

2016

Applying Healthcare System Community Health Needs Assessment

Researched and written by:
Draffin & Tucker, LLP
Five Concourse Parkway
Suite 1250
Atlanta, Georgia 30325



CONTENTS

EXECUTIVE SUMMARY.....4

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS.....7

 Description of Major Data Sources 10

 Definitions 12

 Information Gaps and Process Challenges 12

 2013 Implementation Strategy 13

ABOUT APPLING COUNTY..... 15

 Georgia Public Health Districts 16

 Population Profile 17

 Race, Ethnicity and Origin Profile 18

MORBIDITY AND MORTALITY 21

 Hospitalization and Emergency Room Visits 21

 Leading Causes of Death 24

 Premature Death 26

 Cancer 27

 Lung Cancer 29

 Colon and Rectum Cancer 31

 Breast Cancer..... 33

 Prostate Cancer 35

 Heart Disease and Stroke 38

 Chronic Lower Respiratory Disease 43

 Accidents 47

 Diabetes..... 49

 Obesity..... 51

 Childhood Obesity 52

MATERNAL, INFANT AND CHILD HEALTH..... 56

 Birth Rates 57

 Infant Mortality 58

 Fetal and Infant Conditions 58

 Teen Birth Rate..... 60

 Birth Weight 64

 Immunizations 65

ALCOHOL, TOBACCO AND DRUG USE..... 66

Adolescent Behavior 66

 Alcohol, Tobacco, and Substance Abuse 67

 Illicit Drug Usage 69

 Comparison: Appling County and Georgia 70

Adult Alcohol Abuse 71

SEXUALLY TRANSMITTED DISEASES 73

 Chlamydia 74

 Gonorrhea 75

 Syphilis..... 76

 Human Immunodeficiency Virus (HIV) 77

ACCESS TO CARE..... 80

 Gaining Entry into the Health Care System 80

 Income and Poverty..... 80

 Educational Attainment..... 83

 Insured Status..... 84

 Georgia Health Assistance and Healthcare Programs 86

 Accessing a Healthcare Location Where Needed Services Are Provided..... 88

 Healthcare Continuum 88

 Health Professional Shortage Areas (HPSAs)..... 89

 Mental Health..... 89

 Nursing Homes/Skilled Nursing Facilities 89

 Transportation..... 90

 Finding a Health Care Provider Whom the Patient Can Trust..... 91

SPECIAL POPULATIONS..... 94

PRIORITIES 96

 Community Input..... 96

 Hospital Input 98

 Identified Priorities..... 98

 Approval 98

COMMUNITY PARTICIPANTS 99

RESOURCE LISTING 100

ENDNOTES 110

EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Appling Healthcare System with a functioning tool that meets the Internal Revenue Service (IRS) rules published on December 31, 2014. The Community Health Needs Assessment report not only meets the guidelines of the Internal Revenue Service, but provides strategic insight for resource development, clinical development, and regional hospital networking and collaboration.

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

The assessment was performed by Draffin & Tucker, LLP. Draffin & Tucker is a health care consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 60 years' experience working with hospitals throughout the Southeastern United States. Input was received from the hospital, community leaders, and 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 South Georgia. The county has a total land area of 507 square miles. According to the U.S. Census, as of July 1, 2014 there were an estimated 18,540 residents in the county. Appling Healthcare System is located in the county seat of Baxley.

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

CANCER

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

HEART DISEASE AND STROKE

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

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, suffocations, falls, fire, or drowning. Accidents were the fifth leading cause of death in Appling County. The accident death rate was comparable in Appling County to the rates in both Georgia and the U.S.

MATERNAL, INFANT AND CHILD HEALTH

Birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. The Appling County infant mortality rate was higher than the Georgia rate. The teen birth rate in Appling County was higher than the rates in Georgia and the U.S. The teen birth rate among Black females was higher than White females, which brings attention to a health disparity in the community.

ALCOHOL, TOBACCO AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. From 2009 to 2013, the use of cigarettes and alcohol decreased among adolescents in Georgia; however, marijuana and methamphetamine use increased. Appling County schools, as compared to Georgia, had a lower percentage of adolescents that participated in all substance abuse behaviors except for tobacco use.

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. Appling County's rates for chlamydia were higher than the State and U.S. rates. Gonorrhea rates were lower than the State rates and comparable to the U.S. rates. Chlamydia and gonorrhea rates among Appling County Blacks were much higher compared to Whites.

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. Nearly one-quarter of Appling County residents reported no health insurance. Nearly one-quarter of Appling County's population is below the poverty level.

Education also affects an individual's ability to access care. Approximately 77 percent of Appling County residents were high school graduates compared to Georgia residents at 85 percent. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health

insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.

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

Community Prioritization of Needs

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

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

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

APPROVAL

Appling Healthcare System approved this community health needs assessment through a board vote on August 22, 2016.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

The 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.

Raymond Ledbetter - Interim Chief Executive Officer
Robin Crosby - Director of Marketing/Education/Patient Liaison
Judy Aycock, RN, MSN - Director of Accreditation and Quality
Julie Long, RN, MBA - Chief Nursing Officer
Margaret Whitley, RPh - Pharmacy Director
Melba Webb, RN - Director of Nursing, Pavilion
Angela Griffin, RN - Health Department Nurse Manager

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) prioritize the health needs of the community. Groups or individuals, who represent medically-underserved populations, low income populations, minority populations, and populations with chronic diseases, were included.

4. Identifying and Engaging Community Stakeholders

Community stakeholders (also called key informants) are people invested or interested in the work of the hospital, people who have special knowledge of health issues, people important to the success of any hospital or health project, or are formal or informal community leaders. The hospital identified 10 community members to participate in the stakeholder interviews.

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.

6. Community Input

A two-hour community health input meeting (community meeting) and a one-hour community stakeholder interview (stakeholder interview) were essential parts of the CHNA process. One community meeting and one stakeholder interview were conducted in order to obtain the community's input into the health needs of Appling county. The hospital identified over 15 community members to participate in the CHNA process.

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

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 meant 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 the discussion. These priorities did not reflect programs, services or approaches to resolving problems, but rather health issues to be addressed.

7. Hospital Prioritization of Needs

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

Description of Major Data Sources

Bureau of Labor and Statistics

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

Behavioral Risk Factor Surveillance System

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

Centers for Disease Control and Prevention

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

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

County Health Rankings

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

Georgia Department of Public Health

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

Behavior Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), and sexually transmitted disease and population data. For more information, go to <http://oasis.state.ga.us>.

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

Information Gaps and Process Challenges

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

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

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

2013 Implementation Strategy

Appling Healthcare System created an implementation strategy report in 2013 to address the health needs identified in the 2013 CHNA. Below are some of the activities the hospital has worked to achieve since 2013.

Previous 2013 Implementation Activities/Strategies	Impact/Evaluation of these Activities/Strategies
1.Coordination of Social & Behavioral Health Services	<p>1.) We added 30 additional beds to our Behavioral Health Unit. Our current occupancy rate is at or above 82% since opening in 2014.</p> <p>2.) We strengthened our collaboration efforts with Pineland Mental Health.</p> <p>3.) We implemented and integrated Behavioral Health Link- Telehealth Services for our Emergency Room patients. We have currently had 97 dispatches and 70 completed placements since implementing in 2014.</p>
2.Chronic Disease Conditions	<p>1.) Annual Health Fairs for local businesses and community. Where we reached around 1200 participants annually.</p> <p>2.) Free Prostate Cancer Screenings done annually with 25 participants annually.</p> <p>3.) Discount Mammography Pricing for Women during the month of October.</p> <p>4.) Started a weight loss challenge with local businesses with 18-25 participants for the last two years.</p>
3. Teen Pregnancy	<p>1.) Participate in an annual “Teen Maze” program which targets at risk teens in the local middle school and high school. We have 350-375 participants per year.</p> <p>2.) Collaborate with the local Health Department to continue to address this issue.</p>
4. Economic Development	<p>1.) Continue to collaborate and work with the local chamber and local developmental authority to address this issue.</p>

5. Community Awareness & Education	<p>1.) Participate in the following programs annually:</p> <ul style="list-style-type: none">• Teen Maze- Teen Pregnancy & Abstinence Program.• Ghost Out- Teen Program addressing Drinking and Driving, Drugs and Distracted Driving. <p>2.) Provides Speakers to community civic groups and businesses.</p>
6. Healthcare Access	<p>1.) Provide Indigent and Charity Care.</p> <p>2.) RHC's provide care on a sliding fee schedule for self-pay patients.</p> <p>3.) PCM program which helps with Transition of Care and Follow-up. Helps identify at risk patients and helps to find resources to address, financial, social, physical and mental issues.</p> <p>4.) Identified our self-pay patients and helped direct them to and navigate the affordable care website for insurance purposes.</p>
7.) Maternal and Child Health	<p>1.) Continue to collaborate with the local health department to address these issues.</p>

ABOUT APPLING COUNTY

Appling County is located in South Georgia. The county has a total land area of 507 square miles.¹ According to the U.S. Census, as of July 1, 2014 there were an estimated 18,540 residents in the county.² Appling Healthcare System is the only hospital in the county, and has many ancillary service facilities that serve the community.



Image Source: Map Viewer

City/Town/Village	2014 Population
Baxley	4,400 (2010)
Graham	291 (2010)
Surrency	201 (2010)

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

Appling County includes the town of Graham and Surrency and the county seat of Baxley. 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.³

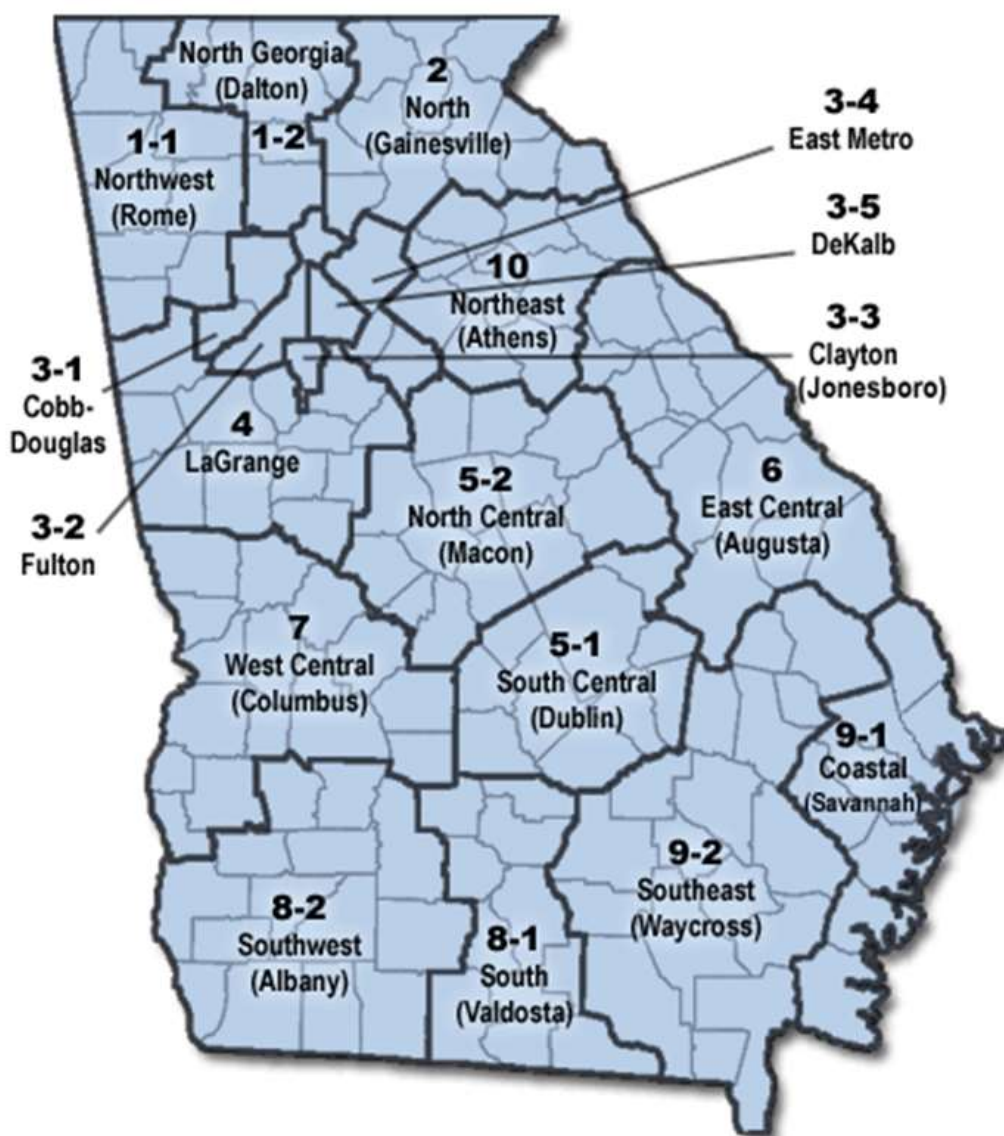
Appling County is home to the Altamaha River, Moody Forest Natural Area, Lake Mayers and Dunn's Lake.⁴

Appling County's primary industries include utilities, manufacturing, health care and social assistance, and retail trade.⁵



Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Appling County is located in district 9-2 which is also referred to as 9-2 Southeast (Waycross). This district includes the following counties: Appling, Charlton, Ware, Brantley, Wayne, Pierce, Bacon, Jeff Davis, Coffee, and Atkinson.

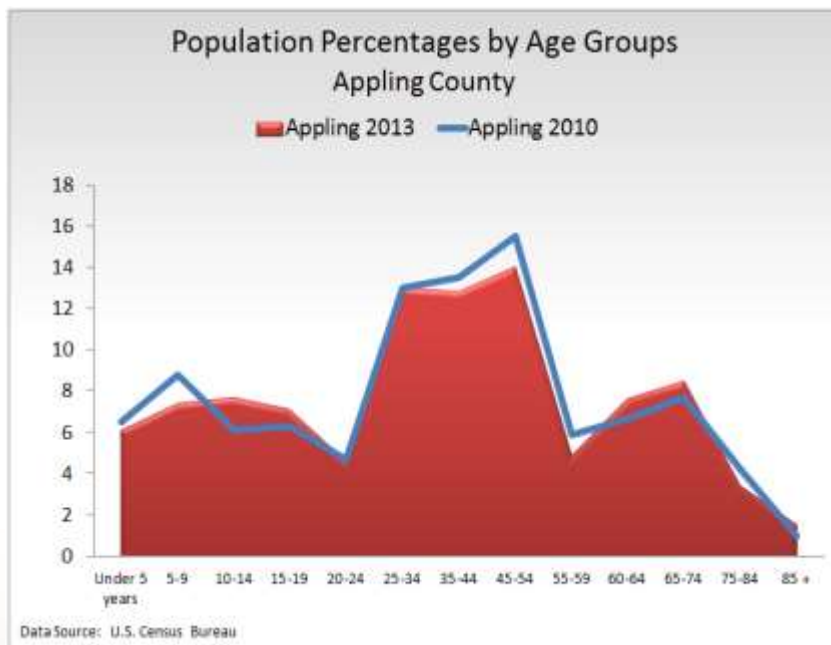
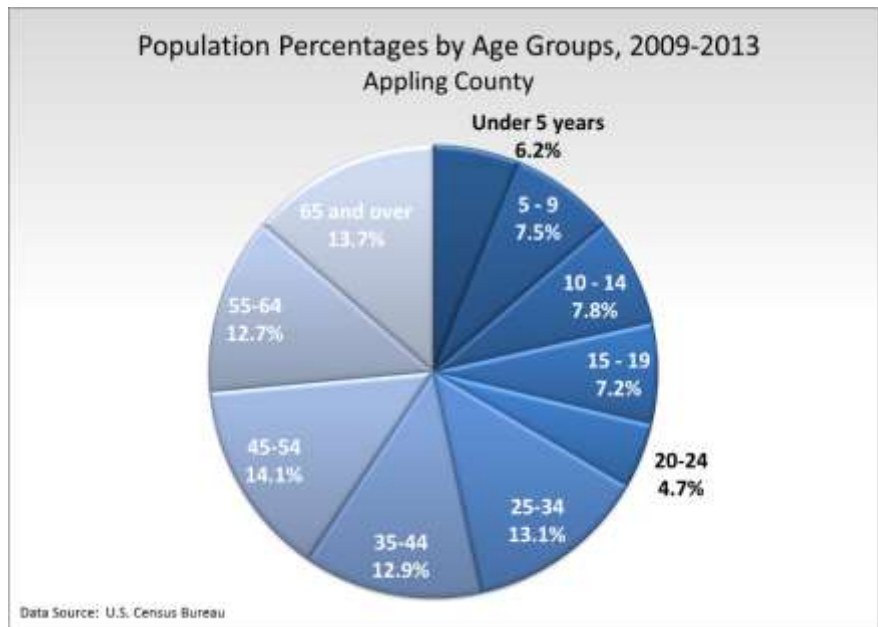


Source: Georgia Department of Community Health

Population Profile

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

According to the 2009-2013 U.S. Census data, 13.7 percent of Appling County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 11.1 percent compared to 13.4 percent for the U.S.⁶



Comparing Appling County's population percentage by age groups from 2010 to 2013, it is noted that the age composition is changing.

Age categories with decreases:

- 10-19
- 25-34
- 60-74
- Over 85 years

Age categories with increases:

- Under 5 - 9
- 35-59
- 75-84

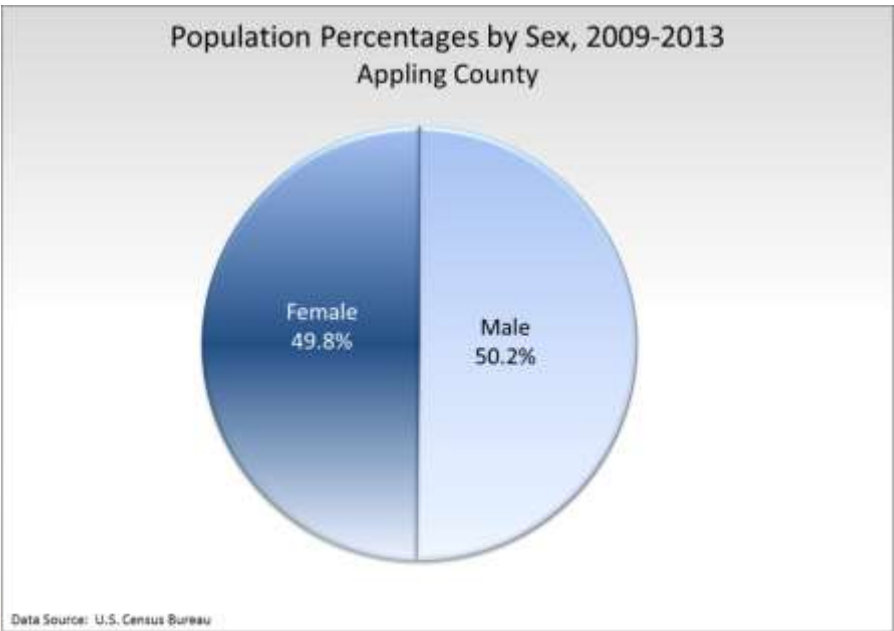
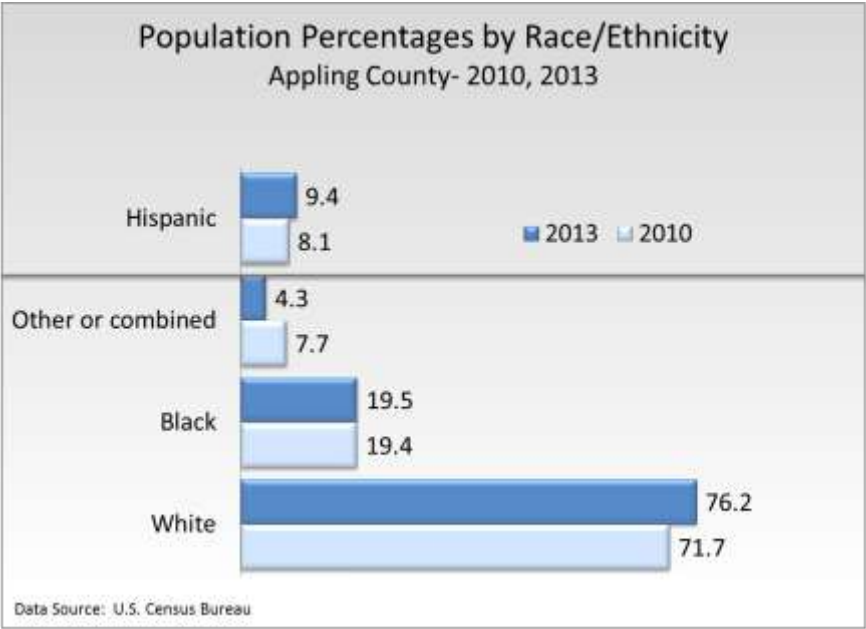
Age categories with no change:

- 20-24

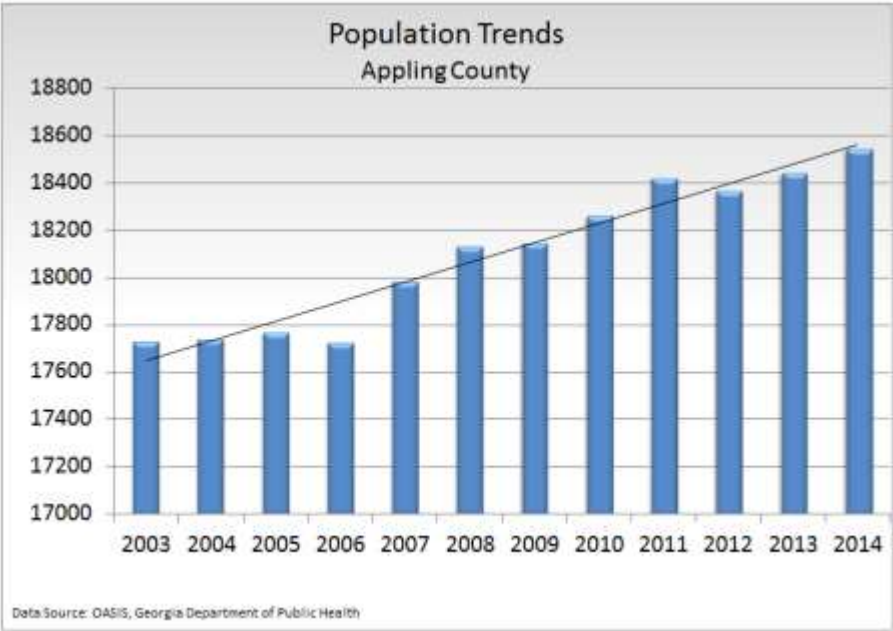
Race, Ethnicity and Origin Profile

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.⁷ 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.⁸ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.⁹

In 2013, Appling County’s population was 76.2 percent White, 19.5 percent Black, and 9.4 percent Hispanic.



The percentage of females in Appling County was lower at 49.8 percent compared to males at 50.2 percent.



In 2014, Appling County’s resident population was 18,540, which was a 1.5 percent increase (279 residents) since 2010. The population of Appling County had increased overall from 2003 to 2014.

