



## 2019 Community Health Needs Assessment

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The following assessment was researched and written by:



[www.draffin-tucker.com](http://www.draffin-tucker.com)



# EXECUTIVE SUMMARY

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## Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Appling Healthcare System 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 Appling Healthcare System'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 Appling 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 Appling 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

Appling County is located in southeast Georgia. The estimated population of Appling County in 2017 was 18,471. The city of Baxley is the county seat of Appling County. Baxley is home to Appling Healthcare System, which is a 64-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 Appling County for 2013-2017, heart disease was the leading cause of death followed by cancer, chronic lower respiratory disease, accidents, and stroke.

### HEART DISEASE AND STROKE

Heart disease and stroke typically affect people age 65 years and older. Heart disease was the first leading cause of death in Appling County. The heart disease death rate in Appling County was higher than Georgia and the U.S. Stroke was the fourth leading cause of death in Georgia and the fifth leading cause of death in Appling 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. Appling County had a lower cancer incidence rate compared to Georgia and to the U.S. Appling County's cancer death rate was higher than both Georgia and U.S. rates. There may be a need for cancer prevention programming in the Appling 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 Appling County compared to the rates in Georgia and the U.S. Death rates due to lung cancer were higher in Appling 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 Appling County. The chronic lower respiratory disease death rate in Appling County was higher than the rates in both Georgia and the U.S.

## **ACCIDENTS**

Accidents 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 Appling County. The accident death rate was higher in Appling County than both the Georgia and U.S. rates.

## **MATERNAL, INFANT AND CHILD HEALTH**

Birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. The infant mortality rate was lower than Georgia during the period 2013-2017. The teen birth rate in Appling County was higher than the Georgia and U.S. rates. The teen birth rate among White females was higher than Black and Hispanic females in Appling County.

## **ALCOHOL, TOBACCO AND DRUG USE**

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

## **SEXUALLY TRANSMITTED DISEASES**

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. Appling County's rates for chlamydia were lower than the Georgia and U.S. rates. Gonorrhea rates were lower than Georgia, but higher than the U.S. rates. Chlamydia rates among Appling County Blacks were much higher compared to Whites and Hispanics. Gonorrhea rates were higher among Blacks compared to Whites and Hispanics. In Appling County, the human immunodeficiency virus (HIV) hospital discharge rate was lower compared to Georgia with four or fewer cases reported during the sample period. The HIV discharge rate was highest among Blacks in Georgia.

## ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. Approximately 24.7 percent of Appling County's population was below the poverty level. Around 17.5 percent of Appling 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 89 percent of Appling 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 Appling 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 Appling 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.

KEY FINDINGS							
	Appling		State		U.S.		HP 2020
MORTALITY							
All Cancer Death Rates	173.3	↓	162.1	↓	158.1	↓	161.4
Lung Cancer Death Rates	49.6	↓	42.4	↓	40.1	↓	45.5
Colon and Rectum Cancer Death Rates	+	↓	15.2	↓	14.1	↓	14.5
Female Breast Cancer Death Rates	22.9	↑	21.8	↓	20.3	↓	20.7
Prostate Cancer Death Rates	18	↓	21.6	↓	19	↓	21.8
Heart Disease Death Rates	258	n/a	178.6	n/a	167.1	n/a	
Stroke Death Rates	52	●	43.5	↑	37.1	↓	34.8
Accident Death Rates	58.2	↑	42.6	↑	44	↑	36.4
Chronic Lower Respiratory Disease Death Rates	64	↓	46.3	↑	41.1	↓	
Influenza and Pneumonia Death Rates	25.2	*	15.3	*	14.8	*	
Diabetes Death Rates	23.2	↑	21.8	●	21.2	*	
Infant Mortality Rate	6.5	↓	7.5	↑	5.7	*	6.0
MORBIDITY							
All Cancer Incidence	392.8	↑	454.6	↓	441.2	↓	
Breast Cancer Incidence	109.4	↓	125.2	↑	124.7	↑	
Lung Cancer Incidence	76.9	↑	64.9	↓	60.2	↓	
MATERNAL, INFANTS, AND CHILDREN							
Teen Birth Rates	62.2	↓	25.8	↓	20.3	↓	
Low Birth Weight	10.2%	●	9.6%	●	8.2%	*	
SEXUALLY TRANSMITTED DISEASES							
Chlamydia Rates	491.3	↓	623.7	↑	528.8	↑	
Gonorrhea Rates	194.4	↑	217.5	↑	171.9	↑	
Syphilis (Primary and Secondary)	+	●	12.9	↑	*	*	
HIV	+	↓	17.7	↓	*	*	
ACCESS TO CARE							
Poverty Percentage All Ages	24.7%	↑	16.9%	↓	14.6%	↓	
Unemployment Percentage	4.4%	↓	3.8%	↓	3.8%	↓	
High School Graduation (graduation rate)	89.0%	inc	82%	inc	84%	inc	87%
HEALTH BEHAVIORS							
Prevalence of Obesity	35.0%	↑	30.5%	●	39.8%	↑	30.5%
Lack of Physical Activity	26.0%	↓	23.6%	●	24.2%	*	32.6%
Adult Smokers %	20.0%	↓	17.4%	↓	16.8%	↓	12%

HP 2020-Healthy People 2020

## LEGEND

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

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

## Community and Hospital Prioritization of Needs

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

1. Mental and Behavioral Health
2. Access to Care
3. Lifestyle and obesity
4. 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**

Appling Healthcare System's Board approved this community health needs assessment through a board vote on August 26, 2019.

# THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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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). The CEO appointed the following individuals as participants on this committee.

Randy Crawford, CEO  
John C. Graham, CFO  
Rose Keller, CNO  
Andrea Pierce, COO  
Jordan Turner, Administrative Assistant  
Malorie Harvill, Marketing Director

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. Appling 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) to 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 Appling 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 Appling 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 Appling 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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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](http://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. Chronic Diseases</p> <p>a. Provide diabetes education classes with the collaboration of Appling County Extension Office beginning in February of 2017. Classes to be offered monthly.</p> <p>b. Continue to provide education and awareness through health fairs throughout the year.</p>	<p>a. Appling Healthcare collaborated with Appling County Extension Office Diabetes Education Empowerment Program (DEEP) with 12 students starting June 8, 2017-July 13, 2017. Monthly diabetic newsletter sent out. Classes weren't offered monthly due to lack of support but have resumed quarterly.</p> <p>b. Appling Healthcare has provided education and awareness through health fairs throughout the year, such as stroke education, teen pregnancy, life jacket safety, car temperatures, and Tai-Chi</p>
<p>2. Obesity</p> <p>a. AHCS will continue to work with the local extension office to refer patients for classes on budgeting, healthy eating, and food preparation classes.</p>	<p>a. Newsletters are sent out monthly via Appling Extension office. Appling Healthcare had lack of support for these classes due to employee cut backs. In addition, employee turnover complicated this effort.</p>
<p>3. Access to Care</p> <p>a. AHCS will be offering a free non-emergent shuttle service for Appling County patients who do not have access to transportation to health services provided by AHCS.</p>	<p>a. Appling Healthcare continues to offer free non-emergent shuttle service for Appling County patients.</p>
<p>4. Behavioral Health</p> <p>a. AHCS will continue with BHL services provided in the ER for mentally unstable patients.</p> <p>b. AHCS is working in collaboration with GPT to bring onboard Pineland Mental Health to the school-based telehealth program here in Appling County. This will allow Appling County School staff and students to have access to mental health services.</p> <p>c. Continue offering Geriatric Behavioral Health Services through our Senior Care Unit, with a possible expansion of this service by 10 beds after the first of the year. (Pending CON approval).</p>	<p>a. Appling Healthcare ER continues to utilize BHL services for mentally unstable patients. Telepsyc is not being utilized, due to their IT inconsistencies.</p> <p>b. Appling Healthcare was collaborating with GPT to bring Pineland onboard to the school. This collaboration ceased due to the grant end, which funded Appling Healthcare's Telehealth Coordinator.</p> <p>c. Appling Healthcare continues to offer Geriatric Behavioral Health Services through our Senior Care Unit. The potential 10-bed expansion has</p>

	<p>been deemed unnecessary at this time due to the growing competition in our surrounding area.</p>
<p>5. Substance Abuse</p> <p>a. At this time the hospital does not have the resources to address this priority. However, we will continue to assess and network with community organizations (i.e., Pineland Mental) who better serves this need.</p>	<p>a. Appling Healthcare has debated, discussed, and decided that opening a Substance Abuse Center will not be beneficial at this time. We feel Pineland Mental Health can better serve and continues to serve this area. Interventional Neurological Pain Management has been added, which indirectly helps with substance abuse.</p>
<p>6. Teen pregnancy</p> <p>a. AHCS will continue to collaborate with Appling Family Connections in providing “Teen Maze” to Appling County Middle School and Appling County High students. Teen Maze is an awareness and educational event at which students have the opportunity to face consequences of randomly selected lifestyle choices associated with risky youth behaviors in a safe and controlled environment. The maze is set up as an interactive “Game of Life.”</p> <p>b. AHCS will continue to collaborate with the local health department for referral for education, awareness, and contraceptive use.</p>	<p>a. Appling Healthcare continues to collaborate yearly with Appling Family Connections in providing “Team Maze” to Appling County Middle School and Appling County High students, to bring awareness to teen pregnancy.</p> <p>b. Appling Healthcare continues to collaborate with our local health department for referral for education, awareness, and contraceptive use.</p>

# ABOUT APPLING COUNTY

Appling County is in southeast Georgia. Appling County has a total land area of 507 square miles.<sup>1</sup> According to the U.S. Census, in 2017 the population of the county was estimated at 18,471 residents.<sup>2</sup> Appling Healthcare System 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 Baxley.



City/Town/Village	Population
Appling County	18,471 (2017)
Baxley	4,710 (2017)
Graham	291 (2010)
Surrency	201 (2010)

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

Appling County includes the city of Baxley which is also the county seat and most populous at 4,710 residents. There are also some smaller cities (Graham and Surrency) which make up less than 300 residents each. The population distribution is 28.6 percent urban and 71.4 percent rural. Only 1.1 percent of Appling County's land area is urban while 98.9 percent is rural.<sup>3</sup>

Appling County is home to the Altamaha River, Moody Forest Natural Area, Lake Mayers and Dunn's Lake.<sup>4</sup>

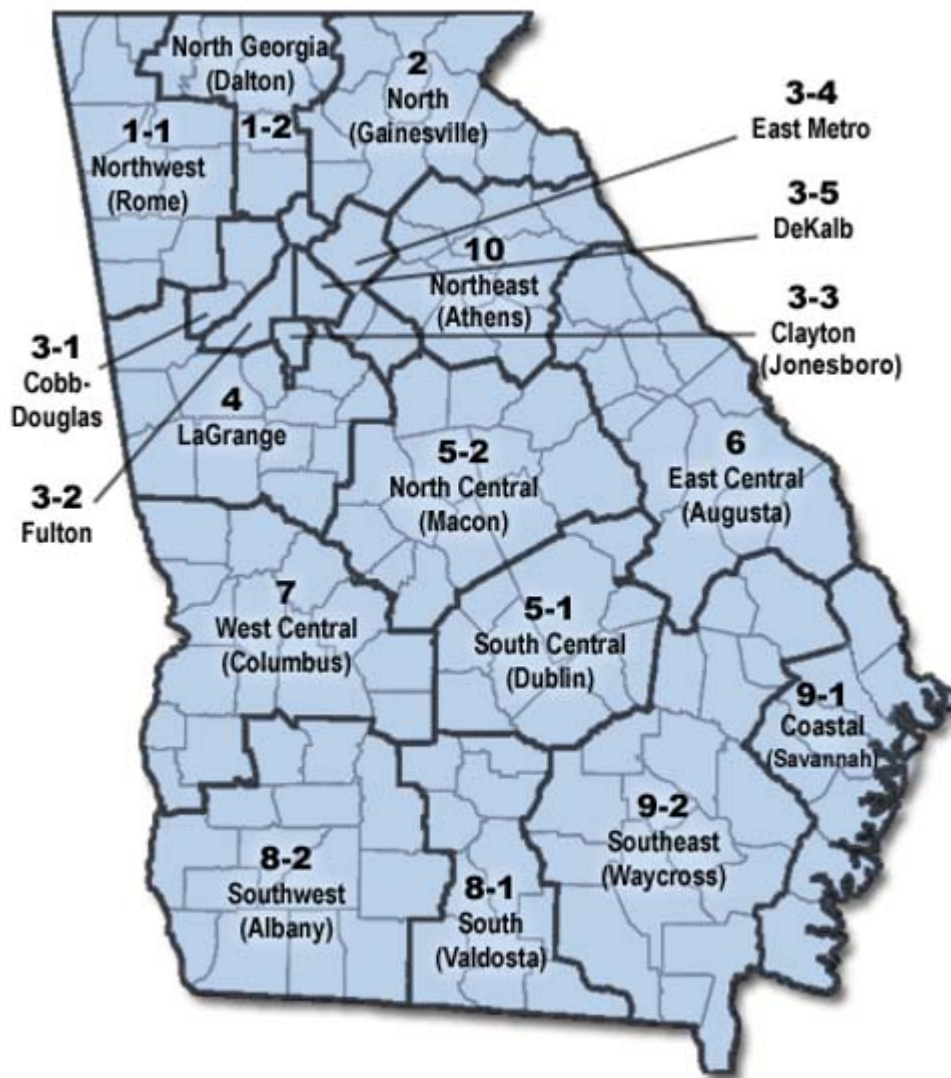
In Appling County, the major employers by industry sectors are utilities, retail trade, health care and social assistance, and manufacturing.<sup>5</sup>



Image Source: Google Maps

## Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Appling County is in district 9-2 which is also referred to as Southeast Health District. This district includes the following counties: Appling, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, and Wayne.



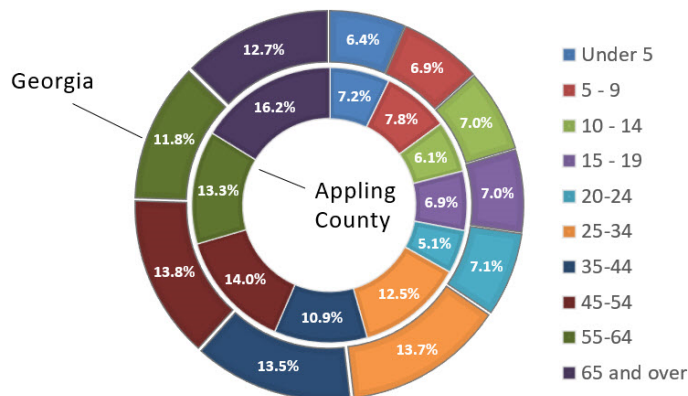
Source: Georgia Department of Public Health

## 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.

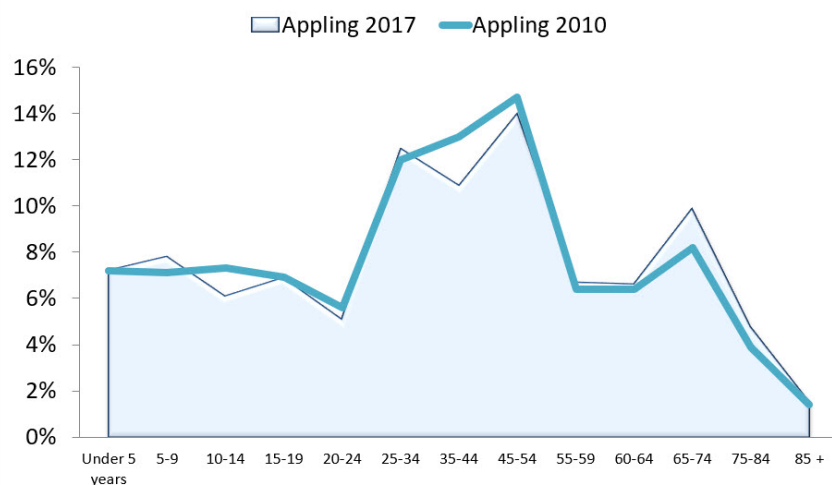
According to the 2017 U.S. Census data, 16.2 percent of Appling County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 12.7 percent compared to 15.6 percent for the U.S.<sup>6</sup>

Population Percentages By Age Groups, 2017  
Appling 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  
Appling County



Data Source: U.S. Census Bureau

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

Age categories with decreases:

- 10-14
- 20-24
- 35-44
- 45-54

Age categories with increases or stable:

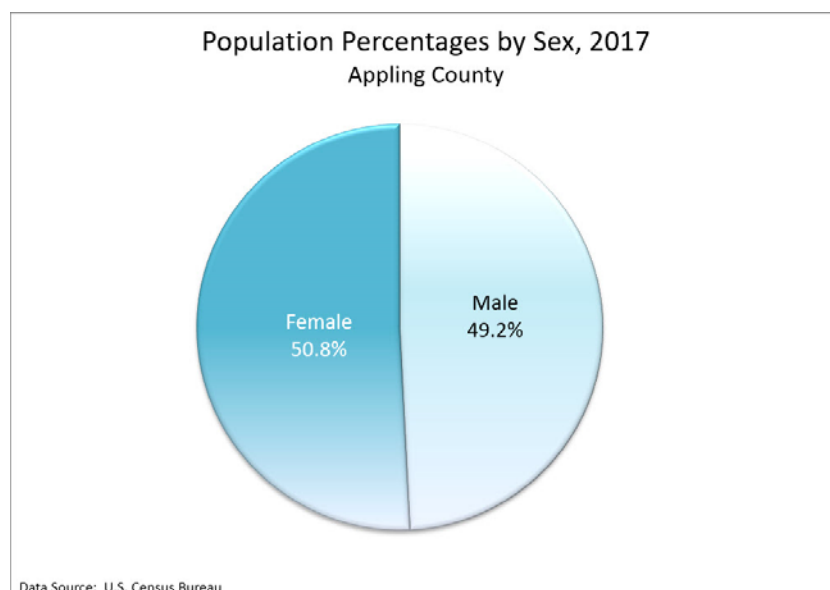
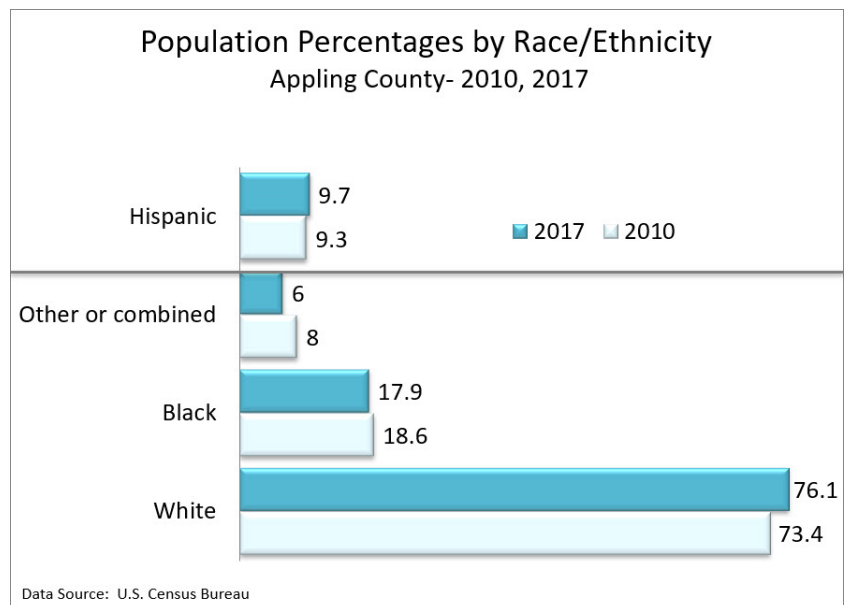
- Under 5 (stable)
- 5-9
- 15-19 (stable)
- 25-34
- 55-59
- 60-64
- 65-74
- 75-84
- 85+



## Race, Ethnicity and Origin Profile

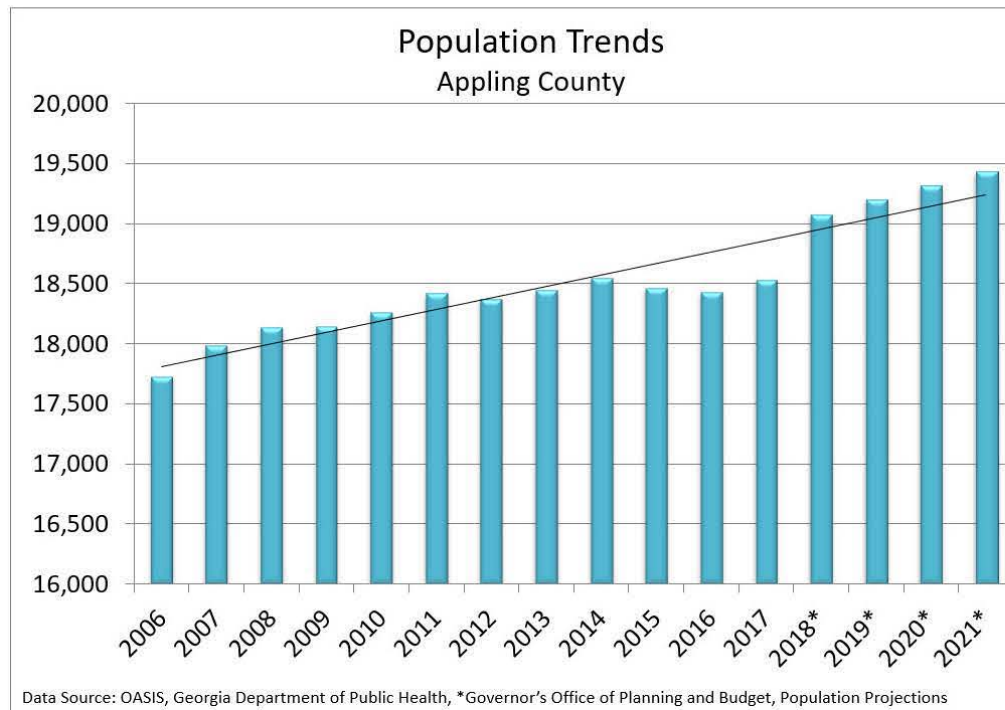
There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.<sup>7</sup> Although low income disparities 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.<sup>8</sup> By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.<sup>9</sup>

According to 2017 U.S. Census data, Appling County's population was 76.1 percent White, 17.9 percent Black, 6 percent Other or Combined, and 9.7 percent Hispanic.



The percentage of females in Appling County was higher at 50.8 percent compared to males at 49.2 percent.

