



2025-2028

Community Health Needs Assessment

Murray and Whitfield Counties, GA



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TABLE OF CONTENTS

Perspective / Overview	4
About Hamilton Medical Center	4
Creating a Culture of Health in the Community	5
2025 Community Health Needs Assessment	5
Collaborators	5
Making the CHNA Widely Available to the Public	6
Board Approval	6
Key Findings	6
Significant Health Priorities	6
Community Input and Collaboration	6
Methods and Timeline	6
Participants by Those Representing the Broad Interests of the Community	7
Participants	7
Input of the Medically Underserved, Low-Income, and Minority Populations	8
Input of Those with Expertise in Public Health	8
Input on the 2022 CHNA Report and Adopted 2022 Implementation Plan	8
Process and Methods Used	8
Community Selected for Assessment	8
CHNA Study Area – 2025	9
Data and Other Information Used in the Assessment	9
Information Gaps	9
Description of the Communities Served	10
Demographics Indicators	11
Socioeconomic Indicators	12
Focus Groups Summary	21
Community Survey Summary	21
Health Status Data and Comparisons	24
Health Status Data	24
Comparisons of Health Status	26
Health Outcomes (Length of Life and Quality of Life)	26
Community Conditions	27
Mapping Analyses	31
Summary of Primary and Secondary Data – Most Significant Health Needs	34



TABLE OF CONTENTS

Results of the CHNA:	35
Prioritized Health Needs	35
Prioritization Criteria	35
Most Significant Community Health Needs – Prioritized	35
Community Health Summit Brainstorming	35
Impact of 2022 CHNA and Implementation Plan	36
Appendices	40
1. Focus Group Results	41
2. Community Survey Results	45
3. Health Status Data Trended	59
4. Community Asset Resources	72



PERSPECTIVE / OVERVIEW

About Hamilton Medical Center

Hamilton Medical Center, a key part of Vitruvian Health, is a regional referral hospital serving Northwest Georgia with a commitment to clinical excellence and compassionate care. Located in Dalton, Georgia, Hamilton features 255 acute care beds and offers a comprehensive range of services, including emergency care, advanced cardiac and vascular services, cancer treatment, women's health, orthopedics, surgical specialties, and more.

Since its founding in 1921, Hamilton has grown alongside the region it serves — not only through its main hospital campus, but also through a vast network of more than 70 access points of care. This includes outpatient clinics, primary care and specialty offices, imaging centers, urgent care, and ancillary health services, all designed to bring high-quality care closer to home.

Hamilton is consistently recognized for its high standards of care and patient outcomes. It is an accredited Chest Pain Center and a certified Primary Stroke Center, and it has earned designation as a Level III Trauma Center, ensuring timely and coordinated emergency care. The hospital has also received recognition from organizations such as the American College of Cardiology and the American Heart Association for excellence in heart and stroke care.

As a teaching facility, Hamilton is home to ACGME-accredited residency programs in internal medicine and family medicine, as well as a nurse residency program supporting the next generation of healthcare professionals. These programs, along with Hamilton's ongoing investment in leading-edge technology, quality, and patient safety, have helped position it as a healthcare leader in the region.

With a long-standing reputation for quality and innovation, Hamilton Medical Center continues to raise the bar for what community-based healthcare can deliver — blending award-winning clinical care with a deeply rooted commitment to the people it serves.



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Creating a Culture of Health in the Community



Action Cycle Source: University of Wisconsin and the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Murray and Whitfield Counties, Georgia. The Action Cycle shows how to create healthy communities. The measures later in the document assist in understanding what makes a healthy community.

2025 Community Health Needs Assessment

Collaborators

Hamilton Medical Center, as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. StrategyHealth, a healthcare consultancy based out of Nashville, Tennessee, provided analysis of community health data, facilitated the focus groups, and facilitated a community health summit to receive



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community input into the priorities and brainstorm goals and actions the community could take to improve health.

Making the CHNA Widely Available to the Public

Starting on August 29, 2025, this report is made widely available to the community via Hamilton Medical Center's website <https://vitruvianhealth.com/about/chna-implementation-strategy/> or by phone 706.272.6114.

Board Approval

The Hamilton Medical Center Board of Trustees approved this assessment on August 28, 2025.

KEY FINDINGS

Significant Health Priorities

Based on secondary data, community surveys, and focus groups, the summit participants prioritized the following significant health needs to be the focus of the work of the community over the next three years. There is a complete summary of findings with prioritization criteria on page 35.

- Access to affordable healthcare
- Access to quality mental health care
- Healthy eating, active living & healthy weight
- Complexity of navigating healthcare
- Financial literacy
- Transportation

COMMUNITY INPUT AND COLLABORATION

Methods and Timeline

In February 2025, Hamilton Medical Center began a Community Health Needs Assessment for Murray and Whitfield Counties and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary demographic, socioeconomic, and public health sources, occurred in April through May 2025.
- Twenty-three community members and stakeholders participated in focus groups for their perspectives on community health needs and issues on May 28, 2025.
- Two hundred and fourteen community members completed an online survey from May 16 to June 20, 2025.
- A Community Health Summit was conducted on June 24, 2025, with nineteen community stakeholders. The audience consisted of healthcare providers, employers, schools, not-for-profit organizations, clergy, and other community members.



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Participants by Those Representing the Broad Interests of the Community

Forty-two individuals from thirty-two community organizations and community members collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Murray and Whitfield Counties. The three-month process centered on gathering and analyzing data, as well as receiving input from people who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.

Participants

Organization	Population Represented	Involvement
4H-Youth Development	Youth	Summit, Focus Groups
Blood Assurance	All	Focus Groups, Summit
Blue Ridge Area Health Education	All	Focus Groups
Chatsworth Police Department	All	Focus Groups
Clergy- Various representatives	All	Summit
CLILA Coalición de Líderes Latinos	Hispanic Community	Focus Groups
Cross Plains Community Partner	Adults with disabilities	Summit
Dalton Kids Foundation	Low-income children & youth	Focus Groups
Dalton Parks and Recreation	All	Summit
Dalton-Whitfield NAACP	African American Community	Focus Groups
DEO Clinic	Low-income, medically underserved	Focus Groups, Summit
Department of Veterans Services	Veterans	Summit
Georgia Department of Education	All	Focus Groups
Greater Dalton Chamber of Commerce	All	Focus Groups, Summit
Engineered Floors	All	Summit
Hamilton Hospice	All	Summit
Hamilton Medical Center	All	Focus Groups, Summit
Highland Rivers Behavioral Health	All	Summit
Latin American Association	Hispanic Community	Focus Groups
Legal Assistance Administration	Hispanic Community	Focus Groups
Live4it Community	All	Summit
Murray County Schools	Youth	Focus Groups
Murray County Health Department	Low-income, medically underserved	Focus Groups
Northwest Georgia Career Academy	Youth	Summit
Northwest Georgia Healthcare District	Low-income, medically underserved	Summit
Northwestern Mutual	All	Summit



United Way of Northwest Georgia	All	Summit, Focus Groups
Whitfield County Health Department	Low-income, medically underserved	Focus Groups
Whitfield County Schools	Youth	Focus Groups, Summit
Whitfield Healthcare Foundation	All	Summit, Focus Groups
Women's Enrichment Center	Women, Low-income, medically underserved	Focus Groups

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through the focus groups, community survey, and the Community Health Summit. Agencies representing these population groups were intentionally invited to the focus groups and summit.

Input of Those with Expertise in Public Health

Both the Murray and Whitfield County Health Departments participated in the CHNA focus groups.

Input on the Most Recently Conducted CHNA and Adopted Implementation Plan (2022)

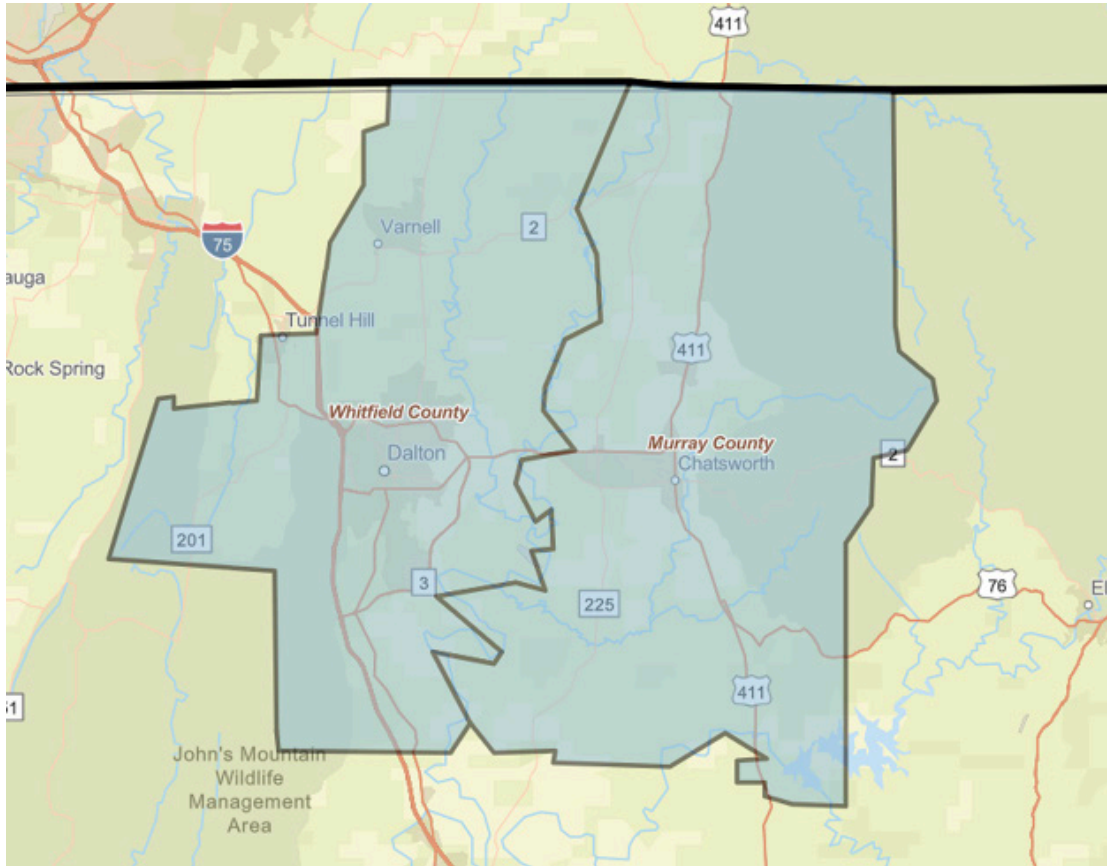
During the 2022 CHNA process, similar data was collected from surveys, focus, groups and community health summit. Input for actions and implementation strategies was gathered at that time and used to develop the 2022 Implementation Plan. The resulting 2022 CHNA Implementation Plan was reviewed and approved by the Hamilton Health Care System's Executive Committee on February 14, 2023. When developing the 2025 CHNA, the 2022 Implementation Plan actions and report were reviewed at the 2025 summit. No additional input was received from participants at the summit.

PROCESS AND METHODS USED

Community Selected for Assessment

Due to the service area of Hamilton Medical Center, Murray and Whitfield Counties are the focus of the CHNA. Used as the study area, Murray and Whitfield Counties provided 86% of January 1, 2024 through December 31, 2024 inpatient discharges. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Hamilton Medical Center draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Hamilton Medical Center's Financial Assistance Policy.

CHNA Study Area – 2025



Data and Other Information Used in the Assessment

Primary methods included:

- Focus groups with community members and stakeholders
- Community survey
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomic – population, poverty, uninsured, unemployment

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.



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DESCRIPTION OF THE COMMUNITIES SERVED



Demographics Indicators

The following tables and graphs summarize the demographics of Murray and Whitfield Counties compared to Georgia and the U.S.

	Murray Co.	Whitfield Co.	GA	USA
Population 2024	40,424	102,772	11,128,319	338,440,954
Population 2029	40,497	101,800	11,473,775	344,873,411
% Population Change 2024-2029	0.2%	-0.9%	3.1%	1.9%
Percent of Population below 18	23.3%	24.2%	22.0%	21.0%
Percent of Population 18-64	60.0%	60.5%	62.0%	60.8%
Percent of Population 65+	16.7%	15.3%	15.9%	18.1%



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Racial and Ethnic Make-up				
Non-Hispanic White	78.6%	54.4%	48.8%	56.3%
Non-Hispanic Black	0.9%	3.4%	30.9%	12.1%
Non-Hispanic Asian	0.4%	1.5%	4.9%	6.3%
Native American/Alaska Native	0.2%	0.2%	0.2%	0.7%
Pacific Islander	0.0%	0.0%	0.1%	0.2%
Two or More Races	3.6%	2.7%	3.8%	4.3%
Other Race	0.1%	0.3%	0.5%	0.5%
Hispanic Origin	16.2%	37.5%	11.2%	19.6%

Source: Esri



Socioeconomic Indicators

	Murray Co.	Whitfield Co.	GA	USA
Median ¹ Age 2024	39	37	40	39.1
Median Household Income 2024	\$62,9393	\$66,778	\$77,086	\$75,149
Percent with Incomes Below the Federal Poverty Guideline	14.4%	15.5%	13.6%	11.5%
Percent of Asset Limited, Income Constrained, Employed (ALICE) HH	33%	36%	35%	29%
Percentage speaking a language other than English	12.9%	30.4%	15.0%	21.7%
% of Income for Mortgage	19.6%	23.8%	20.7%	25.6%
Population Receiving SNAP Benefits 2022	17.9%	13.3%	13.3%	12.5%
Percent Unemployed – 2024	4.9%	4.8%	4.7%	3.5%
Percent Uninsured < age 65	18.2%	21.4%	13.3%	9.5%
Percent with a Disability <age 65	9.0%	7.8%	9.3%	8.9%
% with a bachelor's degree or higher by age 25	13.7%	19.3%	34.2%	35.0%

Source: Esri, Census Bureau, United Way

¹The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

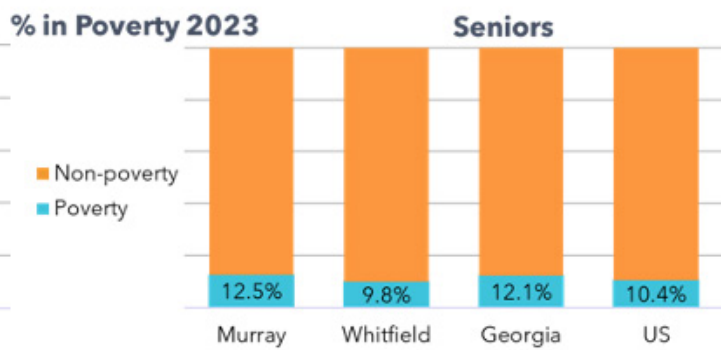
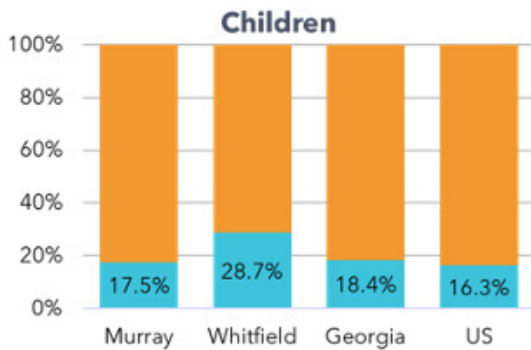
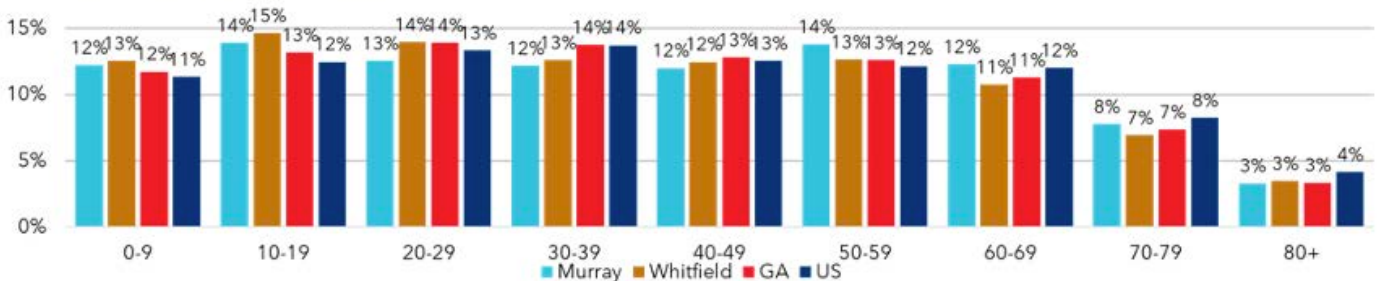
- Murray County's population in 2024 was 40,424 and Whitfield's population in 2024 was 102,772.
- The population of Murray County is projected to increase .2% from 2024 to 2029, and Whitfield County is projected to decline .9% from 2024-2029. Georgia is projected to increase 3.1%. The U.S. is projected to increase 1.9%.
- Murray County had a slightly lower median age (39 median age) than GA (40.0) and same as the U.S. (39.1). Whitfield County had a lower median age (37) than Georgia or the U.S. In Murray County the percentage of the population 65 and over was 16.7%, higher than GA but less than U.S. population 65 and over at 15.9% and 18.1% respectively. Whitfield County's population 65 and over was 15.3% and lower than Murray County's. Murray County's percentage of the population below 18 at 23.3% was higher than GA and the U.S. at 21.2% and 21.0% respectively. Whitfield County's was even higher at 24.2%.
- Murray County median household income at \$62,939 was lower than GA (\$77,086) and the U.S. (\$75,149). Whitfield County's median household income was slightly higher than Murray at \$66,778 and it also was below GA and the U.S.



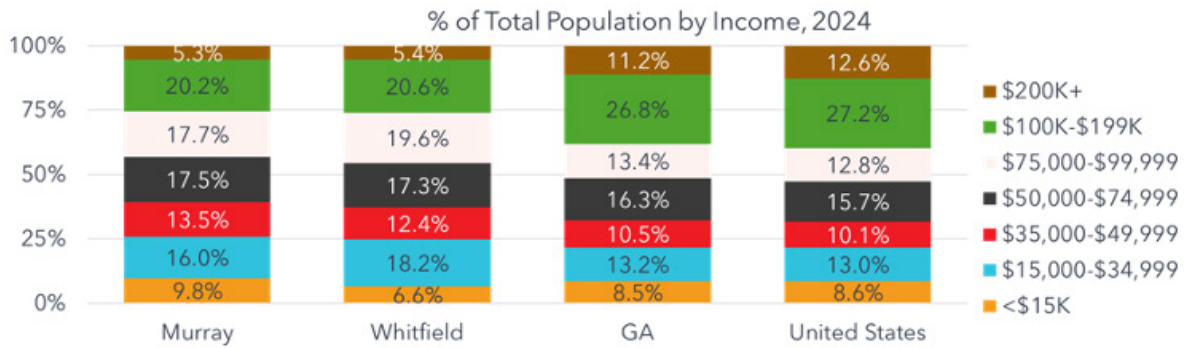
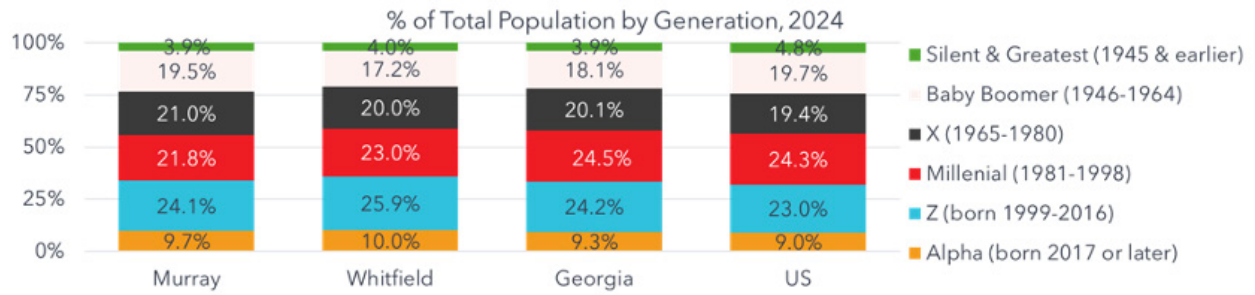
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- The rate of poverty in Murray County was 14.4% which was higher than GA (13.6%) and the U.S. (11.5%). Whitfield County's poverty percentage was even higher at 15.5%. The percent of asset limited, income constrained, and employed (ALICE) households in Murray County was 33%, which was lower than GA at 35% but higher than the U.S. at 29%. Whitfield County's percentage of ALICE households was 36% higher than all compared geographies. The household income distribution of Murray County was 25.5% higher income (over \$100,000), 48.7% middle income, and 25.8% lower income (under \$35,000).
- The household income distribution of Whitfield County was 26.0% higher income (over \$100,000), 49.2% middle income, and 24.8% lower income (under \$35,000).
- The racial and ethnic make-up of Murray County was 78.6% Non-Hispanic White, .9% Non-Hispanic Black, .4% Asian, 16.2% Hispanic origin, 3.6% more than one race, .3% other. The racial and ethnic make-up of Whitfield County was 54.4% Non-Hispanic White, 3.4% Non-Hispanic Black, 1.5% Asian, 37.5% Hispanic origin, 2.7% more than one race, .2% other.
- Murray County's 2024 unemployment was 4.9% compared to 4.7% for Georgia and 3.5% for the U.S. Whitfield County's 2024 unemployment was 4.8%.
- 17.9% of Murray County received SNAP benefits compared to 13.3% of Georgia and 12.5% for the U.S. in 2022. Whitfield County had 13.3% receiving SNAP benefits.