COMMUNITY INPUT

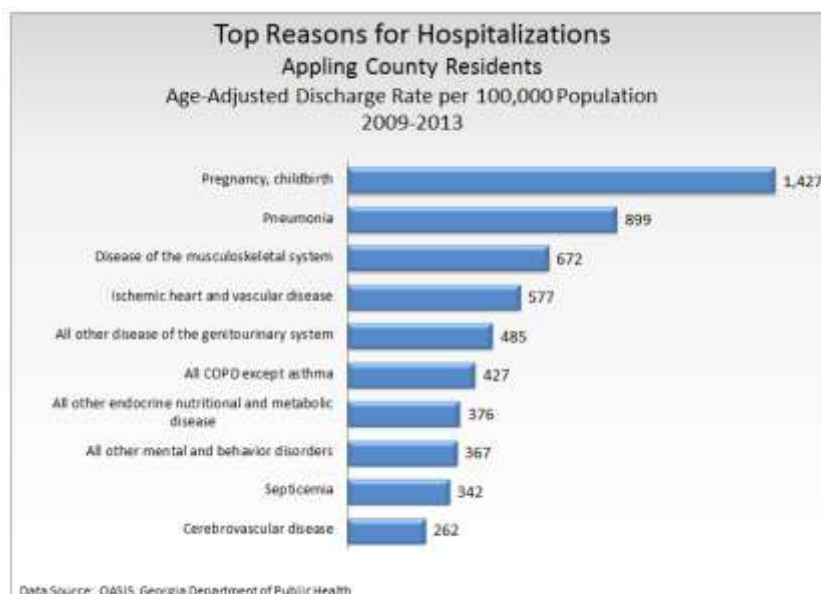
About Appling County

- » Most of the industry in Appling County is centered around agriculture and timber.
- » The U.S. Census statistic for the Hispanic population in Appling County is much lower than what actually exists.
- » Plant Hatch (nuclear power plant) employs a lot of residents in Appling County and surrounding counties.
- » Walmart moved to Appling County within the past 5 years. This has definitely contributed to job growth.
- » Interfor (timber company) is the fifth largest employer in the county.

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 pneumonia, diseases of the musculoskeletal and genitourinary systems, and ischemic heart and vascular disease. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked number one among the leading causes of death for Appling County residents.



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

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

The top 15 causes of emergency room visits by 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)	
1	All other unintentional injury
2	Diseases of the musculoskeletal system and connective tissue
3	Falls
4	All other disease of the genitourinary system
5	All other mental and behavioral disorders
6	Motor vehicle crashes
7	All COPD except asthma
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	Assault (homicide)
13	Asthma
14	Diabetes mellitus
15	Ischemic heart and vascular disease
Data Source: OASIS, Georgia Department of Public Health	

Data Source: OASIS, Georgia Department of Public Health

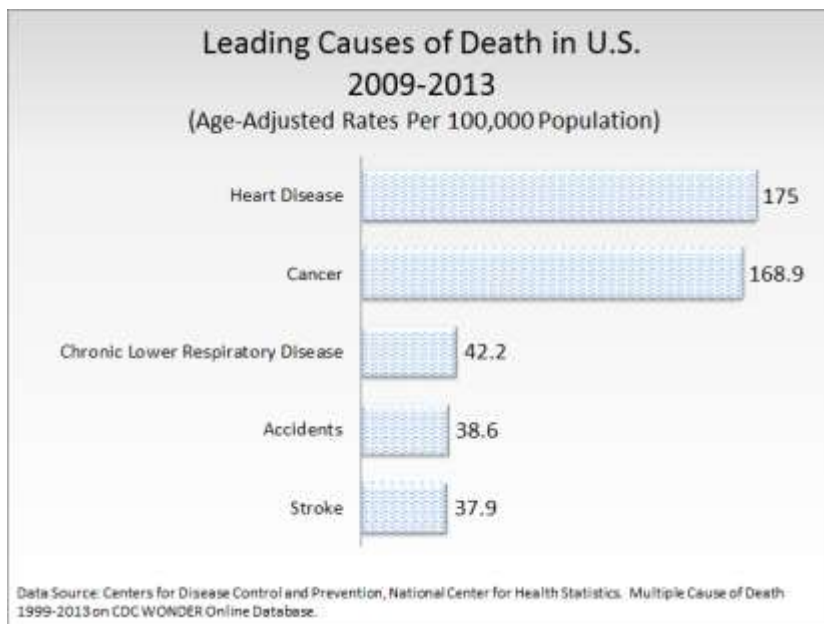
COMMUNITY INPUT

ER Visits

- » The ER does not practice screening out because there is more liability.
- » The ER doctors always advise the patient to go somewhere else for follow-up care.
- » Injury prevention is needed. There are a lot of unnecessary visits to the emergency room due to unintentional injury.
- » Injury prevention should focus on sports and occupation related injuries.

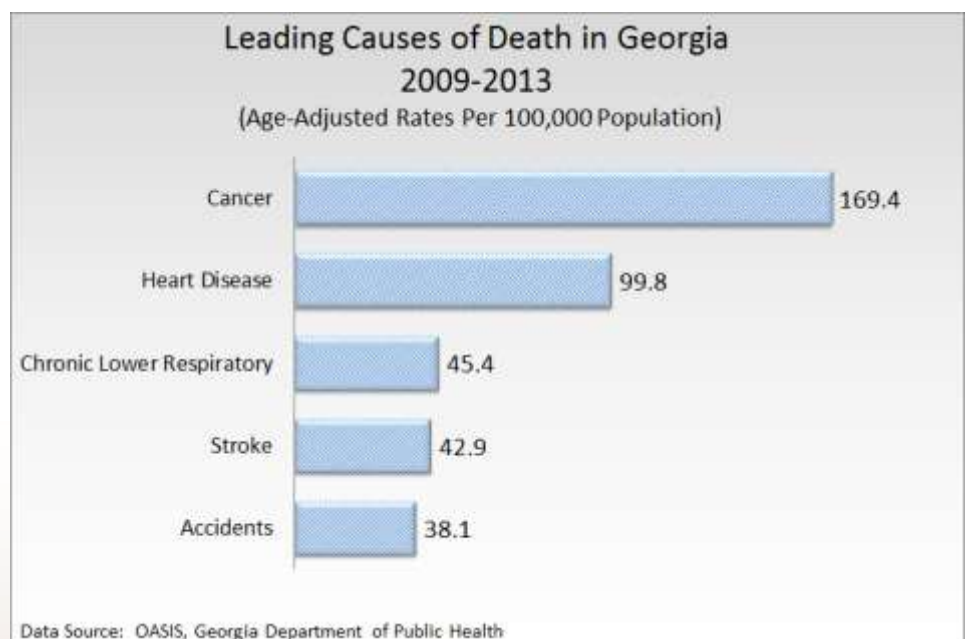
Leading Causes of Death

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

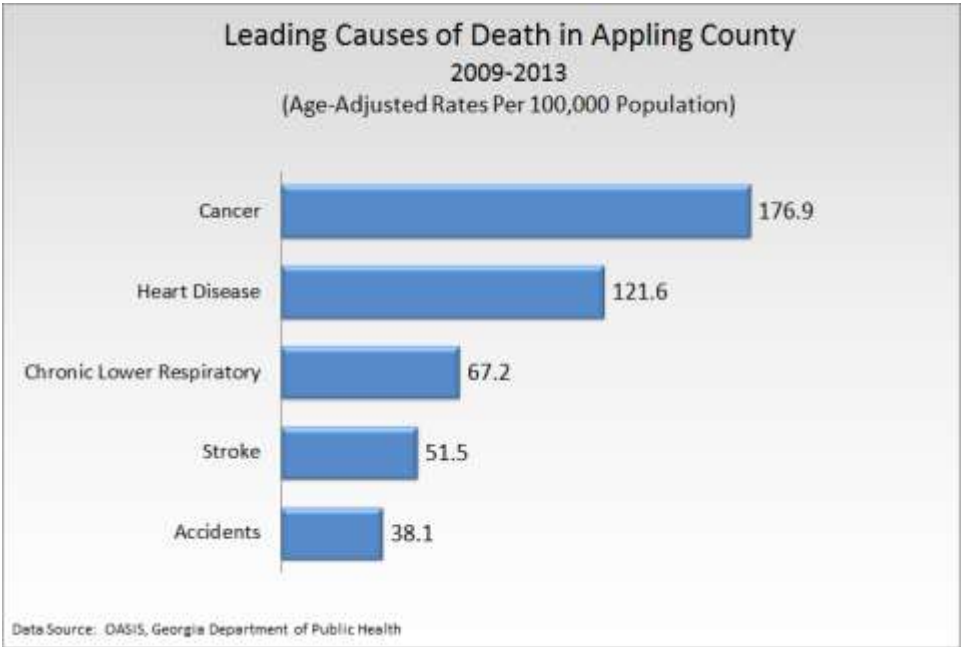


The top five leading causes of death in the U.S. from 2009-2013 were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. Heart disease and cancer rates were over four times higher than the other top five diseases.

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

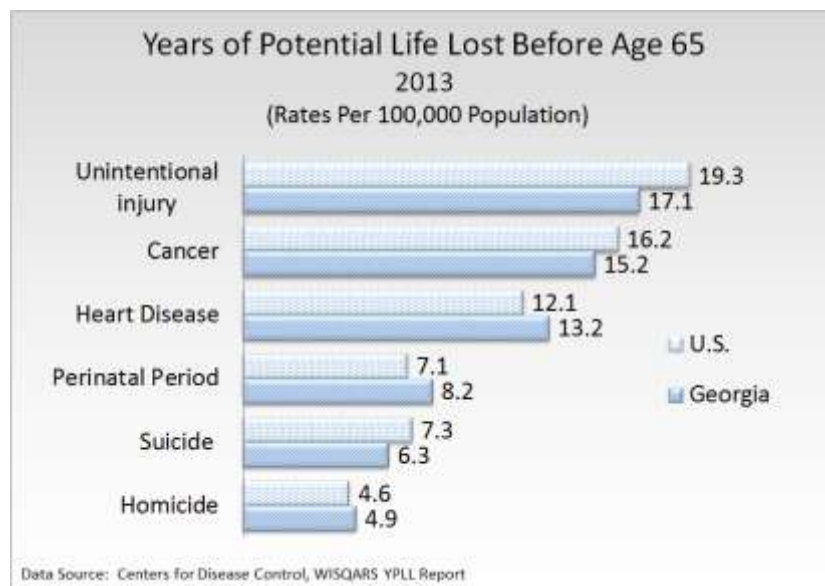


The leading causes of death in Appling County were cancer, heart disease, chronic lower respiratory disease, stroke, and accidents.



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2013, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Cancer, heart disease, and perinatal period were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.¹⁰ YPLL statistics at the County level were unavailable for this report.



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

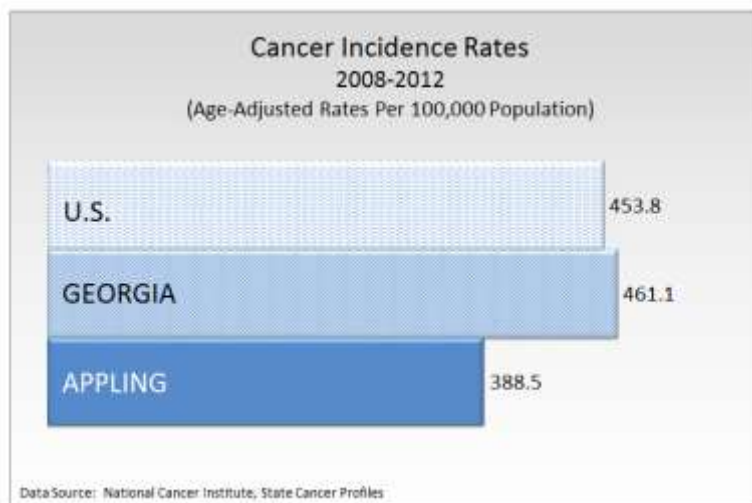
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 23.8	Cancer 21.2%	Heart disease 14.8%	Cancer 17.2%	Unintentional injuries 28.0%	Perinatal period 19.2%
Heart disease 14.5%	Unintentional injuries 18.3%	Unintentional injuries 13.3%	Heart disease 13.0%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

Data Source: Centers for Disease Control, WISQARS YPLL Report

Cancer

HEALTHY PEOPLE 2020 REFERENCE - C-1

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,500 people a day died of cancer in the U.S. in 2012.¹¹ 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.¹²



In Appling County, the cancer incidence rate was lower than the State and U.S. rates.

Why Is Cancer Important?

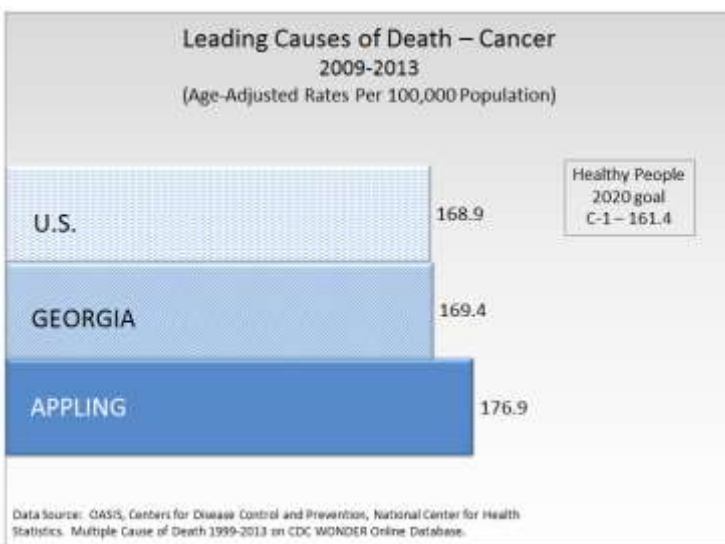
Many cancers are preventable by reducing risk factors such as:

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

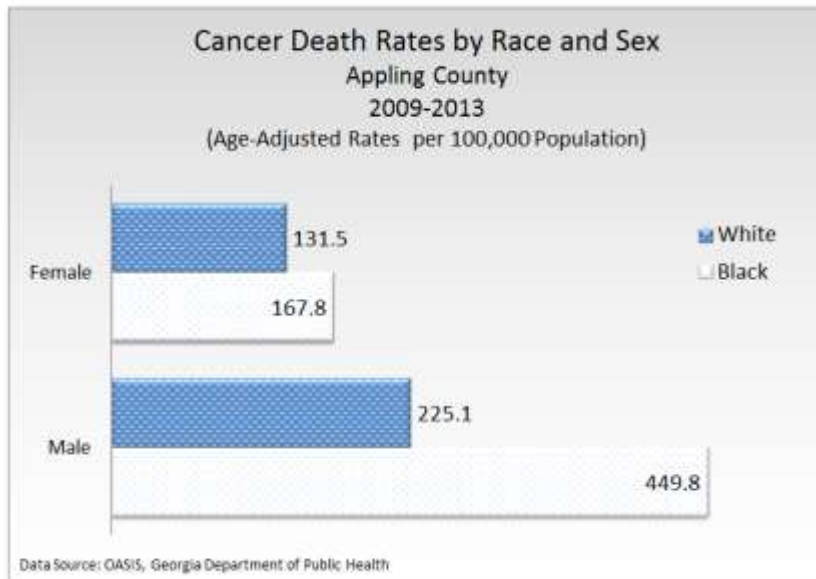
Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:

- » 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 the Georgia and U.S. rates.



Age-adjusted cancer death rates in Appling County were highest among males. The Black male population had the highest cancer death rate (449.8 per 100,000 population) out of all the population groups.

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.¹³

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

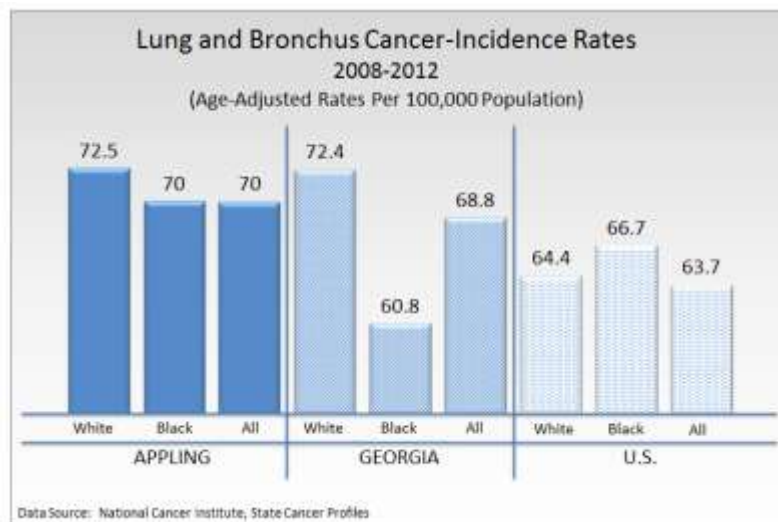


Data Source: Major avoidable risk factors of cancer, Aichi Cancer Center Research Institute

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

Lung Cancer

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



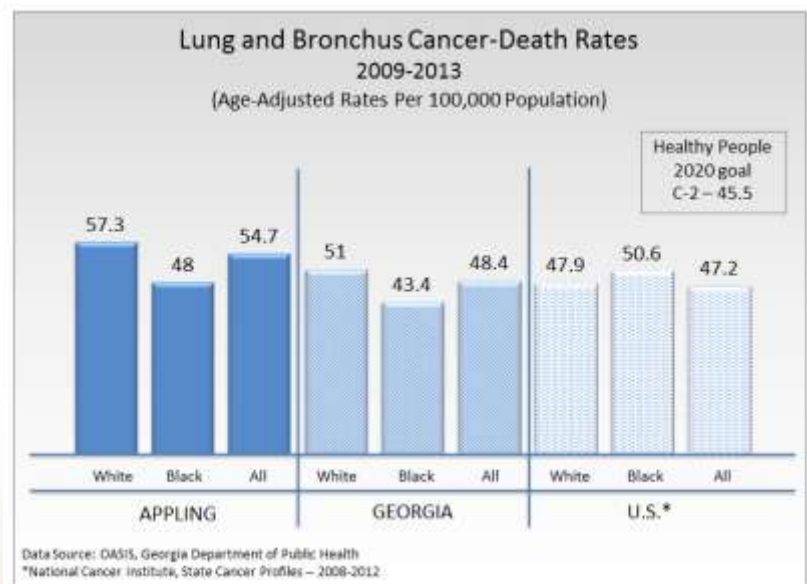
Lung cancer incidence rates were higher in Appling County (70 per 100,000 population) than the Georgia and U.S. rates.

Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2008-2012		
	Male	Female
Appling	90.6	52.4

Data Source: National Cancer Institute, State Cancer Profiles

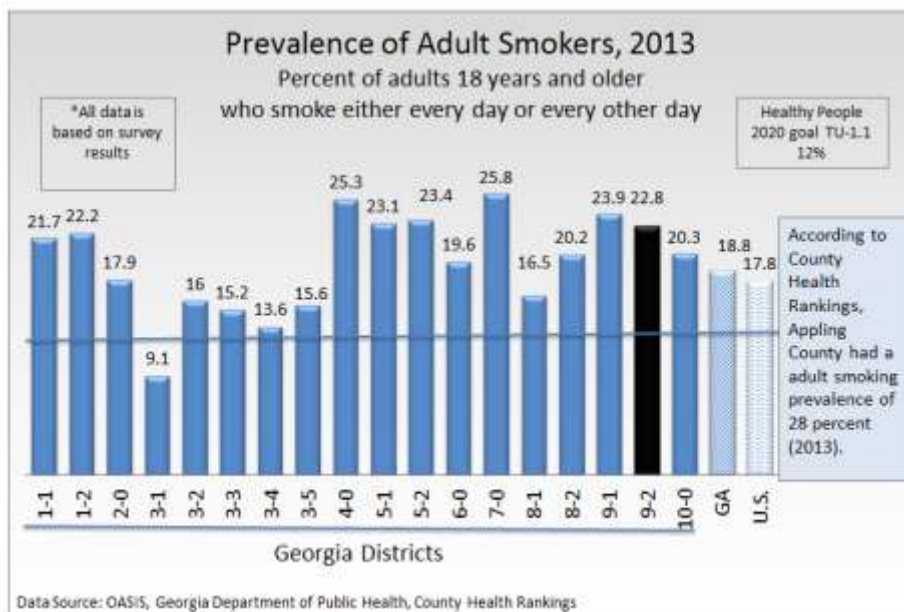
Lung cancer is the first leading cause of cancer death among both males and females in Georgia.¹⁵ According to data published from the National Cancer Institute, lung cancer incidence rates for males in Appling County were higher than the rates of females.¹⁶

The overall lung cancer death rate in Appling (54.7 per 100,000 population) was higher than Georgia and U.S. rates. In Appling County, Whites had a higher death rate compared to Blacks.



RISK FACTORS

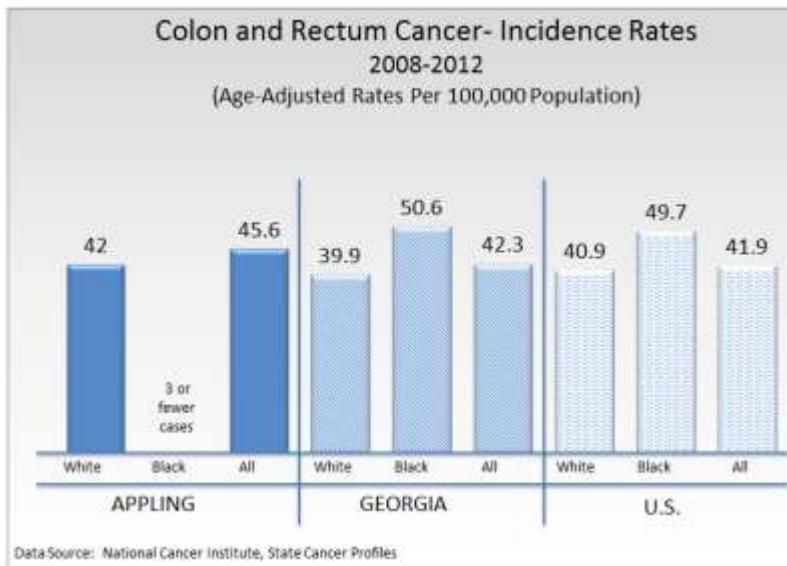
Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.¹⁷



The smoking prevalence in Health District 9-2, which contains Appling County, was 22.8 percent. This rate was higher than both Georgia (18.8 percent) and the U.S. (17.8 percent) rates. Appling County had smoking prevalence rate of 28 percent.

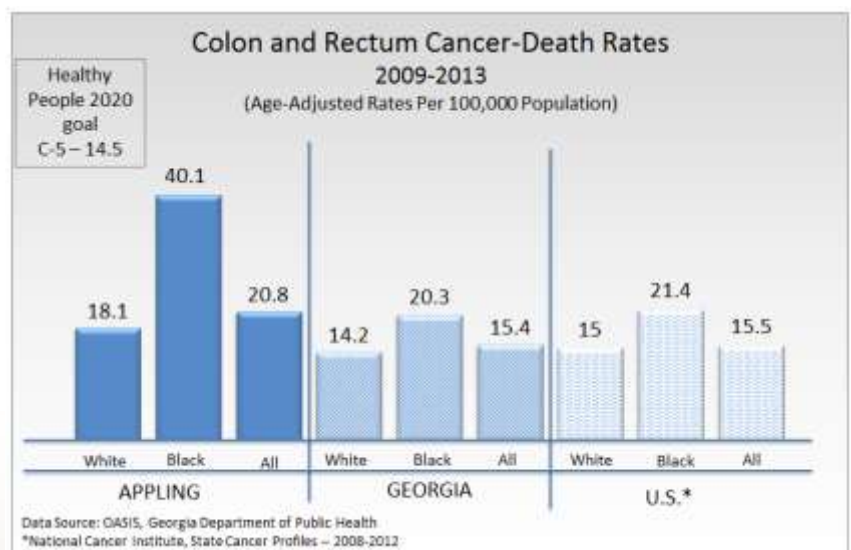
Colon and Rectum Cancer

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that eight percent of male cancer deaths and nine percent of female cancer deaths were from colorectal cancer in 2016. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.¹⁸ Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 50 percent higher mortality rate than Whites.¹⁹



The incidence rate in Appling County from colon and rectum cancer (45.6 per 100,000 population) was higher than the State and U.S. rates. There were two few cases to report incidence rates among the Black population.

