



# Applying Healthcare

2025

Community Health  
Needs Assessment &  
Implementation Plan

# THE ASSESSMENT WAS PREPARED BY:



## CENTER FOR PUBLIC HEALTH PRACTICE & RESEARCH

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### HOSPITAL CHNA STEERING COMMITTEE

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Angie Griffin - Department of Public Health Nurse Manager

Robin Crosby - Chief Financial Officer

Stephanie Mercer – Chief Nursing Officer



Date: 8/28/2028

To Whom It May Concern:

The Appling Healthcare Authority Board has reviewed and formally approved the 2025 Community Health Needs Assessment (CHNA) and the accompanying Implementation Plan prepared in partnership with Georgia Southern University's Center for Public Health Practice and Research.

This assessment reflects input from our community members, staff, and stakeholders and identifies key health priorities for Appling County:

1. Improved Healthcare Access
2. Expanded Mental Health Services
3. Nutrition & Healthy Lifestyle Support

The Board affirms its commitment to supporting these priorities over the next three years, with the goal of improving the health and well-being of our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Lee Lewis", is written over a circular embossed seal. The seal contains the text "Appling Healthcare Authority Board" around its perimeter.

Lee Lewis  
Chair, Appling Healthcare Authority Board

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# Executive Summary

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Using a mixed-methods approach described below for this assessment, the Georgia Southern University CPHPR team utilized community input and data from secondary sources to **identify health needs of the community that the hospital serves – the hospital’s primary service area of Appling County, Georgia, which is the home to the majority of the patients utilizing Appling Healthcare.** 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 community’s needs were obtained from a diverse list of community health-related databases. Note, there were no written comments received since the previous assessment.

The results from the secondary data analyses identified:

- Accessing resources that support health is a challenge, with a quarter of residents lacking access to internet. Appling residents also have less access to exercise opportunities than Georgia residents do on average.
- Food insecurity is a challenge, with nearly a quarter of residents who are characterized as low-income having challenges accessing healthy foods.
- Compared to the state, there is limited access to health care in the county.
- Appling County has a high rate of uninsured residents and has shortages of health providers.
- High proportion of residents engage in unhealthy behaviors such as smoking and physical inactivity.
- Appling County residents has a lower life expectancy, higher rates of premature deaths, cancer and diabetes, and more adults who report poor physical and/or mental health than Georgia.

Input from the community, through the survey and focus groups, was generally consistent with findings from the secondary data analysis. Community members and key stakeholders described Appling County as a tight-knit, family-friendly. Other themes from these data sources included:

- The community reported challenges with eating recommended fruits and vegetables, and physical activity
- The community reported inadequate mental health and substance abuse services
- The community reported the barriers to healthcare included: high deductibles/copays, long waiting times, lack of appointments, inability to get to the appointment and lack of health insurance.
- Respondents expressed that there are not enough health specialists

Resource limitations and ability to have an impact led hospital management to prioritize the three most significant areas of health needs (listed first in the summary table below) where hospital efforts are most likely to have a positive impact. Appling Healthcare addresses the remaining areas of need through collaboration and community outreach with other agencies more suited to address the need.

## Summary of Data

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

AREA OF CONCERN	SECONDARY DATA	SURVEY	FOCUS GROUPS
Mental health	<ul style="list-style-type: none"> <li>• Rate of residents in mental distress are higher than GA (19% vs 16%).</li> <li>• Suicide rate is lower than GA.</li> <li>• Residents have more social associations than GA residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Less than 50% of respondents felt mental health services were adequate.</li> <li>• Bullying was noted as a top negative influence on children's health.</li> </ul>	<ul style="list-style-type: none"> <li>• Related issues of homelessness and substance abuse were discussed.</li> </ul>
Health Education	<ul style="list-style-type: none"> <li>• Low rates of vaccinations and preventive screenings compared to GA</li> </ul>	<ul style="list-style-type: none"> <li>• Health literacy ranked 7<sup>th</sup> highest negative influencer of health</li> </ul>	<p>The need for education on preventing and managing chronic conditions was a key theme.</p>
Awareness of And Access to Health Care	<ul style="list-style-type: none"> <li>• ~19% of residents lack health insurance (vs 14% for Georgia).</li> <li>• Appling County has shortages of primary care physicians, mental health providers, and dentists.</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiology, oncology, and endocrinology were the top 3 specialties identified as needed.</li> <li>• Transportation to medical appointments was noted as an issue.</li> <li>• High costs are a barrier.</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of available services significantly hinders access</li> <li>• Access to certain specialists and medical transportation can make receiving care a challenge.</li> <li>• Access to primary care was seen as adequate.</li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>• Nearly 1/4 of low-income residents have challenges accessing healthy foods.</li> <li>• Food insecurity is higher than for GA (18% vs 13%).</li> </ul>	<ul style="list-style-type: none"> <li>• Over 60% reported not eating the recommended five servings of fruits and vegetables daily.</li> <li>• Nutrition was noted as top negative influence on children's health.</li> </ul>	<ul style="list-style-type: none"> <li>• Overabundance of fast food and inadequate access to healthy food was a common theme.</li> </ul>
Smoking Cessation	<ul style="list-style-type: none"> <li>• COPD, Lung cancer are leading causes of death.</li> <li>• 19% of residents smoke.</li> </ul>	<ul style="list-style-type: none"> <li>• 12% of survey respondents reported smoking.</li> </ul>	<ul style="list-style-type: none"> <li>• A need for health education was noted.</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>• A higher rate of physical inactivity than state (31% vs 23%) exists.</li> <li>• Access to exercise opportunities is a challenge (38% vs 75% for GA).</li> </ul>	<ul style="list-style-type: none"> <li>• Nearly half of respondents stated that they did not meet daily recommended physical activity guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Costly gyms and a need for more no-cost outdoor exercise opportunities was noted.</li> </ul>
Substance Use	<ul style="list-style-type: none"> <li>• ~16% of residents excessively consume alcohol.</li> </ul>	<ul style="list-style-type: none"> <li>• Majority of respondents reported inadequate alcohol and drug treatment facilities.</li> <li>• Quality of life most impacted by drug and alcohol abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• The role of substance use in parents was noted as a driver of children needing foster care.</li> </ul>

Appling Healthcare values your input. If you would like to provide input/feedback on this report, please do so [here](#).

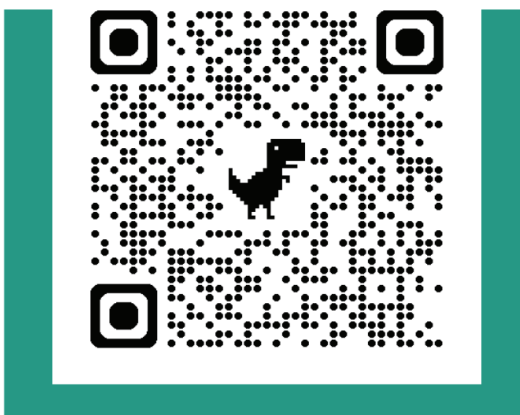
## Previous Needs Assessment (2022)

### *Brief Summary of 2022 CHNA*

In the last CHNA cycle, Appling was noted as an aging community, with challenges including the child poverty rate and lower educational outcomes and access to internet.

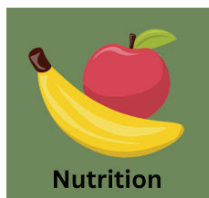
Compared to the state, Appling also had higher rates of poor mental health and unhealthy behaviors including smoking, physical inactivity, and teen sexual risk behaviors. Low use of preventative screenings and provider shortages were also noted.

Input from the community was consistent with the secondary data analysis. Appling County was described as “a great place to raise children and is a safe community” with some challenges, including poverty, substance abuse, unhealthy behaviors and limited access to affordable health care insurance and specialty health services. A general lack of health awareness was noted as a driver of poor health outcomes.



[Link: 2022 CHNA Report](#)

### 2022 Top Health Concerns



### 2022 Health Goals

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

1. Improved mental healthcare delivery and continuity
2. Improved healthcare access
3. Improved nutritional habits
4. Improved adolescent health behaviors
5. Utilization of social media to inform and educate citizens



# Report Methodology

## Hospital Steering Committee

The CPHPR project team worked with the hospital CHNA steering committee throughout the project **to identify the health needs of Appling County - the primary community served by Appling County Hospital and Health System**. The steering committee facilitated the completion of a community survey, recruited community members for focus group discussions, and provided information about the hospital's activities to address community health needs since the last CHNA was completed in 2022.

## Primary Data Collection

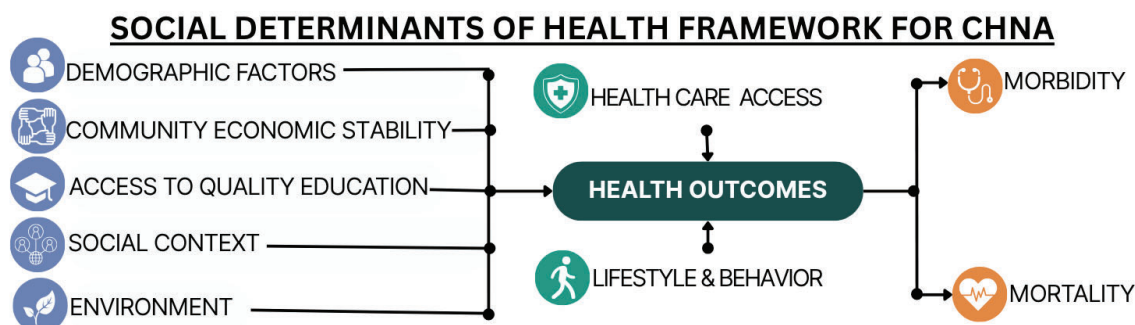
The online community survey assessed the general quality of life, health priorities and health care needs of the people residing in the primary service area of Appling County Hospital and Health System, which is Appling County, Georgia. The community survey link was disseminated via the hospital's social media webpages and email lists, as well as those of local community partners. Focus group participants represented key stakeholder groups in maintaining the overall health of Appling County residents and Angie Griffin, RN, PH Nurse Manager *from the local health department*. Their perspectives provided a well-rounded view of life in the community.

## Secondary Data Collection

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

## Data Analysis and Visualization

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviations. Analyses were completed, and charts and graphs were created using Microsoft Excel version 16 software and Datawrapper data visualization application. Spatial variations in selected community health indicators estimates are also presented using data and maps from PolicyMap. Qualitative data from the focus groups were analyzed using the NVIVO14 qualitative analysis software. The conceptual framework used to inform data collection efforts is illustrated in the figure below.





# Hospital and Service Area

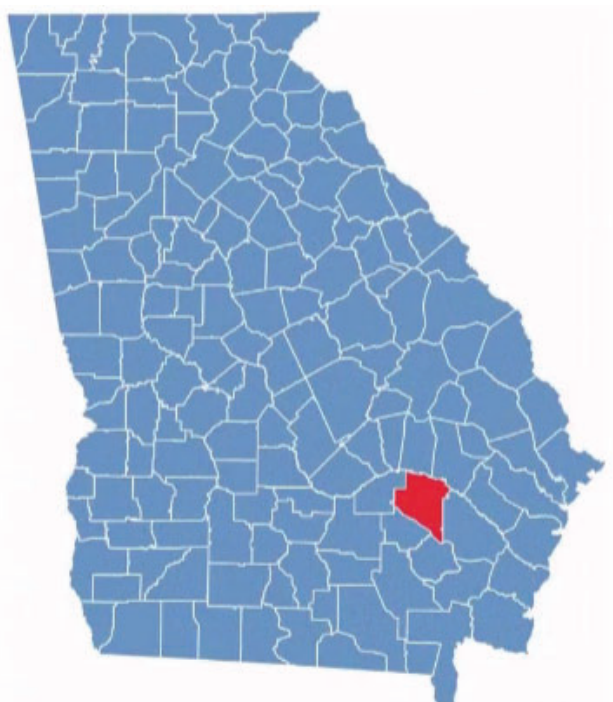
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## Service Area

Appling County is in southeast Georgia, spanning roughly 512 square miles. Its county seat and largest city is Baxley. The county's current population reflects a stable population of 18,669 as of 2024.

Natural attractions like the Altamaha River and Lake Mayers provide outdoor recreational opportunities. The county's economy is anchored by major employers such as Hatch Nuclear Power Plant and a local sawmill that is operated by International Forest Products.

Healthcare, education, and public administration also play vital roles in the area's economy.



Appling Healthcare is a system of healthcare services that includes a 34-bed, acute care general hospital. The system also includes a 101-bed nursing home, emergency room, primary care and pediatric clinics, inpatient and outpatient therapy, a 30-bed behavioral senior care unit, and a full-service pharmacy. Appling Healthcare provides a range of health services for the community of Appling and surrounding counties. Appling Healthcare's facilities are equipped with some of the most advanced medical technology available.

## CHNA Report Organization

This report presents the findings of the 2025 Community Health Needs Assessment (CHNA), beginning with the results of secondary data analysis. Community input from the survey and focus group interviews are presented next. Implementation planning to address the community's health needs, including a discussion of results from the previous CHNA cycle and the implementation plan for the next three years that was developed by the CHNA Steering Committee, follows. Finally, a Community Resource Listing for health-related needs is located at the end of the report.

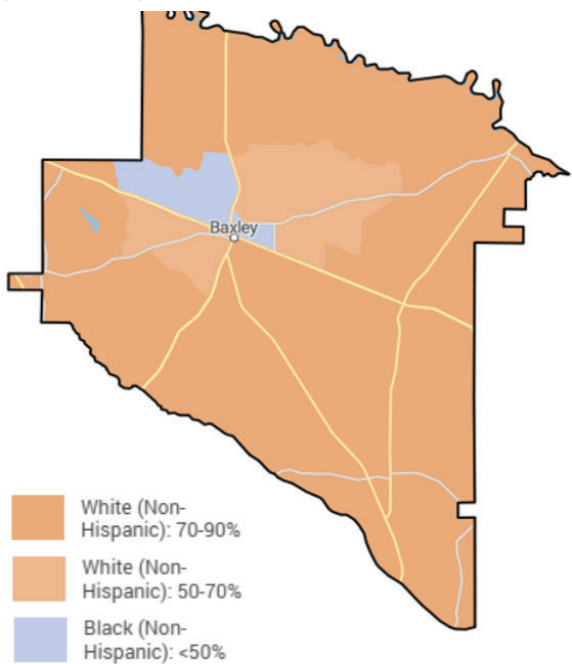
# Secondary Data





## COUNTY DEMOGRAPHICS

As of 2024, there were an estimated 18,669 residents in Appling County. Compared to Georgia overall, the population of Appling is older and less racially and ethnically diverse with a majority of White residents (70.8%). Compared to Georgia overall, Appling also has fewer veterans (3.3%) and disabled residents (8.6%) than the state.

Figure 1 illustrates the predominant racial/ethnic groups in the county. The center of the county around Baxley has greater diversity compared to the rest of the county. Figure generated with 2019-2023 data from the Census using an online mapping platform (PolicyMap, 2025).

