2016

Crisp Regional Hospital
Community Health Needs Assessment

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EXECUTIVE SUMMARY

Purpose

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

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

Crisp County is located in the southwestern part of central Georgia and had an estimated population of 22,934 in 2014. The cities of Arabi and Cordele are both in the county. Crisp Regional Hospital, a regional health care provider with 73 acute-care beds, serves this area of Georgia. The hospital is located in the county seat of Cordele. The population distribution is 53 percent urban and 47 percent rural. Nearly 1.7 percent of Crisp County's land area is urban while 98.3 percent is rural.

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

CANCER

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

HEART DISEASE AND STROKE

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

ACCIDENTS

Accidents are the result of motor vehicle accidents, firearm accidents, poisonings, natural/environmental, suffocations, falls, fire, or drowning. Accidents were the fourth leading cause of death in Crisp County. The accident death rate was lower in Crisp 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 fifth leading cause of death in Crisp County. The chronic lower respiratory disease death rate in Crisp County was lower 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. The Crisp County infant mortality rate was higher than the Georgia rate. The teen birth rate in Crisp County was higher than the Georgia and the U.S. rates. The teen birth rate among Black females was higher than White females, which brings attention to a health disparity in the community.

ALCOHOL, TOBACCO AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. From 2009 to 2013, the use of cigarettes and alcohol decreased among adolescents in Georgia; however, marijuana and methamphetamine use increased.

SEXUALLY TRANSMITTED DISEASES

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

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. One-fifth of Crisp County residents reported no health insurance. Over thirty percent of Crisp County's population is below the poverty level. Eight percent of children were uninsured in Georgia which was the same as the U.S. rate.

Education also affects an individual's ability to access care. Approximately 80 percent of Crisp County residents were high school graduates compared to Georgia residents at 85 percent. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.

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

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:

- Access to Care – Prevention

- Access to Care – Education

- Lifestyle and Obesity

- Hypertension

- Diabetes

- Access to Care - Transportation

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

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

APPROVAL

Crisp Regional Hospital's Board approved this community health needs assessment through a board vote on June 29, 2016.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

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

Steve Gautney, CEO, Chairman
Jessica Carter, VP, CFO
Jon Green, Assistant Administrator
April Dukes, CNO
Randi Burson, Director of Quality
Guy T. Young, MD, Chief of Staff
Charolett Engram, Director of Professional Services
Connie Hunt, Executive Assistant to CEO

Additional Members:
Leigh Bailey, CRH Project Coordinator, Rural Hospital Stabilization project
Shelvia Koontz, Director of Medical Imaging
Casey Rushton, Director of Marketing and Recruitment

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

3. Identifying and Engaging Community Leaders and Participants

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

populations, minority populations, and populations with chronic diseases, were included. The hospital identified over 20 individuals to be a part of this process.

4. Identifying and Engaging A Community Stakeholder

A community stakeholder (also called key informant) is a person invested or interested in the work of the hospital, this person has a special knowledge of health issues, is important to the success of any hospital or health project, and is a formal or informal community leader. The hospital identified an individual from Public Health to represent this part of the project.

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 Crisp County, such as:

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

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

6. Community Input

A two-hour community health input meeting (community meeting) and a one-hour community stakeholder interview with an individual from public health were essential parts of the CHNA process. The meeting and interview were conducted in order to obtain the community's input into the health needs of Crisp 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 meant in terms of the burden of chronic diseases, the impact of the demographics of the population on health services, health status, health behaviors, and access to healthcare. The group discussed the health problems or health issues and the facilitator made a list of the health problems the community participants indicated were important.

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

7. Hospital Prioritization of Needs

Information gathered from the community meeting, interview, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data were used to determine the priority health needs of the population. Draffin & Tucker, LLP provided the CHSC with a written report of the

observations, comments, and priorities resulting from the community meeting and stakeholder interview. The CHSC reviewed this information, focusing on the identified needs, priorities, and current community resources available. The CHSC agreed with the needs as prioritized by the community. Each of the needs will be addressed separately in the Hospital's Implementation Strategy document.

Description of Major Data Sources

Bureau of Labor and Statistics

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

Behavioral Risk Factor Surveillance System

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

Centers for Disease Control and Prevention

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

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

County Health Rankings

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

Georgia Department of Public Health

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

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

Information Gaps and Process Challenges

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

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

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

2013 Implementation Strategy

Crisp Regional Hospital created an implementation strategy report in 2013 to address the health needs identified in the 2013 CHNA. Below is an evaluation of the impact of the activities the hospital has worked to achieve since 2013.

Crisp Regional Hospital is proud of the services we provide the people of Crisp County and surrounding areas. Over the years we have grown from a small hospital to a health system. We serve a significantly indigent population with 49% of the children living in poverty. Additionally, it is reported that only 70% of kids graduate from high school. We face many health disparities due to the demographics of our area. 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. Although low income disparities are evident across all racial categories, cultural differences among minorities often contribute to poorer health. Crisp Regional understands the demographics in our area and are constantly working to address the needs of our patients due to health disparities.

Strategy One: Senior Health
Comparing Crisp County's population percentage by age groups from 2000 to 2010, it is apparent that the population is aging in place. The age group of 55 and older increased from 2000 (21.7 percent) to 2010 (27.4 percent). Growth in the number of residents aged 55 and older will have significant impacts on the health care delivery system within the county. Our needs assessment identified Senior Health as the most needed service with regards to education and awareness. We continue to work to enhance the services we offer our seniors through a variety of programs. Crisp Regional offers a monthly lunch and learn called SOLAS (Seniors Out Learning and Socializing). Every month the hospital offers a program led by a physician or medical expert, along with a meal, to educate seniors on various health topics and services offered at the hospital. These educational topics include heart disease, orthopedics, geriatrics, radiology, nephrology, urology, vein screening, wound care, and services available in the community that cater to seniors. This is a great opportunity for the seniors to socialize while learning. In addition, Crisp Regional offers many health fairs throughout the community with discounted blood tests such as lipid profile, blood sugar, complete blood count, pulmonary function, prostate specific antigen and mammograms. Each health fair includes free education on nutrition, diabetes, exercise programs, vision screenings, chiropractic screenings and much more. CRH offers these on a quarterly basis, as well as a discounted "test of the month" every month of the year. CRH also offers trips for seniors to various shows to help motivate, entertain and keep them active. We realize that Alzheimer's disease affects many people. We also understand the tremendous burden this disease places on the caregivers. Therefore, we offer an Alzheimer's Support Group at the hospital.

Strategy Two: Access to Care – Providers and Prevention
Access to healthcare has been identified as a need in Crisp County and surrounding areas. We have combined many of our doctor offices into care centers so that they have access to more than one doctor. Crisp County offers a transit service at a minimal cost to citizens we well. In addition, we offer healthcare clinics in Cordele and Warwick with extended office hours. These clinics are staffed with Mid-Level Providers under the supervision of a Physician. We have implemented a doctor's table with a minimum of one doctor or advanced practice nurse at two of our largest community health fairs. This provides an opportunity for people to ask questions to medical professionals without having to make an appointment. Crisp Regional has a social worker on staff who consults with patients daily regarding home care services available in the community. We also have a physician directory available through the hospital or on our website. We identified a need for pediatric care through a data analysis this past year. Utilizing funding through the Rural Hospital Stabilization Grant, Crisp Regional has recently partnered with Albany Area Primary Health Care to place a school based clinic in the Primary School which houses over 1400 students. This school clinic brings healthcare to those children who

lack access to a physician. It is staffed with Mid-Level Providers and is available to both the students and faculty. In addition, we identified a need for behavioral health consults for the students in the Primary School. We used some of the grant funding to purchase telemedicine equipment to be utilized for specialty consults with the students such as behavioral health. Also through the grant, Crisp Regional has implemented an Integrated Healthcare Program where Paramedics visit frequent fliers and chronic illness patients to help them gain compliance with their illness and route them to the most appropriate setting for their healthcare needs. We offer a Joint Camp for patients who are having joint replacement surgery. The Camp educates patient on what the surgery entails, anesthesia, pain control, and rehabilitation post-op. We highly encourage all patients having a joint replacement to attend. This Camp is provided free of charge. Crisp Regional also partners with Wellness Works, a program that works with local employers, businesses and industries in the area focusing on worker's compensation, occupational health and general health business. The program helps local employers by offering hospital services onsite such as health fairs, lab work, health and safety education sessions, lunch and learns, flu shot clinics, and needs analysis tours designed to reduce the risk of injury to name a few. These services have resulted in healthier lifestyles and safer environments for these employees.

Strategy Three: Cancer and Diabetes
Being educated on diseases such as cancer and diabetes is half the battle. Crisp Regional offers an annual Ladies Conference Day each October to educate women in the community on breast cancer awareness and the options available for prevention and treatment. We have many speakers ranging from physicians to inspirational speakers and community leaders. The CRH diabetes test of the month is offered several times a year encouraging people with diabetes to monitor their blood sugar levels. This test is offered at a discounted rate to the public. In recognition of November as National Diabetic Month, CRH conducts a Diabetic Health Fair to increase awareness of the different ways to control and manage this disease. We also offer a monthly class which educates patients and community members on this debilitating disease. In addition, the school-based clinic has the capability of recognizing diabetes in children. The clinic is staffed with an advanced practice nurse and a laboratory that can help identify illnesses such as diabetes.

Strategy Four: Obesity
Obesity affects people nationwide, but especially in the "bible belt" where fried foods have been a staple in most meals for ages. We offer several Wellness Walks at the Perry Busbee Walking track located on the hospital campus. These walks are free of charge and encourage weight loss at a slower pace. CRH also sponsors several 5K runs throughout the year to encourage people to stay active. A few of those runs are Run for your Lungs, Cancer Coalition Walk/Run, Watermelon Run and Camp Sunshine Run. We offer Weight Watchers to employees at a reduced cost to encourage people to maintain their ideal weight. It is open to the public as well. CRH has placed an Athletic Trainer at Crisp County High School to help in guiding the students and athletes in a healthier way of life, mentoring the students on eating habits and maintaining an ideal weight as well as protecting them from injury due to sports. We raised funds to place an AED device in every school in Crisp County. These devices help protect the students at PE and sporting events. We also sponsor the Southwest Georgia Cancer Coalition Cancer Stomp at Lake Blackshear. Crisp Regional produces a quarterly publication, Crisp Living, which features articles on healthy living as well as healthy recipes in each edition. We serve as host to a monthly Weight Watchers meeting, offer diabetes education as well as smoking cessation classes.

Strategy Five: Heart Disease and Stroke
Two of our major health disparities are Acute Myocardial Infarction and Congestive Heart Failure. In addition, Stroke is one of the leading causes of death in Georgia. We offer a variety of educational opportunities for our community members on both of these diseases. We do this through our SOLAS program as well speaking engagements to civic clubs. We offer a discounted screening for carotid arteries at several community health fairs each year. Through the RHSP grant funding we have recently implemented a Telestroke program in our Emergency Department and Intensive Care Unit. We have 24/7 access to Neurologist for those patients presenting with stroke symptoms. Time is of essence in saving brain cells in acute ischemic stroke. The Telestroke program can maximize the number of patients given effective stroke treatment at Crisp Regional

Hospital through the use of thrombolitics. This clot busting medication can either eliminate or reduce the severity of neurological impairment in stroke patients when administered in a timely manner. In addition, this will allow Crisp Regional Hospital to move toward our goal of receiving Remote Stroke Center designation. In an effort to provide the latest technology to patients, Crisp Regional has used a large portion of the grant money to purchase Crisp County EMS and Dooly County EMS LifePak 15s for their ambulances. A recent assessment shows that Wilcox County has this system in place. This investment has standardized equipment and training to the most current technology for all of the EMS services. In the past, these EKGs have been transmitted to Phoebe's receiving station because we did not have one. Crisp Regional also purchased our own LifeNet Premium Receiving Station so that we can transmit these to our facility to gain medical control of interpretation/assistance. Data from 2014 revealed that we transported out 70% of our non-STEMI patients. Our goal through the implementation of this is to reduce that percentage and ultimately receive Chest Pain Center Designation. By becoming a Chest Pain Center, we can partner with local physicians to manage risk factors for cardiovascular disease such as hypertension, lipid management and hemoglobin A1C.

Strategy Six: Teen Pregnancy
Statistically, 88 of every 1000 children born in Crisp County are born to teenage mothers. Though the incidence of teen births in this cohort is particularly low, births at such a young age are more likely to result in adverse health and socioeconomic outcomes. Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection. Teens are also more likely than older women to have a pre-term delivery and low birthweight baby, increasing the risk of child developmental delay, illness and mortality. The percentage of low birth-weight babies in Crisp County is fairly high at 14.30%. In addition, 49% of children in Crisp County are living at or below the poverty level. Another disturbing demographic is that 60% of children in Crisp County live in single parent households. All of these factors are directly related to the teen birth statistic stated above. CRH sponsors a Teen Maze event in our local high school every other year. The Teen Maze is a large interactive life simulation where students are shown the positive and negative consequences of their behavior and life choices. Each participant draws random choices about life decisions they make regarding risky behaviors. Cards are drawn, dice are rolled, or a wheel is spun to learn the consequences of these actions, both good and bad. Those who draw cards avoiding risky behaviors are rewarded by moving on to Graduation. Others learn the potential consequences of risky behavior, loss of freedom, medical problems, pregnancy, STD's, dropping out of school, prison, unemployment and possible death. Paths are randomly assigned, so no two participants have the same experience, such as in real life. For those expecting mothers, Crisp Regional offers a Perinatal Camp to educate and prepare them for their upcoming birth.

Strategy Seven: Alcohol, Tobacco, and Drugs
Crisp Regional offers educational material at our local health fairs on the negative long-term effects of alcohol, tobacco and drug abuse. We have implemented a no-smoking policy on our campus and require all new employees to be drug and tobacco free in order to be gain employment at Crisp Regional. In addition, the Teen Maze event we sponsor every other year offers education to kids on the consequences of poor choices such as alcohol, tobacco and drug use.

Strategy Eight: Respiratory Disease
There are significant morbidity and mortality rates associated with COPD. This is another major health disparity for Crisp County and the surrounding areas we serve. Crisp Regional offers pulmonary function screening at several health fairs throughout the year. Additionally, it is offered as a "test of the month" at a discounted rate here at the hospital. Our no-smoking policy among patients, visitors and employees is another way we educate the community on the direct linkage to tobacco use and respiratory disease. We also offer a Wellness Works program to local businesses and industries providing education and pulmonary function testing when needed for employees.

Strategy Nine: Access to Care – Transportation
Crisp Regional Hospital partners with Phoebe Putney to help transport patients to and from Albany to receive their radiation. Our CRH Auxiliary also donates money to our Oncology Department to help patients who are receiving chemotherapy access transportation systems such as a taxi service to and from their home. We are in the process of offering a transportation system through our hospital. Crisp Regional Hospital and Crisp County EMS have recently implemented a Community Paramedic Program through the RHSP grant which sends our Paramedics to various identified patients to assist them in medication compliance, getting prescriptions refilled, durable medical equipment "teach backs", and compliance with physician visits. In addition, we used grant funding to purchase two telemedicine units for the ambulances so that Paramedics can connect with a physician when there is a question regarding a patient in the field.

Strategy Ten: Mental Health
Lack of access to mental healthcare is a problem in our area. Our Emergency Department experiences numerous long lengths of stay for mental health patients waiting for placement. Crisp Regional has participated in several meetings involving the Georgia Department of Behavioral Health regarding the need for access to placement for mental health patients. We have Middle Flint Behavioral center across from the hospital where we refer appropriate patients. We have converted two Emergency Department rooms into safe places to house psych patients awaiting placement. We have other referral sources as well including Greenleaf in Valdosta, Pinewoods in Barnesville, and The Phoenix House in Warner Robins. We are also addressing mental/behavioral health issues in students at the Primary School through the use of our telemedicine equipment.

Crisp Regional Hospital continues to work to enhance existing programs while developing new ones that address all of these identified needs. It is our mission to offer specialized healthcare services right here at home for our patients. We have been fortunate to receive grant funding to implement innovative technology such as telemedicine, purchase upgraded EMS equipment, and start a school-based clinic in the school system. We are proud to serve our community and the surrounding areas.

ABOUT CRISP COUNTY

Crisp County is located in the southwestern part of central Georgia. Crisp is bordered on the north by Dooly County, on the south by Turner and Worth counties, on the east by Wilcox County, and on west by Lake Blackshear and Sumter County. Crisp was designated as a county in 1905 from territory formerly part of Dooly County.[1] Crisp County has a total land area of 274 square miles.[2] According to the U.S. Census, in 2014 the population of the county was estimated at 22,934 residents.[3] Crisp Regional 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 Cordele.

Image Source: MapViewer

City/Town/Village	Population
Arabi	586 (2010)
Cordele	10,939 (2014)

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

Crisp County includes the cities of Cordele and Arabi. The population distribution is 53 percent urban and 47 percent rural. Nearly 1.7 percent of Crisp County's land area is urban while 98.3 percent is rural.[4]

Crisp County is the gateway to the Presidential Pathways Travel Region which includes Jimmy Carter's Little White House, the Little Grand Canyon, and Andersonville Confederate Prison. In addition, Crisp County houses the Georgia Veterans Memorial State Park which is located on Lake Blackshear.[5] Crisp County's primary industries include manufacturing, retail trade, accommodation and food services, and healthcare and social assistance.[6]

Image Source: Google Maps

Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Crisp County is located in district 7-0 which is also referred to as 7 West Central (Columbus). This district includes the following counties: Crisp, Dooly, Sumter, Macon, Schley, Taylor, Talbot, Marion, Webster, Harris, Muscogee, Chattahoochee, Stewart, Quitman, Randolph, and Clay.
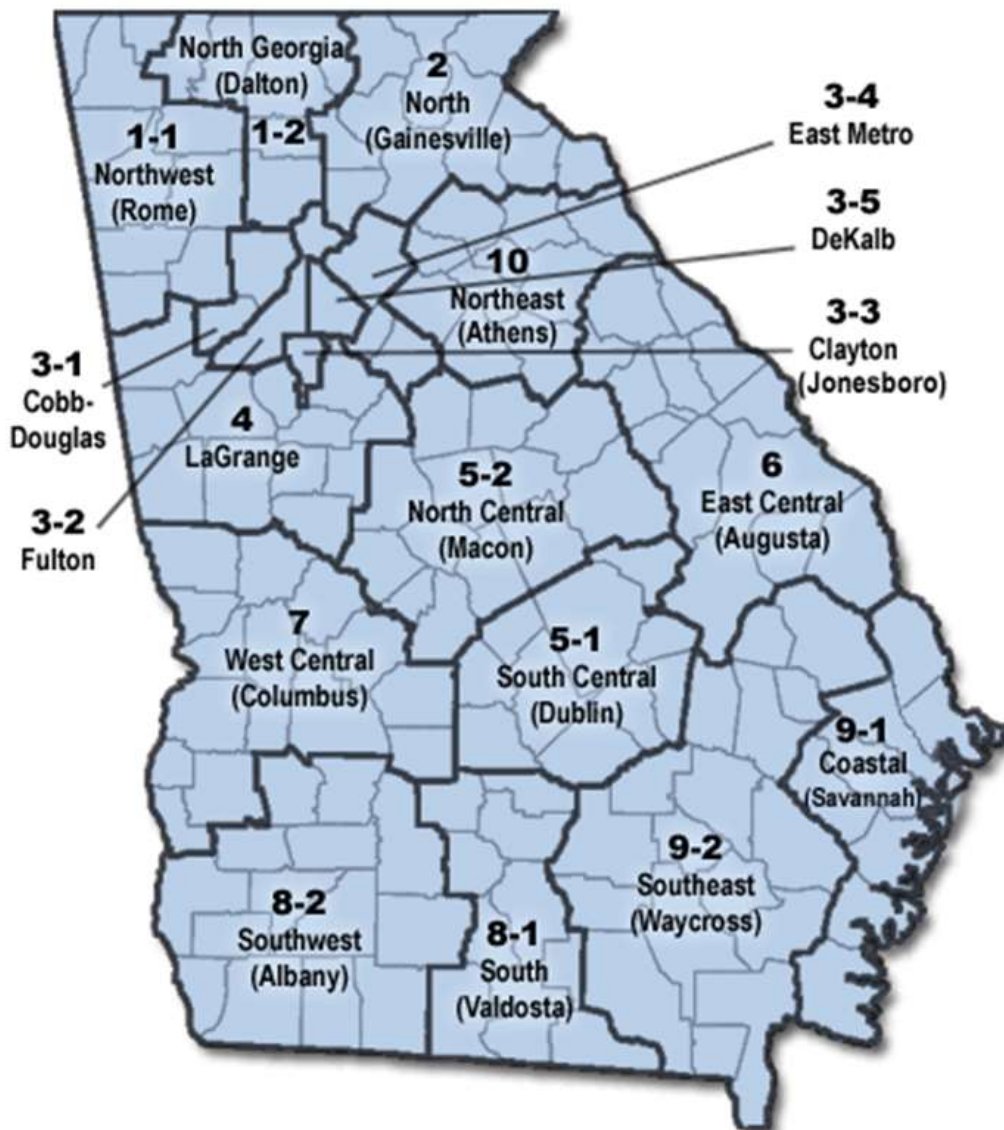
Source: Georgia Department of Community Health

Population Profile

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

According to the 2009-2013 U.S. Census data, 14 percent of Crisp County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 11.1 percent compared to 13.4 percent for the U.S.[7]

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

Age categories with decreases:
- Under 5 years
- 10-14
- 20-24
- 45-54

Age categories with increases:
- 5 – 9
- 15-19
- 25-44
- 55+

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.[8] Although low income disparities are evident across all racial categories, cultural differences among minorities often contribute to poorer health. The poorer health of racial and ethnic minorities also contributes to higher death rates.[9] By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.[10]

According to 2013 U.S. Census data, Crisp County's population was 53.9 percent White, 43.3 percent Black, and 3.3 percent Hispanic.

Population Percentages by Race/Ethnicity
Crisp County- 2010, 2013

Race/Ethnicity	2013	2010
Hispanic	3.3	3
Other or combined	0	1.1
Black	43.3	43.4
White	53.9	53.8

Data Source: U.S. Census Bureau

Population Percentages by Sex, 2009-2013
Crisp County

Male 48.0%
Female 52.0%

Data Source: U.S. Census Bureau
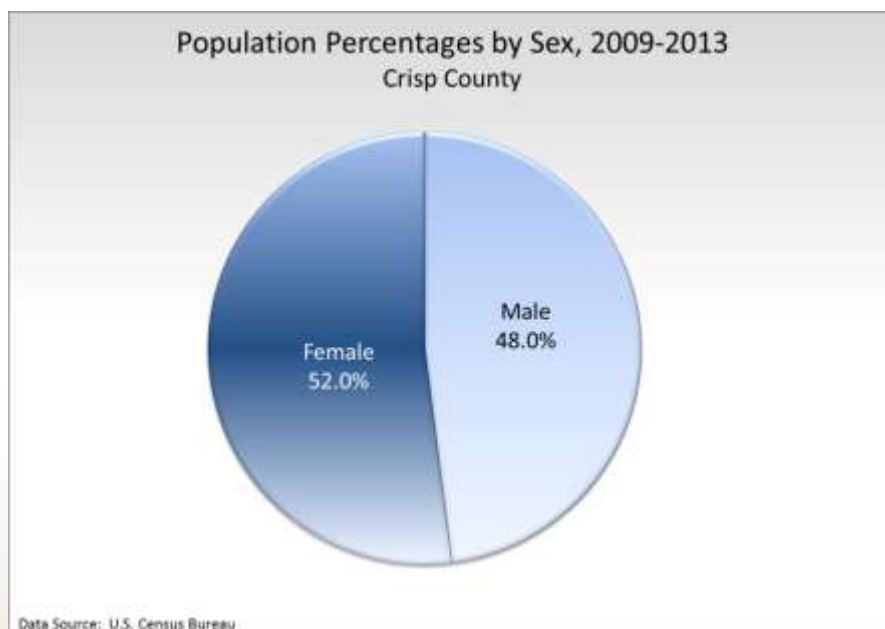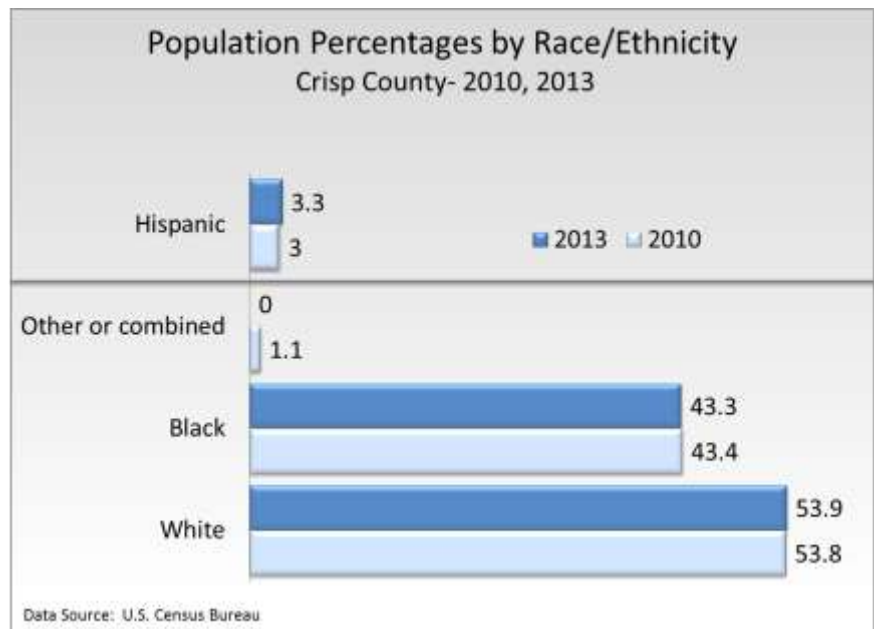
The percentage of females in Crisp County was higher at 52 percent compared to males at 48 percent.