The death rate in Appling County from colon and rectum cancer (20.8 per 100,000 population) was higher than the State and U.S. rates. In Appling County, Blacks had a higher death rate than Whites.



RISK FACTORS

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

- » Obesity
- » Physical inactivity
- » Moderate to heavy alcohol consumption
- » High consumption of red or processed meat
- » Long-term smoking
- » Low calcium intake
- » Very low intake of whole-grain fiber, fruit, and vegetables²⁰

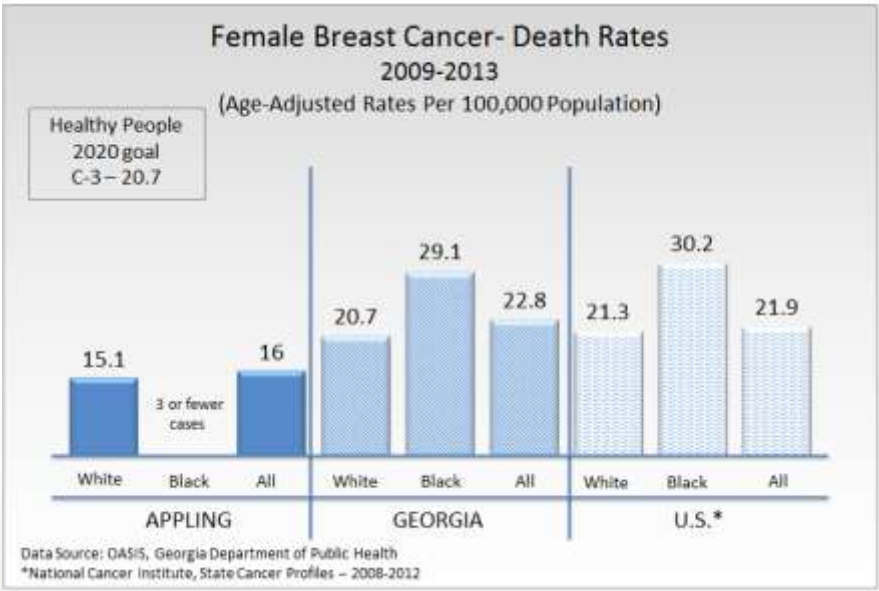
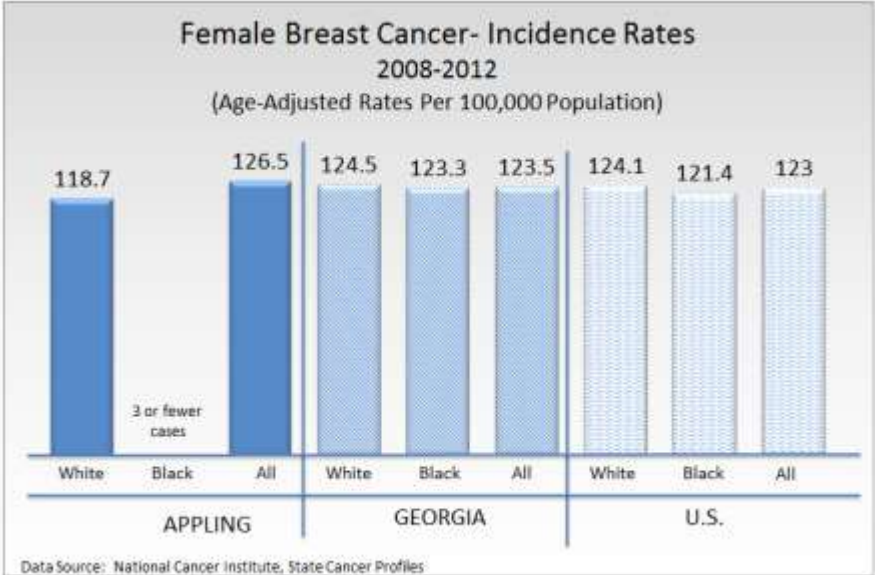
EARLY DETECTION

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.²¹ 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.²²

Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 29 percent of new cancer cases and 15 percent of cancer deaths among women.²³

The breast cancer incidence rate in Appling County (126.5 per 100,000 population) was higher than the State and U.S. rates. There were too few cases to report a statistically-reliable rate for the Black population.



The breast cancer death rate in Appling County (16 per 100,000 population) was lower than the State and U.S. rates. There were too few cases to report a statistically-reliable rate for the Black population.

In both Georgia and the U.S., Black females had a higher death rate than White females.

RISK FACTORS

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

- » Weight gain after age 18
- » Being overweight or obese
- » Use of hormones
- » Physical inactivity
- » Consumption of one or more alcoholic drinks per day
- » Long-term heavy smoking²⁴

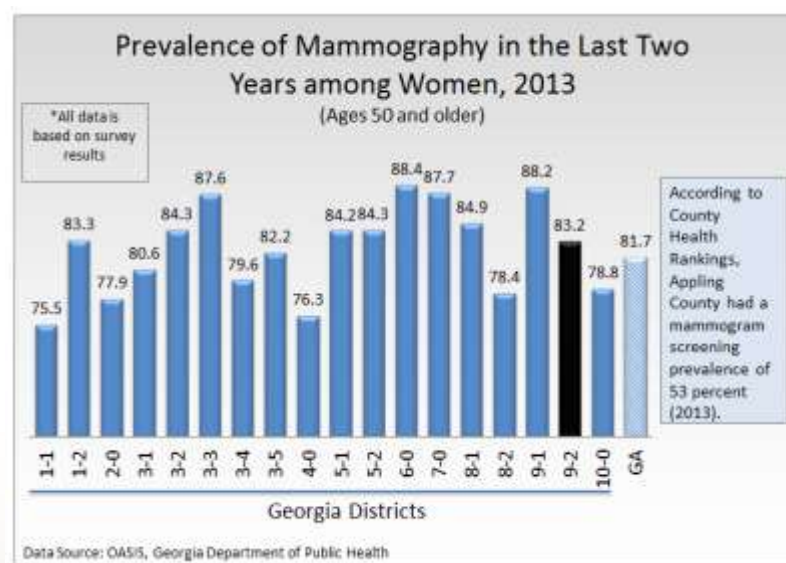
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight²⁵

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.²⁶

The percentage of women receiving a breast cancer screening (mammography) was higher in Health District 9-2 (83.2 percent) than the State average (81.7 percent). Appling County's rate (53 percent) was much lower than the State and Health District averages.

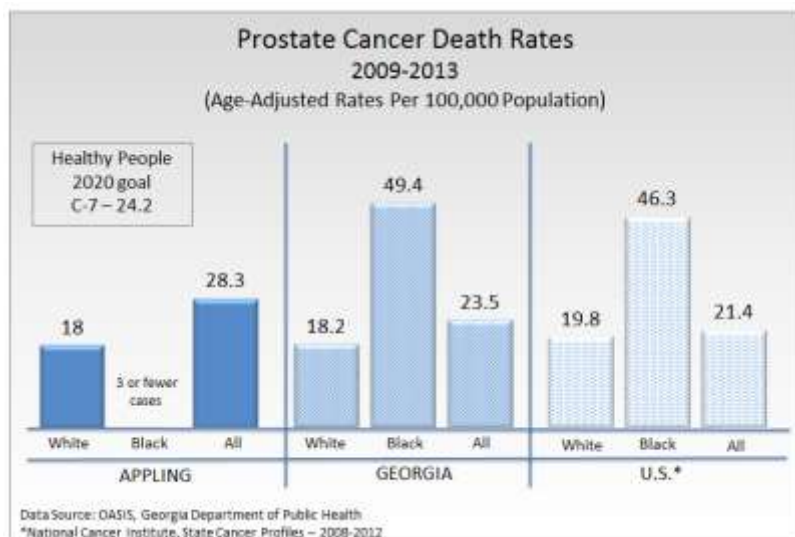
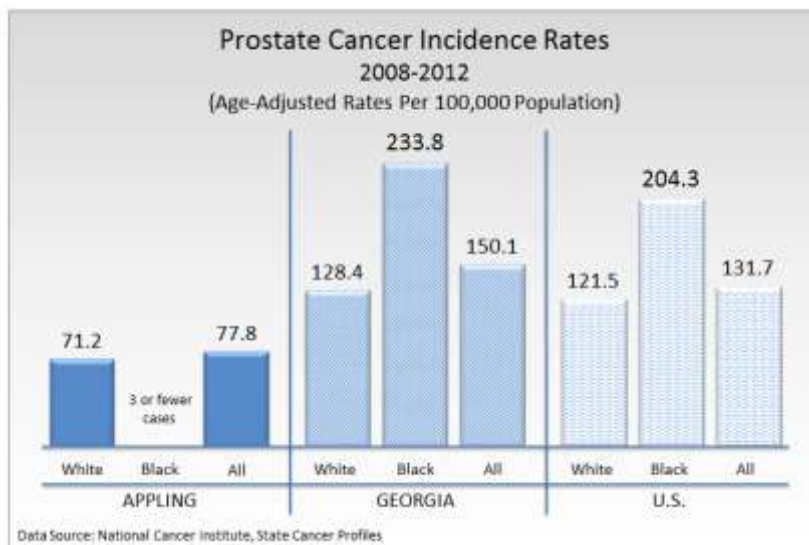


Prostate Cancer

Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.²⁷

Appling County had a lower incidence rate for prostate cancer (77.8 per 100,000 population) than the State and the U.S.

There were too few cases reported for Black men to compute a statistically reliable incidence rate for the County.



Appling County had a higher death rate for prostate cancer (28.3 per 100,000 population) than those for the State and the U.S.

There were too few cases reported for Black men to compute a statistically reliable incidence rate for the County. There is a disparity of prostate cancer deaths among Blacks at the State and U.S. levels.

RISK FACTORS

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

- » Age
- » Ethnicity
- » Family history of prostate cancer²⁸

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 45.²⁹

COMMUNITY INPUT

Cancer

- » In this community, cancer is being detected later because individuals do not go to the doctor for their regular doctors visit.
- » There were two patients at the health department that were diagnosed with breast cancer.
- » Most individuals go to Savannah for cancer treatment.

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE - HDS

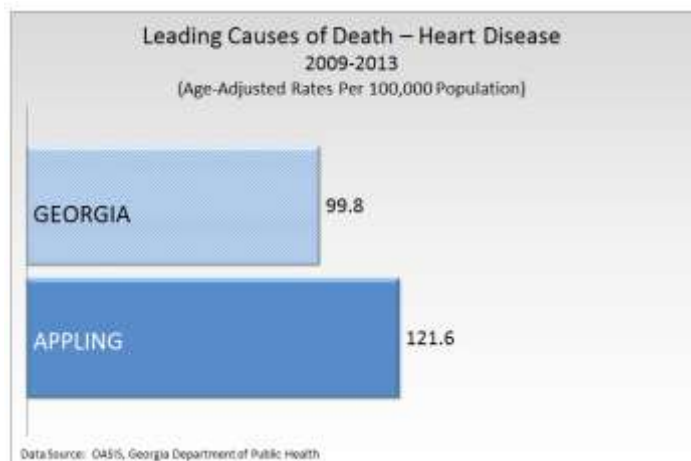
HEART DISEASE

According to the American Heart Association, over 800,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2013. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. Heart disease kills over 370,000 Americans each year, accounting for one in seven deaths in the country.³⁰

Why Are Heart Disease and Stroke Important?

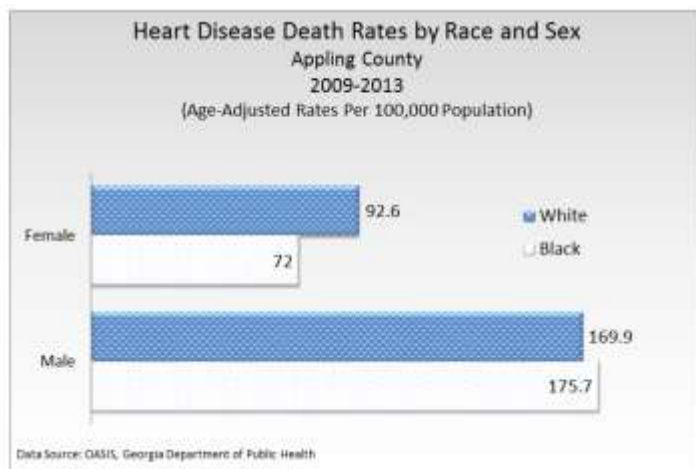
Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in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

Healthy People 2020

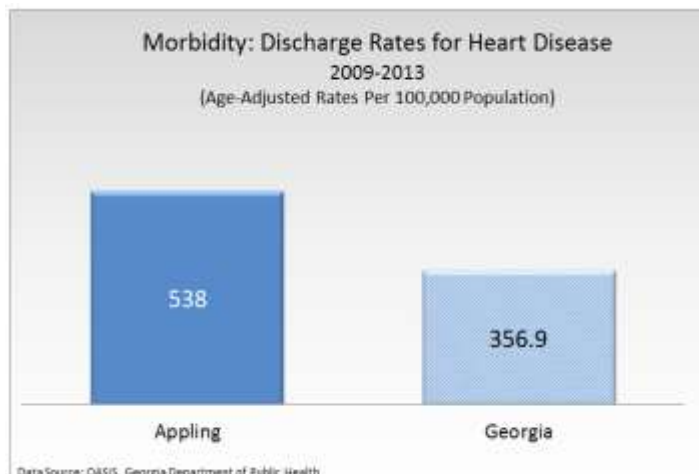


For the period 2009-2013 the Appling County heart disease death rate (121.6 per 100,000 population) was higher than the Georgia death rate.

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



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



MODIFIABLE RISK FACTORS

According to the 2013 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 9-2.³¹

Percentage of Population Reporting Risk 2013		
Risk Factor	District 9-2	Georgia
Obesity	36.4	30.2
Physical Inactivity	34.3	27.2
Smoking	22.8	18.8
Diabetes	13.9	10.8

Data Source: OASIS, Georgia Department of Public Health



NOTE:

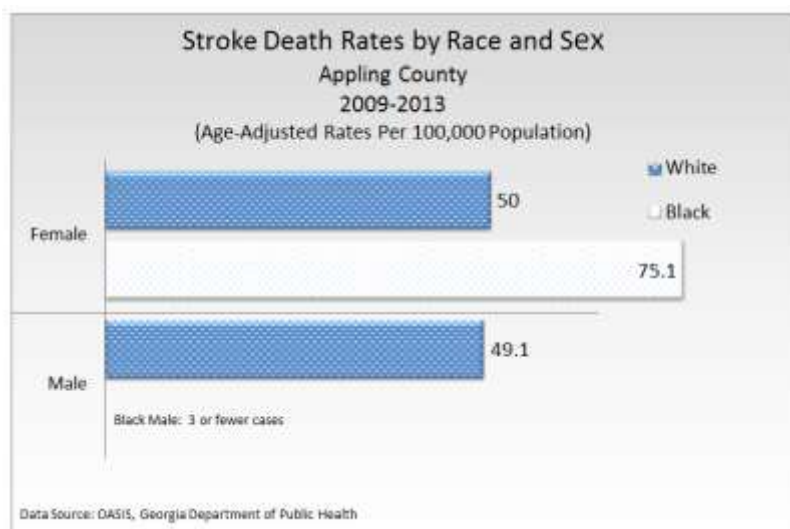
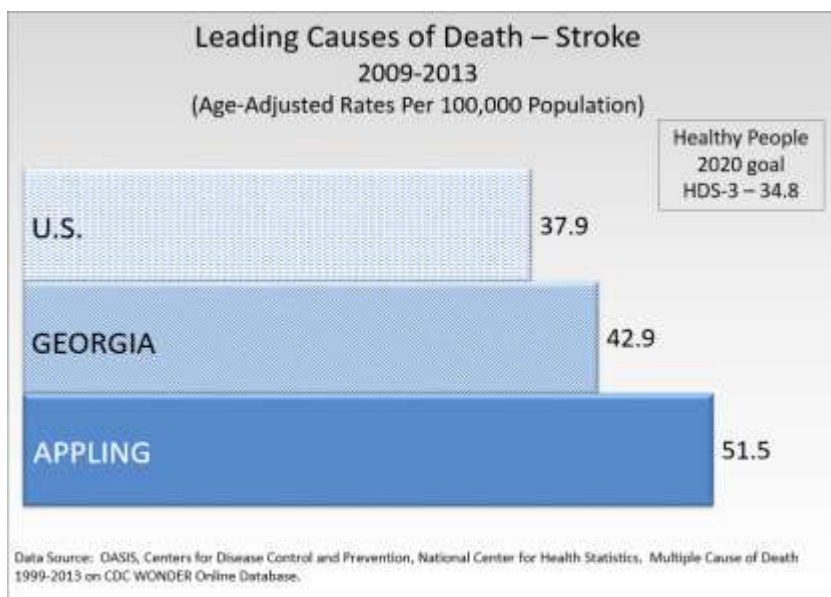
The data used to analyze heart disease rates came from the Georgia Department of Public Health's Online Analysis Statistical Information System (OASIS). The state and county heart disease rates were calculated using filters (ICD 10 codes) that include rheumatic heart fever and heart diseases, hypertensive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

STROKE

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

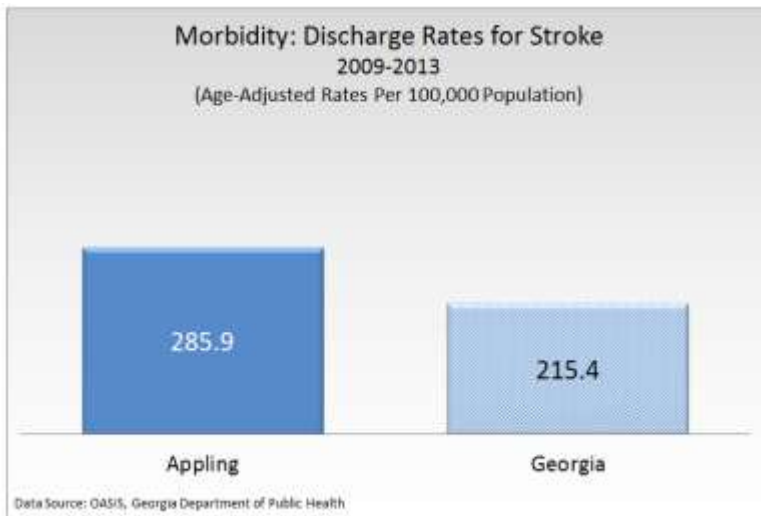
The stroke death rate was higher in Appling County (51.5 per 100,000 population) compared to the rates in Georgia and the U.S.

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.³²



The Appling County stroke death rate for Black females was highest among Black females.

There were too few cases to report statistically reliable rates for Black males.



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

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


The warning signs for stroke include:

- » Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- » Sudden confusion, trouble speaking or understanding
- » Sudden trouble seeing in one or both eyes
- » Sudden trouble walking, dizziness, loss of balance or coordination
- » Sudden severe headache with no known cause ³³

Stroke

Modifiable risk factors

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



Data Source: Diseases and Conditions, Cleveland Clinic, 2011

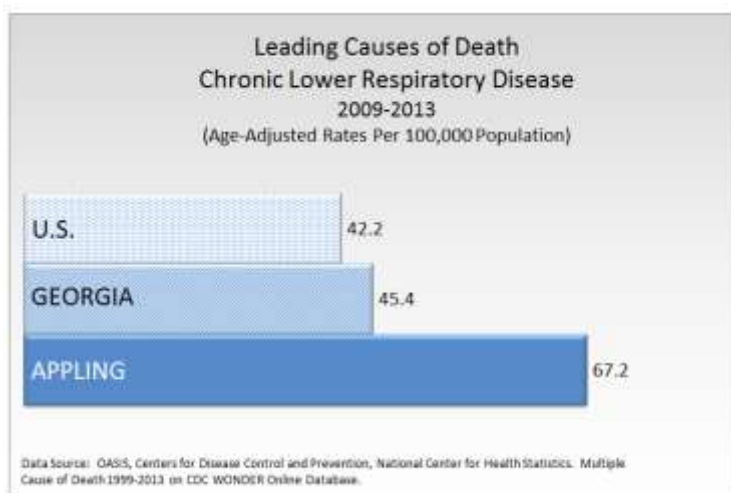
COMMUNITY INPUT

Heart Disease and Stroke

- » Most of the patients that come in to the health department have a family history of heart disease.
- » Obesity, hypertension and diabetes are the leading contributors to heart attack and stroke issues in Appling County.
- » High blood pressure is major problem because it contributes to the stroke death rate.
- » End stage renal disease is more common among the black population. It is commonly caused from untreated hypertension, coronary artery disease, and diabetes.

Chronic Lower Respiratory Disease

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

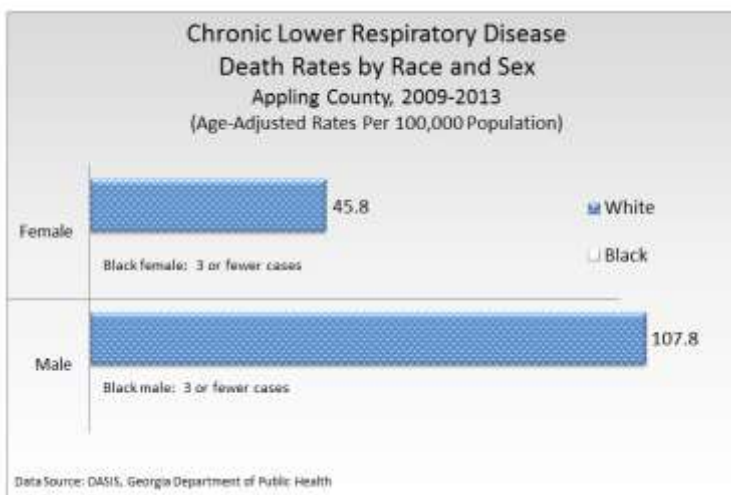


For the years 2009-2013, Appling County's chronic lower respiratory disease death rate (67.2 per 100,000 population) was higher than the State and U.S. rates.

Why Are Respiratory Diseases Important?

