

2016

Monroe County Hospital Community Health Needs Assessment

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CERTIFIED PUBLIC ACCOUNTANTS

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EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Monroe County Hospital 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 Monroe County Hospital'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 Monroe County.

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 Monroe 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

Monroe County is located in North Central Georgia. The county has a total land area of 396 square miles. According to the U.S. Census, as of July 1, 2014 there were an estimated 27,051 residents in the county. Monroe County Hospital is located in the county seat of Forsyth.

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 Monroe County for 2009-2013, heart disease was the leading cause of death followed by cancer, accidents, stroke and chronic lower respiratory disease.

HEART DISEASE AND STROKE

Heart disease and stroke typically affect people age 65 years and older. Heart disease was the leading cause of death in Monroe County. The heart disease death rate in Monroe County was higher than the Georgia rate. Stroke was the fourth leading cause of death in Monroe County. The stroke death rate for Monroe County was higher than the rates in both Georgia and the U.S. Stroke has very similar modifiable risk factors as heart disease, and the two can be grouped together when developing community health needs implementation strategies.

CANCER

The most prevalent types of cancers can usually be detected the earliest, due to known risk factors. Monroe County had a lower cancer death rate than that of the State or U.S. There may be a need for cancer prevention programming in the County due to the various modifiable risk factors such as smoking and poor diet. Lung cancer, for instance, had higher incidence rates in the County compared to the rates in Georgia and the U.S. Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer.

ACCIDENTS

Accidents are the result of motor vehicle accidents, firearm accidents, poisonings, natural/environmental, suffocations, falls, fire, or drowning. Accidents were the third leading cause of death in Monroe County. The accident death rate was higher in Monroe County than the rates in both Georgia and the U.S.

CHRONIC LOWER RESPIRATORY DISEASE

Chronic lower respiratory disease is commonly caused by cigarette smoking. Chronic lower respiratory disease was the fifth leading cause of death in Monroe County. The chronic lower respiratory disease death rate in Monroe County was lower than the rates in both Georgia and the U.S.

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 Monroe County overall infant mortality rate was lower than the Georgia rate. The teen birth rate in Monroe County was lower than the rate in Georgia but higher than the U.S. rate. The teen birth rate among Black females was higher than White females, which brings attention to a health disparity in the community.

ALCOHOL, TOBACCO AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. From 2009 to 2013, the use of cigarettes and alcohol decreased among adolescents in Georgia; however, marijuana and methamphetamine use increased.

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. Monroe County's rates for chlamydia were lower than the State and U.S rates. Gonorrhea rates were lower than the State and the U.S rates. Chlamydia rates among Monroe County Blacks were much higher compared to Whites. Gonorrhea rates were also higher among Blacks compared to Whites.

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. Over 22 percent of Monroe County residents reported no health insurance. Over 12 percent of Monroe County's population is below the poverty level.

Education also affects an individual's ability to access care. Monroe County's high school graduation rate increased from 82.9 percent in 2014 to 87.8 percent in 2015. 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 health care. Without a public transit system, many Monroe County residents rely on friends and family members for transport.

Community Prioritization of Needs

Information gathered from stakeholder interviews, discussions with the hospital leadership team, and review of demographic and health status was used to determine the priority health needs of the population. Health priorities were further developed by the CHNA Hospital Steering Committee (CHSC) after careful review of community resources available for these priorities and the future value of the priority. The following priorities were identified by the CHSC:

- Access to Care - Health Education and Promotion
- Obesity and Lifestyle (including diabetes)
- Mental Health and Substance Abuse
- Cardiovascular Disease
- Access to Care - Free and Reduced Cost Care
- Access to Care - Transportation
- Access to Care - Social Issues

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 no written comments received related to the most recently conducted CHNA and Implementation Strategy for inclusion in this report.

APPROVAL

Monroe County Hospital approved this community health needs assessment through a board vote on September 29, 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 hospital's Chief Executive Officer developed a hospital steering committee, referred to in this report as the CHNA Hospital Steering Committee (CHSC). The CEO appointed the following individuals as participants on this committee.

Darren Pearce - Interim Chief Administration Officer

Ellen Sowell - Administrative Assistant

Tabitha Kent - Quality Manager

Debra Flowers - Director of Human Resources

Donna Nash - Director of Nursing

Whitney Lovett - Nurse Manager, Monroe County Health Department

Kate Cotton - Hospital Authority of Monroe County, Board member

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. Monroe County was 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 represent 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.

5. Community Input

Community stakeholder interviews were held with members of the community who work with, or are members of, vulnerable populations. There was also an interview with an individual from Public Health. The interviews were conducted in order to obtain the community's input into the health needs of Monroe County.

Priority issues were identified at the end of each interview.

6. Hospital Prioritization of Needs

Information gathered from the interviews, 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 stakeholder interviews. 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 and divisions, states, counties, 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 the 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 Centers for Disease Control and Prevention (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, and 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 health care 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 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), and sexually transmitted disease and population data. For more information, go to <http://oasis.state.ga.us>.

Georgia Department of Education

The Georgia Department of Education collects and analyzes 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, 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

A community health needs assessment can help assess the needs of a community in a variety of ways. For this reason, information gaps exist among certain population groups and health indicators.

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 data 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 meetings devoted time to focus on these population groups. There were some medical conditions that were not specifically addressed.

2013 Implementation Strategy

Monroe County Hospital 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.

Previous 2013 Implementation Activities/Strategies	Impact/Evaluation of these Activities/Strategies
<p>1. Issues associated with hospital facilities, equipment, and services</p>	<p>Each department identified the specific deficiencies and any equipment needing repair or replacement was added to the capital budget or obtained from SPLOST funds. Improved patient overall safety through upgrading our nurse call system, telemetry, portable x-ray, and digital mammography. The coagulation and hematology analyzer were replaced achieving improved and consistent results. Obtained a car extractor and Arjo lift. Entered into a management service agreement with Navicent that will potentially enable us to have access to resources that will, in turn, improve quality of patient care as well as to become a more financially strong and sustainable organization. The hospital opened a new medical office building which houses a podiatrist, ophthalmologist, and newly recruited family physician with additional space to grow. We continue to advertise in order to promote awareness of our hospital's services via radio, newspaper, local civic organizations, and through our website. We have participated in Health Fairs at Order of the Eastern Star in April 2016. There has been some improvement in our patient wait times in the Emergency Room. Triage is being done at bedside whenever possible which results in decreased wait time.</p>
<p>2. Improvement/coordination of community health education and service</p>	<p>We continue to work year-round with community partners to combine resources in order to raise awareness of health and healthy behaviors. We work with the Department of Family and Children Services, County Public Health Department, Board of Education, City and County Government, Chamber of Commerce, local businesses, and social agencies We have formed Emergency Room and Nursing Home task forces that meet regularly in order to enhance awareness of hospital capabilities and continue</p>

	to partner with these groups.
3. Chronic disease conditions	We continue to provide nutrition education and counseling, provide employee wellness program, and promote prostate cancer awareness by providing annual prostate cancer screenings at a lower cost. Promote breast cancer awareness campaign by offering low cost screening mammograms twice a year. Continue to participate in the flu immunization campaign with the Public Health Department. Our Auxiliary works in partnership with American Red Cross to help promote local blood drives.
4. Issues associated with healthcare access	Recruited new full time family physician who follows up with patients after ER visits. We are continuing recruitment efforts to bring providers into our community; continue to attend physician recruitment fairs. Have an internal protocol to inform uninsured patients by providing them with information regarding the new Health Insurance Exchange and our ICTF program. Also provide local community resource information to patients such as prescription drug assistance, Medicare or Medicaid, and home care services. We continue to support educational programs with health care careers including local high school, area colleges, and vocational/technical centers.
5. Behavioral and social health issues	Our hospital works closely with River Edge Behavioral Health Center, an outpatient community service here in our county. We send referrals there for mental health and substance abuse programs. We partner with regional providers of acute/inpatient mental and behavioral care to support efforts that increase the availability of inpatient bed capacity in our region for behavioral and psychiatric diagnoses. The hospital has a protocol in place for these cases. We support partnerships for funding grants of new programs that would impact the unmet needs of our community.
6. Economic development through partnership with community resources	We are one of the top ten employers in the county and help provide positive economic impact to our community every day. Continue to serve actively on the local Chamber of Commerce in order to attract new services and industry. Our hospital board members, who are county residents, contribute their leadership to

	help address the economic and social well-being of Monroe County.
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ABOUT MONROE COUNTY



Monroe County is located in North Central Georgia. The county has a total land area of 396 square miles.¹ According to the U.S. Census, as of July 1, 2014 there were an estimated 27,051 residents in the county.² Monroe County Hospital is the only hospital in the county, and has many ancillary service facilities that serve the community.

Monroe County is located within 20 to 45 minutes of Macon and Atlanta.

Monroe County includes the city of Culloden and the county seat of Forsyth.

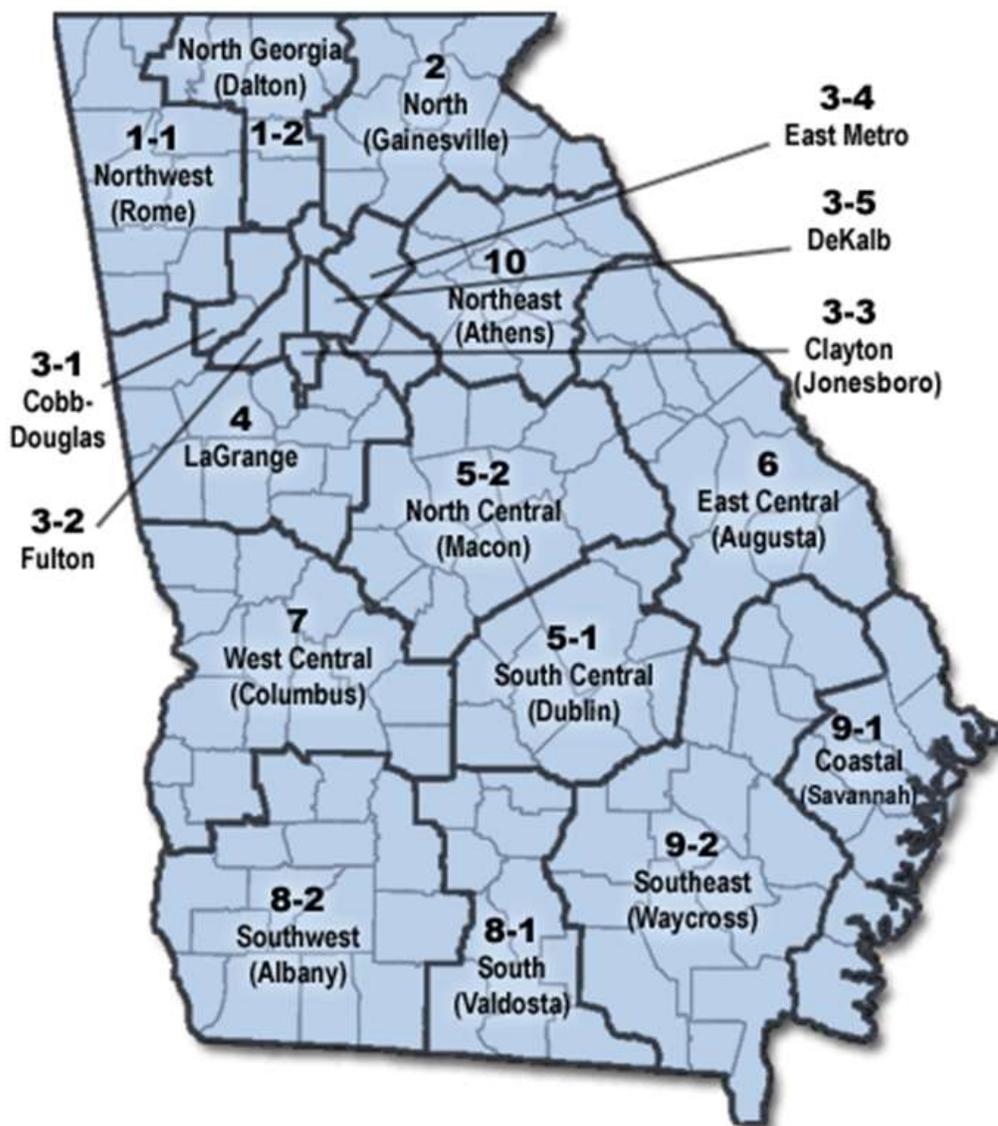
Monroe County's primary industries include public administration and education.³



Image Source: Google Maps

Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Monroe County is located in district 5-2 which is also referred to as 5-2 North Central (Macon). This district includes the following counties: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson.

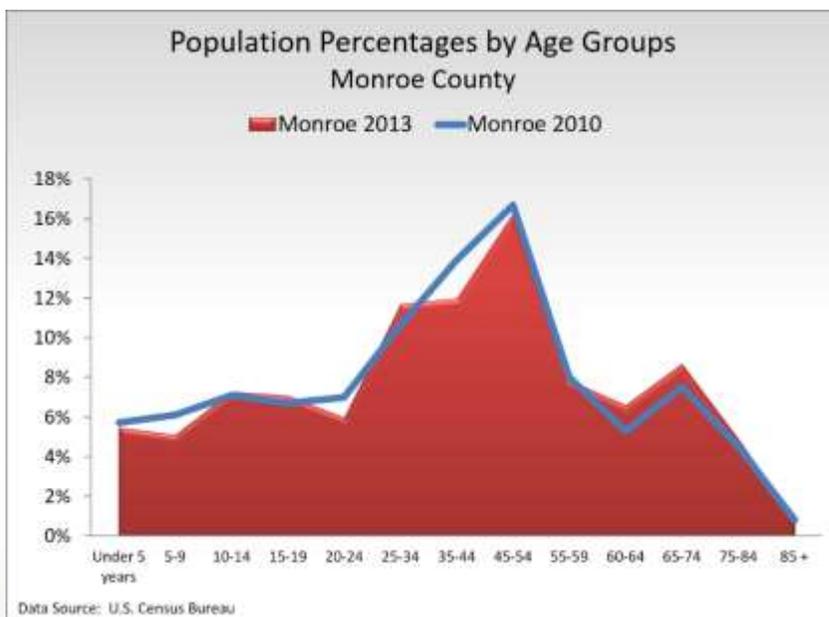
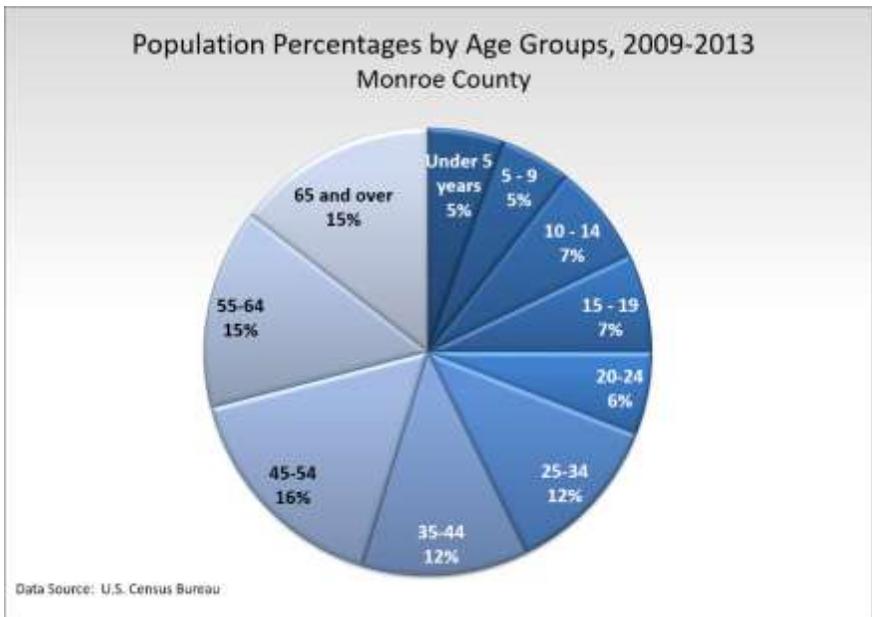


Source: Georgia Department of Community Health

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 2009-2013 U.S. Census data, 15 percent of Monroe County's population was age 65 or older. 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.⁴



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

Age categories with decreases:

- Under 10 years
- 20-24
- 35-59

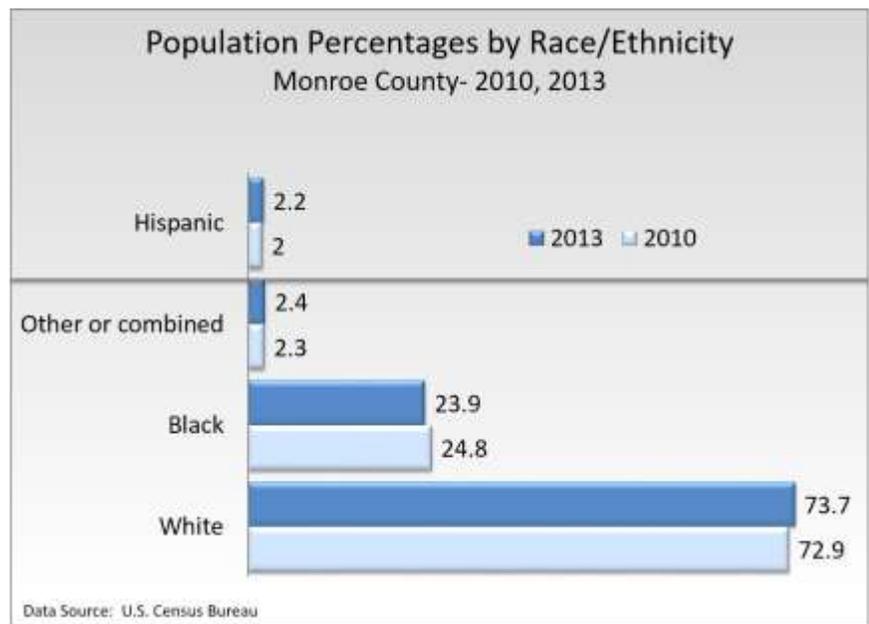
Age categories with increases:

- 10-19
- 25-34
- 60+

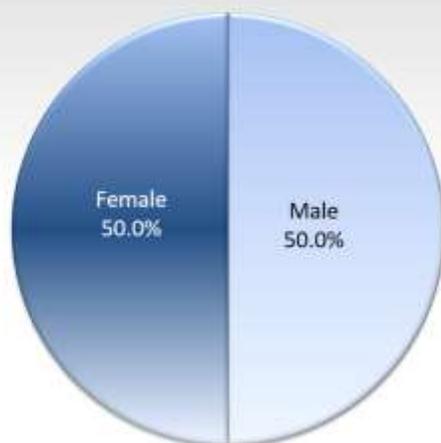
Race, Ethnicity and Origin Profile

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.⁵ 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.⁶ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.⁷

In 2013, Monroe County's population was 73.7 percent White, 23.9 percent Black, and 2.2 percent Hispanic.



**Population Percentages by Sex, 2009-2013
Monroe County**



The Monroe County population was evenly split between males and females

COMMUNITY INPUT

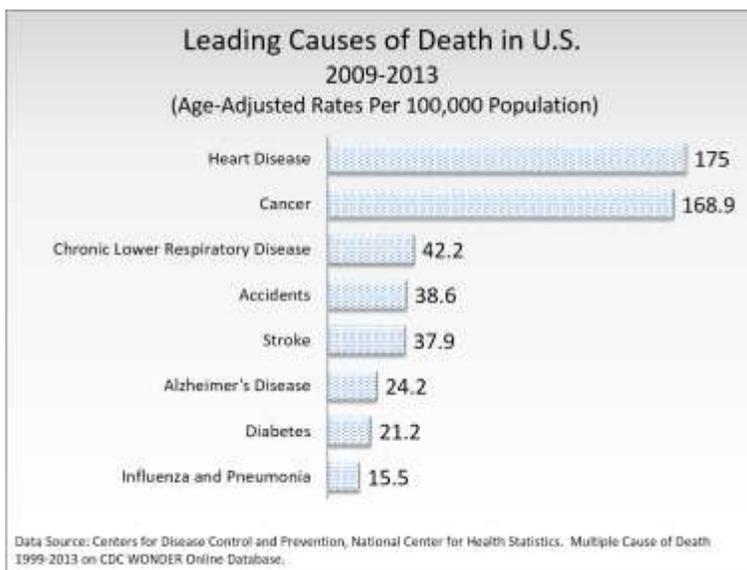
About Monroe County

- » The state correctional administration office is now located in Monroe County, which has created more tourism to the county.
- » The housing market has really started to boom in Monroe County.
- » The school systems in Monroe County are really good and many residents of outlying counties move here so their children can go to school in Monroe County.
- » Monroe County is a very poor county.
- » The economy in Monroe County has improved in the last three years.
- » The hospital recently partnered with Navicent Health in order to remain as an important resource for Monroe County. This will have a very positive impact on the community.
- » There is a large population in the community that is illiterate.
- » There is has been small growth in the number of restaurants opening up in the community.
- » There seems to new businesses that start, but they don't always survive.
- » The old Tift College building has been converted into a training center for the department of corrections. This has brought more business into the community.
- » The number of TANF (temporary assistance to needy families) program participants has decreased due to the improved economy in Monroe County.