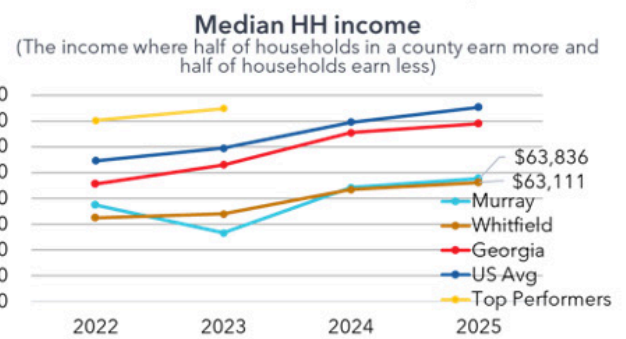
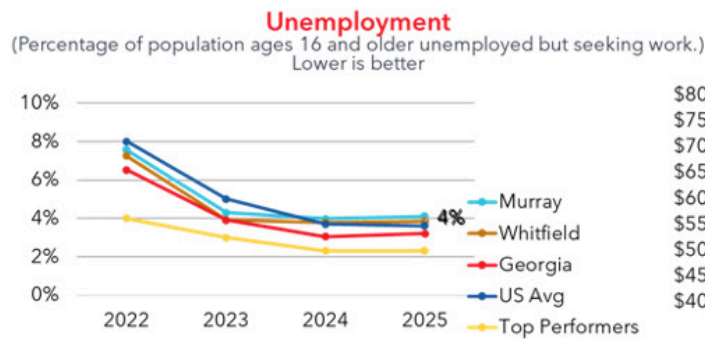
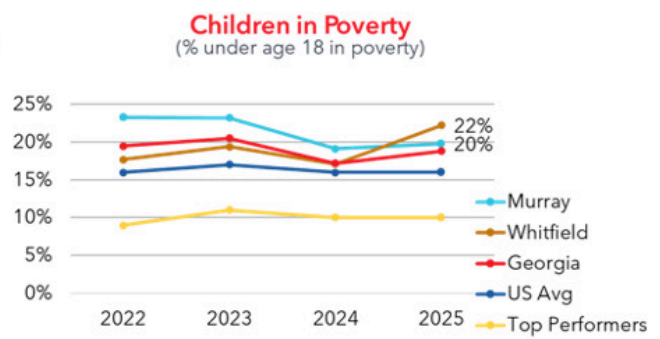
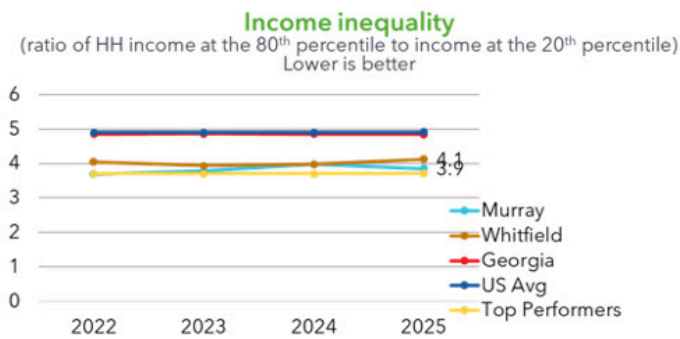
Population by Age Range 2024



Source: Esri, ACS 2023 1-year estimates



Source: Esri



Living wage

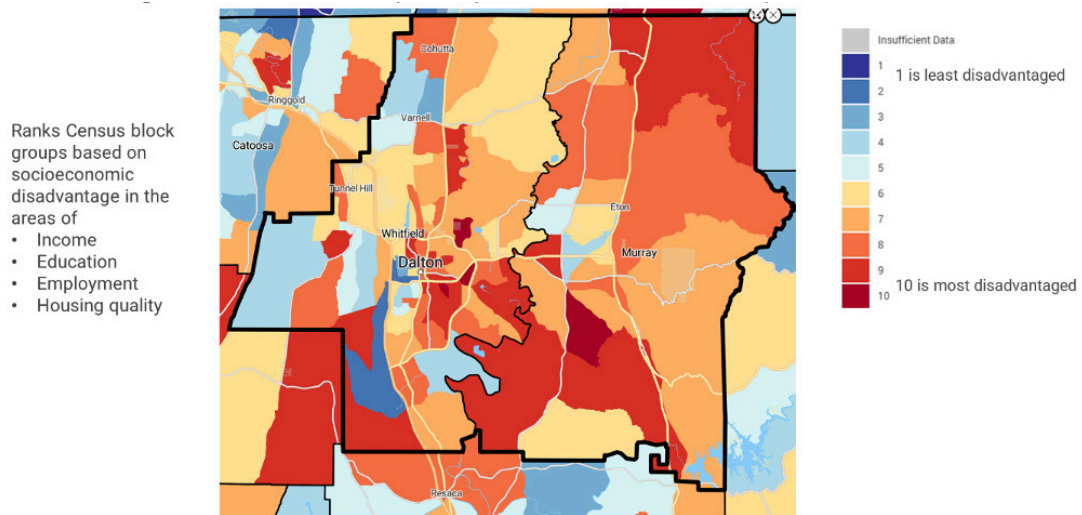
(The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of **one adult and two children**)

	\$/hr.	If full time yearly wage
Murray Co.	\$39.82	\$82,826
Whitfield Co.	\$39.98	\$83,158
Georgia	\$45.58	\$94,806

Source: Living wage – Living Wage Institute, Inc. 2025
 Source: Income inequality – American Community Survey, 2019-2023
 Source: Children in poverty and median household income - Small Area Income and Poverty Estimates; American Community Survey, five-year estimates, 2023 & 2019-2023
 Source: Unemployment – Bureau of Labor Statistics, 2023

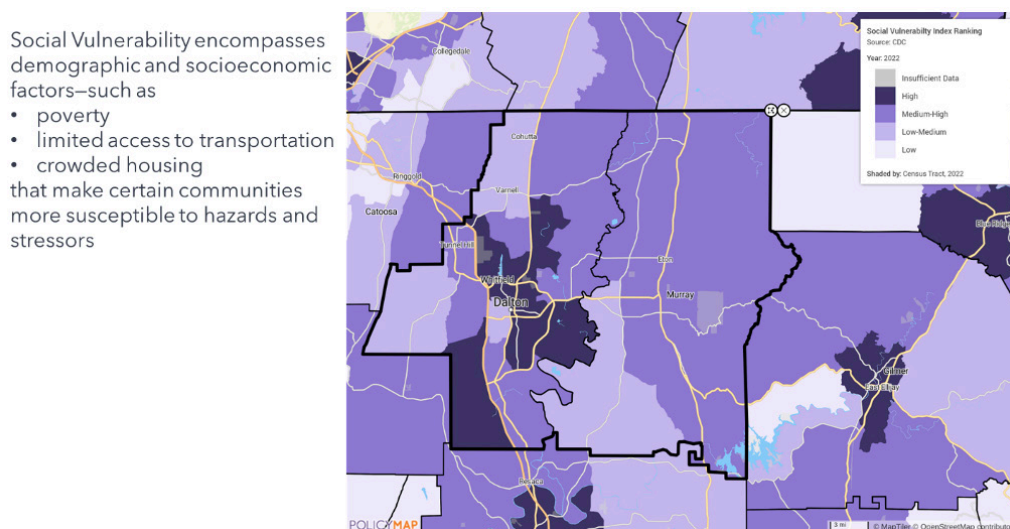
Area Deprivation Index (by block group)

The area deprivation index is based on socioeconomic disadvantage in the areas of income, education, employment and housing quality. The block groups in the red are the most disadvantaged and would be a priority location for health improvement activities.



Social Vulnerability Index (by census tract)

Social vulnerability refers to the demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities that encounter hazards and other community-level stressors. These stressors can include natural or human-caused disasters (such as tornadoes or chemical spills) or disease outbreaks (such as COVID-19). The current CDC/ATSDR Social Vulnerability Index uses 16 U.S. Census variables from the 5-year American Community Survey (ACS) to identify communities that may need support before, during, or after disasters. These variables are grouped into four themes that cover four major areas of social vulnerability and then combined into a single measure of overall social vulnerability.



What the maps above demonstrate are the differences in disadvantaged and advantaged communities and those who are socially vulnerable and those who are not socially vulnerable within the counties. Although much of the public health data included in this report is at the county level, there are definite differences inside the county. The areas in and around Dalton are more disadvantaged, more socially vulnerable, lower insured, with lower median household income than other parts of the county. It would be logical to conclude the health status of the population is lower than the other segments of the county. There is one block group that is the most disadvantaged in Murray County south of Chatsworth.



Business Profile

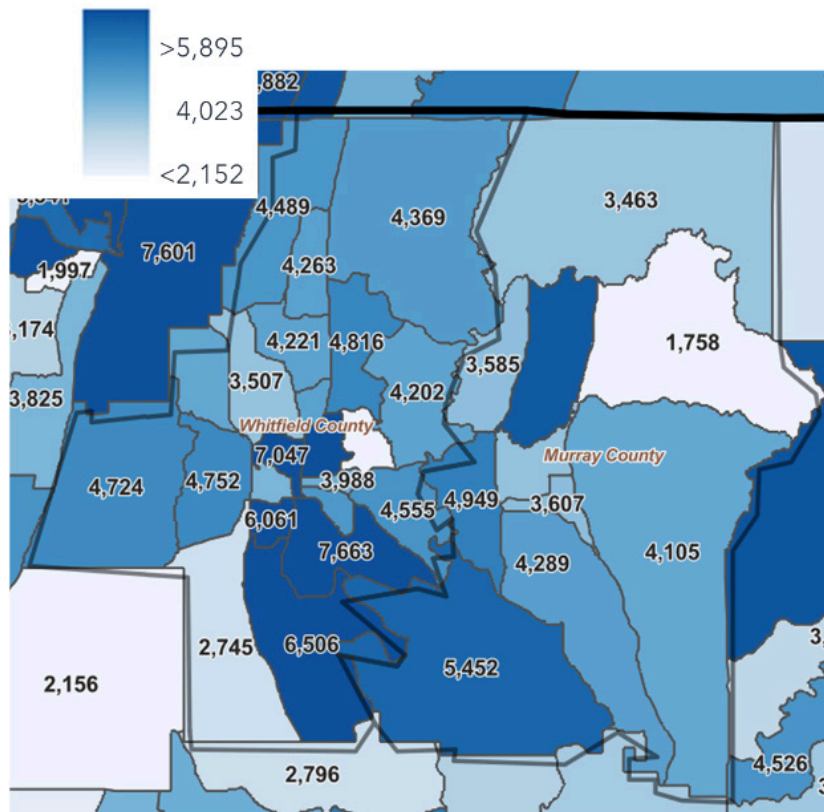
68% percent of employees in Murray and Whitfield Counties were employed in:

- Manufacturing (34%)
- Retail trade (10%)
- Health Care & Social Assistance (9%)
- Education (8%)
- Construction (7%)

Source: ACS, 2023

Retail jobs offer health insurance at a lower rate than healthcare, education, and manufacturing jobs.

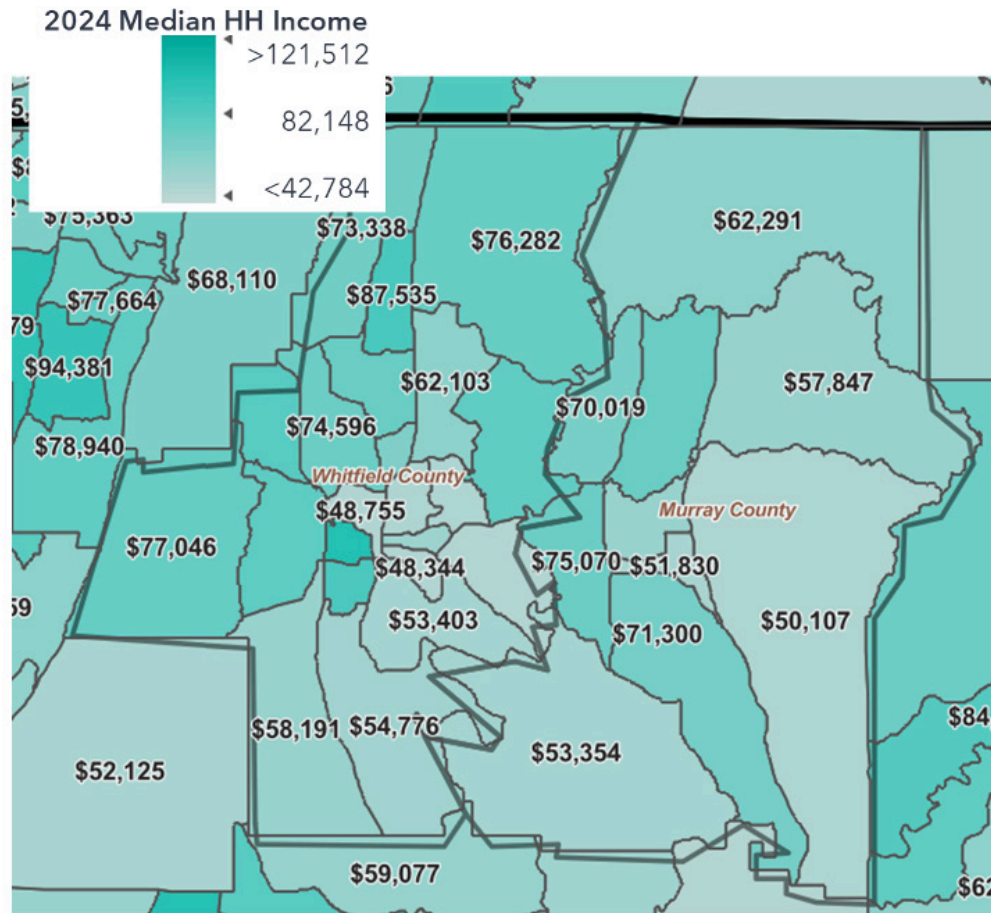
2024 Population by Census Tract



Source: Esri

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography. This can be seen by looking at the census tracts in and around Dalton in Whitfield County which are smaller in size and highly populated compared to the larger census tracts in the outlying areas with similar population numbers.

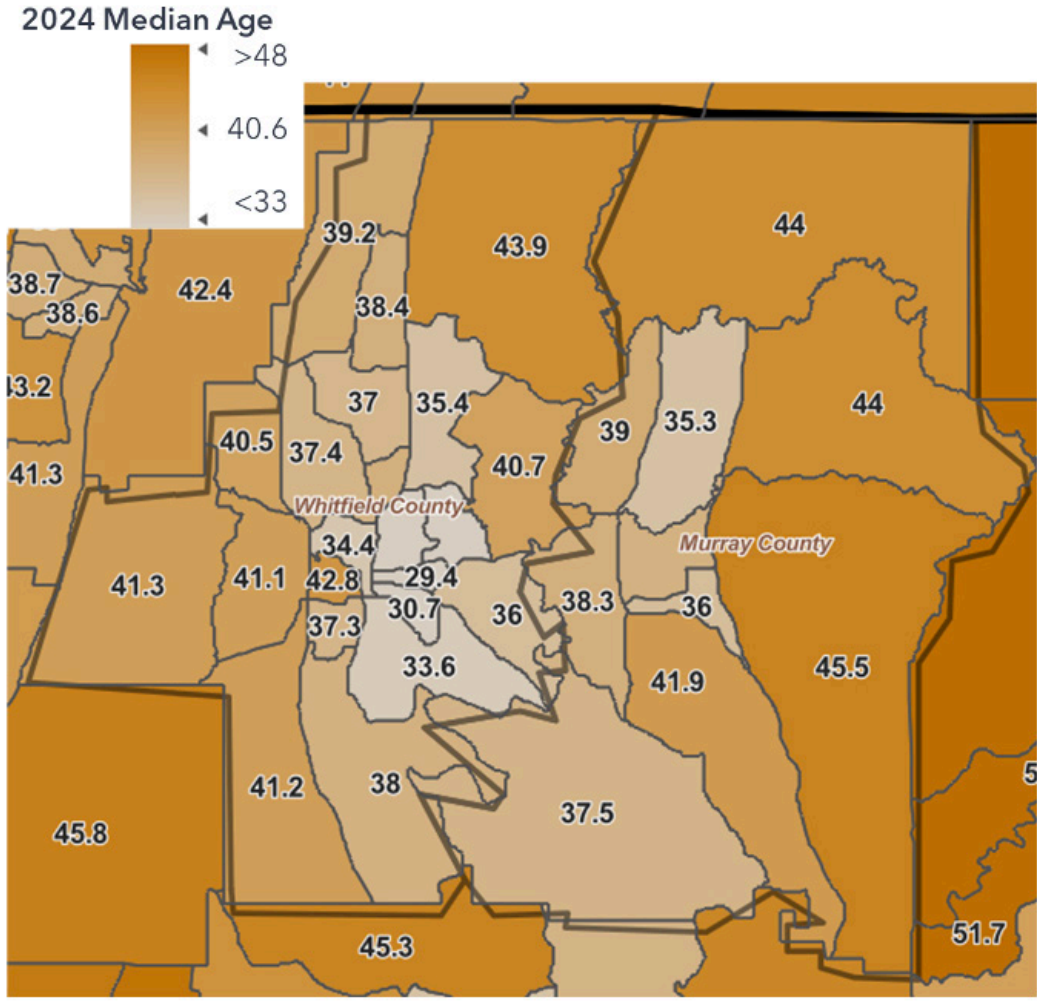
2024 Median Household Income



Source: Esri

Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same and will therefore have differing health needs. Looking at median household income by census tract gives insight into health status. The lower income areas may have compromised health status compared to the higher income tracts. The census tracts in western Murray County with higher median household incomes and may have different needs than the tracts in eastern Murray County making \$50,000 to \$58,000 median household income. The tracts in northern Whitfield County had higher incomes than the census tracts around Dalton and south.

2024 Median Age



Source: Esri

Health needs may be very different in the dark orange census tracts with higher median ages than the tracts in Dalton with median ages in the 30s.

FOCUS GROUPS SUMMARY

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on May 28, 2025, for their input into the community's health. Community participation in focus groups represented a broad range of interests and backgrounds. Below is a summary of the focus groups.

The participants defined health as physical, mental, and emotional health all working together, wellbeing and quality of life. They believe health status varies by location, socioeconomics, access and education.

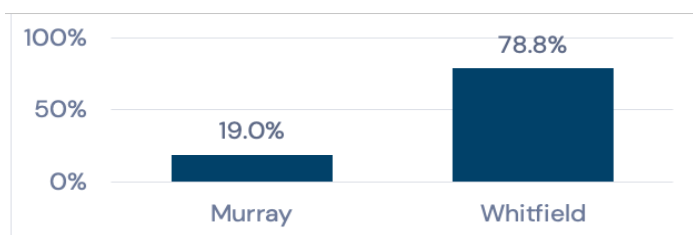
Significant health issues listed from focus groups included:

- Mental health
- Addiction
- Unhealthy eating habits - food deserts
- Lack of knowledge about local resources
- Lack of free transportation
- Not enough healthcare resources for the uninsured and Medicaid populations
- Inadequate affordable housing, including for those with disabilities
- Not enough women's health resources
- Language and cultural barriers to quality care
- Two-tiered healthcare system - one for those with resources and another for those without resources
- Diabetes
- Complex health care system - referrals, insurance approvals, standards of care

COMMUNITY SURVEY SUMMARY

Two hundred and fourteen people from both Murray and Whitfield Counties responded to the online survey. There are limitations with online surveys, particularly reaching those without an Internet connection. Surveying began on May 16 and concluded on June 20, 2025. The survey was available in both English and Spanish. Six surveys were completed in Spanish. The completed surveys yield an error rate of +/-6.6%.

A complete summary is available in Appendix 2. The survey composition followed the population proportions.



Community Survey Participant Responses

The community strengths are:

- Dental health
- Mental health and wellness including stress and anxiety
- Most would be comfortable getting mental health
- 95% of respondents do not smoke tobacco or use smokeless tobacco and 97% do not use e-cigarette or vape
- Most are satisfied with their job
- The community is a good place to raise children
- Most have reliable transportation
- Most feel safe in the community

The weaknesses or opportunities are:

- Physical activity – 35.5% do not exercise regularly.
- Amount of sleep
- The top issue keeping people from seeing a doctor, getting medications, or seeing a mental health professional is lack of money/insurance for an office visit.
- Respondents were less aware of mental health resources available and how to access mental health resources
- 38.6% know someone who experienced substance use disorder or addiction. 24% of the time treatment was not available.
- 39% of respondents spend 30% or more on their rent or mortgage
- Most believe buying fruits and vegetables is not affordable
- 25% do not believe there are opportunities for people like them to gather in the community
- 39% do not believe there are enough sidewalks, walking trails, or bike trails in the community

The most significant health needs are:

- Substance use
- Safe, affordable housing
- Access to affordable healthcare
- Access to quality mental health services for stress, anxiety, depression
- Jobs providing a living wage
- Homelessness
- Healthy weight
- Access to affordable health insurance



The most significant health needs for children are:

- Social media overuse
- Healthy diet
- Physical activity
- Responsible, involved parents
- Affordable, quality childcare
- Healthy weight
- Stress/anxiety
-

The healthcare, health education, or public health services or programs respondents would like to see in the community are:

- Healthcare resources for the uninsured or low-income
- Affordable healthcare
- Affordable insurance
- Mental health services
- Senior/elderly services
- Preventative services
- Nutrition education
- Health education for chronic conditions



HEALTH STATUS DATA AND COMPARISONS

Health Status Data

The 2025 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², analyzes community conditions such as health infrastructure, physical environment and social and economic factors and how they contribute to health outcomes or population health and well-being measured by length and quality of life. To become the healthiest community in GA and eventually the nation, Murray and Whitfield Counties must close several community condition gaps.

County Health Rankings suggested the areas to explore for improvement in Murray (M) and Whitfield (W) Counties were:

- Preventable hospital stays (M,W)
- Uninsured (M,W)
- Severe housing problems (W)
- Some college (W)
- High school completion (M,W)
- Population to primary care physicians (M)
- Population to dentists (M)
- Driving alone to work (M)
- Unemployment (M)
- Social Associations (M)

The strengths were:

- Lower severe housing problems (M)
- Lower income inequality (M, W)
- Lower childcare cost burden (M, W)
- Lower injury deaths (W)



When analyzing the health status data, county results were compared to GA, the U.S., and the top 10% of counties in the U.S. (the 90th percentile) (where available). For additional perspective, GA was ranked the 38th healthiest state out of the 50 states. (Source: 2024 America's Health Rankings; lower is better) GA challenges were:

- High percentage of low-birth-weight infants
- High percentage of adults avoiding care due to cost
- High uninsured rate

The strengths were:

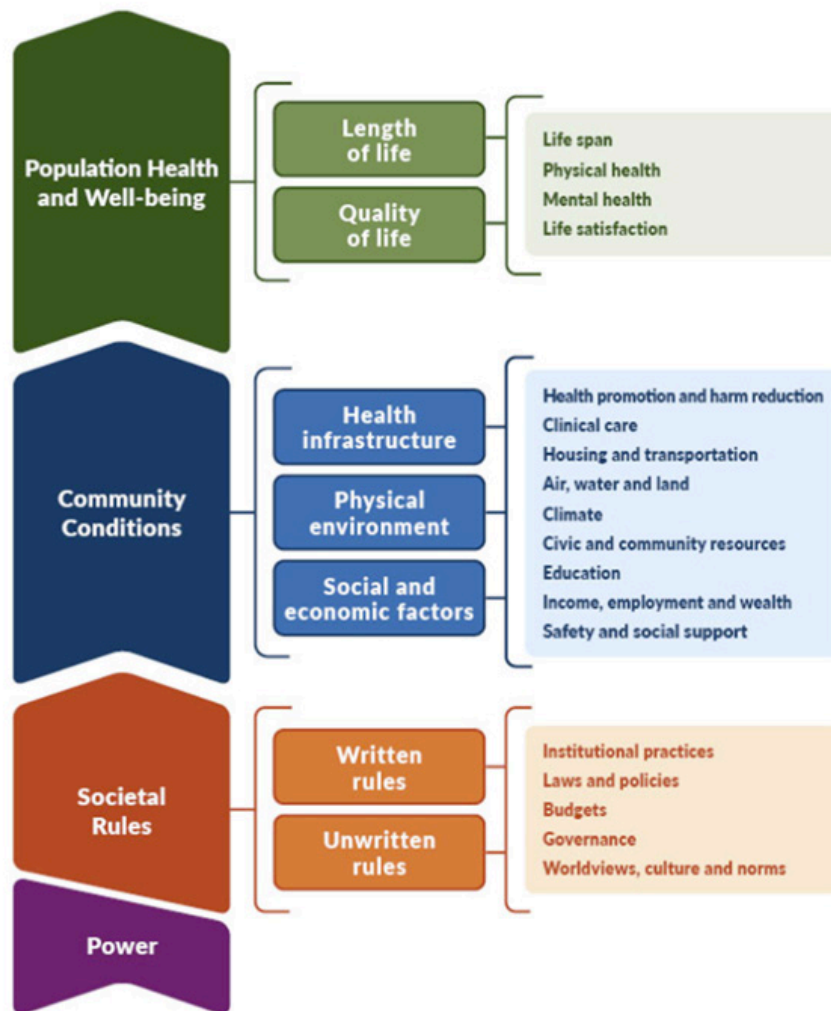
- Low prevalence of excessive drinking
- Low prevalence of multiple chronic conditions
- High percentage of population served by community water systems w/ fluoridated water.

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public

health data. Other data analyzed is referenced in the data below, such as causes of death, demographics, socioeconomic, and primary research. If a measure was better than GA, it was identified as a strength, and where an indicator was worse than GA, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them.

2. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to measure the health of Georgia's counties every year since 2003.

