



2019 Community Health Needs Assessment

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The following assessment was researched and written by:



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EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Colquitt Regional Medical Center with a functioning tool that satisfies the Internal Revenue Service (IRS) regulatory requirements under section 501(r). This CHNA not only meets the guidelines of the IRS, but provides strategic insight for resource development, clinical development, and regional hospital networking and collaboration.

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

The assessment was facilitated by Draffin & Tucker, LLP. Draffin & Tucker is a health care consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 60 years' experience working with hospitals throughout the Southeastern United States. Input was received from the hospital, community leaders, and 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 southeast Georgia. The estimated population of Colquitt County in 2017 was 45,890. The city of Moultrie is the county seat of Colquitt County. Moultrie is home to Colquitt Regional Medical Center, which is a 99-bed not-for-profit hospital.

Condition of Health (Morbidity and Mortality)

The occurrence of a specific illness (morbidity) in a population can predict a trend for causes of death (mortality) in a population. In Colquitt County for 2013-2017, heart disease was the leading cause of death followed by cancer, chronic lower respiratory disease, accidents, and diabetes.

HEART DISEASE AND STROKE

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

CANCER

The most prevalent types of cancer can usually be detected the earliest, due to known risk factors. Colquitt County had a lower cancer incidence rate compared to Georgia and to the U.S. Colquitt County's cancer death rate was higher than both the Georgia and U.S. rates. There may be a need for cancer prevention programming in Colquitt County due to the various modifiable risk factors such as smoking, poor diet, and lack of physical activity. Lung cancer had higher incidence rates in Colquitt County compared to the rates in Georgia and the U.S. Death rates due to lung cancer were higher in Colquitt County compared to Georgia and the U.S. Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer.

CHRONIC LOWER RESPIRATORY DISEASE

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

ACCIDENTS

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

DIABETES

The death rate from diabetes is higher in Colquitt County than the rates for Georgia and the U.S. The prevalence of obesity and of the lack of physical activity were higher in the county than for the state overall.

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 county's infant mortality rate was higher than Georgia during the period 2013-2017. The teen birth rate in Colquitt County was higher than the Georgia and U.S. rates. The teen birth rate among Hispanic and Black females was higher than White females in Colquitt County.

ALCOHOL, TOBACCO AND DRUG USE

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

SEXUALLY TRANSMITTED DISEASES

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

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. Approximately 25.4 percent of Colquitt County's population was below the poverty level. Around 25.7 percent of Colquitt County's population was uninsured compared to Georgia's rate of 14.8 percent and U.S. at 10.5 percent.

Education also affects an individual's ability to access care. Approximately 80 percent of Colquitt County residents were high school graduates (4-year cohort rate) compared to Georgia residents at 82 percent. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance.

Local infrastructure and public transit affect access to health care. Without a public transit system, many Colquitt County residents rely on friends and family members for transport. Medicaid transport is available for qualified patients that have Medicaid.

Community Health Indicator Report

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

KEY FINDINGS							
	Colquitt		State		U.S.		HP 2020
MORTALITY							
All Cancer Death Rates	173.3	↓	162.1	↓	158.1	↓	161.4
Lung Cancer Death Rates	60.4	↓	42.4	↓	40.1	↓	45.5
Colon and Rectum Cancer Death Rates	14.4	↓	15.2	↓	14.1	↓	14.5
Female Breast Cancer Death Rates	14.7	↓	21.8	↓	20.3	↓	20.7
Prostate Cancer Death Rates	21.7	↓	21.6	↓	19	↓	21.8
Heart Disease Death Rates	210.2	n/a	178.6	n/a	167.1	n/a	
Stroke Death Rates	52.7	↑	43.5	↑	37.1	↓	34.8
Accident Death Rates	68.3	↑	42.6	↑	44	↑	36.4
Chronic Lower Respiratory Disease Death Rates	72.2	↑	46.3	↑	41.1	↓	
Influenza and Pneumonia Death Rates	32.2	*	15.3	*	14.8	*	
Diabetes Death Rates	57.1	↑	21.8	•	21.2	*	
Infant Mortality Rate	9.1	↑	7.5	↑	5.7	*	6.0
MORBIDITY							
All Cancer Incidence	449.8	↓	454.6	↓	441.2	↓	
Breast Cancer Incidence	115.2	↑	125.2	↑	124.7	↑	
Lung Cancer Incidence	87.7	↑	64.9	↓	60.2	↓	
MATERNAL, INFANTS, AND CHILDREN							
Teen Birth Rates	51.6	↓	25.8	↓	20.3	↓	
Low Birth Weight	9.8%	↓	9.6%	•	8.2%	*	
SEXUALLY TRANSMITTED DISEASES							
Chlamydia Rates	477.8	↑	623.7	↑	528.8	↑	
Gonorrhea Rates	165.8	↑	217.5	↑	171.9	↑	
Syphilis (Primary and Secondary)	4.8	↑	12.9	↑	*	*	
HIV	58.4	↓	17.7	↓	*	*	
ACCESS TO CARE							
Poverty Percentage All Ages	25.4%	↓	16.9%	↓	14.6%	↓	
Unemployment Percentage	3.6%	↓	3.8%	↓	3.8%	↓	
High School Graduation (graduation rate)	80.0%	inc	82%	inc	84%	inc	87%
HEALTH BEHAVIORS							
Prevalence of Obesity	32.0%	↑	30.5%	•	39.8%	↑	30.5%
Lack of Physical Activity	33.0%	↑	23.6%	•	24.2%	*	32.6%
Adult Smokers %	21.0%	↓	17.4%	↓	16.8%	↓	12%

HP 2020-Healthy People 2020

LEGEND

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

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

Community and Hospital Prioritization of Needs

Information gathered from stakeholder interviews, community focus groups, discussions with the Hospital's 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:

- Mental and Behavioral Health/Substance Abuse
- Access to Care/Transportation
- Lifestyle and Obesity
- Adolescent Health

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

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

APPROVAL

Colquitt Regional Medical Center's Board approved this community health needs assessment through a board vote on **September 23, 2019.**

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

The hospital's Chief Executive Officer developed a hospital steering committee, referred to in this report as the CHNA Hospital Steering Committee (CHSC).

Jim Matney – President and CEO
Alana Anderson - Director, Maternal Infant Services
Matthew Clifton - Director, Pharmacy and Oncology Services
Whitney Costin - Director, Patient Satisfaction
Rita Gay - Director, Respiratory Services
Jessica Jordan, Compliance Officer and Internal Auditor
Robin Tillman - Joint Commission/Accreditation Coordinator
Emily Watson - Marketing Director
Shana Wertz - Asst. Vice President Home Care Services
Dena Zinker - Vice President and Chief Nursing Officer

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

4. Identifying and Engaging A Community Stakeholder

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

5. Community Health Profile

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

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

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

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

6. Community Input

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

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

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

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

7. Hospital Prioritization of Needs

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

8. Evaluation of Impact

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

Description of Major Data Sources

Bureau of Labor and Statistics

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

Behavioral Risk Factor Surveillance System

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

Centers for Disease Control and Prevention

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

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

County Health Rankings

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

Georgia Department of Public Health

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

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

Information Gaps and Process Challenges

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

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

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

Evaluation of Impact of Actions Taken from Previous CHNA

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

Strategies:	Impact/Evaluation of these Activities/Strategies
<p>1. Obesity and Lifestyle</p> <ul style="list-style-type: none"> 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. 	<p>The committee recommends that education on purchasing and preparing healthy foods be supported in the community by the hospital but initiated in the schools, after school programs, and other community organizations. This is outside the realm of the hospital's capability.</p> <p>Colquitt Regional has a full-time health and wellness coach for its employees. Two years ago, the hospital and the county employees collaborated in a "walk across America" contest. The hospital also collaborates with other community organizations who sponsor health and wellness events through donations and participation of employees.</p> <p>The hospital, in partnership with the Colquitt Regional Sterling Group Surgeons, has become a certified bariatric center obtaining MBSAQIP Accreditation. Over the past three years, the staff has educated patients on healthy lifestyles and offered those who had struggled with severe obesity a viable option. The bariatric program is a complete lifestyle changing model that takes the patient from unhealthy habits through surgical procedures to enhance weight loss and education for healthy lifestyles after surgery. Over 450 patients have been through the program.</p> <p>Colquitt Regional Medical Center and its physician practices have contracted with the local County Government to provide medical services to county employees enrolled in the county's health insurance program. The Kirk Clinic provides medical care for these patients. They also provide the yearly physicals required for insurance and offer educational services as well such as smoking cessation. The Hospital has also contracted with the County Prison to provide medical care for the inmates. A Nurse practitioner is available at the jail to provide medical services as part of the agreement. The Kirk Clinic also provides medical services and educational programs for American Textile Employees through an affiliation agreement. The hospital also partners with the Ellenton Clinic and has a partnership with the Georgia Farm Worker Health Program who help migrant workers obtain medical care.</p>

	<p>The Education and Training Department at the hospital continues to offer diabetes support groups open to everyone in the community at no charge. The sessions include healthy diet and nutrition, diabetes self-management, and pre-diabetes detection. The programs are presented by the hospital staff as well as physicians from different specialties. During the past three years, over 500 people have been referred to these programs by physicians in the community. This information has also been presented at Health Fairs throughout the community. Classes are also provided to the Hispanic population in the community. Childbirth classes are provided monthly as well.</p>
<p>2. Substance Abuse</p> <ul style="list-style-type: none"> 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. 	<p>Colquitt Regional Medical Center and Turning Point Care Center have joined forces to help combat psychological and substance abuse patients who either come to the Emergency Department or are admitted to the hospital. Turning Point provides a trained professional to assess patients and, if needed, uses telemedicine to discuss with a doctor. By providing these services, patients will have more access to necessary care.</p> <p>Colquitt Regional Medical Center supports the school system, after school programs, and community organizations in many ways. The entire administrative staff, which includes 51 department leaders, must participate in at least 4 hours of community service each month. The variety of activities includes drug abuse awareness. The volunteer hours total over 3,000 hours per year. Student education must remain in the school system and in after school activities.</p> <p>The hospital physicians must now participate in an opioid education program before renewing their DEA licenses. This is mandated by law, but the Colquitt Regional Physicians began practicing this before it became law. Prescription drug monitoring is performed by the clinics prior to prescribing potentially addictive drugs.</p>
<p>3. Access to Care – Specialists</p> <ul style="list-style-type: none"> a. There is a need for more mental health providers, especially psychologists and psychiatrists. 	<p>Colquitt Regional Medical Center and Turning Point Care Facility have a contracted to provide needed psychological care to citizens in Colquitt County. A nurse practitioner from Turning Point has been placed in Colquitt Regional Medical Center's Emergency Department to assess patients believed to suffer from psychological issues. These patients may then be referred to community resources for guidance once discharged from the Emergency Department. This is</p>

	<p>also done on the Inpatient side for those patients who the hospitalists feel may need a psychological assessment.</p> <p>The Georgia South Residency Program at Colquitt Regional Medical Center has also just been awarded a grant to develop a psychiatry residency program. This is a direct result of the limited access to psychiatric care in rural South Georgia.</p>
<p>4. Access to Care – Transportation and Prevention</p> <ul style="list-style-type: none"> 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. 	<p>Public transportation in Moultrie is almost non-existent. Colquitt Regional Medical Care provides non-emergency transport for patients needing transportation for health care. This service is not covered by Medicare, however, and is on a self-pay basis which limits use by some elderly citizens. Medicaid will however cover this service and Colquitt Regional has contracted with Logisticare to broker this service for DCH.</p> <p>Colquitt Regional will continue to encourage the Moultrie city and Colquitt County governmental officials to pursue public transportation for all citizens at an economical cost.</p> <p>Colquitt Regional Medical Center is designated as a charity care hospital and provides indigent and charity care to all who apply and meet the indigent care policy guidelines. During the past three years, the Hospital has provided free or reduced cost healthcare to over 10,000 patients at a cost to the hospital of over 15 million dollars. The hospital has two full-time financial counselors to assist patients with applications.</p> <p>Colquitt Regional Medical Center has developed a medical resource guide for Colquitt County. A collaboration between members of the CHNA panel and the hospital have combined forces to develop a comprehensive resource directory which includes not only healthcare facilities, but also other community resources to assist individuals who are in need of specific items. The resource guide will be made available to the public both in printed format and on the hospital's website.</p>

ABOUT COLQUITT COUNTY

Colquitt County is in southwest Georgia. Colquitt County has a total land area of 507 square miles.¹ According to the U.S. Census, in 2017 the population of the county was estimated at 45,890 residents.² Colquitt Regional Medical Center is the only hospital in the county and has many ancillary service facilities that serve the community. The main hospital is in the city of Moultrie.



City/Town/Village	Population
Colquitt County	45,890 (2017)
Moultrie	14,221 (2017)
Berlin	545 (2017)
Doerun	605 (2017)
Ellenton	123 (2017)
Funston	656 (2017)
Norman Park	1,014 (2017)
Riverside Town	35 (2010)

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

Colquitt County includes the cities of Moultrie, Berlin, Doerun, Ellenton, Funston, and Norman Park, as well as the town of Riverside. The city of Moultrie is the county seat and most populous city at 14,221 residents. The population distribution among rural and urban areas is 41.1 percent urban and 58.9 percent rural. Nearly 3.3 percent of Colquitt County's land area is urban while 96.7 percent is rural.³ 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.⁴

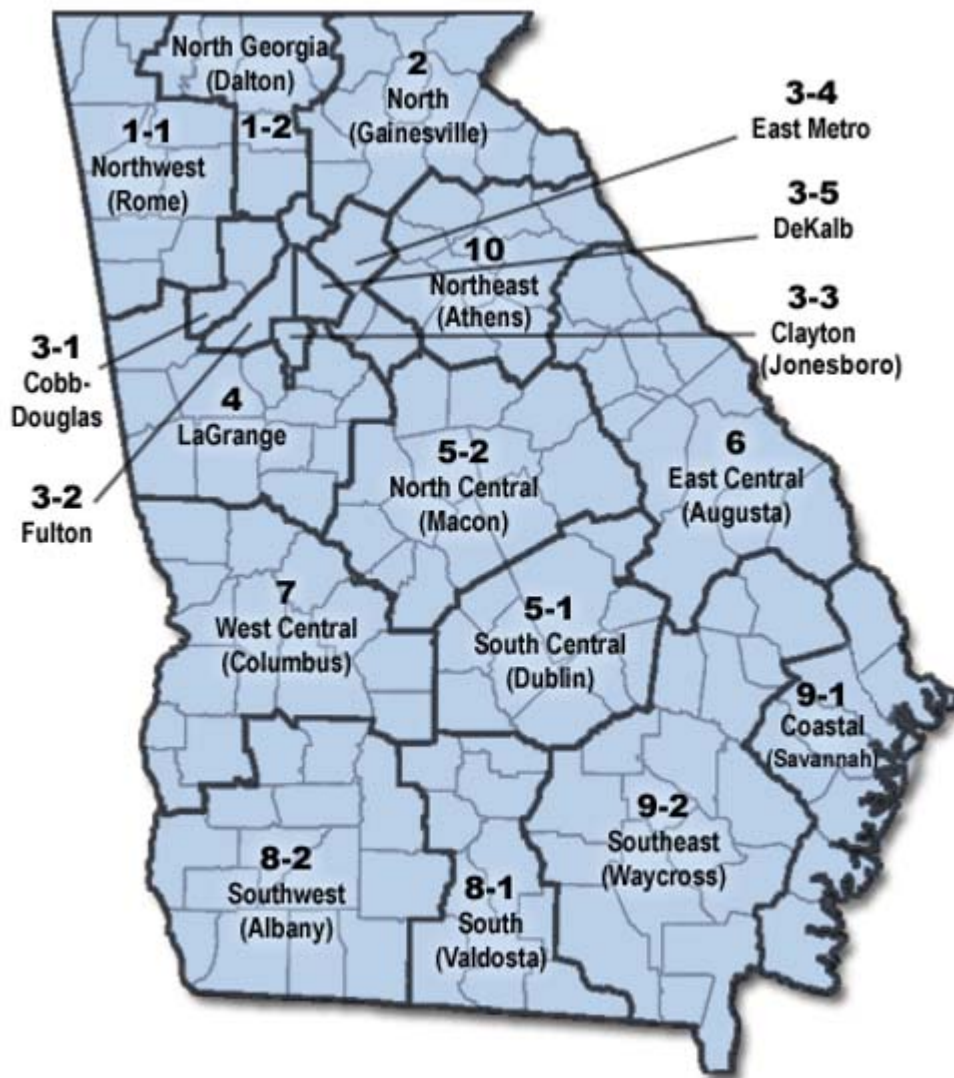
Colquitt County contains eight quail hunting preserves and is also a popular location for hunting bobwhite quail, wild turkey, deer, and dove.⁵ Colquitt County is an agriculturally rich county that produces cattle feed, cotton, peanuts, sugar cane, watermelon, corn, wheat, and other grains.⁶ Colquitt County's primary industries include manufacturing, healthcare and social assistance, as well as, retail trade.⁷



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.



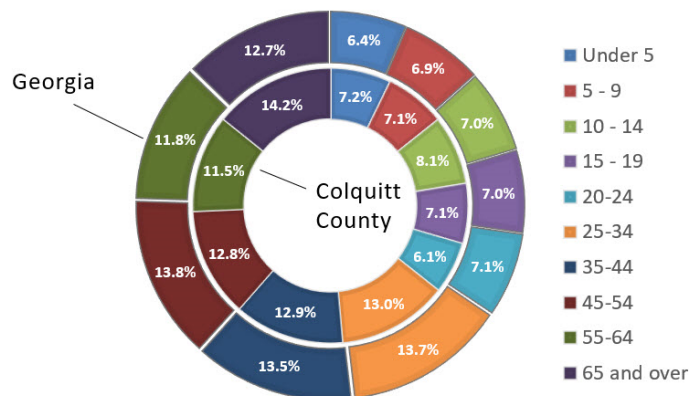
Source: Georgia Department of Public Health

Population Profile

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

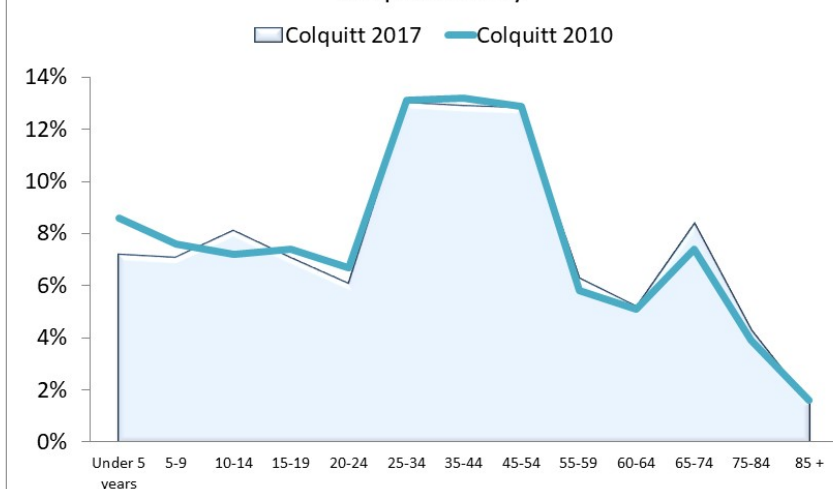
According to the 2017 U.S. Census data, 14.2 percent of Colquitt County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 12.7 percent compared to 15.6 percent for the U.S.⁸

Population Percentages By Age Groups, 2017
Colquitt County and Georgia



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

Population Percentages by Age Groups
Colquitt County



Data Source: U.S. Census Bureau

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

Age categories with decreases:

- Under 5
- 5-9
- 15-19
- 20-24
- 25-34
- 35-44
- 45-54
- 85+

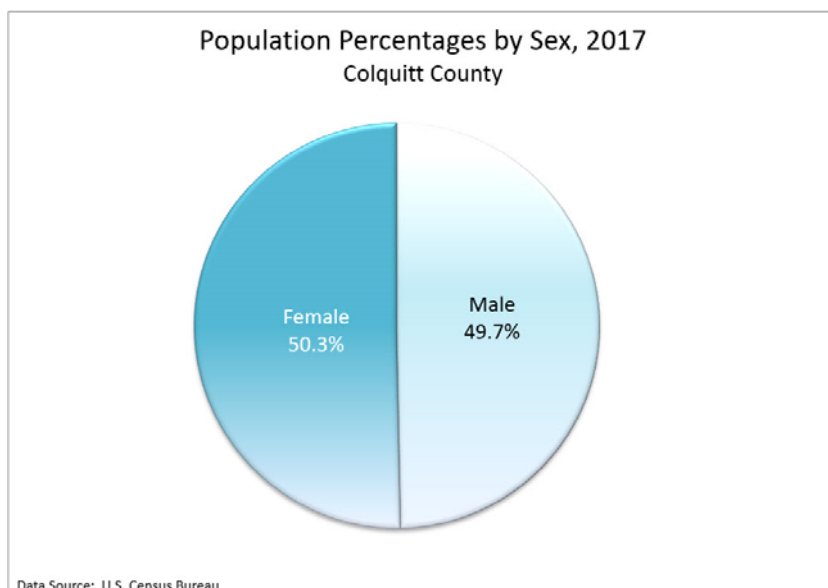
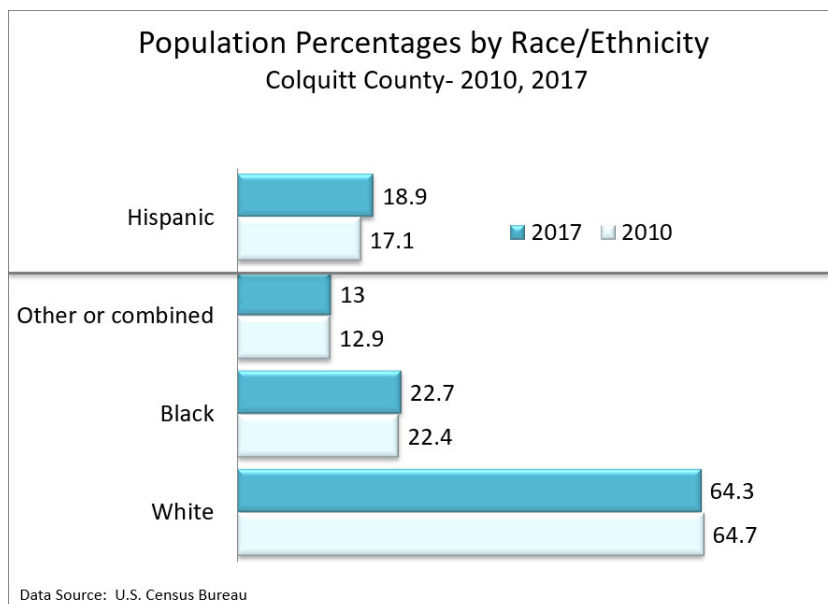
Age categories with increases:

- 10-14
- 55-59
- 60-64
- 65-74
- 75-84

Race, Ethnicity and Origin Profile

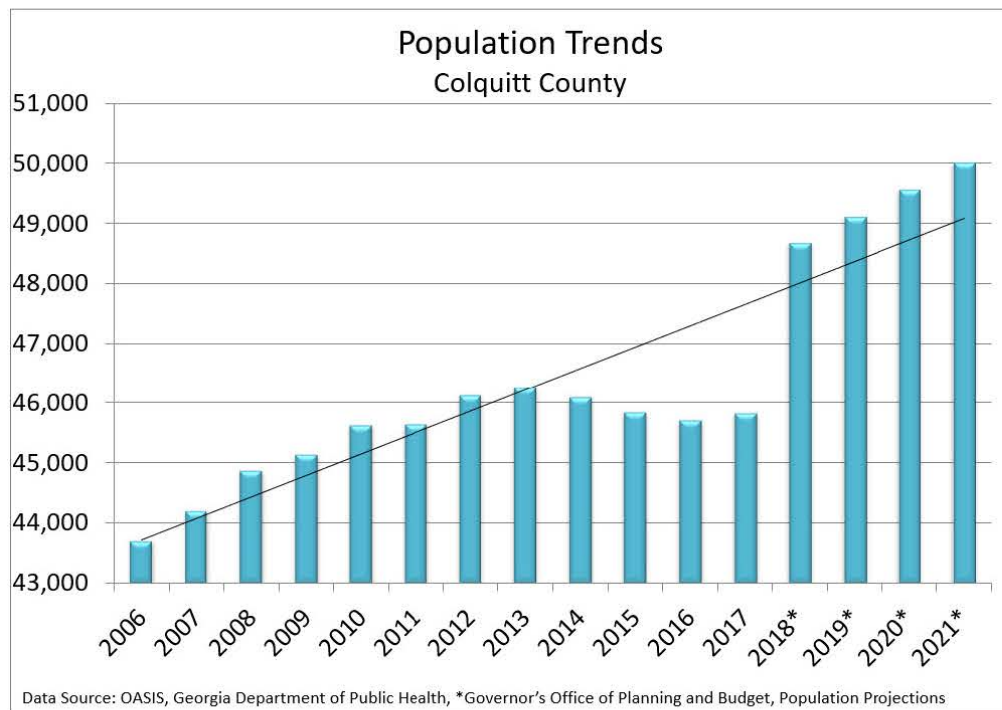
There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.⁹ Although low income disparities are evident 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.¹⁰ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.¹¹

According to 2017 U.S. Census data, Colquitt County's population was 64.3 percent White, 22.7 percent Black, 13 percent Other or Combined, and 18.9 percent Hispanic.



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

In 2017, Colquitt County's resident population was 45,835. The population is predicted to increase to 50,010 in 2021.¹²



COMMUNITY INPUT

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

About the Community

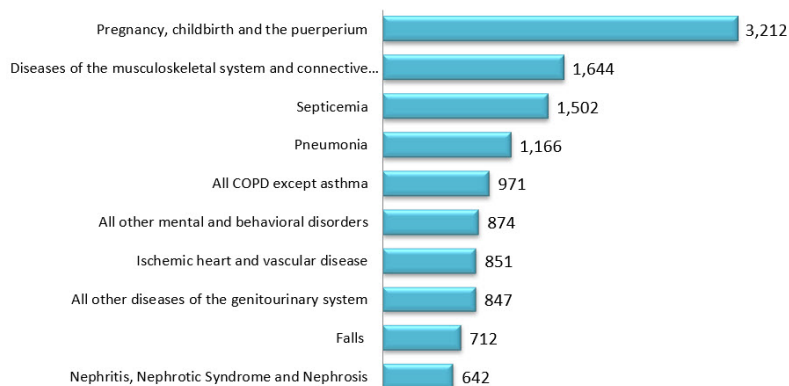
- » When Hurricane Michael came through there was major devastation in all the District 8-2 counties.
- » Hurricane Michael hit Miller and Seminole counties worse than other areas. Colquitt County was spared compared to other areas.
- » The newest businesses and organizations that have opened in the last three years are Publix and Philadelphia College of Osteopathic Medicine South Georgia.