In 2017, Appling County's resident population was 18,521. The population is predicted to increase to 19,431 in 2021.<sup>10</sup>

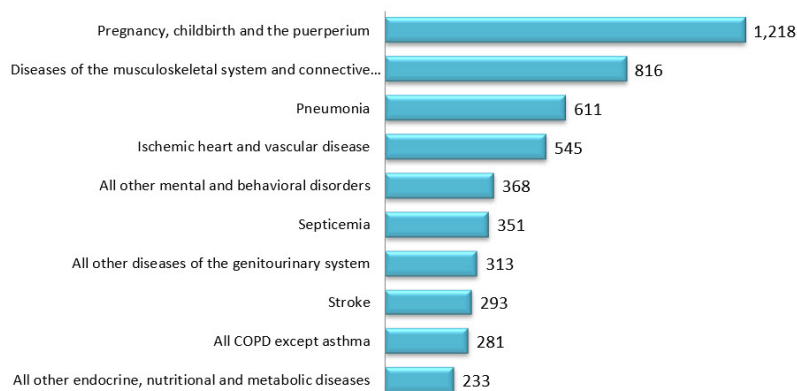


# MORBIDITY AND MORTALITY

## Hospitalization and Emergency Room Visits

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

**Top Reasons for Hospitalizations**  
Appling 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 Appling 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	
Appling 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	Motor vehicle crashes
6	All COPD Except Asthma
7	All other mental and behavioral disorders
8	All other diseases of the nervous system
9	Pregnancy, childbirth and the puerperium
10	All other endocrine, nutritional and metabolic diseases
11	Essential (primary) hypertension and hypertensive renal, and heart disease
12	Diabetes mellitus
13	Asthma
14	Assault (homicide)
15	Pneumonia
Data Source: OASIS, Georgia Department of Public Health	

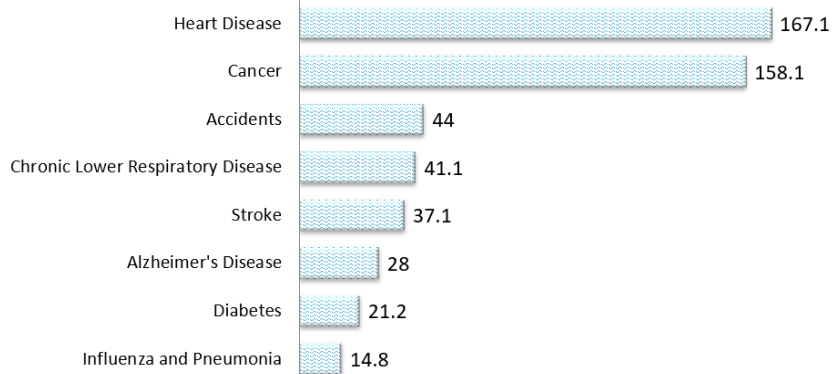
## Leading Causes of Death

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

### 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.

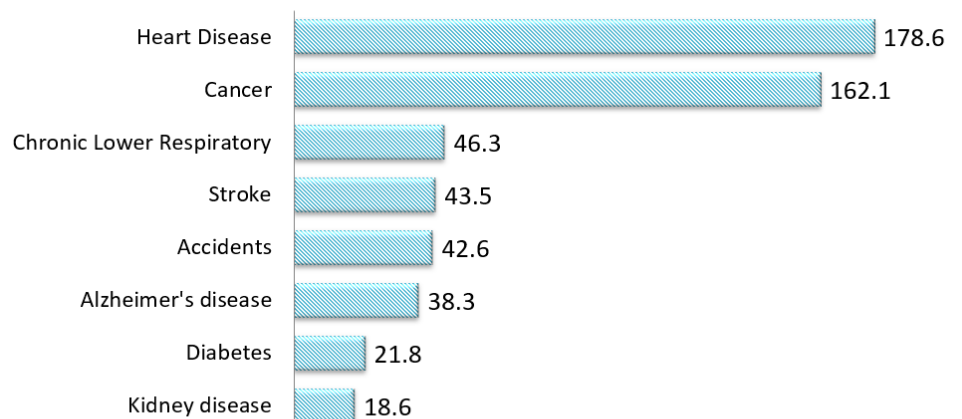
The top five leading causes of death in the U.S. from 2013-2017 were heart disease, cancer, accidents, chronic lower respiratory disease, and stroke. Heart disease and cancer rates were over three times higher than the other top five diseases.

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

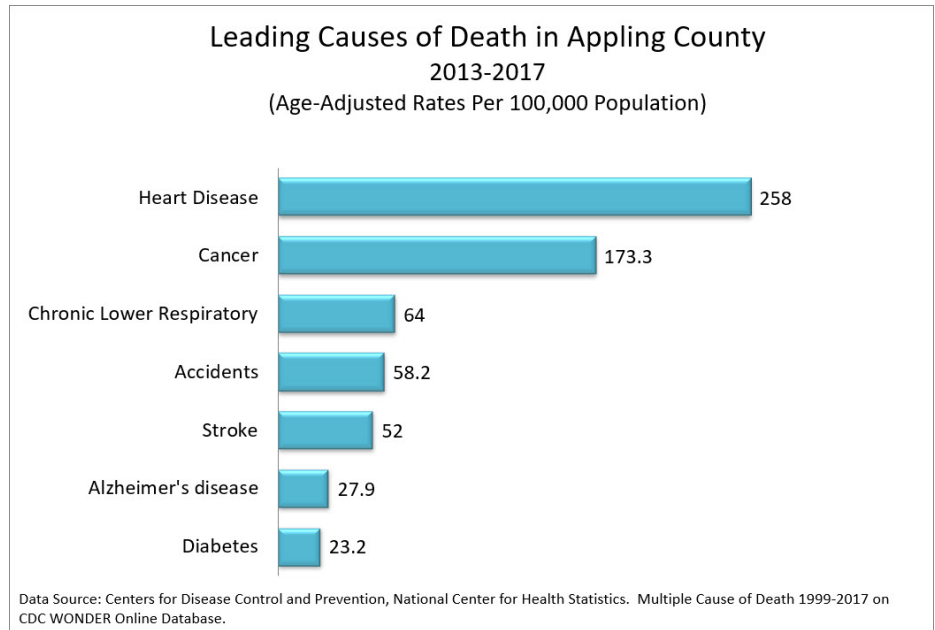
2013-2017

(Age-Adjusted Rates Per 100,000 Population)



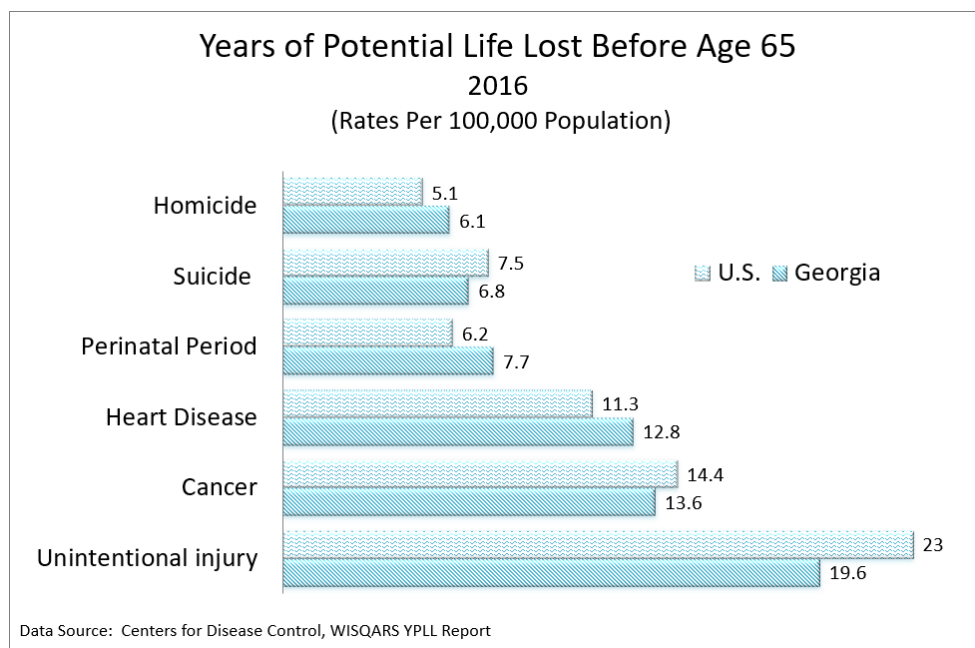
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

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



## 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.<sup>11</sup> 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

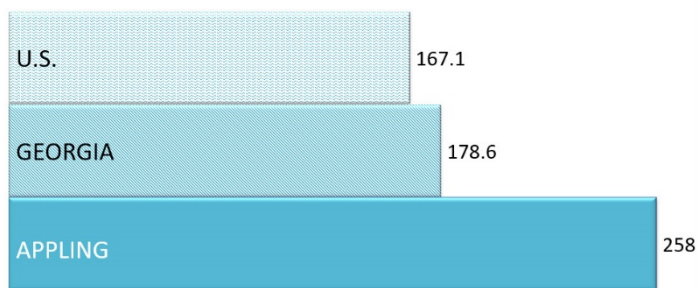
According to the American Heart Association, over 840,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2016. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer 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.<sup>12</sup>

### 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)



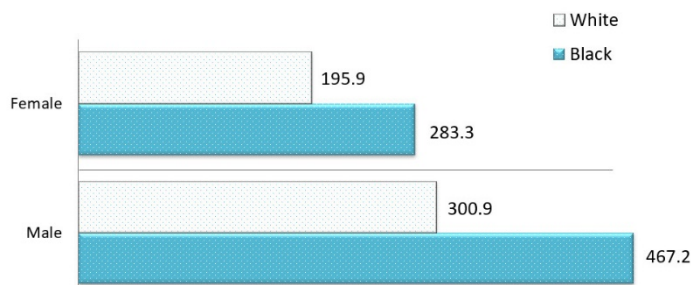
Data Source: Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

For the period 2013-2017 the Appling County heart disease death rate (258 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 Appling County was highest among the Black male population.

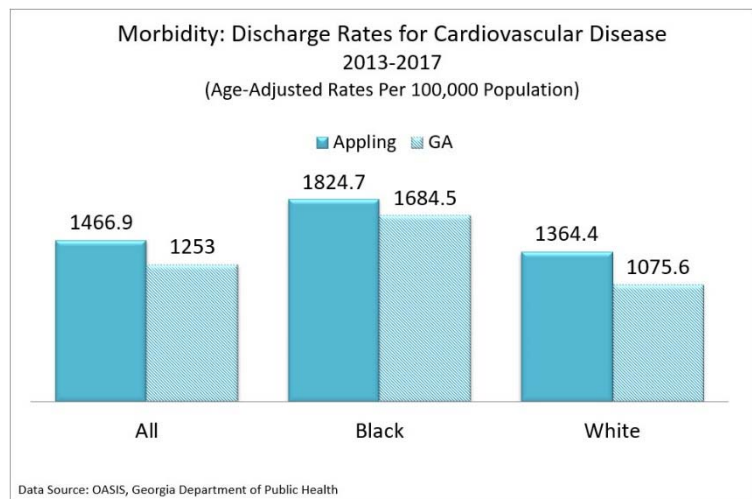
Heart Disease Death Rates by Race and Sex  
Appling County  
2013-2017  
(Age-Adjusted Rates Per 100,000 Population)



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 Appling County compared to Georgia. The hospital discharge rate among Blacks in Appling County was higher than the Black Georgia average.



## MODIFIABLE RISK FACTORS

According to the 2014 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 9-2.<sup>13</sup>

Percentage of Population Reporting Risk 2014		
Risk Factor:	District 9-2	Georgia
Obesity	37.8	30.5
Overweight	38.6	35.2
Physical Inactivity	31.9	23.6
Smoking	21.6	17.4
Diabetes	12.2	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

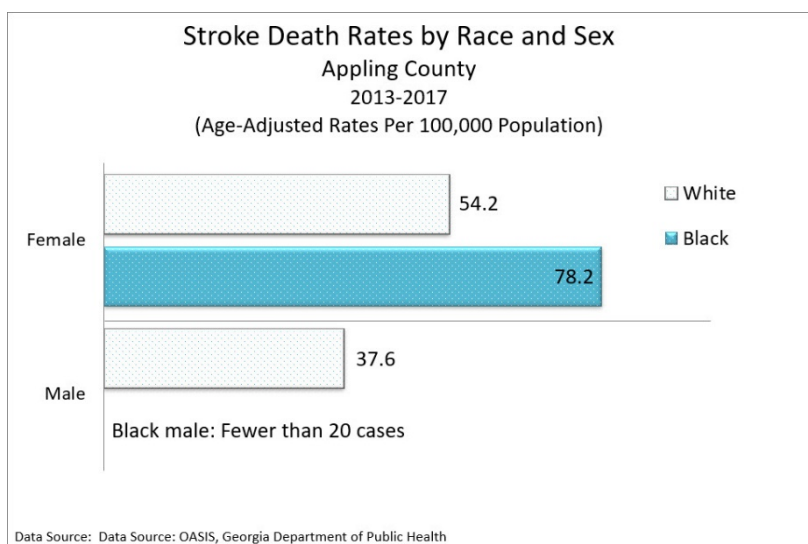
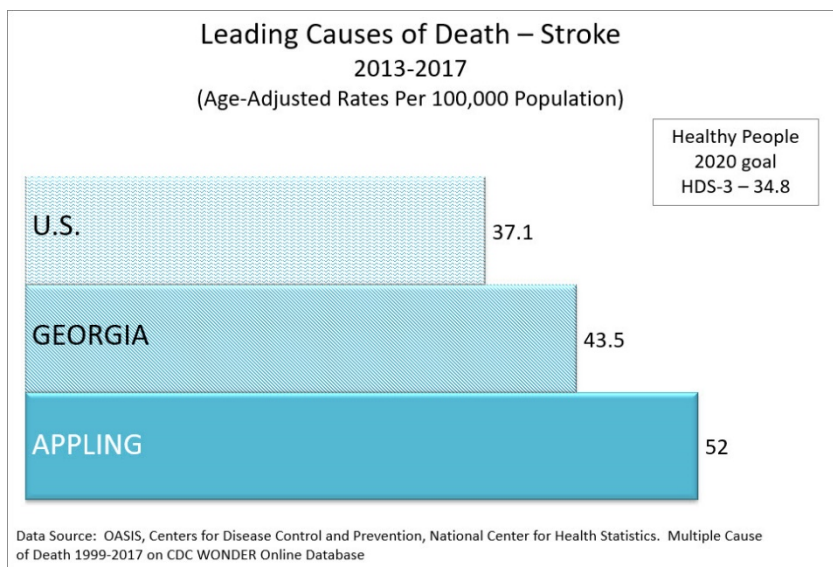
## STROKE

For the years 2013-2017, cerebrovascular disease (stroke) was the fifth leading cause of death in the U.S. and Appling County, and the fourth leading cause of death in Georgia.<sup>14</sup>

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

Appling County's stroke death rate has remained about stable since the 2016 CHNA (51.5 per 100,000 population).

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.<sup>15</sup>



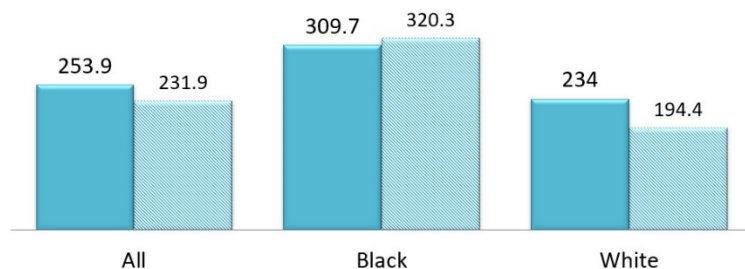
The Appling County stroke death rates were highest among Black females. Overall, females, White and Black had higher stroke death rates compared to males.

### Morbidity: Discharge Rates for Stroke

2013-2017

(Age-Adjusted Rates Per 100,000 Population)

■ Appling ■ GA



Data Source: OASIS, Georgia Department of Public Health

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

There has been a decrease in the stroke discharge rate since the 2016 CHNA (285.9 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 <sup>16</sup>

### 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 Appling County community focus groups and key stakeholder interviews.

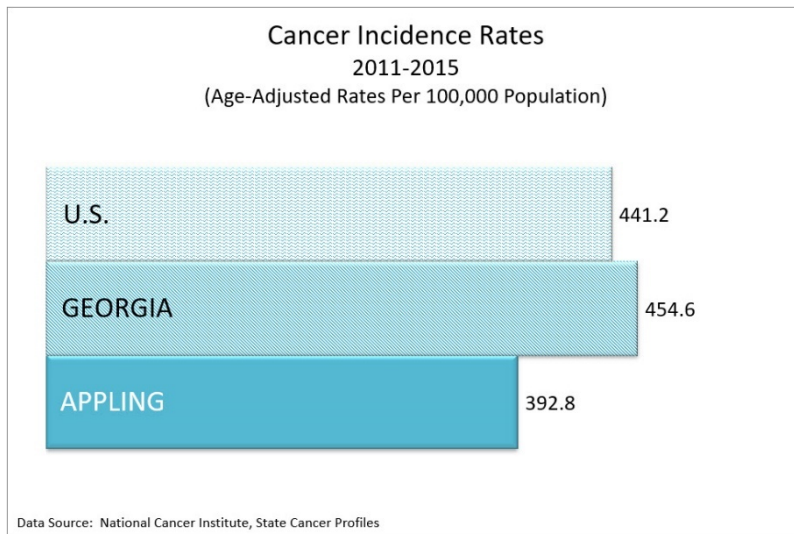
## Heart Disease and Stroke

- » A lot of the leading causes of death like heart disease have other comorbidities.
- » There is a need for education on preventative care about heart disease and diabetes.
- » Diet and genetics play a key role in preventing high blood pressure. There are a lot of black males that have high blood pressure.
- » If someone at the health department comes in with high blood pressure, they are referred to East Georgia Health Center.
- » There is a need for more access to screening for cancer, heart disease, and other chronic conditions.

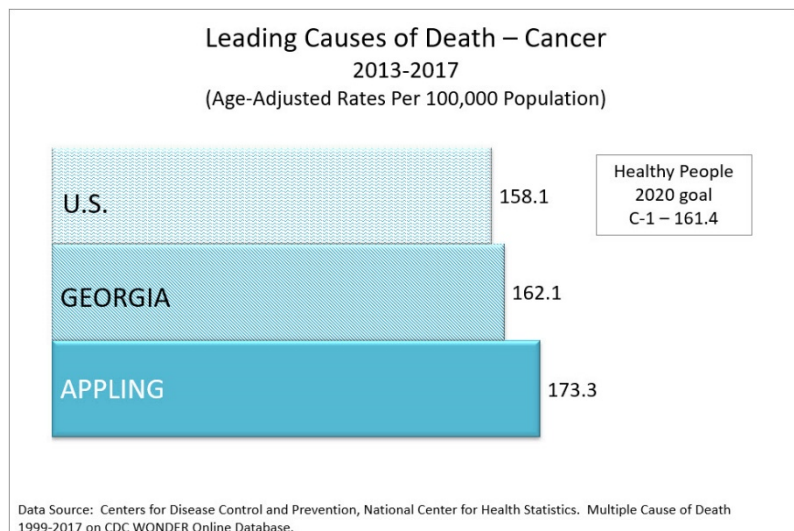
# Cancer

## 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.<sup>17</sup> 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.<sup>18</sup>



In Appling County, the cancer incidence rate was lower than Georgia and the U.S. The cancer incidence rate has increased since the 2016 CHNA (388.5 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 Appling County, the cancer death rate was higher than Georgia and the U.S.

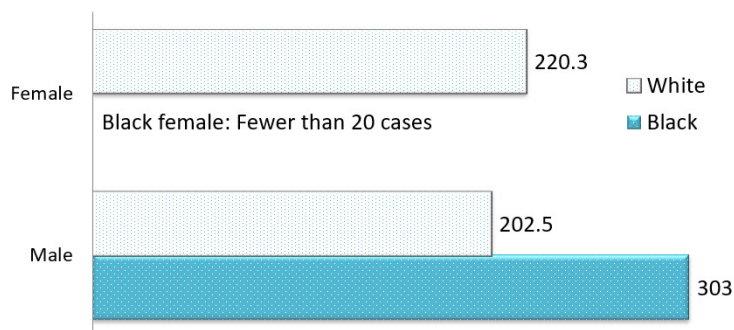
The cancer death rate has decreased since the 2016 CHNA (176.9 per 100,000 population).

## Cancer Death Rates by Race and Sex

Appling 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 Appling County were highest among males overall. The Black male population had the highest cancer death rate (303 per 100,000 population) out of all the population groups.

The cancer death rate among Black males has decreased since the 2016 CHNA (449.8 per 100,000 population).

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.<sup>19</sup>

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



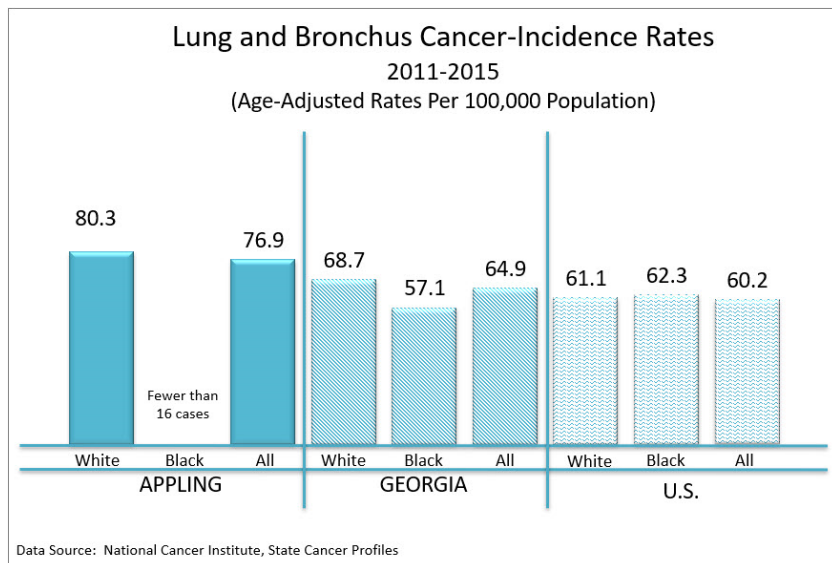
Data Source: Major avoidable risk factors of cancer, Aichi Cancer Center Research Institute

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.<sup>20</sup> 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).<sup>21</sup>



The lung cancer incidence rate was higher in Appling County (76.9 per 100,000 population) compared to Georgia and the U.S. Whites had a higher lung cancer incidence rate compared to Blacks in Appling County.

The lung cancer incidence rate has increased since the 2016 CHNA (70 per 100,000 population).

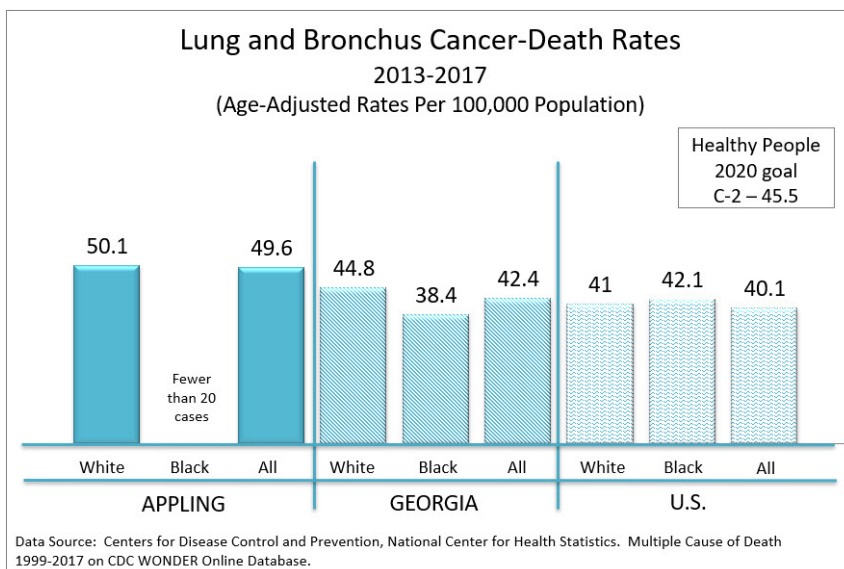
Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2011-2015		
	Male	Female
Appling	114	46.5

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.<sup>22</sup> According to data published from the National Cancer Institute, lung cancer incidence rates among males in Appling County were higher than the rates of females.<sup>23</sup>

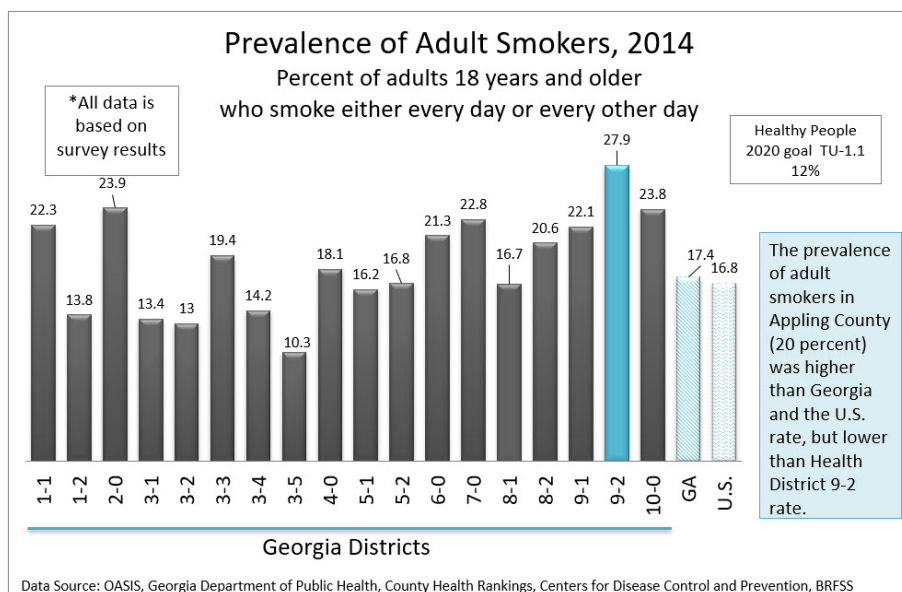
The overall lung cancer death rate in Appling County (49.6 per 100,000 population) was higher than Georgia and the U.S.