MORBIDITY AND MORTALITY

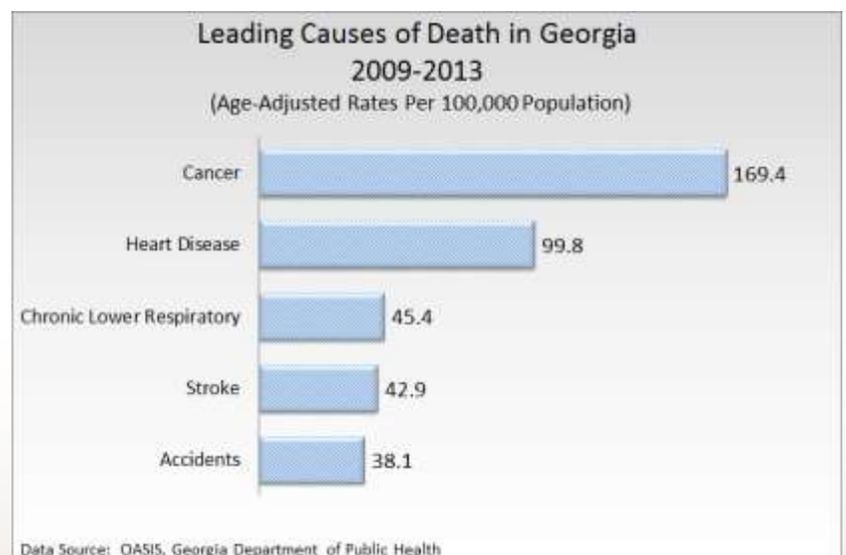
Leading Causes of Death

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.

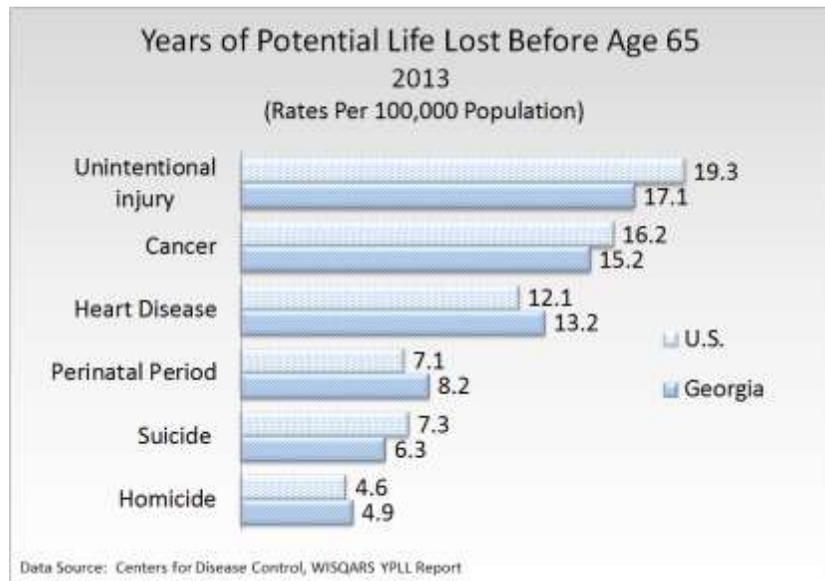


The leading causes of death in Monroe County were heart disease, cancer, accidents, stroke, and chronic lower respiratory disease.



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2013, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Cancer, heart disease, and perinatal period 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.⁸ YPLL statistics at the County level were unavailable for this report.



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

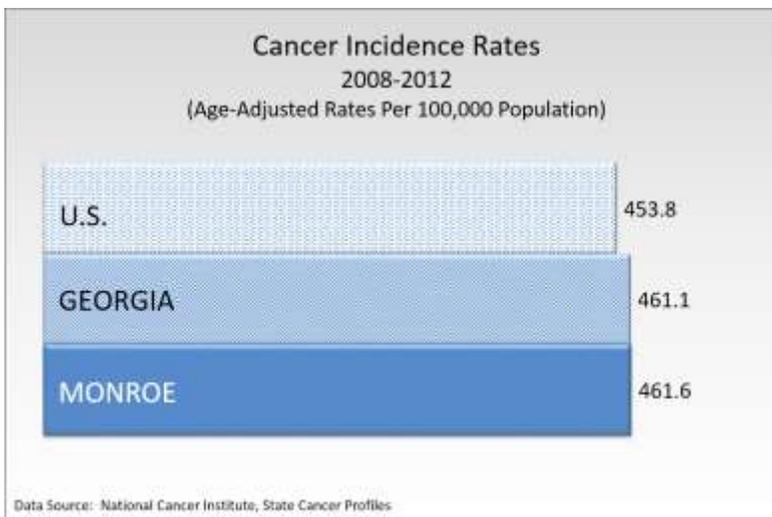
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 23.8	Cancer 21.2%	Heart disease 14.8%	Cancer 17.2%	Unintentional injuries 28.0%	Perinatal period 19.2%
Heart disease 14.5%	Unintentional injuries 18.3%	Unintentional injuries 13.3%	Heart disease 13.0%	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-1

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 2012.⁹ 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.¹⁰



In Monroe County, the cancer incidence rate was higher than the State or U.S. rates.

Why Is Cancer Important?

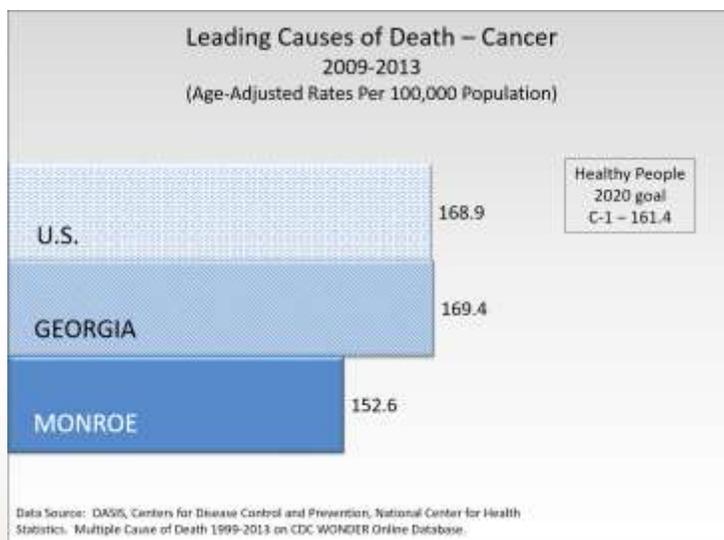
Many cancers are preventable by reducing risk factors such as:

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

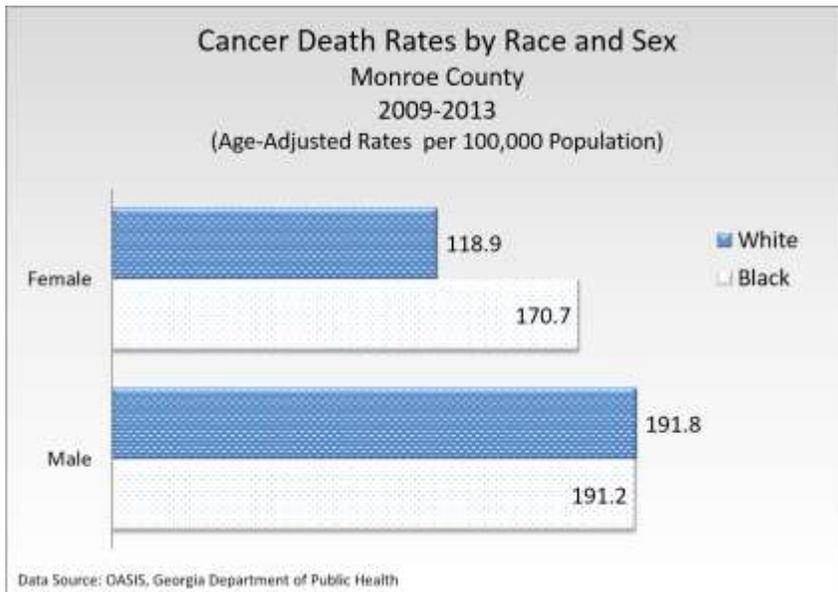
Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:

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

Healthy People 2020



In Monroe County, the cancer death rate was lower than the Georgia and U.S. rates.



Age-adjusted cancer death rates in Monroe County were highest among males. The White male population had the highest cancer death rate (191.8 per 100,000 population) out of all the population groups.

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.¹¹

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

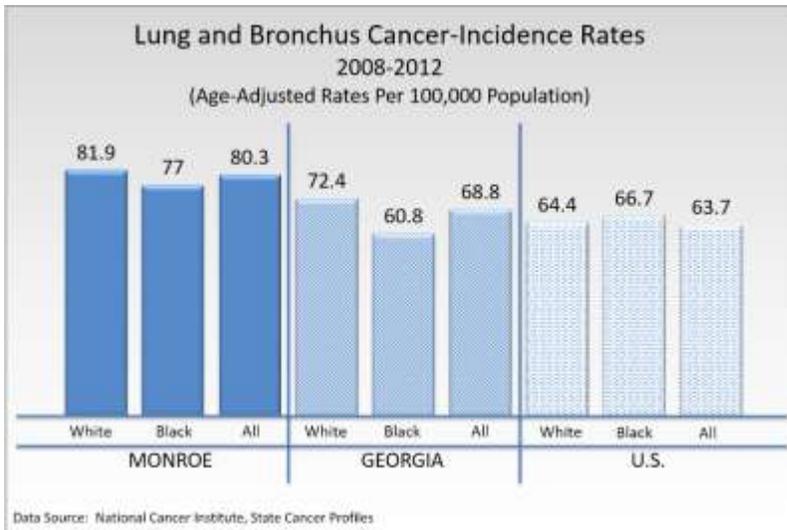


Data Source: Major avoidable risk factors of cancer, Aichi Cancer Center Research Institute

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.

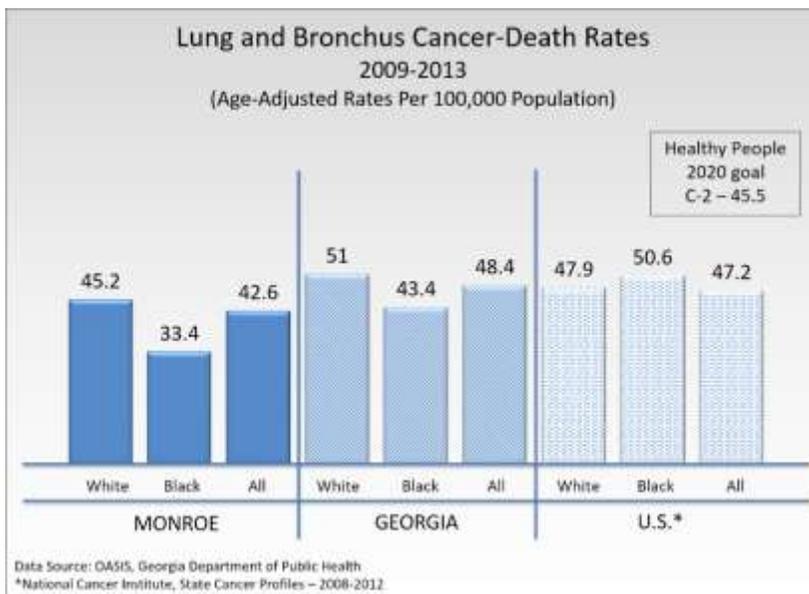
Lung Cancer

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).¹²



Lung cancer incidence rates were higher in Monroe County (80.3 per 100,000 population) than the Georgia (68.8 per 100,000 population) and U.S. (63.7 per 100,000 population) rates.

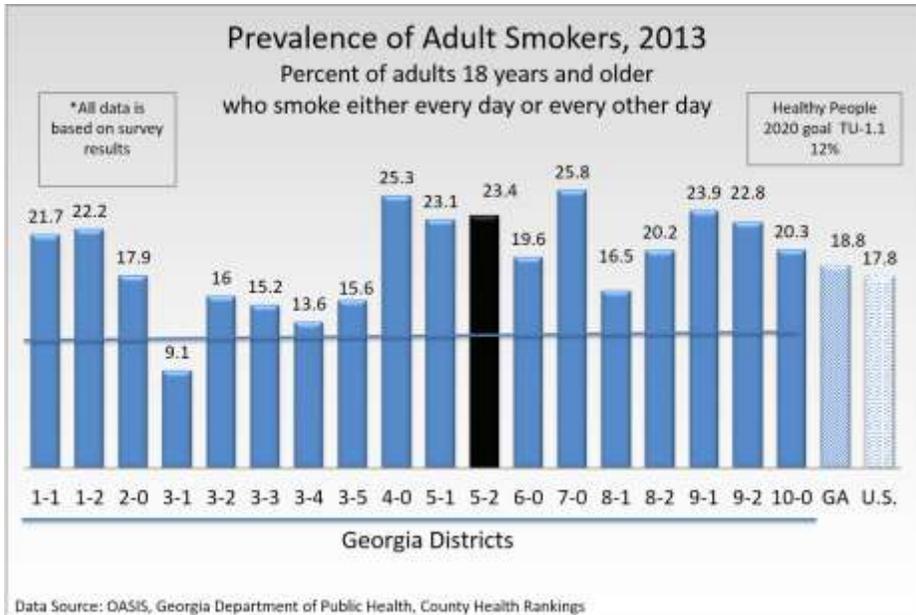
Lung cancer is the first leading cause of cancer death among both males and females in Georgia.¹³



The overall lung cancer death rate in Monroe (42.6 per 100,000 population) was lower than the Georgia and U.S. rates. In Monroe County, Whites had a higher death rate compared to Blacks.

RISK FACTORS

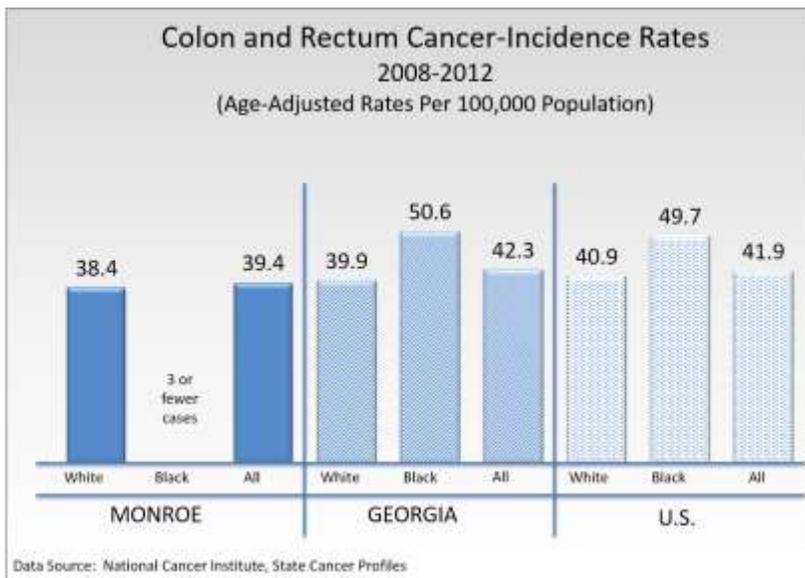
Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.¹⁴



The smoking prevalence in Health District 5-2, which contains Monroe County, was 23.4 percent. This rate was higher than both Georgia (18.8 percent) and the U.S. (17.8 percent) rates.

Colon and Rectum

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.¹⁵ 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.¹⁶

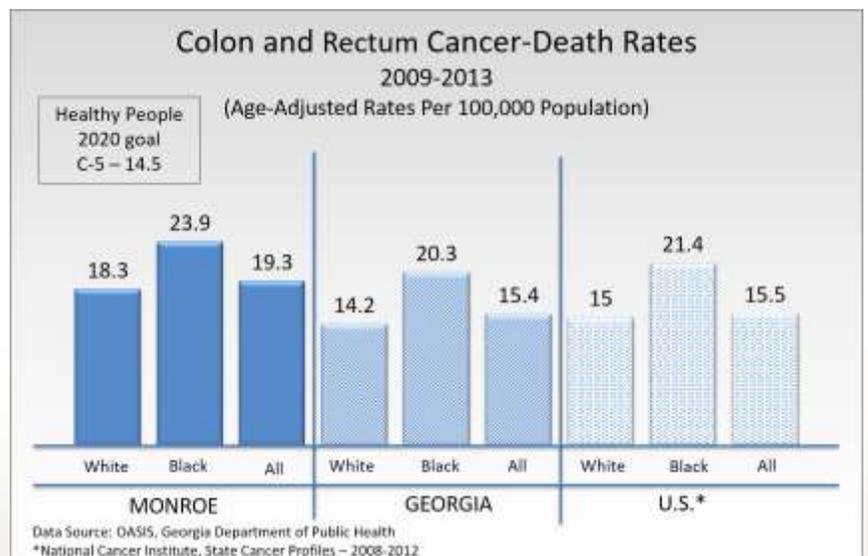


The colon and rectum cancer incidence rates in Monroe County were lower than the State and U.S. rates. There were too few incidences of colon and rectum cancer among Blacks in Monroe County to report a statistically reliable rate.

The Georgia rates were higher than the rates of the U.S.

The death rate in Monroe County from colon and rectum cancer (19.3 per 100,000 population) was higher than the State and U.S. rates.

In Monroe County, Georgia, and the U.S., Blacks had higher death rates than Whites.



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 vegetables¹⁷

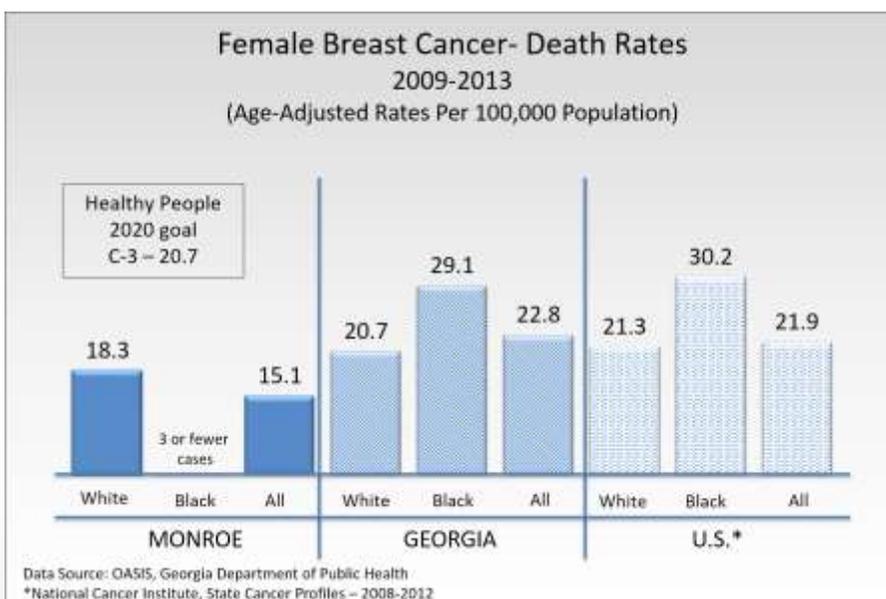
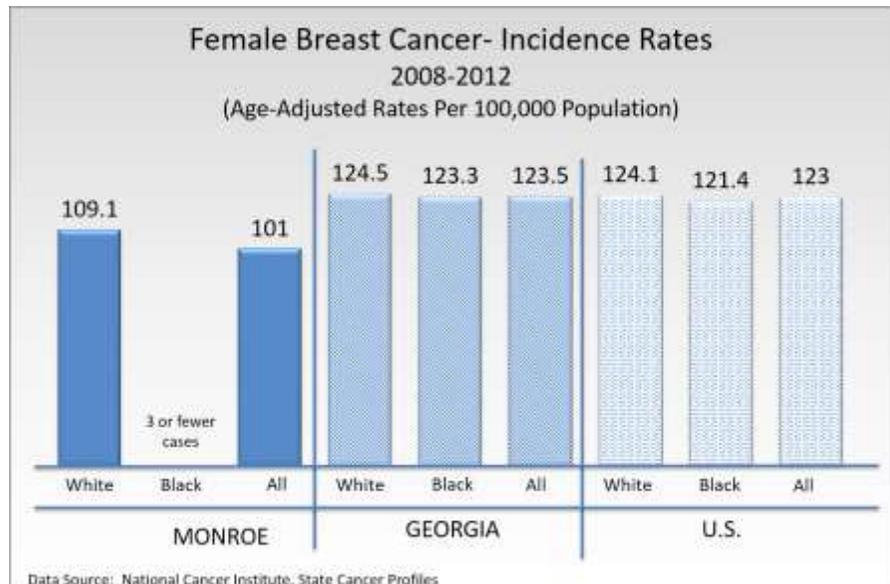
EARLY DETECTION

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.¹⁸ 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.¹⁹

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.²⁰

The breast cancer incidence rate in Monroe County was lower than the State and U.S. rates. There were too few cases among Black females to report a statistically reliable rate.



The breast cancer death rate in Monroe County was lower than the State and U.S. rates. There were too few cases among Black females to report a death rate.

In both Georgia and the U.S., Black females had higher death rates than White females.

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 smoking²¹

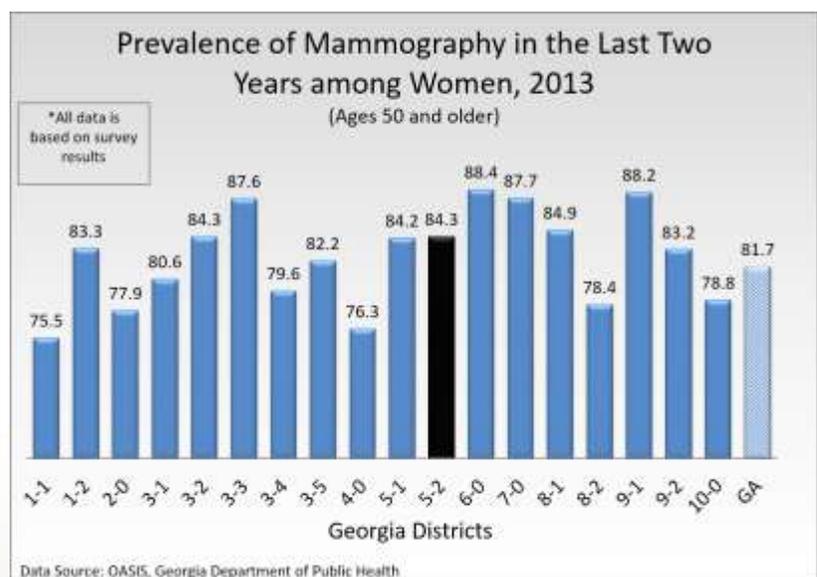
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight²²

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.²³

The percentage of women receiving a breast cancer screening (mammography) was higher in Health District 5-2 (84.3 percent) than the State average (81.7 percent).

