

EMERGENCY

**OUTPATIENT
ENTRANCE**



MONROE COUNTY
— HOSPITAL —

ATRIUM HEALTH NAVICENT PARTNER

**COMMUNITY HEALTH
NEEDS
ASSESSMENT &
IMPLEMENTATION
PLAN**

2022

Monroe County Hospital



NAVICENT HEALTH PARTNER

The Monroe County Hospital Board of Directors approved the 2022 Community Health Needs Assessment and Implementation Plan at their meeting on September 22, 2022. The Community Health Needs Assessment (CHNA) Report is widely available to the public and interested parties can review and download it from [Appling healthcare website](http://Applinghealthcare.com). Hard copies are available upon request as well as the website location. Please contact Peggy Leverett, Executive Assistant at pleverett@monroehospital.org or 478-394-6210 for copies or web location.



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Monroe County Hospital

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EXECUTIVE SUMMARY

Monroe County Hospital, a Critical Access Hospital in Forsyth Georgia, partnered with Draffin & Tucker, CPAs, and the Center for Public Health Practice and Research, Georgia Southern University, to conduct a community health needs assessment as required under the Affordable Care Act based on Internal Revenue Section (IRS Section 501(r)(3)(A)(i)) to strengthen non-profit hospital organizations, identify and document community needs and efforts to address as well as enhance community engagement.

Using a mixed-methods approach for this assessment, the Georgia Southern University CPHPR team triangulated community input and data from secondary sources to identify community health needs for the hospital's primary service area of the Monroe County, Georgia, which is the defined community for the community health needs assessment given the majority of patients originate from Monroe County. Community input was obtained from hospital stakeholders and the general community through community surveys and focus group discussions. Recruitment efforts for community surveys and focus groups were tailored to obtain feedback from diverse population groups, including minority and underserved populations. Data from secondary sources used in assessing the needs of the community were obtained from a diverse list of community health-related databases.

The team gained input from the hospital stakeholders and the general community through focus group discussions with community stakeholders and surveys. Data from secondary sources were also used in assessing the needs of the community. Based on the results, the CHNA Steering Committee, which included a representative from the local health department, determined the priority areas for the next three years. Goals, objectives, and actions were chosen to address the priority areas that would be meaningful and achievable. **As a member of the Steering Committee, Ms. April Walker, of the Monroe County Public Health Department, played an active role in the process as required by the Treasury Department regulations.**

The results from the secondary data analyses suggest that the county's population is growing slightly and aging. From 2015 to 2020, overall population increased by 3.5% in Monroe County. Over this period, the county's population over 65 increased by 18%. All ethnic and race groups grew with the exception of Black Non-Hispanics. The population

is expected to increase from 2020 to 2025, but at a slower rate (1.9%). Continued growth is projected for the population over 65, while the population under 20 is projected to decline, as is the Black Non-Hispanic population. Some indicators of healthy behaviors are better than or comparable to the state (obesity, teen pregnancy, suicide, HIV, sexually transmitted diseases, e.g.), while some indicators are worse (physical inactivity, smoking, cancer, e.g.) It is important to note that demographics including income, education, and age, vary by census tract. Furthermore, specific communities experience greater challenges due to factors including lagging economy, limited employment, and lack of transportation. Secondary data agreed with survey and focus group findings in several areas of community health challenges including, but not limited to: mental health, physical inactivity, cardiovascular disease, nutrition, and cancer.

The table that follows highlights where alignment is present in the various data sources across areas of concern.

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
<p>Mental Health & COVID-19-related impacts</p>	<ul style="list-style-type: none"> -Mental Health Provider Ratio is lower than State - Higher proportion of adults reporting frequent mental distress in the county -Higher suicide rates in the county compared to the state levels 	<ul style="list-style-type: none"> -Depression and anxiety were the 4th most common chronic condition -Lack of adequate mental health services was noted -Social isolation & mental health seen as biggest issues resulting from COVID-19 -Mental health was a top 5 concern for children 	<ul style="list-style-type: none"> -Concerns expressed regarding the mental health needs for adults and young populations -Limited access to mental health services -Expanded mental health services was one of the most often discussed priority items
<p>Lack of Adequate Physical Activity</p>	<ul style="list-style-type: none"> -Limited access to exercise venues -High rates of obesity -Physical inactivity rates higher than the state 	<ul style="list-style-type: none"> -Overweight/obesity was the 3rd most common chronic condition noted -Only two out of five residents stated that they meet the daily recommended physical guidelines - Obesity/overweight and physical inactivity were the top 2 negative influencers of health 	<ul style="list-style-type: none"> -Lack of opportunities for physical activity was discussed as a significant barrier to good health
<p>Cardiovascular Diseases (CVD)</p>	<ul style="list-style-type: none"> -CVD hospitalization rates higher than the state -Physical inactivity rates higher than the state levels -Ischemic heart and vascular diseases are higher than the state 	<ul style="list-style-type: none"> -CVD was most frequently chosen cause of death and illness in the community 	<ul style="list-style-type: none"> -CVD mentioned as one of the most prevalent chronic conditions in the community

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
Nutrition	-12% of population experiencing food insecurity (comparable to GA)	-Nutrition identified as top health issue for children -3 in 5 do not eat enough fruits and vegetables -Overweight/obesity – most commonly selected influencer on health and disease	-Access to healthy food option was discussed as one of the main challenges to healthy living -Need for health education classes was emphasized
Cancer	-Higher incidence compared to state -Malignant neoplasms of the trachea, bronchus and lungs is 2 nd leading cause of death -Higher rates of smoking compared to the state	-Second most frequently chosen cause of death and illness in the community	

After reviewing the data summarized above and considering how the hospital can best assist and partner with other community stakeholders to meet community needs, the Steering Committee prioritized Nutrition and two areas targeting overall capacity to address the health needs of the community: Health Education and Promotion; and Grant Capacity. These priorities were consistent with the input from the community focus groups. This strategy represents an intentional shift to focus on the hospital’s ability to effectively communicate with the population it serves and to obtain needed resources to address challenges and opportunities to improve the health status of the community.

It is noted that there were no written comments received from the community regarding the prior Community Health Needs Assessment and Implementation Strategy Report.

PURPOSE

The Center for Public Health Practice and Research (CPHPR) at the Jiann-Ping Hsu College of Public Health, Georgia Southern University worked in partnership with Monroe County Hospital to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of Monroe County. This report summarizes the findings of the CHNA. The report informs the hospital's strategic service planning and community benefit activities, as well as fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a community health needs assessment every 3 years.

METHODOLOGY

The CPHPR project team worked with the hospital CHNA steering committee throughout the project. The steering committee disseminated the community survey, recruited key stakeholders for focus group discussions, and provided information about the hospital's activities to address community health needs since the last CHNA was completed in 2019.

The community survey that was administered aimed at assessing local health care access and needs of the people residing in the service area of Monroe County Hospital – Monroe County. The community survey was disseminated via the hospital's social media webpages and email lists, as well as those of local community partners. Focus group participants were all key stakeholders reflective of the community with knowledge of the overall health of Monroe County and that of vulnerable and minority populations within it. **April Walker of the Monroe County Health Department participated in the focus group research component.** Focus Group participants' perspectives provided a well-rounded view of life in the community and the health and health care needs of the residents.

Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's profile, health care access, and utilization. These data 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 Governor's Office of Planning and Budget, County Health Rankings, and the Georgia Department of Health's Online Analytical Statistical Information System (OASIS), Policy Map, and the National Cancer Institute. The most recently available data were obtained from all data sources at the time of analysis.

Findings from all the above-described primary and secondary data collection efforts informed the identification and prioritization of community health needs, as well as provided suggested strategies to address these needs.

Data Analysis

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviation. Analyses were completed, and charts and graphs were created, using Microsoft Excel Version 16 Software. Qualitative data from the focus groups were analyzed using the NVIVO12 qualitative analysis software.

SECONDARY DATA ANALYSIS

DEMOGRAPHIC PROFILE

In 2021, there were approximately 28,712 residents in Monroe County. Compared to Georgia, the population of Monroe County is older and less racially and culturally diverse.

Nearly 1 out of 5 residents of Monroe County are 65 years or older.

About 14% of the population live with one or more disabilities, compared to 9% for Georgia. Veterans make up close to 6% of the population.



Population	Monroe	Georgia
Number of Residents	28,712	10,799,566



Sex	Monroe	Georgia
Female	50%	51%
Male	50%	49%



Age Distribution	Monroe	Georgia
Population Under 5 years	5%	6%
Population Under 18 years	21%*	23%
Population 65 years and older	19%*	15%



Racial and Cultural Diversity	Monroe	Georgia
Race		
White	75%*	59%
Black/AA	22%*	33%
Other Races/Multiracial	2.9%*	7.6%

Ethnicity	Monroe	Georgia
Hispanic	2.6%*	10%

Nativity	Monroe	Georgia
Foreign Born	1.6*	10%
Non-English Language Spoken at Home	2%*	14%



Veterans	Monroe	Georgia
Veteran Population	6%	6%

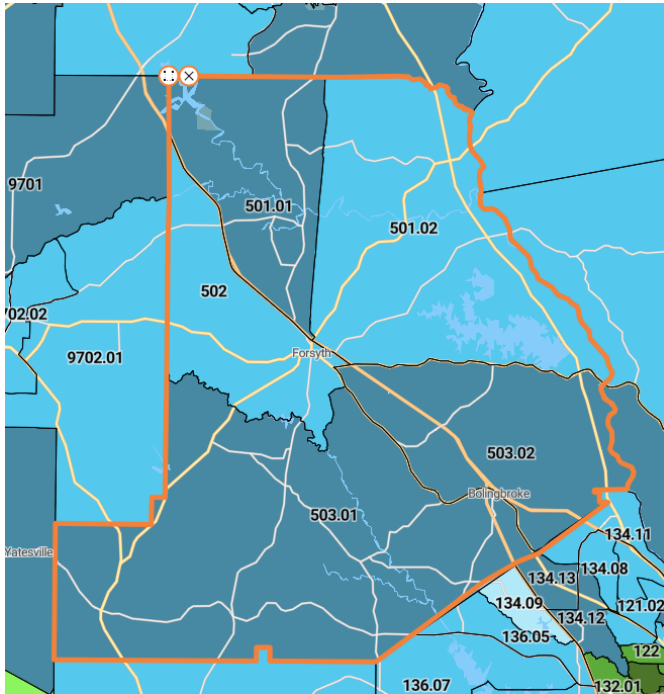


Disability	Monroe	Georgia
Population under 65 years disabled	14%*	9%

*Significantly higher than state average

Data Source: US Census Bureau

Figure 1. Population Diversity by Census Tract (2013-2017)



Predominant Race (% White), 2013-2017. Data Source: Policy Map. (The darker the color the higher the proportion.)

The county is relatively homogeneous in terms of the geographic distribution of racial groups, with the northern part of the county being slightly more diverse compared to the south (50%-70% white vs 70%-90%).

Figure 2. Proportion of Residents 65 years and older by Census Tract (2016-2020)

Estimated percent of all people 65 or older, 2016-2020. Data Source: Policy Map. (The darker the color the higher the proportion.) Residents of the southern and northwestern parts of the county are relatively older compared to the rest of the county (19%-25% vs 15%-17%).

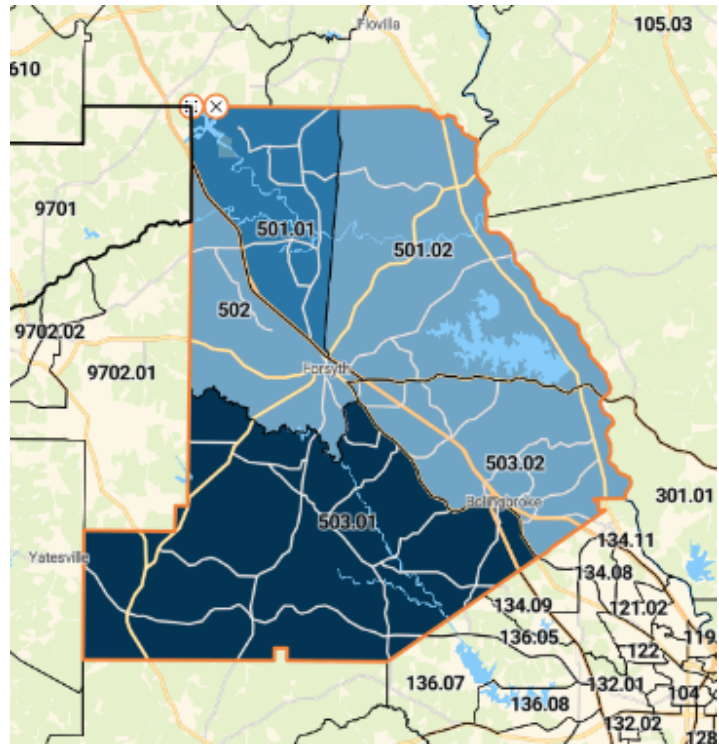
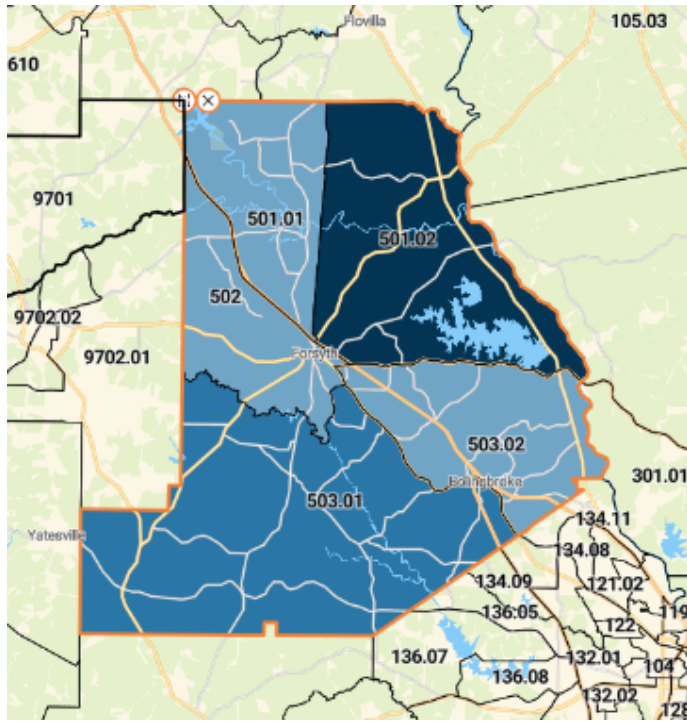


Figure 3. Proportion of Residents with Disability by Census Tract (2016-2020)



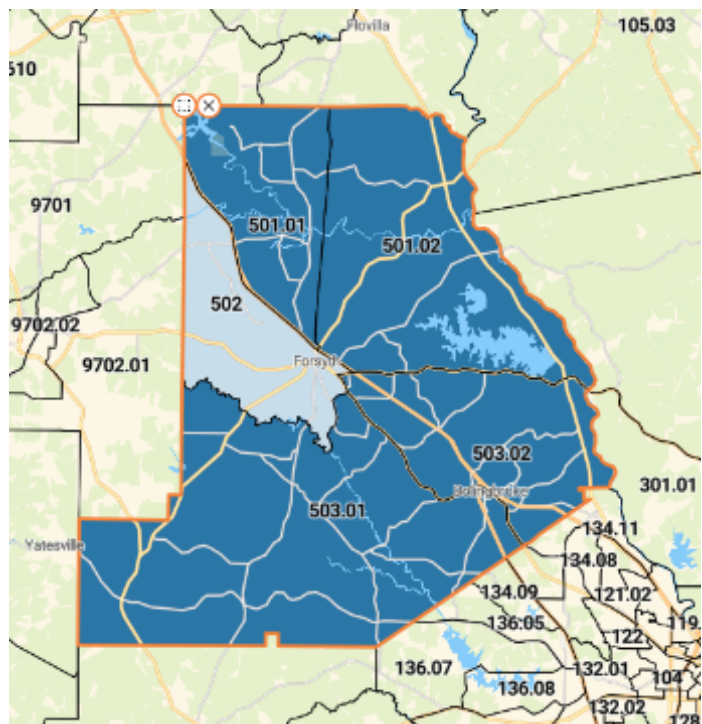
Proportion of Individuals Living with One or More Disabilities, 2016-2020. Data Source: Policy Map. (The darker the color the higher the proportion.)

A higher proportion of residents residing in the northeastern and southern parts of the county live with one or more disability (29% and 19% respectively). In the other parts it ranges from 12%-16%.

Figure 4. Veteran Population by Census Tract (2016-2020)

Proportion of Veterans, 2016-2020. Data Source: Policy Map. (The darker the color the higher the proportion.)

A lower proportion of veterans (5%) live in the central-western part of the county compared to other parts (8%-9%).



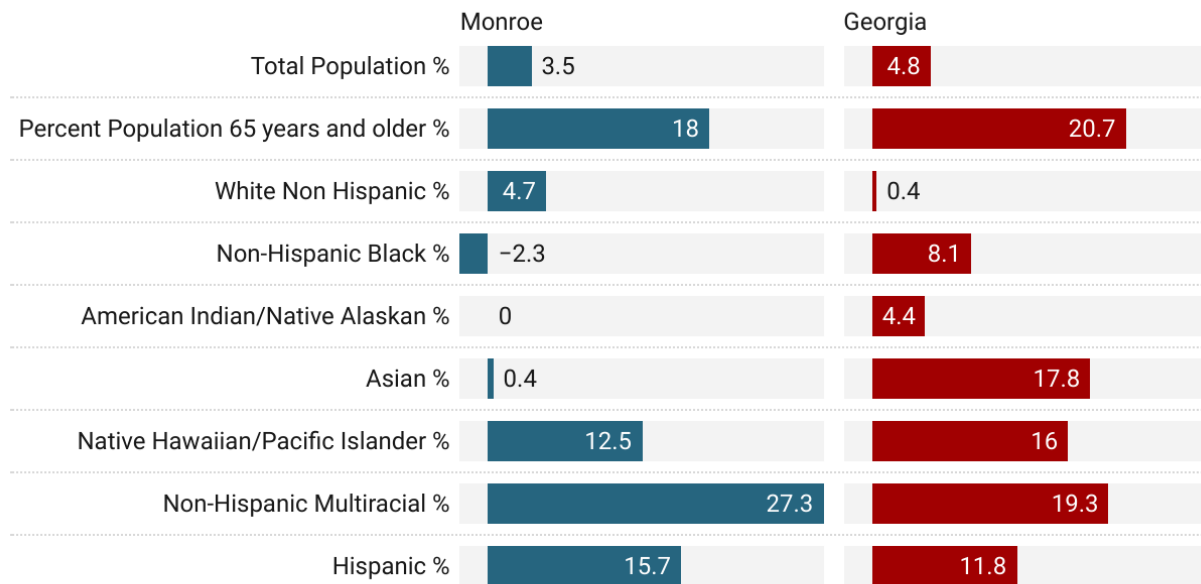
PAST POPULATION GROWTH

The total population of Monroe County increased by 3.5 % between 2015 and 2020, over that period, the Non-Hispanic Black population declined. All other races and ethnicities increased. There was also growth in the population aged 65 and over, comparable to the state’s growth.

Population Change

2015-2020

■ Monroe ■ Georgia



Created with Datawrapper

Data Source: Georgia Department of Public Health: Online Analytical Statistical Information System (OASIS)

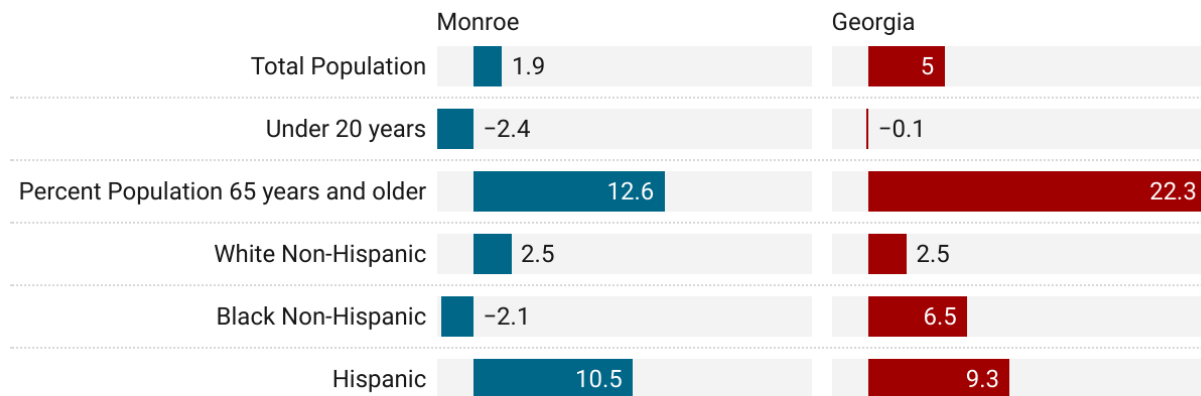
PROJECTED POPULATION GROWTH

The population of Monroe County is expected to increase through 2025 by 1.9%, based on projections by Georgia Governor's Office of Planning and Budget. Growth is expected for the 65 years and over age group and for White Non-Hispanic and Hispanic populations. The Black Non-Hispanic population is expected to continue to decrease.