The lung cancer death rate has decreased since the 2016 CHNA (54.7 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.<sup>24</sup>



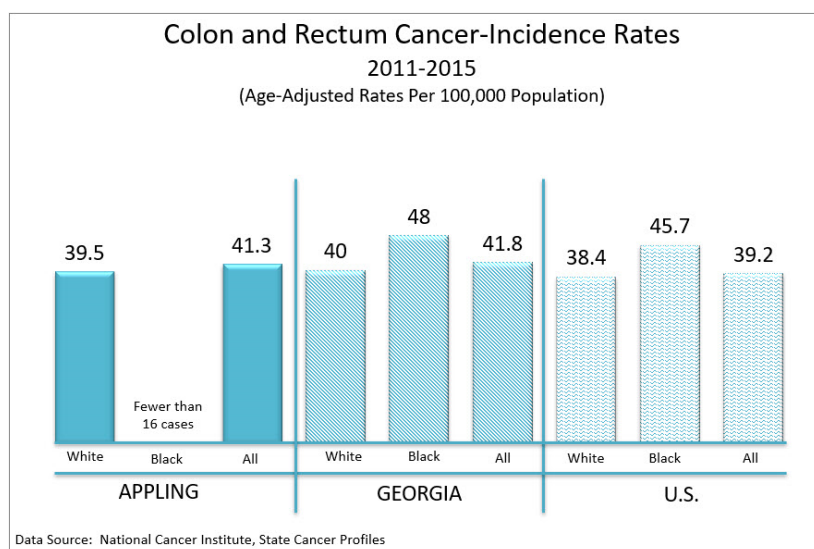
The smoking prevalence in Health District 9-2 (27.9 percent) was higher than both Georgia (17.4 percent) and the U.S. (16.8 percent). Appling County's rate was 20 percent.

The smoking prevalence rate has increased in Health District 9-2 (22.8 percent) since the 2016 CHNA.



## Colon and Rectum

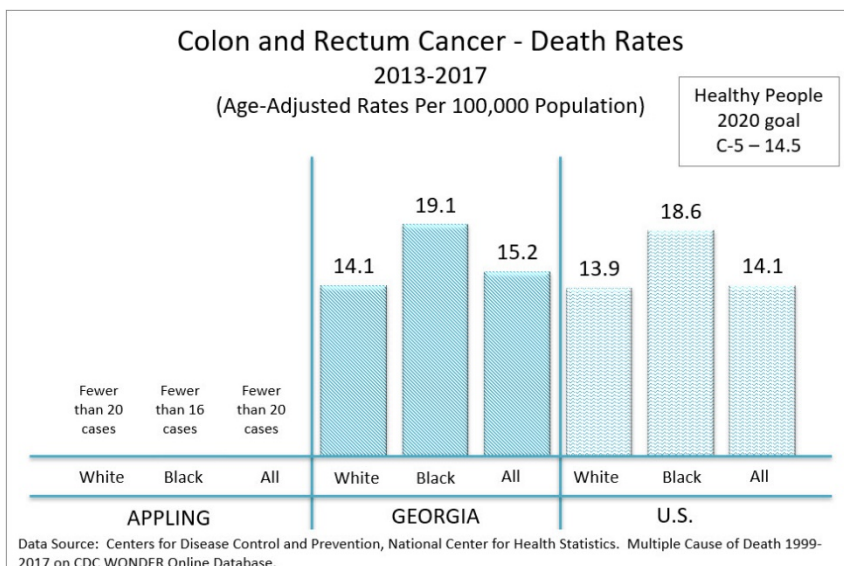
Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of male cancer deaths and seven percent of female cancer deaths were from colorectal cancer in 2018.<sup>25</sup> Death rates have declined over the past twenty years, due to improvements in early detection and treatment.<sup>26</sup> 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.<sup>27</sup>



Appling County's colon and rectum cancer incidence rate (41.3 per 100,000 population) was higher than the U.S. and similar to Georgia.

The colon and rectum cancer incidence rate has decreased since the 2016 CHNA (45.6 per 100,000 population).

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



## **RISK FACTORS**

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

- » Overweight and obesity
- » Physical inactivity
- » Moderate to heavy alcohol consumption
- » High consumption of red or processed meat
- » Long-term smoking
- » Low calcium intake
- » Very low intake of whole-grain fiber, fruit, and vegetables<sup>28</sup>

## **EARLY DETECTION**

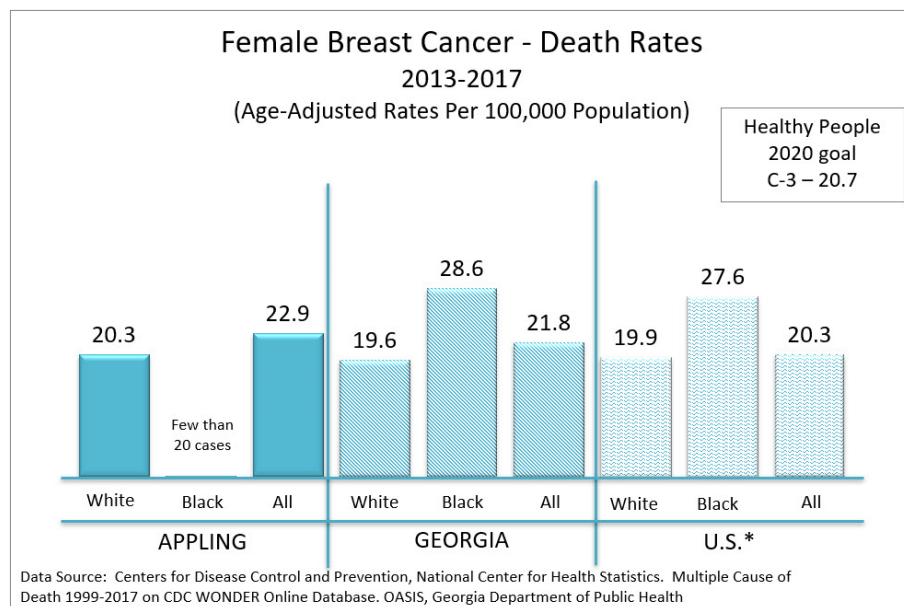
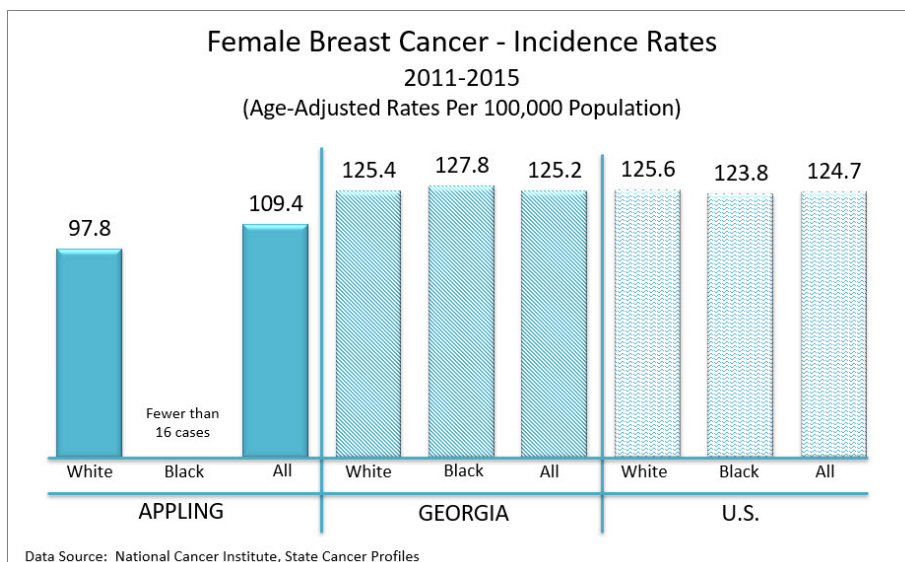
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.<sup>29</sup> The U.S. Preventive Services Task force recommends 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.<sup>30</sup>

## 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.<sup>31</sup>

The breast cancer incidence rate in Appling County (109.4 per 100,000 population) was lower than Georgia and the U.S. rates.

There has been a decrease in the incidence of breast cancer since the 2016 CHNA (126.5 per 100,000 population).



The female breast cancer death rate in Appling County (22.9 per 100,000 population) was higher than Georgia and the U.S. rates.

Black females had the highest death rates in Georgia and the U.S.

There has been an increase in the death rate of breast cancer since the 2016 CHNA (16 per 100,000 population).

## RISK FACTORS

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

- » Weight gain after age 18
- » Being overweight or obese
- » Use of hormones
- » Physical inactivity
- » Consumption of one or more alcoholic drinks per day
- » Long-term heavy smoking<sup>32</sup>

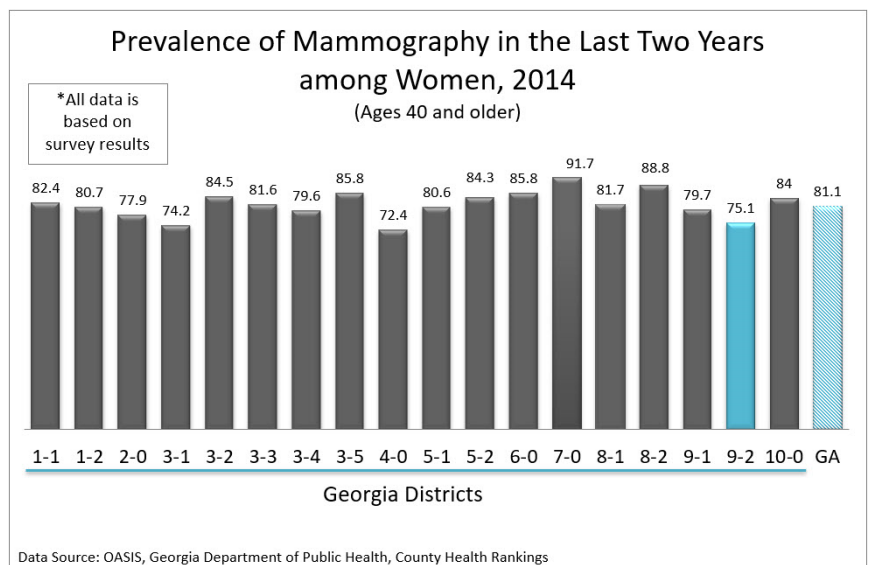
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight<sup>33</sup>

## 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.<sup>34</sup>

The percentage of women receiving a breast cancer screening (mammography) was lower in Health District 9-2 (75.1 percent) than the Georgia average (81.1 percent). The prevalence of mammography screening has decreased since the 2016 CHNA (83.2 percent).



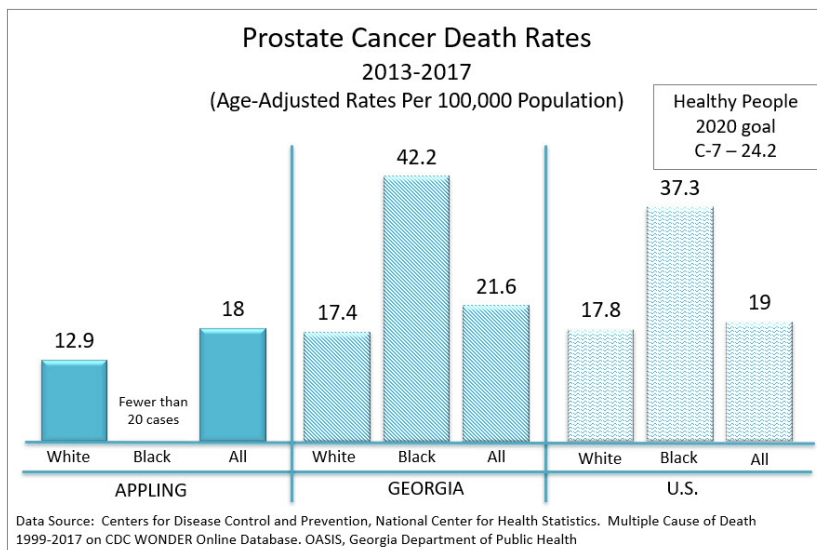
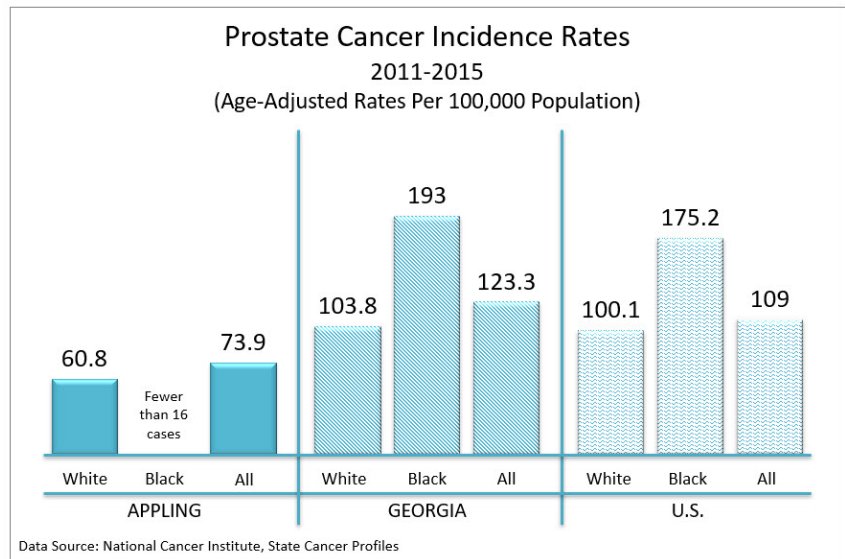
## Prostate Cancer

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.<sup>35</sup>

Appling County had a lower incidence rate for prostate cancer (73.9 per 100,000 population) than Georgia and the U.S.

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

There has been a decrease in the incidence rate of prostate cancer since the 2016 CHNA (77.8 per 100,000 population).



Appling County had a lower prostate cancer death rate (18 per 100,000 population) compared to Georgia and the U.S.

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

There has been a decrease in the prostate cancer death rate since the 2016 CHNA (28.3 per 100,000 population).

## **RISK FACTORS**

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

- » Age
- » Ethnicity
- » Family history of prostate cancer<sup>36</sup>

## **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.<sup>37</sup>

# COMMUNITY INPUT

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

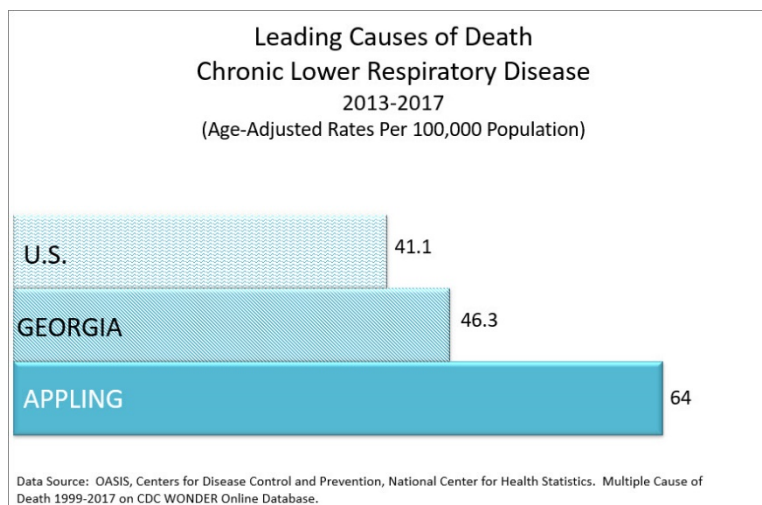
## Cancer

- » There is a need for more access to screening for cancer, heart disease, and other chronic conditions.



## 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.<sup>38</sup>



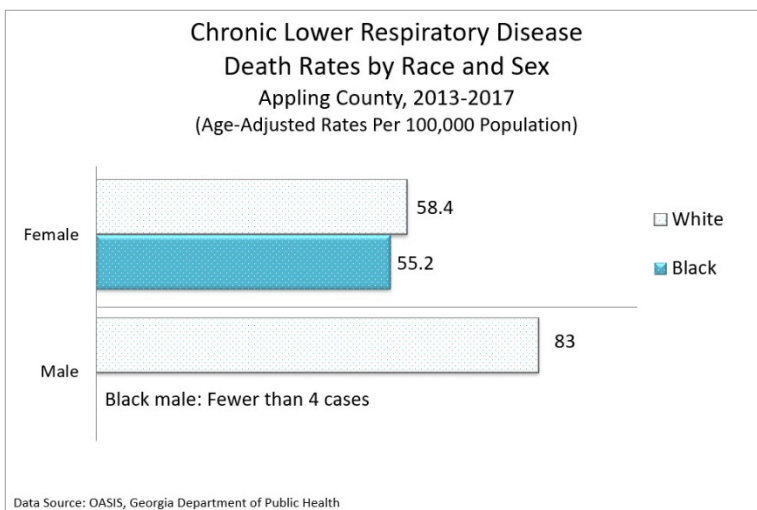
For the years 2013-2017, Appling County's chronic lower respiratory disease death rate (64 per 100,000 population) was higher than Georgia and the U.S.

The chronic lower respiratory disease death rate has decreased since the 2016 CHNA (67.2 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.*

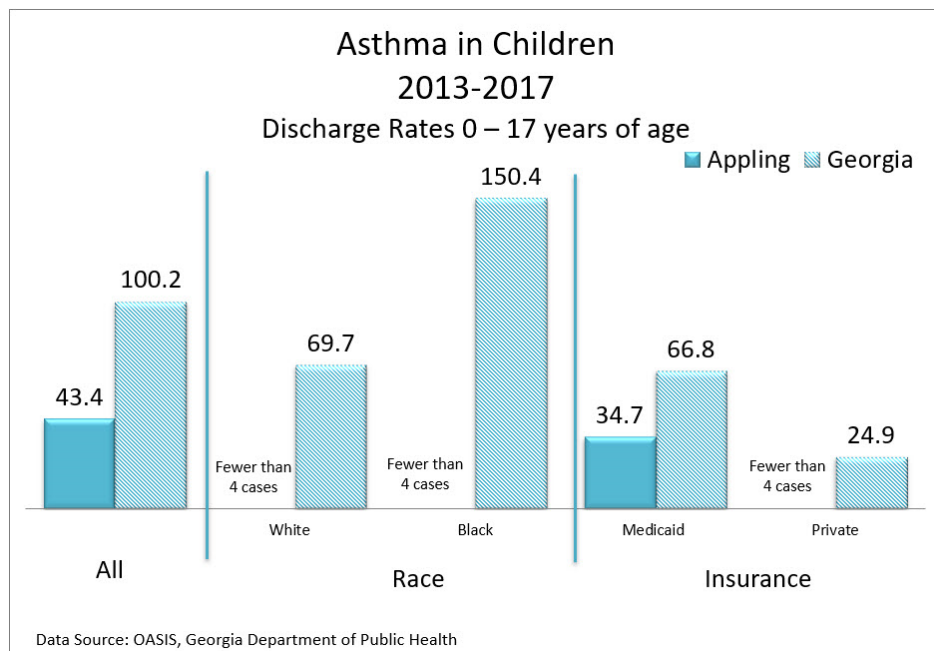
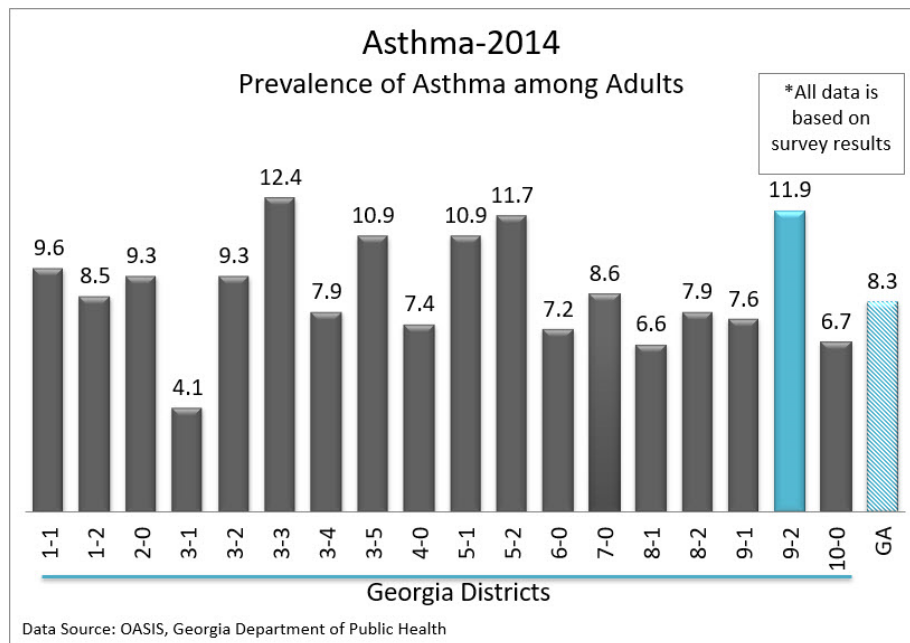
### Healthy People 2020



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



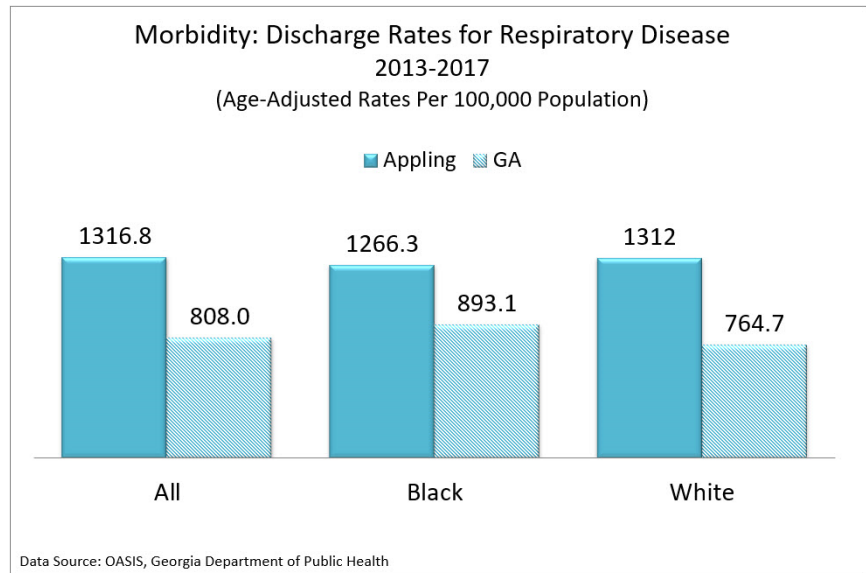
There was a higher percentage of asthma among adults within Health District 9-2 compared to Georgia.