Although not all the health status data was derived from County Health Rankings, the data is organized using the following model focusing on community conditions such as health infrastructure, physical environment, and social and economic factors and their contribution to population health and well-being which is measured by length and quality of life.



University of Wisconsin Population Health Institute Model of Health © 2025

Comparisons of Health Status

The following tables compare Murray and Whitfield Counties to GA and the U.S. for health outcomes and community conditions. The trend column indicates whether the trend is increasing or decreasing, green indicates improvement, red indicates decline. If the trend cell is empty, there is no change over the last four years. Trended graphs are available in Appendix 3.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Health outcomes tell us how long people live on average within a community and how much physical and mental health people experience in a community while they are alive.



Indicators	Trend	Murray	Whitfield	GA	U.S.	Description
Length of Life						
Premature death		12,065	9,693	9,406	8,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted). 2020-2022
Life expectancy		72.5	75.1	75.6	77.1	Average number of years people are expected to live. 2020-2022
Infant mortality		7.7	5.4	6.9	6.0	Number of infant deaths (within 1 year) per 1,000 live births. 2016-2022
Child mortality		78.1	50.7	61.2	50.0	Number of deaths among residents under age 20 per 100,000 population. 2019-2022
Quality of Life						
Physical Health						
Poor or fair health		22%	24%	18%	17%	Percentage of adults reporting fair or poor health (age-adjusted). 2022
Poor physical health days		5.0	4.7	4.0	3.9	Average number of physically unhealthy days reported in past 30 days (age-adjusted). 2022
Frequent physical distress		15.2%	15.9%	12.7%	12%	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). 2022
Low birth weight babies		8.5%	7.4%	10.2%	8%	Percentage of live births with low birth weight (< 2,500 grams or 5lbs 8oz) 2017-2023
Diabetes prevalence		11.4%	13.2%	10.9%	10%	Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted). 2022
Adult obesity		38.0%	36.9%	37.4%	34%	Percentage of the adult population (age 18 and older) that report a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). 2022
HIV prevalence		106.1	170.5	664.1	387	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. 2022
Cancer incidence		492.3	467.9	468.9	444.4	Cases per 100,000 population per year, age adjusted. 2017-2021

Sexually transmitted infections		292	456	666	495	Number of newly diagnosed chlamydia cases per 100,000 population. 2022
Mental Health						
Poor mental health days		6.1	5.6	5.2	5.1	Average number of mentally unhealthy days reported in past 30 days (age-adjusted). 2022
Frequent mental distress		19.2%	18.8%	16.4%	16%	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). 2022
Suicide rate		17.6	15.1	14.6	14.0	Number of deaths due to suicide per 100,000 population (age-adjusted). 2018–2022



Community Conditions

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health. (County Health Rankings, 2025)

Indicators	Trend	Murray	Whitfield	GA	U.S.	Description
Health Infrastructure						
Substance Misuse						
Excessive drinking		18.4%	16.3%	16.5%	19%	Percentage of adults reporting binge or heavy drinking (age-adjusted). 2022
Adult smoking		18.4%	18.4%	12.8%	13%	Percentage of adults who are current smokers (age-adjusted). 2022
Alcohol impaired driving deaths		3.1%	5.7%	20.1%	26%	Percentage of driving deaths with alcohol involvement. 2018–2022
Drug overdose deaths		21.6	19.0	21.9	31.0	Number of drug poisoning deaths per 100,000 population. 2020–2022
Healthy Eating/Active Living						
Physical inactivity		30.6%	30.5%	23.2%	23%	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted). 2022
Access to exercise opportunities		68.1%	74.4%	74.6%	84%	Percentage of population with adequate access to locations for physical activity. 2024, 2022 & 2020
Food environment index		7.4	6.8	6.3	7.4	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). 2019 & 2022
Food insecurity		15.5%	15.3%	13.1%	14%	Percentage of population who lack adequate access to food. 2022
Limited access to healthy foods		6.6%	13.4%	10.0%	6%	Percentage of population who are low-income and do not live close to a grocery store. 2019
Insufficient sleep		36.1%	38.9%	38.8%	37%	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). 2022
Access to Care						

Primary care physicians		6,659	1,870	1,517	1,330	Ratio of population to primary care physicians. 2021
Dentists		10,118	2,242	1,856	1,360	Ratio of population to dentists.2022
Mental health providers		2,265	696	525	300	Ratio of population to mental health providers. 2024
Other primary care providers		1,466	543	698	710	Ratio of population to primary care providers other than physicians. 2024
Uninsured		18.2%	21.4%	13.6%	10%	Percentage of population under age 65 without health insurance. 2022
Uninsured children		7.8%	9.3%	6.2%	5%	Percentage of children under age 19 without health insurance. 2022
Uninsured adults		22.2%	26.4%	16.5%	11%	Percentage of adults under age 65 without health insurance. 2022
Prevention						
Mammography screening		29%	40%	42%	44%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. 2022
Flu vaccines		46%	47%	45%	48%	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination. 2022
Preventable hospital stays		3,540	3,523	3,083	2,666	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. 2022
COVID vaccines		40%	45%	61%	70%	Percentage of fully vaccinated recipients. May 2023
Teen births		32	27	19	16	Number of births per 1,000 female population ages 15-19. 2017-2023
Physical Environment						
Drinking water violations		No				Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation. 2023
Air pollution particulate matter		8.1	8.6	8.8	7.3	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). 2020
Broadband access		84%	87%	89%	90%	Percentage of households with broadband internet connection. 2019-2023
Childcare centers		3.2	8.2	10.2	7	Number of childcare centers per 1,000 population under 5 years old. 2010-2022
Long commute-driving alone		40.2%	23.6%	42.2%	37%	Among workers who commute in their car alone, the percentage that commute more than 30 minutes. 2019-2023
Access to parks		27%	29%	30%	51%	Percentage of the population living within a half mile of a park. 2024 & 2020
Library access		<1	<1	1	2	Library visits per person living within the library service area per year. 2022
Housing						



Severe housing cost burden		7.4%	8.9%	14.3%	15%	Percentage of households that spend 50% or more of their household income on housing. 2019-2023
Severe housing problems		9.4%	14.8%	15.2%	17%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 2017-2021
Home ownership		73%	68%	65%	65%	Percentage of owner-occupied housing units. 2019-2023
Social & Economic Factors						
Economic Stability						
Median HH income		\$62,939	\$66,778	\$77,086	\$75,149	The income where half of households earn more, and half of households earn less. 2024
Unemployment		4.1%	3.9%	3.2%	3.6%	Percentage of population ages 16 and older unemployed but seeking work. 2024
Poverty		14.4%	15.5%	13.6%	11.5%	Percentage of population living below the federal poverty line. 2023
ALICE HH		33%	36%	35%	29%	Percentage of households who are asset limited, income constrained, employed. 2022
Children in poverty		19.8%	22.2%	18.8%	16%	Percentage of people under age 18 in poverty. 2023 & 2019-2023
Seniors in poverty		12.5%	9.8%	12.1%	11.3%	Percentage of people 65 and over in poverty. 2023
Income inequality		3.9	4.1	4.8	4.9	Ratio of household income at the 80th percentile to income at the 20th percentile. 2019-2023 (lower is better)
Living wage		\$39.82	\$39.98	\$45.58		The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. 2024
Childcare cost burden		23%	24%	23%	28%	Childcare costs for a household with 2 children as a percent of median household income. 2023, 2024
Residential segregation – black/white		71.8	42.2	55.9	63.0	Index of dissimilarity where higher values indicate greater residential segregation between Black and White County residents. 2019-2023
Educational Attainment						
School funding adequacy		\$494	-\$935	-\$2,969	\$1,411	The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district. 2022
3 rd grade math scores		2.8	2.9	2.9	3.0	Average grade level performance for 3 rd graders on math standardized tests. 2019
3 rd grade reading level		2.7	3.0	3.0	3.1	Average grade level performance for 3 rd graders on English Language Arts standardized tests. 2019



High school completion		78%	75%	89%	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent. 2019–2023
Some college		54%	46%	66%	68%	Percentage of adults ages 25–44 with some post-secondary education. 2019–2023
Family & Social Engagement						
Children in single-parent HH		21.8%	29.6%	30.4%	25%	Percentage of children that live in a household headed by a single parent. 2019–2023
Social associations		3.2	9.6	8.8	9.1	Number of membership associations per 10,000 population. 2022
Lack of social & emotional support		29%	29%	31%	25%	Percentage of adults reporting that they sometimes, rarely, or never get the social and emotional support they need. 2022
Voter turnout		55.0%	56.7%	66.8%	67.9%	Percentage of citizen population aged 18 or older who voted in the 2020 U.S. Presidential election. 2020 & 2016–2020
Census participation		51.8%	56.5%		65.2%	Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire or telephone). 2020
Community Safety						
Homicide rate		NA	1.8	9.1	7.0	Number of deaths due to homicide per 100,000 population. 2016–2022
Firearm fatalities		12.0	12.0	18.0	13.0	Number of deaths due to firearms per 100,000 population. 2018–2022
Motor vehicle crash deaths		19.3	14.8	15.6	12.0	Number of motor vehicle crash deaths per 100,000 population. 2016–2022
Injury deaths		77.8	69.6	76.8	84.0	Number of deaths due to injury per 100,000 population. 2018–2022

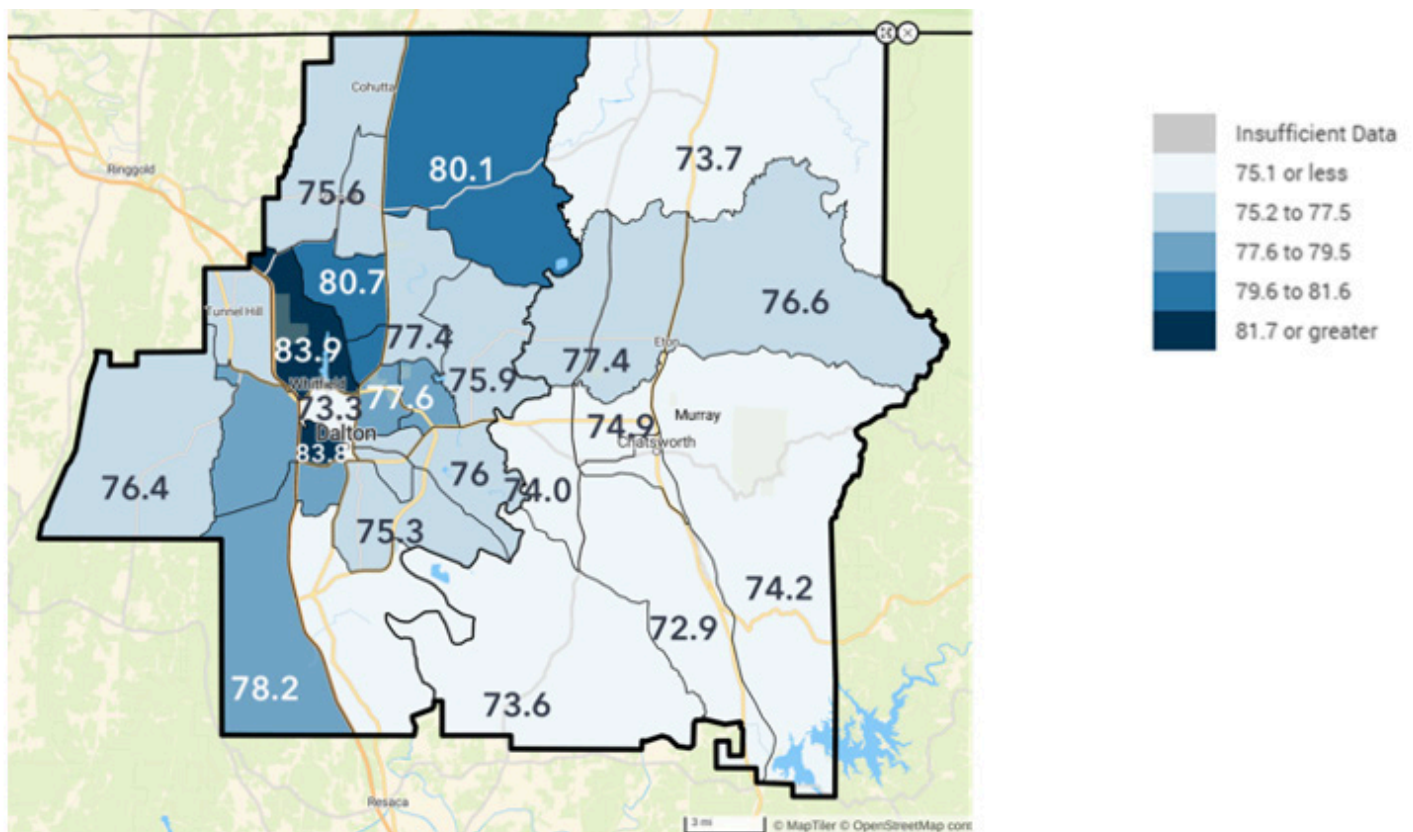


Mapping Analyses

The following maps show the significant differences in populations by census tract within the county. Much of the demographic and health status data is available by county and it is beneficial to see differences by geographic location to enact local solutions.

Life expectancy was different in several census tracts within the county. The darker the color the longer life expectancy. The census tract north of Dalton and one just to the southwest had a longer life expectancy (83.9 and 83.8) than the census tracts in most of Murray County in the low to mid 70s. Where you live may affect your chances of living a long, healthy life. Different neighborhoods may have different access to stable housing, quality schools, good jobs, and affordable healthcare. Medical history is important, but much of health begins at home. (Robert Wood Johnson Foundation)

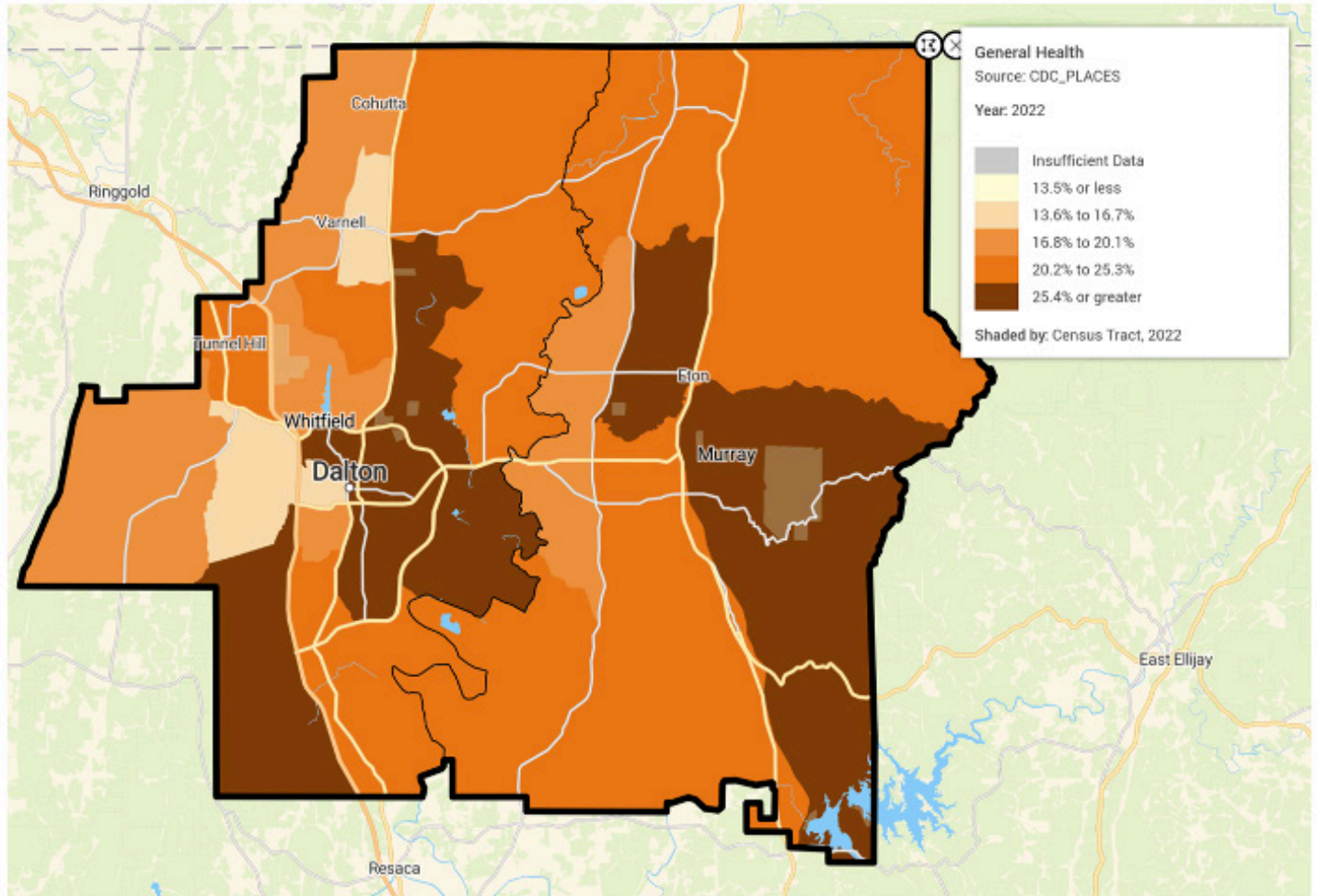
Life Expectancy at Birth



Source: CDC, Census Bureau, 2010-2015

Percentage in Fair or Poor Health (by census tract)

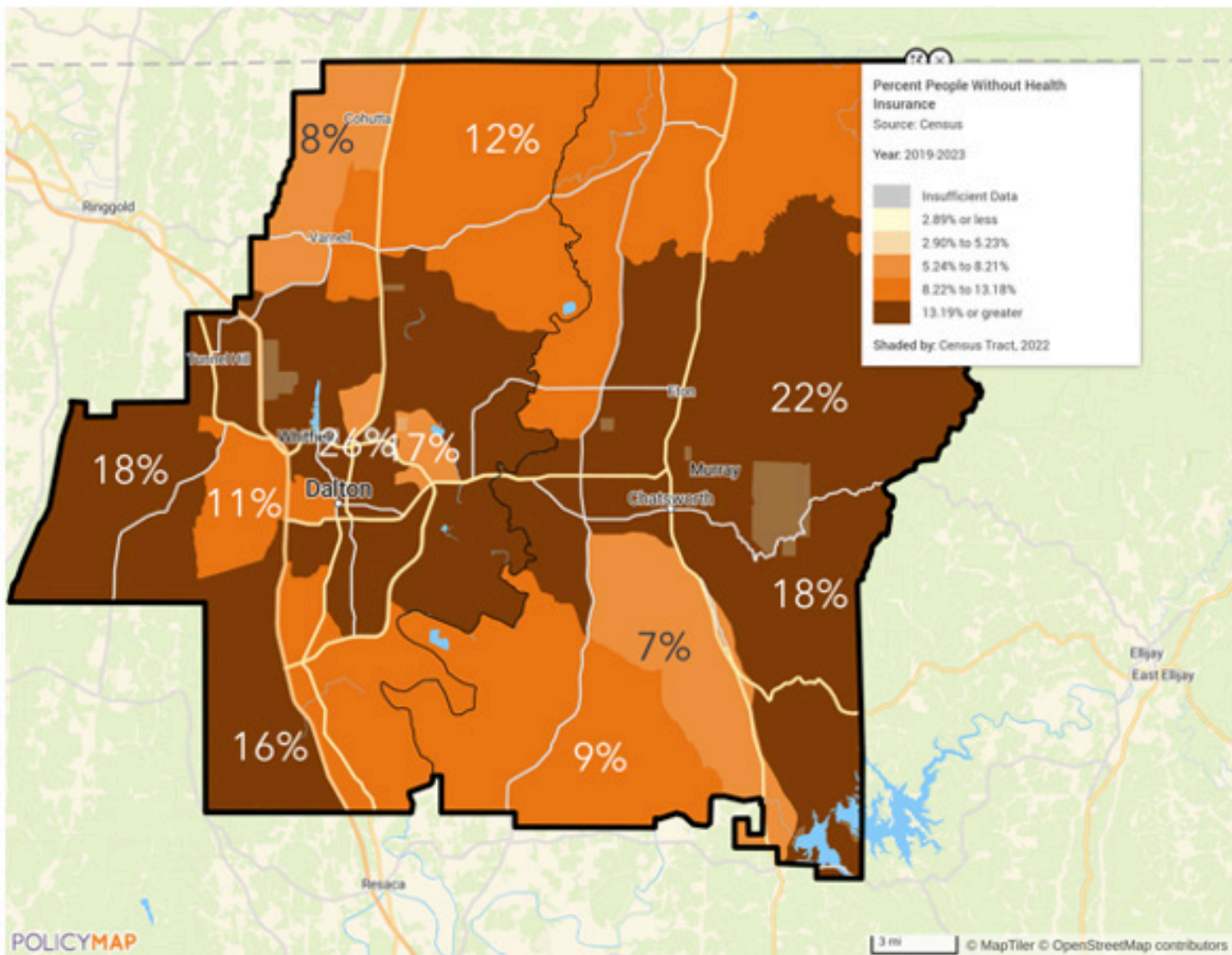
The darker the color the larger the percentage of adults self-reporting poor or fair health. Census tracts in and to the east of Dalton had the lower health status. There was also a tract in the southwest corner with lower health status. There were tracts around Eton and in the southeast corner of Murray County that had lower health status.



Source: CDC, Places, 2022

Percentage Uninsured Health (by census tract)

The darker the color the larger the percentage of uninsured adults. Notice the higher uninsured percentages north and east of Dalton, up to 26% uninsured. There were two tracts with 18% and 22% uninsured in Murray County. The lack of insurance deters access to healthcare.



Summary of Primary and Secondary Data – Most Significant Health Needs

The chart below summarizes all the primary and secondary data. In the secondary data, M refers to Murray County and W refers to Whitfield County. These needs were used to create the list the health summit participants used to prioritize the most significant health needs.

Surveys

- Substance misuse
- Safe, affordable housing
- Access to affordable healthcare
- Access to quality mental health services
- Jobs providing a living wage
- Unhoused population
- Healthy weight
- Access to affordable health insurance
- Social media overuse
- Healthy eating/active living

Secondary Data

- Preventable hospital stays (M,W)
- Uninsured (M,W)
- Severe housing problems (W)
- Some college (W)
- High school completion (M,W)
- Population to primary care physicians (M)
- Population to dentists (M)
- Driving alone to work (M)
- Unemployment (M)
- Social associations (M)

Focus Groups

- Mental health
- Addiction
- Unhealthy eating – food deserts, lack of fruits and vegetables
- Lack of knowledge about resources
- Lack of free transportation
- Not enough healthcare resources for the uninsured & Medicaid populations
- Inadequate, affordable housing

2022 Health Needs

- Mental health
- Access to care
- Healthy eating/active living
- Socioeconomics/Social Determinants of Health (SDoH)
- Substance use
- Chronic disease management
- Education



RESULTS OF THE CHNA - PRIORITIZED HEALTH NEEDS

Prioritization Criteria

At the Community Health Needs Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially?
Seriousness of the Consequences	What would happen if the issue were not made a priority?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it?

Most Significant Community Health Needs – Prioritized

Based on the secondary data, community surveys, and community focus groups using the criteria above, community stakeholders participated in a Community Health Summit as part of the CHNA process and selected the following significant health needs in the counties. They voted using Mentimeter, a phone app for voting, selecting three priorities. The issues with the most votes are listed below.

1. Access to affordable healthcare
2. Access to quality mental healthcare
3. Healthy eating, active living & healthy weight
4. Complexity of navigating healthcare
5. Financial Literacy
6. Transportation

Community Health Summit Brainstorming

Once the stakeholders prioritized the most significant health issues, the five table groups discussed what might be done to improve the top health issues. The feedback from that brainstorming session will be instrumental in developing the CHNA Implementation Plan to address the health needs identified.



