed 122,497 disability benefit claims for Georgia veterans in fiscal year 2024.

The transition from military service to civilian life can be challenging. Veterans may face difficulties with finding employment, accessing benefits, adjusting to civilian culture, and dealing with the psychological effects of their service. Providing support and resources can help them navigate these challenges and successfully reintegrate into their communities.

Housing and Food

Housing and food are essential to good health because they form the foundation for physical, mental, and emotional well-being. Safe, stable housing provides shelter, security, and a sense of stability—without it, people face greater exposure to environmental hazards, stress, and illness. Poor housing conditions, such as mold, overcrowding, or inadequate heating, can lead to respiratory issues, injuries, or exacerbation of chronic conditions. **Housing instability or homelessness is closely linked to higher rates of mental health issues, substance use**, and difficulty managing health conditions due to constant stress and lack of access to care.

Food is just as critical. Nutritious, affordable food fuels the body and supports growth, immune function, and disease prevention. When people don't have consistent access to healthy food—what we call food insecurity—they're more likely to suffer from conditions like diabetes, heart disease, and obesity. Food insecurity also affects mental health, particularly in children, who may struggle to focus in school or experience anxiety from not knowing when they'll eat next.

Together, housing and food are basic needs that directly affect health outcomes. Without them, even the best healthcare services can't fully address a person's well-being.

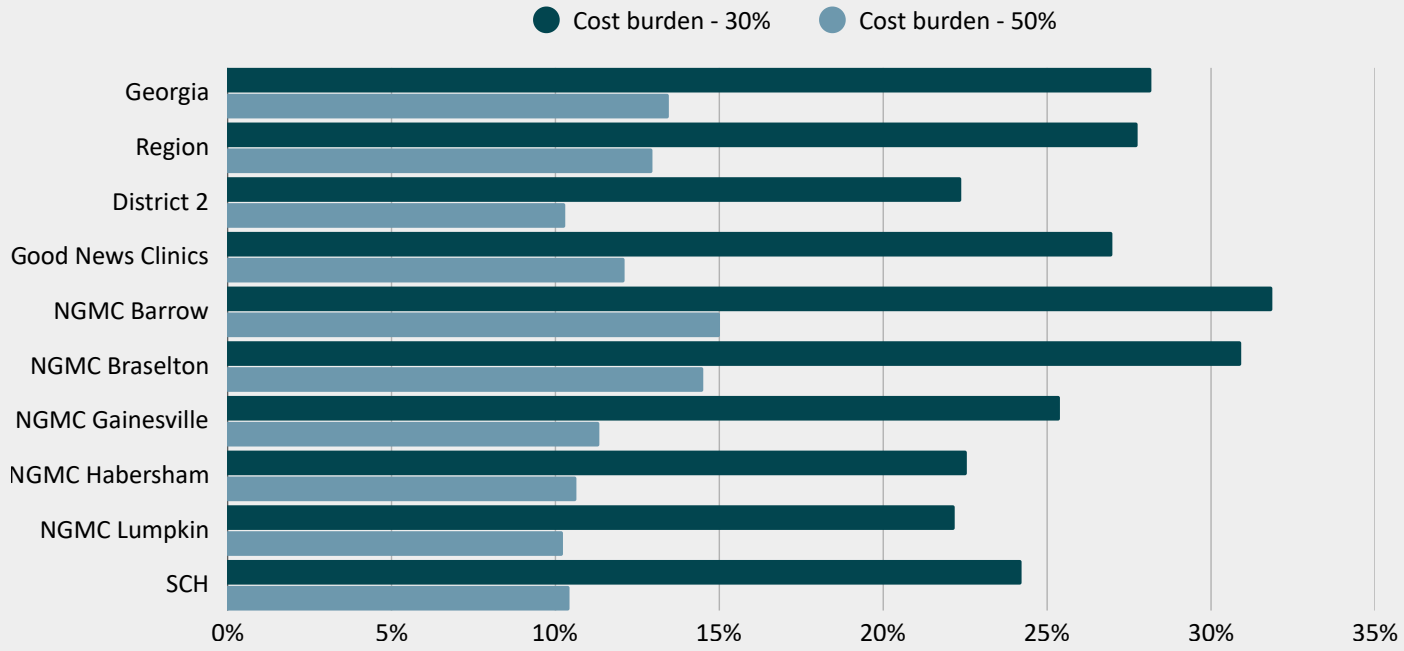
Housing and food challenges are growing concerns in Northeast Georgia, especially in rural and low-income communities. Many families struggle to find affordable, safe housing as rental costs rise and available units remain limited. Mobile homes and substandard housing are common in some areas, contributing to health and safety risks.

Food insecurity affects both urban and rural residents. Limited access to grocery stores and fresh, healthy foods—particularly in food deserts. For low-wage earners, the combined burden of high housing costs and inconsistent access to nutritious food creates daily hardships that impact health, stability, and quality of life.

Cost-Burdened Households

Safe and stable housing is a critical component of well-being. Unfortunately, affordable housing is often out of reach for many.

Figure 27 **Housing Cost Burden as a Percentage of Household Income, Northeast Georgia, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

Minority populations are most likely to live in a cost-burdened household. For example, when looking at ethnicity, approximately 35% of Hispanic or Latino populations lived in a cost-burdened household, as compared to 28% of non-Hispanic or Latino populations.

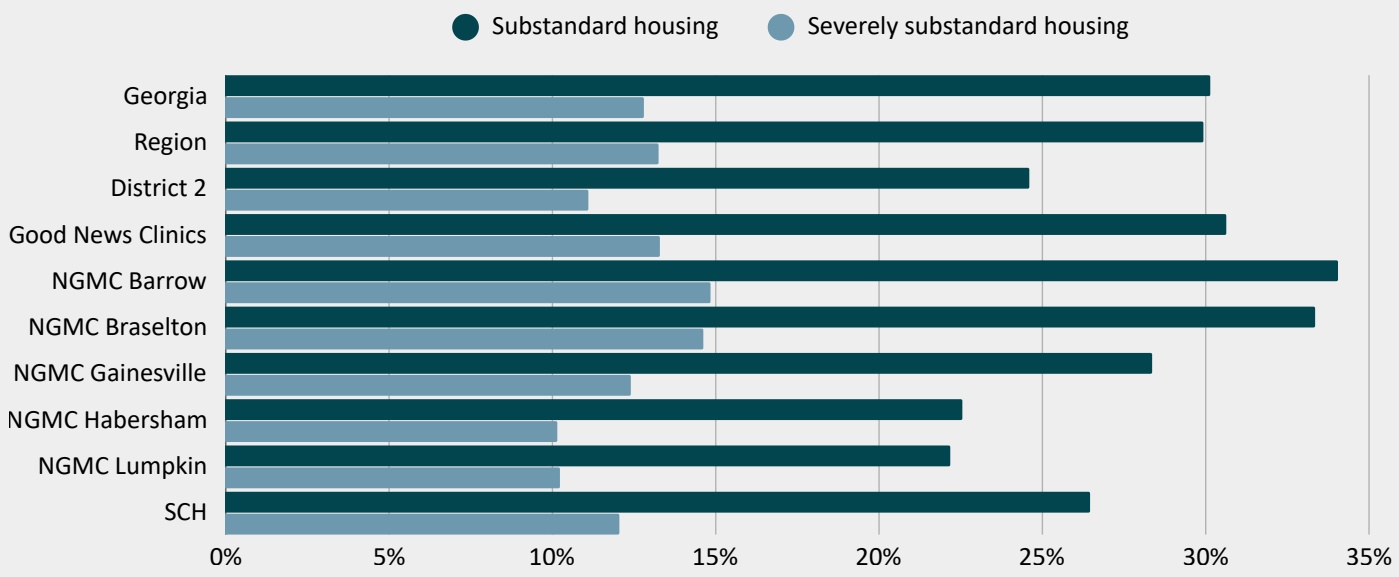
When looking at race only, nearly 39% of Black populations live in a cost-burdened household, as compared to only 22% of White households. In most communities, 56% of Native Hawaiian or Pacific Islander populations live in a cost-burdened household.

Generally, the cost of living in Northeast Georgia tends to be lower than in many urban areas of the state, such as Atlanta and surrounding metro counties. Housing, in particular, is generally more affordable, with lower median home prices and rental costs compared to Georgia's urban centers. Other everyday expenses like groceries, utilities, and transportation are also typically more manageable in this region. However, rural areas in Northeast Georgia may have higher transportation costs due to limited public transit and longer travel distances for work, school, or healthcare. Overall, while residents may benefit from a lower cost of living, this can be offset by lower wages, fewer job opportunities, and limited access to services in some communities.

Substandard Housing

Substandard housing refers to residential properties that do not meet basic health and safety standards, posing a risk to the occupants and the surrounding community. It's characterized by physical hazards, lack of essential facilities, and/or conditions that are likely to cause illness or disease. For this particular indicator, we look at homes lacking complete plumbing and/or complete kitchens, are overcrowded, or have other shortfalls that can cause harm to its occupants.

Figure 28 **Substandard and Severely Substandard Housing, Northeast Georgia, 2019 to 2023**

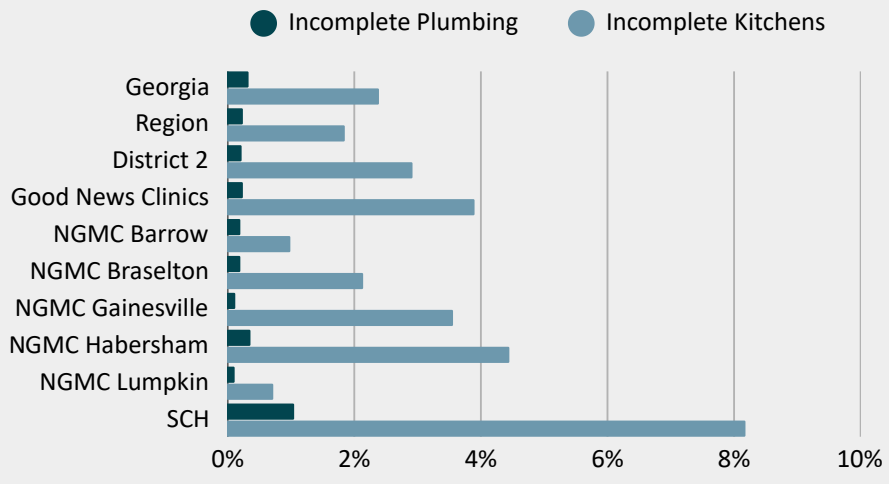


Source: US Dept. of Housing and Urban Development, 2019-2023.

Within the service area, there were many homes without complete plumbing or kitchens.

Homes that lack these key components are often indicators of low socioeconomic status, meaning the household likely has a lower income than households that have complete kitchens and plumbing. These households are more likely to struggle with access to healthy foods, health costs, and other costs of living.

Figure 29 **Homes Without Plumbing and/or Kitchens, Northeast Georgia, 2019 to 2023**



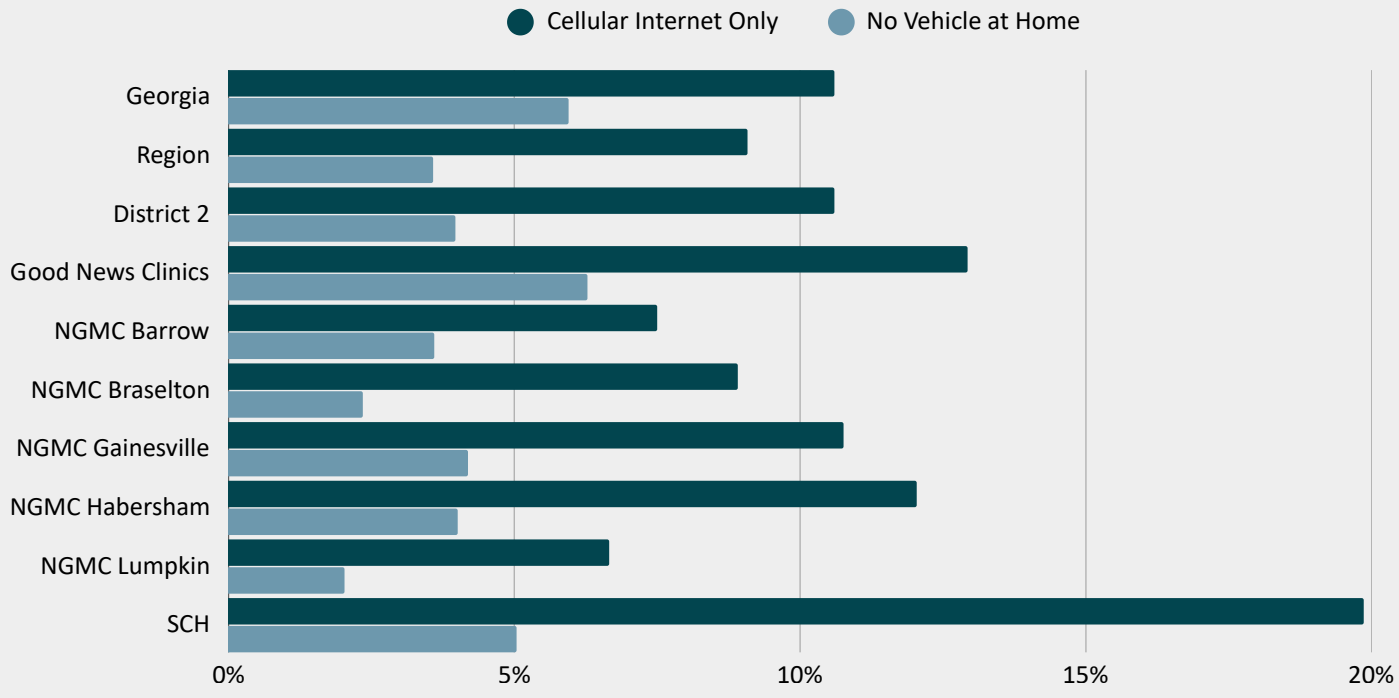
Source: US Dept. of Housing and Urban Development, 2019-2023.

Households With No Broadband or Vehicle

Broadband access refers to high-speed internet that allows users to send and receive data at significantly higher speeds than traditional dial-up connections or cellular/mobile phone internet. Without broadband, people face significant barriers to education, employment, healthcare, and even basic communication—especially since many services have transitioned online.

This digital divide can limit opportunities and deepen existing inequalities, particularly in rural or low-income communities. Similarly, lacking a vehicle makes it much harder to access jobs, grocery stores, schools, and medical care—especially in areas where public transportation is limited or nonexistent. Together, these gaps in access can isolate households and limit their ability to meet basic needs, stay healthy, and thrive.

Figure 30 **Homes With No Broadband or Vehicle, 2023**



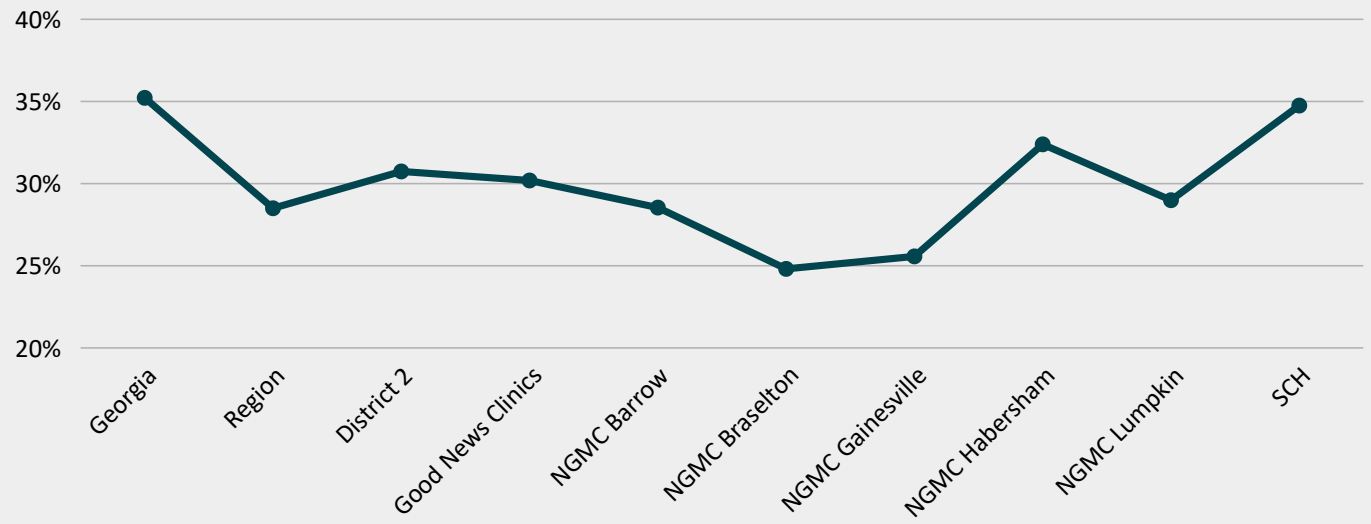
Source: US Dept. of Housing and Urban Development, 2019-2023.

A vehicle is especially important in Northeast Georgia because many communities in the region are rural or spread out, with limited or no access to public transportation. Without a personal vehicle, it can be extremely difficult for residents to get to doctor's appointments, pharmacies, hospitals, or specialists—some of which may be located an hour or more away. This lack of transportation often leads to missed appointments, delayed treatment, and poorer management of chronic conditions. In emergencies, not having quick access to a car can be dangerous. In short, reliable transportation is a key part of accessing timely, consistent healthcare in a largely rural region like Northeast Georgia.

Older Adults Living Alone

Older adults living alone are at increased risk of social isolation, health complications, and lack of immediate support during emergencies. As people age, they may face physical or cognitive decline, making it difficult to manage daily tasks and take care of themselves, particularly in the case of an accident or emergency. Living alone can also lead to loneliness and depression, which negatively impact mental and physical health. Without regular social interaction or help from others, important health issues or changes in behavior may go unnoticed. This situation can lead to poorer quality of life for the individuals affected and can strain the healthcare system.

Figure 31 **Older Adults Living Alone, 2023**



Source: US Dept. of Housing and Urban Development, 2019-2023.

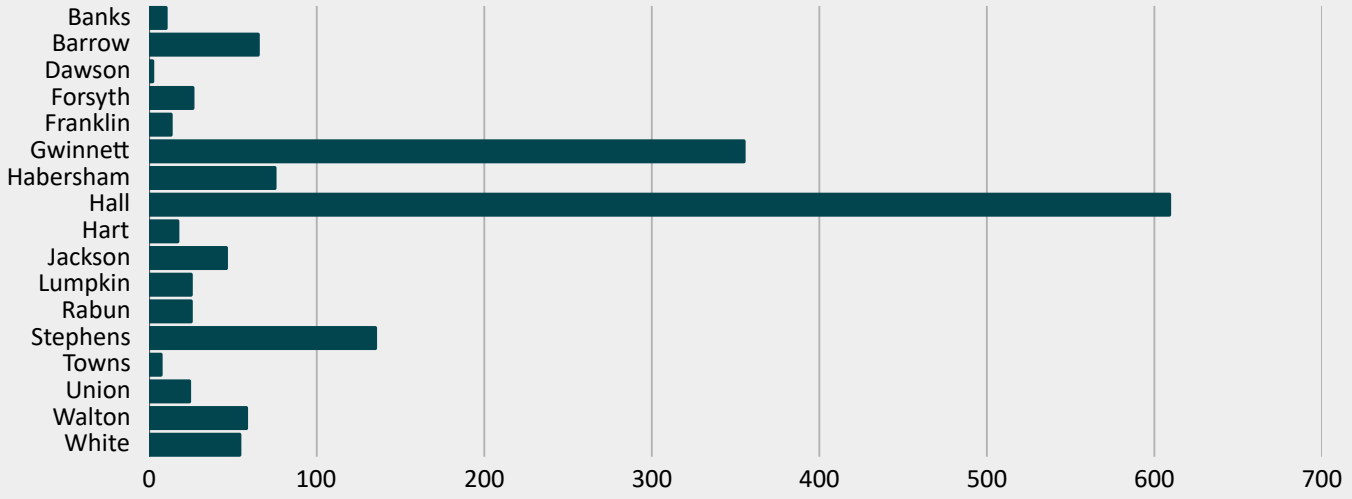
Older adults in Northeast Georgia face a mix of health challenges which can be exacerbated by limited transportation especially in rural areas. Many seniors live on fixed incomes and in isolated areas, which can make it difficult to regularly visit doctors, manage chronic conditions, or access healthy food. Rates of chronic diseases such as diabetes, heart disease, and arthritis are higher in some counties, and mobility limitations can increase with age, especially without nearby family or reliable transportation.

Mental health concerns, including loneliness and depression, are also common among older adults living alone. Despite these challenges, many older residents remain active in their communities through senior centers, churches, and local programs. Community-based resources like home-delivered meals, mobile health services, and Medicaid waiver programs play a key role in helping them age safely in place. Medicaid waiver programs help people who are elderly or have disabilities live in their home or community instead of an institution such as a nursing home. Overall, while many seniors in Northeast Georgia strive to remain independent, continued investment in health access, transportation, and social support is critical to improving their well-being.

Homeless Adults

Homelessness in Northeast Georgia remains a significant rural-urban concern, even though Georgia overall has a lower per-capita rate than many states—approximately 9.9 people experiencing homelessness per 10,000 residents as of the 2024 Point-in-Time count, with approximately 70% unsheltered. Hall, Habersham, Forsyth, Jackson, Dawson, Lumpkin, Union, and White counties each had anywhere from dozens to several hundred individuals experiencing homelessness. Many homeless individuals are chronically homeless and face co-occurring challenges like poverty and unemployment—especially in rural areas where economic resources are scarce.

Figure 32 **Homeless Adults, Northeast Georgia, 2024**



Source: Georgia Department of Community Affairs, Point in Time Homeless Count, 2024.

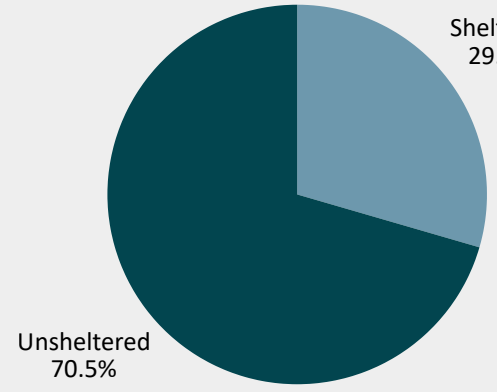
Unsheltered

Includes situations such as living in cars, parks, campgrounds, temporary trailers (including FEMA trailers), or abandoned buildings.

Shelters and transitional housing

Refers to stays in shelters, extended-stay hotels, or transitional housing programs.

Figure 33 **Homeless Adults, Sheltered Vs. Unsheltered, 2024**

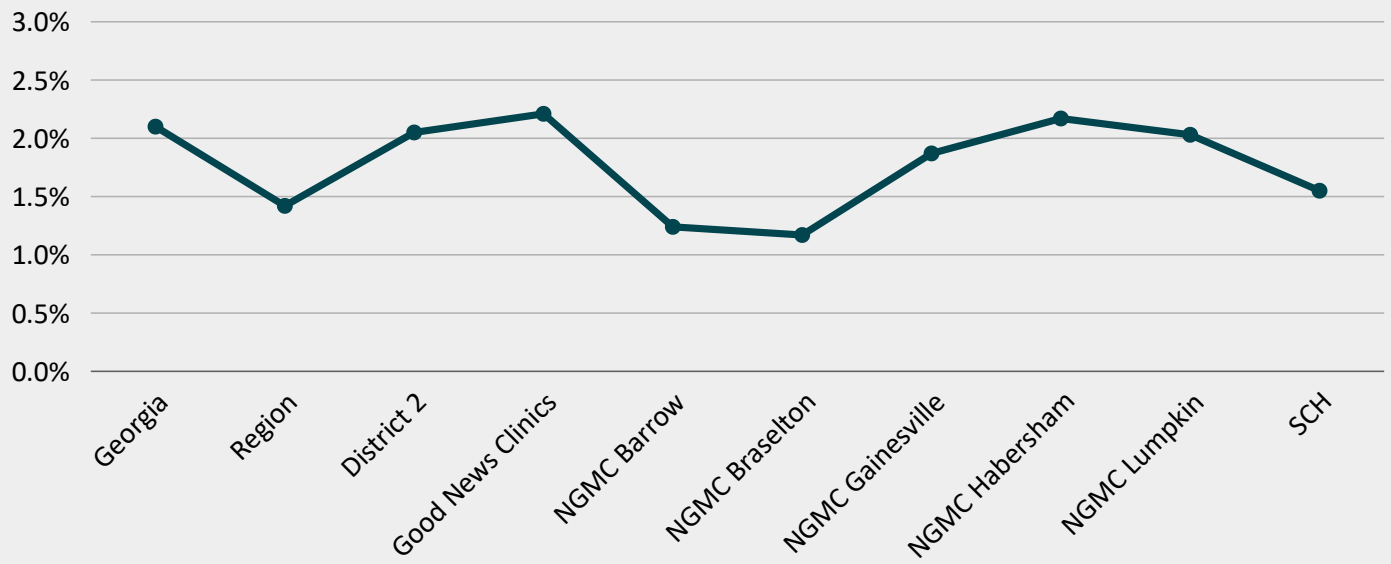


Source: Georgia Department of Community Affairs, Point in Time Homeless Count, 2024.

Homeless Children

Homelessness among children in Northeast Georgia is a pressing yet under-reported issue, tied to broader statewide trends of economic hardship and housing instability. Across Georgia, more than 45,500 children experience homelessness annually—with over 40,000 identified during the 2021-2022 school year.

Figure 34 **Homeless Children, 2021-2022 School Year**



Source: US Department of Education, ED Data Express, 2021-2022.

Because Northeast Georgia combines scattered rural counties with a few small urban centers, homelessness often goes under the radar but remains rooted in systemic issues of limited affordable housing, rising rent costs, and lack of mental health or substance use support. While statewide initiatives track the broad scope, local rural populations may have fewer stabilization or shelter options.

Homeless children in Northeast Georgia are part of a statewide crisis affecting tens of thousands each year—punctuated by economic instability, housing shortages, and rural access issues—that requires expanded supports, outreach, and policy response to safeguard their development and schooling.

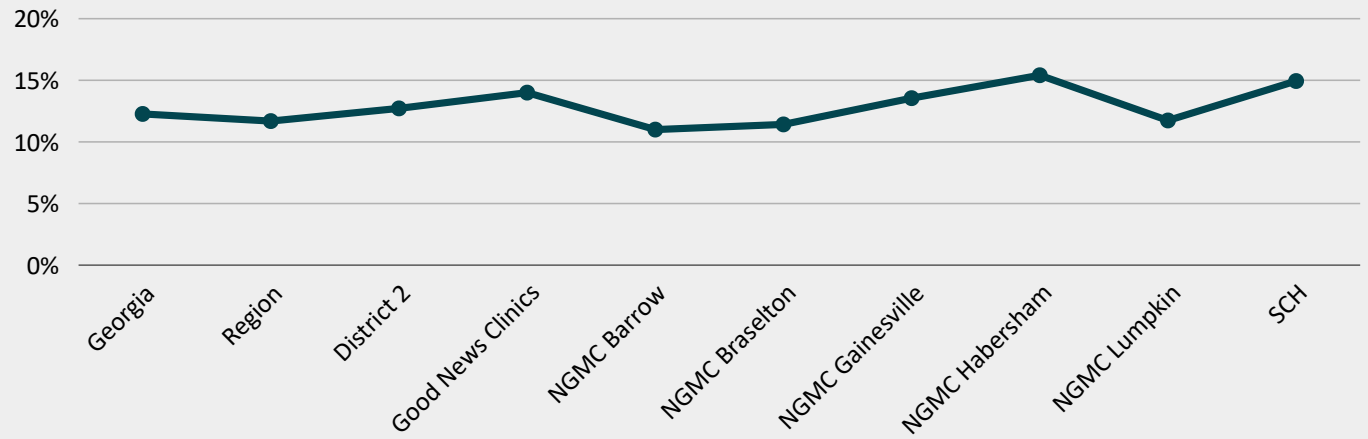
Homeless children generally experience worse academic outcomes compared to their housed peers. The instability and stress of not having a stable place to live can seriously disrupt their education. They often miss more days of school, have trouble concentrating, and may lack access to basic resources like school supplies, internet, or a quiet place to study.

Many homeless students also change schools frequently due to moves, which can interrupt learning and make it hard to keep up with coursework. Studies have shown that homeless children are more likely to perform below grade level, repeat a grade, and have lower standardized test scores.

Food Insecurity

Food insecurity happens when a person or family does not have the resources to afford to eat regularly due to cost. As with many health indicators, minorities are much more likely than their white counterparts to experience food insecurity. Active-duty military personnel also experience high rates of food insecurity. According to Feeding America, approximately one in nine working-age veterans are food insecure, and nearly one- quarter of all active-duty service members were food insecure in 2020.

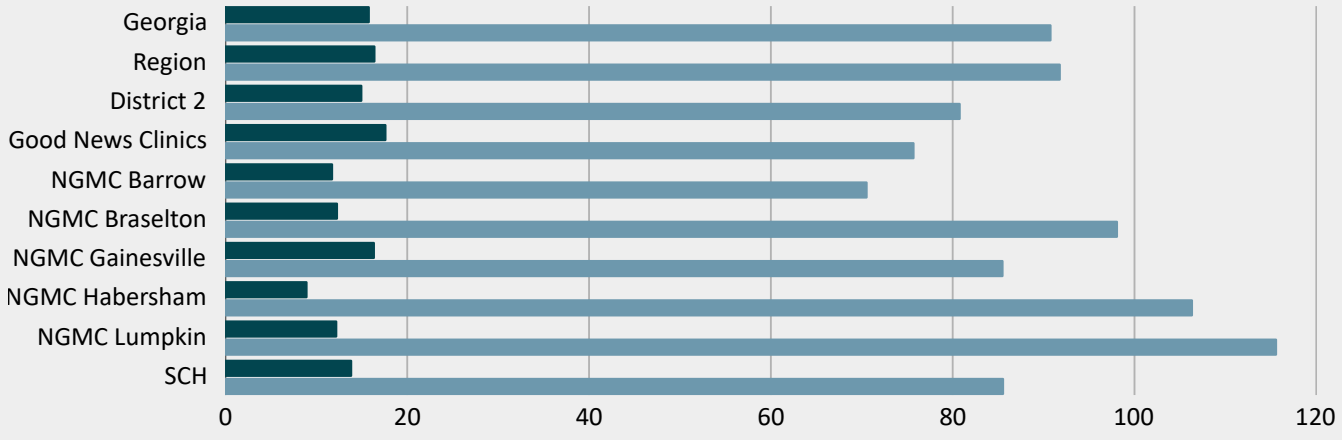
Figure 35 **Percent of Population Facing Food Insecurity, Northeast Georgia, 2022**



Source: Feeding America, 2022.

When examining only children, the rate increases to 11.9% of all children within the region, which is significantly lower than the state and national rates of 18.3% and 18.0%, respectively.

Figure 36 **Rate of Grocery Stores and Fast Food Restaurants, For Every 100,000 people, 2023**

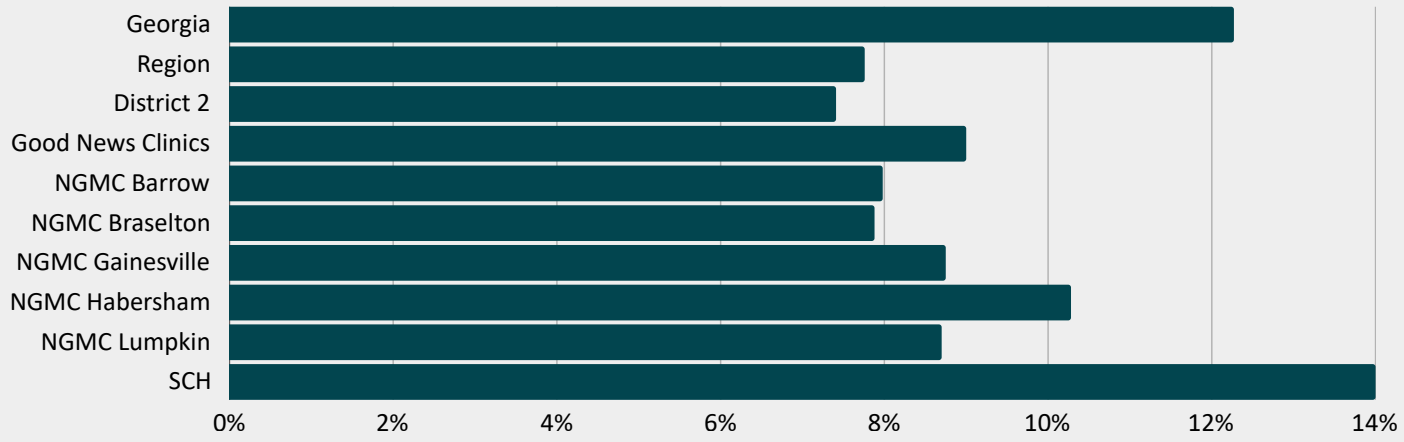


Source: US Census Bureau, County Business Patterns, 2023.

SNAP Benefits and Free or Reduced-Cost Lunch

The Supplemental Nutrition Assistance Program (SNAP), also known as food stamps, provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being.

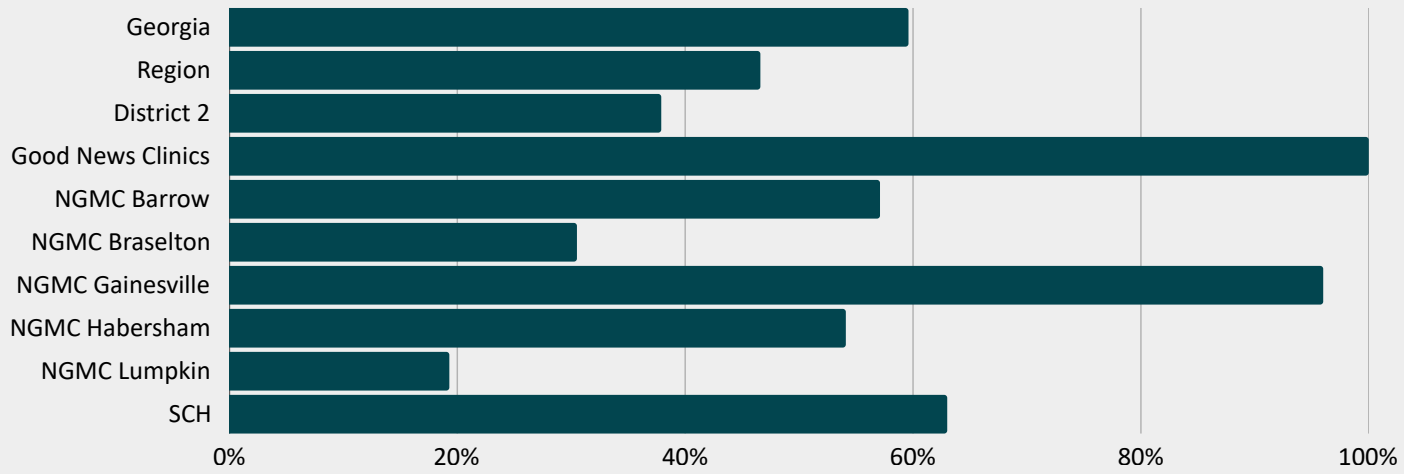
Figure 37 **Households Receiving SNAP Benefits, Northeast Georgia, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

Free or reduced-cost lunch programs, often referred to as Free/Reduced-Price Lunch (FRPL), are part of the National School Lunch Program (NSLP). This program provides eligible students with meals at no cost or a reduced price during the school day. The program is federally funded and administered by the USDA Food and Nutrition Service. Generally, children from families with incomes at or below 130% of the federal poverty level are eligible for free meals, though all children attending public schools in Gainesville receive free breakfast and lunch, regardless of their family's income.