Projected Population Change

2020-2025 Percentage Change

■ Monroe ■ Georgia



Created with Datawrapper




Data Source: Georgia Governor's Office of Planning and Budget.

ECONOMIC PROFILE

The county experienced a significant decrease in real Gross Domestic Product (GDP) between 2019 and 2020. (COVID-19 likely contributed to this skewed number.) Over this period, the rate of job

About 1 out of 5 children in Monroe County are living in poverty.

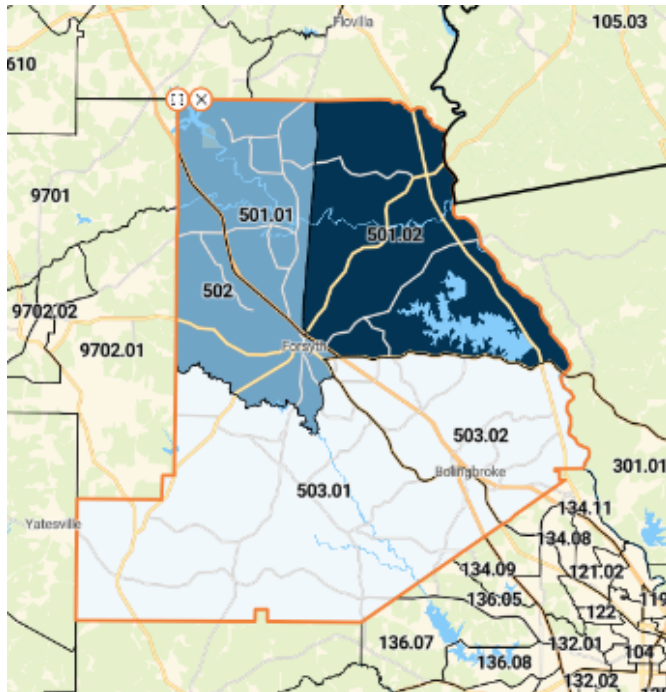
loss was comparable to the state average. Fewer adults (males and females, 20-64 years) are in the labor force, compared to the state. The county unemployment rate of 4.1% is slightly higher than the state rate of 3.9%. The median household income for Monroe County is just below the state median (\$60K vs \$61K). Approximately 13% of the population and 18% of children live in poverty, but both of these rates are lower than the state averages. Furthermore, more than one out of two school-aged children (54%) in the county are eligible for free or reduced lunch, compared to 60% at the state level.

	Monroe	Georgia
Economy		
 Real Gross Domestic Product (GDP) Annual Growth Rate (2010-2020)	-4.7%*	2.2%
Real GDP Annual Growth Rate (2019-2020)	-23.9%*	-3.9%
Job Growth Rate (2019-2020)	-4.6%	-4.6%
Labor Force Representation		
 Unemployment Rate (2021)	4.1%*	3.9%
Labor Force Representation (2013-2017)	69.9%*	75.5%
Male Labor Force Representation (2013-2017)	72.2%*	80.4%
Female Labor Force Representation (2013-2017)	67.4%*	70.8%
Poverty		
 Median Household Income (2016-2020)	\$60,491*	\$61,224
Population in Poverty (2020)	13%	14%
Children in Poverty (2019)	18%	20%
Children eligible for reduced lunch (2018-2019)	54%	60%

*Significantly unfavorable compared to the state average

Data Source: US Department of Labor, US Census, County Health Rankings

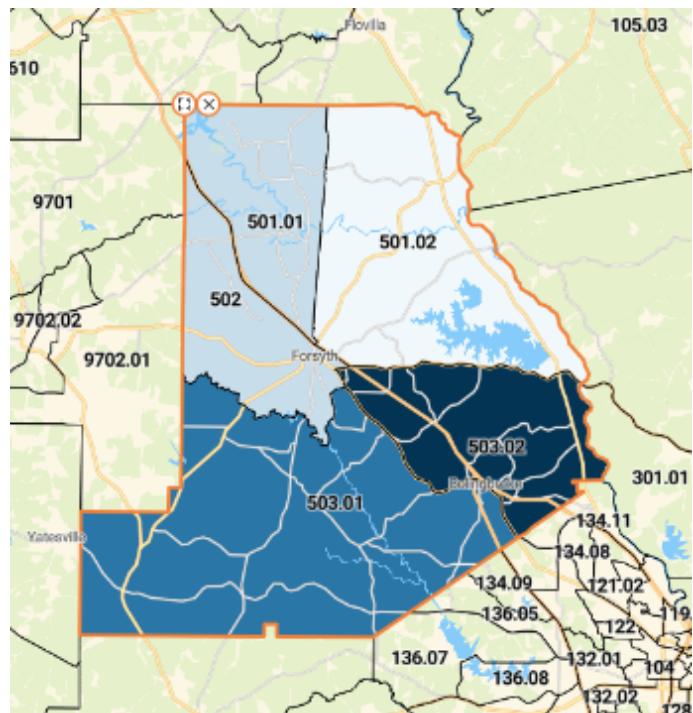
Figure 5. Poverty Rate by Census Tract (2016-2020)



Proportion of Population Living in Poverty, 2016-2020. Data Source: Policy Map. (The darker the color the higher the proportion.) A higher proportion of residents residing in the northeastern part of the county live in poverty (31%). In the northwest, the rate ranges from 20%-23%. The south has the lowest poverty rates of 3%-5%.

Figure 6. Median Household Income by Census Tract (2016-2020)

Median Household Income, 2016-2020. Data Source: Policy Map. (The darker the color the higher the income.) There is significant variation in the household income levels of Monroe County. The median household income is lower in the northern part of the county (\$32K - \$55K), compared to the south of the county where it ranges from \$85K-\$103K.






EDUCATION

Educational attainment in the county is similar to the state; yet lags are present in a few indicators. The high school graduation rate of 87% is similar to the state rate of

88%. On average, county third graders perform slightly better than the state average on state standardized tests. The county has lower participation rate than state with respect to early childhood education. Approximately 27% of the population holds a bachelor's degree or higher, compared to 32% of the state's population.

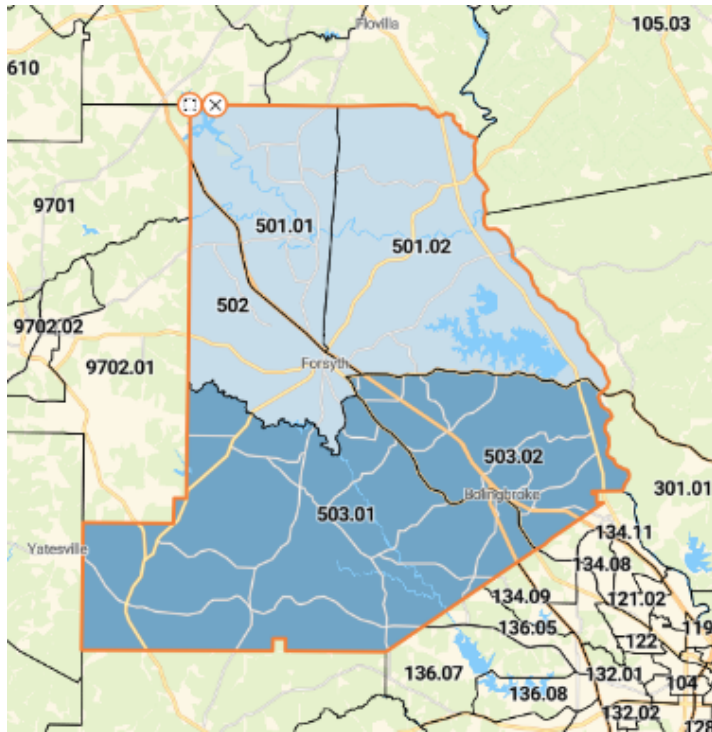
3rd graders performed somewhat better on standardized tests of English and Math.

	Monroe	Georgia
 Early Childhood Education		
Percent 3–4-year-old children in school	44%*	49%
 K-12 Education		
Average grade level performance for 3rd graders on English Language Arts standardized tests	3.3	3
Average grade level performance for 3rd graders on Mathematics standardized tests	3	2.9
 High School Graduation and Higher Education		
High school graduation rate	87%	88%
Percent population with bachelor's degree	27%*	32%

*Significantly lower than state average

Data Source: County Health Rankings, US Census Bureau, Sparkmap

Figure 7. Educational Attainment by Census Tract (2016-2020)



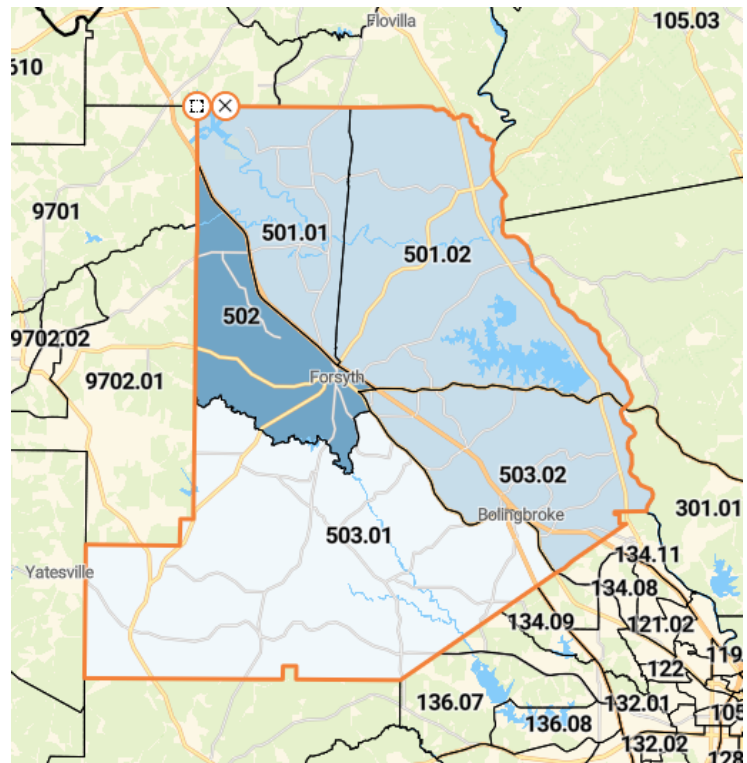
Proportion of Population with at least a High School Diploma, 2016-2020. Data Source: Policy Map. (The darker the color the higher the proportion.)

Educational attainment is lowest in the northern part of the county with 82%-84% of the population having a high school diploma compared to the southern part parts of the county (90%-93%).

Figure 8. Nursery and Pre-school Enrollment by Census Tract (2016-2020)

Proportion of 3 years or older enrolled in nursery or preschool, 2016-2020. Data Source: Policy Map. (The darker the color the higher the proportion.)

Preschool or nursery enrollment is higher in western areas of the county (2.3%) compared to the rest of the county (0.2%-1.3%).





SOCIAL AND COMMUNITY CONTEXT

Participation and involvement in community life are both linked to health behaviors and health outcomes. Community members with strong social support, social network and trust are more likely to engage in healthy behaviors. One in five children lives in single parent households (21% versus state rate of 30%).

There are approximately 10,117 households in Monroe County, with an average of 2.6 persons per household.

County residents are somewhat more active in social associations; compared to the state there are 10.5 membership associations per 10,000 population (vs. 9 at the state level). However, even with a higher number of social associations, the county suicide rate is higher than the state rate.

	Monroe	Georgia
Household Characteristics		
 Households	10,117	3,830,264
Average persons per households	2.6	2.7
Children in single parent households	21%	30%
Social Context		
 Social Associations per 10,000	10.5	9
Suicide rates per 100,000	24*	14







*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, US Census Bureau

NEIGHBORHOOD AND BUILT ENVIRONMENT

Just over one-half of county residents (55%) have access to exercise opportunities, considerably less than the state level (70%). County residents are comparably/equally digitally connected compared to the state. The county has much lower violent crime rate than the state, yet deaths from motor vehicle crashes are significantly higher than for the state. Just under 5% of the households do not have a motor vehicle, a rate that is lower than the state's (6.3%).

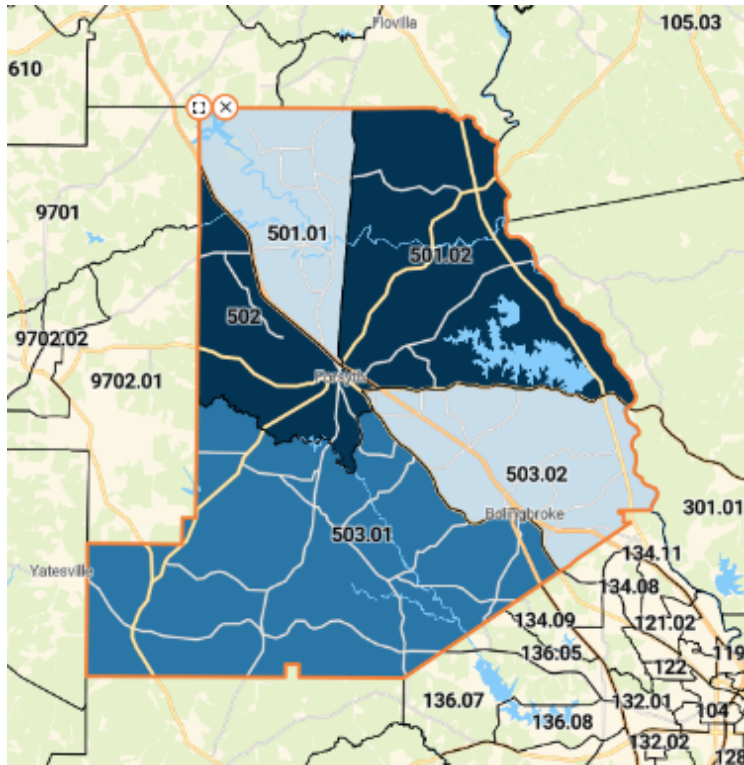
Monroe County residents experience slightly more air pollution issues.

	Monroe	Georgia
Digital Connectivity and Amenities		
	Households with computer	91%
	Adult with broadband internet	83.5%
	Access to exercise opportunities	55%*
Safety		
	Violent crime rate per 100,000	178
	Deaths from motor vehicle crashes per 100,000	24*
Food Insecurity		
	% low-income with limited access to healthy foods	1%
	(Healthy) Food environment index (1 worst; 10 best)	8.3
	Percentage of population experiencing food insecurity	12%
Transportation		
	Average travel time to work (minutes)	27 mins
	Percent households with <u>no</u> motor vehicle	4.8%
Housing		
	Percent of homes owned	82%
	Percent families spending > 50% of income on housing	12%
	Percent population with severe housing problems	15%
	Median gross rent	\$728
	Median monthly owner costs, includes mortgage	\$1,441
Pollution		
	Air pollution (average daily density of fine particulate matter (PM2.5), micrograms per cubic meter)	9.3*

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, U.S Census Bureau Quick Facts, Policy Map (percent of households with no motor vehicle).

Figure 9. Household Internet Access by Census Tract (2016-2020)



Proportion of all households with no internet access, 2016-2020. Data Source: Policy Map. (The darker the color the higher the proportion.) The proportion of households with no internet access was highest in certain northern tracts of the county ranging from 21%-24% of the households lacking access. In the remaining parts of the county rates range from of 8% -16%.

Figure 10. Household Computer Access by Census Tract (2016-2020)

Proportion of all households without a computer, 2016-2020. Data Source: Policy Map. (The darker the color the higher the proportion.) Similarly, computer access was higher in the central-eastern part of the county where 6% of households lack any type of computer, compared to 9%-12% in the remaining parts.

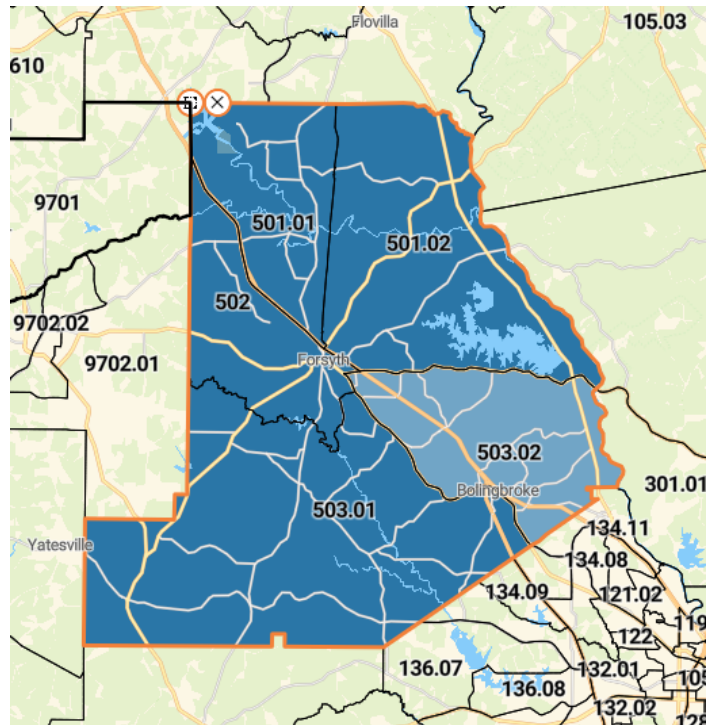
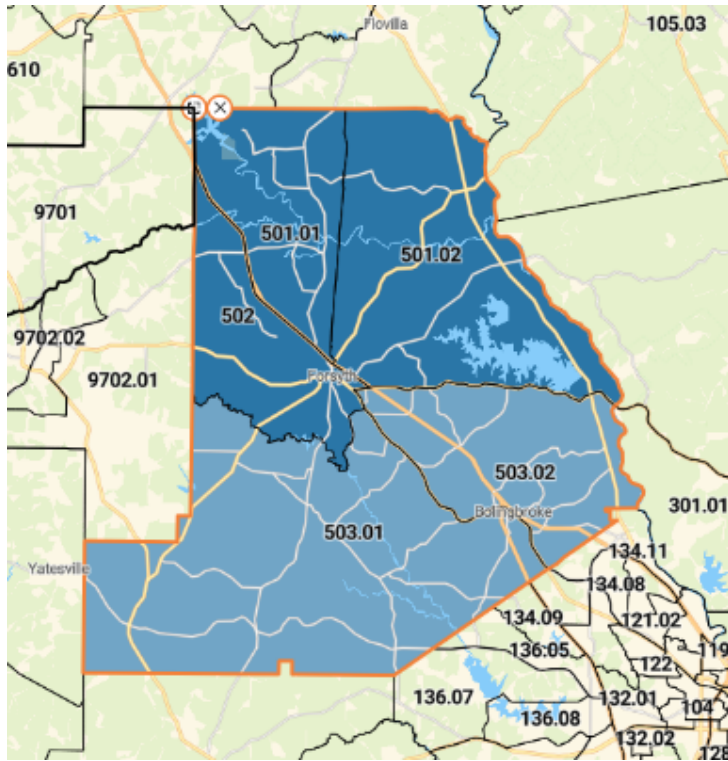


Figure 11. Severe Homeowner Cost Burden by Census Tract (2016-2020)



Proportion of all Homeowners who are severely burdened by housing costs, 2016-2020.

