



Hospital Authority of  
**MILLER  
COUNTY**

## 2019 Community Needs Assessment

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The following assessment was researched and written by:



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# EXECUTIVE SUMMARY

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## Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Miller County Hospital with a functioning tool that satisfies the Internal Revenue Service (IRS) regulatory requirements under section 501(r). 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 community benefit programs and implementation strategies. It is anticipated that this report will not only be used by the hospital, but also by other community agencies in developing their programs to meet the health needs of Miller County.

The assessment was performed by Draffin & Tucker, LLP. Draffin & Tucker is a health care consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 60 years' experience working with hospitals throughout the Southeastern United States. Input was received from the hospital, community leaders, and Miller 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 County is located in the southwestern part of Georgia and had an estimated population of 5,686 in 2018. The city of Colquitt is the county seat of Miller County. Colquitt is home to Miller County hospital, which is a 25-bed critical access not-for-profit hospital.

## Condition of Health (Morbidity and Mortality)

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

### HEART DISEASE AND STROKE

Heart disease and stroke typically affect people age 65 years and older. Heart disease was the first leading cause of death in Miller County. The heart disease death rate in Miller County was higher than the Georgia rate. Stroke was the fourth leading cause of death in Georgia but did not rank high in Miller County. Stroke has very similar modifiable risk factors as heart disease, and the two can be grouped together when developing community health needs implementation strategies.

## **CANCER**

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

## **ACCIDENTS**

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

## **CHRONIC LOWER RESPIRATORY DISEASE**

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

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

Birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. There were no reported cases of infant mortality in Miller County during the period 2013-2017. The teen birth rate in Miller County was higher than the Georgia and the U.S. rates. The teen birth rate among White females was higher than Black and Hispanic females.

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

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

## **SEXUALLY TRANSMITTED DISEASES**

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

## ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. Nearly one-quarter of Miller County's population was below the poverty level. Around 13 percent of Miller County's population was uninsured compared to Georgia's rate of 14.8 percent and U.S. at 10.5 percent.

Education also affects an individual's ability to access care. Approximately 83 percent of Miller County residents were high school graduates (4-year cohort rate) compared to Georgia residents at 82 percent. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.

Local infrastructure and public transit affect access to health care. Miller County does not have a public transport service. Many residents reported lack of convenient and affordable transportation.

# Community Health Indicator Report

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

KEY FINDINGS							
	Miller		State		U.S.		HP 2020
MORTALITY							
All Cancer Death Rates	171.4	↓	162.1	↓	158.1	↓	161.4
Lung Cancer Death Rates	48.3	↓	42.4	↓	40.1	↓	45.5
Colon and Rectum Cancer Death Rates	+	•	15.2	↓	14.1	↓	14.5
Female Breast Cancer Death Rates	19.9	•	21.8	↓	20.3	↓	20.7
Prostate Cancer Death Rates	29.4	↑	21.6	↓	19	↓	21.8
Heart Disease Death Rates	219.4	n/a	178.6	n/a	167.1	n/a	
Stroke Death Rates	+	↓	43.5	↓	37.1	↓	34.8
Accident Death Rates	85.8	↑	42.6	↓	44	↑	36.4
Chronic Lower Respiratory Disease Death Rates	69.4	↑	46.3	↑	41.1	↓	
Influenza and Pneumonia Death Rates	+	•	15.3	•	14.8	•	
Diabetes Death Rates	48.7	↑	21.8	↓	21.2	•	
Infant Mortality Rate	+	•	7.5	↓	5.7	•	6.0
MORBIDITY							
All Cancer Incidence	463.2	↑	454.6	↓	441.2	↓	
Breast Cancer Incidence	129.2	↑	125.2	•	124.7	↑	
Lung Cancer Incidence	100	↑	64.9	↓	60.2	↓	
MATERNAL, INFANTS, AND CHILDREN							
Teen Birth Rates	27.7	↓	25.8	↓	20.3	↓	
Low Birth Weight	10.1%	↓	9.5%	•	8.2%	•	
SEXUALLY TRANSMITTED DISEASES							
Chlamydia Rates	633.8	↑	623.7	↑	528.8	↑	
Gonorrhea Rates	119.9	↓	217.5	↑	171.9	↑	
Syphilis (All stages)	+	•	37.5	•	23.9	•	
HIV	23.5	↓	17.7	↓	•	•	
ACCESS TO CARE							
Poverty Percentage All Ages	23.3%	•	16.9%	↓	14.6%	↓	
Unemployment Percentage	3.3%	↓	3.8%	↓	3.8%	↓	
High School Graduation (graduation rate)	83%	inc	82%	inc	84%	inc	87%
HEALTH BEHAVIORS							
Prevalence of Obesity	29.0%	↓	30.5%	•	39.8%	↑	30.5%
Lack of Physical Activity	29.0%	↓	23.6%	↓	24.2%	•	32.6%
Adult Smokers %	19.0%	↓	18.0%	•	17.0%	•	12%

HP 2020-Healthy People 2020

## LEGEND

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

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

## Community Prioritization of Needs

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

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

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

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

### APPROVAL

Miller County Hospital's Board approved this community health needs assessment through a board vote on June 27, 2019.

# THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

## 1. Forming the Hospital's Steering Committee

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

Robin Rau – Chief Executive Officer, Miller County Hospital  
Ashlie Brackin – Utilization Review, Miller County Hospital  
Sheila Freeman – Executive Director, Spring Creek Health  
Abby Glass – Care Coordinator, Miller County Hospital  
Becky Hudgins – Pharmacy Director, Miller County Hospital  
Keliah Kegler – County Nurse Manager, Miller County Health Department  
Barbara Means – Pre-K Director, Miller County Board of Education  
Barbara Meredith – Manager, Miller County Hospital  
Dr. Roy Reardon – Physician, Miller County Hospital  
Leigh Ribolzi – Director, Miller County Collaborative  
Nakesha Rolle – Corporate Compliance Officer  
Shawn Whittaker, RN – Chief Nursing Officer, Miller County Hospital

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 County was selected as the community for inclusion in this report.

## 3. Identifying and Engaging Community Leaders and Participants

The CHSC identified community leaders, partners, and representatives to include in the CHNA process. Individuals, agencies, partners, potential partners, and others were requested to work with the hospital to 1) assess the needs of the community, 2) review available community resources and 3) to prioritize the health needs of the community. Representatives of groups, or individuals, who represent medically underserved populations, low income populations, minority populations, and populations with chronic diseases, were included. The CHSC

identified over 40 individuals to participate in the community focus groups including a representative from the local public health department.

## 4. Identifying and Engaging A Community Stakeholder

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

## 5. Community Health Profile

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

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

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

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

## 6. Community Input

A two-hour Community Health Input Meetings (community meeting) and a one-hour Community Stakeholder Interview (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 County.

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

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

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

## 7. Hospital Prioritization of Needs

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

## 8. Evaluation of Impact

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



## Description of Major Data Sources

### Bureau of Labor and Statistics

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

### Behavioral Risk Factor Surveillance System

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

### Centers for Disease Control and Prevention

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

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

### County Health Rankings

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

### Georgia Department of Public Health

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

## **Georgia Department of Education**

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

## **Healthy People 2020**

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

## **Kids Count Data Center**

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

## **National Cancer Institute**

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

## **U.S. Census Bureau**

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

## Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

## Information Gaps and Process Challenges

The health data comes from a variety of sources and the sources collect data differently. Most of this community health needs assessment report compared published County-level data to both the published State and U.S. data. Careful analysis of how the data was collected insured that comparability exists. If comparability is absent, the differences are 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 specifically identifiable in the data. Some groups are too small to have reliable results. For this reason, small population groups and groups that are not represented in the quantitative data were included as part of the qualitative data collection. Many of the key stakeholder and community focus group meetings devoted time to focus on these population groups. There are some medical conditions that were not specifically addressed.

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

## Evaluation of Impact of Actions Taken from Previous CHNA

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

Health Problems in previous CHNA/Implementation Strategy:	Impact/Evaluation of these Activities/Strategies
<p>1. Adolescent Behavior</p> <ul style="list-style-type: none"> <li>a. There is a need for educational classes on parenting.</li> <li>b. There is a need for education and awareness surrounding healthy lifestyle choices related to alcohol, tobacco and drug use.</li> <li>c. There is a need for education surrounding leadership and career planning.</li> <li>d. There is a need for sex education to prevent unwanted pregnancies and STDs.</li> </ul>	<p><b>Collaborating Partners include: Spring Creek Health, ASPIRE, Department of Health, Baker and Miller County School Systems, BAIN, Quest for Change, SOWEGA Council on Aging, Staff of Miller County Hospital.</b></p> <p>During the past few years thirteen health fairs were held in Miller, Calhoun and Baker County. Three career fairs were organized and held at the Miller County School System, and a fourth career fair held at the Colquitt State Theater.</p> <p>Education was provided to both students and parents on healthy lifestyles, diet, activity vs exercise, STD's, teenage Pregnancy prevention, Substance abuse and tobacco cessation, advanced directives, care coordination, and GED education.</p> <p>Additionally, career education and development was provided with representation from each of the area colleges, and participation of each discipline in medicine. Staff of Miller County provided insight to students on topics such as laboratory technology, respiratory therapy, nursing, physical and occupational therapy, and radiology.</p> <p>Each summer the hospital encouraged students to shadow medical staff to make more advance career planning decisions.</p> <p>These events culminated on April 11, 2019 with an area wide invitation to students of public and private schools to attend a MCH hosted career fair. In total, 44 students participate, with 40 from South Georgia Academy and 4 from Miller County High.</p>

<p>2. Access to Care</p> <ul style="list-style-type: none"> <li>a. There is a need for free or low-cost care options for the working poor, uninsured, or underinsured.</li> <li>b. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.</li> <li>c. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents.</li> </ul>	<p>Thirteen health fairs were held during the past three years in Miller, Calhoun and Baker County. One event was held specifically for Men during a Miller County Football Game.</p> <p>Other sites included the MC recreation department, West Foods in Edison, Senior Center, Baker County School, Jennings Medical Clinic, Newton Housing Authority, and Mikes Foods in Colquitt among others. Miller County Hospital provided no cost Thyroid profiles, lipid panes, PSA, BMI, Smoking Cessation with O2 Saturation, breast cancer education, blood sugar, depression screening, STD education, colon cancer screening, skin cancer screening, flu shots, along with vision and hearing screening.</p> <p>During these events many participants were identified with hypertension, elevated glucose, elevated cholesterol, elevated Thyroid and triglycerides.</p> <p>Miller County Medical Center and the Jennings Clinic both offer a sliding scale fee schedule at 200 percent of the federal poverty guideline.</p>
<p>3. Obesity and Lifestyle</p> <ul style="list-style-type: none"> <li>a. There is a need for education awareness on the causes, risk, prevention, and intervention for obesity to promote a desire to change.</li> <li>b. There is a need for education and awareness of available facilities and ways to engage in physical activity.</li> </ul>	<p>At each of the health fairs, diet nutrition and exercise education is available along with BMI measurement and counseling.</p> <p>Moreover, thru the Miller County Hospital ACO, Annual Wellness Visits, Chronic Disease Management and Healthy Lifestyles are focal points of education and evaluation.</p>
<p>4. Cancer</p> <ul style="list-style-type: none"> <li>a. There is a need for education and awareness regarding cancer causes, risk factors, and prevention.</li> <li>b. There is a need for education and awareness regarding when and where to get cancer</li> </ul>	<p>Thirteen health fairs were held during the past three years in Miller, Calhoun and Baker County. One event was held specifically for Men during a Miller County Football Game.</p> <p>Other sites included the MC recreation department, West Foods in Edison, Senior Center, Baker County School, Jennings Medical Clinic, Newton Housing Authority, and Mikes Foods in Colquitt among others. Miller County Hospital provided no cost Thyroid profiles, lipid panes, PSA, BMI,</p>

<p>screenings and available treatment options.</p> <p>c. There is a need for specific education regarding awareness of prostate cancer.</p>	<p>Smoking Cessation with O2 Saturation, breast cancer education, blood sugar, depression screening, STD education, colon cancer screening, skin cancer screening, flu shots, along with vision and hearing screening.</p> <p>During these events many participants were identified with hypertension, elevated glucose, elevated cholesterol, elevated Thyroid and triglycerides.</p>
<p>5. Cardiovascular</p> <p>a. There is a need for education and awareness on prevention, signs and symptoms of cardiovascular risk, and intervention tactics.</p> <ul style="list-style-type: none"> <li>I. Medication compliance</li> <li>II. Smoking cessation</li> <li>III. Screening</li> </ul>	<p>Thirteen health fairs were held during the past three years in Miller, Calhoun and Baker County. One event was held specifically for Men during a Miller County Football Game.</p> <p>Other sites included the MC recreation department, West Foods in Edison, Senior Center, Baker County School, Jennings Medical Clinic, Newton Housing Authority, and Mikes Foods in Colquitt among others. Miller County Hospital provided no cost Thyroid profiles, lipid panes, BMI, Smoking Cessation, depression screening, Medication assistance is provided to individuals who are under and uninsured through a collaboration with Spring Health Cooperative and Miller County Hospital retail pharmacy.</p>
<p>6. Mental Health</p> <p>a. There is a need for education and awareness on mental illness.</p> <p>b. There is a need for more services, providers, and specialists relating to mental health care.</p>	<p>Thirteen health fairs were held during the past three years in Miller, Calhoun and Baker County. One event was held specifically for Men during a Miller County Football Game.</p> <p>Other sites included the MC recreation department, West Foods in Edison, Senior Center, Baker County School, Jennings Medical Clinic, Newton Housing Authority, and Mikes Foods in Colquitt among others. At each of these events depression screening, along with information regarding behavioral disabilities, alcohol and substance abuse was provided through a partnership with Albany Area Community Service Board.</p> <p>Further, the CSB occupies two offices on the campus of Miller County Hospital, and all patients seen at each rural health clinic is provided with an annual depression screen.</p>

# ABOUT MILLER COUNTY

Miller County is located in the southwestern part of Georgia. Miller County is bordered on the north and west by Early County, on the north and east by Baker County, and on the South by Seminole and Decatur counties. Miller County was designated as a county in 1856 from territory formerly part of Baker and Early counties.<sup>1</sup> Miller County has a total land area of 283 square miles.<sup>2</sup> According to the U.S. Census, in 2018 the population of the county was estimated at 5,686 residents.<sup>3</sup> Miller County Hospital is the only hospital in the county and has many ancillary service facilities that serve the community. The main hospital is located in the city of Colquitt.



Source: Mapchart.net

City	Population
Colquitt	2,331 (2017)

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

Miller County includes the city of Colquitt, which has a population of around 2,300. A census designated place called Boykin has a population of only 79 individuals. In Miller County, the population distribution and land area were 100 percent rural.<sup>4</sup>

The major employers by industry sector are education and healthcare.<sup>5</sup> In most smaller communities this is the local school system and the local hospital.

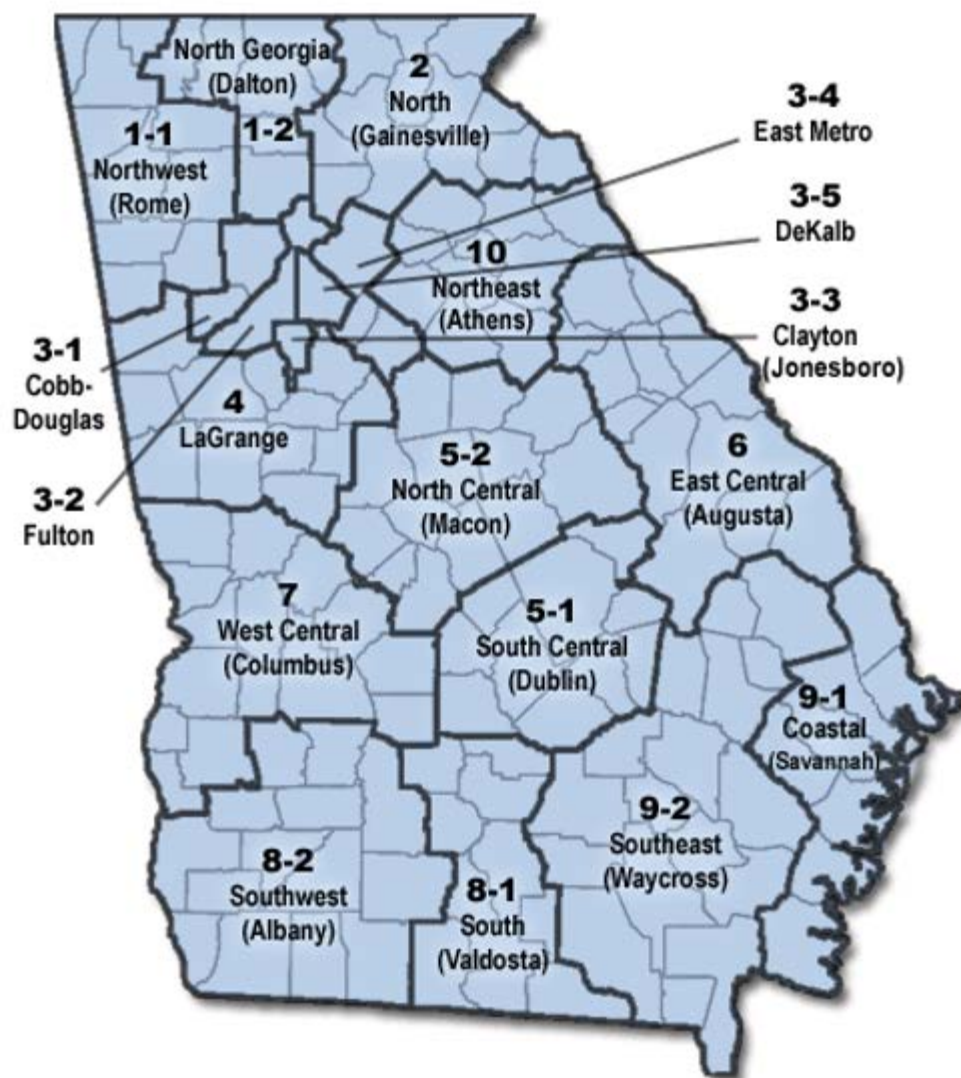


Image Source: Google Maps



## Georgia Public Health Districts

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



Source: Georgia Department of Public Health

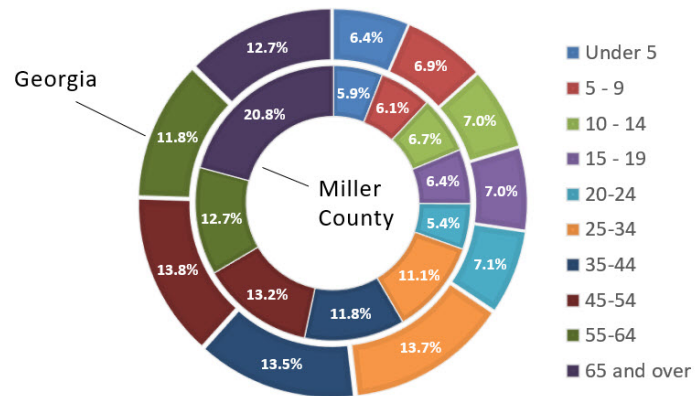


## Population Profile

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

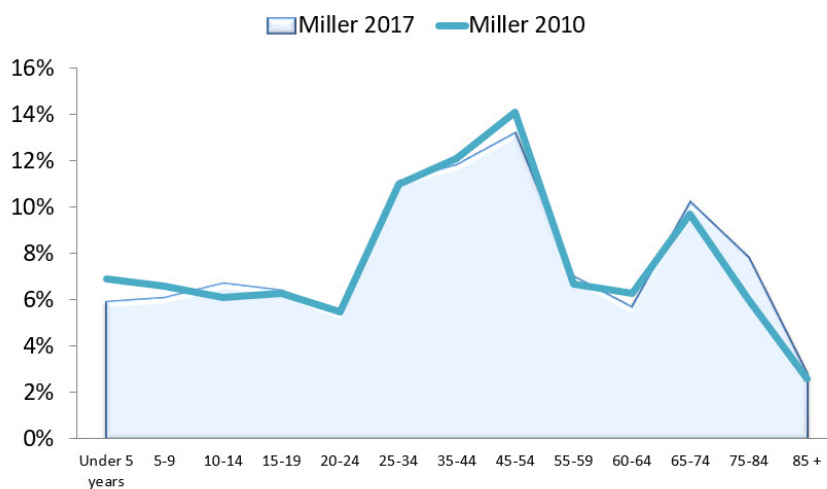
According to the 2017 U.S. Census data, 20.8 percent of Miller County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 12.7 percent compared to 15.6 percent for the U.S.<sup>6</sup>

Population Percentages By Age Groups, 2017  
Miller County and Georgia



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

Population Percentages by Age Groups  
Miller County



Data Source: U.S. Census Bureau

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

Age categories with decreases:

- Under 5 years
- 5-9
- 20-24
- 35-44
- 45-54
- 60-64

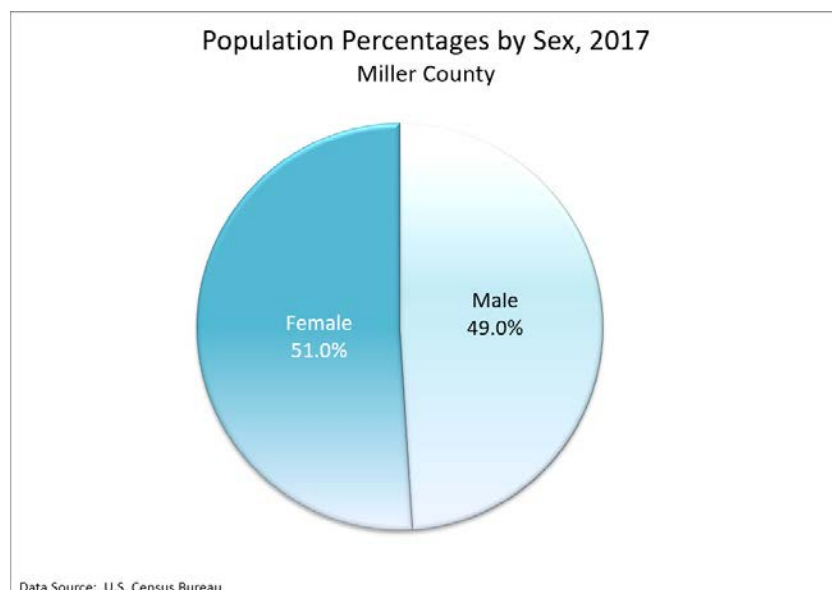
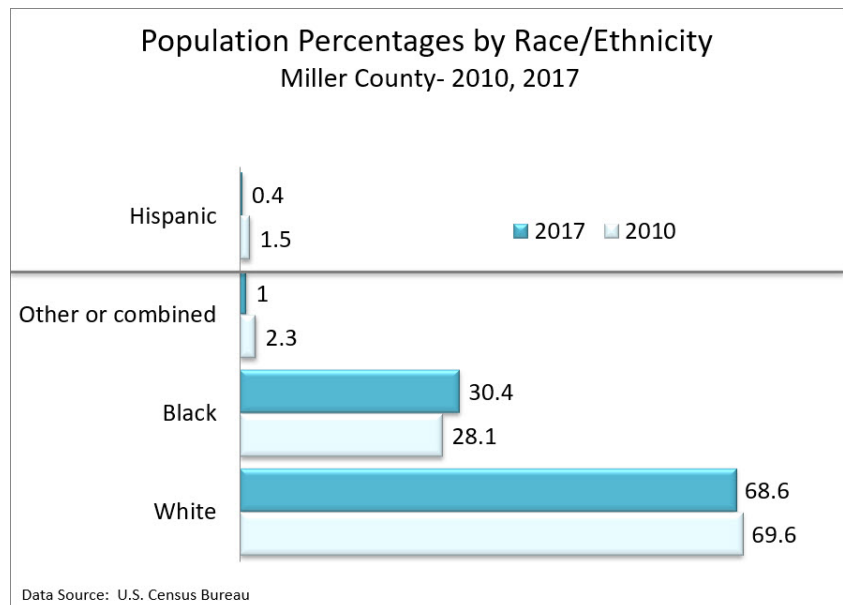
Age categories with increases:

- 10-14
- 15-19
- 25-34
- 55-59
- 65-74
- 75-84
- 85+

## Race, Ethnicity and Origin Profile

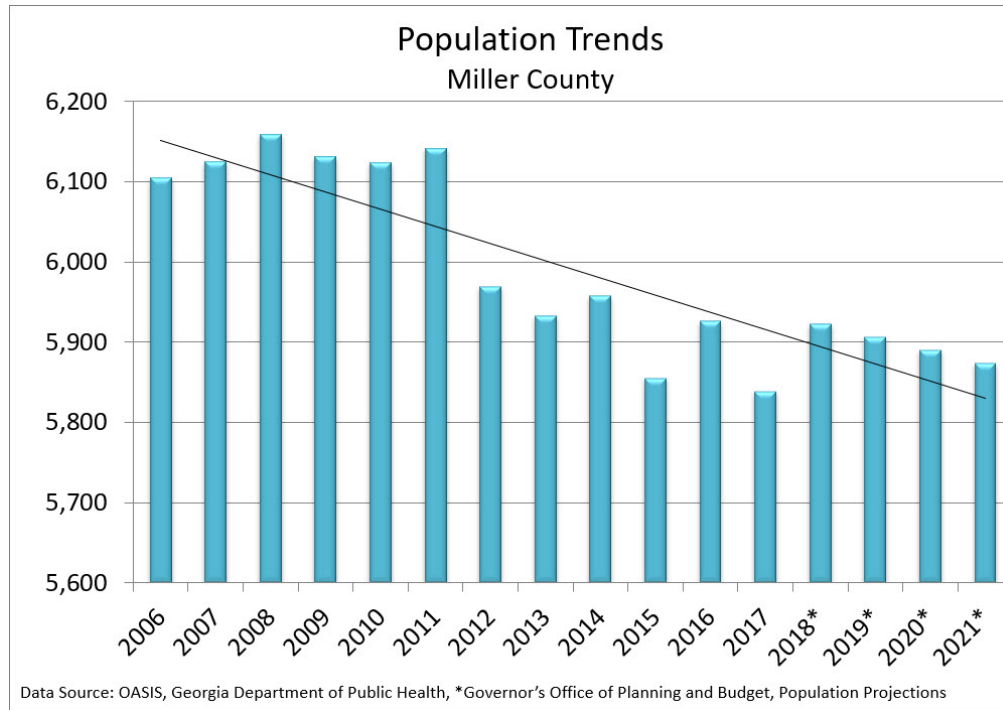
There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.<sup>7</sup> Although low income disparities are evident across all racial categories, cultural differences among minorities often contribute to poorer health. The poorer health of racial and ethnic minorities also contributes to higher death rates.<sup>8</sup> By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.<sup>9</sup>

According to 2017 U.S. Census data, Miller County's population was 68.6 percent White, 30.4 percent Black, and .4 percent Hispanic.