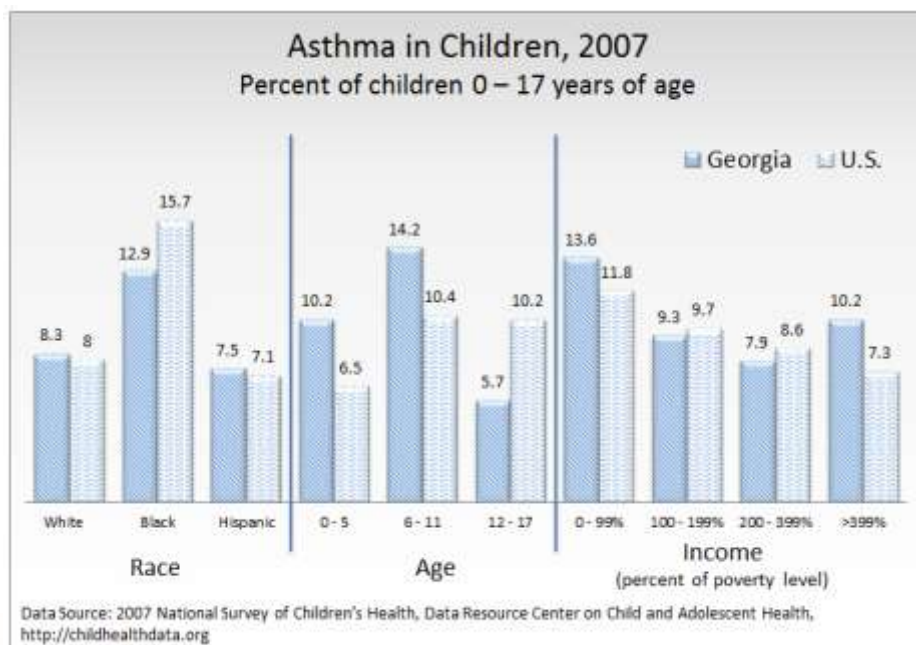
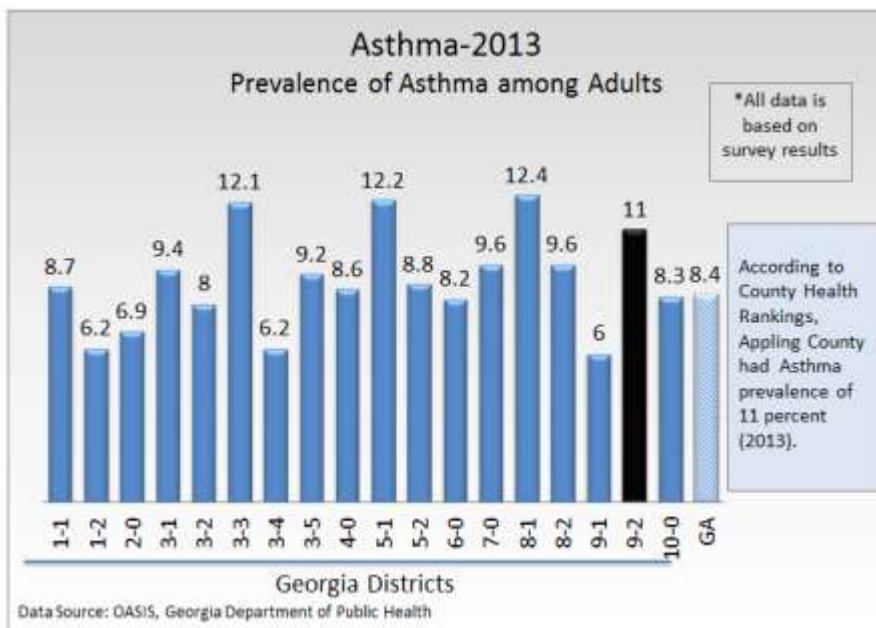
Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximate equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, 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



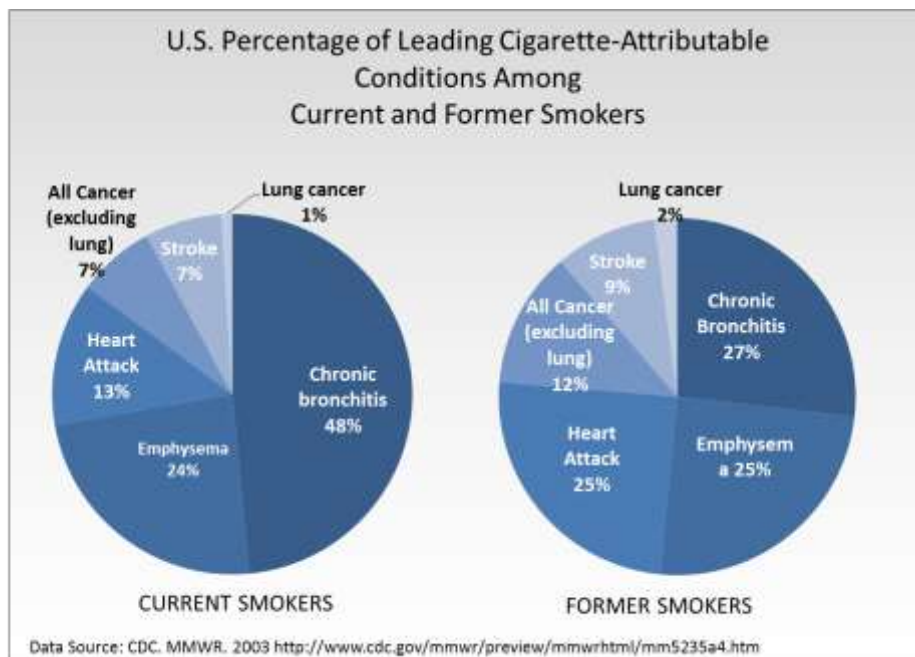
The age-adjusted death rate from chronic lower respiratory disease in Appling County for 2009-2013 was highest for White males. There were too few cases reported to compute reliable rates for the Black population groups.

There was a higher percentage of asthma among adults within Health District 9-2 compared to the State. The prevalence of asthma in Appling County was comparable to the Health District 9-2 rate.



According to the 2011-2012 National Survey of Children's Health, Black children had higher incidences of asthma than Whites or other population groups. Asthma was more prevalent in lower income populations.³⁴

Each year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, \$75 billion in direct medical costs, and \$82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and previous heart attack (25 percent). The charts below were compiled from information obtained from the 2014 publication, *The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General*.³⁵



Chronic Lower Respiratory Disease

(Includes Asthma, Chronic Bronchitis, Emphysema)

Modifiable Risk Factors

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



Data Source: American Lung Association

COMMUNITY INPUT

Respiratory Diseases

- » There are a lot of smokers in Appling County.
- » Individuals with COPD are still going to smoke cigarettes. Changing health behavior is very difficult.
- » The primary diagnosis for most nursing home patients is usually a respiratory disease.

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

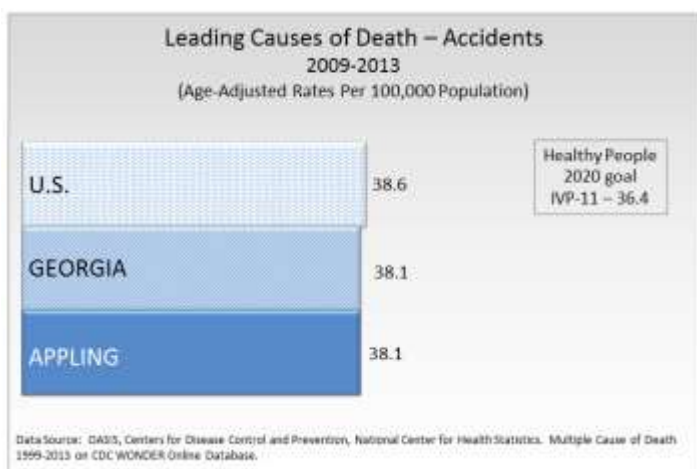
Accidental deaths may result from the following causes:

- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental
- » Suffocations
- » Falls
- » Fire
- » Drowning³⁶

Why Is Injury and Violence Important?

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

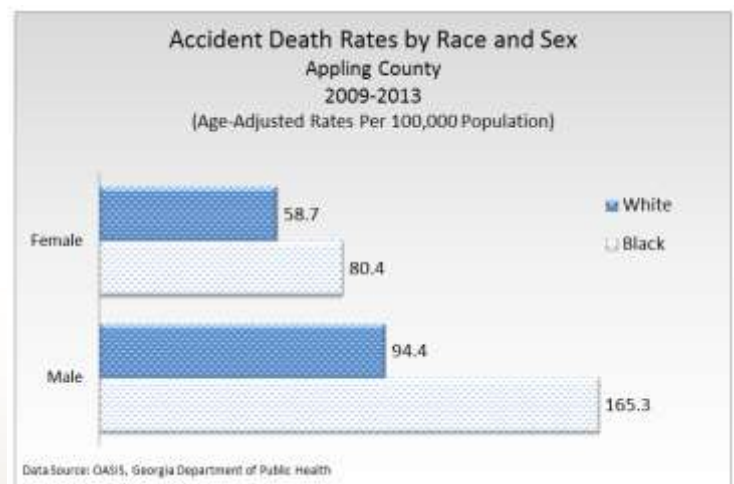
Healthy People 2020



In Appling County, the accident death rate (38.1 per 100,000 population) was comparable to the State rate and lower than the U.S. rate.

The Healthy People 2020 goal is set at 36.4 per 100,000 population.³⁷

In Appling County, the highest death rate due to accidents was among Black males.



In the United States, over 30,000 people are killed annually in motor vehicle accidents. In 2013, these deaths resulted in a cost of \$44 billion in medical and work loss costs. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2013, nearly 1,300 people in Georgia were killed in motor vehicle crashes, with the cost of these crash related deaths totaling \$1.63 billion.³⁸

Motor Vehicle Fatality Rates 2010-2013 Number of Fatalities					
	2010	2011	2012	2013	Total
Appling County	5	4	5	2	16

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.³⁹

Diabetes

HEALTHY PEOPLE 2020 REFERENCE - D

According to the 2014 Diabetes Report Card, more than 200,000 deaths occur annually among people with diabetes in the United States. In 2013, diabetes was the country's seventh leading cause of death. More than 29 million people (9.3 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.⁴⁰

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.⁴¹

The 2012 percentage of Georgia's population with diabetes (9.6 percent) was higher than the U.S. percentage (9.0 percent).⁴²



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.*

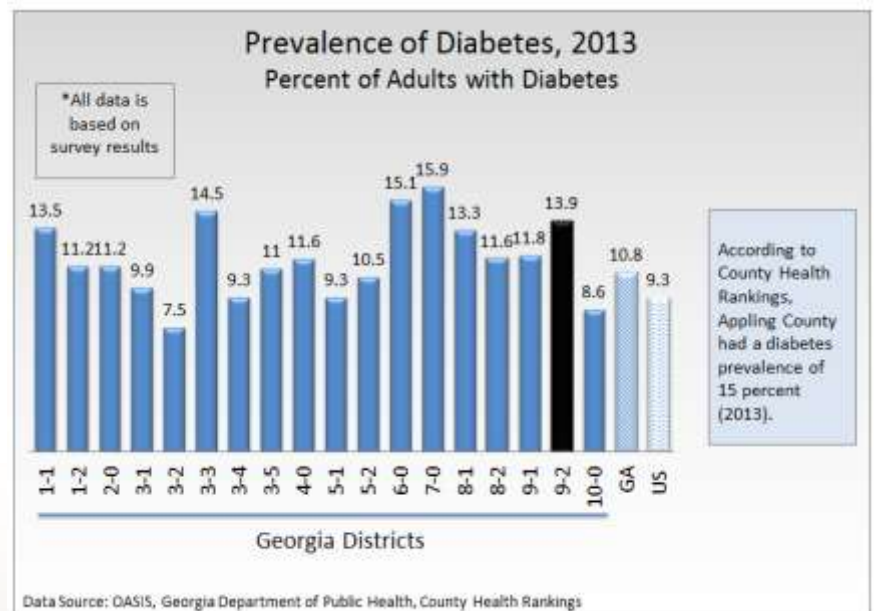
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

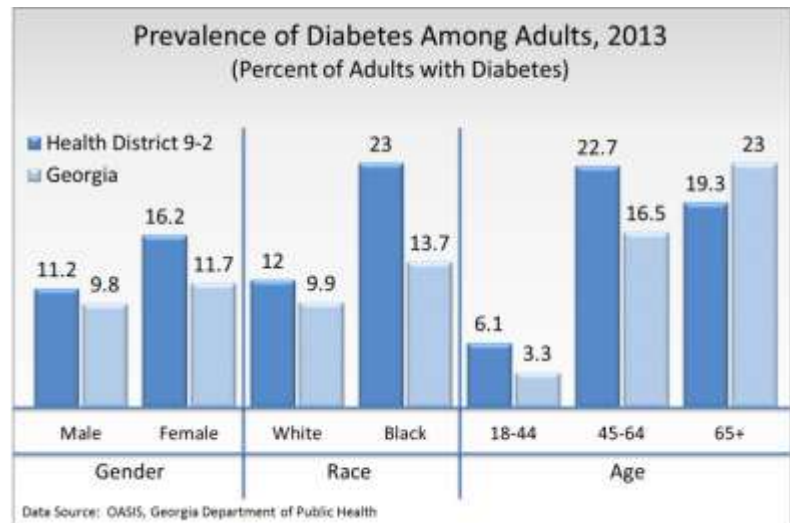
Health District 9-2 (which includes Appling County), had a higher diabetes **prevalence** (13.9 percent) than the State or U.S. Appling County had a diabetes **prevalence** of 15 percent in 2013.⁴³



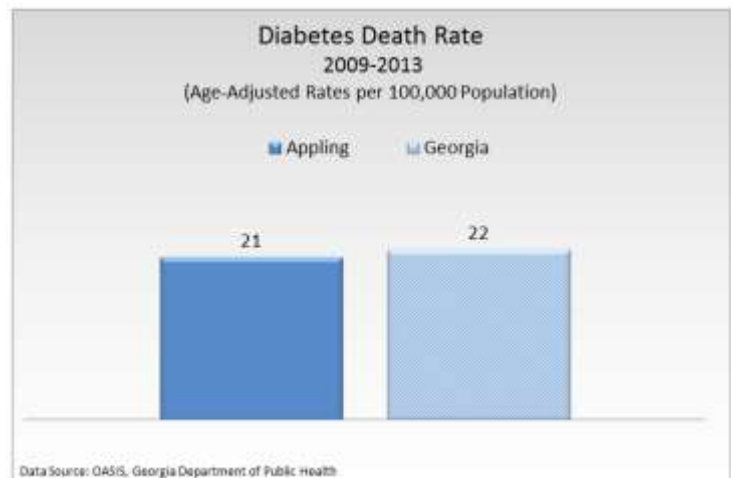
Except for the age group of 65 and older, all population groups in Health District 9-2 had a higher prevalence of diabetes than that of the State.

In Health District 9-2, **prevalence** of diabetes was highest among the Black population.

The highest diabetes **prevalence** in the Health District existed among the 45 to 64 age group.



Appling County had a lower death rate (21 per 100,000 population) from diabetes than that of Georgia.



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

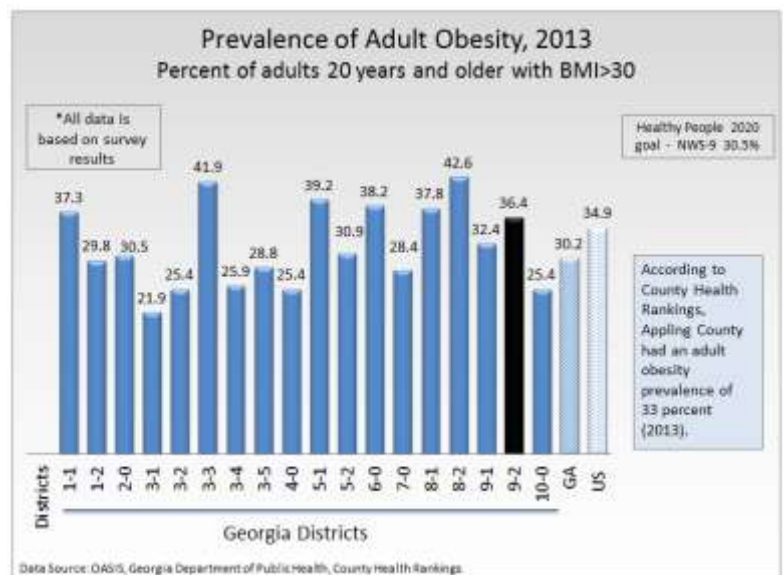
Obesity

HEALTHY PEOPLE 2020 REFERENCES - NWS, PA

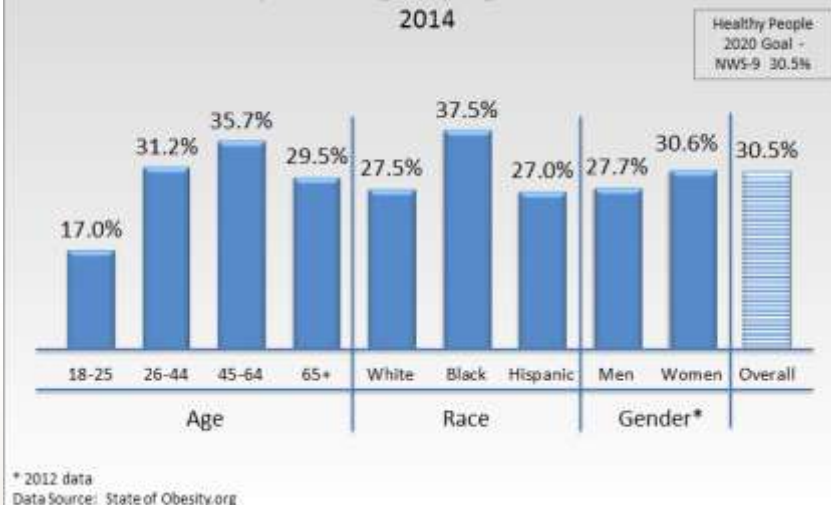
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.⁴⁴

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 30.⁴⁵

The prevalence of adult obesity in Health District 9-2 (36.4 percent) was higher than the State rate (30.2 percent), and the National rate (34.9 percent). The Healthy People 2020 goal is 30.5 percent. Appling County had a higher prevalence of obesity at 33 percent.

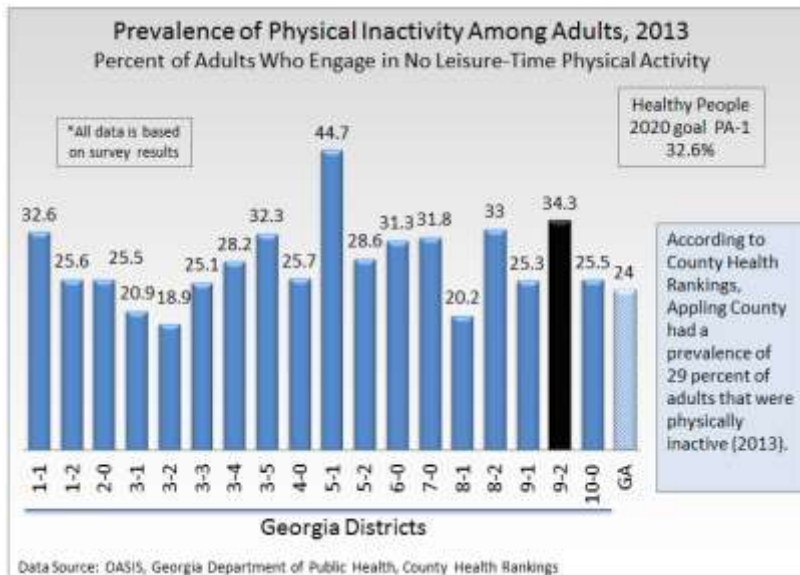


Adult Obesity in Georgia by Age, Race, and Gender 2014



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

Obesity is the result of an energy imbalance that occurs when an individual consumes more calories than he/she can burn. There are a number of factors such as age, body size, and genes that contribute to how many calories people burn each day, but the most modifiable factor is physical activity.⁴⁶

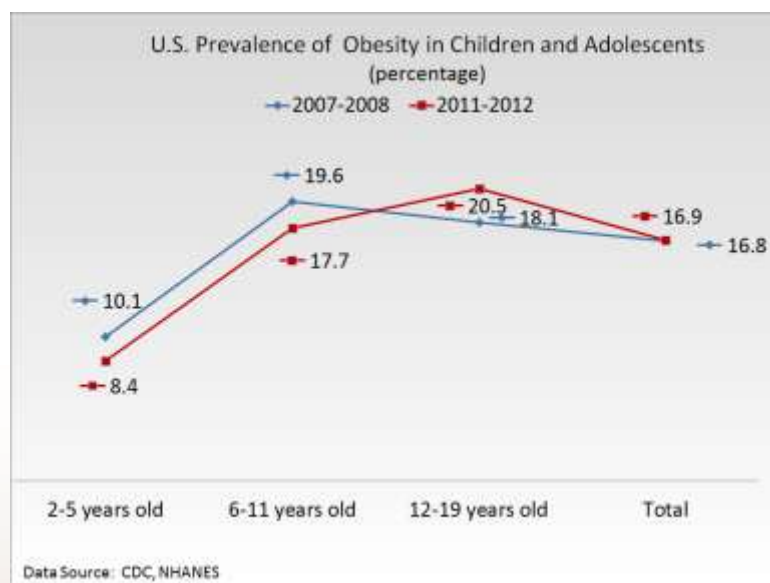


The percentage of adults who did engage in physical activity or exercise in the last 30 days was higher in Health District 9-2 (34.3 percent) compared to the State average (24 percent). Appling County had a higher prevalence of physical inactivity (29 percent) than the State and lower than the Healthy People 2020 target of 32.6 percent.⁴⁷

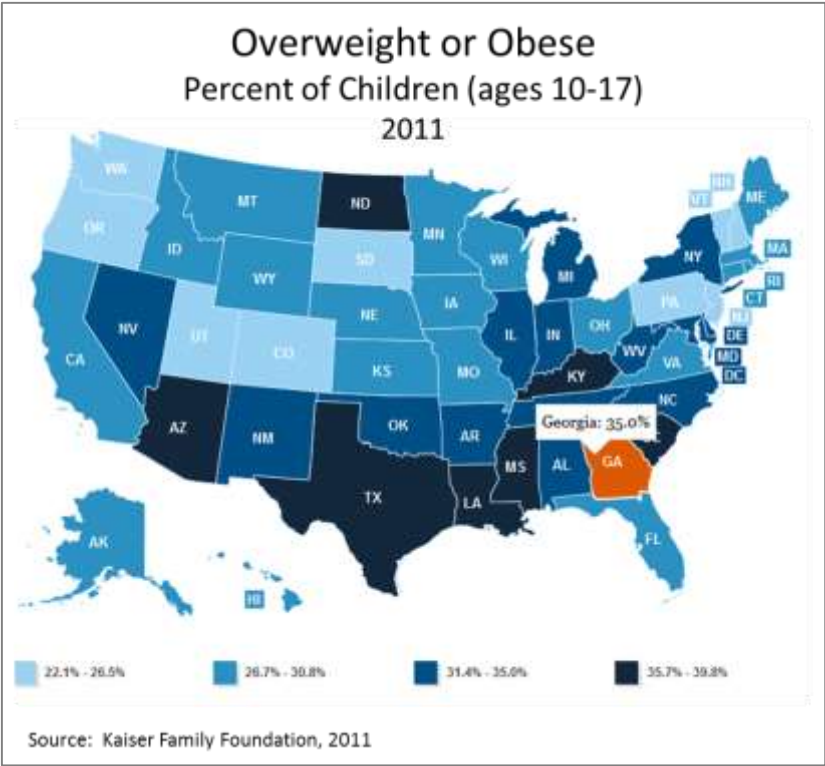
Childhood Obesity

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.⁴⁸ Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to Healthy People 2020, 16.2 percent of children and adolescents aged 2-19 years are obese.⁴⁹ A report released by the Centers for Disease Control and Prevention in August, 2013 indicated that Georgia's obesity rates among two to four-year-olds from low income families declined between 2008 and 2011.⁵⁰



According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighth highest (35 percent) in the nation for overweight and obese children. Nationally, 31.3 percent of children in this age range were overweight or obese.⁵¹



The following table highlights obesity rates in Georgia by age group and Georgia’s rank among other states.⁵²

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

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

- » Hispanics - 22.4 percent
- » Non-Hispanic Blacks - 20.2 percent
- » Non-Hispanic Whites - 14.1 percent
- » Non-Hispanic Asian youth - 8.6 percent ⁵³

The following table highlights the disparities among race and ethnicity in Georgia. This data is based upon the 2007 National Survey of Children's Health.⁵⁴

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

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.⁵⁵

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.⁵⁶

COMMUNITY INPUT

Obesity

- » Controlling the obesity problem would help with cardiovascular and diabetes issues. It would also help with the prevention of cancer.
- » Wellness programs are very beneficial to employees; however, they are not cheap.
- » Wellness programming helped the city employees get healthy. They were more motivated with incentives and friendly competition.
- » There is a need for more opportunities for physical activity.
- » It is not the lack of opportunities for physical activity, but the health choice to be inactive. There is no accountability.
- » There is a lack of education about physical activity.
- » Physical activity is a choice. Unfortunately, the alternative such as playing video games or watching TV is always chosen.
- » A lot of parents will put the blame on finances when it comes to their child's nutrition. They believe they can only afford junk food and not healthy food.
- » There is a need for education on how to cook healthy foods.
- » There is a need for more education on healthy foods.
- » Education is never going to be enough to tackle obesity. The typical family's lifestyle and culture has changed to a life of technology and convenience.
- » There is a need to incentivize health insurance participants to stay healthy by increasing premiums on individuals who are obese. This was done with smokers and it seemed to help.
- » In order to get children to eat healthier, they need to encourage their parents to cook healthier. Children can talk to their parents about healthy eating, and in turn, parents will change an unhealthy behavior based on what they learn from their children.

