2016

Miller County Hospital

Community Health Needs Assessment

Miller and Baker Counties

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EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Miller County Hospital 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 Miller County Hospital'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 Baker and Miller counties.

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 Miller and Baker 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

Miller and Baker counties are located in the southwestern part of Georgia. In 2014, Miller County had a population of 5,968. Baker County had a population of 3,255. Miller and Baker counties are 100 percent rural in both land area and population. Colquitt, the county seat of Miller County, is home to Miller County Hospital, a 25-bed community hospital.

Condition of Health (Morbidity and Mortality)

The occurrence of a specific illness (morbidity) in a population can predict a trend for causes of death (mortality) in a population. For 2009-2013, the top five causes of death in Miller County were cancer, heart disease, chronic lower respiratory disease, accidents and stroke.

The top five causes of death in Baker County were cancer, heart disease, chronic lower respiratory disease, stroke, and diabetes.

CANCER

The most prevalent types of cancers (such as breast cancer and colorectal cancer) can usually be detected the earliest, due to known risk factors. In Miller County, the cancer death rate was higher than the Georgia and the U.S. rates. In Baker County, the cancer death rate was lower than Georgia and the U.S. rates.

There is a need for cancer prevention programming in the counties due to the various modifiable risk factors associated with the disease. Lung cancer incidence rates were higher in both counties than 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 and older. Heart disease was the second leading cause of death in Miller and Baker counties. The heart disease death rates in Miller and Baker were lower than the Georgia rate. Stroke was the fifth leading cause of death in Miller County and the fourth leading cause of death in Baker County. The stroke rate for Miller County was higher than the rates for both Georgia and the U.S., while the rate for Baker County was lower. Stroke has similar modifiable risk factors to heart disease, and the two can be grouped together when developing community benefit implementation strategies.

MATERNAL, INFANT, AND CHILD HEALTH

Birth rates, infant mortality rates, and teen birth rates provide a snapshot of the overall health of a community. The teen birth rates in Miller and Baker counties were higher than in Georgia and the U.S. The infant mortality rates in both counties were lower than the State rate.

ALCOHOL, TOBACCO, AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. The use of alcohol decreased from 2009 to 2013 in adolescents in Georgia. Marijuana and methamphetamine use increased in Georgia. Community members attributed substance abuse to lack of parenting and mental health issues.

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. In 2013, the chlamydia rate in Miller County was lower than the State rate, while Baker County's rate was higher. In 2013, the gonorrhea rate in Miller County was higher than the State rate, while Baker County reported too few cases to compute a rate. Chlamydia and gonorrhea rates were highest among the Black population group. In Miller County, the human immunodeficiency virus (HIV) hospital discharge rate was lower compared to the State rate, while there were too few cases to report a rate for Baker County.

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. In 2009-2013, 23 percent of Miller County's population lived in poverty. In Baker County 31.8 percent of the population lived in poverty. These rates were both higher than the State and U.S. average.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In 2009-2013, 18.9 percent of adults were uninsured in Miller County and 20.3 percent in Baker County. In 2013, 8 percent of children were uninsured in Georgia. Education also affects an individual's ability to access care. In 2014, 64 percent of Miller County residents and 67 percent of Baker County residents were high school graduates. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.

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

Community Prioritization of Needs

Based on information gathered from community meetings, stakeholder interviews, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data, the following health priorities were identified.

- Adolescent Behavior
- Access to Care
- Obesity and Lifestyle
- Cancer
- Cardiovascular
- Mental and Behavioral Health

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

Miller County Hospital approved this community health needs assessment through a board vote on June 30, 2016.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

The Chief Executive Officer (CEO) of Miller County Hospital developed the CHNA Hospital Steering Committee (CHSC). The CEO appointed the following individuals as participants on this committee.

Robin Rau – Chief Executive Officer, Miller County Hospital
Sheila Freeman - Executive Director, Spring Creek Health
Barbara Means - Pre-K Director
Dr. Roy Reardon – Physician, Miller County Hospital
Shawn Whittaker, RN – Chief Nursing Officer, Miller County Hospital
Becky Hudgins – Pharmacy Director, Miller County Hospital
Devin Killough – Manager, Miller County Hospital
Ashlie Brackin – Utilization Review, Miller County Hospital
Leigh Ribolzi – Director, Miller County Collaborative
Darlene Cox – County Nurse Manager, Miller County Health Department

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. Miller and Baker counties were 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 represented medically-underserved populations, low income populations, minority populations, and populations with chronic diseases were included. The hospital identified over 20 community members to participate in the CHNA process.

4. Identifying and Engaging a Community Stakeholder

The community stakeholder, also called the key informant, is an individual invested or interested in the work of the hospital, people who have special knowledge of health issues, people important to the success of any hospital or health project, or are formal or informal community leaders.

5. Community Health Profile

A Community Health Profile (Profile) was prepared by Draffin & Tucker, LLP to reflect the major health problems and health needs of Miller and Baker counties. 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 Miller and Baker counties.

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

Participants were asked 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 community meetings, interviews, 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 meetings and stakeholder interviews. The CHSC reviewed this information, focusing on the identified needs, priorities, and current community resources available. The CHSC agreed with the needs as prioritized by the community. Each of the needs will be addressed separately in the Hospital's Implementation Strategy document.

Description of Major Data Sources

Bureau of Labor and Statistics

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

Behavioral Risk Factor Surveillance System

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

Centers for Disease Control and Prevention

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

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

County Health Rankings

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

Georgia Department of Public Health

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

Behavior Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), sexually transmitted disease data, 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, and 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

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 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. Many of the key stakeholder and community focus group meetings devoted time to focus on these population groups. There are some medical conditions that were not specifically addressed.

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

2013 Implementation Strategy

Miller County Hospital 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.

Summary of Post 2013 Community Needs Assessment Activities

The 2013 CHNA completed in conjunction with Georgia Southern University summarized the following demographic and social statistics for the Miller/Baker County arena:

Miller County (70% Caucasian/28% African American/2% Other)

Baker County (51% Caucasian/47% African American)

Social Indicators: Poverty, children in poverty, education. The rate of sexually transmitted diseases is higher among white females.

Morbidity: Caused by Digestive Disorders, Cardio-vascular, respiratory, and pregnancy-related. Mortality is being caused by Cancer, cardio, respiratory, and external causes. Infant mortality is due to low birth weight (African American) mainly because there are no prenatal exams for the mothers or they receive a minimum of two prenatal exams.

Initiatives Based on Focus Group and CHNA

Evidence demonstrates that the high mortality rate in Miller County from Colon, Breast and Prostate cancer is due to the late staging of these diseases, which in turn is due to a lack of screening and therefore detection and treatment. Miller County Hospital partnered with the Cancer Coalition of South Georgia, and supported the salary of a patient care navigator for a period of two years to advance early detection of colon cancer. The main responsibility of the navigator was to identify persons at risk for developing cancer and "navigate" them into a screening program, ensuring that preps were properly completed, assist with transportation and ensure follow up is provided.

During the three-year period of FY 2014 – 2015, 332 patients were screened by either FIT testing or direct colonoscopy, approximately 70% of the patients had abnormal screening. Both insured and uninsured patients were provided access to screening programs, and due to the high need and financial burden the "Miller County Cancer Coalition" was formed to raise awareness and raise funds to cancer screening. In FY 2016, Miller County severed the contract relationship with South Georgia Cancer Coalition, and dedicated a full-time employee (LPN) to this project. It was felt further accountability, and expansion into Calhoun County was important for the region.

In 2014 Miller County Hospital identified a digital screening mammography unit to bring state of the art breast cancer detection to Miller County. A screening only service was being provided via a mobile unit by Southeast Alabama Medical Center. In October 2015, Miller County Hospital purchased and installed a digital screening and diagnostic unit. The navigator previously mentioned, and in collaboration with "Cotton States ACO" has the responsibility of identifying and following up with patients at risk.

Miller County Hospital continued its partnership with Spring Creek Healthcare to provide free medication to patients in Miller, Calhoun and Baker counties who cannot afford prescriptions. Miller County Hospital also contracted with Spring Creek to place an LPN in the Miller County Hospital Emergency Room and provide Case Management for hospitalized patients as well as those who over utilize the Miller County Hospital Emergency Room. The LPN monitored patients who over utilize the emergency room, re-educate and redirect them to a

medical home base. The plan was to also migrate this program into a formal hospital discharge/case management program. The program was very successful, and reduced the frequency of repetitive abuse, but still lacked the focus needed to address mental health and transportation and accountability. With the formation of "Cotton States ACO" in 2016, Miller County Hospital hired a Certified Care Coordinator (RN) and dissolved the Spring Creek utilization agreement. The medication assistance programs remain in effect along other services that provides housing assistance, electrical, SNAP, and enrollment in to the Health Care Marketplace.

If was further identified that while patients benefited significantly from the pharmaceutical relationship with Spring Creek, there is often a 60-90 day waiting period for patients to receive medications. During FY 2016, the retail pharmacy of Miller County Hospital, with the use of 340b pharmaceuticals began to bridge the waiting period gap for all qualified patients of Miller County Hospital.

During this period, Miller County Hospital also partnered with ASPIRE Behavioral Health and developmental disabilities program to address mental health and substance abuse in a more collaborative approach rather than solely during crisis intervention. The collaboration which included incorporating behavioral health staff into the consulting staff of Miller County Hospital, was extremely successful and has led to extending an outpatient and in-patient program into the former but closed Calhoun Hospital.

Community Health Education was another area of concern the Hospital chose to focus some energy on: The following events were held during the three-year period of FY 2014-2016.

- 3 Health Fairs in Calhoun and Miller Counties.
- 39 community lectures focusing on wellness, mental health, exercise, diabetes, diet, cancer and the need and effectiveness of vaccinations.

Ancillary concerns brought to the attention of Miller County Hospital were: a desire for a pediatrician, a perceived shortage of physicians and or waiting time for appointments as well as a lack of customer service skills.

a) During the three-year period Miller County Hospital hired a local Pediatrician, this was a trial only and there was no long term commitment on either party. Pediatricians generally are not located in communities where Obstetrics are performed. For a pediatrician to develop or maintain a practice base, babies must be born within the local hospital to establish relationships with new mothers. Miller County Hospital does not have an Obstetric program, despite this drawback, the opportunity to hire a Pediatrician presented itself. After 12 months it was clear that there was not a sufficient case load to support the salary of a full-time Physician and the contract was terminated.

b) In 2014 Miller County Hospital added two additional Family Practice Physicians, and in 2016 a third Family Practice (female physician) was also successfully recruited.

c) In 2014 two Practice Managers were hired, for Miller and Calhoun to re-organize both clinics. Both individuals are Masters prepared, adding additional depth to the educational and experience level of existing staff.

d) All clinic and registration staff completed customer service training, which is now part of annual re-orientation.

e) Miller County Hospital maintains a Financial Assistance Program (FAP) that goes beyond the minimum requirements. We recognized that 125 % of the Federal Poverty Guideline would still be a hardship for our community, and as a result MCH continues to set the FAP program at 200%. This was done to try and capture

more individuals, and offer extended FAP benefits to the community. Any family that qualifies for our FAP, receives a card that entitles them to free care at our primary care clinics.

ABOUT MILLER COUNTY AND BAKER COUNTY

Miller and Baker counties are located in the southwestern part of Georgia. Miller County has a total land area of 282 square miles, while Baker County's land area is 342 square miles.[1] According to the 2014 U.S. Census, there were 5,968 residents in Miller County and 3,255 in Baker County.[2] There is one hospital in Miller County (Miller County Hospital).

Population of Cities	
Baker County	
Newton	654 (2010)
Miller County	
Colquitt	1,992 (2014)

Data above does not include CDPs and other unincorporated towns

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

Miller County includes the town of Colquitt. Baker County includes the town of Newton, which is located on the Flint River. Newton is one of the few areas in Georgia not touched by a federal highway.[3]

In both Baker and Miller counties, the population distribution was 100 percent rural. This was also true of the land areas in both counties which were 100 percent rural.[4]

In Baker County, agriculture, forestry, fishing, and hunting were the major industries. In Miller County, industries providing employment were educational and health care services.[5]

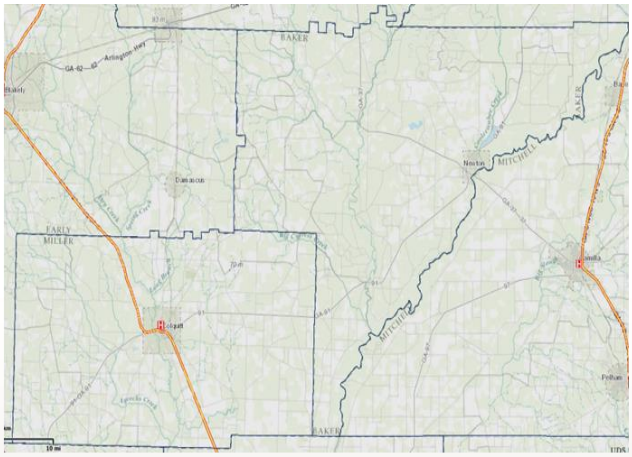
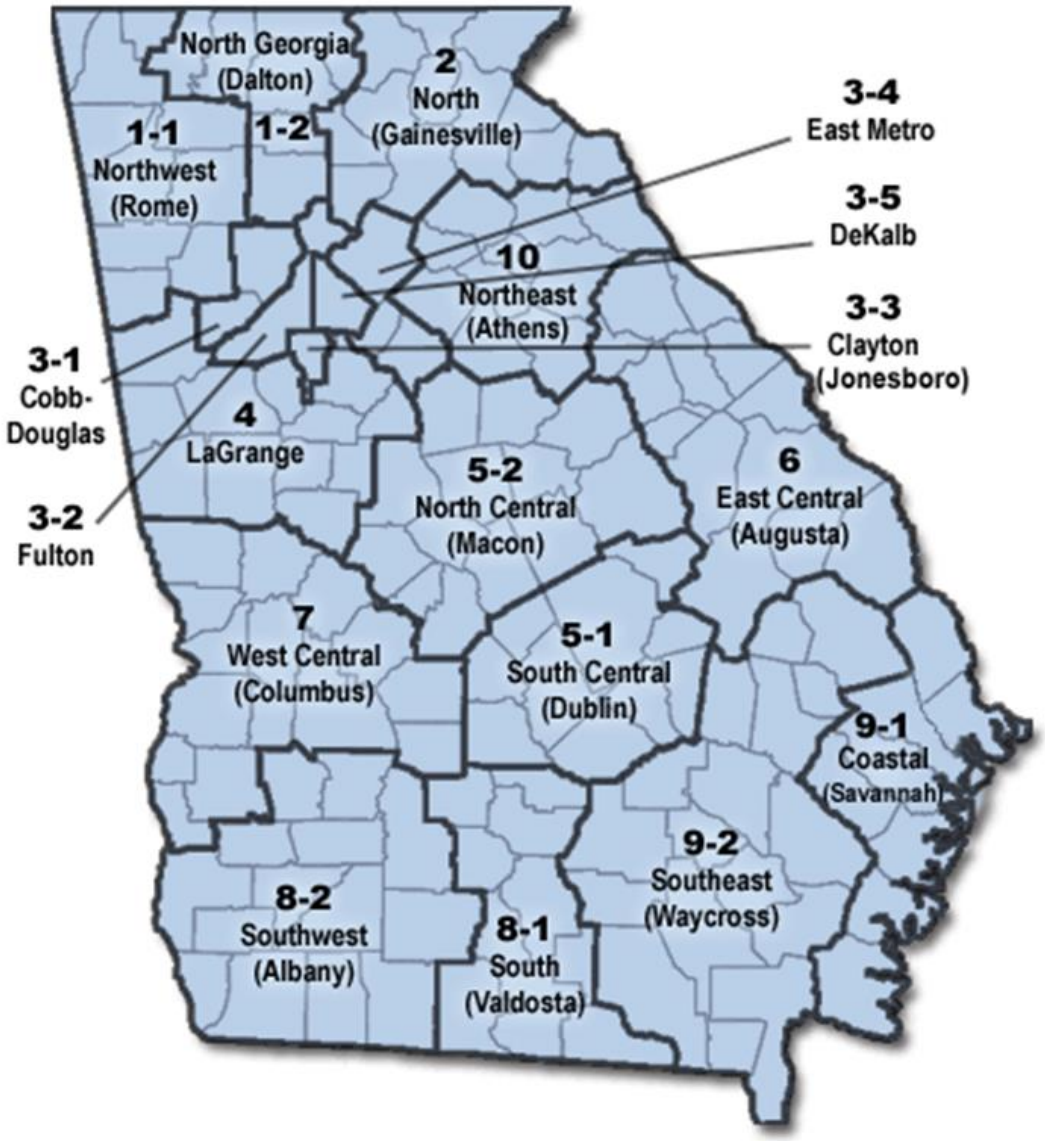


Image Source: UDS Mapper

Georgia Public Health Districts

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



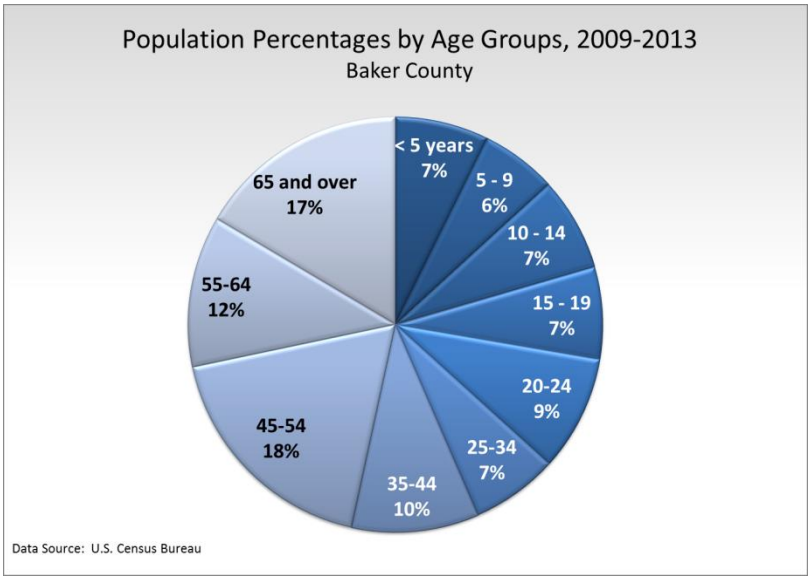
Source: Georgia Department of Community Health

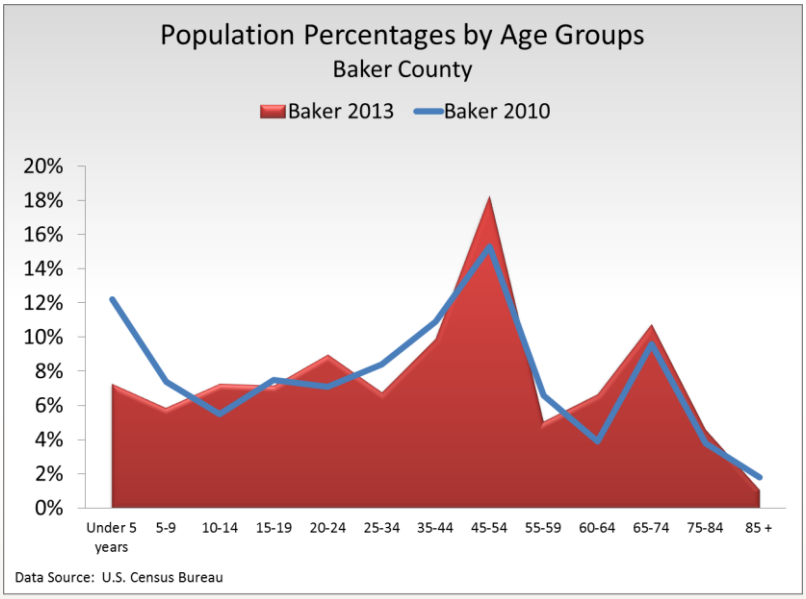
Demographics

Population Profile

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

According to the U.S. Census, 17 percent of Baker County's population was age 65 and over. 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 Baker County's population percentage by age groups from 2010 to 2013, the following changes were noted.

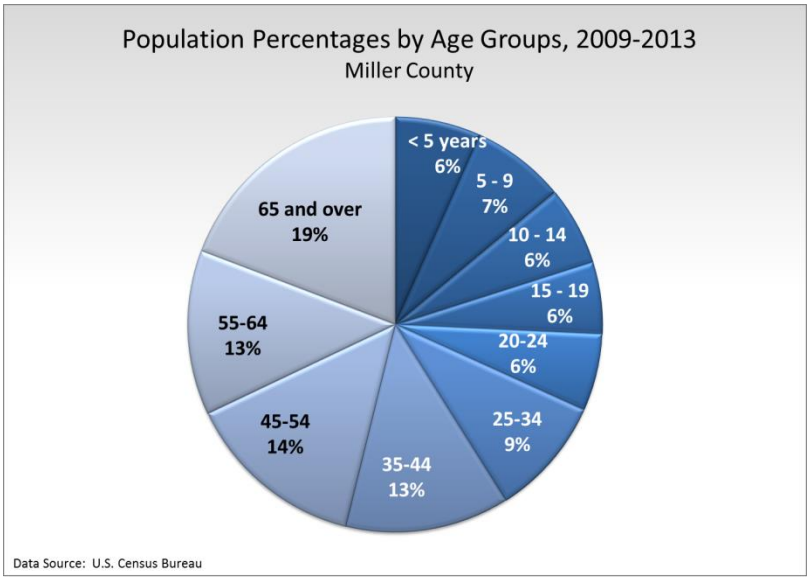
Age groups with increases:

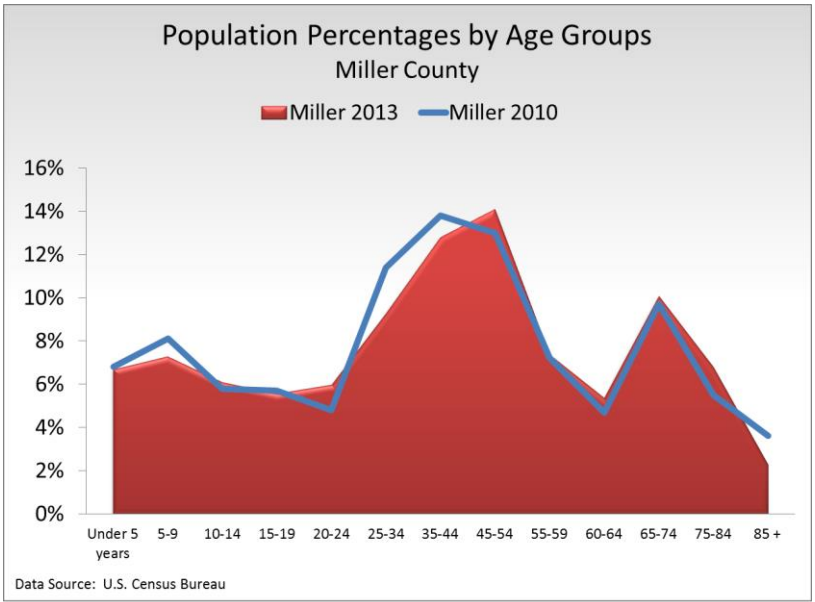
- 10-14
- 20-24
- 45-54
- 60-84

Age groups with decreases:

- 0-9
- 15-19
- 25-44
- 55-59
- 85+

According to the U.S. Census, 19 percent of Miller County's population was age 65 and over. 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. [7]





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- 20-24
- 45-84

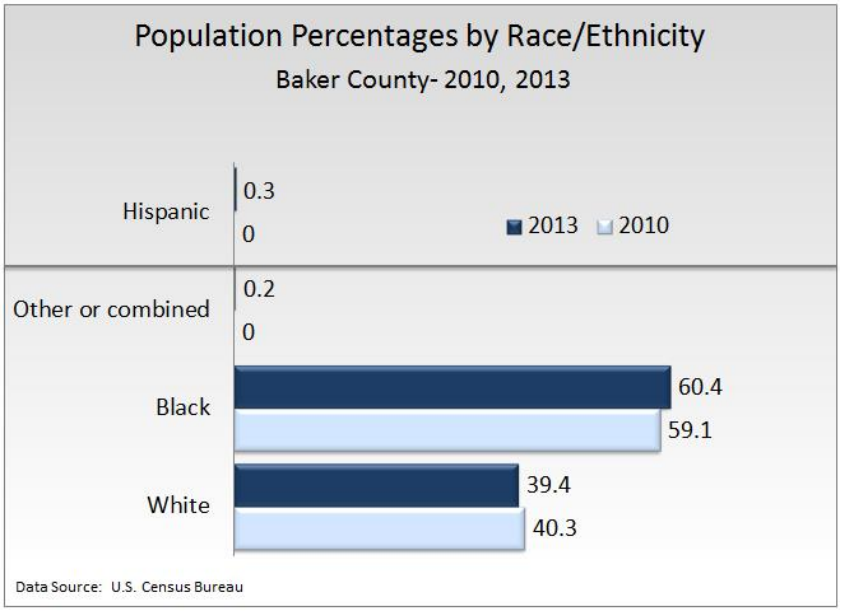
Age groups with decreases:

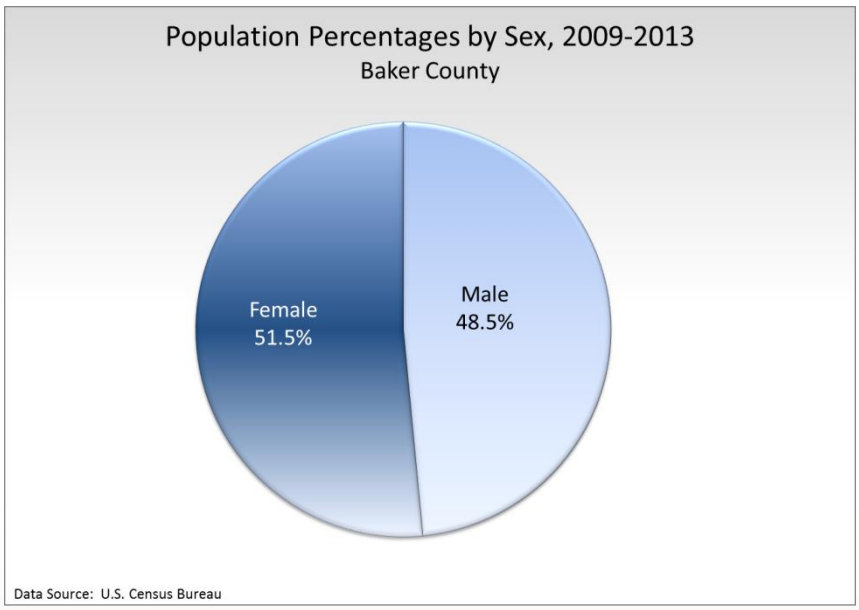
- 0-9
- 15-19
- 25-44
- 85+

Race and Ethnicity 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.[8] 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.[9] By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.[10]

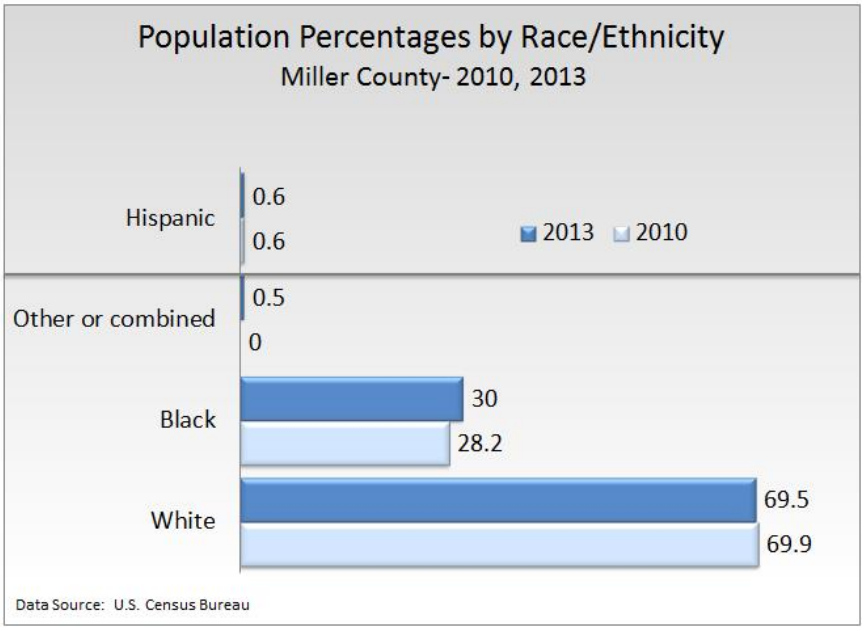
In 2013, Baker County's population was 39.4 percent White, 60.4 percent Black, and 0.3 percent Hispanic.