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, septicemia, pneumonia, COPD, mental and behavioral disorder, and heart disease. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked second among the leading causes of death for Colquitt County residents.

Top Reasons for Hospitalizations
Colquitt County Residents
Age-Adjusted Discharge Rate per 100,000 population
2013-2017



Data Source: OASIS, Georgia Department of Public Health

Common Ambulatory Care Sensitive Conditions

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

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

The top 15 causes of emergency room visits by 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)	
2013-2017 Age-Adjusted ER Visit Rate	
1	All other unintentional injury
2	Diseases of the musculoskeletal system and connective tissue
3	Falls
4	All other diseases of the genitourinary system
5	All COPD Except Asthma
6	Motor vehicle crashes
7	All other diseases of the nervous system
8	All other mental and behavioral disorders
9	Pregnancy, childbirth and the puerperium
10	Influenza
11	Essential (primary) hypertension and hypertensive renal, and heart disease
12	Pneumonia
13	Asthma
14	All other endocrine, nutritional and metabolic diseases
15	Diabetes mellitus
Data Source: OASIS, Georgia Department of Public Health	

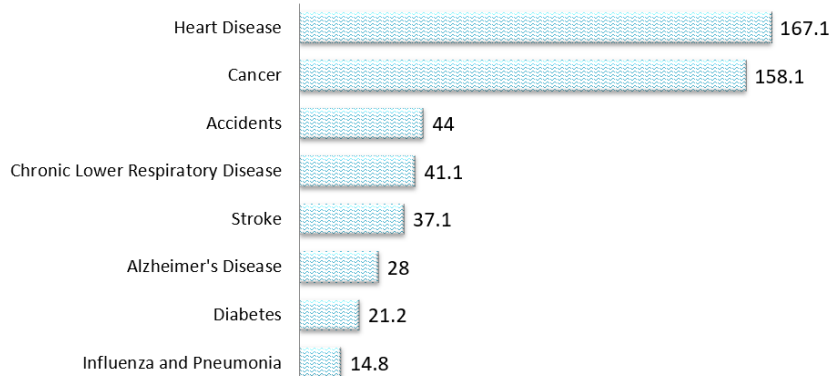
Leading Causes of Death

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

Leading Causes of Death in U.S.

2013-2017

(Age-Adjusted Rates Per 100,000 Population)



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

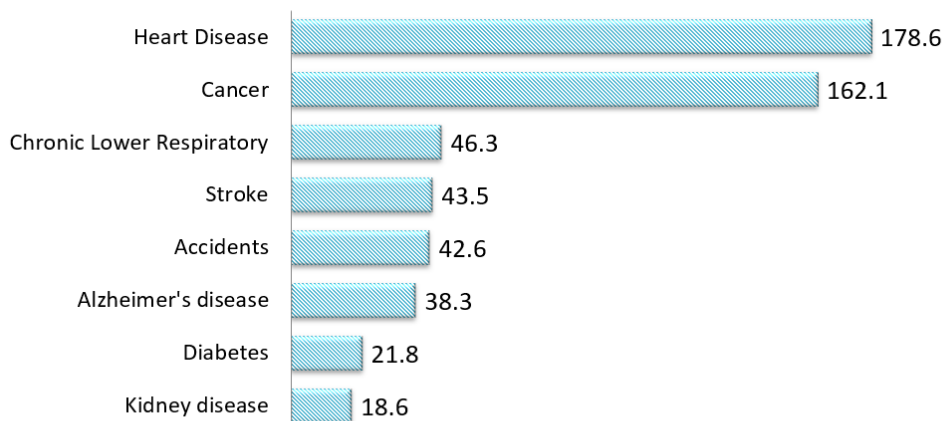
The top five leading causes of death in the U.S. from 2013-2017 were heart disease, cancer, accidents, chronic lower respiratory disease, and stroke. Heart disease and cancer rates were over three times higher than the other top five diseases.

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

Leading Causes of Death in Georgia

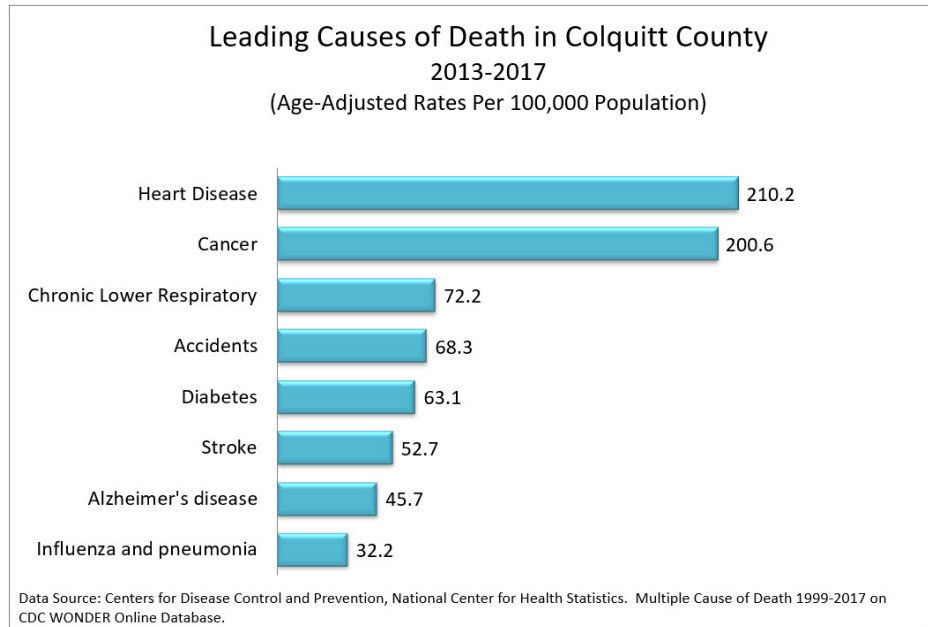
2013-2017

(Age-Adjusted Rates Per 100,000 Population)



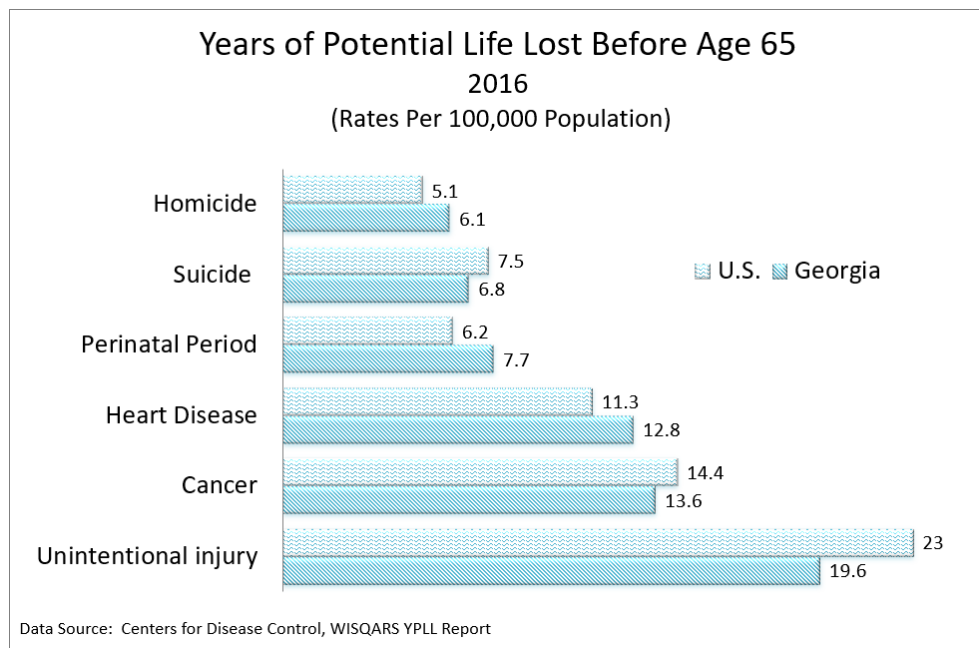
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

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



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2016, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Unintentional injury, cancer, heart disease, and perinatal period were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.¹³ YPLL statistics at the County level were unavailable for this report.



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

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

Data Source: Centers for Disease Control, WISQARS YPLL Report

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE – HDS

HEART DISEASE

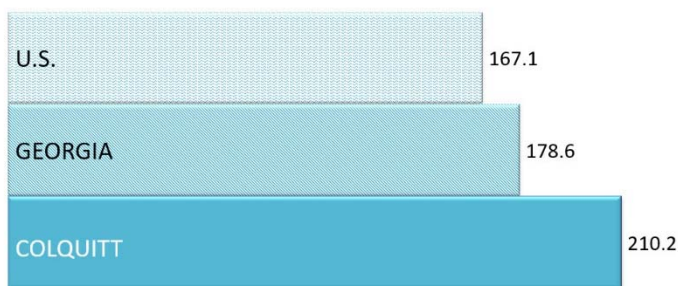
According to the American Heart Association, over 840,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2016. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer and chronic lower respiratory disease combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. In 2016, heart disease killed over 360,000 Americans or 13 percent of the deaths in the U.S.¹⁴

Why Are Heart Disease and Stroke Important?

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

Healthy People 2020

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



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

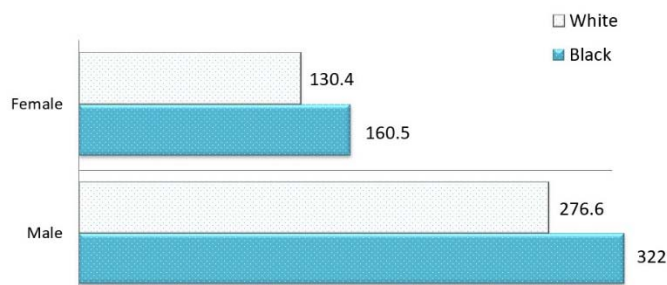
For the period 2013-2017 the Colquitt County heart disease death rate (210.2 per 100,000 population), was higher than Georgia and the U.S.

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

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

Deaths rates for Hispanics were suppressed due to low number of cases.

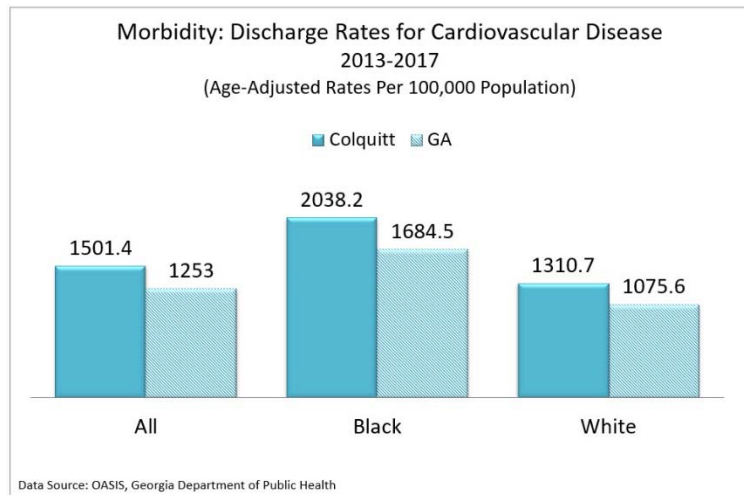
Heart Disease Death Rates by Race and Sex
Colquitt County
2013-2017
(Age-Adjusted Rates Per 100,000 Population)



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

The hospital discharge rate for cardiovascular disease was higher in Colquitt County compared to Georgia. The hospital discharge rate among Blacks in Colquitt County was higher compared to other population groups.

The discharge rate for Hispanics was not available for this report.



MODIFIABLE RISK FACTORS

According to the 2014 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 8-2.¹⁵

Percentage of Population Reporting Risk 2014		
Risk Factor:	District 8-2	Georgia
Obesity	35.3	30.5
Overweight	36.1	35.2
Physical Inactivity	36.8	23.6
Smoking	20.6	17.4
Diabetes	17.6	11.6

Data Source: OASIS, Georgia Department of Public Health

Cardiovascular Disease

Modifiable Risk Factors

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

Data Source: American Heart Association

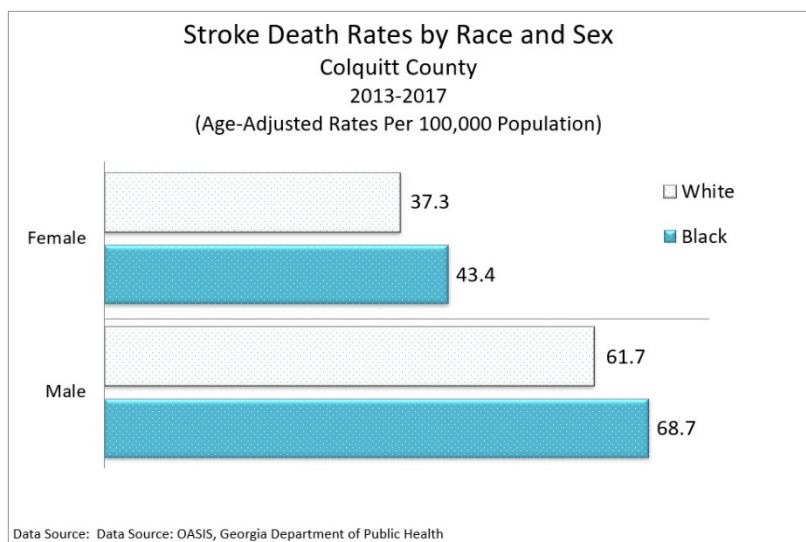
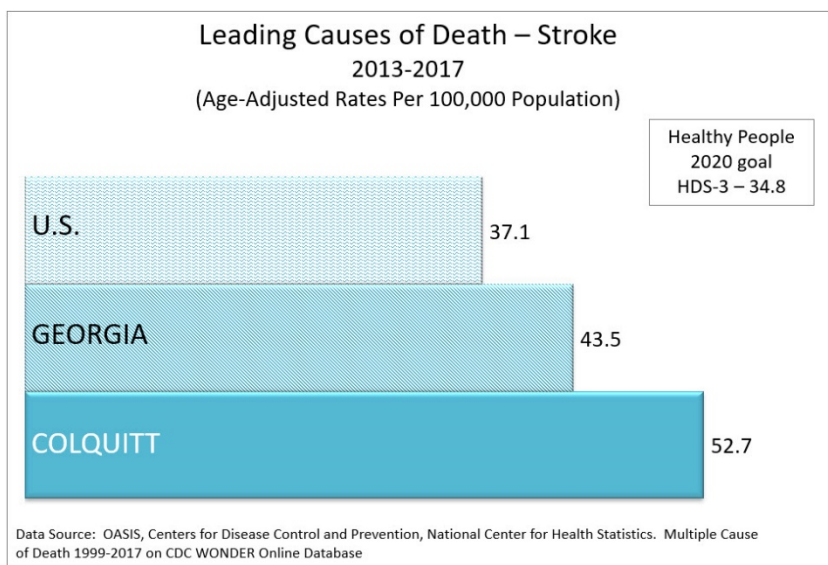
STROKE

For the years 2013-2017, cerebrovascular disease (stroke) was the fifth leading cause of death in the U.S. and Colquitt County, and the fourth leading cause of death in Georgia.¹⁶

The stroke death rate in Colquitt County was higher than Georgia and the U.S.

Colquitt County's stroke death rate has increased since the 2016 CHNA (42.8 per 100,000 population).

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.¹⁷



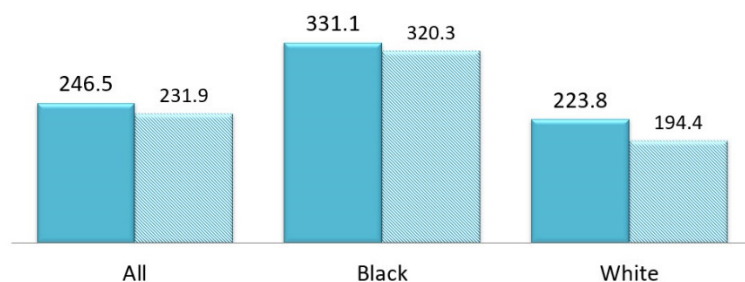
The Colquitt County stroke death rates were highest among Black males. Overall, males had higher stroke death rates compared to females.

Morbidity: Discharge Rates for Stroke

2013-2017

(Age-Adjusted Rates Per 100,000 Population)

Colquitt



Data Source: OASIS, Georgia Department of Public Health

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

There has been a decrease in the stroke discharge rate since the 2016 CHNA (271.8 per 100,000 population).

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

Common 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 ¹⁸

Stroke

Modifiable risk factors

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



Data Source: Diseases and Conditions, Cleveland Clinic, 2011

COMMUNITY INPUT

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

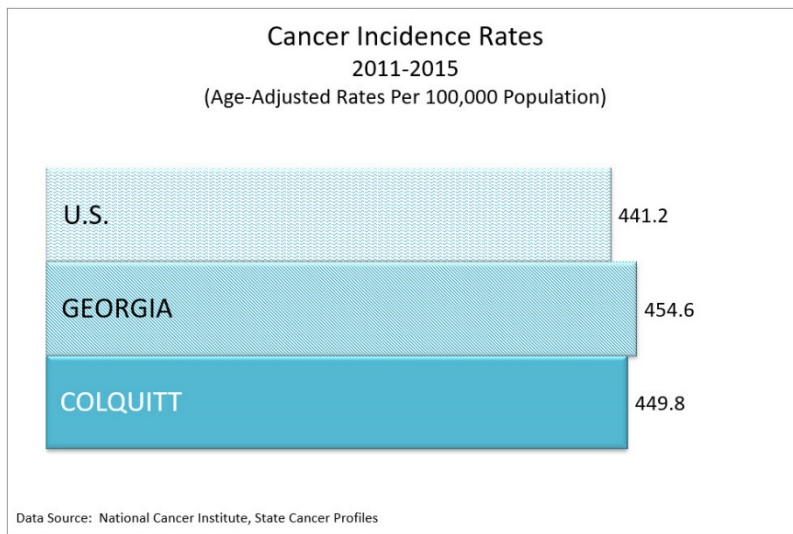
Heart Disease and Stroke

- » Cardiology seems to be the biggest issue regarding high death rates. It goes back to diet and exercise which will take care of a lot of health issues.
- » The heart disease, stroke, and cancer death rates were so much higher among the Black male population.
- » Hypertension and diabetes interventions can make the biggest impact on the health of the community.

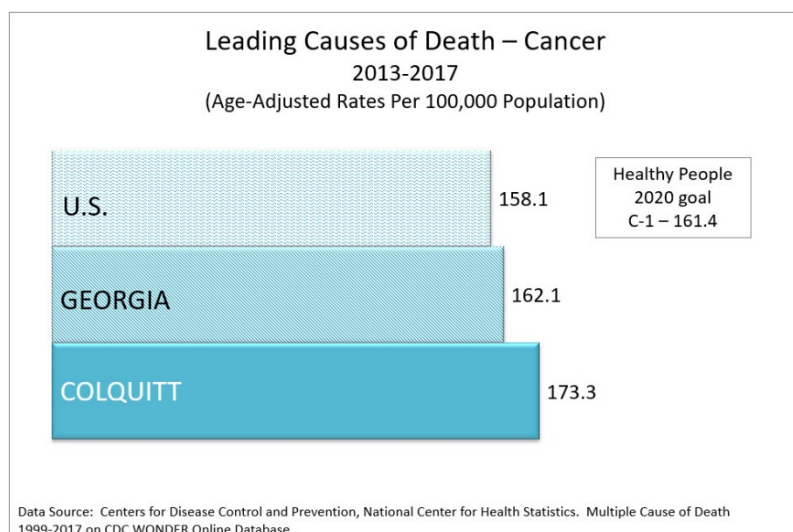
Cancer

HEALTHY PEOPLE 2020 REFERENCE – C-1

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,600 people a day died of cancer in the U.S. in 2015.¹⁹ 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.²⁰



In Colquitt County, the cancer incidence rate was lower than Georgia, but higher than the U.S. The cancer incidence rate has decreased since the 2016 CHNA (463.3 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:

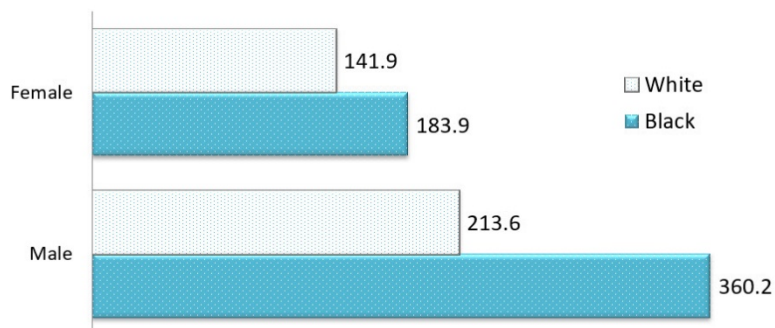
- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Healthy People 2020

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

The cancer death rate has decreased since the 2016 CHNA (181.1 per 100,000 population).

Cancer Death Rates by Race and Sex
Colquitt County
2013-2017
(Age-Adjusted rates per 100,000 population)



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

Age-adjusted cancer death rates in Colquitt County were highest among males overall. The Black male population had the highest cancer death rate (360.2 per 100,000 population) out of all the population groups.

The cancer death rate among Black males has increased since the 2016 CHNA (193.9 per 100,000 population).

The Hispanic death rates (not pictured) in Colquitt County were significantly lower than the other 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.²¹

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

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

Cancer

Modifiable Risk Factors

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

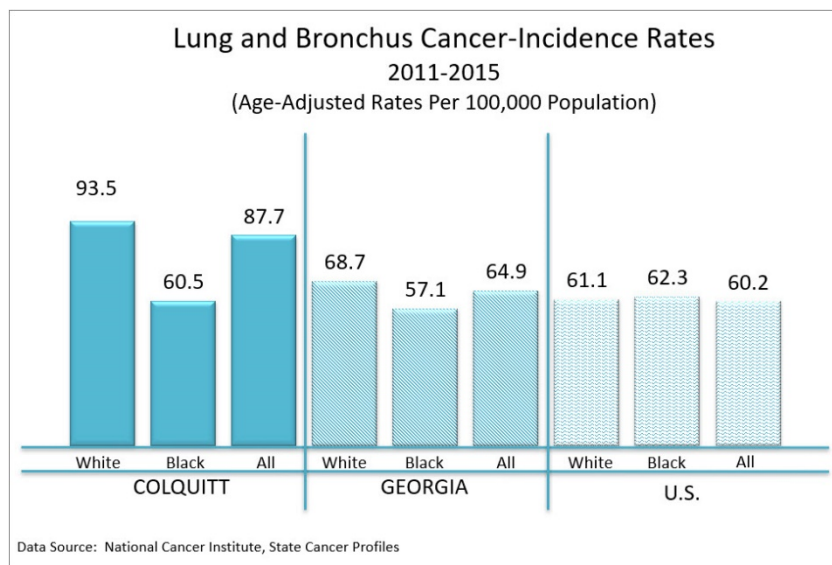


Data Source: Major avoidable risk factors of cancer, Aichi Cancer Center Research Institute

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

Lung Cancer

According to the American Lung Association, lung cancer accounts for 25 percent of all cancer deaths.²² It accounts for about 14 percent of cancer diagnoses among U.S. males and 13 percent among females. Lung cancer accounts for more deaths than any other cancer in men (26 percent) and women (25 percent). More women die from lung cancer (25 percent) than breast cancer (14 percent).²³



The lung cancer incidence rate was higher in Colquitt County (87.7 per 100,000 population) compared to Georgia and the U.S. Whites had a higher lung cancer incidence rate compared to Blacks in Colquitt County.

The lung cancer incidence rate has increased since the 2016 CHNA (86.3 per 100,000 population).

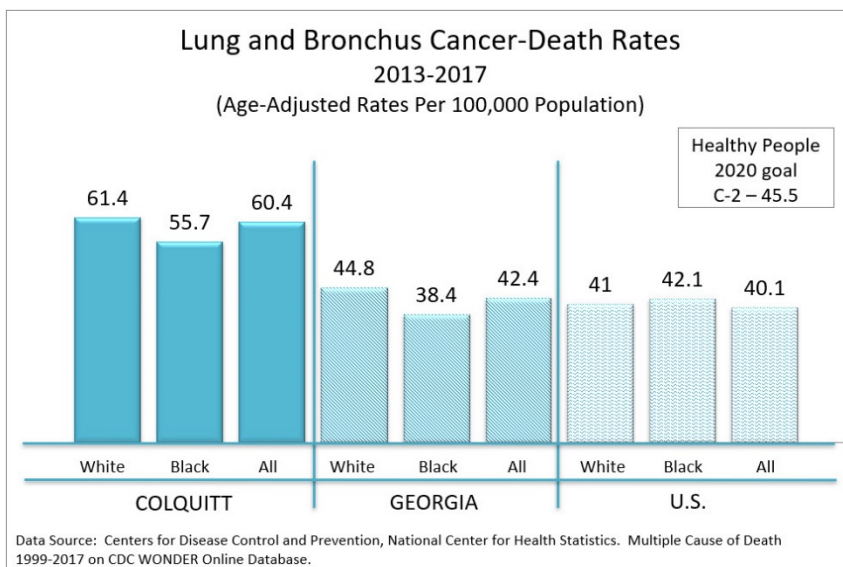
Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2011-2015		
	Male	Female
Colquitt	111.5	70.0

Data Source: National Cancer Institute, State Cancer Profiles

Lung cancer is the first leading cause of cancer death among both males and females in Georgia.²⁴ According to data published from the National Cancer Institute, lung cancer incidence rates among males in Colquitt County were higher than the rates of females.²⁵

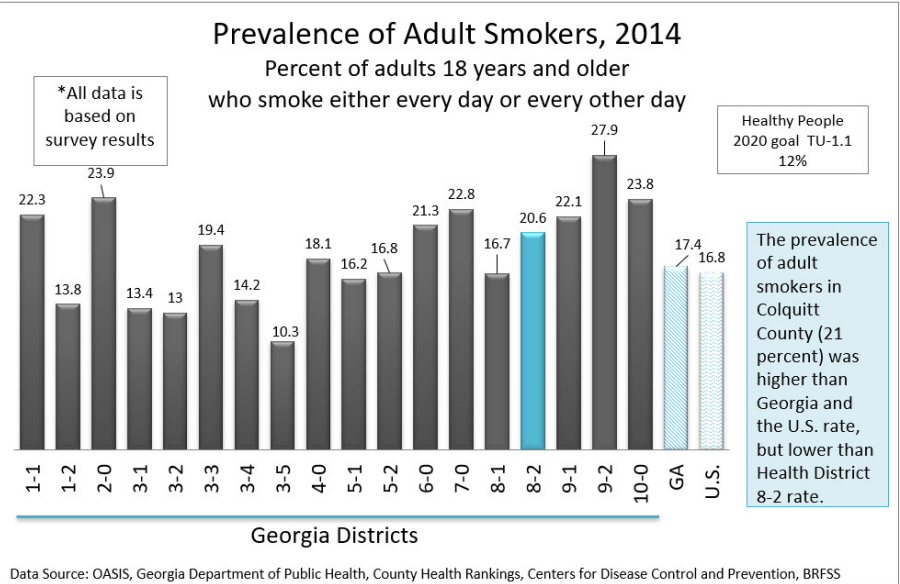
The overall lung cancer death rate in Colquitt County (60.4 per 100,000 population) was higher than Georgia and the U.S.

