



MONROE COUNTY
HOSPITAL
NAVICENT HEALTH PARTNER

2019 Community Health Needs Assessment

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The following assessment was researched and written by:



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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 satisfies the Internal Revenue Service (IRS) regulatory requirements under section 501(r). This CHNA not only meets the guidelines of the IRS, 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 strategies. 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 facilitated 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 central Georgia. The estimated population of Monroe County in 2018 was 27,520. The city of Forsyth is the county seat of Monroe County. Forsyth is home to Monroe County Hospital, which is a 25-bed not-for-profit hospital.

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 2013-2017, heart disease was the leading cause of death followed by cancer, accidents, chronic lower respiratory disease, and stroke.

HEART DISEASE AND STROKE

Heart disease and stroke typically affect people age 65 years and older. Heart disease was the first leading cause of death in Monroe County. The heart disease death rate in Monroe County was higher than Georgia and the U.S. Stroke was the fourth leading cause of death in Georgia and the fifth leading cause of death in Monroe County. 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 cancer can usually be detected the earliest, due to known risk factors. Monroe County had a higher cancer incidence rate compared to Georgia and the U.S. Monroe County's cancer death rate was lower than both the Georgia and U.S. rates. There may be a need for cancer prevention programming in Monroe County due to the various modifiable risk factors such as smoking, poor diet, and lack of physical activity. Lung cancer had higher incidence rates in Monroe County compared to the rates in Georgia and the U.S. Death rates due to lung cancer were lower in Monroe County compared to 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 mishaps, 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 both the Georgia and U.S. rates.

CHRONIC LOWER RESPIRATORY DISEASE

Chronic lower respiratory disease is commonly caused by cigarette smoking. Chronic lower respiratory disease was the fourth leading cause of death in Monroe County. The chronic lower respiratory disease death rate in Monroe County was higher than the U.S., but lower than Georgia.

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 infant mortality rate was higher than Georgia during the period 2013-2017. The teen birth rate in Monroe County was lower than Georgia, but higher than the U.S. The teen birth rate among White females was higher than Black and Hispanic females in Monroe County.

ALCOHOL, TOBACCO AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. Monroe County schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, cigarette use and electronic vape behaviors, but a lower percentage that participated in marijuana, prescription, and methamphetamine use compared to Georgia.

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 Georgia and U.S. rates. Gonorrhea rates were lower than Georgia and the U.S. rates. Chlamydia rates among Monroe County Blacks were much higher compared to Whites and Hispanics. Gonorrhea rates were higher among Blacks compared to Whites and Hispanics. In Monroe County, the human immunodeficiency virus (HIV) hospital discharge rate was lower compared to Georgia. The HIV discharge rate was highest among Blacks in Monroe County and Georgia.

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. Approximately 13.3 percent of Monroe County's population was below the poverty level. Around 12.3 percent of Monroe County's population was uninsured compared to Georgia's rate of 14.8 percent and U.S. at 10.5 percent.

Education also affects an individual's ability to access care. Approximately 85 percent of Monroe County residents were high school graduates (4-year cohort rate) compared to Georgia residents at 82 percent. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance.

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. Medicaid transport is available for qualified patients that have Medicaid.

Community Health Indicator Report

A Community Health Indicator report (key findings) reflects the changes in the major health indicators of Monroe County compares to the previous CHNA. The report compared health statistics of the local community with the State and U.S. statistics, as well as Healthy People 2020 goals. The findings were presented to the community to generate discussion related to the health of the community and evaluate the impact of the previous CHNA.

KEY FINDINGS							
	Monroe		State		U.S.		HP 2020
MORTALITY							
All Cancer Death Rates	149.1	↓	162.1	↓	158.1	↓	161.4
Lung Cancer Death Rates	38.8	↓	42.4	↓	40.1	↓	45.5
Colon and Rectum Cancer Death Rates	+	↓	15.2	↓	14.1	↓	14.5
Female Breast Cancer Death Rates	21.1	↑	21.8	↓	20.3	↓	20.7
Prostate Cancer Death Rates	18.1	↑	21.6	↓	19	↓	21.8
Heart Disease Death Rates	204.6	n/a	178.6	n/a	167.1	n/a	
Stroke Death Rates	35	↓	43.5	↑	37.1	↓	34.8
Accident Death Rates	64	↑	42.6	↑	44	↑	36.4
Chronic Lower Respiratory Disease Death Rates	44.4	↑	46.3	↑	41.1	↓	
Influenza and Pneumonia Death Rates	23.3	*	15.3	*	14.8	*	
Diabetes Death Rates	16.2	↓	21.8	•	21.2	*	
Infant Mortality Rate	8.2	↑	7.5	↑	5.7	*	6.0
MORBIDITY							
All Cancer Incidence	477.1	↑	454.6	↓	441.2	↓	
Breast Cancer Incidence	114	↑	125.2	↑	124.7	↑	
Lung Cancer Incidence	84.7	↑	64.9	↓	60.2	↓	
MATERNAL, INFANTS, AND CHILDREN							
Teen Birth Rates	21.8	↓	25.8	↓	20.3	↓	
Low Birth Weight	12.1%	↑	9.6%	•	8.2%	*	
SEXUALLY TRANSMITTED DISEASES							
Chlamydia Rates	339.3	↑	623.7	↑	528.8	↑	
Gonorrhea Rates	107	↑	217.5	↑	171.9	↑	
Syphilis (Primary and Secondary)	+	•	12.9	↑	*	*	
HIV	8.4	↓	17.7	↓	*	*	
ACCESS TO CARE							
Poverty Percentage All Ages	13.3%	↑	16.9%	↓	14.6%	↓	
Unemployment Percentage	3.4%	↓	3.8%	↓	3.8%	↓	
High School Graduation (graduation rate)	85.0%	inc	82%	inc	84%	inc	87%
HEALTH BEHAVIORS							
Prevalence of Obesity	30.0%	↓	30.5%	•	39.8%	↑	30.5%
Lack of Physical Activity	27.0%	↓	23.6%	•	24.2%	*	32.6%
Adult Smokers %	18.0%	↓	17.4%	↓	16.8%	↓	12%

HP 2020-Healthy People 2020

LEGEND

	Worse than State and U.S.
	Better than U.S., worse than State
	Better than State, worse than U.S.
	Better than State and U.S.

- ↑ (Unfavorable trend) Rate/percentage increased since prior CHNA
- (Stable trend) Rate/percentage has not changed since prior CHNA
- ↓ (Favorable trend) Rate/percentage decreased since prior CHNA
- *
- Not reported in prior CHNA
- + Data is suppressed due to low number of cases
- N/A Data is non comparable to last CHNA
- inc Increased, but favorable trend to increase

Community and Hospital Prioritization of Needs

Information gathered from stakeholder interviews, community focus groups, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data 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:

1. Lifestyle/Prevention and Health Promotion
2. Mental/Behavioral Health
3. Seniors
4. Access to Care

These priorities will be further discussed in the Hospital's Implementation Strategies report. 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's Board approved this community health needs assessment through a board vote on **September 24, 2019.**

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

IRS regulations provide detailed guidelines for conducting the CHNA process. As outlined below, the Hospital relied upon these regulations 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).

Lorraine Smith - CEO
Casey Fleckenstein – Director of Patient Care Services
Whitney Lovett – Nurse Manager, Monroe County Health Department
Megan Randall – Director of Ancillary Services
Matt Perry – Monroe County EMS Director
Ellen Sowell - Administrative Assistant

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. Representatives of groups, or individuals, who represent medically underserved populations, low income populations, minority populations, and populations with chronic diseases, were included. The CHSC identified over 40 individuals to participate in the community focus groups and key stakeholder interviews including a representative from the local public health department.

4. Identifying and Engaging A Community Stakeholder

Community stakeholders (also called key informants) are people invested in or interested in the work of the Hospital, people who have special knowledge of health issues, or are people important to the success of any hospital or health project or are formal or informal community leaders. The CHSC identified three stakeholders for interviews. The stakeholders were individuals who are active in serving the uninsured and underserved individuals in the community.

5. Community Health Profile

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

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

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

A Community Health Indicator Report (Key Findings) was also prepared by Draffin & Tucker, LLP to reflect the changes in the major health problems and health needs of Monroe County compared to the previous CHNA. The report compared health statistics of the local community with the State and U.S. statistics, as well as Healthy People 2020 goals. The findings were presented to the community to generate discussion related to the health of the community and evaluate the impact of the previous CHNA.

6. Community Input

A two-hour Community Health Input Meeting (community meeting) and a one-hour Community Stakeholder Interview (interview) were essential parts of the CHNA process. Two community meetings and three stakeholder interviews were conducted in order to obtain the community's input into the health needs of Monroe County.

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

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

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

7. Hospital Prioritization of Needs

Information gathered from the community meeting, interview, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data were used to determine the priority health needs of the population. Draffin & Tucker, LLP provided the CHSC with a written report of the observations, comments, and priorities resulting from the community meeting and stakeholder interview. The CHSC reviewed this information, focusing on the identified needs, priorities, and current community resources available. Using the Basic Priority Ranking methodology, the CHSC debated the merits or values of these priorities, considering the resources available to meet these needs. From this information and discussion, the hospital developed the priority needs of the community, each of which will be addressed separately in the Hospital's Implementation Strategy document.

8. Evaluation of Impact

An evaluation of impact of any actions that were taken to address significant health needs identified in the immediately preceding CHNA is identified throughout this report in the respective health topic sections and also in specified sections of this report. In the Executive Summary, a section titled "Community Health Indicator Report" provides a snapshot of some of the broad health indicators such as morbidity and mortality rates and if they have increased or decreased since the previous CHNA. Additionally, the report provides a more detailed evaluation of impact of the more specific health needs identified in the previous CHNA and the actions taken to address those needs in a section titled "Evaluation of Impact of Action Taken from Previous CHNA."

Description of Major Data Sources

Bureau of Labor and Statistics

The U.S. 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 as National Center for Health Statistics (NCHS) and Health Resources and Services Administration (HRSA). For more information, go to www.countyhealthrankings.org.

Georgia Department of Public Health

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

Information Gaps and Process Challenges

The health data comes from a variety of sources and the sources collect data differently. In general, this CHNA compared published County-level data to both the published State and U.S. data whenever possible. Careful analysis of how the data was collected insured that comparability exists. If comparability is absent, the differences are noted.

This CHNA 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 specifically identifiable in the data. 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. Many of the key stakeholder and community focus group meetings devoted time to focus on these population groups. There are some medical conditions that were not specifically addressed.

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

Evaluation of Impact of Actions Taken from Previous CHNA

Below are some of the activities the hospital has worked to achieve since the previous CHNA and Implementation Strategy.

Strategies	Impact/Evaluation of these Activities/Strategies
<p>Health Education and Prevention</p> <p>a. Monroe County Hospital works year-round with community partners to combine our resources that raise awareness of health and healthy behaviors. We plan to provide a quarterly community newsletter and publicize information on the hospital website. Participate in a Health Fair once a year. Provide nutrition education opportunities for various health conditions.</p> <p>b. The Monroe County Health Department provides education on the awareness, causes, and prevention of STDs.</p> <p>c. Update the Resource Guide that is published by the Family Connection Services with availability to our patients and will have it widely publicized. We currently continue with the annual breast cancer awareness campaign – providing reduced cost mammogram screenings twice a year, annual prostate cancer screening, and flu immunization campaign.</p>	<p>Hospital distributed health information at the Forsythia Festival on 3/12/16. The hospital participated in a Health Fair in conjunction with Navicent on 2/25/17. Community training re: “Stop the Bleed” on 4/18/17 & 4/20/17. Patient Safety Day – 10/14/17. Extension Office held Diabetes class at the hospital in March, October, and November of 2017. We have publicized diabetes Ed classes on our website as well as mammogram and prostate screenings.</p> <p>Health Department Director provided education and distributed information re: STD - March 2018.</p> <p>We currently continue with the mammogram screenings. Prostate Specific Antigens (PSA) blood tests were done in 2016 and 2017 for prostate cancer screening.</p> <p>Participated in flu immunization campaign by using our manpower in conjunction with the Health Department in doing the mobile flu clinics.</p>
<p>Obesity and Lifestyle</p> <p>a. Monroe County Hospital provides nutrition education/counseling to inpatients and outpatients. We support the educational programs that the extension office provides and offer our facility if needed.</p>	<p>Our Dietary Department provides a Super Food program which includes food that is beneficial nutritionally and we display the calories and nutritious ingredients. We provide the OAC with meals and monthly education. Provide our inpatient and outpatient education for dietary needs.</p> <p>We provide and offer our facility if needed for classes.</p>

<p>Mental Health and Substance Abuse</p> <p>a. Monroe County Hospital does not currently offer drug abuse and/or mental and behavioral health services. There is an outpatient campus of the community service board “River Edge Behavioral Health” located in our county. We work collaboratively with River Edge for patient referrals.</p> <p>b. River Edge is looking into providing more signage in the community to increase awareness of their facility’s location and will be published in the “Resource Guide” which will be available to the community. Dr. Betty Williams is located in our community and provides counseling services.</p> <p>c. River Edge is a local mental health outpatient facility located in the community and serves as a resource for their inpatient facility located in Macon, Georgia.</p>	<p>We continue to work with River Edge for mental and behavioral services by referring patients to them for mental and behavioral health services.</p>
<p>Cardiovascular disease</p> <p>Health Education & Prevention - Yearly Health Fairs will provide education.</p>	<p>Refer to Health Education & Prevention.</p>
<p>Access to Care – Free and Reduced Cost Care</p> <p>Hospital will provide a Resource Guide for our patients, and the community as well as publishing it on our website which will list free or reduced cost care facilities.</p>	<p>We partner with Rock Springs Clinic for free health care services, radiology exams, and lab work. We perform mammograms for the Health Department.</p>

<p>Transportation</p> <p>Monroe County Hospital cannot directly impact the transportation issue as we do not offer transportation services, but will support those services already available from other entities and the process to get patients referred for transportation assistance.</p>	<p>The Hospital contacts the local authorities for transportation needs.</p>
<p>Social Issues</p> <p>Monroe County Hospital cannot directly impact social issues such as domestic violence and homelessness but will support those services that are available and refer patients to these services when appropriate.</p>	<p>The Hospital will refer patients to the resource directory for appropriate resources related to social issues.</p>

ABOUT MONROE COUNTY

Monroe County is in central Georgia. Monroe County has a total land area of 396 square miles.¹ According to the U.S. Census, in 2018 the population of the county was estimated at 27,520 residents.² Monroe County Hospital is the only hospital in the county and has many ancillary service facilities that serve the community. The main hospital is in the city of Forsyth.



Monroe County includes the city of Forsyth which is also the county seat and most populous at 4,026 residents. The city of Culloden is a smaller community located in the southern part of the county with a population of 223.³

City/Town/Village	Population
Forsyth	4,026 (2017)

Data Source: U.S. Census Bureau: State and County QuickFacts.

In Monroe County, the primary industries include public administration and education.⁴

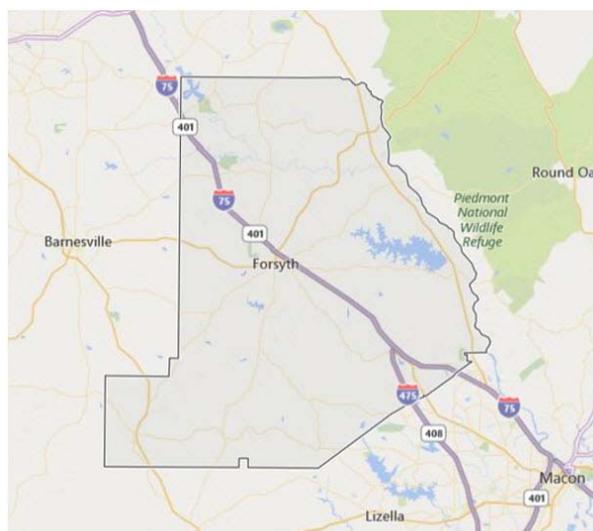
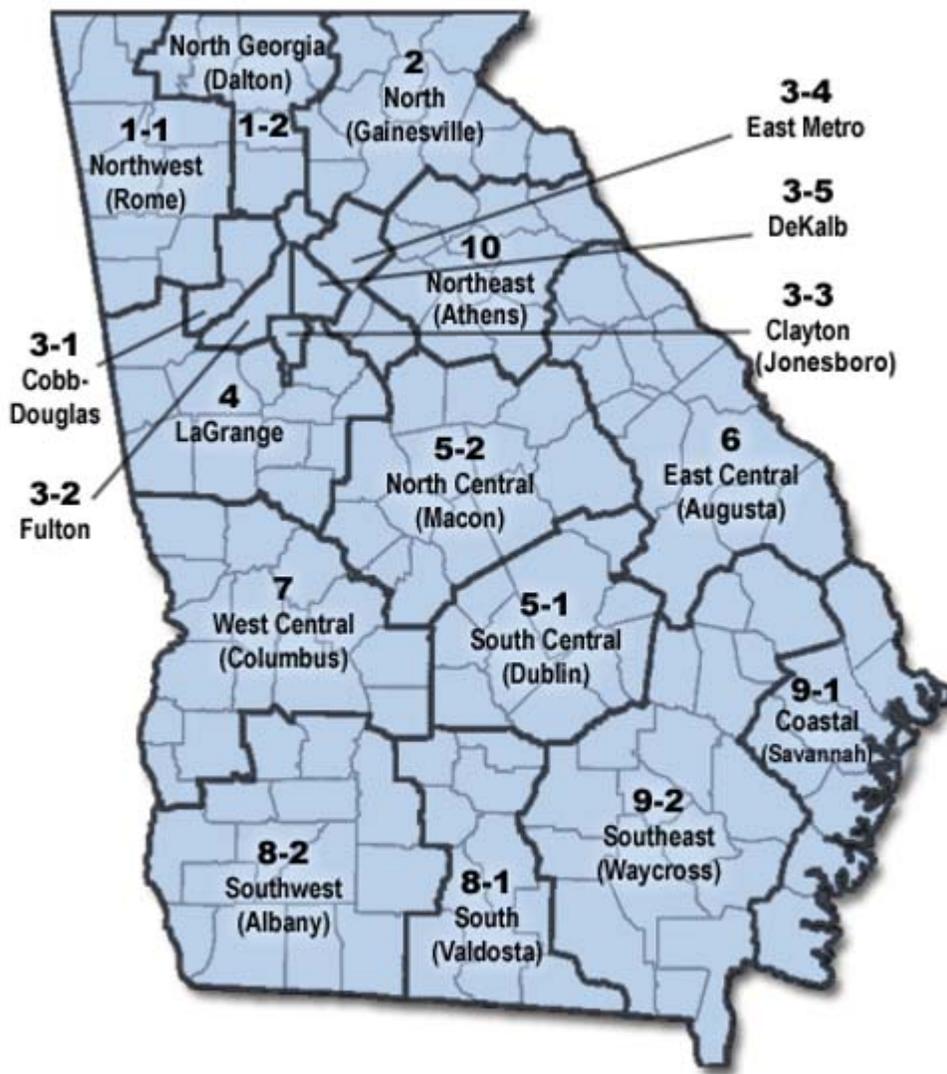


Image Source: Google Maps

Georgia Public Health Districts

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



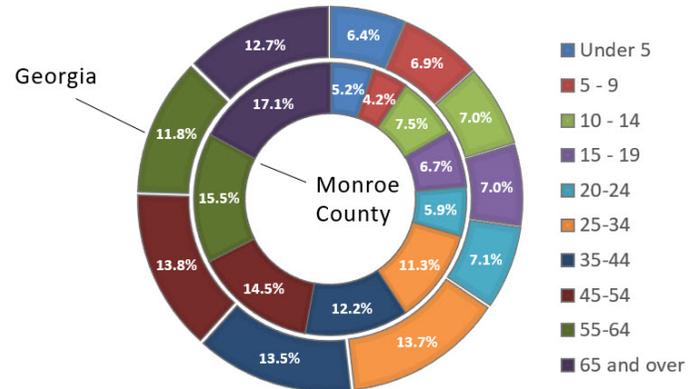
Source: Georgia Department of Public Health

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.

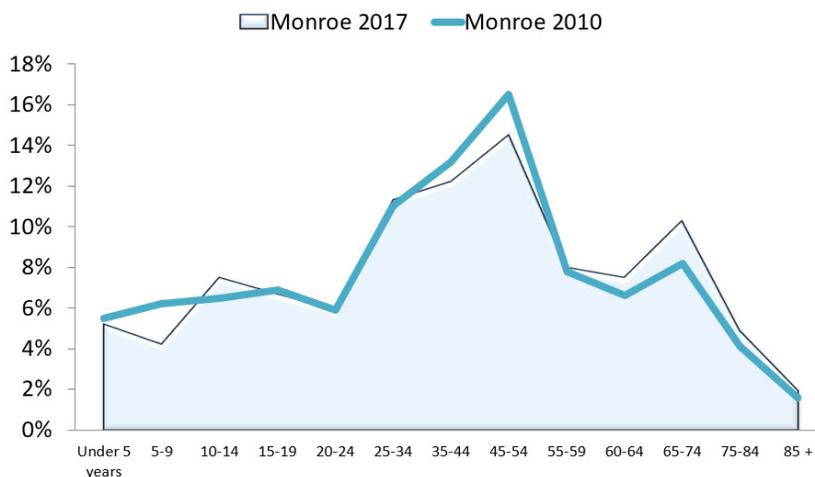
According to the 2017 U.S. Census data, 17.1 percent of Monroe County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 12.7 percent compared to 15.6 percent for the U.S.⁵

Population Percentages By Age Groups, 2017
Monroe County and Georgia



Data Source: U.S. Census Bureau, ACS Demographic and Housing Estimates, American Community Survey 5-Year Estimates, 2017.

Population Percentages by Age Groups
Monroe County



Data Source: U.S. Census Bureau

Comparing Monroe County's population percentage by age groups from 2010 to 2017, it is noted that the age composition is changing.

Age categories with decreases:

- Under 5
- 5-9
- 15-19
- 35-44
- 45-54

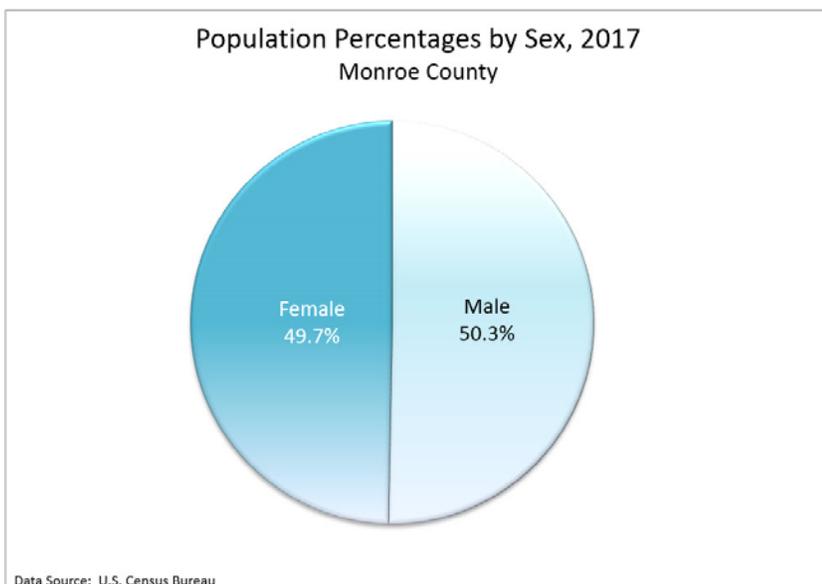
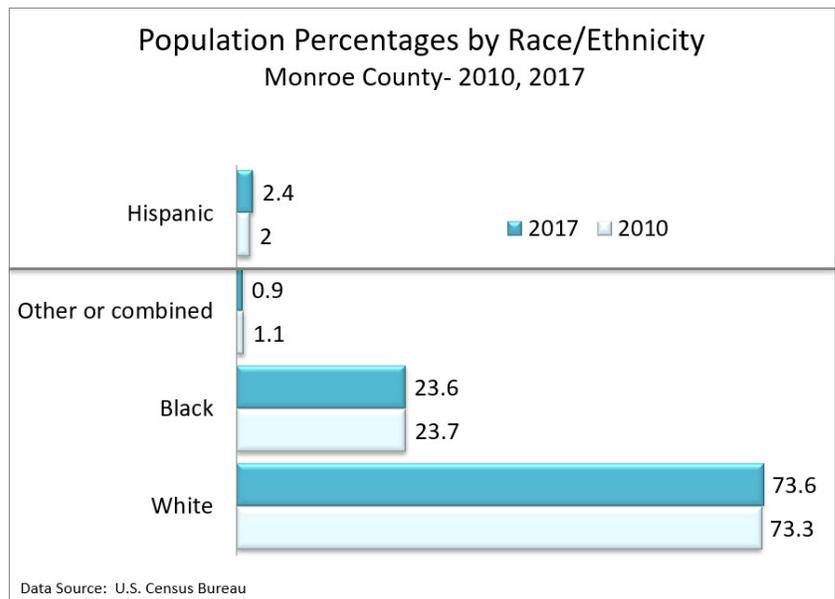
Age categories with increases or stable:

- 10-14
- 20-24 (stable)
- 25-34
- 55-59
- 60-64
- 65-74
- 75-84
- 85+

Race, Ethnicity and Origin Profile

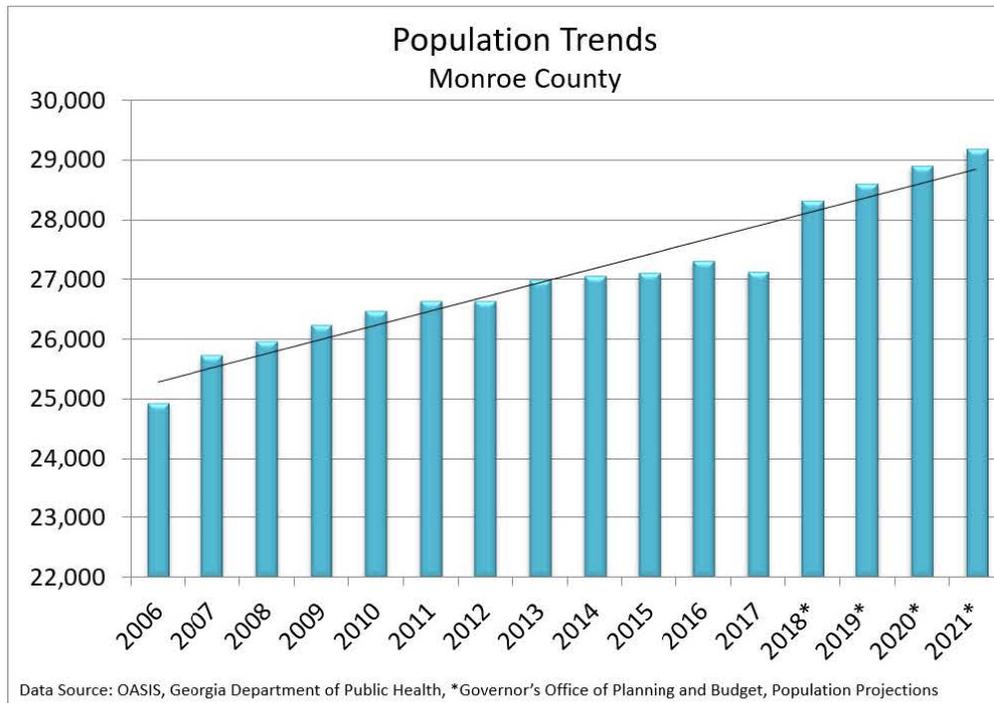
There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.⁶ Although low income disparities are evident 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.⁷ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.⁸

According to 2017 U.S. Census data, Monroe County's population was 73.6 percent White, 23.6 percent Black, 0.9 percent Other or Combined, and 2.4 percent Hispanic.