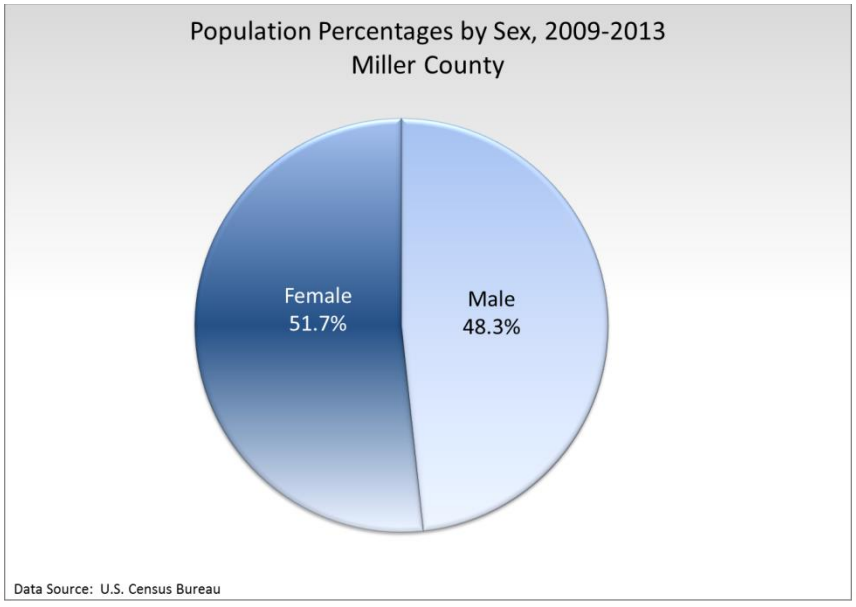




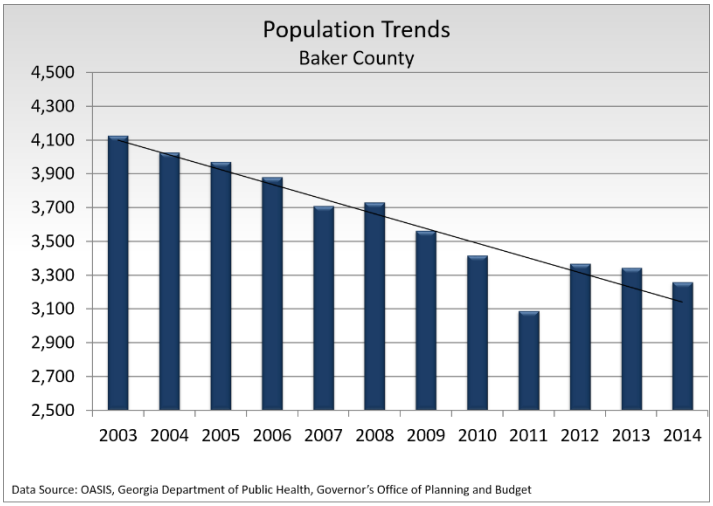
The percent of females in Baker County was higher at 51.5 percent compared to males at 48.5 percent.

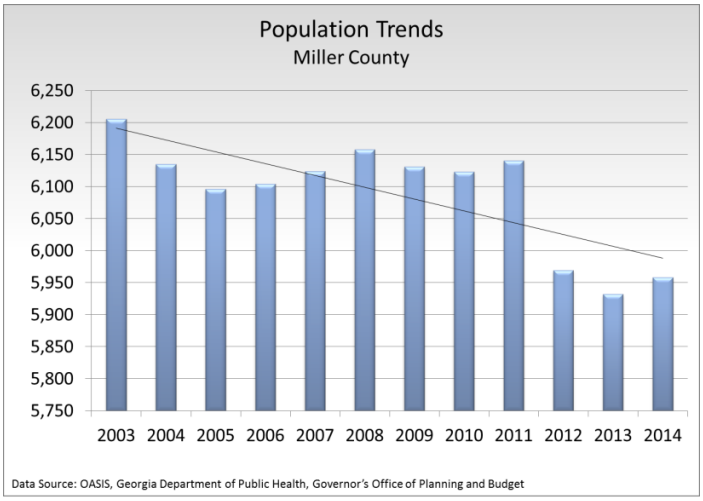
In 2013, Miller County's population was 69.5 percent White, 30 percent Black, and 0.6 percent Hispanic.





The percent of females in Miller County was higher at 51.7 percent compared to males at 48.3 percent.





From 2010 to 2014, Baker County's population decreased by 160 residents. During the same time period, Miller County's population decreased by 165 residents.

COMMUNITY INPUT

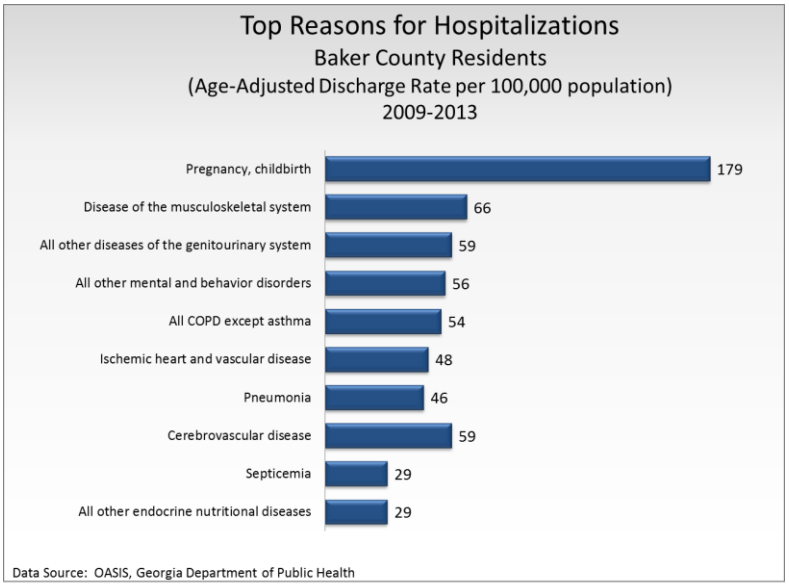
About Miller County and Baker County

- The job offering here is not abundant; therefore, a lot of teens do not have a reason to go to college and come back to Colquitt.
- The job opportunities here are healthcare or agriculture.
- There are some Hispanic workers that move to Miller County because of the agricultural industry.
- The Indian population has increased in Miller County.

MORBIDITY AND MORTALITY

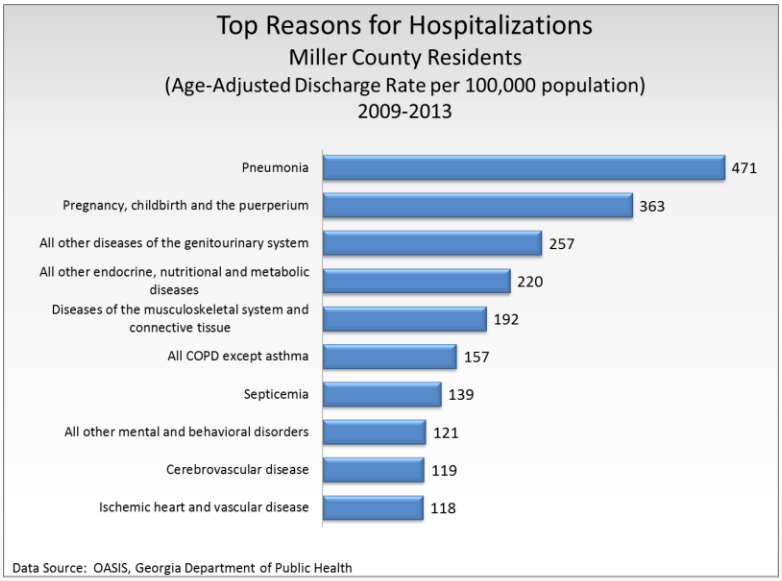
Hospitalization and Emergency Room Visits

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.



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)

The four leading causes of hospitalizations among Baker County residents were pregnancy and childbirth, diseases of the musculoskeletal system, diseases of the genitourinary system, and mental and behavioral disorders. In Miller County the leading causes were pneumonia, pregnancy and childbirth, diseases of the genitourinary system, and endocrine or metabolic diseases. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked number one among the leading causes of death for Miller and Baker County residents.



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

Data Source: OASIS, Georgia Department of Public Health

TOP 15 CAUSES OF EMERGENCY ROOM VISITS Miller County Residents (Any Hospital) 2009-2013 Age-Adjusted ER Visit Rate	
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7	All other diseases of the nervous system
8	All other mental and behavioral disorders
9	Essential (primary) hypertension and hypertensive renal, and heart disease
10	Asthma
11	Pneumonia
12	All COPD except asthma
13	Influenza
14	Pregnancy, childbirth and the puerperium
15	Assault (homicide)

Data Source: OASIS, Georgia Department of Public Health

The top fifteen causes for Miller and Baker counties' residents visiting an emergency department from 2009-2013 were very similar. According to hospital staff, many of these visits are considered as nonemergency conditions. The report section, *Access to Care*, will address many of the reasons that lead to inappropriate use of emergency room facilities.

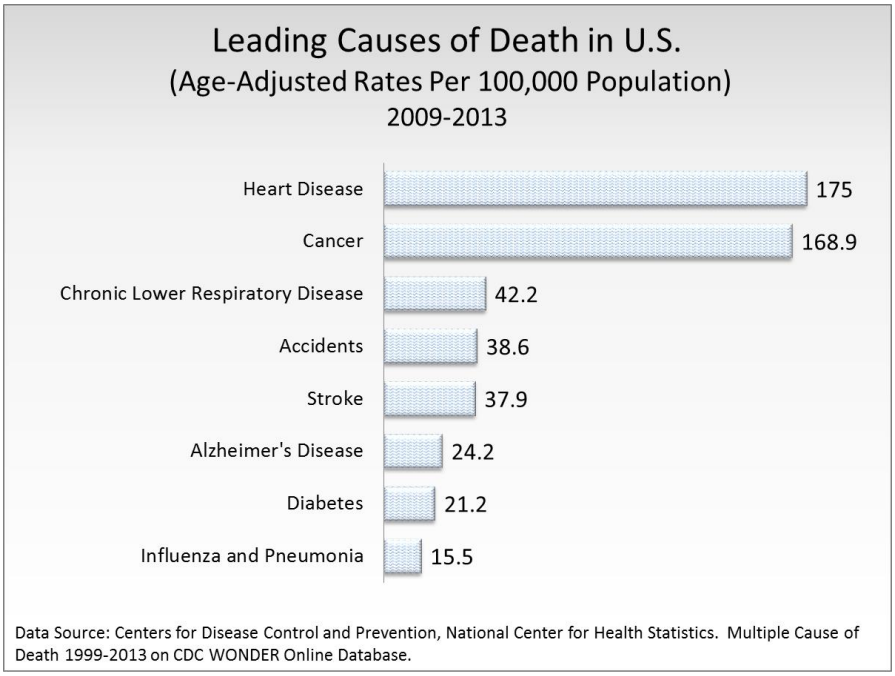
COMMUNITY INPUT

Hospitalizations and Emergency Room Visits

- In the ER, there are a lot of chronic conditions or non-urgent conditions. There is a lot of cardiovascular disease, asthma, and diabetes.
- Diabetes is a huge issue in the emergency room.
- From an ER perspective there are a lack of providers. A lot of patients cannot get a primary care provider so they go to the ER.

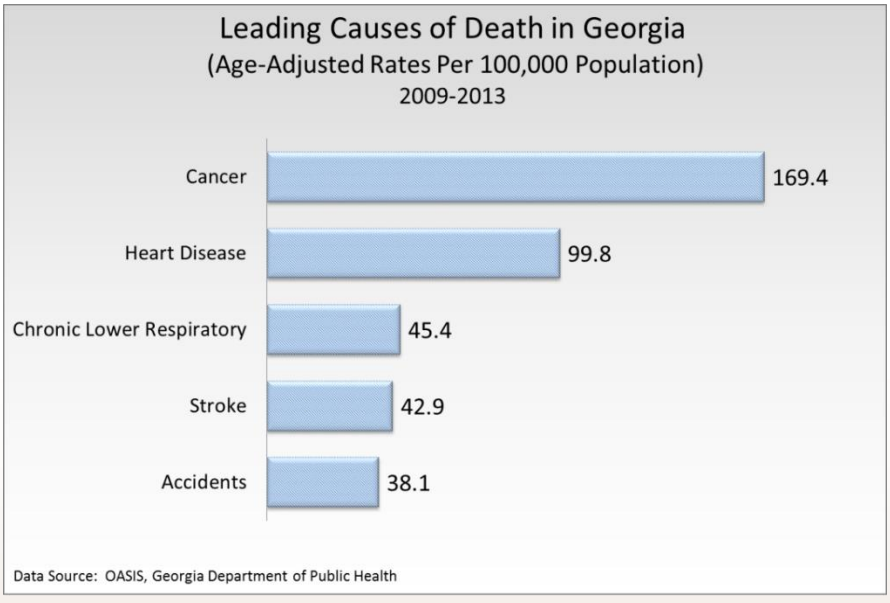
Leading Causes of Death

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.



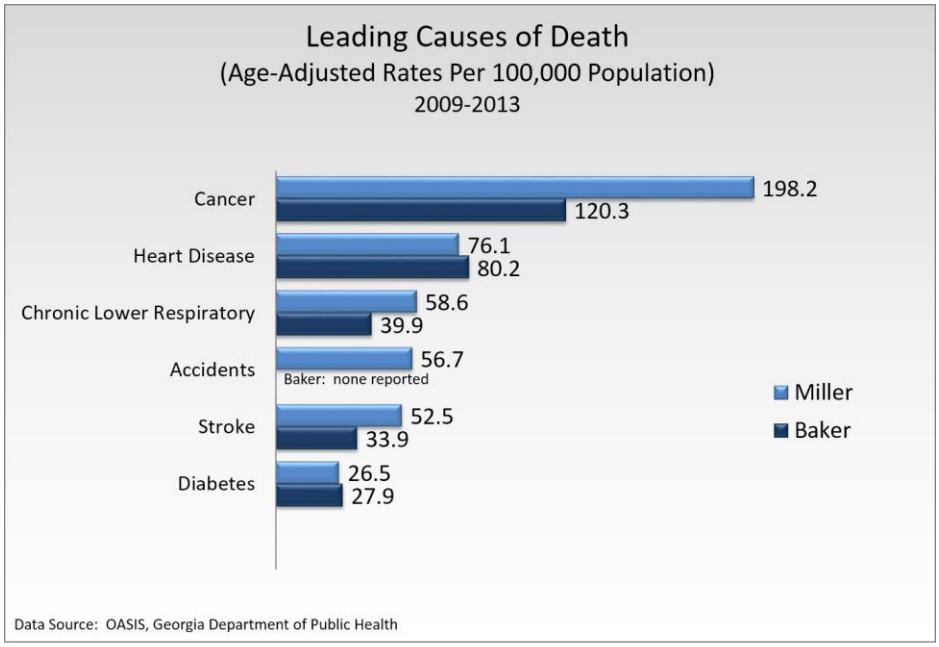
The top five leading causes of death in the U.S. from 2009-2013 were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. Heart disease and cancer rates were over four times higher than the other top five diseases.

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



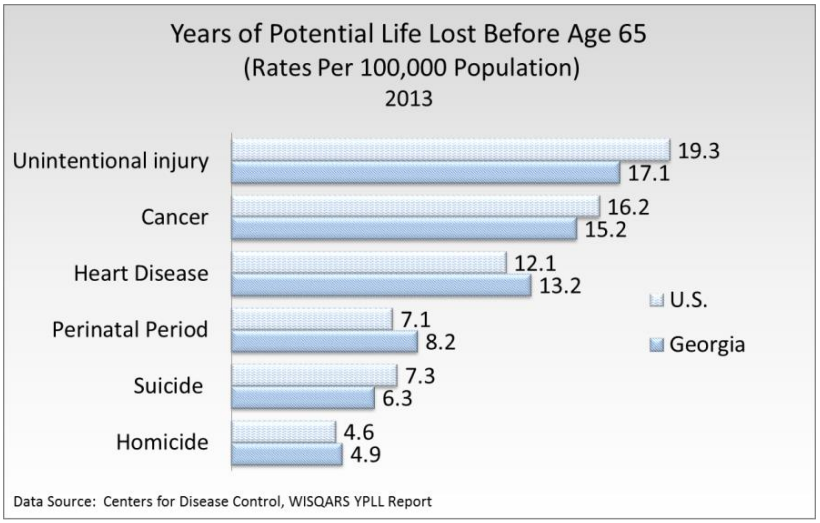
The top five causes of death in Miller County were cancer, heart disease, chronic lower respiratory disease, accidents and stroke.

The top five causes of death in Baker County were cancer, heart disease, chronic lower respiratory disease, stroke, and diabetes.



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2013, unintentional injuries (e.g. firearms accidents, poisoning, and falls) was the leading cause of premature deaths. Cancer, heart disease and perinatal 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.[11] YPLL statistics at the county level were unavailable for this report.



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

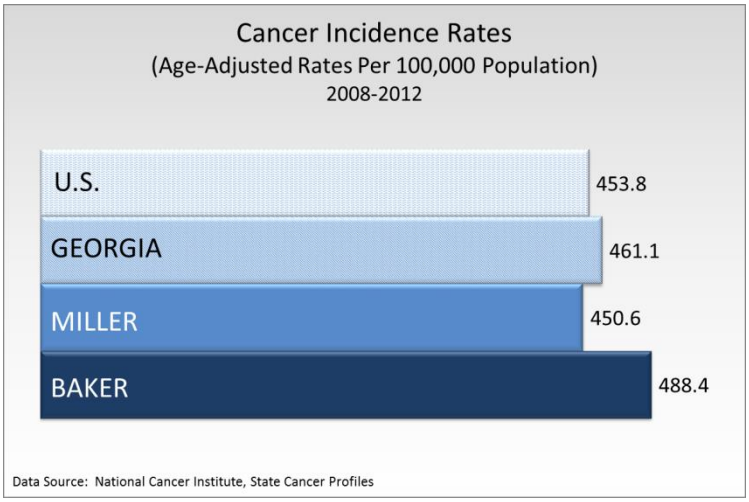
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 23.8	Cancer 21.2%	Heart disease 14.8%	Cancer 17.2%	Unintentional injuries 28.0%	Perinatal period 19.2%
Heart disease 14.5%	Unintentional injuries 18.3%	Unintentional injuries 13.3%	Heart disease 13.0%	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

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.[12] 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.[13]



In Miller County, the cancer incidence rate was lower than the State and the U.S. rates. In Baker County, the cancer **incidence** rate was higher than the State and the U.S. rates.

Why Is Cancer Important?

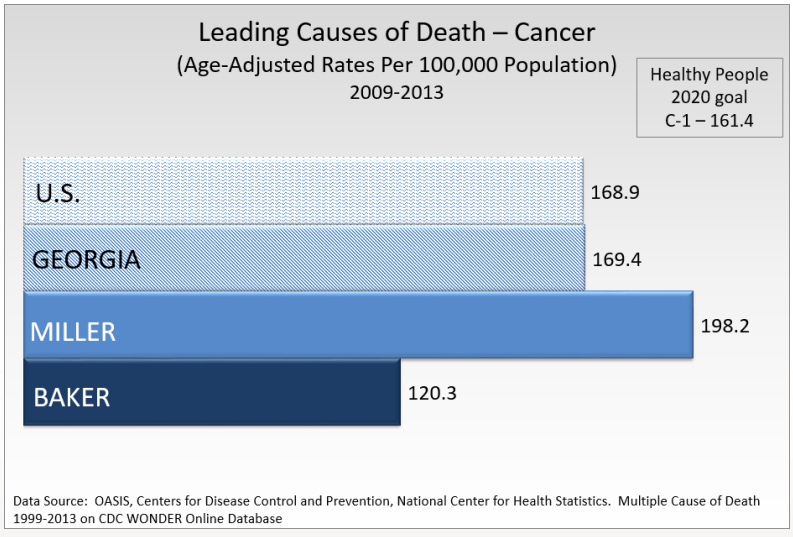
Many cancers are preventable by reducing risk factors such as:

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

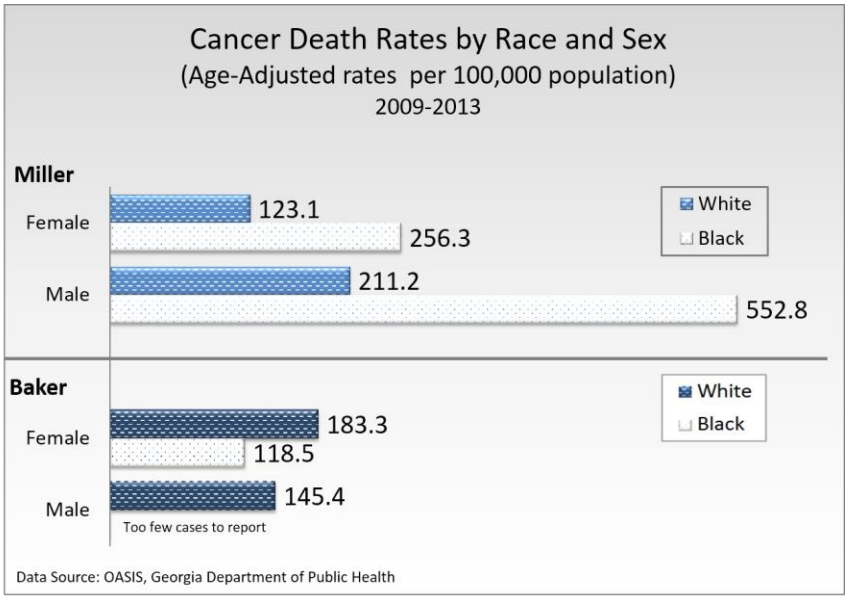
Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:

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

Healthy People 2020



In Miller County, the cancer death rate was higher than the Georgia and the U.S. rates. In Baker County, the cancer death rate was lower than Georgia and the U.S. rates.