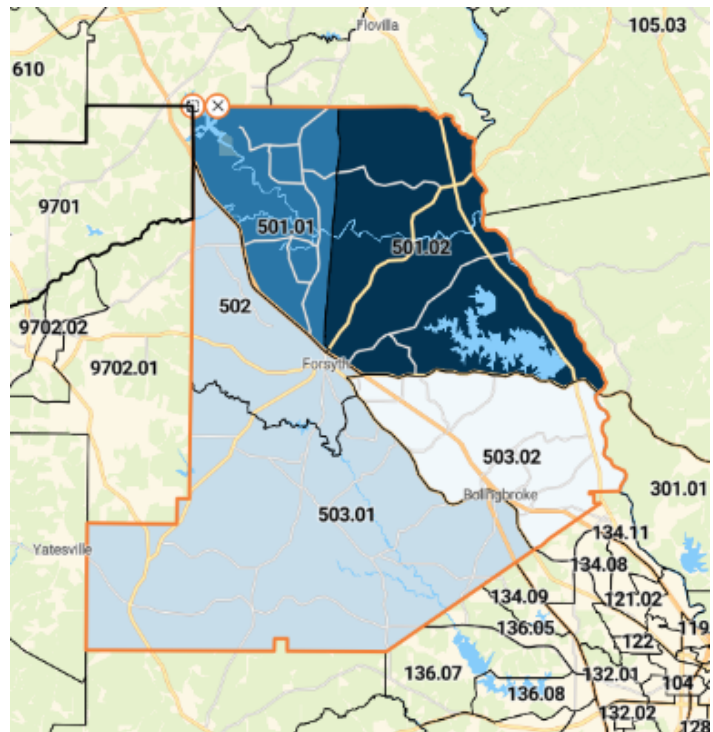
Data Source: Policy Map. (The darker the color the higher the proportion.)

Severe homeowner cost burden is higher in the northern part of the county (9%-12%) compared to the south (6%-8%).

Figure 12. Severe Renter Cost Burden by Census Tract (2016-2020)

Proportion of all Renters who are severely burdened by housing costs, 2016-2020. Data Source: Policy Map. (The darker the color the higher the proportion.)

A higher proportion of renters (30%-54%) in the northern part of the county experience severe rental cost burden compared to the remaining parts (0%-12%).






HEALTH CARE ACCESS

At 13%, the proportion of residents who are uninsured is lower than the state rate of 16%. Compared to the state, the county also has significant shortages of health professionals, in particular dentists and mental health

There are shortages of mental health providers and dentists, compared to the state.

providers. Mammogram screening rates are higher than the state levels, whereas flu vaccination rates are lower. Preventable hospital stays per 100k enrollees is significantly lower than the state, possibly indicating that primary care is serving the needs of community members.

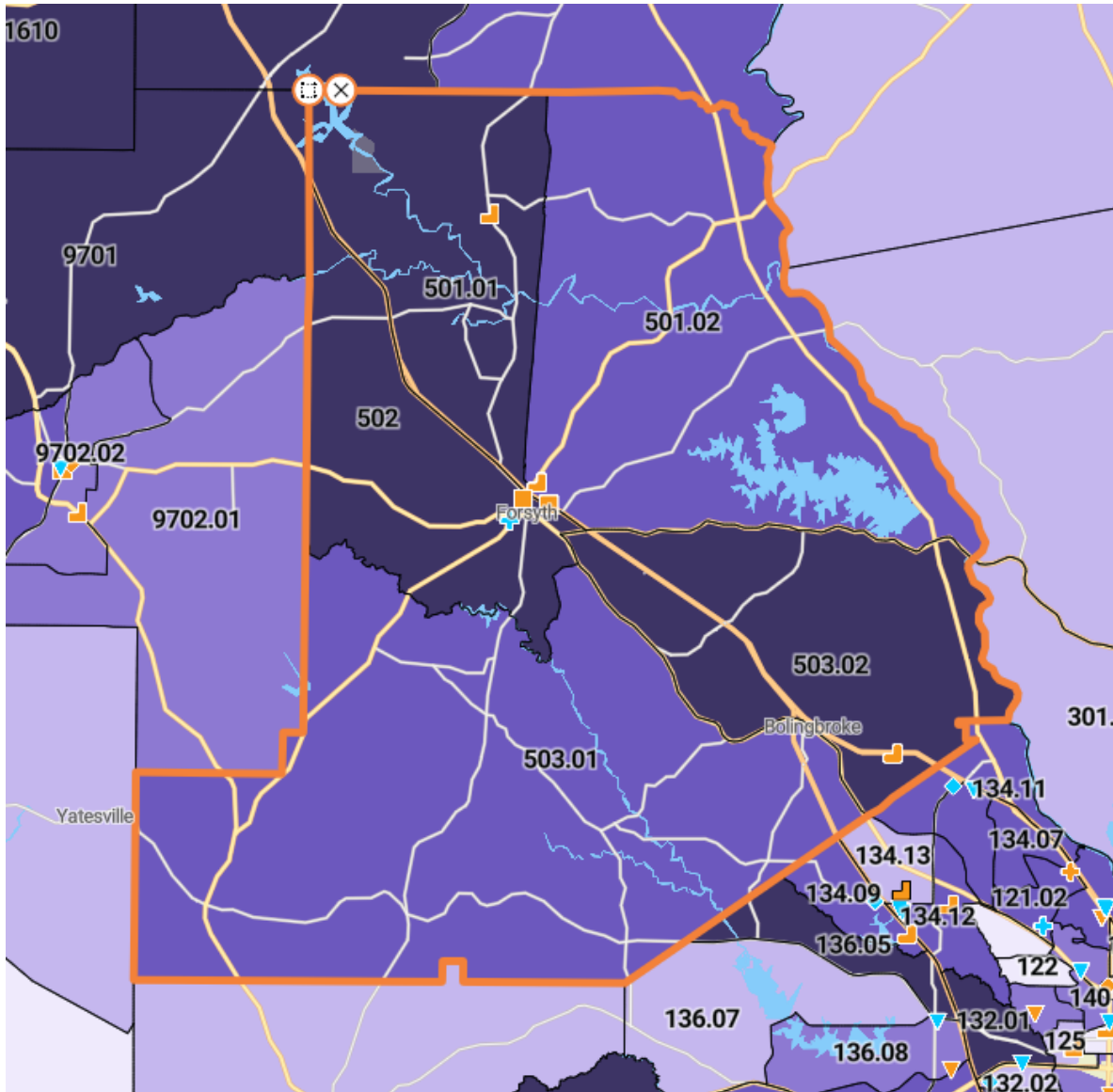
	Monroe	Georgia
Health Insurance Coverage		
 Percent under 65 years Uninsured	13%	16%
Provider Supply		
 Population to One Primary Care Physician	1,720	1,490
Population to One Dentist	5,610*	1,920
Population to One Mental Health Provider	2,550*	640
Primary Care and Prevention		
 Adults with a Personal Doctor or Health Provider	73.7%	71.8%
Adults Reporting a Physical Checkup within last year	78.5%	78.3%
Preventable Hospital Stays per 100,000 Medicare Enrollees	3,666	4,295
Mammogram Screening Rates	46%	42%
Flu Vaccination Rates among Fee-for-service Medicare Enrollees	44%*	46%

*Significantly unfavorable compared to state average

Data Source: County Health Rankings, Policy Map.

Figure 13. Access to Health and Mental Health Services

Location of Health and Behavioral Health Facilities. Data Source: Policy Map.8
 Health care and mental health resources are primarily located in the central part of the County (Figure 13).



Legend: blue plus = hospital; orange square = community health centers and look-alikes,
 orange V = nursing facility

Assessed facilities include hospital, nursing homes, community health centers (including FQHCs and look-alikes), retail-based healthcare, mental health treatment facilities and drug and alcohol treatment facilities. **Census tracts are shaded based on total population, with darker colors representing greater population counts.**

LIFESTYLE AND BEHAVIOR

Compared to the state, the proportion of residents who smoke is higher in Monroe County. While excessive drinking rate and the obesity rates are similar to the state, physical inactivity rate and the proportion of adults not getting sufficient sleep are higher than that of the state. Additionally, alcohol-related motor

vehicle deaths are higher for Monroe county than the state. Both teen pregnancy rates and sexually transmitted infection (STI) rates are lower in the county than the state.

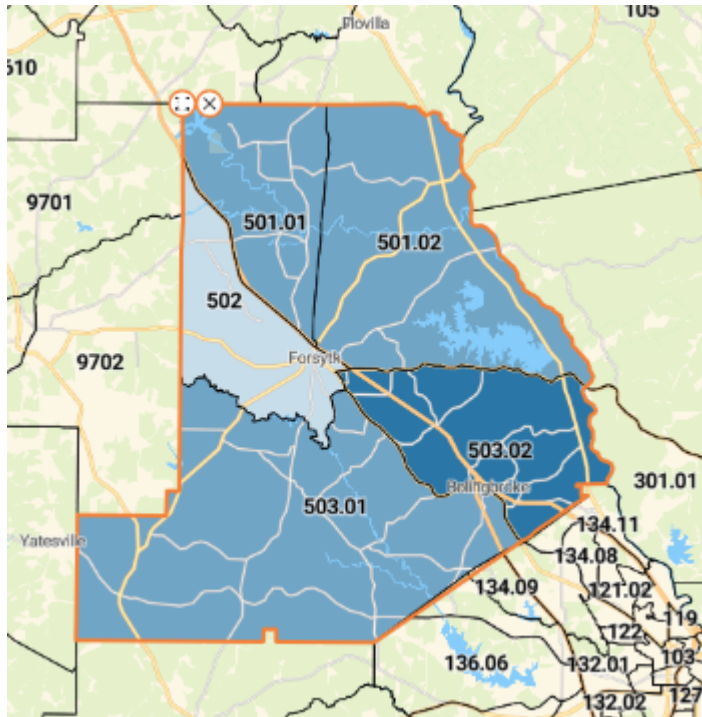
Generally, a lower proportion of Monroe County residents engage in unhealthy behavior compared to the state level.

	Monroe	Georgia
Suboptimal Lifestyle Behaviors		
 Adult smoking rate	20%*	17%
Adult excessive drinking rate	18%	18%
Percent driving deaths with alcohol involvement	22%	21%
Adult obesity rate	32%	33%
Adult physical inactivity rate	29%*	27%
Percentage of adults who report insufficient sleep (fewer than 7 hours of sleep on average)	40%*	38%
Sexual Risk Behaviors		
 STD infection rates per 100,000	282.8	637.8
Teen pregnancy rates per 1000 female teens	17	23

*Significantly unfavorable compared to the state average

Data Source: County Health Rankings

Figure 14. Smoking Rate by Census Tract (2018)



Proportion of adults who ever smoked cigarettes, 2018. Data Source: Policy Map. (The darker the color the higher the proportion.)

Smoking rates are high consistently high across the county (44%), and slightly lower in the central part of the county (40%-42%).

Figure 15. Physical Inactivity Rate by Census Tract (2017)

Proportion of adults physically inactive, 2017.

Data Source: Policy Map. (The darker the color the higher the proportion.)

The rate of physical inactivity is consistently high across the county ranging from 36%-38%.

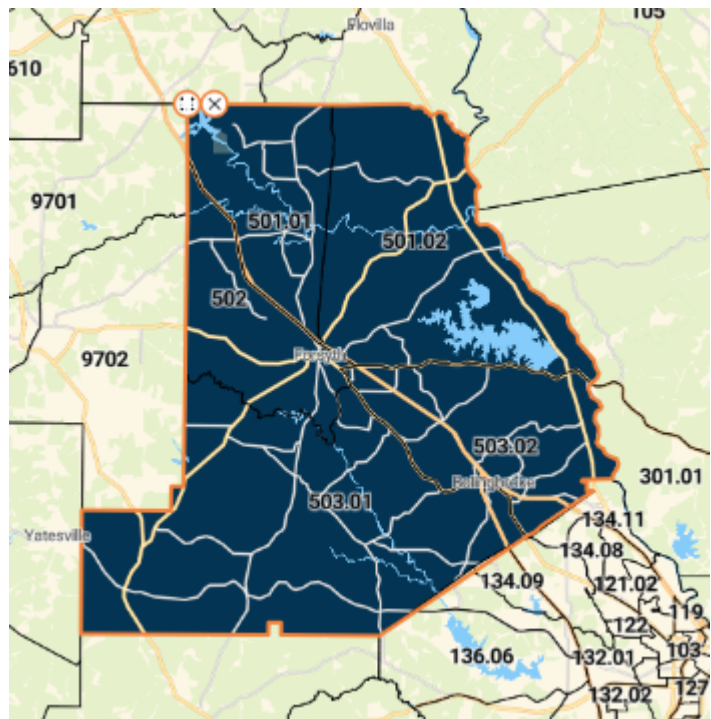
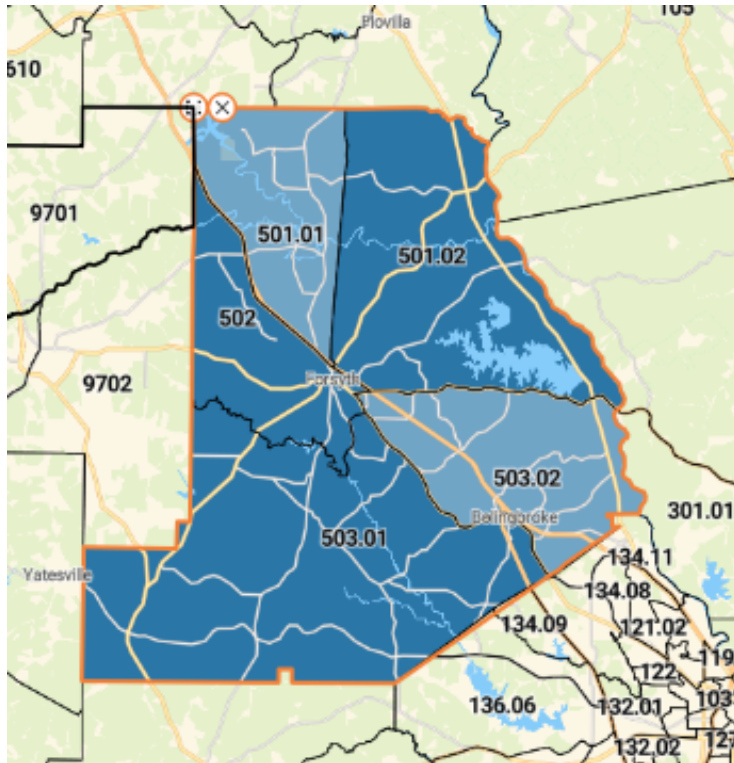


Figure 16. Adult Obesity by Census Tract (2018)



Proportion of adults reporting to be obese, 2018.

Data Source: Policy Map.

(The darker the color the higher the proportion.)

Obesity rates are consistently high across the county ranging from 32% to 34% of adults reporting to be obese.



HEALTH OUTCOMES

Morbidity

The same proportion of Monroe County residents self-report poor or fair health compared to the state, yet rates of frequent mental and

physical distress are slightly higher compared to the state. The disease burden related to cancer is higher than the state while diabetes prevalence is similar the state. The burden related to HIV is significantly lower than the state and low birthweight rate is slightly higher than the state. Hospitalizations from cardiovascular diseases are higher for Monroe County compared to the state.

One out of five residents of Monroe County report having poor or fair health.

	Monroe	Georgia
Disease Burden		
 Cancer incidence rate per 100,000 population	491*	469
Adult diabetes prevalence rate %	11%	11%
HIV prevalence rate per 100,000 population	203	639
Cardiovascular disease hospitalization per 1000 Medicare enrollees	71.2*	65
Low birthweight rate	11%	10%
Self-Reported Health Outcomes		
 Percent adults reporting poor or fair health	19%	19%
Percent adults reporting frequent physical distress	14%*	12%
Percent adults reporting frequent mental distress	17%*	15%

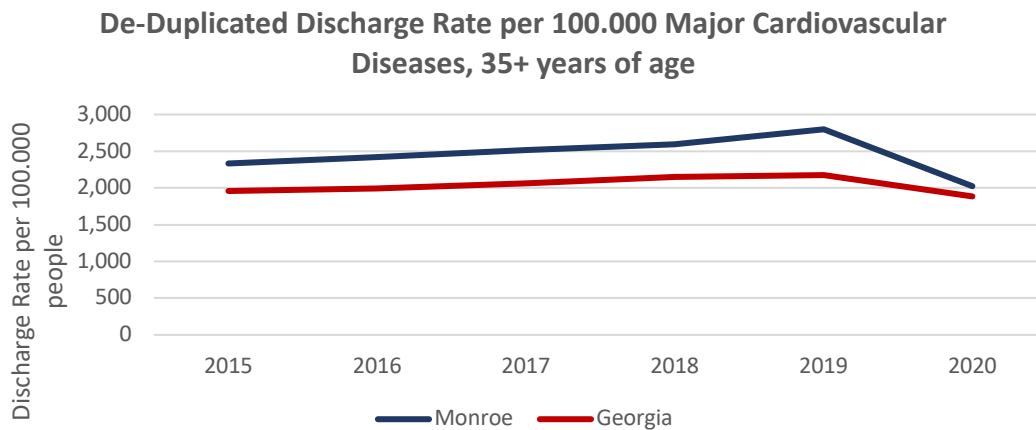
*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, Centers for Disease Control and Prevention

Cardiovascular Disease Morbidity

Hospital discharges for cases of major cardiovascular disease among adults 35 years of age and older have been consistently higher for Monroe County than for the state. From 2015 to 2019 rates increased, but from 2019 to 2020, the rate decreased (Figure 17 below) to a level comparable to the state.

Figure 17. Cardiovascular Disease-Related Hospitalizations

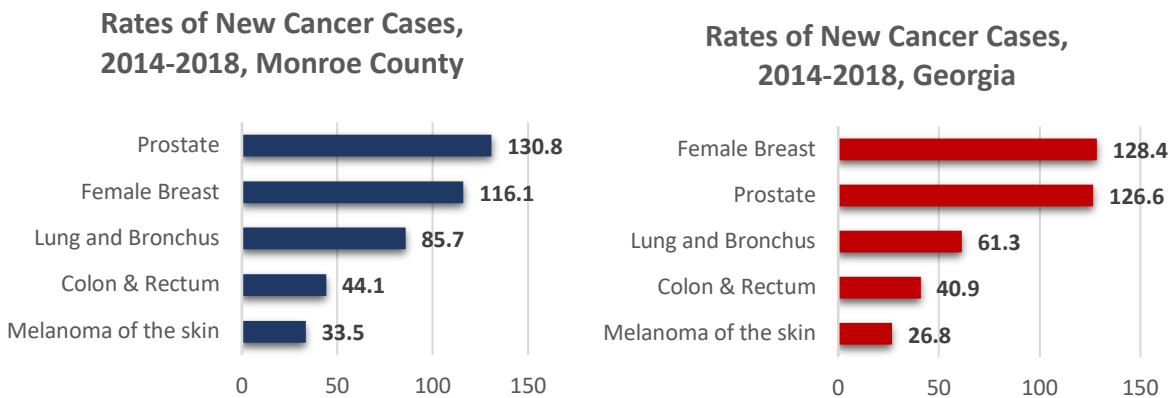


Data source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer Morbidity

Incidence rates for prostate, lung and bronchus, colorectal, and skin melanoma cancers in Monroe County have generally remained above state averages. The incidence rate for female breast cancer is lower than the state level.

Figure 18. Cancer Incidence Rates for Monroe and Georgia, 2014-2018




Data Source: National Cancer Institute, State Cancer Profile

Mortality

Premature death rates are significantly higher in Monroe County than the state. Life expectancy (2010-2015) for

Monroe is slightly higher for residents in the east-central and northwestern areas of the county (78.9-79.7 years), compared to the rest of the county (74-77 years).

The average life expectancy in Monroe County is 76.6 years (slightly lower than the average life expectancy in Georgia).