The percentage of males in Monroe County was higher at 50.3 percent compared to females at 49.7 percent.

In 2017, Monroe County's resident population was 27,113. The population is predicted to increase to 29,175 in 2021.⁹



COMMUNITY INPUT

The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

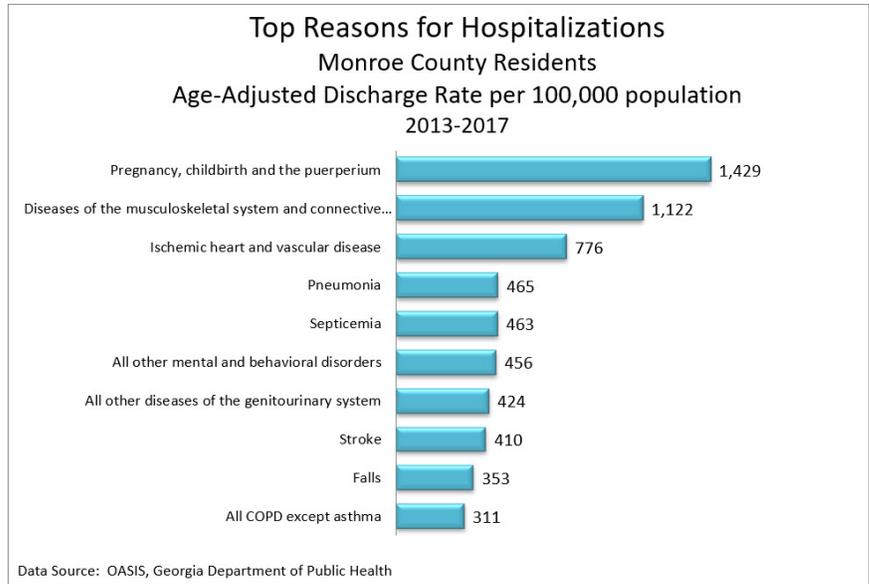
About the Community

- » There were two textile mills that closed in the 80s and early 90s. This has had an everlasting impact on healthcare insurance access for individuals who never got jobs with better benefits.
- » Forsyth was known as a mill town.
- » Last year there were 300 new homes built in Monroe County.
- » The Five Below company moved to Monroe County and added about 100 jobs.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

The leading cause of hospitalizations among Monroe County residents was related to pregnancy and childbirth. Other top causes were related to diseases of the musculoskeletal system, heart disease, pneumonia, septicemia, and mental and behavioral disorders. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked second among the leading causes of death for Monroe County residents.



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

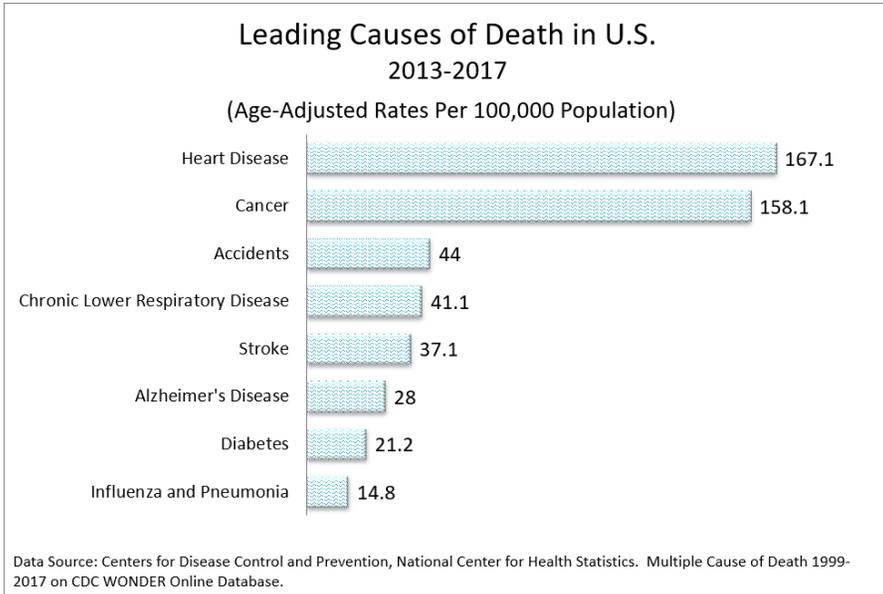
Many of the top reasons for inpatient hospitalizations by discharge rate are related to “Common Ambulatory Care Sensitive Conditions”. These are conditions in which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or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

The top 15 causes of emergency room visits by Monroe County residents are included in the chart to the right. According to hospital staff, many of these visits are considered as non-emergency conditions. The report section, *Access to Care*, will address many of the reasons that lead to inappropriate use of emergency room facilities.

TOP 15 CAUSES OF EMERGENCY ROOM VISITS Monroe County Residents (Any Hospital) 2013-2017 Age-Adjusted ER Visit Rate	
1	All other unintentional injury
2	Diseases of the musculoskeletal system and connective tissue
3	Falls
4	All other diseases of the genitourinary system
5	All other diseases of the nervous system
6	Motor vehicle crashes
7	All other mental and behavioral disorders
8	All COPD Except Asthma
9	Pregnancy, childbirth and the puerperium
10	All other endocrine, nutritional and metabolic diseases
11	Asthma
12	Essential (primary) hypertension and hypertensive renal, and heart disease
13	Influenza
14	Diabetes
15	Pneumonia
Data Source: OASIS, Georgia Department of Public Health	

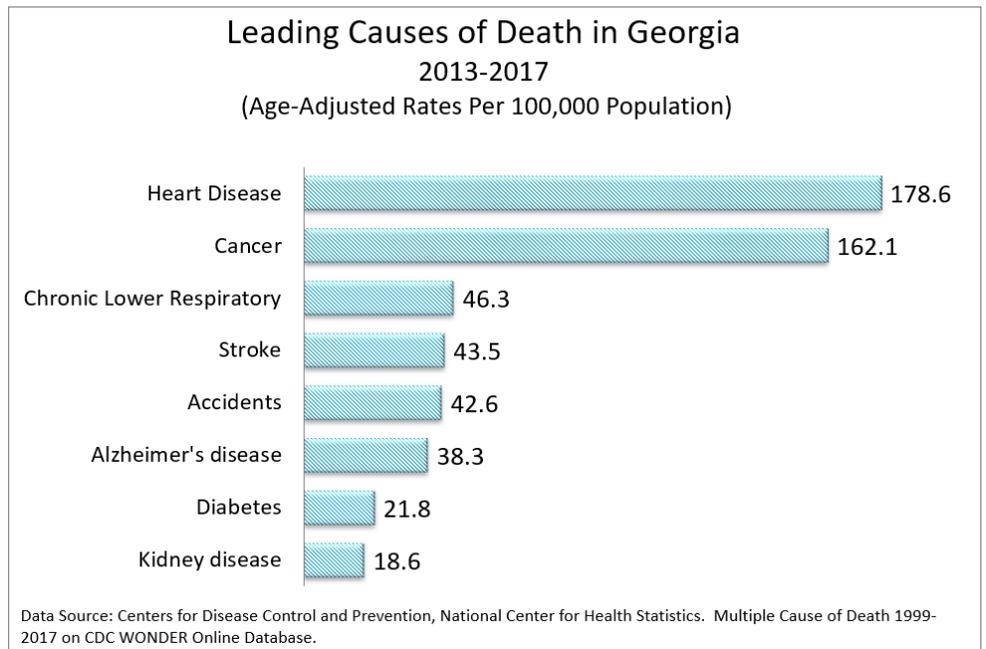
Leading Causes of Death

The National Center for Health Statistics (NCHS) uses a method referred to as the NCHS ranking method. The leading causes of death rates were calculated using the NCHS ranking method.



The top five leading causes of death in the U.S. from 2013-2017 were heart disease, cancer, accidents, chronic lower respiratory disease, and stroke. Heart disease and cancer rates were over three times higher than the other top five diseases.

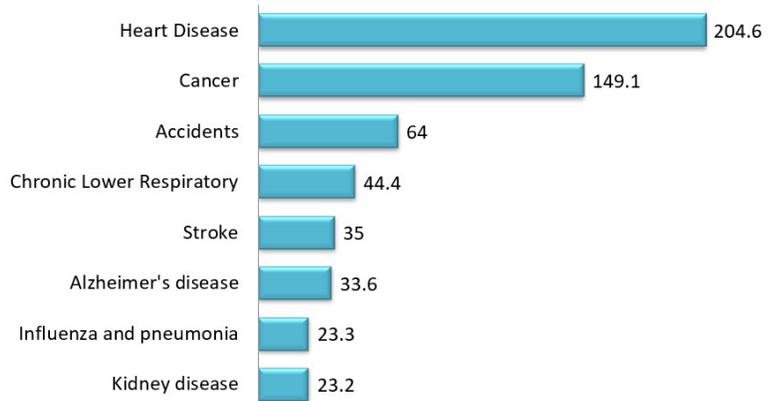
The five leading causes of death in Georgia from 2013-2017 were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents.



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

Leading Causes of Death in Monroe County 2013-2017

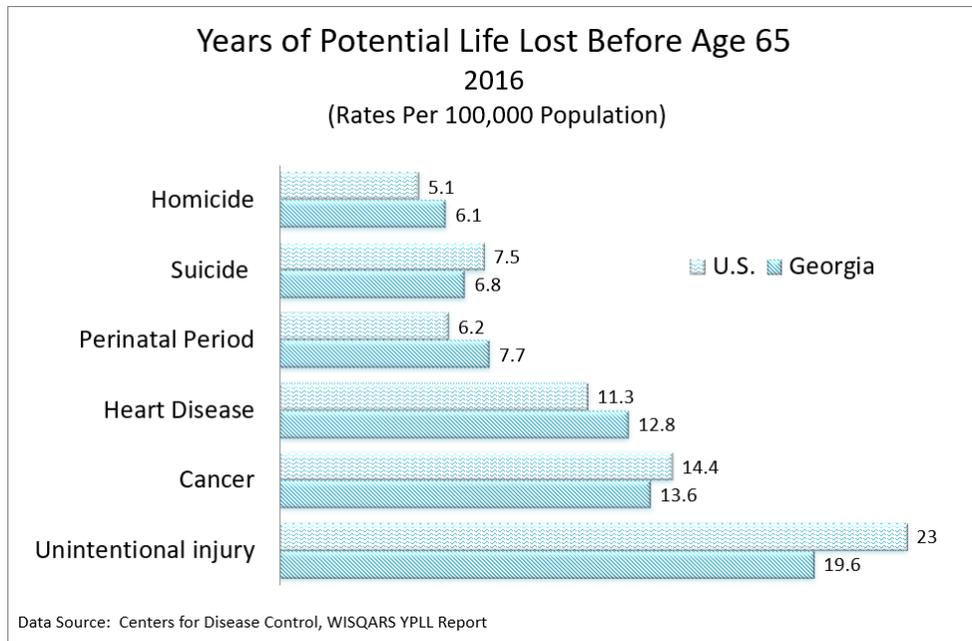
(Age-Adjusted Rates Per 100,000 Population)



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2016, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Unintentional injury, 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.¹⁰ YPLL statistics at the County level were unavailable for this report.



Years Potential Life Lost – Georgia Residents—by Sex and Race/Ethnicity Before Age 65 2013-2016

White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 24.7%	Cancer 19.9%	Unintentional injuries 14.8%	Cancer 16.7%	Unintentional injuries 27.5%	Perinatal period 21.2%
Heart disease 14.8%	Unintentional injuries 19.6%	Heart disease 14.0%	Perinatal period 13.2%	Perinatal period 12.6%	Cancer 15.2%
Cancer 13.8%	Heart disease 10.8%	Homicide 13.8%	Heart disease 12.8%	Suicide 8.5%	Congenital Anomalies 13.4%

Data Source: Centers for Disease Control, WISQARS YPLL Report

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE – HDS

HEART DISEASE

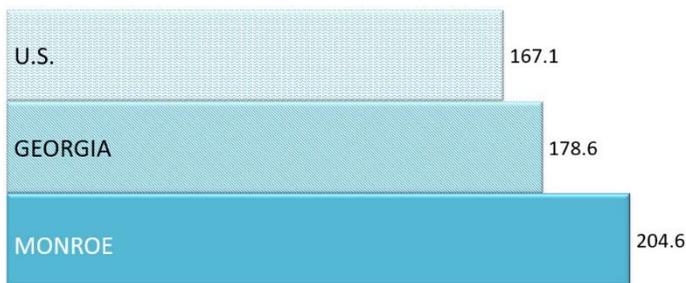
According to the American Heart Association, over 840,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2016. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer and chronic lower respiratory disease combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. In 2016, heart disease killed over 360,000 Americans or 13 percent of the deaths in the U.S.¹¹

Why Are Heart Disease and Stroke Important?

Currently more than 1 in 3 adults (85.6 million) live with 1 or more types of cardiovascular disease. In addition to being the first and fifth leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.

Healthy People 2020

Leading Causes of Death – Heart Disease
2013-2017
(Age-Adjusted Rates Per 100,000 Population)



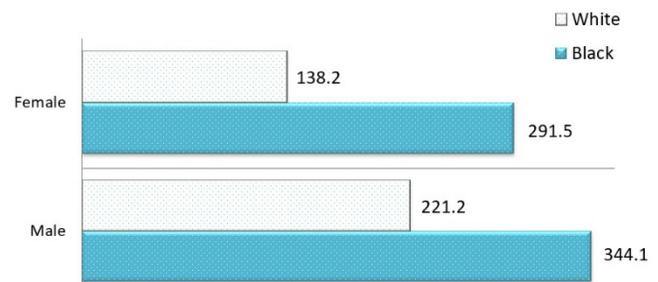
Data Source: Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

For the period 2013-2017 the Monroe County heart disease death rate (204.6 per 100,000 population), was higher than Georgia and the U.S.

The heart disease rates from the 2016 CHNA and the current CHNA are not comparable due to the methods the heart disease death rates were calculated. The 2016 data used a different methodology for grouping ICD-10 codes.

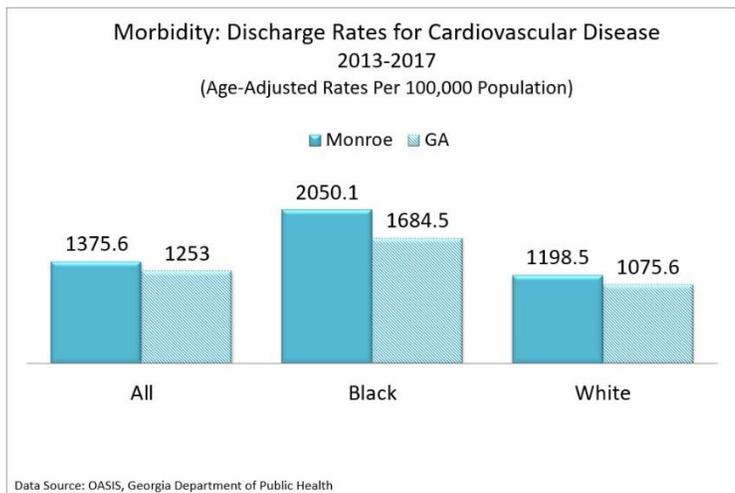
The age-adjusted death rate from heart disease in Monroe County was highest among the Black male population.

Heart Disease Death Rates by Race and Sex
Monroe County
2013-2017
(Age-Adjusted Rates Per 100,000 Population)



Data Source: Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

The hospital discharge rate for cardiovascular disease was higher in Monroe County compared to Georgia. The hospital discharge rate among the Black population in Monroe County was higher compared to the White population.



MODIFIABLE RISK FACTORS

According to the 2014 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 5-2.¹²

Percentage of Population Reporting Risk 2014		
Risk Factor:	District 5-2	Georgia
Obesity	36.3	30.5
Overweight	33.8	35.2
Physical Inactivity	27.5	23.6
Smoking	16.8	17.4
Diabetes	15.7	11.6

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

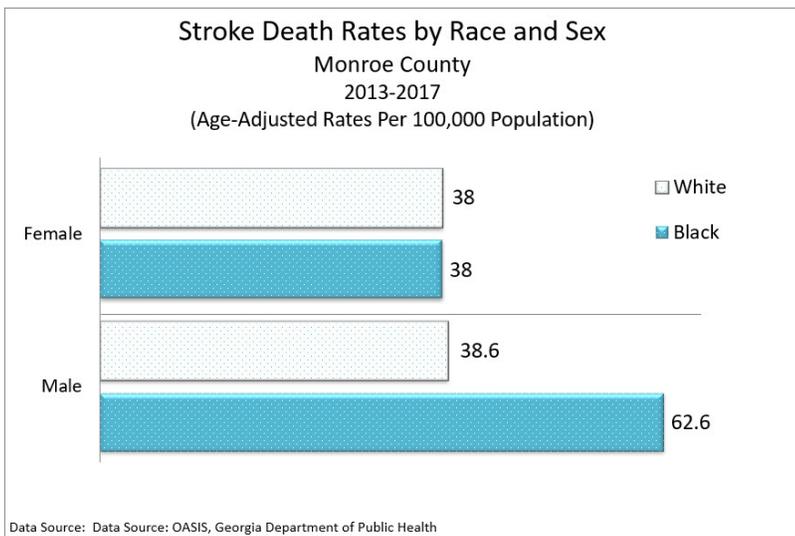
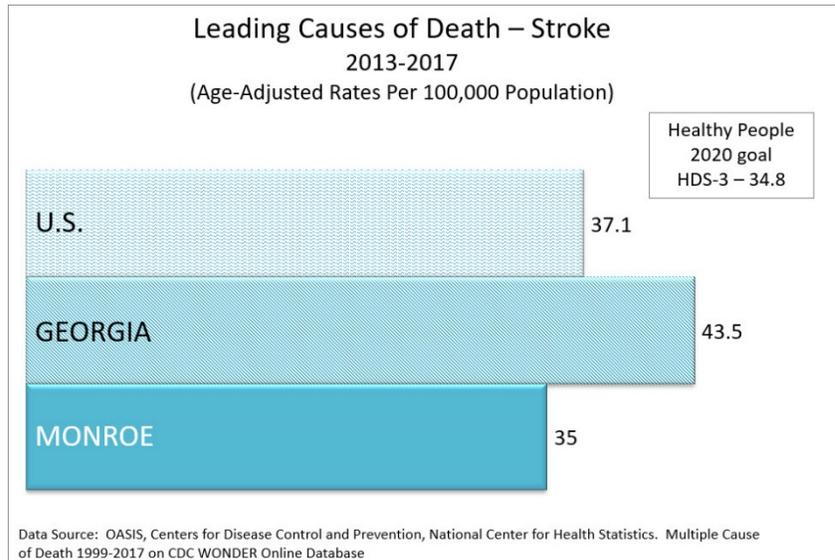
STROKE

For the years 2013-2017, cerebrovascular disease (stroke) was the fifth leading cause of death in the U.S. and Monroe County, and the fourth leading cause of death in Georgia.¹³

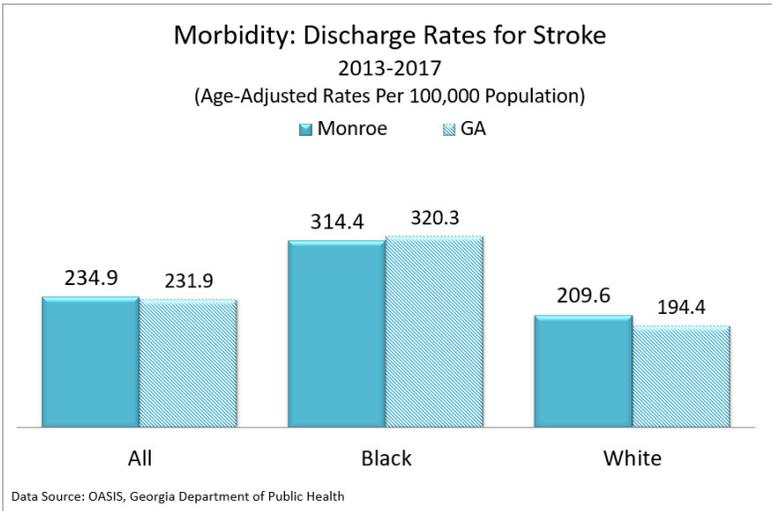
The stroke death rate in Monroe County was lower than Georgia and the U.S.

Monroe County's stroke death rate has decreased since the 2016 CHNA (52.4 per 100,000 population).

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.¹⁴



The Monroe County stroke death rates were highest among Black males. Overall, males, White and Black, had higher stroke death rates compared to females.



The discharge rate for stroke among Monroe County residents was higher than the Georgia rate.

There has been a decrease in the stroke discharge rate since the 2016 CHNA (315.9 per 100,000 population).

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 ¹⁵

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

The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

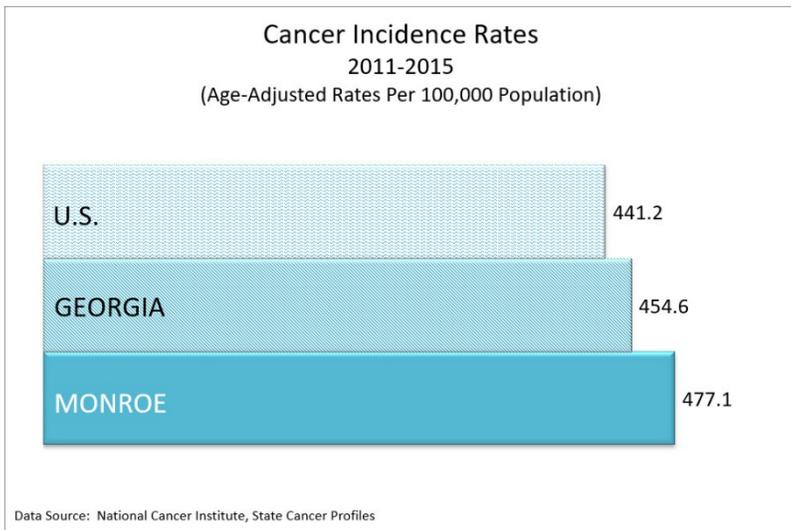
Heart Disease and Stroke

- » Cardiovascular issues seem to be the biggest issue.
- » Heart disease is an issue because of a diet of high salt and high fat.
- » There is a cardiologist who comes once a week to see patients at Monroe County Hospital.

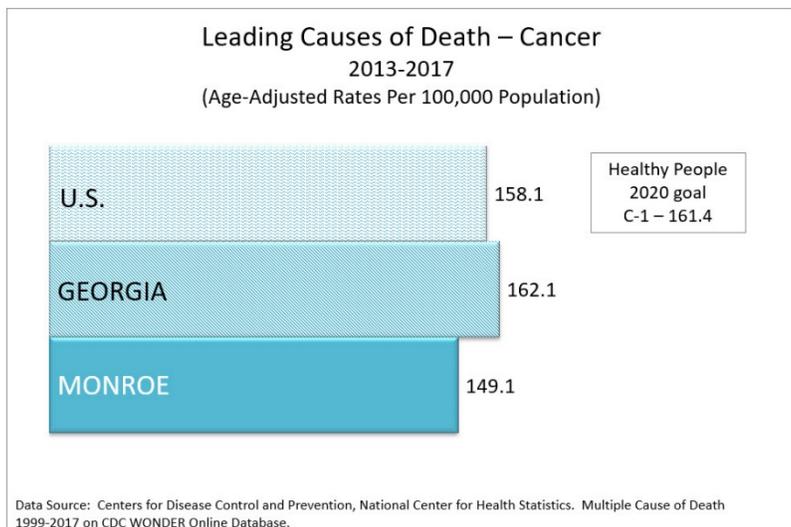
Cancer

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 1,600 people a day died of cancer in the U.S. in 2015.¹⁶ 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.¹⁷



In Monroe County, the cancer incidence rate was higher than Georgia and the U.S. The cancer incidence rate has increased since the 2016 CHNA (461.6 per 100,000 population).



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

The cancer death rate has decreased since the 2016 CHNA (152.6 per 100,000 population).

Why Is Cancer Important?