IMPACT OF 2022 CHNA AND IMPLEMENTATION PLAN

Health Need: Chronic Disease Management

Cardiology

- Expanded services with new Electrophysiology (EP) accreditation, Chest Pain Center accreditation, and PCI distinction.
- Introduced advanced EBCT scanner for early detection of coronary artery disease.
- Implemented advanced 3D heart mapping technology (CARTO 3 System) to precisely diagnose and treat complex heart rhythm disorders, improving outcomes for patients with arrhythmias.
- Expanded interventional cardiology services to offer less invasive alternatives to traditional open-heart surgery, including advanced catheter-based procedures performed by our specialized interventional cardiologists.
- Provided free cardiovascular screenings- 300 heart health assessments and 60 cardiac CT screenings.
- Hamilton Medical Center named one of the nation's top-performing hospitals for heart attack care (Gold Performance Achievement Award).

Cancer Care

- Peeples Cancer Institute awarded multiple national recognitions, including Top 10% in nation for cancer care and #1 in market for patient safety.
- Peeples Cancer Institute became the only American College of Radiation Accredited Oncology Radiation Facility within 50 miles of Chattanooga.
- Ongoing cancer screenings (breast, lung, colon) and survivorship programs, including cosmetology and massage therapy services.
- Supportive Care Services: Boggs Boutique specializing in haircuts, wigs, and makeup; Howalt Arts and Wellness Program, Massage Therapy, Stay Strong - Rehab Program, continued Paxman scalp cooling treatments to reduce hair loss.
- Partnership with Winship Cancer Institute of Emory University for National Phase 3 clinical trials.
- Pluvicto treatment, Theranostics program – using precision medicine-focused technology to more precisely target the tumor. The next closest facilities are Atlanta and Knoxville.
- Breast program - Added a fellowship-trained breast imaging specialist and Dr. Manahan is currently serving as president-elect and will serve as president during 2026-2027 term for the American Society of Breast Surgeons.
- Smoking Cessation programs offered quarterly in partnership with the American Lung Association.



Disease Management

- Expanded diabetes-related screenings and education at community events and physician practices.
- Expanded diabetes treatment services into Murray County at Hamilton Health - Murray Specialty.
- Launched a quarterly Diabetes Education Newsletter to provide ongoing education, resources, and support for patients and families managing diabetes across our community.

Expanded Additional Specialty Care Services

- Expanded specialty services with the recruitment of a new rheumatologist and three pulmonologists, improving access to expert care for patients with chronic diseases such as rheumatoid arthritis, autoimmune conditions, asthma, COPD, and other pulmonary disorders.
- Expanded interventional pain management services into Murray County, providing patients with greater local access to advanced pain therapies and minimally invasive treatment options while reducing the use of opiate pain medications for pain.

Health Need: Access to Care

- Recruited and employed 55 new physicians and 20 advanced practice providers to expand access to services and reduce wait times.
- Expanded telehealth access across physician practices.
- Residency programs in Internal Medicine and Family Medicine continue in Dalton and Chatsworth.
- Continue to recruit bilingual (English/Spanish) providers and staff to provide expanded services to the Hispanic/Latino community.
- Expanded support for victims of sexual assault through the establishment of a SANE (Sexual Assault Nurse Examiner) nursing program and forensic unit; also hosted a regional Human Trafficking Conference to raise awareness and educate healthcare providers, law enforcement, social services, and community members on recognizing, responding to, and preventing human trafficking.
- Anna Shaw Children's Institute served more than 1,200 children annually and became Georgia's first Language Acquisition Through Motor Learning (LAMP) Center of Excellence.
- Implemented the EPIC electronic medical record (EMR) system across the health system to enhance care coordination, improve patient access to information, and streamline clinical workflows.
- Continued collaboration with DEO Clinic and Health Department for underserved populations.
- Continued physician and subspecialty recruitment and retention to support community growth.



Health Need: Substance Use

- Community partnerships with Highland Rivers and other local substance use organizations continued.
- Smoking Cessation programs through Peeples Cancer Institute (quarterly).
- Northwest Georgia Regional Cancer Coalition provided education on smoking to 1,800 elementary students and 250 students at each middle school and high school in Whitfield County. Additionally, education provided to 1500 elementary students at Dalton Public Schools. They will be launching a new tobacco/vaping initiative in collaboration with Georgia Family Alliance.
- See Mental Health section for crossover of services.

Health Need: Socioeconomics/Social Determinants of Health

- Hosted annual For Her women's event and Men's Health Challenge event with free screenings and education.
- Provided housing for low-income and disabled seniors (Whitfield Place and Whitfield Commons).
- In partnership with a developer, the Lofts at Hamilton was completed and is a development of multi-family housing for the community.
- Expanded workforce development: CNA training program, Nurse Extern training program, EMS training partnerships, and healthcare career pipeline activities in local schools.
- Stop the Bleed and Hands-Only CPR programs offered free to the community.
- Sustained partnerships with Live4It and Physician Health Services to promote wellness.
- Provided ongoing community sponsorships and partnered with local organizations—including area Chambers of Commerce, United Way, and numerous nonprofit agencies—to collaboratively address key health and social needs across the region.
- Increased online education through podcasts, radio shows, and videos in both English and Spanish.
- Participated in more than 150 annual community events reaching over 11,000 participants annually on topics such as nutrition, cardiovascular disease, diabetes, mental health, and cancer, and provided simple screenings.
- Continued robust school-based sports medicine and physicals program—providing athletic trainers and outreach for all local high schools and Dalton State College.
- Provided over 800 annual free sports physicals.
- Contributed resources and provided financial sponsorships to local school systems to support health education, nutrition programs, physical activity initiatives, and wellness-focused school events.



Health Need: Education

- Partnered with the Dalton Chamber's Project Purpose to provide employment opportunities and mentorship for recent high school graduates, helping them explore healthcare careers and build workplace readiness.
- Supported K-12 and technical school education through active participation on healthcare advisory boards, hosting school tours, speaking in classrooms, attending career fairs, and collaborating with Junior Achievement on 3DE case challenges to inspire the next generation of healthcare professionals.
- Hosted annual Back-to-School events across the region, providing families with free school supplies, health education (English and Spanish), and mental health resources to support a strong, healthy start to the academic year.



Hamilton Medical Center
Vitruvian Health

Appendices

1. Focus Group Summary
2. Community Survey Results
3. Health Status Trended Data
4. Community Asset Inventory



1. FOCUS GROUP RESULTS

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on May 28, 2025, for their input into the community's health. Below is a summary of the focus groups.

1. How would you describe the community's health?

- Overall poor health
- Struggling economically
- The only place for some to shop are dollar stores and the only places to eat are fast food
- It varies, segmented by location, socioeconomics, access, and education

2. What are the biggest health needs, concerns or issues for the community?

- Mental health
- Substance use disorder
- Healthy Eating
- Lack of awareness of resources
- Transportation
- Access and affordability of care - access for uninsured or Medicaid, women's health beyond prenatal, mental health, evening hours for primary care and specialty care
- Health education on prevention
- Housing, including affordable housing to accommodate disabilities
- Language and cultural barriers

3. What are the most important health issues facing various populations?

a. Low-income populations, medically underserved?

- Access to healthcare
- Cost of medications
- Complexity of Medicaid application process
- Food insecurity
- Daycare costs

b. Minority populations:

- Diabetes- undiagnosed
- Language and cultural barriers
- Current political deportation environment

c. Youth:

- Mental Health
- Obesity
- Diabetes
- STDs and teen pregnancy
- Technology and social media



- Apathy
- Social media
- Basic care – dental, vision
- Addiction
- Nutrition
- Poor generational habits

d. Seniors:

- Nutrition and access to healthy food
- Transportation
- Senior housing and care facilities
- Cost of living, care and medication
- Prescription drug costs
- Caregiver shortage
- Theft - virtual scams

4. a. When people in your community think about chronic diseases or cancer, what kinds of concerns or support needs come up?

- Water quality
- Misinformation surrounding vaccines, such as HPV
- Mental health
- Health education- prevention
- Health education- treatment options

b. Who do they turn to for help or information

- Internet and social media
- Family

5. a. What are the barriers and motivators for cancer screening in this community?

Barriers

- Apathetic attitude
- Transportation
- Insurance coverage
- Fear after hearing about someone else's bad experience
- Lack of time for screenings during work hours
- Primary care referral needed

Motivator

- Relatives who have had cancer
- Personal experience with cancer

b. What kinds of programs or partnerships would be most effective in promoting prevention and screening?

- Provide information and screenings at local festivals and events
- Trustworthy local people share personal stories of successful healthcare experiences
- Encourage couples' appointments for accountability
- Employers provide incentives and support health needs
- Healthcare providers offer incentives for screenings



6. What environmental factors have the biggest impact on community health?
 - Access to outdoor activities
 - Clean air
 - Water quality

7. What do you think the barriers will be to improve health in the communities?
 - Care for those previously served by the Med Access Clinic which closed
 - Access to care outside of working hours
 - Providers to attend screenings
 - Transportation
 - Health/resource education
 - State of the economy

8. What community assets support health and wellbeing?
 - Deo Clinic
 - MedBank
 - Goodpill.org
 - CLILA
 - Some large employers
 - Georgia Breast and Cervical Cancer Program (BCCP)
 - Health Departments
 - Hamilton
 - Parks and recreation

9. If you had a magic wand, what improvement activities should be a priority for the counties to improve health?
 - Close the methadone clinic
 - Eliminate opioids
 - Access to healthy food and food preparation education
 - Culinary arts required in schools
 - Reach people with health education and free screenings
 - Shift mindset to “it’s ok to not be ok”; you can be strong and not be ok.
 - Normalize having a physician, a dentist, and a therapist
 - Mental health first aid training for all community workers
 - All prescriptions free
 - Adequate and affordable housing for all
 - Free transportation
 - Affordable healthy fast food
 - Self-care education
 - Free lunch for all students, in every grade
 - More health navigators and face to face case management
 - Support local health professions pathways
 - A nurse in every school, state funded



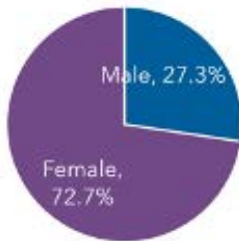
- Higher wages
- Free healthcare
- Faster, more accessible government services
- Bilingual and minority health professionals
- More affordable healthy food in grocery stores
- A comprehensive resource guide with a description of the services provided
- Simplify healthcare related to access and insurance
- Insurance education
- Dental and vision providers who accept Medicaid
- Pediatric specialists
- More specialists in general, especially Neurology
- Patient stories in Spanish
- Extended hours for medical appointments beyond urgent care



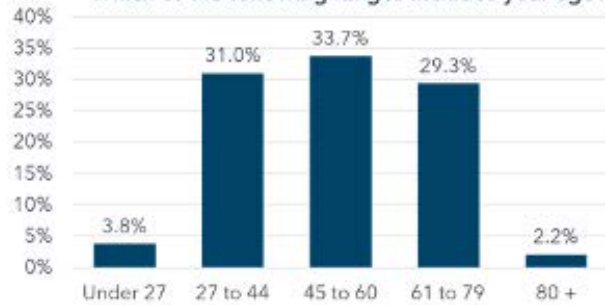
2. COMMUNITY SURVEY RESULTS

Survey Demographics

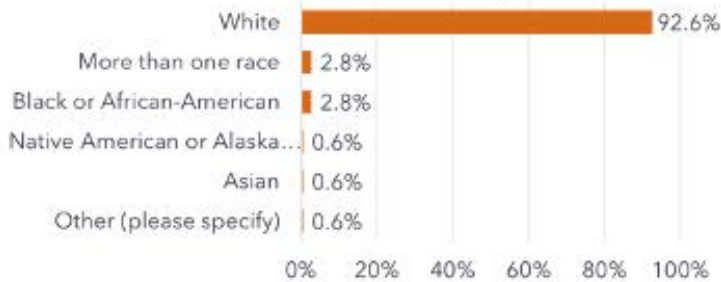
What is your gender?



Which of the following ranges includes your age?



How would you best describe yourself?

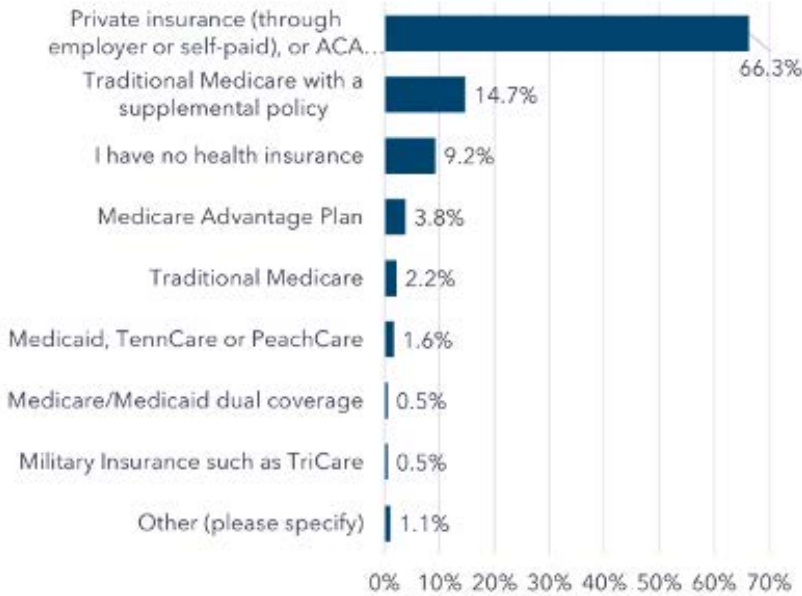


Are you of Hispanic/Latino/Spanish origin?

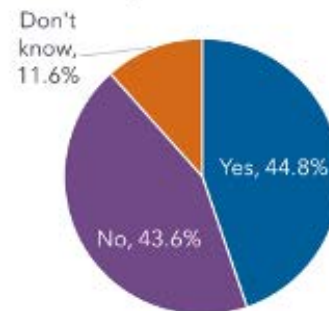


Source: StrategyHealth 2025.

Which of the following best describes your health insurance situation?



Do you have a high-deductible health plan?

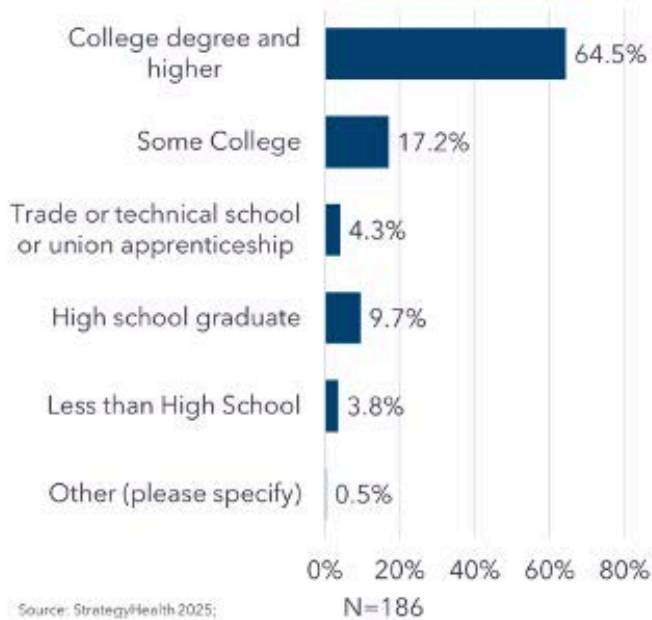


Source: StrategyHealth 2025.

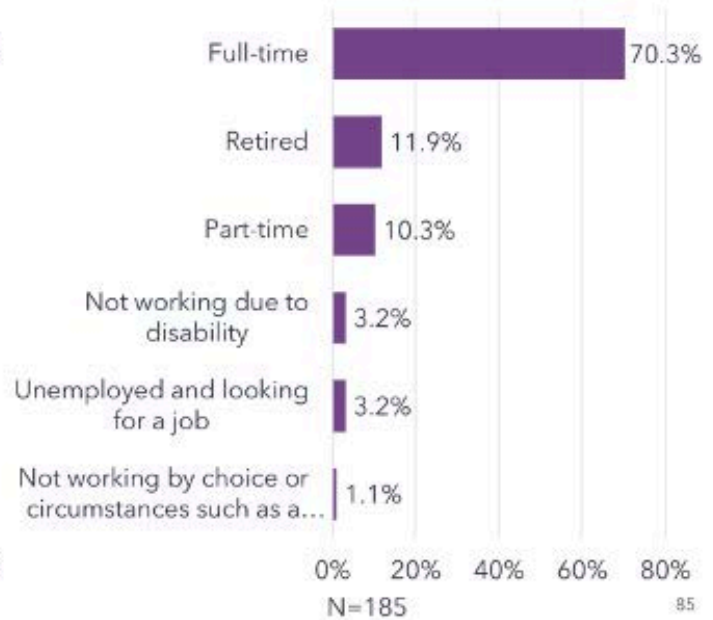


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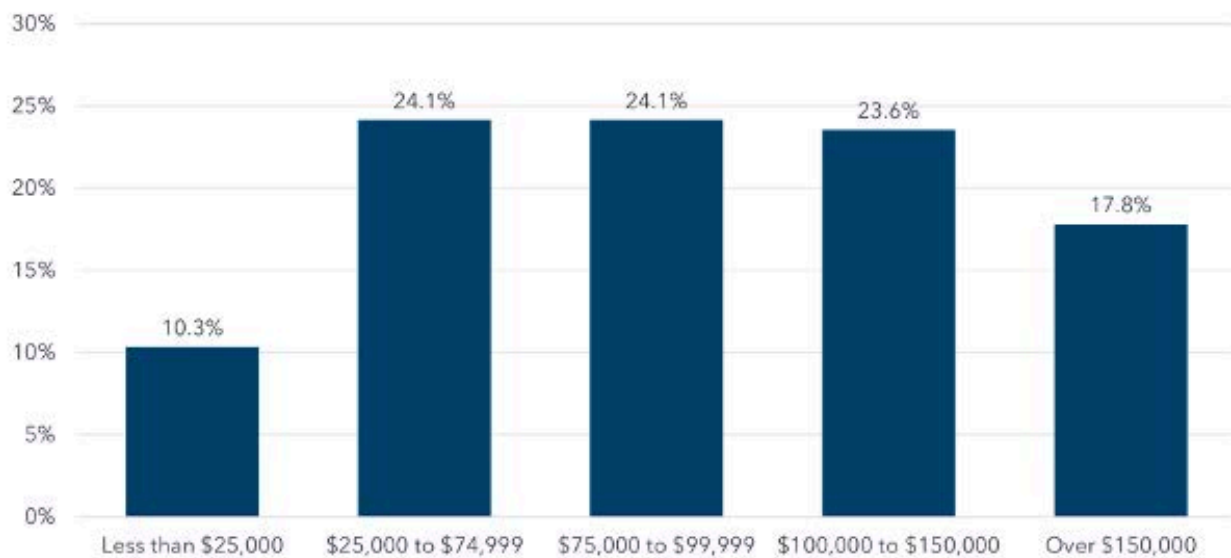
Q.43: What formal education have you completed?



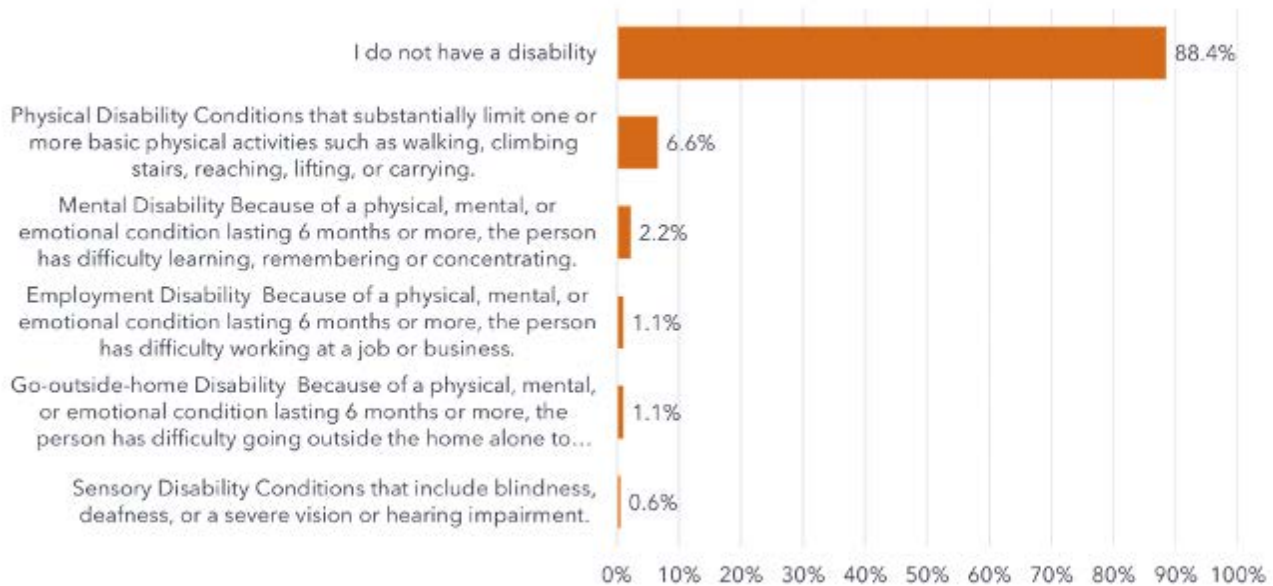
Q.44: What is your current employment status?



Q45. Which of the following includes your annual household income?



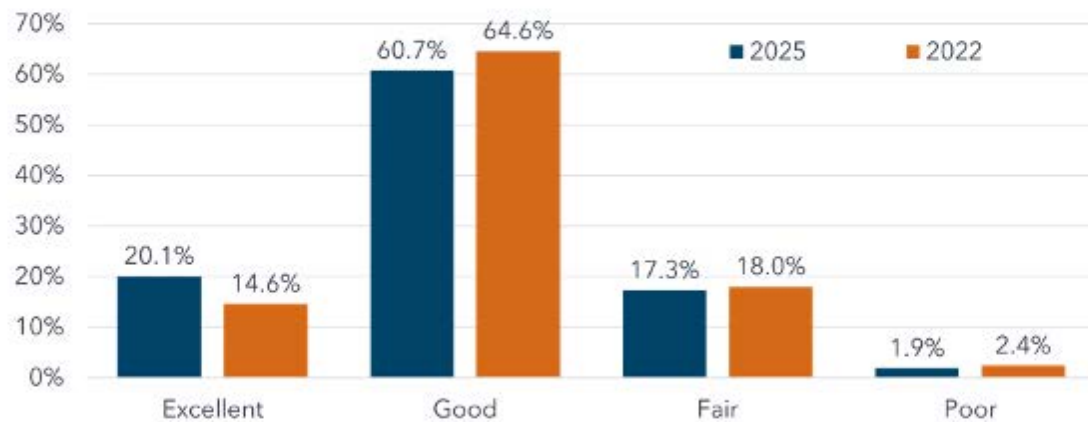
Q.48:What is your disability status?



Source: StrategyHealth 2025;

Q2. Generally, how would you describe your health? Would you say it is...

19% are in fair or poor health.