Diabetes

- » It is lack of education and compliance. If a patient has diabetes they may eat half of a cake and then take insulin.
- » Diabetes is a major problem in this community.
- » There is a dialysis clinic in Baxley that is overflowing six days per week due to the number of patients diagnosed with end stage renal disease.
- » A lot of the black males have to dialyzed three days a week.

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.⁵⁷

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

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

Racial and ethnic disparities were noted among these indicators. Disparities may be due to the 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.⁵⁸

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.⁵⁹

Why Are Maternal, Infant and Child Health Important?

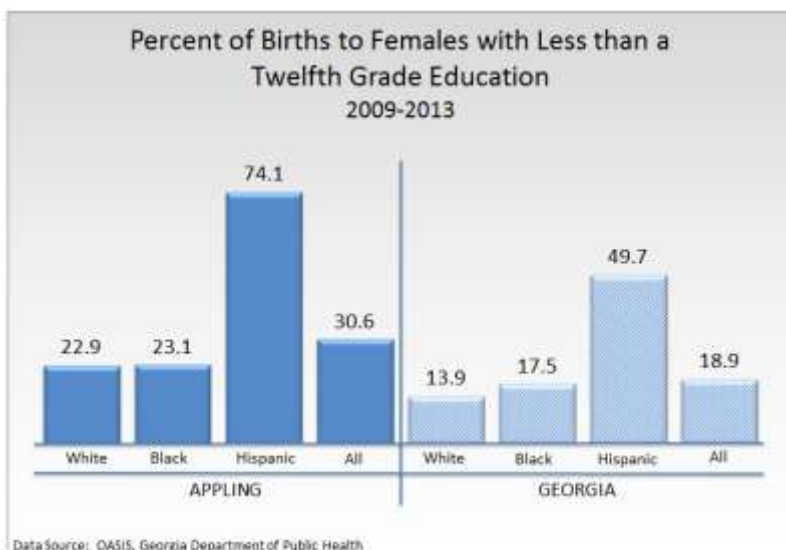
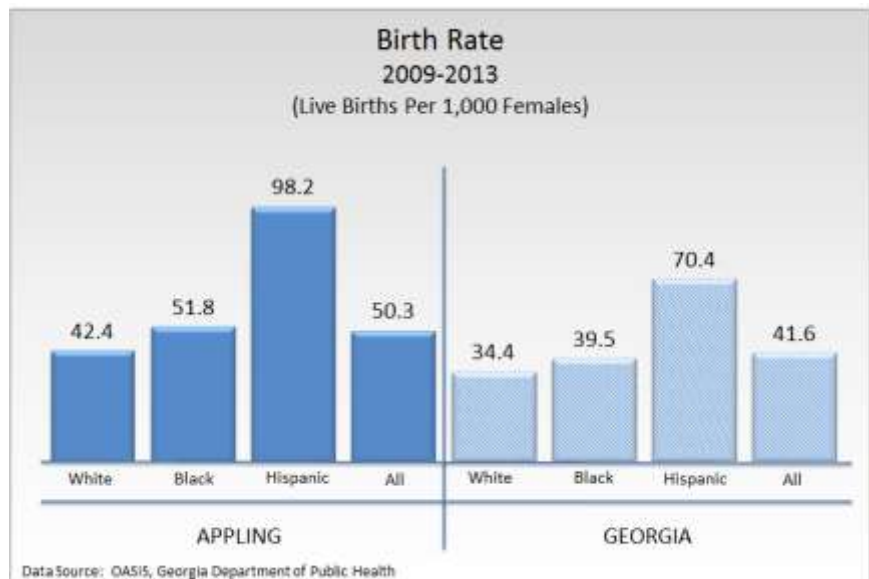
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

- » 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 2009-2013, Appling County had a higher birth rate (50.3 live births per 1,000 females) than that of the State (41.6 live births per 1,000 females). Hispanics in Appling County had a higher birth rate compared to Whites and Blacks.



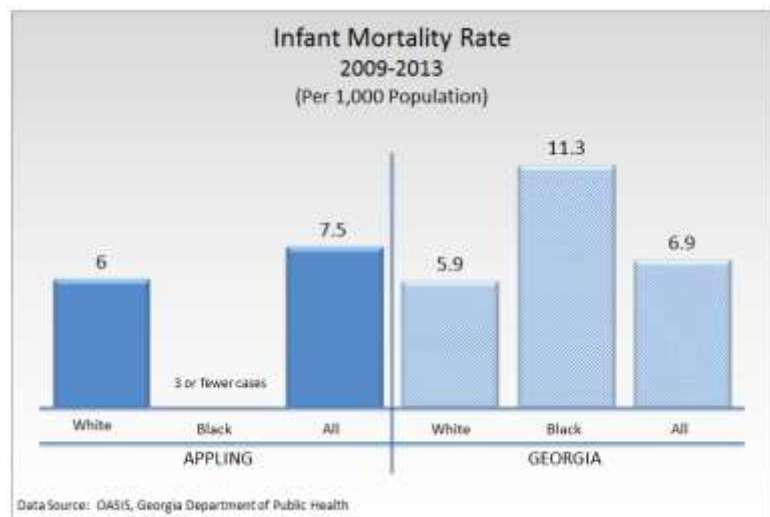
The percent of births to females with less than a twelfth-grade education was higher among Appling County residents (30.6 percent) compared to Georgia residents (18.9 percent). The highest percentage was among the Hispanic population group.

Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.⁶⁰ 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.⁶¹ 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.⁶²

The infant mortality rate in Appling County (7.5 per 1,000 population) was higher than the Georgia rate (6.9 per 1,000 population).

There were too few cases reported to compute a reliable rate for Blacks.



Fetal and Infant Conditions

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

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

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

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

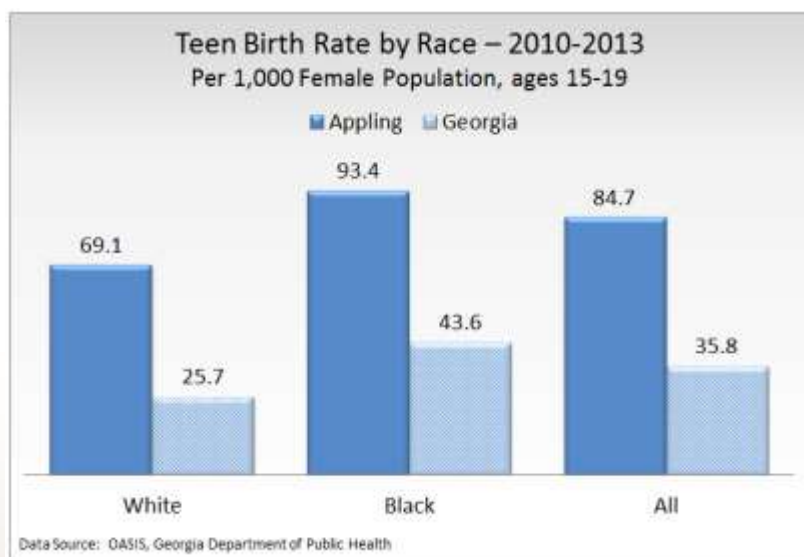
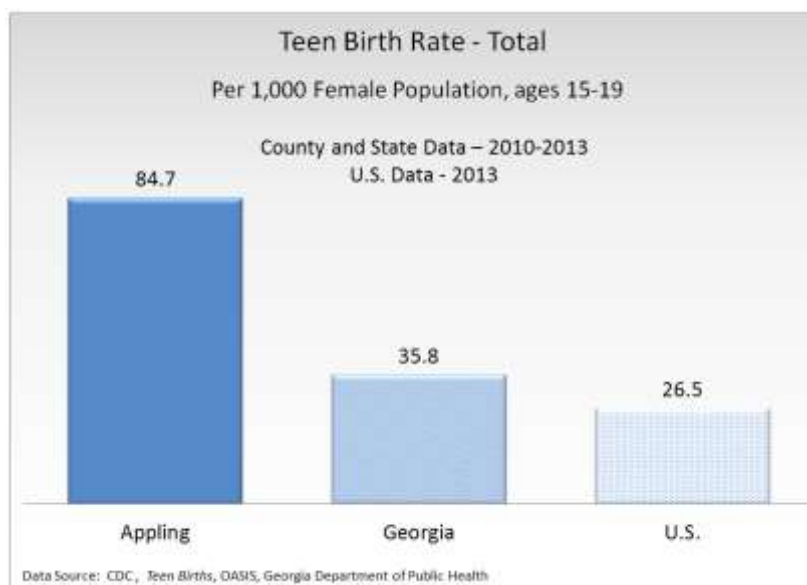
Year	White	Black	Hispanic	All
2009	0	1	0	1
2010	1	1	0	2
2011	0	0	0	0
2012	0	0	0	0
2013	0	0	0	0

Data Source: OASIS, Georgia Department of Public Health

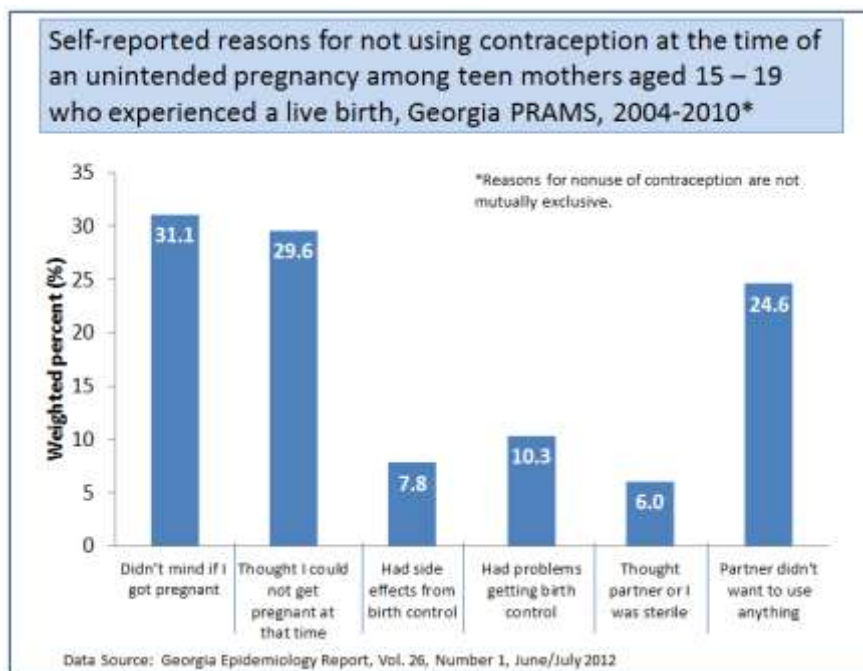
Teen Birth Rate

Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors to high school dropout rates among girls. The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.⁶⁴

The teen birth rate in Appling County (84.7 per 1,000 female population) was higher than the Georgia rate and the U.S. rate.



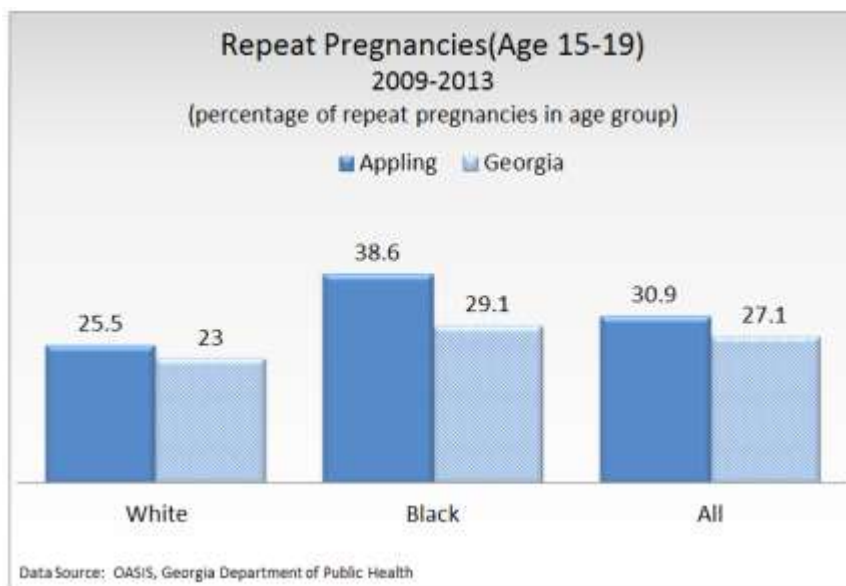
The Appling County Black teen birth rate was higher than the White teen birth rate. The teen birth rates in Appling County were higher for all races than Georgia's rates.



Teen Pregnancy In Georgia

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

Georgia Adolescent Reproductive Health Facts
www.hhs.gov



For mothers ages 15-19, Appling County had a higher percent of repeat pregnancies (30.9 percent) compared to Georgia (27.1 percent). Additionally, 38.6 percent of Black teen mothers in Appling County had repeat pregnancies compared to 25.5 percent of White teen mothers.

COMMUNITY INPUT

Teen Pregnancy

- » A lot of the teen moms do not get prenatal care because they hide their pregnancy.
- » A lot of the students report that they forget about the sex education video they had watched in eighth grade by the time they get to tenth grade.
- » Parents are celebrating teen pregnancy by having gender reveal parties for their daughters.
- » Teen Maze is the only opportunity to really expose and teach children about STDs and safe sex.
- » Appling County Schools has had sex education (abstinence only) since the 1990s.
- » We need to do a better job at preventing STDs and teen pregnancy among the adolescent population.
- » Unless students are receiving some type of sex education at church, no one in the community seems to be teaching it on a more consistent basis.
- » Nobody wants to talk about sex education anymore.
- » The local health department has a women's nurse practitioner that comes once a week that will provide education on birth control.
- » Sex is sometimes an accepted behavior at home among the teen population. There are girls that are 14 and 15 having parties and taking their boyfriend on family vacations.
- » The advertisement to get birth control in this community is not apparent. It is still a taboo.
- » As a healthcare provider, it is important to teach both ways when it comes to sex education.

Reference: STDs

Women Infant and Children Program

- » There is a high no show rate for WIC sponsored nutrition appointments. They try to schedule their WIC pick-up the same day as their appointment with the registered dietician.
- » There has been a decrease in WIC participants. The health department had 800 clients a year and now they have about 650 clients.
- » The government has increased the food stamp benefits and WIC has added restrictions to their program to encourage healthy eating. The WIC program no longer provides vouchers for whole milk or fruit juice.

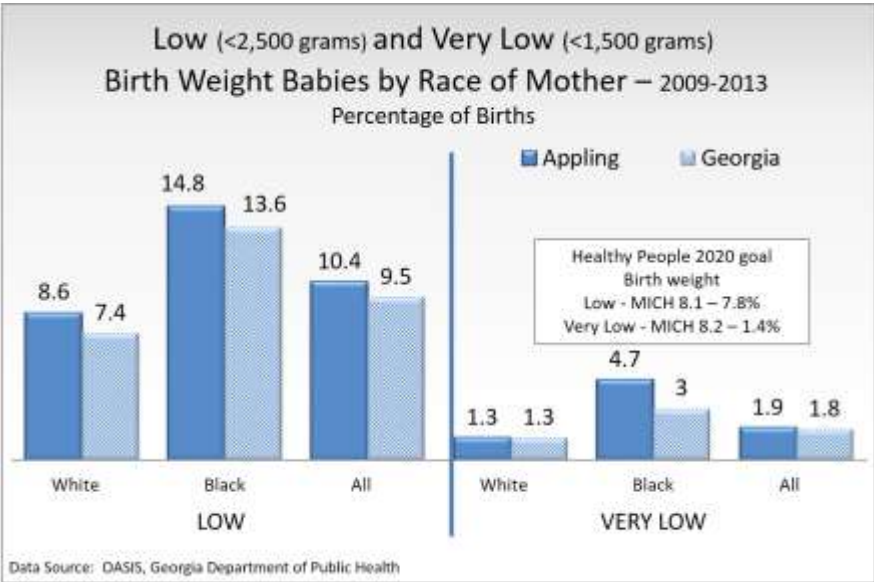
Birth Weight

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.⁶⁵

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.⁶⁶ In 2013, the national prevalence of low birth weight babies was 8 percent while that for low birth weight babies was 1.4 percent.⁶⁷

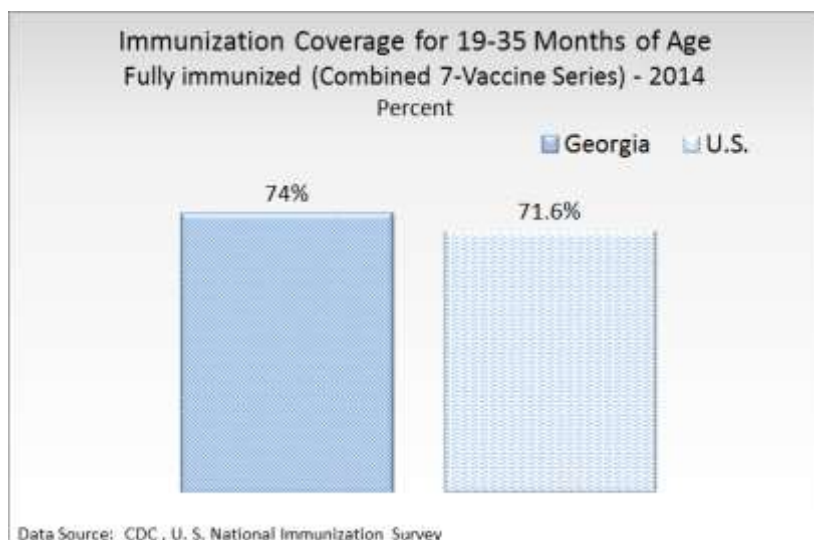
Overall, low birth weight and very low birth weight percent of births were higher in Appling County compared to Georgia.

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



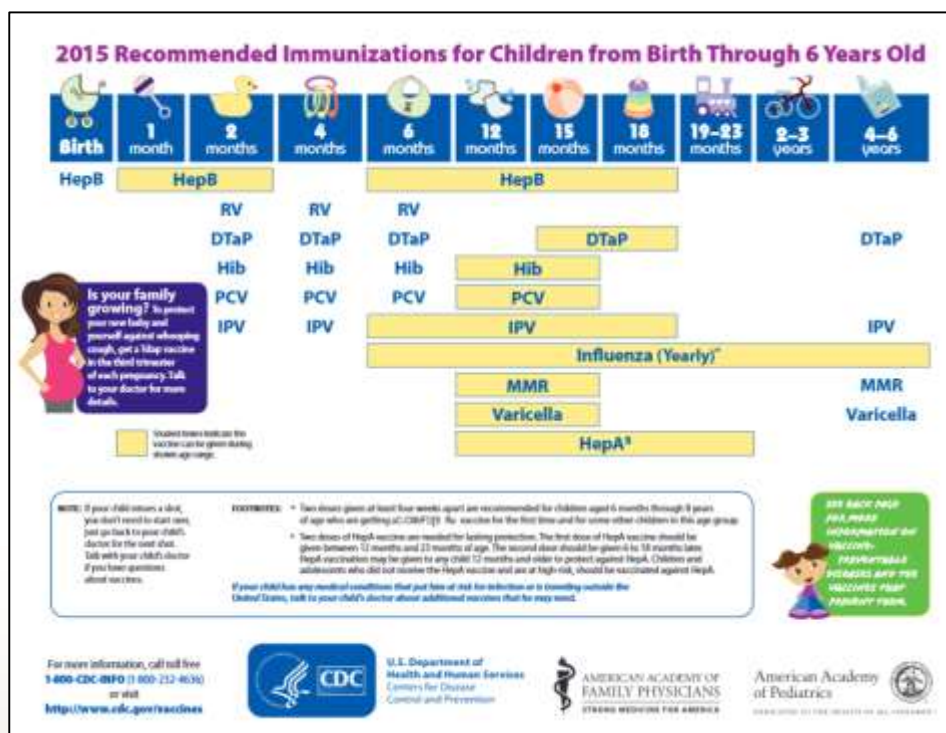
Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.⁶⁸



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

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



ALCOHOL, TOBACCO AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE - TU, SA

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

- » Chronic diseases
- » Teenage pregnancy
- » Sexually transmitted diseases
- » Domestic violence
- » Child abuse
- » Motor vehicle accidents
- » Crime
- » Homicide
- » Suicide⁶⁹

Although much progress has been made to reduce cigarette smoking in the United States, in 2012, 20.5 percent of adult males and 15.9 percent of adult females continued to be cigarette smokers.⁷⁰

Adolescent Behavior

The leading cause of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.⁷¹

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

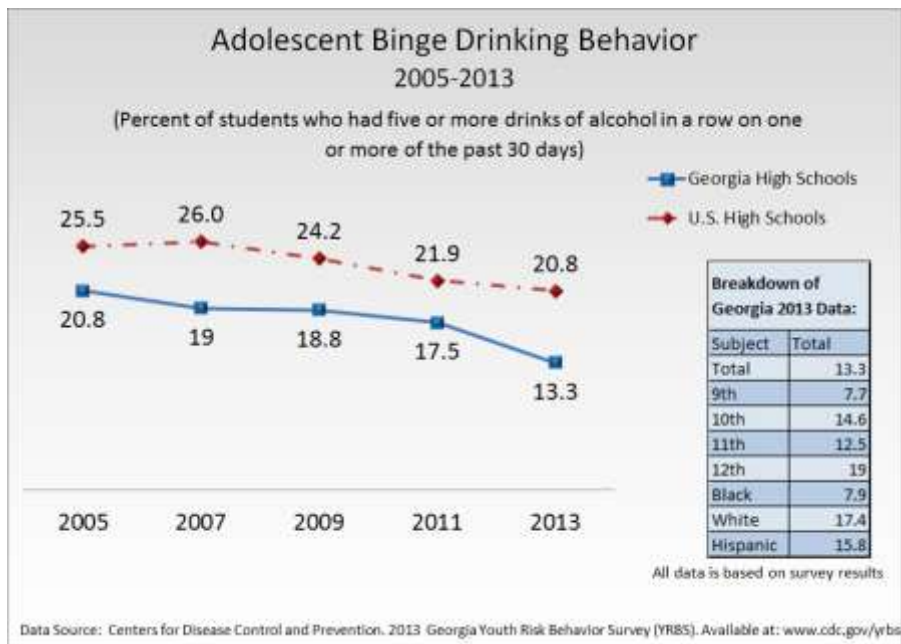
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

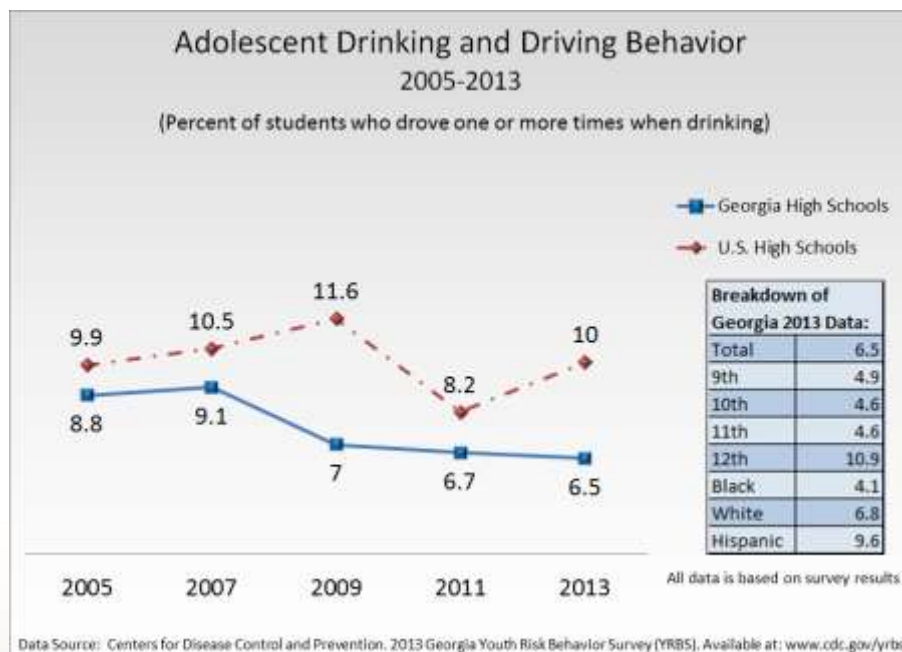


Between 2005 and 2013 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia since 2005.