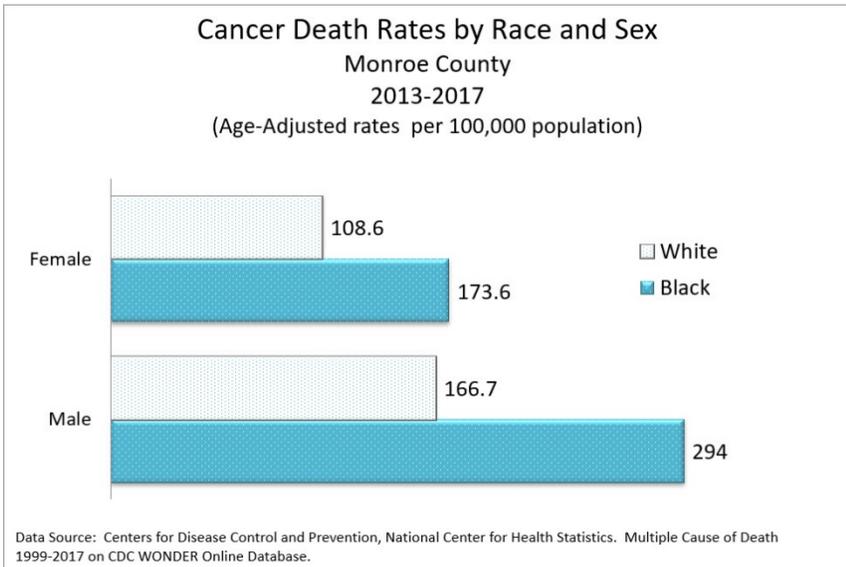
Many cancers are preventable by reducing risk factors such as:

- 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



Age-adjusted cancer death rates in Monroe County were highest among Blacks overall. The Black male population had the highest cancer death rate (294 per 100,000 population) out of all the population groups.

The cancer death rate among Black males has increased since the 2016 CHNA (191.2 per 100,000 population).

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.¹⁸

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

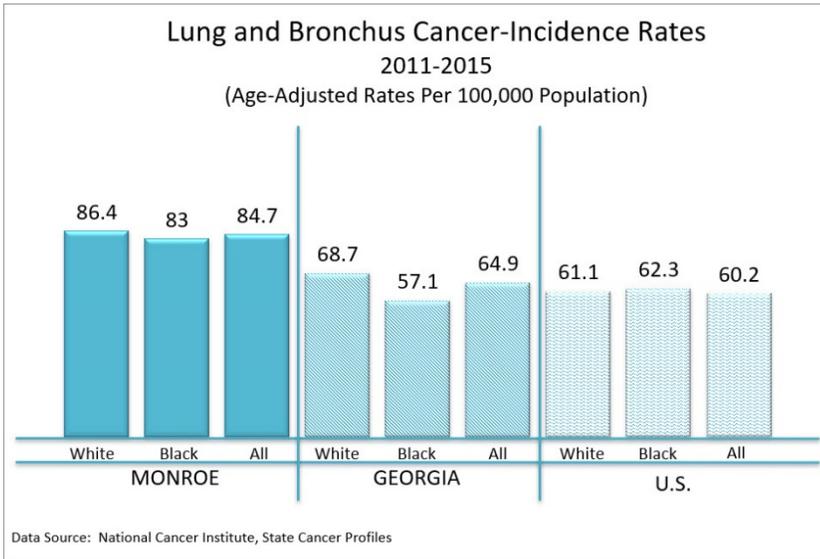
- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

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 cancer 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 Lung Association, lung cancer accounts for 25 percent of all cancer deaths.¹⁹ It 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 (26 percent) and women (25 percent). More women die from lung cancer (25 percent) than breast cancer (14 percent).²⁰



The lung cancer incidence rate was higher in Monroe County (84.7 per 100,000 population) compared to Georgia and the U.S. Whites had a higher lung cancer incidence rate compared to other population groups.

The lung cancer incidence rate has increased since the 2016 CHNA (80.3 per 100,000 population).

Lung Cancer Incidence Rates by Sex
(Per 100,000 Population) 2011-2015

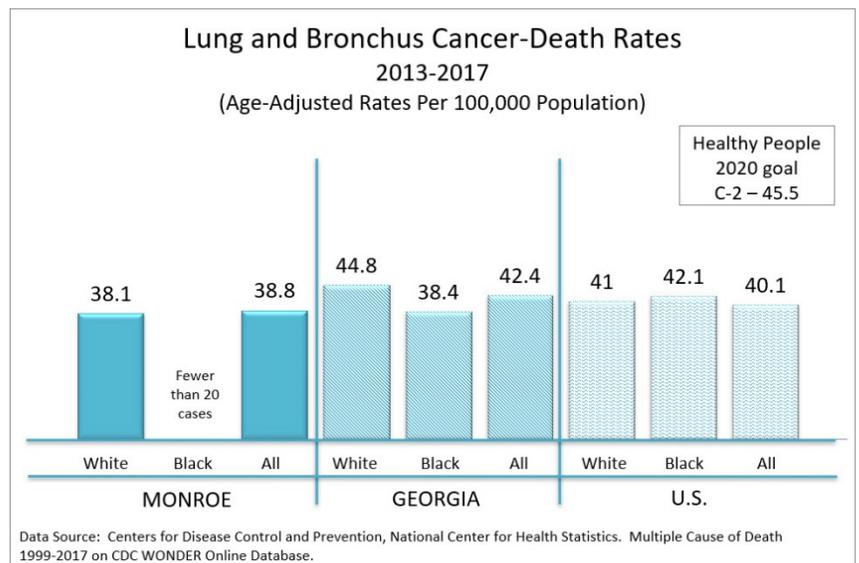
	Male	Female
Monroe	119.2	56.3

Data Source: National Cancer Institute, State Cancer Profiles

Lung cancer is the first leading cause of cancer death among both males and females in Georgia.²¹ According to data published from the National Cancer Institute, lung cancer incidence rates among males in Monroe County were higher than the rates of females.²²

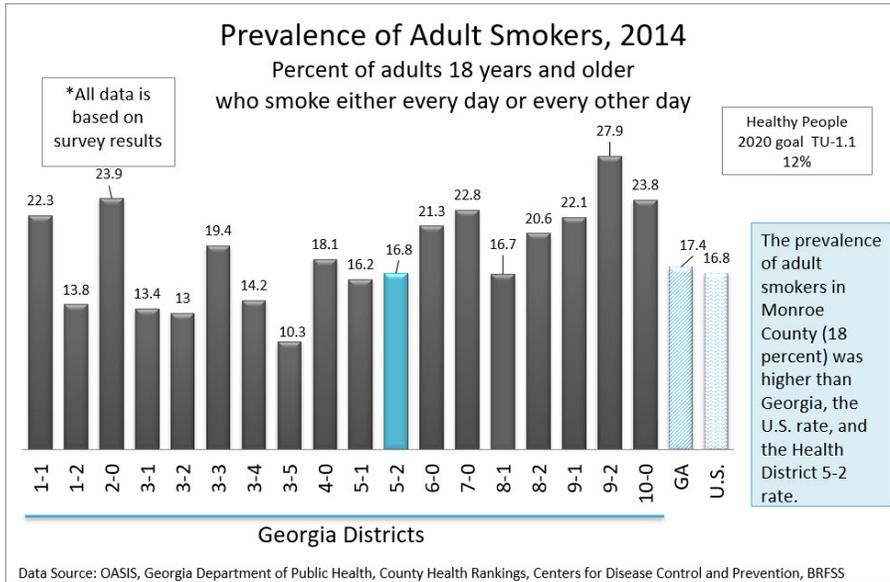
The overall lung cancer death rate in Monroe County (38.8 per 100,000 population) was lower than Georgia and the U.S.

The lung cancer death rate has decreased since the 2016 CHNA (42.6 per 100,000 population).



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.²³

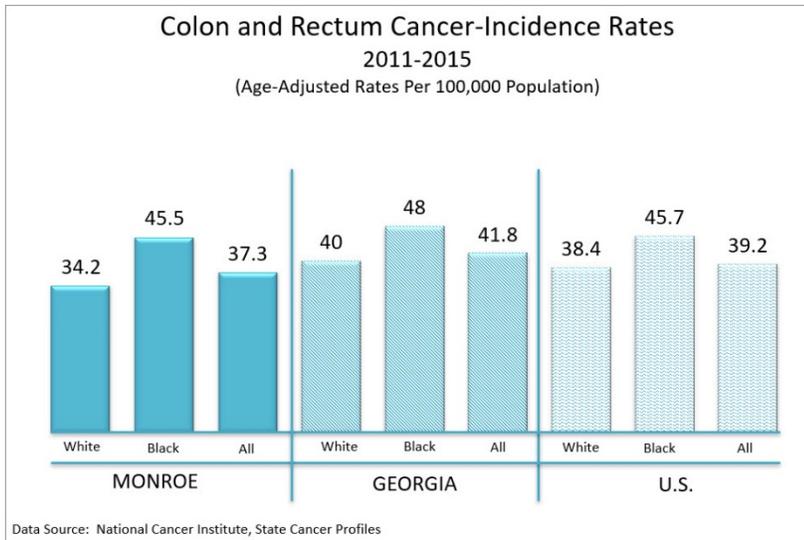


The smoking prevalence in Health District 5-2 (16.8 percent) was lower than Georgia (17.4 percent) and equal to the U.S. (16.8 percent). Monroe County's rate was 18 percent.

The smoking prevalence rate has decreased in Health District 5-2 (23.4 percent) since the 2016 CHNA.

Colon and Rectum

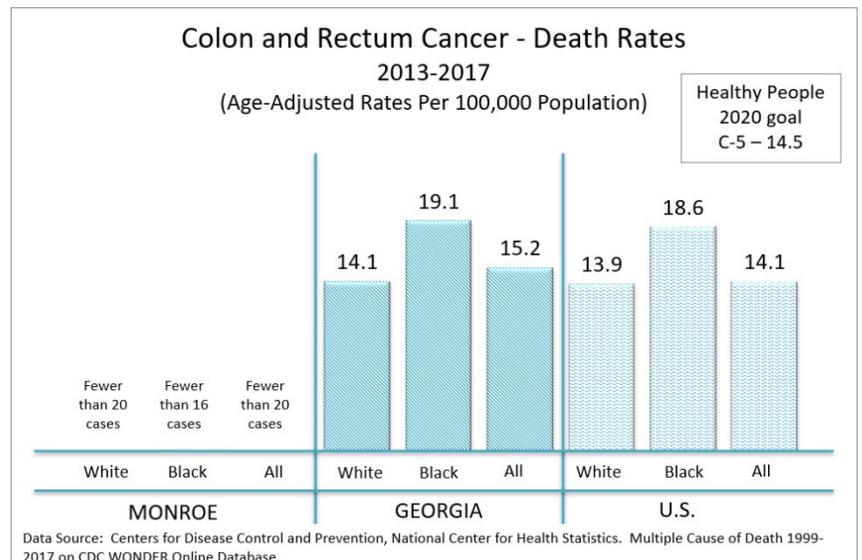
Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of male cancer deaths and seven percent of female cancer deaths were from colorectal cancer in 2018.²⁴ Death rates have declined over the past twenty years, due to improvements in early detection and treatment.²⁵ Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 40 percent higher mortality rate than Whites.²⁶



Monroe County's colon and rectum cancer incidence rate (37.3 per 100,000 population) was lower Georgia and the U.S.

The colon and rectum cancer incidence rate has decreased since the 2016 CHNA (39.4 per 100,000 population).

The death rate in Monroe County from colon and rectum cancer was lower than Georgia and the U.S.



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:

- » Overweight and 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 vegetables²⁷

EARLY DETECTION

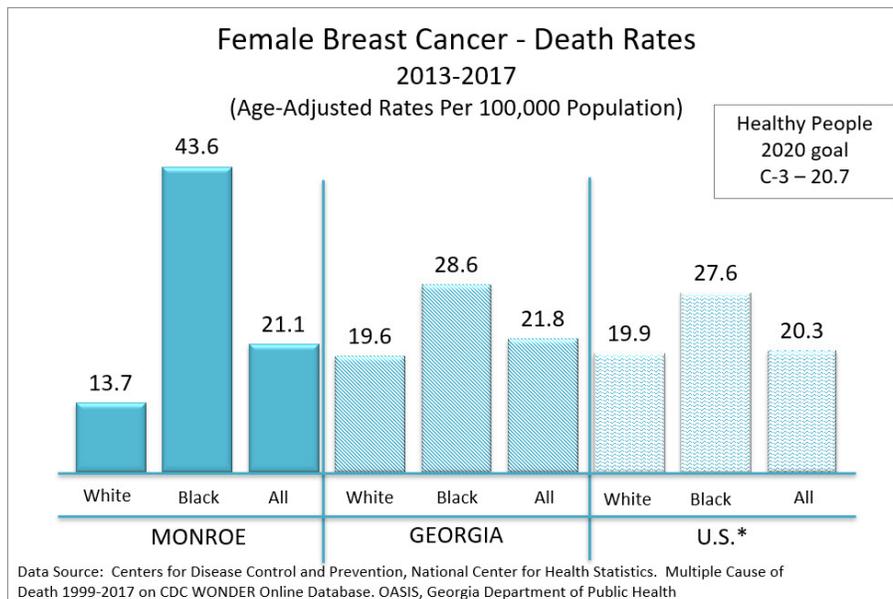
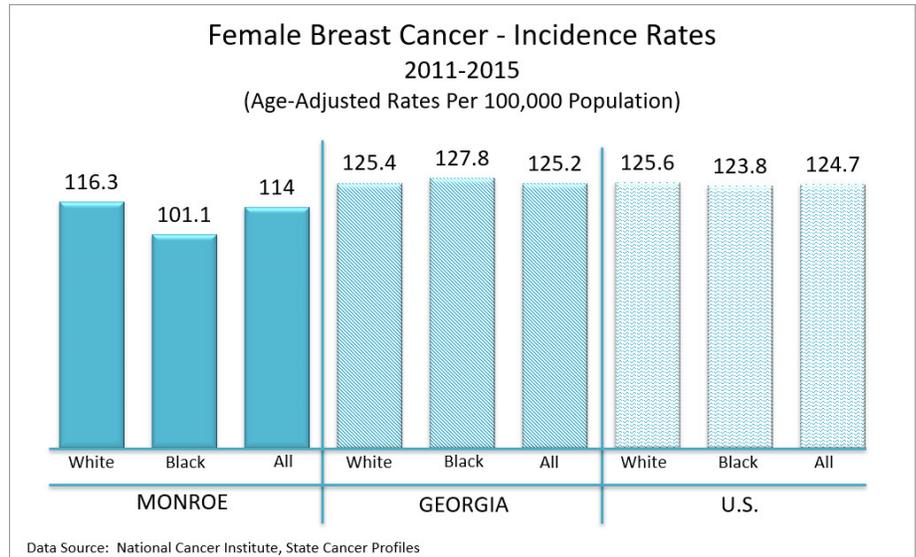
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.²⁸ The U.S. Preventive Services Task force recommends that adults 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.²⁹

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 30 percent of new cancer cases and 14 percent of cancer deaths among women.³⁰

The breast cancer incidence rate in Monroe County (114 per 100,000 population) was lower than Georgia and the U.S. rates.

There has been an increase in the incidence of breast cancer since the 2016 CHNA (101 per 100,000 population).



The female breast cancer death rate in Monroe County (21.1 per 100,000 population) was lower than Georgia and higher than the U.S.

Black females had the highest death rates in Monroe County compared to other population groups.

There has been an increase in the death rate of breast cancer since the 2016 CHNA (15.1 per 100,000 population).

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 smoking³¹

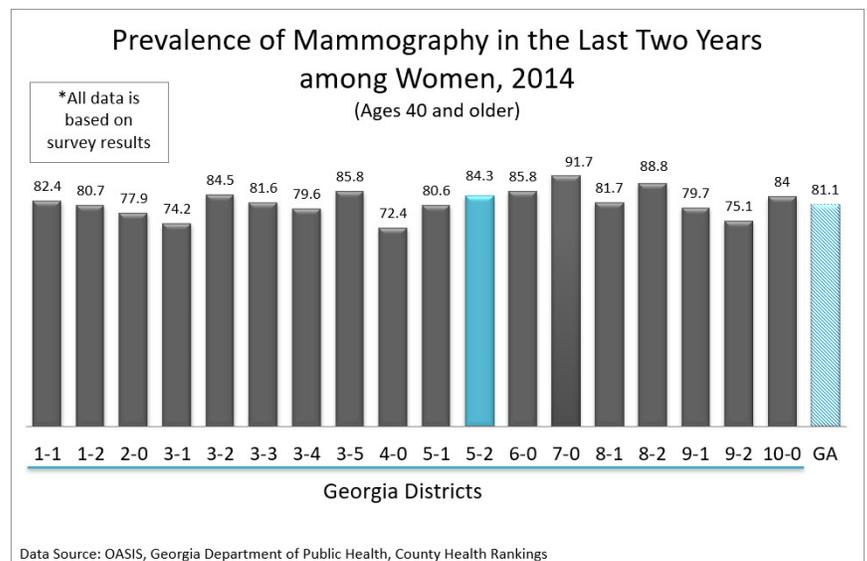
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight³²

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.³³

The percentage of women receiving a breast cancer screening (mammography) was higher in Health District 5-2 (84.3 percent) than the Georgia average (81.1 percent). The prevalence of mammography screening has remained the same since the 2016 CHNA (84.3 percent).



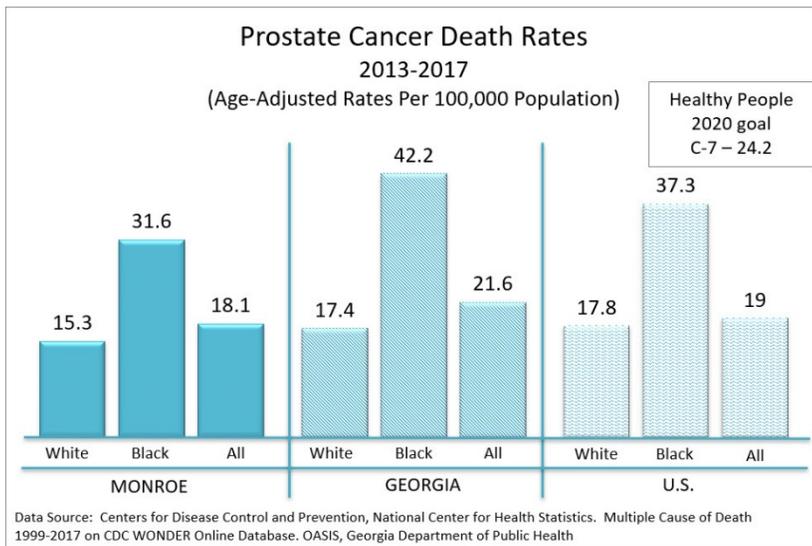
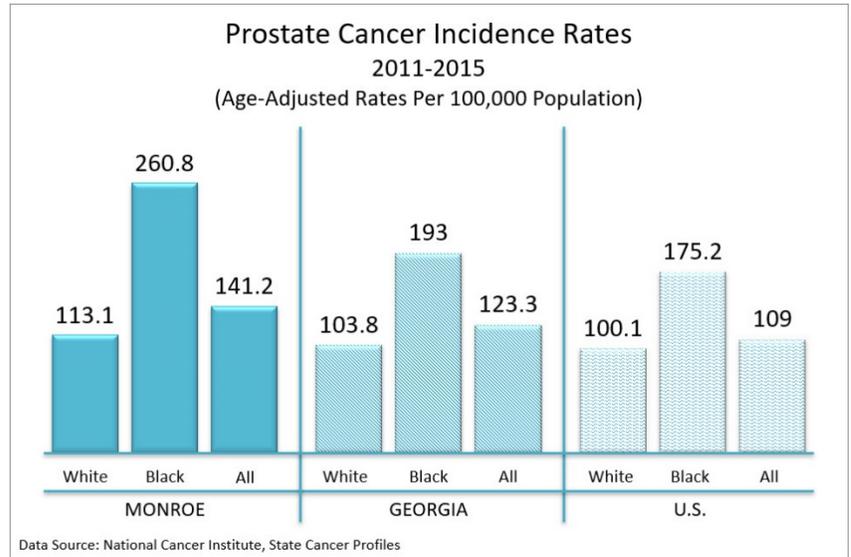
Prostate Cancer

Prostate cancer is the most frequently diagnosed cancer among men aside from skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.³⁴

Monroe County had a higher incidence rate for prostate cancer (141.2 per 100,000 population) than Georgia and the U.S.

Incidence rates were highest among Blacks.

There has been a decrease in the incidence rate of prostate cancer since the 2016 CHNA (175.6 per 100,000 population).



Monroe County had a lower prostate cancer death rate (18.1 per 100,000 population) compared to Georgia and the U.S.

There is a disparity of prostate cancer deaths among Blacks in Monroe County, Georgia and the U.S. compared to Whites.

There has been an increase in the prostate cancer death rate since the 2016 CHNA (16.5 per 100,000 population).

RISK FACTORS

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

- » Age
- » Ethnicity
- » Family history of prostate cancer³⁵

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 45.³⁶

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

Cancer

- » The lung cancer incidence rate is high in Monroe County.
- » There is a high incidence rate of COPD. Ninety percent of these diagnoses is a result of smoking.

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

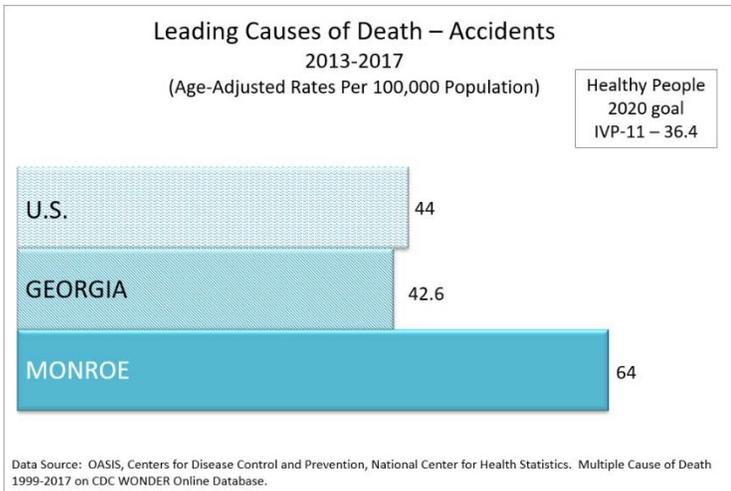
Accidental deaths may result from the following causes:

- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental
- » Suffocations
- » Falls
- » Fire
- » Drowning³⁷

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

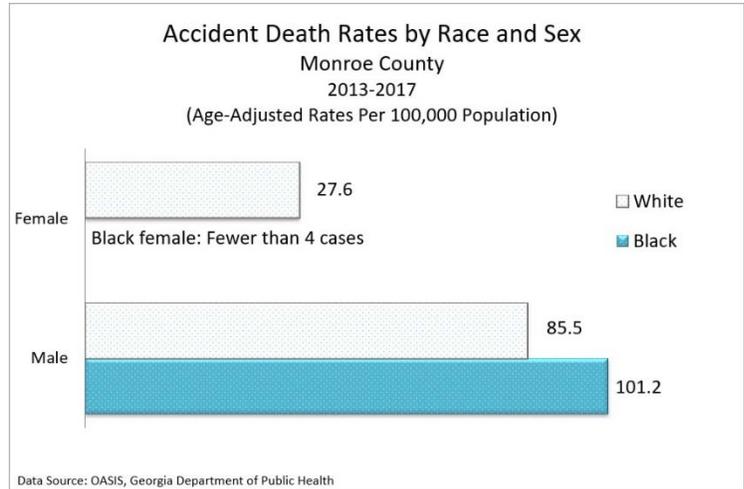


In Monroe County, the accident death rate (64 per 100,000 population) was higher than the Georgia and U.S. rates.

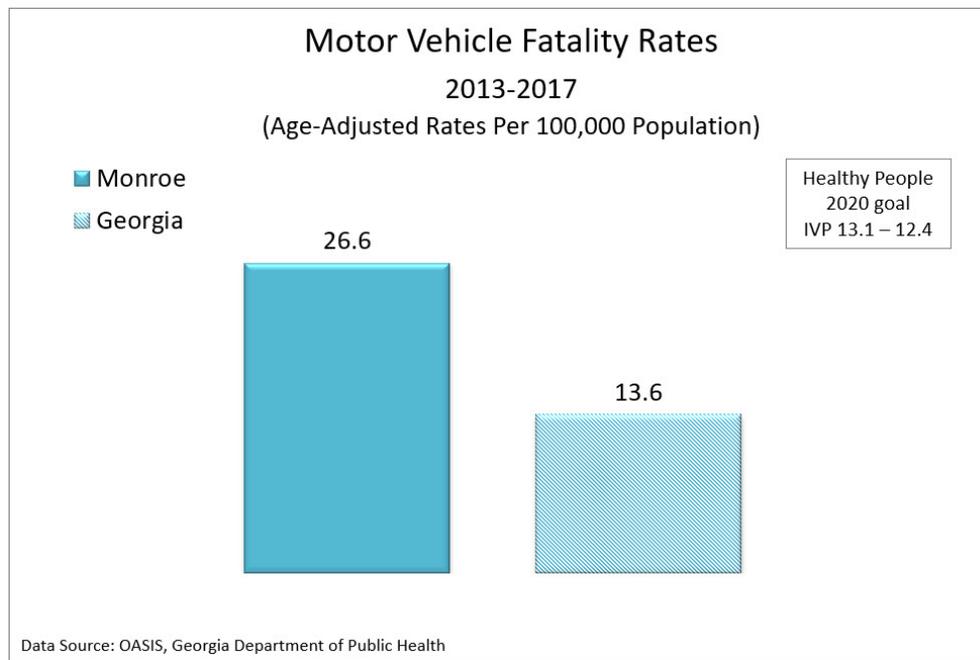
The Healthy People 2020 goal is 36.4 per 100,000 population.³⁸

The accident death rate has increased since the 2016 CHNA (56.6 per 100,000 population).

