2016

Clinch Memorial Hospital

Community Health Needs Assessment

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CONTENTS

EXECUTIVE SUMMARY....4
THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS....7
Description of Major Data Sources....10
Definitions....12
Information Gaps and Process Challenges....12
2013 Implementation Strategy....13
ABOUT CLINCH COUNTY....16
Georgia Public Health Districts....17
Population Profile....18
Race, Ethnicity and Origin Profile....19
MORBIDITY AND MORTALITY....22
Hospitalization and Emergency Room Visits....22
Leading Causes of Death....25
Premature Death....27
Cancer....28
Lung Cancer....30
Colon and Rectum....32
Breast Cancer....34
Prostate Cancer....36
Heart Disease and Stroke....39
Chronic Lower Respiratory Disease....44
Accidents....48
Diabetes....51
Obesity....53
Childhood Obesity....54
MATERNAL, INFANT AND CHILD HEALTH....59
Birth Rates....60
Infant Mortality....61
Fetal and Infant Conditions....61
Teen Birth Rate....63
Birth Weight....66
Immunizations....67
ALCOHOL, TOBACCO AND DRUG USE....68

Adolescent Behavior....68
Alcohol, Tobacco, and Substance Abuse....69
Illicit Drug Usage....71
Comparison: Clinch County and Georgia....72
Adult Alcohol Abuse....73
SEXUALLY TRANSMITTED DISEASES....75
Chlamydia....76
Gonorrhea....77
Syphilis....78
Human Immunodeficiency Virus (HIV)....79
ACCESS TO CARE....82
Gaining Entry into the Health Care System....82
Income and Poverty....82
Educational Attainment....85
Insured Status....86
Georgia Health Assistance and Healthcare Programs....88
Accessing a Healthcare Location Where Needed Services Are Provided....90
Healthcare Continuum....90
Health Professional Shortage Areas (HPSAs)....91
Mental Health....91
Nursing Homes/Skilled Nursing Facilities....92
Transportation....92
Finding a Health Care Provider Whom the Patient Can Trust....93
SPECIAL POPULATIONS....96
PRIORITIES....98
Community Input....98
Hospital Input....100
Identified Priorities....100
Approval....100
COMMUNITY PARTICIPANTS....101
RESOURCE LISTING....102
ENDNOTES....109

EXECUTIVE SUMMARY

Purpose

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

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

The assessment was performed by Draffin & Tucker, LLP. Draffin & Tucker is a health care consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 60 years' experience working with hospitals throughout the Southeastern United States. Input was received from the hospital, community leaders, and Clinch County residents.

The following summary information is derived from data discussed in the related chapters of this report. Unless otherwise noted, the data sources are referenced in those related chapters.

About the Area

Clinch County is located in South Georgia and borders the state of Florida. The county has a total land area of 800 square miles. According to the U.S. Census, as of July 1, 2014 there were an estimated 6,831 residents in the county. Clinch Memorial Hospital is located in the county seat of Homerville.

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

HEART DISEASE AND STROKE

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

CANCER

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

ACCIDENTS

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

CHRONIC LOWER RESPIRATORY DISEASE

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

MATERNAL, INFANT AND CHILD HEALTH

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

ALCOHOL, TOBACCO AND DRUG USE

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

SEXUALLY TRANSMITTED DISEASES

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

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. One-fifth of Clinch County residents reported no health insurance. Nearly one-third of Clinch County's population is below the poverty level. Eight percent of children were uninsured in Georgia which was the same as the U.S. rate.

Education also affects an individual's ability to access care. Approximately 71 percent of Clinch County residents were high school graduates compared to Georgia residents at 85 percent. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.

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

Community Prioritization of Needs

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

- Adolescent Lifestyle
- Mental Health
- Obesity
- Accidents

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

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

APPROVAL

Clinch Memorial Hospital approved this community health needs assessment through a board vote on May 25th, 2016.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

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

Wallace Mincey Interim Administrator

Sandra Hughes, Chief Financial Officer

Kellie Register, Director of Nursing

Janice Register, Compliance Officer/Quality Improvement

Samuel Cobarrubias, MD, Chief of Staff

Patricia Stalvey, Social Services/Discharge Planning

Melinda Davis, Administrative Coordinator

Stephanie Stovall, Chairman of the Board

Amber Kinsey, Public Health Nurse Manager

Kaye Riley, Clinch County Board of Education

Jeff Brown, Lutz Brown Insurance Company

Jennifer Smith, Clinch County Family Connection

Lauren Mercer, Unison Behavioral Health

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. Clinch 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.

5. Community Health Profile

The Community Health Profile (Profile) was prepared by Draffin & Tucker, LLP to reflect the major health problems and health needs of Clinch County, such as:

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

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

6. Community Input

A two-hour community health input meeting (community meeting) and a one-hour community stakeholder interview with an individual from Public Health were essential parts of the CHNA process. The meeting and interview were conducted in order to obtain the community's input into the health needs of Clinch County.