Figure 1. Predominant Racial or Ethnic Group (2019-2023)



		Appling	GA
	Total Residents	18,669	11,180,878
	Female	49.7%	51.3%
	Male	50.3%	48.7%
Age Distribution			
	Population Under 5 years	5.8%	5.8%
	Population Under 18 years	24.3%	23%
	Population 65 years and older	19.2%	15.4%
Race & Ethnicity			
	Non-Hispanic White	70.8%*	48.7%
	Non-Hispanic Black/AA	18.9%*	30.4%
	Other Races/Multiracial	0.1%*	9.8%
	Hispanic	10.2%	11.1%
Other Demographics			
	Foreign Born	6.2%*	10.8%
	Non-English Language Spoken at Home	10.8%*	15%
	Veterans	3.3%*	5.5%
	Population under 65 years disabled	8.6%	9.3%

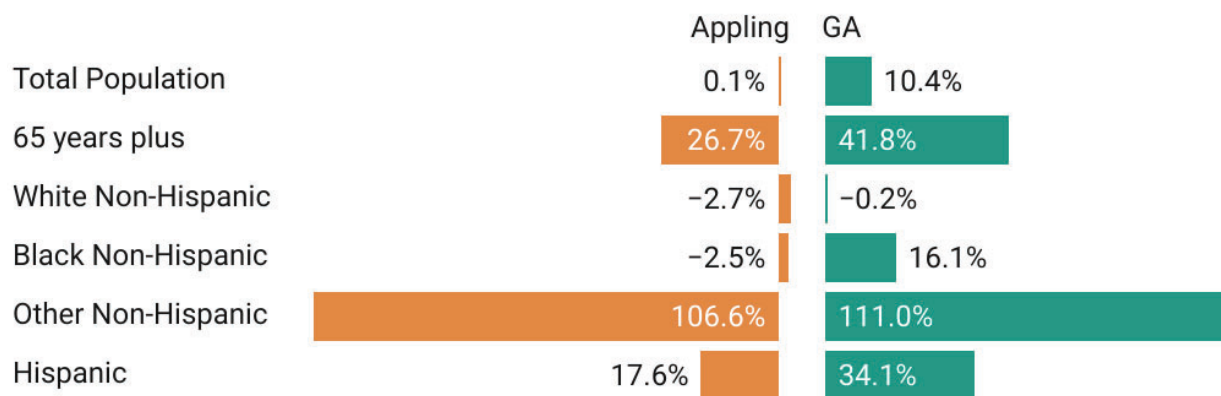
\*Significantly different from state average, Data Source: US Census Bureau, County Health Rankings

## POPULATION CHANGE

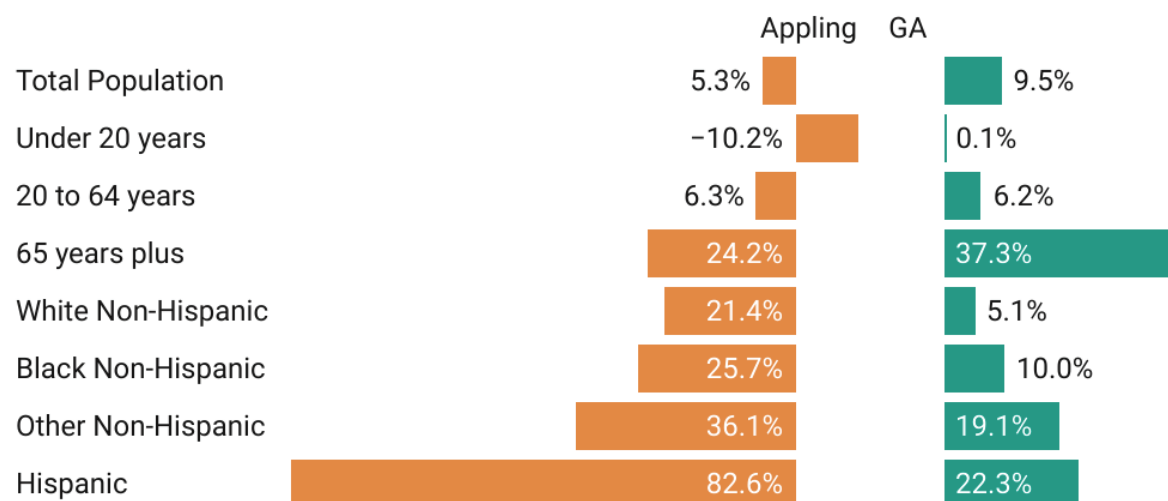
The total population of Appling County has held largely constant, increasing by just 0.1% between 2013 and 2023, whereas Georgia's overall population increased by 10.4% over that same period. The proportion of residents aged 65 and older increased by 26.7%, compared to a state increase of 41.8% for the 10-year period. Over these ten years, the county saw an increase in the Asian, American Indian/Native Alaskan, Hispanic, Native Hawaiian/Pacific Islander, and Non-Hispanic Multiracial populations. Although these growth rates over time are large, the numbers of Asian and Native Hawaiian/Pacific Islander residents remain quite small.

Appling County's total population is projected to increase by 5.3% from 2024 to 2034, while Georgia's population is expected to increase by 9.5%. Over these ten years, the county is projected to grow older, with the 65+ population increasing by 24.2%. The Hispanic population is predicted to grow by 82.6%.

*Figure 2. Appling County Population Change, 2013-2023*



*Figure 3. Projected Appling County Population Change, 2024-2034*



Data source: Georgia Governor's Office of Planning and Budget and US Census Bureau

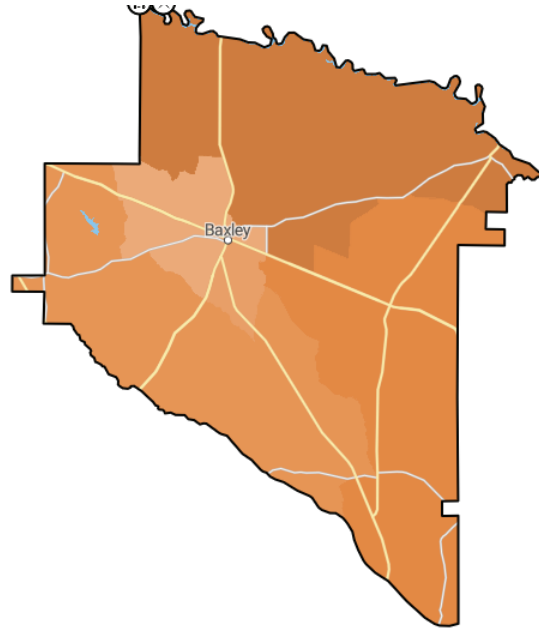
## CENSUS TRACT DEMOGRAPHIC VARIATION

The maps presented below display select demographics of Appling County by census tract. Maps are from PolicyMap (2025), with darker colors representing greater proportions.

The highest median household income is found just to the northeast of Baxley (\$51,628), followed closely by the northern tract (\$50,977). The eastern tract (\$49,643) and western tract (\$45,000) are next, with very similar values. The lowest household incomes are in Baxley, and just south and west of Baxley (\$32K - \$37K).

Figure generated with 2019-2023 data from the Census using an online mapping platform (PolicyMap, 2025).

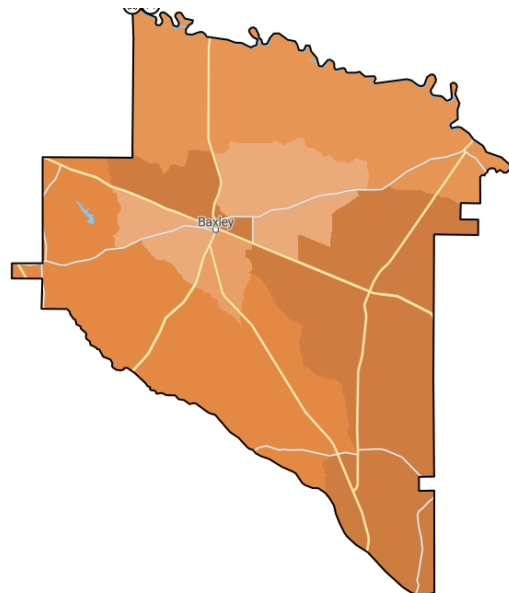
*Figure 4. Median Income by Household (2019-2023)*



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

The proportion of the population aged 65+ who live in poverty in Appling is highest just to the northwest of Baxley (34%), followed by the most southeastern tract (31%). The lowest proportion is just to the northwest of Baxley (3%).

Figure generated with 2019-2023 data from the Census using an online mapping platform (PolicyMap, 2025).



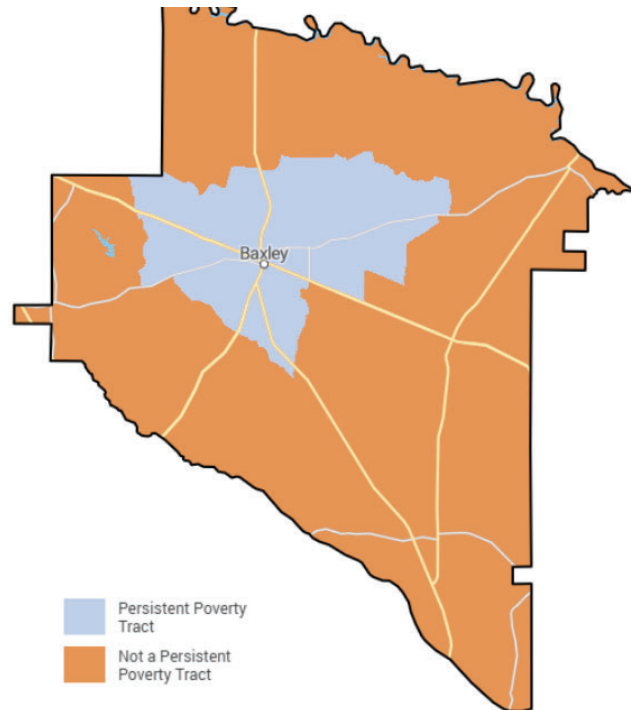
## ECONOMIC PROFILE
















Appling has lower workforce representation than the state overall (65% vs 77%).

Appling's median household income is significantly below that of the state (\$44K vs \$75K). About 21% of the population lives in poverty, and an estimated 34% of Appling's children live in poverty – much higher than the state's 19%. However, housing costs in Appling are comparatively favorable: 72% of Appling households own their homes versus 65% in Georgia, and the median gross rent in Appling is \$711, much lower than Georgia's \$1,306.

Figure 6 shows persistent poverty surrounding Baxley in the county. The figure is generated with 2019 data from the Census using an online mapping platform (PolicyMap, 2025).

*Figure 6. Persistent Poverty (2019)*



	Appling	GA
 Real GDP Growth Rate (2022-2023)	3.7*	1.9
 Real GDP Rate (2013-2023)	0.3*	3.1
 <b>Poverty</b>		
 Median Household Income (2019-2023)	\$43,728*	\$74,632
 Population in Poverty (2022)	21%*	14%
 Children in Poverty (2019-2023)	34%*	19%
 <b>Employment</b>		
 16+ work seekers unemployed (2023)	3.4%	3.2%
 20–64-year-old Work Force Representation (2023)	65%*	77%
 <b>Housing</b>		
 Homeownership (2019-2023)	72%*	65%
 Families spending > 50% of income on housing	9%*	14%
 Severe housing problems (2017-2021)	11%	15%
 Median gross rent (2019-2023)	\$711*	\$1,306
 Median monthly owner costs, including mortgage	\$1,127*	\$1,712

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

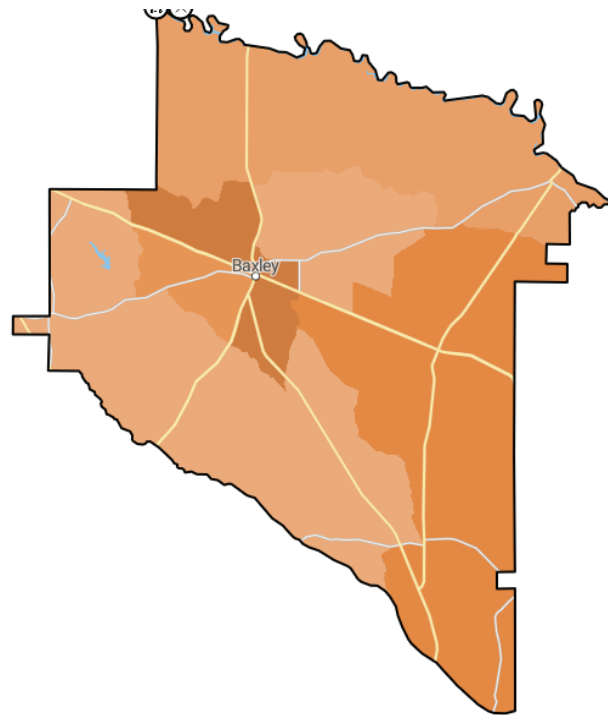
## EDUCATION

Formal educational attainment in Appling County is lower than in Georgia overall, with Appling's high school graduation rate at 81% compared to 89% statewide. Additionally, only 9.9% of Appling's population have a bachelor's degree, far below Georgia (34.2%). Appling is underspending on education per pupil: an additional \$3,747 is needed to achieve average US test scores (compared to \$2,969 for the state).

Figure 7 reflects Census data on residents with high school diploma and no college. The tract just to the northwest of Baxley has the lowest percent of high school graduation with no college (31%), with rates ranging from 42% to 49% in other tracts.

Figure 7 was generated with data from 2019-2023 Census data using an online mapping platform (PolicyMap, 2025).

*Figure 1. High School & No College (2019-2023)*



High school graduation rate (2019-2023)

**Appling**

**GA**

81%\* 89%

Population with at least a bachelor's degree

9.9%\* 34.2%

3-4-year-old children in school (2021)

47.3% 47.6%

Average grade score for 3rd graders in English (2019)

2.9 3

Average grade score for 3rd graders in math (2019)

2.8 2.9

Children eligible for reduced lunch

80%\* 60%

School Funding Adequacy (2022)

-\$3,747\* -\$2,969

## SOCIAL CONTEXT

Appling County residents have more social associations than state residents (11.4 vs 8.8 per 10,000), and the suicide rate is lower than the state's (11 vs 15 per 100,000) suggesting a better social context. However, the estimated percentage of disconnected youth is higher (21% vs 7%).



Average persons per households

**Appling**

**GA**

2.6 2.6

Social Associations per 10,000 (2022)

11.4\* 8.8

Suicide rates per 100,000 (2018-2022)

11 15

Disconnected Youth (2019-2023)

21%\* 7%

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

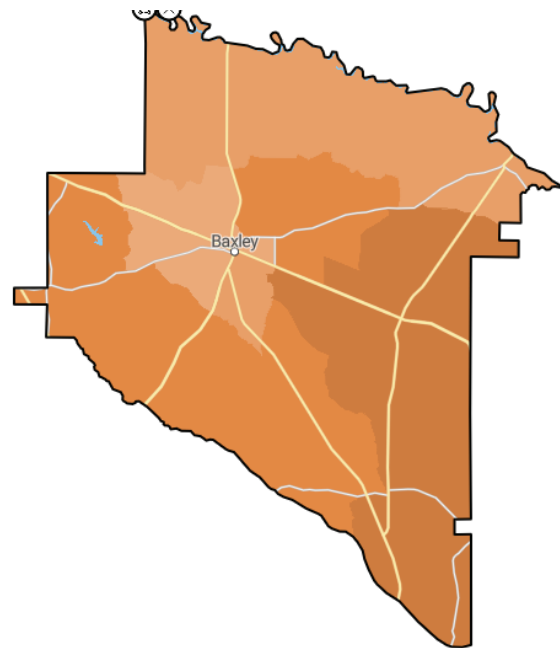






## NEIGHBORHOOD AND ENVIRONMENT

Accessing health-supporting resources is a challenge in the county. Less than 75% of households have internet access, compared to nearly 90% for Georgia, and fewer residents have a computer. Appling residents also have less access to exercise opportunities (within a half mile of a park, or within three miles of a recreational facility) than Georgia (38% vs 74%).