Figure 38 **Children Receiving Free or Reduced-Cost Lunch, 2021-2022 School Year**



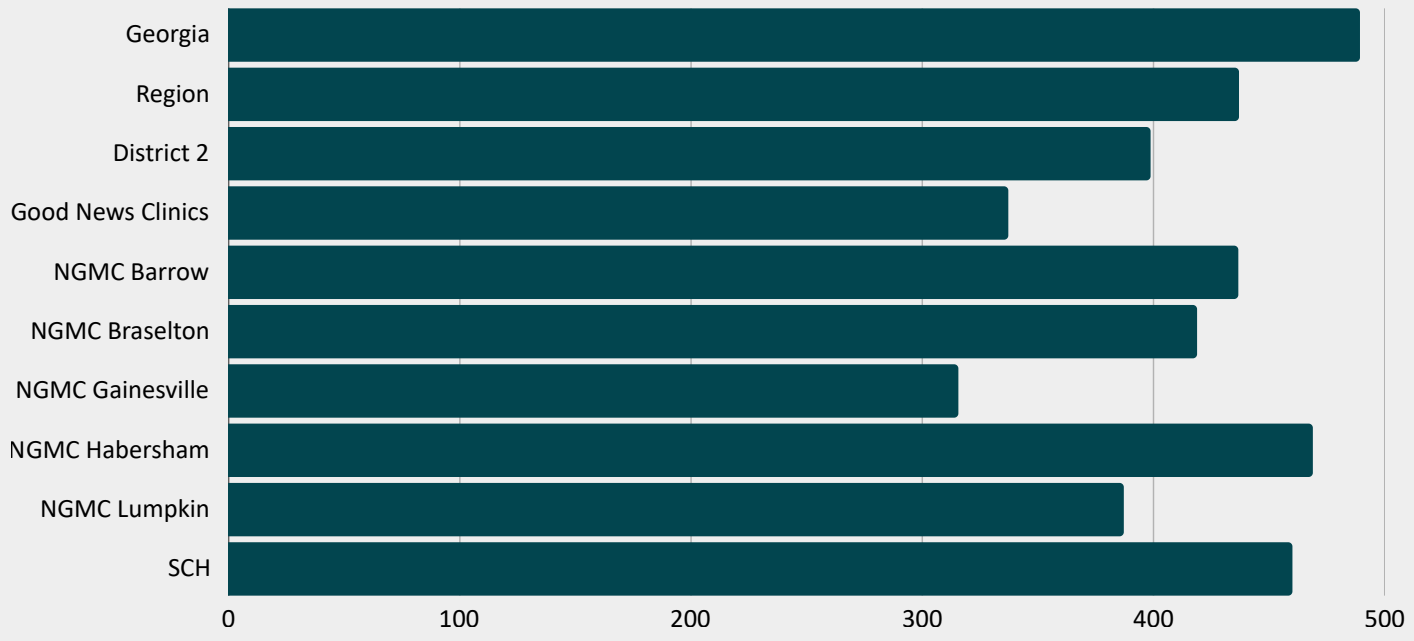
Source: US Census Bureau, American Community Survey, 2019-2023.

Community Resources

Nonprofit organizations play a vital role in supporting community health by addressing social, economic, and environmental factors that influence well-being. They often provide essential services, such as access to affordable healthcare, mental health support, nutritious food, housing assistance, and health education, especially for underserved or vulnerable populations.

Nonprofits are also deeply connected to the communities they serve, allowing them to respond to local needs with culturally relevant and targeted programs. By partnering with public health systems, schools, and other local groups, they can help create a more coordinated approach to improving health outcomes. In short, nonprofits are key players in reducing health disparities and building stronger, healthier communities.

Figure 39 **Not-For-Profit Organizations, For Every 100,000 People, 2023**



Source: IRS - Exempt Organizations Business Master File. Additional data analysis by CARES. 2023.

No county surpasses the Northeast Georgia region in the number of nonprofit organizations per 100,000 people when compared to the state average. While this indicator reflects the quantity of nonprofits, not necessarily their effectiveness, it still provides a useful starting point. It’s important to look at specific communities to determine whether the available resources are meeting local needs. Where gaps exist, there's an opportunity to collaborate and strengthen the nonprofit safety net.

Education

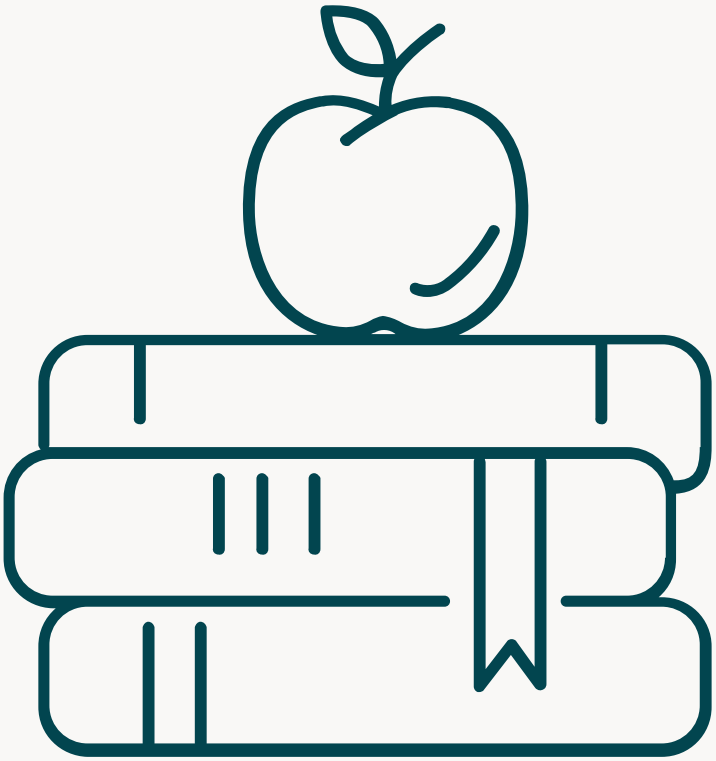
Education is one of the most important factors that impacts a person's ability to live a healthy life. It lays the foundation for both individual and community health, making it a key factor in improving health outcomes and reducing health disparities. Education leads to better job opportunities and higher income, which are closely tied to access to health insurance, nutritious food, safe housing, and consistent medical care. In addition, individuals with higher levels of education are more likely to engage in healthy behaviors, such as exercising, avoiding tobacco, and seeking preventive care. People with more education tend to have better health literacy, meaning they understand how to prevent illness, follow medical advice, and navigate the healthcare system.

Over time, these factors contribute to longer life expectancy and lower rates of chronic disease. On a broader scale, well-educated communities often have stronger economies.

Education in Northeast Georgia varies across counties but generally reflects both the challenges and strengths of a largely rural region. The area is served by a mix of public school districts, private schools, and postsecondary institutions, including the University of North Georgia and several technical colleges. **Many schools are deeply embedded in their communities and offer strong extracurricular programs, but they also face persistent barriers such as limited funding, teacher shortages, and disparities in academic achievement** —particularly in lower-income or more remote areas.

Graduation rates in some districts exceed state averages, while others struggle with lower student performance and fewer advanced academic offerings. Programs focused on workforce development, dual enrollment, and career readiness are expanding, helping to bridge the gap between education and economic opportunities.

Despite these efforts, the need remains to address disparities in access to early childhood education, literacy rates, and college preparedness, ensuring that all students in Northeast Georgia can thrive.



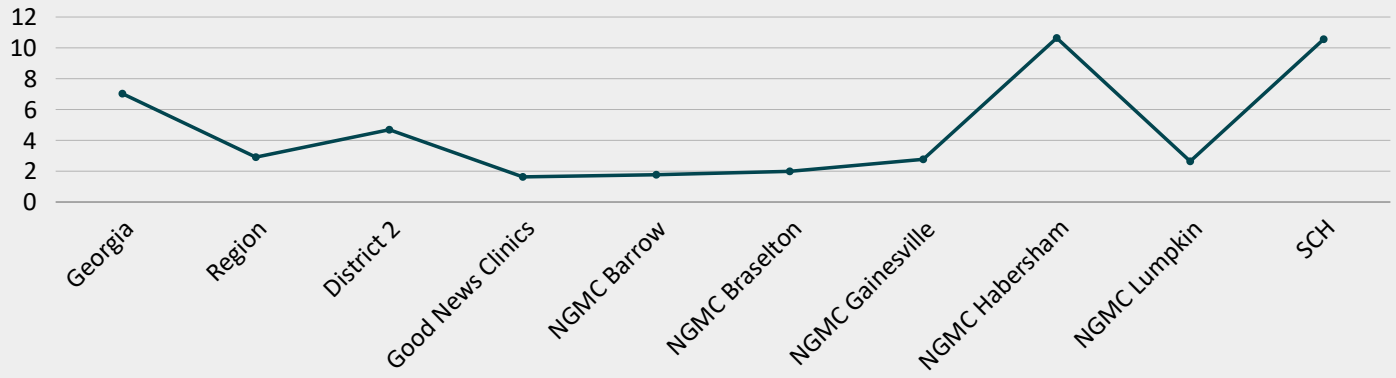
Head Start and Preschool Enrollment

Head Start is a federal program designed to help children from birth to age five who are from families at or below the poverty level. The program helps prepare children for kindergarten while providing the necessary requirements to thrive, including healthcare and food support.

Preschool age typically refers to children between the ages of 3 and 5 years old. While this is the general range, some preschools may accept children as young as 2.5 or as old as 5, depending on their specific programs and policies. The focus of preschool is on socialization and play-based learning, preparing children for the structure of kindergarten.

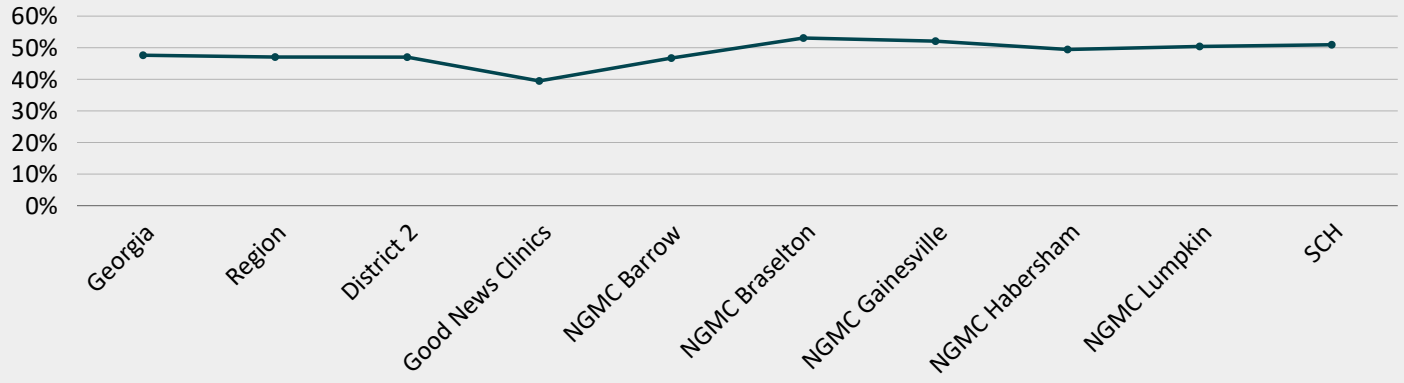
Both Head Start programming and preschool enrollment are key indicators of a child's ability to read, write, and do math once in elementary school. Overall, the region has fewer Head Start programs than the state average, though some service areas, such as NGMC Habersham and Stephens County Hospital, surpass the state average.

Figure 40 **Head Start Programs, Northeast Georgia, 2025**



Source: US Department of Health & Human Services, HRSA - Administration for Children and Families, 2025.

Figure 41 **Preschool Enrollment, Northeast Georgia, 2019-2023**

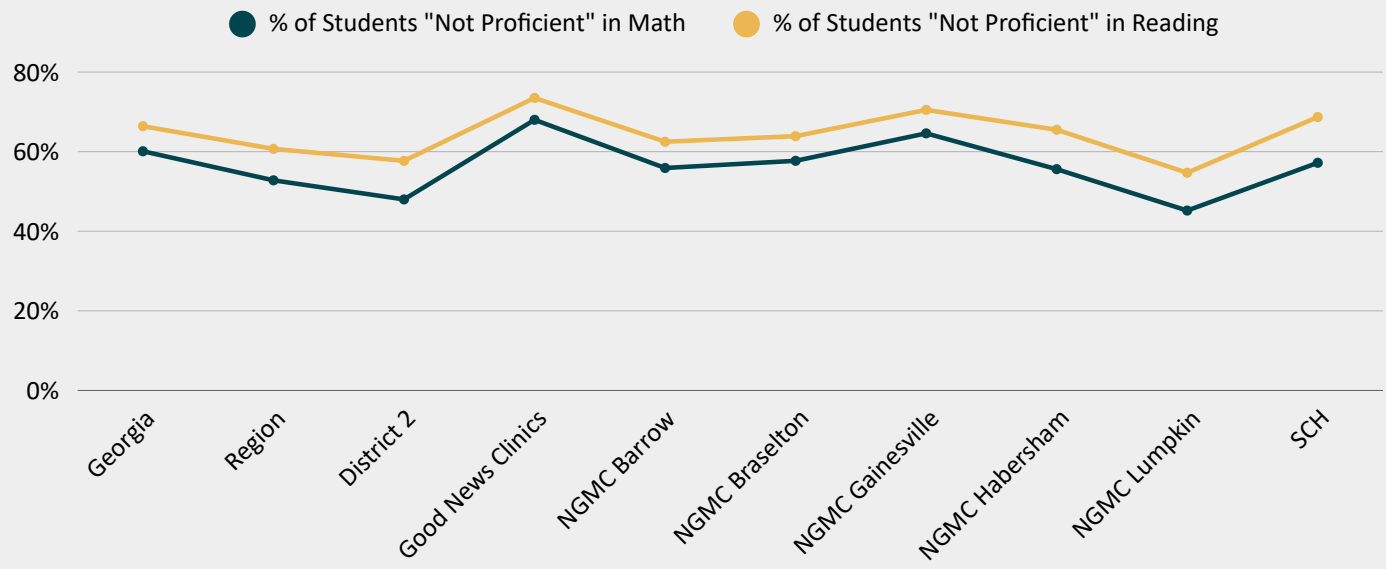


Source: US Census Bureau, American Community Survey. 2019-2023.

Math & Reading Proficiency

Math and reading proficiency scores measure the percentage of fourth-grade students who meet or exceed established standards in reading and mathematics. By fourth grade, students should be reading to learn, not learning to read. If not, they will likely continue to fall behind in school. The same holds true for math.

Figure 42 **Fourth Grade Math and Reading Proficiency, Northeast Georgia, 2020 to 2021 School Year**



Source: US Department of Education, EDFacts, 2020-2021.

Primary education in Northeast Georgia, which typically includes kindergarten through fifth grade, reflects both the strengths and challenges of the region. Many school districts across this area, including Hall, Habersham, Franklin, Stephens, and White counties, serve diverse populations with a growing number of Hispanic and multilingual students. Schools vary in size and resources, with some rural districts facing teacher shortages and limited access to specialized programs like gifted education or school-based mental health services.

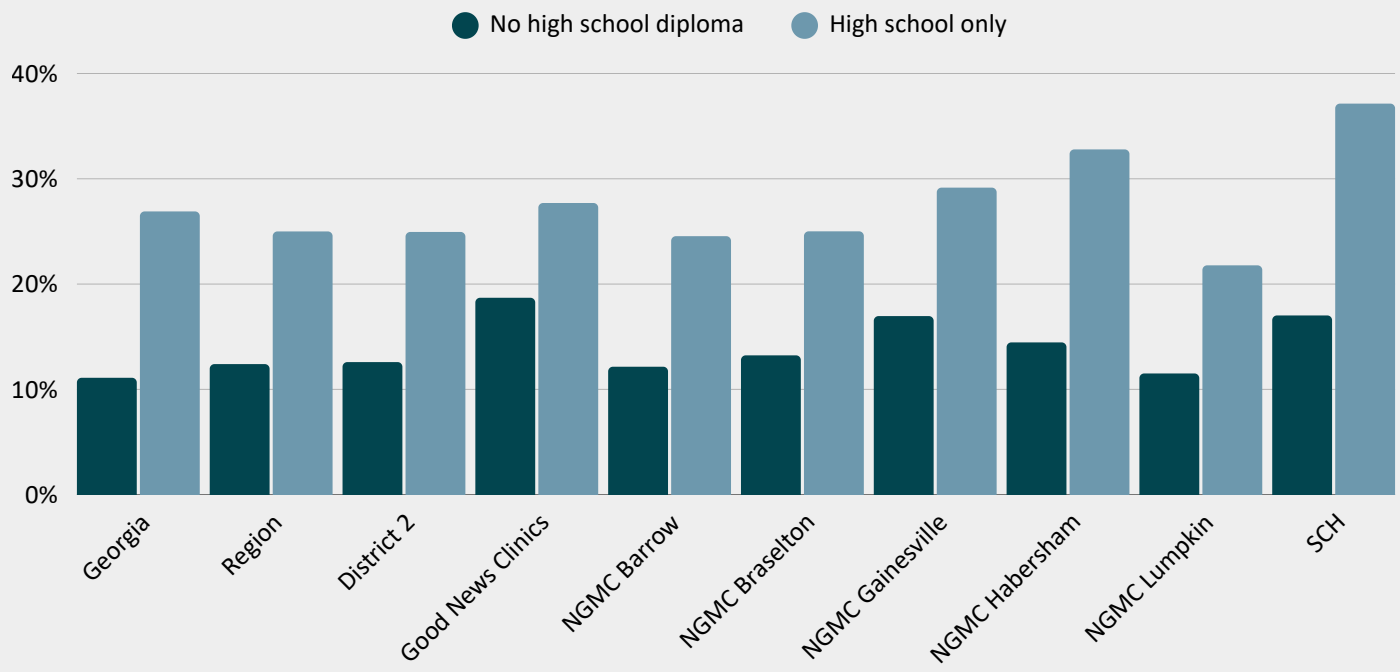
Academic performance in reading and math is mixed. While some schools meet or exceed state averages, others—especially those in economically distressed or rural communities—struggle with lower test scores and higher rates of absenteeism. Many districts are focused on early literacy efforts, using state-supported initiatives like Georgia's Literacy for Learning, Living, and Leading (L4GA) program to strengthen foundational reading skills. Math instruction is also a priority, with educators working to improve outcomes through targeted interventions and hands-on learning approaches.

When children struggle with reading or math in school, it can lead to difficulties with academic progress, lower self-esteem, and potential challenges in future learning and employment. These struggles can impact a child's ability to keep up with their peers, leading to feelings of isolation and frustration.

High School Graduation Rates

Examining high school graduation rates helps us understand the needs for workforce training that may help those without a college degree attain the skills needed for a career. The chart below reflects adults 25 and older.

Figure 43 **High School Diploma Attainment, Northeast Georgia, Adults 25 and Older, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

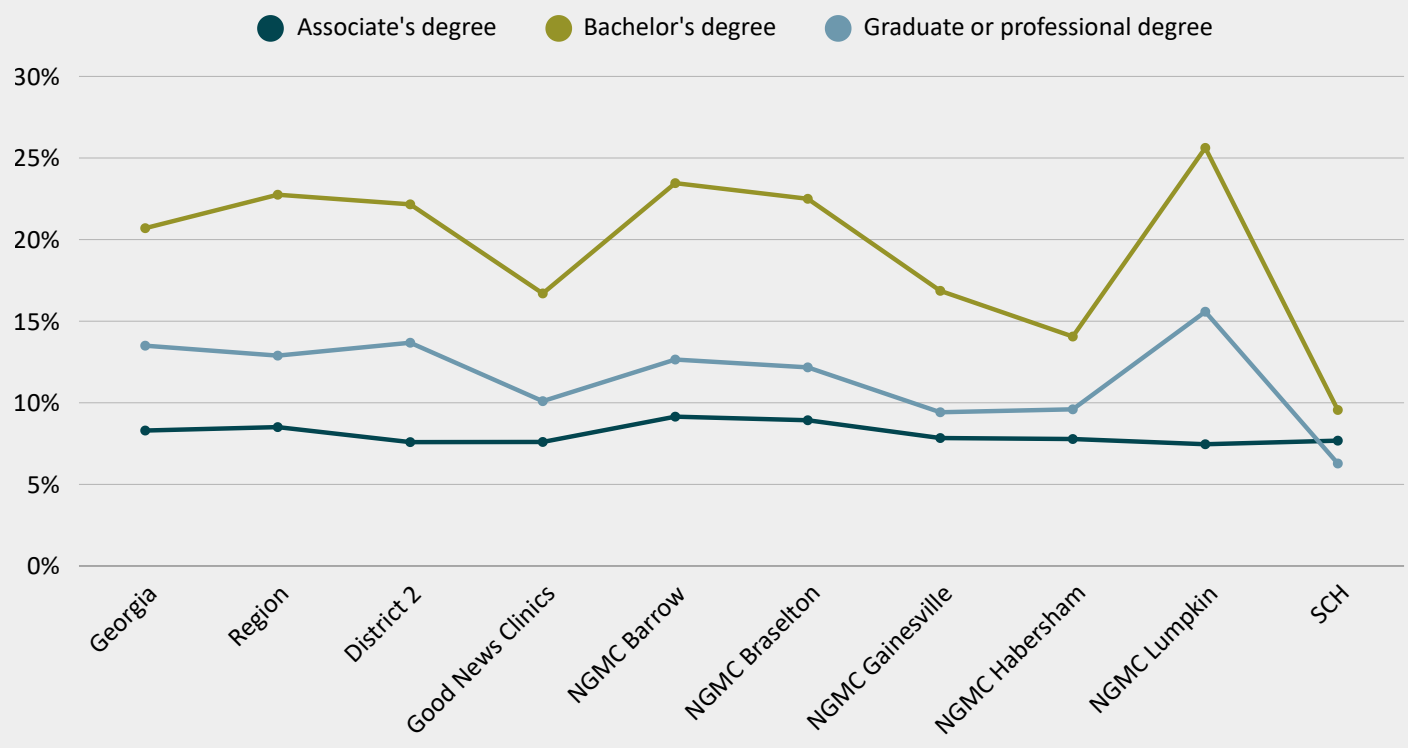
Socioeconomic status (SES) and high school diploma attainment are strongly linked, with students from lower SES families facing higher dropout rates and lower graduation rates compared to their higher SES counterparts. This gap in educational attainment contributes to significant disparities in future opportunities, earnings, and overall well-being. Additionally, this tends to be a generational cycle, meaning the children of those who didn't earn a diploma are less likely to obtain one themselves.

High school diploma attainment is strongly linked to better health outcomes, including increased life expectancy, decreased risk of chronic conditions, and better mental health. Individuals with a high school diploma are less likely to self-report poor health, have a higher chance of reporting good health, and are less likely to experience conditions like heart disease, high blood pressure, diabetes, anxiety, and depression.

Educational Attainment Rates

People with at least some college education tend to make more annually, have health insurance, and are less likely to engage in risky behaviors such as smoking.

Figure 44 **Educational Attainment, Annually, Northeast Georgia, Adults 25 and Older, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

Having a college degree is strongly linked to better health outcomes. People with higher levels of education are more likely to have jobs that offer health insurance, paid sick leave, and safer working conditions. They also tend to have higher incomes, which can reduce stress and make it easier to afford healthy food, stable housing, and quality medical care. Education also contributes to better health behaviors—college-educated individuals are more likely to exercise, avoid smoking, and get regular checkups. In addition, they often have stronger health literacy, meaning they can understand and act on medical information more effectively. Overall, a college degree can provide long-term health advantages by influencing both the social conditions people live in and the choices they are able to make.

Access to Care, Chronic Conditions and Health Outcomes

Healthcare access is significantly constrained in many Northeast Georgia counties. Like other rural areas, these communities are often referred to as “medical deserts” due to limited access to primary care and specialty services. **Fewer than half of rural women live within a 30-minute drive of a hospital offering obstetric services, and approximately 8% of rural counties nationally have no doctors at all.** Georgia also did not expand Medicaid, contributing to persistent gaps in coverage. In 2022, nearly 15.9% of rural residents were uninsured, compared to about 13.2% in metro areas.

Rates of chronic conditions—including hypertension, obesity, and diabetes—are elevated in many counties of Northeast Georgia. CDC mapping of diabetes in Georgia reveals that counties with the highest diagnosed prevalence often lack accredited Diabetes Self-Management Education and Support (DSMES) programs and FQHC sites nearby, worsening outcomes for residents. These trends align with well-documented national patterns: rural populations have higher obesity and smoking rates and lower physical activity and nutrition access, all drivers of chronic disease risk.

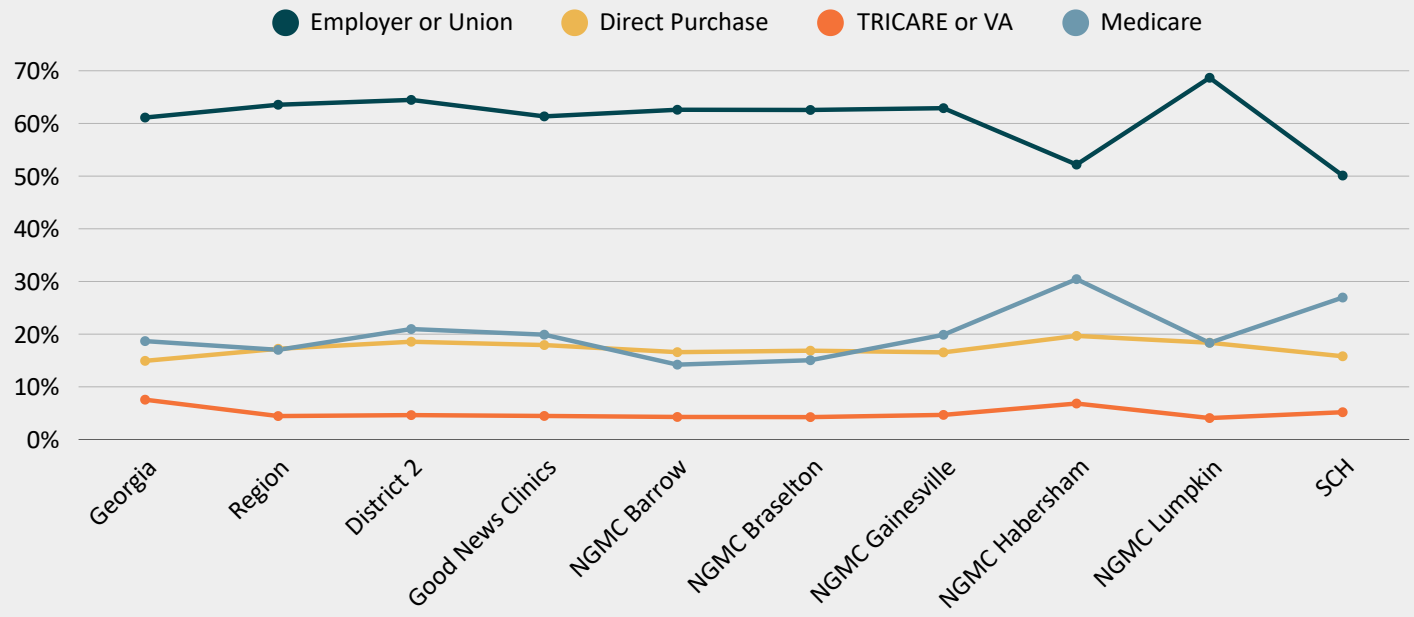
Health outcomes in the region reflect these access and chronic disease challenges. Northeast Georgia falls within the broader “Stroke Belt”—part of the southeastern United States with disproportionately high stroke mortality linked to factors such as hypertension, low income, substandard healthcare access, and poor diet.

Cancer care disparities with the region are pronounced: **Northeast Georgia counties have thyroid cancer incidence rates more than double the national average,** prompting state lawmakers to consider expanding mobile screening, improving telehealth broadband, boosting provider recruitment, and enhancing insurance access.

Insurance Rates

Health insurance status has a meaningful impact on health outcomes in Northeast Georgia—especially given the region's rural landscape, high uninsured rates, and limited access to care. Having any form of health insurance is a key indicator of good health.

Figure 45 **Insurance Source Type, Annually on Average, Northeast Georgia, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

People without insurance are much more likely to delay or forego medical treatment, leading to worse outcomes for cancer, chronic diseases, and acute illnesses. Georgia as a whole ranks third-highest in the US for its uninsured rate, with rural residents—included those in Northeast Georgia—experiencing uninsured rates up to 15.9%, compared to about 13.2% in urban areas. In Georgia, not expanding Medicaid under the ACA has perpetuated these gaps and limited coverage for low-income adults.

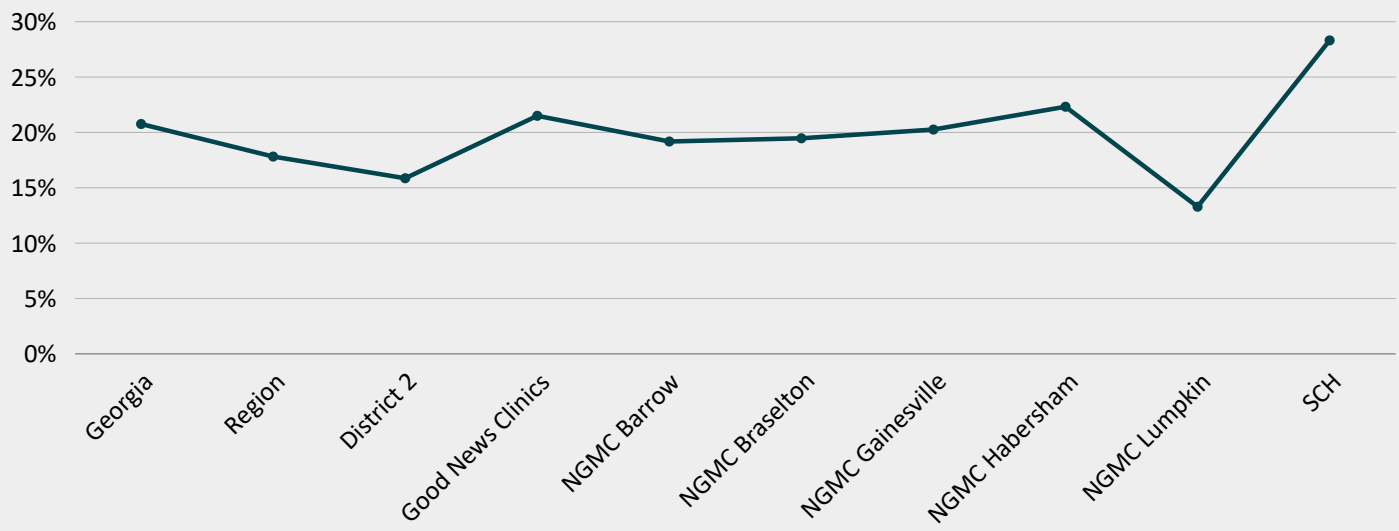
In rural regions like Northeast Georgia, healthcare shortages—compounded by rural hospital closures, limited transportation, fewer providers, and low broadband access—make insurance coverage even more critical. Without it, patients often travel long distances, skip routine care, or delay treatment until conditions worsen.

Having health insurance helps people access preventive care, like screenings and checkups, which can catch health problems early. It also makes it easier to afford necessary treatments, medications, and follow-up care without facing overwhelming costs. Overall, health insurance reduces financial stress and increases the likelihood of managing chronic conditions effectively.

Populations Enrolled in Medicaid

Medicaid is a means-tested program that provides health insurance coverage for low-income populations. Access to providers accepting Medicaid can be a challenge in some communities, and being on Medicaid usually means a lower income, which presents additional barriers to good health. We call out Medicaid specifically as coverage through this program can be limited in Georgia, especially when attempting to access primary care.

Figure 46 **Percent of Insured Population Covered Through Medicaid, Northeast Georgia, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-23.

Georgia is among the most restrictive states in qualifying for Medicaid. Medicaid income limits vary depending on the program and individual circumstances. For Georgia Pathways to Coverage, for example, the income limit is up to 100% of the Federal Poverty Level (FPL), which in 2025 is $15,650 per year for a single person and $26,650 for a family of three. However, traditional Medicaid eligibility can also depend on factors like age, disability, and whether the individual meets the work or education requirements for Georgia Pathways.

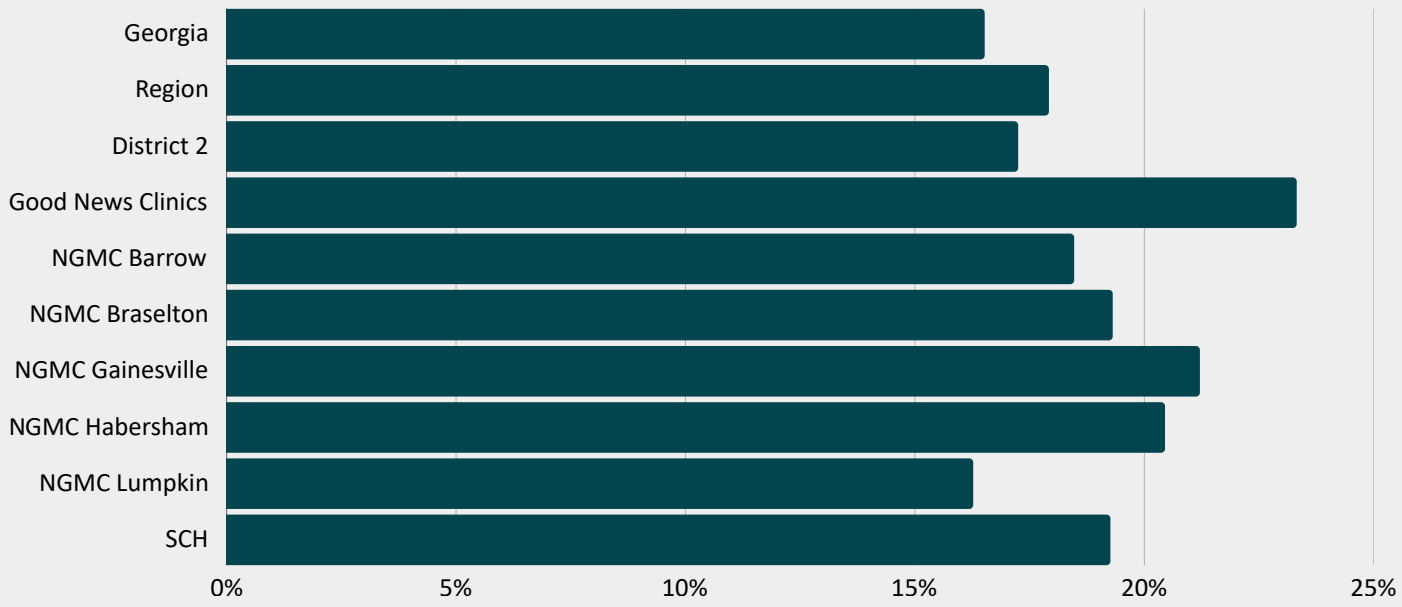
According to the Kaiser Family Foundation, in 2024, more than three-fourths of Georgia's Medicaid recipients worked. **About one in five lived in a rural community, three in five were children, and one in seven had three or more chronic conditions.** Medicaid covered 31% of adults with disabilities and provided coverage for 45% of all births.

Studies have shown that Medicaid enrollees in Georgia are more likely to experience delays in treatment, lower access to preventive care, and greater reliance on emergency services. For example, women with Medicaid diagnosed with breast cancer in Georgia had significantly higher odds of delayed treatment compared to privately insured women, which can negatively affect survival and recovery.

Populations Without Insurance

Access to care encompasses the barriers community members may face, including lack of providers, transportation, and limited services for low-income populations. The single most impactful indicator of health is a person's insurance status. The Institute of Medicine estimates that lack of health insurance leads to 18,000 deaths a year. That makes it the sixth leading cause of death among people ages 25 to 64 after cancer, heart disease, injuries, suicide, and cerebrovascular disease, but before HIV/AIDS or diabetes.

Figure 47 **Percent of Adults Aged 18+ Without Any Health Insurance, Northeast Georgia, 2022**



Source: US Census Bureau, Small Area Health Insurance Estimates, 2022.