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

Participants were asked to provide their observations on the health data presented in the Profile. In addition, participants were requested to provide input as to needs that were not identified in the Profile. Questions and discussions were encouraged, with the objective that participants would increase their understanding of what the data meant in terms of the burden of chronic diseases, the impact of the demographics of the population on health services, health status, health behaviors, and access to healthcare. The group discussed the health problems or health issues and the facilitator made a list of the health problems the community participants indicated were important. The hospital identified about 20 community members to participate in the community meeting.

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

7. Hospital Prioritization of Needs

Information gathered from the community meeting, interview, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data were used to determine the priority health needs of the population. Draffin & Tucker, LLP provided the CHSC with a written report of the observations, comments, and priorities resulting from the community meeting and stakeholder interview. The CHSC reviewed this information, focusing on the identified needs, priorities, and current community resources available. The CHSC agreed with the needs as prioritized by the community. Each of the needs will be addressed separately in the Hospital's Implementation Strategy document.

Description of Major Data Sources

Bureau of Labor and Statistics

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

Behavioral Risk Factor Surveillance System

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

Centers for Disease Control and Prevention

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

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

County Health Rankings

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

Georgia Department of Public Health

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

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

Information Gaps and Process Challenges

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

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

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

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

2013 Implementation Strategy

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

Healthcare Access	
2013 Implementation Strategy	**2013 Implementation Strategy Impact**
Ongoing recruitment efforts are in place to hire a physician for the third physician office practice located in Homerville. This practice is currently utilizing the services of a PA. Recently contracted with an Internal Medicine Physician. Practice opens on June 15, 2013. One employee of this practice is completing their educational degree as a Nurse Practitioner.	The internal Medicine Physician opened his practice as planned. Practice was closed about a year later. Clinch Memorial Hospital(CMH) has continued the process for Physician search.
CMH has an in house clinic space that is utilized for specialty services. The hospital continues to negotiate with other specialty services for the in house clinic. The following negotiations are currently being done: • Spine Evaluation Clinic under contract to open in 2013 • OB/GYN Provider in negotiations for periodic services Specialty services will be an ongoing project for CMH. The following specialty services are currently offered at CMH: • Gastroenterology • Laboratory • Physical Therapy • Podiatry • Radiologic Imaging Center - Include MRI Services • Respiratory Services • Sleep Study • Swing Bed • Speech Therapy • 24 Hour ED with medical service personnel	The Spine Clinic was opened in late 2013 and closed within a year. Attendance was not consistent from the Spine Center staff. The OB/GYN Provider was not able to open the clinic for any period of time due to his schedule. An outpatient clinic was opened in August 2014. The clinic was open until the Physician had to leave for medical reasons. Currently the clinic space is used by Gastroenterology & Podiatry. Other services (cardiology & ophthalmology) are being discussed.

Chronic Disease Conditions	
2013 Implementation Strategy	**2013 Implementation Strategy Impact**
CMH plans to hold a Community Health Fair to promote awareness. To further assist the community CMH will provide the following as long as attendance is supported by the community: • Support groups & Community Lectures ➢ Stroke ➢ Heart Disease ➢ Diabetes ➢ Cancer • Educational materials, radio and newspaper ads CMH will continue to offer the following services: • Free PSA screenings • Blood sugar checks • Breast Cancer Awareness Month (reduction cost of mammography) Respiratory Director is trained and certified for methacholine challenge testing. CMH will partner with: • Public Health to promote HIV/AIDS awareness and free screenings. • Public school system & Home Health Agencies to promote health & wellness.	CMH held its first Community Health Fair on October 11, 2014 on campus grounds. They had over 20 booths promoting awareness for Colon & Breast Cancer, Mental Health, Sleep Apnea, Diabetes, Spine health, Home Health, Physical Therapy, Hospice, & Advance Directive. Free screenings for all attendees, brochures on hospital services, job applications and information about the requirements. Free drawing for anyone who attended. Approximately 100 community members attended and 35 hospital staff participated. CMH held its 2nd Health Fair on September 18, 2015 inside the hospital. All department services participated with free screening for sleep apnea, PSA, Blood Sugar, blood pressure and other screening. Brochures with health awareness on cancer, stroke, heart disease, diabetes, Advance Directive, physical therapy, and other educational materials. CMH Auxiliary assisted in the activity, provided information on the volunteer program. The Fair was attended by approximately 155 community members and 40 + CMH staff members.

Behavioral Health	
2013 Implementation Strategy	**2013 Implementation Strategy Impact**
CMH will partner with Unison Behavioral Health to help promote the local service.	A staff member from Unison participated on the 2013 CHNA Committee. At this time, we have not followed through with Unison. A member participated in the 2014 Health Fair at CMH.
	Plans are being made to include an employee with Unison (Lauren) to the CHNA for 2015.

