EVANS MEMORIAL HOSPITAL

Community Health *Needs Assessment* & Implementation Plan

September 2025

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EVANS MEMORIAL
HOSPITAL

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September 26, 2025

Charles F. Owens, MSA
Clinical Associate Professor & Director
Georgia Southern University
Jiann-Ping Hsu College of Public Health
& The Center for Public Health Practice & Research
501 Forest Drive
Statesboro, GA 30458

Dear Mr. Owens:

The Evans Memorial Hospital Board of Directors approved the 2025 Community Health Needs Assessment and Implementation Plan at their meeting on September 26, 2025.

The Community Health Needs Assessments (CHNA) Report is widely available to the public, and interested parties can view and download it on the hospital's website: www.evansmemorialhospital.org. Hard copies are available upon request; please contact:

Tim Freeman, MBA, BSN, RN
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Sincerely,

Rosalind Ivey
Board Chairman
Evans Memorial Hospital

TABLE OF CONTENTS

Executive Summary

Using a mixed-methods approach described below for this assessment, the Georgia Southern University CPHPR team gathered community input and data from secondary sources to **identify the health needs of the community that the hospital serves – the hospital's primary service area of Evans and Tattnall Counties, Georgia, which is home to most of the patients utilizing Evans Memorial Hospital.** Community input was collected from hospital stakeholders and the general public through surveys and focus group discussions. Recruitment efforts for these surveys and focus groups were tailored to ensure feedback from diverse population groups, including minority and underserved populations. Data from secondary sources used in assessing the community's needs were obtained from a variety of community health-related databases. Note that no written comments were received since the previous assessment.

The results from the secondary data analyses identified:

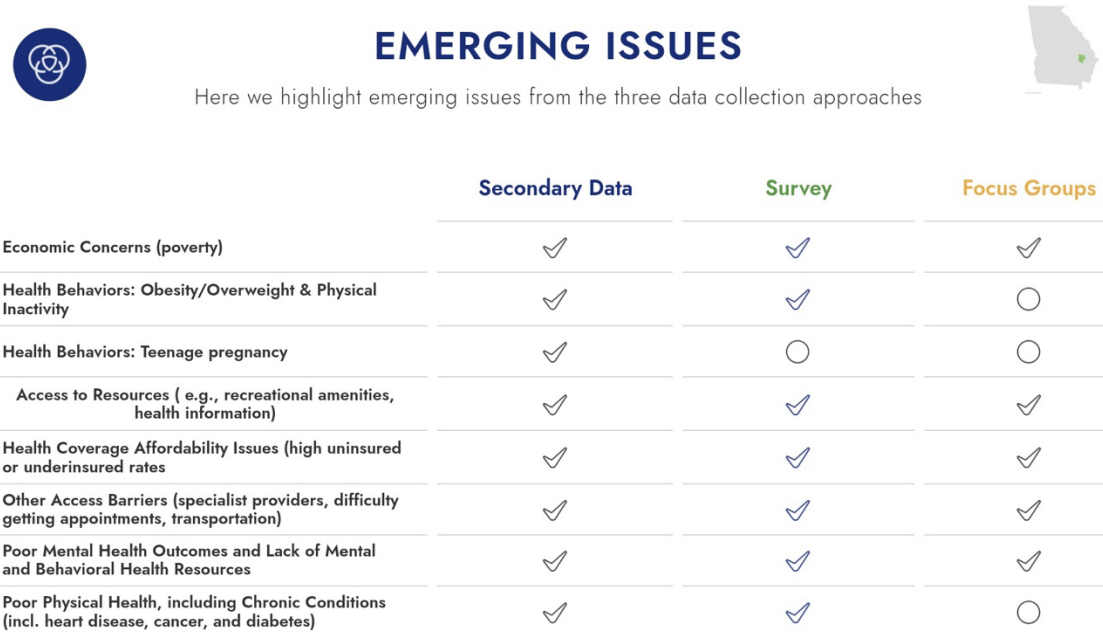
- A slightly contracting, aging county population that is becoming increasingly diverse.
- Higher rates of unhealthy behaviors (including obesity, smoking, alcohol-related motor vehicle deaths, physical inactivity, STD infection rates, and teen pregnancy rates) compared to the state. However, improvements were noted in this area when compared to the findings from the previous community health needs assessment.
- Poorer health outcomes compared to the rest of the state, including higher cancer rates and lower average life expectancy in the service area, relative to the state.
- Limited availability of primary care, dental, and mental health providers.
- Limited access to health-promoting resources, including digital connectivity, and recreational opportunities (particularly in Tattnall County).

Input from the community, through the survey and focus groups, was generally consistent with the findings from the secondary data analysis. Community members and key stakeholders described the hospital's primary service area as a small, quiet, family-oriented bedroom community facing economic challenges. Other key themes emerging from these data sources included the following:

- Poverty, substance abuse, and the lack of job opportunities were identified as main factors impacting quality of life.
- Diabetes, heart disease, and cancer were identified as the leading causes of illness and death in the community.
- Obesity, substance abuse, and physical inactivity were noted as key detractors from good health in the community.
- Among children, improper nutrition, parental neglect, and internet and social media use were identified as the main factors negatively affecting health and well-being.
- Limited access to affordable, healthy food options and other health-promoting resources, including those that support physical activity.
- Limited access to specialty providers, women's health services, dental care, substance rehab, and mental health resources.
- There is a need for community health education, prevention, and wellness services.

Compared to the 2022 CHNA, improvements were noted in several key indicators, including indicators of healthcare resources, healthcare behaviors, and health access.

Secondary data aligned with survey and focus group findings in several areas of community health challenges. The table below highlights where alignment exists in the data by area of concern.



EMERGING ISSUES

Here we highlight emerging issues from the three data collection approaches

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

Based on these results, the CPHPR team led an implementation planning process where the steering committee prioritized community health needs to be addressed over the next three years. Key high-priority areas included expanding healthcare access, increasing access to mental health and substance abuse treatment services and resources, improving transportation, enhancing outcomes for individuals with chronic conditions, and enhancing community education and outreach. For the 2025 CHNA cycle, the steering committee focused on the following areas—considering need, feasibility, and past successes: chronic disease prevention and management, health behaviors and lifestyle modification, and healthcare access and specialty services.

The final prioritized needs reflected those prioritized by community members. Goals, objectives, and actions to address the priority areas were developed and documented. The top needs and goals prioritized by the CHNA Steering Committee are presented next.

FY 2026-2028 PRIORITY AREAS

PRIORITY AREA ONE: CHRONIC DISEASE PREVENTION AND MANAGEMENT

Goal: To reduce the burden of chronic diseases (diabetes, heart disease, cancer) and improve health outcomes in Evans and Tattnall Counties.

Objective(s):

1. Establish comprehensive chronic disease screening and early detection programs by December 2026.
2. Develop and implement chronic disease management and education programs by December 2027.

PRIORITY AREA TWO: HEALTH BEHAVIORS AND LIFESTYLE MODIFICATION

Goal: To improve community health behaviors, including physical activity, nutrition, and tobacco cessation in Evans and Tattnall Counties.

Objective(s):

1. Expand access to physical activity opportunities and nutrition education by December 2026.
2. Implement tobacco cessation and substance abuse prevention programs by December 2027.

PRIORITY AREA THREE: HEALTH CARE ACCESS AND SPECIALTY SERVICES

Goal: To improve access to specialty healthcare services and reduce barriers to healthcare access in Evans and Tattnall Counties.

Objective(s):

1. Expand specialty care services via telemedicine and visiting specialist programs by December 2026.
2. Address healthcare access barriers, including transportation, insurance, and appointment availability, by December 2027.

Previous Needs Assessment (2022)

Brief Summary of Previous (2022) CHNA Findings

Evans and Tattnall Counties consisted of an aging community with high rates of child poverty and lower educational attainment compared to the state as a whole. Limited access to various resources, such as recreational facilities, broadband internet, and transportation options, made it difficult for residents to engage in healthy behaviors.

The counties also had higher rates of poor mental health and unhealthy behaviors, including smoking, physical inactivity, and teen sexual risk-taking, when compared to the state average.

Input from the community aligned with the secondary analysis. Community members described Evans and Tattnall Counties as "a stable, sound community that cares about each other." However, they also recognized that significant challenges such as poverty, substance abuse, and other unhealthy behaviors were increasing concerns. Additionally, a lack of awareness about available resources contributed to poor health outcomes across the community.

Accordingly, the CHNA steering committee prioritized transportation, community health education and awareness, and specialty healthcare access as areas of focus for FY 2023-2025.

Link: 2022 CHNA Report

Previous Emerging Health Issues

Prior Implementation Plan

Previous Goals

The steering committee established the following goals after prioritizing identified needs:

1. Increase access to transportation to medical appointments
2. Increase community health education and awareness and
3. Improve access to specialty health services in the community

Report Methodology

Hospital Steering Committee

The CPHPR project team collaborated with the hospital CHNA steering committee throughout the project to identify the health needs of Evans and Tattnall Counties - the primary communities served by Evans Memorial Hospital. The steering committee helped facilitate the completion of a community survey, recruited community members for focus group discussions, and provided updates on the hospital's activities to address community health needs since the last CHNA was completed in 2022.

Primary Data Collection

Community Survey

The online community survey assessed the health priorities and healthcare needs of residents within the primary service area of Evans Memorial Hospital, located in Evans County, Georgia. The survey link was shared through the hospital's social media pages and email lists, as well as those of local community partners.

Focus Groups

Focus group participants represented key stakeholder groups responsible for maintaining the overall health of residents of Evans and Tattnall counties and *included* representation from the local health department. Their insights offered a comprehensive view of life in the community.

Secondary Data Collection

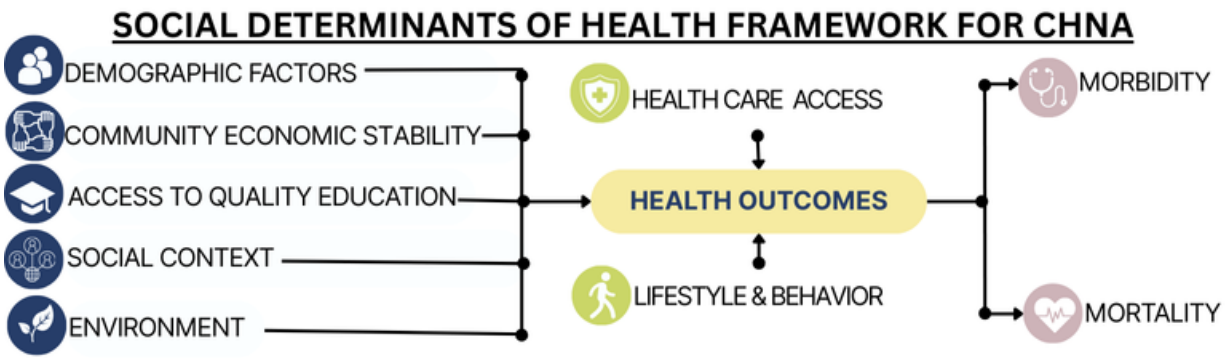
The secondary data on the community's profile, health care access, and utilization were obtained from multiple publicly available sources, including the US Census Bureau, the Area Resource File, Centers for Disease Control (CDC) disease and mortality data, Georgia Department of Public Health, Office of Health Indicators for Planning's OASIS (Online Analytical Statistical Information System), County Health Rankings, Policy Map, and the National Cancer Institute. The most recent data available from each source was collected at the time of analysis.

Findings from all the above-described data collection efforts informed the identification of community health needs and the development of an implementation plan.

Data Analysis and Visualization

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviations. Analyses were completed, and charts and graphs were created using Microsoft Excel version 16 software and the Datawrapper data visualization application. Spatial variations

in selected community health indicator estimates are also presented using data and maps from PolicyMap. Qualitative data from the focus groups were analyzed using the NVIVO14 qualitative analysis software.



Hospital and Service Area

Service Area

Evans and Tattnall Counties are located in Southeast Georgia. Evans County, with its county seat in Claxton, has a population of about 10,869, while Tattnall County, with its seat in Reidsville, is home to roughly 24,000 residents.

Area Attributes

The region offers outdoor recreation through the Canoochee River, local parks, and scenic agricultural landscapes. Evans County's economy is supported by poultry production, small businesses, and public services, while Tattnall County's economy is driven by agriculture, most notably as Georgia's leading producer of Vidalia Sweet Onions, alongside other small businesses and community services.

Hospital Amenities

Evans Memorial Hospital is a non-profit general acute care hospital located in Claxton, Georgia. The hospital is a 49-bed acute care hospital. In addition to inpatient services, the hospital also offers surgical services and outpatient services, including imaging services through the Jack Strickland Rehabilitation Center. The hospital also has dedicated medical staff specializing in primary care and general surgery.

CHNA Report Organization

This report outlines the findings of the CHNA, starting with the results of the secondary data analysis. Community input from the survey and focus groups is then presented, followed by information on the outcomes of the previous CHNA process. Next, a status update on initiatives undertaken as part of the prior CHNA is provided. An implementation plan is included, along with a listing of community health care resources.

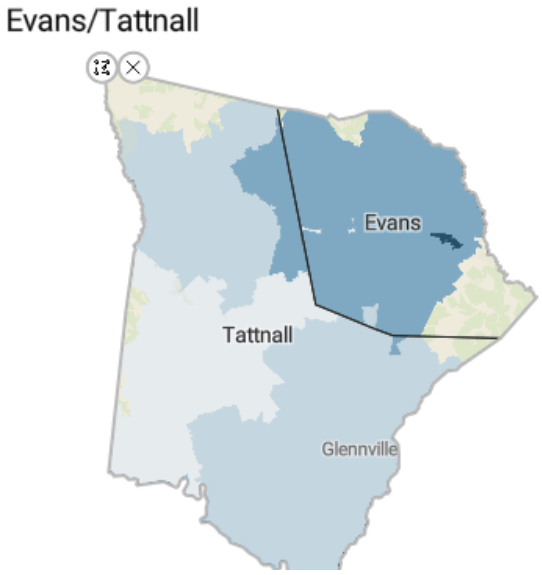
Secondary Data

COUNTY DEMOGRAPHICS

As of 2024, Evans County had an estimated 10,754 residents, while Tattnall County had 24,296 residents. Both counties are less racially and nationally diverse than Georgia overall. Evans reports slightly fewer veterans (4.7%) but more disabled residents (10.1%) compared to the state, while Tattnall shows similar veteran levels (4.6%) but a higher share of residents with disabilities (20.2%).