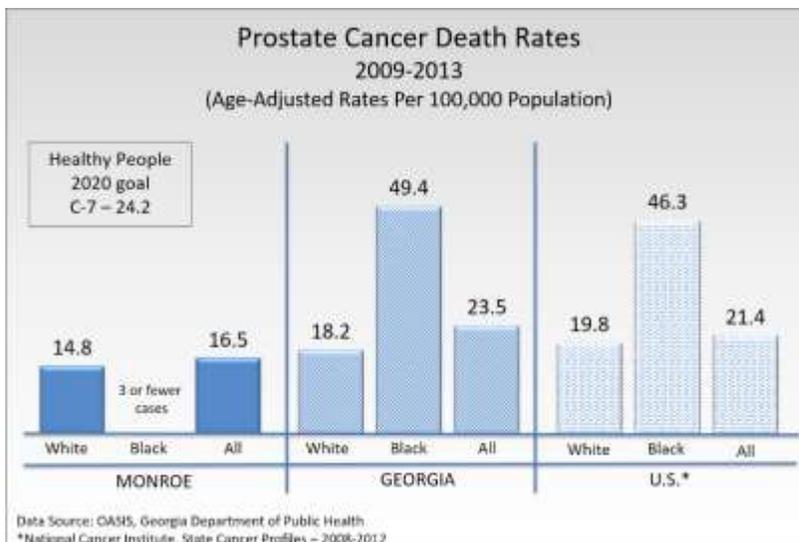
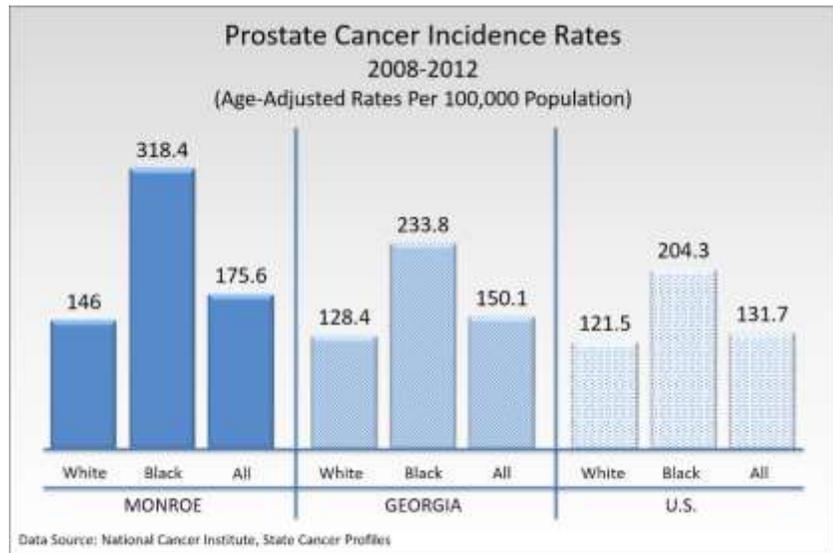


Prostate Cancer

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.²⁴

Monroe County had a higher incidence rate for prostate cancer (175.6 per 100,000 population) than the State and the U.S.

Prostate cancer incidence rates are highest among the Black population.



The prostate cancer death rate in Monroe County was lower than the State and U.S. rates.

There were too few deaths (3 or fewer cases) among Blacks in the County to compute a statistically valid death rate.

There is a disparity of prostate cancer deaths among Blacks at the State and U.S. levels.

RISK FACTORS

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

- » Age
- » Ethnicity
- » Family history of prostate cancer²⁵

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 45.²⁶

COMMUNITY INPUT

Cancer

- » Cancer is a top health concern in the community. A lot of cancers come from poor diet, smoking, and not getting timely screenings.
- » Cancer treatment is problem for those who do not have adequate insurance coverage. These individuals lack the income to get the treatments necessary to survive.
- » There is a need for more cancer support groups. It requires a positive mindset to recover from a terminal disease like cancer.
- » There is an extremely high incidence of cancer in Monroe County. A lot of individuals blame a local plant (Plant Scherer). A lot of children are diagnosed with bone cancer sarcoma that live near the plant. There seems to be a lot of cancer east of I-75 which sometimes referred to as "Cancer Central."

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE - HDS

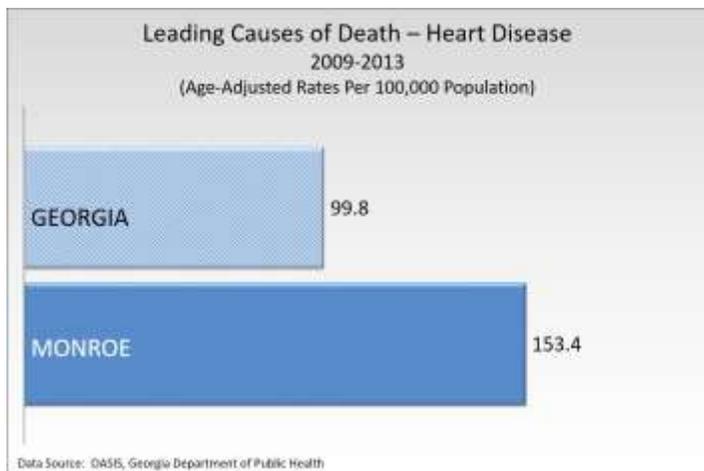
HEART DISEASE

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.²⁷

Why Are Heart Disease and Stroke Important?

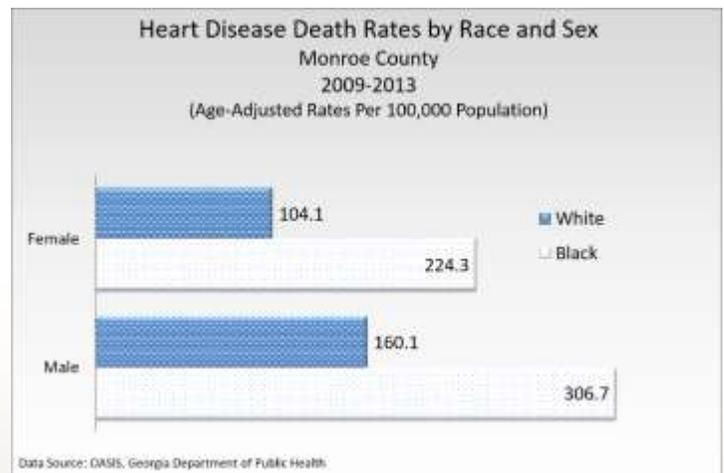
Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in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

Healthy People 2020

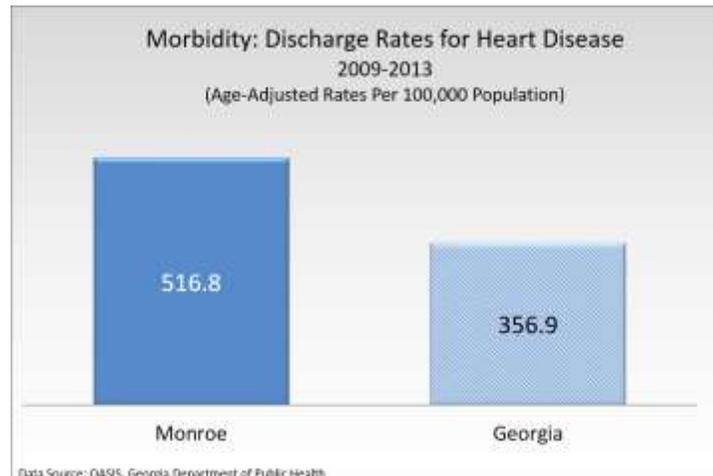


For the period 2009-2013 the Monroe County heart disease death rate (153.4 per 100,000 population), was higher than the Georgia death rate.

The age-adjusted death rates from heart disease in Monroe County for 2009-2013 were highest for the Black population groups.



The hospital discharge rate for heart disease was higher in Monroe County compared to the State.



MODIFIABLE RISK FACTORS

According to the 2013 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 5-2.²⁸

Percentage of Population Reporting Risk 2013		
Risk Factor	District 5-2	Georgia
Obesity	36.4	30.2
Physical Inactivity	34.3	27.2
Smoking	22.8	18.8
Diabetes	13.9	10.8

Data Source: OASIS, 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:

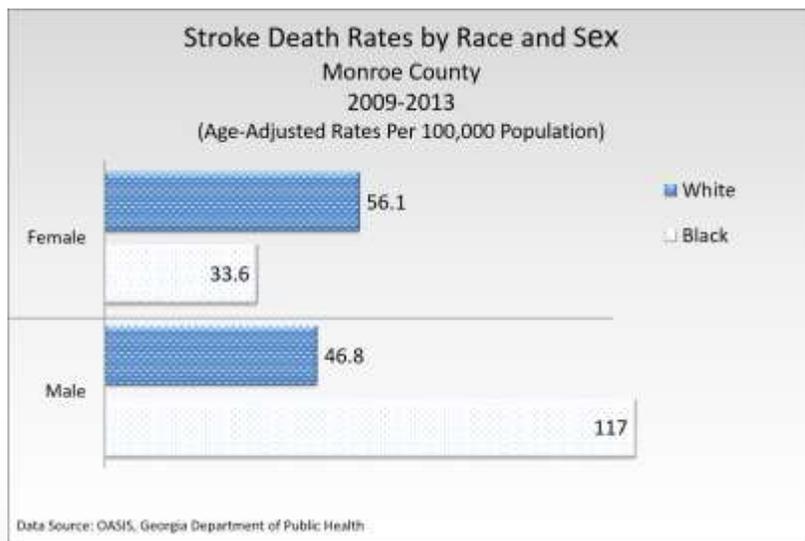
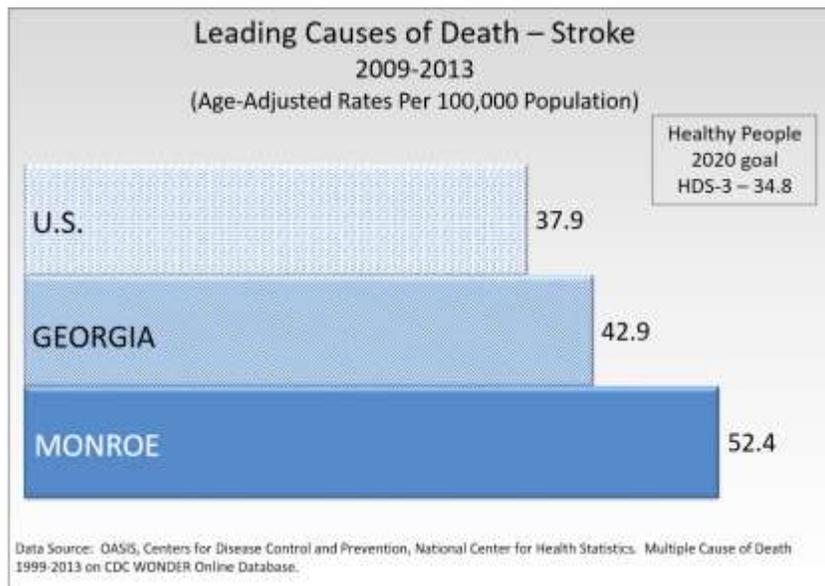
The data used to analyze heart disease rates came from the Georgia Department of Public Health's Online Analysis Statistical Information System (OASIS). The state and county heart disease rates were calculated using filters (ICD 10 codes) that include rheumatic heart fever and heart diseases, hypertensive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

STROKE

For the years 2009-2013, cerebrovascular disease (stroke) was the fifth leading cause of death in the U.S. and the fourth leading cause of death in Georgia. Strokes were the fourth leading cause of death in Monroe County.

The stroke death rate was higher in Monroe County (52.4 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.²⁹



The Monroe County stroke death rate for White females was higher than Black females. Black males had a much higher stroke death rate than White males.



The discharge rate for stroke among Monroe County residents was higher than 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 ³⁰

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

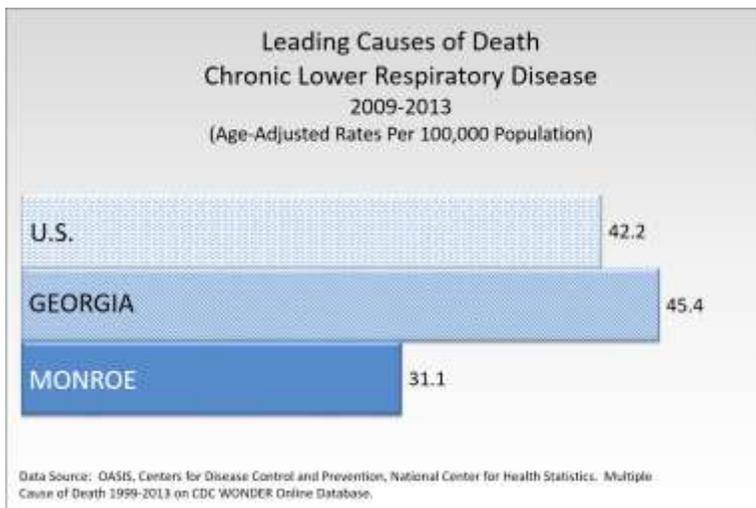
COMMUNITY INPUT

Heart Disease and Stroke

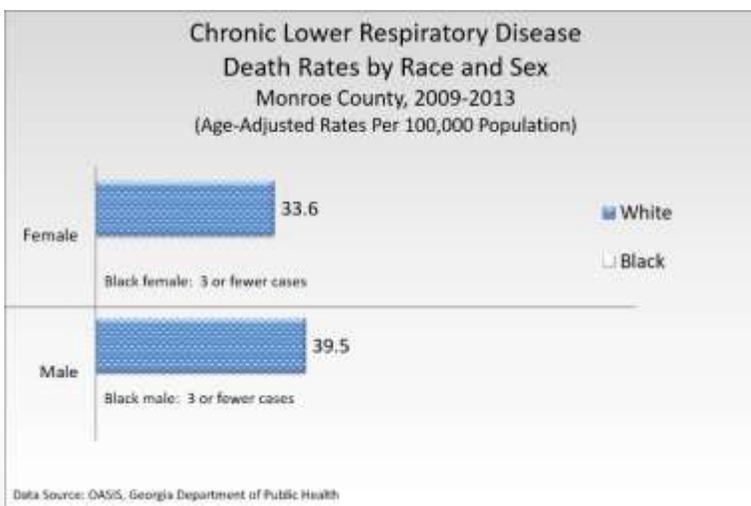
- » Heart disease is caused by poor nutrition, lack of hypertension intervention, and smoking.
- » Medication compliance is major issue for those suffering from hypertension. Many patients cannot afford the cost, so they do not treat their hypertension.
- » Hypertension is a silent disease. It affects both your eyes and your heart.
- » There is a need for more heart disease education in schools and at community health fairs.
- » Kidney disease is a result of untreated hypertension.
- » Patient education about the risk factors (obesity and eating poorly) associated with heart disease is important.
- » Medication compliance can help to prevent heart disease and stroke in this community. There is a need for a clinic that offers education and reduced cost medications for heart disease.
- » The Monroe County Health Department will be starting a new initiative to address high blood pressure by implementing a hypertension program in their clinic.

Chronic Lower Respiratory Disease

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.



For the years 2009-2013, Monroe County's chronic lower respiratory disease death rate (31.1 per 100,000 population) was lower than the State and U.S. rates.



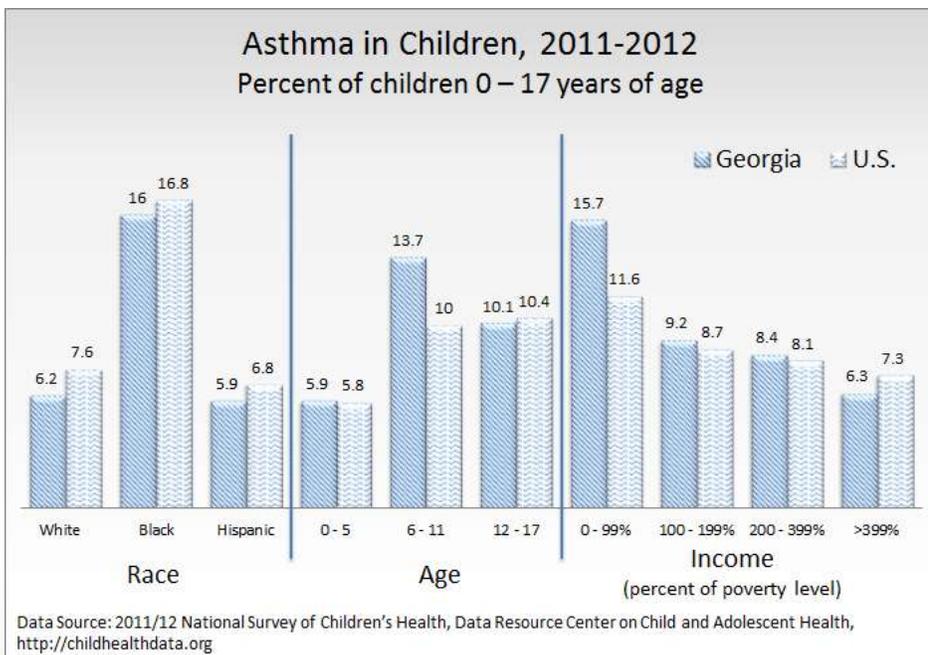
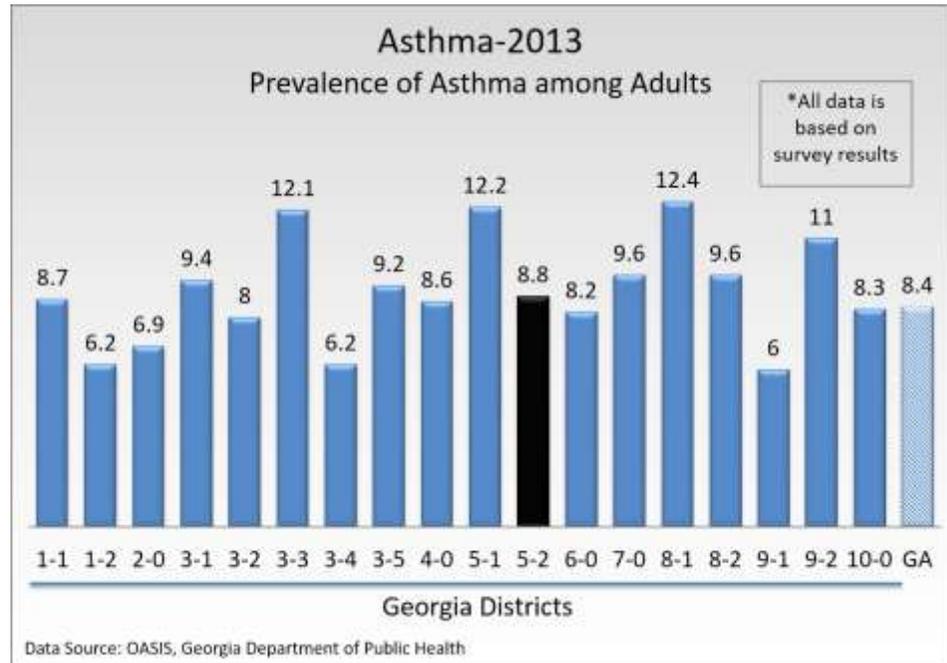
Why Are Respiratory Diseases Important?

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximate 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 health care 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 health care expenditures for asthma alone are estimated at \$20.7 billion.

Healthy People 2020

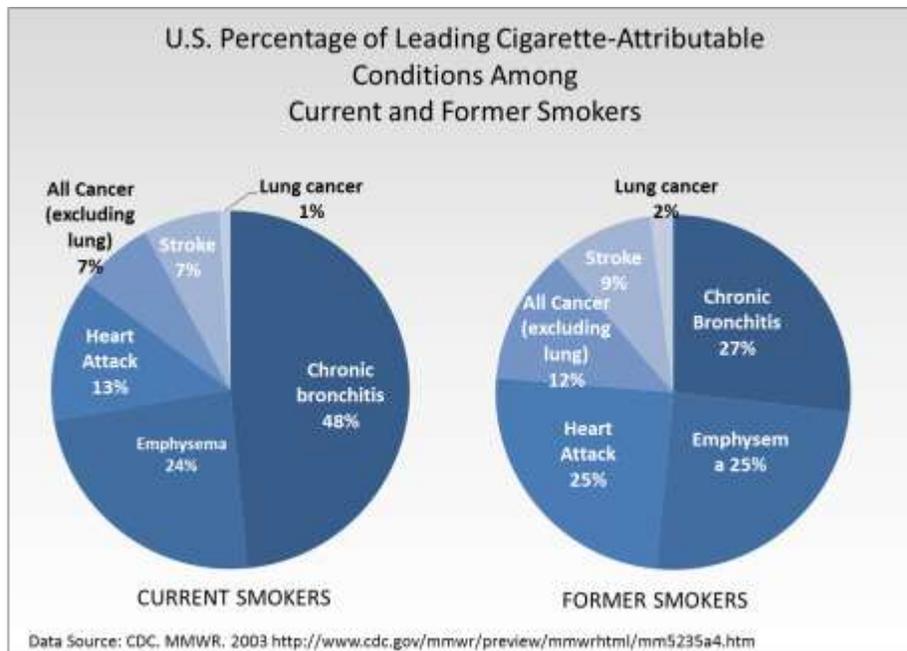
The age-adjusted death rate from chronic lower respiratory disease in Monroe County for 2009-2013 was highest among White males. There were too few cases reported to compute reliable rates for the Black population groups.

There was a higher percentage of asthma among adults within Health District 5-2 compared to the State.