According to the Kaiser Family Foundation, most uninsured people cite the high cost of insurance as the main reason they lack coverage. In 2023, 63% of uninsured adults ages 18-64 said that they were uninsured because the cost of coverage was too high.

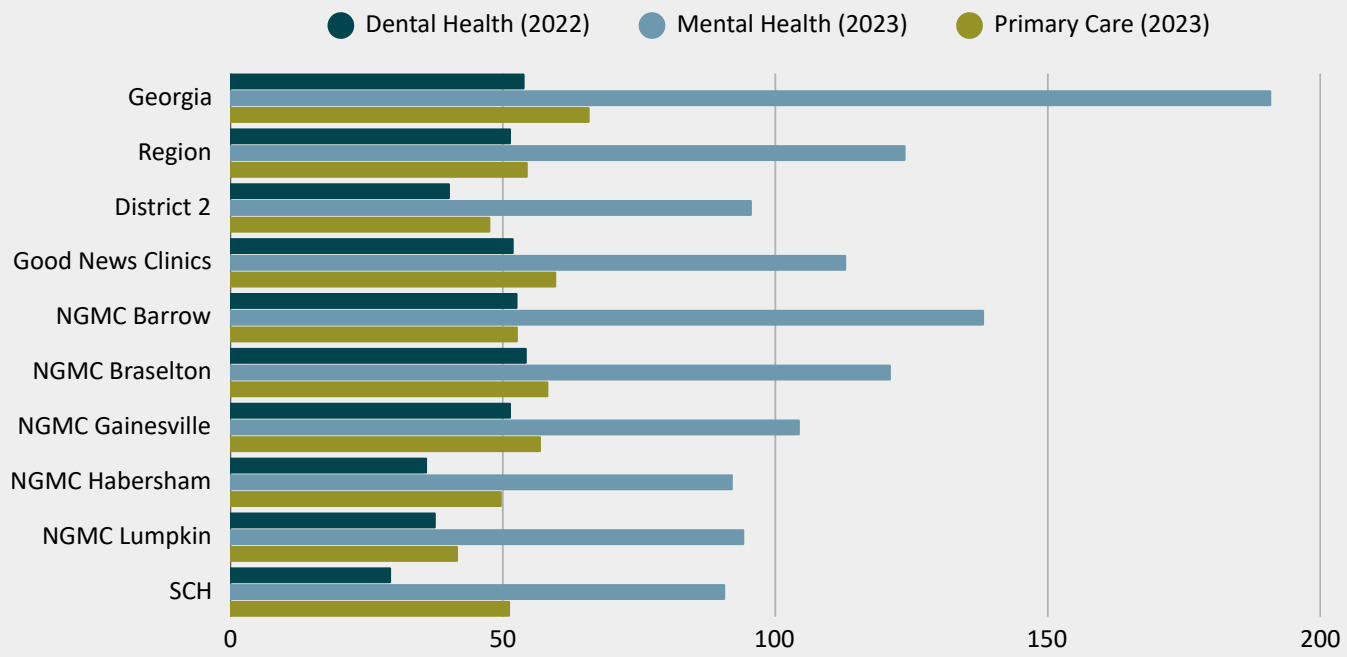
Many uninsured people do not have access to coverage through a job, and some people, particularly poor adults in states that have not expanded Medicaid, such as Georgia, remain ineligible for financial assistance for coverage. Although over half of people who are uninsured may be eligible for Medicaid or subsidized coverage in the Marketplaces, they may not be aware of these coverage options or may face barriers to enrolling. In some cases, even with subsidies, Marketplace coverage may not be affordable.

Most uninsured populations nationally are employed full-time – about 74%. Another 11% work part-time, and the remaining 15% are unemployed, according to Kaiser.

Access to Care

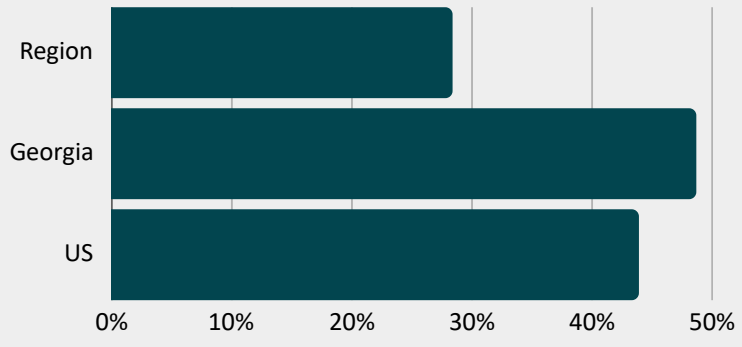
A provider-to-population ratio refers to the number of healthcare providers (such as primary care doctors, mental health professionals, or dentists) per a certain number of people, typically measured as providers per 100,000 residents or residents per one provider (e.g., one provider per 2,000 residents).

Figure 48 **Rate of Health Professionals, For Every 100,000 People, Northeast Georgia, 2022 and 2023**



Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), 2024.

Figure 49 **Percent of Population Living in a Health Professions Shortage Area, Northeast Georgia, 2025**



Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas Database, 2025.

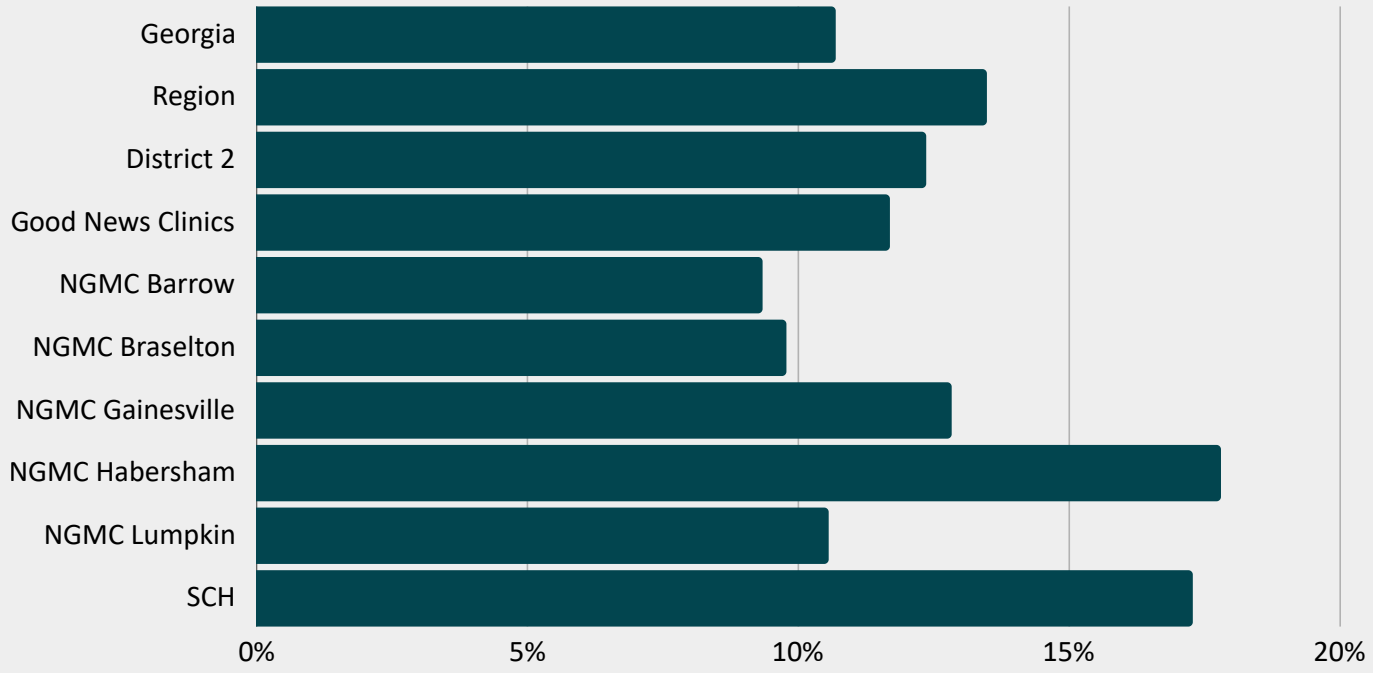
A Health Professional Shortage Area (HPSA) is a designation used by the US Health Resources and Services Administration (HRSA) to identify areas where there aren't enough health care providers to meet the needs of the population.

In regions like Northeast Georgia, many rural counties are officially designated as HPSAs, which helps attract federal support (like loan repayment for providers and funding for community health centers) but also underscores the urgent need for more healthcare access in these communities.

Populations Living with Disabilities

About 11 percent of Northeast Georgia have some form of disability, according to the US Census Bureau's American Community Survey, 2019 to 2023, including those with developmental and physical disabilities.

Figure 50 **Percent of the Population Living with a Disability, 2019 to 2023**



Source: US Census Bureau, American Community Survey, 2019-2023.

When looking just at age, elderly populations are understandably the largest demographic of people with a disability – about 31.8% of those 65 or older have a disability. Nearly 4% of all children and youth under age 18 and 8.7% of adults aged 18 to 64 have a disability.

The most common causes of disability for adults aged 18 to 64 include musculoskeletal conditions like arthritis, back or spine problems, and mental health issues like depression and anxiety. Mobility and cognitive disabilities are also prevalent in this age group, according to the CDC.

Chronic diseases like heart disease, and kidney disease, as well as injuries like spinal cord injuries or traumatic brain injuries, can also lead to disabilities.

Screenings

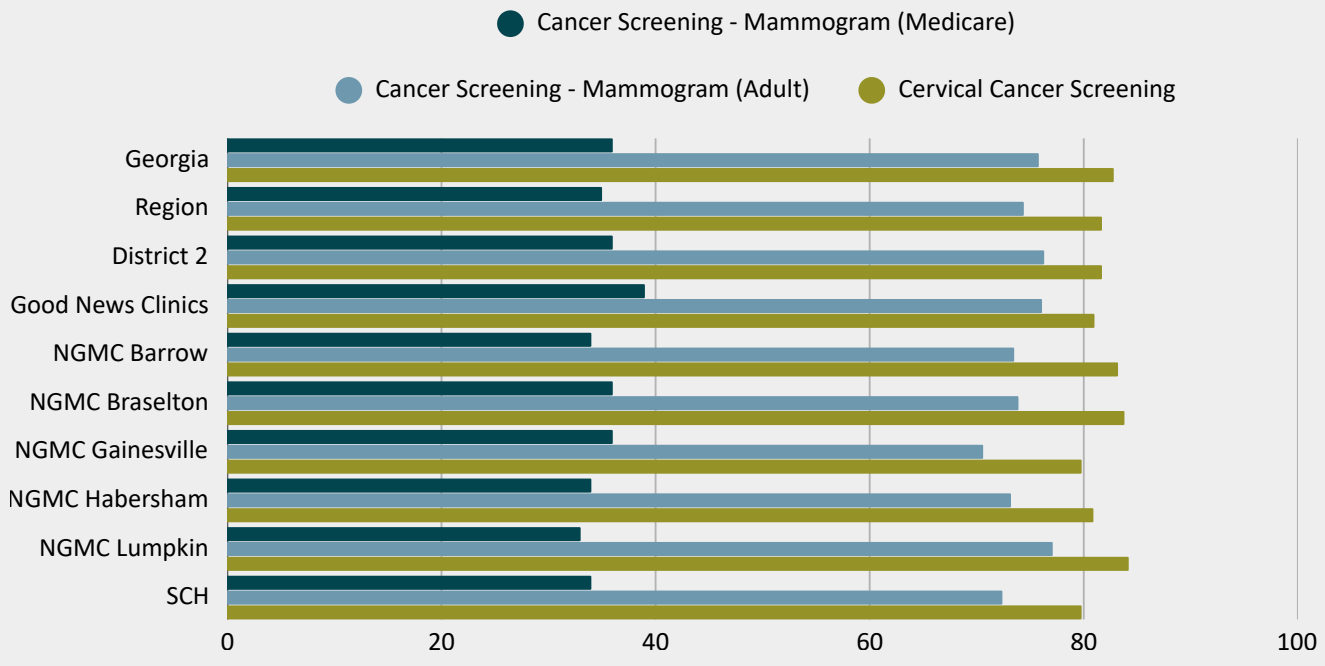
Health screenings are crucial in maintaining and improving overall health and well-being.

Early detection of diseases: Health screenings allow for the early detection of diseases and health conditions before they develop into serious problems. This enables timely intervention and treatment, improving the chances of successful outcomes.

Prevention of chronic diseases: Regular screenings can help identify risk factors for chronic diseases, such as heart disease, cancer, and diabetes. By addressing these risk factors early on, individuals can reduce their chances of developing these conditions.

Improved health outcomes: Early detection and treatment through health screenings lead to better health outcomes, including reduced hospitalizations, complications, and mortality rates.

Figure 51 **Screenings By Type, 2022**

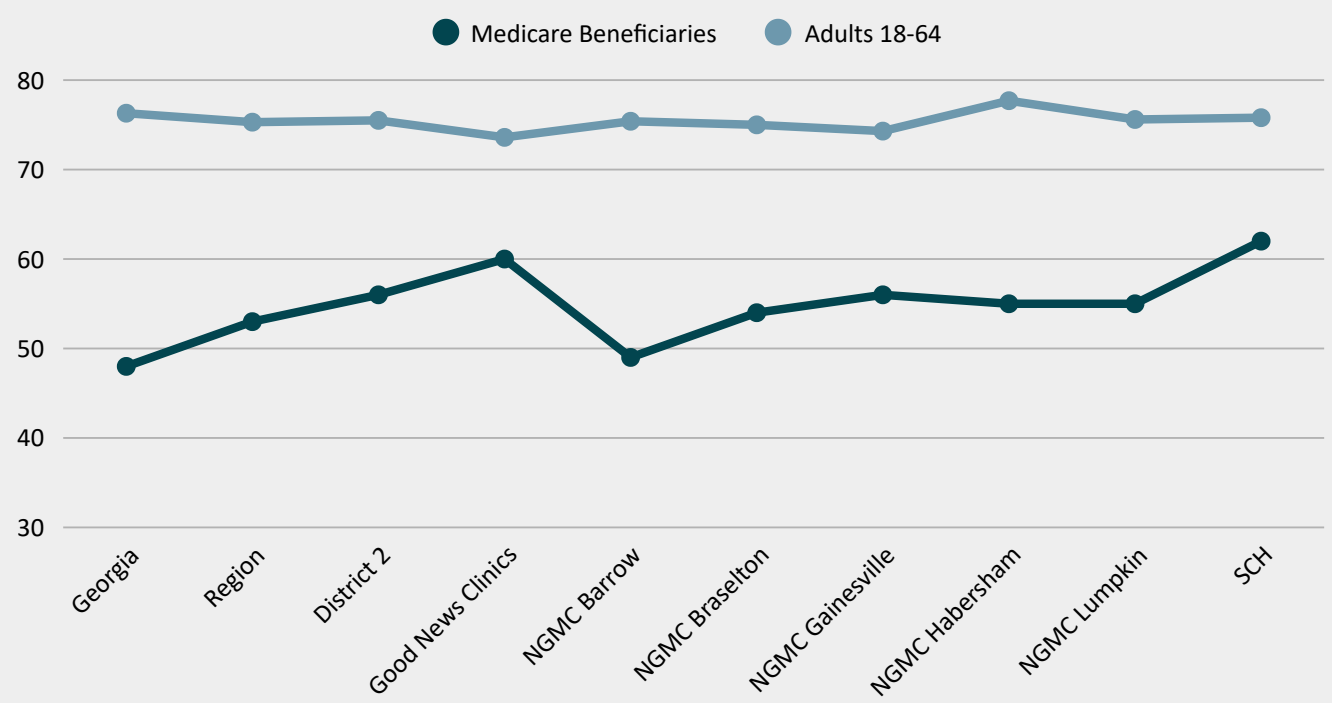


Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.

Core Preventative Services

When considering good health, we review how up-to-date certain populations are on for a core set of clinical preventive services, which includes an influenza vaccination in the past year; a pneumococcal polysaccharide vaccine (PPV) ever; and either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past five years and a FOBT within the past three years, or a colonoscopy within the past 10 years.

Figure 52 **Percent of Adults and Medicare Beneficiaries with a Recent Wellness Exam, Northeast Georgia, 2022**



Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022. and Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2022.

Annual wellness exams are important because they provide a proactive approach to maintaining health, preventing disease, and detecting health issues early, before they become serious. These visits provide patients and providers with an opportunity to discuss overall well-being, update screenings (such as blood pressure, cholesterol, and cancer checks), review medications, and manage chronic conditions.

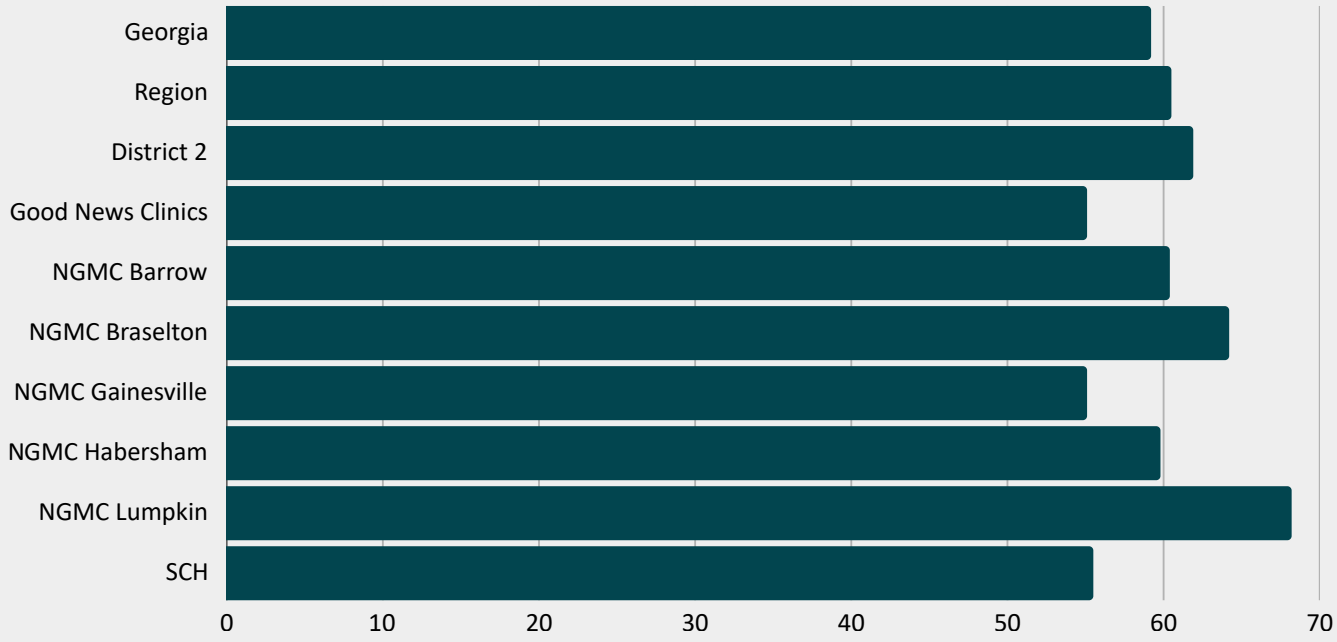
For people with conditions like diabetes or heart disease, regular exams help keep symptoms under control and reduce the risk of complications. They also provide an opportunity to discuss mental health, substance use, or social needs that might affect physical health. In areas with limited access to care—such as many parts of Northeast Georgia—annual wellness exams can be a critical touchpoint for connecting patients with needed services, referrals, and health education that might not otherwise be available.

Dental Care

Good dental care is crucial for overall health, preventing tooth decay and gum disease, which can lead to serious health complications like heart disease, stroke, and even dementia, while also impacting your ability to eat, speak, and smile with confidence.

In 2022, there were 64 dentists for every 100,000 people within the region, higher than the state rate of 54 dentists for every 100,000 people. Limited access to dental providers generally correlates to overall poor dental health.

Figure 53 **Percent of Adults Reporting They Have Seen a Dentist in the Last 12 Months, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

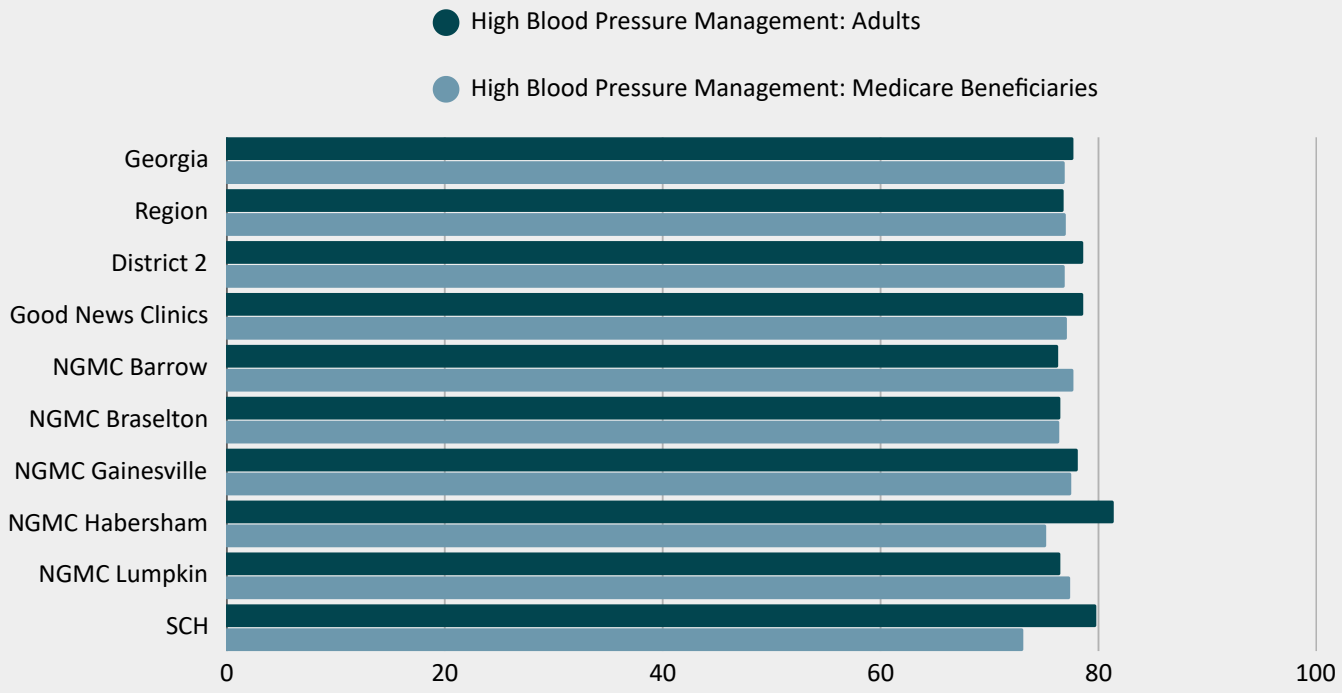
In 2022, in the region, approximately 11% of adults 65 and older had lost all of their natural teeth. The counties within the region with the highest percentage of adults without their natural teeth are, in order of severity, Franklin County (22.3%), Stephens County (18.9%), Towns County (18.6%), Hall County (17.4%), and Banks County (16.7%). This figure often correlates to adults having had a recent dental visit. We see in the above chart, Stephens County Hospital, whose community is Franklin and Stephens counties, had the lowest dental visit rate in 2022.

Not having teeth can make it difficult to chew food properly, leading to poor nutrition and digestive issues. It can also affect speech and lower a person's confidence, impacting social interactions and mental health. Over time, missing teeth can cause bone loss in the jaw and contribute to other oral health problems.

Chronic Condition Management

Managing chronic conditions is important because it helps people live longer, healthier lives and prevents serious complications that can lead to disability, hospitalizations, or even early death. Conditions like diabetes, high blood pressure, asthma, and heart disease don't go away—but with regular monitoring, lifestyle changes, and the right medications, they can often be controlled. When left unmanaged, these conditions can lead to strokes, heart attacks, kidney failure, vision loss, or other life-altering problems. Managing chronic illness also reduces the emotional and financial stress on families and the healthcare system.

Figure 54 **High Blood Pressure Management, Adults and Medicare Beneficiaries, 2021**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2021.

Several barriers can prevent people from managing high blood pressure:

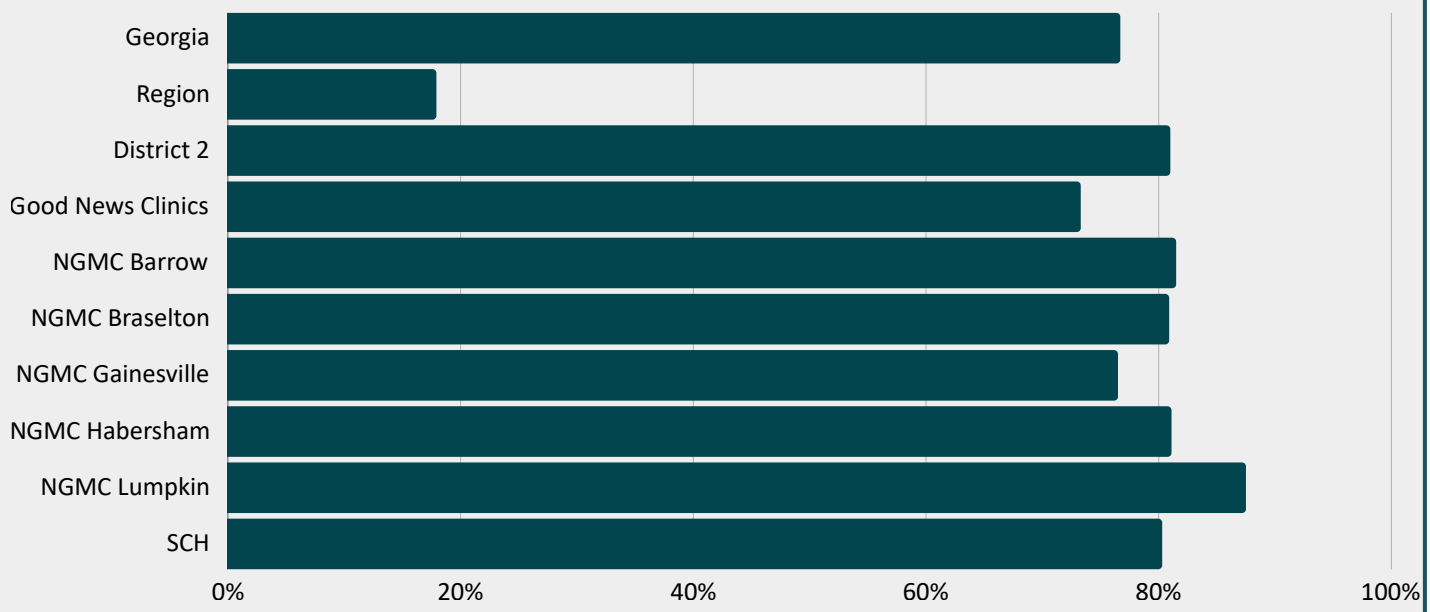
- Cost and insurance: Without health insurance—or with high out-of-pocket costs—some avoid routine checkups or medications that help control blood pressure.
- Lack of awareness: High blood pressure often has no symptoms, so people may not know they have it until it causes serious health problems like stroke or heart disease.
- Medication challenges: Individuals may encounter difficulties with side effects, complex dosing schedules, or inconsistent access to refills.
- Health literacy: Some individuals may not fully understand their diagnosis or the necessary steps to take, especially if health information isn't delivered in a culturally or linguistically appropriate manner.
- Transportation: In rural regions, accessing appointments, pharmacies, or follow-up care can be a significant challenge.

Prenatal Care

A lack of access to care presents barriers to good health. Access is affected by the supply of physicians, uninsurance rates, financial hardship, transportation barriers, cultural competency, and coverage limitations. Added to this is the challenge of accessing care in some communities.

Prenatal care in the first trimester is crucial for establishing a healthy pregnancy because it allows for early detection and management of potential risks, ensures proper fetal development, and provides an opportunity to address health-related needs and make lifestyle changes.

Figure 55 **Percent of Women Receiving Prenatal Care in the First Trimester, On Average 2020-2022**



Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau, 2020-2022.

Lower rates of early prenatal care

Black, American Indian, and Native Hawaiian and Pacific Islander women are less likely to initiate prenatal care in the first trimester compared to White women.

Late or no prenatal care

A higher percentage of Black, American Indian, and Native Hawaiian and Pacific Islander women receive late or no prenatal care, which increases the risk of adverse pregnancy outcomes.

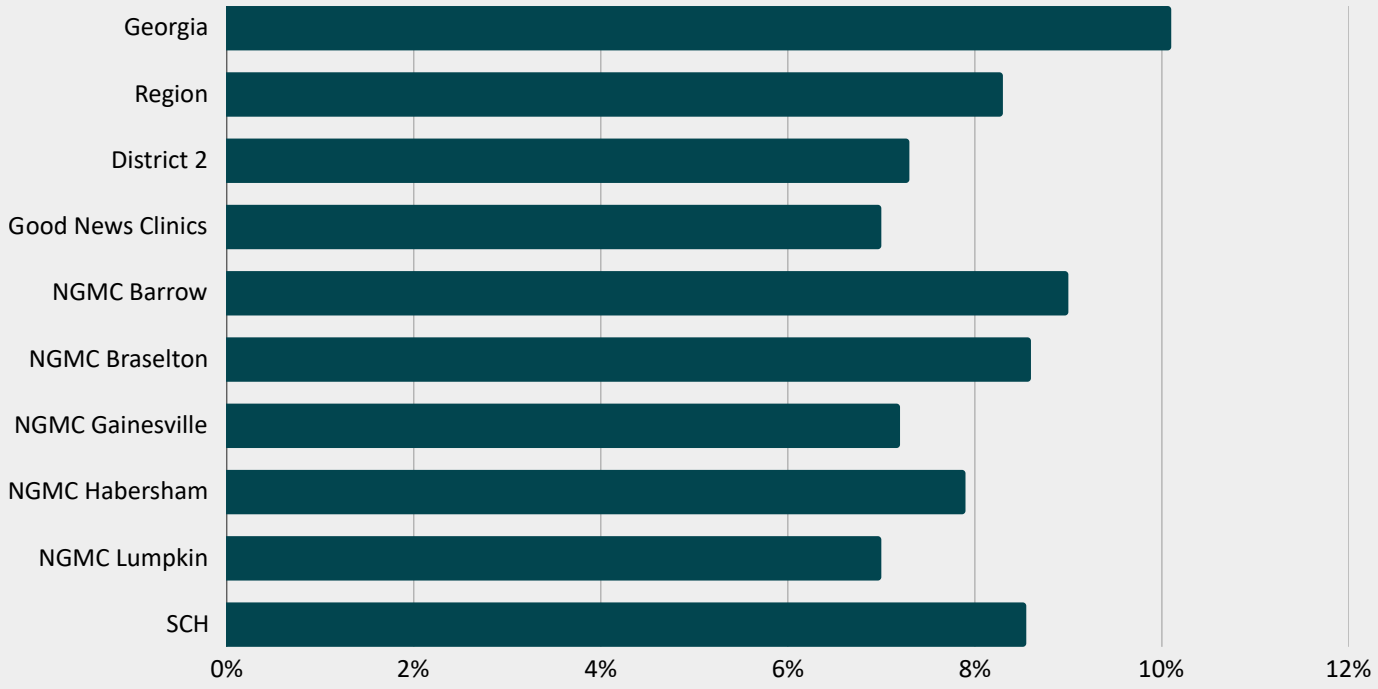
Geographical barriers

Limited access to healthcare facilities, particularly in marginalized communities, can hinder access to prenatal care.

Low Birth Weight Babies

Newborns, infants, and their mothers can be especially vulnerable. Below are several key indicators for infant mortality and low birth weight babies. Low birth weight is defined at being at or below 5 lbs., 8 oz. at birth.

Figure 56 **Percent of Babies Born at a Low Weight, 2016 to 2022**



Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.

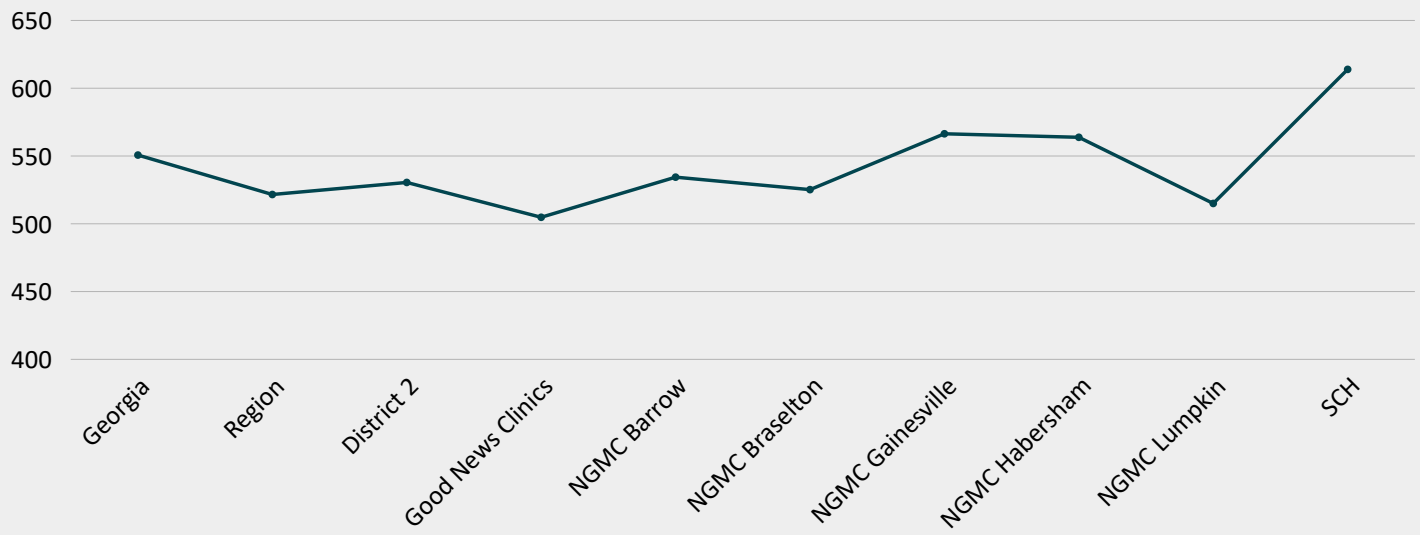
Black infants have the highest rate of low birth weight (LBW) in the United States, according to March of Dimes. The Centers for Disease Control and Prevention reports the highest rate of LBW among non-Hispanic blacks. White infants have the lowest rate of LBW compared to other racial groups.

Low income is strongly associated with an increased risk of LBW babies. Studies consistently demonstrate a link between income and higher rates of LBW, particularly in low-income communities. This is often attributed to various factors like limited access to prenatal care, nutritional deficiencies, and increased exposure to stressors.

Emergency Department Visits

We examine emergency department (ED) visits among Medicare beneficiaries because these visits can reveal important patterns about healthcare access, chronic disease management, and the overall health of older adults and people with disabilities. Frequent ED use by Medicare beneficiaries may signal gaps in primary or preventive care, especially when visits are for conditions that could have been managed earlier in outpatient settings. High rates of ED use can also indicate challenges such as lack of transportation, poor care coordination, or social isolation—common issues for older adults.

Figure 57 **Emergency Department Visit Rate Among Medicare Beneficiaries, For Every 1,000, 2022**



Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File, 2022.

