

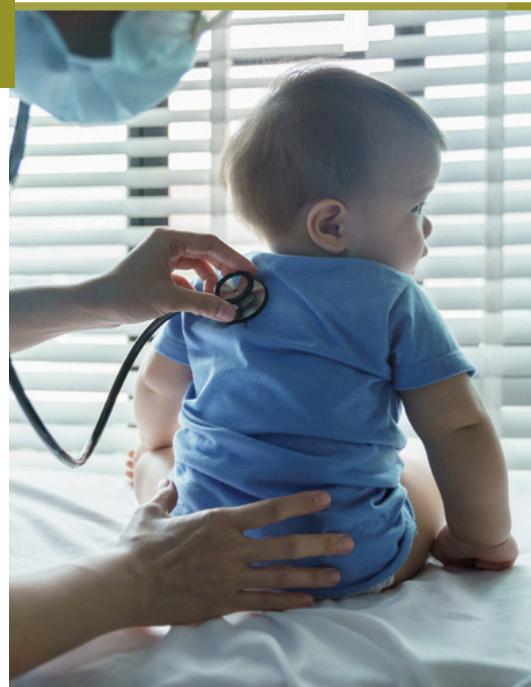


# Northeast Georgia Medical Center

## Community Health Needs Assessment

### Implementation Plan

2026 - 2028



Northeast Georgia Medical Center Gainesville/Braselton  
Northeast Georgia Medical Center Barrow  
Northeast Georgia Medical Center Habersham  
Northeast Georgia Medical Center Lumpkin

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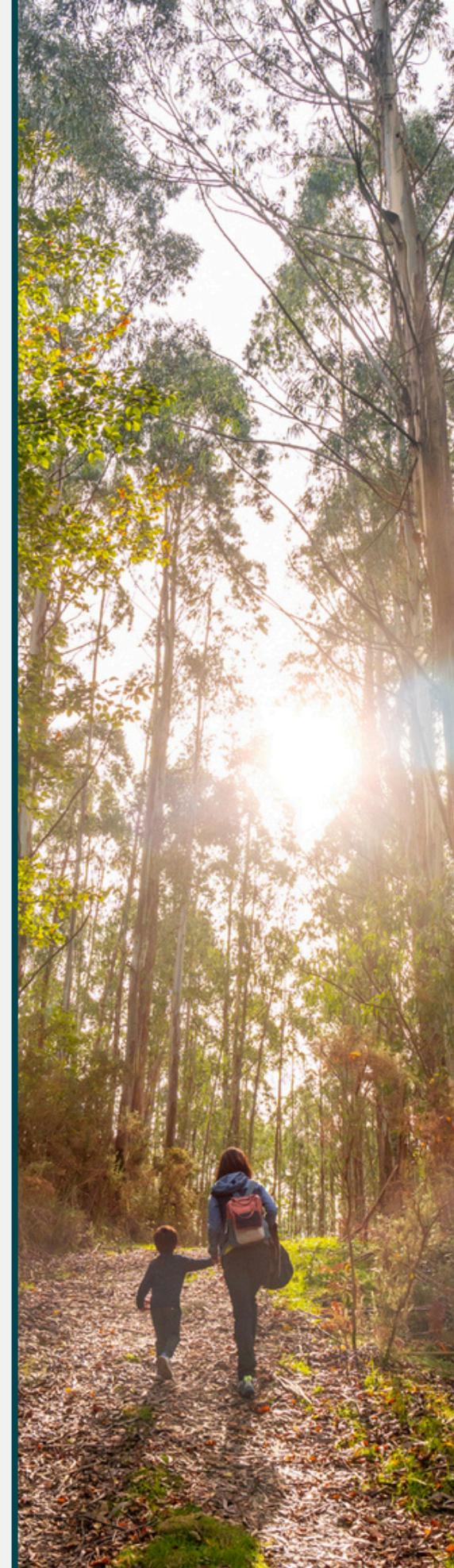
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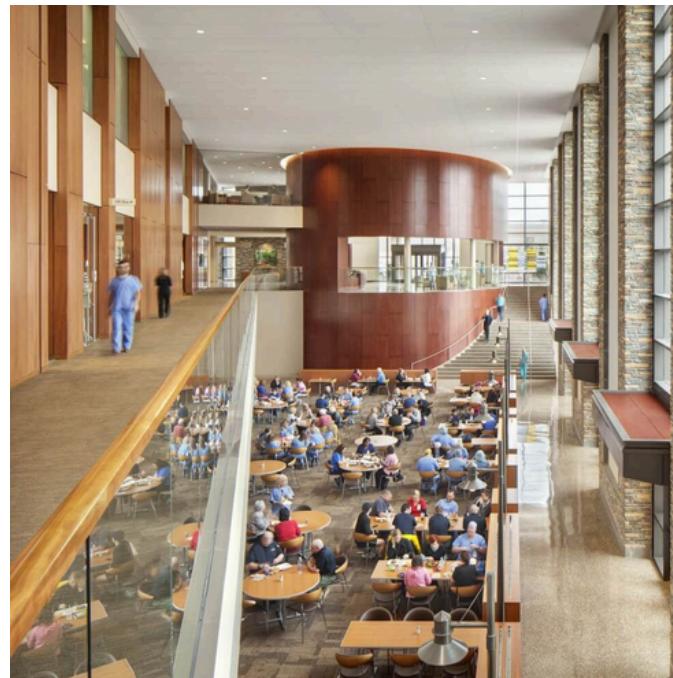
## About This Implementation Plan

