

2016

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) rules published on December 31, 2014. The Community Health Needs Assessment report not only meets the guidelines of the Internal Revenue Service, but provides strategic insight for resource development, clinical development, and regional hospital networking and collaboration.

The results of the CHNA will guide the development of 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 health care consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 60 years' experience working with hospitals throughout the Southeastern United States. Input was received from the hospital, community leaders, and Colquitt County residents.

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

About the Area

Colquitt County is located in the southwestern part of Georgia, and had a population of 46,102 in 2014. 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 41.05 percent urban and 58.95 percent rural. Only 3.3 percent of Colquitt County's land area is urban while 96.7 percent is rural.

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

CANCER

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

HEART DISEASE AND STROKE

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

CHRONIC LOWER RESPIRATORY DISEASE

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

ACCIDENTS

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

MATERNAL, INFANT AND CHILD HEALTH

Birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. The Colquitt County infant mortality rate was higher than the Georgia rate. The teen birth rate in Colquitt County was higher than the rate in Georgia. The teen birth rate among Hispanics was the highest out of all other population groups.

ALCOHOL, TOBACCO AND DRUG USE

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

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. Colquitt County's rates for chlamydia and gonorrhea were lower than the State and U.S. rates. Chlamydia rates among Colquitt County Blacks were much higher compared to Whites. Gonorrhea rates were also higher among Blacks compared to Whites. In Colquitt County, human immunodeficiency virus (HIV) hospital discharge rate were higher than the Georgia rates.

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. Twenty-eight

percent of Colquitt County residents reported no health insurance. Over one-fourth of Colquitt County's population is below the poverty level. Eight percent of children were uninsured in Georgia which was the same as the U.S. rate. Education also affects an individual's ability to access care. Approximately 72 percent of Colquitt County residents were high school graduates compared to Georgia residents at 85 percent. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex. Local infrastructure and public transit affect access to health care. Without a public transit system, many Colquitt County residents rely on friends and family members for transport.

Community Prioritization of Needs

Information gathered from stakeholder interviews, discussions with the hospital leadership team, 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:

- Obesity and Lifestyle
- Substance Abuse
- Access to Care - Specialists
- Access to Care - Transportation and Prevention

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

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

APPROVAL

Colquitt Regional Medical Center approved this community health needs assessment through a board vote on September 26th, 2016.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

The Chief 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.

Jim Matney - President and CEO
Jessica Jordan - Internal Auditor, Compliance Officer
Barclay Mitchell - Director of Patient Satisfaction
Rita Gay - Director of Respiratory Therapy
Robin Tillman - Joint Commission Coordinator
Shana Wertz - Asst. Vice President, Home Care Services
Dena Zinker - Vice President Nursing Services
Emily Watson - Director of Marketing
Debbie Hayes - Director of Maternal Infant Services
Brian Elliott - Director of Oncology

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.

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

6. Community Input

A two-hour Community Health Input Meeting (community meeting) and a one-hour Community Stakeholder Interview with an individual from Public Health (stakeholder interview) were essential parts of the CHNA process. The community meeting and stakeholder interview were conducted in order to obtain the community's input into the health needs of Colquitt County.

The community meeting was driven by an agenda planned in advance. Sign-in sheets and evaluations were also used. The Community Health Profile was shared with the participants at each meeting. The hospital identified over 25 individuals to participate in the CHNA process.

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 discussions were encouraged, with the objective that participants would increase their understanding of what the data meant in terms of the burden of chronic diseases, the impact of the demographics of the population on health services, 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.

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

7. Hospital Prioritization of Needs

Information gathered from the community meeting, stakeholder interview, 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 agreed with the needs as prioritized by the community. Each of the needs will be addressed separately in the Hospital's Implementation Strategy document

Description of Major Data Sources

Bureau of Labor and Statistics

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

Behavioral Risk Factor Surveillance System

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

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) publishes data that is collected by various surveillance and monitoring projects including:

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

County Health Rankings

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

Georgia Department of Public Health

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

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

Information Gaps and Process Challenges

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

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

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

2013 Implementation Strategy

Colquitt Regional Medical Center created an implementation strategy report in 2013 to address the health needs identified in the 2013 CHNA. Below are some of the activities the hospital has worked to achieve since 2013.

Obesity and Diabetes	
2013 Implementation Strategy	2013 Implementation Strategy Impact
<p>The hospital will work toward reducing the number of adults and children in Colquitt County that are obese, overweight, or diabetic by implementing health promotion programs that increase self-awareness of body mass index (weight status) and increase nutrition education. Increasing self-awareness of weight status will be achieved by offering screenings of BMI, providing nutritional education, and having a nutritionist on site at health fairs for adults and children.</p>	<p>Fitness Field Day was held on February 9th, 2013, and May 17th, 2014. This event is open to the public, free of charge and designed to accomplish the following goals:</p> <ul style="list-style-type: none"> • Increase awareness of the importance of exercise, healthy eating and effective dieting. • Demonstrate new and exciting ways to encourage adults to exercise. • Increase youth activity in physical fitness. <p>Diabetes Support Group: Open to the community as a support for individuals with diabetes, our goal is to increase awareness of the important role a healthy diet and regular exercise play in controlling diabetes. Staff partnered with Cathy Harrington and participated in six monthly meetings in the calendar year serving approximately 120 attendees.</p> <p>Colquitt County High School Athletics Purpose: To partner with Colquitt County Packer Athletics and their trainers in helping individual athletes overcome obesity, malnutrition and eating disorders. The trainer, hospital staff member and athlete work as a team to develop a strategy which includes a nutritional diet/meal plan designed to meet the athlete's individual needs.</p> <p>The Diabetes Education Program is an ongoing program that offers comprehensive services to approximately 308 outpatients and their significant other every year. Patients enter the program through</p>

<p>The hospital will increase access to affordable places and resources for exercise by collaborating with the Boys and Girls Club, the YMCA and Colquitt County Parks and Recreation Department to support healthy behavior change through building, strengthening and maintaining social networks.</p>	<p>a referral from their primary care provider.</p> <p>Team Lean Colquitt Regional Medical Center partners with The YMCA in offering TEAM LEAN as an incentive to community to fight obesity, lose weight and get healthy. Weekly weigh-ins are taken at YMCA, Colquitt Regional and participating schools. Education is provided on healthy eating, exercising and weight loss. Cash prizes are awarded at the end of the 10-week program</p> <p>LIVESTRONG Colquitt Regional Medical Center's Oncology Department and The YMCA partner to offer LIVESTRONG, a free, 12-week physical activity and support program for cancer survivors in the community. This program provides a safe exercise program and environment for cancer survivors to gain and reclaim their health and well-being.</p> <p>Each year, Colquitt Regional participates in the YMCA Senior Center Health Fair designed for outreach to provide basic preventive medicine and medical screenings to active senior adults in the community. This event draws approximately 50 to 60 participants annually and offers the following:</p> <ul style="list-style-type: none"> • Glucose testing, including information about diabetes and how to manage diabetes if one has been diagnosed. • Information related to Chronic Health Conditions, such as heart disease, hypertension, hyperlipidemia, arthritis, obesity and cancer. • Information on local physicians and health services offered in Colquitt County. • Hospice Services • Vereen Rehabilitation Center and the variety of treatments offered, including physical, occupational, speech and aquatic therapies, along with a wound care clinic and The Learning Center. <p>Colquitt Regional Medical Center participated in the Lowes Salutes to Our Veterans this past year. This event was to honor the veterans of Moultrie, GA. Approximately 75 people attend. Colquitt Regional</p>
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	<p>Medical Center contributed to the health fair by the following:</p> <ul style="list-style-type: none">• One of Colquitt Regional Medical Center’s Diabetes Educator, Carla Herrington, provided glucose testing and education relating to blood glucose.• The hospital offered Blood Pressure monitoring by a registered nurse.• Information on local physicians and health services offered in Colquitt County.• Hospice Services• Vereen Rehabilitation Center and the variety of treatments offered, including physical, occupational, speech and aquatic therapies, along with a wound care clinic and The Learning Center.
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Heart Disease and Stroke	
2013 Implementation Strategy	2013 Implementation Strategy Impact
The hospital will provide blood pressure monitoring devices to area churches. Hospital staff will train designated members of the church on proper methods to monitor blood pressure for church members. The hospital will provide education materials to at-risk patients through health fairs, health screenings and physician visits.	<p>The hospital had an educational luncheon on January 18, 2016. The luncheon provided local churches with blood pressure monitoring devices and trained designated members of the church on how to test blood pressure. There was also a presentation on modifiable risk factors to prevent heart disease and stroke. A total of eight churches were represented.</p> <p>Mother Easter:</p> <p>Colquitt Regional Medical Center and its affiliates, Vereen Center, South Active Orthopedics, Spine Center, Home Health, helped put on Mother Easter Baptist Church's annual health fair. The health fair predominately served the NW community of Moultrie, GA in which approximately 75 people attended. At the health fair Colquitt Regional Medical Center and its affiliates provided the following services:</p> <ul style="list-style-type: none"> • Height, Weight, BMI, Body Fat Composition • Blood Pressure and Blood Pressure Education Information • PSA blood work • Testing of Blood Sugars • Educational Symposium on orthopedic and spine procedures along with internal and infectious disease. • Home Health information

Access to Care - Providers and Prevention	
2013 Implementation Strategy	2013 Implementation Strategy Impact
<p>1. The hospital will improve access to the uninsured and underinsured by helping to minimize the cost of healthcare to the individual. The hospital will do this by increasing the healthcare access through the hospital's financial charity and indigent care program.</p>	<p>In FY 2013 the Indigent and Charity helped to cover 5,128 inpatient and outpatient visits with a total cost of \$5,907,966.35.</p> <p>In FY 2014 the Indigent and Charity helped cover 4,067 inpatient and outpatient visits with a total cost of \$5,040,329.28.</p> <p>In FY 2015 the indigent and Charity Fund helped to cover \$1,144,727.93.</p> <p>Colquitt Regional Medical Center provides two financial counselors. Financial Counselors identify and assist patients who are unable to pay their estimated liability prior to treatments or who have large existing balances. This assistance includes:</p> <ul style="list-style-type: none"> • Assessing a patient's liability, • Linking patients to available funding sources such as Medicaid and Medicare, or • Determining whether they are eligible for charity care or financial hardship treatment.
<p>2. The hospital will continue recruitment efforts for physician and mid-level practitioners who will serve the uninsured and underinsured population of the community. The hospital will perform a Physician Needs Assessment to identify the physician needs of the community.</p>	<p>Colquitt Regional Medical Center created a Physician Needs Assessment and continues to update it as the needs of the community change.</p> <p>Since 2013, Colquitt Regional Medical Center has recruited 43 new physicians in order to meet the growing need in the community.</p>
<p>3. During the community focus group meetings and key stakeholder interviews, it became apparent that there is a need for a centralized community resource directory. The directory will be distributed to physician offices, hospital registration areas, rural health clinics, local papers, and other venues with the special emphasis on reaching the low-income, uninsured, minority, and chronic disease population.</p>	<p>A Community Resource Directory was produced by Colquitt Regional Medical Center with an emphasis on senior health, mental health, transportation, substance abuse and health resources for pregnant teens. The Community Resource Directory is continually distributed to the following:</p> <ul style="list-style-type: none"> • Hospital Registration Areas • All physician offices under Colquitt Regional Medical Center's Practice Management. • Rural Health Clinics: Norman Park and Doerun Family

<p>4. The hospital will provide community outreach programs to educate individuals on the prevention of diseases and conditions, and education on the importance of having a primary care provider.</p> <p>5. The hospital will provide community outreach programs to educate the Hispanic population on the prevention of diseases, and education on the importance of having a primary care provider. The hospital will collaborate with area Hispanic Churches or Hispanic Community leaders to encourage active participation in these programs.</p>	<p>Medicine</p> <p>Colquitt Regional Medical Center continues to provide community outreach in effort to educate individuals.</p> <p>Colquitt Electric Membership Corporation (EMC) hosts a health fair for its members every year. This health fair serves several hundred people and provides them with education, information and several screening opportunities such as blood pressure. This past year, Colquitt Regional Medical Center offered the provided the following:</p> <ul style="list-style-type: none">• Information on Home Health and the Vereen Rehabilitation Center• Education on Blood Pressure and the implications it can have on one's health• Dr. Thomas Loumeau of the Moultrie Spine Center spoke with numerous people about the services that he offered and provided several with consults. <p>Colquitt County's Ellenton Clinic already provides outreach programs to the Hispanic population on the preventions of diseases and the importance of having a primary care provider. In addition, the Ellenton Clinic works with the migrant population in providing many of the medical needs associated with the Hispanic population. Colquitt Regional Medical Center will continue to provide information on primary care providers and disease prevention during community outreach.</p>
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Cancer	
2013 Implementation Strategy	2013 Implementation Strategy Impact
<p>1. The hospital will improve access to care for the underinsured and uninsured by helping to reduce out-of-pocket costs associated with cancer screenings and treatment. The hospital will do this by increasing healthcare access through the hospital's financial charity and indigent care program. Qualifying patients will be referred to Women's Health Medicaid for breast and cervical cancer treatment. The hospital will collaborate with other community services to determine specific cancer related services currently offered to educate the community on the availability of such services.</p> <p>2. The hospital will increase an individual's access to cancer screenings and treatment by first increasing self-awareness. The hospital will utilize small media methods to increase awareness. Small media methods include videos and printed materials such as letters, brochures and newsletters. The hospital website will also be used for electronic communication of health screening access information. These materials will be used to inform and motivate people to get screened for cancer. The hospital will tailor the information within the media and the type of media to fit specific population groups. The hospital will collaborate with churches, various community centers, and healthcare providers in the distribution of these materials. The hospital will implement guidance to providers on how to provide one-on-one education about cancer prevention.</p>	<p>Education</p> <ul style="list-style-type: none"> • Ovarian Cancer Educational Seminar with Dr. Betty Koukis and Dr. Daniel York in Fall of 2014. • Ovarian Cancer Educational talk presented by Ginger Bennett, CNM at Women's Health Forum at First Baptist Church, Spring of 2015. <p>Newspaper</p> <ul style="list-style-type: none"> • Prostate Cancer Awareness Ads • Breast Cancer Awareness Ads • Ovarian Cancer Awareness Ads <p>Social Media</p> <ul style="list-style-type: none"> • Prostate Cancer Awareness • Breast Cancer Awareness • Lung Cancer Awareness • Ovarian Cancer Awareness <p>Speakers</p> <ul style="list-style-type: none"> • Dr. Ebert has spoken to Kiwanis about Skin Cancer. • Dr. York has spoken to Kiwanis about Ovarian Cancer. • Dr. Aho has spoken to Kiwanis about Breast Cancer • Breast Cancer Prevention and Awareness interview with Ruthie Garner on the WALB Ruthie Garner Noon talk show. • Center for Women's Health Physicians have presented 6 additional segments on the Ruthie Garner show related to various Cancers that affect Women. • Dr. Brown has spoken to the Rotary of Moultrie about respiratory and lung cancers.

	<p>Cancer Screenings</p> <ul style="list-style-type: none"> • Free Skin Cancer Screening with Dr. Barbara Ebert. Held in May and October of 2015. • Prostate Cancer Screening at Friendship Baptist Church Health Fair and Mother Easter Baptist Health Fair • Breast Cancer Self-Exam shower hangers distributed at Sunbelt Ag Expo (80,000+ attendees, Colquitt EMC Annual Member Event (2,000+ attendees), Friendship Baptist Church Health Fair, Moultrie Federated Guild Meeting and Moultrie Junior Woman's Club Meeting, and the Church of Christ.
Respiratory Disease	
2013 Implementation Strategy	2013 Implementation Strategy Impact
1. The hospital will provide patient education on the risk factors associated with respiratory disease and smoking. The hospital will collaborate with other agencies in creating health programming to reach underserved areas of the community.	<p>Tobacco Cessation and Relief of Nicotine Withdrawal</p> <p>I. Policy: It is the policy of Colquitt Regional Medical Center to assess and manage the tobacco use of all patients in a consistent matter, in accordance with current clinical guidelines.</p> <p>II. Procedure:</p> <p>A. Nursing will continue to complete the Med/Surg, ICU, Peds ICU and OB, SCD Admissions Assessment form answering "Yes" or "No" to the question in regards to "Tobacco."</p> <ul style="list-style-type: none"> • If "Yes", an education form will be completed by the nursing and signed for the patient medical record per nursing procedure on PATIENT EDUCATION ON TOBACCO USE. <p>B. If the physician writes an order for smoking cessation, an order will be generated from that floor in Order Entry under RT and RFS. The comment line should read Smoking Cessation Education. It will print to the RT printer.</p> <p>C. The trained therapist will receive the order, take</p>

	<p>the Nicotine Replacement/Tobacco Cessation form to the patient's bedside where the assessment is completed. Print form from nursing screen (#200 patient smoking history).</p> <ul style="list-style-type: none"> D. The assessment will include, but not limited to, last use of cigarettes, and how much does the patient smoke. E. A copy will be placed in the patient's permanent record. F. Smoking cessation may include up to four counselling sessions per attempt. G. The therapist will provide smoking cessation educational materials to the patient. H. The therapist will review with the patient the options available to assist with quitting the smoking habit. <p>III. Results:</p> <ul style="list-style-type: none"> A. Colquitt Regional Medical Center respiratory therapists have performed Tobacco Cessation and Relief of Nicotine Withdrawal on 2,176 patients since the Community Health Needs Assessment in 2013. <p>Nicotine Cessation Class</p> <p>In December of 2015, Colquitt Regional Medical Center began to offer Nicotine Cessation Courses to Colquitt County Employees on a monthly basis. The purpose of the courses is to educate Colquitt County Employees on the harmful effects of smoking on one's health and to provide plans and programs to help them become nicotine free. The courses are taught by the Health & Wellness Coach at a local Primary Care office. Approximately 13 to 21 people attended each class. Of those that retested for nicotine use, six people tested negative for nicotine use.</p> <p>"Guide to Recovery"</p> <p>Colquitt Regional Medical Center provides patients with respiratory disease with a "Guide to Recovery." This educational guide is designed to help patients understand their health condition, involve them in their health decisions, and enable them to provide family, friends and caregivers with information on their health condition. The guide is divided into two different sections, "What to Expect in the Hospital" and "What to Expect At Home." The guide addresses the full range from defining the disease, the types, causes and treatments to follow-up appointments and resources for Chronic Lung Disease. Colquitt Regional Medical Center strives to deliver a disease specific</p>
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<p>2. The hospital will perform a Physician Needs Assessment to identify the physician needs in the community.</p> <p>3. The hospital will collaborate with an occupational nurse to establish educational material as it relates to protecting oneself against the environmental hazards when working in agriculture. The hospital will increase awareness and education about potential housing environmental concerns, such as mold.</p>	<p>educational guide to each patient suffering from the following top three respiratory diseases:</p> <ul style="list-style-type: none"> • Pneumonia • Congestive Heart Failure • Chronic Obstructive Pulmonary Disease <p>Asthma</p> <p>Colquitt Regional Medical Center understands that asthma affects a large population in Colquitt County. In order to address this, a member of the Respiratory Therapy Team will be attending the FOCUS Conference held in May 2016 to help obtain certification as an Asthma Educator.</p> <p>➤ As the Physician Needs Assessment relates to Respiratory Disease, Colquitt Regional Medical Center has recruited Pulmonologist Michael D. Brown, MD, to practice in Colquitt County and to serve as a member of Colquitt Regional's Medical Staff. Dr.</p> <p>Brown has been a valued resource in helping Colquitt Regional Medical Center develops its own Cardiac and Pulmonary Rehabilitation Center within the hospital. To see the complete Physician Needs Assessment, refer to Access to Care - Providers and Prevention.</p> <p>➤ Colquitt Regional Medical Center has created educational materials on protecting individuals against the environmental hazards when working in agriculture. A special emphasis was provided on heat, hazardous equipment and machinery, noise and pesticides and other chemicals. The educational materials were distributed to local rural clinics, hospital registration and primary care physician's offices.</p> <p>➤ Colquitt Regional Medical Center will continue to work with the Public Health to address potential housing environmental concerns, including mold.</p>
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Senior Health	
2013 Implementation Strategy	2013 Implementation Strategy Impact
<p>1. The hospital will provide community outreach education to the Senior population on the basic health education to prevent unnecessary physician visits. During the community focus group meetings and key stakeholder interviews, it became apparent that seniors and their caregivers do not know where to go for care; especially specialty care. There is a need for centralized community resource directory. The hospital will collaborate with other community service providers to develop such a directory that can be distributed throughout the community, with special emphasis to on reaching the senior population and their caregivers.</p>	<p>➤ Colquitt Regional Medical Center’s Health & Wellness Coach has hosted several events at the Moultrie Senior Center since the last Community Health Needs Assessment. Colquitt Regional partnered with our home health center and the Moultrie Senior Center to offer this event targeting active senior adults within the community. Topics of discussion included, Controlling Blood Pressure, How to effectively and safely Lose Weight, Exercises for Older Adults, and Stretching to Prevent Injury. This event hosts an average of twenty to thirty seniors and is held once a year.</p> <p>Activities included:</p> <ul style="list-style-type: none"> ○ Demonstrating stretching exercises to increase flexibility and prevent injuries ○ Performing examples of at home workouts built for the lifestyle of older adults ○ Promoting the Moultrie YMCA Senior Silver Sneaker Program ○ Demonstrating how exercise lowers stress ○ Teaching how diet and exercise can aid in lowering blood pressure ○ Nicotine Cessation Class <p>➤ Walk Georgia</p> <p>For the first time, Colquitt Regional supported community seniors and active adults in the Walk Georgia Program, a program designed to encourage activity and exercise through accountability and community. Walk Georgia provides health resources and the tools and information needed to help individuals get physically active in each Georgia County.</p> <p>Colquitt Regional supported the program by providing guest</p>

<p>2. The hospital will perform a Physician Needs Assessment to identify the physician needs in the community.</p> <p>3. The hospital will develop support groups for both Seniors in need of companionship and caregivers in need of support from other caregivers going through the same experience. The hospital will develop a strategy to host these groups in the area most convenient for the participants.</p>	<p>speakers on the topics of Heart Disease, Stroke, and The Effects of High Blood Pressure. Additionally, we provided blood pressure readings to all participants.</p> <p>➤ YMCA Senior Center Health Fair</p> <p>Each year, Colquitt Regional participates in the YMCA Senior Center Health Fair designed for outreach to provide basic preventive medicine and medical screenings to active senior adults in the community. This event draws approximately 50 to 60 participants annually and offers the following:</p> <ul style="list-style-type: none"> ○ Glucose testing, including information about diabetes and how to manage diabetes if one has been diagnosed. ○ Information related to Chronic Health Conditions, such as heart disease, hypertension, hyperlipidemia, arthritis, obesity and cancer. ○ Information on local physicians and health services offered in Colquitt County. ○ Hospice Services ○ Vereen Rehabilitation Center and the variety of treatments offered, including physical, occupational, speech and aquatic therapies, along with a wound care clinic and The Learning Center. <p>➤ To see the complete Physician Needs Assessment, refer to Access to Care - Providers and Prevention.</p> <p>➤ Hospice Bereavement Support Group</p> <p>Colquitt Regional offers the community a Hospice Bereavement Support Group to promote healing through education and support after the loss of a loved one or close friend.</p> <p>This support group meets for six consecutive weeks for participants to confidentially share and discuss a variety of topics, including denial, anger, bargaining, depression, acceptance and the importance of journaling. Guest speakers are often invited to help facilitate the different topics. For example, a physical therapist was invited to address exercise, relaxation techniques and the importance of eating healthy, well- balanced meals.</p> <p>➤ Leaves of Love Bereavement Camp</p> <p>Colquitt Regional Medical Center offers Leaves of Love Bereavement Camp as an outreach to youth ages 10 - 18 to</p>
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	<p>provide emotional support to those dealing with the loss of a family member or friend. This event is in partnership with the Moultrie YMCA. Participants move through four stations, including a zip-line and obstacle course, each with a significant emphasis on different aspects of the grief process.</p> <p>➤ Candle Lighting Ceremony</p> <p>Colquitt Regional Medical Center offers a Candle Lighting Ceremony each year for parents, grandparents, siblings, aunts and uncles to honor the memory of deceased children. The location changes from year to year in order to host these groups in the area most convenient for participants. As part of the ceremony, a family member who has lost a child tells their story in order to provide support and encouragement.</p>
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Mental Health	
2013 Implementation Strategy	2013 Implementation Strategy Impact
<p>1. The hospital will collaborate with mental health providers to increase education and awareness surrounding mental health.</p> <p>2. The hospital will collaborate with local mental health providers to develop a community resource directory to help individuals navigate and find appropriate mental healthcare services.</p>	<p>➤ Colquitt County Mental Health Center - Georgia Pines In October 2012, Colquitt Regional Medical Center collaborated with Turning Point Hospital and Georgia Pines to re-open the Georgia Pines facility in Moultrie, GA. Georgia Pines serves individuals who have mental illness, addictive disease, co-occurring mental illness and addictive disease, or co-occurring mental illness and developmental disabilities. Colquitt Regional Medical Center continues to support the mission of Colquitt County Mental Health Center by sharing resources so that this vital mental health clinic can continue to serve the people of Colquitt County.</p> <p>➤ Two Isolation Rooms in the Emergency Department</p> <p>In the fall of 2014, Colquitt Regional Medical Center completed a \$30 million expansion equipped with a 24-bed emergency room, six operating rooms, a 10-bed intensive care unit, 20 private rooms in day surgery and advanced robotic technology. A main component of the project was the construction of the behavioral health isolation rooms. The addition featured improved safety and security measures for both behavioral health patients and other emergency room patients and visitors. Behavioral health treatment rooms are private with additional safety features compared to a normal emergency department patient rooms such as security cameras so that the patients may be continuously monitored.</p>

	<ul style="list-style-type: none"> ➤ Medications <p>Colquitt Regional Medical Center, in partnership with Turning Point Hospital and Georgia Pines, provide free medications to mental health patients residing in Colquitt County without drug coverage or eligibility for subsidies. The goal is to decrease emergency room visits and hospital admissions secondary to non-compliance with medication therapy. The cost of the program continued to grow every year since its inception in August 2012 reaching an estimated cost of \$115,000 in the year 2015.</p> <ul style="list-style-type: none"> ➤ Special Olympics <p>Colquitt Regional Medical Center supported children and adults with intellectual disabilities at the Colquitt County Special Olympics, a program designed to develop physical fitness, demonstrate courage, experience joy, and participate in the sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community. Colquitt Regional Medical Center employees helped sponsor these events by participating, coaching and helping to facilitate the different sporting events.</p>
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Transportation	
2013 Implementation Strategy	2013 Implementation Strategy Impact
<p>It is beyond the hospital's mission and financial resources to provide transportation. As described in the strategies related to Access to Care - Providers and Prevention, the hospital will increase access to health services by providing screenings and other forms of preventive care in community locations other than the hospital's main campus. The hospital will provide a community resource directory that will guide individuals to transportation.</p>	<ul style="list-style-type: none"> ➤ The hospital developed a community health resource directory to assist residents in finding transportation. ➤ The hospital increased access to screenings for residents in locations other than the hospital's main campus.