Population Trends
Crisp County

Data Source: OASIS, Georgia Department of Public Health, Governor's Office of Planning and Budget   *Population is estimated
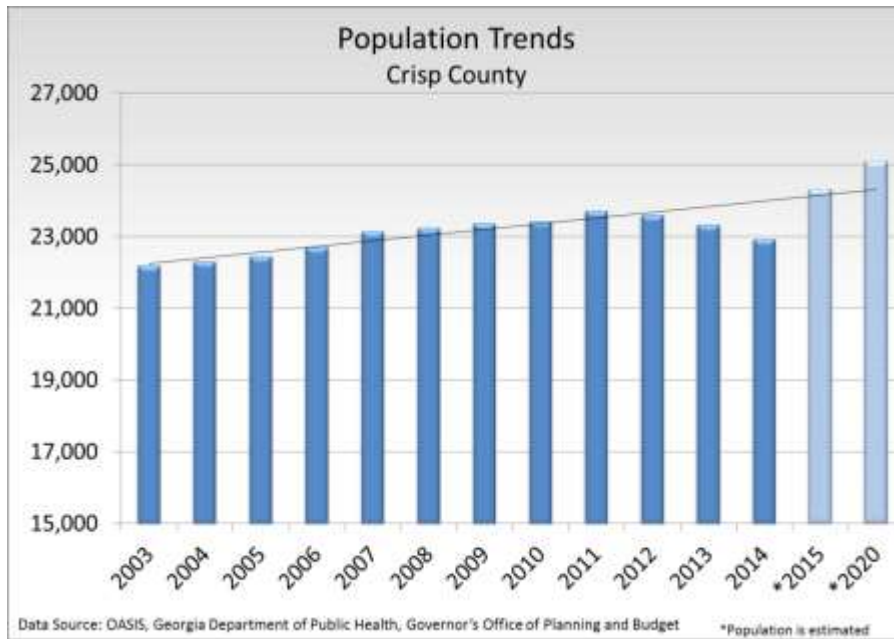
In 2014, Crisp County's resident population was 22,934, which was a two percent decrease since 2010. The population of Crisp County had increased overall from 2000 to 2014. The population is predicted to increase to 25,109 in 2020.[11]

COMMUNITY INPUT

About Crisp County

» Crisp County is a rural community with a lot of agriculture.

» Crisp County is a poor county but does not look that poor.

» Most people that drive through Cordele do not see the poor health that exists because there is a lake, nice houses, and good restaurants.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

The leading cause of hospitalizations among Crisp County residents was related to pregnancy and childbirth. Other top causes were related to heart and vascular, pneumonia, diseases of the musculoskeletal system, COPD (except asthma), and septicemia. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked number one among the leading causes of death for Crisp County residents.

Top Reasons for Hospitalizations
Crisp County Residents
Age-Adjusted Discharge Rate per 100,000 population
2009-2013

Reason	Rate
Pregnancy, childbirth and the puerperium	1,605
Ischemic heart and vascular disease	982
Pneumonia	632
Diseases of the musculoskeletal system and connective tissue	573
All COPD except asthma	542
Septicemia	503
All other mental and behavioral disorders	440
All other diseases of the genitourinary system	421
Cerebrovascular disease	414
All other endocrine, nutritional and metabolic diseases	396

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

Data Source: OASIS, Georgia Department of Public Health

COMMUNITY INPUT

Hospitalizations and Emergency Room Visits

» There is a need to educate individuals on when and when not to seek healthcare, especially in an emergency situation.

» There is mobile integrative healthcare program that addresses the health issues of people that call the EMS frequently. It works like a preventive maintenance program to help manage patient's chronic illnesses from becoming an emergency.

» Readmissions and unnecessary ER visits have been reduced through healthcare education and home visits by EMS.

» A lot of the Crisp County 911 calls come from residents of Dooly County because they do not have the availability of medical care.

» The ER does not turn people away who are non-urgent.

Leading Causes of Death

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

Leading Causes of Death in U.S. 2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Cause	Rate
Heart Disease	175
Cancer	168.9
Chronic Lower Respiratory Disease	42.2
Accidents	38.6
Stroke	37.9

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database.
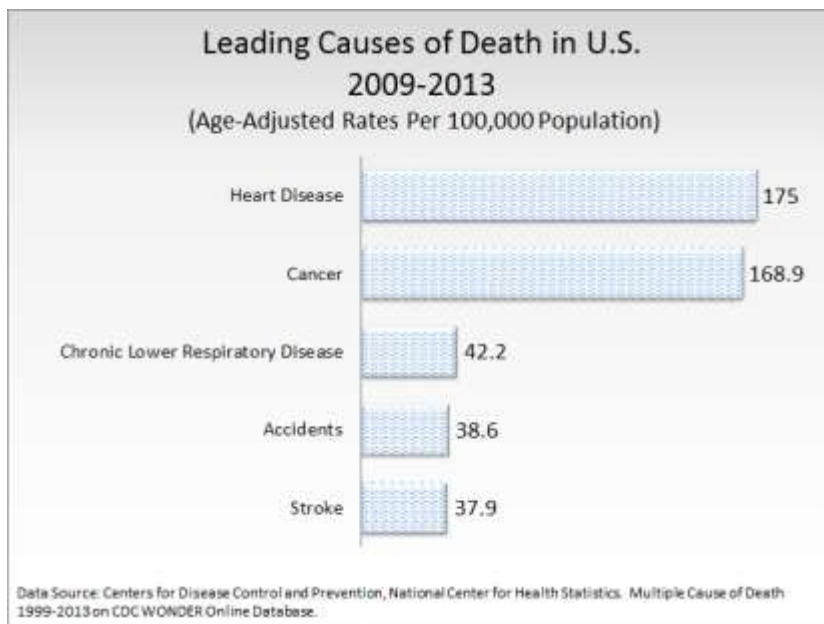
The top five leading causes of death in the U.S. from 2009-2013 were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. Heart disease and cancer rates were over four times higher than the other top five diseases.

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

Leading Causes of Death in Georgia 2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Cause	Rate
Cancer	169.4
Heart Disease	99.8
Chronic Lower Respiratory	45.4
Stroke	42.9
Accidents	38.1

Data Source: OASIS, Georgia Department of Public Health
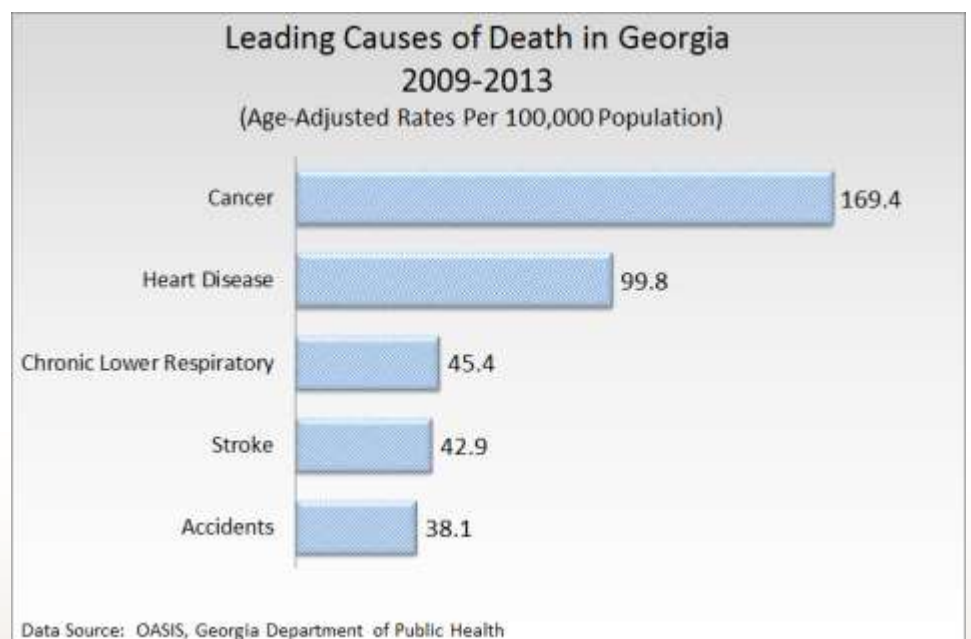
The leading causes of death in Crisp County were cancer, heart disease, stroke, accidents, and chronic lower respiratory disease.

Leading Causes of Death in Crisp County
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Cause	Rate
Cancer	166
Heart Disease	108.6
Stroke	41.5
Accidents	37.3
Chronic Lower Respiratory	32.1

Data Source: OASIS, Georgia Department of Public Health
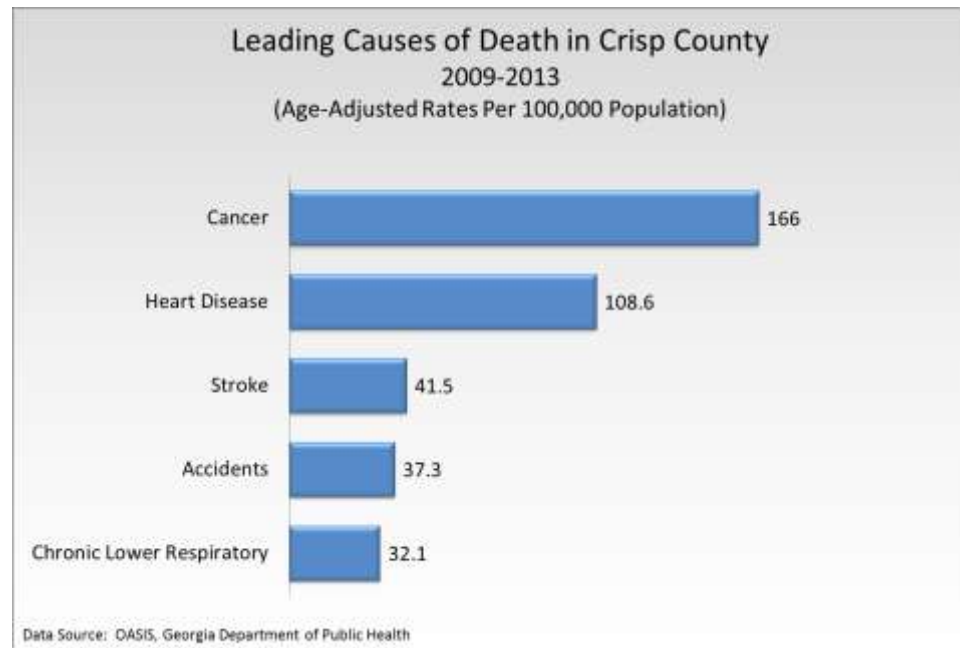
Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2013, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. 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.[12] YPLL statistics at the County level were unavailable for this report.

Years of Potential Life Lost Before Age 65
2013
(Rates Per 100,000 Population)

	U.S.	Georgia
Unintentional injury	19.3	17.1
Cancer	16.2	15.2
Heart Disease	12.1	13.2
Perinatal Period	7.1	8.2
Suicide	7.3	6.3
Homicide	4.6	4.9

Data Source: Centers for Disease Control, WISQARS YPLL Report
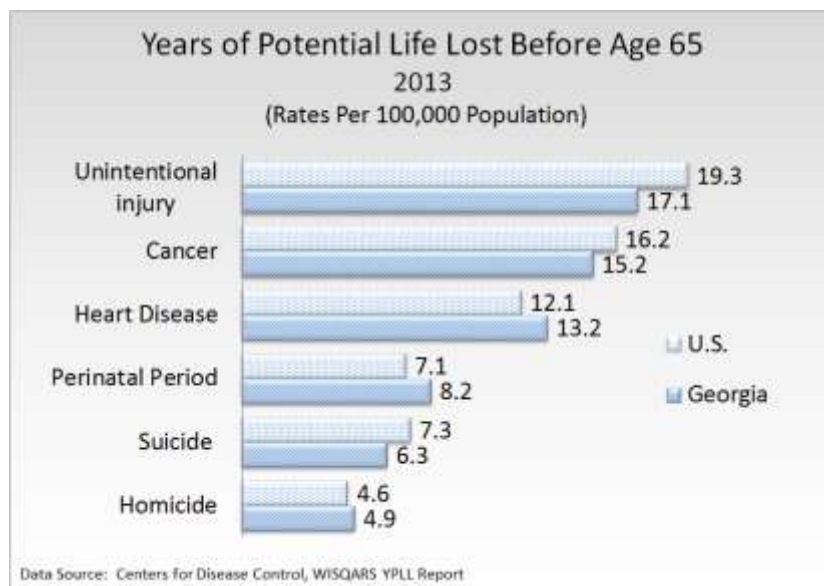
Years Potential Life Lost – Georgia Residents–by Sex and Race/Ethnicity 2009-2013

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

Data Source: Centers for Disease Control, WISQARS YPLL Report

Cancer

HEALTHY PEOPLE 2020 REFERENCE – C-1

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,500 people a day died of cancer in the U.S. in 2012.[13] 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.[14]

Cancer Incidence Rates
2008-2012
(Age-Adjusted Rates Per 100,000 Population)

U.S.	453.8
GEORGIA	461.1
CRISP	408.9

Data Source: National Cancer Institute, State Cancer Profiles
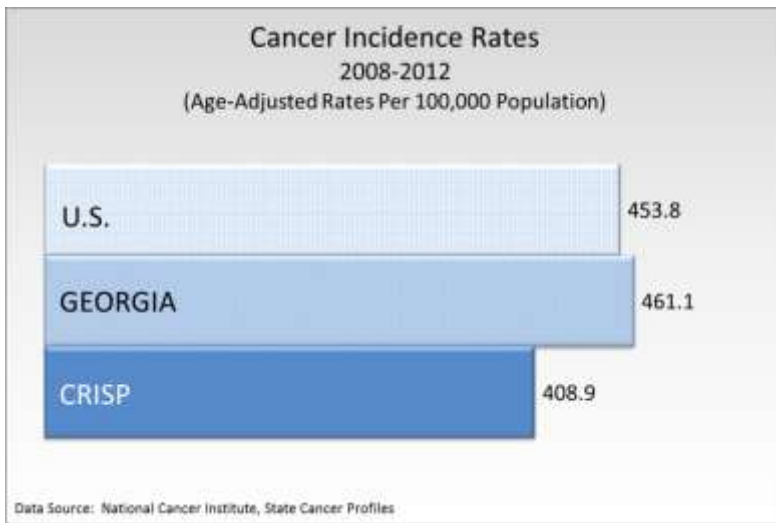
In Crisp County, the cancer incidence rate was lower than the State or U.S.

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

Leading Causes of Death – Cancer
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

U.S.	168.9
GEORGIA	169.4
CRISP	166

Data Source: OASIS, Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database.

In Crisp County, the cancer death rate was lower than Georgia or U.S. rates.

The cancer death rate has decreased since the 2013 CHNA (182 per 100,000 population).

Cancer Death Rates by Race and Sex
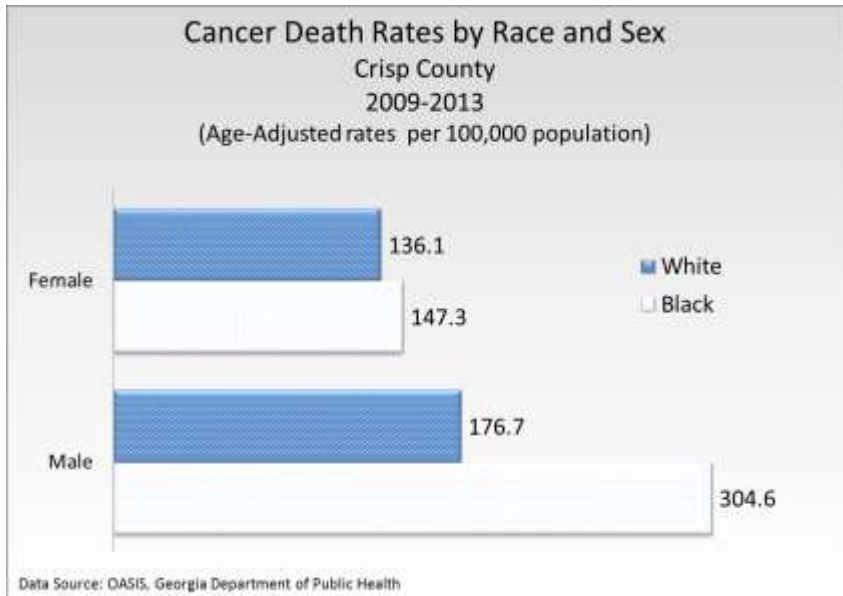### Crisp County
2009-2013
(Age-Adjusted rates per 100,000 population)

Female — White: 136.1; Black: 147.3

Male — White: 176.7; Black: 304.6

Data Source: OASIS, Georgia Department of Public Health

Age-adjusted cancer death rates in Crisp County were highest among the Black population groups. The Black male population had the highest cancer death rate (304.6 per 100,000 population) out of all the population groups.

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.[15]

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

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

Cancer

Modifiable Risk Factors
– Tobacco smoke
– Diet
– Infections
– Physical inactivity
– Obesity
– Heavy alcohol use
– Stress
– Occupational hazards
– Environmental pollution
– Sun light
– Radiation

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

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

Lung Cancer

According to the American Cancer Society, lung cancer accounts for about 14 percent of cancer diagnoses among U.S. males and 13 percent among females. Lung cancer accounts for more deaths than any other cancer in men (28 percent) and women (26 percent). More women die from lung cancer (26 percent) than breast cancer (15 percent).[16]

Lung and Bronchus Cancer-Incidence Rates
2008-2012
(Age-Adjusted Rates Per 100,000 Population)

Data Source: National Cancer Institute, State Cancer Profiles
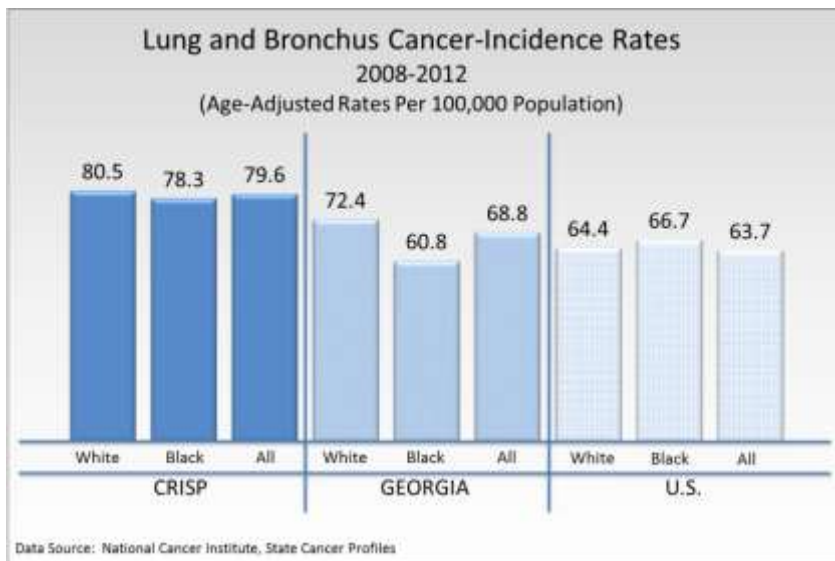
Lung cancer incidence rates were higher in Crisp County (79.6 per 100,000 population) than the Georgia and U.S. rates. Whites had a higher lung cancer incidence rate than Blacks in Crisp County.

The lung cancer incidence rate has decreased since the 2013 CHNA (86.8 per 100,000 population).

Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2008-2012		
	Male	Female
Crisp	99.9	68

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.[17] According to data published from the National Cancer Institute, lung cancer incidence rates for males in Crisp County were higher than the rates of females.[18]

The overall lung cancer death rate in Crisp County (58.9 per 100,000 population) was higher than in Georgia and the U.S. In Crisp County, Blacks had a higher death rate compared to Whites.

The lung cancer death rate has decreased since the 2013 CHNA (67.2 per 100,000 population).

Lung and Bronchus Cancer-Death Rates
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Data Source: OASIS, Georgia Department of Public Health
*National Cancer Institute, State Cancer Profiles – 2008-2012
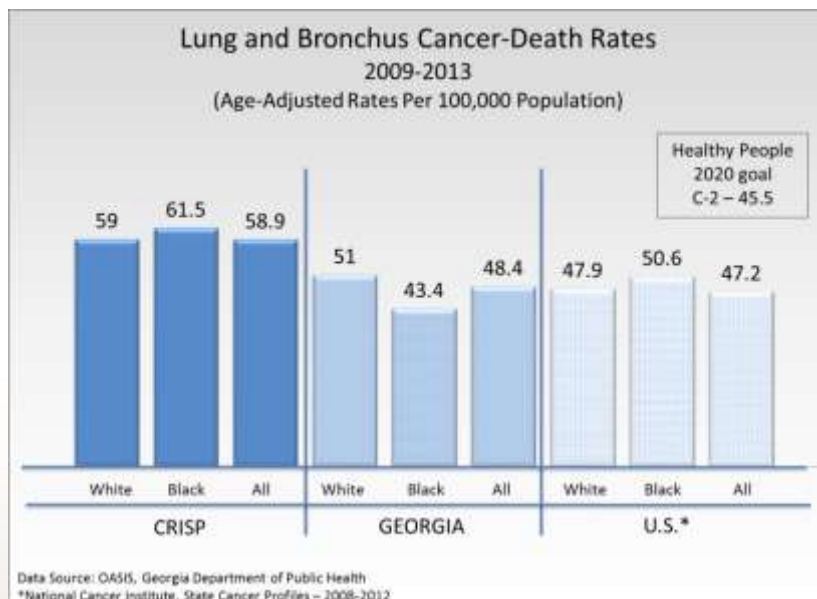
RISK FACTORS

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.[19]

Prevalence of Adult Smokers, 2013
Percent of adults 18 years and older
who smoke either every day or every other day

*All data is based on survey results

Healthy People 2020 goal TU-1.1 12%

The prevalence of adult smokers in Crisp County (20 percent) was higher than Georgia and the U.S. rates.

Georgia Districts

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

The smoking prevalence in Health District 7-0 (25.8 percent) was higher than in both Georgia (18.8 percent) and the U.S. (17.8 percent). Crisp County's rate was also higher at 20 percent.