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

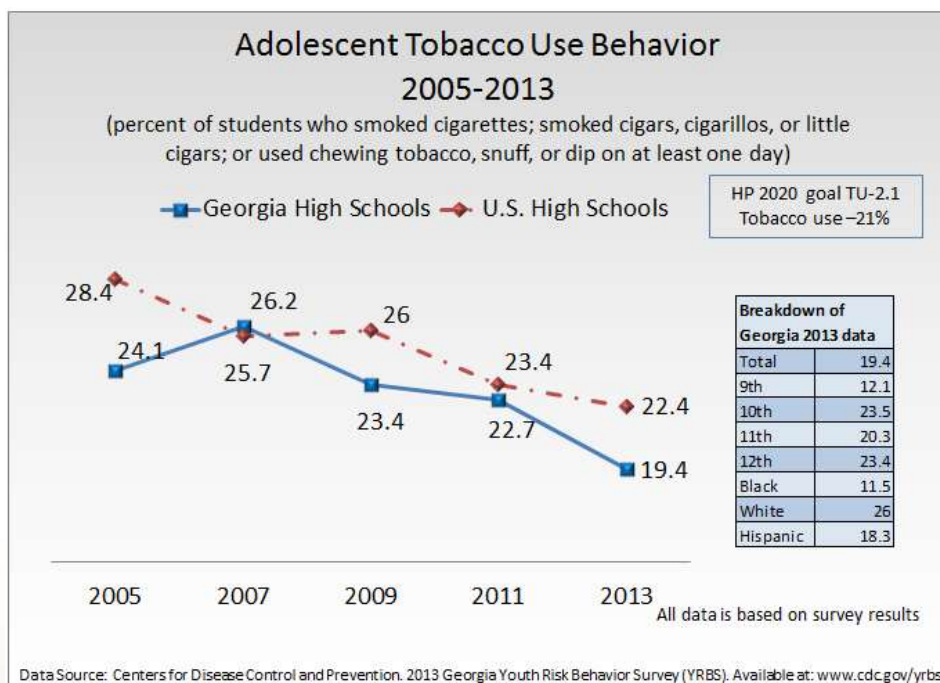
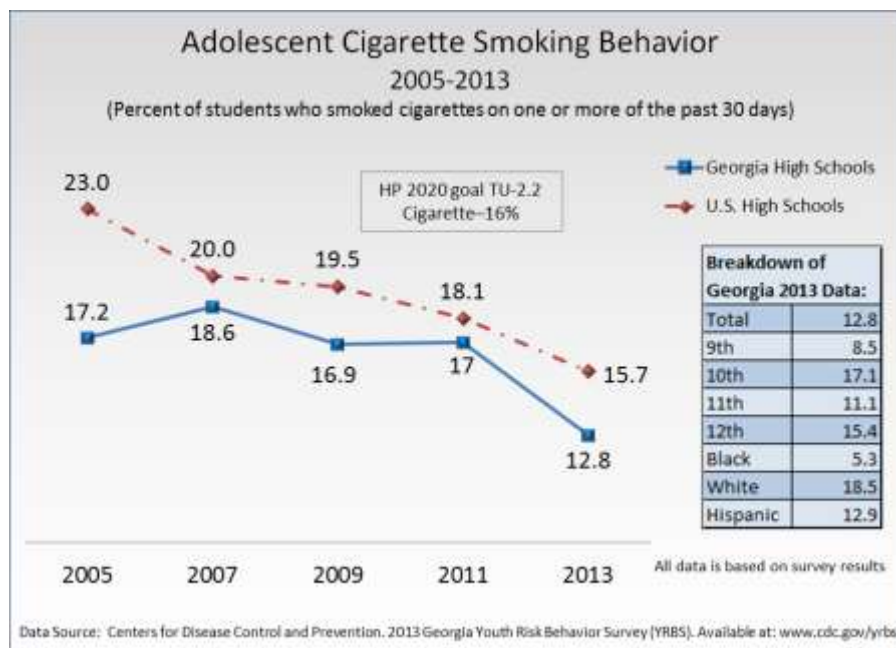
Almost one-fifth of twelfth graders (19 percent) participated in binge drinking within a month prior to the survey.

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



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

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



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

Tobacco use prevalence was greater among Whites (26 percent) than Blacks (11.5 percent).

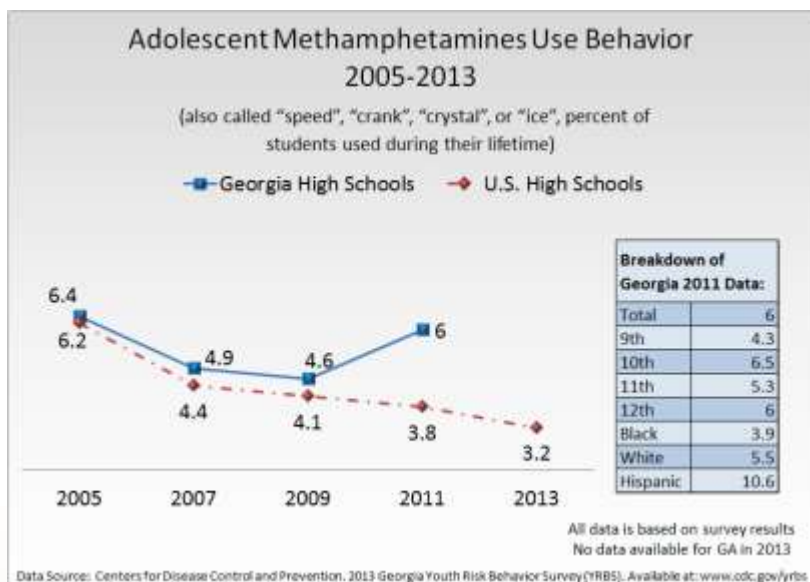
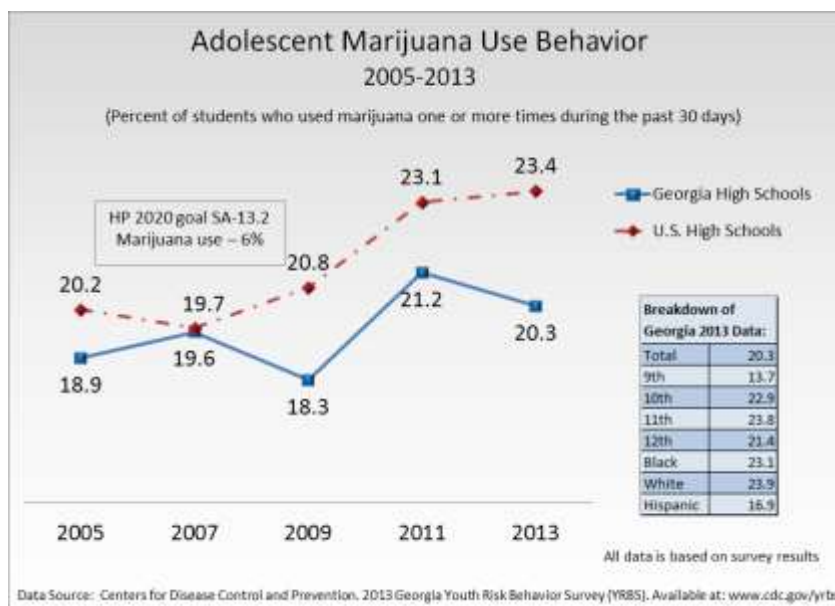
Illicit Drug Usage

Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.⁷²

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

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

The Healthy People 2020 goal is to reduce marijuana use to six percent.⁷³



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

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

There was no data available for Georgia in 2013.

Comparison: Appling County and Georgia

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

At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Appling County and Georgia		
	Appling County High Schools	Georgia High Schools
Binge Drinking	7.5%	9.3%
Drinking and Driving	2.8%	2.9%
Tobacco Use	14.2%	11.9%
Cigarette Use	10.1%	10.1%
Marijuana Use	8.8%	12.8%
Meth Use	1.4%	1.9%
Prescription	3.1%	5.0%

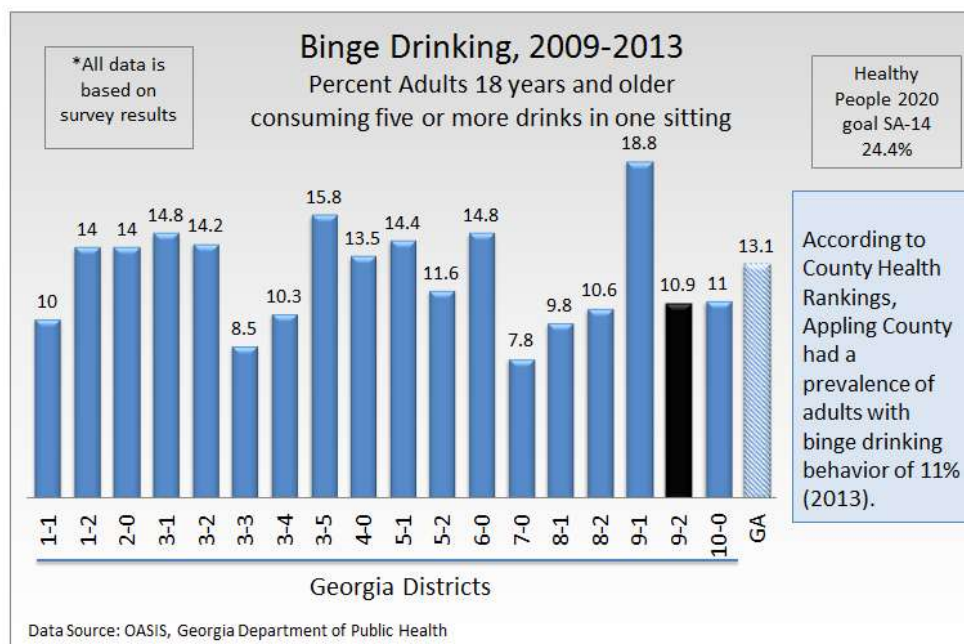
Data Source: Georgia Department of Education, Georgia Student Health Survey

Appling County schools had a lower percentage of adolescents that participated in all substance abuse behaviors except for tobacco use. Please refer to the “Community Input” section of this report to read comments on other issues surrounding substance abuse among adolescents.

Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.⁷⁴

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.⁷⁵



The binge drinking prevalence in Health District 9-2 (10.9 percent) was lower than the Georgia prevalence (13.1 percent). The rate in Appling County was 11 percent. The Healthy People 2020 goal is 24.4 percent.

COMMUNITY INPUT

Alcohol, Tobacco and Drug Use

- » Drugs and substance abuse issues are caused by generational patterns at home. It is passed down from the parents despite education at school.
- » Drug abuse is also caused by chronic pain issues that turn into an addiction to some type of pain killer.
- » Drug abuse is also occurring in the mental health population. They are self-medicating with illegal substances.
- » Marijuana is very common. Children believe it is more accepted.
- » Nearly fifty percent of patients seen at the hospital test positive for marijuana.
- » The younger population is using drugs more than alcohol.
- » Gang activity is increasing. Gangs are coming down from Atlanta and teaching children how to sell drugs. This is mainly among the Hispanic population.
- » Out of 10 patients seen at the health department every day, about 5 to 6 are smokers. A few will admit to marijuana use.
- » Most of the heavy binge drinking is done by the 20 year olds.
- » Meth is a major problem among the young adult population.

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.⁷⁶ 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.⁷⁷

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections is encouraged for sexually active young adults.⁷⁸

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.⁷⁹

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

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

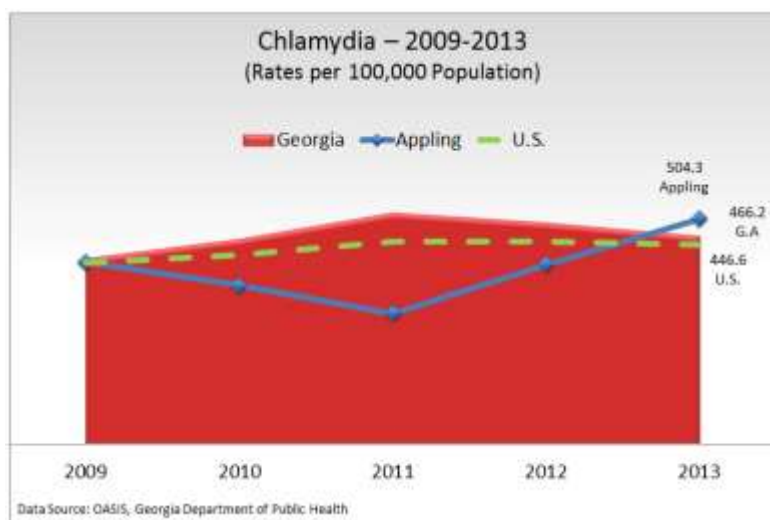
Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Georgia (10.3)	Alaska (789.4)	Louisiana (188.4)
2	California (9.3)	Louisiana (624.5)	Alabama (173.7)
3	Louisiana (9.2)	Alabama (611.0)	Mississippi (170.7)
4	Florida (7.8)	New Mexico (587.3)	Alaska (154.2)
5	Maryland (7.7)	Mississippi (585.1)	South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

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

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.⁸⁰

- » 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.⁸¹
- » Women had 2.7 times the reported chlamydia rate of men in 2009.⁸²
- » Georgia ranked ninth highest in the U.S. for reported chlamydia cases in 2013.⁸³



Clinical Recommendations

Screening for Chlamydial Infection

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

Healthy People 2020

In 2013, the chlamydia rate in Appling County (504.3 per 100,000) was higher than the State rate (466.2 per 100,000). In 2013, the U.S. rate for chlamydia was 446.6 per 100,000 population.⁸⁴

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

Average Chlamydia Rates by Race (2009-2013)			
	White	Black	All
Georgia	69.5	615.2	472.2
Appling	84.2	751.4	392.9
Data Source: OASIS, Georgia Department of Public Health			

Gonorrhea

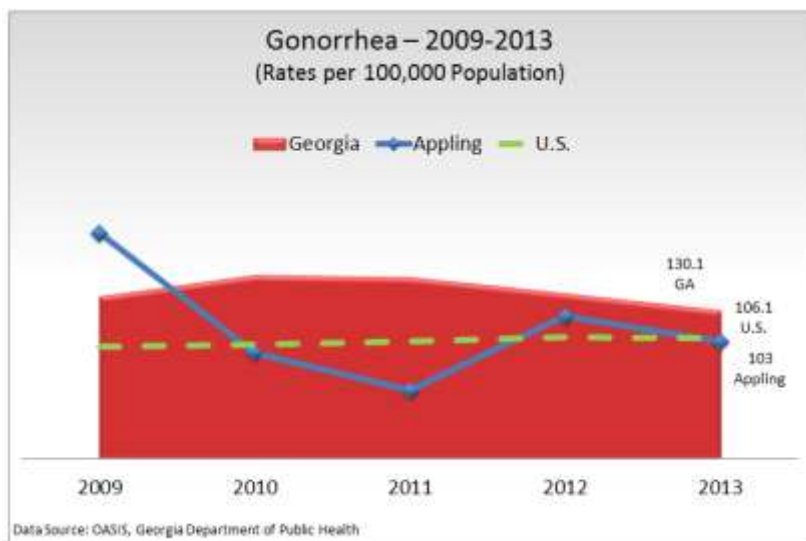
Gonorrhea and chlamydia often infect people at the same time.⁸⁵ The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are infected have no symptoms. Gonorrhea can lead to other complications that can cause pelvic inflammatory disease in women. Gonorrhea can also spread to the blood or joints and become life threatening. Antibiotics are used to successfully cure gonorrhea.

- » Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.⁸⁶
- » Georgia ranked eighth highest in the U.S. for reported gonorrhea cases in 2013.⁸⁷

Who Is At Risk For Gonorrhea?

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

Centers for Disease Control and Prevention



In 2013, the gonorrhea rate in Appling County (103 per 100,000) was lower than the State rate (130.1 per 100,000) and the U.S. rate (106.1 per 100,000).⁸⁸

Average Gonorrhea Rates by Race (2009-2013)

	White	Black	All
Georgia	13	262.5	147.8
Appling	10.9	352.6	115.7

Data Source: OASIS, Georgia Department of Public Health

The gonorrhea rate was significantly higher among Blacks compared to Whites in both 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.⁸⁹

- » Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.⁹⁰
- » Georgia ranked highest in the U.S. for reported syphilis cases in 2013.⁹¹

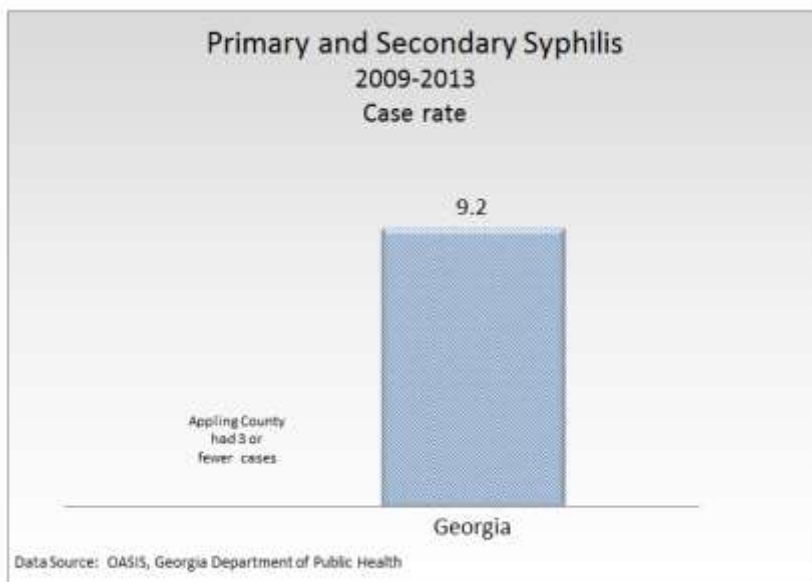
The Georgia syphilis rate in 2013 was 10.3 per 100,000 population. The U.S. rate in 2013 was 5.5 per 100,000 population.⁹²

How Can Syphilis Be Prevented?

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

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

Centers for Disease Control and Prevention



Due to the low number of cases reported in Appling County, the syphilis rate was not statistically meaningful.

Human Immunodeficiency Virus (HIV)

An estimated 1.2 million Americans were living with HIV at the end of 2012. Of those people, about 12.8 percent did not know they were infected. About 50,000 people get infected with HIV each year.⁹³ Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.⁹⁴

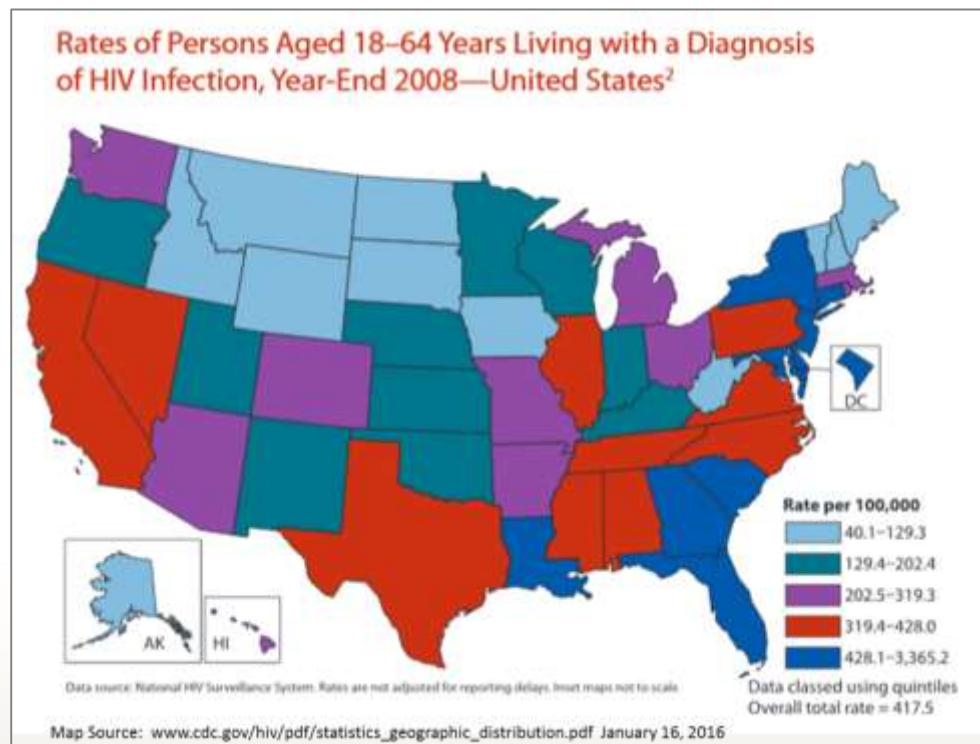
- » In 2010, White MSM represented the highest number of new HIV infections in the U.S.⁹⁵
- » In 2010 Blacks (male and female) represented approximately 12 percent of the country's population, but accounted for 44 percent of new HIV infections. Blacks accounted for 41 percent of people living with HIV in 2011.⁹⁶
- » Hispanics (male and female) represented 16 percent of the population for accounted for 21 percent of new HIV infections in 2010. Hispanics accounted for 20 percent of people living with HIV in 2010.⁹⁷

Why Is HIV Important?