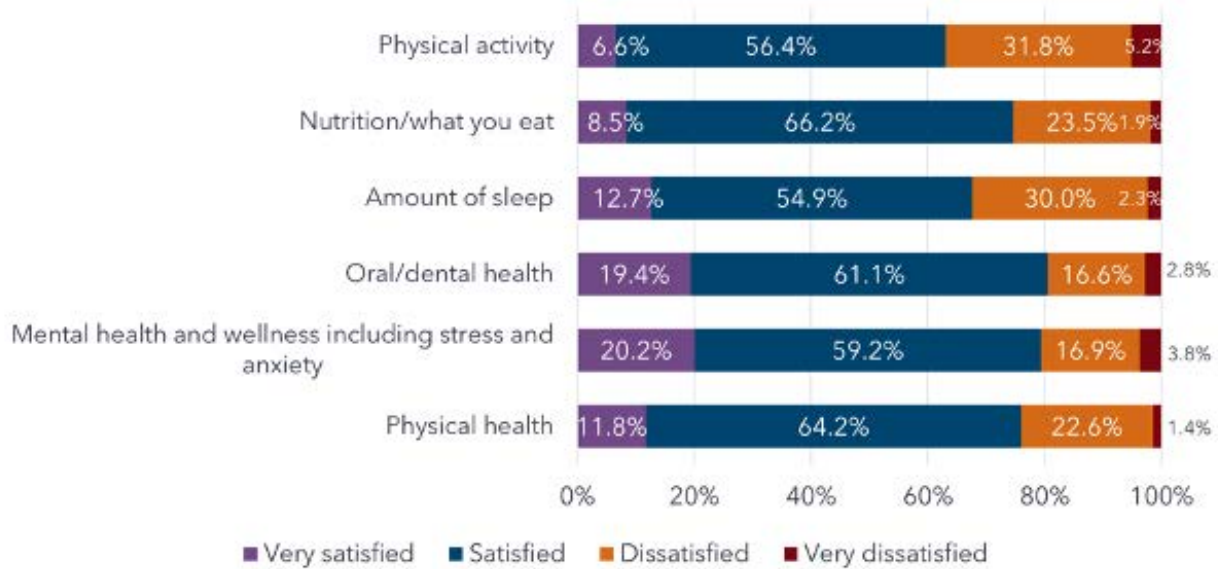
N=214

Source: StrategyHealth 2025;



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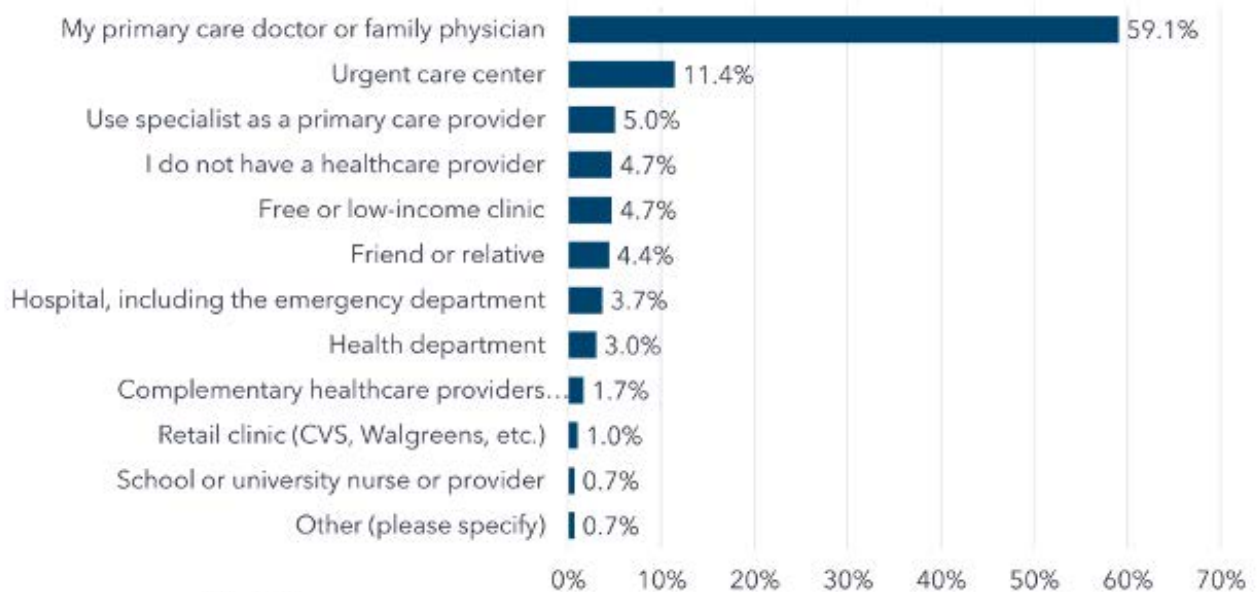
Q3. Generally, how satisfied are you with your...



N=213

Source: StrategyHealth 2025.

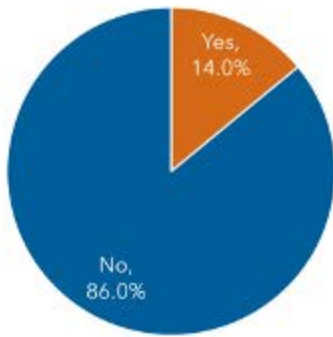
Q4. If you have one person or group you turn to for basic healthcare needs, where do you go most often? (May select multiple answers)



N=298

Source: StrategyHealth 2025.

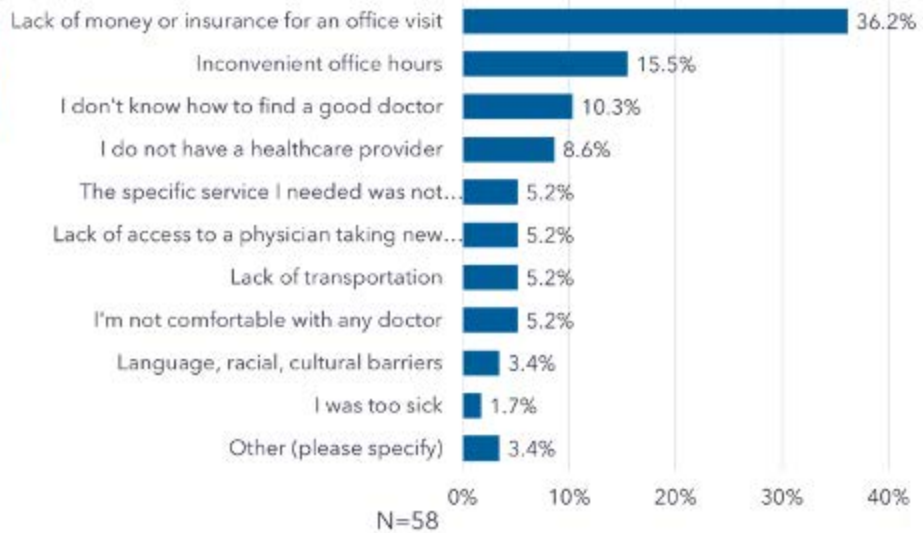
Q5. Was there a time in the past 12 months you needed to see a doctor for your physical health or an injury but could not?



N=214, 184 no, 30 yes

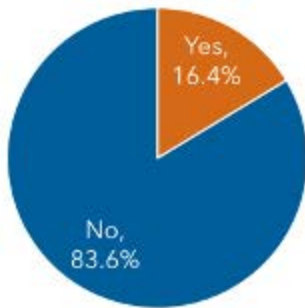
Source: StrategyHealth 2025.

Q6. If your answer was yes, what are some of the reasons why you could not see a doctor? (select all that apply)



N=58

Q7. Was there a time in the past 12 months you needed medications but could not obtain them?

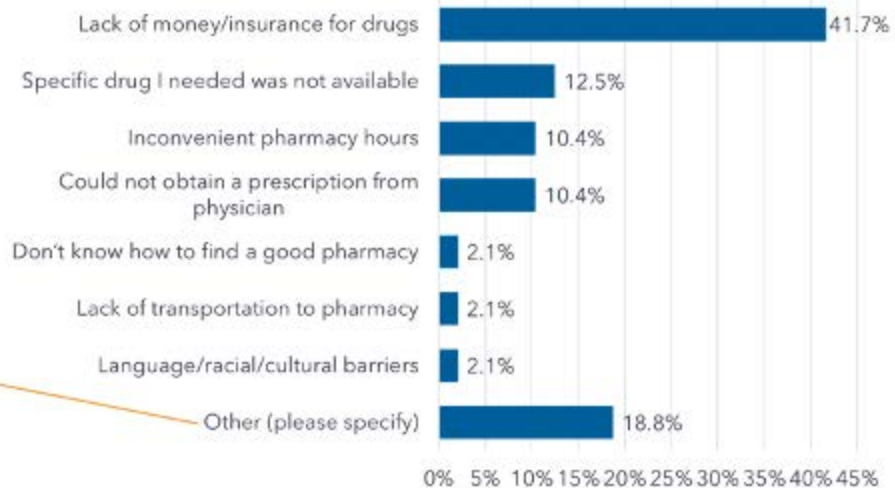


All 9 "other" were a form of "insurance would not cover the drug"

N=214, 179 no, 35 yes

Source: StrategyHealth 2025.

Q8. If your answer was yes, what are some of the reasons why you could not get medications? (select all that apply)

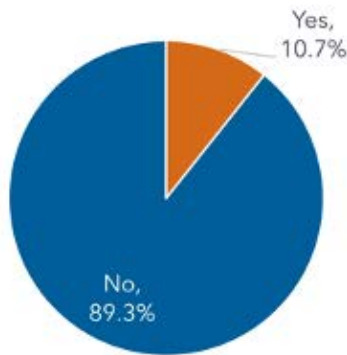


N=47



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Q9. Was there a time in the past 12 months you needed to see a mental health professional but could not?



N=215, 192 no, 23 yes

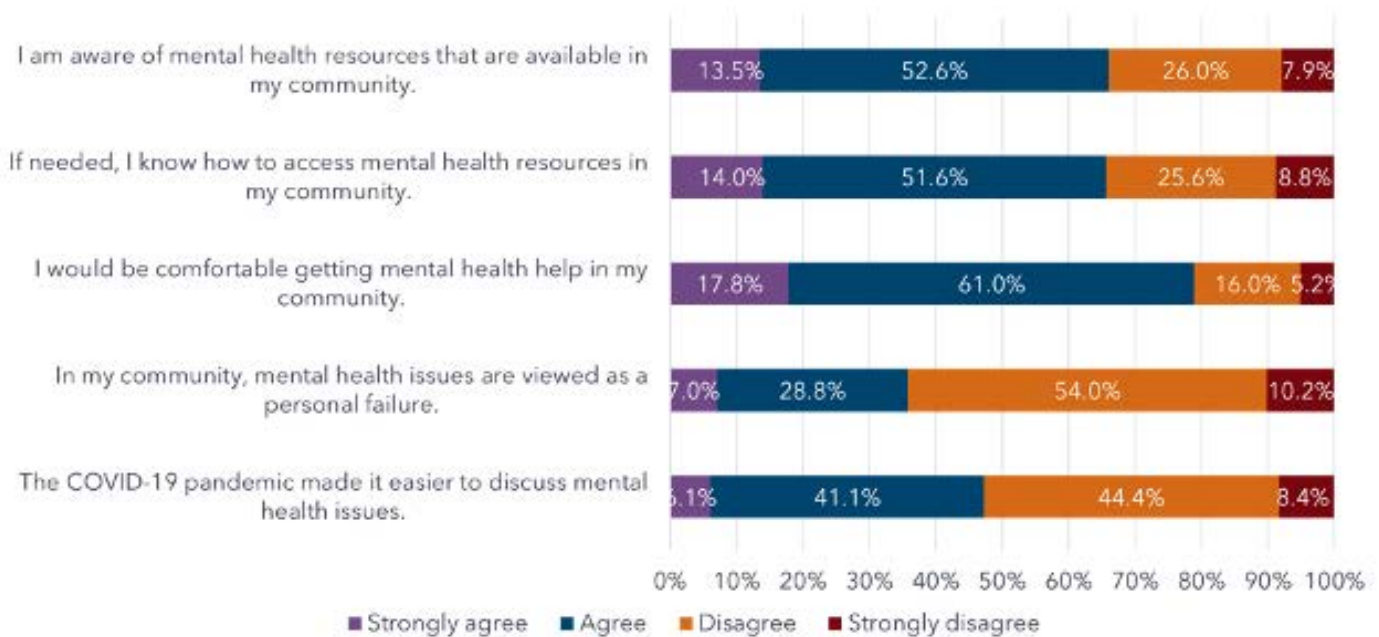
Source: StrategyHealth 2025;

Q10. If your answer was yes, what are some of the reasons why you could not see a mental health professional? (select all that apply)



N=47

Q11. Please tell us to what level you agree or disagree with the following statements.



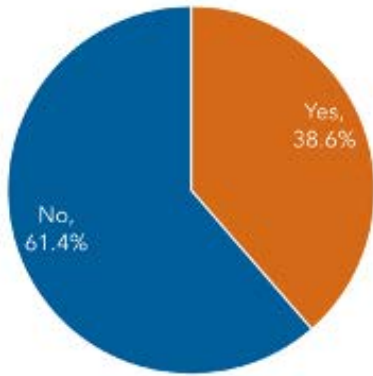
N=213

Source: StrategyHealth 2025;



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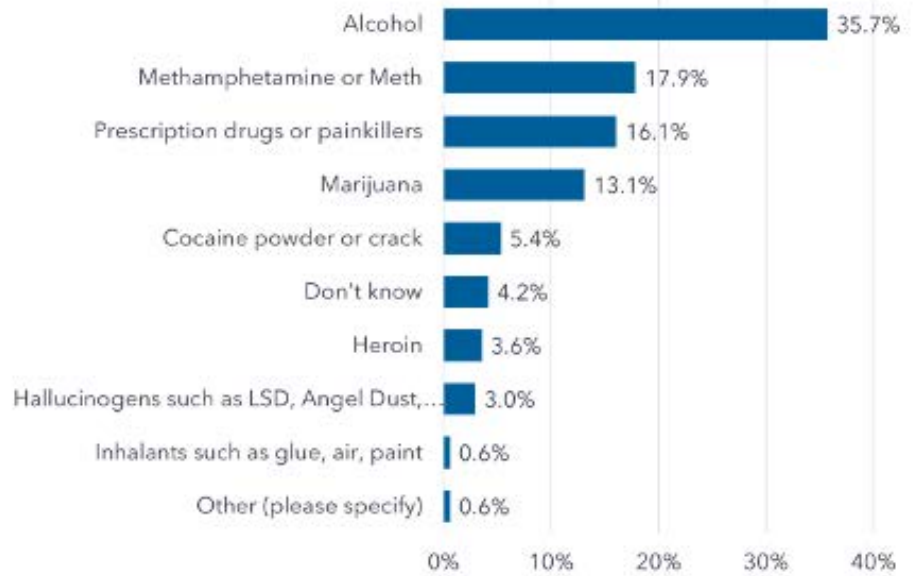
Q12. Have you, a relative, or close friend experienced substance use disorder or addiction?



N=215, 132 no, 83 yes

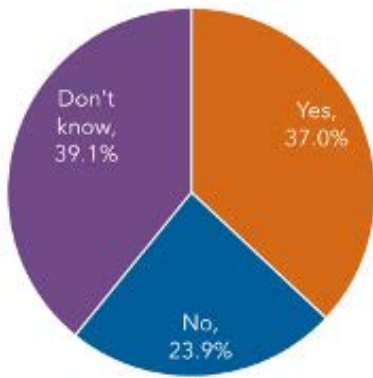
Source: StrategyHealth 2025.

Q13. If yes, what substance(s) was involved?



N=168

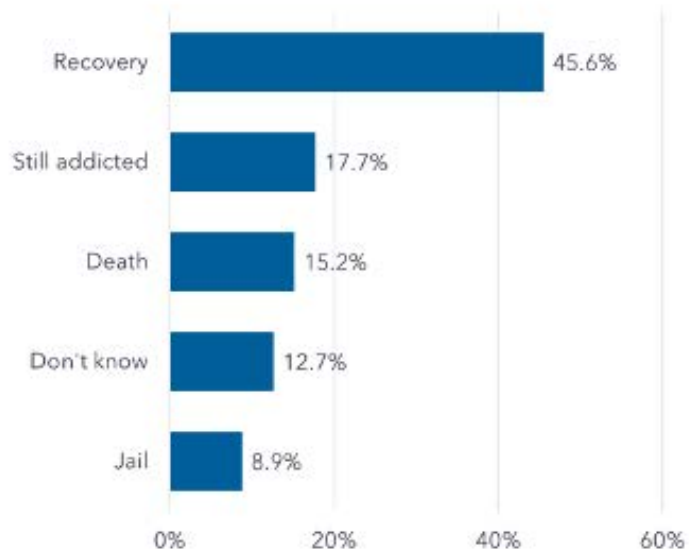
Q14. If yes, was addiction treatment available?



N=92

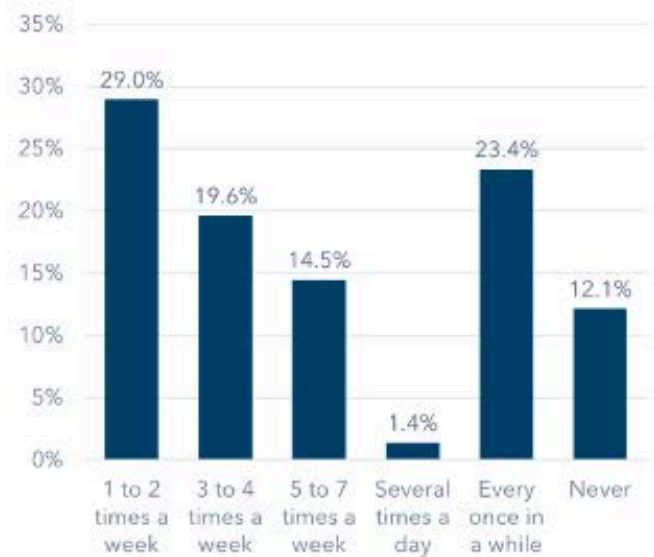
Source: StrategyHealth 2025.

Q15. What was the result of the addiction?



N=79

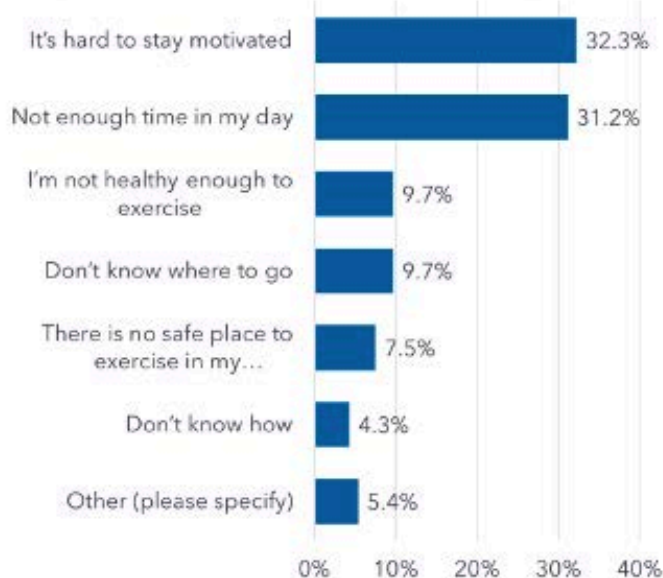
Q16. how often did you participate in any physical activities or exercise such as fitness walking, running, weightlifting, team sports, yoga, etc.?



N=214

Source: StrategyHealth 2025.

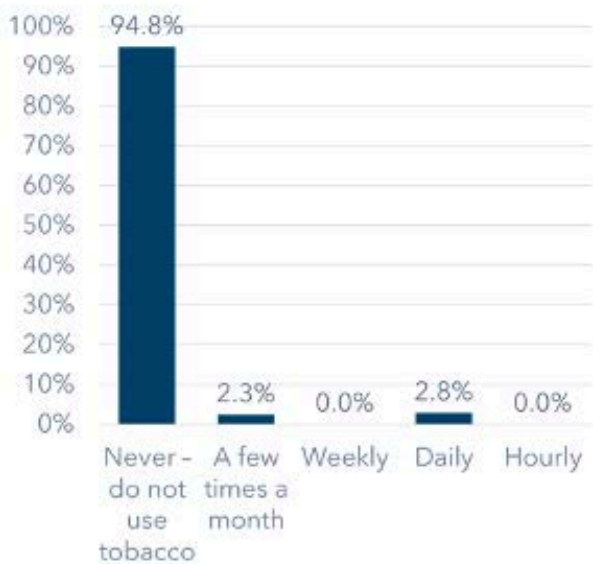
Q17. If you responded, never, what are the reasons you have not participated in any exercise during the past month? (select all that apply)



N=93

97

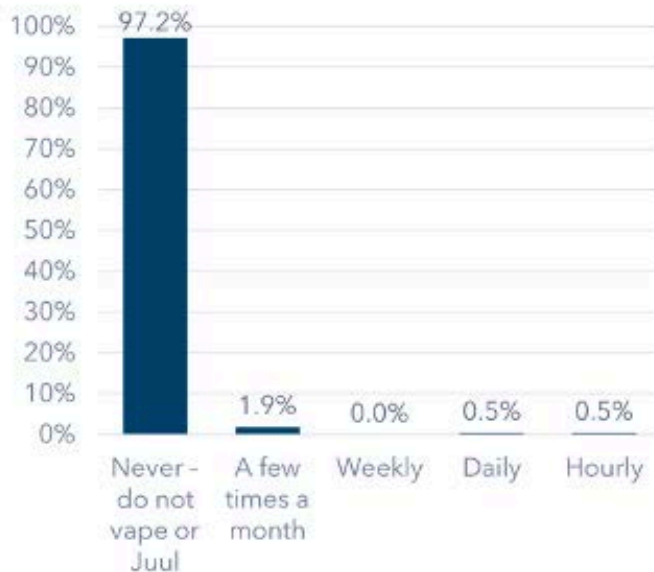
Q18. How often do you smoke cigarettes or use smokeless tobacco?



N=213

Source: StrategyHealth 2025.

Q19. How often do you use e-cigarettes or vape?



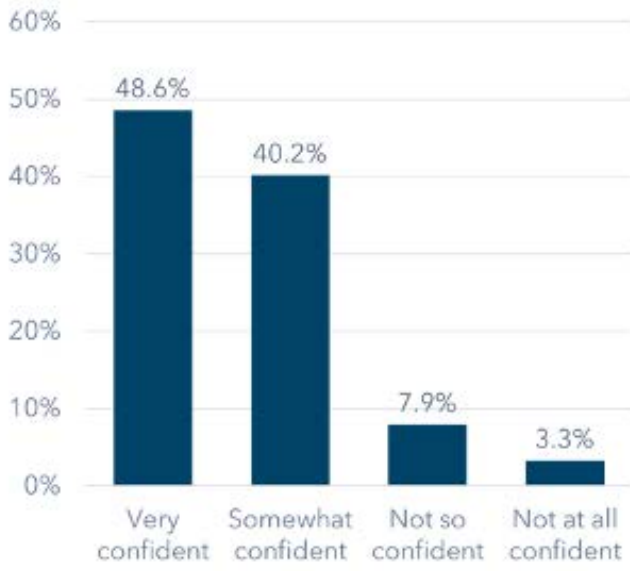
N=213

98



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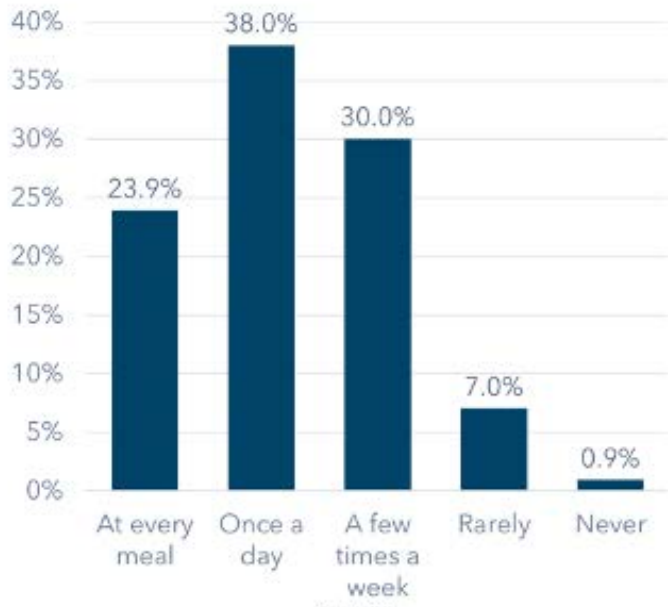
Q20. How confident are you in your understanding of what a nutritious, healthy diet looks like?