Colon and Rectum

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that eight percent of male cancer deaths and nine percent of female cancer deaths were from colorectal cancer in 2015. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.[20] Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 50 percent higher mortality rate than Whites.[21]

Colon and Rectum Cancer
Incidence Rates
2008-2012
(Age-Adjusted Rates Per 100,000 Population)

Data Source: National Cancer Institute, State Cancer Profiles
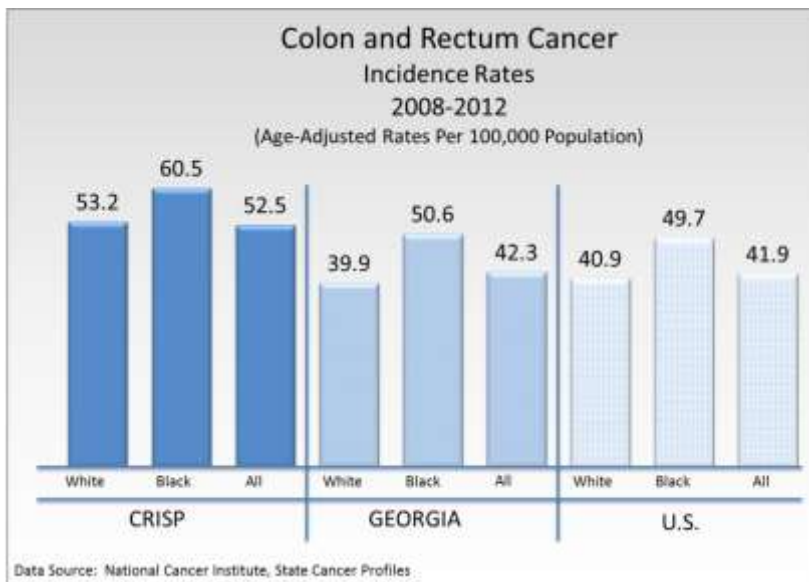
Crisp County's colon and rectum cancer incidence rate (52.5 per 100,000 population) was higher than the State and U.S. rates. Blacks had the highest incidence rates out of all the population groups.

The colon and rectum cancer incidence rate has increased since the 2013 CHNA (50.6 per 100,000 population).

The death rate in Crisp County from colon and rectum cancer (16.2 per 100,000 population) was higher than the State and U.S. rates.

Blacks had the highest death rates at the County, State, and U.S. levels.

The colon and rectum cancer death rate has increased since the 2013 CHNA (15.9 per 100,000 population).

Colon and Rectum Cancer-Death Rates
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Healthy People 2020 goal C-5 – 14.5

Data Source: OASIS, Georgia Department of Public Health
*National Cancer Institute, State Cancer Profiles – 2008-2012
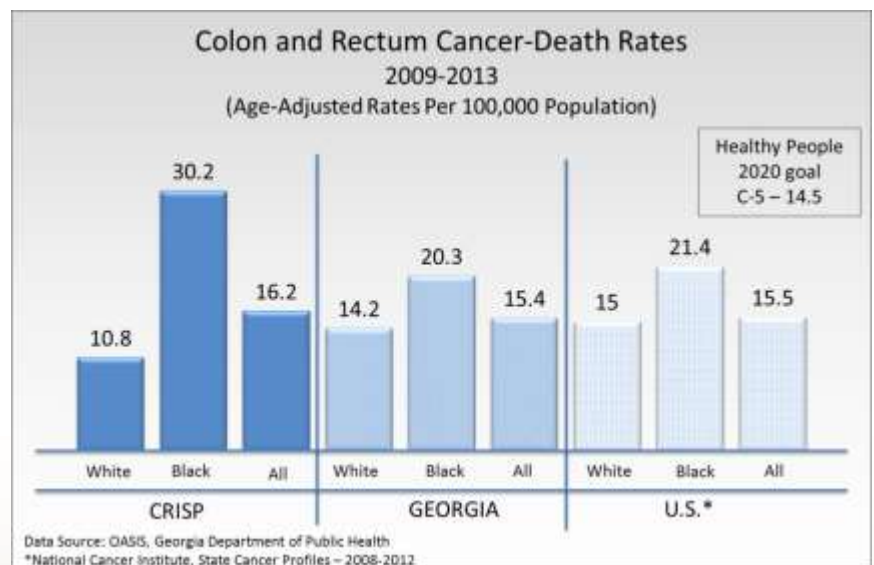
RISK FACTORS

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

- » Obesity

- » Physical inactivity

- » Moderate to heavy alcohol consumption

- » High consumption of red or processed meat

- » Long-term smoking

- » Low calcium intake

- » Very low intake of whole-grain fiber, fruit, and vegetables[22]

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.[23] 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.[24]

Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 29 percent of new cancer cases and 15 percent of cancer deaths among women.[25]

The breast cancer incidence rate in Crisp County (93.1 per 100,000 population) was lower than the Georgia or the U.S. rates. In Crisp County, Black females had a higher breast cancer incidence rate compared to White females.

There has been an increase in the incidence of breast cancer since the 2013 CHNA (88.6 per 100,000 population).

Female Breast Cancer- Incidence Rates
2008-2012
(Age-Adjusted Rates Per 100,000 Population)

	CRISP			GEORGIA			U.S.		
	White	Black	All	White	Black	All	White	Black	All
	83.3	98.8	93.1	124.5	123.3	123.5	124.1	121.4	123

Data Source: National Cancer Institute, State Cancer Profiles

Female Breast Cancer- Death Rates
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Healthy People 2020 goal C-3 – 20.7

	CRISP			GEORGIA			U.S.*		
	White	Black	All	White	Black	All	White	Black	All
	18.5	38.6	26.6	20.7	29.1	22.8	21.3	30.2	21.9

Data Source: OASIS, Georgia Department of Public Health
*National Cancer Institute, State Cancer Profiles – 2008-2012

The female breast cancer death rate in Crisp County (26.6 per 100,000 population) was higher than Georgia and the U.S. rates.

Black females had the highest death rates at the County, State, and U.S. levels.

There has been a decrease in the death rate of breast cancer since the 2013 CHNA (27.7).

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
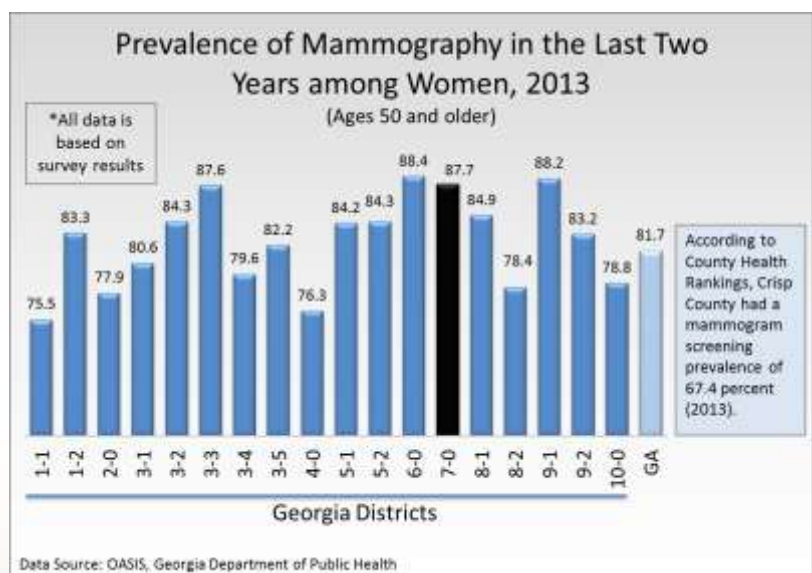> » Long-term heavy smoking[26]

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

> » Breastfeeding
> » Moderate or vigorous physical activity
> » Maintaining a healthy body weight[27]

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.[28]

The percentage of women receiving a breast cancer screening (mammography) was higher in Health District 7-0 (87.7 percent) than the State average (81.7 percent). Crisp County's rate (67.4 percent) was lower than the State and Health District average.

Prevalence of Mammography in the Last Two Years among Women, 2013
(Ages 50 and older)

*All data is based on survey results

According to County Health Rankings, Crisp County had a mammogram screening prevalence of 67.4 percent (2013).

Georgia Districts

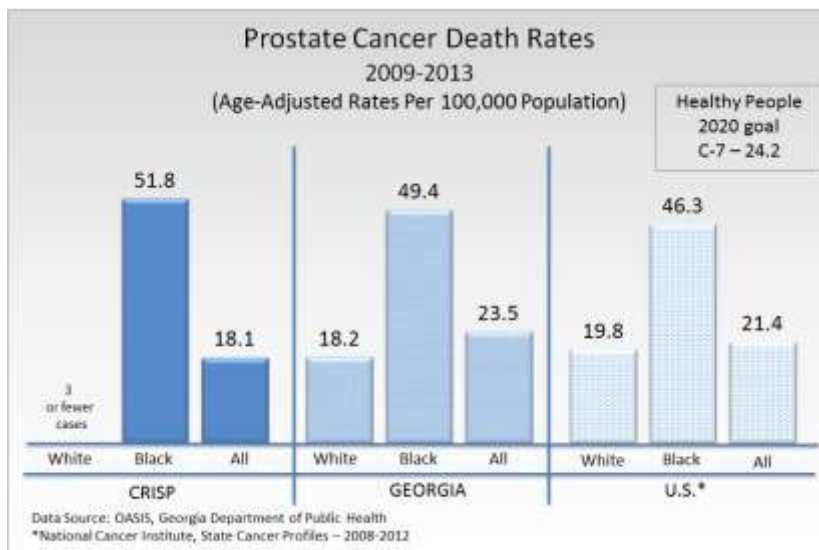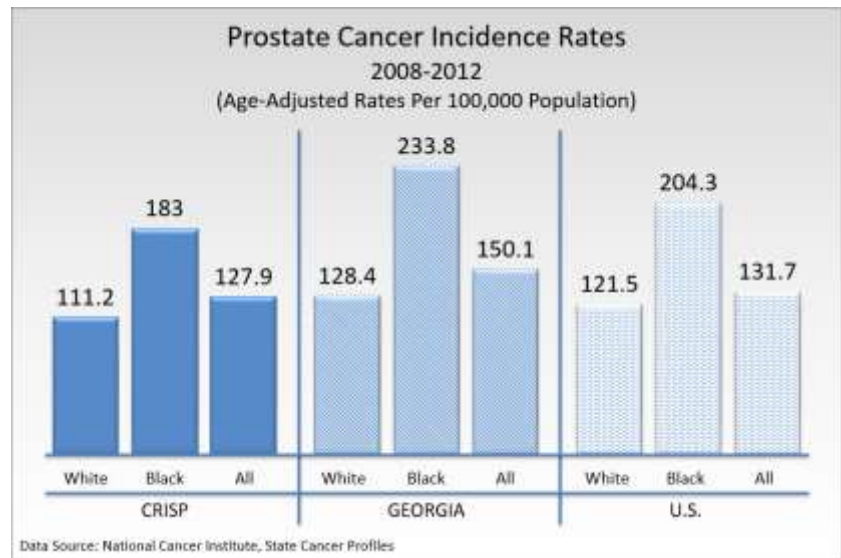Data Source: OASIS, Georgia Department of Public Health

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.[29]

Crisp County had a lower incidence rate for prostate cancer (127.9 per 100,000 population) than the State and the U.S.

Incidence rates were highest among Black males at the County, State, and National levels.

There has been a slight increase in the death rate of prostate cancer since the 2013 CHNA (127.2 per 100,000 population).

Prostate Cancer Incidence Rates
2008-2012
(Age-Adjusted Rates Per 100,000 Population)

CRISP: White 111.2, Black 183, All 127.9
GEORGIA: White 128.4, Black 233.8, All 150.1
U.S.: White 121.5, Black 204.3, All 131.7

Data Source: National Cancer Institute, State Cancer Profiles

Prostate Cancer Death Rates
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Healthy People 2020 goal C-7 – 24.2

CRISP: White 3 or fewer cases, Black 51.8, All 18.1
GEORGIA: White 18.2, Black 49.4, All 23.5
U.S.*: White 19.8, Black 46.3, All 21.4

Data Source: OASIS, Georgia Department of Public Health
*National Cancer Institute, State Cancer Profiles – 2008-2012

Crisp County had lower death rates (18.1 per 100,000 population) for prostate cancer than Georgia or the U.S.

The death rates among Whites in Crisp County were too low to compute a death rate. There is a disparity of prostate cancer deaths among Blacks at the County, State, and National levels.

RISK FACTORS

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

- » Age
- » Ethnicity
- » Family history of prostate cancer[30]

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.[31]

COMMUNITY INPUT

Cancer

» There are limited local resources for cancer radiation treatment.

» Cancer prevention is the most important factor to improve cancer death rates.

» There is a need for more awareness about early detection and screenings.

» There is a need for knowledge about available resources for cancer treatment and diagnosis.

Heart Disease and Stroke
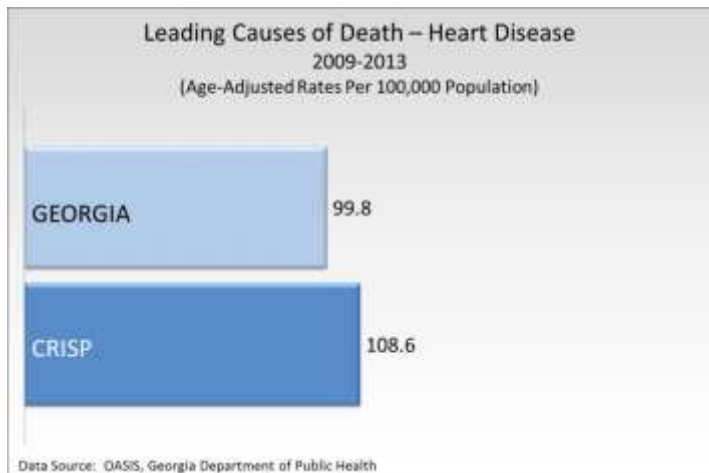
HEALTHY PEOPLE 2020 REFERENCE – HDS

HEART DISEASE

According to the American Heart Association, over 800,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2013. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. Heart disease kills over 370,000 Americans each year, accounting for one in seven deaths in the country.[32]

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
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

GEORGIA   99.8
CRISP   108.6

Data Source: OASIS, Georgia Department of Public Health

For the period 2009-2013 the Crisp County heart disease death rate (108.6 per 100,000 population), was higher than the Georgia death rate.

There has been a decrease in Crisp County's heart disease death rate since the 2013 CHNA (121.9 per 100,000 population).

The age-adjusted death rates from heart disease in Crisp County for 2009-2013 were highest among the Black population groups. These rates were significantly higher than the rates of the White population.

Heart Disease Death Rates by Race and Sex
Crisp County
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Female   White 64.3   Black 183.6
Male   White 85.6   Black 233.1

Data Source: OASIS, Georgia Department of Public Health
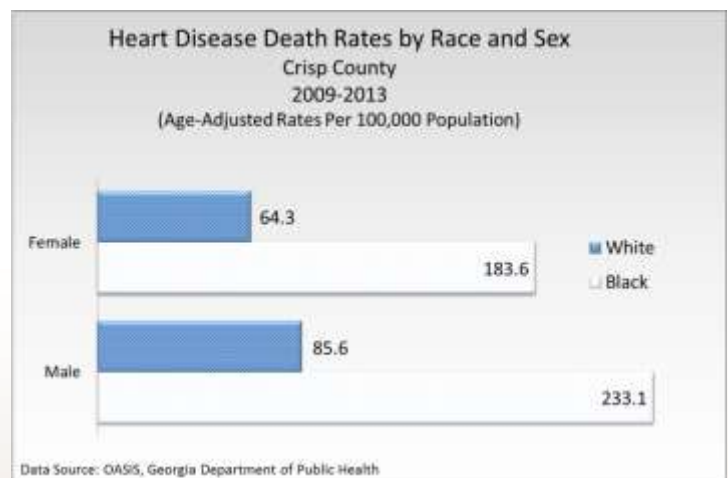
The hospital discharge rate for heart disease was higher in Crisp County compared to the State.

Morbidity: Discharge Rates for Heart Disease
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Crisp	750.9
Georgia	356.9

Data Source: OASIS, Georgia Department of Public Health
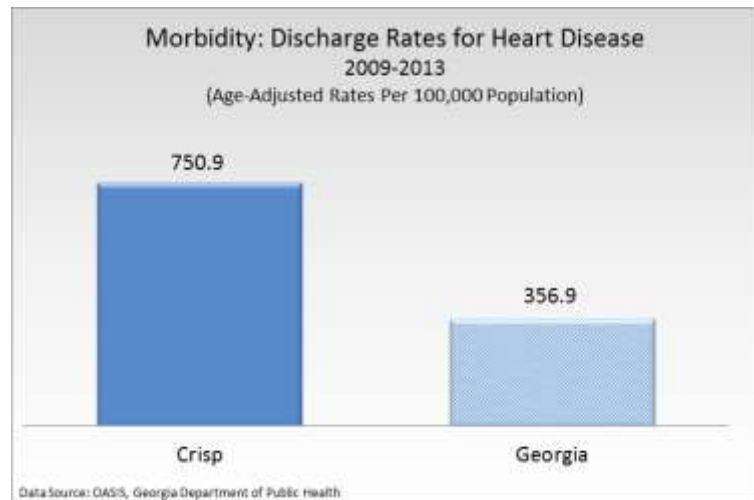
MODIFIABLE RISK FACTORS

According to the 2013 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 7-0.[33]

Percentage of Population Reporting Risk 2013		
Risk Factor:	District 7-0	Georgia
Obesity	28.4	30.2
Physical Inactivity	31.8	27.2
Smoking	25.8	18.8
Diabetes	15.9	10.8

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

NOTE:

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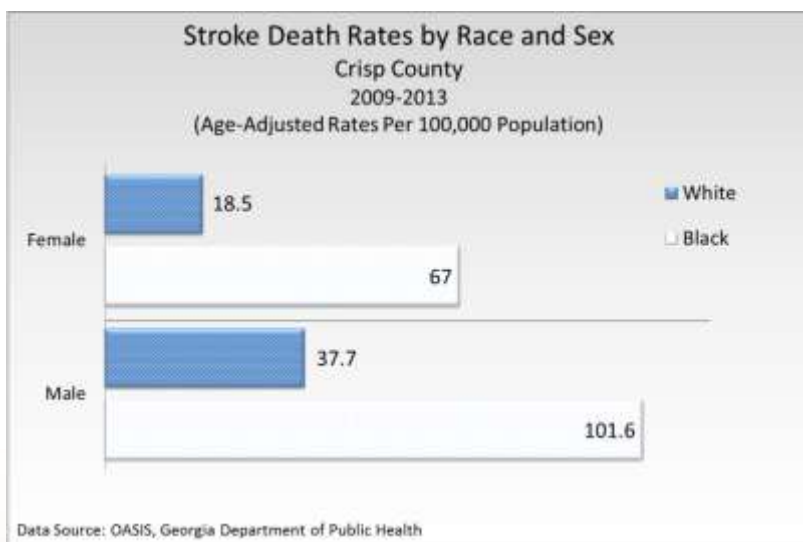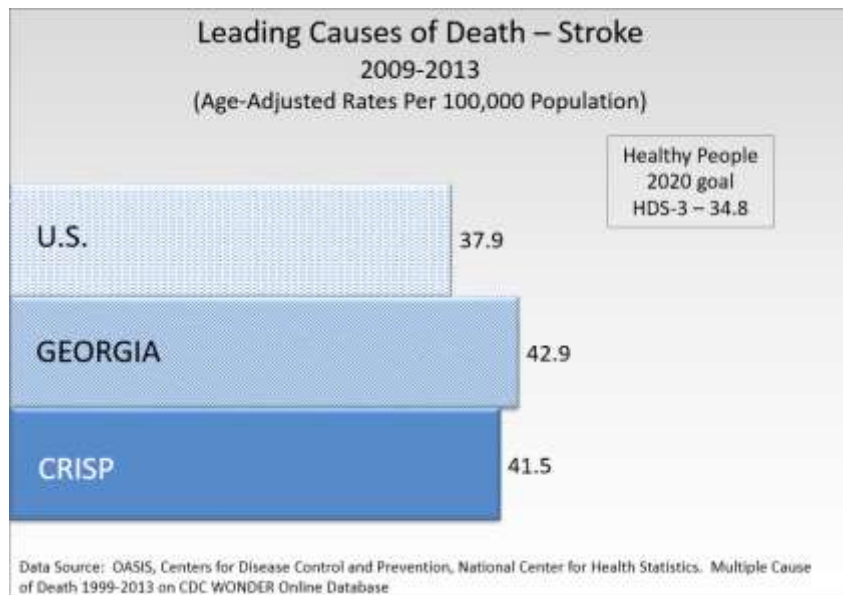
STROKE

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

The stroke death rate was lower in Crisp County (41.5 per 100,000 population) compared to Georgia but higher than the U.S. rate.

Crisp County's stroke death rate has decreased since the 2013 CHNA (63.3 per 100,000 population).

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.[34]

Leading Causes of Death – Stroke
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Healthy People 2020 goal HDS-3 – 34.8

U.S. 37.9
GEORGIA 42.9
CRISP 41.5

Data Source: OASIS, Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database

Stroke Death Rates by Race and Sex
Crisp County
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

White
Black

Female
18.5
67

Male
37.7
101.6

Data Source: OASIS, Georgia Department of Public Health

The Crisp County stroke death rates were highest among the Black population groups.

The rate for Black males was two and one-half times that of White males, while the rate for Black females was more than triple the rates for White females.

The Healthy People 2020 goal is 34.8 per 100,000 population.[35]

Morbidity: Discharge Rates for Stroke
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

352.5 — Crisp
215.4 — Georgia

Data Source: OASIS, Georgia Department of Public Health
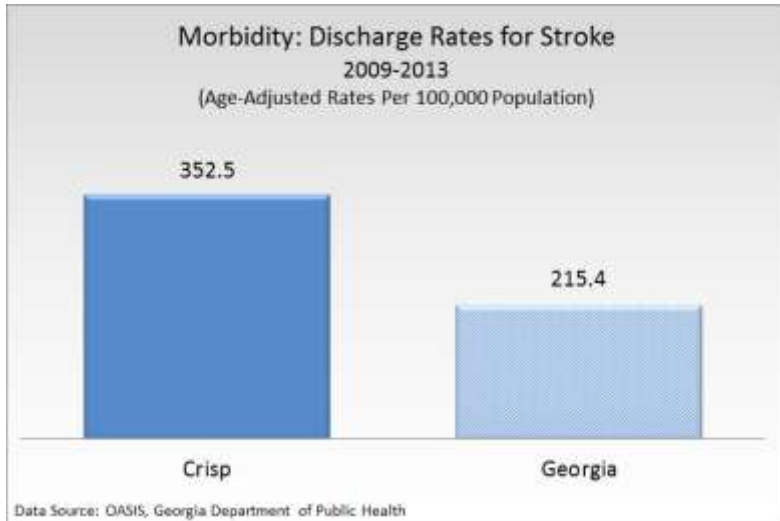
The discharge rate for stroke among Crisp County residents was higher than the Georgia rate.

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

The warning signs for stroke include:

> » Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
> » Sudden confusion, trouble speaking or understanding
> » Sudden trouble seeing in one or both eyes
> » Sudden trouble walking, dizziness, loss of balance or coordination
> » Sudden severe headache with no known cause [36]

Stroke

Modifiable risk factors
– High blood pressure
– Smoking
– Heart disease
– Diabetes
– High cholesterol
– Heavy alcohol usage
– Overweight or obesity

Data Source: Diseases and Conditions, Cleveland Clinic, 2011

COMMUNITY INPUT

Heart Disease and Stroke

» Hypertension is a common problem among most of the plant and factory workers.

» Hypertension is a major issue and not always associated with cardiovascular disease.

» Cardiovascular disease is caused by a lot of personal lifestyle choices.

» A lot of patients have both hypertension and diabetes and they cannot afford their medications.

» The health clinic has referred 14 to 20 patients with high blood pressure to the ER. There is a need for an intervention for the poor population that cannot afford blood pressure medication and treatment.