While the county has fewer firearm deaths than the state, rates of deaths from motor vehicle accidents and injury deaths are substantially higher. Food insecurity is also a challenge with 18% experiencing food insecurity and 23% of low-income residents facing limited access to healthy foods. Figure 7 shows variation in number of cars per household, with the tracts around Baxley having the fewest cars per household (1.3-1.5), compared to the highest rate in the eastern tract (2.2). Generated with data from 2022 Census data using PolicyMap (2025).

*Figure 8. Estimated average number of vehicles per household (2019-2023)*



	Appling	GA
	<b>Access</b>	
Households with computer %	90.2%	95%
Households with Internet Access (2019-2023)	72.2%*	89.4%
Access to exercise opportunities	38%*	75%
Households with <u>no</u> motor vehicle	6.4%	5.9%
	<b>Safety</b>	
Firearm deaths per 100,000 (2018-2022)	11*	18
Deaths from MVA, per 100,000 (2016-2022)	27*	16
Injury Deaths per 100,000 (2018-2022)	91*	77
	<b>Food Insecurity</b>	
Low-income with limited access to healthy foods	23%*	10%
Food environment index (1 worst; 10 best)	5.1	6.3
Food insecurity (2022)	18%	13%
	<b>Pollution</b>	
Air pollution (PM2.5) (2020)	8.7	8.8
Drinking Water Violations (2023)	No	N/A

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

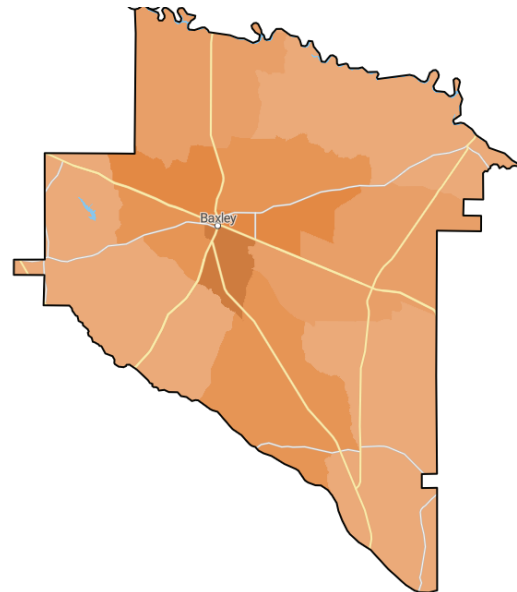
## GEOGRAPHIC VARIATION IN NEIGHBORHOOD AND ENVIRONMENT INDICATORS

The maps below display select environmental characteristics within Appling County. Maps are from PolicyMap, with darker colors representing greater proportions.

*Figure 9. National Walkability Index (2021)*

The walkability of the Appling varies with the highest index located just south of Baxley (9.2), followed by the areas just northeast and west part of Baxley (4.5 & 3.2). The lowest walkability is found in the county's outer areas, which range from 1.8 to 2.7.

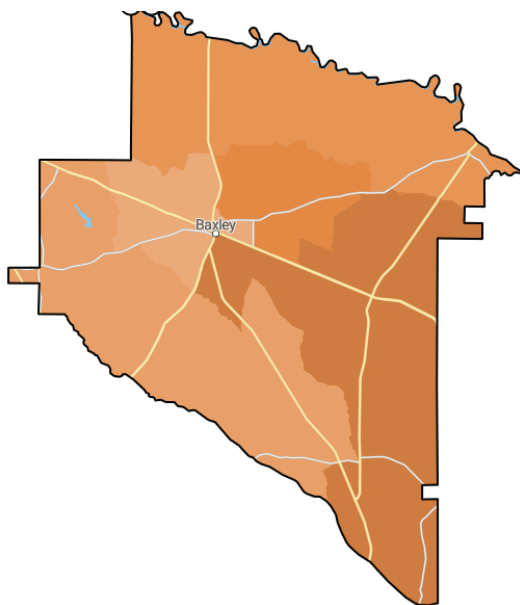
Figure generated with 2021 data from the Census by block group, using an online mapping platform (PolicyMap, 2025).



*Figure 10. Households with No Internet Access (2019-2023)*

The proportion of households without internet access varies. The rate of households without internet access ranges from 21% to 33% in areas directly south of Baxley and further to the southeast, to lower levels of 12% - 20% for the rest of the county.

Figure generated with 2019-2023 data from the Census using an online mapping platform (PolicyMap, 2025).



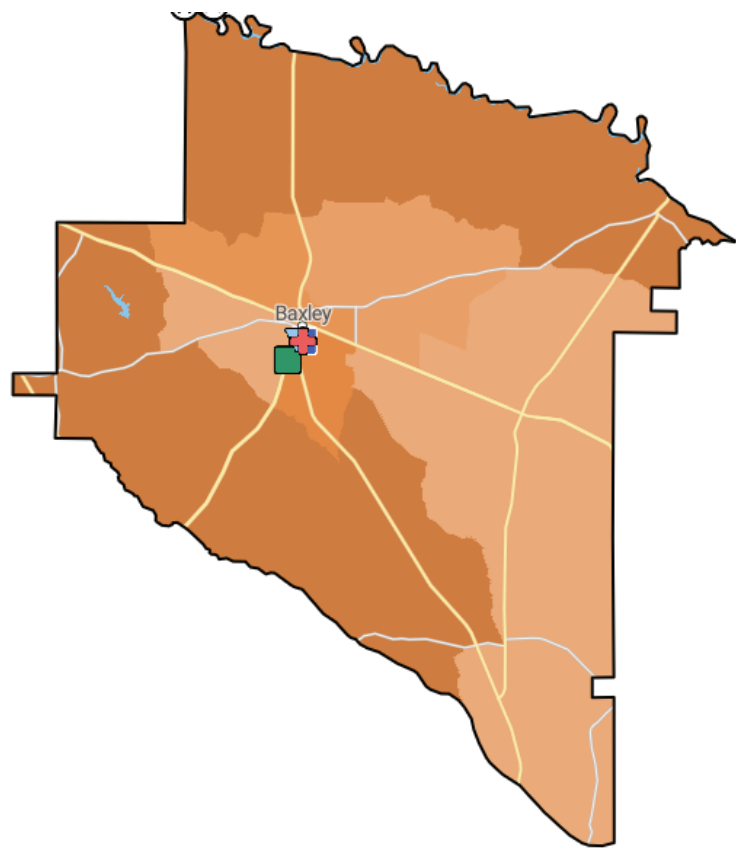
## HEALTHCARE ACCESS

Appling County has one hospital (Appling Healthcare), and one nursing facility (Appling Nursing and Rehabilitation Pavillion). Additionally, Appling County has two mental health treatment facilities - Appling Counseling Center and Appling Healthcare System. All resources are located in or near Baxley.


An estimated 19% of Appling County residents are uninsured, compared to 14% statewide. The county faces significant shortages of primary care physicians, dentists, and mental health providers compared to the state. Additionally, the rate of preventable hospital stays per 100,000 residents in Appling County is higher than for Georgia, indicating a need for improved primary care.

Figure 11 was generated with Census data using the PolicyMap online platform (PolicyMap, 2025).

*Figure 11. Location of Health Facilities*



**Legend:** Census tracts are shaded based on total population in 2019-2023, with darker colors representing greater population counts. Red cross=Medicare Certified Hospital, blue square = nursing facility, green square= community health center, blue triangle =mental health treatment facilities.

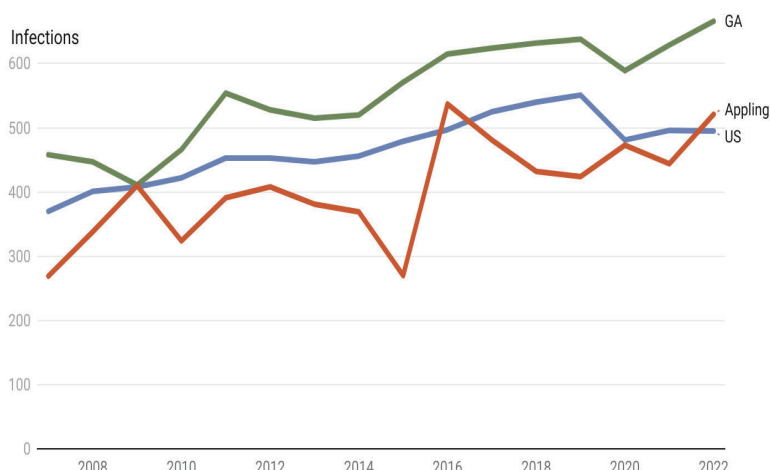
	Appling	GA
 <b>Health Insurance Coverage</b>		
Percent under 65 years Uninsured (2022)	19%*	14%
 <b>Provider Supply</b>		
Population to One Primary Care Physician	2,310*	1,520
Population to One Dentist	9,210*	1,860
Population to One Mental Health Provider	970*	520
<b>Primary Care</b>		
Medicare Preventable Hospital Stays per 100,000	3,558*	3,083

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




## LIFESTYLE AND HEALTH BEHAVIOR

Figure 12 shows Appling's STD infection rate over time, which although rising, is consistently lower than Georgia's rate. A smaller proportion of Appling County residents have received flu shots, COVID-19 vaccinations, cervical cancer screenings, or mammograms, compared to the state.

*Figure 12. Sexually Transmitted Infections 2007-2022*



The proportion of Appling County residents who either smoke (19%), are physically inactive (31%), or are obese (41%) is higher compared to Georgia, while rates of excessive drinking and insufficient sleep are comparable. The rate of teen pregnancy is worse in Appling than in the state (39 vs 19 per 1000 female teens), while Appling's HIV prevalence rate is significantly better.

	Appling	GA
<b>Disease Prevention and Screening Behaviors</b>		
 Flu Vaccination Rates among Medicare	32%*	42%
Fully Vaccinated for COVID	35.9%*	69%
Mammogram Screening Rates (2021)	32%*	45%
PAP Smear Screening Rates	62.4%	77%
<b>Suboptimal Lifestyle Behaviors</b>		
 Adult smoking rate	19%*	13%
Adult excessive drinking rate	16%	16%
Drug overdoses per 100,000 (2020-2022)	20	22
Adult obesity rate	41%*	37%
Adult physical inactivity rate	31%*	23%
Adults report insufficient sleep (<7 hours) (2020)	38%	39%
<b>Sexual Risk Behaviors</b>		
 HIV prevalence rate per 100,000 population	327*	664
STD infection rates per 100,000	520.9*	665.8
Teen pregnancy rates per 1000 female teens	39*	19

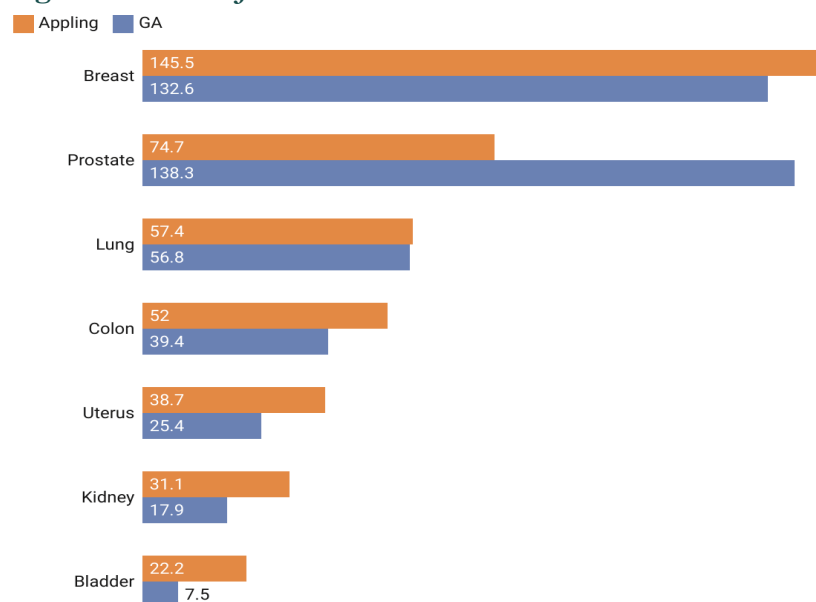
\*Significantly different from state average. Sources: County Health Rankings, [statecancerprofiles.cancer.gov](https://statecancerprofiles.cancer.gov)

## HEALTH OUTCOMES

Figure 13 shows cancer incidence rates for 2017-2021. Appling's incidence rate of kidney cancer is the highest in the state (31.1 per 100,000).

Appling County's health outcomes lag those for the state, with lower life expectancy (71.5 vs 75.6 years) higher rates of premature deaths, cancer and diabetes, and more adults who report poor physical and/or mental health.

**Figure 13. Rates of New Cancer 2017-2021**



	Appling	GA
<b>Disease Burden &amp; Health Outcomes</b>		
Cancer incidence rate per 100,000 population (2021)	477.5	468.9
Adult diabetes prevalence rate	13%	11%
Cardiovascular disease hospitalizations	55.1	57.9
Low birth weight rate	11%	10%
Life expectancy	71.5*	75.6
Premature (under 75yrs) death rate per 100,000	650*	460
Adults reporting poor health	22%*	18%
Adults reporting frequent mental distress	19%*	16%






\*Significantly different than state average. Sources: CDC Atlas of heart Disease and Stroke, County Health Rankings, GA Dept. Of Health, NIH State Cancer Profile.

### Top Causes of Death 2019-2023

CAUSE	Appling	GA
Ischemic & Vascular Heart Disease	1	1
Covid-19	2	2
Alzheimer's Disease	3	6
Lung Cancer	4	7
All COPD Except Asthma	5	5
Cerebrovascular Disease	6	3
Septicemia	7	15
Other Mental & Behavioral Disorders	8	10
Kidney Disease	9	11
Diabetes Mellitus	10	9

Georgia Department of Public Health's Online Analytical Statistical Information system reports the top three causes of death from 2019-2023 for Appling as Ischemic heart disease, Covid-19, and Alzheimer's Disease. For Georgia overall, cerebrovascular disease replaced Alzheimer's Disease as the 3<sup>rd</sup> leading cause. Additionally, rankings for lung cancer and septicemia were notably higher in Appling compared to the state.

## PROGRESS ON SELECTED INDICATORS

		Prior CHNA (2022)	Current CHNA (2025)	Progress
	Social and Economic Context			
	Percent children in poverty	30%	34%	←
	Unemployment rate	3.6%	4.3%	←
	High school graduation rate	77%	81%	→
	Social associations per 10,000	12	11.4	←
	Environment			
	Percent population with access to exercise opportunities	27%	38%	→
	Percent population food insecure	15%	18%	←
	Health Care Access			
	Uninsured adults	21%	19%	→
	Proportion of people to primary care physicians	3,060	2,310	→
	Proportion of people to Dentists	9,160	9,210	—
	Proportion of people to mental health providers	1,220	970	→
	Health Behaviors			
	Obesity rate	37%	41%	←
	Physical inactivity rate	38%	31%	→
	Smoking rate	25%	19%	→
	Teen pregnancy rate (per 1000 teen females)	49	39	→
	Health Outcomes			
	Percent reporting poor or fair health	28%	22%	→
	Low birth weight rate	10%	11%	←
	Diabetes prevalence	14%	13%	→
	Premature (under 75yrs) death rate per 100,000	560	650	←

Data source: County Health Rankings and 2022 CHNA

Worsened



Stable



Improved





## SECONDARY DATA SUMMARY

A community health needs and outcomes profile emerged by examining health indicators from several secondary data sources.