Adolescent Lifestyle Including Alcohol, Tobacco and Drugs	
2013 Implementation Strategy	2013 Implementation Strategy Impact
<p>1. Substance Abuse treatment is beyond the mission and financial resources of the hospital, so programs that address treatment will not be implemented.</p> <p>2. The hospital will collaborate with other organizations to establish a community resource directory for individuals seeking substance abuse treatment and assistance. In addition, the hospital will collaborate with the Boys and Girls Club to develop programs that focus on the prevention of substance abuse through embracing a healthy lifestyle.</p>	<p>➤ SMART Moves Program</p> <p>Colquitt Regional Medical Center is a corporate sponsor of the Boys & Girls Club of Moultrie, Georgia. The President/CEO of Colquitt Regional Medical Center serves on the Board of Directors because we understand the value of courses such as the SMART Moves program. The SMART Moves program teaches young people ages six to 15 how to “say no” by involving them in discussion and role-playing, practicing resistance and refusal skills, developing assertiveness, strengthening decision- making skills and analyzing media and peer influence. The ultimate goal is to promote abstinence from substance abuse and adolescent sexual involvement through the practice of responsible behaviors.</p> <p>➤ The hospital developed a community health resource directory to assist residents in finding transportation.</p>

Teen Birth Rate	
2013 Implementation Strategy	2013 Implementation Strategy Impact
<p>1. There is a lack of community consensus on the recommended curriculum for sex education. The lack of consensus creates a barrier to the hospital directly addressing the need. A partnership between school system and public health would better serve this identified need. The hospital will provide a community resource directory to the community to</p>	<p>➤ Teen Maze</p> <p>Colquitt Regional Medical Center supports Teen Maze, a yearly event where students have the opportunity to face consequences of randomly selected life-style choices associated with risky youth behaviors in a safe and controlled environment. This program is offered to the entire ninth grade class at Charlie A Grey Junior High School. In partnership with the Hope House</p>

<p>identify health resources for pregnant teens.</p> <p>2. It is beyond the scope of the hospital to provide after school activities for adolescents. The hospital will help community members find afterschool activities for adolescents through the community resource directory.</p> <p>3. The hospital will collaborate with the YMCA, community leaders, churches and schools to develop a program on ways to increase self-esteem among young women.</p>	<p>and Hero House, Colquitt Regional's Director of Obstetrics and Gynecology set up a pregnancy station in which the youth are able to face life decisions with a baby. The pregnancy station is divided in to three sections to represent the three trimesters of pregnancy. Through the different trimester stages, the participants are taught the associated expectations through verbal instruction and informational handouts.</p> <p>➤ Y Mentors Program</p> <p>The Y Mentors program is a volunteer program through the YMCA to reach children in our community. Mentors are asked to serve for one school year but are always encouraged to stay with their mentee as long as they desire. Colquitt Regional Medical Center supports the Y Mentors Program by allowing staff members to serve as mentors during the workday. Approximately 10 staff members and directors serve as part of the 120 volunteer mentor team serving 220 students in the Colquitt County School System.</p> <p>➤ SMART Girls Program</p> <p>Colquitt Regional Medical Center is a corporate sponsor of the Boys & Girls Club of Moultrie, Georgia. The President/CEO of Colquitt Regional Medical Center serves on the Board of Directors because we understand the value courses such as the SMART Girls Program. The SMART Girls program offers young women ages eight to 17 guidance toward healthy attitudes and lifestyles, eating right, staying fit, getting good health care and more through dynamic sessions, group activities, field trips and mentoring opportunities with adult women.</p>
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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.¹ Colquitt County has a total land area of 552 square miles.² According to the 2014 U.S. Census, there were 46,102 residents in the county.³ 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	Population
Berlin	551 (2010)
Doerun	774 (2010)
Ellenton	281 (2010)
Funston	449 (2010)
Moultrie	14,507 (2014)
Norman Park	972 (2010)
Riverside Town	35 (2014)

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

Colquitt County includes the cities of Moultrie, Berlin, Doerun, Ellenton, Funston, Norman Park, and Riverside. The population distribution among rural and urban areas is 41.05 percent urban and 58.95 percent rural. Nearly 3.3 percent of Colquitt County's land area is urban while 96.7 percent is rural.⁴ 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.⁵

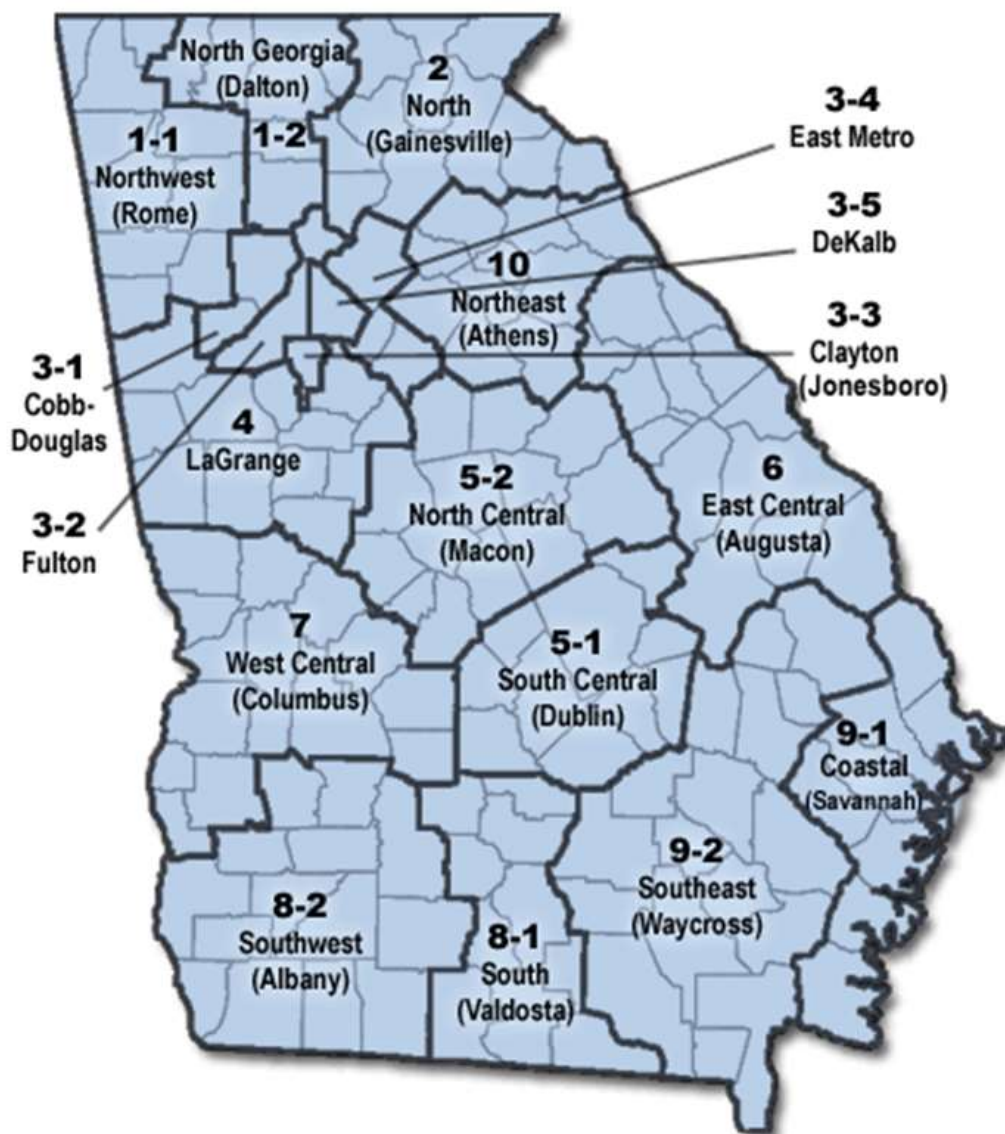
Colquitt County contains eight quail hunting preserves and is also a popular location for hunting bobwhite quail, wild turkey, deer, and dove.⁶ Colquitt County is an agriculturally rich county that produces cattle feed, cotton peanuts, sugar cane, watermelon, corn, wheat, and other grains.⁷ Colquitt County's primary industries include manufacturing, healthcare and social assistance, as well as, retail trade.⁸



Image Source: Google Maps

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, Thomas, Grady, Decatur, Seminole, Miller, Early, Baker, Mitchell, Calhoun, Dougherty, Worth, Lee, and Terrell.



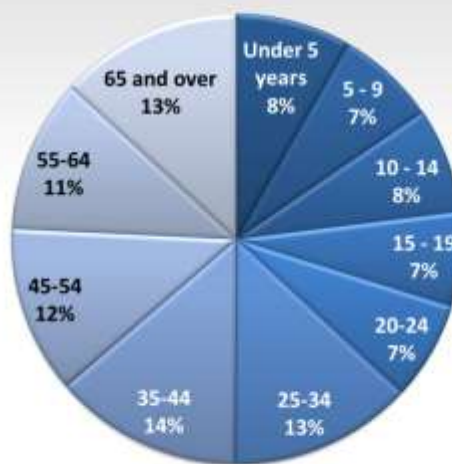
Source: Georgia Department of Community Health

Population Profile

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

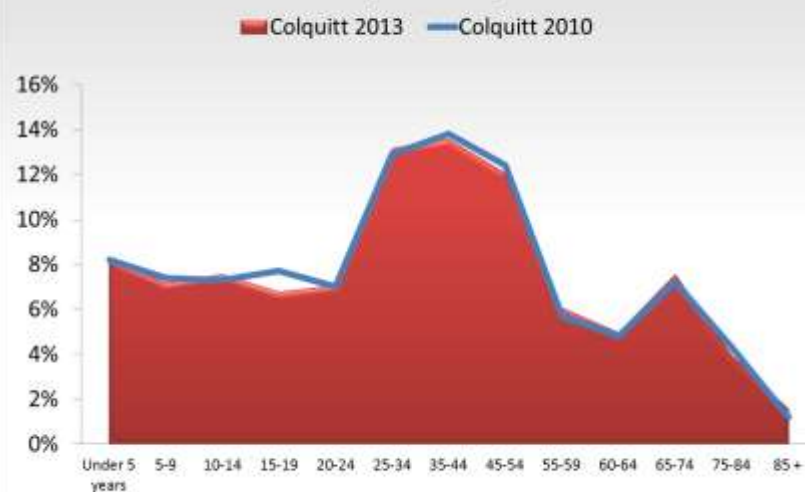
According to the 2009-2013 Census data, 13 percent of Colquitt County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 11.1 percent compared to 13.4 percent for the U.S.⁹

Population Percentages by Age Groups, 2009-2013
Colquitt County



Data Source: U.S. Census Bureau

Population Percentages by Age Groups
Colquitt County



Data Source: U.S. Census Bureau

Comparing Colquitt County's population percentage by age groups from 2010 to 2013, the following changes are noted.

Age categories with decreases:

- 5-9
- 15-19
- 35-54
- 75-84

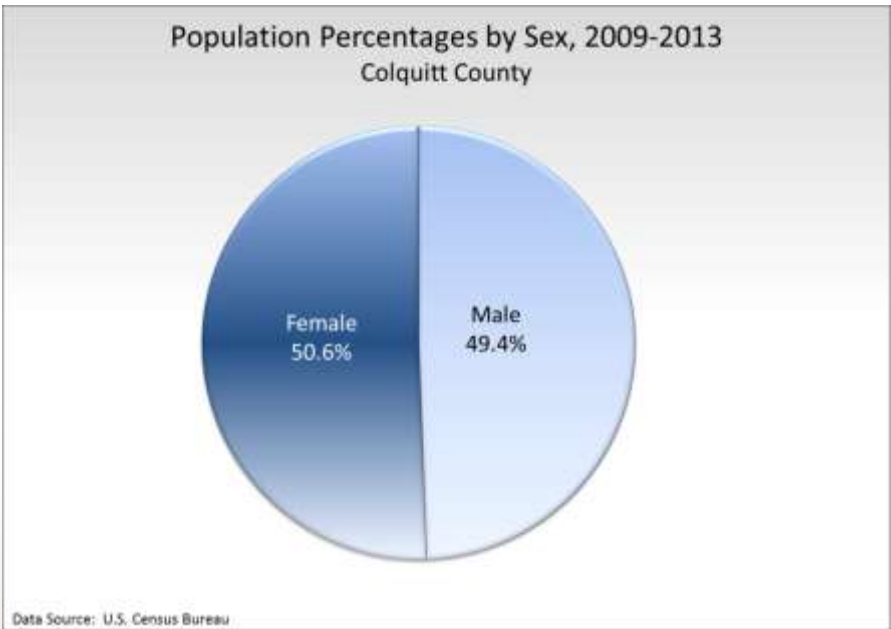
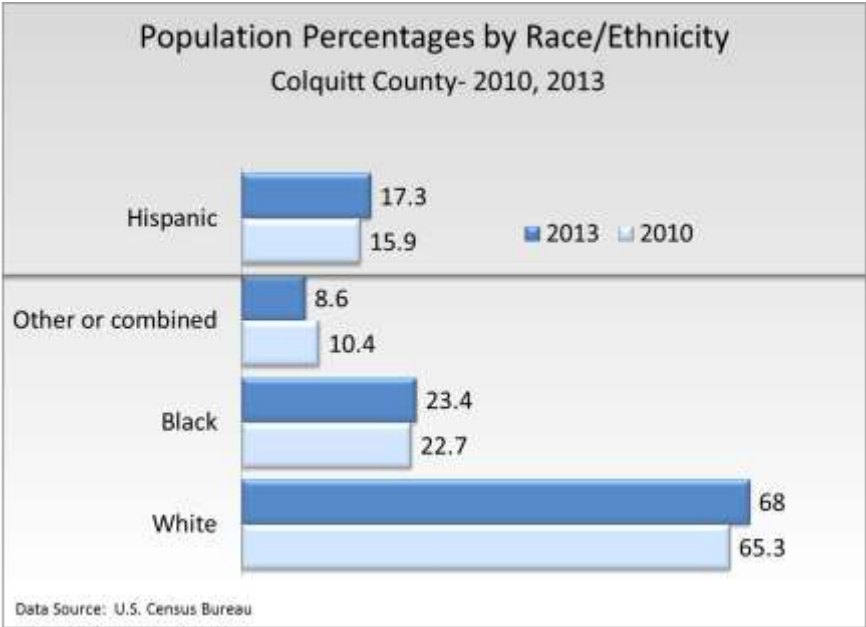
Age categories with increases:

- Under 5
- 10-14
- 20-34
- 55-74
- 85+

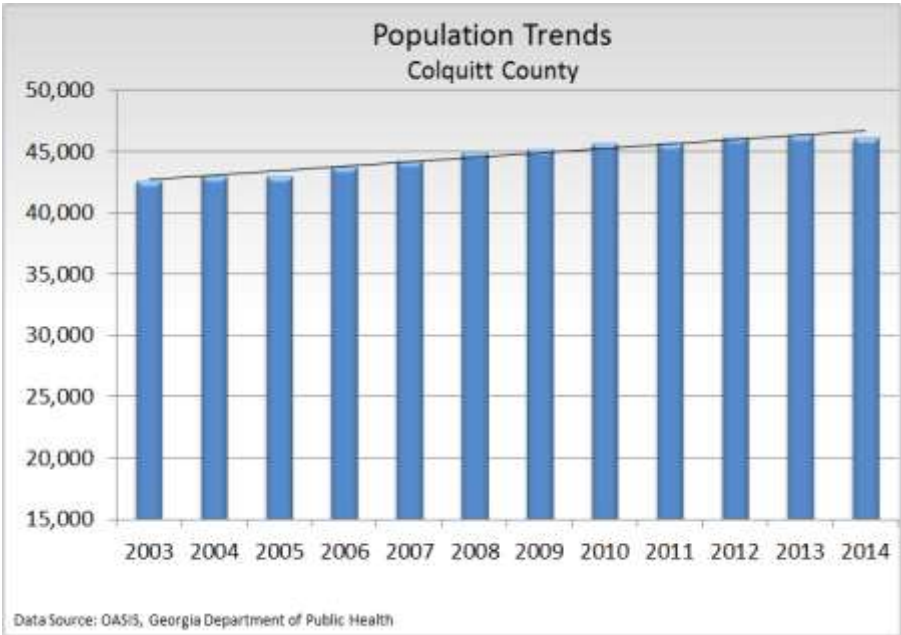
Race, Ethnicity and Origin Profile

There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.¹⁰ 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.¹¹ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.¹²

In 2013, Colquitt County’s population was 68 percent White, 23.4 percent Black, and 8.6 percent Hispanic. There has been an increase in the Hispanic population since 2010.



The percentage of females in Colquitt County was higher at 50.6 percent compared to males at 49.4 percent.



In 2014, Colquitt County’s resident population was 46,102, which was a one percent increase since 2010. The population of Colquitt County had increased overall from 2000 to 2014.

COMMUNITY INPUT

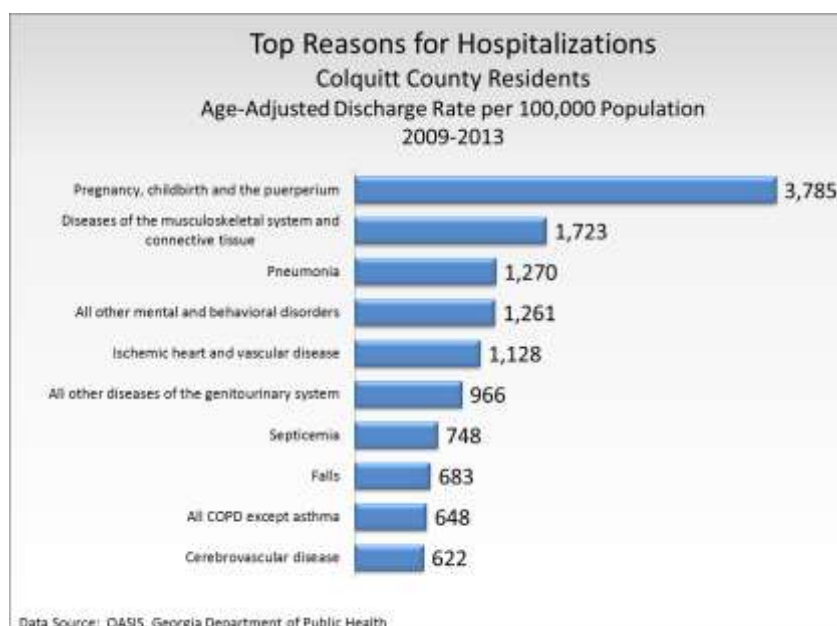
About Colquitt County

- » There are more dangerous work environments due to the agriculture industry.
- » Fifteen years ago about 60 percent of babies born in Colquitt County were white, 30 percent were black, and 10 percent Hispanic. The Hispanic proportion has increased to about 35 percent currently.
- » Colquitt County has the largest migrant education program in the state of Georgia. They serve children from 3 to 22 years of age.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

The leading cause of hospitalizations among Colquitt County residents was related to pregnancy and childbirth. Other top causes were related to diseases of the musculoskeletal system, pneumonia, mental and behavioral disorders, and heart and vascular disease. 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.



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

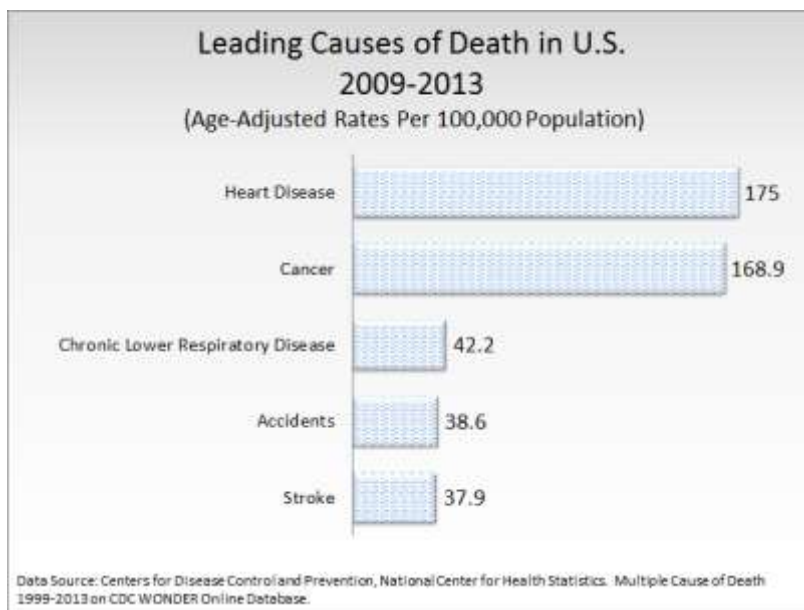
Many of the top reasons for inpatient hospitalizations by discharge rate are related to “Common Ambulatory Sensitive Conditions”. These are conditions in which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more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

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

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

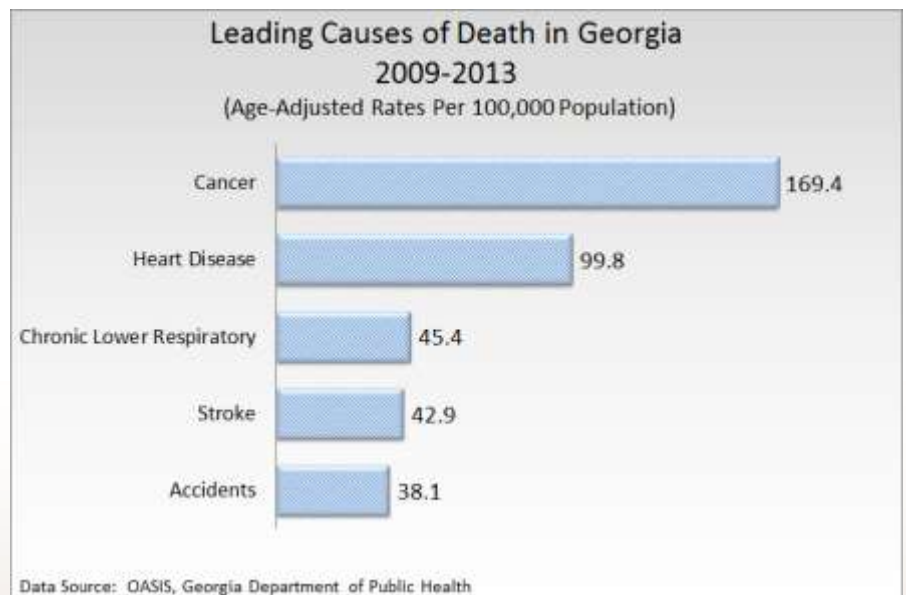
Leading Causes of Death

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

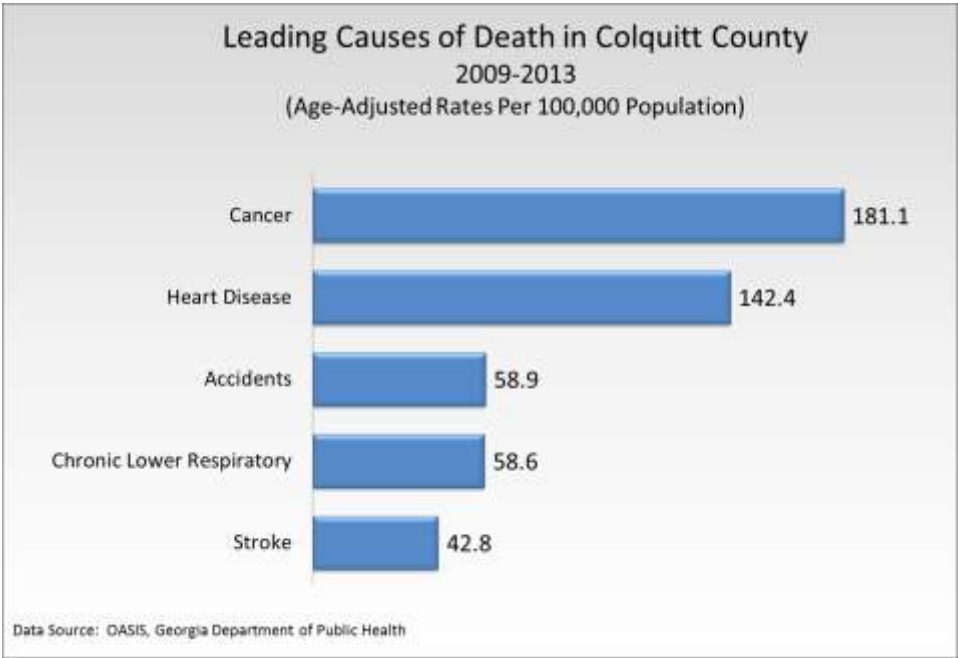


The top five leading causes of death in the U.S. from 2009-2013 were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. Heart disease and cancer rates were over four times higher than the other top five diseases.