The lung cancer death rate has decreased since the 2016 CHNA (61.8 per 100,000 population).



RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.²⁶

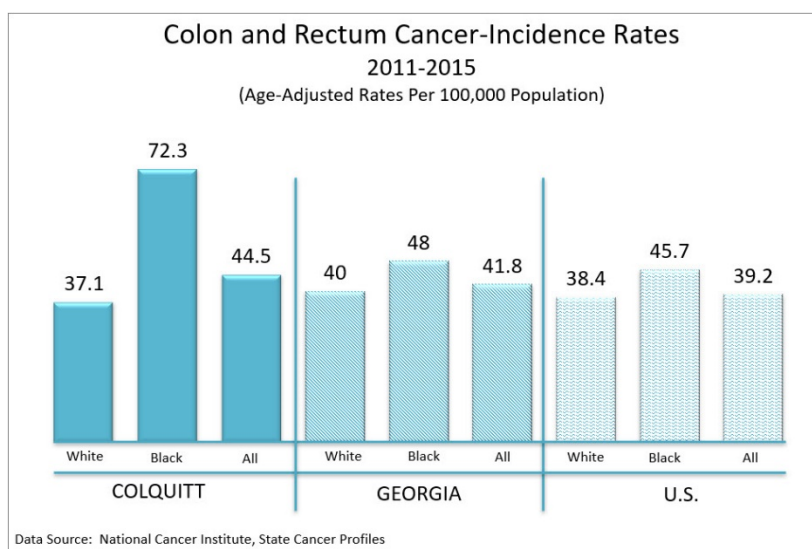


The smoking prevalence in Health District 8-2 (20.6 percent) was higher than both Georgia (17.4 percent) and the U.S. (16.8 percent). Colquitt County's rate was 21 percent.

The smoking prevalence rate has decreased in Colquitt County since the 2016 CHNA (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 nine percent of male cancer deaths and seven percent of female cancer deaths were from colorectal cancer in 2018.²⁷ Death rates have declined over the past twenty years, due to improvements in early detection and treatment.²⁸ Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 40 percent higher mortality rate than Whites.²⁹

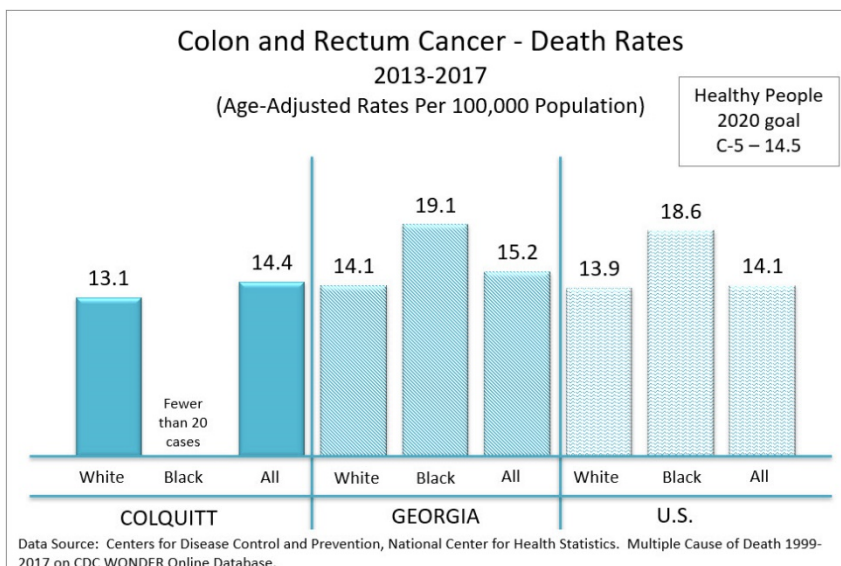


Colquitt County's colon and rectum cancer incidence rate (44.5 per 100,000 population) was higher than Georgia and the U.S.

The colon and rectum cancer incidence rate increased since the 2016 CHNA (40.8 per 100,000 population).

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

The colon and rectum cancer death rate remained stable since the 2016 CHNA (14.6 per 100,000 population).



RISK FACTORS

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

- » Overweight and obesity
- » Physical inactivity
- » Moderate to heavy alcohol consumption
- » High consumption of red or processed meat
- » Long-term smoking
- » Low calcium intake
- » Very low intake of whole-grain fiber, fruit, and vegetables³⁰

EARLY DETECTION

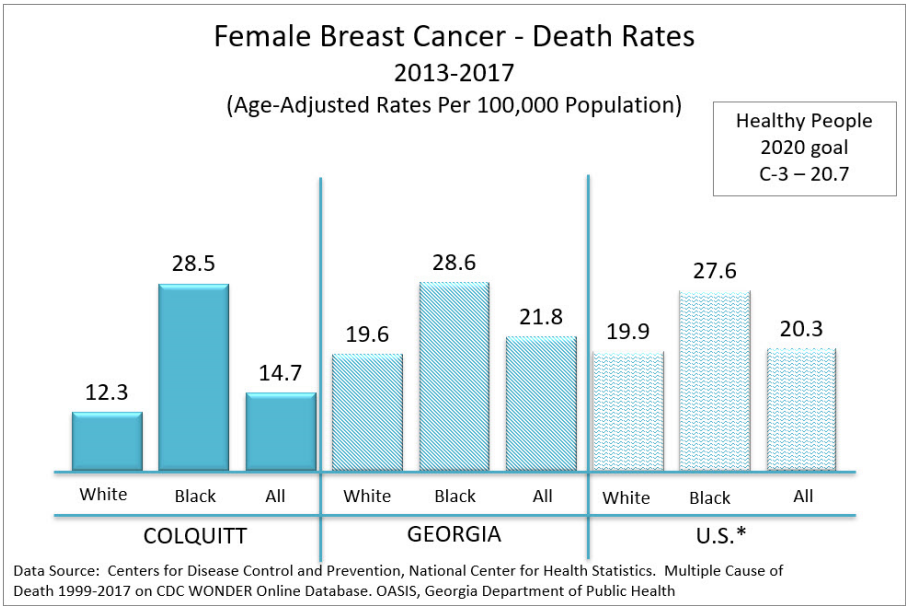
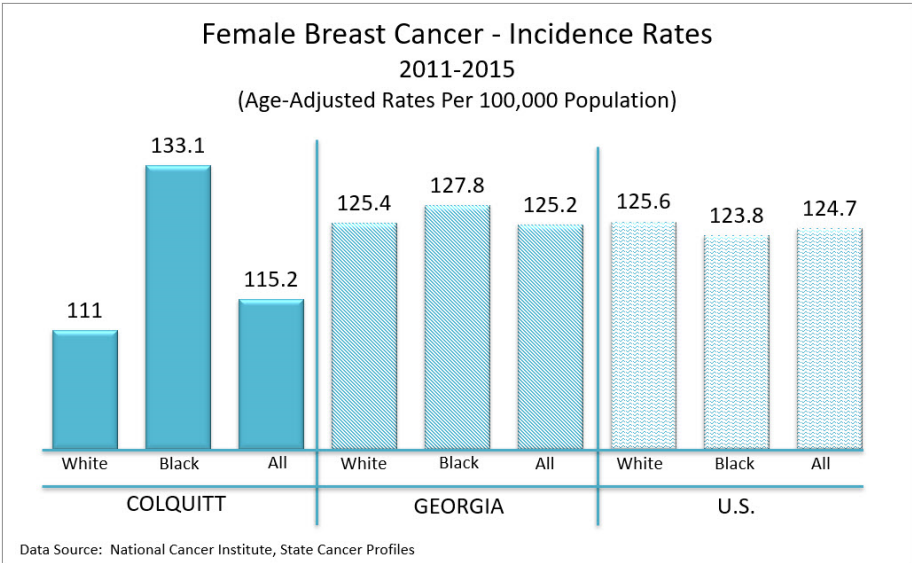
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.³¹ The U.S. Preventive Services Task force recommends that adults 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.³²

Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 30 percent of new cancer cases and 14 percent of cancer deaths among women.³³

The breast cancer incidence rate in Colquitt County (115.2 per 100,000 population) was lower than Georgia and the U.S.

There has been an increase in the incidence of breast cancer since the 2016 CHNA (112.8 per 100,000 population).



The female breast cancer death rate in Colquitt County (14.7 per 100,000 population) was lower than Georgia and the U.S.

Black females had the highest death rates in Colquitt County.

There has been a decrease in the death rate of breast cancer since the 2016 CHNA (21.5 per 100,000 population); however, the decrease is more apparent in the White population and has increased in the Black population.

RISK FACTORS

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

- » Weight gain after age 18
- » Being overweight or obese
- » Use of hormones
- » Physical inactivity
- » Consumption of one or more alcoholic drinks per day
- » Long-term heavy smoking³⁴

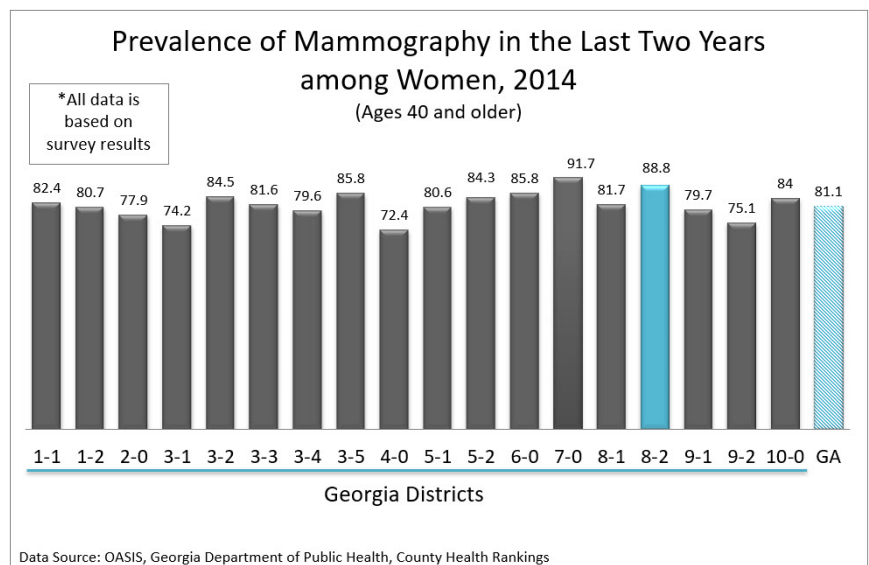
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight³⁵

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.³⁶

The percentage of women receiving a breast cancer screening (mammography) was higher in Health District 8-2 (88.8 percent) than the Georgia average (81.1 percent). The prevalence of mammography screening has increased since the 2016 CHNA (78.4 percent).



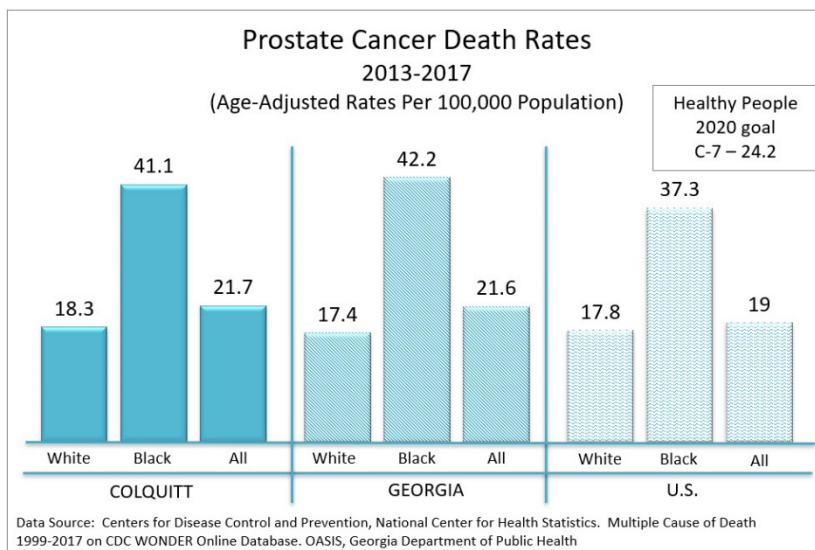
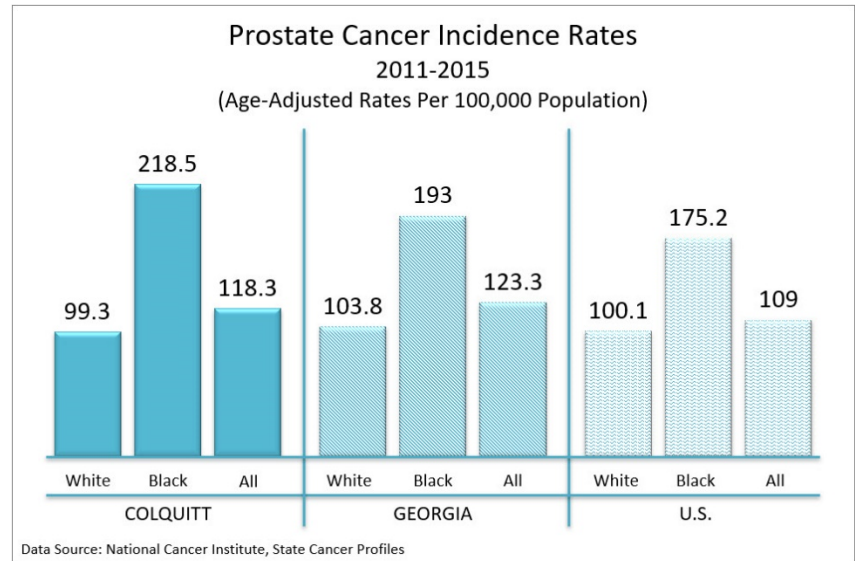
Prostate Cancer

Prostate cancer is the most frequently diagnosed cancer among men aside from skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.³⁷

Colquitt County had a lower incidence rate for prostate cancer (118.3 per 100,000 population) than Georgia, but higher than the U.S.

Incidence rates were highest among Blacks in Colquitt County, Georgia, and the U.S.

There has been a decrease in the incidence rate of prostate cancer since the 2016 CHNA (142.3 per 100,000 population).



Colquitt County had a higher prostate cancer death rate (21.7 per 100,000 population) compared to Georgia and the U.S.

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

There has been a decrease in the prostate cancer death rate since the 2016 CHNA (25.1 per 100,000 population).

RISK FACTORS

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

- » Age
- » Ethnicity
- » Family history of prostate cancer³⁸

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 45.³⁹

COMMUNITY INPUT

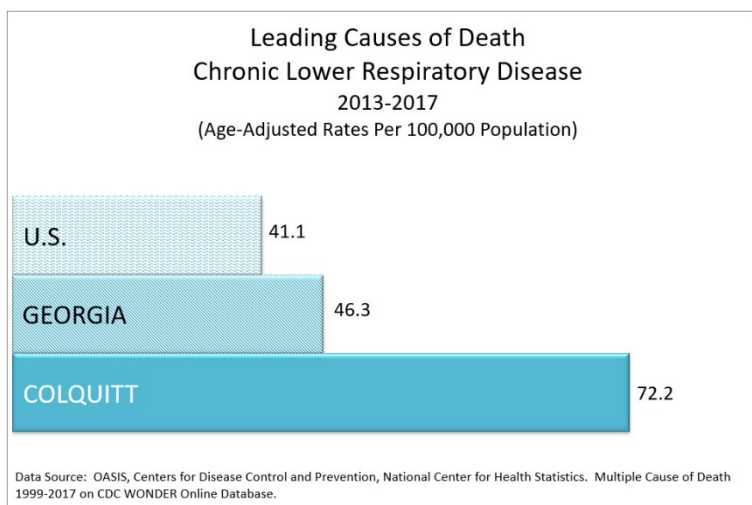
The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Cancer

- » There is a new cancer center at the hospital.
- » Will cancer incidence rates increase due to more cases being detected as a result of the new cancer center?
- » Will the cancer death rates decrease with the increase of cancer detection?
- » We need to look at the root causes of cancer like smoking behaviors.
- » Chemical and biological exposures may need to be investigated among the agricultural workers. Exposures to these chemicals can cause cancer.
- » There is a need for early diagnosis and detection for cancer. People may not understand the benefits of early screenings that are free.

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.⁴⁰



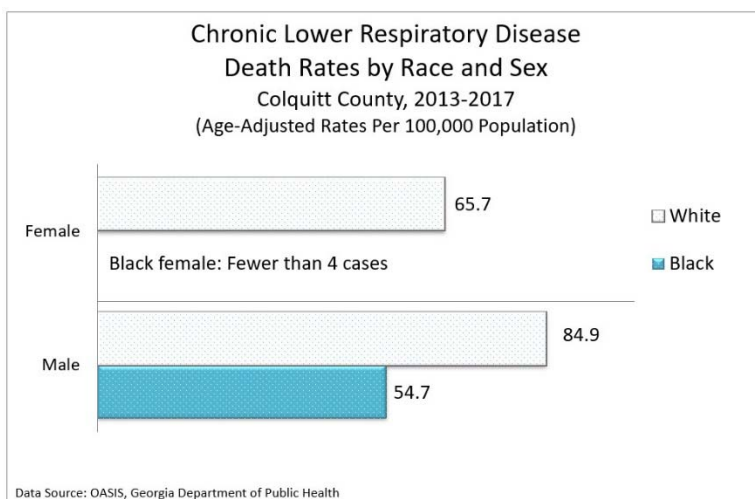
For the years 2013-2017, Colquitt County's chronic lower respiratory disease death rate (72.2 per 100,000 population) was higher than Georgia and the U.S.

The chronic lower respiratory disease death rate has increased since the 2016 CHNA (58.6 per 100,000 population).

Why Are Respiratory Diseases Important?

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

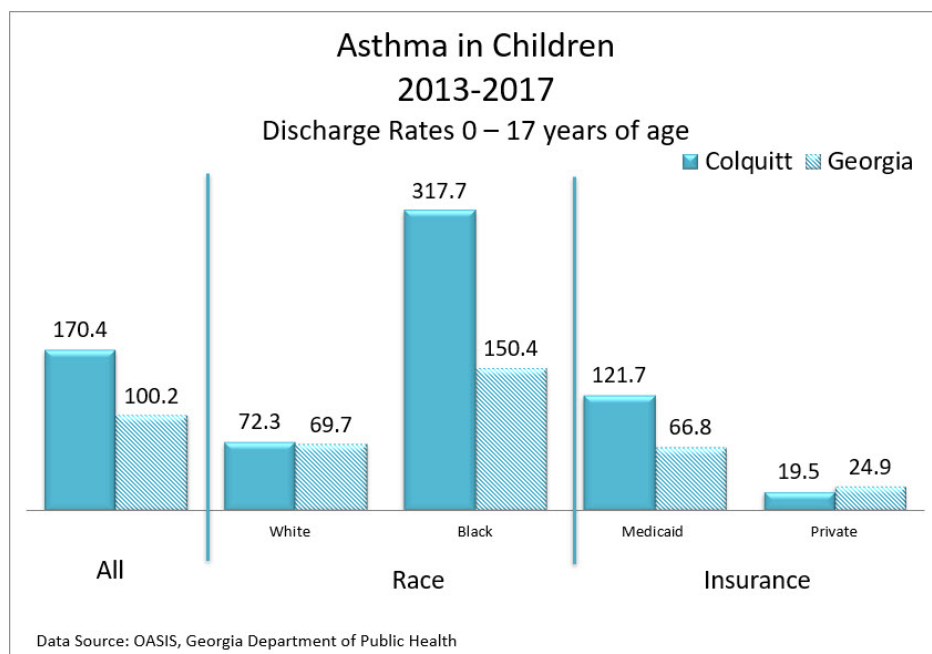
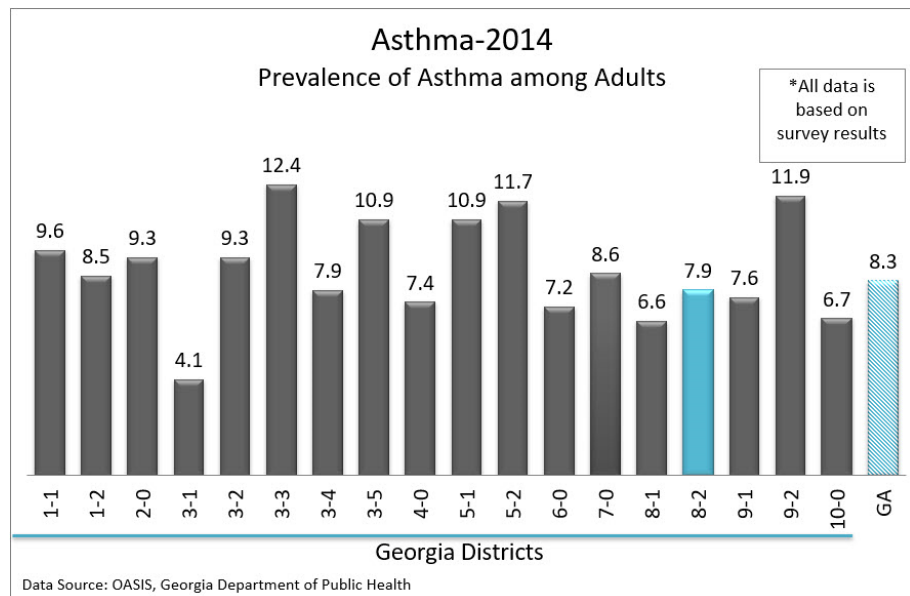
Healthy People 2020



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

Death rates for Hispanics were suppressed due to low number of cases.

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

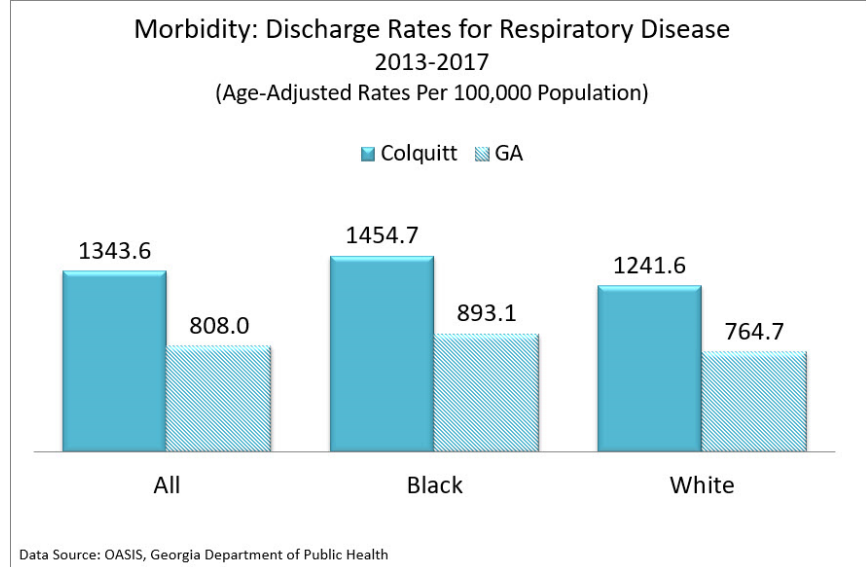


Colquitt County had a higher discharge rate due to asthma among children compared to Georgia.

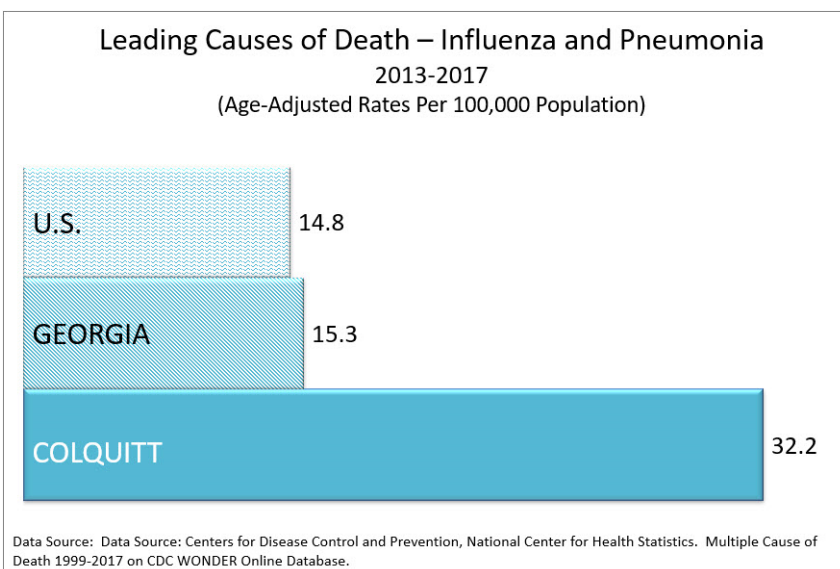
In both Colquitt County and Georgia, children with Medicaid had higher discharge rates compared to children with private insurance.