### Community Demographic and Socioeconomic Profile



- Appling is older and less racially and ethnically diverse than Georgia, although diversity is projected to increase over the next decade.
- Nearly a quarter of residents live in poverty, with persistent poverty surrounding Baxley. However, housing costs in Appling are comparatively low.
- Educational attainment in Appling County is lower than in Georgia overall, with only 10% of residents having earned a bachelor's degree.

### Environmental Context



- Accessing resources that support health is a challenge, with a quarter of residents lacking access to internet. Appling residents also have less access to exercise opportunities than Georgia residents do on average.
- While the county has fewer firearm deaths than the state, rates of deaths from motor vehicle accidents and from injury are substantially higher.
- Food insecurity is a challenge, with nearly a quarter of residents who are characterized as low-income having challenges accessing healthy foods.

### Health Care Access



- Compared to the state, access to health care is more limited in the county.
- Appling County has a higher rate of residents who lack health insurance (19%) than Georgia (14%).
- Appling County has shortages of primary care physicians, mental health providers, and dentists.

### Health Behavior & Outcomes



- Compared to the state, a higher proportion of residents engage in unhealthy behaviors such as smoking and physical inactivity, and fewer residents participate in preventative actions such as vaccinations and cancer screenings.
- Appling County residents have a lower life expectancy, higher rates of premature deaths, cancer and diabetes, and more adults who report poor physical and/or mental health than Georgia.

### Trends In Selected Health Indicators



- Of 18 selected health indicators assessed, the county performed better or similar on 61% (10/18) and worse on 39% (7/18), compared to the values reported in the 2022 CHNA.

# Primary Data

## COMMUNITY SURVEY

The survey was shared on the hospital's website, through social media accounts, and with the school board for further dissemination. There were 103 community members who provided complete or partial responses to the online survey.

### RESPONDENT DEMOGRAPHIC CHARACTERISTICS

Most of the survey respondents were female (86%), White (86%), between the ages of 45 and 74 (66%), married or partnered (75%) and employed (73%), with at least some college or more (78%). Of those responding, 56% reported annual household income above \$60,000. Survey respondents were significantly more likely to be female (86% sample vs 50% county census). Respondents were significantly more educated: 16% of respondents had at least a bachelor's degree, while only 10% of county residents had this level of education according to census figures. Similarly, more than 56% of respondents reported household earnings that were greater than the county median household income of \$43K. Participants who were not Non-Hispanic White were underrepresented in the survey. Non-Hispanic blacks were 2% of respondents (vs 19% per census data) and Hispanics were 7% of respondents (vs 11% per census data).

*Table 1: Demographic Characteristics of Survey Respondents*

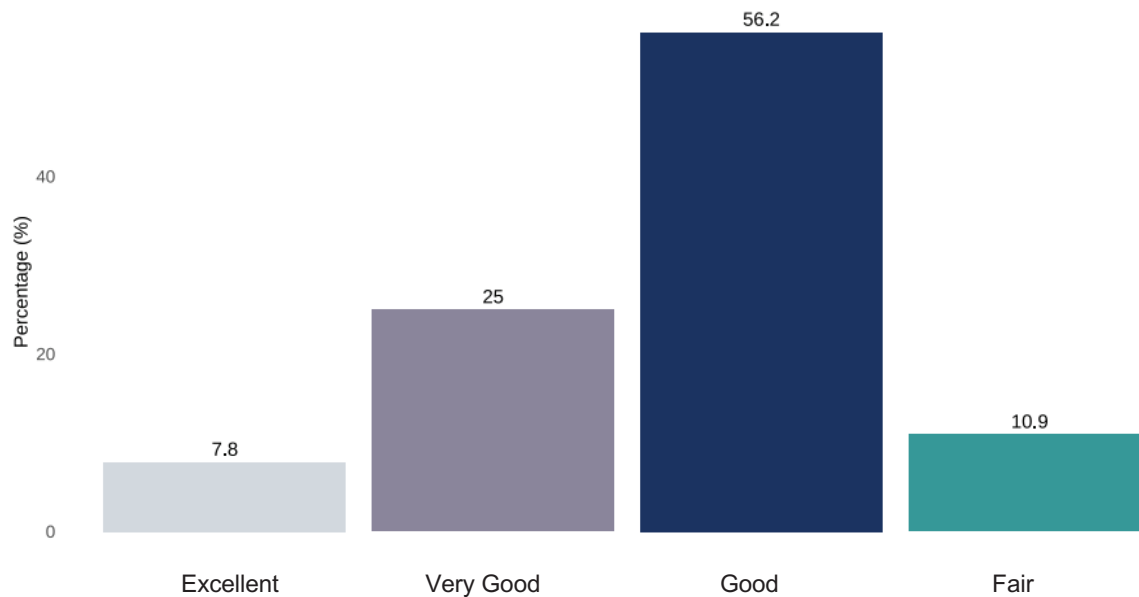
Characteristic	N	N (%)
<b>Sex</b>	<b>56</b>	
Female		48 (86%)
Male		8 (14%)
<b>Age</b>	<b>56</b>	
18-24		4 (7.1%)
25-34		3 (5.4%)
35-44		10 (17.9%)
45-54		17 (30.3%)
55-64		10 (17.9%)
65-74		10 (17.9%)
75+		2 (3.6%)
<b>Marital Status</b>	<b>56</b>	
Divorced		4 (7.1%)
Married/Partnered		42 (75%)
Other		1 (1.8%)
Separated		1 (1.8%)
Single/Never Married		5 (8.9%)
Widowed		3 (5.4%)
<b>Education</b>	<b>56</b>	
Bachelor's degree		9 (16.1%)
Graduate or advanced degree		14 (25%)
High school graduate or GED		11 (19.6%)
Some college or associate degree		21 (37.5%)

Characteristic	N	N (%)
<b>Household Income</b>	<b>56</b>	
\$20,001-\$40,000		6 (10.7%)
\$40,001-\$60,000		8 (14%)
\$60,001-\$80,000		8 (14%)
\$80,001-\$100,000		9 (16.1%)
Above \$100,000		15 (26.7%)
Below \$20,000		1 (1.8%)
Don't know/Prefer not to say		9 (16.1%)
<b>Employment Status</b>	<b>56</b>	
Full-time		41 (73.2%)
Part-time		2 (3.6%)
Retired		13 (23.2%)
<b>Home Ownership</b>	<b>56</b>	
No		11 (19.6%)
Yes		45 (80.4%)
<b>Access to Transportation</b>	<b>56</b>	
No		1 (1.8%)
Yes		55 (98.2%)
<b>Race/Ethnicity</b>	<b>59</b>	
White		51 (86.4%)
Black/African American		1 (1.7%)
American Indian/ Native American		1 (1.7%)
Asian		1 (1.7%)
Hispanic		4 (6.8%)
Other		1 (1.7%)

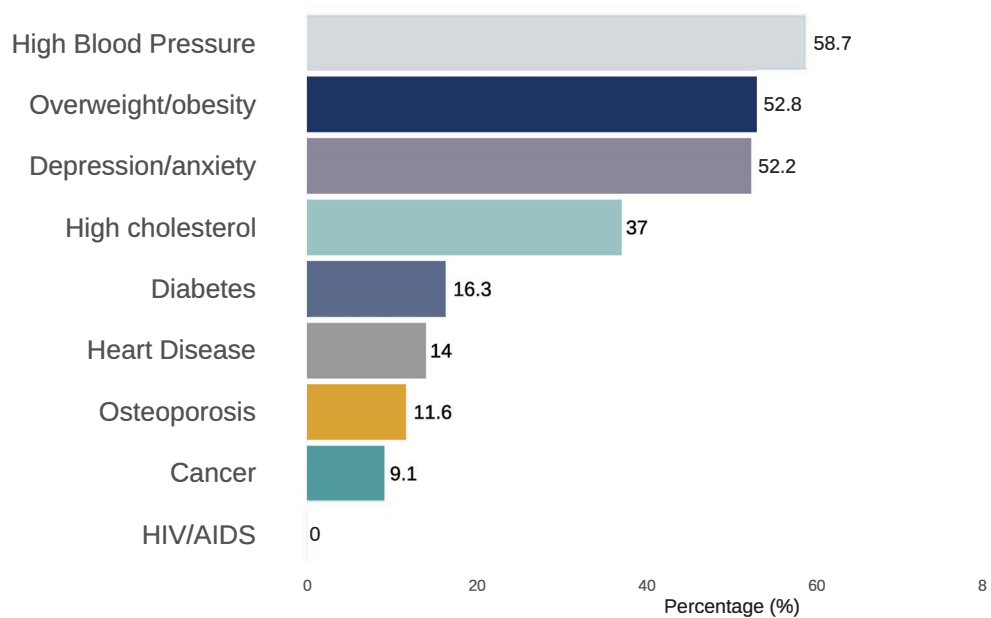
## HEALTH STATUS

Approximately 1/3 of respondents reported their health status as very good or excellent (Figure 14). The chronic conditions that respondents most frequently reported having were high blood pressure (58%), obesity (53%), and depression or anxiety (52%) (Figure 15).

*Figure 14. Self-Reported Health Status (N=64)*



*Figure 15. Top Chronic Conditions (N=65)*



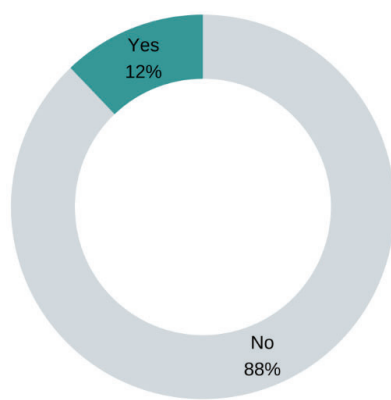
*Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.*

## HEALTH BEHAVIORS

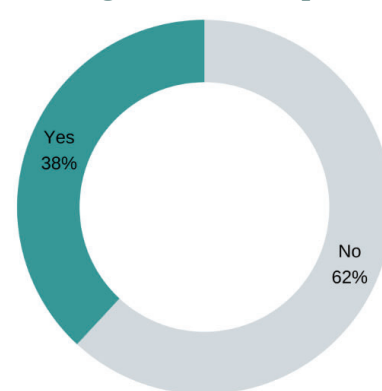
### Smoking, Nutrition, and Physical Activity

Twelve percent of respondents reported using tobacco (Figure 16). Over 6 in 10 respondents (62%) reported not eating the recommended five servings of fruits and vegetables daily. Of those not meeting the recommended amounts, about 43% indicated that they were not able to adhere to the guideline because the produce went bad before they could eat. Not thinking about it (36%), and high cost (25%) were also selected as reasons for inadequate consumption (Figure 18). Forty-five percent of respondents reported not meeting physical activity guidelines (Figure 19). Being too tired and not having enough time were the most commonly reported reasons (Figure 20).

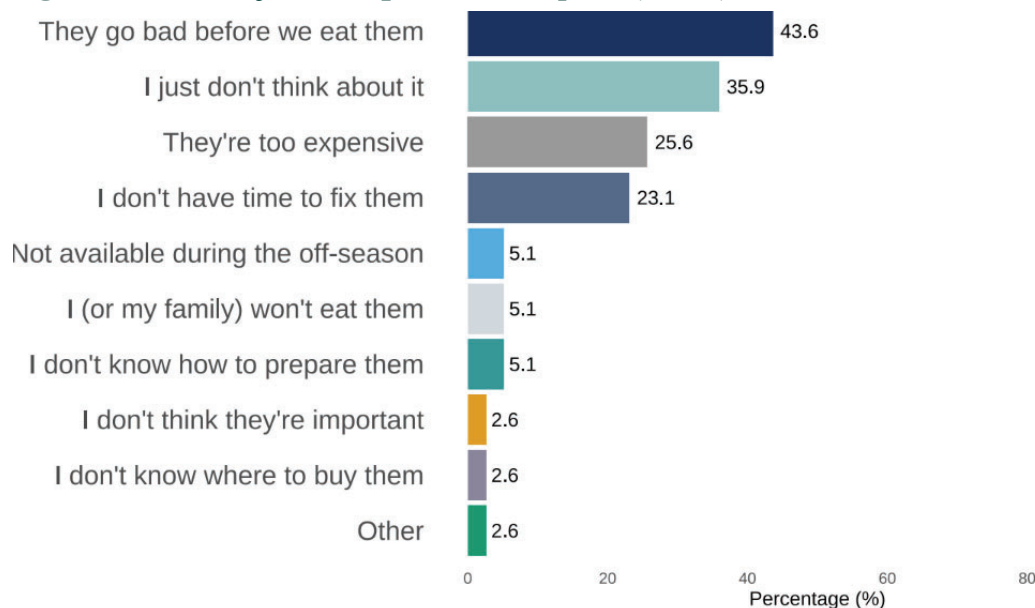
**Figure 16. Current Tobacco Use (N=66)**



**Figure 17. Vegetable Consumption (N=63)**

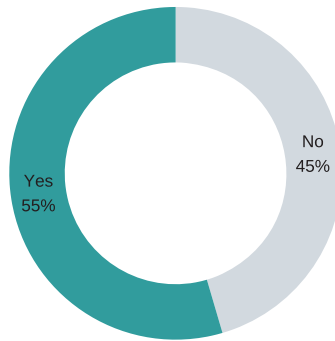


**Figure 18. Reasons for Inadequate Consumption (N=39)**



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

*Figure 19. Physical Activity (N=66)*



*Figure 20. Reasons for Inadequate Exercise (N=30)*



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

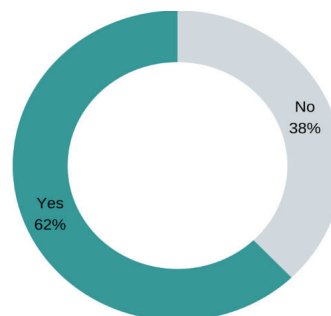


## Preventive Screening

### Colon Cancer Screening

Respondents were asked about their utilization of preventive and screening services and their adherence to recommended screening guidelines. Sixty-two percent of respondents 50 years and older reported meeting colon cancer screening guidelines (Figure 21).

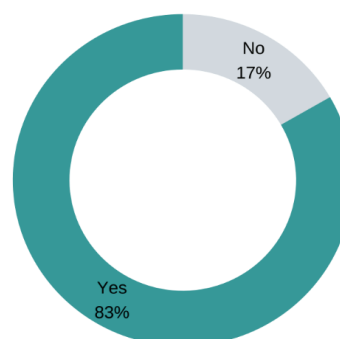
Figure 21. Colon Cancer Screening (N=37)



### Prostate Cancer Screening

Of the six respondents answering the prostate cancer screening question, 83% had completed the recommended screening (Figure 22). The sample's high percentage of female respondents led to a low response rate for this question.)

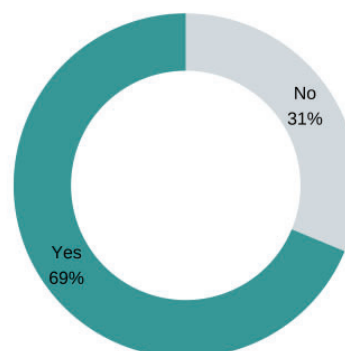
Figure 22. Prostate Cancer Screening (N=6)



### Breast Cancer Screening

Sixty-nine percent of female respondents aged 50 years or older reported receiving an annual mammogram (69%) (Figure 23).

