

2013

Phoebe Worth Medical Center Community Health Needs Assessment

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EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Phoebe Worth Medical Center with a functioning tool that meets the Internal Revenue Service (IRS) guidelines published in Notice 2011-52 on July 7, 2011. 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 hospital networking and collaboration.

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

The assessment was performed by Draffin & Tucker, LLP. Draffin & Tucker is a consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 60 years' experience working with hospitals throughout the Southeastern United States.

About the Area

Worth County is located in the southwestern part of Georgia and has a population of 21,630. It is home to Phoebe Worth Medical Center, a 25 bed critical access hospital that is affiliated with Phoebe Putney Health System. The hospital is located in the county seat of Sylvester and is approximately 20 miles from Phoebe Putney Memorial Hospital (Phoebe Putney Health System's main campus). The surrounding areas of Sylvester are diverse as far as population of rural and urban areas. The cities of Poulan, Oakfield, Sumner, and Warwick are far less populous in comparison to Sylvester. The population distribution among rural and urban areas is 30.8 percent urban and 69.2 percent rural. Nearly 100 percent of Worth County's land area is rural while less than one percent is urban.¹

Worth County's population is predicted to increase to 22,258 residents by 2015.² The percentage of residents aged 55 and older increased from 2000 to 2010. This increase identified an immediate need for delivery of healthcare that serves individuals with chronic conditions. The Hispanic population also increased, although this segment remained a small portion of the population.

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 Worth County for 2006-2010, heart disease was the leading cause of death followed by cancer, chronic lower respiratory disease, stroke, and accidents.

CANCER

The most prevalent types of cancers can usually be detected the earliest, due to known risk factors. Cancer had a lower death rate in Worth County when compared to both the U.S. and Georgia. There is a need for cancer prevention programming in Worth County due to the various modifiable risk factors. Lung cancer, for instance, had higher incidence rates in Worth County compared to 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 individuals age 65 and older. Heart disease was the number one leading cause of death in Worth County. The death rate in Worth was significantly higher than in Georgia. Stroke was the fourth leading cause of death in Worth County. The stroke rate for Worth was higher than both Georgia and the U.S. Stroke has similar modifiable risk factors to heart disease, and the two can be grouped together when developing community benefit implementation strategies.

MATERNAL, INFANT, AND CHILD HEALTH

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

ALCOHOL, TOBACCO, AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. The use of cigarettes and alcohol decreased from 2007 to 2011 in young adults in Georgia. Marijuana and methamphetamine use increased in Georgia. Community members attributed substance abuse to lack of family support and poverty.

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. In 2010, Worth County's rates for chlamydia were lower than the Georgia and U.S. rates. Gonorrhea rates were lower than the State rates but higher than the U.S. rates. Worth County chlamydia rates among Blacks were 18 times the rate of Whites.³ Gonorrhea rates among Blacks were over 25 times higher than the rate of Whites.⁴ In Worth County, human immunodeficiency virus (HIV) hospital discharge rates were higher among Blacks compared to Whites.⁵ Community members cited teenage behaviors as a key indicator for increased prevalence of STDs.

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. In 2006-2010, Worth County's population consisted of 17.4 percent living in poverty. This was a higher percentage than the State and National average.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In 2012, 22 percent of adults were uninsured in Worth County. In 2010, 12 percent of children were uninsured in Georgia. Education also affects an individual's ability to access care. In 2006-2010, only 66 percent of Worth County residents were high school graduates. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.⁶

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

Community Prioritization of Needs

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

1. Adolescent Lifestyle-Including Alcohol, Tobacco, and Drugs
2. Obesity and Diabetes
3. Access to Care-Providers and Prevention
4. Mental Health
5. Heart Disease and Stroke
6. Senior Health
7. Access to Care-Transportation
8. Teen Birth Rate

These priorities will be further discussed in the Hospital's Implementation Strategy.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

IRS Notice 2011-52 provides detailed guidance for conducting the CHNA process. As outlined below, the hospital relied upon this guidance in conducting the assessment.

1. Forming the Hospital's Steering Committee

The Chief Administrative Officer (CAO) of Phoebe Worth Medical Center developed the CHNA Hospital Steering Committee (CHSC). The CAO appointed the following individuals as participants on this committee.

Kim Gilman	Chief Administrative Officer
Candace Guarnieri	Chief Financial Officer
Dr. Natu Patel, M.D.	Chief of Staff
Mandy Gordon	Service Excellence Coordinator
Janet Hudson	Manager, Nursing Services
Josie Stewart	Case Manager/Utilization Review
Stacey Flynt	Director of Business Affairs
Mary King Givens	Retired Librarian/Board Member
Karen Singletary	Executive Assistant to CAO/Medical Staff Coordinator

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

3. Identifying and Engaging Community Leaders and Participants

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

4. Identifying and Engaging Community Stakeholders

Community stakeholders, also called key informants, are people invested or interested in the work of the hospital, people who have special knowledge of health issues, people important to the success of any hospital or health project, or are formal or informal community leaders. The hospital identified over 40 community members to participate in the CHNA process.

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 Worth County. The Profile addressed:

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

Secondary 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

Two-hour Community Health Input Meetings (community meetings) and one-hour Community Stakeholder Interviews (stakeholder interviews) were essential parts of the CHNA process. Two community meetings and five stakeholder interviews were conducted in order to obtain the community's input into the health needs of Worth County.

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

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

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

7. Hospital Prioritization of Needs

Information gathered from community meetings, stakeholder interviews, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data was used to determine the priority health needs of the population. Draffin & Tucker, LLP provided the CHSC with a written report of the observations, comments, and priorities resulting from the community meetings and stakeholder interviews. The CHSC reviewed this information, focusing on the identified needs, priorities, and considered current

community resources available. The CHSC debated the merits and values of these priorities and the resources available to meet these needs. From this information and discussion, the hospital developed the priority needs of the community, each of which will be addressed separately in the Hospital's Implementation Strategy document.

Description of Major Data Sources

Bureau of Labor and Statistics

The Bureau of Labor and Statistics manages a program called *Local Area Unemployment Statistics (LAUS)*. LAUS produces monthly and annual employment, unemployment, and labor force data for census regions, divisions, states, 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, fetal deaths). For more information, go to www.cdc.gov/nchs/nvss.htm.

National Health and Nutrition Examination Survey (NHANES): assesses the health and nutritional status of adults and children in the U.S. For more information, go to www.cdc.gov/nchs/nhanes.htm.

Sexually Transmitted Disease Surveillance: collects and disseminates data derived from official statistics for the reported occurrence of nationally notifiable sexually transmitted diseases (STDs) in the United States, test positivity and prevalence data from numerous prevalence monitoring initiatives, sentinel surveillance of gonococcal antimicrobial resistance, and national services surveys. For more information, go to www.cdc.gov/std/stats10/app-interpret.htm.

County Health Rankings

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

Georgia Department of Public Health

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

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Information Gaps and Process Challenges

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

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

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

ABOUT WORTH COUNTY

Worth County is located in the southwestern part of Georgia.⁷ The city of Albany is in close proximity to the County. Worth County has a total land area of 570 square miles.⁸ According to the 2010 U.S. Census, there were 21,630 residents in the County.⁹ There is one hospital in Worth County (Phoebe Worth Medical Center) with many ancillary facilities that serve the community. The main hospital is located in the city of Sylvester.



Image Source: MapViewer

City/Town/Village	2010 Population
Sylvester	6,188
Poulan	851
Oakfield	469
Sumner	427
Warwick	423

Data Source: U.S. Census

Worth County includes the cities and towns of Sylvester, Poulan, Oakfield, Sumner, and Warwick. The population distribution is 30.8 percent urban and 69.2 percent rural. Nearly 100 percent of Worth County's land area is rural while less than one percent is urban.¹⁰

Worth County obtained its territory from Dooly and Irwin counties in 1853. The Flint River forms a part of the county's western border, and a dam on the river at the north county line creates Lake Blackshear.¹¹

Worth County is known as the "Peanut Capital of the World." The city of Sylvester hosts the Georgia Peanut Festival each October. Worth County is home to Peter Pan Peanut Butter.¹²

Sylvester was known as Isabella Station in 1893 due to the influence of the railroad. The railroad was central to the economic growth of Sylvester and Worth County.¹³

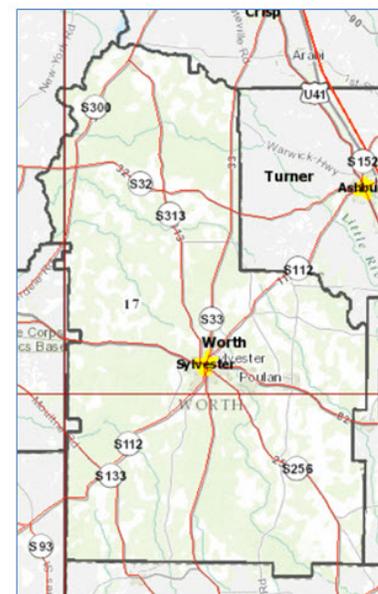
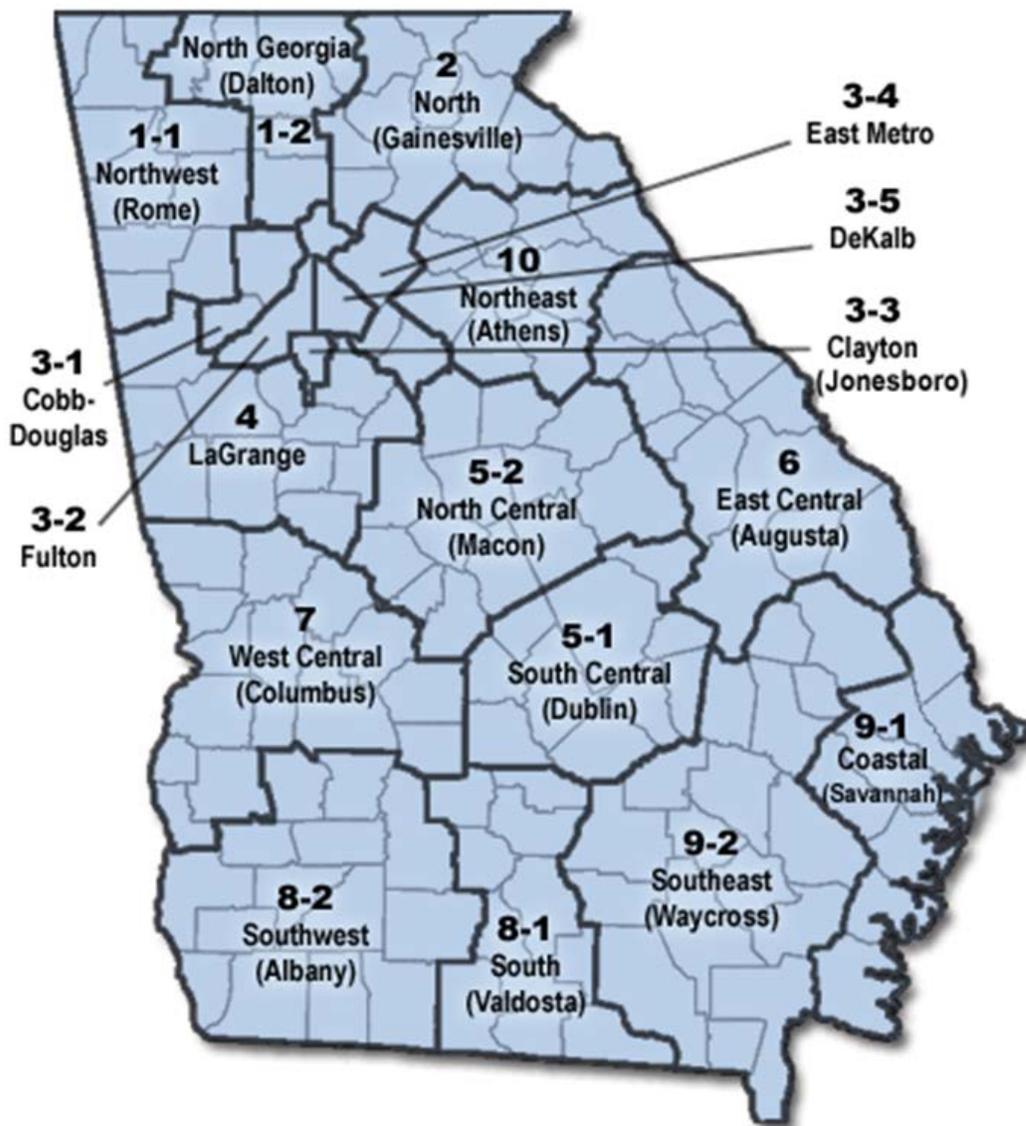


Image Source: ArcGIS, Live Healthy Georgia

Georgia Public Health Districts

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



Source: Georgia Department of Community Health

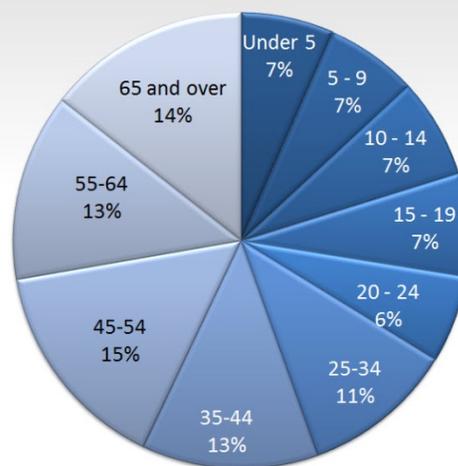
Demographics

Population Profile

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

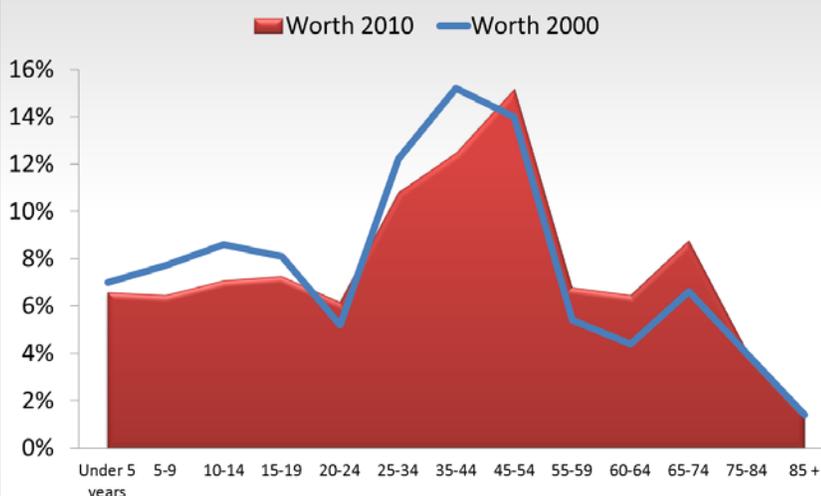
According to the 2010 Census, 14 percent of Worth County's population was age 65 and over. In Georgia, the average percentage of the population age 65 or older was 10.7 percent compared to 13.1 percent for the U.S. Population projections indicate that the County population will increase by 2.9 percent from 2010 to 2015.¹⁴

**Population Percentages by Age Groups, 2010
Worth County**



Data Source: U.S. Census

**Population Percentages by Age Groups
Worth County**

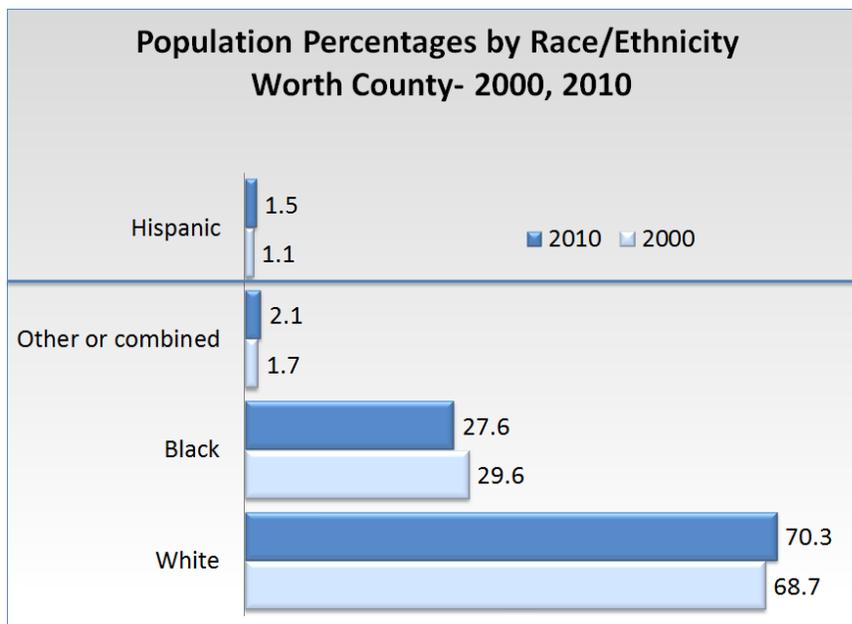


In 2000, 21.8 percent of the total population was over the age of 54. In 2010, this percentage had risen to 27.7 percent of the population. Growth in the number of residents aged 55 and older will have significant impacts on the delivery system within the County.

Race, Ethnicity, and Origin Profile

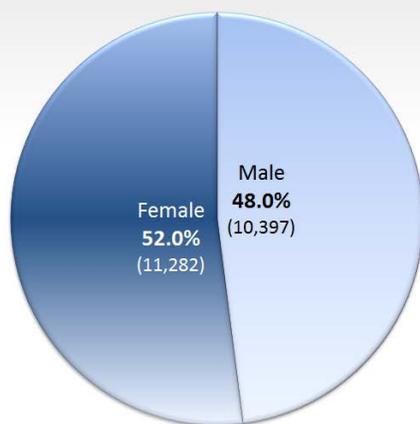
There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.¹⁵ Although low income disparities are evident 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.¹⁶ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.¹⁷

According to 2010 U.S. Census records, Worth County's population was 70.3 percent White, 27.6 percent Black, and 1.5 percent Hispanic. The Hispanic population, although small, increased by 36 percent from 2000 to 2010.



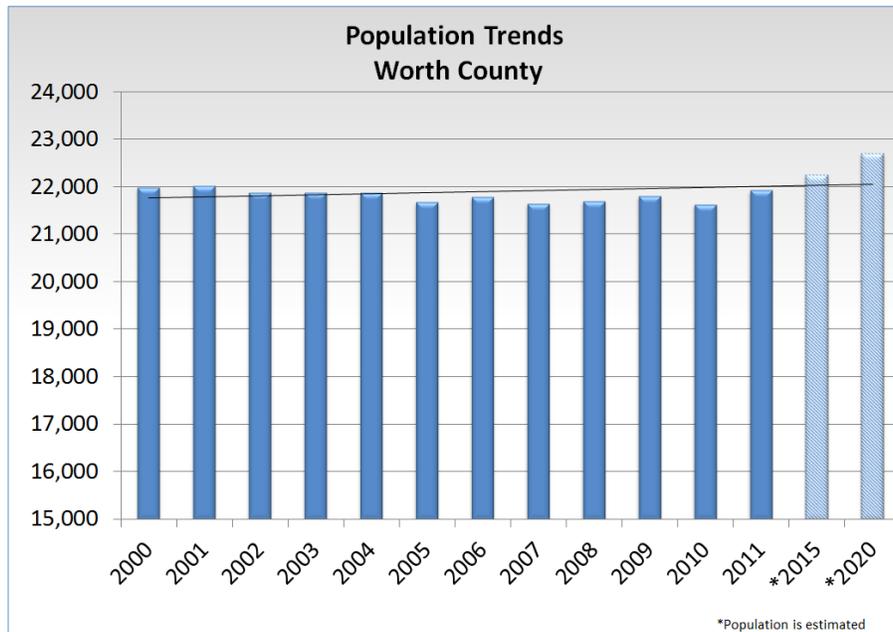
Data Source: U.S. Census

Population Percentages by Sex, 2010 Worth County



Data Source: U.S. Census

The percentage of females in Worth County was slightly higher at 52 percent compared to males at 48 percent.



Data Source: U.S. Census, Governor's Office of Planning and Budget

In 2010, Worth County's resident population was 21,630, which was a slight decrease from 2000. From 2010 to 2015, the population is predicted to increase by 2.9 percent. The population is predicted to increase to 22,258 in 2015 and 22,700 in 2020.

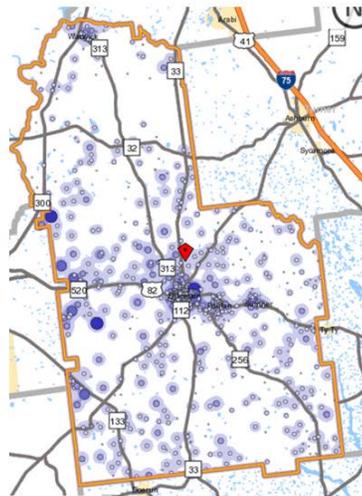
Local Employment Indicators

When studying population health it is important to look at all aspects of a community. Local employment indicators show job locations, job inflow and outflow, demographics of employees, and jobs by industry type.¹⁸ These are all indirect indicators of a population's health, due to the correlation of employment and health insurance. These indicators impact the well-being of individuals and their families. Income and health insurance are also important factors in increasing access to healthcare.

Work Area Density Analysis of Worth County, 2011

Total Primary Jobs: 6,470

- 5 - 74 Jobs/Sq.Mile
- 75 - 281 Jobs/Sq.Mile
- 282 - 627 Jobs/Sq.Mile
- 628 - 1,110 Jobs/Sq.Mile
- 1,111 - 1,733 Jobs/Sq.Mile
- 1 - 2 Jobs
- 3 - 17 Jobs
- 18 - 82 Jobs
- 83 - 257 Jobs
- 258 - 628 Jobs



Most of the primary jobs (6,470) located within Worth County were centered within the most populous city in the County—Sylvester.

Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

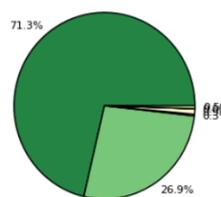
Job counts by worker race were about 71 percent White and 27 percent Black. The race population distribution of Worth County was very similar to the worker race distribution.

Job counts by educational attainment were highest among individuals with a high school degree or equivalent and no college (26.9 percent) and individuals with some college or Associate degree (25.1 percent).

Work Area Profile Analysis of Worth County, 2011

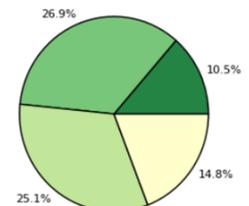
Job Counts by Worker Race		2011	
	Count	Share	
Total Primary Jobs	6,470	100.0%	
White Alone	4,616	71.3%	
Black or African American Alone	1,741	26.9%	
American Indian or Alaska Native Alone	19	0.3%	
Asian Alone	60	0.9%	
Native Hawaiian or Other Pacific Islander Alone	2	0.0%	
Two or More Race Groups	32	0.5%	

Job Counts by Worker Race in 2011



Job Counts by Worker Educational Attainment		2011	
	Count	Share	
Total Primary Jobs	6,470	100.0%	
Less than high school	680	10.5%	
High school or equivalent, no college	1,739	26.9%	
Some college or Associate degree	1,621	25.1%	
Bachelor's degree or advanced degree	958	14.8%	
Educational attainment not available (workers aged 29 or younger)	1,472	22.8%	

Job Counts by Worker Educational Attainment in 2011

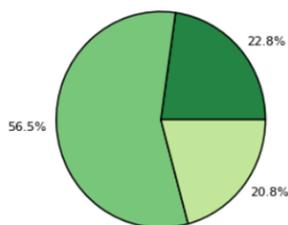


Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

Work Area Profile Analysis of Worth County, 2011

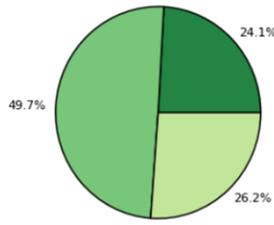
Job Counts by Worker Age		
	2011	
	Count	Share
Total Primary Jobs	6,470	100.0%
Age 29 or younger	1,472	22.8%
Age 30 to 54	3,653	56.5%
Age 55 or older	1,345	20.8%

Job Counts by Worker Age in 2011



Job Counts by Earnings		
	2011	
	Count	Share
Total Primary Jobs	6,470	100.0%
\$1,250 per month or less	1,560	24.1%
\$1,251 to \$3,333 per month	3,217	49.7%
More than \$3,333 per month	1,693	26.2%

Job Counts by Earnings in 2011



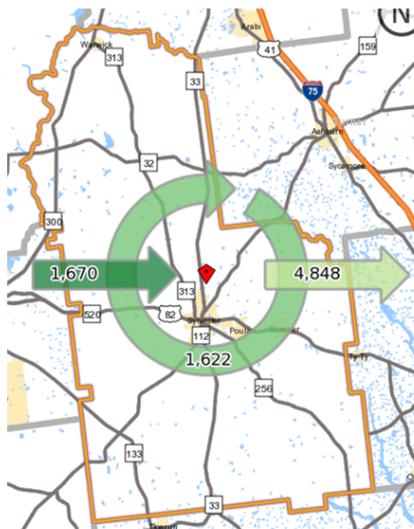
Job counts by age indicated that a majority of the workforce (56.5 percent) was 30 to 54 years of age. The greatest proportion of the workforce (49.7 percent) was paid between \$1,251 and \$3,333 per month. More than 26 percent of the work force earned more than \$3,333 per month.

Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

Of the individuals employed in Worth County (3,292), 49.3 percent lived in the County, while 50.7 percent lived outside Worth County.

Of the individuals living and employed in Worth County (6,470), 74.9 percent were employed outside the County, while 25.1 percent were employed in Worth County.

Inflow/Outflow Analysis of Worth County Employees and Residents, 2011



Inflow/Outflow Job Counts (Primary Jobs)		
	2011	
	Count	Share
Employed in the Selection Area	3,292	100.0%
Employed in the Selection Area but Living Outside	1,670	50.7%
Employed and Living in the Selection Area	1,622	49.3%
Living in the Selection Area	6,470	100.0%
Living in the Selection Area but Employed Outside	4,848	74.9%
Living and Employed in the Selection Area	1,622	25.1%

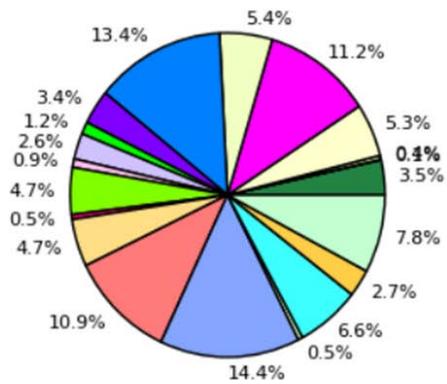
Note: Overlay arrows do not indicate directionality of worker flow between home and employment locations.

- Employed and Live in Selection Area
- Employed in Selection Area, Live Outside
- Live in Selection Area, Employed Outside

Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

Work Area Profile Analysis of Worth County, 2011

Job Counts by NAICS Industry Sector in 2011



Job Counts by NAICS Industry Sector

NAICS Industry Sector	2011	
	Count	Share
Total Primary Jobs	6,470	100.0%
Agriculture, Forestry, Fishing and Hunting	225	3.5%
Mining, Quarrying, and Oil and Gas Extraction	4	0.1%
Utilities	26	0.4%
Construction	342	5.3%
Manufacturing	724	11.2%
Wholesale Trade	349	5.4%
Retail Trade	864	13.4%
Transportation and Warehousing	223	3.4%
Information	79	1.2%
Finance and Insurance	167	2.6%
Real Estate and Rental and Leasing	55	0.9%
Professional, Scientific, and Technical Services	302	4.7%
Management of Companies and Enterprises	32	0.5%
Administration & Support, Waste Management and Remediation	307	4.7%
Educational Services	704	10.9%
Health Care and Social Assistance	931	14.4%
Arts, Entertainment, and Recreation	31	0.5%
Accommodation and Food Services	425	6.6%
Other Services (excluding Public Administration)	177	2.7%
Public Administration	503	7.8%

Health Care and Social Assistance was the major industry sector by job count in Worth County at 14.4 percent of the jobs. This was followed by Retail (13.4 percent) and Manufacturing (11.2 percent).

Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

COMMUNITY INPUT

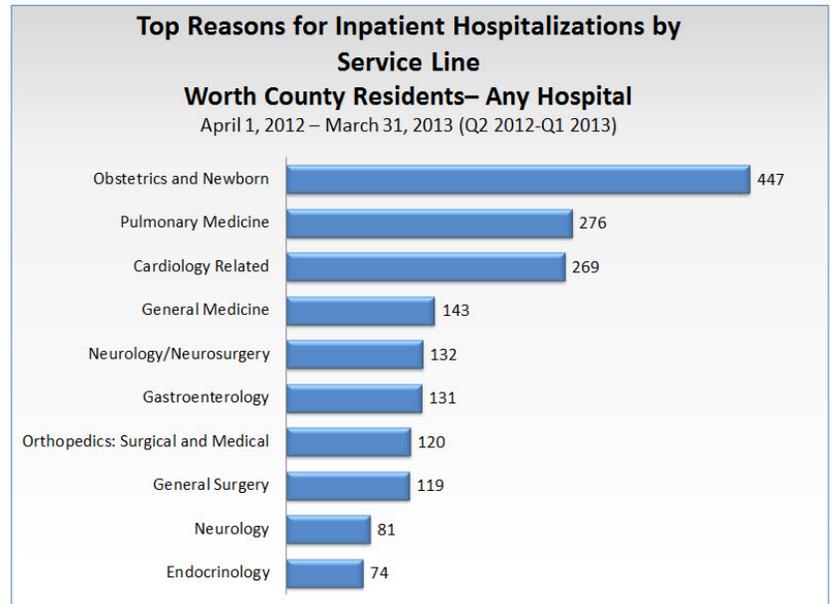
About Worth County

- » Worth County is a bedroom community. A majority of the residents work outside the County.
- » Worth County has undergone a transformation of a majority of school age population going to private schools.
- » Historically, Worth County has been very isolated. It has always seemed like a closed community.
- » The minority population (Black) resides in the center of Sylvester.
- » There are a lot of family communities throughout the County.
- » There is no ministerial association in the community.
- » People who are from Worth County are viewed as individuals with the most power and credibility.
- » The key to successful program development is building the relationships before assigning all the tasks.
- » Approximately 50 percent of the County's residential homes are manufactured.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

The leading cause of hospitalizations among Worth County residents was related to obstetrics and newborn service lines. Other top causes were related to pulmonary, cardiology, general medicine, gastroenterology, and neurology/neurosurgery. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked number two among the leading causes of death for Worth County residents.



Data Source: Georgia Hospital Association, HERMES Database

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)

Three of the top reasons for hospitalizations (endocrine, cardiovascular, and respiratory) are considered “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 fifteen reasons for Worth County residents visiting an emergency department from April 1, 2012 through March 31, 2013 were other respiratory infections, other injuries and conditions due to external causes, abdominal pain, superficial injury, contusion, spondylosis, intervertebral disc disorders, other back problems, sprains and strains, urinary tract infections, non-specific chest pain, skin and subcutaneous tissue infections, headache, including migraine, open wounds of extremities, viral infection, other connective tissue disease, nausea and vomiting, and other non-traumatic joint disorders.

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 Worth County Residents (Any Hospital)	
April 1, 2012 - March 31, 2013 (Q2 2012 - Q1 2013)	
1	Other upper respiratory infections
2	Other injuries and conditions due to external causes
3	Abdominal pain
4	Superficial injury, contusion
5	Spondylosis, intervertebral disc disorders, other back problems
6	Sprains and strains
7	Urinary tract infections
8	Non-specific chest pain
9	Skin and subcutaneous tissue infections
10	Headache, including migraine
11	Open wounds of extremities
12	Viral infection
13	Other connective tissue disease
14	Nausea and vomiting
15	Other non-traumatic joint disorder

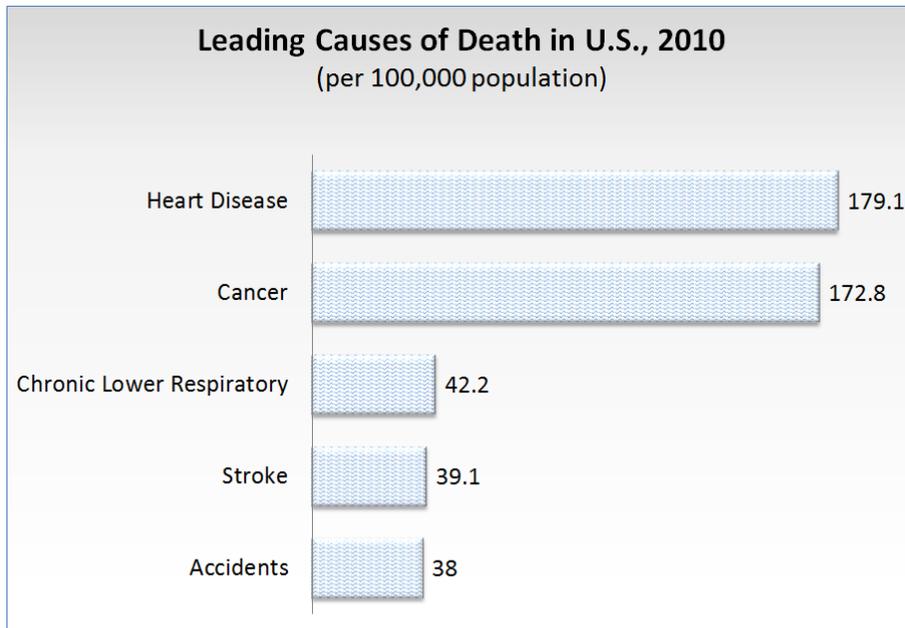
Data Source: Georgia Hospital Association, HERMES Database

COMMUNITY INPUT

Hospitalizations and Emergency Room Visits

- » The uninsured or underinsured utilize the ER or the Health Department for services.

Leading Causes of Death

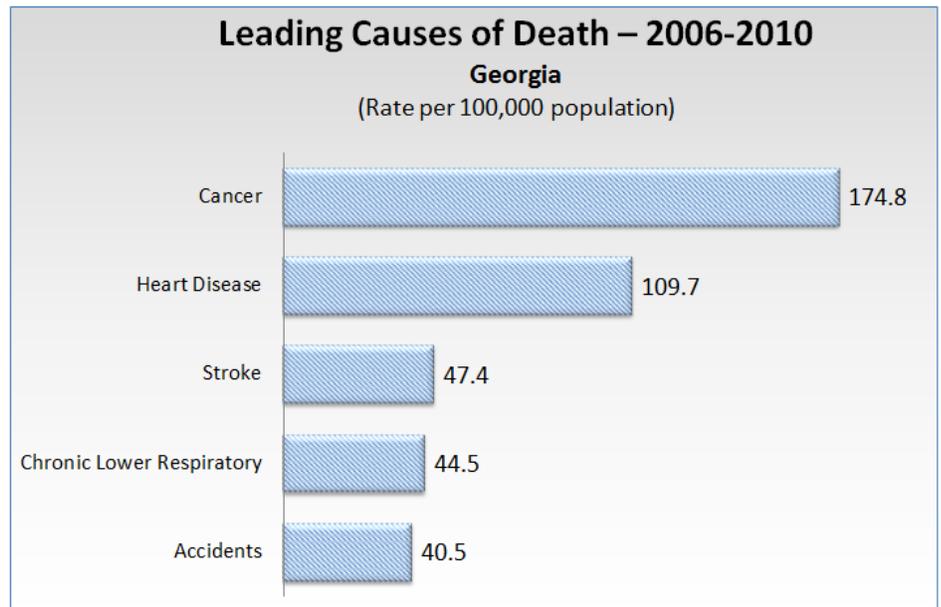


The leading causes of death in the U.S. in 2010 were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents. Heart disease and cancer rates were four times higher than other diseases.

Data Source: National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B

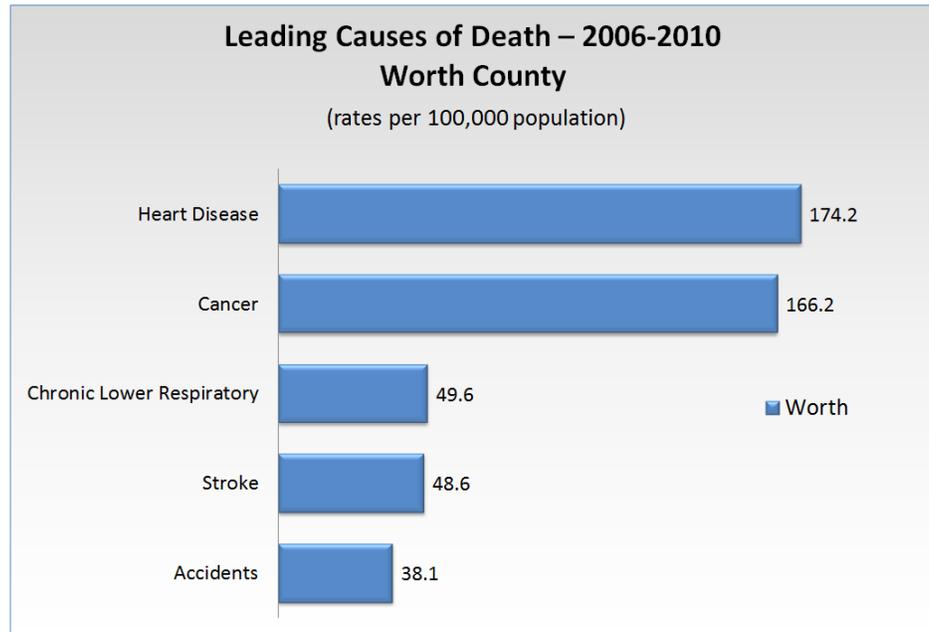
The leading causes of death in Georgia from 2006-2010 were cancer, heart disease, stroke, chronic lower respiratory disease, and accidents.

Note: When comparing heart disease rates, please note that the Georgia heart disease rate includes fewer categories than the National rates. This difference may result in the Georgia rates appearing lower than the U.S. rates.

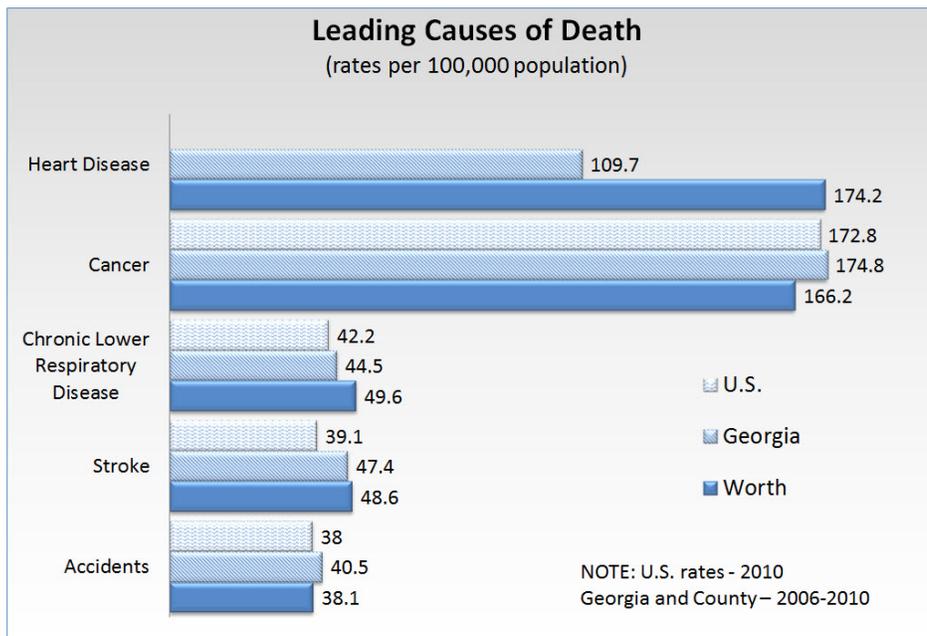


Data Source: OASIS, Georgia Department of Public Health

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



Data Source: OASIS, Georgia Department of Public Health

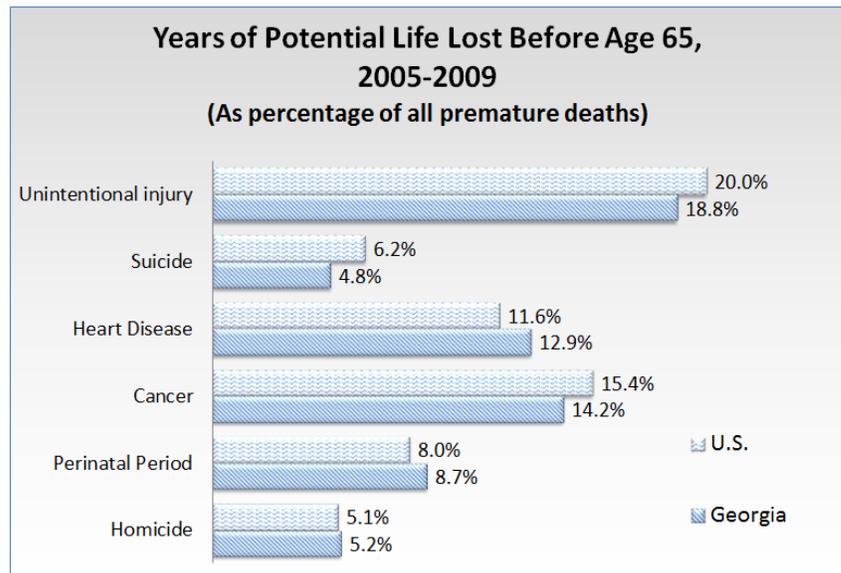


Data Source: OASIS, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B.

The Worth County leading causes of death were higher in all categories compared to the Georgia and U.S. rates, except for cancer and accidents. The heart disease death rate in Worth County was significantly higher than the State. (Please refer to note on page 23 regarding heart disease rates).

Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2005-2009, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Suicide, heart disease, and cancer 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.¹⁹ YPLL statistics at the County level were unavailable for this report.



Data Source: Centers for Disease Control, WISQARS YPLL Report, Age Adjusted

Years Potential Life Lost – Georgia Residents Gender and Race/Ethnicity – 2005 - 2009

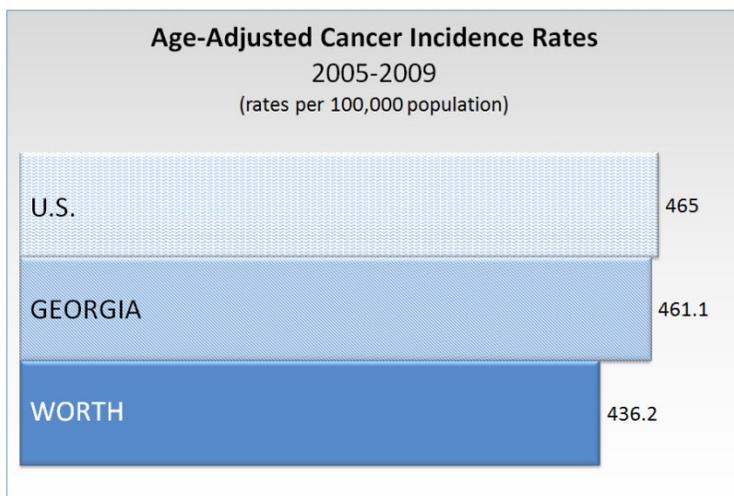
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 27.0%	Unintentional injuries 20.1%	Heart disease 15.3%	Cancer 16.1%	Unintentional injuries 33.0%	Unintentional injuries 18.9%
Heart disease 14%	Cancer 19.7%	Unintentional injuries 13.1%	Heart disease 13.3%	Heart Disease 12.7%	Cancer 16.6%
Cancer 12.4%	Heart disease 10.1%	Cancer 10.7%	Unintentional injuries 12.4%	Perinatal period 8.5%	Perinatal period 9.7%

Data Source: Centers for Disease Control, WISQARS YPLL Report

Cancer

HEALTHY PEOPLE 2020 REFERENCE - C

Cancer is the second leading cause of death in the United States after heart disease. From 1999 to 2009, cancer prevalence rates increased among women 45 years of age and above and among men 75 years of age and above.²⁰ The five most common cancers among Georgia males are prostate, lung, colon and rectum, bladder, and melanoma. The five most common cancers among Georgia females are breast, lung, colon and rectum, uterus, and ovary.²¹



Data Source: National Cancer Institute, State Cancer Profiles

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

Why Is Cancer Important?

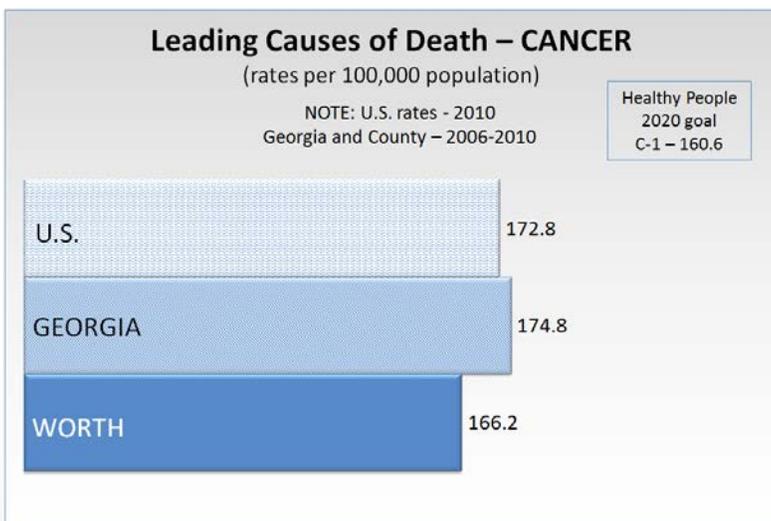
Many cancers are preventable by reducing risk factors such as:

- » 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:

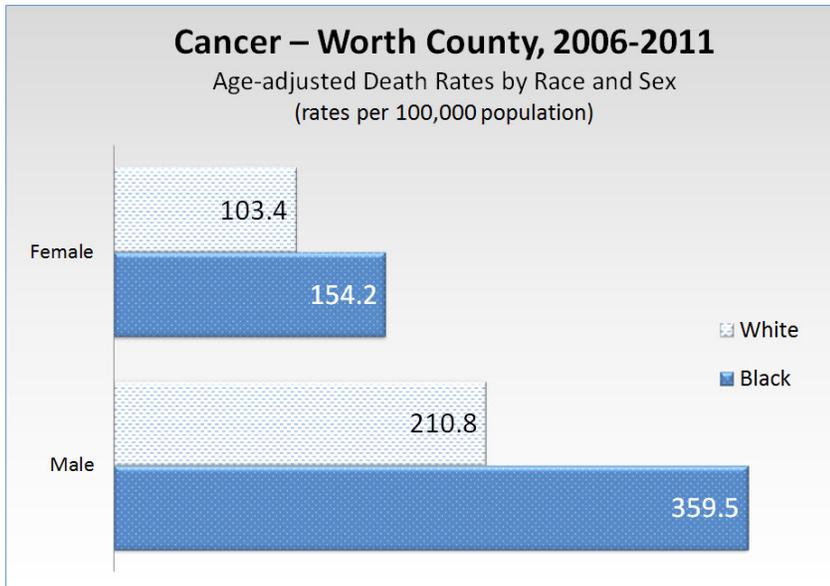
- » Breast cancer (using mammography)
- » Cervical cancer (using Pap tests)
- » Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Healthy People 2020



Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B.

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



Data Source: OASIS, Georgia Department of Public Health

Age-adjusted cancer death rates in Worth were higher among Black males than White males. This was also evident among the female population.

According to the Georgia Department of Human Resources, Division of Public Health, the burden of cancer can be significantly reduced by appropriate use of mammography, colorectal screening, and early detection examinations. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.²²

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

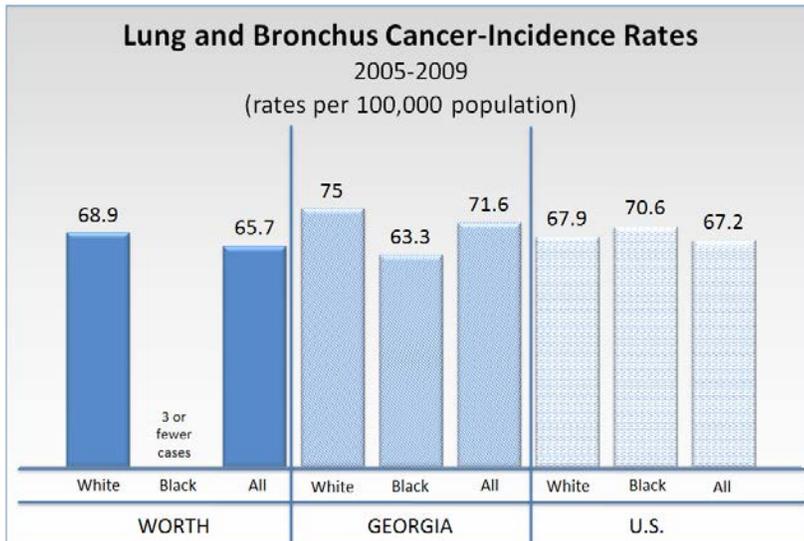
- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

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 15 percent of cancer diagnoses in the U.S. Lung cancer accounts for more deaths than any other cancer in men and women. More women die from lung cancer than breast cancer.²³



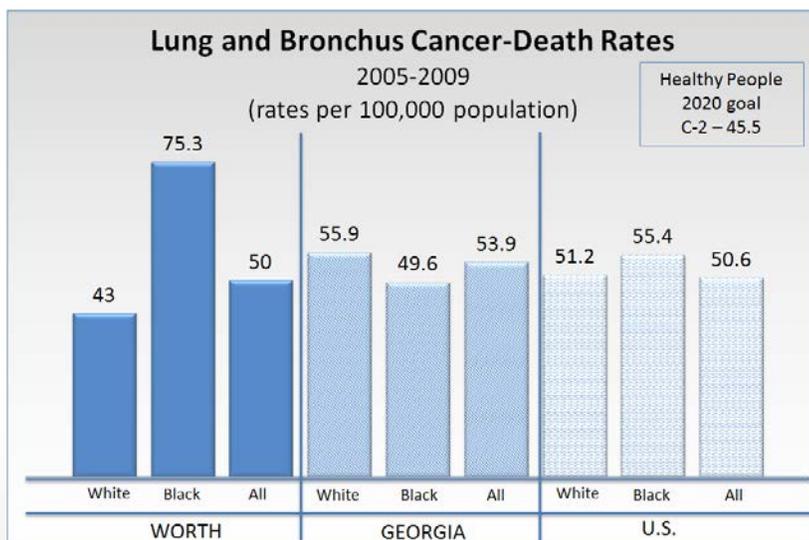
Data Source: National Cancer Institute, State Cancer Profiles

Lung cancer incidence rates were lower in Worth County than in Georgia and in the U.S. Whites had higher incidence rate than Blacks in Worth County and in Georgia.

According to data published from the National Cancer Institute, lung cancer incidence rates for males in Worth County were more than 60 percent higher than the female rates.²⁴ Lung cancer is the first leading cause of cancer death among both males and females in Georgia.²⁵

Lung Cancer Incidence Rates 2005-2009 (rates per 100,000 population)		
	Male	Female
WORTH	84.8	52.4

Data Source: National Cancer Institute

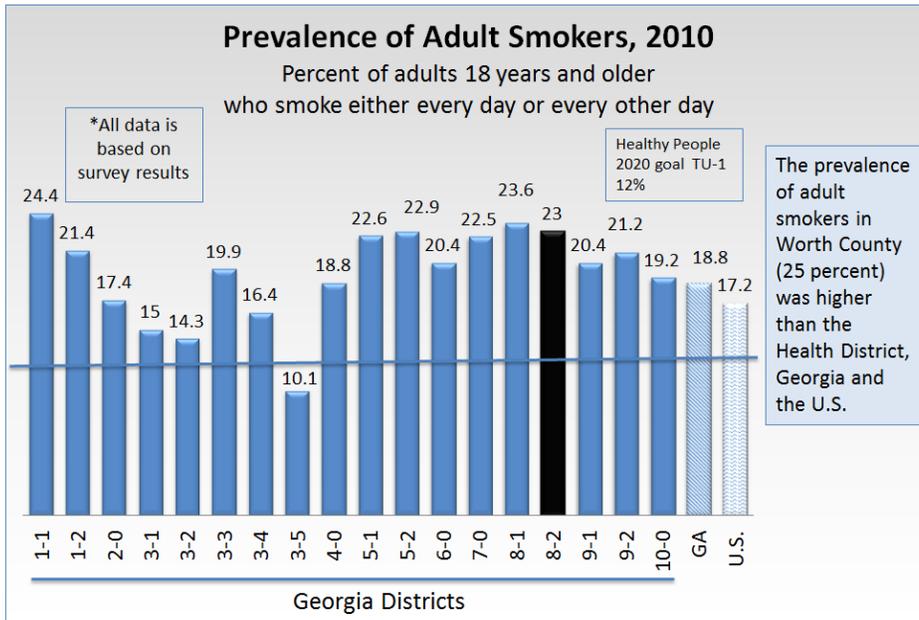


Data Source: National Cancer Institute, State Cancer Profiles

The overall lung cancer death rate in Worth was lower than the Georgia and U.S. rate. In Worth County, Blacks had a higher death rate compared to Whites.

RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The longer and more often one smokes, the greater the risk.²⁶

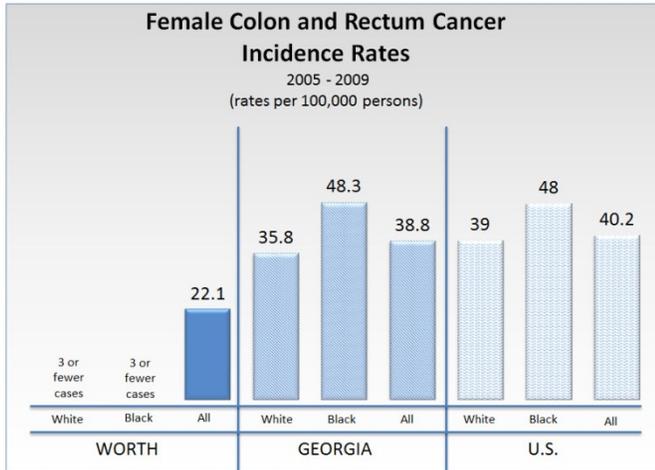


Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

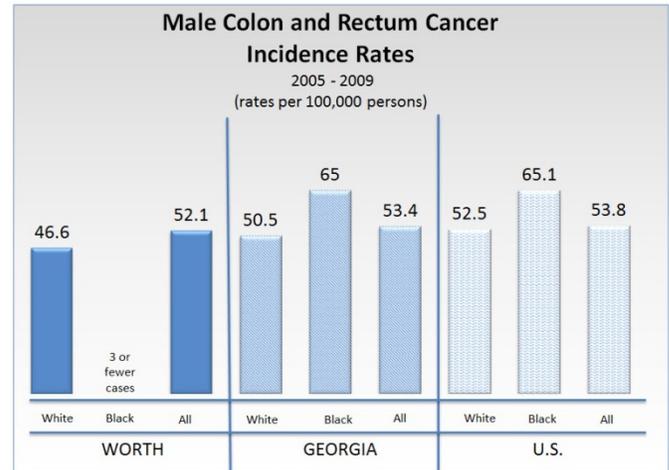
The smoking prevalence in Health District 8-2 (23 percent) was higher than both Georgia (18.8 percent) and the U.S. (17.2 percent). Worth County was also higher at 25 percent.