This Implementation Plan was developed in partnership with hospital leadership and community stakeholders to address the identified priorities listed in the 2026 Northeast Georgia Community Health Needs Assessment (CHNA).

The CHNA was conducted in partnership with Stephens County Hospital, Good News Clinics, and District 2 Public Health, and in accordance with IRS regulations requiring a CHNA every three years. The CHNA was approved by the boards of Northeast Georgia Medical Center (NGMC) on August 26, 2025, and this implementation plan was approved on January 20, 2026.

This plan focuses primarily on NGMC's strategies in addressing the identified health priorities, including work with community partners. NGMC developed strategies independently of the other hospital CHNA partners but seeks alignment where possible. Additionally, this Implementation Plan aligns with the organization's strategic, population health, and health equity goals, as these priorities overlap.

**In this Implementation Plan, NGMC refers to all four hospital entities: Gainesville/Braselton, Barrow, Habersham, and Lumpkin, including their service areas, as listed to the right.**



- **NGMC Barrow:** Barrow and Walton counties, and parts of Gwinnett County
- **NGMC Braselton:** Barrow and Jackson counties, and parts of Gwinnett and Hall counties
- **NGMC Gainesville:** Hall County, and parts of Banks and Jackson counties
- **NGMC Habersham:** Banks, Habersham, Stephens, Towns, Union, and White counties
- **NGMC Lumpkin:** Dawson and Lumpkin counties, and parts of Forsyth and Hall counties



## 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 rises, 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 food insecurity.
- 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.
- There are significant barriers to accessing care: nearly 18% of adults and 7% of children were uninsured in 2023, worse than the state average of 17% and 6%, respectively.



## Health Priorities



**Healthy Behaviors**



**Access to Care**



**Mental & Behavioral Health**

The CHNA identified many important health needs in the region, and those needs varied by service area. Needs included important concerns such as access to care, healthy behaviors, mental and behavioral health, homeless populations, food access and nutrition, and maternal and child health. All issues identified through the CHNA are important to the health of the community and to NGMC. The three priorities adopted by the organization represent health issues on which we can have the greatest impact based on the prioritization criteria, and they do not indicate NGMC's overall commitment to addressing other pressing health concerns.

For example, though heart care and cancer treatment are not listed in the three priorities, NGMC continues its work on these services. The same holds true for other critical health issues. Each year, NGMC publishes an annual Community Benefit Report that outlines all community benefit activities, including progress on identified priorities as well as work in other relevant areas.

**Please refer to the section starting on 5 of the full CHNA report at**



[www.nghs.com/community-benefit-resources](http://www.nghs.com/community-benefit-resources)



for a description of the approach used to identify and prioritize significant health needs. To see a video describing our CHNA process, please visit

<https://youtu.be/updttyIGaO8>.