N=214

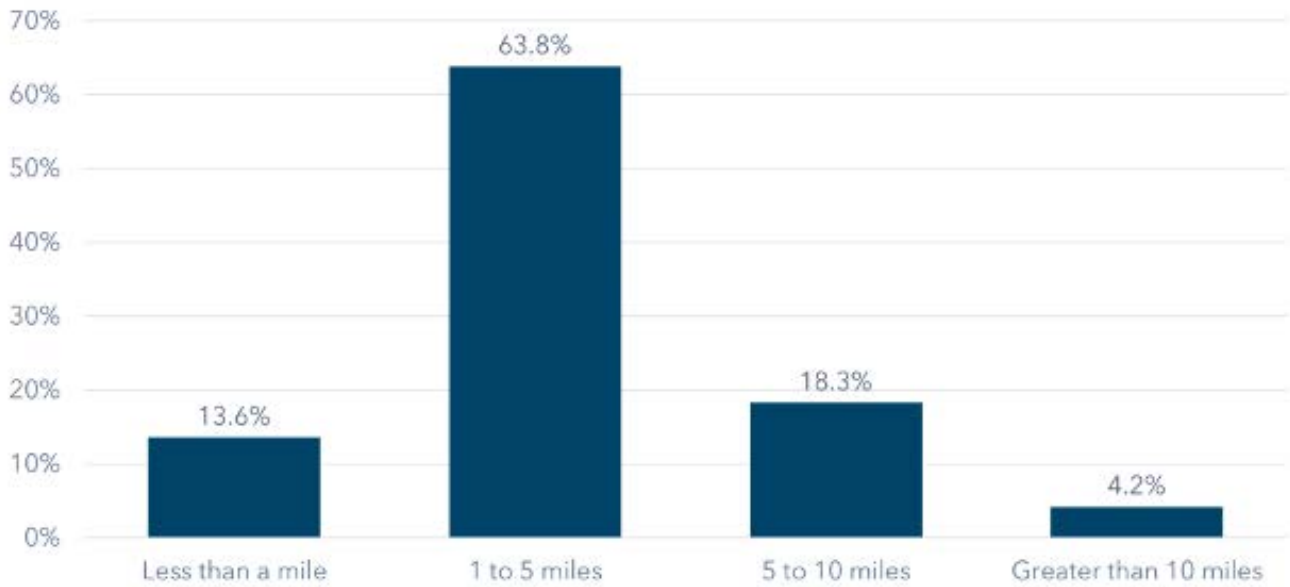
Source: StrategyHealth 2025.

Q21. How often do you include fruits and vegetables in your meals each day?



N=213

Q24. How close in distance is the nearest grocery store that offers fresh fruits and vegetables?



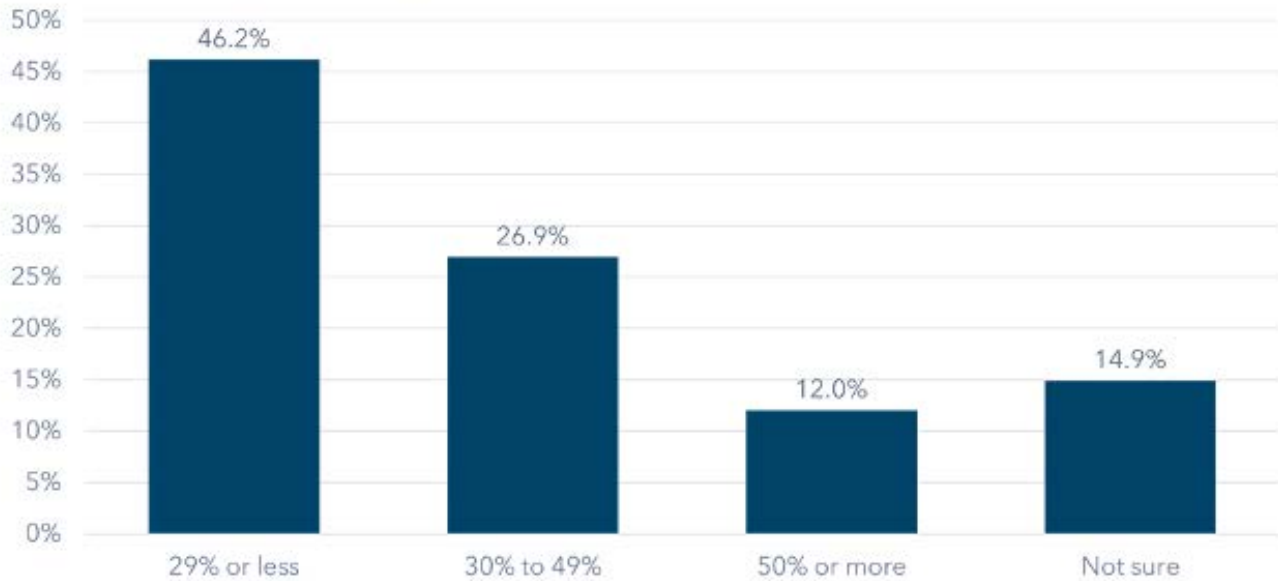
N=214

Source: StrategyHealth 2025.



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Q25. Approximately what percentage of your total household monthly income would you say you spend on your rent or mortgage payment?



Source: StrategyHealth 2025;

N=208

Q26. Please tell us how much you agree or disagree with the following statements.

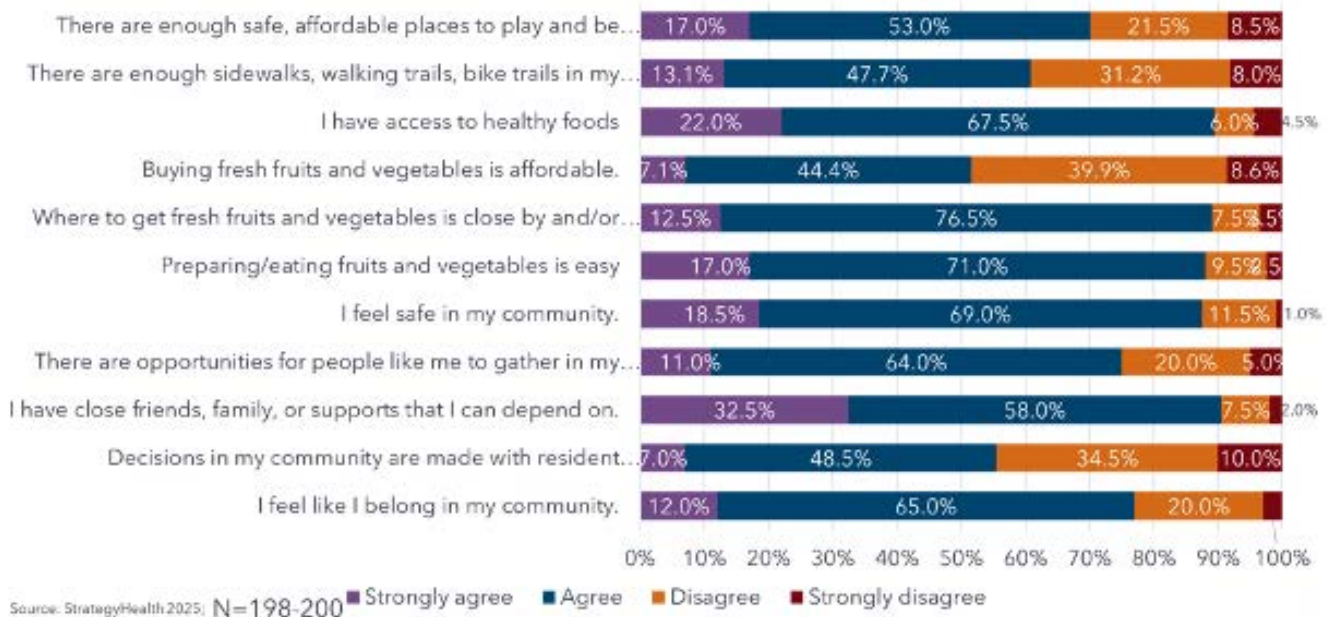


Source: StrategyHealth 2025; N=194-200

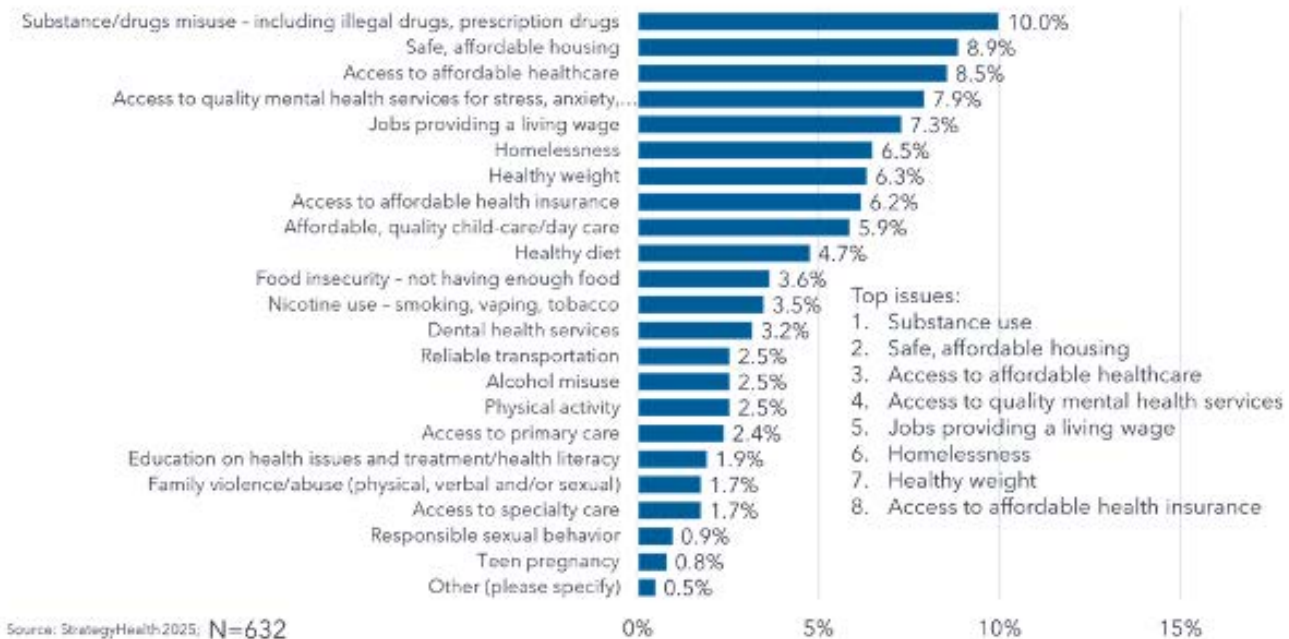


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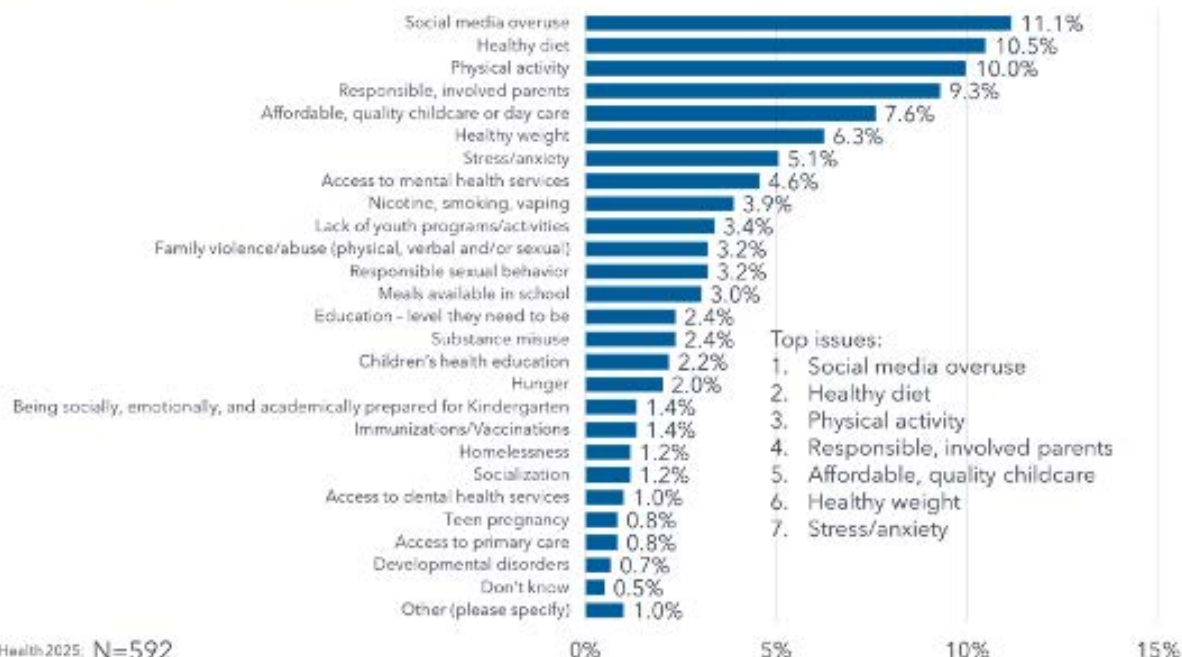
Q26. Please tell us how much you agree or disagree with the following statements.



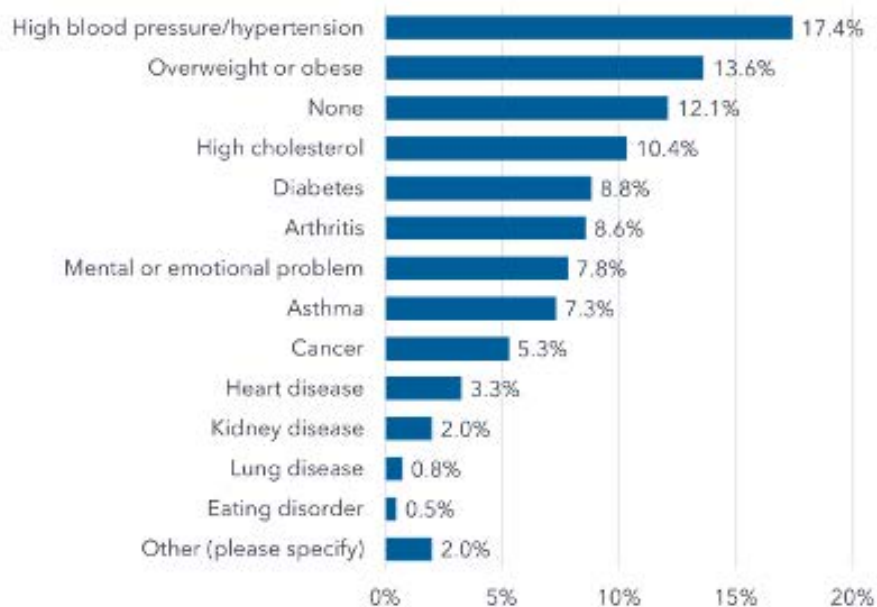
Q27. In your opinion, what are the top 3 most significant health issues in the counties?



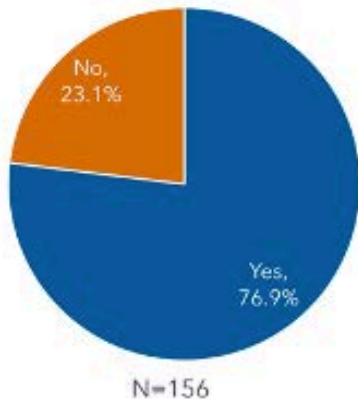
Q28. In your opinion, what are the top 3 health concerns for children and youth in your community?



Q29. Have you ever been told by a doctor you have any of these conditions, diseases or challenges? (select all that apply)

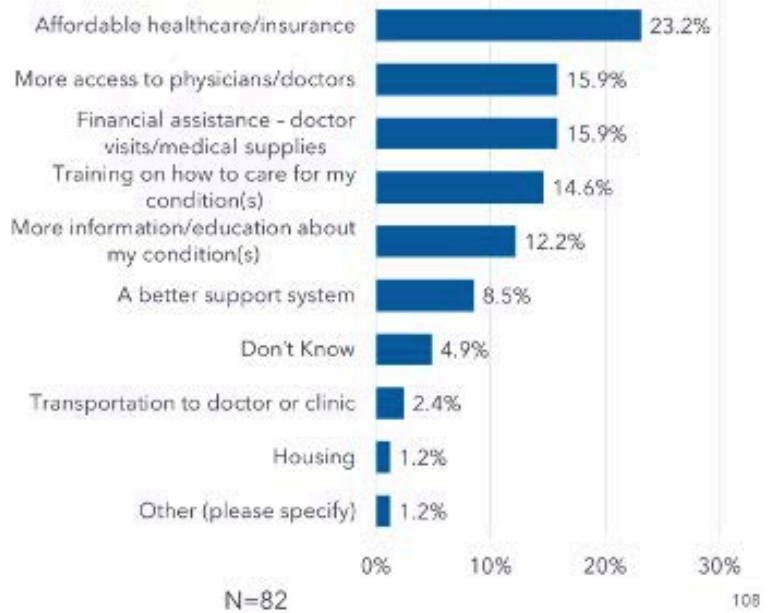


Q30. For any response, other than none, do you feel you have all you need to manage your health condition(s)?



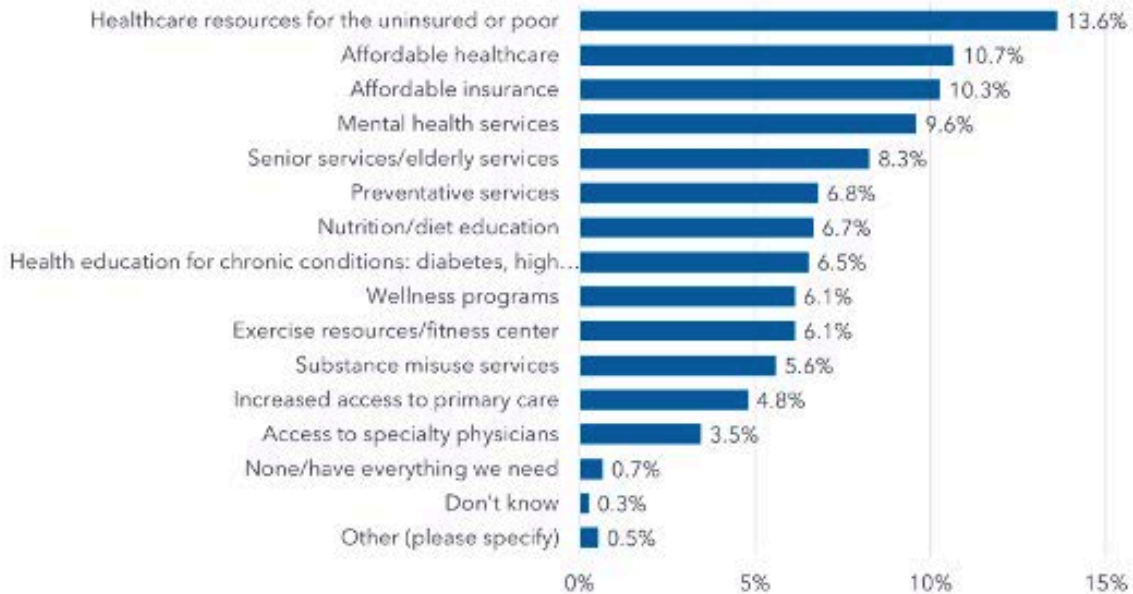
Source: StrategyHealth 2025;

Q31. If no, what do you need in order to manage your health condition(s)?



108

Q32. What healthcare, health education, or public health services or programs would you like to see offered in your community? (select all that apply)



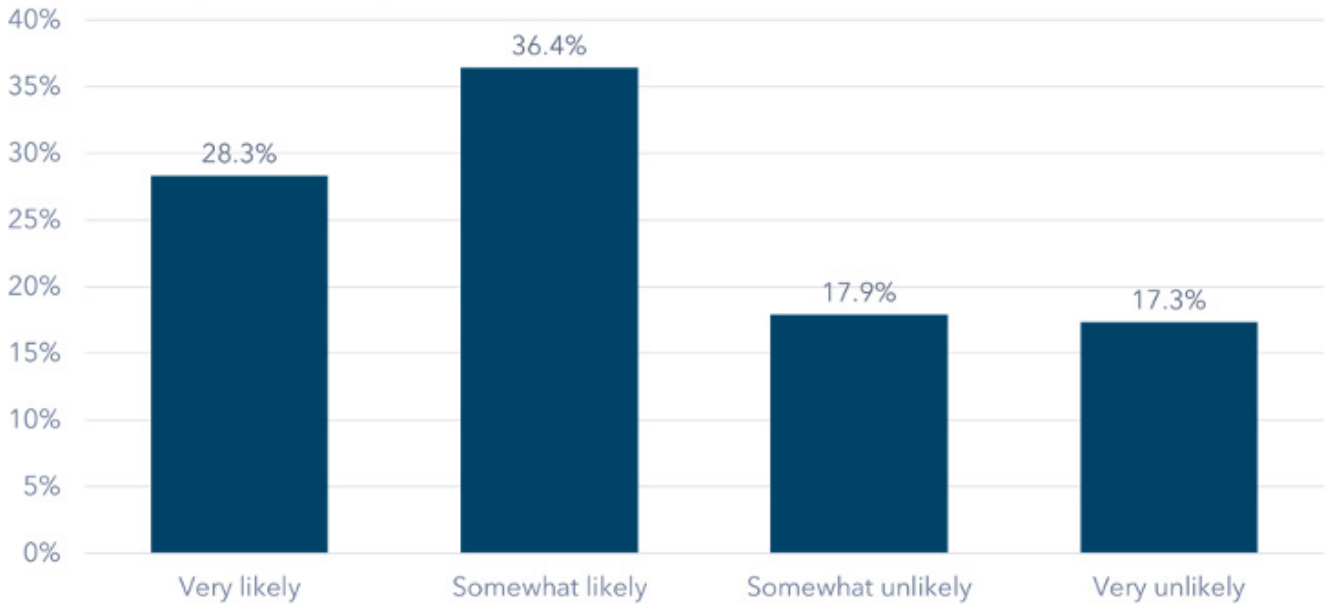
Source: StrategyHealth 2025;

109



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Q33. How likely are you to utilize virtual physician care such as through a computer or your smart phone?