Economic Development	
2013 Implementation Strategy	**2013 Implementation Strategy Impact**
CMH will use the following avenues to promote and educate the community: • Community Health Fair • Create a CMH Website • Publish Hospital Compare scores • Utilize local radio station and newspaper to spotlight ➢ Services & patient success stories ➢ 24-hour Emergency Department with full Medical personnel Free Screenings & Health Awareness Months for specific conditions	Health Fair 2014 (cross-reference "Chronic Disease Conditions) Health Fair 2015 (cross-reference "Chronic Disease Conditions") Hospital Compare has been posted in waiting areas of the hospital. CMH places ads in the local newspaper to promote services and the Emergency Services with Physician staffing. Promotes free screenings throughout the year.

ABOUT CLINCH COUNTY

Clinch County is located in South Georgia and borders the state of Florida. The county has a total land area of 800 square miles.[1] According to the U.S. Census, as of July 1, 2014 there were an estimated 6,831 residents in the county.[2] Clinch Memorial Hospital is the only hospital in the county, and has many ancillary service facilities that serve the community.

Clinch County is the third largest county in Georgia and includes portions of the Okefenokee Swamp.

Image Source: MapViewer

City/Town/Village	2010 Population
Argyle	212
Du Pont	120
Fargo	321
Homerville	2,456

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

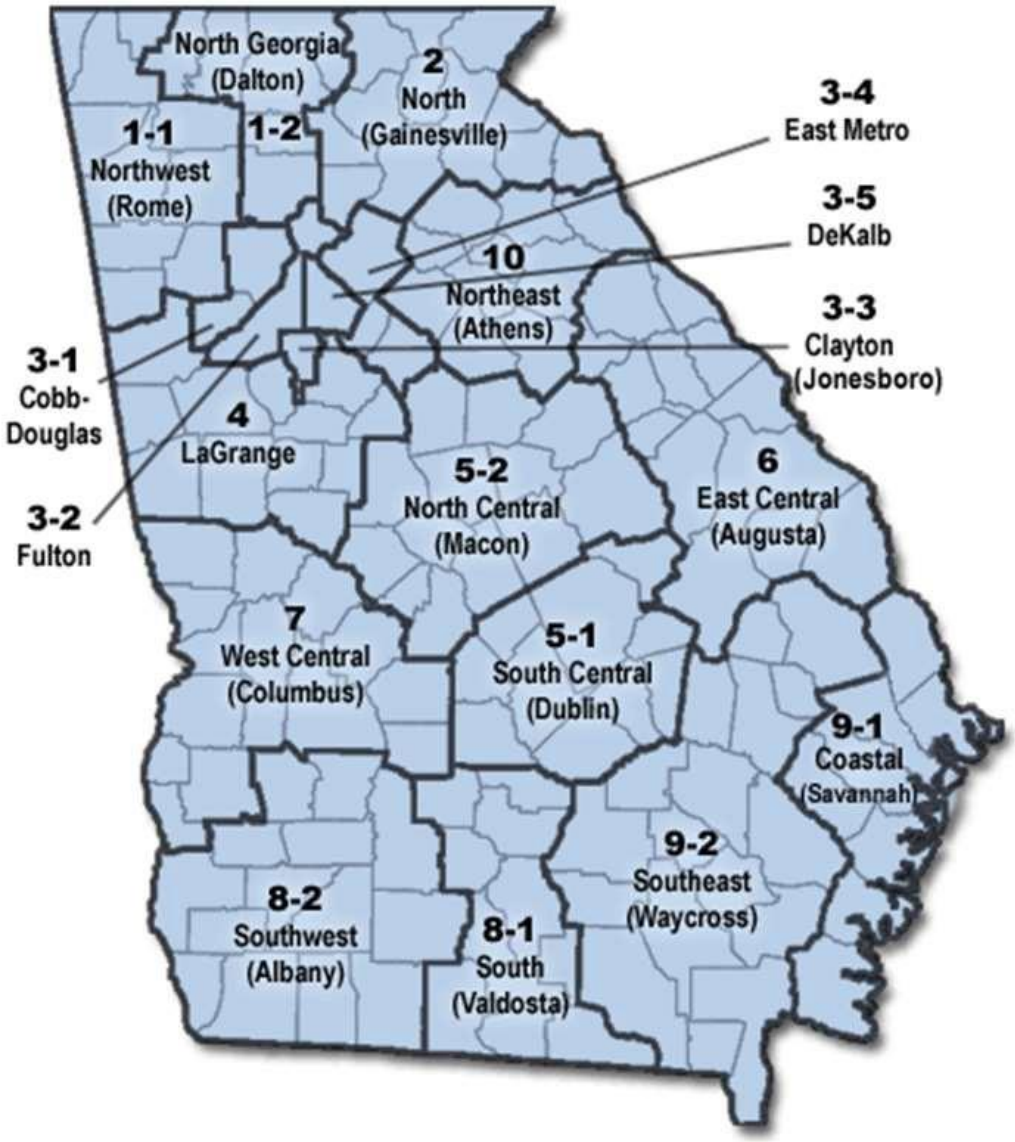
Clinch County includes the towns of Argyle, DuPont, Fargo, and the county seat of Homerville.