Figure one on the right from *www.PolicyMap.com,* compiled with Data from the census, illustrates that the city of Claxton has a higher percentage of people 65+ (17.59%).

Figure 1. Estimated percent of people 65+ (2019-2023)



	Evans	Tattnall	GA
Total Residents	10,754	24,296	11,029,227
Female	50.9%	42.7%*	51.3%
Male	49.1%	57.3%*	48.7%
Age Distribution			
Population Under 5 years	5.6%	4.6%	5.8%
Population Under 18 years	24.5%	20.2%	23%
Population 65 years and older	17.2%	15.9%	15.4%
Race & Ethnicity			
Non-Hispanic White	55%	57%	49%
Non-Hispanic Black/AA	27%	27%	30%
Other Races/Multiracial	6%*	5%*	10%
Hispanic	12%	11%	11%
Other Demographics			
Foreign Born	5.3%*	4.7%*	10.8%
Non-English Language Spoken at Home	12.8%	11.9%	15.0%
Veterans	4.7%	7.8%*	5.4%
Population under 65 years disabled	10.1%	15.9%*	9.3%

*Significantly different from state average, Data Source: US Census Bureau, County Health Rankings.

POPULATION CHANGE

Evans County's population declined by 0.7% between 2013 and 2023, while Georgia grew by 10.4%. The White Non-Hispanic population decreased, with small gains observed in other racial/ethnic groups. The elderly population (65 years and older) increased by 16.8%. Tattnall County declined more sharply (-4.8%), showed similar racial shifts, and experienced a larger increase in residents 65 and older (26.7%).

The population of Evans and Tattnall County is projected to grow slightly (1.6% for Evans and 1.7% for Tattnall) from 2023 to 2033. Both counties are expected to become increasingly diverse. The proportion of the elderly in both counties is projected to continue to rise (22.4% for Evans and 24.1% for Tattnall).

Figure 2. Evans and Tattnall County Population Change, 2013-2023

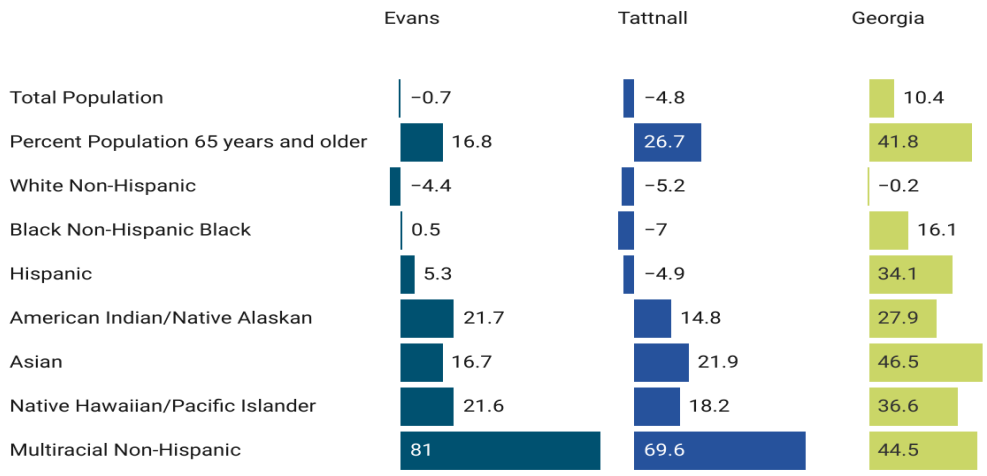
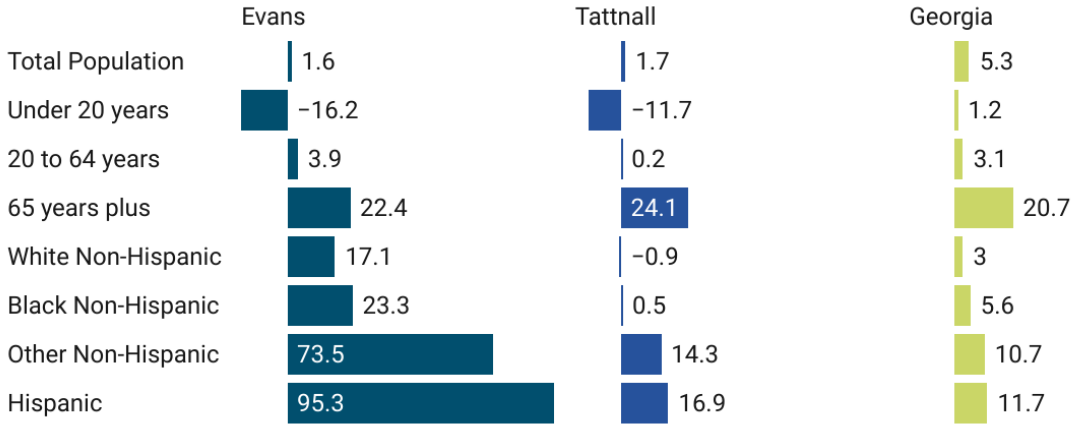


Figure 3. Projected Evans and Tattnall County Population Change, 2023-2033



CENSUS TRACT VARIATIONS IN DEMOGRAPHICS

The maps here display demographics within Evans and Tattnall Counties by census tract. Maps are from PolicyMap, with darker colors representing greater proportions.

Figure 4. Median Income by Household (2019-2023)

The census tract with the highest median household income in the service area is found in Tattnall County.

Figure generated with data from the Census using an online mapping platform (PolicyMap, 2025).

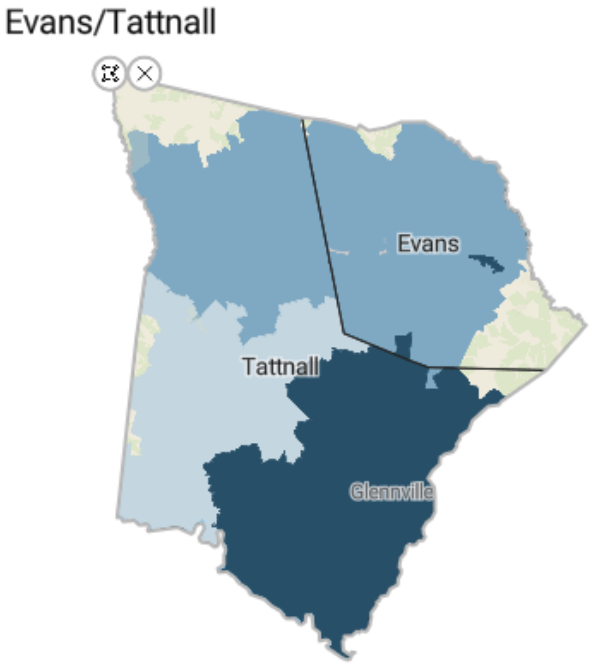
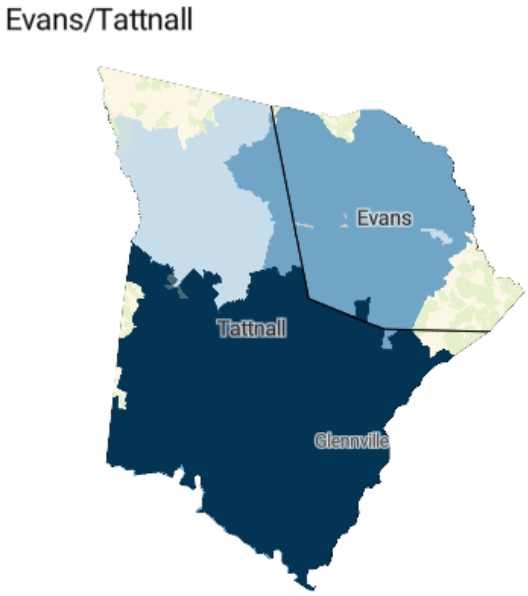


Figure 5. Estimated percent of all people 65 or older who live in poverty (2019-2023)

The map on the right shows a spatial distribution of the proportion of the population 65+ who live in poverty. There is a clear divide, with higher poverty among the elderly, observed in southern Tattnall County (26.7%) relative to northern Tattnall and Evans Counties (11.46% and 15.32%).

Figure generated with data from the Census using an online mapping platform (PolicyMap, 2025).



ECONOMIC PROFILE

Workforce participation is lower in Evans (68%) and Tattnall (60.7%) than in Georgia (75.5%). Median household incomes are significantly below the state average ($53,908 in Evans; $52,351 in Tattnall; $74,664 in Georgia), and poverty remains high, with about a quarter of residents and a third of children in both counties living in poverty, compared to 13.6% and 17% statewide. Housing trends show higher homeownership in Tattnall (72%) than in Evans (64%) or Georgia (65%), but similar cost burdens, with 10% of families in both counties spending over half their income on housing. Median rents are considerably lower than the state average ($720 in Evans; $660 in Tattnall; $1,306 in Georgia). From 2022 to 2023, real GDP grew 0.7% in Evans, 3.8% in Tattnall, and 1.9% in Georgia. Over the past decade, Evans and Tattnall had nearly identical growth (1.0% and 1.1%), trailing Georgia's 3.1%.

Figure 6 Percent of People Living in Poverty (2019-2023)

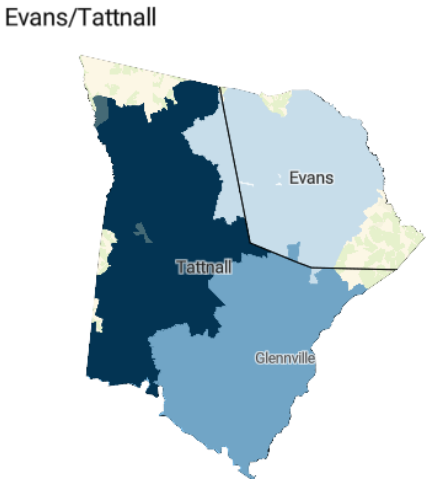


Figure generated with data from the Census using an online mapping platform (PolicyMap, 2025).

Figure 6 shows that western Tattnall has higher overall poverty levels (25%) compared to eastern Tattnall and Evans counties (21% and 18%).

	Evans	Tattnall	GA
Real GDP Growth Rate (2022-2023)	0.7	3.8*	1.9
Real GDP Rate (2013-2023)	1.0	1.1	3.1
Poverty			
Median Household Income (2019-2023)	$53,908*	$52,351*	$74,664
Population in Poverty (2022)	23.7%*	22.7%*	13.6%
Children in Poverty (2019-2023)	31%*	31%*	17%
Employment			
16+ work seekers unemployed (2023)	2.6%*	3.8%	3.6%
20–64-year-old Work Force Representation (2023)	68%*	60.7%*	75.5%
Housing			
Homeownership (2019-2023)	64%*	72%*	65%
Families spending > 50% of income on housing	10%	10%	14%
Median gross rent (2019-2023)	$720*	$660*	$1,306

*Significantly different from state average, Data Source: US Census Bureau, County Health Ranking, BEA Quickfacts

EDUCATION

Both Evans and Tattnall Counties lag behind Georgia on certain education-related metrics. A smaller percentage of residents in both counties hold a bachelor's degree compared to the state (~15% vs. 34%), and third graders perform comparatively worse on state standardized tests than the state average. Funding shortfalls are also more significant in Evans (–$10,193) than in Tattnall (–$3,230) or the state (–$2,969).

Figure 7 on the right shows data on residents with at least a high school diploma. The northern part of Tattnall County has a higher percentage (84.96%) compared to Evans (82.81%) and Southeastern Tattnall (82.86%). Southwestern Tattnall has the lowest rate (75.83%).

Figure 1. High School Graduation (2018-2022)

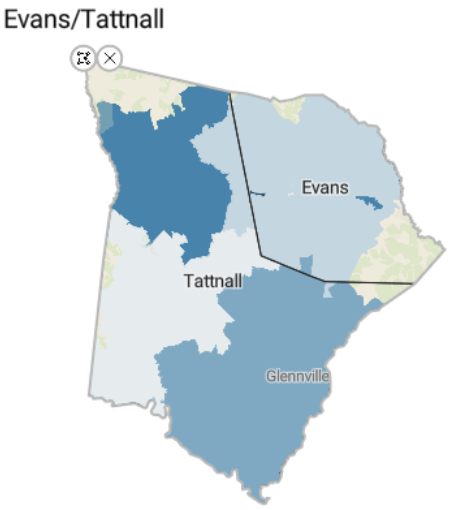


Figure generated with data from the Census using an online mapping platform (PolicyMap, 2025).

	Evans	Tattnall	GA
High school graduation rate (2019-2023)	82.4%*	92%	89%
Population with at least a bachelor's degree	15.1%*	14.6%*	34.2%
3–4-year-old children in school (2021)	42.9%	49.5%	48.1%
Average grade score for 3rd graders in English (2019)	2.5	2.3	3.0
Average grade score for 3rd graders in Math (2019)	2.6	2.4	2.9
Children eligible for reduced lunch	97%*	78%*	60%
School Funding Adequacy (2022)	-$10,193*	-$3,230	-$2,969

SOCIAL CONTEXT

Evans County has more social associations (13.1 per 10,000) than both Tattnall (11.2) and Georgia overall (8.8), indicating stronger community connectedness. Household size in both counties is similar to Georgia. Reports of lacking social and emotional support are the same in both counties (34%) and slightly higher than in Georgia overall (31%).