## Strategies Across All Priorities

For each priority, NGMC will work in partnership with community members and local organizations across the communities it serves, with the shared goal of advancing health equity by addressing the effects of poverty and other socioeconomic factors tied to that priority.



### Social Determinants of Health

The conditions in which people are born, grow, work, live, and age, including income, education, employment, housing, neighborhood conditions, transportation systems, and social connections.



### Health Equity

The state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially-defined circumstance.

1. Implement quarterly meetings of a CHNA Council made up of those closest to the work to monitor progress and adjust plans.
2. Share the CHNA Findings and our plan with internal and external audiences.
3. Share data from the CHNA and Implementation Plan with legislators and other potential partners, as appropriate, to drive positive change.
4. Align the CHNA Implementation Plan with organizational, population health, and health equity goals.
5. Apply lessons learned working with the 12,000+ employees of NGHS and their dependents and pilot them in the greater communities we serve over the next three years, as our employee base is representative of the region we serve.



Population Health Overlap



## Three Big Ideas

We will focus on the following three big ideas that aim to transform how key challenges are understood and addressed. These ideas look beyond symptoms to tackle root causes, inspire collaboration, and lay the foundation for lasting, region-wide change.



### **Transportation**

Transportation is a recurring issue for many in our region, particularly in rural areas. In Year 1, we will study the transportation issue by applying A3 thinking. A3 thinking is a structured approach to problem-solving that clarifies issues, aligns stakeholders, and drives continuous improvement.



### **Mini Grant Program**

Develop a Mini Grant Program focused on innovative collaborations that improve access to care and encourage healthy behaviors. Roll out in early Spring 2026. Pilot in partnership with three Northeast Georgia Physician Group (NGPG) clinics and track results.



### **Healthy Behaviors Campaign**

Develop and implement a Healthy Behaviors Campaign by Year 2. The campaign will include two-minute social media videos, partnering with United Way, Graduate Medical Education residents, and others to deliver relatable messaging segmented by audience.

Topic examples include the Blue Zones Habits of Centurions, After Hour Access to Care for People Who Are Isolated, and How to Exercise Without A Gym Membership.

