2013

Colquitt Regional Medical Center
Community Health Needs Assessment

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EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Colquitt Regional Medical Center with a functioning tool that meets the Internal Revenue Service (IRS) guidelines published in Notice 2011-52 on July 7, 2011. The Community Health Needs Assessment report not only meets the guidelines of the Internal Revenue Service, but provides strategic insight for resource development, clinical development, and hospital networking and collaboration.

The results of the CHNA will guide the development of Colquitt Regional Medical Center's community benefit programs and implementation strategy. It is anticipated that this report will not only be used by the hospital, but also by other community agencies in developing their programs to meet the health needs of Colquitt County.

The assessment was performed by Draffin & Tucker, LLP. Draffin & Tucker is a healthcare consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 60 years' experience working with hospitals throughout the Southeastern United States.

About the Area

Colquitt County is located in the southwestern part of Georgia, and had a population of 45,498 in 2010.[1] It is home to Colquitt Regional Medical Center, a 99 bed not-for-profit, community hospital. The hospital is located in the county seat of Moultrie. The population distribution among rural and urban areas is 41.1 percent urban and 58.9 percent rural. Only 3.3 percent of Colquitt County's land area is urban while 96.7 percent is rural.[2]

The County's population is predicted to increase to 49,736 residents by 2018.[3] The percentage of residents aged 55 and older had increased from 2000 to 2010. This increase identified an immediate need for delivery of healthcare that serves individuals with chronic conditions. The Hispanic population increased significantly from 2000 to 2010.

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 Colquitt County for 2006-2010, cancer was the leading cause of death followed by heart disease, chronic lower respiratory disease, accidents, and stroke.

CANCER

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

HEART DISEASE AND STROKE

Heart disease and stroke typically affect individuals ages 65 and older. Heart disease was the second leading cause of death in Colquitt County. The death rate in Colquitt was significantly higher than in Georgia. Stroke was the fifth leading cause of death in Colquitt County. The stroke death rate for Colquitt was lower than Georgia, but higher than the U.S. Stroke has very similar modifiable risk factors to heart disease, and the two can be grouped together when developing community benefit implementation strategies.

MATERNAL, INFANT AND CHILD HEALTH

Birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. The teen birth rate in Colquitt County was significantly higher than Georgia. The teen birth rate among Black females was higher than White females, which brings attention to a health disparity in the community. The death rate due to fetal and infant conditions in Colquitt County was lower than the State.

ALCOHOL, TOBACCO AND DRUG USE

Abused substances have an impact on the overall health of the community, family and individual. The use of cigarettes and alcohol had decreased from 2007 to 2011 in young adults in Georgia. Marijuana and methamphetamine use increased in Georgia. Colquitt County schools reported lower prevalence of substance use and abuse; however, community members cited substance abuse as an issue among the youth in the community.

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. In 2010, Colquitt County's rates for chlamydia were lower than the State and U.S. rates. Gonorrhea rates were higher than the U.S., but lower than the State. Colquitt County chlamydia rates among Blacks were over nine times the rate of Whites.[4] Gonorrhea rates among Blacks were over 24 times the rate of Whites.[5] In Colquitt County, human immunodeficiency virus (HIV) hospital discharge rates for Blacks were higher compared to Whites.[6] Community members cited teenage behaviors as a key indicator for increased prevalence of STDs.

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. In 2006-2010, Colquitt County's population consisted of 25 percent living in poverty. This was a higher percentage than the State and National average.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. From 2009-2011, 25.5 percent of adults were uninsured in Colquitt County. In 2010, 12 percent of children were uninsured in Georgia. Education also affects an individual's ability to access care. In 2006-2010, only 73 percent of Colquitt County residents were high school graduates. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.[7]

Local infrastructure and public transit affect access to healthcare. Without a public transit system, many Colquitt County residents rely on friends and family members for transport.

Community Prioritization of Needs

Information gathered from community meetings, stakeholder interviews, discussions with the hospital leadership team, as well as, the 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. Obesity and Diabetes
2. Heart Disease and Stroke
3. Access to Care –Providers and Prevention
4. Cancer
5. Respiratory
6. Senior Health
7. Mental Health
8. Access to Care –Transportation
9. Adolescent Lifestyle including Alcohol, Tobacco and Drugs
10. Teen Birth Rate

These priorities will be further discussed in the Hospital's Implementation Strategy.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

IRS Notice 2011-52 provides detailed guidance for conducting the CHNA process. As outlined below, the hospital relied upon this guidance in conducting the assessment.

1. Forming the Hospital's Steering Committee

The Chief Executive Officer of Colquitt Regional Medical Center developed a hospital steering committee, referred to in this report as the CHNA Hospital Steering Committee (CHSC). The CEO appointed the following individuals as participants on this committee.

James Matney	President/CEO
Jessica Jordan	CHNA Committee Chair, Compliance Officer/Internal Auditor
Larry Sims	Vice President/CFO
Greg Johnson	Vice President of Professional Services
Brian Elliott	Director, Oncology
Faye Kelly	Director, Health Information Management
Rita Gay	Director, Respiratory Care Services and Emergency Management Coordinator
Robin Tillman	Accreditation Manager
Samantha Allen	Director, Patient Financial Services
Terry Jackson	Director, Educational Services
Nicole, Gilbert	Director, Marketing
Debbie Hayes	Director, Maternal-Infant

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. Colquitt County was selected as the community for inclusion in this report.

3. Identifying and Engaging Community Leaders and Participants

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

4. Identifying and Engaging Community Stakeholders

Community stakeholders, also called key informants, are people invested or interested in the work of the hospital, people who have special knowledge of health issues, people important to the success of any hospital or health project, or are formal or informal community leaders. The hospital identified over 50 community members to participate in the CHNA process.

5. Community Health Profile

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

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

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

6. Community Input

Two-hour Community Health Input Meetings (community meetings) and one-hour Community Stakeholder Interviews (stakeholder interviews) were essential parts of the CHNA process. Three community meetings and ten stakeholder interviews were conducted in order to obtain the community's input into the health needs of Colquitt County.

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

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

At the end of the discussion priority issues were identified. 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 community meetings, stakeholder interviews, discussions with the hospital leadership team, as well as a review of demographic and health status, and hospital utilization data was 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 meetings and stakeholder interviews. The CHSC reviewed this information, focusing on the identified needs, priorities,

and current community resources available. 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.

Description of Major Data Sources

Bureau of Labor and Statistics

The Bureau of Labor and Statistics manages a program called *Local Area Unemployment Statistics (LAUS). LAUS* produces monthly and annual employment, unemployment, and labor force data for census regions, divisions, states, 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 Centers for Disease Control and Prevention (CDC). The data is collected in the form of a survey that is comprised of questions related to the knowledge, attitude, and health behaviors of the public. For more information, go to www.cdc.gov/brfss.

Centers for Disease Control and Prevention

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

National Vital Statistics System: collects and disseminates vital statistics (births, deaths, marriages, fetal deaths). For more information, go to www.cdc.gov/nchs/nvss.htm.

National Health and Nutrition Examination Survey (NHANES): assesses the health and nutritional status of adults and children in the U.S. For more information, go to www.cdc.gov/nchs/nhanes.htm.

Sexually Transmitted Disease Surveillance: collects and disseminates data derived from official statistics for the reported occurrence of nationally notifiable sexually transmitted diseases (STDs) in the United States, test positivity and prevalence data from numerous prevalence monitoring initiatives, sentinel surveillance of gonnoccal antimicrobial resistance, and national services surveys. For more information, go to www.cdc.gov/std/stats10/app-interpret.htm.

County Health Rankings

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

Georgia Department of Public Health

The Georgia Department of Public Health manages a system called OASIS (Online Analytical Statistical Information System). OASIS is currently populated with Vital Statistics (births, deaths, infant deaths, fetal deaths, and induced terminations), Georgia Comprehensive Cancer Registry, Hospital Discharge, Emergency Room Visit, Arboviral Surveillance, Risk Behavior Surveys (Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance Survey (BRFSS), STD, and population data. For more information, go to http://oasis.state.ga.us.

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

The National Cancer Institute manages an online tool called *State Cancer Profiles*. *State Cancer Profiles* provides access to interactive maps and graphs, 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.

Information Gaps and Process Challenges

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

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

ABOUT COLQUITT COUNTY

Colquitt County is located in southwestern Georgia. Colquitt is bordered on the north by Worth and Tift counties, on the south by Thomas and Brooks counties, on the east by Cook County, and on the west by Mitchell County. Colquitt was designated as a county in 1856 from territory formerly part of Lowndes and Thomas counties.[8] Colquitt County has a total land area of 552 square miles.[9] According to the 2010 U.S. Census, there were 45,498 residents in the county.[10] There is one hospital in Colquitt County (Colquitt Regional Medical Center) with many ancillary service facilities that serve the community. The main hospital is located in the county seat of Moultrie.

Image Source: MapViewer

City/Town/Village	2010 Population
Moultrie	14,268
Berlin	551
Doerun	774
Ellenton	281
Funston	2,908
Norman Park	972
Riverside	30

Data Source: U.S. Census Bureau

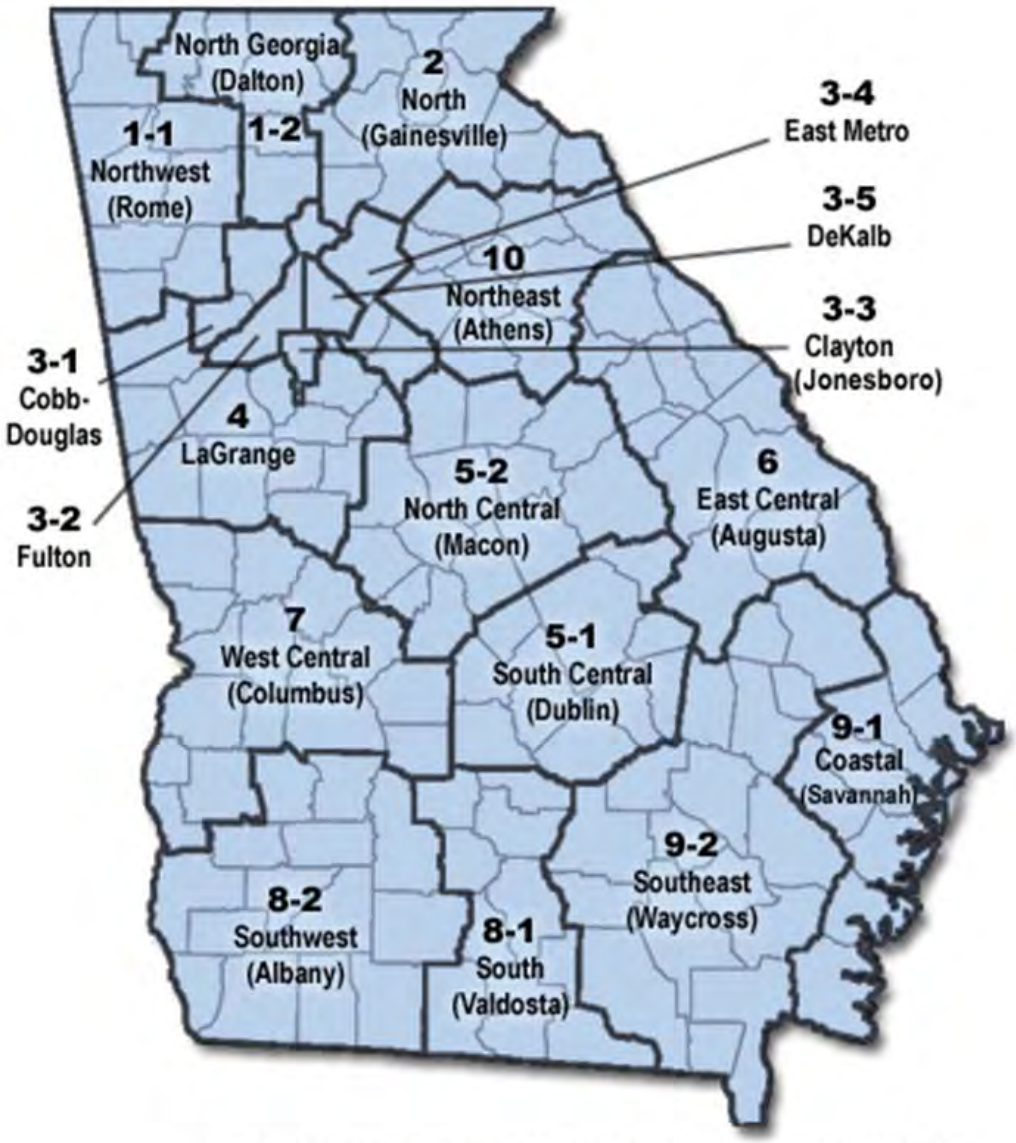
Colquitt County includes the cities of Moultrie, Berlin, Doerun, Ellenton, Funston, Norman Park, and Riverside. The population distribution among rural and urban areas is 41.1 percent urban and 58.9 percent rural. Nearly 3.3 percent of Colquitt County's land area is urban while 96.7 percent is rural.[11] Colquitt County is known for its agriculture and historic landmarks. It is home to the Sunbelt Agriculture Exposition which is the largest farm show in America.[12]

Colquitt County contains eight quail hunting preserves and is also a popular location for hunting bobwhite quail, wild turkey, deer, and dove.[13] Colquitt County is an agriculturally rich county that produces cattle feed, cotton peanuts, sugar cane, watermelon, corn, wheat, and other grains.[14] Colquitt County's primary industries include manufacturing, healthcare and social assistance, as well as, retail trade.[15]

Image Source: Colquitt County Assessor's Office

Georgia Public Health Districts

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



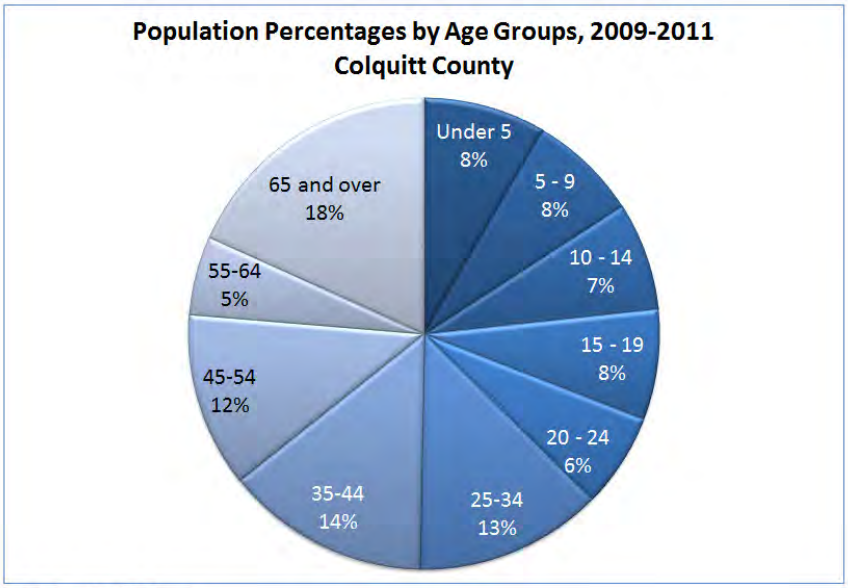
Source: Georgia Department of Community Health

Demographics

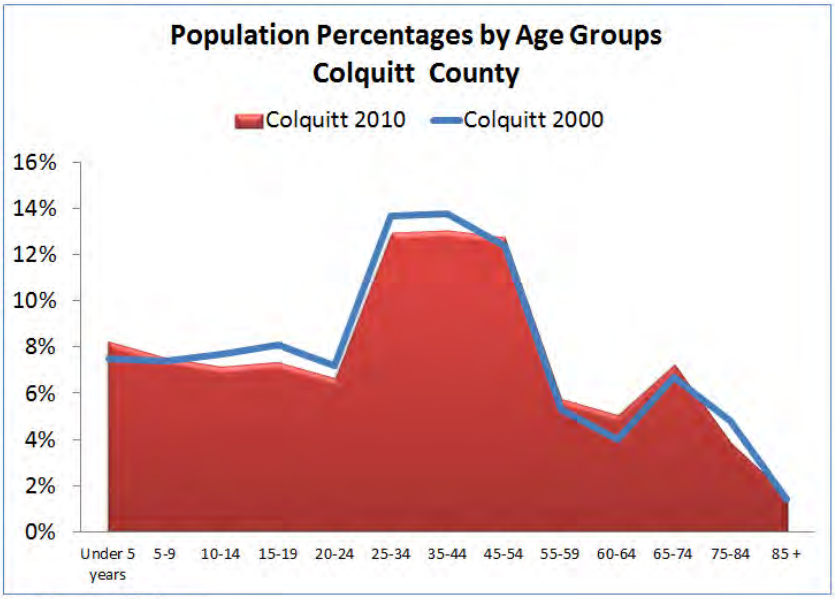
Population Profile

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

According to the 2010 Census, 18 percent of Colquitt County's population was age 65 or older. In Georgia, the average percentage of the population 65 years of age or older was 10.7 percent compared to 13.1 percent for the U.S.



Data Source: U.S. Census



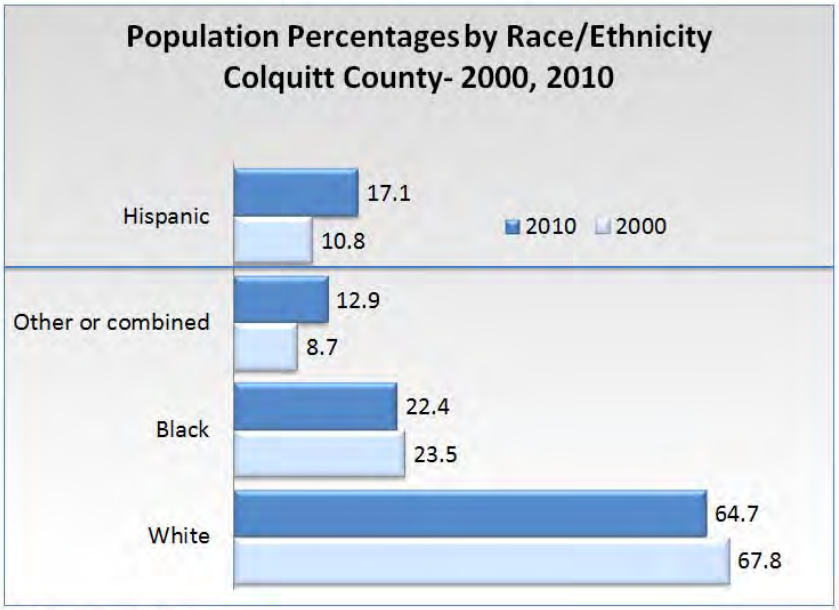
Data Source: U.S. Census

In 2000, 22.2 percent of the total population was over the age of 54. In 2010, this percentage had risen to 23.7 percent of the population. Growth in the number of residents aged 55 and older will have significant impacts on the healthcare delivery system within the County.

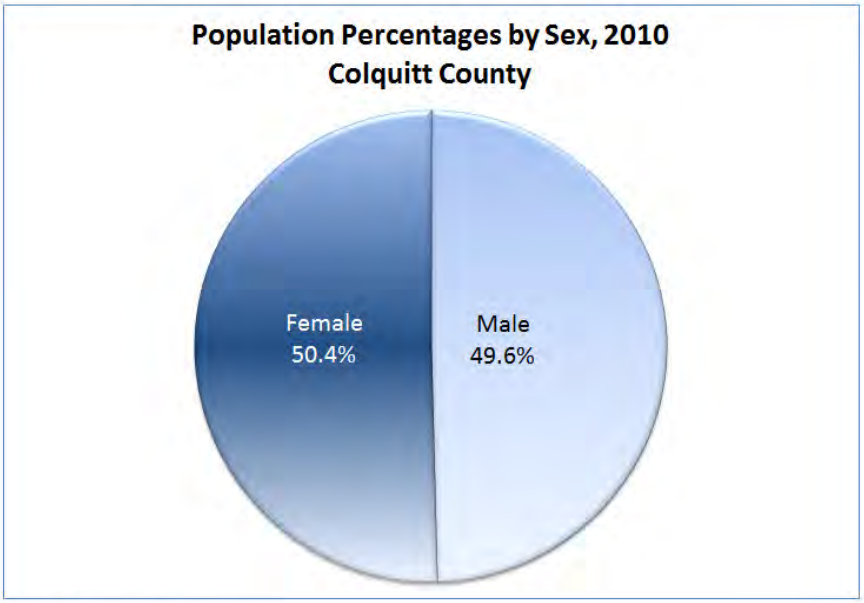
Race, Ethnicity, and Origin Profile

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.[16] 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 for many common causes.[17] By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.[18]

According to 2010 U.S. Census records, Colquitt County's population was 64.7 percent White, 22.4 percent Black, and 17.1 percent Hispanic. The Hispanic population increased by 37 percent from 2000 to 2010.

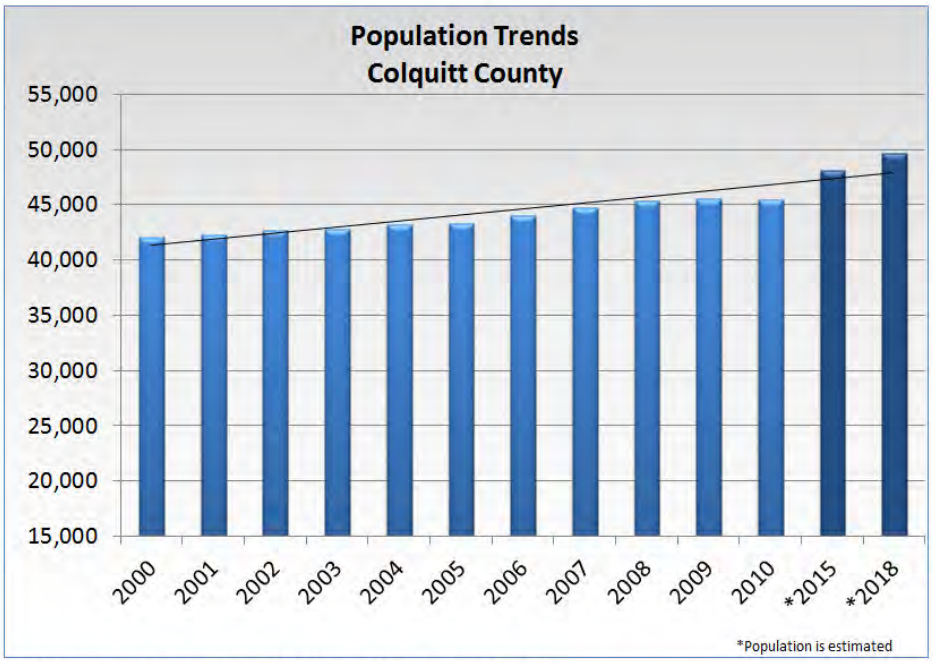


Data Source: U.S. Census



Data Source: U.S. Census

The percentage of females in Colquitt County was slightly higher at 50.4 percent compared to males at 49.6 percent.

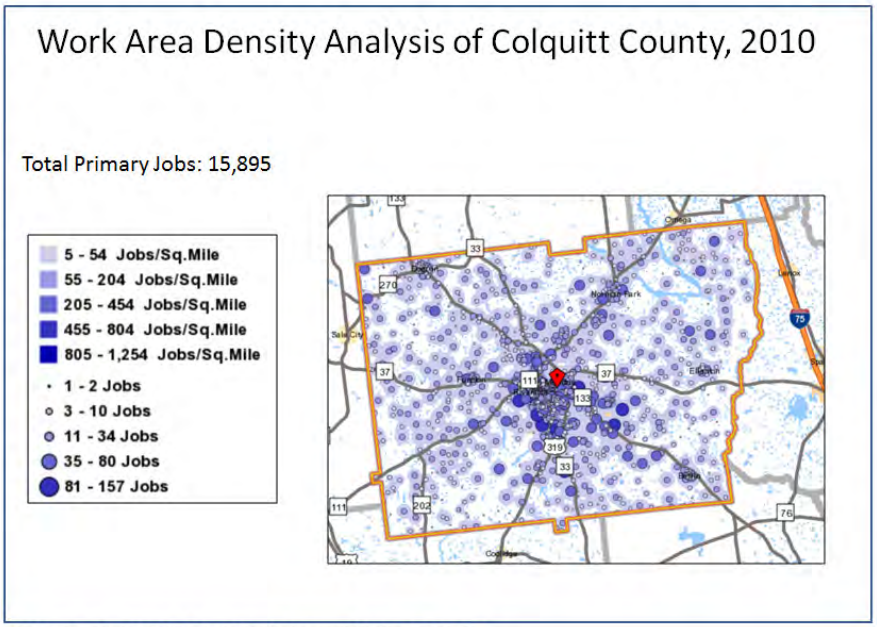


Data Source: U.S. Census, Governor's Office of Planning and Budget

In 2010, Colquitt County's resident population was 45,498, which was an eight percent increase since 2000. From 2010 to 2015, the population is predicted to increase by 5.9 percent. The population is predicted to increase to 48,163 in 2015 and 49,736 in 2018.[19]

Local Employment Indicators

When studying population health it is important to look at all aspects of a community. Local employment indicators show job locations, job inflow and outflow, demographics of employees, and jobs by industry type.[20] These are all indirect indicators of a population's health, due to the correlation of employment and health insurance. These indicators impact the well-being of individuals and their families. Income and health insurance are both important factors to increase access to healthcare.

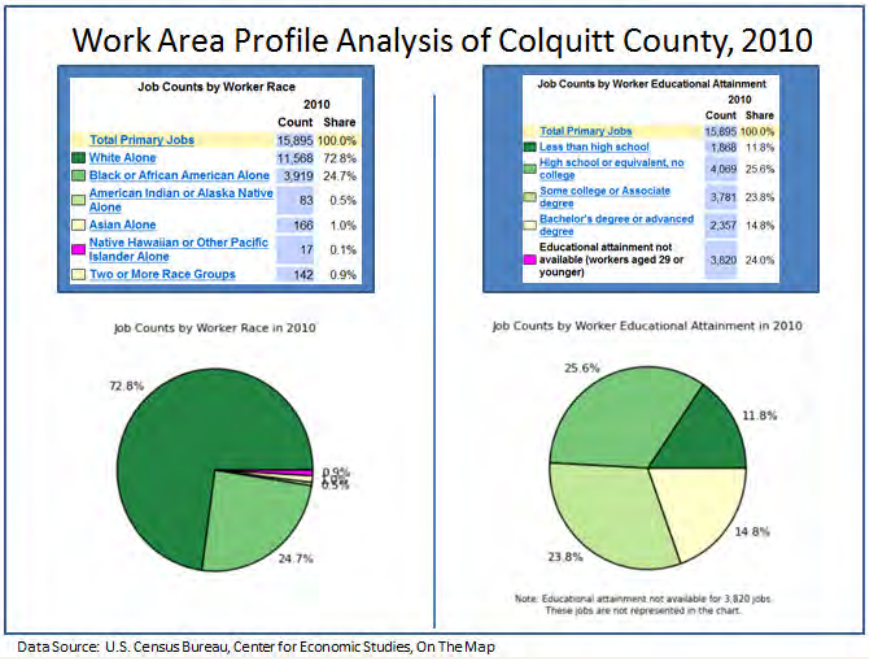


Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

Most of the primary jobs (15,895) located within Colquitt County were centered within the most populous city in the County—Moultrie.

Job counts by worker race were 72.8 percent White and 24.7 percent Black.

Job counts by educational attainment were highest among individuals with a high school or equivalent degree (25.6 percent) and individuals with some college or associate degree (23.8 percent).



Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

Work Area Profile Analysis of Colquitt County, 2010

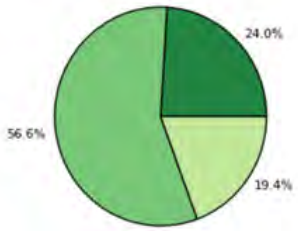
Job Counts by Worker Age

	2010 Count	Share
Total Primary Jobs	15,895	100.0%
Age 29 or younger	3,820	24.0%
Age 30 to 54	8,994	56.6%
Age 55 or older	3,081	19.4%

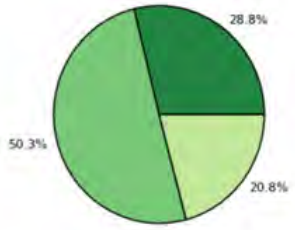
Job Counts by Earnings

	2010 Count	Share
Total Primary Jobs	15,895	100.0%
$1,250 per month or less	4,582	28.8%
$1,251 to $3,333 per month	7,999	50.3%
More than $3,333 per month	3,314	20.8%

Job Counts by Worker Age in 2010



Job Counts by Earnings in 2010



Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

Job counts by age indicated that a majority of the workforce (56.6 percent) was 30 to 54 years of age. The greatest proportion of the workforce (50.3 percent) was paid between $1,251 and $3,333 per month. More than 20 percent of the work force earned more than $3,333 per month.

Of the individuals employed in Colquitt County (14,174), 62.2 percent were living in the County, while 37.8 percent were living outside Colquitt County.

Of the individuals living in Colquitt County (15,895), 44.5 percent were employed outside the County, while 55.5 percent were employed in Colquitt County.