	Evans	Tattnall	GA
Average persons per household (2019-2023)	2.6	2.6	2.6
Social Associations per 10,000 (2022)	13.1*	11.2	8.8
Lack of Social and Emotional Support (2022)	34%	34%	31%

*Significantly different compared to the state average Data Sources: County Health Rankings, US Census Bureau

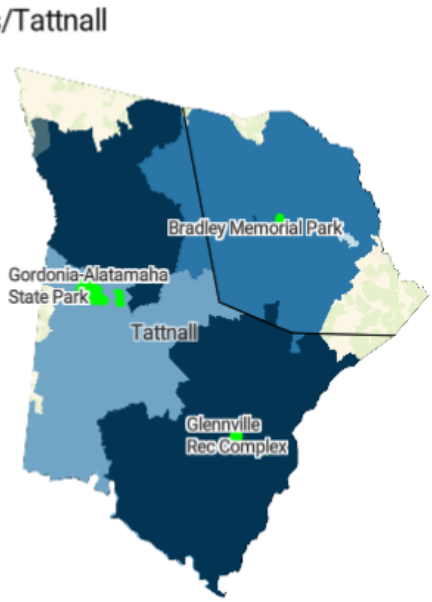
NEIGHBORHOOD AND ENVIRONMENT

In Evans and Tattnall Counties, about 79% of households have internet access, which is lower than Georgia's rate of 89.4%. Access to exercise opportunities is higher in Evans (73%) than in Tattnall (51%), while vehicle access remains similar in both counties. Safety outcomes are poorer in Evans, with 35 motor vehicle deaths per 100,000 people compared to 18 in Tattnall and 16 statewide; firearm deaths are also slightly higher in Evans (19) than in Tattnall (14) or Georgia (18).

Food insecurity affects 16% of residents in both counties, which is higher than Georgia's 13%, but Evans and Tattnall perform better on the food environment index (7.9 and 7.2 versus 6.3). Air quality levels were comparable to the state, and no drinking water violations were reported in either county.

Figure 8 shows the county's population overlaid with parks and areas designated for future park improvements or developments, created using data from the 2019-2023 Census and an online mapping platform (PolicyMap, 2025).

Figure 8. Park Locations and Priority Areas



	Evans	Tattnall	GA
Access			
Households with Internet Access (2019-2023)	78.8%*	79.0%*	89.4%
Access to exercise opportunities	73%*	51%*	75%
Households with no motor vehicle	4.6%*	5.7%	5.9%
Safety			
Firearm deaths per 100,000 (2018-2022)	19	14	18
Deaths from MVA, per 100,000 (2016-2022)	35*	18	16
Injury Deaths per 100,000 (2018-2022)	90*	76	77
Food Insecurity			
Low-income with limited access to healthy foods	0%	6%	10%
Food environment index (1 worst; 10 best)	7.9	7.2	6.3
Food insecurity (2022)	16%	16%	13%
Pollution			
Air pollution (PM2.5) (2020)	8.8	8.9	8.8
Drinking Water Violations (2023)	No	No	N/A

*Significantly different from the state. Data Source: County Health Rankings, US Census Bureau, Sparkmap

DIFFERENCES IN ENVIRONMENT BY CENSUS TRACT

Maps are from PolicyMap, with darker colors representing greater proportions.

Figure 9. Estimated Average Travel Time to Work (2019-2023)

Average commute times are moderate in both counties, with residents in Evans traveling about 25 minutes to work and those in Tattnall averaging 27 minutes.

Figure generated with data from the Census using an online mapping platform (PolicyMap, 2025).

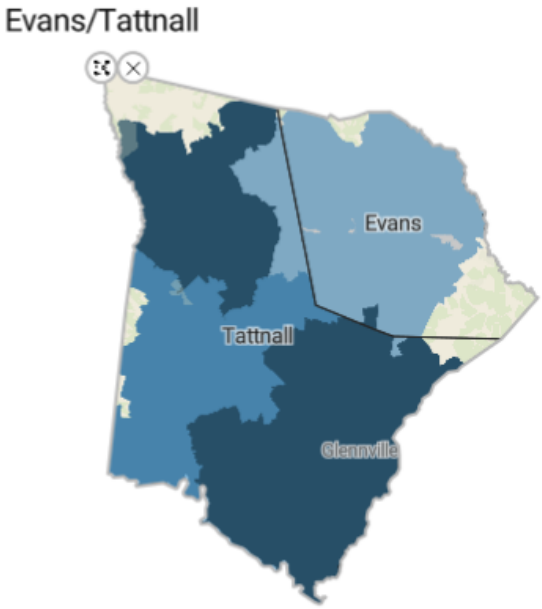
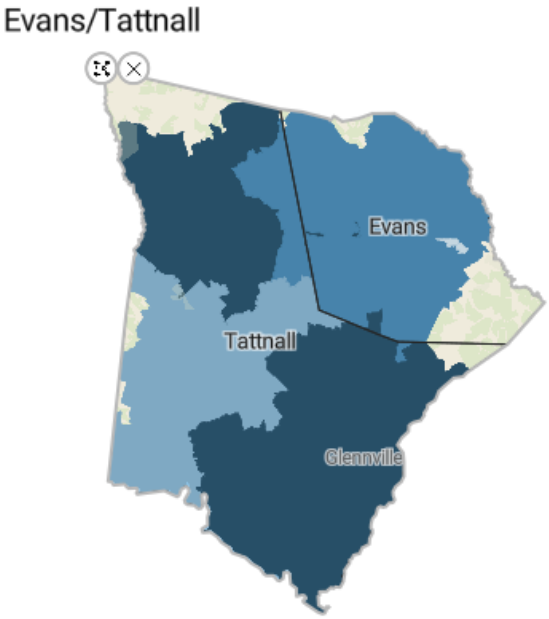


Figure 10. Household Internet Access (2019-2023)



The proportion of households with internet access is relatively high in both northern and southeastern regions of Tattnall County (87.49% and 87.18%). The southwestern part of Tattnall County is significantly lower (75.18%). Internet access rate in Evans County is at 79.91%.

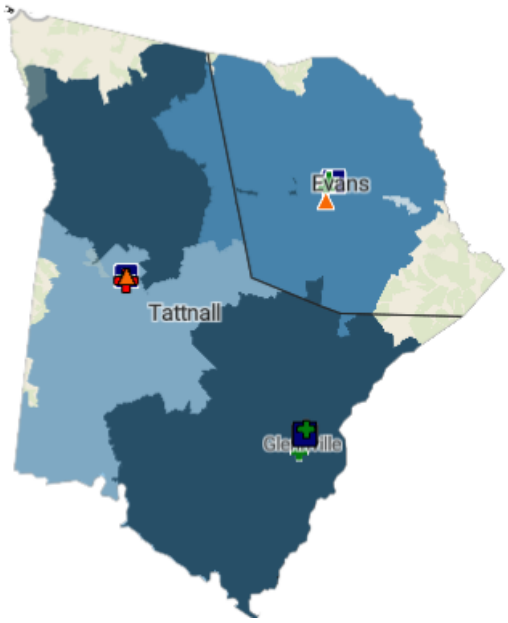
Figure generated with data from the Census using an online mapping platform (PolicyMap, 2025).

HEALTHCARE ACCESS

Evans County is served by Evans Memorial Hospital, Camellia Health Rehabilitation, and the Evans Health and Wellness Center, while Tattnall County relies on multiple East Georgia Healthcare and Optium Healthcare sites in Reidsville and Glennville. Uninsurance is high in both counties (18% Evans, 19% Tattnall vs. 14% Georgia), and provider shortages are more severe in Tattnall, especially for primary care and dental services. Mental health access is limited across both counties, and preventable hospital stays remain above the state average.

The map to the right from www.policymap.com depicts the location of health facilities. Healthcare resources are mostly located in the central part of the counties, in Claxton, Reidsville, and Glennville.

Figure 11. Location of Health Facilities.



	Evans	Tattnall	GA
Health Insurance Coverage			
Percent under 65 years Uninsured (2022)	18%	19%	14%
Provider Supply			
Population to One Primary Care Physician	2,670*	5,760*	1,520
Population to One Dentist	3,570*	8,020*	1,860
Population to One Mental Health Provider	5,380*	3,040*	520
Primary Care			
Medicare Preventable Hospital Stays per 100,000	3,858*	2,682	3,083

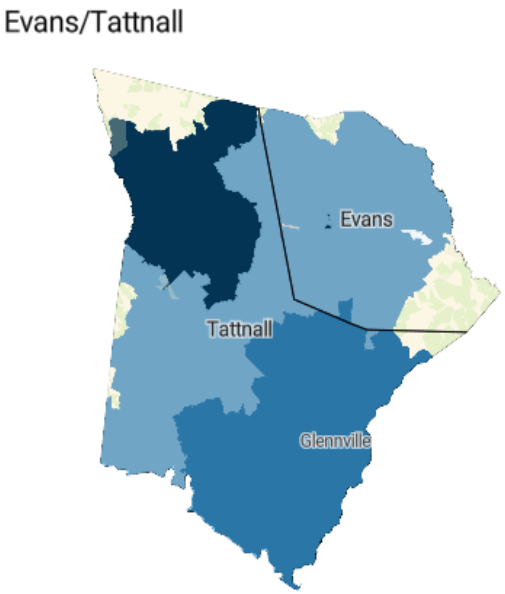
*Significantly different from the state. Data Source: County Health Rankings, US Census Bureau

LIFESTYLE AND HEALTH BEHAVIOR

Both Evans and Tattnall Counties rank below Georgia in preventive care, with lower rates of Pap smears and vaccinations. Lifestyle risks are also higher, as smoking, obesity, and physical inactivity exceed state levels. Sexual health concerns are significant, with higher STD and teen pregnancy rates than the overall Georgia average.

Figure 12 depicts the proportion of women between the ages who have had a mammogram in 2022. Both counties have similar rates, ranging between 72% and 74%, with the highest percentage recorded in Northern Tattnall County.

Figure 12. Mammography use among women 50-74 in 2022



	Evans	Tattnall	GA
Disease Prevention and Screening Behaviors			
Flu Vaccination Rates among Medicare	44%	36%*	45%
Fully Vaccinated for COVID	1%*	1%*	4%
PAP Smear Screening Rates	73.7%	73.2%	77%
Suboptimal Lifestyle Behaviors			
Adult smoking rate	22%*	20%*	13%
Adult excessive drinking rate	16%	16%	16%
Adult obesity rate	45%	46%*	37%
Adult physical inactivity rate	35%*	33%*	23%
Adults report insufficient sleep (<7 hours) (2020)	42%	43%	39%
Sexual Risk Behaviors			
HIV prevalence rate per 100,000 population	550	527	664
STD infection rates per 100,000	804.1*	511.1	665.8
Teen pregnancy rates per 1000 female teens	37*	43*	19

*Significantly different compared to the state. Sources: County Health Rankings, statecancerprofiles.cancer.gov

HEALTH OUTCOMES

Life expectancy is lower in Evans (70.7) and Tattnall (72.5) than in Georgia (75.6). Both counties have higher rates of diabetes and more cardiovascular hospitalizations compared to the state. Premature death rates are also significantly higher, and more adults in Evans (27%) and Tattnall (25%) report poor health compared to Georgia (18%). Additionally, frequent mental distress is significantly higher in Evans County, further emphasizing the health challenges faced in these communities.

Figure 13 illustrates the percentage of adults with coronary heart disease in Evans and Tattnall Counties. Northern Tattnall has the highest rate (9.2%), while Southern Tattnall and Evans have similar rates (8%). Southwestern Tattnall has the lowest percent (7.3%).

Figure 13. Percent of Coronary Heart Disease in Adults

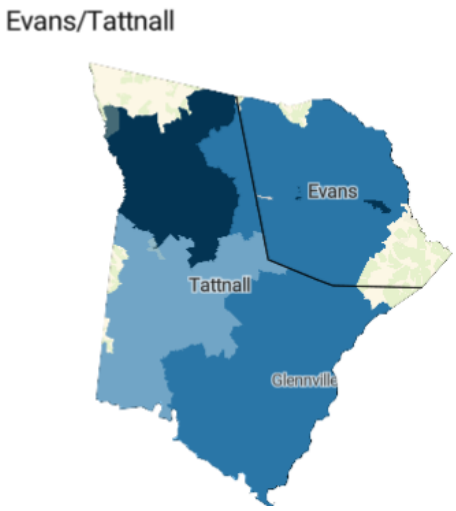


Figure generated with data from the Census using an online mapping platform (PolicyMap, 2025).

	Evans	Tattnall	GA
Disease Burden & Health Outcomes			
Adult diabetes prevalence rate	14%	14%	11%
Hypertension, heart disease hospitalization rate per 100,000	522.1*	415.5	401.1
Low birth weight rate	12%	9%	10%
Life expectancy	70.7*	72.5*	75.6
Premature (under 75 years) death rate per 100,000	680*	630*	460
Percent of adults reporting poor or fair health	27%*	25%*	18%
Percent of adults reporting frequent mental distress	21%*	19%	16%

*Significantly different compared to the state. Sources: CDC Atlas of Heart Disease and Stroke, County Health Rankings, GA Dept. of Public Health OASIS, NIH State Cancer Profile

Top 5 Causes of Death 2019-2023

Cause	Evans	Tattnall	GA
Ischemic Heart Disease and Vascular Disease	1	1	1
Covid-19	2	2	2
Diabetes Mellitus	3	9	9
Alzheimer's Disease	4	7	6
All COPD Except Asthma	5	3	5

The leading causes of death in Evans and Tattnall Counties reflected those of Georgia overall, with ischemic heart disease and COVID-19 ranked first and second. In Evans, diabetes was third, while in Tattnall, it ranked lower, with Alzheimer's disease and COPD appearing higher. At the state level, diabetes and Alzheimer's also ranked below the top three, emphasizing the significant impact of COVID-19 across all areas.