The percentage of females in Miller County was higher at 51 percent compared to males at 49 percent.

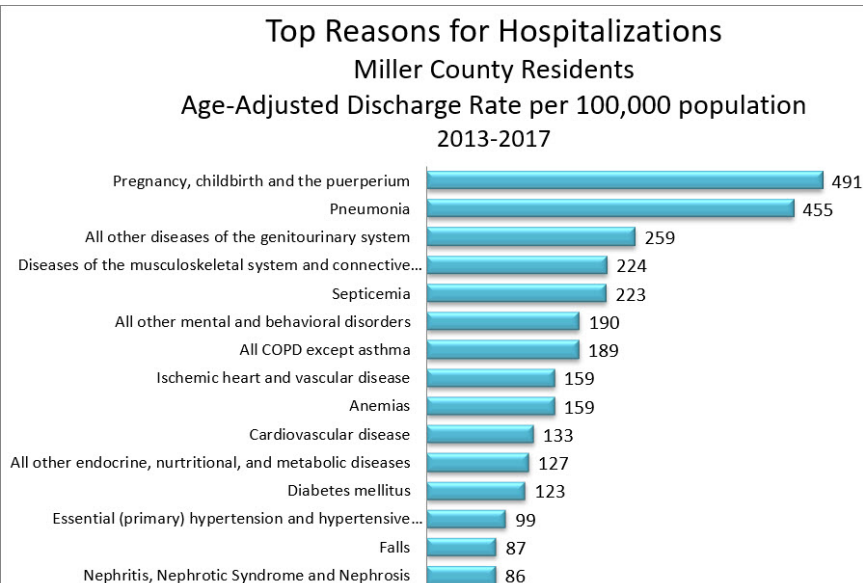
In 2017, Miller County's resident population was 5,838. The population is predicted to increase to 5,873 in 2021.<sup>10</sup>



# MORBIDITY AND MORTALITY

## Hospitalization and Emergency Room Visits

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



Data Source: OASIS, Georgia Department of Public Health

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

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

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

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

# COMMUNITY INPUT

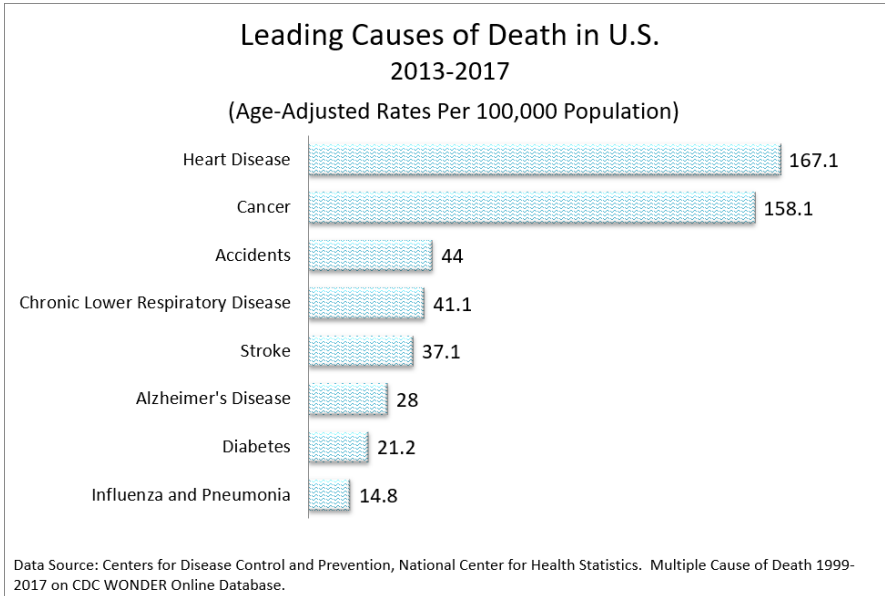
The following paraphrased comments are based on feedback from Miller County community focus groups and key stakeholder interviews.

## **Hospitalizations and Emergency Room Visits**

- » Individuals who do not have health insurance typically use the emergency room at Miller County Hospital for their care.
- » A lot of patients will wait until the clinic closes, so that they can justify going to the ER. A lot of times they don't want to wait in the waiting room at the clinic and feel like they are seen quicker in the ER.

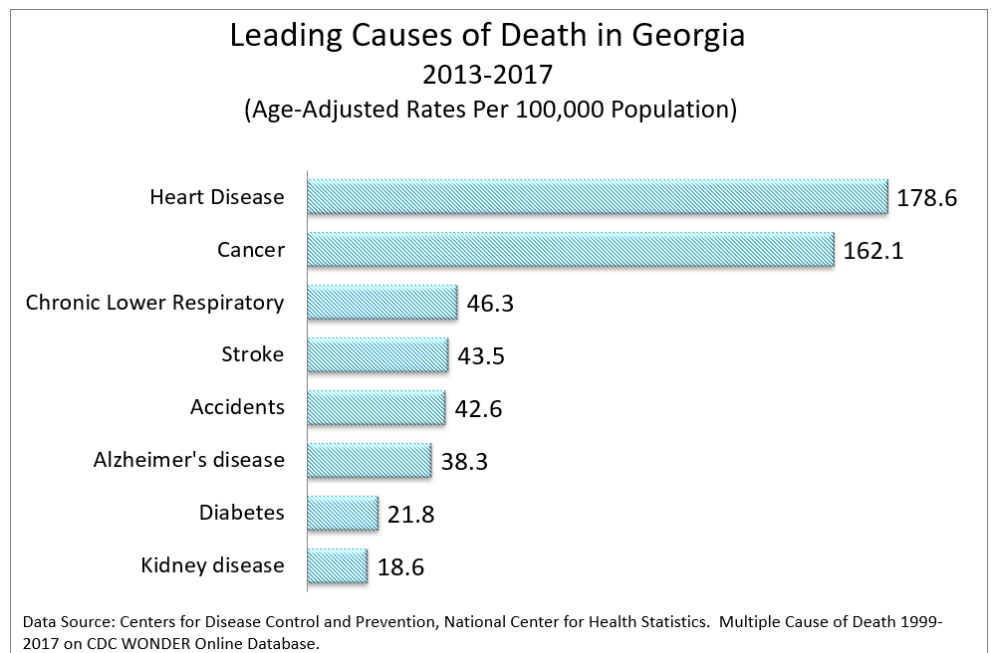
## Leading Causes of Death

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

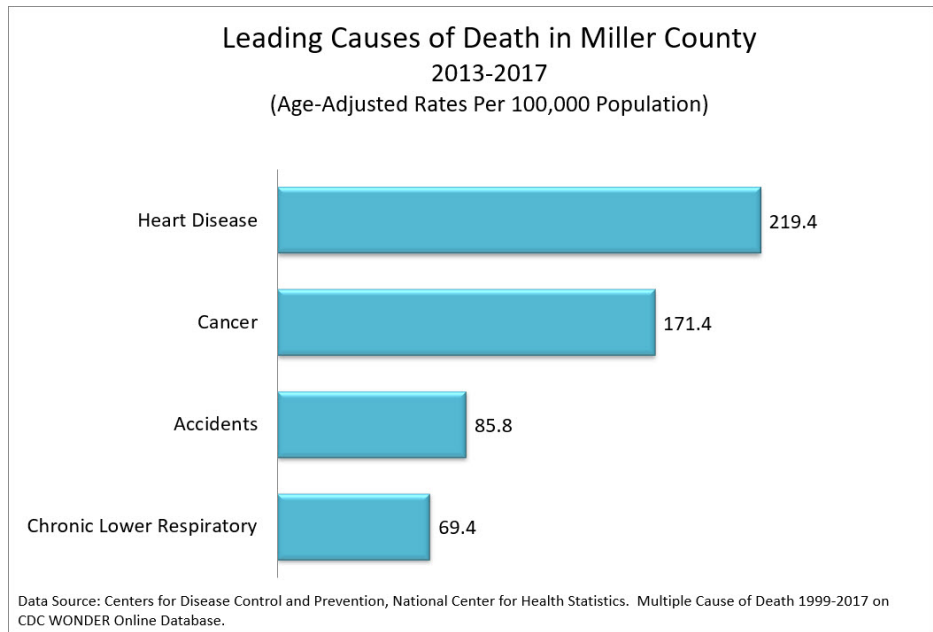


The top five leading causes of death in the U.S. from 2013-2017 were heart disease, cancer, accidents, chronic lower respiratory disease, and stroke. Heart disease and cancer rates were over three times higher than the other top five diseases.

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



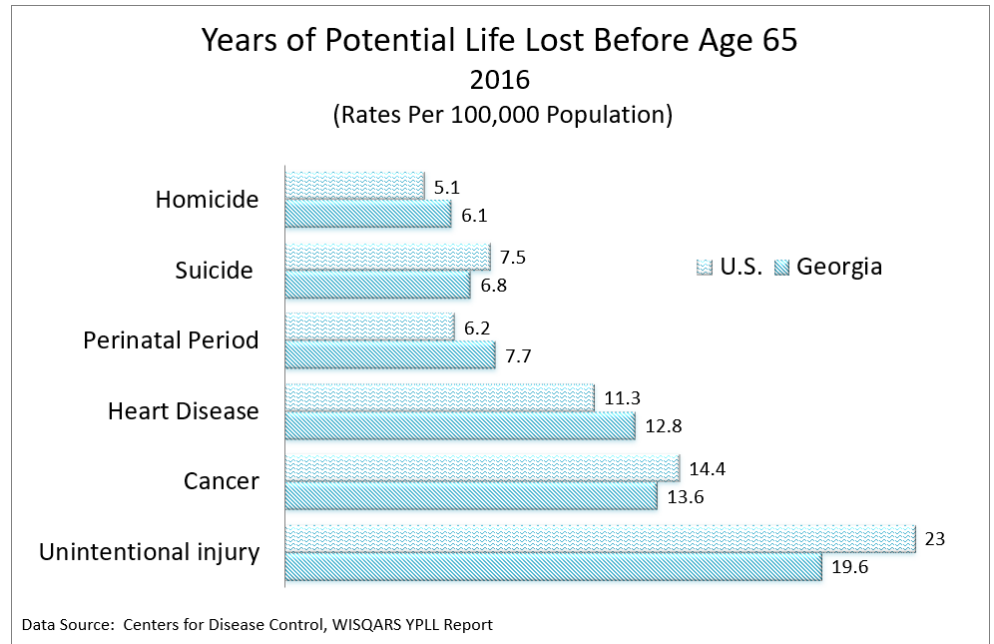
The four leading causes of death in Miller County were heart disease, cancer, accidents, and chronic lower respiratory disease.





## Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2016, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Unintentional injury, cancer, heart disease, and perinatal period were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.<sup>11</sup> YPLL statistics at the County level were unavailable for this report.



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

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

Data Source: Centers for Disease Control, WISQARS YPLL Report

# Heart Disease and Stroke

## HEALTHY PEOPLE 2020 REFERENCE – HDS

### HEART DISEASE

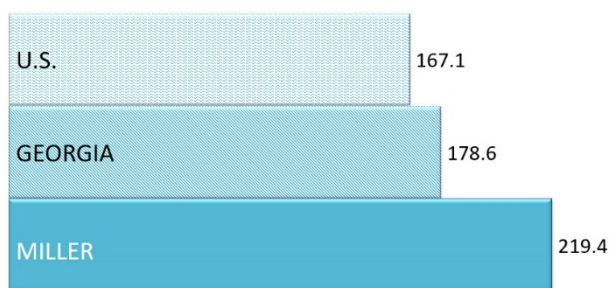
According to the American Heart Association, over 840,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2016. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer and chronic lower respiratory disease combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. In 2016, heart disease killed over 360,000 Americans or 13 percent of the deaths in the U.S.<sup>12</sup>

## Why Are Heart Disease and Stroke Important?

*Currently more than 1 in 3 adults (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

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



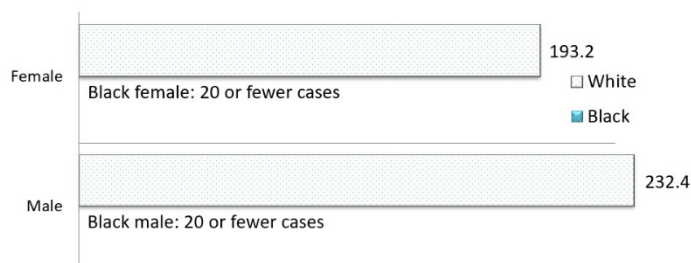
Data Source: Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

For the period 2013-2017 the Miller County heart disease death rate (219.4 per 100,000 population), was higher than Georgia and the U.S.

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

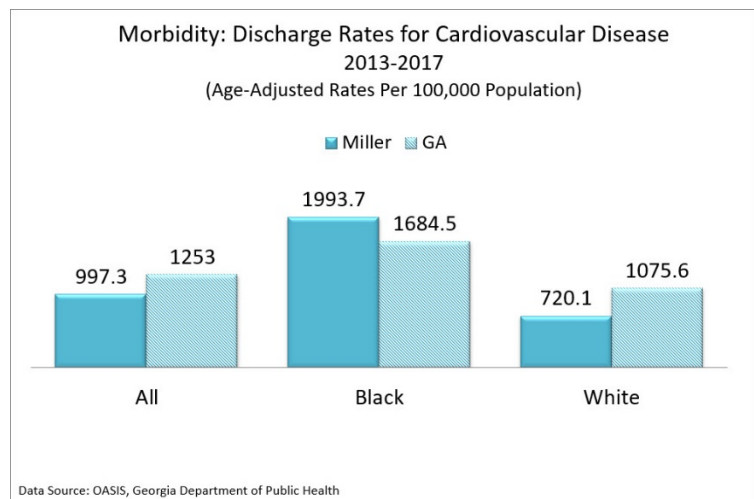
The age-adjusted death rate from heart disease in Miller County was highest among the White male population.

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



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

The hospital discharge rate for cardiovascular disease was lower in Miller County compared to Georgia. The hospital discharge rate among Blacks in Miller County was higher than the Black Georgia average.



## MODIFIABLE RISK FACTORS

According to the 2014 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 8-2.<sup>13</sup>

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

Data Source: OASIS, Georgia Department of Public Health

### Cardiovascular Disease

**Modifiable Risk Factors**

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

Data Source: American Heart Association

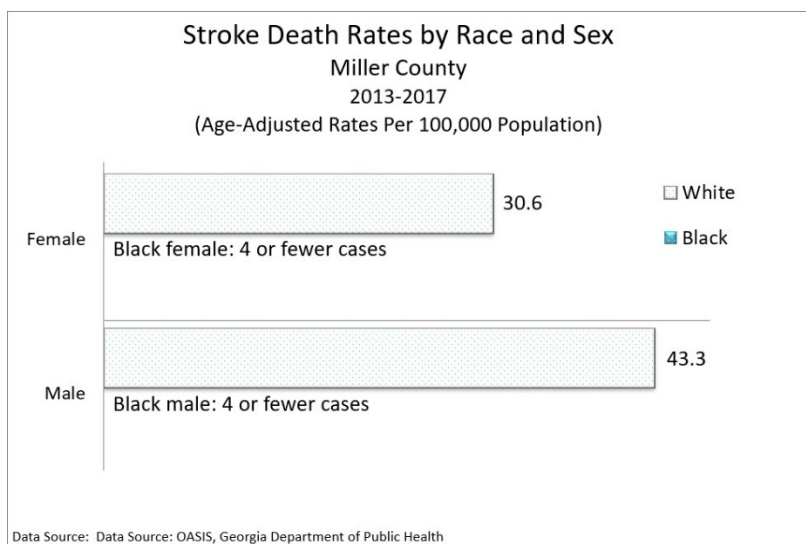
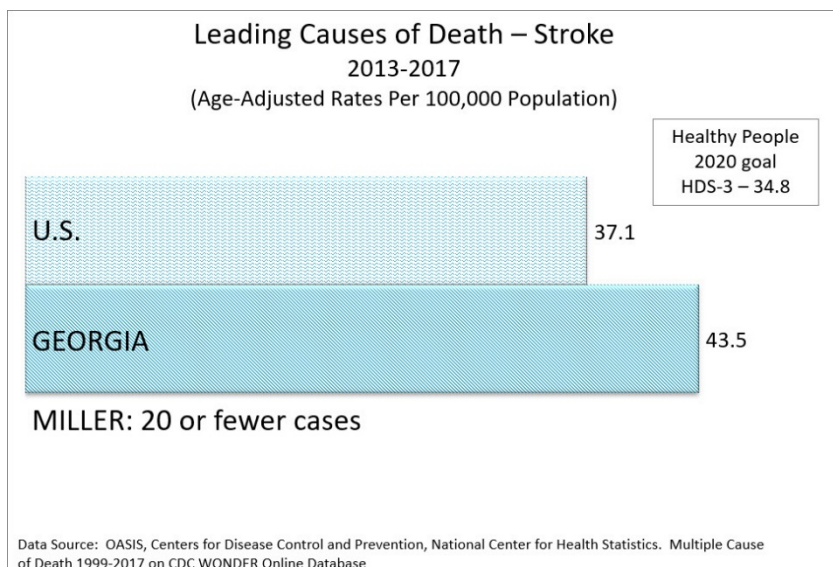
## STROKE

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

The stroke death rate was lower in Miller County (20 or fewer cases).

Miller County's stroke death rate has decreased since the 2016 CHNA (52.5 per 100,000 population).

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



The Miller County stroke death rates were highest among the White population groups.

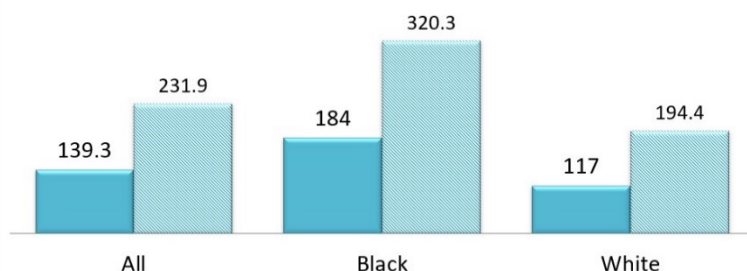
The rate for White males was significantly higher compared to any other population group.

### Morbidity: Discharge Rates for Stroke

2013-2017

(Age-Adjusted Rates Per 100,000 Population)

■ Miller ■ GA



Data Source: OASIS, Georgia Department of Public Health

The discharge rate for stroke among Miller County residents was lower than the Georgia rate.

There has been a decrease in the stroke discharge rate since the 2016 CHNA (392.8 per 100,000 population).

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 <sup>16</sup>

### Stroke

#### Modifiable risk factors

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



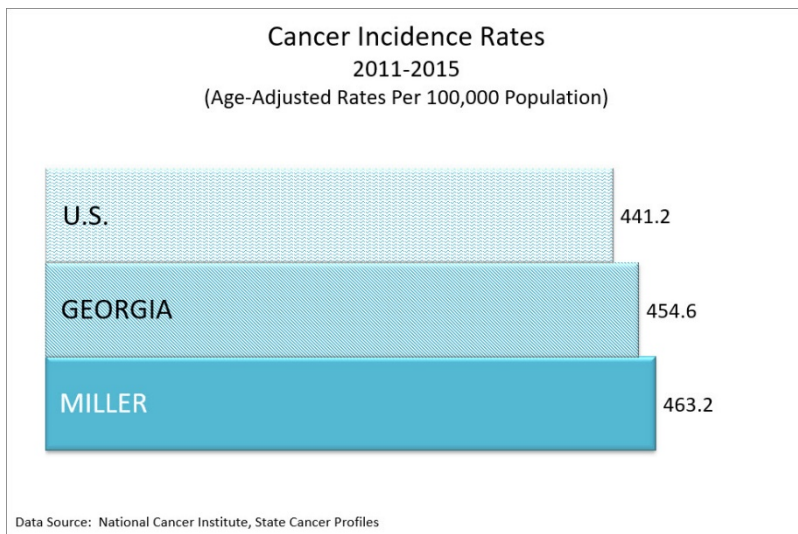
Data Source: Diseases and Conditions, Cleveland Clinic, 2011



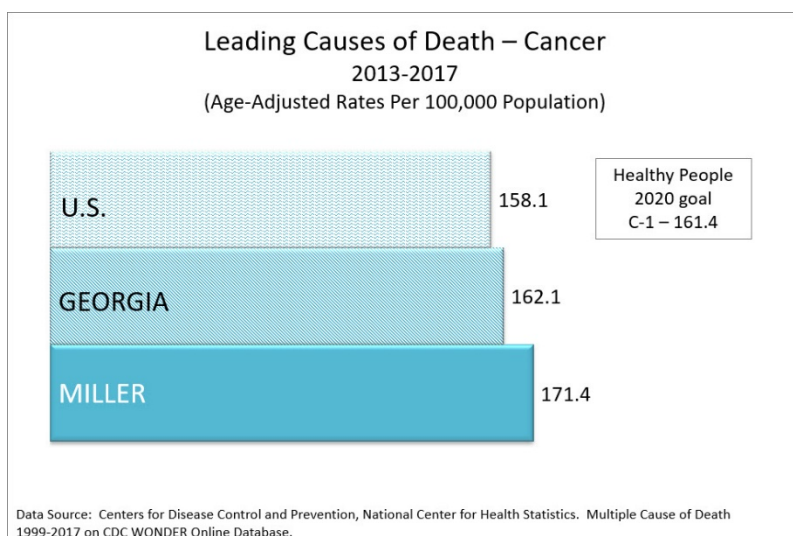
# Cancer

## HEALTHY PEOPLE 2020 REFERENCE – C-1

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,600 people a day died of cancer in the U.S. in 2015.<sup>17</sup> The most common cancers among men in Georgia were prostate, lung and bronchus, and colorectal. Breast, lung and bronchus, and colorectal cancers were the most common cancers among Georgia women.<sup>18</sup>



In Miller County, the cancer incidence rate was higher than the U.S. and slightly lower than Georgia. The cancer incidence rate has increased since the 2016 CHNA (450.6 per 100,000 population).



## Why Is Cancer Important?

*Many cancers are preventable by reducing risk factors such as:*

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

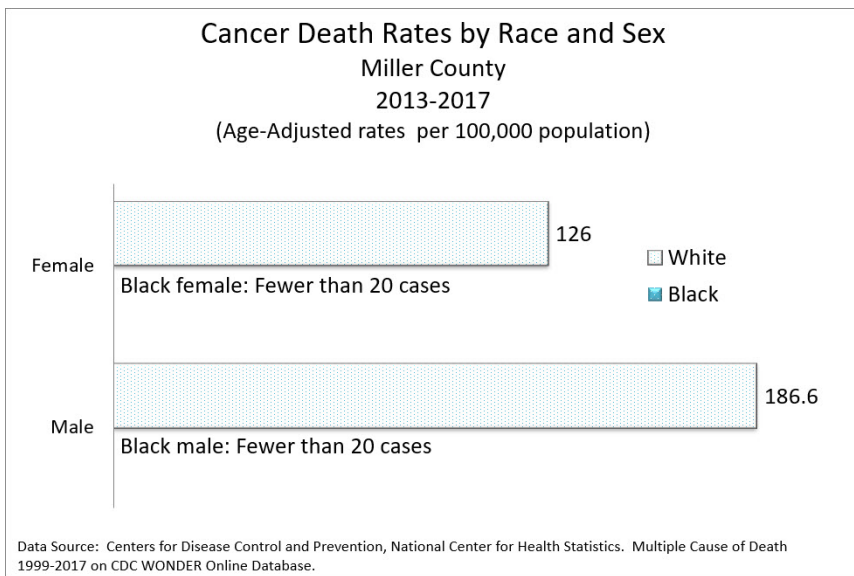
*Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:*

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

## Healthy People 2020

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

The cancer death rate has decreased since the 2016 CHNA (198.2 per 100,000 population).



Age-adjusted cancer death rates in Miller County were highest among the White population groups. The White male population had the highest cancer death rate (186.6 per 100,000 population) out of all the population groups.

The cancer death among Black males has decreased since the 2016 CHNA (552.8 per 100,000 population).

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

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

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

#### Modifiable Risk Factors

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

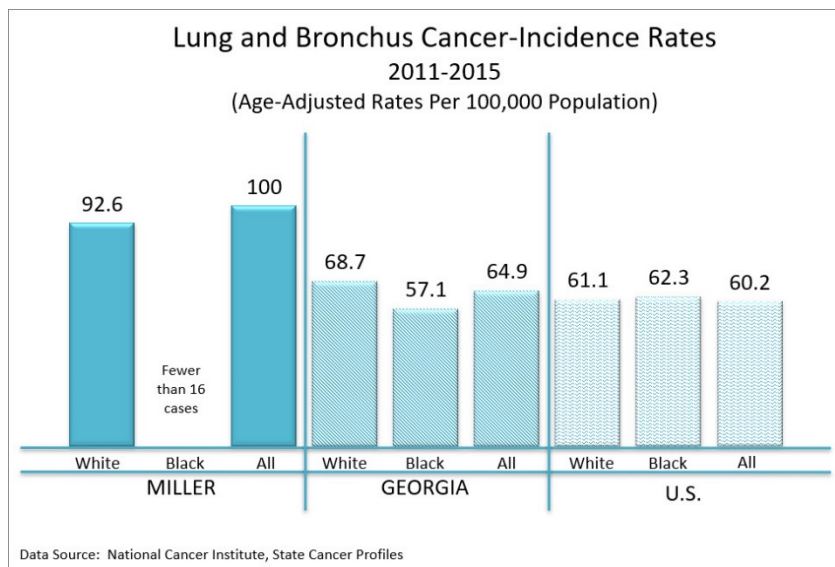


Data Source: Major avoidable risk factors of cancer, Aichi Cancer Center Research Institute

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 Lung Association, lung cancer accounts for 25 percent of all cancer deaths.<sup>20</sup> It accounts for about 14 percent of cancer diagnoses among U.S. males and 13 percent among females. Lung cancer accounts for more deaths than any other cancer in men (26 percent) and women (25 percent). More women die from lung cancer (25 percent) than breast cancer (14 percent).<sup>21</sup>



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

The lung cancer incidence rate has increased since the 2016 CHNA (85.9 per 100,000 population).