Inflow/Outflow Analysis of Colquitt County Employees and Residents, 2010

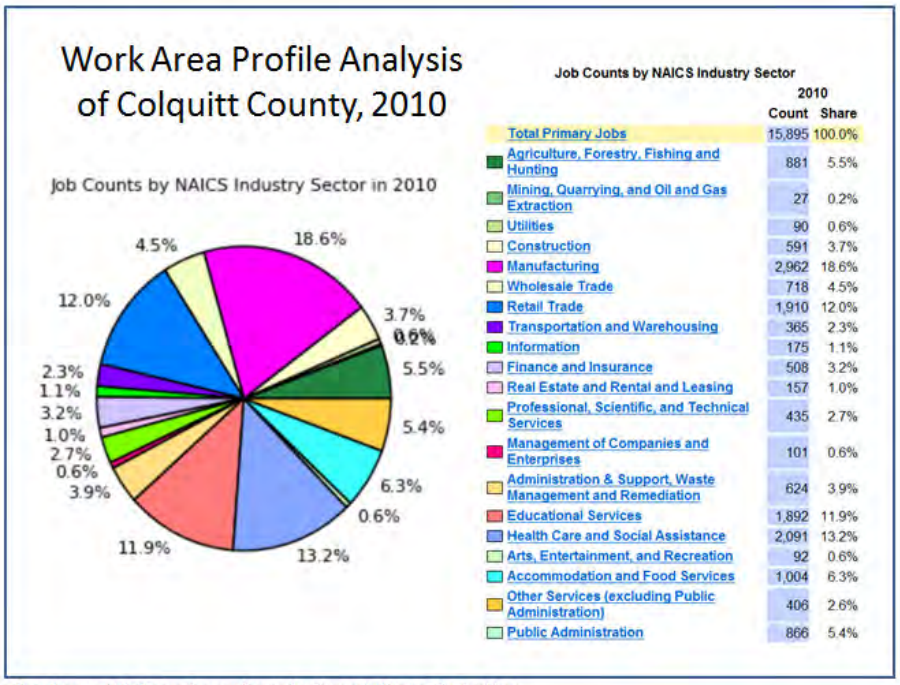
Inflow/Outflow Job Counts (Primary Jobs)

	2010 Count	Share
Employed in the Selection Area	14,174	100.0%
Employed in the Selection Area but Living Outside	5,352	37.8%
Employed and Living in the Selection Area	8,822	62.2%
Living in the Selection Area	15,895	100.0%
Living in the Selection Area but Employed Outside	7,073	44.5%
Living and Employed in the Selection Area	8,822	55.5%

Note: Overlay arrows do not indicate directionality of worker flow between home and employment locations.

- Employed and Live in Selection Area
- Employed in Selection Area, Live Outside
- Live in Selection Area, Employed Outside

U.S. Census Bureau, Center for Economic Studies, On The Map



Job Counts by NAICS Industry Sector

	2010 Count	Share
Total Primary Jobs	15,895	100.0%
Agriculture, Forestry, Fishing and Hunting	881	5.5%
Mining, Quarrying, and Oil and Gas Extraction	27	0.2%
Utilities	90	0.6%
Construction	591	3.7%
Manufacturing	2,962	18.6%
Wholesale Trade	718	4.5%
Retail Trade	1,910	12.0%
Transportation and Warehousing	365	2.3%
Information	175	1.1%
Finance and Insurance	508	3.2%
Real Estate and Rental and Leasing	157	1.0%
Professional, Scientific, and Technical Services	435	2.7%
Management of Companies and Enterprises	101	0.6%
Administration & Support, Waste Management and Remediation	624	3.9%
Educational Services	1,892	11.9%
Health Care and Social Assistance	2,091	13.2%
Arts, Entertainment, and Recreation	92	0.6%
Accommodation and Food Services	1,004	6.3%
Other Services (excluding Public Administration)	406	2.6%
Public Administration	866	5.4%

Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

Manufacturing (18.6 percent), Health Care and Social Assistance (13.2 percent), and Retail Trade (12 percent) were the three major industry sectors by job count in Colquitt County. Agriculture, Forestry, Fishing, and Hunting made up 5.5 percent by job count of the major industry sectors.

COMMUNITY INPUT

About Colquitt County

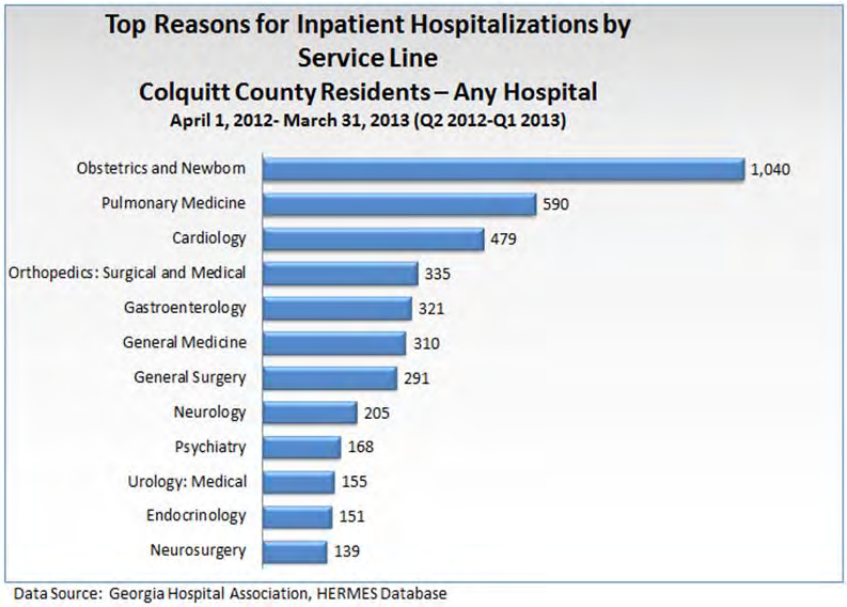
» There are residents here that have never traveled out of Colquitt County.

» "Circle Road" and "Little Mexico" are very poor and low income areas in Colquitt County.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

The leading cause of hospitalizations among Colquitt County residents was related to the obstetrics and newborn service lines. Other top causes were related to pulmonary medicine, cardiology, orthopedics, gastroenterology, general medicine, general surgery and neurology. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked number one among the leading causes of death for Colquitt County residents.



Data Source: Georgia Hospital Association, HERMES Database

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)

Cardiovascular and respiratory conditions are two of the top reasons for hospitalization and are considered, "Common Ambulatory Sensitive Conditions". With these conditions, adequate outpatient care can potentially prevent the need for hospitalization, and early intervention can help avoid complications or more severe disease.

The top fifteen reasons for Colquitt County residents visiting an emergency department from April 1, 2012 through March 31, 2013 were superficial injury, contusion, other upper respiratory infections, nonspecific chest pain, abdominal pain, sprains and strains, chronic obstructive pulmonary disease and bronchiectasis, spondylosis, intervertebral disc disorders, other back problems, other injuries and conditions due to external causes, skin and subcutaneous tissue infections, urinary tract infections, other aftercare, headache, including migraine, open wounds of extremities, noninfectious gastroenteritis, and influenza.

According to hospital staff, many of these visits are considered as nonemergency conditions. The report section *Access to Care* will address many of the reasons that lead to inappropriate use of emergency room facilities.

TOP 15 CAUSES OF EMERGENCY ROOM VISITS Colquitt Residents (Any Hospital) April 1, 2012 - March 31, 2013 (Q2 2012 - Q1 2013)	
1	Superficial injury, contusion
2	Other upper respiratory infections
3	Nonspecific chest pain
4	Abdominal Pain
5	Sprains and strains
6	Chronic obstructive pulmonary disease and bronchiectasis
7	Spondylosis, intervertebral disc disorders, other back problems
8	Other injuries and conditions due to external causes
9	Skin and subcutaneous tissue infections
10	Urinary tract infections
11	Other aftercare
12	Headache, including migraine
13	Open wounds of extremities
14	Noninfectious gastroenteritis
15	Influenza

Data Source: Georgia Hospital Association, HERMES Database

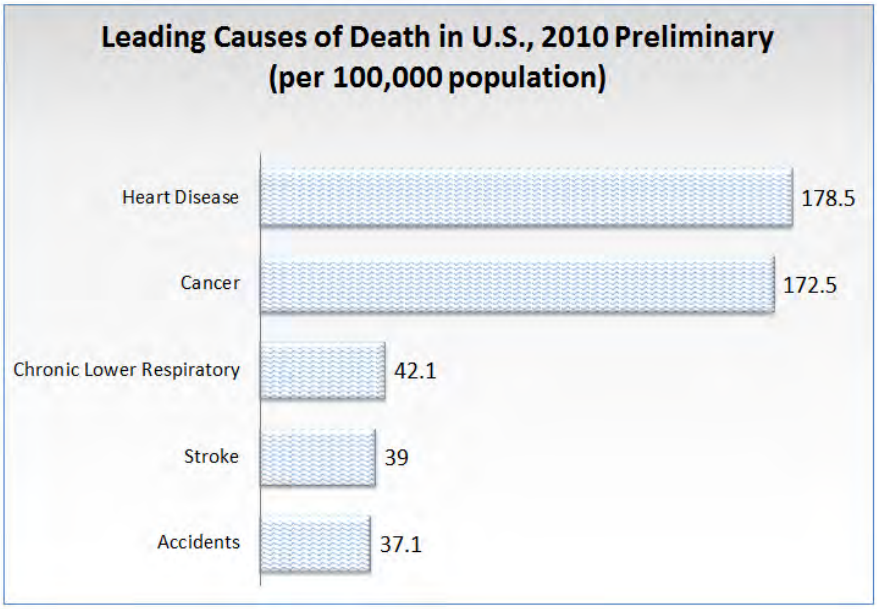
COMMUNITY INPUT

Hospitalizations and Emergency Room Visits

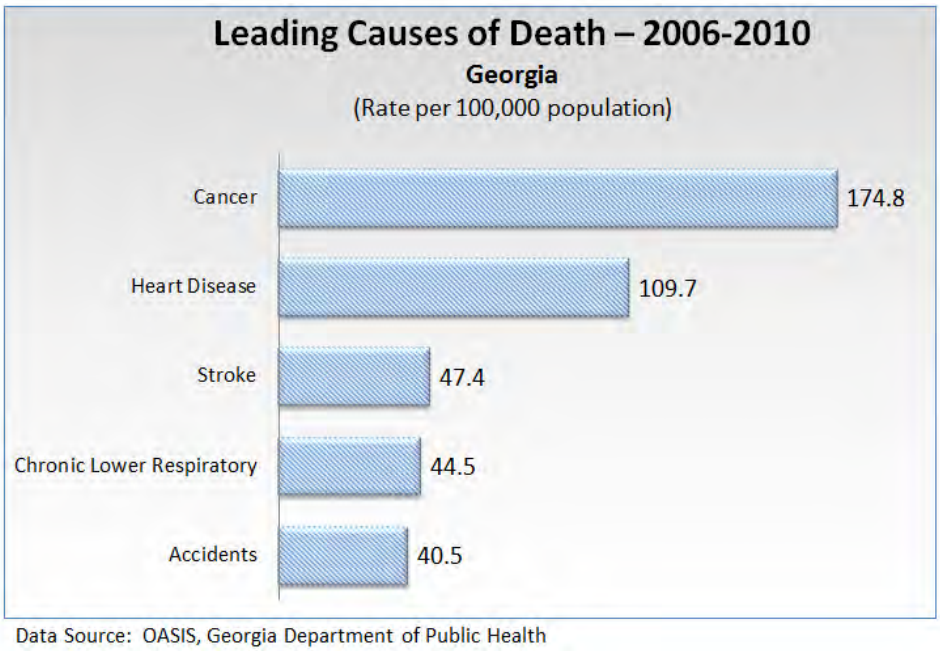
- Most people that do not have insurance go to the ER.
- A facility called "Medcare" is an alternative to the ER, but you must either have insurance or cash to pay for your visit; the cost for a visit is usually $65.

Leading Causes of Death

The leading causes of death in the U.S. in 2010 (preliminary) were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents. Heart disease and cancer rates were four times higher than those for the other diseases.



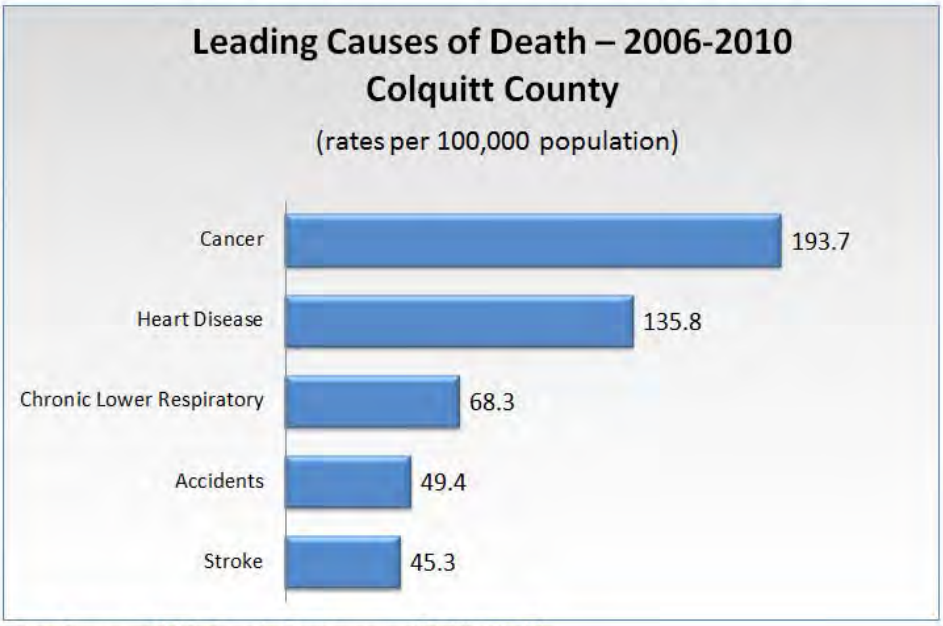
Data Source: National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B



Data Source: OASIS, Georgia Department of Public Health

The leading causes of death in Georgia from 2006-2010 were cancer, heart disease, stroke, chronic lower respiratory disease, and accidents.

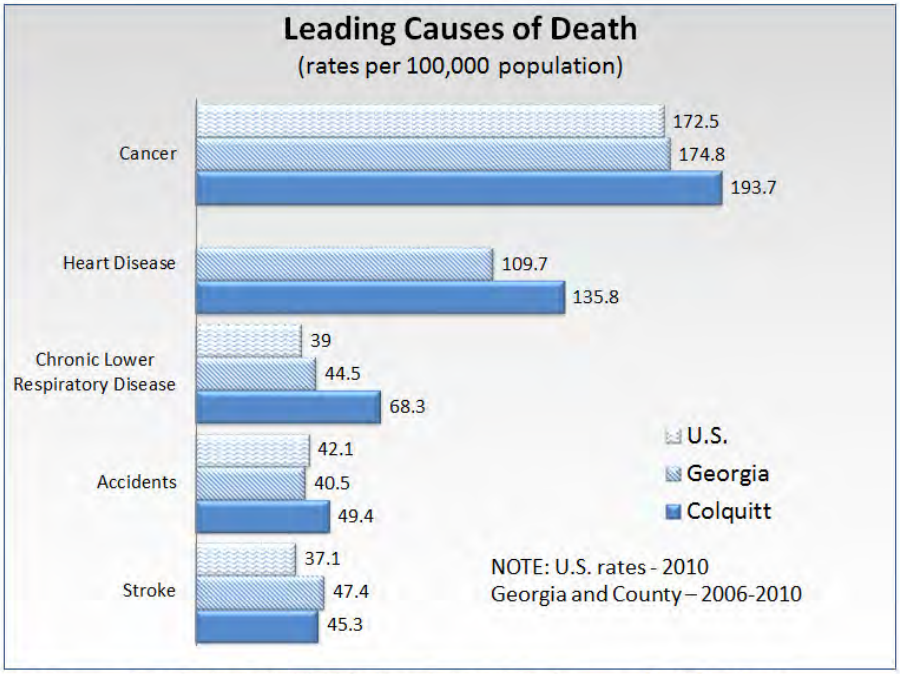
Note: When comparing heart disease rates, please note that the Georgia heart disease rate includes fewer categories than the National rates. This difference may result in the Georgia rates appearing lower than the U.S. rates.



Data Source: OASIS, Georgia Department of Public Health

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

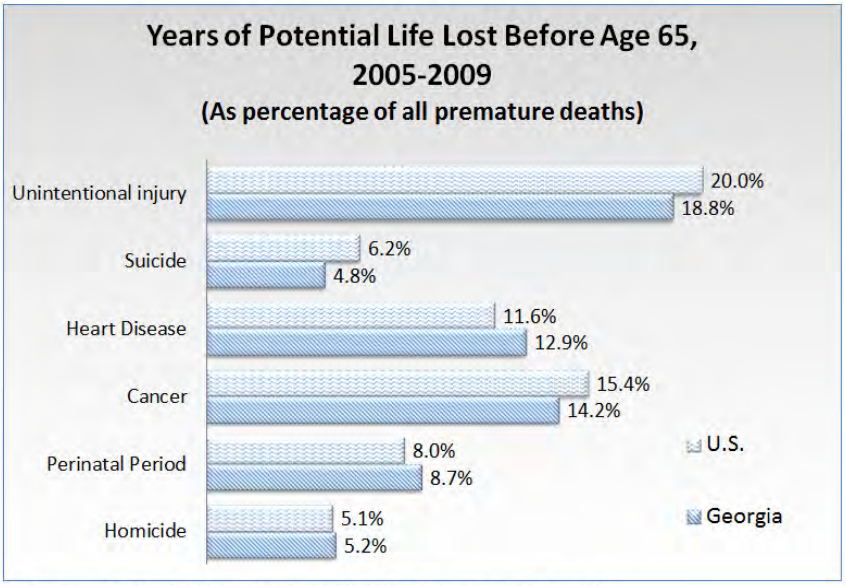
Except for stroke, the Colquitt County leading causes of death rates were higher in all categories compared to the Georgia and U.S. rates. Colquitt County had a significantly higher chronic lower respiratory disease death rate compared to both the State and U.S. (Please refer to note on page 24 regarding heart disease rates).



Data Source: OASIS, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B.

Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2005-2009, unintentional injury (e.g. motor vehicle accidents, firearms accidents, poisoning, falls) was the leading cause of premature deaths. Suicide, heart disease, and cancer 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 period includes fetal and neonatal deaths.[21] YPLL statistics at the County level were unavailable for this report.



Data Source: Centers for Disease Control, WISQARS YPLL Report, Age Adjusted

Years Potential Life Lost – Georgia Residents Gender and Race/Ethnicity – 2005 - 2009

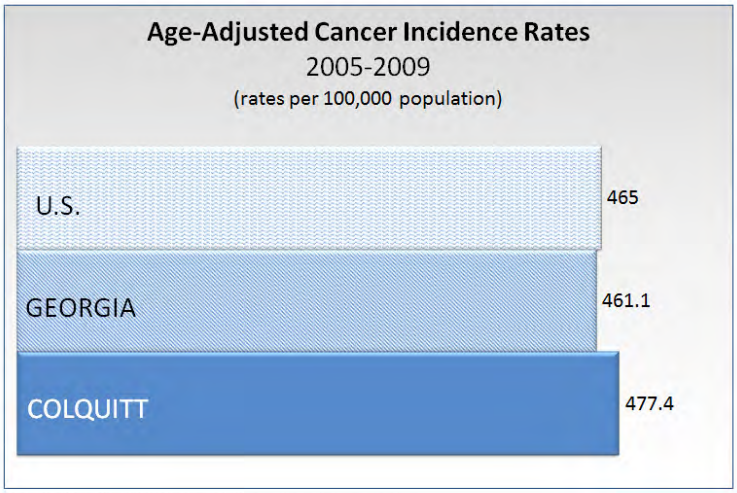
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 27.0%	Unintentional injuries 20.1%	Heart disease 15.3%	Cancer 16.1%	Unintentional injuries 33.0%	Unintentional injuries 18.9%
Heart disease 14%	Cancer 19.7%	Unintentional injuries 13.1%	Heart disease 13.3%	Heart Disease 12.7%	Cancer 16.6%
Cancer 12.4%	Heart disease 10.1%	Cancer 10.7%	Unintentional injuries 12.4%	Perinatal period 8.5%	Perinatal period 9.7%

Data Source: Centers for Disease Control, WISQARS YPLL Report

Cancer

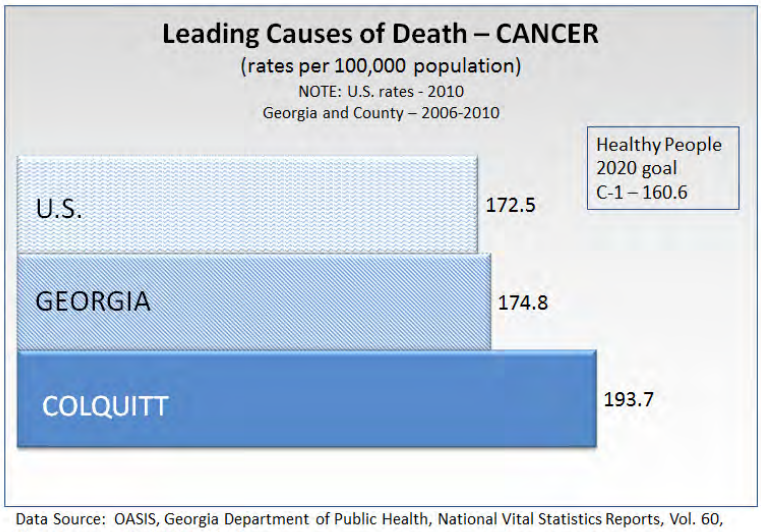
HEALTHY PEOPLE 2020 REFERENCE – C

Cancer is the second leading cause of death in the United States after heart disease. From 1999 to 2009, cancer prevalence rates increased among women 45 years of age and above and among men 75 years of age and above.[22] The five most common cancers among Georgia females are breast, lung, colon and rectum, uterus, and ovary.[23]



Data Source: National Cancer Institute, State Cancer Profiles

In Colquitt County, the cancer **incidence** rate was higher than the State and U.S. The five most common cancers among Georgia males are prostate, lung, colon and rectum, bladder, and melanoma.



Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B.

Why Is Cancer Important?

Many cancers are preventable by reducing risk factors such as:

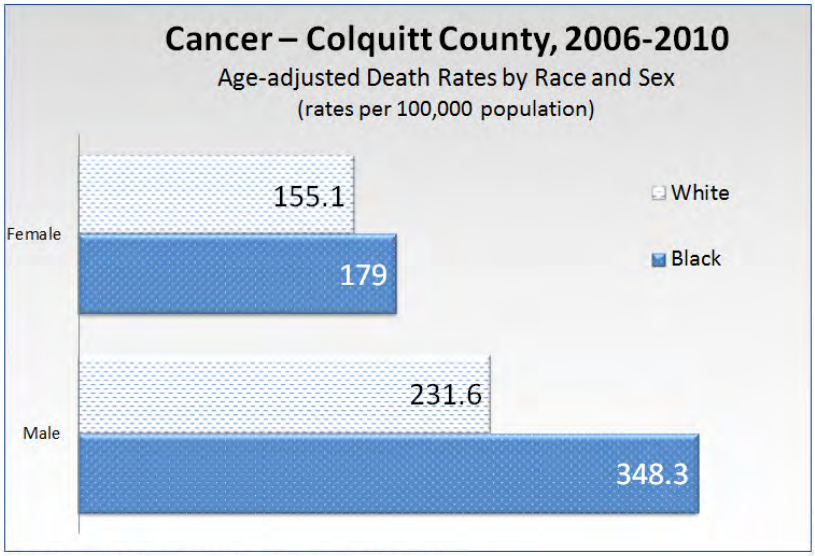
- *Use of tobacco products*
- *Physical inactivity and poor nutrition*
- *Obesity*
- *Ultraviolet light exposure*

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

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

Healthy People 2020

In Colquitt County, the cancer **death** rate was higher than the Georgia and U.S. rates. According to the Georgia Department of Human Resources, Division of Public Health, the burden of cancer can be significantly reduced by appropriate use of mammography, colorectal screening, early detection examinations, and by preventing or stopping tobacco use, improving diet, and increasing physical activity.[24]

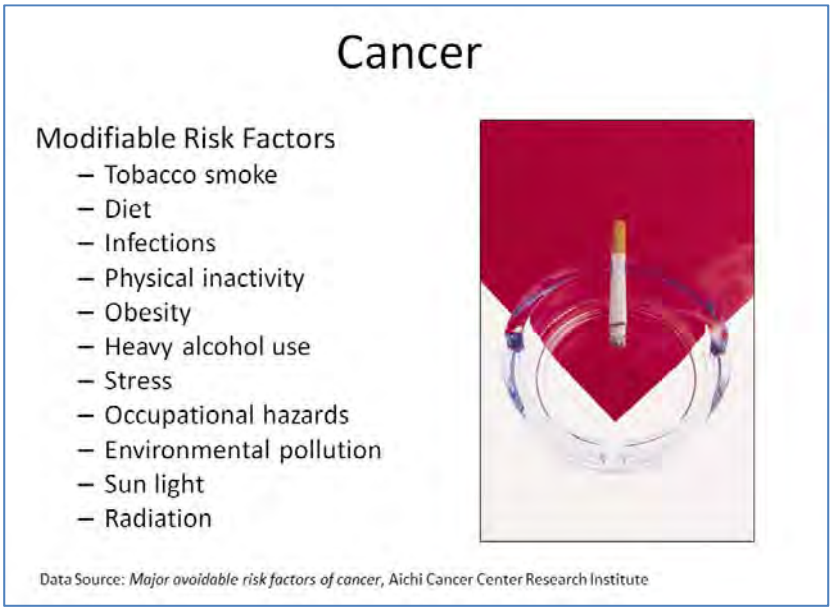


Data Source: OASIS, Georgia Department of Public Health

Age-adjusted cancer **death** rates in Colquitt were higher among Black females than White females. Likewise, this was also evident among the male population. The Black male population had the highest cancer death rate (348.3 per 100,000 population) out of all the population groups.

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, thereby reducing the likelihood of a disease are known as "modifiable risk factors."

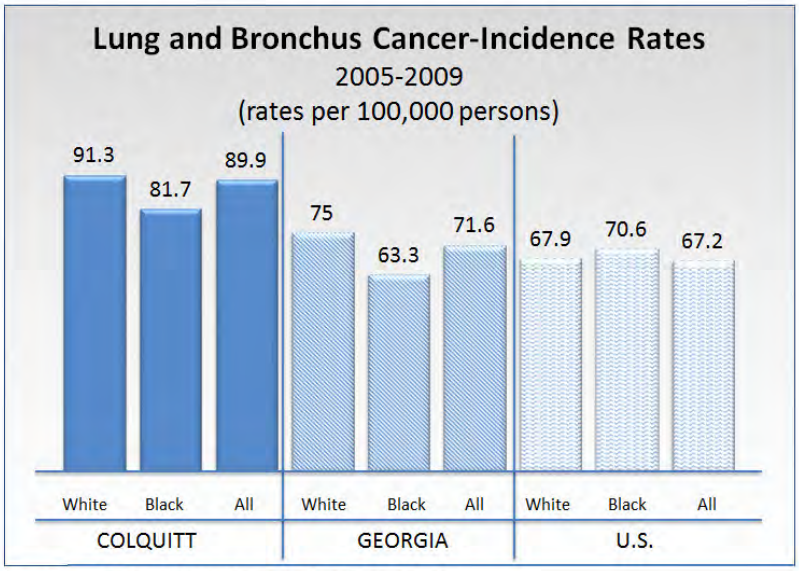
Modifiable risk factors related to cancer include tobacco, chemicals, infectious organisms, and radiation. There may also be internal factors such as genetics and hormones which contribute to the incidence of cancer.



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

Lung Cancer

According to the American Cancer Society, lung cancer accounts for about 15 percent of cancer diagnoses in the U.S. Lung cancer accounts for more deaths than any other cancer in men and women. More women die from lung cancer than breast cancer.[25]



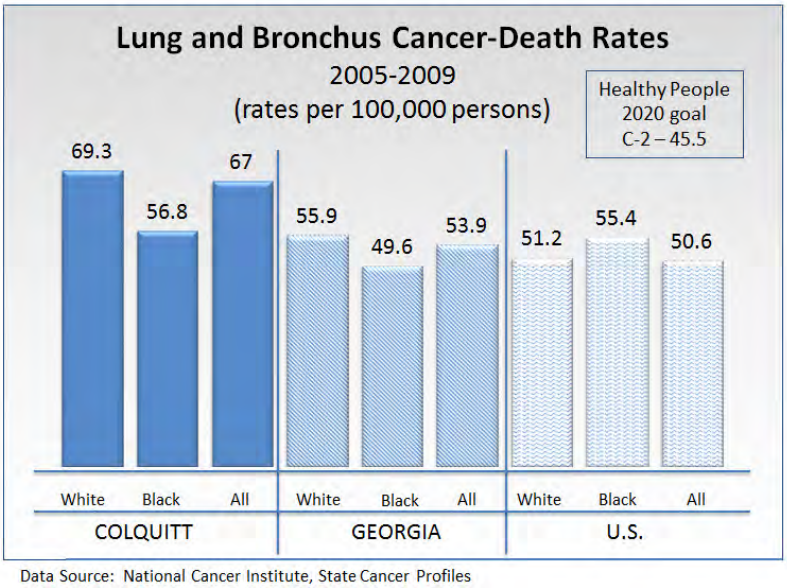
Data Source: National Cancer Institute, State Cancer Profiles

The lung cancer **incidence** rates in Colquitt County (89.9 per 100,000 population) were higher than the Georgia and U.S. rates. Whites had a higher lung cancer incidence rate than Blacks in Colquitt County and in Georgia.