Colon and Rectum Cancer

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of all cancer deaths in 2010 were from colorectal cancer. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.²⁷ Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups.²⁸



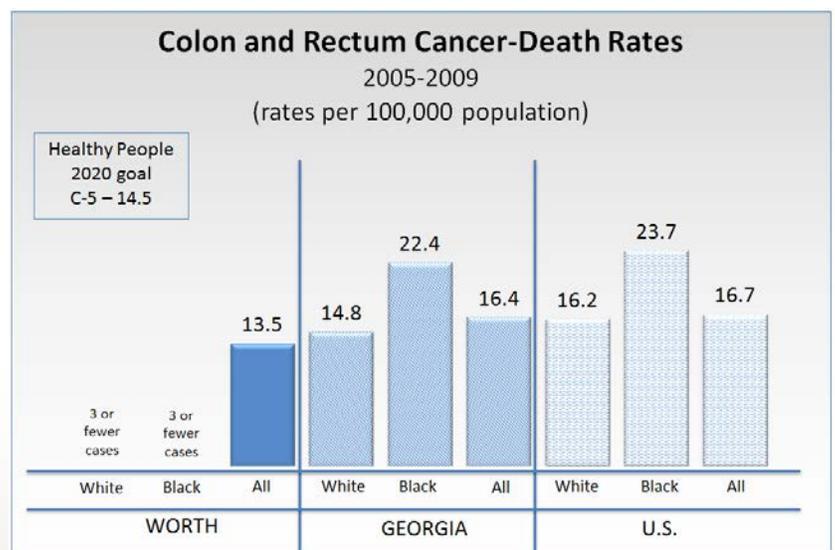
Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

Male and female colon and rectum cancer incidence rates were lower in Worth County than the State and U.S. Black males had the highest incidence rate in Georgia and the U.S. out of all population groups. Worth County female colon and rectum cancer incidence rates were significantly lower than the State and U.S.

Combined death rates in Worth County from colon and rectum cancer were lower than the State and U.S. rates.



Data Source: National Cancer Institute, State Cancer Profiles

RISK FACTORS

Colon and rectum cancer risks increase with age. According to the American Cancer Society, 91 percent of cases are diagnosed in individuals age 50 and older. Modifiable risk factors include:

- » Obesity
- » Physical inactivity
- » Diet high in red or processed meat
- » Heavy alcohol consumption, and
- » Long-term smoking²⁹

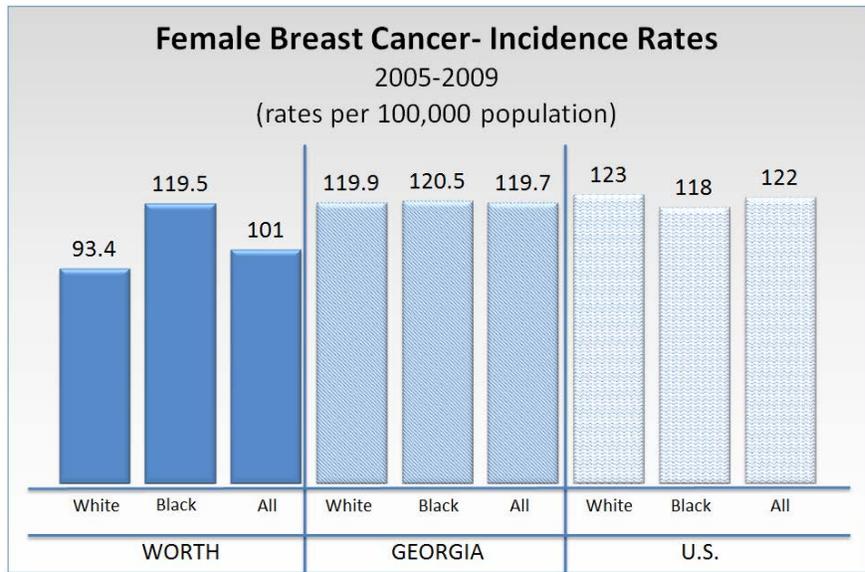
EARLY DETECTION

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.³⁰ The U.S. Preventive Services Task force recommends that adults 50-75 years of age undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.³¹

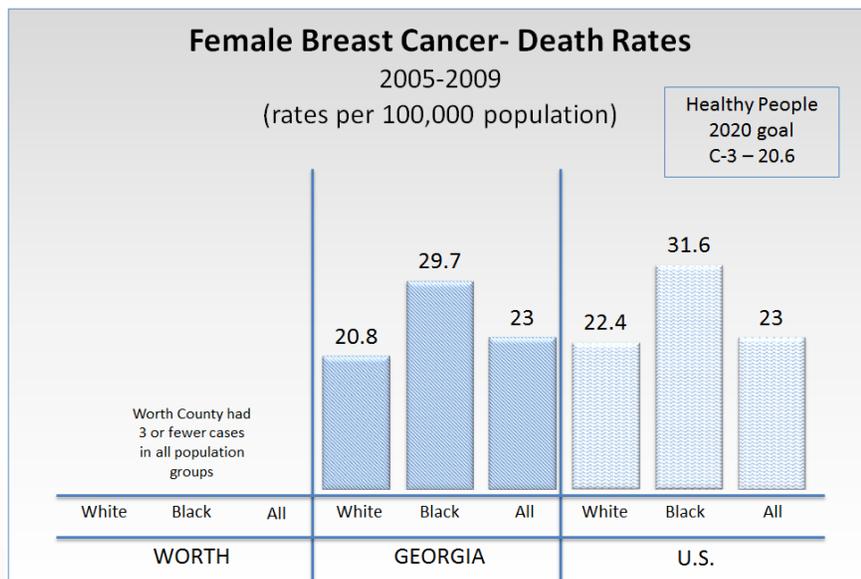
Breast Cancer

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. Female breast cancer death rates have decreased since 1990. This decrease is due to earlier detection and improved treatment.³²

The breast cancer incidence rate in Worth County was lower than that of Georgia and the U.S. In Worth County, Black females had a higher breast cancer incidence rate than White females.



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

The female breast cancer death rate in Worth County had too few cases to report a rate.

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

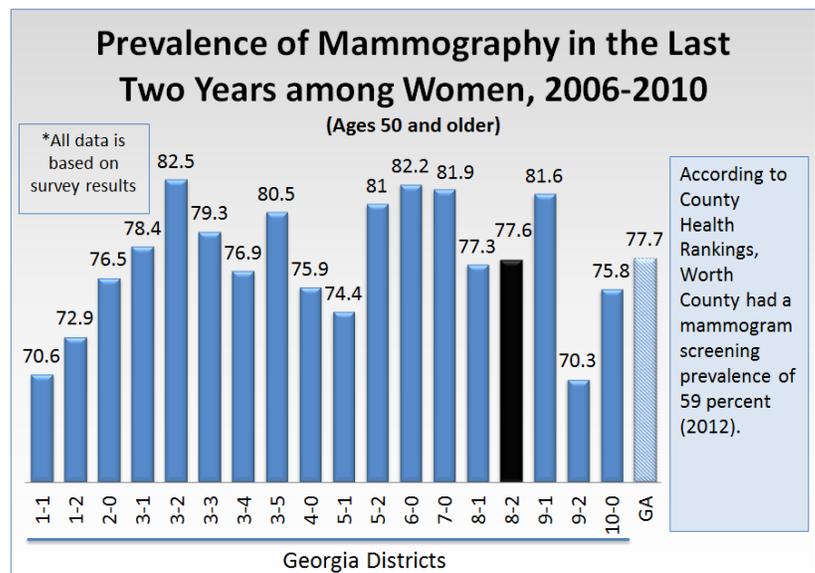
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight³³

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 about 80-90 percent of breast cancers in women without symptoms.³⁴

The percentage of women receiving a breast cancer screening (mammography) was slightly lower in Health District 8-2 than the State average. Worth County (59 percent) was significantly lower than the State average.



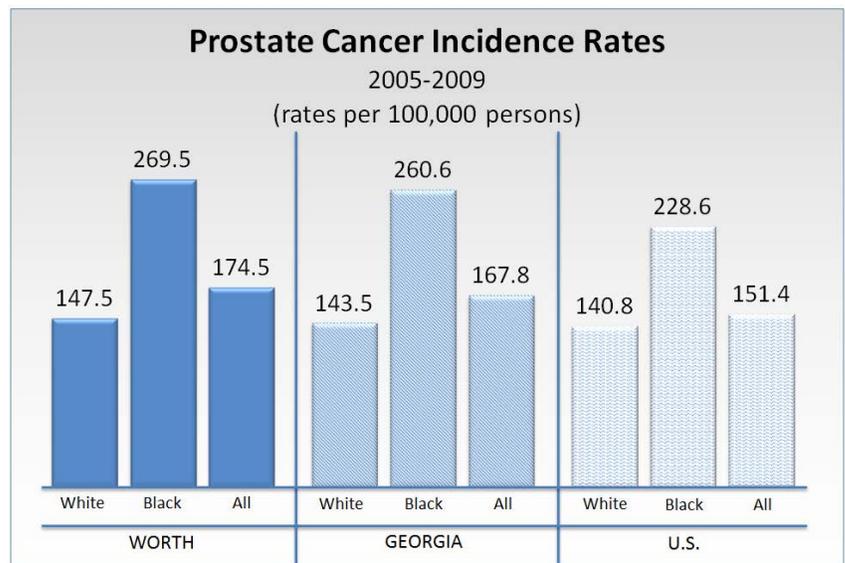
Data Source: OASIS, Georgia Department of Public Health

Prostate Cancer

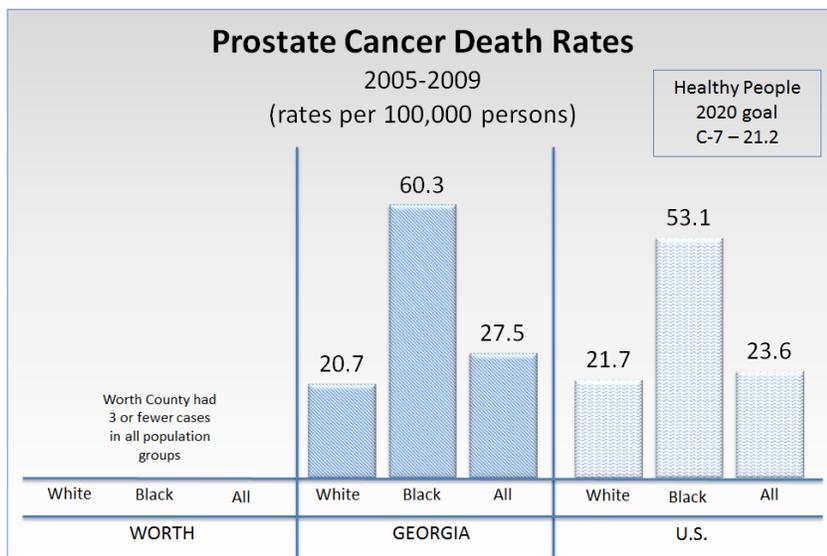
Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second most deadly cancer for males. Prostate cancer incidence and death rates are higher among Black men.³⁵

Worth County had higher incidence rates for prostate cancer than the State and U.S.

Incidence rates among Black males in Worth County and Georgia were higher than White males. This disparity is also evident at the National level.



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

Worth County's death rates for prostate cancer were too few to report.

Although the death rates among Blacks in Worth County were too few to report, there is a disparity of prostate cancer deaths among Blacks at the State and National level.

RISK FACTORS

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

- » Age
- » Ethnicity
- » Family history of prostate cancer³⁶

EARLY DETECTION

Prostate-specific antigen testing of the blood permits the early detection of prostate cancer before symptoms develop. In March 2010, The American Cancer Society released updated screening guidelines. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. Therefore, the revised guidelines recommend that men have the opportunity to make “informed decisions” with their provider about whether to be screened.³⁷

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE - HDS

HEART DISEASE

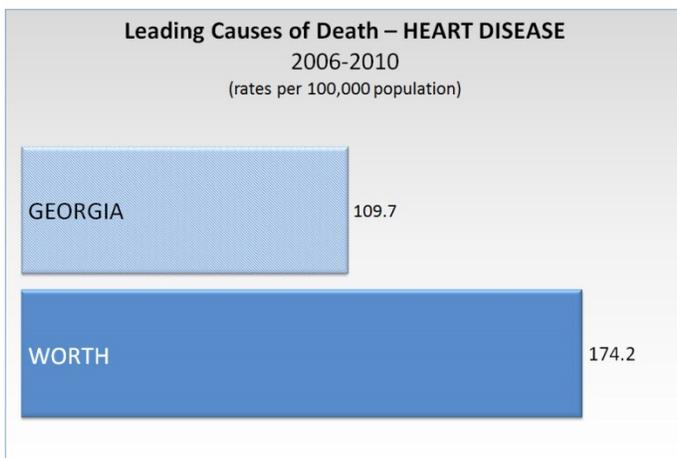
In 2010, heart disease was the first leading cause of death in the United States (24 percent of all deaths), followed by cancer (23 percent of all deaths).³⁸

The majority of heart disease deaths were among people 65 years of age and older. The rates of heart disease were similar for men and women less than 65 years of age. Among older adults, 65 years of age and over, there was a higher prevalence rate for men than women. Heart disease prevalence rates showed little change from 1999 to 2009; however, during the period 1999 to 2007, age-adjusted death rates from heart disease declined by 28 percent.³⁹

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.

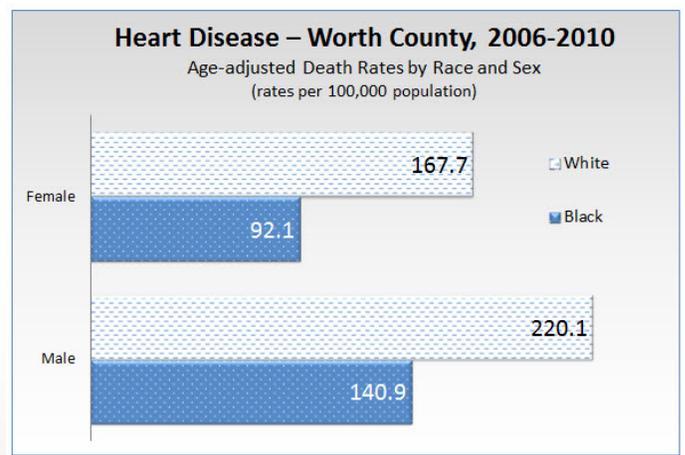
Healthy People 2020



Data Source: OASIS, Georgia Department of Public Health

Compiled data from 2006-2010 indicated that the Worth County death rate from heart disease was 174.2 per 100,000 population, which was significantly higher than the Georgia rate of 109.7 per 100,000 population.

Age-adjusted death rates from heart disease in Worth County for 2006-2010 indicated that the death rate from heart disease was higher for White females than Black females. White males had a higher death rate compared to Black males.



Data Source: OASIS, Georgia Department of Public Health

MODIFIABLE RISK FACTORS

According to the 2006-2010 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 8-2.⁴⁰

Percentage of Population Reporting Risk 2006-2010		
Risk Factor:	District 8-2	Georgia
Diabetes	12.4	9.5
Obesity	33.9	27.6
Physical Inactivity	30.3	23.9
Smoking	23	18.8

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

Cardiovascular Disease

Modifiable Risk Factors

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



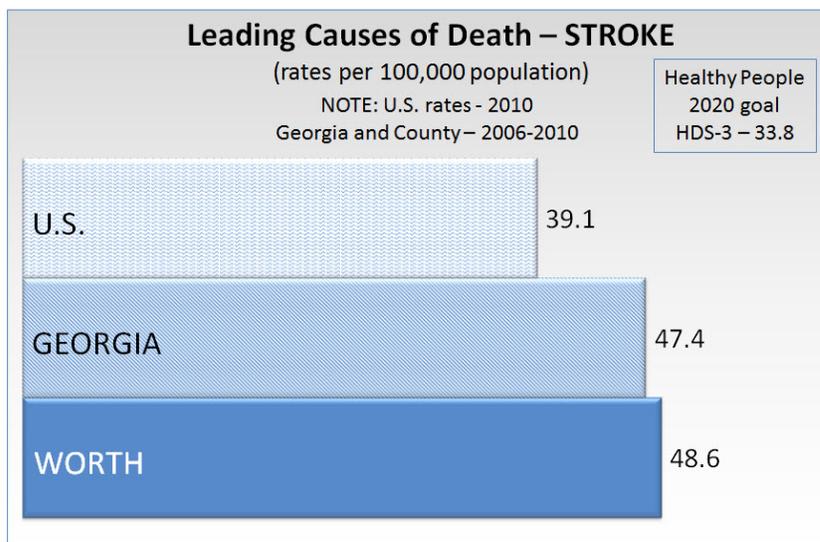
Data Source: American Heart Association

STROKE

Cerebrovascular disease (stroke) was the third leading cause of death in the United States. Strokes were also the third leading cause of death in Georgia, but the fourth leading cause in Worth County.

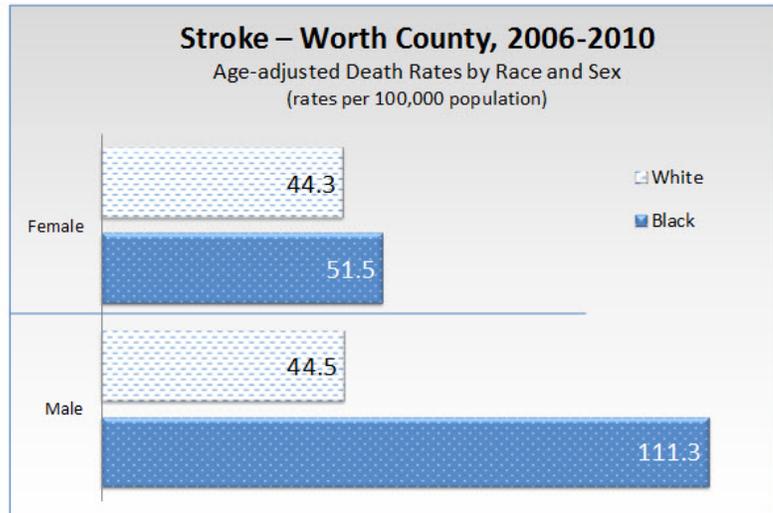
The stroke death rate was higher in Worth County compared to Georgia and the U.S.

The Healthy People 2020 goal is to reduce stroke deaths to 33.8 per 100,000 population.⁴¹

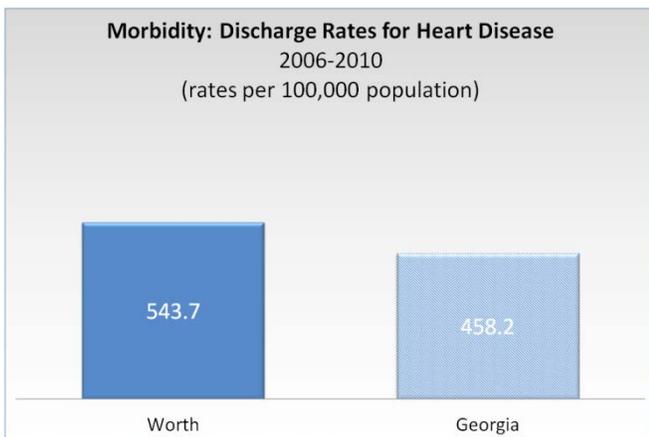


Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B, 2010.

Worth County stroke death rates for Black females was higher than that of their White counterparts. Black males had a higher stroke death rate when compared to White males. The rates for all population groups were higher than the Healthy People 2020 goal of 33.8 per 100,000 population.⁴²



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

The hospital discharge rate for heart disease among Worth County residents was higher than Georgia's discharge rate. The stroke discharge rate among Worth County residents was also higher than the Georgia rate.

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

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

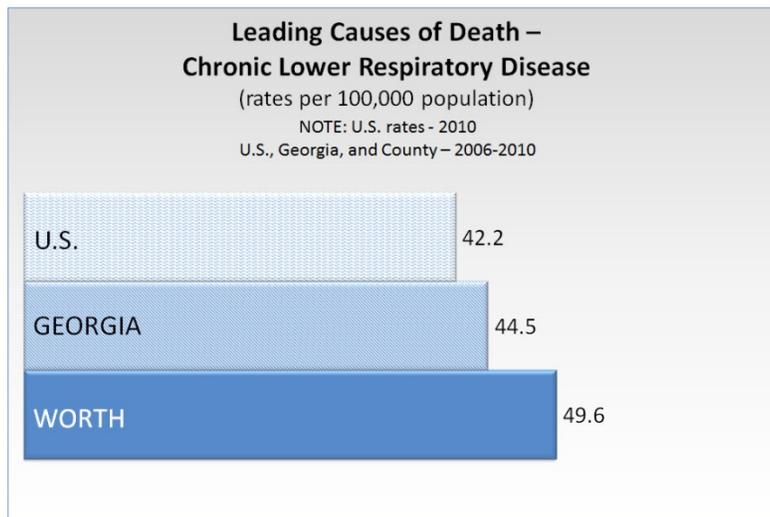
Heart Disease and Stroke

- » Heart disease is a major issue in the community. There is a blood pressure program that is funded by the hospital and operated by the Health Department.
- » Heart disease and stroke have the same underlying issues as obesity.
- » There are not enough local specialists for heart disease conditions.
- » Black males have a high death rate due to heart disease because of smoking and alcohol use.
- » There is a lack of understanding about taking medicine and abstaining from alcohol.
- » There are individuals with chronic high blood pressure that self-diagnose and stop taking their blood pressure medicine.
- » People stop taking blood pressure medication because they feel invincible.
- » The older generation will not stop smoking even though they are aware of the effect on their cardiovascular health.
- » There is a hypertension clinic available at the Health Department.
- » There is a need for more health fairs that offer screening for heart related conditions.
- » Black males have high death rate due to heart disease because of smoking behavior and alcohol abuse.

Chronic Lower Respiratory Disease

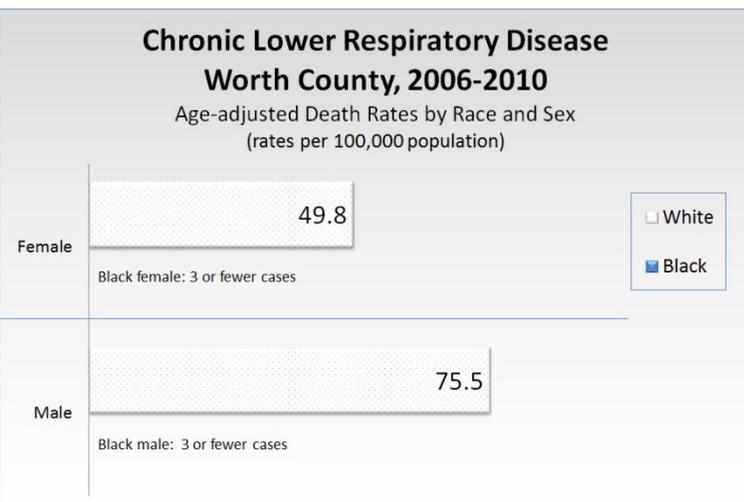
HEALTHY PEOPLE 2020 REFERENCES - RD

Chronic lower respiratory diseases affect the lungs. The most deadly of these 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.



Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B, 2010.

The chronic lower respiratory disease death rate for Worth County was higher than both the State and U.S. rates.



Data Source: OASIS, Georgia Department of Public Health

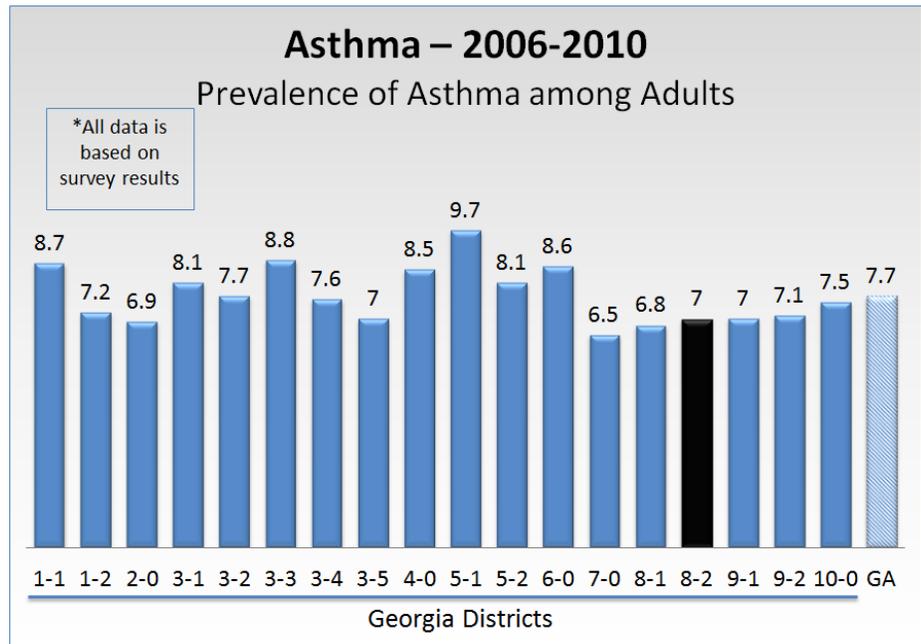
Why Are Respiratory Diseases Important?

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

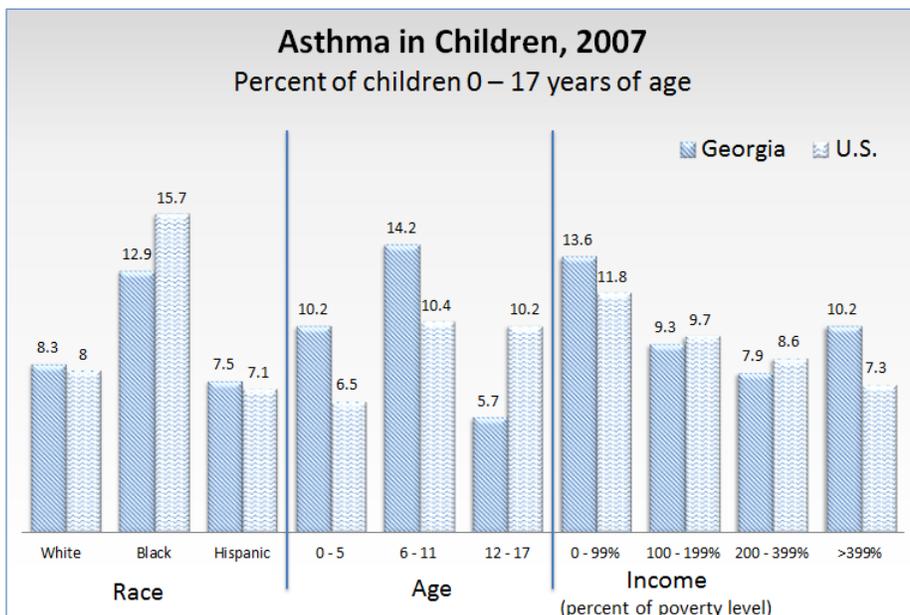
Healthy People 2020

In Worth County, the age-adjusted death rates by race and sex for 2006-2010 indicated that both White males and females had much higher death rates than Blacks for chronic lower respiratory disease.