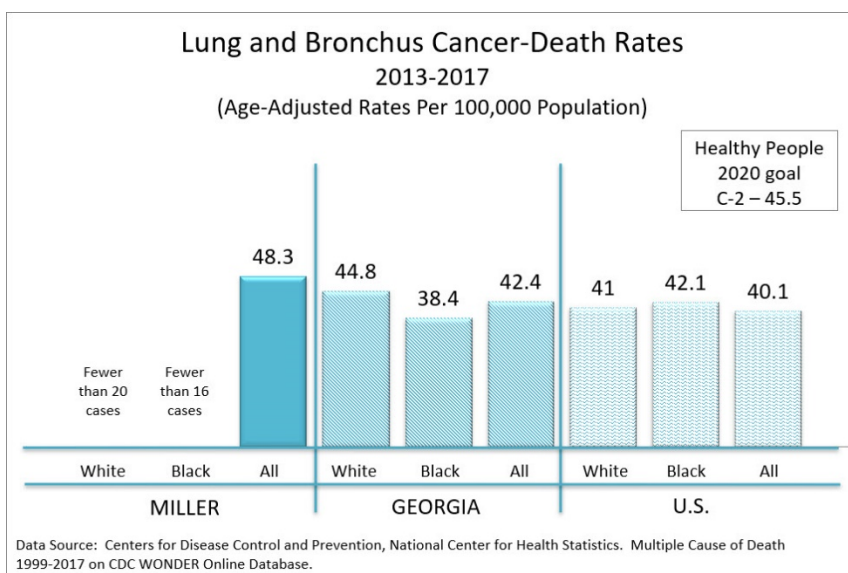
Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2011-2015		
	Male	Female
Miller	135.4	75.5

Data Source: National Cancer Institute, State Cancer Profiles

Lung cancer is the first leading cause of cancer death among both males and females in Georgia.<sup>22</sup> According to data published from the National Cancer Institute, lung cancer incidence rates among males in Miller County were higher than the rates of females.<sup>23</sup>

The overall lung cancer death rate in Miller County (48.3 per 100,000 population) was higher than Georgia and the U.S.

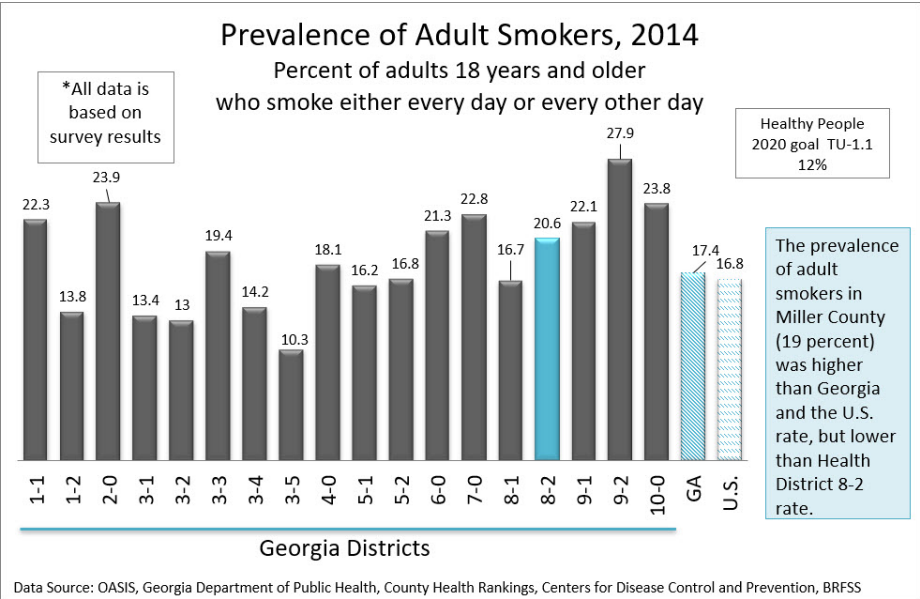
The lung cancer death rate has increased since the 2016 CHNA (20.5 per 100,000 population).





RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.<sup>24</sup>

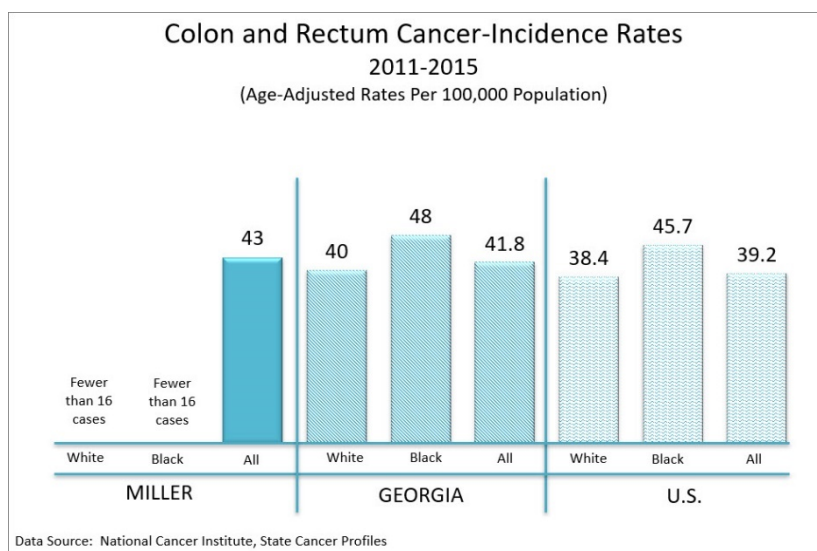


The smoking prevalence in Health District 8-2 (20.6 percent) was higher than both Georgia (17.4 percent) and the U.S. (16.8 percent). Miller County's rate was 19 percent.

The smoking prevalence rate has increased slightly in Health District 8-2 (20.2).

## Colon and Rectum

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of male cancer deaths and seven percent of female cancer deaths were from colorectal cancer in 2018.<sup>25</sup> Death rates have declined over the past twenty years, due to improvements in early detection and treatment.<sup>26</sup> Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 40 percent higher mortality rate than Whites.<sup>27</sup>



Miller County's colon and rectum cancer incidence rate (43 per 100,000 population) was higher than Georgia and the U.S.

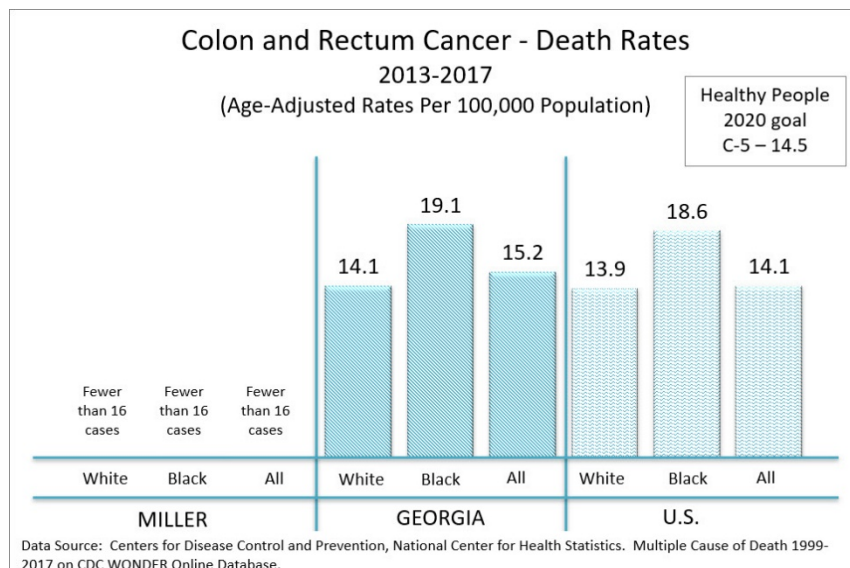
Blacks had the higher incidence rates in Georgia and U.S.

The colon and rectum cancer incidence rate has increased since the 2016 CHNA which reported fewer than 16 cases.

The death rate in Miller County from colon and rectum cancer was fewer than 16 cases.

Blacks had the highest death rates in Georgia and U.S.

The colon and rectum cancer death rate has remained approximately the same since the 2016 CHNA (fewer than 16 cases).



## RISK FACTORS

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

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

## EARLY DETECTION

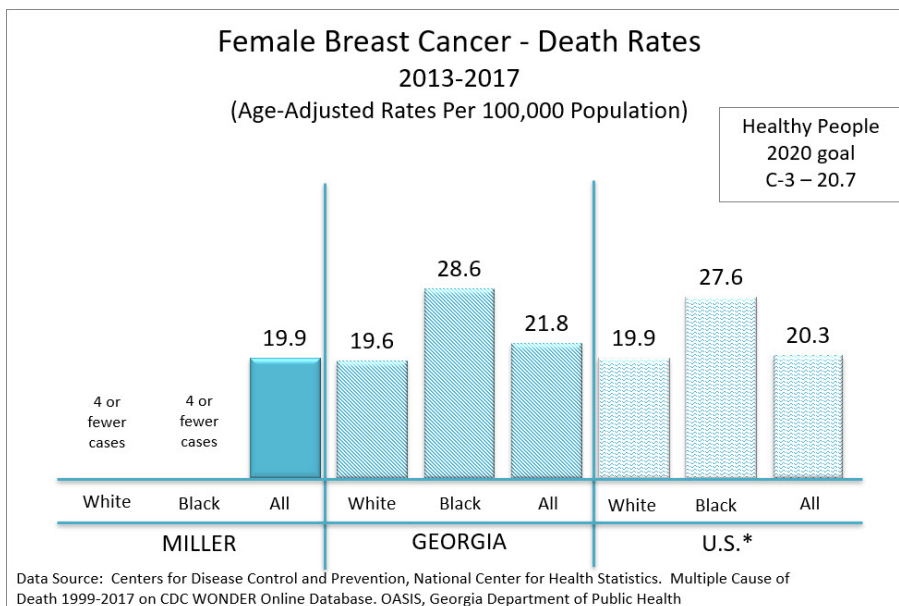
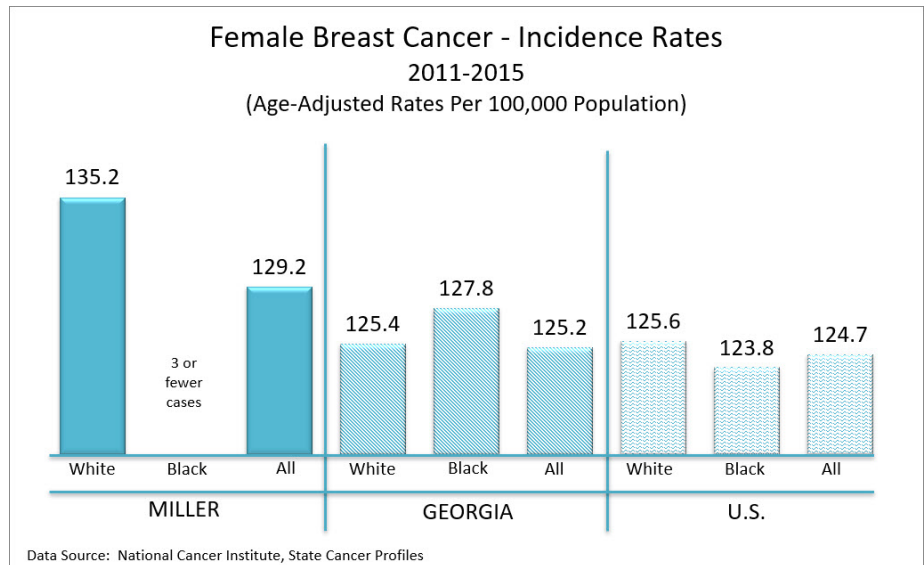
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.<sup>29</sup> The U.S. Preventive Services Task force recommends that adults 50 and older undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.<sup>30</sup>

## Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 30 percent of new cancer cases and 14 percent of cancer deaths among women.<sup>31</sup>

The breast cancer incidence rate in Miller County (129.2 per 100,000 population) was higher than Georgia or the U.S. rates. In Miller County and the U.S. White females had a higher breast cancer incidence rate compared to Black females.

There has been an increase in the incidence of breast cancer since the 2016 CHNA (110.3 per 100,000 population).



The female breast cancer death rate in Miller County (19.9 per 100,000 population) was lower than Georgia and the U.S. rates.

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

There has been a increase in the death rate of breast cancer since the 2016 CHNA (4 or fewer cases).

## RISK FACTORS

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

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

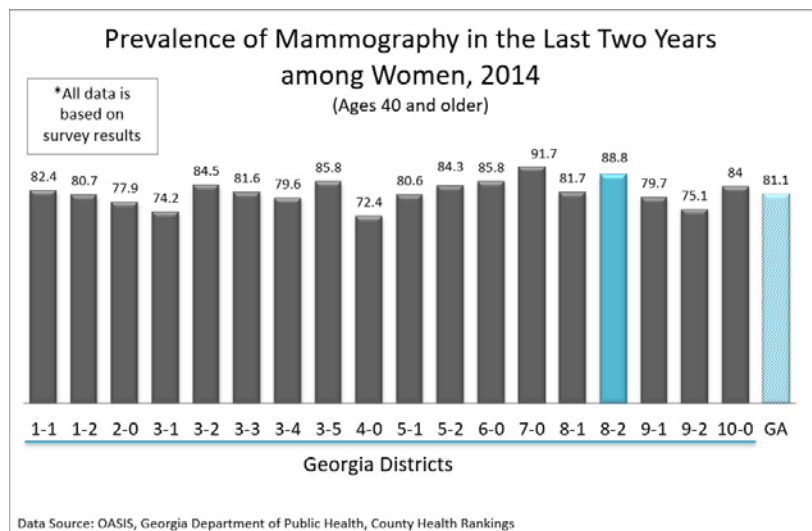
Modifiable factors that are associated with a lower risk of breast cancer include:

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

## EARLY DETECTION

Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect most breast cancers in women without symptoms, though the sensitivity is lower for younger women and women with dense breasts. Nearly 10 percent of women will have an abnormal mammogram. Out of that 10 percent, 95 percent do not have cancer. Efforts should be made to improve access to health care and encourage all women 40 and older to receive regular mammograms.<sup>34</sup>

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



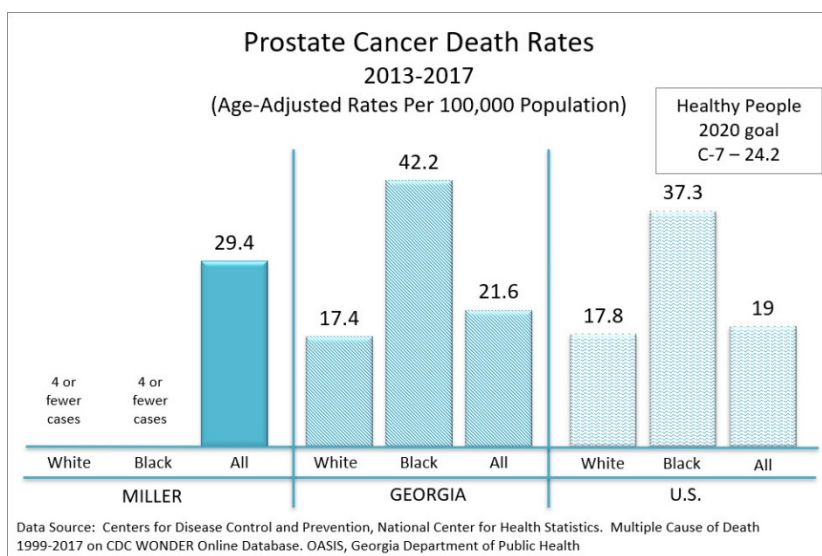
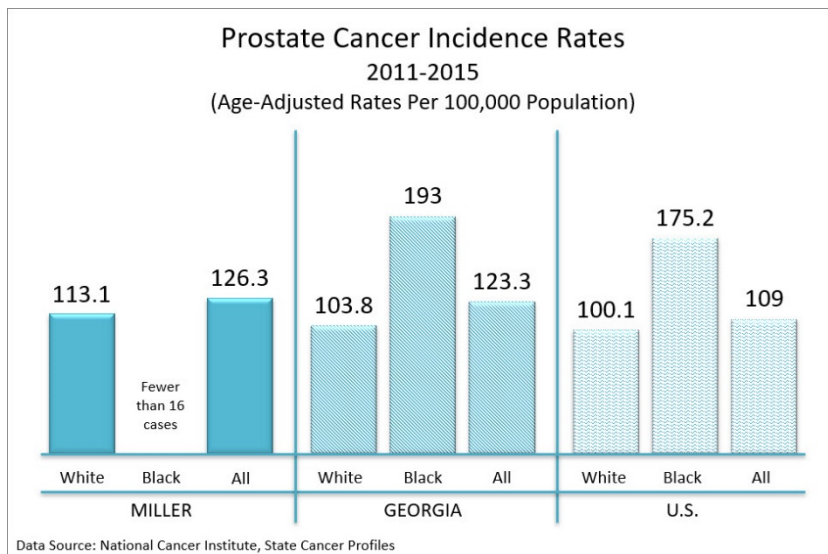
## Prostate Cancer

Prostate cancer is the most frequently diagnosed cancer among men aside from skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.<sup>35</sup>

Miller County had a higher incidence rate for prostate cancer (126.3 per 100,000 population) than Georgia and the U.S.

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

There has been a decrease in the incidence rate of prostate cancer since the 2016 CHNA (130.4 per 100,000 population).



Miller County had higher prostate cancer death rates (29.4 per 100,000 population) compared to Georgia and the U.S.

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

There has been an increase in the prostate cancer death rate since the 2016 CHNA (26.2 per 100,000 population).

## **RISK FACTORS**

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

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

## **EARLY DETECTION**

Prostate-specific antigen (PSA) testing of the blood permits the early detection of prostate cancer before symptoms develop. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. At age 50, the American Cancer Society recommends men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their healthcare provider about the benefits and limitations of PSA testing. Men who are higher risk (Black or those with a close relative diagnosed before age 65) should have a discussion with their healthcare provider at age 45.<sup>37</sup>

# COMMUNITY INPUT

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

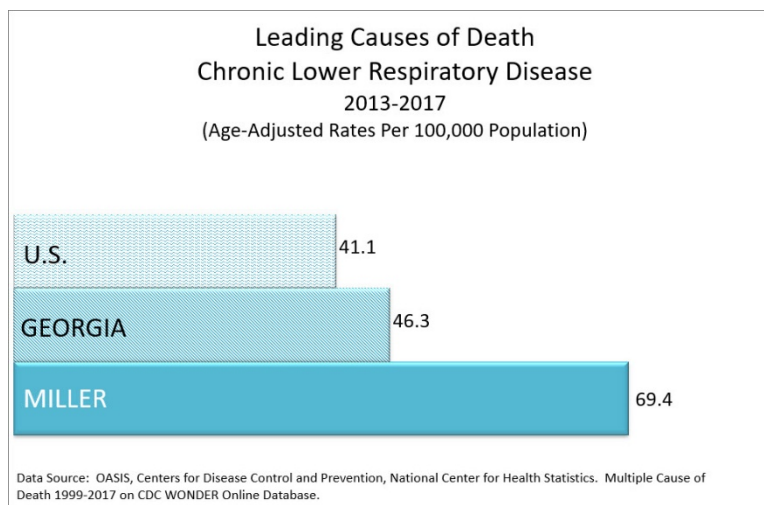
## Cancer

- » The Georgia Breast and Cervical Cancer Prevention (BCCP) Program provides uninsured women a clinical breast exam, mammogram, pelvic exam, pap test, and referrals for treatment through the Women's Health Medicaid Program. This program is offered through the Miller County Health Department.
- » Medicaid now pays for post-mastectomy and prosthesis care.
- » It is difficult for individuals in Miller County to get to cancer treatments. The closest treatment places are in Albany, Dothan, Thomasville and Tallahassee.
- » Individuals do not recognize the signs and symptoms of cancer until it is too late.



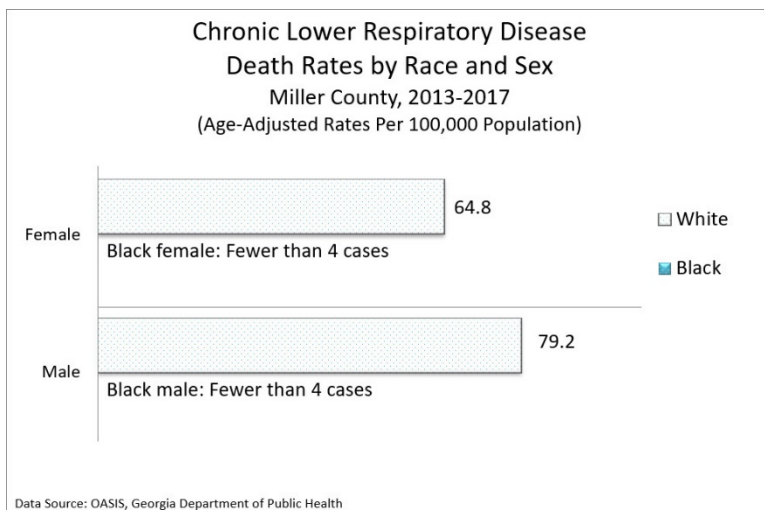
## Chronic Lower Respiratory Disease

Chronic lower respiratory diseases affect the lungs. The deadliest of these diseases is chronic obstructive pulmonary disease, or COPD. COPD includes both emphysema and chronic bronchitis. Cigarette smoking is a major cause of COPD. Other forms of chronic lower respiratory disease include asthma and acute lower respiratory infections.<sup>38</sup>



For the years 2013-2017, Miller County's chronic lower respiratory disease death rate (69.4 per 100,000 population) was higher than both the State and U.S.

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



### Why Are Respiratory Diseases Important?

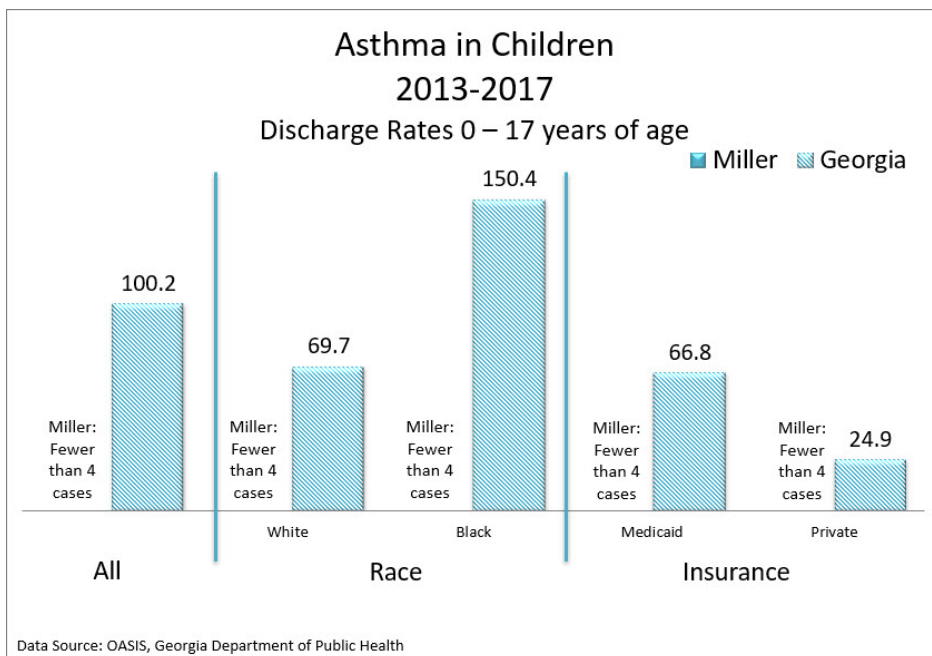
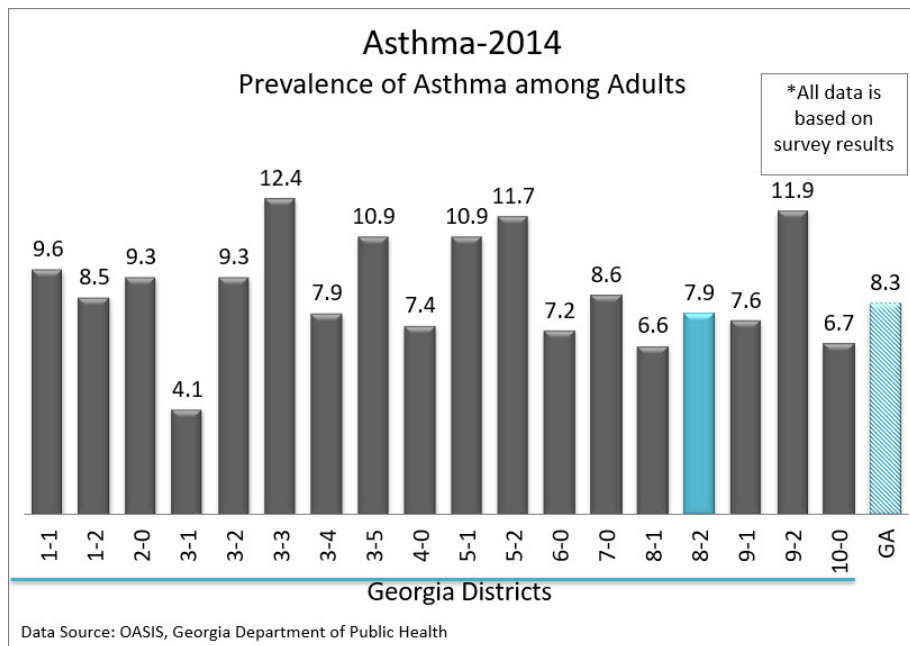
*Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximate equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods,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

### Healthy People 2020

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

There has been an increase in the chronic lower respiratory disease death rate among White males and White females since the 2016 CHNA (57.2 and 48.4 per 100,000 population respectively).

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



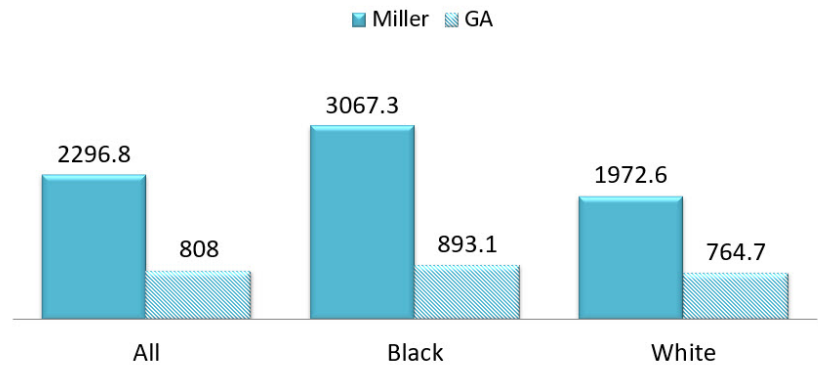
Miller County had a lower discharge rate due to asthma among children compared to Georgia.