According to data published from the National Cancer Institute, lung cancer **incidence** rates for males in Colquitt County were almost twice the rate of females.[26] Lung cancer is the first leading cause of cancer **death** among both males and females in Georgia.[27]

Lung Cancer Incidence Rates 2005-2009 (rates per 100,000) Colquitt	
Male	Female
135.3	60.6

Data Source: National Cancer Institute

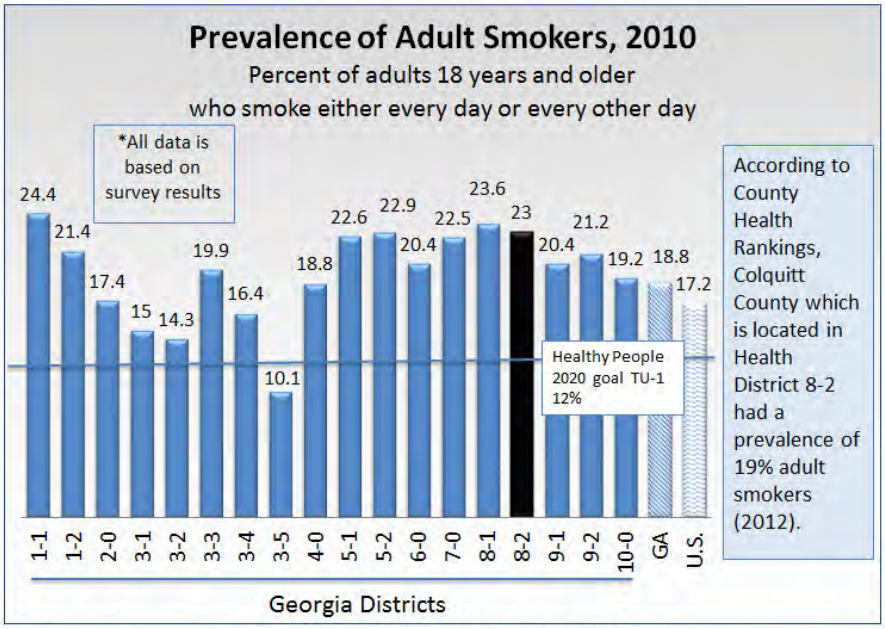


Data Source: National Cancer Institute, State Cancer Profiles

The overall lung cancer **death** rate in Colquitt (67 per 100,000 population) was higher than the Georgia and U.S. rate. In Colquitt County, Whites had a higher death rate than Blacks.

RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The longer and more often one smokes, the greater the risk.[28]

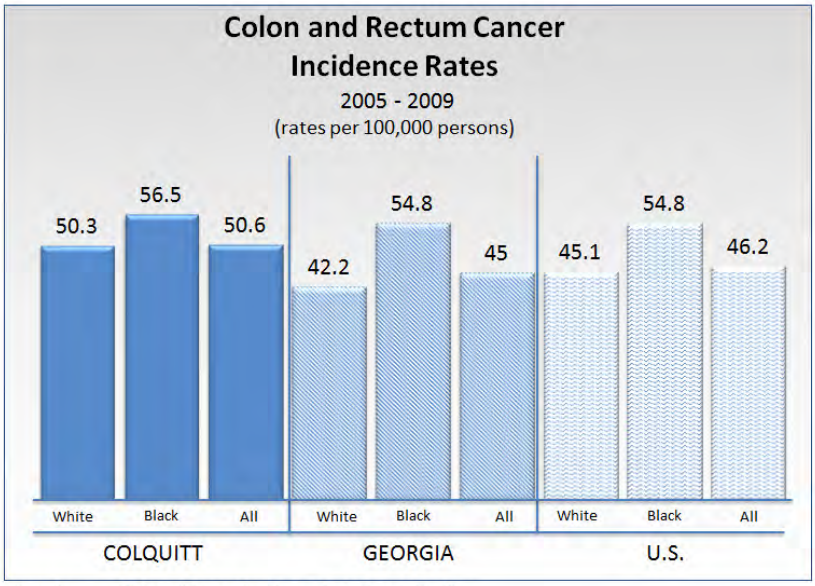


Data Sources: OASIS, Georgia Department of Public Health, County Health Rankings

Smoking prevalence in Health District 8-2 (23 percent) was higher than both Georgia (18.8 percent) and the U.S. (17.2 percent). Colquitt County was also higher at 19 percent.

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 all cancer deaths in 2010 were from colorectal cancer. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.[29] Black individuals have a higher incidence and poorer survival rate for colon cancer than for other racial groups.[30]

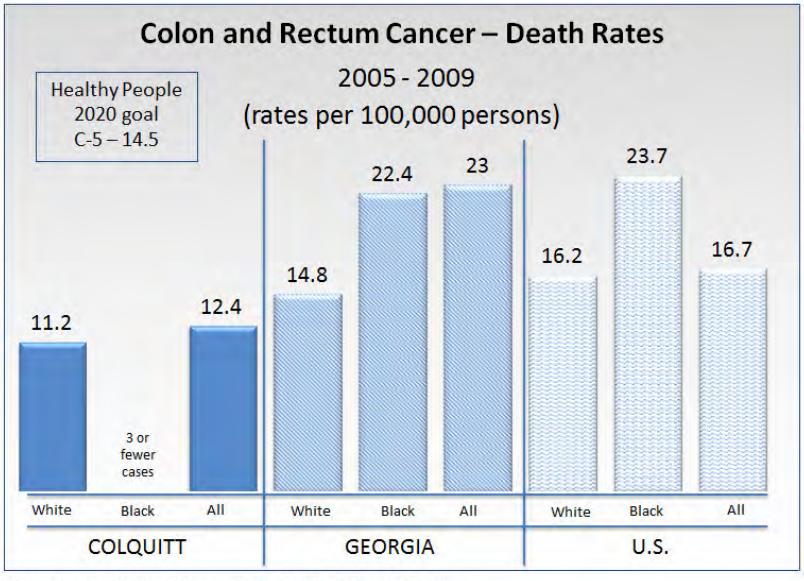


Data Source: National Cancer Institute, State Cancer Profiles

The Colquitt County colon and rectum cancer **incidence** rate (50.6 per 100,000 population) was slightly higher than State and U.S. rates during 2005 to 2009. Blacks (56.5 per 100,000 population) had the highest **incidence** rate out of all the population groups.

The **death** rates in Colquitt County from colon and rectum cancer (12.4 per 100,000 population) were lower than State and U.S. rates.

Both Georgia and U.S. data indicate Blacks had a higher colon and rectum cancer death rate than Whites. In Colquitt County, there were too few cases of Black deaths to report a rate.



Data Source: National Cancer Institute, State Cancer Profiles

RISK FACTORS

Colon and rectum cancer risks increase with age. According to the American Cancer Society, 91 percent of cases are diagnosed in individuals aged 50 and older. Modifiable risk factors include:

- Obesity
- Physical inactivity
- Diet high in red or processed meat
- Heavy alcohol consumption, and
- Long-term smoking[31]

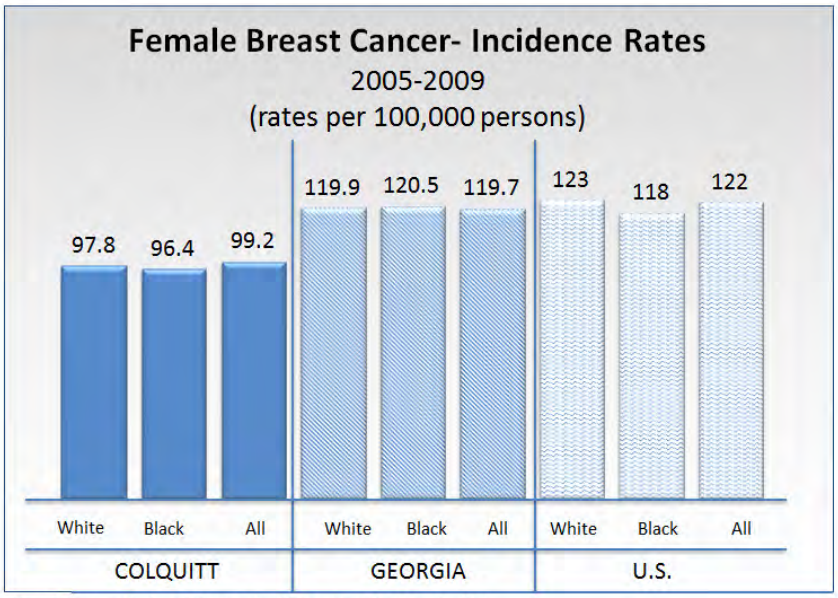
EARLY DETECTION

Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Therefore, screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.[32] The U.S. Preventive Services Task Force recommends that adults 50-75 years of age undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years. [33]

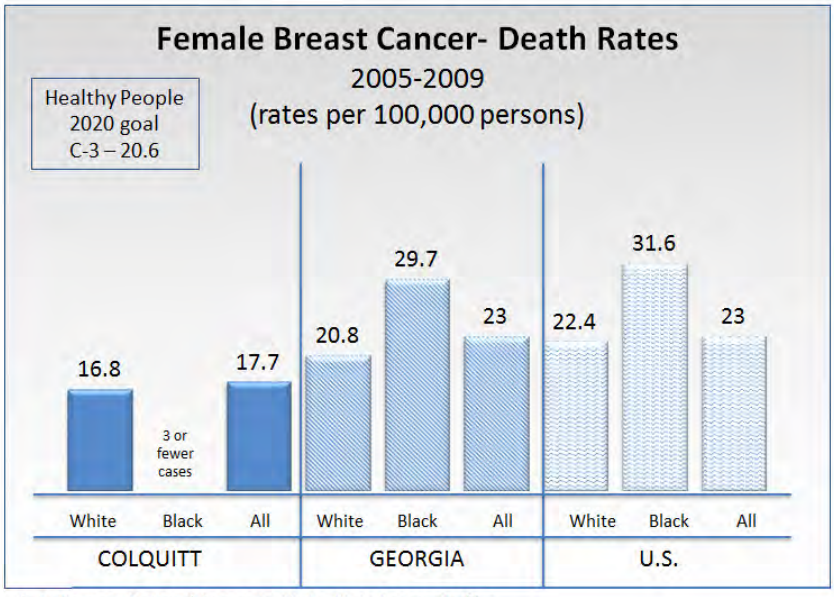
Breast Cancer

Breast cancer is the second most frequently diagnosed cancer in women, with skin cancer being the first. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Female breast cancer death rates have decreased since 1990. This decrease is due to earlier detection and improved treatment.[34]

The breast cancer **incidence** rate in Colquitt County (99.2 per 100,000 population) was higher than Georgia or the U.S. In Colquitt County, White females had a slightly higher breast cancer **incidence** rate than Black females.



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

The female breast cancer **death** rate in Colquitt County (17.7 per 100,000 population) was lower than the Georgia and the U.S. rate. In both Georgia and the U.S., Black females had a higher death rate than White females. In Colquitt County, there were too few cases to report death rates for Black females.

RISK FACTORS

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

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

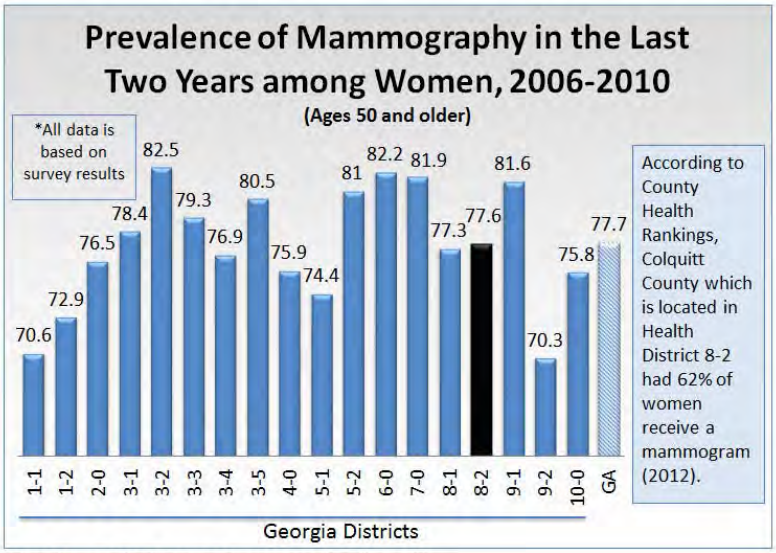
Modifiable factors that are associated with a lower risk of breast cancer include:

- Breastfeeding
- Moderate or vigorous physical activity
- Maintaining a healthy body weight[35]

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 about 80–90 percent of breast cancers in women without symptoms.[36]

The percentage of women receiving a breast cancer screening (mammography) in Health District 8-2 (77.6 percent) was comparable to the State average (77.7 percent). Colquitt County (62 percent) was lower than the State and Health District average.



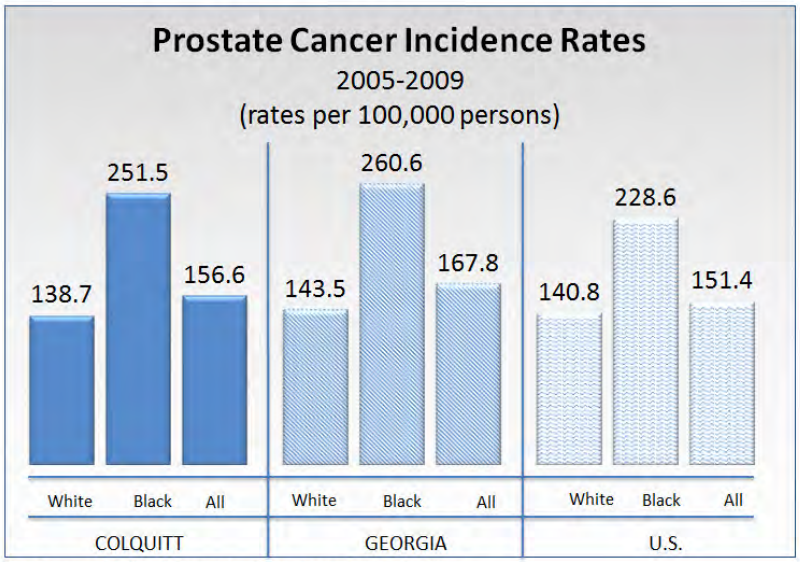
Data Source: OASIS, Georgia Department of Public Health

Prostate Cancer

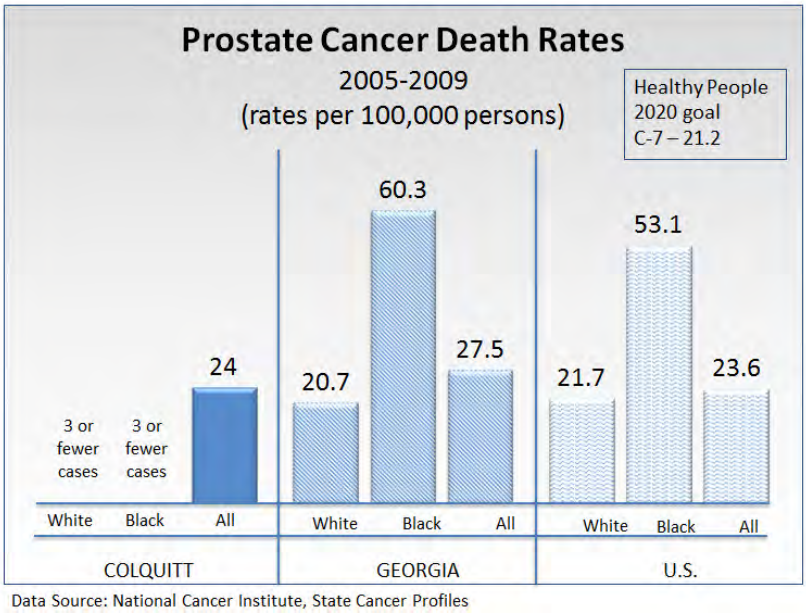
Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second most deadly cancer for males. Prostate cancer incidence and death rates are higher among Black men.[37]

Colquitt County had a lower **incidence** rate for prostate cancer (156.6 per 100,000 population) than the State but higher than the U.S.

Incidence rates among Black males in Colquitt County were much higher than White males. This disparity is also evident at the State and National level.



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

Colquitt County had lower **death** rates due to prostate cancer than Georgia but higher than the U.S.

There is a disparity of prostate cancer deaths among Blacks at the State and National level. There were too few reported cases among Blacks and Whites to report rates for Colquitt County.

RISK FACTORS

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

- Age
- Ethnicity
- Family history of prostate cancer[38]

EARLY DETECTION

Prostate-specific antigen testing of the blood permits the early detection of prostate cancer before symptoms develop. In March 2010, The American Cancer Society released updated screening guidelines. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. Therefore, the revised guidelines recommend that men have the opportunity to make "informed decisions" with their healthcare provider about whether to be screened. [39]

COMMUNITY INPUT

Cancer

- Cancer is very prevalent in Colquitt County due to unhealthy lifestyles.
- There is a lack of proper nutrition education to prevent cancer.

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE - HDS

HEART DISEASE

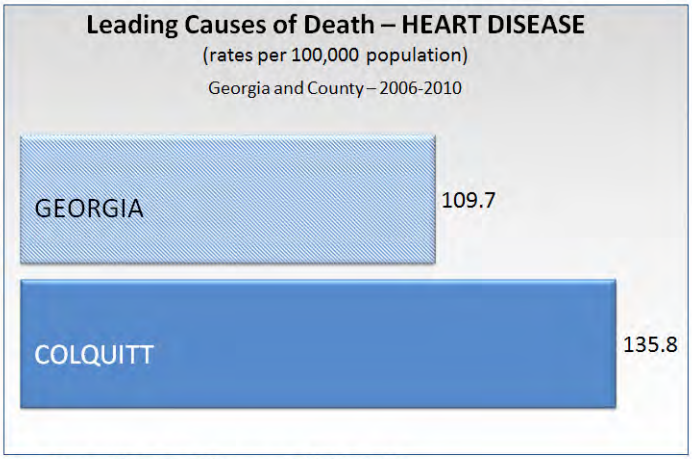
In 2010, heart disease was the first leading cause of death in the United States (24 percent of all deaths), followed by cancer (23 percent of all deaths).[40]

The majority of heart disease deaths were among people 65 years of age and older. The rates of heart disease were similar for men and women less than 65 years of age. Among older adults, 65 years of age and over, there was a higher prevalence rate for men than women. Heart disease prevalence rates showed little change from 1999 to 2009; however, during the period 1999 to 2007, age-adjusted death rates from heart disease declined by 28 percent.[41]

Why Are Heart Disease and Stroke Important?

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

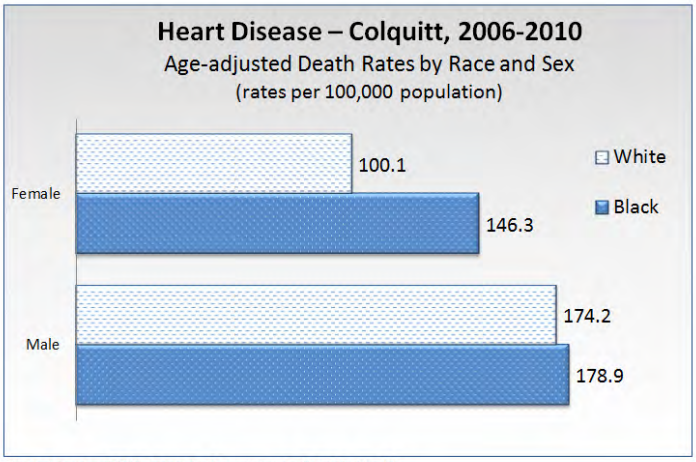
Healthy People 2020



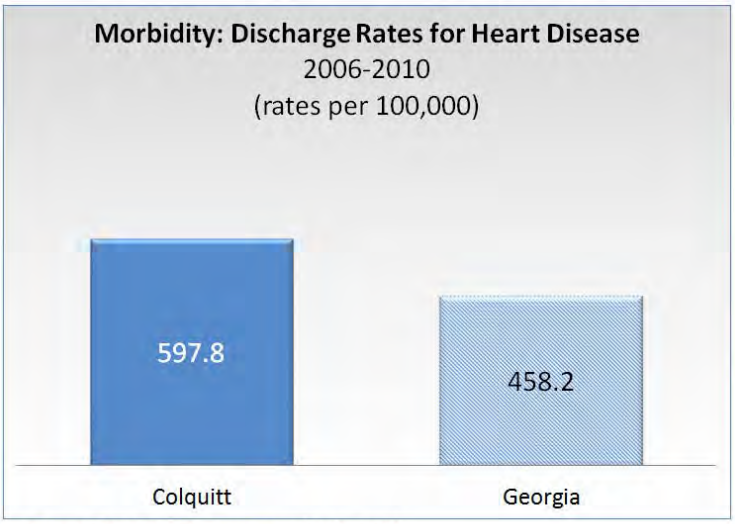
Data Source: OASIS, Georgia Department of Public Health

Compiled data from 2006-2010 indicated that the Colquitt County **death** rate from heart disease was 135.8 per 100,000 population, which was higher than the Georgia rate of 109.7 per 100,000 population.

Age-adjusted death rates from heart disease in Colquitt County for 2006-2010 indicated that the **death** rate from heart disease was higher for Black females than White females. Black males had a higher **death** rate compared to White males.



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

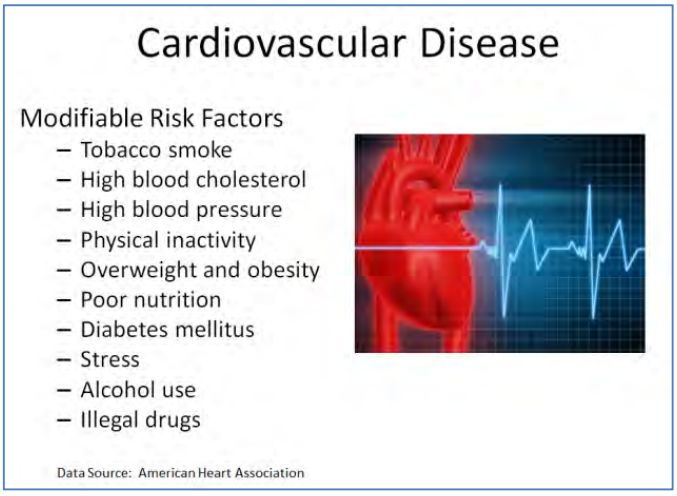
The hospital discharge rate for heart disease among Colquitt County residents was higher than Georgia's average discharge rate.

MODIFIABLE RISK FACTORS

According to the 2006-2010 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 8-2.[42]

Percentage of Population Reporting Risk 2006-2010		
Risk Factor:	**District 8-2**	**Georgia**
Diabetes	12.4	9.5
Obesity	33.9	27.6
Physical Inactivity	30.3	23.9
Smoking	23	18.8

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

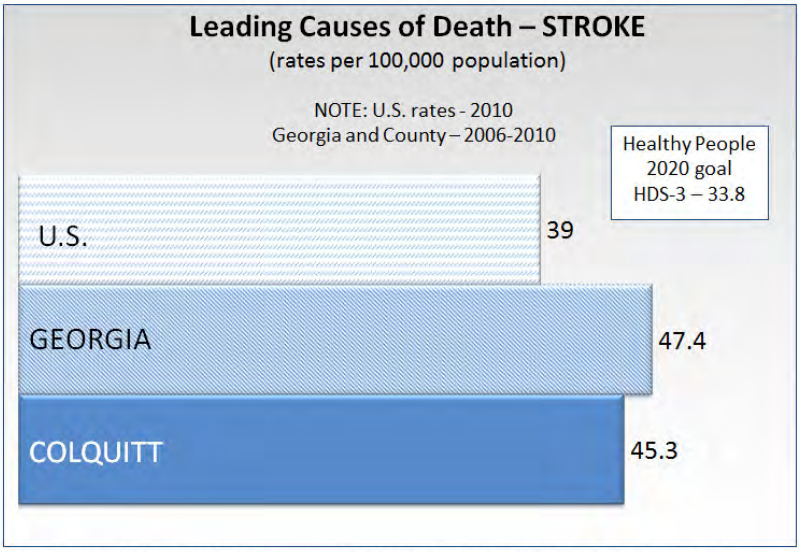


STROKE

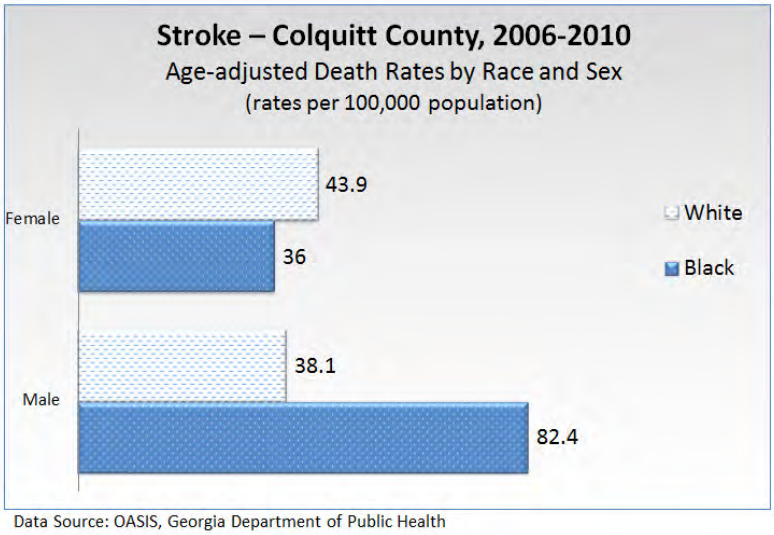
Cerebrovascular disease (stroke) was the fourth leading cause of death in the United States. Strokes were the third leading cause of death in Georgia and the fifth leading cause in Colquitt County.

The stroke **death** rate was slightly lower in Colquitt County (45.3 per 100,000 population) than Georgia, but was higher than the U.S.

The Healthy People 2020 goal is to reduce stroke deaths to 33.8 per 100,000 population.[43]



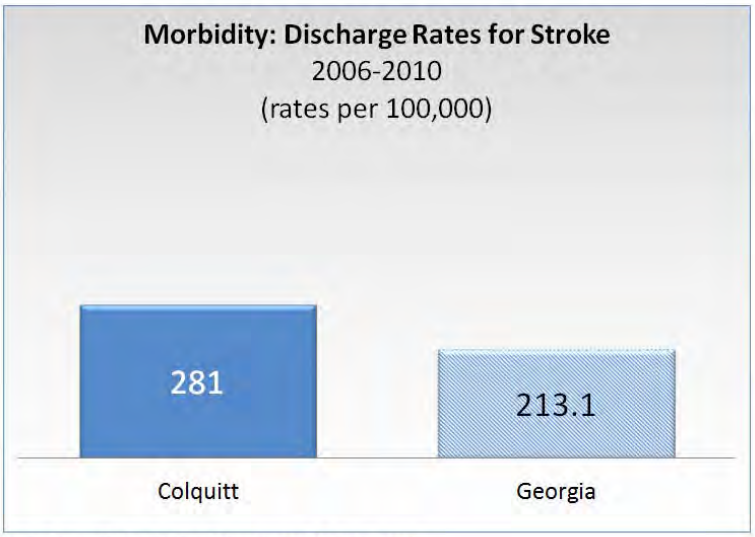
Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B, Preliminary 2010.



Data Source: OASIS, Georgia Department of Public Health

Colquitt County stroke **death** rates among White females were higher than Black females. Black males had the highest death rate out of all the population groups. The rates for all population groups were higher than the Healthy People 2020 goal of 33.8 per 100,000 population.[44]

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

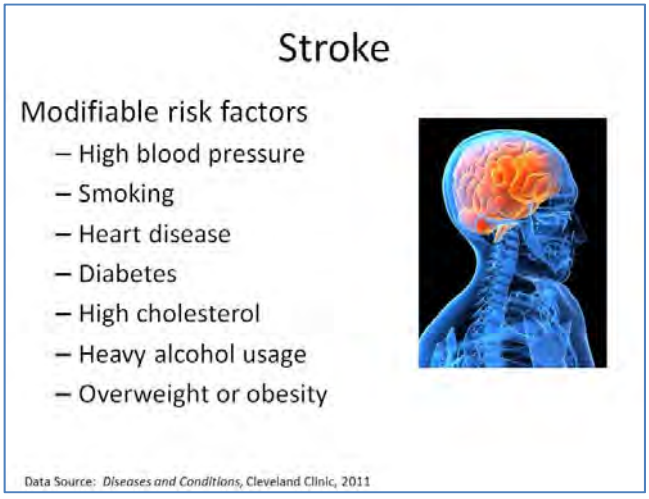


Data Source: OASIS, Georgia Department of Public Health

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 [45]



COMMUNITY INPUT

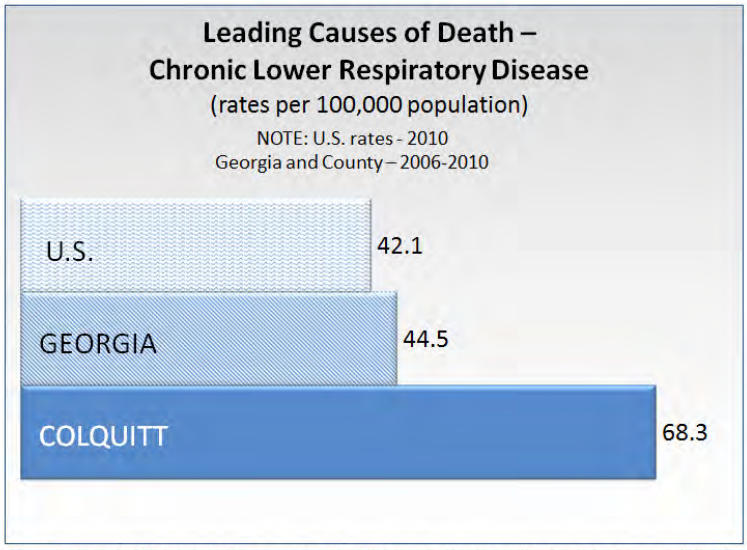
Heart Disease and Stroke

- Heart disease is an issue because of all the obesity in the community.
- There is a lack of physical fitness behavior to keep up cardiovascular health.
- There are individuals that do not know they have a heart condition.

Chronic Lower Respiratory Disease

HEALTHY PEOPLE 2020 REFERENCES - RD

Chronic lower respiratory diseases affect the lungs. The most deadly of these 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.