Age-adjusted cancer death rates in Miller were highest among the Black population groups. In Baker County, the cancer death rates were highest among the White 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.[14]

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

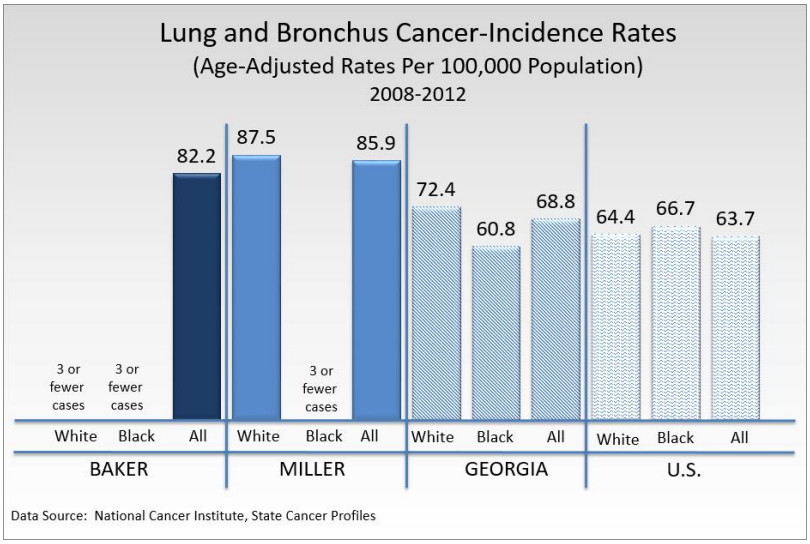
- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

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).[15]



Lung cancer incidence rates were higher in both counties than in Georgia and the U.S.

If the number of cases reported was 3 or fewer, a rate was not computed.

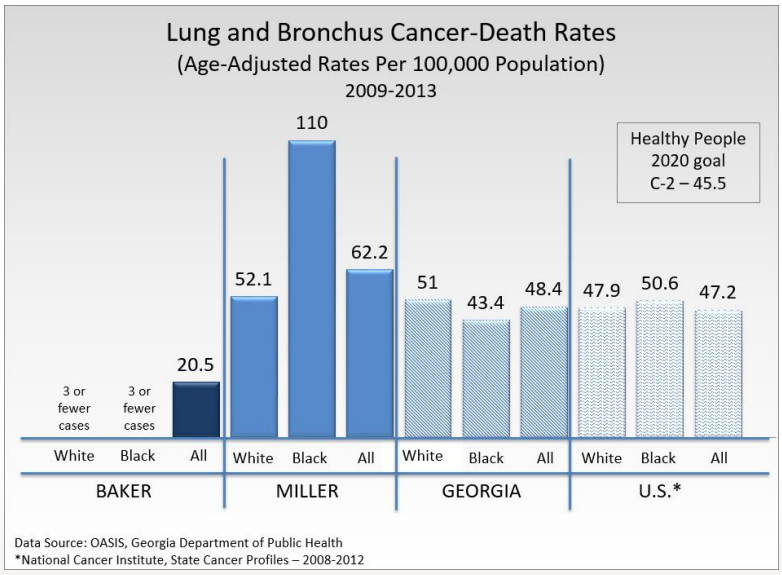
Lung cancer is the first leading cause of cancer death among both males and females in Georgia.[16] According to data published from the National Cancer Institute, lung cancer incidence rates for males in Baker County were higher than the rate of females. Miller County had too few cases reported to compute a rate.

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

	Male	Female
Baker	105.7	68.9
Miller	*	*

* Too few cases to report

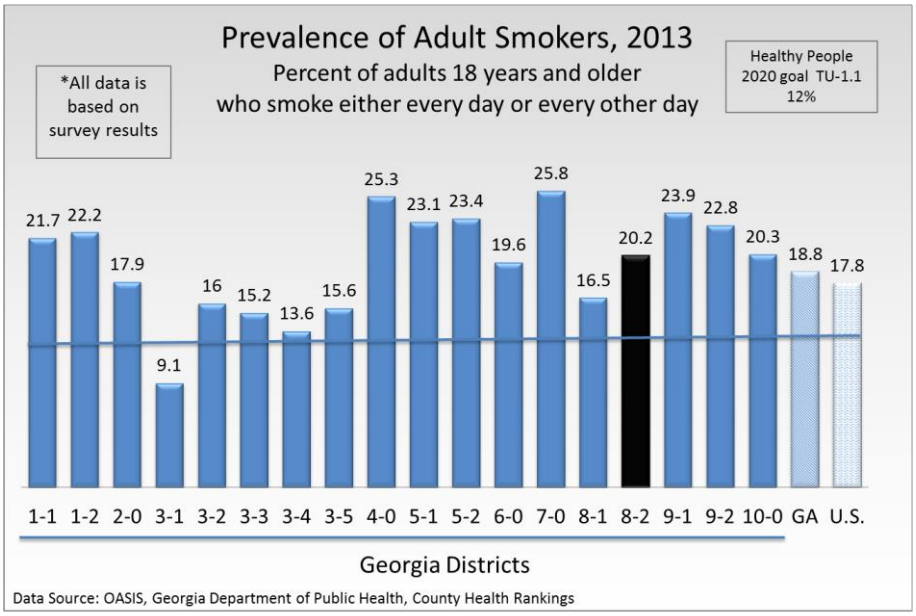
Data Source: National Cancer Institute, State Cancer Profiles



The overall lung cancer death rate in Miller County was higher than the Georgia rate. Blacks had a higher incidence rate than Whites in Miller County. There were too few cases of deaths to report a rate among Blacks in Baker County.

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]



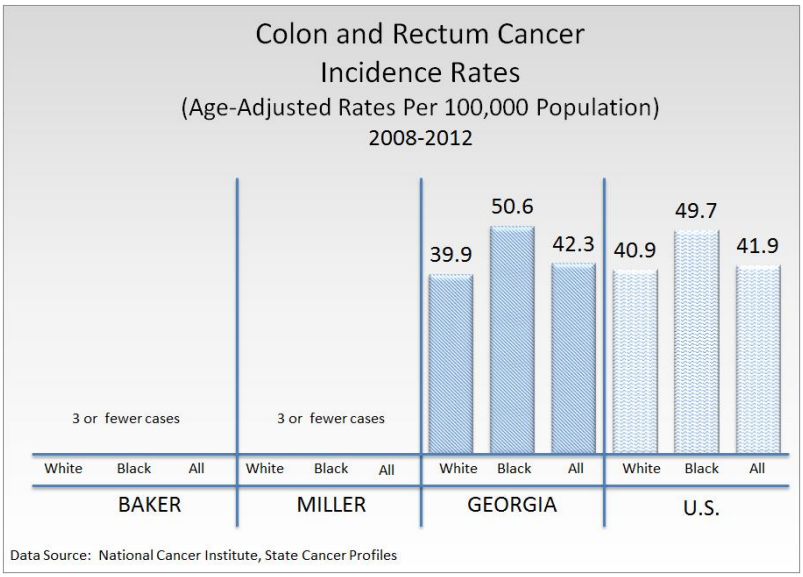
The smoking **prevalence** in Health District 8-2 (which includes Miller and Baker counties) was higher than Georgia (18.8 percent) and the U.S. (17.8 percent).

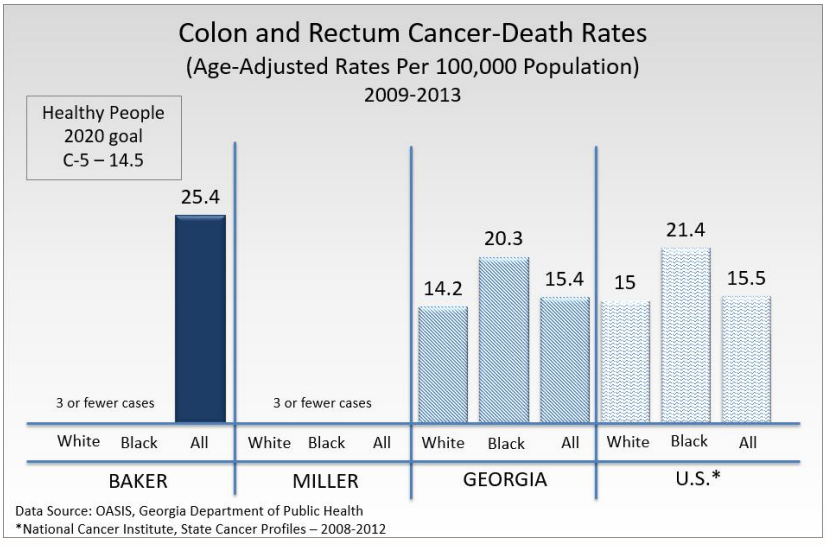
Colon and Rectum Cancer

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 2015. 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]

Both Baker and Miller counties had too few cases to report incidence rates.

According to the State and National rates, Blacks have a higher incidence rate.





Miller County had too few deaths to report a death rate from colon and rectum cancer. The death rate in Baker County (25.4 per 100,000 population) was higher than the State and U.S. rates.

In both Miller and Baker counties, there were too few cases of deaths to report a death rate by race.

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 vegetables[20]

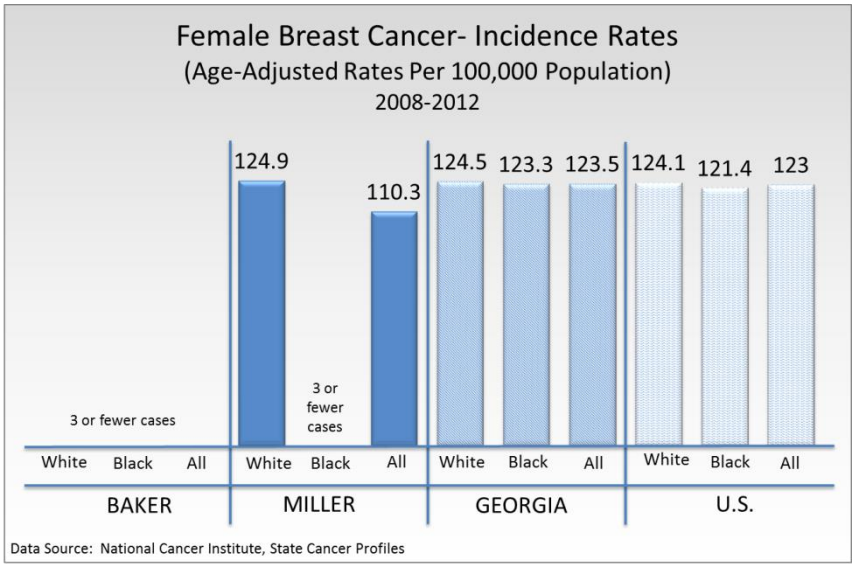
EARLY DETECTION

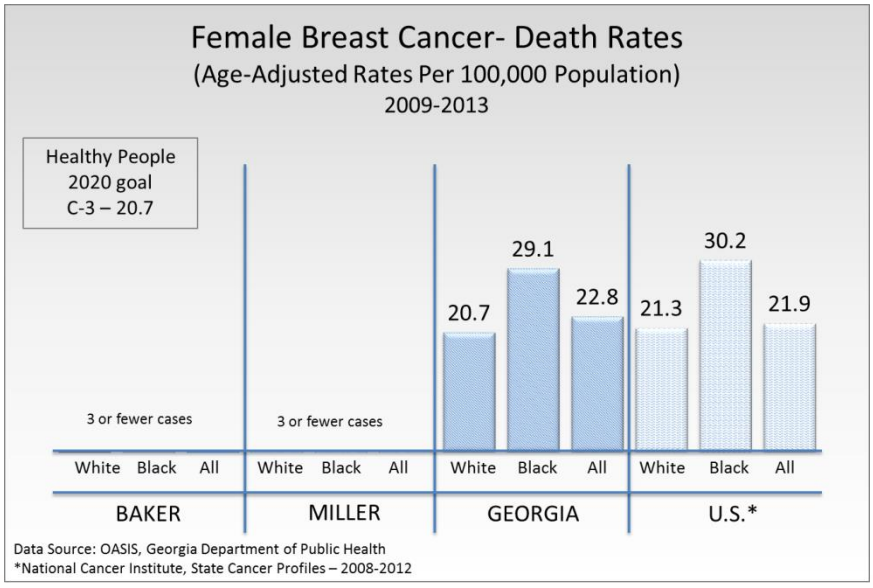
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.[21] The U.S. Preventive Services Task force recommends that adults 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 Miller County (110.3 per 100,000) was lower than both the State and U.S. rates. Baker County had too few cases to report incidence rates.





Baker and Miller counties had too few cases to report death rates from female breast cancer.

Based on rates reported for Georgia and the U.S., Black females had higher breast cancer death rates than other population groups.

RISK FACTORS

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

- Weight gain after age 18
- Being overweight or obese
- Use of hormones
- Physical inactivity
- Consumption of one or more alcoholic drinks per day
- Long-term heavy smoking[24]

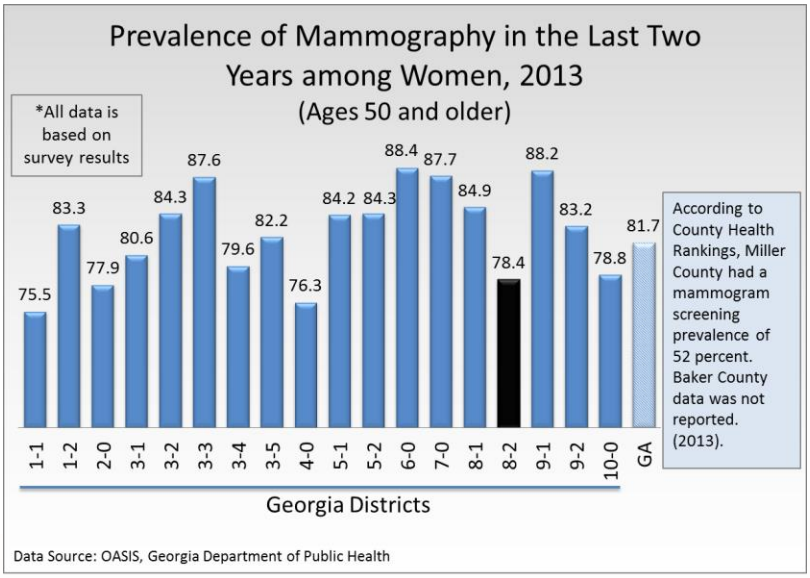
Modifiable factors that are associated with a lower risk of breast cancer include:

- Breastfeeding
- Moderate or vigorous physical activity
- Maintaining a healthy body weight[25]

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 lower in Health District 8-2 (78.4 percent) than in the State. Miller County's rate was lower than the State and Health District averages. Baker County data was not reported.



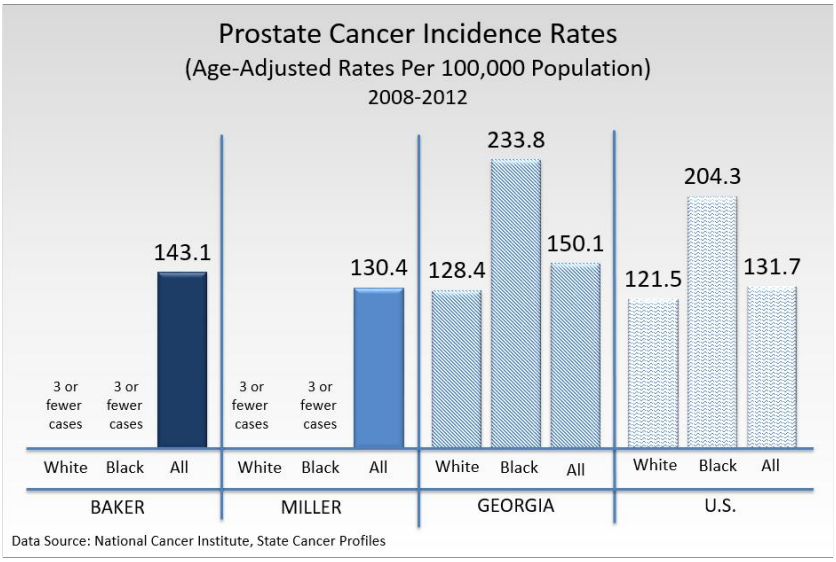
Prostate Cancer

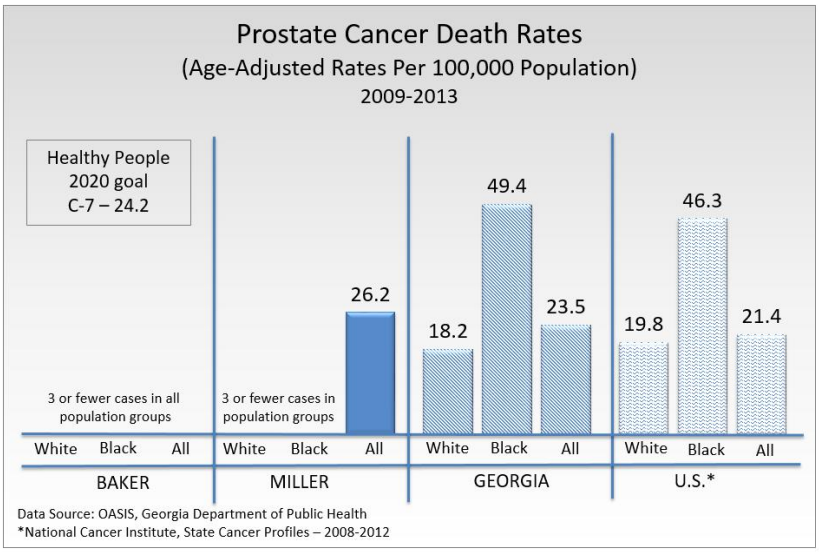
Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.[27]

Baker County had a lower prostate cancer incidence rate (143.1 per 100,000 population) compared to the State (150.1 per 100,000 population) and a higher rate compared to the U.S. (131.7 per 100,000).

The incidence **rates in Miller County were lower than the State and National rates.**

Based on State and National data, the highest prostate cancer incidence rates were among the Black population.





Baker County had too few cases of prostate cancer deaths to report a death rate. Overall, Miller County had a higher death rate then the State and U.S.

Although the death rates among Blacks in both counties were too few to report a rate, there was a disparity of prostate cancer deaths among Blacks at the State and National level.

RISK FACTORS

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

- Age
- Ethnicity
- Family history of prostate cancer[28]

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

- Cancer is the most problematic issue in the community.
- Mammograms are not cheap, so a lot of the population does not get screened.
- If a patient is informed about the threat of cancer, many cannot afford to be tested further with due to the cost of the biopsy and lab work.
- The Health Department has a "Breast Test and More" program where they provide a mammogram and pap smear (BCCP program). They allow patients to pay on a sliding fee scale.
- Individuals are not getting screened for cancer because they are unaware that this needs to be done.
- Individuals with cancer go to Albany, Dothan, Jacksonville or Tallahassee for cancer treatment.

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE - HDS

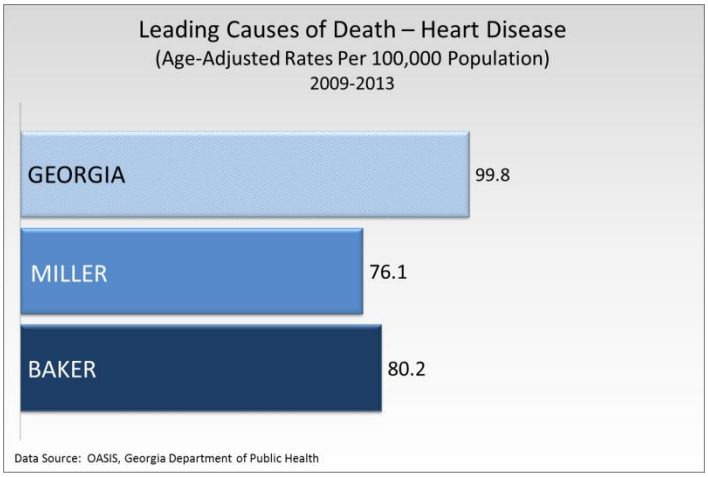
HEART DISEASE

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?

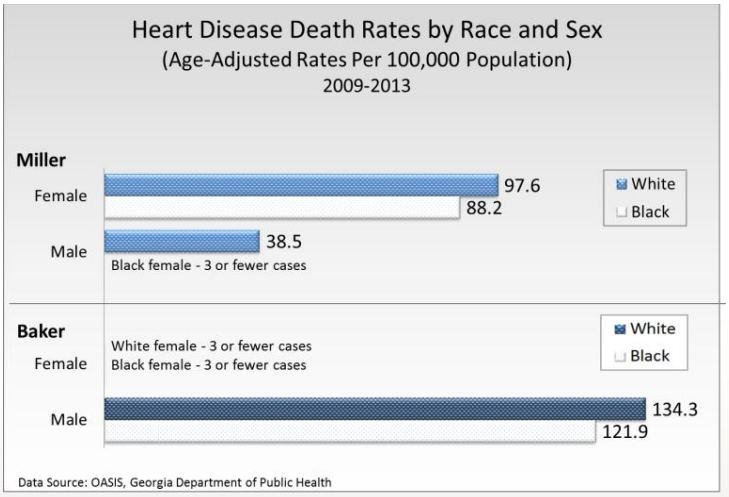
Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in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

Healthy People 2020

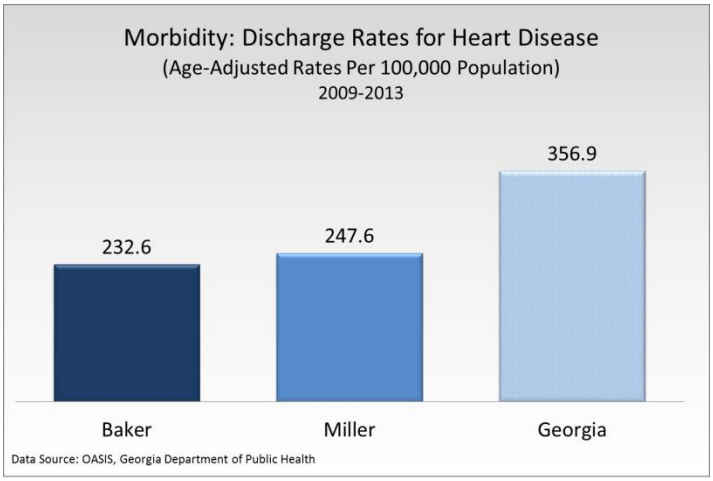


Miller and Baker counties death rates from heart disease were 76.1 and 80.2 per 100,000 population, respectively. Both rates were lower than the Georgia rate of 99.8 per 100,000 population.

In both counties, the death rates from heart disease were higher for the White population groups.



The hospital discharge rates for heart disease were lower in both counties than in the State.