		Monroe	Georgia
Mortality Indicators			
	Life Expectancy	76.6*	77.3
	Premature (under 75yrs) Death Rate per 100,000 population	460*	400

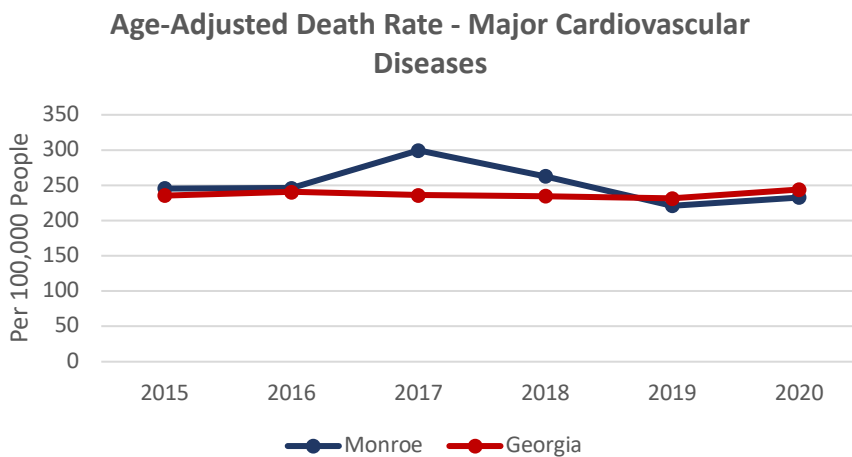
*Significantly unfavorable compared to the state average

Data Source: County Health Rankings, OASIS, Centers for Disease Control and Prevention

Cardiovascular Disease Mortality

Trends on death rates for major cardiovascular diseases show that Monroe County's rates have higher than the state's rates from 2015-2018. Starting In 2019, the rates are slightly lower.

Figure 19. Major Cardiovascular Diseases Death Rates, Monroe County & Georgia, 2015-20

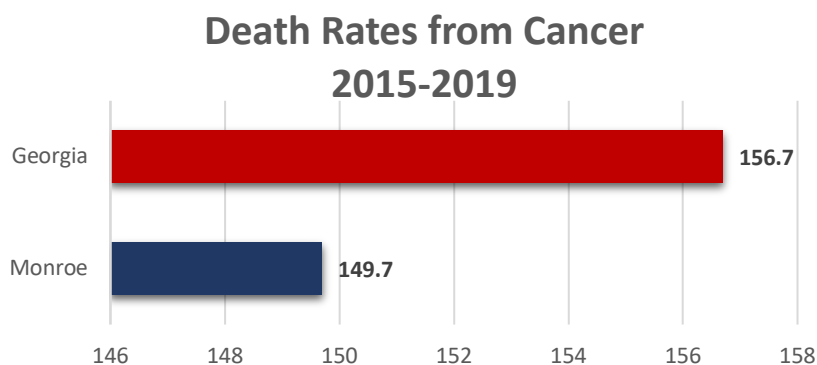


Data Source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer Mortality

The death rate for cancer for Monroe County residents is lower than the state rate (Figure 20).

Figure 20. Cancer Death Rates per 100,000 residents, 2015-2019



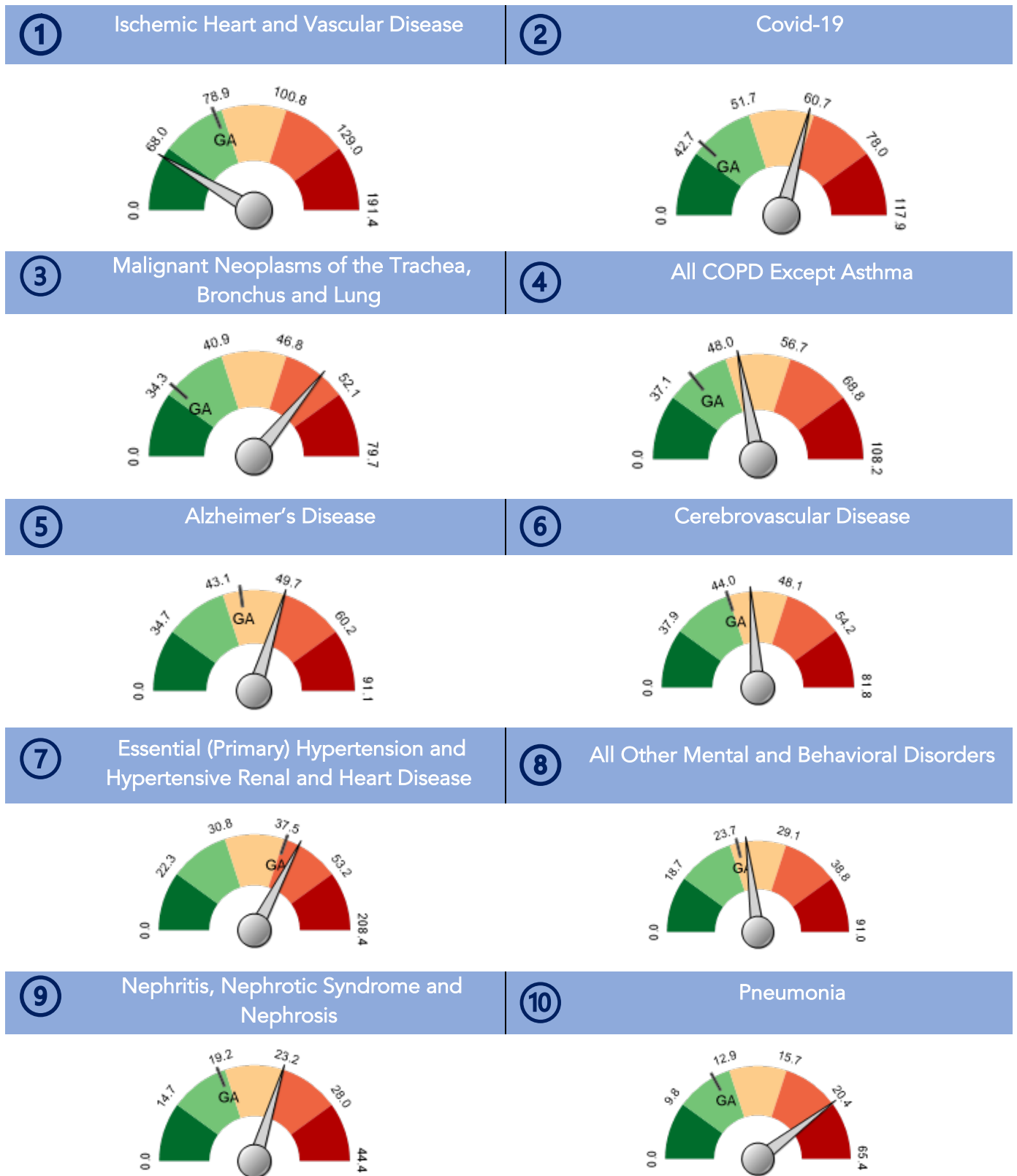
Data Source: National Cancer Institute, State Cancer Profile

Top 10 Causes of Death: Monroe County and Georgia 2017-2021

According to the Georgia Department of Public Health Online Analytical Statistical Information System, the top three causes of death for Monroe County are ischemic heart and vascular diseases, Covid-19, and malignant neoplasms of the trachea, bronchus and lung. Deaths from malignant neoplasms of the trachea, bronchus and lung and pneumonia ranked higher for Monroe County compared to Georgia. Top Ten comparisons are provided in the table and figure below.

Cause	Monroe Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
Covid-19	2	2
Malignant Neoplasms of the Trachea, Bronchus & Lung	3	6
All COPD Except Asthma	4	3
Alzheimer's Disease	5	5
Cerebrovascular Disease	6	4
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	7	7
All Other Mental and Behavioral Disorders	8	10
Nephritis, Nephrotic Syndrome and Nephrosis	9	11
Pneumonia	10	20



Figure 21. Rank/County Comparison to Georgia



COVID-19

COVID-19 death rates in the county are significantly higher than the state average as of August 2022. Vaccination rates were lower than the state rate as of August of 2022.

As of August 2022, Monroe County had reported 6,851 COVID-19 infections and 138 COVID-19 deaths.

	Monroe	Georgia
	Cumulative COVID-19 Infections and Deaths (08/24/2022)	
Number of COVID-19 Infections	6,851	2,851,932
Infection Rate per 100,000	23,735	26,325
Number of COVID-19 Deaths	138	32,868
Death Rate per 100,000	501.3*	303.4
	Vaccination Rates (08/24/2022)	
Percent Population who are Fully Vaccinated	43%*	57%
Percent Population with at least One Vaccine Dose	48%*	65%

*Significantly unfavorable compared to state average

Data Source: Georgia Department of Public Health

PROGRESS ON SELECTED INDICATORS

		Previous CHNA	Current CHNA	Progress
	Economic Profile			
	Percent children in poverty	19%	18%	→
	Unemployment rate	3.4%	4.1%	←
	Education			
	High school graduation rate	85%	87%	→
	Social and Community Context			
	Social associations per 10,000	11.1	10.5	←
	Percent children in single parent households	33%	21%	→
	Neighborhood and Built Environment			
	Percent population with access to exercise opportunities	73%	55%	←
	Percent population food insecure	14%	12%	→
	Health Care Access			
	Uninsurance rate	15%	13%	→
	Primary care provider to population	1,690	1,720	←
	Mental health provider to population	3,410	2,550	→
	Health Behaviors			
	Obesity rate	30%	32%	←
	Physical inactivity rate	27%	29%	←
	Smoking rate	18%	20%	←
	Health Outcomes			
	Percent reporting poor or fair health	17%	19%	←
	Low birth weight rate	12.1	11%	→
	Diabetes prevalence	14%	11%	→
	Premature (under 75yrs) death rate per	400	460	←

← worsened — stable → improved

**Some indicators were not in the 2019 Community Health Needs Assessment. These were retrieved from County Health Rankings for comparison.*

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS

A profile of community health needs and outcomes emerged through an examination of health indicators from several secondary data sources. A social determinants of health conceptual framework was used for assessing factors shaping health and well-being in the community.

Community Demographic Profile, Economic Profile & Education

- The population of Monroe County is older and less diverse compared to the state of Georgia.
- Population growth is projected to increase but at a slower rate through 2025 and become slightly more diverse.
- The county has unfavorable unemployment rates (slightly higher than the state).
- Educational attainment is similar to the state rates.

Social and Community Context & Neighborhood and Built Environment

- Approximately one in five children in the county live in single parent households.
- Many Monroe County residents lack access to amenities such as recreational opportunities.
- While residents of Monroe County are involved in more social associations, suicide rates are still much higher than the state average.

Health Care Access

- Access to health care is limited, compared to the state, due to shortages of mental, and dental health professionals
- Flu vaccination rates, a measure of preventive care, are lower than Georgia's.

SUMMARY POINTS FROM SECONDARY DATA ANALYSIS – CONTINUED

Lifestyle Behavior & Health Outcomes

- Smoking and physical inactivity are more significant issues in Monroe County than in Georgia.
- Self-reported health outcomes in the county are generally worse than the state's, with a higher proportion of residents reporting fair or poor health in the county than in Georgia.
- Cancer rates and cardiovascular hospitalizations are higher, diabetes prevalence is comparable, and the HIV prevalence rate is lower for Monroe County residents than for state residents.

COVID-19

- Monroe County residents have been impacted by the ongoing COVID-19 pandemic.
- As of August 2022, COVID-19 death rates were higher in Monroe County compared to the state.
- Vaccination rates, however, remained lower than the state during the same period.

Progress on Selected Health Indicators Since last CHNA

- Of 18 selected health indicators assessed across the SDOH dimensions, the County performed better or similar on 50% (9/18), and worse on 50% (9/18) compared to the last CHNA.

COMMUNITY SURVEY

Online surveys were completed (partially or in full) by 112 community members.

RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The majority of survey respondents were female (72.2%), Non-Hispanic White (81%), aged under 65 years (80.4%), married or partnered (76.3%) and employed (81.4%), with at least some college or associate degree (93.8%). Of those responding, 73% reported an annual household income above \$60,000. The survey was shared on the hospital’s website, through social media accounts, and with the Monroe school board to maximize the reach across the community. COVID-19 protocols created challenges for obtaining a representative survey. Survey respondents were significantly more likely to be female (72.2% sample vs 50% county census). Respondents were significantly more educated: 68% of respondents had at least a Bachelor’s degree, while only 26.6% of county residents had this level of education according to census figures. Similarly, roughly 73% of respondents reported household earnings that were greater than the county median household income of \$60.5K. Participants over 65 (19.6% sample vs 19.4% county census), and non-Hispanic Whites (81% sample vs 73.3% county census) were somewhat comparable to the census.

Demographic Characteristics of Survey	Frequency (N)	Percentage (%)
Gender (n=97)		
Female	70	72.2
Male	27	27.8
Age (n=97)		
Under 35 years	11	11.3
35-44 years	16	16.5
45-54 years	23	23.7
55-64 years	28	28.9
65-74 years	16	16.5
75 years and older	3	3.1
Race (n=100)		
Non-Hispanic Black	14	14
Non-Hispanic White	81	81
Hispanic	1	1
American Indian/Native Alaskan	1	1
Other	1	1
Asian	2	2

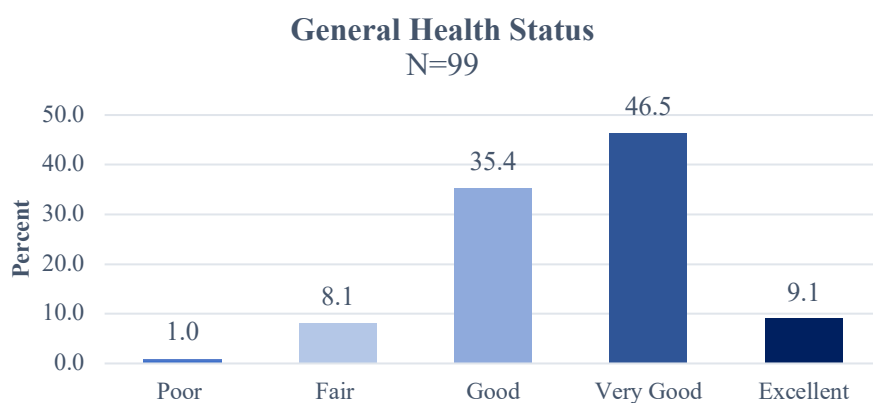
Demographic Characteristics of Survey	Frequency (N)	Percentage (%)
Native Hawaiian or Pacific Islander	0	0
Education (n=97)		
Less than High School	0	0
High School Graduate or GED	6	6.2
Some College or Associate Degree	25	25.8
Bachelor Degree	31	32
Graduate or Advanced Degree	35	36
Marital Status (n=97)		
Married/Partnered	74	76.3
Divorced/Separated	8	8.3
Widowed	3	3.1
Single/Never Married	11	11.3
Other	1	1
Household Income (n=97)		
Below \$20,000	1	1
\$20,001-\$40,000	4	4.1
\$40,001-\$60,000	11	11.3
\$60,001-\$80,000	11	11.3
\$80,001-\$100,000	16	16.5
Above \$100,000	44	45.4
Refused/Don't know	10	10.3
Employment Status (n=97)		
Full-time	72	74.2
Part-time	7	7.2
Retired	15	15.5
Unemployed	3	3.1
Home Ownership (n=97)		
Yes	86	88.7
No	11	11.3
Access to Reliable Transportation (n=97)		
Yes	97	100
No	0	0

Source: U.S. Census Bureau (2021). *Quick Facts*. Retrieved from <https://www.census.gov/quickfacts/fact/table/monroecountygeorgia/PST045221>

HEALTH STATUS

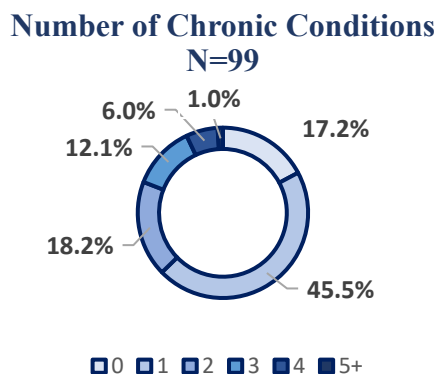
The majority of the survey respondents (81.9%) report their health as either good or very good. Around 9% of the respondents say their health is poor or fair. One out of five respondents reported having three or more chronic conditions. The most common chronic conditions that the participants reported having include high blood pressure (42.7%), high cholesterol (42.7%) and overweight/obesity (41.5%) (Figures 22-24).

Figure 22. Self-Reported Health Status



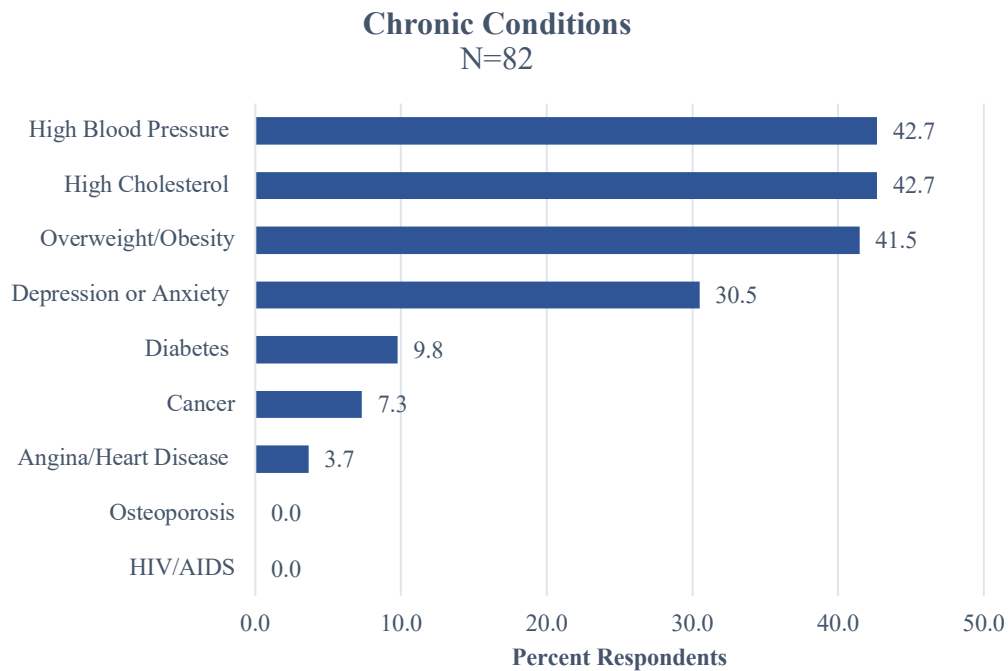
Note: Percentages may not add up to 100 due to rounding.

Figure 23. Burden of Multiple Chronic Conditions



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

Figure 24. Most Common Chronic Conditions



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

HEALTH BEHAVIORS

Smoking, Nutrition and Physical Activity

Around 8% of respondents reported currently smoking tobacco products (Figure 25). About two out of five (40.8%) reported eating the recommended five servings of fruits and vegetables daily. Nearly 29% of all respondents indicated that they were not able to adhere to this recommended nutrition guideline because they go bad before being consumed or because they don't have the time to fix them. About one in four stated that they don't think about eating fruits and vegetables (Figure 26).

Figure 25. Smoking Behavior

Do you currently smoke tobacco products?