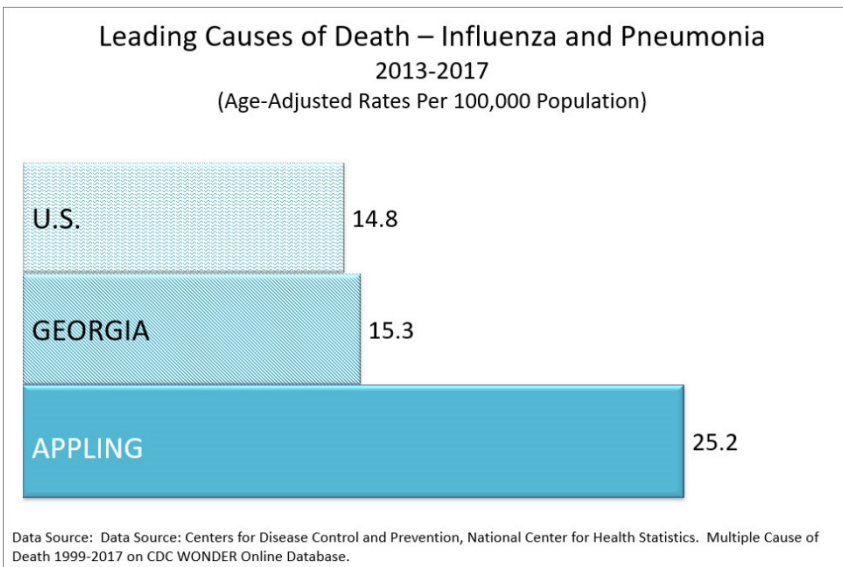
Appling County had a lower discharge rate due to asthma among children compared to Georgia.

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

The discharge rates for respiratory related diseases in Appling County were higher compared to Georgia. The White population in Appling County had higher discharge rates compared to the Black 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.<sup>39</sup>



The Appling 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

# 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
- » Drowning<sup>40</sup>

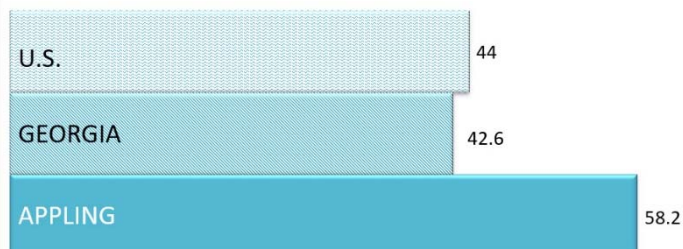
### Why Is Injury and Violence Important?

*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.

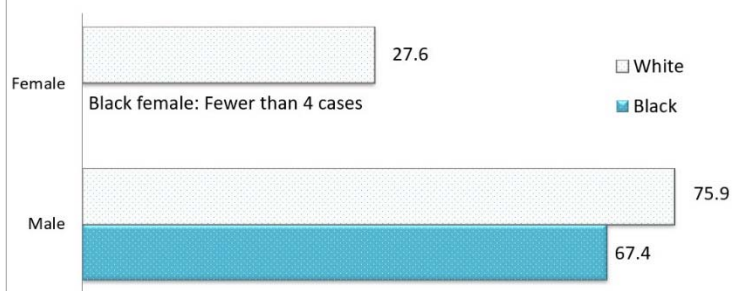
In Appling County, the accident death rate (58.2 per 100,000 population) was higher than the Georgia and U.S. rates.

The Healthy People 2020 goal is 36.4 per 100,000 population.<sup>41</sup>

The accident death rate has increased since the 2016 CHNA (38.1 per 100,000 population).

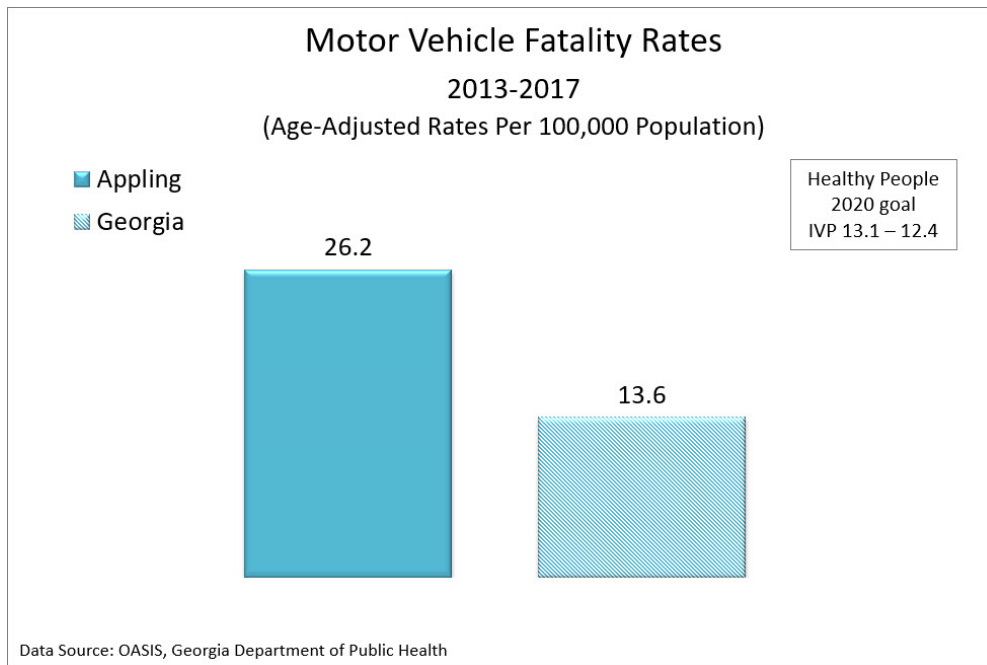
In Appling County, males had higher death rates due to accidents compared to females. White males had the highest death rate out of all the population groups.

**Accident Death Rates by Race and Sex**  
Appling 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.<sup>42</sup> Appling 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.<sup>43</sup>

# Diabetes

## HEALTHY PEOPLE 2020 REFERENCE – D

In 2015 more than 250,000 deaths occurred listing diabetes as an underlying or contributing cause of death.<sup>44</sup> 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.<sup>45</sup>

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.<sup>46</sup>



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.*

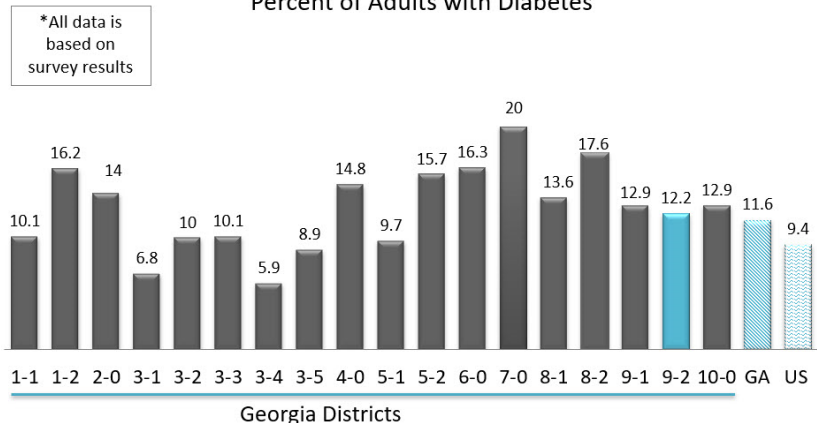
*In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.*

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

**Healthy People 2020**

Health District 9-2 (which includes Appling County), had a higher diabetes prevalence (12.2 percent) than Georgia or the U.S.

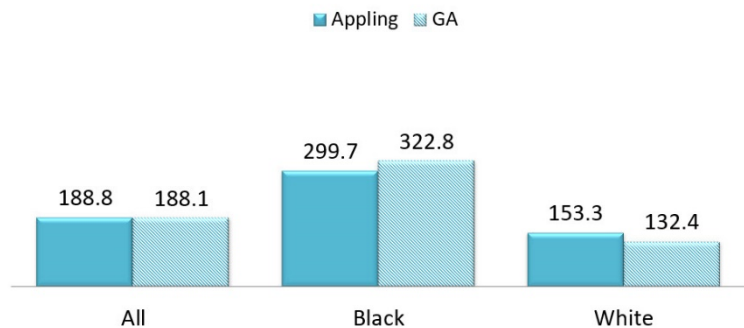
## Prevalence of Diabetes, 2014 Percent of Adults with Diabetes



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

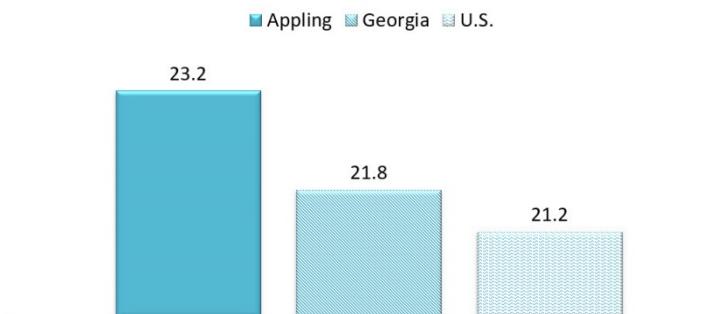
The discharge rate for diabetes was comparable in Appling County compared to Georgia. The Black population in Georgia and Appling County had a higher diabetes discharge rate compared to other population groups.

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



Data Source: OASIS, Georgia Department of Public Health

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



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

Appling 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 (21 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

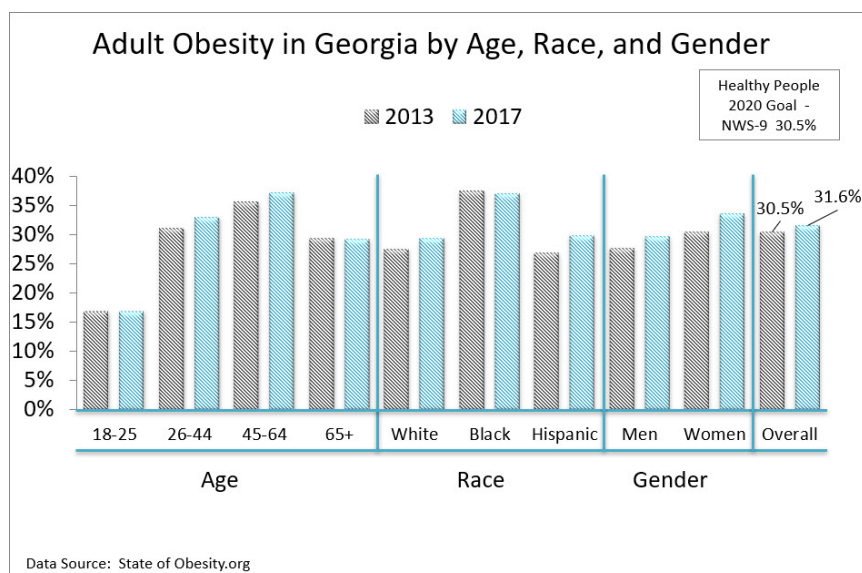
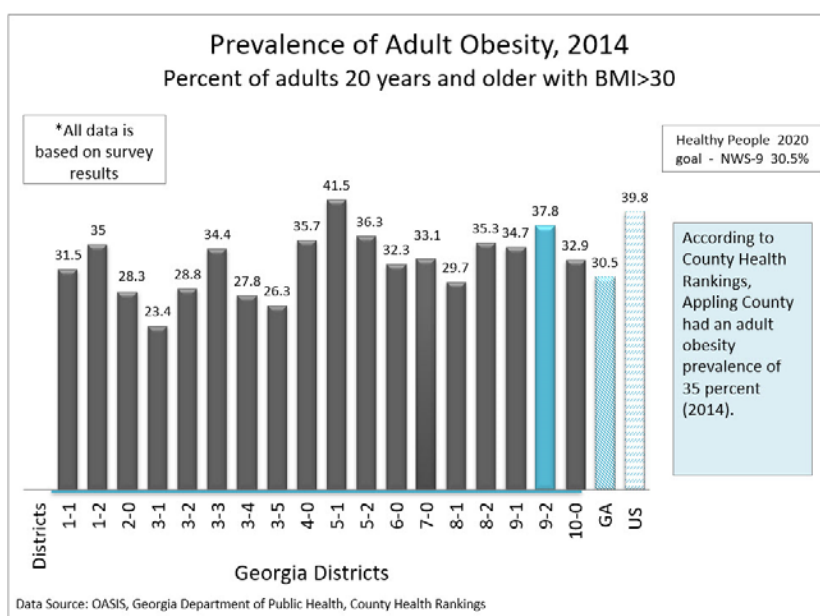
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.<sup>47</sup>

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.<sup>48</sup>

The prevalence of adult obesity in Health District 9-2 (37.8 percent) was higher than Georgia (30.5 percent), but lower than the U.S. (39.8 percent).

Appling County had prevalence of obesity at 35 percent.

The Healthy People 2020 goal is 30.5 percent.

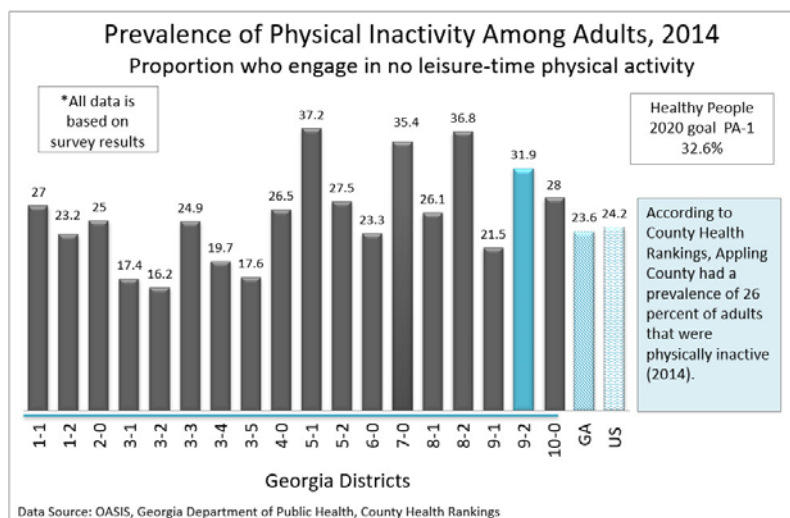


In 2017, adult obesity in Georgia was highest among the Black population and those who are ages 45-64. Women were more likely to be obese compared to men.

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.<sup>49</sup>



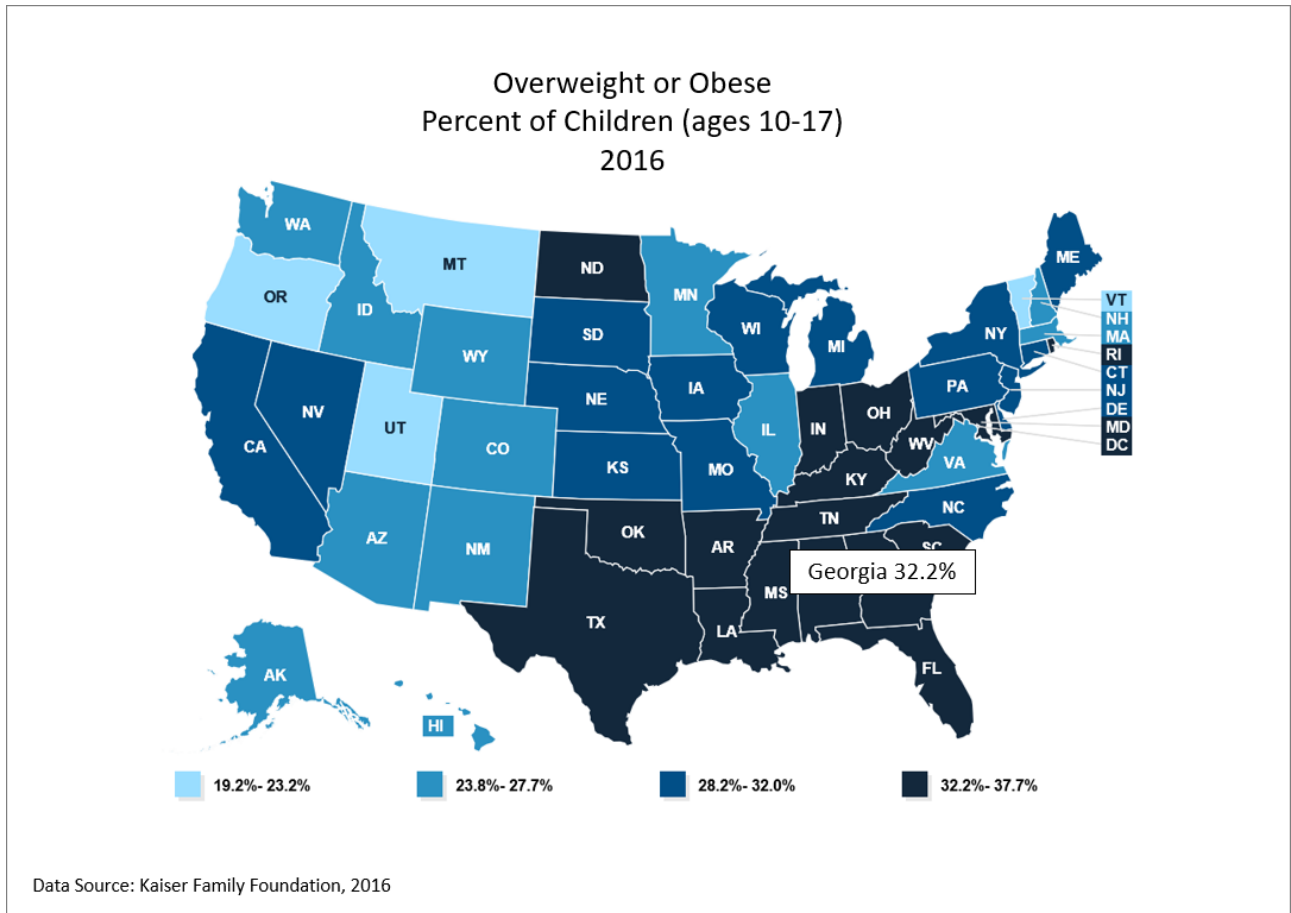
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 9-2 (31.9 percent) compared to Georgia's average (23.6 percent) and the U.S. (24.2 percent). Appling County had a higher prevalence of physical inactivity (26 percent) than Georgia 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.<sup>50</sup> 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.<sup>51</sup> 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.<sup>52</sup>

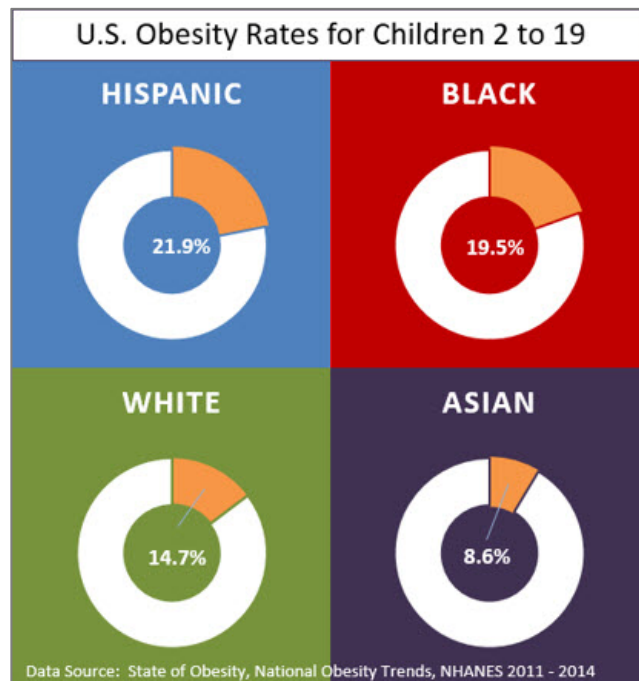
According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighteenth (32.2 percent) in the nation for overweight and obese children. Nationally, 31.2 percent of children in this age range were overweight or obese.<sup>53</sup>



The following table highlights obesity rates in Georgia by age group and Georgia's rank among other states.<sup>54</sup>

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.<sup>55</sup>

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.<sup>56</sup>

# COMMUNITY INPUT

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

## Obesity and Diabetes

- » The obesity issue has a lot to do with convenience and having easy access to food.
- » There is a program that is addressing obesity through the CHAC program.
- » A lot of WIC participants (Special Supplemental Nutrition Program for Women, Infants, and Children) may complain that they only get 2 percent milk.
- » Approximately 40 percent of the health department's patients are obese.
- » Healthy food is not as cheap or convenient.
- » Obesity is the cause of most of the health problems. If you see someone else being healthy, you are more likely be healthy.
- » Individuals are more reactive than proactive about their health.
- » There is a need for education on self-control and accountability for one's health.
- » There is a need for community-wide physical activity promotion.
- » No matter how much you exercise, it will not change your weight. You must change the way you eat.
- » There is a need for more education on how to eat healthy food on a budget.
- » Healthy foods cost a lot more.
- » There is a need to change the terminology from "diet" to "lifestyle" change.
- » There is a need to know what to eat understanding portion controls.

# COMMUNITY INPUT

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

- » You cannot count on the government to change health behaviors.
- » There is a lack of healthy food options in the grocery stores. There is a need to demand more healthy foods in the local grocery stores.
- » Foods Stamps and SNAP cards should be more restrictive and not allow certain types of foods that processed and full of sugar.
- » There are a lot of people who do not take the time to cook. They go for the fastest and most convenient foods to prepare.
- » Individuals should be educated on the life or death risks associated with chronic diseases like obesity. Individuals need to understand that if they don't change their lifestyle, they are going to die.

## **Obesity and Diabetes (Children)**

- » There are very obese students (young) who are getting type 2 diabetes. Our food and diet cause this. They get to eat whatever they want. There is a lot of fast food.
- » The obesity rates in the school system is probably close to 30 percent.
- » The obese or overweight rates in the school system is close to 50 percent.
- » Physical education is now a priority in the school system. There are fitness awards.

## **Obesity and Diabetes (Resources Available)**

- » There is a program that is addressing obesity through the CHAC program.
- » The Farmer's Market is usually fresher and costs less.