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.³¹

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*.³²



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

COMMUNITY INPUT

Chronic Lower Respiratory Disease

- » Every other patient is a smoker. It seems to be more prevalent in the older adult population.
- » Individuals continue to smoke because they lack education and grew up smoking. They do not know any better because they grew up watching their parents smoke.
- » Smoking is the major cause of most of the respiratory diseases.
- » Asthma is a major problem among the elderly. It is usually related to allergens in the air.

Accidents

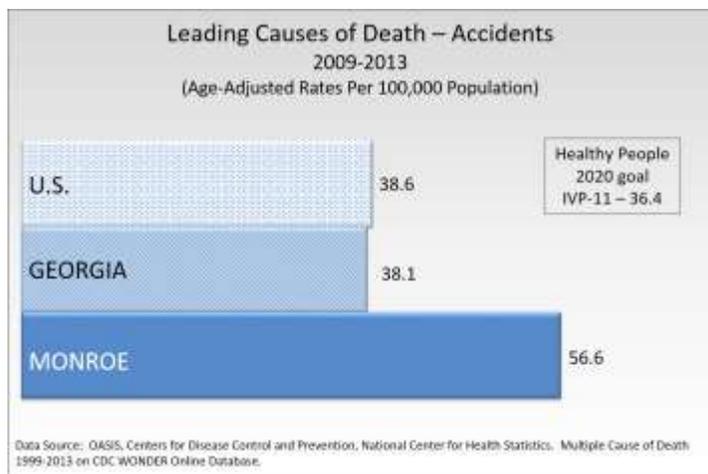
Accidental deaths may result from the following causes:

- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental
- » Suffocations
- » Falls
- » Fire
- » Drowning³³

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.

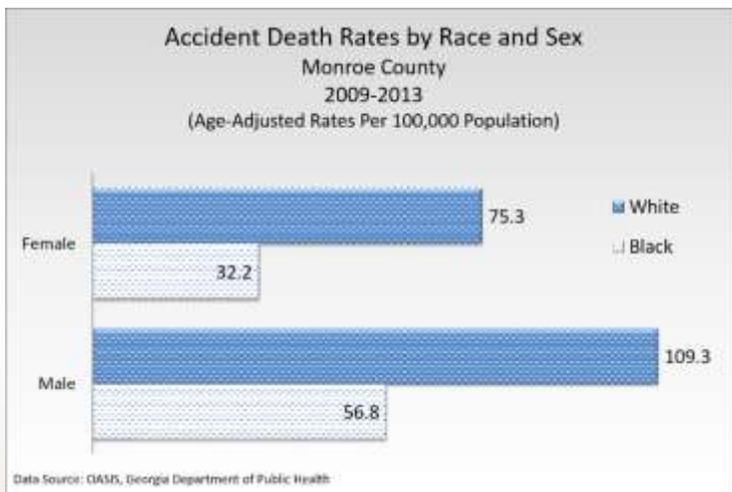
Healthy People 2020



In Monroe County, the accident death rate (56.6 per 100,000 population) was higher than both the State and the U.S. rates.

The Healthy People 2020 goal is set at 36.4 per 100,000 population.³⁴

In Monroe County, the highest death rate due to accidents was among White males.



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.³⁵

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.³⁶

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.³⁷

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.³⁸

The 2012 percentage of Georgia's population with diabetes (9.6 percent) was higher than the U.S. percentage (9.0 percent).³⁹



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.*

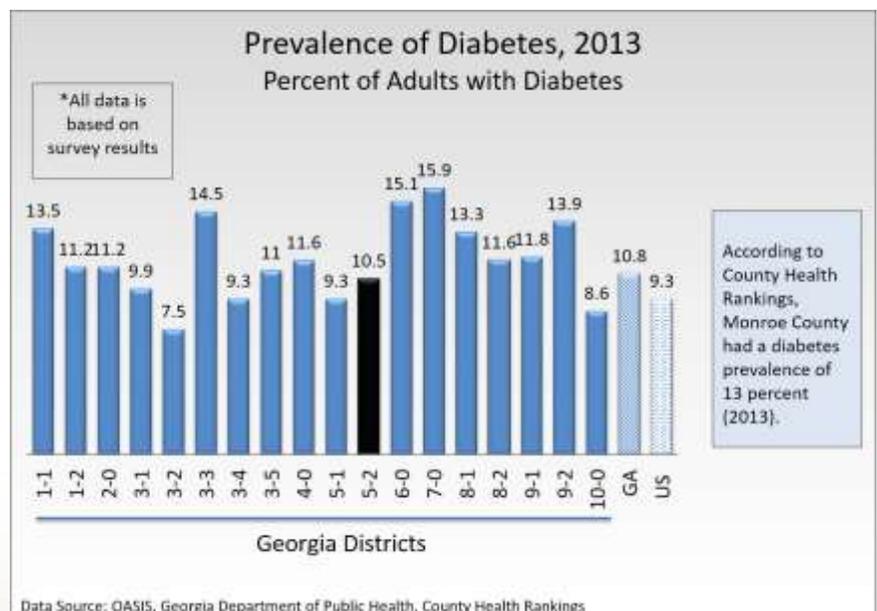
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

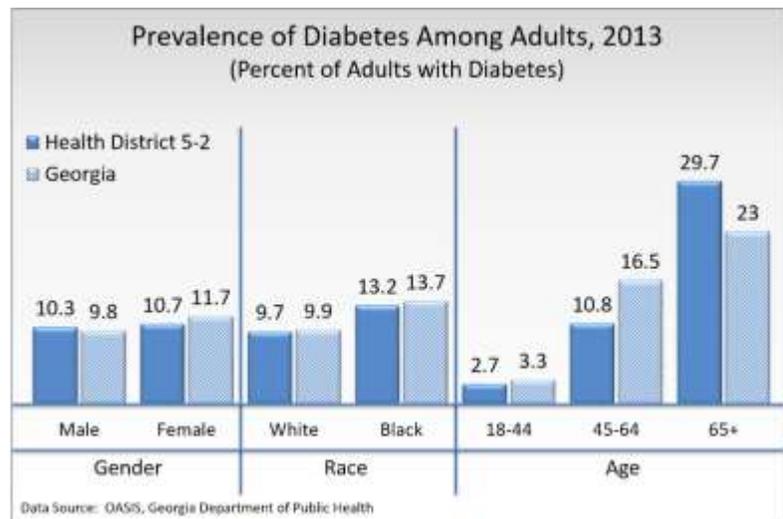
Health District 5-2 (which includes Monroe County), had a lower diabetes prevalence (10.5 percent) than the State but lower than the U.S. rate (9.3 percent). Monroe County had a diabetes prevalence of 13 percent in 2013.⁴⁰



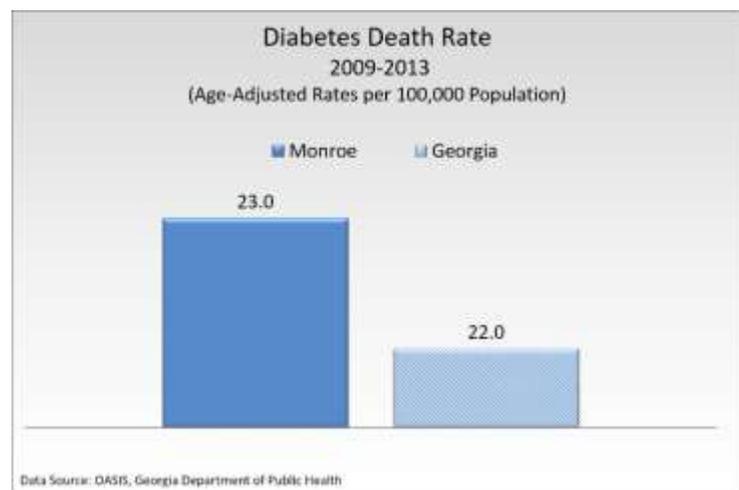
Females in Health District 5-2 had a higher rate of diabetes than males.

In Health District 5-2, prevalence of diabetes was highest among the Black population.

The highest diabetes prevalence in the Health District existed among the 65+ age group.



Monroe County had a higher death rate (23.0 per 100,000 population) from diabetes than that of Georgia.



Diabetes

Modifiable Risk Factors

- Overweight/Obesity
- High blood sugar
- High blood pressure
- Abnormal lipids metabolism
- Physical inactivity
- Tobacco smoke
- Heavy alcohol use



Data Source: Diabetes Basics, Cleveland Clinic, 2011

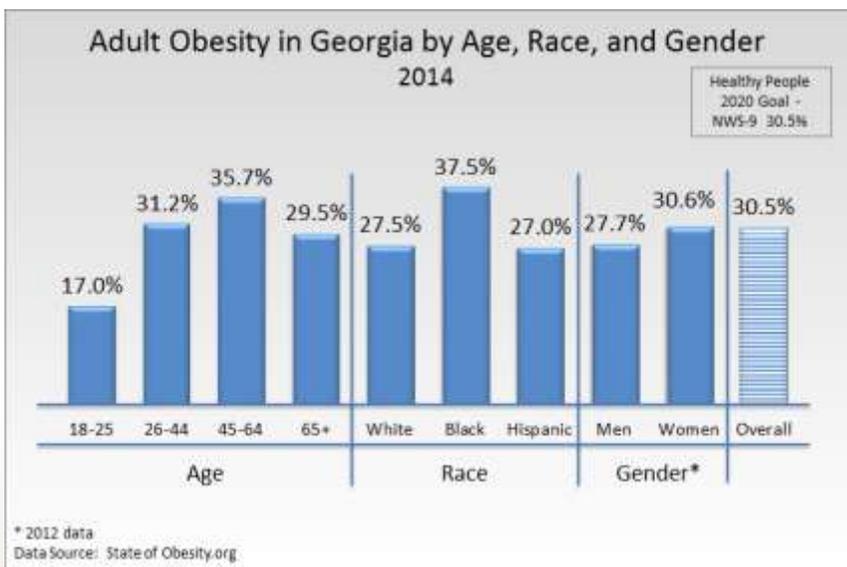
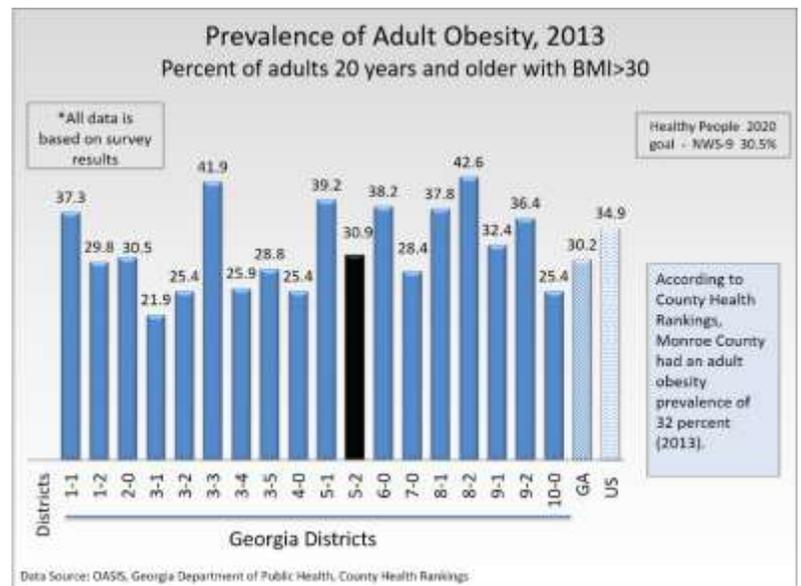
Obesity

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.⁴¹

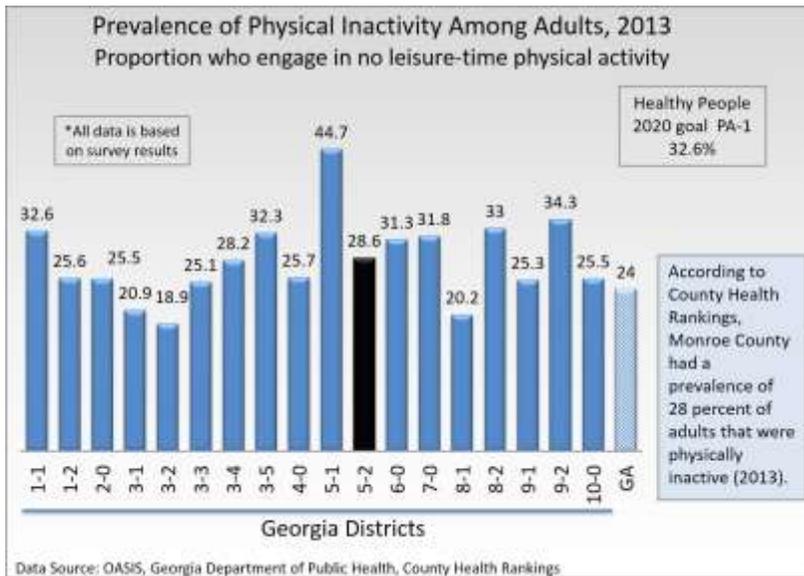
Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.⁴²

The prevalence of adult obesity in Health District 5-2 (30.9 percent) was higher than the State rate (30.2 percent), and lower than the National rate (34.9 percent). The Healthy People 2020 goal is 30.5 percent. Monroe County had a prevalence of obesity at 32 percent.



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.

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.⁴³

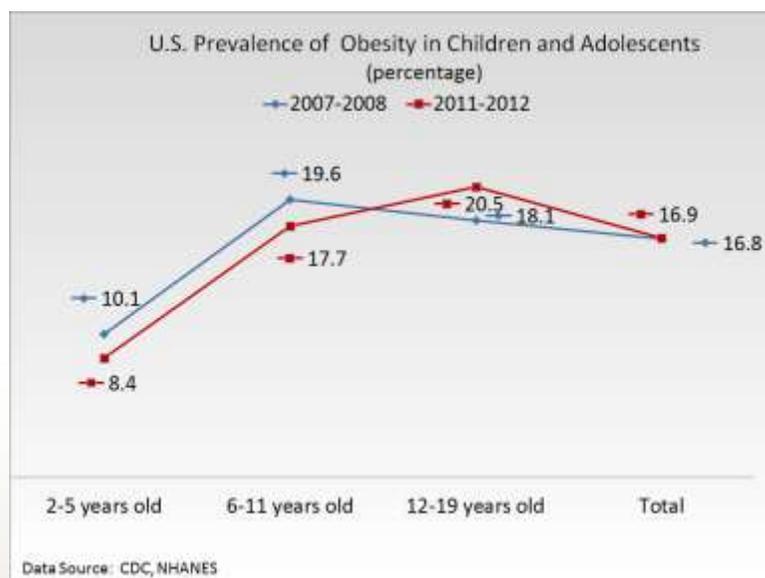


The percentage of adults who did engage in physical activity or exercise in the last 30 days was higher in Health District 5-2 (28.6 percent) compared to the State average (24 percent). Monroe County had a higher prevalence of physical inactivity (28 percent) than the State and lower than the Healthy People 2020 target of 32.6 percent.⁴⁴

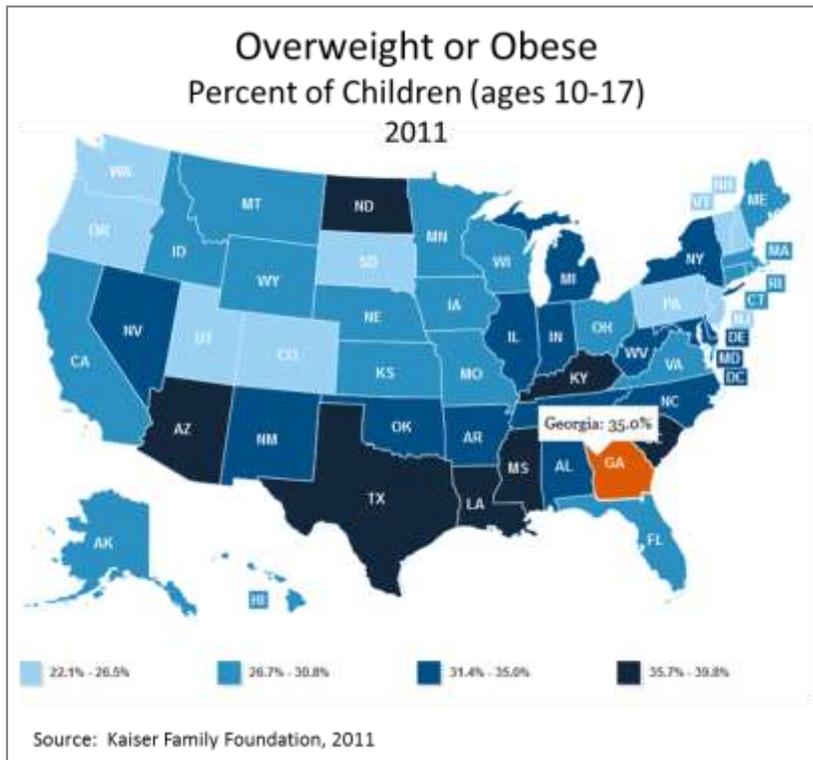
Childhood Obesity

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.⁴⁵ 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.⁴⁶ 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 2011.⁴⁷



According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighth (35 percent) in the nation for overweight and obese children. Nationally, 31.3 percent of children in this age range were overweight or obese.⁴⁸



The following table highlights obesity rates in Georgia by age group and Georgia's rank among other states.⁴⁹

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 ⁵⁰

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.⁵¹

Percent of Georgia Children Age 10-17 Who Are Overweight or Obese, 2007			
Overall	Hispanic	Non-Hispanic	
		Black	White
37.3	33.2	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.⁵²

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.⁵³

COMMUNITY INPUT

Obesity

- » Out of every ten patients seen in the ER, about 3 to 4 would fall into the obese category. Many patients that are obese, do not have the resources for nutrition or education.
- » There is a need for somewhere to refer patients for nutrition or weight loss.
- » Obesity adversely affects those in poverty.
- » There is a lot of diabetes and obesity occurring in the community.
- » Obesity is more common among those who do not have access to education.
- » The track at the local high school is open to the public for activities.
- » The internal medicine clinic patient population is probably close to 60 percent obese or overweight.
- » Being economically challenged predisposes an individual to choose less healthy foods.
- » Obesity affects so much more than people realize. A lot of knee replacement surgeries are due to excess weight.
- » There is lack of gyms and exercise classes in this community.

Childhood Obesity

- » Out of every ten children in the community, around four are either obese or overweight.
- » There is a need for more activities at school and outside of school (extracurricular) to reduce obesity rates.
- » In the last couple of years, the PE teachers have been performing height and weight measurements to inform students where they stand with their health at the beginning of the year and then at the end of the school year. This program made some parents angry because they felt their children were being judged.
- » Out of every ten children in grades kindergarten through second grade about 20 percent are obese or overweight. From third grade to fifth grade it increases to about 50 percent.
- » Younger children tend to exercise more and play outside compared to older children. Older children are attached to their technology.
- » There used to be a public swimming pool in the community. The community is trying to get funds to build a splash park to increase outdoor activities.
- » The library sponsors a Zumba and yoga day for children.

COMMUNITY INPUT

Diabetes

- » Diabetes adversely affects those in poverty, but it is also genetic.
- » There are probably around ten type one diabetic students throughout the school system. There used to be none.
- » There are a few high school students that have type two diabetes due to obesity.
- » Middle-age to older-age individuals are more susceptible to diabetes due to poor choices and sedentary lifestyle.
- » The cost of insulin is very high to an individual who does not have insurance. Most of these patients are referred to Rock Springs Clinic.
- » A lot of diabetes is occurring in the aging population but it is also occurring in the middle age population who are obese.
- » The Monroe County Health Department will be starting a new initiative to address diabetes by implementing a diabetes management program into their clinic. They will provide treatment and counseling.

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.⁵⁴

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
- » Mother receiving adequate prenatal care
- » Low and very low birth weights
- » Growth indicators
- » Breastfeeding
- » Immunization rates

Racial and ethnic disparities were noted among these indicators. Disparities may be due to 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.⁵⁵

A life stages method 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.⁵⁶

Why Are Maternal, Infant and Child Health Important?

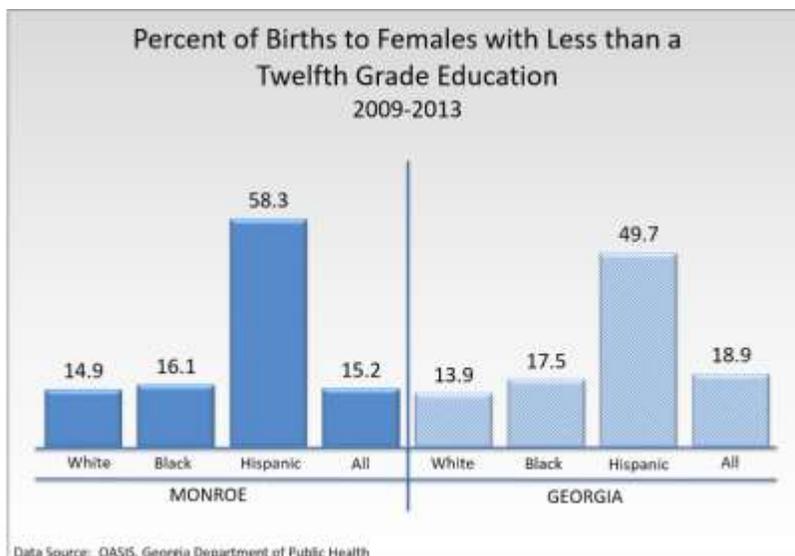
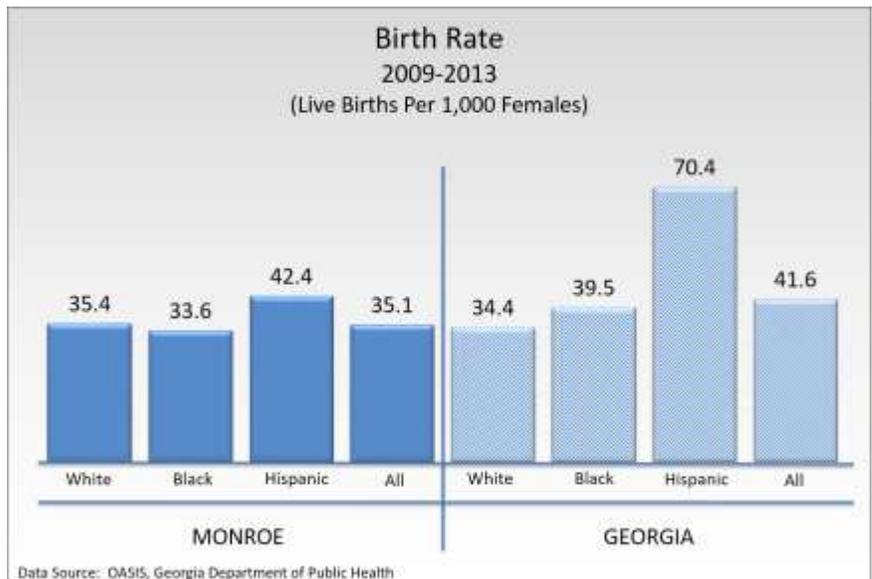
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

- » *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

For the period 2009-2013, Monroe County had a lower birth rate (35.1 live births per 1,000 females) than that of the State (41.6 live births per 1,000 females). Hispanics in Monroe County had a higher birth rate compared to Whites and Blacks.