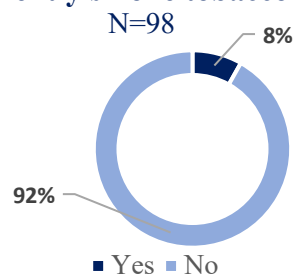
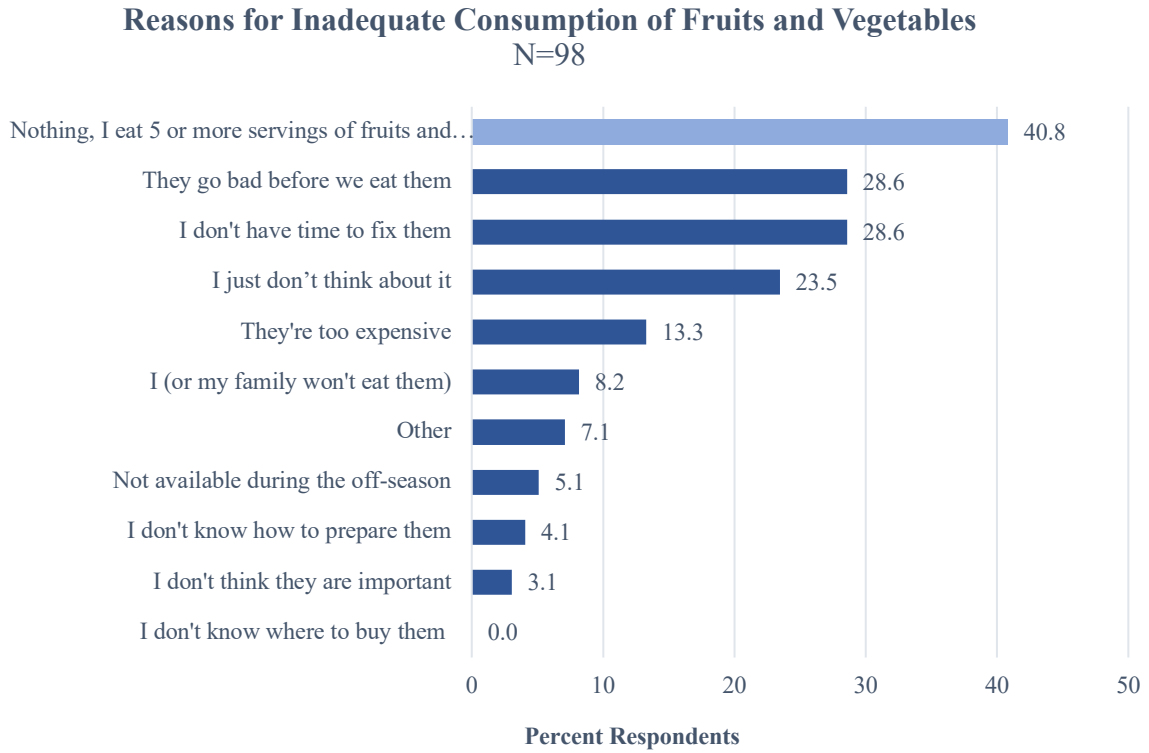


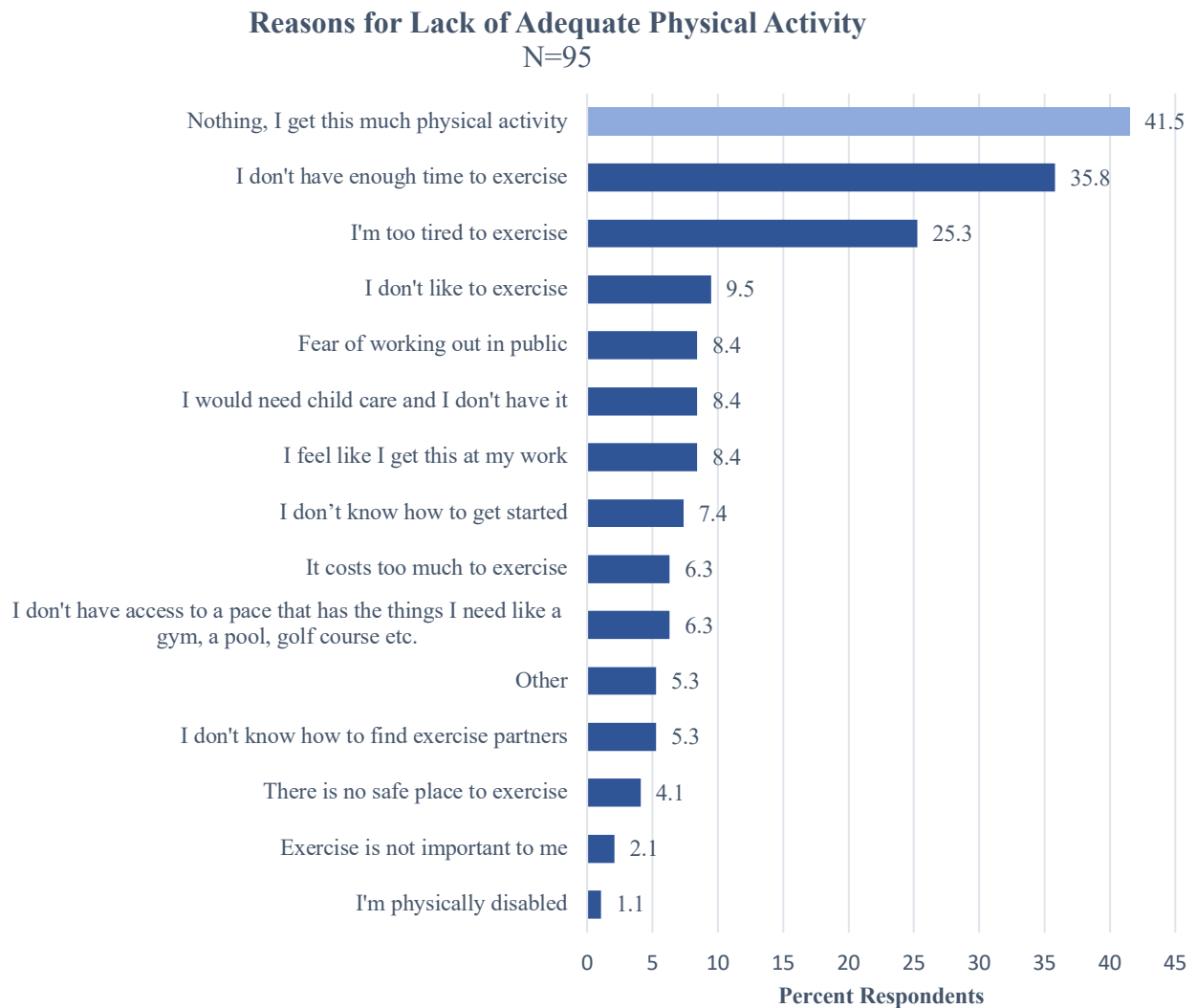
Figure 26. Fruit and Vegetable Consumption



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

Regarding physical activity, about two in five respondents stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. More than one out of three respondents reported that they don't have enough time to exercise (35.8%). One out of four (25.3%) of participants reported that they are too tired to exercise (Figure 27).

Figure 27. Physical Activity



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

Screening

Respondents were also asked about their utilization of preventive and screening services and their adherence to recommended screening guidelines. Seventy percent of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 28). More than three out of five (64%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 29). Three out of four (76%) of female respondents 50 years and older reported that they received annual mammograms (Figure 30). Close to nine out ten (88%) of females 21 years and older said that they received a pap smear at least every five years (Figure 31).

Figure 28. Colon Cancer Screening

If you are 50 years or older, have you ever had a colonoscopy?

N=60

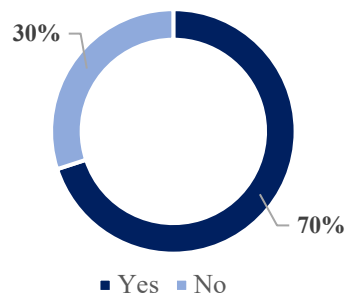


Figure 29. Prostate Cancer Screening

If you are a male over age 40, have you had a discussion with your health care provider about prostate cancer screening?

N=28

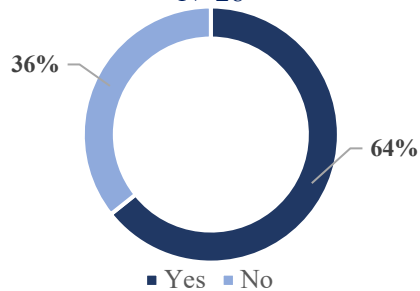


Figure 30. Breast Cancer Screening

If you are a female 50 years or older, do you have an annual mammogram?

N=42

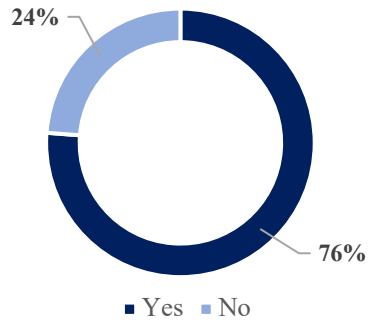
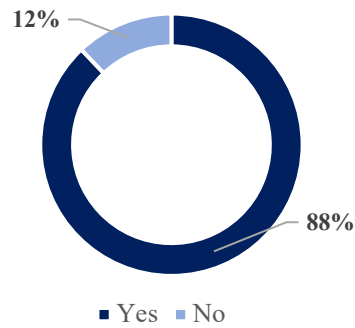


Figure 31. Cervical Cancer Screening

If you are a female 21 years or older, do you have a pap smear at least every 5 years?

N=72

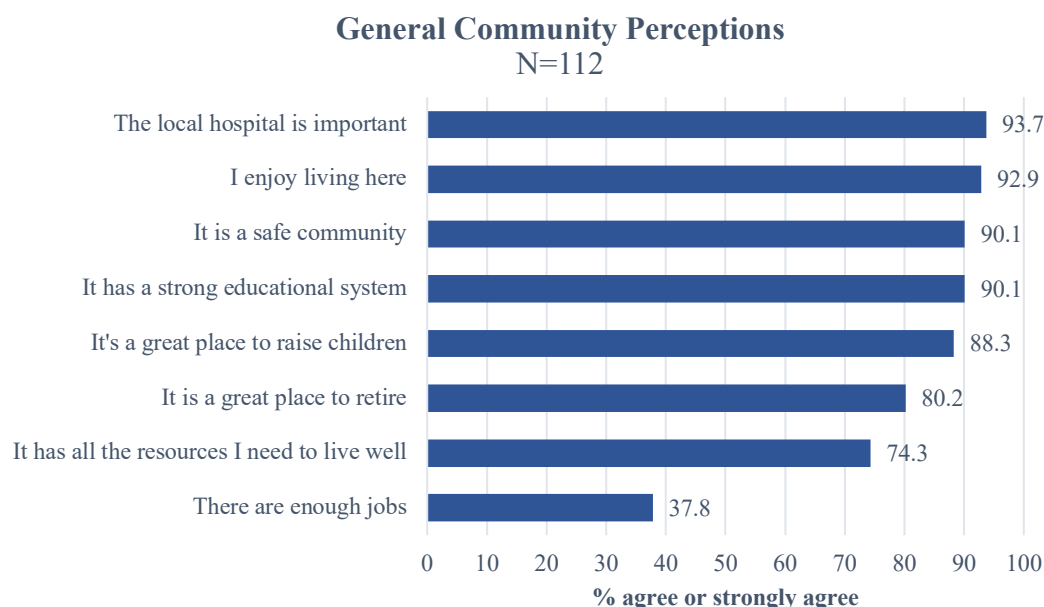


COMMUNITY PERCEPTION

General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs. More than nine out of ten (93.7%) respondents either agreed or strongly agreed that the local hospital is important. However, fewer than two out of five residents (37.8%) felt there were enough jobs. More than eight out of ten respondents (92.9%) strongly agreed or agreed that they enjoy living in Monroe County (Figure 32). Similarly, nine out of ten respondents agreed that the community is safe, it has a strong educational system and it’s a great place to raise children.

Figure 32. General Community Perceptions

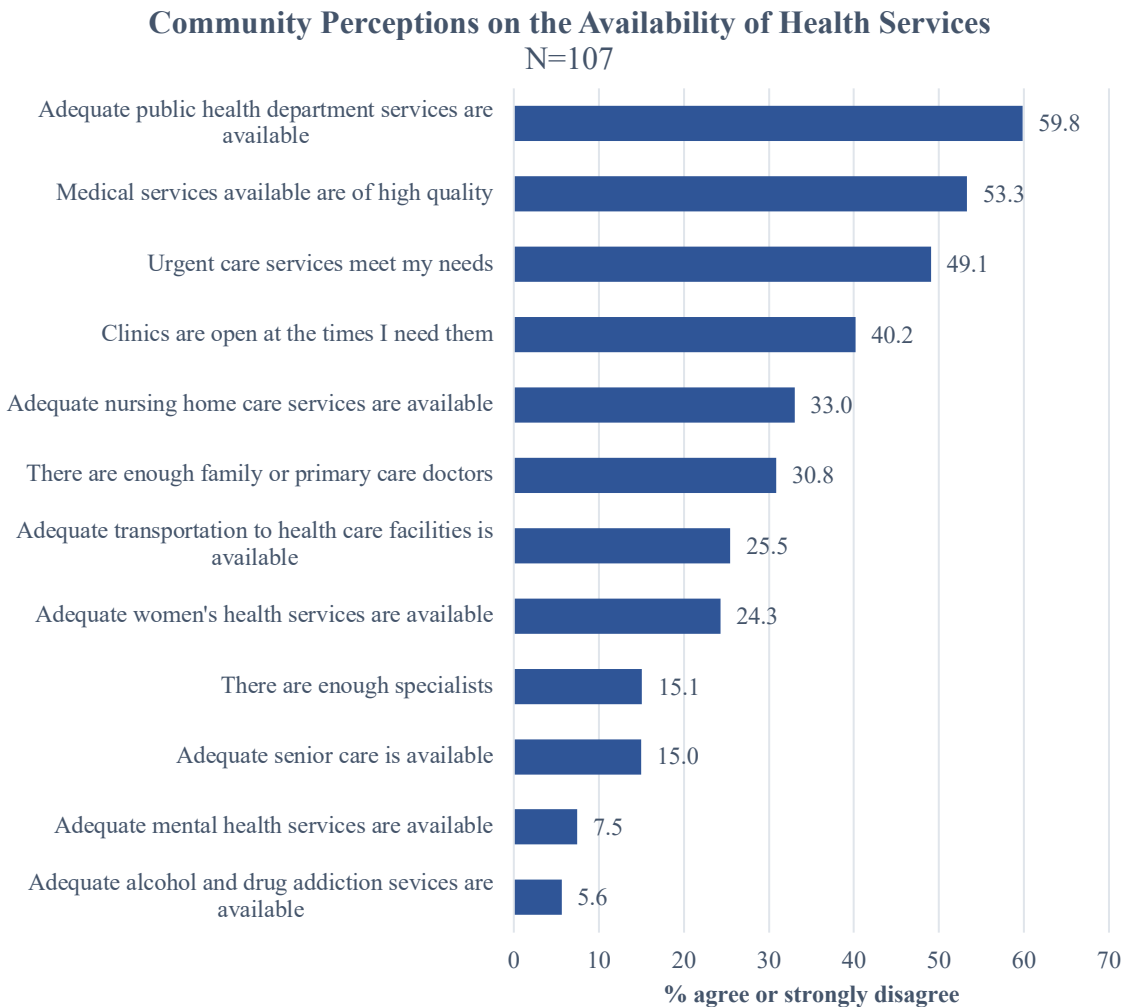


Community Perception Concerning Health Care Services

The respondents’ perceptions of the adequacy of medical services within the community were sufficient in terms of public health, urgent care, and high-quality medical services. There are, however, areas of concern. One-third of respondents or fewer reported adequacy in nursing home care services and family or primary care

doctors. About one out of four reported the availability of adequate transportation to health care facilities, and women’s health services. Key shortage areas include specialists, senior care, mental health services and alcohol and drug addiction services (Figure 33).

Figure 33. Community Perceptions Concerning Health Care Services

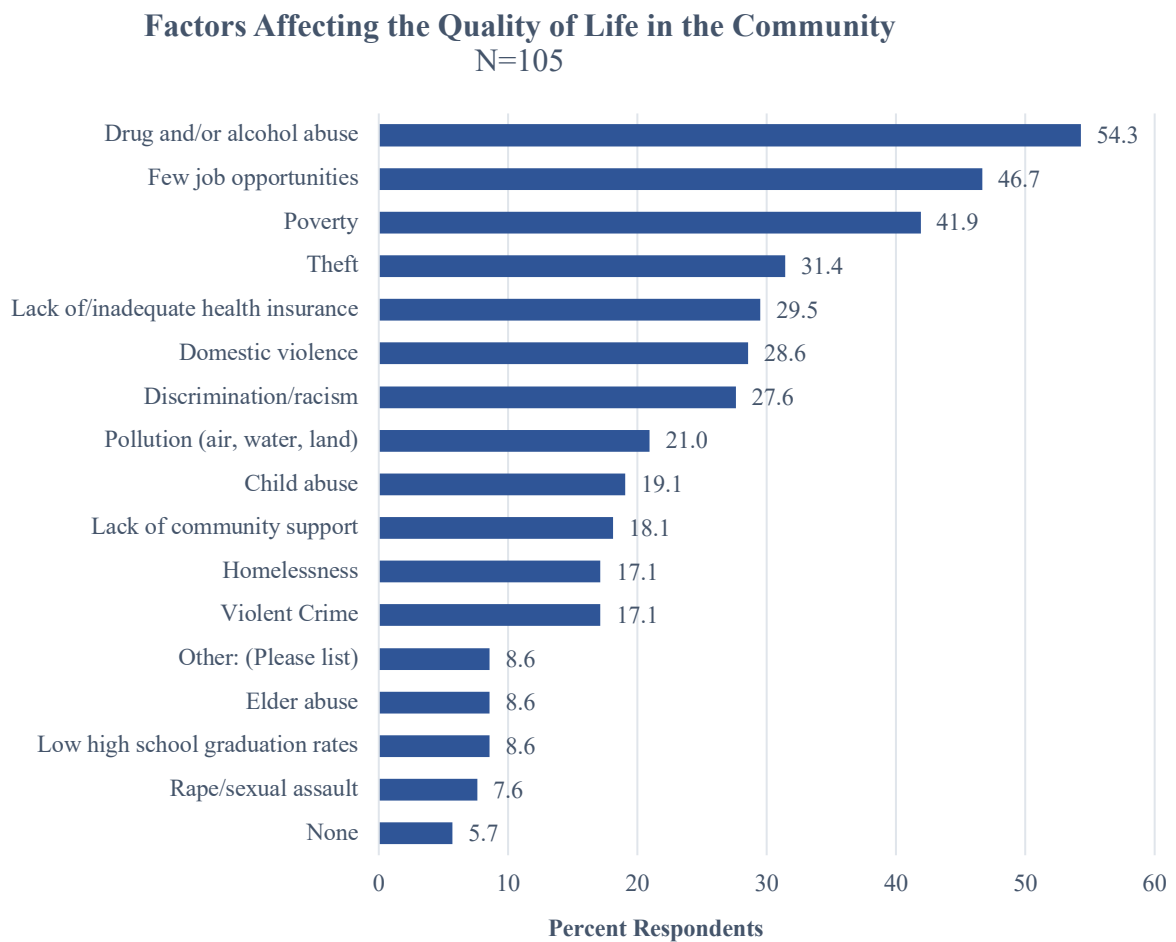


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perceptions Concerning Health and Quality of Life

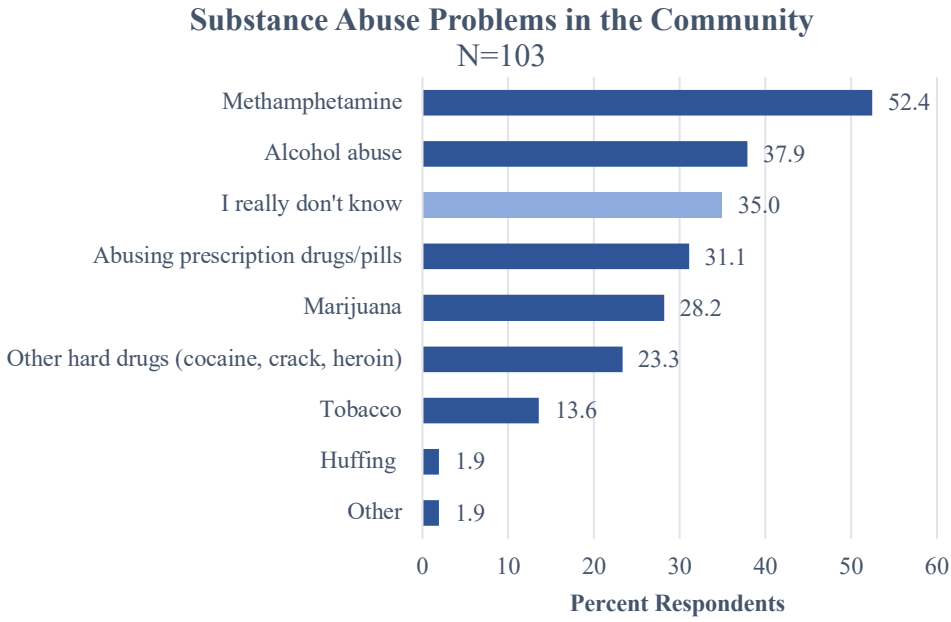
More than half of the respondents (54.3%) identified drug and alcohol abuse as the most significant factor affecting the quality of life in the community, followed by lack of job opportunities and poverty. Theft, lack of health insurance, domestic violence, and discrimination/racism formed a second tier of main factors impacting community life, with around 30% of respondents identifying each as a negative impact on quality of life (Figure 34). Concerning substance abuse in the community, methamphetamine (52.4%) was identified as the most commonly abused substance, followed by alcohol (37.9%), prescription drugs/pills (31.1%), and marijuana (28.2%) respectively (Figure 35).

