

2016

Memorial Hospital and Manor Community Health Needs Assessment Decatur and Seminole Counties

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EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Memorial Hospital and Manor with a functioning tool that meets the Internal Revenue Service (IRS) rules published on December 31, 2014. The Community Health Needs Assessment report not only meets the guidelines of the Internal Revenue Service, but provides strategic insight for resource development, clinical development, and regional hospital networking and collaboration.

The results of the CHNA will guide the development of Memorial Hospital and Manor's community benefit programs and implementation strategy. It is anticipated that this report will not only be used by the hospital, but also by other community agencies in developing their programs to meet the health needs of Decatur and Seminole counties.

The assessment was performed by Draffin & Tucker, LLP. Draffin & Tucker is a health care consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 60 years' experience working with hospitals throughout the Southeastern United States. Input was received from the hospital, community leaders, and Decatur and Seminole County residents.

The following summary information is derived from data discussed in the related chapters of this report. Unless otherwise noted, the data sources are referenced in those related chapters.

About the Area

Decatur and Seminole counties are located in the southwestern part of Georgia. In 2014, Decatur County had a population of 27,220 and is home to Memorial Hospital and Manor, an 80 bed community hospital. Seminole County has a population of 8,686. The hospital has multiple locations throughout Decatur County. The surrounding areas in Decatur and Seminole counties are diverse as far as population of rural and urban areas. Bainbridge is far more populated than the cities of Climax or Attapulgus. The population distribution in Decatur County among urban and rural areas is 43.5 percent urban and 56.5 percent rural. In Seminole County 31.5 percent of the population is urban and 68.5 percent is rural. Only 1.7 percent of Decatur County's land area is urban while 99.1 percent is rural. In Seminole County 2.7 percent of the land area is urban and 98.3 percent is rural.

The percentage of residents aged 55 and older increased in both counties from 2010 to 2013. The Hispanic population also increased, although this segment remained a small portion of the population.

Condition of Health (Morbidity and Mortality)

The occurrence of a specific illness (morbidity) in a population can predict a trend for causes of death (mortality) in a population. In Decatur County for 2009-2013, cancer was the leading cause of death followed by heart disease, stroke, accidents, and chronic lower respiratory disease. In Seminole County for 2009-2013, cancer was the leading cause of death followed by heart disease, chronic lower respiratory disease, diabetes, and stroke.

CANCER

The most prevalent types of cancers (such as breast cancer and colorectal cancer) can usually be detected the earliest, due to known risk factors. Cancer had higher death rates in both counties compared to the Georgia rates. There is a need for cancer prevention programming in the counties due to the various modifiable risk factors associated with the disease. Lung cancer, for instance, had higher incidence rates in Decatur County compared to Georgia and the U.S. rates. Cigarette, cigar, and pipe smoking are leading risk factors for lung cancer.

HEART DISEASE AND STROKE

Heart disease and stroke typically affect people age 65 and older. Heart disease was the second leading cause of death in Decatur and Seminole counties. The heart disease death rates in Decatur and Seminole were lower than the Georgia rate. Stroke was the third leading cause of death in Decatur County and the fifth leading cause of death in Seminole County. The stroke rates for both counties were higher than the rates for both Georgia and the U.S. Stroke has similar modifiable risk factors to heart disease, and the two can be grouped together when developing community health needs implementation strategies.

MATERNAL, INFANT, AND CHILD HEALTH

Birth rates, infant mortality rates, and teen birth rates provide a snapshot of the overall health of a community. The teen birth rates in Decatur and Seminole counties were higher than in Georgia and the U.S. The infant mortality rate in Decatur County was higher than the Georgia rate.

ALCOHOL, TOBACCO, AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. The use of alcohol decreased from 2009 to 2013 in adolescents in Georgia. Marijuana and methamphetamine use increased in Georgia. Community members attributed substance abuse to lack of family support, poverty, and generational behaviors.

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. In 2013, Decatur had higher rates of chlamydia than Seminole County, Georgia, and the U.S. Gonorrhea rates in Decatur County were also higher than the rates in Seminole County, Georgia and the U.S. Chlamydia rates among Blacks were 10 times the rate of Whites in Decatur County and 21 times the rate of Whites in Seminole County. Gonorrhea rates among Blacks were 47 times higher than the rate of Whites in Decatur County. In Seminole County, the human immunodeficiency virus (HIV) hospital discharge rate for Whites was higher compared to Blacks. Community members attributed lack of education as the underlying reason for the high rates of STDs.

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. In 2009-2013, Decatur County's population consisted of 27.1 percent of the population living in poverty. In Seminole County 26 percent of the population lived in poverty. These rates were both higher than the State and U.S. rates.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In 2009-2013, 22.5 percent of adults were uninsured in Decatur County and 19.2 percent in Seminole County. In 2013, eight percent of children were uninsured in Georgia. Education also affects an individual's ability to access care. For the years 2009-2013, 74 percent of Decatur County residents and 86 percent of Seminole County residents were high school graduates. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.

Local infrastructure and public transit affect access to healthcare. The transportation availability in Decatur and Seminole counties is limited. Many Decatur and Seminole County residents rely on friends and family members for transport.

Community Prioritization of Needs

Based on information gathered from community meetings, stakeholder interviews, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data, the following health priorities were identified.

- Access to Care - Providers and Affordable Care
- Mental Health and Substance Abuse
- Unhealthy Lifestyle and Obesity
- Family Life - Education and Prevention

These priorities will be further discussed in the Hospital's Implementation Strategy. The hospital will consider collaboration with other agencies identified in the CHNA Resource Listing.

NOTE: There were written comments regarding Memorial Hospital and Manor's most recent CHNA in a report published by Georgia Watch. The report can be downloaded using the following link:

<http://www.georgiawatch.org/wp-content/uploads/2015/05/CHNA-Report-05142015.pdf>

APPROVAL

Memorial Hospital and Manor approved this community health needs assessment through a board vote on March 25, 2016.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

The December 31, 2014 Federal Register provides detailed guidance for conducting the CHNA process. As outlined below, the hospital relied upon this guidance in conducting the assessment.

1. Forming the Hospital's Steering Committee

The Chief Financial Officer (CFO) of Memorial Hospital and Manor developed the CHNA Hospital Steering Committee (CHSC). The CFO appointed the following individuals as participants on this committee.

Billy Walker, CEO
Bill Huling, CFO
Cynthia Vickers, RN
Lee Harris, Assistant Administrator
Carl Barber, Quality Manager
Dean Burke, MD
Delores Eidson, RN, Director of Nursing
Brandi Fitzgerald, Risk Management

Other members may serve on the CHSC as the committee's work progresses. Each meeting is guided by a written agenda, announced in advance, and minutes are recorded.

2. Defining the Community or Service Area

The CHSC selected a geographic service area definition. This definition was based upon the Hospital's primary service area in a manner that included the broad interests of the community served and included medically-underserved populations, low-income persons, minority groups, or those with chronic disease needs. Decatur and Seminole counties were selected as the community for inclusion in this report.

3. Identifying and Engaging Community Leaders and Participants

The CHSC identified community leaders, partners, and representatives to include in the CHNA process. Individuals, agencies, partners, potential partners, and others were requested to work with the hospital to 1) assess the needs of the community, 2) review available community resources and 3) prioritize the health needs of the community. Groups or individuals who represented medically-underserved populations, low income populations, minority populations, and populations with chronic diseases were included.

4. Identifying and Engaging Community Stakeholders

Community stakeholders, also called key informants, are people invested or interested in the work of the hospital, people who have special knowledge of health issues, people important to the success of any hospital

or health project, or are formal or informal community leaders. The hospital identified over 15 community members to participate in the CHNA process.

5. Community Health Profile

A Community Health Profile (Profile) was prepared by Draffin & Tucker, LLP to reflect the major health problems and health needs of Decatur and Seminole County. The Profile addressed:

- » Access to preventive health services,
- » Underlying causes of health problems, and
- » Major chronic diseases of the population.

Quantitative data, such as health data from a variety of sources including vital records, health status data from a variety of state and national sources and hospital utilization data, comprised the data and indicators used for the Profile.

6. Community Input

A two-hour community health input meeting (community meeting) and a one-hour community stakeholder interview with individuals from Public Health were essential parts of the CHNA process. The meeting and interview were conducted in order to obtain the community's input into the health needs of Decatur and Seminole County.

The community meeting was driven by an agenda planned in advance. Sign-in sheets and evaluations were also used. The Community Health Profile was shared with the participants at the meeting.

Participants were asked to provide their observations on the health data presented in the Profile. In addition, participants were requested to provide input as to needs that were not identified in the Profile. Questions and discussions were encouraged, with the objective that participants would increase their understanding of what the data meant in terms of the burden of chronic diseases, the impact of the demographics of the population on health services, health status, health behaviors, and access to healthcare. The group discussed the health problems or health issues and the facilitator made a list of the health problems the community participants indicated were important.

Priority issues were identified at the end of the discussion. These priorities did not reflect programs, services or approaches to resolving problems, but rather health issues to be addressed.

7. Hospital Prioritization of Needs

Information gathered from the community meeting, interview, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data were used to determine the priority health needs of the population. Draffin & Tucker, LLP provided the CHSC with a written report of the observations, comments, and priorities resulting from the community meeting and stakeholder interview. The CHSC reviewed this information, focusing on the identified needs, priorities, and current community resources available. The CHSC agreed with the needs as prioritized by the community. Each of the needs will be addressed separately in the Hospital's Implementation Strategy document.

Description of Major Data Sources

Bureau of Labor and Statistics

The Bureau of Labor and Statistics manages a program called *Local Area Unemployment Statistics (LAUS)*. *LAUS* produces monthly and annual employment, unemployment, and labor force data for census regions, divisions, states, County, metropolitan areas, and many cities. This data provides key indicators of local economic conditions. For more information, go to www.bls.gov/lau.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based surveillance system, administered by the Georgia Department of Human Resources, Division of Public Health, and Centers for Disease Control and Prevention (CDC). The data is collected in the form of a survey that is comprised of questions related to the knowledge, attitude, and health behaviors of the public. For more information, go to www.cdc.gov/brfss.

Centers for Disease Control and Prevention

The CDC publishes data that is collected by various surveillance and monitoring projects including:

- » National Vital Statistics System: collects and disseminates vital statistics (births, deaths, marriages, fetal deaths). For more information, go to www.cdc.gov/nchs/nvss.htm.
- » National Health and Nutrition Examination Survey (NHANES): assesses the health and nutritional status of adults and children in the U.S. For more information, go to www.cdc.gov/nchs/nhanes.htm.
- » Sexually Transmitted Disease Surveillance: collects and disseminates data derived from official statistics for the reported occurrence of nationally notifiable sexually transmitted diseases (STDs) in the United States, test positivity and prevalence data from numerous prevalence monitoring initiatives, sentinel surveillance of gonococcal antimicrobial resistance, and national services surveys. For more information, go to www.cdc.gov/std/stats10/app-interpret.htm.

County Health Rankings

County Health Rankings is published online by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings assess the overall health of nearly every county in all 50 states using a standard way to measure how healthy people are and how long they live. Rankings consider factors that affect people's health within four categories: health behavior, clinical care, social and economic factors, and physical environment. Information is based on the latest publicly available data from sources such as, National Center for Health Statistics (NCHS) and Health Resources and Services Administration (HRSA). For more information, go to www.countyhealthrankings.org.

Georgia Department of Public Health

The Georgia Department of Public Health manages a system called the Online Analytical Statistical Information System (OASIS). OASIS is currently populated with Vital Statistics (births, deaths, infant deaths, fetal deaths, and induced terminations), as well as data related to the Georgia Comprehensive Cancer Registry, Hospital Discharge information, Emergency Room Visits data, Arboviral Surveillance, Risk Behavior Surveys, Youth Risk

Behavior Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), sexually transmitted disease data, and population data. For more information, go to <http://oasis.state.ga.us>.

Georgia Department of Education

The Georgia Department of Education collects and analyses student health data through an annual survey. The Georgia Student Health Survey II (GSHS II) is an anonymous, statewide survey instrument developed by collaborations with the Georgia Department of Public Health and Georgia State University. The survey covers topics such as school climate and safety, graduation, school dropouts, alcohol and drug use, bullying and harassment, suicide, nutrition, sedentary behaviors, and teen driving laws. For more information, go to <http://www.doe.k12.ga.us>.

Healthy People 2020

Healthy People 2020 provides science-based, 10 year national objectives for improving the health of all Americans. It identifies nearly 600 objectives with 1,200 measures to improve the health of all Americans. Healthy People 2020 uses a vast amount of data sources to publish its data. Some examples of these data sources include the National Vital Statistics System and the National Health Interview Survey. The data used is formed into objectives: measurable objectives and developmental objectives. Measurable objectives contain a data source and a national baseline value. Baseline data provide a point from which a 2020 target is set. Developmental objectives currently do not have national baseline data and abbreviated or no operational definitions. For more information, go to www.healthypeople.gov/2020.

Kids Count Data Center

Kids Count Data Center is managed and funded by the Annie E. Casey Foundation. This foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the U.S. The Kids Count Data Center receives data from a nationwide network of grantee projects. They collect data on, and advocate for, the well-being of children at the state and local levels. For more information, go to www.datacenter.kidscount.org.

National Cancer Institute

The National Cancer Institute manages an online tool called *State Cancer Profiles*. *State Cancer Profiles* provides access to interactive maps and graphs, and cancer statistics at the national, state, and county level. This data can be further displayed by geographic regions, race/ethnicity, cancer site, age, and sex. For more information, go to www.statecancerprofiles.cancer.gov.

U.S. Census Bureau

The U.S. Census Bureau manages an online tool called the *American FactFinder*. *American FactFinder* provides quick access to data from the Decennial Census, American Community Survey, Puerto Rico Community Survey, Population Estimates Program, Economic Census, and Annual Economic Surveys. The data from these sources includes a wide variety of population, economic, geographic, and housing information at the city, county, and state level. For more information, go to www.factfinder.census.gov.

Definitions

Age-adjusted death rate - Rate of mortality in a population in which statistical procedures have been applied to permit fair comparisons across populations by removing the effect of differences such as age in the composition of various populations

NOTE: Age-adjusted rates are used in this report unless otherwise noted.

Incidence rate - Number of new cases of a disease, or other condition, in a population divided by the total population at risk over a time period, times a multiplier (e.g., 100,000)

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

Prevalence - Number of existing cases of a disease or health condition in a population at some designated time

Information Gaps and Process Challenges

The health data comes from a variety of sources and the sources collect data differently. The majority of this community health needs assessment compared published county-level data to both the published State and U.S. data. Careful analysis of how the data was collected insured that true comparability exists. If comparability is absent, the differences are carefully noted.

This community health needs assessment was designed to be comprehensive. It includes both quantitative and qualitative data from numerous sources. Although numerous health data is included in this report, it is not all inclusive and cannot measure all aspects of community health. Special populations such as undocumented residents, pregnant women, lesbian/gay/bisexual/transgender residents, and members of certain racial/ethnic or immigrant groups may not be identifiable. Some groups are too small to have reliable results. For this reason, small population groups and groups that are not represented in the quantitative data were included as part of the qualitative data collection. The key stakeholder and community focus group meeting devoted time to focus on these population groups. There are some medical conditions that were not specifically addressed.

The community input sections of this report are composed of paraphrased comments provided by participants during focus group meetings and key stakeholder interviews. The comments represent the opinions of participants and may or may not be factual.

2013 Implementation Strategy

Memorial Hospital and Manor created an implementation strategy report in 2013 to address the health needs identified in the 2013 CHNA. Below are some of the activities the hospital has worked to achieve since 2013.

To increase access to quality healthcare resources and information for families, especially low-income and medically underserved individuals.

- Provide extended office hours for Adult and Pediatric Primary Care services for better access to health providers.
- Identify opportunities for improvement by utilizing suggestions and feedback from employees and patients.

To increase community leadership and health advocacy.

- Encourage employees and physicians to become mentors for middle and high school students.
- Inform employees and the community about legislative issues pertaining to healthcare and encourage advocacy to improve disease research and treatment.
- Support disease research and services by participating in organized fundraiser and awareness programs such as the American Cancer Society Relay for Life.

To contain the increasing cost of healthcare while providing assistance to the medically underserved.

- Provide access to healthcare services for farm workers by accepting vouchers through the Georgia Farm Worker Association.
- Provide free care to individuals with incomes below 125% of the FPL.
- Provide discounted care to individuals with incomes below 250% of the FPL.
- Provide free health screenings in disadvantaged areas in the county.

To increase organizational growth, as well as community growth for economic development.

- Support the economic development initiatives of the Industrial Development Authority of Bainbridge and Decatur County to enhance the overall community image and growth potential.
- Continue physician recruitment efforts to reduce shortages in certain specialties.
- Support employee involvement on community boards and in charitable civic organizations.
- Facilitate clinical learning opportunities for health occupations for high school, college, and medical students.
- Provide scholarships for students in health care programs of study.

To increase educational and informational resources for disease prevention and awareness, and to promote early intervention of major diseases that affect the community.

- Provide educational and informational resources for Diabetes and other chronic diseases to at risk individuals.
- Provide free educational opportunities on prepared childbirth, breastfeeding, and infant care.
- Partner with civic organizations, churches, schools, and other groups to provide health screenings, diet and exercise resources, and recreational opportunities to promote wellness.
- Provide a speaker's bureau of health care experts to support community health education.
- Sponsor Health Fairs for community, senior citizens, children, government employees, industrial employees, and other groups in the community.
- Offer free screenings at Health Fairs to identify health risks.
- Sponsor Bainbridge Half Marathon and other events to promote fitness.
- Sponsor Camp Joy for disabled children.
- Provide free athletic physicals for high school and middle school students.

ABOUT DECATUR COUNTY AND SEMINOLE COUNTY

Decatur and Seminole counties are located in the southwestern part of Georgia. Decatur County has a total land area of 597 square miles, while Seminole County's land area is 235 square miles.¹ According to the U.S. Census, in 2014 there were 27,220 residents in Decatur County and 8,686 in Seminole County.² There is one hospital in Decatur County (Memorial Hospital and Manor).



Image Source: MapViewer

Population of Cities	
Decatur	
Attapulgus	449 (2010)
Bainbridge	12,496 (2014)
Brinson	215 (2010)
Climax	280 (2010)
Seminole	
Donalsonville	2,650 (2010)
Iron City	310 (2010)

Data above does not include CDPs and other unincorporated towns
Data Source: U.S. Census Bureau: State and County QuickFacts

Decatur County includes the cities and towns of Attapulgus, Bainbridge, Brinson, and Climax. Seminole County includes the cities and towns of Donalsonville and Iron City.

The population distribution in Decatur County is 43.5 percent urban and 56.5 percent rural. In Seminole County, 31.5 percent of the population is urban and 68.5 percent is rural. Over 98 percent of Decatur and Seminole counties' land area is rural.³

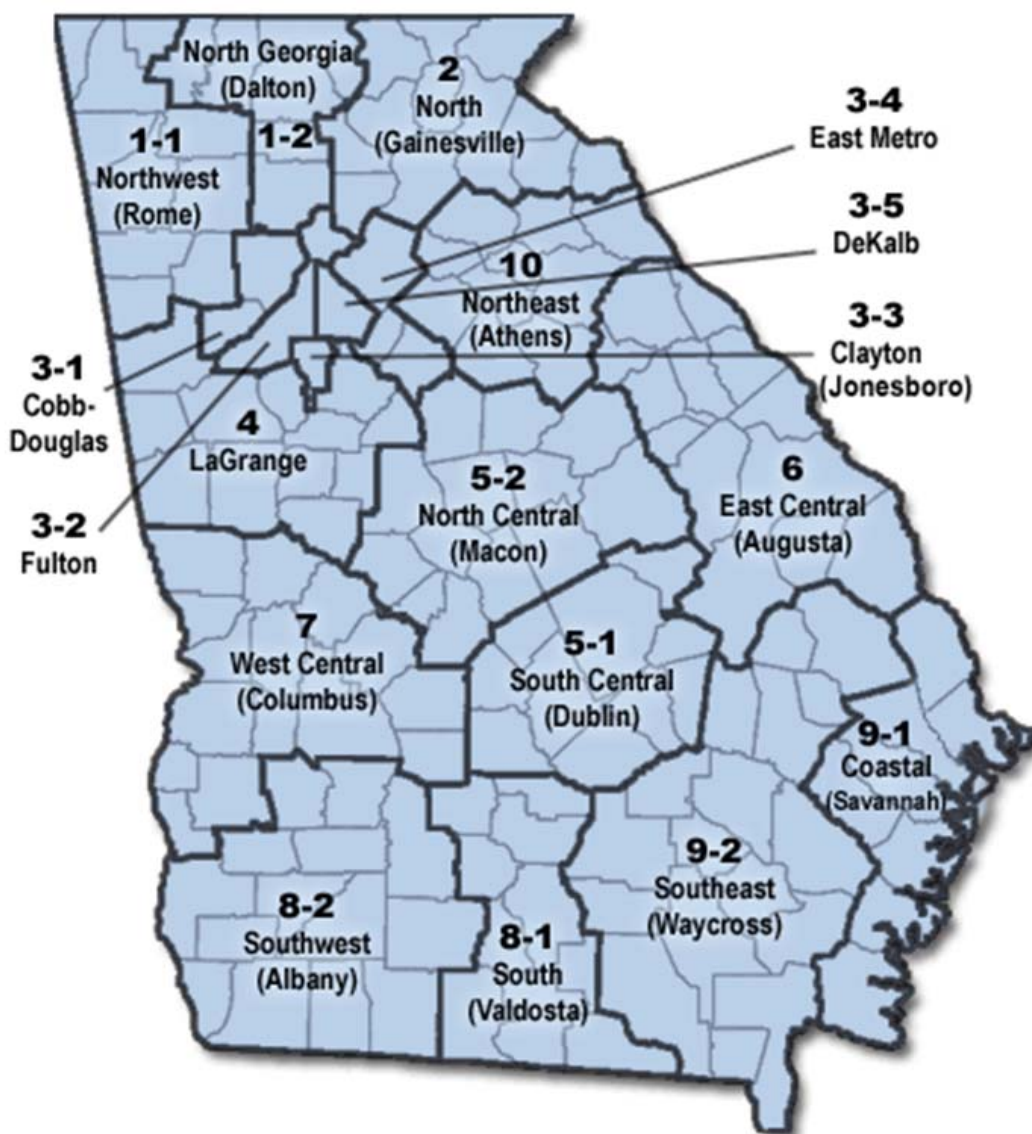
Decatur County is divided by the Flint River which flows to meet the Chattahoochee and Lake Seminole. Lake Seminole is regarded as one of the nation's best lakes for fishing.⁴



Image Source: UDS Mapper

Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Decatur and Seminole counties are located in District 8-2 which is also referred to as 8-2 Southwest (Albany). This district includes the counties of Decatur, Seminole, Baker, Calhoun, Colquitt, Dougherty, Early, Grady, Lee, Miller, Mitchell, Terrell, Thomas, and Worth.



Source: Georgia Department of Community Health

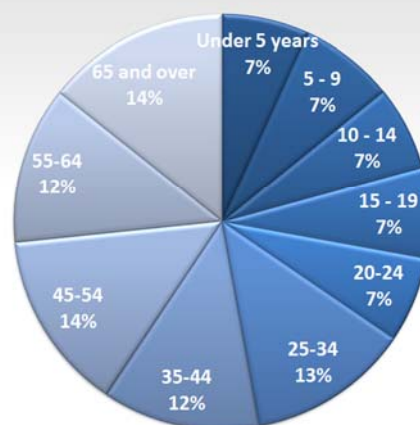
Demographics

Population Profile

A community's health status is reflective of its population characteristics. Generally, the more aged the population, the greater its health needs. This group is more likely to develop chronic medical conditions requiring care.

According to the U.S. Census Bureau, 14 percent of Decatur County's population was age 65 and over. In Georgia, the average percentage of the population age 65 or older was 11.1 percent compared to 13.4 percent for the U.S.⁵

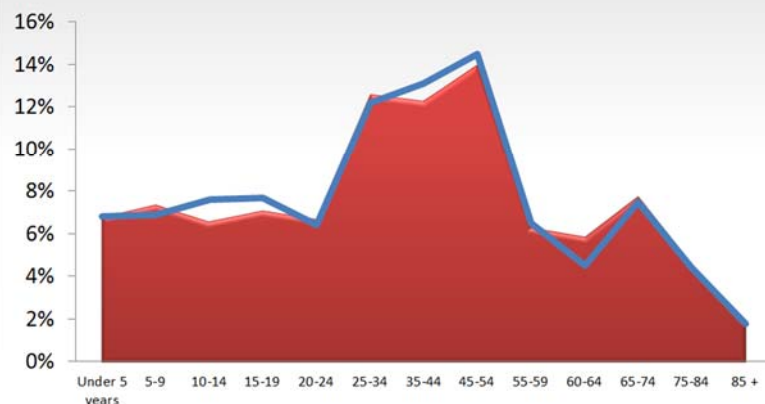
Population Percentages by Age Groups, 2009-2013
Decatur County



Data Source: U.S. Census Bureau

Population Percentages by Age Groups
Decatur County

■ Decatur 2013 ■ Decatur 2010



Data Source: U.S. Census Bureau

Comparing Decatur County's population percentage by age groups from 2010 to 2013, it is noted that the age composition is changing.

Age categories with increases:

- 5-9
- 20-34
- 60+
-

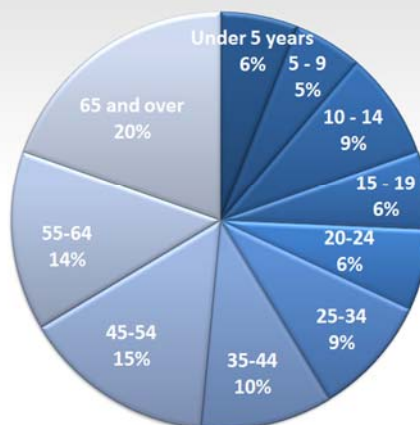
Age categories with decreases:

- 10-19
- 35-59

The age group under 5 years remained stable.