Clinch County's primary industries include manufacturing, agriculture and forestry, education, and health care services.[3]

Image Source: Google Maps

Georgia Public Health Districts

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

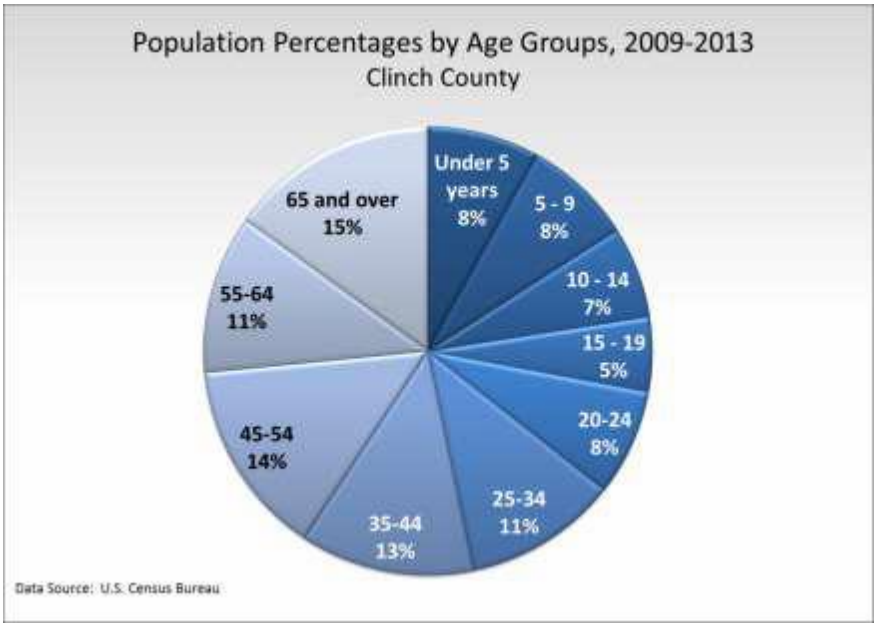


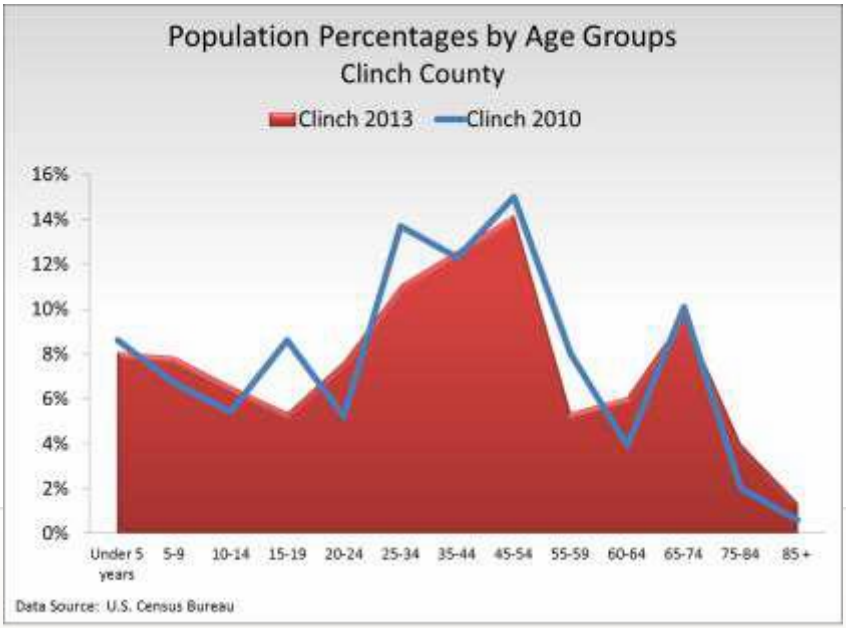
Source: Georgia Department of Community Health

Population Profile

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

According to the 2009-2013 U.S. Census data, 15 percent of Clinch County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 11.1 percent compared to 13.4 percent for the U.S.[4]





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

Age categories with decreases:

- Under 5 years
- 15-19
- 25-34
- 45-59
- 65-74

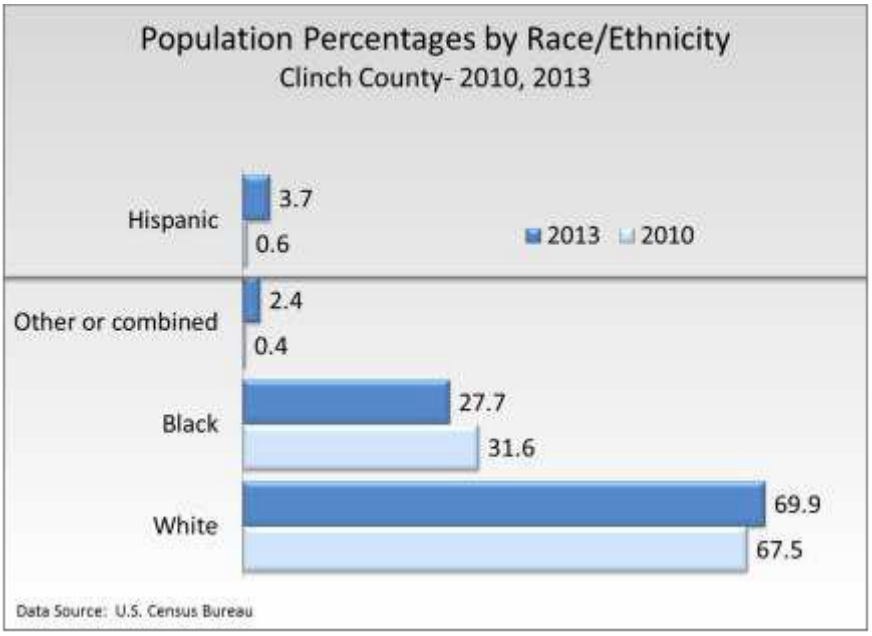
Age categories with increases:

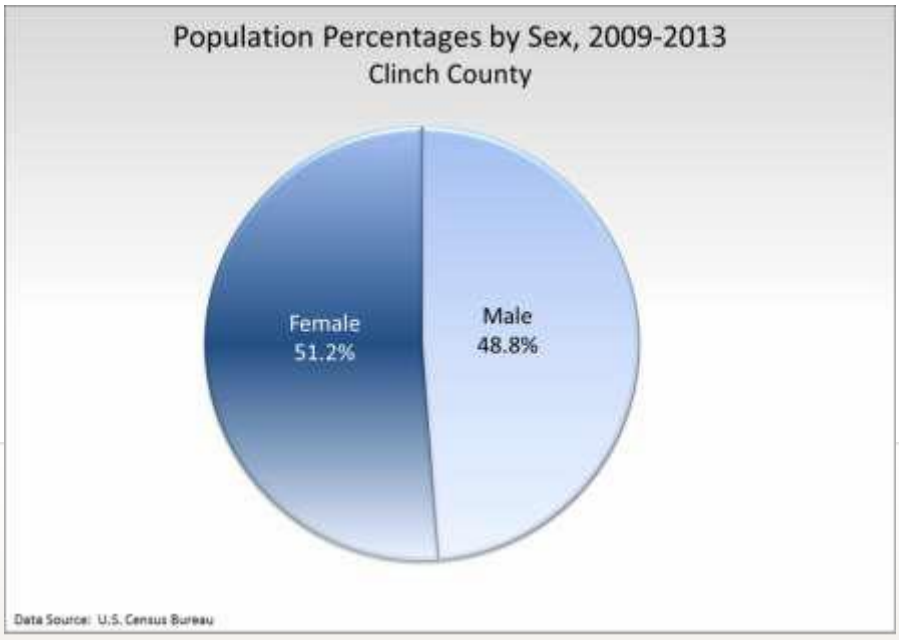
- 5 – 14
- 20-24
- 35-44
- 60-64
- 75+

Race, Ethnicity and Origin Profile

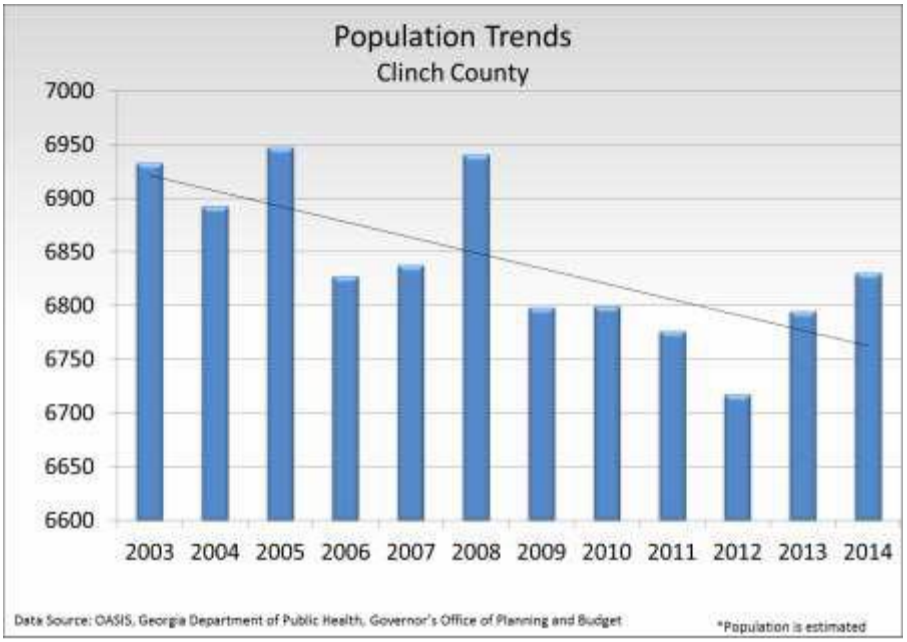
There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.[5] Although low income disparities are evident 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.[6] By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.[7]

In 2013, Clinch County's population was 69.9 percent White, 27.7 percent Black, and 3.7 percent Hispanic. The Hispanic population has increased six-fold since 2010.