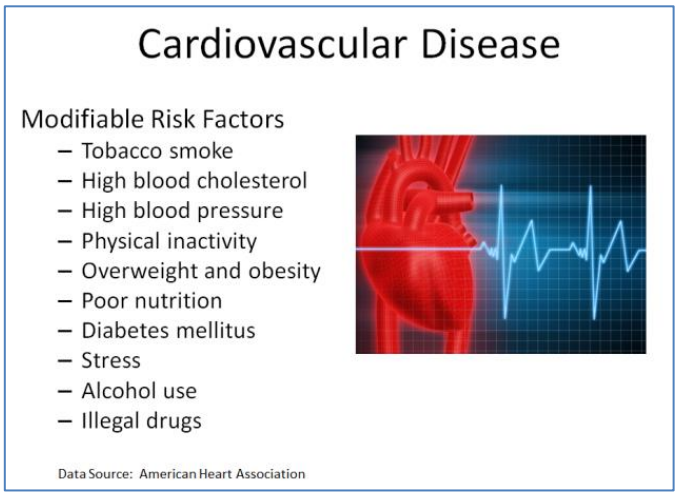


MODIFIABLE RISK FACTORS

According to the 2013 Behavioral Risk Factor Surveillance System (BRFSS), the following risk factors were noted in Health District 8-2.[31]

Percentage of Population Reporting Risk 2013		
Risk Factor:	**District 8-2**	**Georgia**
Obesity	42.6	30.2
Physical Inactivity	33	27.2
Smoking	20.2	18.8
Diabetes	11.6	10.8

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



NOTE:

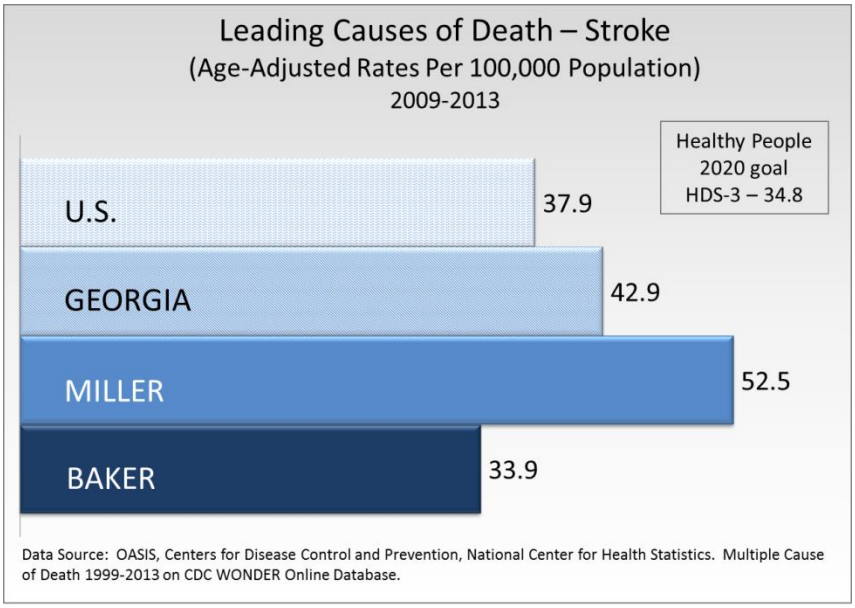
The data used to analyze heart disease rates came from the Georgia Department of Public Health's Online Analysis Statistical Information System (OASIS). The state and county heart disease rates were calculated using filters (ICD 10 codes) that include rheumatic heart fever and heart diseases, hypertensive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

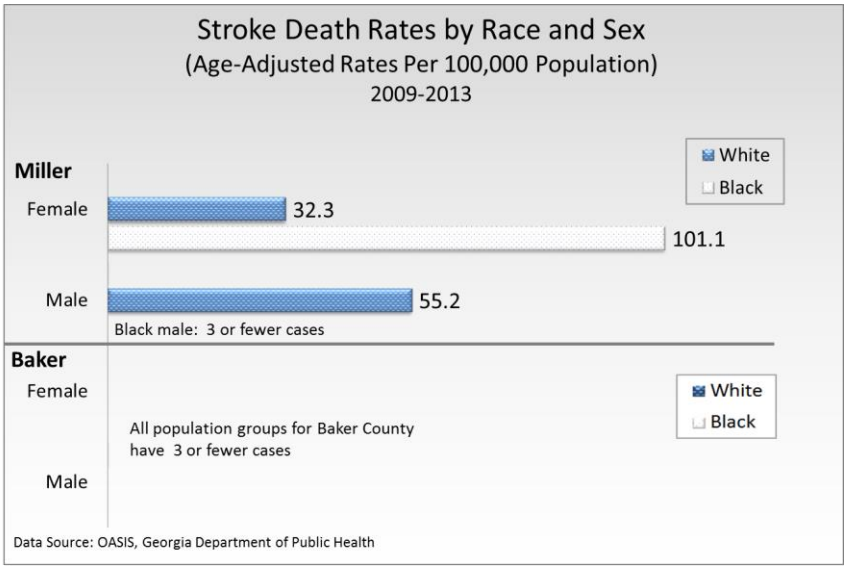
STROKE

Cerebrovascular disease (stroke) was the fifth leading cause of death in the United States. Strokes were the fourth leading cause of death in Baker County and Georgia, but the fifth leading cause in Miller County.

The stroke death rate was higher in Miller County (52.5 per 100,000 population) and lower in Baker County (33.9 per 100,000 population) compared to Georgia and the U.S. rates

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

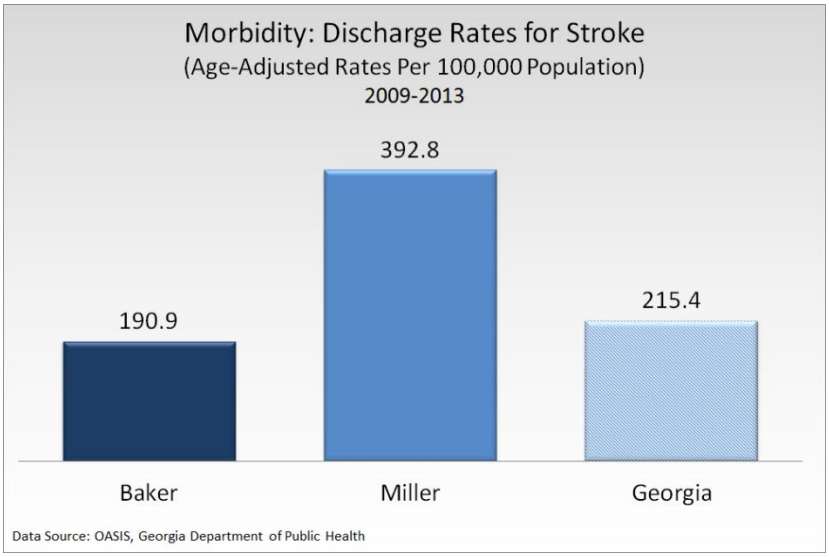




The stroke death rates in Miller County were highest among Black females.

Baker County had too few cases to report stroke death rates by population groups.

The Healthy People 2020 goal is 34.8 per 100,000 population.[33]



The stroke hospital discharge rate was higher in Miller County in comparison to Baker County and Georgia.

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 [34]

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

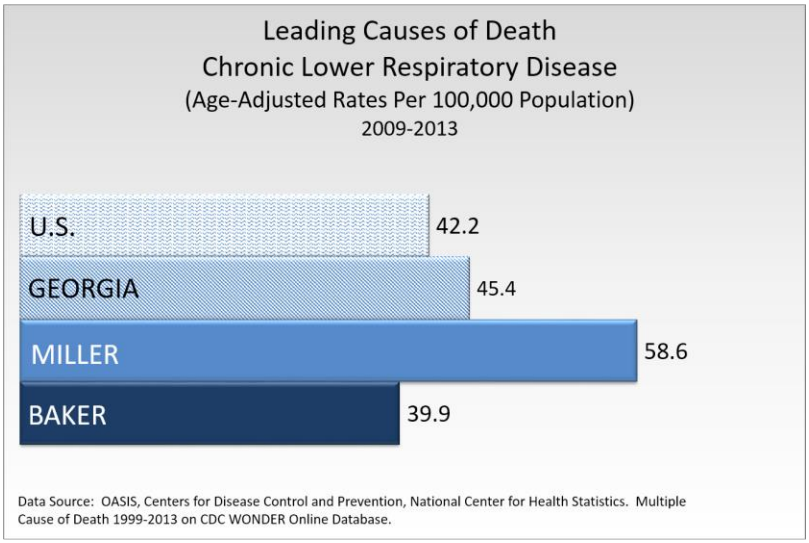
Heart Disease and Stroke

- Cardiovascular disease is caused by our lifestyle habits such as smoking and diet.
- Individuals are not getting screened for cardiovascular disease because many do not have a primary care physician.
- Most stroke patients are flown to Albany or Dothan for acute care.
- Medication compliance is a major issue. Individuals do not take their medications that control their high blood pressure, which only further contributes to cardiovascular disease.
- The SHAPP program is very beneficial to the working poor in the community. It provides blood pressure medicine and monitoring at a reduced cost.
- A large proportion of the population uses tobacco. They start very young and die from hypertension.

Chronic Lower Respiratory Disease

HEALTHY PEOPLE 2020 REFERENCE - RD

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.[35]

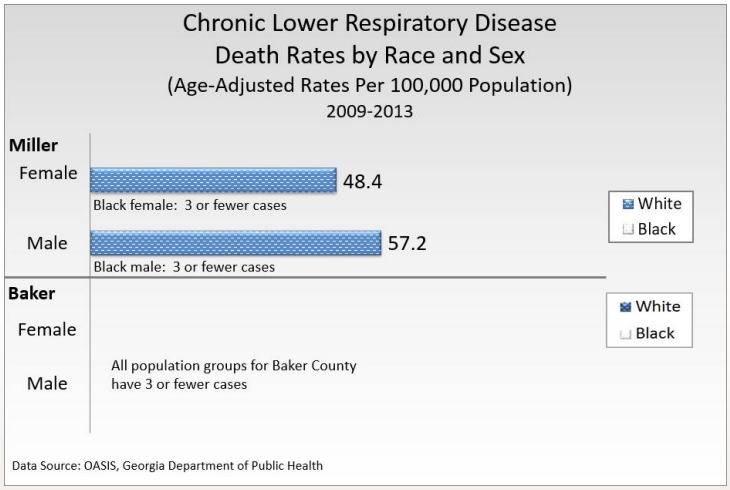


Why Are Respiratory Diseases Important?

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

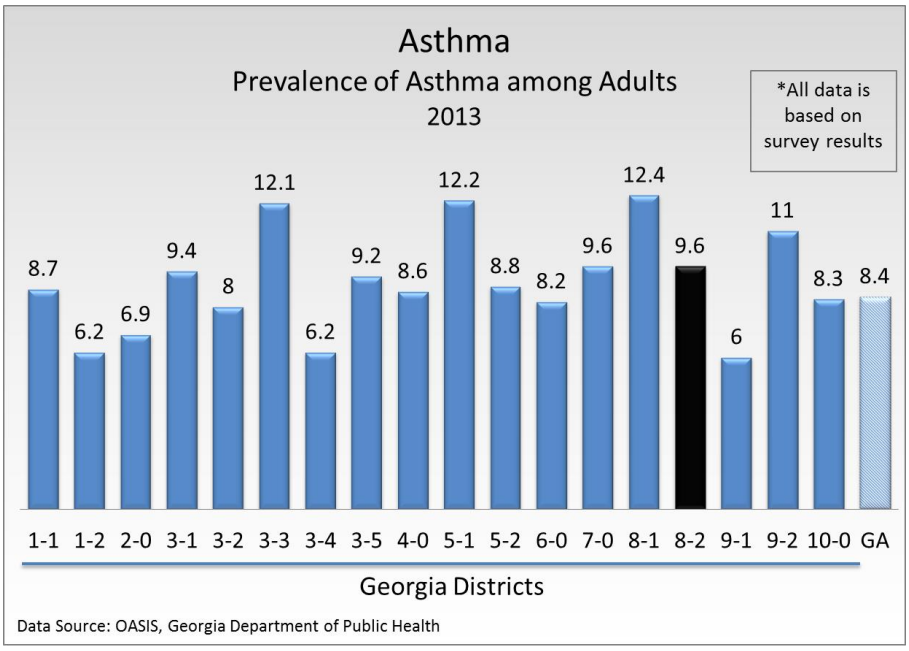
Healthy People 2020

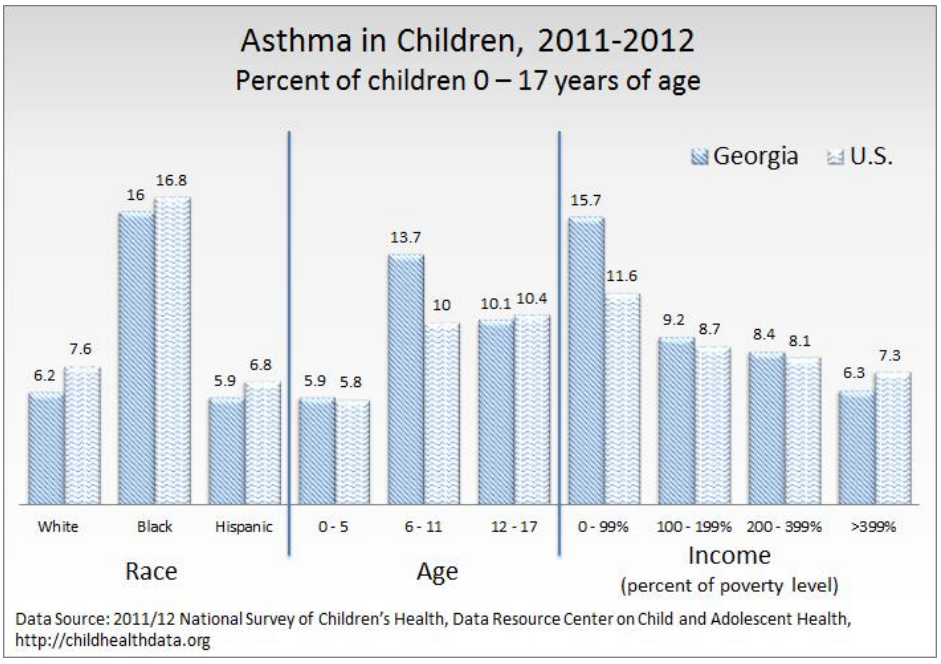
The chronic lower respiratory disease death rate for Miller County was higher than Baker County, the State, and U.S. rates. The death rate in Baker County was lower than the State and U.S. rates.



In Miller County, the White population groups had the highest death rates. There were too few deaths reported in the Miller County Black population and too few case in all population groups in Baker County to compute death rates from chronic lower respiratory disease.

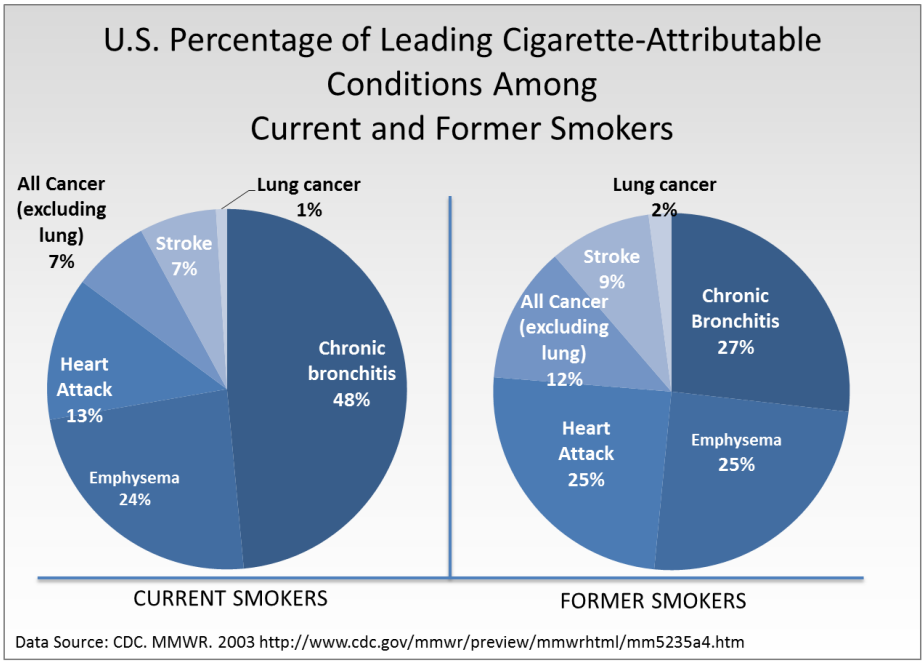
The **prevalence** of asthma among adults within Health District 8-2 was higher than the prevalence in the State.

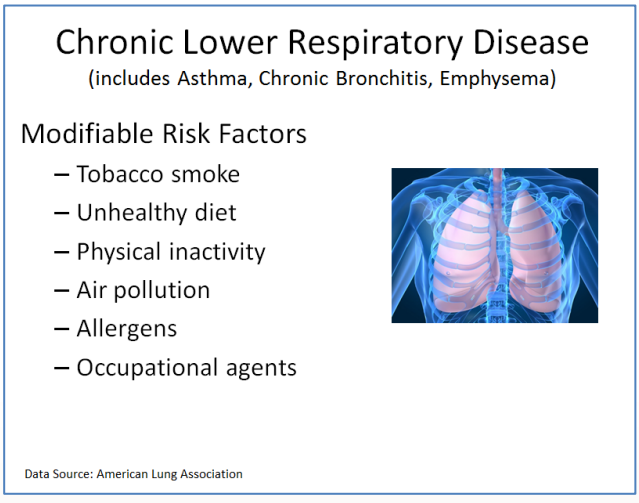




According to the 2011-2012 National Survey of Children's Health, Black children had higher incidences of asthma than Whites or other population groups. Asthma was more prevalent in lower income populations.[36]

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*.[37]





Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

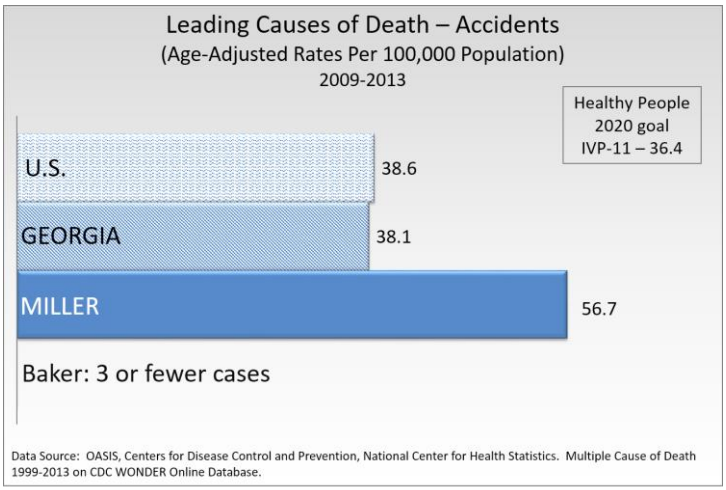
Accidental deaths may result from the following causes:

- Motor vehicle accidents
- Firearm accidents
- Poisonings
- Natural/environmental
- Suffocations
- Falls
- Fire
- Drowning[38]

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.

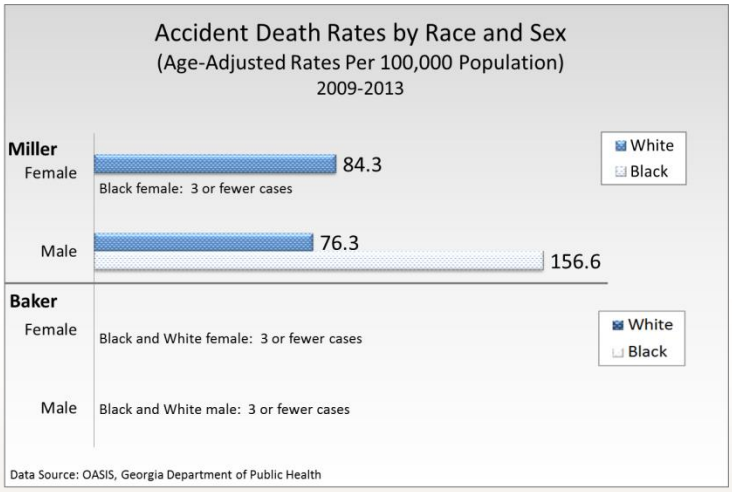
Healthy People 2020



In Miller County, the accident death rate was higher than the State and U.S. rates. Baker County had too few accidents to report a rate.

The Healthy People 2020 goal is a rate of 36.4 per 100,000 population.[39]

In Miller County, Black males had the highest death rate from accidents.



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.[40]

Motor Vehicle Fatality Rates
2010-2013
Number of Fatalities

	2010	2011	2012	2013	Total
Baker	0	1	0	0	1
Miller	0	4	0	1	5

Source: OASIS, Georgia Department of Public Health

According to the Centers for Disease Control and Prevention:

- Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- Millions of adults drive while impaired, but only a fraction 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.[41]

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.[42]

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.[43]

Image Source: Pharmacy Practice News

Why Is Diabetes Important?

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

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

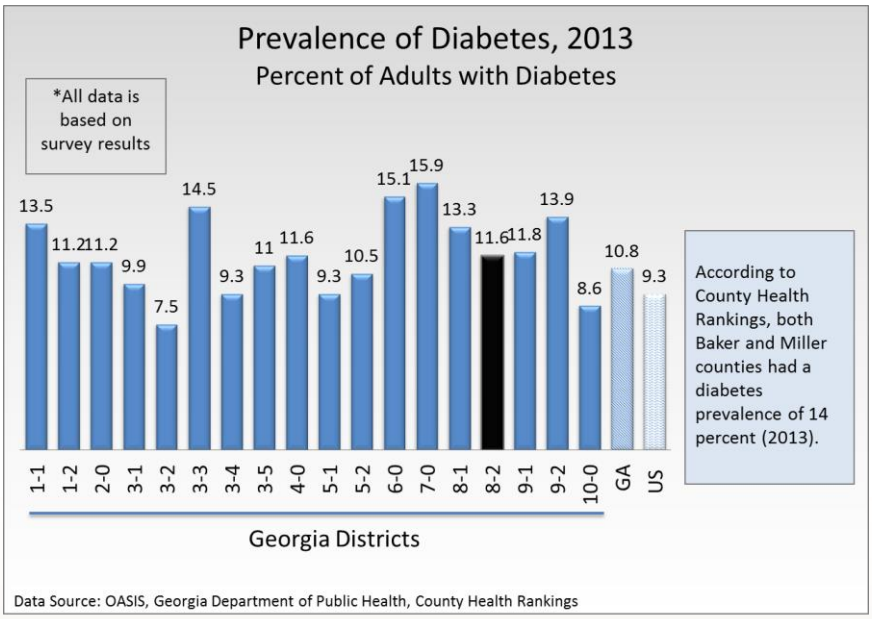
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

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

Healthy People 2020

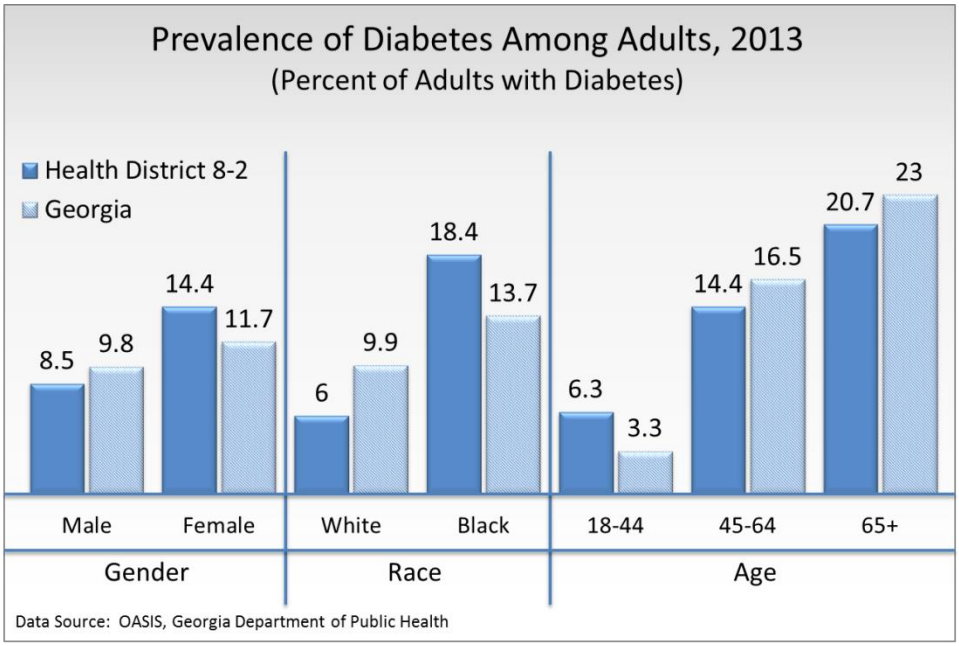
Health District 8-2 (which includes Miller and Baker counties), had a higher diabetes **prevalence** (11.6 percent) than that of the State and U.S. Both Miller and Baker counties had higher diabetes **prevalence of** 14 percent.

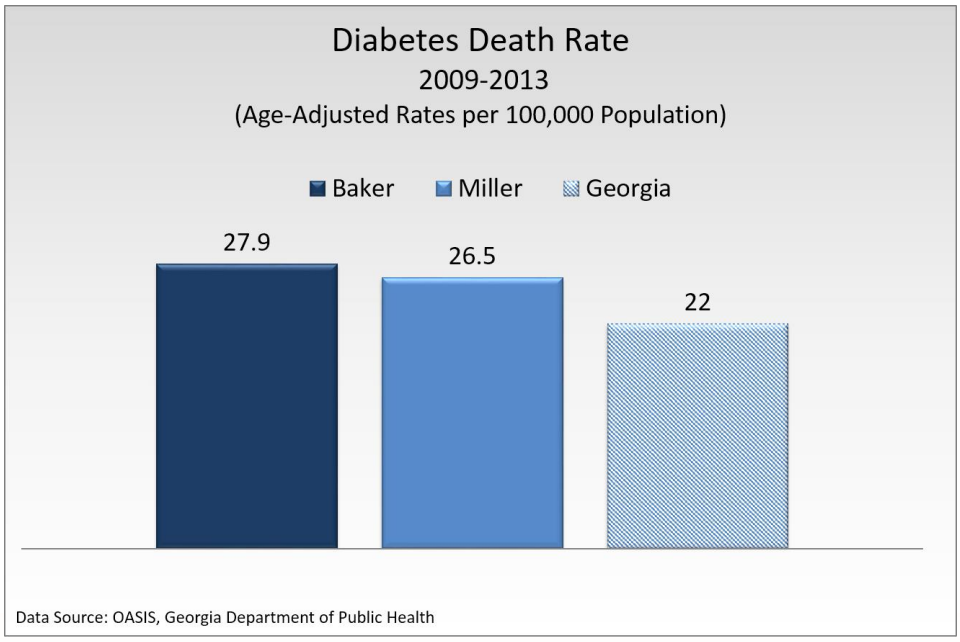


Overall, the female diabetes **prevalence** was higher than the male prevalence in both Health District 8-2 and the State.

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

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





Compared to the State, both counties high higher diabetes death rates.