In both Colquitt County and Georgia, the Black population had a higher discharge rate compared to the White population.

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



Influenza (flu) is a contagious respiratory disease caused by a virus and can cause mild to severe illness. The best way to prevent flu is by vaccination. Pneumonia is an infection of the lungs and is the leading cause of death in children younger than 5 years of age worldwide. Pneumonia can often be prevented with vaccines and usually treated with antibiotics or antiviral drugs. You are more likely to become ill with pneumonia if you smoke or have an underlying medical condition, such as diabetes or heart disease.⁴¹



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

Chronic Lower Respiratory Disease

(includes Asthma, Chronic Bronchitis, Emphysema)

Modifiable Risk Factors

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



Data Source: American Lung Association

COMMUNITY INPUT

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

Chronic Lower Respiratory Disease

- » The number of smokers in the community has increased.
- » Southern Georgia has experienced a rise in the number of cases of childhood asthma and allergies.

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
- » Drowning⁴²

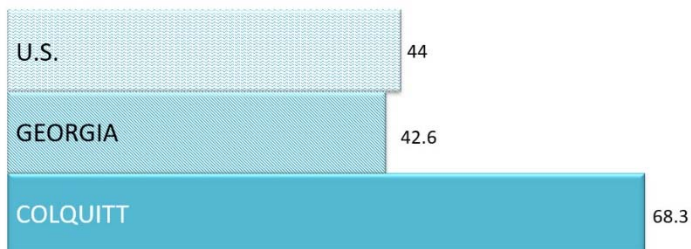
Why Is Injury and Violence Important?

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

Healthy People 2020

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

Healthy People
2020 goal
IVP-11 – 36.4



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

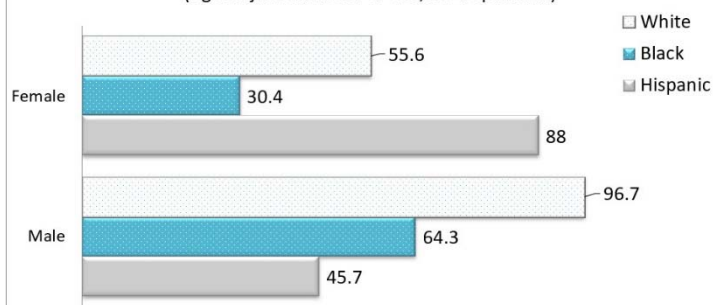
In Colquitt County, the accident death rate (68.3 per 100,000 population) was higher than the Georgia and U.S. rates.

The Healthy People 2020 goal is 36.4 per 100,000 population.⁴³

The accident death rate has increased since the 2016 CHNA (58.9 per 100,000 population).

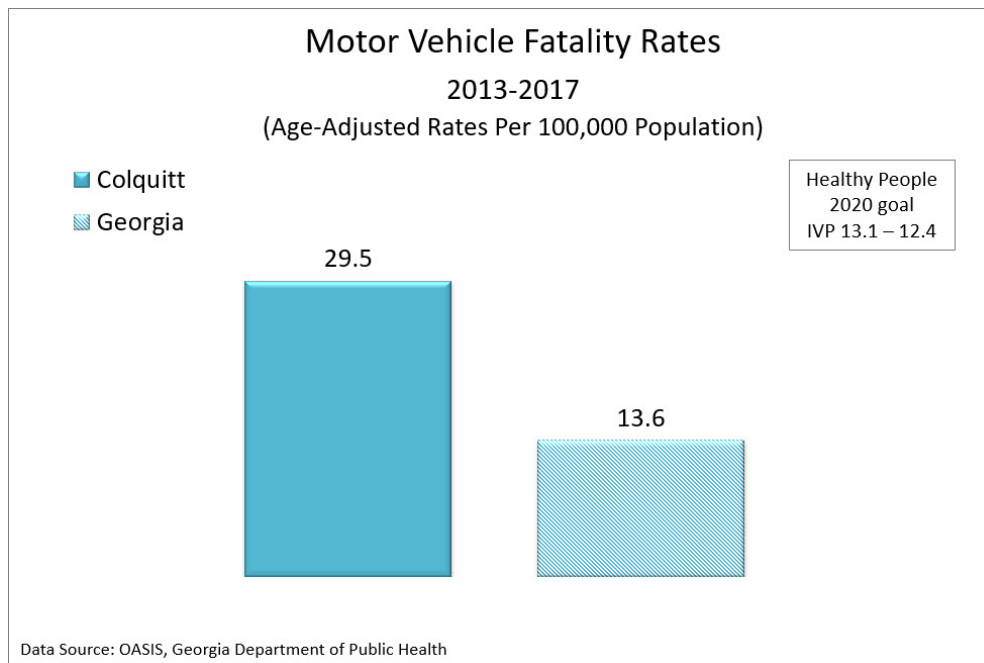
In Colquitt County, overall males had higher death rates due to accidents compared to females. White males had the highest death rate out of all the population groups. Hispanic females had the next highest death rate.

Accident Death Rates by Race and Sex
Colquitt County
2013-2017
(Age-Adjusted Rates Per 100,000 Population)



Data Source: OASIS, Georgia Department of Public Health

In 2017, the U.S. had over 37,000 people killed in motor vehicle accidents. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2017, 1,540 people in Georgia were killed in motor vehicle crashes.⁴⁴ Colquitt County had a higher death rate due to motor vehicle accidents compared to Georgia.



According to the Centers for Disease Control and Prevention:

- » Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- » Millions of adults drive while impaired, but only a fraction are arrested.
- » Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- » Age-related deterioration of vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- » Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.⁴⁵

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

In 2015 more than 250,000 deaths occurred listing diabetes as an underlying or contributing cause of death.⁴⁶ In 2015, diabetes was the country's seventh leading cause of death. More than 30 million people (9.4 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.⁴⁷

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.⁴⁸



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.

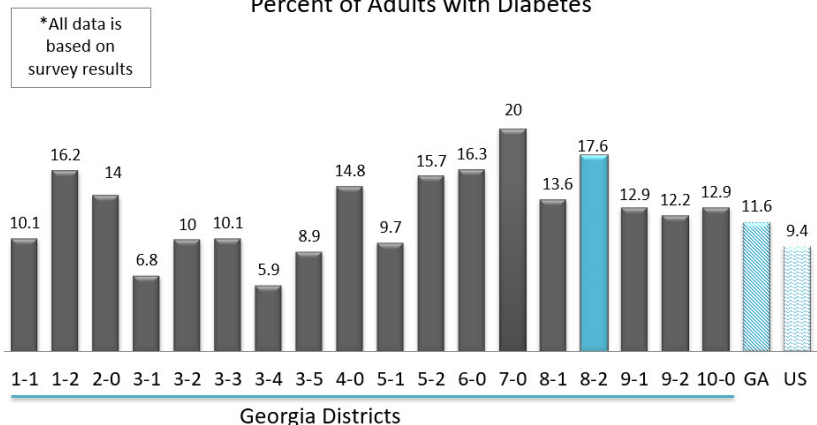
In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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 (17.6 percent) than Georgia or the U.S.

Prevalence of Diabetes, 2014 Percent of Adults with Diabetes

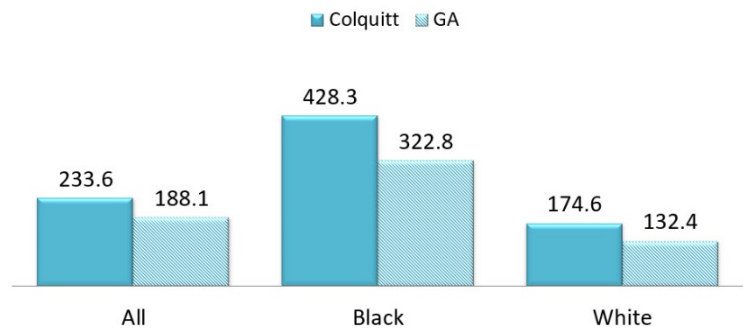


Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

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

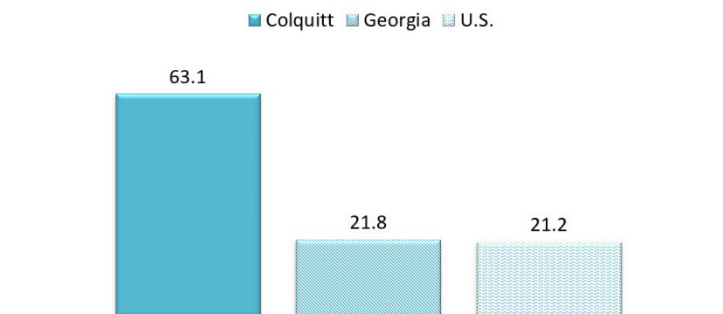
The discharge rate for Hispanics was not available for this report.

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



Data Source: OASIS, Georgia Department of Public Health

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



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

Colquitt County had a higher diabetes death rate than Georgia and the U.S.

There was an increase in the diabetes death rate since the 2016 CHNA (38.5 per 100,000 population).

Diabetes

Modifiable Risk Factors

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



Data Source: Diabetes Basics, Cleveland Clinic, 2011

Obesity

HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

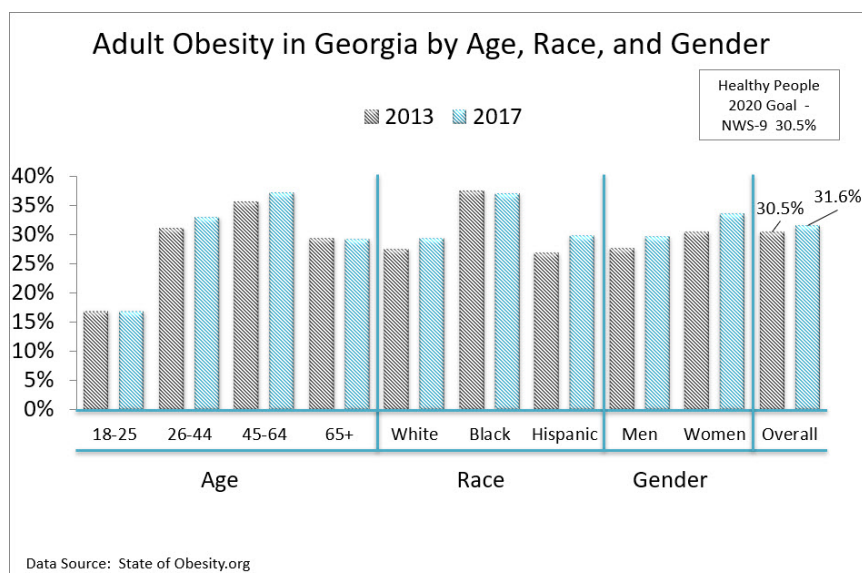
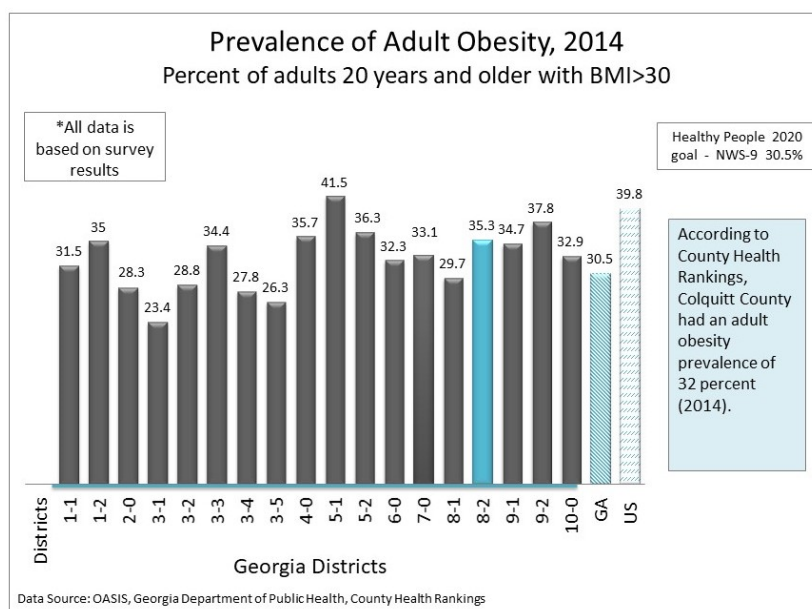
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.⁴⁹

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 30.⁵⁰

The prevalence of adult obesity in Health District 8-2 (35.3 percent) was higher than Georgia (30.5 percent), but lower than the U.S. (39.8 percent).

Colquitt County had prevalence of obesity at 32 percent.

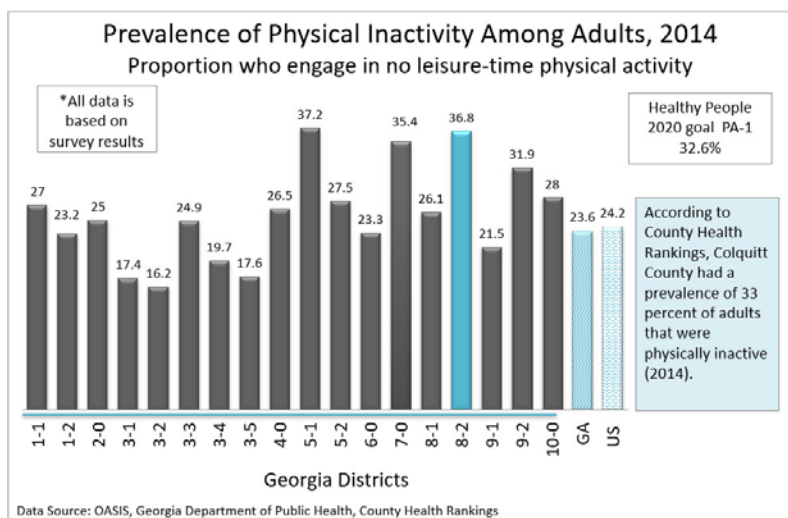
The Healthy People 2020 goal is 30.5 percent.



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

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

Obesity is the result of an energy imbalance that occurs when an individual consumes more calories than he/she can burn. There are a number of factors such as age, body size, and genes that contribute to how many calories people burn each day, but the most modifiable factor is physical activity.⁵¹



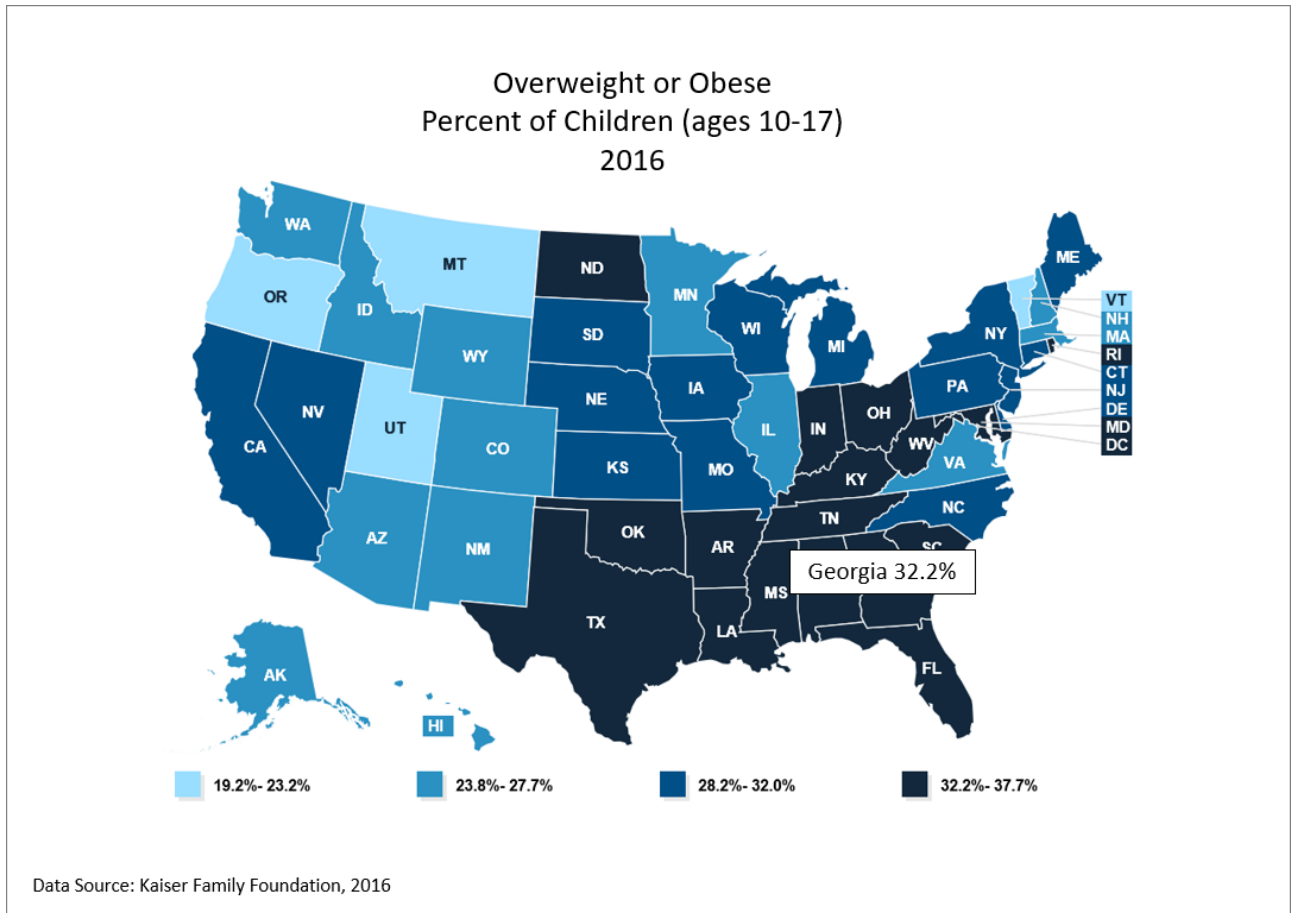
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 8-2 (36.8 percent) compared to Georgia's average (23.6 percent) and the U.S. (24.2 percent). Colquitt County had a higher prevalence of physical inactivity (33 percent) than Georgia and the U.S.

Childhood Obesity

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

According to Healthy People 2020, 16.1 percent of children and adolescents aged 2-19 years are obese.⁵³ A report released by the Centers for Disease Control and Prevention indicated that Georgia's obesity rates among two to four-year-olds from low income families declined from 2010 to 2014 from 14.4 percent to 13.0 percent.⁵⁴

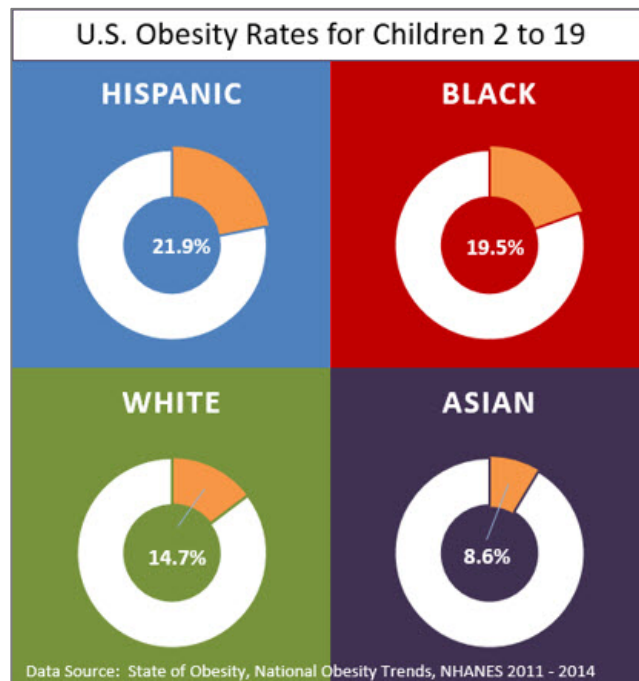
According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighteenth (32.2 percent) in the nation for overweight and obese children. Nationally, 31.2 percent of children in this age range were overweight or obese.⁵⁵



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

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

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



Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.⁵⁷

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.⁵⁸

COMMUNITY INPUT

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

Obesity and Diabetes

- » Obesity and lifestyle are a recognized problem but not necessarily a treatable problem that is easy to address outside a person's home.
- » The hospital should try a program to tackle obesity and lifestyle by targeting the most at-risk patients.
- » Colquitt is the highest producer of produce yet has higher obesity rates.
- » There are a lot of parents who may not know how to cook.
- » People may not understand ways to accomplish physical activity.
- » Obesity and diabetes are happening across all socioeconomic classes.

COMMUNITY INPUT

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

Obesity and Diabetes (Children)

- » There are a lot more type-2 diabetetic children compared to three years ago.

Obesity and Diabetes (Resources Available)

- » There is a need for a fun and engaging program to address lifestyle change like walking groups that challenge other walking groups in the city or county for total number of steps.
- » Access to food is a major problem in the county. Lack of transportation exaggerates this issue.
- » There is need for better access to healthy food. A lot of individuals may not live close to a grocery store.

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.⁵⁹

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

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

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

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.⁶⁰

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.⁶¹

Why Are Maternal, Infant and Child Health Important?

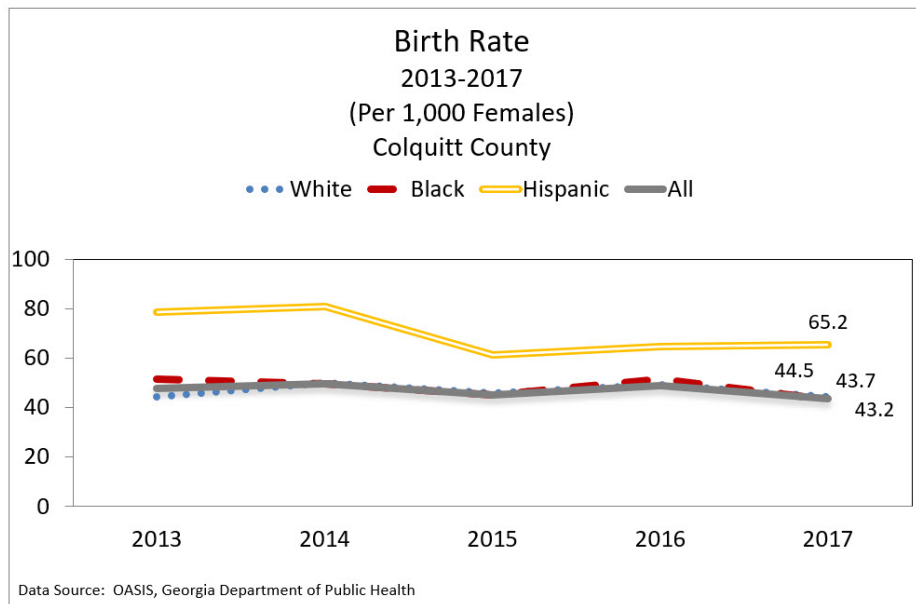
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

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

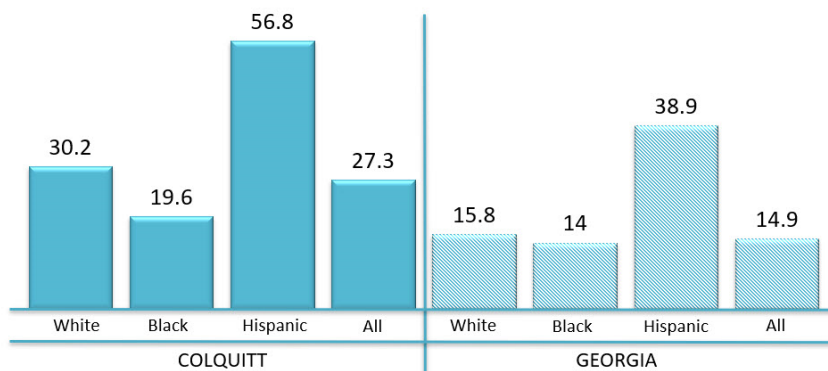
Healthy People 2020

Birth Rates

For the period 2013-2017, Colquitt County had higher birth rates among the Hispanic population compared to other populations.



Percent of Births to Females with Less than a Twelfth Grade Education
2013-2017



Data Source: OASIS, Georgia Department of Public Health

The percent of births to females with less than a twelfth-grade education was higher among Colquitt County residents (27.3 percent) compared to Georgia residents (14.9 percent). The highest percentage was among the Hispanic population group in Colquitt County and Georgia.

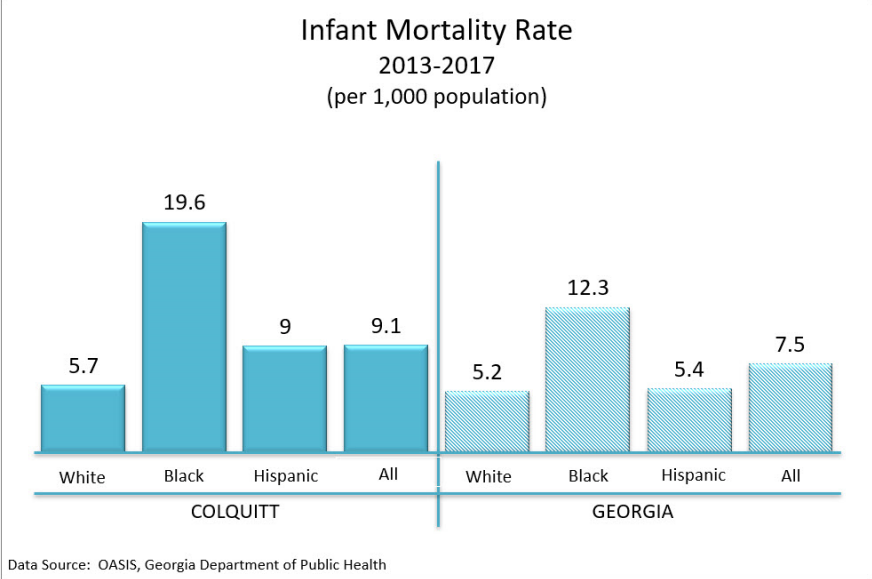
Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. In 2017, approximately 22,000 infants died in the U.S.⁶² 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.⁶³ 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.⁶⁴

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

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

The infant mortality rate has increased since the 2016 CHNA (7.9 per 1,000 population). The Black and Hispanic populations have increased since the 2016 CHNA.