The percentage of females in Clinch County was higher at 51.2 percent compared to males at 48.8 percent.



In 2014, Clinch County's resident population was 6,831, which was a one-half of one percent increase since 2010. The population of Clinch County had decreased overall from 2003 to 2014.

COMMUNITY INPUT

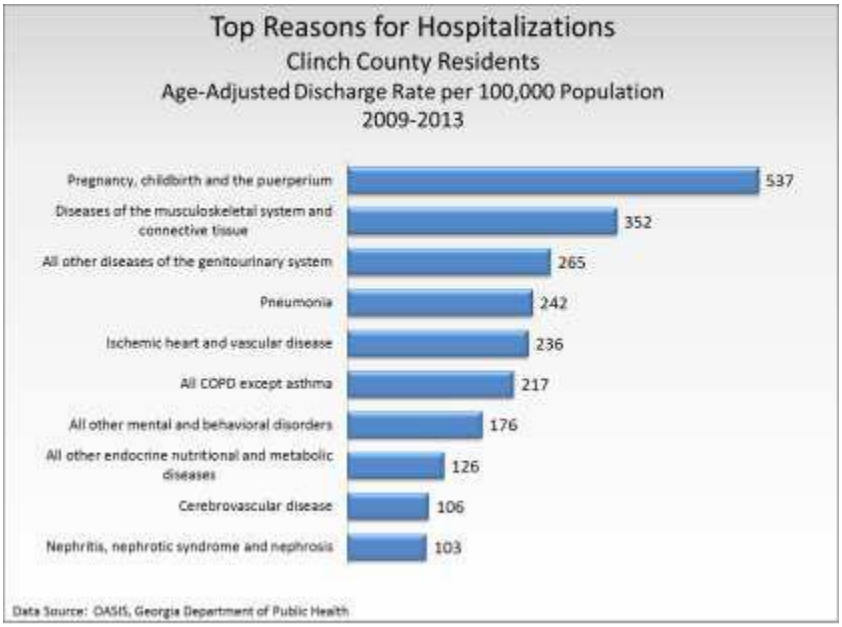
About Clinch County

- Out of all the public health districts, Clinch County is in the most rural and largest district.
- Clinch County is the third largest county in the state.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

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



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

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

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

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

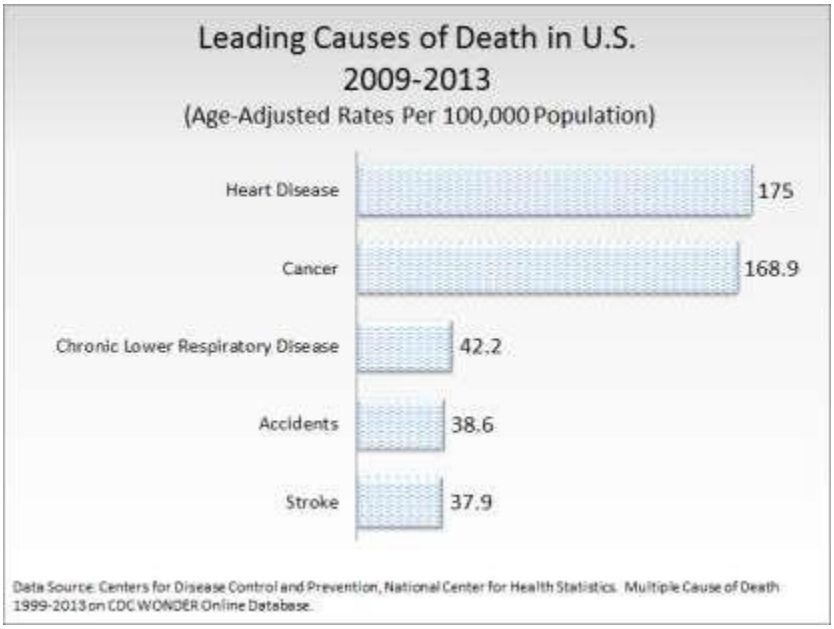
COMMUNITY INPUT

Hospitalizations and Emergency Room Visits

» A lot of patients use the ER for their primary care.