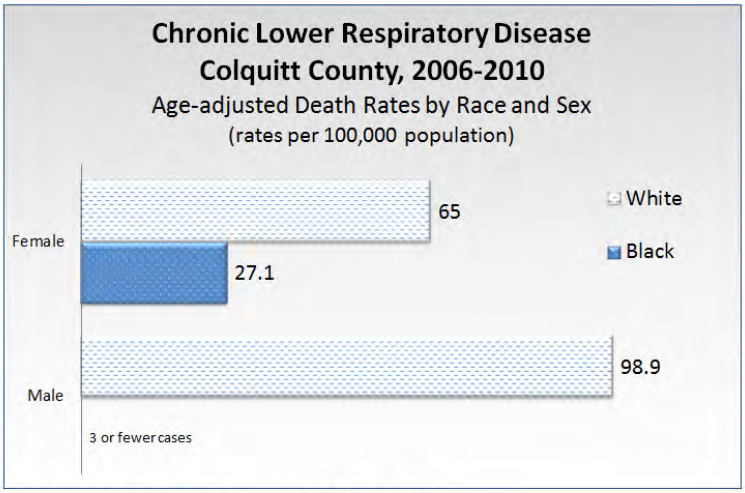
Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B, Preliminary 2010.

The chronic lower respiratory disease **death** rate for Colquitt County was higher than both the State and U.S. rates.

Why Are Respiratory Diseases Important?

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

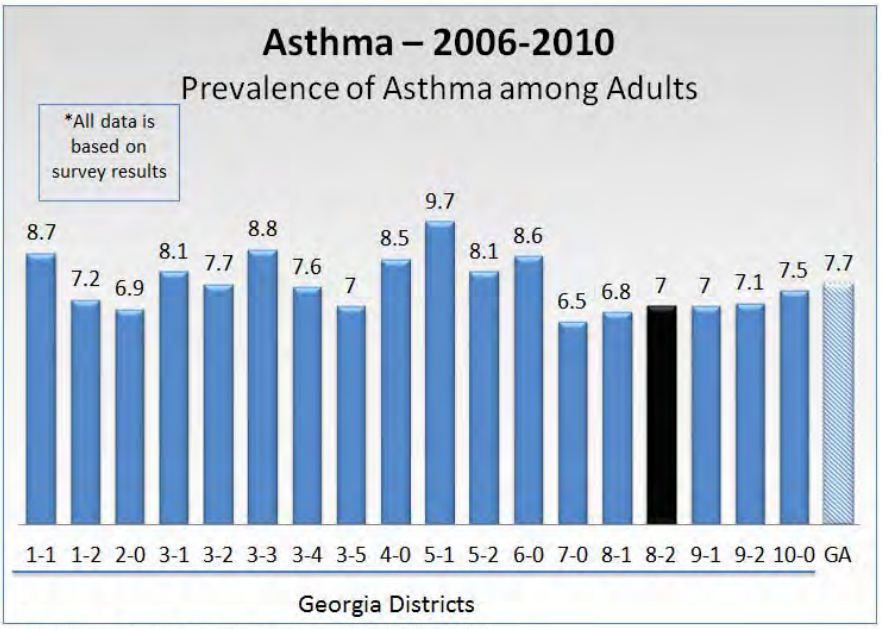
Healthy People 2020



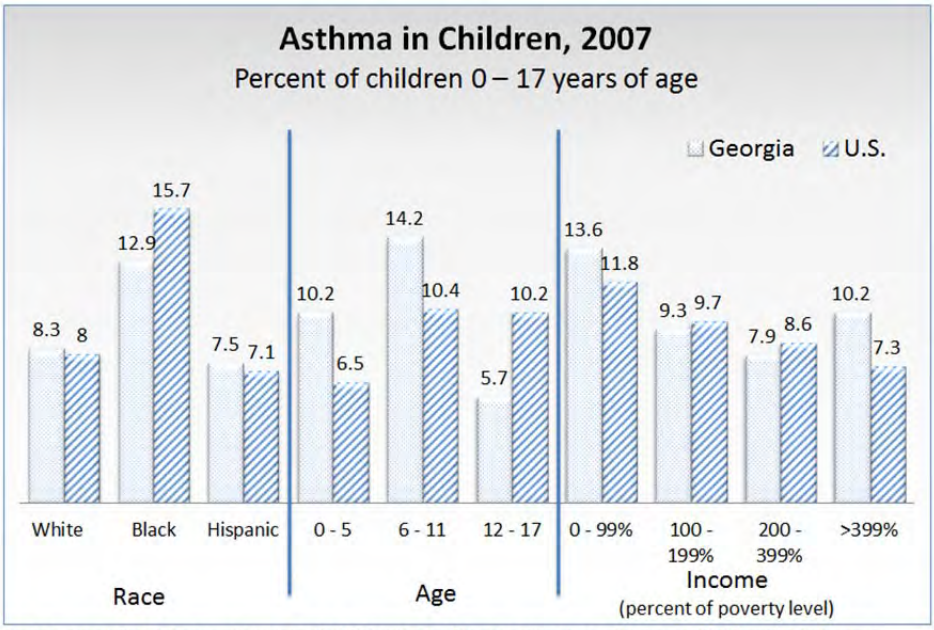
Data Source: OASIS, Georgia Department of Public Health

In Colquitt County, the age-adjusted **death** rate by race and sex for 2006-2010 indicates that White males had a much higher death rate than other population groups for chronic lower respiratory disease.

There was a slightly lower percentage of asthma among adults within Health District 8-2 compared to the State.



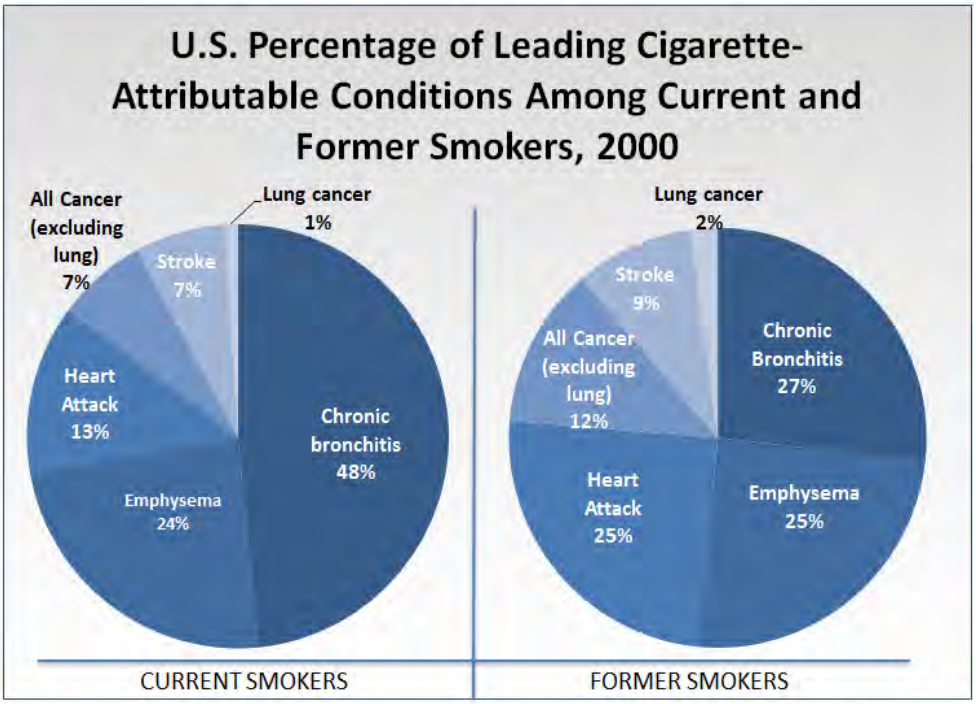
Data Source: OASIS, Georgia Department of Public Health



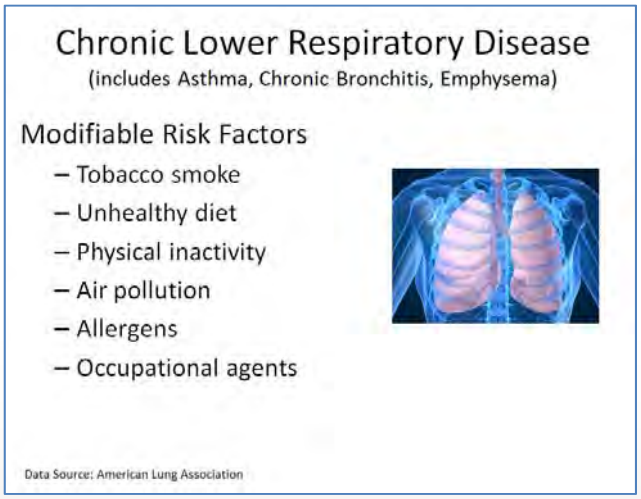
Data Source: 2007 National Survey of Children's Health, Data Resource Center on Child and Adolescent Health, http://childhealthdata.org

According to the 2007 National Survey of Children's Health, Black children had higher incidences of asthma than Whites or other population groups and asthma was more prevalent in lower income populations.[46]

Every year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, $75 billion in direct medical costs and $82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and previous heart attack (25 percent). For current smokers, chronic bronchitis was most prevalent condition (48 percent), followed by emphysema (24 percent).[47]



Data Source: CDC. MMWR. 2003 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5235a4.htm



COMMUNITY INPUT

Chronic Lower Respiratory Disease

- Some respiratory illnesses are a result of chemicals from the agriculture industry.
- Pollen from all the pine trees causes allergy conditions.
- There are a lot of children smoking from a very young age because they see parents and grandparents smoking.
- Poor living situations expose individuals to respiratory problems.
- Colquitt County agriculture is very diverse. There is a constant changing of crops that could contribute to environmental conditions that result in respiratory issues.
- Smoking behavior is linked to poverty.
- There are a lot of people with general allergies that can result in more serious respiratory problems.

Accidents

HEALTHY PEOPLE 2020 REFERENCES - IVP

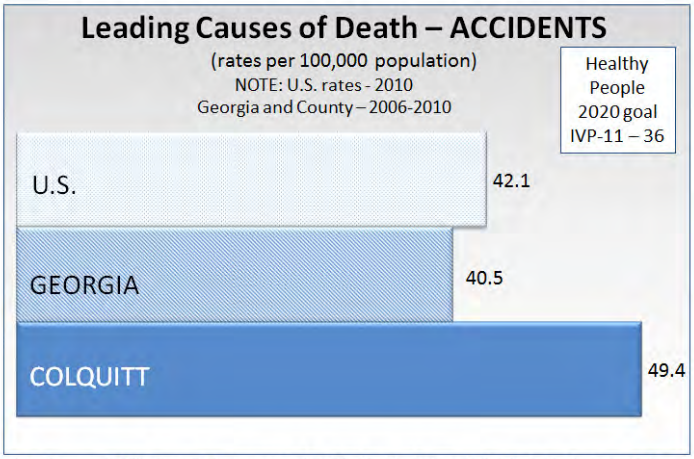
Accidental deaths may result from the following causes:

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

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

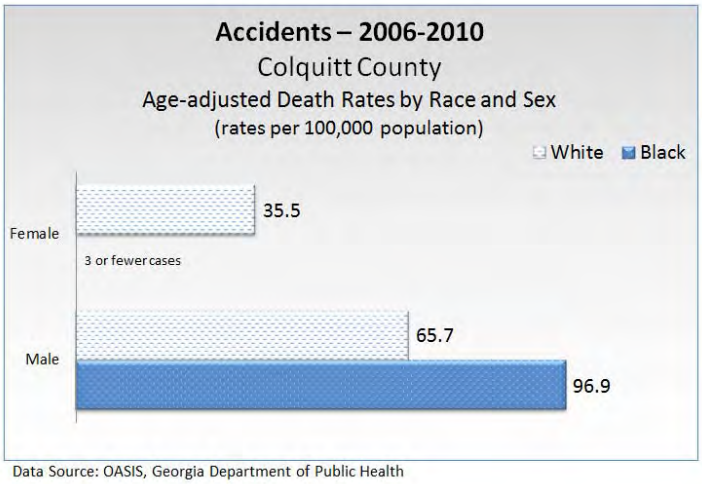


Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B.

In Colquitt County, the accident death rate (49.4 per 100,000 population) was higher than both the State and the U.S.

The Healthy People 2020 goal is set at 36.0 per 100,000 population.[48]

In Colquitt County, Males had a higher death rate due to accidents compared to females. Black males had a higher death rate compared to White males.

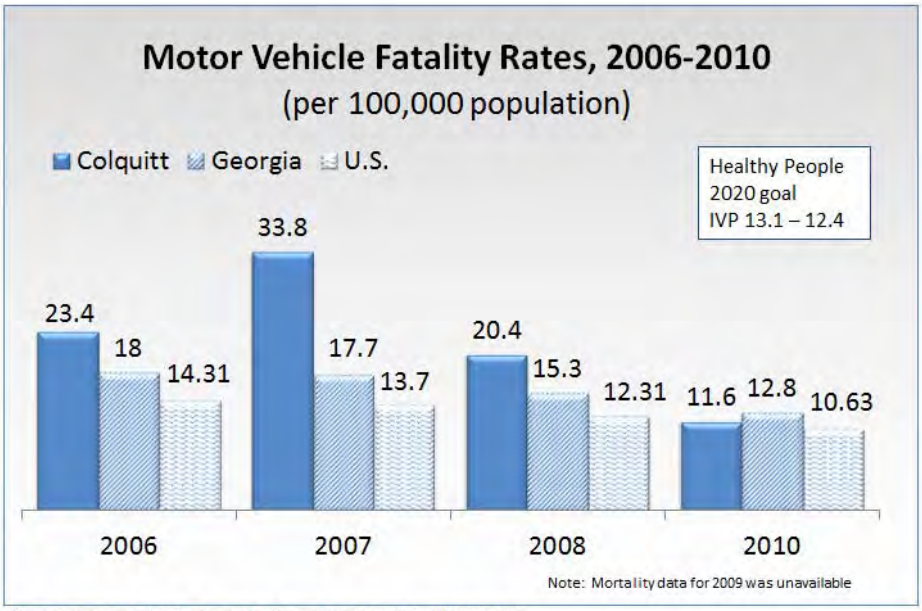


Data Source: OASIS, Georgia Department of Public Health

Motor vehicle crashes are the leading cause of death among individuals aged 5-34 in the U.S. More than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2009.[49] Driving helps older adults stay mobile and independent; however the risk of being injured or killed in a motor vehicle crash increases as you age.[50]

Over the period 2006-2010, motor vehicle fatality rates in Colquitt County had decreased overall, with the exception of rates in 2007 (33.8 per 100,000 population).

During this same time period, motor vehicle fatality rates for the State and U.S. decreased.

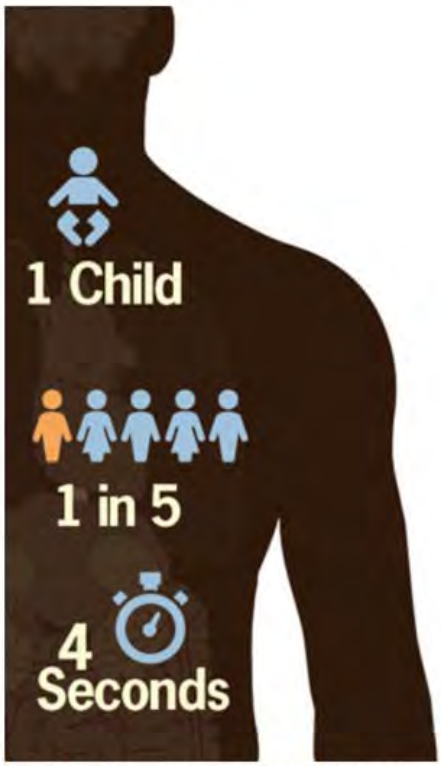


Data Source: OASIS, Georgia Department of Public Health

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 is arrested.
- Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- Age-related declines in 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.[51]

Youth Unintentional Injuries



Data Source: Centers for Disease Control and Prevention

Why is Injury Prevention in Children Important?

Every hour, one child dies from an unintentional injury in the U.S. For every child that dies, there are 25 hospitalizations, 925 treated in the ER, and many more treated in doctors' offices. About one in five child deaths is due to injury. Every four seconds, a child is treated for an injury in an emergency department.

Centers for Disease Control and Prevention

Injury is the number one killer of children in the U.S. Child injuries are preventable, yet more than 9,000 children died from injuries in the U.S. in 2009. Among all high income countries, the U.S. child injury death rate is one of the worst (8.65 per 100,000). The U.S. death rate is four times greater than the country with the lowest death rate (Sweden, 1.96 per 100,000). In 2005, injuries that resulted in death, hospitalization, or an ER visit cost nearly $11.5 billion in medical expenses.[52]

Children ages 4 and under are at greater risk, and they account for approximately half of all unintentional injury deaths. The most common deaths are a result of suffocation, choking, drowning, fires, motor vehicle accidents, poisoning, and falls.[53]

In 2009, approximately 9,100 children died from injuries in the U.S. In Georgia, the death rate (8.0 per 100,000) was slightly less than the National average (8.65 per 100,000), however prevention of these deaths is of great importance to the health of a community. In 2010, 166 children died in Georgia as a result of preventable injuries, with two child deaths occuring in Colquitt County.

Colquitt County had a population of nearly 45,498 people in 2010. The population is predicted to increase to 55,209 in 2020. Children 14 and under make up nearly 23 percent of the population in Colquitt County. Due to the predicted increasing population, it is important for the community to prevent unintentional injuries among children and be more aware of the causes.

The following sections highlight different causes of unintentional injury among children. The number of emergency room visits will be identified as well as the number of deaths as a result. Georgia and County data is based on children 0-14 years of age, while National data is based on children 0-19 years of age.

MOTOR VEHICLE CRASHES

In 2009, 1,300 children ages 19 and under died from motor vehicle related injuries in the U.S.[54] Georgia had over 9,200 children involved in motor vehicle crashes visit the ER in 2010 and 82 children died as a result. Colquitt County had over 66 cases of motor vehicle injuries in 2010 and one child died as a result.

Motor vehicle crashes include accidents in which any motorized vehicle (car, truck, motorcycle, etc.) was involved. Crashes also include ones involving motor vehicles injuring pedestrians or bicyclists.[55]

The related Healthy People 2020 goals for prevention of injury and death due to motor vehicle accidents include:

IVP-13 Reduce motor vehicle crash-related deaths

IVP-14 Reduce nonfatal motor vehicle crash-related injuries

IVP-15 Increase use of safety belts

To prevent motor vehicle injury and death, the following behaviors are important:

- Every occupant should be properly restrained for every ride. Children should ride in a back seat until that are at least 13 years of age.
- Appropriate child safety seats should be used. Children should ride in a car seat as long as possible. Children should remain in rear-facing car seat until they are at least two years of age.
- Children should remain in a forward-facing car seat until they reach the upper height or weight limit specified by the manufacturer.
- Return the product registration card provided for all new child safety seats to the manufacturer to ensure you will be notified of any recalls.[56]

FALLS

In 2009, 151 children ages 19 and under died from falls in the U.S. Each year, approximately 2.8 million children go to the hospital emergency department for injuries caused by falling.[57] Georgia had just fewer than 60,000 children involved with fall injuries visit the ER in 2010; two children died as a result. Colquitt County had 506 cases of fall injuries in the ER in 2010 and no children died as a result.[58]

Falls include all accidental injuries caused by an individual losing his/her balance.[59]

To prevent fall injuries and death, the following behaviors are important:

- Installation of window guards on upper floors, making sure they are designed to open quickly from the inside in case of fire
- Use of protective gear like a helmet during sports and recreation
- Use of safety gates at the top and bottom of stairs reduces a young child's chances of falling

» Protective surfacing under and around playground equipment can reduce the severity of fall-related injuries [60]

SUFFOCATION AND CHOKING

Suffocation is the leading cause of injury death for infants age 1 and younger.[61] In 2009, 1,160 children ages 19 and under died from suffocations in the U.S.[62] Georgia had 333 near suffocation cases visit the ER in 2010 and 34 children died as a result. Colquitt County had four near suffocation cases visit the ER in 2010, and no children died as a result.[63]

Suffocation and choking occurs as a result of items in bed, inhalation of gastric contents, food, airtight space, or plastic bag.[64]

The related Healthy People 2020 goals for prevention of injury and death due to suffocation and choking include:

IVP-24 Reduce unintentional suffocation deaths

MICH-20 Increase the proportion of infants who are put to sleep on their backs

To prevent nonfatal suffocation injuries and suffocation death, the following behaviors are important:

» Infants should sleep alone, placed on their back, and on a firm surface.
» Cribs must meet all safety standards.
» Do not use soft bedding or place soft toys in crib.[65]

DROWNING

Drowning is the leading cause of injury death for children age 1 to 4.[66] It is the third leading cause of injury-related death among children ages 14 and under in the U.S.[67] In 2009, 983 children died due to drowning in the U.S. Georgia had 153 near-drowning cases visit the ER in 2010 and 34 children died as a result of drowning. Colquitt County had one drowning death in 2010.[68]

Drowning occurs from being submerged in water or other fluid.[69]

The related Healthy People 2020 goals for prevention of injury and death due to drowning include:

IVP-25 Reduce drowning deaths

To prevent nonfatal drowning injuries and drowning death, the following behaviors are important:

- Everyone should learn to swim
- Use a four-sided fence with self-closing and self-latching gates around the pool
- Children should be supervised closely when they are in or around water[70]

FIRE/BURNS

In 2009, almost 90,000 children ages 14 and under were non-fatally injured from an unintentional fire or burn-related incidents in the U.S.[71] In 2009, 391 children died from fires or burns in the U.S. Georgia had 423 fire or burn-related cases visit the ER in 2010 and nine children died as a result. Colquitt County had four cases of fire or burn-related visits to the ER in 2010 and no children died as a result.[72]

Fire, burns, and smoke exposure injuries and death occur due to accidental exposure to smoke, fire, and flames.[73]

> The related Healthy People 2020 goals for prevention of injury and death due to fire and/or burns include:
>
> IVP-28 Reduce residential fire deaths

To prevent fire and burn related injuries and death, the following behaviors are important:

- Use smoke alarms where people sleep and on every level of the home
- Test smoke alarms monthly
- Create and practice a family fire escape plan
- Install a home fire sprinkler system if possible[74]

POISONING

In 2010, more than 68,000 children were treated in emergency departments for unintentional poisoning-related incidents, and almost 72 percent of those treated were under five years of age.[75] In 2009, 824 children died from poisonings in the U.S. Georgia had 3,468 poisoning cases visit the ER in 2010 and three children died as a result. Colquitt County had 25 poisoning cases visit the ER in 2010 and no children died as a result.[76]

Poisoning injuries and death result from the act of ingesting or coming into contact with a harmful substance that may cause injury, illness, or death.[77]

The related Healthy People 2020 goals for prevention of injury and death due to poisoning include:

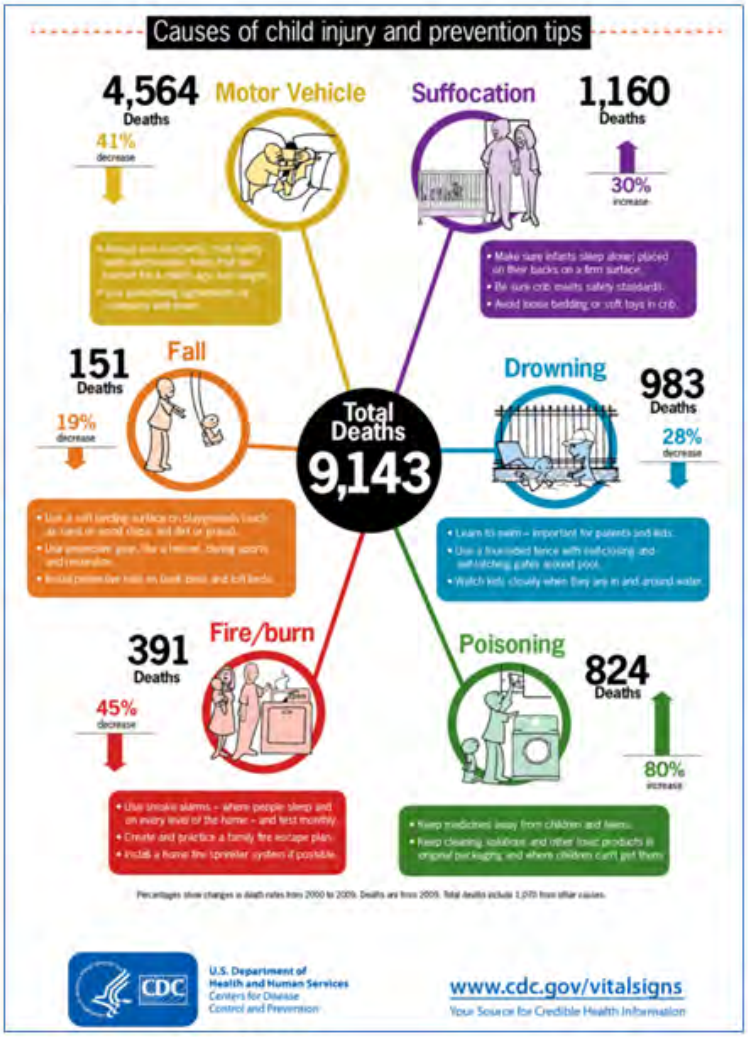
IVP-9 Prevent an increase in the rate of poisoning deaths

IVP-10 Prevent an increase in the rate of nonfatal poisonings

To prevent poisoning injuries and death, the following behaviors are important:

- Keep medicine away from children and teens
- Keep cleaning solutions and other toxic products in original packaging and where children cannot get them
- And keep prescription drugs in child-resistant packaging[78]

The Centers for Disease Control and Prevention has developed a chart (right) to inform individuals of recommended prevention tips for child injury. Copies may be obtained at the website address noted in the chart.



Source: www.cdc.gov/vitalsigns

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

Diabetes affects 8.3 percent of Americans of all ages, and 11.3 percent of adults age 20 or older according to the National Diabetes Fact Sheet for 2011. About 27 percent of those with diabetes—7 million Americans—do not know they have the disease.[79]

According to the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), the percentage of Georgia residents diagnosed with diabetes had steadily risen from 7.3 percent in 2004 to 9.7 percent in 2010.[80]

The 2010 percentage of Georgia's population with diabetes (9.7 percent) was higher than the U.S. percentage (8.7 percent).[81]

Image Source: Pharmacy Practice News

Why Is Diabetes Important?

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

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

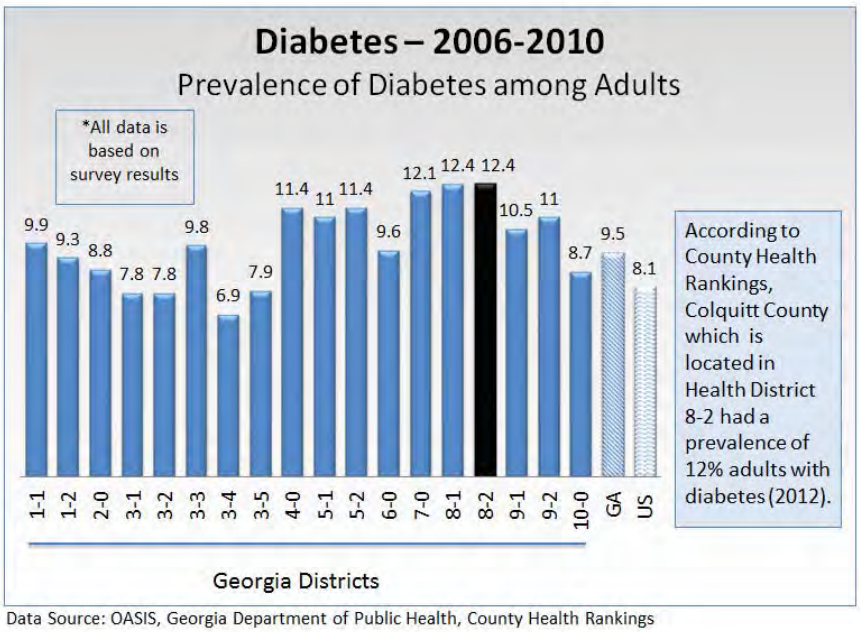
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

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

Healthy People 2020

Health District 8-2 (which includes Colquitt County), had a higher diabetes **prevalence** (12.4 percent) than a majority of the other districts in the State for the period 2006-2010. Colquitt County had a diabetes **prevalence** of 12 percent in 2012, which was higher than the State or U.S. rates.

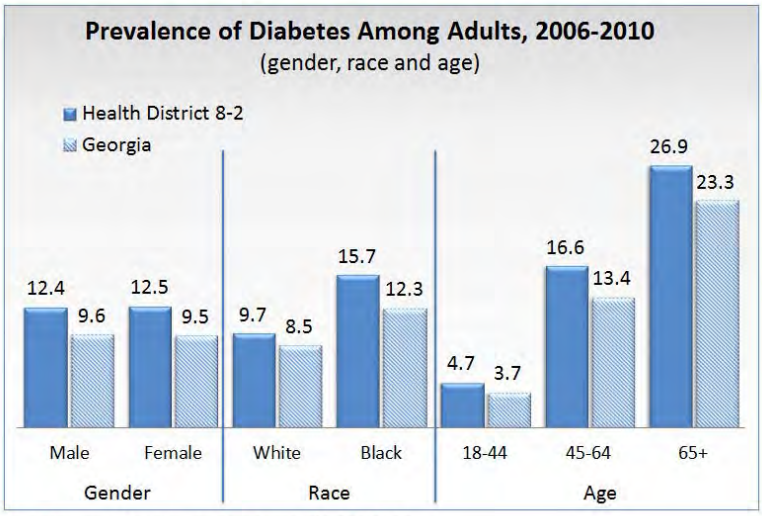


Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

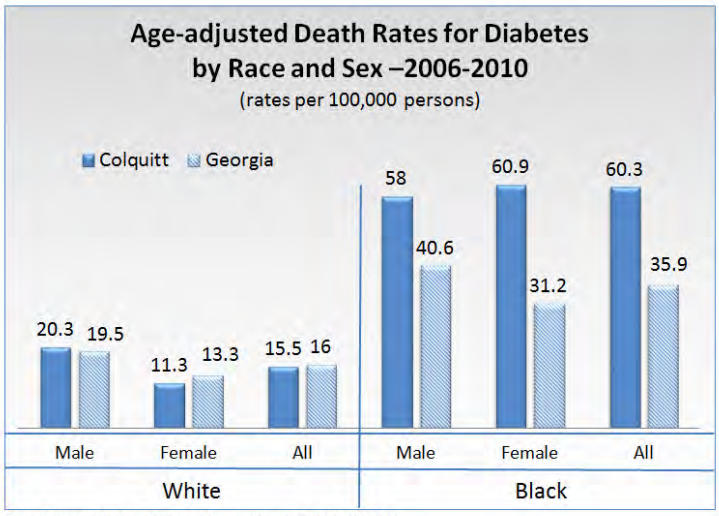
From 2006-2010, Health District 8-2 female diabetes **prevalence** was slightly higher than male **prevalence.**

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

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



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

In both Colquitt County and Georgia, overall **death** rates due to diabetes were higher among Blacks compared to Whites.