Figure 34. 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.

Figure 35. Substance Abuse Problems

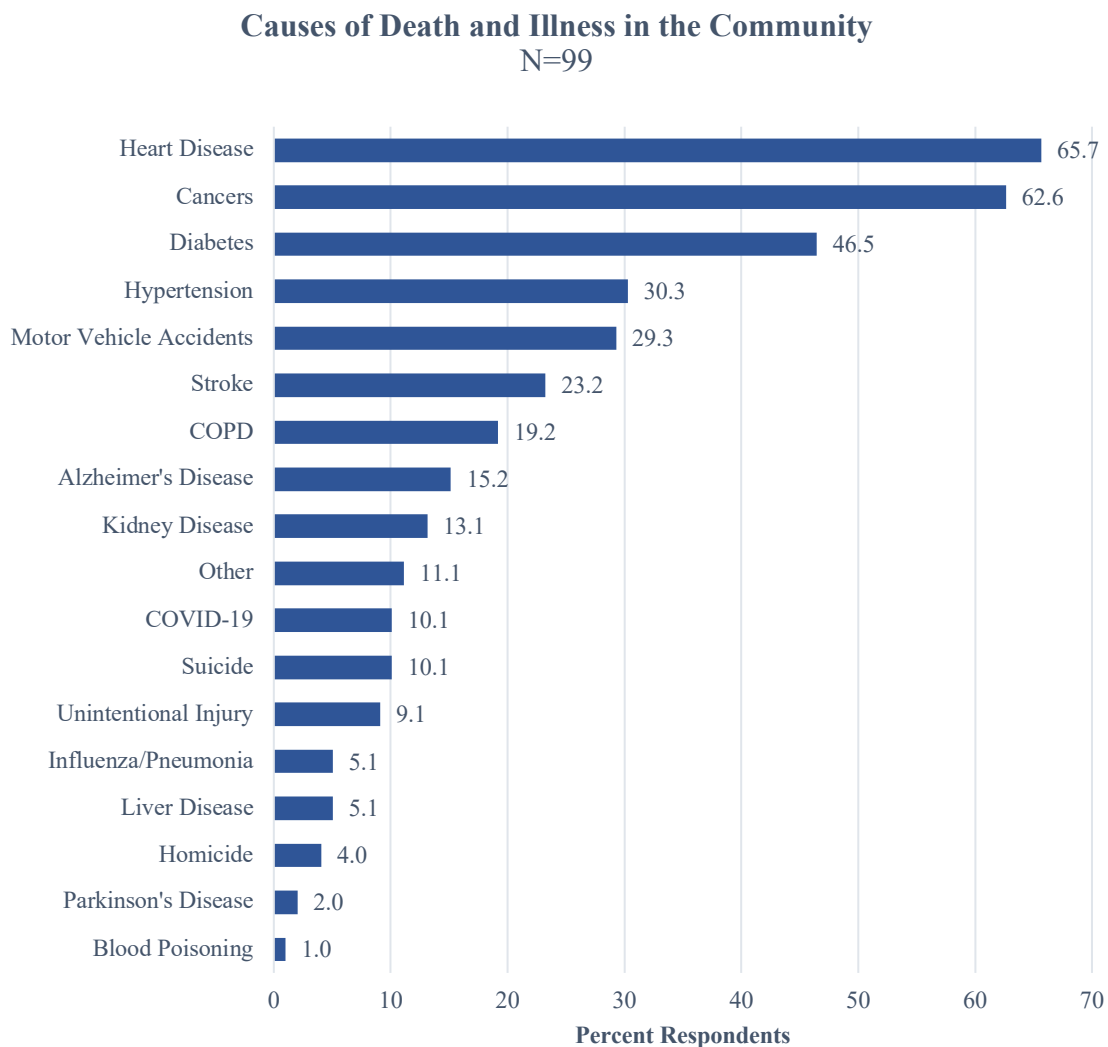


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Community Perceptions Concerning Mortality & Morbidity

Heart disease (65.7%), cancers (62.6%) and diabetes (46.5%) were identified by the survey respondents as the top three causes of mortality and morbidity in the community (Figure 36). The toll of COVID-19 was evident, with 10% of respondents choosing it as a significant cause of death and illness.

Figure 36. Causes of Mortality and Morbidity



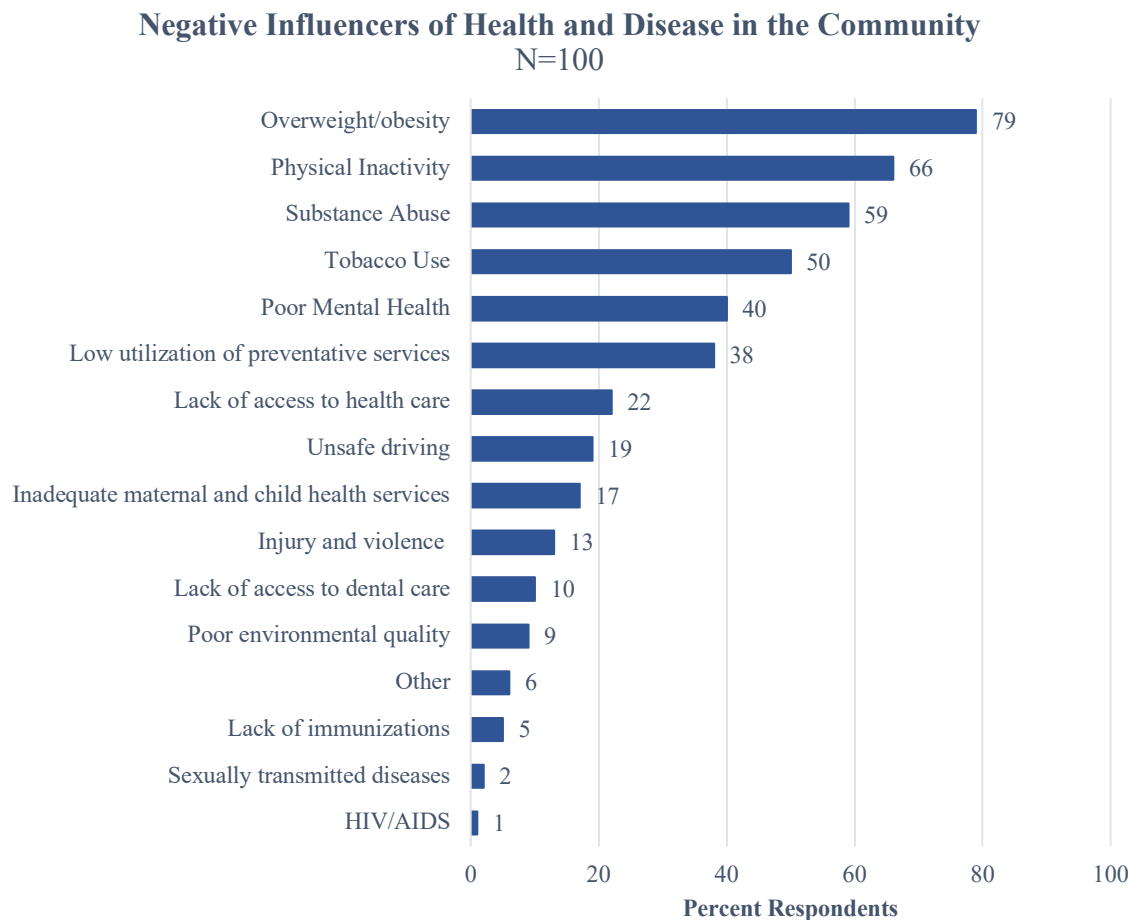
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100

Negative Influencers of Health

Obesity/overweight (79%), physical inactivity (66%), and substance abuse (59%) were identified as the top three negative influencers of health in the community for adults (Figure 37). Tobacco use (50%), poor mental health (40%), and low utilization of preventative services (38%) formed a second tier of significant negative factors on the health of community members.

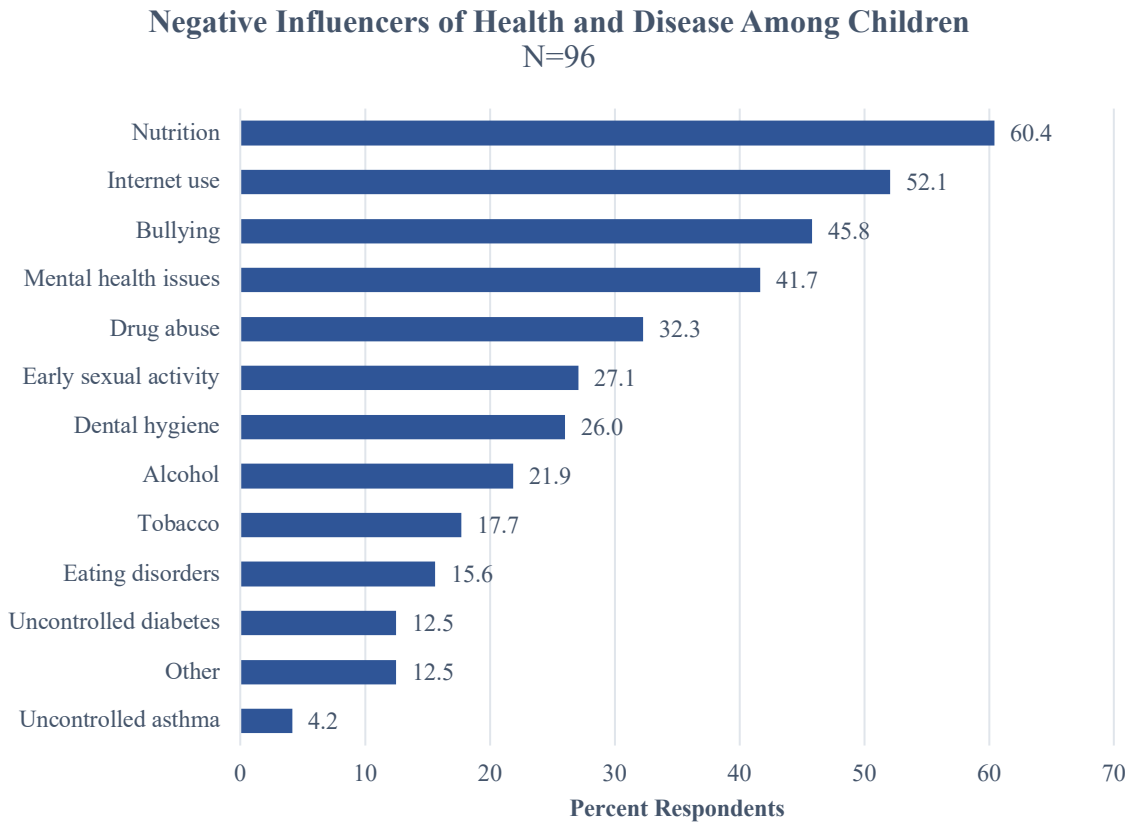
Nutrition (60.4%), internet use (52.1%), bullying (45.8%) and mental health issues (41.7%) were identified as the top four negative influencers of children’s health. A second tier of responses highlighted other important factors for the health of children that were: drug abuse (32.3%), and early sexual activity (27.1%) (Figure 38).

Figure 37. Negative Influencers of Community Health



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

Figure 38. Negative Influencers of Children’s Health

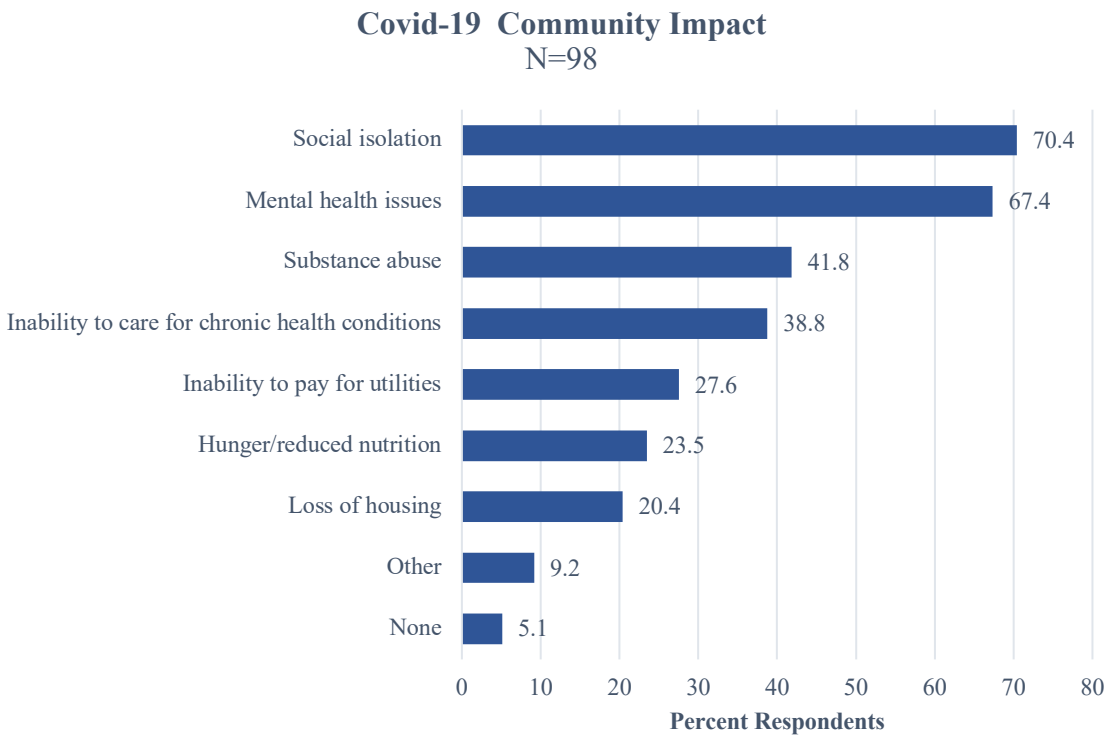


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

COVID-19

With respect to COVID-19, respondents reported that social isolation (70.4%), mental health issues (67.4%) and substance abuse (41.8%) were the top three issues exacerbated by the pandemic in Monroe County (Figure 39).

Figure 39. COVID-19 Community Impact



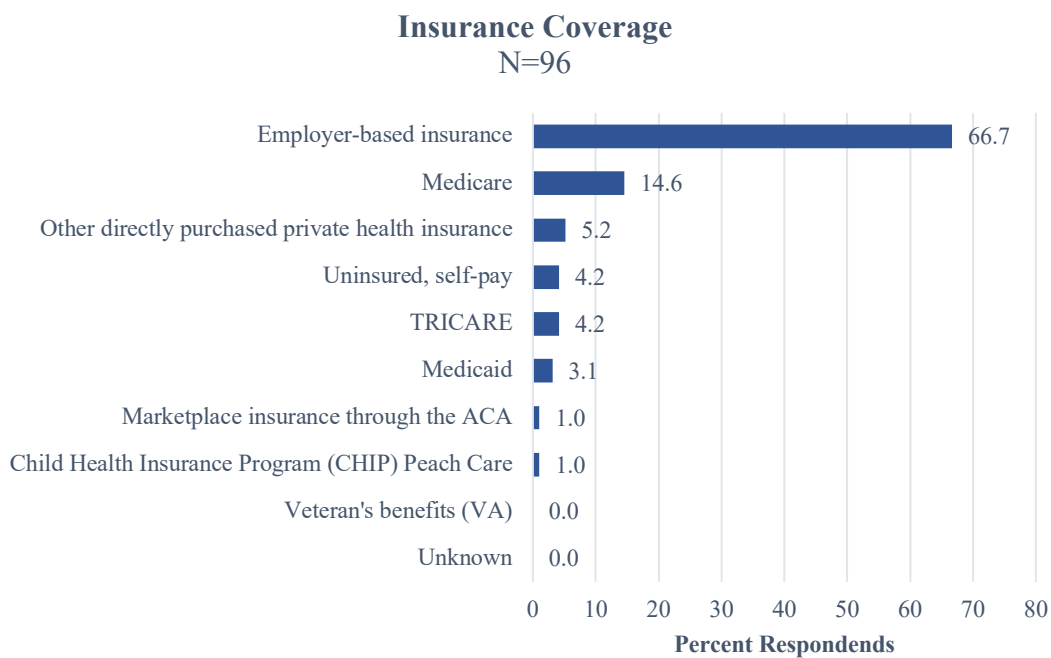
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

HEALTH CARE ACCESS

Insurance Coverage and Usual Source of Care

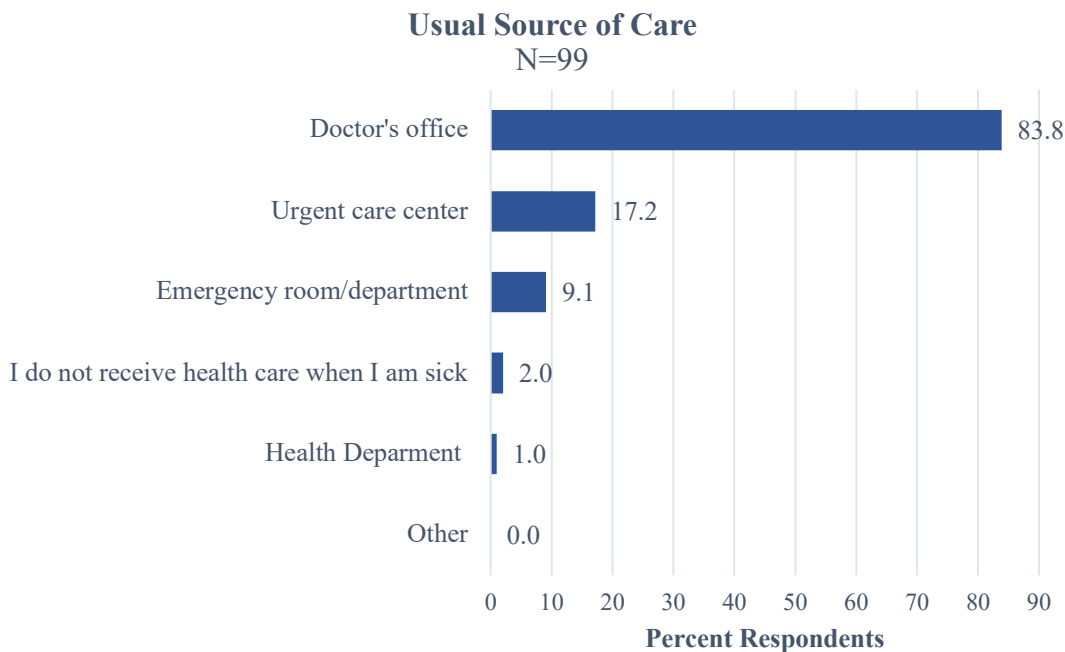
The majority of survey respondents (66.7%) reported that they had employer-based insurance. Close to fifteen percent were covered by Medicare, and approximately five percent were covered through other directly purchased private health insurance (Figure 40). A majority of the respondents (83.8%) reported that their usual source of care was a provider in a doctor’s office setting. Over 17% identified the urgent care setting as their usual source of care and 9% reported using the emergency room (Figure 41).