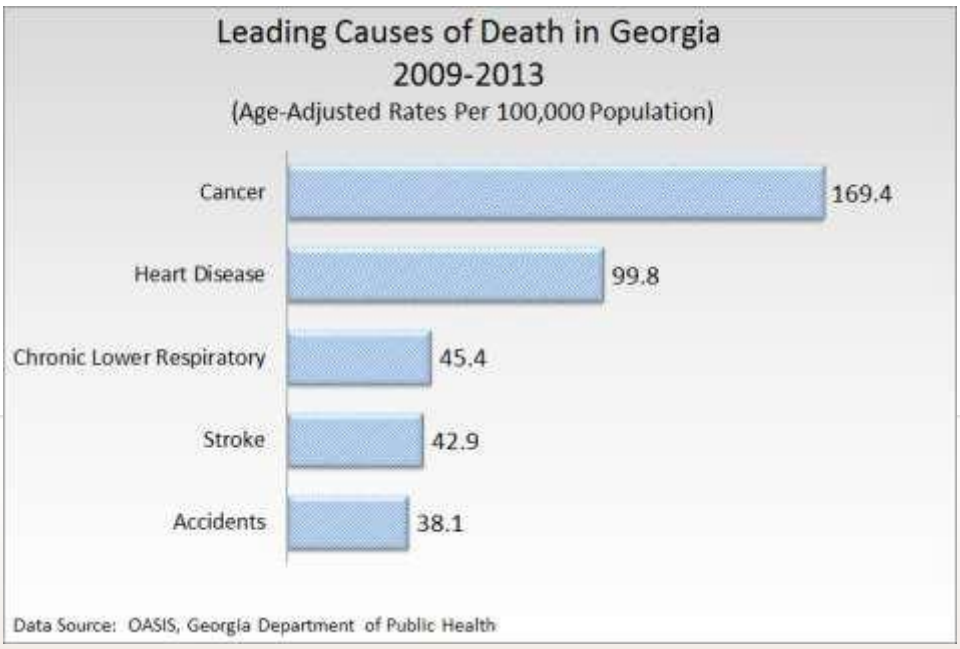
Leading Causes of Death

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

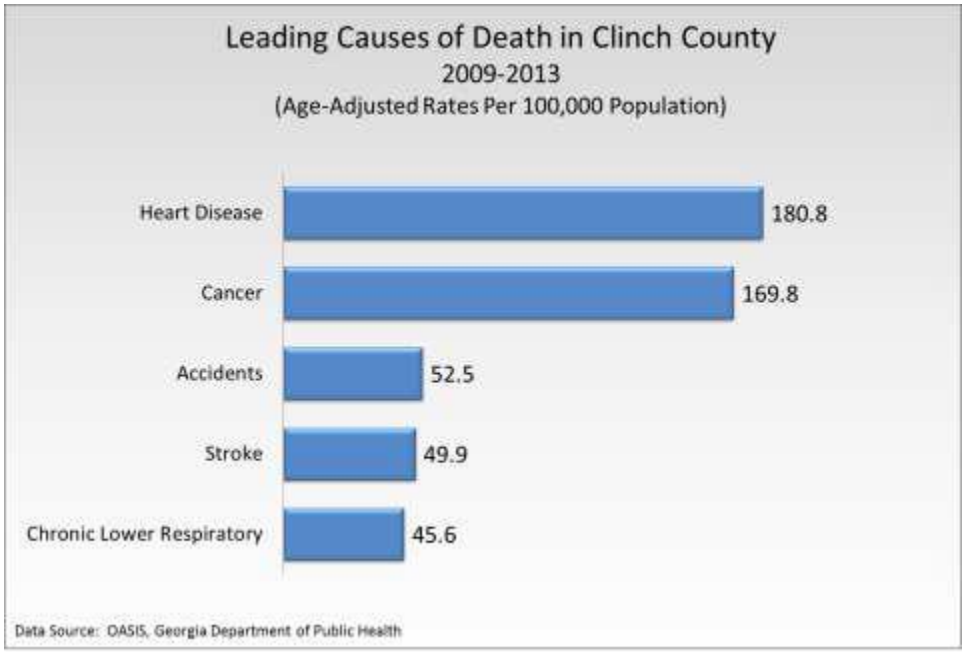


The top five leading causes of death in the U.S. from 2009-2013 were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. Heart disease and cancer rates were over four times higher than the other top five diseases.