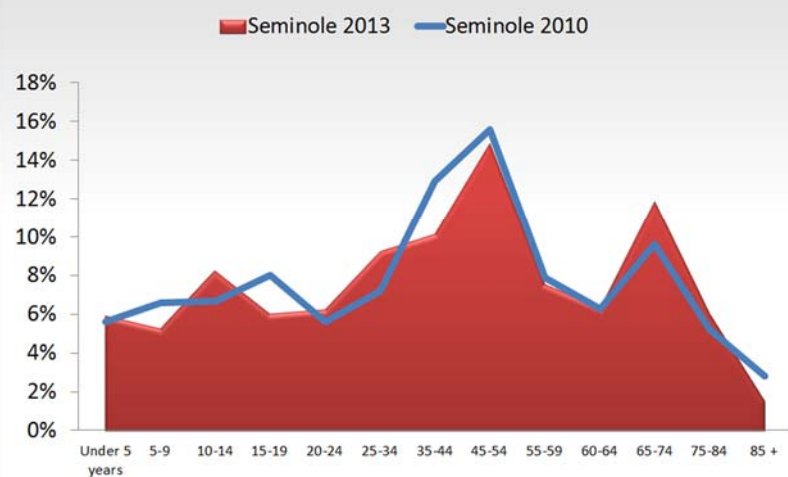
According to the U.S. Census, 20 percent of Seminole County's population was age 65 and over. In Georgia, the average percentage of the population age 65 or older was 11.1 percent compared to 13.4 percent for the U.S.⁶

Population Percentages by Age Groups, 2009-2013
Seminole County



Data Source: U.S. Census Bureau

Population Percentages by Age Groups
Seminole County



Data Source: U.S. Census Bureau

In Seminole County, the following population changes were noted when comparing 2010 to 2013:

Age categories with increases:

- Under 5 years
- 10-14
- 20-34
- 60-84

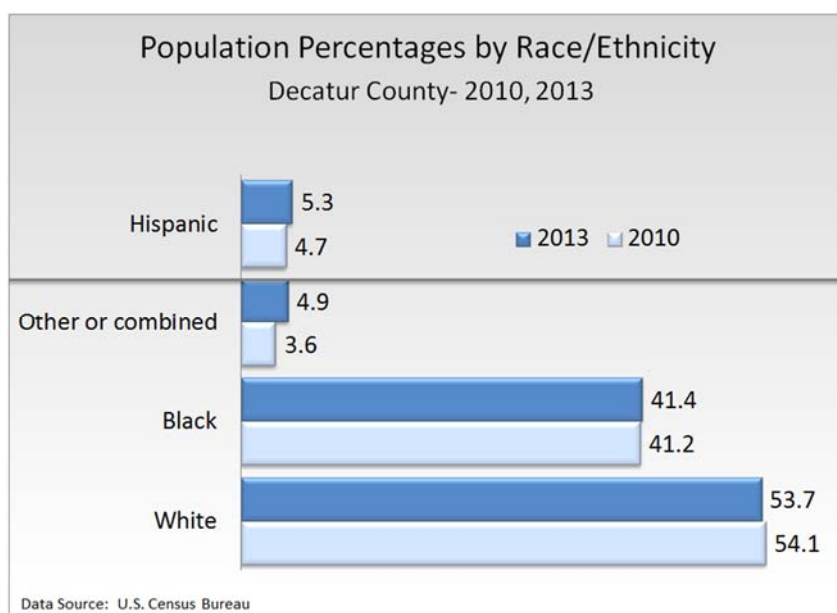
Age categories with decreases:

- 5-9
- 15-19
- 35-59
- 85+

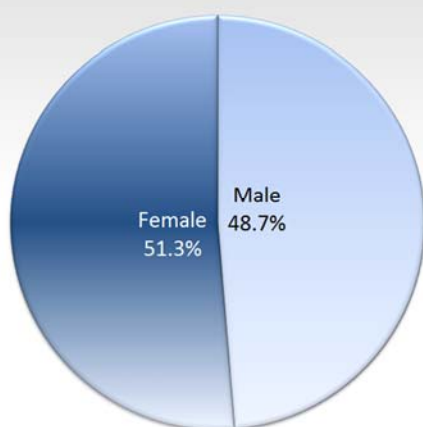
Race and Ethnicity Profile

There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.⁷ Although low income disparities are evident across all racial categories, cultural differences among minorities often contribute to poorer health. The poorer health of racial and ethnic minorities also contributes to higher death rates.⁸ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.⁹

In 2013, Decatur County's population was 53.7 percent White, 41.4 percent Black, and 5.3 percent Hispanic. The Hispanic population has increased from 2010 to 2013.



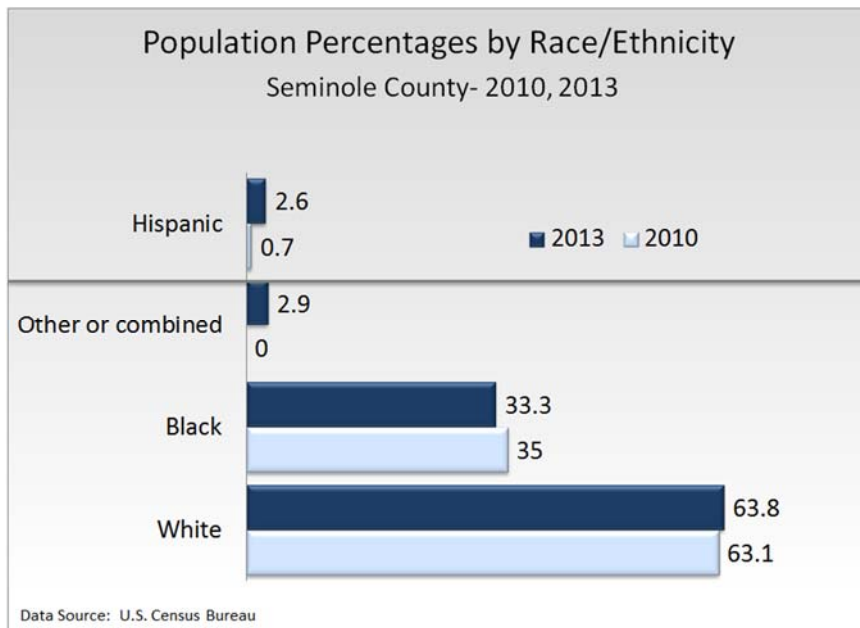
Population Percentages by Sex, 2009-2013
Decatur County



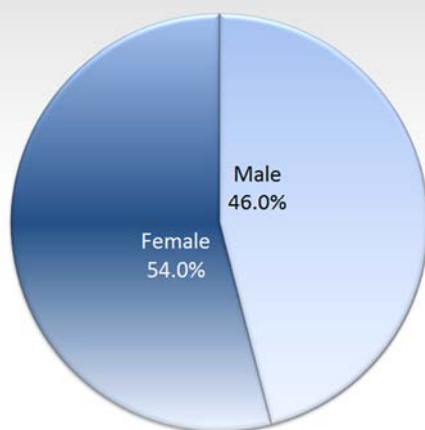
Data Source: U.S. Census Bureau

The percent of females in Decatur County was higher at 51.3 percent compared to males at 48.7 percent.

In 2013, Seminole County's population was 63.8 percent White, 33.3 percent Black, and 2.6 percent Hispanic. The Hispanic population has more than tripled since 2010.



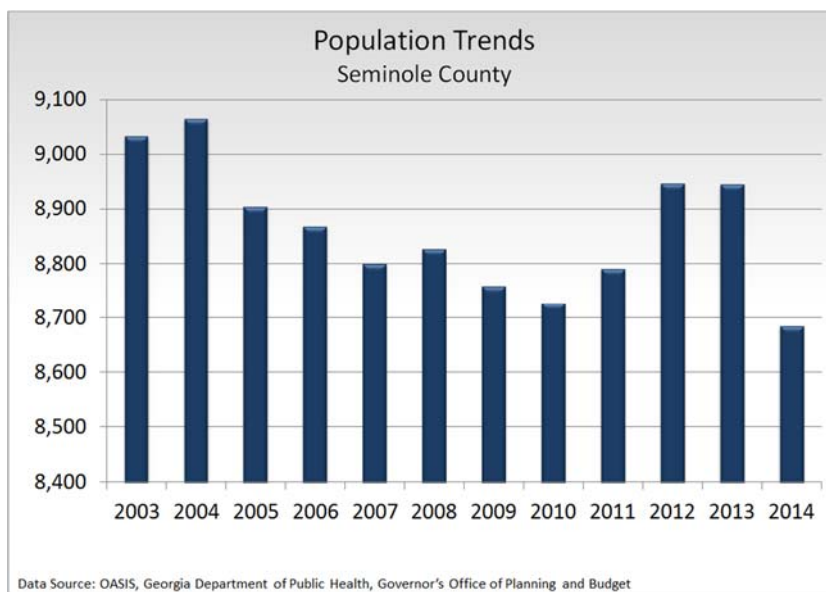
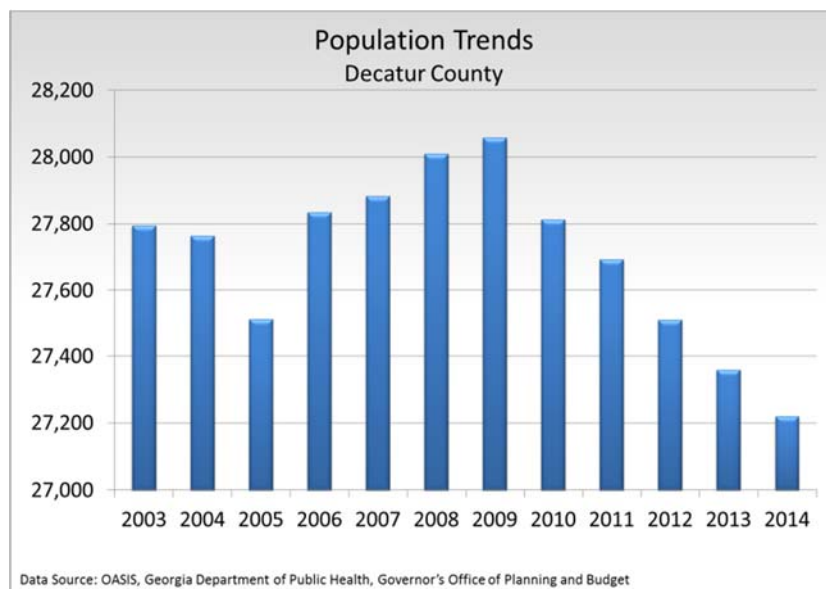
Population Percentages by Sex, 2009-2013
Seminole County



Data Source: U.S. Census Bureau

The percent of females in Seminole County was higher at 54 percent compared to males at 46 percent.

In 2014, Decatur County's resident population was 27,220, and Seminole County's resident population was 8,686. Decatur County's population had decreased by 1,382 since 2003, while Seminole County's population had decreased by 294.



COMMUNITY INPUT

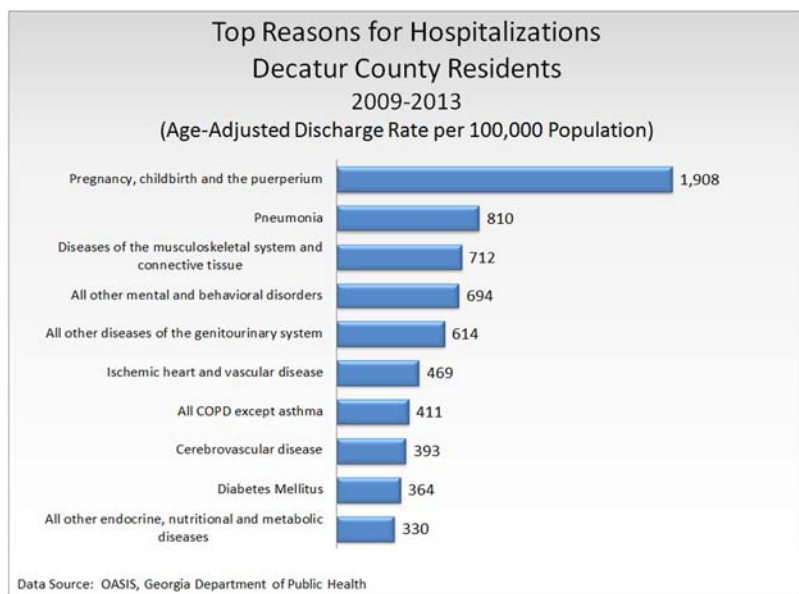
About Decatur County and Seminole County

- » Decatur County is closely connected with Grady County which has a larger Hispanic population.
- » There is more public housing in the city of Bainbridge than the city of Valdosta.
- » Several large employers have left Decatur County.

MORBIDITY AND MORTALITY

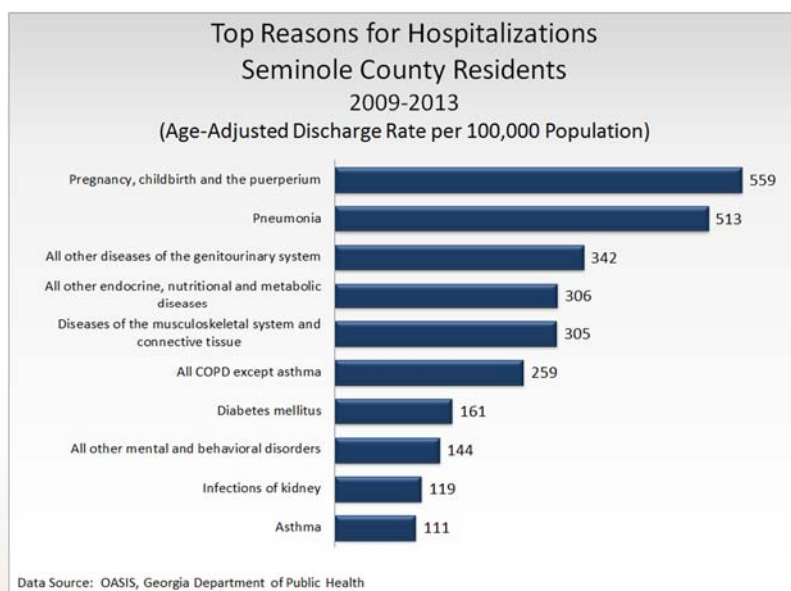
Hospitalization and Emergency Room Visits

Many of the top reasons for inpatient hospitalizations by discharge rate are related to “Common Ambulatory Sensitive Conditions”. These are conditions in which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.



Common Ambulatory Care Sensitive Conditions
Asthma – (Respiratory)
Chronic Obstructive Pulmonary Disease – (Respiratory)
Congestive Heart Failure – (Circulatory)
Dehydration
Diabetes – (Endocrine)
High Blood Pressure – (Circulatory)
Pneumonia – (Respiratory)

The four leading cause of hospitalizations among Decatur County residents were pregnancy and childbirth, pneumonia, diseases of the musculoskeletal system, and mental and behavioral disorders. In Seminole County the leading causes were pregnancy and childbirth, pneumonia, diseases of the genitourinary system, and endocrine or metabolic diseases. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked number one among the leading causes of death for Decatur and Seminole County residents.



TOP 15 CAUSES OF EMERGENCY ROOM VISITS Decatur County Residents (Any Hospital)	
2009-2013 Age-Adjusted ER Visit Rate	
1	All other unintentional injury
2	Diseases of the musculoskeletal system and connective tissue
3	Falls
4	All other diseases of the genitourinary system
5	All other endocrine, nutritional and metabolic diseases
6	Motor vehicle crashes
7	All other mental and behavioral disorders
8	All other diseases of the nervous system
9	Pregnancy, childbirth and the puerperium
10	Pneumonia
11	Asthma
12	Influenza
13	Essential (primary) hypertension and hypertensive renal, and heart disease
14	Diabetes mellitus
15	Assault (homicide)

Data Source: OASIS, Georgia Department of Public Health

TOP 15 CAUSES OF EMERGENCY ROOM VISITS Seminole County Residents (Any Hospital)	
2009-2013 Age-Adjusted ER Visit Rate	
1	All other unintentional injury
2	Diseases of the musculoskeletal system and connective tissue
3	Falls
4	All other diseases of the genitourinary system
5	Motor vehicle crashes
6	All other mental and behavioral disorders
7	All other diseases of the nervous system
8	All other endocrine, nutritional and metabolic diseases
9	Essential (primary) hypertension and hypertensive renal, and heart disease
10	Pregnancy, childbirth and the puerperium
11	All COPD except asthma
12	Asthma
13	Diabetes mellitus
14	Influenza
15	Assault

Data Source: OASIS, Georgia Department of Public Health

The top fifteen causes for Decatur and Seminole counties' residents visiting an emergency department from 2009-2013 were very similar. According to hospital staff, many of these visits are considered as nonemergency conditions. The report section, *Access to Care*, will address many of the reasons that lead to inappropriate use of emergency room facilities.

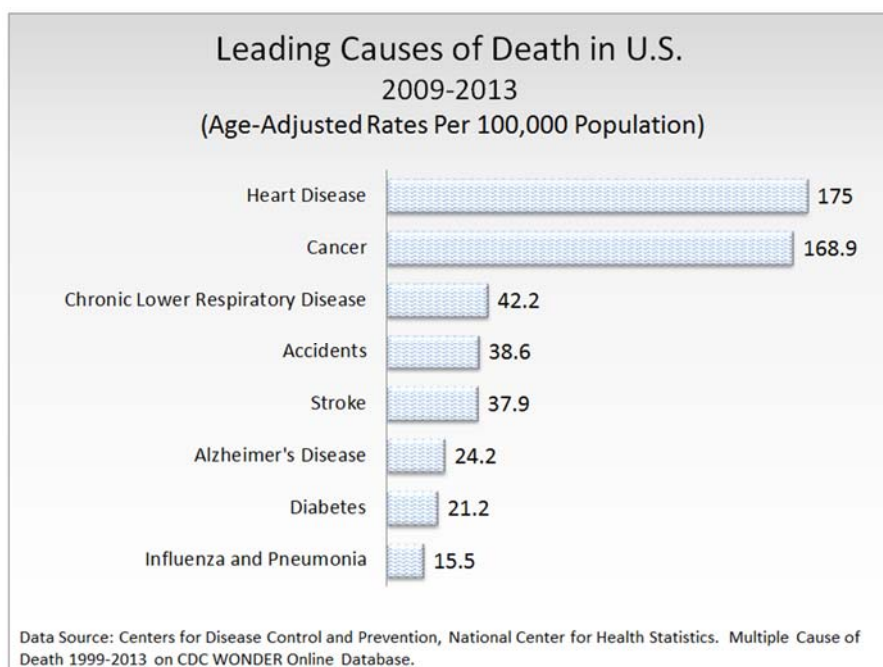
COMMUNITY INPUT

Hospitalizations and Emergency Room Visits

- » Amelia Medical Plaza has extended hours and Saturday hours to alleviate the overuse of the ER.

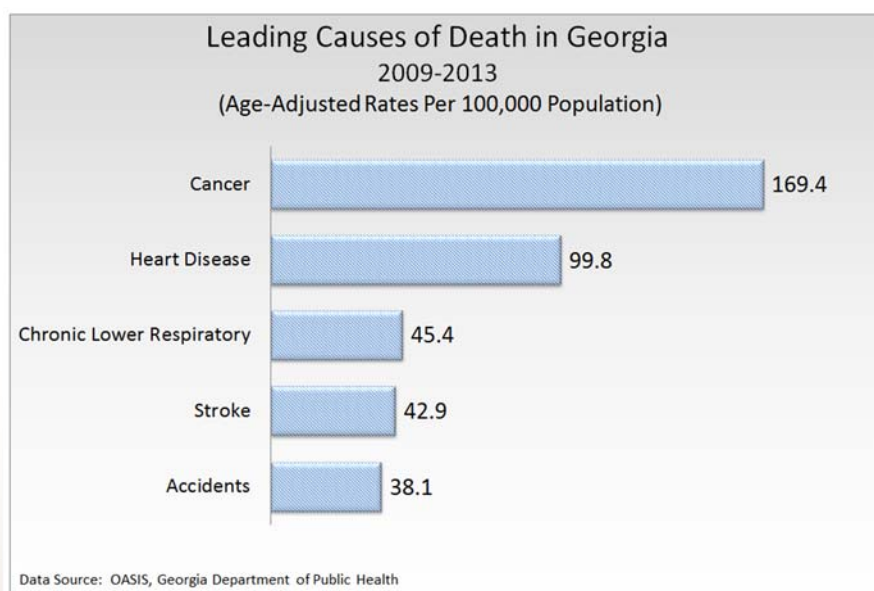
Leading Causes of Death

Different data sources were used to identify the leading causes of death in the U.S. and the leading causes of death in Georgia and Georgia's counties. At the national level, the top five leading causes of death were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. At the State level, they were cancer, heart disease, chronic lower respiratory disease, stroke, and accidents. The National Center for Health Statistics (NCHS) uses a method referred to as the NCHS ranking method. The leading causes of death rates for the U.S., the counties, and Georgia, were calculated using the NCHS ranking method. The heart disease rates at the state and county levels were calculated with fewer diagnoses, so it is not fully comparable to the U.S. rate.



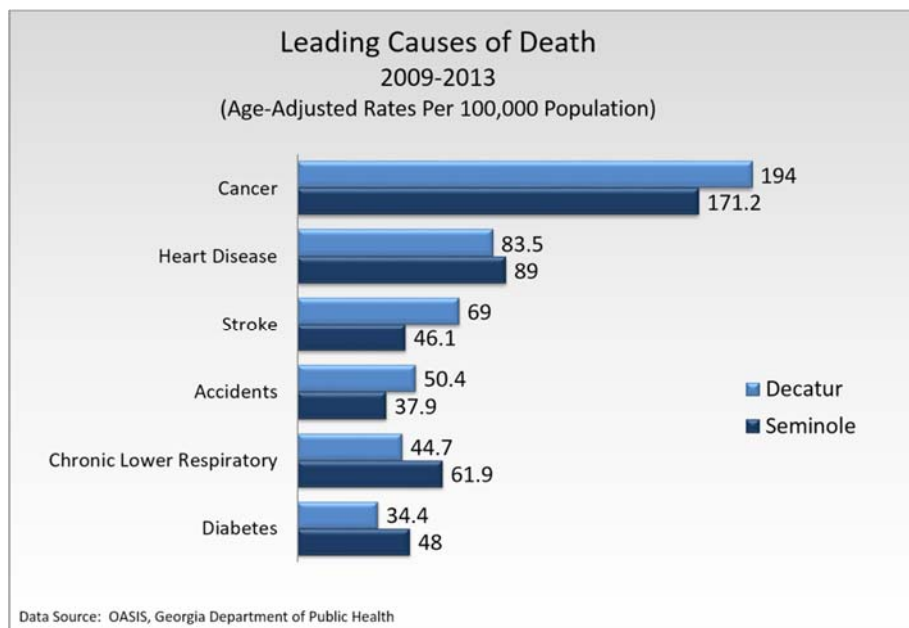
The top five leading causes of death in the U.S. from 2009-2013 were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. Heart disease and cancer rates were over four times higher than the other top five diseases.

The leading causes of death in Georgia from 2009-2013 were cancer, heart disease, chronic lower respiratory disease, stroke, and accidents.



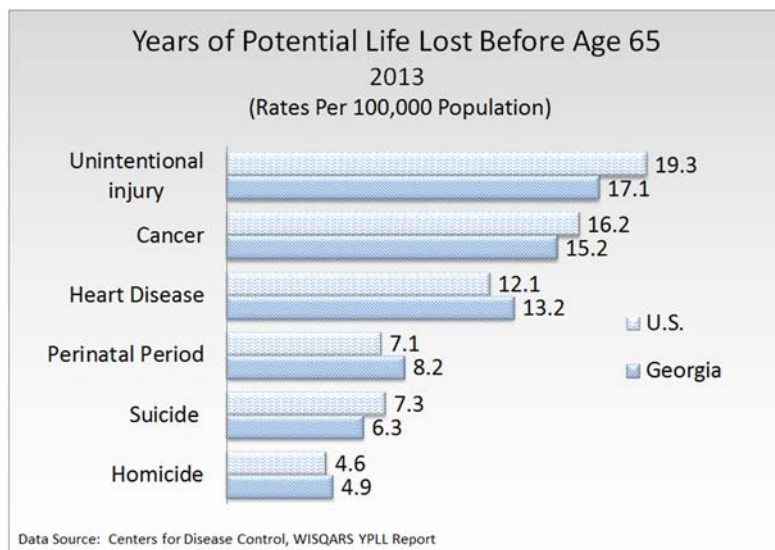
The leading causes of death in Decatur County were cancer, heart disease, stroke, accidents, chronic lower respiratory disease, and diabetes.

The leading causes of death in Seminole County were cancer, heart disease, diabetes, chronic lower respiratory disease, stroke, and accidents.



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2013, unintentional injuries (e.g. firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Cancer, heart disease and perinatal were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.¹⁰ YPLL statistics at the County level were unavailable for this report.



Years Potential Life Lost – Georgia Residents—by Sex and Race/Ethnicity 2009-2013

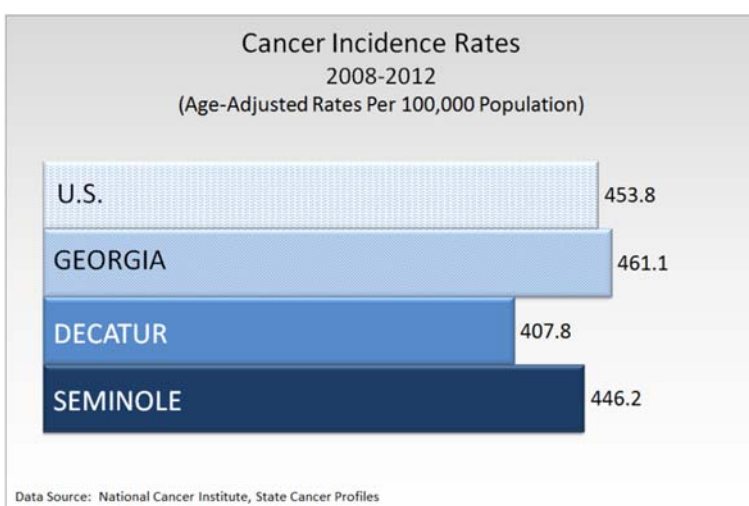
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 23.8	Cancer 21.2%	Heart disease 14.8%	Cancer 17.2%	Unintentional injuries 28.0%	Perinatal period 19.2%
Heart disease 14.5%	Unintentional injuries 18.3%	Unintentional injuries 13.3%	Heart disease 13.0%	Perinatal period 11.7%	Congenital anomalies 15.4%
Cancer 14.0%	Heart disease 10.4%	Homicide 11.8%	Perinatal period 12.3%	Homicide 9.2%	Malignant neoplasms 14.4%

Data Source: Centers for Disease Control, WISQARS YPLL Report

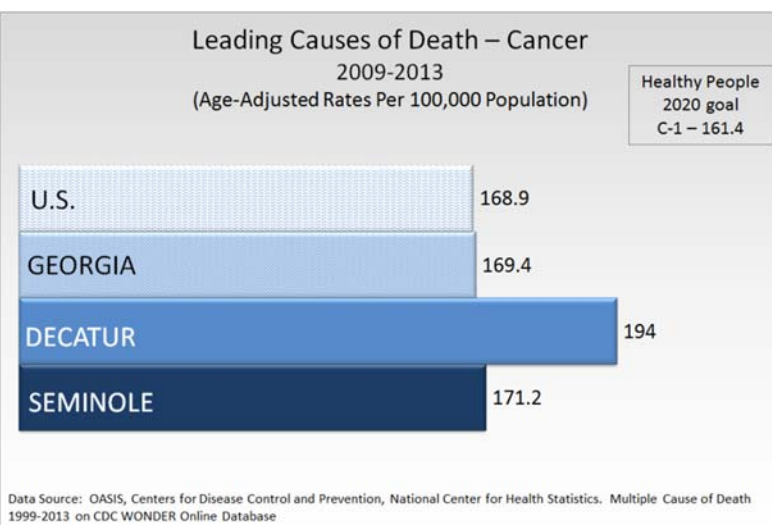
Cancer

HEALTHY PEOPLE 2020 REFERENCE - C

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,500 people a day died of cancer in the U.S. in 2012.¹¹ The most common cancers among men in Georgia were prostate, lung and bronchus, and colorectal. Breast, lung and bronchus, and colorectal cancers were the most common cancers among Georgia women.¹²



In both Decatur and Seminole counties, the cancer incidence rates were lower than the State and the U.S. rates.



Why Is Cancer Important?