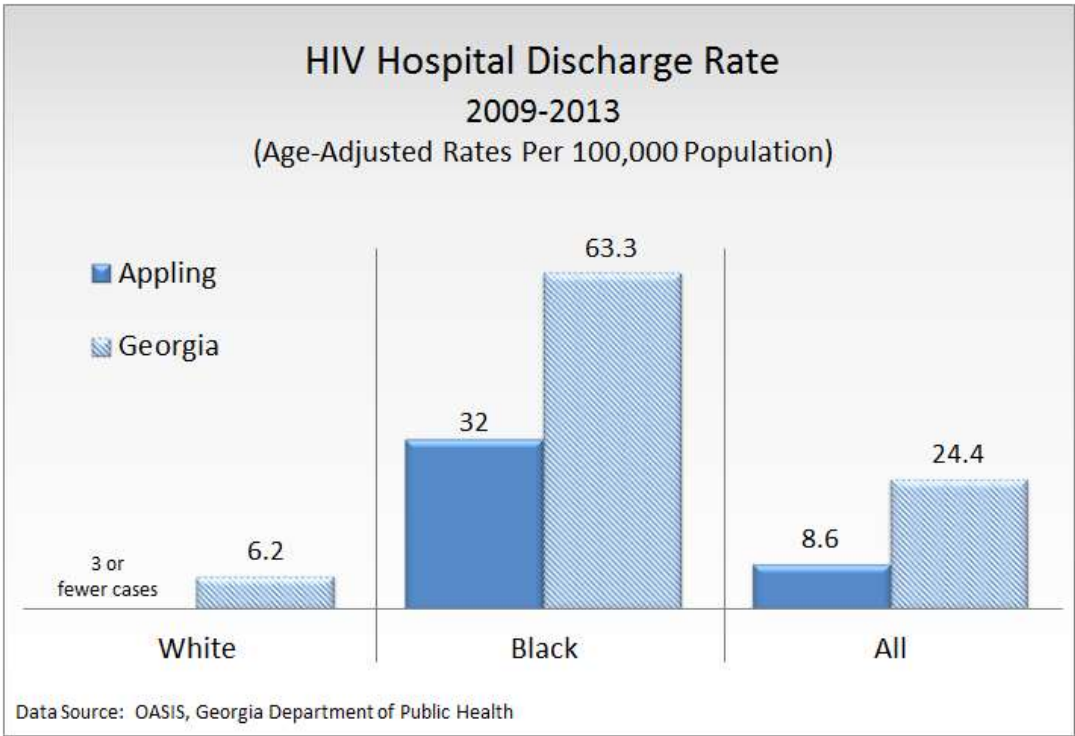
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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

Healthy People 2020

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



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



COMMUNITY INPUT

STDs

- » Appling County has always had a very high STD rate.
- » Teen Maze is the only opportunity to really expose and teach children about STDs and safe sex.
- » Appling County Schools has had sex education (abstinence only) classes since the 1990s.
- » We need to do a better job at preventing STDs and teen pregnancy among the adolescent population.
- » Unless students are receiving some type of sex education at church, no one in the community seems to be teaching it on a more consistent basis.
- » Nobody wants to talk about sex education anymore.
- » The local health department has a women's nurse practitioner that comes in town once a week to provide family planning care and education on birth control.
- » Sex is sometimes an accepted behavior at home among the teen population. There are girls that are 14 and 15 having parties and taking their boyfriend on family vacations.
- » The advertisement to get birth control in this community is not apparent. It is still a taboo.
- » As a healthcare provider, it is important to teach both ways when it comes to sex education.

Reference: Teen Pregnancy

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."⁹⁸

Why Is Access to Health Services Important?

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

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

Healthy People 2020

Gaining Entry into the Health Care System

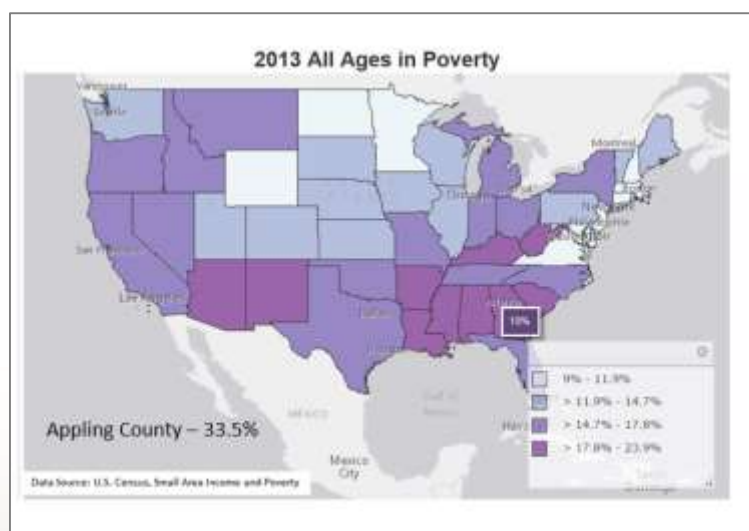
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

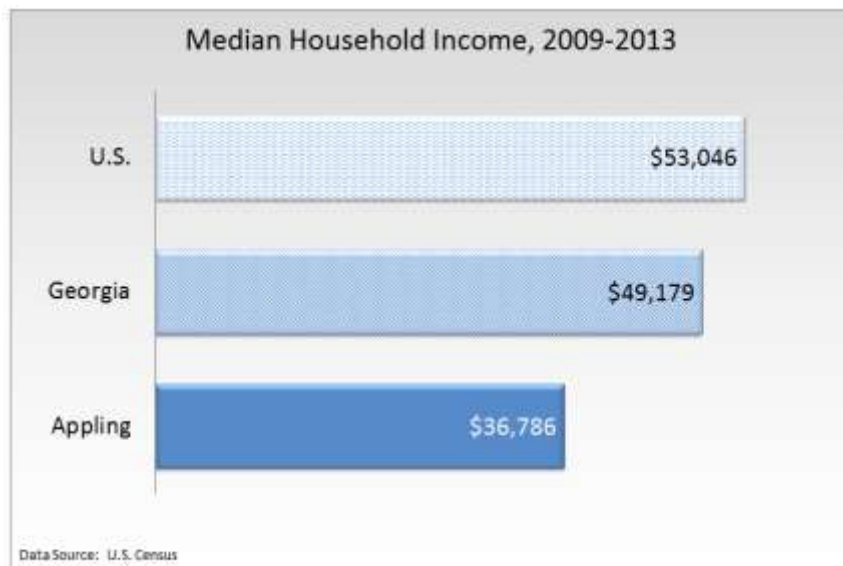
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.8 percent in 2014.⁹⁹

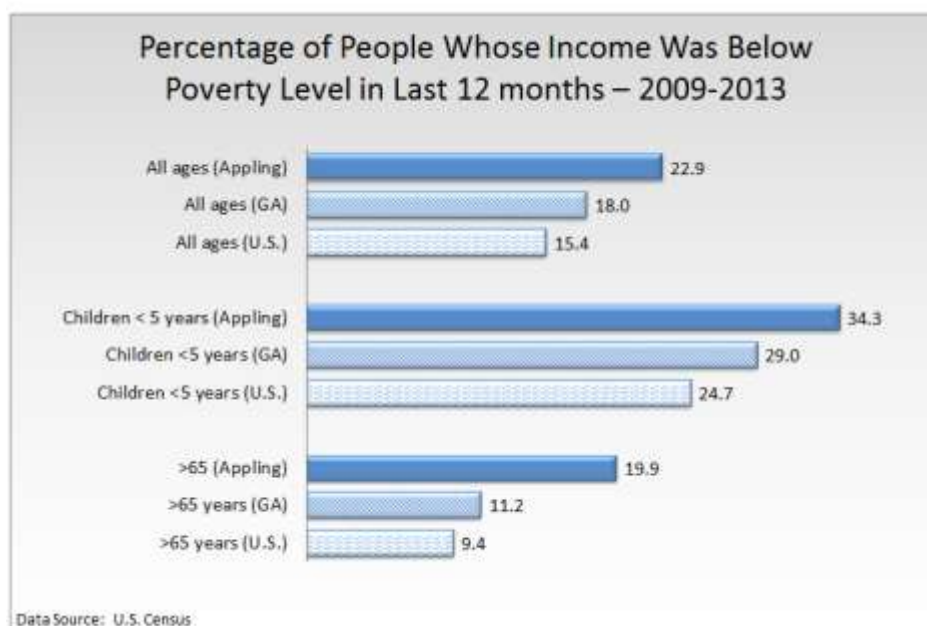
Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.¹⁰⁰

Appling County's poverty rate was 33.5 percent in 2013.





The median household income during 2009-2013 for Appling County was \$36,786. This was below the Georgia median income of \$49,179 and the U.S. median income of \$53,046.

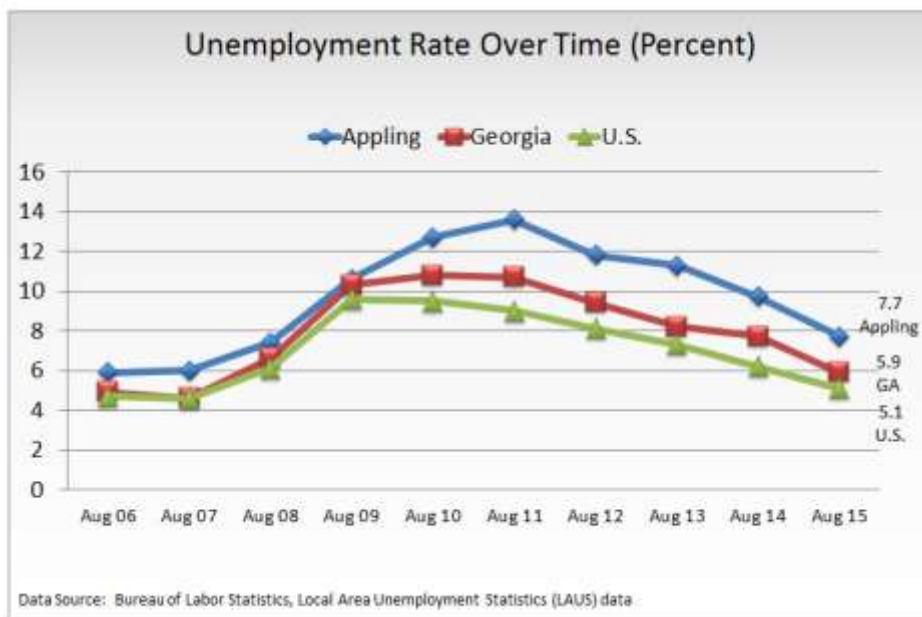


The percentage of people in Appling County whose income was below the poverty level (22.9 percent) was higher than Georgia (18 percent) and the U.S. (15.4 percent). The percentage of children under five years of age living in poverty in Appling County (34.3 percent) was higher than both Georgia (29 percent) and the U.S. rates (24.7 percent). The percentage of Appling County senior adults living in poverty (19.9 percent) was higher than the State (11.2 percent) and U.S. rates (9.4 percent).

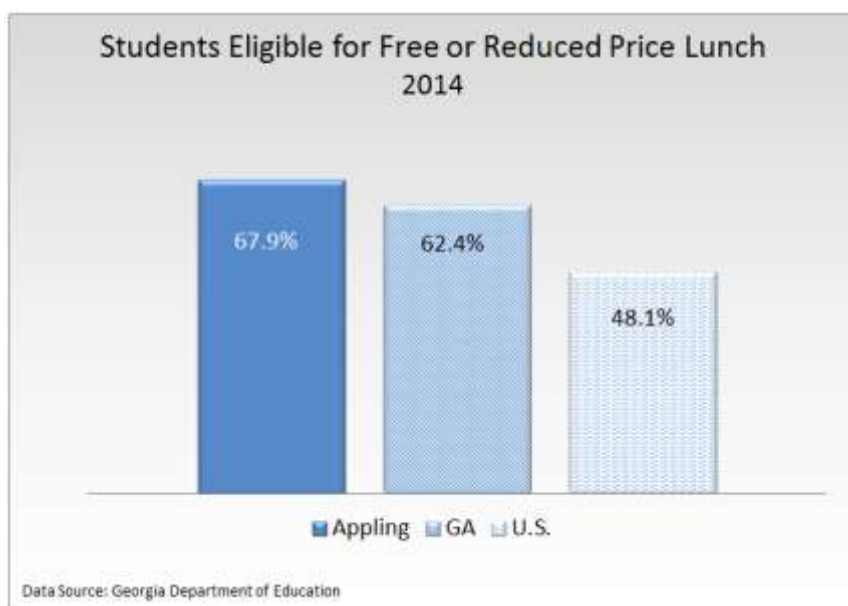
The Appling County unemployment rates for years 2006-2016 were consistently higher than the U.S. rates and the State rates.

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

The most recent data showed that Appling's unemployment rate dropped from 9.7 percent in August 2014 to 7.7 percent in August 2015.



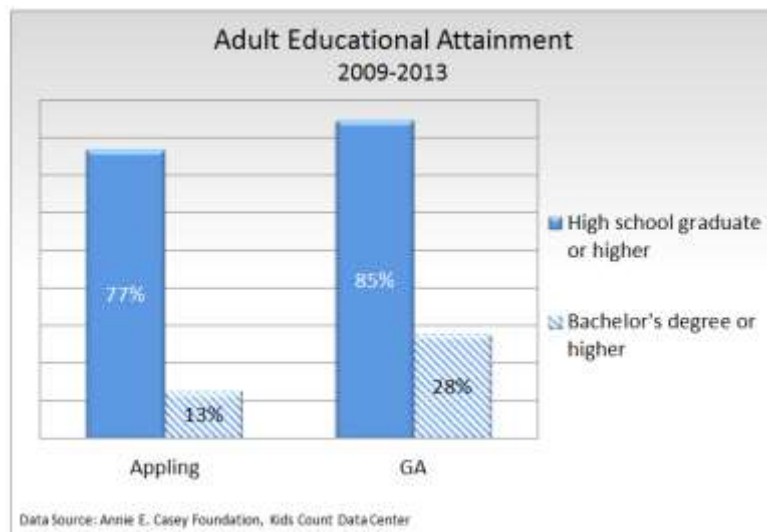
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.¹⁰¹ For July 1, 2016 through June 30, 2016, a family of four's income eligibility for reduced-price lunches was at or below \$44,863 and for free meal eligibility at or below \$31,525.¹⁰²



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

Educational Attainment

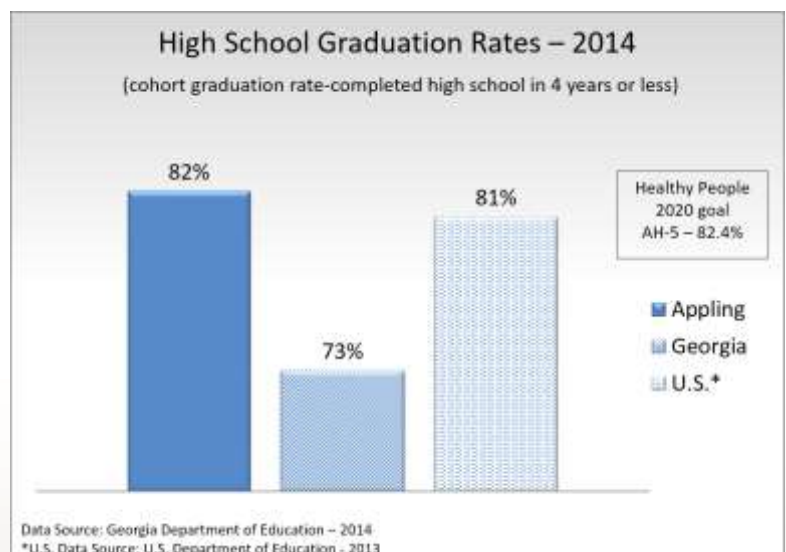
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.¹⁰³ According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.¹⁰⁴ 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.¹⁰⁵



From 2009-2013, 77 percent of Appling County residents had graduated high school compared to Georgia's average of 85 percent. An average of 13 percent of Appling County residents had a bachelor's degree or higher compared to Georgia's higher average of 28 percent.

The U.S Department of Education requires all states to publically report comparable high school graduation rates using a four-year adjusted cohort rate calculation method. This method provides uniform data collection when analyzing statistics across different states.¹⁰⁶

In 2014, Appling County had an average of 82 percent of students complete high school in four years or less. Appling County was above the State average (73 percent) and was also above the U.S. average (81 percent). The Healthy People 2020 goal for high school students is 82.4 percent (students who graduate with a regular diploma, 4 years after starting 9th grade).

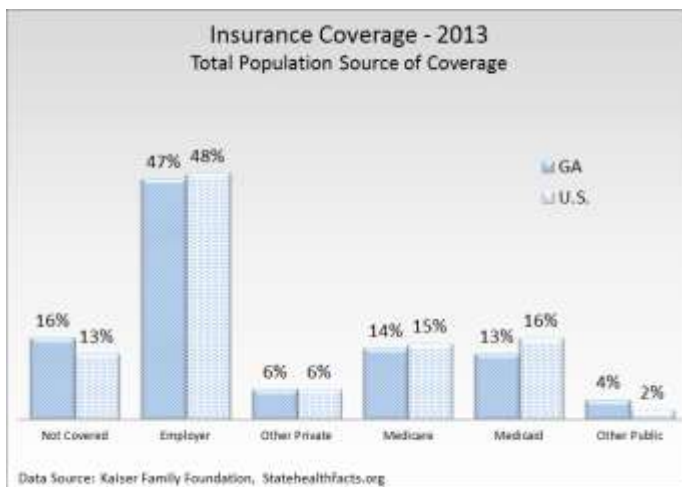


Insured Status

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

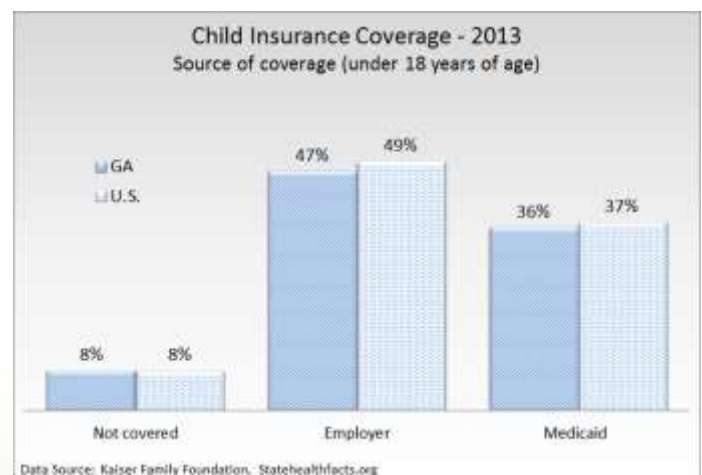
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

GEORGIA INSURED STATUS

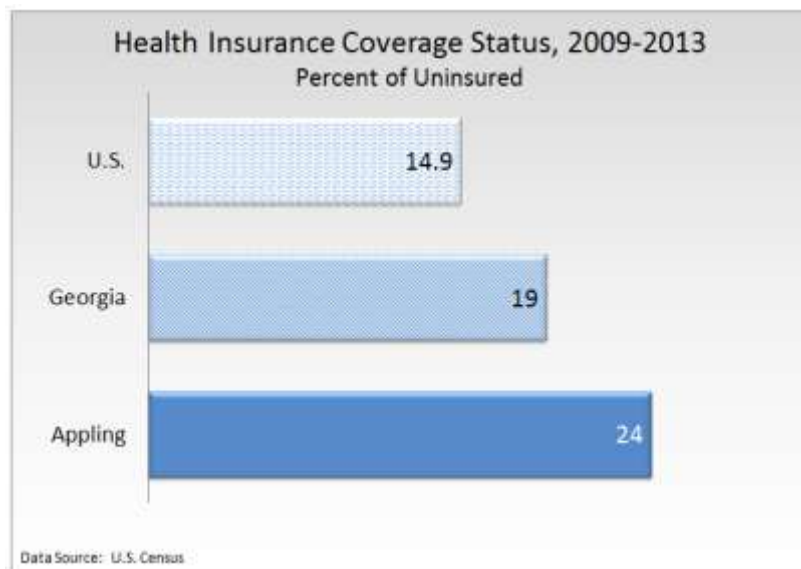


In 2013, Georgia's uninsured population (16 percent) was higher than the U.S. (13 percent). Employer coverage was lower in Georgia (47 percent) compared to the U.S. (48 percent). Georgia's proportions of Medicare and Medicaid covered individuals were lower than the U.S. rate.

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

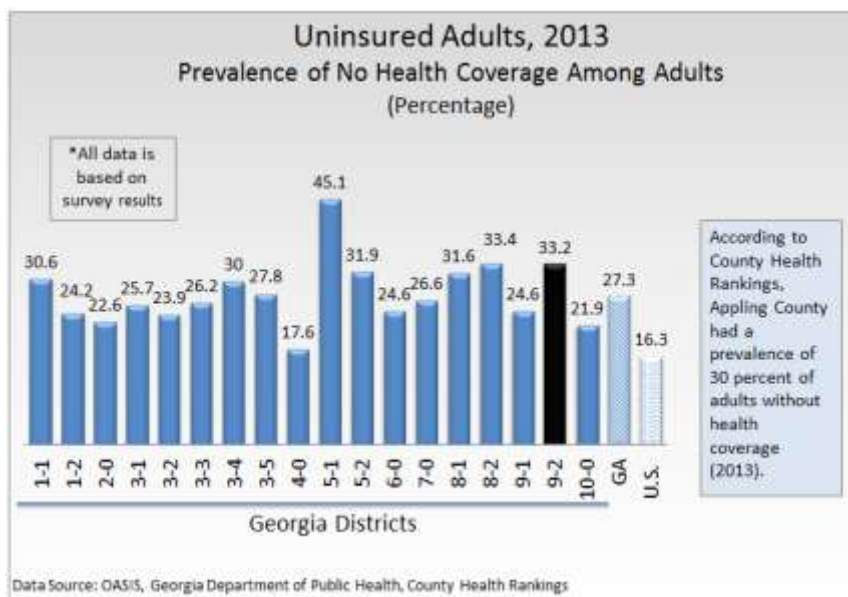


APPLING COUNTY INSURED STATUS



The proportion of uninsured individuals in Appling County (24 percent) was higher than Georgia (19 percent) and the U.S. (14.9 percent) rates.

The percentage of adults that lacked health insurance in Health District 9-2 (which includes Appling County) was 33.2 percent. This was higher than the U.S. rate (16.3 percent) and the Georgia rate (27.3 percent). According to County Health Rankings, in 2013 Appling County had 30 percent of adults lacking health insurance.