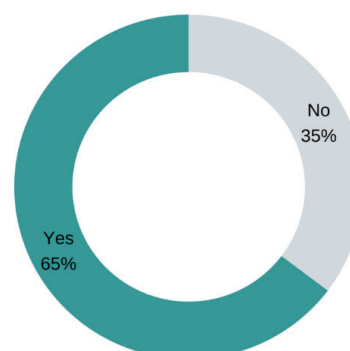
Figure 23. Mammogram Screening (N=32)



### Cervical Cancer Screening

Nearly 2/3 of respondents reported meeting cervical cancer screening guidelines (PAP Smear) (Figure 24).

Figure 24. PAP Smear (N=51)

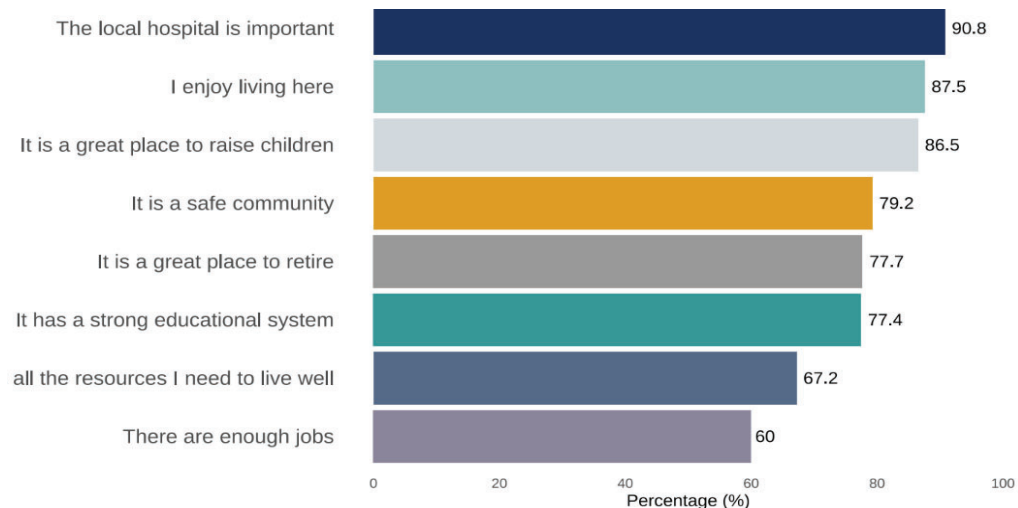


## COMMUNITY PERCEPTION

### General Perception of Community

Nearly all respondents felt that the local hospital is important to the community (91%), that they enjoy living in the community (87%), and that the county is a great place to raise children (87%). However, only 60% of respondents felt there were enough jobs or needed resources (67%) in the community (Figure 25).

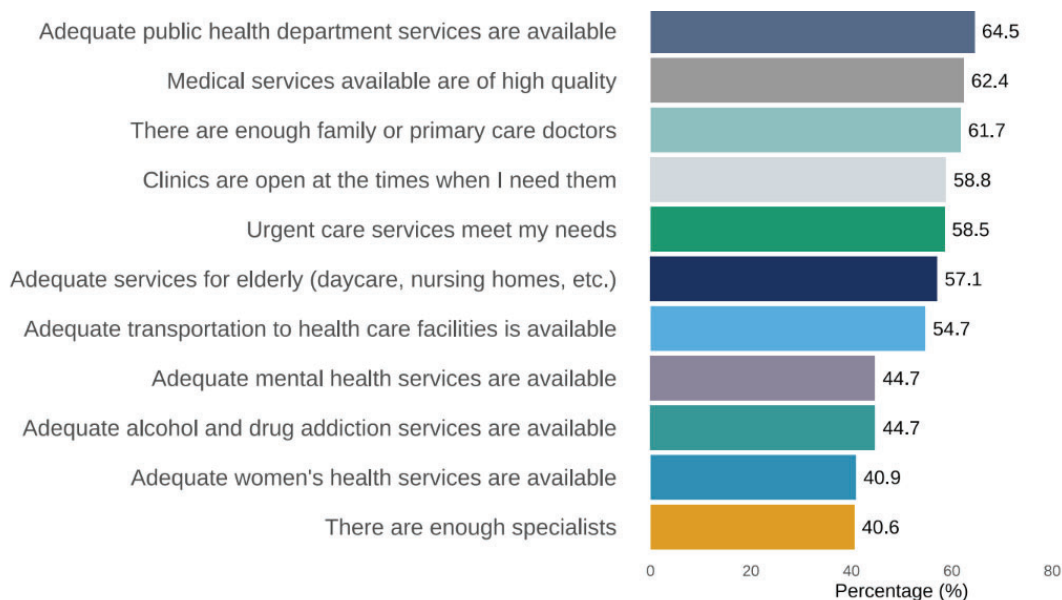
*Figure 25. Perception of the Community (N=78)*



### Community Perception of Healthcare Services

Sixty-five percent of respondents felt health department services were adequate, 63% felt that medical services were of high quality, and 62% felt that there were enough primary care providers. Adequacy of services for mental health (45%), for drug and alcohol addiction (45%) for women's health (41%), and for specialists (41%), were viewed most unfavorably (Figure 26).

*Figure 26. Perception of Adequacy of Healthcare Services (N=78)*

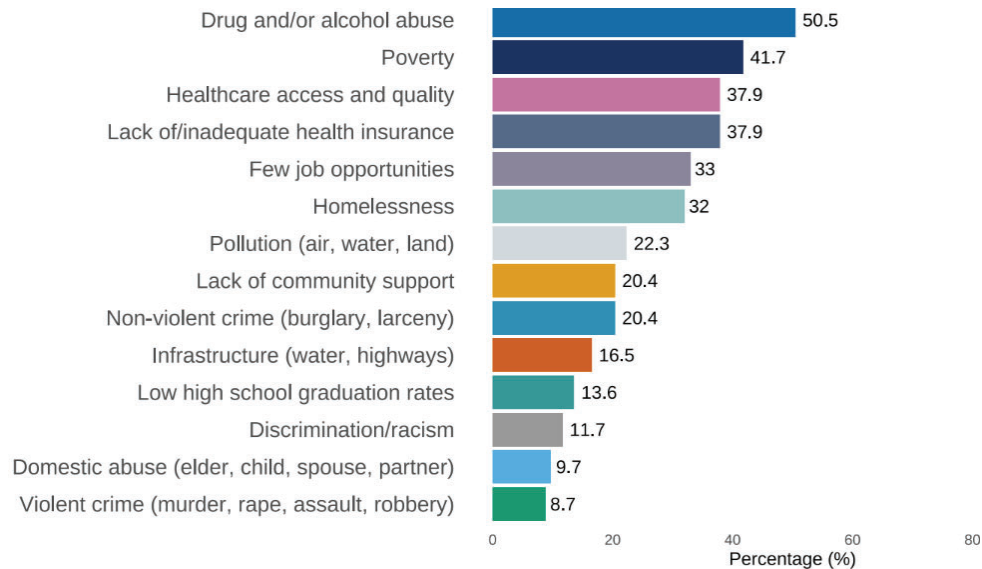


*Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.*

## Community Perceptions Concerning Quality of Life

Respondents were asked to identify factors that negatively impact quality of life. Over half of the respondents identified drug and alcohol abuse as the most significant factor affecting the quality of life in the community, with poverty (42%), healthcare access/quality (38%), and lack of/inadequate health insurance (38%) also commonly chosen (Figure 27).

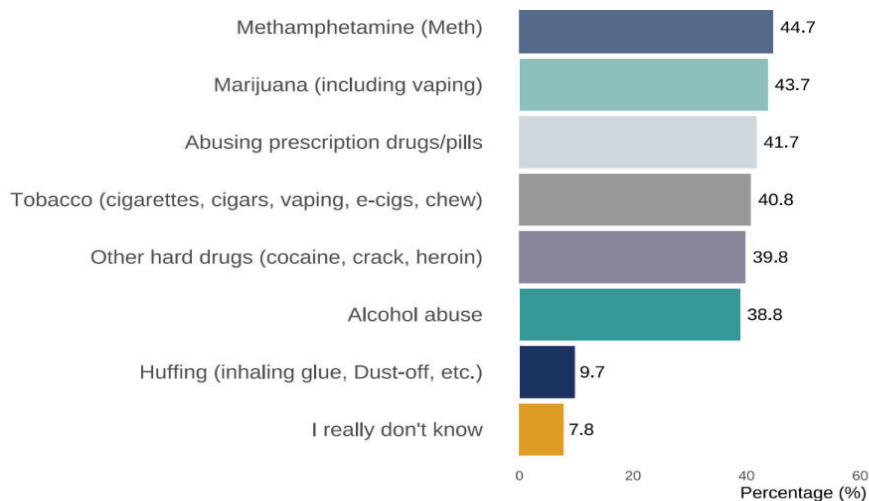
*Figure 27. Factors Impacting Quality of Life (N=78)*



## Substance Abuse

Nearly half of the respondents (45%) identified methamphetamine as the most significant substance affecting the quality of life in the community, followed by marijuana (44%) and prescription drugs (42%) (Figure 28).

*Figure 28. Substance Abuse (N=78)*

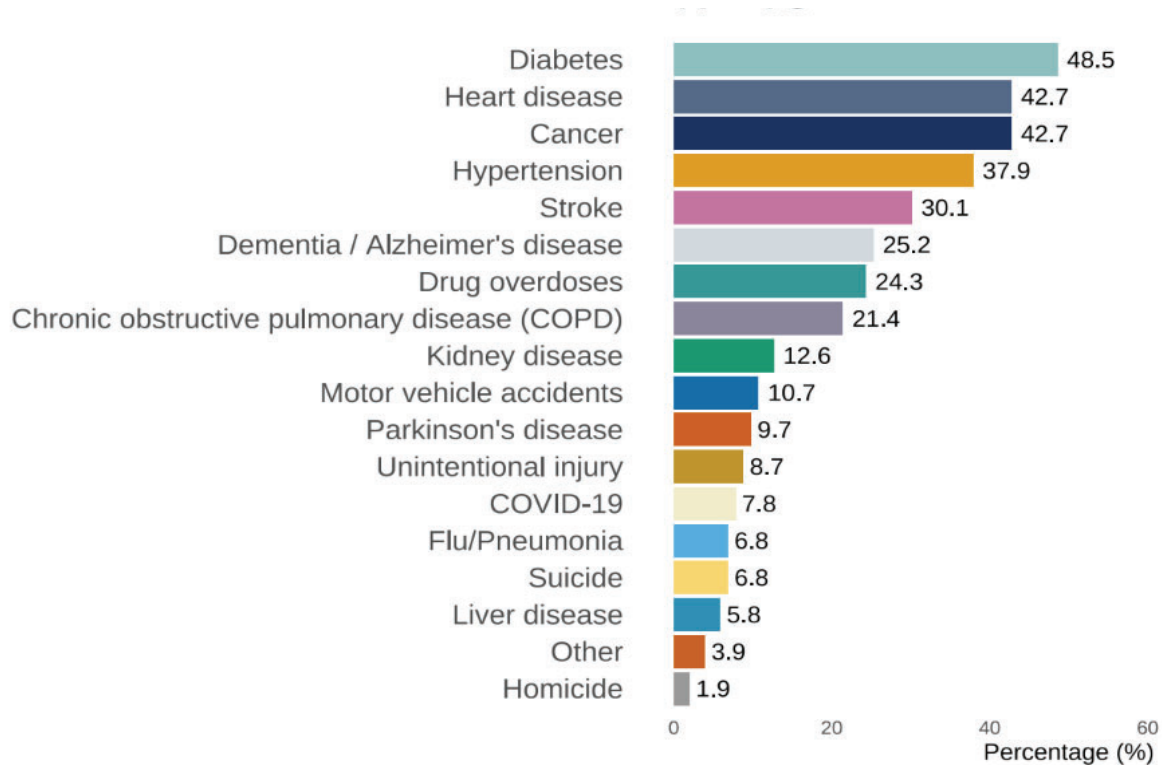


*Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.*

### Community Perceptions of Mortality & Morbidity

Respondents were asked about their perception of top contributors to death and disease for the county's residents. The top five contributors to death and disease identified were: diabetes (49%), heart disease (43%), cancer (43%), hypertension (38%), and stroke (30%) (Figure 29).

Figure 29. Main Health Problems in the Community (N=78)

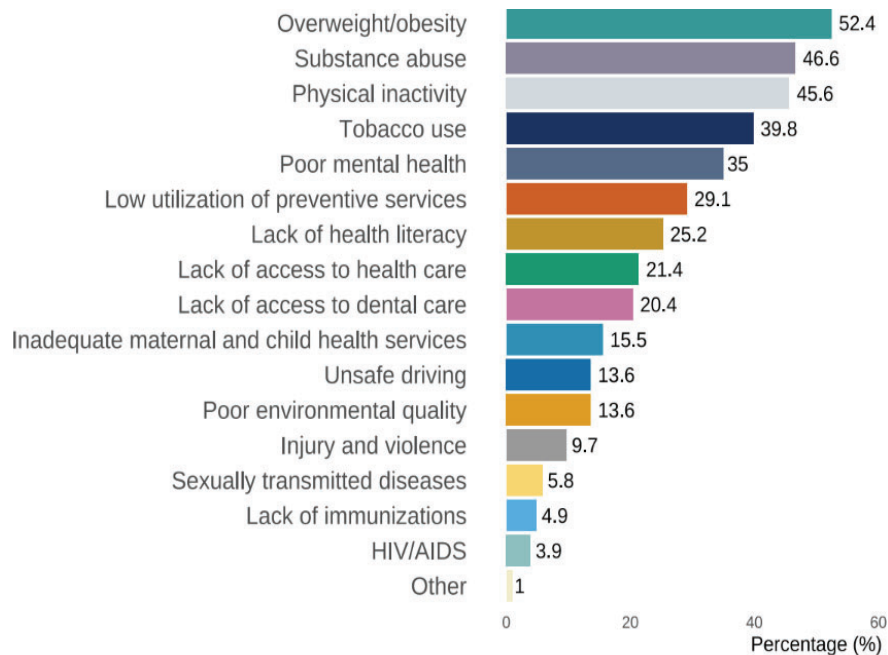


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

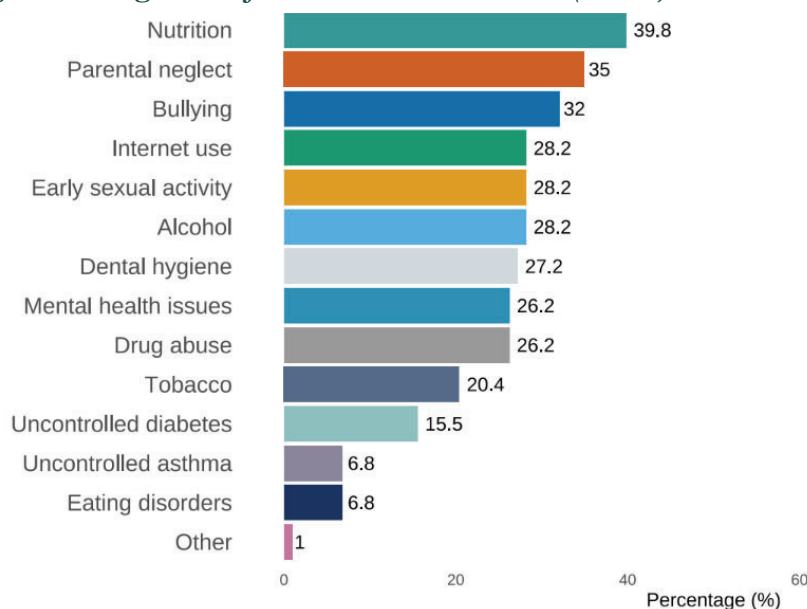
## NEGATIVE INFLUENCERS OF HEALTH

Participants were asked to identify negative influences on the community's health as well as negative influences on children's health in the county. Top negative influences included obesity (52%), substance abuse (47%) physical inactivity (46%), tobacco use (40%), and poor mental health (35%) (Figure 30.). With respect to child health, nutrition was indicated as a primary influencer (40%) followed by parental neglect (35%), and bullying (32%). Other factors noted included internet, sexual activity, alcohol, dental hygiene, mental health, and drug abuse (26-28%) (Figure 31).