There was a lower prevalence of asthma among adults within Health District 8-2 than compared to the State.



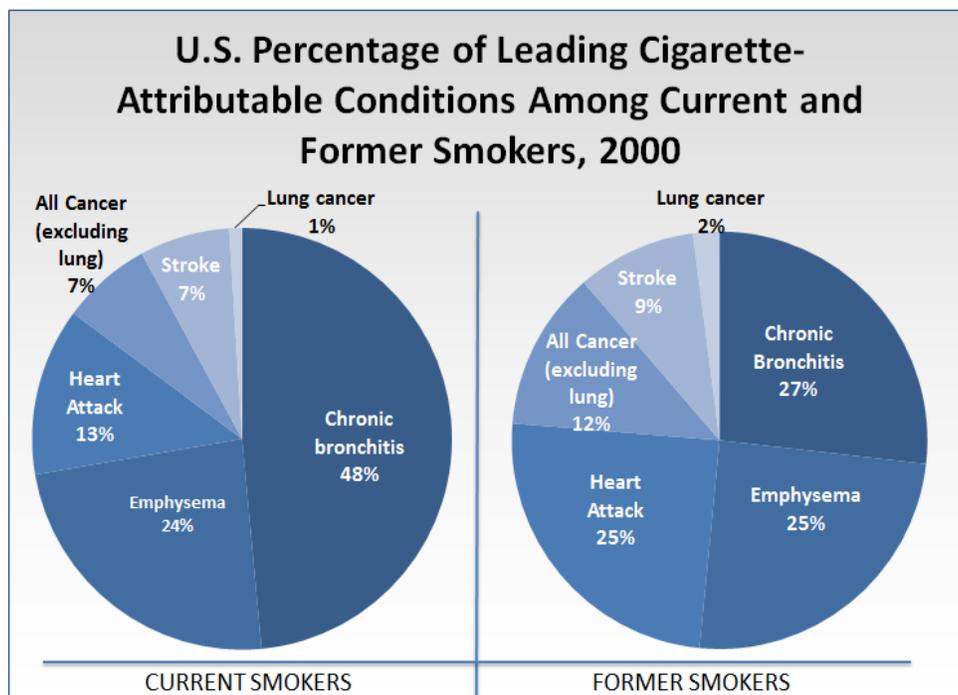
Data Source: OASIS, Georgia Department of Public Health



Data Source: 2007 National Survey of Children’s Health, Data Resource Center on Child and Adolescent Health, <http://childhealthdata.org>

According to the 2007 National Survey of Children’s Health, Black children had higher incidences of asthma than among Whites or other population groups. Asthma was more prevalent in lower income populations.⁴³

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). For current smokers, the three most prevalent conditions were chronic bronchitis (48 percent), emphysema (24 percent), and previous heart attack (25 percent).⁴⁴



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

COMMUNITY INPUT

Chronic Lower Respiratory Disease

- » Parents and children need education on the proper use of inhalers. There is a misunderstanding of when to use an emergency inhaler and when to use a regular inhaler.
- » Occupational hazards and smoking behavior are the main causes of respiratory diseases in Worth County.

Accidents

HEALTHY PEOPLE 2020 REFERENCES - IVP

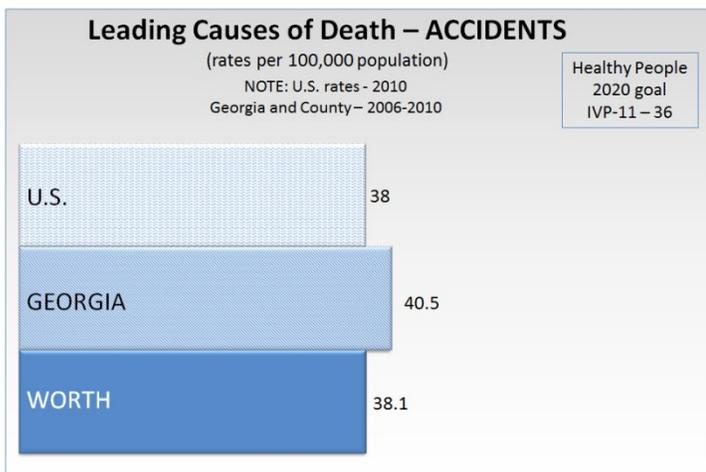
Accidental deaths may result from the following causes:

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

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.

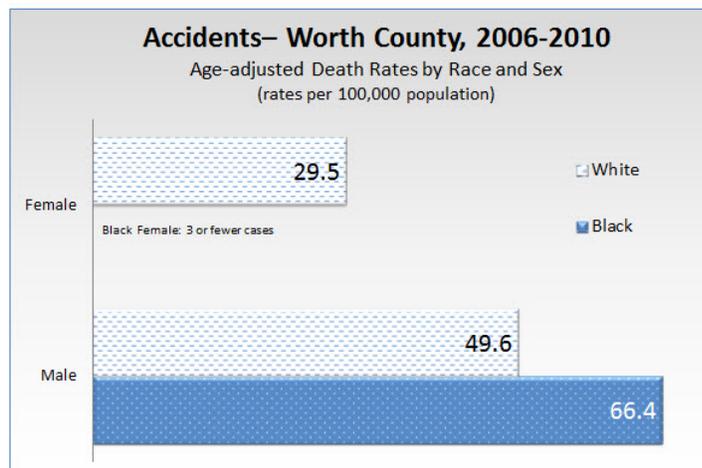
Healthy People 2020



Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B.

The accident death rate per 100,000 people in Worth County was 38.1 compared to 40.5 for the State and 38 for the U.S. The Healthy People 2020 goal is set at 36 per 100,000 population.⁴⁵

Males had higher death rates due to accidents compared to females. Black males had a higher death rate compared to White males.

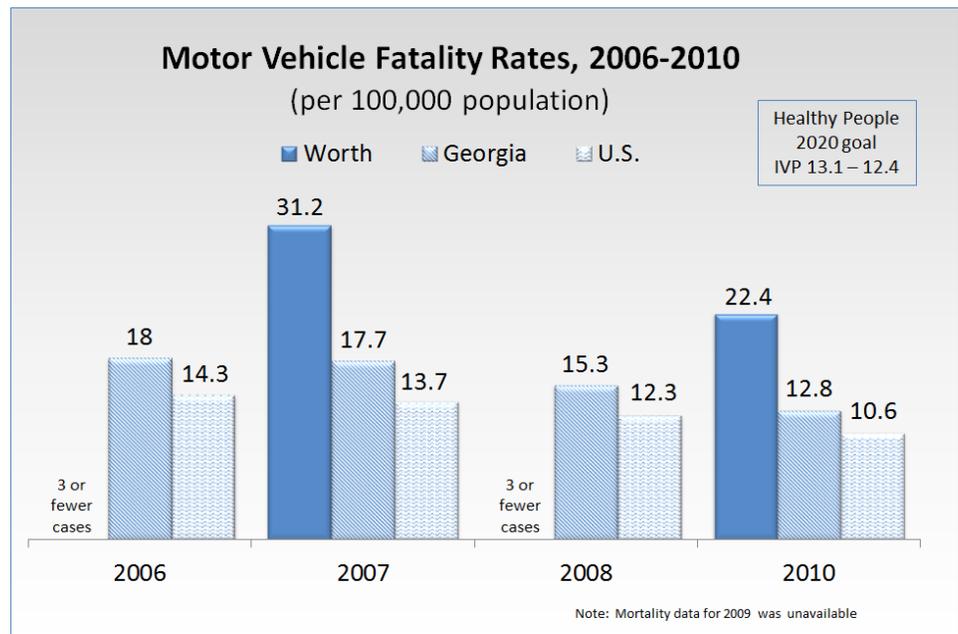


Data Source: OASIS, Georgia Department of Public Health

Motor vehicle crashes are the leading cause of death among individuals between the ages of 5-34 in the U.S. More than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2009.⁴⁶ Driving helps older adults stay mobile and independent. The risk of being injured or killed in a motor vehicle crash increases as you age.⁴⁷

Over the period 2006-2010, motor vehicle fatality rates in Worth County remained higher than Georgia and the U.S., except in 2006 and 2008.

During this same time period, motor vehicle fatality rates for the State and U.S. decreased.

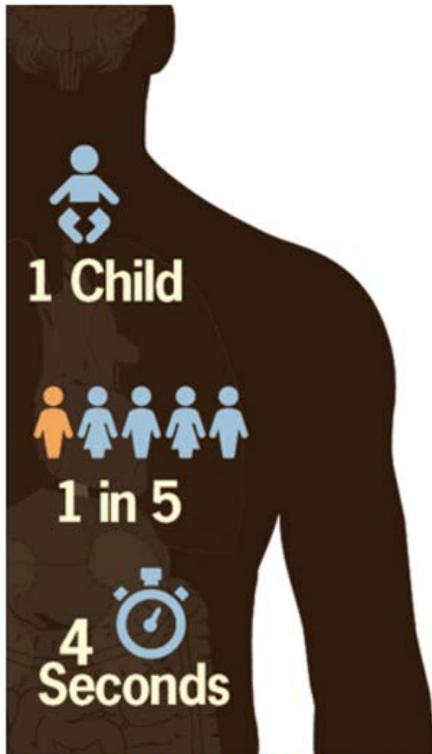


Data Source: OASIS, Georgia Department of Public Health

According to the Centers for Disease Control and Prevention:

- » Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- » Millions of adults drive while impaired, but only a fraction are arrested.
- » Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- » Age-related deterioration of vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- » Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.⁴⁸

Youth Unintentional Injuries



Data Source: Centers for Disease Control and Prevention

Why is Injury Prevention in Children Important?

Every hour, one child dies from an unintentional injury in the U.S. For every child that dies, there are 25 hospitalizations, 925 treated in the ER, and many more treated in doctors' offices. About one in five child deaths is due to injury. Every four seconds, a child is treated for an injury in an emergency department.

Centers for Disease Control and Prevention

Injury is the number one killer of children in the U.S. Child injuries are preventable, yet more than 9,000 children died from injuries in the U.S. in 2009. Among all high income countries, the U.S. child injury death rate is one of the worst (8.65 per 100,000 population). The U.S. death rate is four times greater than the country with the lowest death rate (Sweden, 1.96 per 100,000 population). In 2005, injuries that resulted in death, hospitalization, or an ER visit cost nearly \$11.5 billion in medical expenses.

Children ages 4 and under are at greater risk, and they account for approximately half of all unintentional injury deaths. The most common deaths are a result of suffocation, choking, drowning, fires, motor vehicle accidents, poisoning, and falls.⁴⁹

In 2009, approximately 9,100 children died from injuries in the U.S. In Georgia, the death rate (8 per 100,000 population) was slightly less than the National average (8.65 per 100,000 population), however prevention of these deaths is of great importance to the health of a community. In 2010, 166 children died in Georgia as a result of preventable injuries. There were no child deaths in Worth County.

Worth County had a population of nearly 22,000 people in 2010. The population is predicted to increase to nearly 22,258 in 2015. Children 14 and under make up nearly 21 percent of the population in Worth County. Due to the predicted increasing population, it is important for the community to prevent unintentional injuries among children and be more aware of the causes.

The following sections highlight different causes of unintentional injury among children. The number of emergency room visits will be identified as well as the number of deaths as a result. Georgia and County data is based on children 0-14 years of age, while National data is based on children 0-19 years of age.

MOTOR VEHICLE CRASHES

In 2009, 1,300 children ages 19 and under died from motor vehicle related injuries in the U.S.⁵⁰ Georgia had over 9,200 children involved in motor vehicle crashes visit the ER in 2010 and 82 children died as a result. Worth County recorded over 40 cases of motor vehicle injuries in 2010 and no children died as a result.

Motor vehicle crashes include accidents in which any motorized vehicle (car, truck, motorcycle, etc.) was involved. Crashes also include motor vehicles injuring pedestrians or bicyclists.⁵¹

The related Healthy People 2020 goals for prevention of injury and death due to motor vehicle accidents include:

IVP-13 Reduce motor vehicle crash-related deaths

IVP-14 Reduce nonfatal motor vehicle crash-related injuries

IVP-15 Increase use of safety belts

To prevent motor vehicle injury and death, the following behaviors are important:

- » Every occupant should be properly restrained for every ride. Children should ride in a back seat until that are at least 13 years of age
- » Appropriate child safety seats should be used. Children should ride in a car seat as long as possible. Children should remain in rear-facing car seat until they are at least two years of age
- » Children should remain in a forward-facing car seat until they reach the upper height or weight limit specified by the manufacturer
- » Return the product registration card provided for all new child safety seats to the manufacturer to ensure you will be notified of any recalls⁵²

FALLS

In 2009, 151 children ages 19 and under died from falls in the U.S. Each year, approximately 2.8 million children go to the hospital emergency department for injuries caused by falling.⁵³ Georgia had just fewer than 60,000 children involved with fall injuries visit the ER in 2010 and two children died as a result. Worth County had 187 cases of fall injuries in the ER in 2010 and no children died as a result.⁵⁴

Falls include all accidental injuries caused by an individual losing his/her balance.⁵⁵

To prevent fall injuries and death, the following behaviors are important:

- » Installation of window guards on upper floors, making sure they are designed to open quickly from the inside in case of fire
- » Use of protective gear like a helmet during sports and recreation
- » Use of safety gates at the tops and bottoms of stairs reduces a young child's chances of falling

- » Protective surfacing under and around playground equipment can reduce the severity of fall-related injuries⁵⁶

SUFFOCATION AND CHOKING

Suffocation is the leading cause of injury death for infants ages one and younger.⁵⁷ In 2009, 1,160 children ages 19 and under died from suffocations in the U.S.⁵⁸ Georgia had 333 near suffocation cases visit the ER in 2010 and 34 children died as a result. Worth County had two near suffocation cases visit the ER in 2010 and no children died as a result.⁵⁹

Suffocation and choking occurs as a result of items in bed, inhalation of gastric contents, food, airtight space, or plastic bag.⁶⁰

The related Healthy People 2020 goals for prevention of injury and death due to suffocation and choking include:

IVP-24 Reduce unintentional suffocation deaths

MICH-20 Increase the proportion of infants who are put to sleep on their backs

To prevent nonfatal suffocation injuries and suffocation death, the following behaviors are important:

- » Infants should sleep alone, placed on their back, and on a firm surface.
- » Cribs must meet all safety standards.
- » Do not use soft bedding or place soft toys in crib.⁶¹

DROWNING

Drowning is the leading cause of injury death for children ages one to four.⁶² It is the third leading cause of injury-related death among children ages 14 and under in the U.S.⁶³ In 2009, 983 children died due to drowning in the U.S. Georgia had 153 near-drowning cases visit the ER in 2010 and 34 children died as a result. Worth County had one near-drowning case visit the ER in 2010.⁶⁴

Drowning occurs from being submerged in water or other fluid.⁶⁵

The related Healthy People 2020 goals for prevention of injury and death due to drowning include:

IVP-25 Reduce drowning deaths

To prevent nonfatal drowning injuries and drowning death, the following behaviors are important:

- » Everyone should learn to swim
- » Use a four-sided fence with self-closing and self-latching gates around the pool
- » Children should be supervised closely when they are in or around water⁶⁶

FIRE/BURNS

In 2009, almost 90,000 children ages 14 and under were non-fatally injured from an unintentional fire or burn-related incidents in the U.S.⁶⁷ In 2009, 391 children died from fires or burns in the U.S. Georgia had 423 fire or burn-related cases visit the ER in 2010, and nine children died as a result. Worth County had four cases of fire or burn-related visits to the ER in 2010 and no children died as a result.⁶⁸

Fire, burns, and smoke exposure injuries and death occur due to accidental exposure to smoke, fire, and flames.⁶⁹

The related Healthy People 2020 goals for prevention of injury and death due to fire and/or burns include:

IVP-28 Reduce residential fire deaths

To prevent fire and burn related injuries and death, the following behaviors are important:

- » Use smoke alarms where people sleep and on every level of the home
- » Test smoke alarms monthly
- » Create and practice a family fire escape plan
- » Install a home fire sprinkler system if possible⁷⁰

POISONING

In 2010, more than 68,000 children were treated in emergency departments for unintentional poisoning-related incidents, and almost 72 percent of those treated were under five years of age.⁷¹ In 2009, 824 children died from poisonings in the U.S. Georgia had 3,468 poisoning cases visit the ER in 2010 and three children died as a result. Worth County had 12 poisoning cases visit the ER in 2010 and no children died as a result.⁷²

Poisoning injuries and death result from the act of ingesting or coming into contact with a harmful substance that may cause injury, illness, or death.⁷³

The related Healthy People 2020 goals for prevention of injury and death due to poisoning include:

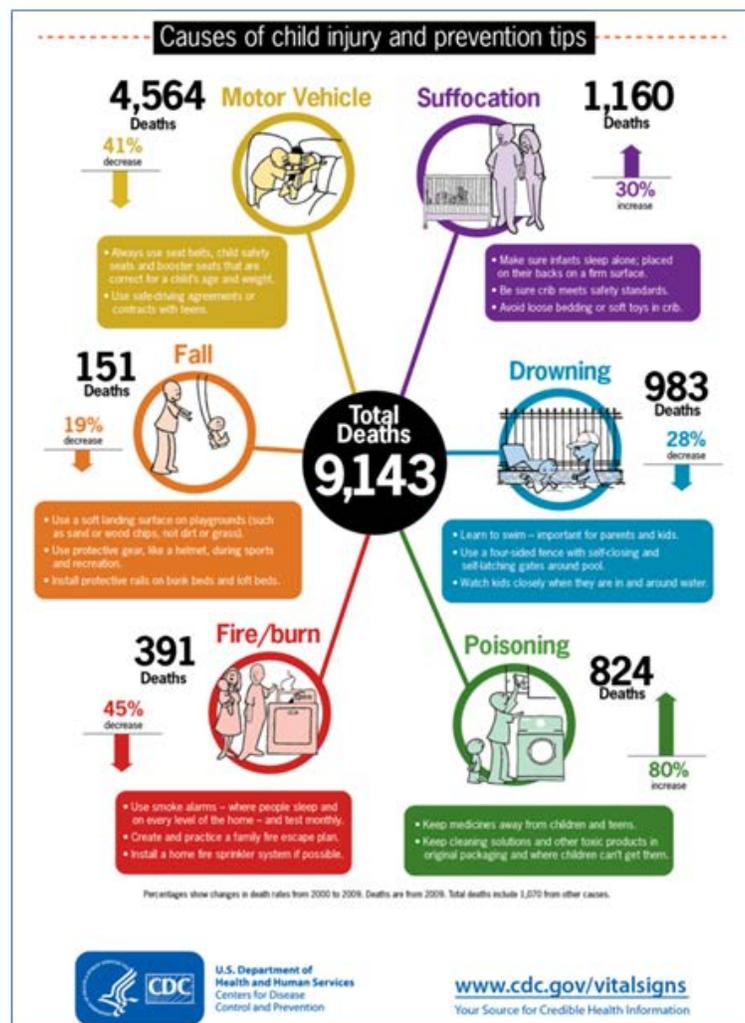
IVP-9 Prevent an increase in the rate of poisoning deaths

IVP-10 Prevent an increase in the rate of nonfatal poisonings

To prevent poisoning injuries and death, the following behaviors are important:

- » Keep medicine away from children and teens
- » Keep cleaning solutions and other toxic products in original packaging and where children cannot get them
- » Keep prescription drugs in child-resistant packaging⁷⁴

The CDC has developed a chart (right) to inform individuals of recommended prevention tips for child injury. Copies may be obtained at the website address noted in the chart.



Source: www.cdc.gov/vitalsigns

Diabetes

HEALTHY PEOPLE 2020 REFERENCE - D

Diabetes affects 8.3 percent of Americans of all ages, and 11.3 percent of adults aged 20 and older according to the National Diabetes Fact Sheet for 2011. About 27 percent of those with diabetes—7 million Americans—do not know they have the disease.⁷⁵

According to the Behavioral Risk Factor Surveillance System (BRFSS), the percentage of Georgia residents diagnosed with diabetes has steadily risen since 2004, from 7.3 percent to 9.7 percent in 2010.⁷⁶

The 2010 percentage of Georgia’s population with diabetes (9.7 percent) was higher than the U.S. percentage (8.7 percent).⁷⁷



Image Source: Pharmacy Practice News

Why Is Diabetes Important?

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

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

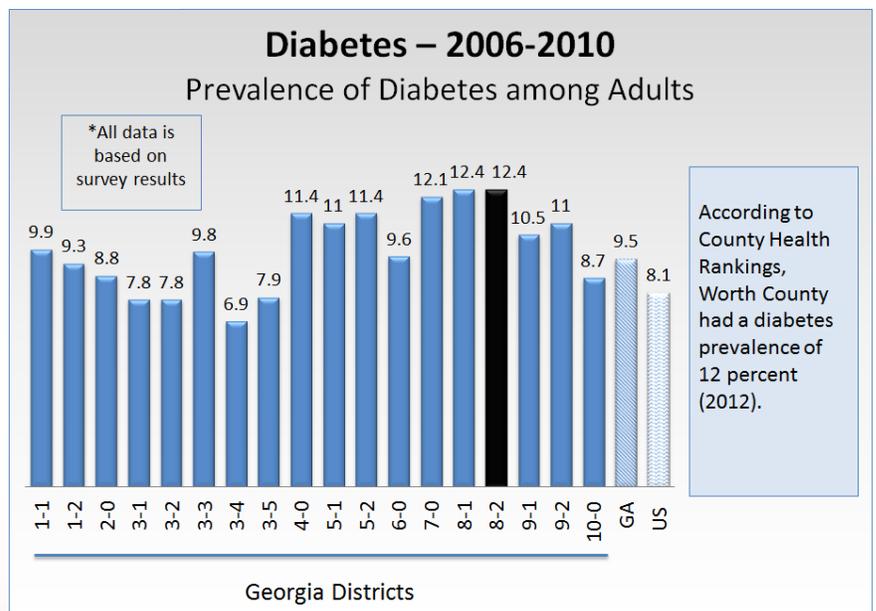
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

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

Healthy People 2020

Health District 8-2 (which includes Worth County), had a higher diabetes prevalence (12.4 percent) than a majority of the other districts in the State for the period 2006-2010. Worth County had a diabetes prevalence of 12 percent in 2012, which was higher than the State and U.S. rates.

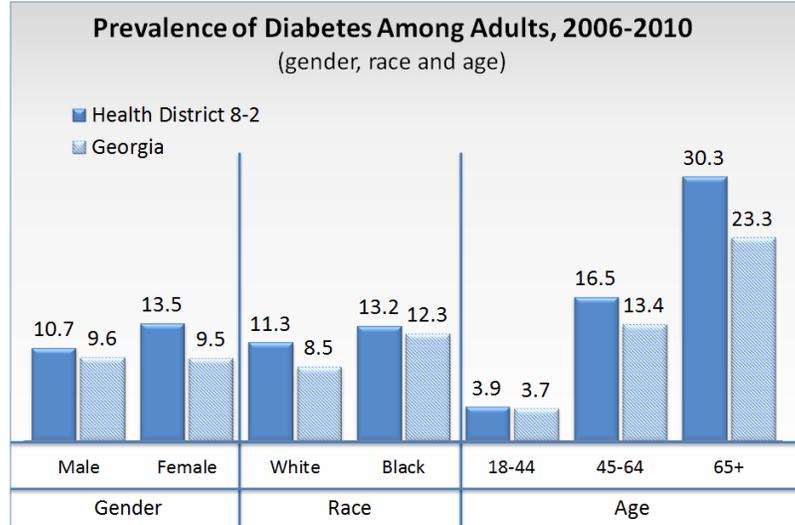


Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

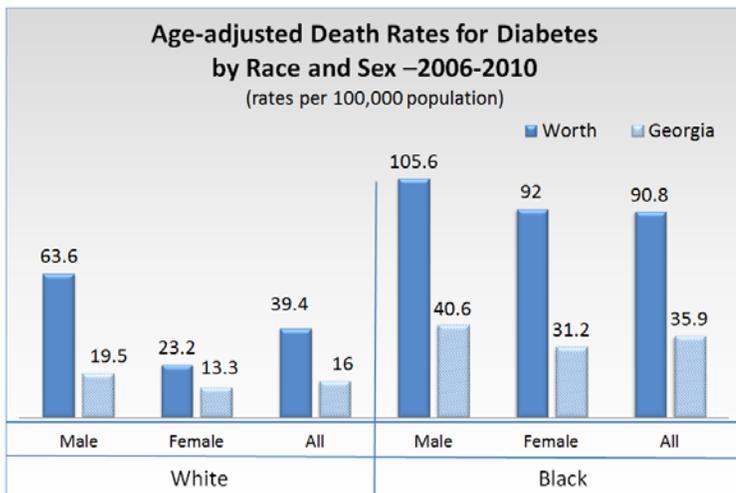
From 2006-2010, Health District 8-2 the female diabetes prevalence was higher than the male prevalence.

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

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



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

In both Worth County and Georgia, overall death rates due to diabetes were higher among Blacks compared to Whites.

Worth County Black males had the highest death rate out of all the population groups.

The Healthy People 2020 goal is 65.8 per 100,000 population.⁷⁸

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

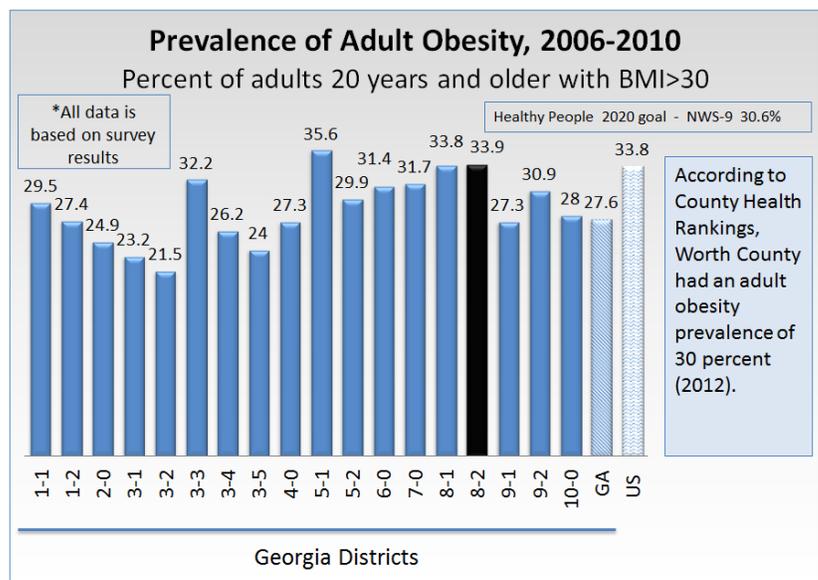
Obesity

HEALTHY PEOPLE 2020 REFERENCES - NWS, PA

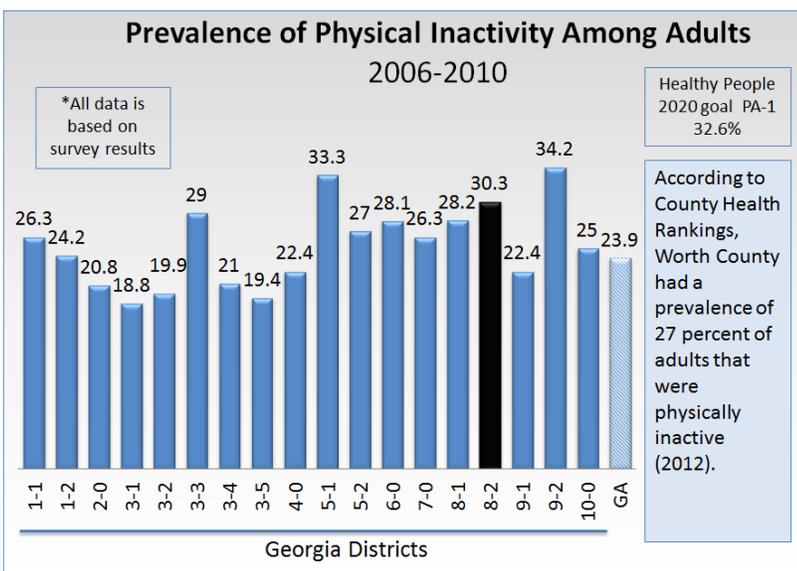
The top modifiable risk factor for diabetes is obesity. According to Healthy People 2020, 34 percent of persons 20 years and older were obese in 2005–2008. The Healthy People 2020 target for obesity is to reduce this percentage to 30.6 percent.⁷⁹

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 30 kg/m², and obese when it is greater than 30 kg/m².⁸⁰

The prevalence of adult obesity in Health District 8-2 (33.9 percent) was higher than the State rate (27.6 percent), and slightly above the National rate (33.8 percent). The Healthy People 2020 goal is set at 30.6 percent. Worth County had a lower prevalence of obesity (30 percent) compared to the Health District and the U.S.