In Monroe County, males had higher death rates due to accidents compared to females. Black males had the highest death rate out of all the population groups.



In 2017, the U.S. had over 37,000 people killed in motor vehicle accidents. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2017, 1,540 people in Georgia were killed in motor vehicle crashes.³⁹ Monroe County had a higher death rate due to motor vehicle accidents compared to Georgia.

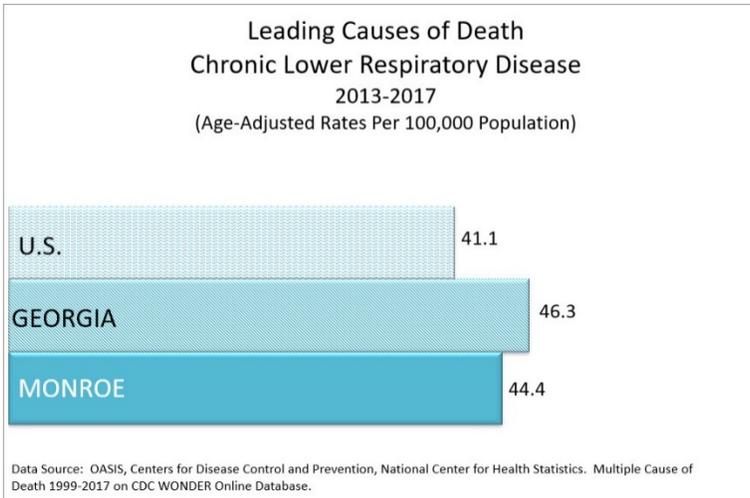


According to the Centers for Disease Control and Prevention:

- » 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.⁴⁰

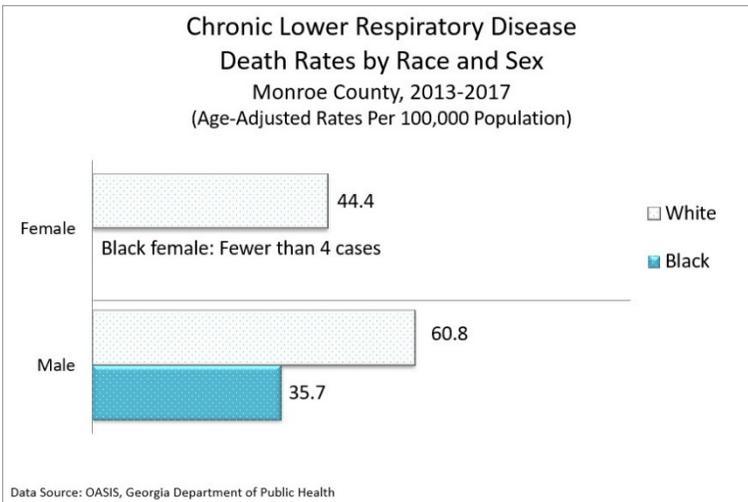
Chronic Lower Respiratory Disease

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.⁴¹



For the years 2013-2017, Monroe County’s chronic lower respiratory disease death rate (44.4 per 100,000 population) was higher than the U.S but lower than Georgia.

The chronic lower respiratory disease death rate has increased since the 2016 CHNA (31.1 per 100,000 population).



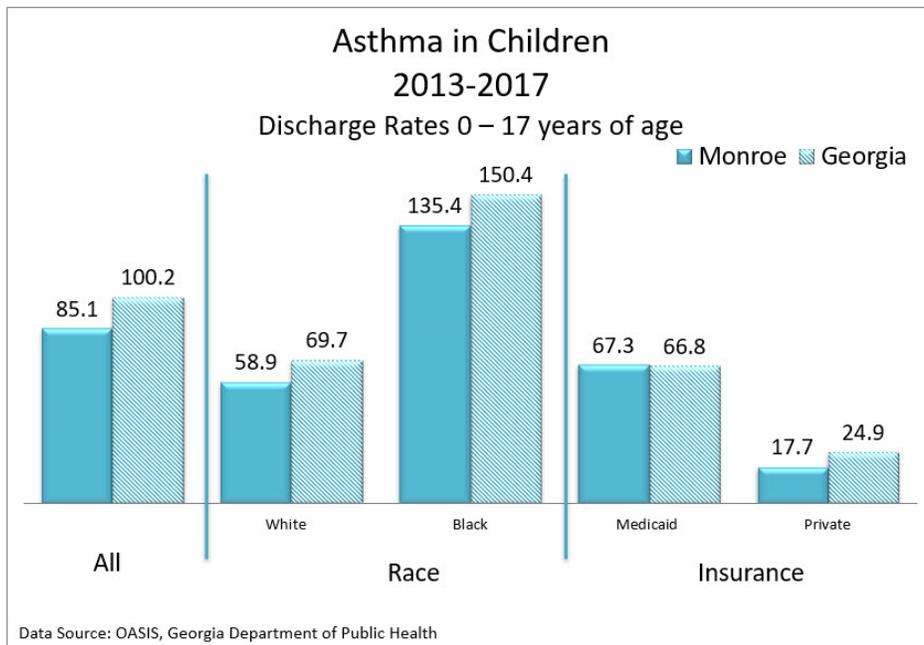
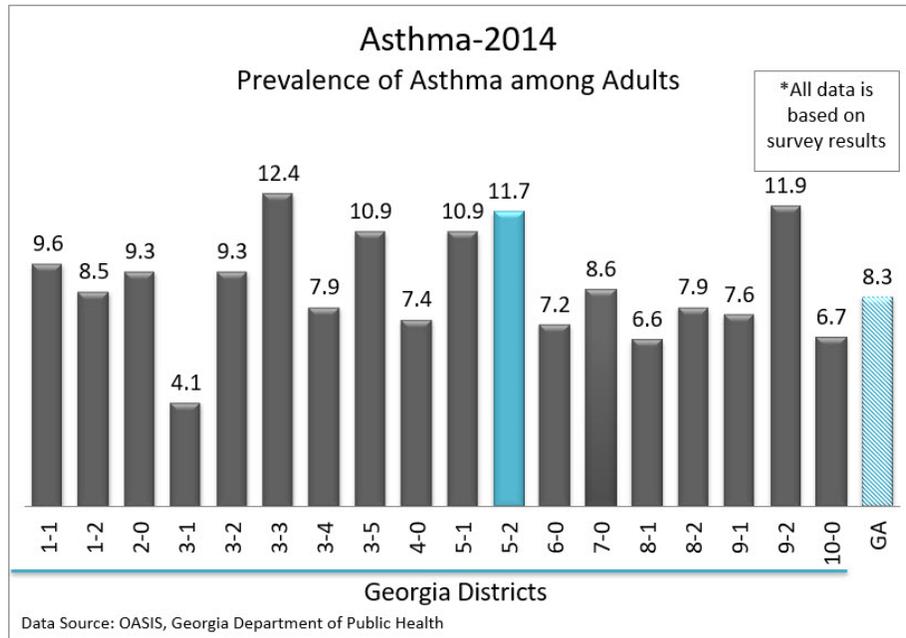
Why Are Respiratory Diseases Important?

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 was highest among White males.

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

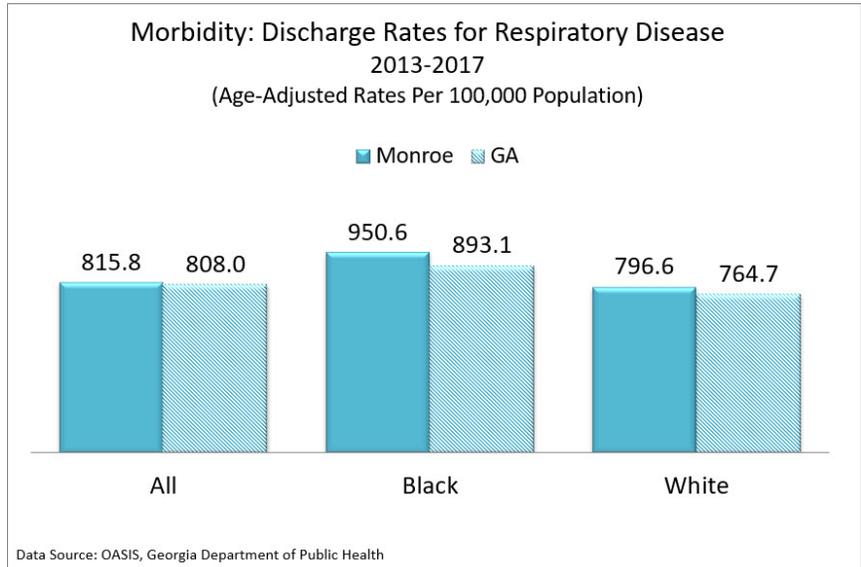


Monroe County had a lower discharge rate due to asthma among children compared to Georgia.

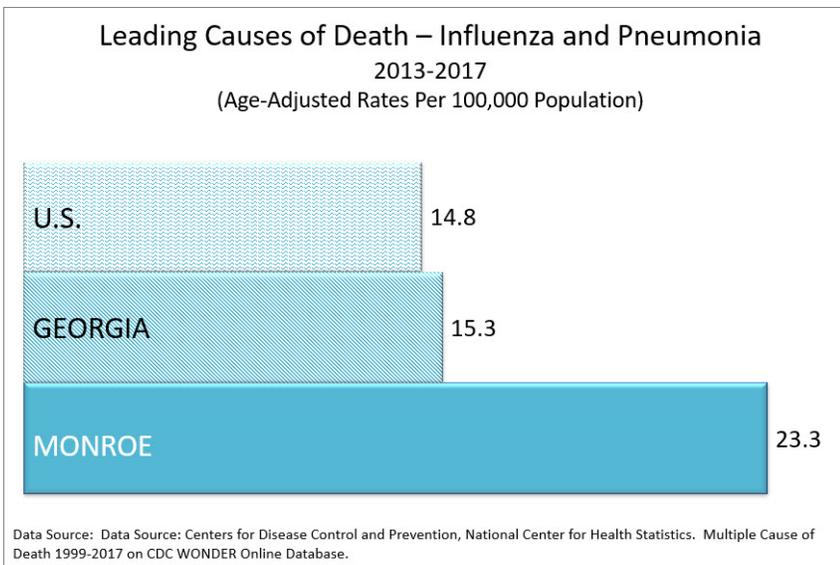
In both Monroe County and Georgia, Black children had higher discharge rates compared to White Children.

In both Monroe County and Georgia, children with Medicaid had higher discharge rates compared to children with private insurance.

The discharge rates for respiratory related diseases in Monroe County were higher compared to Georgia. The Black population in Monroe County had higher discharge rates compared to the White population.



Influenza (flu) is a contagious respiratory disease caused by a virus and can cause mild to severe illness. The best way to prevent flu is by vaccination. Pneumonia is an infection of the lungs and is the leading cause of death in children younger than 5 years of age worldwide. Pneumonia can often be prevented with vaccines and usually treated with antibiotics or antiviral drugs. You are more likely to become ill with pneumonia if you smoke or have an underlying medical condition, such as diabetes or heart disease.⁴²



The Monroe County influenza and pneumonia death rate was higher than both Georgia and the U.S.

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

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

In 2015 more than 250,000 deaths occurred listing diabetes as an underlying or contributing cause of death.⁴³ In 2015, diabetes was the country’s seventh leading cause of death. More than 30 million people (9.4 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.⁴⁴

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.⁴⁵



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.

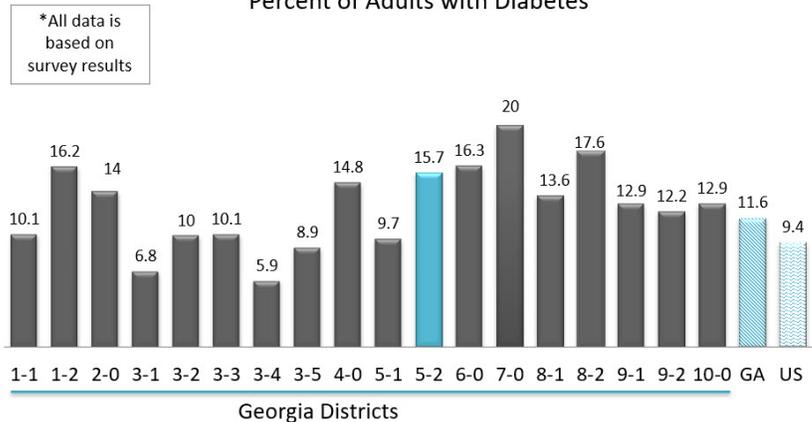
In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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 higher diabetes prevalence (15.7 percent) than Georgia or the U.S.

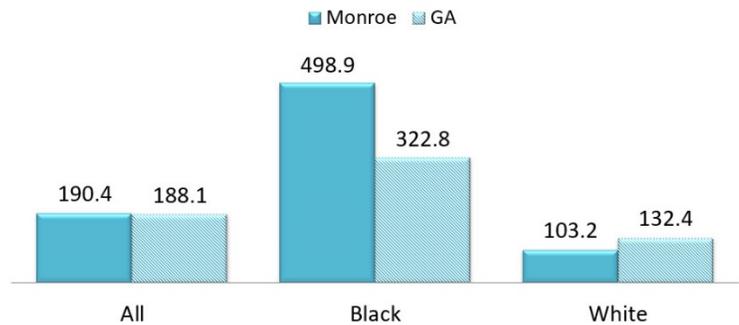
Prevalence of Diabetes, 2014 Percent of Adults with Diabetes



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

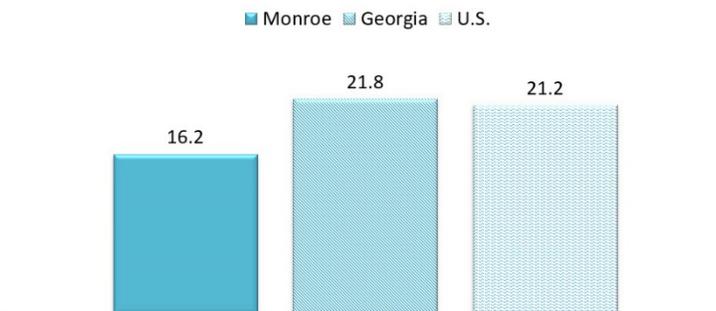
The discharge rate for diabetes was higher in Monroe County compared to Georgia. The Black population in Georgia and Monroe County had a higher diabetes discharge rate compared to other population groups.

**Morbidity: Discharge Rates for Diabetes
2013-2017**
(Age-Adjusted Rates Per 100,000 Population)



Data Source: OASIS, Georgia Department of Public Health

**Diabetes Death Rate
2013-2017**
(Age-Adjusted Rates per 100,000 Population)



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

Monroe County had a lower diabetes death rate than Georgia and the U.S.

There has been a decrease in the diabetes death rate since the 2016 CHNA (23 per 100,000 population).

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

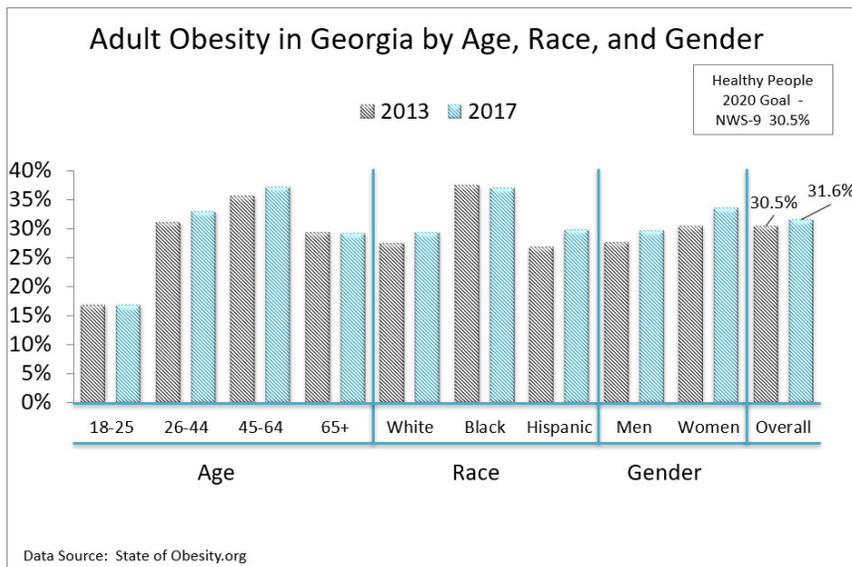
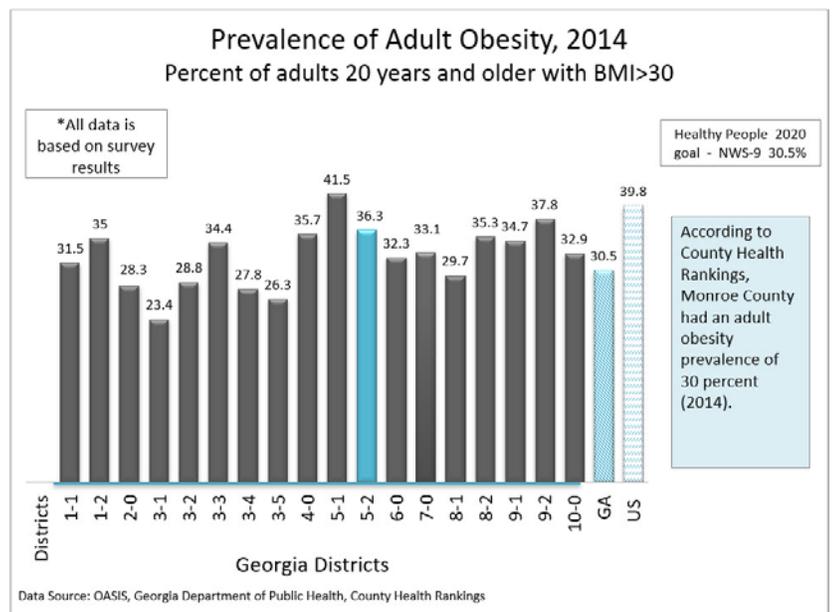
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.⁴⁶

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 30.⁴⁷

The prevalence of adult obesity in Health District 5-2 (36.3 percent) was higher than Georgia (30.5 percent), but lower than the U.S. (39.8 percent).

Monroe County had a prevalence of obesity at 30 percent.

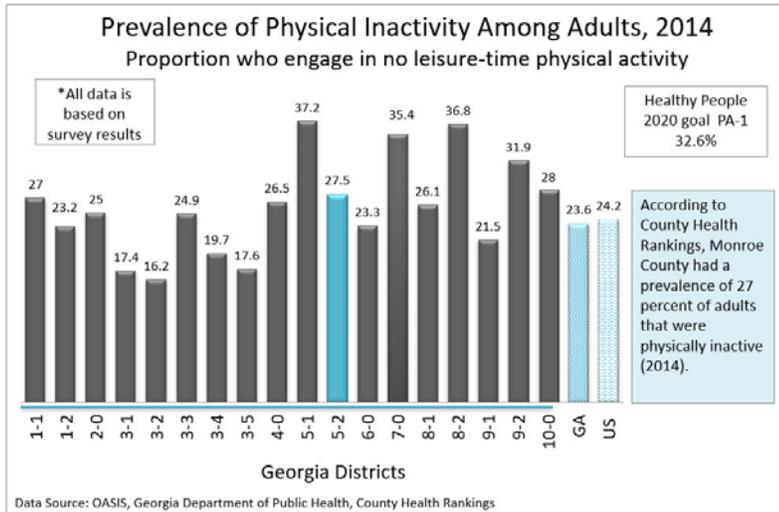
The Healthy People 2020 goal is 30.5 percent.



In 2017, adult obesity in Georgia was highest among the Black population and those who are ages 45-64. Women were more likely to be obese compared to men.

Comparing overall obesity rates from 2013 to 2017 shows a slight increase by about one percent.

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.⁴⁸



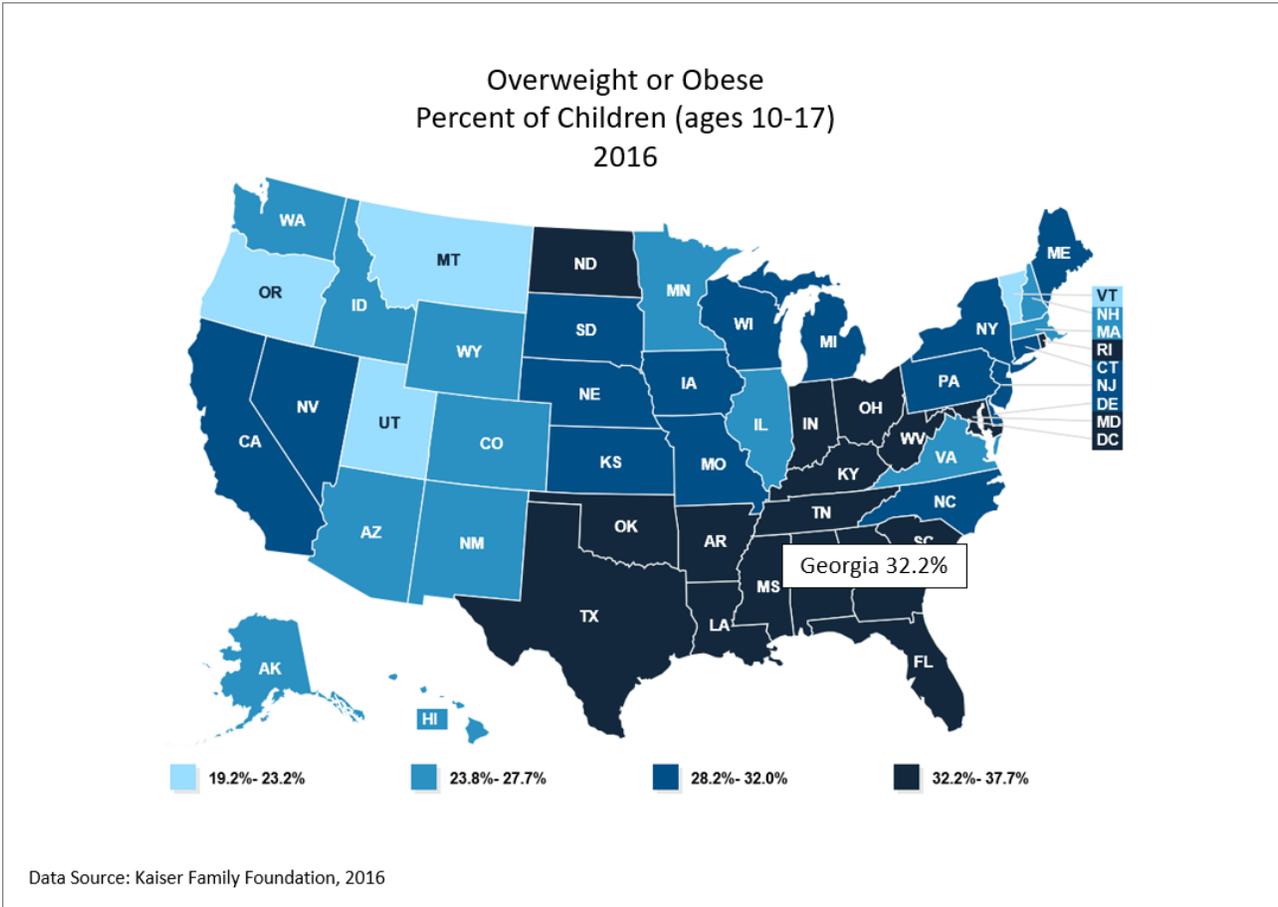
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 5-2 (27.5 percent) compared to Georgia's average (23.6 percent) and the U.S. (24.2 percent). Monroe County had a higher prevalence of physical inactivity (27 percent) than Georgia and the U.S.

Childhood Obesity

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

According to Healthy People 2020, 16.1 percent of children and adolescents aged 2-19 years are obese.⁵⁰ A report released by the Centers for Disease Control and Prevention indicated that Georgia's obesity rates among two to four-year-olds from low income families declined from 2010 to 2014 from 14.4 percent to 13.0 percent.⁵¹

According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighteenth (32.2 percent) in the nation for overweight and obese children. Nationally, 31.2 percent of children in this age range were overweight or obese.⁵²

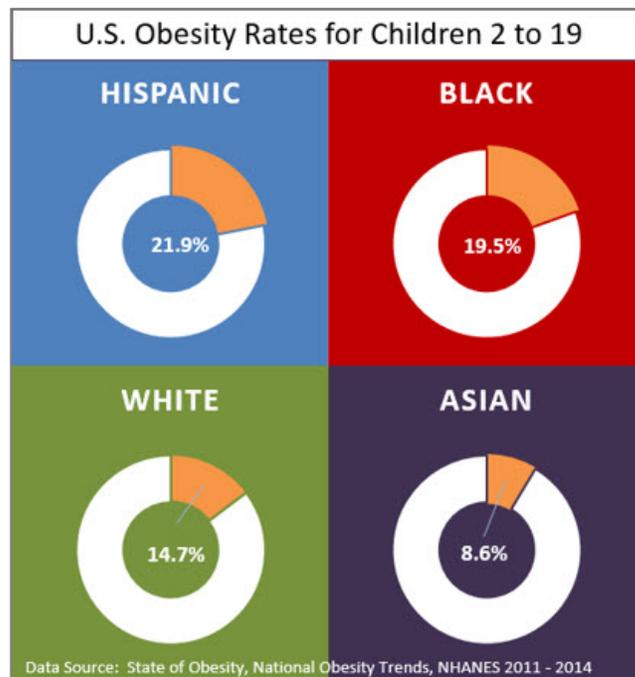


The following table highlights obesity rates in Georgia by age group and Georgia’s rank among other states.⁵³

Childhood Obesity		
	2 to 4 year olds (2014)	10 to 17 year olds (2016)
U.S.	14.5%	31.2%
Georgia	13.2%	34%
Rank Among States	34th	8th

Data Source: State of Obesity.org

Racial and ethnic disparities are very significant across the obese U.S population of children and adolescents. In 2011-2014, the following obesity disparities in children and adolescents were noted.