# 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.<sup>57</sup>

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

- » Live birth rates
- » Number of infant deaths
- » Teen birth rates
- » Low and very low birth weights
- » Mother receiving adequate prenatal care
- » 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.<sup>58</sup>

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.<sup>59</sup>

### Why Are Maternal, Infant and Child Health Important?

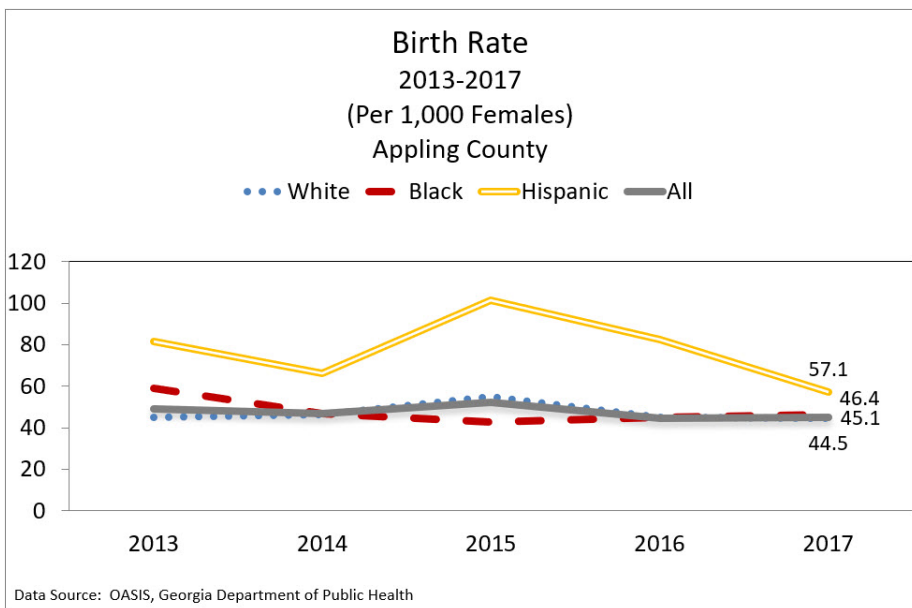
*Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:*

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

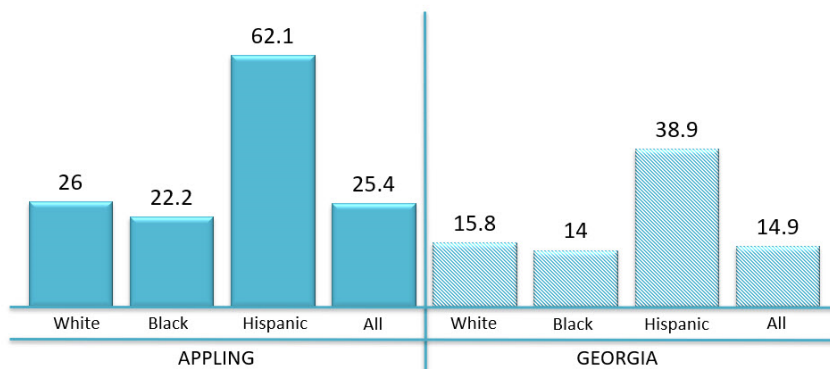
### **Healthy People 2020**

## Birth Rates

For the period 2013-2017, Appling 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 Appling County residents (25.4 percent) compared to Georgia residents (14.9 percent). The highest percentage was among the Hispanic population group in Appling County and Georgia.

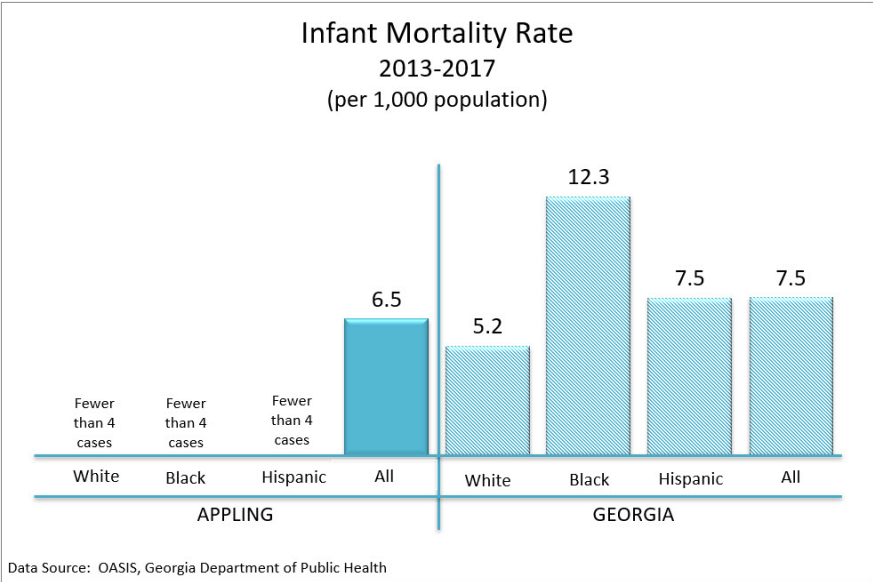
# Infant Mortality

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.<sup>60</sup> 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.<sup>61</sup> 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.<sup>62</sup>

The infant mortality rate in Appling County was lower than Georgia.

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

The infant mortality rate has decreased since the 2016 CHNA (7.5 per 1,000 population).



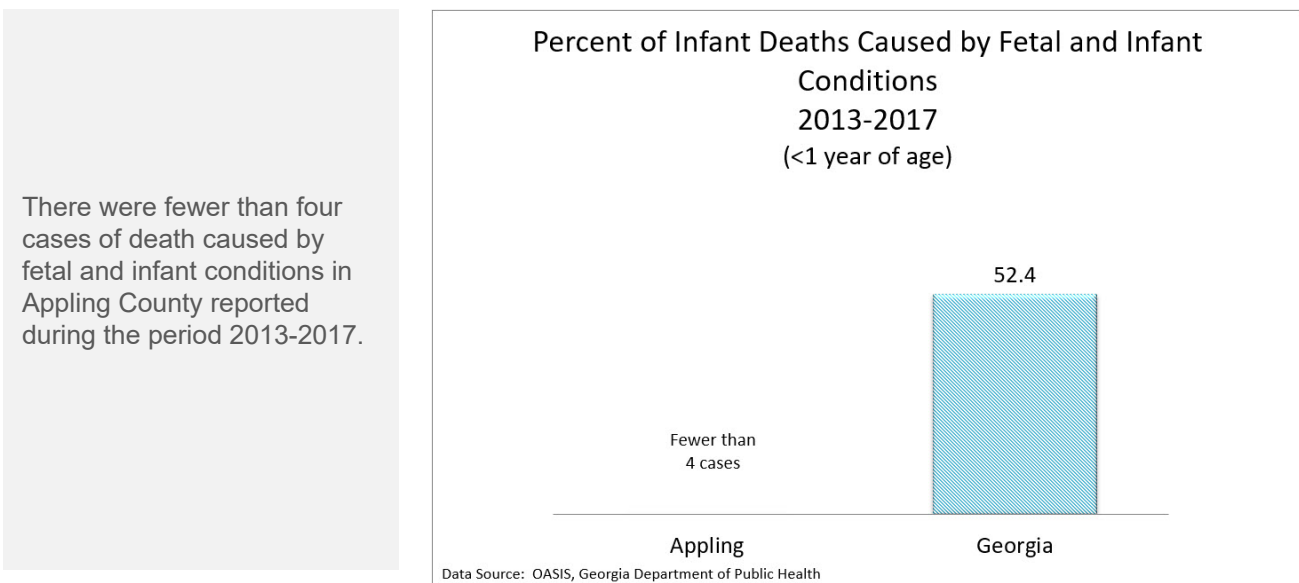


## Fetal and Infant Conditions

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

- » Prematurity is a disorder related to short gestation and low birth weight.
- » Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- » Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- » Birth-related infections are infections specific to the period near birth.<sup>63</sup>

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

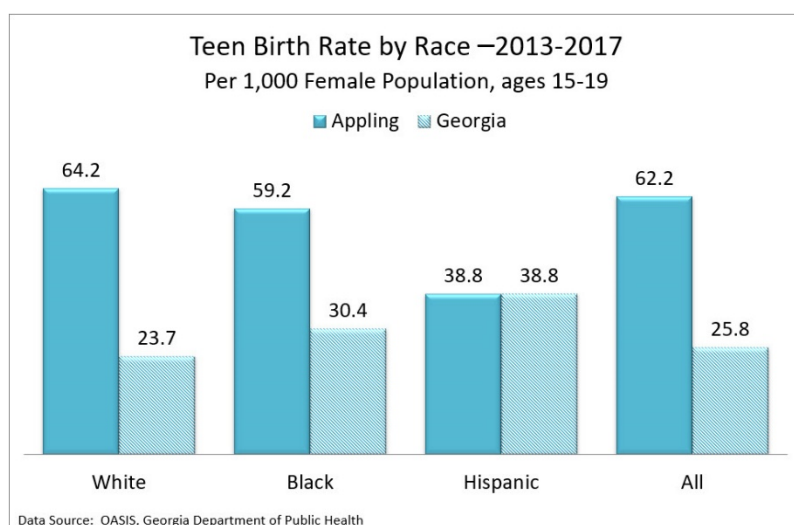
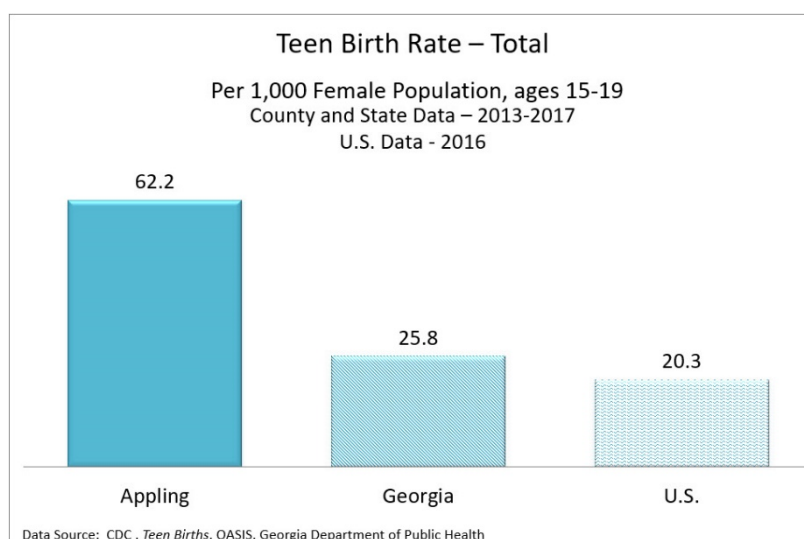


## Teen Birth Rate

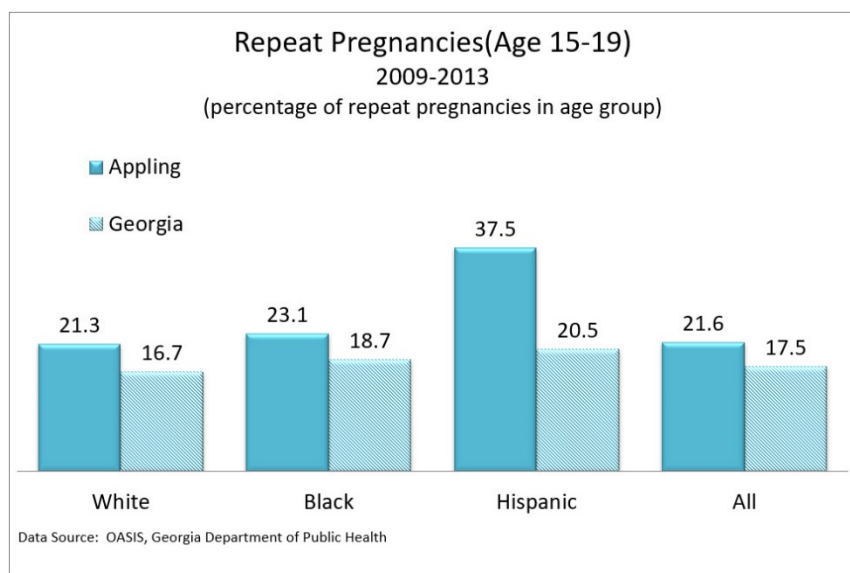
Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors 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.<sup>64</sup>

The Appling County teen birth rate (62.2 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 (84.7 per 100,000 population).



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



For mothers ages 15-19, Appling County had a higher percent of repeat pregnancies (21.6 percent) compared to Georgia (17.5 percent). The Hispanic population group had the highest percent of repeat pregnancies compared to other population groups.

## Teen Pregnancy in Georgia

*In 2016, Georgia ranked 19<sup>th</sup> highest in the U.S. for teen births. In 2011, Georgia ranked 8<sup>th</sup>. 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](http://www.hhs.gov)

## Birth Weight

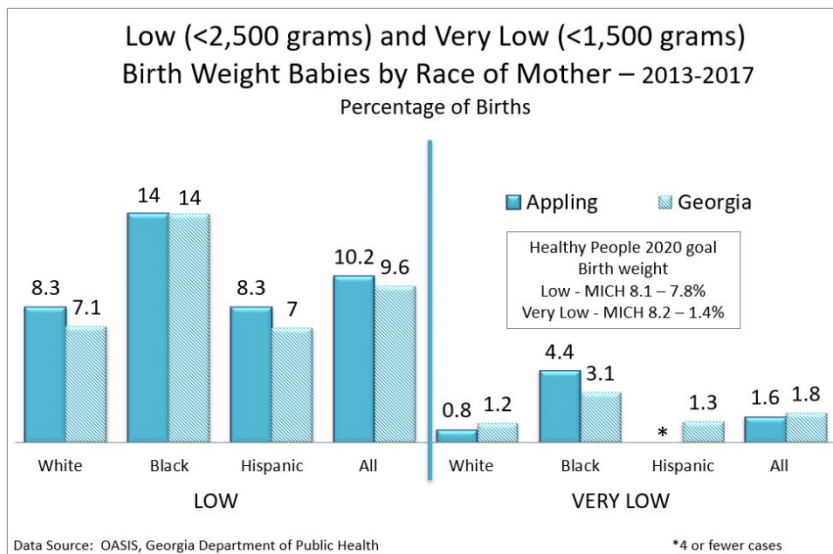
Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.<sup>65</sup>

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.<sup>66</sup> 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.<sup>67</sup>

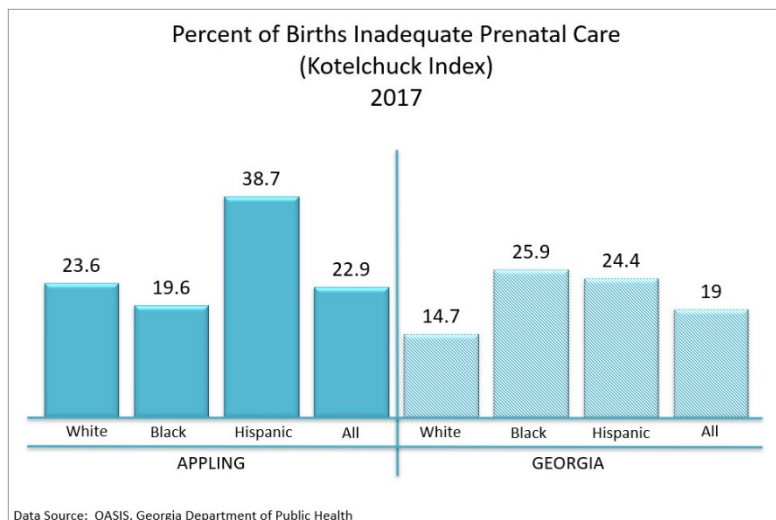
Appling County had higher rates of low birth weight babies compared to Georgia.

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

The percent of low births and very low births have decreased since the 2016 CHNA (10.4 percent and 1.9 percent, respectively).



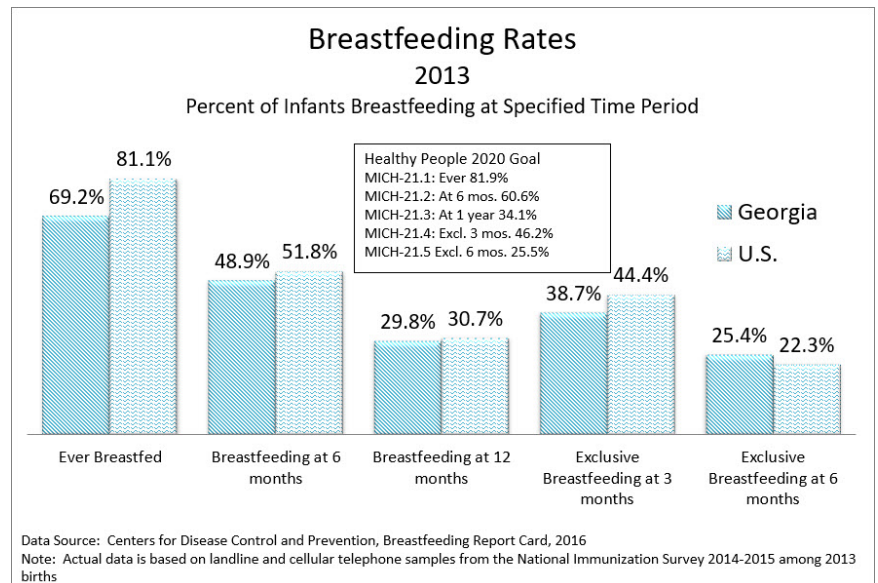
## Mothers Receiving Adequate Prenatal Care



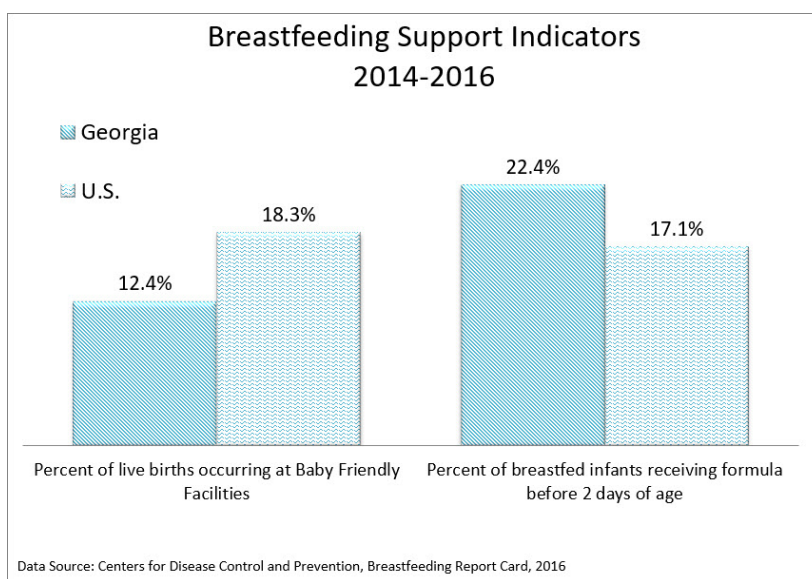
The percent of births with late or no prenatal care was higher in Appling County compared to Georgia. Hispanic births had the highest percent of births with inadequate prenatal care in Appling County.

## 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.<sup>68</sup>



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.

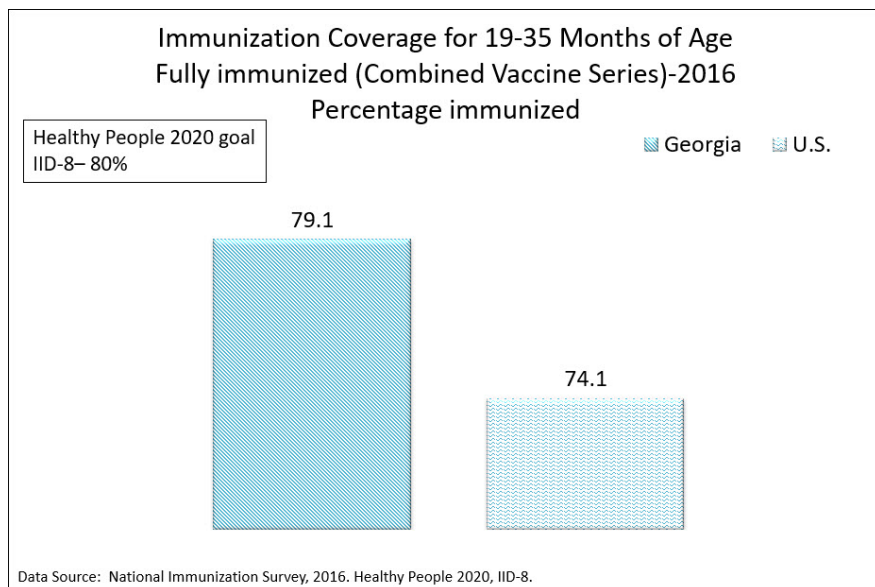
Georgia had a lower mPINC score compare to the U.S. Georgia had more Certified Lactation Counselors (CLCs), but less Board-Certified Lactation Counselors (IBCLs) than the U.S.

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		



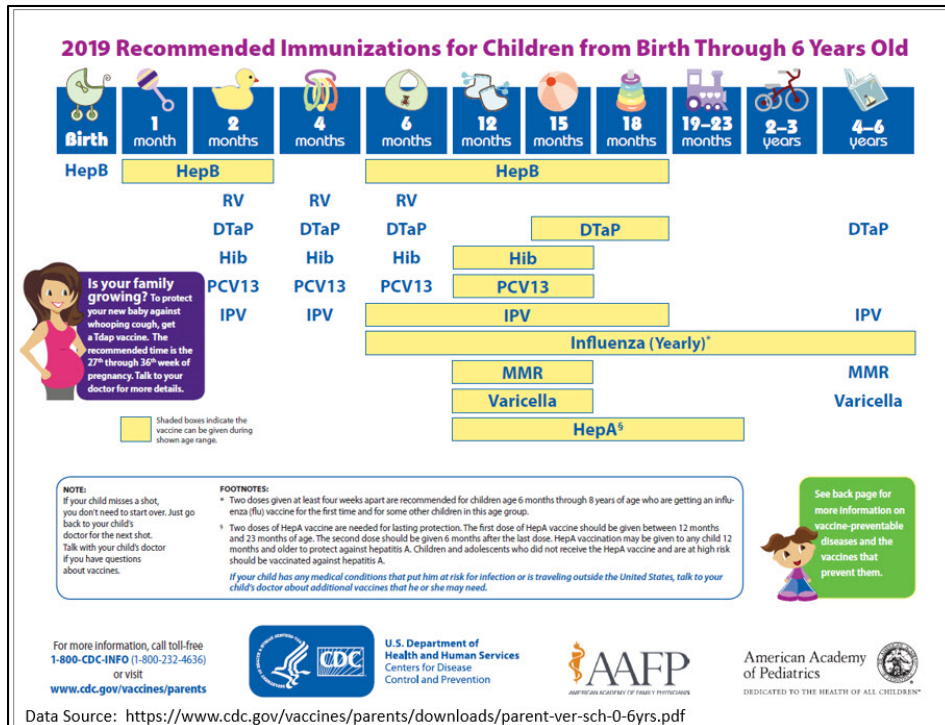
# Immunizations

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.<sup>69</sup>



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.



# COMMUNITY INPUT

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

## Teen Birth Rate and STDs

- » Will the new "Heartbeat Law" cause the teen pregnancy rate to increase?
- » There is a lack of accountability and responsibility among teenage boys regarding teen pregnancy.
- » The school system does not allow sex education but promotes health education and abstinence only education.
- » The teen maze program helps advertise the health department as a free place for young women to go in need of birth control and family planning services.
- » There is a need for a multi-dimensional approach to sex education. It needs to occur both in the school and at home by the child's parent. Children are getting younger and younger when they first become sexually active.
- » There is a need for education on self-respect and self-worth.
- » There is a need for more sex education and at a younger age.
- » There is sex education that starts in sixth grade, but it is not enough.
- » Children are starting to learn about sex through their peers at 4th and 5th grade.
- » There are a lot of parents who think it is okay for their children to have sex.

## Prenatal Care and Postpartum Care

- » Most individuals go to Alma, Jesup or Vidalia for their prenatal care.



# 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
- » Suicide<sup>70</sup>

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.<sup>71</sup>

## 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.<sup>72</sup>

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.