Many cancers are preventable by reducing risk factors such as:

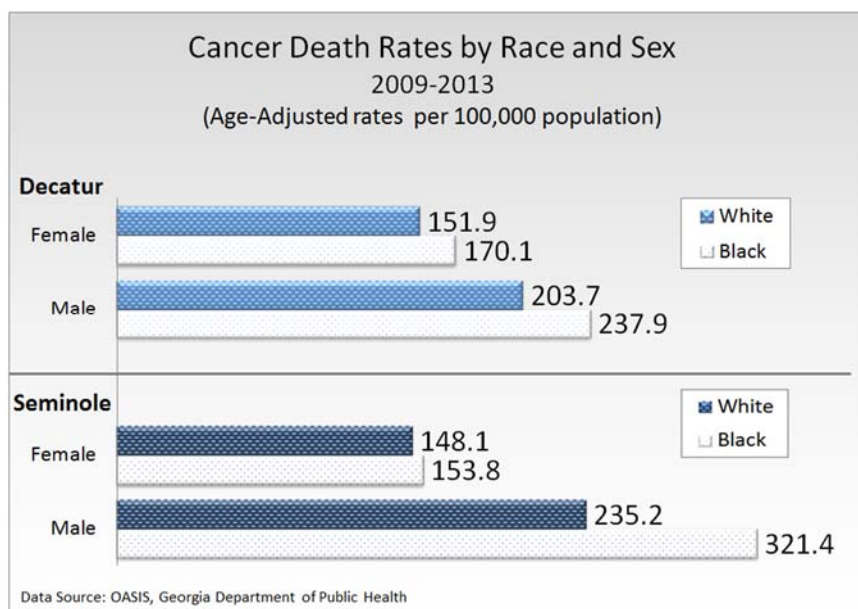
- » Use of tobacco products
- » Physical inactivity and poor nutrition
- » Obesity
- » Ultraviolet light exposure

Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:

- » Breast cancer (using mammography)
- » Cervical cancer (using Pap tests)
- » Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Healthy People 2020

In Decatur and Seminole counties, the cancer death rates were higher than the Georgia and the U.S. rates.



Age-adjusted cancer death rates in Decatur County were higher among Black females than White females. This disparity was also evident among the Black male population. In Seminole County, Black females had a higher death rate than White females, and Black males had a higher death rate than White males.

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.¹³

Factors that significantly contribute to the cause of death are termed "actual causes of death." Identification of actual causes can help the community to implement plans and actions to prevent the disease. Risk factors that can be modified by intervention and can reduce the likelihood of a disease are known as "modifiable risk factors."

Modifiable risk factors related to cancer include tobacco, chemicals, infectious organisms, and radiation. There may also be internal factors such as genetics and hormones which contribute to the incidence of cancer.

Cancer

Modifiable Risk Factors

- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

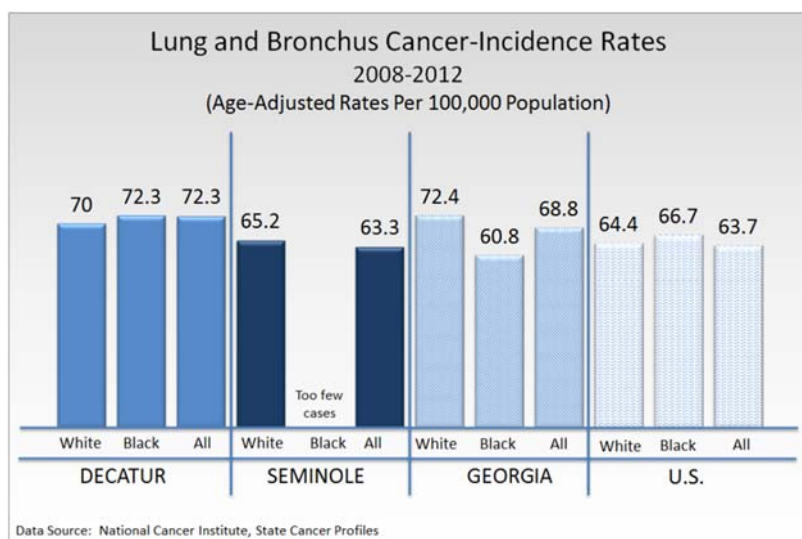


Data Source: Major avoidable risk factors of cancer, Aichi Cancer Center Research Institute

The following pages of this report include a discussion of the types of cancers that were most prevalent, with known risk factors, and which can be detected at early stages through effective screening tests.

Lung Cancer

According to the American Cancer Society, lung cancer accounts for about 14 percent of cancer diagnoses among U.S. males and 13 percent among females. Lung cancer accounts for more deaths than any other cancer in men (28 percent) and women (26 percent). More women die from lung cancer (26 percent) than breast cancer (15 percent).¹⁴

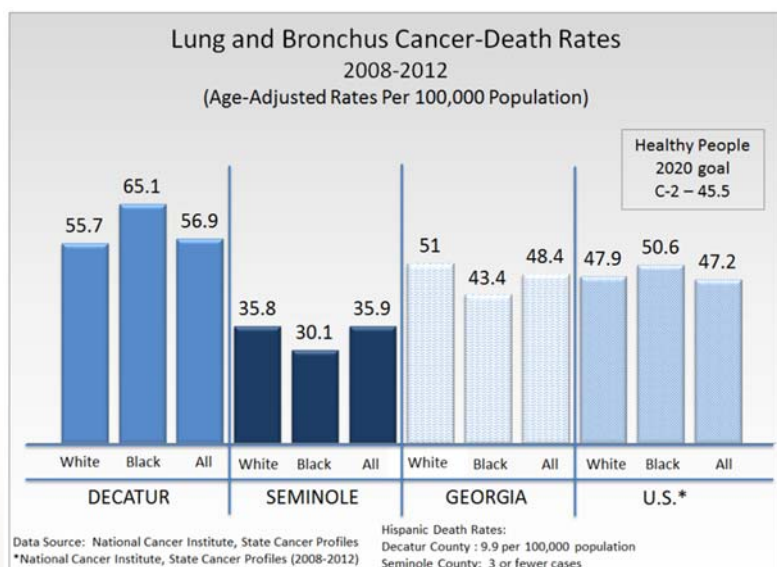


Lung cancer incidence rates were higher in Decatur County than in Seminole County and Georgia. Blacks had a higher incidence rate than Whites in Decatur County. In Seminole County there were too few cases reported to compute a rate for the Black population.

Lung cancer is the first leading cause of cancer death among both males and females in Georgia.¹⁵ According to data published from the National Cancer Institute, lung cancer incidence rates for males in Decatur County were more than double the rate of females. Seminole County's male and female incidence rates were comparable.¹⁶

Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2008-2012		
	Male	Female
Decatur	107.3	47.4
Seminole	64.9	63.9

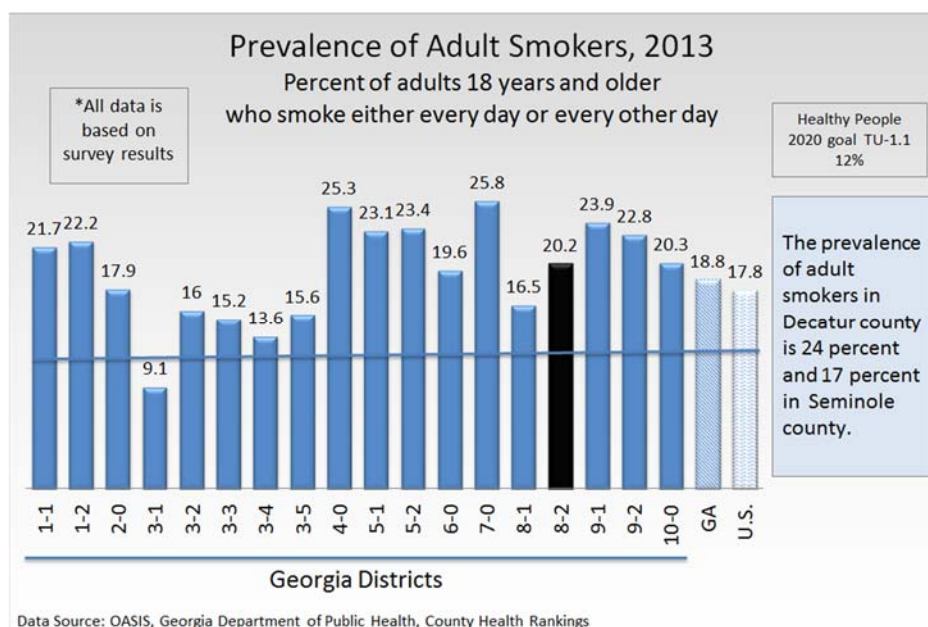
Data Source: National Cancer Institute, State Cancer Profiles



The overall lung cancer death rate in Decatur County was higher than the Georgia rate. Blacks had a higher incidence rate than Whites in Decatur County.

RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.¹⁷

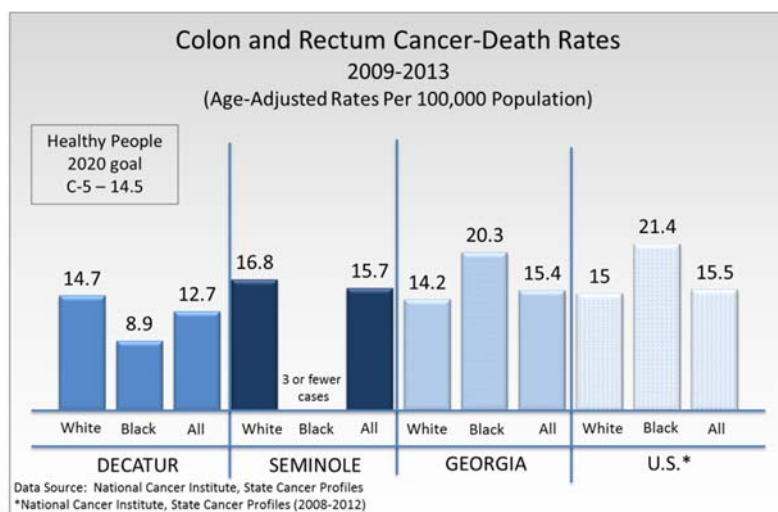
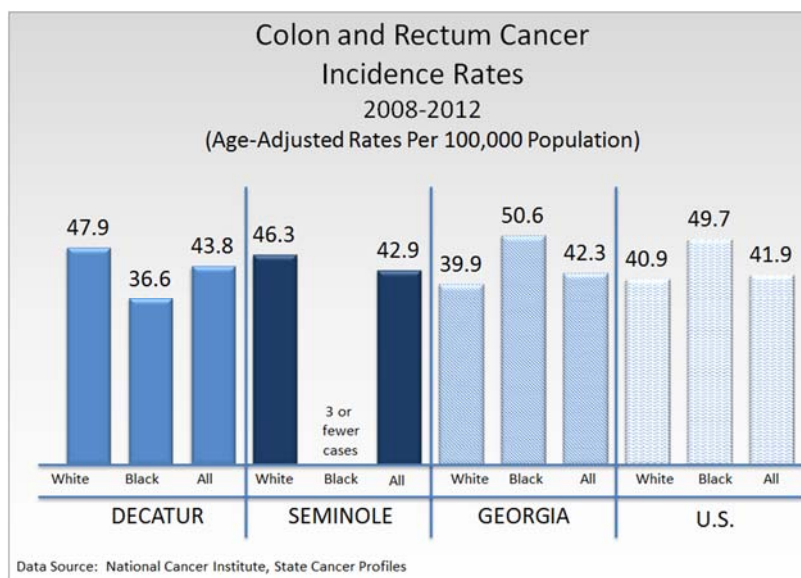


The smoking prevalence in Health District 8-2 (which includes Decatur and Seminole counties) was higher than Georgia (18.8 percent) and the U.S. (17.8 percent). The smoking prevalence was 24 percent in Decatur County and 17 percent in Seminole County.

Colon and Rectum Cancer

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that eight percent of male cancer deaths and nine percent of female cancer deaths were from colorectal cancer in 2015. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.¹⁸ Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 50 percent higher mortality rate than Whites.¹⁹

The Decatur County colon and rectum cancer incidence rate (43.8 per 100,000 population) was higher than Seminole County (42.9 per 100,000 population). Both counties had higher incidence rates compared to the State or U.S. The Decatur County White population had the highest incidence rate (47.9 per 100,000 population) out of all the population groups.



The death rates in Decatur County (12.7 per 100,000 population) and Seminole County (15.7 per 100,000 population) were higher than the State (15.4 per 100,000 population).

RISK FACTORS

Colon and rectum cancer risks increase with age. According to the American Cancer Society, 90 percent of new cases are diagnosed in individuals age 50 and older. Modifiable risk factors include:

- » Obesity
- » Physical inactivity
- » Moderate to heavy alcohol consumption
- » High consumption of red or processed meat
- » Long-term smoking
- » Low calcium intake
- » Very low intake of whole-grain fiber, fruit, and vegetables²⁰

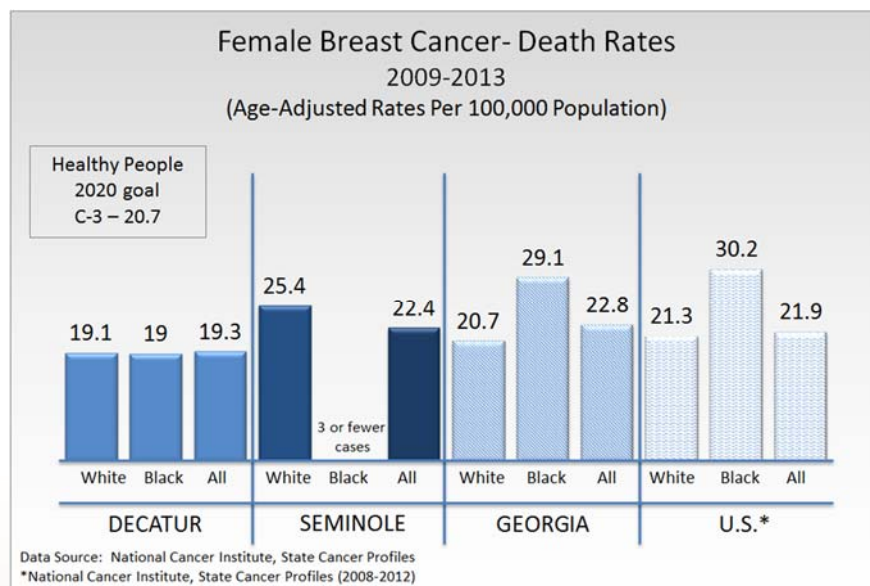
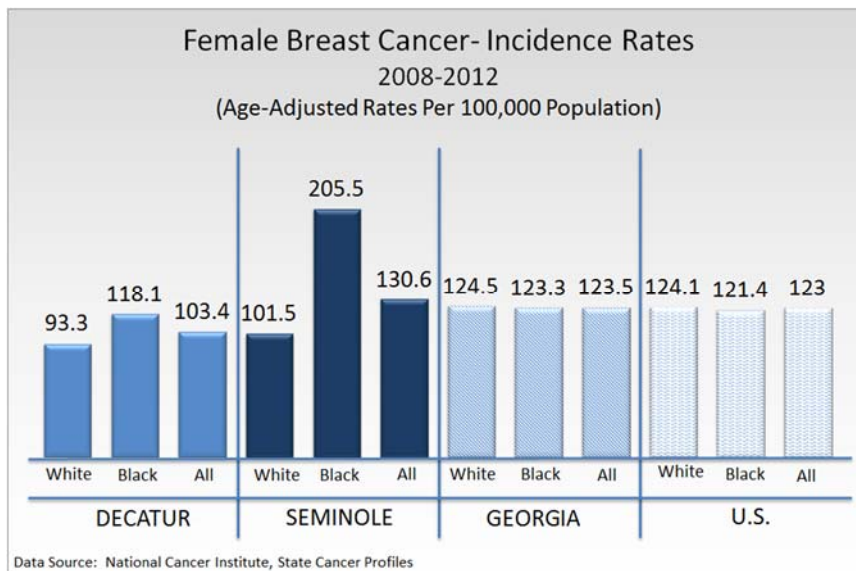
EARLY DETECTION

Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.²¹ The U.S. Preventive Services Task force recommends that adults 50 and older undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.²²

Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 29 percent of new cancer cases and 15 percent of cancer deaths among women.²³

The breast cancer incidence rate in Seminole County (130.6 per 100,000) was higher than the Decatur County and Georgia rates. In both Decatur and Seminole County, Black females had the highest incidence rate.



Decatur County had a lower death rate (19.3 per 100,000 population) compared to both the State and U.S. rates. The Seminole County rate of 22.8 per 100,000 population was lower than the U.S. but higher than the State rate.

RISK FACTORS

Age is the most important risk factor for breast cancer. Risk is also increased by a personal or family history of breast cancer. Potentially modifiable risk factors include:

- » Weight gain after age 18
- » Being overweight or obese
- » Use of hormones
- » Physical inactivity
- » Consumption of one or more alcoholic drinks per day
- » Long-term heavy smoking²⁴

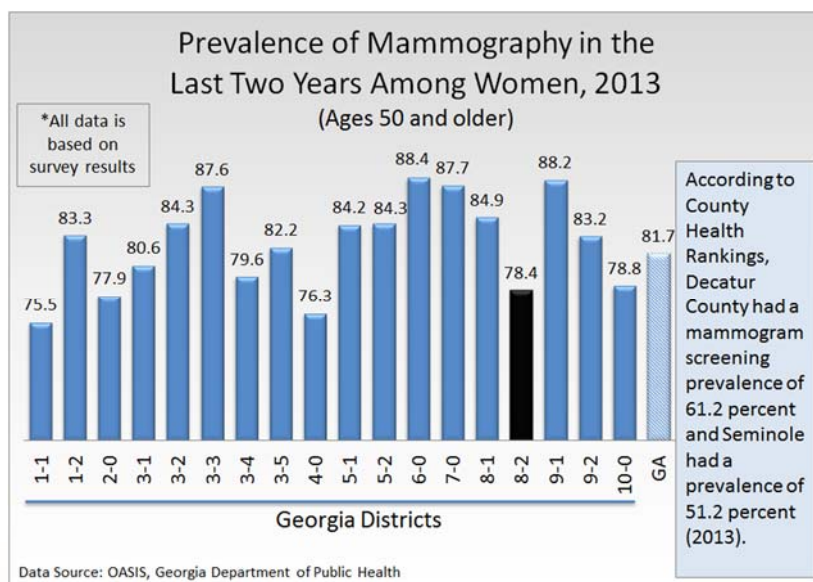
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight²⁵

EARLY DETECTION

Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect most breast cancers in women without symptoms, though the sensitivity is lower for younger women and women with dense breasts. Nearly 10 percent of women will have an abnormal mammogram. Out of that 10 percent, 95 percent do not have cancer. Efforts should be made to improve access to health care and encourage all women 40 and older to receive regular mammograms.²⁶

The percentage of women receiving a breast cancer screening (mammography) was lower in Health District 8-2 (78.4 percent) than the State. Decatur County, at 61.2 percent, and Seminole County, at 51.2 percent, were lower than the State and Health District average.

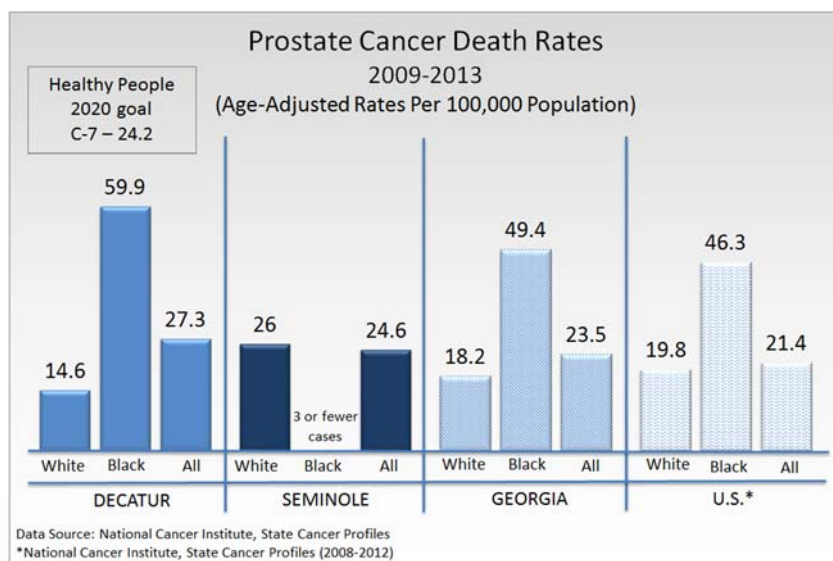
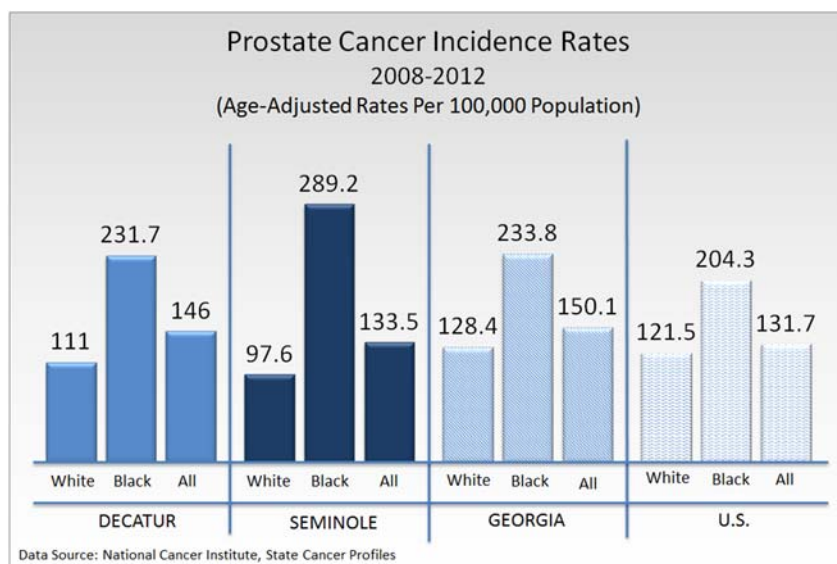


Prostate Cancer

Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.²⁷

Decatur County had a higher prostate cancer incidence rate (146 per 100,000 population) compared to Seminole County and the U.S, but lower than Georgia (150.1 per 100,000 population).

Incidence rates among Black males were higher than White males in all population groups.



Decatur County and Seminole County had higher prostate cancer death rates than that of the State or U.S. The death rate among the Black population in Decatur County was the highest.

RISK FACTORS

According to the American Cancer Society, risk factors for prostate cancer include:

- » Age
- » Ethnicity
- » Family history of prostate cancer²⁸

EARLY DETECTION

Prostate-specific antigen (PSA) testing of the blood permits the early detection of prostate cancer before symptoms develop. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. At age 50, the American Cancer Society recommends men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their healthcare provider about the benefits and limitations of PSA testing. Men who are higher risk (Black or those with a close relative diagnosed before age 65) should have a discussion with their healthcare provider at age 45.²⁹

COMMUNITY INPUT

Cancer

- » The major barrier to cancer care in the community is there are not enough affordable screening options.
- » The Health Department offers mammograms for those who do not have insurance; however, there is a waiting list. This program operates mainly by word of mouth.
- » We need a different format of education about cancer. There is so much involved in a typical office visit, so any education done during the visit can be overwhelming.
- » Cancer death rates could be so high due to the increased exposure to chemicals from farming and also the lack of screening.
- » Availability of cancer screenings is an issue for the underserved populations due to affordability.

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE - HDS

HEART DISEASE

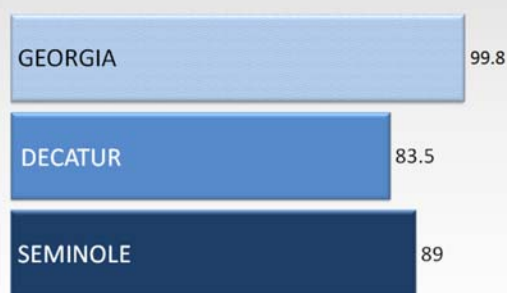
According to the American Heart Association, over 800,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2013. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. Heart disease kills over 370,000 Americans each year, accounting for one in seven deaths in the country.³⁰

Why Are Heart Disease And Stroke Important?

Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.

Healthy People 2020

Leading Causes of Death – Heart Disease
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

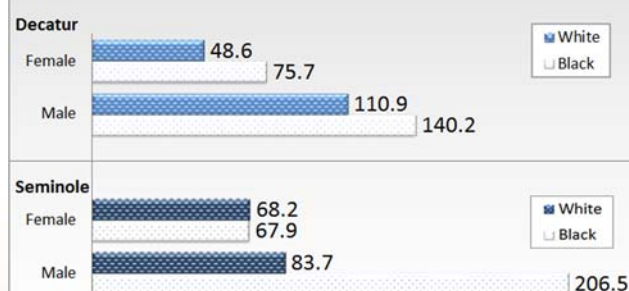


Data Source: OASIS, Georgia Department of Public Health

Decatur and Seminole counties death rates from heart disease were 83.5 and 89 per 100,000 population, respectively. Both rates were lower than the Georgia rate of 99.8 per 100,000 population.

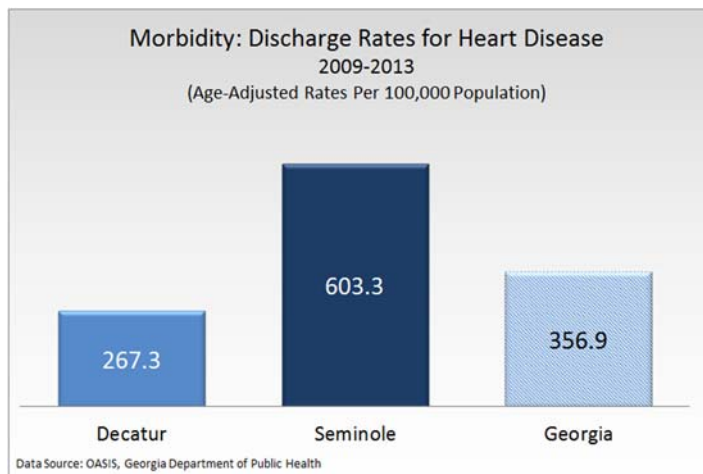
In both counties, the heart disease death rates were highest among Black males, followed by White males. The heart disease death rate for Black males in Seminole County was more than double that of the White males.

Heart Disease Death Rates by Race and Sex
2009-2013
(Age-Adjusted Rates Per 100,000 Population)



Data Source: OASIS, Georgia Department of Public Health

The hospital discharge rate for heart disease was higher in Seminole County compared to both Decatur County and the State.