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.⁵⁴

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.⁵⁵

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

Obesity and Diabetes

- » Access to care that covers diabetes and hypertension care for patients can be costly for patients.
- » Obesity and lifestyle education interventions need to occur at a younger age.
- » There is a lack of affordable and healthy food in the community.
- » There is a lack of education about nutrition.
- » There is a lack of support groups to provide healthy lifestyle education and support to prevent obesity.
- » Obesity and lifestyle are something that should be focused on in Monroe County because it impacts so many other things.
- » The middle age population (30s and early 40s) have stopped exercising.
- » The city council has started to focus on healthy lifestyle to prevent obesity and unhealthy lifestyle.
- » Type two diabetes, hypertension, and obesity are contributing factors to the heart disease and stroke deaths.
- » The price of insulin and testing strips has really increased.
- » It is important, regardless of age to incorporate exercise.
- » The problem with all the recreational activities implemented are that they are all located in Forsyth and not in other surrounding communities.
- » The park in Culloden needs to be enhanced so that it is utilized to its full potential.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

Obesity and Diabetes

- » There are a lot of people walking around with high blood sugar levels in the 300s or 400s and do not make that connection of why they do not feel good every day.
- » It is more acceptable if someone from your own age group mentors you on physical activity rather than someone younger.
- » Diabetes has really increased. A lot of people are being diagnosed early.
- » The rise in obesity is partially due to the availability of fast food.
- » People drink soda like it is water.
- » EMS needs an i-Stat machine in the ambulance so blood sugar issues can be treated prior to hospital intervention.
- » The health department has a hypertension and diabetes clinic that provides drugs at a lower cost.
- » Diabetes patients believe a bottle of pills will cure them and they do not need to change their diet or lifestyle.
- » There used to be diabetes education classes at the hospital, but there was not a lot of participation.

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.⁵⁶

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
- » Fetal and infant conditions
- » Teen birth rates
- » Mother receiving adequate prenatal care
- » Low and very low birth weights
- » 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.⁵⁷

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.⁵⁸

Why Are Maternal, Infant and Child Health Important?

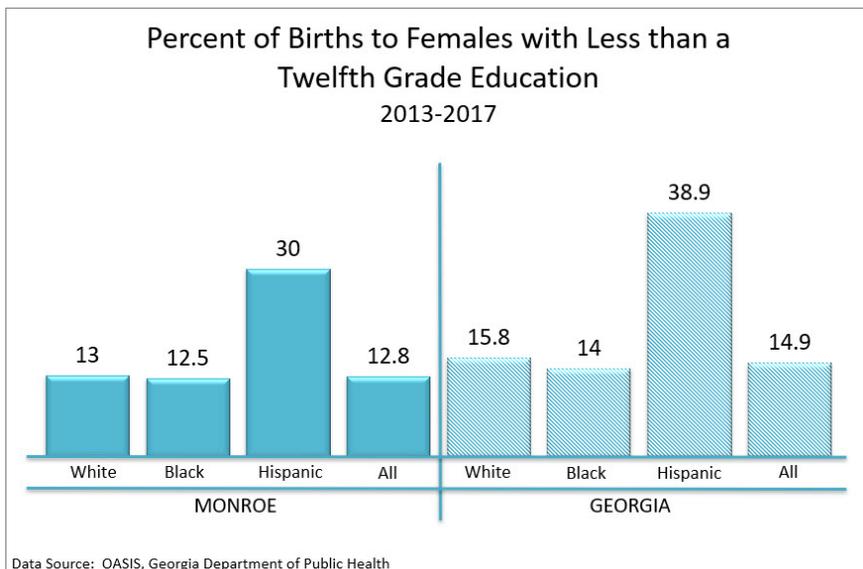
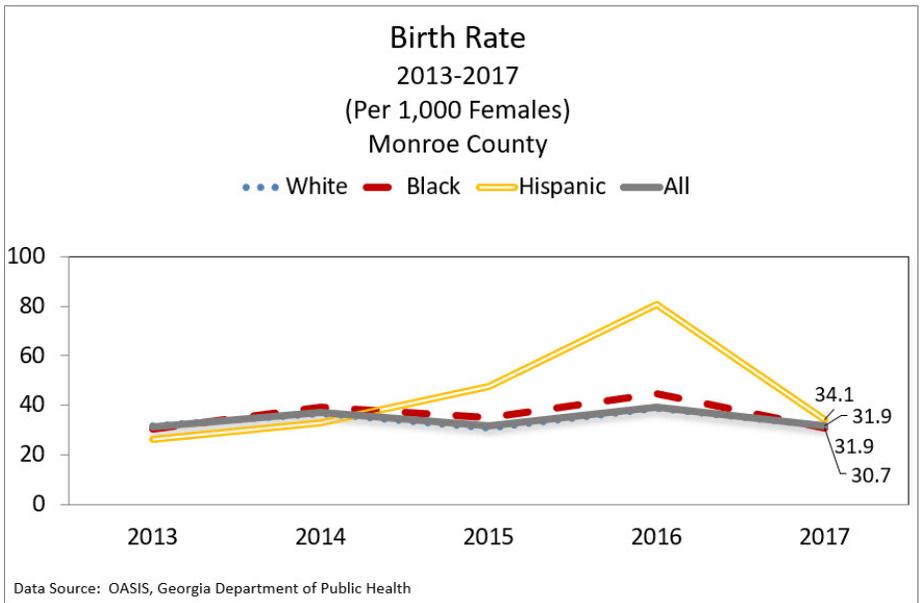
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

- » *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 2013-2017, Monroe County had higher birth rates among the Hispanic population compared to other populations.



The percent of births to females with less than a twelfth-grade education was lower among Monroe County residents (12.8 percent) compared to Georgia residents (14.9 percent). The highest percentage was among the Hispanic population group in Monroe County and Georgia.

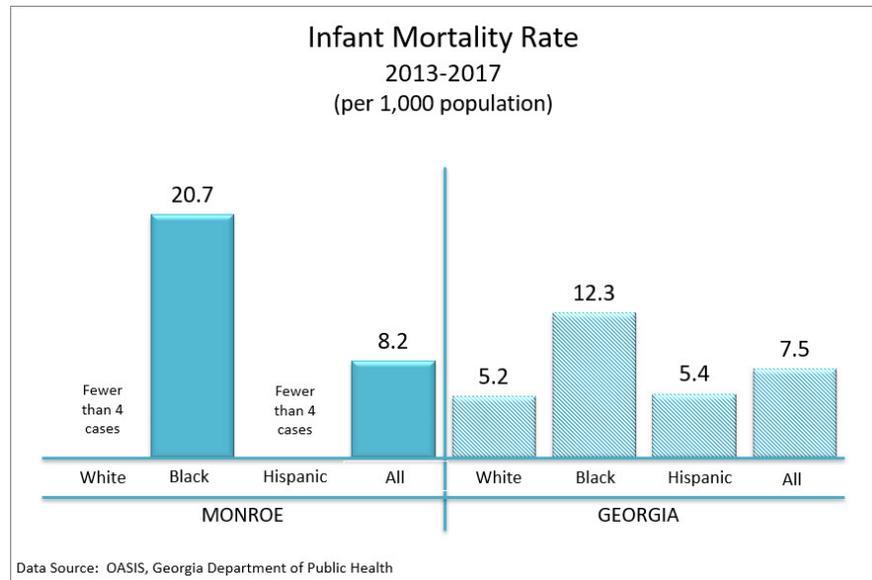
Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. In 2017, approximately 22,000 infants died in the U.S.⁵⁹ 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.⁶⁰ 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.⁶¹

The infant mortality rate in Monroe County was higher than Georgia.

The highest infant mortality rate was among the Black population in Monroe County.

The infant mortality rate has increased since the 2016 CHNA (6.5 per 1,000 population).



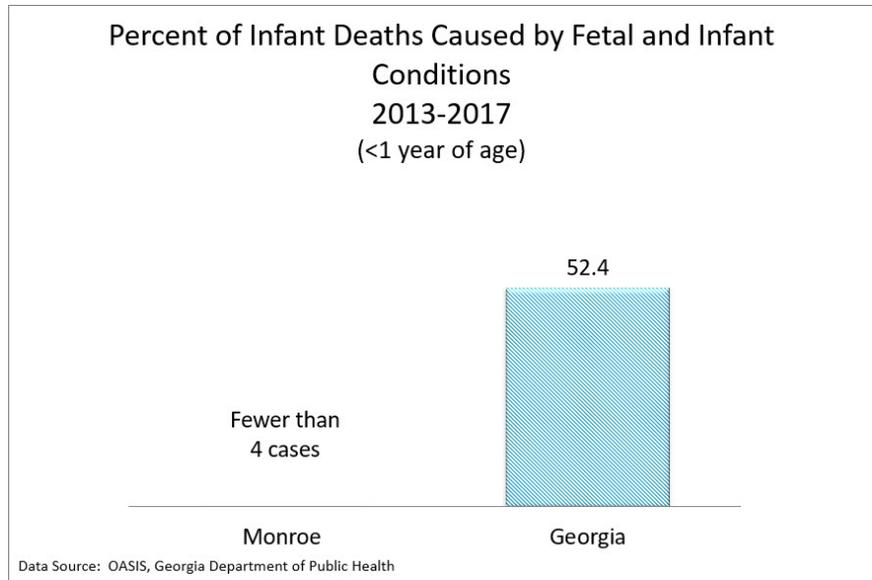
Fetal and Infant Conditions

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

- » Prematurity is a disorder 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 near birth.⁶²

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

There were fewer than four cases of death caused by fetal and infant conditions in Monroe County reported during the period 2013-2017.

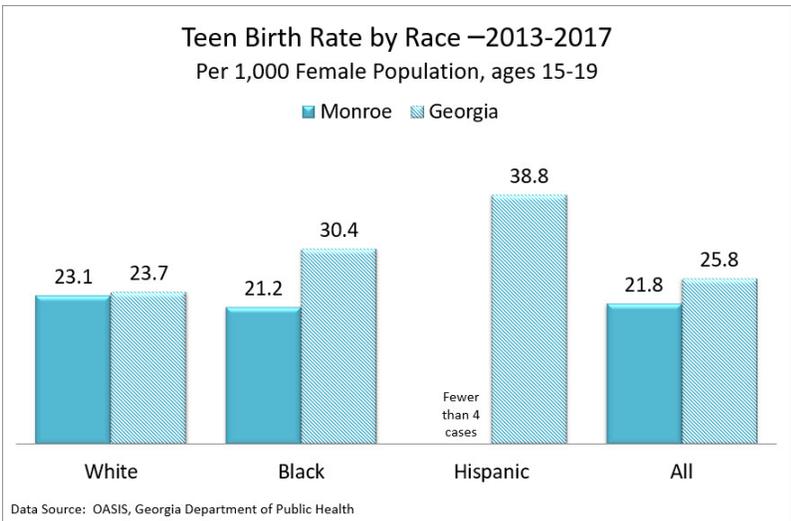
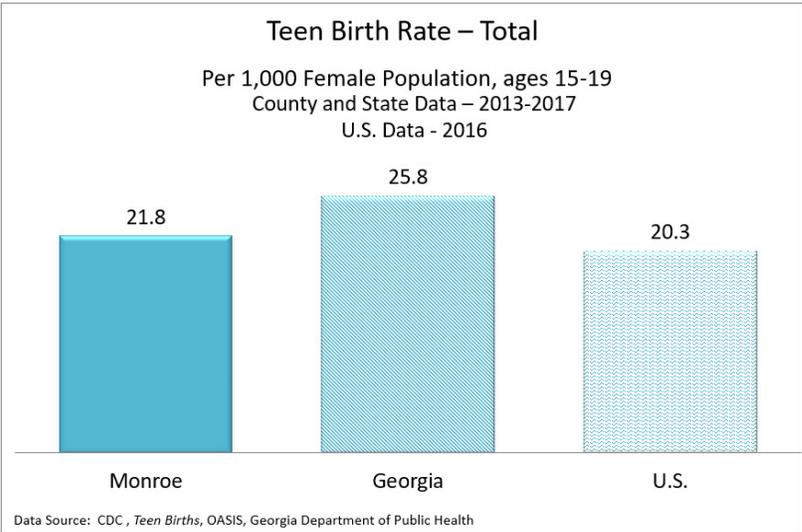


Teen Birth Rate

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.⁶³

The Monroe County teen birth rate (21.8 per 1,000 female population) was lower than Georgia but higher than the U.S.

There was a decrease in the teen birth rate since the 2016 CHNA (30.8 per 100,000 population).

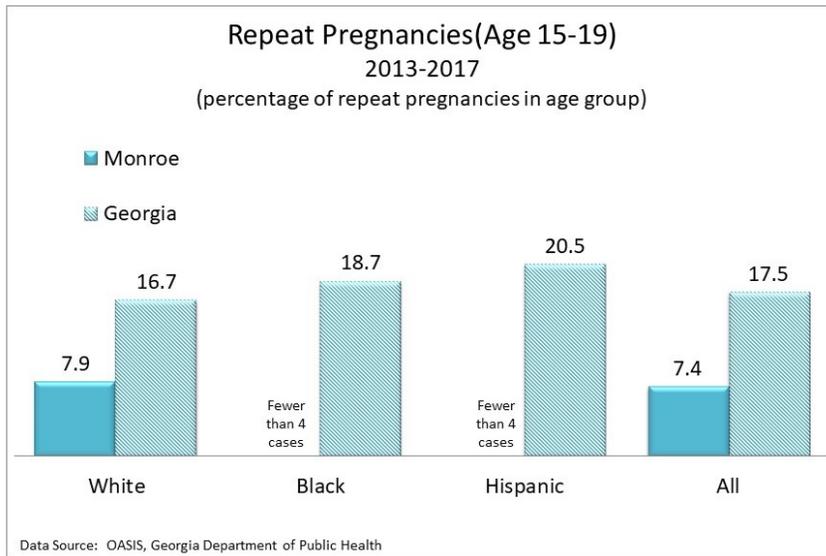


The Monroe County White teen birth rate was higher than all other population groups.

Teen Pregnancy in Georgia

In 2016, Georgia ranked 19th highest in the U.S. for teen births. In 2011, Georgia ranked 8th. 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 2015 and 2016 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 (7.4 percent) compared to Georgia (17.5 percent). The Hispanic population group had the highest percent of repeat pregnancies compared to other population groups.

Birth Weight

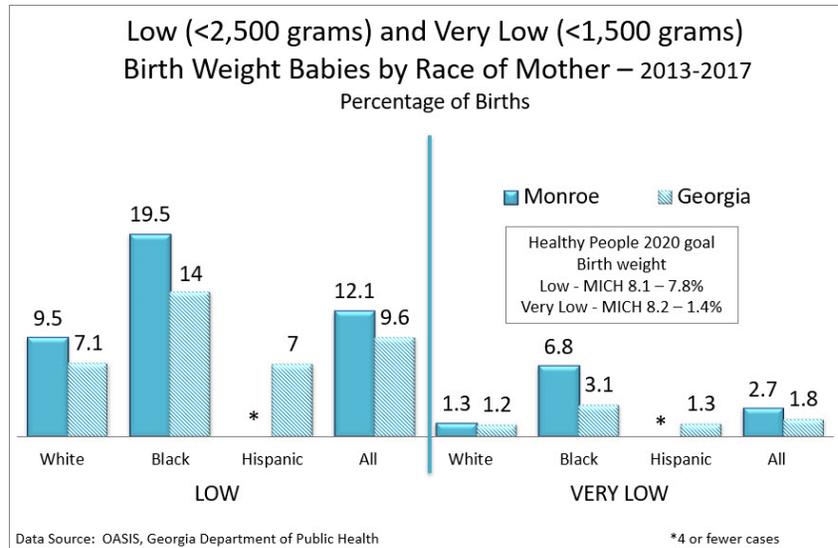
Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.⁶⁴

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.⁶⁵ In 2017, the national prevalence of low birth weight babies was 8.2 percent, and for very low birth weight babies was 1.4 percent.⁶⁶

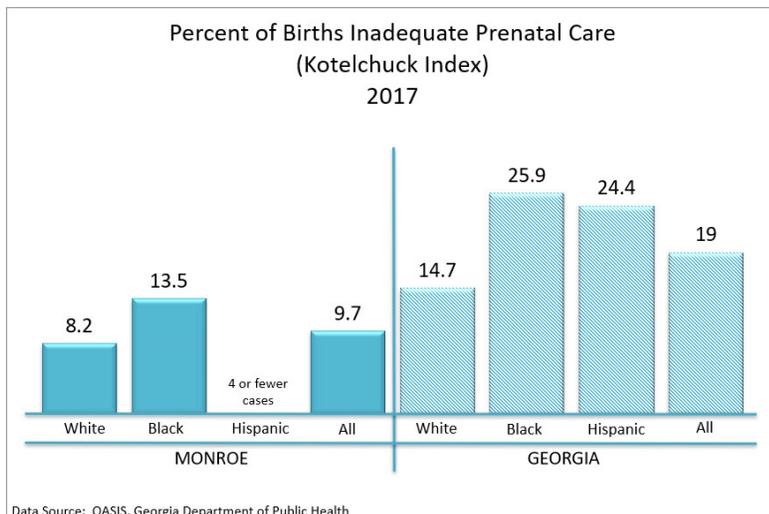
Monroe County had higher rates of low and very low birth weight babies compared to Georgia.

In Monroe County and Georgia, the highest percentages were among the Black population for low and very low birth weight babies.

The percent of low births and very low births have increased since the 2016 CHNA (10.6 percent and 1.6 percent, respectively).



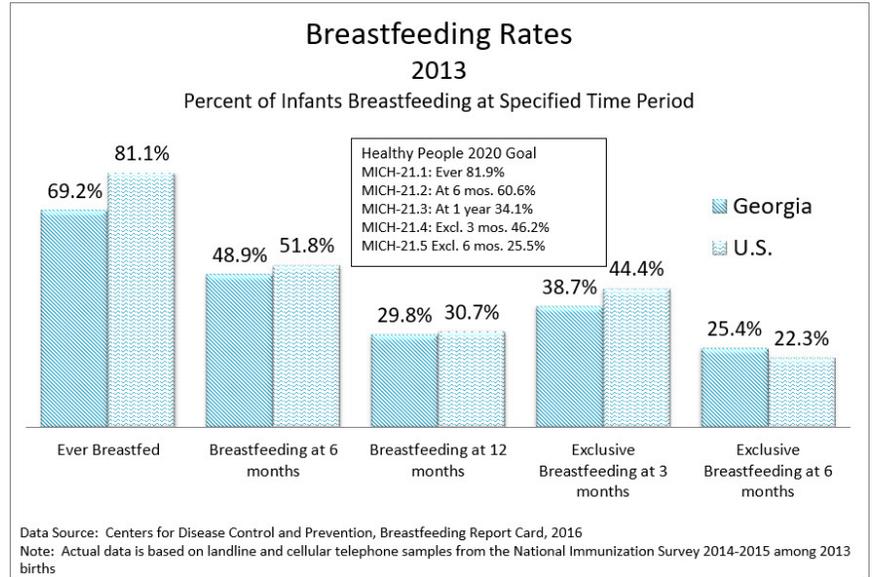
Mother Receiving Adequate Prenatal Care



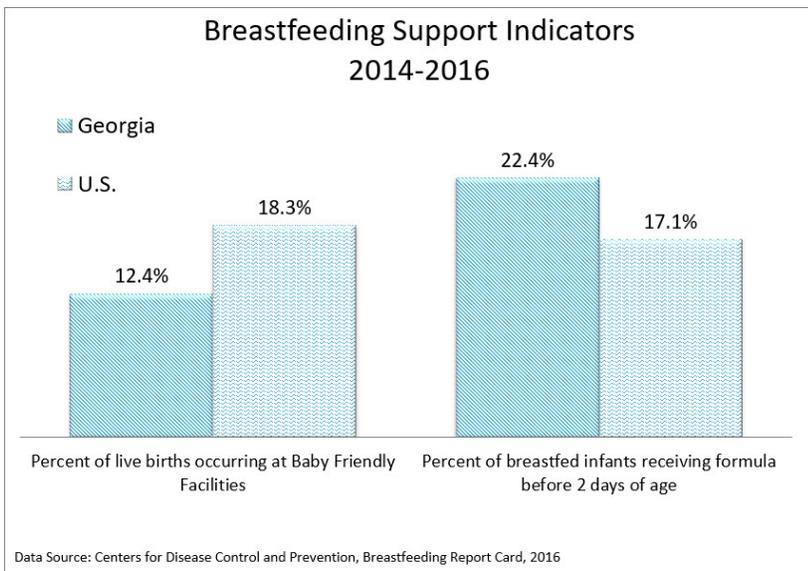
The percent of births with late or no prenatal care was lower in Monroe County compared to Georgia. Black births had the highest percent of births with inadequate prenatal care in Monroe County.

Breastfeeding

Georgia had lower rates of breastfeeding in all time frames compared to the U.S., except exclusive breastfeeding at 6 months.



The Maternity Practices in Infant nutrition and Care(mPINC)score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding. Breastfeeding-friendly communities are measured using indicators that assess support from various settings using measures such as percent of live births occurring at Baby Friendly facilities, percent of breastfed infants receiving formula before 2 days of age, number of lactation consultants per 1,000 births and the mPINC score.⁶⁷



Georgia had a lower percent of births occurring at Baby Friendly facilities compared to the U.S.

Georgia had a higher percent of breastfed infants receiving formula before 2 days of age compared to the U.S.

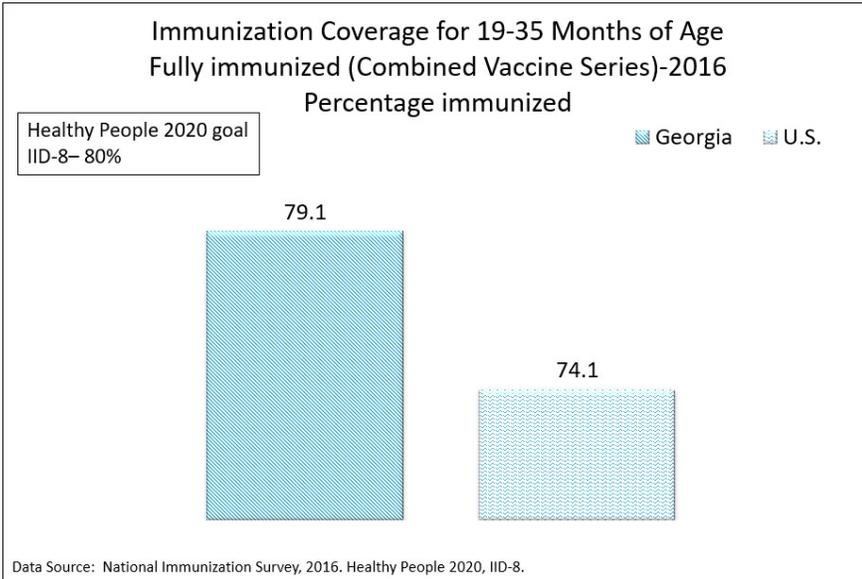
Georgia had a lower mPINC score compare to the U.S. Georgia had more Certified Lactation Counselors (CLCs), but less Board-Certified Lactation Counselors (IBCLs) than the U.S.

Breastfeeding Support Indicators	Georgia	U.S.
Average mPINC Score (out of 100)	75	79
Number of CLCs per 1,000 live births	6.0	4.6
Number of IBCLs per 1,000 live births	2.8	3.8

Note: The mPINC score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding. The score ranges from 0 to 100. CLC is a Certified Lactation Counselor; IBCL is a International Board Certified Lactation Counselor

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.⁶⁸



The immunization coverage percent for children 19-35 months old was higher in Georgia (79.1 percent) than the U.S. (74.1 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.

2019 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						
DTaP			DTaP	DTaP	DTaP		DTaP				DTaP
Hib			Hib	Hib	Hib		Hib				
PCV13			PCV13	PCV13	PCV13		PCV13				
IPV			IPV	IPV		IPV					IPV
Influenza (Yearly)*											
MMR						MMR					MMR
Varicella						Varicella					Varicella
HepA ⁵							HepA ⁵				

NOTE: If your child misses 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:
⁴ Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
⁵ 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 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.
 If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

Shaded boxes indicate the vaccine can be given during shown age range.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

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

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

AAPF
AMERICAN ACADEMY OF FAMILY PHYSICIANS

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

Data Source: <https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

Teen Birth Rate

- » Teen pregnancy rates are highest among the 18-19-year-old population.

Prenatal Care and Postpartum Care

- » The lack of good nutrition is a risk factor associated with low birth weight.
- » Using alcohol and drugs is a risk factor associated with low birth weight
- » Black women are more likely to have high blood pressure and diabetes which contributes to premature labor.
- » There is no OB care that is local. Women have to go to Griffin or Macon.
- » Bibb and Houston counties have prenatal clinics for individuals who may not qualify for Medicaid due to undocumented status.
- » A birth center opened recently in Monroe County.

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
- » Suicide⁶⁹

Although much progress has been made to reduce cigarette smoking in the United States, in 2015, 15.5 percent of adults and 3.4 percent of adolescents smoked cigarettes in the past month.⁷⁰

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.⁷¹

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. Georgia data was unavailable from 2015 to 2017; however, Georgia Student Health Survey data provided some insight on substance abuse behavior trends.