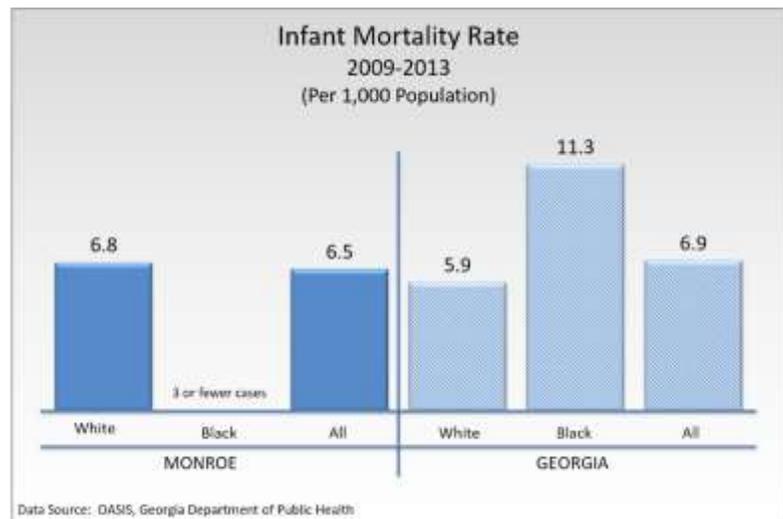
The percent of births to females with less than a twelfth-grade education was lower among Monroe County residents (15.2 percent) compared to Georgia residents (18.9 percent). The highest percentage was among the Hispanic population group.

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.⁵⁷ 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.⁵⁸ 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.⁵⁹

The infant mortality rate in Monroe County (6.5 per 1,000 population) was lower than the Georgia rate (6.9 per 1,000 population).

There were too few cases reported to compute reliable rates for 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.⁶⁰

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
Monroe County**

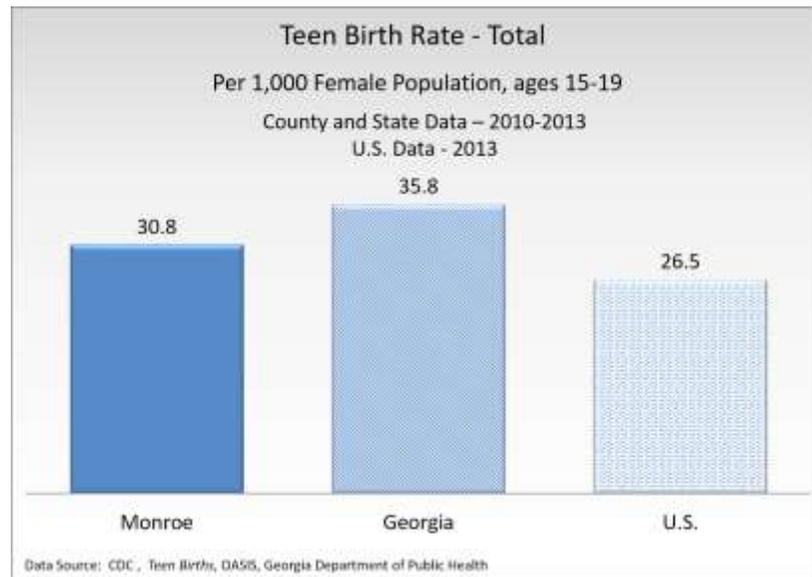
Year	White	Black	Hispanic	All
2009	0	2	0	2
2010	1	0	0	1
2011	3	0	0	3
2012	3	1	0	3
2013	0	0	0	0

Data Source: OASIS, Georgia Department of Public Health

Teen Birth Rate

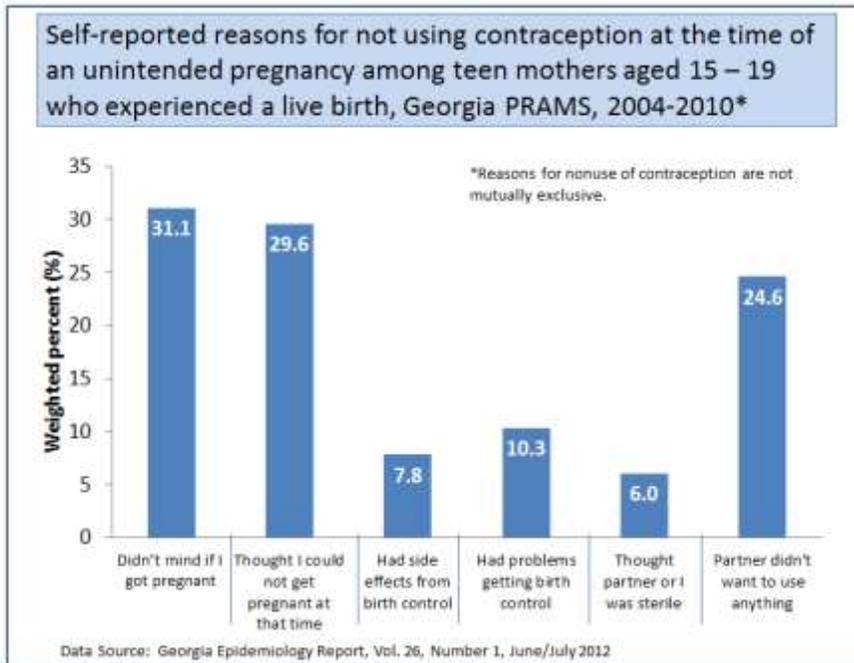
Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors 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.⁶¹

The teen birth rate in Monroe County (30.8 per 1,000 female population) was lower than the Georgia rate but higher than the U.S. rate.



The overall Monroe County teen birth rate was lower than the State rate.

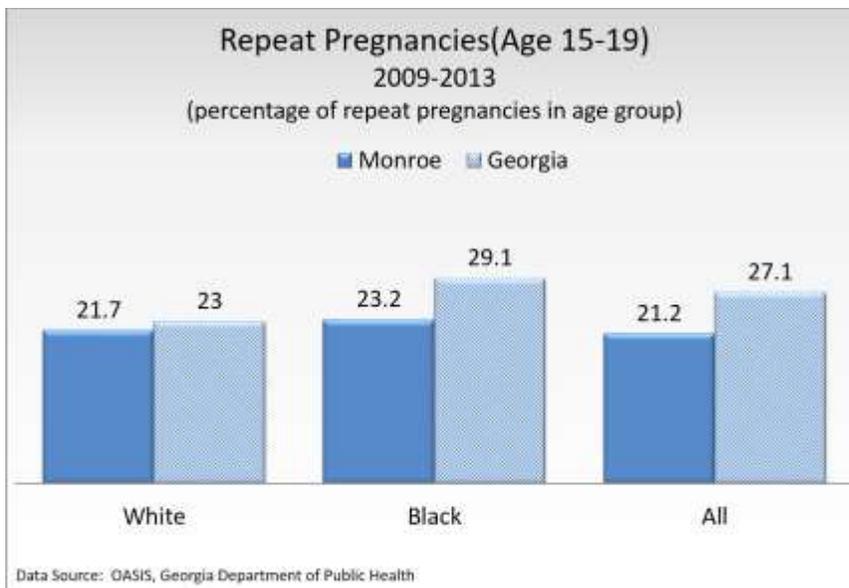
The Monroe County Black teen birth rate (37) was higher than the White teen birth rate (29.2) but also lower than the State rate (35.8).



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



For mothers ages 15-19, Monroe County had a lower percent of repeat pregnancies (21.2 percent) compared to Georgia (27.1 percent). Additionally, 23.2 percent of Black teen mothers in Monroe County had repeat pregnancies compared to 21.7 percent of White teen mothers.

COMMUNITY INPUT

Teen Pregnancy

- » Individuals do not talk about teen pregnancy. Teen mothers typically have Medicaid; however, teen pregnancy effects all walks of life.
- » There is a lot of teen pregnancy in the community. The sex education curriculum is called “Making the Best Choice” and is an abstinence based curriculum.
- » Students who are pregnant are allowed to participate in all the same activities as other students. This sends the wrong message for getting pregnant. Students used to be sent to alternative schools when pregnant.
- » The Family Connection Collaborative is working to address teen pregnancy by encouraging smart decisions and sound judgement through a Teen Maze program.

Infant Mortality

- » There is a lack of prenatal care due to poor nutrition. There is a lot of poverty in Monroe County that adds to the issues of poor nutrition and lack of prenatal care.
- » There are a lot of premature babies as a result of drug use. They usually have to be on nebulizers and sleep monitors.

Prenatal Care

- » There is a need for a local OBGYN. Most women have to go Macon for prenatal care and delivery of their baby.
- » Houston and Bibb County Health Departments both have prenatal care clinics.

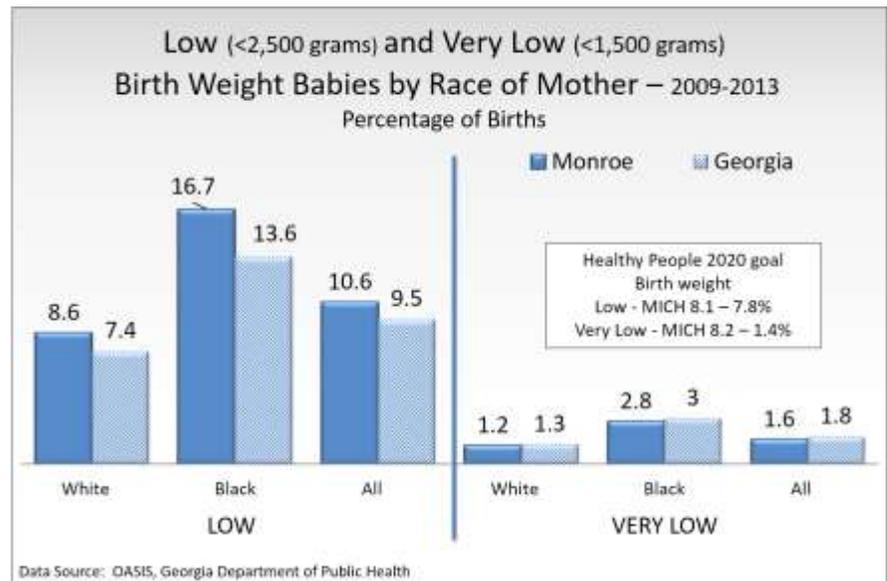
Birth Weight

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.⁶²

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.⁶³ In 2013, the national prevalence of low birth weight babies was 8 percent while that for low birth weight babies was 1.4 percent.⁶⁴

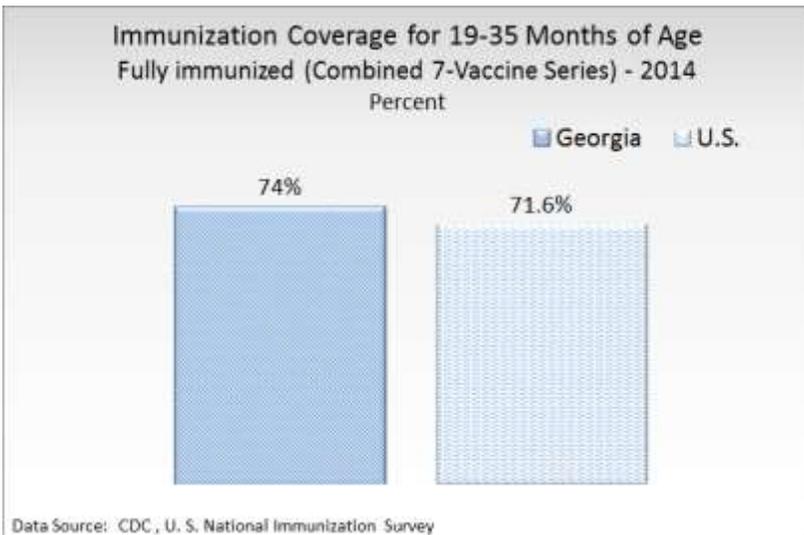
Low birth weight percentages were higher in Monroe County compared to Georgia.

Very low birth weight percentages for the County were lower than the State rates.



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.⁶⁵



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

The Centers for Disease Control and Prevention has 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

Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
HepB	HepB	HepB				HepB					
RV		RV	RV	RV	RV						
DTaP		DTaP	DTaP	DTaP	DTaP		DTaP				DTaP
Hib			Hib	Hib	Hib	Hib					
PCV			PCV	PCV	PCV	PCV					
IPV			IPV	IPV		IPV					IPV
Influenza (Yearly)									Influenza (Yearly)		
MMR							MMR				MMR
Varicella							Varicella				Varicella
HepA ¹								HepA ¹			

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

NOTE: If your child returns a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES: ¹ Two doses given at least four weeks apart are recommended for children aged 6 months through 6 years of age who are getting AC-COMP[®] for the vaccine for the first time and for some other children in this age group. ² Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given for any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high risk, should be vaccinated against HepA. If your child has any medical conditions that put him or her at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE YOUR PEDIATRICIAN FOR VACCINE INFORMATION AND TO MAKE SURE YOUR CHILD GETS ALL THE VACCINES THAT ARE RIGHT FOR HIM.

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 FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics

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
- » Suicide⁶⁶

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.⁶⁷

Adolescent Behavior

The leading cause 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.⁶⁸

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 2 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.

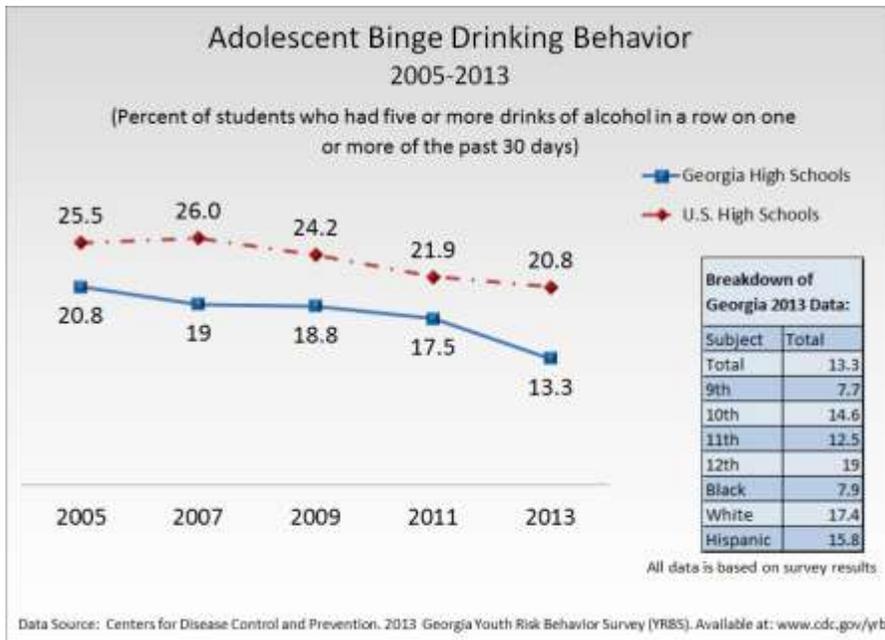
Why Is Adolescent Health Important?

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

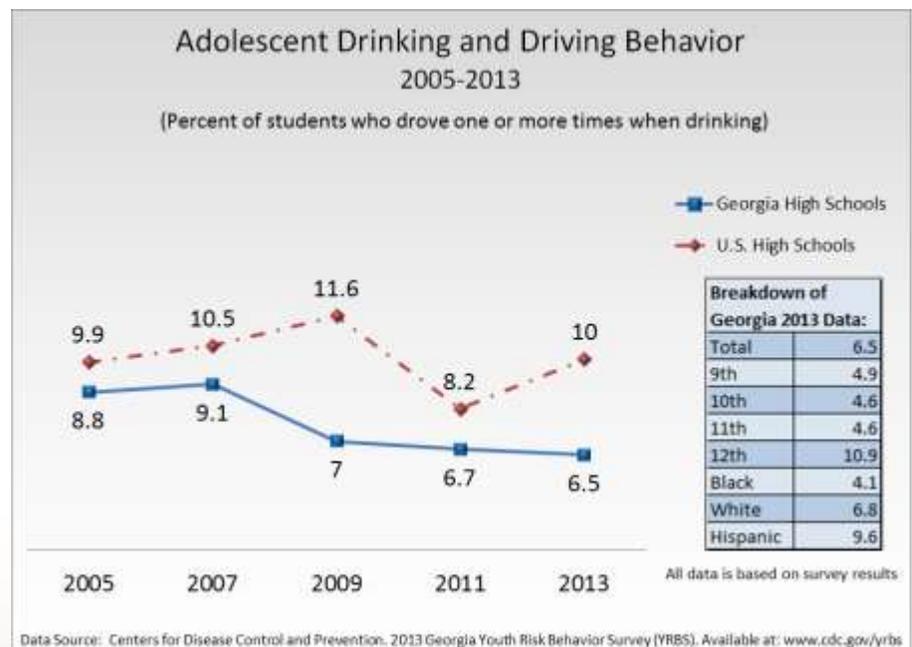


Between 2005 and 2013 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia since 2005.

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

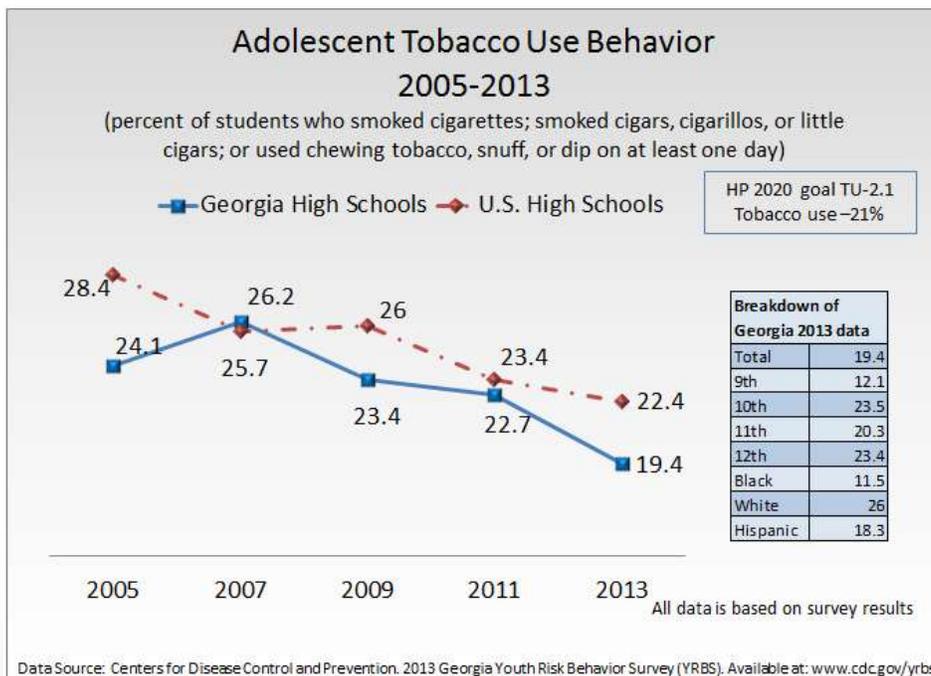
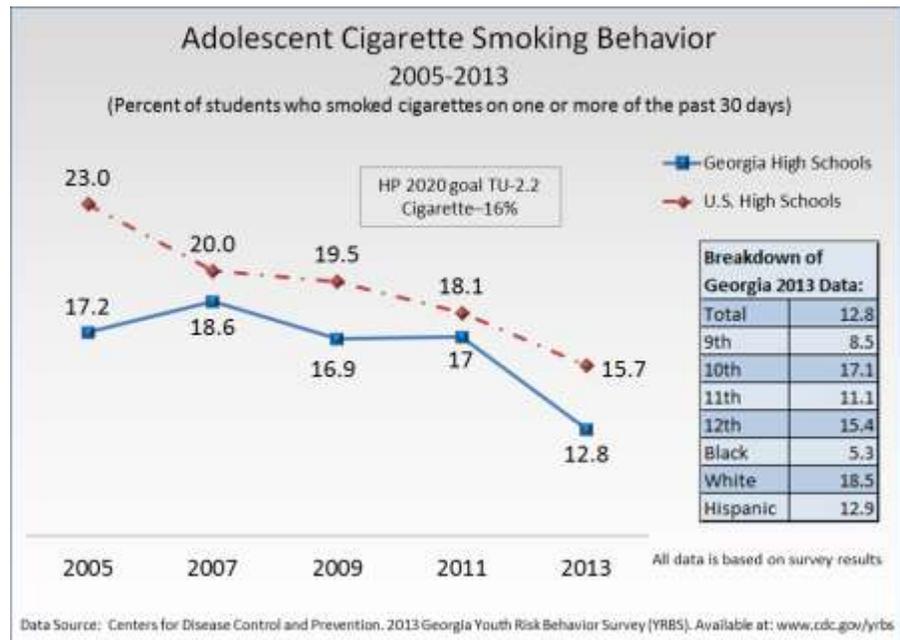
Almost one-fifth of twelfth graders (19 percent) participated in binge drinking within a month prior to the survey.