The Black children population in Georgia had the highest discharge rate compared to other population groups.

Children with Medicaid had higher discharge rates compared to children with private insurance.

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

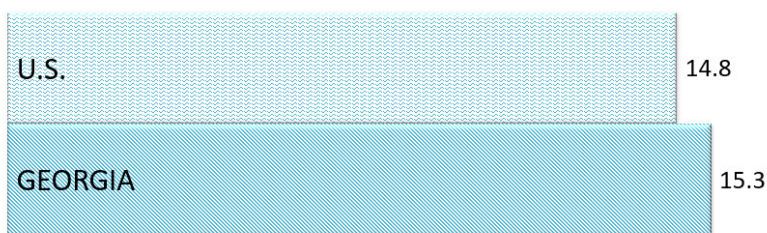
**Morbidity: Discharge Rates for Respiratory Disease**  
2013-2017  
(Age-Adjusted Rates Per 100,000 Population)



Data Source: OASIS, Georgia Department of Public Health

Influenza (flu) is a contagious respiratory disease caused by a virus and can cause mild to severe illness. The best way to prevent flu is by vaccination. Pneumonia is an infection of the lungs and is the leading cause of death in children younger than 5 years of age worldwide. Pneumonia can often be prevented with vaccines and usually treated with antibiotics or antiviral drugs. You are more likely to become ill with pneumonia if you smoke or have an underlying medical condition, such as diabetes or heart disease.<sup>39</sup>

**Influenza and Pneumonia**  
2013-2017  
(Age-Adjusted Rates Per 100,000 Population)



MILLER: Fewer than 20 cases

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

The Miller County influenza and pneumonia death rate was lower than both Georgia and the U.S.

## Chronic Lower Respiratory Disease

(includes Asthma, Chronic Bronchitis, Emphysema)

### Modifiable Risk Factors

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



Data Source: American Lung Association

# Accidents

## HEALTHY PEOPLE 2020 REFERENCE - IVP

Accidental deaths may result from the following causes:

- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental
- » Suffocations
- » Falls
- » Fire
- » Drowning<sup>40</sup>

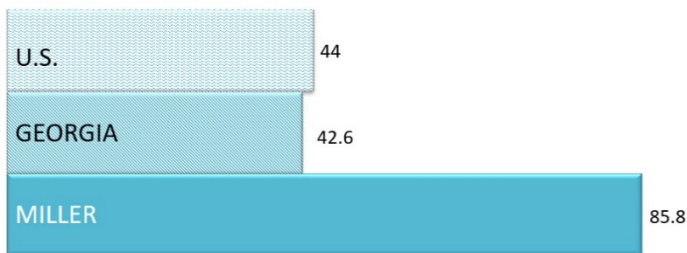
### Why Is Injury and Violence Important?

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

### Healthy People 2020

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

Healthy People  
2020 goal  
IVP-11 – 36.4



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

In Miller County, the accident death rate (85.8 per 100,000 population) was lower than Georgia and the U.S. rates.

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

The accident death rate has increased since the 2016 CHNA (56.7 per 100,000 population).

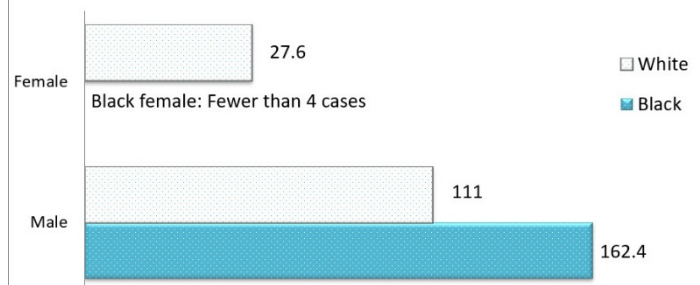
In Miller County, males had higher death rates due to accidents compared to females. Black males had the highest death rate from accidents.

### Accident Death Rates by Race and Sex

Miller County

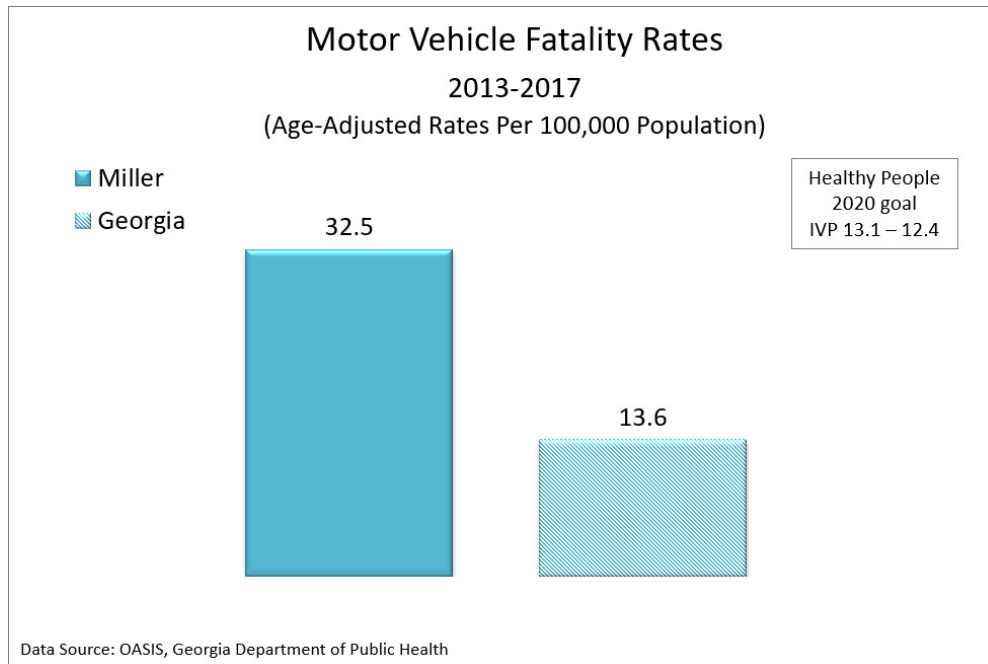
2013-2017

(Age-Adjusted Rates Per 100,000 Population)



Data Source: OASIS, Georgia Department of Public Health

In 2017, the U.S. had over 37,000 people killed in motor vehicle accidents. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2017, 1,540 people in Georgia were killed in motor vehicle crashes.<sup>42</sup> Miller County had a higher death rate due to motor vehicle accidents compared to Georgia.



**According to the Centers for Disease Control and Prevention:**

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



# Diabetes

## HEALTHY PEOPLE 2020 REFERENCE – D

In 2015 more than 250,000 deaths occurred listing diabetes as an underlying or contributing cause of death.<sup>44</sup> In 2015, diabetes was the country's seventh leading cause of death. More than 30 million people (9.4 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.<sup>45</sup>

Compared with non-Hispanic whites, minority populations are more likely to have diagnosed diabetes. During their lifetime, half of all Hispanic men and women and non-Hispanic black women are predicted to develop the disease.<sup>46</sup>



Image Source: Pharmacy Practice News

## Why Is Diabetes Important?

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

*Diabetes:*

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

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

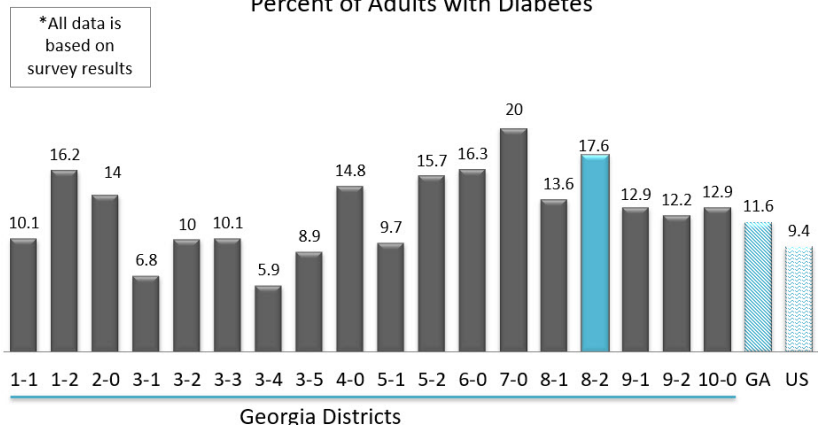
*In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.*

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

**Healthy People 2020**

Health District 8-2 (which includes Miller County), had a higher diabetes prevalence (17.6 percent) than Georgia or the U.S.

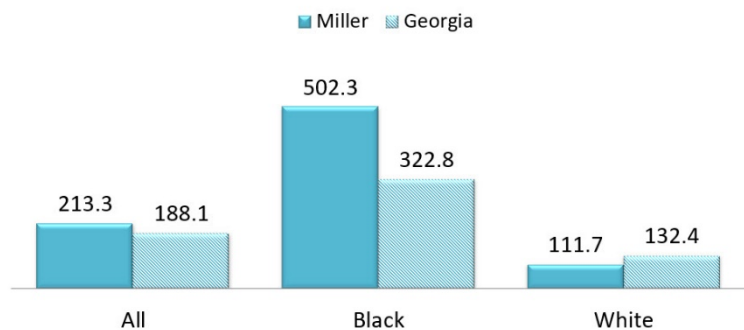
## Prevalence of Diabetes, 2014 Percent of Adults with Diabetes



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

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

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



Data Source: OASIS, Georgia Department of Public Health

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

■ Miller ■ Georgia ■ U.S.



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

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

There was an increase in the diabetes death rate since the 2016 CHNA (26.5 per 100,000 population).

## Diabetes

### Modifiable Risk Factors

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



Data Source: Diabetes Basics, Cleveland Clinic, 2011



# Obesity

## HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

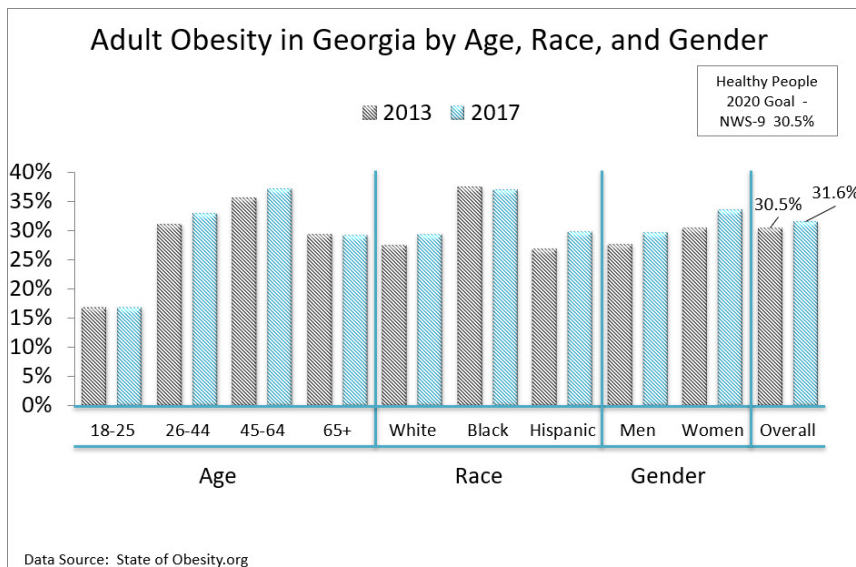
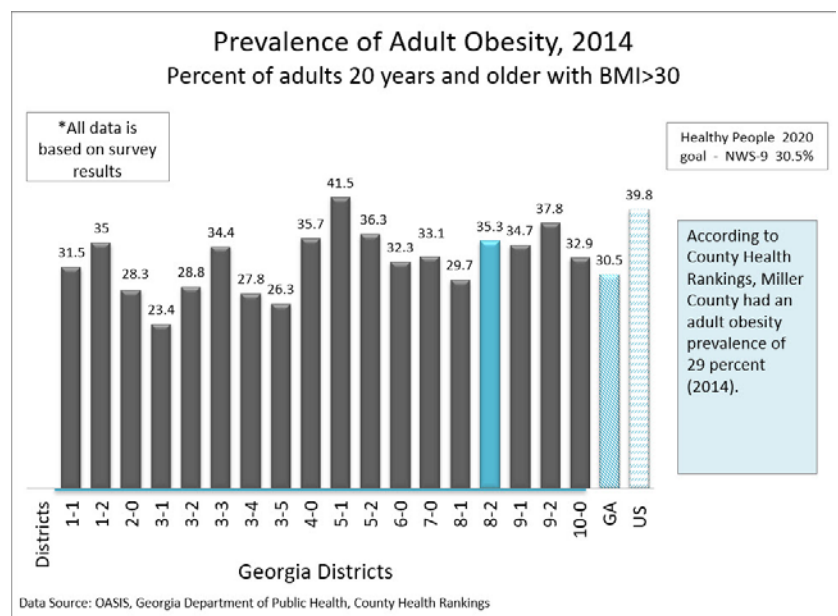
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.<sup>47</sup>

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.<sup>48</sup>

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

Miller County had prevalence of obesity at 29 percent.

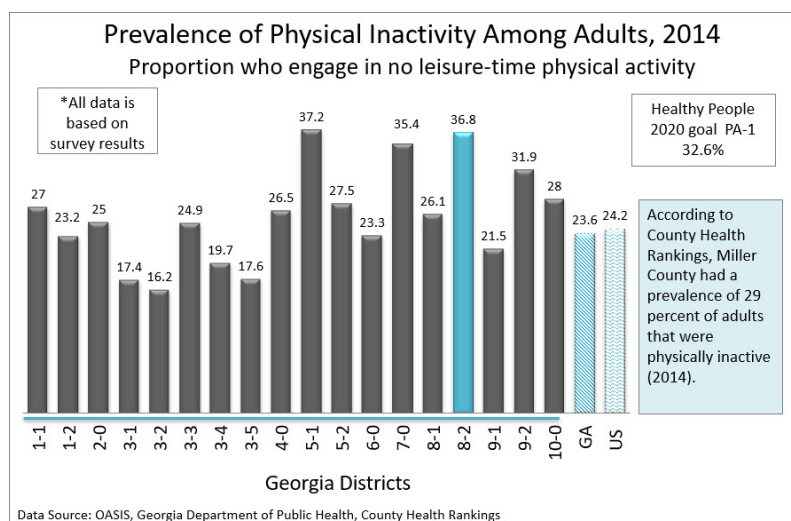
The Healthy People 2020 goal is 30.5 percent.



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

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

Obesity is the result of an energy imbalance that occurs when an individual consumes more calories than he/she can burn. There are a number of factors such as age, body size, and genes that contribute to how many calories people burn each day, but the most modifiable factor is physical activity.<sup>49</sup>



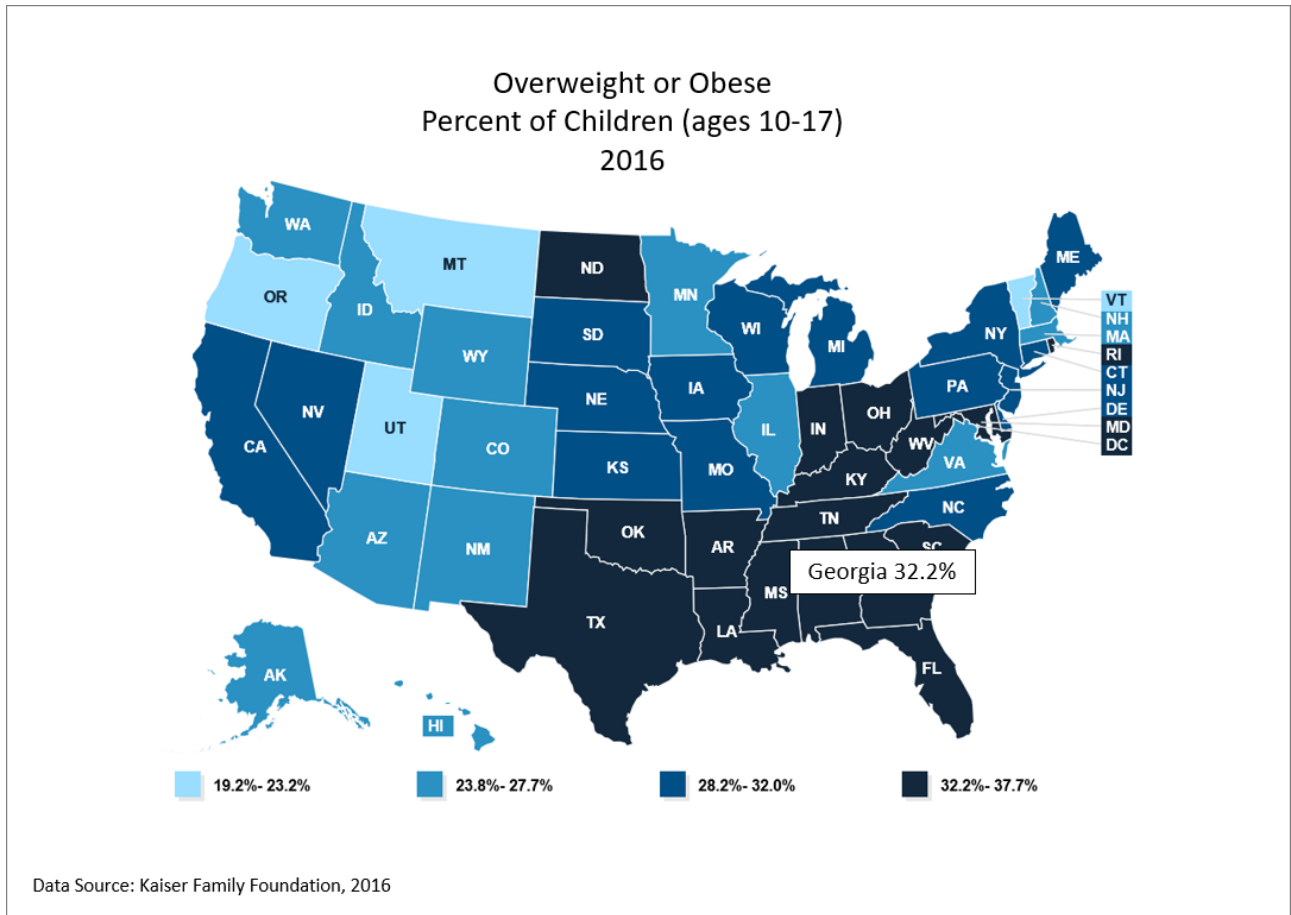
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 8-2 (36.8 percent) compared to Georgia's average (23.6 percent) and the U.S. (24.2 percent). Miller County had a higher prevalence of physical inactivity (29 percent) than Georgia and the U.S.

## Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formerly known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.<sup>50</sup> Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to Healthy People 2020, 16.1 percent of children and adolescents aged 2-19 years are obese.<sup>51</sup> A report released by the Centers for Disease Control and Prevention indicated that Georgia's obesity rates among two to four-year-olds from low income families declined from 2010 to 2014 from 14.4 percent to 13.0 percent.<sup>52</sup>

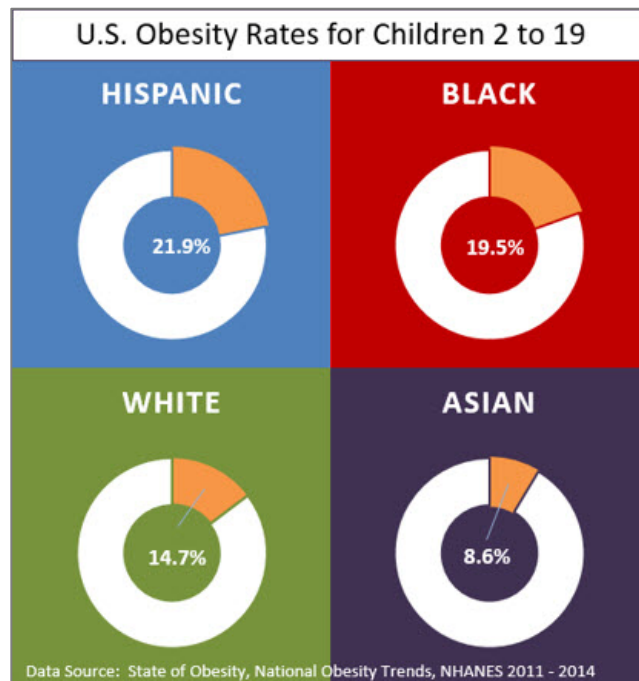
According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighteenth (32.2 percent) in the nation for overweight and obese children. Nationally, 31.2 percent of children in this age range were overweight or obese.<sup>53</sup>



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

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

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



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

Obese children are more likely to have:

- » High blood pressure and high cholesterol
- » Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- » Breathing problems, such as sleep apnea, and asthma
- » Joint problems and musculoskeletal discomfort
- » Fatty liver disease, gallstones, and gastro reflux, and
- » Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood.<sup>56</sup>

# COMMUNITY INPUT

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

## Obesity and Diabetes

- » People in Colquitt need to understand what healthy looks like. They need to understand and know their numbers that relate to BMI, blood pressure and cholesterol.
- » There is a lack of facilities or places for physical activity. There is park, but there are not really any bike trails.
- » There are pop-up farmer's markets that help address the lack of access to healthy foods.
- » There is a need for more education regarding the signs and symptoms of chronic diseases like diabetes.
- » The community is working on a heart to heart project within the city limits that marks hearts on the side walk signifying a quarter of a mile.
- » Health education and health coaches would help with the general prevention of chronic diseases.
- » There is a need for more health education and prevention intervention outreach to the underserved populations.

# MATERNAL, INFANT AND CHILD HEALTH

## HEALTHY PEOPLE 2020 REFERENCE – MICH

The health of mothers, infants, and children is vital to a healthy community. This population is particularly vulnerable to certain health risks when encountered during pregnancy and early childhood. The mental and physical development of infants and children is affected by the behaviors of their mothers during pregnancy.<sup>57</sup>

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

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

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

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

A life stages method to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.<sup>59</sup>

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

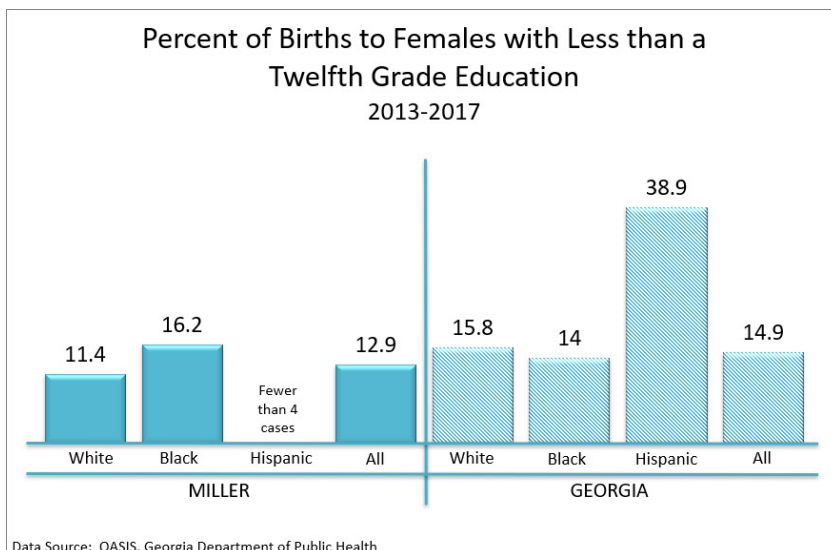
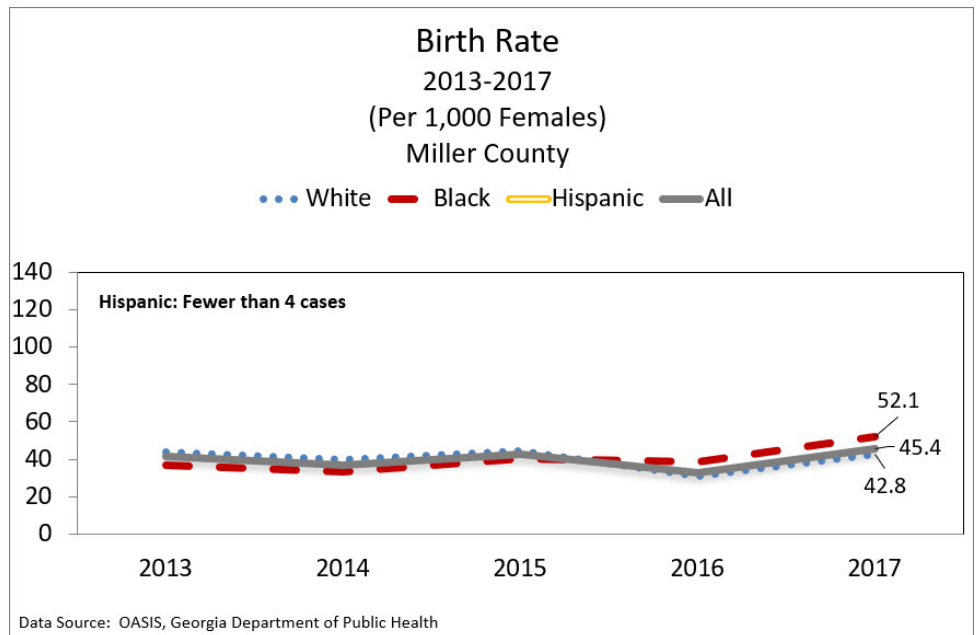
*Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:*

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

### **Healthy People 2020**

## Birth Rates

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



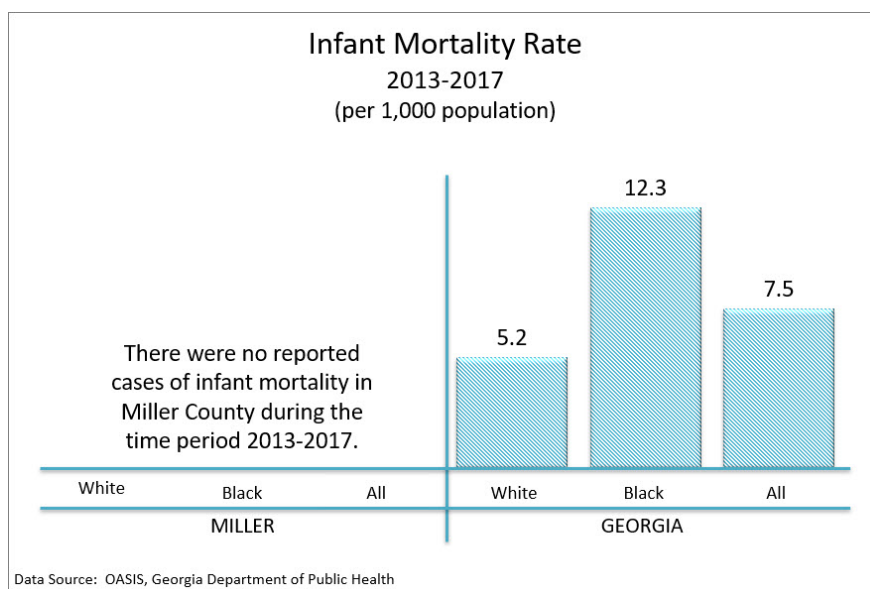
The percent of births to females with less than a twelfth-grade education was lower among Miller County residents (12.9 percent) compared to Georgia residents (14.9 percent). The highest percentages was among the Black population group in Miller and the Hispanic population group in Georgia.

## Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. In 2017, approximately 22,000 infants died in the U.S.<sup>60</sup> The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.<sup>61</sup> Some of the common causes of infant mortality include: serious birth defects, pre-term births, sudden infant death syndrome (SIDS), maternal complications of pregnancy, or unintentional injury.<sup>62</sup>

There were no reported cases of infant mortality in Miller county during the period 2013-2017.

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



## Fetal and Infant Conditions

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

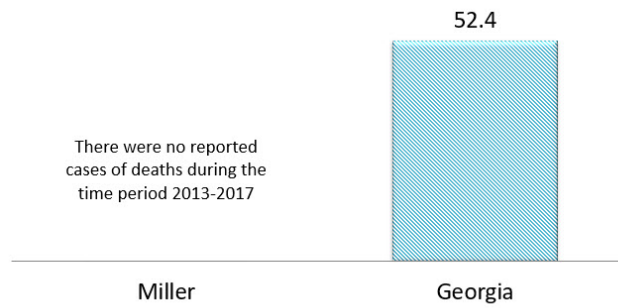
- » Prematurity is a disorder related to short gestation and low birth weight.
- » Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- » Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants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

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



There were no infant deaths caused by fetal and infant conditions in Miller County reported during the period 2013-2017.

Percent of Infant Deaths Caused by Fetal and Infant  
Conditions  
2013-2017  
(<1 year of age)

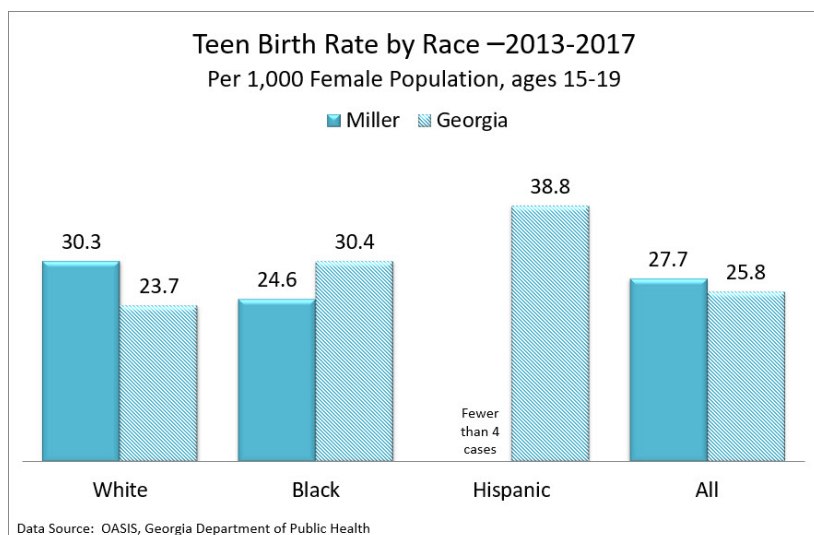
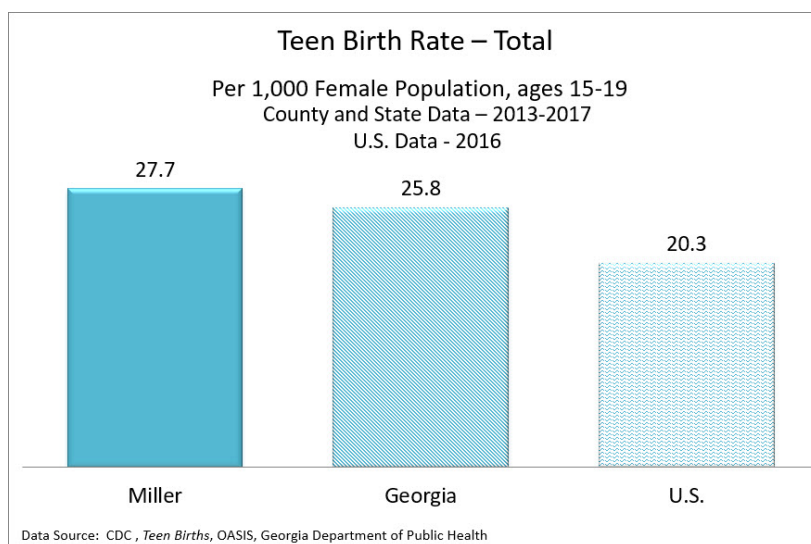


Data Source: OASIS, Georgia Department of Public Health

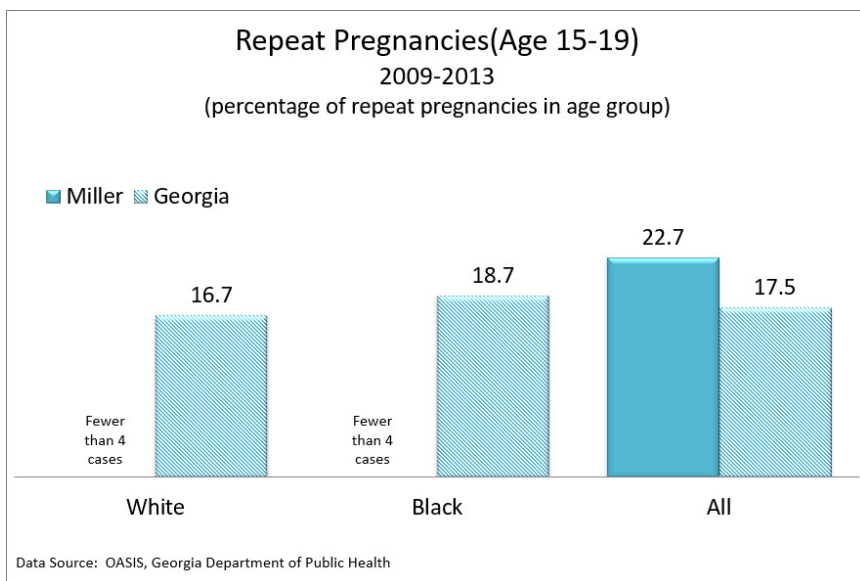
## Teen Birth Rate

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.<sup>64</sup>

The Miller County teen birth rate (27.7 per 1,000 female population) was higher than Georgia and the U.S.



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



For mothers ages 15-19, Miller County had a higher percent of repeat pregnancies (22.7 percent) compared to Georgia (17.5 percent).

## Teen Pregnancy in Georgia

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

**Georgia Adolescent  
Reproductive Health Facts**  
[www.hhs.gov](http://www.hhs.gov)

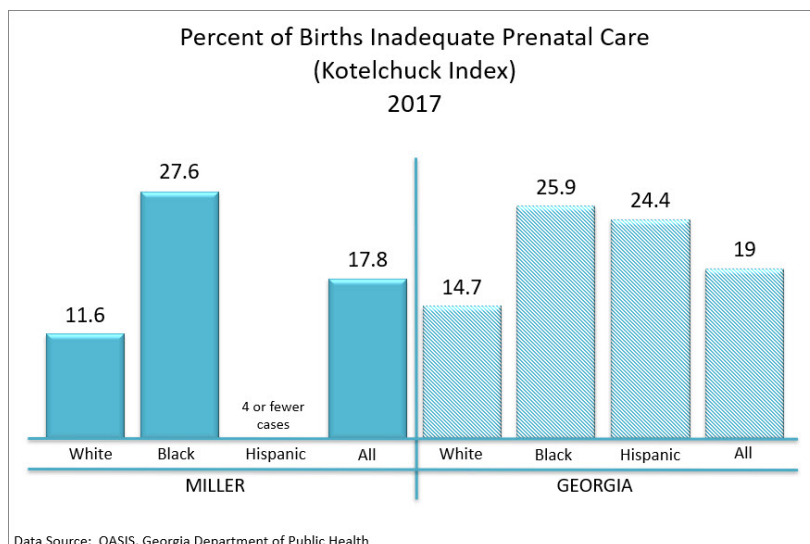
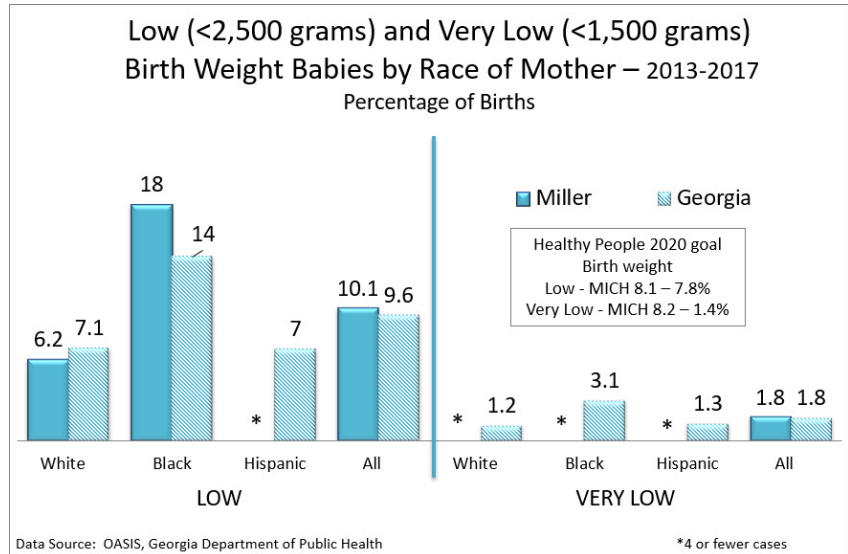
## Birth Weight

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

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent. <sup>66</sup> In 2017, the national prevalence of low birth weight babies was 8.2 percent, and for very low birth weight babies was 1.4 percent. <sup>67</sup>

Miller County had higher rates of low and very low birth weight babies compared to Georgia. The highest percentages were among the Black population for low birth weight babies.

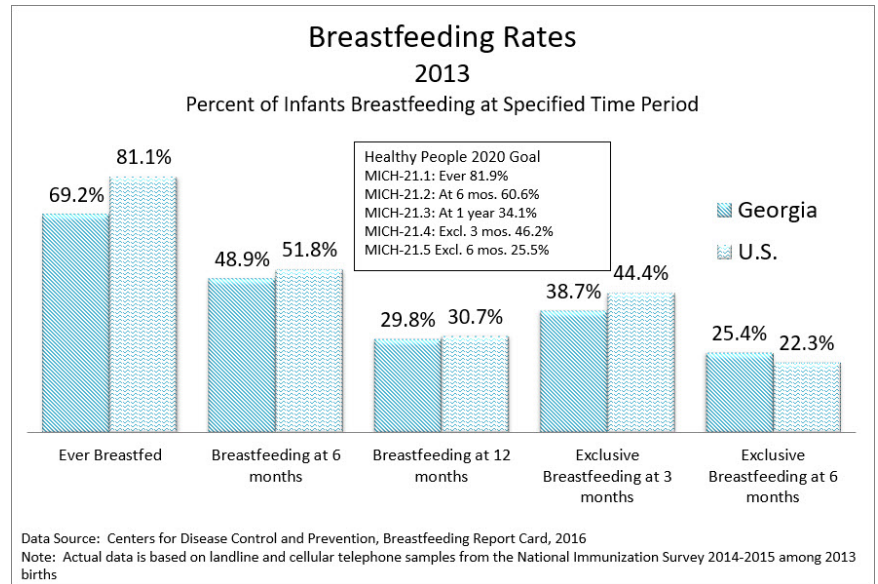
The percent of low births has decreased since the 2016 CHNA (12.9 percent), while the percent of very low births has increased since the 2016 CHNA (too few cases to report).



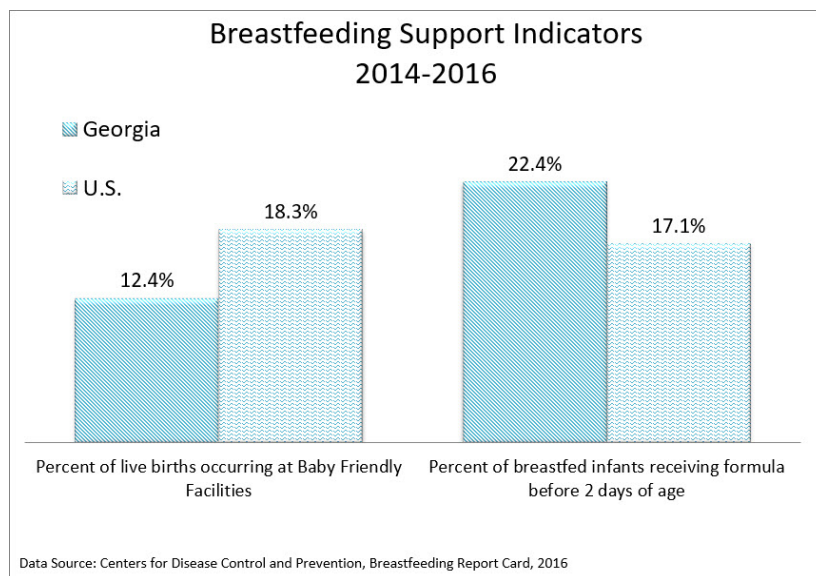
The percent of births with late or no prenatal care was lower in Miller County compared to Georgia. Black births had the highest percent of births with inadequate prenatal care in both Miller County and Georgia.

# Breastfeeding

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



The Maternity Practices in Infant nutrition and Care( mPINC )score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding Breastfeeding-friendly communities are measured using indicators that assess support from various settings using measures such as percent of live births occurring at Baby Friendly facilities, percent of breastfed infants receiving formula before 2 days of age, number of lactation consultants per 1,000 births and the mPINC score.<sup>68</sup>



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

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

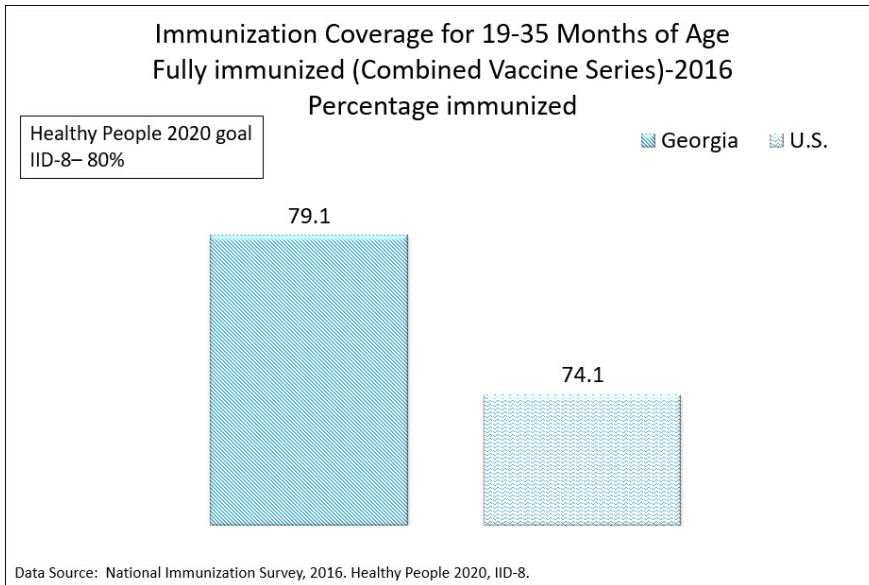
Georgia had a lower mPINC score compared to the U.S. Georgia had more Certified Lactation Counselors (CLCs), but less Board-Certified Lactation Counselors (IBCLs) than the U.S.

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



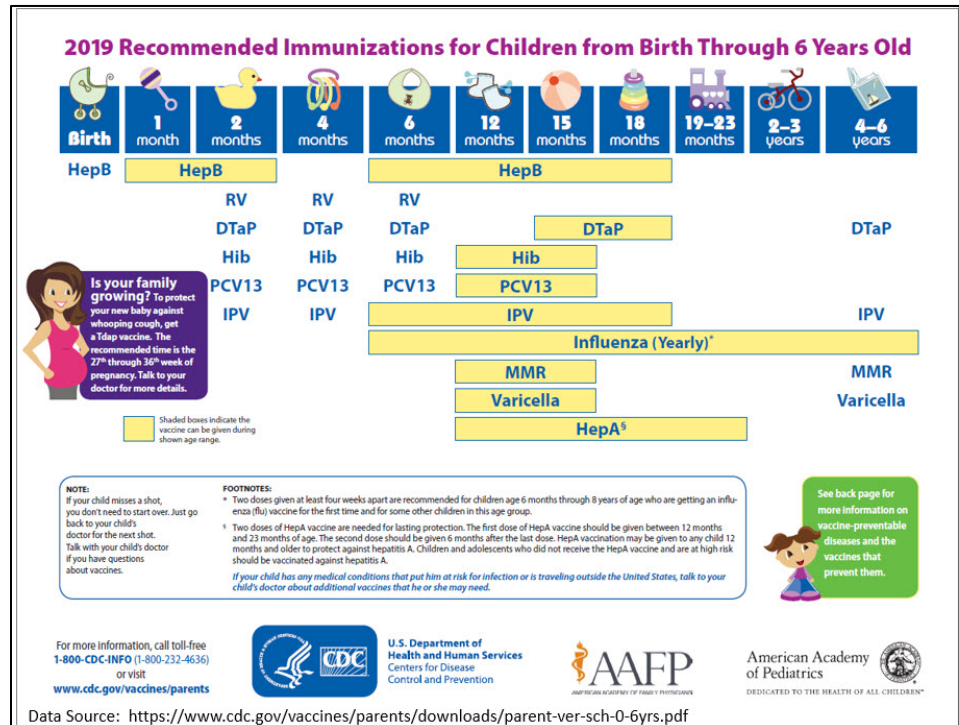
# Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.<sup>69</sup>



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

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



# COMMUNITY INPUT

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

## Teen Birth Rate and STDs

- » There are so many parents that believe if children are on birth control, then they are more likely to be sexually active.
- » There is a need for sex education outreach inside and outside the school system.
- » There has been an increase in STDs among the adolescent population.
- » The health department could be used more by the adolescent population. A 15-year-old can walk into the health clinic without parental consent if they need family planning services.
- » Children who are not 16, do not drive, so it is difficult for children who need sexual health services to access these.
- » If a female is pregnant and does not have health insurance, she can go to the Health Department for care and sign up for Medicaid.

## Prenatal Care

- » There is a need for the health department to go into the schools to advertise the services available for family planning and sexual health.



# ALCOHOL, TOBACCO AND DRUG USE

## HEALTHY PEOPLE 2020 REFERENCE – TU, SA

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

- » Chronic diseases
- » Teenage pregnancy
- » Sexually transmitted diseases
- » Domestic violence
- » Child abuse
- » Motor vehicle accidents
- » Crime
- » Homicide
- » Suicide<sup>70</sup>

Although much progress has been made to reduce cigarette smoking in the United States, in 2015, 15.5 percent of adults and 3.4 percent of adolescents smoked cigarettes in the past month.<sup>71</sup>

## Adolescent Behavior

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

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

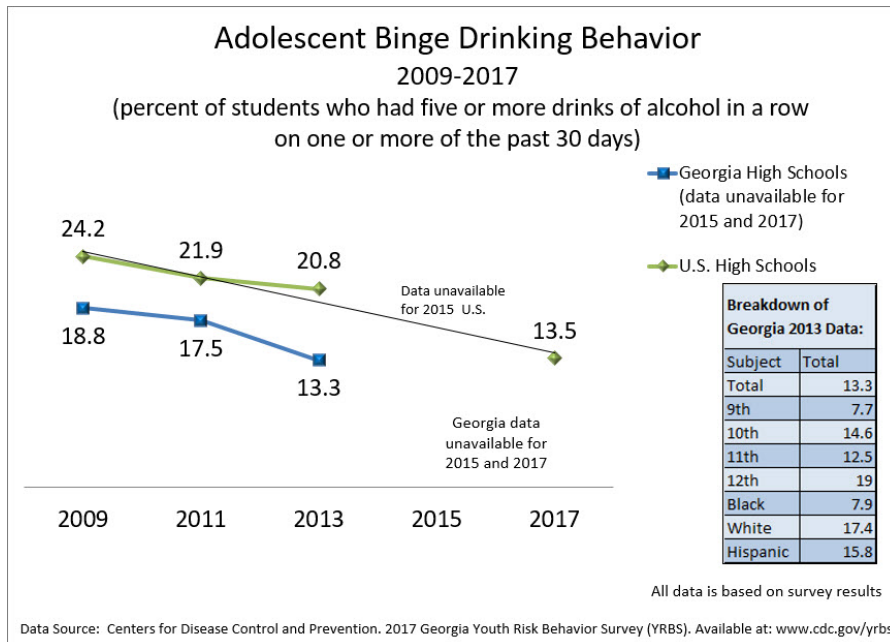
### Why Is Adolescent Health Important?

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

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

**Healthy People 2020**

## Alcohol, Tobacco, and Substance Abuse



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

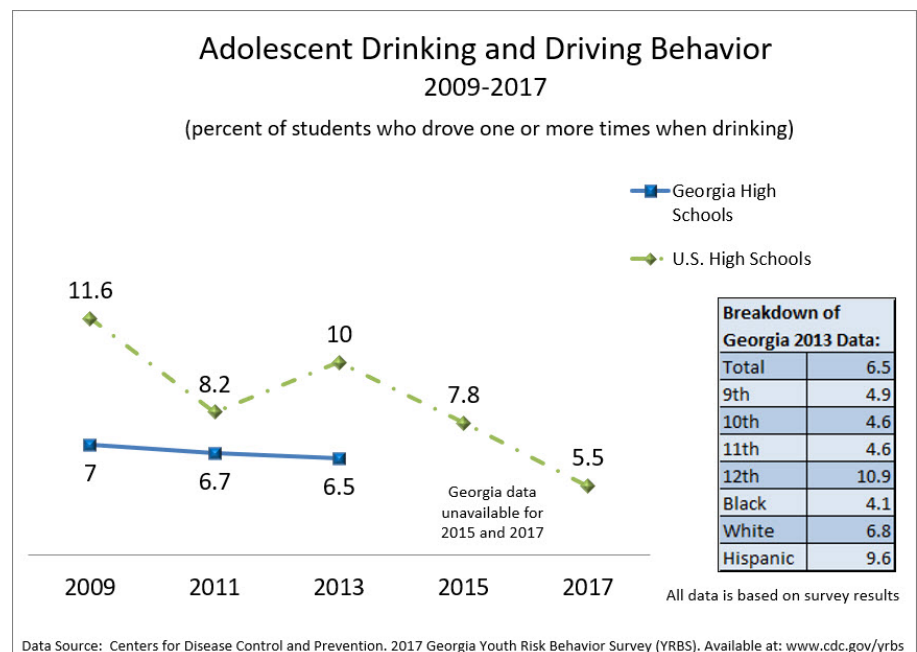
Binge drinking among Whites (17.4 percent) was more than twice as prevalent compared to Blacks (7.9 percent).

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

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

All data is based on survey results

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



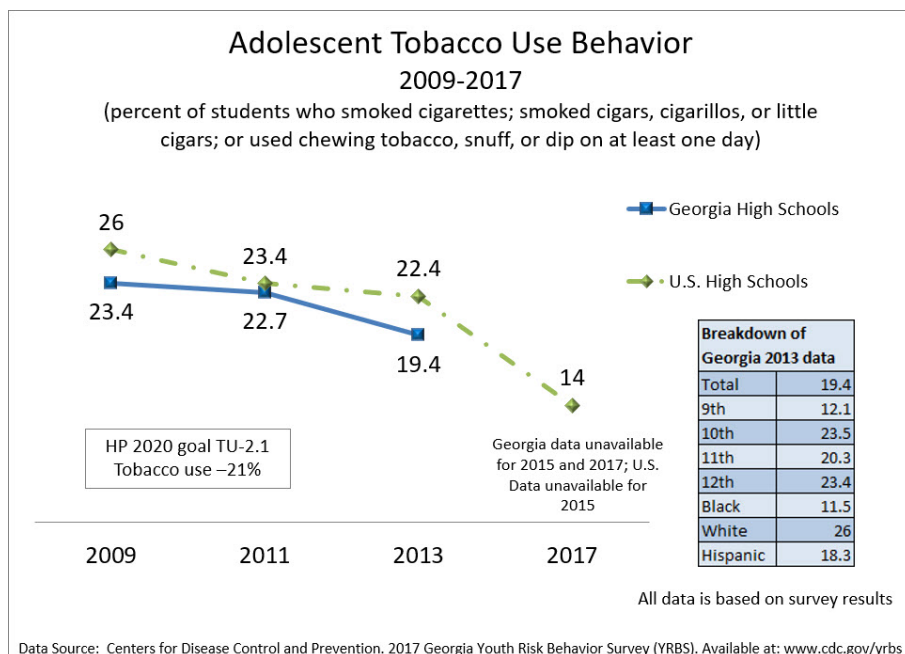
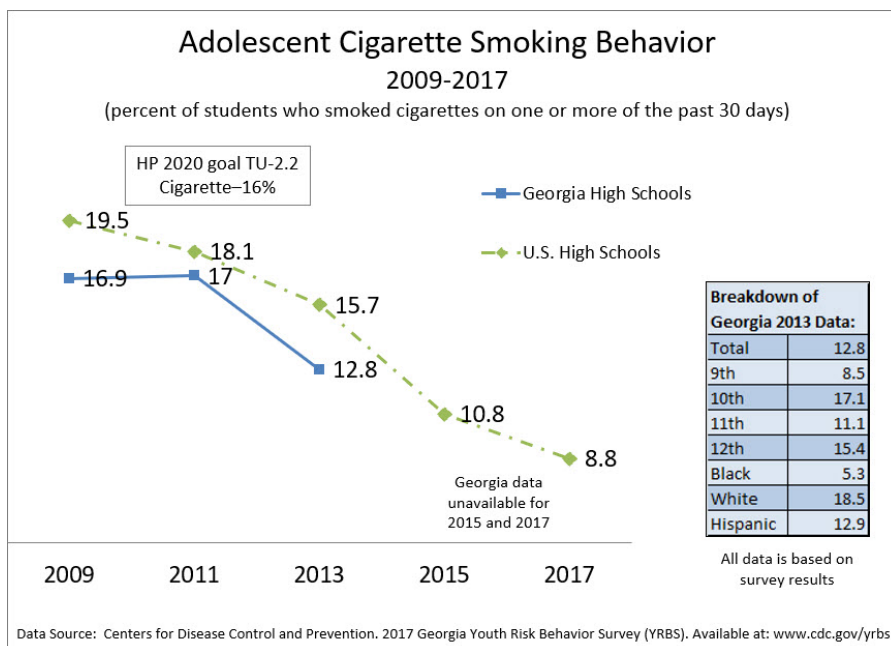
Subject	Total
Total	6.5
9th	4.9
10th	4.6
11th	4.6
12th	10.9
Black	4.1
White	6.8
Hispanic	9.6

All data is based on survey results

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

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

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

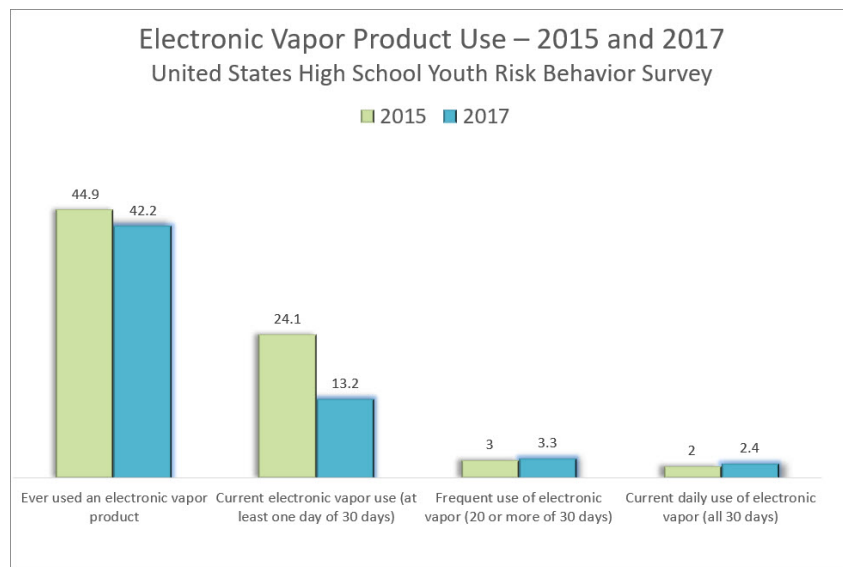


Overall, from 2009-2013, the prevalence of tobacco use in Georgia was lower than the U.S. rates. Tobacco use prevalence was greater among Whites compared to other population groups.