Figure 40. Insurance Coverage



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

Figure 41. Usual Source of Care

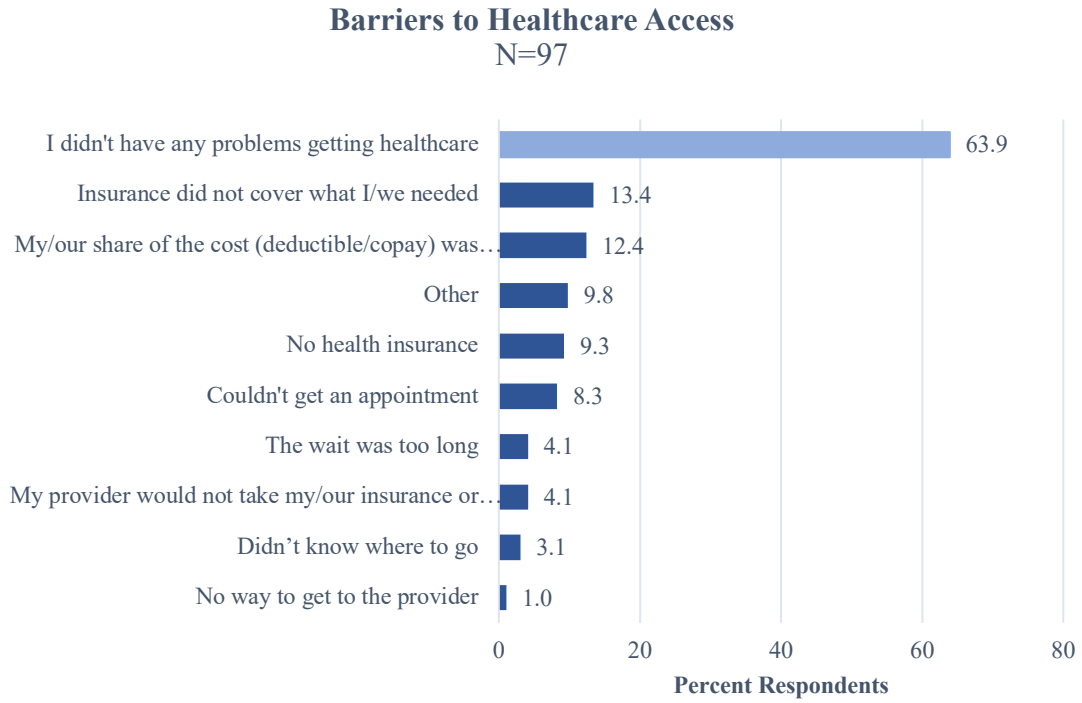


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Barriers to Healthcare Access

Nearly 40% of respondents reported experiencing barriers to health care access in the past 12 months. Barriers most frequently mentioned were insurance not covering the needed services (13.4%), high deductibles/copays (12.4%), and lack of health insurance (9.3%) (Figure 42). More than five out of six respondents (84%) were willing to access specialists via telemedicine if Monroe County Hospital were to offer specialist telemedicine services (Figure 43).

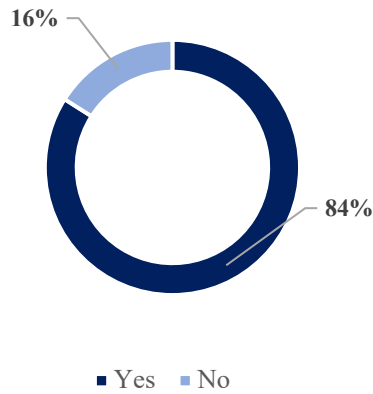
Figure 42. Barriers to Healthcare Access



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

Figure 43. Willingness to Use Telemedicine

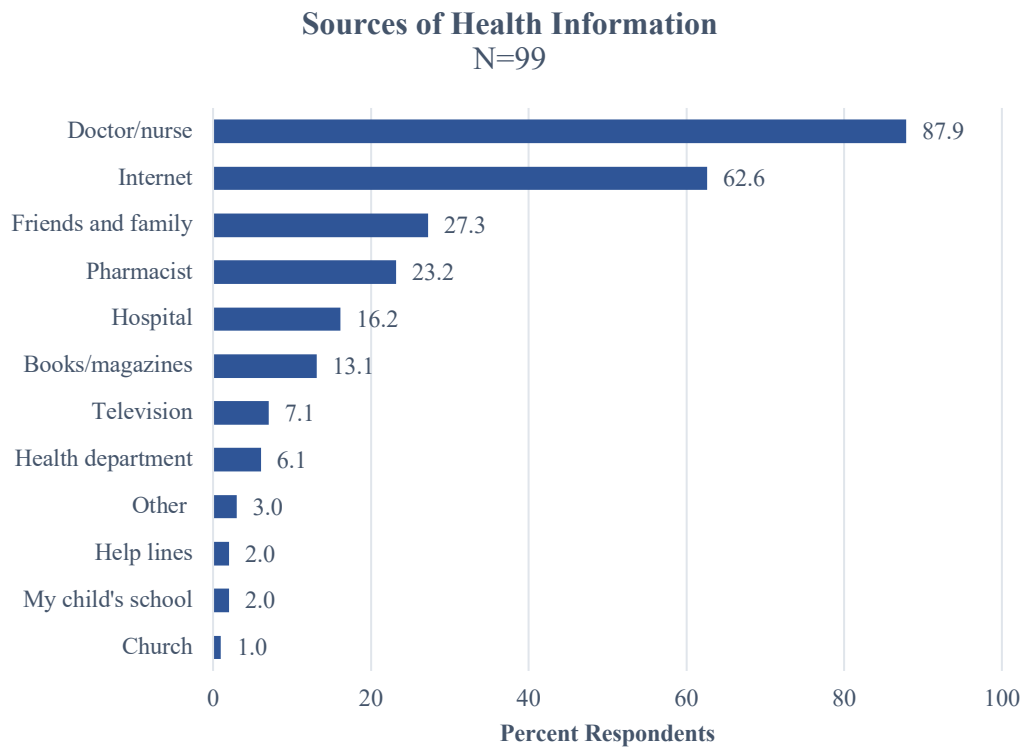
If offered by your local hospital, would you be willing to consult a specialist via telemedicine?
N=87



Health Information

Respondents most commonly identified their health care provider (doctor/nurse) as their source of health information (87.9%), followed by the internet (62.6%), friends and family (27.3%), the pharmacist (23.2%), and the hospital (16.2%) (Figure 44).

Figure 44. Sources of Health Information



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

KEY STAKEHOLDER FOCUS GROUPS

PARTICIPANT CHARACTERISTICS

“It’s kind of the best of both worlds. You have the small-town atmosphere, almost no traffic, everybody seems to know each other, but you’re close enough to Macon and really to Atlanta to do anything if you want major events or things like that.”

Five focus groups of key stakeholders were held in May and June of 2022 with a total of 10 participants representing different and vital aspects of the community. Participants represented business interests, church groups, healthcare workers, public health workers, and hospital employees. Focus groups were held via Zoom. Each focus group session lasted 40 minutes on average.

EMERGING THEMES

The following sections provide details of the focus group discussions by common thread or topic, focusing on those that cut across groups.

Community Perception Overall

Participants, overall, described their community a tight-knit and supportive one with residents who are aware of the community's needs and challenges. They also expressed that they enjoy the safe and peaceful environment, which is small but yet close to larger cities with more resources.

“I would say that we’re a very tight-knit community that even though we’re growing right now, most everybody knows everybody. Most of the businesses know other businesses. So, we’re not so large that everybody that knows somebody in someone’s family and that may change over time with the population increases we’re seeing, but right now we’re still like that.”

STRENGTHS: Family Friendly, Collaborative Community, Strong School System, Economic Growth

Focus group participants emphasized several strengths regarding living in Monroe County. One key point is that the community is a **great place to raise a family**, thanks to both community safety and the **strong school system**. The crime rate in the county is very low. The community in Monroe County was described as a **tight knit one**, where community members are positive and supportive of each other. **Strong collaboration efforts** happen when needed, especially when they need to address important matters in the community. Lastly, community members discussed the **economic development** of the county in a very positive light.

“The school system is fantastic. It’s a safe community. We went from a place where you could not take your eyes off your children to a place where we went to an event on the square. And I’m watching my kids run around and play on the courthouse, and they’re not right next to us, and it was a really cool feeling. So it’s very safe and a good place to raise your children.”

“Yet, it’s kind of a big-town feel because we’re on the interstate. And we’ve also got a lot of good industry and a lot of good small businesses that keep coming to this area so a lot of good growth, a lot of good positive things here. That’s one of the main things that I like about the community.”

“This community is amazing, especially whenever it takes on a project. When I say project, you know, a family in need, or a business, or some crisis has arisen. This community is very quick to band together. You know, years back when our hospital was in jeopardy of being shut down, the community all banded together and took on that project as well so that we could keep our local hospital open.”

CHALLENGES: Healthy Nutrition, Income Disparity, Housing Affordability

Despite the positive aspects of the community, participants noted various challenges in Monroe County that impact the health and wellbeing of its residents. **Healthy eating can be a challenge** for some of the community members due to healthy foods being more expensive. Additionally, most restaurants offer primarily fast-food options. Participants felt that while the economic status of the county is generally strong, there

are certain fragments of the population that **struggle financially**, and there is a significant income gap. It was also noted that there is **limited availability of housing options**, and that affordability can be a challenge for newcomers in the county.

“Well, I think when it comes to the economic side, in order to eat healthy, it’s definitely more expensive to eat healthy. And there are healthy choices here, some healthy choices here in Versailles. But if you’re focusing on the economic side, you can’t really – if you’re struggling financially to make ends meet, you’re gonna eat places where you can afford. And if you’re eating places where you can afford, then you’re probably not going to be getting the healthiest of food.”

“One of the biggest problems I hear is availability of housing, particularly affordable housing. So there can be a challenge for low- and middle-income families to find a good place to live so that they can frequent our restaurants and work in our businesses, so that is a bit of a downfall. But overall, the cost of living is not bad at all here. Our millage rate is one of the best in the area, so it depends on what end of the spectrum you’re on.”

“It’s a big gap sometimes between – economically between families. We do have a lot of kids that are considered homeless in our school system. Now, remember homeless – it could be living in a motel, a single wide trailer, those types of things are considered homeless, and we probably have, I don’t know, probably up to 300 that fall into that category, so it’s kind of a mixed bag with the economics as far as families go.”

Health-Specific Community Characteristics

Themes: Mental Health, Healthy Nutrition, Chronic Conditions

The top health-related issues of concern in the county were mental health, healthy eating, and chronic conditions. These issues were repeated across all focus group discussions. **Mental health** (anxiety, depression) was discussed as a key need among residents especially due to the Covid-19 pandemic, and concerns were raised particularly for the children in the county. **Healthy eating** was identified as an area that needs improvement, because of limited access to healthy foods. Participants also mentioned that **obesity, diabetes and heart disease** are prevalent in the community.

“I think that’s a big challenge—affordable healthy food and making sure everybody has access to it because it’s just not out there.”

“I would say mental health is something that because of COVID we’re seeing a lot of with kids, as well as their parents, a lot of issues that we didn’t see probably five years ago. We’ve actually added counselors and help through River Edge out of Macon, and I think that probably is one of the areas of the school system, I know, is on staff at student mental health.”

“We have a lot of fast food options now – maybe not when we moved here, but now there’s a whole lot. As far as the health food market goes, you really don’t have a lot of places to shop for those really good, healthy ingredients.”

“I think just nationwide, obviously we got a lotta health issues with obesity, diabetes and all...those chronic conditions. And I don’t feel like Forsyth is either – or Monroe County is either worse – just from my perspective, any worse or better than similar communities.”

“We do have a very overweight population in general, among students and adults.”

Healthcare-Specific Community Characteristics

Themes: Health Insurance, Mental Health Resources, Specialty Care

Focus groups participants discussed some of the barriers that influence the access that the residents have to healthcare services. The issue of limited mental health resources was discussed as a key concern. **Health insurance** is also challenging: there are certain low-income segments of the population that lack health insurance, or for which deductibles are very high and not affordable. Especially for self-employed and small businesses, the provision of health insurance can be difficult. Participants also stated that there are certain **specialized healthcare services** that are lacking. Discussion of limited access to **mental health services** came up in this context as well.

“My brother runs his own business, and he has to – I think sometimes they even avoid going to the doctor when they probably should because of the insurance...They have a deductible so high that it’s probably out of pocket for anything they get done.”

“Honestly, having been born and raised here, our options are better than ever. We have access to so many health fields now: optometry, OB/GYN, dentistry. But yes, there are still a lot of specialized services that we’re lacking, and yes, we seem to be invisible to a lot of insurance coverages.”

“I think it’s very easy to get healthcare here in Forsyth for a very broad array of different problems; however, it’s when you start having to drill down into those specialists that you start having to do some traveling. Because – well, something that I’ve noticed after COVID, you know, it was so hard to get people seen during that time with all of the restrictions and mandates. Most specialists are backlogged to the point they’re still not caught up. I was referred to a specialist in Macon back in January and could not get an appointment until May. So, that’s pretty hard and I ended up being able to get into the same sort of specialist in south Atlanta and ended up having to travel there. So, as far as your everyday problems..., it is amazing that you can get CT, MRI, mammograms, a variety of diagnostic scans done here now, so it’s definitely improved.”

“I do think we could use some more mental health resources. Working for the school system and seeing what some of our students are dealing with and having a child that struggles at home, I think we could use more mental health access.”

Hospital’s Role in Advancing Community Health and Wellness

Themes: High-Quality Services, Personalized Care, Community Involvement

Focus groups participants mentioned numerous aspects that they appreciate regarding the hospital. They acknowledged the **improvements** that have occurred over time, and also the proactive approach adopted by the hospital's leadership to significantly improve the quality of services. Participants expressed high appreciation and satisfaction with the **quality of services** that they receive from the hospital. They appreciate the personalized care and the proximity of the hospital. They also talked positively about the **hospital’s active participation** in community events and interactions with community members. The primary means of communication regarding hospital information that focus group participants noted using were the hospital’s web page and word of mouth.

“I was on the tour when they reopened the emergency center with all the new fancy equipment. It looks great in there. The rebranding campaign a few years ago really helped. From the outside looking in, it looks like things are going well. And I’ve used it for both my kids, and I can tell you the service just gets better and better.”

“They have a very good presence in the community and in sponsorships and supporting different things. I would say they’re extremely active.”

“We know some of the people that work there, and you feel like they’re going to take care of you just like if it was like their own family. You do have that connection with people who work there.”

“Lab services are definitely very good. The staff and the availability of the lab services is wonderful. Superb.”

Health-Specific Wish List Priorities

Themes: Health Club, Health Education, Parks and Green Spaces, Mental Health Resources

The focus group participants were asked about their personal priority wish lists for services and resources that could possibly improve the overall health of Monroe County residents. Participants suggested several strategies that could help with addressing the health challenges and barriers that the community currently faces. A **health club** and **health education** classes were suggested ways to bring additional health improvements to the community. **Increased green spaces and parks** was discussed as a means to encourage physical activity among community members. In order to address the mental health needs of community members, participants suggested bringing more **mental health resources** in the county.

“A health club rehab, where you combine it with physical therapy and things like that and, you know, just a health club for the community that you can join for a whatever fee it is. With a pool if you can.”

“I know that the Macon Hospital has the autistic center. And if you could get kind of a branch off of that to the Monroe County Hospital, something for again those childhood mental illness situations, behavioral ADD kind of treatment, that kind of thing. But otherwise, I think we’ve got a lot of stuff that we need.”

“I wouldn't mind more parks or more opportunities to get out and be active.”

“Health education classes would be great and would also provide outreach. And yes, workout options would be great. Yes, exercise is not a hospital responsibility, but if the goal is overall health that would certainly help.”

Hospital Strategies for Approaching Community Health

Themes: Awareness of Services, Community Presence, Targeted Information Campaigns

When asked to think about possible collaborations that the hospital could use to improve the health of Monroe County residents, focus group participants offered several ideas for consideration. While pleased with the quality of services they have received, community members encouraged the hospital to continue the good work. Participants suggested that the hospital should continue with its efforts to share more information and **increase awareness** of the broad range of services they offer. They recommended using marketing, education and facility tours as some ways to get closer with the community. These efforts can also be boosted by having as much presence as possible in **community events**. Increasing availability of **free screenings** was also discussed. Lastly, participants recommended that new strategies to communicate health-related **information to the elderly** or individuals who have limited access to the internet and technology.

“But I think as long as the hospital keeps to continue to let everybody know they're here and let everybody know that the services they have and the different partnerships they have with other hospitals. And the swing bed stuff here that they do here is such a big deal with people that have other things other places and are able to come here and recover here and be closer to family and stuff. I think just continuing to put all the positive things they do out there. And I think from that you'll probably find out maybe there's some other needs that need to be met.”

“I also think running it the way that it's being run now where you are paying attention to the numbers, paying attention to everything where it is a profitable business because I mean let's face it. If it's not profitable and it's losing money, it's going to end up going away. But I think with what they're doing now and really keeping a check on those things, I think running it like a business has been a big plus.”

“I mean I would say probably something to do with the elderly and trying to get information to them. Those that aren't technology savvy, maybe getting information to them in a myriad of other ways, maybe through snail mail. I know we have a pretty high population of older citizens and sometimes they're not engaged through the things that probably we are on this call. So, I would probably say some how to follow the engaged elderly a little bit better.”

“I guess offer free screenings for different things for folks, you know, free heart screenings and anything to help out our community if they can do it free of charge would be nice.”

“It would be great if it could reach a broader audience. Most people don't know what they offer, which is a shame. Social media may be a good option for publicity. Not everyone gets the local paper, and they sincerely want to get the good word out there. That's a known challenge for them.”

“I think marketing and outreach would go a long way. Education, health improvement options, tours of the facility, etcetera.”

Conclusion

In summary, focus group participants, many of whom were long-standing residents of the community, expressed favorable opinions about their community, and the role of the hospital in promoting health. The perspectives shared by participants on ways to improve the health of Monroe County residents were introspective and informative. In particular, participants advocated for initiatives focused on healthy eating and lifestyle education to improve the overall health of county residents. High rates of obesity and related chronic conditions support these recommendations. Mental health was a theme that emerged with respect to both health concerns (as a growing problem in the population) and healthcare concerns (as an area where resource shortages exist). Finally, enhancing hospital information dissemination was discussed as a strategy to improve both overall community health and the hospital's reputation.

PRIORITIZATION

PREVIOUS IMPLEMENTATION PLAN

Monroe County Hospital's 2019 Implementation Plan centered on four important health-related areas: 1. Lifestyle/Prevention and Health Promotion; 2. Mental/Behavioral Health and Substance Abuse; 3. Seniors; and 4. Access to Care. The COVID-19 pandemic impacted progress on many of the planned initiatives.

In the area of **Lifestyle/Prevention and Health Promotion**, MCH's primary objective was to ensure health/medical education and outreach to Monroe County residents. MCH was able to provide healthcare information through social media posts and through various outlets, as well as posting on the hospital's electronic sign in front of the hospital.

To target **Mental/Behavioral Health and Substance Abuse**, MCH collaborated with River's Edge Behavioral Health and Atrium Health Navicent to improve patient care through referrals and other means. Mental health information posts were shared through various social media.

In the area of **Seniors**, health information posts were shared through various social media.

In the area of **Access to Care**, MCH collaborated with both Rock Springs Clinic and the Monroe County Health Department to provide additional healthcare services to those in need.

Due to the complications and risk factors of Covid 19 over the past two and a half years, the hospital has had limited opportunities to increase or expand the services it provides to the county.

2022 PRIORITIZATION OF INITIATIVES

The 2022 Implementation Plan prioritization session occurred remotely on August 23, 2022. The hospital CHNA steering committee, consisting of hospital employees and a local health department representative, participated in the planning session. The session was facilitated by members of the Center for Public Health Practice and Research team of Georgia Southern University. Consideration of the data contained in this report, in conjunction with results of the previous implementation plan, led the committee to select the three 2022 implementation plan focus areas reflected below.

PRIORITY AREA ONE: Nutrition

GOAL: Be a source of healthy, low-cost nutrition for Monroe County residents

OBJECTIVES:

- Increase the number of healthy meals served at the hospital
- Increase outside catering engagements to promote healthy diets

PRIORITY AREA TWO: Health Education and Promotion

GOAL: Improve health education and behaviors of Monroe County residents

OBJECTIVES:

- Increase general awareness and knowledge
- Improve healthy eating habits of Monroe County residents
- Increase physical activity levels of Monroe County residents

PRIORITY AREA THREE: Grant Capacity

GOAL: Increase grant funding for improving community health

OBJECTIVES:

- Create a Community Health Grant Team

The complete implementation plan, with timelines, responsible person, measures, and possible collaborators, is provided in the next section.