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



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

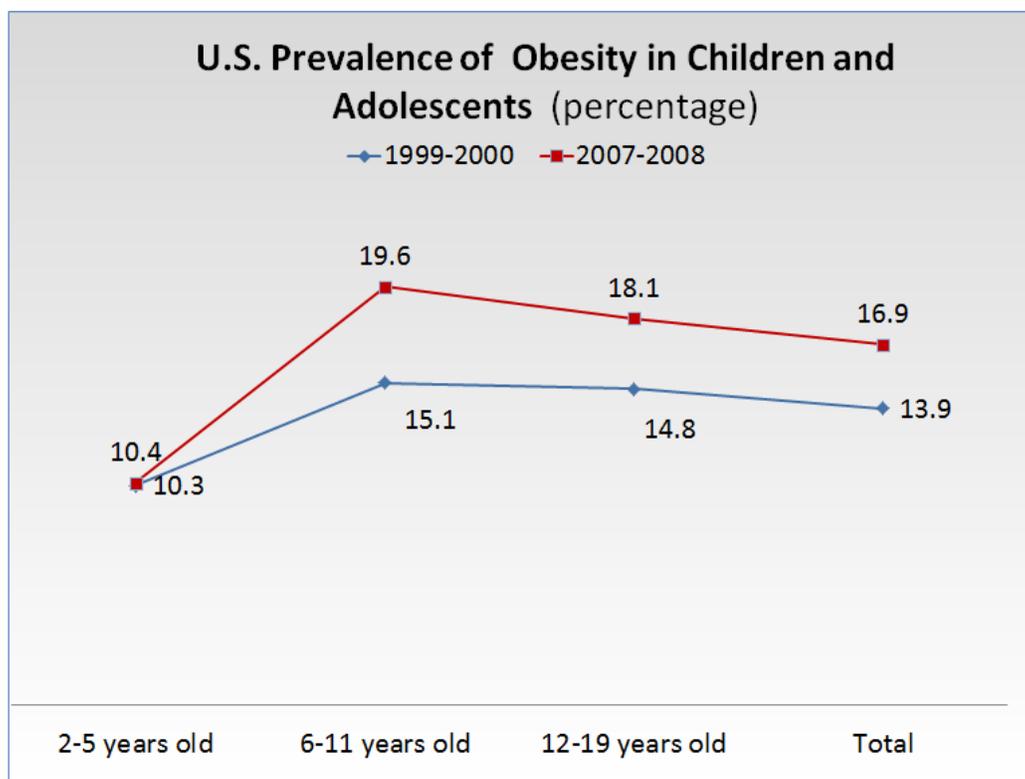
The prevalence of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 8-2 (30.3 percent) compared to the State average (23.9 percent). Worth County had a higher prevalence of physical inactivity (27 percent) than the State and lower than the Healthy People 2020 target of 32.6 percent.⁸¹

Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formally 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.⁸² Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to the Centers for Disease Control and Prevention, for the period 2007-2008, 16.9 percent of children and adolescents aged 2-19 years were obese.⁸³

Georgia has the second highest obesity rate in the U.S. and nearly 40 percent of children are overweight or obese in the State.⁸⁴

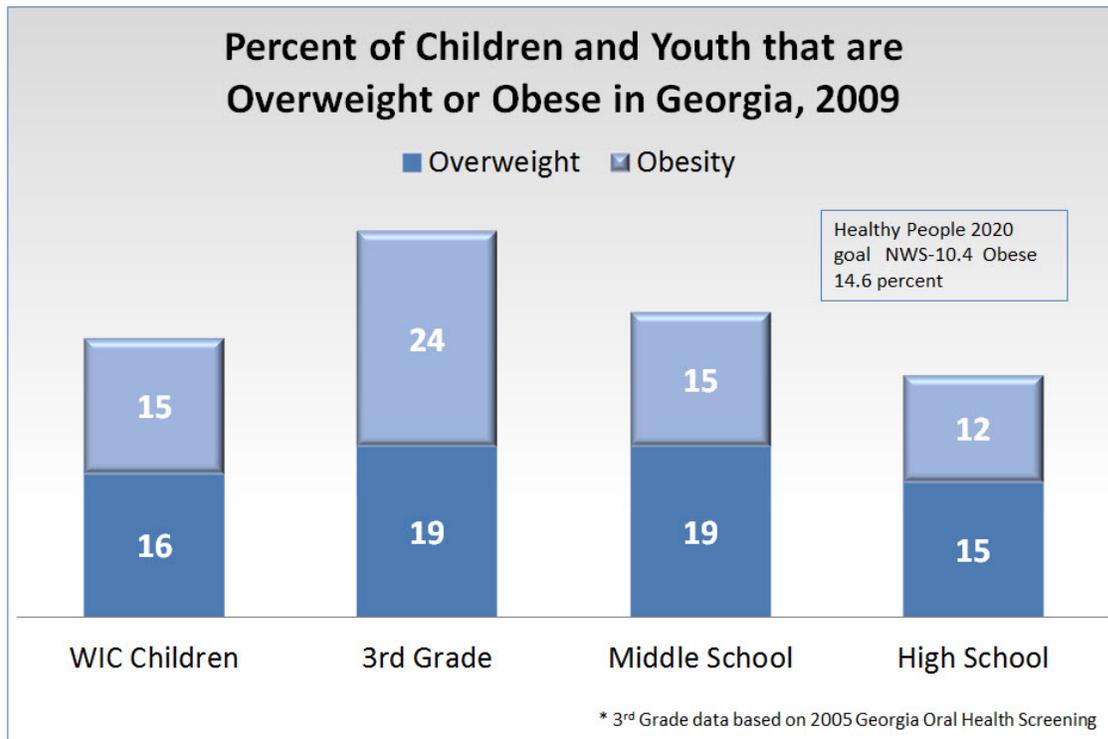


Data Source: CDC, NHANES, Prevalence of obesity among U.S. children and adolescents aged 2-19

Racial and ethnic disparities are very significant across the obese U.S. population of children and adolescents. Between 1988-1994 and 2007-2008 the prevalence of obesity increased accordingly:

- » From 11.6 percent to 16.7 percent among non-Hispanic White boys
- » From 10.7 percent to 19.8 percent among non-Hispanic Black boys
- » From 14.1 percent to 26.8 percent among Mexican-American boys
- » From 8.9 percent to 14.5 percent among non-Hispanic White girls
- » From 16.3 percent to 29.2 percent among non-Hispanic Black girls
- » From 13.4 percent to 17.4 percent among Mexican-American girls⁸⁵

According to a 2005 Georgia Oral Health Screening, obesity and overweight status among third graders was higher than the most recent BRFSS data published in 2009 for Middle School and High School. This can be assumed due to the difference in data collection methods. The BRFSS is a self-reported survey, while the 2005 Georgia Oral Health Screening collected first-hand height and weight measurements of third graders.⁸⁶



Data Source: Georgia Department of Public Health, 2010 Georgia Data Summary

Pediatric Nutrition Surveillance System collects similar first-hand data on children under five that are enrolled in the Women, Infant and Children program (WIC). In 2009, 15 percent of children aged 2-4 years of age in the WIC program were obese.⁸⁷

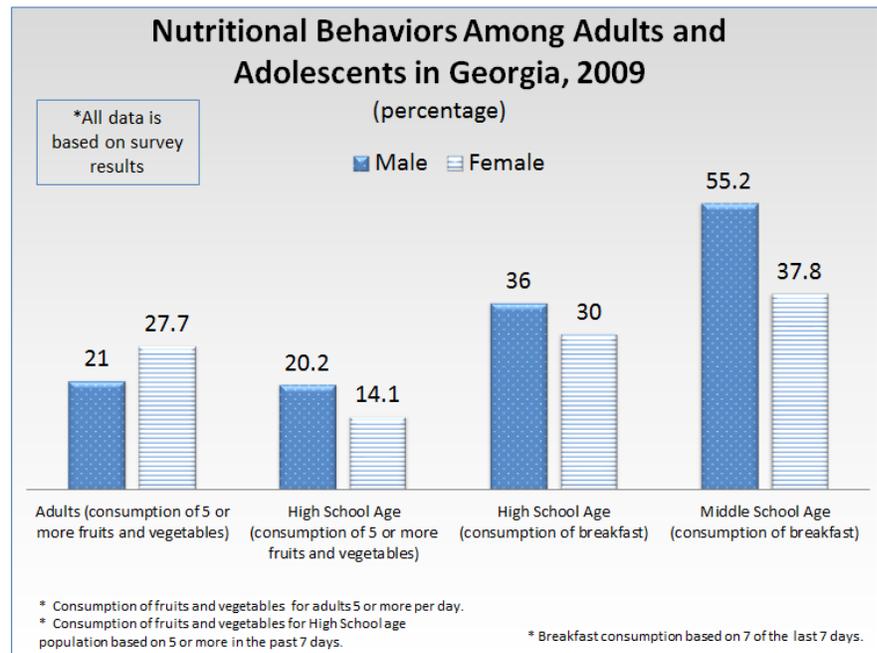
More information collected from the 2005 Georgia Oral Health Screening revealed the following demographic information:

- » Girls were more likely to be obese (25 percent) than boys (22 percent).
- » Black children were more likely to be obese (27 percent) than White children (21 percent).
- » Children from low socioeconomic (SES) households were more likely to be obese (26 percent) than those from high SES households (21 percent).
- » Children from rural areas were more likely to be obese (26 percent) than children from Metropolitan Atlanta (21 percent).⁸⁸

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.⁸⁹

In 2009, only 21 percent of adult males and 27.7 percent of adult females consumed five or more servings of fruits and vegetables.

There was a drop in the prevalence of consumption of breakfast among high school age adolescents when compared to middle school age adolescents. Overall female adolescents had poorer nutritional behaviors than males.



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

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 adulthood⁹⁰

COMMUNITY INPUT

Diabetes and Obesity

- » There are a lot of obesity and nutrition issues in the community.
- » A new program called "HealthTeacher" will require 30 minutes of physical activity per day for elementary school students.
- » There is a need for more parent education on the health needs of their children.
- » Nutrition and diet are very poor in Sylvester. Most of the food is prepared fried.
- » Obesity rates will have a major impact on the future healthcare costs.
- » A lot of individuals are unaware that they have diabetes.
- » There is a need for outreach education about nutrition and its link to diseases like obesity and diabetes.
- » Children live off mostly convenience foods (pre-packaged foods).
- » Most of the children in the school system bring unhealthy lunches to school.
- » There is a need for education on how to live a healthy and busy lifestyle.
- » There is a park in the community that has a large walking trail around a duck pond. This resource is mainly used by adults in the evening.
- » Every generation is getting less active.
- » Laziness occurs across all socioeconomic classes.
- » Individuals need to learn how to prioritize their money for important items such as healthy food.
- » Many individuals think that a quick fix, like a diet pill, will solve all their problems.
- » Fresh fruit is expensive. Individuals do not see the value in purchasing fresh fruit.
- » There is a farmer's market that just started in the community.
- » There is no YMCA or Boys and Girls Club in the community.
- » There are very limited resources for physical activity.
- » The City of Sylvester has just started putting in more sidewalks.

COMMUNITY INPUT

Diabetes and Obesity (Continued)

- » The County's employees just started a wellness program, but very few go to this program.
- » Depression is usually diagnosed with diabetes or obesity.
- » The primary school (kindergarten through second grade) had six type 2 diabetics and two type 1 diabetics.
- » Middle school age diabetics are shy about their condition than elementary age.
- » There are some children who have type 2 diabetes, but are not obese.
- » Diet is a sensitive topic among diabetics. Many feel they can take insulin to counterbalance their consumption of sweets.
- » There is a walking track in the City of Poulan.
- » A lot of people do not realize that preventing diabetes has to do with one's lifestyle choices.
- » Lack of physical activity is the root of most health issues.
- » Individuals do not know any better than to eat what is convenient.
- » Most residents find it cheaper to eat junk food.
- » There is a lack of exercise and activity because individuals rely on their cellphones.
- » Children do not want to play outside or participate in physical activity.
- » There is a lack of resources for children age 12 and up.
- » Electronics influence bad health behavior.
- » There is a big recreation center that offers organized sports, but there is a cost.
- » Health habits of children are unsupervised because both parents work.
- » Transportation to the Boys and Girls Club in Albany is available.
- » Diabetes needs to be monitored constantly. Individuals are not monitoring it enough.

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.⁹¹

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 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.⁹²

A life course perspective to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.⁹³

Why Are Maternal, Infant, and Child Health Important?

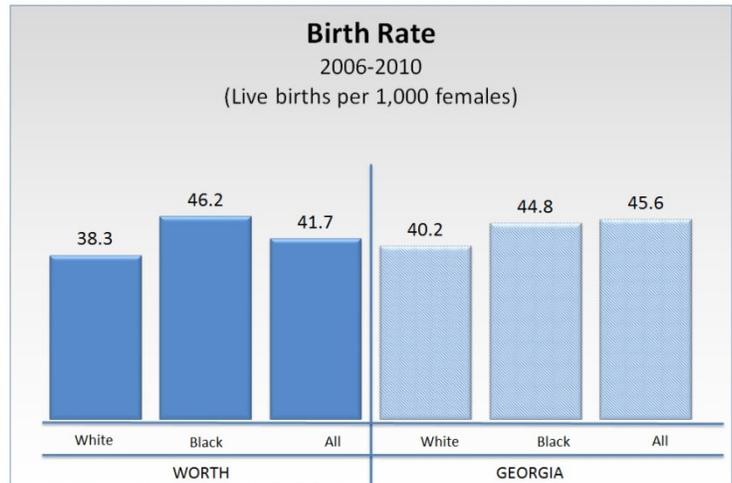
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

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

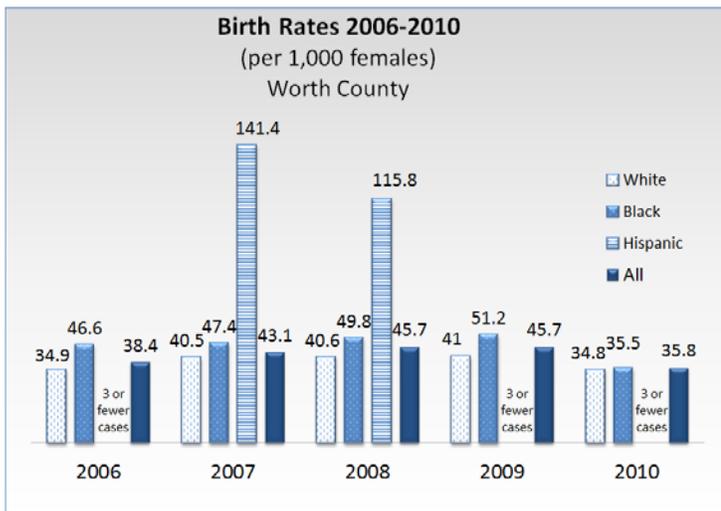
Healthy People 2020

Birth Rates

Worth County had a lower birth rate (41.7 live births per 1,000 females) compared to the State (45.6 live births per 1,000 females) from 2006-2010. Blacks in Worth County had a higher birth rate compared to Whites.



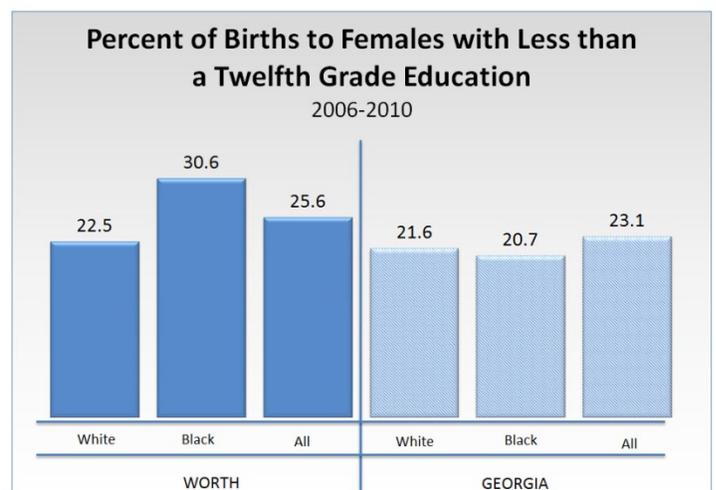
Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

From 2006-2010, with the exception of Hispanics, birth rates per 1,000 females in Worth County remained fairly stable. In 2010, birth rates dropped.

The percent of births to females with less than a twelfth-grade education was higher (25.6 percent) among Worth County residents compared to Georgia residents (23.1 percent). The percentage of births to Black mothers with less than a twelfth-grade education in Worth County (30.6 percent) was higher than the White proportion (22.5 percent).

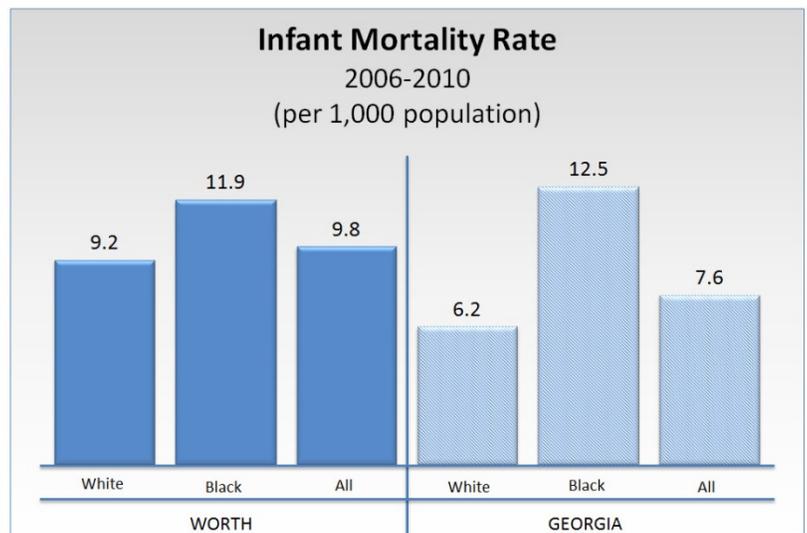


Data Source: OASIS, Georgia Department of Public Health

Infant Mortality

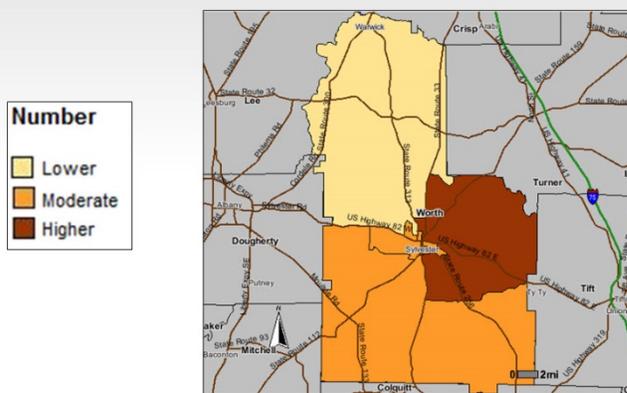
Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.⁹⁴ In 2010, the infant mortality rate in the U.S. was 6.1 per 1,000 population.⁹⁵ The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.⁹⁶ 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.⁹⁷

The infant mortality rate in Worth County (9.8 per 1,000 population) was higher than Georgia (7.6 per 1,000 population). Black infants had a higher mortality rate compared to White infants. The Black infant mortality rate in Worth County (11.9 per 1,000 population) was lower than Georgia's Black infant mortality rate (12.5 per 1,000 population).



Data Source: OASIS, Georgia Department of Public Health

**Number of Infant Deaths by County Commission District
2006-2010**
(number of cases designated as quantiles)



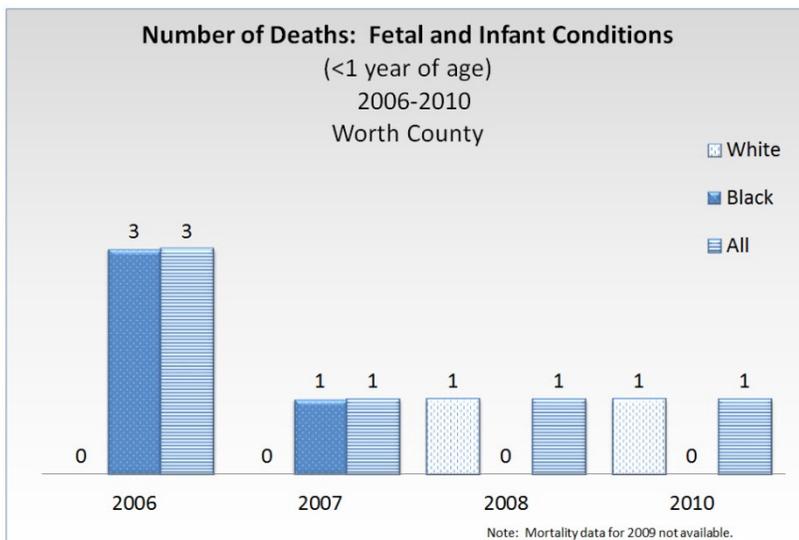
Data Source: OASIS, Georgia Department of Public Health

The eastern section (District 2) of Worth County had a higher number of infant deaths compared to the other districts.

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.⁹⁸



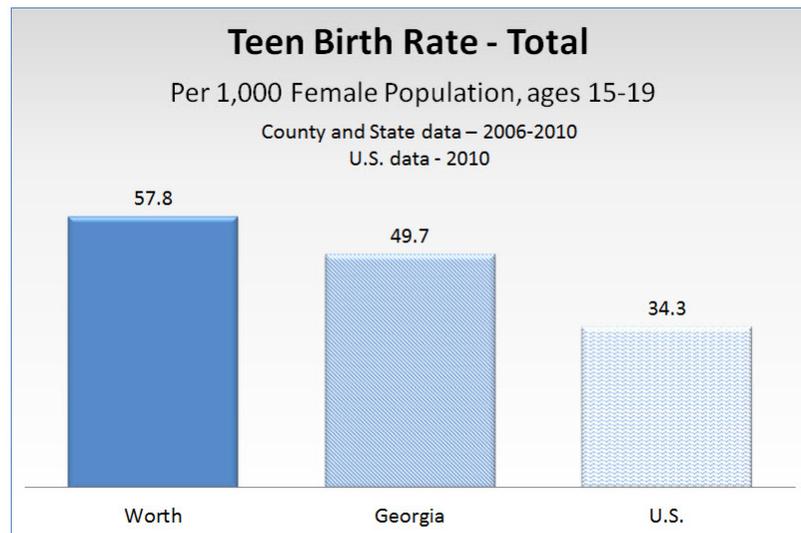
Data Source: OASIS, Georgia Department of Public Health

The number of deaths due to fetal and infant conditions decreased from 2006 to 2010 in Worth County. However, from 2007-2010 the number of deaths remained constant.

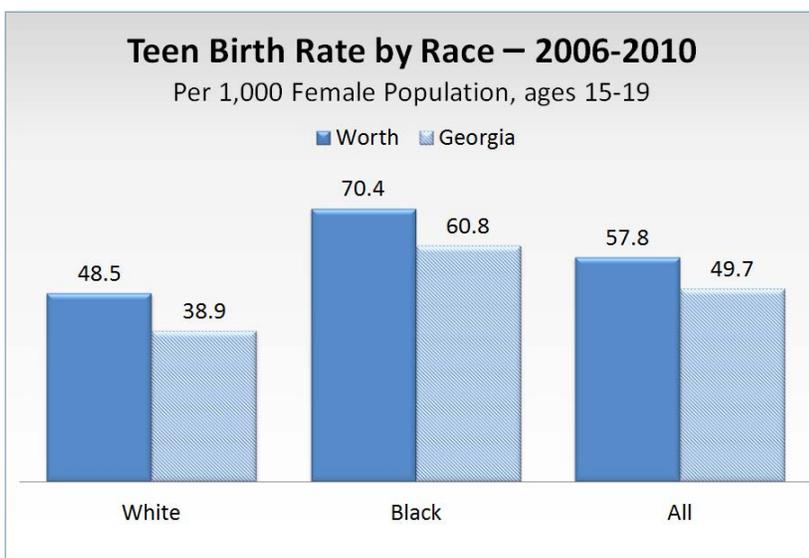
Teen Birth Rate

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.⁹⁹

The teen birth rate in Worth County was higher than the State and U.S. rates.