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

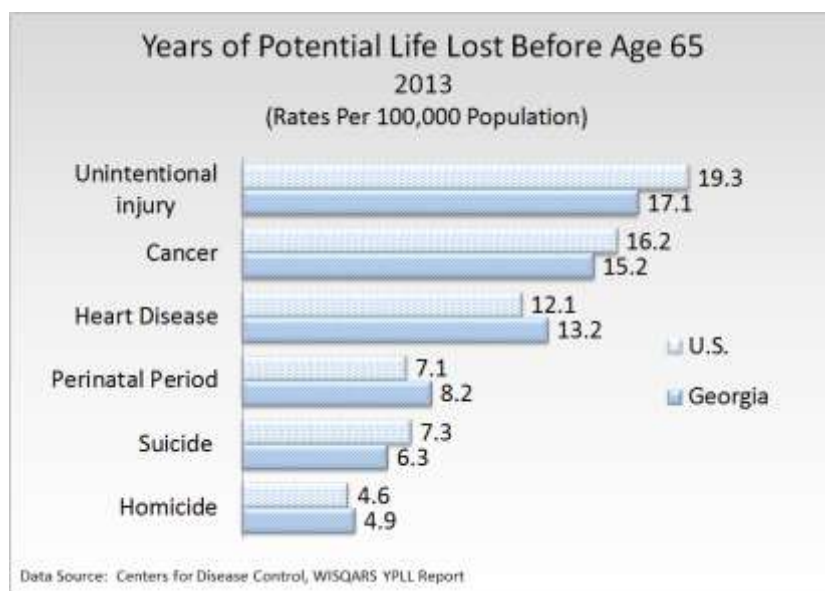


The leading causes of death in Colquitt County were cancer, heart disease, accidents, chronic lower respiratory disease, and stroke.



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2013, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Unintentional injury, cancer, heart disease, and perinatal period were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.¹³ YPLL statistics at the County level were unavailable for this report.



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

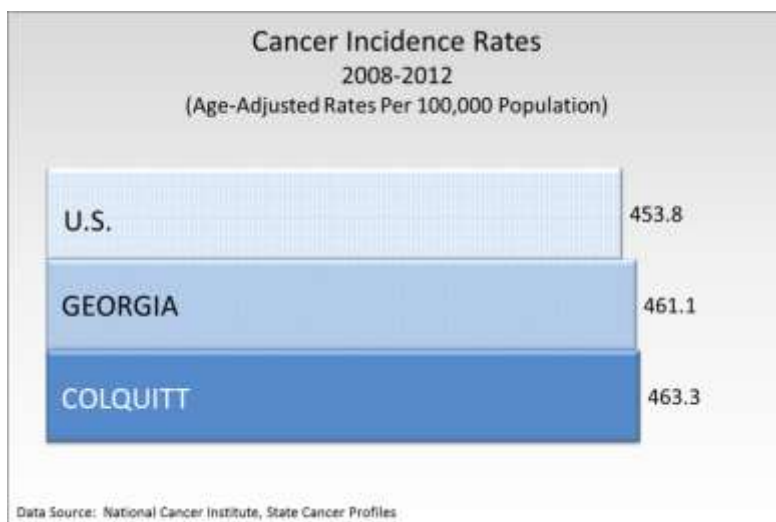
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 23.8	Cancer 21.2%	Heart disease 14.8%	Cancer 17.2%	Unintentional injuries 28.0%	Perinatal period 19.2%
Heart disease 14.5%	Unintentional injuries 18.3%	Unintentional injuries 13.3%	Heart disease 13.0%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

Data Source: Centers for Disease Control, WISQARS YPLL Report

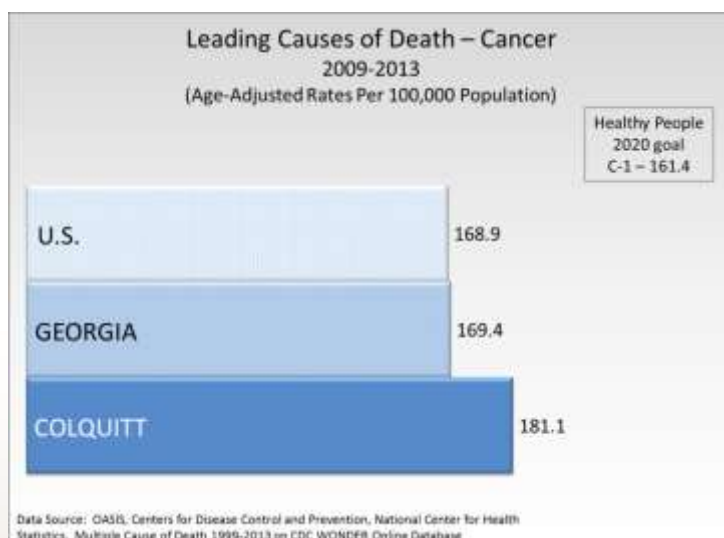
Cancer

HEALTHY PEOPLE 2020 REFERENCE - C-1

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,500 people a day died of cancer in the U.S. in 2012.¹⁴ The most common cancers among men in Georgia were prostate, lung and bronchus, and colorectal. Breast, lung and bronchus, and colorectal cancers were the most common cancers among Georgia women.¹⁵



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



In Colquitt County, the cancer death rate was higher than Georgia or U.S. rates.

The cancer death rate has decreased since the 2012 CHNA (193.7 per 100,000 population).

Why Is Cancer Important?

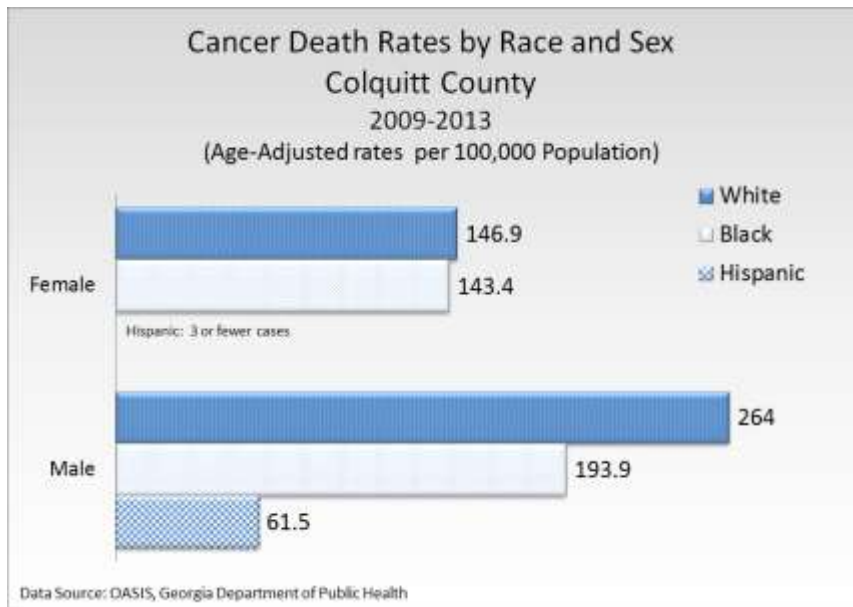
Many cancers are preventable by reducing risk factors such as:

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

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

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

Healthy People 2020

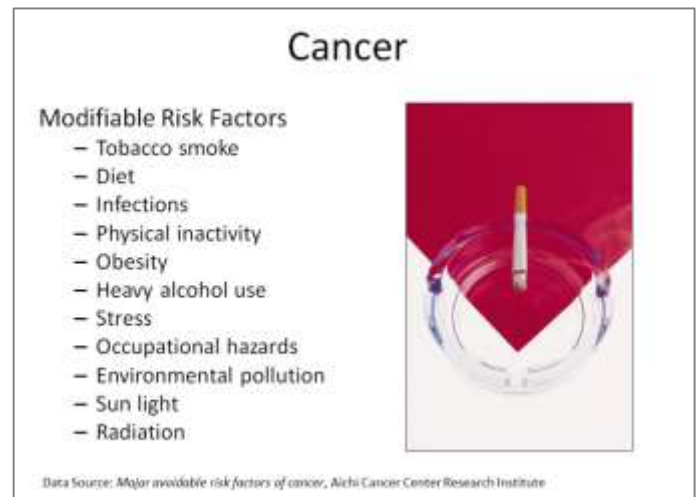


Age-adjusted cancer death rates in Colquitt County were highest among the White population groups. The White male population had the highest cancer death rate (264 per 100,000 population) out of all the population groups.

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.¹⁶

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

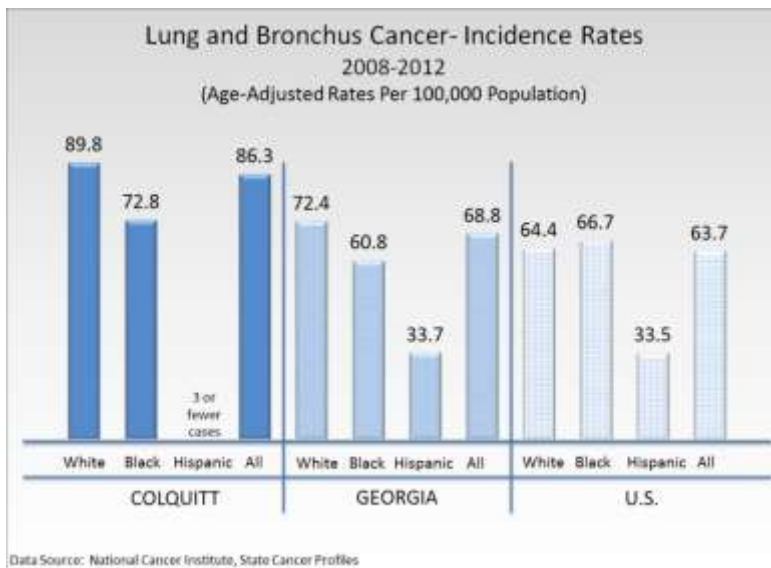
Modifiable risk factors related to cancer include tobacco, chemicals, infectious organisms, and radiation. There may also be internal factors such as genetics and hormones which contribute to the incidence of cancer.



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

Lung Cancer

According to the American Cancer Society, lung cancer accounts for about 14 percent of cancer diagnoses among U.S. males and 13 percent among females. Lung cancer accounts for more deaths than any other cancer in men (28 percent) and women (26 percent). More women die from lung cancer (26 percent) than breast cancer (15 percent).¹⁷



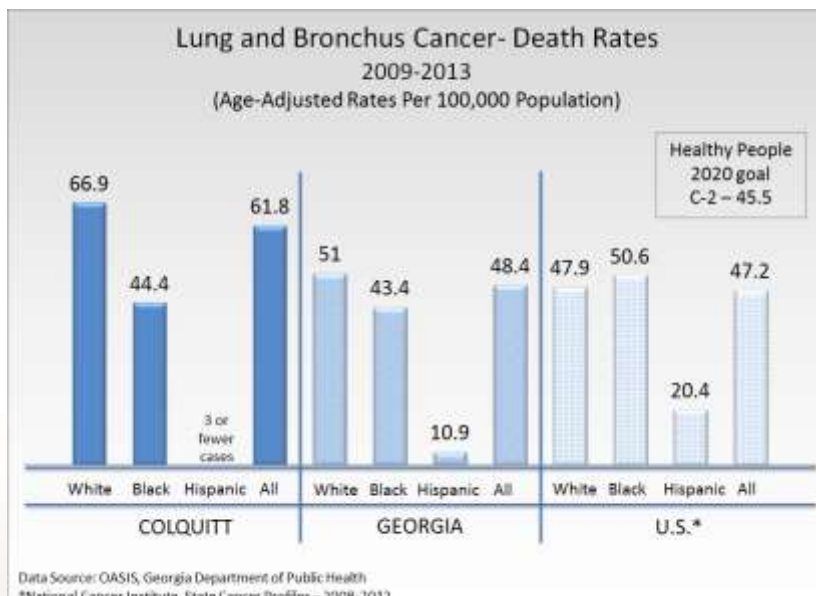
Lung cancer incidence rates were higher in Colquitt County (86.3 per 100,000 population) than the Georgia and U.S. rates. Whites had a higher lung cancer incidence rate than Blacks in Colquitt County.

Lung cancer is the first leading cause of cancer death among both males and females in Georgia.¹⁸ According to data published from the National Cancer Institute, lung cancer incidence rates for males in Colquitt County were nearly twice the rates of females.¹⁹

Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2008-2012

	Male	Female
Colquitt	117.4	61.6

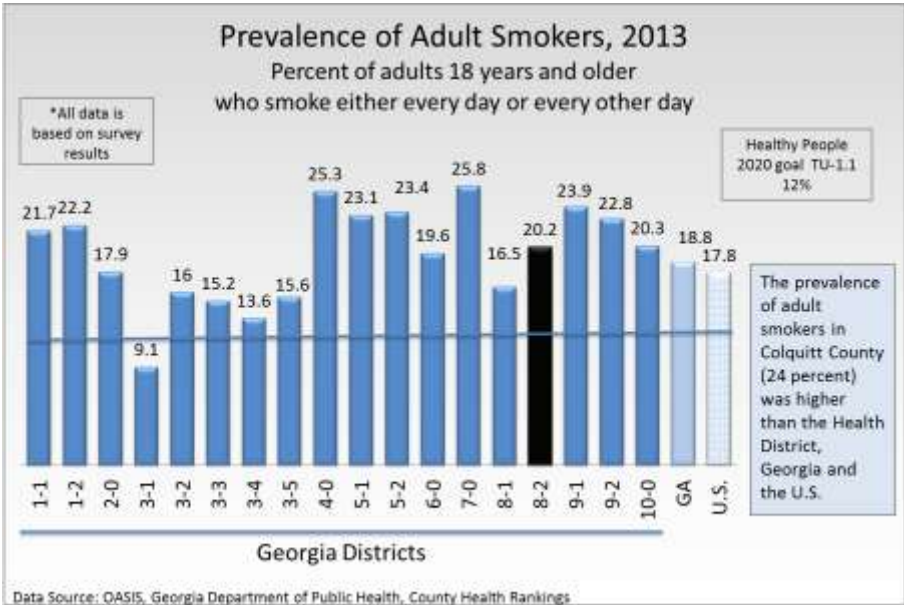
Data Source: National Cancer Institute, State Cancer Profiles



The overall lung cancer death rate in Colquitt County (61.8 per 100,000 population) was higher than Georgia and U.S. rates. In Colquitt County, Whites had a higher death rate compared to Blacks.

RISK FACTORS

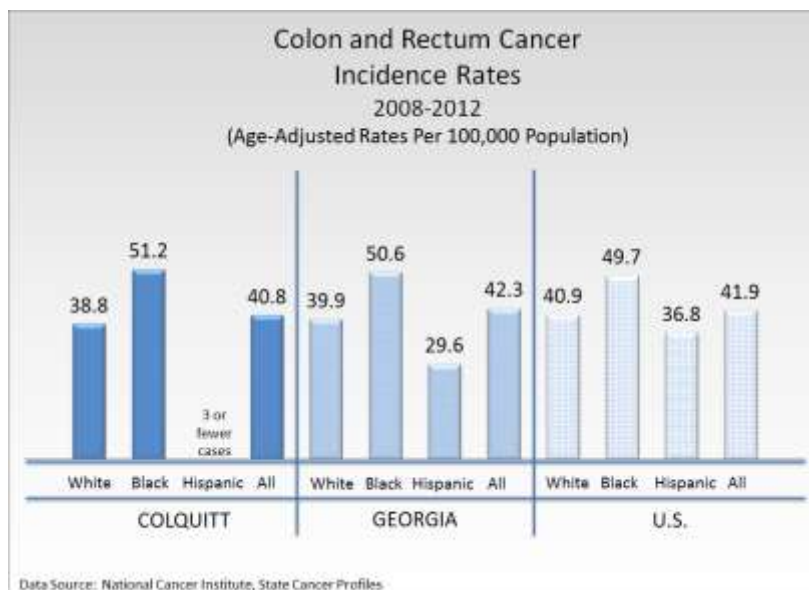
Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.²⁰



The smoking prevalence in Health District 8-2 (20.2 percent) was higher than both Georgia (18.8 percent) and the U.S. (17.8 percent) rates. Colquitt County was also higher at 24 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 eight percent of male cancer deaths and nine percent of female cancer deaths were from colorectal cancer in 2015. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.²¹ Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 50 percent higher mortality rate than Whites.²²

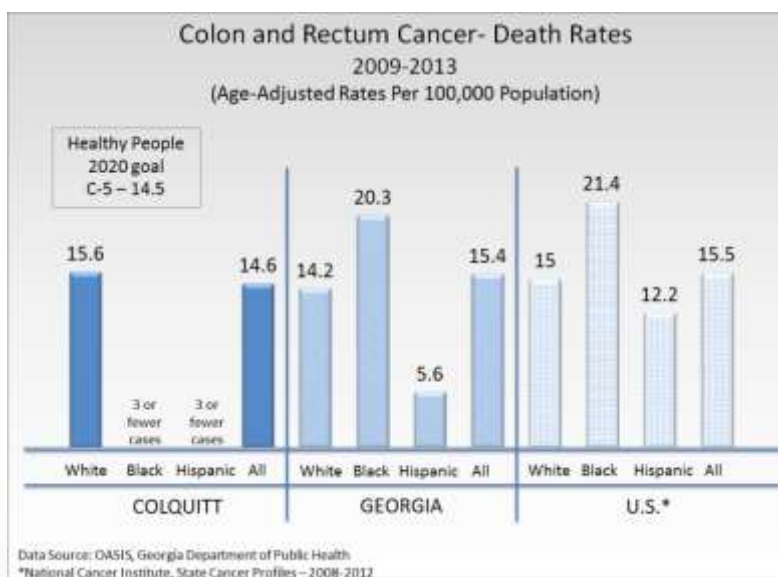


Colquitt County colon and rectum cancer incidence rate (40.8 per 100,000 population) was lower than the State and U.S. rates. Blacks (51.2 per 100,000 population) had the highest incidence rate out of all the population groups.

The death rate in Colquitt County from colon and rectum cancer (14.6 per 100,000 population) was lower than the State and U.S. rate.

In Colquitt County, there were too few cases to report death rates for Blacks and Hispanics.

In both Georgia and the U.S., Blacks had the highest death rates.



RISK FACTORS

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

- » Obesity
- » Physical inactivity
- » Moderate to heavy alcohol consumption
- » High consumption of red or processed meat
- » Long-term smoking
- » Low calcium intake
- » Very low intake of whole-grain fiber, fruit, and vegetables²³

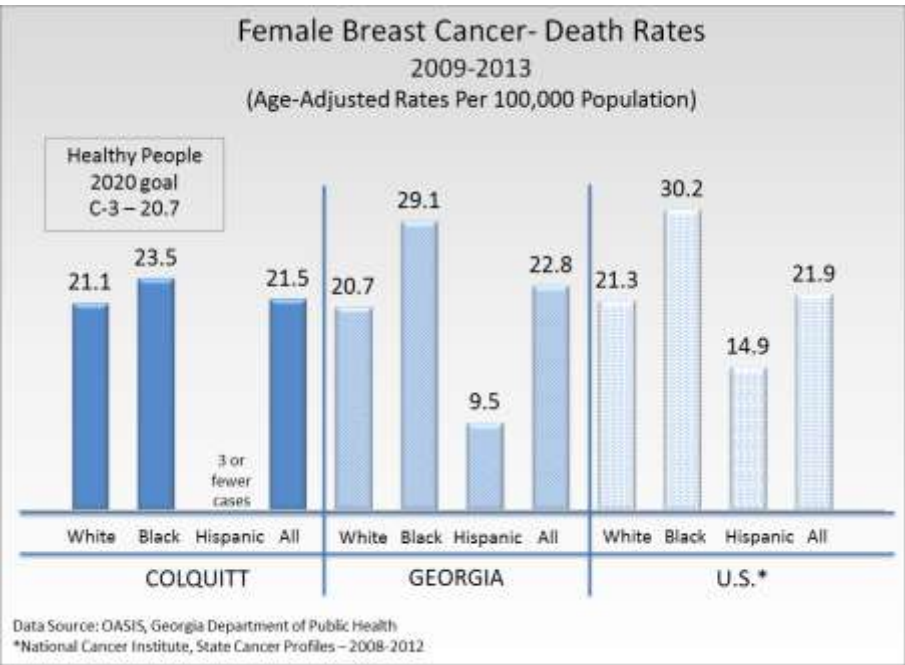
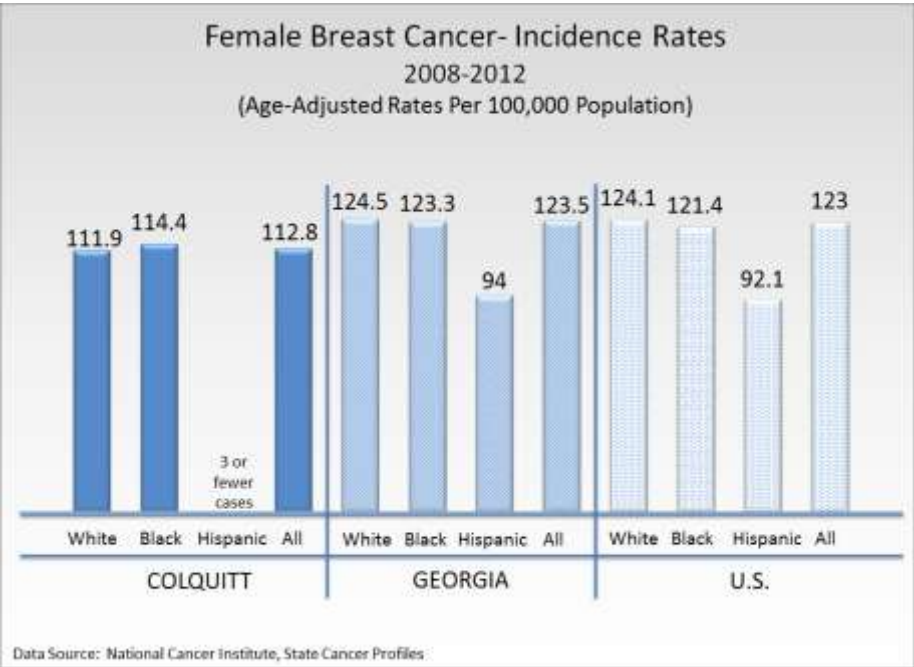
EARLY DETECTION

Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.²⁴ The U.S. Preventive Services Task force recommends that adults 50 and older undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.²⁵

Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 29 percent of new cancer cases and 15 percent of cancer deaths among women.²⁶

The breast cancer incidence rate in Colquitt County (112.8 per 100,000 population) was lower than Georgia or the U.S. rates. In Colquitt County, Black females had the highest breast cancer incidence rate.



The female breast cancer death rate in Colquitt County (21.5 per 100,000 population) was lower than both Georgia and the U.S. rates.

Black females had the highest death rates at the County, State, and U.S. levels.

RISK FACTORS

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

- » Weight gain after age 18
- » Being overweight or obese
- » Use of hormones
- » Physical inactivity
- » Consumption of one or more alcoholic drinks per day
- » Long-term heavy smoking²⁷

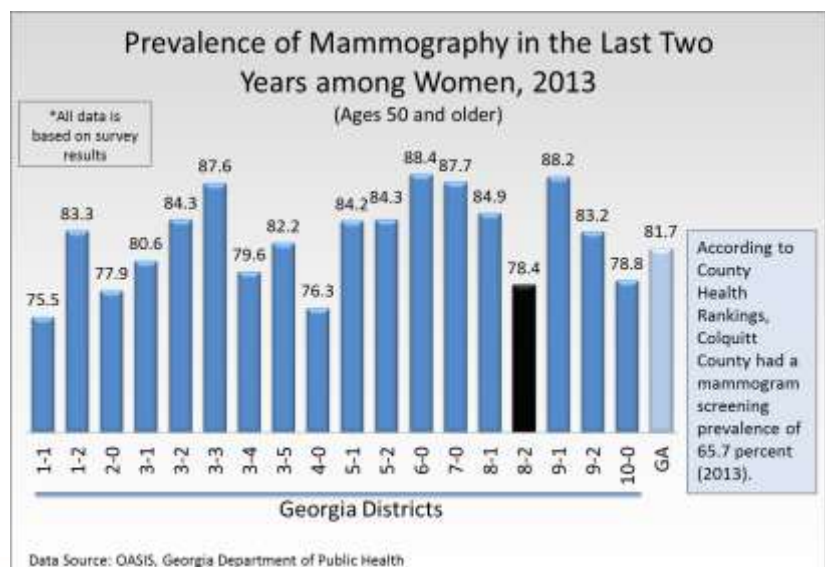
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight²⁸

EARLY DETECTION

Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect most breast cancers in women without symptoms, though the sensitivity is lower for younger women and women with dense breasts. Nearly 10 percent of women will have an abnormal mammogram. Out of that 10 percent, 95 percent do not have cancer. Efforts should be made to improve access to health care and encourage all women 40 and older to receive regular mammograms.²⁹

The percentage of women receiving a breast cancer screening (mammography) was lower in Health District 8-2 (78.4 percent) than the State average (81.7 percent). Colquitt County (65.7 percent) was lower than the State and Health District average.