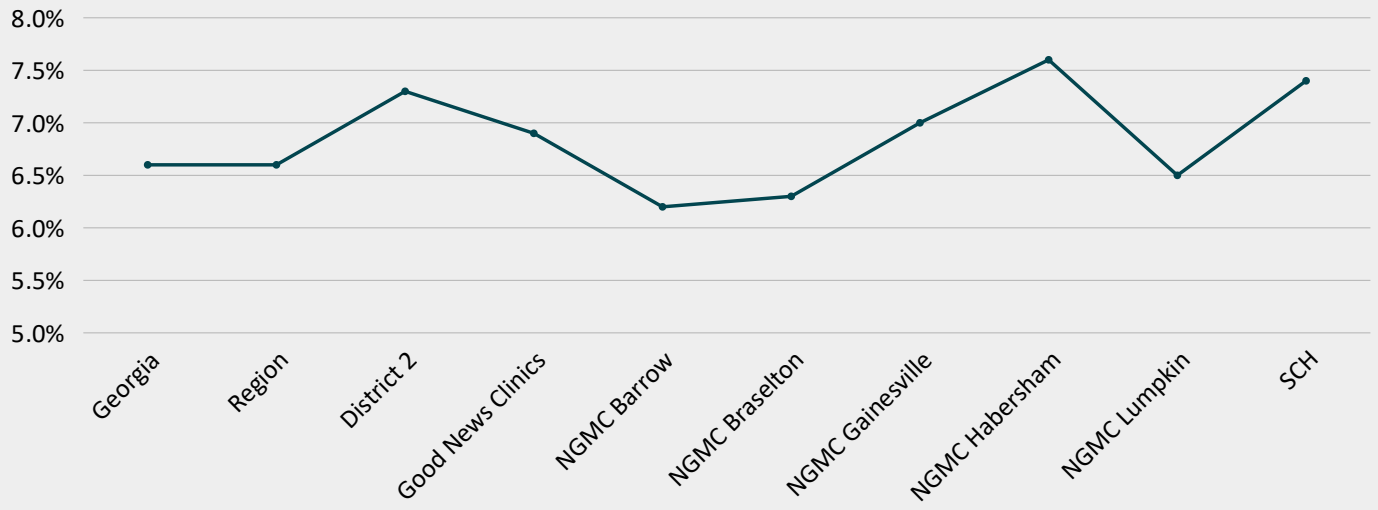
Georgia data suggest that over 40% of ED visits may be avoidable, translating to roughly 1.3 million avoidable encounters statewide and costing nearly $307 million in 2022, underscoring the strain on emergency services from gaps in primary care access, according to the All-Payer Claims Database. Research shows that, in rural Georgia, counties without community health centers (CHCs), federally-qualified health centers (FQHCs), or charitable clinics (such as Gainesville's Good News Clinics) experienced significantly higher uninsured ED visit rates—uninsured individuals used the ED about 33% more often in counties without these resources and particularly for conditions that could have been managed in primary care settings.

Residents in Northeast Georgia often rely on EDs due to the scarcity of accessible primary care, high uninsured rates, and health infrastructure limitations. Many ED visits are avoidable, particularly in communities without community health centers. Distance to care, delayed emergency response, and resource constraints all contribute to worse outcomes. Targeted strategies—like expanding rural clinics, increasing CHC presence, and deploying freestanding emergency units—can reduce unnecessary ED use, improve triage, and ensure timely treatment and better health results.

Cancer Prevalence Rates

Cancer remains a top killer within our communities, and some communities within the service area reflect cancer prevalence rates that are higher than the state rate.

Figure 58 **Percent of Adults 18+ Having Had Cancer, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Social determinants of health are significantly associated with cancer incidence rates, affecting both the development and progression of the disease. These factors, which include socioeconomic status, education, housing, access to healthcare, and environmental exposures, can impact cancer incidence, stage at diagnosis, treatment, and survival.

Statistically, racial minorities are more often diagnosed with cancer at later stages compared to Whites, particularly African Americans. This means the cancer has often spread and is more difficult to treat. Disparities in screening, access to care, and socioeconomic factors contribute to this trend.

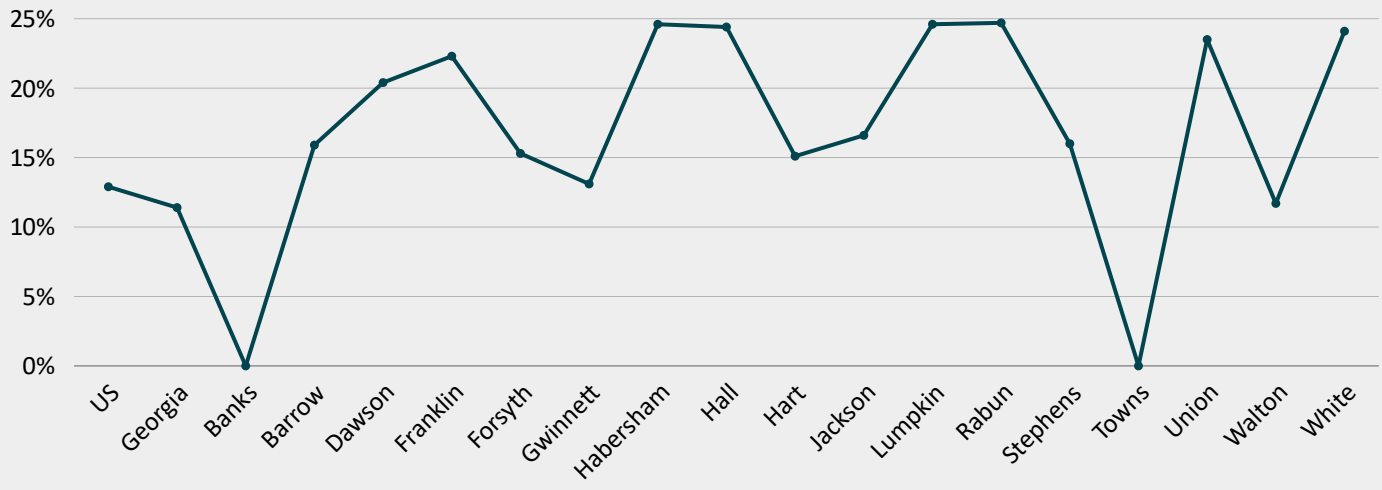
One Georgia-based study of women diagnosed with breast cancer found that compared to privately insured women, uninsured women had 79% higher odds of delayed treatment, and Medicaid enrollees had 75% higher odds, with Medicare patients at 27% higher odds of delay—especially in less deprived areas. These delays can influence both survival and recovery outcomes.

In Northeast Georgia, cancer prevalence is shaped by both elevated incidence and notable geographic disparities. Cancer is the second leading cause of death statewide, accounting for one in five deaths in Georgia (about 18,435 deaths in 2023).

Thyroid Cancer Rates

While rural counties across the state shoulder disproportionate burdens of cancer mortality due to older populations, poverty, and limited access to care, Northeast Georgia stands out for its particularly high rates of thyroid cancer. Counties including Union, Lumpkin, Hall, White, Habersham, and Rabun have age-adjusted thyroid cancer incidence rates of approximately 23–25 per 100,000, more than double state (~11.7) and national (~12.9) averages. Please note data was not available for Banks and Towns counties.

Figure 59 **Thyroid Prevalence Rates, Per Every 100,000 People, Northeast Georgia, 2017 to 2021**



Source: Centers for Disease Control and Prevention, State Cancer Profiles, 2017-2021.

Radiation exposure, genetic mutations, female gender, age, and possibly environmental toxins are key contributors to thyroid cancer risk. In areas with abnormally high thyroid cancer rates, like parts of Northeast Georgia, environmental studies are ongoing to better understand the role of pollutants and water quality.

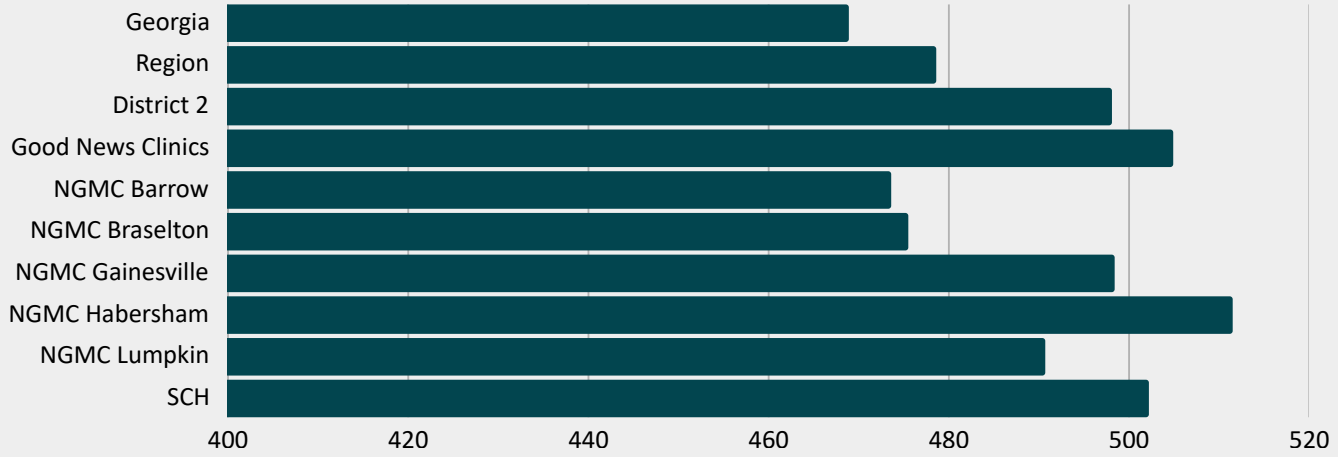
While the exact cause is often unknown, several risk factors are linked to a higher likelihood of developing thyroid cancer:

1. Radiation exposure: People exposed to radiation, especially during childhood, have a significantly higher risk. There is growing concern about pollutants possibly playing a role in thyroid disruption, particularly in areas like Northeast Georgia where thyroid cancer rates are high.
2. Genetics and family history: Inherited gene mutations (e.g., in the RET gene) can cause medullary thyroid cancer or raise risk for papillary thyroid cancer, as well as a family history of thyroid cancer.
3. Gender and age: Women are two to three times more likely than men to develop thyroid cancer. Most cases are diagnosed in people between the ages of 30 and 60.
4. Thyroid conditions: Conditions like Hashimoto's thyroiditis (an autoimmune disorder) may raise the risk slightly.
5. Environmental and occupational exposure: Exposure to industrial pollutants, nitrates in water, or heavy metals may be linked to increased thyroid cancer risk, though more research is ongoing.

Cancer Incidence Rates

Cancer incidence rates refer to the rate at which new cases of a disease or condition occur in a population within a specific time period. In the chart below, we look at the years 2017 to 2021.

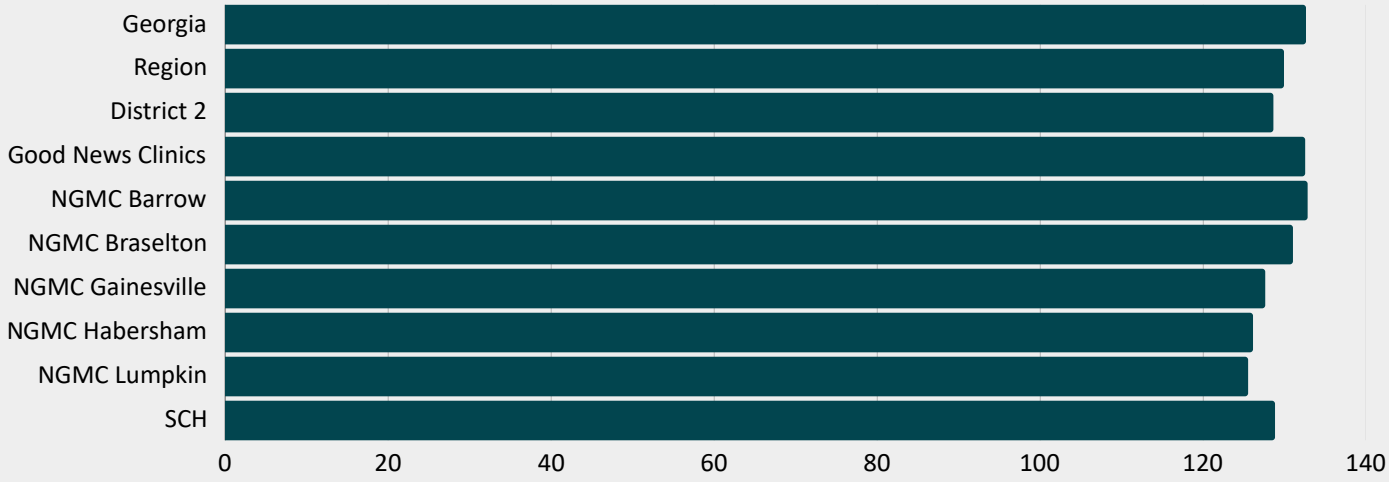
Figure 60 **Cancer Incidence Rates, Per Every 100,000 People, Northeast Georgia, 2017 to 2021**



Source: Centers for Disease Control and Prevention, State Cancer Profiles, 2017-2021.

Breast cancer remains a leading health threat in rural Georgia counties, including Northeast Georgia. Women in these communities face delays in diagnosis, limited access to specialty care, and unequal survival—particularly among high-poverty and Black populations. Addressing these disparities requires expanded screening and treatment infrastructure, targeted outreach in underserved rural areas, and efforts to ensure equitable access and early detection.

Figure 61 **Breast Cancer Rates, Per Every 100,000 People, Northeast Georgia, 2017 to 2021**

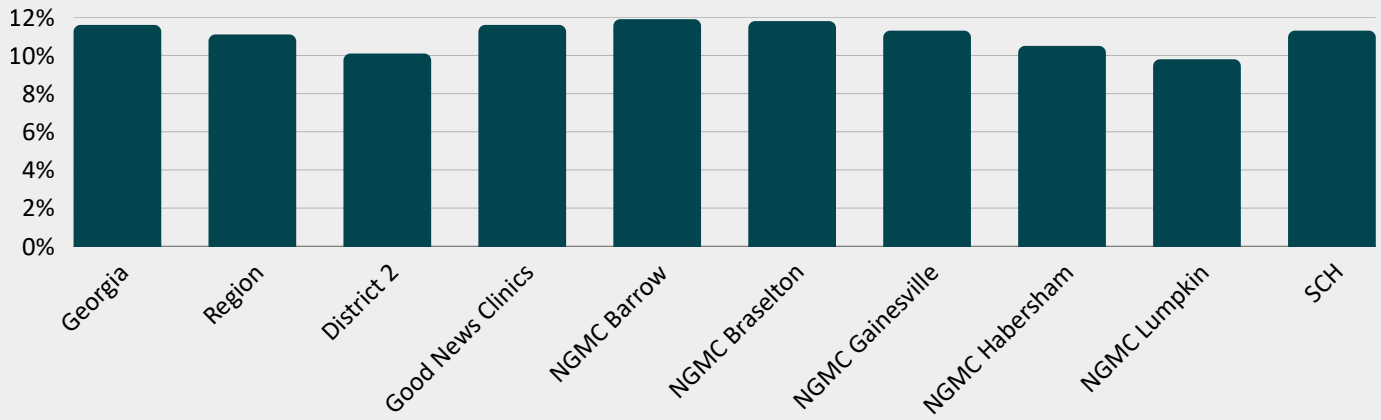


Source: Centers for Disease Control and Prevention, State Cancer Profiles, 2017-2021.

Diabetes and Kidney Disease

Chronic diseases are long-term health conditions that require ongoing medical attention or limit daily activities. Examples include diabetes, heart disease, and chronic respiratory conditions. Monitoring chronic disease prevalence helps effectively identify community health trends and target resources.

Figure 62 **Percent of Adults with Diabetes, Northeast Georgia, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

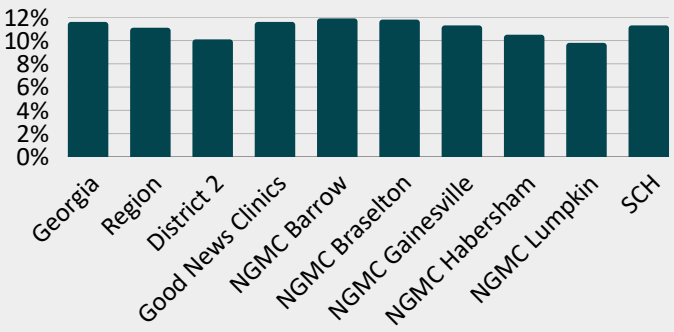
Diabetes prevalence is significantly higher in low-income communities, with income-related disparities widening over time; this disproportionate burden is linked to factors like food insecurity, limited access to healthcare and healthy foods, and differences in health behaviors.

Diabetes, particularly type 2, is associated with an increased risk of developing dementia, including Alzheimer's disease and vascular dementia. Early onset of diabetes, especially before age 50, and obesity may further increase dementia risk.

Low-income patients with diabetes often face barriers to managing their condition, such as limited access to healthy food, medications, and regular medical care. These challenges can lead to poorer health outcomes and a higher risk of complications over time.

Diabetes is the leading cause of kidney disease. Diabetes can reduce how well kidneys filter waste, leading to chronic kidney disease. Within the service area, in 2022, **about 3.6% of the population had kidney disease, which was above the state average for Georgia.**

Figure 63 **Percent of Adults with Kidney Disease, Northeast Georgia, 2022**

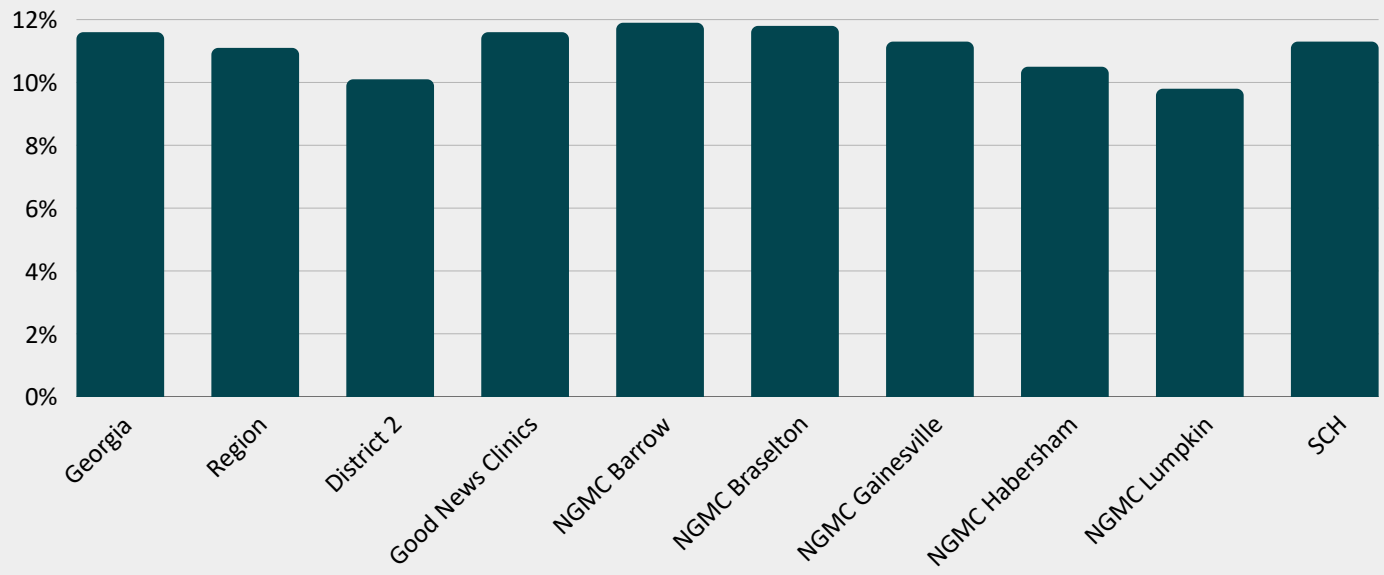


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Asthma and COPD

Though they both cause problems with breathing, asthma and chronic obstructive pulmonary disease (COPD) are not the same. Asthma is a chronic inflammatory condition that affects the airways, causing them to narrow and swell, while COPD is a progressive lung disease characterized by airflow obstruction that worsens over time. While both can cause similar symptoms like coughing, shortness of breath, and wheezing, their causes, progression, and treatment differ significantly.

Figure 64 **Percent of Adults with COPD, Northeast Georgia, 2022**

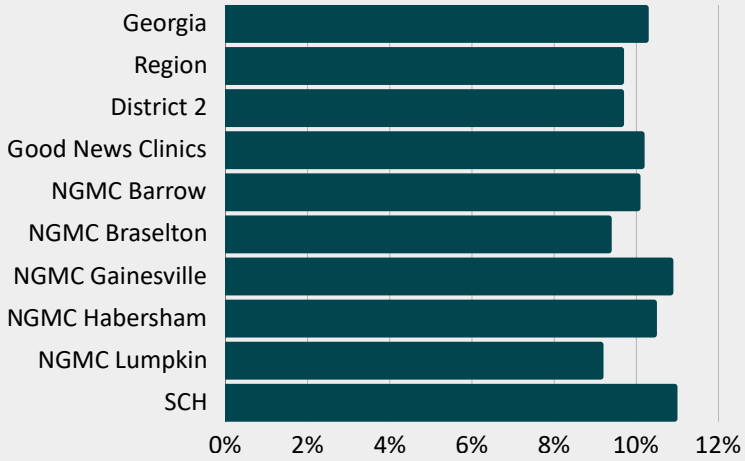


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

About 9.7% of adults had asthma in 2022 in the service area. Most communities carried similar rates, with Banks County having the highest percentage at 11.2%. Adult asthma rates have steadily increased over the years.

Of all service areas, Stephens County Hospital's community has the highest percentage of adults with asthma – about 5,600 adults have been diagnosed at some point with asthma.

Figure 65 **Percent of Adults with asthma, Northeast Georgia, 2022**

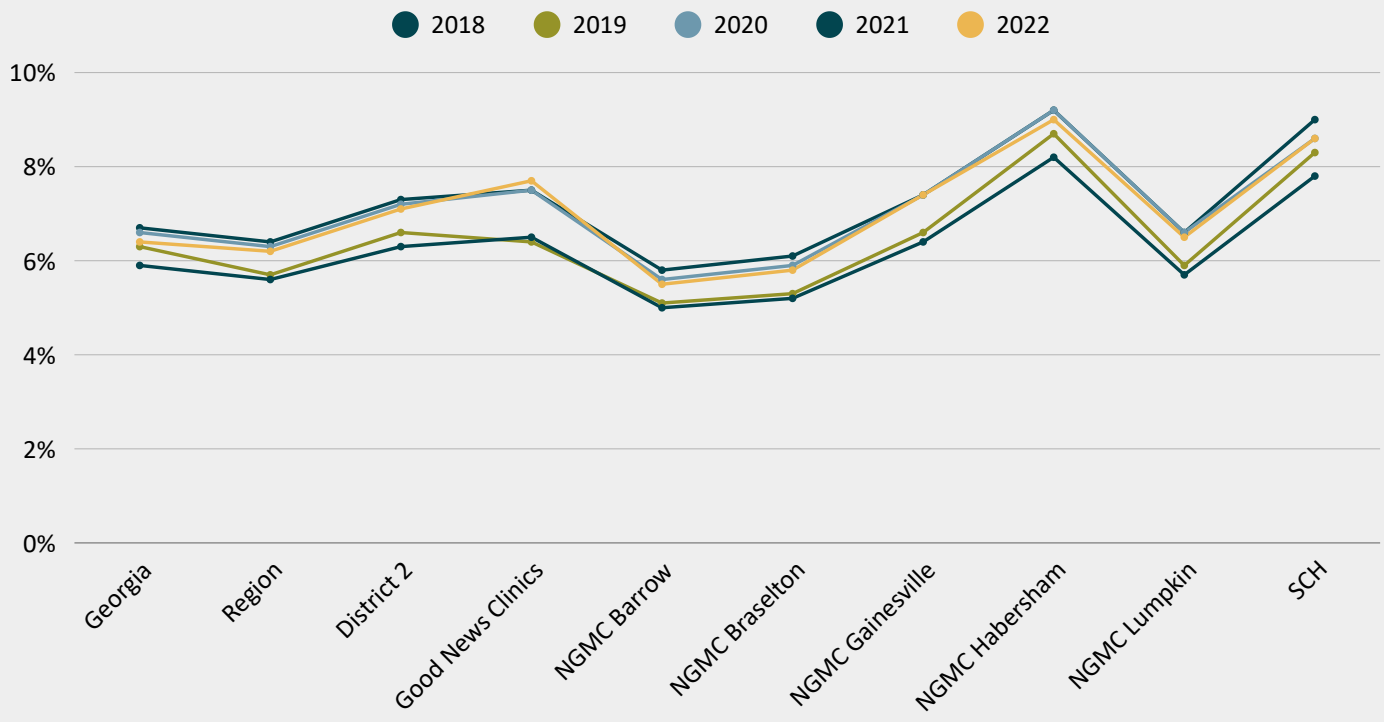


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Heart Disease

Heart disease is highly prevalent in the service area, being the leading cause of death for adults and a top chronic condition. In 2022, nearly 8% of adults reported having a heart disease diagnosis.

Figure 66 **Heart Disease Prevalence, Northeast Georgia, 2018 to 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Heart disease disproportionately affects the South, with higher mortality rates and a slower decline in heart disease mortality compared to other regions. This is linked to factors like increased rates of cardiovascular risk factors such as obesity, high blood pressure, diabetes, and smoking. Furthermore, the Southern diet, often high in unhealthy fats and fried foods, can contribute to heart disease risk.

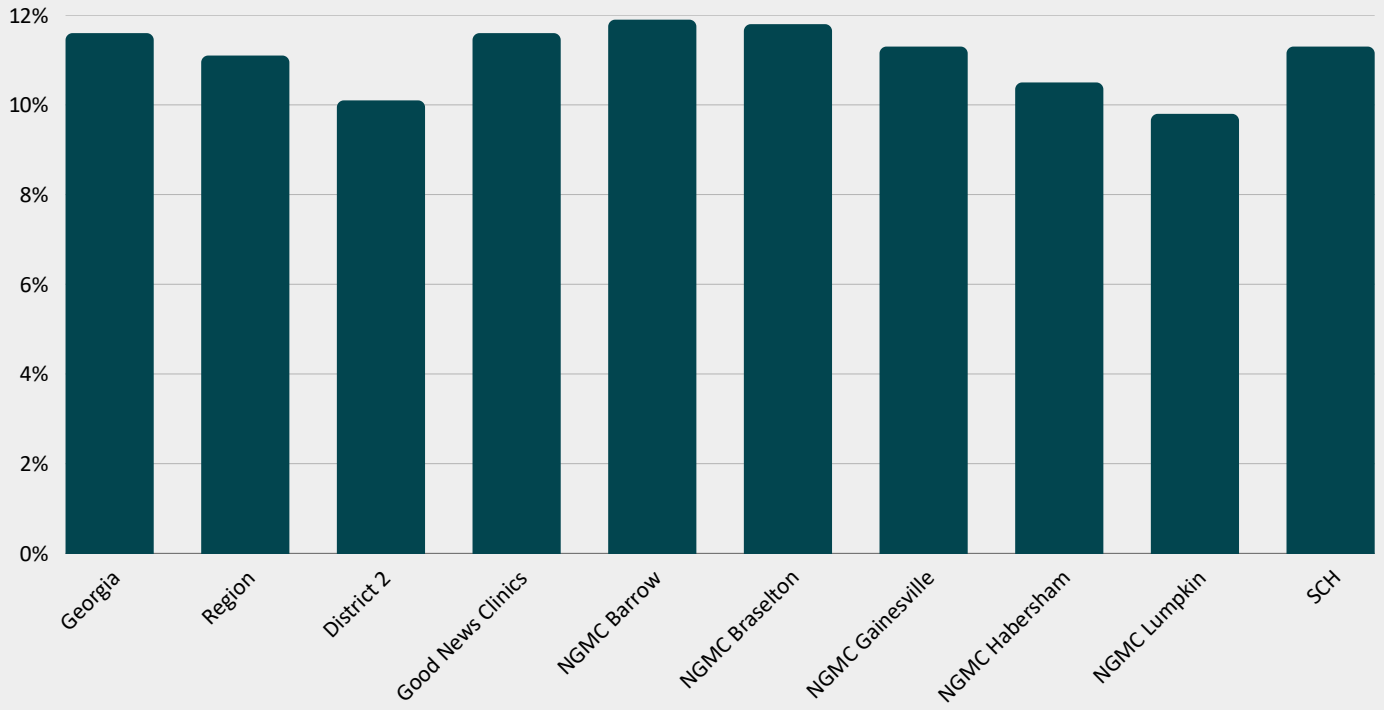
While heart disease mortality has generally declined across the US, declines have been slower in Southern states, indicating a persistent burden of the disease in the region.

In Northeast Georgia – and the state overall – heart disease remains among the biggest health threats to community members. This likely corresponds to the prevalence of certain chronic conditions and unhealthy behaviors, including eating a high percentage of processed and high-fat foods, high smoking rates, high binge drinking rates, and relatively low rates of preventative and chronic condition care management.

Hypertension

Hypertension, also known as high blood pressure, occurs when the force of blood pushing against the walls of blood vessels is too high. While treatable, uncontrolled hypertension can lead to serious heart issues, such as stroke or heart attack.

Figure 67 **Percent of Adults with Hypertension, Northeast Georgia, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Income and hypertension are often directly linked, usually due to issues around healthcare access, food access, and education levels. Lower educational levels can lead to a more limited awareness of health conditions, including hypertension, and a reduced ability to understand and follow healthcare recommendations, as well as an increased likelihood of being uninsured.

Limited access to healthcare services, including preventative care and specialized hypertension treatment, can result in delayed or inadequate condition management. Finally, living in areas with high poverty rates, food deserts, and limited access to safe recreational spaces can contribute to unhealthy behaviors and increased stress.

Stroke

Cerebrovascular disease, or stroke, is among the top causes of death within both Georgia and the service area. According to the Centers for Disease Control and Prevention, someone in the US has a stroke every 40 seconds. Every 3 minutes and 11 seconds, someone dies of a stroke in this country.

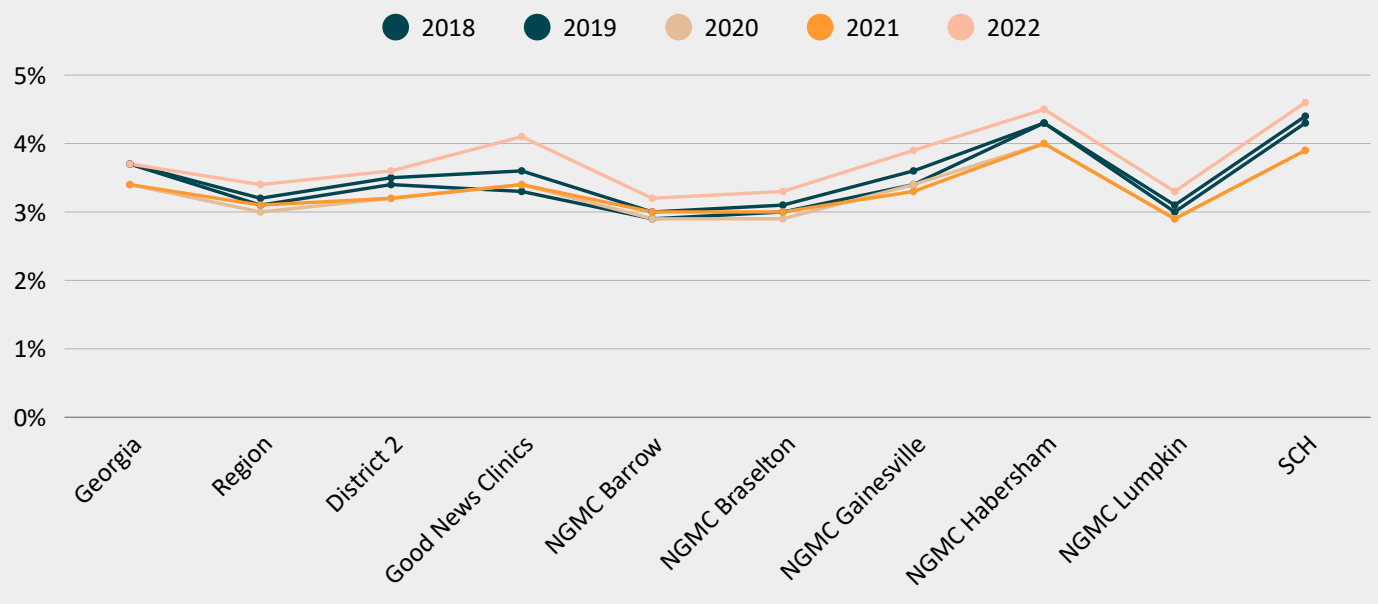
The risk of having a stroke varies with race and ethnicity. The risk of having a first stroke is **nearly twice** as high for non-Hispanic Black adults as for White adults. Non-Hispanic Black adults and Pacific Islander adults have the highest rates of death from stroke.

Lower socioeconomic status, including lower income, is associated with a higher risk of stroke, including poorer stroke outcomes. Individuals with lower incomes are more likely to experience stroke, have more severe deficits, and are less likely to receive timely or evidence-based stroke care.

In Georgia, stroke is the fourth leading cause of death—with rates roughly 17–18% higher than the national average, and particularly elevated in rural areas, part of the broader rural "Stroke Belt," experiences disproportionately high stroke mortality tied to common risk factors such as hypertension, hyperlipidemia, obesity, diabetes, smoking, and physical inactivity.

Racial and socioeconomic disparities are stark. In Georgia, approximately 20–23% of stroke deaths are premature (occurring before age 65), and Black residents face stroke death rates around 1.6 times higher than Whites. Mortality from stroke among younger adults (age 20–40) is rising, driven by worsening chronic health profiles in these populations and shifting insurance coverage among low-income populations.

Figure 68 **Stroke Prevalence Among Adults 18+, Northeast Georgia, 2018 to 2022**

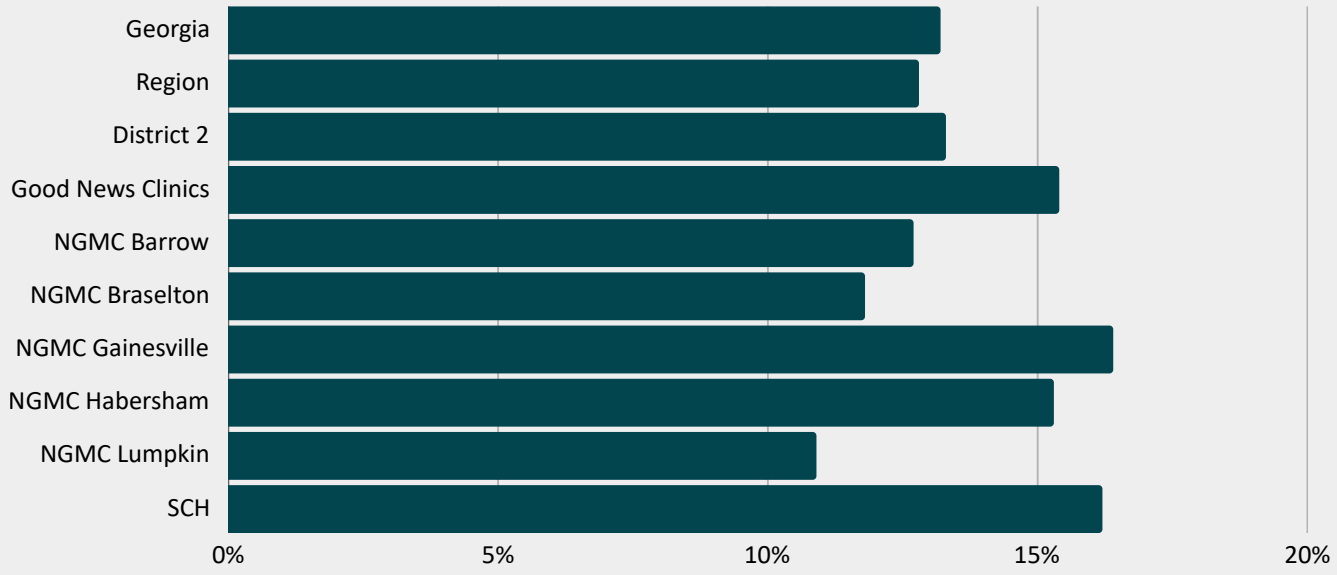


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Poor Physical Health

Poor physical health is a persistent and pressing challenge across Northeast Georgia, particularly within its rural counties—many of which rank poorly among Georgia's 159 counties on overall health outcomes. According to the County Health Rankings program, over half of Georgia's counties fall into the bottom national quartile for health outcomes, including premature death rates, poor self-reported health, and high numbers of physically unhealthy days—placing many Northeast Georgia communities in the lowest tiers nationwide.