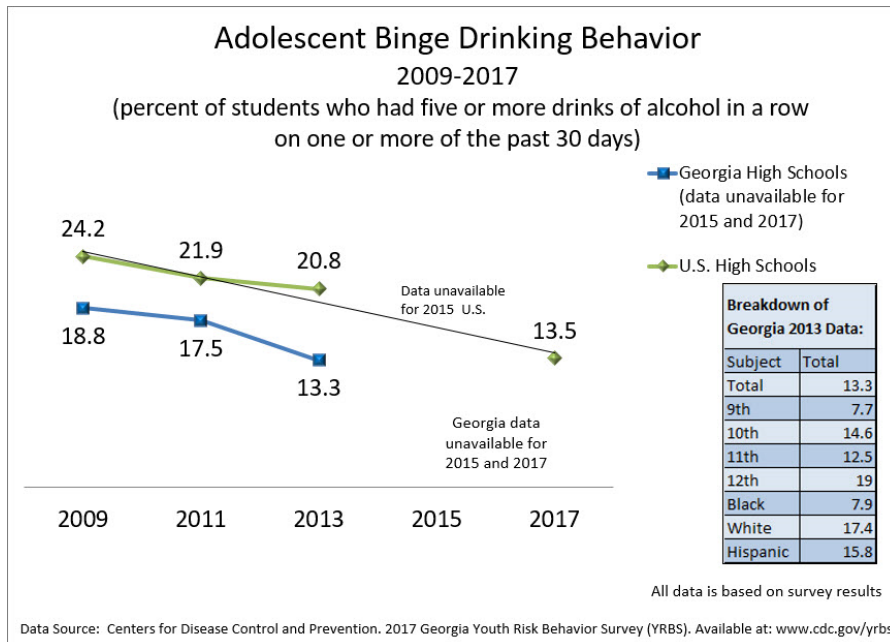
### Why Is Adolescent Health Important?

*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.

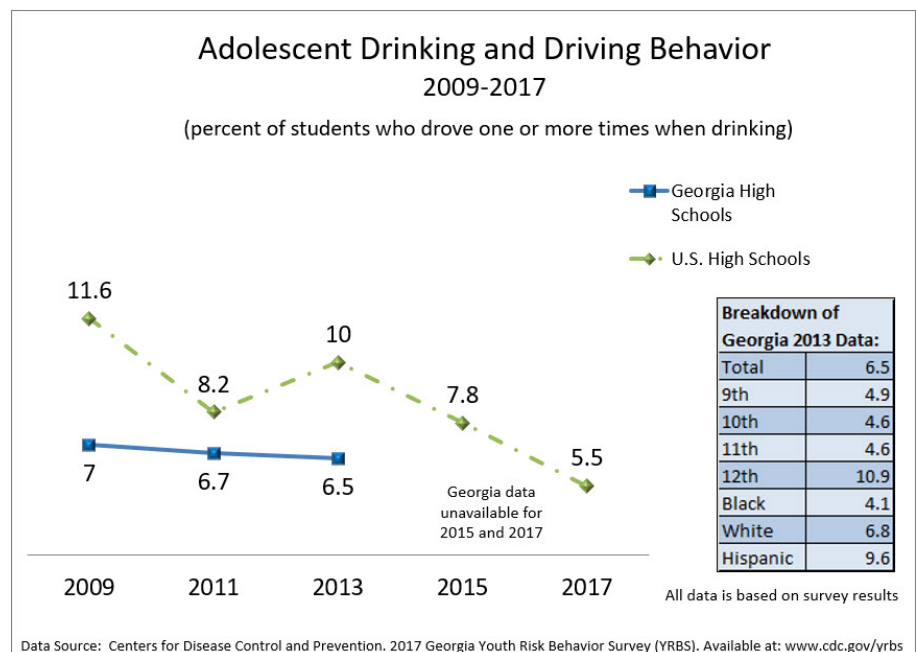
Binge drinking among Whites (17.4 percent) was more than twice as prevalent compared to Blacks (7.9 percent).

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.



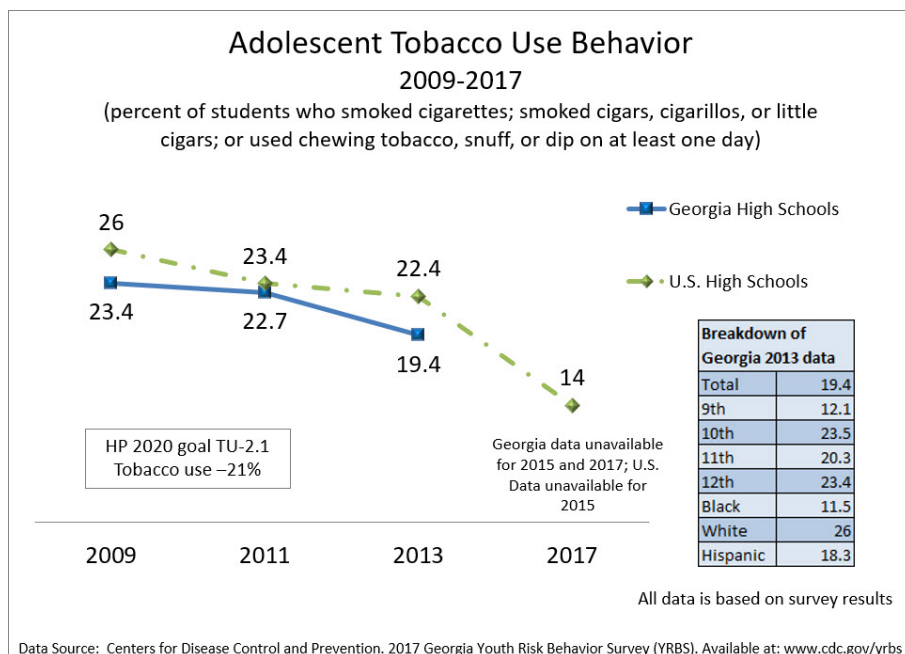
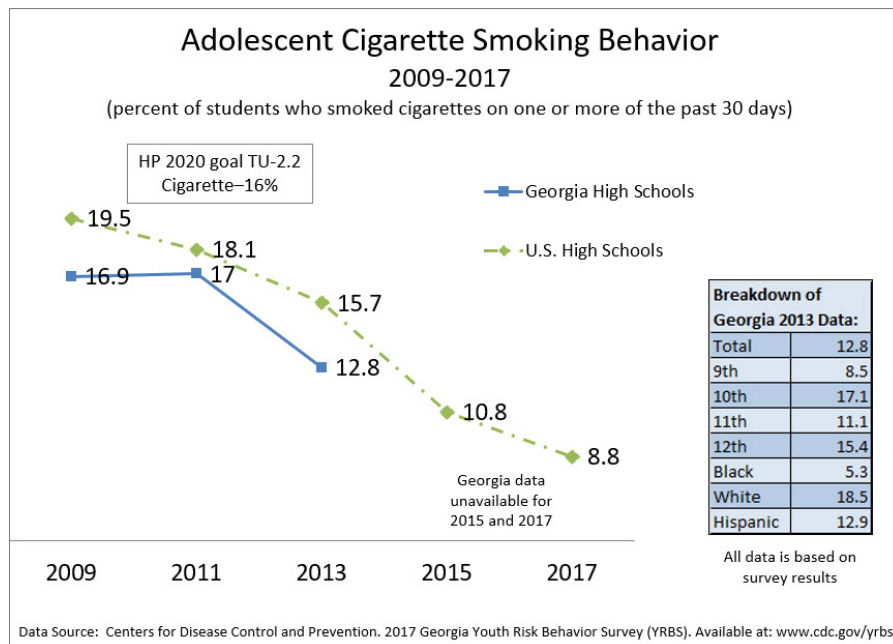
Breakdown of Georgia 2013 Data:	
Total	6.5
9th	4.9
10th	4.6
11th	4.6
12th	10.9
Black	4.1
White	6.8
Hispanic	9.6

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.

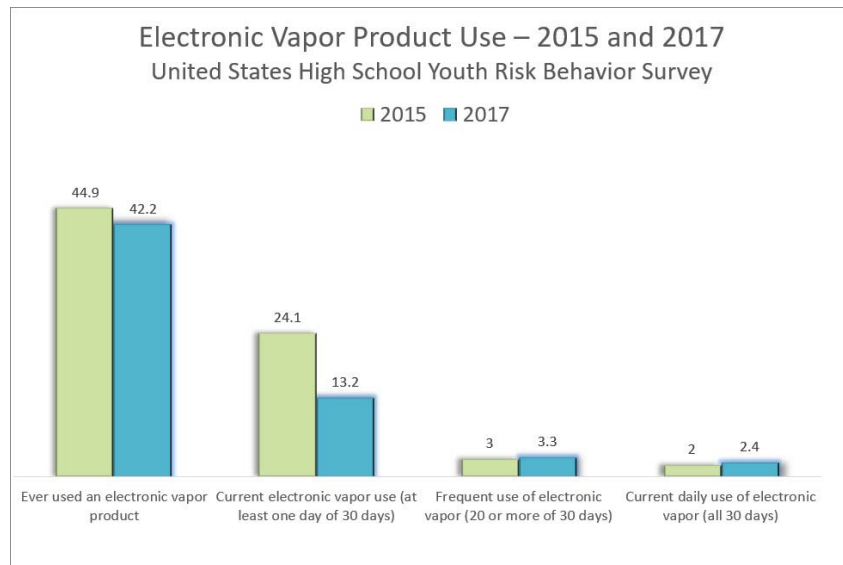


Overall, from 2009-2013, the prevalence of tobacco use in Georgia was lower than the U.S. rates. Tobacco use prevalence was greater among Whites compared to other population groups.

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.<sup>73</sup>



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).

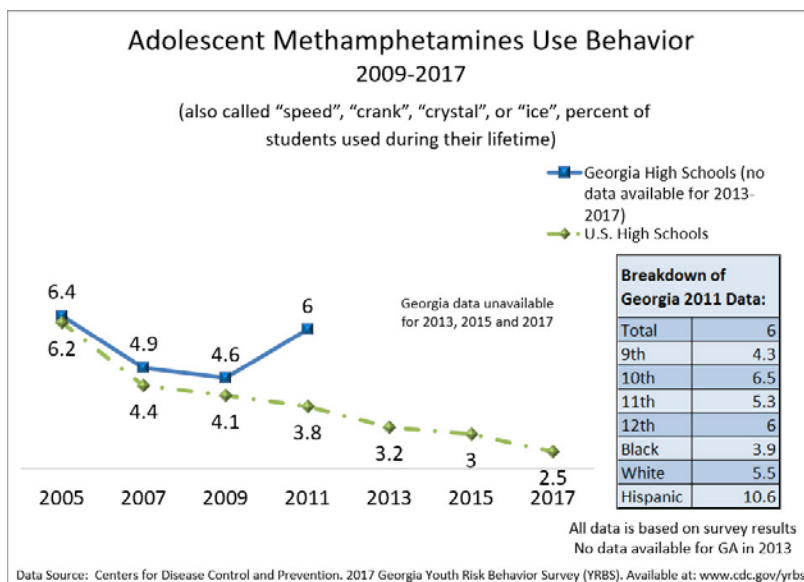
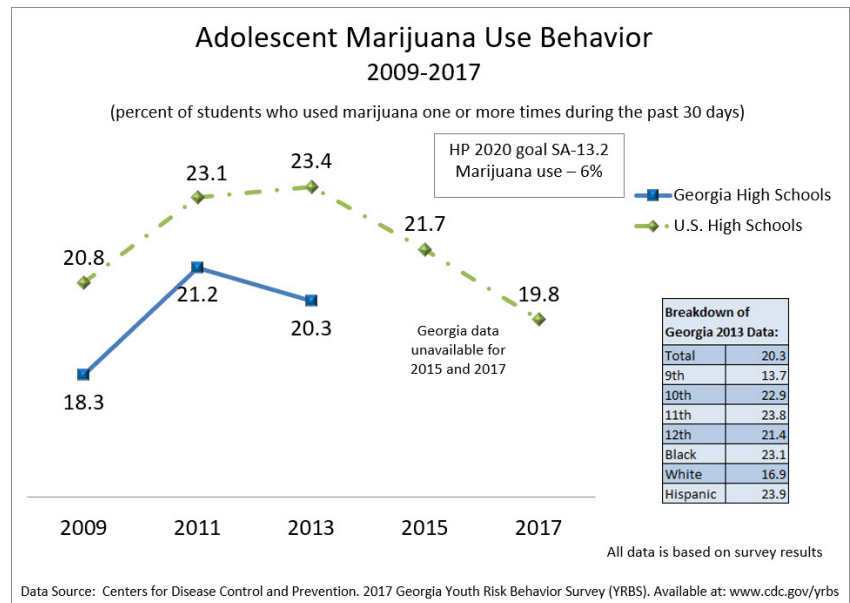
## Illicit Drug Usage

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.<sup>74</sup>

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.<sup>75</sup>

















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: Appling County and Georgia

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

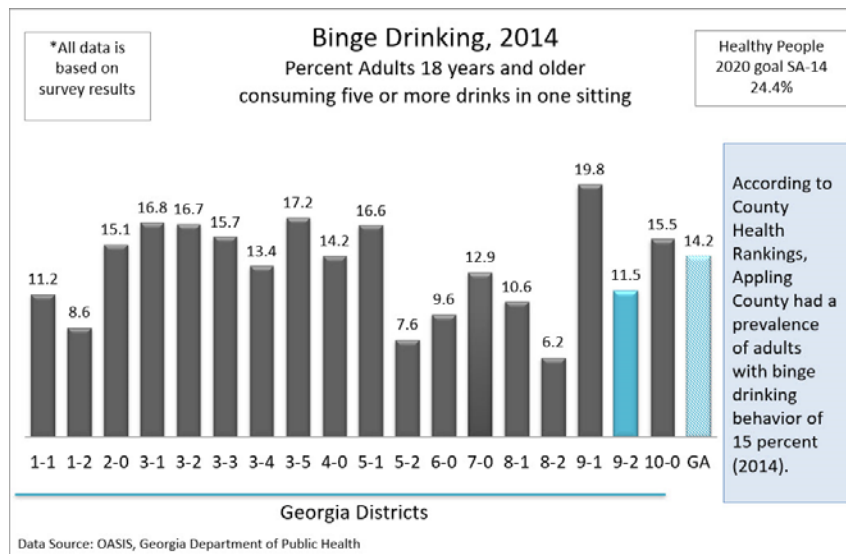
At a Glance Comparison 2017-2018: Drug and Substance Abuse Behaviors Among Adolescents in Appling County and Georgia		
	Appling County High Schools	Georgia High Schools
Binge Drinking	8.2% 	6.4% 
Drinking and Driving	3.8% 	3.0% 
Tobacco Use	9.0% 	5.5% 
Cigarette Use	8.9% 	4.7% 
Marijuana Use	8.3% 	9.3% 
Electronic Vape	17.1% *	10.6% *
Meth Use	2.5% 	2.4% 
Prescription	4.1% 	4.0% 
Data Source: Georgia Department of Education. Georgia Student Health Survey * Trend data unavailable; electronic vapor not surveyed in previous CHNA		

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

## Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.<sup>76</sup>

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.<sup>77</sup>



The binge drinking prevalence in Health District 9-2 (11.5 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 Appling County community focus groups and key stakeholder interviews.

## Adolescent Behaviors and Substance Abuse

- » Parental involvement is non-existent in some families.
- » When both parents are working, it makes it more difficult for families to juggle work, school, and reinforcing education at home.
- » Children are not being raised adequately at home, which is causing teachers to have to deal with behavioral or hygiene issues at school.
- » One "juul"(vaping) is equivalent to 20 cigarettes. A lot of students have no idea the amount of nicotine in a juul.
- » Older kids are selling vaping products to younger children.
- » There is a need for more education to adults and teachers about juuling and vaping, so they know what to look for.
- » The vaping and juul products are being marketed to children with flavors like "fruity pebbles" and "chocolate milk."
- » There is a need for parents to be more aware of what can go wrong when children have no restrictions on their phone.
- » There is a need for a "Parent University" class, but not make it sound like it is not a parenting class.
- » Bullying in schools is a major issue.
- » The mindset of DFCS is to keep the child in the home environment.
- » There is a direct correlation between the poverty level and lack of parenting.
- » There is a need for education for adolescents on money management and how to balance a check book.
- » There is a need for education for parents and adolescents on social media and cyber bullying.



## **Adolescent Behaviors and Substance Abuse**

- » There are some children who are not ready to learn certain school curriculum lesson plans. If they are not able to learn, it affects them mentally if they are not successful.
- » There is a need for more education for the younger adult population (18-20) who were on Medicaid but lose it once they turn 18. This population can be struggling with mental and behavioral health conditions that require prescription medications. If they lose this suddenly, there is an imbalance.
- » There is a need for more education for children on coping and who to talk to if they are feeling down and depressed.
- » We cannot blame technology on adolescent behaviors. We need to create programs and education that cater to adolescents and how they learn through technology.
- » There is a need to educate parents on the laws of child abuse. There are a lot of parents who fear giving discipline because they think they will get a call from DFACs.
- » There are a lot of people who do not know how to problem solve and accept accountability.
- » Grandparents are now taking care of small children because of the parent's issues. This poses a risk for the children.

## **Adult Substance Abuse**

- » Substance abuse and mental health go hand in hand. If people don't take their prescribed medications, they may seek illicit drugs.
- » A lot of individuals are vaping instead of smoking because they think it is healthier.
- » Vaping typically starts at age 12 or around middle school. The vaping industry targets the adolescent population by marketing fruity flavored substances.
- » A lot of patients at the health department will admit to marijuana use.
- » Drugs and substance abuse contribute to the high STD rates.

# 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.<sup>78</sup> 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.<sup>79</sup>

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections are encouraged for sexually active young adults.<sup>80</sup>

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.<sup>81</sup>

**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	<b>Georgia (14.4)</b>	New Mexico (651.6)	South Carolina (254.4)
5	Arizona (13.6)	South Carolina (649.8)	Alabama (245.7)
6	New York (11.9)	<b>Georgia (631.4)</b>	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)	<b>Georgia (219.8)</b>
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.*

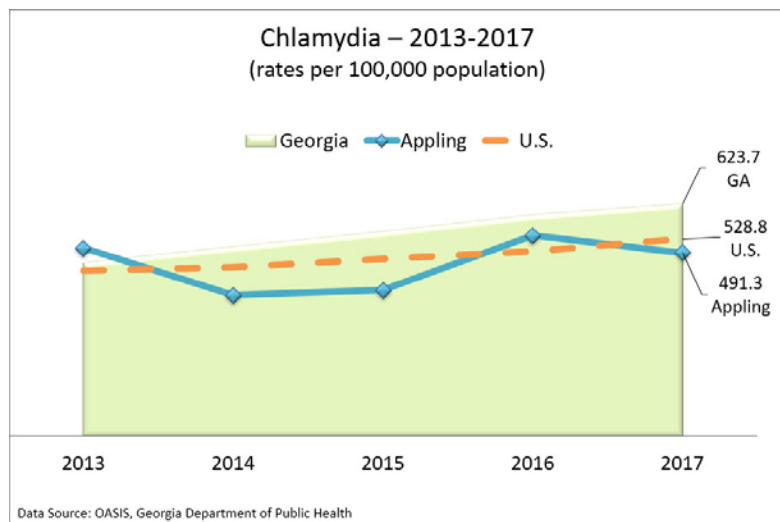
*Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.*

**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.<sup>82</sup>

- » 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.<sup>83</sup>
- » Women had two times the reported chlamydia rate of men in 2017.<sup>84</sup>
- » Georgia ranked sixth highest in the U.S. for reported chlamydia cases in 2017.<sup>85</sup>



## 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 Appling County was lower than Georgia and the U.S.

The chlamydia rate decreased since the 2016 CHNA (504.3 per 100,000 population).

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

Average Chlamydia Rates by Race (2013-2017)				
	White	Black	Hispanic	All
Georgia	130.1	785	181.8	549.8
Appling	181	862.8	181	460

Data Source: OASIS, Georgia Department of Public Health

## Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.<sup>86</sup> 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.

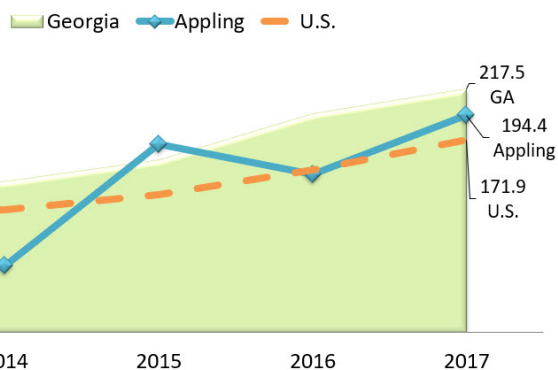
- » Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.<sup>87</sup>
- » Georgia ranked ninth highest in the U.S. for reported gonorrhea cases in 2017.<sup>88</sup>

### 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 Appling County was lower than Georgia, but higher than the U.S.

The gonorrhea rate increased since the 2016 CHNA (103 per 100,000 population).