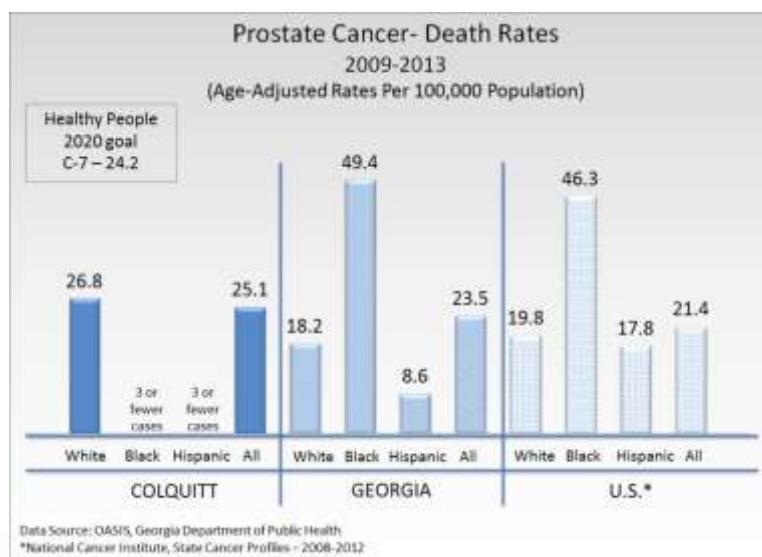
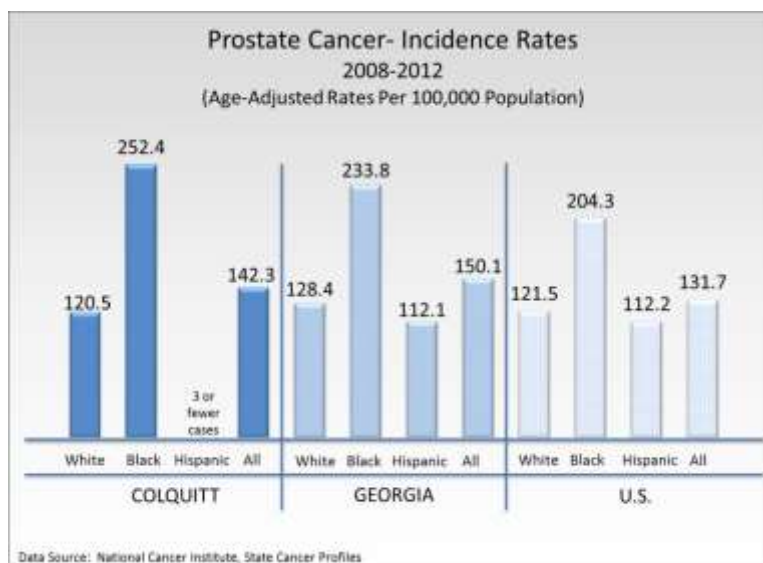


Prostate Cancer

Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.³⁰

Colquitt County had a lower **incidence** rate for prostate cancer (142.3 per 100,000 population) was lower than the State rate but higher than the U.S. rate.

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



Colquitt County had higher death rates (25.1 per 100,000 population) for prostate cancer than Georgia or the U.S.

Although the death rates among Blacks in Colquitt County were too low to report, there is a disparity of prostate cancer deaths among Blacks at the State and National level.

RISK FACTORS

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

- » Age
- » Ethnicity
- » Family history of prostate cancer³¹

EARLY DETECTION

Prostate-specific antigen (PSA) testing of the blood permits the early detection of prostate cancer before symptoms develop. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. At age 50, the American Cancer Society recommends men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their healthcare provider about the benefits and limitations of PSA testing. Men who are higher risk (Black or those with a close relative diagnosed before age 65) should have a discussion with their healthcare provider at age 45.³²

COMMUNITY INPUT

Cancer

- » There are a lot of individuals in the community who do not get their cancer screenings. They wait until it is too late.
- » There is a need for a more local facility to treat cancer.
- » There is a need for local oncologists.
- » The new oncologist is coming on staff in the Fall of 2016.
- » In a time period of around eight months, the Health Department can refer around 60 patients for mammogram. To qualify for this program income must be below 200 percent of the poverty level.
- » The health department has a program called "Breast Test and More" that provides a free physical and breast exam for women without insurance. If the breast exam is positive, the women is sent to the hospital for a mammogram.

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE - HDS

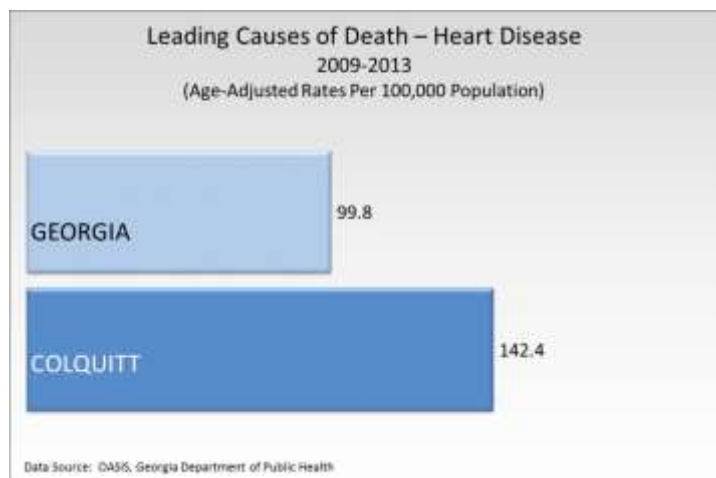
HEART DISEASE

According to the American Heart Association, over 800,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2013. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. Heart disease kills over 370,000 Americans each year, accounting for one in seven deaths in the country.³³

Why Are Heart Disease and Stroke Important?

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

Healthy People 2020

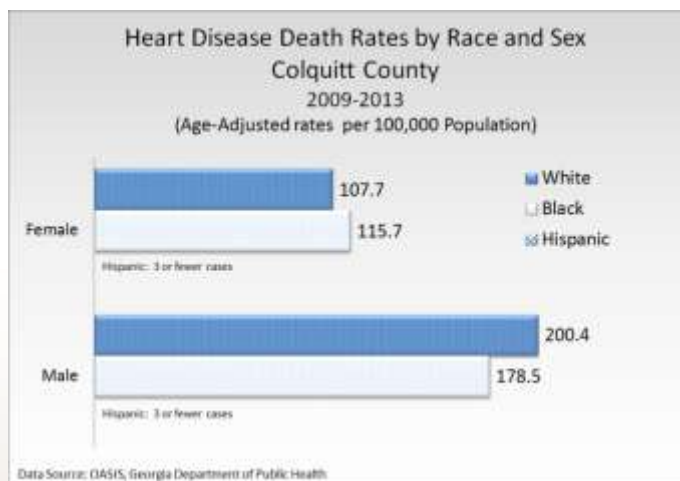


For the period 2009-2013 the Colquitt County heart disease death rate (142.4 per 100,000 population), was higher than the Georgia death rate.

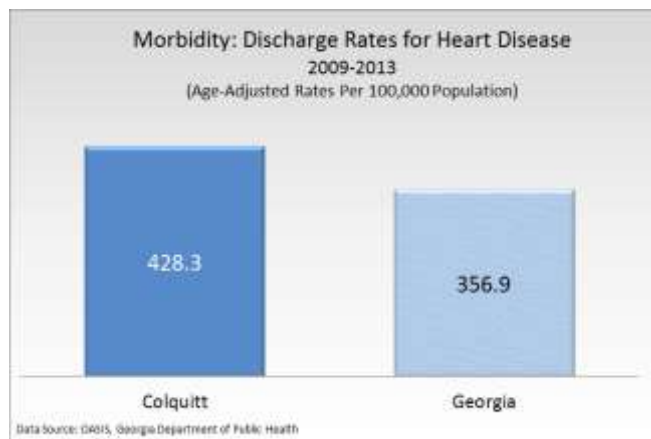
There has been an increase in Colquitt County's heart disease death rate since the 2013 CHNA (135.8 per 100,000 population).

The age-adjusted death rate from heart disease in Colquitt County for 2009-2013 was highest among White males.

There were too few cases reported to compute a reliable rate for the Hispanic population.



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



MODIFIABLE RISK FACTORS

According to the 2013 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 8-2.³⁴

Percentage of Population Reporting Risk 2006-2010		
Risk Factor:	District 8-2	Georgia
Obesity	42.6	27.6
Physical Inactivity	33	23.9
Smoking	20.2	18.8
Diabetes	11.6	9.5

Data Source: OASIS, Georgia Department of Public Health



NOTE:

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

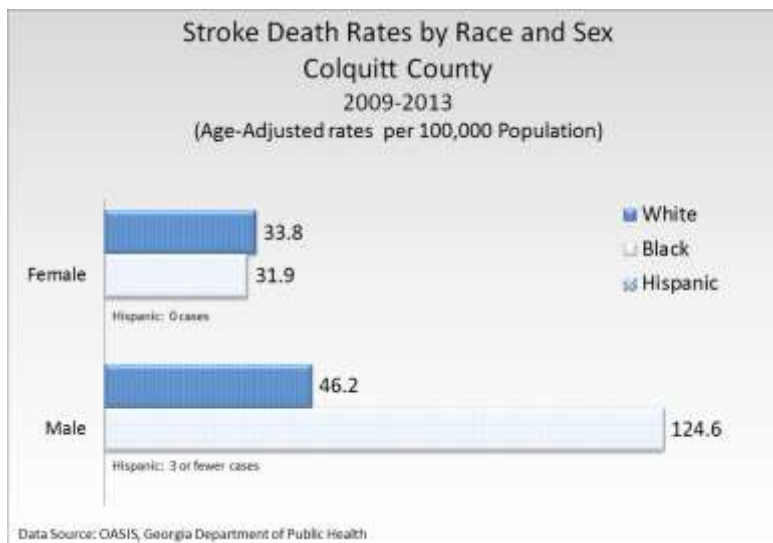
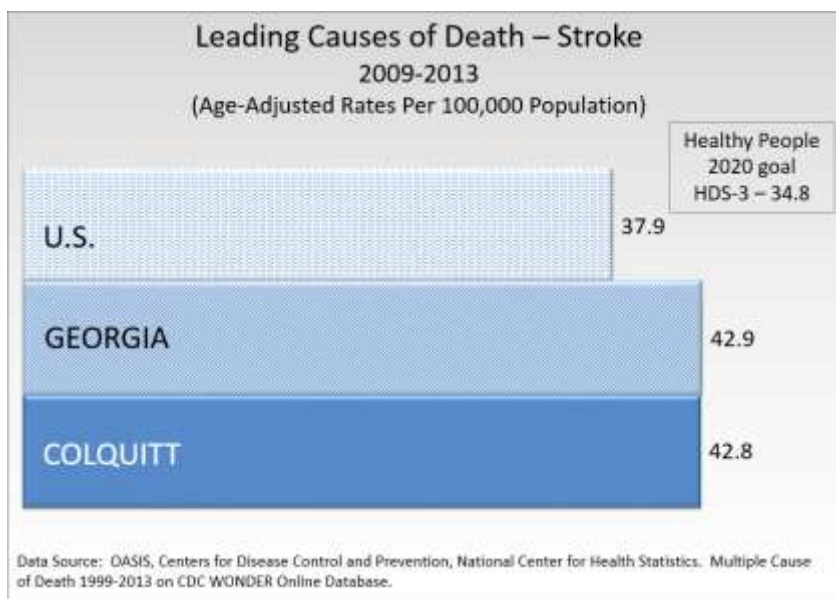
STROKE

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

The stroke death rate was lower in Colquitt County (42.8 per 100,000 population) compared to Georgia but higher than the U.S.

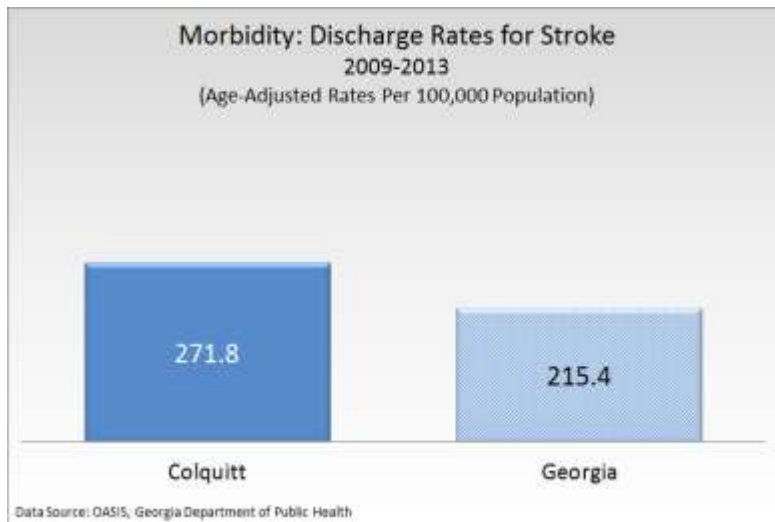
Colquitt County's stroke death rate has decreased since the 2013 CHNA (45.3 per 100,000 population).

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.³⁵



Black males in Colquitt County had the highest stroke death rate among the population groups.

The rates for the male population group were higher than the Healthy People 2020 goal of 34.8 per 100,000 population.³⁶



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

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


The warning signs for stroke include:

- » Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- » Sudden confusion, trouble speaking or understanding
- » Sudden trouble seeing in one or both eyes
- » Sudden trouble walking, dizziness, loss of balance or coordination
- » Sudden severe headache with no known cause ³⁷

Stroke

Modifiable risk factors

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



Data Source: Diseases and Conditions, Cleveland Clinic, 2011

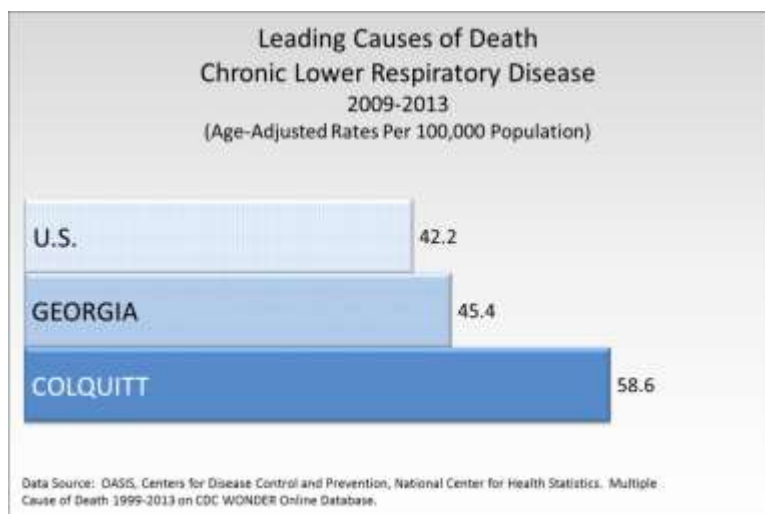
COMMUNITY INPUT

Heart Disease and Stroke

- » Colquitt County's health department participates in the Stroke and Heart Attack Prevention Program (SHAPP).
- » There is a lot of young people with heart disease caused by substance abuse.
- » Heart disease and diabetes are usually comorbidities among patients. Both of these issues are usually related to lifestyle.
- » Obesity leads to cardiovascular disease and diabetes.

Chronic Lower Respiratory Disease

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



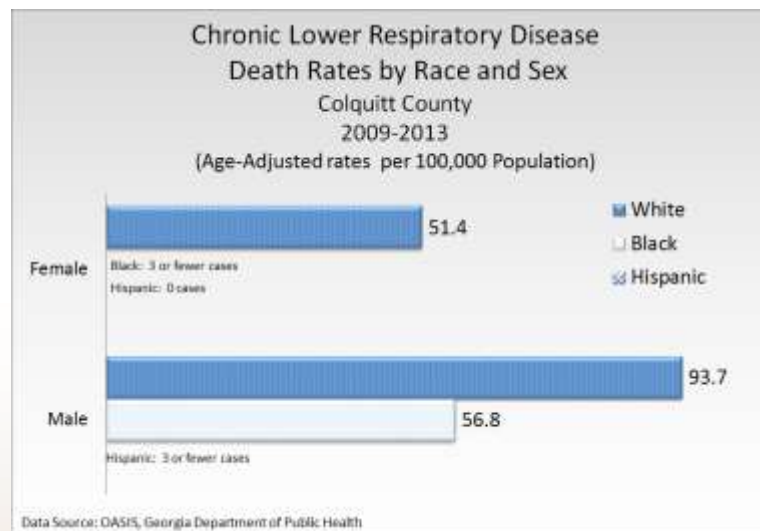
For the years 2009-2013, Colquitt County's chronic lower respiratory disease death rate (58.6 per 100,000 population) was higher than both the State and U.S. rates.

The chronic lower respiratory disease death rate has decreased since the 2013 CHNA (68.3 per 100,000).

Why Are Respiratory Diseases Important?

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

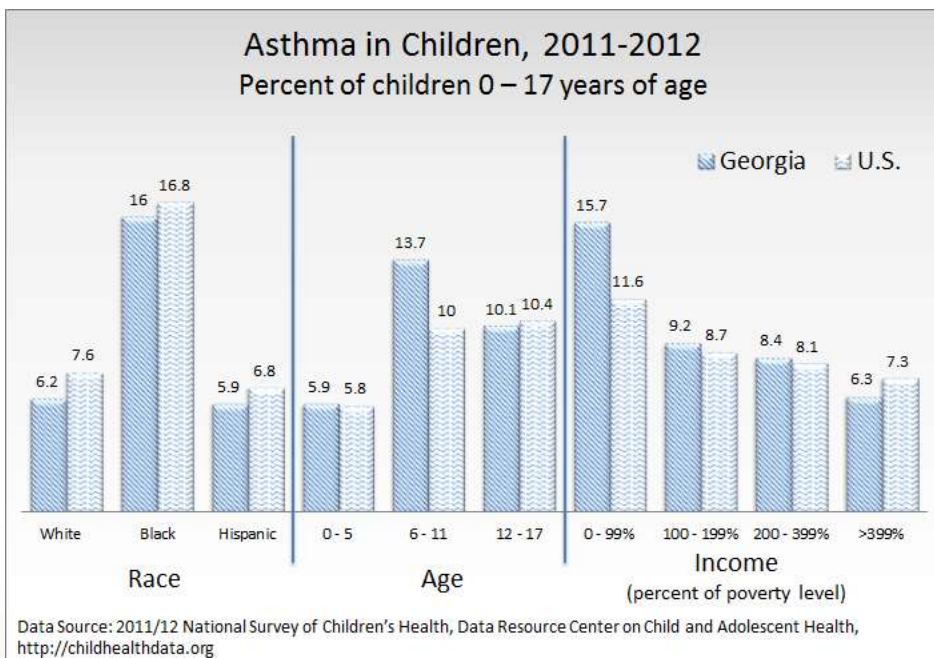
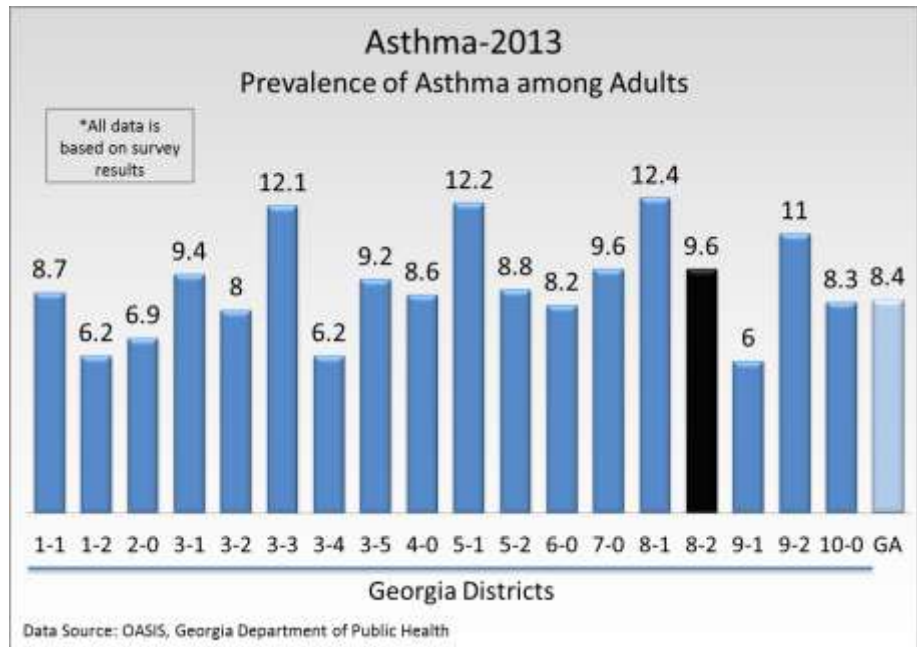
Healthy People 2020



The age-adjusted death rate from chronic lower respiratory disease in Colquitt County for 2009-2013 was highest for White males.

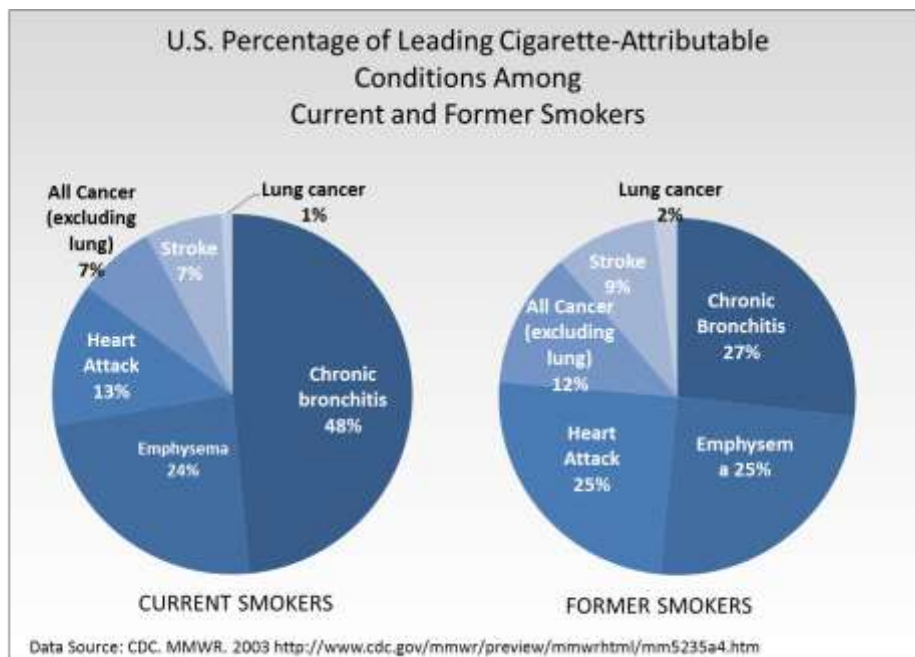
There were too few cases reported to compute reliable rates for the Black female and Hispanic population groups.

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



According to the 2011-2012 National Survey of Children's Health, Black children had higher incidences of asthma than Whites or other population groups. Asthma was more prevalent in lower income populations.³⁸


Each year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, \$75 billion in direct medical costs, and \$82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and previous heart attack (25 percent). The charts below were compiled from information obtained from the 2014 publication, *The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General*.³⁹



Chronic Lower Respiratory Disease
(includes Asthma, Chronic Bronchitis, Emphysema)

Modifiable Risk Factors

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



Data Source: American Lung Association

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

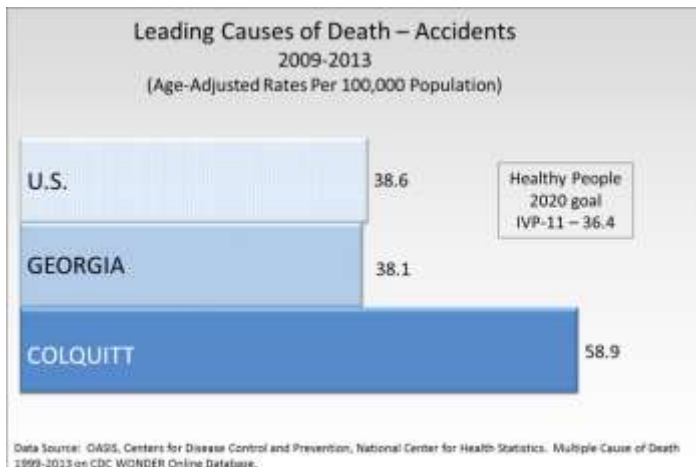
Accidental deaths may result from the following causes:

- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental
- » Suffocations
- » Falls
- » Fire
- » Drowning⁴⁰

Why Is Injury and Violence Important?

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

Healthy People 2020

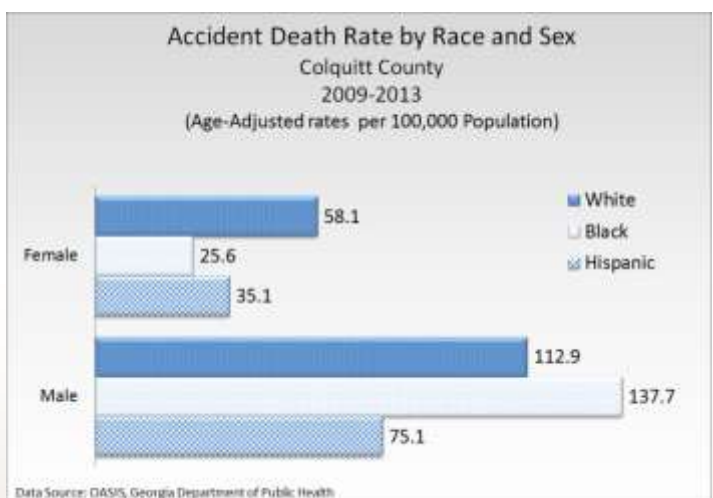


In Colquitt County, the accident death rate (58.9 per 100,000 population) was higher than both the State and the U.S. rates.

The Healthy People 2020 goal is set at 36.4 per 100,000 population.⁴¹

The accident death rate has increased since the 2013 CHNA (49.4 per 100,000 population).

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



In the United States, over 30,000 people are killed annually in motor vehicle accidents. In 2013, these deaths resulted in a cost of \$44 billion in medical and work loss costs. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2013, nearly 1,300 people in Georgia were killed in motor vehicle crashes, with the cost of these crash related deaths totaling \$1.63 billion.⁴²

Motor Vehicle Fatality Rates 2010-2013 Number of Fatalities					
	2010	2011	2012	2013	Total
Colquitt County	5	17	12	7	41

The age-adjusted motor vehicle fatality rate in Colquitt County from 2010 to 2013 was 22.2 per 100,000 population. The Georgia rate for the same time period was 12.4.