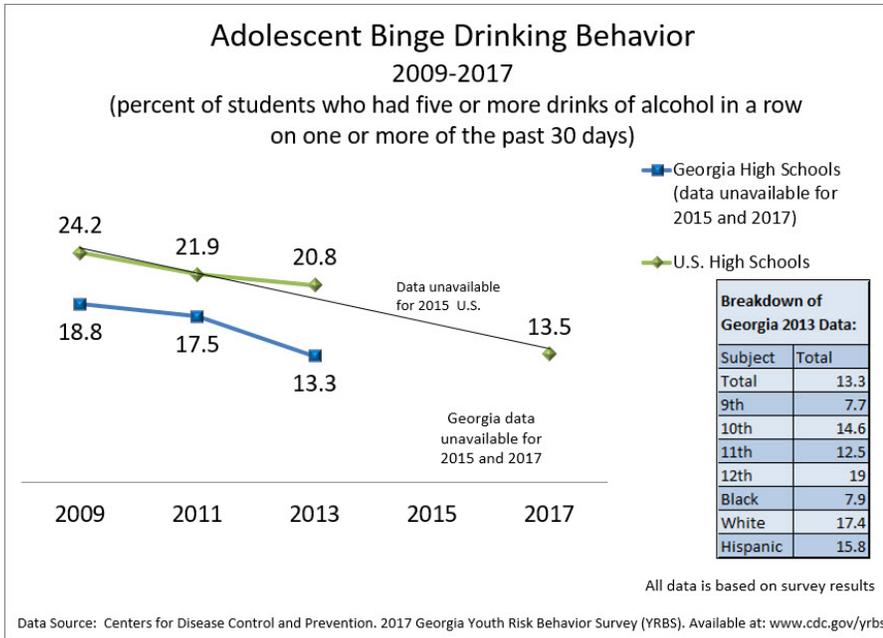
Why Is Adolescent Health Important?

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

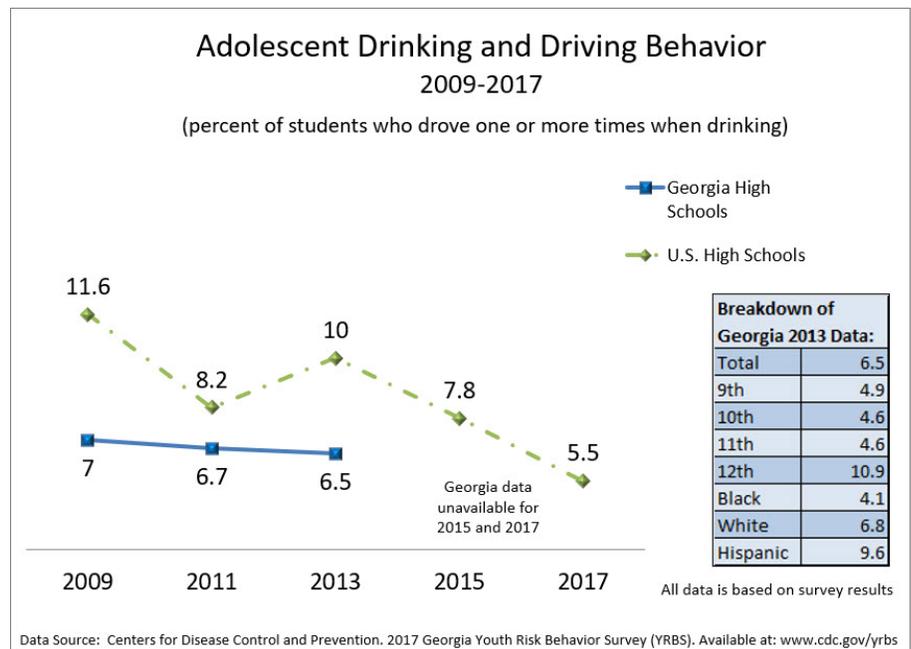


Between 2009 and 2013 adolescent binge drinking in Georgia was below the U.S. rates.

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.

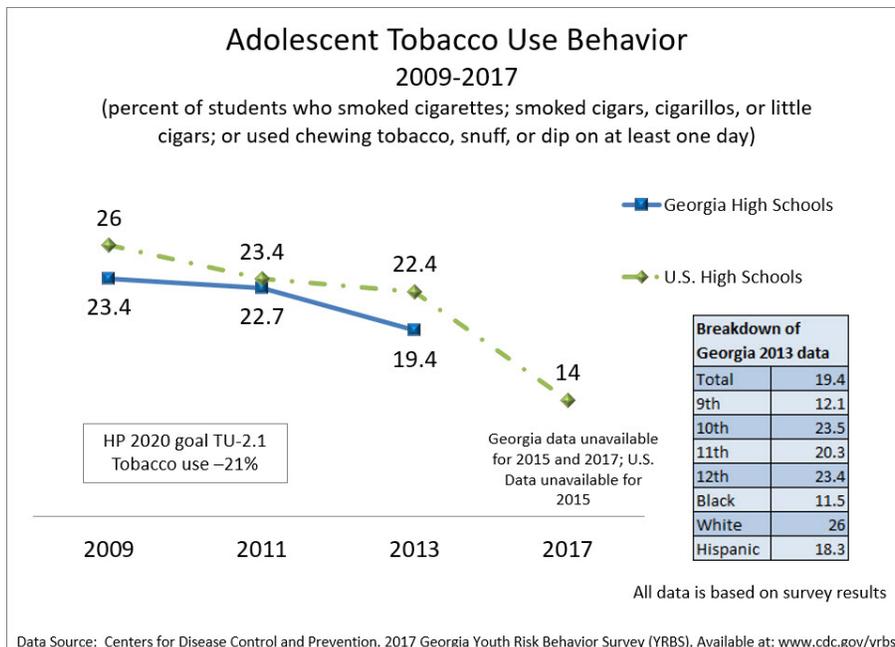
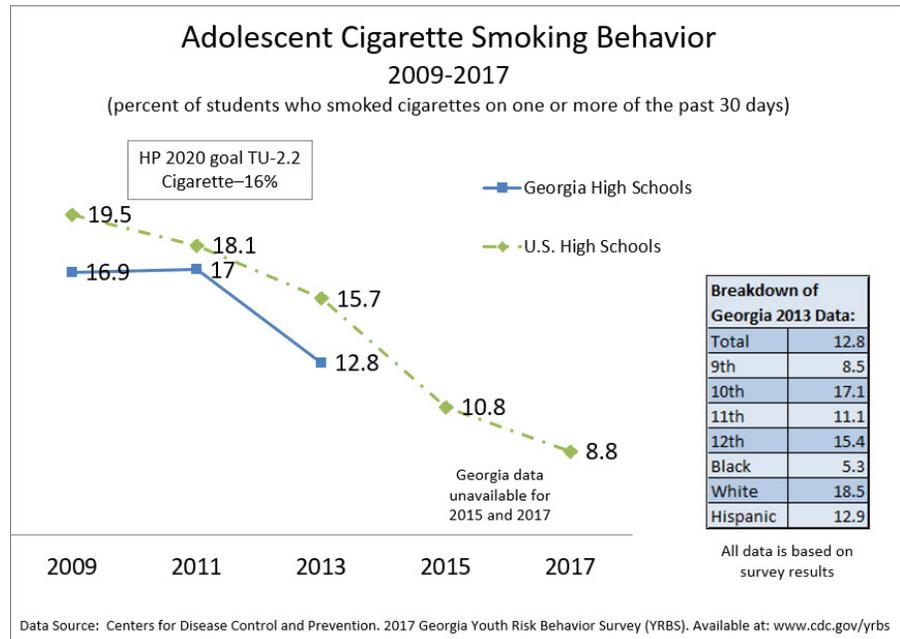
Drinking and driving behavior in Georgia was lower than the U.S. Hispanic youth were more likely than other groups to engage in this behavior.



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 compared to other population groups. There was an increase in prevalence from eleventh grade (11.1 percent) to twelfth grade (15.4 percent).

The U.S. cigarette smoking rates have continued to decrease in 2015 and 2017.

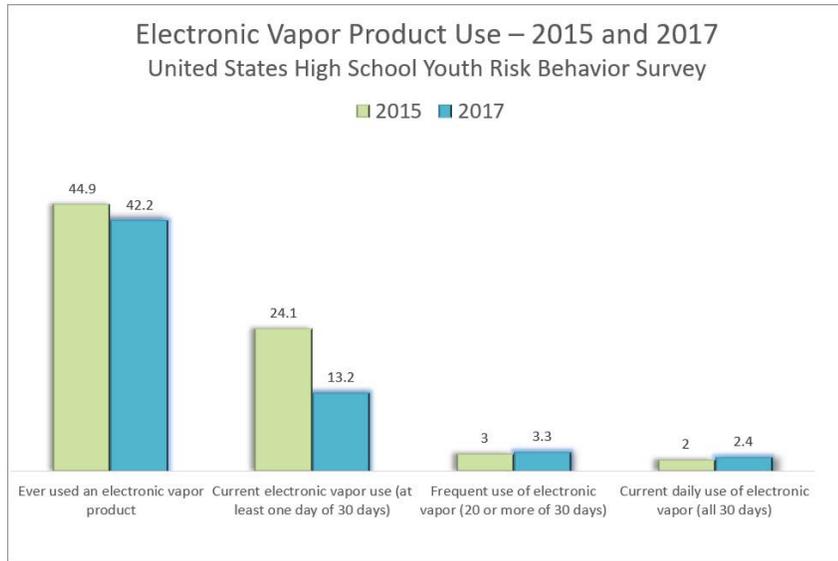


Overall, from 2009-2013, the prevalence of tobacco use in Georgia was lower than the U.S. rates. Tobacco use prevalence was greater among Whites compare to other population groups.

The tobacco use rates in the U.S. have decreased drastically from 2013 to 2017.

Electronic Cigarettes (e-cigarettes)

Electronic cigarettes (e-cigarettes) or electronic vapor products are devices that provide nicotine and other additives to the user in the form of an aerosol. They entered the market in 2007 and by 2014 they were the most commonly used tobacco product among U.S. youths.⁷²



From 2015 to 2017, usage rates have decreased for those who have ever reported use of an electronic vapor product. Usage rates have also decreased for those who are current users at least one of the last 30 days.

Usage rates have increased for frequent users (more than 20 of the last 30 days) and those that use electronic vapor daily (all 30 days).

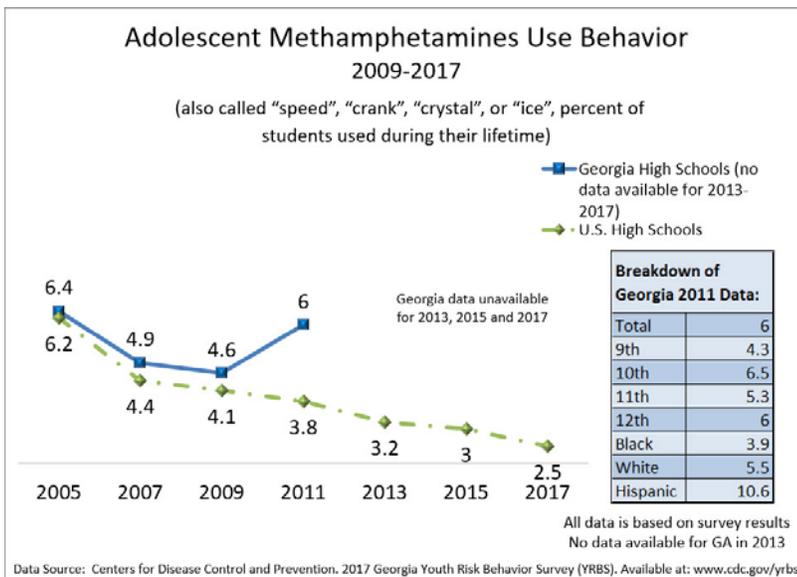
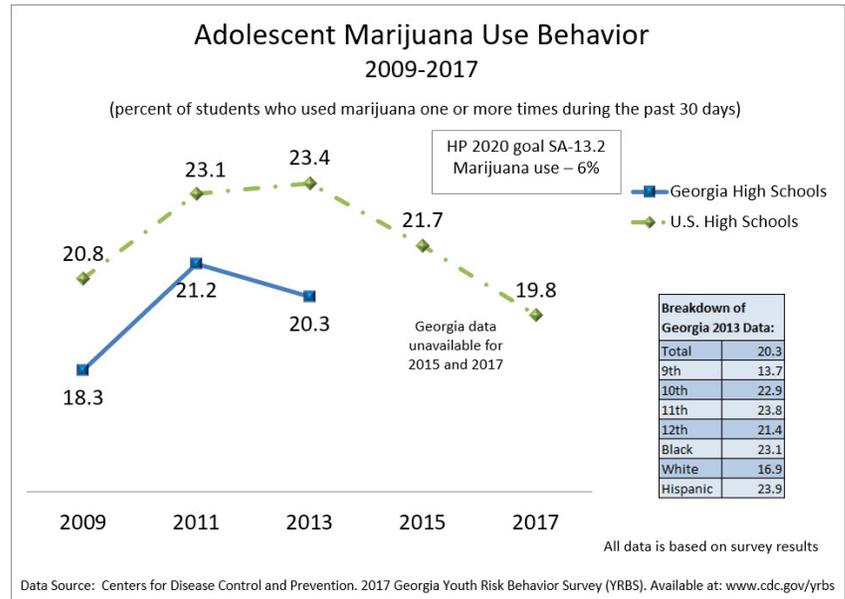
Illicit Drug Usage

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 15.⁷³

Marijuana use was higher among U.S. high schools compared to Georgia high schools.

The U.S. rate has continued to decrease from 2013 to 2017.

The Healthy People 2020 goal is to reduce marijuana use to six percent.⁷⁴



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.

Comparison: Monroe County and Georgia

The following table provides a comparison of different substance abuse behaviors among adolescents in Monroe County compared to the State. It also shows the trend data (up or down arrow) from the previous CHNA.

At a Glance Comparison 2017-2018: Drug and Substance Abuse Behaviors Among Adolescents in Monroe County and Georgia		
	Monroe County High Schools	Georgia High Schools
Binge Drinking	9.1% ↓	6.4% ↓
Drinking and Driving	3.1% ↓	3.0% ↑
Tobacco Use	11.2% ↓	5.5% ↓
Cigarette Use	9.3% ↓	4.7% ↓
Marijuana Use	6.6% ↓	9.3% ↓
Electronic Vape	12.8% *	10.6% *
Meth Use	0.1% ↓	2.4% ↑
Prescription	3.3% ↓	4.0% ↓

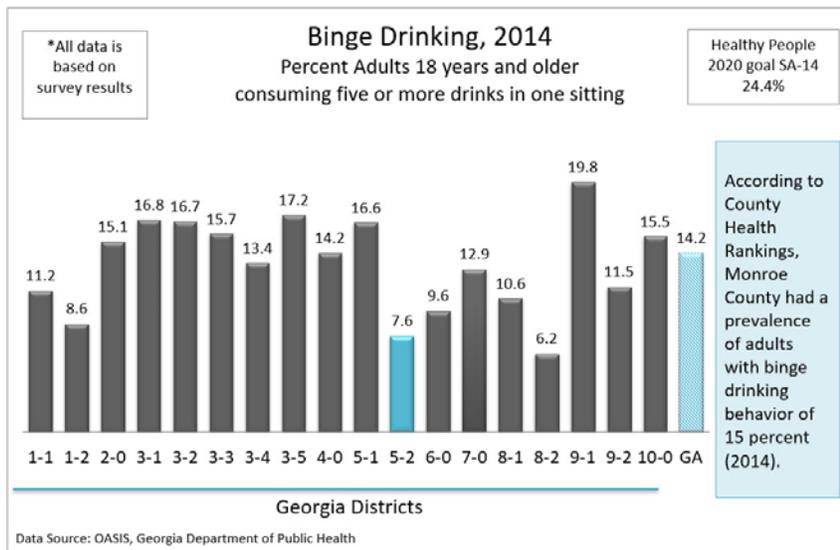
Data Source: Georgia Department of Education. Georgia Student Health Survey
 * Trend data unavailable; electronic vapor not surveyed in previous CHNA

Monroe County Schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, cigarette use, and electronic vape behaviors, but a lower percentage that participated in marijuana, prescription, and meth use compared to Georgia. 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.⁷⁵

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.⁷⁶



The binge drinking prevalence in Health District 5-2 (7.6 percent) was lower than the Georgia prevalence (14.2 percent). This was well below the Healthy People goal of 24.4 percent. Monroe County had a prevalence of 15 percent.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

Adolescent Behaviors and Substance Abuse

- » Children do not have the self-discipline to achieve more in life, nor do they have the skills and knowledge set on how to save money. There are too many children who depend on their parents.
- » There is a need to balance screen time and electronics with physical activity.
- » Alcohol and drugs are cheaper and easier to access than healthcare, so a lot of individuals seek this instead of healthcare.
- » There is not an opioid problem in Monroe County yet.
- » A lot of individuals in need of mental and behavioral health interventions self-medicate with illegal drugs.

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.⁷⁷ 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.⁷⁸

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections are encouraged for sexually active young adults.⁷⁹

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.⁸⁰

Top 10 States Ranked by Rate (per 100,000) of Reported STD Cases: U.S. 2017

Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Nevada (20.0)	Alaska (799.8)	Mississippi (309.8)
2	California (17.1)	Louisiana (742.4)	Alaska (295.1)
3	Louisiana (14.5)	Mississippi (707.6)	Louisiana (256.7)
4	Georgia (14.4)	New Mexico (651.6)	South Carolina (254.4)
5	Arizona (13.6)	South Carolina (649.8)	Alabama (245.7)
6	New York (11.9)	Georgia (631.4)	Oklahoma (231.4)
7	Florida (11.6)	North Carolina (619.7)	North Carolina (225.4)
8	North Carolina (11.2)	Alabama (615.5)	Arkansas (224.5)
9	Mississippi (10.4)	New York (591.6)	Georgia (219.8)
10	Illinois (9.6)	Illinois (589.9)	New Mexico (215.7)

Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018.

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.

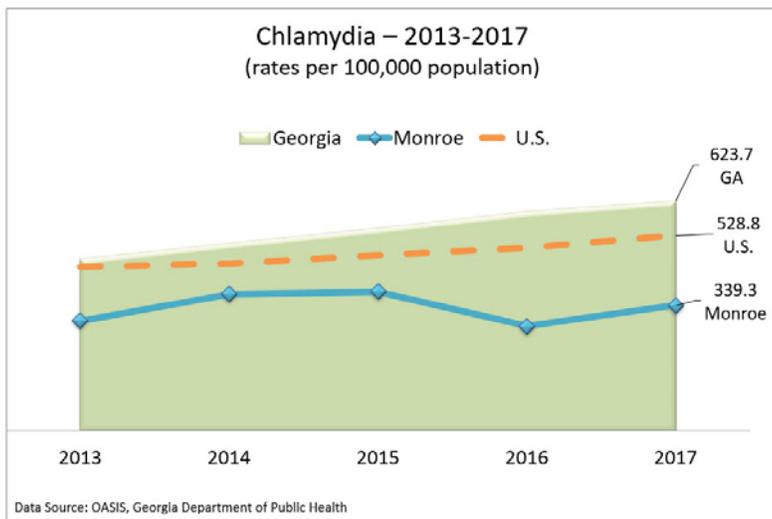
Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Healthy People 2020

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.⁸¹

- » 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.⁸²
- » Women had two times the reported chlamydia rate of men in 2017.⁸³
- » Georgia ranked sixth highest in the U.S. for reported chlamydia cases in 2017.⁸⁴



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 2017, the chlamydia rate in Monroe County was lower than Georgia and the U.S.

The chlamydia rate increased since the 2016 CHNA (296.5 per 100,000 population).

The chlamydia rate among Blacks was significantly higher than Whites and Hispanics in both Georgia and Monroe County.

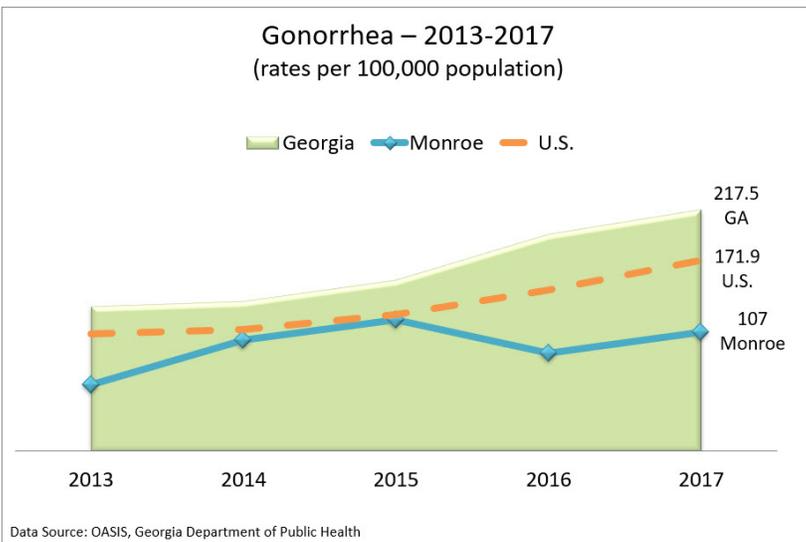
	White	Black	Hispanic	All
Georgia	130.1	785	181.8	549.8
Monroe	132.4	705.7	192.0	332.7

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.⁸⁵ 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.⁸⁶
- » Georgia ranked ninth highest in the U.S. for reported gonorrhea cases in 2017.⁸⁷



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 2017, the gonorrhea rate in Monroe County was lower than Georgia and the U.S.

The gonorrhea rate increased since the 2016 CHNA (59.3 per 100,000 population).

Average Gonorrhea Rates by Race (2013-2017)				
	White	Black	Hispanic	All
Georgia	31.3	316.6	28.5	166.9
Monroe	30.9	237.3	*	94.4

Data Source: OASIS, Georgia Department of Public Health

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

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.⁸⁸

- » During 2017 there were 101,567 reported new diagnoses of syphilis.⁸⁹
- » Georgia ranked fourth highest in the U.S. for reported syphilis cases in 2017.⁹⁰

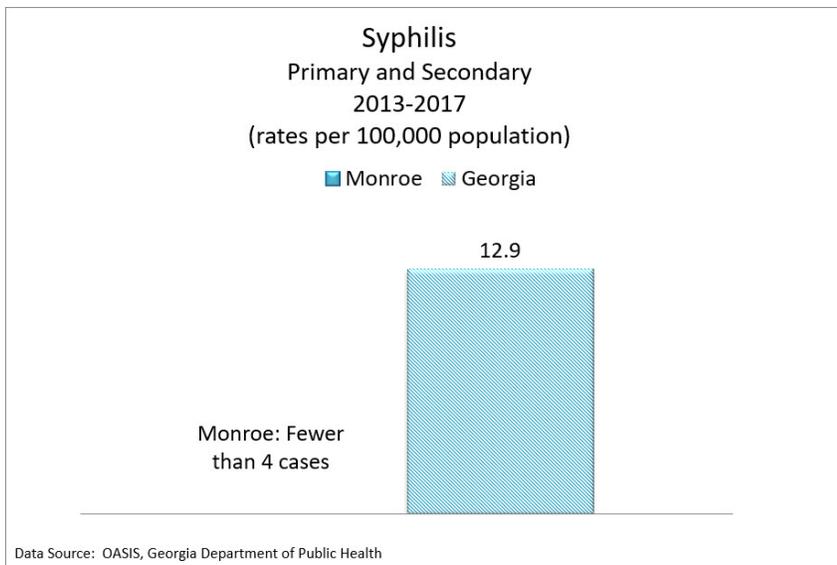
The Georgia syphilis rate in 2017 was 14.5 per 100,000 population.⁹¹ The U.S. rate in 2017 was 9.5 per 100,000 population.⁹²

How Can Syphilis be Prevented?

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

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

Centers for Disease Control and Prevention



There were fewer than 4 cases of syphilis in Monroe County during period 2013-2017 to report a rate.

Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans had HIV at the end of 2016. Of those people, about 14 percent did not know they were infected. In 2017, about 38,739 people received an HIV diagnosis in the U.S.⁹³ Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.⁹⁴

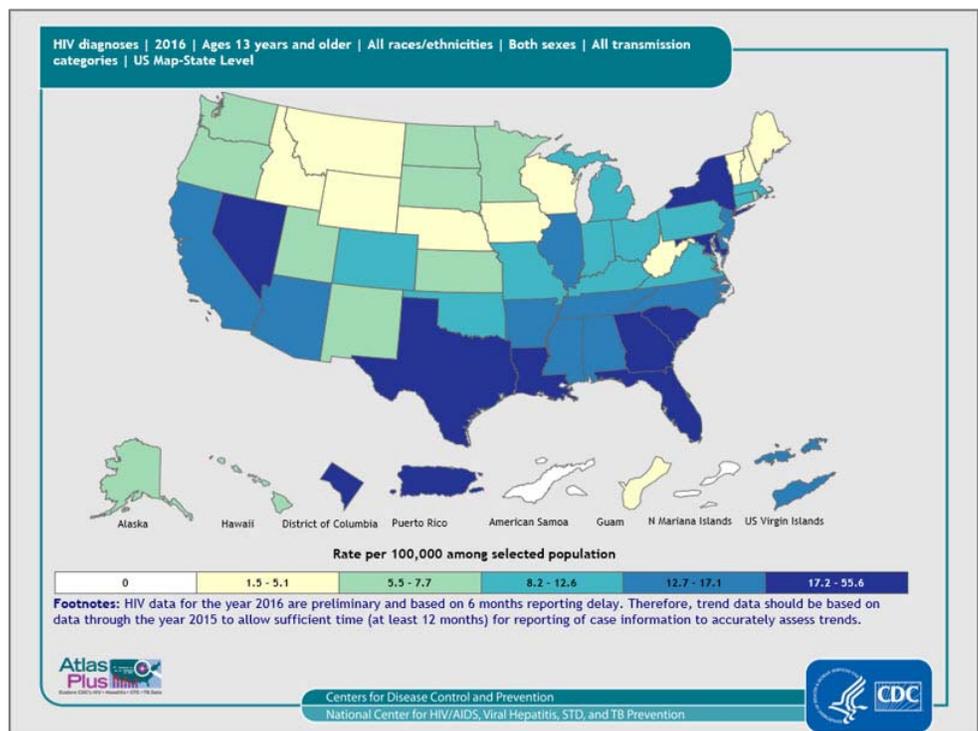
- » In 2017, Black MSM represented the highest number of new HIV infections in the U.S.⁹⁵
- » In 2017, Blacks (male and female) accounted for 44 percent of new HIV infections.⁹⁶
- » In 2017, new HIV diagnoses were most prevalent among the 25-34 age group.⁹⁷
- » In 2017, both Whites and Hispanics accounted for 26 percent each of the new HIV infections.⁹⁸

Why Is HIV Important?