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

## Electronic Cigarettes (e-cigarettes)

Electronic cigarettes (e-cigarettes) or electronic vapor products are devices that provide nicotine and other additives to the user in the form of an aerosol. They entered the market in 2007 and by 2014 they were the most commonly used tobacco product among U.S. youths.<sup>73</sup>



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

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

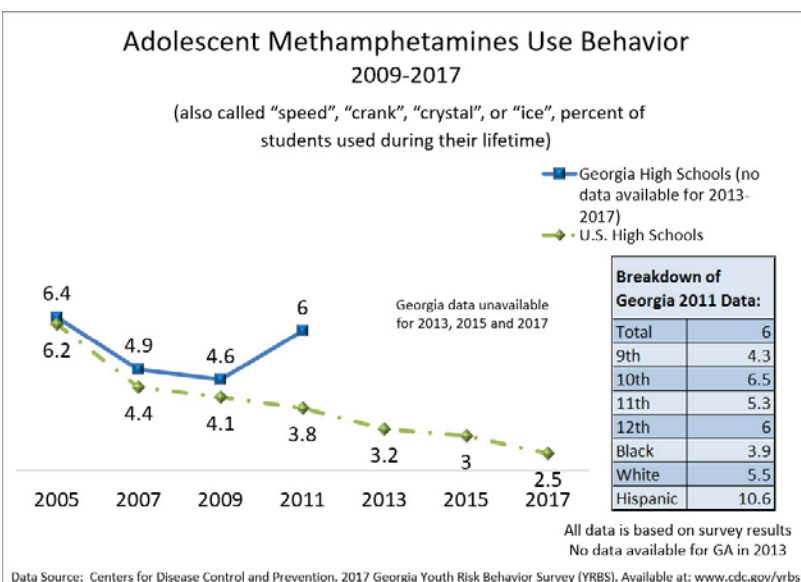
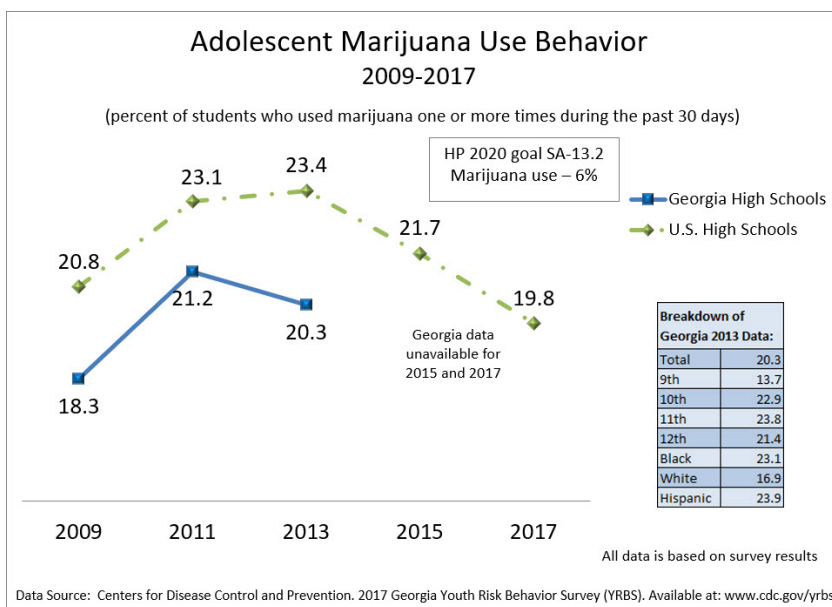
## Illicit Drug Usage

Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.<sup>74</sup>

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

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

The Healthy People 2020 goal is to reduce marijuana use to six percent.<sup>75</sup>



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

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

## Comparison: Miller County and Georgia

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

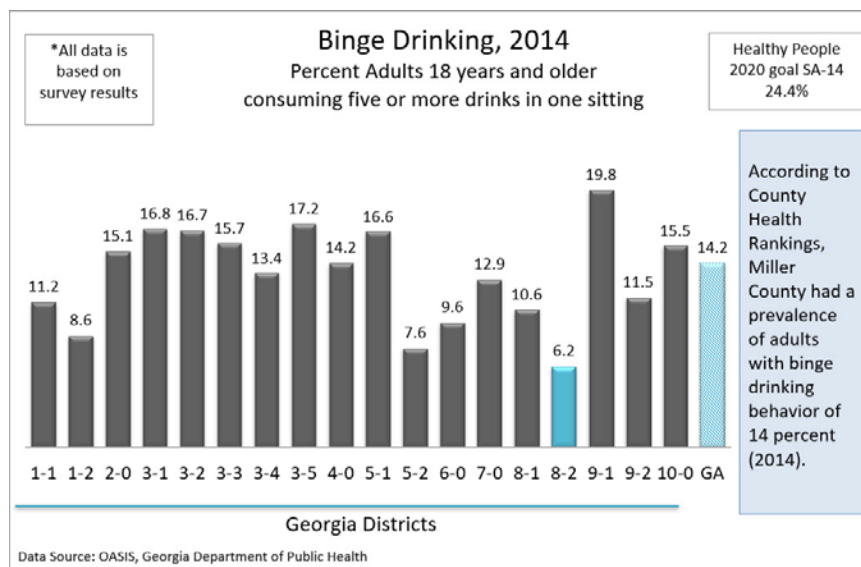
Comparison 2017-2018: Drug and Substance Abuse Behaviors Among Adolescents in Miller County and Georgia		
	Miller County High Schools	Georgia High Schools
Binge Drinking	8.5% ↓	6.4% ↓
Drinking and Driving	3.1% ↑	3.0% ↑
Tobacco Use	4.9% ↓	5.5% ↓
Cigarette Use	6.7% ↓	4.7% ↓
Marijuana Use	6.7% ↓	9.3% ↓
Electronic Vape	7.6% *	10.6% *
Meth Use	0% ↓	2.4% ↑
Prescription	1.8% ↓	4.0% ↓
Data Source: Georgia Department of Education. Georgia Student Health Survey * Trend data unavailable; electronic vapor not surveyed in previous CHNA		

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

## Adult Alcohol Abuse

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

Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.<sup>77</sup>



The binge drinking prevalence in Health District 8-2 (6.2 percent) was lower than the Georgia prevalence (14.2 percent). This was well below the Healthy People goal of 24.4 percent.



# COMMUNITY INPUT

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

## Adolescent Behavior

- » You must have parental consent for mental health services offered at the school.
- » There is a lack of awareness of the mental health counseling offered at the schools.
- » Parental engagement is required for mental health counseling services offered by Aspire.
- » The mental health counseling service (Aspire), is available in the school system, but is under-utilized.
- » A lot of times parents blame themselves for mental health issues associated with their children.
- » There is a mental health stigma among the adolescent population. It would be helpful to show adolescents that having a mental health condition is treatable and that anyone can experience a mental health condition including famous celebrities.
- » There is a need for more education and outreach regarding behavioral health stigmas for adolescents.
- » It would be helpful to have a celebrity guest that comes into the schools or a video broadcast to talk about mental and behavioral health. This would allow for the dialogue to start between child and parent or child and teacher.
- » The health department could be used more by the adolescent population. A 15-year-old can walk into the health clinic without parental consent if they need family planning services.
- » There is a need for the health department to go into the schools to advertise the services available for family planning and sexual health.
- » Children who are not 16, do not drive, so it is difficult for children who need sexual health services to access these.



## Adolescent Behavior

- » It is more difficult to put an end to cyberbullying because it can happen during school hours and after school hours. There is no way to get away from it once the child gets home from school. It is still there.
- » There is a need to educate more people in the community about ACEs (adverse childhood experiences). Once you do this you build more empathy for the situation.
- » Children need to understand if they have an ACE so they can be cognizant of the issue and address it.
- » There is a need for more courses that teach individuals how to raise a child.
- » There is a need to teach children and individuals a certain way that resonates and makes an impact.
- » The problem with a lot of the adolescent issues is lack of parent involvement and parenting.
- » There is a need for more male role models in a child's life.
- » The number one cause of child maltreatment cases among the DFCS population is alcohol and drugs. This type of abuse leads to termination of employment which leads to the inability for parents to provide food and shelter for their children.

# SEXUALLY TRANSMITTED DISEASES

## HEALTHY PEOPLE 2020 REFERENCE – STD 6, STD 7

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.<sup>78</sup> Chlamydia, gonorrhea, and syphilis are the most commonly reported sexually transmitted diseases in the country. In many cases, symptoms may not be recognized, and the infection may go undetected for long periods of time. Therefore, the infection may be spread without the knowledge of the infected individual.<sup>79</sup>

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

Georgia reported some of the highest STD rates in the country. Due to various socio-economic reasons, U.S. STD rates are higher among Blacks than among other population groups.<sup>81</sup>

**Top 10 States Ranked by Rate (per 100,000) of Reported STD Cases: U.S. 2017**

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

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

## Why Is Sexually Transmitted Disease Prevention Important?

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

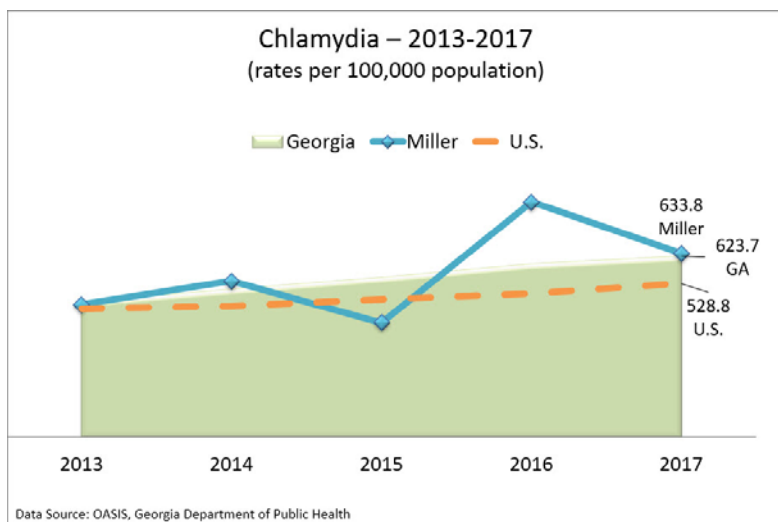
*Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.*

**Healthy People 2020**

# Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing and is easily treated and cured with antibiotics.<sup>82</sup>

- » In the U.S., Chlamydia rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.<sup>83</sup>
- » Women had two times the reported chlamydia rate of men in 2017.<sup>84</sup>
- » Georgia ranked sixth highest in the U.S. for reported chlamydia cases in 2017.<sup>85</sup>



## Clinical Recommendations

### Screening for Chlamydial Infection

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

### Healthy People 2020

In 2017, the chlamydia rate in Miller County was higher than Georgia and the U.S.

The chlamydia rate increased since the 2016 CHNA (455.2 per 100,000 population).

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

Average Chlamydia Rates by Race (2013-2017)				
	White	Black	Hispanic	All
Georgia	130.1	785	181.8	549.8
Miller	193.8	1,006.8	1,166.2	565.9

Data Source: OASIS, Georgia Department of Public Health

## Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.<sup>86</sup> The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are infected have no symptoms. Gonorrhea can lead to other complications that can cause pelvic inflammatory disease in women. Gonorrhea can also spread to the blood or joints and become life threatening. Antibiotics are used to successfully cure gonorrhea.

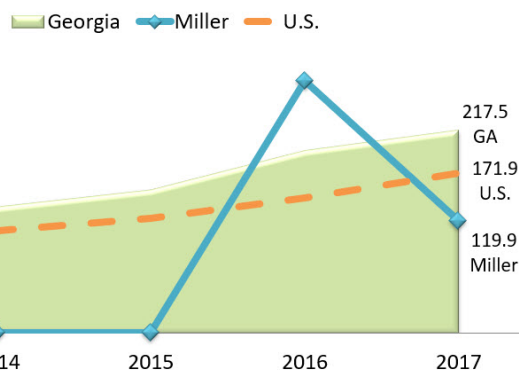
- » Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.<sup>87</sup>
- » Georgia ranked ninth highest in the U.S. for reported gonorrhea cases in 2017.<sup>88</sup>

### Who Is At Risk for Gonorrhea?

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

**Centers for Disease Control and Prevention**

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



Data Source: OASIS, Georgia Department of Public Health

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

The gonorrhea rate increased drastically from 2015 to 2016.

The gonorrhea rate decreased since the 2016 CHNA (151.7 per 100,000 population).

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

	White	Black	Hispanic	All
Georgia	31.3	316.6	28.5	166.9
Miller	*	356	0	135.6

Data Source: OASIS, Georgia Department of Public Health

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

# Syphilis

Syphilis is an STD that is passed from person to person through direct contact with syphilis sores. Many people infected may be unaware and the sores may not be recognized as syphilis. Symptoms may not appear for several years. Therefore, the infection may be spread by persons who are unaware that they have the disease. Syphilis is easy to cure in the early stages through the use of antibiotics.<sup>89</sup>

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

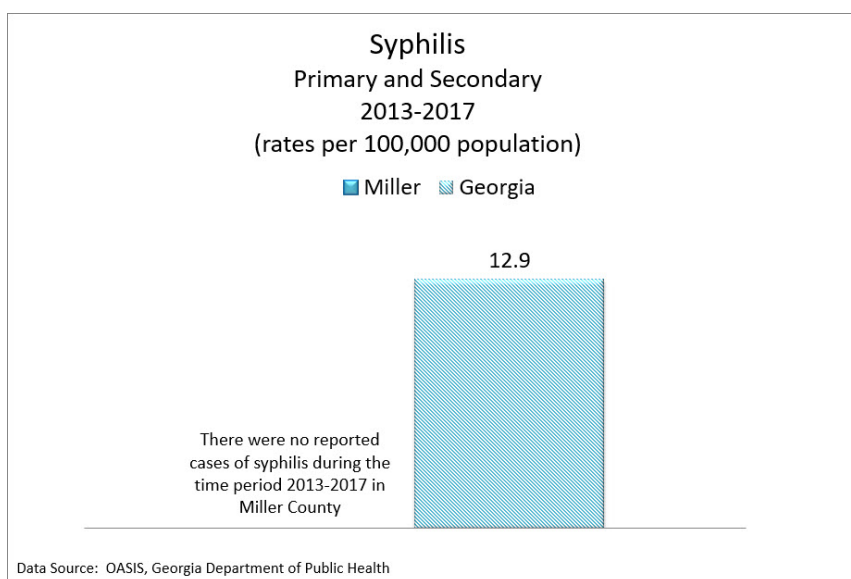
The Georgia syphilis rate in 2017 was 14.5 per 100,000 population.<sup>92</sup> The U.S. rate in 2017 was 9.5 per 100,000 population.<sup>93</sup>

## How Can Syphilis be Prevented?

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

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

**Centers for Disease Control and Prevention**



There were no reported cases of syphilis in Miller County during period 2013-2017.

# Human Immunodeficiency Virus (HIV)

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

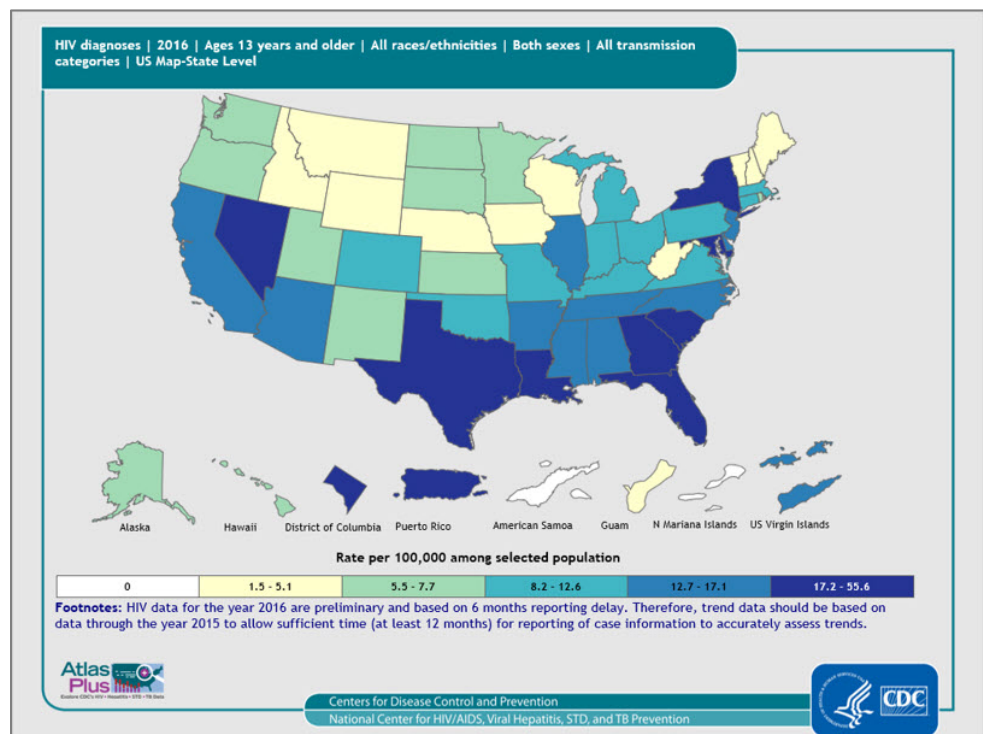
- » In 2017, Black MSM represented the highest number of new HIV infections in the U.S.<sup>96</sup>
- » In 2017, Blacks (male and female) accounted for 44 percent of new HIV infections.<sup>97</sup>
- » In 2017, new HIV diagnoses were most prevalent among the 25-34 age group.<sup>98</sup>
- » In 2017,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

## Why Is HIV Important?

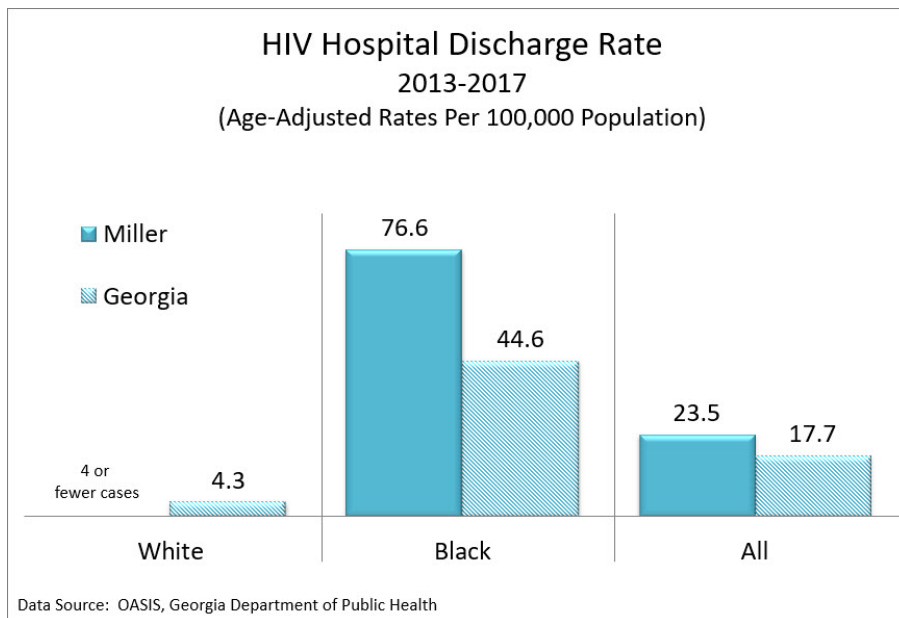
*HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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

**Healthy People 2020**

According to the Centers for Disease Control and Prevention, in 2016 Georgia had some of the highest HIV rates in the country.



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



The hospital discharge rate for HIV was higher in Miller County compared to Georgia.

The discharge rate among the Black population in Miller County was much higher than the Black Georgia discharge rate.



# COMMUNITY INPUT

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

## **Sexually Transmitted Disease**

- » There are so many parents that believe if children are on birth control, then they are more likely to be sexually active.
- » There is a need for sex education outreach inside and outside the school system.
- » There has been an increase in STDs among the adolescent population.
- » The health department could be used more by the adolescent population. A 15-year-old can walk into the health clinic without parental consent if they need family planning services.
- » There is a need for the health department to go into the schools to advertise the services available for family planning and sexual health.
- » Children who are not 16, do not drive, so it is difficult for children who need sexual health services to access these.

# ACCESS TO CARE

## HEALTHY PEOPLE 2020 REFERENCE – AHS

Barriers to healthcare can be due to a lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."<sup>100</sup>

### Why Is Access to Health Services Important?

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

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

**Healthy People 2020**

## Gaining Entry into the Health Care System

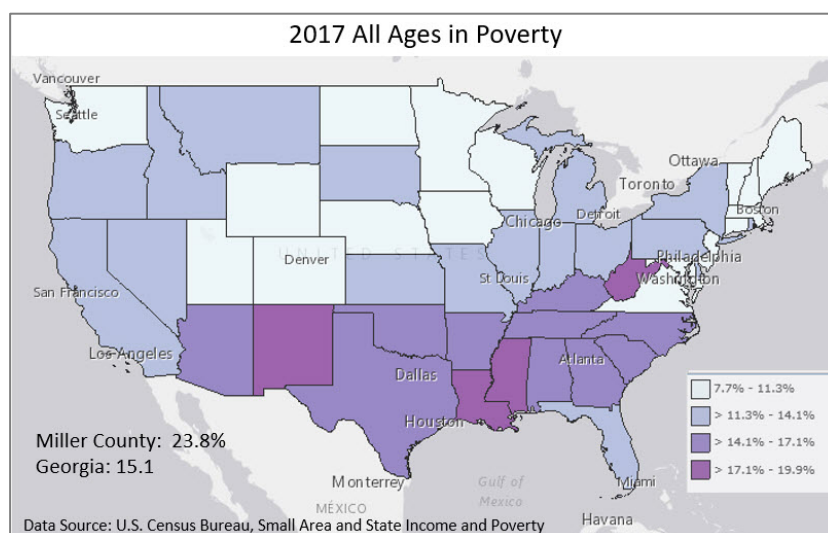
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

### Income and Poverty

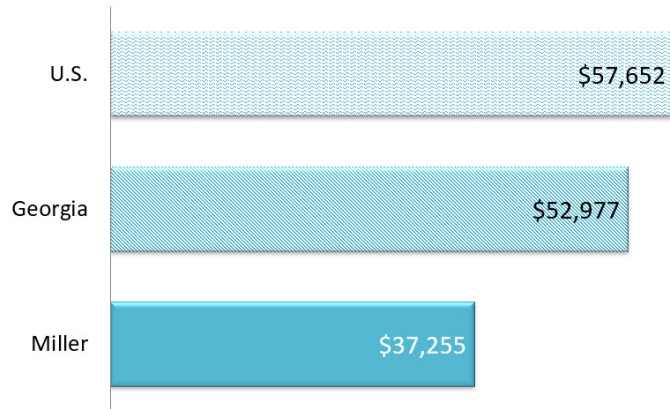
The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 13.4 percent in 2017.<sup>101</sup>

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

Miller County's poverty rate was 23.8 percent in 2017.



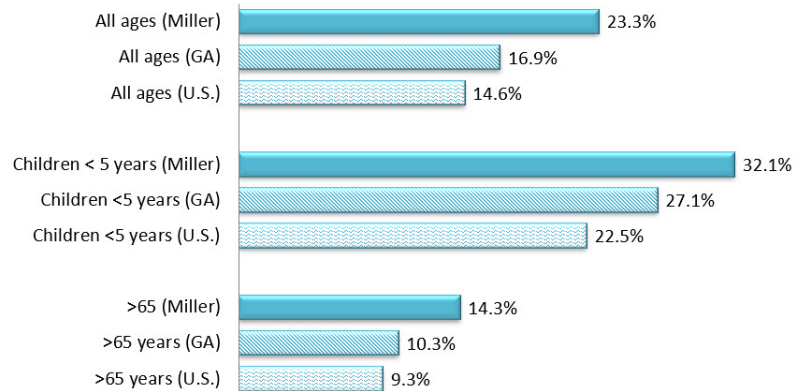
### Median Household Income, 2013-2017



Data Source: U.S. Census Bureau

The median household income during 2013-2017 for Miller County was \$37,255. This was below the Georgia median income of \$52,977 and the U.S. median income of \$57,652.