According to the Centers for Disease Control and Prevention:

- » Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- » Millions of adults drive while impaired, but only a fraction are arrested.
- » Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- » Age-related deterioration of vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- » Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.⁴³

Diabetes

HEALTHY PEOPLE 2020 REFERENCE - D

According to the 2014 Diabetes Report Card, more than 200,000 deaths occur annually among people with diabetes in the United States. In 2013, diabetes was the country's seventh leading cause of death. More than 29 million people (9.3 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.⁴⁴

Compared with non-Hispanic whites, minority populations are more likely to have diagnosed diabetes. During their lifetime, half of all Hispanic men and women and non-Hispanic black women are predicted to develop the disease.⁴⁵

The 2012 percentage of Georgia's population with diabetes (9.6 percent) was higher than the U.S. percentage (9.0 percent).⁴⁶



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.*

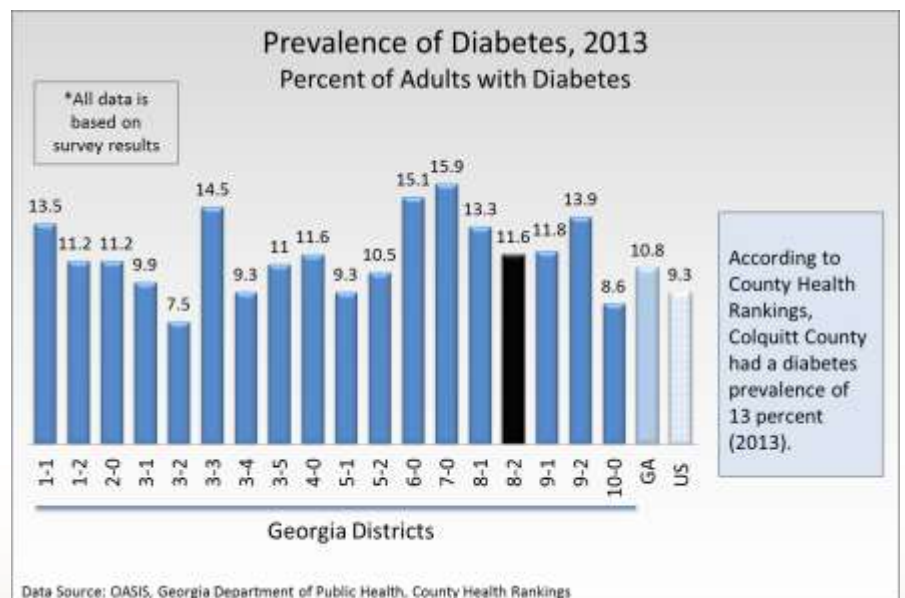
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

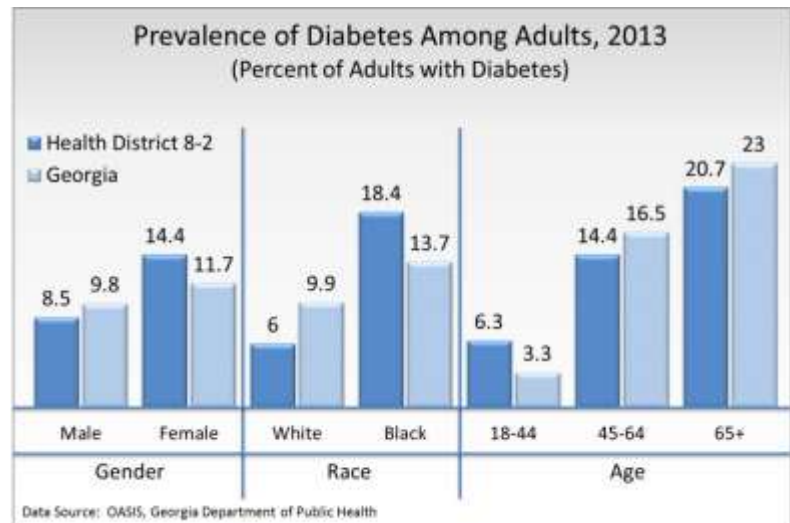
Health District 8-2 (which includes Colquitt County), had a higher diabetes prevalence (11.6 percent) than the State or U.S. Colquitt County had a diabetes prevalence of 13 percent in 2013.⁴⁷



In Health District 8-2 female diabetes prevalence was higher than male prevalence.

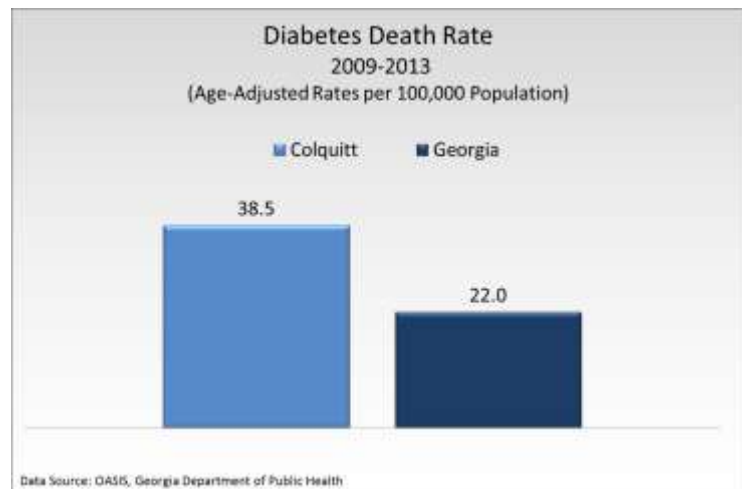
In Health District 8-2, prevalence of diabetes among Blacks was higher than Whites.

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



Colquitt County had a higher death rate (38.5 per 100,000 population) from diabetes than Georgia.

Diabetes was the sixth leading cause of death in Colquitt County.



Diabetes

Modifiable Risk Factors

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



Data Source: Diabetes Basics, Cleveland Clinic, 2011

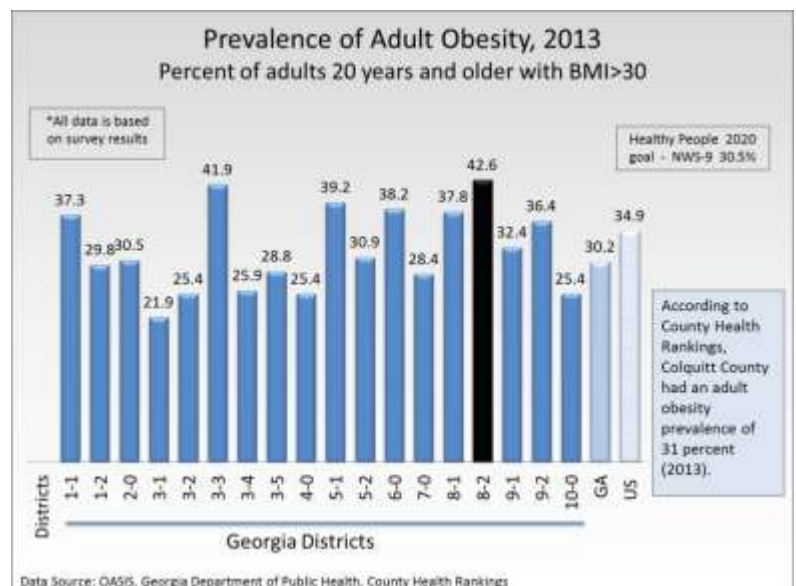
Obesity

HEALTHY PEOPLE 2020 REFERENCES - NWS, PA

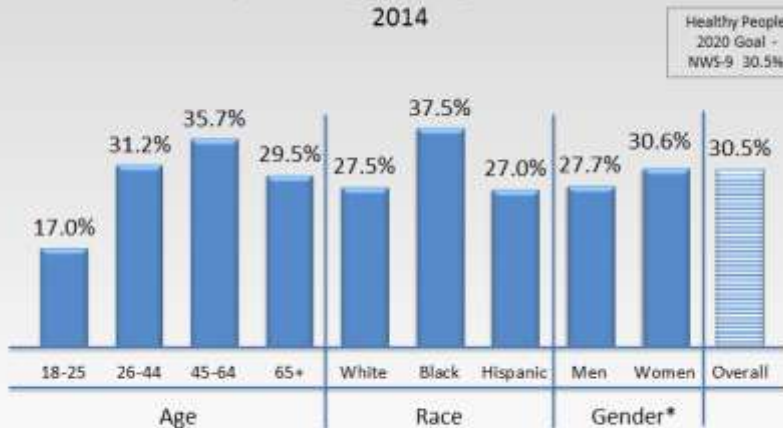
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.⁴⁸

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.⁴⁹

The prevalence of adult obesity in Health District 8-2 (42.6 percent) was higher than the State rate (30.2 percent), and the National rate (34.9 percent). The Healthy People 2020 goal is 30.5 percent. Colquitt County had a higher prevalence of obesity at 31 percent.



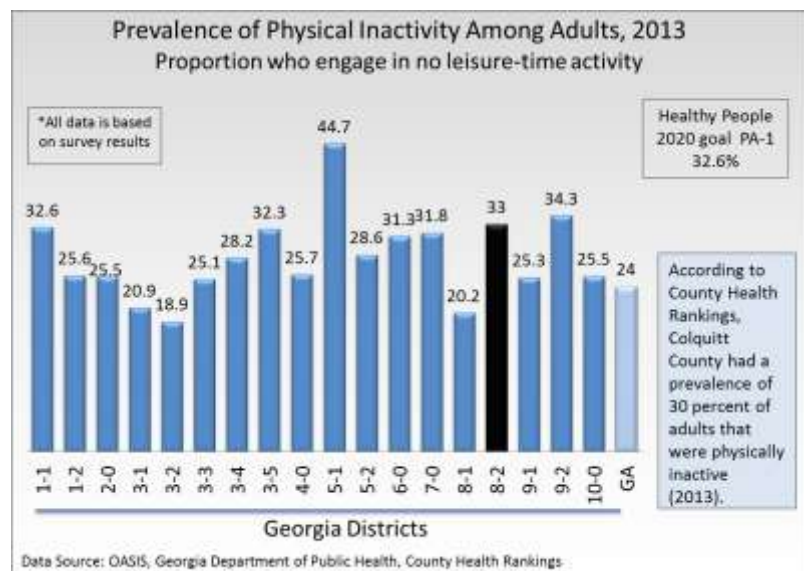
Adult Obesity in Georgia by Age, Race, and Gender 2014



* 2012 data
Data Source: State of Obesity.org

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

Obesity is the result of an energy imbalance that occurs when an individual consumes more calories than he/she can burn. There are a number of factors such as age, body size, and genes that contribute to how many calories people burn each day, but the most modifiable factor is physical activity.⁵⁰

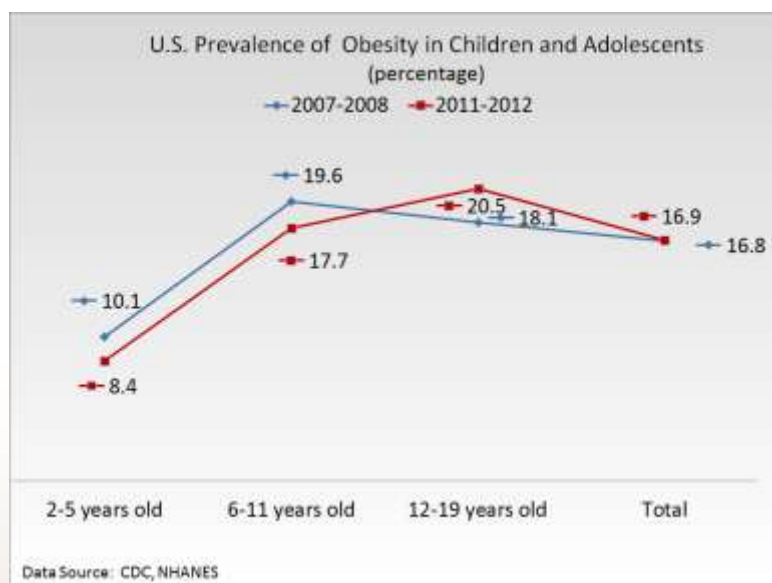


The percentage of adults who did engage in physical activity or exercise in the last 30 days was higher in Health District 8-2 (33 percent) compared to the State average (24 percent). Colquitt County had a higher prevalence of physical inactivity (30 percent) than the State and lower than the Healthy People 2020 target of 32.6 percent.⁵¹

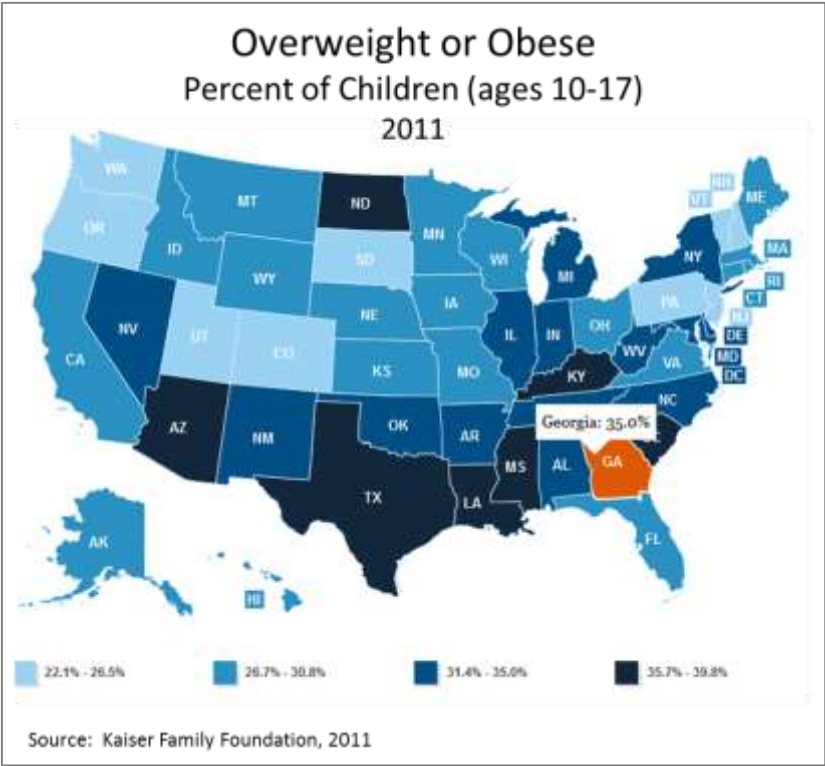
Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formerly known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.⁵² Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to Healthy People 2020, 16.2 percent of children and adolescents aged 2-19 years are obese.⁵³ A report released by the Centers for Disease Control and Prevention in August, 2013 indicated that Georgia's obesity rates among two to four-year-olds from low income families declined between 2008 and 2011.⁵⁴



According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighth (35 percent) in the nation for overweight and obese children. Nationally, 31.3 percent of children in this age range were overweight or obese.⁵⁵



The following table highlights obesity rates in Georgia by age group and Georgia’s rank among other states.⁵⁶

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

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

- » Hispanics - 22.4 percent
- » Non-Hispanic Blacks - 20.2 percent
- » Non-Hispanic Whites - 14.1 percent
- » Non-Hispanic Asian youth - 8.6 percent ⁵⁷

The following table highlights the disparities among race and ethnicity in Georgia. This data is based upon the 2007 National Survey of Children's Health.⁵⁸

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

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.⁵⁹

Obese children are more likely to have:

- » High blood pressure and high cholesterol
- » Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- » Breathing problems, such as sleep apnea, and asthma
- » Joint problems and musculoskeletal discomfort
- » Fatty liver disease, gallstones, and gastro reflux, and
- » Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood.⁶⁰

COMMUNITY INPUT

Obesity

- » Obesity is a major concern because it impacts so many other issues.
- » The children need to see adults as the role model.
- » It is difficult to located wheelchairs or stretchers large enough to hold some of the obese patients.
- » A majority of the average family has 2-3 children. Individuals who have less control of what they are doing and making poor choices have more than three children.
- » There are people who are living in homes without power or appliances to store and cook the fresh foods.
- » The key issue is lack of outreach. A lot of communities have a central place where people congregate.
- » Time and motivation are the main issues associated with adult obesity.
- » A lot of people have to wait on a bad physical before they take action on their health status.
- » As a team, it is more motivating to take charge of your health and lose weight.
- » Obesity is not just a poverty issue. It is lifestyle issue.
- » There is a workplace chronic disease self-management class being taught as part of the grant.
- » The health department is seeing more obese children.

Obesity - Nutrition and Diet

- » Obesity among adults is where we should focus our efforts because they control the grocery buying.
- » Poor nutrition is cheap.
- » Produce takes preparation. You cannot just open the package and eat it.
- » A lot of families do not like to take the time to prepare food.
- » The food bank gets a lot of produce, but do the people receiving this now how to prepare it? Are they getting the benefit of the produce?
- » What is defined as a food desert does not exist in Moultrie. In Colquitt County there are food deserts.

COMMUNITY INPUT

Obesity - Nutrition and Diet

- » You can get better nutrition from a frozen or canned pea than some of the other foods.
- » The YMCA has plans to build a teaching kitchen for healthy cooking classes.
- » There are people who do not know how to bake fish or steam broccoli. They are used to things being fried.
- » A lot of families do not understand that carbohydrates turn into sugar. It is important to teach families what they are putting in their mouth.
- » You cannot eat a huge apple, because you are diabetic.
- » There is a lot of misinformation about healthy eating and nutrition.
- » Individuals on food stamps buy food as cheap as possible, so that they can sell the rest to pay a bill.
- » The very people that need to go to the YMCA to be taught healthy cooking lessons, do not have transportation to get there.
- » The YMCA has plans to build a teaching kitchen for healthy cooking classes.
- » There are two separate grants in Colquitt County running as a pilot. They are tracking 3rd graders who have been taught healthy eating.
- » In order to help with obesity, WIC has gone to only supplying 1 percent milk. This has infuriated the WIC population.
- » There are some families who get so much money in food stamps (\$1,500 per month) that they no longer bother with receiving WIC benefits.

Obesity - Exercise and Physical Activity

- » Children are fairly active. There are certain pockets that are inactive.
- » Even if you cannot afford afterschool activities, there are programs that help pay for this.
- » When two parents work, it is difficult to get children to be active.
- » We need more physical activity in schools. Children need more recess during the day.
- » There is a P.E. teacher in every school.
- » It is the unstructured ability to move (recess) of what schools are lacking.
- » From fourth grade and up, children are not getting recess.

COMMUNITY INPUT

Obesity - Exercise and Physical Activity

- » The older population is getting the physical activity. It is the working (25-55) middle aged population who works every day that cannot find the time to get physical activity.
- » There are simple things that do not cost a lot of money that make a major impact on health, such as walking and drinking water.
- » There is a new park in downtown Moultrie. A lot of people go there for walking groups.
- » There are more obese children in the Hispanic population because they are eating more junk food.
- » Hispanic children are more overweight than Black children because they are shorter.

Diabetes

- » Diabetes is very prevalent in the Black community. We need to teach people how to cook healthy and to exercise.
- » The management of diabetes is difficult. There is a lot of self-management involved.
- » Obesity leads to cardiovascular disease and diabetes.
- » The school system has 30-35 students with diabetes-both type 1 and type 2. Most of the students are type 1; however, more are being diagnosed with type 2 because they are not getting the nutrition they need.

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.⁶¹

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

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

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

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.⁶²

A life stages method to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.⁶³

Why Are Maternal, Infant and Child Health Important?

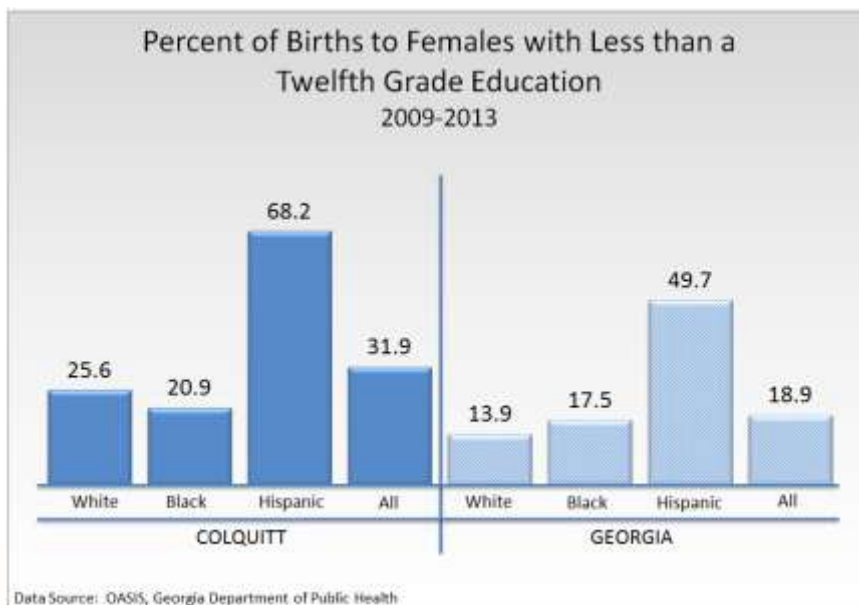
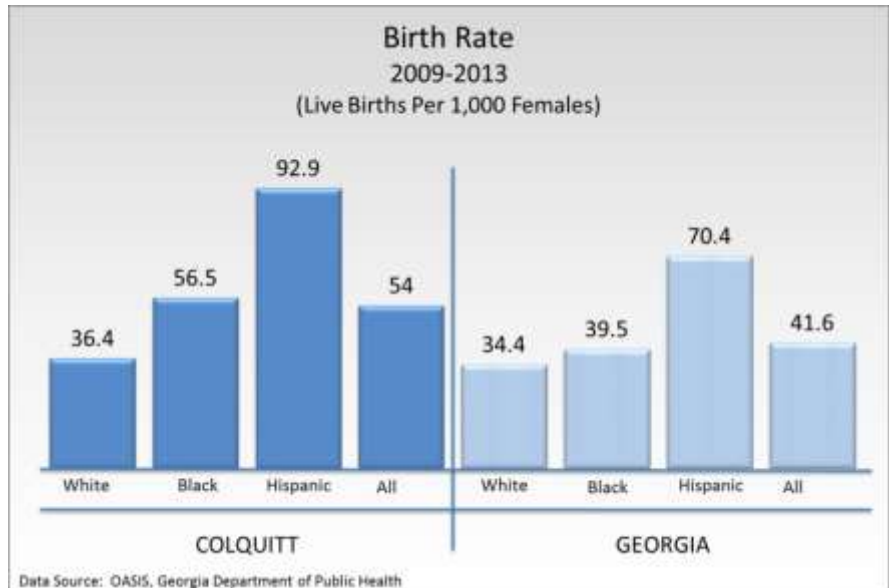
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

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

Healthy People 2020

Birth Rates

For the years 2009-2013, Colquitt County had a higher birth rate (54 live births per 1,000 females) compared to the State (41.6 live births per 1,000 females). Hispanics in Colquitt County had a higher birth rate compared to Blacks and Whites.



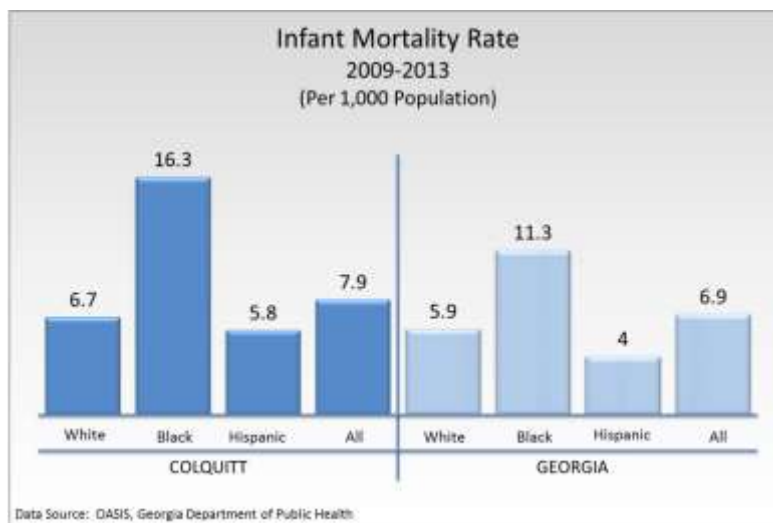
The percent of births to females with less than a twelfth-grade education was higher among Colquitt County residents (31.9 percent) compared to Georgia residents (18.9 percent). The highest percentage was among the Hispanic population group.

Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.⁶⁴ The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.⁶⁵ Some of the common causes of infant mortality include: serious birth defects, pre-term births, sudden infant death syndrome (SIDS), maternal complications of pregnancy, or unintentional injury.⁶⁶

The infant mortality rate in Colquitt County (7.9 per 1,000 population) was higher than the Georgia rate (6.9 per 1,000 population).

The highest infant mortality rate was among the Black population.