Colquitt County Black females had the highest **death** rate out of all the population groups.

The Healthy People 2020 goal is 65.8 per 100,000 population.[82]

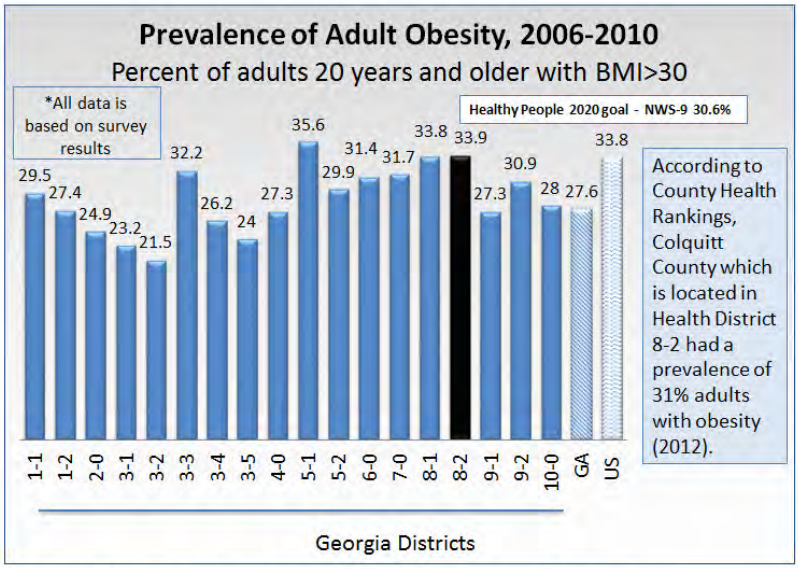
Obesity

HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

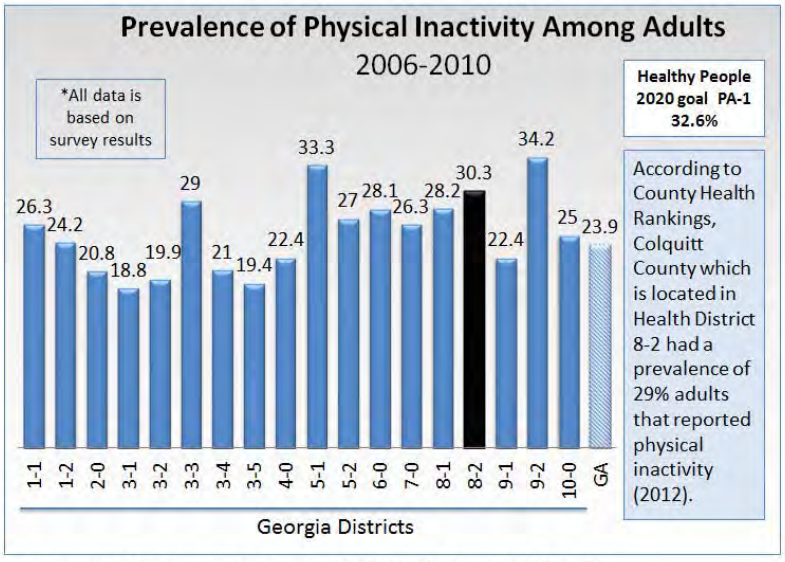
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of persons aged 20 years and older were obese in 2005–2008. The Healthy People 2020 target for obesity is to reduce this percentage to 30.6 percent.[83]

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 30 kg/m2, and obese when it is greater than 30 kg/m2.[84]

The **prevalence** of adult obesity in Health District 8-2 (33.9 percent) was higher than the State rate (27.6 percent), and the National rate (33.8 percent). The Healthy People 2020 goal is set at 30.6 percent. Colquitt County had a higher **prevalence** (31 percent) than the State.



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



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

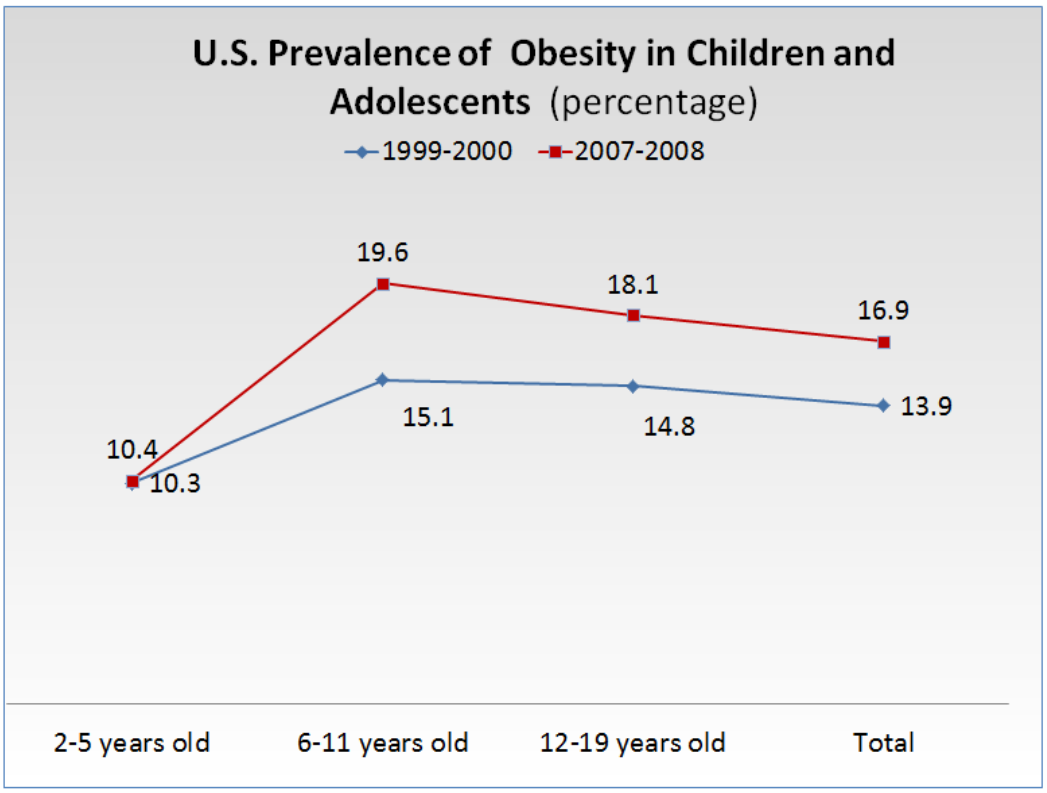
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 8-2 (30.3 percent) compared to the State average (23.9 percent). Colquitt County had a higher **prevalence** of physical inactivity (29 percent) than the State and lower than the Healthy People 2020 target of 32.6 percent.[85]

Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formally 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.[86] Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to the Centers for Disease Control and Prevention, for the period 2007-2008, 16.9 percent of children and adolescents aged 2-19 years were obese.[87]

Georgia has the second highest obesity rate in the U.S. and nearly 40 percent of children are overweight or obese in the State.[88]

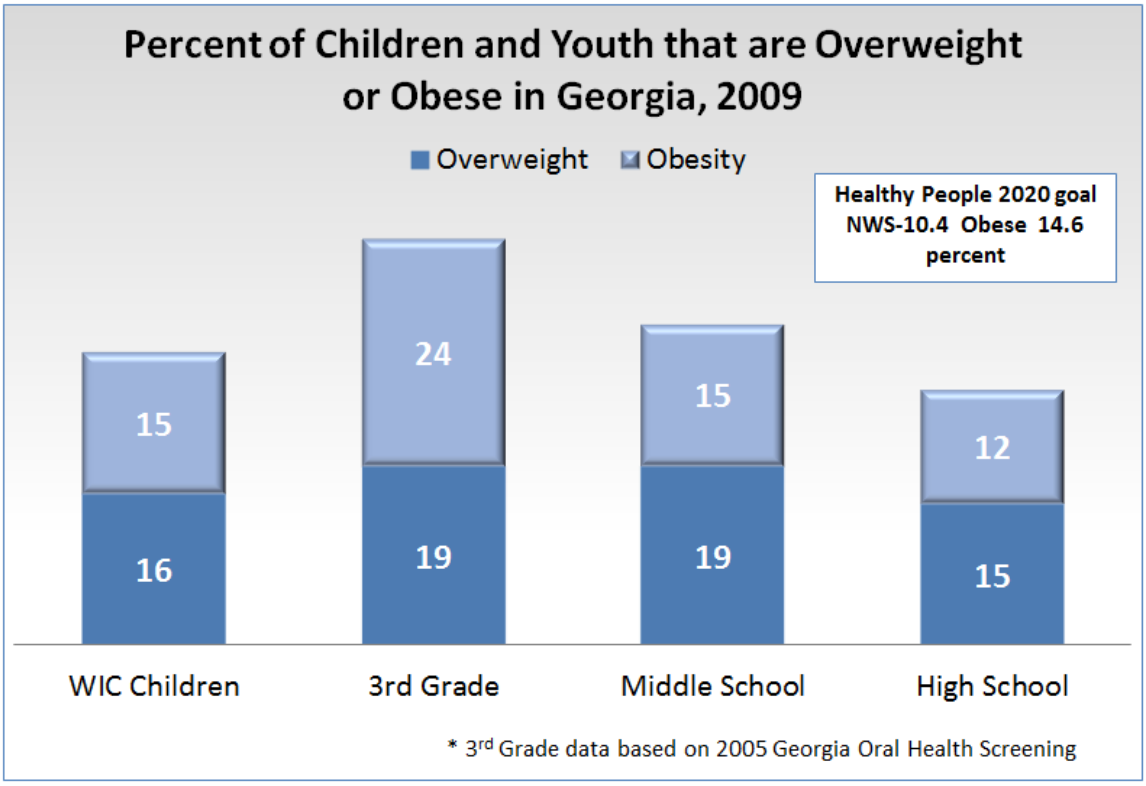


Data Source: CDC, NHANES, Prevalence of obesity among U.S. children and adolescents aged 2-19

Racial and ethnic disparities are very significant across the obese U.S population of children and adolescents. Between 1988-1994 and 2007-2008, the prevalence of obesity increased accordingly:

- From 11.6 percent to 16.7 percent among non-Hispanic White boys
- From 10.7 percent to 19.8 percent among non-Hispanic Black boys
- From 14.1percent to 26.8 percent among Mexican-American boys
- From 8.9 percent to 14.5 percent among non-Hispanic White girls
- From 16.3 percent to 29.2 percent among non-Hispanic Black girls
- From 13.4 percent to 17.4 percent among Mexican-American girls[89]

According to a 2005 Georgia Oral Health Screening, obesity and overweight status among third graders was higher than the most recent BRFSS data published in 2009 for Middle School and High School. This can be assumed due to the difference in data collection methods. The BRFSS is a self-reported survey, while the 2005 Georgia Oral Health Screening collected first-hand height and weight measurements of third graders.[90]



Data Source: Georgia Department of Public Health, 2010 Georgia Data Summary

Pediatric Nutrition Surveillance System collects similar first-hand data on children under five that are enrolled in the Women, Infant and Children program (WIC). In 2009, 15 percent of children aged 2-4 years of age in the WIC program were obese.[91]

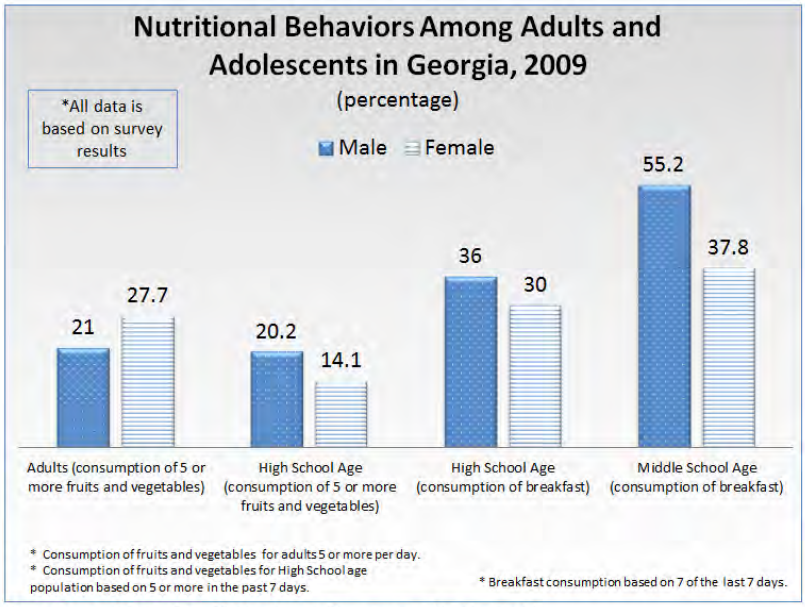
More information collected from the 2005 Georgia Oral Health Screening revealed the following demographic information:

- Girls were more likely to be obese (25 percent) than boys (22 percent).
- Black children were more likely to be obese (27 percent) than White children (21 percent).
- Children from low socioeconomic (SES) households were more likely to be obese (26 percent) than those from high SES households (21 percent).
- Children from rural areas were more likely to be obese (26 percent) than children from Metropolitan Atlanta (21 percent).[92]

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.[93]

In 2009, only 21 percent of adult males and 27.7 percent of adult females consumed five or more servings of fruits and vegetables.

There was a drop in the prevalence of consumption of breakfast among high school age adolescents when compared to middle school age adolescents. Overall female adolescents had poorer nutritional behaviors than males.



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

Obese children are more likely to have:

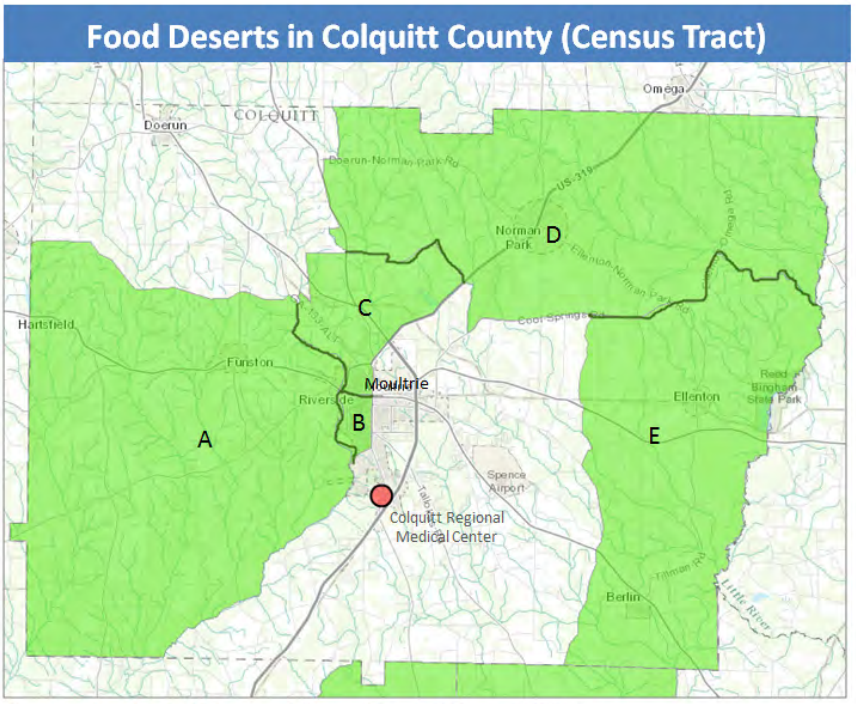
- High blood pressure and high cholesterol
- Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- Breathing problems, such as sleep apnea and asthma
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones and gastro reflux
- Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood[94]

Food Deserts

Choices about what food to buy can be beyond the control of a population group. Choices about food spending and diet are likely to be influenced by the accessibility and affordability of food retailers—travel time to shopping, availability of health foods, and food prices. More importantly, low-income disparities have an influence on accessing healthy food.[95]

The United States Department of Agriculture, Treasury and Health and Human Services have defined a food desert as a census tract with a substantial share of residents who live in low-income areas that have low levels of access to a grocery store or a healthy, affordable food retail outlet.[96]

Labeled Census Tracts A, B, C, D, and E are areas in Colquitt County defined as food deserts (see below for definitions).



Above data is based on the 2000 census and the compilation of a 2006 supermarket survey
Data Source: United States Department of Agriculture, Food Desert Locator

Census tracts qualify as food deserts if they meet low-income and low-access thresholds:

1. They qualify as *low-income communities* based on having: a) poverty rate of 20 percent or greater or b) median family income at or below 80 percent of the area median family income; AND
2. They qualify as *low-access communities* based on the determination that at least 500 persons and/or at least 33 percent of the census tract's populations live more than one mile from a supermarket or large grocery store (10 miles in the case of non-metropolitan census tracts).[97]

COMMUNITY INPUT

Diabetes and Obesity

- Obesity is caused by a community's culture.
- Inactivity is the main cause of obesity.
- There is a very active recreational center in the community that offers scholarships.
- People cannot afford full meals, so they eat unhealthy snacks throughout the day.
- Children do not have access to recreation facilities due to transportation.
- There are a lot of latch-key children that do not do anything until their parents come home from work.
- It is ironic that Colquitt County is the largest produce producing county in the State, yet there is a lack of access to fresh fruits and veggies.
- There is not enough education and outreach on healthy eating and cooking.
- Individuals do not focus on a healthy lifestyle.
- Food is like a drug for people; they do not know how to manage it.
- Nobody likes to be fat and unhealthy.
- Education and personal accountability is the solution to prevent diabetes.
- There is a non-compliance with healthy behaviors among the diabetes population.
- There are diabetes education classes, but there is a cost.
- Schools can be a vehicle to impact a lot of health behavior change within a family unit.
- There is a link between obesity and poverty due to fast-food restaurants.
- The Southern diet is slowly getting away from using meat oils to season veggies.
- The Head Start program has a healthy eating program within its curriculum.
- There is a misconception about diabetes. People believe that you will only get it if you consume a lot of sweets.
- People do not realize how much sugar is in drinks.
- Type 2 diabetes typically starts to occur in middle school.

COMMUNITY INPUT

Diabetes and Obesity (cont.)

- Recess is only 15 minutes a day in elementary schools.
- Nutrition and exercise have a major impact on the obesity problem.
- It is important to practice what you preach. There are a lot of healthcare providers that are not healthy.
- Most type 2 diabetic children are obese.
- Children have gotten larger. They do not understand how to eat healthy or exercise.
- There is a need to teach children how to properly select healthy foods.
- Cheaper food is less healthy.
- Children look to parents as role models. They live what they learn. If a parent is not incorporating physical activity into their own life, children will think that is okay.
- The two main issues that contribute to childhood obesity are the length of the school day and transportation.
- There are some areas of Colquitt County that do not have grocery stores.
- Many children are obsessed or addicted to video games.
- We are living a convenient lifestyle. It is easier to run through the drive-thru to provide dinner for a family.
- There is a growing awareness of incorporating an active and healthy culture in the community.
- In the city of Funston there are no sidewalks.
- The school lunch program has been revamped in the last year. Children hated the change at first, but are now getting acclimated to the healthy food.
- There is not enough education on nutrition and what one should eat.
- A childhood obesity grant will provide a family nutrition counselor to go to third grade classrooms to track weight of children through fifth grade.
- A lot of the local fruit and vegetable producers do not sell locally because it is less cost-efficient.

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. [98]

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

- Live birth rates
- Number of infant deaths
- Teen birth rates
- Mother receiving adequate prenatal care
- Low and very low birth weights
- Growth indicators
- Breastfeeding
- Immunization rates

Racial and ethnic disparities were noted among these indicators. Disparities may be due 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.[99]

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:

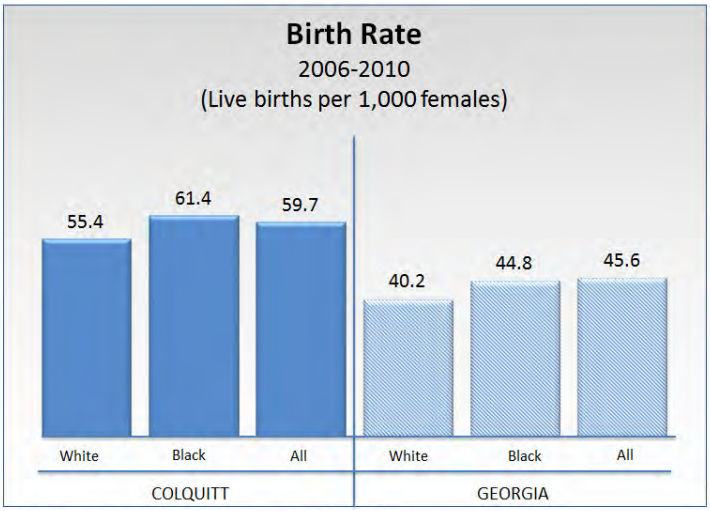
- *Hypertension and heart disease*
- *Diabetes*
- *Depression*
- *Genetic conditions*
- *Sexually transmitted diseases (STDs)*
- *Tobacco use and alcohol abuse*
- *Inadequate nutrition*
- *Unhealthy weight*

Healthy People 2020

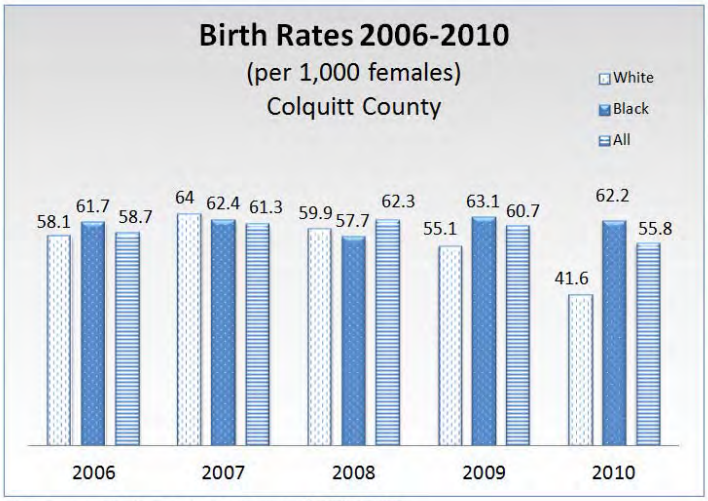
A life course perspective to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.[100]

Birth Rates

Colquitt County had a higher birth rate (59.7 live births per 1,000 females) compared to the State (45.6 live births per 1,000 females) from 2006-2010. Blacks in Colquitt County had a higher birth rate than Whites.



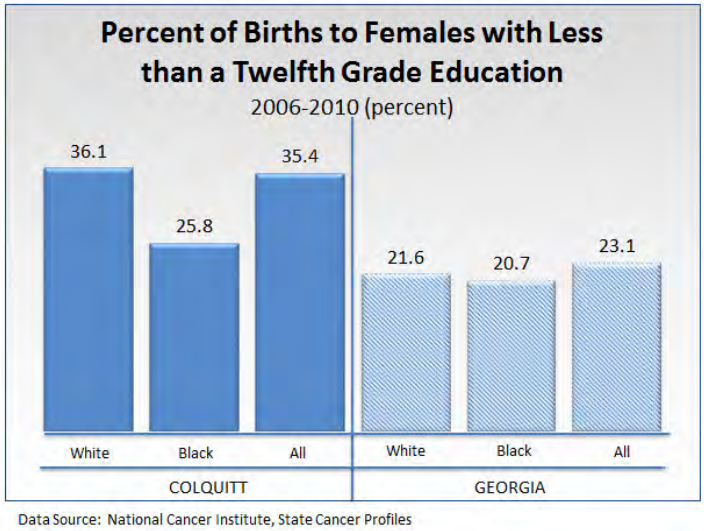
Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

From 2006-2009, birth rates per 1,000 females in Colquitt County remained fairly stable. In 2010, birth rates dropped.

The percent of births to females with less than a twelfth-grade education was higher (35.4 percent) among Colquitt County residents compared to Georgia residents (23.1 percent). The percentage of births to White mothers with less than a twelfth-grade education in Colquitt County (36.1 percent) was higher than the Black proportion (25.8 percent).



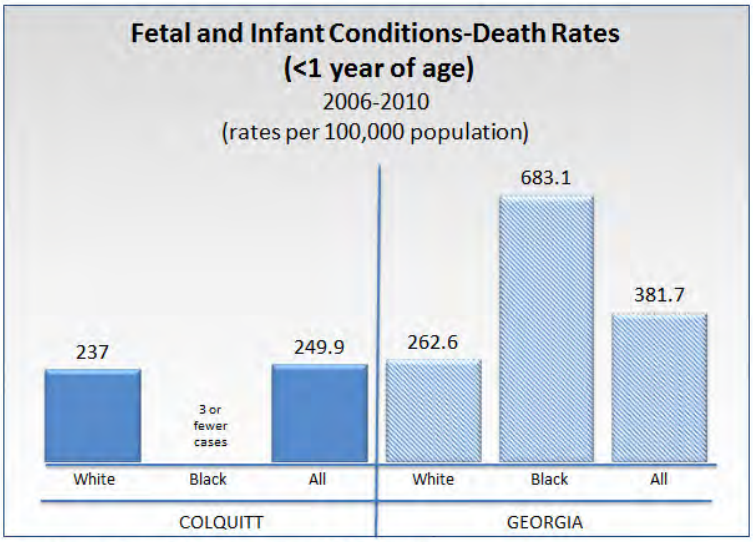
Data Source: National Cancer Institute, State Cancer Profiles

Infant Mortality

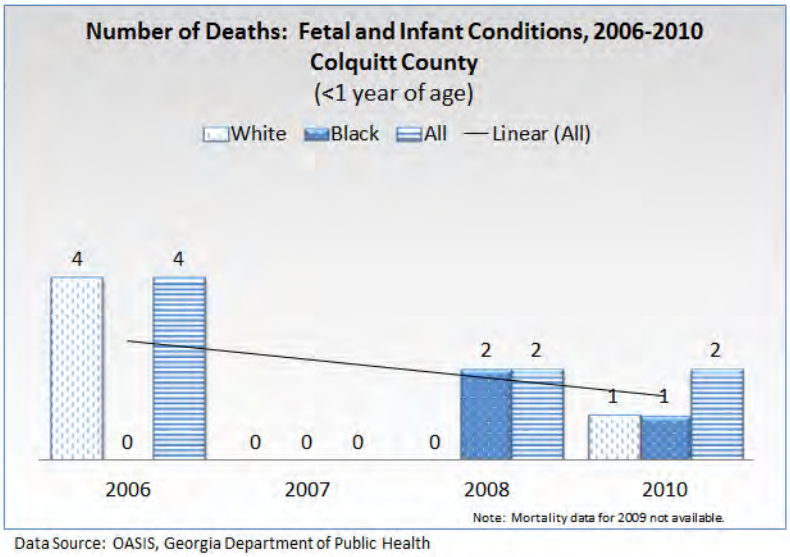
The health of a fetus and infant is directly affected by certain conditions that occur during pregnancy or near birth.

- Prematurity is disorders related to short gestation and low birth weight.
- Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- Birth-related infections are infections specific to the period of time near birth.[101]

The death rate due to fetal and infant conditions in Colquitt County (249.9 per 100,000 population) was lower than the Georgia rate (381.7 per 100,000 population). There were too few reported cases to report death rates for Blacks in Colquitt County.



Data Source: OASIS, Georgia Department of Public Health



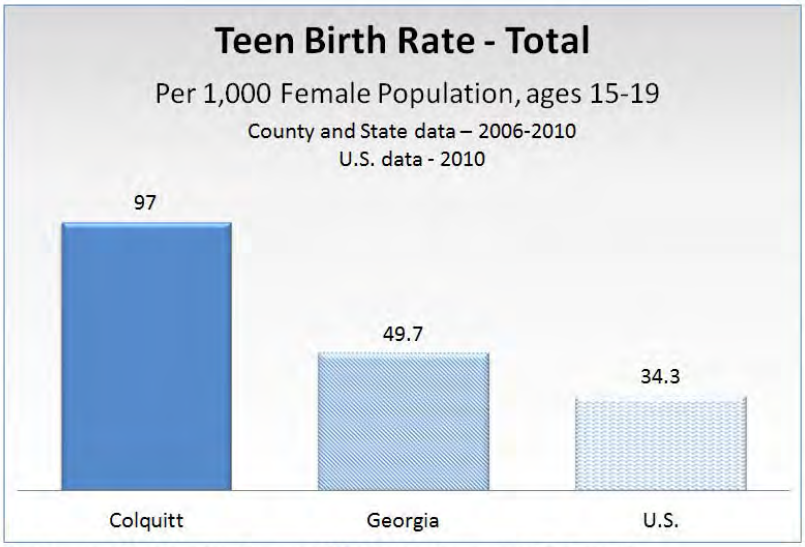
Data Source: OASIS, Georgia Department of Public Health

The number of deaths due to fetal and infant conditions decreased from 2006-2010 in Colquitt County. In 2007 there were no cases of death due to fetal and infant conditions.