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.
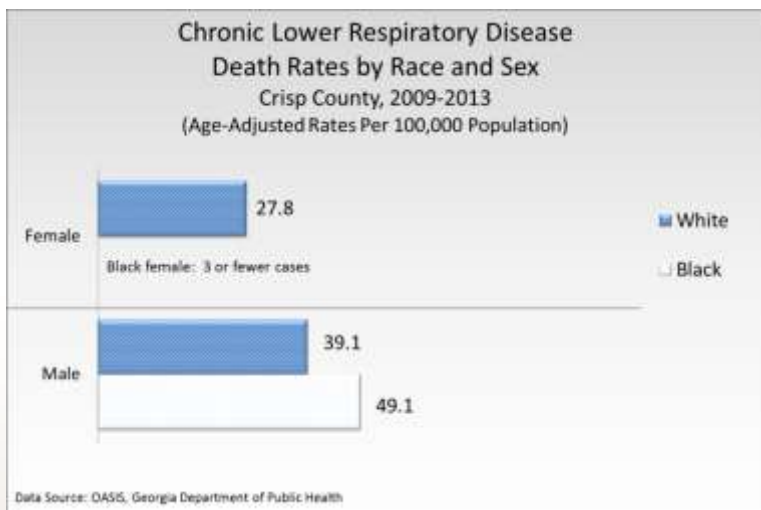

Leading Causes of Death
Chronic Lower Respiratory Disease
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

U.S. 42.2
GEORGIA 45.4
CRISP 32.1

Data Source: OASIS, Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database.
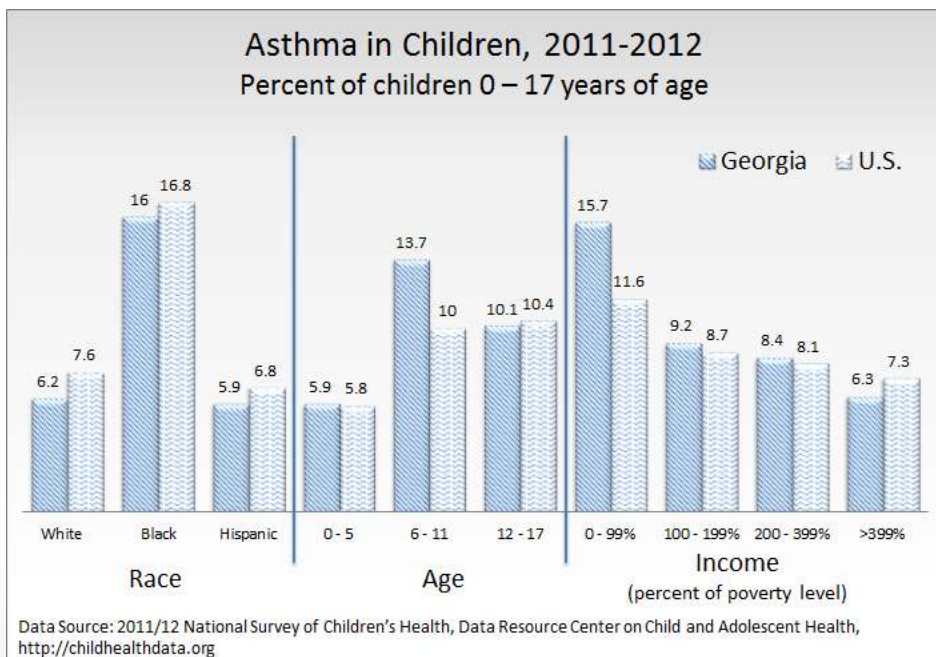
Why Are Respiratory Diseases Important?

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

For the years 2009-2013, Crisp County's chronic lower respiratory disease death rate (32.1 per 100,000 population) was lower than both the State and U.S. rates.

The chronic lower respiratory disease death rate has decreased since the 2013 CHNA (48.6 per 100,000 population).

Chronic Lower Respiratory Disease
Death Rates by Race and Sex
Crisp County, 2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Female
27.8
Black female: 3 or fewer cases

Male
39.1
49.1

White
Black

Data Source: OASIS, Georgia Department of Public Health

The age-adjusted death rate from chronic lower respiratory disease in Crisp County for 2009-2013 was highest for Black males.

There were few too cases reported to compute a reliable death rate for Black females.

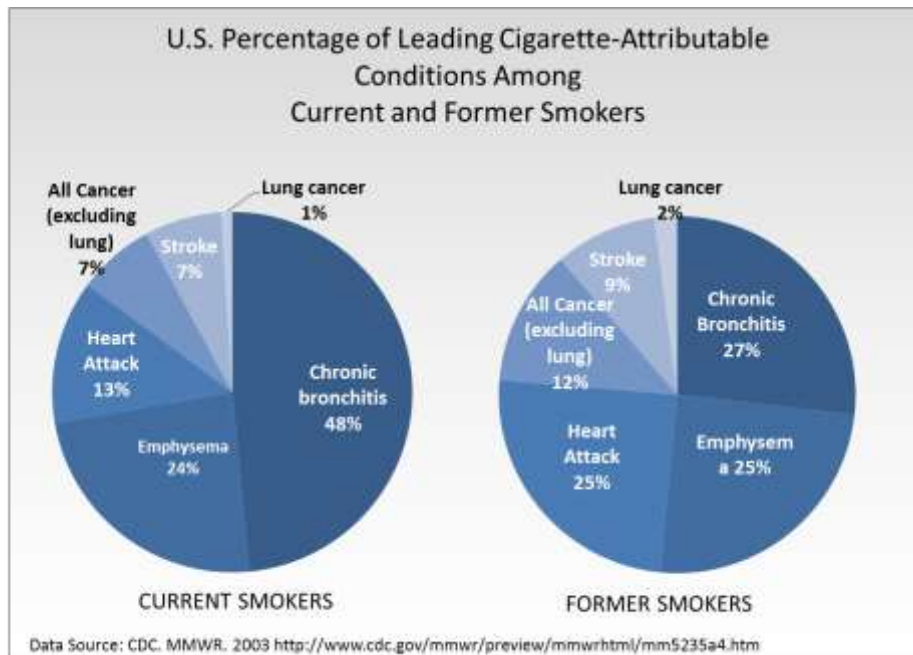There was a higher percentage of asthma among adults within Health District 7-0 compared to the State.

Asthma-2013
Prevalence of Asthma among Adults

*All data is based on survey results

Values by Georgia District: 1-1: 8.7, 1-2: 6.2, 2-0: 6.9, 3-1: 9.4, 3-2: 8, 3-3: 12.1, 3-4: 6.2, 3-5: 9.2, 4-0: 8.6, 5-1: 12.2, 5-2: 8.8, 6-0: 8.2, 7-0: 9.6, 8-1: 12.4, 8-2: 9.6, 9-1: 6, 9-2: 11, 10-0: 8.3, GA: 8.4

Georgia Districts

Data Source: OASIS, Georgia Department of Public Health

Asthma in Children, 2011-2012
Percent of children 0 – 17 years of age

Georgia   U.S.

Race — White: 6.2, 7.6; Black: 16, 16.8; Hispanic: 5.9, 6.8
Age — 0 - 5: 5.9, 5.8; 6 - 11: 13.7, 10; 12 - 17: 10.1, 10.4
Income (percent of poverty level) — 0 - 99%: 15.7, 11.6; 100 - 199%: 9.2, 8.7; 200 - 399%: 8.4, 8.1; >399%: 6.3, 7.3

Data Source: 2011/12 National Survey of Children's Health, Data Resource Center on Child and Adolescent Health, http://childhealthdata.org

According to the 2011-2012 National Survey of Children's Health, Black children had higher incidences of asthma than Whites or other population groups. Asthma was more prevalent in lower income populations.[37]

Each year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, $75 billion in direct medical costs, and $82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and previous heart attack (25 percent). The charts below were compiled from information obtained from the 2014 publication, *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*.[38]

U.S. Percentage of Leading Cigarette-Attributable Conditions Among Current and Former Smokers

CURRENT SMOKERS:
- All Cancer (excluding lung) 7%
- Lung cancer 1%
- Stroke 7%
- Heart Attack 13%
- Chronic bronchitis 48%
- Emphysema 24%

FORMER SMOKERS:
- Lung cancer 2%
- Stroke 9%
- All Cancer (excluding lung) 12%
- Heart Attack 25%
- Chronic Bronchitis 27%
- Emphysema 25%

Data Source: CDC. MMWR. 2003 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5235a4.htm

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

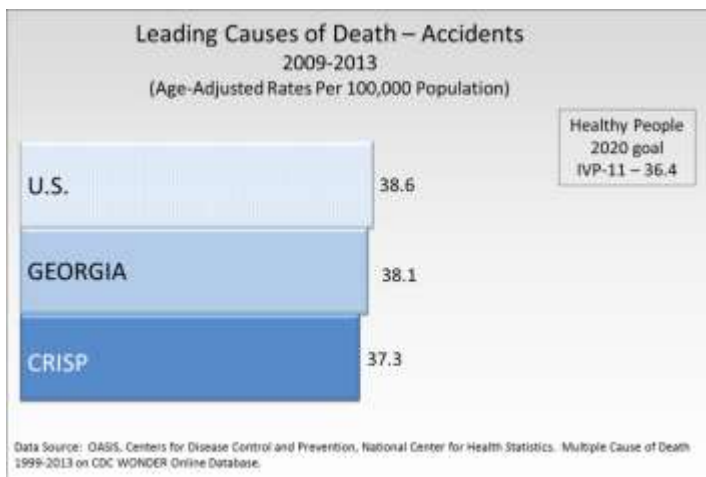## HEALTHY PEOPLE 2020 REFERENCE - IVP

Accidental deaths may result from the following causes:

- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental
- » Suffocations
- » Falls
- » Fire
- » Drowning[39]

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
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Healthy People 2020 goal IVP-11 – 36.4

U.S. 38.6
GEORGIA 38.1
CRISP 37.3

Data Source: OASIS. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database.
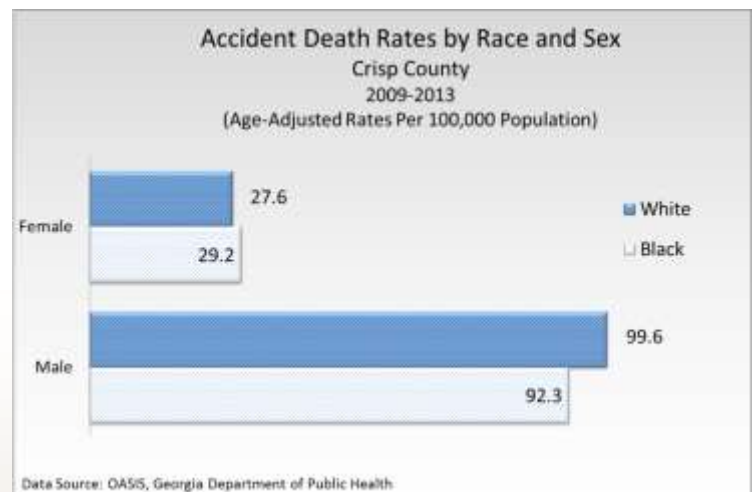
In Crisp County, the accident death rate (37.3 per 100,000 population) was lower than both the State and the U.S. rates.

The Healthy People 2020 goal is set at 36.4 per 100,000 population.[40]

The accident death rate has decreased since the 2013 CHNA (42.4 per 100,000 population).

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

Accident Death Rates by Race and Sex
Crisp County
2009-2013
(Age-Adjusted Rates Per 100,000 Population)

Female
White 27.6
Black 29.2

Male
White 99.6
Black 92.3

Data Source: OASIS, Georgia Department of Public Health

In the United States, over 30,000 people are killed annually in motor vehicle accidents. In 2013, these deaths resulted in a cost of $44 billion in medical and work loss costs. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2013, nearly 1,300 people in Georgia were killed in motor vehicle crashes, with the cost of these crash related deaths totaling $1.63 billion.[41]

Motor Vehicle Fatality Rates 2010-2013 Number of Fatalities					
	2010	2011	2012	2013	Total
Crisp County	4	5	3	1	13

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.[42]

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

According to the 2014 Diabetes Report Card, more than 200,000 deaths occur annually among people with diabetes in the United States. In 2013, diabetes was the country's seventh leading cause of death. More than 29 million people (9.3 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.[43]

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.[44]

The 2012 percentage of Georgia's population with diabetes (9.6 percent) was higher than the U.S. percentage (9.0 percent).[45]

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.*
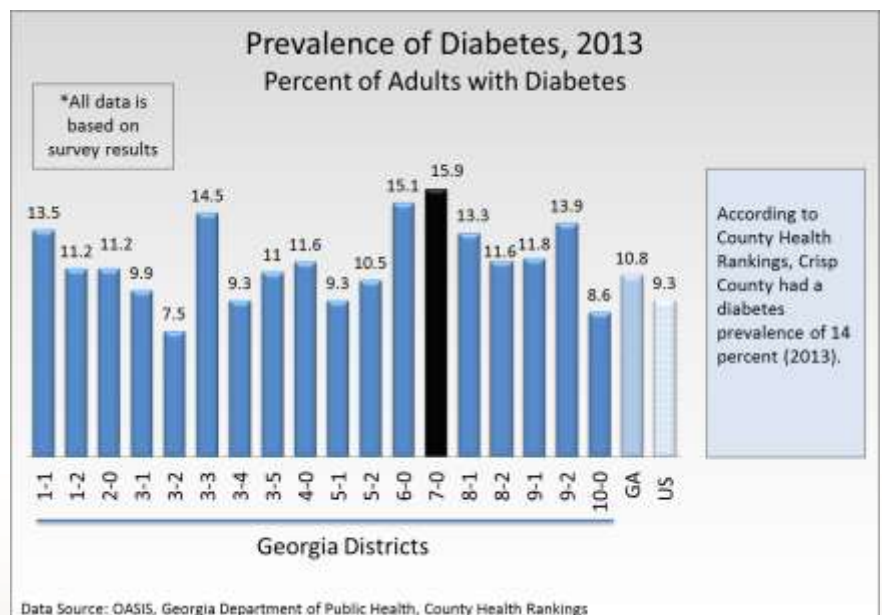> » *Increases the risk of heart disease by 2 to 4 times.*

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.
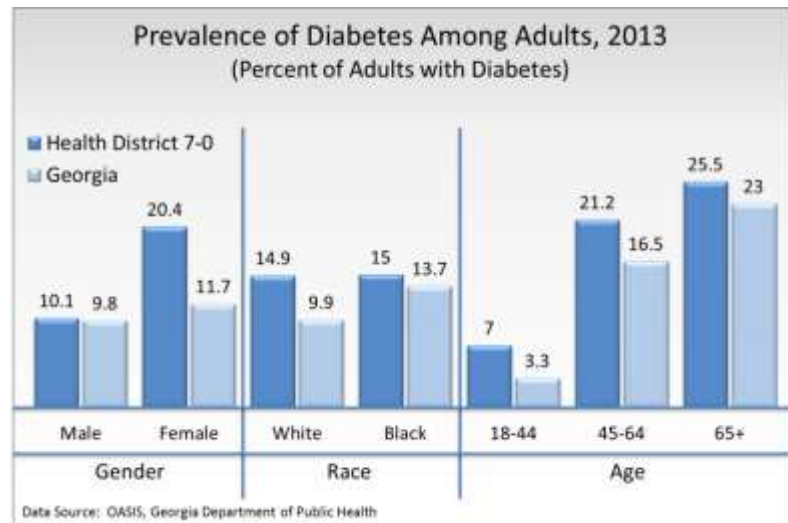
Healthy People 2020

Health District 7-0 (which includes Crisp County), had a higher diabetes **prevalence** (15.9 percent) than the State or U.S. Crisp County had a diabetes **prevalence** of 14 percent in 2013.[46]

Prevalence of Diabetes, 2013
Percent of Adults with Diabetes

*All data is based on survey results

According to County Health Rankings, Crisp County had a diabetes prevalence of 14 percent (2013).

Georgia Districts

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

In Health District 7-0, all population groups had a higher rate of diabetes than that of the State.
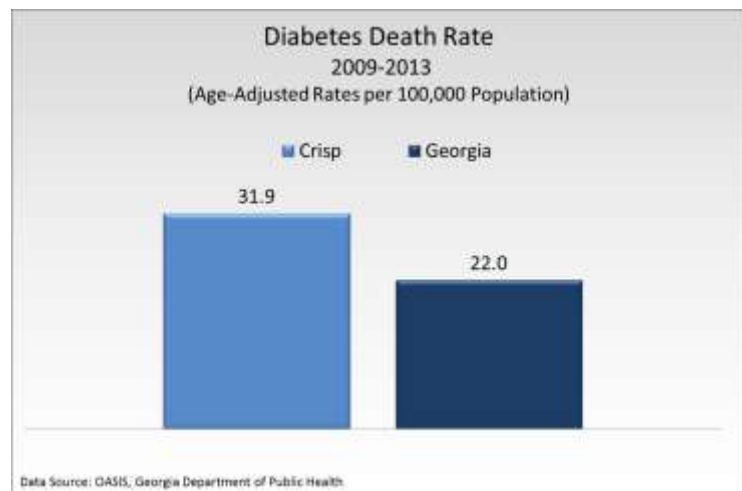
In Health District 7-0, **prevalence** of diabetes was highest among females.

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

Prevalence of Diabetes Among Adults, 2013
(Percent of Adults with Diabetes)

Data Source: OASIS, Georgia Department of Public Health

Crisp County had a higher diabetes death rate (31.9 per 100,000 population) than Georgia.

Diabetes was the sixth leading cause of death in Crisp County.

Diabetes Death Rate
2009-2013
(Age-Adjusted Rates per 100,000 Population)

Data Source: OASIS, Georgia Department of Public Health

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

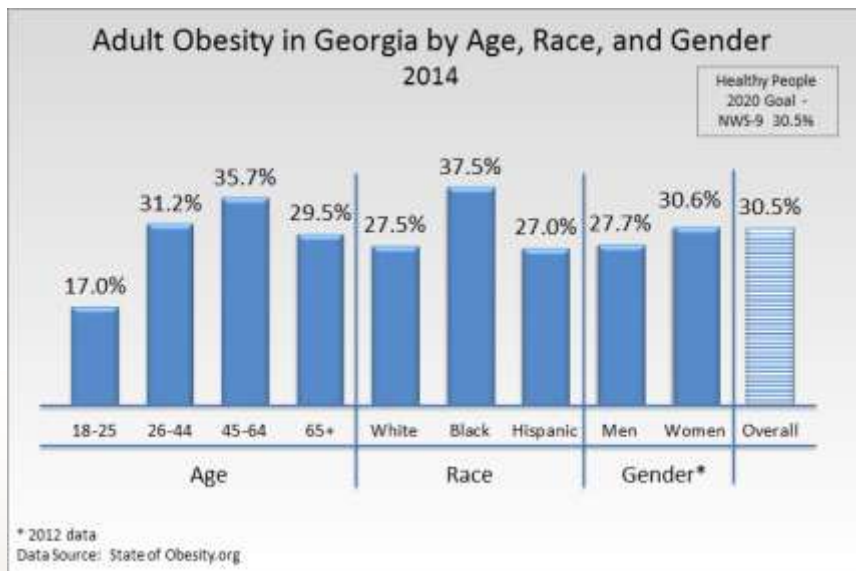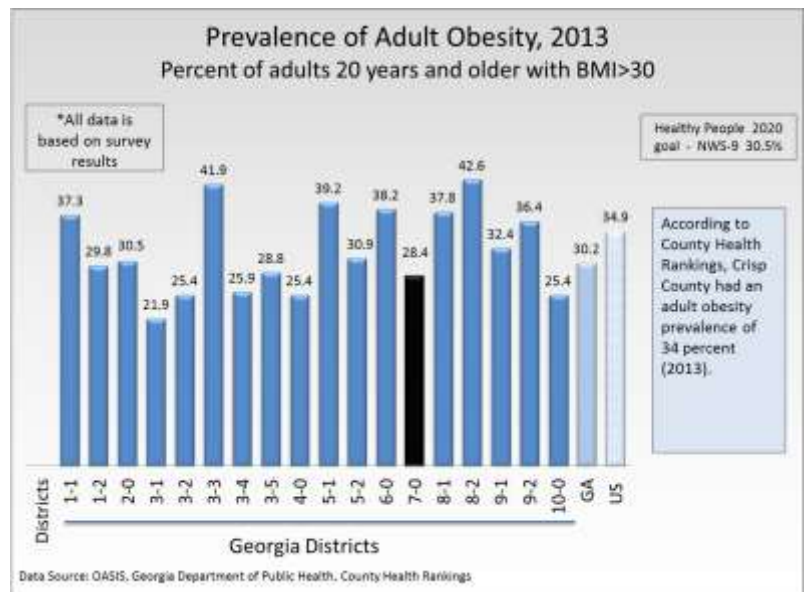## HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

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.[47]

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.[48]

The **prevalence** of adult obesity in Health District 7-0 (28.4 percent) was lower than the State rate (30.2 percent), and the National rate (34.9 percent).
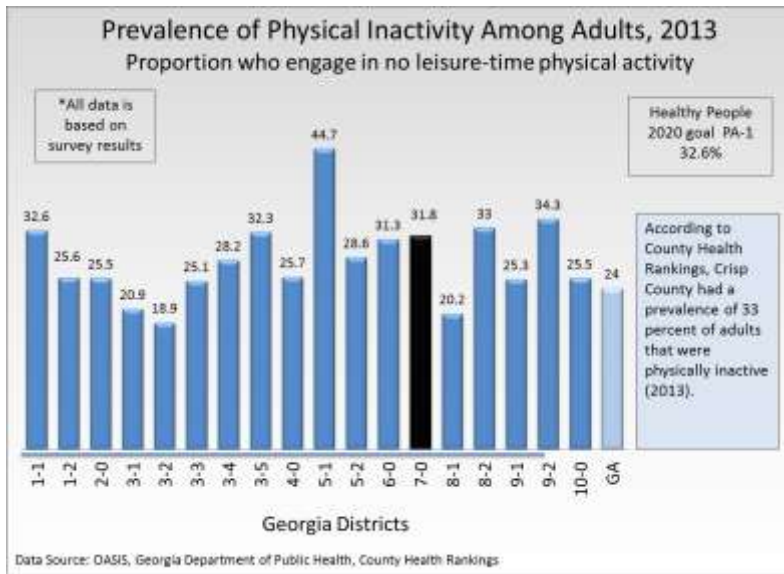
Crisp County had a higher **prevalence** of obesity at 34 percent.

The Healthy People 2020 goal is 30.5 percent.