Figure 69 **Self-Reported Poor Physical Health, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Poor physical health in Northeast Georgia is shaped by intersecting and intermittent gaps in healthcare infrastructure, economic disadvantage, limited health education, and lifestyle risk factors. These conditions result in higher rates of disability, early mortality, and chronic illness—underscoring the need for policy solutions that expand access to preventive care, improve transportation and broadband infrastructure, and address the broader social determinants that hold health back.

Examining poor physical health helps us understand the broader conditions that shape community well-being, highlight health inequities, and guide where to focus resources for the greatest impact. Poor physical health isn't just about individual choices—it often reflects deeper issues like poverty, lack of access to healthcare, food insecurity, inadequate housing, and limited opportunities for physical activity.

Mental Health and Healthy Behaviors

Mental health and healthy behaviors are both essential to overall well-being—they directly affect how we live, how long we live, and how well we manage stress, relationships, and physical health. Mental health affects how people think, feel, and act. It plays a crucial role in managing stress, making informed decisions, and forming healthy relationships. **When mental health needs go unmet, it can lead to depression, anxiety, substance use, and even chronic physical health conditions.** Poor mental health can also make it harder for people to stay employed, care for their families, or seek medical help when needed.

Healthy behaviors—such as eating nutritious foods, being physically active, getting enough sleep, avoiding tobacco and excessive alcohol consumption, and attending regular check-ups—are proven to prevent or reduce the risk of many chronic diseases, including heart disease, diabetes, and certain types of cancer. They also help boost energy, mood, and immune function.

Many communities in Northeast Georgia are rural, where access to mental health care, fitness resources, and healthy food options is limited. Without proper support, residents may be more likely to engage in unhealthy behaviors such as smoking, poor diet, physical inactivity, or substance use, all of which contribute to chronic conditions like heart disease, diabetes, and depression. At the same time, stigma, provider shortages, and geographic isolation can prevent people from seeking mental health support, leading to untreated conditions, higher rates of suicide, and increased emergency room use.

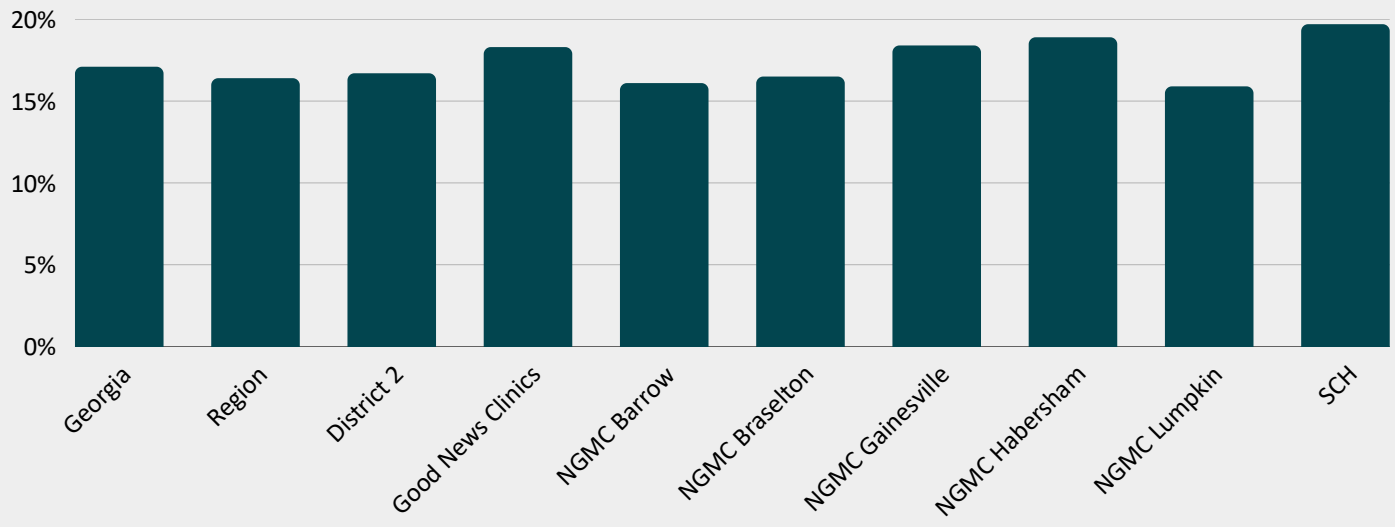
It is important to examine healthy behaviors and mental health in Northeast Georgia because they are closely linked to overall well-being, disease prevention, and quality of life—and the region faces unique challenges that increase health risks.

By understanding patterns in both mental health and lifestyle behaviors, local leaders and organizations can design more effective, community-specific interventions that improve health outcomes, reduce disparities, and build long-term resilience.

Mental Health

Mental health encompasses our emotional, psychological, and social well-being, profoundly impacting how we think, feel, and behave. Poor mental health can significantly diminish the quality of life, productivity, and overall well-being, and it often correlates with an increased risk of chronic illnesses.

Figure 70 **Adults Reporting Poor Mental Health, Northeast Georgia, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Mental health in Northeast Georgia faces complex and urgent challenges shaped by rural isolation, workforce shortages, stigma, and increasing demand for services.

In much of Northeast Georgia, mental health care remains scarce. According to the Georgia Budget & Policy Institute, Hall, Dawson, Forsyth, White, and Jackson counties collectively suffer from severe shortages of licensed mental health professionals—including psychologists, psychiatrists, and social workers—which leaves many residents with limited or no access to care. Across rural Georgia, 98 of the state's 108 rural counties are designated mental health professional shortage areas, which drastically limits the availability and timeliness of support.

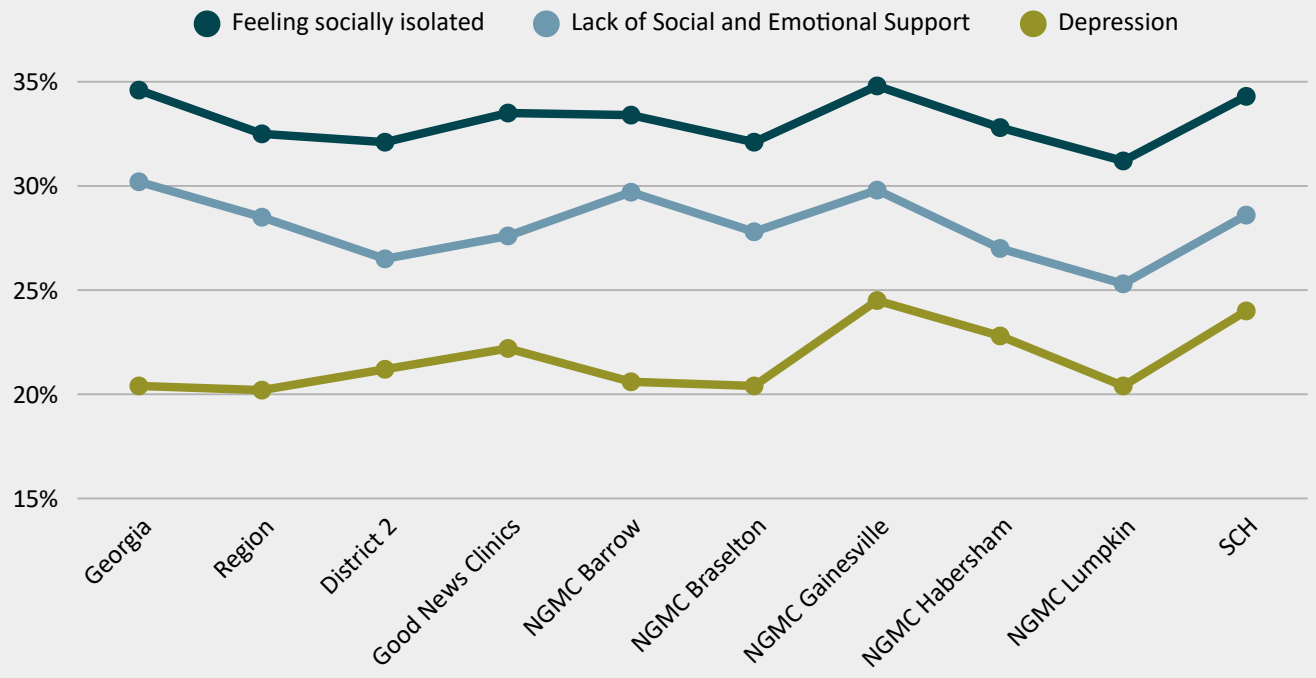
These provider gaps are compounded by geographic and financial barriers. Rural residents often face long travel distances to reach clinics, unreliable broadband service, and concerns about stigma—especially in tight-knit communities where privacy is limited. Many rural Georgians report that mental illness is seen as a character flaw rather than a health condition, contributing to delayed or avoided care.

In Georgia, suicide is the second leading cause of death for people aged 10–34, with rural regions showing significantly elevated rates. Mental health-related emergency visits by youth surged 163% between 2019 and 2024, while only about 41% of adults with mental illness statewide receive treatment—underscoring a large treatment gap

Key Mental Health Indicators

Social isolation and a lack of emotional and social support are important to examine because they have a direct and measurable impact on both mental and physical health. People who are socially isolated are at greater risk for depression, anxiety, substance use, and suicide. Isolation can also increase the risk of chronic diseases like heart disease, high blood pressure, and cognitive decline.

Figure 71 **Self-Reported Key Mental Health Indicators, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

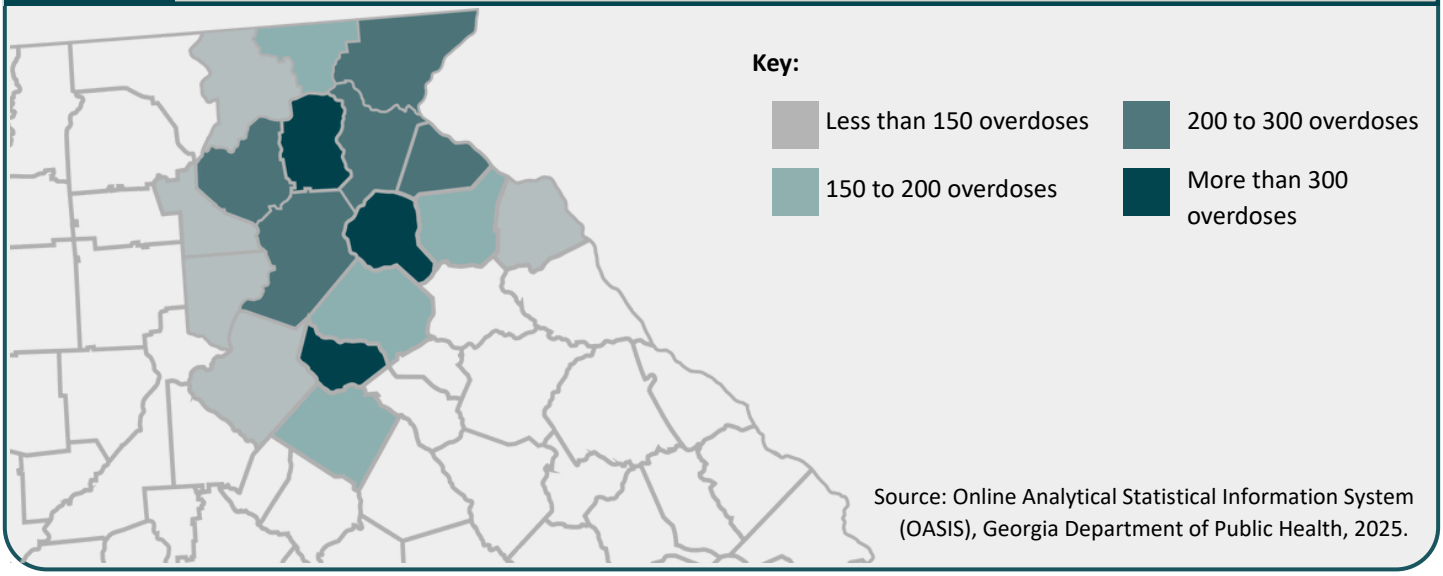
As shown in the chart above, social isolation, a lack of support, and depression tend to go hand-in-hand in the region's communities. For example, the Gainesville community tends to report higher rates among all three, as does Stephens County Hospital's community.

Without emotional and social support—whether from family, friends, or the broader community—individuals are less likely to seek help, follow medical advice, or engage in healthy behaviors. In rural or underserved areas, where access to healthcare and mental health services is already limited, the effects of isolation can be even more severe. Understanding and addressing social isolation is critical for improving overall well-being and building stronger, more resilient communities.

Drug Overdoses

Drug use negatively impacts the health, productivity, and well-being of the community across all age groups, contributing to chronic disease, mental health disorders, and reduced quality of life. It strains families, workplaces, and communities through increased healthcare costs, crime, and social instability. Prevention, education, and access to addiction treatment are critical for supporting a healthier population.

Figure 72 **Drug Overdoses at the ER By Patient's County of Origin, 2023**



Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Public Health, 2025.

In the chart above, we examine the number of patients presenting an emergency department as having overdosed on a substance. The counties represent the patient's county of origin, and not the location of a hospital. As shown in the chart, Banks, Barrow, and White county residents had the most amount of visits to the emergency department due to an overdose in 2023.

Drug use in Northeast Georgia mirrors broader trends in rural Appalachian regions, where opioid-related overdose deaths, alcohol misuse, and stimulant exposure continue to worsen health outcomes. These areas face some of the highest per capita overdose death rates in Georgia, reflecting entrenched economic hardship, limited healthcare resources, and widespread opioid availability.

Drug and substance use—including misuse of opioids, methamphetamine, alcohol, tobacco, and other substances—is a serious and growing public health challenge in Northeast Georgia, especially within its rural counties.

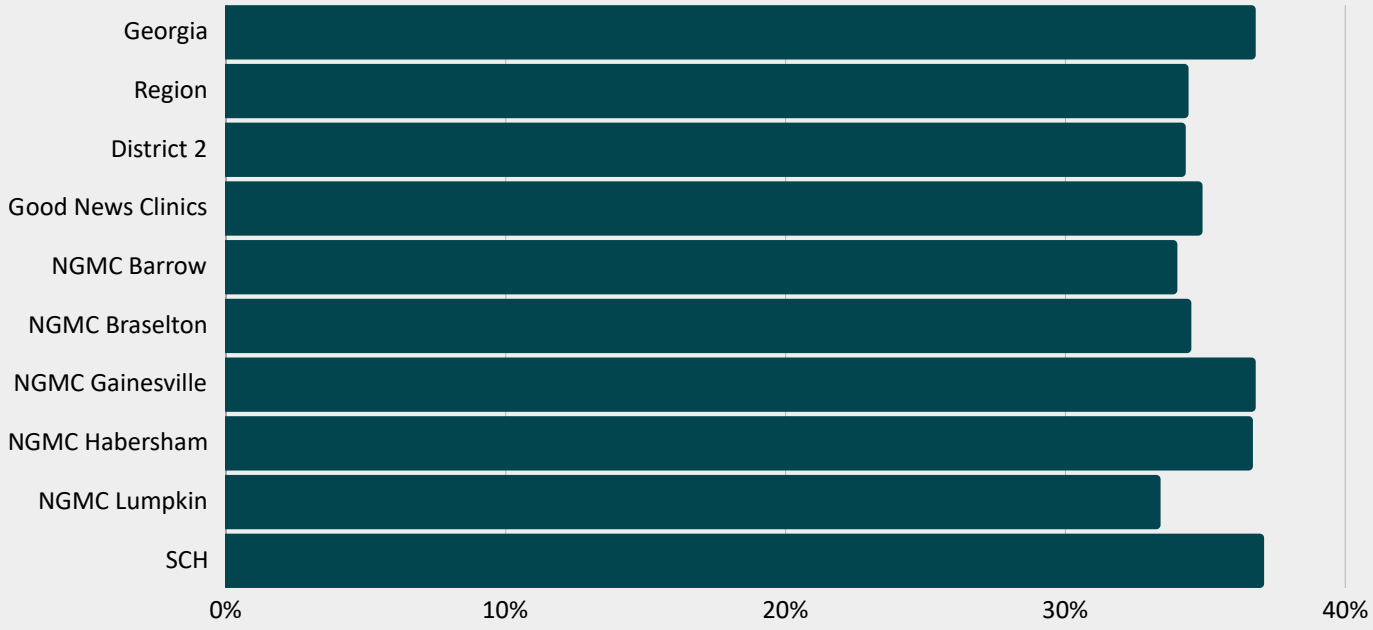
Overdoses continue to be a serious concern in emergency rooms across Northeast Georgia. Hospitals in the region regularly treat patients experiencing both accidental and intentional drug overdoses, with opioids—particularly fentanyl—remaining a leading cause. Emergency department data shows a steady influx of individuals suffering from substance use-related crises, reflecting broader national trends as well as localized issues such as limited access to treatment services, mental health challenges, and economic stress. Overdose visits are not limited to any one age group, but young adults and middle-aged individuals are disproportionately affected.

Healthy Behaviors

Health behaviors are actions individuals take that affect their health, including actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.

Obesity is a key indicator of health and healthy behaviors. The chart below reports the percentage of adults 18 and older who are obese, defined as having a body mass index (BMI) of at least 30, which measures the ratio of your height to your weight to estimate the amount of body fat you have. Because it is self-reported, this indicator is often underreported.

Figure 73 **Adult Obesity Rates, Northeast Georgia, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

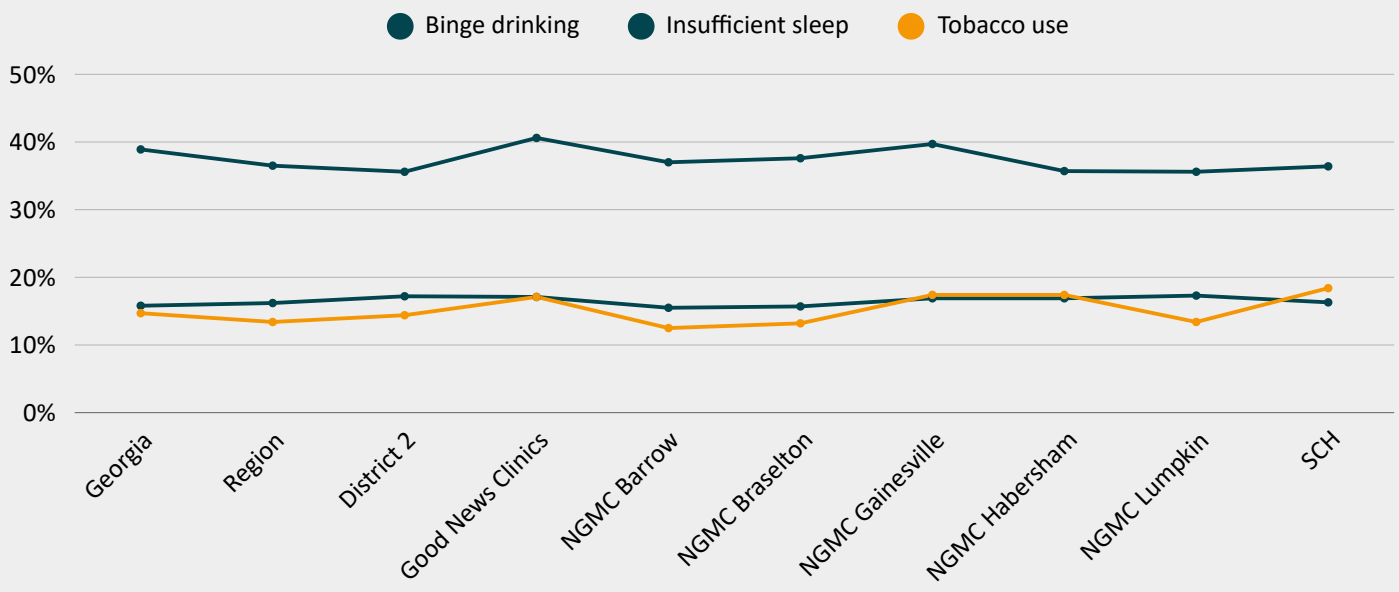
Lower socioeconomic status, including income, education, and occupation, is often associated with higher obesity rates.

- Access to healthy food, safe places for physical activity, and the quality of the built environment (e.g., the presence of grocery stores vs. fast-food restaurants) significantly influence obesity.
- Stress, discrimination, and social isolation can contribute to unhealthy behaviors and weight gain.
- Communities with limited access to affordable, healthy food options (food deserts) often have higher rates of obesity.
- Areas lacking parks, sidewalks, and safe routes for walking or biking contribute to lower levels of physical activity, which can lead to weight gain.

Excessive Drinking, Limited Sleep, and Smoking

Heavy alcohol consumption, tobacco usage, insufficient sleep, and physical inactivity are key indicators of health-related behaviors that significantly influence overall health outcomes and disease risk. The data presented below highlights the percentage of adults engaging in these behaviors. Heavy alcohol consumption and tobacco use directly contribute to chronic health conditions and preventable illnesses. At the same time, insufficient sleep and physical inactivity are linked to increased risk of obesity, cardiovascular disease, diabetes, mental health disorders, and impaired immune function.

Figure 74 **Percent of Adults Reporting Key Unhealthy Behaviors, Northeast Georgia, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

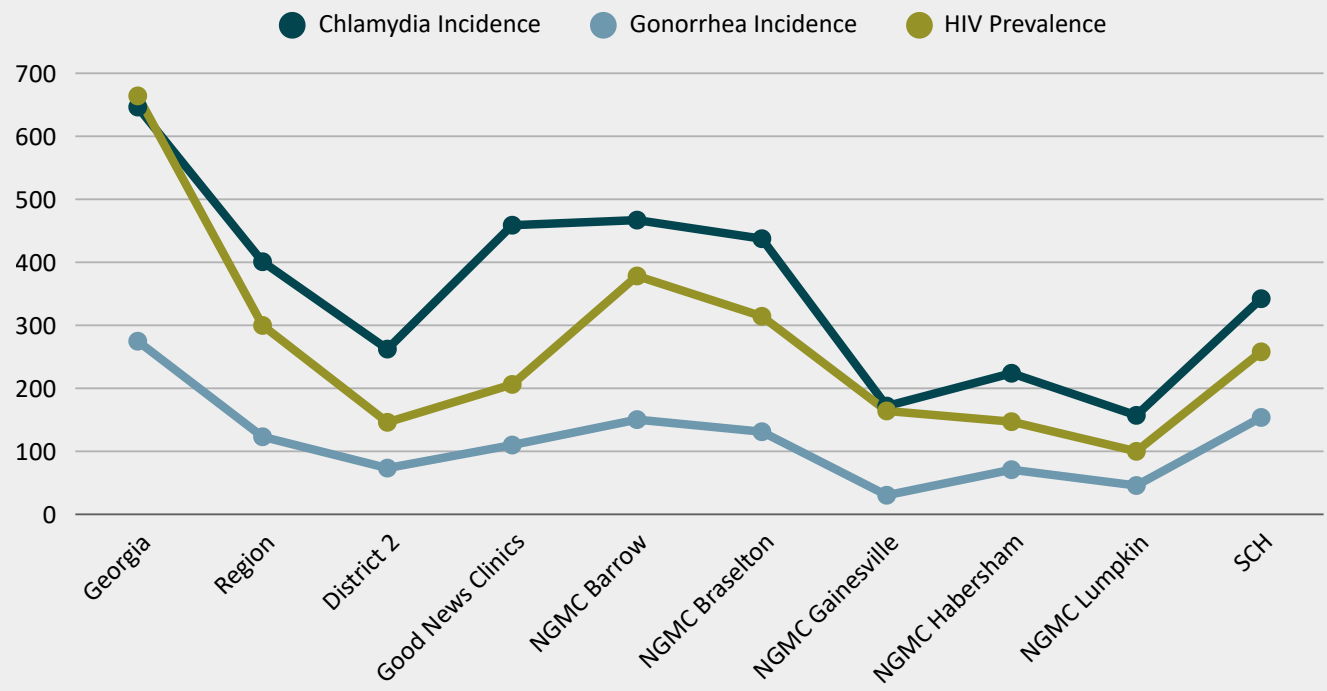
Healthy behaviors like diet, exercise, and sufficient sleep are crucial for overall well-being, but disparities exist in access and adoption of these behaviors across different populations. Factors like socioeconomic status, lack of access to healthy foods, and limited healthcare resources contribute to these disparities.

Racial and ethnic disparities exist in healthy behaviors, influencing factors like obesity, physical activity, diet, and access to healthcare. Additionally, certain ethnic groups may have different dietary patterns or alcohol consumption habits. These disparities can be attributed to various factors, including socioeconomic status, access to resources, and cultural beliefs.

Sexually Transmitted Diseases

Monitoring sexually transmitted diseases (STDs) is crucial for public health as it helps track trends, identify outbreaks, and assess the effectiveness of prevention and treatment efforts. Early detection and treatment of STDs are essential to prevent complications and transmission to others. Many STDs are asymptomatic, making regular testing and monitoring vital for identifying and managing infections before they cause significant health problems.

Figure 75 **Sexually Transmitted Diseases, for every 100,000 people, Northeast Georgia, 2023**



Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.

Sexually transmitted infections (STIs) and diseases are strongly influenced by social drivers of poor health. Lower socioeconomic status, including low income, unemployment, and lack of stable housing, is associated with increased STI risk and higher STI rates.

Limited access to quality healthcare and a lack of health insurance can hinder early detection, treatment, and prevention of STIs. Individuals with a history of incarceration are at higher risk for STIs due to factors like crowded living conditions, increased sexual activity, and reduced access to healthcare.

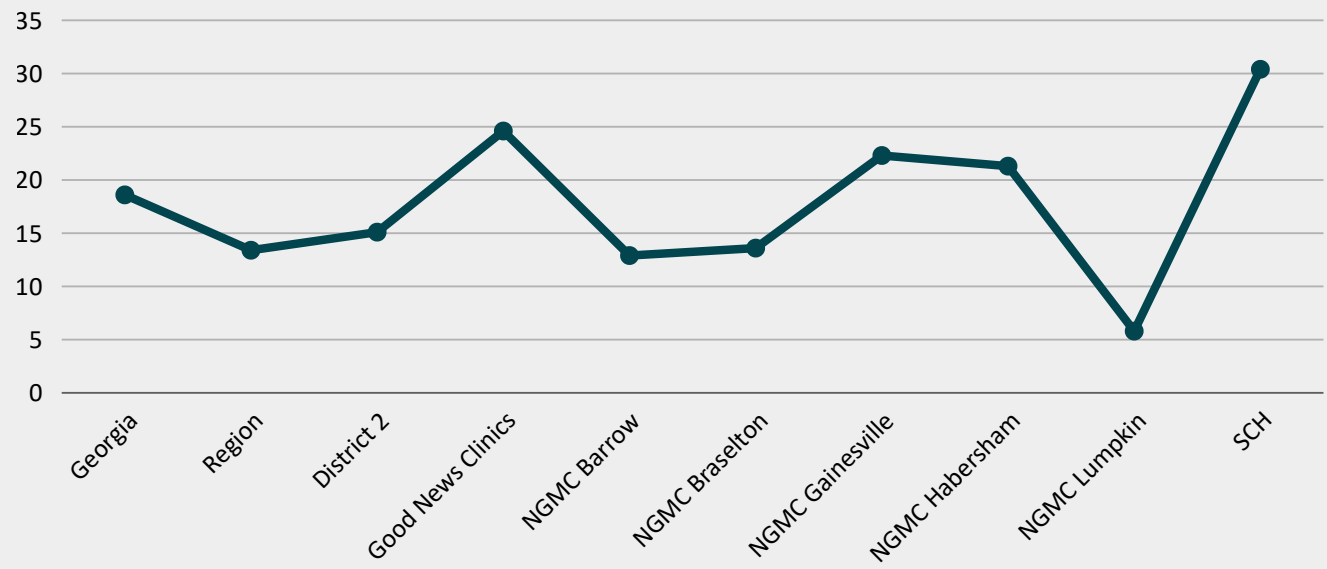
High-risk, low-income neighborhoods may have higher rates of HIV, syphilis, herpes simplex virus, chlamydia, and hepatitis B due to inequitable resource allocation and limited access to healthcare.

Strong social networks and a lack of social isolation can be protective factors against STI acquisition and transmission. To reduce high STI rates, public health strategies should focus on prevention through vaccination, consistent condom use, and regular STI testing. Public health initiatives can also improve prevention by increasing access to care, and integrating sexual health services into primary care, providing targeted education.

Teen Births

Teen births are important to study and understand because they are associated with significant social, health, and financial risks for teens, their families, and their communities. Teen mothers face a higher risk of complications during pregnancy and childbirth, including eclampsia, puerperal endometritis, and systemic infections. For this, we look at mothers aged 15 to 19 and rates of incidence for every 1,000 mothers.

Figure 76 **Teen Birth Rate, Northeast Georgia, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Teen mothers are less likely to complete high school and have fewer opportunities for higher education and employment.

Many teenage parents and their children rely on public assistance programs, often leading to long-term economic dependence.

Teenage pregnancy can perpetuate a cycle of poverty as it can limit educational and economic opportunities for both the mother and her children.

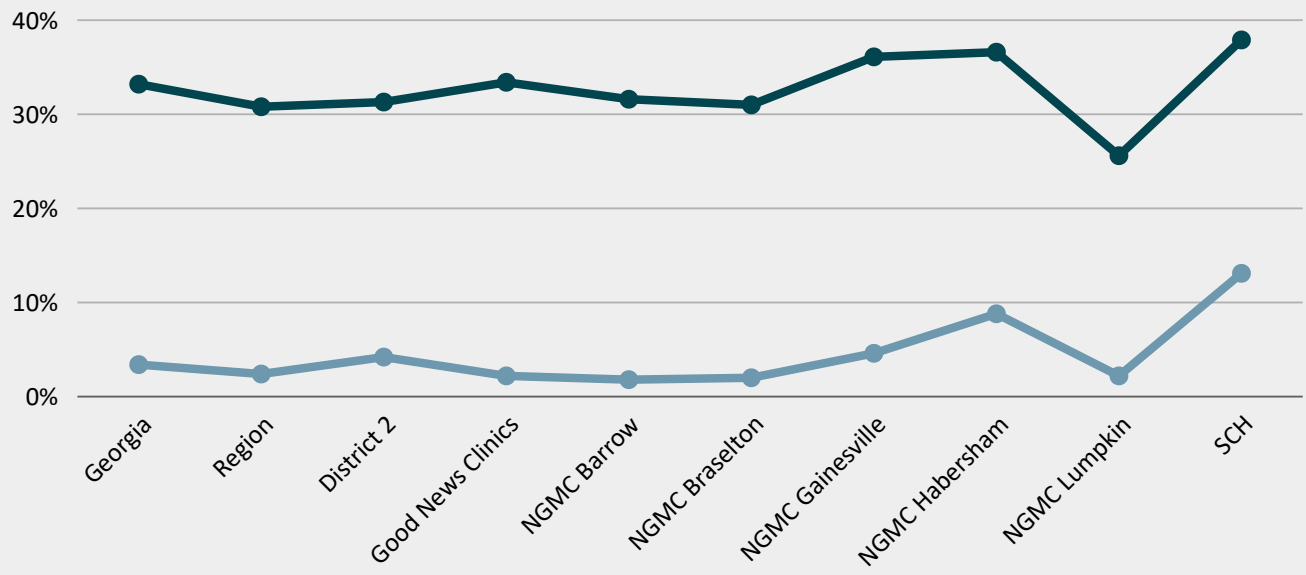
Teen mothers are at a higher risk of mental health problems, including postpartum depression and suicidal ideation.

Pregnancy Behaviors

Actions just before and during pregnancy can significantly impact outcomes for both the mother and baby. For example, pre-pregnancy obesity is important because it increases the risk of adverse health outcomes for both the mother and the baby, including gestational diabetes, preeclampsia, and complications during delivery, as well as potentially impacting long-term health risks for the child.

Smoking doubles the risk of abnormal bleeding during pregnancy and delivery. This is dangerous for the pregnant woman and her baby. Other complications include the premature rupture of membranes, placenta previa, placental abruption, and ectopic pregnancy.

Figure 77 **Pregnancy Behaviors, Northeast Georgia, 2020 to 2022**



Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau, 2020-2022.

Unhealthy behaviors in the region —such as smoking and obesity—tend to be on par with national trends, with rural areas often showing higher prevalence rates. For example, in the region, Stephens County Hospital's community has much higher rates for both smoking during pregnancy and pre-pregnancy obesity.

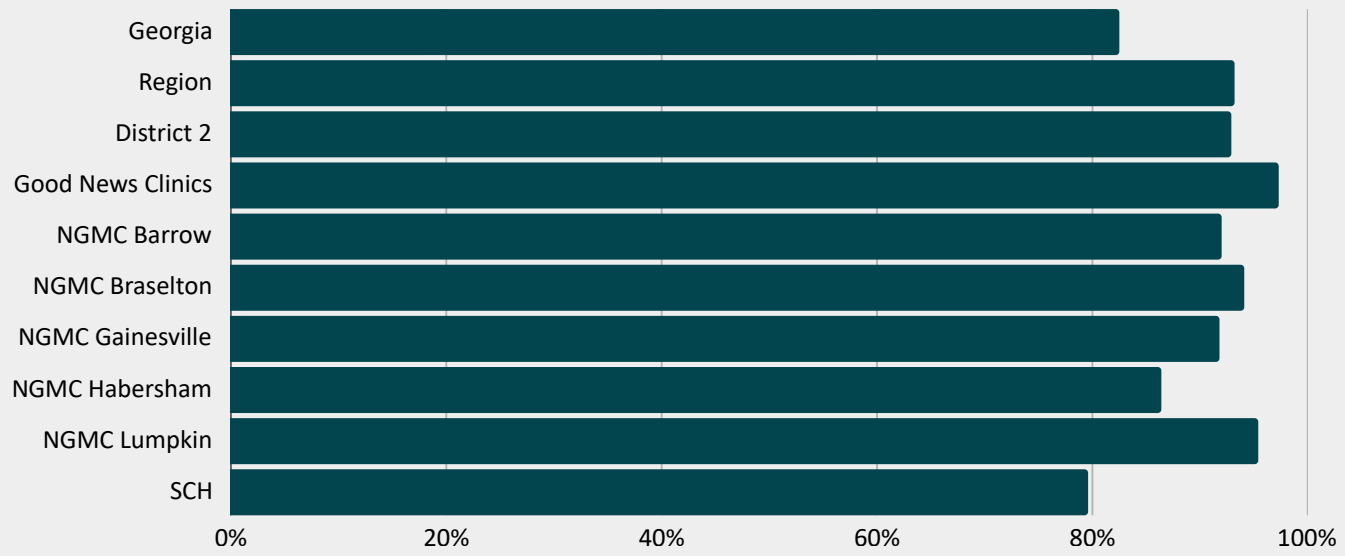
Unfortunately, delays in seeking care and risky health behaviors are linked to poorer outcomes, including preterm birth, low birth weight, and a higher risk of maternal complications or mortality. Pregnancy behaviors in Northeast Georgia can be shaped by structural barriers, delayed perinatal engagement, and behavioral risk factors that together heighten the risk of adverse maternal and infant outcomes.

Breastfeeding

Breastfeeding is vital for babies and mothers, offering numerous health benefits, including a stronger immune system for babies, reduced risk of certain diseases, and improved maternal health outcomes. Breastfed babies have a lower risk of developing conditions like asthma, obesity, type 1 diabetes, and sudden infant death syndrome (SIDS) in the long term.

Breastfeeding can also lower a mother's risk of developing breast and ovarian cancer. Breastfeeding has a demonstrated impact on a mother's mental health and well-being. Finally, breastfeeding saves money due to foregone pricey formula and long-term health costs.

Figure 78 **Breastfeeding Initiation Rates, Northeast Georgia, 2022**



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2022.