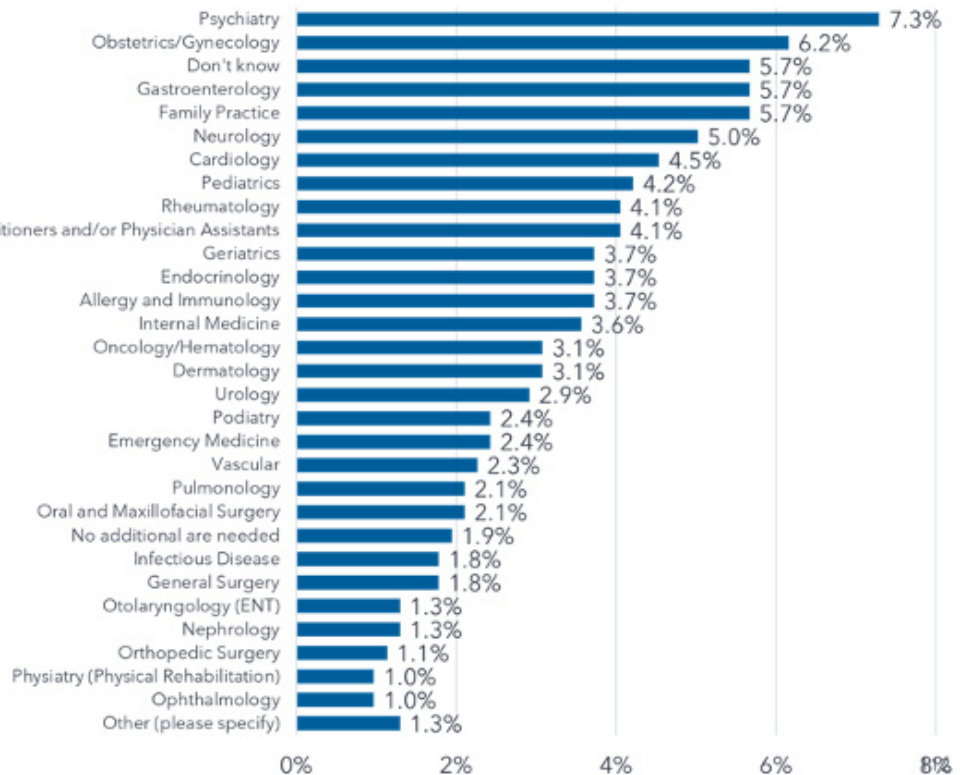


N=173

Source: StrategyHealth 2025;

Q34. In your opinion, what types of medical specialists, if any, are most needed in your county?

Primary care Nurse Practitioners and/or Physician Assistants



N=617

Source: StrategyHealth 2025;



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3. HEALTH STATUS DATA TRENDED

Comparisons of Health Status

In most of the following graphs, Murray County will be light blue, Whitfield is brown, GA is red, U.S. will be blue and the 90th percentile of counties in the U.S. will be gold. If both Murray and Whitfield Counties' scores are worse than Georgia's, then the title of the graph is red, alternatively if the counties' metrics are better than Georgia's then the title of the graph is green. If there is a split, where one county is better and one is worse, then there will be a green star to indicate better and a red stop sign to indicate worse than Georgia.

Health Outcomes (Length of Life and Quality of Life)

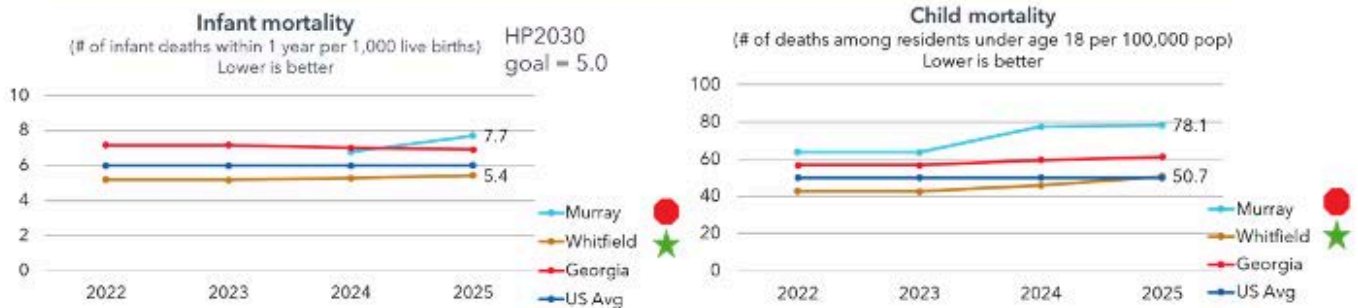
Health Outcomes are a combination of length of life and quality of life measures.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Murray County lost 12,065 and Whitfield lost 9,693 years of potential life per 100,000 population which was higher than GA and the U.S. Murray County residents can expect to live 4.6 years less than the average U.S. resident and Whitfield County residents can expect to live 2 years less.



Source: County Health Rankings; National Center for Health Statistics - Mortality File 2020-2022

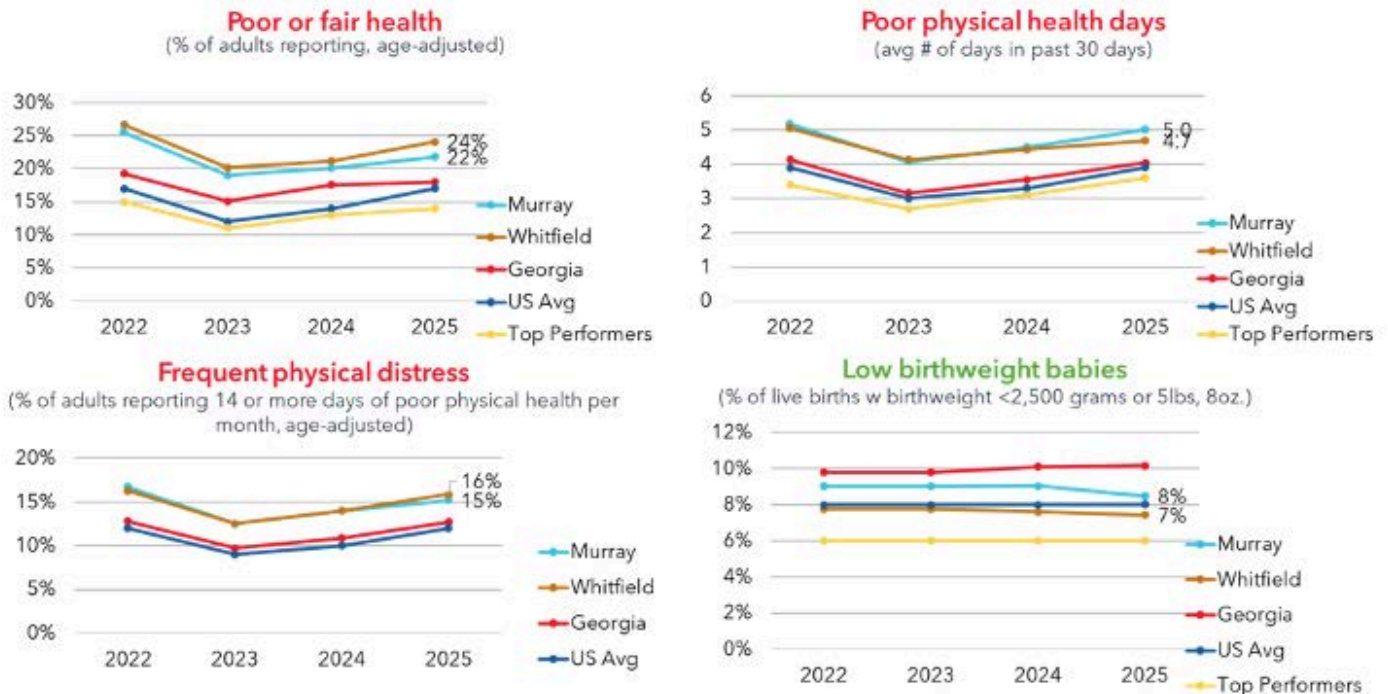


Source: CHR; National Center for Health Statistics - Natality & Mortality File 2016-2022
Child Mortality: CHR; National Center for Health Statistics - Mortality files; Census 2019-2022

Cause of Death	Murray	Whitfield	GA	US
Heart Disease	275.0	217.0	198.3	207.9
Cancer	227.2	186.0	167.8	182.7
Accidents (Unintentional injuries)	51.9	60.7	58.7	67.5
COVID-19	112.8	89.8	69.7	65.3
Cerebrovascular Diseases	46.9	38.4	47.1	49.1
Chronic Lower Respiratory Disease	102.1	61.0	43.3	43.5
Alzheimer's Disease	41.2	36.2	39.1	35.4
Diabetes	29.6	32.0	25.2	30.0
Nephritis	24.7	16.1	20.8	16.8
Liver Disease	32.9	17.8	14.4	16.4
Suicide	19.8	14.2	15.2	14.7
Influenza & Pneumonia	18.9	13.9	11.9	13.2

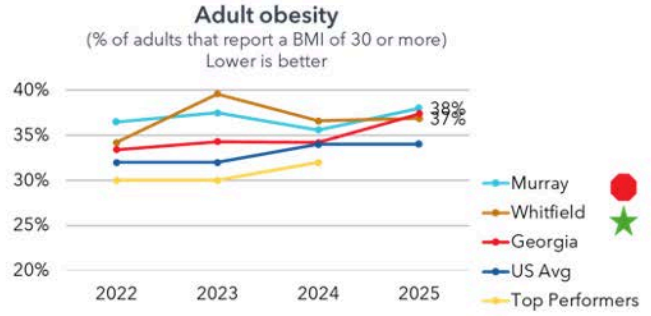
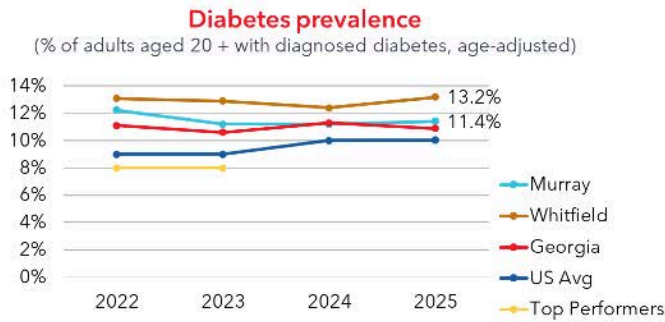
Rates in red had death rates higher than GA. The leading causes of death in Murray and Whitfield Counties were heart disease, cancer, COVID-19, chronic lower respiratory disease, then accidents.

Source: Wonder CDC.gov (2021-2023) Crude death rates per 100,000 population.

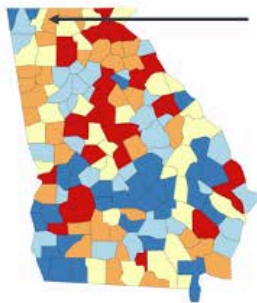
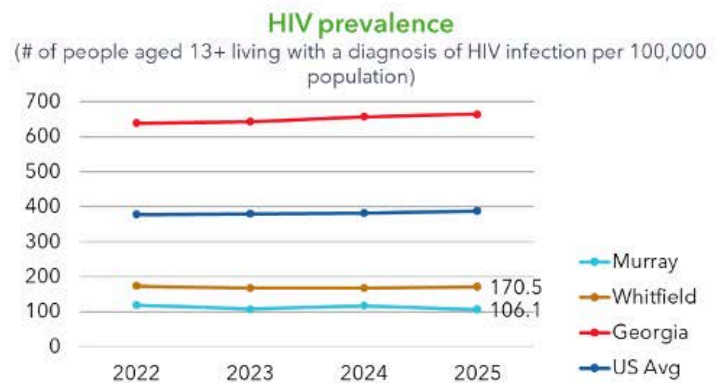
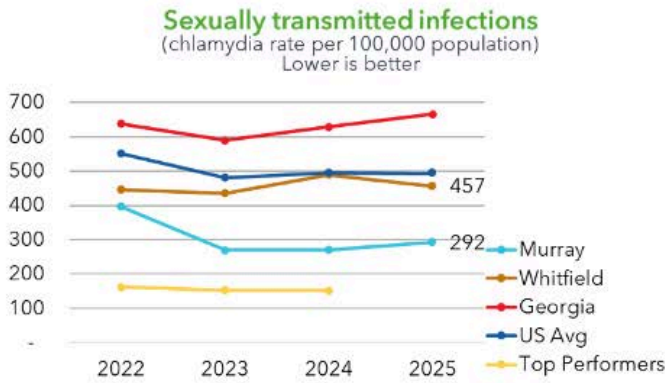


Quality of life was measured by % reporting fair or poor health, the average number of poor physical health days, frequent physical distress, and low birthweight babies.

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: County Health Rankings; National Center for Health Statistics – Natality files (2017-2022)



Source: Diabetes - CHR; CDC, BRFSS, 2022
Source: Obesity - CHR; CDC, BRFSS, 2022



Cancer incidence rates

(All cancer sites, age-adjusted cases per 100,000 population)

Age-Adjusted Annual Incidence Rate (Cases per 100,000)	2017-2021	Trends
314.3 to 435.7	Murray Co. 492.3	↗
>435.7 to 467.7	Whitfield Co. 467.9	→
>467.7 to 481.6	Georgia 468.9	→
>481.6 to 505.0	U.S. 444.4	↘
>505.0 to 605.6		

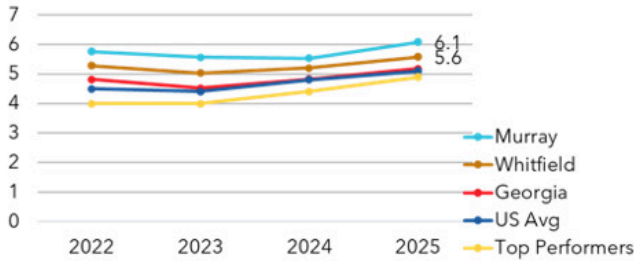
Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022
HIV Prevalence - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022
Cancer incidence rates – NIH, CDC State Cancer Profiles, 2017-2021

The cancer rate in Murray County has been increasing, while Whitfield is flat.

Mental Health

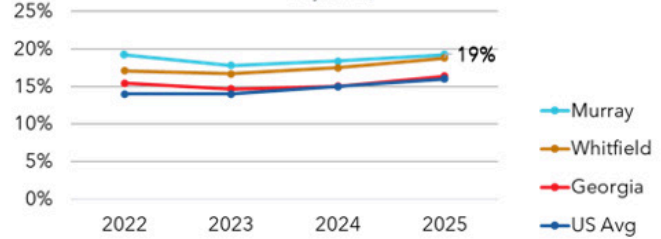
Quality of life was measured by poor mental health days, frequent mental distress, suicide rate, and feelings of loneliness. Poor mental health days and frequent mental distress were higher than poor physical health days and frequent physical distress.

Poor mental health days
(avg # of days in past 30 days)



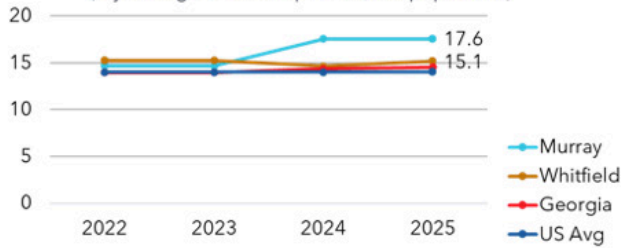
Frequent mental distress

(% of adults reporting 14 or +days of poor mental health per mo., age-adjusted)



Suicide rate*

(5-year avg-#of deaths per 100,000 population)



Feelings of loneliness

(% of adults reporting they always, usually or sometimes feel lonely)

Murray Co.	34%
Whitfield Co.	34%
Georgia	34%
U.S.	33%

CHR *method of calculating changed in 2024 comparisons with previous years should be made with caution.

Source: Poor mental health days, Frequent mental distress, Feelings of loneliness - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022
Source: Suicide rate - County Health Rankings; National Center for Health Statistics, Mortality files (2018-2022)



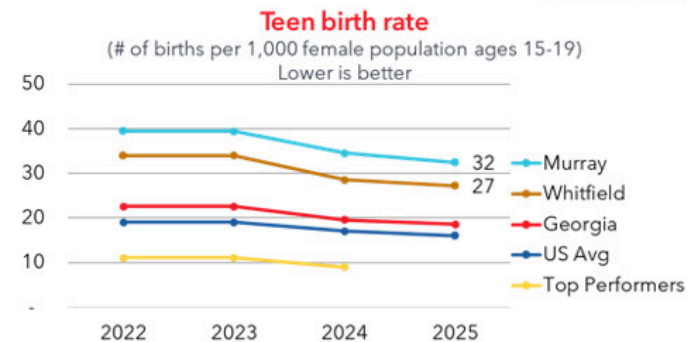
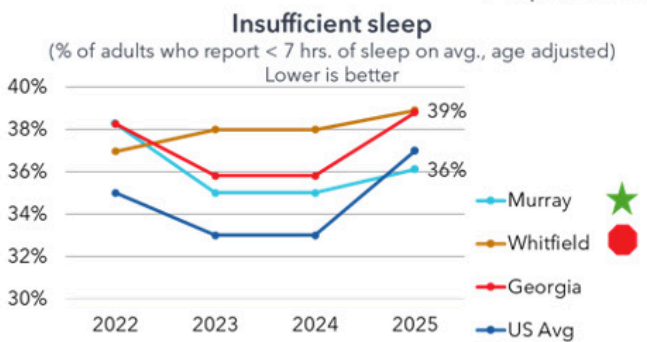
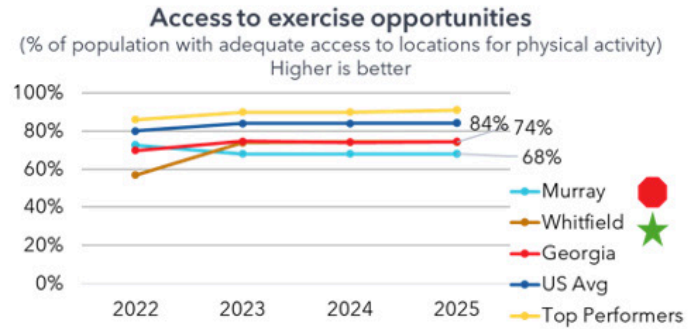
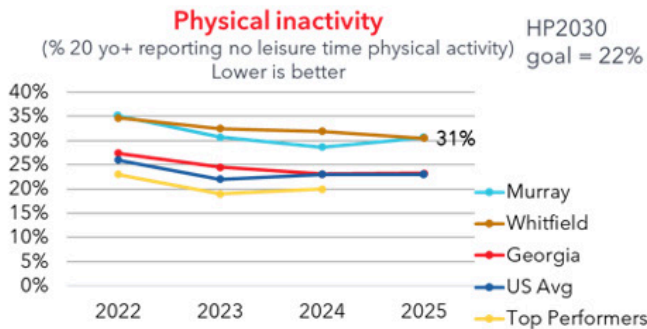
Community Conditions

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship and age. Community conditions are also referred to as the social determinants of health. (CHR, 2025)

Health Infrastructure

Health infrastructure is comprised of prevention, healthy eating, and active living, substance misuse, and clinical care.

Healthy Living



Source: Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2022

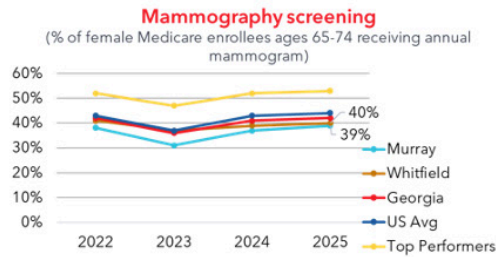
Source: Access to exercise opportunities – CHR, ArcGIS Business Analyst, YMCA, & US Census Tigerline Files, 2024, 2021 and 2020. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Insufficient sleep – CHR, Behavioral Risk Factor Surveillance System (BRFSS), 2022

Source: Teen birth rate – CHR, National Center for Health Statistics-Nativity Files; Census Population, 2017-2023

The teen birthrate is dropping but is still higher in Murray and Whitfield Counties.

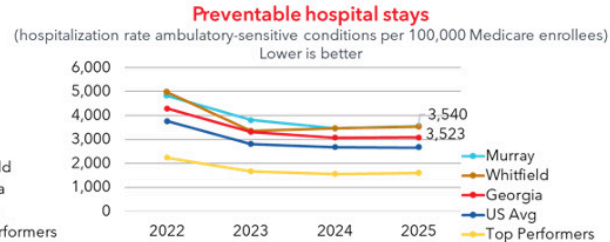
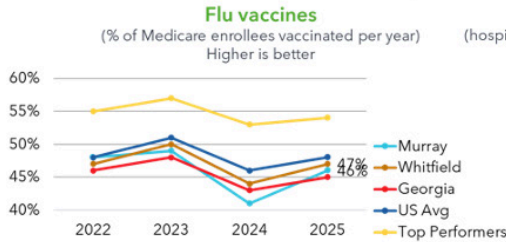
Prevention



COVID vaccines

(% of fully vaccinated recipients age >11)
Higher is better

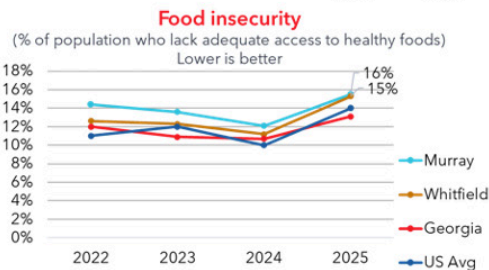
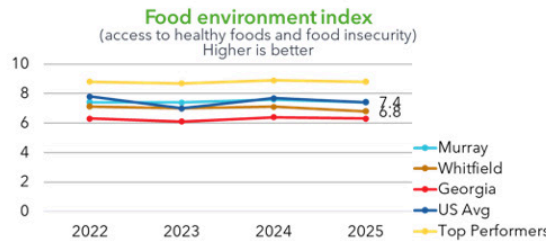
Murray Co.	Whitfield Co.	GA	U.S.
40%	45%	61%	70%



Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2022

Source: COVID-19 Vaccinations – CDC May 2023

Access to Healthy Foods



Limited access to healthy foods

(% of pop who are low-income and do not live close to a grocery store)
Lower is better

	2015	2019
Murray	7%	7% ★
Whitfield	11%	13% ●
Georgia	9%	9%
U.S.	6%	6%

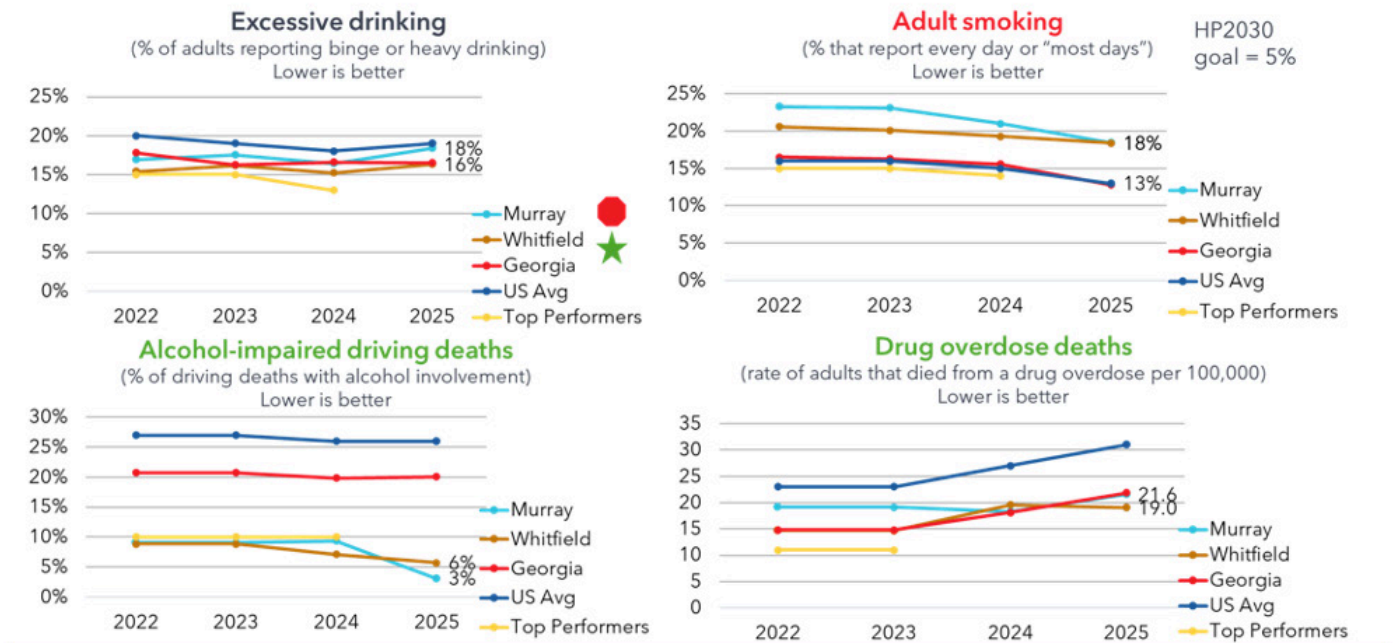
The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 & 2022