Prevalence of Adult Obesity, 2013
Percent of adults 20 years and older with BMI>30

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

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

* 2012 data
Data Source: State of Obesity.org

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

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

Prevalence of Physical Inactivity Among Adults, 2013
Proportion who engage in no leisure-time physical activity
Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

The percentage of adults who did engage in physical activity or exercise in the last 30 days was higher in Health District 7-0 (31.8 percent) compared to the State average (24 percent). Crisp County had a higher **prevalence** of physical inactivity (33 percent) than the State and higher than the Healthy People 2020 target of 32.6 percent.[50]
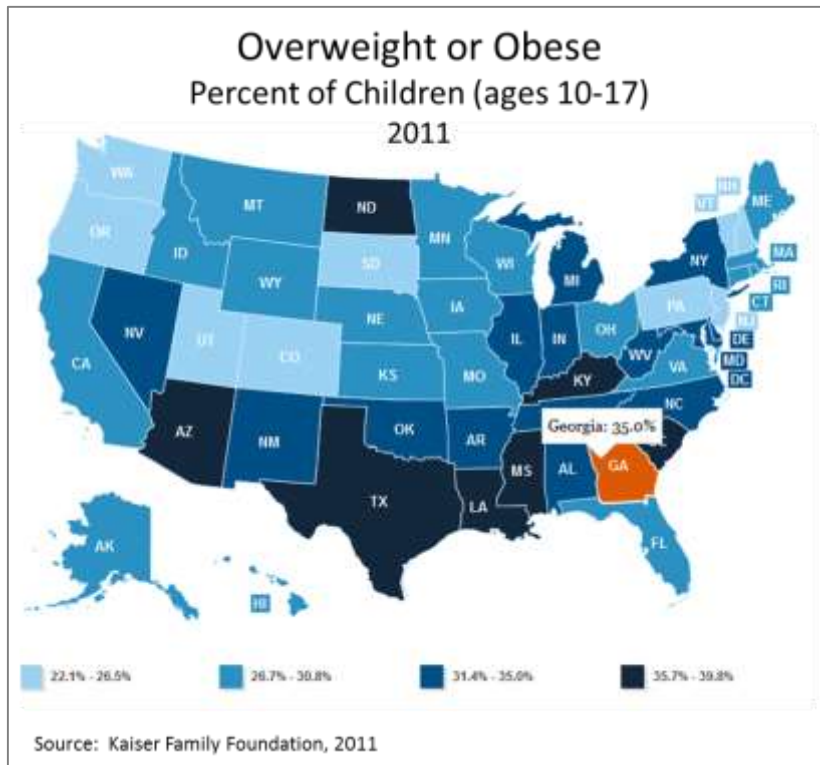
Childhood Obesity

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.[51] Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to Healthy People 2020, 16.2 percent of children and adolescents aged 2-19 years are obese.[52] A report released by the Centers for Disease Control and Prevention in August, 2013 indicated that Georgia's obesity rates among two to four-year-olds from low income families declined between 2008 and 2011.[53]

U.S. Prevalence of Obesity in Children and Adolescents (percentage)
Data Source: CDC, NHANES
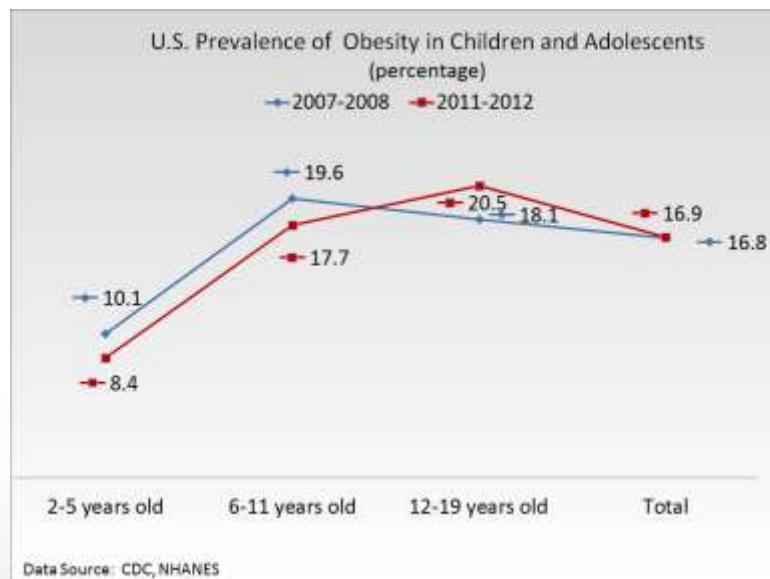
According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighth (35 percent) in the nation for overweight and obese children. Nationally, 31.3 percent of children in this age range were overweight or obese.[54]

Source: Kaiser Family Foundation, 2011

The following table highlights obesity rates in Georgia by age group and Georgia's rank among other states.[55]

Childhood Obesity: Georgia			
	2 to 4 year olds (2011)	10 to 17 year olds (2011)	High School Students (2013)
Obesity Rate	13.2%	16.5%	12.7%
Rank Among States	25/41	17/51	17/43

Data Source: State of Obesity.org

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

- » Hispanics - 22.4 percent
- » Non-Hispanic Blacks - 20.2 percent
- » Non-Hispanic Whites – 14.1 percent
- » Non-Hispanic Asian youth – 8.6 percent [56]

The following table highlights the disparities among race and ethnicity in Georgia. This data is based upon the 2007 National Survey of Children's Health.[57]

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

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.[58]

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.[59]

COMMUNITY INPUT

Obesity and Diabetes

» Childhood obesity is a major issue caused by lack of education and parental involvement.

» There is a lack of collaboration and education with the providers and schools. Providers need to collaborate with schools to help educate children and teachers on healthy living to prevent obesity.

» Once a child leaves the school, there needs to be a consistent message about healthy living by the parents so learning is reinforced.

» There is a need to instill across the entire community and income levels a path of living and thriving.

» State employees have the highest rates of obesity, hypertension, and cardiovascular disease. According to state employee statistics, over 51 percent were obese, over 51 percent were hypertensive, and over 75 percent were diabetic and hypertensive. Having a means to pay for healthcare is one thing, but culture change is the most difficult.

» The community needs to become a more active community.

» The last three generations of families have been diabetic, so it is viewed as normal.

» Obesity is a symptom of poverty, but there are still individuals outside of poverty who are obese.

» We have gone from plain, home-cooked food to convenience foods.

» Healthier foods have become costlier.

» The lack of free physical activity is an issue.

» Anyone who wants to exercise can. There are two walking paths located in the community.

» Obesity and lifestyle goes back to education, personal accountability, and lifestyle choice.

» There is a lack of afterschool programs for children.

» You cannot expect people to do more if they cannot be guaranteed food, safety and shelter.

» Children are not receiving proper education from their homes on how to live a healthy life.

» Diabetes is associated with a lot of other chronic health conditions.

» There is a need for more education on diabetes.

» There is a need for more diabetes intervention through a diagnosis clinic.

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.[60]

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.[61]

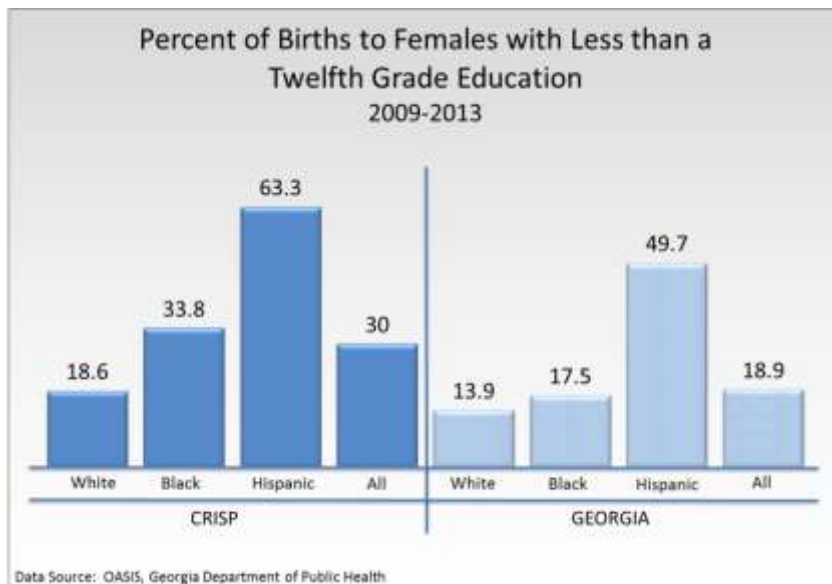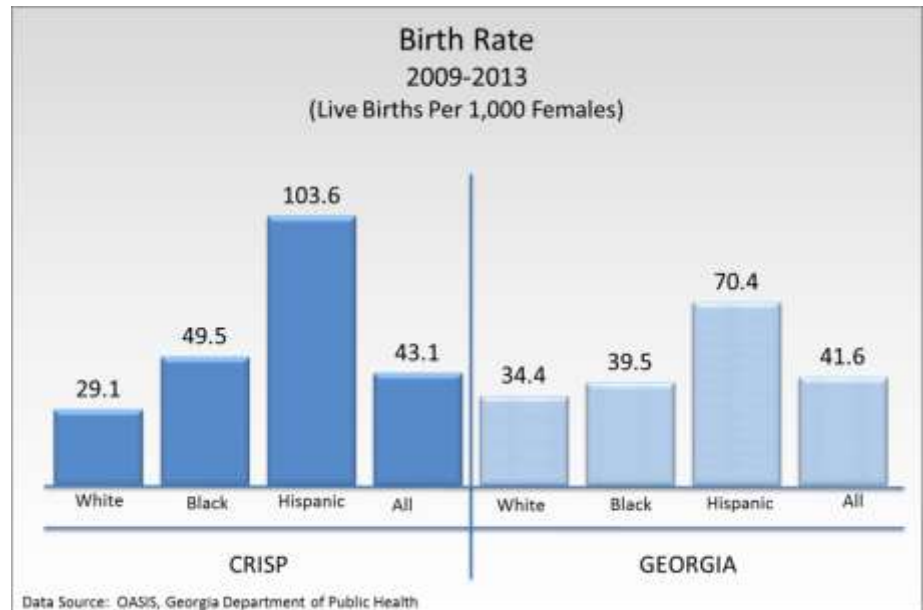### Why Are Maternal, Infant and Child Health Important?

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

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

Healthy People 2020

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.[62]

Birth Rates

For the period 2009-2013, Crisp County had a higher birth rate (43.1 live births per 1,000 females) than that of the State (41.6 live births per 1,000 females). Hispanics in Crisp County had the highest birth rate.

Birth Rate
2009-2013
(Live Births Per 1,000 Females)

Data Source: OASIS, Georgia Department of Public Health

Percent of Births to Females with Less than a Twelfth Grade Education
2009-2013

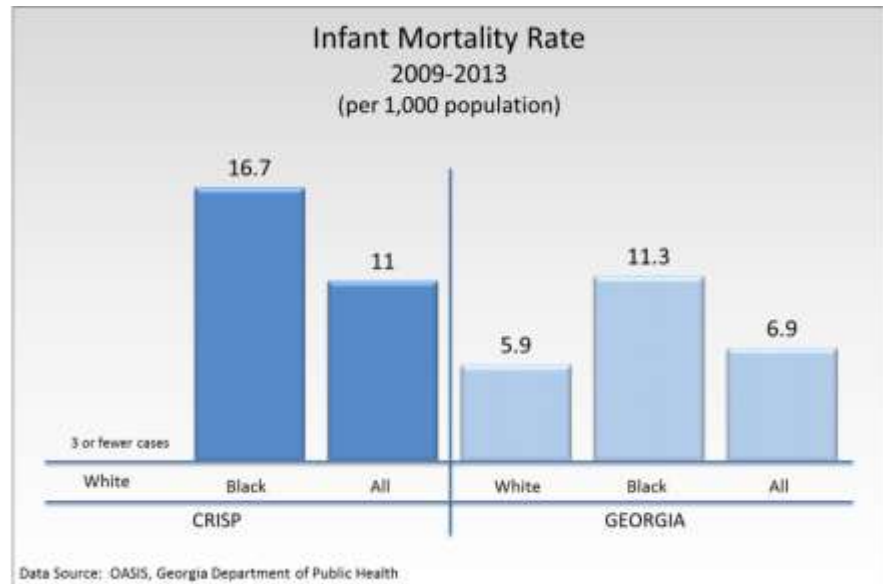Data Source: OASIS, Georgia Department of Public Health

The percent of births to females with less than a twelfth-grade education was higher among Crisp County residents (30 percent) compared to Georgia residents (18.9 percent). The highest percentages were among the Hispanic population groups.

Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.[63] 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.[64] 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.[65]

The infant mortality rate in Crisp County (11 per 1,000 population) was higher than the Georgia rate (6.9 per 1,000 population).

The highest rate was among the Black population. There were too few cases reported to compute a reliable rate for the White population in the County.

Infant Mortality Rate
2009-2013
(per 1,000 population)

16.7 | 11 | 5.9 | 11.3 | 6.9
3 or fewer cases
White | Black | All | White | Black | All
CRISP | GEORGIA

Data Source: OASIS, Georgia Department of Public Health

Fetal and Infant Conditions

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

- » Prematurity is disorders related to short gestation and low birth weight.
- » Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- » Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- » Birth-related infections are infections specific to the period of time near birth.[66]

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

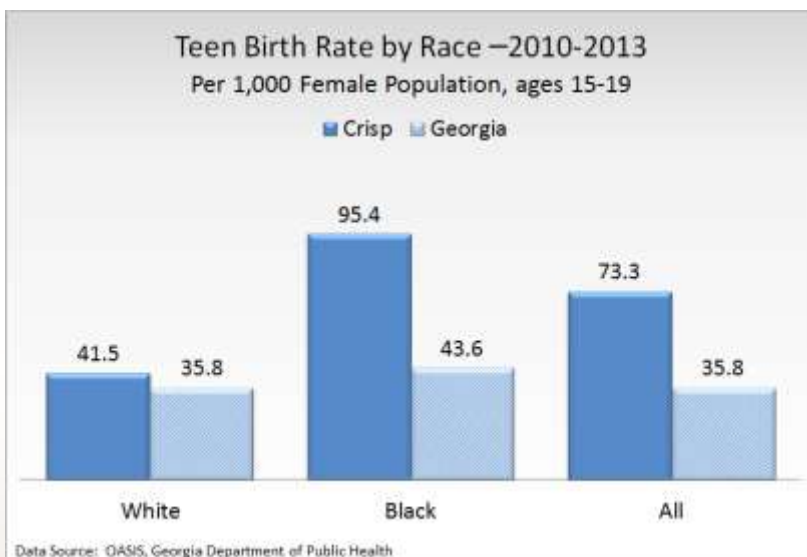## Number of Deaths: Fetal and Infant Conditions
(<1 year of age)
Crisp County

Year	White	Black	Hispanic	All
2006	0	2	0	2
2007	0	2	0	2
2008	0	1	0	1
2009	0	0	0	0
2010	0	1	0	1

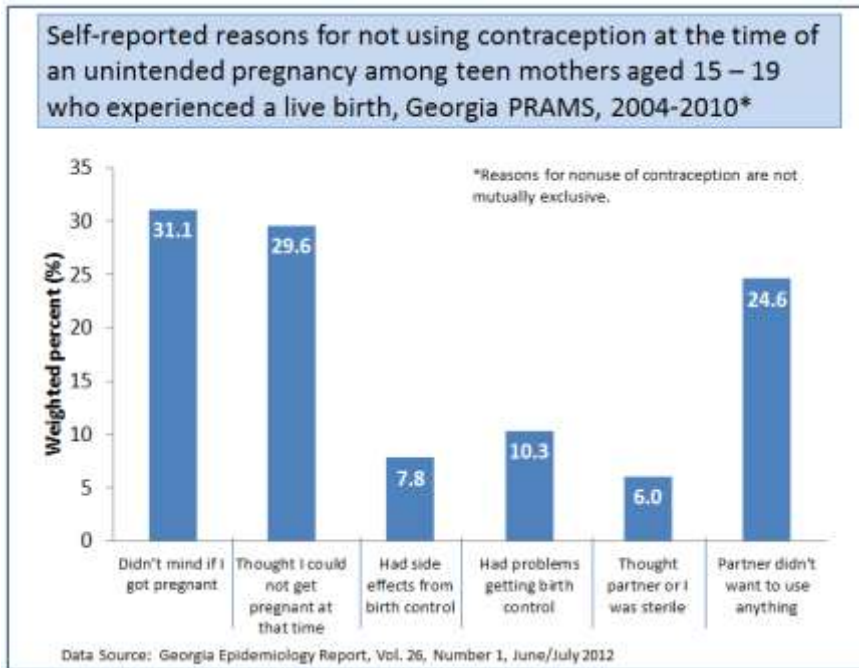Data Source: OASIS, Georgia Department of Public Health

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.[67]

The teen birth rate (73.3 per 1,000 female population) in Crisp County was much higher than the Georgia rate and the U.S. rate.

Teen Birth Rate – Total

Per 1,000 Female Population, ages 15-19
County and State Data – 2010-2013
U.S. Data - 2013

Crisp	73.3
Georgia	35.8
U.S.	26.5

Data Source: CDC, Teen Births, OASIS, Georgia Department of Public Health

Teen Birth Rate by Race –2010-2013

Per 1,000 Female Population, ages 15-19

■ Crisp ■ Georgia

	Crisp	Georgia
White	41.5	35.8
Black	95.4	43.6
All	73.3	35.8

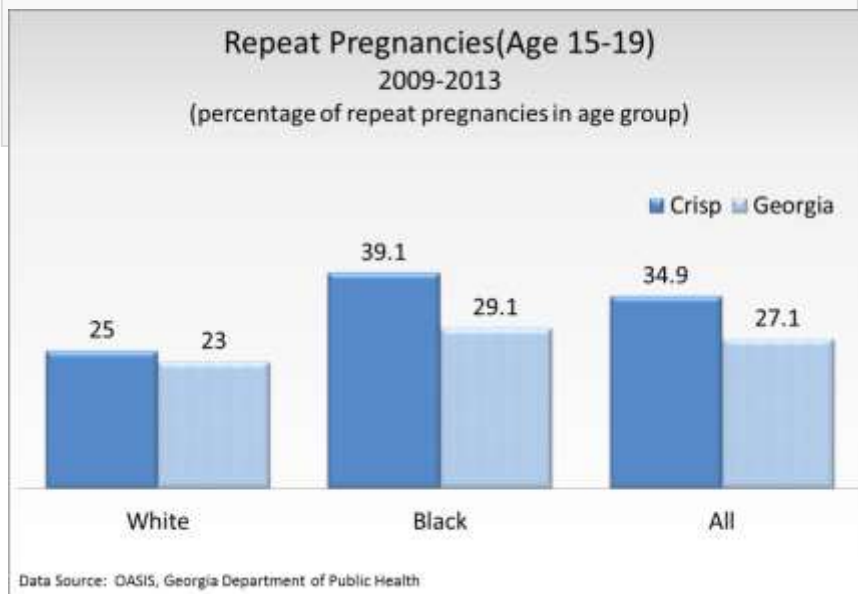Data Source: OASIS, Georgia Department of Public Health

The Crisp County Black teen birth rate was higher than White teen birth rate. The teen birth rates in Crisp County for all races were higher than the State rates.

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

*Reasons for nonuse of contraception are not mutually exclusive.

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

Teen Pregnancy in Georgia

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

Georgia Adolescent Reproductive Health Facts www.hhs.gov

Repeat Pregnancies(Age 15-19)
2009-2013
(percentage of repeat pregnancies in age group)

Data Source: OASIS, Georgia Department of Public Health

For mothers ages 15-19, Crisp County had a higher percent of repeat pregnancies (34.9 percent) compared to Georgia (27.1 percent). Additionally, 39.1 percent of Black teen mothers in Crisp County had repeat pregnancies compared to 25 percent of White teen mothers.
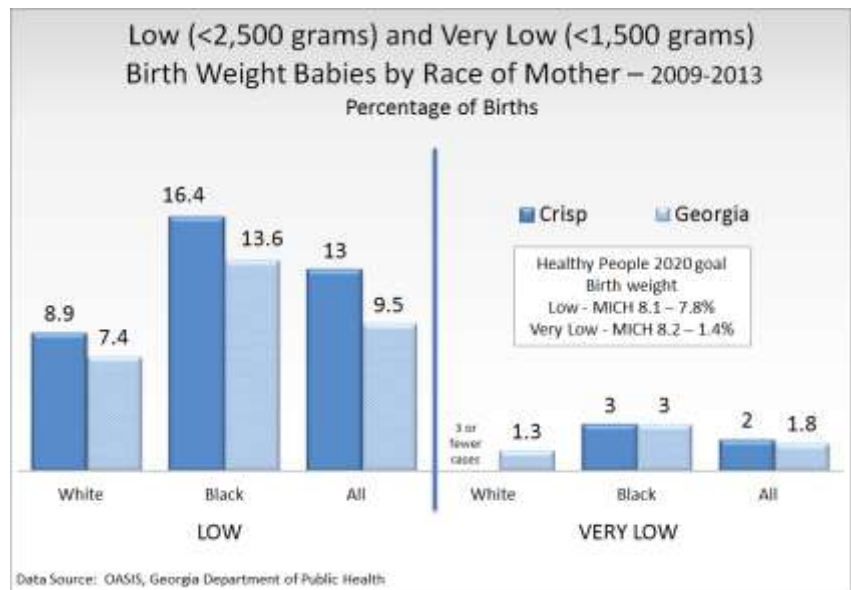
Birth Weight

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. [68]

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.[69] In 2013, the national prevalence of low birth weight babies was 8 percent while that for low birth weight babies was 1.4 percent.[70]

Crisp County had higher rates of low and very low birth weight babies than that of the State.

The highest percentages were among the Black population.

Low (<2,500 grams) and Very Low (<1,500 grams) Birth Weight Babies by Race of Mother – 2009-2013
Percentage of Births

Healthy People 2020 goal
Birth weight
Low - MICH 8.1 – 7.8%
Very Low - MICH 8.2 – 1.4%

Data Source: OASIS, Georgia Department of Public Health

Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.[71]
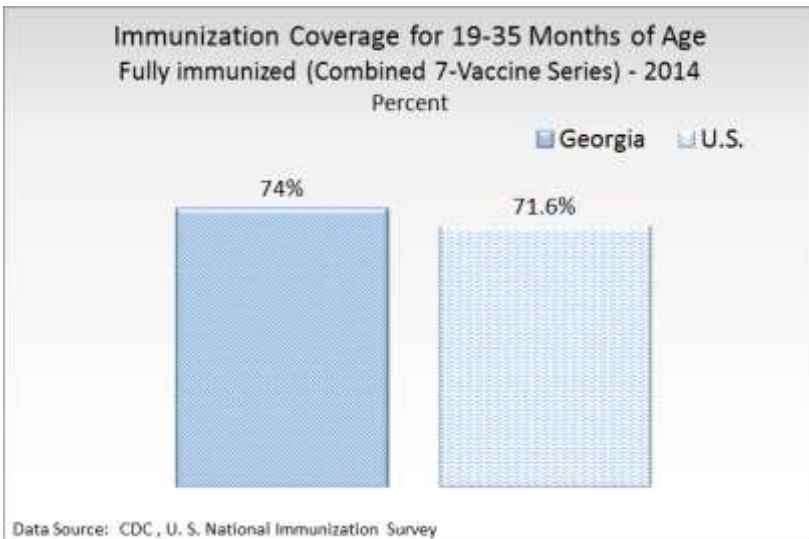
The immunization coverage percent for children 19-35 months old was higher Georgia (74 percent) than the U.S. (71.6 percent).

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

COMMUNITY INPUT

Teen Birth Rate

» There is a need for more education, not just abstinence education in schools.

» The urgent care has access to Title X funding, so they need to do more outreach regarding reduced cost family planning visits.

» Patients over 18 visiting the health department for family planning can no longer get this service at a reduced fee.

» Patients do not understand how easy it is to get pregnant or get an STD.

» Education is the biggest barrier to preventing teen pregnancy. Young women do not get the appropriate sex education in schools.

» A lot of teen mothers do not know how to take care of a baby because the grandmother usually takes on this responsibility.

» The teen birth rate is higher among Black families due to culture. A lot of Black families believe you should have children at a young age.

» There is a need for more explicit sex education. Abstinence is not working in our communities.

Infant Mortality

» Safe sleeping education is needed to reduce accidental deaths. Education should occur in the hospital while the family is with their new child.

» There have been six child deaths due to co-sleeping issues in the four county service area.

» Crisp County was identified as one of 23 counties in the state that had a child death directly tied to co-sleeping.

» Pregnant, undocumented women do not qualify for Medicaid, so they do not receive prenatal care. They need to be educated on when and how to access care for themselves and their baby.

Prenatal Care

» Crisp Women's Center has reduced fees for pregnant, undocumented women.

» Education about available resources for pregnant women is needed.