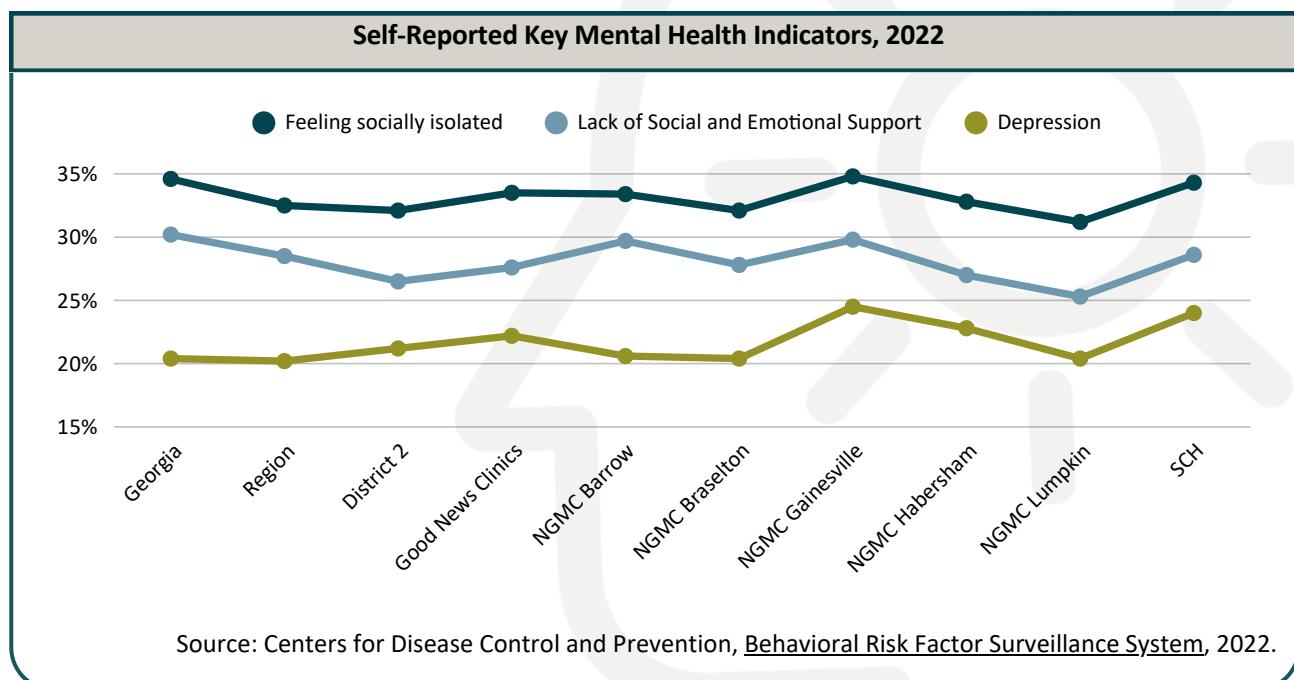


## Priority: Mental and Behavioral Health

**Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. Included within mental health are indicators related to suicide and substance abuse.**

### Key statistics for NGMC service areas:

- There were 134 mental health providers for every 100,000 people, which is far below the state and national rate of 191 and 316 providers for every 100,000 people, respectively
- Community members reported an average of 4.6 poor mental health days each month (2021)
- About 33% of the region's adults aged 18 and older reported feeling socially isolated (2022)
- Food, housing, and transportation can significantly impact mental health. In 2022, and as reported through the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS):
  - Nearly 9% of the region's adults lacked reliable transportation
  - About 8% of adults either had their utilities cut or faced the threat of cut within the last 12 months





## Priority: Mental and Behavioral Health

**Goal:** Collaborate with like-minded organizations to provide the right mental and behavioral health supports at the right place, at the right time, to prevent emergent crisis situations.

**Outcome Measure:** Baseline will be the number of MBH crises presenting in NGMC Gainesville and Braselton emergency rooms (ER)s over the past five years, adjusted for growth.

### Tactics include:

- Continue strategic partnerships with like-minded community organizations via United Way of Hall County's One Hall Mental and Behavioral Health Committee and others to impact this issue outside the walls of the hospital
- Strategically support nonprofits with an emphasis on this priority
- Assess ability to apply for Opioid Abatement Funding
- Monitor and support the success of the PEER Program in ERs and neonatal intensive care units (NICUs) and the Mental Health Justice Collaborative
- Present at the American Hospital Association's May 2026 Healthier Together Conference: Collaboration to Improve Mental Health

### Track:

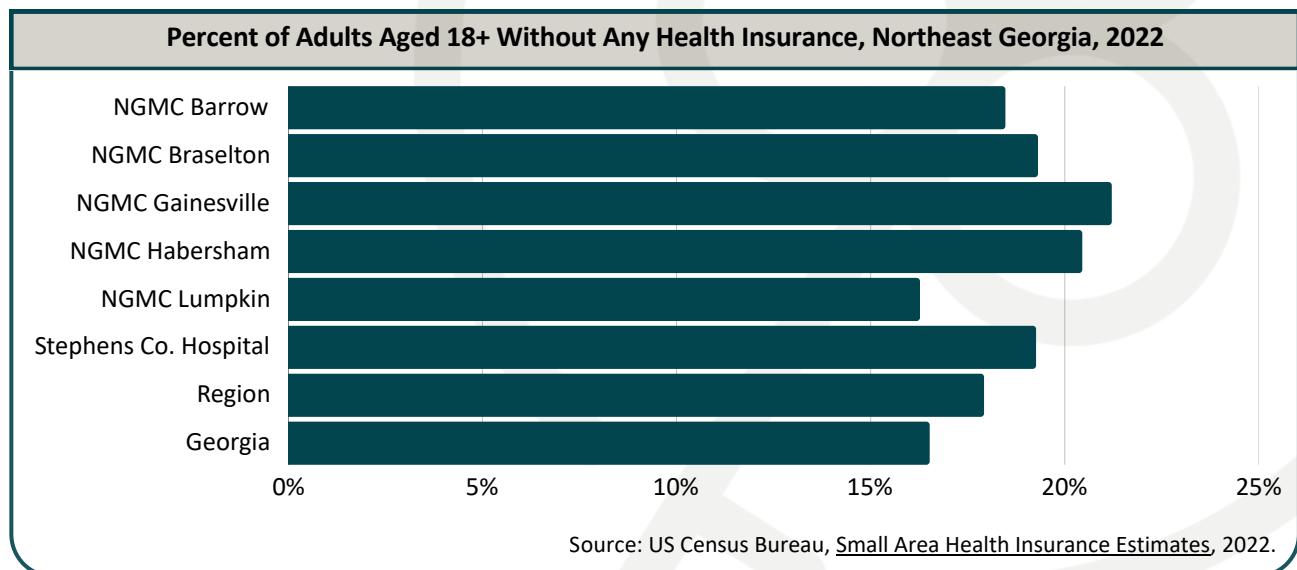
- Opioid deaths in Hall County and the region
- Deaths of despair in Hall County and the region
- Physician manpower and GME strategy results