**Figure 30. Negative Influences on Community Health (N=78)**



**Figure 31. Negative Influences on Child Health (N=78)**



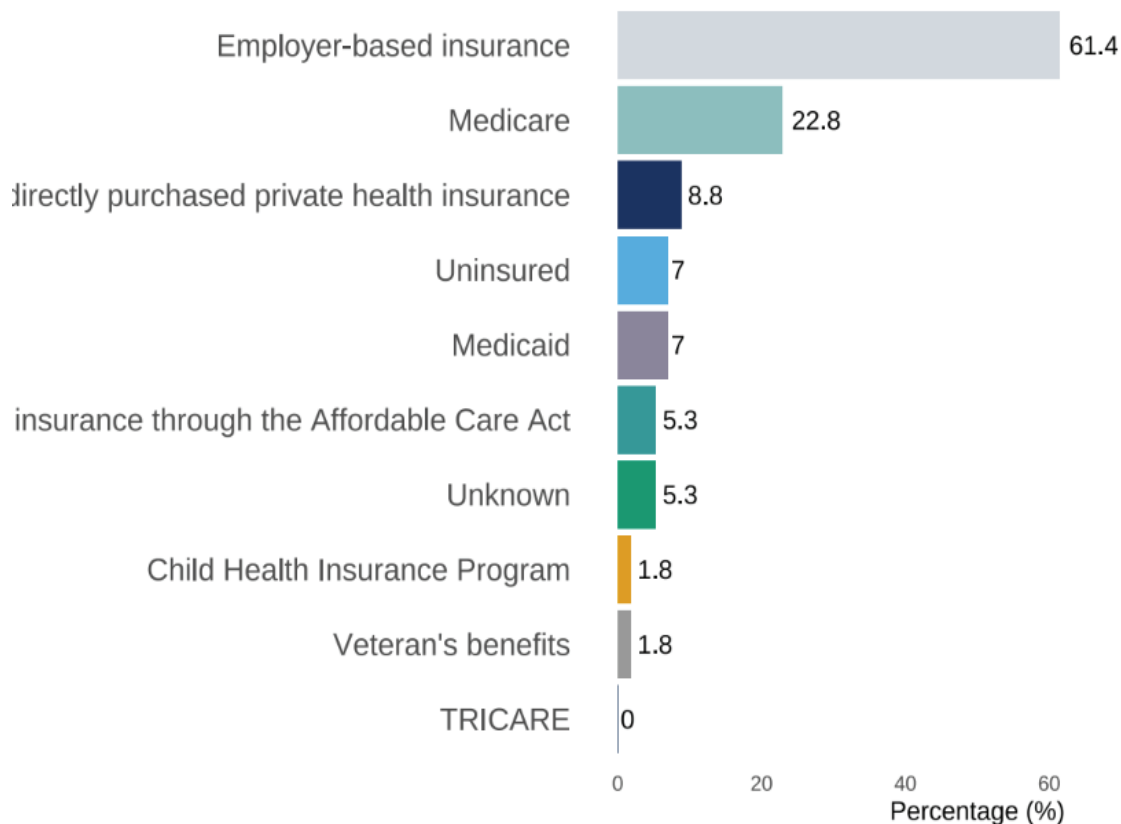
*Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.*

## HEALTHCARE ACCESS

### *Insurance Coverage, Usual Source of Care, & Usual Source of Medical Information*

Sixty-one percent of respondents reported that they had employer-based insurance. Nearly  $\frac{1}{4}$  of respondents were covered by Medicare, and approximately nine percent were covered through other directly purchased private health insurance (Figure 32). 77% reported that their usual source of care was a local provider in a doctor's office (Figure 33). Respondents most commonly identified their health care provider (doctor/nurse) as their source of health information (94%), followed by pharmacist (73%), Internet (66%), friends and family (58%) hospital (51%), and books (42%) (Figure 34).

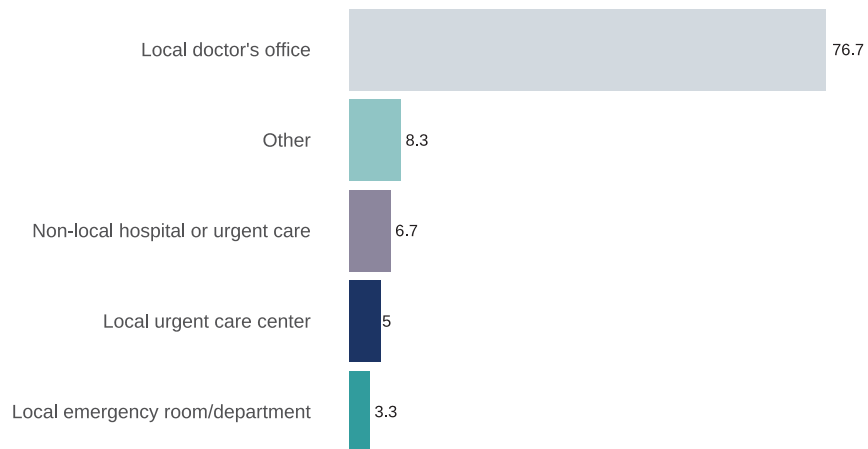
*Figure 32. Insurance Coverage (N=57)*



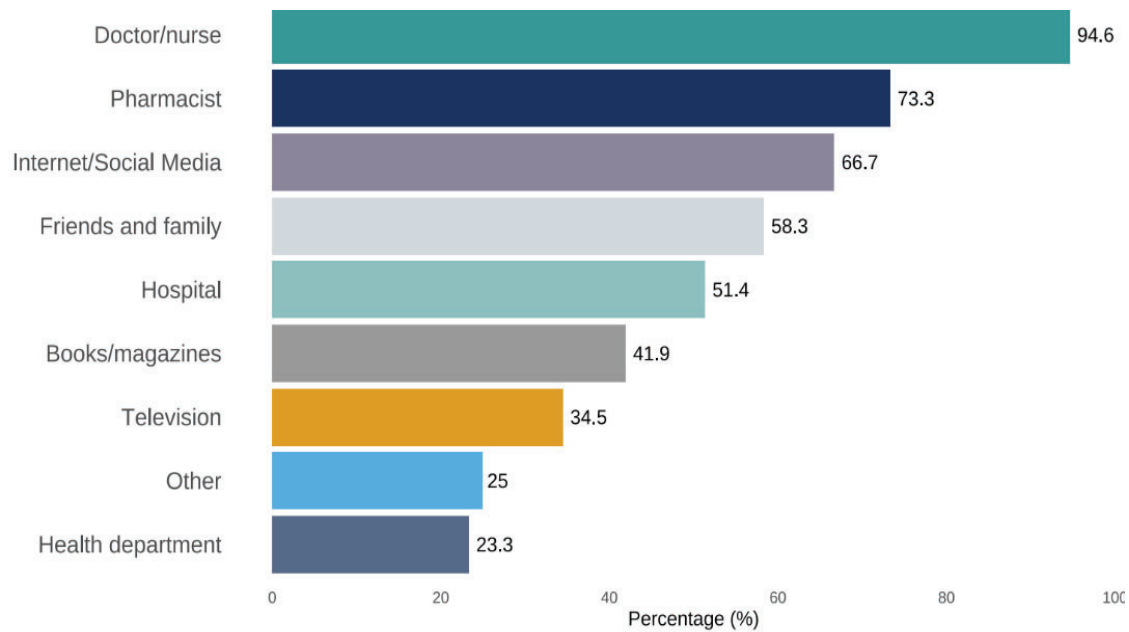
*Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.*



**Figure 33. Usual Source of Care (N=60)**



**Figure 34. Sources of Health Information (N=56)**

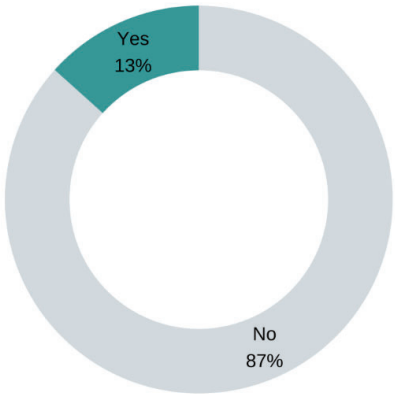


*Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.*

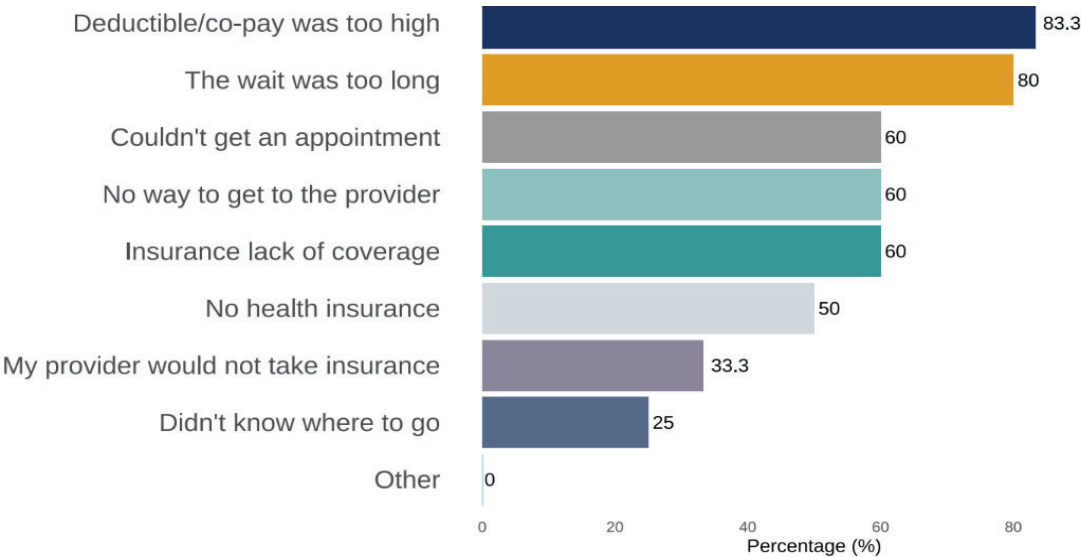
**BARRIERS TO HEALTHCARE ACCESS**

Thirteen percent of respondents reported experiencing barriers to health care access in the past 12 months (Figure 35). Figure 36 shows the specific barriers most frequently mentioned by respondents. The most commonly noted barriers were high deductibles/copays (83%) and long waiting times (80%). An inability to get an appointment, inability to get to the appointment, and lack of health insurance were also noted.

*Figure 36. Face Barriers to Healthcare (N=60)*



*Figure 37. Barriers to Healthcare Access (N=8)*

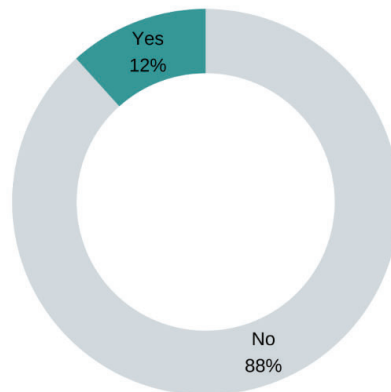


*Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.*

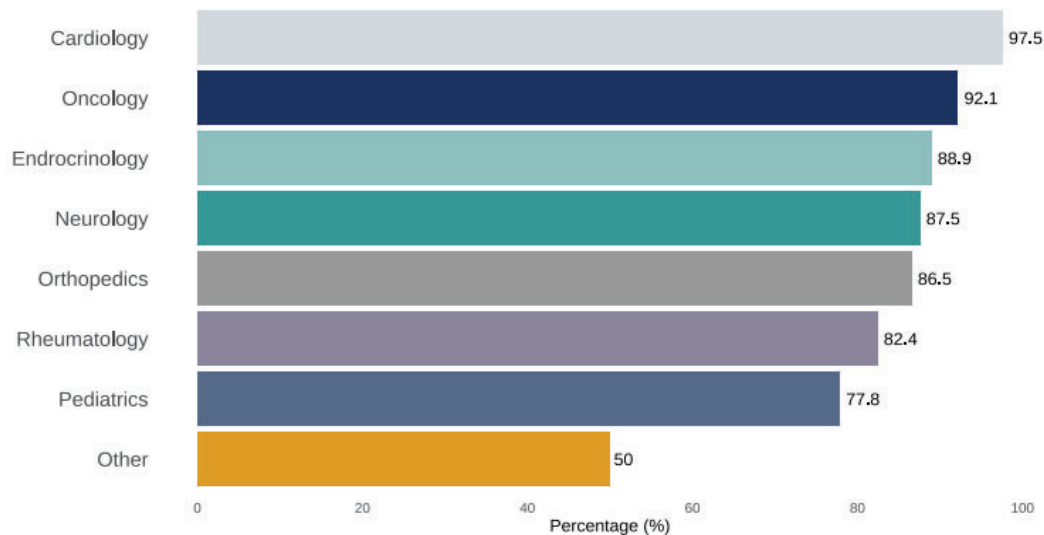
## SPECIALTY CARE

Eighty-eight percent of respondents felt that there are not enough health specialists in the county (Figure 37). Respondents identified cardiology as the most needed health specialty (97%), followed by oncology (92%), endocrinology (89%), neurology (88%) and orthopedics (86%) (Figure 38).

*Figure 37. Adequate Specialists Available (N=60)*



*Figure 38. Perceived Specialty Care Shortages (N=40)*



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

## ***SUMMARY POINTS FROM THE COMMUNITY SURVEY***

Survey respondents were more likely to be female, white, younger, and have more years of education than the general population of Appling County.

### **Health Status and Behavior**

- 12% of respondents reported using tobacco use, compared to 19% of residents based on secondary data.
- 62% reported not eating the recommended five servings of fruits and vegetables daily.
- 45% reported not meeting daily recommended physical activity guidelines.
- Reported adherence to cancer screening guidelines was generally high among participants.

### **Perceptions about the Community and Community Health**

- Nearly all respondents agreed that they enjoy living in the community and that it is a great place to raise children and to retire. However, only 60% of respondents felt there were enough jobs.
- Healthcare service shortfalls were perceived in availability of specialists, women's health, alcohol and drug treatment facilities, and mental health services.
- Respondents identified drug and alcohol abuse, poverty, lack of healthcare access, lack of job opportunities, and homelessness as the five most significant factors affecting the quality of life in the community.
- Respondents indicated that they believed the top causes of death and disease in the county to be diabetes, heart disease, cancer, and hypertension.

### **Access to Healthcare Services**

- The majority of respondents reported that their usual source of care was a local provider in a doctor's office.
- The barriers to health care most frequently mentioned were high deductibles/copays, long waiting times, lack of appointment availability, inability to get to the appointment, and lack of insurance coverage.
- Cardiology, oncology, endocrinology, and neurology were viewed as the specialties with the most significant provider shortages.

## FOCUS GROUPS

Six focus groups of key stakeholders were held in June of 2025 via Zoom. Twenty-three participants shared their insights. Participants represented sectors including schools, the public health department and local government. Each focus group session lasted under an hour. The following discussion provides details of the focus group conversations by theme - focusing on those that cut across groups.