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

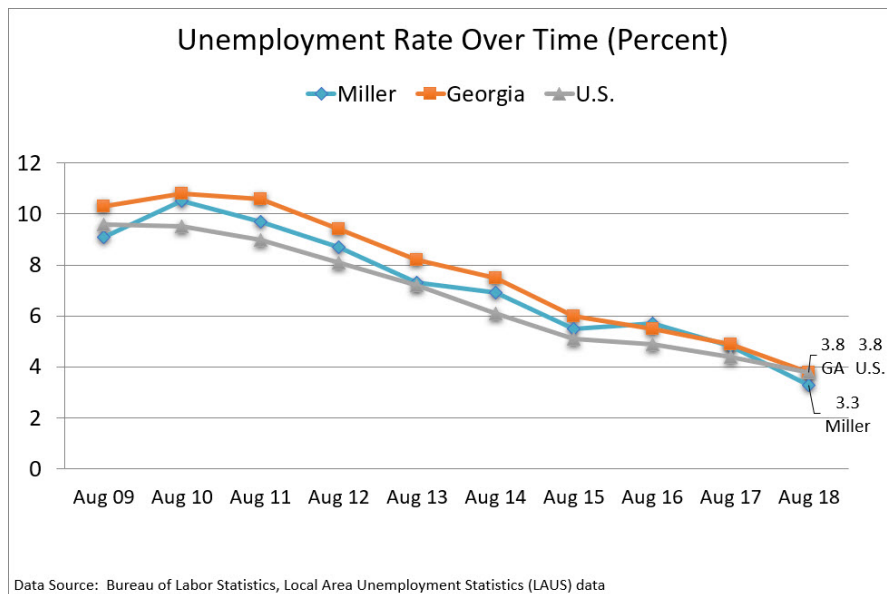


Data Source: U.S. Census Bureau

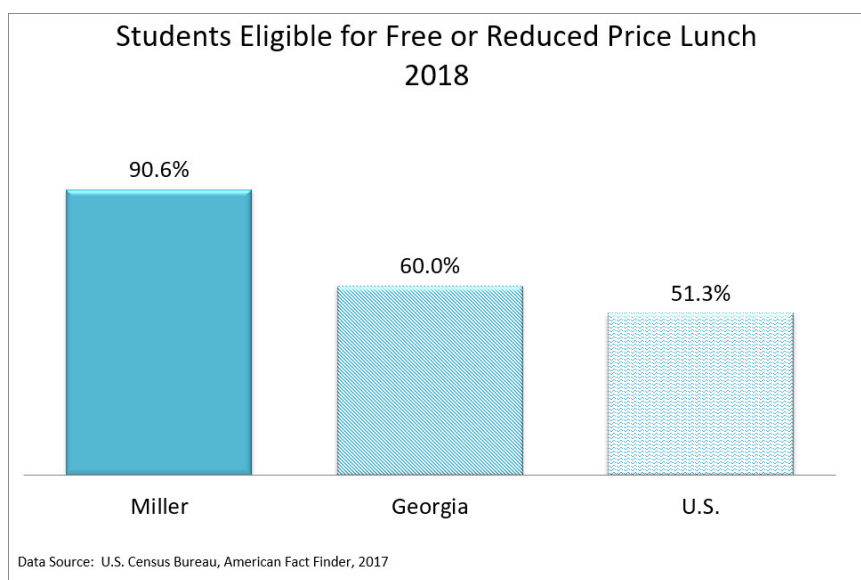
The percentage of people in Miller County whose income was below the poverty level (23.2 percent) was higher than Georgia (16.9 percent) and the U.S. (14.6 percent). The percentage of children under five years of age living in poverty in Miller County (32.1 percent) was higher than both Georgia (27.1 percent) and the U.S. rates (22.5 percent). The percentage of Miller County senior adults living in poverty (14.3 percent) was higher than Georgia (10.3 percent) and U.S. rates (9.3 percent).

The Miller County unemployment rates for years 2009-2018 were consistently higher than Georgia and U.S. rates.

The most recent data showed that Miller County's unemployment rate dropped from 9.1 percent in August 2016 to 3.3 percent in August 2018.



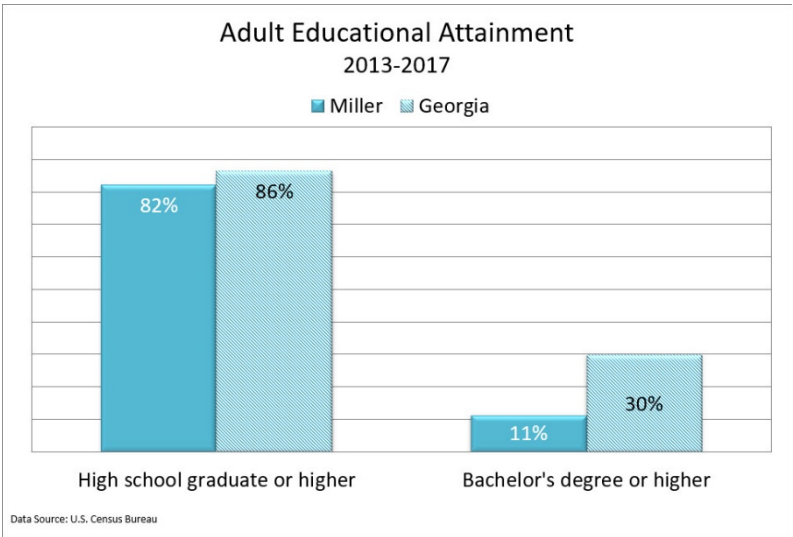
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.<sup>103</sup> For July 1, 2018 through June 30, 2019, a family of four's income eligibility for reduced-price lunches was at or below \$46,435 and for free meal eligibility at or below \$25,100.<sup>104</sup>



Approximately 90.6 percent of the public-school students in Miller County were eligible for free or reduced-price lunches. This was higher than the Georgia (60 percent) and the U.S. (51.3 percent).

# Educational Attainment

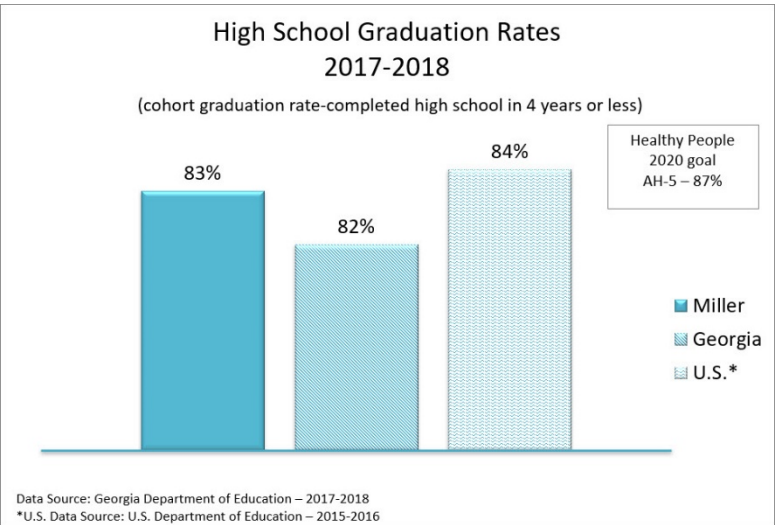
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.<sup>105</sup> According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.<sup>106</sup> Individuals with higher educational attainment often secure jobs that provide health insurance. Young people who drop out of school also have higher participation in risky behaviors, such as smoking, being overweight, or having a low level of physical activity.<sup>107</sup>



From 2013-2017, 82 percent of Miller County residents had graduated high school compared to Georgia's average of 86 percent. An average of 11 percent of Miller County residents had a bachelor's degree or higher compared to Georgia's higher average of 30 percent.

The U.S Department of Education requires all states to publicly report comparable high school graduation rates using a four-year adjusted cohort rate calculation method. This method provides uniform data collection when analyzing statistics across different states.<sup>108</sup>

In 2017-2018, Miller County had an average of 83 percent of students who complete high school in four years or less. Miller County's rate was above the Georgia average (82 percent) and below the U.S. average (84 percent). The Healthy People 2020 goal for the high school graduation rate is 87 percent (students who graduate with a regular diploma, 4 years after starting ninth grade).

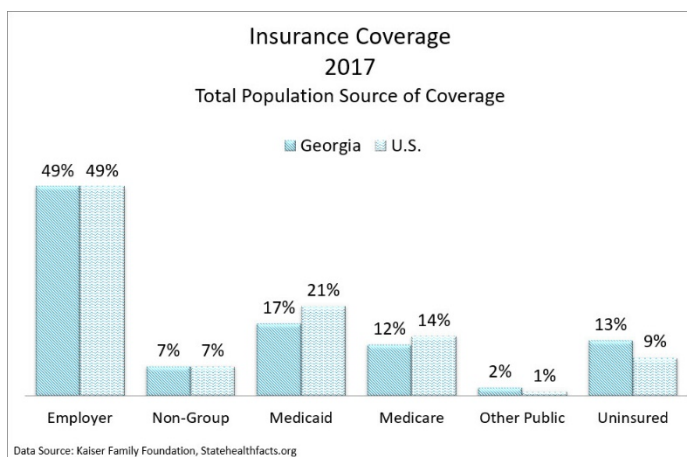


## Insured Status

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

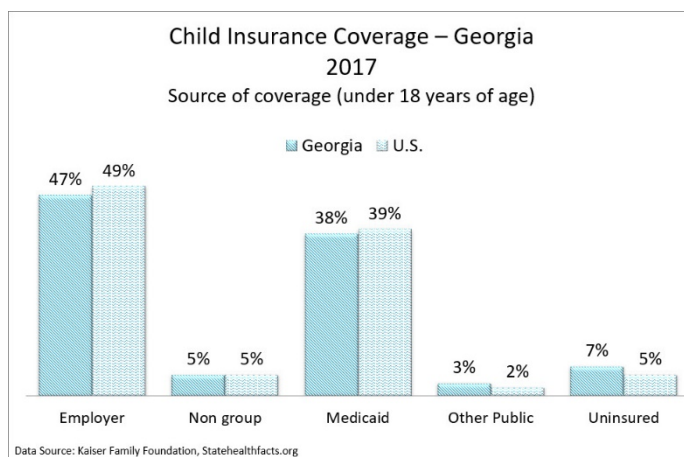
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

### GEORGIA INSURED STATUS



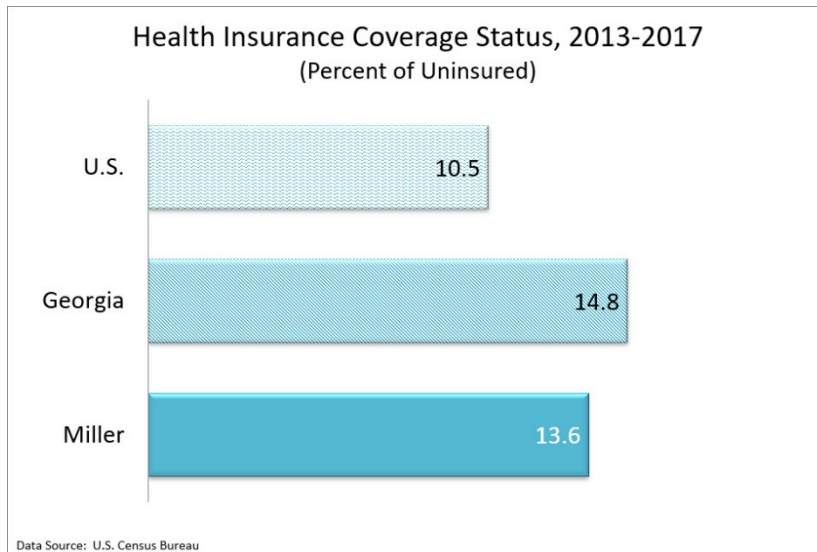
In 2017, Georgia's uninsured population (13 percent) was higher than the U.S. (9 percent). Employer coverage was even in both Georgia and the U.S. at 49 percent. Georgia's proportions of Medicare and Medicaid covered individuals were lower than the U.S. rates.

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





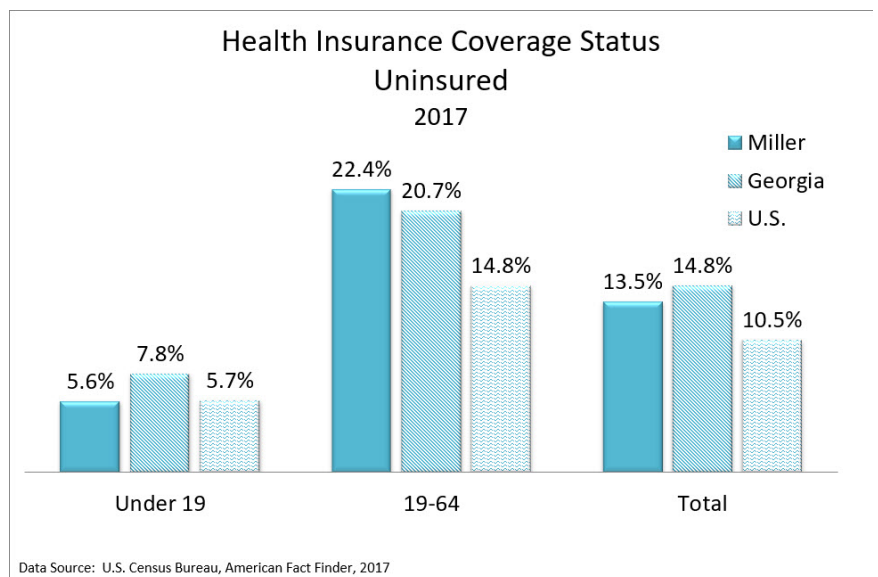
## MILLER COUNTY INSURED STATUS



The proportion of uninsured individuals in Miller County (13.6 percent) was lower than Georgia (14.8 percent) and higher than the U.S. (10.5 percent).

The percentage of children under 19 that lacked health insurance in Miller County was lower than Georgia and the U.S.

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





## Georgia Health Assistance and Healthcare Programs

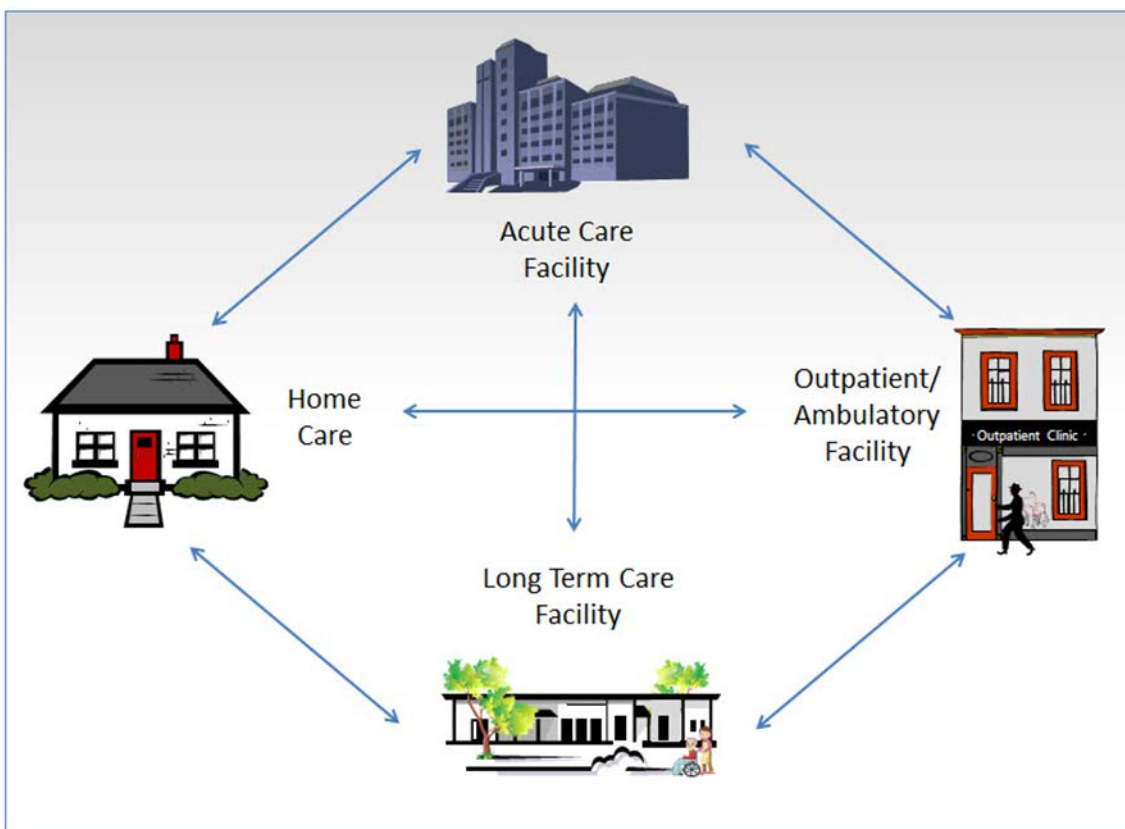
**Medicaid** – Georgia Medicaid is administered by the Georgia Department of Community Health. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

- » **PeachCare for Kids (CHIP)** offers a comprehensive health care program for uninsured children living in Georgia whose family income is less than or equal to 235 percent of the federal poverty level.
- » **Long Term Care and Waiver Programs:**
  - **New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP)** offer home and community-based services for people with a developmental or intellectual disability.
  - **Service Options Using Resources in a Community Environment (SOURCE)** links primary medical care and case management with approved long-term health services in a person's home or community to prevent hospital and nursing home care.
  - **Independent Care Waiver Program (ICWP)** offers services that help a limited number of adult Medicaid recipients with physical disabilities live in their own homes or in the community instead of a hospital or nursing home.
  - **Community Care Services Program (CCSP)** provides community-based social, health and support services to eligible consumers as an alternative to institutional placement in a nursing facility.
- » **Georgia Families** delivers health care services to members of Medicaid and PeachCare for Kids by providing a choice of health plans.
- » **WIC** is a special supplemental nutritional program for Women, Infants and Children. Those who are eligible receive a nutrition assessment, health screening, medical history, body measurements (weight and height), hemoglobin check, nutrition education, and breastfeeding support, referrals to other health and social services, and vouchers for healthy foods.
- » **Planning for Healthy Babies (P4HB)** offers family planning series for women who do not qualify for other Medicaid benefits, or who have lost Medicaid coverage. To be eligible a woman must be at or below 200 percent of the federal poverty level.
- » **Health Insurance Premium Payment (HIPP)** provides working Medicaid members with assistance on premium payments, coinsurance, and deductibles.
- » **Georgia Long Term Care Partnership** offers individuals quality, affordable long term care insurance and a way to received needed care without depleting their assets (Medicaid asset protection).
- » **Non-Emergency Transportation (NET)** program provides transportation for eligible Medicaid members who need access to medical care or services.
- » **Georgia Better Health Care (GBHC)** matches Medicaid recipients to a primary care physician or provider.
- » **Women's Health Medicaid** is a program that pays for cancer treatments for women who have been diagnosed with breast cancer or cervical cancer and cannot afford to pay for treatment.

**Medicare** - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Miller County, 16.9 percent of the population is over the age of 65, making many of them eligible for Medicare.

## Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.<sup>109</sup> There are various types of facilities across the healthcare continuum that provide different levels of care and types of treatment. Levels of care include primary, secondary, tertiary, and sometimes quaternary. Types of treatment range from low acuity to high acuity. Within these levels of care and types of treatment, there are types of facilities such as: acute care, outpatient/ambulatory, long term care, and home care that specialize in different types of treatment (see diagram below). In addition, these types of facilities cater to certain diseases and conditions within this continuum of care.



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

Miller County Hospital has been serving Colquitt, Georgia residents since 1957. It is a 25 bed, critical access not-for-profit hospital. The hospital offers a full range of inpatient and outpatient services to the residents of Colquitt and surrounding areas.

## **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, health education, family planning, sexually transmitted disease testing, WIC, pregnancy, immunizations, mammogram waiver programs, and blood pressure screenings.

Miller County Medical Center (rural health clinic) provides primary care to pediatrics and adults and is in Colquitt next to the hospital.

Primary Care of Southwest Georgia is in Blakely, which is about 20 miles from Colquitt. The clinic offers basic wellness, primary care, and immunization services.

Baker County Primary Health Care is in Newton, which is 28 miles from Colquitt. The clinic provides Internal Medicine, Family Medicine, and Pediatric services daily. Monthly, Podiatric and specialized allergy services are available on site as well.

## **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 is considered an MUA based on its Index of Medical Service Score of 60.10.<sup>110</sup>

## Mental Health

Miller County has facilities within and outside the County that provide mental health and substance abuse services.

- » Aspire Behavioral Health and Disability Services is in Colquitt, Blakely, and Bainbridge, Georgia. The facility offers outpatient services mental health and addictive disease services.
- » 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.<sup>111</sup> SNFs provide care for individuals with frailty, multiple co-morbidities, and other complex conditions. This type of care is important for individuals who no longer need the acute care from a hospital setting. 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.<sup>112</sup>

## Transportation

Miller County has a land area of 282 square miles.<sup>113</sup> There is no public transportation system in Miller County. 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.

### Professional Shortage Areas as of January 2019

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

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

## Finding a Health Care Provider Whom the Patient Can Trust

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

### **PATIENT-CENTERED MEDICAL HOMES**

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

Patient-centered medical homes are at the forefront of primary care. Primary care is care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern not limited by problem origin, organ system, or diagnosis.<sup>115</sup> There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians.

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

- » Communicate with patients about what they can expect out of the patient-doctor relationship.
- » Support patients in self-care. This includes education and reduction of risk factors and helping patients with chronic illnesses develop and update self-care goals and plans.
- » Partner with patients in formal and informal decision-making. Shared decision-making is a formal process in which patients review evidence-based decision aids to understand health outcomes.
- » Improve patient safety by giving patients access to their medical records so they can detect and prevent errors.<sup>116</sup>

# COMMUNITY INPUT

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

## Access to Care

- » There is a lack of health insurance coverage for young adults who are on Medicaid, but then get cut off at age 18. The children's parents don't have health insurance, so they cannot be covered on their plan until 26.
- » There is a so much poverty in this community, so there are high uninsured rates.
- » The uninsured population in Miller County is close to 20 percent.
- » The Health Department is seeing an increase in the number of patients seeking general medical care.
- » There is a need for communication of available resources between different agencies and providers.
- » Transportation is a major barrier to accessing care for a lot of the uninsured or underinsured.
- » Health education and health coaches would help with the general prevention of chronic diseases.
- » There is a need for more health education and prevention intervention outreach to the underserved populations.
- » The hospital had 13 health fairs in various locations and people just do not show up.
- » The health fairs work better when they are held at locations where there is an engaged audience.
- » It is important to do health outreach at job sites and churches because people already congregate there.
- » There are a lot of people who just do not go to the doctor. They do not believe in an annual well check.
- » People in Colquitt need to understand what healthy looks like. They need to understand their numbers like BMI, blood pressure and cholesterol.

## **Access to Care**

- » There is a lack of facilities or places for physical activity. There is park but there are not really any bike trails.
- » There is a need for mental and behavioral health crisis intervention services. The closest places are Albany or Donalsonville.

## **Access to Care (Resources already in place)**

- » Spring Creek Health Cooperative has a lot of programs that helps individuals get access to care through medication assistance or insurance assistance.
- » The hospital has run health ads in the newspaper to promote the use of the rural health clinic.
- » It has been proven that patients who have a medical home or primary care physician are less likely to have issues with chronic diseases. This is something that was addressed during the last CHNA.
- » The rural health clinic provides almost free care because it is based on a patient's income.
- » The Health Department refers a lot of patients to the rural health clinic and to Spring Creek Health Cooperative.
- » If a female is pregnant and does not have health insurance, she can go to the Health Department for care and also sign up for Medicaid.
- » The hospital has an accountable care program that addresses the Medicare population. The hospital plans to expand this program to other areas of the community.
- » There are pop-up farmer's markets that help address the lack of access to healthy foods.
- » The community is working on a heart to heart project within the city limits that marks hearts on the side walk signifying a quarter of a mile.
- » Aspire offers adult mental health services.



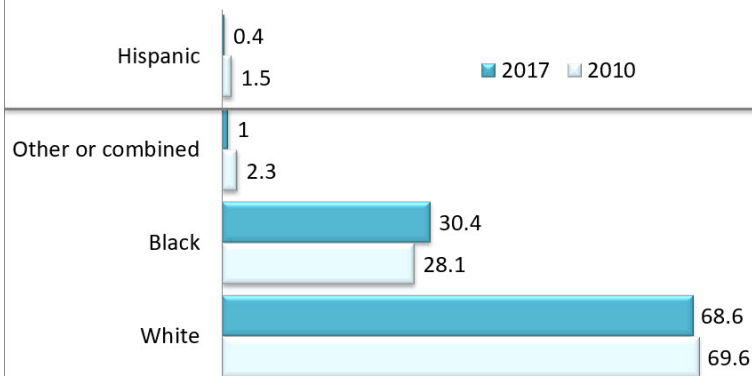
# SPECIAL POPULATIONS

## Why Do Special Populations Matter?

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

**Healthy People 2020**

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



Data Source: U.S. Census Bureau

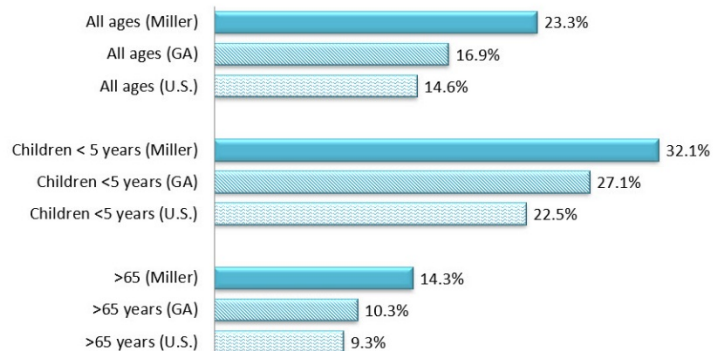
The Hispanic population represents a very small percent of the population in Miller County. No specific community comments were mentioned specific to this demographic.

Although the Black and White populations represent a majority of the overall population, very little insight was shared why certain health disparities exist in one group compared to the other.

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

Overall, nearly one-quarter of Miller County's population is in poverty.