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[72]

Although much progress has been made to reduce cigarette smoking in the United States, in 2012, 20.5 percent of adult males and 15.9 percent of adult females continued to be cigarette smokers.[73]

Adolescent Behavior

The leading cause of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.[74]

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

Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

Adolescent Binge Drinking Behavior
2005-2013

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

- Georgia High Schools
- U.S. High Schools

U.S. High Schools: 25.5, 26.0, 24.2, 21.9, 20.8

Georgia High Schools: 20.8, 19, 18.8, 17.5, 13.3

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

All data is based on survey results

2005   2007   2009   2011   2013

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

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

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

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

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

Adolescent Drinking and Driving Behavior
2005-2013

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

- Georgia High Schools
- U.S. High Schools

U.S. High Schools: 9.9, 10.5, 11.6, 8.2, 10

Georgia High Schools: 8.8, 9.1, 7, 6.7, 6.5

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

All data is based on survey results

2005   2007   2009   2011   2013

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

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

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

Adolescent Cigarette Smoking Behavior
2005-2013
(Percent of students who smoked cigarettes on one or more of the past 30 days)

HP 2020 goal TU-2.2
Cigarette–16%

- Georgia High Schools
- U.S. High Schools

Breakdown of Georgia 2013 Data:	
Total	12.8
9th	8.5
10th	17.1
11th	11.1
12th	15.4
Black	5.3
White	18.5
Hispanic	12.9

U.S. High Schools values: 23.0, 20.0, 19.5, 18.1, 15.7
Georgia High Schools values: 17.2, 18.6, 16.9, 17, 12.8

All data is based on survey results

2005   2007   2009   2011   2013

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

Adolescent Tobacco Use Behavior
2005-2013
(percent of students who smoked cigarettes; smoked cigars, cigarillos, or little cigars; or used chewing tobacco, snuff, or dip on at least one day)

- Georgia High Schools
- U.S. High Schools

HP 2020 goal TU-2.1
Tobacco use –21%

U.S. High Schools values: 28.4, 26.2, 26, 23.4, 22.4
Georgia High Schools values: 24.1, 25.7, 23.4, 22.7, 19.4

Breakdown of Georgia 2013 data	
Total	19.4
9th	12.1
10th	23.5
11th	20.3
12th	23.4
Black	11.5
White	26
Hispanic	18.3

2005   2007   2009   2011   2013

All data is based on survey results

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

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

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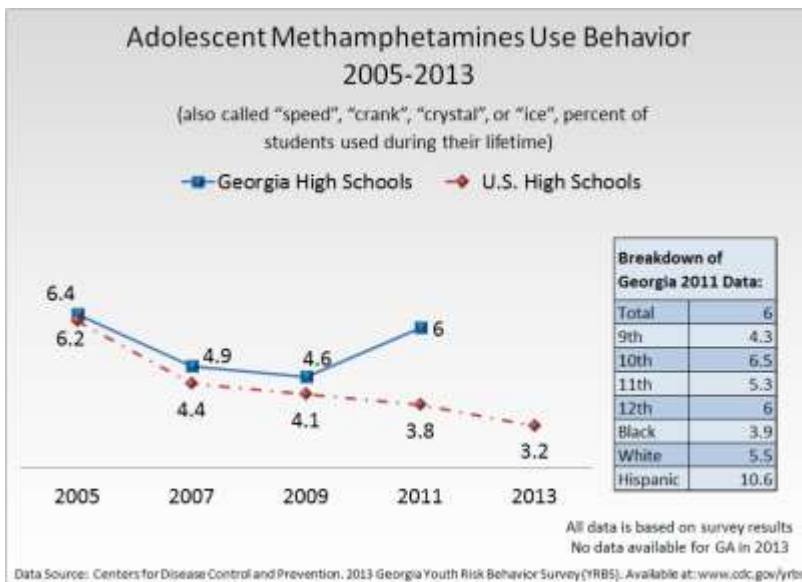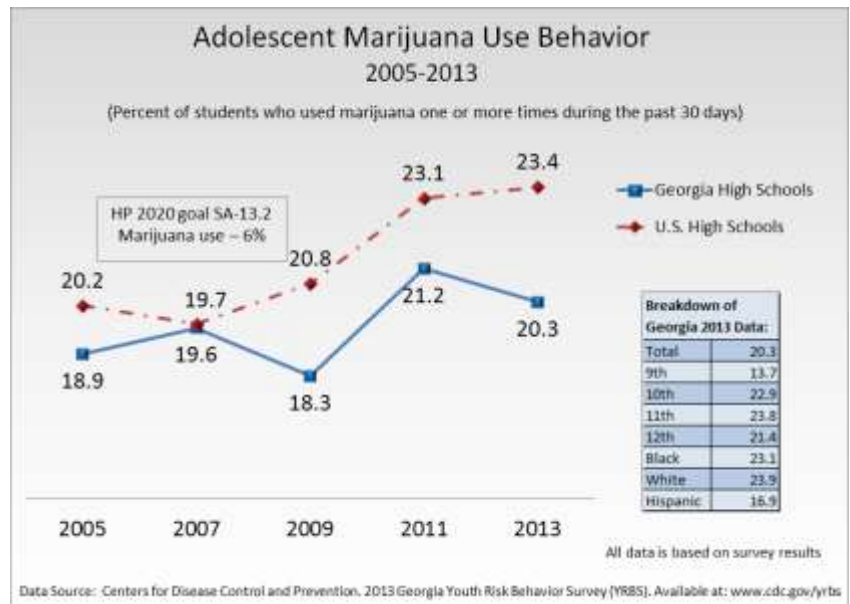
Illicit Drug Usage

Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.[75]

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

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

The Healthy People 2020 goal is to reduce marijuana use to six percent.[76]

Adolescent Marijuana Use Behavior 2005-2013

(Percent of students who used marijuana one or more times during the past 30 days)

HP 2020 goal SA-13.2 Marijuana use – 6%

Georgia High Schools
U.S. High Schools

Breakdown of Georgia 2013 Data:	
Total	20.3
9th	13.7
10th	22.9
11th	23.8
12th	21.4
Black	23.1
White	23.9
Hispanic	16.9

All data is based on survey results

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

Adolescent Methamphetamines Use Behavior 2005-2013

(also called "speed", "crank", "crystal", or "ice", percent of students used during their lifetime)

Georgia High Schools
U.S. High Schools

Breakdown of Georgia 2011 Data:	
Total	6
9th	4.3
10th	6.5
11th	5.3
12th	6
Black	3.9
White	5.5
Hispanic	10.6

All data is based on survey results
No data available for GA in 2013

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

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

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

There was no data available for Georgia in 2013.

Comparison: Crisp County and Georgia

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

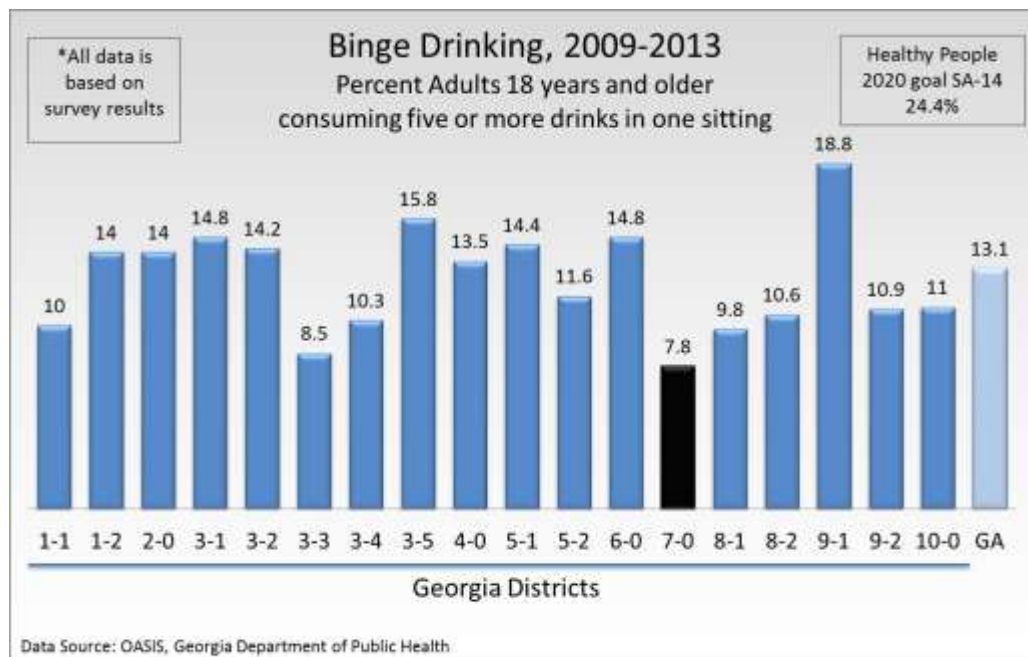| At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Crisp County and Georgia		
	Crisp County High Schools	Georgia High Schools
Binge Drinking	9.5%	9.3%
Drinking and Driving	3.6%	2.9%
Tobacco Use	13.9%	11.9%
Cigarette Use	12.7%	10.1%
Marijuana Use	10.2%	12.8%
Meth Use	0.8%	1.9%
Prescription	3.5%	5.0%

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

Crisp County Schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, and cigarette use but a lower percentage that participated in marijuana, methamphetamine, and prescription drug use than the State. 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.[77]

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.[78]

Binge Drinking, 2009-2013
Percent Adults 18 years and older
consuming five or more drinks in one sitting

*All data is based on survey results

Healthy People 2020 goal SA-14 24.4%

District	Value
1-1	10
1-2	14
2-0	14
3-1	14.8
3-2	14.2
3-3	8.5
3-4	10.3
3-5	15.8
4-0	13.5
5-1	14.4
5-2	11.6
6-0	14.8
7-0	7.8
8-1	9.8
8-2	10.6
9-1	18.8
9-2	10.9
10-0	11
GA	13.1

Georgia Districts

Data Source: OASIS, Georgia Department of Public Health

The binge drinking prevalence in Health District 7-0 (7.8 percent) was lower than the Georgia prevalence (13.1 percent). This was well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

Alcohol, Tobacco, and Drugs

» Alcohol abuse is related to poverty and lack of community education.

» The community does not understand the definition of binge drinking or heavy drinking.

» Alcohol plays a major role in the teen birth rate.

» Alcohol is acceptable and not looked at as an abused substance.

» Adolescents do not view marijuana as a drug.

» The most common age group that uses tobacco products is over the age 20.

» Many individuals do not realize that if you inhale second hand smoke from marijuana, it will show up on a drug test.

» Alcohol and drug abuse is a cycle that never ends.

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.[79] 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.[80]

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections is encouraged for sexually active young adults.[81]

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.[82]

Top 10 States Ranked by Rate (per 100,000) of Reported STD Cases: U.S. 2013			
Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Georgia (10.3)	Alaska (789.4)	Louisiana (188.4)
2	California (9.3)	Louisiana (624.5)	Alabama (173.7)
3	Louisiana (9.2)	Alabama (611.0)	Mississippi (170.7)
4	Florida (7.8)	New Mexico (587.3)	Alaska (154.2)
5	Maryland (7.7)	Mississippi (585.1)	South Carolina (152.3)
6	New York (7.5)	Delaware (568.4)	Delaware (151.6)
7	Nevada (7.4)	South Carolina (541.8)	Ohio (144.0)
8	Oregon (6.8)	Arkansas (523.8)	Georgia (143.7)
9	Illinois (6.2)	Georgia (514.8)	North Carolina (140.1)
10	Arkansas (6.0)	Texas (498.3)	Oklahoma (139.0)

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

Why Is Sexually Transmitted Disease Prevention Important?

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. 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.[83]

   » 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.[84]
   » Women had 2.7 times the reported chylamydia rate of men in 2009.[85]
   » Georgia ranked ninth highest in the U.S. for reported chlamydia cases in 2013.[86]
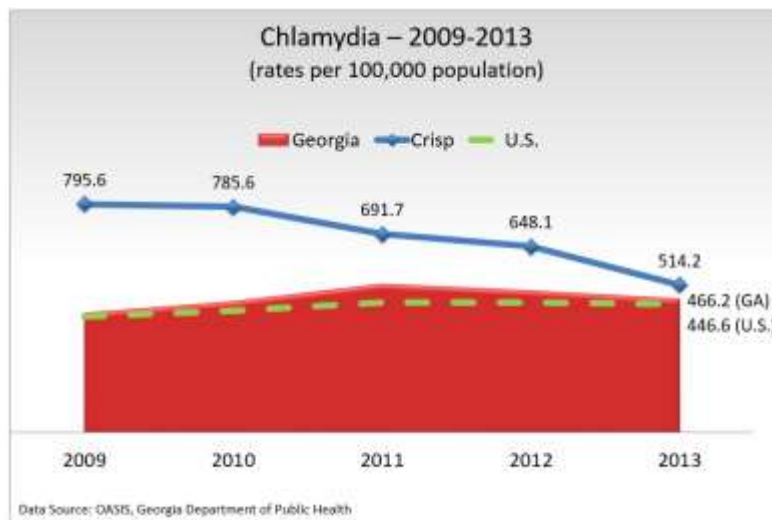
Clinical Recommendations

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

Chlamydia – 2009-2013
(rates per 100,000 population)

Georgia   Crisp   U.S.

795.6   785.6   691.7   648.1   514.2   466.2 (GA)   446.6 (U.S.)

2009   2010   2011   2012   2013

Data Source: OASIS, Georgia Department of Public Health

In 2013, the chlamydia rate in Crisp County (514.2 per 100,000) was higher than the State rate (466.2 per 100,000). In 2013, the U.S. rate for chlamydia was 446.6 per 100,000 population.[87]

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

Average Chlamydia Rates by Race (2009-2013)			
	White	Black	All
Georgia	69.5	615.2	472.2
Crisp	64.5	897.8	687.1

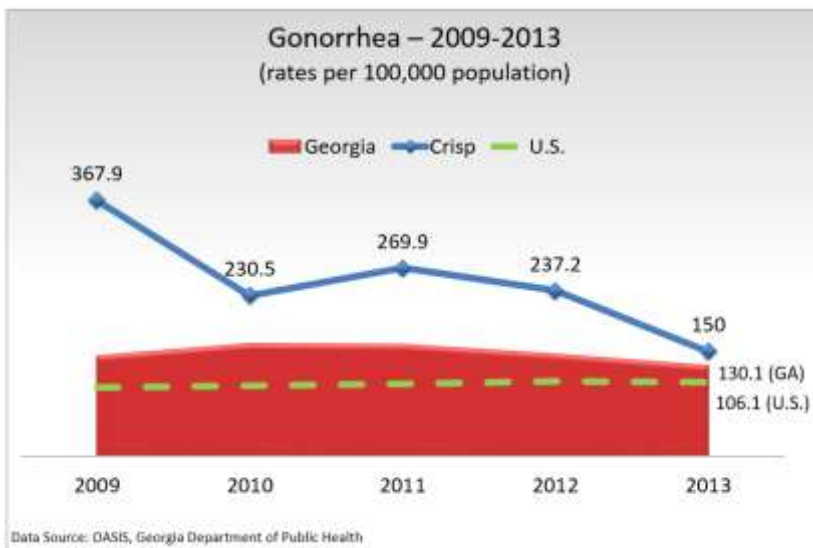Data Source: OASIS, Georgia Department of Public Health

Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.[88] The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are infected have no symptoms. Gonorrhea can lead to other complications that can cause pelvic inflammatory disease in women. Gonorrhea can also spread to the blood or joints and become life threatening. Antibiotics are used to successfully cure gonorrhea.

> » Gonorhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.[89]
>
> » Georgia ranked eighth highest in the U.S. for reported gonorrhea cases in 2013.[90]

Who Is At Risk For Gonorrhea?

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

Centers for Disease Control and Prevention

Gonorrhea – 2009-2013
(rates per 100,000 population)

Georgia, Crisp, U.S.

367.9, 230.5, 269.9, 237.2, 150

130.1 (GA)
106.1 (U.S.)

2009 2010 2011 2012 2013

Data Source: OASIS, Georgia Department of Public Health

In 2013, the gonorrhea rate in Crisp County (150 per 100,000) was higher than both the State rate (130.1 per 100,000) and the U.S. rate (106.1 per 100,000).[91]

Average Gonorrhea Rates by Race (2009-2013)			
	White	Black	All
Georgia	13	262.5	147.8
Crisp	16.5	267.8	251.2

Data Source: OASIS, Georgia Department of Public Health

The gonorrhea rate was significantly higher among Blacks compared to Whites in both Crisp 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.[92]

> » Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.[93]
>
> » Georgia ranked highest in the U.S. for reported syphilis cases in 2013.[94]

The Georgia syphilis rate in 2013 was 10.3 per 100,000 population. The U.S. rate in 2013 was 5.5 per 100,000 population.[95]

How Can Syphilis Be Prevented?

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

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

Centers for Disease Control and Prevention

Primary and Secondary Syphilis
2009-2013
Case rate

9.4   9.2

■ Crisp
■ Georgia

Data Source: OASIS, Georgia Department of Public Health
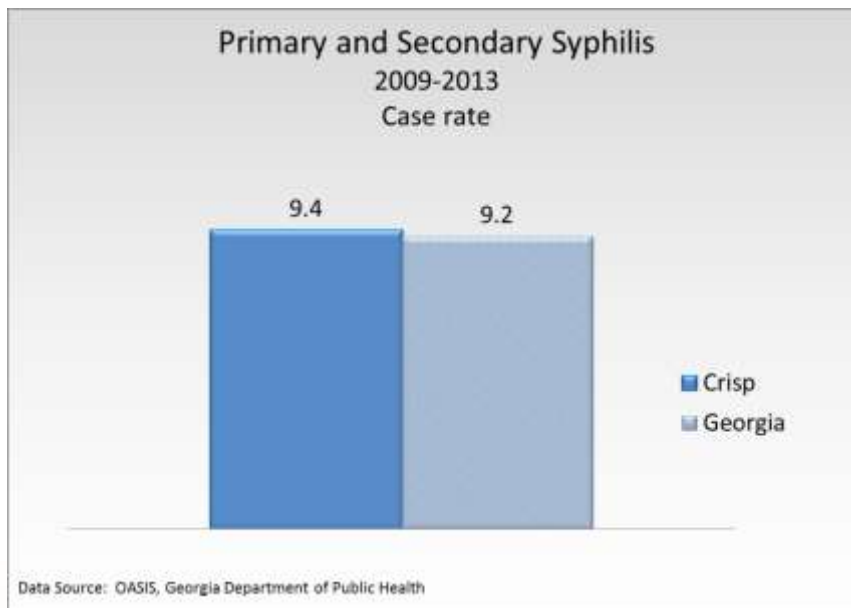
Crisp County had a higher syphilis rate than that of the State.

During the years 2009-2013, there were 19 reported cases of syphilis in Crisp County.

Human Immunodeficiency Virus (HIV)

An estimated 1.2 million Americans are living with HIV at the end of 2012. Of those people, about 12.8 percent did not know they were infected. About 50,000 people get infected with HIV each year.[96] Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.[97]

>> In 2010, White MSM represented the highest number of new HIV infections in the U.S.[98]

>> In 2010 Blacks (male and female) represented approximately 12 percent of the country's population, but accounted for 44 percent of new HIV infections. Blacks accounted for 41 percent of people living with HIV in 2011.[99]

>> Hispanics (male and female) represented 16 percent of the population for accounted for 21 percent of new HIV infections in 2010. Hispanics accounted for 20 percent of people living with HIV in 2010.[100]

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

Rates of Persons Aged 18–64 Years Living with a Diagnosis of HIV Infection, Year-End 2008—United States[2]

Rate per 100,000
- 40.1–129.3
- 129.4–202.4
- 202.5–319.3
- 319.4–428.0
- 428.1–3,365.2

Data classed using quintiles
Overall total rate = 417.5

Data source: National HIV Surveillance System. Rates are not adjusted for reporting delays. Inset maps not to scale
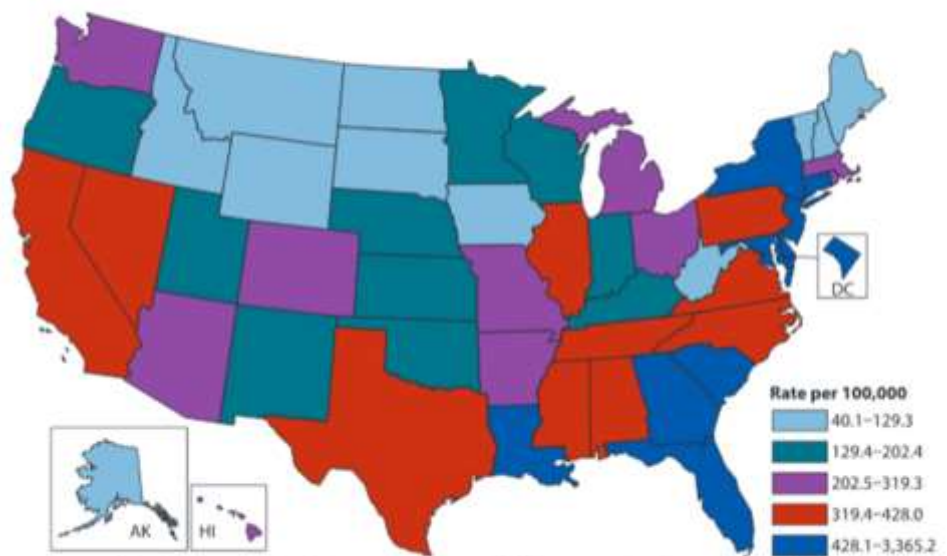
Map Source: www.cdc.gov/hiv/pdf/statistics_geographic_distribution.pdf January 16, 2016

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 Crisp County.
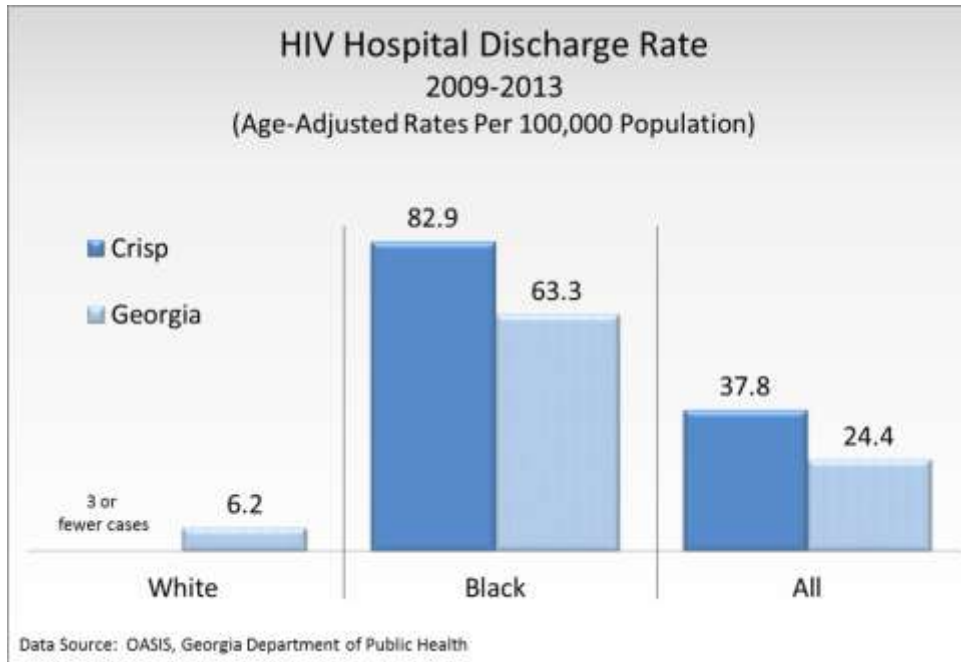
COMMUNITY INPUT

Sexually Transmitted Disease

» A lot of patients do not understand their own bodies and are not able to tell their physician what is wrong with them.

» STDs have declined in the last couple of years, but continue to be an issue.

» STD outbreaks come in cycles. Usually around prom and Summer break, the health department sees a lot more cases.

» There is a lack of education on how STDs can be transmitted. A lot of individuals do not understand the definition of a sexual partner.

» Condoms are dispensed at the health department free of charge.

» There is a need for more explicit sex education. Abstinence is not working in our community.

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."[101]

Why Is Access to Health Services Important?