MODIFIABLE RISK FACTORS

According to the 2013 Behavioral Risk Factor Surveillance System (BRFSS), the following risk factors were noted in Health District 8-2.³¹

Percentage of Population Reporting Risk 2013		
Risk Factor:	District 8-2	Georgia
Obesity	42.6	30.2
Physical Inactivity	33	27.2
Smoking	20.2	18.8
Diabetes	11.6	10.8

Data Source: OASIS, BRFSS, Georgia Department of Public Health

Cardiovascular Disease

Modifiable Risk Factors

- Tobacco smoke
- High blood cholesterol
- High blood pressure
- Physical inactivity
- Overweight and obesity
- Poor nutrition
- Diabetes mellitus
- Stress
- Alcohol use
- Illegal drugs



Data Source: American Heart Association

NOTE:

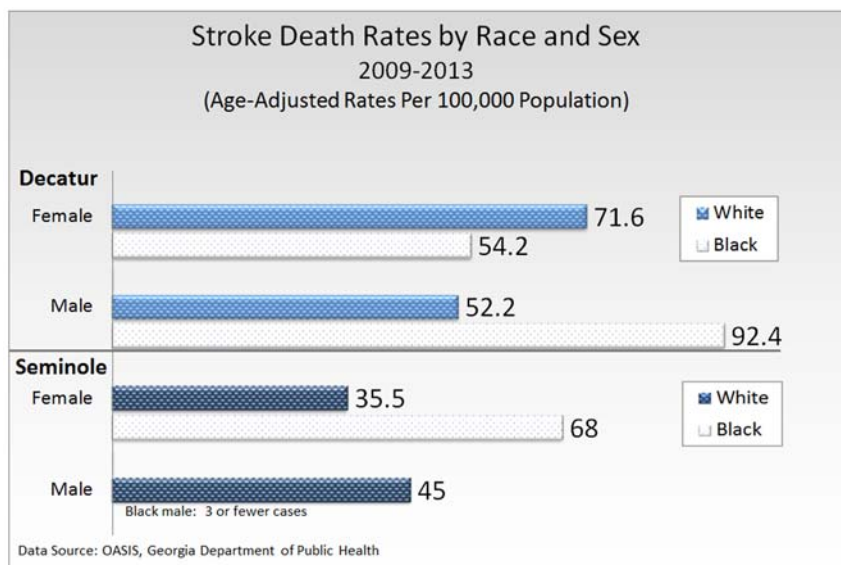
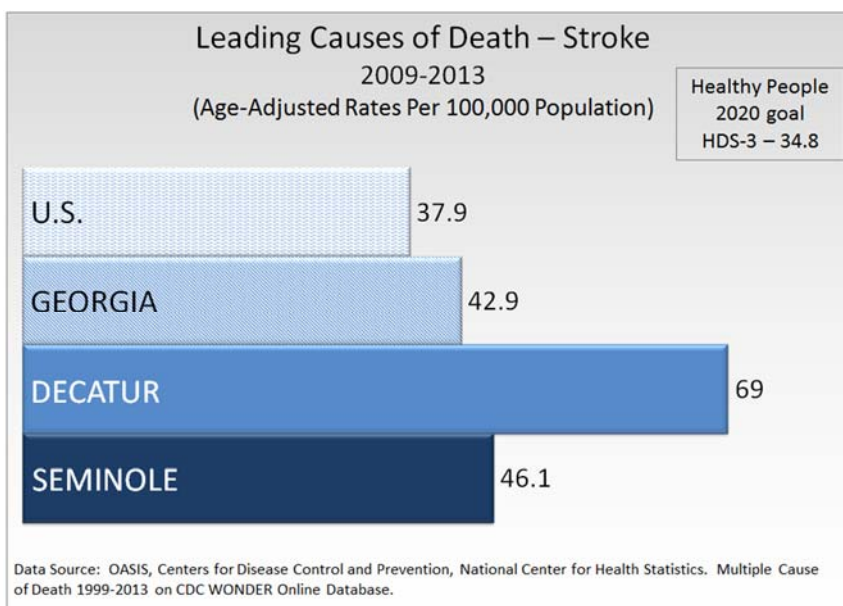
The data used to analyze heart disease rates came from the Georgia Department of Public Health's Online Analysis Statistical Information System (OASIS). The state and county heart disease rates were calculated using filters (ICD 10 codes) that include rheumatic heart fever and heart diseases, hypertensive heart disease, and obstructive heart disease. The national data included more heart disease ICD 10 codes than the Georgia or county data.

STROKE

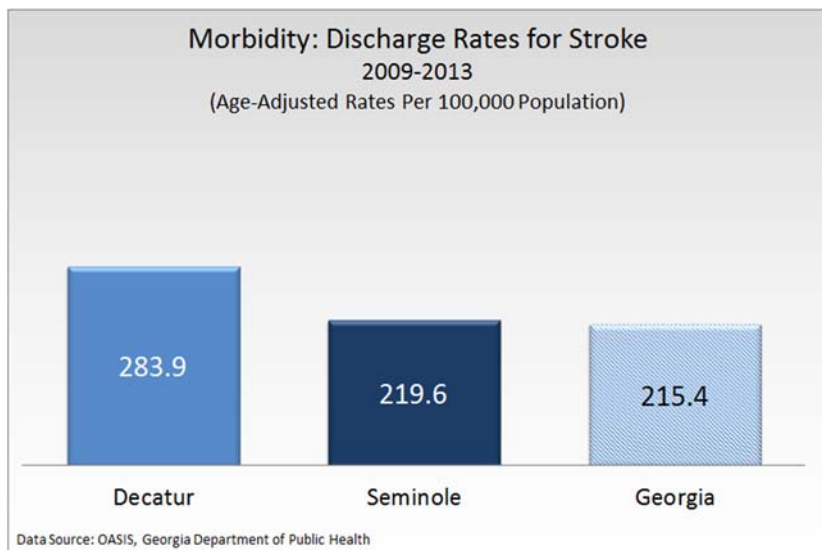
Cerebrovascular disease (stroke) was the fifth leading cause of death in the United States. Strokes were the third leading cause of death in Seminole County and Georgia, but the fourth leading cause in Decatur County.

The stroke death rate was higher in Decatur County (69 per 100,000 population) and Seminole County (46.1 per 100,000 population) compared to Georgia and the U.S.

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.³²



The stroke death rates among Black males in Seminole County were too few to report a rate. In Decatur County, Black males had a death rate almost twice the rate of White males. The reportable rates among all population groups were higher than the Healthy People 2020 goal of 34.8 per 100,000 population.³³



The stroke hospital discharge rates were higher in both Decatur and Seminole counties in comparison to the Georgia rate.

Modifiable risk factors for stroke are very similar to those for heart disease.

The warning signs for stroke include:

- » Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- » Sudden confusion, trouble speaking or understanding
- » Sudden trouble seeing in one or both eyes
- » Sudden trouble walking, dizziness, loss of balance or coordination
- » Sudden severe headache with no known cause ³⁴

Stroke

Modifiable risk factors

- High blood pressure
- Smoking
- Heart disease
- Diabetes
- High cholesterol
- Heavy alcohol usage
- Overweight or obesity



Data Source: Diseases and Conditions, Cleveland Clinic, 2011

COMMUNITY INPUT

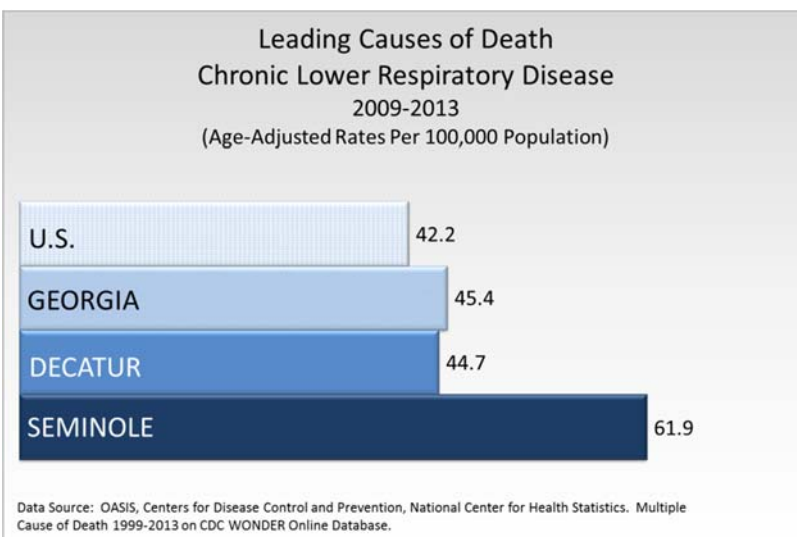
Heart Disease and Stroke

- » Seminole County's health department participates in the Stroke and Heart Attack Prevention Program (SHAPP).

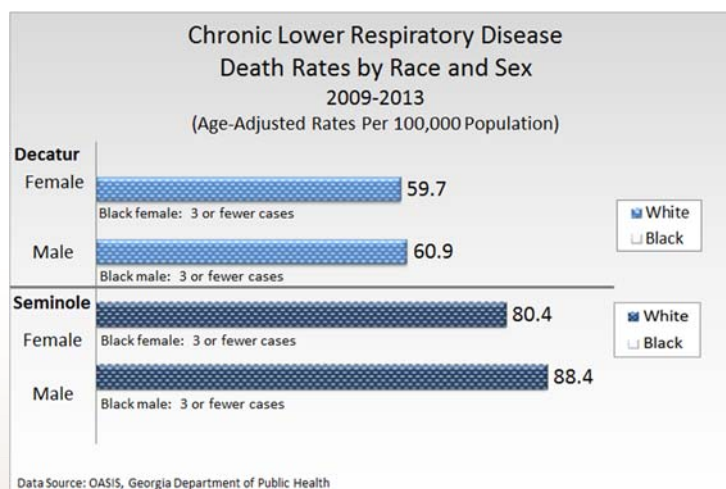
Chronic Lower Respiratory Disease

HEALTHY PEOPLE 2020 REFERENCE - RD

Chronic lower respiratory diseases affect the lungs. The deadliest of these diseases is chronic obstructive pulmonary disease, or COPD. COPD includes both emphysema and chronic bronchitis. Cigarette smoking is a major cause of COPD. Other forms of chronic lower respiratory disease include asthma and acute lower respiratory infections.³⁵



The chronic lower respiratory disease death rate for Seminole County was higher than Decatur County, the State, and U.S. rates. The death rate in Decatur County was less than the State rate and higher than the U.S. rate.



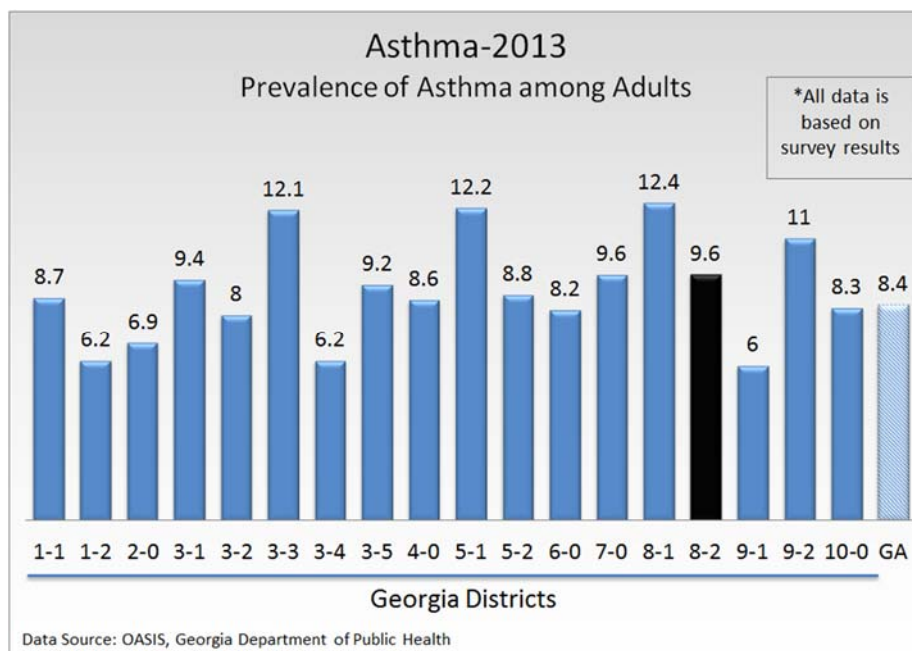
Why Are Respiratory Diseases Important?

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Healthy People 2020

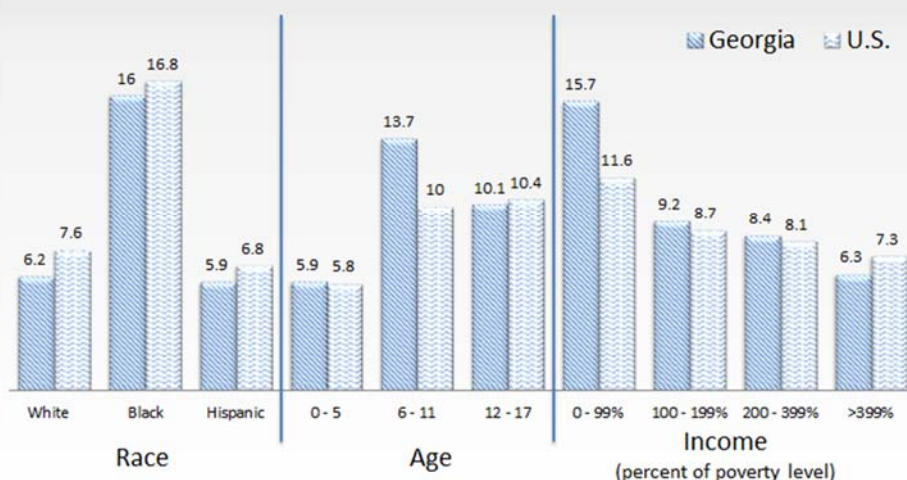
In both Decatur and Seminole counties, the White population groups had a higher death rate compared to Black population groups. There were too few cases in the Black population groups to report a rate.

The prevalence of asthma among adults within Health District 8-2 was higher than the prevalence within the State.



Asthma in Children, 2011-2012

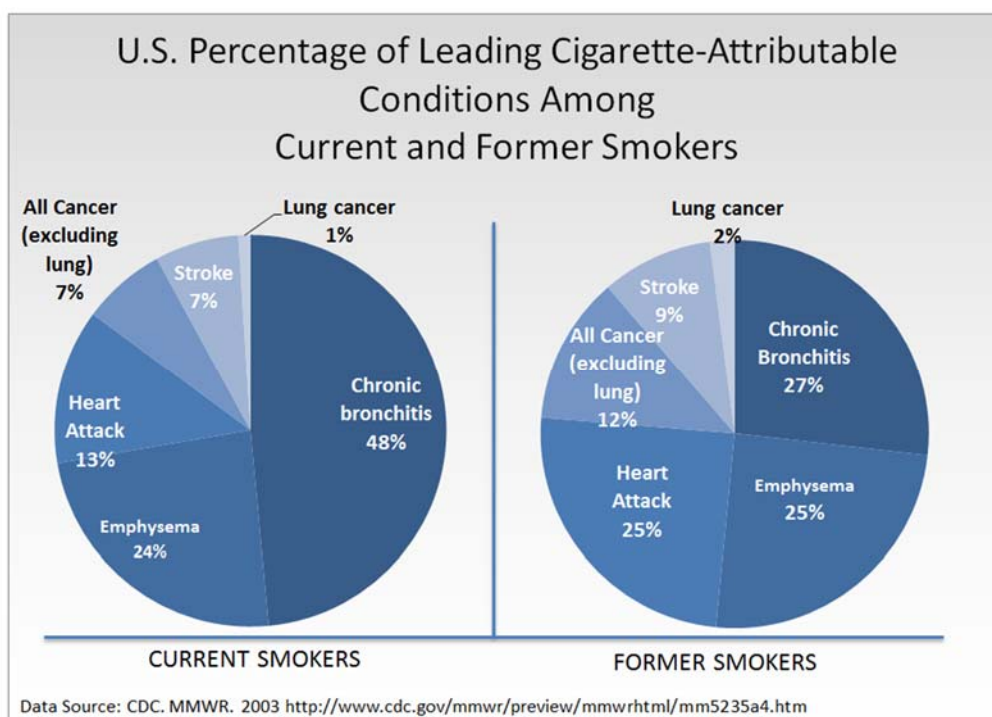
Percent of children 0 – 17 years of age



Data Source: 2011/12 National Survey of Children's Health, Data Resource Center on Child and Adolescent Health, <http://childhealthdata.org>

According to the 2011-2012 National Survey of Children's Health, Black children had higher incidences of asthma than Whites or other population groups. Asthma was more prevalent in lower income populations.³⁶

Each year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, \$75 billion in direct medical costs, and \$82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and previous heart attack (25 percent). The charts below were compiled from information obtained from the 2014 publication, *The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General*.³⁷



Chronic Lower Respiratory Disease

(includes Asthma, Chronic Bronchitis, Emphysema)

Modifiable Risk Factors

- Tobacco smoke
- Unhealthy diet
- Physical inactivity
- Air pollution
- Allergens
- Occupational agents



Data Source: American Lung Association

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

Accidental deaths may result from the following causes:

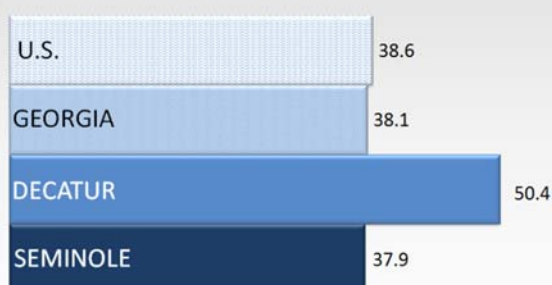
- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental
- » Suffocations
- » Falls
- » Fire
- » Drowning³⁸

Why Is Injury And Violence Important?

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Healthy People 2020

Leading Causes of Death – Accidents
2009-2013
(Age-Adjusted Rates Per 100,000 Population)



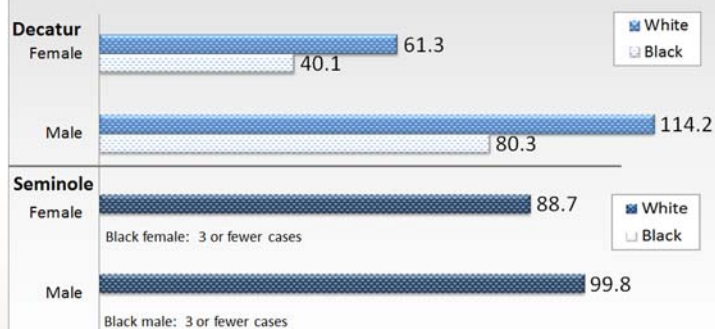
Data Source: OASIS, Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database.

In Decatur County, the accident death rate was higher than Seminole County, the State and U.S. Seminole County's death rate was lower than both the State and U.S.

The Healthy People 2020 goal is set at 36.4 per 100,000 population.³⁹

Overall males had higher death rates from accidents compared to females. In Seminole County, there were too few cases to report a death rate for Black males and females. Overall, Whites had higher death rates than Blacks in both counties.

Accident Death Rates by Race and Sex
2009-2013
(Age-Adjusted Rates Per 100,000 Population)



Data Source: OASIS, Georgia Department of Public Health

In the United States, over 30,000 people are killed annually in motor vehicle accidents. In 2013, these deaths resulted in a cost of \$44 billion in medical and work loss costs. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2013, nearly 1,300 people in Georgia were killed in motor vehicle crashes, with the cost of these crash related deaths totaling \$1.63 billion.⁴⁰

Motor Vehicle Fatality Rates 2010-2013 Number of Fatalities					
	2010	2011	2012	2013	Total
Decatur	7	9	8	8	32
Seminole	0	3	0	2	5

According to the Centers for Disease Control and Prevention:

- » Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- » Millions of adults drive while impaired, but only a fraction are arrested.
- » Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- » Age-related deterioration of vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- » Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.⁴¹

Diabetes

HEALTHY PEOPLE 2020 REFERENCE - D

According to the 2014 Diabetes Report Card, more than 200,000 deaths occur annually among people with diabetes in the United States. In 2013, diabetes was the country's seventh leading cause of death. More than 29 million people (9.3 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.⁴²

Compared with non-Hispanic whites, minority populations are more likely to have diagnosed diabetes. During their lifetime, half of all Hispanic men and women and non-Hispanic black women are predicted to develop the disease.⁴³

The 2012 percentage of Georgia's population with diabetes (9.6 percent) was higher than the U.S. percentage (9.0 percent).⁴⁴



Image Source: Pharmacy Practice News

Why Is Diabetes Important?

Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes:

- » *Lowers life expectancy by up to 15 years.*
- » *Increases the risk of heart disease by 2 to 4 times.*

Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

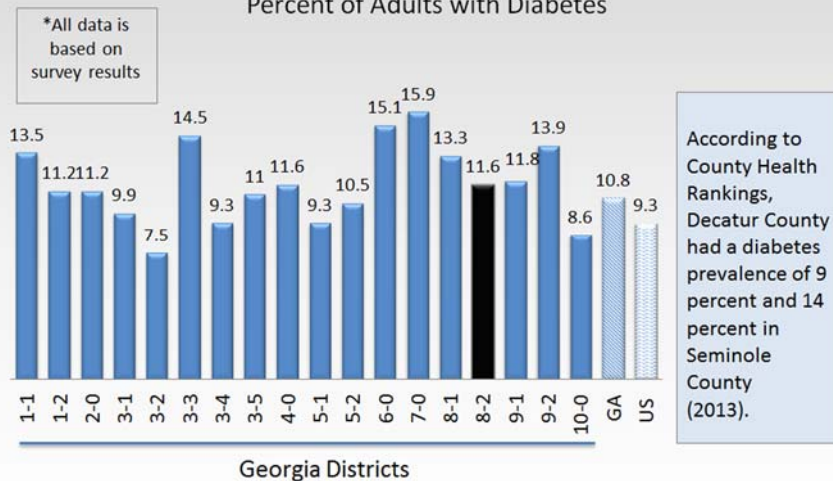
In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes continues to increase both in the United States and throughout the world.

Healthy People 2020

Health District 8-2 (which includes Decatur and Seminole counties), had a higher diabetes prevalence (11.6 percent) than many of the other districts in the State. Decatur County had lower diabetes prevalence (9 percent) than the health district, while Seminole County had a higher prevalence (14 percent).

Prevalence of Diabetes, 2013 Percent of Adults with Diabetes

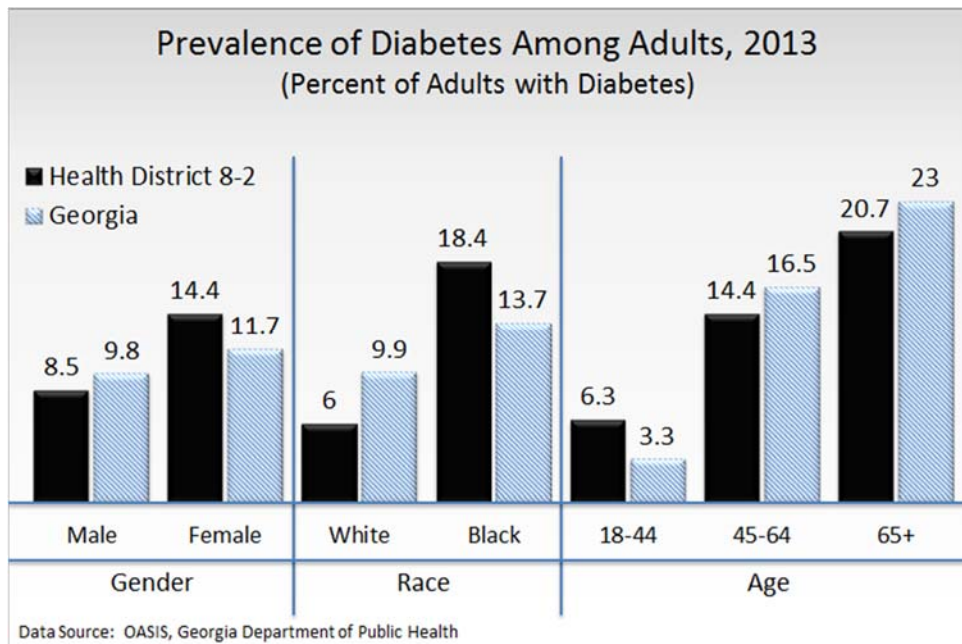


Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

Overall, the female diabetes prevalence was higher than the male prevalence in both Health District 8-2 and the State.

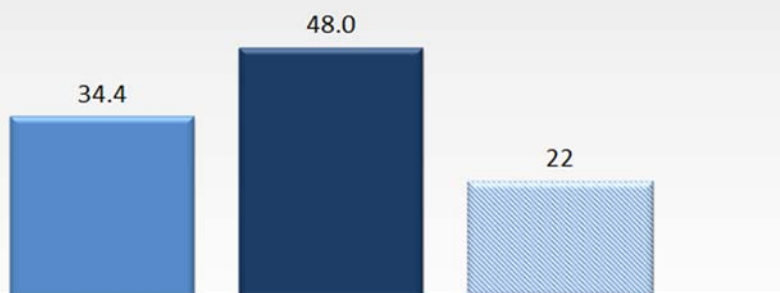
In Health District 8-2, prevalence of diabetes among Blacks was higher than Whites.

The highest diabetes prevalence existed among the 65 and older age group.



Diabetes Death Rate 2009-2013 (Age-Adjusted Rates per 100,000 Population)

■ Decatur ■ Seminole ■ Georgia



Data Source: OASIS, Georgia Department of Public Health

In Georgia, death rates due to diabetes were lower than the rates in Decatur and Seminole counties.

Seminole County's death rate was over twice as high as the State. Diabetes is the third leading cause of death in Seminole County.

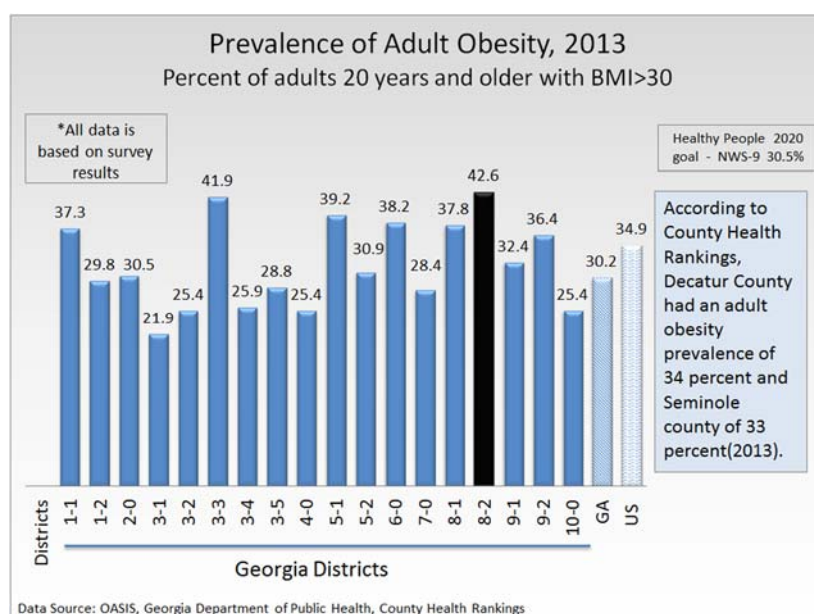
Obesity

HEALTHY PEOPLE 2020 REFERENCES - NWS, PA

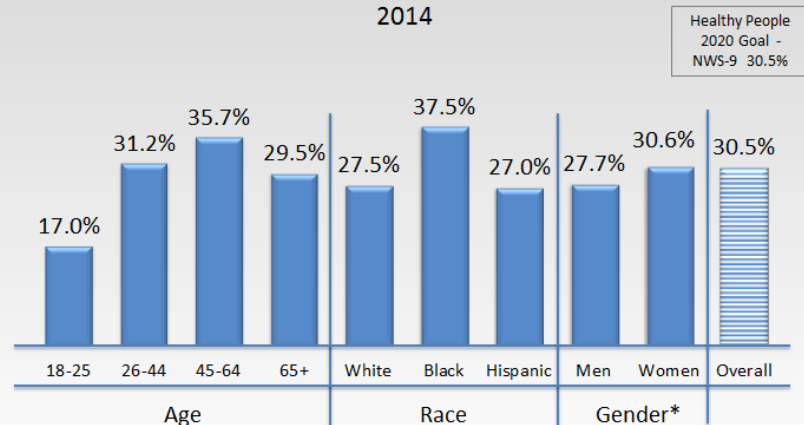
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.⁴⁵

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.⁴⁶

The prevalence of adult obesity in Health District 8-2 (42.6 percent) was higher than the State rate (30.2 percent) and National rate (34.9 percent). The Healthy People 2020 goal is set at 30.5 percent. Decatur County (34 percent) and Seminole County (33 percent) both had a higher prevalence of obesity compared to the State.