Diabetes was the fifth leading cause of death in Baker County.

Obesity

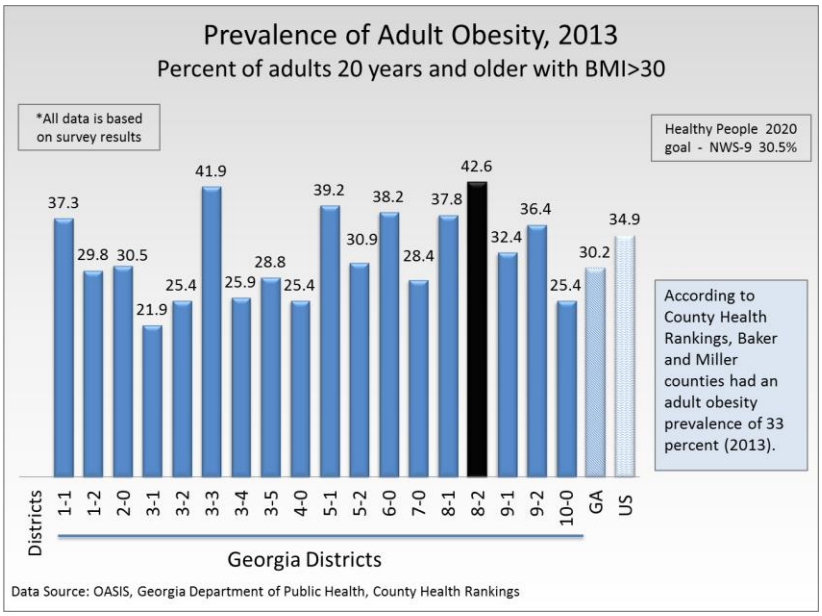
HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

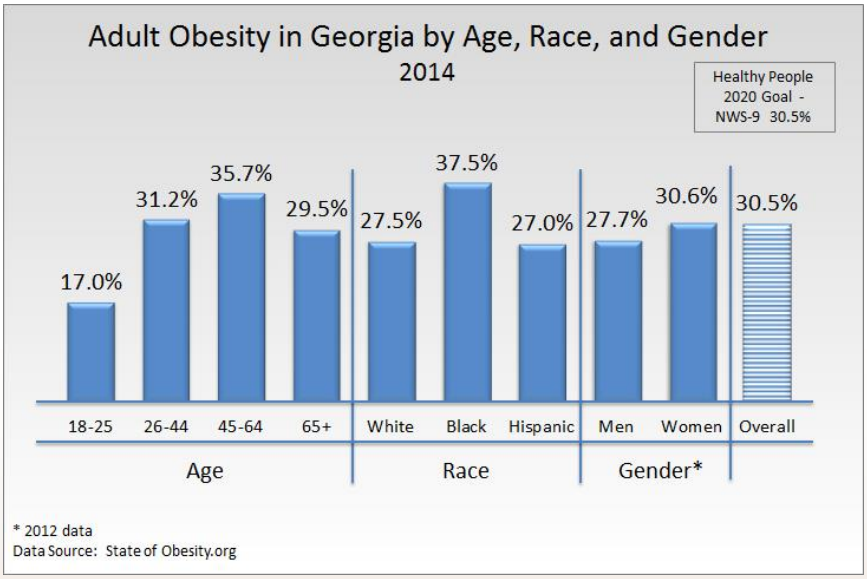
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.[44]

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 8-2 (42.6 percent) was higher than the State rate (30.2 percent) and the National rate (34.9 percent). Miller County and Baker County both had a higher **prevalence** of obesity (33 percent) compared to the State.

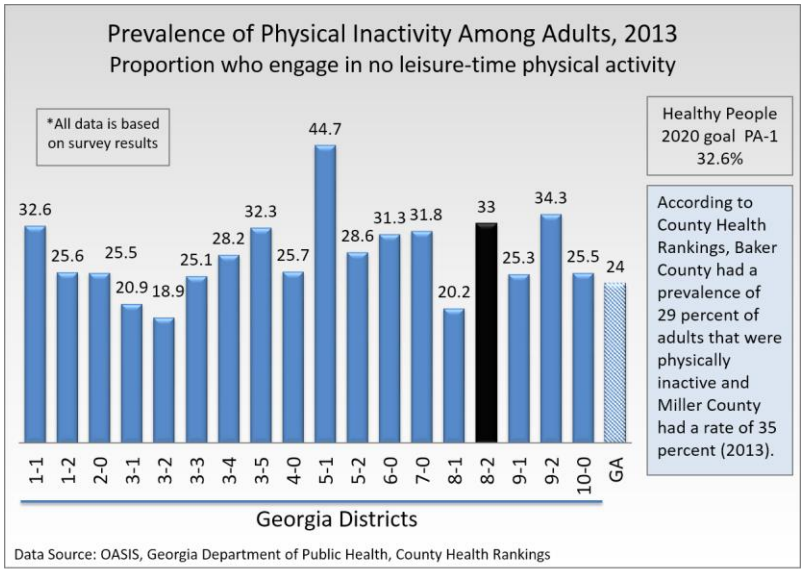
The Healthy People 2020 goal is 30.5 percent.





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]



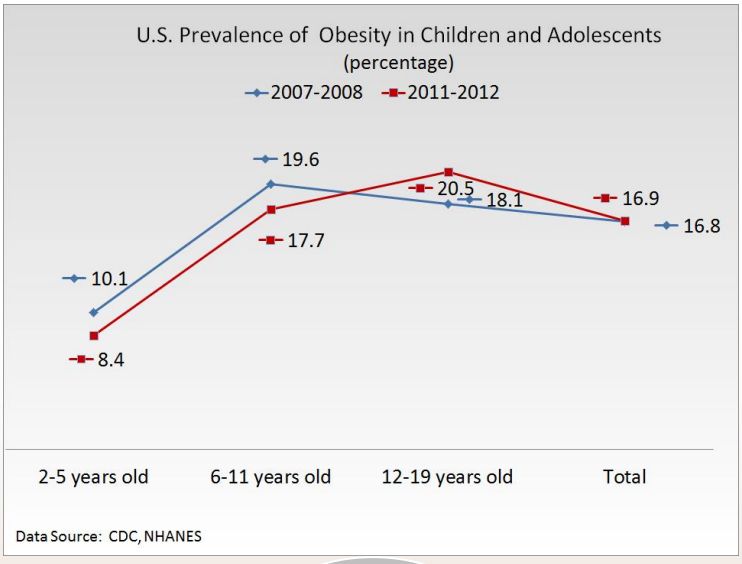
The **prevalence** of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 8-2 (33 percent) compared to the State average (24 percent). Miller County had a higher **prevalence** of physical inactivity at 35 percent, while the rate in Baker County was 29 percent.

The Healthy People 2020 target is 32.6 percent.[47]

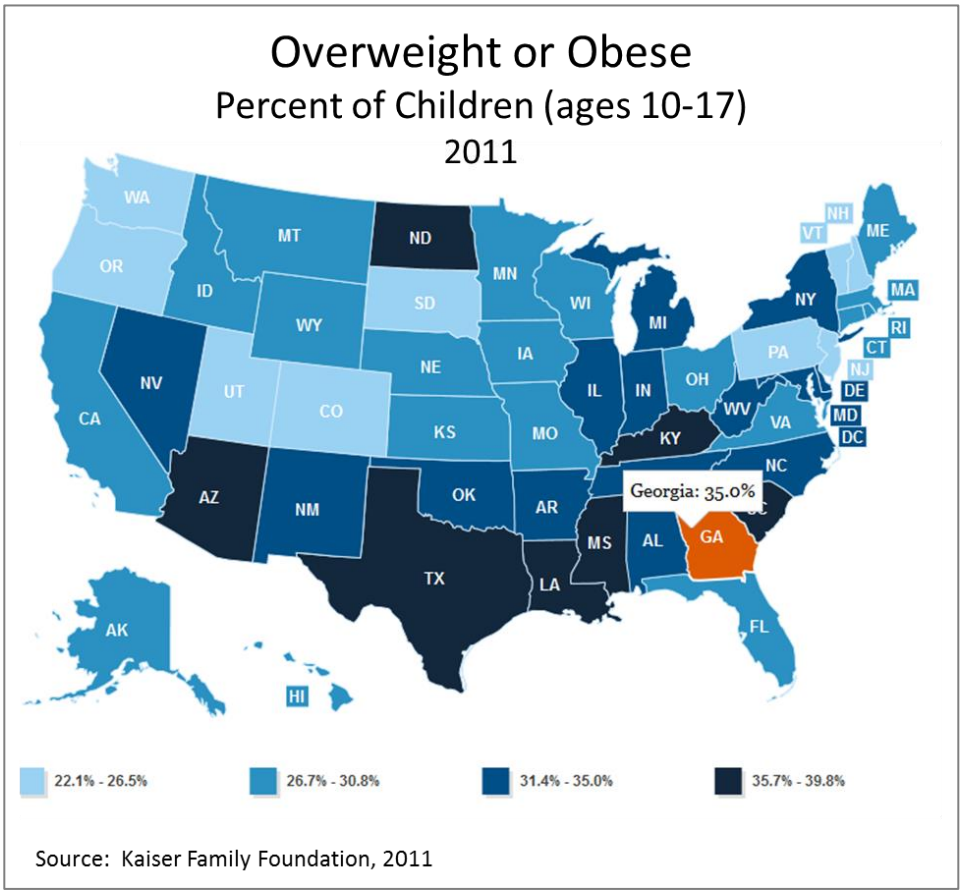
Childhood Obesity

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	
		Black	White
37.3	33.2	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 and Diabetes

- From the school perspective, obesity and asthma are major issues among students.
- The most complaints from insurance enrollees is regarding hypertension and diabetes, which is caused by obesity.
- Parents give Kool Aid to their kids because it cheap.
- The cost of healthy food is an issue. It is a lot cheaper to buy a cheeseburger than to prepare a salad.
- The cost of obesity is an issue because it is associated with so many other chronic conditions that are expensive.
- The lack of physical activity is an issue in this community. There is a lack of activities and resources for adults and children.
- There are gyms and other community resources for physical activity but most families do not use them.
- There is a need for social events to occur in places where physical activity takes place so the community is aware of those resources.
- The main objection to going to a gym is the cost.
- Obesity and lifestyle issues goes back to parenting. Children learn from how their parents eat and exercise.
- There is a need for home economics to be taught in school again to teach children how to cook healthy meals.
- It is a matter of getting people to think differently. Individuals need to get involved and want to change. Hypertension, diabetes and obesity are comingled in the entire population.
- It may cost a little more to purchase apples, but we need to educate individuals that this a better choice for the long run.
- There is a lack of communication about resources to address lifestyle change and obesity prevention.
- When you talk to people about eating vegetables, they think about eating peas and corn. They are used to what they grew up cooking and eating.
- It would help to have a diabetes and hypertension class to address the obesity issue.
- There are patients that want to make positive changes. They do not want their children to fall into the obese cycle. They recognize that their families have so many health issues due to their poor lifestyle habits.

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
- Low and very low birth weights
- Immunization rates

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

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.[58]

A life course perspective to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.[59]

Why Are Maternal, Infant and Child Health Important?

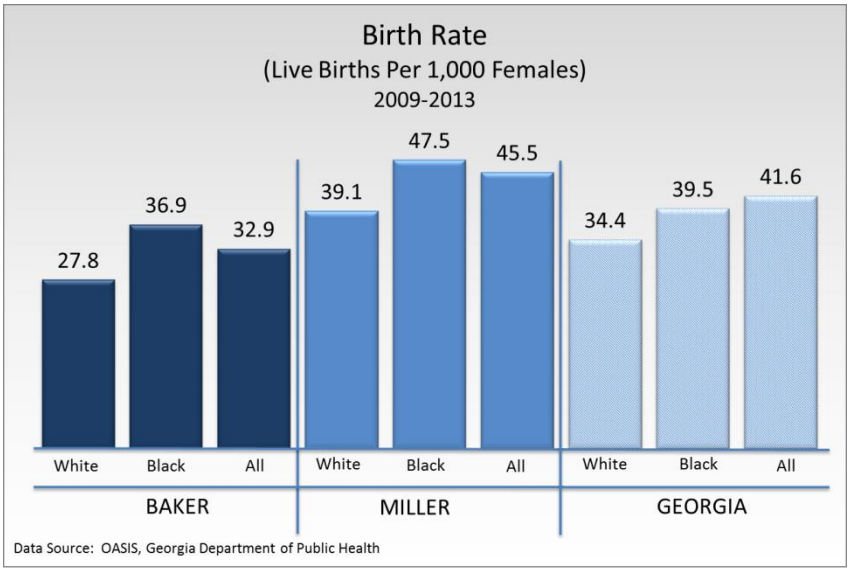
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

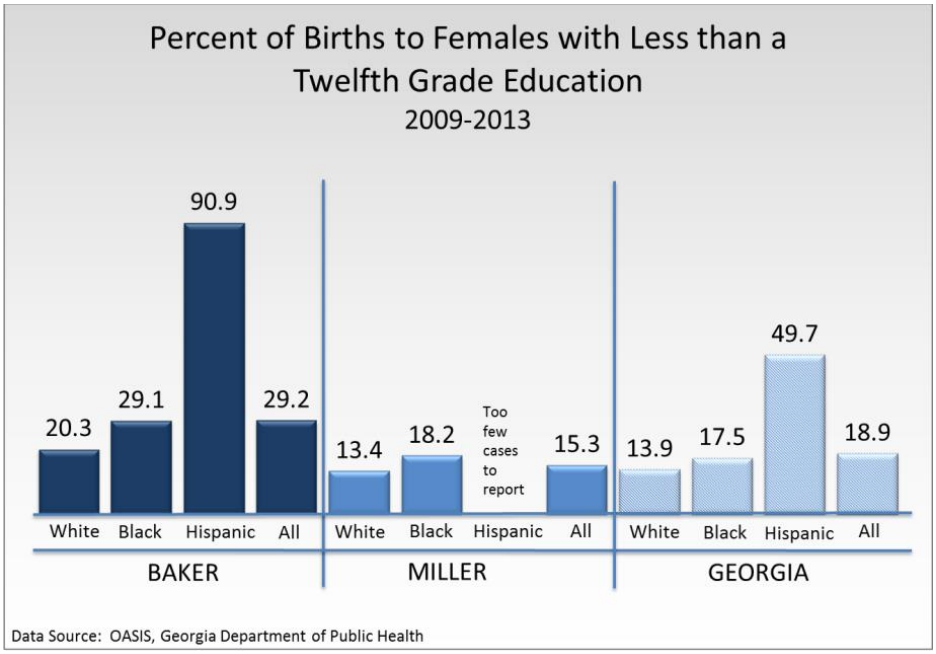
- *Hypertension and heart disease*
- *Diabetes*
- *Depression*
- *Genetic conditions*
- *Sexually transmitted diseases (STDs)*
- *Tobacco use and alcohol abuse*
- *Inadequate nutrition*
- *Unhealthy weight*

Healthy People 2020

Birth Rates

Miller County had a higher birth rate (45.5 live births per 1,000 females) than the State. Baker County had a lower birth rate (32.9 live births per 1,000 females) than both Miller County and the State.





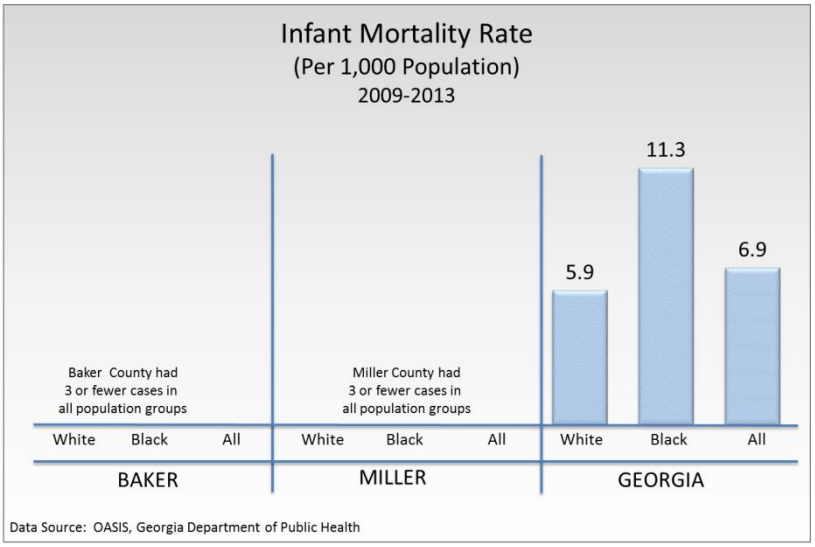
The percent of births to females with less than a twelfth-grade education was higher in Baker County (29.2 percent) compared to both Miller County (15.3 percent) and Georgia (18.9 percent). The percent of births to Hispanic mothers with less than a twelfth-grade education highest in Baker County and in Georgia.

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]

There were too few cases reported to compute infant mortality rates for Baker and Miller counties.

In Georgia, the highest infant mortality rate is experienced in the Black population group.



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

Baker County and Miller County (combined)

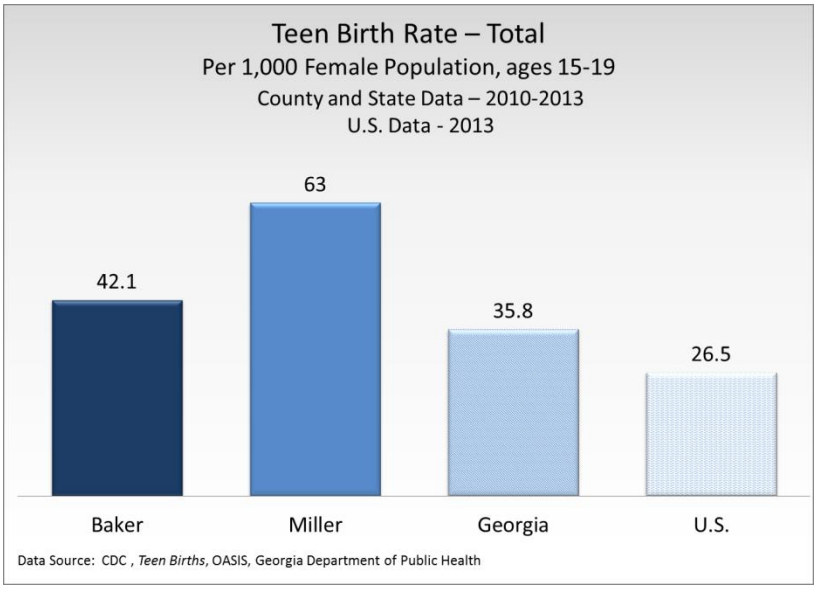
Year	White	Black	Hispanic	All
2009	0	0	0	0
2010	0	1	0	1
2011	0	0	0	0
2012	0	0	0	0
2013	0	0	0	0

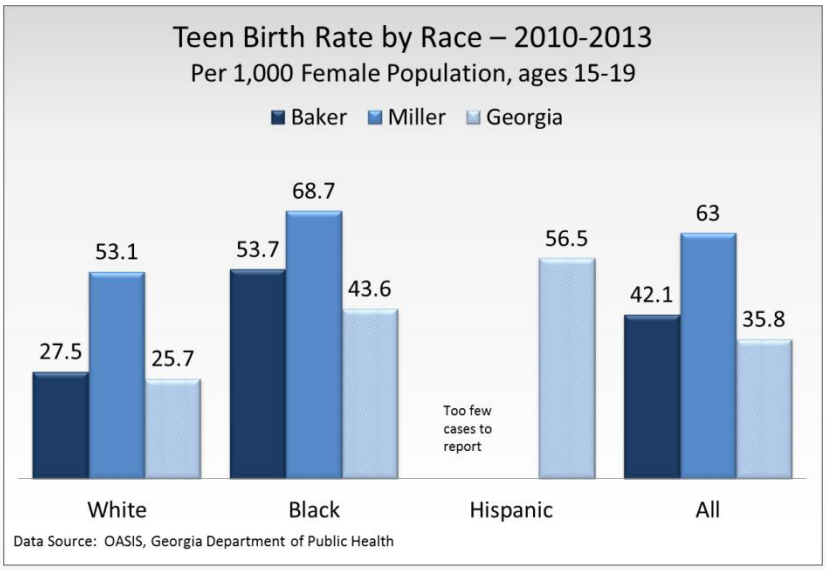
Data Source: OASIS, Georgia Department of Public Health

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]

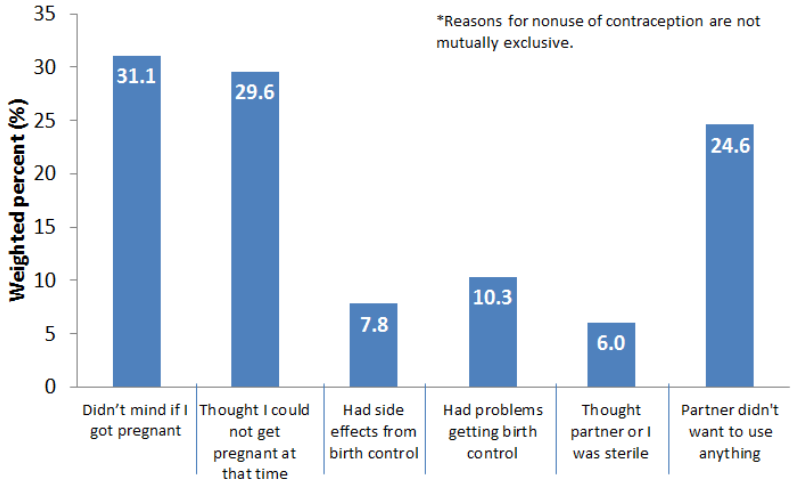
The teen birth rates in Baker and Miller counties were higher than in the State and the U.S.





The teen birth rates were highest among the Black population in both counties, as well as in Georgia.

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



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

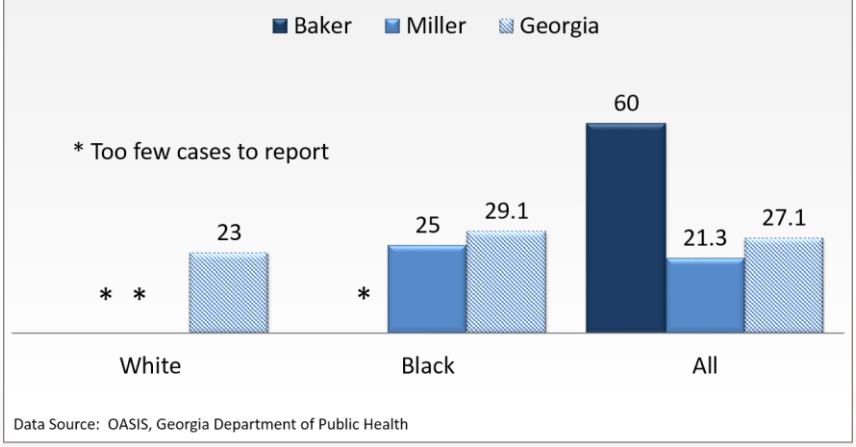
In Georgia, according to self-report among teen mothers, the top reasons for not using contraception at the time of unintended pregnancy were "Didn't mind if I got pregnant" and "Thought I could not get pregnant at that time." This information may be useful in developing effective activities to impact teen pregnancy, such as outreach programs and education for teenagers around fertility.[65]

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

Repeat Pregnancies(Age 15-19)
(Percent of Repeat Pregnancies in Age Group)
2009-2013



Data Source: OASIS, Georgia Department of Public Health

Baker County had a higher overall percentage of repeat births to mothers age 15-19 compared to both Miller County and the State.

Miller County had a lower percentage compared to the State.

COMMUNITY INPUT

Teen Pregnancy

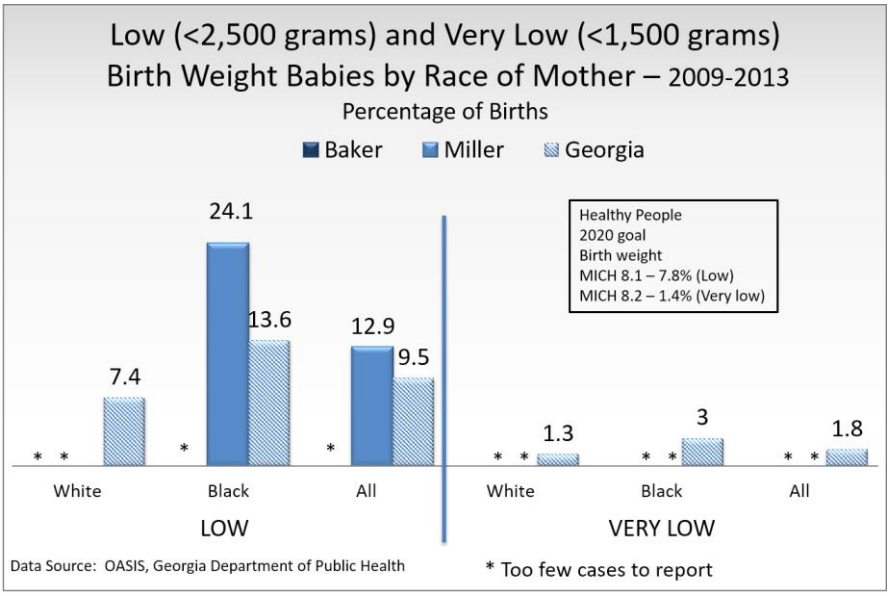
- Teen pregnancy is a major issue. People are uneducated, they don't have their high school degrees, and they don't have the means to take care of a child.
- Teen pregnancy is generational. No one has been taught the right way.
- The closest facility with Title 10 grant funding, which provides free clinical care for family planning is in Baker County.
- The WIC (Women Infant and Children) program participants is dropping because individuals are getting jobs.