PROGRESS ON SELECTED INDICATORS

Evans County		Prior CHNA (2022)	Current CHNA (2025)	Progress
	Social and Economic Context			
	Percent children in poverty	28%	31%	←
	Unemployment rate	3.2%	2.6%	→
	High school graduation rate	77%	82.4%	→
	Social associations per 10,000	9.9	13.1	→
	Environment			
	Percent population with access to exercise opportunities	36%	73%	→
	Percent population food insecure	16%	16%	–
	Health Care Access			
	Uninsured adults	19%	18%	→
	Proportion of people to primary care providers	4,210	2,670	→
	Proportion of people to mental health providers	6,340	5,380	→
	Health Behaviors			
	Obesity rate	38%	45%	←
	Physical inactivity rate	38%	35%	→
	Smoking rate	25%	22%	→
	Teen pregnancy rate (per 1000 teen females)	40	37	→
	Health Outcomes			
	Percent reporting poor or fair health	28%	27%	→
	Low birth weight rate	10%	12%	←
	Diabetes prevalence	15%	14%	→
	Premature (under 75yrs) death rate per 100,000	470	680	←

Tattnall County		Prior CHNA (2022)	Current CHNA (2025)	Progress
	Social and Economic Context			
	Percent children in poverty	28%	31%	←
	Unemployment rate	3.2%	3.8%	←
	High school graduation rate	77%	92%	→
	Social associations per 10,000	9.9	11.2	→
	Environment			
	Percent population with access to exercise opportunities	36%	51%	→
	Percent population food insecure	16%	16%	—
	Health Care Access			
	Uninsured adults	19%	19%	—
	Proportion of people to primary care providers	4,210	5760	←
	Proportion of people to mental health providers	6,340	3,040	→
	Health Behaviors			
	Obesity rate	38%	46%	←
	Physical inactivity rate	38%	33%	→
	Smoking rate	25%	20%	→
	Teen pregnancy rate (per 1000 teen females)	40	43	←
	Health Outcomes			
	Percent reporting poor or fair health	28%	25%	→
	Low birth weight rate	10%	9%	→
	Diabetes prevalence	15%	14%	→
	Premature (under 75yrs) death rate per 100,000	470	630	←

← worsened — stable → improved

Data source: County Health Rankings, Years: 2022 to 2024.

Primary Data

COMMUNITY SURVEY

RESPONSE RATE AND REPRESENTATIVENESS

The survey was shared on the hospital's website, through social media accounts, and with the school board for further dissemination. Fifty-three community members provided complete or partial responses to the online survey. Of these, about 17% (N=9) did not provide any demographic information. Compared to census data for the service area, survey respondents were more likely to be female, younger, have at least a high school degree, be employed, and own a home than the actual population.

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The respondent characteristics were similar to those observed in most online surveys. Most survey respondents were female (77%), White (89%), aged under 65 years (68%), married or partnered (64%), and employed (70%), with at least a bachelor's degree (41%). The majority reported an annual household income above $60,000 (55%) (see table below).

Demographic Characteristics of Survey Respondents

Characteristic	N	n (%)
Sex	44	
Female		34 (77.3%)
Male		10 (22.7%)
Age	44	
18-24		1 (2.3%)
25-34		3 (6.8%)
35-44		5 (11.4%)
45-54		8 (18.2%)
55-64		13 (29.5%)
65-74		9 (20.5%)
75+		5 (11.3%)
Marital Status	44	
Married/Partnered		28 (63.6%)
Separated		1 (2.3%)
Divorced		7 (15.9%)
Widowed		4 (9.1%)
Single/Never Married		4 (9.1%)
Education	44	
High school graduate or GED		7 (15.9%)
Some college or associate degree		19 (43.2%)
Bachelor's degree		10 (22.7%)
Graduate or advanced degree		8 (18.2%)
Household Income	44	
$20,001-$40,000		6 (13.6%)
$40,001-$60,000		7 (15.9%)
$60,001-$80,000		4 (9.1%)
$80,001-$100,000		8 (18.2%)

Characteristic	N	n (%)
Above $100,000		12 (27.3%)
Don't know/Prefer not to say		7 (15.9%)
Employment Status	44	
Full-time		25 (56.8%)
Part-time		6 (13.6%)
Retired		12 (27.3%)
Unemployed		1 (2.3%)
Home Ownership	43	
No		8 (18.6%)
Yes		35 (81.4%)
Access to Transportation	44	
No		1 (2.3%)
Yes		43 (97.7%)
Race/Ethnicity: (Select all that apply)[1]	44	
White		39 (88.6%)
Black or African American		2 (4.5%)
Hispanic or Latino		3 (6.8%)
Other		1 (2.3%)

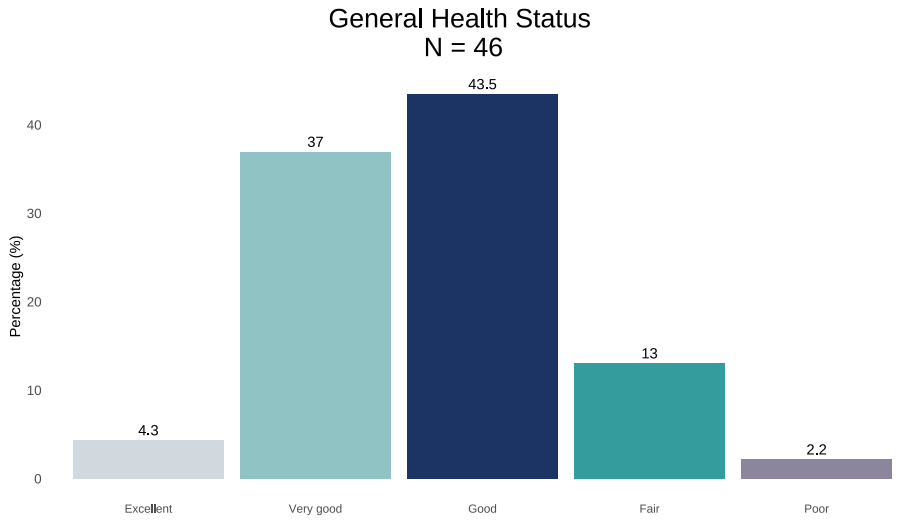
[1]Participants could select multiple race/ethnicity categories. May not add up to 100%

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

Health Status

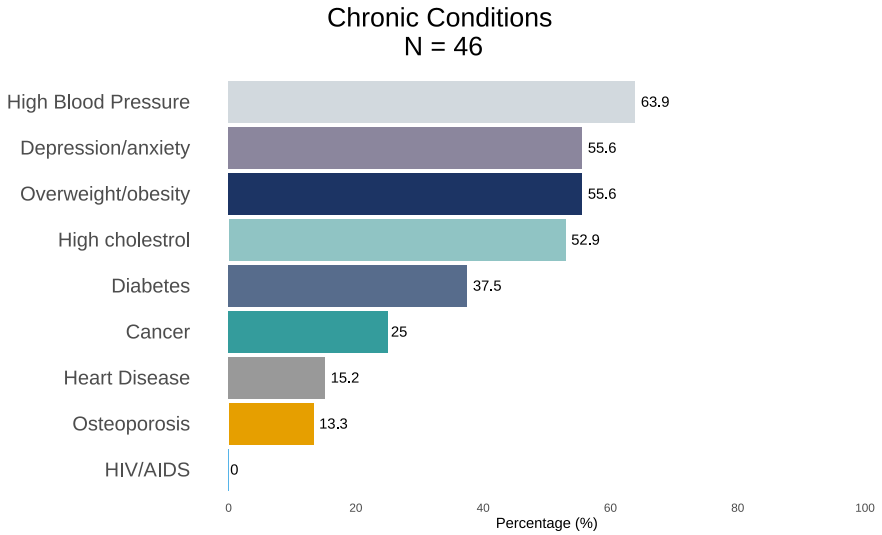
Less than half of the survey respondents (41%) described their health as very good or excellent. Among individuals with chronic conditions, the most common chronic conditions included high blood pressure (64%), depression/anxiety (56%), and being overweight/obese (56%) (Figures 14 & 15).

Figure 14. Self-Reported Health Status



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

Figure 15. Most Common Chronic Conditions



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

Health Behaviors

Smoking, Nutrition, and Physical Activity

Among respondents, approximately eleven percent reported that they currently used tobacco products (Figure 16). About a quarter (26%) reported following the fruit and vegetable intake guidelines of at least five servings daily (Figure 17). Nearly half (46%) reported meeting physical activity recommendations of at least 30 minutes a day, 5 days a week (Figure 18).

Among those unable to adhere to daily fruit and vegetable intake guidelines, about a third (35%) admitted they did not think about their consumption of fruits or vegetables. A similar percentage were unable to meet the nutritional guidelines due to the perishable nature of fruits and vegetables (35%) and their high costs (32%) (Figure 19).

Figure 16. Smoking Behavior

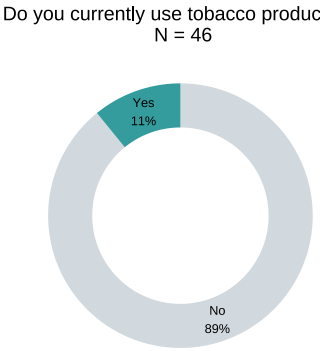


Figure 17. Fruit and Vegetable Consumption

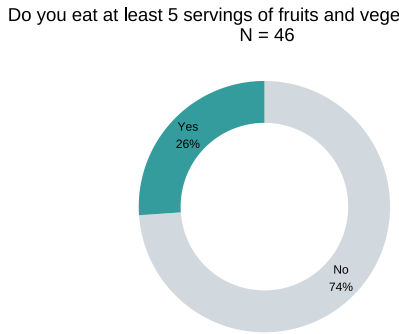


Figure 18. Physical Activity

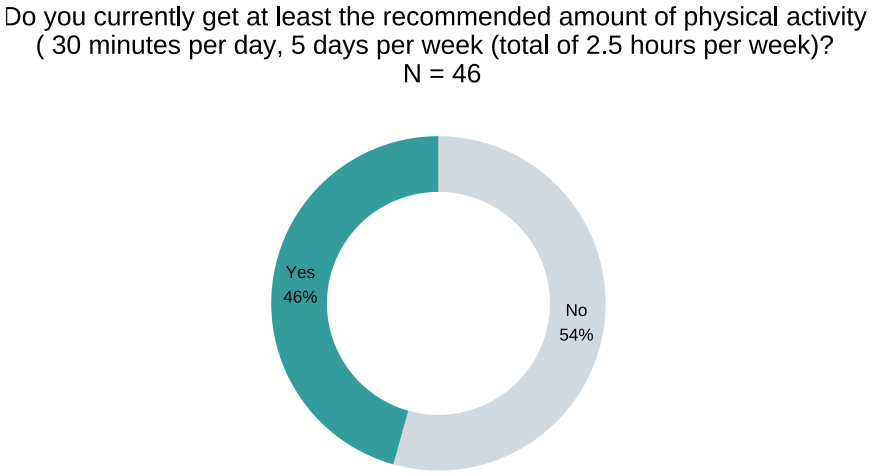
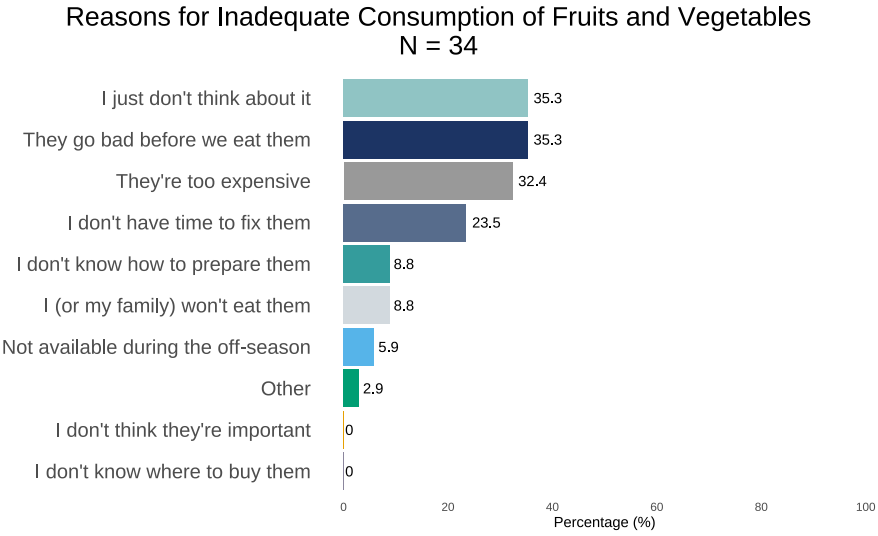


Figure 2. Reasons for Inadequate Fruit and Vegetable Consumption



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

Regarding physical activity, about half of those not meeting the recommended levels reported that they failed to do so because they were too tired to exercise (48%), disliked exercising (40%), or didn't have enough time to exercise (40%) (Figure 20).