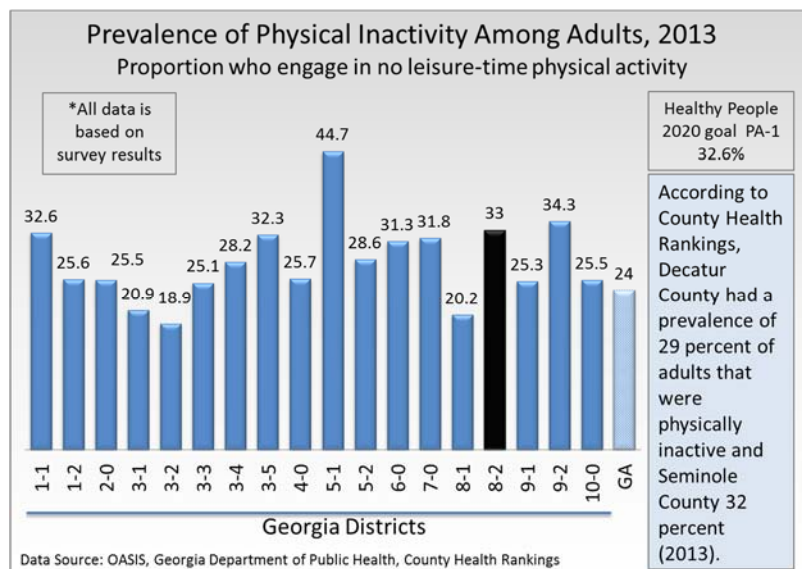
Adult Obesity in Georgia by Age, Race, and Gender 2014



In 2014, adult obesity in Georgia was highest among Blacks compared to other population groups. The adult age group (45-64) had the highest obesity rate (35.7 percent) compared to other age groups. Women were more likely to be obese compared to men, 30.6 percent and 27.7 percent respectively.

* 2012 data
Data Source: State of Obesity.org

Obesity is the result of an energy imbalance that occurs when an individual consumes more calories than he/she can burn. There are a number of factors such as age, body size, and genes that contribute to how many calories people burn each day, but the most modifiable factor is physical activity.⁴⁷

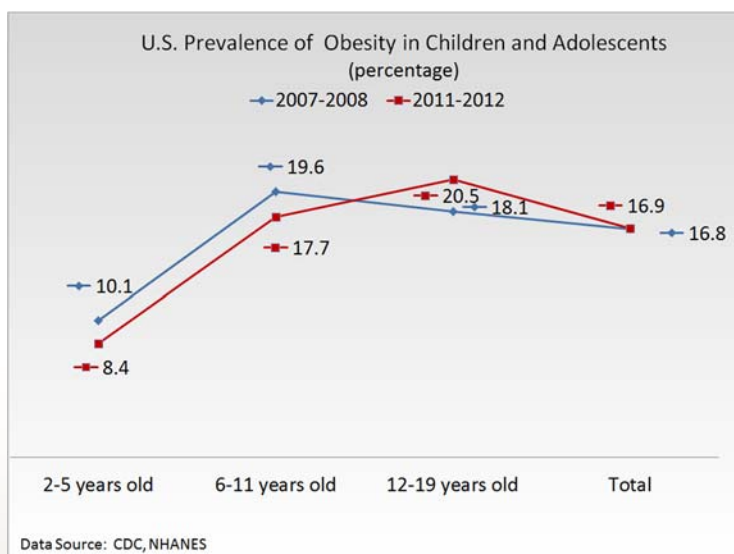


The prevalence of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 8-2 (33 percent) compared to the State average (24 percent). Decatur County had a higher prevalence of physical inactivity (29 percent) than the State and lower than the Healthy People 2020 target of 32.6 percent.⁴⁸

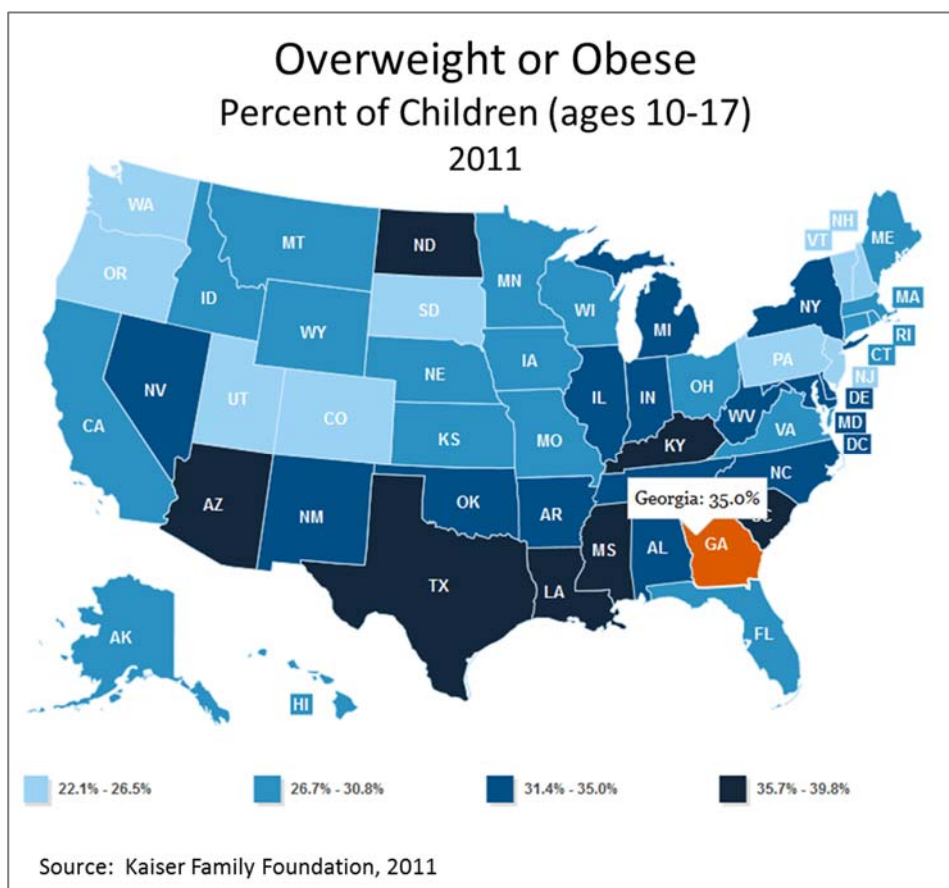
Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formerly known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.⁴⁹ Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to Healthy People 2020, 16.2 percent of children and adolescents aged 2-19 years are obese.⁵⁰ A report released by the Centers for Disease Control and Prevention in August, 2013 indicated that Georgia's obesity rates among two to four-year-olds from low income families declined between 2008 and 2011.⁵¹



According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighth highest (35 percent) in the nation for overweight and obese children. Nationally, 31.3 percent of children in this age range were overweight or obese.⁵²



The following table highlights obesity rates in Georgia by age group and Georgia's rank among other states.⁵³

Childhood Obesity: Georgia			
	2 to 4 year olds (2011)	10 to 17 year olds (2011)	High School Students (2013)
Obesity Rate	13.2%	16.5%	12.7%
Rank Among States	25 _{/41}	17 _{/51}	17 _{/43}
Data Source: State of Obesity.org			

Racial and ethnic disparities are very significant across the obese U.S population of children and adolescents. In 2011-2012, the following obesity disparities in children and adolescents were noted.

- » Hispanics - 22.4 percent
- » Non-Hispanic Blacks - 20.2 percent
- » Non-Hispanic Whites - 14.1 percent
- » Non-Hispanic Asian youth - 8.6 percent ⁵⁴

The following table highlights the disparities among race and ethnicity in Georgia. This data is based upon the 2007 National Survey of Children's Health.⁵⁵

Percent of Georgia Children Age 10-17 Who Are Overweight or Obese, 2007			
Overall	Hispanic	Non-Hispanic	
37.3	33.2	Black	White
		48.6	30.5
Source: 2007 NSH Disparities Snapshot: Race/Ethnicity			

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.⁵⁶

Obese children are more likely to have:

- » High blood pressure and high cholesterol
- » Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- » Breathing problems, such as sleep apnea, and asthma
- » Joint problems and musculoskeletal discomfort
- » Fatty liver disease, gallstones, and gastro reflux, and
- » Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood.⁵⁷

COMMUNITY INPUT

Obesity and Diabetes

- » In this community obesity is caused by the sedentary lifestyles and poor diet choices. We are a community that indulges in fried chicken and mashed potatoes. There is not a healthy lifestyle in this community.
- » Most of the community is inactive. There is a lack of interest in being healthy or having a healthy lifestyle.
- » The school system has received funding for physical activity through a grant.
- » A lot of the individuals that abuse the EMS service have major chronic conditions that are related to lifestyle choice.
- » Childhood obesity and lack of healthy lifestyle are major health issues in this community.
- » Fast food restaurants are everywhere in this community.
- » It is more expensive to buy healthy groceries.
- » Even though healthy foods are more beneficial to one's health in the long-term, a lot of families do not invest in this because of the high upfront cost.
- » Individuals do not understand nutritional values of food.
- » There are not a lot of healthy restaurant choices in the community.
- » Physical activity is not embraced in this community.
- » A lot of individuals have unusual working hours so cannot walk outside or go to gym during normal business hours.
- » The obesity problem is caused by lifestyle. There is a culture of being lazy and not active.
- » There is no desire or want to change one's lifestyle.
- » Values have changed. What was important and not acceptable before is now acceptable.
- » Most individuals, who have high blood pressure, also have diabetes.
- » The coaching and education element is missing from our adult population that has diabetes.
- » The hospital has started to offer diabetic workshops.
- » A couple of recesses per day in school would help with obesity and ADHD.

MATERNAL, INFANT, AND CHILD HEALTH

HEALTHY PEOPLE 2020 REFERENCE - MICH

The health of mothers, infants, and children is vital to a healthy community. This population is particularly vulnerable to certain health risks when encountered during pregnancy and early childhood. The mental and physical development of infants and children is affected by the behaviors of their mothers during pregnancy.⁵⁸

There are many measures of maternal, infant, and child health, however this report will focus on the following:

- » Live birth rates
- » Number of infant deaths
- » Teen birth rates
- » Low and very low birth weights
- » Immunization rates

Racial and ethnic disparities were noted among these indicators. Disparities may be due differences in income levels, family structure, age of parents, educational attainment, and access to prenatal care.

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.⁵⁹

A life course perspective to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.⁶⁰

Why Are Maternal, Infant And Child Health Important?

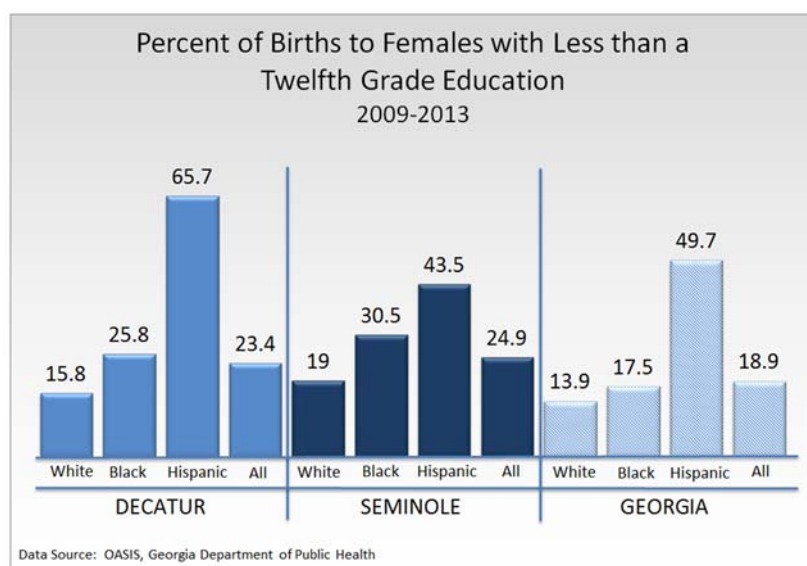
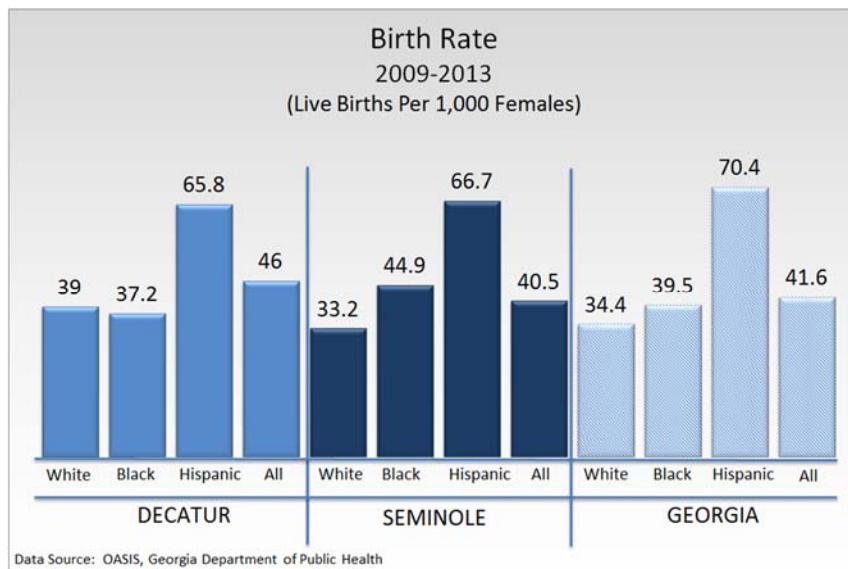
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

- » *Hypertension and heart disease*
- » *Diabetes*
- » *Depression*
- » *Genetic conditions*
- » *Sexually transmitted diseases (STDs)*
- » *Tobacco use and alcohol abuse*
- » *Inadequate nutrition*
- » *Unhealthy weight*

Healthy People 2020

Birth Rates

Decatur County had a higher birth rate (46 live births per 1,000 females) than the State. Seminole County had a lower birth rate (40.5 live births per 1,000 females) than both Decatur County and the State.

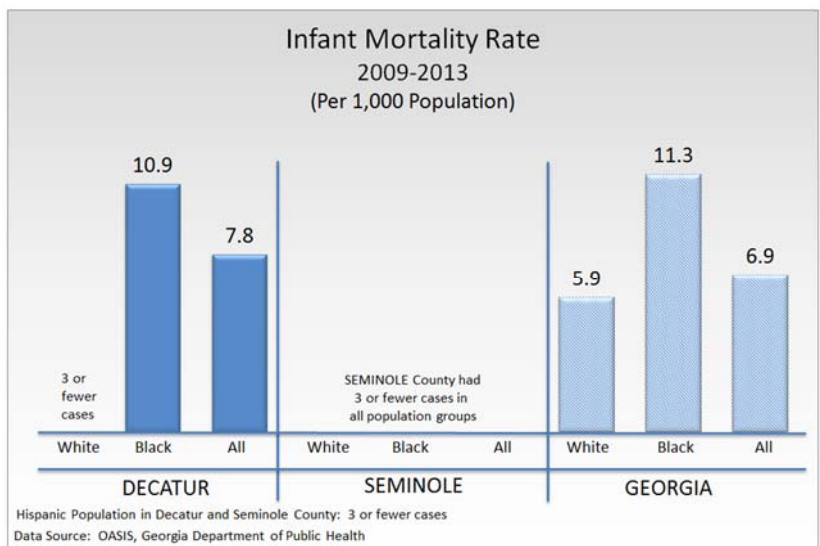


The percent of births to females with less than a twelfth-grade education was higher in both Decatur County and Seminole County compared to Georgia (18.9 percent). The highest percentage related to the Hispanic population.

Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.⁶¹ The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.⁶² Some of the common causes of infant mortality include: serious birth defects, pre-term births, sudden infant death syndrome (SIDS), maternal complications of pregnancy, or unintentional injury.⁶³

The infant mortality rate in Decatur County (7.8 per 1,000 population) was higher than Georgia (6.9 per 1,000 population). There were 15 infant deaths in Decatur County from 2009-2013, while there were 3 infant deaths in Seminole County. The highest infant mortality rates were among the Black population.



Fetal and Infant Conditions

The health of a fetus and infant is directly affected by certain conditions that occur during pregnancy or near birth.

- » Prematurity is disorders related to short gestation and low birth weight.
- » Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- » Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- » Birth-related infections are infections specific to the period of time near birth.⁶⁴

The following chart summarizes the number of deaths related to the conditions listed above.

**Number of Deaths: Fetal and Infant Conditions
(<1 year of age)**

2009-2013

Decatur County and Seminole County (combined)

	ALL	White	Black	Hispanic
2009	2	1	1	0
2010	1	0	1	0
2011	0	0	0	0
*2012	2	2	0	0
2013	2	0	2	0

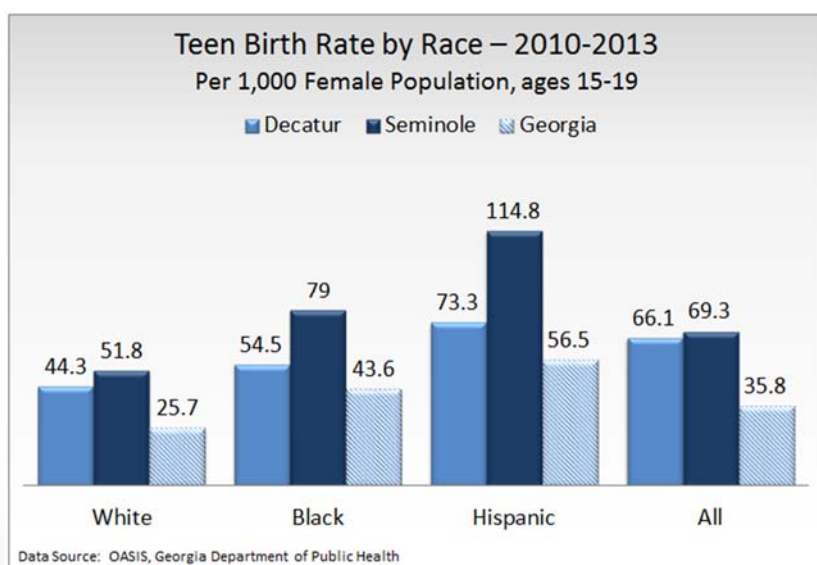
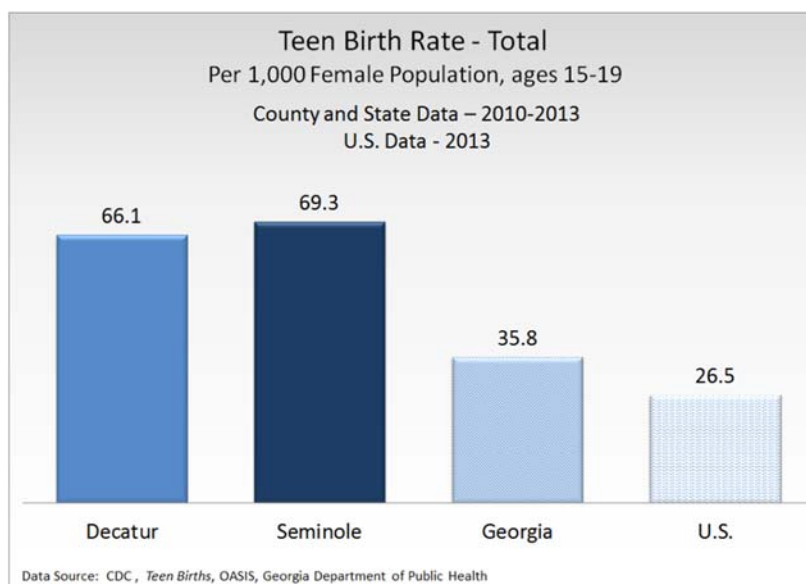
*There was only one death in Seminole County in 2012.

Data Source: OASIS, Georgia Department of Public Health

Teen Birth Rate

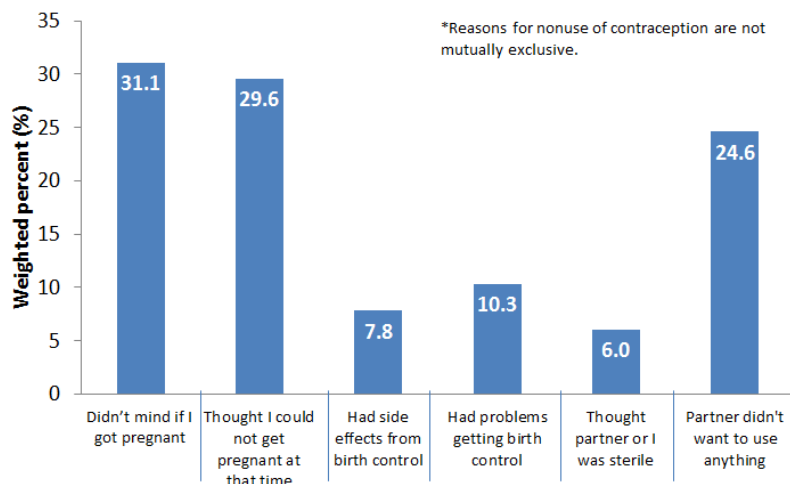
Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors to high school dropout rates among girls. The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.⁶⁵

The teen birth rates in Seminole and Decatur counties were higher than the State and the U.S.



The teen birth rates in Seminole County were higher than the State rates among all population groups. Decatur County's teen birth rates were also higher than the State rates among all population groups.

Self-reported reasons for not using contraception at the time of an unintended pregnancy among teen mothers aged 15 – 19 who experienced a live birth, Georgia PRAMS, 2004-2010*



Data Source: Georgia Epidemiology Report, Vol. 26, Number 1, June/July 2012

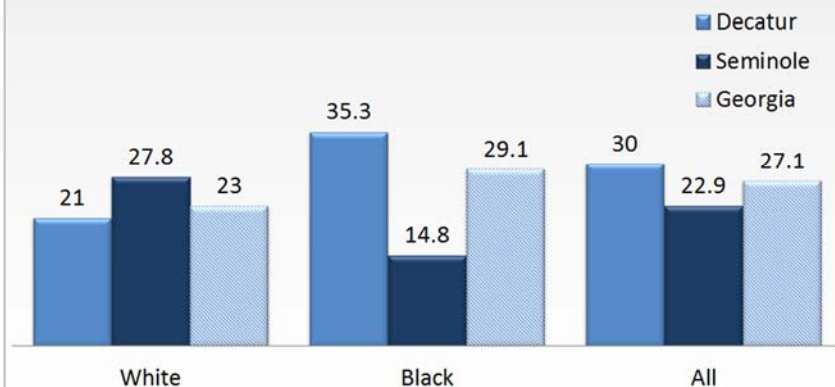
In Georgia, according to self-report among teen mothers, the top reasons for not using contraception at the time of unintended pregnancy were "Didn't mind if I got pregnant" and "Thought I could not get pregnant at that time." This information may be useful in developing effective activities to impact teen pregnancy, such as outreach programs and education for teenagers around fertility.⁶⁶

Teen Pregnancy In Georgia

In 2011, Georgia ranked 14th highest in the U.S. for teen births. In 2008, Georgia ranked 10th. High birth rates are a public health concern because teen mothers and their infants are at increased risk for poor health and social outcomes, such as low birth weight and decreased educational attainment. The birth rate among Georgia teens aged 15-19 years declined between 2010 and 2011 by 8 percent.

*Georgia Adolescent Reproductive Health Facts
www.hhs.gov*

Repeat Pregnancies(Age 15-19) 2009-2013 (Percent of Repeat Pregnancies in Age Group)



Data Source: OASIS, Georgia Department of Public Health

Decatur County had a higher overall percentage of repeat births to mothers age 15-19 compared to the State. Seminole County had a lower percentage compared to the State.

COMMUNITY INPUT

Teen Pregnancy

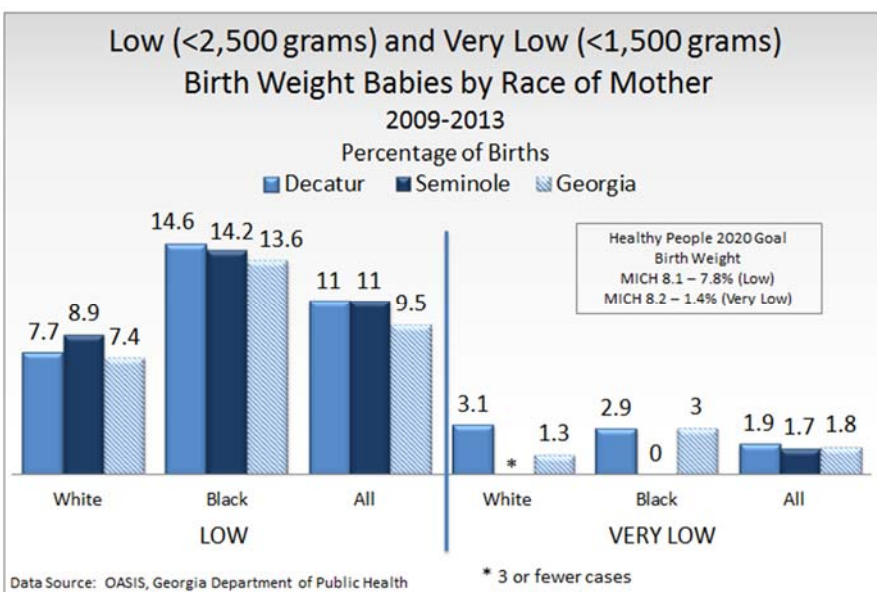
- » Teen pregnancy is an issue because we have grandparents raising grandchildren. It is a cycle.
- » Parents are more permissive and accepting of teens getting pregnant.
- » In Decatur County, the health department only teaches sex education to the alternative schools.
- » There seems to be an incentive to get pregnant and have babies young. Many women see it has opportunity to receive more governmental benefits. There is a lack of motivation to work and get a real job to pursue a better future.
- » There is a lot of abuse of the system of government programs and benefits.
- » Teen pregnancy is learned behavior from generation to generation.
- » Women need to get prenatal counseling prior to being 6 to 8 weeks pregnant.
- » Twenty percent of girls in the afterschool program get pregnant.
- » A lot of the girls that get pregnant are happy. It is more acceptable.
- » There is no planning or foresight in family planning among the lower income groups.

Birth Weight

Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.⁶⁷

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.⁶⁸ In 2013, the national prevalence of low birth weight babies was 8 percent while that for low birth weight babies was 1.4 percent.⁶⁹

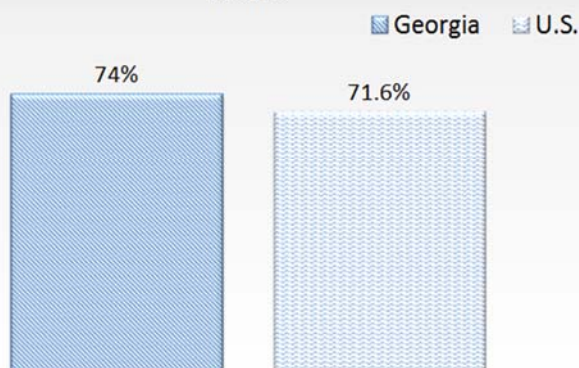
Overall, low birth weight percentages of births in Decatur and Seminole counties were higher than the State rates. Low birth weights were higher among Black babies.



Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.⁷⁰

Immunization Coverage for 19-35 Months of Age
Fully immunized (Combined 7-Vaccine Series) - 2014
Percent

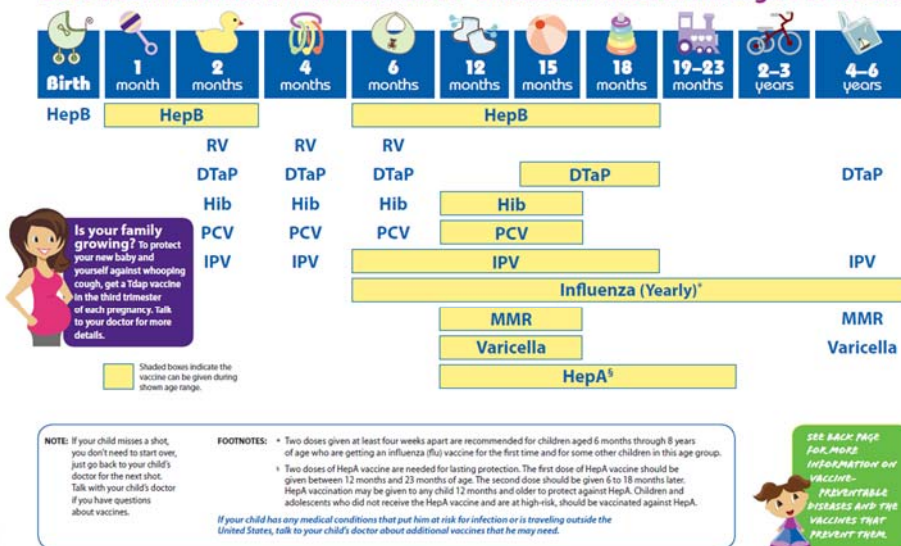


Data Source: CDC, U. S. National Immunization Survey

The immunization rate for children 19-35 months old was higher in Georgia (74 percent) than the rate in the U.S (71.6 percent).

The CDC developed a chart to inform patients of recommended immunizations for children. Copies may be obtained at the website address noted in the chart.

2015 Recommended Immunizations for Children from Birth Through 6 Years Old



For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
<http://www.cdc.gov/vaccines>



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

ALCOHOL, TOBACCO, AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE - TU, SA

Tobacco, alcohol, and drug abuse have a major impact not only on the individual and family, but also the community. These substances contribute significantly to health issues including:

- » Chronic diseases
- » Teenage pregnancy
- » Sexually transmitted diseases
- » Domestic violence
- » Child abuse
- » Motor vehicle accidents
- » Crime
- » Homicide
- » Suicide⁷¹

Although much progress has been made to reduce cigarette smoking in the United States, in 2012, 20.5 percent of adult males and 15.9 percent of adult females continued to be cigarette smokers.⁷²

Adolescent Behavior

The leading causes of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.⁷³

The Youth Risk Behavior Surveillance System (YRBSS) monitors health risk behaviors that contribute to the leading causes of death and disability among youth and young adults at the State and National level. The survey is conducted every two years (odd calendar years) at the school site and participation is voluntary. Adolescent and youth respondents are in grades 9-12. Individual states may choose to do a middle school YRBSS. The following charts contain data from the YRBSS regarding high school adolescents.

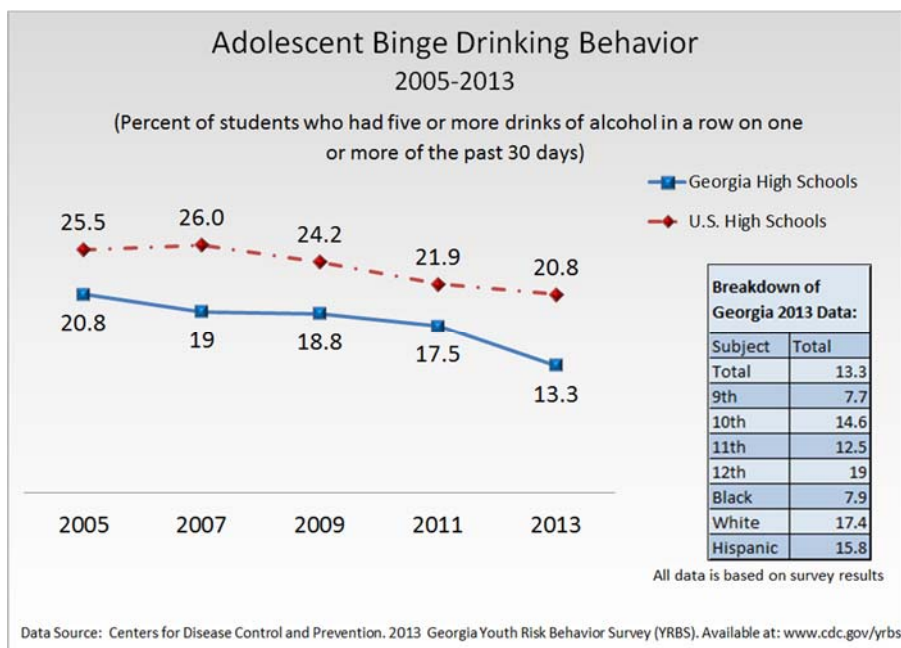
Why Is Adolescent Health Important?

Adolescence is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks, such as increasing independence and normative experimentation. The financial burdens of preventable health problems in adolescence are large and include the long-term costs of chronic diseases that are a result of behaviors begun during adolescence.

There are significant disparities in outcomes among racial and ethnic groups. In general, adolescents and young adults who are African American, American Indian, or Hispanic, especially those who are living in poverty, experience worse outcomes in a variety of areas (examples include obesity, teen pregnancy, tooth decay, and educational achievement) compared to adolescents and young adults who are White.

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

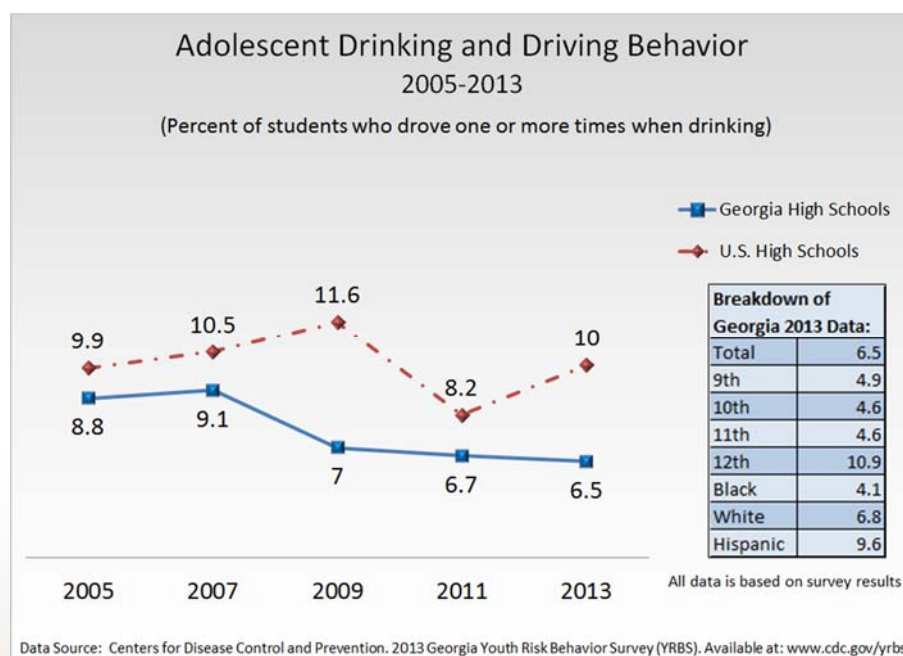


Between 2005 and 2013 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia since 2005.

Binge drinking among Whites (17.4 percent) was more than twice as prevalent compared to Blacks (7.9 percent).

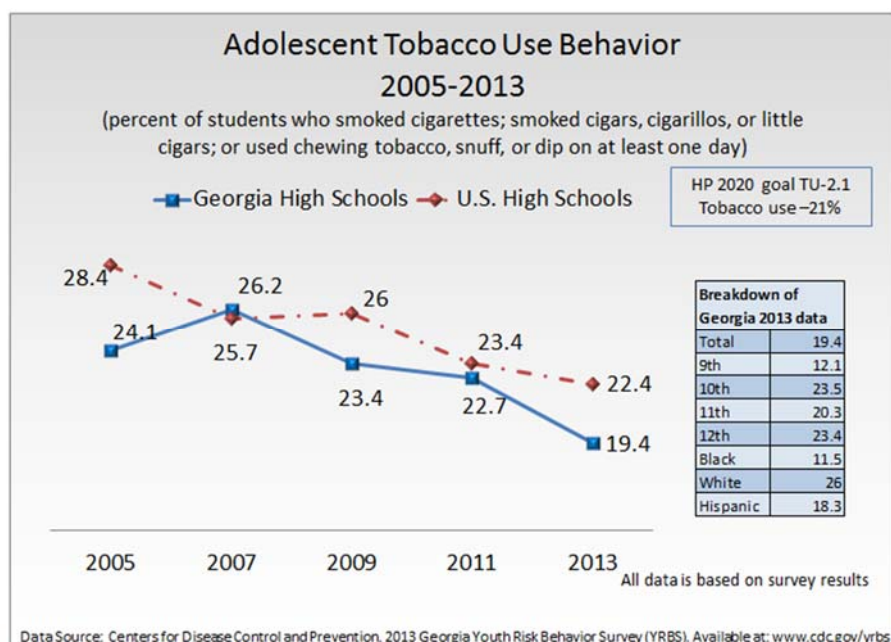
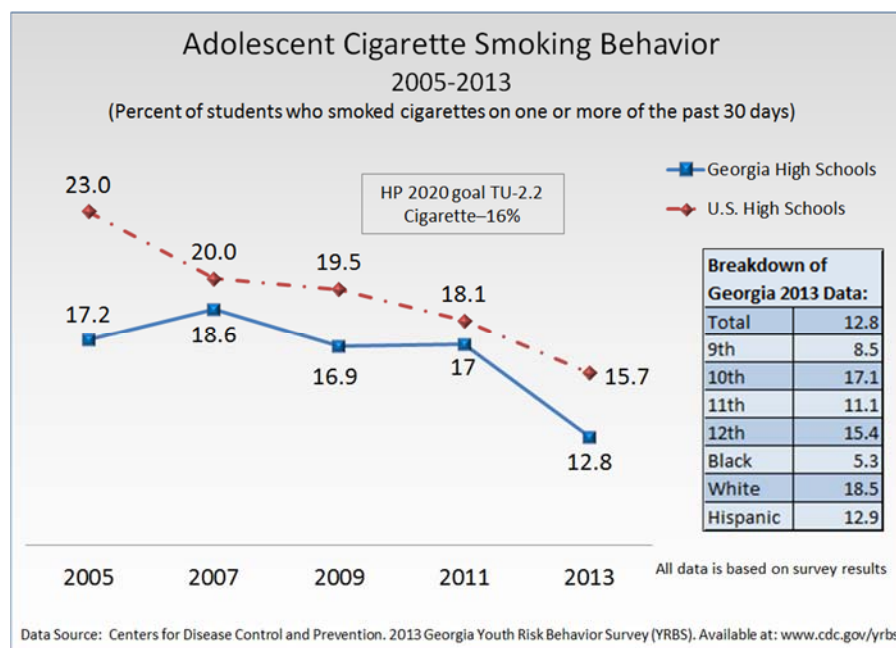
Almost one-fifth of twelfth graders (19 percent) participated in binge drinking within a month prior to the survey.

Drinking and driving behavior in Georgia was lower than the U.S. White youth were more likely than Black youth to engage in this behavior.



Cigarette smoking behavior among Georgia high school aged adolescents was lower than the U.S. rates.

Adolescent smoking in Georgia was more prevalent among Whites (18.5 percent) than Blacks (5.3 percent). There was an increase in prevalence from eleventh grade (11.1 percent) to twelfth grade (15.4 percent).



Overall, from 2005-2013, the prevalence of tobacco use in Georgia was lower than the U.S. rates.

Tobacco use prevalence was greater among Whites (26 percent) than Blacks (11.5 percent).

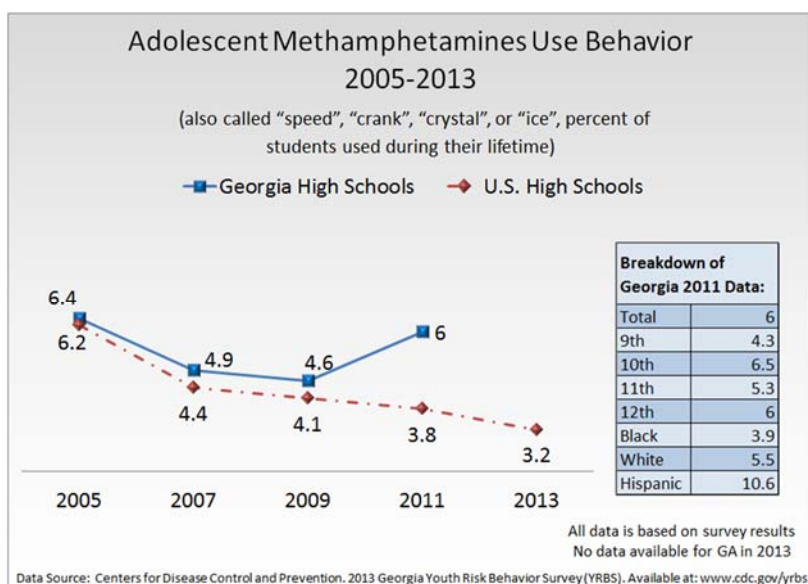
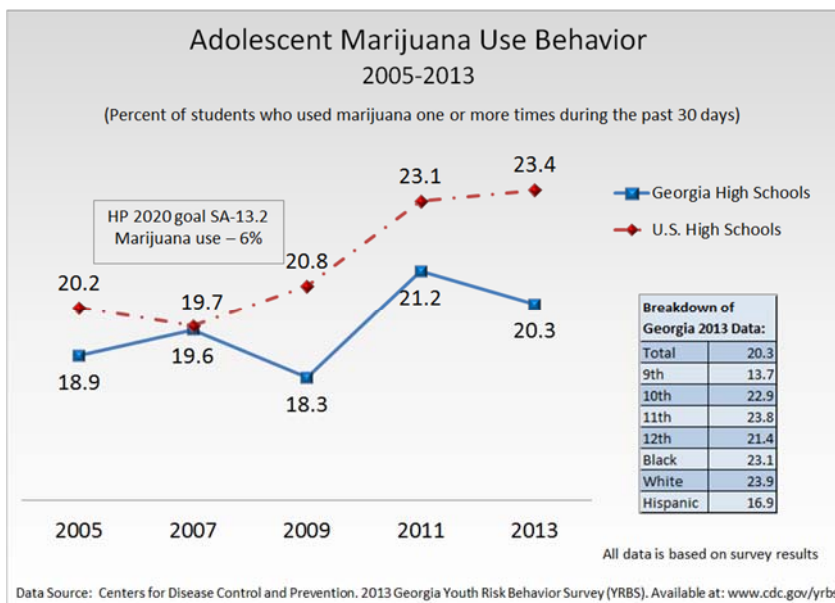
Illicit Drug Usage

Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.⁷⁴

Both the U.S. and Georgia prevalence of marijuana use among adolescents had increased from 2005 to 2013.

Marijuana use among tenth, eleventh, and twelfth graders was over 20 percent.

The Healthy People 2020 goal is to reduce marijuana use to six percent.⁷⁵



Methamphetamine ("meth") use among Georgia adolescents had increased from 2009 to 2011 and had been consistently higher than the U.S. rate.

More than 10 percent of the Hispanic adolescent population in Georgia had tried methamphetamines during their lifetime.

There was no data available for Georgia in 2013.

Comparison: Decatur County, Seminole County, Georgia and the U.S.

The following table provides a comparison of different substance abuse behaviors among adolescents in Seminole and Decatur counties compared to both the State and U.S. rates.

At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Decatur County, Seminole County, and Georgia			
	Decatur County High Schools	Seminole County High Schools	Georgia High Schools
Binge Drinking	9.1%	12.9%	9.3%
Drinking and Driving	2.9%	5.1%	2.9%
Tobacco Use	15.6%	14.4%	11.9%
Cigarette Use	13.5%	11.2%	10.1%
Marijuana Use	10.7%	9.7%	12.8%
Meth Use	1.7%	1.1%	1.9%
Prescription	4.5%	6.5%	5.0%

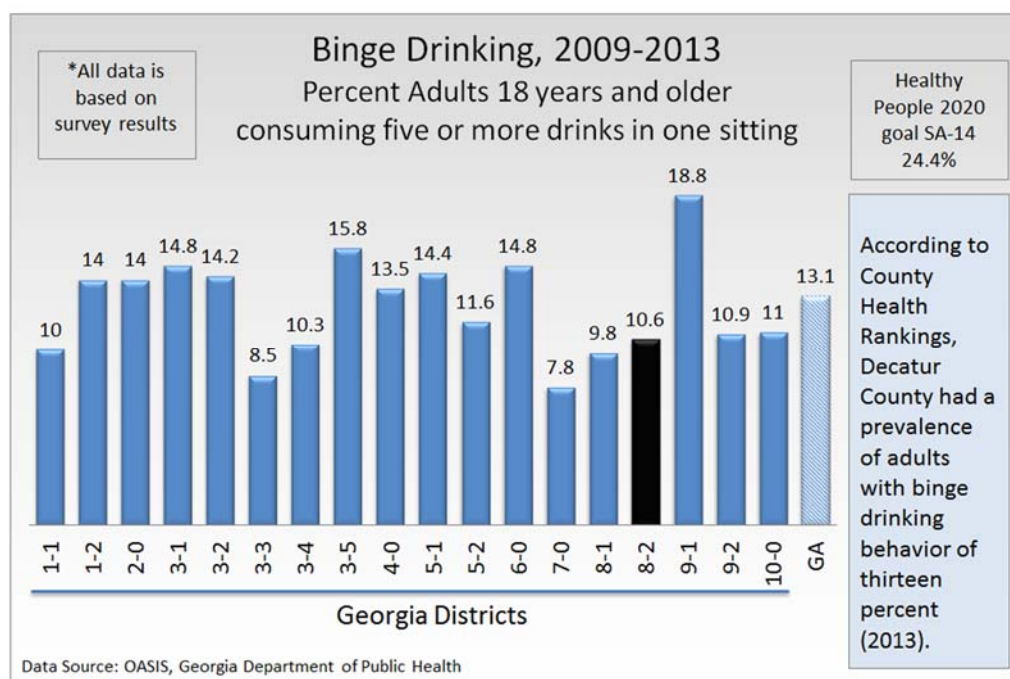
Data Source: Georgia Department of Education. Georgia Student Health Survey

Decatur County had a higher percentage of adolescents that participated in tobacco use, cigarette use, and marijuana use than the State. Seminole County had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, cigarette use, and prescription use. Please refer to the "Community Input" section of this report to read comments on other issues surrounding substance abuse among adolescents.

Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.⁷⁶

Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.⁷⁷



The binge drinking prevalence in Health District 8-2 (10.6 percent) was lower than the State prevalence (13.1 percent). This was well below the Healthy People goal of 24.4 percent. Decatur County had a prevalence of 13 percent.

COMMUNITY INPUT

Alcohol, Tobacco and Drugs

- » Parents are not being parents. True parents have to be able to say "no" to their children.
- » A lot of individuals smoke in this community.
- » There seems to be a high rate of teens smoking cigarettes.
- » Alcohol use is a major issue among the teen population. Parents are getting more permissive about these types of behaviors.
- » There are some parents in the community who have parties where children are allowed to drink as long as they stay overnight and do not drive home.
- » Heroin abuse does not seem to be a big issue in this community compared to the State.
- » Meth abuse is very prevalent in this area. There is a methadone clinic in town.
- » A lot of the drug problems are coming from the drug store.
- » Abuse of prescription drugs is out of hand.
- » A lot of drug users are uneducated and do not understand right from wrong.
- » Easy access to prescription drugs is major problem. Parents do not understand the need hide these drugs from their children.
- » The main prescription drugs abused are Xanax, hydrocodone, Adderall, and Vicodin.
- » Marijuana and meth are the main drugs of choice among the adolescents. They do not understand the repercussions of their actions in trying drugs just one time.
- » There are a couple churches that support a program called "Celebrate Recovery" for substance abuse problems.
- » A lot of individuals that need mental health assistance do not seek this type of care.
- » For mental health, it is important to plan programs for different age groups.
- » There are so many people that self-medicate with alcohol for their depression or alcohol.
- » There is no place in town to send individuals for substance abuse treatment.
- » There is an unbreakable cycle that exists among the population that abuses drugs.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE - STD

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.⁷⁸ Chlamydia, gonorrhea, and syphilis are the most commonly reported sexually transmitted diseases in the country. In many cases, symptoms may not be recognized and the infection may go undetected for long periods of time. Therefore, the infection may be spread without the knowledge of the infected individual.⁷⁹

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections is encouraged for sexually active young adults.⁸⁰

Georgia reported some of the highest STD rates in the country. Due to various socio-economic reasons, U.S. STD rates are higher among Blacks than among other population groups.⁸¹

Top 10 States Ranked by Rate (per 100,000) of Reported STD Cases: U.S. 2013			
Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Georgia (10.3)	Alaska (789.4)	Louisiana (188.4)
2	California (9.3)	Louisiana (624.5)	Alabama (173.7)
3	Louisiana (9.2)	Alabama (611.0)	Mississippi (170.7)
4	Florida (7.8)	New Mexico (587.3)	Alaska (154.2)
5	Maryland (7.7)	Mississippi (585.1)	South Carolina (152.3)
6	New York (7.5)	Delaware (568.4)	Delaware (151.6)
7	Nevada (7.4)	South Carolina (541.8)	Ohio (144.0)
8	Oregon (6.8)	Arkansas (523.8)	Georgia (143.7)
9	Illinois (6.2)	Georgia (514.8)	North Carolina (140.1)
10	Arkansas (6.0)	Texas (498.3)	Oklahoma (139.0)

Source: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2013

Why Is Sexually Transmitted Disease Prevention Important?

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. healthcare system is estimated to be as much as \$15.9 billion annually.

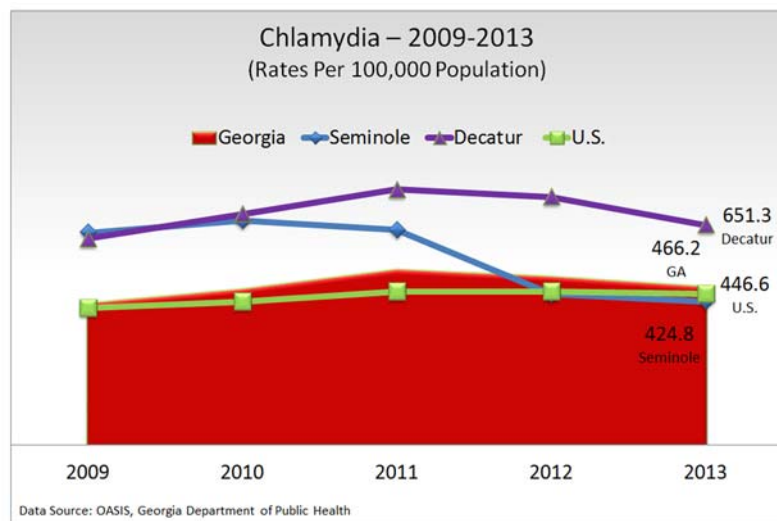
Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Healthy People 2020

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing, and is easily treated and cured with antibiotics.⁸²

- » In the U.S., Chlamydia rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.⁸³
- » Women had 2.7 times the reported chlamydia rate of men in 2009.⁸⁴
- » Georgia ranked ninth highest in the U.S. for reported chlamydia cases in 2013.⁸⁵



Average Chlamydia Rates by Race (2009-2013)			
	White	Black	All
Georgia	69.5	615.2	472.2
Decatur	92.7	942.8	779.4
Seminole	32.4	681	559.2

Data Source: OASIS, Georgia Department of Public Health

Clinical Recommendations

Screening for Chlamydial Infection

- » The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.
- » The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.

Healthy People 2020

In 2013, the chlamydia rate in Decatur County (651.3 per 100,000 population) was higher than the State rate (466.2 per 100,000 population) and the U.S. rate (446.6 per 100,000 population). Seminole County (424.8 per 100,000 population) was lower than the U.S., Georgia and Decatur County rates.

Chlamydia rates among Blacks were significantly higher than Whites in Decatur County, Seminole County, and Georgia.

Gonorrhea

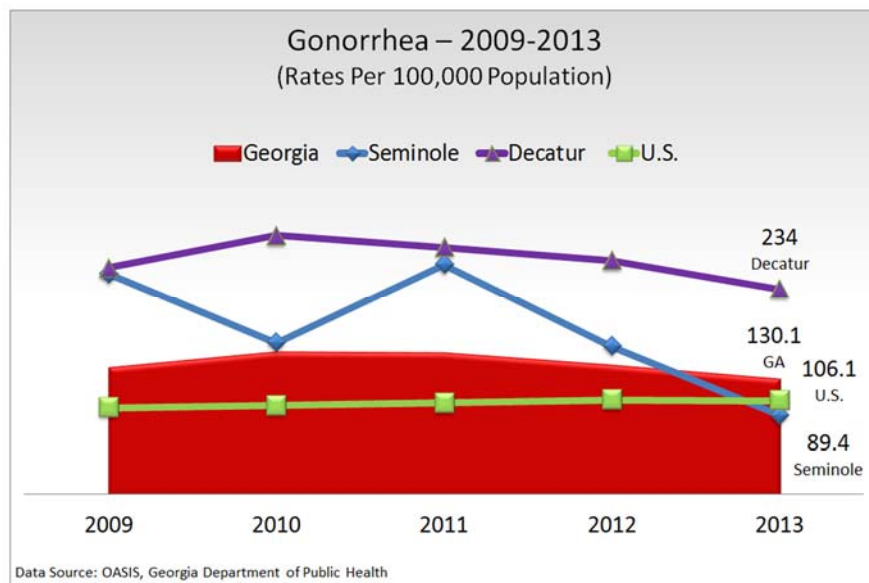
Gonorrhea and chlamydia often infect people at the same time.⁸⁶ The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are infected have no symptoms. Gonorrhea can lead to other complications that can cause pelvic inflammatory disease in women. Gonorrhea can also spread to the blood or joints and become life threatening. Antibiotics are used to successfully cure gonorrhea.

- » Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.⁸⁷
- » Georgia ranked eighth highest in the U.S. for reported gonorrhea cases in 2013.⁸⁸

Who Is At Risk For Gonorrhea?

Any sexually active person can be infected with gonorrhea. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans.

Centers for Disease Control and Prevention



In 2013, the gonorrhea rate in Decatur County (234 per 100,000 population) was higher than the State rate (130.1 per 100,000 population) and U.S. rate (106.1 per 100,000 population). The Seminole County rate (89.4 per 100,000 population) was lower than Decatur County, the State, and the U.S. rates.

Gonorrhea rates were significantly higher among Blacks than Whites in Decatur County, Seminole County, and Georgia.