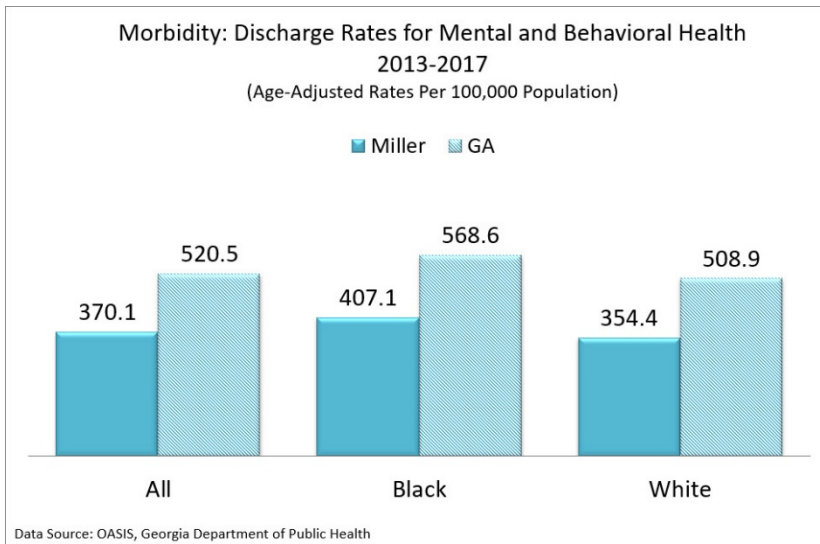
Percentage of People Whose Income Was Below Poverty Level in Last 12 months – 2013-2017



Data Source: U.S. Census Bureau

## Mental and Behavioral Health

Mental and behavioral health conditions include disorders related to psychoactive substance use, Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders, mood [affective] disorders, anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders<sup>117</sup>.



Miller County had a higher discharge rate due to mental and behavioral health compare to Georgia.

## Mental and Behavioral Health

- » There is a need for mental and behavioral health crisis intervention services. The closest places are Albany or Donalsonville.
- » Since Hurricane Michael's impact on the agricultural industry, there has been a need for more education and awareness about mental and behavioral health. Farmer's suffered major financial losses and a lot do not know how to deal with the depression and stress of this.
- » There is a need for more education and awareness on mental and behavioral health assistance for first responders who may have been impacted by the trauma of the hurricane.
- » A lot of parents don't want to be seen in the mental health counseling clinic due to the stigma associated with it.

## **Mental and Behavioral Health (Adolescent Behaviors)**

- » You must have parental consent for mental health services offered at the school.
- » There is a lack of awareness of the mental health counseling offered at the schools.
- » Parental engagement is required for mental health counseling services offered by Aspire.
- » The mental health counseling service (Aspire), is available in the school system, but is under-utilized.
- » A lot of times parents blame themselves for mental health issues associated with their children.
- » There is a mental health stigma among the adolescent population. It would be helpful to show adolescents that having a mental health condition is treatable and that anyone can experience a mental health condition including famous celebrities.
- » There is a need for more education and outreach regarding behavioral health stigmas for adolescents.
- » It would be helpful to have a celebrity guest that comes into the schools or a video broadcast to talk about mental and behavioral health. This would allow for the dialogue to start between child and parent or child and teacher.

# PRIORITIES

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## About Community Input

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

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

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

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

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

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

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

## Focus Group Meetings and Priorities

One community focus group meeting was conducted on April 18<sup>th</sup>, 2019.

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

1. Adolescent Behavior
  - a. There is a need for sex education to prevent unwanted pregnancies and STDs.
  - b. There is a need for educational classes on parenting and parental engagement.
  - c. There is a need for education and awareness for the adolescent population on mental and behavioral health disorders (Reference Mental and Behavioral Health)
2. Access to Care
  - a. There is a need for free or low-cost care options for the working poor, uninsured, or underinsured.
  - b. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents.
  - c. There is a need for more access or outreach programs for prevention and wellness education.
3. Mental and Behavioral Health
  - a. There is a need for more awareness on the signs and symptoms of depression and mental/behavioral illness community-wide.
    - i. The community reported a need for mental and behavioral health awareness among the individuals in farming occupations who lost their crops due to Hurricane Michael.
  - b. There is a need for education and awareness for the adolescent population on mental and behavioral health disorders.
4. Lifestyle and Obesity
  - a. There is a lack of facilities in the community for physical activity
  - b. There is a need for more education and awareness on the importance of an annual well-check (prevention).
    - i. Signs and symptoms of chronic diseases
    - ii. Knowledge of knowing your numbers; ie: blood pressure, cholesterol, BMI

## Hospital Input

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

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

## Identified Priorities

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

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

## Approval

Miller County Hospital's Board approved this community health needs assessment through a board vote on June 27, 2019.

# Special Thanks to Community Participants

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Miller County Hospital would like to thank all the individuals who participated and for their generous contribution of time and effort in making this Community Health Needs Assessment (CHNA) a success. Each person provided valuable insight into the health needs of the general community, as well as for specific vulnerable population groups. Community participation included participating in a one-on-one key stakeholder interview or attending one of the two focus groups held on March 20<sup>th</sup> or 21<sup>st</sup> of 2019. There were over 40 community participants who attended these events.

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

Robin Rau – Chief Executive Officer, Miller County Hospital  
Ashlie Brackin – Utilization Review, Miller County Hospital  
Sheila Freeman – Executive Director, Spring Creek Health  
Abby Glass – Care Coordinator, Miller County Hospital  
Becky Hudgins – Pharmacy Director, Miller County Hospital  
Keliah Kegler – County Nurse Manager, Miller County Health Department  
Barbara Means – Pre-K Director, Miller County Board of Education  
Barbara Meredith – Manager, Miller County Hospital  
Dr. Roy Reardon – Physician, Miller County Hospital  
Leigh Ribolzi – Director, Miller County Collaborative  
Nakesha Rolle – Corporate Compliance Officer  
Shawn Whittaker, RN – Chief Nursing Officer, Miller County Hospital

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



# RESOURCE LISTING

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

## **ASSISTED LIVING FACILITIES**

### **Colquitt Alternative Care**

258 East College Street | Colquitt, Georgia 39837 | 229-758-2000

## **BLOOD DONATION**

### **American Red Cross**

800-RED-CROSS / 800-733-2767 | [www.redcross.org](http://www.redcross.org)

## **BREASTFEEDING RESOURCES**

### **Breastfeeding Information**

[www.breastfeeding.com](http://www.breastfeeding.com)

### **La Leche League of GA Hotline**

404.681.6342

## **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 Drive | Albany, GA 31707 | 229-312-1700

## CHILDREN & FAMILY SUPPORT SERVICES

### ALL GA KIDS

877.255.4254

### Child Welfare Information

Prevent Child Abuse Georgia [www.preventchildabusega.org](http://www.preventchildabusega.org) |

### Georgia Family Connection

Partnership [www.gafcp.org](http://www.gafcp.org)

### Kids Count

[www.gafcp.org/index.php/count/main](http://www.gafcp.org/index.php/count/main)

### Miller County DFCS

69 Thompson Town Road | Colquitt, GA 39837 | 229-430-6289

### Miller County Health Department

250 W Pine Street | Colquitt, GA 39837 | 229-758-3344

### Prevent Child Abuse Georgia

[www.preventchildabusega.org](http://www.preventchildabusega.org)

### Underage Drinking

[www.didyounowfacts.net](http://www.didyounowfacts.net)

## CLOTHING RESOURCES

### AGAPE Thrift Shop

On The Square | Colquitt, GA 39837 (Open Thursdays, Fridays, and Saturdays)

### Goodwill

1602 E Shotwell Street, Suite A | Bainbridge, GA 39819 | 229-246-5035

### Salvation Army

600 S. Scott Street | Bainbridge, GA 39819 | 229-243-7250

## 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

## CONVENIENT CARE/URGENT CARE

All South Urgent Care  
4585 Montgomery Hwy., Dothan, AL 36303 | 334-340-2600

Phoebe Convenient Care East  
2410 Sylvester Road, Albany, GA 31705 | 229-312-9200 | M-F 8am-7pm; Sat-Sun 9am-5pm

## CRISIS INTERVENTION

**Georgia Crisis Line**  
800-715-4225

**Lily Pad Rape Victims**  
229-435-0074

**National Domestic Violence Hotline**  
800.799.7233

**Poison Control**  
1-800-222-1222

**Prescription Drug Abuse**  
[www.stoprxabuseinga.org](http://www.stoprxabuseinga.org)

**Suicide Prevention and Support**  
888-724-7240

**Teen Rehab Center**  
[www.teenrehabcenter.org](http://www.teenrehabcenter.org)

## DENTAL (LOW-INCOME)

**AAPHC Phoebe Dental Center LBN Albany Area Primary Health Care, Inc.**  
417 W. Third Avenue | Albany, GA 31701-1943 | 229-888-6559 Tel | 229-436-4107 Fax

**Brooks Dental**  
229-723-4111

**Dixieland Dental**  
15622 US-231, Midland City, AL 36350 | 251-626-6140 | 877-DDC-1DAY

**Quitman Dental Care**  
41 Old School Road | Georgetown, GA 31825 | 229-334-6300

**Valley Healthcare System**  
1315 Delaunay Avenue | Columbus, GA 31901 | 706-322-9599

## DEVELOPMENTAL NEEDS

### **Babies Can't Wait**

[www.health.state.ga.us/programs/bcw](http://www.health.state.ga.us/programs/bcw)

### **Parent to Parent of Georgia**

800-229-2038

## DME & RESPIRATORY PROVIDERS

### **Bain – DME low cost glasses**

711 E. Shotwell Street | Colquitt, GA 39837 | 229-246-0150

### **First Street Easy Climber**

National Sponsor Medical Equipment & Supplies  
800-270-6702

### **Lane's Medical**

210 W Main Street, Suite 3 | Colquitt, GA 39837 | 229-758-9111

### **Lincare Oxygen Equipment Supplier**

401 E. Broughton Street, Bainbridge, GA 39817 | 229-246-3670

### **Lions Club Eye Glasses Assistance**

Colquitt, GA | Terry Taylor | 229-758-8432

### **Lions Club Eye Glasses Assistance**

Colquitt, GA | Reeves Lane | 229-835-2211

## FATHERHOOD

### **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 (229) 430-5084

Email: [kxfletchr@dhr.stte.ga.us](mailto:kxfletchr@dhr.stte.ga.us)

### **National Center for Fathers**

800-593-3237

## FINANCIAL ASSISTANCE

### **DFCS Temporary Assistance for Needy Families (TANF)**

Neighborhood Services Center | Miller County | 229-758-2848

### **Neighborhood Services Center Miller County**

229-758-2848

### **Salvation Army**

[www.salvationarmy-georgia.org](http://www.salvationarmy-georgia.org)

### **Veterans Need Assistance:**

1-855-909-6757

### **Heating Assistance: 65 Years or Older**

Jane F. Osborn, MSSW | Valdosta, GA | 229-630-0924

## **FOOD ASSISTANCE**

### **DFCS – Food Stamps**

69 Thompson Town Road | Colquitt, GA 39827 | 229-758-3387 | [www.dfcs.dhs.goergia.gov](http://www.dfcs.dhs.goergia.gov)

### **Early County Food Bank**

Stephanie Benton @ EC Extension Office | 229-723-3072

### **Miller County Health Department – WIC Assistance**

250 W. Pine Street | Colquitt, GA 39837 | 229-758-3344

### **Neighborhood Service Center**

360 4<sup>th</sup> Street | Colquitt, GA 39837 | 229-758-2848

### **Food Bank**

Debra Jones | 229-400-2919

## **FURNITURE RESOURCES**

### **AGAPE Thrift Shop**

On the Square | Colquitt, GA 39837 | Open Thursdays, Fridays and Saturdays

### **Goodwill Industries**

[www.goodwillng.org](http://www.goodwillng.org)

### **Salvation Army**

[www.salvationarmy-georgia.org](http://www.salvationarmy-georgia.org)

## **GED CLASSES**

### **Bainbridge College**

2500 E. Shotwell Street, Bainbridge, GA 39819 | 229-248-2500

### **Bainbridge State College**

40 Harold Ragan Drive, Blakely GA 39823 | 229-724-2400

### **GED Registration**

[www.gedtestingservice.com/testers/test-on-computer](http://www.gedtestingservice.com/testers/test-on-computer)

[www.workforce44.org](http://www.workforce44.org)

## **HEALTH CARE INFORMATION**

### **Healthy Mothers, Healthy Babies | A Statewide Source for Info/Referrals**

800-822-2539 | <http://www.hmhbga.org>

### **Together Rx Access**

800-444-4106 | [www.trxaccess.com](http://www.trxaccess.com)

## **HEALTH INSURANCE**

### **Medicaid**

Member Services: 866-211-0950

Provider Services: 800-766-4456

Eligibility: 404-730-1200

Customer Service: 404-657-5468

[www.medicaid.gov](http://www.medicaid.gov)

### **Medicare**

800-MEDICARE / 800-633-4227

Medicare Service Center: 877-486-2048

Report Medicare Fraud & Abuse: 800-HHS-TIPS / 800-447-8477

[www.medicare.gov](http://www.medicare.gov)

### **Obamacare**

844-209-2242 | [www.affordable-health-insurance-plans.org](http://www.affordable-health-insurance-plans.org)

Spring Creek 229-400-7551

### **PeachCare for Kids**

877-427-3224

[www.peachcare.org](http://www.peachcare.org)

### **Spring Creek Healthcare Cooperative**

Monica Posey, ACA Navigator | 304 West Pine Street | Colquitt, GA 39837 | 470-925-6706

**HIV Hotline:** 1-888-448-8765

## **HOSPICE PROVIDERS**

### **Kindred Hospice**

117 N. Donalson Street | 432 E. Shotwell Street | Bainbridge, GA 39817 | 229-246-6330

### **Hospice of Southwest Georgia**

117 S. Donalson Street, Bainbridge, GA 39817 | 229-246-9965 or 1-800-290-6567

## HOUSING / UTILITY ASSISTANCE

### **Colquitt Housing Authority**

208 W Pine Street | Colquitt, GA 39837 | 229-758-3348

### **Georgia Dept. of Community Affairs**

Georgia Dream Homeownership Program | 800-359-4663

### **Georgia Housing Search**

[www.georgiahousingsearch.org](http://www.georgiahousingsearch.org)

### **Low Income Home Energy Assistance Program (LIHEAP)**

To verify if you are eligible, please call 800-869-1150

### **Miller County Neighborhood Services Center**

360 South 4<sup>th</sup> Street | Colquitt, GA 39837 | 229-758-2848

### **Neighborhood Services Center**

Colquitt, Georgia | 229-758-2848

## JOB TRAINING

### **Georgia Department of Labor**

Career Centers | [www.dol.state.ga.us/js/](http://www.dol.state.ga.us/js/)

Kimberly Coleman-Jones

310 S. Scott Street | Bainbridge, GA 39819 | 229-248-2681

### **Georgia Vocational Rehabilitation Program**

Toll free: 1-844-for-GVRA (1-844-367-4872)

Thomasville GA | Toll free: 1-844-for-GRVA (1-844-367-4872)

### **Georgia Works**

404-215-6680

### **Workforce 44 Wia**

75 W. Broad Street, Camilla, GA 31730 | 229-522-3594

### **Miller County Hospital**

CNA Program, Director

## LEGAL ISSUES

### **Georgia Legal Services**

800-822-5391

### **Georgia Legal Services Program, Inc. Albany Regional Office**

235 Roosevelt Avenue, Suite 410, Albany, GA 31702 | 229-430-4261 | 800-735-4271

### **CASA of Southwest Georgia**

115 Troup Street, PO Box 323, Bainbridge, GA



## **LITERACY**

### **Family Literacy Hotline**

404-539-9618

### **Ferst Foundation for Childhood Literacy**

888-565-0177

### **Abby Glass | Miller County Hospital**

229-758-4283

### **Leigh Rambolzi | Family Connections**

229-400-3635

### **Nutrition Education Miller County Hospital**

Joseph Sellers | 229-758-4283

## **MEDICAL FINANCIAL ASSISTANCE**

### **Division of Family & Children Services - DFCS**

Miller County DFCS Office | 69 Thompson Town Road | Colquitt, GA 39837 | 229-758-3387  
[www.dfcs.dhs.georgia.gov](http://www.dfcs.dhs.georgia.gov)

### **Medicaid**

Member Services: 866-211-0950

Provider Services: 800-766-4456

Eligibility: 404-730-1200

Customer Service: 404-657-5468

[www.medicaid.gov](http://www.medicaid.gov)

### **Medicare**

800-MEDICARE | 800-633-4227

Medicare Service Center: 877-486-2048

Report Medicare Fraud & Abuse: 800-HHS-TIPS | 800-447-8477

[www.medicare.gov](http://www.medicare.gov)

### **Spring Creek Healthcare Cooperative**

P 229-400-7551

Prescriptive Assistance – Sherry Morse

304 West Pine Street | Colquitt, GA 39837 | 229-758-6064

### **Miller County Hospital**

Kristy Atterberry | Indigent Care | 229-758-3554

## MEDICAL CLINICS AND CARE

### Miller County Health Department

250 W. Pine Street  
Colquitt, GA 39837  
229-758-3344

### Miller County Medical Center

208 N Cuthbert Street  
Colquitt, GA 39837  
229-758-3304

### Primary Care of Southwest GA, Inc.

360 College Street, Blakely, GA 39823 | 229-723-2660  
509 Wheat Avenue, Bainbridge, GA | 229-416-4421  
454 Smith Avenue, Thomasville, GA | 229-227-5510

### Robert E. Jennings Medical Clinic

103 R.E. Jennings Avenue, SE, Arlington, GA 39813 | 229-725-4251

## MENTAL AND BEHAVIORAL HEALTH

### AAPHC Behavioral Wellness Center LBN Albany Area Primary Health Care, Inc.

1712 E. Broad Avenue, Suite B, Albany GA 31705-2611 | 229-639-3155  
Contact Aspire through the Georgia Crisis and Access Line: 1-800-715-4225

### ASPIRE Behavioral Health & DD Services

Miller County 229-724-2050

### BHCC

Thomasville – 229-225-5099

### Crisis Services 24 hours a day

601 West 11<sup>th</sup> Avenue (crisis entrance) Albany, GA 31702 | 229-430-1360

### Ga Pines

Bainbridge, GA | 229-248-2683

### Green Leaf

2209 Pineview Drive, Valdosta, GA 31602 | 229-247-4357  
Northside Address: Thomasville, GA | 229-228-8100

### New Beginnings

Colquitt, Georgia | 229-758-2729

### Samaritan Counseling

Bainbridge 229-243-1633

**Seminole Mental Health (GA Pines)**

T 229-524-6630

**Phoebe Mental Health**

**601 West 11<sup>th</sup> Avenue (Crisis Entrance)** | Albany, GA | 31702

229-430-1360

Outpatient Services: 229-430-4140

**Phoebe Mental Health**

**601 West 11<sup>th</sup> Avenue (Crisis Entrance)** | Albany, GA | 31702

229-430-1360

Outpatient Services: 229-430-4140

**AAPHC BEHAVIORAL WELLNESS CENTER ALBANY AREA PRIMARY HEALTH CARE, INC.**

1712 Broad Avenue, Suite B | Albany, GA | 31705-2611 | 229-639-3135

**Touch Stone – Drug Rehabilitation**

Arlington, GA | 229-725-3333

**Behavioral Health Unit**

Donalsonville, GA | 1-844-991-0916

**NURSING HOME/SKILLED NURSING FACILITIES****Calhoun Nursing Home**

265 Turner Street | P.O. Box 397 | 229-835-2251

**Miller County Hospital and Nursing Home**

209 North Cuthbert Street | Colquitt, GA 39837 | 229-758-4200

**PARENTING RESOURCES****American Academy of Pediatrics**

[www.healthychildren.org](http://www.healthychildren.org)

**Mothers of Preschoolers - MOPS**

General Info: 800-929-1287 (P) | 303-733-5353 (P) | 303-733-5770 (F)

Service/Group Info: 888-910-MOPS (6677) (P)

[www.mops.org](http://www.mops.org)

## **PATERNITY**

**Pataula Cuthbert Office of Child Support Services – OCSS | Serving: Clay, Early, Miller, Quitman, Randolph, Seminole, Terrell**

93 Front Street PO Box 30 | Cuthbert, Georgia 39840 | 1-844-694-2347

## **PHYSICAL THERAPY / REHABILITATION SERVICES**

**Colquitt Physical Therapy**

210 W Main Street, Suite 1 | Colquitt, GA 39837 | 229-758-5214

**NHRehab.org**

T: 855-901-8552

## **POSTPARTUM DEPRESSION**

**Georgia Crisis Line**

800-715-4225 | [www.bhlweb.com/tabform](http://www.bhlweb.com/tabform)

**Georgia Postpartum Support Network**

866-944-4776

**Meetup**

[www.postpartum.meetup.com](http://www.postpartum.meetup.com)

**National Women's Health Information Center**

800-994-9662 | [www.4woman.gov/faq/depression-pregnancy.cfm](http://www.4woman.gov/faq/depression-pregnancy.cfm)

**Postpartum Support International**

800-944-4773 | [www.postpartum.net](http://www.postpartum.net)

## **PUBLIC LIBRARIES**

**Decatur County Public Library**

301 S. Monroe Street, Bainbridge, GA 39819 | 229-248-2665

**Maddox Memorial Library**

11880 Columbia Street, Blakely, GA 39823 | 229-723-3079

**Miller County James W. Merritt Jr. Memorial Library**

259 E Main Street | Colquitt, GA 39837 | 229-758-3131

**Seminole County Public Library**

103 W. 4<sup>th</sup> Street, Donalsonville, GA 39845 | 229-524-2665

## RECREATION

### Boys & Girls Club

[www.bgca.org](http://www.bgca.org)

### Miller County Senior Center

230 W Pine Street | Colquitt, GA 39837 | 229-758-3836

### Spring Creek Park

158 West Street | Colquitt, GA 39837 | 229-758-6213

## SAFETY

### Colquitt Fire Dept.

229-758-1000 | Emergency dial 911

### Georgia Department of Public Safety Post Colquitt

229 South 4<sup>th</sup> Street | Colquitt, GA 39837 | 229-758-2651

### Georgia Poison Control

800-222-1222 | [www.gpc.dhr.georgia.gov](http://www.gpc.dhr.georgia.gov)

### Life Alert – serving the Bainbridge area

877-830-3543

### Safe Kids

202-662-0600 (P) | 202-393-2072 (F)

[www.safekids.org](http://www.safekids.org)

### Liberty House

24 Hour Crisis Line | Domestic Violence: 1-800-334-2836 or 229-439-7065

### Reporting Abuse

229-226-6666 or 1-800-284-9980

## SENIORS

### Miller County Senior Center

230 W. Pine Street, Colquitt, GA 39837 | 229-758-3836

## SMOKING CESSATION

### Georgia Tobacco Quit Line

877-270-7867 | [www.livehealthygeorgia.org/quitline](http://www.livehealthygeorgia.org/quitline)

## SUBSTANCE ABUSE

### **Alcoholics Anonymous**

208 Broad Street | Bainbridge, GA | 39819 | 229-243-1633  
Statewide Meeting List [www.aageorgia.org](http://www.aageorgia.org)

### **Narcotics Anonymous**

United Methodist Church | 232 Shotwell St. | Bainbridge, GA | 39819 | 229-243-1633  
[www.na.org](http://www.na.org)

## TEEN PARENTING RESOURCES

### **Miller County DFCS Office**

69 Thompson Town Road, Colquitt, GA 39837 | 229-758-3387

### **Open Door Adoption Agency**

218 East Jackson Street, Thomasville, GA 31799 | 229-228-6399 or 800-868-6339  
[www.opendooradoption.org](http://www.opendooradoption.org)

### **Young Mommies Help Site**

[www.youngmommies.com](http://www.youngmommies.com)

### **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 (229) 430-5084  
Email: [kxfletchr@dhr.stte.ga.us](mailto:kxfletchr@dhr.stte.ga.us)

## TRANSPORTATION

### **Donna's Transportation, Inc.**

2100 Burl Lane Road, Iron City, GA 39859 | 229-400-5998

### **Gold Star**

Bainbridge, GA | 877-794-4911

### **MIDS Inc.**

905 E. Shotwell Street, Bainbridge, GA 39819 | 229-246-6758

### **Transit Bus**

229-724-7433

# ENDNOTES

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- <sup>3</sup> U.S. Census Bureau, State and County Quick Facts, [www.census.gov](http://www.census.gov)
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- <sup>17</sup> Centers for Disease Control and Prevention, *Cancer Prevention and Control*. [www.cdc.gov/cancer/dcpc/data/types.htm](http://www.cdc.gov/cancer/dcpc/data/types.htm), April 15, 2019.
- <sup>18</sup> Georgia Department of Public Health, *Georgia Cancer Control Consortium: Georgia Cancer Plan, 2014-2019*
- <sup>19</sup> Ibid.
- <sup>20</sup> American Lung Association, Lung Cancer Fact Sheet, 2018
- <sup>21</sup> Cancer Facts & Figures 2018, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf>
- <sup>22</sup> Georgia Department of Public Health, *Georgia Cancer Control Consortium: Georgia Cancer Plan, 2014-2019*
- <sup>23</sup> National Cancer Institute, State Cancer Profiles, 2011-2015
- <sup>24</sup> *Cancer Facts & Figures 2018*, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2018/cancer-facts-and-figures-2018.pdf>
- <sup>25</sup> Ibid.
- <sup>26</sup> *Colorectal Cancer Facts and Figures, 2014-2016*, p.1  
<http://www.cancer.org/acs/groups/content/documents/document/acspc-042280.pdf>
- <sup>27</sup> *Colorectal Cancer Facts and Figures, 2017-2019*, p.5 <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf>
- <sup>28</sup> Ibid.
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- <sup>39</sup> Centers for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov), Updated: August 29, 2017.
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- <sup>54</sup> [The State of Obesity.org](http://TheStateofObesity.org)
- <sup>55</sup> Centers for Disease Control and Prevention, *Progress on Childhood Obesity* <http://www.cdc.gov/vitalsigns/ChildhoodObesity/index.html>
- <sup>56</sup> Centers for Disease Control and Prevention, *Childhood Obesity Causes and Consequences*. <http://www.cdc.gov/obesity/childhood/causes.html>.
- <sup>57</sup> [www.healthypeople.gov/2020/topicsobjectives2020](http://www.healthypeople.gov/2020/topicsobjectives2020), *Maternal, Infant and Child Health*
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