## Priority: Access to Care

Access to care addresses barriers community members may face, including lack of providers, transportation, and limited services for low-income populations.

### Key statistics for NGMC service areas:

- 26% of the population lives within at least one health professional shortage area related to primary care, dental care, or mental health (2025)
- 74% of females aged 50-74 had a mammogram within the previous two years, and 82% of women aged 21-65 had a pap smear within the last three years, both of which are lower than the Georgia average (2022)
- 74% of adults had a routine check-up within the last year (2022)
- 60% of adults had visited the dentist in the last year (2022)
- There were 2,895 preventable hospitalizations per 100,000 Medicare beneficiaries in 2022, better than the state average (2022)
- Community members reported an average of 4.0 poor physical health days per month, and 12% of all adults reported having poor physical health (2022)
- More than 10% of adults had lost most or all of their teeth to decay or gum disease (2022)





## Priority: Access to Care

**Goal:** Improve access to care for residents of Northeast Georgia

**Outcome Measure:** # of referrals to a primary care physician (PCP) for people presenting at an urgent care or the ER without one

### Tactics include:

- Launch Digital First in primary care in FY26 to enhance experience and efficiency for patients
- Explore funding opportunities with Appalachian Regional Commission
- Assess Find Help Georgia to help patients close social determinants of health (SDOH) gaps
-  **Study transportation systemwide using A3 thinking and develop recommendations for areas of opportunity and partnership**
- Ensure new patients are scheduled within 14 days, NGPG and Georgia Heart Institute (GHI)
- Continue Growing the Greater Good (GGG) initiatives, Digital Front Door Expansion
- Increase the number of providers trained through the Graduate Medical Education (GME) program and workforce development
- Increase the number of providers who stay in the region

### Track:

- Charity care provided by cost, encounters, numbers of patients per county
- Indigent case load commitments at ambulatory surgery centers (ASCs)