Breastfeeding rates in rural Northeast Georgia lag behind national averages, revealing stark disparities shaped by access, geography, and race. Mothers living in rural counties are significantly less likely to initiate breastfeeding—approximately 60%—compared to about 75% in urban Georgia, and fewer continue beyond eight weeks postpartum. These gaps are driven in part by limited access to trained lactation support in rural areas, as mothers report difficulty finding timely, culturally sensitive assistance—which contributes to feelings of pressure to breastfeed without adequate guidance.

Black mothers in Georgia face even deeper disparities. Statewide data show initiation rates of about 69% for non-Hispanic Black infants versus roughly 86% for non-Hispanic White infants, with exclusive breastfeeding at six months around 17% for Black infants compared to 30% for White infants.

Causes of Death

Causes of death within a community reveals important insights about the overall health, lifestyle, environment, and healthcare access of its residents. Whether it's heart disease, cancer, drug overdoses, accidents, or other conditions, we learn about health challenges facing that population.

For example, high rates of heart disease or diabetes may suggest poor access to healthy food, limited opportunities for physical activity, or gaps in preventive care. If a community has many deaths from drug overdoses or suicide, it may point to mental health or substance use struggles, as well as social or economic stressors. A high number of deaths from accidents could highlight safety issues or lack of infrastructure, like unsafe roads or poor housing conditions.

In Northeast Georgia, the leading causes of death reflect both chronic disease burdens and growing public health challenges. Heart disease remains the top cause of death across the region, followed closely by cancer—particularly lung, colorectal, and breast cancers. Other major contributors include stroke, chronic lower respiratory diseases (like COPD), diabetes, and Alzheimer's disease, all of which are more common in older adults and in communities with limited access to care.

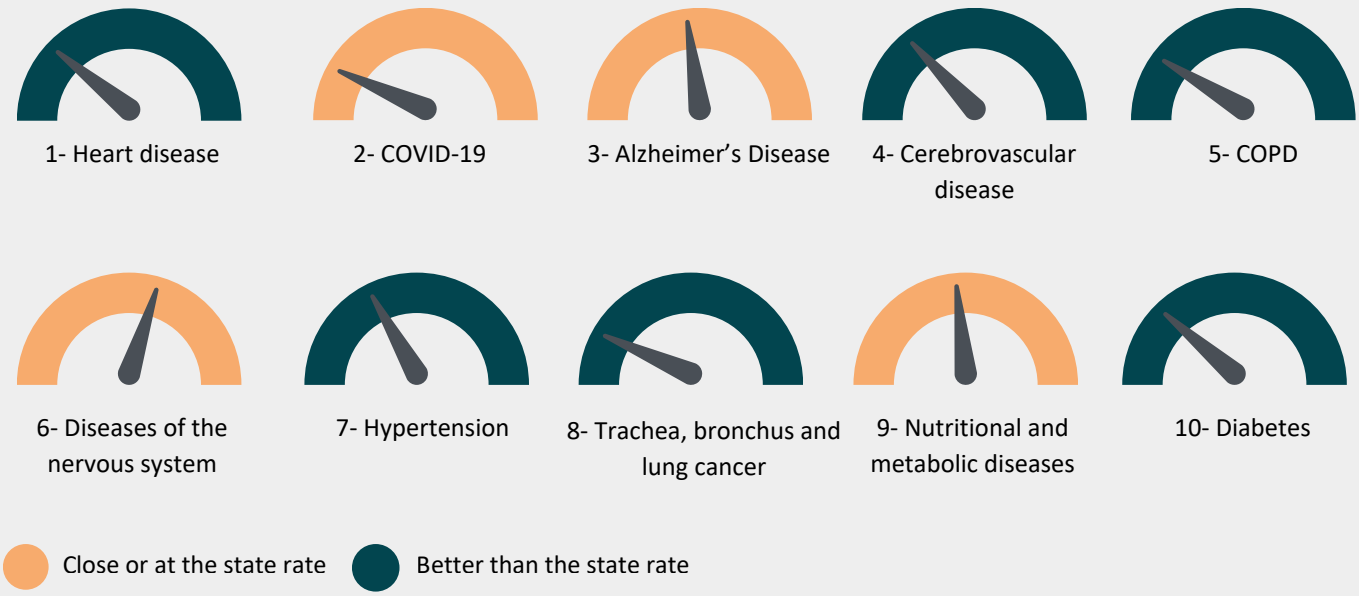
Unintentional injuries, including motor vehicle accidents and drug overdoses, are a leading cause of death among younger populations. Mental health and substance use issues have also contributed to a rise in suicide and overdose deaths, especially in rural areas.

These patterns are closely tied to social determinants such as poverty, education, insurance coverage, and availability of health services. **The overall mortality landscape in Northeast Georgia highlights the need for targeted prevention efforts, improved access to care, and investments in community health infrastructure.**

Causes of Death

Below are the ten leading causes of age-adjusted death between 2019 and 2023 for Northeast Georgia. The dials indicate how severe the rate is compared to the rest of the state. The further to the right the dial is, the more severe that issue is within the combined service area, as compared to Georgia overall.

Figure 79 **Top Ten Causes of Death, Northeast Georgia, 2019 to 2023**



Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Public Health, 2025.

When broken down by age, the leading causes of death shift.
Here is a list of the top causes of death by age group:

>1: Certain conditions originating in the perinatal period
1-4: Motor vehicle crashes
5-9: Motor vehicle crashes
10-14: Suicide
15-19: Motor vehicle crashes
20-24: Motor vehicle crashes
25-44: Accidental poisoning
45-74: Heart disease
75+: Alzheimer's disease

Causes of Death By Service Area

Below are the five leading causes of age-adjusted death between 2019 and 2023 for the individual service areas. Please note that Georgia provides this information only by county, so we limited the geographical footprint for three service areas to exclude counties that comprise only a small portion of their service area. An asterisk notes these service areas.

Figure 80 **Top Five Causes of Death, By Service Area, 2019 to 2023**

District 2 Public Health

1. Heart disease
2. COVID-19
3. Alzheimer's Disease
4. COPD
5. Cerebrovascular disease

Good News Clinics

1. Heart disease
2. COVID-19
3. Alzheimer's Disease
4. Hypertension
5. Cerebrovascular disease

NGMC Barrow*

1. Heart disease
2. COVID-19
3. COPD
4. Alzheimer's Disease
5. Cerebrovascular disease

NGMC Braselton

1. Heart disease
2. COVID-19
3. Cerebrovascular disease
4. Alzheimer's Disease
5. Hypertension

NGMC Gainesville*

1. Heart disease
2. COVID-19
3. Alzheimer's Disease
4. Hypertension
5. COPD

NGMC Habersham

1. Heart disease
2. COVID-19
3. Alzheimer's Disease
4. COPD
5. Trachea, bronchus, and lung cancer

NGMC Lumpkin*

1. Heart disease
2. COVID-19
3. Trachea, bronchus, and lung cancer
4. COPD
5. Cerebrovascular disease

Stephens County Hospital

1. Heart disease
2. COVID-19
3. COPD
4. Alzheimer's Disease
5. Cerebrovascular disease

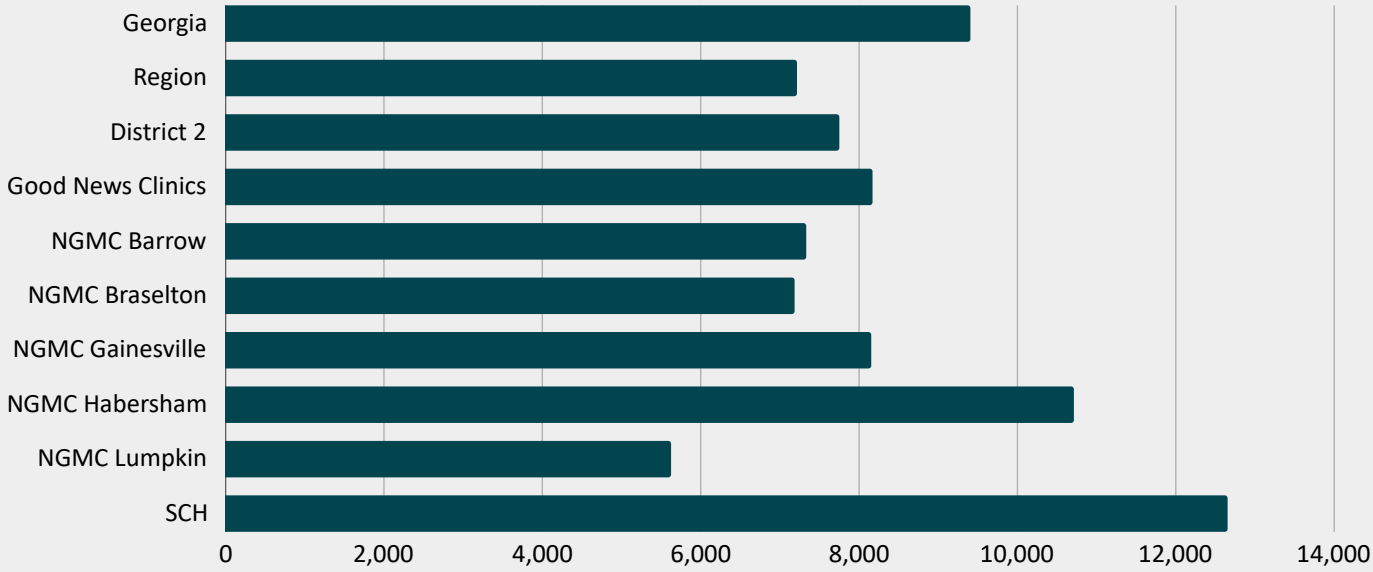
Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Public Health, 2025.

Premature Death

Years of Potential Life Lost (YPLL) measures the average number of years a person would have lived if they had not died prematurely. It's a metric used to quantify the impact of premature death on a population, highlighting the burden of specific diseases or injuries on a community. YPLL is calculated by subtracting the age at death from a predetermined age considered "premature," often 75.

A high YPLL means a greater burden of premature death, meaning more people are dying at younger ages. We care about premature death because it's about lost potential—people missing out on the chance to live full, meaningful lives. Premature death often points to bigger problems, like poor access to healthcare, unsafe living conditions, or social and economic inequalities. These are things we can and should fix. There's also a practical side to it: when people die young, especially in large numbers, it affects the economy—jobs are left unfilled, and healthcare and support costs rise.

Figure 81 **Years of Potential Life Lost, Northeast Georgia, 2022**



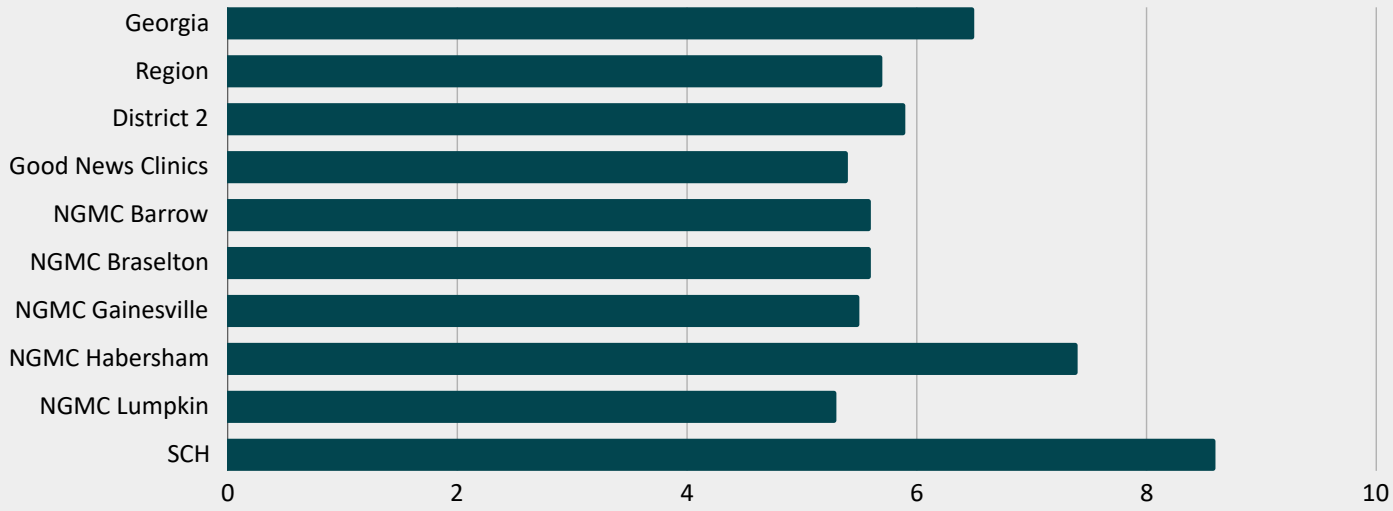
Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2020-2022.

Generally, most communities within the region have a premature death rate less than the state average. That said, Stephens County Hospital's community has a high rate, not surprising given its rural nature. **People in rural communities are more likely to die prematurely compared to those in urban areas.** This is often due to a combination of limited access to healthcare, higher rates of chronic diseases, and socioeconomic challenges. Rural areas tend to have fewer hospitals, longer travel times for medical care, and less availability of specialists, making it harder for people to receive timely and preventive treatment. Additionally, there are often higher rates of behaviors and conditions linked to early death, such as tobacco use, obesity, and untreated mental health issues. These factors create a cycle where rural residents face greater health risks and fewer resources to address them, leading to higher rates of premature death.

Infant Mortality

Infant mortality refers to the death of an infant before his or her first birthday, and the infant mortality rate is measured as the number of deaths per 1,000 live births. The leading causes of infant mortality are birth defects, prematurity, low birth weight, Sudden Infant Death Syndrome (SIDS), unintentional injuries, and complications during pregnancy. These issues can be caused or complicated b1y poverty, malnutrition, poor access to care, lack of prenatal care, or smoking, drinking, or doing drugs during pregnancy.

Figure 82 **Infant Mortality Rate, Per Every 1,000 Live Births, 2016 to 2022**



Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau, 2020-2022.

Racial and Ethnic Disparities

Infant mortality rates show significant disparities across racial and ethnic groups in the US, with Black infants experiencing a mortality rate 2.4 times higher than that of White infants. American Indian or Alaska Native and Native Hawaiian or other Pacific Islander infants also have a higher death rate.

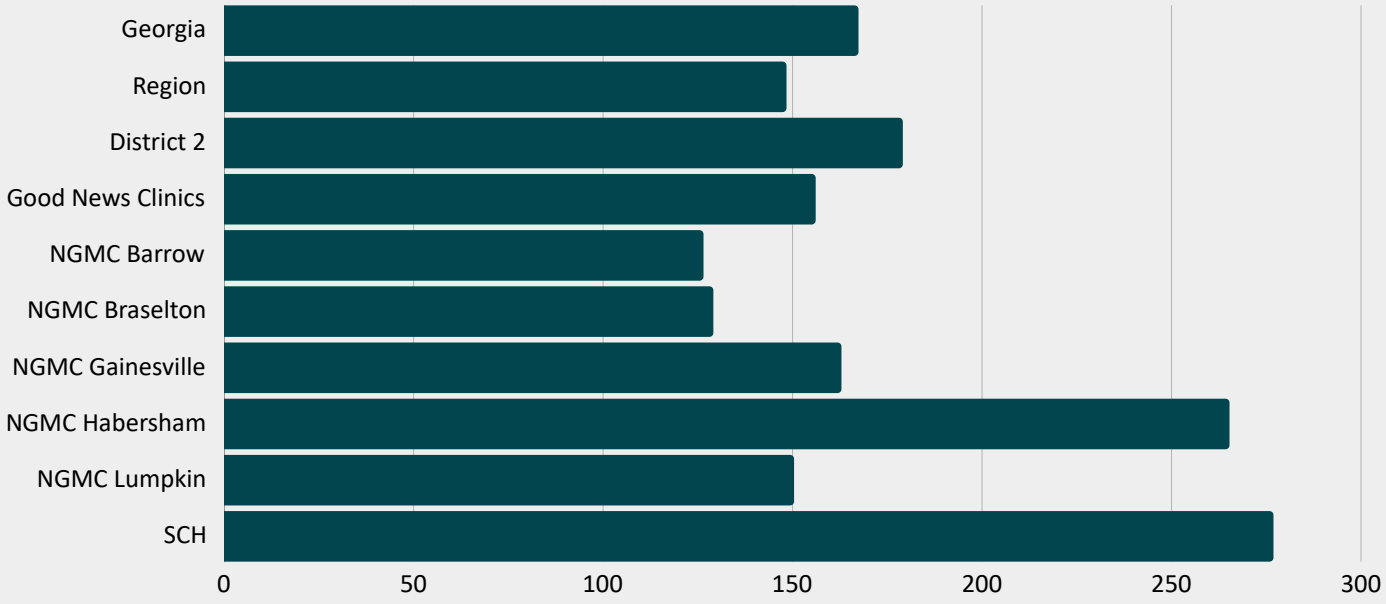
In Georgia, **Black infants experience significantly higher infant mortality rates compared to other racial groups.** Specifically, Black infants in Georgia have an infant mortality rate of about 9.6 per 1,000 live births. In contrast, Hispanic infants have a rate of 5.1, White infants have a rate of 5.0, and Asian/Pacific Islanders have a rate of 3.5. This disparity mirrors national trends.

Black families are disproportionately affected by poverty, which can lead to limited access to nutritious food, safe housing, and quality healthcare. Lower socioeconomic status can limit access to resources, including prenatal care and healthy lifestyles. Factors like where people live, access to transportation, and food insecurity can also contribute to disparities in infant mortality.

Deaths Due to Cancer

Between 2019 and 2023, nearly 15,000 people in Northeast Georgia died from cancer, resulting in a rate of 148.4 deaths for every 100,000 people.

Figure 83 **Cancer Death Rate, For Every 100,000 People, Northeast Georgia, 2019 to 2023**



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2019-2023.

Males are more likely to die from cancer than females. Between 2019 and 2023, and for every 100,000 people, about 207 males died from the disease, as compared to about 165 females. White populations were also more likely to die from cancer – 234 deaths for every 100,000 people in the service area for White populations, as compared to 155.3 deaths for Black populations and 36.4 deaths for Hispanic and/or Latino populations.

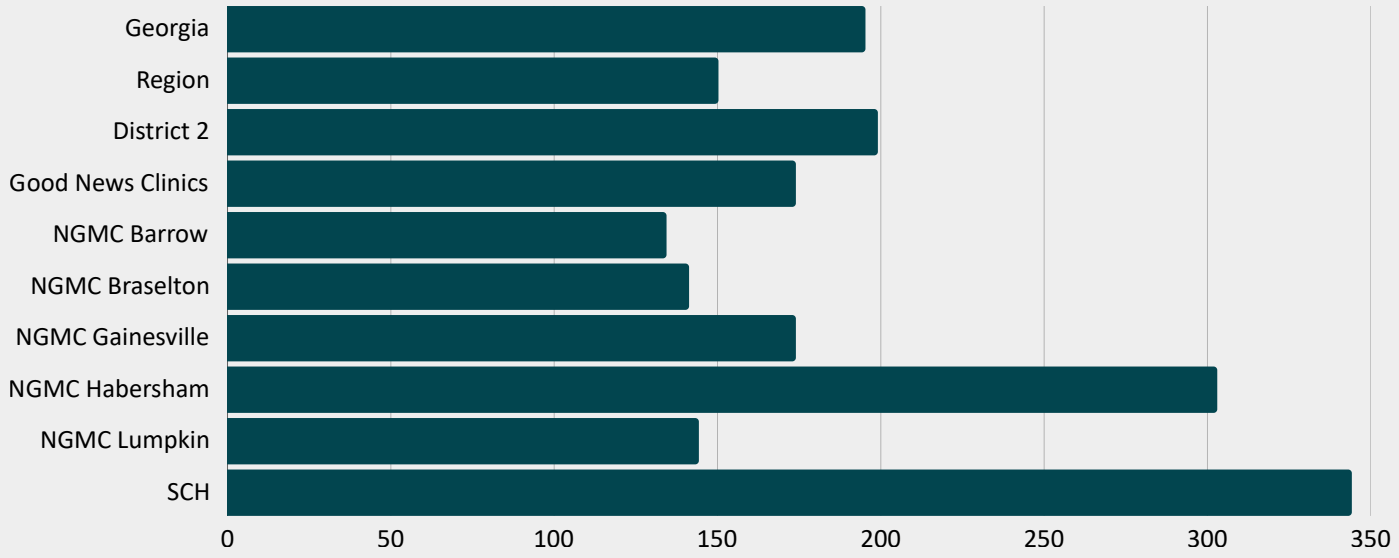
Income and socioeconomic status play a significant role in cancer outcomes, impacting diagnosis, treatment, and survival rates. Individuals with lower incomes often face higher healthcare costs, experience more financial hardship, and may receive delayed or inadequate cancer care compared to those with higher incomes.

Rural areas often experience higher cancer death rates than urban areas, even with fewer new cases, due to limited access to resources for prevention, screening, and treatment. This disparity is particularly evident in certain cancers like lung, colorectal, and cervical, which are preventable or detectable through early screening.

Deaths Due to Heart Disease

Heart disease is a major cause of death in Northeast Georgia's largely rural counties, reflecting persistent disparities in access to care, economic hardship, and population health behaviors. In Georgia overall, cardiovascular disease accounts for over 28,000 deaths per year—about one in three—and represents a major burden of preventable illness. Rural, high-poverty counties in the Southeast, like those in Northeast Georgia, face the highest age-adjusted cardiovascular death rates (~256 per 100,000), which is more than double those in low-poverty urban areas. These counties are often medically underserved—some lacking any physicians—in a state that has not expanded Medicaid, contributing to lower insurance coverage and delayed treatment.

Figure 84 **Cardiovascular Disease Death Rate, For Every 100,000 People, Northeast Georgia, 2019 to 2023**



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2019-2023.

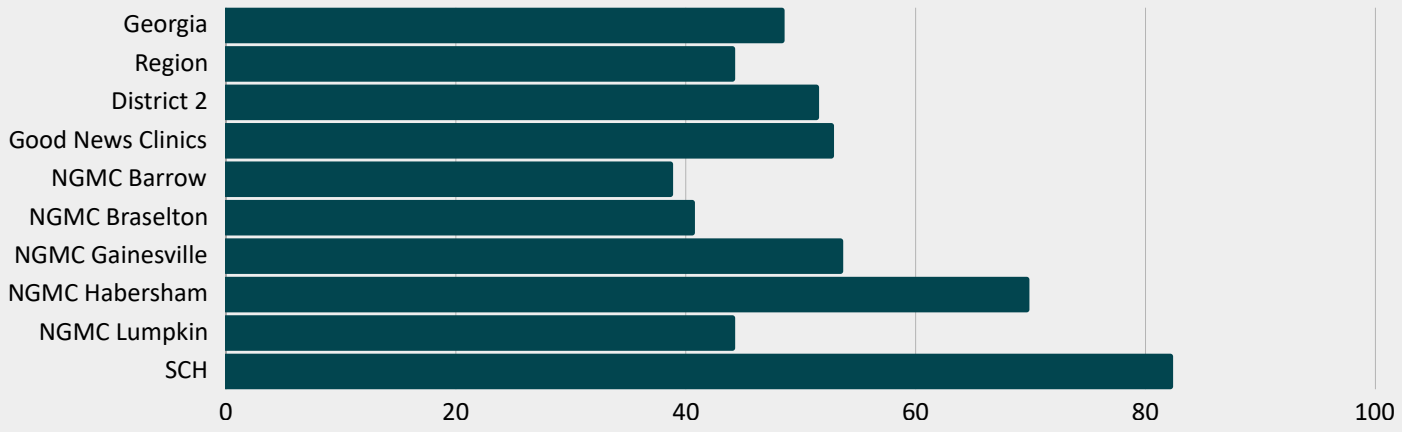
Social and environmental factors—including poverty, physical inactivity, poor diet, obesity, smoking, and limited access to routine screenings—further elevate risk. These determinants disproportionately affect rural Black populations, who experience even higher rates of heart failure and mortality due to heart disease. County-level analyses have found that heart disease is among the strongest contributors to years of potential life lost (YPLL) in rural Georgia, driven by underlying socioeconomic factors.

Despite declines in heart disease mortality nationally, rural Georgia has seen slower improvements, and during the COVID-19 era, the gap has widened: in 2022, about 56% of heart disease deaths in rural Georgia were considered "preventable"—significantly more than the 41% in urban areas. Together, these trends underline the urgent need for expanded primary care, preventive services, public health outreach, and structural investments to reduce heart disease deaths in Northeast Georgia.

Deaths of Despair

Deaths of despair are those due to intentional self-harm (suicide), alcohol-related disease, and drug overdose. These are generally tied directly to mental health. Between 2019 and 2023, about 980 people in the combined service area died from a death of despair.

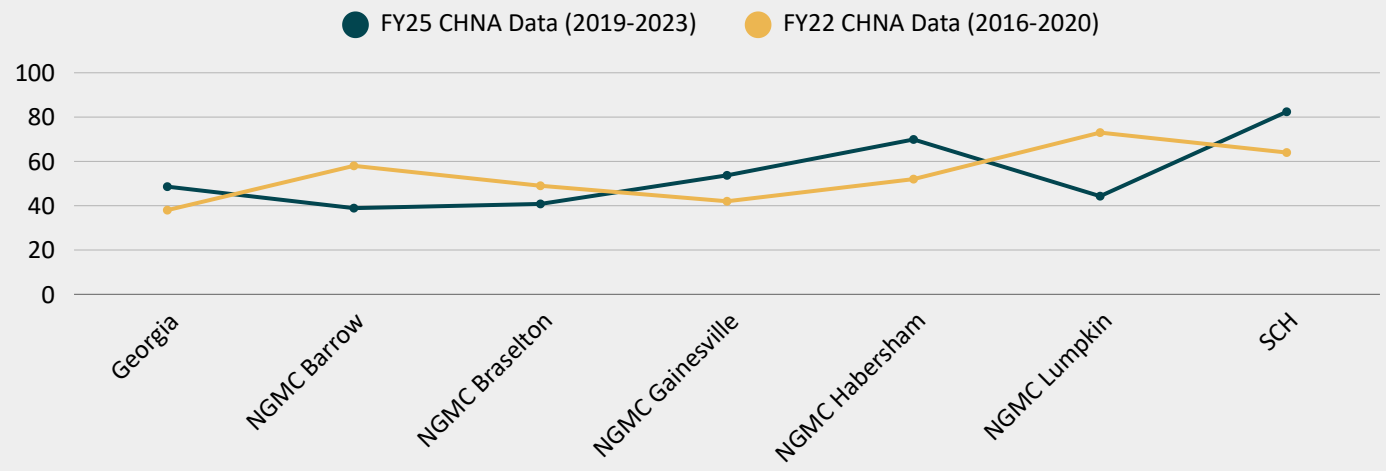
Figure 85 **Deaths of Despair, For Every 100,000 People, Northeast Georgia, 2019 to 2023**



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2019-2023.

When comparing to rates from the FY22 NEGA CHNA, which used data spanning 2016 to 2020, we see some sharp dips in these rates, such as in the communities served by NGMC Barrow, NGMC Braselton, and NGMC Lumpkin, and increases in the communities served by NGMC Gainesville, NGMC Habersham, and Stephens County Hospital. Please note we captured only hospital-based data in the FY22 published CHNA and there have been some changes to the service areas since then which could have an impact on the figures.

Figure 86 **Deaths of Despair Death Rate for Every 100,000 People, Northeast Georgia, Comparison**

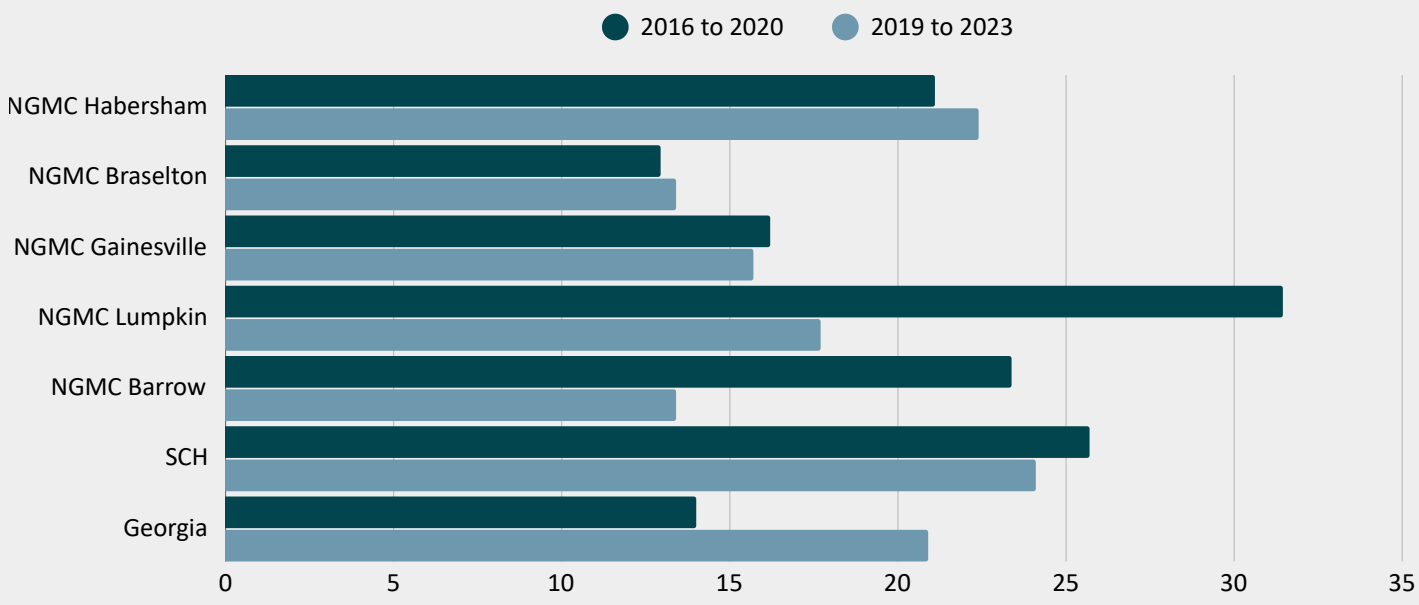


Sources: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2019-2023, and the FY22 Northeast Georgia Regional CHNA, 2022.

Suicide Deaths

This indicator reports the 2019-2023 five-year average rate of death due to cancer per 100,000 population. Between 2019 and 2023, nearly 15,000 people in Northeast Georgia died from cancer, resulting in a rate of 148.4 deaths for every 100,000 people. In comparison to data shown in the FY22 CHNA (2016 to 2020), suicide has fluctuating rates in different communities. Please note that we captured only hospital-based data in the FY22 CHNA and there have been some changes to the service areas since then which could impact the figures.

Figure 87 **Average Annual Suicide Death Rate, For Every 100,000 Deaths, Comparison**



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2019-2023.

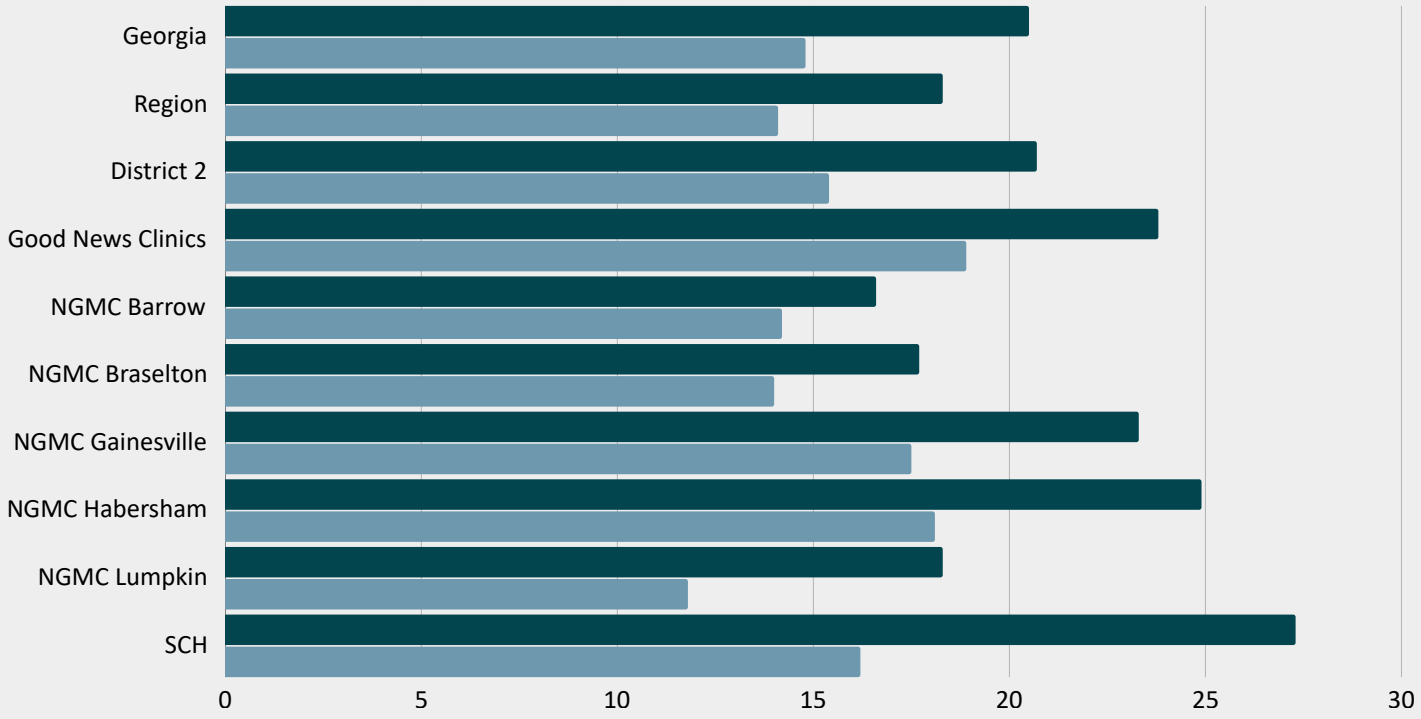
Suicide is a leading cause of injury-related deaths in Georgia; in 2022, there were 1,626 suicide-related deaths in Georgia. Males are more likely to die by suicide, though females attempt suicide more frequently. Firearms are the most common means of suicide death, followed by suffocation, drug poisoning, and other means. Suicide death rates are highest among people aged 25-44 years old. White individuals have the highest rates of suicide death, followed by Black or African American, Asian, and multiracial individuals.

Research consistently shows that **suicide rates are higher in rural areas compared to urban areas, and this disparity has been widening.** For instance, suicide rates nearly doubled in rural areas between 2000 and 2020. Rural areas face a severe lack of mental health professionals, including psychiatrists, psychologists, and psychiatric nurse practitioners, and this holds true in Northeast Georgia. Residents often have to travel long distances to access the limited services available, compounded by inadequate public transportation options. Rural populations tend to have lower incomes and higher rates of uninsured individuals, making what mental health services that are available less affordable. Finally, limited access to reliable broadband internet hinders the use of telehealth services, which could otherwise improve access to care.

Overdose Deaths

Drug overdoses are among the leading causes of injury deaths in Georgia, and they have increased dramatically in recent years. In the region, nearly 800 people died from a drug overdose between 2019 and 2023, resulting in a rate of 20.7 deaths for every 100,000 people, a figure on par with the state average and lower than the national average (20.5 and 29.1 deaths, respectively).

Figure 88 **Drug Overdose Death Rate, For Every 100,000 Deaths, Northeast Georgia, 2019 to 2023**



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2019-2023.

According to the National Institutes of Health (NIH), there is a strong correlation between drug overdoses and low socioeconomic status, including low incomes. In a 2024 study, NIH demonstrated how drug overdose deaths and substance-specific overdose deaths are higher in counties with higher income inequality, largely due to social drivers of health, such as poverty, unemployment, and lack of access to resources.