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).

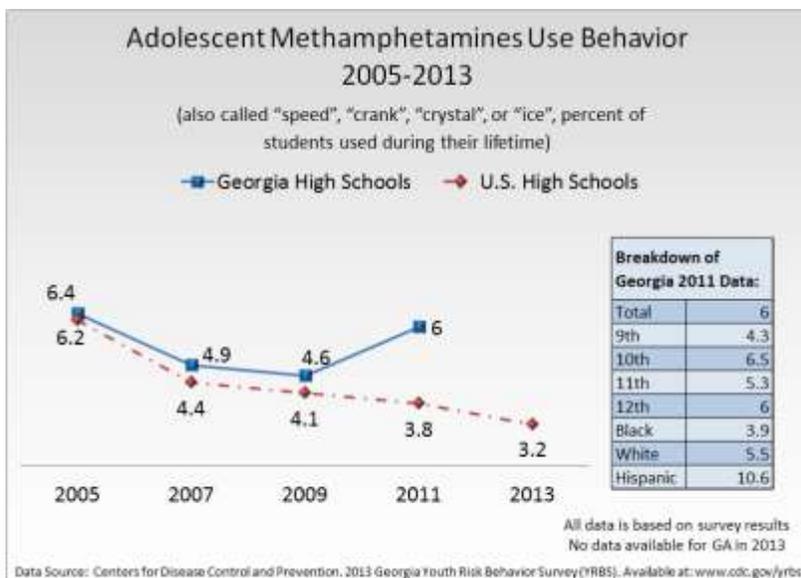
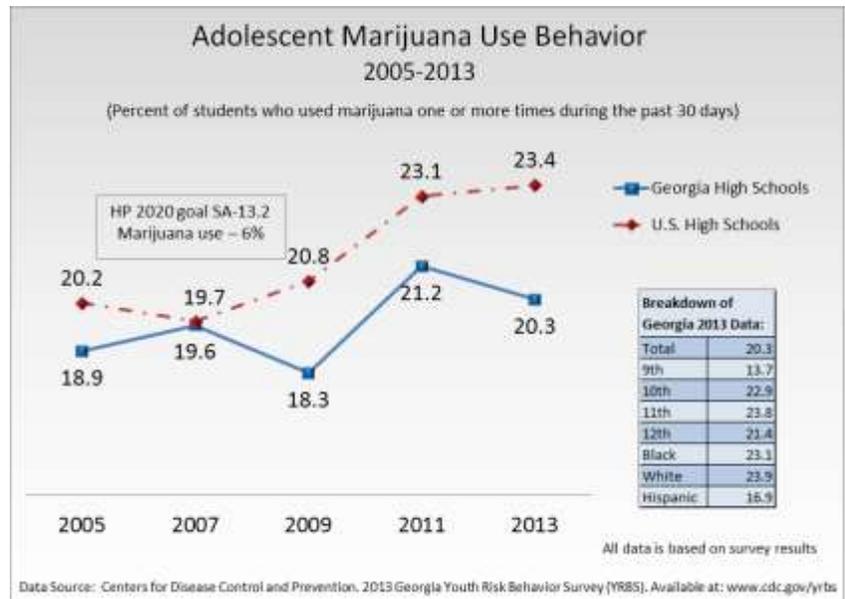
Illicit Drug Usage

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 15.⁶⁹

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.⁷⁰



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: Monroe County and Georgia

The following table provides a comparison of different substance abuse behaviors among adolescents in Monroe County compared to both the State.

At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Monroe County and Georgia (any use in last 30 days)		
	Monroe County High Schools	Georgia High Schools
Binge Drinking	12.3%	9.3%
Drinking and Driving	3.2%	2.9%
Tobacco Use	14.8%	11.9%
Cigarette Use	12.9%	10.1%
Marijuana Use	11.6%	12.8%
Meth Use	1.5%	1.9%
Prescription	4.0%	5.0%

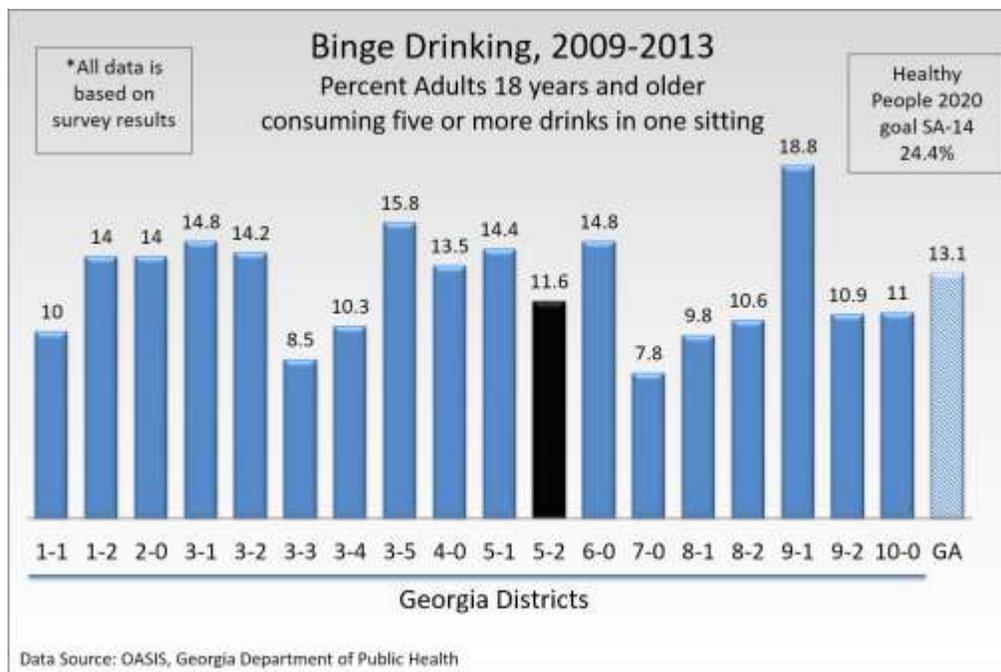
Data Source: Georgia Department of Education, Georgia Student Health Survey

Monroe County Schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, and cigarette use than the State. 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.⁷¹

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.⁷²



The binge drinking prevalence in Health District 5-2 (11.6 percent) was lower than the Georgia prevalence (13.1 percent). This was well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

Substance Abuse

- » Meth is a huge problem because it is cheaper, more readily available, and highly addictive compared to cocaine.
- » Heroin abuse seems to be on an upswing.
- » Narcotic abuse is a major problem in the ED. Patients physician shop for pills by making sure they encounter different doctors each visit.
- » The narcotic abuse is occurring because we were not treating pain well enough, so we started prescribing narcotics. It seems like narcotics are easily available in most clinical settings.
- » Pain meds are an issue because doctors keep prescribing them.
- » Marijuana is viewed as a more acceptable drug of choice by youth because more states have legalized it.
- » Substance abuse is a major problem among clients served by the Department of Family and Children services. The most commonly used drugs are cocaine, marijuana, meth and narcotics. Drug abuse is due to underlying mental health conditions among these families which then turns into child abuse and neglect.
- » There is a lack of substance abuse treatment facilities in this community. Individuals have to go to Macon.
- » There is a high incidence of meth abuse in the community. Drug abuse occurs among all age groups.
- » There are a lot of children that live with their grandparents because their parents are addicted to drugs.
- » A lot of drugs comes through Monroe County because of the close proximity to I-75.
- » Cocaine and meth are very popular forms of substance abuse.

Smoking

- » Although smoking has decreased among the youth population, there are still a lot that answer yes to smoking on their health risk questionnaire.
- » Smoking is a major issue. Patients do not understand the effects of smoking. It is difficult to change an individual's personal choice.
- » A smoking cessation program would help, but it is difficult to get buy-in.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE - STD 6, STD 7

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.⁷³ 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.⁷⁴

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections is encouraged for sexually active young adults.⁷⁵

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.⁷⁶

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. health care 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

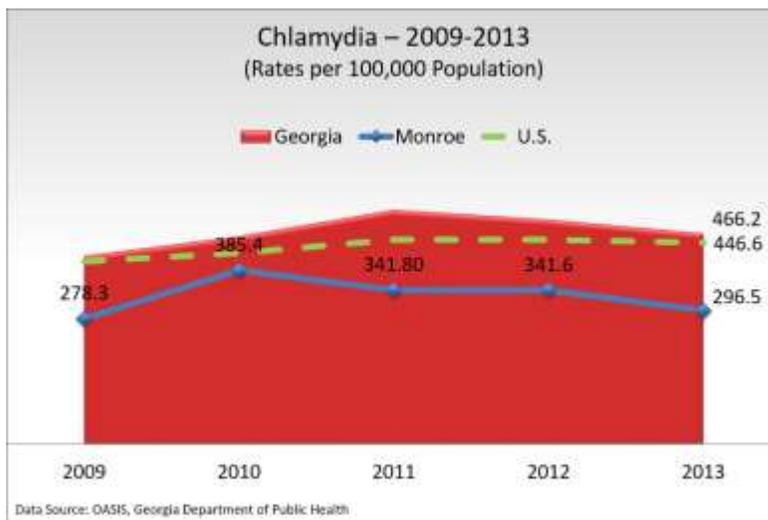
Top 10 States Ranked by Rate (per 100,000) of Reported STD Cases: U.S. 2013			
Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Georgia (10.3)	Alaska (789.4)	Louisiana (188.4)
2	California (9.3)	Louisiana (624.5)	Alabama (173.7)
3	Louisiana (9.2)	Alabama (611.0)	Mississippi (170.7)
4	Florida (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

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.⁷⁷

- » 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.⁷⁸
- » Women had 2.7 times the reported chlamydia rate of men in 2009.⁷⁹
- » Georgia ranked ninth highest in the U.S. for reported chlamydia cases in 2013.⁸⁰



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 Monroe County (296.5 per 100,000) was lower than the State rate (466.2 per 100,000) and the U.S. rate (446.6 per 100,000 population).⁸¹

Chlamydia rates among Blacks were significantly higher than Whites in both Georgia and Monroe County.

Average Chlamydia Rates by Race (2009-2013)			
	White	Black	All
Georgia	69.5	615.2	472.2
Monroe	66.6	602.4	328.7

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea

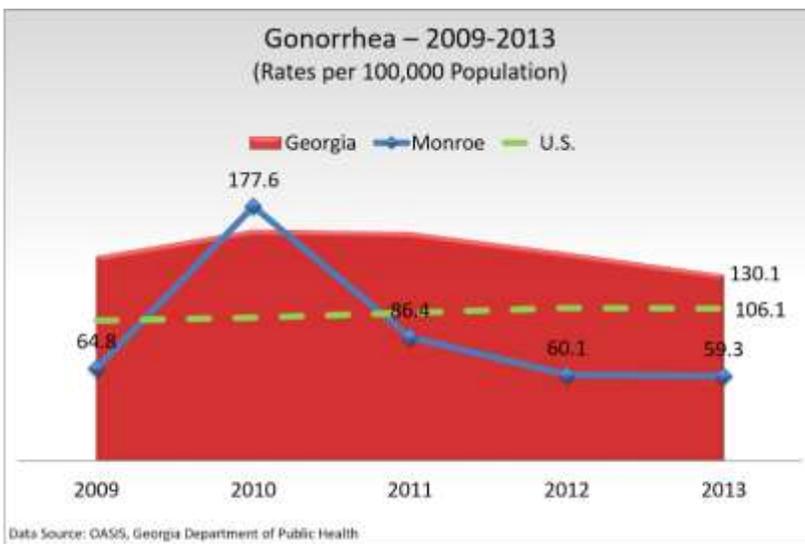
Gonorrhea and chlamydia often infect people at the same time.⁸² The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are 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.⁸³
- » Georgia ranked eighth highest in the U.S. for reported gonorrhea cases in 2013.⁸⁴

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 Monroe County (59.3 per 100,000) was lower than the State rate (130.1 per 100,000) and the U.S. rate (106.1 per 100,000).⁸⁵

The gonorrhea rate was significantly higher among Blacks compared to Whites in both Monroe County and Georgia.

Average Gonorrhea Rates by Race (2009-2013)			
	White	Black	All
Georgia	13	262.5	147.8
Monroe	Too few cases to report a rate	189	89.5

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.⁸⁶

- » Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.⁸⁷
- » Georgia ranked highest in the U.S. for reported syphilis cases in 2013.⁸⁸

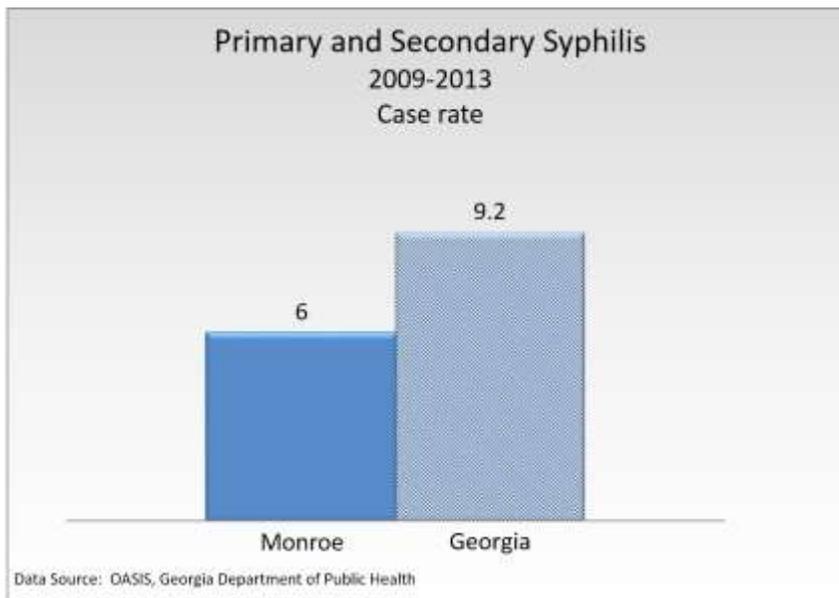
The Georgia syphilis rate in 2013 was 10.3 per 100,000 population. The U.S. rate in 2013 was 5.5 per 100,000 population.⁸⁹

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



The primary and secondary syphilis rate for Monroe County was lower than the State rate.

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.⁹⁰ Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.⁹¹

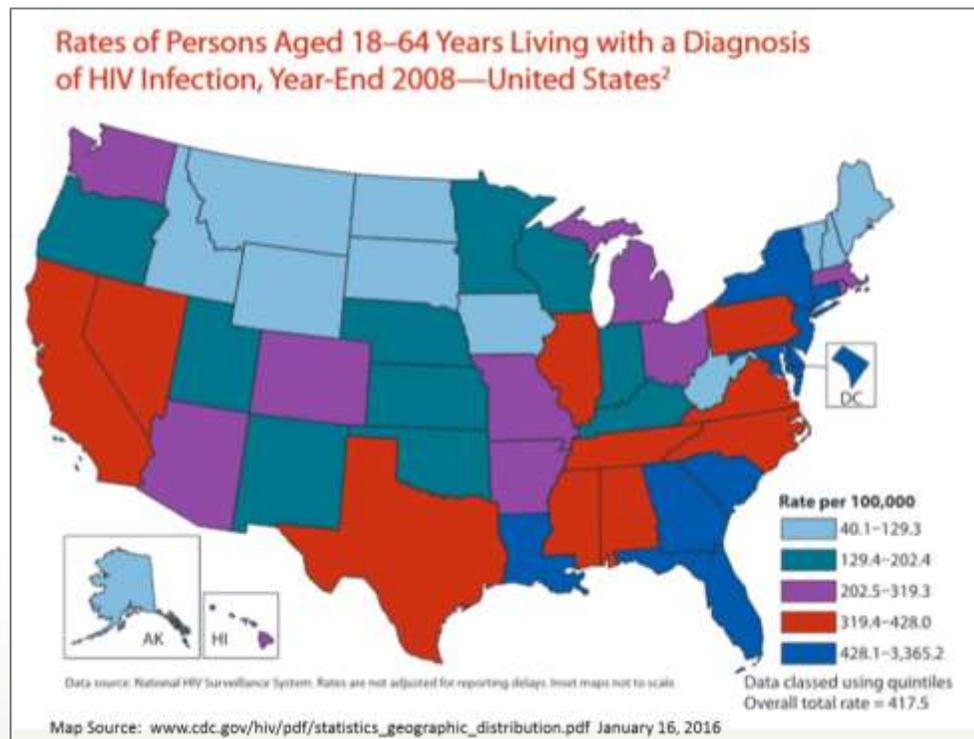
- » In 2010, White MSM represented the highest number of new HIV infections in the U.S.⁹²
- » In 2010 Blacks (male and female) represented approximately 12 percent of the country's population, but accounted for 44 percent of new HIV infections. Blacks accounted for 41 percent of people living with HIV in 2011.⁹³
- » 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 2010.⁹⁴

Why Is HIV Important?

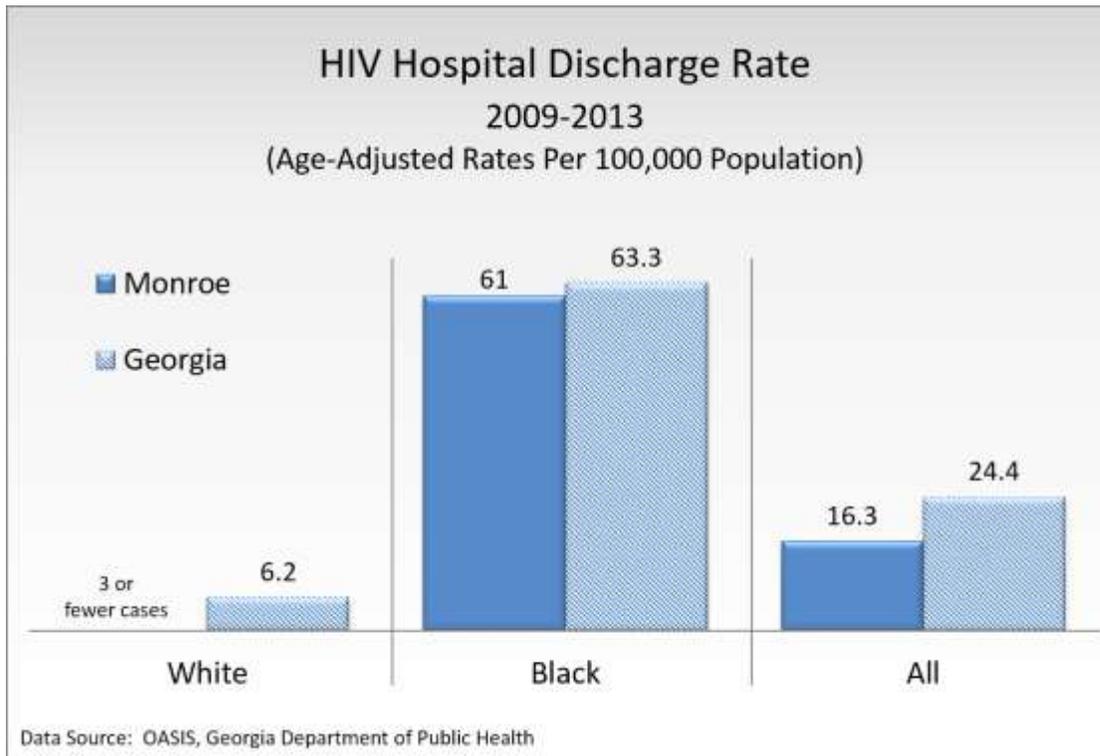
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using 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, and Monroe County.



COMMUNITY INPUT

Sexually Transmitted Diseases

- » The most common STD in the community is chlamydia.
- » There has been an increase in the incidence of herpes and HPV.
- » The health department offers the HPV vaccine.
- » The health department provides some sex education about STDs to the school system.