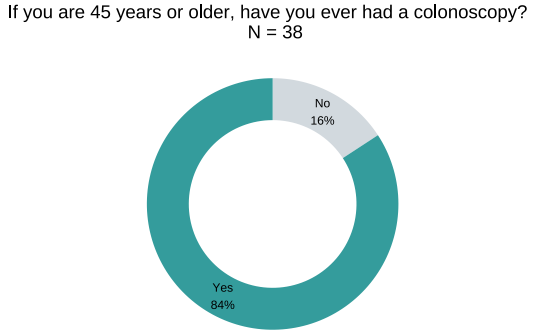
Figure 3. Reasons for Not Meeting Recommended Physical Activity Guidelines

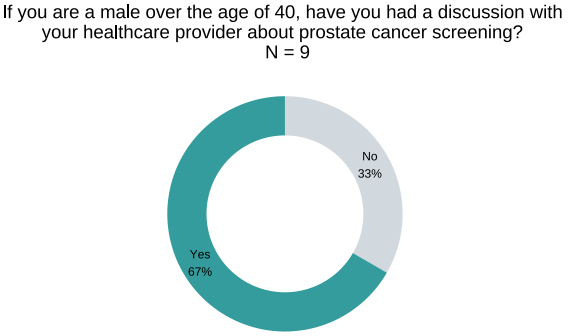
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

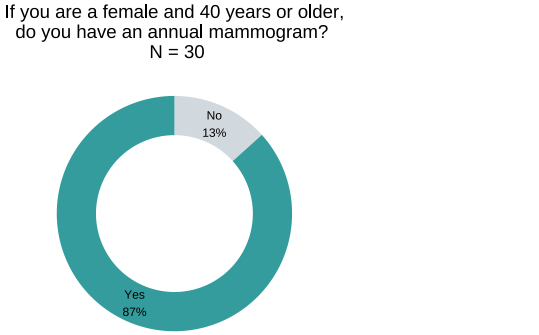
Screening

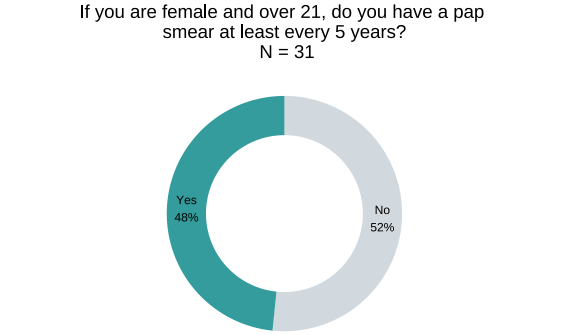
Respondents were also asked about their use of preventative and screening services and their adherence to recommended screening guidelines. At least two-thirds of the eligible population had received recommended cancer screenings for colon (84%), prostate (67%), breast (87%), and cervical cancers (48%) (Figure 21).

Figure 4. Cancer Screening







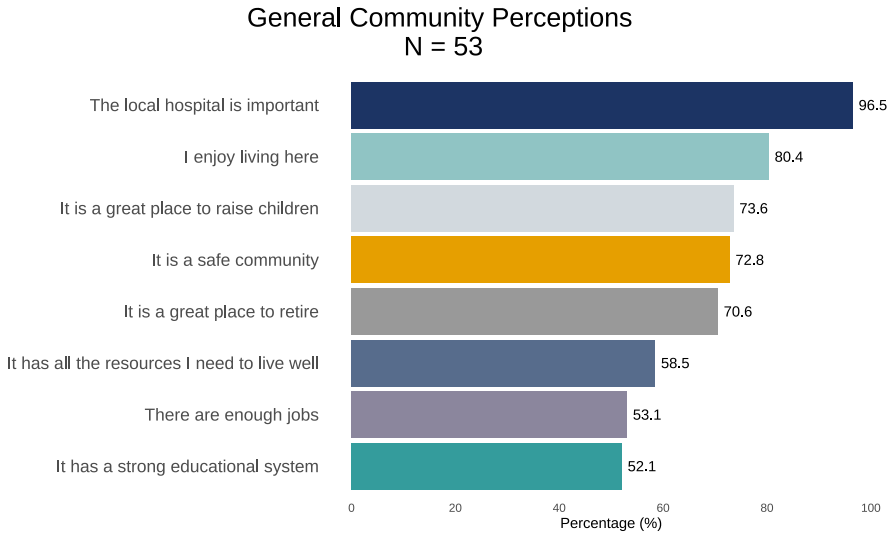


Community Perception

General Community Perception

Overall, respondents viewed the community positively, except for moderate concerns about the quality of the educational system and the availability of jobs and resources. Just over half of the respondents (53%) believed there were enough jobs or resources (59%) or that the educational system was strong (52%). Notably, the majority of respondents (97%) either strongly agreed or agreed that the local hospital was important (Figure 22).

Figure 5. Community Perceptions

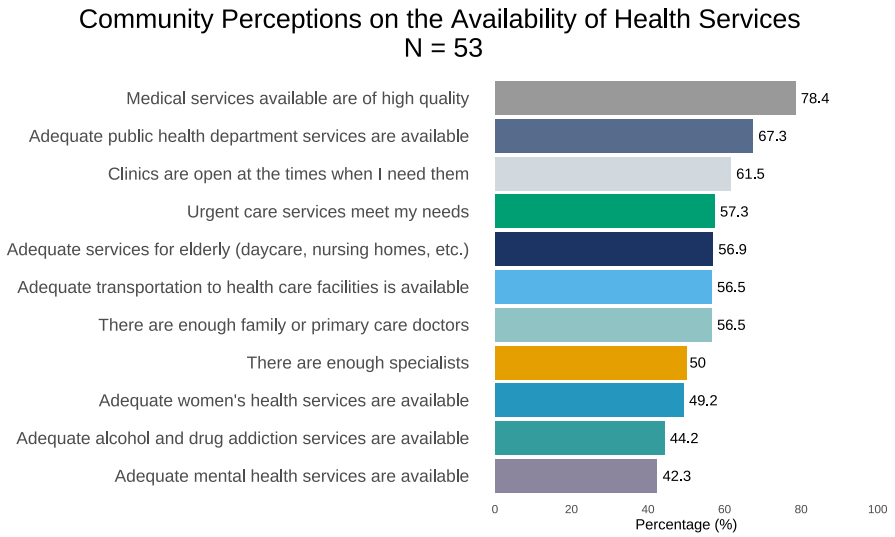


Average sample size is reported. For each statement, we report a valid percentage based on the respective sample size.

Community Perception Concerning Health Care Services

The respondents' perceptions of the adequacy of medical services within the community were moderate to fair. Less than two-thirds reported that nursing home and senior care services, primary care providers, specialists, urgent care and accessible clinics, and medical transportation options were available and adequate. Less than half of respondents reported the availability of adequate women's health services, mental health services, and alcohol and drug addiction recovery services (Figure 23).

Figure 6. Community Perceptions Concerning Health Care Services

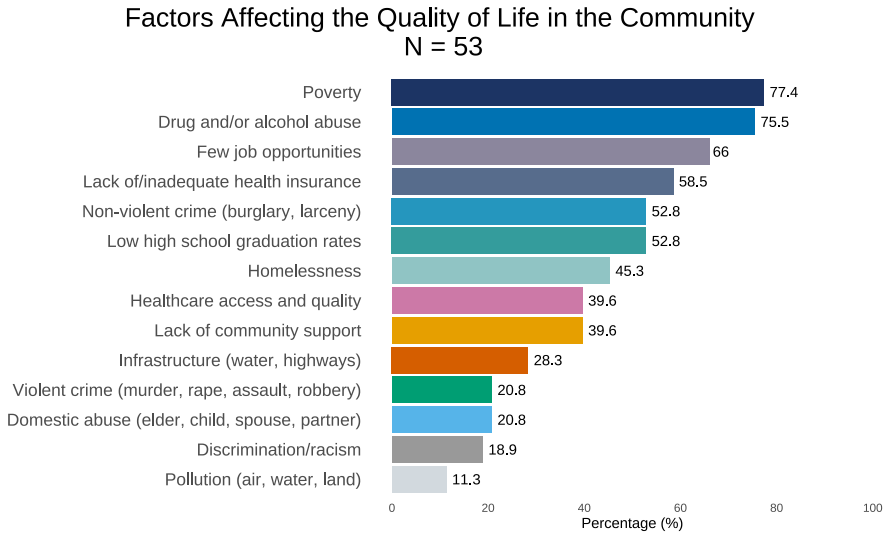


Average sample size is reported. For each statement, we report valid percentage based on the respective sample size.

Community Perceptions Concerning Health and Quality of Life

Respondents (68%) identified poverty as the most significant factor affecting the quality of life in the community. The remaining top four factors included drug and/or alcohol abuse, lack of job opportunities, and inadequate health insurance coverage (Figure 24).

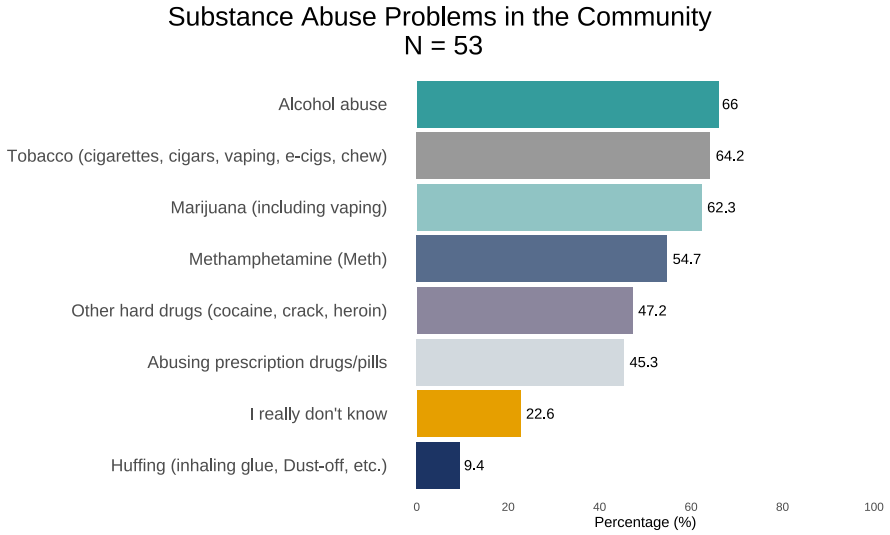
Figure 7. Perceptions Concerning Factors Affecting the Quality of Life in the Community



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

Regarding substance abuse in the community, alcohol abuse was identified as the most commonly abused substance, followed by tobacco and marijuana, respectively (Figure 25).

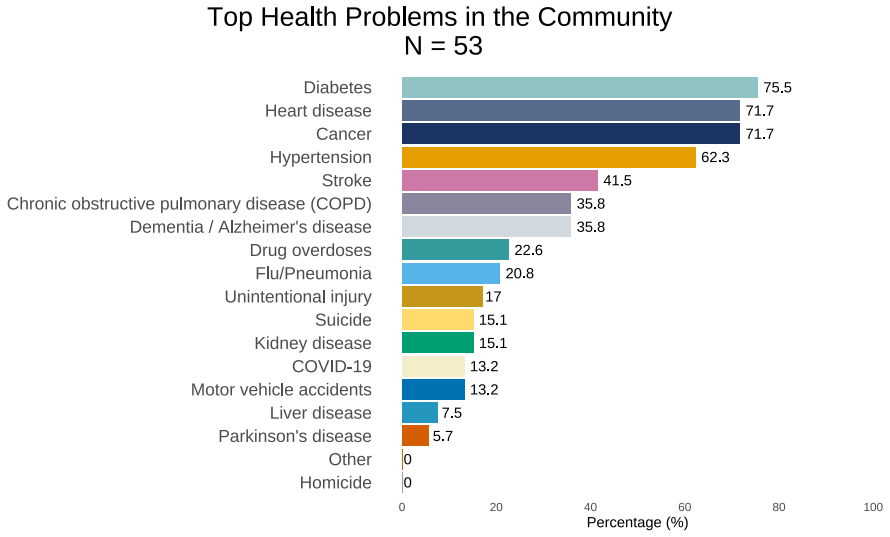
Figure 8. Substance Abuse Problems



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

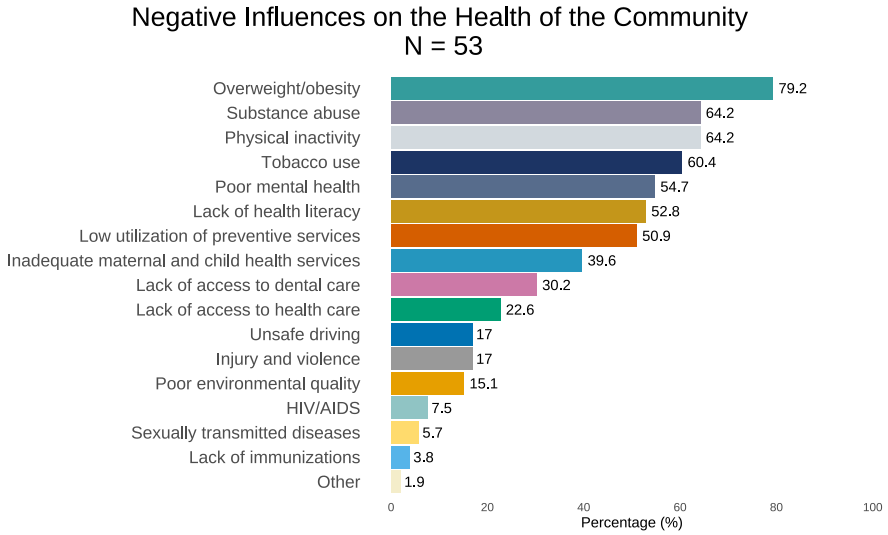
Most respondents identified diabetes, heart disease, and cancer as the leading causes of death and illness in the community (Figure 26). Obesity/overweight, substance use, and physical inactivity were seen as the top three negative factors affecting health in the community (Figure 27), while improper nutrition, parental neglect, and internet use were noted as the top three negative influences on children's health (Figure 28).