**Average Gonorrhea Rates by Race (2013-2017)**

	White	Black	Hispanic	All
Georgia	31.3	316.6	28.5	166.9
Appling	25.1	403.8	56.6	133.1

Data Source: OASIS, Georgia Department of Public Health

The gonorrhea rate was significantly higher among Blacks compared to Whites and Hispanics in Appling 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.<sup>89</sup>

- » During 2017 there were 101,567 reported new diagnoses of syphilis.<sup>90</sup>
- » Georgia ranked fourth highest in the U.S. for reported syphilis cases in 2017.<sup>91</sup>

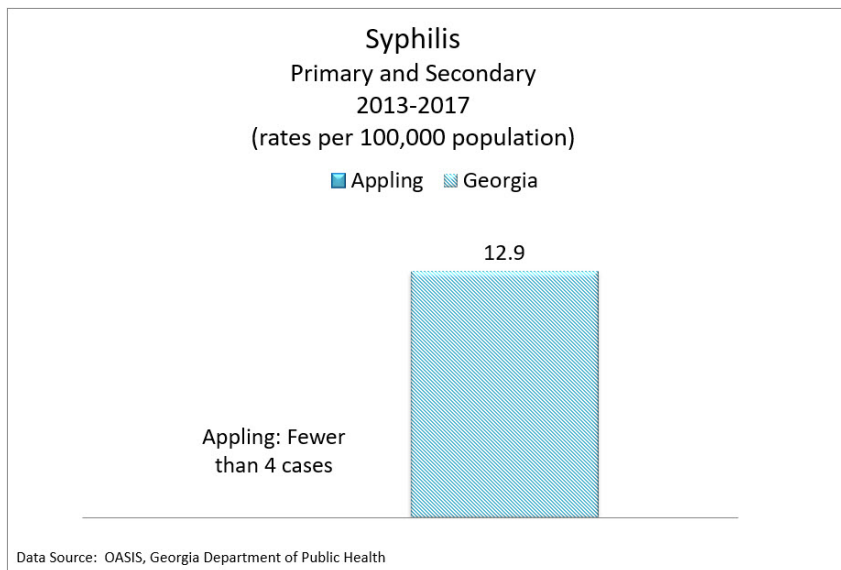
The Georgia syphilis rate in 2017 was 14.5 per 100,000 population.<sup>92</sup> The U.S. rate in 2017 was 9.5 per 100,000 population.<sup>93</sup>

## How Can Syphilis be Prevented?

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

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

**Centers for Disease Control and Prevention**



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

# Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans had HIV at the end of 2016. Of those people, about 14 percent did not know they were infected. In 2017, about 38,739 people received an HIV diagnosis in the U.S.<sup>94</sup> Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.<sup>95</sup>

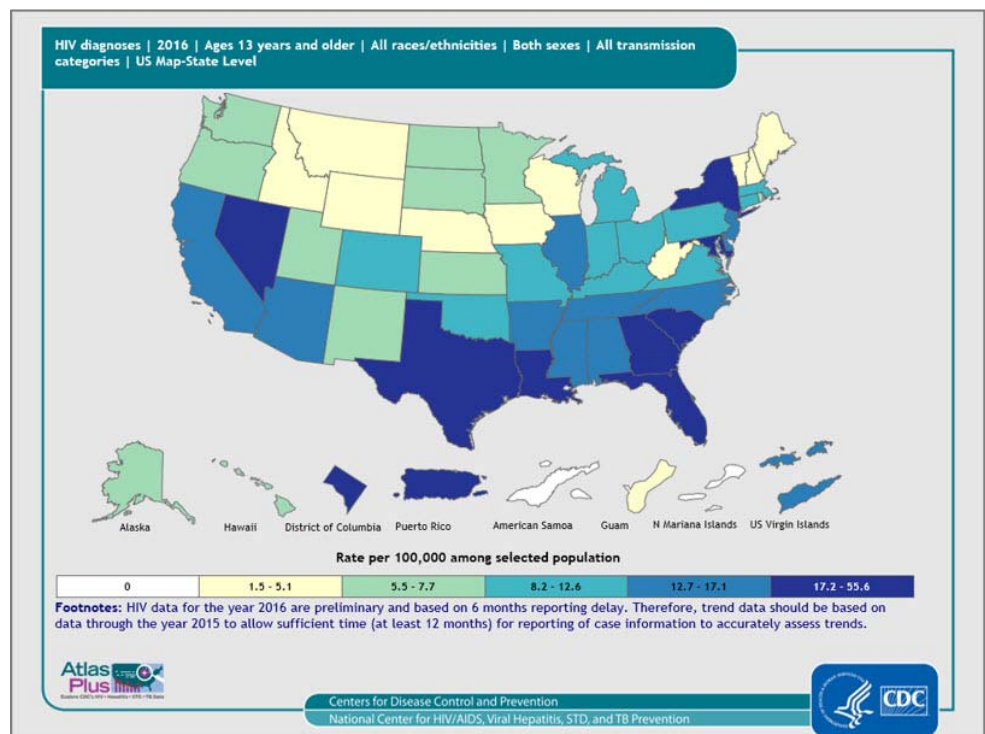
- » In 2017, Black MSM represented the highest number of new HIV infections in the U.S.<sup>96</sup>
- » In 2017, Blacks (male and female) accounted for 44 percent of new HIV infections.<sup>97</sup>
- » In 2017, new HIV diagnoses were most prevalent among the 25-34 age group.<sup>98</sup>
- » In 2017, both Whites and Hispanics accounted for 26 percent each of the new HIV infections.<sup>99</sup>

## 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.*

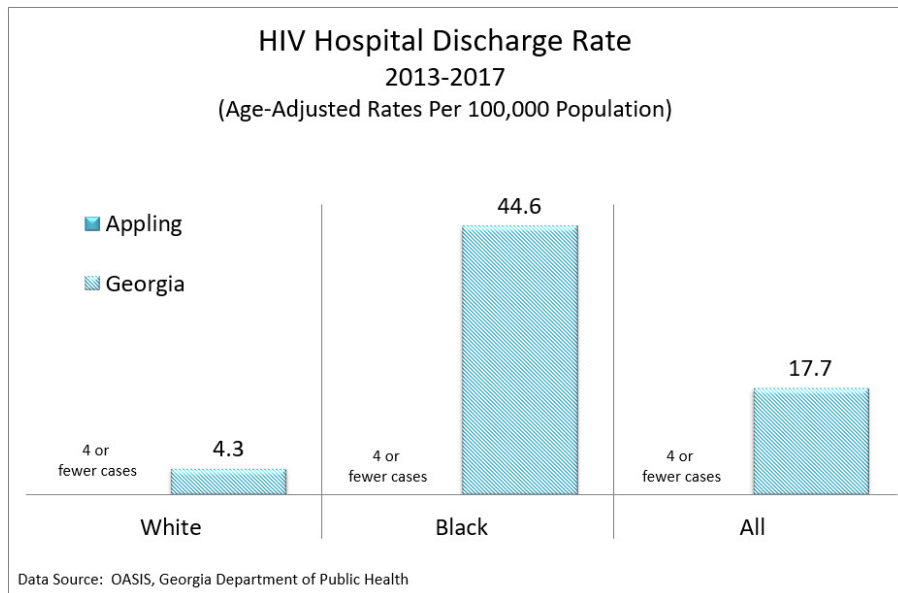
**Healthy People 2020**

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 Appling County.





The hospital discharge rate for HIV in Appling County did not report a rate due to 4 or fewer cases.

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

# COMMUNITY INPUT

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

## **Sexually Transmitted Disease**

- » The comorbidity for HIV patients is typically renal disease.
- » The STD rates are very high in Appling County.
- » There is a Teen Maze program in Appling County that helps address the STD issues.
- » Drugs and substance abuse contribute to the high STD rates.



# 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."<sup>100</sup>

### 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

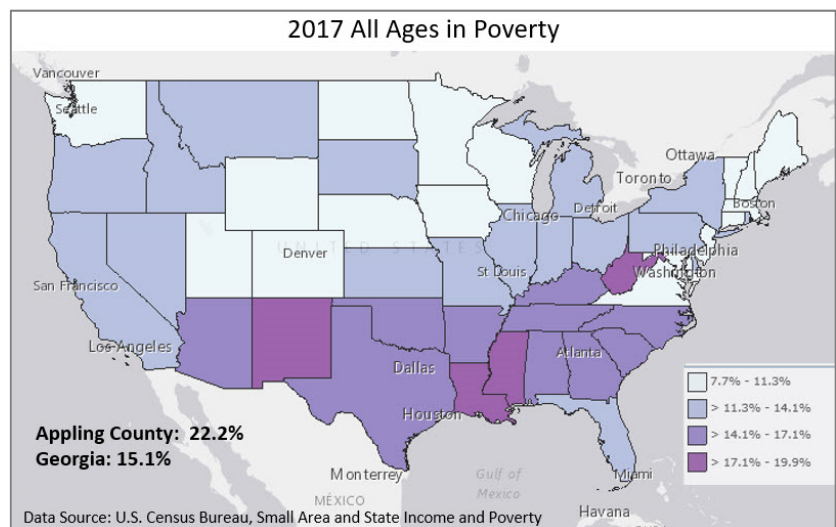
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

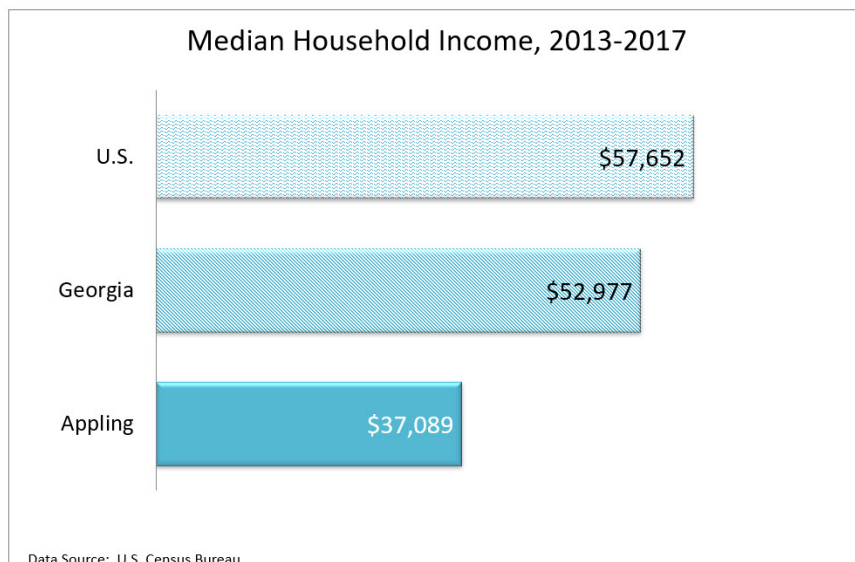
### Income and Poverty

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.<sup>101</sup>

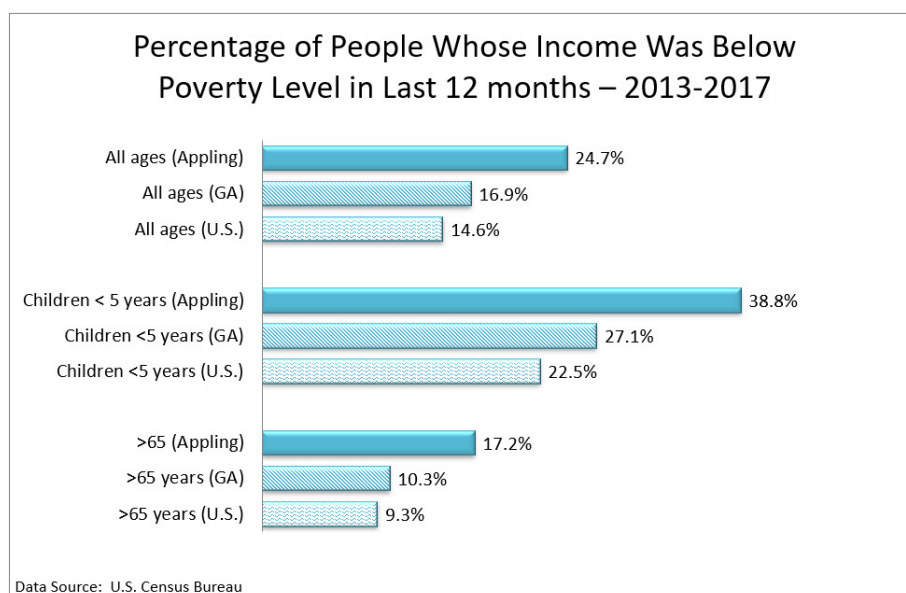
Georgia ranked eleventh highest in the U.S. at 15.1 percent of the population below the poverty level in 2017.<sup>102</sup>

Appling County's poverty rate was 22.2 percent in 2017.



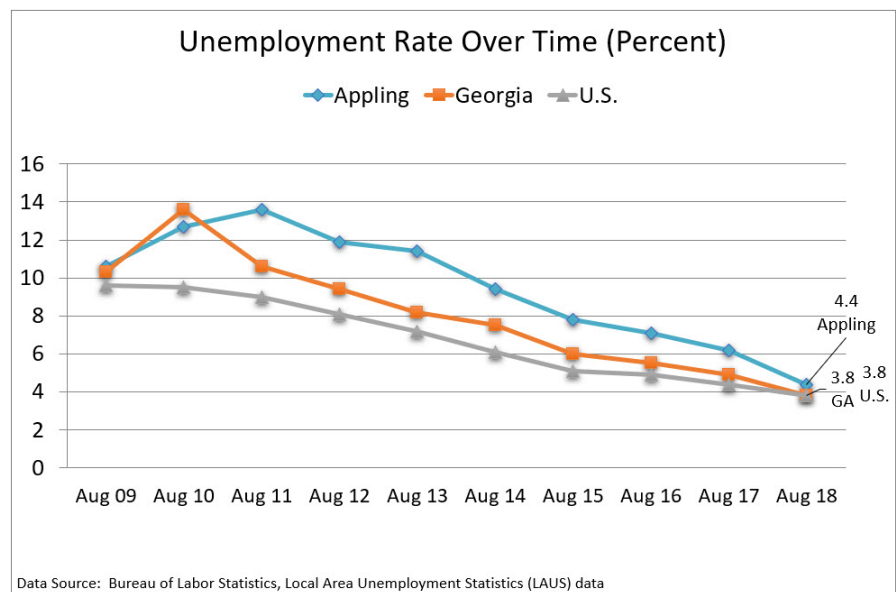


The median household income during 2013-2017 for Appling County was \$37,089. This was below the Georgia median income of \$52,977 and the U.S. median income of \$57,652.

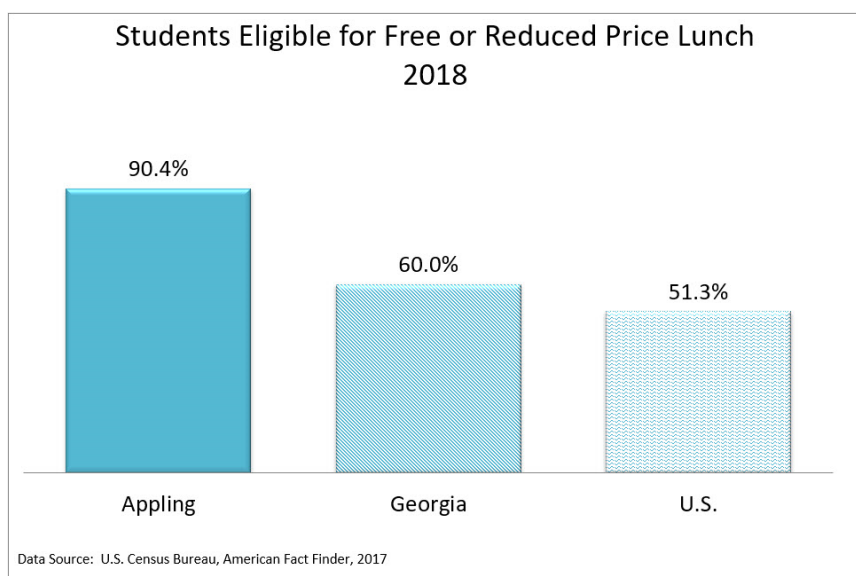


The percentage of people in Appling County whose income was below the poverty level (24.7percent) was higher than Georgia (16.9 percent) and the U.S. (14.6 percent). The percentage of children under five years of age living in poverty in Appling County (38.8 percent) was higher than both Georgia (27.1 percent) and the U.S. rates (22.5 percent). The percentage of Appling County senior adults living in poverty (17.2 percent) was higher than the rates for either Georgia (10.3 percent) or the U.S. (9.3 percent).

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



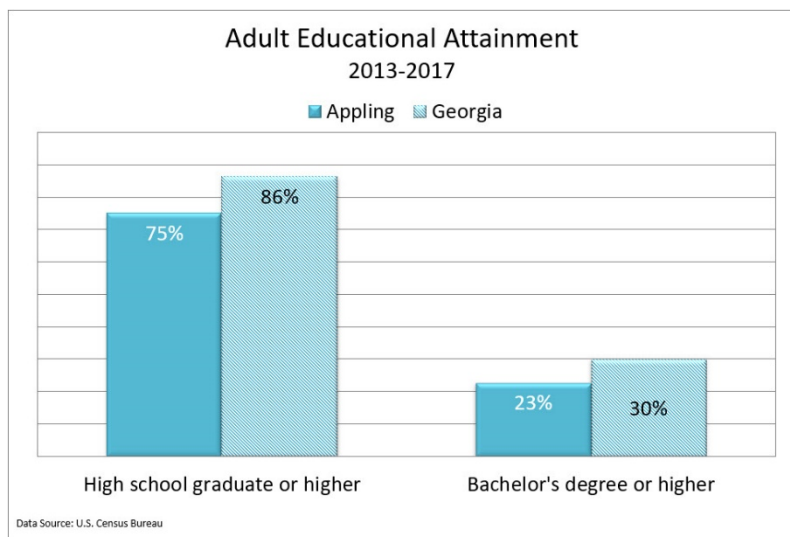
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.<sup>103</sup> 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.<sup>104</sup>



Approximately 90.4 percent of the public-school students in Appling 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

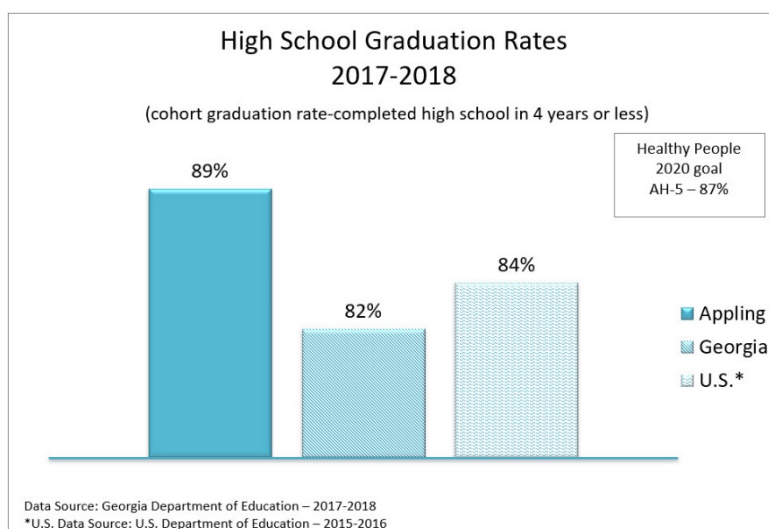
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.<sup>105</sup> According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.<sup>106</sup> 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.<sup>107</sup>



From 2013-2017, 75 percent of Appling County residents were a high school graduate or higher compared to Georgia's average of 86 percent. An average of 23 percent of Appling 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.<sup>108</sup>

In 2017-2018, Appling County had an average of 89 percent of students who completed high school in four years or less. Appling County's rate was above the Georgia average (82 percent) and the U.S. average (84 percent). The Healthy People 2020 goal for the high school graduation rate is 87 percent (students who graduate with a regular diploma, 4 years after starting ninth grade).

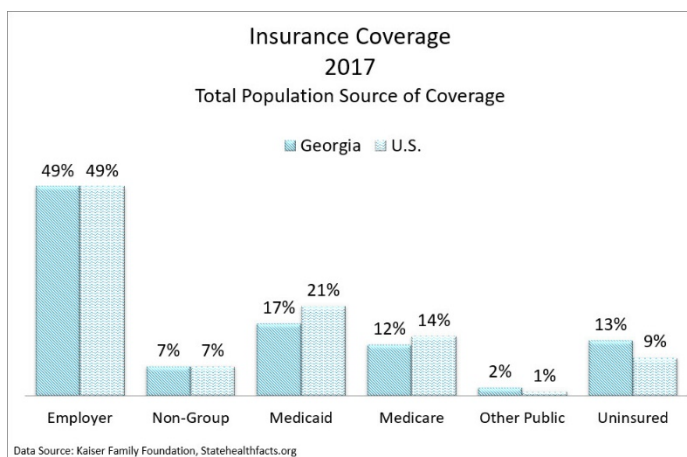


## Insured Status

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

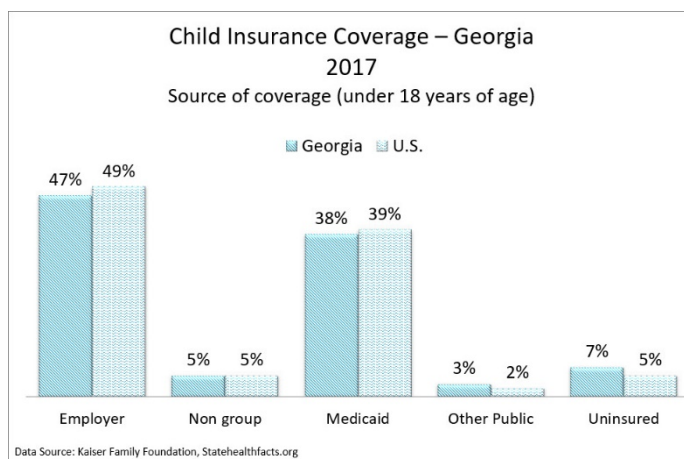
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

### GEORGIA INSURED STATUS

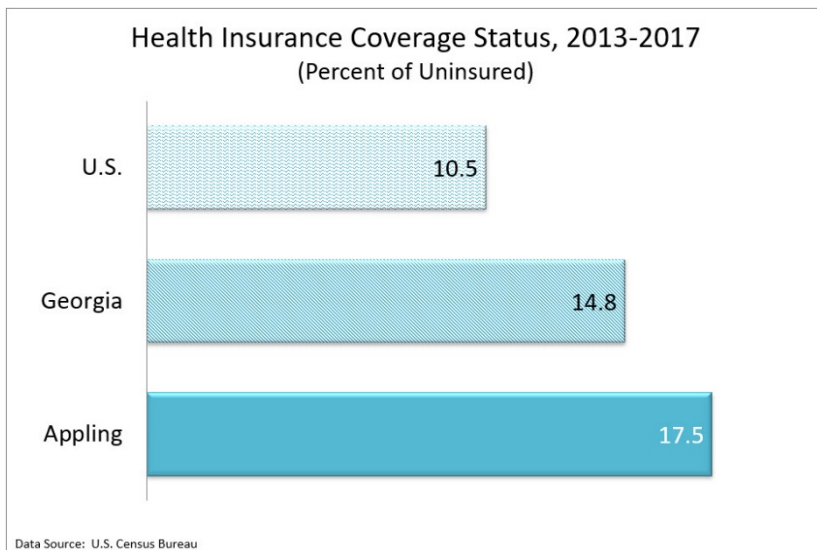


In 2017, Georgia's uninsured population (13 percent) was higher than the U.S. (9 percent). Employer coverage was even in both Georgia and the U.S. at 49 percent. Georgia's proportions of Medicare and Medicaid covered individuals were lower than the U.S. rates.

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



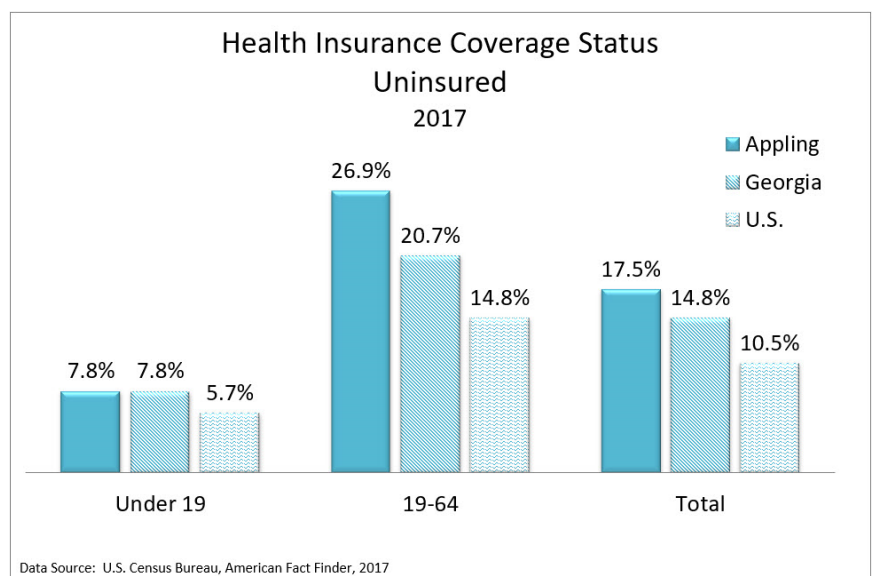
## APPLING COUNTY INSURED STATUS



The proportion of uninsured individuals in Appling County (17.5 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 Appling County was equal to the Georgia rate, and higher than the U.S. rate.

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





## Georgia Health Assistance and Healthcare Programs

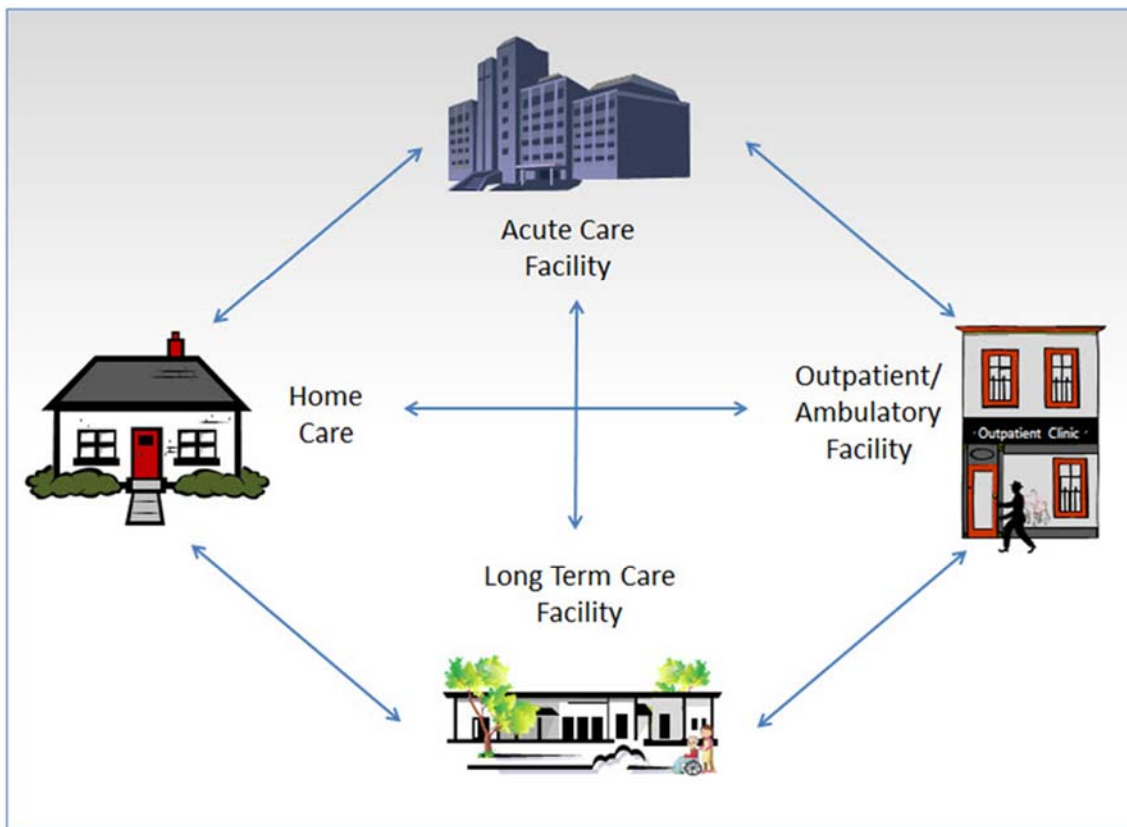
**Medicaid** – Georgia Medicaid is administered by the Georgia Department of Community Health. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

- » **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 Appling 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.<sup>109</sup> 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.