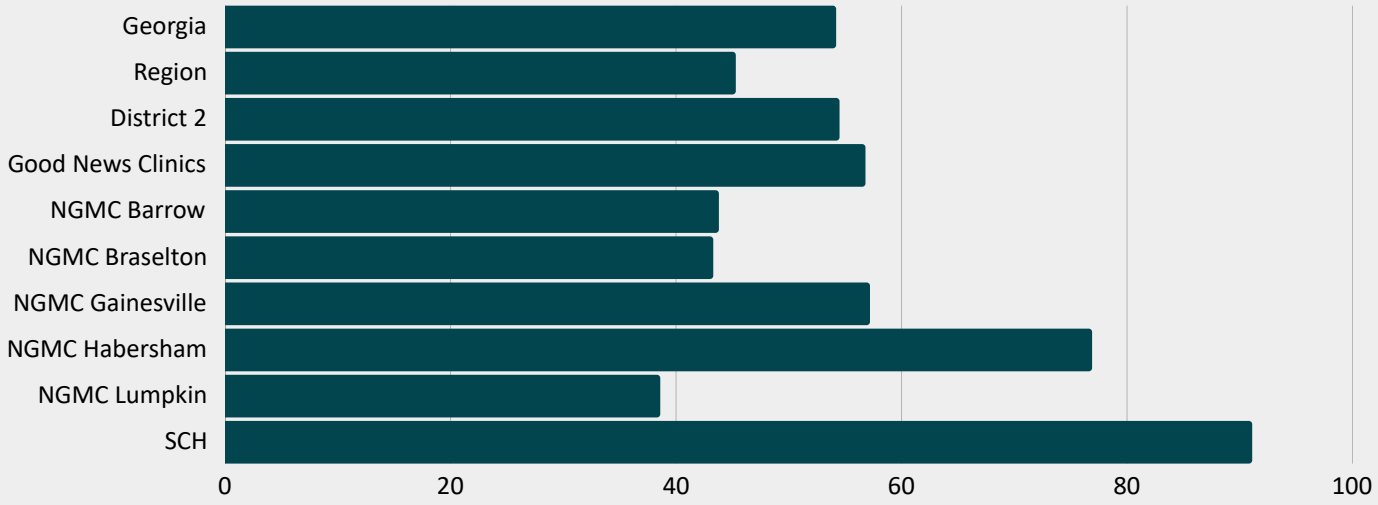
Why does this happen? Poverty can lead to increased stress, hopelessness, and mental health challenges, which may contribute to substance use as a coping mechanism. Limited access to resources: individuals with low incomes may have limited access to healthcare, mental health services, and substance use disorder treatment, hindering prevention and recovery efforts. Environmental factors: communities with higher poverty rates may be more likely to have higher rates of drug use and sales, increasing exposure and risk.

Unintentional Injury Death Rate

Unintentional injury is a leading cause of death and emergency department visits in Northeast Georgia, particularly affecting children, young adults, and older residents. These injuries include motor vehicle crashes, falls, drug overdoses, and workplace accidents, with rural areas often experiencing higher rates due to factors like limited trauma care access, longer emergency response times, and lower seatbelt or helmet use. Substance use—especially opioids and alcohol—also contributes to accidental injuries and poisonings in the region.

Older adults are at an increased risk for falls, which can lead to serious complications in areas with limited rehabilitation or in-home support services. Public health efforts focused on injury prevention, such as education campaigns, improved road safety, and community-based interventions, are important for reducing the toll of unintentional injuries and improving health outcomes in Northeast Georgia.

Figure 89 **Unintentional Injury Death Rate, For Every 100,000 Deaths, Northeast Georgia, 2019 to 2023**



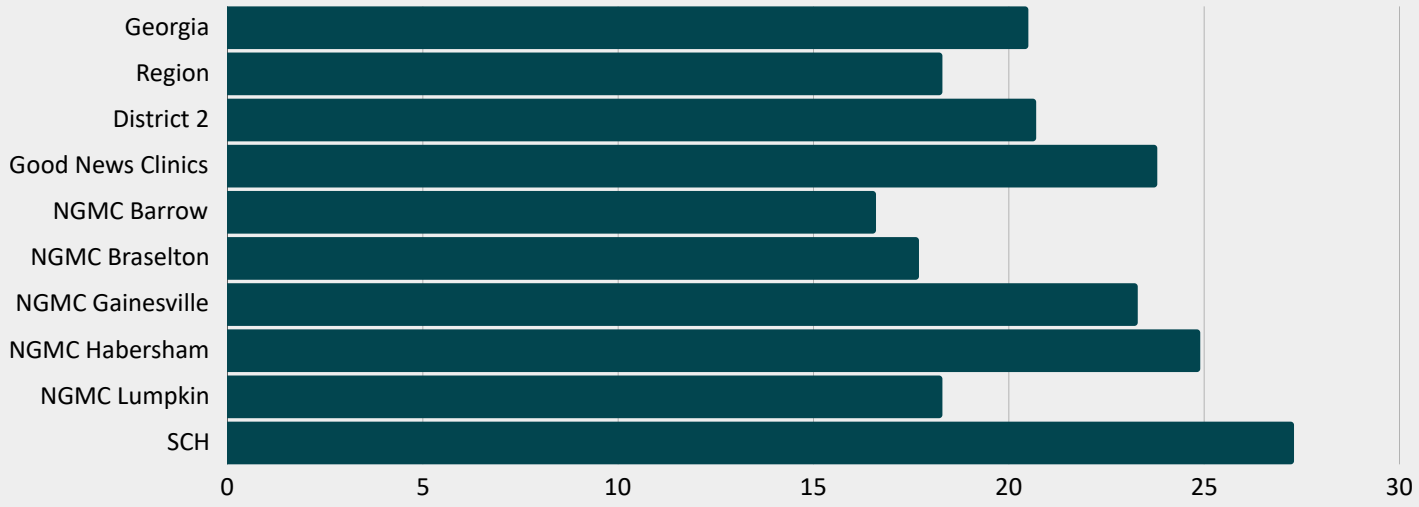
Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2019-2023.

Preventing unintentional injury deaths requires a combination of education, policy, environmental changes, and access to emergency care. Public awareness campaigns can promote safe behaviors like wearing seatbelts, using helmets, safely storing medications and firearms, and supervising children around water. In rural areas, improving road conditions, enforcing traffic laws, and increasing access to trauma care and emergency response services are critical. For older adults, fall prevention strategies—such as home safety assessments, balance training, and medication reviews—can reduce serious injuries. Addressing substance use through treatment programs and harm reduction strategies like naloxone distribution can also prevent overdose deaths. Ultimately, cross-sector collaboration between healthcare providers, schools, local governments, and community organizations is essential to create safer environments and reduce the burden of unintentional injury deaths.

Deaths Due to Alzheimer’s Disease

Alzheimer's disease is a progressive and neurodegenerative brain disorder that gradually damages memory, thinking skills, and other cognitive functions. Alzheimer’s disease consistently ranks among the top causes of death within the service area.

Figure 90 **Alzheimer’s Disease Death Rate, For Every 100,000 Deaths, Northeast Georgia, 2023**



Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, 2019-2023.

Alzheimer’s disease has surged in Georgia; statewide, deaths attributed to Alzheimer’s have increased by over 200% since 2000, making it the sixth-leading cause of death in the state, with roughly 3,700+ deaths annually as of 2015. By 2017, that figure reached about 4,298 deaths and continued to rise, far outpacing the national average.

National analyses show that rural Southern counties—especially those in states like Georgia—see significantly higher age-adjusted mortality rates from Alzheimer’s in people aged 65+, averaging around 274 deaths per 100,000, compared to as low as 86 per 100,000 in more urban regions). Given Northeast Georgia’s largely rural landscape, it experiences mortality rates closer to these elevated levels.

In Northeast Georgia—and especially the parts that are rural—Alzheimer’s disease is contributing to a rising share of deaths, especially among older adults. The region likely faces higher-than-average mortality rates due to limited healthcare access and socioeconomic challenges. State trends suggest that Alzheimer’s is becoming a growing public health concern, warranting expanded diagnostic, caregiving, and preventive support for older populations in these rural communities.

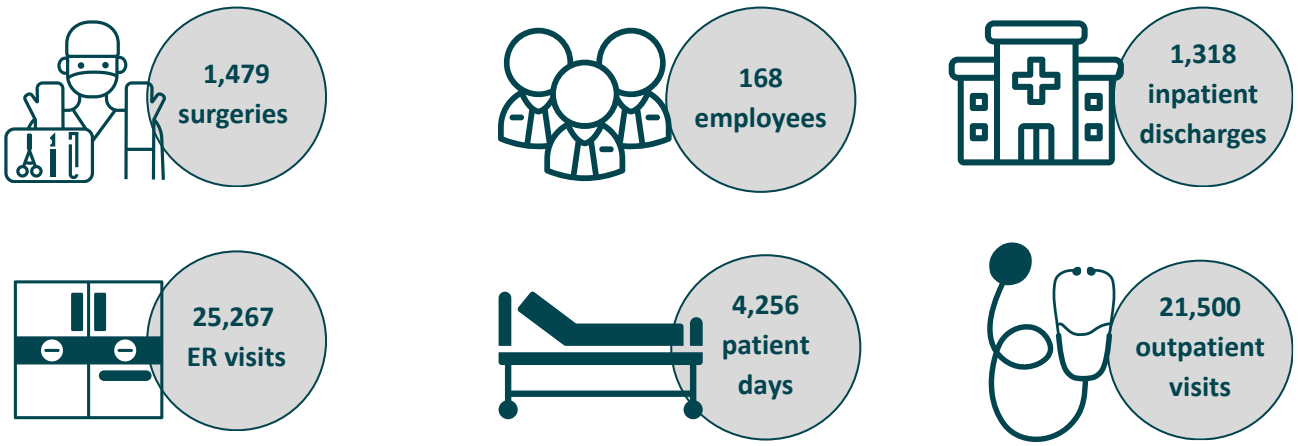
Partner Hospitals Overview

About NGMC Barrow

NGMC Barrow joined NGHS in 2017 and is the 56-bed community hospital offering 24/7 emergency care, surgical services, orthopedics, heart services, advanced imaging and lab, pulmonary rehabilitation, and wound healing. The hospital is accredited as a Primary Stroke Treatment Center (DNV) and has earned Stroke Gold Plus and Elite Honor Roll recognition from the American Heart Association. Its emergency department is state-designated as a Level 3 Emergency Cardiac Care Center and a Level 3 Pediatric Readiness Center.

For more information, see Appendix 9, Hospital Fact Sheets.

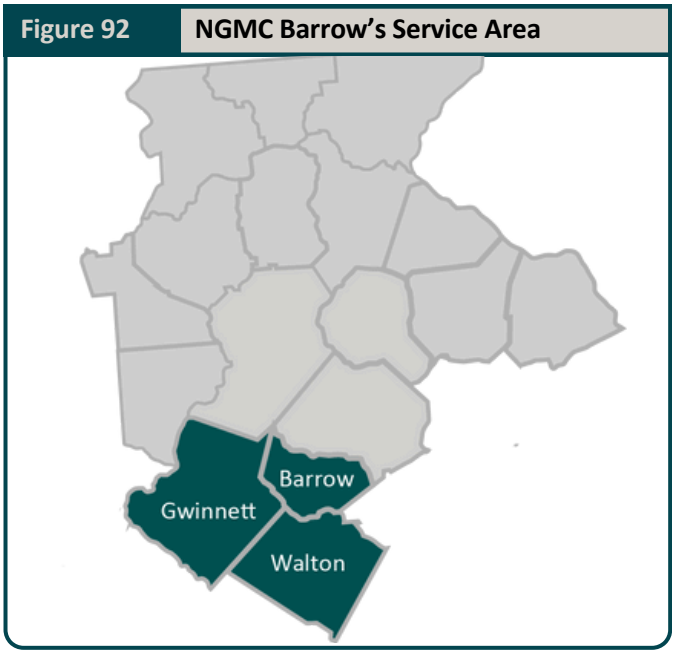
Figure 91 **Key Statistics About NGMC Barrow, FY24**



Source: Northeast Georgia Health System, 2025.

About NGMC Barrow's Service Area

Figure 92 NGMC Barrow's Service Area



NGMC Barrow's service area encompasses parts of Barrow, Gwinnett, and Walton counties. More than 458,000 people lived in the service area annually on average between 2019 and 2023, according to the US Census Bureau. The service area is almost evenly split between male and female populations, with a slight tilt towards females. While the majority of the population lived in an urban setting, others, specifically within Barrow and Walton counties lived in rural areas – nearly 17 percent for the full service area.

About 26.1% of the population was 17 or younger, 62.0% were between the ages of 18 and 64, and 11.9% were 65 or older, annually on average between 2019 and 2023. White and Black populations tended to be older, and Hispanic or Latino populations generally were younger. For example, the percent of teens and children aged 17 or younger jumps to 33.8% of the population when looking just at Hispanic or Latino groups.

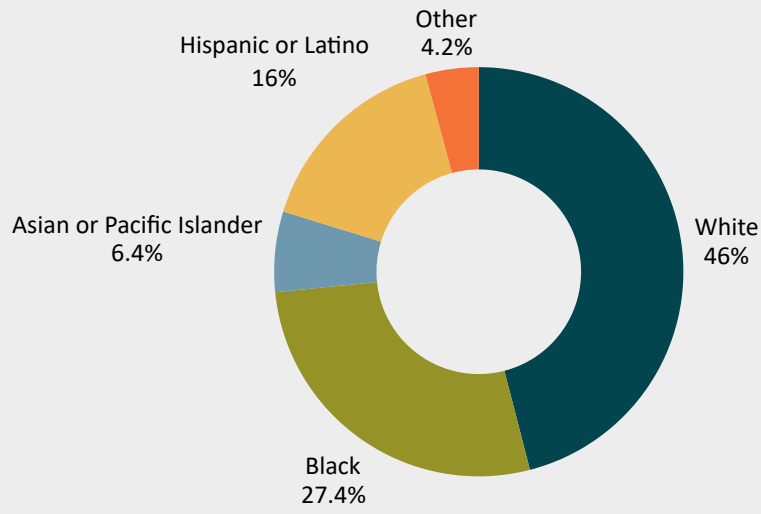
Minority Populations

The population overall is growing, with a 20.7% increase between 2010 and 2020. Minority populations led to this growth, with a 60.3% increase in Hispanic and Latino populations, a 56.4% increase in Asian populations, and a 51.2% increase in Black populations, as compared to a decrease of 5.3% in White populations.

The majority of foreign-born populations come from, in order of prevalence, Mexico (15.12%), Ethiopia (11.3%), Korea (8.4%), Egypt (8.2%), and Taiwan (8.2%).

About 3.5% of the total population was linguistically isolated, meaning no household member fourteen years old and older speaks English at home. Spanish is by far the most common other language spoken or read, other than English, at approximately 13.2%. The other most prominent language was Vietnamese, with 1.3% of the population speaking the language at home.

Figure 93 % of Population by Race and Ethnicity, 2019 to 2023



Source: US Census Bureau, American Community Survey, 2019-2023.

About NGMC Braselton

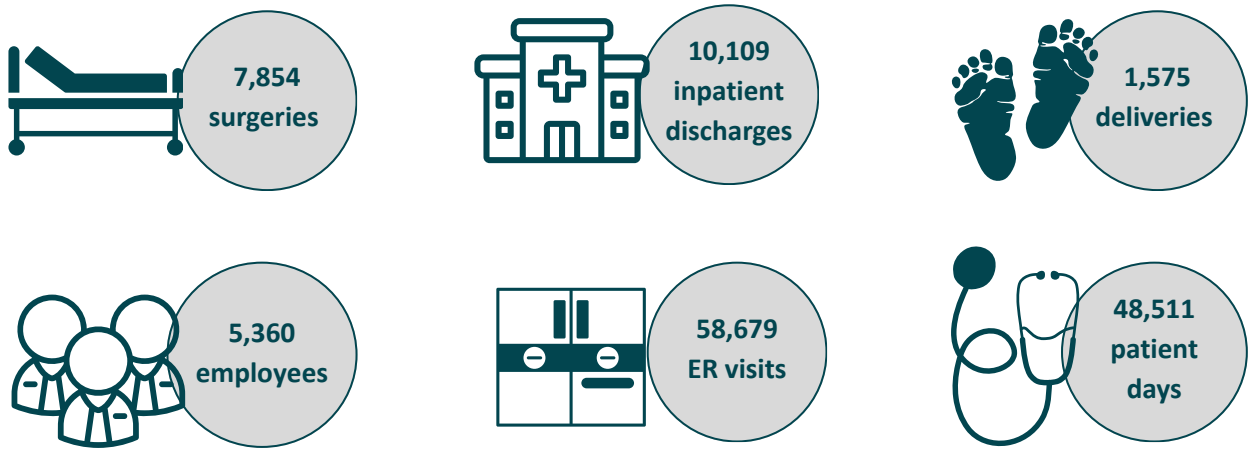
NGMC Braselton opened in 2015. The 188-bed hospital provides:

- Cancer treatment and surgery
- Emergency services
- Neurosciences
- Pediatric emergency services
- NICU care
- Heart services and more

The 119-acre Braselton campus is also home to Medical Plaza B, which houses several specialty physician offices, a resource center, and cardiopulmonary rehabilitation. Additionally, Medical Plaza 1, which houses an urgent care center, imaging center, endoscopy suite, outpatient lab, therapy services, and more than 20 physician offices.

For more information, see Appendix 9, Hospital Fact Sheets.

Figure 94 **Key Statistics About NGMC Braselton, FY24**



Source: Northeast Georgia Health System, 2025.

About NGMC Braselton's Service Area

Figure 95 NGMC Braselton's Service Area

NGMC Braselton's service area is located in Jackson County, with parts of Banks, Barrow, Gwinnett, and Hall counties. Approximately 361,400 people lived in the service area on average annually between 2019 and 2023, according to the US Census Bureau. The service area is almost evenly split between male and female populations.

Approximately 84.7% of the population resided in an urban setting, particularly in the areas of Gwinnett County. Of the rural communities, service communities within Banks County tended to be the most rural. Throughout the service area, about 26.1% of the population was 17 or younger, 60.1% were between the ages of 18 and 64, and 13% were 65 or older, annually on average between 2019 and 2023.

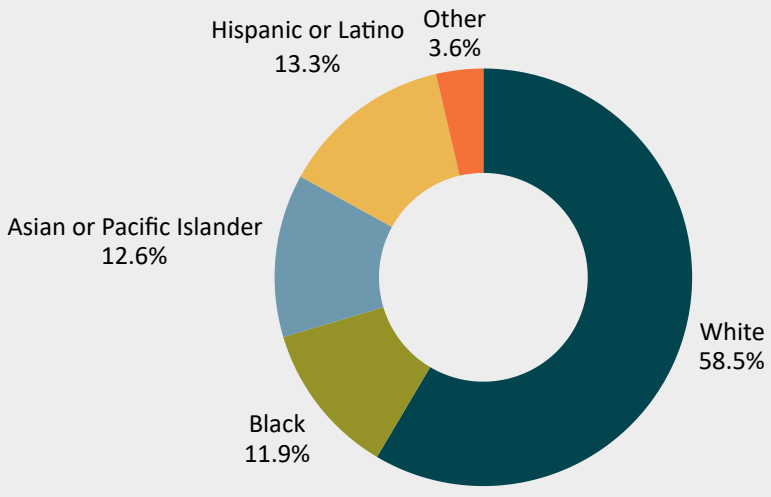
Growth and Minority Populations

The population is growing, with a 26.8% total increase between 2010 and 2020. Minority populations led this growth, with a 101.9% increase in Asian populations, a 55.6% increase in Hispanic or Latino populations, a 54.0% increase in Black populations, as compared to 6.2% growth in White populations.

Of those populations born in another country, they came from, in order of prevalence: Korea (16.2%), India (13.8%), Mexico (13.1%), Afghanistan (9.2%), and Laos (8.9%).

Approximately 9.5% of the total population were linguistically isolated, meaning no household member fourteen years old and older speaks English at home. Spanish is by far the most common other language spoken or read, other than English. Korean was the next top language spoken, with about 3.8% of the population speaking Korean primarily at home.

Figure 96 % of Population by Race and Ethnicity, 2019 to 2023



Source: US Census Bureau, American Community Survey, 2019-2023.

About NGMC Gainesville

Northeast Georgia Medical Center Gainesville is the 653-bed flagship hospital of Northeast Georgia Health System. Since opening in 1951, NGMC Gainesville has grown to offer capabilities in care such as:

- Emergency services
- Women & Children's Pavilion with Level III Neonatal Intensive Care Unit (NICU)
- Level 2 Pediatric Readiness Center with specialized pediatric emergency and inpatient services
- 28 operating rooms

NGMC Gainesville is the only Level I Trauma Center in Northeast Georgia, handling over 1,400 trauma patients annually. It also offers advanced stroke care and treatment, a Labor and Delivery Unit, Laurelwood Behavioral Health, a 54-bed inpatient behavioral health facility, and more. The hospital recently completed construction of the Green Tower, a new patient tower that expands capacity and allows for future growth.

For more information, see Appendix 9, Hospital Fact Sheets.

Figure 97 **Key Statistics About NGMC Gainesville, FY24**

Source: Northeast Georgia Health System, 2025.

About NGMC Gainesville's Service Area

Figure 98 NGMC Gainesville's Service Area

NGMC Gainesville's service area includes Hall County and parts of Banks and Jackson counties. On average, nearly 216,000 people lived in the service area annually between 2019 and 2023, according to the US Census Bureau. The service area is almost evenly split between male and female populations. While the majority of the population resides in an urban setting, such as Gainesville and its surrounding suburbs. Some areas are considered rural, particularly within Jackson and Banks counties.

Nearly a quarter of the population was 17 years old or younger, almost 60% were between the ages of 18 and 64, and 16% were 65 years old or older, with an average annual count between 2019 and 2023.

White and Black populations tended to be older, while Hispanic or Latino populations were generally younger. For example, the percentage of teens and children aged 17 or younger jumps to 34.4% of the population when looking just at Hispanic or Latino groups.

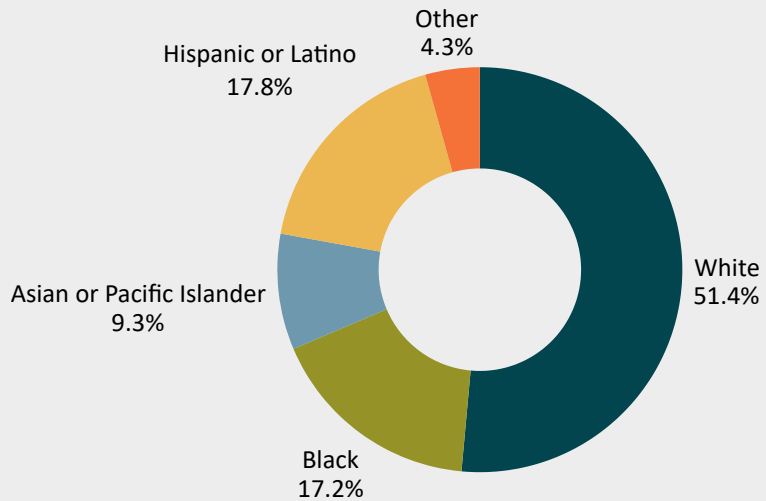
Minority Populations

The population is growing, with a 13% increase between 2010 and 2020. Minority populations led this growth, with a 75.7% increase in Asian populations, a 37.2% increase in Black populations, and a 36.4% increase in Hispanic or Latino populations, as compared to less than 1% growth in White populations.

The majority of Hispanic or Latino populations come from, in order of prevalence, Mexico (52.3%), El Salvador (10.2%), Guatemala (4.5%), Honduras (4.0%), and Cuba (2.9%). The majority of Asian populations come from, in order of prevalence, Vietnam (2.9%), the Philippines (2.1%), and Korea (1.2%).

Nearly 5% of the total population are linguistically isolated, meaning no household member fourteen years old and older speaks English at home. Spanish is by far the most common other language spoken or read, other than English.

Figure 99 % of Population by Race and Ethnicity, 2019 to 2023



Source: US Census Bureau, American Community Survey, 2019-2023.

About NGMC Habersham

NGMC Habersham is a 137-bed community hospital in Demorest serving patients across Habersham and surrounding counties. Part of Northeast Georgia Health System since July 2023, the hospital provides a range of inpatient and outpatient services, including emergency care, imaging, intensive care, and rehabilitation. It offers:

- Five operating rooms
- Emergency services
- Stroke care
- Orthopedics
- Heart services
- Internal medicine

The hospital is also home to specialty clinics offering cardiology, general surgery, orthopedics, pulmonology, and other key services.

For more information, see Appendix 9, Hospital Fact Sheets.

Figure 100 **Key Statistics About NGMC Habersham, FY24**

Source: Northeast Georgia Health System, 2025.

About NGMC Habersham's Service Area

Figure 101 NGMC Habersham's Service Area

NGMC Habersham's service area includes parts of Banks, Habersham, Stephens, Towns, Union, and White counties. On average, nearly 168,700 people lived in the service area annually between 2019 and 2023, according to the US Census Bureau. The service area was almost evenly split between male and female populations, with the numbers tilting towards the males. The service area is primarily rural, with approximately 81.1% of the population residing within designated rural areas, including all of Towns, Union, and White counties.

Approximately 19% of the population was 17 years old or younger, nearly 57% were between the ages of 18 and 64, and 24% were 65 years old or older, on average between 2019 and 2023. White and Black populations tended to be older, while Hispanic or Latino populations were generally younger.

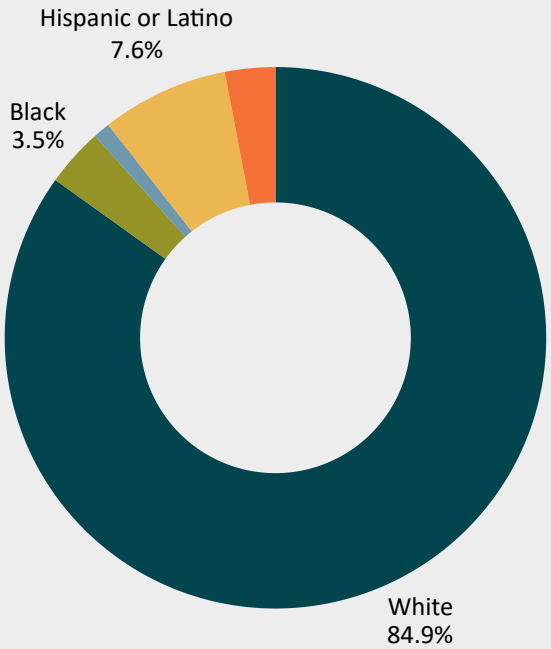
Growth and Minority Populations

The population is declining, with a 6.4% decrease between 2010 and 2020. That said, minority populations grew, with increases of 30.0% in Hispanic or Latino populations, 10.5% in Asian populations, and 9.2% in Black populations, compared to a growth of only 1.4% in White populations. Even so, the service area is still predominantly White.

The majority of foreign-born populations came from, in order of prevalence, Bangladesh (7.9%), Denmark (7.8%), Mexico (4.4%), Uganda (2.3%), and Belize (2.0%).

About 1.1% of the total population was linguistically isolated, meaning no household member fourteen years old and older speaks English at home. Spanish is by far the most common other language spoken or read, other than English.

Figure 102 % of Population by Race and Ethnicity, 2019 to 2023



Source: US Census Bureau, American Community Survey, 2019-2023.

About NGMC Lumpkin

NGMC Lumpkin provides inpatient and outpatient care, emergency services, imaging, and laboratory services. The emergency department operates 24/7 and is supported by a helipad for quick transport. The hospital includes medical office space for primary and specialty care providers and is connected to Northeast Georgia Health System's network of hospitals and physicians.

In 2019, Northeast Georgia Medical Center Lumpkin opened on the site of the old Chestatee Regional Hospital in Dahlonega, bringing emergency care and inpatient hospital services of Northeast Georgia Health System to Lumpkin County while the system developed a replacement facility on 57 acres along Georgia 400, just south of Highway 60. The new facility opened in 2024 and expanded services to include surgery.

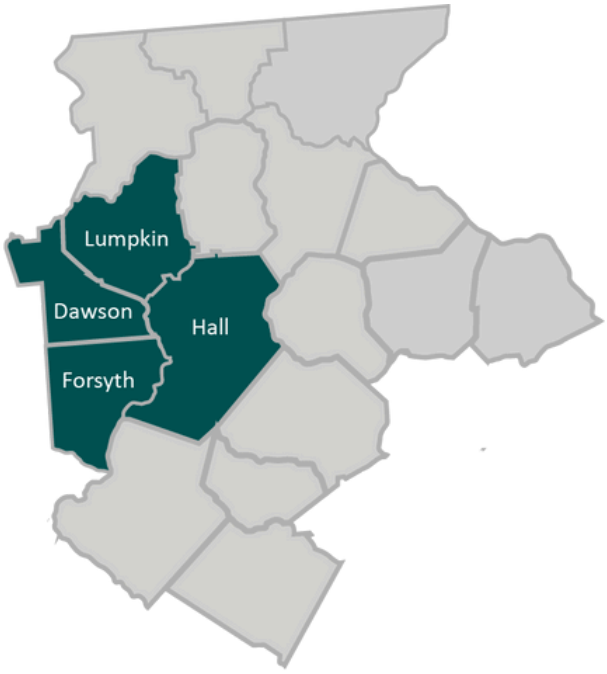
For more information, see Appendix 9, Hospital Fact Sheets.

Figure 103 **Key Statistics About NGMC Lumpkin, FY24**

Source: Northeast Georgia Health System, 2025.

About NGMC Lumpkin's Service Area

Figure 104 NGMC Lumpkin's Service Area



NGMC Lumpkin's service area includes Dawson and Lumpkin counties, and parts of Forsyth and Hall counties. Approximately 259,140 people resided in the service area on average each year between 2019 and 2023, according to the US Census Bureau. The service area is almost evenly split between male and female populations. While the majority of the population lives within an urban setting – about 74.4% – other areas are within a designated rural area, especially within Lumpkin County.

About 25% of the population was under the age of 18, 61% were between the ages of 18 and 64, and the rest were over the age of 65. Older populations tend to live in the more rural parts of the counties. They also tended to be White, whereas younger populations were more diverse.

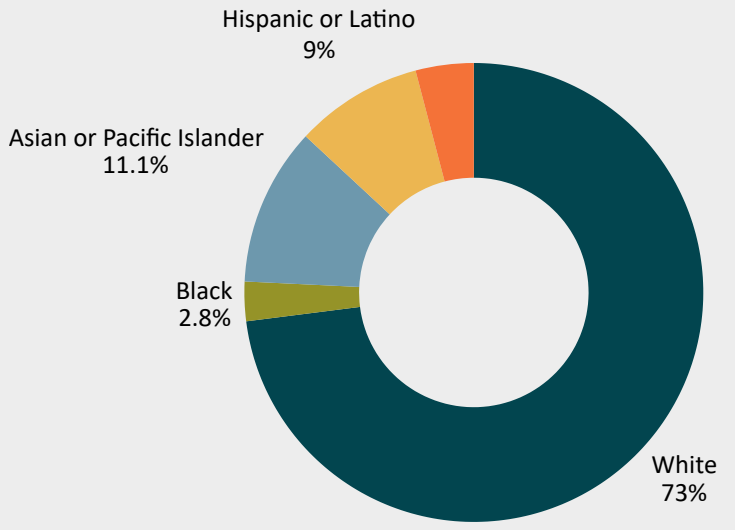
Growth and Minority Populations

The population is growing, with a 35.1% increase between 2010 and 2020. Minority populations led to this growth, with a 331.6% increase in Asian populations, a 139.2% increase in Black populations, and a 54.6% increase in Hispanic or Latino populations, as compared to a 14.1% growth in White populations. Even so, the service area is still predominately White.

The majority of foreign-born populations come from, in order of prevalence, El Salvador (4.5%), India (4.1%), Japan (1.6%), Morocco (1.3%), and Mexico (1.2%).

About 4.8% of the total population were linguistically isolated, meaning no household member fourteen years old and older speaks English at home. Spanish is by far the most common other language spoken or read, other than English. Asian and Pacific Island languages were the second top languages spoken at home within the service area.

Figure 105 % of Population by Race and Ethnicity, 2019 to 2023



Source: US Census Bureau, American Community Survey, 2019-2023.

About Stephens County Hospital

Stephens County Hospital is a 96-bed acute care facility located in Toccoa, serving the local community since 1937. Originally built on Boulevard Street, the hospital relocated to its current site in 1967, having expanded to include emergency care, surgery, orthopedics, rehab, imaging, and wound care. The hospital also offers swing-bed rehabilitation, therapy services, and community programs, including diabetes education and in-home paramedicine visits.

The emergency room includes 16 treatment beds designated for trauma, OB/GYN, behavioral health, and general medical needs. With 24/7 emergency coverage and a focus on continuity of care, the hospital continues to support patients and families across Stephens County and surrounding areas.

Figure 106 **Key Statistics About Stephens County Hospital, 2024**

Source: Stephens County Hospital, 2025.

About Stephens County Hospital's Service Area

Figure 107 Stephens County Hospital's Service Area

Stephens County Hospital's service area includes Stephens and Franklin counties. Nearly 51,000 people lived in the service area annually on average between 2019 and 2023, according to the US Census Bureau. The service area is almost evenly split between male and female populations, with a 2% tilt towards female populations. The area is more than three-quarters rural, and all of Franklin County is designated rural.

Throughout the service, 22.2% of the population was 17 or younger, 58.2% were between the ages of 18 and 64, and 19.6% were 65 or older, annually on average, between 2019 and 2023.

Growth and Minority Populations

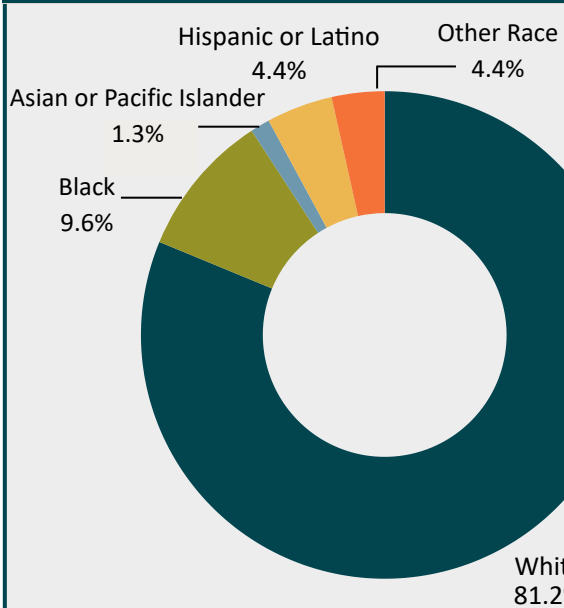
The population within the service area decreased by 4.1% between 2010 and 2020, with Franklin County experiencing a much higher decline in population than Stephens County. The overall White population declined in both counties, despite the area remaining predominantly White. Minority populations, though, grew.

During that time, Asian populations grew by 64.2%, Hispanic or Latino populations grew by 32.0%, and Black populations grew by 3.9%. Data wasn't available for a breakdown of Asian populations.

The majority of foreign-born populations came from, in order of prevalence, Mexico (31.6%), Vietnam (14.8%), Germany (8.0%), India (4.2%), and the Dominican Republic (7.6%) on average annually between 2019 and 2023.

About 2.4% of the total population were linguistically isolated during that time, meaning no household member fourteen years old and older speaks English at home. Spanish is by far the most common other language spoken or read, other than English. Vietnamese was the second most common language spoken at home.

Figure 108 % of Population by Race and Ethnicity, 2019 to 2023



Source: US Census Bureau, American Community Survey, 2019-2023.