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.[66]

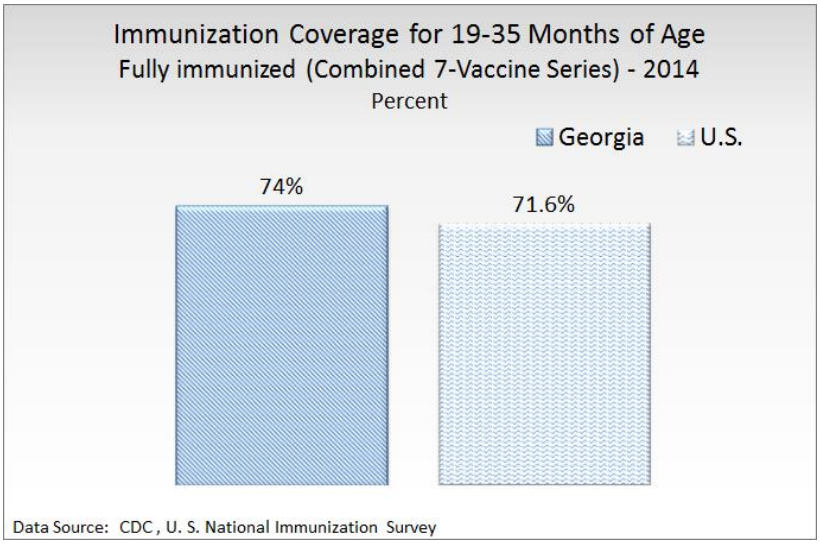
The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.[67] In 2013, the national prevalence of low birth weight babies was 8 percent while that for low birth weight babies was 1.4 percent.[68]

Overall, low birth weight percentages of births were higher in Miller County compared to Baker County and the State. Low birth weights were higher among Black babies.



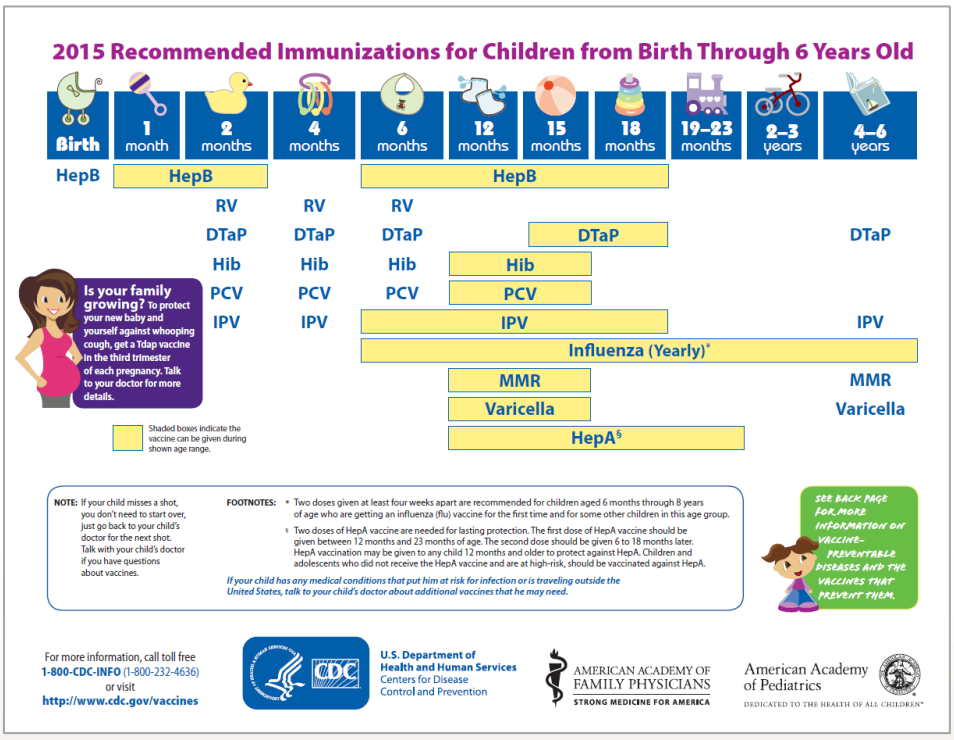
Immunizations

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.[69]



The immunization rates for children 19-35 months old was higher in Georgia (74 percent) than in the U.S. (71percent).

The CDC 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
- Suicide[70]

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.[71]

Adolescent Behavior

The leading causes of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.[72]

The Youth Risk Behavior Surveillance System (YRBSS) monitors health risk behaviors that contribute to the leading causes of death and disability among youth and young adults at the State and National level. The survey is conducted every two years (odd calendar years) at the school site and participation is voluntary. Adolescent and youth respondents are in grades 9-12. 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.

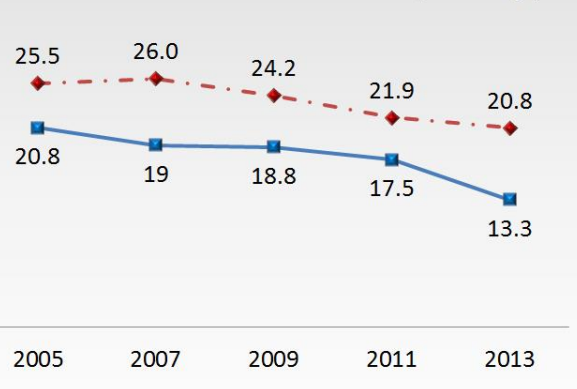
There are significant disparities in outcomes among racial and ethnic groups. In general, adolescents and young adults who are African American, American Indian, or Hispanic, especially those who are living in poverty, experience worse outcomes in a variety of areas (examples include obesity, teen pregnancy,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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

Adolescent Binge Drinking Behavior
2005-2013

(Percent of students who had five or more drinks of alcohol in a row on one or more of the past 30 days)



Breakdown of Georgia 2013 Data:	
Subject	Total
Total	13.3
9th	7.7
10th	14.6
11th	12.5
12th	19
Black	7.9
White	17.4
Hispanic	15.8

All data is based on survey results

Data Source: Centers for Disease Control and Prevention. 2013 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

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.

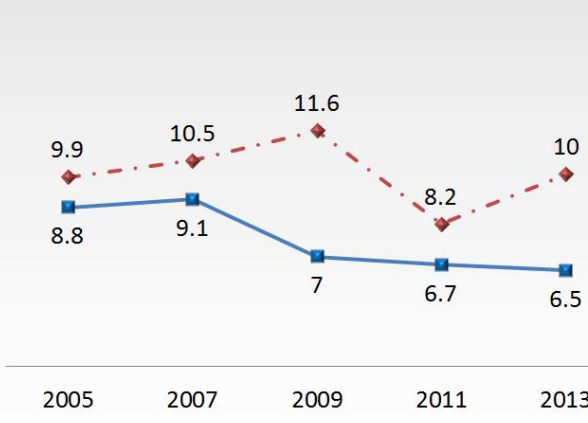
Binge drinking among Whites (17.4 percent) was more than twice as prevalent compared to Blacks (7.9 percent).

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 in the U.S. White youth were more likely than Black youth to engage in this behavior.

Adolescent Drinking and Driving Behavior
2005-2013

(Percent of students who drove one or more times when drinking)



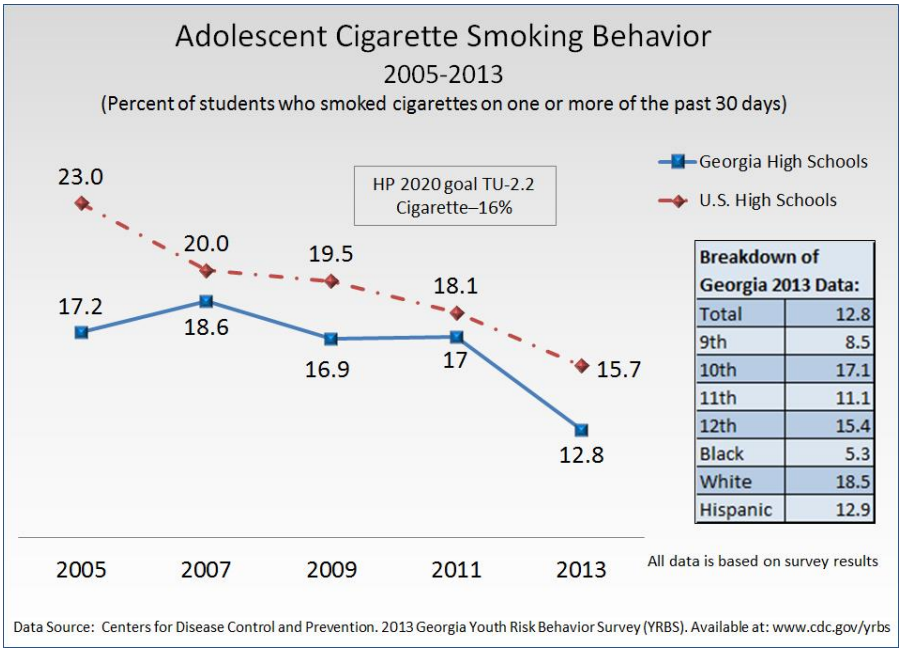
Breakdown of Georgia 2013 Data:	
Total	6.5
9th	4.9
10th	4.6
11th	4.6
12th	10.9
Black	4.1
White	6.8
Hispanic	9.6

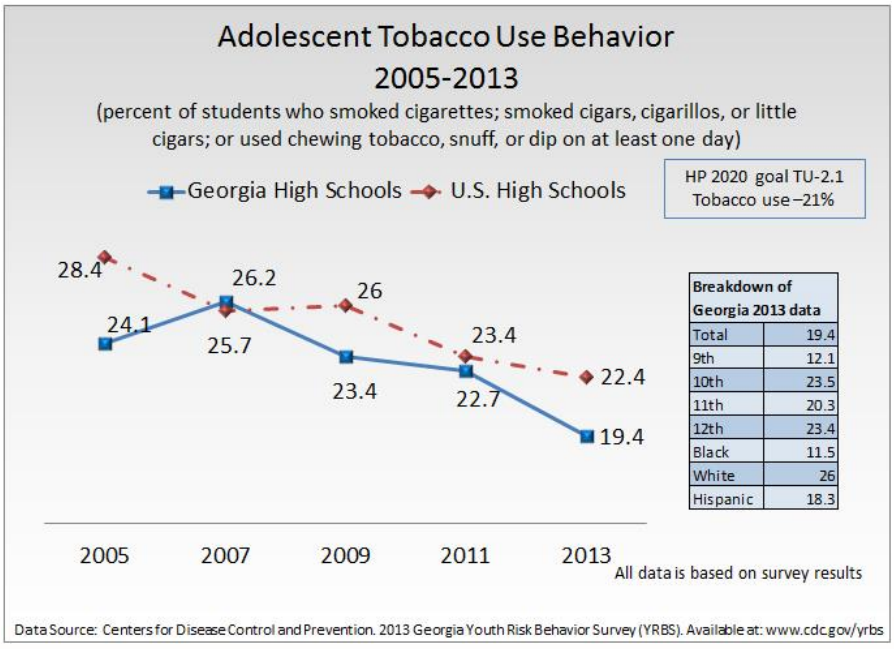
All data is based on survey results

Data Source: Centers for Disease Control and Prevention. 2013 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

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

Adolescent smoking in Georgia was more prevalent among Whites (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).

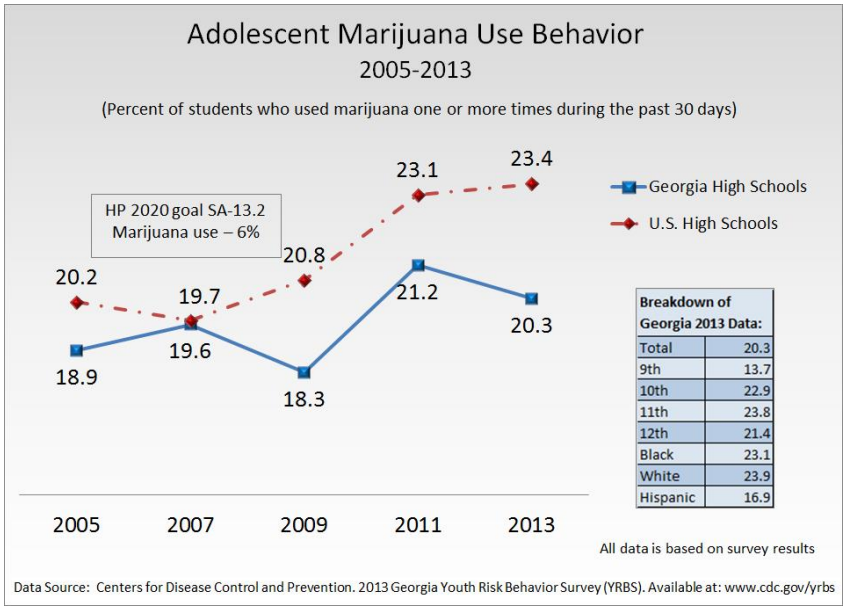
Illicit Drug Usage

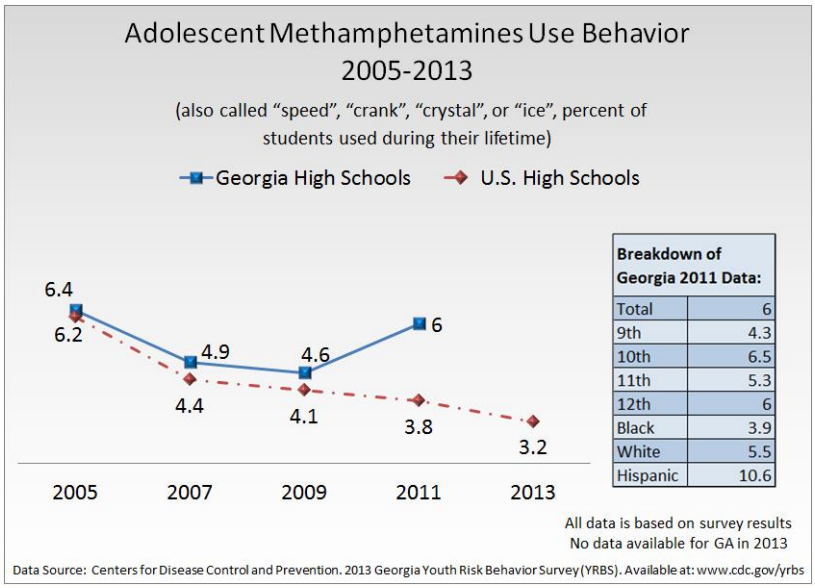
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.[73]

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.[74]





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: Miller County, Baker County, and Georgia

The following table provides a comparison of different substance abuse behaviors among adolescents in Baker and Miller counties compared to the State.

At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Baker County, Miller County, and Georgia			
	Baker County High Schools	Miller County High Schools	Georgia High Schools
Binge Drinking	2.7%	12.8%	9.3%
Drinking and Driving	1.3%	2.6%	2.9%
Tobacco Use	4%	17.3%	11.9%
Cigarette Use	4%	12.4%	10.1%
Marijuana Use	6.7%	9.0%	12.8%
Meth Use	0%	0.3%	1.9%
Prescription	4%	3.7%	5.0%

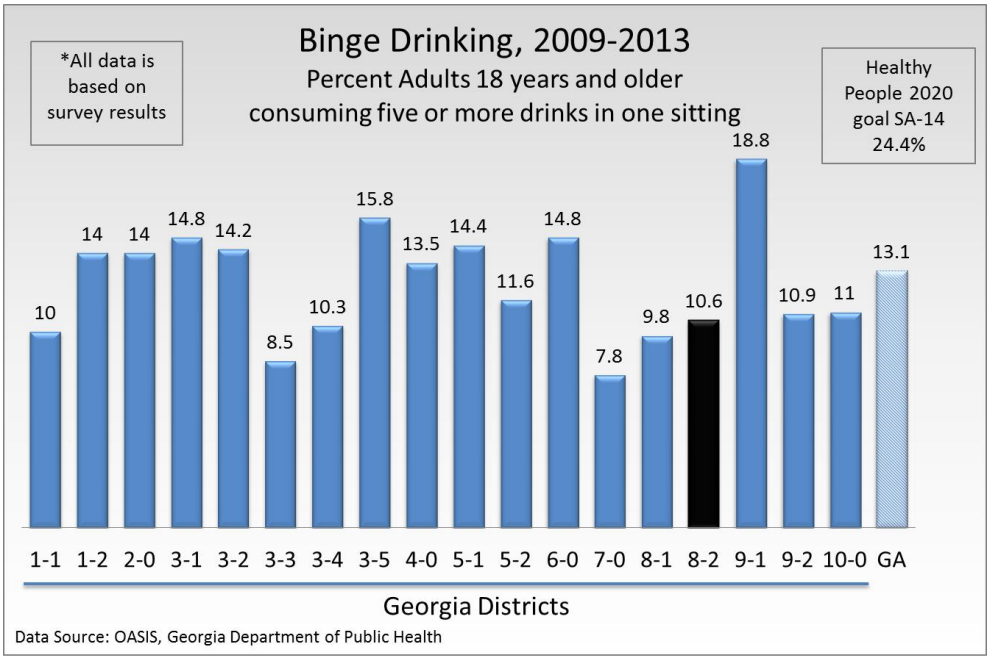
Data Source: Georgia Department of Education. Georgia Student Health Survey

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.[75]

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.[76]



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

COMMUNITY INPUT

Alcohol, Tobacco and Drugs

- Drugs and alcohol are issues among adolescents because of lack of parenting.
- Drugs and alcohol contributes to a lot of the mental health issues.
- The biggest issue among children is lack of parenting.
- There are some children that just don't have parents.
- The school is responsible for educating the children, but it all starts at home. Whether it's sex education, nutrition, health concerns, or physical activity, it all starts at home.
- There are so many kids that tell their parents what to do and treat them with a lot of disrespect.
- There is a lack of after school activities in this community. There are sports programs, but they are seasonal. Children have nothing to do.
- There is lack of desire to be educated. A lot of people just don't care. They do not find it important to get a college education.
- When children see mothers go to school, it makes a major impact on the children.
- It is all about having goals and having a desire to learn.
- A large proportion of the population uses tobacco. They start very young and die from hypertension.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE – STD

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.[77] 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.[78]

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

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]

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

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

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

Why Is Sexually Transmitted Disease Prevention Important?

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

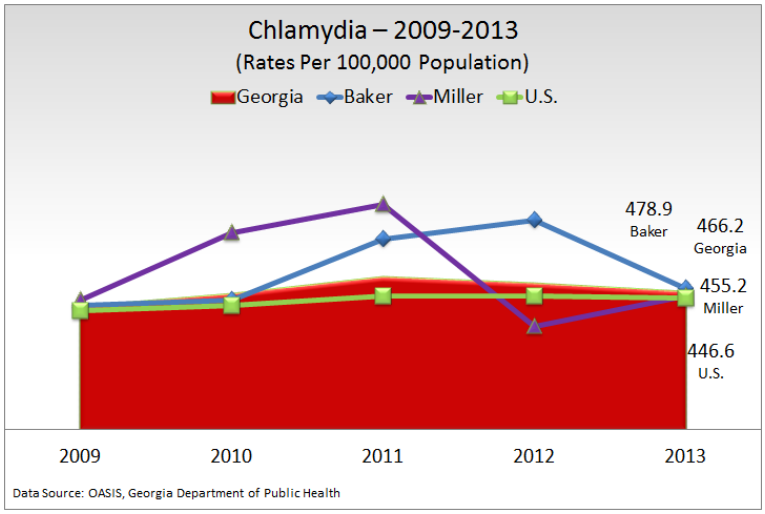
Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Healthy People 2020

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. 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 chylamydia 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 Miller County (455.2 per 100,000 population) was lower than the State rate (466.2 per 100,000 population) but higher than the U.S. rate (446.6 per 100,000 population). Baker County's rate (478.9 per 100,000 population) was higher than the Georgia and U.S. rates.

Average Chlamydia Rates by Race (2009-2013)

	White	Black	All
Georgia	69.5	615.2	472.2
Baker	100.3	459.4	536.8
Miller	96	656.2	538

Data Source: OASIS, Georgia Department of Public Health

Chlamydia rates among Blacks were higher than Whites in Miller County, Baker County, and Georgia.

Gonorrhea

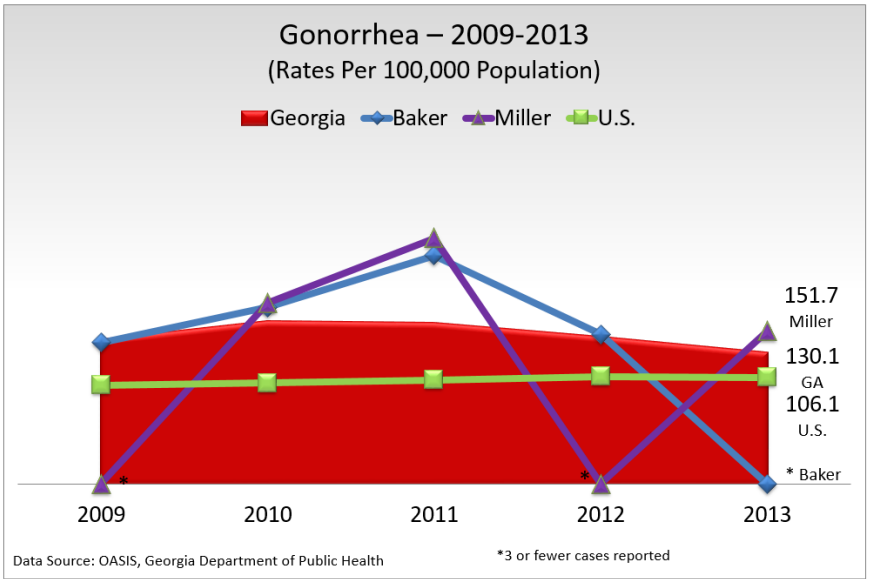
Gonorrhea and chlamydia often infect people at the same time.[84] The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are 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.

- Gonnorhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.[85]
- Georgia ranked eighth highest in the U.S. for reported gonorrhea cases in 2013.[86]

Who Is At Risk For Gonorrhea?

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

Centers for Disease Control and Prevention



In 2013, the gonorrhea rates in Miller County (151.7 per 100,000 population) was higher than the State rate (130.1 per 100,000 population) and U.S. rate (106.1 per 100,000 population). Baker County reported 3 or fewer cases, therefore a rate could not be computed.

Average Gonorrhea Rates by Race (2009-2013)

	White	Black	All
Georgia	13	262.5	147.8
Baker	*	157.5	155.1
Miller	*	190.9	138.6

* Too few cases to report

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea rates are highest among the Black population.

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.[87]

- 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.[88]
- Georgia ranked number one in the U.S. for reported syphilis cases in 2013.[89]

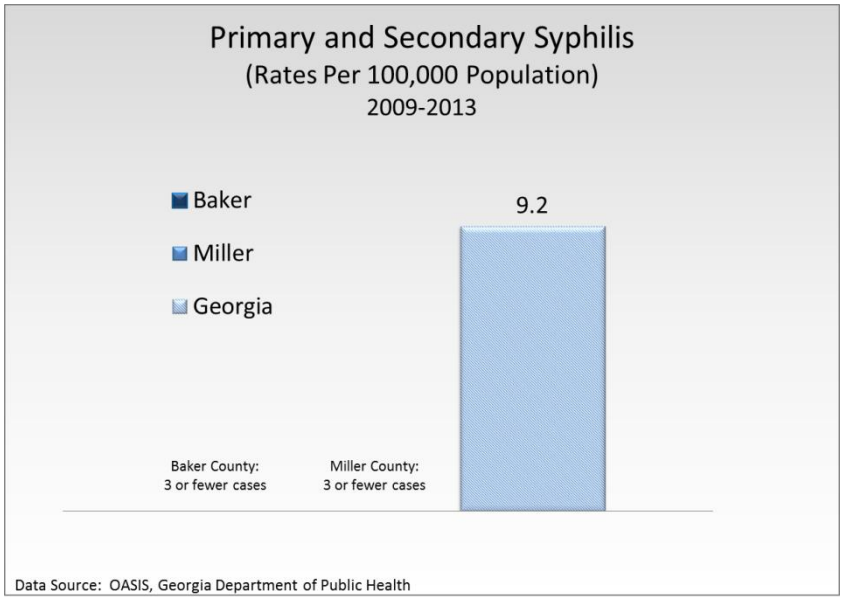
The Georgia syphilis rate in 2013 was 10.3 per 100,000 population. The U.S. rate in 2013 was 5.5 per 100,000 population.[90]

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 reported cases in Miller and Baker counties, the syphilis rates were not statistically meaningful. Between 2009 and 2013, Miller and Baker counties had a combined total of one case of syphilis.