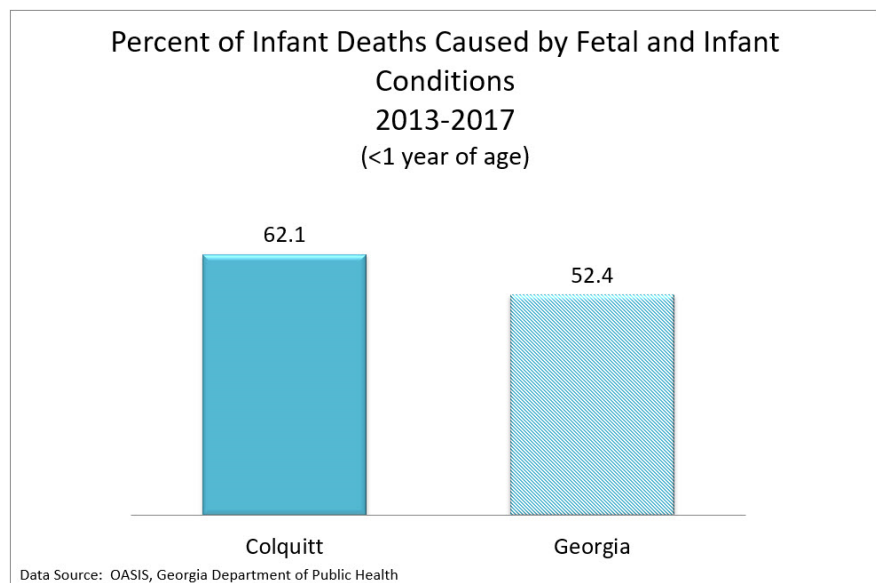
Fetal and Infant Conditions

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

- » Prematurity is a disorder related to short gestation and low birth weight.
- » Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- » Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- » Birth-related infections are infections specific to the period near birth.⁶⁵

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

The percent of infant deaths caused by fetal and infant conditions in Colquitt County was higher than Georgia.

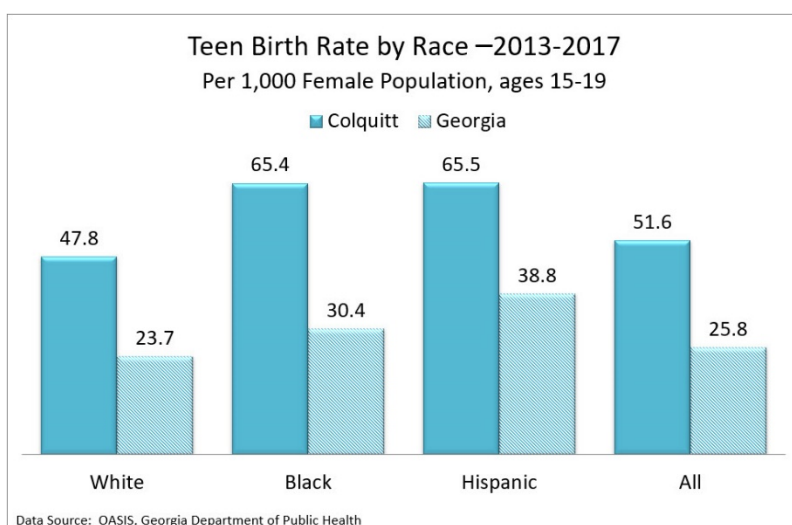
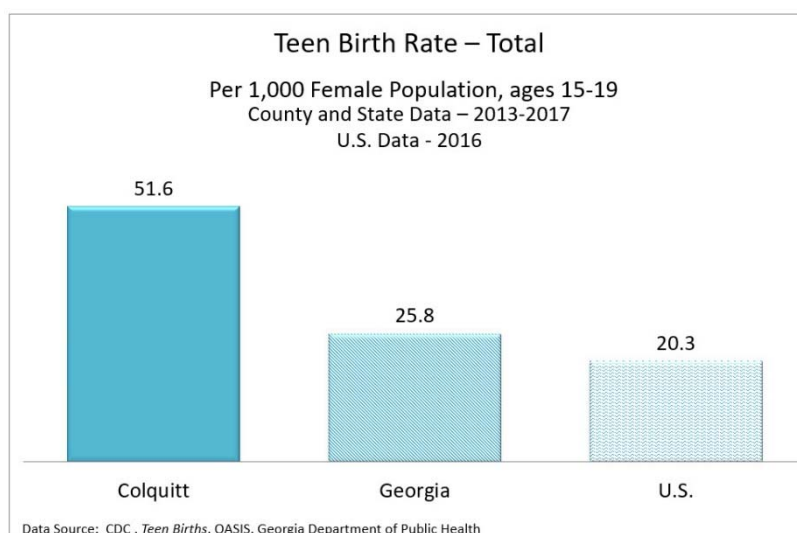


Teen Birth Rate

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.⁶⁶

The Colquitt County teen birth rate (51.6 per 1,000 female population) was higher than Georgia and the U.S.

There was a decrease in the teen birth rate since the 2016 CHNA (67.7 per 100,000 population).

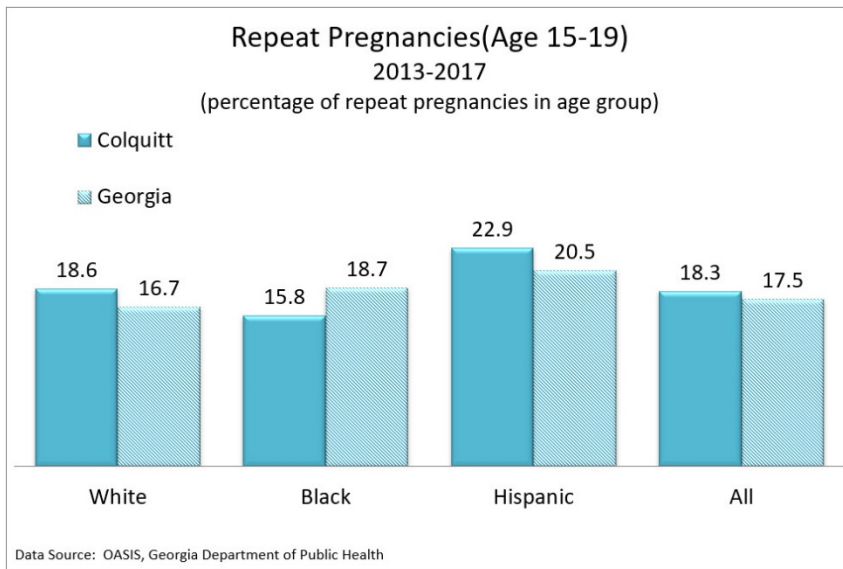


The Colquitt County Hispanic and Black teen birth rates were higher than all other population groups.

Teen Pregnancy in Georgia

In 2016, Georgia ranked 19th highest in the U.S. for teen births. In 2011, Georgia ranked 8th. High birth rates are a public health concern because teen mothers and their infants are at increased risk for poor health and social outcomes, such as low birth weight and decreased educational attainment. The birth rate among Georgia teens aged 15-19 years declined between 2015 and 2016 by 8 percent.

Georgia Adolescent Reproductive Health Facts
www.hhs.gov



For mothers ages 15-19, Colquitt County had a higher percent of repeat pregnancies (18.3 percent) compared to Georgia (17.5 percent). The Hispanic population group had the highest percent of repeat pregnancies compared to other population groups in Colquitt County and Georgia.

Birth Weight

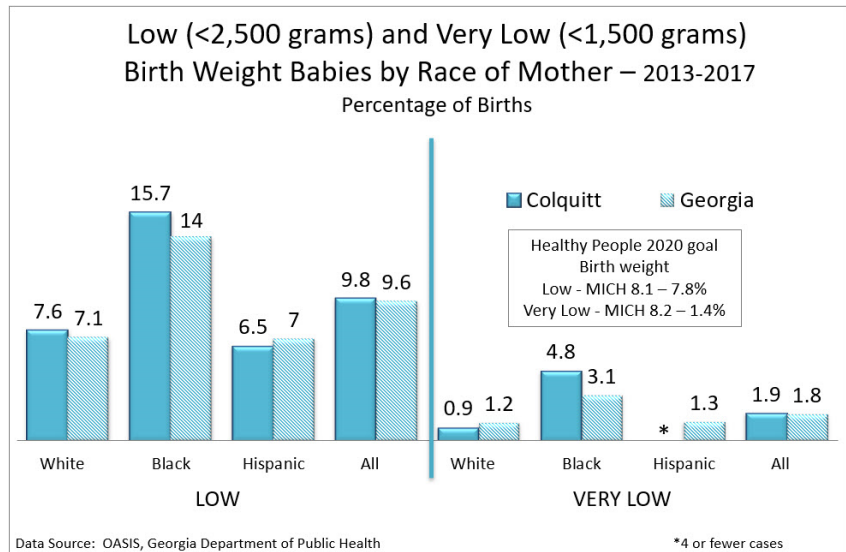
Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory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

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.⁶⁸ In 2017, the national prevalence of low birth weight babies was 8.2 percent, and for very low birth weight babies was 1.4 percent.⁶⁹

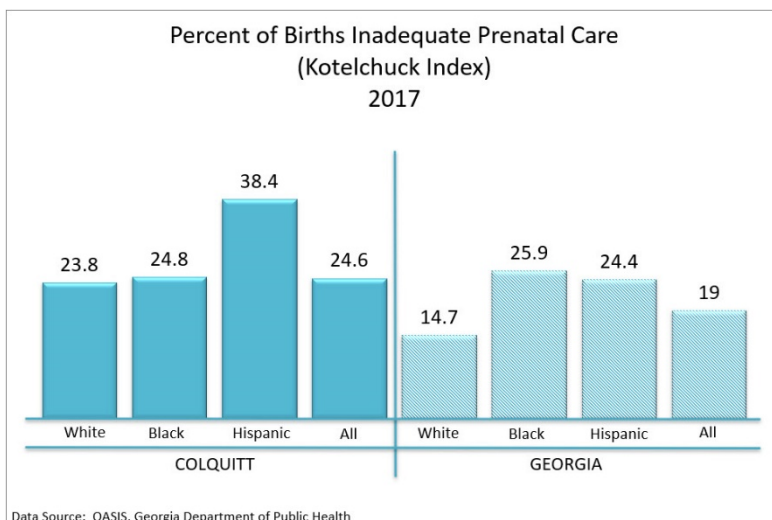
Colquitt County had higher rates of low and very low birth weight babies compared to Georgia.

In Colquitt County and Georgia, the highest percentages were among the Black population.

The percent of low births have decreased since the 2016 CHNA (11.4 percent) and very low births have increased (1.6 percent).



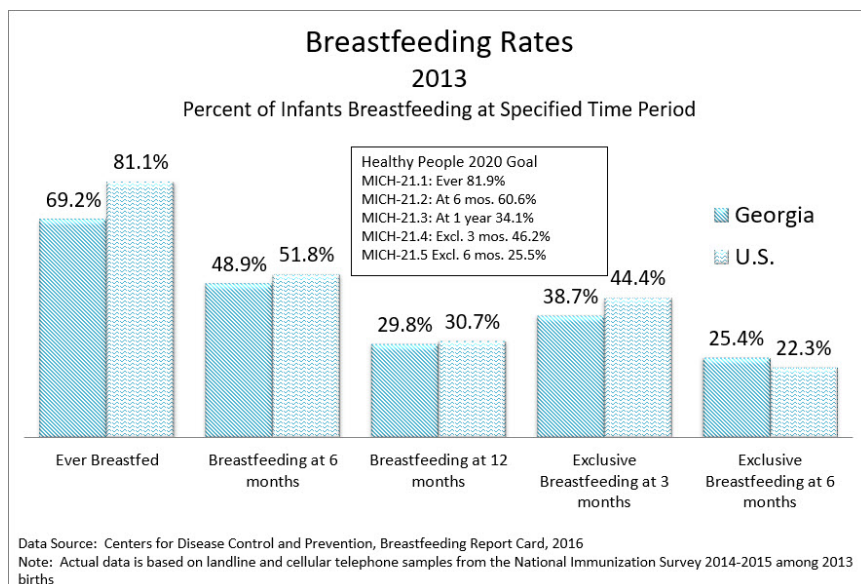
Mother Receiving Adequate Prenatal Care



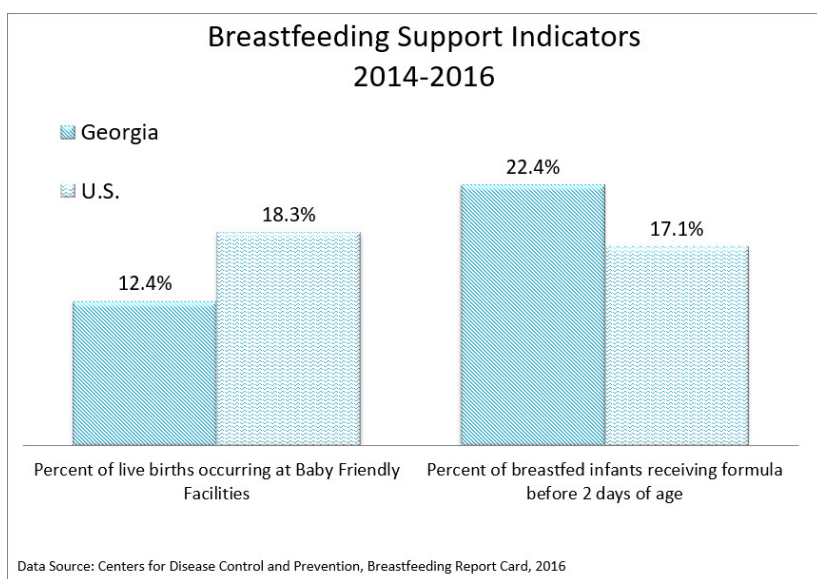
The percent of births with late or no prenatal care was higher in Colquitt County compared to Georgia. Hispanic births had the highest percent of births with inadequate prenatal care in Colquitt County.

Breastfeeding

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



The Maternity Practices in Infant nutrition and Care (mPINC) score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding. Breastfeeding-friendly communities are measured using indicators that assess support from various settings using measures such as percent of live births occurring at Baby Friendly facilities, percent of breastfed infants receiving formula before 2 days of age, number of lactation consultants per 1,000 births and the mPINC score.⁷⁰



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

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

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

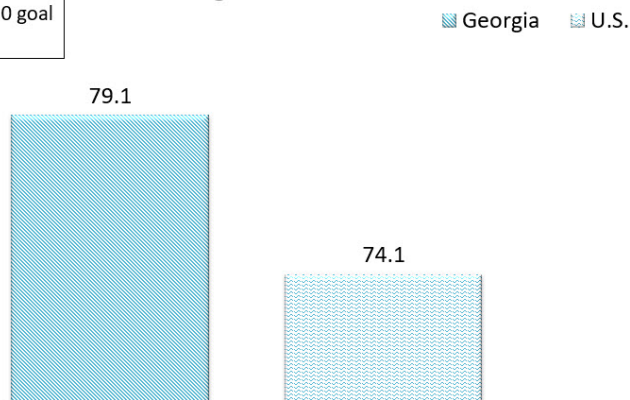
Breastfeeding Support Indicators	Georgia	U.S.
Average mPINC Score (out of 100)	75	79
Number of CLCs per 1,000 live births	6.0	4.6
Number of IBCLs per 1,000 live births	2.8	3.8
Note: The mPINC score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding. The score ranges from 0 to 100. CLC is a Certified Lactation Counselor; IBCL is a International Board Certified Lactation Counselor		

Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.⁷¹

**Immunization Coverage for 19-35 Months of Age
Fully immunized (Combined Vaccine Series)-2016**
Percentage immunized

Healthy People 2020 goal
IID-8- 80%

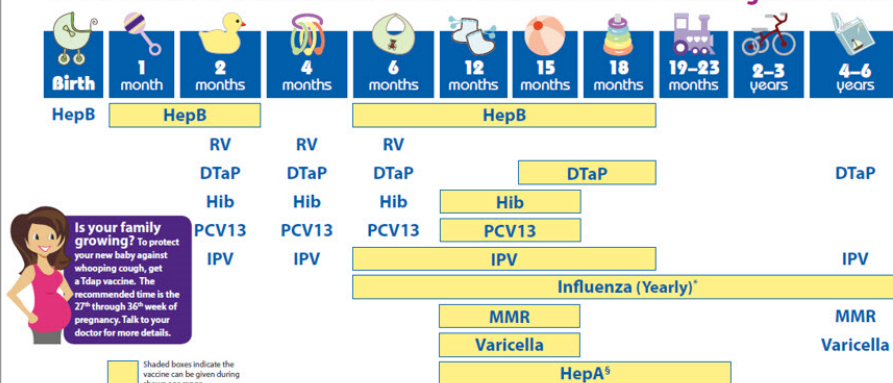


Data Source: National Immunization Survey, 2016. Healthy People 2020, IID-8.

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

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

2019 Recommended Immunizations for Children from Birth Through 6 Years Old



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

FOOTNOTES:
* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.
If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

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

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



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



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

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

COMMUNITY INPUT

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

Teen Birth Rate and Prenatal Care

- » Teen pregnancy rates have really improved.
- » Prenatal care is an issue among the Hispanic population. Undocumented Hispanics are fearful to go to the clinic in fear of being deported.

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
- » Suicide⁷²

Although much progress has been made to reduce cigarette smoking in the United States, in 2015, 15.5 percent of adults and 3.4 percent of adolescents smoked cigarettes in the past month.⁷³

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.⁷⁴

The Youth Risk Behavior Surveillance System (YRBSS) monitors health risk behaviors that contribute to the leading causes of death and disability among youth and young adults at the State and National level. The survey is conducted every 2 years (odd calendar years) at the school site and participation is voluntary. Adolescent and youth respondents are in grades 9-12. Individual states may choose to do a middle school YRBSS. The following charts contain data from the YRBSS regarding high school adolescents. Georgia data was unavailable from 2015 to 2017; however, Georgia Student Health Survey data provided some insight on substance abuse behavior trends.

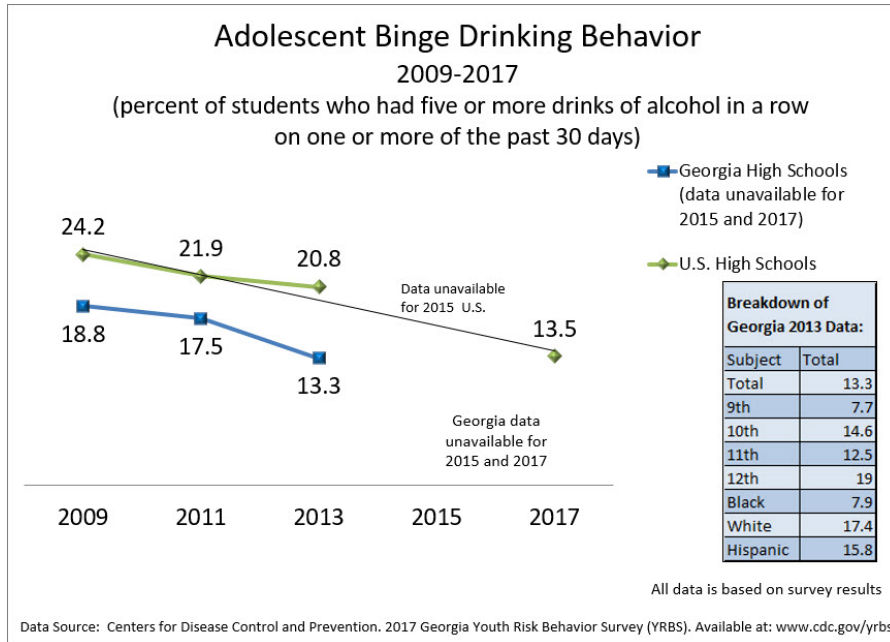
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse



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

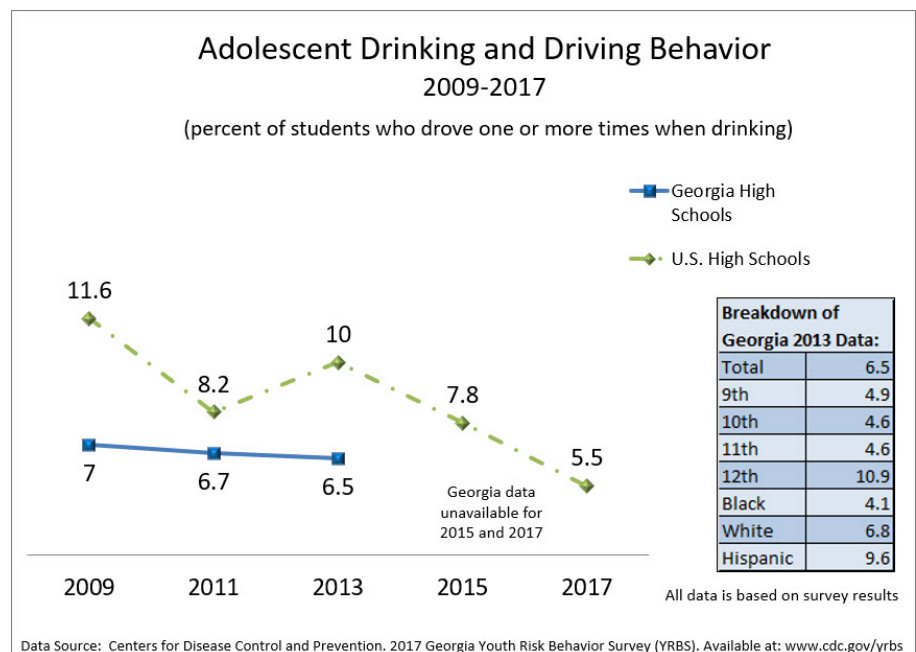
Binge drinking among Whites (17.4 percent) was more than twice as prevalent compared to Blacks (7.9 percent).

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

Subject	Total
Total	13.3
9th	7.7
10th	14.6
11th	12.5
12th	19
Black	7.9
White	17.4
Hispanic	15.8

All data is based on survey results

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



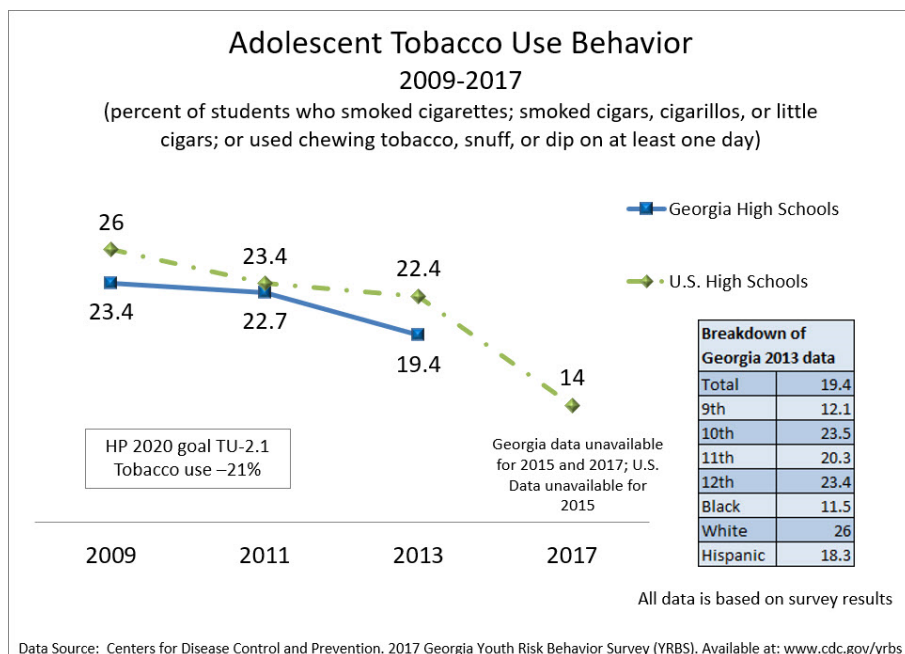
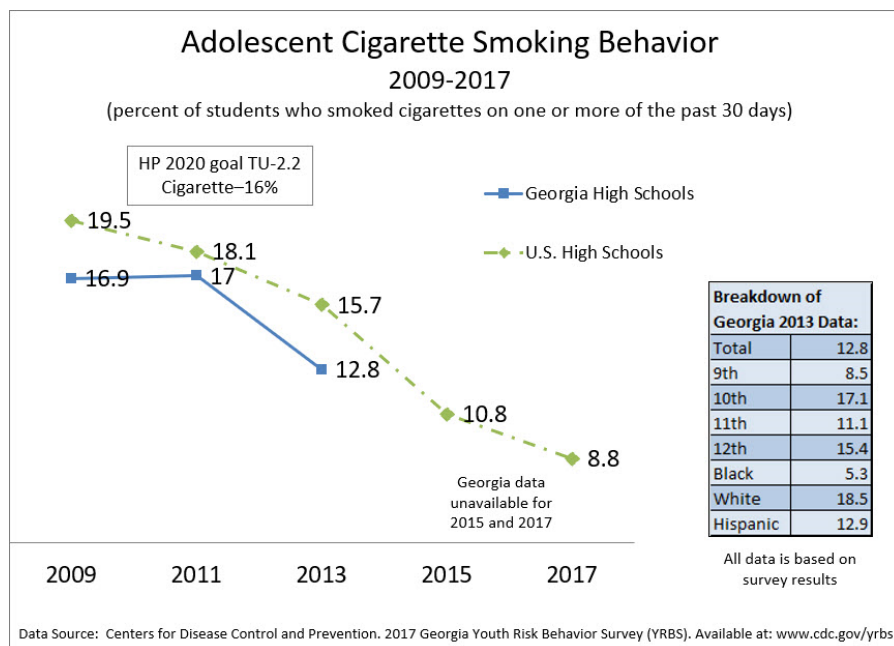
Breakdown of Georgia 2013 Data:	
Total	6.5
9th	4.9
10th	4.6
11th	4.6
12th	10.9
Black	4.1
White	6.8
Hispanic	9.6

All data is based on survey results

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

Adolescent smoking in Georgia was more prevalent among Whites compared to other population groups. There was an increase in prevalence from eleventh grade (11.1 percent) to twelfth grade (15.4 percent).