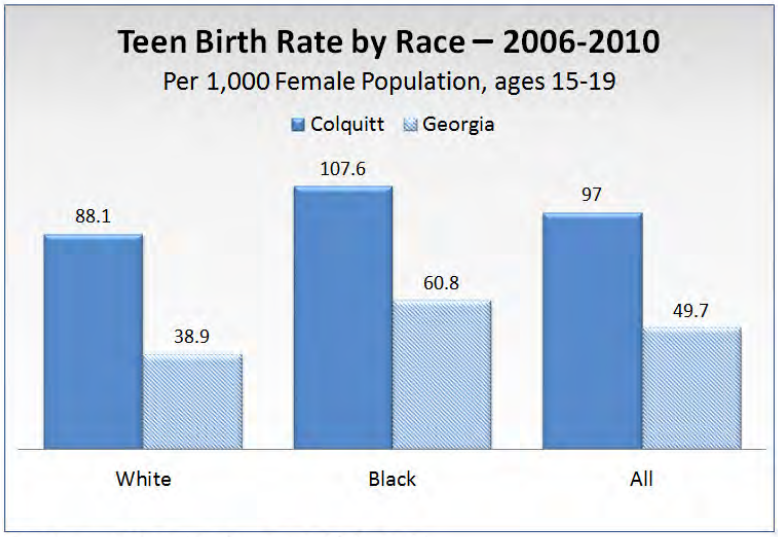
Teen Birth Rate

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.[102]

The teen birth rate in Colquitt County was nearly twice as high as the State rate and nearly three times higher than the U.S. rate.



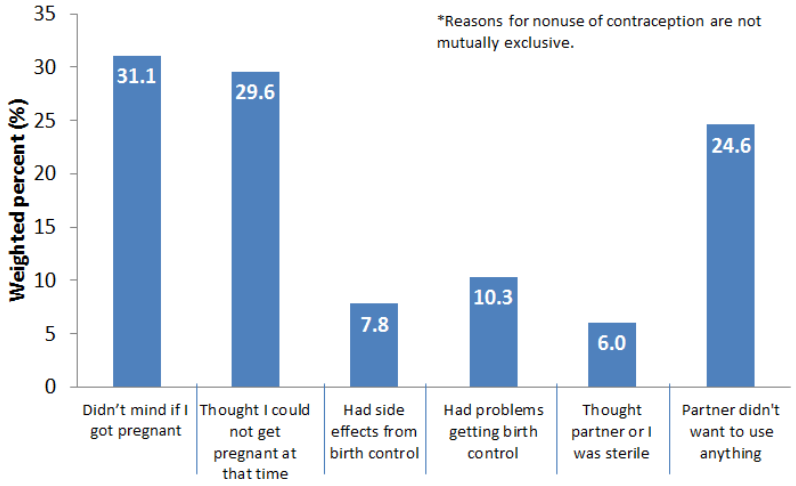
Data Source: CDC , *About Teen Pregnancy*, OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

The Colquitt County Black teen birth rate was higher than the White teen birth rate. The Black and White teen birth rates in Georgia were lower than Colquitt County's Black and White teen birth rates.

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



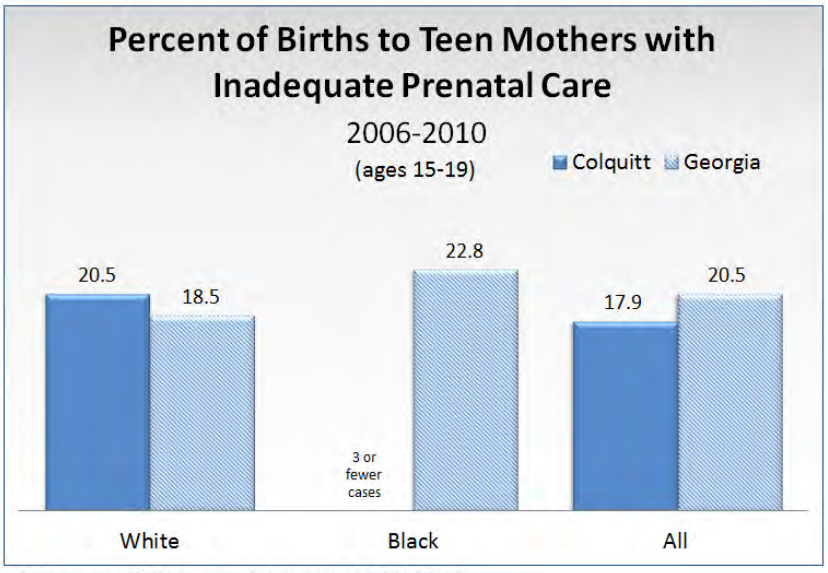
Data Source: Georgia Epidemiology Report, Vol. 26, Number 1, June/July 2012

In Georgia, according to self-report among teen mothers, the top reasons for not using contraception at the time of unintended pregnancy were "Didn't mind if I got pregnant" and "Thought I could not get pregnant at that time." This information may be useful in developing effective activities to impact teen pregnancy, such as outreach programs and education for teenagers around fertility.[103]

Teen Pregnancy in Georgia

Georgia ranked 13th-highest in the U.S. for teen births. 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 2004 and 2010, from 53.3 per 1,000 teen women in 2004 to 41.2 in 2010. Despite this decline, there were 14,285 births to teens in 2010 accounting for 10.7 percent of all births in Georgia.

Georgia Epidemiology Report, 2012



Data Source: OASIS, Georgia Department of Public Health

For mothers aged 15-19, Colquitt County had a lower percentage of births to mothers with inadequate prenatal care compared to the State. Additionally, very few Black teen mothers in Colquitt County had inadequate prenatal care compared to 20.5 percent of White teen mothers.

COMMUNITY INPUT

Teen Birth Rate

- It is no longer shameful to be a teen mom. Children have a perception that having a baby is a good thing. They cannot see beyond today, and do not see future higher education.
- Teaching contraception is not allowed; however, Teen Maze program can bring up contraception if directly asked by students.
- Repeat teen mothers are a major issue here.
- There is a lack of parental involvement with the sex education programming. Most parents want abstinence only education.
- Grandparents usually raise the children of teen moms. Certain health needs are not addressed until they are four and enter the school system.
- There are so many smart girls that get pregnant. They need to be encouraged to get a GED.
- There are so many students raised by their grandparents due to irresponsible teen parents.
- Teen pregnancy has become a choice, not an accident.
- The abstinence program is not working.
- Teen boys are no longer taught how to raise a family because they do not have a father as role model.
- There is a major disconnect between males and females when it comes to having a child. Males see having a child as a status symbol, whereas females see it has having someone that loves them.
- Teen pregnancy is not an education issue, rather a decision.
- There is no a big push that encourages teens to wait.

Other

- Colquitt County Head Start program serves approximately 200 children.
- The Ellenton Clinic just received a grant to give out car seats to families.

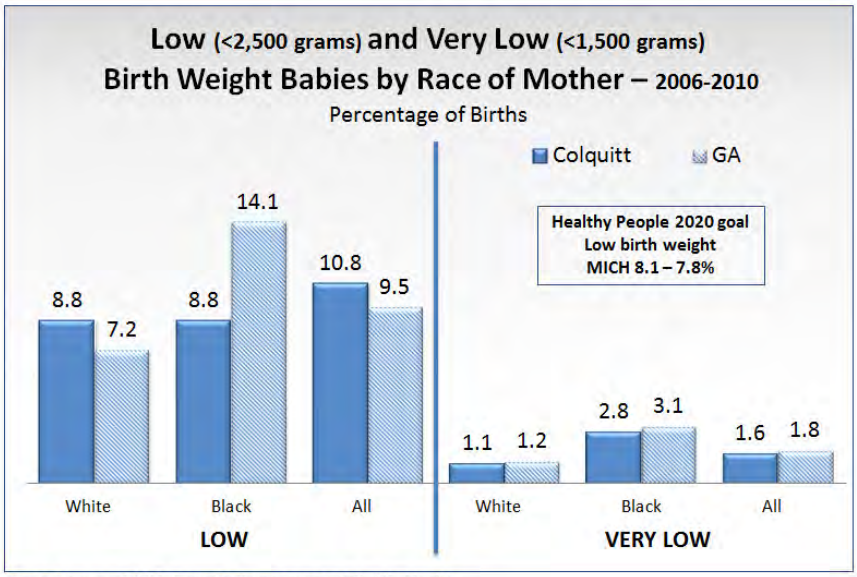
Birth Weight

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.[104]

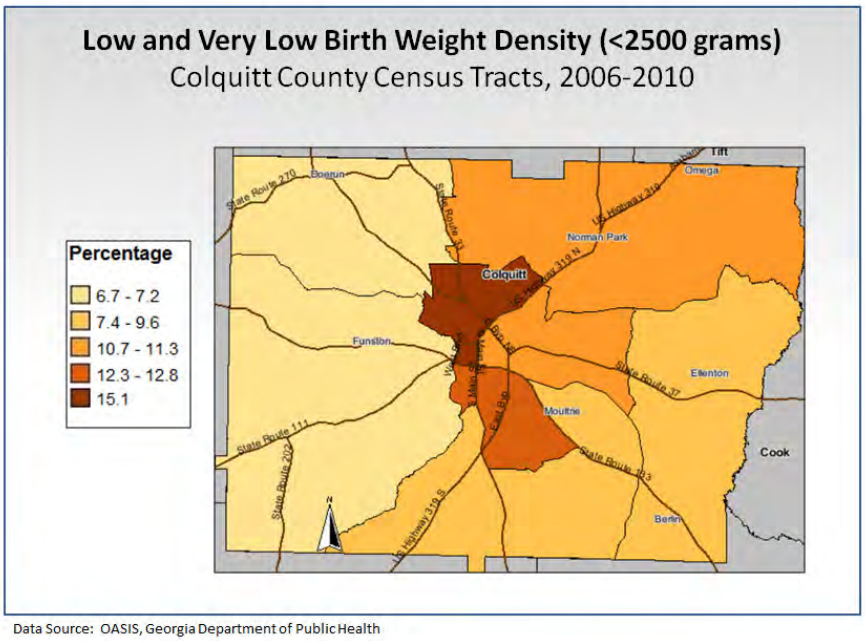
The Healthy People 2020 objective for low birth weight is 7.8 percent.[105] In 2010, the national prevalence of low birth weight babies was nine percent.[106]

Overall, low birth weight percentages of births were slightly higher in Colquitt County compared to the State. In Georgia, low birth weights were significantly higher among Black babies.

Overall, very low birth weight percentages of births in Colquitt County were slightly lower than Georgia.



Data Source: OASIS, Georgia Department of Public Health

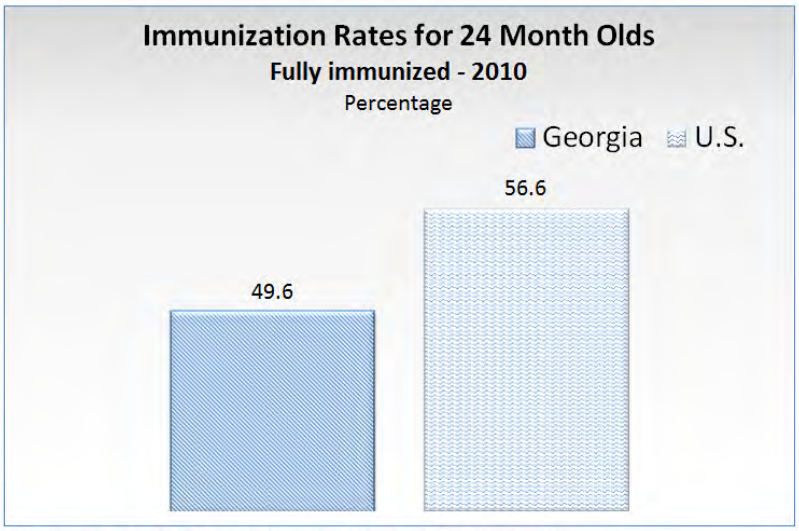


Data Source: OASIS, Georgia Department of Public Health

The central and north eastern sections of Colquitt County had the highest density of low and very low infant birth weights.

Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mother. 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.[107]

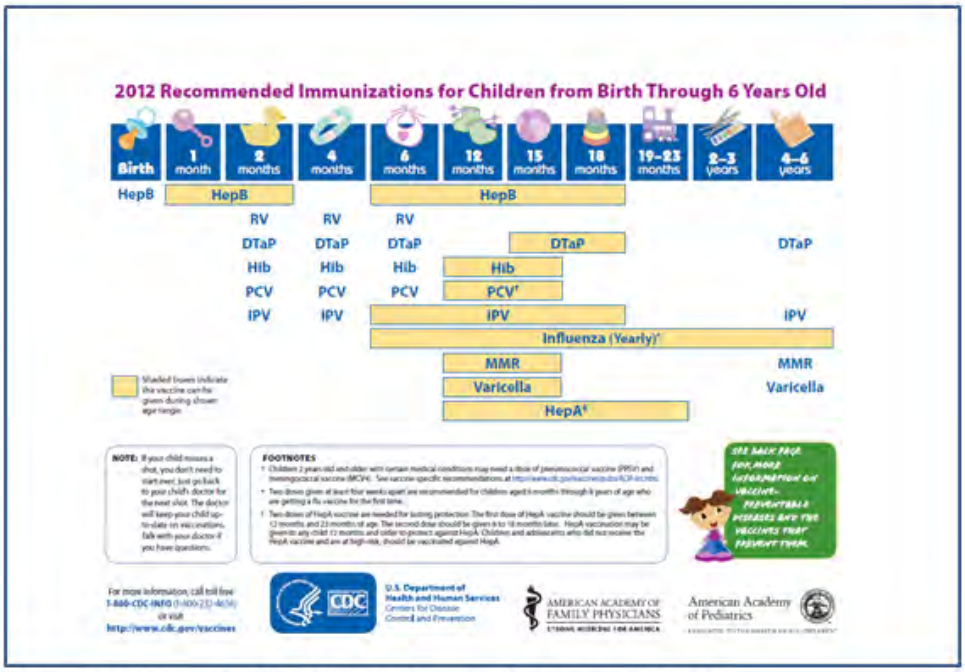


Data Source: CDC , U. S. National Immunization Survey, Q1/2010-Q42010

The Healthy People 2020 goal for immunizations by 24 months of age is 90 percent.[108]

The immunization rates for 24 month old children in Georgia were below the U.S. rate.

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



Source: http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf

ALCOHOL, TOBACCO, AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE – TU, SA

Tobacco, alcohol, and drug abuse has 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
- Suicide[109]

Adolescent Behavior

The leading causes of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.[110]

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

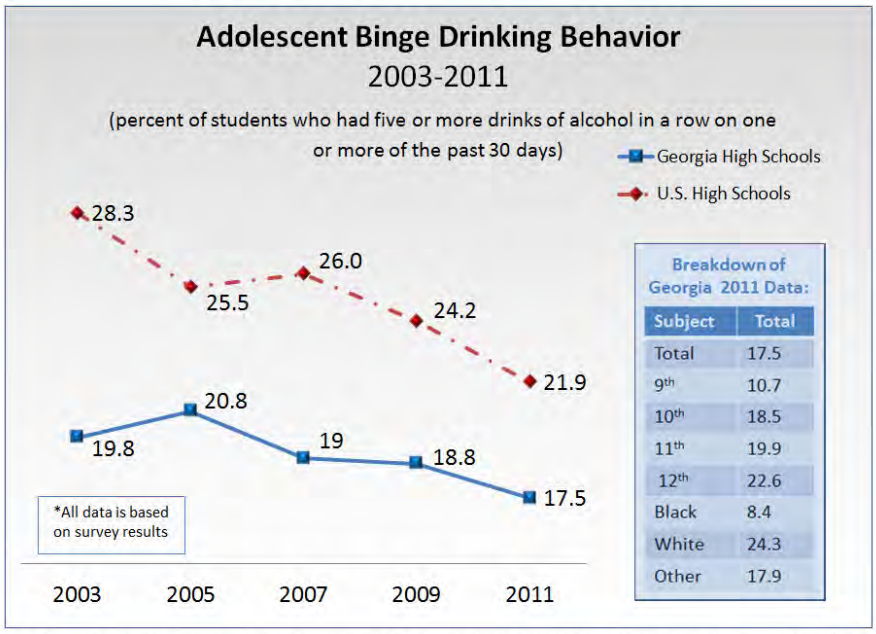
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse



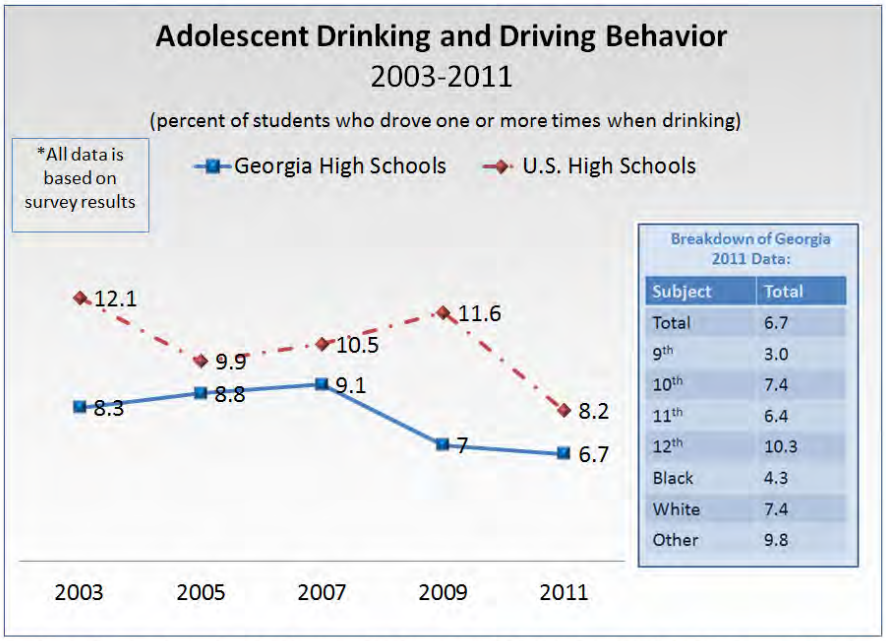
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

Between 2003 and 2011 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia percentage since 2007.

Binge drinking among Whites (24.3 percent) was almost three times more prevalent than Blacks (8.4 percent).

Almost one-quarter of twelfth graders (22.6 percent) participated in binge drinking within a month prior to the survey.

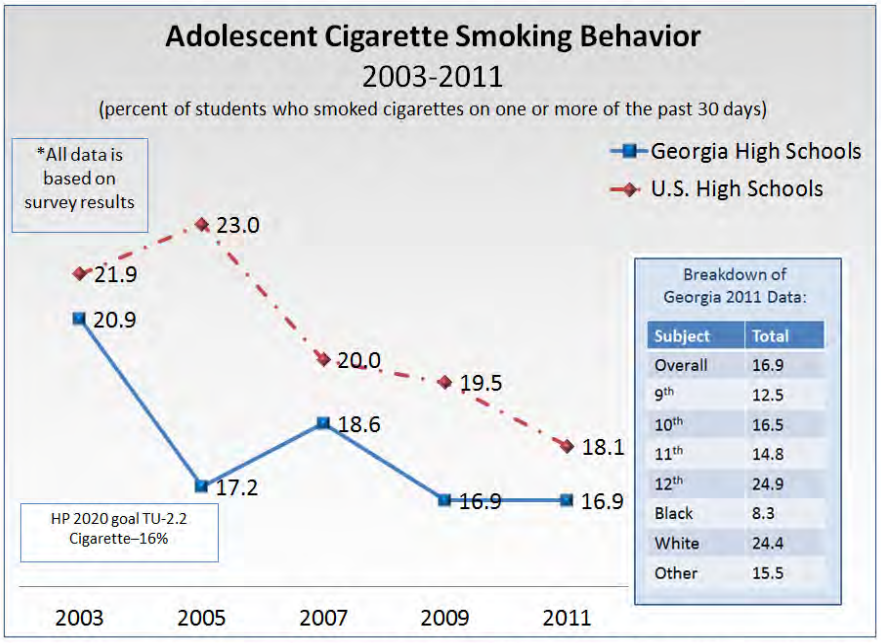
Drinking and driving behavior in Georgia was also lower than in the U.S. White youth were almost twice as likely as Black youth to engage in this behavior.



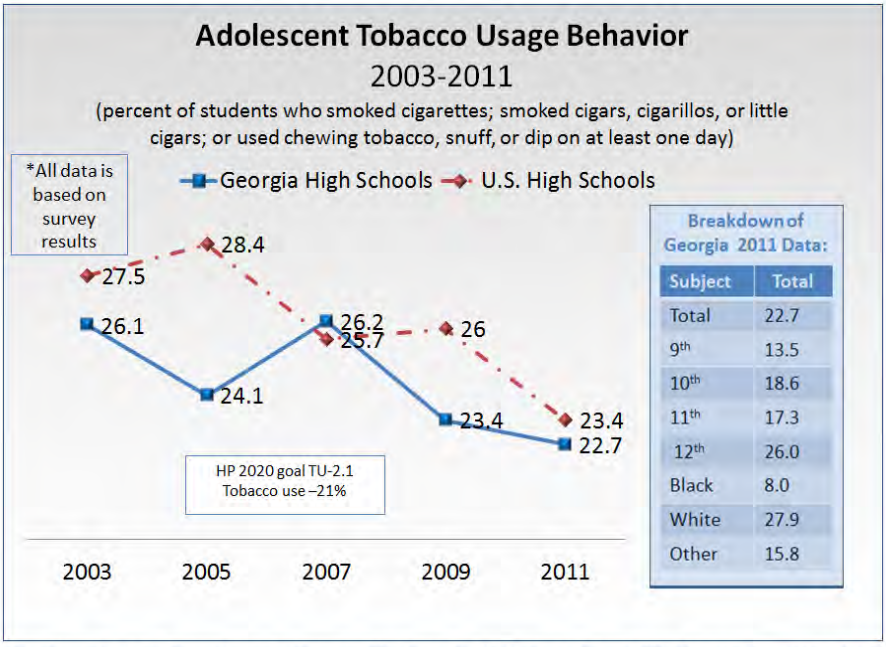
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

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 (24.4 percent) than Blacks (8.3 percent). There was a significant increase in prevalence from eleventh grade (14.8 percent) to twelfth grade (24.9 percent).



Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs



Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

Overall, from 2003-2011, the prevalence of tobacco usage in Georgia was lower than the U.S. rates but still higher than the Healthy People 2020 goal of 21 percent.

Tobacco usage rates were three times greater among Whites (27.9 percent) than Blacks (8 percent). It was also more prevalent among twelfth graders (26 percent) than all of the other grades.

Illicit Drug Usage

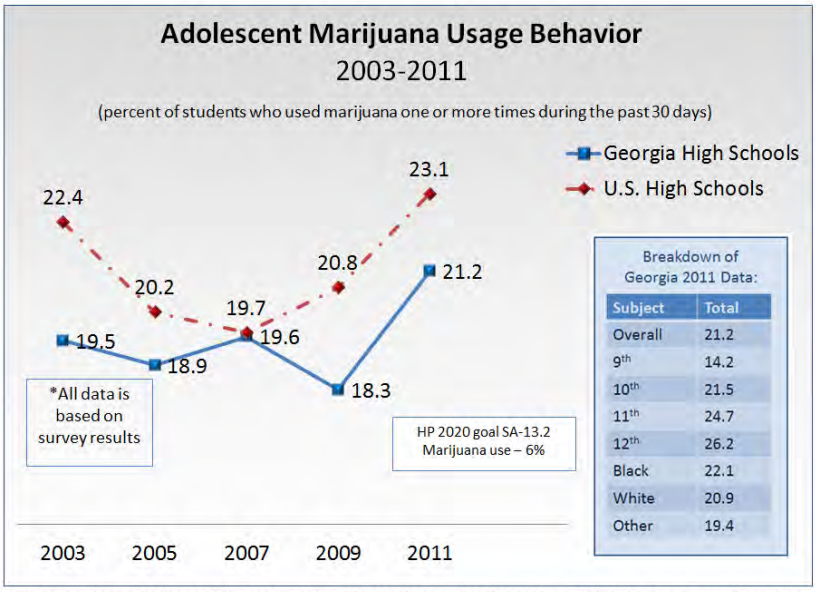
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.[111]

Both the U.S. and Georgia prevalence of marijuana usage among adolescents had increased significantly from 2009 to 2011.

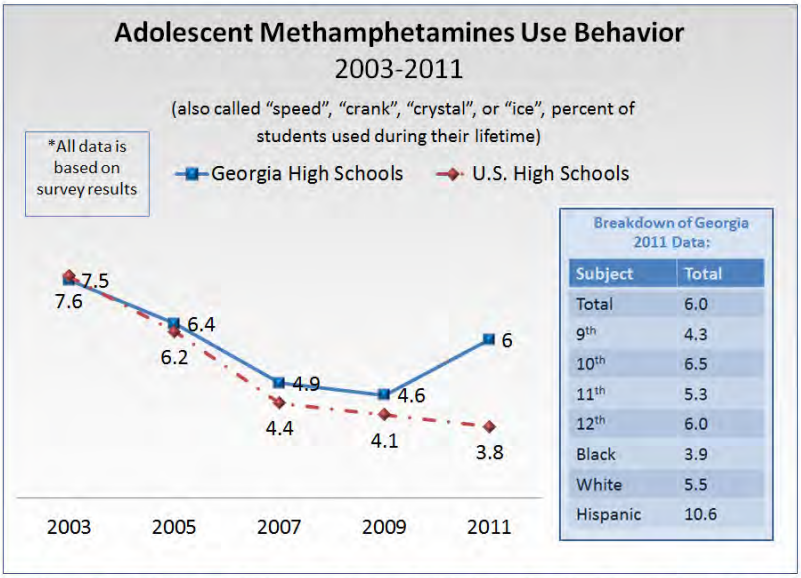
Marijuana usage was more prevalent among Blacks (22.1 percent) than Whites (20.9 percent).

Marijuana usage among twelfth graders was the highest at 26.2 percent.

The Healthy People 2020 goal is to reduce marijuana usage to six percent.[112]



Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs



Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

Methamphetamine ("meth") usage 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: Colquitt County, Georgia and the U.S.

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

At a Glance Comparison: Drug and Substance Abuse Behaviors Among Adolescents in Colquitt County, Georgia, and the U.S.

	Colquitt County (grades 6-12) 2009-2010	Colquitt County High School 2009-2010	Georgia High Schools 2011	U.S. High Schools 2011
Binge Drinking	8.6%	13%	17.5%	21.9%
Drinking and Driving	3.2%	6.1%	6.7%	8.2%
Tobacco Use	11.5%	17.1%	22.7%	23.4%
Cigarette Use	9.5%	14.5%	16.9%	18.1%
Marijuana Use	9.6%	14.5%	21.2%	23.1%
Meth Use	1.2%	1.2%	6%	3.8%
Prescription Drugs	3.9%	5.4	N/A	N/A

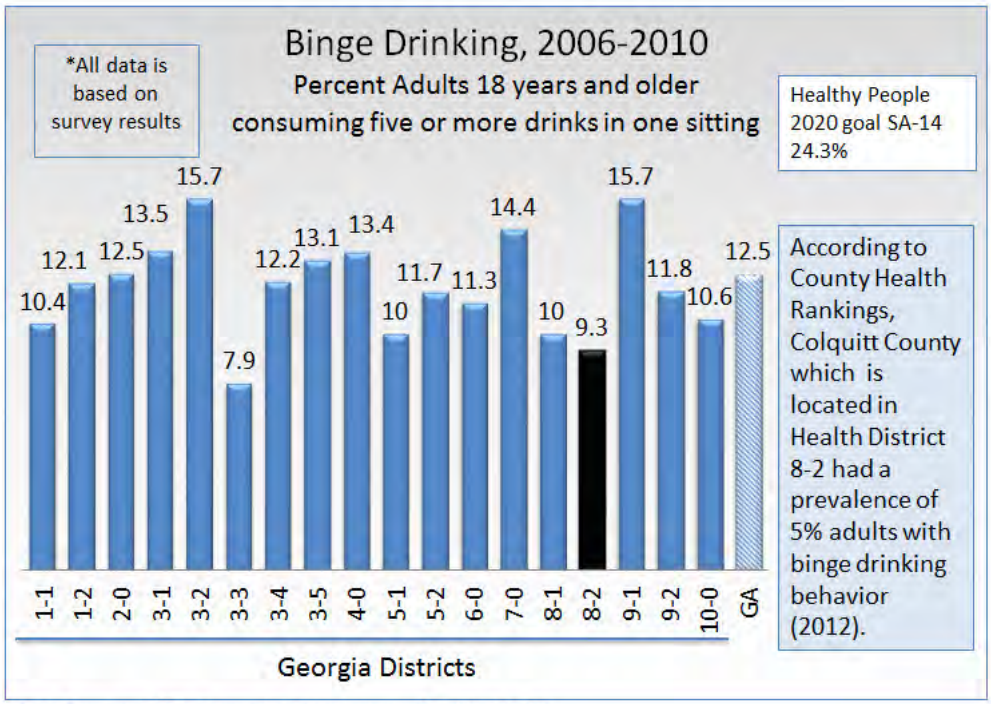
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs, Georgia Department of Education. Georgia Student Health Survey.

Although Colquitt County Schools had a lower percentage of adolescents that participated in substance abuse behaviors, there was additional data collected in the "Community Input" section of this report. Additionally, there are many more substance abuse behaviors among adolescents in the community not included in the chart above. Please refer to "Community Input" in this section of the 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.[113]

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.[114]



Data Source: OASIS, Georgia Department of Public Health

The binge drinking prevalence in Health District 8-2 (9.3 percent) was lower than the State prevalence (12.5 percent). This was well below the Healthy People goal of 24.3 percent. Colquitt County had a prevalence of five percent of adults that participated in binge drinking.