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.[91] Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.[92]

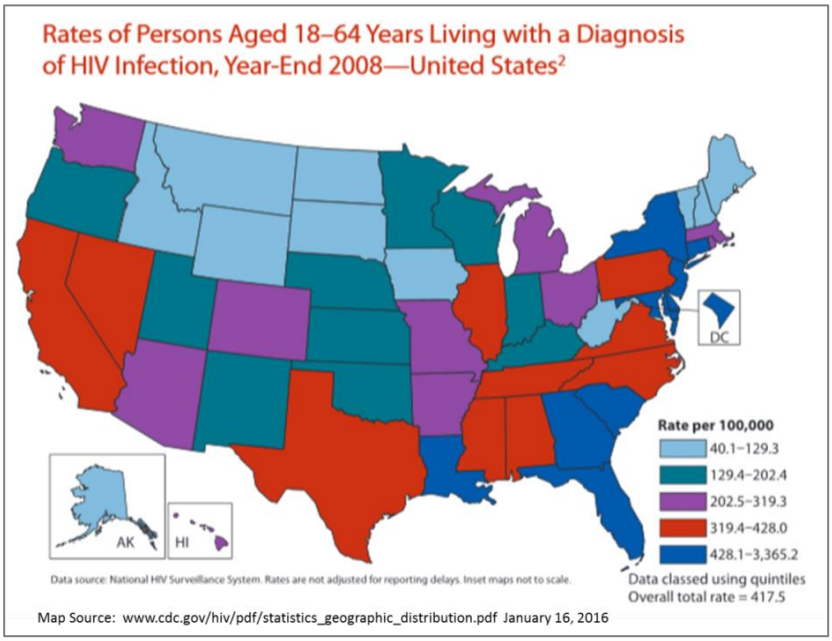
- In 2010, White MSM represented the highest number of new HIV infections in the U.S.[93]
- In 2010 Blacks (male and female) represented approximately 12 percent of the country's population, but accounted for 44 percent of new HIV infections. Blacks accounted for 41 percent of people living with HIV in 2011.[94]
- 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.[95]

Why is HIV important?

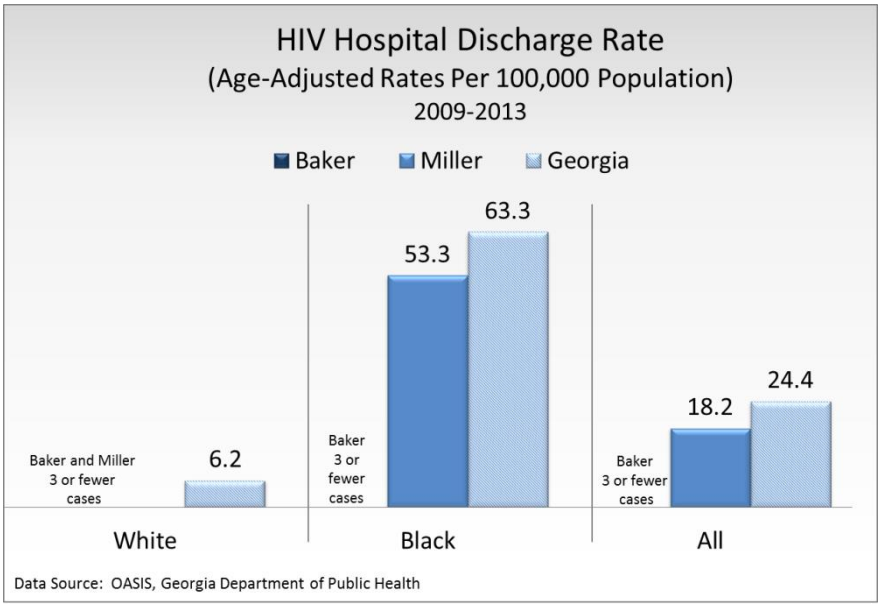
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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

Healthy People 2020

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



The HIV hospital discharge rate for Miller County (18.2 per 100,000 population) was lower than the State rate (24.4 per 100,000 population). Baker County had too few cases to report a rate.



COMMUNITY INPUT

Sexually Transmitted Disease

» Sex education is the biggest issue. The school system does not allow discussion about STDs.

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 services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."[96]

Why Is Access to Health Services Important?

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

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

Healthy People 2020

Gaining Entry into the Healthcare System

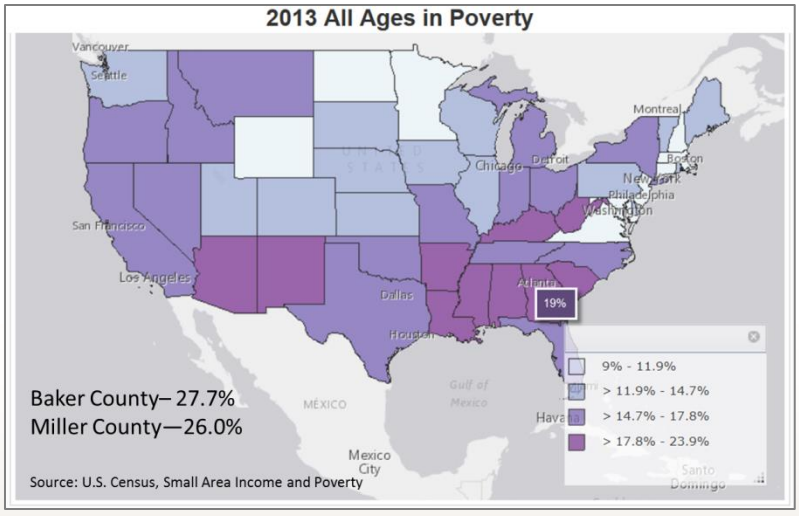
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

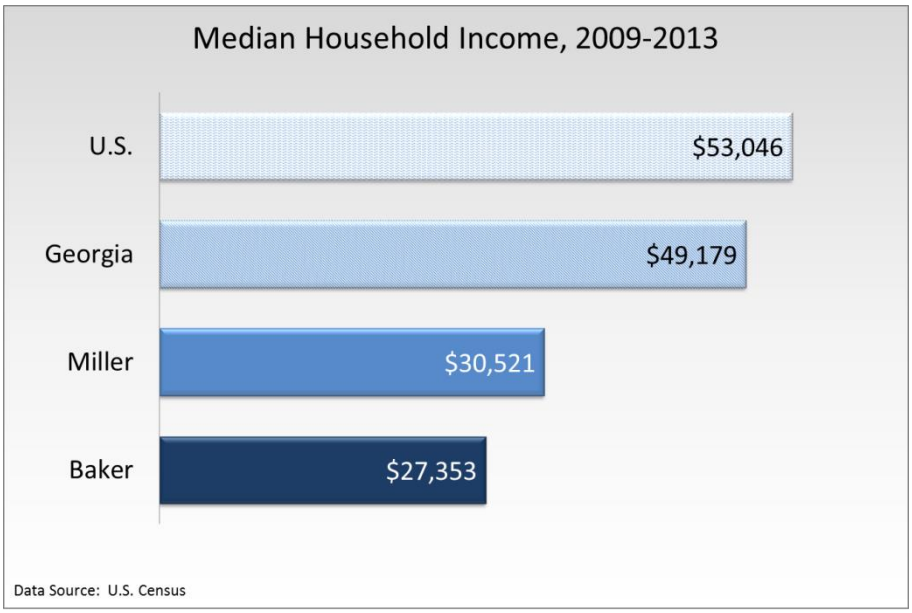
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.8 percent in 2014.[97]

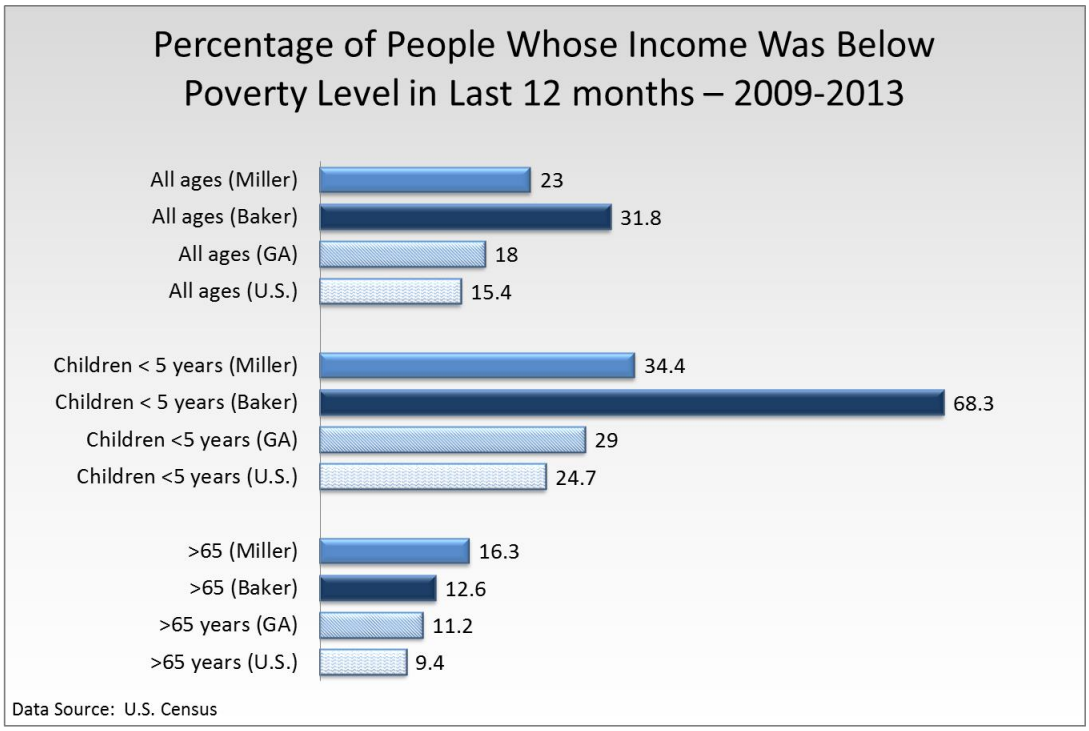
Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.[98]

Miller County's poverty rate was 26 percent, and Baker County's rate was 27.7 percent.



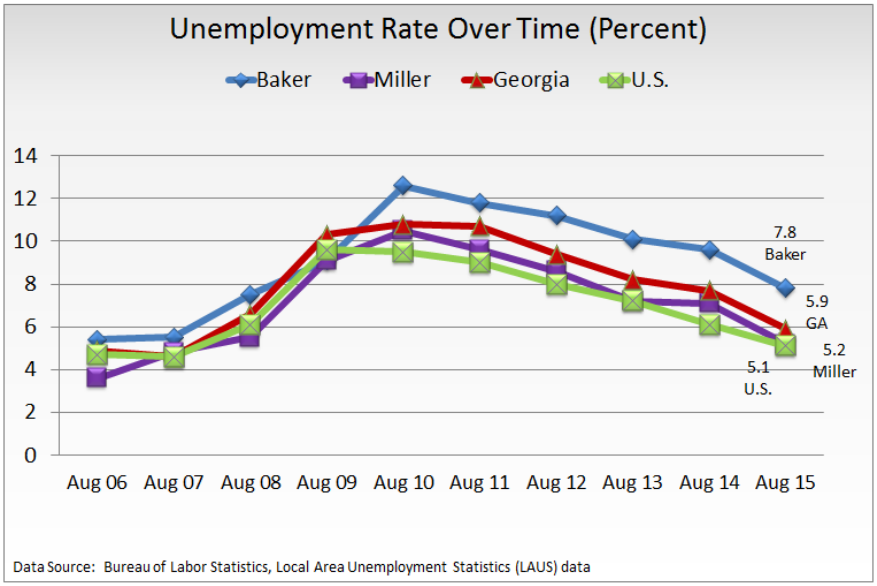


The median household incomes during 2009-2013 in Miller and Baker counties were $30,521 and $27,353, respectively. These median incomes were well below the Georgia average of $49,179 and the U.S. average of $53,046.

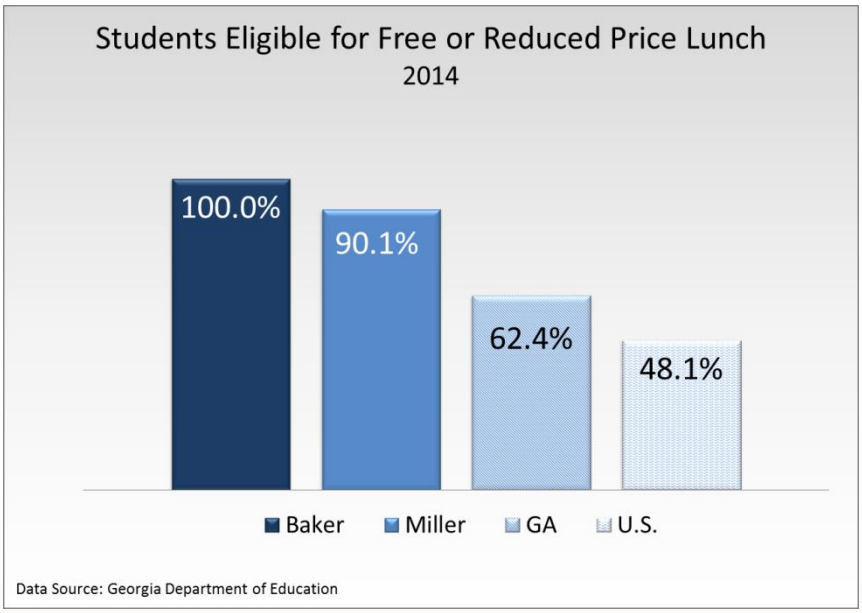


During 2009-2013, the percentages of people in Miller and Baker counties whose income was below the poverty level (23 percent and 31.8 percent respectively) were higher than in Georgia (18 percent) and in the U.S. (15.4 percent). The percentages of children under five years of age living in poverty in Miller and Baker counties (34.4 percent and 68.3 percent respectively) were higher than in both Georgia (29 percent) and the U.S. (24.7 percent). The percentages of Seniors in Miller and Baker counties living in poverty (16.3 percent and 12.6 percent respectively) were higher than in the State (11.2 percent) and in the U.S. (9.4 percent).

Since August 2010, the unemployment rates in Miller County have been consistently higher than the U.S. rates, although lower compared to the State rates. Since August 2010, the unemployment rates in Baker County have been higher than the U.S. and State rates. Miller County's unemployment rate dropped from 7.1 percent in August 2014 to 5.2 percent in August 2015. Baker County's unemployment rate dropped from 9.7 percent in August 2014 to 7.8 percent in August 2015.



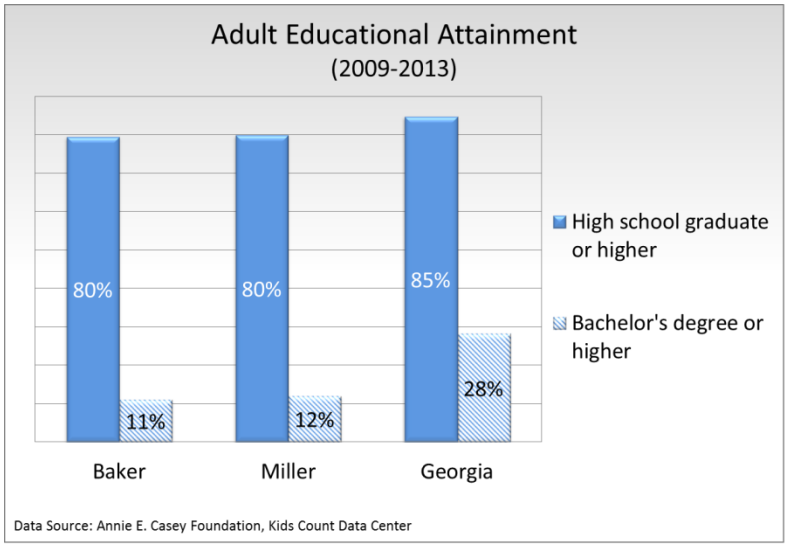
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.[99] For July 1, 2015 through June 30, 2016, a family of four's income eligibility for reduced-price lunches was at or below $44,863 and for free meal eligibility at or below $31,525.[100]



In 2014, 100 percent of the public school students in Baker County and 90 percent of public school students in Miller County were eligible for free or reduced price lunches. These rates were higher than the rates in Georgia (62 percent) and the U.S. (48 percent).

Educational Attainment

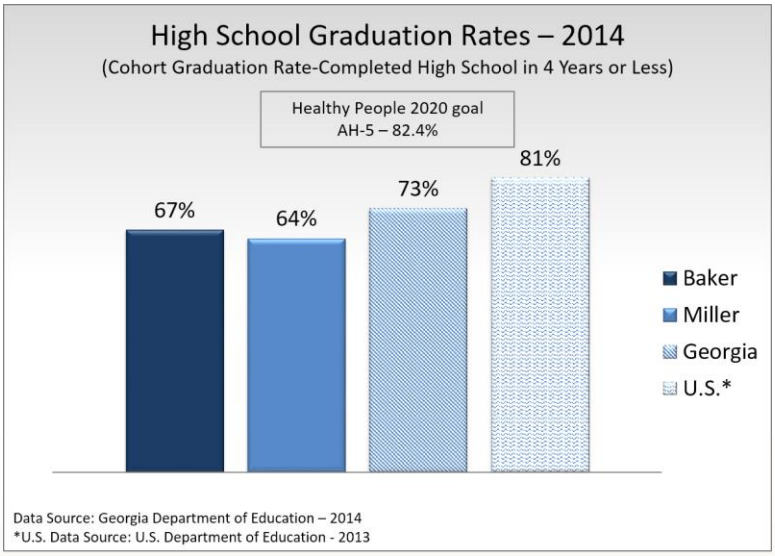
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.[101] According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.[102] 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.[103]



From 2009-2013, an average of 80 percent of Miller and Baker County residents graduated high school, compared to Georgia's average of 85 percent. An average of 12 percent of Miller County residents and 11 percent of Baker 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.[104]

In 2014, Baker County's and Miller County's high school graduation rates were 67 percent and 64 percent respectively. These rates were lower than the Georgia (73 percent) and the U.S. (81 percent) rates. The Healthy People 2020 goal is 82.4 percent (students who graduate with a regular diploma, 4 years after starting 9th grade).

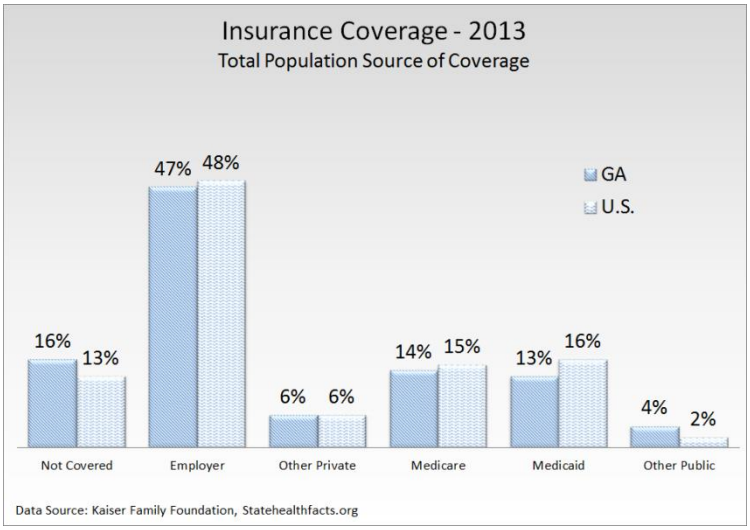


Insured Status

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.

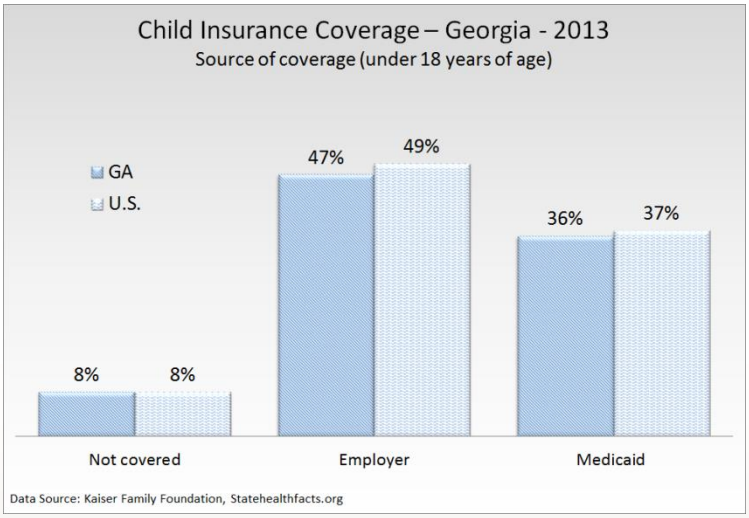
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs 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

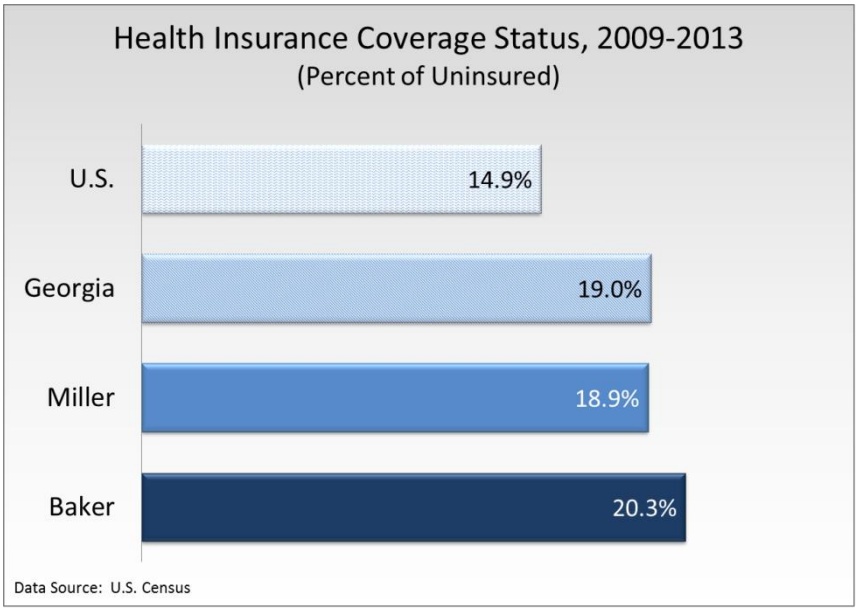


In 2013, Georgia's uninsured population (16 percent) was higher than the U.S. (13 percent). Employer coverage was lower in Georgia (47 percent) compared to the U.S. (48 percent). Georgia's proportions of Medicare and Medicaid covered individuals were lower than the U.S. rate.

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



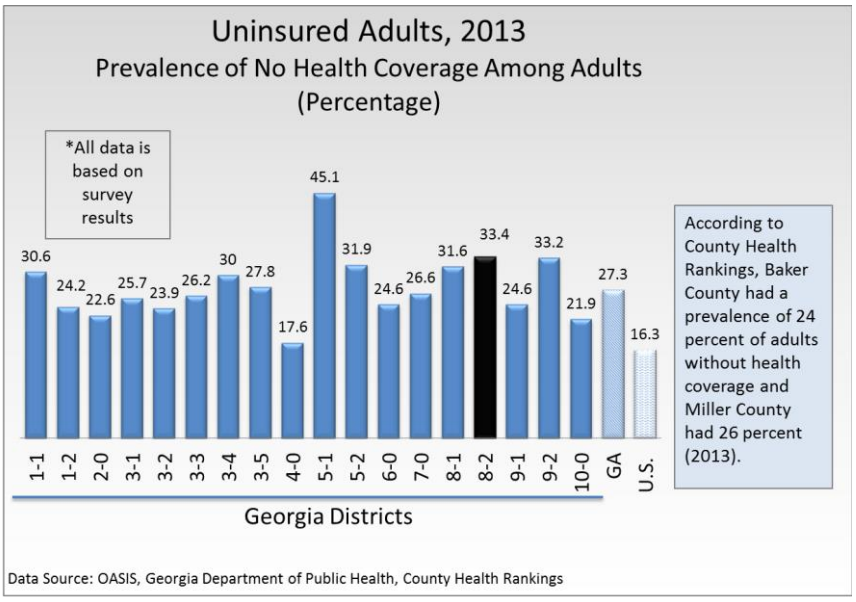
MILLER AND BAKER COUNTIES INSURED STATUS



Miller County (18.9 percent) and Baker County (20.3 percent) had higher proportions of uninsured than the U.S. (14.9 percent). Miller County had a lower rate than that of Georgia (19 percent).

The percentage of adults that lacked health insurance in Health District 8-2 (which includes Miller and Baker counties) was 33.4 percent. This rate was higher than the U.S. (16.3 percent) and Georgia (27.3 percent) rates.

In 2013, Miller County had 26 percent of adults lacking health insurance. The rate in Baker County was 24 percent.



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 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 healthcare services to members of Medicaid and PeachCare for Kids by providing a choice of health plans.
- **WIC** is a special supplemental nutritional program for Women, Infants and Children. Those who are eligible receive a nutrition assessment, health screening, medical history, body measurements (weight and height), hemoglobin check, nutrition education, and breastfeeding support, referrals to other health and social services, and vouchers for healthy foods.
- **Planning for Healthy Babies (P4HB)** offers family planning series for women who do not qualify for other Medicaid benefits, or who have lost Medicaid coverage. To be eligible a 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 receive 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.