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

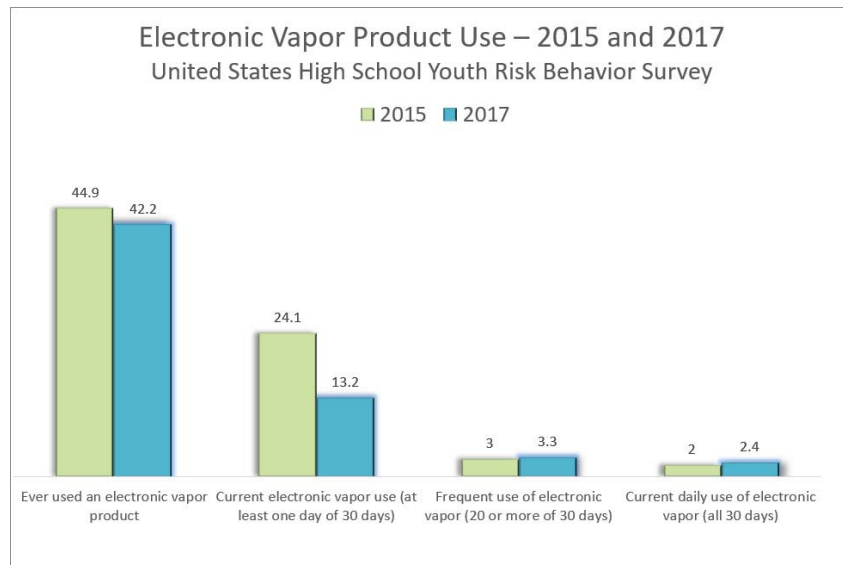


Overall, from 2009-2013, the prevalence of tobacco use in Georgia was lower than the U.S. rates. Tobacco use prevalence was greater among Whites compared to other population groups.

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

Electronic Cigarettes (e-cigarettes)

Electronic cigarettes (e-cigarettes) or electronic vapor products are devices that provide nicotine and other additives to the user in the form of an aerosol. They entered the market in 2007 and by 2014 they were the most commonly used tobacco product among U.S. youths.⁷⁵



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

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

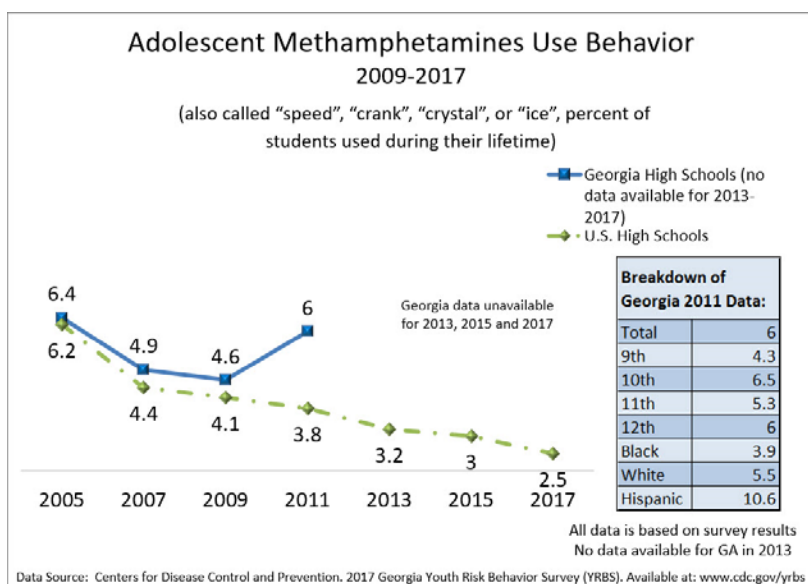
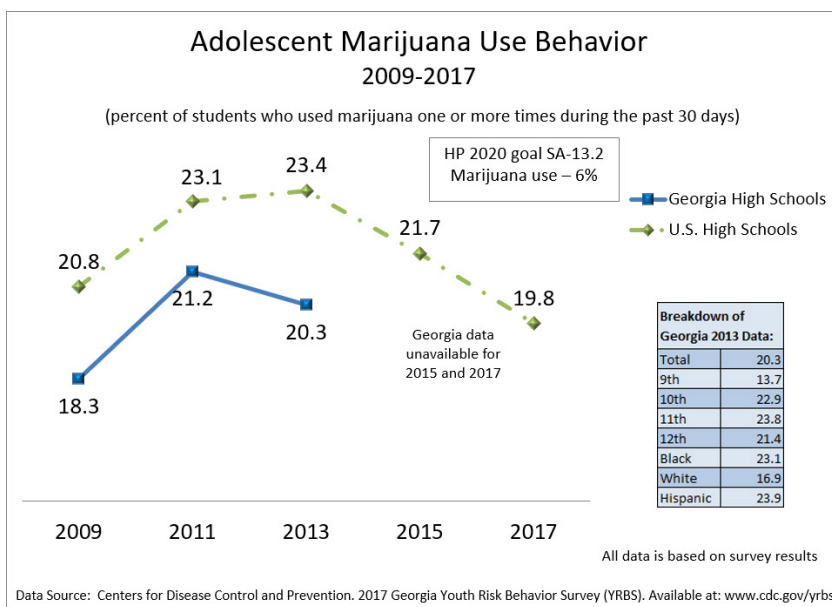
Illicit Drug Usage

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

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

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

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

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. It also shows the trend data (up or down arrow) from the previous CHNA.

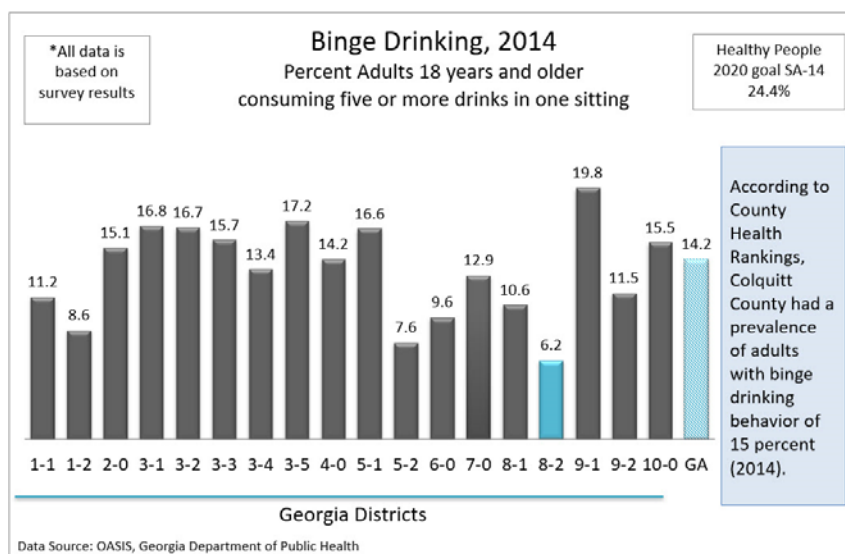
At a Glance Comparison 2017-2018: Drug and Substance Abuse Behaviors Among Adolescents in Colquitt County and Georgia		
	Colquitt County High Schools	Georgia High Schools
Binge Drinking	11.6% 	6.4% 
Drinking and Driving	5.6% 	3.0% 
Tobacco Use	8.9% 	5.5% 
Cigarette Use	8.5% 	4.7% 
Marijuana Use	14.0% 	9.3% 
Electronic Vape	14.9% *	10.6% *
Meth Use	3.4% 	2.4% 
Prescription	6.4% 	4.0% 
Data Source: Georgia Department of Education. Georgia Student Health Survey * Trend data unavailable; electronic vapor not surveyed in previous CHNA		

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

Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.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 (6.2 percent) was lower than the Georgia prevalence (14.2 percent). This was well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

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

Adolescent Behaviors and Substance Abuse

- » Early childhood medical care is very important among the underserved populations.
- » There is a breakdown of family that effects the overall quality of life of a young adolescent.
- » There is a need for education about the basics on how to raise a child. There are a lot of parents who have no idea how to raise a child due how they were raised.
- » Substance abuse leads into other abuses and forms of child neglect.

Adult Behaviors and Substance Abuse

- » Approximately 80 percent of jail inmates are drug addicts.
- » The meth problem has become a major issue in Colquitt County.
- » Opioid use has increased in Colquitt County.
- » There is a substance abuse issue in Colquitt County. There are a lot of addicts that want help. It takes six months to a year to get them help.
- » Around 75-85 percent of substance abusers do not have health insurance.

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 are 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. 2017

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

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

Why Is Sexually Transmitted Disease Prevention Important?

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

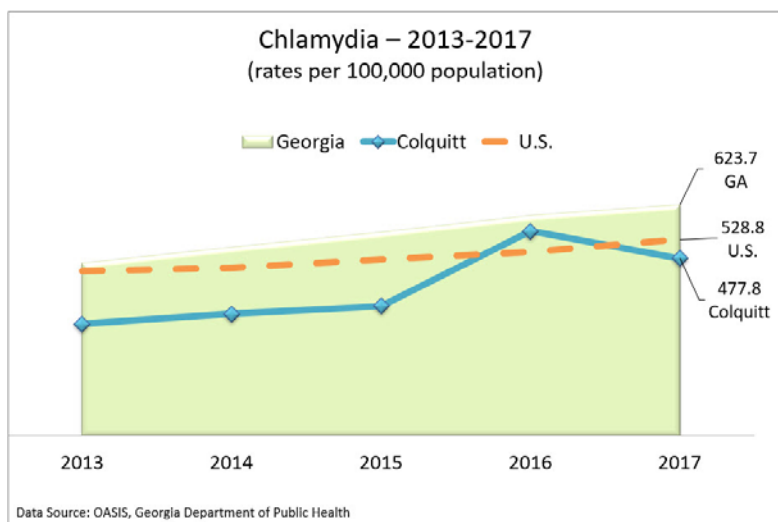
Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Healthy People 2020

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing and is easily treated and cured with antibiotics.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 two times the reported chlamydia rate of men in 2017.⁸⁶
- » Georgia ranked sixth highest in the U.S. for reported chlamydia cases in 2017.⁸⁷



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

The chlamydia rate increased since the 2016 CHNA (300.4 per 100,000 population).

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

Average Chlamydia Rates by Race (2013-2017)				
	White	Black	Hispanic	All
Georgia	130.1	785	181.8	549.8
Colquitt	127.7	691.4	215.5	400.8

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.⁸⁸ 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.

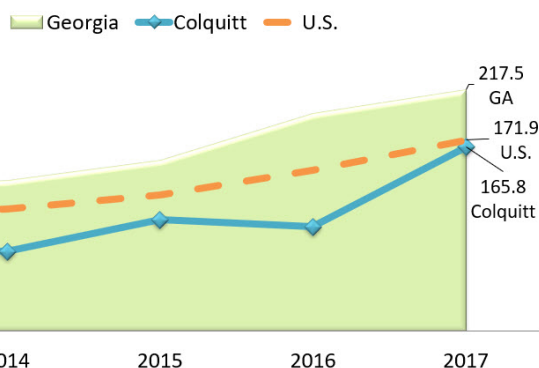
- » Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.⁸⁹
- » Georgia ranked ninth highest in the U.S. for reported gonorrhea cases in 2017.⁹⁰

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

Gonorrhea – 2013-2017
(rates per 100,000 population)



Data Source: OASIS, Georgia Department of Public Health

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

The gonorrhea rate increased since the 2016 CHNA (73.5 per 100,000 population).

Average Gonorrhea Rates by Race (2013-2017)

	White	Black	Hispanic	All
Georgia	31.3	316.6	28.5	166.9
Colquitt	14.9	211.9	*	101

Data Source: OASIS, Georgia Department of Public Health

* Fewer than 4 cases

The gonorrhea rate was significantly higher among Blacks compared to Whites and Hispanics in 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.⁹¹

- » During 2017 there were 101,567 reported new diagnoses of syphilis.⁹²
- » Georgia ranked fourth highest in the U.S. for reported syphilis cases in 2017.⁹³

The Georgia syphilis rate in 2017 was 14.5 per 100,000 population.⁹⁴ The U.S. rate in 2017 was 9.5 per 100,000 population.⁹⁵

How Can Syphilis be Prevented?

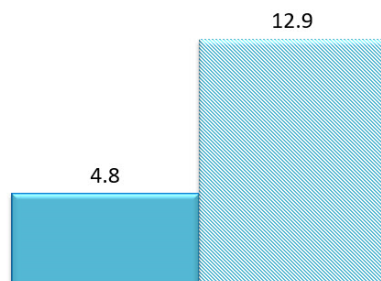
The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

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

Syphilis
Primary and Secondary
2013-2017
(rates per 100,000 population)

■ Colquitt ■ Georgia



Data Source: OASIS, Georgia Department of Public Health

The syphilis rate in Colquitt County was lower than the Georgia rate during the period 2013-2017.

Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans had HIV at the end of 2016. Of those people, about 14 percent did not know they were infected. In 2017, about 38,739 people received an HIV diagnosis in the U.S.⁹⁶ Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.⁹⁷

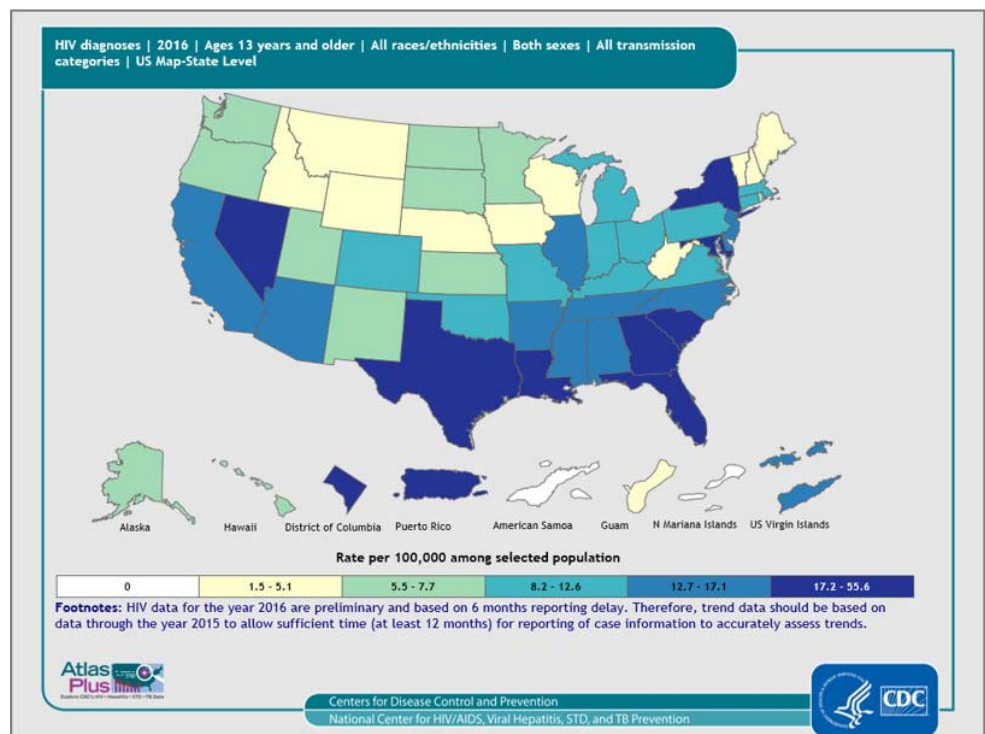
- » In 2017, Black MSM represented the highest number of new HIV infections in the U.S.⁹⁸
- » In 2017, Blacks (male and female) accounted for 44 percent of new HIV infections.⁹⁹
- » In 2017, new HIV diagnoses were most prevalent among the 25-34 age group.¹⁰⁰
- » In 2017, both Whites and Hispanics accounted for 26 percent each of the new HIV infections.¹⁰¹

Why Is HIV Important?

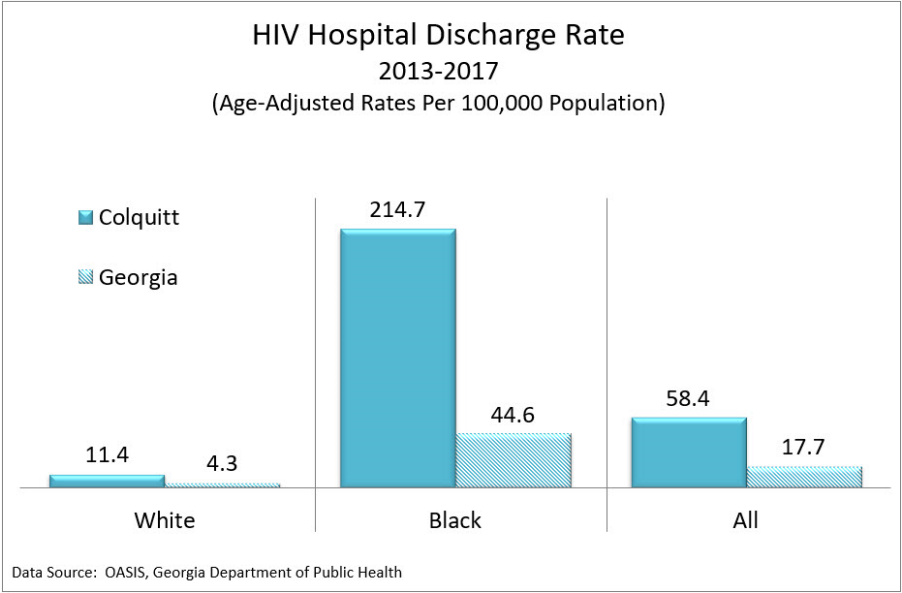
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using 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 Disease Control and Prevention, in 2016 Georgia had some of the highest HIV rates in the country.



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



The hospital discharge rate for HIV in Colquitt County was higher than the Georgia rate.

The discharge rate among the Black population in both Colquitt and Georgia was higher than the White population.

COMMUNITY INPUT

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

Sexually Transmitted Disease

- » There are a lot of people who get re-infected with STDs. They do not see the big deal in getting re-infected and treated again.

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

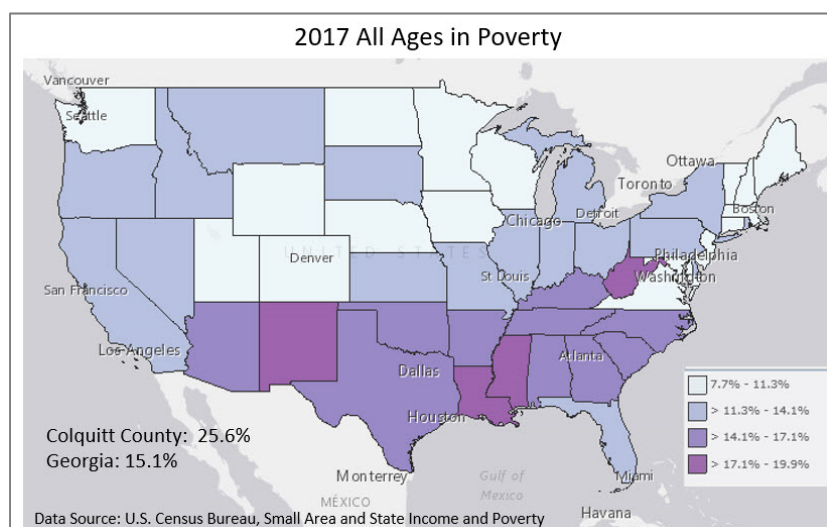
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

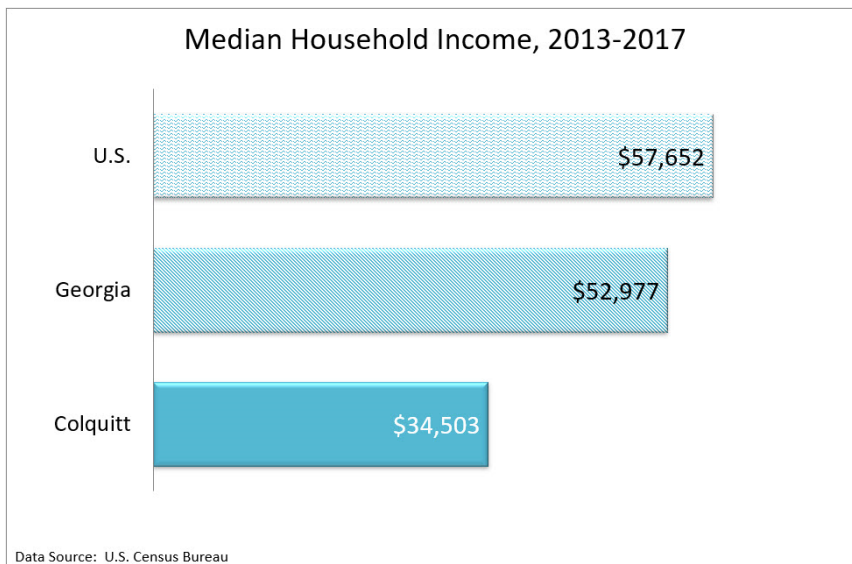
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 13.4 percent in 2017.¹⁰³

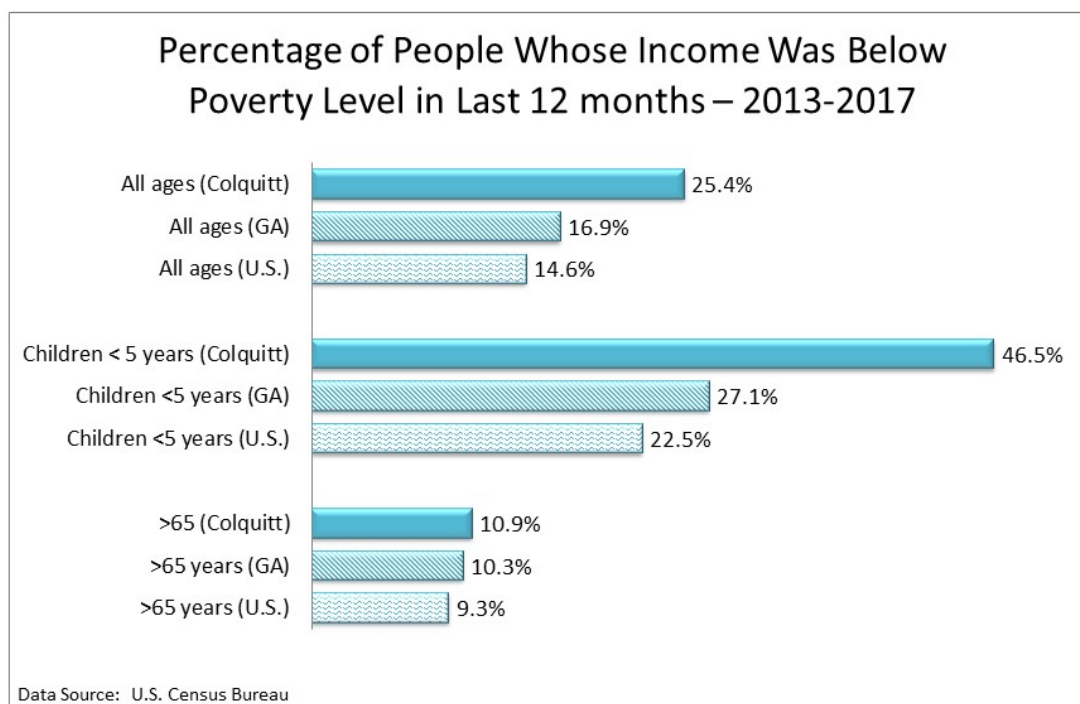
Georgia ranked eleventh highest in the U.S. at 15.1 percent of the population below the poverty level in 2017.¹⁰⁴

Colquitt County's poverty rate was 25.6 percent in 2017.



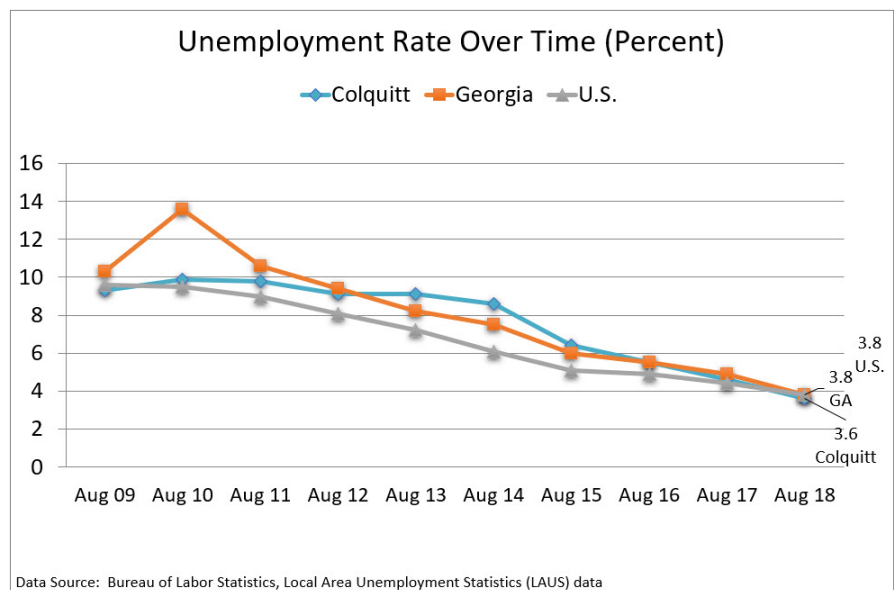


The median household income during 2013-2017 for Colquitt County was \$34,503. This was below the Georgia median income of \$52,977 and the U.S. median income of \$57,652.

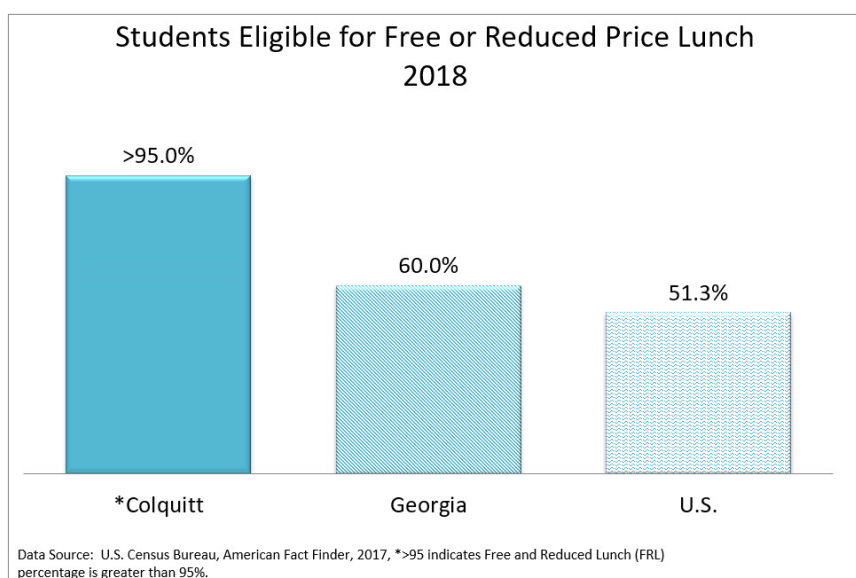


The percentage of people in Colquitt County whose income was below the poverty level (25.4 percent) was higher than Georgia (16.9 percent) and the U.S. (14.6 percent). The percentage of children under five years of age living in poverty in Colquitt County (46.5 percent) was higher than both Georgia (27.1 percent) and the U.S. rate (22.5 percent). The percentage of Colquitt County senior adults living in poverty (10.9 percent) was higher than the rates for either Georgia (10.3 percent) or the U.S. (9.3 percent).