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 health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."⁹⁵

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 Health Care System

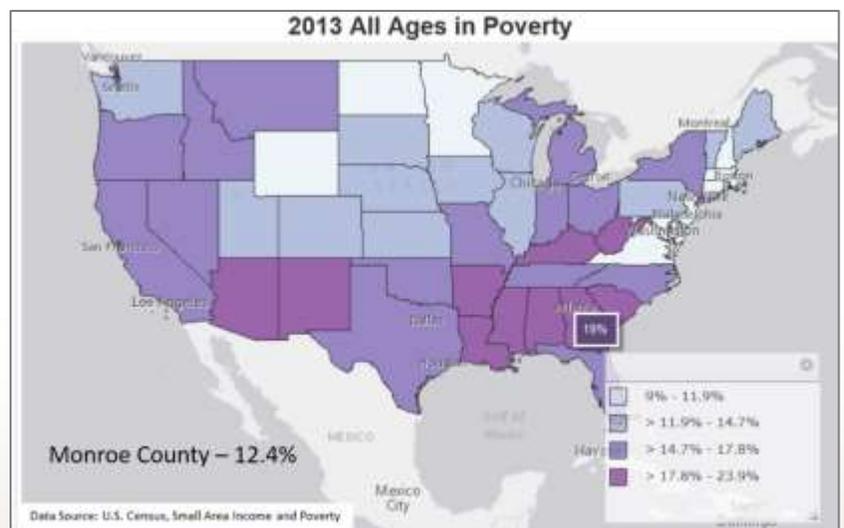
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

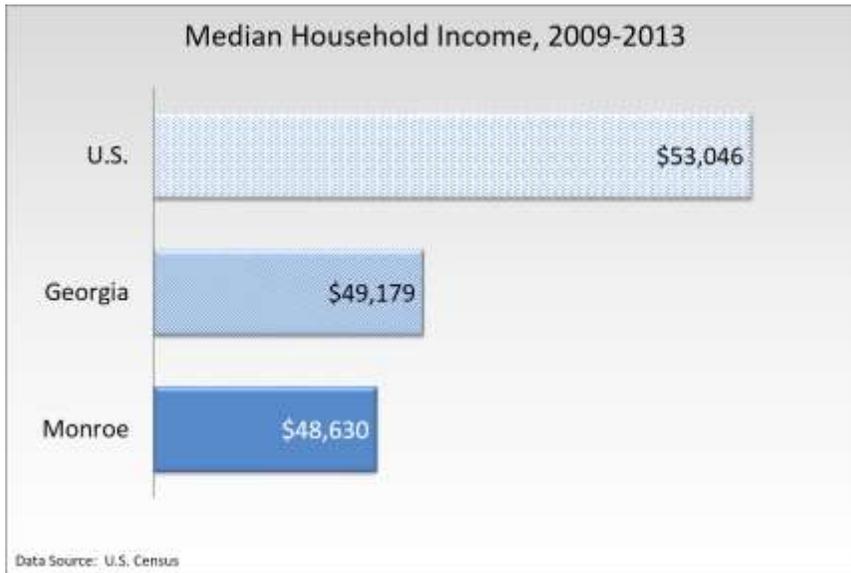
Income and Poverty

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 2014.⁹⁶

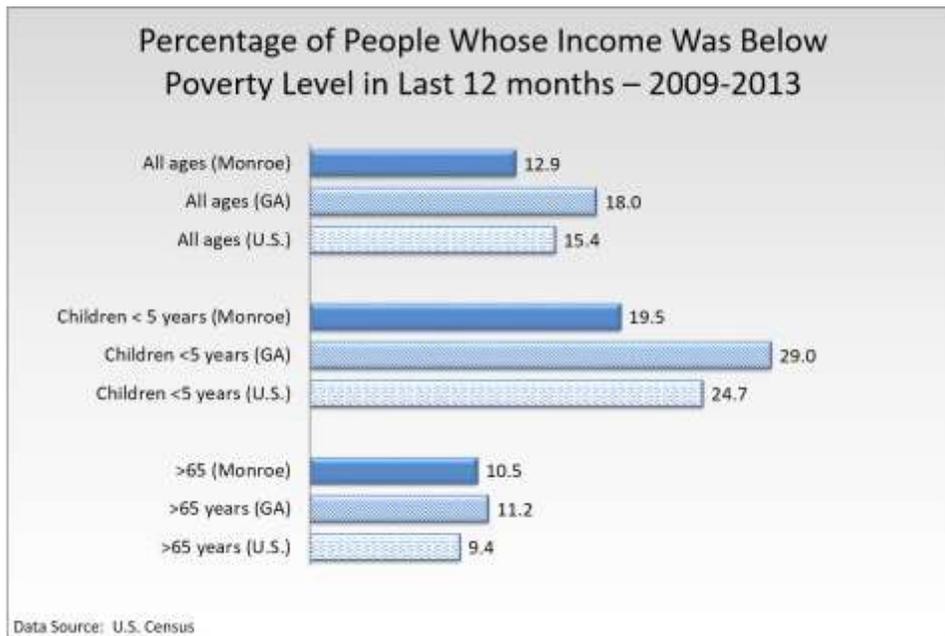
Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.⁹⁷

Monroe County's poverty rate was 12.4 percent in 2013.





The median household income during 2009-2013 for Monroe County was \$48,630. This was below the Georgia median income of \$49,179 and the U.S. median income of \$53,046.

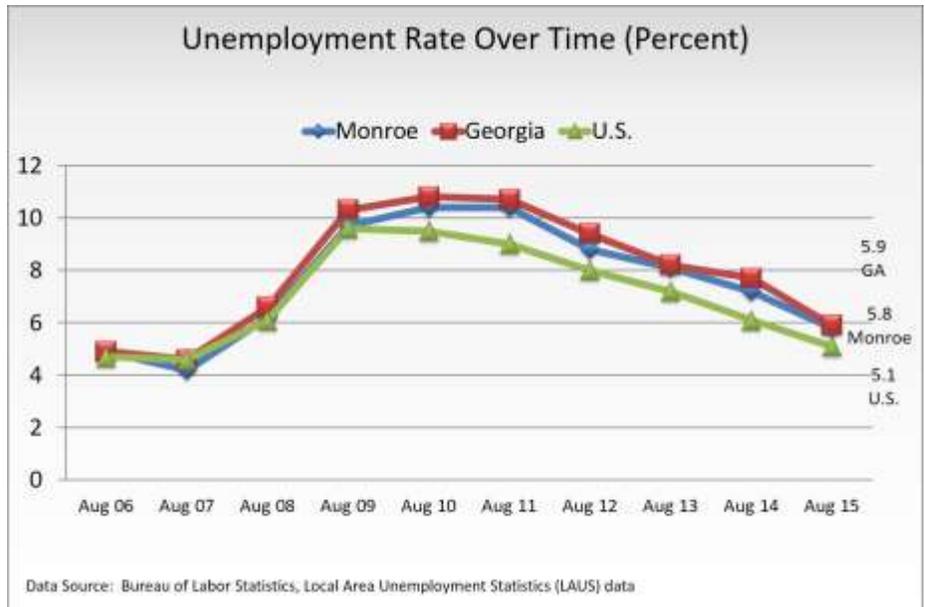


The percentage of people in Monroe County whose income was below the poverty level (12.9 percent) was lower than Georgia (18 percent) and the U.S. (15.4 percent). The percentage of children under five years of age living in poverty in Monroe County (19.5 percent) was lower than both Georgia (29 percent) and the U.S. rates (24.7 percent). The percentage of Monroe County senior adults living in poverty (10.5 percent) was lower than the State (11.2 percent) rate but higher than the U.S. rate (9.4 percent).

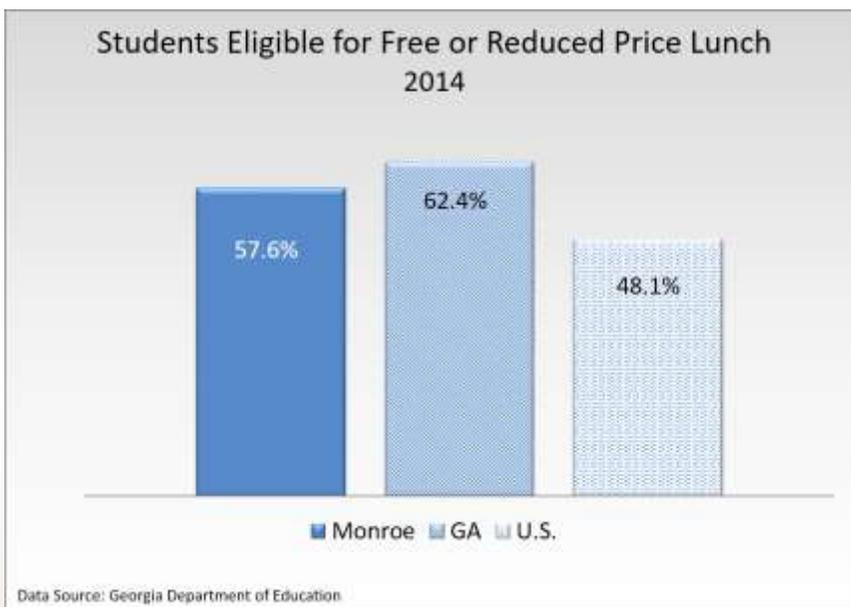
The Monroe County unemployment rates for years 2006-2015 were consistently higher than the U.S. rates but lower than the State rates.

The unemployment rate rose sharply in 2008, but had since decreased.

The most recent data showed that Monroe County's unemployment rate dropped from 7.2 percent in August of 2014 to 5.8 percent in August of 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.⁹⁸ 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 \$31,525.⁹⁹



Over 57 percent of the public school students in Monroe County were eligible for free or reduced price lunches. This was lower than the Georgia rate (62.4 percent) but higher than the U.S. (48.1 percent) rate.

Educational Attainment

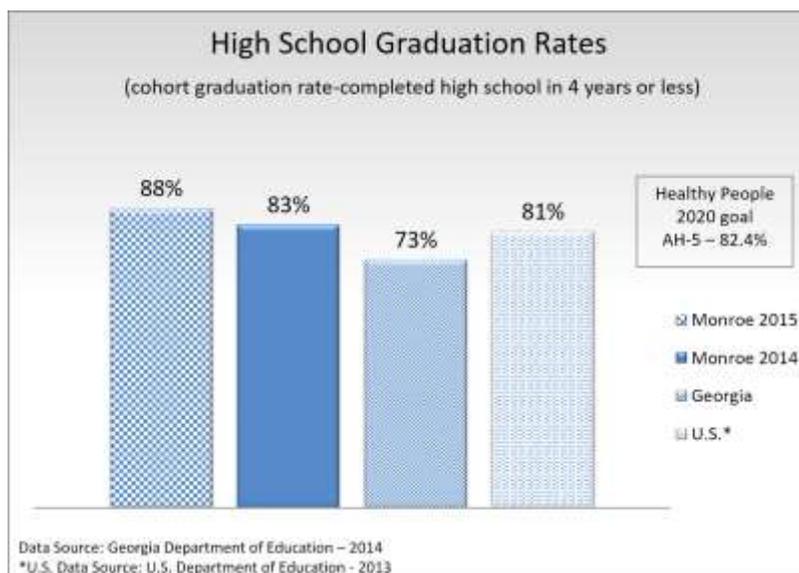
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.¹⁰⁰ According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.¹⁰¹ 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.¹⁰²

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.¹⁰³

In 2014, Monroe County had an average of 83 percent of students to complete high school in four years or less. Monroe County was above the State average (73 percent) and was also above the U.S. average (81 percent).

In 2015, the Monroe County rate rose to 88 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).

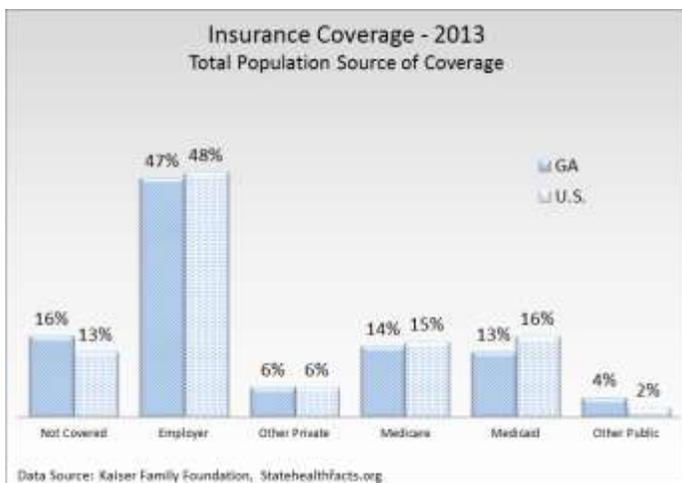


Insured Status

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.

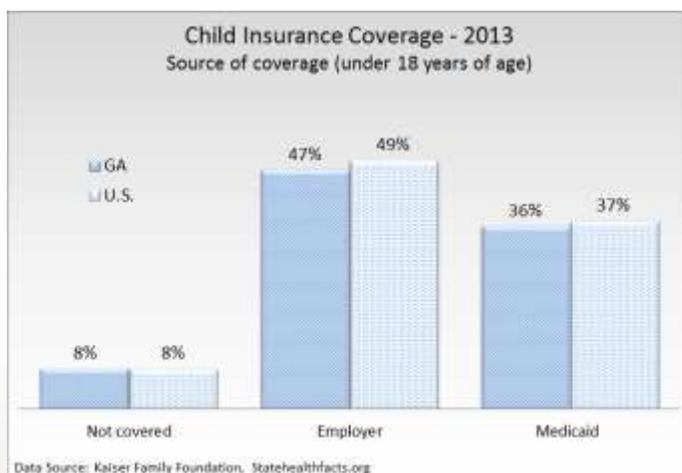
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs 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

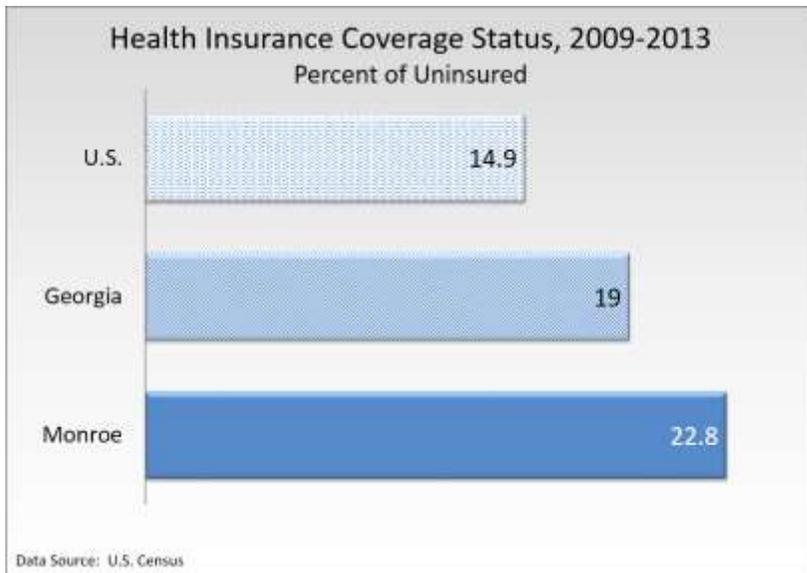


In 2013, Georgia’s uninsured population (16 percent) was higher than the U.S. (13 percent). Employer coverage was lower in Georgia (47 percent) compared to the U.S. (48 percent). Georgia’s proportions of Medicare and Medicaid covered individuals were lower than the U.S. rate.

In 2013, Georgia’s population of uninsured children was 8 percent which is 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.

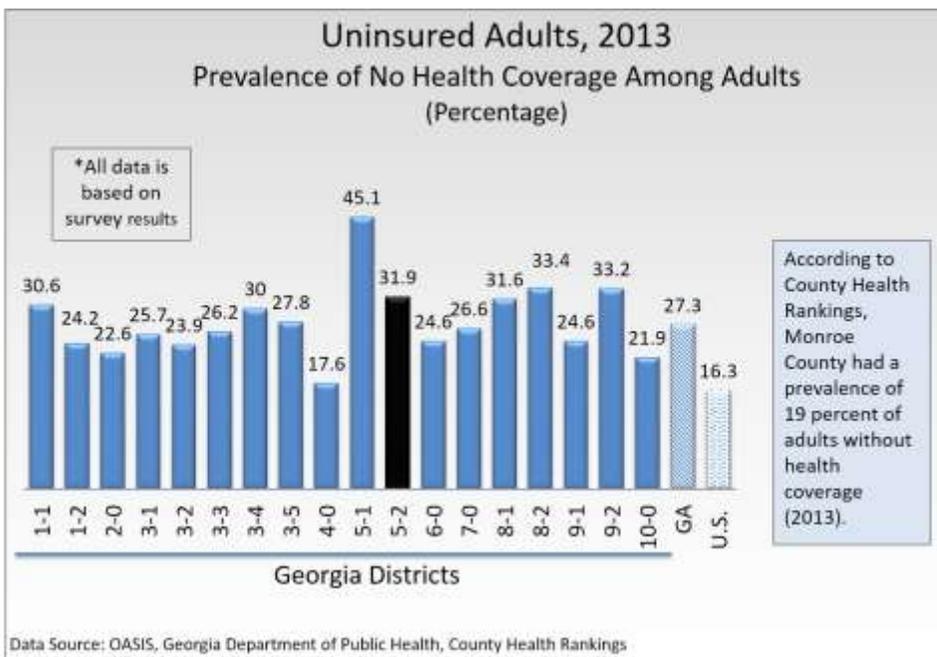


MONROE COUNTY INSURED STATUS



The proportion of uninsured individuals in Monroe County (22.8 percent) was higher than Georgia (19 percent), and the U.S. (14.9 percent) rates.

The percentage of adults that lacked health insurance in Health District 5-2 (which includes Monroe County) was 31.9 percent. This was higher than the U.S rate (16.3 percent) and the Georgia rate (27.3 percent). According to County Health Rankings, in 2013 Monroe County had 19 percent of adults lacking health insurance.



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 health care 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 health care 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 (HIPP)** 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 received 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.

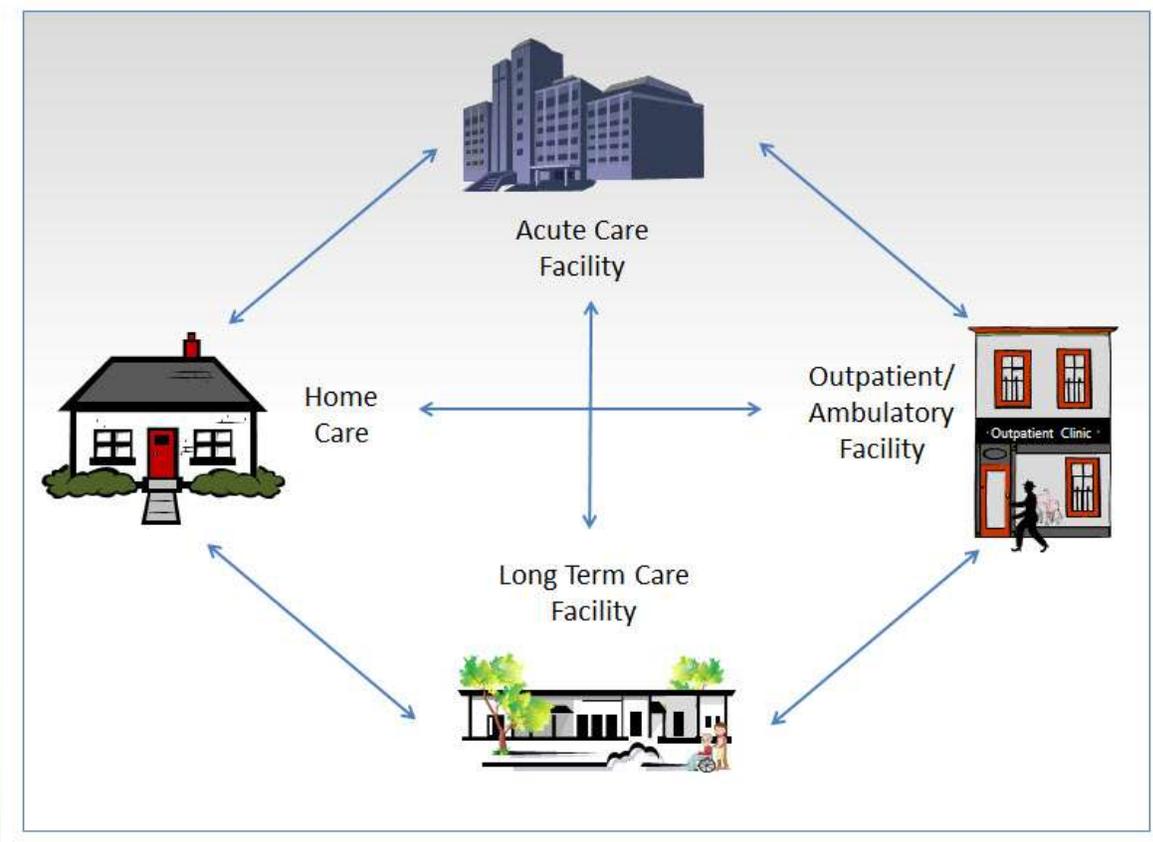
Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Monroe County, 15 percent of the population is over the age of 65, making many of them eligible 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*.¹⁰⁴ This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.¹⁰⁵ 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.¹⁰⁶ 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.

Monroe County Hospital is located in Forsyth, Georgia. It is currently designated as a 25-bed critical access hospital.

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. Monroe County is considered an MUA based on its Index of Medical Service Score of 55.70.¹⁰⁷

Professional Shortage Areas as of June 6, 2016

Monroe County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	No	Yes
HPSA Score	13		8

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

Mental Health

Monroe County has facilities nearby and outside of the county that provide mental health and substance abuse services. There is one facility in Monroe County called River Edge Behavioral Health Center, which has a larger campus in Macon for specialized inpatient services. The facility provides adult outpatient services including, individual counseling, family counseling, group counseling and training, psychiatric/medication clinics and anger management classes Adolescent outpatient services are also offered at the Monroe County campus.¹⁰⁸

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.¹⁰⁹ 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. There are two nursing homes located in Monroe County with a combined number of beds totaling 155.¹¹⁰

Transportation

Monroe County has a land area of 396 square miles.¹¹¹ There is no public transportation system within the community. Many residents depend upon family members or others in the community for their transportation needs. There are other services that provide transit for the Medicaid population, but the appointment requirements can make this service inconvenient.

Finding a Health Care 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.¹¹²

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.¹¹³ 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 errors.¹¹⁴

COMMUNITY INPUT

Access to Care

- » Most patients think that the ER is free. The hospital used medical screen out forms in the past, but stopped doing this because so many people use the ER as a safety net.
- » There is a local faith-based clinic called “Rock Springs” that provides care at a lower cost.
- » Lack of transportation becomes an issue for medication compliance.
- » Public transportation is needed in the community.
- » The hours at Rock Springs Clinic are very limited. They are only offered Thursdays from 8:00 am - 5:00 pm.
- » There is only Medicaid transportation available in the community. Public transportation is needed in Monroe County.
- » A lot of patients use the ER for chronic coughs, diabetes medicine, pain medicines, chronic knee or back pain, and blood pressure medicine.
- » The Anderson Clinic within Navicent Healthcare provides some specialty services for underserved patients who cannot get that type of care in Monroe County.
- » There is no public transportation. The Department of Family and Children Services has some funds to help clients with transportation.
- » There are children in the community who have never been to the dentist. They are unaware that you are supposed to get your teeth cleaned every six months. There is a need for more outreach of free or reduced cost dental services for these families.
- » When individuals cannot afford insurance, they do not seek healthcare.
- » Patients with limited health insurance cannot afford specialty care. There is a need for low cost specialty care.
- » Medication compliance is always an issue as it relates to so many factors such as: lack of education, financial resources, and transportation.
- » People have to go out of town for a lot of specialty treatments. If they don't have transportation, they do not go to these treatments.
- » There are not enough sleep study clinics in relation to the number of patients that need this service. It takes at least two weeks for the patient to be scheduled for a sleep study and then another two weeks to get a sleep apnea machine.