Figure 9. Causes of Mortality and Morbidity



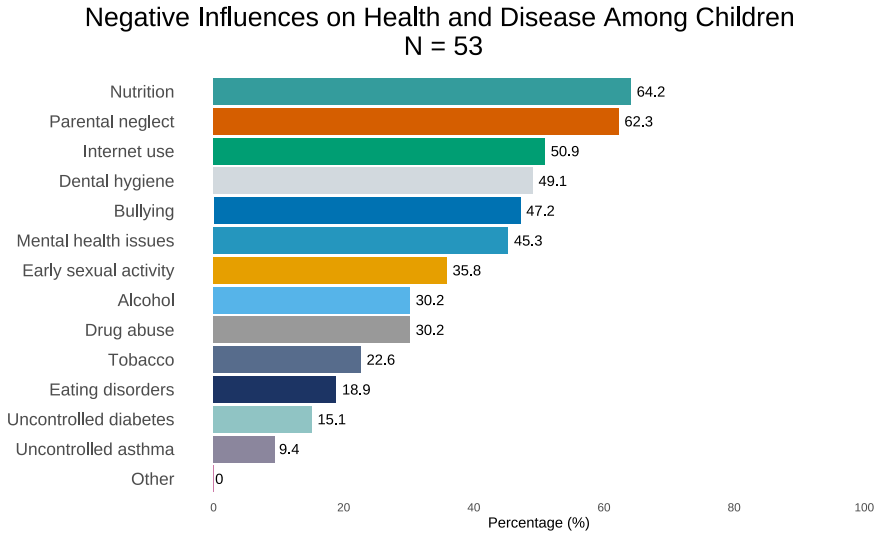
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 10. Negative Influences on Community Health



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

Figure 11. Negative Influences on Children's Health



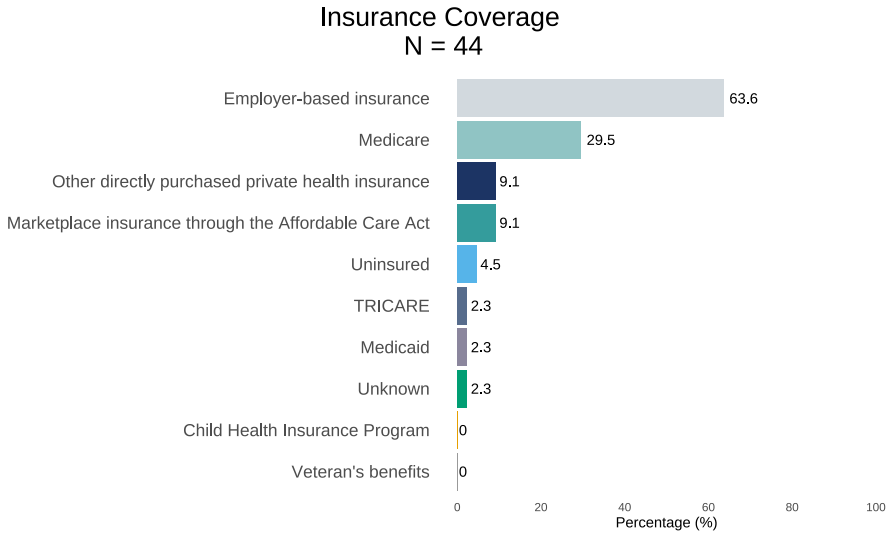
Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Health Care Access

Insurance Coverage and Usual Source of Care

About two-thirds of survey respondents (64%) reported having insurance through their employers. One out of three was covered by Medicare (30%), and two percent had Medicaid (2%). About five percent said they were uninsured (Figure 29).

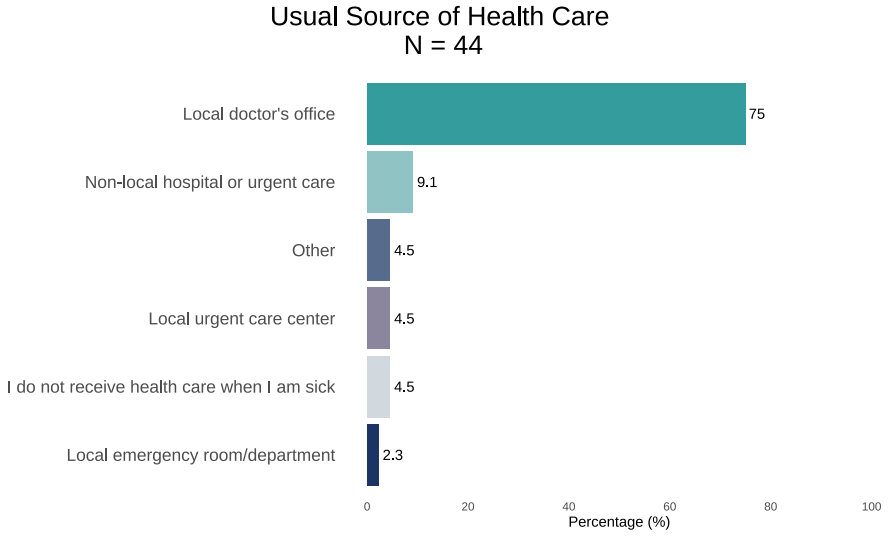
Figure 12. Insurance Coverage



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

Most respondents (75%) reported that their usual source of care is a provider in a doctor's office setting. About one in ten (9%) cited a non-local hospital or non-local urgent care setting as their usual source, while five percent chose a local urgent care center as their usual source of care (5%). About two percent identified the emergency department as their primary source of care (Figure 30).

Figure 13. Usual Source of Care



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

Barriers to Healthcare Access

About one out of ten respondents (11%) reported experiencing barriers to health care access in the past 12 months (Figure 31), including wait times, difficulty getting appointments, and inadequacy of existing insurance coverage (Figure 32).

Figure 14. Any Barriers to Healthcare Access

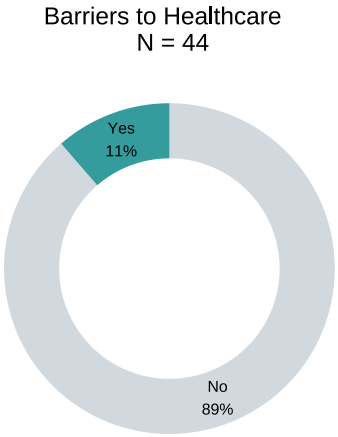
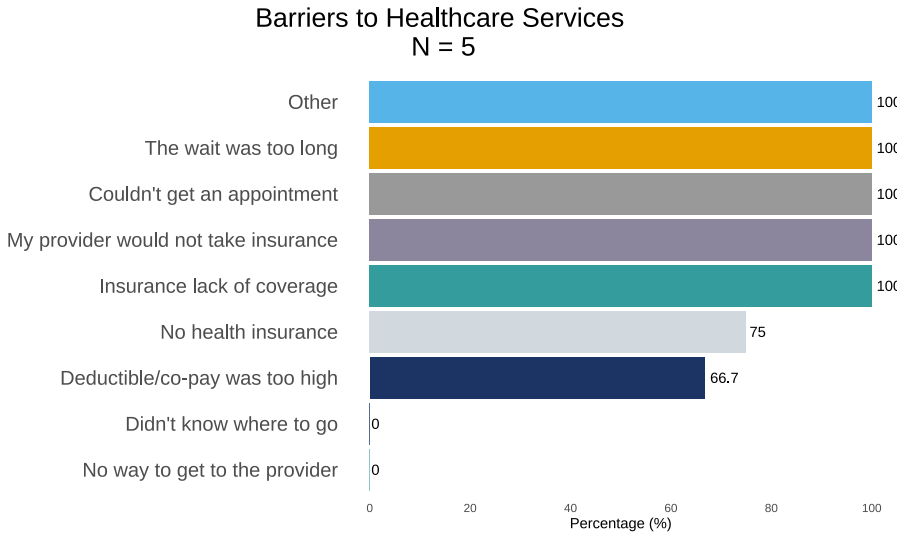


Figure 32. Stated Barriers to Healthcare Access



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

Specialist Access

Among respondents who reported perceptions about specialist availability, eight out of ten noted shortages in health specialists (Figure 33), particularly in pediatrics, endocrinology, cardiology, oncology, and neurology (Figure 34).

Figure 33. Adequacy of Health Specialists

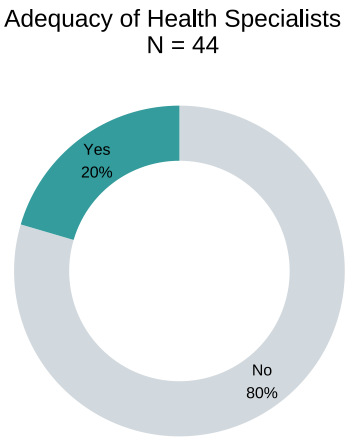
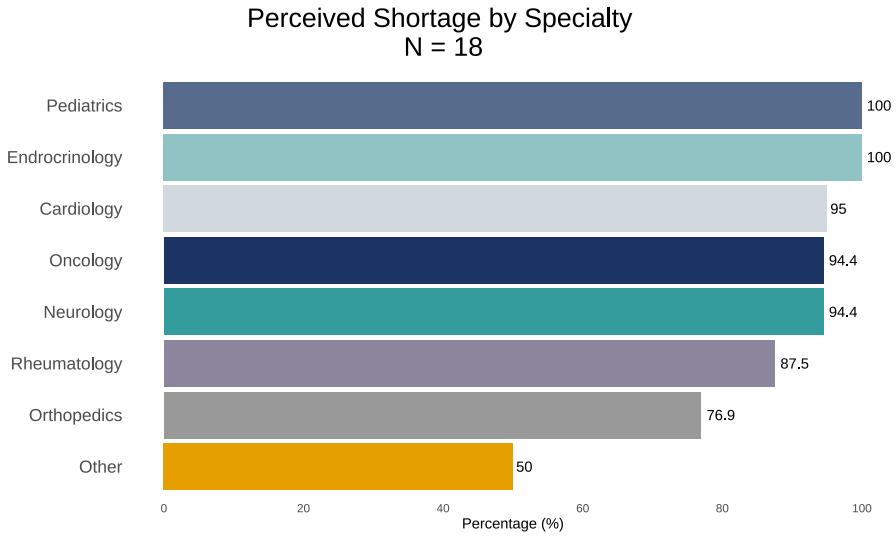


Figure 34. Perceived Provider Shortage by Specialty

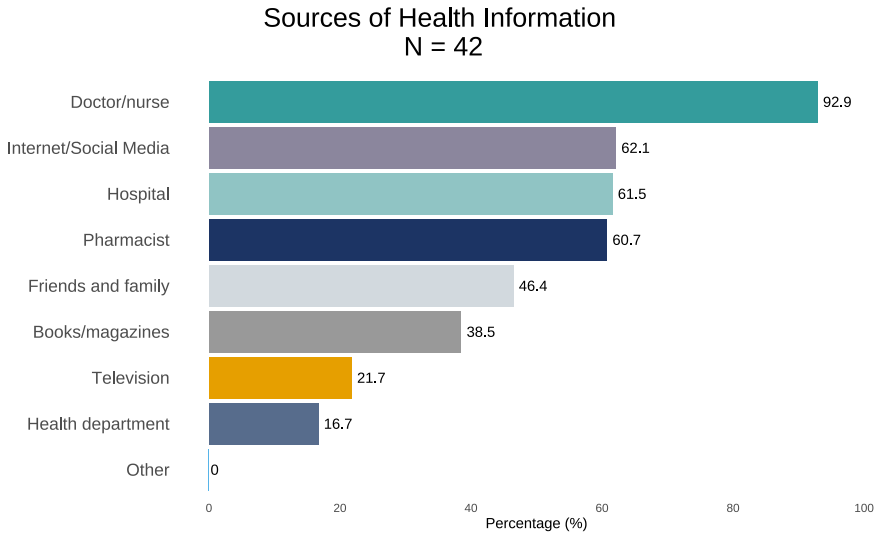


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Health Information

Respondents most frequently cited their healthcare provider as their main source of health information (93%), followed by the internet or social media (62%), hospital (62%) or pharmacists (61%) (Figure 35).

Figure 35. Sources of Health Information



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

SUMMARY POINTS FROM THE COMMUNITY SURVEY

Respondents were mostly White, younger, educated females residing in the service area.

Health Status and Behavior

- The most common chronic conditions reported by the participants include high blood pressure, depression/anxiety, and overweight/obesity.
- Reported adherence to nutrition and physical activity guidelines was low among respondents.
- Adherence to cancer screening guidelines was generally high among participants, except for prostate and cervical cancer screening.

Perceptions about the Community and Community Health

- Respondents viewed the community favorably but identified gaps in mental health and substance abuse treatment, women's health services, and healthcare specialists.
- Respondents identified poverty, substance abuse, and limited job opportunities as the main factors impacting the community's quality of life.
- Heart disease, cancer, and diabetes were identified as the top three causes of illness and death in the community, while overweight/obesity, substance abuse, and physical inactivity were identified as the top three negative drivers of poor health.
- Nutrition, parental neglect, and the use of internet and social media emerged as the top three negative influences on children's health.

Access to Healthcare Services

- About one in ten respondents reported facing barriers to obtaining health care in the past year, with long wait times, difficulty securing appointments, and insurance coverage-related issues identified as the most common obstacles.
- More than three-quarters of respondents believe there are not enough health specialists in the county, with pediatrics, endocrinology, cardiology, oncology, and neurology identified as the most needed specialties.

FOCUS GROUPS

Three focus groups were conducted in the spring of 2025. Twenty-two participants representing various sectors of the community, including **public health**, local government, education, and local business.

Overall Community Perception

The community is a small, quiet, family-oriented bedroom community facing economic challenges.

Participants described Evans County as a small, rural "bedroom" community where residents commute to work. They noted limited resources and job opportunities, aside from a few manufacturing jobs, along with opportunities in the school district and hospital. They also highlighted the community's diversity, noting a high concentration of Haitian and Hispanic populations. Feedback on housing affordability was mixed: some mentioned lower property taxes, while others pointed out that rental prices are unaffordable.

> *"We're a small county; we have limited resources."*
>
> *"Basically, we're torn between a bedroom community and, let's say, an increased manufacturing community. It's a rural population in Evans County of just shy of 11,000. We have four municipalities."*
>
> *"People are working outside of the county and coming to live here, but those who don't have the opportunity to leave to go get a job, I honestly don't know how they're making it."*
>
> *"It's difficult for people to make ends meet. There's not a large job market there. People have to travel outside of the county. Most people have to travel outside the county for work. We have some industry there, but it's very limited."*
>
> *"We have a large Haitian population and a large Hispanic population."*

Community Strengths

Themes: Quiet-Pace of Life, Centrally Located, Proximity to Big Cities

Participants described the community as a quiet place ideal for raising children, close to several larger cities, and conveniently situated near major freeways for quick access to big cities.