Average Gonorrhea Rates by Race (2009-2013)			
	White	Black	All
Georgia	13	262.5	147.8
Decatur	8.3	392.7	273.1
Seminole	*	233.9	187.9

Data Source: OASIS, Georgia Department of Public Health

Syphilis

Syphilis is an STD that is passed from person to person through direct contact with syphilis sores. Many people infected may be unaware and the sores may not be recognized as syphilis. Symptoms may not appear for several years. Therefore, the infection may be spread by persons who are unaware that they have the disease. Syphilis is easy to cure in the early stages through the use of antibiotics.⁸⁹

- » Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.⁹⁰
- » Georgia ranked number one in the U.S. for reported syphilis cases in 2013.⁹¹

The Georgia syphilis rate in 2013 was 10.3 per 100,000 population. The U.S. rate in 2013 was 5.5 per 100,000 population.⁹²

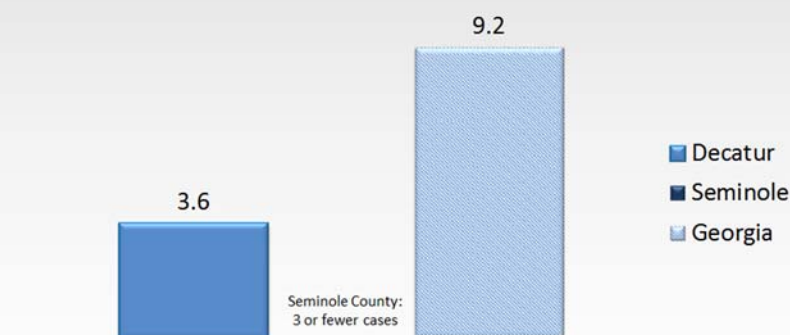
How Can Syphilis Be Prevented?

The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Avoiding alcohol and drug use may also help prevent transmission of syphilis because these activities may lead to risky sexual behavior. It is important that sex partners talk to each other about their HIV status and history of other STDs so that preventive action can be taken.

Centers for Disease Control and Prevention

Primary and Secondary Syphilis
2009-2013
(Rates Per 100,000 Population)



Due to the low number of reported cases in Seminole County, the syphilis rate was not statistically meaningful. Between 2009 and 2013, Decatur County reported five cases of syphilis, while Seminole County reported three cases.

Data Source: OASIS, Georgia Department of Public Health

Human Immunodeficiency Virus (HIV)

An estimated 1.2 million Americans were living with HIV at the end of 2012. Of those people, about 12.8 percent did not know they were infected. About 50,000 people get infected with HIV each year.⁹³ Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.⁹⁴

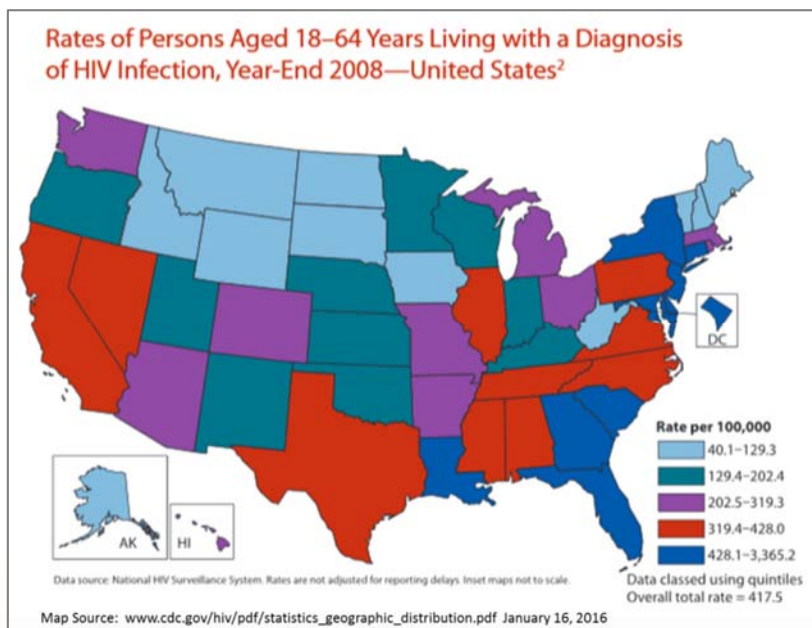
- » In 2010, White MSM represented the highest number of new HIV infections in the U.S.⁹⁵
- » In 2010 Blacks (male and female) represented approximately 12 percent of the country's population, but accounted for 44 percent of new HIV infections. Blacks accounted for 41 percent of people living with HIV in 2011.⁹⁶
- » Hispanics (male and female) represented 16 percent of the population for accounted for 21 percent of new HIV infections in 2010. Hispanics accounted for 20 percent of people living with HIV in 2010.⁹⁷

Why is HIV important?

HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50 percent of new HIV infections occur as a result of the people who have HIV but do not know it.

Healthy People 2020

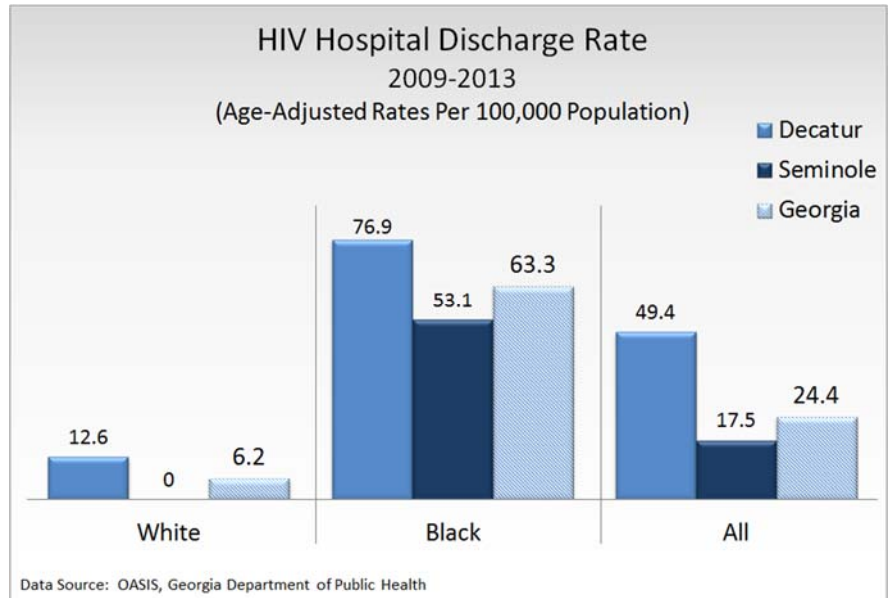
According to the Centers for Prevention and Disease Control, in 2008 Georgia had some of the highest HIV rates in the country.



State and County level case rates for HIV data was not available for this report. The following chart shows hospital discharge rates for individuals with HIV in Georgia, Seminole County, and Decatur County.

The HIV hospital discharge rate for Decatur County (49.4 per 100,000 population) was higher than the State (24.4 per 100,000 population); however, Seminole County had a lower rate (17.5 per 100,000 population).

Blacks had a higher hospital discharge rate overall compared to Whites in Decatur and Seminole counties, as well as the State.



COMMUNITY INPUT

Sexually Transmitted Disease

- » STDs are an issue. Many people are not educated enough to know that they have them.
- » Lack of supervision and parenting is an issue. There are a lot of latch-key children who are able to misbehave while their parents are at work.

Resources Available:

- » Family Connection is in charge of the Teen Maze program that increases awareness of poor health behaviors among the adolescent population.

ACCESS TO CARE

HEALTHY PEOPLE 2020 REFERENCE - AHS

Barriers to healthcare can be due to a lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."⁹⁸

Why Is Access to Health Services Important?

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps:

- » *Gaining entry into the healthcare system.*
- » *Accessing a healthcare location where needed services are provided.*
- » *Finding a healthcare provider with whom the patient can communicate and trust.*

Healthy People 2020

Gaining Entry into the Healthcare System

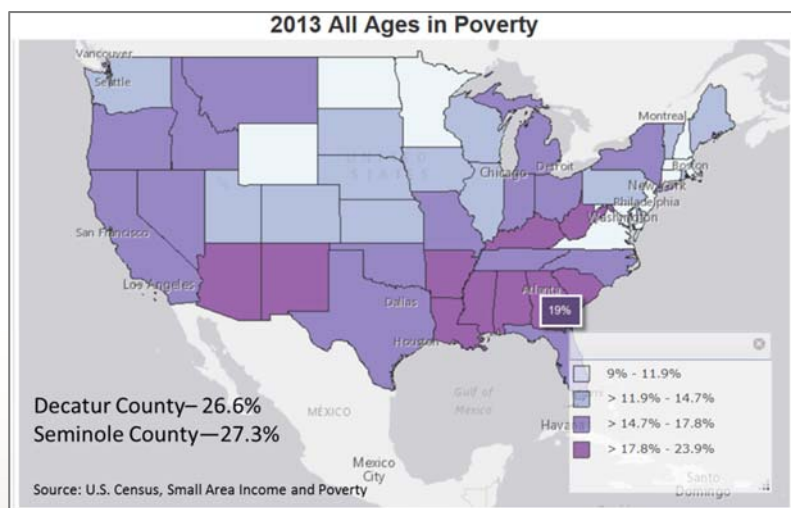
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

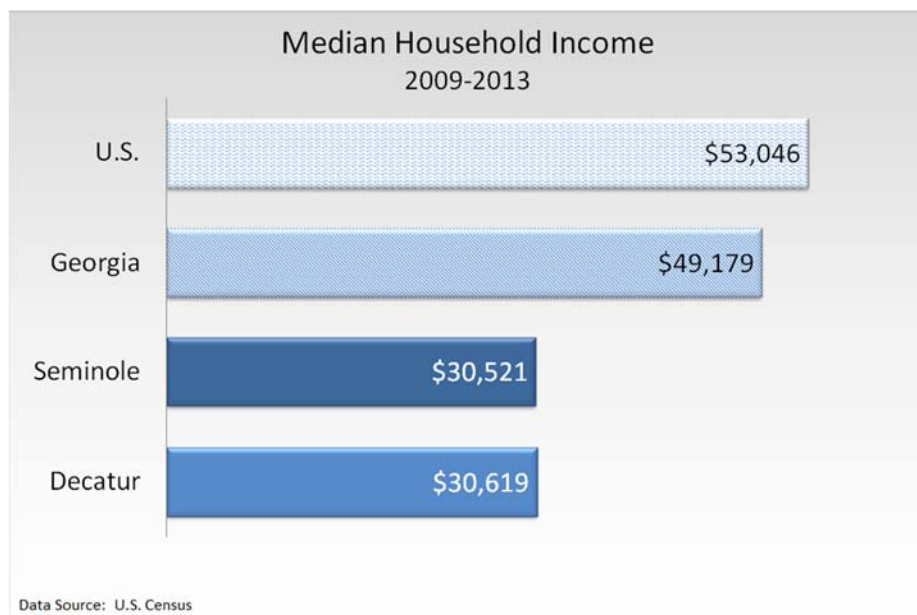
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.8 percent in 2014.⁹⁹

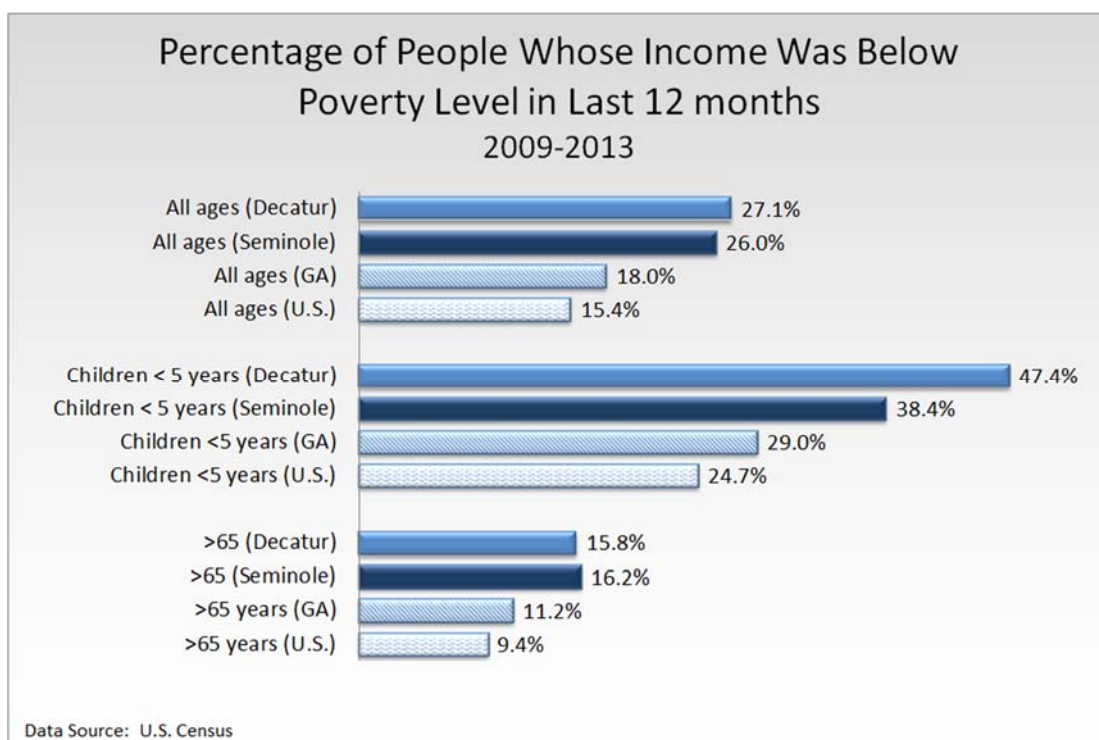
Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.¹⁰⁰

Decatur County's poverty rate was 26.6 percent, and Seminole County was a little higher at 27.3 percent.



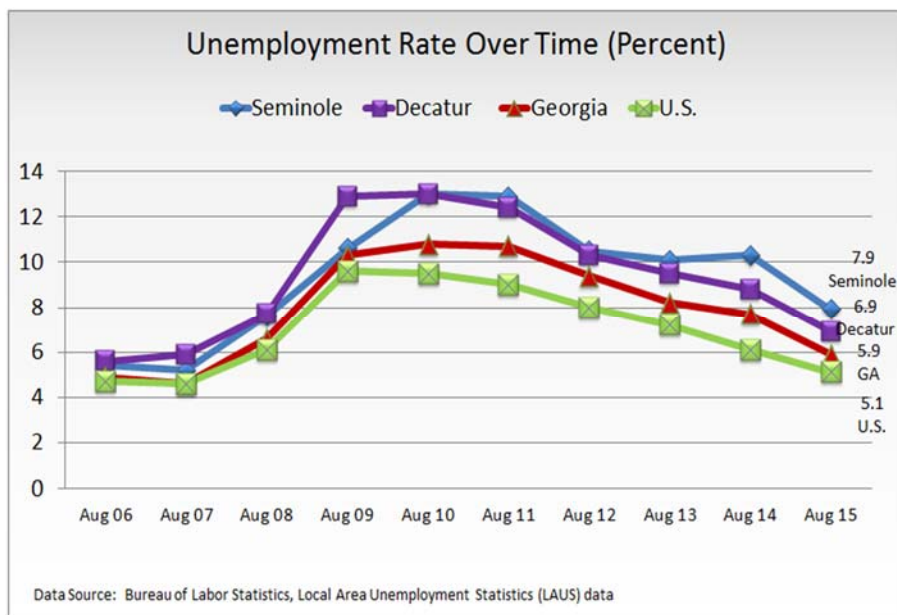


The median household income during 2009-2013 in Decatur and Seminole counties were \$30,619 and \$30,521, respectively. These median incomes were well below the Georgia average of \$49,179 and the U.S. average of \$53,046.

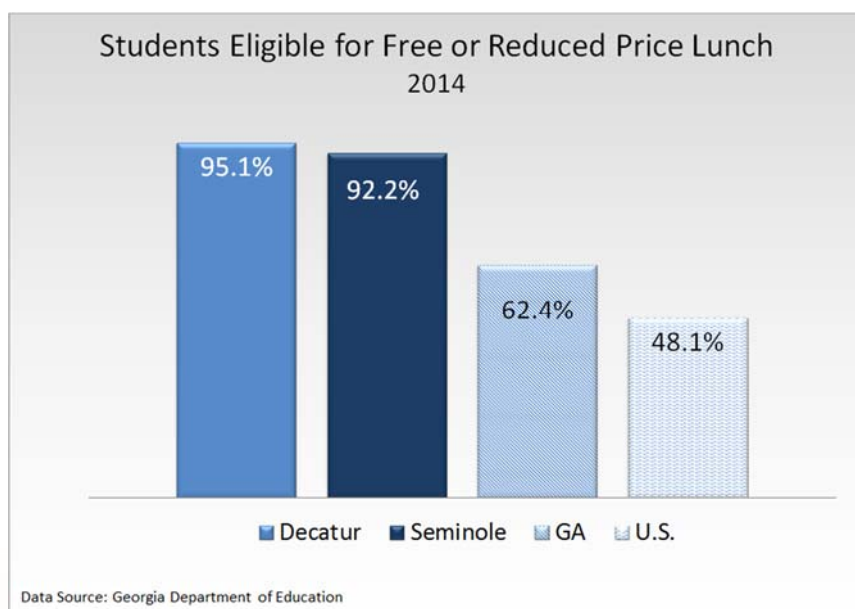


During 2009-2013, the percentages of people in Decatur and Seminole counties whose income was below the poverty level (27.1 percent and 26 percent respectively) were higher than in Georgia (18 percent) and in the U.S. (15.4 percent). The percentages of children under five years of age living in poverty in Decatur and Seminole counties (47.4 percent and 38.4 percent respectively) were higher than in both Georgia (29 percent) and the U.S. (24.7 percent). The percentages of Seniors in Decatur and Seminole counties living in poverty (15.8 percent and 16.2 percent respectively) were higher than in the State (11.2 percent) and the U.S. (9.4 percent).

The unemployment rates in Decatur and Seminole counties have been consistently higher than the U.S. and the State rates. The unemployment rates rose sharply in 2008, but have since decreased. Decatur County's unemployment rate dropped from 10.3 percent in August 2012 to 6.9 percent in August 2015. Seminole County's unemployment rate dropped from 10.5 percent in August 2012 to 7.9 percent in August 2015.



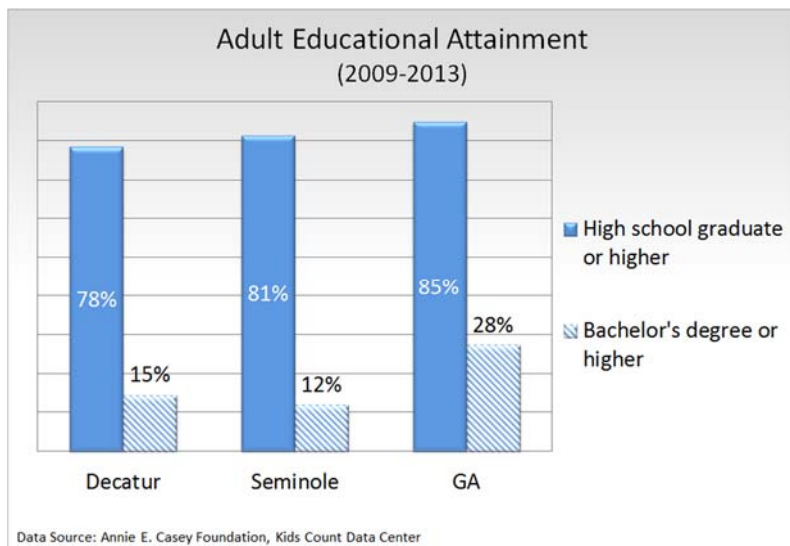
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.¹⁰¹ For July 1, 2015 through June 30, 2016, a family of four's income eligibility for reduced-price lunches was at or below \$44,863 and for free meal eligibility at or below \$31,525.¹⁰²



In 2014, 95.1 percent of the public school students in Decatur County and 92.2 percent of public school students in Seminole County were eligible for free or reduced price lunches. These rates were higher than the Georgia (62.4 percent) and the U.S. (48.1 percent) rates.

Educational Attainment

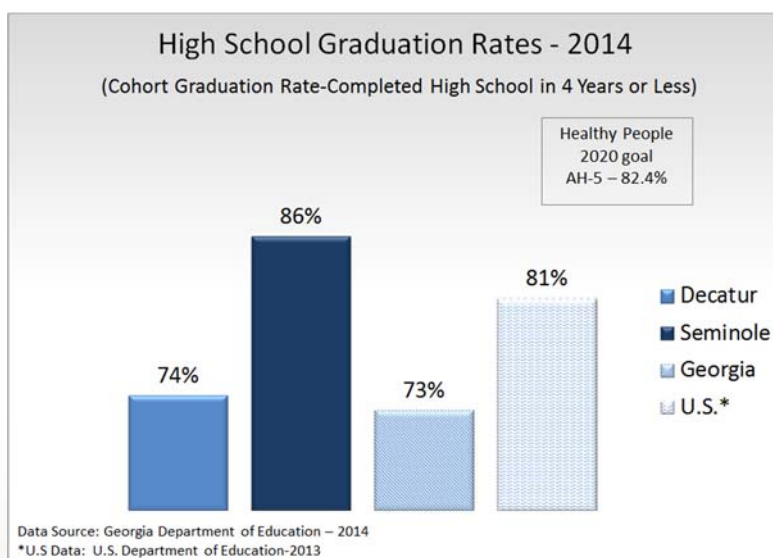
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.¹⁰³ According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.¹⁰⁴ Individuals with higher educational attainment often secure jobs that provide health insurance. Young people who drop out of school also have higher participation in risky behaviors, such as smoking, being overweight, or having a low level of physical activity.¹⁰⁵



From 2009-2013, an average of 78 percent of Decatur County residents and 81 percent of Seminole County residents graduated high school, compared to Georgia's average of 85 percent. An average of 15 percent of Decatur County residents and 12 percent of Seminole County residents had a bachelor's degree or higher compared to Georgia's higher average of 28 percent.

The U.S Department of Education requires all states to publically report comparable high school graduation rates using a four-year adjusted cohort rate calculation method. This method provides uniform data collection when analyzing statistics across different states.¹⁰⁶

In 2014, the Decatur County high school graduation rate was 74 percent. This was higher than the Georgia rate (73 percent), but lower than the U.S rate (81 percent). The Seminole County high school graduation rate was 86 percent. The Healthy People 2020 goal for the high school graduation rate is 82.4 percent (students who graduate with a regular diploma, 4 years after starting 9th grade).

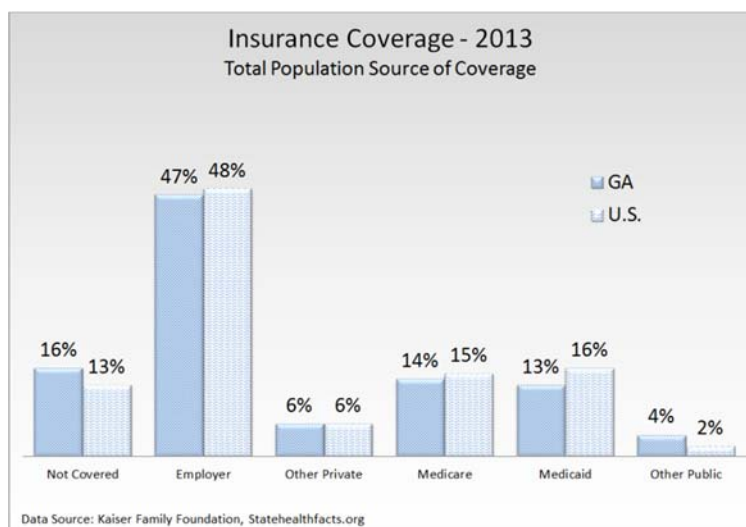


Insured Status

The ability to access healthcare is significantly influenced by an individual's insured status. People without insurance often face limited access to services and delays in seeking treatment. Many people with insurance are often considered "under insured," due to policy restrictions and high deductibles and coinsurance.

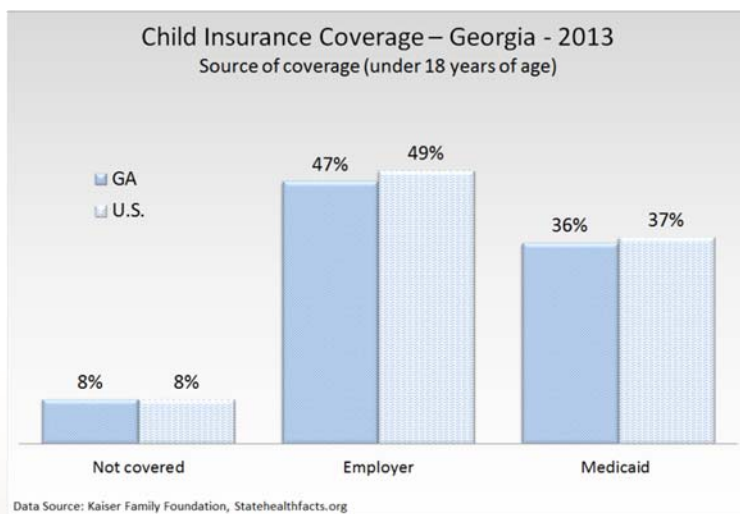
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs are targeted to specific segments of the population based on income and/or age. There are individuals eligible for public programs which may not enroll due to paperwork complexity, lack of knowledge of program, or fear of government interference.

GEORGIA INSURED STATUS

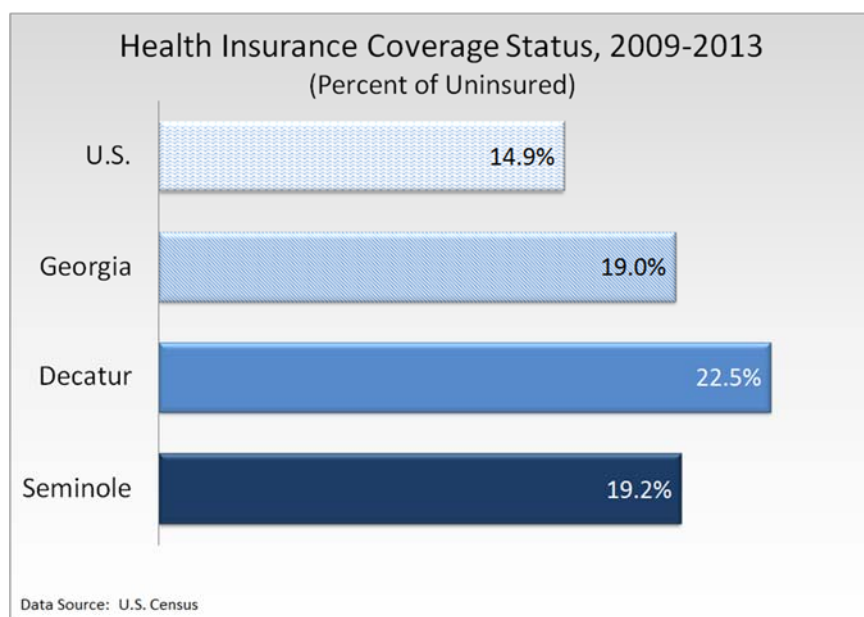


In 2013, Georgia's uninsured population (16 percent) was higher than the U.S. (13 percent). Employer coverage was lower in Georgia (47 percent) compared to the U.S. (48 percent). Georgia's proportions of Medicare and Medicaid covered individuals were lower than the U.S. rate.

In 2013, Georgia's population of uninsured children was 8 percent which was the same as the U.S. The percent of Georgia children covered by Medicaid was lower (36 percent) than the U.S. rate (37 percent). Employer coverages in Georgia and the U.S. were 47 percent and 49 percent, respectively.