Source: Food insecurity – Map the Meal Gap, 2022

Source: Limited access to healthy foods – USDA Food Environment Atlas, 2019

Substance Use



Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022

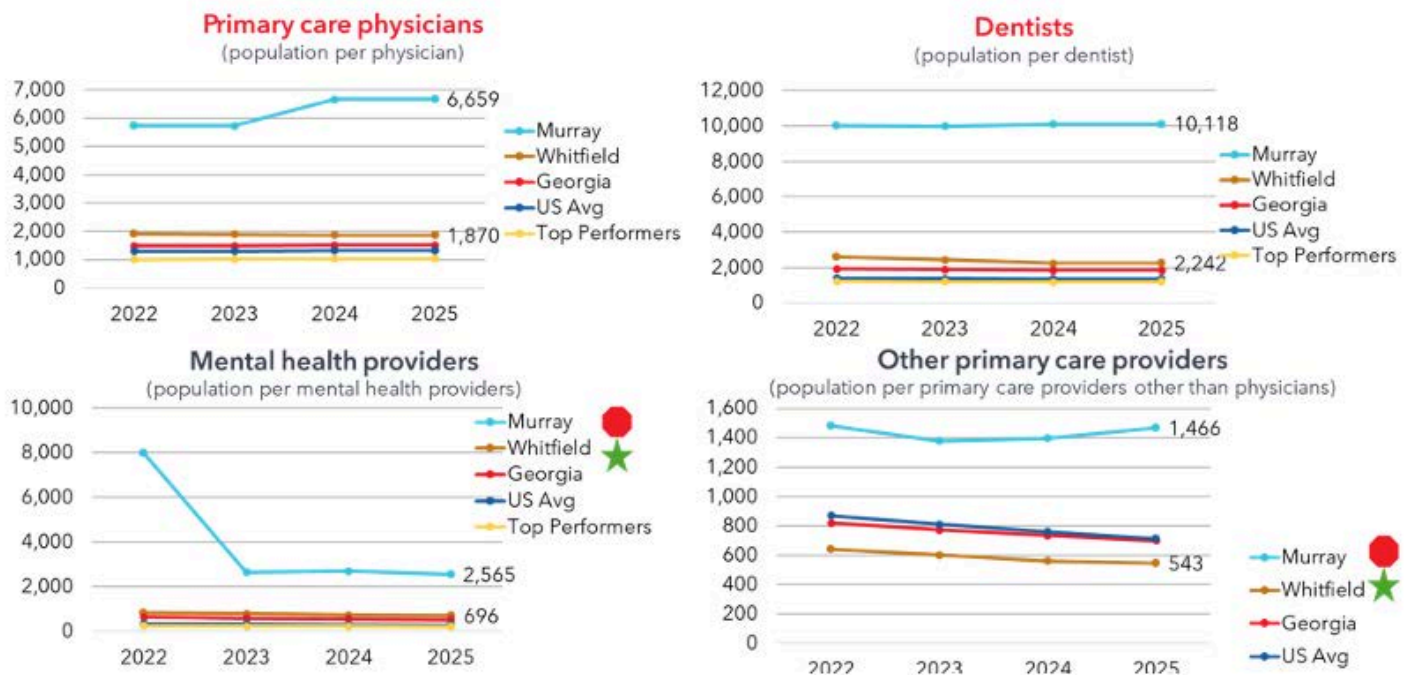
Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2018-2022

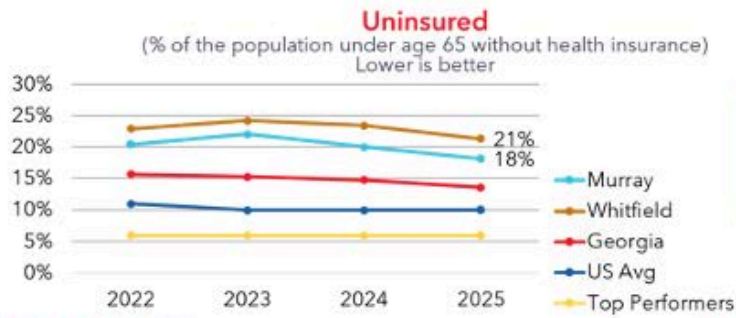
Source: Drug overdose deaths - National Center for Health Statistics - Mortality Files, Census Population, 2020 - 2022

Clinical Care

Clinical care measures are comprised of population per primary care physicians, dentists, mental health providers and other primary care providers.

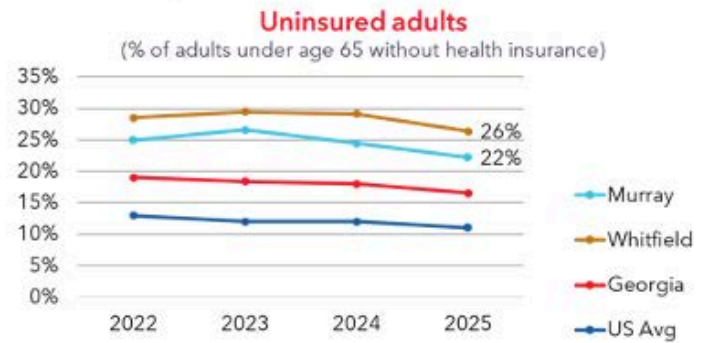
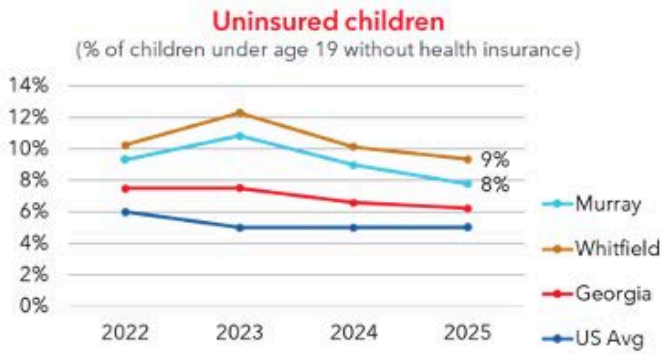


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HP2030 goal = 7.6%

U.S.			
White	Black	Hispanic	AI/AN
5.7%	9.6%	17.7%	18.8%



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2022

Murray and Whitfield Counties had very high uninsured adult percentages. Not having insurance is a deterrent to receiving healthcare.

Social and Economic Factors

Social and economic factors are comprised of education, income, employment and wealth, social support, and safety. Many of the socioeconomic factors were covered earlier in the report. These are the remaining metrics.

Education

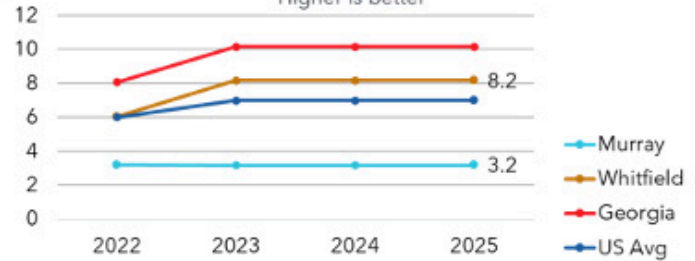
Childcare cost burden

(Childcare costs for a HH w/2 children as a percent of median HH income)
Higher is better

	%
Murray Co.	23%
Whitfield Co.	24%
Georgia	23%
U.S.	28%

Childcare centers

(# of childcare centers per 1,000 population under 5-yrs old)
Higher is better



School funding adequacy

(The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district)
Higher is better

	\$
Murray Co.	\$494
Whitfield Co.	-\$935
Georgia	-\$2,969
U.S.	\$1,411

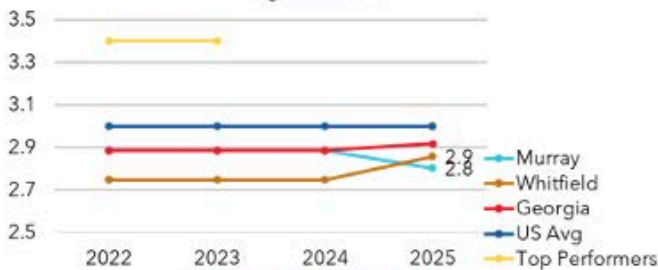
Source: School funding adequacy – CHR; School Finance Indicators Database, 2022

Source: Childcare Cost Burden – The Living Wage Institute; Small Area Income and Poverty Estimate, 2024

Source: Childcare centers – CHR; Homeland Infrastructure Foundation-Level Data, 2010-2022

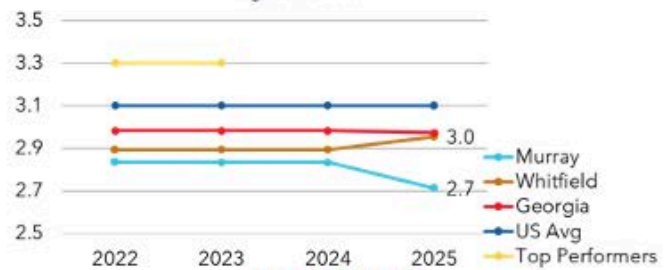
3rd grade math scores

(Avg. grade level performance on math standardized tests)
Higher is better



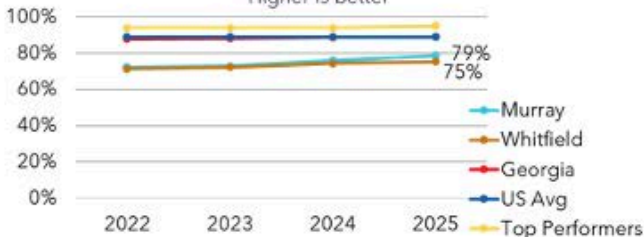
3rd grade reading level

(Avg. grade level performance on English language arts standardized tests)
Higher is better



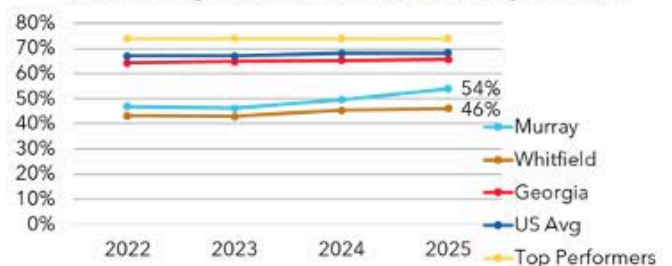
High school completion

(% of adults ages 25 + with a high school diploma or equivalent)
Higher is better



Some college

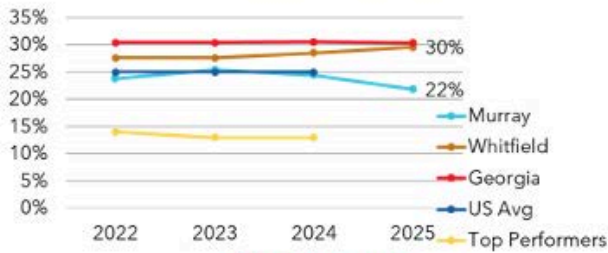
(% of adults ages 35-44 with some postsecondary education)



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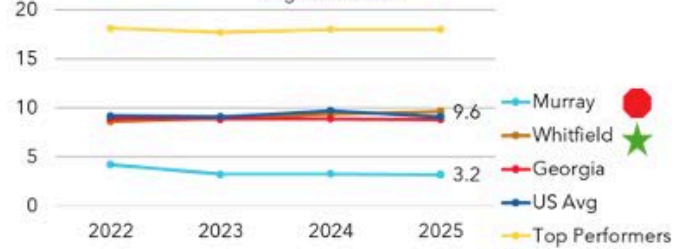
Family and Social Engagement

Children in single-parent households (% of HH headed by a single parent)



Social associations

(# of membership assoc. per 10,000 population)
Higher is better



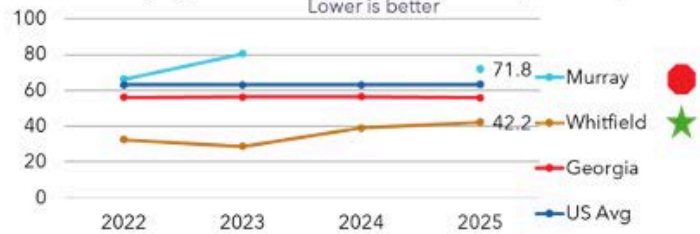
Voter turnout

(% of citizen pop aged 18+ who voted in the 2020 U.S. Presidential election)
Higher is better

	%
Murray Co.	55.0%
Whitfield Co.	56.7%
Georgia	66.8%
U.S.	67.9%

Residential segregation - Black/White

(index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents)
Lower is better



Source: Children in single-parent households - CHR; American Community Survey, 5-yr. est., 2019-2023

Sources: Social associations – CHR-County Business Patterns, 2022

Source: Residential segregation – CHR, American Community Survey, 5-yr. est., 2019-2023

Census participation

(% of HH that self-responded to the 2020 census)
Higher is better

	%
Murray Co.	51.8%
Whitfield Co.	56.5%
U.S.	65.2%

Lack of social and emotional support

(% of adults reporting they sometimes, rarely, or never get the social & emotional support they need)
Lower is better

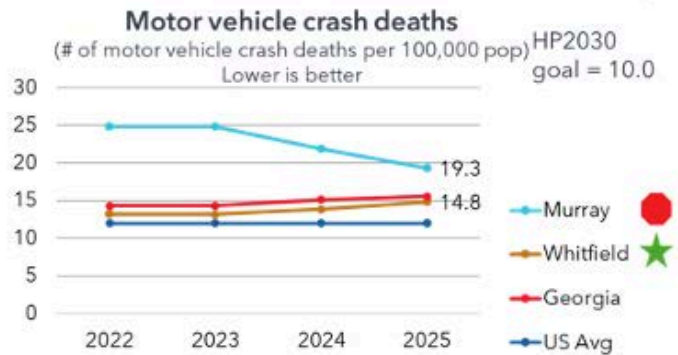
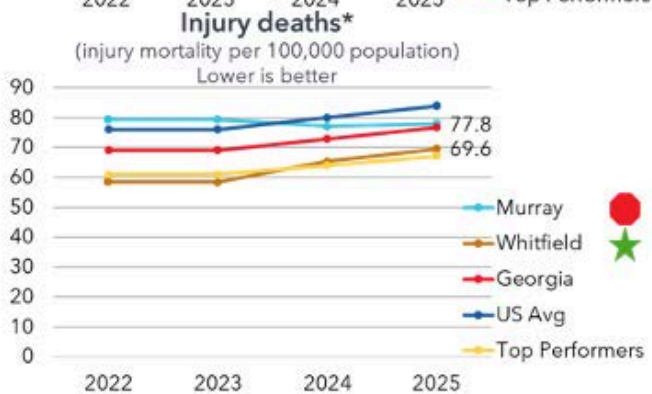
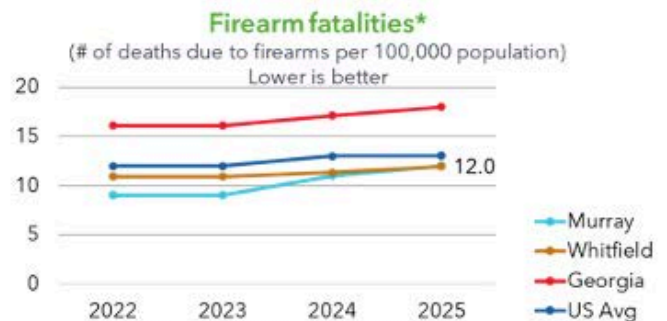
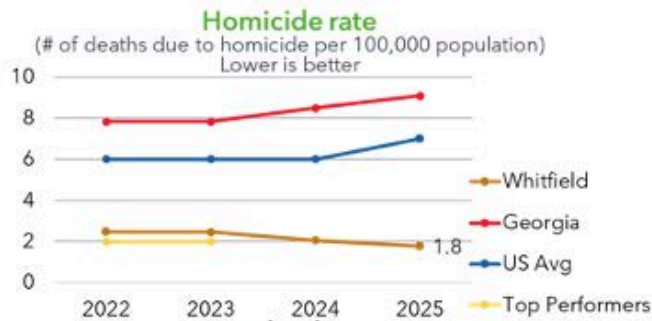
	%
Murray Co.	29%
Whitfield Co.	29%
Georgia	31%
U.S.	25%

Source: Census participation - CHR; Census Operational Quality Metrics, 2020

Source: Voter turnout – CHR, MIT Election Data & Science Lab; American Community Survey, 5-yr. est., 2020 & 2016-2020



Community Safety



Source: Homicide rate & Firarm fatalities- CHR; National Center for Health Statistics – Mortality files; Census population, 2016-2022
 Source: Injury deaths - CHR; National Center for Health Statistics – Mortality files; Census population, 2018-2022
 Source: Motor vehicle crash deaths – CHR, National Center for Health Statistics – Mortality Files, Census population, 2016-2022

Physical Environment

Physical environment contains housing and transportation, air, water, and land, civic and community resources.

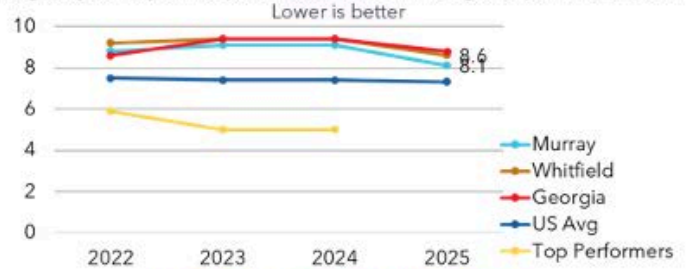
Drinking water violations

(indicator of the presence of health-related drinking water violations)

	2021	2022	2023
Murray Co.	No	No	No
Whitfield Co.	No	No	No

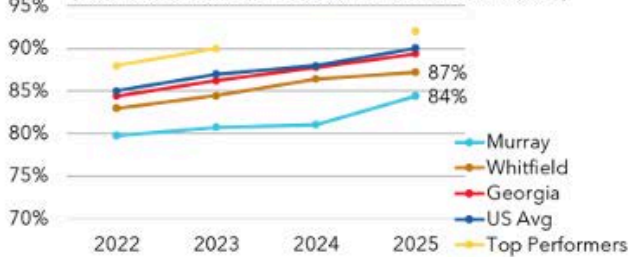
Air pollution particulate matter

(avg daily density of fine particulate matter in micrograms per cubic meter)



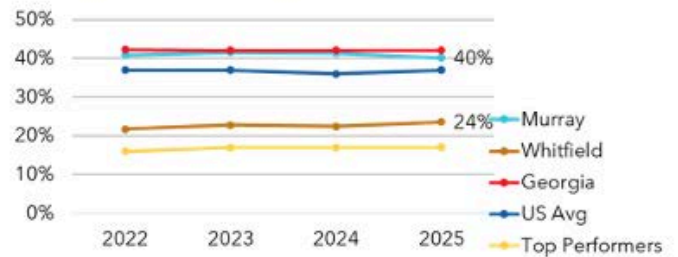
Broadband access

(% of households with broadband internet connection)



Long commute-driving alone

(among workers who commute alone, the % that commute >30 min.)



Library access

(Library visits per person living w/in the library service area per year)

	%
Murray Co.	<1
Whitfield Co.	<1
Georgia	1
U.S.	2

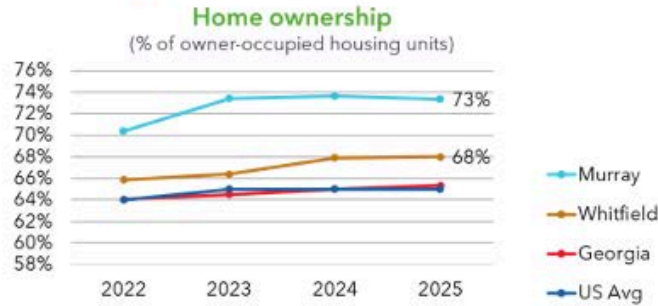
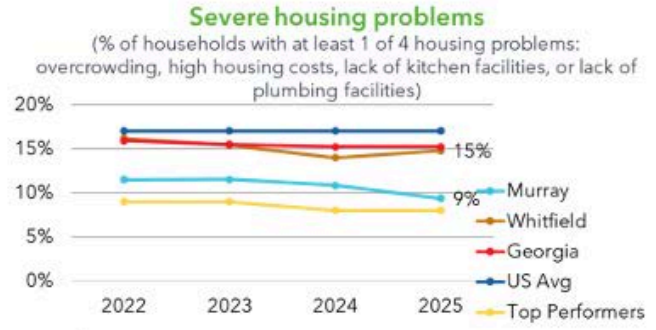
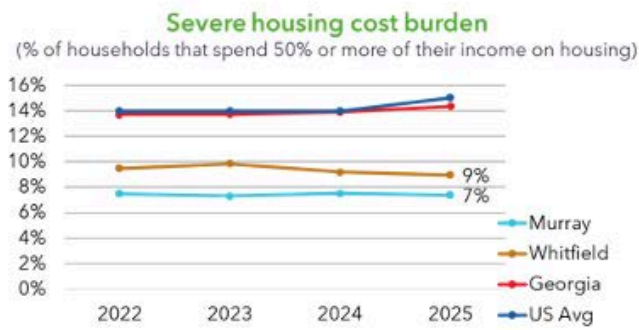
Access to parks

(Percentage of the population living within a half mile of a park)

	%
Murray Co.	27%
Whitfield Co.	29%
Georgia	30%
U.S.	51%

Source: Drinking water violations – CHR; EPA, Safe Drinking Water Information System, 2023
 Source: Air pollution – CHR; CDC National Environmental Public Health Tracking Network, 2020
 Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2019-2023
 Source: Driving alone to work and long commute – CHR- American Community Survey, 5-year estimates, 2019-2023
 Source: Access to Parks – ArcGIS Online; US Census TIGER/Line Shapefiles, 2024 & 2020.

Housing



Source: Severe housing cost burden & home ownership– CHR; American Community Survey, five-year estimates, 2019-2023
 Source: Severe housing problems – CHR; HUD Comprehensive Housing Affordability Strategy data, 2017-2021.

4. COMMUNITY ASSET INVENTORY

Because static resource lists may become outdated during the three-year time period of the CHNA, links to community resources are provided below. As the agencies update their information, community members can access the most current details by visiting these links.

United Way of Northwest Georgia – 2-1-1 Help Line

If you need assistance with food, housing, healthcare, transportation, or other local support services, United Way of Northwest Georgia offers a free and confidential referral service. Dial 2-1-1 (available 24/7)

ourunitedway.org/dial-2-1-1-help

Please note: The asset inventory provided in this report may not be exhaustive and may have inadvertently omitted some community resources.

Find a Healthcare Provider

Need to locate a doctor, specialist, or primary care provider in your area? Use Vitruvian Health's online tool to search by name, specialty, or location.

vitruvianhealth.com/find-a-provider

COMMUNITY ASSET INVENTORY CHANGE FORM

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:

Hamiltonhealth@hhcs.org or call the Hamilton Medical Center Marketing Department at 706-272-6114



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Vitruvian Health

COMMUNITY HEALTH NEEDS ASSESSMENT FOR MURRAY AND WHITFIELD COUNTIES, GEORGIA

Completed in partnership with:



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