COMMUNITY INPUT

Access to Care

- » There is a large proportion of the population that is illiterate and do not have the means to travel to other cities to access healthcare.

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

Seniors

- » The seniors are in desperate need for better transportation. They are mainly reliant on children and grandchildren for medical appointments, drug store, and grocery trips.
- » Seniors do not have an outlet for recreational activities unless they attend programming at the Senior Center.
- » About 40 percent of the senior population at the Senior Center has diabetes.
- » Most Seniors do not want the food that is healthy because they feel that it lacks taste.
- » About 25 percent of the senior population at the Senior Center are obese.
- » The Senior population is adversely affected by high blood pressure, COPD, and diabetes compared to other populations.
- » There are no assisted living facilities for the aging population. There are three nursing homes in the county and some handicap accessible apartment homes.

COMMUNITY INPUT

Mental Health

- » The ER sees about two to three patients a month with mental health issues. Another three patients a month are seen due to substance abuse problems.
- » Patients come to the ER to be detoxed. It is difficult to place patients in appropriate mental health setting that do not have health insurance.
- » There is one mental health facility that takes patients without health insurance. It is called River Edge Behavioral Health Center.
- » There are a lot of bipolar, mood, and depression disorders that go undiagnosed.
- » River Edge Behavioral Health has the ability to now see children.
- » LakeBridge Behavioral Health provides mental health and substance abuse treatment for adolescents and teens.

Black Population

- » The Black population seems to be more susceptible to diabetes and high blood pressure issues.
- » Hypertension is starting to effect a lot of younger Black males and females.
- » Diabetes is occurring among all ages in the Black population.

PRIORITIES

Community Input

Key Stakeholder Interviews

Key stakeholder interviews were administered to individuals who represent the broad interests of the community. Ten phone interviews were conducted with individuals from public health, the school system, city government, healthcare organizations, religious organizations, and representatives of underserved groups. During the interview process, a series of questions were asked related to morbidity and mortality statistics, status of local economy, access to care issues, and any disparities within the underserved population groups. Below is a list of the organizations represented by the key stakeholders, along with the population(s) each stakeholder serves.

Organization/Profession	Population(s) Served
Monroe County Hospital – Emergency Department, Medical Director	All, especially underserved and low-income
Monroe County Senior Center, Director	Seniors (elderly), low-income
Monroe County Department of Family and Children Services, Director	Vulnerable, low-income, children, underserved
Monroe County Hospital – Emergency Services, Director	All, especially underserved and low-income
Monroe County Board of Education - School Nurse	Children, low-income, underserved, minority populations, special needs
Internal Medicine Clinic, Nurse Practitioner	All
Monroe County Hospital – Utilization and Discharge Planning	All, especially underserved and low-income
Monroe County Health Department – Nurse Manager	Vulnerable, low-income, teenagers, minority
Family Connection Coordinator	Vulnerable, low-income, underserved, children
Rivers Edge Behavioral Health – Director (Monroe County)	Special needs, underserved, low-income

Community Stakeholder Interviews and Priorities

There were ten key stakeholder interviews conducted on August 8th - August 10th and August 12th.

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

1. Access to Care - Health Education and Prevention
 - a. There is a need for education and awareness on the causes, prevention, and intervention for chronic diseases such as obesity, diabetes, cardiovascular, and respiratory diseases.
 - b. There is a need for education and awareness on the causes and prevention of STDs.
 - c. There is a need for more education on the benefits of wellness visits and primary care visits for individuals in poverty. There is a need for more communication about available resources for free or reduced cost primary care.
 - i. There is a need for more health fairs.
 - ii. There is a need for more support groups.
 - iii. There is a need for more screenings.
2. Obesity and Lifestyle (including diabetes)
 - a. There is a need for specific education how to purchase and cook healthy foods on a budget.
 - b. There is a need for a lifestyle intervention program to address improvement of exercise habits in the community.
 - c. There is a need for more diabetes monitoring of patients to ensure a proper intervention.
3. Mental Health and Substance Abuse
 - a. There is a need for education, awareness, and treatment options for mental health and substance abuse.
 - b. There is a need for more support groups for mental illness and substance abuse.
 - c. There is a need for more local mental health facilities.
 - i. Lack of local addiction services.
4. Cardiovascular Disease
 - d. There is a need for education and awareness on the causes, prevention, and intervention for cardiovascular diseases and high blood pressure.
5. Access to Care - Free and Reduced Cost Care
 - a. There is a need for free or low cost care options for the working poor, uninsured, or underinsured.
 - b. There is a specific need for low cost dental care and education for children.
 - c. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.
6. Access to Care - Transportation
 - a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents. There is a need for more reliable and convenient transportation.

7. Access to Care - Social Issues

- a. There is a need for more education and awareness of the signs and symptoms of domestic violence.
- b. There is a need for a homeless shelter to provide housing and food for the community's most vulnerable populations.

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 - Health Education and Promotion
- Obesity and Lifestyle (including diabetes)
- Mental Health and Substance Abuse
- Cardiovascular Disease
- Access to Care - Free and Reduced Cost Care
- Access to Care - Transportation
- Access to Care - Social Issues

Approval

Monroe County Hospital's Board approved this community health needs assessment through a board vote on September 29, 2016.

COMMUNITY PARTICIPANTS

Monroe County Hospital 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, as well as for specific vulnerable population groups.

MONROE COUNTY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Darren Pearce - Interim Chief Administration Officer
Ellen Sowell - Administrative Assistant
Tabitha Kent - Quality Manager
Debra Flowers - Director of Human Resources
Donna Nash - Director of Nursing
Whitney Lovett - Nurse Manager, Monroe County Health Department
Kate Cotton - Hospital Authority of Monroe County, Board member

COMMUNITY REPRESENTATIVE - KEY STAKEHOLDER INTERVIEWS

Dr. Carol Gallik-Karlson - Medical Director Emergency Department, Monroe County Hospital
Frieda White - Director, Monroe County Senior Center
Jenna Franz - Emergency Services Director, Monroe County Hospital
Jennifer Porter - Director, Monroe County Department of Family and Children Services
Leigh Grant - Monroe County School Nurse
Tammy Barnett - Internal Medicine Nurse Practitioner
Travis Blackwell - Family Connections Coordinator
Vickie Welker - Director of Monroe County Services, River Edge Behavioral Health Center
Ticia Hicks - Director of Utilization and Discharge Planner, Monroe County Hospital
Tracy Willis - Nurse Manager, Monroe County Health Department

RESOURCE LISTING

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

ABUSE	
<p>Crisis Line & Safe House 487 Cherry St. 3rd Floor, Cherry St. Tower Macon, GA 31201 Phone #: 478-745-9292 www.cl-sh.org</p>	<p>C.A.R.E. Cottage Monroe County Sheriff's Office 36 Langston Ave. Forsyth, GA 31029 Phone # 478-994-7287 carekb@forsythcable.com</p>
<p>Victim's Services Office of the District Attorney, Towaliga Judicial Court 145 L. Cary Bittick Dr. Forsyth, GA 31029</p>	
BLOOD DONATIONS	
<p>American Red Cross of Central Georgia 195 Hold Avenue Macon, GA 31201 Phone#: 478-8671 www.centralga-redcross.org</p>	
CHILDREN & FAMILY SUPPORT SERVICES	
<p>ALL GA KIDS 877.255.4254 (P)</p>	<p>Office of Child Support Services (OCSS) 877.423.4746 (P)</p>

<p>Monroe County Family Connection 90 Martin Luther King, Jr. Dr. Forsyth, GA 31029 (physical)</p> <p>P.O. Box 812 Forsyth, GA 31029 (mailing)</p> <p>Phone# 478-787-7542 familyconnection@monroecountygeorgia.com</p>	<p>Monroe County Health Department 106 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-992-5082 www.northcentralhealthdistrict.com</p>
<p>Monroe County Department of Family & Children Services 107 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-207-1350 www.dhr.state.gov.us</p>	<p>Monroe County Cooperative Extension Services 90 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone 478-994-7014 www.ugaextension.com/monroeUGE2207@UGA.EDU</p>
<p>Anchor of Hope 41 W. Johnson St. Forsyth, GA 31029 Phone #: 478-994-0493 www.anchorofhopefoundation.com</p>	<p>Bright from the Start Georgia Department of Early Care & Learning 2 Martin Luther King, Jr. Dr. SE Atlanta, GA 30334 Phone #: 888-442-7735 www.dec.al.gov</p>
<p>C.A.R.E. Cottage Monroe County Sheriff's Office 36 Langston Ave. Forsyth, GA 31029 Phone #: 478-994-7287 carekb@forsythcable.com</p>	<p>Quality Care for Children 50 Executive Park South, Ste 5015 Atlanta, GA 30329 Phone #: 404-479-4200 www.qualitycareforchildren.org</p>
<p>Pediatric HealthCare for Kids 41 West Johnston St. Forsyth, GA 31029 Phone #: 478-994-8704 www.pediatrkiakids.com</p>	<p>Planning for Healthy Babies Wellcare of Georgia, Inc. P.O. Box 1810 Atlanta, GA 30301-1810 Phone #: 877-744-2101 www.dch.georgia.gov/p4hb</p>
<p>COUNSELING/SOCIAL SERVICES</p>	
<p>Care and Counseling Interventions 211 Tift College Dr. - Suite 207 Forsyth, GA 31029 Phone #: 478-832-5138</p>	<p>Georgia Department of Human Resources 4875 Riverside Drive - Suite 203 Macon, GA 31210 Phone #: 478-471-2438 www.dhs.georgia.gov</p>

<p>McIntosh Trail Management Services 2719 Sheraton Dr. Executive Park North, Suite C-120 Macon, GA 31204 Phone #: 478-752-3260 www.mtmsi.org</p>	
<p>CRISIS INTERVENTION</p>	
<p>Georgia Crisis Line 800.715.4225 (P)</p>	<p>National Domestic Violence Hotline 800.799.7233 (P)</p>
<p>CONVENIENT CARE/URGENT CARE</p>	
<p>Monroe County Hospital 88 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone # 478-994-2521 24 hour Emergency Services www.monroehospital.org</p>	
<p>FINANCIAL COUNSELING</p>	
<p>Credit Consumer Counseling/Green Path Debt Solutions 901 Washington Ave. Macon, GA 31201 Phone #: 800-550-1961 Http://www.greenpath.com/</p>	
<p>FOOD AND/OR HOUSING & UTILITY ASSISTANCE</p>	
<p>Circle of Care/Community Care 52 West Adams St. Forsyth, GA 31029 Phone #: 478-994-4939 (Food/Clothing/Housing)</p>	<p>Georgia Department of Community Affairs Georgia Dream Homeownership Program Phone #: 800-359-4663</p>

<p>Georgia Housing Search www.georgiahousingsearch.org</p>	<p>Low Income Home Energy Assistance Program (LIHEAP) To verify if you are eligible- call Phone #800-869-1150</p>
<p>Monroe County Neighborhood Service Center 107 Martin Luther King Jr. Dr. Forsyth, GA 31029 Phone # 478-508-0665 www.mgcaa.org Food/shelter/Energy Assistance</p>	<p>The Salvation Army 1955 Broadway Macon, GA 31208 Phone #: 478-746-8572 www.salvationarmycentralgeorgia.org Food/Clothing/Shelter</p>
<p>GED CLASSES</p>	
<p>Central Georgia Technical College Adult Education Program 433 Highway 41 South Forsyth, GA 31029 Phone #: 478-992-2717 www.centralgatech.edu</p>	<p>Hubbard Alumni Association 89 Washington Dr. Forsyth, GA 31029 Phone #478-994-8211</p>
<p>Goodwill Industries of Middle GA & the CSRA Goodwill Job Connection 5171 Eisenhower PKWY Macon, GA 31206 Phone: 478-475-9995 www.goodwillworks.org</p>	
<p>HEALTH INSURANCE</p>	
<p>PeachCare for Kids Phone #: 877.427.3224 www.peachcare.org</p>	<p>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</p>

<p>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</p>	<p>Wellcare of Georgia Phone #: 866-530-9491 www.wellcare.com</p>
<p>HEALTH RELATED ORGANIZATIONS</p>	
<p>Alzheimer’s Association of Central GA 886 Mulberry Street Macon, GA 31201 Phone #: 478746-7050 www.alz.org/georgia</p>	<p>American Cancer Society 04 Cherry Street Macon, GA 31201 Phone #: 478-743-6391 or 800-227-2345 www.cancer.org</p>
<p>March of Dimes 5082 Forsyth Rd., Suite B Macon, GA 31210 Phone #:478-743-9165 www.marchofdimes.com www.marchforbabies.org</p>	<p>Moore & Associates Gary Moore Phone # 706-675-1291</p>
<p>Muscular Dystrophy Association 152 N. Crest Blvd., Suite C Macon, GA 31210 Phone #: 478-405-7891 www.mda.org</p>	<p>North Central Health District 171 Emery Hwy Macon, GA 31217 Phone #: 478-745-0411 www.northcentralhealthdistrict.com</p>
<p>United Cerebral Palsy 2992 Crestline Drive Macon, GA 31204 Phone #: 478-477-4673 Ucpga.org info@ucpga.org</p>	

HOSPICE PROVIDERS	
<p>Eternal Hope Hospice 732 West Taylor Street Griffin GA 30223 Office #: 770-229-4673 www.eternalhopehospice.com</p>	<p>Evercare Hospice 4875 Riverside Dr. Suite 104 Macon, GA 31210 Office #: 478-812-9299</p>
<p>Heartland Hospice 3312 Northside Dr. - Suite D-250 Macon, GA 31210-2591 Office #: 478-477-0101 www.heartlandhospice.com</p>	<p>Homestead Hospice 794 McDonough Rd. - Suite 107 Jackson, GA 30233 Office #: 770-775-0100 www.homestead.hospice.net</p>
<p>Hospice Care Options 486 New Street Macon, GA 31201 Office #: 478-743-3033 or 800-563-8680 www.hcoga.com</p>	<p>Pine Point Hospice (Navicent Hospice) 6261 Peake Rd. Macon, GA 31210 Office #: 478-633-5647 www.navicenthealth.org</p>
HOUSING / UTILITY ASSISTANCE	
<p>Circle of Care/Community Care 52 West Adams St. Forsyth, GA 31029 Phone #: 478-994-4939</p>	<p>Georgia Dept. of Community Affairs Georgia Dream Homeownership Program Phone #: 800.359.4663 www.dca.ga.gov</p>
<p>Georgia Housing Search www.georgiahousingsearch.org</p>	<p>Low Income Home Energy Assistance Program (LIHEAP) To verify if you are eligible, please call: 800.869.1150 (P)</p>
<p>Monroe County Neighborhood Service Center Middle GA Community Action Agency, Inc. 107 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-508-0665 www.mgcaa.org</p>	

JOB TRAINING	
<p>Georgia Department of Labor 3090 Mercer University Dr. Macon, GA 31208 Phone #: 478-751-6164 www.dol.state.ga.us</p>	
LEGAL ISSUES	
<p>Georgia Legal Services 800.822.5391 (P)</p>	<p>Georgia Legal Services Program 241 Third St. Macon, GA 31202-1057 Phone #: 478-751-6261 www.glsp.org</p>
<p>Georgia Senior Legal Hotline 2 Peachtree St., 33rd Floor Atlanta, GA 30303 Phone: 888-257-9519 www.atlantalegalaid.org</p>	
LITERACY	
<p>Family Literacy Hotline 404.539.9618 (P)</p>	<p>Monroe Reads with Ferst P.O. Box 812 Forsyth, GA 31029 Ferst Foundation for Childhood Literacy Phone #: 888.565.0177 www.ferstfoundation.org monroereadswithferst@gmail.com</p>
MEDICAL CLINICS AND (FREE AND SLIDING FEE)	

<p>Community Medical Center of Barnesville - Barnesville Low Cost Clinic 101 Commerce Place - Suite 1 Barnesville, GA 30204-1680 Office #: 770-358-4408 www.phcga.com</p>	<p>Monroe County Health Department 106 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-992-5082 www.northcentralhealthdistrict.com</p>
<p>Rock Springs Clinic 211 Rock Springs Rd. Milner, GA 30257 Phone #: 678-688-1950 (Thursdays only) www.rsclinic.org</p>	
<p>MENTAL HEALTH</p>	
<p>Georgia Crisis & Access Line Phone #: 800-715-4225</p>	<p>River Edge Behavioral Health Center 168 Old Brent Road Forsyth, GA 31029 Phone #478-994-7600 www.river-edge.org</p>
<p>MISCELLANEOUS</p>	
<p>Forsyth Intervention Services & Training 32 East Main St. Forsyth, GA 31029 Phone #: 478-974-3015</p>	<p>English as a Second Language First Baptist Church 95 W. Morse Street Forsyth, GA 31029 Phone #: 478-994-0887</p>
<p>HOME HEALTH AND NURSING HOMES/SKILLED NURSING</p>	
<p>Amedysis Home Health Care 6040 Lakeside Commons Dr. - Suite B Macon, GA 31210 Office #: 478-746-0181</p>	<p>CareSouth Home Health 5233 Riverside Dr. - Suite C Macon, GA 31210 Office #: 478-742-7557</p>

<p>Navicent Home Health Care 3780 Eisenhower Parkway - Suite 4 Macon, GA 31206 Office #: 478-633-5628 www.navicenthealth.org</p>	<p>Pruitt Health of Forsyth 521 Cabiness Rd. Forsyth, GA 31029 Office #: 478-994-5671</p>
<p>Pruitt Health of Monroe 4796 Highway 42 North Forsyth, GA 31029 Office #: 478-994-5662</p>	<p>Bolingreen Health and Rehab 529 Bolingreen Dr. Macon, GA 31210 Office #: 478-477-1891</p>
<p>PARENTING RESOURCES</p>	
<p>American Academy of Pediatrics www.healthychildren.org</p>	<p>Babies Can't Wait GA Dept of Human Resources - Division of Public Health 2520 Riverside Dr. Macon, GA 31204 Phone #: 478-745-9200 www.health.state.ga.us/programs/bcw</p>
<p>Family Advancement Ministries 538 Orange Street Macon, GA 31201 Phone #: 478-746-9803 www.faministries.org</p>	<p>“MOPS” - Mothers of Preschoolers General Info: 800.929.1287 (P) 303.733.5353 (P) Service/Group Info: 888.910.MOPS / 888.910.6677 (P) www.mops.org</p>
<p>Parent to Parent of Georgia 3805 Presidential Parkway, Suite 207 Atlanta, GA 30340 Phone #: 800-229-2038 www.p2pga.org</p>	<p>The Pregnancy Center 13 North Lee St., Suite 2000 Forsyth, GA 31029 Phone #: 478-994-3173 pregnancycentr@bellsouth.net www.monroecountypregnancycenter.org</p>
<p>Young Mommies Help Site www.youngmommies.com</p>	
<p>PATERNITY</p>	

Division of Child Support Services DCSS-Jackson 464 West Third St., Suite 105 Jackson, GA 30233 Phone #: 844-694-2347 www.ocse.dhr.georgia.gov/portal/site/DHS-OCSEJACKSONCSE@dhr.state.ga.us	
PERSONAL CARE HOME	
Carousel House Personal Care Home Jennifer Hunter 173 South Lee Street Forsyth, GA 31029 Carouselhouse1992@att.net	
PHYSICAL THERAPY / REHABILITATION SERVICES	
Healing Arts Physical Therapy 109 Martin Luther King, Jr. Drive Forsyth, GA 31029 Phone #: 478-994-3390	
PUBLIC LIBRARIES	
Monroe County Public Library 62 West Main St. Forsyth, GA 31029 Phone # 478-994-7025 Doc.frris.net	
RECREATION	

<p>Monroe County Recreation Department 100 Dan Pitts Drive Forsyth, GA 31029 Phone #: 478-994-7795 www.monroecountygeorgia.com</p>	
<p>SAFETY</p>	
<p>Georgia Poison Control 800.222.1222 (P) www.gpc.dhr.georgia.gov</p>	
<p>SENIORS</p>	
<p>GeorgiaCares GA Department of Human Resources Division of Aging Services 2 Peachtree Street, NW - 33rd Floor Atlanta, GA 30303-3142 Phone #: 404-657-5258 www.mygeorgiacares.org</p>	<p>Georgia Senior Legal Hotline 2 Peachtree St., 33rd Flor Atlanta, GA 30303 Phone #: 888-257-9519 www.atlantalegalaid.org</p>
<p>Monroe County Neighborhood Service Center Middle Georgia Community Action Agency 107 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-508-0665 www.mgcaa.org monroensc.mgcaa@gmail.com</p>	<p>Monroe County Hospital 88 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-994-2521 www.monroehospital.org</p>
<p>Social Security Administration 3530 Riverside Drive Macon, GA 31210 Phone #: 888-759-3917 www.ssa.gov</p>	<p>Monroe County Senior Center 515 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-994-1701</p>

SMOKING CESSATION	
Georgia Tobacco Quit Line 877.270.7867 (P) www.livehealthygeorgia.org/quitline	
TRANSPORTATION	
Circle of Care 52 West Adams St. Forsyth, GA 31029 Phone #: 478-994-4939	Monroe County Department of Family & Children Services 107 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-207-1350 www.dhr.state.gov.us

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