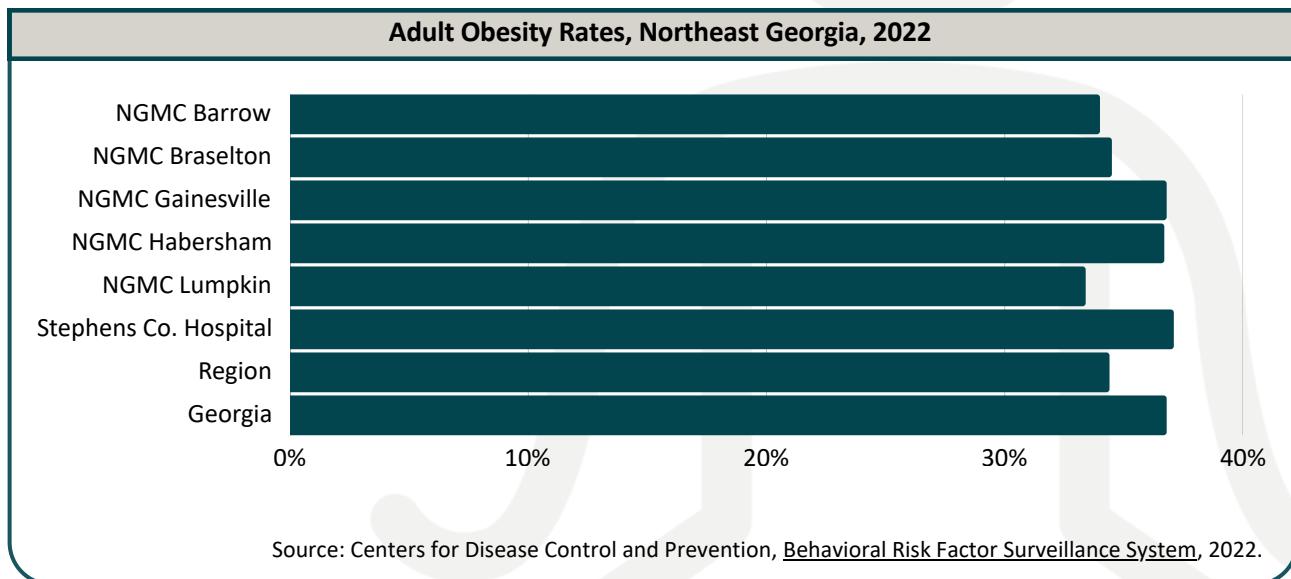


## Priority: Healthy Behaviors

Health behaviors refer to the actions – or inactions – individuals take that impact health. This includes eating well and being physically active, and actions that might increase one's risk of disease, such as maintaining high body weight, smoking, excessive alcohol intake, and risky sexual behavior.

### Key statistics for NGMC service areas:

- 17% of the total population self-reported excessive drinking (2022)
- 13% of the population reported being a current smoker, which is down from the previous CHNA (2022)
- 37% of the population sleeps less than seven hours a night, on average (2022)
- 1% of the population walks or bikes to work (2022)
- 19% of the population reported no exercise or active leisure during the last 30 days, slightly worse than the state average (2021)