COMMUNITY INPUT

Alcohol, Tobacco and Drugs

- There is a need for more parent education on the health of their child.
- A breakdown of the traditional family structure is occurring, which directly influences the behavior of children.
- There are not enough after school activities for older adolescents.
- The YMCA has a program called "Prime Time" which provides after school care.
- There is a need for more recreational after school programs at the school site.
- It is very common to find marijuana at the middle school; this used to be very rare.
- The information kids get from the street about drugs is more powerful than what we teach in schools to prevent substance abuse.
- Substance abuse interferes with adequate exercise.
- Substance abuse among adults of low-income children is very prevalent.
- There is not enough education at an early age to prevent bad behaviors from occurring.
- Drug and substance abuse education has to have a "shock factor" to be effective.
- The State offers smoking cessation programs online.
- There are a lot of innocent children affected by second hand smoke from parents.
- Marijuana use is very high in the community.
- There are some faith-based alcohol and drug abuse recovery programs.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE – STD 6, STD 7

Each year, there are approximately 19 million new sexually transmitted disease (STD) infections, and almost half of them are among youth aged 15 to 24.[115] 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.[116]

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.

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

STD Cases: Top Ten States (per 100,000) United States, 2010

Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Louisiana (12.2)	Alaska (861.7)	Mississippi (209.9)
2	Georgia (8.1)	Mississippi (725.5)	Louisiana (198.4)
3	Mississippi (7.7)	Louisiana (648.9)	Alaska (182.3)
4	Arkansas (7.1)	New Mexico (582.5)	South Carolina (174.7)
5	Illinois (7.0)	South Carolina (581.5)	Alabama (168.5)
6	Florida (6.4)	Alabama (574.3)	Arkansas (165)
7	Maryland (5.8)	Arkansas (533.8)	Georgia (161.3)
8	New York (5.6)	New York (511.3)	North Carolina (150.4)
9	California (5.6)	Delaware (504.3)	Ohio (142.9)
10	Alabama (5.5)	Michigan (496.3)	Michigan (136.7)
...15		Georgia (459.3)	

Data Source: Centers for Disease Control and Prevention (2011, November) *Sexually Transmitted Disease Surveillance, 2010, Tables 2, 13 and 25,*

Why Is Sexually Transmitted Disease Prevention Important?

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

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

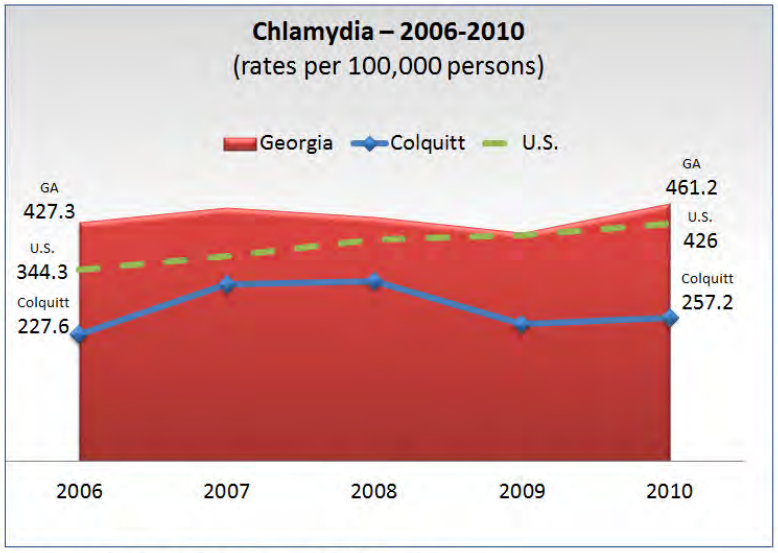
Healthy People 2020

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. The CDC estimates that half of new infections go undiagnosed each year.[117] 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.[118]

- In 2009, Blacks had 8.7 times the reported chlamydia rates of Whites in the U.S.[119]
- 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.[120]
- Women had 2.7 times the rpeorted chylamydia rate of in men in 2009.[121]
- Georgia ranked 15th highest in the U.S. for reported chlamydia cases in 2010.[122]

In 2010, the chlamydia rate in Colquitt County (257.2 per 100,000 population) was lower than the State rate (461.2 per 100,000 population) and the U.S. rate (426 cases per 100,000 population).



Data Source: OASIS, Georgia Department of Public Health

Clinical Recommendations

Screening for Chlamydial Infection

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

Healthy People 2020

Average Chlamydia Rates by Race (2006-2010)			
	White	Black	All
Georgia	62.6	645.1	437.3
Colquitt	49.5	467.4	273.9

Data Source: OASIS, Georgia Department of Public Health

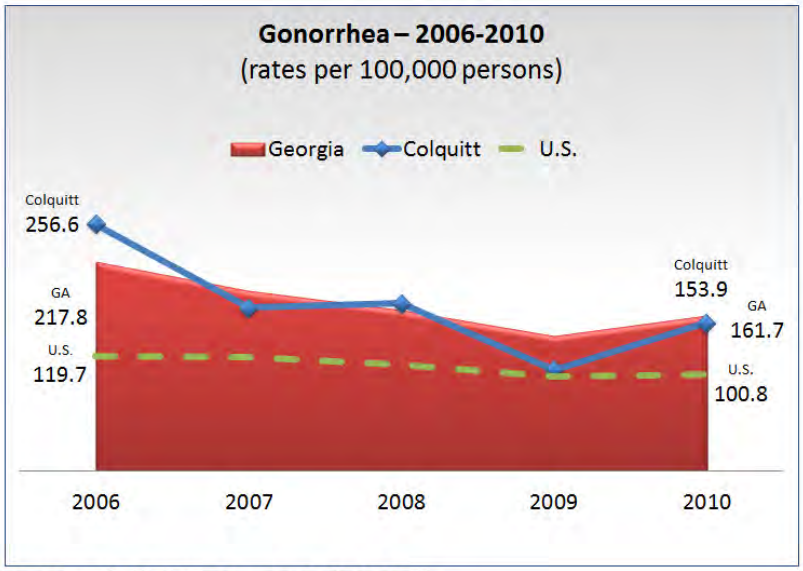
Chlamydia rates among Blacks were significantly higher than Whites in both Georgia and Colquitt County (see above).

Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.[123] 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.

- In 2009, Blacks had 20.5 times the reported gonorrhea rates of Whites in the U.S.[124]
- Gonnorhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.[125]
- Georgia ranked seventh highest in the U.S. for reported gonorrhea cases in 2010.[126]

In 2010, the gonorrhea rate in Colquitt County (153.9 per 100,000) was lower than the State rate (161.7 per 100,000) and higher than the U.S. rate (100.8 per 100,000).



Data Source: OASIS, Georgia Department of Public Health

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

Average Gonorrhea Rates by Race (2006-2010)

	White	Black	All
Georgia	13.5	333	174.3
Colquitt	15.1	368.5	171.7

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea was significantly higher among Blacks than Whites in both Colquitt County and Georgia (see chart above).

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.[127]

- In 2009, Blacks had 9.1 times the reported syphilis rates of Whites in the U.S.[128]
- Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.[129]
- Georgia ranked second highest in the U.S. for reported syphilis cases in 2010.[130]

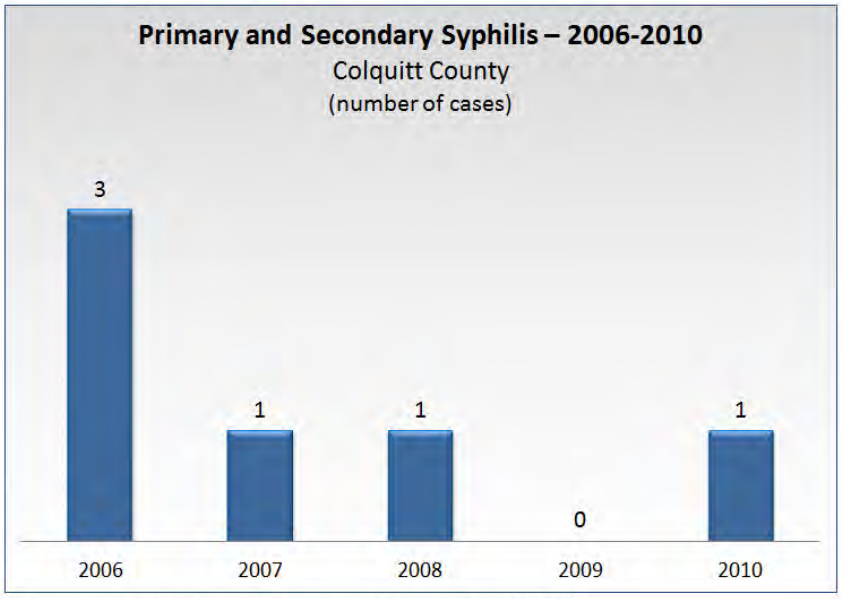
How Can Syphilis be Prevented?

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

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

Centers for Disease Control and Prevention

The Georgia syphilis rate in 2010 was 9.7 per 100,000 population. The U.S. rate in 2010 was 4.5 per 100,000 population.[131]



Data Source: OASIS, Georgia Department of Public Health, 2006-2010

Due to low number of reported cases in Colquitt County, the syphilis rate was not statistically meaningful. Between 2006 and 2010 Colquitt County had a total of six cases of syphilis.

Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans are living with HIV, and one out of five people with HIV do not know they have it. Each year about 56,000 new infections of HIV occur.[132]

- Nationally, from 2006-2009, the estimated number of people living with HIV increased 8.2 percent.[133]
- The number of males living with HIV (869,000) was more than three times the number of women (279,100).[134]

Blacks had the highest number of persons living with HIV (510,600), accounting for 44 percent of all persons living with HIV in 2009. HIV was also prevalent in Whites (380,300), followed by Hispanics (220,400), persons of multiple races (15,700), Asians (15,400), American Indians or Alaska Natives (4,300), and other Pacific Islanders (1,400).[135]

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

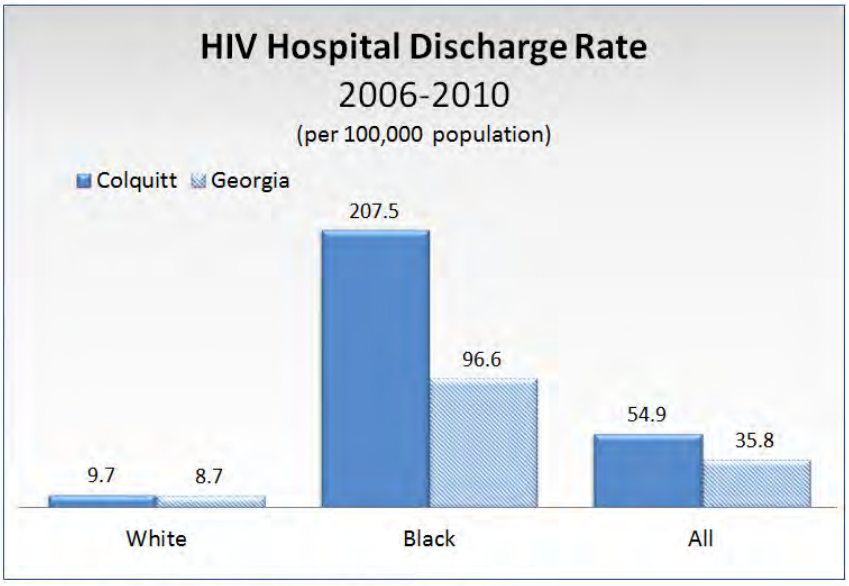
Why is HIV important?

HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50 percent of new HIV infections occur as a result of the 21 percent of people who have HIV but do not know it.

Healthy People 2020

Colquitt County had a higher HIV hospital discharge rate (54.9 per 100,000 population) than Georgia (35.8 per 100,000).

The HIV hospital discharge rate among Blacks in Colquitt County was significantly higher than Whites.



Data Source: OASIS, Georgia Department of Public Health

ACCESS TO CARE

HEALTHY PEOPLE 2020 REFERENCE – AHS

Barriers to access to care can be due to lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."[136]

Why Is Access to Health Services Important?

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

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

Healthy People 2020

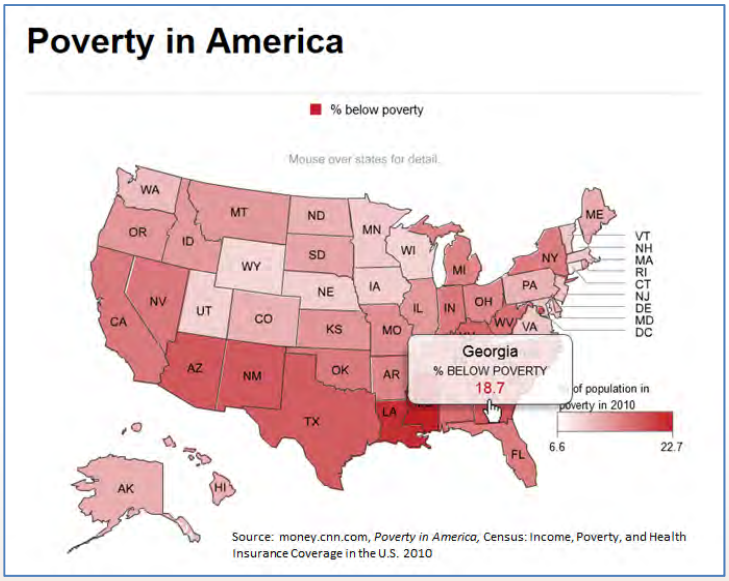
Gaining Entry into the Healthcare System

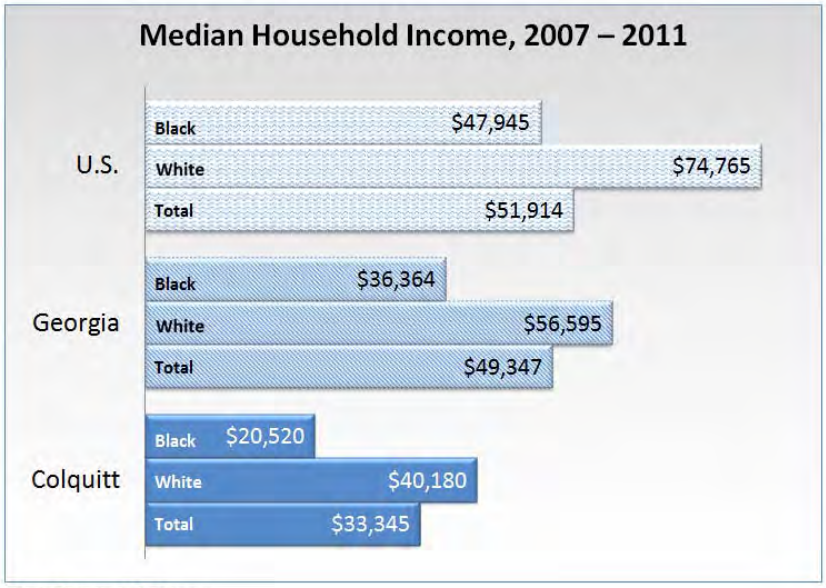
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.3 percent in 2009.[137]

Georgia ranked third highest in the U.S. at 18.7 percent of the population below the poverty level in 2010. Louisiana and Mississippi are ranked first and second.[138]

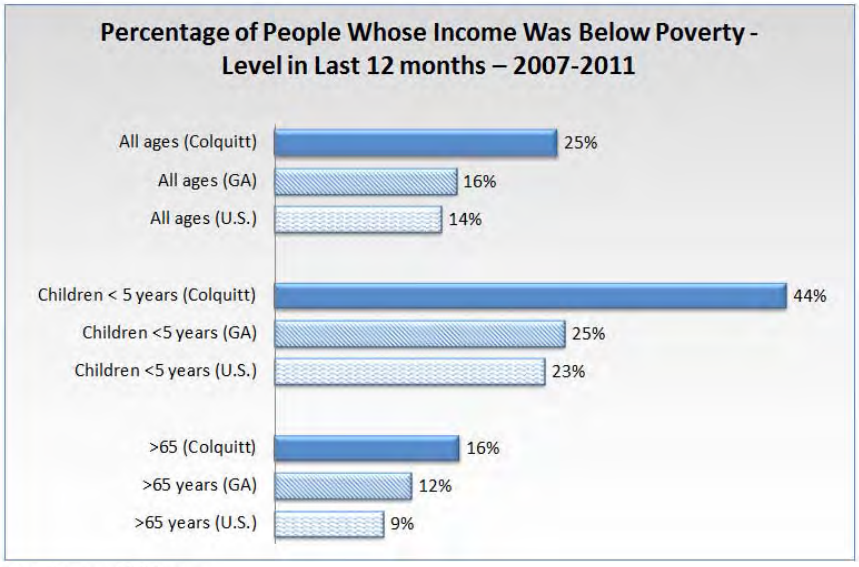




Data Source: U.S. Census

The median household income during 2007-2011 for Colquitt County was $33,345. This is below the Georgia median income of $49,347 and the U.S. median income of $51,914. In Colquitt County, for the period 2006-2010, the average White median income ($40,180) was approximately 49 percent higher than the Black median income ($20,520).

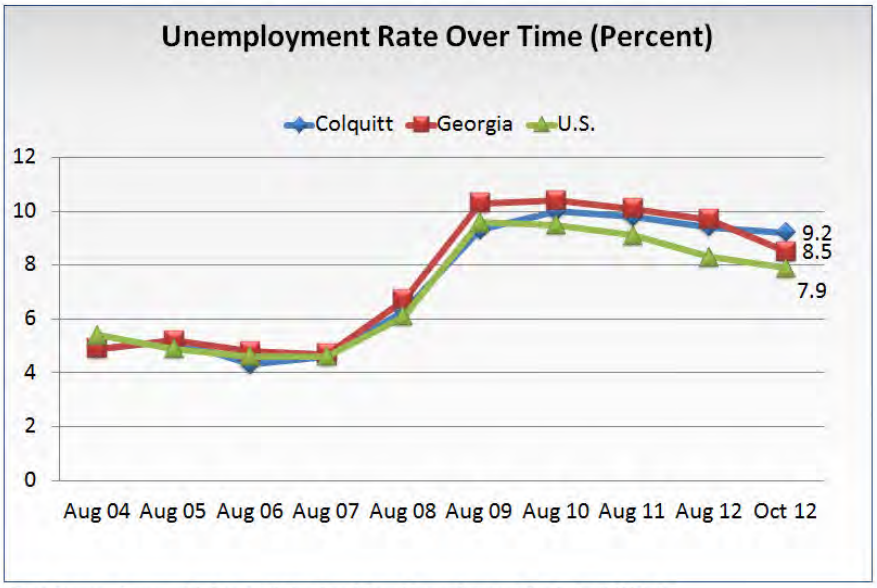
During 2007-2011, the percentage of people in Colquitt County whose income was below the poverty level (25 percent) was higher than Georgia (16 percent) and the U.S. (14 percent). The percentage of children under five years of age living in poverty in Colquitt County (44 percent) was higher than both Georgia (25 percent) and the U.S. (23 percent). The percentage of Colquitt County senior adults living in poverty (16 percent) was higher than the State (12 percent) and U.S. rates (9 percent).



Data Source: U.S. Census

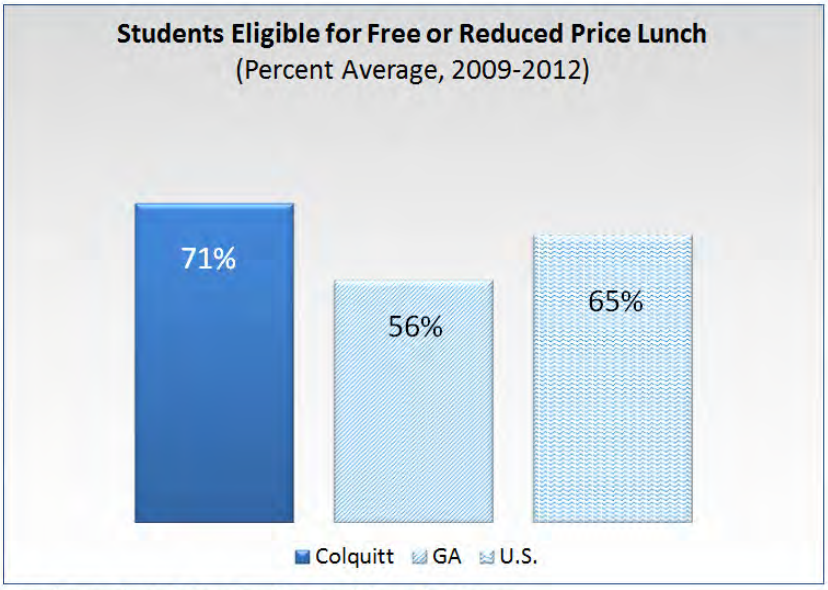
The Colquitt County unemployment rate for the years 2004-2012 was consistently lower than the State rate, until October 2012 when it exceeded the State rate.

The unemployment rate rose sharply in 2009, but had since decreased. The most recent data showed that Colquitt's unemployment rate dropped from 9.8 percent in August of 2011 to 9.2 percent in October of 2012.



Data Source: Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS) data

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 185percent of the federally-set poverty level are eligible for reduced price meals.[139] For July 1, 2012 through June 30, 2013, a family of four's income eligibility for reduced-price lunches was at or below $42,643 and for free meal eligibility at or below $29,965.[140]

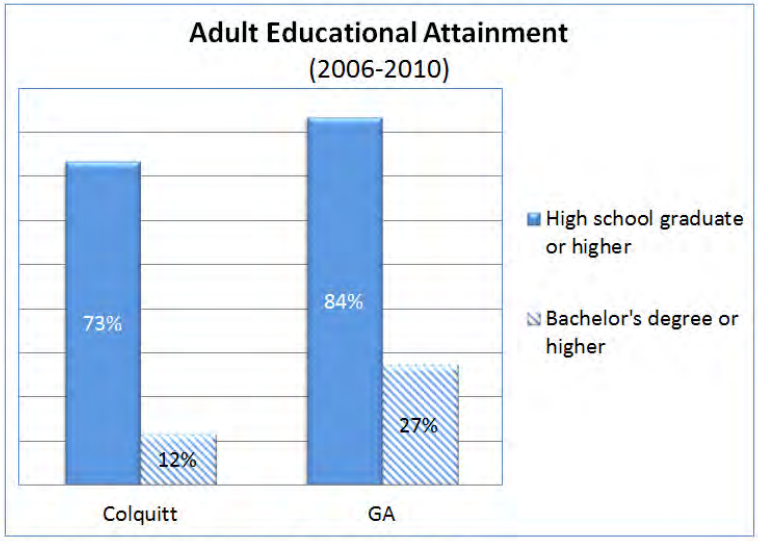


Data Source: Annie E. Casey Foundation, Kids Count Data Center

Seventy-one percent of the public school students in Colquitt County were eligible for free or reduced price lunches for the years 2009 to 2012. This was higher than Georgia (56 percent) and the U.S. (65 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.[141] 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.[142] 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.[143]

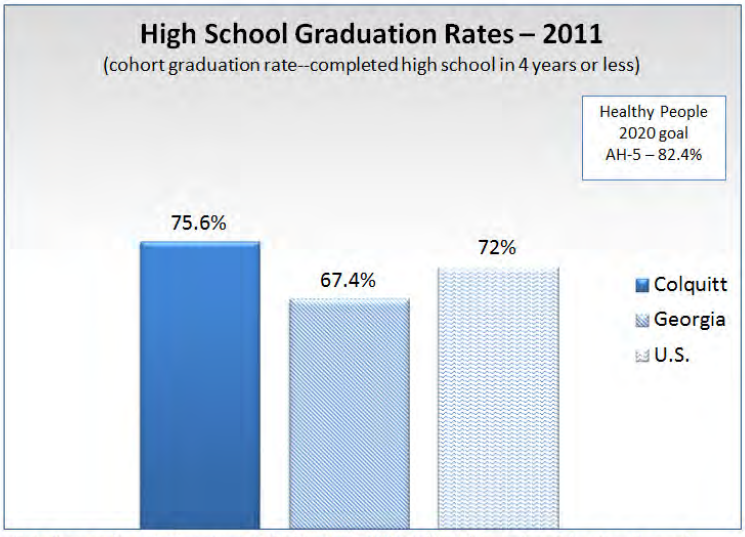


Data Source: Annie E. Casey Foundation, Kids Count Data Center

From 2006 to 2010, an average of 73 percent of Colquitt County residents had graduated high school compared to Georgia's average of 84 percent. An average of 12 percent of Colquitt County residents had a bachelor's degree or higher compared to Georgia's higher average of 27 percent.

The U.S Department of Education is now requiring all states to begin publicly reporting comparable high school graduation rates using the new four-year adjusted cohort rate calculation method. This method will provide uniform data collection when analyzing statistics across different states.[144]

In 2011, Colquitt County had an average of 75.6 percent of students complete high school in four years or less. Colquitt County was higher than the State average (67.4 percent) and the U.S. average (72 percent). The Healthy People 2020 goal for high school students is 82.4 percent (students graduate with a regular diploma, four years after starting ninth grade).



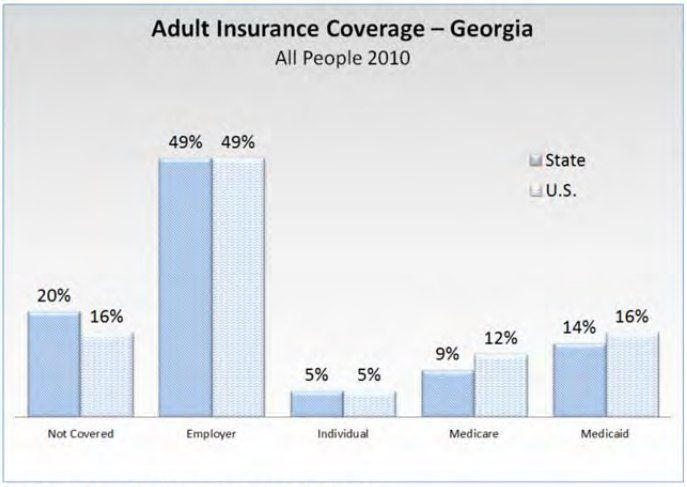
Data Source: Georgia Department of Education – 2011, Editorial Projects in Education Research Center

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.

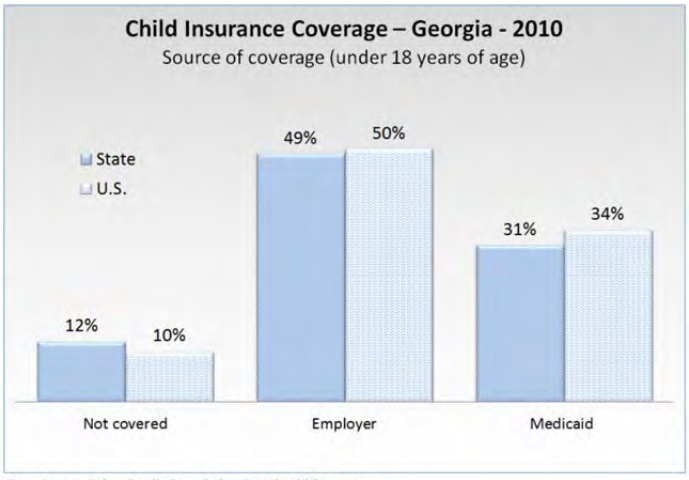
GEORGIA INSURED STATUS



Data Source: Kaiser Family Foundation, Statehealthfacts.org

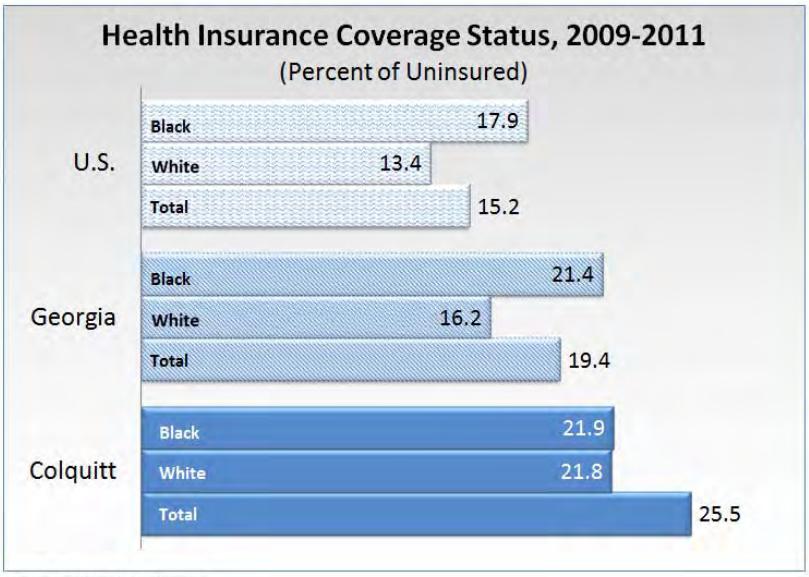
In 2010, Georgia's adult uninsured population (20 percent) was slightly higher than the U.S. (16 percent). Employer coverage was equal at 49 percent and Medicare and Medicaid coverage were slightly lower than the U.S. rate.

In 2010, Georgia's population of uninsured children was 12 percent compared to the U.S. at 10 percent. The percent of Georgia children covered by Medicaid was slightly lower (31 percent) than the U.S. rate (34 percent). Employer coverage in Georgia and the U.S were very similar.