Appling HealthCare System, located in Baxley, Georgia is a licensed, non-profit acute care medical facility. Appling HealthCare System is licensed for 64 beds (30 of these beds serves as our Geriatric Behavioral Health Unit) and offers an array of high quality, technologically advanced inpatient and outpatient health care services to Appling County and surrounding communities. Appling HealthCare System is accredited by “DNV” Det Norske Veritas. DNV is the first and only CMS approved accreditation service that surveys annually and integrates ISO 9001 quality methods with Medicare Conditions of Participation.<sup>110</sup>

## **Sliding Fee Scale Clinics**

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

East Georgia Healthcare Center is a Federally Qualified Health Center located in Baxley. There are several other clinics located in the area. The Baxley location offers the following services: family planning, chronic care management, health insurance enrollment, annual wellness visits, and same day sick visits. All of the services are offered on a sliding fee discount if uninsured.

## **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. Appling County is considered an MUA based on its Index of Medical Service Score of 45.4.<sup>111</sup>

## Mental Health

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

- » Pineland Behavioral Health provides behavioral health, developmental disabilities, and addictive diseases services to the community of Baxley and surrounding counties.
- » Appling Healthcare System has a 30 bed Geriatric Behavioral Health Unit.
- » The community reported a need for more mental health resources such as psychiatrists and counseling facilities in the community.

### Professional Shortage Areas as of January 2019

Appling 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.<sup>112</sup> 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. Appling County has one nursing home located in Baxley and two additional nursing homes located within 30 miles. All three of these nursing homes accept Medicare and Medicaid. The combined number of beds among these three nursing homes is 262.<sup>113</sup>

## Transportation

Appling County has a land area of 507 square miles.<sup>114</sup> There is no public transportation system within the community. Many residents depend upon family members or others in the community for their transportation needs. There are other services that provide transit for specific populations. The Senior Center provides transportation services and meal-delivery for homebound seniors. Logisticare provides transportation to Medicaid 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.<sup>115</sup>

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.<sup>116</sup> 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.<sup>117</sup>

# COMMUNITY INPUT

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

## Access to Care

- » We live in a very convenient lifestyle society. Everything is about instant gratification.
- » There is a need for end of life care. There are not enough beds for this service as there is waiting list. The community is aging and there are not enough beds.
- » Men are typically the worst patients because they do not listen. There is a need for male centered clinics.
- » It is difficult for families with no resources to cross county lines for more specialized care.
- » There is a need for more access to screening for cancer, heart disease, and other chronic conditions.
- » Worksite wellness is needed in more workplaces to encourage health screening compliance.
- » There is clinic called Mercy Ministries (based in Vidalia) that provides free care to the uninsured. It has new location opening in June in Hazlehurst.
- » There are 7,400 people under the age of 65 without health insurance in Appling, Jeff Davis, and Bacon counties.
- » The hospital has partnered with Mercy Ministries to help address the issue of lack of low-cost clinical care.
- » There is a grant from HealthCare Georgia Foundation that is a collaboration between Appling Board of Health, Share Health Foundation, and Appling Health Department. The name of the program is Coalition for a Healthy Appling County.
- » It is difficult to get migrant farmworkers to utilize WIC due to their working hours.

## Access to Care

- » If someone at the health department comes in with high blood pressure, they are referred to East Georgia Health Center.
- » A lot of individuals cannot afford the cost of medicine, transportation, or the office visit.
- » The amount of food stamps a family receives has increased which has in turn decreased the need for WIC.
- » There is a registered dietician in the health department that can provide nutrition education to other people besides WIC participants.
- » A lot of individuals just do not know what resources are available to them.
- » If you are on Medicaid, you can get transportation.
- » There is a need for county van to take Seniors to purchase groceries, get medicine, and go to doctor's appointments.
- » There is a need for local wound care facilities to support all the older residents and those with diabetes.
- » It would be great if the hospital had a pharmacy and infusion center.
- » The meals on wheels program needs an additional van to reach the more rural areas of the county. Currently there is only one van.
- » Pest control and bed bugs is a big issue in a lot of the homes of the clients that receive personal home care.
- » The internet influences a lot of health behaviors because you have all the knowledge at your fingertips.
- » There are a lot of people who are grandparents raising their grandchildren because the parents are out of picture.
- » There is a need for information sharing on the health statistics.
- » There is a need for outreach and wellness screenings to certain population groups.

## Access to Care

- » There is a need to ensure the audience is engaged and receptive.
- » There is a need for wellness incentives or penalties "carrot or stick" to help motivate individuals to attend events or increase program compliance.
- » There is lack of knowledge of available resources.
- » There is a need for more technology enabled programs for education. Individuals are more likely to ask questions behind a computer screen than in person.
- » There is a need for a communication of available resources, especially for diabetes supplies and medications.

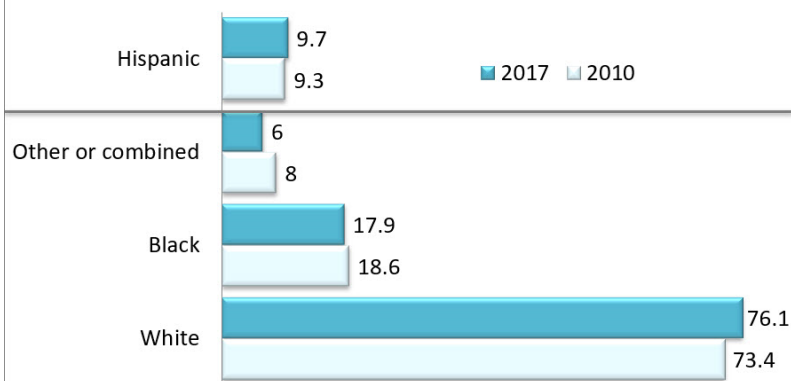
# SPECIAL POPULATIONS

## 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  
Appling County- 2010, 2017

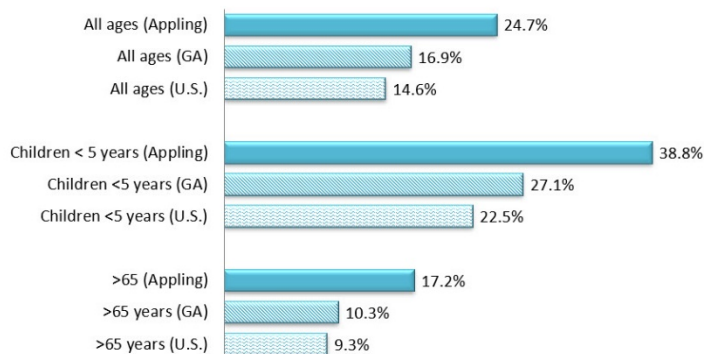


Data Source: U.S. Census Bureau

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

The poverty rates in Appling County were highest among the children under 5 population and those over age 65.

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

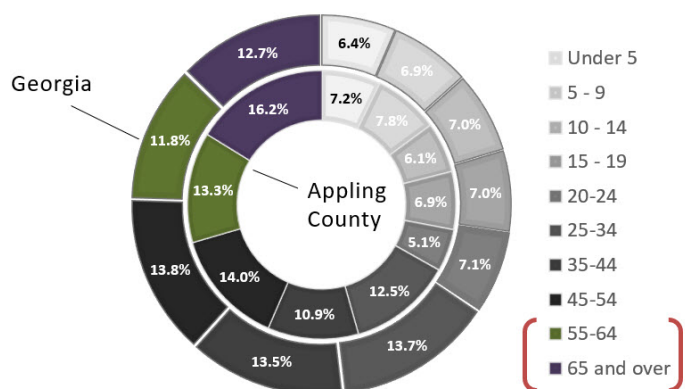


Data Source: U.S. Census Bureau

## Senior Health

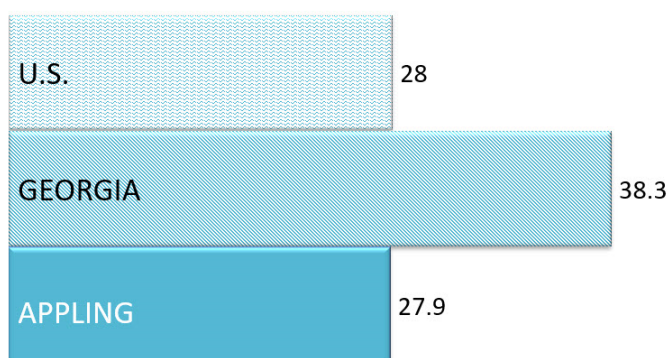
The population proportion of those aged 55 and over in Appling County is approximately 29.5 percent. Georgia's proportion of those aged 55 and older is roughly 25 percent or one in four individuals.

Population Percentages By Age Groups, 2017  
Appling 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.

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



# COMMUNITY INPUT

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

## Senior Health

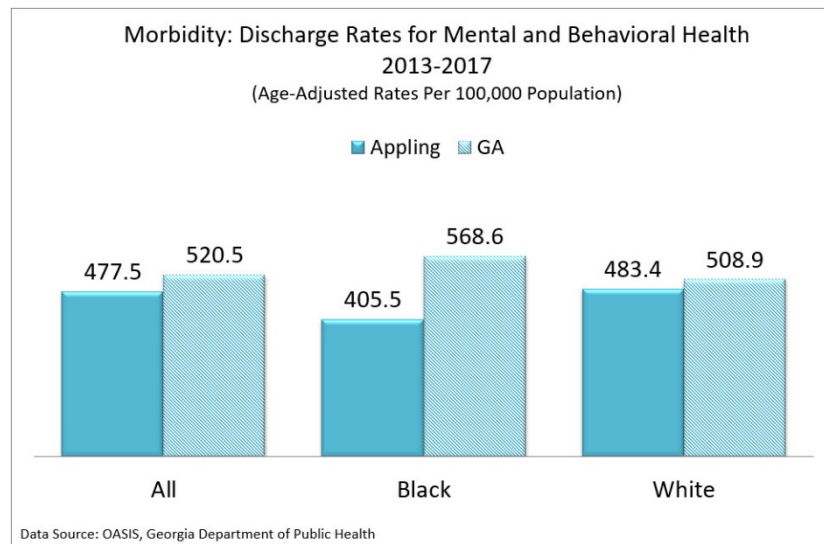
- » There is a need for end of life care. There are not enough beds for this service as there is waiting list. The community is aging and there are not enough beds.
- » There is a need for county van to take Seniors to purchase groceries, get medicine, and go to doctor's appointments.
- » There is a need for local wound care facilities to support all the older residents and those with diabetes.
- » It would be great if the hospital had a pharmacy and infusion center.
- » The meals on wheels program needs an additional van to reach the more rural areas of the county. Currently there is only one van.
- » Pest control and bed bugs is a big issue in a lot of the homes of the clients that receive personal home care.
- » Over the last month there has been a major rise in Alzheimer's disease.
- » There is a need for more long-term care facilities with the growing aging population.
- » A lot of Seniors in Appling County are referred to Adult Protective Services when they are believed to be unable to live alone.
- » During the winter months, the main hospitalization for the older population is pneumonia and influenza.

## Hispanic Population and Migrant Farmworkers

- » It is difficult to get migrant farmworkers to sign up for WIC services due to their working hours.
- » The Hispanic population at the school system level is around 20 percent.

## 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 disorders<sup>118</sup>.



Appling 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 Appling County community focus groups and key stakeholder interviews.

### Mental and Behavioral Health

- » In the last two years, 55 beds have opened for behavioral health needs in the area.
- » Mental and behavioral health is major priority from the county jail perspective. Most of the inmates are suffering from some type of mental or behavioral health disorder.
- » Individuals with mental health conditions are less likely to take care of other chronic medical conditions like diabetes, obesity and heart disease.
- » There has been a big increase in ER utilization for mental and behavioral health conditions. Out of the 30 days in April, there were 22 cases of psychiatric evaluations performed.

## Mental and Behavioral Health

- » None of the private mental health facilities will accept Medicaid or uninsured.
- » People worry more about their social media presence.
- » There is a need for education on mental and behavioral health to address the stigma.
- » Within the last year there were two adolescents that took their life in Appling County.
- » Suicide is a common thought among adolescents and it is increasing.
- » There is a need for a psychiatrist.
- » For mental health services, patients are usually referred to Pineland.
- » Children have no access to mental health. They need pediatric mental health. There are no facilities locally to send children to.
- » The rise in mental health among adolescents is a result of home life such as abuse or neglect. It has also increased due to social media, T.V. and access to porn, and video games. Kids are so desensitized.
- » There are a lot of adolescent girls cutting because it is the only way they can obtain a sense of control in their life.
- » Most of the child abuse cases are a product of adult parents struggling with mental health conditions.
- » The closest inpatient mental health treatment for pediatric patients is in Savannah or St. Simons.
- » There is a lack of mental health resources that are local to Appling.
- » There are counseling services that now service the schools for behavioral health.
- » There are no local inpatient behavioral health services for adolescents.

# PRIORITIES

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## About Community Input

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

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

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

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

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

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

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

## Focus Group Meetings and Priorities

Two community focus group meetings were conducted on May 21<sup>st</sup> and May 22<sup>nd</sup>, 2019.

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

1. Lifestyle and Obesity
  - a. There is a need for education and outreach on the understanding of the risk factors associated with obesity and unhealthy lifestyles. For example, “knowing your numbers.”
  - b. There is a need for education on personal accountability, self-control, and taking charge of one’s health.
  - c. There is a need for more awareness and education on smoking and alcohol use prevention and cessation.
2. Access to Care
  - a. There is lack of communication and collaboration of available community resources.
  - b. There is a need for health promotion programs that incentivize and provide more motivation for attendance.
  - c. There is a need for more technology enabled programs for health promotion and education.
  - d. There is a need for more facilities for end of life care and nursing home patients.
3. Adolescent Health
  - a. There is a need for parenting outreach on methods for raising a healthy child. The lack of parenting engagement and discipline was the main theme associated with adolescent health.
    - i. Education for parents on the laws of child abuse. Many parents fear breaking child abuse rules by disciplining too harsh.
    - ii. Education for parents on best practices for technology use (i.e.: social media and security features to keep your child safe).
  - b. There is a need for more outreach programming to impact the youth such as:
    - i. Self-respect and self-worth
    - ii. Coping skills
4. Mental and Behavioral Health
  - a. There is a lack of mental health facilities such as counseling and treatment facilities.
  - b. There is a need for education and awareness on the signs of and symptoms of mental illness. A lot of individuals self-medicate with illegal drugs.
  - c. The 18-20-year-old age group needs specific outreach and follow-up to ensure proper medications are still being used after they are no longer Medicaid eligible.

## Hospital Input

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

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

## Identified Priorities

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

1. Mental and Behavioral Health
2. Access to Care
3. Lifestyle and obesity
4. Adolescent Health

## Approval

Appling Healthcare System's Board approved this community health needs assessment through a board vote on August 26, 2019.

# Special Thanks to Community Participants

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Appling Healthcare System 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 21<sup>st</sup> or 22<sup>th</sup>, 2019. There were over 40 community participants who attended these events.

Also, special thanks to Appling Healthcare System's Community Health Needs Assessment Steering Committee (CHSC) for their time and effort towards the project.

Randy Crawford, CEO  
John C. Graham, CFO  
Rose Keller, CNO  
Andrea Pierce, COO  
Jordan Turner, Administrative Assistant  
Malorie Harvill, Marketing Director

Appling Healthcare System 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

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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.

HOME HEALTH AGENCIES	
Altamaha Home Health 912-367-4621	CareOne Home Health 800-533-2094
Rescare Home Care 912-366-1622	Amicita Home Health 800-476-6787
Nurses Plus, Inc. 912-526-8883	
BLOOD DONATIONS	
American Red Cross 800-RED-CROSS / 800-733-2767 (P) <a href="http://www.redcross.org">www.redcross.org</a>	
BREASTFEEDING RESOURCES	

Breastfeeding Information www.breastfeeding.com	La Leche League of GA Hotline 404-681-6342 (P)
Georgia Department of Public Health WIC Program 912-367-4601 (P)	
<b>CAR SEAT RESOURCES AND SAFETY</b>	
Auto Safety Hotline 800-424-9393 (P)	Georgia Department of Public Health 912-367-4601 (P)
<b>CANCER SUPPORT SERVICES</b>	
American Cancer Society 800-227-2345 (Preferred)	Appling Healthcare Foundation 912-367-9841 (P)
<b>CHILDREN &amp; FAMILY SUPPORT SERVICES</b>	
ALL GA KIDS 877-255-4254 (P)	Office of Child Support Services (OCSS) 877-423-4746 (P)
Appling Family Connections 912-367-8816	Tri-County CASA 912-367-0064

COUNSELING	
Pineland Mental Health 912-367-4614	Southern Counseling Services 912-705-0858 (P)
Georgia Crisis Line 800-715-4225 (P)	National Domestic Violence Hotline 800-799-7233 (P)
Senior Life Solutions-Applying Healthcare 912-367-9841	
DEVELOPMENTAL NEEDS	
Babies Can't Wait <a href="http://www.health.state.ga.us/programs/bcw">www.health.state.ga.us/programs/bcw</a>	Parent to Parent of Georgia 800-229-2038 (P)
DME & RESPIRATORY PROVIDERS	
Certified Respiratory 912-366-9226	Austin Home Health Care Equipment 912-375-3528
Shuman HealthCare 912-285-5272	

<b>CONVENIENT CARE/URGENT CARE</b>	
N/A	
<b>FINANCIAL ASSISTANCE</b>	
Division of Family and Children Services (DFCS) 912-526-5468 Temporary Assistance for Needy Families (TANF)	
<b>FOOD ASSISTANCE</b>	
Division of Family and Children Services (DFCS) 912-526-5468 <a href="http://www.dfcs.dhs.georgia.gov">www.dfcs.dhs.georgia.gov</a> For Food Stamps	Appling County Health Department 912-367-4601 For WIC Assistance
<b>FURNITURE RESOURCES</b>	
Local Goodwill 912-367-0803	
<b>GED CLASSES</b>	

Coastal Pines Technical College 912-367-1700	
<b>HEALTH INSURANCE</b>	
PeachCare for Kids 877-427-3224 (P) www.peachcare.org	Medicaid Member Services: 866-211-0950 (P) Provider Services: 800-766-4456 (P) Eligibility: 404-730-1200 (P) Customer Service: 404-657-5468 (P) www.medicaid.gov
Medicare 800-MEDICARE / 800-633-4227 (P) Medicare Service Center: 877-486-2048 (P) Report Medicare Fraud & Abuse: 800-HHS-TIPS / 800-447-8477 (P) www.medicare.gov	
<b>HOSPICE PROVIDERS</b>	
Bethany Hospice 912-384-6100	Comfort Care Hospice 912-367-4146
Serenity Hospice 912-537-1410	Southern Care Hospice 912-537-2273
Spanish Oaks Hospice 912-739-0502	Community Hospice 800-477-4758

HOUSING / UTILITY ASSISTANCE	
Low Income Home Energy Assistance Program (LIHEAP) To verify if you are eligible, please call: 800-869-1150 (P)	Georgia Dept. of Community Affairs Georgia Dream Homeownership Program 800-359-4663 (P)
Georgia Housing Search <a href="http://www.georgiahousingsearch.org">www.georgiahousingsearch.org</a>	
LEGAL ISSUES	
Georgia Legal Services 800-822-5391 (P)	
LITERACY	
Family Literacy Hotline 404-539-9618 (P)	First Foundation for Childhood Literacy 888-565-0177 (P)
MEDICAL FINANCIAL ASSISTANCE	
Division of Family & Children Services (DFCS) 912-526-5468	

MEDICAL CLINICS AND (FREE AND SLIDING FEE)	
County Health Department 912-367-4601	Appling Medical Group 912-367-0102
South Georgia Medical Group 912-367-4122	Appling Pediatrics 912-366-9688
Mercy Medical Clinic 912-387-0463	East Georgia Healthcare Center 912-705-5656
MENTAL HEALTH	
Pineland Mental Health 912-367-4164	Senior Life Solutions-Appling Healthcare 912-367-9841
Senior Care Unit-Appling Healthcare 912-367-9841	
NURSING HOMES/SKILLED NURSING	



The Pavilion 912-367-9841	Triad/Lumber City Nursing & Rehab 912-363-2484
Hazlehurst Court Care & Rehab Center 912-375-3677	Golden Living Center 912-427-6858
<b>PARENTING RESOURCES</b>	
American Academy of Pediatrics <a href="http://www.healthychildren.org">www.healthychildren.org</a>	
"MOPS" - Mothers of Preschoolers General Info: 800-929-1287 (P) 303-733-5353 (P) 303-733-5770 (F) Service/Group Info: 888-910-MOPS / 888-910-6677 (P) <a href="http://www.mops.org">www.mops.org</a>	
<b>PATERNITY</b>	
Office of Child Support Services (OCSS) Brunswick Jesup 1313 West Pine Street Jesup, GA 31545 1-844-MYGADHS	
<b>PHYSICAL THERAPY / REHABILITATION SERVICES</b>	

<p>Appling Rehabilitation Services PT/SP/ OT 912-366-6590</p>	
<b>PUBLIC LIBRARIES</b>	
<p>Appling County Public Library 242 E. Parker St, Baxley, GA 912-367-8103</p>	
<b>RECREATION</b>	
<p>Appling County Recreation Department 912-367-8190</p>	
<b>SAFETY</b>	
<p>Georgia Poison Control 800-222-1222 (P) <a href="http://www.gpc.dhr.georgia.gov">www.gpc.dhr.georgia.gov</a></p>	
<b>SENIORS</b>	

<p>Area Agency on Aging 912-367-9913 331 W Parker Street, Baxley GA</p>	<p>Senior Life Solutions-Applying Healthcare 912-367-9841</p>
<p><b>SMOKING CESSATION</b></p>	
<p>Georgia Tobacco Quit Line 877-270-7867 (P) <a href="http://www.livehealthygeorgia.org/quitline">www.livehealthygeorgia.org/quitline</a></p>	
<p><b>TEEN PARENTING RESOURCES</b></p>	
<p>Appling County DFCS 1160 West Parker Street Baxley, GA 31513</p>	<p>Young Mommies Help Site <a href="http://www.youngmommies.com">www.youngmommies.com</a></p>
<p><b>TRANSPORTATION</b></p>	
<p>Logisticare 888-224-7988</p>	

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