> *"I love it here. This is my hometown. There are opportunities to raise a family outside of the hustle and bustle of city life, if that's what you're looking for.*

“A lot of people move from larger cities to us to enjoy the quiet amenities and not have the hustle and bustle of downtown Savannah, or Augusta, or the Atlanta area.”

“We're also in very close proximity, 30 minutes to drive to Statesboro for a little more culture, an hour to Savannah if that's what you want, or even two hours to Macon. We're centrally located as well. I consider it a great place to live.”

“We're not isolated. You can travel. We're very fortunate to have crossroads, the 301 and I-16, and 280. They're four-lane. We're easy to get to, to go to college, or just maneuver around to different places if you want to go out for a night.”

Challenges

Themes: Poverty, High Food Costs, High Housing Costs

Participants identified economic struggles as the biggest challenge in the community. They discussed the challenging economic conditions, noting that families are experiencing financial hardships and that the gap between the wealthy and low-income earners is widening, especially due to increases in rent, food, and childcare costs, along with limited economic opportunities.

“I believe it's around 80% of our students... are considered economically disadvantaged. It is quite difficult to make ends meet.”

“I would say that it is difficult, especially with the rising cost of that rent. Some people look down on families that live two, or three, or four to a house, but you about have to do it in some cases. I honestly don't know how people are affording the rent in the area.”

“Of course, everybody knows the higher price of groceries and everything else. There aren't a lot of opportunities for jobs in the county.”

“When you consider the cost of daycare in comparison to the community members' income level here, it's about 25% of their income. Whereas nationally, it should be between 7 and 10%.”

“We're seeing more and more of a gap year-over-year with regards to people that are caught in the middle of the haves and the have-nots as far as employment, as far as income level. I think that makes it difficult.”

Health-Promoting Resources

Community residents face limited access to affordable, healthy food options and health-promoting resources.

Themes: Less Favorable Food Environment, Lack of Recreation Space, Mental Health Knowledge and Resources.

The group described the complex food environment, characterized by high grocery prices and only one grocery store in a setting dominated by fast food chains. Community resources, including two food banks and a community garden, were in place to address mounting food insecurity within the community.

> *"It costs more to be healthy, make those healthy eating choices. Of course, time is not our friend either. The quick way sometimes is the processed food way."*

> *"We actually have two food banks in Evans County that serve hundreds of families every month, who depend on those food banks to get by. I would say that it is difficult, and especially with the rising cost of that rent."*

> *"We have plenty of fast foods; you can get fast food anywhere in town, but there's only one grocery store at the moment. I love our grocery store. I'm not knocking that at all, but are healthy, affordable food choices available for everyone in the community to take advantage of? I know, there again, health is a choice to a certain degree, but are the choices available?"*

> *"I wish there were more grocery stores because there's only one. I think that one of the downfalls is that there's only one grocery store, and that's it. For those people who can't drive, we have a large population there that can't…some of them might not have access to those kinds of things because of their inability to drive or lack of transportation. "*

> *"We have started a community garden where we're trying to grow fresh vegetables and get people active, and on that part, to get them back from the sedentary life. I think we've got to educate the new generation on how important it is to eat those fresh foods. I don't know how we reach them because to go to McDonald's or Hardee's or whatever and get that fast food, that's all they want to do. They don't want to cook a meal or whatever. We've got to find a way to reach them. I'm unsure of how to reach them in the different organizations. We've had that conversation and everything I'm involved in."*

Participants also reflected on the scarcity of affordable recreation spaces.

> *It's not like we have a park or community centers or anything like that where people can go, especially when the weather's off. There are very few gyms. There are only two or*

three. I think that has an impact on people's health. It's a little pricey when you get to those kinds of facilities. I think that has an impact as well."

Other participants also pointed out the lack of knowledge about mental health and available resources, especially among the youth in the community.

"Our recent Georgia Health Survey did show that. I think it often goes unreported due to embarrassment and, like you're saying, a lack of resources, a lack of knowledge regarding mental health, and what to do about it."

Healthcare Access Issues in the Community

Healthcare access issues in the community include limited specialty, mental health, and dental services, challenges in accessing primary care services, high health insurance costs, and insufficient transportation options.

Themes: Lack of Specialty Providers, Lack of Pediatrics, Lack of Labor and Delivery, Dependence on Emergency care for chronic conditions, Long Waits for referrals, High Costs.

Participants highlighted challenges in healthcare access within the community, such as limited specialty and dental services, difficulty in accessing primary care promptly, and high health insurance costs. They stressed urgent needs for services like urgent care, obstetrics and gynecology, urology, ENT, pediatrics, and rheumatology. Participants also discussed the lack of transportation options for medical appointments, which often resulted in non-compliance, missed follow-up visits, and increased emergency room visits.

Insurance costs:

"The cost of premiums has gone up, and then you add the added cost to the deductibles and all that. It's really gotten to be where it's not affordable for someone to have health insurance."

"You might go to your regular doctor and have a co-pay of $25, if you come to a physical therapy, they consider it a specialist, like you're going to an orthopedic. It's $75 sometimes per visit."

"You've either got people that are on Medicare, Medicaid, and then some …that deserve health insurance at a very low cost, and then you've got people that are paying for insurance on the high end, and the ones on the high end are just about gotten out of reach."

"We have a lot of children, pediatric patients, that are on Florida Medicaid, and we're not reciprocal with Florida. If we could get the reciprocity between the two, that would just be

huge because a good portion of our pediatric patients are either uninsured or they're on the Florida Medicaid."

Specialty, Mental Health and Dental Care Access:

"One of the number one reasons that students are absent is dental needs. Just like having a lack of dental care, where they've not visited the dentist regularly, and it's resulted in some problems."

"We have a lack of mental health, maybe practitioners or access to mental health services here in Evans County."

"I think maybe obstetrics might be another need."

"Pediatrics is the low-hanging fruit."

"Rheumatology would be a wonderful addition. We already have cardiology, pulmonology, orthopedics, and several others that come in, and that's a great service to the community."

"We have to wait for a referral. For example, I saw an ENT, and it took me a month and a half, two months to get in with an ENT. It took me four months to get in with a rheumatologist."

Primary Care Access Challenges:

"Physician practices are only open from 8:00 to 5:00. When you work a normal job with normal business hours, it's difficult to get to an appointment without having to take off. Then most practices are closed on Fridays, which makes it difficult because Fridays are usually the easy days to get off from work.

Transportation:

"I think that ultimately, compliance of the patient population is our biggest struggle. A lot of it is transportation related. A lot of it is, so I need to get to follow-up appointments to get prescriptions filled. A lot of our patients that we transport, we transport multiple times, and I mean multiple. I mean an excess of 30, 40, 50 times. I think a lot of the problem is when they get discharged and get back to where they reside, they become non-compliant. When I say non-compliant, I mean they don't get their prescription filled, they don't do follow-ups with doctors. As a result of that, in a couple of days, we wind up transporting them back to the hospital."

"Some form of accessible transportation would be wonderful in our county.

The Hospital's Role in Advancing Community Health and Wellness

Participants urged the hospital to maintain its commitment to delivering high-quality care close to home, while emphasizing the need to expand community health education and provide affordable wellness programs.

Themes: Quality Care Close to Home, Health Education, Nutrition, Health Screenings, Physical Activity Programs, Healthcare-Transportation

Participants were satisfied with the quality of care they received at EMH. They recognized the efforts the hospital has made to bring in visiting specialists, reducing patients' travel burdens, and keeping essential services closer to home.

> *I know the providers here, and every time we've been here, we've received good care and we've had positive outcomes."*

> *"My family, too, has chosen to use Evans Memorial for a range of services. From my routine mammograms to even, I had some issues that resulted in just like minor surgery, I do utilize the services there. I love the people because I know they care for me, and I know I trust their expertise as well. I don't want to drive if I don't have to."*

> *". I was able to do my reconstructive surgery in Claxton with a specialist out of Savannah who comes weekly . . . Not only was it a huge financial benefit, because of not having to travel to Savannah, still being able to work, my husband being able to be with me so he could leave work and come and go back. It just benefits all around."*

> *"I'll just say that having an elderly mother and still being in the workforce, as you say, having those specialists come here has been a great help for me in trying to function and her."*

Participants urged the hospital to prioritize community health education. They proposed several ideas for health education activities that could be conducted in collaboration with other community stakeholders and organizations, such as health campaigns, nutrition classes, and programs for managing chronic illnesses. Health fairs were also suggested as a way to offer both health education and affordable screenings, like blood pressure checks and mammograms. Other participants also supported affordable exercise programs, including yoga classes and community walks.

> *"I think they need basic health education. I've seen that the health literacy around here is pretty lacking, and I think [especially on] good nutrition."*

> *"Providing through the city, through the county, facilities for people to want to engage in recreational type activities, and I'm talking about walking trails or having organized events that would get the public, whatever age group, that would want to get that age to get the*

people out to be able to participate in organized activities that require exercise, and if we provide it, they'll come".

"Maybe a health fair, maybe blood pressure screenings, blood sugar screenings, some kind of health fair to involve patients and empower them to take care of themselves."

"Discounted mammograms or something like that to promote that preventative treatment so that we don't have these long-term problems."

"A community walk or something like that"

"A yoga instructor for an hour and let people pay $10 to come to a class."

SUMMARY POINTS FROM THE FOCUS GROUPS

Twenty-two community stakeholders participated in the community focus groups. Participants discussed barriers and facilitators to health and well-being within the Evans and Tattnall County community.

Perceptions about Community and Community Health

- Participants described the community as a small, quiet, family-oriented bedroom community.
- They noted significant economic challenges within the community that exacerbated housing and food insecurity.
- Community residents face limited access to affordable, healthy food options and health-promoting resources, including affordable and accessible recreational activities and amenities that support physical activity.

Perceptions about Healthcare Access

- Healthcare access issues in the community, identified by participants, include limited specialty, mental health, and dental services; challenges in accessing primary care services; high health insurance costs; and insufficient transportation options.
- They emphasized the urgent need for services such as urgent care, obstetrics and gynecology, urology, ENT, pediatrics, and rheumatology.

The Hospital's Role in Advancing Community Health and Wellness

- Participants recognized the hospital's efforts to provide quality health care services close to home, thus reducing patients' travel burden.
- They identified the need to expand the hospital's community health education initiatives and asked for the inclusion of affordable wellness programs in its services.

Prioritization & Implementation Planning

Results of the Previous Implementation Plan (FY 2023-25)

In the previous CHNA, the hospitals identified the following priority areas: transportation, community education and advocacy, and access to specialty health services. The progress made in each priority area is documented in the table below:

TRANSPORTATION: To increase access to transportation to appointment-based medical services to support the health and well-being for the citizens of Evans and Tattnall Counties
Objective 1: To assess the feasibility of alternative strategies and potential partnerships for addressing non-emergent medical transportation issues within the community by 2023
Progress Report: Evans Memorial Hospital successfully evaluated multiple transportation alternatives and implemented a comprehensive solution in 2024 with the addition of the EMH CARES Van. This initiative has proven to be a transformative success for our community, addressing critical transportation barriers that previously prevented patients from accessing necessary healthcare services. **Key Achievements:** • Reduced overnight stays: The EMH CARES Van has significantly decreased unnecessary overnight hospitalizations when families are unable to transport loved ones home • Enhanced discharge efficiency: Patients who lack personal transportation can now be safely discharged home in a timely manner • Emergency services optimization: Non-emergent transports are handled by the CARES Van, freeing up Emergency Vehicle Services for true emergencies • Cost savings: Eliminated expenses associated with local cab services and provides reliable transport on days when commercial services are unavailable • Community impact: Improved access to healthcare for vulnerable populations in Evans and Tattnall Counties
Objective 2: To prioritize and implement a feasible community-oriented strategy for addressing non-emergent medical transportation issues in the community by 2025
Progress Report: Implementation parameters have been established with patient safety as the primary focus. The program operates under strict guidelines to ensure appropriate utilization: **Established Parameters:** • Patient eligibility criteria: Stable patients example: not requiring additional oxygen beyond baseline • Staffing protocol: Three vetted EMH staff members trained and authorized to operate the EMH CARES Van • Service availability: Scheduled and on-demand transport services based on patient need

COMMUNITY EDUCATION AND ADVOCACY: To increase community health education and awareness and be the preferred resource for health information and health services in the community
Objective 1: To develop a community education plan by 2023
Progress Report: Evans Memorial Hospital has significantly expanded its community education initiatives, establishing itself as the premier health information resource in the region. Our comprehensive approach has included major program launches and extensive community outreach. **Major Program Launches with Community Education:** • Cardiopulmonary Rehabilitation Program: Developed in partnership with CareSource, this program has achieved remarkable outcomes with 70% of participants improving cardiovascular fitness, 40% no longer requiring supplemental oxygen, and over 75% experiencing significant health improvements • Intensive Care Unit Opening: Comprehensive media campaign and community education about advanced critical care services • Kids Alliance for Better Care (KidsABC) Program: Co-branded educational initiative with Children's Healthcare of Atlanta and Mercer Medical School, including community Teddy Bear Clinic **Marketing and Outreach Achievements:** • Extensive newspaper coverage of new services and programs • Comprehensive social media campaigns across all platforms • Strategic partnerships with Children's Healthcare of Atlanta and Mercer Medical School for credible health messaging • Community parade participation showcasing the EMH CARES Van transportation service • Social media announcements about transportation services availability
Objective 2: To improve marketing and outreach on available health services, resources, and programs within the community by 2025
Progress Report: Evans Memorial Hospital has exceeded expectations in community outreach and education, hosting numerous events and establishing regular community engagement programs. **Community Education Events and Presentations:** • Annual Breast Cancer Awareness: Comprehensive October campaigns including the annual "Brassiere of the Year" community event • Expert Speaker Series: Dr. Deshpande presented to community leaders on November 17, 2023, educating about orthopedic services • Community Health Screenings: Blood pressure screenings at Evans County Library (February 11, 2025) • Pastoral Care Community Dinner: Interfaith community engagement and health education • Rotary Club Presentations: Cameron Cowart presented on Physical Therapy Rehabilitation at Jack Strickland Center; Beth Stewart educated about KidsABC Program and pediatric care excellence