### Overall Community Perception

Focus group participants described Appling as a small, close-knit rural farming and manufacturing county where everyone knows each other.

*"I love Baxley. I was born and raised in Appling County. I left to go to college and moved back in 2007. It's home for me. I love it because it is small. I like the big city, but I just like to visit the big city. It's accessible to the coast. It's accessible to metropolitan areas like Savannah or Brunswick or Jacksonville. I also like it because it gives me an opportunity to raise my son in a close-knit environment. I love it because I was raised here. It's what made me. I wanted to come back home after working in Macon for several years and use my talents in the community that I cherish."*

*"I think Appling County, as far as rural areas, it has a lot of potential. We're one of the only small counties that has two major highways that intersect right in the middle of downtown, 341 and US 1. I really expect Appling County to really grow tremendously and thrive in the next 10 years. It certainly can't do that without a hospital. We want to promote and make our local hospital grow."*

*"It is a great little community. We do have a lot to offer for the size that we are."*

*"We're a small town community which is good and bad. Everybody knows everyone. Yes, it is a close-knit community..."*

### Community Strengths

**Themes:** Close-Knit Village, Family-Friendly, Potential for Growth

Appling is a community where children that leave often come back to raise their children. Although small, it offers a lot for the size, and it is close to major cities. There is potential for economic and community development.

*"It's definitely your village to raise your children"*

*"I feel like a lot of kids leave, but they come back later on as older adults when they decide they want to come back home."*

*“It's accessible to the coast. It's accessible to metropolitan areas like Savannah or Brunswick or Jacksonville. I also like it because it gives me an opportunity to raise my son in a close-knit environment. I love it because I was raised here. It's what made me. I wanted to come back home after working in Macon for several years and use my talents in the community that I cherish.”*

*“In comparison to some of our surrounding communities, from an economic standpoint, I think it's fairly decent, we do have a lot of opportunities for employment.”*

*“I think Appling County... has a lot of potential. We're one of the only small counties that has two major highways that intersect right in the middle of downtown, 341 and US 1. I really expect Appling County to really grow tremendously and thrive in the next 10 years. It certainly can't do that without a hospital. We want to promote and make our local hospital grow.”*

## Challenges

**Themes:** Poverty, Housing, Substance abuse, Limited employment

While participants remarked on Appling's positive aspects, community challenges were also noted. Participants felt that the area could benefit from more employment opportunities that pay livable wages. Common rural challenges such as limited resources for youth and employment opportunities exist, and big-city-problems, including substantial homelessness, and substance abuse are also present. Poverty is a substantial challenge, potentially stemming from limited high-enough paying jobs as pointed out by some participants, which is further impacted by the increasing cost of living.

*“I do feel like a lot of people leave because there's more opportunities for things out. There's opportunity here, but there's more opportunity outside.”*

*“A con for me to raise the kids since there's not a lot for teenagers to do to keep them out of trouble. It's aggravating sometimes when everybody knows your business, but sometimes it's a good thing they know your business because then you know what you got to do”*

*“To be as small as it is, we have a small town feel, but we have big town issues related to, homelessness has grown, an increase of parents' substance abuse issues, others raising people's children... There's a huge population of people that are hugely impacted by poverty...”*

*“Our little motels are constantly full because people are homeless, whether it's long-term homelessness or just short-term, because there's a huge issue with the housing and not having affordable housing.”*

*“It's extremely difficult for those that live in poverty. We are an impoverished community. We're not as poor as some of our neighboring counties and that's probably partly due to the economic strength of Plant Hatch and what it offers. People that suffer, suffer. People that are well-to-do are well-to-do. There's this middle area of people probably like myself that-- Well, I work for myself, I'm in business for myself. I'm not wealthy by any means and not in poverty by any means, but I do see the dichotomy of the different socioeconomic status and how blatantly prevalent it is for those that are impoverished.”*

*“You're either at the high end or at the low end. Very little in the middle. Of course, there's manufacturing jobs, fast food opportunities, and then we've got the nuclear power plant, which gives maybe some elevated salaries, elevated opportunities, but there's not a lot for the middleman.”*

### **Health-Specific Community Characteristics**

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Participants discussed community characteristics that affect the health of residents. Support for healthy eating and adequate opportunities for physical activity were the primary challenges discussed. Overabundant fast food, and expensive healthy food were specifically noted as was the time requirement of cooking. While there is some access to physical activity for youth via after-school programs and for the community via a new trail, a need for more opportunities for exercise was noted.

*“I would like there to be possibly more outdoor activities here that they can create as far as for people to get free exercise in the community. Maybe a hiking trail, since we do have a lot of land in this county. Let's see. Maybe reopen the city gym again would be nice for people to have that free way of exercising.”*

*“We do have several different walking areas within our community. I know we're in the process of trying to upgrade one behind the middle school. We do have a good bit of fast food, so that can hinder some, but-- I don't know. There's some stuff here, not that you would see in bigger cities and stuff, but for a rural area”.*

*“We mostly just have a Walmart, and we have a Harvey's here, and the Harvey's grocery prices are way higher. Like I mentioned, there's not much competition to try to drive down those prices among stores. As far as buying groceries here, it's a lot more expensive than, let's just say, go to McDonald's and get the dollar menu. I feel like a lot of these low-income community members would get along better, of course, buying their own foods and making healthier choices. As far as the time management and money savings on it, I think a lot of them just choose fast food.”*

*“As far as there being maybe free places to work out, to exercise, I do enjoy that as a stress reliever. Right now, I pay for a gym membership, that's \$80 a month. Like I said, the gym membership fees are quite expensive here. There's only really two gyms in Baxley, so you don't really get your choice of picks, and those gyms can raise the rates. They're not as competitive as bigger cities. Health-wise, as I'm working, they do offer a salad bar at work that's fairly cheap compared to eating out. I do enjoy eating out of our cafeteria here, but as far as, in town, restaurants here it's just either hamburgers or pizza. There's not much variety as far as restaurants go here in this town.”*

*“Then, food choice-wise, maybe have a food bank. We do have a lot of churches that do food drives a lot of times for the lower-income folks. Then one more. Some better choices of eating. Maybe a Tex-Mex restaurant, like Surcheros or something like that, where there's more fresh vegetables to make meals with, would be nice than the fried, carb-filled fast food choices that we have here.”*



## Healthcare-Related Community Characteristics

**Themes:** Adequate Primary Care, Lack of specialist care, Transportation

Participants noted that there was an adequate supply of primary care providers in the county, but access to specialists was an issue. Participants remarked on challenges for many to access healthcare either due to lack of transportation, as well as the cost of insurance and health services. Specialties specifically discussed included OB-GYN, nephrology, and cancer care.

*“Here in this town, we don't have many specialists at all. For any specialist, you pretty much have to go to Savannah or Brunswick or out of town for those. We do have quite a few nurse practitioners, PAs, and a few doctors in this town that you can go to without there being a long wait time. Since we are a smaller community, usually they can work you in that week, or if not that week, the next week. As far as seeing a primary care, that's not an issue here, but specialists, you have to be able to drive and go out of town. That can take months to get in with a specialist.”*

*“We have providers. It's just the transportation to get to these providers. We have a lot that will walk or ride bicycles to us here at the health department. It's just some people have difficulty getting access.”*

*“Definitely, health care nowadays is it's extremely overpriced, and even if you've got health insurance, a lot of times you still wind up owing a medical bill after the fact, and people just can't afford it most cases.”*

*“I travel out of town for most of my daughter's visits. My general practitioner is here, and I have used the hospital for testing for myself and my children. A lot of my endo stuff, I travel out of town. Some of it because insurance doesn't cover any doctor here, but some of it because I just prefer that doctor to doctors that are here or there's not one here.”*

## Hospital's Role in Advancing Community Health and Wellness

**Themes:** Education, Access to Care, Outreach & Health Screenings, Community

Participants emphasized the hospital's critical role in both providing access to healthcare to the county's residents and facilitating economic growth as key factors in growing the community. Participants noted that the hospital made accessing some resources like lab work and x-rays easier, while other participants remarked that the lack of a radiologist required the use of out-of-county services. Participants also remarked on the hospital's current participation in community outreach, but emphasized the potential for more outreach that could improve the community's health while noted a need for more advertising of hospital services.

*“Yes, I agree that if there was more education on basically how to feed yourself in order to prevent a lot of things and to make yourself healthier, I think that would be good. Whether it's, like [participant] said, in the schools at a younger age, or if it's community outreach like through health fairs and stuff. Not just on food but on a lot of different topics, hygiene and how that can affect your health. How if you don't take care of your teeth, that can lead to other health issues.”*

*There's a lot of things I think that could be taught, like [participant] said, at a young age, but also to the community at large for those that are older that could improve or at least slow down a lot of health issues that we see."*

*"A lot of us see specialists outside of the community. I do like having the ability to be able to do labs at our local health facility, radiology, so we could do x-rays. It's really convenient. I've had to use it for both several times. Just for me, the check-in process, getting in, getting out is quick. The lab, I don't know if they're still open but they were open 24 hours a day. I get up early. I can go in and do the labs at 4:30 in the morning and don't have to go without food for a long, long period of time."*

*"I had to go to [Vidalia] for the radiology part of it because they didn't-- we don't have an on-call radiologist. To do the radiation that I had done, I had to go to [Vidalia]. That's taken away from the-- what I could have done here, I had requested that to do it here and then found out they don't do that here."*

*"Me and my family do go to the hospital here. That's where we get all our lab work done. If it's any X-rays or anything else that the doctor requires from us, we do go to the hospital here."*

*"I just want to say the hospital is very important and vital for community development just from the economic standpoint. Anytime we have a new person coming in, or industry that wants to come in, they always ask about the school system and the hospital. That's just a no-brainer. Of course, they want to know about the restaurants and everything else, but that is one of the top items on the list, it is the health facility and the educational system in Appling County."*

*"I believe the hospital is a vital economic agent in our community. Without it, this community probably would suffer like neighboring communities that have lost hospitals like Telfair. I'm trying to think of other places, but it has an advantage of being, I would say, a top-notch medical facility. I used to work at the hospital years ago and I'm a huge proponent of the hospital, not because they donate to our organization, but because I'm also a city official."*

*"I use local doctors. If I get sick, I'm going to Appling Healthcare. If my kids get sick, they're going to Appling Healthcare first. I know the people at the hospital. If I have an issue or need something, I can pick up the phone or send a text message and get the help I need."*

*"Maybe more free health fairs, events where people can come and get screenings. Some other places in the community do that, but I think it'll be good if the hospital did that, offer those types of screenings whether it's-- A lot of people don't access or realize the importance of oral healthcare, so that would be something that they could participate in or provide. I definitely would say more health-related events in the community."*

*"I think more outreach at events, partnering with our schools because if they want to increase use of the local hospital, then they have to go to where the people are and they have to engage the people, especially the population of people that probably traditionally would not access healthcare. I think partnering with the schools, being present at any type of event that's going on in the community so that they can engage and be seen as a strong community partner."*

*“Maybe even offering children who have to play sports and they need physicals. I know our high school does that, I'm not sure if it's through the hospital, but offering maybe opportunities where people can come and get physicals on site or get any type of-- Maybe once a year you hear, "It's time for you to get your immunizations or your checkup or a scan, get your A1C tested."*

## Health-Specific Wish List Items

**Themes:** Health Education, Additional Specialists, Urgent Care

Participants had many health wish-list items for Appling County, including health education on topics like CPR and chronic conditions. They emphasized a need for specialists and specialty services not readily available within the county, including kidney care (both dialysis and a nephrologist), obstetrics and gynecology, cancer treatment, and cancer screening. An urgent care clinic was mentioned as being useful in conjunction with the ER.

*“Maybe just more education with the community on things we could do to be preventative of chronic disease would be good, along with the CPR classes.”*

*“Offering free CPR classes to the community so they can know how to work a code. If somebody's pulse stops in Walmart and they fall out in the parking lot or something, they would know how to help them until EMS arrives, things like that.”*

*“... I've had two kids recently in the last eight years and had to go over an hour out of town for both deliveries, and that's not always a possibility, in a lot of scenarios. Also, renal failure. They used to do dialysis. People on dialysis they used to provide when the patient gets put in the hospital. They used to be able to do dialysis in the hospital, and they don't have that anymore.”*

*“When you're talking about the area of oncology, around Appling County, you probably got two places. You got Waycross, and probably the next place is in Jacksonville to go get treatment for. Every time you go over there, like the one in Waycross, it's a standing room only. You can't say you want to go into practice, that's what you want to go into, but you don't want to see anybody ever have cancer. That room is a standing room only.”*

*“It sounds like maybe an urgent care might do well here in the hospital rather than just having the emergency department. I've seen it done in other hospitals. Maybe that's something that we could look forward to that way, so those times when you don't necessarily need an appointment, but you need something sooner, that might be a good way to go. That's just a thought put out there.”*

## SUMMARY POINTS FROM THE FOCUS GROUPS

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

### Perceptions about Community and Community Health

- Focus group participants described Appling as a rural farming and manufacturing county with a close-knit and a small-town feel where everybody knows everybody
- Appling is a community where children grow up and come back to raise their children. Although small, it offers a lot for the size, and it is close to major cities.
- The area also would benefit from resources for youth and employment opportunities to address boredom, substance use, and homelessness.
- Participants indicated that while primary care is adequate, residents often must leave the county to access specialist health care.
- While there is some access to physical activity for youth via after-school programs and the community via a new trail, there are largely not enough opportunities, and some requested the city gym re-opening.
- Participants also emphasized challenges with nutrition, citing the lack of food banks and extensive prevalence of fast food and limited healthy food options.

### Hospital's Role in Advancing Community Health and Wellness

- The hospital has a critical role in providing access to healthcare to the county's residents and facilitating economic growth.
- Generally, participants appreciated the hospital's laboratory and radiology services.

### Health-Specific Wish List Priorities

Wishlist items to improve Community Health that were noted included:

- Health education on CPR and chronic conditions
- Specialists and specialty services not readily available within the county, including kidney care (both dialysis and a nephrologist), obstetrics and gynecology, cancer treatment, and cancer screening
- An urgent care clinic to reduce burden on the ER.