Appendices

Appendices

Appendix 1: CHNA Leadership, Partners, and Advisors

CHNA Executive Committee

Melissa Tymchuk
Chief Strategy Officer and Chief of Staff
Northeast Georgia Health System

Melissa Tymchuk is the Chief Strategy Officer and Chief of Staff to the President and CEO at Northeast Georgia Health System (NGHS). Melissa began her career at NGHS in the Public Relations & Marketing Department, rising to the role of Executive Director of Strategic Marketing before moving into the Chief of Staff position in 2017. In her current role, she assists the CEO in managing strategy and operational execution at the senior level and also oversees systemwide board governance. During her time as Chief of Staff, Melissa had the opportunity to lead a variety of areas in an interim capacity, including President of the NGHS Foundation, Chief Human Resources Officer and Vice President of Support Services, with oversight of Lab, Pharmacy and Patient Experience, as well as leading the development of a new hospital in the system's northern market. Melissa is chair of the board of directors for WomenSource Inc. and serves on the boards for the Edmondson Telford Child Advocacy Center and the Gateway Domestic Violence Center. In 2016, she was appointed to the Georgia Commission on Women by then-Governor Nathan Deal. Melissa holds a Bachelor of Arts in Journalism in Public Relations from the University of Georgia and received her Master of Business Administration from Brenau University.

Monica Newton, DO, MHP, FAAFP
Co-Chair, One Hall Mental Behavioral Health Committee
Co-Chair, NGMC's Community Health Needs Assessment
Founding Program Director, NGMC Family Medicine

Dr. Monica Newton is an accomplished physician, educator, and community leader. She began her education at Auburn University studying premed-psychology followed by medical school at Midwestern University in Chicago. While in Family Medicine residency at University of Alabama at Birmingham, she obtained a Master of Public Health in International Health with an emphasis in project planning. This has served her well over the years leading many successful projects. From founding a family medicine residency program in Northeast Georgia to initiating a now 20-year-old mobile rural free clinic called "Doc on the Spot," her career has made a lasting impact.

After serving as an Associate Professor at UAB Selma Family Medicine residency program for 11 years, Dr. Newton moved with her family to Gainesville, GA and joined Northeast Georgia Physicians Group (NGPG). Here, she has served in many leadership roles including Quality Chair, Chair of Primary and Urgent Care and the medical director of our MSSP/ACO plan. She has practiced full scope family medicine from Obstetrics to

Appendix 1: CHNA Leadership, Partners, and Advisors, Continued

ICU medicine and end-of-life care. Her leadership style has empowered her to serve in many state and national roles, including a role on the AAFP National Commission on Education, the Georgia Academy of Family Physicians Vice Speaker, and as an elected official on the City Council of Selma, AL. Her conversational style of teaching engages the audience and has earned her the Georgia Academy of Family Physicians Educator of the Year for 2021. She is currently President of the Georgia Academy of Family Physicians and Georgia Governor Brian Kemp recently appointed her to the Georgia Maternal and Infant Health Advisory Commission.

Christy Moore, MBA
NGHS Staff Lead for CHNA
Director, Community Health Improvement
Northeast Georgia Health System

Gainesville native Christy Moore has worked in community health for over 25 years. In her role, she directs the system-wide community health improvement plan to improve the health status of the communities served. This includes oversight of regional community health needs assessments, resulting implementation plans and community benefit reporting for all NGHS hospitals. She facilitates community partnerships working alongside employees, administration and community partners to positively impact the health of the people in our region.

Moore earned her bachelor's degree in Journalism from the University of Georgia and a Master of Business Administration with concentration in healthcare management from Brenau University. She currently serves on the Board of Directors for Good News Clinics, Jackson EMC Foundation (Chair), and United Way of Hall County (Chair, One Hall). She is Past President of the Rotary Club of South Hall County, a sustainer in the Junior League of Gainesville-Hall County, a graduate of Leadership GHA (Georgia Hospital Association), graduate of Leadership Hall County, and was recognized as a Silver Shovel Award winner by the Greater Hall Chamber of Commerce. Moore was recently honored with the Advocate Award from United Way of Hall County for helping lead critical conversations around issues such as mental health and housing through her leadership of One Hall United Against Poverty.

Appendices

Appendix 1: CHNA Leadership, Partners, and Advisors, Continued

Phillippa Lewis Moss
Co-Chair, NGMC's Community Health Needs Assessment
Past Chair, NGMC Board of Directors
Co-Founder, The ThoMoss Group, Now True North Strategists, LLC

Phillippa Lewis Moss is the Director of the Gainesville-Hall Community Service Center. The Community Service Center is a jointly supported agency of the City of Gainesville and Hall County that has been in operation for over three decades. During this time, the center has been home to Meals on Wheels, Senior Life Center, Hall Area Transit Community Outreach, Center for Family Prosperity, Counseling & Psychotherapy, Parenting Education and more.

Moss' educational background includes a Bachelor of Arts in Political Science from the University of California Irvine, a Master of Public Administration from the University of Southern California and a Master of Conflict Management from Kennesaw State University. She is a registered mediator with the Georgia Commission on Dispute Resolution and leads diversity and inclusion conversations across the southeast, previously with The ThoMoss Group, LLC, and now with True North Strategists, LLC. She is also the Administrative Director for the Gainesville-Hall County Community Council on Aging, a member of the Gainesville Kiwanis Club, a graduate of Leadership Long Beach, Leadership Hall, Leadership Gwinnett and serves on several boards to include Salvation Army, Jackson EMC Foundation, Hall County Family Connection Network, United Way, Northeast Georgia Medical Center Board, Vision 2030, and the Greater Hall County Chamber of Commerce. Moss was also honored as Woman of the Year by the Rotary Club of Gainesville.

Holly Lang
Founder, Public Goods Group
CHNA Consultant and Data Analyst

Health economist Holly Lang has worked for nearly two decades in health care delivery and financing, always with a focus on low-income and other vulnerable populations. Lang is the founder and CEO of Public Goods Group. Lang has authored numerous community health needs assessment to date in a variety of markets and have worked on many related projects, including federal policy initiatives to address medical debt. Lang graduated with distinction from the London School of Economics with her master's in health economics, policy, and management and, in 2017, was awarded the school's Brian Abel-Smith prize for her economic research on the impact of Medicaid expansion on US hospitals and community benefit programming.

Appendices

Appendix 1: CHNA Leadership, Partners, and Advisors, Continued

CHNA Partners

The CHNA Partners are:

Christy Moore, Director, Northeast Georgia Health System

Elizabeth Davidson, Specialist, Northeast Georgia Health System

Holly Lang, CEO, Public Goods Group

Joley Strickland, Director, Stephens County Hospital

Liz Coates, Executive Director, Good News Clinics

Marie Brown, Lead Epidemiologist, District 2 Public Health

Melissa Tymchuk, Chief of Staff and Strategy, Northeast Georgia Health System

Dr. Monica Newton, Founding Program Director, NGMC Family Medicine, Northeast Georgia Health System

Phillippa Lewis Moss, Director, Gainesville Community Service Center

Van Loskowski, Chief Executive Officer, Stephens County Hospital

Dr. Zachary Taylor, Director, District 2 Public Health

CHNA Advisors

The CHNA Advisors support health prioritization, as each comes to this work with a unique knowledge of their community. Advisors are identified by each hospital partner and are invited to participate in data review and the May 2025 prioritization process.

The members are:

- Anjana Freeman, Vice Chair, NGHS Advisory Council
- Antonio Rios, MD, Chief, Population Health, NGHS
- Ben McDaniel, VP of Economic Development, Development Authority of Walton County and NGHS Advisory Council
- Brigette Barker, Executive Director, Lumpkin County Family Connection Network
- Brittany Ivey, President and CEO, Stephens County Development Authority
- Dan Palmer, Care Management, NGHS
- David Wimpy, Director, Lumpkin County Emergency Services and NGHS Advisory Council
- Jessica Dudley, President and CPO, United Way of Hall County and Former Chair of NGHS Advisory Council
- Malia Bryan, UGA Student, United Way of Hall County Intern

Appendices

Appendix 1: CHNA Leadership, Partners, and Advisors, Continued

- Jolinda Martin, Retired Nurse Executive and NGHS Advisory Council
- Kay Hall, Nurse Leader, NGMC Lumpkin
- Kay Keller, President and CEO, United Way of Northeast Georgia
- Kyndra Cohen, Hall County Family Connection Network Executive Director, The Butler Center Administrator and NGHS Advisory Council
- Lynne Krieger, Manager, Quality and Accreditation, NGHS
- Marsha Stringer, NP, Chair, Newtown Florist Club Health Disparities Committee and NGHS Advisory Council
- Mike Giles, Georgia Poultry Association and NGHS Advisory Council
- Norma Hernandez, Latino Chamber of Commerce and NGHS Advisory Council
- Sarah Mclain, NGMC Barrow
- Semuel Maysonet, Chair, NGMC Board, NGMC Quality Committee, NGMC Executive Committee, Board Facility Oversight Committee, NGHS Quality Committee, NGHS Board
- TD Teasley, NGHS Advisory Council

Appendix 2: CHNA Consultants

Public Goods Group (PGG) is a mission-driven consulting company that develops sustainable solutions, enabling health systems and companies to work more effectively with their communities. The group provides services related to community assessments, health equity, and returns in advancement through programs for underserved populations. Their clients include hospitals, health systems, think tanks, governments, and private corporations. PGG works primarily in North America.

PGG has extensive experience in community benefits and the federal regulations that govern them, with its CEO having served on the working committee that established the components of the Patient Protection and Affordable Care Act regarding not-for-profit hospitals. PGG has authored more than 70 CHNAs in various markets and has worked on numerous related projects, including creating a nationally recognized model for best practices in conducting a CHNA through a health equity lens in partnership with the national consumer advocacy group Community Catalyst.

The ThoMoss Group is a consulting firm consisting of leaders tackle sensitive and complex community issues. Led by co-founders, Lisa Thomas and Phillippa Lewis Moss, the organization has 75 years of combined experience in the areas of community development, business development, change management, non-profit management and conversations related to diversity, equity, and inclusion. The group is particularly adept at bringing diverse populations and uplifting all voices to problem solve and create anew.

Appendices

Appendix 3: Prioritization Process

Every three years, each hospital must determine the next set of priorities it will address over the following three fiscal years. To accomplish this, we conducted a series of meetings and team deliverables described here.

March 25, 2025	Shared qualitative data with the CHNA Partners
April 22, 2025	Shared quantitative data to the CHNA Partners; reviewed the health matrices that identified the top issues in each service area, validating findings with the group
May 9, 2025	Shared data overview to CHNA Partners and Advisors; reviewed health need matrices and assignments for scoring health needs; an example worksheet can be found here
May 20, 2025	CHNA Partners and Advisors reviewed health rankings scores, broke into groups assigned by service area, and established proposed health priorities for the next three fiscal years

Appendix 4: Prioritization Meeting Participants

Below is a list of all attendees for the May 20, 2025, in-person prioritization session. Within this meeting, we grouped attendees into teams focused on specific communities that align with the six hospital service areas leading this CHNA. Those communities are indicated in the parentheses to the right of their name.

- Anjana Freeman (Gainesville)
- Antonio Rios, MD (Gainesville)
- Brigette Barker (Lumpkin)
- Christy Moore (Braselton)
- David Wimpy (Lumpkin)
- Elizabeth Davidson (Braselton)
- Jessica Dudley (Gainesville)
- Joley Strickland (Stephens County)
- Jolinda Martin (Habersham)
- Kay Hall (Lumpkin)
- Kay Keller (Barrow)
- Kyndra Cohen (Gainesville)
- Liz Coates (Gainesville)
- Lynne Krieger (Barrow)
- Marie Brown (Barrow)
- Marsha Stringer (Braselton)
- Melissa Tymchuk (Gainesville)
- Mike Giles (Gainesville)
- Monica Newton, DO (Gainesville)
- Norma Hernandez (Gainesville)
- Phillippa Lewis Moss (Braselton)
- Sarah Mclain (Barrow)
- Semuel Maysonet (Habersham)
- Van Loskoski (Stephens County)
- Zachary Taylor, MD (Habersham)

Appendices

Appendix 5: Surveys & Focus Group Questions

Survey Questions

In March 2025, the CHNA partners published two online surveys to gather feedback on the community's health. These surveys were widely advertised among partners and via social media. These surveys can be found online in the links below.

- A community-focused survey, available in English, Spanish, and Vietnamese
- An employee survey for CHNA partner organizations

Focus Group Questions

Between March and February 2025, The ThoMoss Group facilitated focus group sessions to explore the state of community health across the NGHS service areas. Participants included members of the NGHS Advisory Council, as well as representatives from three nonprofit organizations.

1. How would you rate the overall health of your community on a scale from one to five, with one being the unhealthiest and five being the healthiest?
2. What conditions or obstacles keep the service area from being healthy?
3. Which populations are most vulnerable to being unhealthy, and why? (E.g., seniors suffer from poor nutrition)
4. What existing community resources do you and/or vulnerable populations rely on? (E.g., nonprofit, religious, or government organizations)
5. What can the medical facility serving your community do to improve health outcomes? For example, expand telehealth appointments, respond to mental health needs, focus on innovation and research in core areas.
6. How easy is it for community members to access care at your service area hospital, and what, if anything, can the hospital do to improve access?
7. What, if any, long-term impacts did COVID-19 have on the community?
8. Is there anything else you'd like to share?

Appendices

Appendix 6: Interviewees and Focus Group Attendees

Below is a list of community leaders and representatives interviewed as part of the CHNA process and the county each represents.

- Aaryn Fisher, Jackson County
- Aimee Keibler, Barrow County
- Amy Hulsey, Habersham County
- Andrea Williams-English, Hall County
- Angy Fowler, Franklin County
- Brigette Barke, Lumpkin County
- Chad Black, Hall County
- Christina Nguyen, Hall County
- Cindy Levi, Hall County
- Dan Palmer, Hall County
- Dawn Wales, Hall County
- Duane Schlereth, Hall County
- Ellie Pennybacker, Jackson County
- Erin Barger, Barrow County
- Dr. Erine Raybon-Rojas, Hall County
- Jacqueline Daniel, Lumpkin County
- Jay Parrish, Hall County
- Jeremy Walker, DO, Hall County
- Jessica Dudley, Hall County
- Jessica Tullar, Hall County
- Jo Brewer, Dawson County
- Karla Thomason, Dawson County
- Kay Keller, Barrow County
- Kel Lee Cutrell, Lumpkin County
- Kerri Whitmire, Lumpkin County
- Kenny Lumpkin, Barrow County
- Kristy Thomson, Rabun County
- Liz Coates, Hall County
- Marcus Thorne, Gwinnett County
- Mary Kaye Ritchey, Stephens County
- Melissa Line, Lumpkin County
- Renee Byrd-Lewis, Gwinnett County
- Parhis Howard, Hall County
- Sam Couvillon, Hall County
- Shameka Allen, Gwinnett County
- Shanice Brown, Hall County
- Sherry Beavers, Stephens County
- Srikanth Yamala, Barrow County
- Steven Mickens, Hall County
- Tammy Soles, Lumpkin County
- Tim Evans, Hall County
- Tina Murphy, Barrow County
- Tony Passarello, Dawson County
- Vik Reddy, MD, Hall County
- Dr. Zachary Taylor, District 2 Public Health

Appendices

Appendix 6: Interviewees and Focus Group Attendees, Continued

Below is a list of community leaders and representatives that were part of the focus groups held for the CHNA. The attendees are grouped based on the service area they represented.

NGHS Advisory Council
Held in person on February 03, 2025

Attendance: Phillippa Lewis Moss (facilitator), Elizabeth Davidson (recorder), Melissa Tymchuk (observer), Christy Moore (observer), Holly Lang (observer)

NGMC Barrow

- Ben McDaniel
- Joe Vogt

NGMC Braselton

- Cindy Green
- Diane Edwards
- Katie Nordholz
- Matt Nguyen

NGMC Gainesville

- Anjana Freeman
- Antonio Rios, MD
- Brad Baucom
- Brett Fowler
- David Lee
- Deborah Mack
- Glenn Barnes
- Jennifer McCall
- Jessica Dudley
- Keya J. Hillman
- Kyndra Cohen
- Marsha Stringer, NP
- Neil Tankersley
- Norma Hernandez
- Rhonda Thompson
- Ruth Wade
- Schaffer Hilton
- Serena Lukas
- Sheila Sanchez
- TeDarrius "TD" Teasley

NGMC Lumpkin

- David Wimpy
- Deborah Armstrong
- Jimmy Faulkner

NGMC Habersham

- Caroline Lewallen
- Jeff Shoemaker
- Jolinda Martin
- Shelly Echols

Appendices

Appendix 6: Focus Group Attendees, Continued

Hispanic Alliance Focus Group

Held via Zoom on February 11, 2025

Attendance: Phillippa Lewis Moss (facilitator), Elizabeth Brown (recorder), Christy Moore (observer)

Focus group members:

- Hector Holguin
- Janice Ramirez
- Karla Parez
- Misael Alvarado-Berrios
- Vanesa Sarazua and baby Margaret

Newtown Florist Club Focus Group

Held via Zoom on February 25, 2025

Attendance: Phillippa Lewis Moss (facilitator), Na'im Moss (recorder), Elizabeth Brown (observer)

Focus group members:

- Bethel Church
- Carol King
- Delinda Luster
- Dorothy Edmond
- Jesse Butts
- Mary Lasris
- Michael Fisher
- Michelle Alexander
- Pauletta Wilkins
- Reverend Rose Johnson

Appendix 6: Focus Group Attendees, Continued

Hall County Family Connection Network Focus Group

Held in-person on March 13, 2025

Attendance: Phillippa Lewis Moss (facilitator), Elizabeth Brown (notetaker)

Focus group members:

- Abbey Malone, Gainesville City Schools
- Adelis Solano, Gateway Center
- Alexis Hernandez, MedLink
- Alisha Hantz, Legacy Link, Inc., Area Agency on Aging
- Ana Gobert, The Salvation Army
- Angela Valencia, Goodwill
- Ashley Dykes, Gainesville City Schools
- Belinda Dickey, Community advocate
- Camila Colman, Bridging Hope
- Carla Brewer, SISU
- Catherine Allen, Work Source
- Cynetia Banks, Community Advocate
- Deanna Ditty, Truist Bank
- Deborah Mack, Community Advocate
- Edith Perez, Butler Center and Gainesville City School System
- Erika Oliver, Habitat for Humanity of Hall County
- Florence Cavalliery, Gainesville High School
- Gwen Hawn, UGA Extension Hall County
- Janet Walden, Well Root Family Services
- Jeannette Justiniano, Hall County Schools
- Jefferey Helms, Georgia Youth Challenge
- Jennifer Byrd, MedLink
- Joseph Robles, Butler Center and Gainesville City School System
- Lauren Joiner Paul, NAMI Hall County
- Lisa Echols, Hall County Library System
- Lisa Giblin, Ferst Readers
- Lydia Johnson, Georgia Mountain Food Bank
- Maria Ryder, Hall County Department of Family and Children Services
- Maritza Delgado, MedLink
- Marsha Hopkins, One-Stop Workforce Training
- Mary Kampovsky, Hall County Department of Family and Children Services
- Nicky Winniford, Department of Public Health
- Paul Hanson, The Children's Center for Hope and Healing
- Rick Little, Georgia Mountains YMCA
- Rosa Hightower, The Salvation Army
- Teigha Snowden, United Way Hall County
- Wanda Harris, Ninth District Opportunity

Appendices

Appendix 7: Press Release Regarding CHNA

This press release was translated into Spanish and Vietnamese.

CONTACT: Hannah Girton, Public Relations & Marketing
Northeast Georgia Health System
743 Spring Street NE, Gainesville, GA 30501
770-219-3840 | www.nghs.com

FOR IMMEDIATE RELEASE
March 6, 2025

PROVIDE FEEDBACK TO STRENGTHEN THE HEALTH OF OUR COMMUNITY BY PARTICIPATING IN ONLINE SURVEY

GAINESVILLE, Ga. – Serving the community often extends beyond a single healthcare provider. That's why Northeast Georgia Medical Center Gainesville, Braselton, Barrow, Lumpkin and Habersham, District 2 Public Health, Stephens County Hospital and Good News Clinics are collaborating to gain deeper insights into the health challenges and needs that patients, families and communities across northeast Georgia face when making life decisions.

Those organizations are asking for your input through an online Community Health Needs Assessment (CHNA) survey. Conducted every three years, the CHNA helps capture the region's latest health trends and barriers to care. The assessment is then used to help guide the focus and development of future programs to benefit the community.

The survey is simple and easy to complete at nghs.com/community-survey and will be open to anyone in the community through March 28.

"Everyone is invited to participate in the survey, which is a significant part of the assessment and is invaluable in helping us understand the growing needs of our community," said Phillippa Lewis Moss, Northeast Georgia Health System Board member and co-chair of the Regional CHNA. "Although the CHNA will include data and statistics from community health resources, it is important to us to know what community members feel are the key health needs, especially those of our most vulnerable populations."

"The CHNA is both a mirror and a rudder to guide hospitals in forming partnerships that make the biggest impact on the health of the community," said Monica Newton, DO, a family medicine physician with Northeast Georgia Physicians Group and co-chair of the Regional CHNA.

Appendix 7: Press Release Regarding CHNA, Continued

Responses are kept anonymous with a composite report. For those who would like to be included and are willing to provide their name and contact information, there will also be a drawing for a free, one-year YMCA membership.

“When we take a deep look, there are many needs to improve the health of our community,” said Newton. “But through our prioritization process, we seek to steer resources where they will move the needle on the most important areas. For example, the last CHNA highlighted the need to further develop the healthcare workforce pipeline, expand the use of technology to provide people across our region with a more convenient consumer experience, and partner with social service providers in the community to improve how we connect individuals and families to the social services they need.”

Information from this study will be used to formulate specific plans that improve health in the region. Results will be available to anyone interested in using them for short and long-term planning.

“The CHNA process enables us to get in front of those health concerns that are showing rising risk to our community’s health,” said Newton. “It helps us chart a different, healthier course.”

For more information about the CHNA and to complete the survey, visit nghs.com/community-survey.

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ABOUT NORTHEAST GEORGIA HEALTH SYSTEM
Northeast Georgia Health System (NGHS) is a non-profit on a mission of improving the health of our community in all we do. Our team cares for more than 1 million people across the region through five hospitals and a variety of outpatient locations. Northeast Georgia Medical Center (NGMC) has campuses in Gainesville, Braselton, Winder, Dahlonega and Demorest – with a total of more than 1,000 beds and more than 1,500 medical staff members representing more than 60 specialties. Learn more at www.nghs.com.

Appendices

Appendix 8: Identified Health Priorities

NGMC Barrow	NGMC Braselton	NGMC Gainesville	NGMC Habersham	NGMC Lumpkin	SCH
Mental and Behavioral Health	Mental and Behavioral Health	Mental and Behavioral Health	Mental and Behavioral Health	Social Isolation & Mental and Behavioral Health	Mental Health
Access to Care	Access to Care	Access to Care with a focus on prevention, screenings, and culturally sensitive care	Access to Care as an underlying factor to all priorities	Access to Care	Access to Care
Healthy behaviors & education	Healthy behaviors education	Healthy behaviors, prevention & screenings	Healthy behaviors	Awareness of community resources, healthy behaviors and prevention	
			Pregnancy & Women's Health		
			Cancer, Diabetes, & Heart Disease		Heart with a focus on cardiovascular and cerebrovascular health
					Cancer

Several issues emerged during the CHNA that were not identified as specific health priorities; however, we will work to address these issues to the best of our ability, when possible. Among these health issues are Alzheimer's Disease, which was the third leading cause of death in Northeast Georgia between 2019 and 2023, and transportation, which stakeholders often identified as a key barrier to accessing healthcare. Other socioeconomic issues, such as the high housing costs, were named as general issues within the community.

Appendix 9: Hospital Fact Sheets

NORTHEAST GEORGIA HEALTH SYSTEM

AT A GLANCE

Who We Are

Northeast Georgia Health System (NGHS) is on a mission of improving the health of our community in all we do.

Our team cares for more than one million people across the region through five hospitals and a variety of outpatient locations. Led by volunteer boards made up of community leaders, NGHS is a not-for-profit health system – so all revenue beyond operating costs is returned to the community through improved services and innovative programs.

BY THE NUMBERS*

NGHS Total Visits
1.6 million+

Georgia Heart Institute Visits
109,000+

Inpatient Discharges
51,500+

Licensed Beds (total)
1,002

NGPG Visits
1 million+

Emergency Visits
227,000+

Completed Virtual Visits
66,000+

Surgeries
31,000+

Deliveries
5,800+

INVESTED IN OUR COMMUNITY*

Employees
11,000+

Economic Impact
7.5 billion+
(2022)

Charity Care
nearly
$84 million+
(2022)

NGMC Medical Staff
1,500+

* 2024 Fiscal Year - October 1, 2023, through September 30, 2024

Appendix 9: Hospital Fact Sheets, Continued

HOSPITALS

NGMC Gainesville
- 653 licensed beds
- 28 operating rooms
- Intensive Care Unit (ICU)
- Level I Trauma Center & Emergency Services
- Women & Children's Pavilion
- Level III Neonatal Intensive Care Unit (NICU)
- Wound Healing Center

743 Spring Street NE, Gainesville, GA 30501
770-219-9000 | nghs.com/gainesville

NGMC Braselton
- 188 licensed beds
- 7 operating rooms
- ICU
- Labor & Delivery Services
- Level II NICU
- Interventional Cardiac Cath Lab
- Emergency Services

1400 River Place, Braselton, GA 30517
770-848-8000 | nghs.com/braselton

NGMC Barrow
- 56 licensed beds
- 3 operating rooms
- Intermediate Care Unit
- Wound Healing Center
- Emergency Services

316 N. Broad Street
Winder, GA 30680
770-867-3400
nghs.com/barrow

NGMC Lumpkin
- 52 licensed beds
- 3 operating rooms
- Virtual specialty care
- Emergency Services

495 GA 400
Dahlonega, GA 30533
770-219-9000
nghs.com/lumpkin

NGMC Habersham
- 53 licensed beds
- 5 operating rooms
- Virtual specialty care
- Labor & Delivery Services
- Emergency Services

541 Historic Hwy #441-N
Demorest, GA 30535
706-754-2161
nghs.com/habersham

Appendix 9: Hospital Fact Sheets, Continued

Northeast Georgia Physicians Group (NGPG)
- 700+ physicians, advanced practice professionals and clinical staff
- 50+ locations
- 10 Urgent Care locations
- 40+ specialties

770-219-8400 | ngpg.org

Georgia Heart Institute
- 120+ physicians and advanced practice professionals
- 14+locations

770-534-2020 | georgiaheartinstitute.org

Imaging Centers
Braselton, Buford, Dawsonville and Gainesville; plus NGMC Gainesville, Barrow, Braselton and Habersham
nghs.com/imaging

Rehabilitation Services
Braselton, Buford, Cleveland, Dahlonega, Dawsonville, Demorest and Gainesville
nghs.com/rehab

Long Term Care Centers
Two locations in Gainesville and one location in Demorest
nghs.com/long-term-care

Mental Health and Substance Abuse Treatment Center
One location in Gainesville
nghs.com/laurelwood

Cancer Services
Accessible at Braselton Cancer Center, Toccoa Cancer Center; plus NGMC Braselton and Gainesville
nghs.com/cancer

Accreditations & Recognition
nghs.com/recognition
- Fully accredited by DNV Healthcare
- MBSAQIP-Accredited Center for Bariatric Surgery and Obesity Medicine
- Accreditation with Commendation by the American College of Surgeons Commission on Cancer
- Accredited for carotid artery stenting and percutaneous coronary interventions by Accreditation for Cardiovascular Excellence
- Hospice Honors Elite accreditation
- Comprehensive Joint Replacement program through Centers for Medicare & Medicaid Services
- Comprehensive Stroke Center – Gainesville
  Primary Stroke Center – Barrow, Braselton and Habersham
- Emergency Cardiac Care Center Designations for all five hospitals
- Center of Excellence Designation from the Surgical Review Corporation – Colorectal Surgery, Minimally Invasive Surgery, Minimally Invasive Gynecology, Robotic Surgery and Hernia Surgery

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Graduate Medical Education (GME)
200+ resident physicians and fellows train under experienced and passionate faculty, with the goal of becoming the next generation of physician leaders. ngmcgme.org

SPECIALTIES
Emergency Medicine | Family Medicine | General Surgery | Internal Medicine | Psychiatry | Transitional Year

FELLOWSHIP PROGRAMS
Cardiovascular Disease | Hospice and Palliative Medicine | Pulmonary & Critical Care Medicine

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Northeast Georgia Health Ventures
Northeast Georgia Health Ventures creates strategic partnerships between NGHS and early stage startups to provide a real-world proving ground to help validate, license and take healthcare solutions to market.
Learn more at nghs.com/ventures

NGHS Careers
Are you interested in making an impact and improving the health of the community around you?
Learn more about new career opportunities at NGHS at nghs.com/careers

Appendices

Appendix 10: Progress Since the Last CHNA

Northeast Georgia Health System Hospitals:
NGMC Gainesville & Braselton
NGMC Barrow
NGMC Habersham
NGMC Lumpkin

Each year, NGMC publishes a report detailing progress on its CHNA priorities and other community health improvement efforts. You can find that report here.

The 2023-2025 Implementation Plan can be found here.

Stephens County Hospital

Mental Health: All Ages
The hospital opened an outpatient psychiatry practice in April 2023, which has since expanded to a freestanding off-campus practice through a partnership with Premier Health, LLC. This practice provides both prescriptive and therapeutic services for the mental health needs of patients spanning the age of 11 and up. They also provide inpatient consultation and management services for patients presenting to the hospital. These services will be expanded to provide services at Arrowhead Clinic, a new school-based health center being opened by Stephens County Hospital for all students and faculty of the school system.

Mental Health: Receiving Facilities
In October 2021, the hospital opened an inpatient psychiatric unit that provides care specifically to adults, with most patients falling within the geriatric population. The unit had to be suspended due to a lack of nursing applicants. Still, the hospital remains committed to working with additional resources to address the community's inpatient needs. Many patients can now be managed for detoxification in the hospital setting through collaboration with the hospital's psychiatry providers and internal medicine physicians.

Obesity
The hospital has added a larger rotation of registered dieticians providing counseling services to both hospital inpatients and the patients of the cardiac rehabilitation unit.

Appendices

Appendix 11: Key Definitions

Below is a list of definitions for terms used in this report.

A.L.I.C.E.: An acronym for Asset Limited, Income Constrained, Employed, defines households that earn more than the Federal Poverty Level (FPL) but still do not have enough income to afford a basic, "bare-bones" household budget for their specific area.

American Community Survey (ACS): An annual survey conducted by the US Census Bureau collecting data on social, economic, housing, and demographic characteristics.

Area Deprivation Index (ADI): A tool used to measure socioeconomic disadvantage in neighborhoods, indicating levels of poverty, employment, housing quality, and education.

Behavioral Risk Factor Surveillance System (BRFSS): A CDC system that collects state and county-level data about self-reported health-related risk behaviors, chronic health conditions, and preventive services.

Built environment: The human-made surroundings in which people live, work, and play, such as buildings, parks, and transportation systems.

Centers for Disease Control and Prevention (CDC): The national public health institute of the United States that works to protect America from health, safety, and security threats.

Chronic conditions: Long-lasting conditions requiring ongoing medical attention, such as diabetes, heart disease, and hypertension.

Community Health Needs Assessment (CHNA): A process conducted every three years by hospitals to evaluate the health needs of their communities, prioritize issues, and plan interventions.

Cost-burdened household: Households spending more than 30% of their income on housing expenses. Deaths of Despair: Deaths caused by suicide, drug overdose, and alcohol-related conditions, often linked to mental health and economic factors.

Federal Poverty Level (FPL): An income guideline used by the federal government to determine eligibility for various programs, including Medicaid and the Supplemental Nutrition Assistance Program (SNAP).

Food insecurity: Lack of consistent access to enough food for an active, healthy life.

Appendix 11: Key Definitions, Continued

Health disparities: Preventable differences in health outcomes experienced by socially disadvantaged populations.

Health equity: Everyone having a fair and just opportunity to attain their highest level of health.

Housing insecurity: The lack of stable, safe, and affordable housing, encompassing a range of challenges from difficulty paying rent to homelessness.

Low Birth Weight (LBW): Babies born weighing less than 5 pounds, 8 ounces, are often associated with adverse health outcomes and increased risks.

Medicaid: A federal and state program providing health coverage to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities.

Medicare: A federal health insurance program mainly for people aged 65 or older and certain younger people with disabilities.

Mental health: How emotional, psychological, and social well-being affects how people think, feel, and act.

Online Analytical Statistical Information System (OASIS): An online tool provided by the Georgia Department of Public Health offering health-related data for Georgia.

Obesity: A condition involving excessive body fat, increasing the risk of health problems like heart disease, diabetes, and high blood pressure. Obesity is defined by a person's Body Mass Index (BMI).

Preventative care: Healthcare services like screenings and check-ups that aim to prevent illnesses, diseases, and other health problems.

Supplemental Nutrition Assistance Program (SNAP): A federal assistance program that provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being

Social drivers of health: Conditions where people are born, live, work, and age that affect their health, including housing, food access, education, transportation, and employment.

Social Vulnerability Index: A measure used to identify communities most at risk during public health emergencies or disasters, based on factors like poverty, lack of transportation, and crowded housing.

Appendices

Appendix 11: Key Definitions, Continued

Social Vulnerability Index: A measure used to identify communities most at risk during public health emergencies or disasters, based on factors like poverty, lack of transportation, and crowded housing.

Substance abuse: Excessive use of substances, including alcohol and drugs, leading to significant impairment or distress.

Substandard housing: Housing that lacks basic utilities, such as complete plumbing, or is overcrowded. Uninsured: Individuals who have no health insurance coverage at all.

Underinsured: Individuals who have some health insurance coverage, but whose coverage is inadequate or insufficient to fully meet their healthcare needs, often resulting in high out-of-pocket costs.

Vulnerable populations: Groups at greater risk for poor health outcomes due to factors such as age, race, ethnicity, disability, income, or insurance status.

Appendix 12: Federal Poverty Levels

Data on the poverty threshold is created by the US Census Bureau, which uses pre-tax income as a yardstick to measure poverty. US Health and Human Services then uses the statistical report on the poverty threshold to determine the federal poverty level (FPL). Below are the rates for 2025.

Family size	100%	150%	200%	300%	400%
1	$15,650	$23,475	$31,300	$46,950	$62,600
2	$21,150	$31,725	$42,300	$63,450	$84,600
3	$26,650	$39,975	$53,300	$79,950	$106,600
4	$32,150	$48,225	$64,300	$96,450	$128,600
5	$37,650	$56,475	$75,300	$112,950	$150,600
6	$43,150	$64,725	$86,300	$129,450	$172,600

Appendices

Appendix 13: CHNA Board Approvals

The CHNA Leadership Team presented the FY25 CHNA to the Northeast Georgia Medical Center board of directors on August 26, 2025. The board of directors unanimously approved the proposed priorities at that meeting.

Stephens County Hospital leadership presented this CHNA to the Stephens County Hospital Board of Directors on August 18, 2025.

Appendix 14: Limitations

There are several limitations to this CHNA. Publicly available community health data is often delayed and may not accurately reflect the current state. Additionally, recent shifts in federal policies have resulted in the unavailability of some public health data, including information related to mental and behavioral health, access to care, health behaviors (primarily sexually transmitted diseases and alcohol use), average household income, cost of living, population growth, and migration patterns.

Many indicators are based on self-reported data which may be underreported. For example, a commonly used source is the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), which solicits and tracks specific public health indicators. These include alcohol use, physical inactivity, and tobacco use, among others. These indicators are often underreported for several reasons, the most frequent being the human tendency to underreport unhealthy behaviors. Additionally, race and ethnicity information were not uniformly available for all service areas due to the limited number of minorities within specific areas. When possible, data reflects disparities among racial groups.

Finally, all data within this report is for the last year available. Often, public health data may lag, which is why many indicators reflect timeframes up to three years ago.

Northeast Georgia Health System

NGMC Gainesville & Braselton
NGMC Barrow
NGMC Habersham
NGMC Lumpkin

STEPHENS COUNTY HOSPITAL

PUBLIC HEALTH
Protect. Promote. Prevent.
District 2

GOOD NEWS CLINICS

For more information about this CHNA:
nghs.com/community-benefit-resources

To dive into the data through our interactive portal:
NortheastGeorgiaCHNA.com

Questions or comments:
communityhealthimprovement@nghs.com or (770) 219-8085