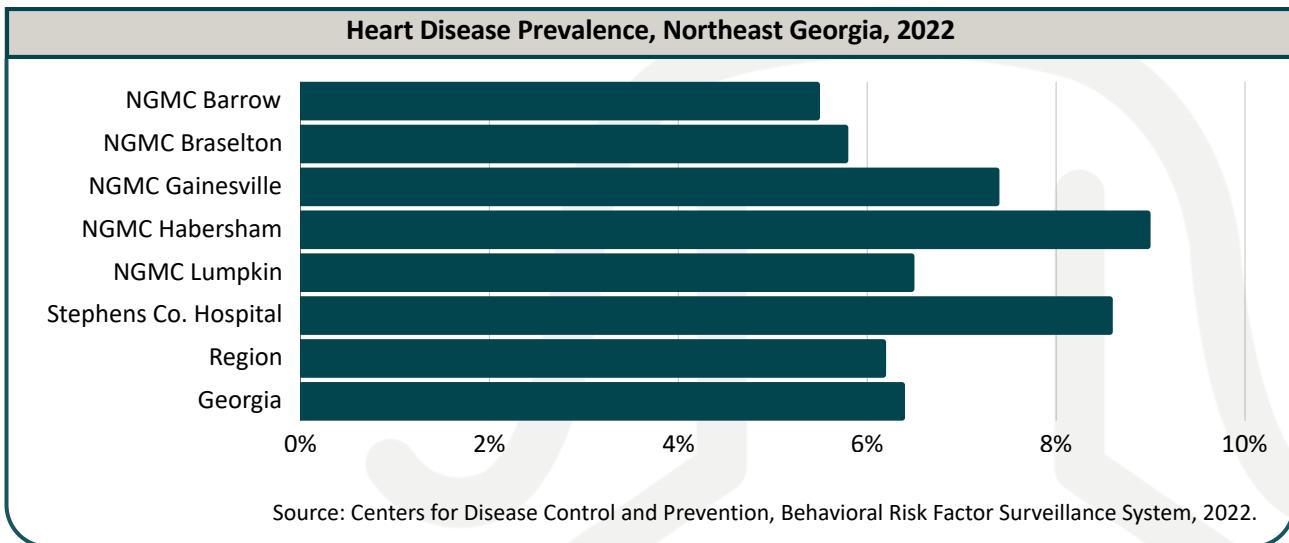


## Priority: Heart, Cancer, Chronic Conditions, and Maternal & Child Health

Heart and cancer remain among the top causes of death within the region, with some service areas experiencing death rates above the state average.

### Key statistics for NGMC service areas:

- 3% of the collective community has had a stroke (2022)
- Overall, cancer prevalence in the region mirrors the state average, with about 7.2% of residents reporting that they have been diagnosed with cancer at some point in their lives. However, several communities experience substantially higher rates, including Towns, Union, Rabun, and White counties, where prevalence reached double digits as of 2022.
- The region's teen birth rate was better than the state average between 2017 and 2023, though Franklin, Habersham, Hall, and Stephens counties all had rates much higher than the state average (2023)
- Many communities had an infant mortality rate much worse than the state average, including Franklin, Habersham, Hart, Stephens, and Union counties (2022)
- In 2022, about 12% of the region's population was living with diabetes, a rate that is slightly better than the state average.





## Priority: Healthy Behaviors

**Goal:** Increase healthy behaviors among the regional community populations under our care management (employees and family members covered by our health plan, NGPG panels, and other relevant patient populations)

**Outcome Measures:** % of adults 18 and over with hypertension, diabetes, and other chronic conditions; % of regional population receiving mammograms, prostate screenings, etc.

### Tactics include:



- Create compelling two-minute videos with relatable messaging for different segments of the population, using a grassroots approach
  - Extrapolate lessons learned working with the employee and dependents population
  - Support a think tank to evaluate the increase of thyroid cancer rates in Northeast Georgia, in partnership with the University of North Georgia and others
  - Monitor the impact of:
    - Hope for Georgia Moms
    - Prenatal Programs with Hall County Health Department and at NGMC Habersham
    - Safe Kids
    - Tar Wars in Barrow County
    - Partnerships with indigent clinics across the region
    - Support groups, educational symposia, and more
  - Continue the United Way Partnership, Compass Center, and One Hall to collectively address socioeconomic barriers to health
  - Assess and pilot the Homeless Outreach Project in partnership with the Good News Clinics
- Deploy Mini Grants through NGPG/Urgent Care



## Health Needs Not Addressed

Several health issues emerged during the CHNA that were not selected in the top three priorities; however, we will work to address them as best we can. These issues were found in all NGMC communities, and include:

- Alzheimer's Disease, which was the third leading cause of death in Northeast Georgia between 2019 and 2023, as well as dementia, generally
- High housing costs, food insecurity, and living within communities with limited access to healthy foods, all of which were commonly named as general issues within the community

Additionally, socioeconomic conditions continually emerged as barriers to good health, including low incomes, high housing costs, and food insecurity. As outlined on page 6, we are committed to addressing both health equity and social determinants of poor health within each priority to the best of our ability, but acknowledge these issues are multifactorial and require work from many sectors.

While NGMC hospitals may not directly address every health condition within a defined health priority, the breadth of services provided contributes to improved health outcomes across a wide range of needs. Many health issues are identified and addressed through routine hospitalizations, outpatient visits, and provider-led care, where patients receive comprehensive evaluation and treatment. Additionally, partnerships with charitable clinics and nonprofit community-based organizations extend the reach of care beyond hospital settings, supporting prevention, early intervention, and ongoing management for numerous conditions affecting community health.

**Find the full CHNA and more information about NGMC's community benefit online at:**

[www.nghs.com/community-benefit-resources](http://www.nghs.com/community-benefit-resources)



**Questions? Call (770) 219-8095 or email [elizabeth.davidson@nghs.com](mailto:elizabeth.davidson@nghs.com)**



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*Improving the health of our community in  
all we do.*



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