Fetal and Infant Conditions

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

- » Prematurity is disorders related to short gestation and low birth weight.
- » Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- » Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- » Birth-related infections are infections specific to the period of time near birth.⁶⁷

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

Number of Deaths: Fetal and Infant Conditions
(<1 year of age)
2009-2013
Colquitt County

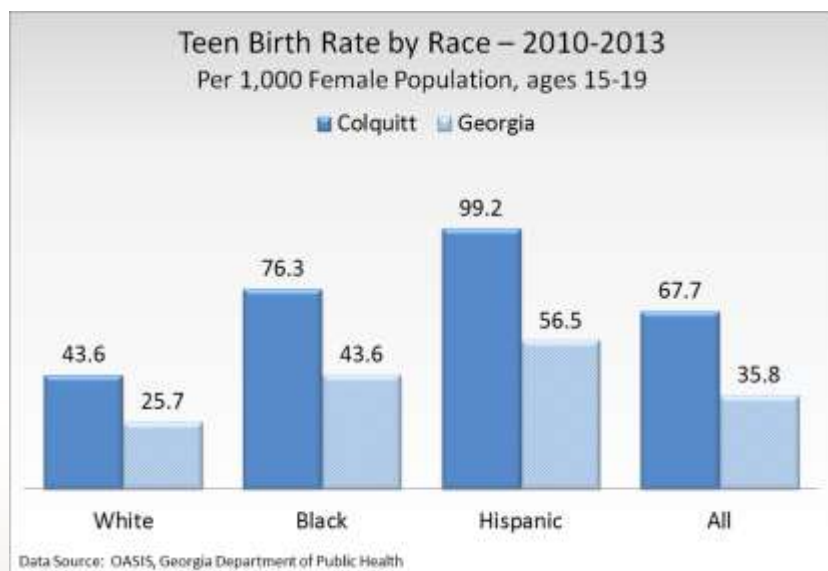
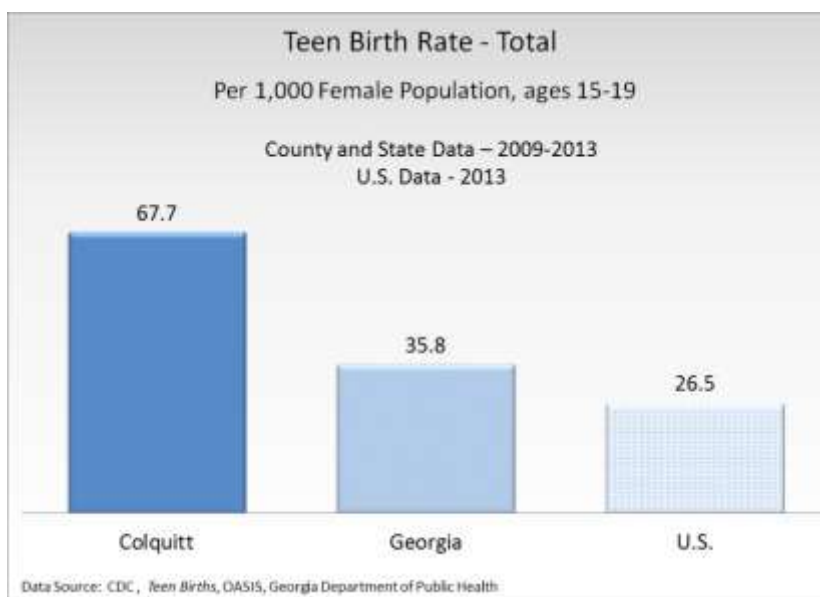
Year	White	Black	Hispanic	All
2009	0	1	2	3
2010	0	1	1	2
2011	2	4	0	6
2012	0	0	0	0
2013	0	5	2	7

Data Source: OASIS, Georgia Department of Public Health

Teen Birth Rate

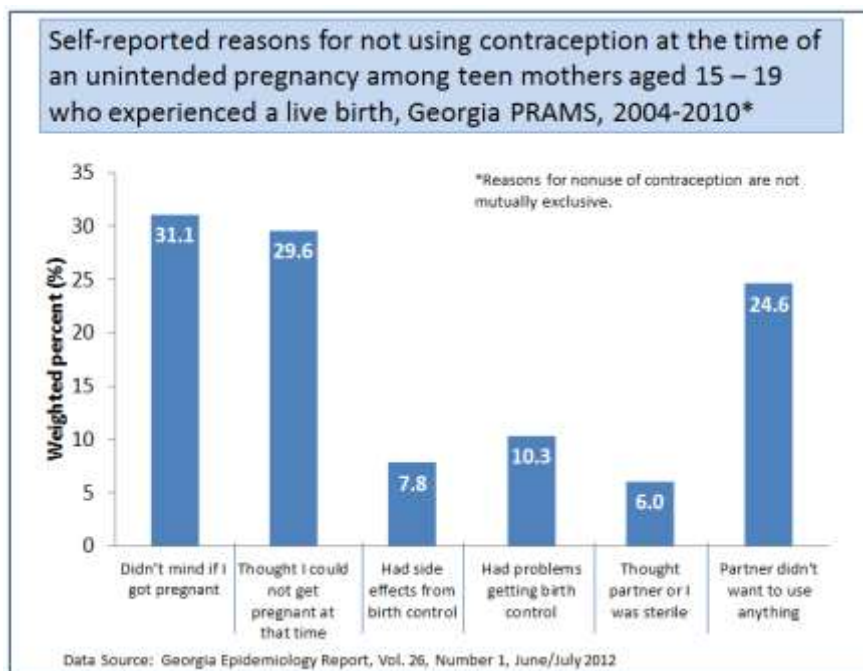
Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors to high school dropout rates among girls. The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.⁶⁸

The teen birth rate in Colquitt County (67.7 per 1,000 female population) was higher than the Georgia rate and the U.S. rate.



The Colquitt County Hispanic teen birth rate was higher than the Black and White teen birth rates.

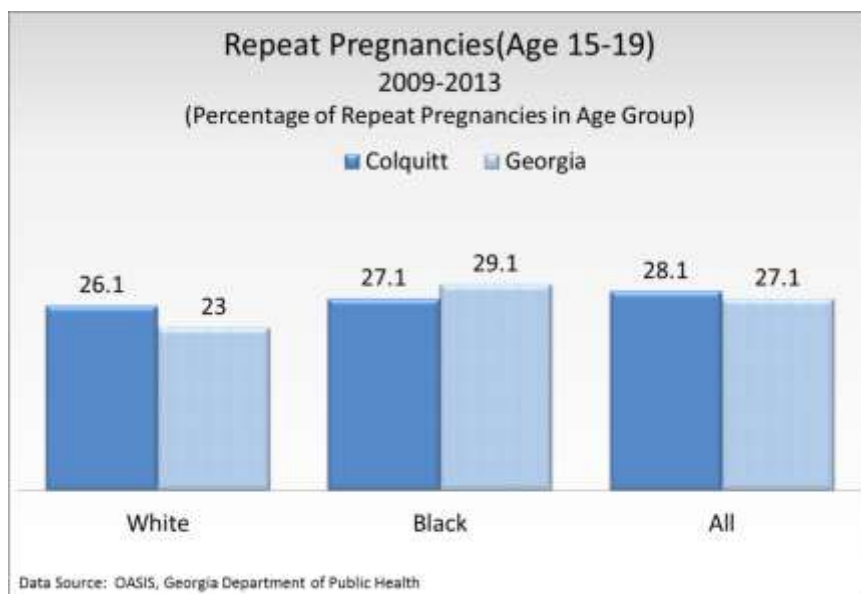
Teen birth rates in Colquitt County were higher than the State for all populations groups.



Teen Pregnancy In Georgia

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

Georgia Adolescent Reproductive Health Facts
www.hhs.gov



For mothers ages 15-19, Colquitt County had a higher percent of repeat pregnancies (28.1 percent) compared to Georgia (27.1 percent). Additionally, 27.1 percent of Black teen mothers in Colquitt County had repeat pregnancies compared to 26.1 percent of White teen mothers.

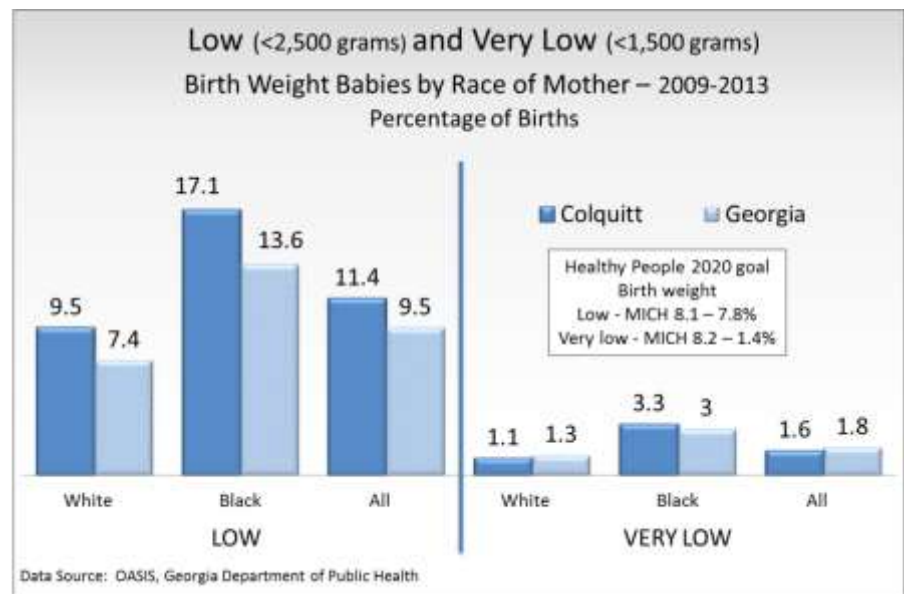
Birth Weight

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.⁶⁹

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.⁷⁰ In 2013, the national prevalence of low birth weight babies was 8 percent while that for low birth weight babies was 1.4 percent.⁷¹

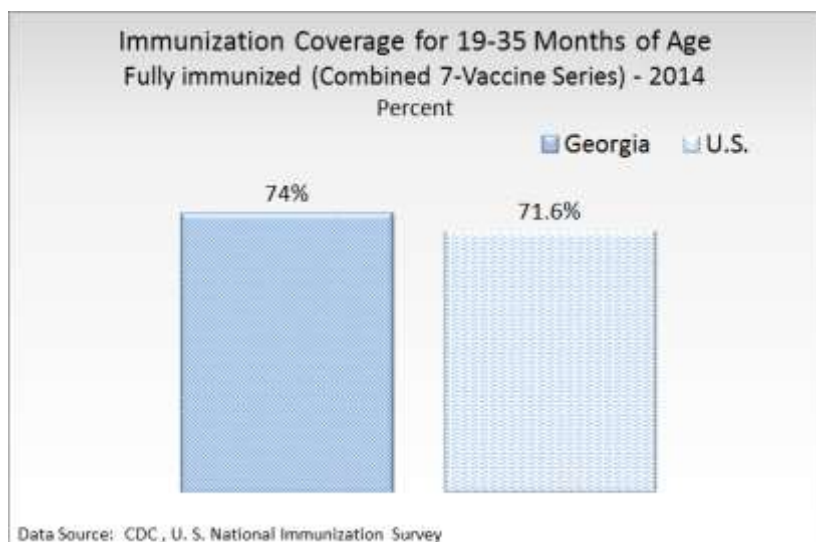
Overall, low birth weight percent of births were higher in Colquitt County compared to Georgia.

Low birth weights and very low birth weights were higher among Black babies.



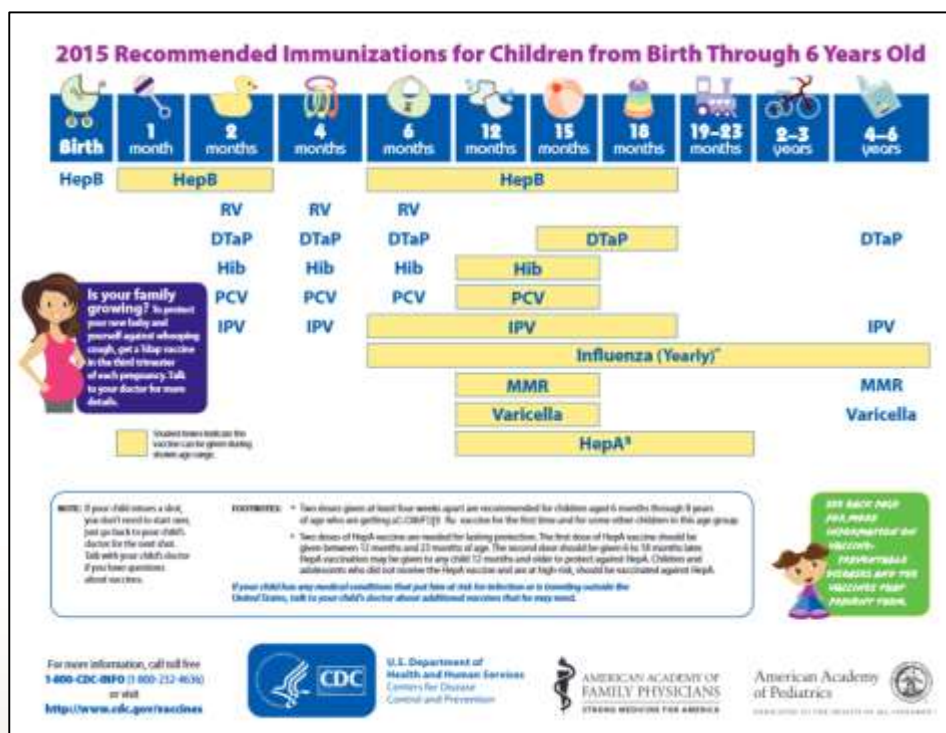
Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.⁷²



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

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



COMMUNITY INPUT

Teen Pregnancy

- » Until you change the moral and ethics of the parents, teen birth rates are not going to change. It is a generational cycle of teen pregnancies. Mothers are usually okay with their child being a teen mom.
- » Long-acting reversible contraception (LARC) are often used on young women to prevent future unwanted pregnancies. Many women will ask them to be taken out if they start bleeding. They would rather risk getting pregnant again, than have some mild bleeding while their body is getting adjusted to the LARC.
- » Colquitt County School System uses an abstinence only curriculum.
- » The teen pregnancy problem among the Hispanics is not considered a problem in the parent's eyes. It is very common in their culture to have babies young.

Infant and Child Health

- » In the Black community, there is a high incidence of low birth weight babies because the mothers of these babies are very young.
- » All children under two have to be updated on their immunizations. All day care centers and schools are checked for this. The immunization rate is very high in Colquitt County.
- » The Centering Program at the clinic in Ellenton helps meet the need for increasing access to prenatal care for Hispanic and/or other underserved populations.

ALCOHOL, TOBACCO AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE - TU, SA

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

- » Chronic diseases
- » Teenage pregnancy
- » Sexually transmitted diseases
- » Domestic violence
- » Child abuse
- » Motor vehicle accidents
- » Crime
- » Homicide
- » Suicide⁷³

Although much progress has been made to reduce cigarette smoking in the United States, in 2012, 20.5 percent of adult males and 15.9 percent of adult females continued to be cigarette smokers.⁷⁴

Adolescent Behavior

The leading cause of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.⁷⁵

The Youth Risk Behavior Surveillance System (YRBSS) monitors health risk behaviors that contribute to the leading causes of death and disability among youth and young adults at the State and National level. The survey is conducted every 2 years (odd calendar years) at the school site and participation is voluntary. Adolescent and youth respondents are in grades 9-12. Individual states may choose to do a middle school YRBSS. The following charts contain data from the YRBSS regarding high school adolescents.

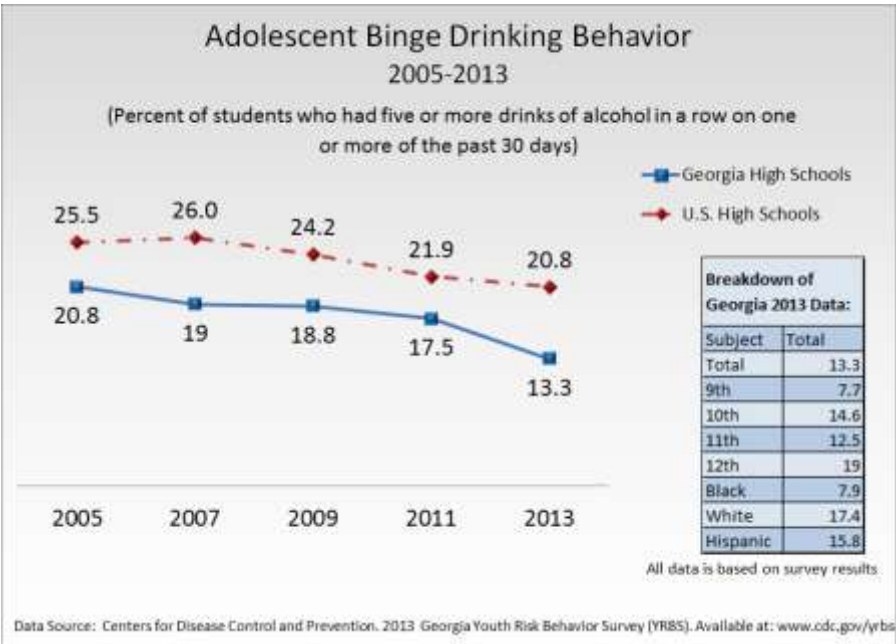
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

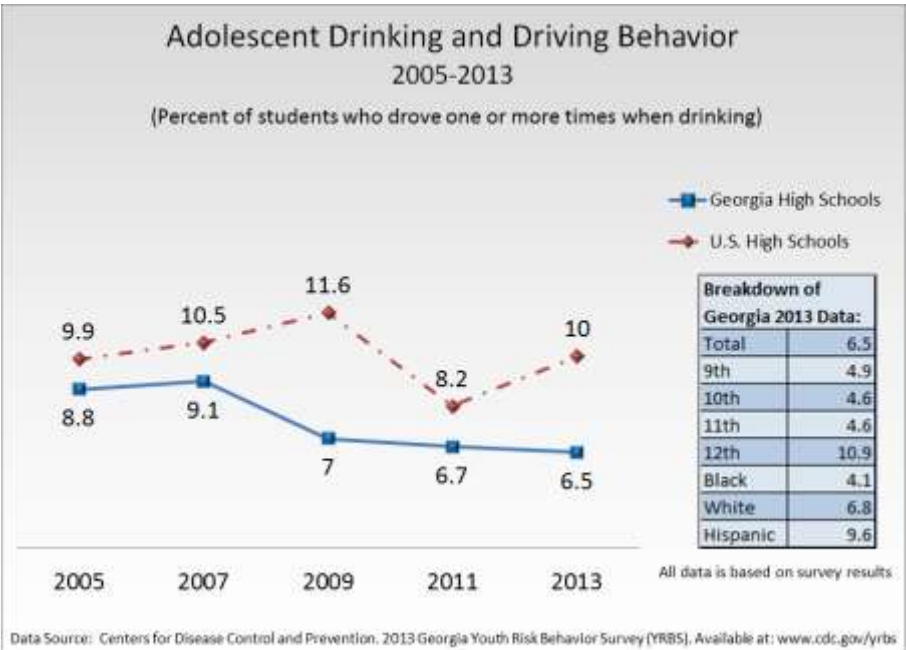


Between 2005 and 2013 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia since 2005.

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

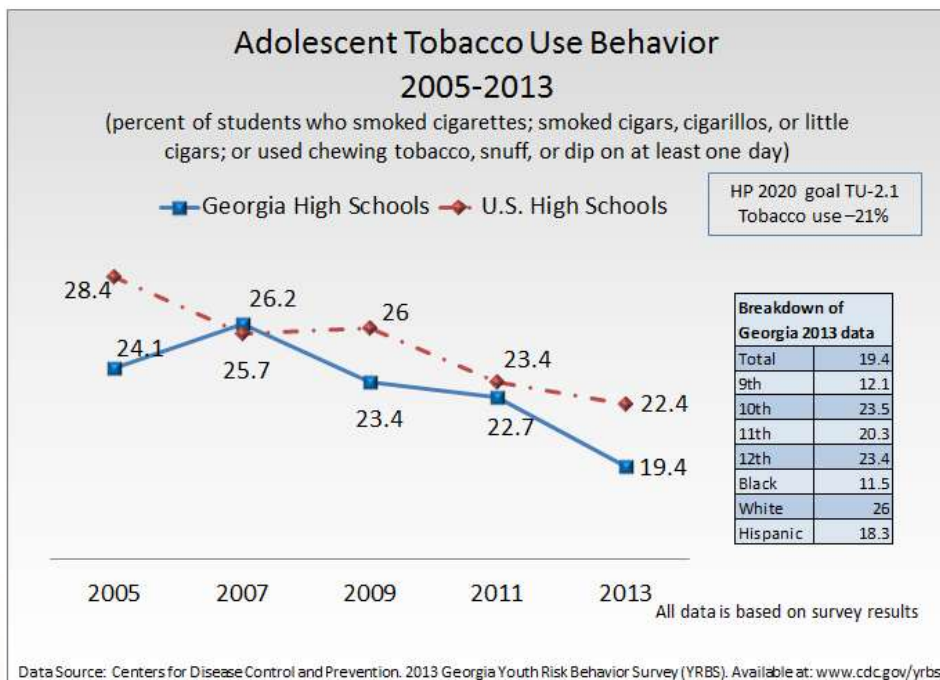
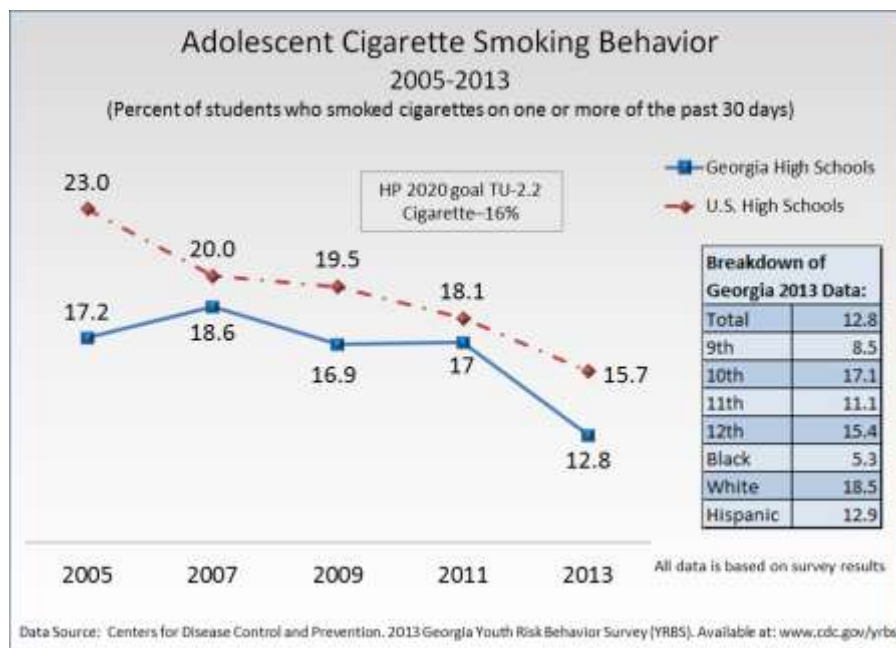
Almost one-fifth of twelfth graders (19 percent) participated in binge drinking within a month prior to the survey.

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



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

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



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

Tobacco use prevalence was three times greater among Whites (26 percent) than Blacks (8 percent).

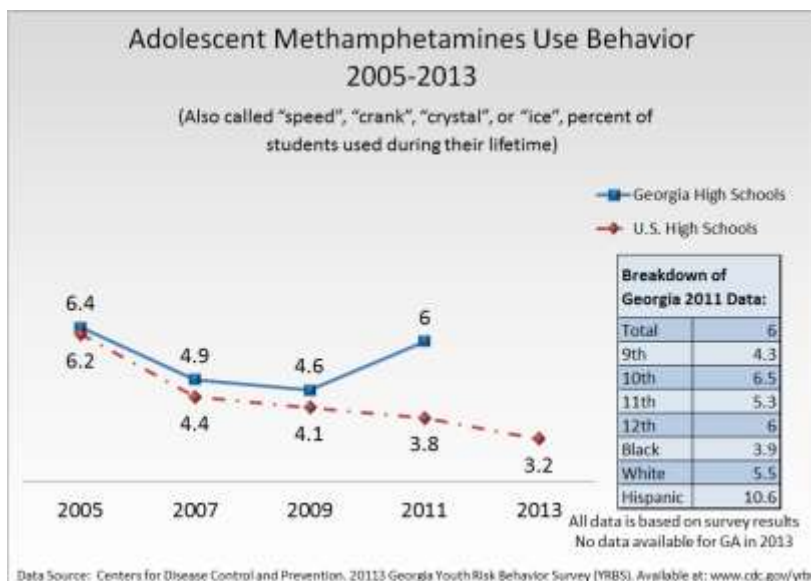
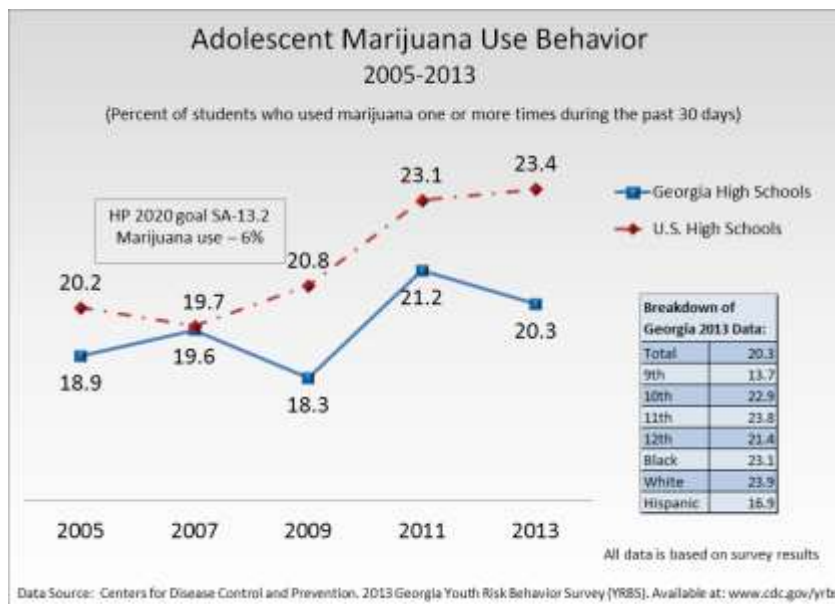
Illicit Drug Usage

Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.⁷⁶

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

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

The Healthy People 2020 goal is to reduce marijuana use to six percent.⁷⁷



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

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

There was no data available for Georgia in 2013.