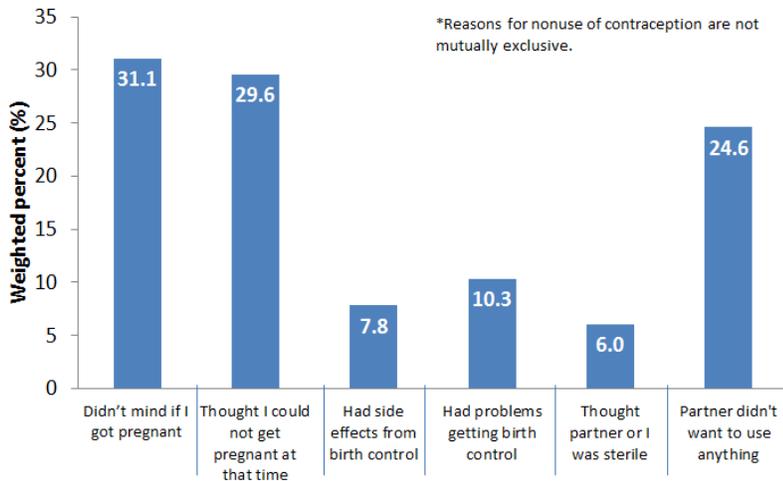
Data Source: CDC , *About Teen Pregnancy*, OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

The Worth County Black teen birth rate was higher than the White teen birth rate. The combined Black and White teen birth rates in Worth County were higher than Georgia's Black and White teen birth 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*



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

In Georgia, according to self-report among teen mothers, the top reasons for not using contraception at the time of unintended pregnancy were “Didn’t mind if I got pregnant” and “Thought I could not get pregnant at that time.” This information may be useful in developing effective activities to impact teen pregnancy, such as outreach programs and education for teenagers around fertility.¹⁰⁰

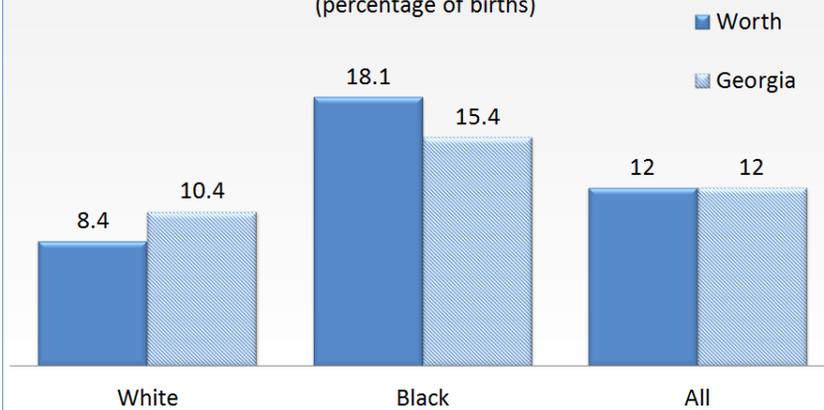
Teen Pregnancy in Georgia

Georgia ranked 13th highest in the U.S. for teen births. 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 2004 and 2010, from 53.3 per 1,000 teen women in 2004 to 41.2 in 2010. Despite this decline, there were 14,285 births to teens in 2010 accounting for 10.7 percent of all births in Georgia.

Georgia Epidemiology Report, 2012

Percent of Births to Mothers (Age 15-19) with Inadequate Prenatal Care

2002-2006
(percentage of births)



Data Source: OASIS, Georgia Department of Public Health

For mothers aged 15-19, Worth County had the same percentage of births to mothers with inadequate prenatal care as the State. However, 18.1 percent of Black teen mothers in Worth County had inadequate prenatal care compared to 8.4 percent of White teen mothers.

COMMUNITY INPUT

Teen Birth Rate

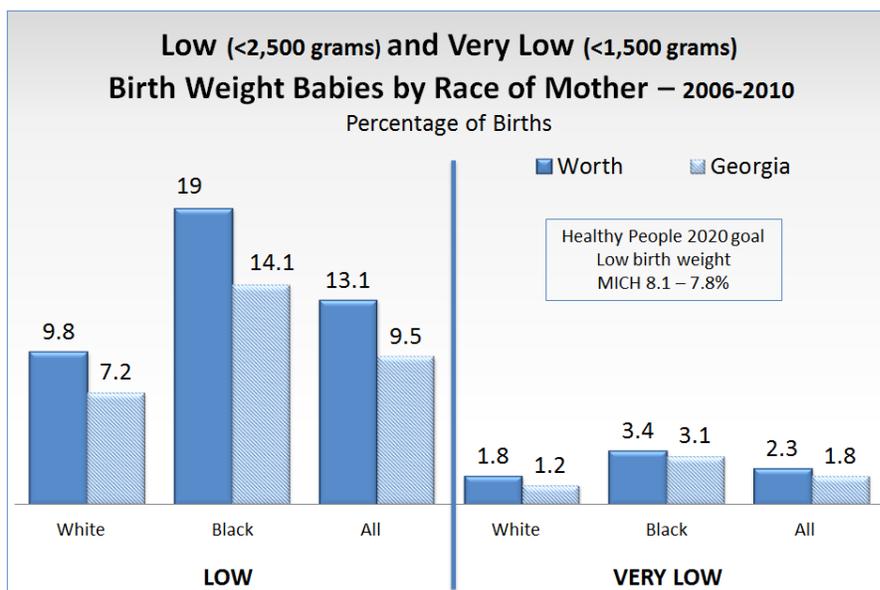
- » The Health Department offers birth control. Most teenagers are aware of this as a resource.
- » Children having children is a major issue in this community.
- » The teen birth rate, and consequently the birth weight of teen's babies, is a prevalent issue in this community.
- » There is a badge of honor associated with being a teen mom.
- » Teen pregnancy is an issue in the community. It is shocking to hear how sexually experienced children are in this community.

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.¹⁰¹

The Healthy People 2020 objective for low birth weight is 7.8 percent.¹⁰² In 2010, the national prevalence of low birth weight babies was nine percent.¹⁰³

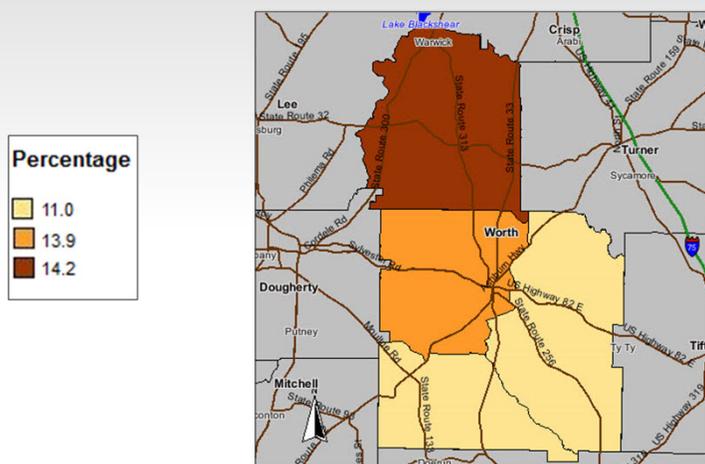
Overall, low birth weight percentages of births were higher in Worth County compared to the State. Low birth weights were significantly higher among Black babies.



Data Source: OASIS, Georgia Department of Public Health

Low and Very Low Birth Weight Density (<2500 grams)

Worth County Census Tracts, 2006-2010

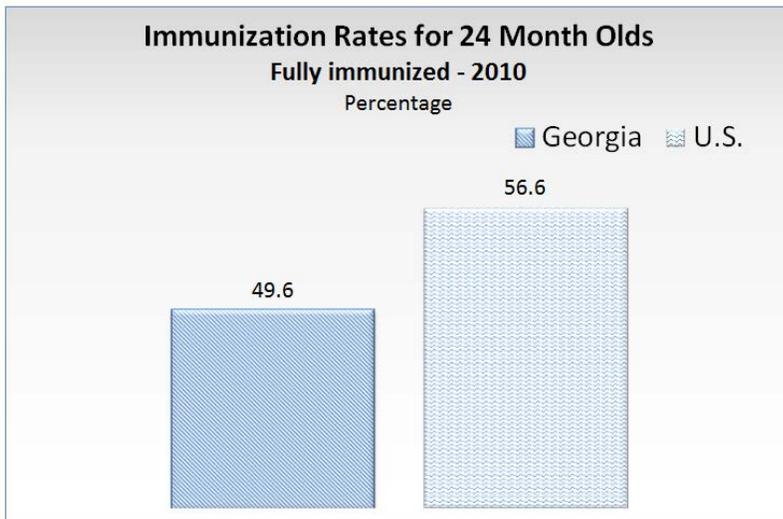


Data Source: OASIS, Georgia Department of Public Health

The northern section of Worth County had the highest density of low and very low infant birth weights.

Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mother. 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.¹⁰⁴

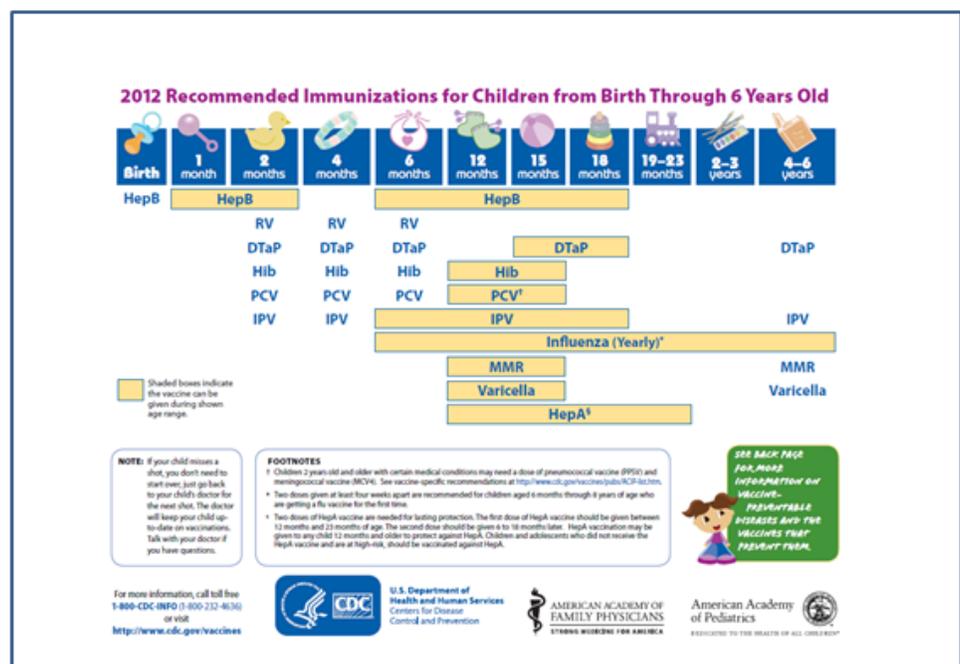


Data Source: CDC, U. S. National Immunization Survey, Q1/2010-Q42010

The Healthy People 2020 goal for immunizations by 24 months of age is 90 percent.¹⁰⁵

The immunization rates for 24 month old children in Georgia were below the U.S. rate, and fell far short of the Healthy People 2020 goal.

The CDC developed a chart to inform patients of recommended immunizations for children. Copies may be obtained at the website address noted in the chart.



Source: <http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

ALCOHOL, TOBACCO AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE - TU, SA

Tobacco, alcohol, and drug abuse has 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
- » Suicide¹⁰⁶

Adolescent Behavior

The leading causes of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.¹⁰⁷

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

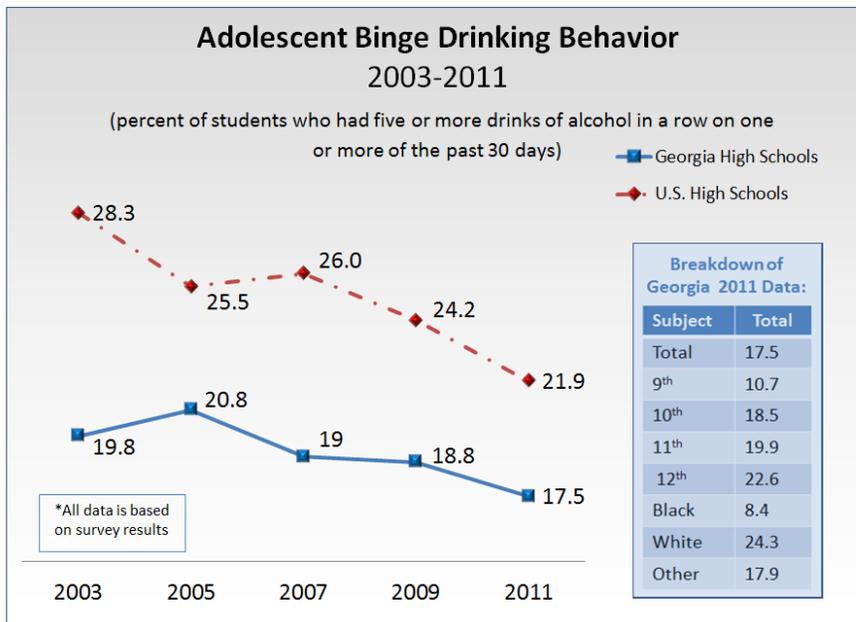
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse



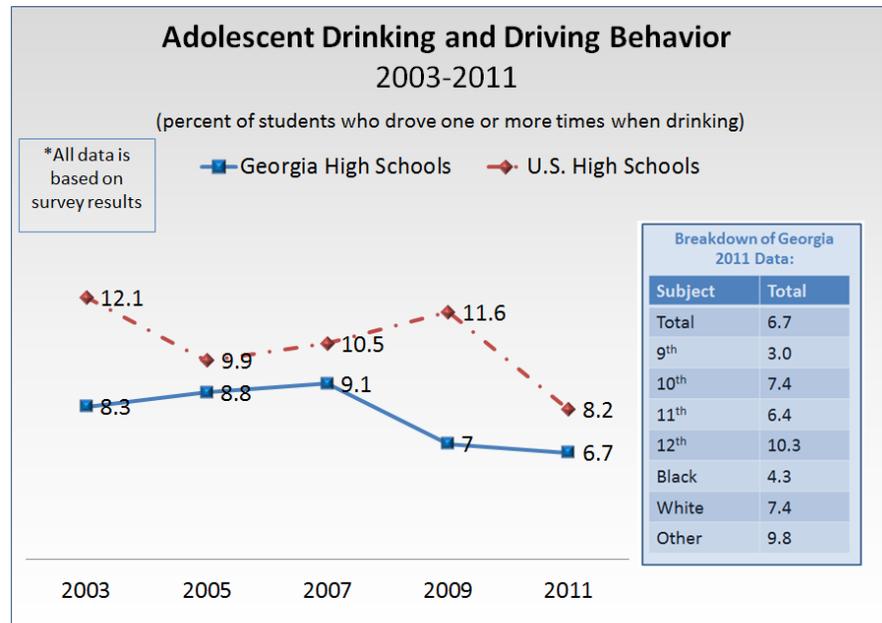
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

Between 2003 and 2011 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 2007.

Binge drinking among Whites (24.3 percent) was almost three times more prevalent than Blacks (8.4 percent).

Almost one-quarter of twelfth graders (22.6 percent) participated in binge drinking within a month prior to the survey.

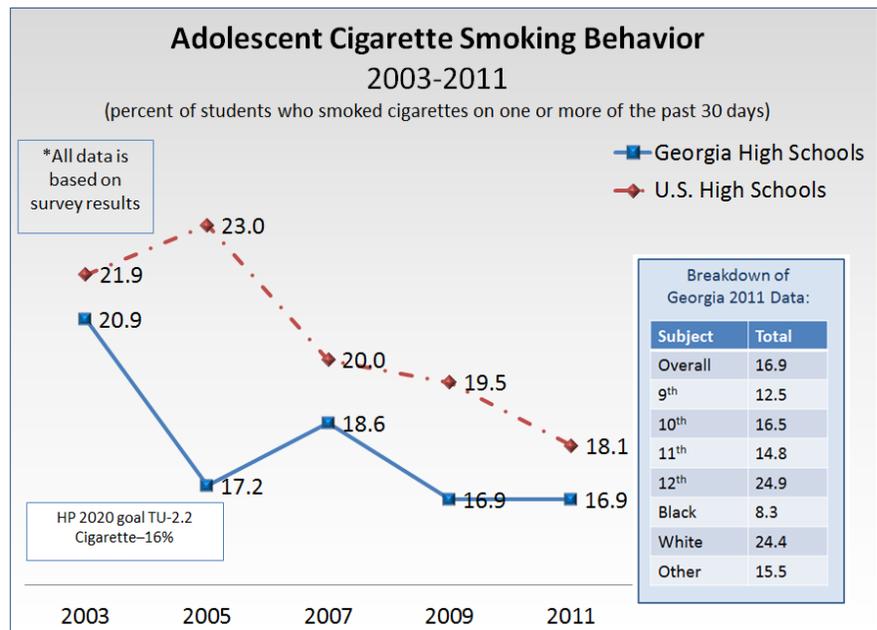
Drinking and driving behavior in Georgia was lower than in the U.S. White youth were almost twice as likely as Black youth to engage in this behavior.



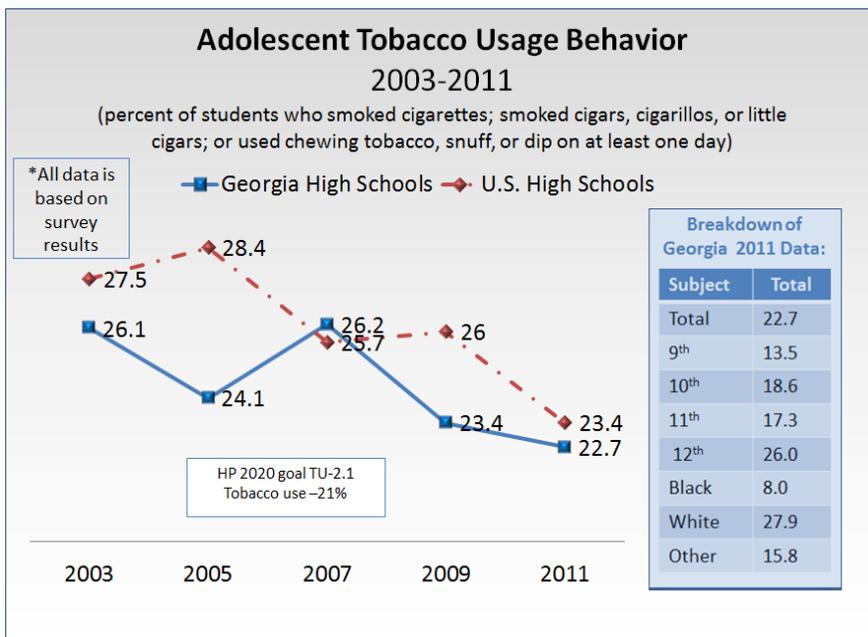
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

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 (24.4 percent) than Blacks (8.3 percent). There was a significant increase in prevalence from eleventh grade (14.8 percent) to twelfth grade (24.9 percent).



Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbbs



Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbbs

Overall, from 2003-2011, the prevalence of tobacco usage in Georgia was lower than the U.S. rates but still higher than the Healthy People 2020 goal of 21 percent.

Tobacco usage rates were three times greater among Whites (27.9 percent) than Blacks (8 percent). It was also more prevalent among twelfth graders (26 percent) than all of the other grades.

Illicit Drug Usage

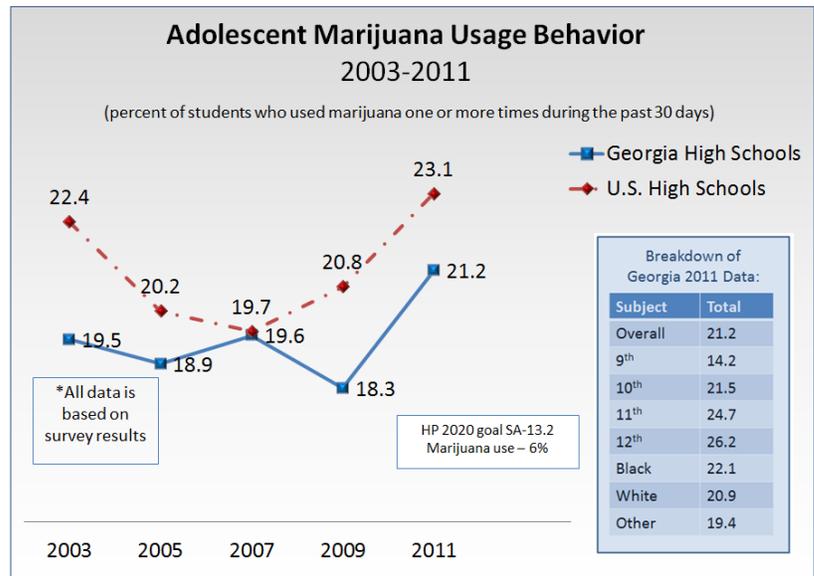
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.¹⁰⁸

Both the U.S. and Georgia prevalence of marijuana usage among adolescents had increased significantly from 2009 to 2011.

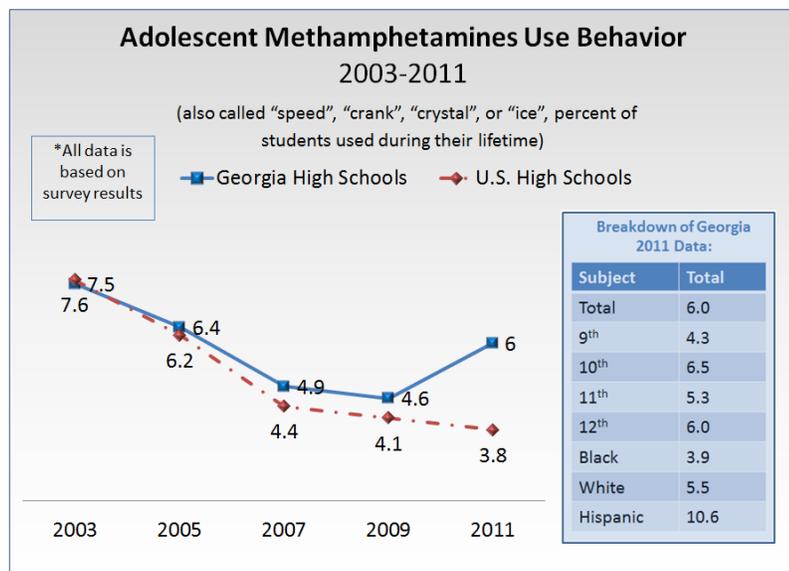
Marijuana usage was more prevalent among Blacks (22.1 percent) than Whites (20.9 percent).

Marijuana usage among twelfth graders was the highest at 26.2 percent.

The Healthy People 2020 goal is to reduce marijuana usage to six percent.¹⁰⁹



Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs



Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

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

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

Comparison: Worth County, Georgia and the U.S.

The following table provides a comparison of different substance abuse behaviors among adolescents in Worth County compared to both the State and U.S. rates.

At a Glance Comparison: Drug and Substance Abuse Behaviors Among Adolescents in Worth County , Georgia, and the U.S.				
	Worth County Middle School	Worth County High School	Georgia High Schools	U.S. High Schools
Binge Drinking	5.8%	17.7%	17.5%	21.9%
Drinking and Driving	0%	6.9%	6.7%	8.2%
Tobacco Use	8.9%	21.3%	22.7%	23.4%
Cigarette Use	7.4%	18.8%	16.9%	18.1%
Marijuana Use	5.3%	16.1%	21.2%	23.1%
Meth Use	.7%	2.3%	6%	3.8%
Prescription	2.5%	6.9%	3.9%	2.4%*

*based on adolescents 12 years and older

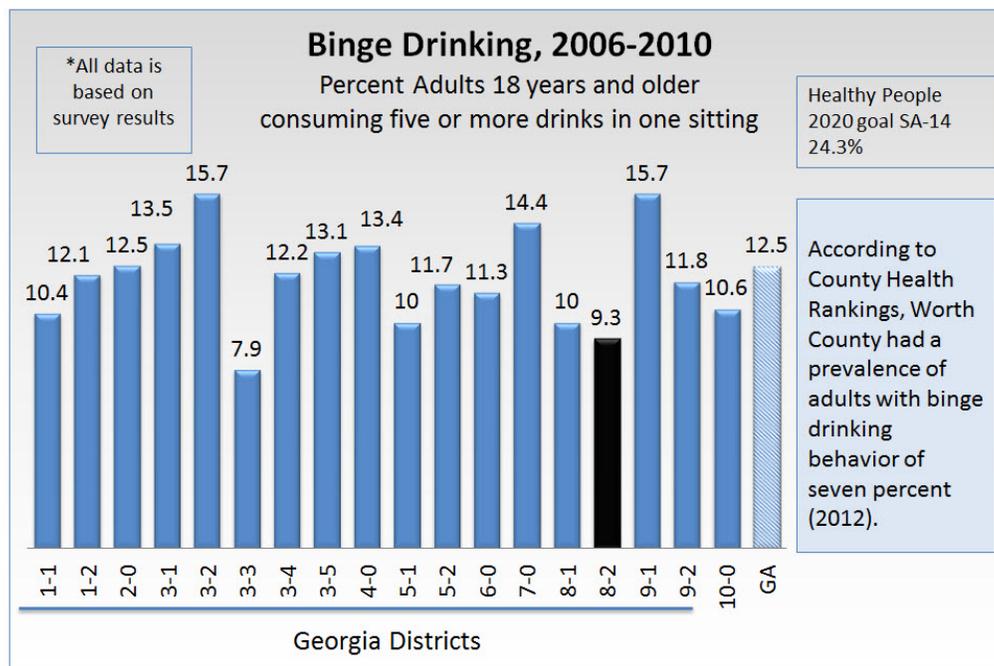
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs, Georgia Department of Education. Georgia Student Health Survey.

Although Worth County Schools had a lower percentage of adolescents that participated in substance abuse behaviors, there was additional data collected in the “Community Input” section of this report. Additionally, there are many more substance abuse behaviors among adolescents in the community not included in the chart above. Please refer to “Community Input” in this section of the 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.¹¹⁰

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.¹¹¹



The binge drinking prevalence in Health District 8-2 (9.3 percent) was lower than the State prevalence (12.5 percent). This was well below the Healthy People goal of 24.3 percent. Worth County had a prevalence of seven percent of adults that participated in binge drinking.

COMMUNITY INPUT

Alcohol, Tobacco, and Drugs

- » Adolescents are getting prescription medications from their parent's medicine cabinet.
- » There is a lack of supervision of children. Parents should be more aware of the underage drinking occurring at "field parties."
- » Prescription drug abuse is a major issue in the community.
- » A lot of younger parents do not understand the importance of adolescent health concerns because their children are being raised by the grandparents.
- » The Methodist Church has an after school program offered three times per week.
- » There used to be a grant funded after school facility. It had to be shut down because it was attracting children with bad behaviors.
- » A lot of people sell drugs because they are unemployed. This creates easy access for children to purchase drugs.
- » When children see their parents do drugs, they think it is okay for them to do drugs .
- » There is not enough monitoring or supervision of drug behaviors in schools.
- » You have to "trick" children into participating in programs that are beneficial to them.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE - STD 6, STD 7

Each year, there are approximately 19 million new sexually transmitted disease (STD) infections, and almost half of them are among youth aged 15 to 24.¹¹² 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.¹¹³

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.

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

STD Cases: Top Ten States (per 100,000) United States, 2010

Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Louisiana (12.2)	Alaska (861.7)	Mississippi (209.9)
2	Georgia (8.1)	Mississippi (725.5)	Louisiana (198.4)
3	Mississippi (7.7)	Louisiana (648.9)	Alaska (182.3)
4	Arkansas (7.1)	New Mexico (582.5)	South Carolina (174.7)
5	Illinois (7.0)	South Carolina (581.5)	Alabama (168.5)
6	Florida (6.4)	Alabama (574.3)	Arkansas (165)
7	Maryland (5.8)	Arkansas (533.8)	Georgia (161.3)
8	New York (5.6)	New York (511.3)	North Carolina (150.4)
9	California (5.6)	Delaware (504.3)	Ohio (142.9)
10	Alabama (5.5)	Michigan (496.3)	Michigan (136.7)
...15		Georgia (459.3)	

Data Source: Centers for Disease Control and Prevention (2011, November) *Sexually Transmitted Disease Surveillance, 2010, Tables 2, 13 and 25,*

Why Is Sexually Transmitted Disease Prevention Important?