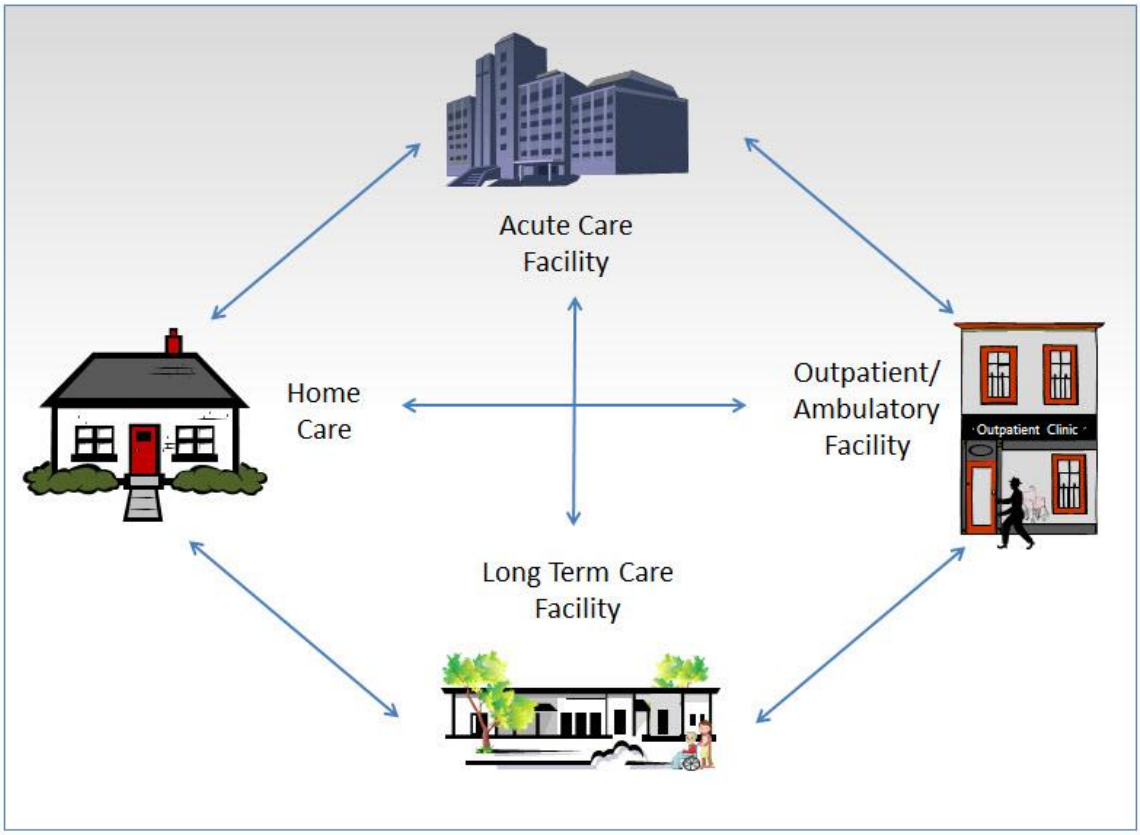
Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of healthcare, but it does not cover all medical expenses or long-term care. In Miller County 19 percent of the population, and 17 percent in Baker County, is over the age of 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*.[105] This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.[106] 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.[107] 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.

Miller County Hospital has been serving Colquitt, Georgia residents since 1957. This 25 bed, critical access not-for-profit hospital was named "The Hospital of the Year" in 2000 by HomeTown Health. The hospital offers a full range of inpatient and outpatient services to the residents of Colquitt and surrounding areas The hospital offers a full range of inpatient and outpatient services [108]

Free or Sliding Fee Scale Clinics

Miller County Health Department offers services on a sliding fee scale. Some of these services include women's health, primary care, pediatric medical, health education, family planning, Sexually Transmitted Disease testing, WIC, pregnancy, immunizations, diabetes prevention and testing, mammograms, and blood pressure screening.

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. Miller County as a whole is considered an MUA/MUP based on its Index of Medical Service Score of 60.10. Baker County is considered an MUA/MUP based on its score of 40.80.[109]

HPSA: Baker County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	Yes	Yes
HPSA Score	18	19	21

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

HPSA: Miller County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	Yes	Yes
HPSA Score	12	19	13

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

Mental Health

Miller and Baker County have facilities nearby and outside of the counties that provide mental health and substance abuse services. These facilities include:

- Aspire Behavioral Health and Disability Services is located in Blakely and Bainbridge, Georgia. The facility offers outpatient services mental health and addictive diseases.
- Georgia Pines (based in Thomasville, GA) has a location in Bainbridge that provides mental health, developmental disability, and addictive disease services.

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.[110] 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. Miller Nursing Home was established in 1965. The nursing home can accommodate 97 residents with 52 residential rooms; these rooms include private, semi-private and wards.[111]

Transportation

Miller County has a land area of 282 square miles, and Baker County has a land area of 342 square miles.[112] There is no public transportation system in Miller or Baker counties. Medicaid transportation is available, but the service must be called three hours in advance. Many residents depend upon family members or others in the community for their transportation needs.

Finding a Healthcare 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.[113]

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.[114] 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[115]

COMMUNITY INPUT

Access to Care

- There is a lack of outreach. Meetings are held in areas that are not always available to the underserved population.
- The insurance premiums are higher in South Georgia because the population is unhealthier.
- The bottom line is access and cost. You can advise patients to eat better and see the doctor more often, but it costs money to do both.
- Early detection is an important factor in preventing disease; however, further testing for disease is usually where the cost barrier comes into play.
- There are a lot of people who did not qualify for the market place insurance, and still do not have insurance. They are uninsured and do not qualify for Medicaid.
- There is a large proportion of the population who cannot afford medical supplies because their insurance will not cover it. Things like diabetic shoes, nebulizers, do not have access to these items at a reduced rate.
- Bain in Bainbridge provides some medical equipment at a reduced cost. http://www.baincil.org/
- There is a lack of resource knowledge and communication.
- Individuals who are uninsured are now able to get access to a doctor through indigent care at the medical center, then they can go to the (center) for medical care.
- A lot of people do not know about services. They are unaware that places like Spring Creek Health is available to help with prescription assistance and social services enrollment.
- The Southwest GA transportation has to be called 3 days in advance.
- If you have insurance through the marketplace, you cannot get treatment out of the state.
- Individuals leave their medicine at the pharmacy because they cannot afford them.
- There is a lack of screening because of the lack of physicians. A lot of the clinics are overcrowded and very busy and do not have time to test for everything.
- There is a large proportion of individuals who make too much money to qualify for Medicaid, but not enough to qualify for Obamacare.
- There have not been many job opportunities. A culture of entitlement exists and individuals get upset when they no longer qualify for Medicaid.
- The Medicaid shuttle is the only form of transportation in Miller County.

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

Senior Issues

- Medication compliance is an issue among the Senior population. They do not take their medications that control high blood pressure which only further contributes to cardiovascular disease.
- Seniors are unaware of services available to them, like prescription assistance programs.

Mental Health

- There is a lack of mental health resources. There is an office, but it is not open every day. If you have to refer the patient to another city for care, they do not have reliable transportation.
- The patients that need mental health either go to Blakely or Bainbridge.
- There is a lack of outreach regarding mental health. Meetings are held in areas that are not always available to the underserved population.

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 your pleased with the priorities this group has chosen?
- Do you think others would support these priorities?
- Is each health priority amendable to change?

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

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

Focus Group Meeting and Priorities

A focus group meeting was held on April 13th, 2016.

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

1. Adolescent Behavior
    a. There is a need for educational classes on parenting.
    b. There is a need for education and awareness surrounding healthy lifestyle choices related to alcohol, tobacco and drug use.
    c. There is a need for education surrounding leadership and career planning.
    d. There is a need for sex education to prevent unwanted pregnancies and STDs.

2. Access to Care
    a. There is a need for free or low cost care options for the working poor, uninsured, or underinsured.
    b. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.
    c. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents.

3. Obesity and Lifestyle
    a. There is a need for education awareness on the causes, risk, prevention, and intervention for obesity to promote a desire to change.
    b. There is a need for education and awareness of available facilities and ways to engage in physical activity.

4. Cancer
    a. There is a need for education and awareness regarding cancer causes, risk factors, and prevention.
    b. There is a need for education and awareness regarding when and where to get cancer screenings and available treatment options.
    c. There is a need for specific education regarding awareness of prostate cancer.

5. Cardiovascular
    a. There is a need for education and awareness on prevention, signs and symptoms of cardiovascular risk, and intervention tactics.
        i. Medication compliance
        ii. Smoking cessation
        iii. Screening

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

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. The CHSC stressed the importance of partnering with the community to find the best possible solutions to address these priorities.

- Adolescent Behavior
- Access to Care
- Obesity and Lifestyle
- Cancer
- Cardiovascular
- Mental and Behavioral Health

Approval

Miller County Hospital approved this community health needs assessment through a board vote on June 30, 2016.

COMMUNITY PARTICIPANTS

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

MILLER COUNTY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Robin Rau – Chief Executive Officer, Miller County Hospital
Sheila Freeman - Executive Director, Spring Creek Health
Barbara Means - Pre-K Director
Dr. Roy Reardon – Physician, Miller County Hospital
Shawn Whittaker, RN – Chief Nursing Officer, Miller County Hospital
Becky Hudgins – Pharmacy Director, Miller County Hospital
Devin Killough – Manager, Miller County Hospital
Ashlie Brackin – Utilization Review, Miller County Hospital
Leigh Ribolzi – Director, Miller County Collaborative
Darlene Cox – County Nurse Manager, Miller County Health Department

COMMUNITY REPRESENTATIVES – KEY STAKEHOLDER INTERVIEWS

Darlene Cox – County Nurse Manager, Miller County Health Department

PARTICIPANTS IN COMMUNITY FOCUS GROUP MEETINGS

Abby Glass, RN - Care Coordinator, Miller County Hospital
Billy W. Roland - Miller County Recreation Board
Monica Posey – ACA Navigator, Spring Creek Health Cooperative
Sherry Morse – SNAP and Prescription Assistance Coordinator, Spring Creek Health Cooperative
Hillary Harrell – Benefits Counselor, Spring Creek Health Cooperative
Phyllis Burney – Manager, Pine Woods Apartments
Stanley Shephard – Business owner
Ansley Poague, RN – ER Nurse Manager, Miller County Hospital
Patricia Heard – LPN, New Beginnings
Lisa Peterson Swofford – Family Nurse Practitioner
Jayme Smith – Grant Writer, Flint River Keeper
Kacee Holt – Chamber President, Miller County Chamber of Commerce
Tammie Varnadoe, RN – Darton College Instructor, Nursing Program
Mary Price – Miller County Sheriff's Office
Bebe Thomas – Youth Mentor and Advisor
Jana Clenney – School Counselor, Miller County Elementary School

RESOURCE LISTING

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

ASSISTED LIVING FACILITIES	
Colquitt Alternative Care 258 East College St Colquitt, Ga. 39837 (229)758-2000	
BLOOD DONATIONS	
American Red Cross 800.RED.CROSS / 800.733.2767 (P) www.redcross.org	
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)

Cancer Coalition of South Georgia
2332 Lake Park Dr,
Albany, GA 31707
(229) 312-1700

Miller County Cancer Stomp
Colquitt, GA 39837
Jessica Dunnigan, RN
Chairman
229-758-4214 office

CHILDREN & FAMILY SUPPORT SERVICES

ALL GA KIDS
877.255.4254 (P)

Miller County Health Department
250 W Pine St, Colquitt, GA 39837
(229) 758-3344

Georgia Family Connection Partnership www.gafcp.org

Kids Count www.gafcp.org/index.php/count/main

Underage Drinking
www.didyouknowfacts.net

Office of Child Support Services (OCSS)
877.423.4746 (P)

Miller County DFCS
69 Thompson town Rd
Colquitt, Ga. 39837
(229) 430-6289

Child Welfare Information Gateway www.childwelfare.gov
Prevent Child Abuse Georgia www.preventchildabusega.org
Prevent Child Abuse America www.preventchildabuse.org

CLOTHING RESOURCES

Goodwill
1602 E Shotwell ST. Suite A
Bainbridge, Ga. 39819
(229) 246-5035

Salvation Army
600 S Scott St, Bainbridge, GA 39819
(229) 243-7250

AGAPE Thrift Shop On The Square Colquitt, GA 39837 Open Thursday, Friday and Saturday	
COUNSELING	
ASPIRE Behavioral Health & DD Services Miller County (229) 724-2050	Seminole Counseling Center 804 North Wiley Avenue Donalsonville, Ga. 39845 (229) 524-8994 **Think About It Consulting Services, Inc.** **Dewana Fields** **131 Oklahoma Street, Blakely, Ga. 39823** **(229) 308-0761**
CRISIS INTERVENTION	
Poison control 1 (800) 222-1222 Suicide Prevention and support (888) 724-7240 Georgia Crisis Line (800) 715-4225 Lily Pad Rape Victims (229) 435-0074	**Prescription Drug Abuse** www.stoprxabuseinga.org National Domestic Violence Hotline (800) 799-7233 Teen Rehab Center www.teenrehabcenter.org
DENTAL (LOW-INCOME)	
Quitman Dental Care 41 Old School Rd Georgetown, Ga. 31825 (229) 334-6300 Dixieland Dental 15622 US-231, Midland City, AL 36350 Phone: 251.626.6140 Toll Free: 877.DDC.1DAY	Valley Healthcare System 1315 Delaunay Ave. Columbus, Ga. 31901 (706) 322-9599 Brooks Dental 229-723-4111 AAPHC PHOEBE DENTAL CENTER LBN ALBANY AREA PRIMARY HEALTH CARE, INC. 417 W 3RD AVE ALBANY, GA 31701-1943 Phone: 229-888-6559 Fax: 229-436-4107

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

Lane's Medical
210 W Main St Ste 3
Colquitt, Ga. 39837
(229) 758-9111

Lincare Oxygen Equipment Supplier
Address: 401 E Broughton St, Bainbridge, GA 39817
Phone:(229) 246-3670
Jeff Mullins - Designated Mechanic Examiner - DME
Aviation Consultant
Address: Highway 231, ESCC / Alabama Aviation Center, Ozark, AL 36360
Phone:(850) 557-0110

BAIN:
(229) 246-0150 –DME- low cost income

First Street Easy Climber (800) 270-6702
Medical equipment & supplies
National Sponsor

DME Financial Insurance Agency
Address: 1500 Evelyn Ave, Albany, GA 31705
Phone:(866) 327-1338

CONVENIENT CARE/URGENT CARE

Phoebe Convenient Care East
2410 Sylvester Rd
Albany, Ga. 31705
(229) 312-9200
M-F 8am-7pm
Sat-Sun 9am-5pm

Tallahassee Memorial Hospital
1300 Miccosukee Rd, Tallahassee, FL 32308
Phone: (850) 431-1155

All South Urgent Care
4585 Montgomery Hwy.
Dothan, Al. 36303
(334) 340-2600

FINANCIAL ASSISTANCE	
Division of Family and Children Services (DFCS) Temporary Assistance for Needy Families (TANF)	Neighborhood Services Center Miller County (229) 758-2848
FINANCIAL COUNSELING	
Credit & Debt Service Bainbridge, Ga. 39817 (229)248-1039	
FOOD ASSISTANCE	
Division of Family and Children Services (DFCS) 69 Thompson Town Rd Colquitt, Ga. 39837 (229) 758-3387 www.dfcs.dhs.georgia.gov For Food Stamps	Miller County Health Department 250 W Pine St Colquitt, Ga. 39837 (229) 758-3344 For WIC Assistance Early County Food Bank Stephanie Benton @ EC Extension Office (229) 723-3072

FURNITURE RESOURCES	
Goodwill 1602 E Shotwell St Bainbridge, Ga. 39819 (229)246-5035 AGAPE Thrift Shop On The Square Colquitt, GA 39837 Open Thursday, Friday and Saturday	Salvation Army 600 Scott St Bainbridge, Ga. 39818 (229) 243-7250
GED CLASSES	
Bainbridge College 2500 E Shotwell St, Bainbridge, GA 39819 Phone: (229) 248-2500 Bainbridge State College 40 Harold Ragan Drive, Blakely, Ga. 39823 (229) 724-2400	**GED and Work Preparation** **Southwest Georgia Workforce** www.workforce44.org **GED** **Registration:** www.gedtestingservice.com/testers/test-on-computer
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	Obamacare: (844)209-2242 http://www.affordable-health-insurance-plans.org/ Spring Creek: (229) 400-7551 Spring Creek Healthcare Cooperative Monica Posey, ACA Navigator 304 West Pine Street Colquitt, GA 39837 (470) 925-6706
HOSPICE PROVIDERS	
Hospice of Southwest Georgia 117 S. Donalson Street Bainbridge, GA 39817 (229) 246-9965 or 1-800-290-6567	Gentiva Hospice 117 N Donalson St 432 E Shotwell St. Bainbridge, Ga. 39817 (229)246-6330
HOUSING / UTILITY ASSISTANCE	
Colquitt Housing Authority 208 W Pine St Colquitt, Ga. 39837 (229) 758-3348	Georgia Dept. of Community Affairs Georgia Dream Homeownership Program 800.359.4663 (P)
Miller County Neighborhood Services Center 360 South 4th St Colquitt, Ga. 39837 (229) 758-2848	Georgia Housing Search www.georgiahousingsearch.org
Low Income Home Energy Assistance Program (LIHEAP) To verify if you are eligible, please call: 800.869.1150 (P)	Neighborhood Services Center (229)758-2848 Colquitt Ga

JOB TRAINING	
Workforce 44 Wia 75 W Broad St. Camilla, Ga. 31730 (229) 522-3594 Georgia Department of Labor/Bainbridge Career Center Kimberly Coleman-Jones, Manager 310 S. Scott St. Bainbridge, GA 39819 (229) 248-2618 (229) 248-2681 F	Georgia Vocational Rehabilitation Program Thomasville GA Toll free: 1-844-for-GVRA (1-844-367-4872) Metro Atlanta: 404-463-1103 Ga Works- (404) 215-6680
LEGAL ISSUES	
Georgia Legal Services 800.822.5391 (P)	Georgia Legal Services Program, Inc. Albany Regional Office 235 Roosevelt Avenue, Suite 410 Albany, GA 31702 (229) 430-4261 (800) 735-4271
LITERACY	
Family Literacy Hotline 404.539.9618 (P)	Ferst Foundation for Childhood Literacy 888.565.0177 (P)
MEDICAL FINANCIAL ASSISTANCE	

Division of Family & Children Services (DFCS) Miller County DFCS Office 69 Thompson Town Rd Colquitt, GA 39837 (229) 758-3387	Spring Creek Healthcare Cooperative (229) 400-7551 Spring Creek Healthcare Cooperative Prescriptive Assistance, Sherry Morse 304 West Pine Street Colquitt, GA 39837 (229) 758-6064
MEDICAL CLINICS AND (FREE AND SLIDING FEE)	
Miller County Health Dept. 250 W Pine St Colquitt, Ga. 39837 (229) 758-3344	Miller County Medical Center 208 N Cuthbert St. Colquitt, Ga. 39837 (229) 758-3304 Robert E. Jennings Medical Clinic 103 R. E. Jennings Avenue, SE Arlington, GA 39813 (229) 725-4251
Primary Care of Southwest GA, Inc. 360 College Street Blakely, GA 39823 Phone: 229-723-2660 Fax: 229-723-2663 Primary Care of Southwest GA 509 Wheat Avenue Bainbridge, GA Phone: (229) 416-4421	Primary Care of Southwest GA 454 Smith Avenue Thomasville, GA Phone: 229-227-5510 Fax: 229-227-5527

MENTAL HEALTH

ASPIRE Behavioral Health Miller County, Colquitt GA- (229)-724-2050

ASPIRE Behavioral Health & DD Services:
Baker County (229) 430-4140
Calhoun County (229) 724-2050
Dougherty County (229) 430-4140
Early County (229) 724-2206
Lee County (229) 430-4140
Miller County (229) 724-2050
Terrell County (229) 430-4140

Contact ASPIRE through the Georgia Crisis and Access Line: 1-800-715-4225

Crisis Services 24 hours a day:
601 West 11th Avenue
(Crisis Entrance)
Albany, GA 31702
(229) 430-1360

Outpatient Services: (229) 430-4140

AAPHC BEHAVIORAL WELLNESS CENTER
LBN ALBANY AREA PRIMARY HEALTH CARE, INC.
1712 E BROAD AVE
SUITE B ALBANY, GA 31705-2611 Phone: (229) 639-3135
Fax: (229) 639-3136

New Beginnings: Colquitt, GA (229) 758-2729

Ga Pines Bainbridge GA (229) 248-2683

Samaritan Counseling Bainbridge (229) 243-1633

Seminole Mental health (GA pines) (229) 524-6630

BHCC-Thomasville – (229) 225-5099

Green Leaf 2209 Pineview Dr, Valdosta, GA 31602
Phone:(229) 247-4357

North side Address: Thomasville, GA Phone:
(229) 228-8100

Phoebe Mental Health (229) 341-4598

BHCC – Thomasville- (229) 225-5099

NURSING HOMES/SKILLED NURSING

Miller County Hospital and Nursing Home
209 North Cuthbert St
Colquitt, Ga. 39837
(229) 758-4200

Calhoun Nursing Home
265 Turner Street
P.O. Box 397
(229) 835-2251

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) (insert local info)	
PHYSICAL THERAPY / REHABILITATION SERVICES	
Colquitt Physical Therapy 210 W Main St Suite 1 Colquitt, Ga. 39837 (229) 758-5214	NHRehab.org- 855-901-8552
PUBLIC LIBRARIES	
Miller County James W. Merritt Jr Memorial Library 259 E Main St. Colquitt, Ga. 39837 (229) 758-3131	Decatur county Public Library 301 S Monroe St, Bainbridge, GA 39819 (229) 248-2665

Seminole County Public Library 103 W 4th St, Donalsonville, GA 39845 Phone:(229) 524-2665	Maddox Memorial Library 11880 Columbia Street, Blakely, Ga. 39823 (229) 723-3079
RECREATION	
Miller County Senior Center 230 W Pine St. Colquitt, Ga. 39837 (229) 758-3836 Emerald Lakes RV Resort 698 Enterprise Rd, Colquitt, GA 39837 (229) 758-9929	Spring Creek Park 158 West St Colquitt, Ga. 39837 (229) 758-6213
SAFETY	
Georgia Poison Control 800.222.1222 (P) www.gpc.dhr.georgia.gov Life Alert Serving the Bainbridge area. (877) 830-3543	Georgia Department of Public Safety POST- Colquitt 229 South 4th St. Colquitt, GA 39837 (229) 758-2651 Colquitt Fire DEPT:229-758-1000 Emergency: 911

SENIORS	
Miller County Senior Center 230 W Pine St. Colquitt, Ga. 39837 (229) 758-3836	
SMOKING CESSATION	
Georgia Tobacco Quit Line 877.270.7867 (P) www.livehealthygeorgia.org/quitline	
TEEN PARENTING RESOURCES	
Miller County DFCS Office 69 Thompson town Rd Colquitt, Ga. 39837 (229)758-3387	Young Mommies Help Site www.youngmommies.com
ALCOLHOLICS ANONYMOUS 814 West Street Bainbridge, GA 39819 Website: aageorgia.org Meeting Times: Sunday 3:00 pm, Monday 8:00 pm, Wednesday 6:30 pm. Women's Meeting 8:00 pm. OS/NS, Thursday 8:00 pm Website with a statewide meeting list: aageorgia.org	FLINT RIVER THERAPY ASSOCIATES INC. 231 N. Bruton Street P.O. Box 7851 Bainbridge, GA 39818

EASTER SEALS OF SOUTHERN GEORGIA 1906 Palmyra Road Albany, GA 31701 Hours: 8:30am-5:00pm Monday-Friday Eligibility Requirements/Target Group: services are for individuals with or development disability	GEORGIA FATHERHOOD PROGRAM Office of Child Support Services/GA Fatherhood Services Network/200 W. Oglethorpe Blvd. Ste. 201 Albany, GA 31701 Contact Person: Kenneth Fletcher, Fatherhood Agent Phone: (229) 430-5084 Email: kxfletchr@dhr.stte.ga.us
NARCOTICS ANONYMOUS United Methodist Church 232 Shotwell Church Bainbridge, GA 39819 Meeting Schedule: Tuesday& Friday at 8:00 PM http://www.na.org	OPEN DOOR ADOPTION AGENCY 218 East Jackson Street Thomasville, GA 31799 (229) 228-6399 (office) 800-868-6339 (toll free) Fax: (229) 228-4726 Contact Person: Walter Gilbert, Director Website: www.opendooradoption.org
TRANSPORTATION	
MIDS Inc. 905 E Shotwell St. Bainbridge, Ga. 39819 (229) 246-6758 Transit Bus (229) 724-7433 Gold Star Bainbridge GA (877) 794-4911	Donna's Transportation, INC 2100 Burl Lane Rd. Iron City, Ga. 39859 (229) 400-5998

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