Data Source: Kaiser Family Foundation, Statehealthfacts.org

COLQUITT COUNTY INSURED STATUS

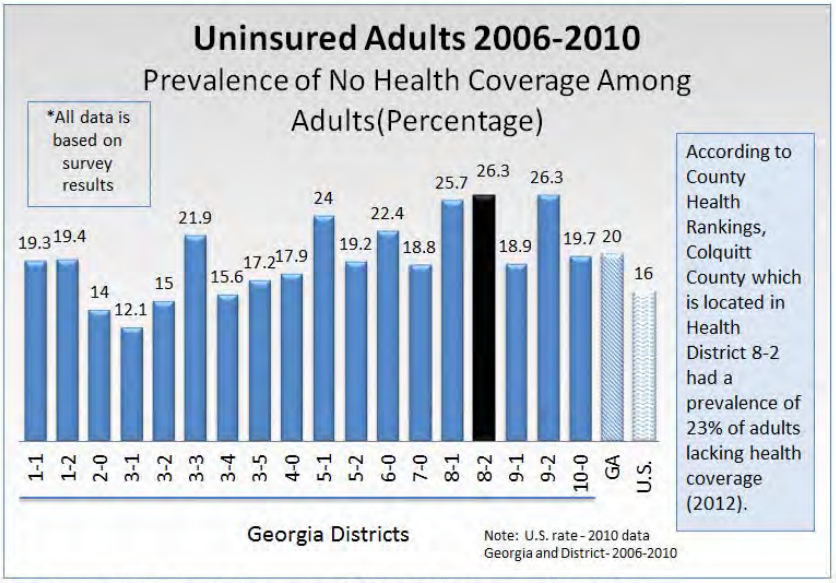


Data Source: U.S. Census

Colquitt County's uninsured population (25.5 percent) was higher than Georgia (19.4 percent) and higher than the U.S. (15.2 percent).

In Colquitt County, Blacks had a comparable percentage of uninsured individuals (21.9 percent) compared to Whites (21.8 percent).

According to County Health Rankings, in 2012 Colquitt County had 23 percent of adults lacking health insurance. The percentage of adults that lacked health insurance from 2006-2010 in Health District 8-2 (which includes Colquitt County) was 26.3 percent. This was higher than the Georgia rate (20 percent) and the U.S rate (16 percent).



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

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 healthcare program for uninsured children living in Georgia who's 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 healthcare services to members of Medicaid and PeachCare for Kids by providing a choice of health plans.
- **WIC** is a special supplemental nutritional program for Women, Infants and Children. Those who are eligible receive a nutrition assessment, health screening, medical history, body measurements (weight and height), hemoglobin check, nutrition education, and breastfeeding support, referrals to other health and social services, and vouchers for healthy foods.
- **Planning for Healthy Babies (P4HB)** offers family planning series for women who do not qualify for other Medicaid benefits, or who have lost Medicaid coverage. To be eligible a women must be at or below 200 percent of the federal poverty level.
- **Health Insurance Premium Payment (HIPP)** provides working Medicaid members with assistance on premium payments, coinsurance, and deductibles.
- **Georgia Long Term Care Partnership** offers individuals quality, affordable long term care insurance and a way to received needed care without depleting their assets (Medicaid asset protection).
- **Non-Emergency Transportation (NET)** program provides transportation for eligible Medicaid members who need access to medical care or services.
- **Georgia Better Health Care (GBHC)** matches Medicaid recipients to a primary care physician or provider.
- **Women's Health Medicaid** is a program that pays for cancer treatments for women who have been diagnosed with breast or cervical cancer and cannot afford to pay for treatment.

Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of healthcare, but it does not cover all medical expenses or long-term care. In Colquitt County, 18 percent of the population is over the age of 65, making many of them eligible for Medicare.

Accessing a Healthcare Location Where Needed Services are Provided

Accessing healthcare services in the U.S is regarded as unreliable because many people do not receive the appropriate and timely care they need. In 2014, a large proportion of Americans will have access to healthcare coverage due to the *Patient Protection and Affordable Care Act*.[145] This increase in access will cause a large influx of patients (32 million) receiving care from an already over-burdened system.[146] The healthcare system itself will need to work as a system, and not in independent silos to prepare for this change. The following section of the CHNA report discusses the various entries within the healthcare system and the types of services provided.

Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.[147] 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.

Data Source: Centers for Disease Control and Prevention

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 navigate the healthcare system as it relates to their medical complexity and insurance status.

Colquitt County is home to Colquitt Regional Medical Center, a 99 bed not-for-profit, community hospital. Colquitt Regional Medical Center offers many services including: bariatric services, cardiovascular services, diagnostic imaging services, dialysis services, digestive services, education services, emergency department, food & nutrition, home health services, intensive care, Kids Care, laboratory services, urgent care clinic, oncology, orthopedics, pain center, patient financial services, pediatrics pharmacy, primary care clinic, rehabilitation services, respiratory care, sleep study center, spine center, surgery, and labor and delivery.

Colquitt County is approximately one hour from Albany and Tallahassee, which provides the community with access to more specialized healthcare for high acuity or specialty cases. However, residents that lack transportation may not be able to access specialized care in another city (see *Transportation* section).

Free or Sliding Fee Scale Clinics

The closest free or sliding fee scale clinic in Colquitt County is in the city of Ellenton called the Ellenton Clinic. The clinic offers primary care, pediatric services, dental services, and women's health services at low cost to uninsured or underinsured agricultural workers of Colquitt County. In order to qualify, fifty-one percent of the total family income must come from agriculture.[148] A majority of the population served by this clinic are Hispanic migrant farmworkers (see *Special Populations* section). Once a year, Emory University sends nursing students to provide physical examinations and health screenings to this special population.[149]

Source: Southwest Georgia Public Health District 8-2
Pictured Above: Ellenton Clinic

Source: Southwest Georgia Public Health District 8-2
Pictured Above: Ellenton Clinic's Mobile Clinic

Physician Workforce

Based on the Georgia Physician Workforce Report (2008), Colquitt County had an inadequate supply of physicians based on population in the following specialties:

- Emergency Medicine (deficit: -1)
- Radiology (deficit: -1)
- Internal Medicine (deficit: -2)
- OB/GYN (deficit: -2)
- Pediatrics (deficit: -3)[150]

However, Colquitt County had an adequate or surplus supply of physicians in the following specialties:

- Anesthesiology (adequate: 0)
- Cardiovascular Diseases (adequate: 0)
- Family Practice (surplus: 1)
- Neurological Surgery (surplus: 1)
- Neurology (adequate: 0)
- Ophthalmology (adequate: 0)
- Orthopedic Surgery (surplus: 5)
- Otolaryngology (surplus: 1)
- Pathology (surplus: 2)
- Psychiatry (surplus: 1)
- Pulmonary Diseases (adequate: 0)
- Urology (surplus: 1)
- General Surgery (adequate: 0)[151]

The Georgia Physicians Workforce Report provides guidelines based on National demographics and does not take into account the demographics of a specific community. The demographics of a community impacts specific needs for specialties due to the age distribution of the population. For instance, if the aged population in a community is a higher percentage than the national average, there may be a need for more cardiologists than depicted in the national standards. The Georgia Physician Workforce Report was last updated in 2008 and should only be used as an indication of possible needs, rather than an absolute number of physicians needed.

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are areas designated by the Health Resources and Services Administration (HRSA) as having 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). 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. Colquitt County is designated as both a HPSA (see table below) and MUA.[152]

Provider Shortages as of January 9, 2013

County	Shortage Primary Care Providers FTE- full time equivalent	Shortage Dental Providers	Shortage Mental Health Providers
Colquitt	4 FTE	5 FTE	7 FTE

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

Mental Health

Colquitt County has facilities inside and outside of the County that provide mental health and substance abuse services.

- Turning Point Hospital offers a wide array of behavioral health services for the community; these include in-patient psychiatric stabilization, in-patient detoxification, partial hospitalization program, and intensive outpatient program. Turning Point Hospital accepts Wellcare, Peach State Health Plan, Amerigroup, Medicare, and commercial insurance.
- National Alliance on Mental Illness (NAMI) is a national organization that has a local chapter in Albany. Most chapters provide family support to those individuals with loved ones suffering from a mental illness.[153]

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 serving 1.7 million people annually.[154] More than 17 percent of Americans over the age of 85 live in nursing facilities.[155] 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.[156] Colquitt County has four skilled nursing facilities. All of these facilities accept Medicare and Medicaid. The combined number of beds among these facilities is currently 287 beds.[157]

Transportation

Colquitt County has a land area of 552 square miles.[158] Many residents depend upon family members or others in the community for their transportation needs. There are other services that provide transit for specific populations. These transportation services are limited. Many people in the community cited transportation as major issue preventing access to care.

Finding a Healthcare Provider with Whom the Patient Can Trust

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

PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute, and chronic needs of patients using the best available evidence and appropriate technology.[159]

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.[160] There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians. In 2008, the percent of Colquitt County's physician workforce in primary care was 36.5 percent compared to Georgia's average at 34.7 percent.[161]

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[162]

COMMUNITY INPUT

Access to Care

- There are benefits for married couples to live separately. There is higher earned income if they live in subsidized housing.
- Access to medical care for the uninsured and underinsured is an issue in this community.
- There is a migrant clinic in Ellenton, but it is only for migrant workers.
- There is a long wait time for appointments. Patients must schedule appointments months in advance.
- There are some physicians that do not take Medicare or Medicaid.
- There is no gastroenterologist.
- There is only one pulmonologist.
- There is one gastroenterologist and one psychiatrist coming to work here soon.
- There are not enough dermatologists; patients have to go to Thomasville.
- There is non-emergency transport that accepts Medicaid and Medicare; it is $34 one-way.
- There is a transit service that is county operated. It accepts Medicare and Medicaid, and the cost is usually $6 round trip.
- There is a lack of pediatric dentists.
- Serenity House offers shelter for battered women.
- Turning Point is a drug rehab facility.
- The hospital has an urgent care center in the Wal-Mart.
- The church, NAACP, and the hospital partner each year to host a health fair.
- The place to start is with education to prevent disease.
- Diabetes is driven by education and diet.
- People do not seek medical attention until it is an event.
- People are very complacent. They do not want to adopt healthy living practices.
- Economics and education are driving forces of poor health.

COMMUNITY INPUT

Access to Care (cont.)

- There is only one cardiologist to identify problems.
- The fear of knowing can sometimes be greater than not knowing.
- There is bus that goes between Moultrie and Albany to take cancer patients to treatments.
- "Help a Child Smile" (Conyers) is a mobile dental bus that provides dental care to children. They can accommodate up to 40 children a day.
- There are three schools that will be participating in a tele-health program. The program will provide a live diagnosis by a physician working remotely from a computer with the assistance of a school nurse.
- Acceptance of Medicaid is limited among most of the dental practices.
- There is a lack of parental responsibility. Parents do not make appointments for their child's physician visits.
- There is a fear of getting care.
- The gaps in services in the community are lack of health education, lack of outreach education, and lack of awareness to seek education.
- There is a need for more subspecialty physicians like a nephrologist, neurologist, dermatologist, and endocrinologist.
- There are a lot of individuals that do not have personal stake in their health because they do not pay for anything.
- Southwest Georgia Social Services Organization provides crisis and emergency intervention services to help with chronic unemployment, utility bill assistance and weather-proofing homes.
- The UGA Archway program was started in Colquitt County to bring resources to the community.
- Mental health, obesity, access to primary care, and eldercare are the four priorities identified by Archway.

SPECIAL POPULATIONS

Why Do Special Populations Matter?

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

Healthy People 2020

COMMUNITY INPUT

Seniors

- There is a high incidence of dementia and Alzheimer's among the Senior population.
- Loved ones of Seniors do not have extra money for the cost of adult day care.
- It costs more to manage the individual in nursing homes versus utilizing home healthcare.
- The wealthy individuals can afford nursing home care, the middle income cannot afford care, while the poor can get it for free.
- It is overwhelming for Seniors and care-givers to understand Medicare Part D.
- There is a self-advocacy issue among Seniors.
- There is a local Senior Center in Moultrie.
- Caregivers of the Senior population need proper education.
- There is a lack of respite care to relieve caregivers of the Senior population.
- There is a lack of Senior activities.
- There are a lot of isolation problems among the Senior population.
- There are gyms in the community, but they do not reach the 50-75 year old group.

COMMUNITY INPUT

Seniors (cont.)

- There is a lot of frustration with elder care regarding Medicare Part D; people do not understand how it works.
- The Senior population encounters a lot of loneliness from Alzheimer's or dementia.
- There are two Senior Centers in Colquitt that mainly serve highly functioning Seniors.
- The number one need for Seniors is treatment and awareness of depression.
- The Seniors are not compliant with medications because they are eager to save money and do not want to run out of medication.
- There is a need for more outreach services for Seniors.
- Medication compliance is usually better for the Senior population compared to the middle age group.
- There are a lot of options in the community for the Seniors to engage in an active lifestyle.

COMMUNITY INPUT

Mental Health

- There was a mental health facility in the community four years ago. It shut-down due to lost funding. There is a newer facility called Turning Point.
- There is a need for child mental health services.
- There is an ACT (Assertive Community Treatment) team based in Thomasville that reaches out to the area.

COMMUNITY INPUT

Underserved and Other Populations

- The two most vulnerable populations in the community are the Hispanic migrant workers and Blacks.
- A fatherless household causes a major problem in the community because single moms are overwhelmed with childcare and transportation issues.
- There is a church in the community that is sponsoring a program to provide respite care for families struggling with special care needs for their loved ones.

COMMUNITY INPUT

Hispanic and Migrant Worker Population

- The Hispanic population always pays cash for medical treatments.
- There are pre-kindergarten classes offered to migrant families. As a result, these children enter kindergarten very prepared.
- There is a need for three more pre-kindergarten classrooms for migrant families but there is no room.
- There are 700 to 800 migrant students in Colquitt County.
- The migrant family children are in great need of dental care.
- The migrant adults usually have problems with high blood pressure.
- The migrant workers have a lot of foot issues due to the swamp-like conditions in the fields.
- There is a need to provide a translated version of healthcare instructions to migrant farmworkers.
- Hispanic families seem to be stronger because the family unit has a stronger support system.
- There are a lot of domestic violence cases in the Hispanic community.
- There is a need for a Hispanic therapist in Colquitt County. Hispanic patients have to go to Albany for counseling services.

COMMUNITY INPUT

Hispanic and Migrant Worker Population (Cont.)

- Personal hygiene is a major issue among the migrant farmer population. There are a lot of cases of lice within this population.
- Migrant youth boys drop out of school early to work in the fields and earn money.
- There are a lot of special needs children in the Hispanic community.
- Head lice are a major problem among adolescent Hispanics and Blacks.
- There is a need for more translators for the rising Hispanic population.
- Hispanic teen women are more likely to get pregnant.
- There are individuals that have no documentation. What will happen when they get older and cannot take care of themselves?
- Most migrant farmworkers move for work every three years.

COMMUNITY INPUT (cont.)

Black Population

- Black males traditionally do not go to the doctor. They do not see lack of medical care as a problem.
- There are some Black families that are low income and do not have a strong family structure.
- According to data from three years ago, 83 percent of births to Blacks were to unwed moms.
- Approximately, 90 percent of Blacks in the community are living in poverty.
- There is a high incidence of heart disease among the Black population due to southern cooking. Fried foods are clogging arteries.
- Black males can have hypertension and still be super thin.

PRIORITIES

Community Input

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

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

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

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

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

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

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

Focus Group Meetings and Priorities

There were three focus group meetings held on the following dates:

- Community Meeting #1: February 11, 2013 at 9:30 am
- Community Meeting #2: February 12, 2013 at 8:00 am
- Community Meeting #3: February 13, 2013 at 3:00 pm

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

1. Obesity and Diabetes
    a. There is a need for education awareness on the causes, prevention, and intervention for obesity and diabetes.
        i. There is a need for specific education on how to purchase and make healthy foods on a budget.
        ii. There is a need for lifestyle intervention education on exercise habits.
    b. There are limited places for physical activity that are safe and cost-effective.
        i. There is a need for low cost recreational facilities or education on how to stay active with limited resources.

2. Access to Care—Providers and Prevention
    a. There is a need for free or low cost care options for the working poor, uninsured, or underinsured.
    b. There is a shortage of providers, specialists, or services in the community.
        i. There is a lack of dermatologists.
        ii. There is a lack of gastroenterologists.
        iii. There is a lack of mental health services and/or providers.
        iv. There is a lack of pediatric dentists.
    c. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.
    d. There is a need for education and awareness concerning prevention of chronic illnesses, health behaviors, and habits that promote the use of primary care and preventive medicine.
    e. There is a need for more health promotion education and outreach to the Hispanic population due to language and cultural barriers.

3. Teen Birth Rate
    a. There is a need for early education and awareness for adolescents concerning sex education and contraceptive use.
    b. There is a need for more after school activities.
    c. There is a need for education to increase self-esteem and self-worth.

4. Respiratory
    a. There is a need for outreach education and awareness regarding respiratory disease.
    b. There is a need for more respiratory providers.
    c. There are environmental issues specific to Colquitt County due to agriculture that may influence respiratory conditions.

5. Senior Health
    a. There is a need for education and awareness in relation to Senior health issues across the healthcare continuum.

   b. There is a need for gerontologists.
   c. There is a need for family support services such as respite care.

6. Mental Health
   a. There is a need for education and awareness on mental illness.
   b. There is a need for more services, providers, and specialists relating to mental health care.

7. Heart Disease and Stroke
   a. There is a need for education and awareness on prevention, signs and symptoms of cardiovascular risk, and intervention tactics.

8. Cancer
   a. There is a need for more cancer treatment services and providers.
   b. There is a need for education and awareness regarding cancer screenings, prevention, and treatment methods.
      i. There is a need for specific education on workplace protection from environmental and occupational hazards associated with agriculture industry.

9. Adolescent Lifestyle Including Alcohol, Tobacco, and Drugs
   a. There is a need for education and awareness surrounding healthy lifestyle choices.
   b. There is a need for education to increase self-esteem.

10. Access to Care—Transportation
   a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor and the Senior residents.

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 following priority needs were identified by the CHSC:

1. Obesity and Diabetes
2. Heart Disease and Stroke
3. Access to Care-Providers and Prevention
4. Cancer
5. Respiratory
6. Senior Health
7. Mental Health
8. Access to Care –Transportation
9. Adolescent Lifestyle including Alcohol, Tobacco and Drugs
10. Teen Birth Rate

COMMUNITY PARTICIPANTS

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

COLQUITT REGIONAL MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

James Matney	President/CEO
Jessica Jordan	CHNA Committee Chair, Compliance Officer/Internal Auditor
Larry Sims	Vice President/CFO
Greg Johnson	Vice President of Professional Services
Brian Elliott	Director, Oncology
Faye Kelly	Director, Health Information Management
Rita Gay	Director, Respiratory Care Services and Emergency Management Coordinator
Robin Tillman	Accreditation Manager
Samantha Allen	Director, Patient Financial Services
Terry Jackson	Director, Educational Services
Nicole, Gilbert	Director, Marketing
Debbie Hayes	Director, Maternal-Infant

COMMUNITY REPRESENTATIVES – KEY STAKEHOLDER INTERVIEWS

Ambrose, Karen	Crime Victim Advocate, DA's Office, Colquitt County
Berl, Seth, MD	Physician and AAU Basketball Coach
Hughes, Lillian	Colquitt County Board of Education Migrant Program
Jones, Alfred L.	Pastor, Friendship Missionary Baptist Church
Milligan, Keena	School Nurse, R. B. Wright
Mulkey, Myrtis	Southwest Georgia Community Action Council
Watson, Emily	University of Georgia, Archways
Wills, Melanie, MD	Pediatrician

PARTICIPANTS IN COMMUNITY FOCUS GROUP MEETINGS

Abbott, Darrell	Lincare
Ambrose, Karen	Crime Victim Advocate, District Attorney's Office, Colquitt County
Anderson, Tina	President, Moultrie Technical College
Berl, Seth	Physician, AAU Basketball Coach
Blalock, Chip	Sunbelt Expo
Castellow, Angela	United Way Director and City Council
Clark, Christopher	Lincare
Clark, Lynn	Colquitt County Board of Education
Coop, Billy	YMCA Director, PrimeTime
DePaul, Sam	Superintendent, Colquitt County School System
Dillard, Gail	Abraham Baldwin Agricultural College
Fallin, Barbara	Volunteer
Fallin, Billy	Fallin & McIntosh, P.C., Board of Housing Authority

Gay, Wayland	EMS, Colquitt Regional Medical Center
Hart, Virginia T.	Retiree, MFG
Hayes, Connie	Easter Seals
Horkan, Frank	Judge
Horkan, Lisa B.	Retiree, Elementary / Special Education Teacher
Hughes, Lillian	Colquitt County Board of Education – migrant
Jordan, Andy	Colquitt County Food Bank
Jursik, Jeffrey	UniHealth Magnolia Manor South Administrator
Kautzman, Nancy	Home Health Director, Colquitt Regional Medical Center
Kent, David	Sergeant, Colquitt County Sheriff's Office
Key, Bobbie	Colquitt County Board of Education
Kudela, Nancy	Right From The Start Medicaid Outreach Project
Lov–Hiers, Carol	Hospice, Colquitt Regional Medical Center
Marion, Ben	Director, Turning Point
McIntosh, Bill	Mayor, City of Moultrie
McIntosh, Katrina	Community Volunteer, Colquitt County Board of Education
Oats, David	Pastor, Heritage Church
Peters, John C., Sr.	Colquitt County Board of Commissioners
Shuler, Terry	Colquitt County Chamber
Sumner, Suzanne	Colquitt County Board of Education
Watson, Emily	Archway & CPH Professional, University of Georgia
Williams, Amy	EMS/NET Director, Colquitt Regional Medical Center
Yates, Keith	UHS – Pruitt
Yearta, Maureen	Colquitt County Board of Education / Colquitt Regional Medical Center

RESOURCE LISTING

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

ASSISTED LIVING FACILITIES

Magnolia Manor South
3011 Veterans parkway
Moultrie, GA 31788
229-985-0265

Park Regency of Moultrie
3000 Veterans Parkway
Moultrie, GA 31788
229.890.3342

BIRTH CERTIFICATES

Colquitt County Health Department
214 West Central Avenue
Moultrie, GA 31776
229.891.7100

BLOOD DONATIONS

American Red Cross
1.800.RED.CROSS
1.800.733.2767
www.redcross.org

BREASTFEEDING RESOURCES

Breastfeeding Information
www.breastfeeding.com

La Leche League of GA Hotline
404.681.6342

CAR SEAT RESOURCES AND SAFETY

Ellenton Clinic
185 N Baker Street
Norman Park, GA 31771
229.324.2845

CANCER SUPPORT SERVICES

Cancer Fund of America, Inc.
2901 Breezewood Lane
1.800.578.5284

CHILDREN & FAMILY SUPPORT SERVICES

ALL GA KIDS
877.255.4254

Colquitt County DFCS
449 N. Main Street, Ste A
Moultrie, Georgia 31768
229.217.4000

Office of Child Support Services (OCSS)
877.423.4746

CLOTHING RESOURCES

Salvation Army
204 Prince Street
Americus, Georgia 31709
229.924.5154

Goodwill Retail Store
359 Commerce way
Tifton, GA 31794
229.382.0093

COUNSELING

Covenant Counseling Center
600 2nd Street Southeast
Moultrie, GA 31768
229.890.2288

CRISIS INTERVENTION

National Domestic Violence Hotline
800.799.7233

DENTAL (LOW-INCOME)

Colquitt County Health Department
214 West Central Avenue
Moultrie, GA 31776
229.891.7100

Farrey Family Dentistry
513 South main Street
Moultrie, GA 31768
229.890.3908

DEVELOPMENTAL NEEDS

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

Parent to Parent of Georgia
800.229.2038

EMERGENCIES / URGENT CARE

Emergency Room
Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229.985.3420

FATHERHOOD

Georgia Fatherhood Program
770.531.4011

National Center for Fathers
800.593.3237

FINANCIAL ASSISTANCE

Division of Family and Children Services (DFCS)
Temporary Assistance for Needy Families (TANF)
449 North Main Street
Moultrie, GA 31768
229.217.4000
www.dfcs.dhs.georgia.gov

Salvation Army
www.salvationarmy-georgia.org

FOOD ASSISTANCE

Colquitt County Food Bank
309 3rd Street Southeast
Moultrie, GA 31768
229.985.7725

Angel Food Ministries
877.366.3646
www.angelfoodministries.com

Welcome Baptist Church-Food Program
1436 Middle River Road
Americus, Georgia 31709
229.928.5020

Division of Family and Children Services (DFCS)
Temporary Assistance for Needy Families (TANF)
449 North Main Street
Moultrie, GA 31768
229.217.4000
www.dfcs.dhs.georgia.gov

United Holiness-Food Program
901 Aaron Snipes Senior Drive
Americus, Georgia 31709
229.924.5539

Women, Infants & Children (WIC)
800.228.9173

FURNITURE RESOURCES

Goodwill Industries
www.goodwillng.org

Salvation Army
www.salvationarmy-georgia.org

GED CLASSES

Moultrie Technical College
800 Veterans Parkway North
Moultrie, GA 31788
229.891.7000
www.moultrietech.edu

Southwest Georgia Technical College
15689 U.S. Highway 19 North
Thomasville, Georgia 31792
229.225.4096
www.southwestgatech.edu

HEALTH INSURANCE

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

PeachCare for Kids
877.427.3224
www.peachcare.org

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

HOSPICE PROVIDERS

Colquitt Regional Medical Center–Home Care Hospice
3131 South Main Street
Moultrie, GA 31768
229.985.3420
www.colquittregional.com

SouthernCare
412 1st Street SE
Moultrie, GA 31768
229.217.0523
www.southerncareinc.com

HOUSING / UTILITY ASSISTANCE

Georgia Dept. of Community Affairs
Georgia Dream Homeownership Program
800.359.4663

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

Georgia Housing Search
www.georgiahousingsearch.org

Utility Assistance Program
BellSouth Lifeline: 888.757.6500
Georgia Power: 888.660.5890
SCANA Energy (Natural Gas): 866.245.7742

JOB TRAINING

Georgia Department of Labor
Career Centers
www.dol.state.ga.us/js/

LEGAL ISSUES

Georgia Legal Services
800.822.5391

LITERACY

Family Literacy Hotline
404.539.9618

Ferst Foundation for Childhood Literacy
888.565.0177

MEDICAL FINANCIAL ASSISTANCE

Division of Family and Children Services (DFCS)
Temporary Assistance for Needy Families (TANF)
449 North Main Street
Moultrie, GA 31768
229.217.4000
www.dfcs.dhs.georgia.gov

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

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

MEDICAL CLINICS AND CARE

Colquitt County Health Department
214 West Central Avenue
Moultrie, GA 31776
229.891.7100

Colquitt Family Care Inc.
2801 S Main Street
Moultrie, GA 31788
229.891.2170

Convenient Care
207 31st Avenue SE
Moultrie, GA 31768
229.217.0088

Ellenton Clinic
185 North Baker Street
Ellenton, GA 31747
229.324.2845

InfantSee
888.396.3937
www.infantsee.org

MENTAL HEALTH

Colquitt County Mental Health Center
615 N Main Street
Moultrie, GA 31768
229.891.7160

Turning Point
3015 Veterans Parkway
Moultrie, GA 31788
1.800.342.1075

NURSING HOME/SKILLED NURSING FACILITIES

UniHealth Magnolia Manor South
3003 Veterans Parkway S
Moultrie, GA 31788
229.985.0265
www.magnoliamanor.com

Heritage Healthcare at Sunrise
2709 S Main Street
Moultrie, GA 31768
229.985.7173

UniHealth Post-Acute Care Moultrie
233 Sunset Circle
Moultrie, GA 31768
229.985.4320

Agape Health and Rehab of Moultrie
101 Cobblestone Trace, SE
Moultrie, GA 31768
229.985.3637

PARENTING RESOURCES

American Academy of Pediatrics
www.healthychildren.org

"MOPS"
(Mothers of Preschoolers)
General Info:
800.929.1287 (P) / 303.733.5353 (P)
303.733.5770 (F)
Service/Group Info:
888.910.MOPS (6677) (P)
www.mops.org

PATERNITY

Division of Child Support Services (DCSS)
111 B South Patterson Street
Suite 202 P.O. Box 1669
Valdosta, GA 31603
229.245.3845

PHYSICAL THERAPY / REHABILITATION SERVICES

Moultrie Physical Therapy
1912 South Main Street
Moultrie, GA 31768
229.985.5684

Regional Therapy Services
300 Sunset Circle
Moultrie, GA 31768
229.248.1000
www.regionaltherapyservices.com

POSTPARTUM DEPRESSION

Georgia Crisis Line
800.715.4225
www.bhlweb.com/tabform

Georgia Postpartum Support Network
866.944.4776

Meetup
www.postpartum.meetup.com

National Women's Health Information Center
800.994.9662
www.4woman.gov/faq/depression-pregnancy.cfm

Postpartum Support International
800.944.4773
www.postpartum.net

PUBLIC LIBRARIES

Moultrie-Colquitt County Library
204 5th Street SE
Moultrie, GA 31768
229.985.6540

Doerun Municipal Library
185 N Freeman Street
Doerun, GA 31744
229.782.5507

RECREATION

Boys & Girls Clubs of Moultrie-Colquitt County
420 W Central Ave
Moultrie, GA 31768
229.890.8600

Moultrie YMCA
601 26th Ave SE
Moultrie, GA 31768
229.985.1154
www.moultrieymca.org

SAFETY

Georgia Poison Control
800.222.1222
www.gpc.dhr.georgia.gov

Safe Kids
1301 Pennsylvania Avenue, NW, Suite 1000
Washington, DC 20004
202.662.0600 (P)
202.393.2072 (F)
www.safekids.org

SMOKING CESSATION

Georgia Tobacco Quit Line
877.270.7867
www.livehealthygeorgia.org/quitline

TEEN PARENTING RESOURCES

Young Mommies Help Site
www.youngmommies.com

TRANSPORTATION

Medicaid Only:
Southeastrans
1.888.224.7895

Destiny Transit
2407 S. Main St.
Moultrie, GA 31768
229.985.1666

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