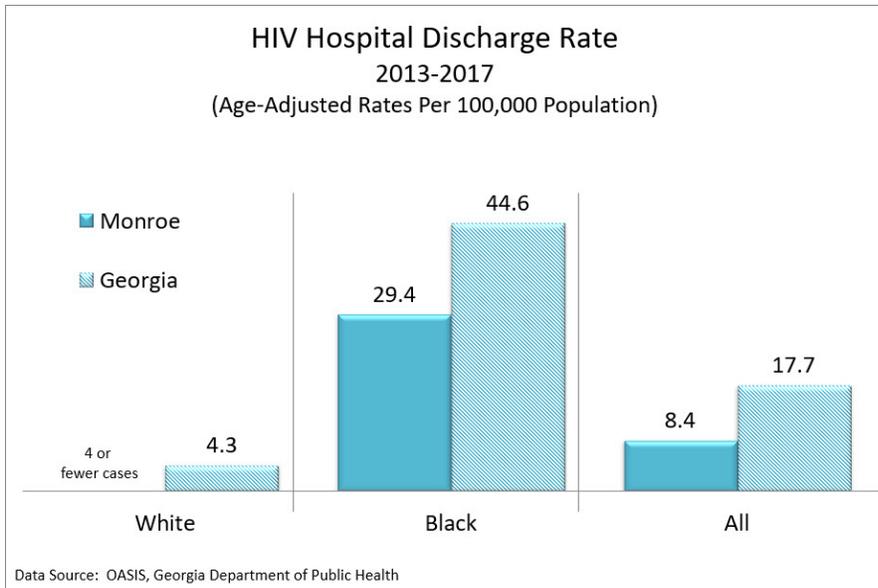
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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

Healthy People 2020

According to the Centers for Disease Control and Prevention, in 2016 Georgia had some of the highest HIV rates in the country.



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



The hospital discharge rate for HIV in Monroe County was lower than Georgia.

The discharge rate among the Black population in Monroe County was higher than the White population.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

Sexually Transmitted Disease

- » People do not realize the more often you get infected with STDs, the more likely you are to become infertile.

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."⁹⁹

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

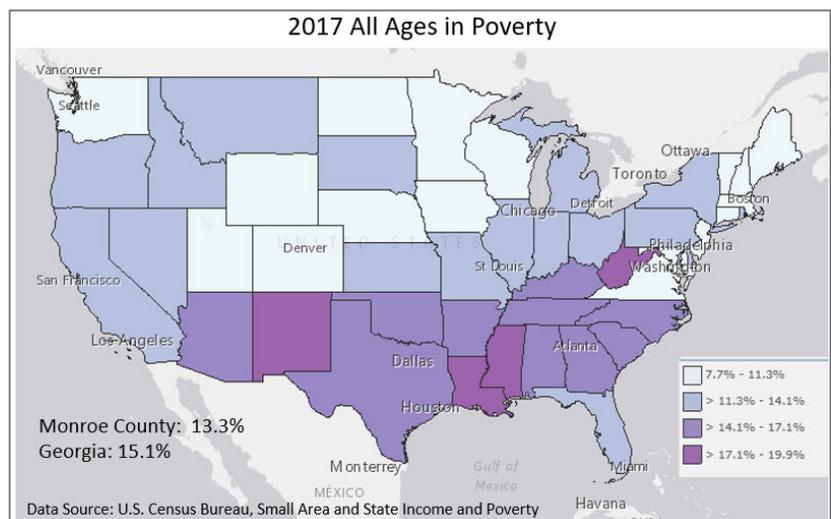
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

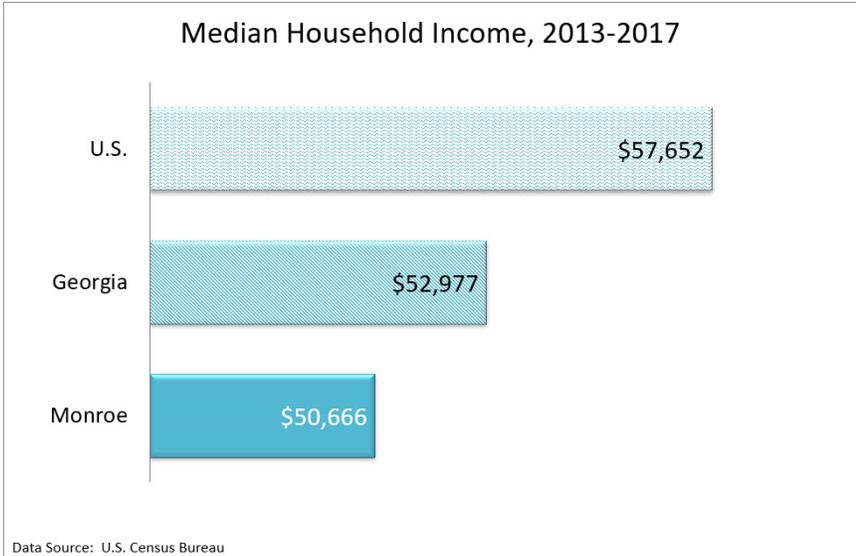
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 13.4 percent in 2017.¹⁰⁰

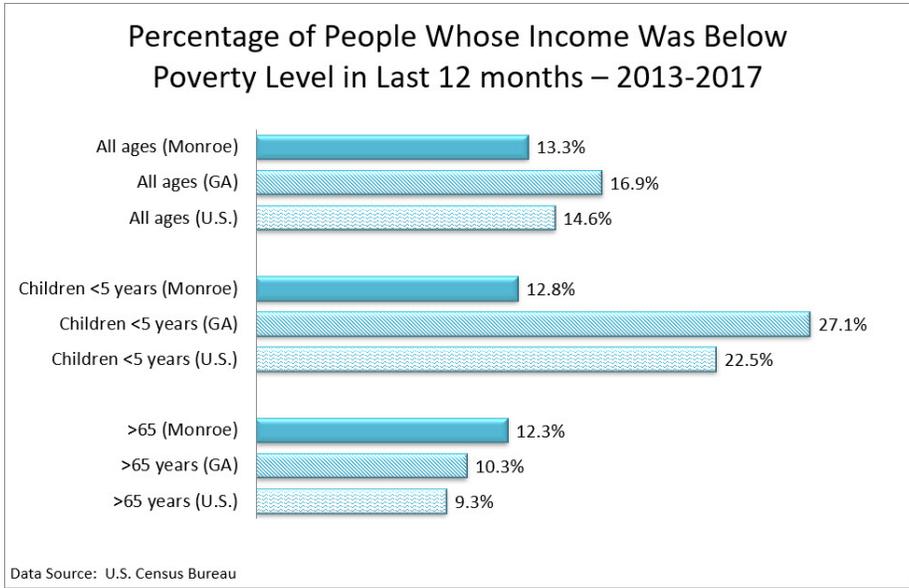
Georgia ranked eleventh highest in the U.S. at 15.1 percent of the population below the poverty level in 2017.¹⁰¹

Monroe County's poverty rate was 13.3 percent in 2017.



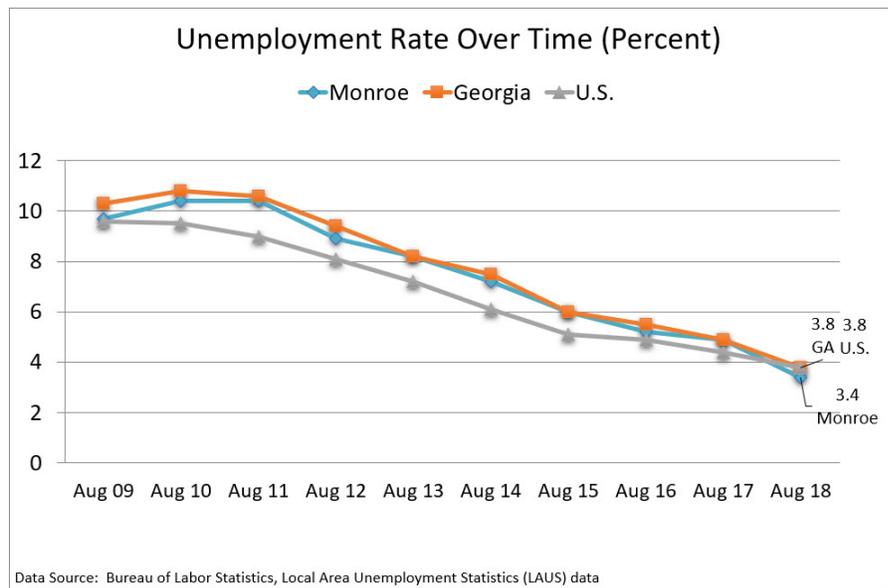


The median household income during 2013-2017 for Monroe County was \$50,666. This was below the Georgia median income of \$52,977 and the U.S. median income of \$57,652.

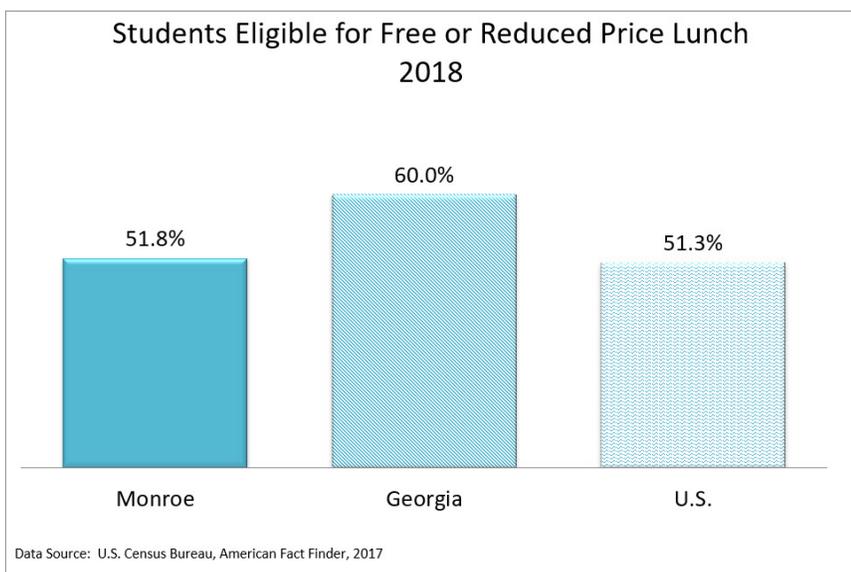


The percentage of people in Monroe County whose income was below the poverty level (13.3 percent) was lower than Georgia (16.9 percent) and the U.S. (14.6 percent). The percentage of children under five years of age living in poverty in Monroe County (12.8 percent) was lower than both Georgia (27.1 percent) and the U.S. rates (22.5 percent). The percentage of Monroe County senior adults living in poverty (12.3 percent) was higher than the rates for either Georgia (10.3 percent) or the U.S. (9.3 percent).

The most recent data showed that Monroe County's unemployment rate was below the Georgia and U.S. rate.



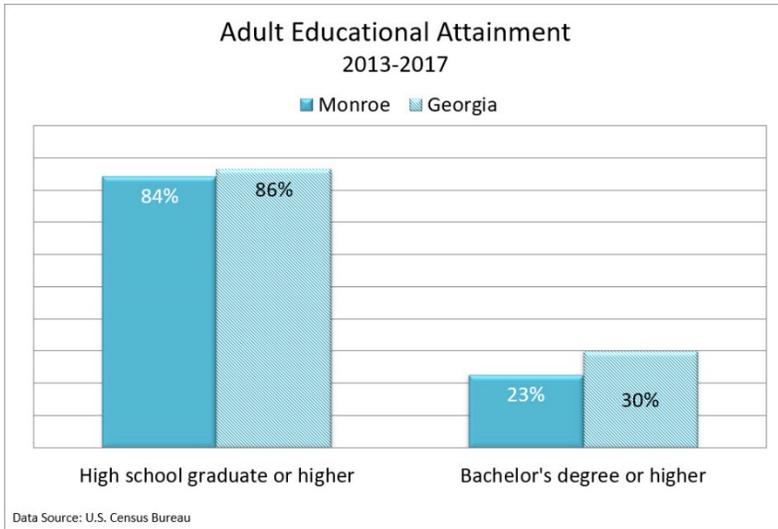
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.¹⁰² For July 1, 2018 through June 30, 2019, a family of four's income eligibility for reduced-price lunches was at or below \$46,435 and for free meal eligibility at or below \$32,630.¹⁰³



Approximately 51.8 percent of the public-school students in Monroe County were eligible for free or reduced-price lunches. This was lower than Georgia (60 percent) and comparable to the U.S. (51.3 percent).

Educational Attainment

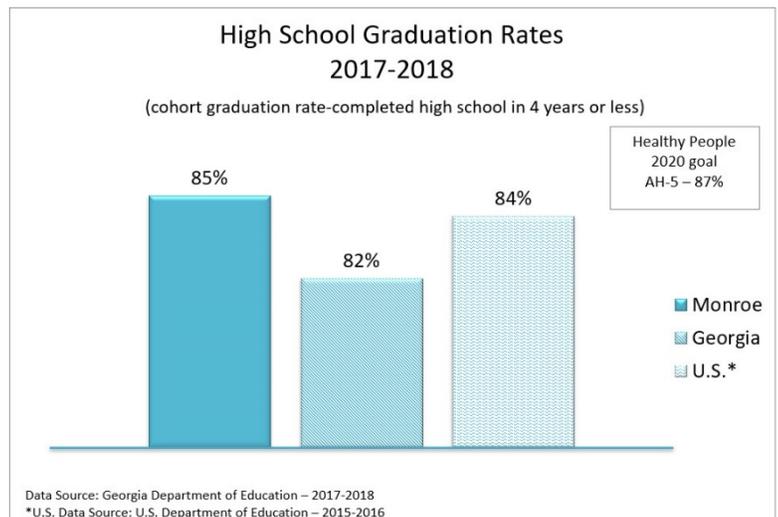
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.¹⁰⁴ According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.¹⁰⁵ 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.¹⁰⁶



From 2013-2017, 84 percent of Monroe County residents were a high school graduate or higher compared to Georgia's average of 86 percent. An average of 23 percent of Monroe County residents had a bachelor's degree or higher compared to Georgia's higher average of 30 percent.

The U.S Department of Education requires all states to publicly 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.¹⁰⁷

In 2017-2018, Monroe County had an average of 85 percent of students who completed high school in four years or less. Monroe County's rate was above the Georgia average (82 percent) and the U.S. average (84 percent). The Healthy People 2020 goal for the high school graduation rate is 87 percent (students who graduate with a regular diploma, 4 years after starting ninth grade).

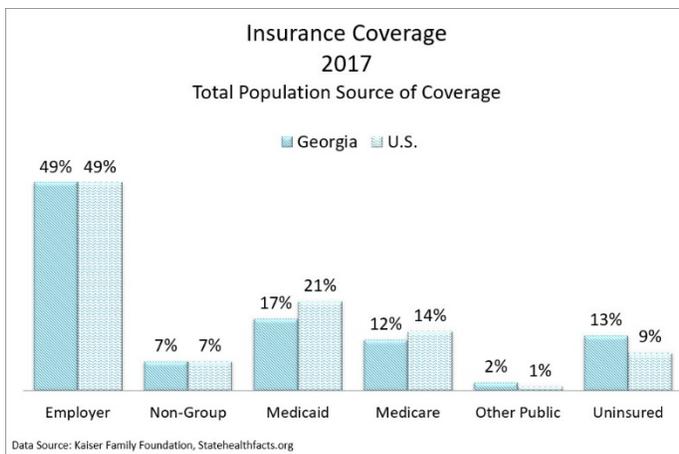


Insured Status

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.

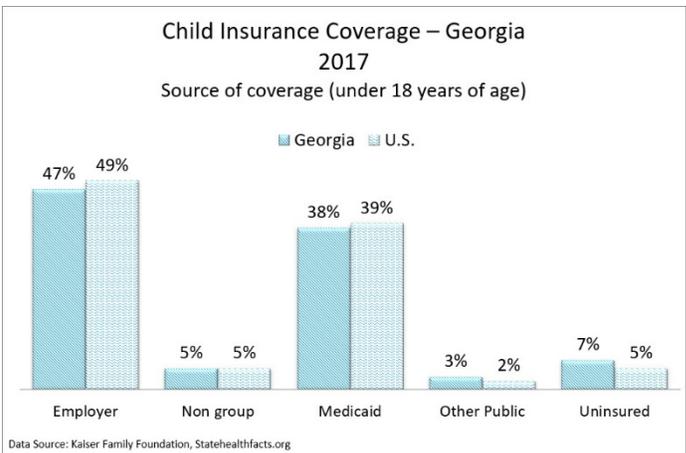
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

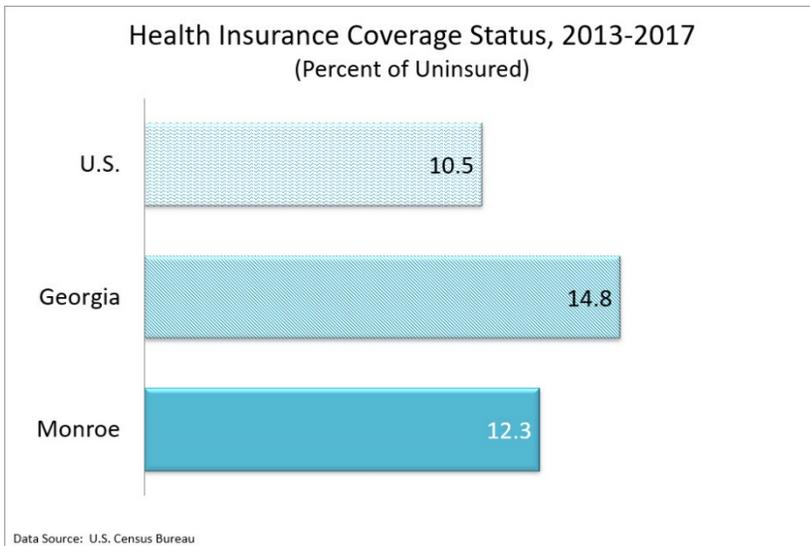


In 2017, Georgia’s uninsured population (13 percent) was higher than the U.S. (9 percent). Employer coverage was even in both Georgia and the U.S. at 49 percent. Georgia’s proportions of Medicare and Medicaid covered individuals were lower than the U.S. rates.

In 2017, Georgia’s population of uninsured children was 7 percent which was more than the U.S. (5 percent). The percent of Georgia children covered by Medicaid was lower (38 percent) than the U.S. rate (39 percent). Employer coverage in Georgia was lower (47 percent) than the U.S. rate (49 percent).



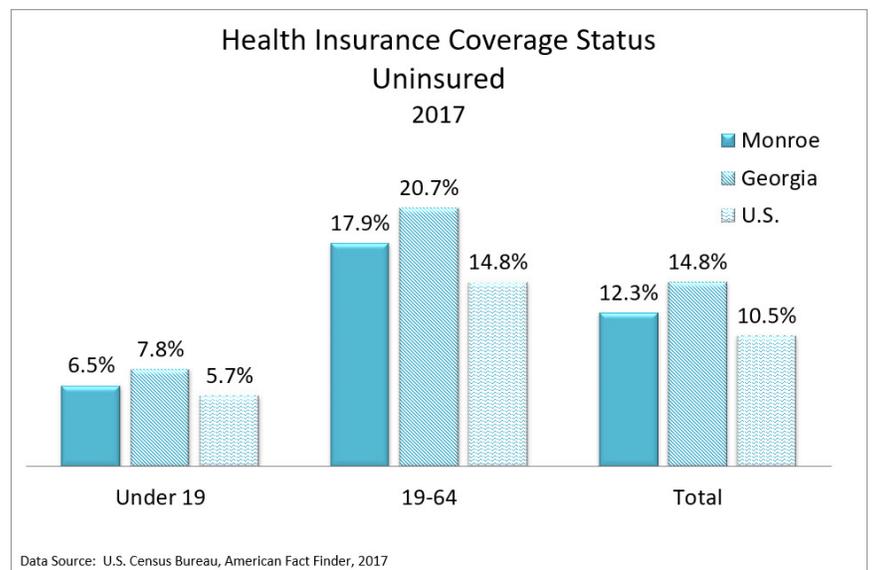
MONROE COUNTY INSURED STATUS



The proportion of uninsured individuals in Monroe County (12.3 percent) was lower than Georgia (14.8 percent) and higher than the U.S. (10.5 percent).

The percentage of children under 19 who lacked health insurance in Monroe County was lower than the Georgia rate, but higher than the U.S. rate.

The percentage of adults ages 19-64 that lacked health insurance in Monroe County was lower than Georgia and higher than the U.S.



Georgia Health Assistance and Healthcare Programs

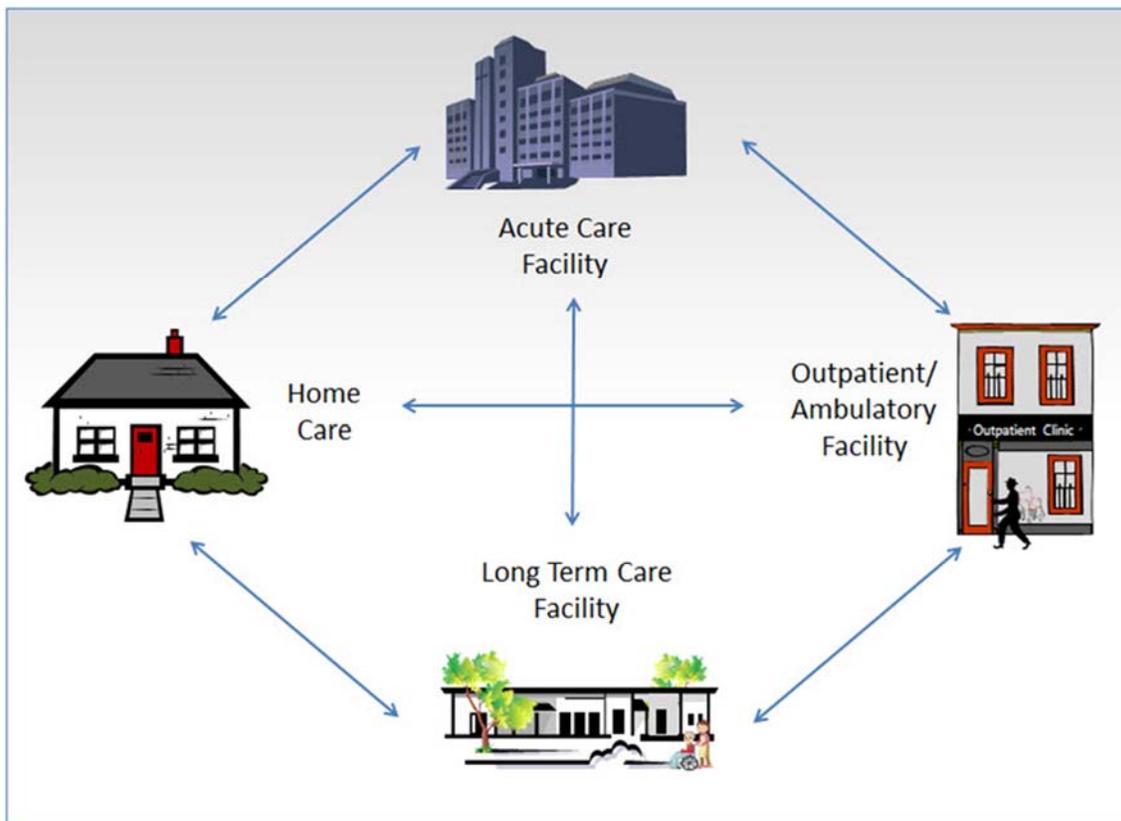
Medicaid – Georgia Medicaid is administered by the Georgia Department of Community Health. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

- » **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 235 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 receive needed care without depleting their assets (Medicaid asset protection).
- » **Non-Emergency Transportation (NET)** program provides transportation for eligible Medicaid members who need access to medical care or services.
- » **Georgia Better Health Care (GBHC)** matches Medicaid recipients to a primary care physician or provider.
- » **Women's Health Medicaid** is a program that pays for cancer treatments for women who have been diagnosed with breast cancer or cervical cancer and cannot afford to pay for treatment.

Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Monroe County, 16.9 percent of the population is over the age of 65, making many of them eligible for Medicare.

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.¹⁰⁸ 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 25-bed critical access hospital located in Forsyth, Georgia. The Hospital provides inpatient, outpatient and emergency room services. Additionally, inpatient physical therapy, occupational therapy, radiology, speech therapy, surgery and endoscopy, laboratory and skilled nursing care is provided. The Hospital is located about 20 minutes north of Macon, Georgia. Access to more specialized healthcare for high acuity or specialty cases is available in Macon.

Sliding Fee Scale Clinics

Monroe County Health Department offers services on a sliding fee scale if uninsured. Some of these services include women’s health, TB testing, health education, family planning, sexually transmitted disease testing, WIC, pregnancy, immunizations, mammogram waiver programs, and blood pressure screenings and diabetes and hypertension clinic.

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 45.4.¹⁰⁹

Mental Health

Monroe County has facilities outside 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.
- » The community reported a need for more mental health resources such as addiction treatment and counseling facilities.