ACCESS TO SPECIALTY HEALTH SERVICES: To improve access to specialty health services in the community
Objective 1: To assess the specialty service gaps in the community and feasible strategies for addressing these gaps by 2023
Progress Report: Evans Memorial Hospital successfully completed a comprehensive specialty service gap assessment and identified critical areas where expanded services could significantly impact community health outcomes. Through extensive community engagement and feasibility studies, we prioritized services that would address the most pressing healthcare needs in our rural region. **Specialty Service Gap Assessment Results:** • Critical Care Services: Identified need for local intensive care capabilities to reduce transfers and keep families together during medical crises • Pediatric Emergency Care: Recognized gap in specialized pediatric emergency protocols and equipment for children requiring immediate care • Cardiac and Pulmonary Rehabilitation: Assessed community need for comprehensive heart and lung rehabilitation services to improve chronic disease management • Advanced Cardiac Care: Evaluated opportunities to expand cardiac services through strategic partnerships Community Engagement and Planning: • Conducted meetings with community leaders and healthcare partners to validate service priorities • Collaborated with regional healthcare organizations to ensure complementary rather than duplicative services • Established timelines and implementation strategies for each identified specialty service gap
Objective 2: To expand access to prioritized specialty services in the community based on community need and feasibility by 2025
Progress Report: Evans Memorial Hospital has successfully implemented multiple new specialty services, transforming healthcare access for our rural community and establishing the hospital as a regional destination for specialized care. **New Specialty Services Successfully Implemented:** • Intensive Care Unit: Four-bed ICU with Augusta University telemedicine support, providing critical care services previously unavailable locally • Enhanced Pediatric Emergency Care: Through KidsABC partnership, specialized pediatric equipment and protocols now serve children from birth through adolescence • Cardiopulmonary Rehabilitation: Comprehensive heart and lung rehabilitation services with measurable community health improvements • Advanced Cardiac Care: Welcomed Dr. Giles from HCA with ribbon-cutting ceremony for expanded cardiac services Community Awareness and Education Initiatives: • Media Coverage: WTOC television coverage and local newspaper features for ICU and Cardiopulmonary Rehab openings • Community Events: KidsABC grand opening celebration with community participation and Teddy Bear Clinic • Annual Community Presence: Continued participation in Claxton parades showcasing new services and capabilities

• Ongoing Education: Regular community presentations about new specialty services and their benefits to community health

OVERALL IMPACT:

Evans Memorial Hospital has successfully transformed from a traditional rural hospital into a comprehensive healthcare destination, addressing all three priority areas identified in the 2022 Community Health Needs Assessment. Our innovative approaches to transportation, community education, and specialty services have created a sustainable model for rural healthcare excellence that serves as a blueprint for other communities facing similar challenges.

2026-2028 Implementation Plan

A modified nominal group strategy was used to prioritize community health needs. This method involved a brainstorming session, a thorough discussion, and a ranking of identified potential priority areas. Key high-priority areas included expanding healthcare access, increasing access to mental health and substance abuse treatment services and resources, improving transportation, enhancing outcomes for individuals with chronic conditions, and enhancing community education and outreach. For the 2025 CHNA cycle (i.e., FY2026-28), the steering committee focused on the following areas—considering need, feasibility, and past successes: chronic disease prevention and management, health behaviors and lifestyle modification, and healthcare access and specialty services.

The final three priority areas aligned with the priority needs identified based on community input. The goals, objectives, and activities developed under each priority area build on initiatives in the previous CHNA to improve community health.

PRIORITY AREA ONE: CHRONIC DISEASE PREVENTION AND MANAGEMENT

Goal: To reduce the burden of chronic diseases (diabetes, heart disease, cancer) and improve health outcomes in Evans and Tattnall Counties.

Objective(s):

1. Establish comprehensive chronic disease screening and early detection programs by December 2026.
2. Develop and implement chronic disease management and education programs by December 2027.

PRIORITY AREA TWO: HEALTH BEHAVIORS AND LIFESTYLE MODIFICATION

Goal: To improve community health behaviors, including physical activity, nutrition, and tobacco cessation in Evans and Tattnall Counties.

Objective(s):

1. Expand access to physical activity opportunities and nutrition education by December 2026.
2. Implement tobacco cessation and substance abuse prevention programs by December 2027.

PRIORITY AREA THREE: HEALTH CARE ACCESS AND SPECIALTY SERVICES

Goal: To improve access to specialty healthcare services and reduce barriers to healthcare access in Evans and Tattnall Counties.

Objective(s):

1. Expand specialty care services via telemedicine and visiting specialist programs by December 2026.
2. Address healthcare access barriers, including transportation, insurance, and appointment availability, by December 2027.

Implementation Plan. An implementation plan is outlined below for each priority area. Evans Memorial Hospital will leverage its internal and external stakeholders to support the successful implementation of this plan.

EMH IMPLEMENTATION PLAN: 2026-2028

FOCUS AREA 1: CHRONIC DISEASE PREVENTION AND MANAGEMENT

Goal: To reduce the burden of chronic diseases (diabetes, heart disease, cancer) and improve health outcomes in Evans and Tattnall Counties				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Establish comprehensive chronic disease screening and early detection programs by December 2026.				
Implement community health screenings, develop mobile screening unit program, establish screening protocols	December 31, 2026	Timothy Freeman	Conduct 5 community screening events annually and screen 50 community members for chronic diseases	Evans County Library, Faith-Based Organizations, Community Centers, Local Businesses
Objective 2: Develop and implement chronic disease management and education programs by December 2027.				
Create diabetes education classes, establish heart-healthy cooking programs, develop cancer prevention education	December 31, 2027	Timothy Freeman	Enroll 10 patients in chronic disease management programs annually with 80% completion rate	American Diabetes Association, American Heart Association, Local Grocery Stores, Fitness Centers, Cardiac Rehabilitation Center

FOCUS AREA 2: HEALTH BEHAVIORS AND LIFESTYLE MODIFICATION

Goal: To improve community health behaviors including physical activity, nutrition, and tobacco cessation in Evans and Tattnall Counties				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Expand access to physical activity opportunities and nutrition education by December 2026.				
Partner with municipalities to develop walking trails, establish community gardens, create fitness programs	December 31, 2026	Timothy Freeman	Establish 2 new walking trails and 1 community garden, host 4 nutrition education sessions annually	City of Claxton, County Commissioners, Parks and Recreation, Local Gyms, Agricultural Extension Office
Objective 2: Implement tobacco cessation and substance abuse prevention programs by December 2027.				
Develop tobacco cessation classes, create substance abuse awareness campaigns, establish support groups	December 31, 2027	Timothy Freeman	Achieve 50% quit rate in tobacco cessation programs	Georgia Tobacco Use Prevention Program, Evans County School System, Community Leaders

FOCUS AREA 3: HEALTHCARE ACCESS AND SPECIALTY SERVICES

Goal: To improve access to specialty healthcare services and reduce barriers to healthcare access in Evans and Tattnall Counties				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1: Expand specialty care services via telemedicine and visiting specialist programs by December 2026.				
Establish telehealth partnerships, recruit visiting specialists, develop specialty care protocols	December 31, 2026	Timothy Freeman	Add 2 new specialty services and reduce specialist wait times by 25%	Regional Health Systems, Specialty Practice Groups, Telemedicine Providers, Medical Colleges
Objective 2: Address healthcare access barriers, including transportation, insurance, and appointment availability, by December 2027.				
Expand EMH CARES Van services, develop insurance navigation programs, extend clinic hours	December 31, 2027	Timothy Freeman	Reduce missed appointments due to transportation by 30% and assist 25patients annually with insurance navigation	Insurance Navigators, Transportation Services, Employer Groups, Community Health Workers

Community Resource Listing

Evans County Assets

Name of the company	Phone number	Address	Services
HEALTH SERVICES			
Evans Memorial Hospital	(912) 739-5000	200 N River St, Claxton, GA 30417	Hospitals, Medical Clinics, Cardiology Rehabilitation, Surgical Clinics, Imaging, Emergency, Infusion Services (Iron Infusions, Saline Infusion, Antibiotic Therapy, Blood Transfusion) Specialty Clinics (Cardiology, Nephrology, Orthopedic)
My Senior Care	(888) 258-9535	Daisy Area	Home Health Services, Alzheimer's Care & Services, Assisted Living Facilities
Visiting Specialty Clinics	(912) 739-2574	405 E Long St, Claxton, GA 30417	Medical Clinics (Pulmonology, Nephrology, Neurology)
Evans County Health Department- Southeast Health District	(855) 473-4374	4 North Newton St, Claxton, GA 30417	Maternal and Child Health (Babies Can't Wait, Children 1st, Children's Medical Services, Early Hearing Detection and Intervention), Family Planning, Environmental Health programs, Emergency preparedness, Epidemiology, and Infectious Diseases, Vaccinations and Immunizations, Health Check, WIC, Vital Records. Health Promotion, Healthy Families Georgia, Perinatal Health Partnership, The Southeast Health Districts Teledentistry Program, Women's Health Program

Name of the company	Phone number	Address	Services
MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES			
All About Treatment	(877) 414-5329	Claxton Area	Counseling Services, Drug Abuse & Addiction Centers, Alcoholism Information & Treatment Centers
Drug & Alcohol Treatment Centers- US	(888) 296-6597	Hagan Area	Counseling Services, Counselors-Licensed Professional, Physicians & Surgeons, Addiction Medicine
Co-located Mental Health/Addiction Services at Evans County Dept of Family and Children Services Georgia Department of Human Services Division of Family and Children Services	(912) 739-1222	201 Freeman St. Claxton, GA 30417	Adoption, Afterschool Services, Child Abuse & Neglect, Child Care and Parent Services, Federal Regulations and Data, Education & Training, Emergency Food Assistance, Energy Assistance, Supplemental Nutrition Assistance Program, Foster Care, Medicaid, Office of Prevention and Family Support, PREP, Refugee Resettlement, Teen Work, Temporary Assistance for Needy Families
SOCIAL SERVICES			
Action Pact (Concerted Services) Senior Center	912-489-1604	235 Granade St, Statesboro, GA	Home Health Services, Alternative Living Services, Emergency Response Services, Home Delivered Meals, Personal Support Services, Adult Day Health
Evans County Christian Food	912-334-0047	11 S Newton St, Claxton, GA 30417	Food Bank (Food Assistance)

Tattnall County Assets

Name of the company	Phone number	Address	Services
HEALTH SERVICES			
Optim Medical Center-Tattnall	(912) 557-1000	247 S Main St, Reidsville, GA 30453	Emergency Department, Radiology and Imaging Department, Laboratory, Physical and Occupational Therapy Department, Pharmacy, General Surgery, Primary Care, Specialty Care Clinic
Optim Surgical Associates	(912) 557-3164	131 Memorial Dr, Reidsville, GA 30453	Athletic Trainers, Emergency Department Services, ENT, General Surgery, Hospital Imaging, Hospital Rehabilitation Services, Impact Your Workforce, Neurosurgery, Ophthalmology, Orthopedic Surgery, Pain Management, Gynecology, Primary Care, Pulmonary Rehab, Swing Bed
East Georgia Health Care Center	(912) 557-3300	222 S Main St, 117 Memorial Dr, Reidsville, GA 30453	Medical Clinics, Physicians & Surgeons, Internal Medicine Adult Medicine, Pediatric Medicine, Chronic Care Management, Behavioral Health, Dental Care, Chiropractic Carem Family Planning and Healthy Start,

Name of the company	Phone number	Address	Services
			Pharmacy, Optometry, School-Based Clinics, Health Insurance Enrollment, Georgia Farmworker Health Program
Oh Clinic PC	(912) 557-4315	257 S Main St, Reidsville, GA	Medical Clinics (Primary Care)
Tattnall Healthcare Center	(912) 557-4345	142 Memorial Dr, Reidsville, GA 30453	Medical Clinics, Therapy Services, Support Services On site physician services, Dietitian, Social Service, Pharmacy, Podiatry, Audiology Optometry Psych Psychologist Nursing & Convalescent
Tattnall County Health Department- Southeast Health District	(855) 473-4374	Glennville Location: 1000 North Veteran Boulevard, Glenville, GA, Reidsville Location: 200B South Main St, Reidsville, GA, 30453	Maternal and Child Health (Babies Can't, Children 1st, Children Medical Services, Hearing Detection and Intervention, Perinatal Health Services, Teledentistry) (Women's Health) Family Planning, Healthy Families, Teens, Environmental Health Programs, Emergency preparedness, Epidemiology, and Infectious Diseases, Vaccinations and Immunizations, Health Check, WIC, Vital Records

Name of the company	Phone number	Address	Services
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT SERVICES			
Tattnall Counseling	(912) 557-6794	150 Memorial Drive P. O. Box 818 (mail) Reidsville, GA 30453	Mental and Behavioral Health (Outpatient counseling centers, community integration services, Child and Adolescent Outpatient Services, Residential Services for Adults), Disability (Day and Employment Services, Residential Services, Family/ Natural Support, Counseling Services in Substance abuse (ASAM Level 5 ASAM Level 1 ASAM Level 2.1 Intensive Outpatient Services Women's Intense Outpatient Services (WIOP) Transitional Housing Adolescent Wrap Around Services (Impact Clubhouse)
Tattnall-Evans Service Center	(912) 654-8020	740 N. Veterans Blvd Glennville, GA 30427	Mental and Behavioral Health, Counseling Services, Emergency preparedness, Epidemiology, and Infectious Diseases, Vaccinations and Immunizations, Health Check, WIC, Vital Records

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