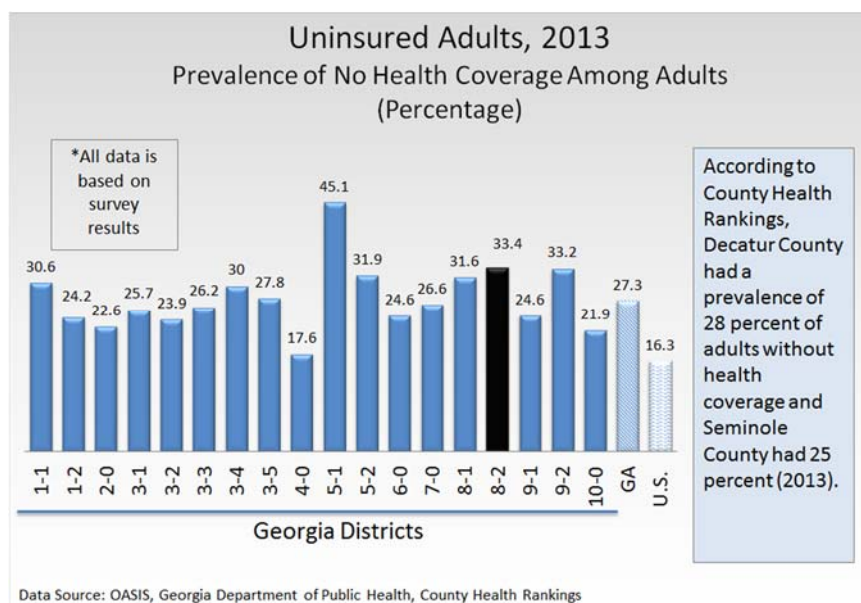


DECATUR AND SEMINOLE COUNTIES INSURED STATUS



Decatur County (22.5 percent) and Seminole County (19.2 percent) had lower proportions of uninsured than the State (19 percent) but higher rates than the U.S. (14.9 percent).

The percentage of adults that lacked health insurance in Health District 8-2 (which includes Decatur and Seminole counties) was 33.4 percent. This was higher than the U.S. (16.3 percent) and Georgia (27.3 percent) rates. In 2013, Decatur County had 28 percent of adults lacking health insurance which was lower than the Health District rate. Seminole County's rate was lower than the Health District rate at 25 percent.



Georgia Health Assistance and Healthcare Programs

Medicaid - Georgia Medicaid is administered by the Georgia Department of Community Health. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

- » **PeachCare for Kids (CHIP)** offers a comprehensive program for uninsured children living in Georgia whose family income is less than or equal to 247 percent of the federal poverty level.
- » **Long Term Care and Waiver Programs:**
 - **New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP)** offer home and community-based services for people with a developmental or intellectual disability.
 - **Service Options Using Resources in a Community Environment (SOURCE)** links primary medical care and case management with approved long-term health services in a person's home or community to prevent hospital and nursing home care.
 - **Independent Care Waiver Program (ICWP)** offers services that help a limited number of adult Medicaid recipients with physical disabilities live in their own homes or in the community instead of a hospital or nursing home.
 - **Community Care Services Program (CCSP)** provides community-based social, health and support services to eligible consumers as an alternative to institutional placement in a nursing facility.
- » **Georgia Families** delivers healthcare services to members of Medicaid and PeachCare for Kids by providing a choice of health plans.
- » **WIC** is a special supplemental nutritional program for Women, Infants and Children. Those who are eligible receive a nutrition assessment, health screening, medical history, body measurements (weight and height), hemoglobin check, nutrition education, and breastfeeding support, referrals to other health and social services, and vouchers for healthy foods.
- » **Planning for Healthy Babies (P4HB)** offers family planning series for women who do not qualify for other Medicaid benefits, or who have lost Medicaid coverage. To be eligible a woman must be at or below 200 percent of the federal poverty level.
- » **Health Insurance Premium Payment (HIPPP)** provides working Medicaid members with assistance on premium payments, coinsurance, and deductibles.
- » **Georgia Long Term Care Partnership** offers individuals quality, affordable long term care insurance and a way to receive needed care without depleting their assets (Medicaid asset protection).
- » **Non-Emergency Transportation (NET)** program provides transportation for eligible Medicaid members who need access to medical care or services.
- » **Georgia Better Health Care (GBHC)** matches Medicaid recipients to a primary care physician or provider.
- » **Women's Health Medicaid** is a program that pays for cancer treatments for women who have been diagnosed with breast cancer or cervical cancer and cannot afford to pay for treatment.

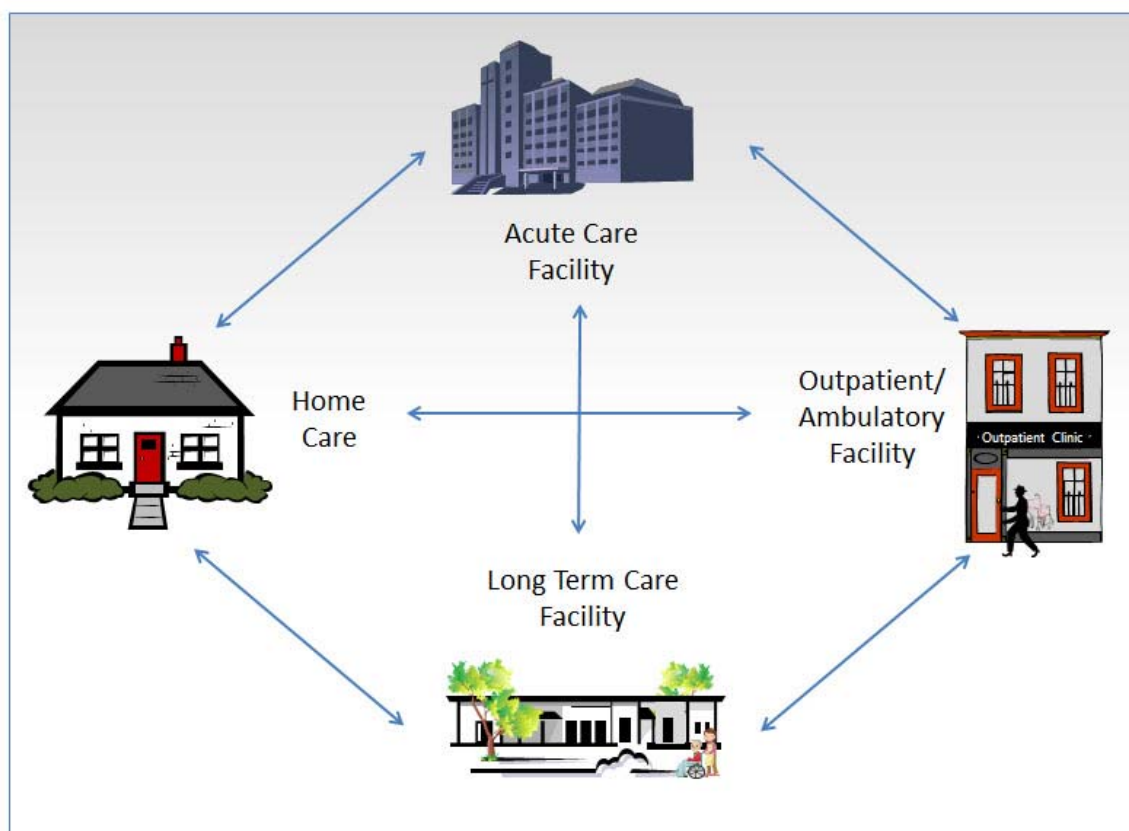
Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of healthcare, but it does not cover all medical expenses or long-term care. In Decatur County 14 percent of the population, and 20 percent in Seminole County, is over the age of 65, making many of them eligible for Medicare.

Accessing a Healthcare Location Where Needed Services Are Provided

Accessing health care services in the U.S. is regarded as unreliable because many people do not receive the appropriate and timely care they need. All Americans should now have access to health care due to the *Patient Protection and Affordable Care Act*.¹⁰⁷ This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.¹⁰⁸ The healthcare system itself will need to work as a system, and not in independent silos to prepare for this change. The following section of the CHNA report discusses the various entries within the healthcare system and the types of services provided.

Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.¹⁰⁹ There are various types of facilities across the healthcare continuum that provide different levels of care and types of treatment. Levels of care include primary, secondary, tertiary, and sometimes quaternary. Types of treatment range from low acuity to high acuity. Within these levels of care and types of treatment, there are types of facilities such as: acute care, outpatient/ambulatory, long term care, and home care that specialize in different types of treatment (see diagram below). In addition, these types of facilities cater to certain diseases and conditions within this continuum of care.



Accessing these facilities at the appropriate time is very important to the overall well-being of an individual. Additionally, there is a need for constant communication and appropriate diagnosis by the provider to help a patient navigate the complex healthcare network. Social workers, case-workers, and patient-advocates play an active role in assisting a patient in navigating the healthcare system as it relates to their medical complexity and insurance status.

Memorial Hospital and Manor in Bainbridge, Georgia, is an 80 bed community hospital serving Decatur County and surrounding communities. The hospital and 107-bed long-term care facility, along with Willow Ridge, a 22-bed personal care facility, is owned and operated by the Hospital Authority of the City of Bainbridge and Decatur County. Donalsonville Hospital is the cornerstone of Seminole County's healthcare system. The hospital is a 65 bed facility. Seminole Manor Nursing Home, a 75 bed long term care facility, is owned and operated by Donalsonville Hospital.

Free or Sliding Fee Scale Clinics

Memorial Hospital and Manor offers a charity and financial assistance program for its patients who cannot afford treatment. The hospital offers a sliding scale for individuals with income up to 290 percent of the federal poverty guidelines.

Primary Care of Southwest Georgia is a federally qualified health center (FQHC) located in Bainbridge, GA. It offers discount services using a sliding fee based on family size and income.

Below are some of the services offered at this clinic:

- » Cardiovascular disease management
- » Diabetic management
- » Family planning
- » Preventive care
- » Hypertension management
- » Immunizations
- » Primary care for all ages¹¹⁰

The Health Departments in both Decatur and Seminole counties offer limited services on a sliding fee based on family size and income.

Below are some of the services offered at the health departments:

- » Family planning
- » Immunizations
- » Nutrition services/WIC
- » Migrant health
- » Child health

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having a shortage of primary care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). The HPSA score was developed for use by National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 1 to 26 where the higher the score, the greater the priority. Medically Underserved Areas/Populations (MUA or MUP) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/ or elderly population. The designation guidelines for medically underserved areas are based on a scale of 1 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Each service area found to have a score of 62 or less qualifies for designation as an MUA. Decatur County is considered an MUA/MUP based on its Index of Medical Service Score of 46.2.

HPSA: Decatur County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	Yes	Yes
HPSA Score	17	18	13

Data Source: Health Resources and Services Administration, <http://hpsafin.hrsa.gov/>

HPSA: Seminole County	Primary Care	Mental Health	Dental Health
Shortage Area	No	Yes	Yes
HPSA Score	n/a	18	15

Seminole County is not considered an MUA/MUP.¹¹¹

Data Source: Health Resources and Services Administration, <http://hpsafin.hrsa.gov/>

Mental Health

Decatur and Seminole County have facilities nearby and outside of the counties that provide mental health and substance abuse services. These facilities include:

- » Georgia Pines provides mental health and substance abuse support through a smaller health center in Bainbridge. The larger facility in Thomasville, GA is equipped to handle long-term residential stays.¹¹²
- » The Samaritan Counseling Center offers services that include assessment and evaluation, individual and group counseling, and family counseling for children, adolescents, and adults of all ages. Fees are based on household size and income. Insurance coverage may pay for a portion of the visit.¹¹³

Nursing Homes/Skilled Nursing Facilities

Skilled nursing facilities (SNFs) fill a vital role in healthcare delivery for certain population groups. Nationally, there are more than 15,000 nursing homes caring for 1.4 million individuals.¹¹⁴ SNFs provide care for individuals with frailty, multiple co-morbidities, and other complex conditions. This type of care is important for individuals who no longer need the acute care from a hospital setting. Memorial Manor, a 107-bed long-term care facility, along with Willow Ridge, a 22-bed personal care facility, is owned and operated by the Hospital

Authority of the City of Bainbridge and Decatur County. Seminole Manor Nursing Home, a 75 bed long term care facility, is owned and operated by Donalsonville Hospital.

Transportation

Decatur County has a land area of 597 square miles, and Seminole County has a land area of 235 square miles.¹¹⁵ Public transportation is provided by Decatur/Seminole County Transit which offers transport services by calling for an appointment in advance. The cost of this service is based on the number of miles to the destination. For Medicaid patients, there is a separate transportation service offered by calling in advance for an appointment. Many residents find that a barrier to these type of transportation services is lack of convenience.

Finding a Healthcare Provider Whom the Patient Can Trust

Once the appropriate level of care and needed services are identified, it is important for the patient to find a provider they can trust and communicate with. People with a usual source of care have better health outcomes and fewer disparities and costs. For this reason, patient centered medical homes have been a popular solution to increase communication and trust between the provider and patient.

PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.¹¹⁶

Patient-centered medical homes are at the forefront of primary care. Primary care is care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern not limited by problem origin, organ system, or diagnosis.¹¹⁷ There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians. Primary care practices can more actively engage patients and their families and caregivers in the management or improvement of their health in the following ways:

- » Communicate with patients about what they can expect out of the patient-doctor relationship
- » Support patients in self-care—this includes education and reduction of risk factors and helping patients with chronic illnesses develop and update self-care goals and plans
- » Partner with patients in formal and informal decision-making—shared decision-making is a formal process in which patients review evidence-based decision aids to understand health outcomes
- » Improve patient safety by giving patients access to their medical records so they can detect and prevent errors¹¹⁸

COMMUNITY INPUT

Access to Care

- » Free clinics are needed in the community to increase access to care for the uninsured.
- » We need a different format of education about cancer. There is so much involved in a typical office visit, so any education done during the visit can be overwhelming.
- » Most of the patient population that uses the health department do not have any form of health insurance.
- » The lack of primary healthcare has been an issue in the past. The new FQHC should be able to help fill this gap.
- » Transportation is an issue. There are some private taxi services in Decatur County.
- » Decatur County has Medicaid transportation. The barrier to this service is lack of convenience. Medicaid patients have to call three days in advance.
- » The main barrier to access to care is lack of money. If a patient does not have insurance following a health screening, he/she cannot pay for the subsequent testing and treatment.
- » There is an FQHC called Primary Care of Southwest Georgia that offers a sliding fee scale for patients.
- » Planning For Healthy Babies is a special Medicaid program that helps people get access to care.
- » The health department does not require payment for services if the patient is a teenager seeking family planning care.
- » There is a need to improve access to basic healthcare needs. Many residents have to go to other counties for their healthcare.
- » A lot of individuals have to leave town to healthcare because it is out of network.
- » We need a program in place for individuals with high deductible plans. They cannot afford these plans.
- » There is a lack of inpatient substance treatment centers.
- » Availability of cancer screenings is an issue for the underserved populations due to affordability.
- » There is a lack of knowledge about available resources.
- » There is no equipment or specialists here to treat kidney stones.
- » There is a major lack of specialty care. A lot of heart patient have to go to Thomasville or Valdosta.

SPECIAL POPULATIONS

Why Do Special Populations Matter?

A health disparity is, “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion.”

Healthy People 2020

COMMUNITY INPUT

Hispanics

- » A lot of the Hispanic population is relocating to Decatur County from Grady County.
- » A lot of Hispanics are starting landscape companies as a way to work for themselves.
- » From an employer standpoint, people are realizing that Hispanics are the hardest workers.
- » Most Hispanics pay for translator services because they do not like using the Language Line.
- » The Farmworker Clinic provides outreach to the Hispanic community.
- » The teen pregnancy issue among Hispanics has a lot to do with their culture. Women are expected to have babies at a young age.

Senior Issues

- » There is a Senior Center in Bainbridge. The Health Department offers blood glucose screenings and flu shots at the Senior Center to increase access to these services.

COMMUNITY INPUT

Mental Health

- » There are a lot of students in the community with ADHD.
- » Mental health is one of the biggest problems in community from the hospital's perspective. A lot of the issues are brought on by lack of jobs.
- » A lot of people want their child to have a disability label because they will receive a disability check.

(Cross-reference Substance Abuse on page 69)

Other

- » There is an unfair burden that is put on the education system because of poor family life.
- » If your child has ADD or ADHD, you have to be able to step up as a parent to enforce standard rules and not use your child's illness as a crutch.
- » The value of success and failure has been watered down. Everyone is a winner now and everyone receives a trophy. There is a lack of accountability.
- » There is a need to teach better parenting skills. Children do not understand right from wrong.

PRIORITIES

Community Input

Focus group participants generated the following health priorities, based on the review of health data, their own experience, and focus group discussions.

The groups used a modified version of the nominal group technique to set priorities. During the meeting, participants were asked to discuss which health needs they felt were of priority interest to the community. During the discussion, the facilitator recorded the health issues on poster paper as identified. When all participants provided their input, the facilitator reviewed the identified needs with the group and, with the advice of the participants, added, deleted, combined, or clarified issues.

Each participant was then provided ten points (in the form of ten sticky dots) and told each dot represented one point. Each participant was asked to study the listings of health issues, get up from their seat, and affix dots to the topic on the health issues/problems list that represents their highest priorities. Participants were asked not to give any one health topic more than four points. This assured each participant identified at least three health issues.

After participants placed their points on the health needs list, the number of points for each health issue was tallied. The facilitator read the top priorities, based on the number of points each problem received. The facilitator asked the following questions:

- » Do the votes as tallied reflect the major health problems and highest priority health issues?
- » Are you pleased with the priorities this group has chosen?
- » Do you think others would support these priorities?
- » Is each health priority amendable to change?

If the answer was no to any of these questions, the facilitator revisited the process and discussed making changes in the priorities. If there were significant barriers associated with the first choices or other anomalies, and if time allowed, voting was repeated. If there was not sufficient time to re-vote the facilitator suggested a way to rectify the identified problems.

The objective was to conclude the session with the top three to five health priorities identified and agreed to by the participants, (i.e., the problems with the three to five highest scores). The community's priority list of health problems listed below was the result of the community health input session.

Focus Group Meetings and Priorities

There was a focus group meeting on March 3rd, 2016.

The following issues were identified as “priority” needs by the community participants. The findings are listed in the order of priority as determined by the focus groups.

1. Access to Care – Providers and Affordable Care
 - a. There is a need for specialists and services related to the following specialties, mental health, cardiology, orthopedics, and urology.
 - b. There is a need for free or reduced cost cancer screenings for the uninsured or underinsured.
 - c. There is a need for more primary care or urgent care service alternatives besides the ER.
 - d. There is lack of coverage of specific health issues due to services not being in a patient’s network.
 - e. There is a lack of local drug screening services.
2. Mental Health and Substance Abuse
 - a. There is a need for education and awareness on mental illness and substance abuse.
 1. Education about mental health conditions that are often self-medicated with illegal drugs.
 2. Education about the long-term effects of drug abuse.
 - b. There is a need for more services, providers, and specialists relating to mental health care.
3. Unhealthy Lifestyle and Obesity
 - a. There is a need for education to increase knowledge of healthy lifestyles.
 - b. There is a need for education about nutrition and healthy food choices.
 - c. There is a need for education and awareness regarding the health benefits of physical activity.
 - d. There is a need for awareness of free or affordable physical activity opportunities.
4. Family Life – Education and Prevention
 - a. There is a need for education to increase personal accountability and proper parenting skills.
 - b. There is a need for awareness and support for one-parent households.
 - c. There is a need for more prevention of teen pregnancy in households where it is generational or learned behavior.

Hospital Input

In determining the priority health needs of the community, the Community Health Steering Committee (CHSC) met to discuss the observations, comments, and priorities resulting from the community meetings, stakeholder interviews, and secondary data gathered concerning health status of the community. The CHSC debated the merits or values of the community's priorities, considering the resources available to meet these needs. The following questions were considered by the CHSC in making the priority decisions:

- » Do community members recognize this as a priority need?
- » How many persons are affected by this problem in our community?
- » What percentage of the population is affected?
- » Is the number of affected persons growing?
- » Is the problem greater in our community than in other communities, the state, or region?
- » What happens if the hospital does not address this problem?
- » Is the problem getting worse?
- » Is the problem an underlying cause of other problems?

Identified Priorities

After carefully reviewing the observations, comments and priorities of the community, as well as the secondary health data presented, the CHSC chose to accept the same priority needs as the community.

- Access to Care - Providers and Affordable Care
- Mental Health and Substance Abuse
- Unhealthy Lifestyle and Obesity
- Family Life - Education and Prevention

Approval

Memorial Hospital and Manor's Board approved this community health needs assessment through a board vote on March 25, 2016.

COMMUNITY PARTICIPANTS

Memorial Hospital and Manor would like to thank the following individuals for their generous contribution of time and effort in making this Community Health Needs Assessment a success. Each person participating provided valuable insight into the particular health needs of the general community and specific vulnerable population groups.

MEMORIAL HOSPITAL AND MANOR COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Billy Walker, CEO
Bill Huling, CFO
Cynthia Vickers, RN, Assistant Administrator
Lee Harris, Assistant Administrator
Carl Barber, HR Director
Newton Cranford, Quality Manager
Dean Burke, MD
Delores Eidson, RN, Director of Nursing
Brandi Fitzgerald, Risk Management

PARTICIPANTS IN COMMUNITY FOCUS GROUP MEETINGS

Sara Palmer, Decatur EMS
Bill Bowers, Habitat for Humanity Volunteer, Retired
Ann Addison, PHD, Primary Care of Southwest Georgia
Alan Thomas, Decatur County
Stephanie Daniels, Decatur County Board of Education
Alma Stephens, Pacific Company
Rusty Davis, Decatur County Commissioner
Ted Martin, Retired State Farm Agent
Rick McCaskill, Development Authority
Andrea Ferguson, Director of Nursing, Memorial Manor
Sean Skyler, MHG Industries
Missy Rollins, Stillwaters
Chris Beam, Samaritan Counseling

KEY STAKEHOLDER INTERVIEW WITH INDIVIDUAL FROM PUBLIC HEALTH

Sherry Hutchins, Director Decatur County Health Department

RESOURCE LISTING

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

ASSISTED LIVING FACILITIES AND NURSING HOMES

Memorial Manor (Nursing Home)
1500 East Shotwell Street
Bainbridge, GA 39819
229-246-3500

Willow Ridge
801 Faceville Highway
Bainbridge, GA 39819
229-243-0000

Riverside Place Assisted Living Community
1151 West College Street
Bainbridge, GA 39819
229-248-1116

Seminole Manor (Nursing Home)
100 Florence Avenue
Donalsonville, GA 39845
229-524-2733

BLOOD DONATIONS

American Red Cross
800.RED.CROSS / 800.733.2767 (P)
www.redcross.org

BREASTFEEDING RESOURCES

Breastfeeding Information
www.breastfeeding.com

La Leche League of GA Hotline
404.681.6342 (P)

CAR SEAT RESOURCES AND SAFETY

Auto Safety Hotline
800.424.9393 (P)

Decatur County Health Department
928 South West Street
Bainbridge, GA 39819
229-248-3055

Seminole County Health Department
904 N Wiley Avenue
Donalsonville, GA 39845
229-524-2577

CANCER SUPPORT SERVICES

American Cancer Society
800.227.2345 (Preferred)

CHILDREN & FAMILY SUPPORT SERVICES

Office of Child Support Services (OCSS)
877.423.4746 (P)

CRISIS INTERVENTION

Georgia Crisis Line
800.715.4225 (P)

National Domestic Violence Hotline
800.799.7233 (P)

DEVELOPMENTAL NEEDS

Babies Can't Wait
www.health.state.ga.us/programs/bcw

Parent to Parent of Georgia
800.229.2038 (P)

DME & RESPIRATORY PROVIDERS

MRS Homecare Inc.
1509 East Shotwell Street
Bainbridge, GA 39819
229.493.0071

EMERGENCIES / URGENT CARE

Memorial Hospital and Manor ER
1500 E Shotwell Street
Bainbridge, GA 39819

Donalsonville Hospital ER
102 Hospital Road
Donalsonville, GA 39845

FATHERHOOD

Georgia Fatherhood Program
770.531.4011 (P)

National Center for Fathers
800.593.3237 (P)

FINANCIAL ASSISTANCE

Decatur County DFCS
505 S. Wheat Ave
Bainbridge, GA 39819
229-430-6289
1-877-423-4746

Seminole County DFCS
108 West 4th Street
Donalsonville, GA 39845
229-430-6289
1-855-422-4453

FINANCIAL COUNSELING

Consumer Credit Counseling Service
800.388.2227 (P)
www.credability.org

FOOD ASSISTANCE

Decatur County DFCS
505 S. Wheat Ave
Bainbridge, GA 39819
229-430-6289
1-877-423-4746

Seminole County DFCS
108 West 4th Street
Donalsonville, GA 39845
229-430-6289
1-855-422-4453

HEALTH INSURANCE

PeachCare for Kids
877.427.3224 (P)
www.peachcare.org

Medicaid
Member Services: 866.211.0950 (P)
Provider Services: 800.766.4456 (P)
Eligibility: 404.730.1200 (P)
Customer Service: 404.657.5468 (P)
www.medicaid.gov

Medicare
800.MEDICARE / 800.633.4227 (P)
Medicare Service Center:
877.486.2048 (P)
Report Medicare Fraud & Abuse:
800.HHS.TIPS / 800.447.8477 (P)
www.medicare.gov

HOSPICE PROVIDERS

Gentiva Hospice
432 East Shotwell Street
Bainbridge, GA 39817
229-246-6330

Hospice of Southwest Georgia
1323 East Shotwell Street
Bainbridge, GA 39817
229-246-9965

HOUSING / UTILITY ASSISTANCE

Georgia Dept. of Community Affairs
Georgia Dream Homeownership Program
800.359.4663 (P)

Georgia Dept. of Community Affairs
Housing Choice Voucher Program
Athens Regional Office
1061 Dowdy Road, Suite 201
Athens, GA 30606
706.369.5636 (P)
www.dca.state.ga.us

Georgia Housing Search
www.georgiahousingsearch.org

Low Income Home Energy
Assistance Program (LIHEAP)
To verify if you are eligible, please call:
800.869.1150 (P)

LEGAL ISSUES

Georgia Legal Services
800.822.5391 (P)

FREE OR REDUCED COST MEDICAL CLINICS

Decatur County Health Department
928 South West Street
Bainbridge, GA 39819
229-248-3055

Seminole County Health Department
904 N Wiley Avenue
Donalsonville, GA 39845
229-524-2577

Primary Care of Southwest Georgia
509 Bainbridge, GA 39819
229-416-4421

Georgia Farm Worker Health Program
229-248-3752

MENTAL HEALTH

Samaritan Counseling Center
208 South Broad Street
Bainbridge, GA 39819
229.243.1633

New Beginnings Community Outreach
617 South West Street
Bainbridge, GA 39819
229.246.9050

Dr. Gary Smith
Wiregrass Medical and Surgical Building
804 N. Wiley Avenue
Donalsonville, GA 39845
229.524.5590

Georgia Pines
Decatur/Seminole Service Center
333 Airport Road
Bainbridge, GA 39817
229.246.6108

SAFETY

Georgia Poison Control
800.222.1222 (P)
www.gpc.dhr.georgia.gov

SENIOR CITIZENS

Decatur County Senior Center
402 West Water Street
Bainbridge, GA 39817
229-246-8672

Senior Citizens Center
403 South Wiley Avenue
Donalsonville, GA 39845
229-524-2831

SMOKING CESSATION

Georgia Tobacco Quit Line
877.270.7867 (P)
www.livehealthygeorgia.org/quitline

TEEN PARENTING RESOURCES

Young Mommies Help Site
www.youngmommies.com

TRANSPORTATION

Decatur/Seminole County Transit
531 S Scott Street
Bainbridge, GA 39819
229-2466758

Medicaid Transit
Southerastrans, Inc.
1-888-224-7985

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