Professional Shortage Areas as of January 2019	
	Monroe County
Primary Care Shortage	✓
Mental Health Shortage	✓
Dental Health Shortage	✓

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

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.¹¹⁰ 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. Monroe County has two nursing homes located in Forsyth. Both of these nursing homes accept Medicare and Medicaid. The combined number of beds among these nursing homes is 155.¹¹¹

Transportation

Monroe County has a land area of 396 square miles.¹¹² 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. Individuals 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.¹¹³

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.¹¹⁴ 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.¹¹⁵

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

Access to Care

- » There is a lack of education on health literacy - knowing what type of behaviors are healthy.
- » There is a need for outreach in more remote locations due to lack of transportation.
- » There is lack of health insurance. Individuals who were laid off when textile industry left never found employment with good health insurance benefits.
- » There is a lack of providers in Monroe County.
- » There is a need for better access to screenings for individuals of all ages.
- » There is a need for access to methods and education to prevent accidents such as head injuries due to lack of bicycle helmets or improper use of car seats.
- » Registering for Medicaid can be confusing. There is a need for resources to help guide an individual through this process.
- » There is a need for more access to care for chronic disease management conditions.
- » There are a lot of individuals who do not have a primary care physician.
- » There is a need for more providers to help manage the local population. If more people went to Monroe County Hospital for their care, it would increase the health of the community.
- » There is a need for a local pediatrician.
- » The main types of patients EMS deals with on a day-to-day basis are those suffering from hypertension, obesity, diabetes, and poor attitude. The acronym for this is HONDAs.

Access to Care

- » Cost is biggest barrier to healthcare.
- » There are a lot of individuals who just cannot afford their medicines.
- » There are no FQHCs currently in Monroe County.
- » There is a need for more health seminars and outreach to certain areas of the community.
- » There is a need for an urgent care facility in this county because the cost of the ER is too much.
- » The community does not have enough volunteers to help with the various community health programs.
- » There is a lot of food insecurity among the elderly, low-income population. A lot of them must choose between their medicine and their meals.
- » There are 32 individuals on the Meals on Wheels waiting list for the home delivered clients.
- » The money for the meals is where the Meals on Wheels program needs the most help to eliminate the waiting list.
- » It costs around \$1,600 per year to feed one client on the Meals on Wheels program.
- » There is a lack of knowledge of available resources. Individuals and organizations do not always know where to refer someone who needs a service.
- » Family Connections has a resource directory.
- » Most counties have a transportation bus. It is under the 5311 Program at a county level. Monroe County does not have one.
- » There are a lot of individuals who cannot afford to go to the nursing home because they have insurance. You must have Medicaid in order to get into the nursing home. They only accept Medicare for 21 days and then you must apply for Medicaid but give up all your assets.
- » There is a lack of physicians in town.

Access to Care

- » There is a need for more health fairs to screen for diseases.
- » The Good RX program can help patients get medication at the lowest cost.
- » Sometimes a drug is cheaper paying the cash price versus filing through insurance.
- » There is no dental care available for low income and uninsured.
- » A lot of patients miss appointments due to lack of transportation.
- » There is a lack of physicians (primary care) and certain specialties.
- » A lot of hospitals have gotten away from the health promotion activities like checking for blood pressure and blood glucose checks at health fairs because it becomes a liability for the hospital once they initiate care, they initiate a chain of events that requires follow-up and responsibility of care.
- » There is a need for education of resources to the most underserved of the community.
- » There is a need for more education on the resources in the community that people can access depending on their level of need.
- » There are six hospitals within 30 miles of Monroe County.
- » An FQHC is opening next to the hospital in October of 2019 if the grant is approved.
- » The health department is open until 7 pm on Tuesday nights to cater to individuals who work later.

SPECIAL POPULATIONS

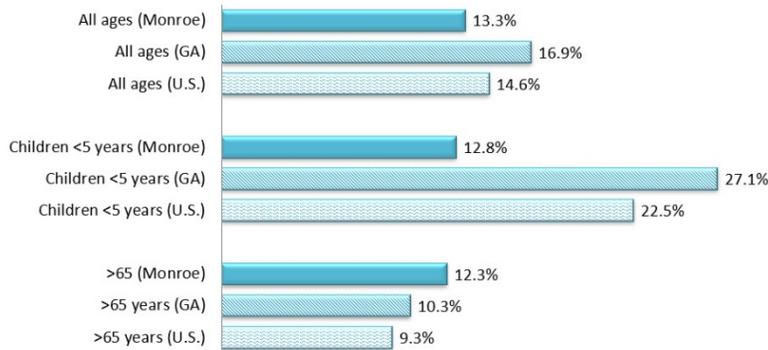
Why Do Special Populations Matter?

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

Poverty and Socioeconomic Status

Percentage of People Whose Income Was Below Poverty Level in Last 12 months – 2013-2017



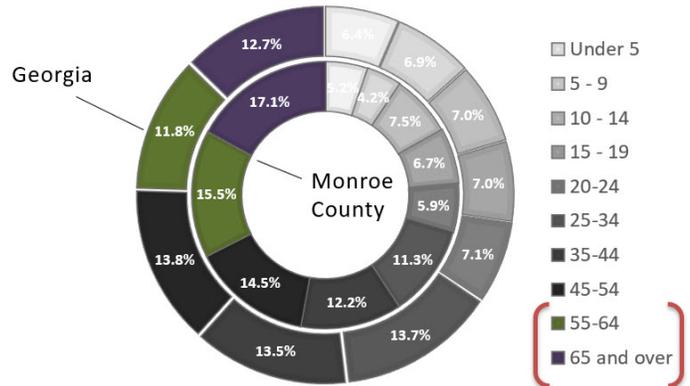
Data Source: U.S. Census Bureau

The poverty rates in Monroe County were highest among the children under 5 population.

Senior Health

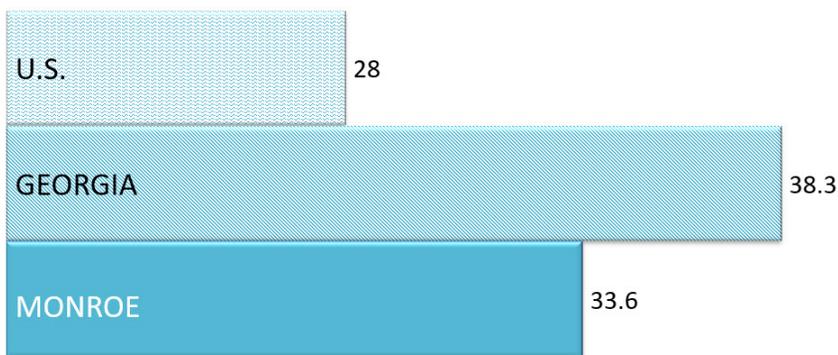
The population proportion of those aged 55 and over in Monroe County is approximately 32.6 percent. Georgia's proportion of those aged 55 and older is roughly 25 percent or approximately one in three individuals.

Population Percentages By Age Groups, 2017
Monroe County and Georgia



Data Source: U.S. Census Bureau, ACS Demographic and Housing Estimates, American Community Survey 5-Year Estimates, 2017.

Leading Causes of Death – Alzheimer's
2013-2017
(Age-Adjusted Rates Per 100,000 Population)



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

Although Monroe County had higher proportions of adults 65 and older compared to Georgia, the Alzheimer's disease death rate was lower compared to Georgia, but higher than the U.S.

COMMUNITY INPUT

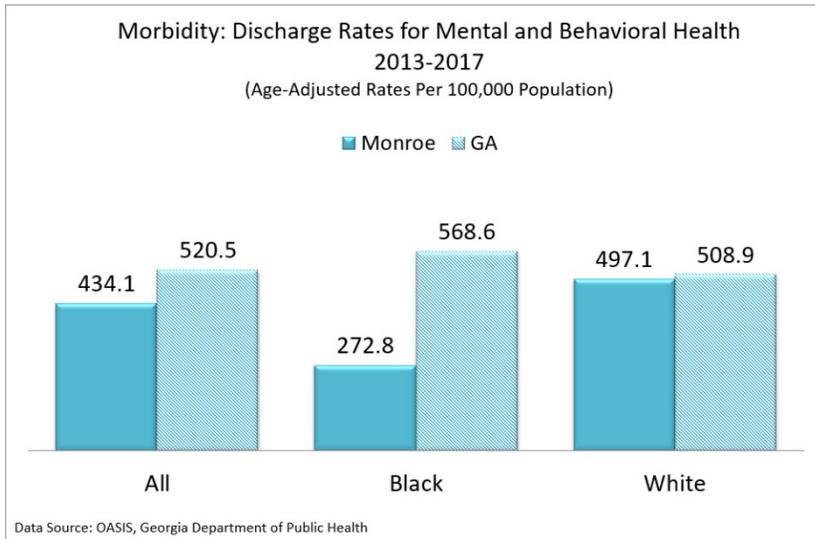
The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

Senior Health

- » The Senior Center provides a lot of preventative care for seniors such as physical activity and educational classes.
- » Culloden is a small community in Monroe County that is comprised mainly of Seniors.
- » There is a need for more caretaking support for the Senior population.
- » There is a transportation van in Culloden for the senior population; however, the Seniors need a support person to go to their doctor's appointments with them to help fill out paperwork.
- » There are about 178 residents in Culloden. The average age among the Seniors in Culloden is about 83 years old.
- » There are a lot of Seniors who are abused financially and have to get adult protective services involved.
- » It is very difficult to change eating habits, especially among the Senior population.
- » There is need for an Alzheimer's support group.
- » The hospital receives a lot of calls regarding Alzheimer's help.
- » For a lot of Seniors, transportation is not the only issue. It is the inability to fill out the forms. Seniors need a caregiver or extra support to help navigate healthcare appointments.
- » There is a lack of adult day care.
- » There is a lack of personal care homes in the community.
- » There are a lot of seniors who cannot take care of themselves and will not accept help.

Mental and Behavioral Health

Mental and behavioral health conditions include disorders related to psychoactive substance use, Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders, mood [affective] disorders, anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders¹¹⁶.



Monroe County had a lower discharge rate due to mental and behavioral health compared to Georgia.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Monroe County community focus groups and key stakeholder interviews.

Mental and Behavioral Health

- » Addiction is not the problem. It is changing an individual's mindset and behavior that is the real issue.
- » Lack of family support is the root cause of a lot of the issues associated with mental health and loneliness.
- » There is nowhere to refer women in need of help for postpartum depression.

Mental and Behavioral Health

- » Mental and behavioral health is a major concern among the Senior population.
- » There is a need for more support for Alzheimer's patients and families.
- » Rivers Edge offers mental and behavioral health services.
- » There is a lack of education about the signs and symptoms of mental and behavioral health.
- » A lot of individuals in need of mental and behavioral health interventions self-medicate with illegal drugs.
- » There is revolving door of mental health patients who are not getting treatment. They end up in a nursing home when they are old enough.
- » There is a lack of education on mental and behavioral health and how to recognize the need for treatment at the right time before the issue is out of control.
- » There is a free mental health care in Milner.
- » There are a lot of places to fix physical problems like breaking a bone, but there are no places to fix mental and behavioral issues like addiction.
- » Addiction affects people from all walks of life.
- » Addiction destroys families. If you can get one person back on their feet, you help the entire family.
- » The mental health patients end up sitting in the ER for three days and then they go home.

PRIORITIES

About Community Input

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

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

Each participant was then provided four points (in the form of four sticky dots) and told each dot represented one point. Each participant was asked to study the listings of health issues, get up from their seat, and affix dots to the topic on the health issues/problems list that represents their top three highest priorities. Participants were asked to give an additional point/dot to the number one priority. This assured each participant identified at least three health issues.

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

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

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

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

Focus Group Meetings and Priorities

Two community focus group meetings were conducted on June 26th and June 27th, 2019.

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

1. Access to Care
 - a. There are many uninsured individuals in the county. There is a need for low-cost medical care and guidance for individuals on how to apply for Medicaid if eligible.
 - b. There is a lack of transportation. The community reported a lot of individuals miss appointments or are not able to see specialists due to lack of transportation.
 - c. There is a lack of low-cost dental services.
 - d. There is lack of communication, knowledge, and collaboration of available community resources.
 - e. There is a lot of food insecurity among the underserved populations.
2. Lifestyle/Prevention and Health Promotion
 - a. There is a need for education, screenings, and outreach on the understanding of the risk factors associated with obesity, unhealthy lifestyles, and other prevention activities such as accident prevention.
 - b. There is a lack of resources for physical activity.
 - c. There is a lack of affordable diabetes supplies and medication. There is a need to communicate available resources that offer lower cost options.
3. Mental/Behavioral Health and Substance Abuse
 - a. There is a lack of knowledge and awareness of when to get help for mental illness. A lot of individuals self-medicate with illegal drugs.
 - b. There is a need for education and awareness on the signs and symptoms of mental illness to reduce the mental health stigma.
 - c. There are a lack of addiction services and facilities in the community.
4. Seniors
 - a. The senior population is in need for more support in the form of caregivers to assist in everyday tasks and doctor’s appointments.
 - b. There is a lack of Alzheimer’s care and support groups.
 - c. There is a need for low cost nursing homes and adult day care facilities.

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 identified the following priorities.

1. Lifestyle/Prevention and Health Promotion
2. Mental/Behavioral Health
3. Seniors
4. Access to Care

Approval

Monroe County Hospital's Board approved this community health needs assessment through a board vote on **September 24, 2019.**

Special Thanks to Community Participants

Monroe County Hospital would like to thank all the individuals who participated and for their generous contribution of time and effort in making this Community Health Needs Assessment (CHNA) a success. Each person provided valuable insight into the health needs of the general community, as well as for specific vulnerable population groups. Community participation included participating in one of the three one-on-one key stakeholder interviews or attending one of the two focus groups held on June 26th or 27th, 2019. There were over 40 community participants who attended these events.

Also, special thanks to Monroe County Hospital's Community Health Steering Committee (CHSC) for their time and effort towards the project.

Lorraine Smith - CEO
Casey Fleckenstein – Director of Patient Care Services
Whitney Lovett – Nurse Manager, Monroe County Health Department
Megan Randall – Director of Ancillary Services
Matt Perry – Monroe County EMS Director
Ellen Sowell - Administrative Assistant

Monroe County Hospital and the CHSC look forward to the continuation of this collaborative project with our community. So many great ideas were shared during this process. The CHNA is just the beginning of our efforts to help understand the community's health needs. We look forward to working together on the activities and programs that will be designed to help address the health needs of our community.

RESOURCE LISTING

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

ABUSE	
<p>Crisis Line & Safe House 915 Hill Park Suite 100-C Macon, GA 24 hour crisis hotline for victims of domestic violence. Phone: 478-738-9800 mbouchillon@cl-sh.org</p>	<p>Monroe County DFCS 107 Martin Luther King, Jr. Dr. Forsyth, Ga Agency for child safety & well-being programs Phone: 478-993-3030 www.dhr.state.gov.us</p>
<p>C.A.R.E. Cottage Monroe County Sheriff's Office 36 Langston Ave. Forsyth, GA 31029 Domestic Violence/Victims Restitution Phone # 478-994-7287 Care1@forsythcable.com</p>	<p>Victim's Services Office of the District Attorney, Towaliga Judicial Court 145 L. Cary Bittick Dr. Forsyth, GA 31029 Phone: 478-994-7652</p>
BLOOD DONATIONS	
<p>American Red Cross of Central Georgia 195 Hold Avenue Macon, GA 31201 Phone#: 478-743-8671 www.centralga-redcross.org</p>	
CHILDREN & FAMILY SUPPORT SERVICES	
<p>Anchor of Hope 41 W. Johnson St., Forsyth, GA 31029 Phone #: 478-994-0438 www.anchorofhopefoundation.com 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>Bright from the Start GA Department of Early Care & Learning 2 Martin Luther King, Jr. Dr. SE Atlanta, GA 30334 Phone #: 404-656-5957 www.decal.ga.gov Headstart 1680-B Broadway, Macon, Ga School Transportation/Learning curriculum/Family support. Phone: 478-738-3240</p>
<p>Monroe County Board of Education 25 Brooklyn Ave. Forsyth Phone: 478-994-2031 www.monroe.k12.ga.us</p>	<p>Monroe County Cooperative Extension Services 90 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone 478-994-7014 www.ugaextension.com/monroe</p>

<p>Monroe County Department of Family & Children Services 107 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-993-3030 www.dhr.state.gov.us</p>	<p>Monroe County Family Connection 90 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone# 478-787-7542 familyconnection@monroecountygoergia.com</p>
<p>Monroe County Health Department 106 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-992-5082 www.publichealthdepartments.us</p>	<p>Office of Child Support Services (OCSS) 877-423-4746 (P)</p>
<p>Pediatric HealthCare for Kids 41 West Johnston St. Forsyth, GA 31029 Phone #: 478-994-8704 www.pediatricakids.com</p>	<p>Planning for Healthy Babies Wellcare of Georgia, Inc. P.O. Box 1810 Atlanta, GA 30301-1810 Phone #: 877-744-2101 www.dch.georgia.gov/p4hb</p>
<p>Quality Care for Children 50 Executive Park South, Ste 5015 Atlanta, GA 30329 Phone #: 404-479-4200 www.qualitycareforchildren.org</p>	
COUNSELING/SOCIAL SERVICES	
<p>Care and Counseling Interventions 211 Tift College Dr. – Suite 207 Forsyth, GA 31029 Phone #: 478-832-5138 careandcounselinginv@gmail.com</p>	<p>Georgia Department of Human Resources 4875 Riverside Drive – Suite 203 Macon, Ga 31210 Phone #: 478-471-2438 www.dhs.georgia.gov</p>
<p>River Edge Behavioral Health Center 168 Old Brent Rd., Forsyth Phone: 478-994-7600 www.river-edge.org</p>	<p>Jabbok Ministries 133 Indian Springs Dr., Forsyth, Ga Phone: 470-771-8364 jabbok@jabbokministeries.com</p>
CRISIS INTERVENTION	
<p>National Domestic Violence Hotline 800-799-7233 (P)</p>	<p>Georgia Crisis Line 800-715-4225 (P)</p>

CONVENIENT CARE/URGENT CARE	
<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>	
FINANCIAL COUNSELING	
<p>Credit Consumer Counseling/Green Path Debt Solutions 901 Washington Ave. Macon, GA 31201 Phone #: 800-550-1961 Http://www.greenpath.com/</p>	
FOOD AND/OR HOUSING & UTILITY ASSISTANCE	
<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 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- call Phone #800-869-1150 Dfcs.georgia.gov/low-income-home-energy-assistance-program-li</p>
<p>Monroe BOE Free / Reduced Lunch /Backpack Buddies 25 Brooklyn Ave., Forsyth, Ga, 31029 Phone: 478-994-2031 www.monroe.k12.ga.us</p>	<p>Monroe County Neighborhood Service Center 107 Martin Luther King Jr. Dr. Forsyth, GA 31029 Phone # 478-993-3035 www.mgcaa.org Food/shelter/Energy Assistance</p>

<p>The Salvation Army 1955 Broadway Macon, GA 31208 Phone #: 478-746-8572 www.salvationarmycentralgeorgia.org Food/Clothing/Shelter</p>	
GED CLASSES	
<p>Central Georgia Technical College Adult Education Program 433 Highway 41 South Forsyth, GA 31029 Phone #: 478-992-2717 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>	
HEALTH INSURANCE	
<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>

HEALTH RELATED ORGANIZATIONS	
<p>Alzheimer's Association of Central GA 886 Mulberry Street Macon, GA 31201 24 hour support helpline/Care Consultation/Support Groups Phone #: 478-746-7050 www.alz.org/georgia</p>	<p>Amedisys 6040 Lakeside Dr., Macon, Ga Skilled nursing for observation/Wound Management/Infusion Therapy Phone: 800-675-1073 www.amedisys.com</p>
<p>American Cancer Society 804 Cherry Street Macon, GA 31201 Phone #: 478-743-6391 or 800-227-2345 www.cancer.org</p>	<p>Babies Can't Wait 201 Second St., Macon, Ga Speech, Occupation, & Physical Therapy Phone: 478-745-9200 Lisa.wiles@dph.ga.gov</p>
<p>Keris Kares 577 Mulberry St., Suite 580, Macon, Ga Helping families battling pediatric cancer Phone: 470-505-9044 joyknight@centene.com</p>	<p>March of Dimes 5082 Forsyth Rd., Suite B Macon, GA 31210 Phone #:478-743-9165 www.marchofdimes.com www.marchforbabies.org</p>
<p>Muscular Dystrophy Association 152 N. Crest Blvd., Suite C Macon, GA 31210 Clinic visits/Wheelchair Maintenance/Flu Shots Phone #: 478-471-9090 www.mda.org</p>	<p>North Central Health District 171 Emery Hwy Macon, GA 31217 Adolescent Health/Babies Can't Wait/Children Ist Phone #: 478-745-0411 www.northcentralhealthdistrict.com</p>
<p>United Cerebral Palsy 2992 Crestline Drive, Macon, GA 31204 Community Living Services/In home care/Adult Programs Phone #: 478-477-4673 Ucpga.org info@ucpga.org</p>	

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 www.evercare-hospice-macon.com</p>
<p>Heartland Hospice 3312 Northside Dr. – Suite D-250 Macon, GA 31210-2591 Office #: 478-477-0101 www.heartlandhospice.com</p>	<p>Homestead Hospice 794 McDonough Rd. – Suite 107 Jackson, Ga 30233 Office #: 770-775-0100 www.homestead.hospice.net</p>
<p>Hospice Care Options 486 New Street Macon, GA 31201 Office #: 478-743-3033 or 800-563-8680 www.hcoga.com</p>	<p>Pine Point Hospice (Navicent Hospice) 6261 Peake Rd. Macon, Ga 31210 Office #: 478-633-5647 www.navicenthealth.org</p>
HOUSING / UTILITY ASSISTANCE	
<p>Circle of Care/Community Care 52 West Adams St. Forsyth, GA 31029 Phone #: 478-994-4939</p>	<p>Georgia Dept. of Community Affairs Georgia Dream Homeownership Program Phone #: 800-359-4663 www.dca.ga.gov</p>
<p>Georgia Housing Search www.georgiahousingsearch.org</p>	<p>Low Income Home Energy Assistance Program (LIHEAP) To verify if you are eligible, please call: 800-869-1150 (P)</p>
<p>Monroe County Habitat for Humanity Lower Income Home Ownership/Affordable Home Repairs 147 Circle, Forsyth, GA Phone: 478-994-6411 Mchfh.traff@gmail.com</p>	<p>Monroe County Neighborhood Service Center Middle GA Community Action Agency, Inc. 107 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Energy Assistance/Weatherization/Housing Counseling Referral Phone #: 478-993-3035 www.mgcaa.org</p>

JOB TRAINING	
<p>Georgia Department of Labor 3090 Mercer University Dr. Macon, GA 31208 Phone #: 478-751-6164 www.dol.state.ga.us</p>	<p>Goodwill Industries of Middle GA 5171 Eisenhower Parkway, Macon Job Search Assistance/Employment Fairs Phone: 478-471-4845 tkabor@goodwillworks.org</p>
<p>Monroe County Public Library 62 W. Main St. Forsyth, Ga Reference Services/Books & Newspapers Phone: 478-994-7025 www.monroecountygeorgia.com/library</p>	<p>Monroe County Workforce Development 89 Washington Dr. Forsyth, Ga Job Search Assistance/Resume Assistance/GED Info Phone: 478-994-8211 mmarshall@centralgatech.edu</p>
LEGAL ISSUES	
<p>Georgia Legal Services 241 Third St., Macon, Ga 31032 Phone: 478-751-6261 www.glsp.org</p>	<p>Georgia Senior Legal Hotline 2 Peachtree St., 33rd Floor Atlanta, GA 30303 Phone: 888-257-9519 www.atlantalegalaid.org</p>
LITERACY	
<p>Family Literacy Hotline 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 - 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>	
MENTAL HEALTH	
<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>
MISCELLANEOUS	
<p>Alzheimer's Association 886 Mulberry St., Macon Ga Phone: 478-746-7050</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>	
HOME HEALTH AND NURSING HOMES/SKILLED NURSING	
<p>Amedysis Home Health Care 6040 Lakeside Commons Dr. – Suite B Macon, Ga 31210 Office #: 478-746-0181</p>	<p>CareSouth Home Health 5233 Riverside Dr. – Suite C Macon, Ga 31210 Office #: 478-742-7557</p>

<p>Navicent Home Health Care 3780 Eisenhower Parkway – Suite 4 Macon, Ga 31206 Office #: 478-633-5628 www.navicenthealth.org</p>	<p>Pruitt Health of Forsyth 521 Cabiness Rd. Forsyth, Ga 31029 Office #: 478-994-5671</p>
<p>Pruitt Health of Monroe 4796 Highway 42 North Forsyth, Ga 31029 Office #: 478-994-5662</p>	<p>Bolingreen Health and Rehab 529 Bolingreen Dr. Macon, Ga 31210 Office #: 478-477-1891</p>
<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>	

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

SAFETY	
<p>Georgia Poison Control 800-222-1222 (P) www.gpc.dhr.georgia.gov</p>	
SENIORS	
<p>GeorgiaCares GA Department of Human Resources Division of Aging Services 2 Peachtree Street, NW – 33rd Floor Atlanta, GA 30303-3142 Phone #:404-657-5258 www.mygeorgiacares.org</p>	<p>Georgia Senior Legal Hotline 2 Peachtree St., 33rd 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 #: 478-993-3035 www.mgcaa.org</p>	<p>Monroe County Hospital 88 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-994-2521 www.monroehospital.org</p>
<p>Social Security Administration 3530 Riverside Drive Macon, GA 31210 Phone #: 888-759-3917 www.ssa.gov</p>	<p>Monroe County Senior Center 515 Martin Luther King, Jr. Dr. Forsyth, GA 31029 Phone #: 478-994-1701</p>
SMOKING CESSATION	
<p>Georgia Tobacco Quit Line 877-270-7867 (P) www.livehealthygeorgia.org/quitline</p>	

TRANSPORTATION

LogistiCare
Medicaid Transport for Monroe County
Phone: 888-224-7981
Medicaid.georgia.gov/non-emergency-medical-transportation-faqs

ENDNOTES

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