IMPLEMENTATION PLAN

Focus Area 1: Nutrition

Goal 1: Be a source of healthy, low-cost nutrition for Monroe County residents				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1.1: Increase number of healthy meals served at the hospital				
Expand dining facility hours	Jan 2023	Ancillary Services Director/Community Liaison	% increase in open hours	Chamber of Commerce
Implement marketing campaign	Jan 2023		# ad sources # views/likes on social media	
Analyze demand trends	June 2023		Y/N	
Adopt strategies based on observed trends to increase served meals	Jan 2024		% increase in community meals served	
Objective 1.2: Continue and increase outside catering engagements				
Continue existing catering events	Sep 2022	Ancillary Services Director/Community Liaison	# catered meals	Chamber of Commerce/Senior Citizens Center
Seek additional catering opportunities across the county to promote healthy diet and living	Jan 2023		# new events added	

Focus Area 2: Health Education and Promotion

Goal 2: Improve health education and behaviors of Monroe County residents				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 2.1: Increase general awareness and knowledge				
Determine topics to cover & identify reliable resources to deliver them	FY 2023	Quality & Patient Safety Officer	# of topics selected	Health Dept, Local Physician Groups, Senior Citizens Groups
Create annual recurring health education plan	FY 2023		Y/N	
Implement plan	FY 2024		# posts/ads # views/likes	
Objective 2.2: Improve healthy eating habits of Monroe County residents				
Use social media to disseminate nutrition education	FY 2023	Director of Patient Services	# posts/ads # views/likes	Health Dept, Local Physician Groups, Senior Citizens Groups
Explore partnerships opportunities to provide classes at the hospital and/or with partners	FY 2024		# new classes	
Objective 2.3 Increase physical activity levels of Monroe County Residents				
Use social media to disseminate physical activity education	FY 2023	Director Patient Services	# posts/ads # views/likes	Health Dept, Local Physician Groups, Senior Citizens Groups
Explore partnerships opportunities to provide classes at the hospital and/or with partners	FY 2024		# new classes	

Focus Area 3: Grant Capacity

Goal 3: Increase grant funding for improving community health				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 3.1: Create Community Health Grant Team				
Canvas interested member organizations	FY2023	CEO/Community Liaison	# participating organizations	Forsyth/Monroe County/Health Department/Non-Profits
Create list of grant funding sources for monitoring for funding solicitations			Resource created (Y/N)	
Assign responsibilities for seeking grants based on funding area	FY2023		Assignments made (Y/N)	
Meet quarterly to review efforts	FY2024		# meetings held	
Identify and apply for grants	FY2025		# grant applications submitted #/\$ grants funded	

HEALTHCARE RESOURCE LISTING

To access healthcare, community members should be aware of available resources. The following pages provide information to the community about these resources.

ABUSE	
<p>Crisis Line & Safe House 915 Hill Park Suite 100-C Macon, GA 24-hour crisis hotline for victims of domestic violence. Phone: 478-745-9292 jbormann@cl-sh.org</p>	<p>Monroe County DFCS 107 Martin Luther King, Jr. Dr. Forsyth, GA Agency for child safety & well-being programs Phone: 478-993-3030 www.dhr.state.gov.us</p>
<p>C.A.R.E. Cottage Monroe County Sheriff's Office 36 Langston Ave. Forsyth, GA 31029 Domestic Violence/Victims Restitution Phone: 478-994-7287 care1@forsythcable.com</p>	<p>Victim's Services Office of the District Attorney Towaliga Judicial Court 137 L. Cary Bittick Dr. Forsyth, GA 31029 Phone: 478-994-7652</p>
BLOOD DONATIONS	
<p>American Red Cross of Central Georgia 6080 Lakeside Common Dr, Suite B Macon, GA 31201 Phone: 478-743-8671 www.centralga-redcross.org</p>	
CHILDREN & FAMILY SUPPORT SERVICES	
<p>Anchor of Hope 41 W. Johnson St., Forsyth, GA 31029 Phone: 478-994-0438 www.anchorofhopefoundation.com</p>	<p>Bright from the Start GA Department of Early Care & Learning 2 Martin Luther King, Jr. Dr. SE Atlanta, GA 30334 Phone: 404-656-5957 www.decal.ga.gov</p>
<p>C.A.R.E. Cottage Monroe County Sheriff's Office 36 Langston Ave. Forsyth, GA 31029 Phone: 478-994-7287 carekb@forsythcable.com</p>	<p>GA Department of Early Care & Learning Headstart 1680-B Broadway, Macon, GA School Transportation/Learning curriculum/Family support. Phone: 478-738-3240</p>
<p>Monroe County Board of Education 25 Brooklyn Ave. Forsyth, GA Phone: 478-994-2031 www.monroe.k12.ga.us</p>	<p>Monroe County Cooperative Extension Services 484 GA Hwy 83 Forsyth, GA 31029 Phone: 478-994-7014 www.ugaextension.com/monroe</p>

<p>Monroe County Department of Family & Children Services 107 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone: 478-993-3030 www.dhr.state.gov.us</p>	<p>Monroe County Family Connection 90 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone: 478-787-7542 familyconnection@monroecountygoergia.com</p>
<p>Monroe County Health Department 106 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone: 478-992-5082 www.publichealthdepartments.us</p>	<p>Office of Child Support Services (OCSS) 877-423-4746 844-694-2347</p>
<p>Pediatrics 41 West Johnston St. Forsyth, GA 31029 Phone: 478-994-8704 www.pediatricakids.com</p>	<p>Planning for Healthy Babies Wellcare of Georgia, Inc. P.O. Box 1810 Atlanta, GA 30301-1810 Phone: 877-744-2101 www.dch.georgia.gov/p4hb</p>
<p>Quality Care for Children 50 Executive Park South, Ste 5015 Atlanta, GA 30329 Phone: 404-479-4200 www.qualitycareforchildren.org</p>	<p>Healthy Mothers, Healthy Babies Coalition for GA 2200 Century Parkway, Suite 460 Atlanta, GA 30345 Phone: 770-451-0020 thecoalition@hmgbg.org</p>
<p>Central Georgia CASA Court Appointed Advocate 3888 Northside Drive Macon, Ga 31210 Phone 478-238-6318</p>	<p>Find help Georgia Findhelpga.org</p>
COUNSELING/SOCIAL SERVICES	
<p>Care and Counseling Interventions 211 Tift College Dr. – Suite 207 Forsyth, GA 31029 Phone: 478-832-5138 careandcounselinginv@gmail.com</p>	<p>Georgia Department of Human Resources 456 Oglethorpe St Macon, GA 31210 Phone: 478-751-6610 www.dhs.georgia.gov</p>
<p>River Edge Behavioral Health Center 175 Emery Hwy Macon, GA 31217 Phone: 478-803-7600 www.river-edge.org</p>	<p>Jabbok Ministries 1102 Chappel Mill Rd Phone: 470-771-8364 jabbok@jabbokministeries.com</p>

CRISIS INTERVENTION	
National Domestic Violence Hotline 800-799-7233	Georgia Crisis Line 800-715-4225
CONVENIENT CARE/URGENT CARE	
Monroe County Hospital 88 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone: 478-994-2521 24-hour Emergency Services www.monroehospital.org	Care Connect 130 North Lee Street Forsyth, Ga 31029 Phone 478-974-6080
FINANCIAL COUNSELING	
Credit Consumer Counseling/Green Path Debt Solutions 901 Washington Ave. Macon, GA 31201 Phone: 800-550-1961 Http://www.greenpath.com/	
FOOD AND/OR HOUSING & UTILITY ASSISTANCE	
Circle of Care/Community Care 52 West Adams St. Forsyth, GA 31029 Phone: 478-994-4939 (Food/Clothing/Housing)	Georgia Department of Community Affairs Georgia Dream Homeownership Program Phone: 800-359-4663 www.dca.ga.gov
Georgia Housing Search www.georgiahousingsearch.org	Low Income Home Energy Assistance Program (LIHEAP) To verify if you are eligible- call Phone: 800-869-1150 Dfcs.georgia.gov/low-income-home-energy-assistance-program-li
Monroe BOE Free / Reduced Lunch /Backpack Buddies 25 Brooklyn Ave., Forsyth, GA 31029 Phone: 478-994-2031 www.monroe.k12.ga.us	Monroe County Neighborhood Service Center 107 Martin Luther King Jr. Dr. Forsyth, GA 31029 Phone: 478-993-3035 www.mgcaa.org Food/shelter/Energy Assistance

<p>The Salvation Army 1955 Broadway Macon, GA 31208 Phone: 478-746-8572 www.salvationarmycentralgeorgia.org Food/Clothing/Shelter</p>	
GED CLASSES	
<p>Central Georgia Technical College Adult Education Program 433 Highway 41 South Forsyth, GA 31029 Phone: 478-757-3432 www.centralgatech.edu</p>	<p>Hubbard Alumni Association 89 Washington Dr. Forsyth, GA 31029 Phone: 478-994-8211</p>
<p>Goodwill Industries of Middle GA & the CSRA Goodwill Job Connection 5171 Eisenhower PKWY Macon, GA 31206 Phone: 478-475-9995 www.goodwillworks.org southernusa.salvationarmy.org/macon</p>	
HEALTH INSURANCE	
<p>PeachCare for Kids Phone: 877-427-3224 www.peachcare.org</p>	<p>Medicaid Member Services: 866-211-0950 Provider Services: 800-766-4456 Eligibility: 404-730-1200 Customer Service: 404-657-5468 www.medicaid.gov</p>
<p>Medicare 800.MEDICARE / 800-633-4227 Medicare Service Center: 877.486.2048 (P) Report Medicare Fraud & Abuse: 800.HHS.TIPS / 800-447-8477 www.medicare.gov</p>	<p>Wellcare of Georgia Phone: 866-530-9491 www.wellcare.com</p>
HEALTH RELATED ORGANIZATIONS	
<p>Alzheimer's Association of Central GA 886 Mulberry Street Macon, GA 31201 24-hour support helpline/Care Consultation/Support Groups Phone: 478-746-7050 www.alz.org/georgia</p>	<p>Amedisys 6040 Lakeside Dr., Macon, GA Skilled nursing for observation/Wound Management/Infusion Therapy Phone: 800-675-1073 www.amedisys.com</p>

<p>American Cancer Society 04 Cherry Street Macon, GA 31201 Phone: 478-743-6391 or 800-227-2345 www.cancer.org</p>	<p>Babies Can't Wait 201 Second St., Suite 1100 Macon, GA Speech, Occupation, & Physical Therapy Phone: 478-745-9200 Lisa.wiles@dph.ga.gov Northcentralhealthdistrict.org/babies-cant-wait/</p>
<p>Keris Kares 577 Mulberry St., Suite 580 Macon, GA Helping families battling pediatric cancer Phone: 470-505-9044 joyknight@centene.com</p>	<p>March of Dimes 5082 Forsyth Rd., Suite B Macon, GA 31210 Phone:478-743-9165 www.marchofdimes.com www.marchforbabies.org</p>
<p>Muscular Dystrophy Association 152 N. Crest Blvd., Suite C Macon, GA 31210 Clinic visits/Wheelchair Maintenance/Flu Shots Phone: 478-471-9090 www.mda.org</p>	<p>North Central Health District 171 Emery Hwy Macon, GA 31217 Adolescent Health/Babies Can't Wait/Children Ist Phone: 478-745-0411 www.northcentralhealthdistrict.com</p>
<p>United Cerebral Palsy 2992 Crestline Drive, Macon, GA 31204 Community Living Services/In home care/Adult Programs Phone: 478-477-4673 Ucpga.org info@ucpga.org</p>	
<p>HOSPICE PROVIDERS</p>	
<p>Eternal Hope Hospice 732 West Taylor Street Griffin, GA 30223 Office: 770-229-4673 www.eternalhopehospice.com</p>	<p>Evercare Hospice 4875 Riverside Dr. Suite 104 Macon, GA 31210 Office: 478-812-9299 www.evercare-hospice-macon.com</p>
<p>Heartland Hospice 3312 Northside Dr. Suite D-250 Macon, GA 31210-2591 Office: 478-477-0101 www.heartlandhospice.com</p>	<p>Homestead Hospice 794 McDonough Rd. – Suite 107 Jackson, GA 30233 Office: 770-775-0100 www.homestead.hospice.net</p>

<p>Hospice Care Options 486 New Street Macon, GA 31201 Office: 478-743-3033 or 800-563-8680 www.hcoga.com</p>	<p>Pine Point Hospice (Navicent Hospice) 6261 Peake Rd. Macon, GA 31210 Office: 478-633-5647 www.navicenthealth.org</p>
HOUSING / UTILITY ASSISTANCE	
<p>Circle of Care/Community Care 52 West Adams St. Forsyth, GA 31029 Phone: 478-994-4939</p>	<p>Georgia Dept. of Community Affairs Georgia Dream Homeownership Program Phone: 800-359-4663 www.dca.ga.gov</p>
<p>Georgia Housing Search www.georgiahousingsearch.org</p>	<p>Low Income Home Energy Assistance Program (LIHEAP) To verify if you are eligible, please call: Phone: 800-869-1150</p>
<p>Monroe County Habitat for Humanity Lower Income Home Ownership/Affordable Home Repairs 147 Circle, Forsyth, GA Phone: 478-994-6411 Mchfh.traff@gmail.com</p>	<p>Monroe County Neighborhood Service Center Middle GA Community Action Agency, Inc. 107 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Energy Assistance/Weatherization/Housing Counseling Referral Phone: 478-993-3035 www.mgcaa.org</p>
JOB TRAINING	
<p>Georgia Department of Labor 3090 Mercer University Dr. Macon, GA 31208 Phone: 478-751-6164 www.dol.state.ga.us</p>	<p>Goodwill Industries of Middle GA 5171 Eisenhower Parkway, Macon Job Search Assistance/Employment Fairs Phone: 478-471-4845 tkabor@goodwillworks.org</p>
<p>Monroe County Public Library 62 W. Main St. Forsyth, GA Reference Services/Books & Newspapers Phone: 478-994-7025 www.monroecountygeorgia.com/library</p>	<p>Monroe County Workforce Development 89 Washington Dr. Forsyth, GA Job Search Assistance/Resume Assistance/GED Info Phone: 478-994-8211 mmarshall@centralgatech.edu</p>
LEGAL ISSUES	
<p>Georgia Legal Services 241 Third St., Macon, GA 31032 Phone: 478-751-6261 www.glsp.org</p>	<p>Georgia Senior Legal Hotline 2 Peachtree St., 33rd Floor Atlanta, GA 30303 Phone: 888-257-9519 www.atlantalegalaid.org</p>

LITERACY	
<p>Family Literacy Hotline Phone: 404-539-9618</p>	<p>Monroe Reads with Ferst P.O. Box 812 Forsyth, GA 31029 Ferst Foundation for Childhood Literacy Phone: 888-565-0177 www.ferstfoundation.org monroereadswithferst@gmail.com</p>
MEDICAL CLINICS AND (FREE AND SLIDING FEE)	
<p>Community Medical Center of Barnesville – Barnesville Low Cost Clinic 101 Commerce Place – Suite 1 Barnesville, GA 30204-1680 Office: 770-358-4408 www.phcga.com</p>	<p>Monroe County Health Department 106 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone: 478-992-5082 www.northcentralhealthdistrict.com</p>
<p>Rock Springs Clinic 100 Martin Luther King Dr Forsyth, GA 31029 Phone: 478-992-9581 info@rsclinic.org www.rsclinic.org</p>	
MENTAL HEALTH	
<p>Alzheimer’s Association 886 Mulberry St., Macon GA Phone: 478-746-7050</p>	<p>River Edge Behavioral Health Center 168 Old Brent Road Forsyth, GA 31029 Phone: 478-994-7600 www.river-edge.org</p>
<p>Georgia Crisis & Access Line Phone: 800-715-4225</p>	
MISCELLANEOUS	
<p>Forsyth Intervention Services & Training 32 East Main St. Forsyth, GA 31029 Phone: 470-236-3478 forsythintervention@gmail.com</p>	<p>English as a Second Language First Baptist Church 95 W. Morse Street Forsyth, GA 31029 Phone: 478-994-0887</p>

HOME HEALTH AND NURSING HOMES/SKILLED NURSING	
<p>Amedysis Home Health Care 6040 Lakeside Commons Dr. Suite B Macon, GA 31210 Office: 478-746-0181</p>	<p>CareSouth Home Health 5233 Riverside Dr. – Suite C Macon, GA 31210 Office: 478-742-7557</p>
<p>Navicent Home Health Care 3780 Eisenhower Parkway – Suite 4 Macon, GA 31206 Office: 478-633-5628 www.navicenthealth.org</p>	<p>Pruitt Health of Forsyth 521 Cabiness Rd. Forsyth, GA 31029 Office: 478-994-5671</p>
<p>Pruitt Health of Monroe 4796 Highway 42 North Forsyth, GA 31029 Office: 478-994-5662</p>	<p>Bolingreen Health and Rehab 529 Bolingreen Dr. Macon, GA 31210 Office: 478-477-1891</p>
PARENTING RESOURCES	
<p>American Academy of Pediatrics www.healthychildren.org</p>	<p>Babies Can't Wait Ga Dept of Human Resources – Division of Public Health 2520 Riverside Dr. Macon, GA 31204 Phone: 478-745-9200 www.health.state.ga.us/programs/bcw</p>
<p>Family Advancement Ministries 538 Orange Street Macon, GA 31201 Phone: 478-746-9803 www.faministries.org</p>	<p>"MOPS" - Mothers of Preschoolers General Info: 800-929-1287 303-733-5353 Service/Group Info: 888-910-MOPS / 888-910-6677 www.mops.org</p>
<p>Parent to Parent of Georgia 3070 Presidential Parkway, Suite 130 Atlanta, GA 30340 Phone: 800-229-2038, 770-451-5484 www.p2pga.org</p>	<p>The Pregnancy Center 562 North Lee St Forsyth, GA 31029 Phone: 478-994-3173 pregnancycentr@bellsouth.net www.monroecountypregnancycenter.org</p>
<p>Young Mommies Help Site www.youngmommies.com</p>	

PATERNITY	
Division of Child Support Services DCSS-Jackson 464 West Third St., Suite 105 Jackson, GA 30233 Phone: 844-694-2347 www.ocse.dhr.georgia.gov/portal/site/DHS-OCSE jacksoncse@dhr.state.ga.us	
PERSONAL CARE HOME	
Carousel House Personal Care Home Jennifer Hunter 173 South Lee Street Forsyth, GA 31029 Carouselhouse1992@att.net	
PHYSICAL THERAPY / REHABILITATION SERVICES	
Healing Arts Physical Therapy 109 Martin Luther King, Jr. Drive Forsyth, GA 31029 Phone: 478-994-3390	
PUBLIC LIBRARIES	
Monroe County Public Library 62 West Main St. Forsyth, GA 31029 Phone: 478-994-7025 Doc.ffris.net	
RECREATION	
Monroe County Recreation Department 100 Dan Pitts Drive Forsyth, GA 31029 Phone: 478-994-7795 www.monroecountygeorgia.com	
SAFETY	
Georgia Poison Control 800-222-1222 www.gpc.dhr.georgia.gov	

SENIORS	
<p>GeorgiaCares GA Department of Human Resources Division of Aging Services 2 Peachtree Street, NW – 33rd Floor Atlanta, GA 30303-3142 Phone: 404-657-5258 www.mygeorgiacares.org</p>	<p>Georgia Senior Legal Hotline 2 Peachtree St., 33rd Floor Atlanta, GA 30303 Phone: 888-257-9519 www.atlantalegalaid.org</p>
<p>Monroe County Neighborhood Service Center Middle Georgia Community Action Agency 107 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone: 478-993-3035 www.mgcaa.org</p>	<p>Monroe County Hospital 88 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone: 478-994-2521 www.monroehospital.org</p>
<p>Social Security Administration 3530 Riverside Drive Macon, GA 31210 Phone: 888-759-3917 www.ssa.gov</p>	<p>Monroe County Senior Center 515 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone: 478-994-1701</p>
SMOKING CESSATION	
<p>Georgia Tobacco Quit Line 877-270-7867 www.livehealthygeorgia.org/quitline</p>	
TRANSPORTATION	
<p>Logisticare Medicaid Transport for Monroe County Phone: 888-224-7981 Medicaid.georgia.gov/non-emergency-medical-transportation-faqs</p>	