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

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

Healthy People 2020

Gaining Entry into the Health Care System

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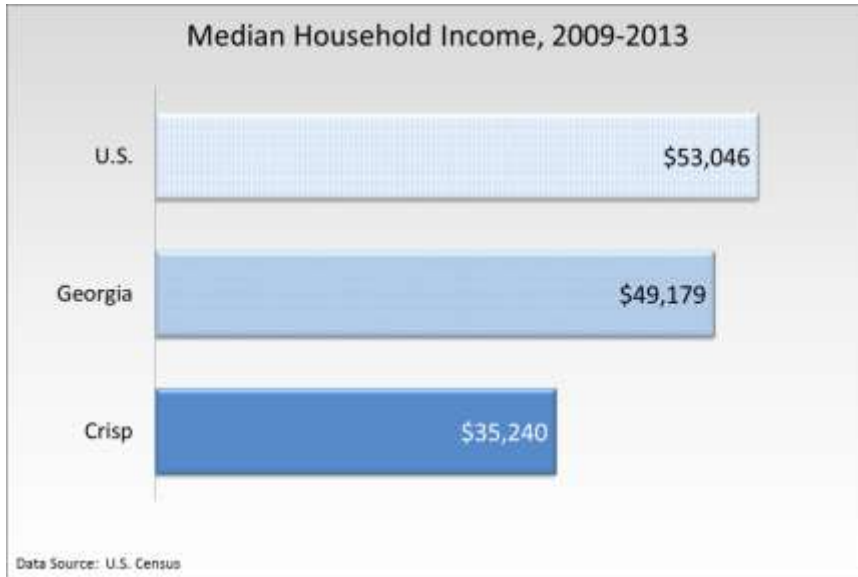
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.8 percent in 2014.[102]
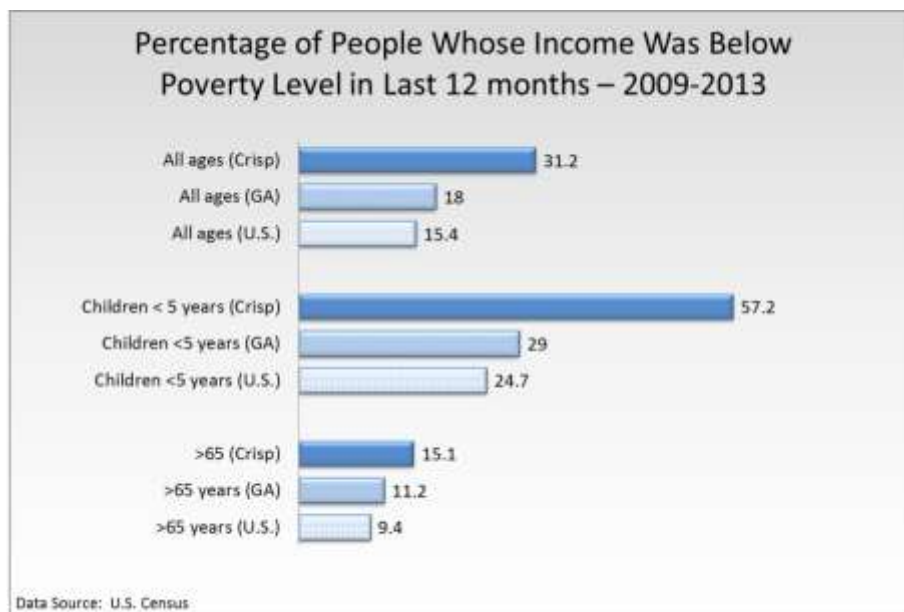
Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.[103]

Crisp County's poverty rate was 30.7 percent in 2013.

2013 All Ages in Poverty

Crisp County – 30.7%
Source: U.S. Census, Small Area Income and Poverty

9% - 11.9%
> 11.9% - 14.7%
> 14.7% - 17.8%
> 17.8% - 23.9%

Median Household Income, 2009-2013

Data Source: U.S. Census
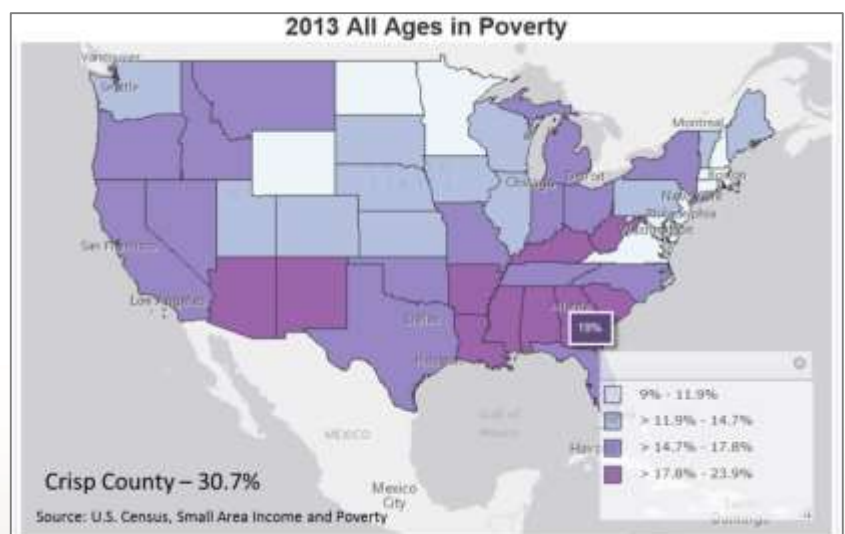
The median household income during 2009-2013 for Crisp County was $35,240. This was below the Georgia median income of $49,179 and the U.S. median income of $53,046.
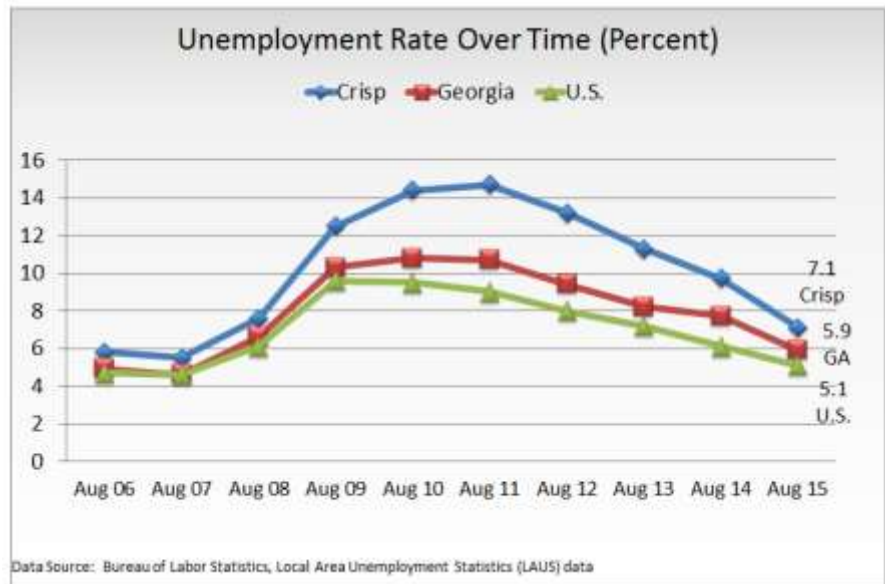

Percentage of People Whose Income Was Below Poverty Level in Last 12 months – 2009-2013

Data Source: U.S. Census

The percentage of people in Crisp County whose income was below the poverty level (31.2 percent) was higher than Georgia (18 percent) and the U.S. (15.4 percent). The percentage of children under five years of age living in poverty in Crisp County (57.2 percent) was higher than both Georgia (29 percent) and the U.S. rates (24.7 percent). The percentage of Crisp County senior adults living in poverty (15.1 percent) was higher than the State (11.2 percent) and U.S. rates (9.4 percent).
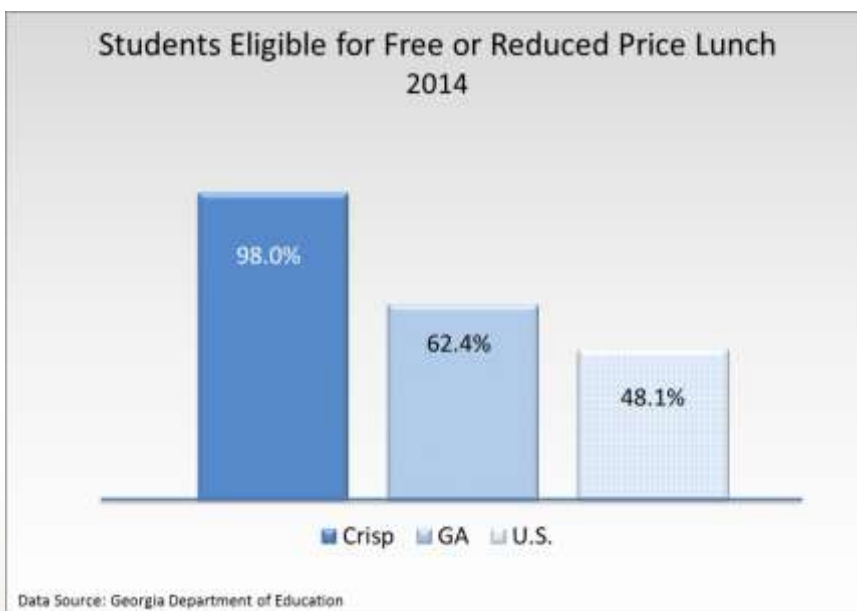
The Crisp County unemployment rates for years 2006-2015 were consistently higher than the State and U.S. rates.

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

The most recent data showed that Crisp's unemployment rate dropped from 9.7 percent in August 2014 to 7.1 percent in August 2015.

Unemployment Rate Over Time (Percent)

Data Source: Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS) data

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.[104] For July 1, 2015 through June 30, 2016, a family of four's income eligibility for reduced-price lunches was at or below $44,863 and for free meal eligibility at or below $31,525.[105]

Students Eligible for Free or Reduced Price Lunch
2014

98.0%
62.4%
48.1%

Crisp   GA   U.S.

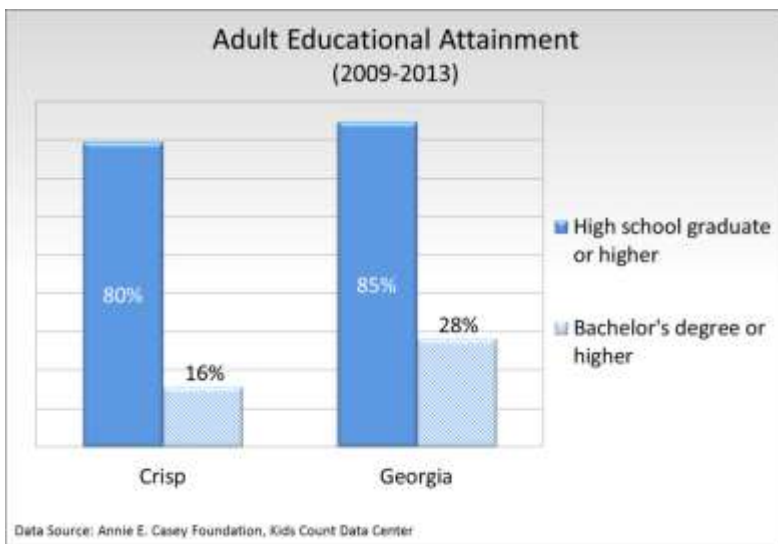Data Source: Georgia Department of Education

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

The 2012 CHNA reported Crisp County students eligible for free or reduced price lunch lower at 76 percent.
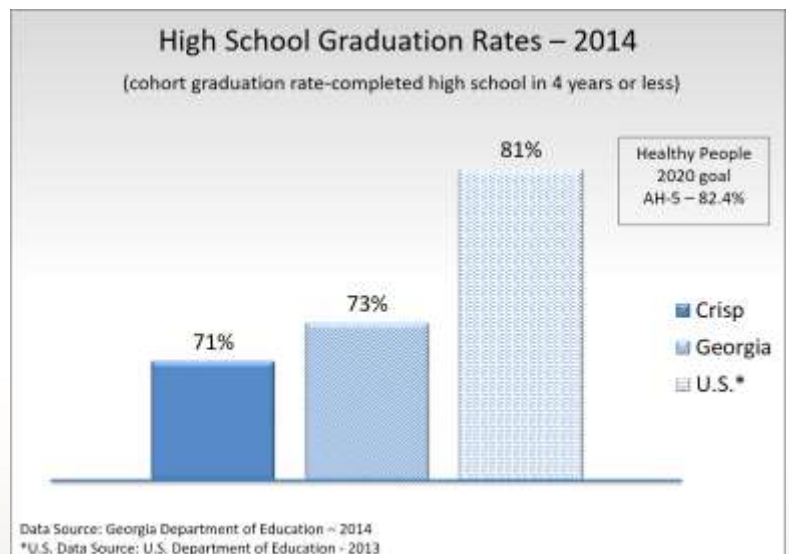
Educational Attainment

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.[106] 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.[107] 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.[108]

Adult Educational Attainment (2009-2013)

High school graduate or higher

Bachelor's degree or higher

Crisp: 80%, 16%
Georgia: 85%, 28%

Data Source: Annie E. Casey Foundation, Kids Count Data Center

From 2009-2013, 80 percent of Crisp County residents had graduated high school compared to Georgia's average of 85 percent. An average of 16 percent of Crisp County residents had a bachelor's degree or higher compared to Georgia's higher average of 28 percent.

The U.S Department of Education requires all states to publically report comparable high school graduation rates using a four-year adjusted cohort rate calculation method. This method provides uniform data collection when analyzing statistics across different states.[109]

In 2014, Crisp County had an average of 71 percent of students who complete high school in four years or less. Crisp County's rate was below the State average (73 percent) and below the U.S. average (81 percent). The Healthy People 2020 goal for the high school graduation rate is 82.4 percent (students who graduate with a regular diploma, 4 years after starting ninth grade).
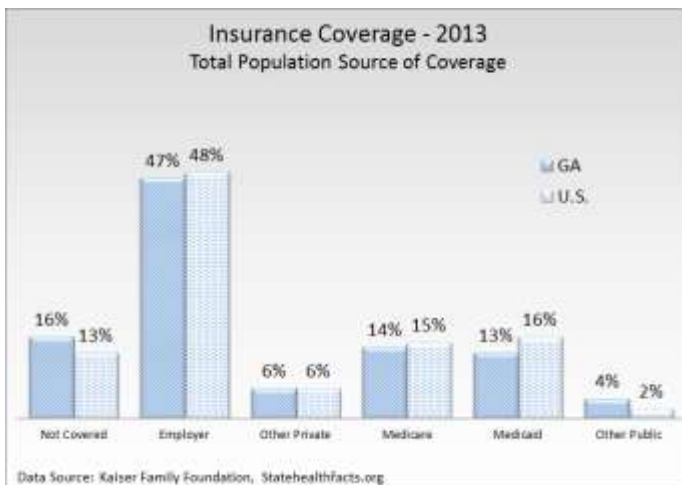

High School Graduation Rates – 2014
(cohort graduation rate-completed high school in 4 years or less)

Crisp: 71%
Georgia: 73%
U.S.*: 81%

Healthy People 2020 goal AH-5 – 82.4%

Data Source: Georgia Department of Education – 2014
*U.S. Data Source: U.S. Department of Education - 2013

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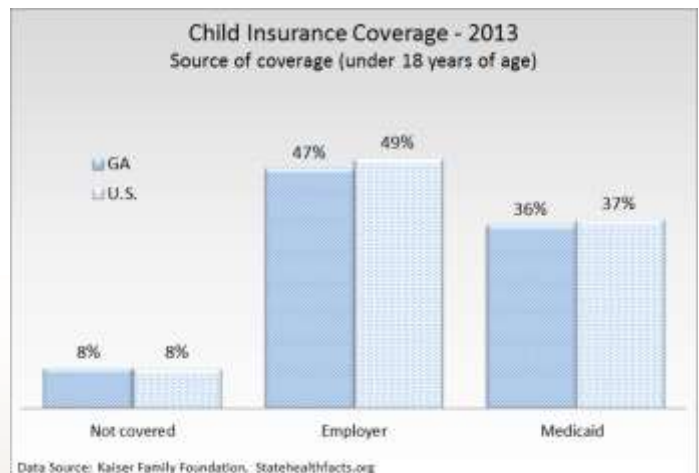
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

Insurance Coverage - 2013
Total Population Source of Coverage

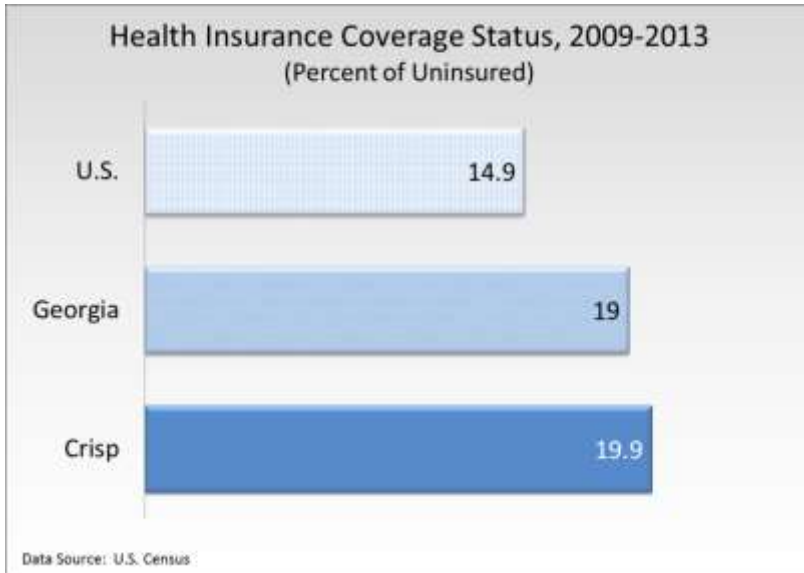Data Source: Kaiser Family Foundation, Statehealthfacts.org

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

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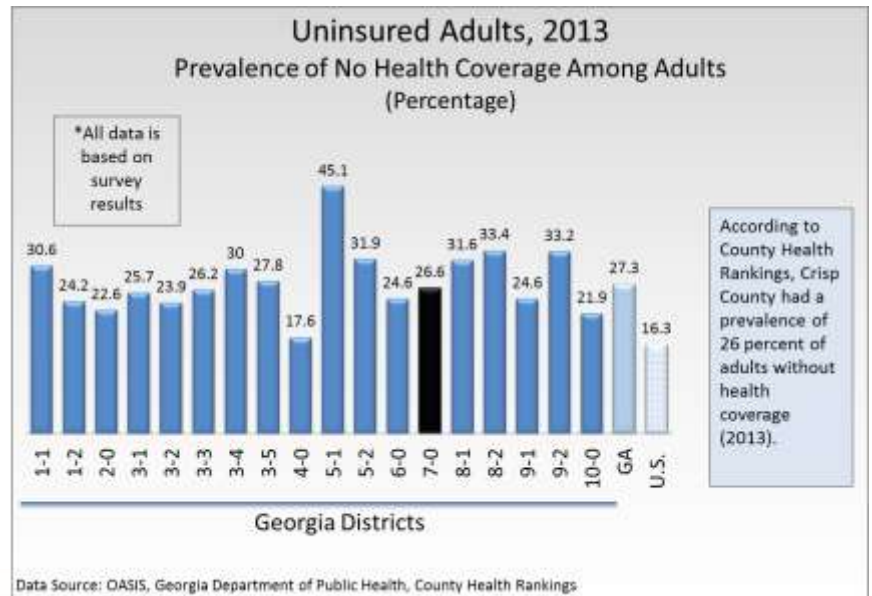

Child Insurance Coverage - 2013
Source of coverage (under 18 years of age)

Data Source: Kaiser Family Foundation, Statehealthfacts.org

CRISP COUNTY INSURED STATUS

Health Insurance Coverage Status, 2009-2013
(Percent of Uninsured)

U.S. — 14.9
Georgia — 19
Crisp — 19.9

Data Source: U.S. Census

The proportion of uninsured individuals in Crisp County (19.9 percent) was higher than in both Georgia (19 percent) and the U.S. (14.9 percent.

The percentage of adults that lacked health insurance in Health District 7-0 (which includes Crisp County) was 26.6 percent. This was higher than the U.S rate (16.3 percent) and lower than the Georgia rate (27.3 percent). According to County Health Rankings, in 2013 Crisp County had 26 percent of adults lacking health insurance.

Uninsured Adults, 2013
Prevalence of No Health Coverage Among Adults
(Percentage)

*All data is based on survey results

1-1: 30.6, 1-2: 24.2, 2-0: 22.6, 3-1: 25.7, 3-2: 23.9, 3-3: 26.2, 3-4: 30, 3-5: 27.8, 4-0: 17.6, 5-1: 45.1, 5-2: 31.9, 6-0: 24.6, 7-0: 26.6, 8-1: 31.6, 8-2: 33.4, 9-1: 24.6, 9-2: 33.2, 10-0: 21.9, GA: 27.3, U.S.: 16.3

Georgia Districts

According to County Health Rankings, Crisp County had a prevalence of 26 percent of adults without health coverage (2013).

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

Georgia Health Assistance and Healthcare Programs

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

- » **PeachCare for Kids (CHIP)** offers a comprehensive health care program for uninsured children living in Georgia whose family income is less than or equal to 247 percent of the federal poverty level.
- » **Long Term Care and Waiver Programs:**
  - o **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.
  - o **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.
  - o **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.
  - o **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 Crisp County, 14 percent of the population is over the age of 65, making many of them eligible for Medicare.

Accessing a Healthcare Location Where Needed Services Are Provided

Accessing health care services in the U.S. is regarded as unreliable because many people do not receive the appropriate and timely care they need. All Americans should now have access to health care due to the *Patient Protection and Affordable Care Act*.[110] This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.[111] The healthcare system itself will need to work as a system, and not in independent silos to prepare for this change. The following section of the CHNA report discusses the various entries within the healthcare system and the types of services provided.

Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.[112] 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.
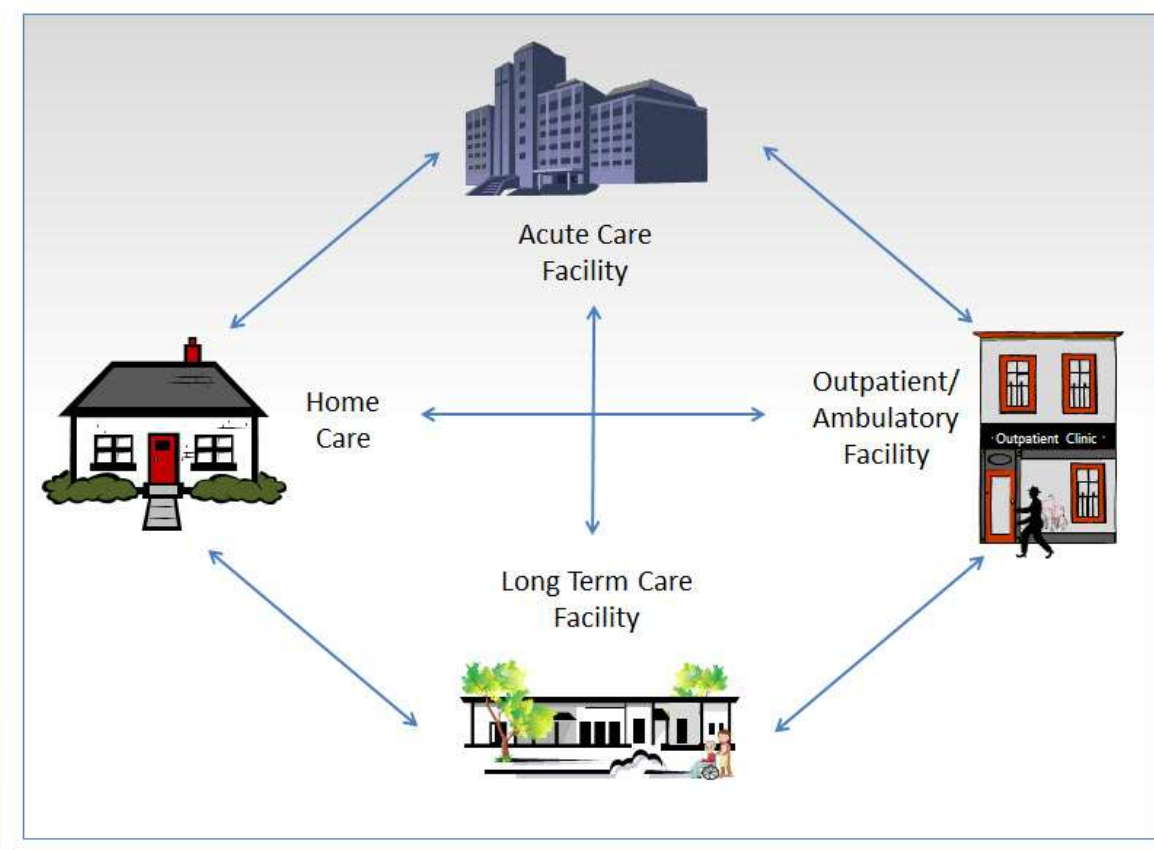
Accessing these facilities at the appropriate time is very important to the overall well-being of an individual. Additionally, there is a need for constant communication and appropriate diagnosis by the provider to help a patient navigate the complex healthcare network. Social workers, case-workers, 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.