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

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

Healthy People 2020

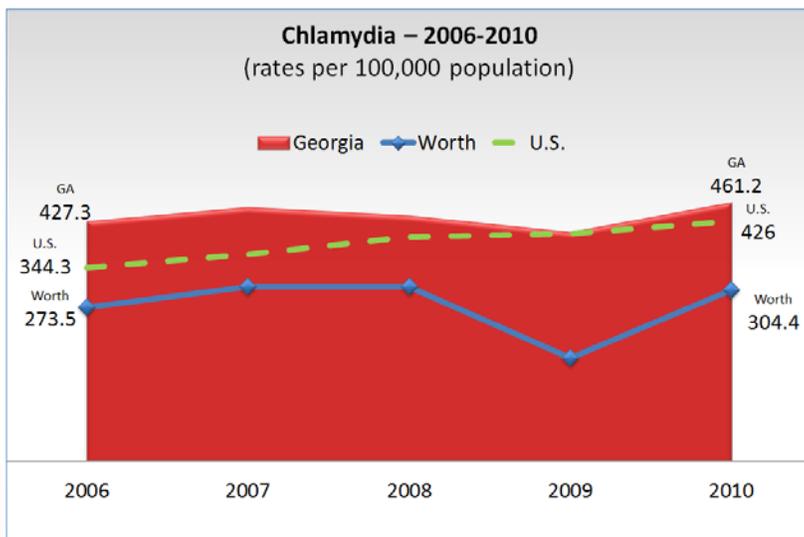
Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. The CDC estimates that half of new infections go undiagnosed each year.¹¹⁴

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.¹¹⁵

- » In 2009, Blacks had 8.7 times the reported chlamydia rates of Whites in the U.S.¹¹⁶
- » 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.¹¹⁷
- » Women had 2.7 times the reported chlamydia rate of men in 2009.¹¹⁸
- » Georgia ranked 15th highest in the U.S. for reported chlamydia cases in 2010.¹¹⁹

In 2010, the chlamydia rate in Worth County (304.4 per 100,000 population) was lower than the State rate (461.2 per 100,000 population) and the U.S. rate (426 cases per 100,000 population).¹²⁰



Data Source: OASIS, Georgia Department of Public Health

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

Average Chlamydia Rates by Race (2006-2010)

	White	Black	All
Georgia	62.6	645.1	437.3
Worth	29.4	539.9	276.5

Data Source: OASIS, Georgia Department of Public Health

Chlamydia rates among Blacks were significantly higher than Whites in both Georgia and Worth County (see table above).

Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.¹²¹ 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.

- » In 2009, Blacks had 20.5 times the reported gonorrhea rates of Whites in the U.S.¹²²
- » Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.¹²³
- » Georgia ranked seventh highest in the U.S. for reported gonorrhea cases in 2010.¹²⁴

In 2010, the gonorrhea rate in Worth County (143 per 100,000 population) was lower than the State rate (161.7 per 100,000 population) and higher than the U.S. rate (100.8 per 100,000 population).¹²⁵

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

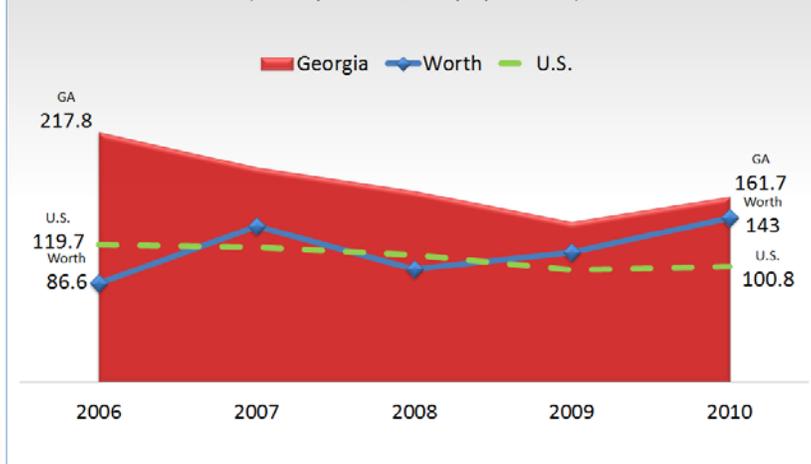
Average Gonorrhea Rates by Race (2006-2010)

	White	Black	All
Georgia	13.5	333	174.3
Worth	9.4	239.2	115.4

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea was significantly higher among Blacks than Whites in both Worth County and Georgia (see table above).

Gonorrhea – 2006-2010 (rates per 100,000 population)



Data Source: OASIS, Georgia Department of Public Health

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.¹²⁶

- » In 2009, Blacks had 9.1 times the reported syphilis rates of Whites in the U.S.¹²⁷
- » Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.¹²⁸
- » Georgia ranked second highest in the U.S. for reported syphilis cases in 2010.¹²⁹

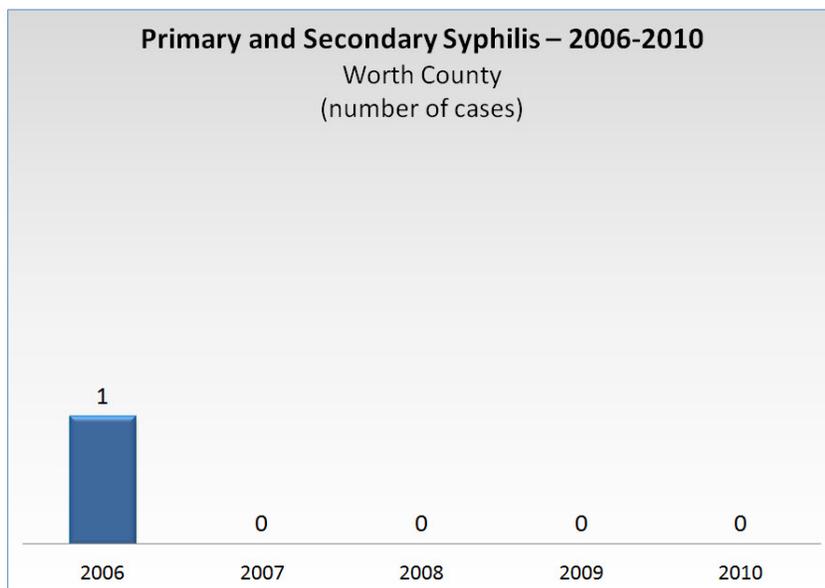
How can syphilis be prevented?

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

The Georgia syphilis rate in 2010 was 9.7 per 100,000 population. The U.S. rate in 2010 was 4.5 per 100,000 population.¹³⁰



Data Source: OASIS, Georgia Department of Public Health

Due to low number of reported cases in Worth County, the syphilis rate was not statistically meaningful. Between 2006 and 2010, Worth County had one case of syphilis.

Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans are living with HIV, and one out of five people with HIV do not know they have it. Each year about 56,000 new infections of HIV occur.¹³¹

- » Nationally, from 2006-2009, the estimated number of people living with HIV increased 8.2 percent.¹³²
- » The number of males living with HIV (869,000) was more than three times the number of women (279,100).¹³³

Blacks had the highest number of persons living with HIV (510,600), accounting for 44 percent of all persons living with HIV in 2009. HIV was also prevalent in Whites (380,300), followed by Hispanics (220,400), persons of multiple races (15,700), Asians (15,400), American Indians or Alaska Natives (4,300), and other Pacific Islanders (1,400).¹³⁴

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

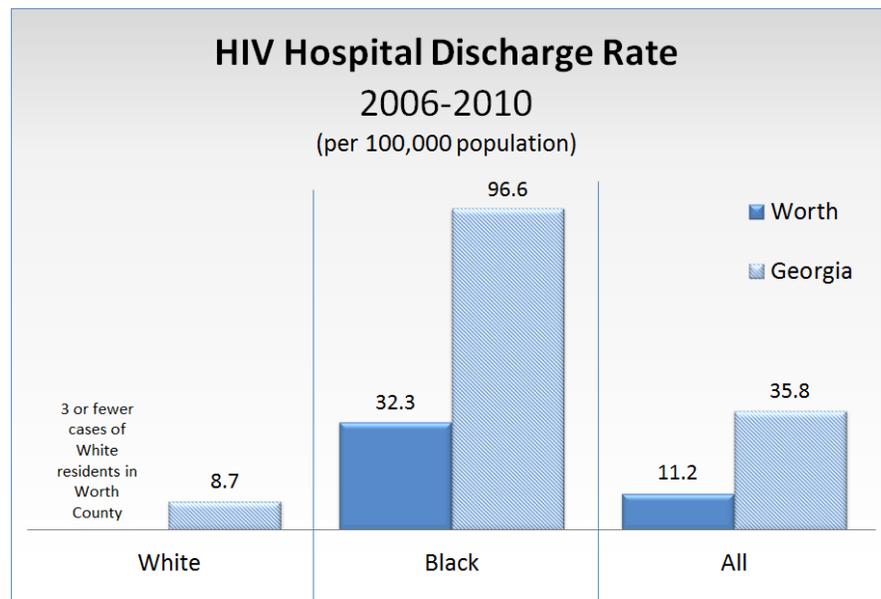
Why is HIV important?

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

Healthy People 2020

Worth County had a lower HIV hospital discharge rate (11.2 per 100,000 population) than Georgia (35.8 per 100,000 population).

The HIV hospital discharge rate among Blacks in Worth County was significantly higher than the rate among Whites.



Data Source: OASIS, Georgia Department of Public Health

COMMUNITY INPUT

Sexually Transmitted Disease

- » Unprotected sex is very common among teens in the community.
- » Many children have had multiple sex partners by the age of 15.

ACCESS TO CARE

HEALTHY PEOPLE 2020 REFERENCE - AHS

Barriers to healthcare can be due to a lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."¹³⁵

Why Is Access to Health Services Important?

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

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

Healthy People 2020

Gaining Entry into the Healthcare System

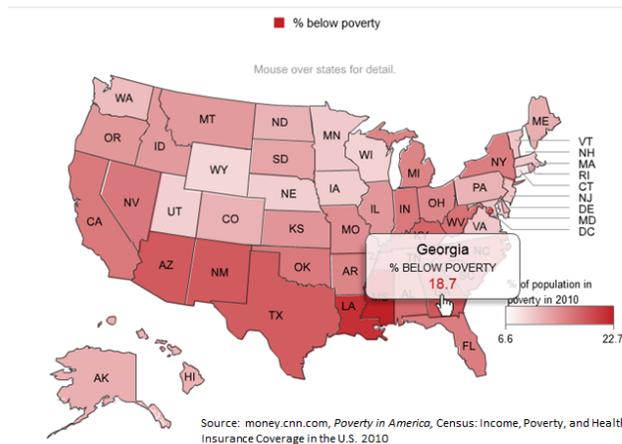
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

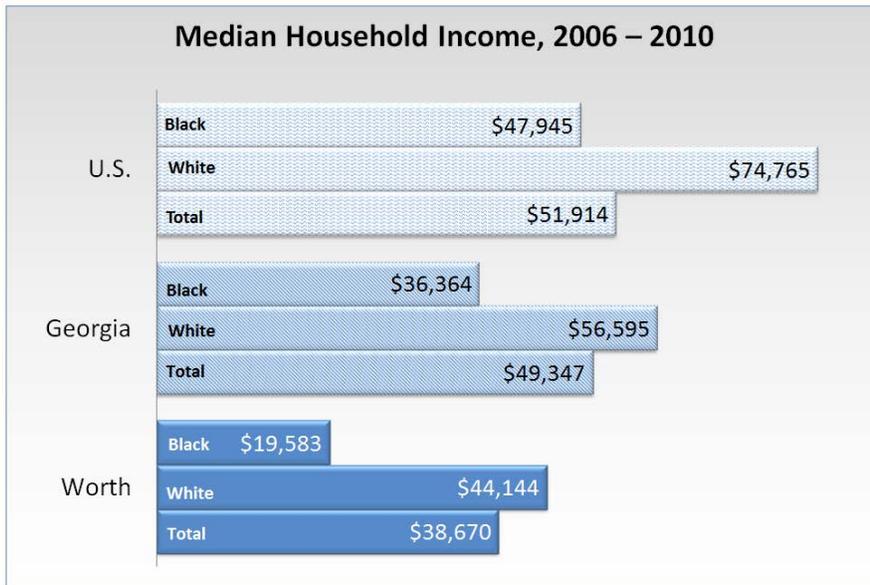
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.3 percent in 2009.¹³⁶

Georgia ranked third highest in the U.S. at 18.7 percent of the population below the poverty level in 2010. Louisiana and Mississippi are ranked first and second.¹³⁷

Poverty in America

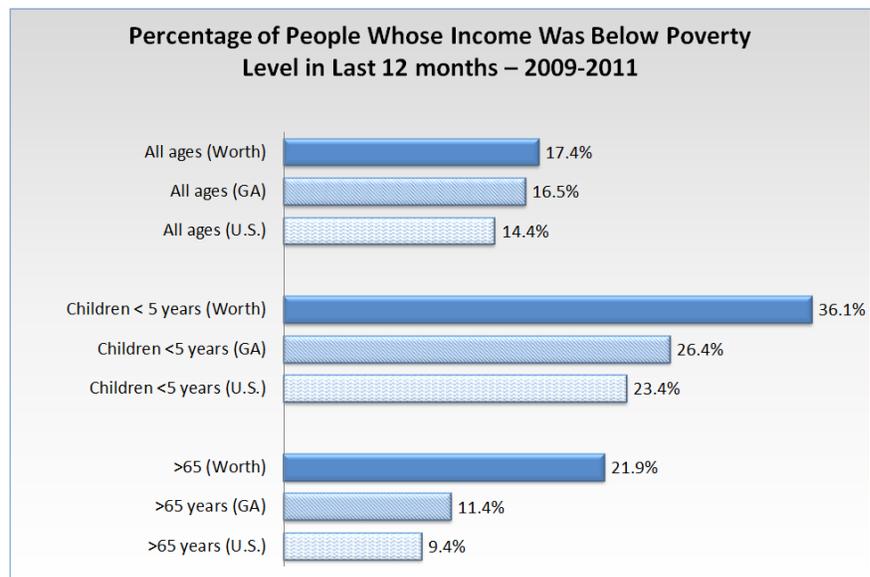




Median household income during 2006-2010 for Worth County was \$38,670. This is well below the Georgia average of \$49,347 and the U.S. average of \$51,914. In Worth County for the period 2006-2010, the average White median income (\$44,144) was approximately 125 percent higher than the Black median income (\$19,583).

Data Source: U.S. Census

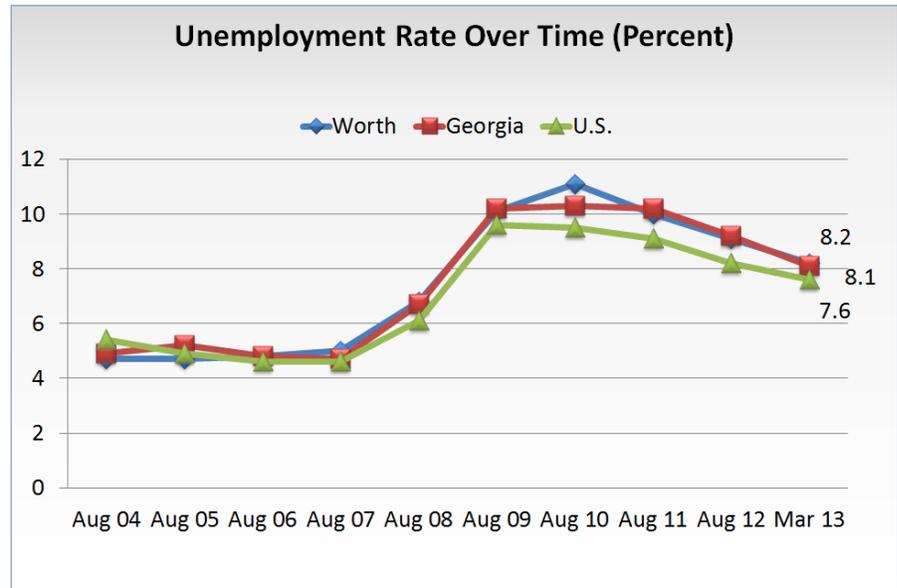
During 2009-2011, the percentage of people in Worth County whose income was below the poverty level (17.4 percent) was higher than Georgia (16.5 percent) and the U.S. (14.4 percent). The percentage of children under five years of age living in poverty in Worth County (36.1 percent) was higher than both Georgia (26.4 percent) and the U.S. (23.4 percent). The percentage of Worth County senior adults living in poverty (21.9 percent) was higher than the State (11.4 percent) and the U.S. (9.4 percent).



Data Source: U.S. Census

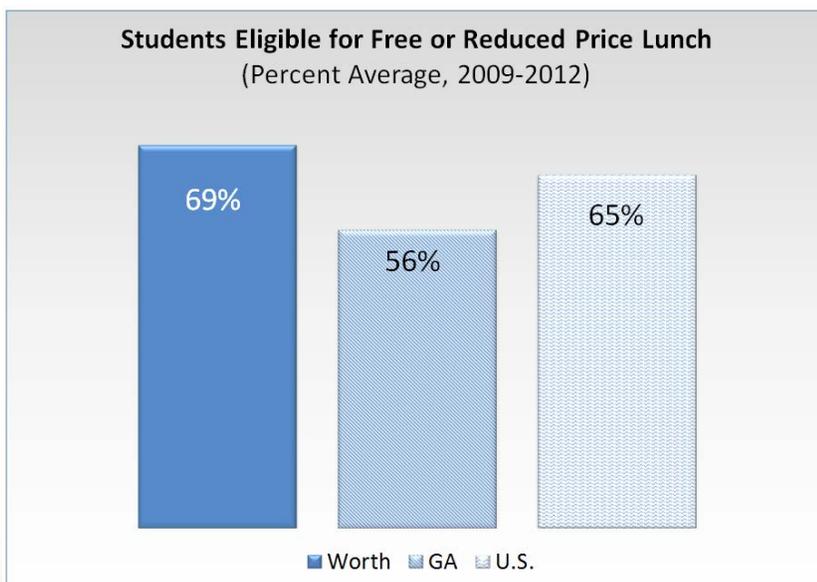
The Worth County unemployment rate for the years 2004-2013 has been comparable to the State rates, but higher than the U.S.

The unemployment rate rose sharply in 2008, but has since decreased. The most recent data showed that Worth's unemployment rate dropped from 10 percent in August of 2011 to 8.2 percent in March of 2013.



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.¹³⁸ For July 1, 2012 through June 30, 2013, a family of four's income eligibility for reduced-price lunches was at or below \$42,643 and for free meal eligibility at or below \$29,965.¹³⁹

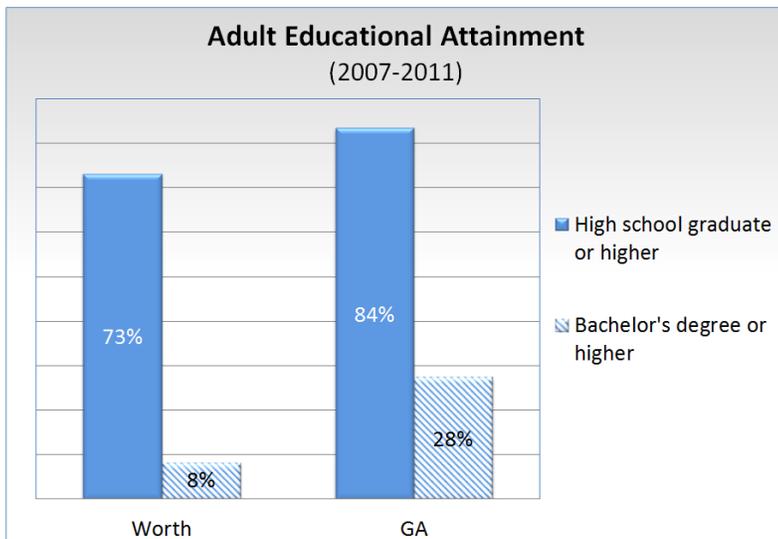


Data Source: Annie E. Casey Foundation, Kids Count Data Center

Sixty-nine percent of the public school students in Worth County were eligible for free or reduced price lunches for the years 2009 to 2012. This was higher than Georgia (56 percent) and the U.S. (65 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.¹⁴⁰ 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.¹⁴¹ 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.¹⁴²

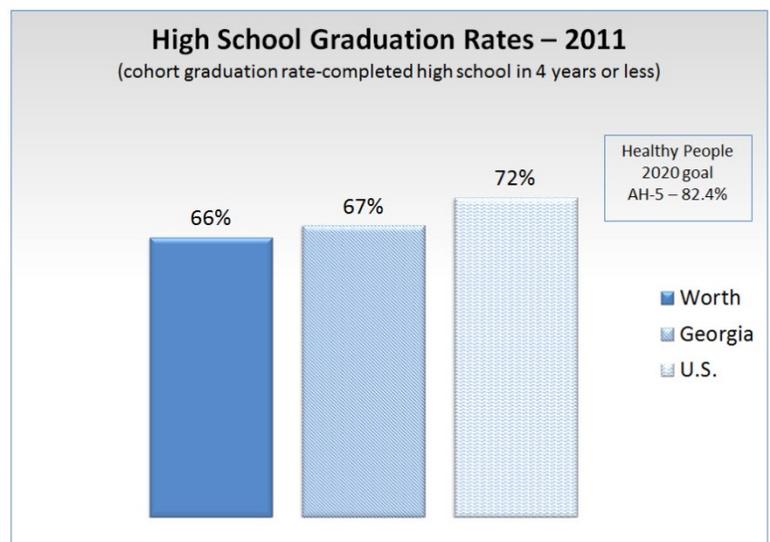


Data Source: Annie E. Casey Foundation, Kids Count Data Center

From 2007- 2011, an average of 73 percent of Worth County residents had graduated high school compared to Georgia's average of 84 percent. An average of 8 percent of Worth County residents had a bachelor's degree or higher compared to Georgia's higher average of 28 percent.

The U.S Department of Education is now requiring all states to begin publicly reporting comparable high school graduation rates using the new four-year adjusted cohort rate calculation method. This method will provide uniform data collection when analyzing statistics across different states.¹⁴³

In 2011, Worth County had an average of 66 percent of students complete high school in four years or less. Worth County was slightly below the State average (67 percent) and the U.S. average (72 percent). The Healthy People 2020 goal for high school students is 82.4 percent (students graduate with a regular diploma, four years after starting ninth grade).



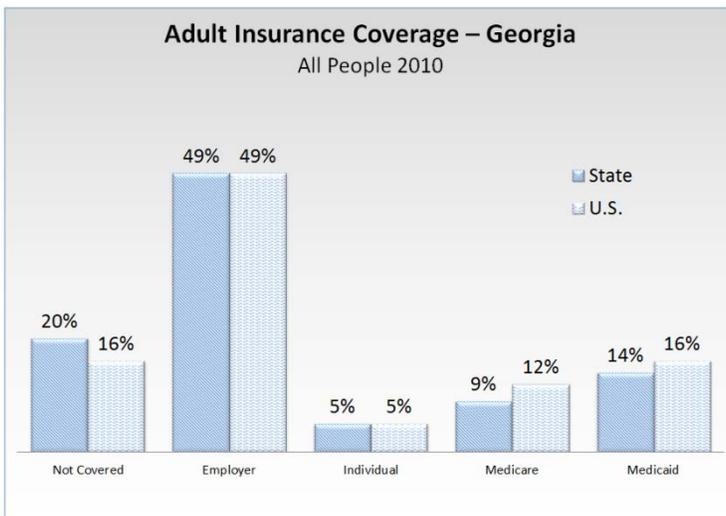
Data Source: Georgia Department of Education - 2011, Editorial Projects in Education Research Center

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.

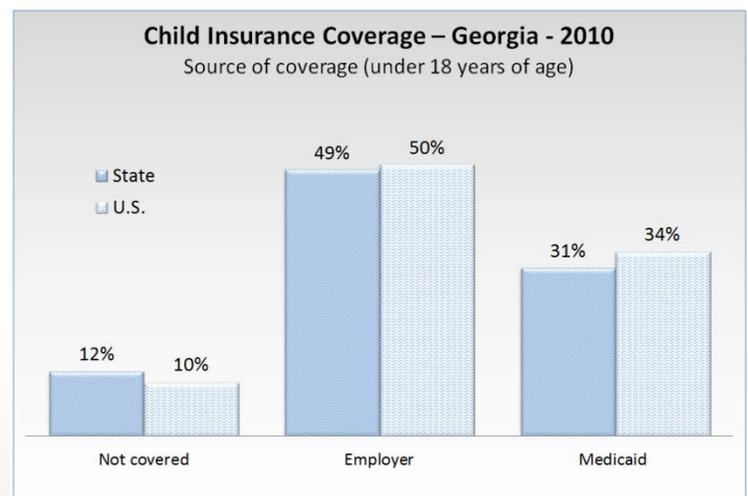
GEORGIA INSURED STATUS



Data Source: Kaiser Family Foundation, Statehealthfacts.org

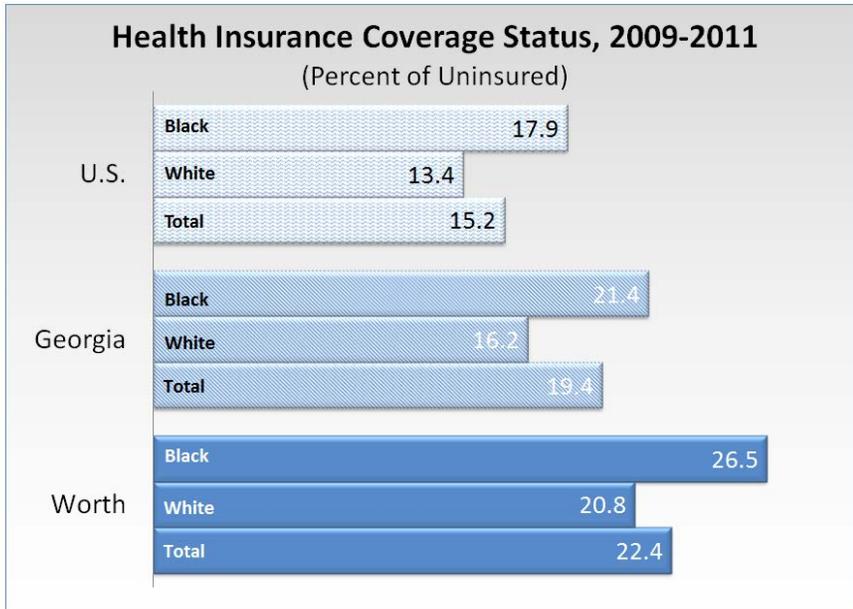
In 2010, Georgia’s adult uninsured population (20 percent) was slightly higher than the U.S. (16 percent). Employer coverage was equal at 49 percent and Medicare and Medicaid coverage were slightly lower than the U.S. rate.

In 2010, Georgia’s population of uninsured children was 12 percent compared to the U.S. at 10 percent. The percent of Georgia children covered by Medicaid was slightly lower (31 percent) than the U.S. rate (34 percent). Employer coverage in Georgia and the U.S were similar.



Data Source: Kaiser Family Foundation, Statehealthfacts.org

WORTH COUNTY INSURED STATUS

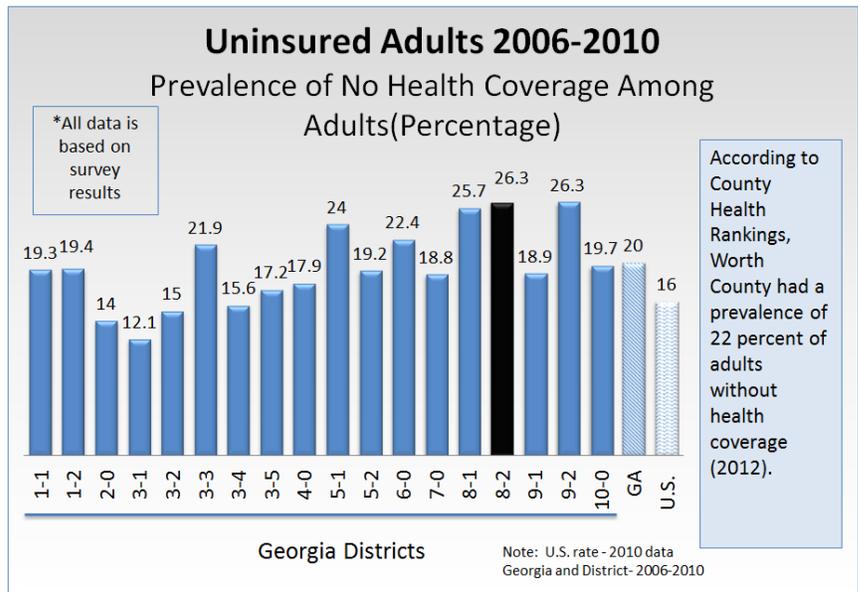


Data Source: U.S. Census

Worth County had a higher proportion of uninsured (22.4 percent) than both Georgia (19.4 percent) and the U.S. (15.2 percent).