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



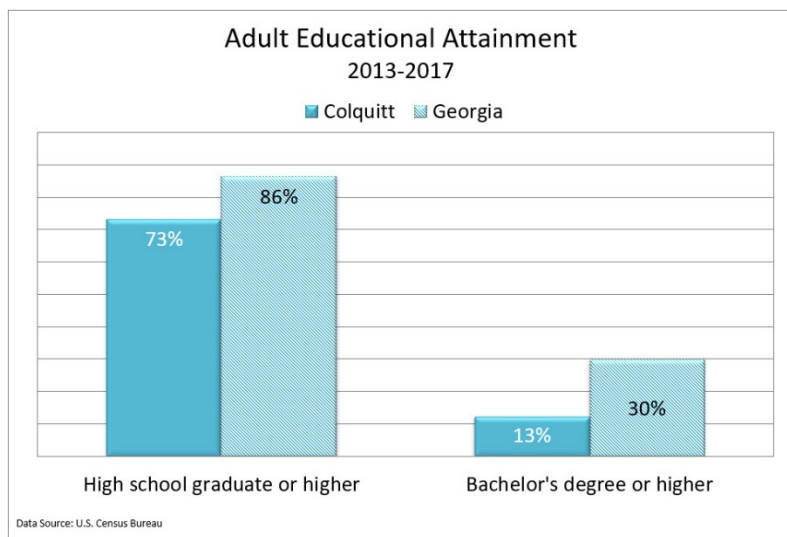
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.¹⁰⁵ For July 1, 2018 through June 30, 2019, a family of four's income eligibility for reduced-price lunches was at or below \$46,435 and for free meal eligibility at or below \$32,630.¹⁰⁶



Greater than 95 percent of the public-school students in Colquitt County were eligible for free or reduced-price lunches. This was higher than Georgia (60 percent) and the U.S. (51.3 percent).

Educational Attainment

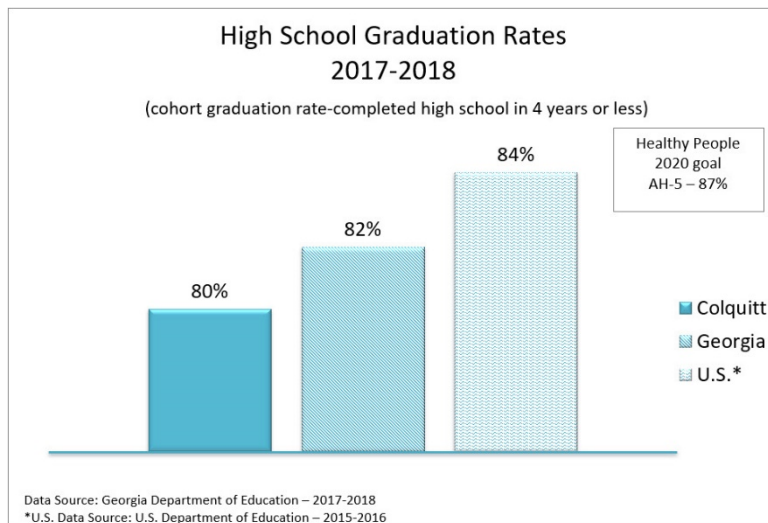
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.¹⁰⁷ According to a study performed by David M. Cutler and Adriana Lleras-Muney, 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 2013-2017, 73 percent of Colquitt County residents were a high school graduate or higher compared to Georgia's average of 86 percent. An average of 13 percent of Colquitt County residents had a bachelor's degree or higher compared to Georgia's higher average of 30 percent.

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

In 2017-2018, Colquitt County had an average of 80 percent of students who completed high school in four years or less. Colquitt County's rate was below the Georgia average (82 percent) and the U.S. average (84 percent). The Healthy People 2020 goal for the high school graduation rate is 87 percent (students who graduate with a regular diploma, 4 years after starting ninth grade).

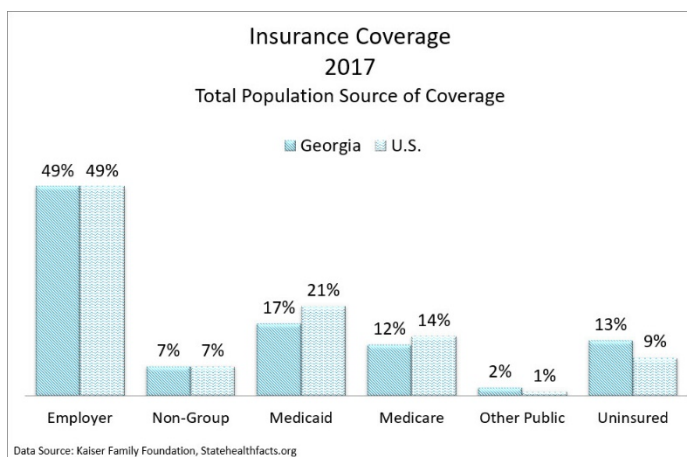


Insured Status

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

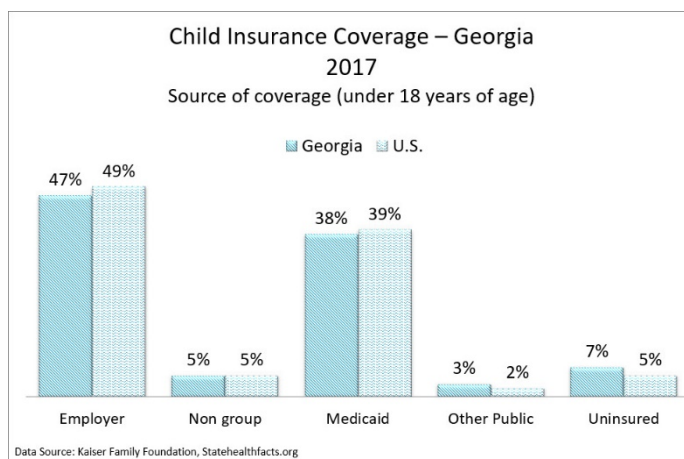
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

GEORGIA INSURED STATUS

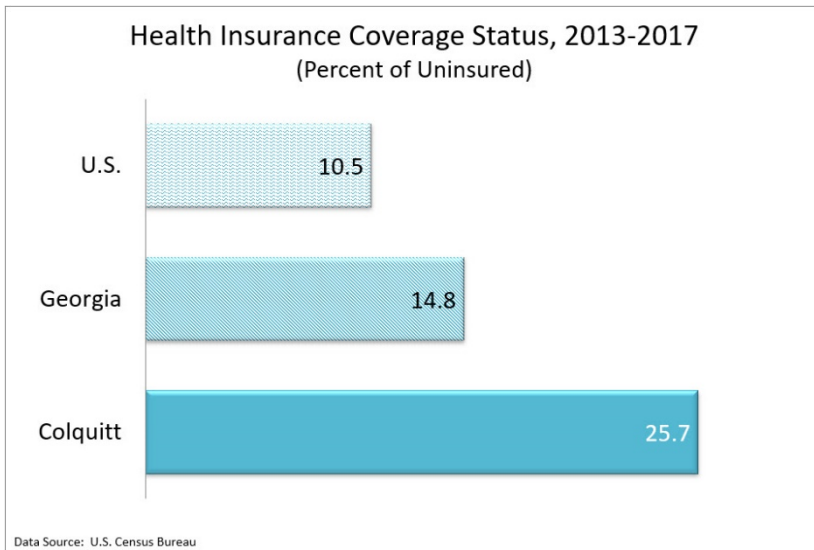


In 2017, Georgia's uninsured population (13 percent) was higher than the U.S. (9 percent). Employer coverage was even in both Georgia and the U.S. at 49 percent. Georgia's proportions of Medicare and Medicaid covered individuals were lower than the U.S. rates.

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



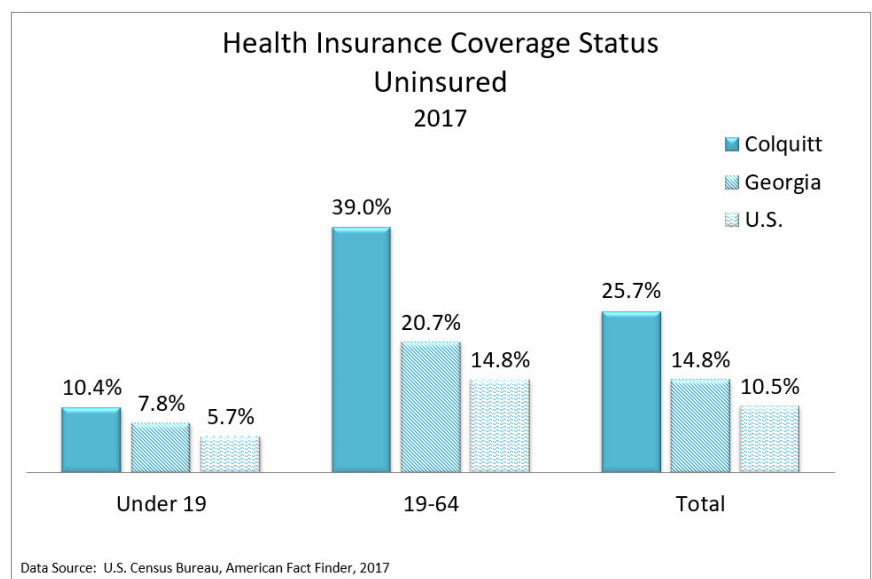
COLQUITT COUNTY INSURED STATUS



The proportion of uninsured individuals in Colquitt County (25.7 percent) was higher than Georgia (14.8 percent) and higher than the U.S. (10.5 percent).

The percentage of children under 19 who lacked health insurance in Colquitt County was higher than Georgia and the U.S.

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



Georgia Health Assistance and Healthcare Programs

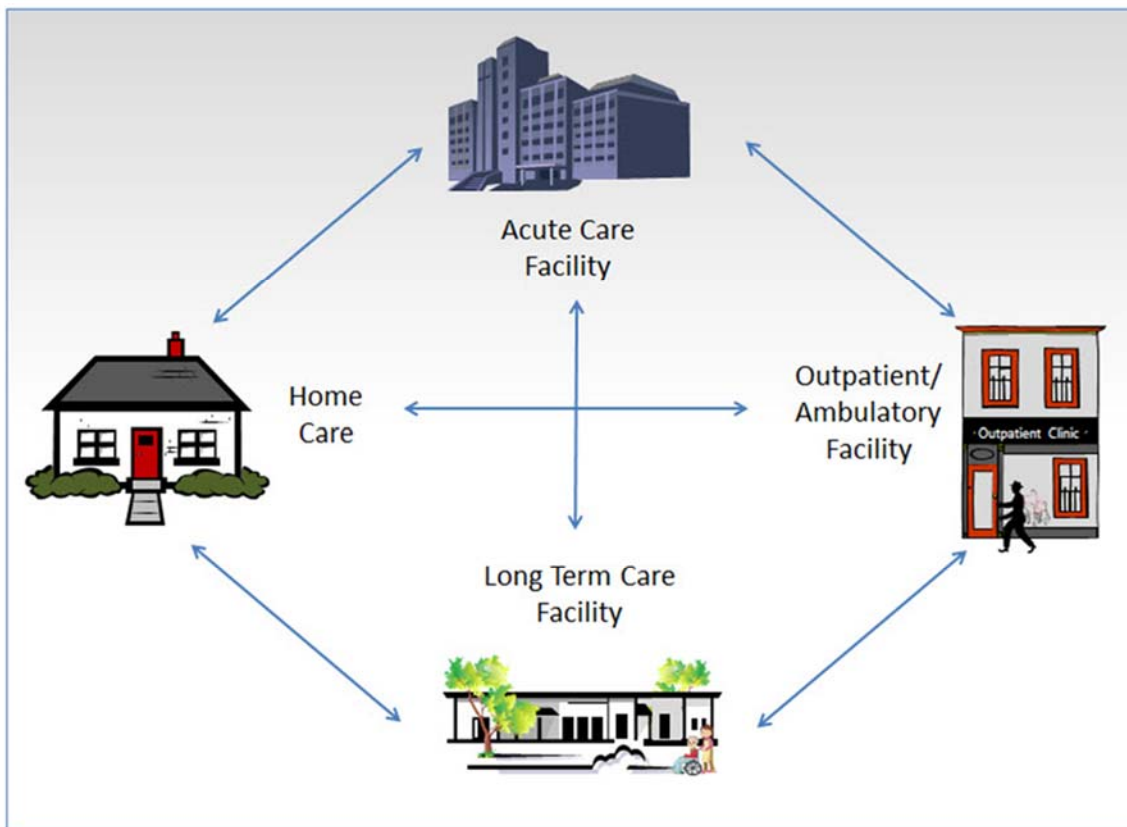
Medicaid – Georgia Medicaid is administered by the Georgia Department of Community Health. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

- » **PeachCare for Kids (CHIP)** offers a comprehensive health care program for uninsured children living in Georgia whose family income is less than or equal to 235 percent of the federal poverty level.
- » **Long Term Care and Waiver Programs:**
 - **New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP)** offer home and community-based services for people with a developmental or intellectual disability.
 - **Service Options Using Resources in a Community Environment (SOURCE)** links primary medical care and case management with approved long-term health services in a person's home or community to prevent hospital and nursing home care.
 - **Independent Care Waiver Program (ICWP)** offers services that help a limited number of adult Medicaid recipients with physical disabilities live in their own homes or in the community instead of a hospital or nursing home.
 - **Community Care Services Program (CCSP)** provides community-based social, health and support services to eligible consumers as an alternative to institutional placement in a nursing facility.
- » **Georgia Families** delivers health care services to members of Medicaid and PeachCare for Kids by providing a choice of health plans.
- » **WIC** is a special supplemental nutritional program for Women, Infants and Children. Those who are eligible receive a nutrition assessment, health screening, medical history, body measurements (weight and height), hemoglobin check, nutrition education, and breastfeeding support, referrals to other health and social services, and vouchers for healthy foods.
- » **Planning for Healthy Babies (P4HB)** offers family planning series for women who do not qualify for other Medicaid benefits, or who have lost Medicaid coverage. To be eligible a woman must be at or below 200 percent of the federal poverty level.
- » **Health Insurance Premium Payment (HIPP)** provides working Medicaid members with assistance on premium payments, coinsurance, and deductibles.
- » **Georgia Long Term Care Partnership** offers individuals quality, affordable long-term care insurance and a way to 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, 16.9 percent of the population is over the age of 65, making many of them eligible for Medicare.

Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.¹¹¹ 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). Certain physician specialties have been brought into the community in recent years to help address this need.

Sliding Fee Scale Clinics and Reduced Cost 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 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.¹¹² A majority of the population served by this clinic are Hispanic migrant farmworkers (see *Special Populations* section).

Sterling Group Primary Care Clinic provides health care services for the entire family. The clinic treats patients by appointment and accepts walk-ins. The facility has 18 exam rooms, two special procedure rooms, an on-site laboratory and x-ray services. Office hours are Monday through Friday, 9 a.m. to 6 p.m., and Saturdays, 9 a.m. to 12 p.m.¹¹³

CareConnect is a community health center located in Moultrie and surrounding areas. There is an urgent care clinic located in Moultrie that is open seven days a week with extended hours from 9 a.m. to 8 p.m. The center offers walk-in appointments and is a cost-effective alternative to the ER.¹¹⁴

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 46.2.¹¹⁵

Mental Health

Colquitt County has facilities outside the County that provide mental health and substance abuse services. The community reported a lack of local mental health facilities for outpatient and crisis 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

Professional Shortage Areas as of January 2019

Colquitt County	
Primary Care Shortage	✓
Mental Health Shortage	✓
Dental Health Shortage	✓

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

Nursing Homes/Skilled Nursing Facilities

Skilled nursing facilities (SNFs) fill a vital role in healthcare delivery for certain population groups. Nationally, there are more than 15,000 nursing homes caring for 1.4 million individuals.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. LogistiCare provides Medicaid transportation to qualified patients.

Finding a Health Care Provider Whom the Patient Can Trust

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

PATIENT-CENTERED MEDICAL HOMES

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

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

Access to Care

- » Colquitt is one of the highest poverty counties in the state of Georgia.
- » There is a lack of knowledge of available resources.
- » There are a lot of advertisements for free education like lunch and learns in the newspaper, but this form of marketing is not getting to the most underserved populations.
- » Churches would be a good way to advertise health education offerings.
- » There is a need for more outreach and there is a lack of knowledge of available resources. These are the two most needed efforts in order to increase access to care.
- » The county has plenty of specialists for a county of its size.
- » There is a need for a urologists and cardiologists.
- » One of the largest opportunities is to communicate health education materials, resources, and classes to the most underserved populations. There is a lack of communication of resources to this population group.
- » Transportation is an issue due to lack of convenience. There is a transportation system called Destiny Transit. You may have a doctor's appointment at 9:00 am but the transit system may have to pick you up at 6:00 am in order to include you on the route.
- » Education is really the key to success for most individuals. There is a need for individuals to obtain higher education than a high school diploma.
- » There is a need for more pediatric primary care for a community of this size.

Access to Care

- » There are a lot of no-show appointments that are a result of lack of transportation.
- » One of the biggest barriers to healthcare access is get the people who need the information the most to be engaged in health promotion activities.
- » Town Hall meetings are helpful for getting information out and issues addressed.
- » There is a lack of health literacy. People do not understand the ramifications of their lifestyle decisions which feeds into all the other health outcomes.
- » Access to medications due to high cost is major barrier to care.
- » The people that need to be reached do not go on social media or read the newspaper.
- » There is a need for effective outreach, communication, and education to impact behavior change.
- » There are a lot of people who think a diagnosis is a death sentence, so they are scared to attend free screenings.
- » The hospital has convenient care clinic.
- » When an individual is living in poverty, they ignore medical needs.

Access to Care (Resources already in place)

- » There is a sliding fee (reduced cost care) primary care clinic in Moultrie on Mainstreet that is open seven days a week.
- » WIC provides whole grains, milk, and healthy veggies and fruits to eligible women and children.
- » There is Medicaid transportation, but you must schedule a week in advance.
- » The Hero Center is hoping to open a center to address the need for interventions for those children who have suffered sexual abuse.
- » Food Stamps (SNAP) allocations have increased. It is based on income and how many are in the family. The WIC people no longer come to get WIC because it is a hassle to get the education and WIC vouchers.

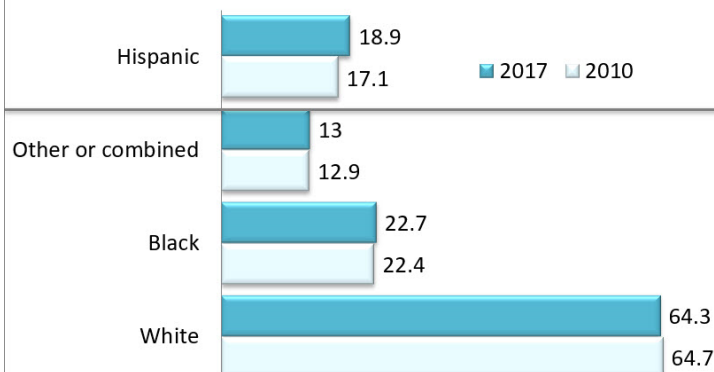
SPECIAL POPULATIONS

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

Population Percentages by Race/Ethnicity
Colquitt County- 2010, 2017

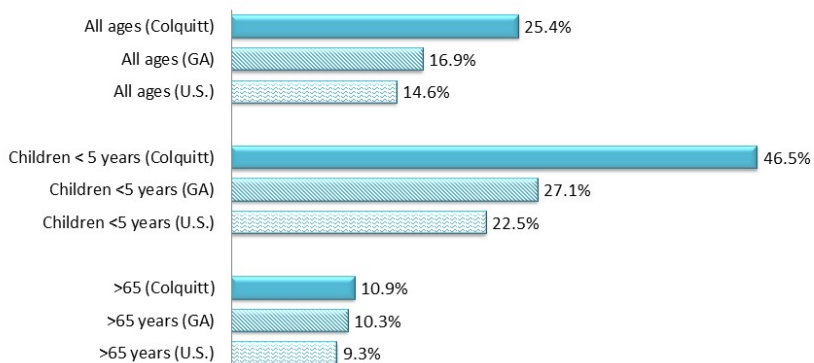


Data Source: U.S. Census Bureau

The Hispanic population represents a large percent of the population in Colquitt County. Please reference the Community Input section on Hispanic Population.

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

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

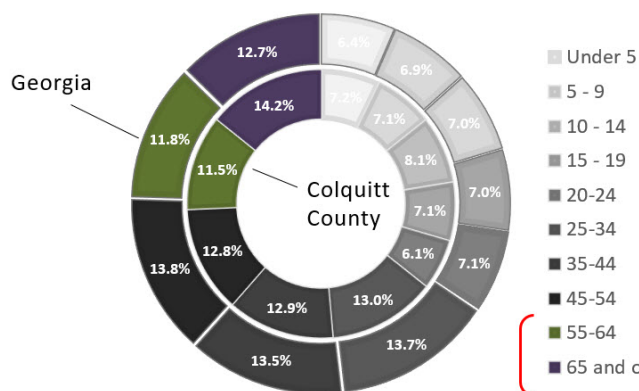


Data Source: U.S. Census Bureau

Senior Health

The population proportion of those aged 55 and over in Colquitt County is approximately 25.7 percent. Georgia's proportion of those aged 55 and older is roughly 25 percent or one in four individuals.

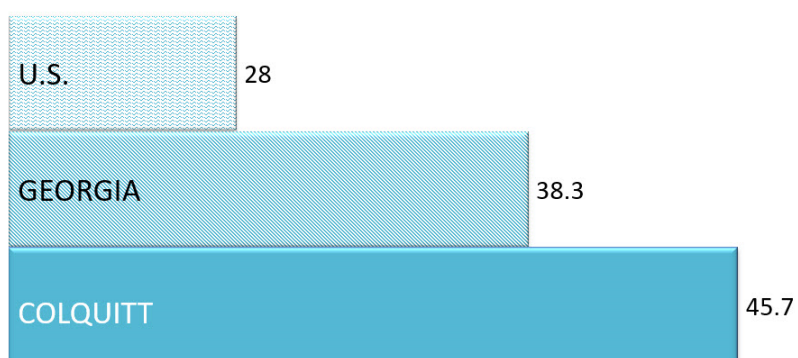
Population Percentages By Age Groups, 2017
Colquitt County and Georgia



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

Leading Causes of Death – Alzheimer's
2013-2017

(Age-Adjusted Rates Per 100,000 Population)



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

The Alzheimer's disease death rate was higher compared to Georgia and the U.S.

COMMUNITY INPUT

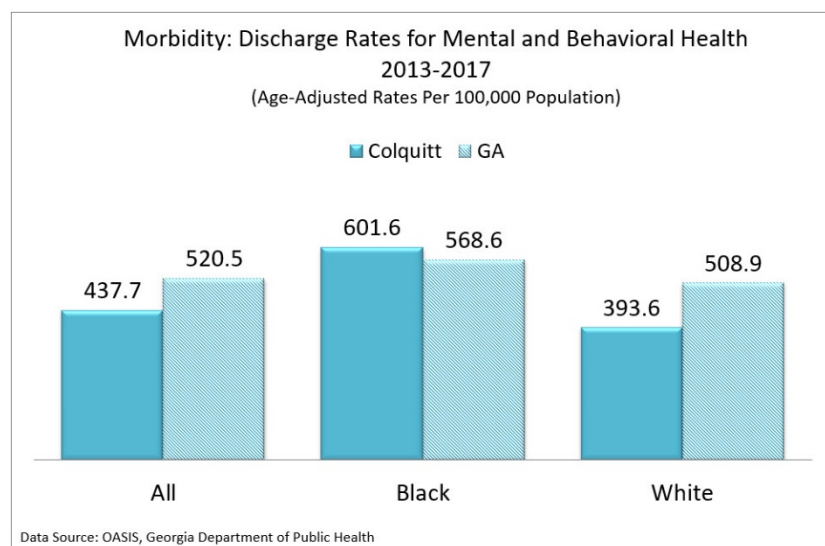
The following paraphrased comments are based on feedback from Colquitt County community focus groups and key stakeholder interviews.

Hispanic Population and Migrant Farmworkers

- » Ellenton has two mobile clinics that go into the farms after farmers get off work. They do primary care services and treat conditions like colds and sore throats.
- » Hispanics get the staple foods that will feed more children, like rice and beans. They eat very carb heavy which can increase obesity and diabetes rates among this population.
- » About 60 percent of the health department's patients are Hispanic.
- » There is a migrant farm clinic in Ellenton. You must be migrant farmworker in order to qualify. You must work for a valid farmer. They check to make sure pay stub is coming from a valid farmer/farm business.
- » The Ellenton Clinic has a transport van that helps women get to their prenatal appointments.
- » The Hispanic population is a large population in this community. Their diet is very carb heavy and a lot get diabetes. There is need for more education and intervention for this population group.
- » The migrant farmworker nurses come in the month of June to start doing health outreach to all the migrant farmworkers.

Mental and Behavioral Health

Mental and behavioral health conditions include disorders related to psychoactive substance use, Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders, mood [affective] disorders, anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders¹²³.



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

COMMUNITY INPUT

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

Mental and Behavioral Health

- » There is a need for more access to mental health facilities.
- » The hospital faces barriers to getting reimbursed for psychiatric diagnoses since it is not a psychiatric hospital.
- » There is a substance abuse issue in Colquitt County. There are a lot of addicts that want help. It takes six months to a year to get them help.