Georgia Health Assistance and Healthcare Programs

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

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

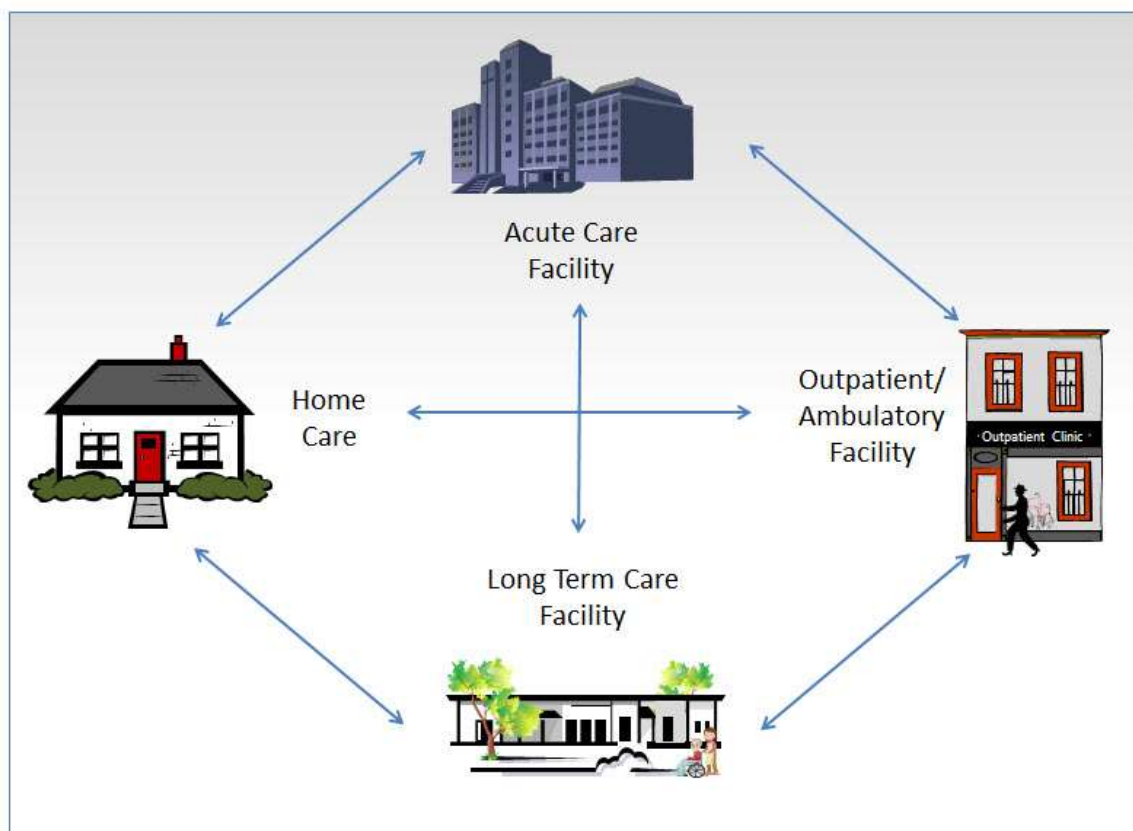
Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Appling County, 13.7 percent of the population is over the age of 65, making many of them eligible for Medicare.

Accessing a Healthcare Location Where Needed Services Are Provided

Accessing health care services in the U.S. is regarded as unreliable because many people do not receive the appropriate and timely care they need. All Americans should now have access to health care due to the *Patient Protection and Affordable Care Act*.¹⁰⁷ This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.¹⁰⁸ The healthcare system itself will need to work as a system, and not in independent silos to prepare for this change. The following section of the CHNA report discusses the various entries within the healthcare system and the types of services provided.

Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.¹⁰⁹ 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 the 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.

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 45.40.¹¹⁰

Professional Shortage Areas as of April 4, 2016

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

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

Mental Health

Appling County has facilities nearby and outside of the County that provide mental health and substance abuse services. These facilities include:

- Pineland Behavioral Health provides behavioral health, developmental disabilities, and addictive diseases services to the community of Baxley and also 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 in the community.

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.¹¹¹ 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 20 miles. All three of these nursing homes accept Medicare and Medicaid. The combined number of beds among these three nursing homes is 262.¹¹²

Transportation

Appling County has a land area of 507 square miles.¹¹³ 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, but many community members reported this as inconvenient and unreliable.

Finding a Health Care Provider Whom the Patient Can Trust

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

PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.¹¹⁴

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.¹¹⁵ 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.¹¹⁶

COMMUNITY INPUT

Access to Care

- » Health education across the lifespan is lacking. We miss it from beginning to end. Children need to learn as early as preschool to really continue the lifelong healthy living.
- » Transportation is a major issue in this community. There are specialists that travel to this community on a regular basis to help with follow-up appointments.
- » Patients are not compliant with doctor visits because they have limited resources (transportation and money) to get the appropriate care.
- » Patients need wellness resources clinically and financially. Patients don't have access to wellness resources.
- » A lot of issues stem from the lack of local transit.
- » There is state funded transportation for Medicaid patients; however, patients must plan out an entire day to be stuck on the van with other patients.
- » There is no motivation for patients without transportation to keep their appointment.
- » The transportation that is available whether through the state or private, is not reliable and convenient for patients.
- » Logisticare (Medicaid transportation) is required to arrive within a 15-minute window of a scheduled time-frame.
- » There is a lack of accountability among the transportation vendors.
- » The compliance in the treatment regimens for various health conditions is not occurring. Many individuals have no motivation to stay well and be healthy.
- » If you have nothing to offer someone but their own health, motivation to stay well is just not going to happen. There has to be an incentive.
- » There is a government pilot program that the hospital participates in to help educate citizens about their basic health needs and health status.
- » Any Medicare eligible person that is diagnosed with two or more chronic conditions can be enrolled in a chronic care management program through CMS. This program provides patient with 20 minutes of care coordination services per month to help follow-up and ensure the patient is staying compliant.
- » The chronic disease issue is brought on by lack of education, resources, and compliance.
- » It is not that there is a lack of healthcare providers in the community. There are 21 healthcare providers in Appling County.

COMMUNITY INPUT

Access to Care

- » It is difficult to make individuals accountable for their own health.
- » A lot of individuals do not take advantage of the free annual wellness screening.
- » There is a lack of dentist and vision services for children with Medicaid.
- » If a patient has no money or no insurance, a majority will go to the ER.
- » There is one pediatrician in town.
- » The health department refers to East Georgia Primary Care if the patient does not have any money.
- » Free car seats are needed in Appling County. There are car seat safety classes offered twice per year through the health department. Each participant receives a car seat to keep.

SPECIAL POPULATIONS

Why Do Special Populations Matter?

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

Healthy People 2020

COMMUNITY INPUT

Seniors

- » There are programs for the Senior population, but they have to ride transit to get there. Most Seniors dislike transit because they are not sure if they will get stuck on the shuttle the rest of the day.

Minority Population (Black/Hispanic population)

- » The U.S. Census statistic for the Hispanic population in Appling County is much lower than what actually exists.
- » End stage renal disease is more common among the black population. It is commonly caused from untreated hypertension, coronary artery disease, and diabetes.
- » A lot of the black males have to dialyzed three days a week.

COMMUNITY INPUT

Mental Health

- » Mental health is definitely an area where Appling County struggles. There is a psychiatrist here two days a week.
- » There is a lack of psychiatric services in Appling County.
- » There is a crisis stabilization unit for patients 55 and older in the hospital.
- » There is a lack of pediatric psychiatrists. There is one psychiatrist nearby in Douglas.
- » The Georgia Baptist Children's Home has some counseling services.
- » It is very apparent that Appling County has a mental health problem.
- » There is a need for a transitional care home for mentally ill individuals once they reach their 22nd birthday because there is nowhere for them to go during the day.

PRIORITIES

Community Input

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

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

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

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

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

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

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

Focus Group Meeting and Priorities

There was a focus group meeting on June 21st, 2016.

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

1. Chronic Diseases (high blood pressure, stroke, diabetes, and cancer)
 - a. There is a need for education and awareness on the causes, prevention, and intervention for chronic diseases.
 - b. There is a need for more accountability based intervention programs to address the chronic diseases.
2. Obesity
 - a. There is a need for a lifestyle intervention program to address improvement of exercise habits in the community.
 - b. There is a need for specific education on how to purchase and make healthy foods on a budget.
 - c. There is a need for early childhood education and an accountability program that supports good nutrition and exercise habits in school and at home. The education needs to be shared with the entire family unit to create accountability.
3. Access to Care
 - a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents. There is a need for more reliable and convenient transportation.
 - b. There is a shortage of providers that provide dental and vision services to the Medicaid population.
4. Mental and Behavioral Health
 - a. There is a need for a transitional home or program for the mentally ill.
 - b. There is a need for more services, providers, and specialists relating to mental health care.
5. Substance Abuse
 - a. There is a need for education and awareness surrounding generational lifestyle choices and patterns related to drug abuse.
6. Teen Birth Rate
 - a. There is a need for early education and awareness for adolescents concerning sex education and contraceptive use.

Hospital Input

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

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

Identified Priorities

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

- Chronic Diseases
- Obesity
- Access to Care
- Mental and Behavioral Health
- Substance Abuse
- Teen Pregnancy

Approval

Appling Healthcare System's Board approved this community health needs assessment through a board vote on August 22, 2016.

COMMUNITY PARTICIPANTS

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

APPLING HEALTHCARE SYSTEM COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Raymond Ledbetter - Interim Chief Executive Officer
Robin Crosby - Director of Marketing/Education/Patient Liaison
Judy Aycock, RN, MSN - Director of Accreditation and Quality
Julie Long, RN, MBA - Chief Nursing Officer
Margaret Whitley, RPh - Pharmacy Director
Melba Webb, RN - Director of Nursing, Pavilion
Angela Griffin, RN - Health Department Nurse Manager

KEY STAKEHOLDER INTERVIEW

Angela Griffin, RN - Appling County Health Department, Nurse Manager

COMMUNITY REPRESENTATIVES

Becky Collins - Appling County UGA Extension
Brenda Harris - Temple of Higher Calling
Lee Lewis - Appling County Board of Education
Sandy Dorminy - Appling County Board of Education
Keri Crosby - Baxley-Appling Chamber of Commerce
Knicole Lee, DNP, FNP-BC - Southern Peaches Health Services
Margaret Whitley - Appling Healthcare System
Jeff Baxley - City of Baxley
Jilda Brown, RN - St. Joseph Candler Source
Jimmy Twiggs - Appling EMS
Amy Rediger - Appling County Family Connection
Laneshia Sellers Wallace - Pineland BHDD

RESOURCE LISTING

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

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) www.redcross.org	Shepeards Blood Alliance 706-737-4551

BREASTFEEDING RESOURCES	
Breastfeeding Information www.breastfeeding.com	La Leche League of GA Hotline 404.681.6342 (P)
CAR SEAT RESOURCES AND SAFETY	
Auto Safety Hotline 800.424.9393 (P)	
CANCER SUPPORT SERVICES	
American Cancer Society 800.227.2345 (Preferred)	B.A.B.E.S Southern Peaches 912-705-9110
CHILDREN & FAMILY SUPPORT SERVICES	
ALL GA KIDS 877.255.4254 (P)	Office of Child Support Services (OCSS) 877.423.4746 (P)
Appling Family Connections 912-367-8816	

COUNSELING	
Pineland Mental Health 912-367-4614	
Georgia Crisis Line 800.715.4225 (P)	National Domestic Violence Hotline 800.799.7233 (P)
DEVELOPMENTAL NEEDS	
Babies Can't Wait www.health.state.ga.us/programs/bcw	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	

CONVENIENT CARE/URGENT CARE	
AppleCare 912-3067-9112	
FINANCIAL ASSISTANCE	
Division of Family and Children Services (DFCS) 912-526-5468 Temporary Assistance for Needy Families (TANF)	
FOOD ASSISTANCE	
Division of Family and Children Services (DFCS) 912-526-5468 www.dfcs.dhs.georgia.gov For Food Stamps	Appling County Health Department 912-367-4601 For WIC Assistance
FURNITURE RESOURCES	
Local Goodwill 367-0808	
GED CLASSES	

Coastal Pines Technical College 912-367-1700	
HEALTH INSURANCE	
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	
HOSPICE PROVIDERS	
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 www.georgiahousingsearch.org	
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
MENTAL HEALTH	
Pineland Mental Health 912-367-4164	
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

PARENTING RESOURCES	
American Academy of Pediatrics www.healthychildren.org	
“MOPS” - Mothers of Preschoolers General Info: 800.929.1287 (P) 303.733.5353 (P) 303.733.5770 (F) Service/Group Info: 888.910.MOPS / 888.910.6677 (P) www.mops.org	
PATERNITY	
Office of Child Support Services (OCSS) Brunswick Jesup 1313 West Pine Street Jesup, GA 31545 1-844-MYGADHS	
PHYSICAL THERAPY / REHABILITATION SERVICES	
Appling Rehabilitation Services PT/SP/ OT 912-366-6590	
PUBLIC LIBRARIES	
Appling County Public Library 242 E. Parker St, Baxley, GA 912-367-8103	

RECREATION	
Appling County Recreation Department 912-367-8190	
SAFETY	
Georgia Poison Control 800.222.1222 (P) www.gpc.dhr.georgia.gov	
SENIORS	
Area Agency on Aging 912-367-9913 331 W Parker Street, Baxley GA	
SMOKING CESSATION	
Georgia Tobacco Quit Line 877.270.7867 (P) www.livehealthygeorgia.org/quitline	

TEEN PARENTING RESOURCES	
Appling County DFCS 1160 West Parker Street Baxley, GA 31513	Young Mommies Help Site www.youngmommies.com
TRANSPORTATION	
Logisticare 888-224-7988	

ENDNOTES

- ¹ U.S. Census Bureau, State and County Quick Facts, www.census.gov
- ² Ibid.
- ³ U.S. Census Bureau, Rural and Urban Classification, www.census.gov
- ⁴ Baxley-Appling County Chamber of Commerce <http://www.baxley.org>
- ⁵ U.S. Census Bureau, *On The Map*. <http://onthemap.ces.census.gov/>
- ⁶ U.S. Census Bureau, State and County Quick Facts, www.census.gov.
- ⁷ Kaiser Family Foundation, *Key Facts: Race, Ethnicity, and Medical Care*, January 2007 update.
- ⁸ Ibid.
- ⁹ Ibid.
- ¹⁰ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). (2013]. www.cdc.gov/ncipc/wisqars
- ¹¹ Centers for Disease Control and Prevention, *Cancer Prevention and Control*. www.cdc.gov/cancer/dcpc/data/types.htm, January 12, 2016.
- ¹² Georgia Department of Public Health, *Georgia Cancer Control Consortium: Georgia Cancer Plan, 2014-2019*
- ¹³ Ibid.
- ¹⁴ *Cancer Facts & Figures 2015*, p.10
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>
- ¹⁵ Georgia Department of Public Health, *Georgia Cancer Control Consortium: Georgia Cancer Plan, 2014-2019*
- ¹⁶ National Cancer Institute, State Cancer Profiles, 2008-2012
- ¹⁷ *Cancer Facts & Figures 2015*, p.16
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>
- ¹⁸ *Colorectal Cancer Facts and Figures, 2014-2016*, p.1
<http://www.cancer.org/acs/groups/content/documents/document/acspc-042280.pdf>
- ¹⁹ *Colorectal Cancer Facts and Figures, 2014-2016*, p.5
<http://www.cancer.org/acs/groups/content/documents/document/acspc-042280.pdf>
- ²⁰ *Cancer Facts & Figures 2015*, p.12
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>
- ²¹ *Cancer Facts & Figures 2015*, p.13
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>
- ²² Ibid.
- ²³ *Cancer Facts & Figures 2015* p.10
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>
- ²⁴ *Cancer Facts & Figures 2015*, p.9
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>
- ²⁵ *Cancer Facts & Figures 2015*, p.10
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>
- ²⁶ Ibid.
- ²⁷ *Cancer Facts & Figures 2015*, p.20
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>
- ²⁸ *Cancer Facts & Figures 2015*, p.21
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>
- ²⁹ Ibid.

³⁰ *Heart Disease, Stroke and Research Statistics At-a-Glance*, American Heart Association/American Stroke Association, www.heart.org

³¹ Georgia Department of Public Health, OASIS, BRFSS, 2013

³² <http://www.healthypeople.gov/2020/default.aspx>

³³ World Heart Federation, Stroke, <http://www.world-heart-federation.org/cardiovascular-health/stroke/>

³⁴ 2011-2012 National Survey of Children's Health, Data Resource Center on Child and Adolescent Health, <http://childhealthdata.org>

³⁵ *The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General*, Table 12.10, National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. Atlanta Georgia: Centers for Disease Control and Prevention; 2014.

³⁶ Georgia Department of Public Health, OASIS, *Definitions*, <https://oasis.state.ga.us/oasis/oasis/help/death.html#external>

³⁷ <http://www.healthypeople.gov/2020/default.aspx>

³⁸ *Motor Vehicle Crash Deaths: Costly but Preventable*, Centers for Disease Control and Prevention, www.cdc.gov/motorvehiclesafety/pdf/statecosts/ga-2015costoscashdeaths-a.pdf

³⁹ Injury Prevention and Control: Motor Vehicle Safety. <http://www.cdc.gov/motorvehiclesafety>, Retrieved January 2016.

⁴⁰ <http://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf>

⁴¹ Ibid.

⁴² <http://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf>

⁴³ County Health Rankings, *Diabetes*, 2013

⁴⁴ <http://www.healthypeople.gov/2020/default.aspx>, January 16, 2016

⁴⁵ www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm, January 16, 2016

⁴⁶ Harvard T.H. Chan School of Public Health, *Physical Activity*, <http://www.hsph.harvard.edu/obesity-prevention-source/obesity-causes/physical-activity-and-obesity/>, January 18, 2016

⁴⁷ <http://www.healthypeople.gov/2020/default.aspx>

⁴⁸ Centers for Disease Control and Prevention, *Diabetes*, <http://www.cdc.gov/diabetes/projects/cda2.htm>

⁴⁹ <http://www.healthypeople.gov/2020/default.aspx>, January 16, 2016

⁵⁰ Stateofobesity.org/states/ga/

⁵¹ Kaiser Family Foundation, kff.org/other/state-indicator/overweightobese-children/, January 14, 2016

⁵² The State of Obesity.org

⁵³ Centers for Disease Control and Prevention, *Childhood Obesity Facts*, www.cdc.gov/obesity/data/childhood.html
(http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm)

⁵⁴ *2007 NSCH Disparities Snapshot: Race/Ethnicity*, www.childhealthdata.org

⁵⁵ Centers for Disease Control and Prevention, Progress on Childhood Obesity <http://www.cdc.gov/vitalsigns/ChildhoodObesity/index.html>, Retrieved: January 2016

⁵⁶ Centers for Disease Control and Prevention, Childhood Obesity Causes and Consequences. <http://www.cdc.gov/obesity/childhood/causes.html>. Retrieved: January 2016

⁵⁷ www.healthypeople.gov/2020/topicsobjectives2020, *Maternal, Infant and Child Health*

⁵⁸ HealthyPeople.gov, *Health Impact of Maternal, Infant, and Child Health*, <http://www.healthypeople.gov/2020/LHI/micHealth.aspx?tab=overview>

⁵⁹ HealthyPeople.gov, *Maternal, Infant, and Child Health Across the Life Stages*, <http://www.healthypeople.gov/2020/LHI/micHealth.aspx?tab=determinants>

-
- ⁶⁰ Centers for Disease Control and Prevention, *Infant Mortality*, <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMortality.htm>
- ⁶¹ Ibid.
- ⁶² Ibid.
- ⁶³ Georgia Department of Public Health, OASIS, *Definitions*.
- ⁶⁴ Centers for Disease Control and Prevention, *About Teen Pregnancy*, <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm>
- ⁶⁵ http://www.cdc.gov/pednss/how_tointerpret_data/case_studies/low_birthweight/what.htm, *Why is low birth weight a problem?*
- ⁶⁶ HealthyPeople.gov, <http://www.healthypeople.gov/2020/default.aspx>
- ⁶⁷ www.cdc.gov/nchs/fastats/birthweight.htm
- ⁶⁸ www.cdc.gov/vaccines, *Why are Childhood Vaccines So Important?*
- ⁶⁹ HealthyPeople.gov, *Understanding Adolescent Health*, <http://www.healthypeople.gov/2020/default.aspx>
- ⁷⁰ *Heart Disease and Stroke Statistics - 2014 Update: Summary*, American Heart Association
- ⁷¹ HealthyPeople.gov, *Understanding Adolescent Health*, <http://www.healthypeople.gov/2020/default.aspx>.
- ⁷² Physician Leadership on National Drug Policy, *Adolescent Substance Abuse: A Public Health Priority*, <http://www1.spa.american.edu/justice/documents/2991.pdf>
- ⁷³ <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=40>
- ⁷⁴ www.healthypeople.gov/2020/LHI/substanceabuse
- ⁷⁵ County Health Rankings, *Alcohol Use*, <http://www.countyhealthrankings.org/health-factors/alcohol-use>
- ⁷⁶ Centers for Disease Control and Prevention. (2014). *Reported STDs in the United States*, <http://www.cdc.gov/std/stats13/std-trends-508>, December 18, 2015
- ⁷⁷ www.cdc.gov/std, *Sexually Transmitted Diseases*
- ⁷⁸ Ibid.
- ⁷⁹ www.cdc.gov/std/stats12/minorities.htm
- ⁸⁰ www.cdc.gov/std/chlamydia/stdfacts/chlamydia.htm
- ⁸¹ Centers for Disease Control and Prevention, *Sexually Transmitted Diseases, STD Rates by Race or Ethnicity*, www.cdc.gov/std/health-disparities/age.htm
- ⁸² www.cdc.gov/std/healthdisparities/gender.htm
- ⁸³ Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2013*
- ⁸⁴ Ibid.
- ⁸⁵ National Institute of Allergy and Infectious Diseases, www.niaid.nih.gov/gonorrhea
- ⁸⁶ www.cdc.gov/std/health-disparities/age.htm
- ⁸⁷ Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2013*
- ⁸⁸ Ibid.
- ⁸⁹ cdc.gov/std/syphilis/stdfact-syphilis.htm
- ⁹⁰ Ibid.
- ⁹¹ Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance, 2013*
- ⁹² <http://www.cdc.gov/std/syphilis2013/GA13.pdf>
- ⁹³ *HIV Basics*, www.cdc.gov/hiv/basics/statistics.html, January 14, 2016
- ⁹⁴ www.cdc.gov/hiv/statistics/overview/ata glance.html, March 4, 2016
- ⁹⁵ Ibid.
- ⁹⁶ Ibid.
- ⁹⁷ Ibid.

-
- ⁹⁸ www.healthypeople.gov/2020/topicsobjectives2020
- ⁹⁹ U.S. Census Bureau, Small Area Income and Poverty Estimates, 2013
- ¹⁰⁰ Ibid.
- ¹⁰¹ *National School Lunch Program*, www.fns.usda.gov/sites/default/files/NSLPFactSheet.pdf, January 14, 2016
- ¹⁰² Federal Register/Vol. 80, No. 61/Tuesday, March 31, 2015/Notices
- ¹⁰³ County Health Rankings, Education, www.countyhealthrankings.org/our-approach/health-factors/education, January 16, 2016
- ¹⁰⁴ National Poverty Center, Policy Brief, #9, March 2007, www.npc.umich.edu
- ¹⁰⁵ Freudenberg, Nicholas DrPH and Ruglis, Jessica (2007, September 15). *Reframing School Dropout as a Public Health Issue*. www.ncbi.nlm.nih.gov/pmc/articles/PMC2099272
- ¹⁰⁶ <http://www.ed.gov/news/press-releases/states-begin-reporting-uniform-graduation-rate-reveal-more-accurate-high-school>
- ¹⁰⁷ <http://www.healthypeople.gov/2020/default.aspx>
- ¹⁰⁸ Ibid.
- ¹⁰⁹ Augmentative Communication News, *Communication access across the healthcare continuum*. Vol. 21, 2. August 2009
- ¹¹⁰ Health Resources and Services Administration, muafind.hrsa.gov
- ¹¹¹ Harris-Kojetin L, Sengupta M, Park-Lee E, Valerde R. *Long-term care services in the United States: 2013 overview*. National Center for Health Statistics. Vital Health Stat 3(37). 2013.
- ¹¹² Medicare.gov, *Nursing Home Profile*.
- ¹¹³ U.S. Census Bureau, State and County Quick Facts, www.census.gov
- ¹¹⁴ Georgia Academy of Family Physicians, http://www.gaafp.org/medical_home.asp
- ¹¹⁵ American Academy of Family Physicians, <http://www.aafp.org/online/en/home.html>
- ¹¹⁶ Agency for Healthcare Research and Quality, *The Patient-Centered Medical Home: Strategies to Put Patients at the Center of Primary Care*.