Crisp County is home to Crisp Regional Hospital, a 73 bed acute-care hospital. Crisp Regional Hospital offers many services including: medical imaging, surgical services, physical therapy, emergency services, endoscopy, oncology, and laboratory services.

Crisp County is approximately one hour from Macon, which provides the community with access to more specialized healthcare for high acuity or specialty cases. However, residents that lack transportation may not be able to access specialized care in another city (see transportation section).

Crisp Regional Hospital has the following services that increase access to care to the community:
- » Convenient Care
- » Rural Healthcare
- » Physical Therapy Center
- » Nursing and Rehabilitation Center
- » CareSouth
- » Blackshear Retirement Villa
- » Hospice
- » Dialysis Center

Free or Sliding Fee Scale Clinics

The closest free or sliding fee scale clinic in Crisp County is in the city of Cordele called Cordele Medical Center. The clinic offers very basic primary care services at low cost to uninsured or underinsured residents of Crisp County. Hours are Monday through Friday 8:30 am to 5:00 pm. Another clinic in Cordele is called Crisp Urgent Care. Hours are Sunday through Saturday 9:00 am to 8:00 pm. It offers services on a sliding fee scale based on income. Some of the services and treatments include: acute illnesses, diabetes, blood pressure, asthma, chronic conditions, nutrition, and disease prevention.

Source: www.swrhi.com
Pictured above: Cordele Medical Center

Source: www.swrhi.com
Pictured above: Crisp Urgent Care

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. Crisp County is considered an MUA based on its Index of Medical Service Score of 56.2.[113]

Professional Shortage Areas as of April 4, 2016

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

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

Mental Health

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

The following facilities are part of Middle Flint Behavioral Healthcare:

» Cordele Family Enrichment Center provides mental health and addictive services for adults, adolescents, and children.

» Crisp Day Service Center provides day services for developmentally disabled adults.

» Intake provides outpatient services to new and prior clients.

» The Phoenix House provides adult mental health day services.

Additional services:

» National Alliance on Mental Illness (NAMI) is a national organization that has a local chapter in Albany. Most chapters provide family support to those individuals with loved ones suffering from a mental illness.[114]

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.[115] 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. Crisp County has two skilled nursing

facilities centrally located within the main city limits of Cordele. Both of these facilities accept Medicare and Medicaid. The combined number of beds among these facilities is currently 243 beds.[116]

Transportation

Crisp County has a land area of 274 square miles.[117] There is an affordable public transportation vehicle within the community called Crisp Area Regional Transit (CART). It provides transportation within the entire county for nominal fee. Many residents depend upon family members or others in the community for their transportation needs. There are other services that provide transit for specific populations like Medicaid recipients and Seniors. Many people in the community cited transportation as a major issue preventing access to care.

Finding a Health Care Provider Whom the Patient Can Trust

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

PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.[118]

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.[119] 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.[120]

COMMUNITY INPUT

Access to Care

» Physicians need to be more engaged and communicate care coordination to the patient.

» There is a need for better continuity of care for patients that do not have a primary care physician.

» It is both the unemployed and the working poor that have the most difficult time accessing care.

» A generational cycle exists of bad behaviors that are repeated.

» It is important to target the health message to specific population groups, so they have "buy-in".

» Preventative care is an issue among the working poor. They wait until it is an emergency.

» A lot of patients do not understand the important of having a primary care doctor.

» Preventative care would solve a lot of the health issues that exist.

» A lot of the insurance plans are high deductible. Most individuals cannot afford a $5,000 deductible.

» There is a need to provide more education on the one free annual wellness visit that individuals receive if they have insurance.

» The culture of one's community is hard to break.

» The common thought process among those without insurance is that it is cheaper to go to the emergency room for care instead of urgent care center.

» It is important to educate individuals where they live and work. You cannot expect them to come to you.

» The biggest contributor to the high deductibles is our poor health. We are not the best people to insure. Things are expensive because of the way we consume healthcare.

» Prevention is the biggest factor in improving health.

» There is need for collaboration among all the different agencies (DFACs, WIC, the health department, and mental health) to provide services in one building so that individuals without transportation can go to one place for care.

» Transparency of care and continuity of care are needed in the mental health field. There is a need for a centralized health system that all mental health providers can tap into.

COMMUNITY INPUT

Access to Care

» There are a lot of people who have lost hope and purpose, so they do not have any desire to be healthy.

» Culture runs very deep in a rural community. It is difficult to break generational cycles of poor health behavior.

» There is primary care available for students and teachers through telehealth. The Board of Education has partnered with the hospital to implement this school based clinic.

» Personal accountability is an issue. People refuse to seek help because they just don't care.

» There is a lack of screening and early detection awareness. The resources are there; however, individuals do not know to access this type of care.

» Transportation is major issue in the community. A lot of the underserved population cannot attend special programming because they do not have reliable transportation.

» There is a lack of free or reduced services for the uninsured. There are indigent funds available, but individuals have to complete an application.

Education

» Education in the community is a top priority. It needs to start in the schools.

» New parents need more education on parenting.

» In education, "you don't know what you don't know."

» It would be helpful to bring education into the prison system since a lot of that population contributes to the cycle of poor health decisions.

» The high school drop-out rate is higher than other communities.

Poverty

» The majority of the health issues are related to poverty. There is a lack of resources all over the county. Transportation and housing are lacking. People do not understand what resources are out there

COMMUNITY INPUT

Poverty

» The poorer individuals in the community can only afford quick and convenient foods because they are too busy trying to make ends meet.

» A lot of individuals with food stamps sell their SNAP benefits to make it. Then they eat whatever they can to feel full for the least amount of money.

» People in poverty emulate the individuals who are not in poverty. There is a need for a community wide effort to embrace overall wellness.

» Money and transportation are biggest barriers for individuals in poverty.

» There is a need to concentrate on the working poor. There is a class of individuals who are working, but they are not making enough money to afford healthcare. They put their health on the back-burner because they need to make money.

» If children come from poverty, they do not have the money to go to college.

SPECIAL POPULATIONS

Why Do Special Populations Matter?

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

Healthy People 2020

COMMUNITY INPUT

Black Population

» There is a need for outreach services to Black men and women for preventive care and primary care.

» Black males are the most non-compliant regarding doctor visits. They have to be on their death bed before they seek medical care. It is a cultural thing - they do not what to admit a weakness.

Mental Health

» It is difficult to refer mental health patients to the appropriate resources and maintaining those resources with the patient.

» Access to medication for reduced cost is available, but you have to know about it.

» There is a lack of mental health resources in the community.

» The mental health system is broken. There are inmates that will not be bailed out because their family members do not know how to take care of them.

» The biggest problem is maintaining the employment of licensed mental health professionals. There is a lot of turnover in the mental health profession.

» Children are placed in foster care because their parents are too mentally unstable.

PRIORITIES

Community Input

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

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

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

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

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

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

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

Focus Group Meetings and Priorities

A community focus group meeting was conducted on March 31st, 2016

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

1. Access to Care - Prevention
   a. There is a need for education, and awareness (culture change) concerning prevention of chronic illnesses, health behaviors, and creating habits that promote the use of primary care and preventive medicine.
   b. There is a need for free or low cost care options for the working poor, uninsured, or underinsured.
   c. There is a need for better continuity of care and care coordination for all patients.

2. Access to Care – Education
   a. There is a need for more education to occur in a family's household, so that when children learn in school, it is also reinforced at home.
   b. There is a need for healthier lifestyle education to reduce chronic illnesses.

3. Lifestyle and Obesity
   a. There is a need for specific education on how to purchase and make healthy foods on a budget.
   b. There is a need for education on ways to incorporate physical activity into daily living.

4. Hypertension
   a. There is a need for more awareness and education concerning prevention and treatment of hypertension.

5. Diabetes
   a. There is a need for more awareness and education concerning prevention and treatment of diabetes.

6. Access to Care – Transportation
   a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents.

Hospital Input

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

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

Identified Priorities

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

- Access to Care – Prevention

- Access to Care – Education

- Lifestyle and Obesity

- Hypertension

- Diabetes

- Access to Care - Transportation

Approval

Crisp Regional Hospital's Board approved this community health needs assessment through a board vote on June 29, 2016.

COMMUNITY PARTICIPANTS

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

CRISP REGIONAL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Steve Gautney, CEO, Chairman
Jessica Carter, VP, CFO
Jon Green, Assistant Administrator
April Dukes, CNO
Randi Burson, Director of Quality
Guy T. Young, MD, Chief of Staff
Charolett Engram, Director of Professional Services
Connie Hunt, Executive Assistant to CEO

Additional Members:
Leigh Bailey, CRH Project Coordinator, Rural Hospital Stabilization project
Shelvia Koontz, Director of Medical Imaging
Casey Rushton, Director of Marketing and Recruitment

COMMUNITY REPRESENTATIVES – KEY STAKEHOLDER INTERVIEWS

David Edwards, Crisp County EMS
Teresa Aspinwall, Golden's Foundry
Dorothy Clark Cordele Housing Authority
Robert Cooke, Southwest Georgia United
Lelee Phinney, The Gateway Center
Haley Little, The Gateway Center
Latosha Harper, Nurse at Marvair
Rafael Valencia, Crisp Regional Hospital
Suleania, Bryant, Nurse at Tyson Foods, Inc.
Cyndi Mercer, Dooly County Health Department
Monica Pope, Middle Flint Behavioral Healthcare/Phoenix House
Billy Hancock, Crisp County Sheriff
Shelvia Koontz, Director, Medical Imaging, Crisp Regional Hospital
Heather Kelley, ICU Nurse, Crisp Regional Hospital
Clifton Bush, Albany Area Primary Health Care
Mandy Mercer, LCSW (licensed social worker)
Annie Leggett, Middle Flint Behavioral
Charles Owens, Georgia Southern University
Leslie Waters, Middle Flint Behavioral
Linda Rollins, Crisp County Department of Family and Children Services

RESOURCE LISTING

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

ASSISTED LIVING FACILITIES

Blackshear Retirement Villas 1110 Blackshear Road Cordele, Georgia 31015 229-273-2405	Cordelia Manor 1307 Blackshear Road Cordele, Georgia 31015 229-273-1173
Easter Seals Crisp Options for Living (for Women) Physical address: 508 E. 27th Avenue, Cordele, Georgia 31015 Home office: 1906 Palmyra Road, Albany, Georgia 31701 800-365-4583 229-271-9788	Easter Seals Options for Living (for Men) 1140 Oak Street Unadilla, Georgia 31091 478-627-9295
Easter Seals Options for Living (for Women) 310 Collier Street Vienna, Georgia 31092 229-268-6546	

ADULT DAYCARE

Easter Seals Cordele Day Solutions, Day-hab for Age 18+ with Disabilities 601 E. 13th Avenue Cordele, Georgia 31015 229-276-1540	Easter Seals Vienna Day Solutions, Day-rehab for Age 18+ with Disabilities Home Office: 1906 Palmyra Road Albany, Georgia 31701 800-365-4583
Innovative Senior Solutions 101 E. 4th Avenue Cordele, Georgia 31015 229-276-1655	

BIRTH CERTIFICATES

Cordele Health Department
111 E. 24th Avenue
Cordele, Georgia 31015
229-276-2680

BLOOD DONATIONS

American Red Cross
1.800.RED.CROSS
1.800.733.2767
www.redcross.org

Southeastern Blood Center
1214 N. Patterson Avenue, Suite N
Douglas, Georgia 31533

BREASTFEEDING RESOURCES

Breastfeeding Information
www.breastfeeding.com

La Leche League of GA Hotline
404.681.6342

CAR SEAT RESOURCES AND SAFETY

Georgia State Patrol
208 GA Hwy 300 South
Cordele, Georgia 31015
229-276-2330

CANCER SUPPORT SERVICES

American Cancer Society
323 Pine Avenue
Albany, Georgia
229-446-1073

CHILDREN & FAMILY SUPPORT SERVICES

Adolescent Health & Youth Development 101 Swann Drive Cordele, Georgia 31015 229-271-1054 ext. 23	ALL GA KIDS 877.255.4254
Child Appointed Special Advocate – CASA 210 S. 7th Street Cordele, Georgia 31015 229-513-3195	Crisp County Community Council, A Georgia Family Connection Collaborative 1129 N. 5th Street Extension Cordele, Georgia 31015 229-271-1054 Ext. 22
Crisp County Office of Child Support Services - OCSS Serving: Ben Hill, Crisp, Dooly & Wilcox Counties 305 15th Avenue East Cordele, Georgia 31015 877-423-4746	Division of Family & Children Services - DFCS Serving: Crisp County 107 W. 23rd Avenue Cordele, Georgia 31010 229-276-2349
The Gateway Center 401 E. 4th Avenue Cordele, Georgia 31015 229-273-0600	Southwest Georgia United 1150 Industrial Drive, Suite 137 Vienna, Georgia 31092 229-268-7592

CLOTHING RESOURCES

Crisp Area Habitat for Humanity 205 E. 15th Avenue Cordele, Georgia 31015 229-271-8000	Houston Baptist Association 2116 North Hwy 41 Cordele, Georgia 31015 229-273-4127

COUNSELING

Middle Flint Behavioral
1335 N. 5th Street Extension
Cordele, Georgia 31015
229-276-2367

CRISIS INTERVENTION

Department of Juvenile Justice
412 E. 16th Avenue, #D
Cordele, Georgia 31015
229-276-2740

Middle Flint Behavioral Disorders
1335 N. 5th Street
Cordele, Georgia 31015
229-276-2367

National Domestic Violence Hotline
800.799.7233

United Way of Southwest Georgia Help Line
Albany, Georgia 31708
229-883-6700

DENTAL (LOW-INCOME)

Dr. Darryl Chapman, Sr., DDS
706 E. 16th Avenue
Cordele, Georgia 31015
229-273-7800

Kids on Low Income Medicaid – PeachCare
Dr. Brad Ford, DMD
301 East 16th Avenue
Cordele, Georgia 31015
229-273-3828

DEVELOPMENTAL NEEDS

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

Parent to Parent of Georgia
800-229-2038

DME & RESPIRATORY PROVIDERS

Health Products Plus
404 E. 3rd Avenue
Cordele, Georgia 31015
229-273-6424

MRS Homecare
716 E. 16th Avenue
Cordele, Georgia 31015
229-273-4442

DIALYSIS PROVIDER(S)

Crisp Regional Dialysis
1302 N. 5th Street Extension
Cordele, Georgia 31015
229-273-2335

EMERGENCIES / URGENT CARE

Crisp Regional Convenient Care
910 North 5th Street
Cordele, Georgia 31015
229-276-2000

Crisp Regional Hospital
902 N. 7th Street
Cordele, Georgia 31015
229-276-3100

Crisp Urgent Care
602 16th Avenue, Suite B
Cordele, Georgia 31015
229-271-9330

FATHERHOOD

Healthy Families
1101 McClendon Court
Cordele, Georgia 31015
229-276-0555

Georgia Fatherhood Program
770-531-4011

National Center for Fathers 800-593-3237	

FINANCIAL ASSISTANCE

Division of Family & Children Services - DFCS Serving: Crisp County 107 W. 23rd Avenue Cordele, Georgia 31010 229-276-2349	Salvation Army www.salvationarmy-georgia.org

FOOD ASSISTANCE

Angel Food Ministries 877.366.3646 www.angelfoodministries.com	Cordele Women, Infant & Children - WIC Cordele Health Department 111 24th Avenue East Cordele, Georgia 31015 229-276-2680
Division of Family & Children Services – DFCS Serving: Crisp County 107 W. 23rd Avenue Cordele, Georgia 31010 229-276-2349 (P) 229-276-2713 (F)	Northern Heights Baptist Church 1102 East 8th Avenue Cordele, Georgia 31015 229-273-1544
United Way of Southwest Georgia Post Office Box 70429 Albany, Georgia 31708 229-883-6700 (P) 229-436-6378 (F)	

FURNITURE RESOURCES

Crisp Area Habitat for Humanity
205 E. 15th Avenue
Cordele, Georgia 31015
229-271-8000

Goodwill Industries
www.goodwillng.org

www.salvationarmy-georgia.org

GED CLASSES

Darton College
2705 E. 14th Avenue
Cordele, Georgia 31015
229-276-2589

Empowerment Pathways Youth Build
(For Ages 15 to 24)
704 N. 7th Street
Cordele, Georgia 31015
229-276-1480

South Georgia Technical College
402 N. Midway Road
Cordele, Georgia 31015
229-271-4040

HEALTH CARE INFORMATION

Healthy Mothers, Healthy Babies
A Statewide Source for Info/Referrals
2300 Henderson Mill Road, Suite 410
Atlanta, Georgia 30345
800-300-9003, 800-822-2539
http://www.hmhbga.org/en/

Together Rx Access
800-444-4106
www.trxaccess.com

HEALTH INSURANCE

Cordele Health Department
111 E. 24th Avenue
Cordele, Georgia 31015
229-276-2680

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

Medicare:
800-MEDICARE / 800-633-4227
Medicare Service Center:
877-486-2048
Report Medicare Fraud & Abuse:
800-HHS-TIPS / 800-447-8477
www.medicare.gov

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

HOSPICE PROVIDERS

Crisp Regional Hospice
202 4th Avenue East
Cordele, Georgia 31015
229-273-6282

HOME CARE

Amedisys Home Healthcare
32 341 Bypass
Hawkinsville, Georgia 31036
478-892-0444

Care South, An Affiliate of Crisp Regional Hospital
906 5th Street N., Suite F-6
Cordele, Georgia 31015
229-271-4695

Crisp Care Management
910 N. 5th Street
Cordele, Georgia 31015
229-276-2126

ResCare Home Health
701 3rd Street South
Cordele, Georgia 31015
229-273-6892

Visiting Nurses Association (VNA) of Cordele 511 E. 3rd Avenue Cordele, Georgia 31015 229-273-5545	

HOUSING / UTILITY ASSISTANCE

Cordele Housing Authority 401 S. 10th Street Cordele, Georgia 31015 229-273-3938	Easter Seals Southern Georgia House Home Office: 1906 Palmyra Road Albany, Georgia 31701 Cordele phone: 229-276-1540
Georgia Dept. of Community Affairs Georgia Dream Homeownership Program 800-359-4663	Georgia Housing Search www.georgiahousingsearch.org
West Central Vienna, Georgia 31092 229-268-9104	Vienna Housing Authority 700 Fitzpatrick Place Vienna, Georgia 31092 229-268-4458

JOB TRAINING

Department of Juvenile Justice 412 E. 16th Avenue, Suite D Cordele, Georgia 31015 229-276-2740	Empowerment Pathways Youth Build 704 N. 7th Street Cordele, Georgia 31015 229-276-1480

Georgia Department of Labor Career Centers www.dol.state.ga.us/js/	Georgia Department of Labor Cordele Career Center 1205 S. 7th Street Cordele, Georgia 31015 229-276-2355

LEGAL ISSUES

Georgia Legal Services 800-822-5391	

LITERACY

Family Literacy Hotline 404-539-9618	Ferst Foundation for Childhood Literacy 888-565-0177

MEDICAL FINANCIAL ASSISTANCE

Division of Family & Children Services - DFCS www.dfcs.dhs.georgia.gov	Medicaid Member Services: 866-211-0950 Provider Services: 800-766-4456 Eligibility: 404-730-1200 Customer Service: 404-657-5468 www.medicaid.gov
Medicare 800-MEDICARE / 800-633-4227 Medicare Service Center: 877-486-2048 Report Medicare Fraud & Abuse: 800-HHS-TIPS / 800-447-8477 www.medicare.gov	

MEDICAL CLINICS AND CARE

Arabi Clinic
4110 Bedgood Avenue
Arabi, Georgia 31712
229-273-0116

Cordele Health Department
111 E. 24th Avenue
Cordele, Georgia 31015
229-276-2680

Crisp Convenient Care
910 North 5th Street
Cordele, Georgia 31015
229-276-2000

Crisp Regional Clinic
216 Hospital Drive
Cordele, GA 31015
229-271-9330

Warwick Clinic
135 Dogwood Street
Warwick, Georgia 31796
229-535-4567

InfantSee
888-396-3937
www.infantsee.org

MENTAL HEALTH

Middle Flint Behavioral Disorders
415 N. Jackson Street
Americus, Georgia 31709
1335 N. 5th Street
Cordele, Georgia 31015
229-276-2367

Phoenix Health
Day Treatment for Mental Health Patients
1335 5th Avenue
Cordele, Georgia 31015
229-273-2091

NURSING HOME/SKILLED NURSING FACILITIES

Cordele Health & Rehab
1106 N. 4th Street
Cordele, Georgia 31015
229-273-1227

Crisp Regional Nursing & Rehab Center
902 Blackshear Road
Cordele, Georgia 31015
229-273-1481

Crossview Care Center Post Office Box 148 Pineview, Georgia 31071 229-624-2432	Pinehill Nursing Home 712 Patterson Street Byromville, Georgia 31007 478-433-5711

PARENTING RESOURCES

American Academy of Pediatrics www.healthychildren.org	Children's Healthcare of Atlanta - CHOA www.choa.org
Healthy Families 1101 McClendon Court Cordele, Georgia 31015 229-276-0555	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

PATERNITY

Crisp County Office of Child Support Services - OCSS Serving: Ben Hill, Crisp, Dooly & Wilcox 305 15th Avenue E. Cordele, Georgia 31015 877-423-4746	

PHYSICAL THERAPY / REHABILITATION SERVICES

Crisp Regional Rehabilitation 307 E. 3rd Avenue Cordele, Georgia 31015 229-271-4612	

POSTPARTUM DEPRESSION

Georgia Crisis Line 800-715-4225 www.bhlweb.com/tabform	Georgia Postpartum Support Network 866-944-4776
Meetup www.postpartum.meetup.com	National Women's Health Information Center 800-994-9662 www.4woman.gov/faq/depression-pregnancy.cfm
Postpartum Support International 800-944-4773 www.postpartum.net	

PUBLIC LIBRARIES

Cordele-Crisp Carnegie Library 115 E. 11th Avenue Cordele, Georgia 31015 229-276-1300	

RECREATION

Boys & Girls Club www.bgca.org	Crisp County Recreation Department 1205 N. 5th Street Cordele, Georgia 31015 229-276-2797

SAFETY

Georgia Poison Control
800-222-1222
www.gpc.dhr.georgia.gov

Safe Kids
1301 Pennsylvania Avenue, NW, Suite 1000
Washington, D.C. 20004
202-662-0600 (P)
202-393-2072 (F)
www.safekids.org

SMOKING CESSATION

Crisp Regional Hospital
902 N. 7th Street
Cordele, Georgia 31015
229-273-3310

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

TEEN PARENTING RESOURCES

Healthy Families
1101 McClendon Court
Cordele, Georgia 31015
229-276-0555

Young Mommies Help Site
www.youngmommies.com

99

Crisp Area Regional Transit
115 W 13th Ave
Cordele, GA 31015
229-276-0370

RMS Dooly County
306 Garrett Drive
Vienna, Georgia 31092
229-268-7433

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