Comparison: Colquitt County and Georgia

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

At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Colquitt County and Georgia		
	Colquitt County High Schools	Georgia High Schools
Binge Drinking	9.5%	9.3%
Drinking and Driving	3.6%	2.9%
Tobacco Use	13.9%	11.9%
Cigarette Use	12.7%	10.1%
Marijuana Use	10.2%	12.8%
Meth Use	0.8%	1.9%
Prescription	3.5%	5.0%

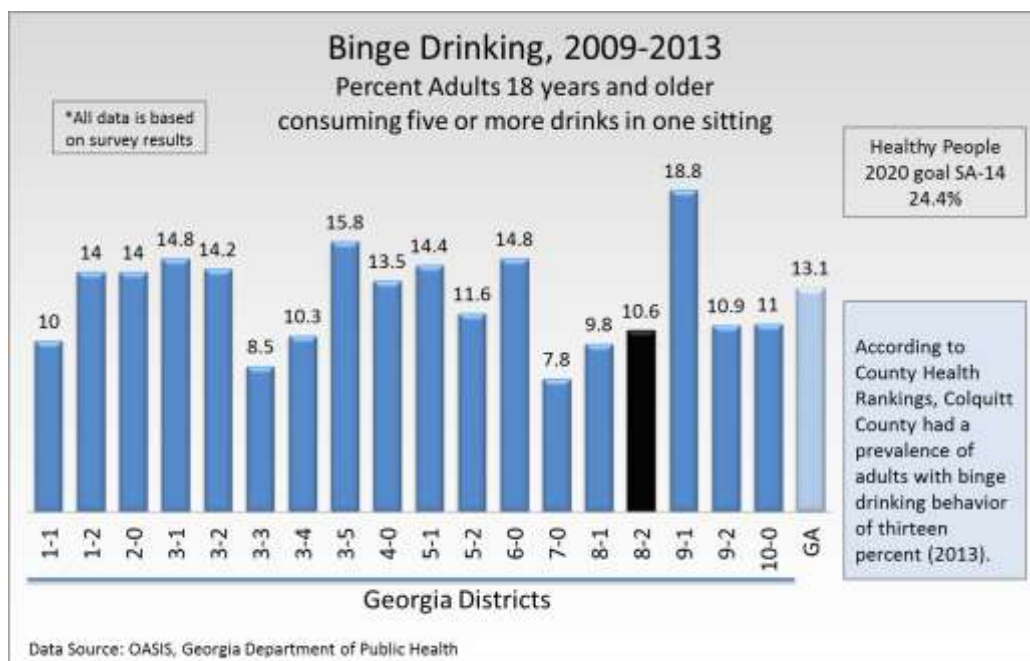
Data Source: Georgia Department of Education. Georgia Student Health Survey

Colquitt County Schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, and cigarette use than the State but a lower percentage that participated in marijuana, methamphetamine, and prescription drug use. Please refer to the “Community Input” section of this report to read comments on other issues surrounding substance abuse among adolescents.

Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.⁷⁸

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.⁷⁹



The binge drinking prevalence in Health District 8-2 (10.6 percent) was lower than the Georgia prevalence (13.1 percent). This rate was well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

Alcohol, Tobacco and Drugs

- » The drug issues among adolescents is a major issue in Colquitt County.
- » Drug users are now creating drugs.
- » By offering treatment options for drug abusers we have created a new addiction to pills - pill mills.
- » There are doctors in the community who write a prescription for pain medication very easily.
- » The drug problems among adolescents is a major issue in Colquitt County.
- » Young children live in poor environments due to parents being addicted to drugs.
- » There are children that are testing for methamphetamine on a daily basis due to the environment in which they live.
- » Drug addiction is not necessarily connected to poverty.
- » With the pill mills, they will sell those drugs and be in the hospital because they will have withdrawal symptoms.
- » Drugs leads to more poverty because addicts are unable to work.
- » The main drug in the community is methamphetamine because it is cheap and easily accessible.
- » Prescription drugs are abused in this community. It is mainly abuse of the system. Patients sharing prescriptions with family members.
- » There are cash facilities where patients can go in, pay \$75 and get the prescription of their choice. These facilities are not in the county, but many county residents go to these facilities.
- » Marijuana is very easily accessible and can be bought during school.
- » There is a need for more education about prescription drug interactions with other medications or vitamins.
- » Substance abuse also contributes to kidney disease and need for dialysis.
- » If you spoke to a group of 18-32 year olds, you would find out about the truth of drug use.
- » If our community members went to Department of Juvenile Justice court hearings, they would understand what is going on in school and with our children.
- » The health department offers smoking cessation classes.
- » It seems that more young white females smoke in Colquitt County compared to other groups.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE - STD 6, STD 7

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.⁸⁰ 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.⁸¹

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections is encouraged for sexually active young adults.⁸²

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.⁸³

Top 10 States Ranked by Rate (per 100,000) of Reported STD Cases: U.S. 2013

Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Georgia (10.3)	Alaska (789.4)	Louisiana (188.4)
2	California (9.3)	Louisiana (624.5)	Alabama (173.7)
3	Louisiana (9.2)	Alabama (611.0)	Mississippi (170.7)
4	Florida (7.8)	New Mexico (587.3)	Alaska (154.2)
5	Maryland (7.7)	Mississippi (585.1)	South Carolina (152.3)
6	New York (7.5)	Delaware (568.4)	Delaware (151.6)
7	Nevada (7.4)	South Carolina (541.8)	Ohio (144.0)
8	Oregon (6.8)	Arkansas (523.8)	Georgia (143.7)
9	Illinois (6.2)	Georgia (514.8)	North Carolina (140.1)
10	Arkansas (6.0)	Texas (498.3)	Oklahoma (139.0)

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

Why Is Sexually Transmitted Disease Prevention Important?

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

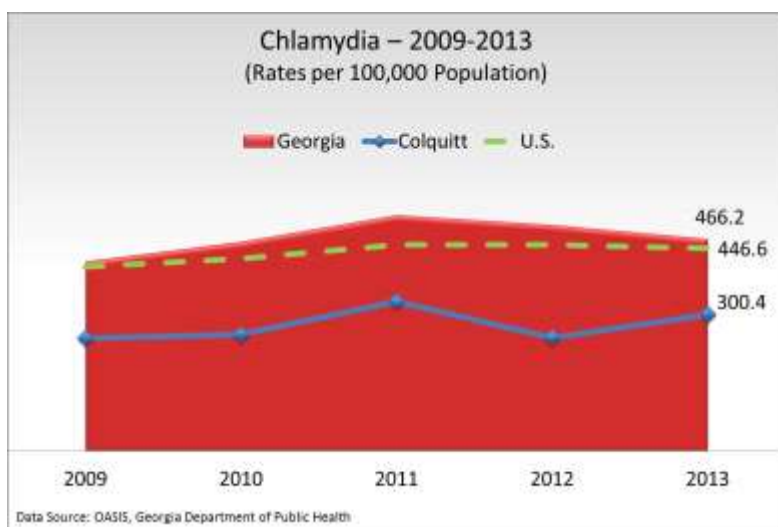
Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Healthy People 2020

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing, and is easily treated and cured with antibiotics.⁸⁴

- » 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.⁸⁵
- » Women had 2.7 times the reported chlamydia rate of men in 2009.⁸⁶
- » Georgia ranked ninth highest in the U.S. for reported chlamydia cases in 2013.⁸⁷



Clinical Recommendations

Screening for Chlamydial Infection

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

Healthy People 2020

In 2013, the chlamydia rate in Colquitt County (300.4 per 100,000) was lower than the State rate (466.2 per 100,000). In 2013, the U.S. rate for chlamydia was 446.6 per 100,000 population.⁸⁸

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

Average Chlamydia Rates by Race (2009-2013)			
	White	Black	All
Georgia	69.5	615.2	472.2
Colquitt	45	347.8	134.8

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea

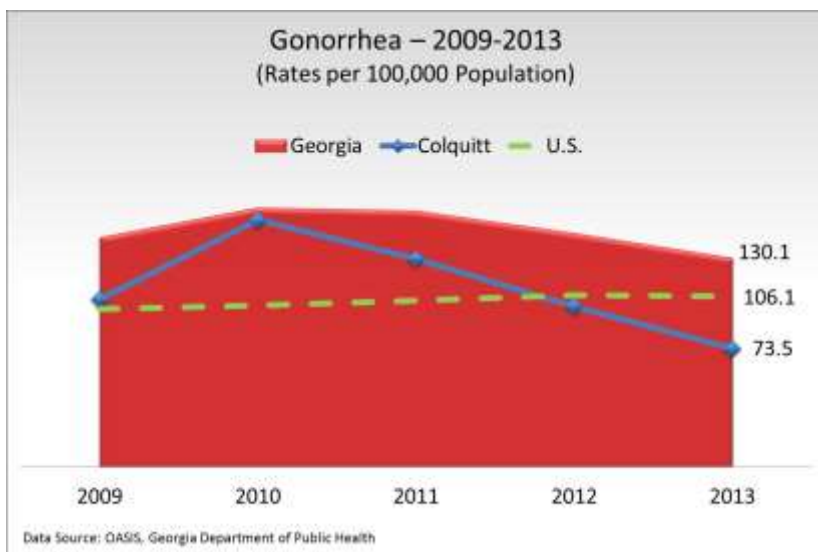
Gonorrhea and chlamydia often infect people at the same time.⁸⁹ The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are infected have no symptoms. Gonorrhea can lead to other complications that can cause pelvic inflammatory disease in women. Gonorrhea can also spread to the blood or joints and become life threatening. Antibiotics are used to successfully cure gonorrhea.

- » Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.⁹⁰
- » Georgia ranked eighth highest in the U.S. for reported gonorrhea cases in 2013.⁹¹

Who Is At Risk For Gonorrhea?

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

Centers for Disease Control and Prevention



In 2013, the gonorrhea rates in Colquitt County (73.5 per 100,000) were lower than both the State (130.1 per 100,000) and the U.S. rates (106.1 per 100,000).⁹²

Average Gonorrhea Rates by Race (2009-2013)			
	White	Black	All
Georgia	13	262.5	147.8
Colquitt	10.5	192.3	111.9

Data Source: OASIS, Georgia Department of Public Health

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

Syphilis

Syphilis is an STD that is passed from person to person through direct contact with syphilis sores. Many people infected may be unaware and the sores may not be recognized as syphilis. Symptoms may not appear for several years. Therefore, the infection may be spread by persons who are unaware that they have the disease. Syphilis is easy to cure in the early stages through the use of antibiotics.⁹³

- » Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.⁹⁴
- » Georgia ranked highest in the U.S. for reported syphilis cases in 2013.⁹⁵

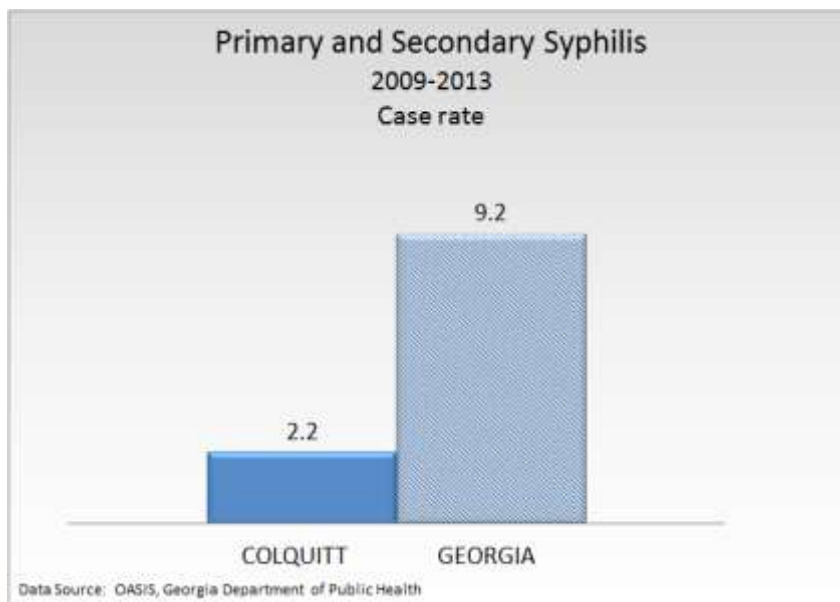
The Georgia syphilis rate in 2013 was 10.3 per 100,000 population. The U.S. rate in 2013 was 5.5 per 100,000 population.⁹⁶

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



Colquitt County had a lower syphilis rate (2.2 per 100,000 population) than Georgia (9.2 per 100,000 population).

There were 15 cases of syphilis reported in the County from 2009-2013.

Human Immunodeficiency Virus (HIV)

An estimated 1.2 million Americans were living with HIV at the end of 2012. Of those people, about 12.8 percent did not know they were infected. About 50,000 people get infected with HIV each year.⁹⁷ Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.⁹⁸

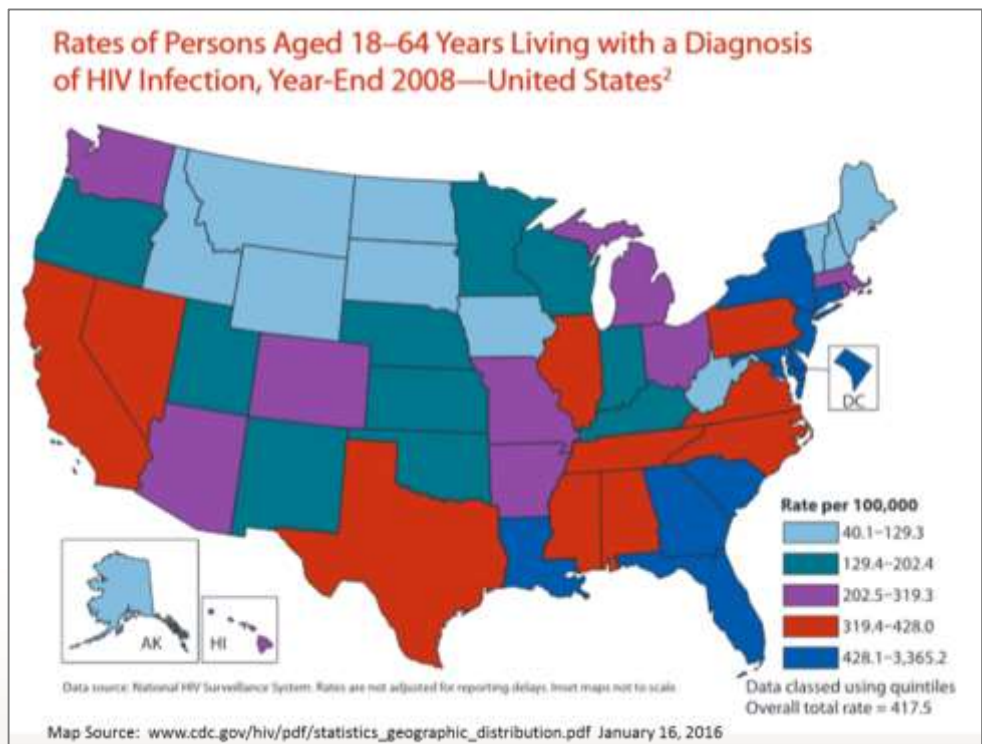
- » In 2010, White MSM represented the highest number of new HIV infections in the U.S.⁹⁹
- » In 2010 Blacks (male and female) represented approximately 12 percent of the country's population, but accounted for 44 percent of new HIV infections. Blacks accounted for 41 percent of people living with HIV in 2011.¹⁰⁰
- » Hispanics (male and female) represented 16 percent of the population for accounted for 21 percent of new HIV infections in 2010. Hispanics accounted for 20 percent of people living with HIV in 2010.¹⁰¹

Why Is HIV Important?

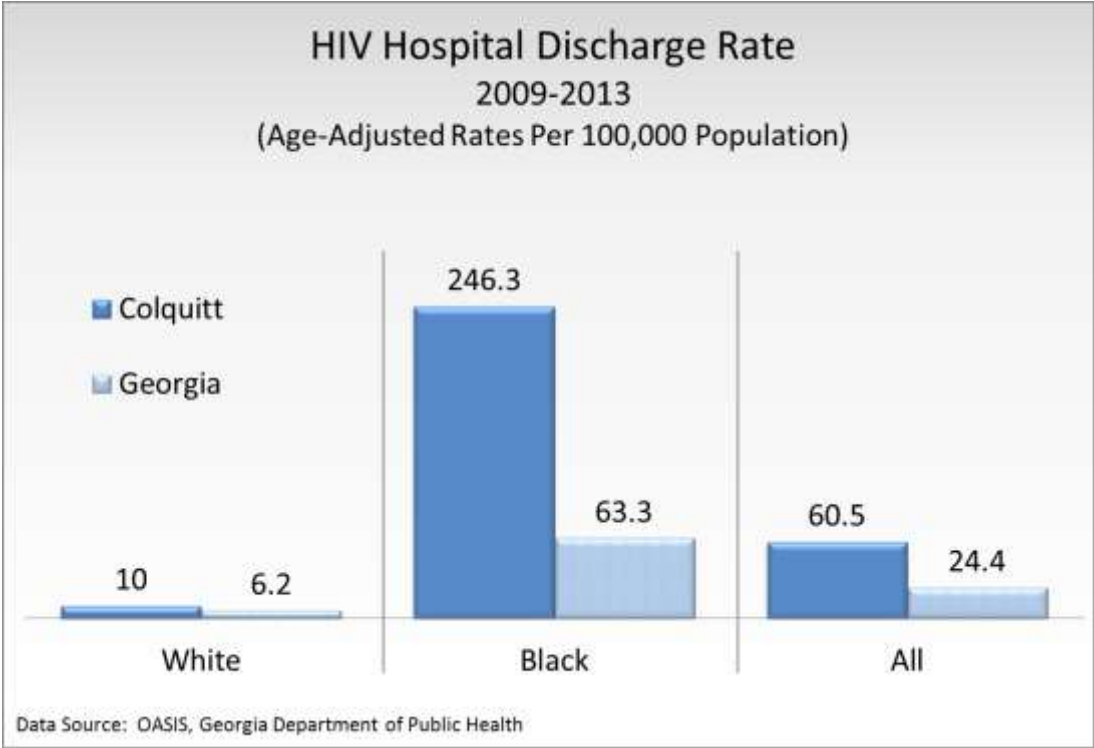
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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

Healthy People 2020

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



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



COMMUNITY INPUT

Sexually Transmitted Disease

- » A test for chlamydia is completed on everyone that comes in for a health check.
- » Syphilis cases have to be treated. Law enforcement is typically involved with non-compliant patients.
- » The health department used to be involved with the school system in teaching sex education.

ACCESS TO CARE

HEALTHY PEOPLE 2020 REFERENCE - AHS

Barriers to healthcare can be due to a lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."¹⁰²

Why Is Access to Health Services Important?

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

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

Healthy People 2020

Gaining Entry into the Health Care System

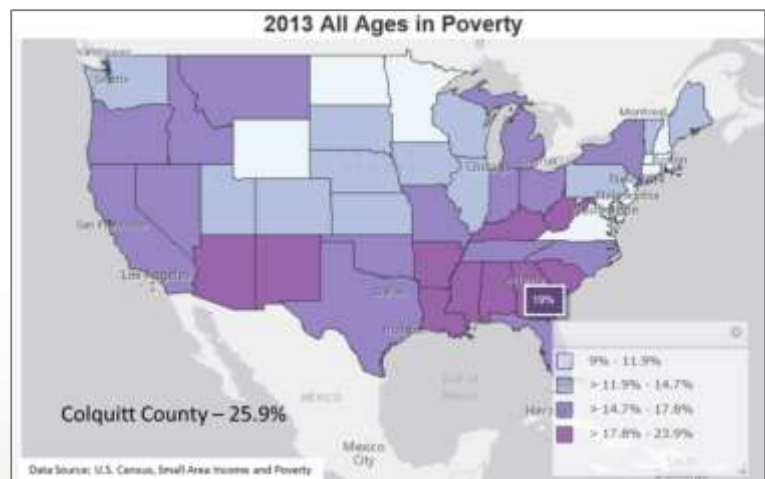
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

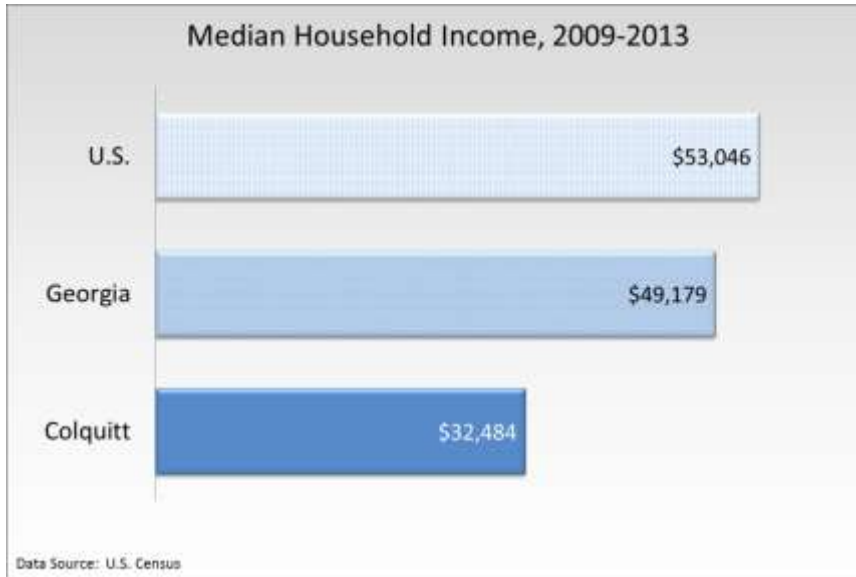
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.8 percent in 2014.¹⁰³

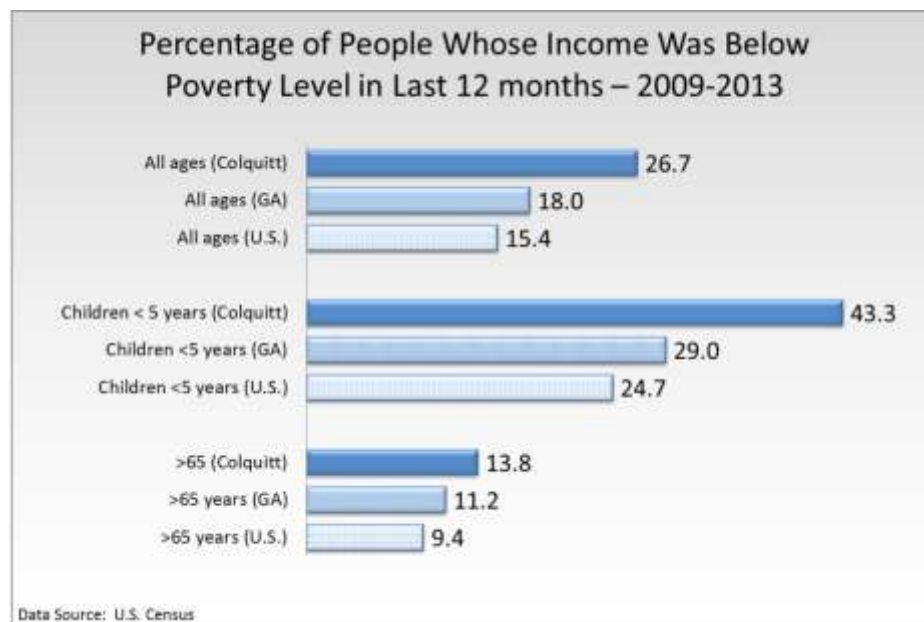
Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.¹⁰⁴

Colquitt County's poverty rate was 25.9 percent in 2013.





The median household income during 2009-2013 for Colquitt County was \$32,484. This is below the Georgia median income of \$49,179 and the U.S. median income of \$53,046.

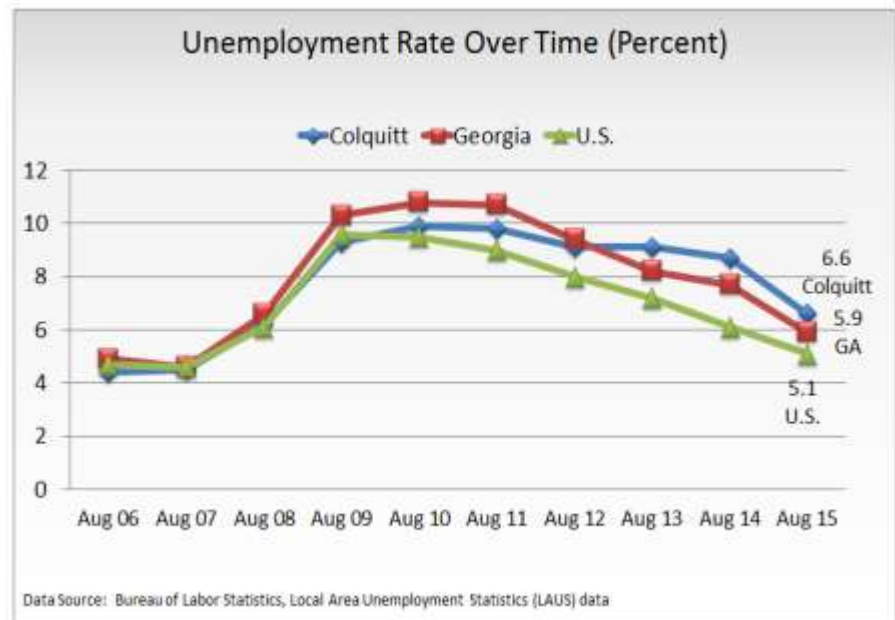


The percentage of people in Colquitt County whose income was below the poverty level (26.7 percent) was higher than Georgia (18 percent) and the U.S. (15.4 percent). The percentage of children under five years of age living in poverty in Colquitt County (43.3 percent) was higher than both Georgia (29 percent) and the U.S. rates (24.7 percent). The percentage of Colquitt County senior adults living in poverty (13.8 percent) was higher than the State (11.2 percent) and U.S. rates (9.4 percent).