In Worth County, Blacks had a higher percentage of uninsured individuals (26.5 percent) compared to Whites (20.8 percent).

In 2012, Worth County had 22 percent of adults lacking health insurance. The percentage of adults that lacked health insurance from 2006-2010 in Health District 8-2 was 26.3 percent. This was higher than the Georgia rate (20 percent) and the U.S rate (16 percent).



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

Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of healthcare, but it does not cover all medical expenses or long-term care. In Worth 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 healthcare services in the U.S is regarded as unreliable because many people do not receive the appropriate and timely care they need. In 2014, a large proportion of Americans will have access to healthcare due to the *Patient Protection and Affordable Care Act*.¹⁴⁴ This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.¹⁴⁵ 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.¹⁴⁶ 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.



Data Source: Centers for Disease Control and Prevention

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.

Worth County is home to Phoebe Worth Medical Center, a 25 bed Critical Access Hospital. Phoebe Worth Medical Center offers many services including: 24-hour emergency center, cancer services, diagnostic services, laboratory medicine, medical-surgical care, pediatrics, and a sleep center. Worth County's close proximity to the city of Albany 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).

Free or Sliding Fee Scale Clinics

There are no free clinics in Worth County. There is one clinic that offers a sliding fee scale in Sylvester. The clinic is called Phoebe Worth Family Medicine. Phoebe Worth Family Medicine offers adult care and well and ill child care. The clinic is open Monday through Friday from 8 am to 5 pm.

The Worth County Health Department offers additional services to help the community. These services include child health, adult health, women's health, nutrition services/WIC, immunizations, and environmental health.

Physician Workforce

Based on the Georgia Physician Workforce Report (2008), Worth County had an inadequate supply of physicians based on population in the following specialties:

Internal Medicine (deficit: -2)
Radiology (deficit: -1)
General Surgery (deficit: -1)¹⁴⁷

However, Worth County had an adequate or surplus supply of physicians in the following specialties:

Cardiovascular Diseases (adequate: 0)
Emergency Medicine (adequate: 0)
Family Practice (surplus: 3)
Orthopedic Surgery (adequate: 0)
Pediatrics (adequate: 0)¹⁵⁹

The Georgia Physicians Workforce Report provides guidelines based on National demographics and does not take into account the demographics of a specific community. The demographics of a community impacts specific needs for specialties due to the age distribution of the population. For instance, if the aged population in a community is a higher percentage than the national average, there may be a need for more cardiologists than depicted in the national standards. The Georgia Physician Workforce Report was last updated in 2008 and should only be used as an indication of possible needs, rather than an absolute number of physicians needed.

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are areas 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). Medically Underserved

Areas/Populations (MUA) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty and/ or elderly population. Worth County is considered a MUA.¹⁴⁸

Provider Shortages as of June 12, 2013

County	Shortage Primary Care Providers FTE- full time equivalent	Shortage Dental Providers	Shortage Mental Health Providers
Worth	2 FTE (low-income)	2 FTE (low-income)	7 FTE (Albany catchment area)

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

Mental Health

Worth County has facilities nearby and outside of the County that provide mental health and substance abuse services.

- » Albany Area Community Service Board is a public, non-profit organization that provides mental health, developmental disability and addictive disease services to citizens of Baker, Calhoun, Dougherty, Early, Lee, Miller, Terrell, and Worth counties.
- » 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. NAMI Albany is a consumer (person with a mental illness) and family support, education, and advocacy organization. They offer peer support for consumers and family members as well as education.¹⁴⁹

Nursing Homes/Skilled Nursing Facilities

Worth County has one nursing homes centrally located within the main city limits of Sylvester. There are six additional nursing homes located within 26 miles of Sylvester in Dougherty, Turner, and Tift Counties. Six of the seven of these nursing homes accept Medicare and Medicaid and one accepts only Medicare. The combined number of beds among these seven nursing homes is currently 988.¹⁵⁰

Transportation

Worth County has a land area of 570 square miles.¹⁵¹ There is no public transportation system within the community. Many residents depend upon family members or others in the community for their transportation needs. There is non-emergency Medicaid transportation available through various companies; however, the community reported this is difficult to utilize since transportation must be scheduled in advance.

Finding a Healthcare Provider with 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.¹⁵²

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.¹⁵³ There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians. In 2008, the percent of Worth County's physician workforce in primary care was 42.1 percent compared to Georgia's average at 34.7 percent.¹⁵⁴

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 errors¹⁵⁵

COMMUNITY INPUT

Access to Care

- » The level of health literacy and education play a role in determining health status.
- » There is a need for a focus on preventive services.
- » The cost of healthcare and lack of education are major factors affecting health.
- » Southwest Georgia Regional Commission provides transportation for \$1.50 each way.
- » A lack of education is a barrier to individuals seeking care.
- » It is important to start at a young age with health literacy.
- » There is a need for a convenient care clinic for non-emergency health issues. Residents of Worth County have to go to Tifton or Albany for non-emergent health issues.
- » A lack of money is one of the many barriers that prevent individuals from accessing care. Individuals without money rely on the ER for their healthcare.
- » The Sylvester Clinic offers a sliding fee scale program for patients.
- » The Health Department is offering an 11 week worksite wellness program that provides participants with blood work information before and after the program.
- » There are times when a child is not sick enough to go to the ER, but not well enough to wait for a scheduled appointment with the primary care provider.
- » The convenient care facility in Albany provides minor emergency room procedures.
- » Occasionally, the school social worker has to take children home because of the lack of transportation among family units.
- » Every school in the County has a registered nurse.
- » There is need for outreach education on the outskirts of the community.
- » It is difficult for individuals with Medicaid to find care because more and more doctors are not accepting as many Medicaid patients due to low reimbursement.
- » Several businesses have contracted with the Health Department to establish wellness programs.
- » Knowing the people you are marketing to is important to successful program implementation.

COMMUNITY INPUT

Access to Care (cont.)

- » The local community seems to assume the Health Department is run by the State, instead of the County.
- » There is a need for a technical school campus in Worth County.
- » Individuals believe that there will be a “pill for it” in the future so why should they worry about it now.
- » It is important to have the right person giving the information to make the learning experience valuable.
- » The Health Department would be the site to handle the event of a flu vaccine emergency.
- » There are a lot of people in the community that believe lack of personal accountability is the reason for all health issues.
- » There is no public transportation system in Worth County.
- » Scheduled Medicaid transportation is available but this is difficult to use for more emergent conditions.
- » The PhoebeCare card offers charity care, but the individual must meet certain eligibility requirements.
- » There is a need for social workers and nutritionists in the community.
- » Many patients are not very literate, which makes it difficult to access the system

SPECIAL POPULATIONS

Why Do Special Populations Matter?

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

Healthy People 2020

COMMUNITY INPUT

Seniors

- » The Senior Center has a gym and walking track.
- » It is very difficult for Seniors to talk about their needs. In addition, Seniors are not fully aware of their medications.
- » Seniors lack an understanding of the various generic names of some of their prescriptions. There is a need for explanation of generic names on their prescription bottles.
- » The Senior Center offers one program during lunch, but there are a lot of Seniors that still work.
- » Chronic diseases among Seniors is a major health issue in this community.
- » Elder abuse and neglect is prevalent issue in Worth County.
- » There is a need for in-home support programs for the Senior population.
- » There are cellphone and computer classes offered through the Senior Center.
- » Seniors are very susceptible to be taken advantage of for their Social Security checks.
- » Medication compliance is a repetitive issue among the Seniors due to Alzheimer’s and dementia.
- » The people who attempt to educate Seniors about Medicare are not on their level.

COMMUNITY INPUT

Seniors (cont.)

- » Group settings are usually best for Senior education.
- » Financial education is important to prevent identity theft.
- » A lot of Seniors are self-medicating, self-diagnosing, and using a list of home remedies to help with chronic conditions.
- » There is need for a resource listing for referral sources to provide to primary care doctors treating the Senior population.
- » There is a lot of foot issues among the Senior population.

COMMUNITY INPUT

Mental Health

- » There are a lot of suicide threats in the school system.
- » There are individuals from all walks of life that suffer from depression.
- » The lack of mental health services is a major problem in this community.
- » There was a mental health clinic in the late-1970s and early-1980s.
- » For counseling or inpatient services, Worth County residents must go to Tifton, Albany, or Valdosta.
- » There are some pastors that offer therapy and counseling.
- » There is a local Alcoholics Anonymous chapter.
- » The National Alliance on Mental Illness (NAMI) offers support groups in surrounding cities, but none are in Worth County.

COMMUNITY INPUT

Other

- » Sight and hearing for the underprivileged are important for the community's health.
- » Domestic violence is a major issue in this community.

PRIORITIES

Community Input

Focus group participants identified 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 represented their highest priorities. Participants were asked not to give any one health topic more than four points. This assured each participant identified at least three health issues.

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

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

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

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

Focus Group Meetings and Priorities

There were two focus group meetings held on the following dates:

- » Community Meeting #1: June 25, 2013 at 9:00 am
- » Community Meeting #2: June 25, 2013 at 2:00 pm

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

1. Adolescent Lifestyle-Including Alcohol, Tobacco, and Drugs
 - a. There is a need for family oriented education on the dangers and consequences of underage drinking and binge drinking.
 - b. There is a need for more education and monitoring of adolescent behavior in the schools.
 - c. Adolescents have easy access to alcohol in the community. There is a need for collaboration among community agencies to help prevent underage access to alcohol.
2. Obesity and Diabetes
 - a. There is a need for education and awareness on the causes, prevention, and intervention for diabetes and obesity.
 - b. There is a need for specific education on how to purchase and cook healthy foods on a budget.
 - c. There is a need for more resources to help individuals adopt an active lifestyle.
3. Access to Care-Providers and Prevention
 - a. There is a need for free or low cost care options for the working poor, uninsured, or underinsured.
 - i. There is a need for a convenient care clinic for non-emergent health issues.
 - b. There is a need for education and awareness regarding prevention of chronic illnesses.
 - c. There is a need for centralized resource directory.
4. Mental Health
 - a. There is a shortage of providers and services.
 - b. There is a need for education and awareness regarding depression.
5. Heart Disease and Stroke
 - a. There is a need for education and awareness on prevention and signs and symptoms of cardiovascular risk.
6. Senior Health
 - a. There is a need for more local services and specialists.
 - b. There is a need for education and awareness of Senior health conditions.
 - c. There is a need for education and awareness on Senior abuse and neglect.
7. 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.
8. Teen Birth Rate
 - a. There is a need for education and awareness for adolescents concerning sex education and contraceptive use.

Hospital Input

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

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

Identified Priorities

After carefully reviewing the observations, comments and priorities of the community, as well as the secondary health data presented, the following priority needs were identified by the CHSC:

1. Adolescent Lifestyle-Including Alcohol, Tobacco, and Drugs
2. Obesity and Diabetes
3. Access to Care-Providers and Prevention
4. Mental Health
5. Heart Disease and Stroke
6. Senior Health
7. Access to Care-Transportation
8. Teen Birth Rate

COMMUNITY PARTICIPANTS

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

WORTH MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Kim Gilman	Chief Administrative Officer (CAO)
Candace Guarneri	Chief Financial Officer
Dr. Natu Patel, M.D.	Chief of Staff
Mandy Gordon	Service Excellence Coordinator
Janet Hudson	Manager, Nursing Services
Josie Stewart	Case Manager/Utilization Review
Stacey Flynt	Director of Business Affairs
Mary King Givens	Retired Librarian/Board Member
Karen Singletary	Executive Assistant to CAO/Medical Staff Coordinator

COMMUNITY REPRESENTATIVES - KEY STAKEHOLDER INTERVIEWS

Connell, Jenny, RN	Worth County Health Department, Interview with Phoebe Putney Memorial Hospital
Culpepper, Melissa	Worth County Health Occupations Teacher, Former School Nurse
Davis, Grace, M.D.	Sylvester Pediatrics, Interview with Phoebe Putney Memorial Hospital
Geer, Becky	Retired DFACs Employee
Griffin, Fidelia	Mary Alice Ship Senior Center

PARTICIPANTS IN COMMUNITY FOCUS GROUP MEETINGS

Acord, Virginia	Probate Court Judge Worth County
Bozeman, Bettye	Worth County Commissioner
Brooks, Jean	CASA
Chafin, Amy	Worth County Board of Education (BOE), Director of Curriculum
Connell, Gina	Worth County Health Department, Director of Nursing
Cosby, Mike	Board of Commissioners
Culpepper, Kay	Backyard Buddies, Daycare
Culpepper, Melissa	Worth County Health Occupations Teacher, Former School Nurse
Dawson, Takierra	Worth County, Department of Family and Children Services (DFACs)
Forester, Christie	Worth County BOE, Federal Programs Director
Geer, Becky	Board of Health
Griffin, Fidila	Mary Alice Ship Senior Center
Harper, Jami	Sowega Council on Aging

Harris, Diana	Sylvester Housing Authority
Heard, Lacey	Worth County BOE, Federal Programs Director Assistant
Hood, Deena	Phoebe Worth Medical Center, Pharmacist
Houston, Mary	Phoebe Worth/Worth County Schools, Speech Therapist
Johnson, Larry	Councilman, City of Sylvester
Jones, Frank	Lions Club
Long, Don	Mayor, Town of Sumner
McCrary, Sarah	Worth County DFACS Board member
Monk, Bob	Worth Insurance (independent business)
Patel, Natu	Independent Physician, Internal Medicine
Rackley, Karen	Economic Development Authority, Chamber of Commerce
Robinson, Deborah	Worthit2u.net
Rutledge, Stacey	Principal, Worth County Primary School
Walker, Bonnie	Town of Sumner
Willingham, Erin	Sowega Council on Aging
Willis, Meredith	Worth County DFACS
Wise, Kathy	Clerk, City of Sylvester
Yearta, Bill	Mayor, City of Sylvester

RESOURCE LISTING

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

ASSISTED LIVING FACILITIES

Pine Shadows Retirement Manor
202 Bryant Dr.
Sylvester, GA 31791
229.776.7565 (P)
www.pineshadowsmanor.com

Pine Shadows Retirement Manor, Too
407 n. McPhaul Street
Sylvester, GA 31791
229.777.0430 (P)
www.pineshadowsmanor.com

Southern Care Assisted Living
1934 Whiddon Mill Rd.
Tifton, GA 31793
229.386.2273 (P)
www.southerncare.net

Morningside of Albany
1721 Beattie Rd.
Albany, GA 31721
770.788.6660 (P)

Pines Personal Care Home
2121 Martin Luther King Jr Dr.
Albany, GA 31701
229.878.1415 (P)
www.pinespersonalcarehome.com

V.M.R. Retirement Center
556 16th Ave.
Albany, GA 31701
229.888.7696 (P)

BIRTH CERTIFICATES

The Probate Court of Worth County
201 North Main Street
Sylvester, GA 31791
229.776.8207 (P)
M - F: 8am - 5pm

BLOOD DONATIONS

American Red Cross
800.RED.CROSS / 800.733.2767 (P)
www.redcross.org

BREASTFEEDING RESOURCES

Breastfeeding Information
www.breastfeeding.com

La Leche League of GA Hotline
404.681.6342 (P)

Worth County Health Department
1012 West Franklin Street
Sylvester, GA 31791
229.777.2150 (P)

Southwest Georgia Breastfeeding Coalition
1306 S. Slappey Blvd. Ste G Box 7
Albany, GA 31701
229.430.4111 (P)

CAR SEAT RESOURCES AND SAFETY

Auto Safety Hotline
800.424.9393 (P)

Babies 'R Us Car Seat Check
770.484.9697 (P)

NHTSA Child Car Seat Inspection Station
Worth County Health Department
1012 Franklin St.
Sylvester, GA 31791
229.777.2150 (P)

Safe Kids Sylvester-Worth County
101 NW Berry Street
Sylvester, GA 31791
229.776.8516 (P)

CANCER SUPPORT SERVICES

American Cancer Society
800.227.2345 (P)

Phoebe Cancer Center - Support Services
Information
910 N Jefferson St., Ste. E
Albany, GA 31701
229.312.0422 (P)

CHILDREN & FAMILY SUPPORT SERVICES

ALL GA KIDS
877.255.4254 (P)

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

CLOTHING RESOURCES

Salvation Army
300 Second Ave.
Albany, GA 31701
www.salvationarmy-georgia.org

Goodwill Industries
2015 North Slappey
Albany, GA 31701
229.317.0970 (P)

COUNSELING

Worth County Neighborhood Service Center
608 W Pinson St.
Sylvester, GA 31791
229.776.4851 (P)

CRISIS INTERVENTION

Division of Family & Children Services (DFCS)
Child Protective Services
503 Henderson Street
Sylvester, GA 31791
229.777.2000 (P)
www.dfcs.dhs.georgia.gov

Georgia Crisis Line
800.715.4225 (P)

National Domestic Violence Hotline
800.799.7233 (P)

Crisis Stabilization Services
601 11th Avenue
Albany, GA 31701
229.430.4147 (P)

Ruth's Cottage
P.O. Box 2727
Tifton, GA 31793
229.387.9697 (P)

DENTAL (LOW-INCOME)

Samaritan Clinic Albany Georgia - Dental
802 North Jefferson Street
Albany, GA 31705
229.883.6860 (P)

Rural HIV Clinic (And Dental) - Albany
2202 E. Oglethorpe Blvd.
Albany, GA 31705
229.431.1423 (P)

DEVELOPMENTAL NEEDS

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

Easter Seals Southern
Main Office
1906 Palmyra Road
Albany GA 31701
Office Hours 8:30 to 5:00 p.m.
229.439.7061 (P)

Parent to Parent of Georgia
800.229.2038 (P)

DME & RESPIRATORY PROVIDERS

Albany Area Community Services Board
601 West 11th Avenue
Albany, GA 31702
229.430.4140 (P)

New Foundations
1011 N Monroe St
Albany, GA 31701
229.312.0042 (P)

American Home Patient
2231 Dawson Rd. Ste. W
Albany, GA 31707
229.432.2027 (P)

Albany Home Patient Care
800 ½ S. Slappey Blvd.
Albany, GA 31701
229.435.6211 (P)

Hanger J E Inc.
607 N Jefferson St
Albany, GA 31701
229.436.4781 (P)

MRS Homecare
711 N Jefferson St
Albany, GA 31701
229.439.2010 (P)

MRS Homecare
1497 Kennedy Rd
Tifton, GA 31794
229.382.2002 (P)

EMERGENCIES / URGENT CARE

Phoebe Worth Medical Center
807 S. Isabella Street
Sylvester, GA 31791
229.776.6961 (P)
www.phoebeputney.com

FATHERHOOD

Georgia Fatherhood Program
770.531.4011 (P)

National Center for Fathers
800.593.3237 (P)

FINANCIAL ASSISTANCE

Division of Family and Children Services (DFCS)
Temporary Assistance for Needy Families (TANF)
503 Henderson Street
Sylvester, GA 31791
229.777.2000 (P)
www.dfcs.dhs.georgia.gov

Salvation Army
300 Second Ave.
Albany, GA 31701
www.salvationarmy-georgia.org

FINANCIAL COUNSELING

Consumer Credit Counseling Service
800.388.2227 (P)
www.credability.org

FOOD ASSISTANCE

Division of Family and Children Services (DFCS)
503 Henderson Street
Sylvester, GA 31791
229.777.2000 (P)
www.dfcs.dhs.georgia.gov
For Food Stamps

Worth County Health Department
1012 West Franklin Street
Sylvester, GA 31791
229.777.2150 (P)
For WIC Assistance

FURNITURE RESOURCES

Goodwill Industries
2015 North Slappey
Albany, GA 31701
229.317.0970 (P)

Salvation Army
300 Second Ave.
Albany, GA 31701
www.salvationarmy-georgia.org

GED CLASSES

Moultrie Technical College
MTC Sylvester-Worth County Adult Education Center
1210 North Monroe Street
Sylvester, GA 31791
229.777.2177 (P)

INFORMATION

PowerLine
2300 Henderson Mill Road, Suite 410
Atlanta, GA 30345
800.300.9003 (P)
800.822.2539 (P)
www.resourcehouse.com/HMHB

Together Rx Access
800.444.4106 (P)
www.trxaccess.com

HEALTH INSURANCE

Medicare
800.MEDICARE / 800.633.4227 (P)
Medicare Service Center:
877.486.2048 (P)
Report Medicare Fraud & Abuse:
800.HHS.TIPS / 800.447.8477 (P)
www.medicare.gov

Medicaid
Member Services: 866.211.0950 (P)
Provider Services: 800.766.4456 (P)
Eligibility: 404.730.1200 (P)
Customer Service: 404.657.5468 (P)
www.medicaid.gov

PeachCare for Kids
877.427.3224 (P)
www.peachcare.org

Peachstate Provider Services
866.874.0633 (P)
Wellcare Provider Services
866.231.1821 (P)

HOSPICE PROVIDERS

Albany Community Hospice
320 Foundation Lane
Albany, Georgia 31707
229.312.7050 (P)

Englewood Hospice Care
507 North Jefferson Street
Albany, GA 31702
229.435.2109 (P)

Southern Care Hospice
412 1st St SE
Moultrie, GA 31768
229.217.0523 (P)

United Hospice
708 16th Ave E
Cordele, GA 31015
229.271.0300 (P)

HOSPITAL BASED REHABILITATION

Phoebe Putney Memorial Hospital
417 3rd Ave W
Albany, GA 31701
229.312.1000 (P)

Phoebe Worth Medical Center (Swing Bed Unit)
807 South Isabella Street
Sylvester, GA 31791
229.777.3890 (P)

HOUSING / UTILITY ASSISTANCE

Georgia Department of Community Affairs
Georgia Dream Homeownership Program
800.359.4663 (P)

Georgia Housing Search
www.georgiahousingsearch.org

Low Income Home Energy
Assistance Program (LIHEAP)
To verify if you are eligible, please call:
800.869.1150 (P)

Sylvester Housing Authority Board
411 N Jefferson Street
Sylvester, GA 31791
229- 776-7621, ext.14 (P)

JOB TRAINING

Moultrie Technical College
MTC Sylvester-Worth County Adult Education Center
1210 North Monroe Street
Sylvester, GA 31791
229.777.2177 (P)

LEGAL ISSUES

Georgia Legal Services
800.822.5391 (P)

Albany Legal Service for Elderly
309 Pine Ave
Albany, GA 31701
229.432.1131 (P)

LITERACY

Family Literacy Hotline
404.539.9618 (P)

Ferst Foundation for Childhood Literacy
888.565.0177 (P)

MEDICAL FINANCIAL ASSISTANCE

Division of Family & Children Services (DFCS)
Worth County
229.777.2000 (P)

Phoebe Worth Medical Center
807 S. Isabella St
Sylvester, GA 31791
229.776.6961 (P)

Medicaid
Member Services: 866.211.0950 (P)
Provider Services: 800.766.4456 (P)
Eligibility: 404.730.1200 (P)
Customer Service: 404.657.5468 (P)
www.medicaid.gov

Medicare
800.MEDICARE / 800.633.4227 (P)
Medicare Service Center:
877.486.2048 (P)
Report Medicare Fraud & Abuse:
800.HHS.TIPS / 800.447.8477 (P)
www.medicare.gov

MEDICAL CLINICS AND CARE

HealthPlus-Sylvester
1010 W. Franklin Street
Sylvester, GA 31791
229.776.3500 (P)

InfantSee
888.396.3937 (P)
www.infantsee.org

Phoebe Worth Family Medicine - Sylvester
1014 West Franklin St
Sylvester, GA 31791
229.776.2965 (P)

Worth County Health Department
1012 Franklin St.
Sylvester, GA 31791
229.777.2150 (P)

MENTAL HEALTH

Worth County Health Department
1012 Franklin St.
Sylvester, GA 31791
229.777.2150 (P)

Phoebe Putney Memorial Hospital
Behavioral Health Services
417 3rd Ave W
Albany, GA 31701
229.312.1000 (P)

SKILLED NURSING FACILITIES / NURSING HOMES

Sylvester Health Care
206 Monk St
Sylvester, GA 31791
229.776.5541 (P)

Palmyra Nursing Home
1904 Palmyra Road
Albany, GA 31701
229.883.0500 (P)

PARENTING RESOURCES

American Academy of Pediatrics
www.healthychildren.org

"MOPS" - Mothers of Preschoolers
General Info:
800.929.1287 (P)
303.733.5353 (P)
303.733.5770 (F)
Service/Group Info:
888.910.MOPS / 888.910.6677 (P)
www.mops.org

PATERNITY

Division of Child Support Services
405 North Henderson Street
P.O. Box 426
Sylvester GA 31791-0426
877.423.4746 (P)
229.776.0821 (F)
Email: SylvesterCSE@dhr.state.ga.us

PHYSICAL THERAPY / REHABILITATION SERVICES

Phoebe Physical Medicine
1009 W Franklin St
Sylvester, GA 31791
229.777.0397 (P)

Phoebe Worth Medical Center
807 S. Isabella St
Sylvester, GA 31791
229.776.6961 (P)

POSTPARTUM DEPRESSION

Georgia Crisis Line
800.715.4225 (P)
www.bhlweb.com/tabform

Georgia Postpartum Support Network
866.944.4776 (P)

Meetup
www.postpartum.meetup.com

National Women's Health Information Center
800.994.9662 (P)
www.4woman.gov/faq/depression-pregnancy.cfm

Postpartum Support International
800.944.4773 (P)
www.postpartum.net

PUBLIC LIBRARIES

Sylvester Public Library
205 E Pope St
Sylvester, GA 31791
229.776.2096 (P)

RECREATION

Sylvester - Worth County Recreation Department
103 Eldridge St
Sylvester, GA 31791
229.776.6509 (P)

SAFETY

Georgia Poison Control
800.222.1222 (P)
www.gpc.dhr.georgia.gov

Safe Kids
1301 Pennsylvania Avenue, NW, Suite 1000
Washington, DC 20004
202.662.0600 (P)
202.393.2072 (F)
www.safekids.org

SMOKING CESSATION

Georgia Tobacco Quit Line
877.270.7867 (P)
www.livehealthygeorgia.org/quitline

TEEN PARENTING RESOURCES

Worth County Health Department
1012 Franklin St.
Sylvester, GA 31791
229.777.2150 (P)

Young Mommies Help Site
www.youngmommies.com

Network of Trust
800 North Jefferson Street
Albany, GA 31791
229.889.7360 (P)

TRANSPORTATION

Logisticare Solutions
888.224.7985 (P)
229.878.2565 (P)

Destiny Transportation Group Inc.
300 West Oglethorpe Blvd.
Albany, GA 31791
229.431.0000 (P)

END NOTES

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