Mental and Behavioral Health

- » Substance abuse leads into other abuses and forms of child neglect.
- » Around 75-85 percent of substance abusers do not have health insurance.
- » Turning Point (behavioral health) has two beds for Medicaid patients.
- » There is a lack of knowledge of getting mental health help before it is too late. Individuals do not know the symptoms.
- » There is a need for a crisis mental health center in Moultrie. The closest one is in Thomasville.
- » There is a need for more outpatient treatment options in Colquitt County for mental and behavioral health.

PRIORITIES

About Community Input

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

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

Each participant was then provided 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 amenable to change?

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

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

Focus Group Meetings and Priorities

Two community focus group meetings were conducted on May 13th and May 14th, 2019.

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

1. Mental and Behavioral Health/Substance Abuse
 - a. There is a lack of local mental and behavioral health facilities for both crisis and outpatient treatment options.
 - b. There is lack of knowledge about getting mental health help before it becomes a crisis. There is a need for education and awareness on the signs of and symptoms of mental illness.
 - c. There is a need for more awareness on the substance abuse issues in the community. A lot of individuals self-medicate with drugs.
 - d. Mental and behavioral healthcare for adolescents is needed, but the lack of parental engagement was reported as a barrier to getting children the care they need and recognizing that their children need the care.
2. Access to Care
 - a. There is lack of communication and collaboration of available community resources. There is a need for centralized resource directory.
 - b. There is a need for more effective outreach, education, and screenings to the most underserved population groups.
 - c. There is a lack of health literacy or knowledge of about one’s health and what is healthy and what is not.
 - d. There is a lack of access to medication due to high cost.
 - e. There is a lack of transportation.
2. Lifestyle and Obesity
 - a. There is a need for education and outreach on personal accountability, self-control, and taking charge of one’s health.
 - b. There is a lack of education on money management.
 - c. There is a need for more education and outreach on early screenings for prevention of cancer.
3. Adolescent Health
 - a. There is a need to increase access to healthcare for underserved adolescent populations while they are in school.
 - i. A school-based health care clinic is needed to address this issue.
 - b. There is a need for a higher level of parental engagement and outreach on methods for raising a healthy child. The lack of parenting engagement and accountability was the main theme associated with adolescent health. Mental and behavioral healthcare for adolescents is needed, but the lack of parental engagement was reported as a barrier to getting children the care they need and recognizing that their children need the care.

Hospital Input

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

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

Identified Priorities

After carefully reviewing the observations, comments and priorities of the community, as well as the secondary health data presented, the CHSC identified the following priorities:

- Mental and Behavioral Health/Substance Abuse
- Access to Care/Transportation
- Lifestyle and Obesity
- Adolescent Health

Approval

Colquitt Regional Medical Center's Board approved this community health needs assessment through a board vote on September 23, 2019.

Special Thanks to Community Participants

Colquitt Regional Medical Center would like to thank all the individuals who participated and for their generous contribution of time and effort in making this Community Health Needs Assessment (CHNA) a success. Each person provided valuable insight into the health needs of the general community, as well as for specific vulnerable population groups. Community participation included participating in one of the three one-on-one key stakeholder interviews or attending one of the two focus groups held on May 13th or 14th, 2019. There were over 40 community participants who attended these events.

Also, special thanks to Colquitt Regional Medical Center's Community Health Needs Assessment Steering Committee (CHSC) for their time and effort towards the project.

Jim Matney – President and CEO

Alana Anderson - Director, Maternal Infant Services

Matthew Clifton - Director, Pharmacy and Oncology Services

Whitney Costin - Director, Patient Satisfaction

Rita Gay - Director, Respiratory Services

Jessica Jordan, Compliance Officer and Internal Auditor

Robin Tillman - Joint Commission/Accreditation Coordinator

Emily Watson - Marketing Director

Shana Wertz - Asst. Vice President Home Care Services

Dena Zinker - Vice President and Chief Nursing Officer

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

RESOURCE LISTING

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

ALLERGY/IMMUNOLOGY

Joseph H. Berger, MD
1 Sweet Bay Court
Moultrie, GA 31768
229-985-1822

305 West Hansell Street
Thomasville, GA 31972
229-228-6355

904 4th Street
Cairo, GA
229-397-8282

ANESTHESIOLOGY

Frederick Powell, MD
Venu Madhipatia, MD
Joel Lopes Jr., MD
3131 South Main Street
Moultrie, GA 31768
229-891-9548

AUDIOLOGY

South Georgia Audiology and Hearing Center
Nathan Rhodes, AuD
1 Sweet Bay Court
Moultrie, GA 31768
229-985-1822

Sterling Group Ear, Nose, and Throat
Kellie Smith, AuD, FAAA
3 Hospital Park
Moultrie, GA 31768
229-891-3325

Joseph Berger, MD
1 Sweet Bay Court
Moultrie, GA 31768
229-985-1822

Raymond Aldridge, MD
3 Hospital Park
Moultrie, GA 31768
229-891-3325

Laurie McDaniel Scarrow, AuD
Hearing Center of Moultrie
27 8th Avenue S.E.
Moultrie, GA 31768
229-985-3277 (EARS)

ASSISTED LIVING FACILITIES

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

Golden Apple
606 5th Ave. SE
Moultrie, GA 31768
229-890-5313

Legacy Village at Park Regency
3000 Veterans Parkway
Moultrie, GA 31788
229-890-3342

Colquitt Garden Manor
498 5th St. SE
Moultrie, GA 31768
229-891-3336

BIRTH CERTIFICATES

Colquitt County Health Department
214 West Central Avenue
Moultrie, GA 31776
229-589-8463

BLOOD DONATIONS

American Red Cross
1-800-RED-CROSS
1-800-733-2767
www.redcross.org

BREASTFEEDING RESOURCES

Breastfeeding Information
www.breastfeedingonline.com

La Leche League of GA Hotline
404-681-6342

CAR SEAT RESOURCES AND SAFETY

Sterling Center Women's Health
229-985-2198
Free Child Birth Classes with Complimentary Car Seat

Car Seat Installation- Moultrie Police Department
229-985-3131 (ask for an officer certified for car seat installation)

CARDIOLOGY

Lawrence Ukpong, DO
Julie Posey, NP-C
1 Sweet Bay Court
Moultrie, GA 31768
229-891-9087

Paliavi Luthra, DO
Benjamin McLeod, FNP-C
115 31st Avenue SE
Moultrie, GA 31768
229-890-5305

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
Edwards Cancer Center 229-890-3514
Team Leader- 229-985-3353 or 229-891-1929

Live Strong
YMCA
229-985-1154

CHILDREN & FAMILY SUPPORT SERVICES

ALL GA KIDS
877-255-4254

Georgia Division of Children and Family Services
877-423-4746

Colquitt County DFCS
449 N. Main Street, Ste A
Moultrie, Georgia 31768
229-217-4000

FAMILY MEDICINE CLINICS

Sterling Group Primary Care
6 Hospital Park
Moultrie, GA 31768
229-985-3320

Sterling Group Kirk Clinic
8 Laurel Court
Moultrie, GA 31768
229-891-9016

Norman Park Family Medicine
137 E. Broad Street
Norman Park, GA 31771
229-769-3500

Georgia South Family Residency Center
1 Magnolia Court
Moultrie, GA 31768
229-502-9769

CLOTHING RESOURCES

Salvation Army
www.salvationarmy.usa.org

Goodwill Retail Store
359 Commerce way
Tifton, GA 31794
229-382-0093

Goodwill Retail Store
15072 US Hwy 19
Thomasville, GA 31792
229-226-2465

COUNSELING

Covenant Counseling Center
600 2nd Street Southeast
Moultrie, GA 31768
229-890-2288

Family Recovery of Southwest Georgia
719 1st St. SE
Moultrie, GA 31768
229-456-2022

Anodyne Counseling
600 1st St. SE
Moultrie, GA 31768
229-985-8452

Ben Marion, LCSW, LMFT
Moultrie, GA
229-225-8296

CRISIS INTERVENTION

National Domestic Violence Hotline
800-799-7233

Serenity House (Domestic Violence)
Crisis Line: 229-890-7233
Office: 229-782-5394
Hearing Impaired: 229-782-7283

Georgia Mobile Crisis Response Services
1-800-715-4225

DENTAL (LOW-INCOME)

Farrey Family Dentistry
513 South Main Street
Moultrie, GA 31768
229-890-3908

DENTISTRY

Alfred Agüero, ED, MD
4 Magnolia Court
Moultrie, GA 31768
229-985-6499

Jay Cranford, DMD
4 Long Leaf Office Park
Moultrie, GA 31768
229-985-9087

Timothy B. Fagan, MDM, PC
7 Longleaf Office Park
Moultrie, GA 31768
229-985-4674

Stephen W. Moore, DDS, PC
3 Longleaf Office Park
Moultrie, GA 31768
229-985-7290

Perfect Smile
307 Fifth St., SE
Moultrie, GA 31768
229-985-5092

Jeffery Barnett, DDS
5 Sweet Bay Court
Moultrie, GA 31768
229-985-3367

David Howington, DMD
8 Longleaf Office Park
Moultrie, GA 31768
229-985-8504

Michael D. Marable, DMD
307 5th Street SE
Moultrie, GA 31768
229-985-5092

Lee Redding, DDS
John Lee Redding, DMD
1 hospital Park
Moultrie, GA 31768
229-985-3363

Jason Lairsey, DMD
4 Longleaf Park
Moultrie, GA 31768
229-985-9087

DERMATOLOGY

Robert Lott, MD
Sterling Group Dermatology
760 26th Avenue, SE
Moultrie, GA 31768
229-502-9710

DEVELOPMENTAL NEEDS

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

Green Oaks Center
229-891-7300
www.greenoakscenter.com

Colquitt Regional Speech Pathology and
The Learning Center
Hearing screenings, cognitive development, literacy
and learning needs
3100 Veterans Parkway
Moultrie, GA 31768
229-502-9701

Parent to Parent of Georgia
800-229-2038

Special Needs Preschool Program
Ages 3 and 4
Contact your child's school

DIAGNOSTIC IMAGING

Open MRI of Tifton
1401 Tift Avenue
Tifton, GA 31794
229-387-6799
866-387-6799

Radiology Associates of Moultrie
Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229-985-3500

Sterling Center Women's Health
Mammography and Dexascans
3 Sweet Bay Court
Moultrie, GA 31768
229-985-2198

DIALYSIS

Colquitt Regional Dialysis
449 31st Avenue
Moultrie, GA 31768
229-891-9333

EMERGENCIES / URGENT CARE

Emergency Room
Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229-985-3420

Convenient Care
207 31st Ave., SE
Moultrie, GA 31768
229-217-0088

CareConnect Urgent Care
1401 S. Main St., Moultrie, GA 31768
229-891-3513

FAMILY MEDICINE

Justin Baker, MD
Chris Bazal, MD
Rochelle McCranie, PA-C
Christina Lee, FNP-C
Robert Spruill, MD
Sean Sauls, PC-C
Gary Swartzentruber, MD
Sterling Group Kirk Clinic
8 Laurel Court
Moultrie, GA 31768

Matt Gould, PA
C. Gary Lodge, MD
Billy Ray Price, MD
Sterling Group Primary Care
6 Hospital Park
Moultrie, GA 31768
229-985-3320

Melissa Cardwell, DO
Hope Littleton, NP-C
Kirby Smith, DO
Woodwin Weeks, DO
Jessica Brumbfield Mitchum, DO
Georgia South Family Medicine Residency Center
1 Magnolia Court
Moultrie, GA 31768
229-502-9769

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.salvationarm-georgia.org

FOOD ASSISTANCE

Colquitt County Food Bank
309 3rd Street Southeast
Moultrie, GA 31768
229-985-7725

Women, Infants & Children (WIC)
800-228-9173

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

Southwest Georgia Community Action Council
Meals on Wheels
229-985-3610

FURNITURE SOURCES

Goodwill Industries
www.goodwillng.org

Hope House Thrift Store
704 5th Ave. SE
Moultrie, GA 31768
229-985-4673

The Storehouse Thrift Store
Heritage Church
725 GA Hwy 33 South
Moultrie, GA 31768

Salvation Army
www.salvationarmygeorgia.org

GASTROENTEROLOGY

Mauricio Carballo, MD
Mandi Strickland, PNP-C
Sterling Center Surgery and Medicine
4 Live oak Court
Moultrie, GA 31768
229-785-2400

GENERAL/VASCULAR SURGERY

Robert M. Brown, MD
Stephanie Diers, NP
Thomas L. Estes, MD, FACS
Amber J. Holt, DO
Phyllis Hughes, FNP-C
Howard L. Melton, MD, FACS
William Stembridge, DO
Sterling Center Surgery and Medicine
4 Live Oak Court
Moultrie, GA 31768
229-785-2400

GED CLASSES

Southern Regional Technical College
229-217-4133

HEALTH INSURANCE

Medicaid

Member Services: 866-211-0950
Provider Services: 800-766-4456
Eligibility: 404-730-1200
Customer Service: 404-657-5468
www.medicaid.gov

PeachCare for Kids
877-427-3224
www.peachcare.org

Medicare

800.MEDICARE / 800.633.4227
Medicare Service Center:
877-486-2048
Report Medicare Fraud & Abuse:
800-HHS-TIPS / 800-447-8477
www.medicare.gov

HOME CARE SERVICES

Colquitt Regional Medical Center Home Care Services
415 Rowland Dr.
Moultrie, GA 31768
229-891-2128

Allcare Services- Private Home Care Providers
www.allcarega.com
478-254-3621

Amedisys Home Health
220 GA Highway 33 S.
Moultrie, GA 31768
229-502-4260

SouthernCare Moultrie
412 First Street, SE
Moultrie, GA
229-217-0523

HEARING AIDS/ASSISTIVE DEVICES

Laurie McDaniel Scarrow, AuD
Hearing Center of Moultrie
27 8th Avenue SE
Moultrie, GA 31768
229-985-3277 (EARS)

Kellie Smith, AuD, FAAA
Sterling Group Ear, Nose and Throat
3 Hospital Park
Moultrie, GA 31768
229-891-3325

HOSPICE PROVIDERS

Colquitt Regional Medical Center Hospice
415 Rowland Dr.
Moultrie, GA 31768
229-890-3526
www.colquittregional.com

Regency Southern Care
143 Highway 310 S
Suite 1
Moultrie, GA 31768
229-217-0523
www.southerncareinc.com

HOSPITALS

Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229-985-3420

HOSPITALISTS

Catherine Brown, MD
Joseph B. Beavers, MD
Jared Cardwell, MD
Tamara Johnson, MD
Wit Kabange, MD
Michael Kelley, MD
Robert Spruill, MD
John Bump, DO
Woodwin Weeks, DO
Jenna Bates, DO

Brett Krummert, MD
Erick Myrtill, MD
Heather Champion, FNP-NP

Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229-985-3420

HOUSING / UTILITY ASSISTANCE

Georgia Housing Search
www.georgiahousingsearch.org

Moultrie Housing Authority
229-985-4162

Utility Assistance (for existing costumers)
Georgia Power: 888-660-5890
City of Moultrie-229-985-1974
Colquitt EMC-229-985-3620

INFECTIOUS DISEASE

Tamara Johnson, MD
Sterling Group Infectious Disease
6 Hospital Park
Moultrie, GA 31768
229-891-9009

INTERNAL MEDICINE

Frands Kundi, MD
14 Hospital Park
Moultrie, GA 31768
229-985-1156

James Huffman, MD
Todd Trebony, MD
Kaylan Lancaster, FNP-C
Sterling Group Internal Medicine
2509 South Main St.
Moultrie, GA 31768
229-890-1442

J. Clyde Lamon, MD
Moultrie Internal Medicine
320 Sunset Circle
Moultrie, GA 31768
229-985-5200

JOB TRAINING

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

Goodwill Retail Store and Training Center
Thomasville: 229-226-2465
Tifton: 229-382-0093

LEGAL ISSUES

Georgia Legal Services
800-822-5391

Division of Child Support Services
111 B South Patterson St.
Valdosta, GA 31603
1-844-694-2347

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

Colquitt Regional Medical Center Financial Counselors
Colquitt Regional Medical Center, Main Campus
3131 South Main Street
Moultrie, GA 31768
229-891-9429, 229-891-9065

MEMORY CARE

Legacy Village at Park Regency
3000 Veterans Parkway
Moultrie, GA 31788
299-890-3342

MENTAL HEALTH/BEHAVIORAL 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
229-985-4815

NEPHROLOGY

Daryl O. Crenshaw, MD
W. Merrill Hicks Jr., MD
Raul G. Santos, MD
3131 South Main Street
Moultrie, GA 31768
229-891-9333

NEUROLOGY

Kent Posey, MD
Rebecca Mobley, FNP-C
Sterling Group Southern Neurology and Neurosciences
6 Hospital Park
Moultrie, GA 31768
229-502-9735

NURSING HOME/SKILLED NURSING FACILITIES

Pruitt Health Magnolia Manor South
3003 Veterans Parkway S
Moultrie, GA 31788
229-985-34222
www.magnoliamanor.com

Pruitt Health Sunrise
2709 S Main Street
Moultrie, GA 31768
229-985-7173

Pruitt Health of Moultrie
233 Sunset Circle
Moultrie, GA 31768
229-985-4320

Cobblestone Rehabilitation and Health Center
101 Cobblestone Trace, SE
Moultrie, GA 31768
229-985-3637

OB/GYN

Jim Small, MD
Linnea A. Mehls, MD
Michele Holzman, CNM/APRN
Jessica Fields NP-C
Sterling Center Women's Health
3 Sweet Bay Court
Moultrie, GA 31768
229-985-2198

ONCOLOGY

Roxana Aguirre, MD
Wen-Hui "William" Zhu, MD, PhD
Edwards Cancer Center
3131 South Main Street
Moultrie, GA 31768
229-890-3514

OPTOMETRY/OPHTHAMOLOGY

Moultrie Eye Center
Josh Newton, MD
Derrick Thornton, OD
2375 South Main Street
Moultrie, GA 31768
229-985-2020

South Georgia/North Florida Eye Partners
Scott Petermann, MD
Wes Ross, MD
Garrett Webster, MD
Valerie Ferrell, OD
Melanie Hill, OD
Eric Kolisz, OD
Jodie Norman, OD
Lauren Rowe, OD
Ricky Rowe, OD
115 5th Street SE
Moultrie, GA 31768
229-890-8016

4120 North Valdosta Road
Valdosta, GA 31602
229-244-2068
416 Tift Avenue
Tifton, GA 31794
229-391-4180

200 Doctor's Drive #105
Douglas, GA 31533
912-384-1840

234 SW Range Avenue
Madison, FL 32340
850-973-3937

OTHER AGENCIES/CLINICS

Colquitt County Health Department
214 West Central Avenue
Moultrie, GA 31776
229-589-8463

Hope House Pregnancy Center
704 5th Ave. SE
Moultrie, GA 31768
229-985-4673

Ellenton Clinic
185 North Baker Street
Ellenton, GA 31747
229-324.2845

ORTHOPEDICS

Jabari Martin, MD
C. Curt Starling, MD
Dexter Love, MD
Sterling Center Surgery and Medicine
4 Live Oak Court
Moultrie, GA 31768
229-785-2400

Vereen Rehabilitation Center
3100 Veterans Parkway
Moultrie, GA 31768
229-890-3553

OTOLARYNGOLOGY

Raymond Aldridge, MD
3 Hospital Park
Moultrie, GA 31768
229-891-3325

11 W. 12th Street
Tifton, GA 31794
229-891-3325

Joseph H. Berger, MD
1 Sweet Bay Court, Suite D
Moultrie, GA 31768
229-985-1822

PAIN MANAGEMENT

Colquitt Regional Pain Management Services
Venu Madhipatla, MD
Kimberly Powell, PA-C
3131 South Main Street
Moultrie, GA 31768
220-891-9548

PARENTING RESOURCES

American Academy of Pediatrics
www.healthychildren.org

PATERNITY

Division of Child Support Services (DCSS)
111 B South Patterson Street
Suite 202
Valdosta, GA 31603
1-844-694-2347

PATHOLOGY

Anthony Moser, MD
Corey Porteus, D.O
Sterling Group Pathology
P.O. Box 2047
Moultrie, GA 31776
229-985-7977/229-890-3440

PEDIATRICS

Bo Edwards, M.D.
CareConnect Pediatrics
1 Sweet Bay Court Suite A
Moultrie, GA 31768
229-985-1457

PHARMACIES

LINK TO THE WEBSITE BELOW FOR A COMPLETE LISTING:

[HTTPS://WWW.YELLOWPAGES.COM/MOULTRIE-GA/PHARMACIES](https://www.yellowpages.com/moultrie-ga/pharmacies)

PODIATRIC SURGERY

Ankle & Foot Associates, LLC
Nic Dodson, DPM
3 Magnolia Court
Moultrie, GA 31768
229-247-7707

PHYSICAL THERAPY / REHABILITATION SERVICES

Vereen Rehabilitation Services
3100 Veterans Parkway S
Moultrie, GA 31768
229-890-3553
www.vereencenter.com

Regional Therapy Services
300 Sunset Circle
Moultrie, GA 31768
229-985-2080
www.regionaltherapyservices.com

POSTPARTUM DEPRESSION

Georgia Crisis Line
800-715-4225
www.bhlweb.com/tabform

Meetup
www.postpartum.meetup.com

Postpartum Support International
800-944.4773
Text: 503-894-9453
www.postpartum.net

National Women's Health Information Center
800-994-9662
www.womenshealth.gov

PROSTHETIC DEVICES

Central Orthotics and Prosthetics
304 Sunset Circle
Moultrie, GA 31768
229-891-2636

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

PUMONOLOGY

Michael Brown, MD
Rebecca Peters, FNP
Sterling Group Pulmonology
7 Hospital Park
Moultrie, GA 31768
229-985-4469

RADIOLOGY

James W. Keith, MD
Lee McGill, MD
Jacob Schwartz, MD
Radiology Associates of Moultrie
3131 South Main Street
Moultrie, GA 31768
229-985-3420

RECREATION

Boys & Girls Clubs of Moultrie-Colquitt County
420 W Central Ave
Moultrie, GA 31768
229-890-8600

Moultrie Colquitt County Art Center
401 7th Ave. SE
Moultrie, GA 31768
229-985-1922

Moultrie YMCA
601 26th Ave SE
Moultrie, GA 31768
229-985-1154
www.moultrieymca.org

Museum of Colquitt County History
501 4th Ave. SE
Moultrie, GA 31768
229-890-9500

REHABILITATION

Moultrie YMCA
601 26th Avenue SE
Moultrie, GA 31768
229-985-1154

Pruitt Health Moultrie
233 Sunset Circle
Moultrie, GA 31768
229-985-4320

Regional Therapy Services
300-B Sunset Circle
Moultrie, GA 31768
229-985-2060

Pruitt Health Magnolia Manor
3003 Veterans Pkwy South
Moultrie, GA 31768
229-985-3422

Pruitt Health Sunrise
2709 South Main Street
Moultrie, GA 31768
229-985-7173

Vereen Rehabilitation Services
3100 Veterans Parkway S
Moultrie, GA 31768
229-890-3553
www.vereencenter.com

RHEUMATOLOGY

Sedrick Bradley, MD
Sterling Group Rheumatology
3 Magnolia Court
Moultrie, GA 31768
229-891-9088

SAFETY

Georgia Poison Control
800-222-1222
www.georgiapoisoncenter.org

Moultrie Police Department
229-985-3131

Colquitt County Sheriff Department
229-616-7430

Safe Kids
1301 Pennsylvania Avenue, NW, Suite 1000
Washington, DC 20004
202-662-0600 (P)
www.safekids.org

SLEEP DIAGNOSTICS

The Sleep Diagnostic Lab at
Colquitt Regional Medical Center
3131 South Main Street
Moultrie, GA 31768
229-890-3520

SMOKING CESSATION

Georgia Tobacco Quit Line
877-270-7867
www.livehealthygeorgia.org/quitline

SPEECH PATHOLOGY

Colquitt Regional Speech Pathology and
The Learning Center
3100 Veterans Parkway
Moultrie, GA 31768
229-891-9323

SPINE SPECIALISTS

Andrew Cordista, MD
Ashley Bostick, NP-C
Sterling Group Spine Center
8 Live oak Court
Moultrie, GA 31768
229-890-6612

SPORTS MEDICINE

Vereen Sports Medicine
3100 Veterans Parkway
Moultrie, GA 31768
229-890-6612

TEEN PREGNANCY SUPPORT

Hope House
P.O. Box 794
704 5th Ave. S.E.
Moultrie, GA 31768
229-890-5244
229-985-7975, Fax
www.hopehousecares.org

TRANSPORTATION

Logisticare -Medicaid only and Medical transport only
1-888-224-7985

Colquitt Regional Medical Center- Medical Transport
only
Private Pay- 229-891-9352

Mids Transportation
(anyone/anywhere Colquitt County appointments
made from 8-11:00 am)
229-985-1663

Destiny Transit
2407 S. Main St.
Moultrie, GA 31768
229-985-1666
<http://swgrc.org/transportation>
Provides contracted and public transportation.

UROLOGY

Winston Wilfong, MD
Anthony Davis, Jr., PA-C
Sterling Center Surgery and Medicine
4 Live Oak Court
Moultrie, GA 31768
229-785-2400

UROGYNECOLOGY

Cheau Williams, MD
Casey Jo Bennett, FNP-C
Brooke Blease, FNP-C
Sterling Center Surgery and Medicine
4 Live Oak Court
Moultrie, GA 31768
229-502-9788

UNIFORMS

Uniform Works
113 E. 12th Street
Tifton, GA 31794
229-387-8737

ENDNOTES

- ¹ U.S. Census Bureau, State and County Quick Facts, www.census.gov
- ² U.S. Census Bureau, State and County Quick Facts, www.census.gov
- ³ U.S. Census Bureau, Rural and Urban Classification, www.census.gov
- ⁴ Georgia.Gov, <http://georgia.gov/cities-counties/Colquitt-county>
- ⁵ Colquitt County Board of Tax Assessors, <http://qpublic.net/ga/colquitt/>
- ⁶ The New Georgia Encyclopedia, Colquitt County, <http://www.georgiaencyclopedia.org>
- ⁷ U.S. Census Bureau. On The Map. <http://onthemap.ces.census.gov/>
- ⁸ U.S. Census Bureau, State and County Quick Facts, www.census.gov.
- ⁹ Kaiser Family Foundation, Key Facts: Race, Ethnicity, and Medical Care, January 2007 update.
- ¹⁰ Ibid.
- ¹¹ Ibid.
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