# SUMMARY OF DATA

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

AREA OF CONCERN	SECONDARY DATA	SURVEY	FOCUS GROUPS
Mental health	<ul style="list-style-type: none"> <li>• Rate of residents in mental distress are higher than GA (19% vs 16%).</li> <li>• Suicide rate is lower than GA.</li> <li>• Residents have more social associations than GA residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Less than 50% of respondents felt mental health services were adequate.</li> <li>• Bullying was noted as a top negative influence on children's health.</li> </ul>	<ul style="list-style-type: none"> <li>• Related issues of homelessness and substance abuse were discussed.</li> </ul>
Health Education	<ul style="list-style-type: none"> <li>• Low rates of vaccinations and preventive screenings compared to GA</li> </ul>	<ul style="list-style-type: none"> <li>• Health literacy ranked 7<sup>th</sup> highest negative influencer of health</li> </ul>	<ul style="list-style-type: none"> <li>• The need for education on preventing and managing chronic conditions was a key theme.</li> </ul>
Awareness of And Access to Health Care	<ul style="list-style-type: none"> <li>• ~19% of residents lack health insurance (vs 14% for Georgia).</li> <li>• Appling County has shortages of primary care physicians, mental health providers, and dentists.</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiology, oncology, and endocrinology were the top 3 specialties identified as needed.</li> <li>• Transportation to medical appointments was noted as an issue.</li> <li>• High costs are a barrier.</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of available services significantly hinders access</li> <li>• Access to certain specialists and medical transportation can make receiving care a challenge.</li> <li>• Access to primary care was seen as adequate.</li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>• Nearly 1/4 of low-income residents have challenges accessing healthy foods.</li> <li>• Food insecurity is higher than for GA (18% vs 13%).</li> </ul>	<ul style="list-style-type: none"> <li>• Over 60% reported not eating the recommended five servings of fruits and vegetables daily.</li> <li>• Nutrition was noted as top negative influence on children's health.</li> </ul>	<ul style="list-style-type: none"> <li>• Overabundance of fast food and inadequate access to healthy food was a common theme.</li> </ul>
Smoking Cessation	<ul style="list-style-type: none"> <li>• COPD, Lung cancer are leading causes of death.</li> <li>• 19% of residents smoke.</li> </ul>	<ul style="list-style-type: none"> <li>• 12% of survey respondents reported smoking.</li> </ul>	<ul style="list-style-type: none"> <li>• A need for health education was noted.</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>• A higher rate of physical inactivity than state (31% vs 23%) exists.</li> <li>• Access to exercise opportunities is a challenge (38% vs 75% for GA).</li> </ul>	<ul style="list-style-type: none"> <li>• Nearly half of respondents stated that they did not meet daily recommended physical activity guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Costly gyms and a need for more no-cost outdoor exercise opportunities was noted.</li> </ul>
Substance Use	<ul style="list-style-type: none"> <li>• ~16% of residents excessively consume alcohol.</li> </ul>	<ul style="list-style-type: none"> <li>• Majority of respondents reported inadequate alcohol and drug treatment facilities.</li> <li>• Quality of life most impacted by drug and alcohol abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• The role of substance use in parents was noted as a driver of children needing foster care.</li> </ul>

# Implementation Strategy

## *PREVIOUS IMPLEMENTATION PLAN PROGRESS*

Following the completion of the 2022 Community Health Needs Assessment (CHNA), Appling Healthcare implemented an implementation plan designed to address the key health priorities identified in the report that the steering committee felt were both actionable and feasible. The plan focused on five areas: Mental and Behavioral Health, Access to Care, Lifestyle and Obesity, Adolescent Health, and Social Media Outreach. Below is a summary of the efforts and initiatives undertaken to address each of these priority areas:

### 1. Mental and Behavioral Health

Appling Healthcare has continued working to enhance access to mental and behavioral health services by integrating behavioral health support into primary care settings. This includes ongoing coordination with local providers and mental health agencies to ensure referrals and continuity of care. Efforts have also been made to raise awareness through staff training and community outreach regarding mental health resources available locally.

### 2. Access to Care

To improve access to healthcare services, Appling Healthcare launched a Pulmonary Rehabilitation Program, which provides specialized care for patients with chronic respiratory conditions. This program allows patients to receive care locally rather than traveling out of the area, significantly improving accessibility and reducing patient burden. Additionally, conversations remain ongoing around transportation solutions to help bridge gaps for patients who face mobility or distance barriers.

### 3. Lifestyle and Obesity

To promote healthier lifestyles within the community, Appling Healthcare hosted community education classes, including those focused on diabetes management and prevention. These classes aim to empower individuals with knowledge about nutrition, exercise, and long-term health maintenance. Informational resources were distributed to support ongoing wellness education.

### 4. Adolescent Health

Appling partnered with local schools and organizations to provide community-based education sessions tailored to adolescent health needs. These sessions focused on topics such as substance abuse prevention, sexual health, and making informed lifestyle choices. By engaging youth directly, Appling is encouraging early intervention and positive health behaviors.

### 5. Social Media Outreach

As part of a commitment to addressing the health priorities outlined in the 2022 CHNA Implementation Strategy, Appling Healthcare has leveraged social media as a powerful tool for education, awareness, and community engagement. The social media strategy combined static graphics, videos, reels, and interactive content to reach diverse audiences. Posts were scheduled around national awareness campaigns. Community feedback and participation was encouraged through comments, shares, and messaging. Social Media Outreach supported each of the previous four focus areas:



#### Mental and Behavioral Health

- Shared posts promoting Mental Health Awareness Month, stress management tips, and local mental health resources
- Highlighted behavioral health integration into primary care through provider features and informative graphics

#### Access to Care

- Promoted the Pulmonary Rehabilitation Program through targeted Facebook and Instagram campaigns, including patient education posts, service explanations, and scheduling info
- Used social platforms to communicate available services, contact numbers, and FAQs to improve healthcare access transparency

#### Lifestyle and Obesity

- Created content around diabetes prevention and management, including highlights from community classes and tips for healthy living
- Posted nutrition and exercise tips, wellness challenges, and engagement-driven content (polls, recipes, etc.) tied to national health observances

#### Adolescent Health

- Promoted local youth-focused health education events and shared visuals and key takeaways from sessions



## ***2025 IMPLEMENTATION PLAN***

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The 2025 Implementation Plan prioritization session occurred remotely on July 22, 2025, with the CHNA steering committee. The session was facilitated by 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 develop the following plan focused on three key areas: Mental Health, Health Education, and Awareness of Services. Appling Healthcare addresses the remaining areas of need through collaboration and community outreach with other agencies more suited to address the need.

### **PRIORITY AREA ONE: Mental and Behavioral Health**

**GOAL:** Improve access to healthcare services for Appling County residents

**OBJECTIVES:**

- Improve cooperation and collaboration between county mental health providers
- Enhance residents' awareness of mental health resources in the county

### **PRIORITY AREA TWO: Chronic Disease Education**

**GOAL:** Increase Health Education offerings for Appling County residents

**OBJECTIVES:**

- Provide more educational offerings on chronic disease prevention & management
- Provide more educational offerings on personal mental health

### **PRIORITY AREA THREE: Services Awareness Campaign**

**GOAL:** Increase awareness of healthcare services offered locally

**OBJECTIVES:**

- Develop digital media campaign
- Develop traditional media campaign
- Create repository of patient personal testimonies for marketing

## Priority Area 1: Mental and Behavioral Health

Goal 1: Improve mental health care available for Appling County Residents				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 1.1: Improve cooperation and collaboration between county mental health providers				
Establish regular meetings of all county mental health organizations	2025	Chief Nursing Officer/GBH Director	# Meetings	Pineland, Dr. Patel
Develop Referral tracking System	2026	Chief Nursing Officer/GBH Director	Y/N Referral counts	
Use Referral data to improve coordination of mental health care	2027	Chief Nursing Officer/GBH Director	Y/N	All Internal
Objective 1.2: Enhance residents' awareness of mental health resources in the county				
Develop a mental-health focused resource guide for county providers	2026	Marketing Director	Y/N #Copies/places disseminated	Schools, Law Enforcement, Churches, Provider Offices

## Priority Area 2: Chronic Disease Education

Goal 2: Increase Health Education Offerings for Appling County Residents				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 3.1: Provide more educational offerings on chronic disease prevention & management				
Partner with Cooperative Extension to increase nutrition course offerings	Annually	Education Nurse & Marketing & Dietary Mgr.	-# courses & students	UGA Cooperative Extension, Schools, Community Centers
Develop an annual plan of educational offerings on chronic disease prevention and management	4Q 2025	Education Nurse & Marketing	Y/N	Senior Centers, Fitness Centers
Provide educational offerings on other chronic disease (especially heart disease) prevention and management strategies	1Q 2026	Education Nurse & Marketing	-# courses & students	All Internal
Objective 3.2: Provide more educational offerings on personal mental health				
Increase mental health first aid educational opportunities	Bi-annual classes beginning 2026	Education Nurse & Marketing & CEO	-# courses & students	Cooperative Extension, Pineland Behavioral Health

## Priority Area 3: Services Awareness Campaign

Goal 3: Increase awareness of healthcare services offered locally				
Action Steps	Timeline	Person Responsible	Measure	Community Partners Involved
Objective 5.1: Develop digital media campaign				
Develop annual plan for social media messaging	2025	Marketing Director & CEO	-Y/N	Chamber of Commerce
Implement awareness social media plan	2026	Marketing	-# views/ followers/shares	All Internal
Objective 5.2: Develop traditional media campaign				
Develop annual plan for traditional media messaging	2025	Marketing Director & CEO	-Y/N	Baxley News Banner, Radio, Billboards
Implement awareness traditional media plan	2026	Marketing	-# paper ads, radio posts	Baxley News Banner, Radio, Billboards
Objective 5.3: Build a repository of patient personal testimonies for use in marketing				
Develop a plan for recording and archiving testimonies	2025	Marketing Director & CEO	-Y/N	All Internal
Collect and store testimonies	2026	Marketing	# collected # used in ads	All Internal

# Community Resource Listing

In order to access health care, community members should be aware of available resources. The following pages provide information to the community about these resources.

<b>BLOOD DONATIONS</b>	
American Red Cross	800-RED-CROSS   800-733-2767   <a href="http://www.redcross.org">www.redcross.org</a>
<b>BREASTFEEDING RESOURCES</b>	
Breastfeeding Information	<a href="http://www.breastfeeding.com">www.breastfeeding.com</a>
La Leche League of GA Hotline	404-681-6342
Georgia DPH WIC Program	912-367-4601
<b>CAR SEAT RESOURCES AND SAFETY</b>	
Auto Safety Hotline	800-424-9393
Georgia Department of Public Health	912-367-4601
<b>CANCER SUPPORT SERVICES</b>	
American Cancer Society	800-227-2345
Appling Healthcare Foundation	912-367-9841
<b>CHILDREN &amp; FAMILY SUPPORT SERVICES</b>	
ALL GA KIDS	877-255-4254
Office of Child Support Services	877-423-4746
Appling Family Connections	912-367-8816
Tri-County CASA	912-367-0064
Safe Harbor	912-267-6000
<b>COUNSELING</b>	
Pineland Mental Health	912-367-4614
Southern Counseling Services	912-705-0858
Georgia Crisis Line	800-715-4225
National Domestic Violence Hotline	800-799-7233
Senior Life Solutions-Appling Healthcare	912-367-9841
<b>DEVELOPMENTAL NEEDS</b>	
Babies Can't Wait	<a href="http://www.health.state.ga.us/programs/bcw">www.health.state.ga.us/programs/bcw</a>
Parent to Parent of Georgia	800-229-2038
<b>DME &amp; Respiratory PROVIDER</b>	
Certified Respiratory	912- 366-9226
Austin Home Health Care Equipment	912-375-3528
Shuman HealthCare	912-285-5272
<b>FINANCIAL ASSISTANCE</b>	
Division of Family and Children Services	912-526-5468
Temporary Assistance for Needy Families	<a href="http://www.dfcs.dhs.georgia.gov">www.dfcs.dhs.georgia.gov</a>
Appling County Health Department	912-367-4601
For WIC Assistance Appling County Food Bank	912-366-3663
<b>FURNITURE RESOURCES</b>	
Local Goodwill	912-367-0803

Called to love	912-705-3098
<b>GED CLASSES</b>	
Coastal Pines Technical College	912-367-1700
<b>HEALTH INSURANCE</b>	
PeachCare for Kids	877-427-3224 www.peachcare.org
Medicaid	Member Services: 866-211-0950, Eligibility: 404-730-1200 www.medicare.gov
<b>HOME HEALTH AGENCIES</b>	
Altamaha Home Health	912-367-4621
CareOne Home Health	800-533-2094
Rescare Home Care	912-366-1622
Amicita Home Health	800-476-6787
Nurses Plus, Inc.	912-526-8883
<b>HOSPICE PROVIDERS</b>	
Bethany Hospice	912-384-6100
Comfort Care Hospice	912-367-4146
Serenity Hospice	912-537-1410
Southern Care Hospice	912-537-2273
Spanish Oaks Hospice	912-739-0502
Community Hospice	800-477-4758
<b>HOUSING/ UTILITY ASSISTANCE</b>	
Low Income Home Energy Assistance Program	800-869-1150
Georgia Dream Homeownership Program	800-359-4663
Georgia Housing Search	www.georgiahousingsearch.org
<b>LEGAL ISSUES</b>	
Georgia Legal Services	800-822-5391
<b>LITERACY</b>	
Family Literacy Hotline	404-539-9618
Ferst Foundation for Childhood Literacy	888-565-0177
<b>MEDICAL CLINICS FINANCIAL ASSISTANCE</b>	
County Health Department	912-367-4601
Appling Medical Group	912-367-0102
South Georgia Medical Group	912-367-4122
Appling Pediatrics	912-366-9688
Mercy Medical Clinic	912-387-0463
East Georgia Healthcare Center	912-705-5656
Medical Wellness Center of Georgia	912-705-9110
Appling Family Total Healthcare	912-367-2596
Precision Family Healthcare	912-705-5395
Family Medicine of Baxley	912-705-1227
Southern Medicine	912-785-7022
Southern Family Walk-In	912-705-8050

Health HIE Community Center	912-705-2273
Your Choice Healthcare, P.C.	912-705-9680
South Georgia Diagnostic and Prevention Center	912-367-9559
Heart & Soul Wellness	912-500-9207
DOCS	912-366-1362
Memorial Health Meadows Physicians	912-535-1953
LowTE Georgia LLC	229-216-8604
<b>MENTAL HEALTH</b>	
Pineland Mental Health	912-367-4164
Senior Life Solutions-Applying Healthcare	912-367-9841
Senior Care Unit-Applying Healthcare	912-367-9841
<b>NURSING HOMES/SKILLED NURSING</b>	
The Pavilion	912-367-9841
Triad/Lumber City Nursing B: Rehab	912-363-2484
Hazlehurst Court Care B: Rehab Center	912-375-3677
Golden Living Center	912-427-6858
Hospice of South Georgia, Inc.	912-705-0080
Comfort Care Hospice, LLC	912-367-4146
Lakeview Retirement Center	912-705-9761
<b>PARENTING RESOURCES</b>	
American Academy of Pediatrics	<a href="http://www.healthychildren.org">www.healthychildren.org</a>
"MOPS" - Mothers of Preschoolers	888-910-MOPS <a href="http://www.mops.org">www.mops.org</a>
Child Support Services Brunswick Jesup	1313 West Pine Street Jesup, GA 31545 1-844-MYGADHS
<b>PHYSICAL THERAPY/ REHABILITATION SERVICES</b>	
Applying Rehabilitation Services	912-366-6590
Fyzical Therapy & Balance Center	912-705-2855
<b>PUBLIC LIBRARIES</b>	
Applying County Public Library	242 E. Parker St, Baxley, GA 912-367-8103
<b>RECREATION</b>	
Applying County Recreation Department	912-367-8190
<b>SAFETY</b>	
Georgia Poison Control	800-222-1222 <a href="http://www.gpc.dhr.georgia.gov">www.gpc.dhr.georgia.gov</a>
<b>SENIORS</b>	
Area Agency on Aging	912-367-9913 331 W Parker Street, Baxley GA
Senior Life Solutions-Applying Healthcare	912-367-9841
<b>SMOKING CESSATION</b>	
Georgia Tobacco Quit Line	877-270-7867 WWW. <a href="http://livehealthygeorgia.org/quitline">livehealthygeorgia.org/quitline</a>
<b>TEEN PARENTING RESOURCES</b>	



Appling County DFCS	1160 West Parker Street Baxley, GA 31513
Young Mommies Help Site	<a href="http://www.youngmommies.com">www.youngmommies.com</a>
<b>TRANSPORTATION</b>	
Logisticare	888-224-7988
<b>URGENT CARE</b>	
Vitalocity Urgent Care	912-785-2676