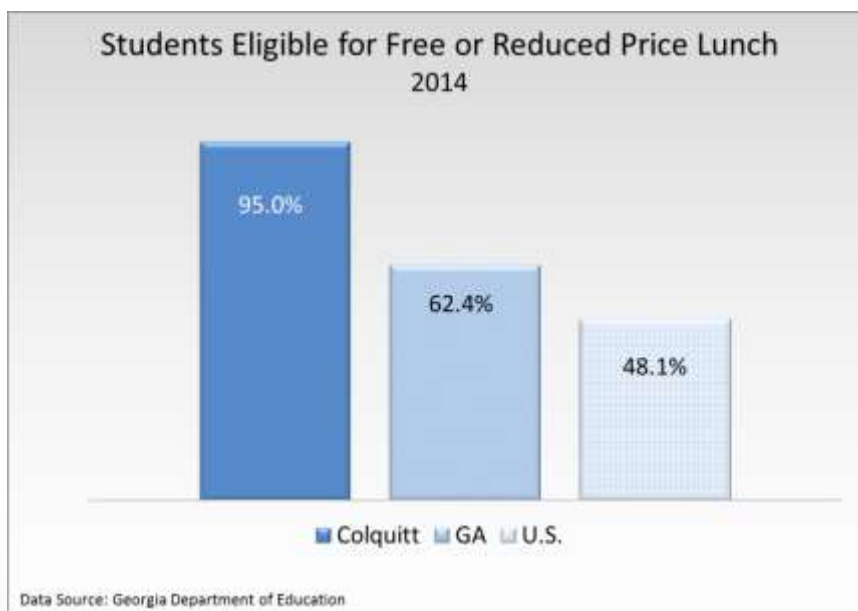
In 2013 - 2015, the Colquitt County unemployment rates were higher than the State and U.S. rates.

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

The most recent data showed that Colquitt's unemployment rate dropped from 8.7 percent in August of 2014 to 6.6 percent in August of 2015.



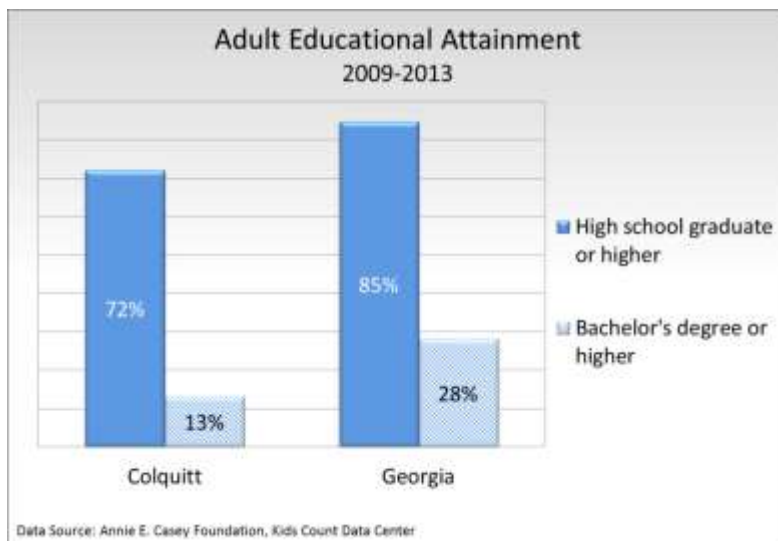
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.¹⁰⁵ For July 1, 2015 through June 30, 2016, a family of four's income eligibility for reduced-price lunches was at or below \$44,863 and for free meal eligibility at or below \$31,525.¹⁰⁶



Ninety-five percent of the public school students in Colquitt County were eligible for free or reduced price lunches. This was higher than both Georgia (62.4 percent) and the U.S. (48.1 percent) rates.

Educational Attainment

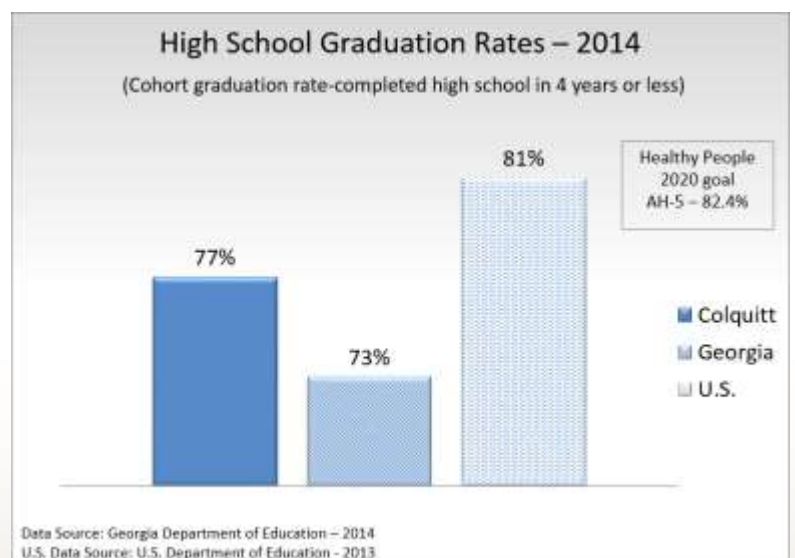
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.¹⁰⁷ According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.¹⁰⁸ 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.¹⁰⁹



From 2009-2013, 72 percent of Colquitt County residents had graduated high school compared to Georgia's average of 85 percent. An average of 13 percent of Colquitt County residents had a bachelor's degree or higher compared to Georgia's higher average of 28 percent.

The U.S Department of Education requires all states to publically report comparable high school graduation rates using a four-year adjusted cohort rate calculation method. This method provides uniform data collection when analyzing statistics across different states.¹¹⁰

In 2014, Colquitt County had an average of 77 percent of students who complete high school in four years or less. Colquitt County was above the State average (73 percent) and below the U.S. average (81 percent). The Healthy People 2020 goal for the high school graduation rate is 82.4 percent (students who graduate with a regular diploma, 4 years after starting ninth grade).

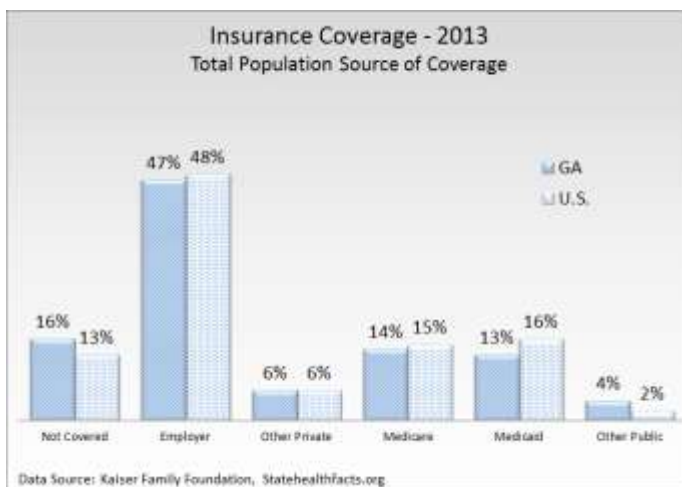


Insured Status

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

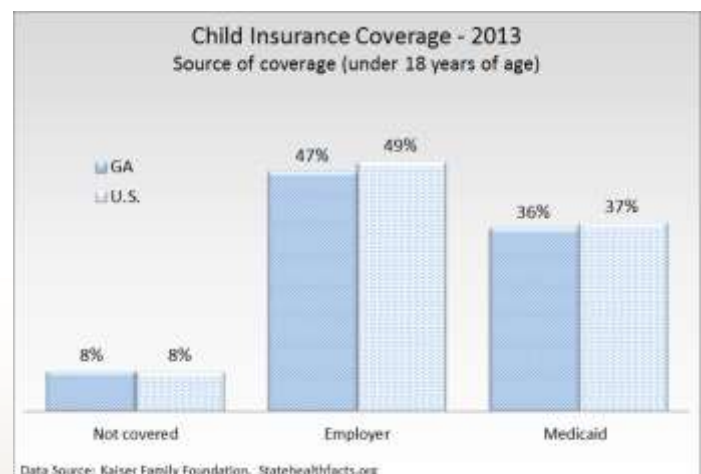
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

GEORGIA INSURED STATUS

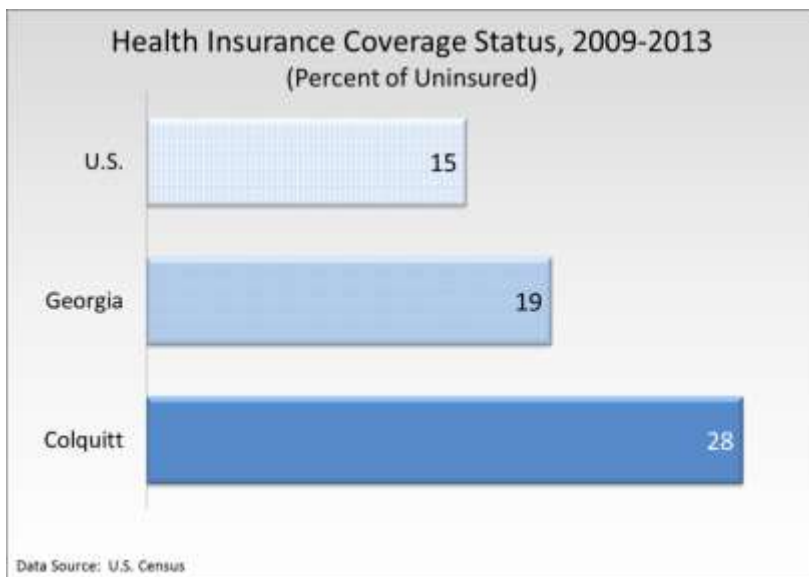


In 2013, Georgia's uninsured population (16 percent) was higher than the U.S. (13 percent). Employer coverage was lower in Georgia (47 percent) compared to the U.S. (48 percent). Georgia's proportion of Medicare and Medicaid covered individuals were lower than the U.S. rate.

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

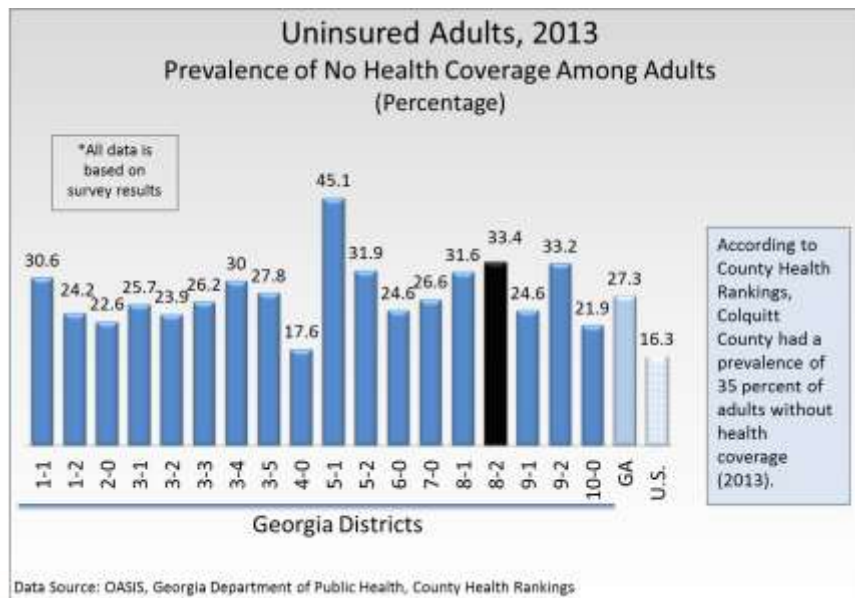


COLQUITT COUNTY INSURED STATUS



The proportion of uninsured individuals in Colquitt County (28 percent) was higher than both Georgia (19 percent) and the U.S. (14.9 percent) rates.

The percentage of adults that lacked health insurance in Health District 8-2 (which includes Colquitt County) was 33.4 percent. This was higher than the U.S. rate (16.3 percent) and the Georgia rate (27.3 percent). According to County Health Rankings, in 2013 Colquitt County had 35 percent of adults lacking health insurance.



Georgia Health Assistance and Healthcare Programs

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

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

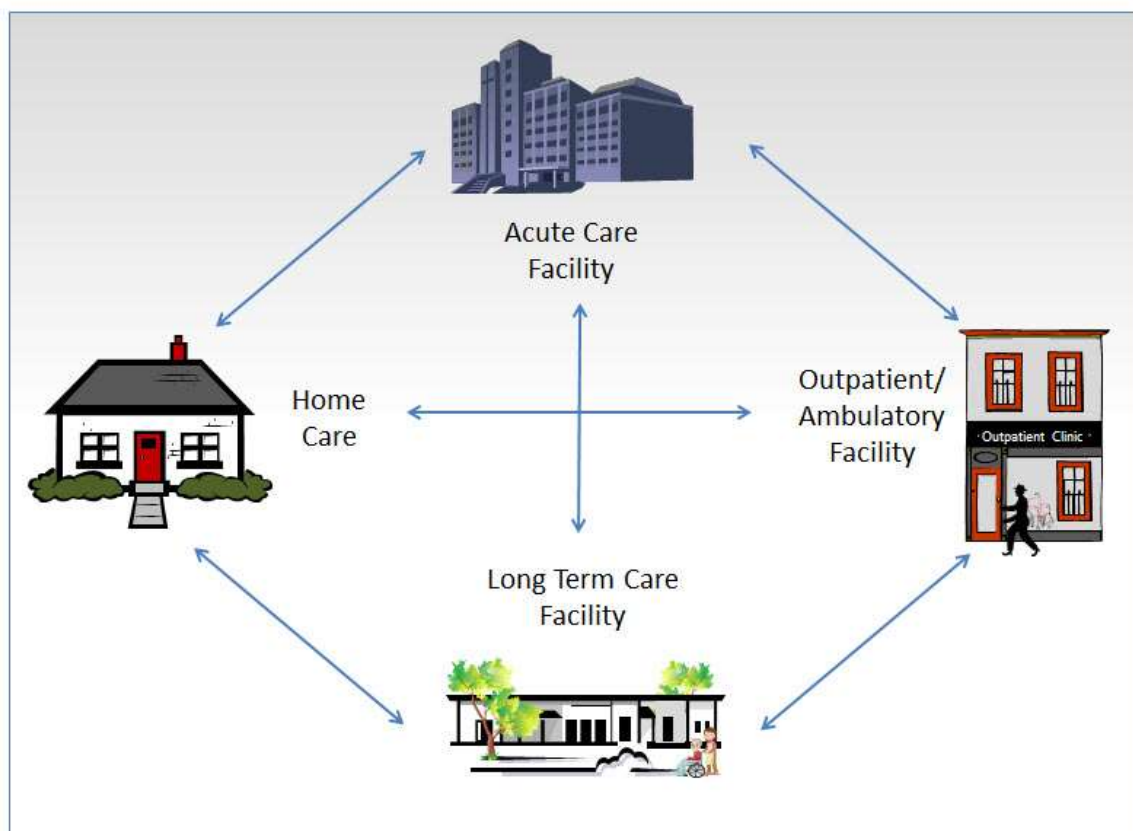
Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Colquitt County, 13 percent of the population is over the age of 65, making many of them eligible for Medicare.

Accessing a Healthcare Location Where Needed Services Are Provided

Accessing health care services in the U.S. is regarded as unreliable because many people do not receive the appropriate and timely care they need. All Americans should now have access to health care due to the *Patient Protection and Affordable Care Act*.¹¹¹ This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.¹¹² 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.¹¹³ There are various types of facilities across the healthcare continuum that provide different levels of care and types of treatment. Levels of care include primary, secondary, tertiary, and sometimes quaternary. Types of treatment range from low acuity to high acuity. Within these levels of care and types of treatment, there are types of facilities such as: acute care, outpatient/ambulatory, long term care, and home care that specialize in different types of treatment (see diagram below). In addition, these types of facilities cater to certain diseases and conditions within this continuum of care.



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

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

Colquitt County Health Department offers services at reduced cost to residents of Colquitt County. These services include: hypertension treatment and management, diabetes management, family planning services, immunizations, nutrition and WIC services, and child health services.

The Ellenton Clinic is part of the Southwest Georgia Public Health District 8-2 services. It offers primary care, pediatric services, dental services, and women's health services (see information about the "Centering Program" in Maternal, Child and Infant Health section) at low cost to uninsured or underinsured agricultural workers of Colquitt County and surrounding counties. In order to qualify, fifty-one percent of the total family income must come from agriculture.¹¹⁴ A majority of the population served by this clinic are Hispanic migrant farmworkers (see *Special Populations* section).



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

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having a shortage of primary care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). The HPSA score was developed for use by National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 1 to 26 where the higher the score, the greater the priority. Medically Underserved Areas/Populations (MUA or MUP) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/ or elderly population. The designation guidelines for medically underserved areas are based on a scale of 1 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Each service area found to have a score of 62 or less qualifies for designation as an MUA. Colquitt County is considered an MUA based on its Index of Medical Service Score of 46.20.¹¹⁵

Professional Shortage Areas as of April 4, 2016

Colquitt County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	Yes	Yes

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.
- » The National Alliance on Mental Illness (NAMI) is a national organization that has a local chapter in Moultrie. This chapter offers a free 12 week course for family caregivers of individuals living with a mental illness. Most chapters provide family support to those individuals with loved ones suffering from a mental illness.¹¹⁶

Nursing Homes/Skilled Nursing Facilities

Skilled nursing facilities (SNFs) fill a vital role in healthcare delivery for certain population groups. Nationally, there are more than 15,000 nursing homes caring for 1.4 million individuals.¹¹⁷ 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. 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.¹¹⁸

Transportation

Colquitt County has a land area of 552 square miles.¹¹⁹ 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 Health Care Provider Whom the Patient Can Trust

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

PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.¹²⁰

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.¹²¹ There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians.

Primary care practices can more actively engage patients and their families and caregivers in the management or improvement of their health in the following ways:

- » Communicate with patients about what they can expect out of the patient-doctor relationship.
- » Support patients in self-care. This includes education and reduction of risk factors and helping patients with chronic illnesses develop and update self-care goals and plans.
- » Partner with patients in formal and informal decision-making. Shared decision-making is a formal process in which patients review evidence-based decision aids to understand health outcomes.
- » Improve patient safety by giving patients access to their medical records so they can detect and prevent errors.¹²²

COMMUNITY INPUT

Access to Care

- » The breakdown of the family structure causes a lot of these issues because of single parent households.
- » A large percentage of patients do not have access to preventive medicine. We are reactive instead of proactive.
- » All of the health concerns begin at the home for the children. Children cannot control what their parents do.
- » There are children that have access to insurance but parents have to keep this up to date. Parents fail to follow-up with this.
- » A lot of students are medicated. The school system dispenses over 47,000 medications in one year.
- » If you are farming full time it is very expensive to purchase health insurance. Most have a high deductible plan.
- » In the last month, the school system gave out almost 8,300 prescription meds to students in Colquitt County.
- » Kids do not always need to be put on a medication.
- » We need to teach people how to prioritize their health as the number one priority.
- » There is a telemedicine program in three of the schools. It is a brand new program.
- » There is a need for more education about dental care being a priority.
- » Patients go the ER for care if they do not have insurance or money.
- » There are rural health clinics that have a sliding fee scale.
- » There are not enough psychologists in the community.
- » There are certain specialties that you have difficulty finding in Moultrie.
- » There is a lack of hematologists.
- » There is a lack of oncologists.
- » There is a lack of psychiatrists.
- » There is a lack of psychologists.

COMMUNITY INPUT

Access to Care

- » The health department is centrally located to the lower income community that it serves.
- » The health department serves almost 50 percent of the Moultrie's population.
- » Most of the staff at the health department speak both English and Spanish.
- » The health department provides immunizations to everyone, regardless of payer type.
- » There is a need for the hospital and the State of Georgia to establish a contract so that the Department of Family and Children Services can do random drug tests using a local facility.

Access to Care - Transportation

- » Most of the patients at the health department have transportation issues. To address this, most of the specialty physicians come to health department from surrounding counties to accommodate the local patients.
- » The ability to get back and forth to the doctor is an issue.
- » Bus rides are very long for some children. There are buses with children on them until 5:30 pm.
- » Transportation that is affordable and available is an issue.
- » You have to call a day in advance to make an appointment for transportation.
- » There is a need for more outreach to help with the transportation issue.
- » Medical transport is very expensive.

SPECIAL POPULATIONS

Why Do Special Populations Matter?

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

Healthy People 2020

COMMUNITY INPUT

Seniors

- » The elderly population cannot afford their medications.
- » There are not enough residents that are available for dementia patients.
- » Nursing homes are flooded with people who would be better off with home healthcare; however, there is a shortage of this type of service in the community.

Minority Population (Hispanic population)

- » Most of the immigrant population now lives here. They no longer travel up and down the eastern seaboard picking vegetables.
- » We need to pay more attention medically to the Hispanic population
- » The Hispanic population's kids are typically U.S. citizens. They go to school here in Colquitt County.
- » Most of the older Hispanic population are not citizens. More than half are illiterate, even in Spanish language.
- » The migrant population usually stays beyond the three-year requirement to be a migrant farmer.

COMMUNITY INPUT

Minority Population (Hispanic population)

- » The migrant population is now 27 percent of the population in the school system.
- » Ninety-five percent of the Hispanic 4 year olds were born here. Most of the parents are undocumented.
- » The WIC program serves a lot of the Hispanic families in the community.
- » Most of the migrant Hispanics have settled in Moultrie, but they are still farmworkers.
- » There is a usually one crew leader out of a group of Hispanic farmworkers who is legal and he then pays the illegals cash for their share of the work.
- » The Hispanic population likes to be very discrete about their healthcare because they are fearful of being deported.
- » It is typical in the Hispanic family for the man to control the woman. The husband typically answers all the questions.
- » The Centering Program at the clinic in Ellenton helps meet the need for increasing access to prenatal care for Hispanic and/or other underserved populations. The Centering Program in Ellenton is all Hispanic women.
- » The teen pregnancy problem among the Hispanics is not considered a problem in the parent's eyes. It is very common in their culture to have babies young.
- » The children of the Hispanic families are the ones that speak English. There is a major communication barrier when parents need to communicate.

Mental Health

- » The entire country is hurting regarding mental health. As far as quality of life goes, mental health effects not only the patient, but the entire family.
- » Mental health is color blind and income blind. There is a need for more support of mental health services. It seems to be getting worse.
- » There are a lot of students who have self-abuse issues, substance abuse, stress, and anxiety.
- » Mental health services in Southwest Georgia are limited. We have made improvements in the last couple of years but there is a lack of access to therapists and psychiatrists.
- » The hospital is doing a lot with the mental health clinic.
- » Mental health care is lacking in this community. There are not enough facilities for mental health.

COMMUNITY INPUT

Mental Health

- » Mental health is a major issue in this community. Currently, Turning Point is open one day per week.
- » A lot of individuals who are not getting the proper mental health are self-medicating with drugs.

PRIORITIES

Community Input

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

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

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

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

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

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

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

Focus Group Meetings and Priorities

There was a focus group meeting on April 28th, 2016.

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

1. Obesity and Lifestyle
 - a. There is a need for specific education on how to purchase and cook healthy foods on a budget.
 - b. There is a need for a worksite wellness programs to promote physical activity and good health.
 - c. There is a need for more education and awareness on how to manage diabetes.
2. Substance Abuse
 - a. There is a lack of a local drug screening facility that is available to all members of the community.
 - b. There is a need for more education and awareness regarding how easily accessible drugs are by adolescents.
 - c. There is a need for more education, awareness, and prevention of prescription drug abuse.
3. Access to Care - Specialists
 - a. There is a need for more mental health providers, especially psychologists and psychiatrists.
4. Access to Care - Transportation and Prevention
 - a. There is a need for more reliable, affordable, and convenient transportation. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents.
 - b. There is a need for free or low cost care options for the working poor, uninsured, or underinsured.
 - c. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.

Hospital Input

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

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

Identified Priorities

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

- Obesity and Lifestyle
- Substance Abuse
- Access to Care - Specialists
- Access to Care - Transportation and Prevention

Approval

Colquitt Regional Medical Center approved this community health needs assessment through a board vote on September 26th, 2016.

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, as well as for specific vulnerable population groups.

COLQUITT REGIONAL MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Jim Matney - President and CEO
Jessica Jordan - Internal Auditor, Compliance Officer
Barclay Mitchell - Director of Patient Satisfaction
Rita Gay - Director of Respiratory Therapy
Robin Tillman - Joint Commission Coordinator
Shana Wertz - Asst. Vice President, Home Care Services
Dena Zinker - Vice President Nursing Services
Emily Watson - Director of Marketing
Debbie Hayes - Director of Maternal Infant Services
Brian Elliott - Director of Oncology

KEY STAKEHOLDER INTERVIEW

Denise Linnenkohl, Rn - Director, Colquitt County Health Department

COMMUNITY REPRESENTATIVES

Andrew Christensen	Colquitt County Food Bank
Andy Wills, MD	Physician, Children's Medical Group Pediatrics
Angela Castellow	United Way of Colquitt County
Barbara Fallin	Volunteer
Barbara Jelks	Retired
Carla Herrington	Colquitt Regional Medical Center
Connie Hayes	Easter Seals
Gail Dillard	ABAC Administrator
Greg Coop	YMCA
Hugh B. Ward	Chaplain, Colquitt Regional Medical Center
Karen Hart	Colquitt Regional Medical Center, Fourth Floor Pediatrics
Lisa Clarke Hill	High School Social Worker, Moultrie Councilwoman, Chairwoman Patient and Family
Maureen Yearta	Colquitt Migrant Education
Megan Ford	Colquitt Regional Medical Center
Nancy Kaufman	Colquitt Regional Home Care Services
Regina Dismuke	Colquitt County Department of Family and Children Services
Sandra Williams	Boys and Girls Clubs of Moultrie and Colquitt County
Suzanne Sumner	School Nurse Director, Colquitt County Board of Education
T.J. Andrews	Boys and Girls Clubs of Moultrie and Colquitt County
Virginia T. Hart	Colquitt county Farm Bureau
William (Billy) Fallin	Lawyer, United Way of Colquitt County

RESOURCE LISTING

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

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

Moultrie Oncology Support Team (M.O.S.T)
Colquitt Regional Medical Center
Meets 1st Monday of each month 7pm
Location: Ferguson Board Room

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, GA 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

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

Angel Food Ministries
877.366.3646
www.angelfoodministries.com

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

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

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

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

PeachCare for Kids
877.427.3224
www.peachcare.org

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

Georgia Housing Search
www.georgiahousingsearch.org

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

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

First 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 31768
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
Medicaid: 888-224-7985

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