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

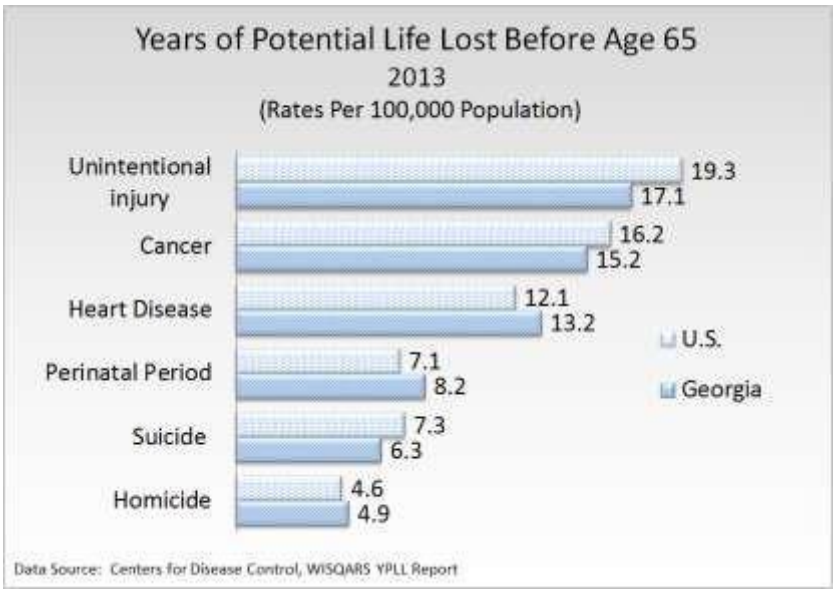


The leading causes of death in Clinch County were heart disease, cancer, accidents, stroke, and chronic lower respiratory disease.



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2013, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Cancer, heart disease, and perinatal period were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.[8] YPLL statistics at the County level were unavailable for this report.



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

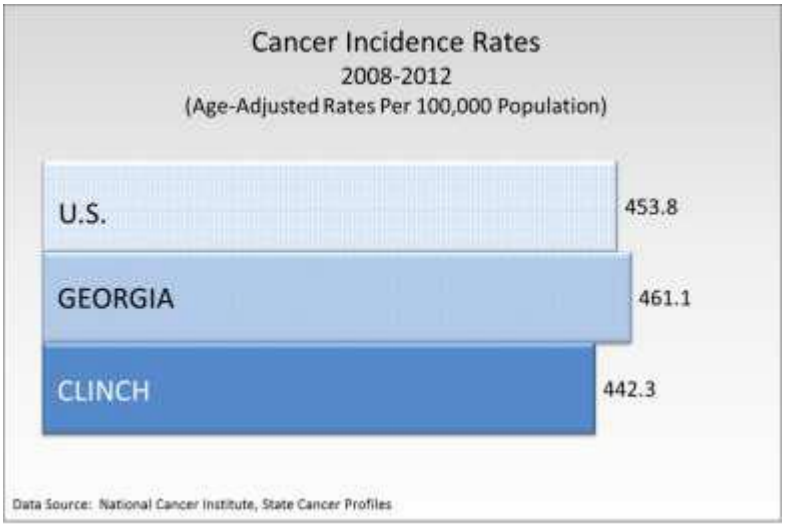
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 23.8	Cancer 21.2%	Heart disease 14.8%	Cancer 17.2%	Unintentional injuries 28.0%	Perinatal period 19.2%
Heart disease 14.5%	Unintentional injuries 18.3%	Unintentional injuries 13.3%	Heart disease 13.0%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

Data Source: Centers for Disease Control, WISQARS YPLL Report

Cancer

HEALTHY PEOPLE 2020 REFERENCE – C-1

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,500 people a day died of cancer in the U.S. in 2012.[9] The most common cancers among men in Georgia were prostate, lung and bronchus, and colorectal. Breast, lung and bronchus, and colorectal cancers were the most common cancers among Georgia women.[10]



In Clinch County, the cancer incidence rate was lower than the State or U.S. rates.

Why Is Cancer Important?

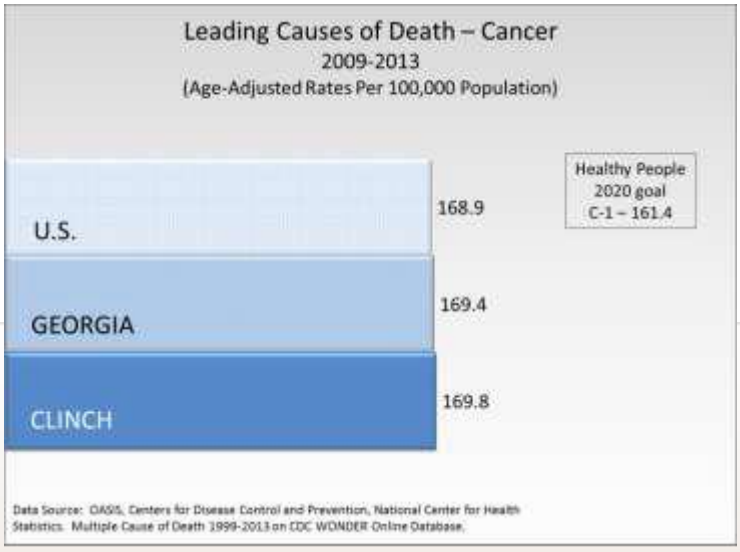
Many cancers are preventable by reducing risk factors such as:

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

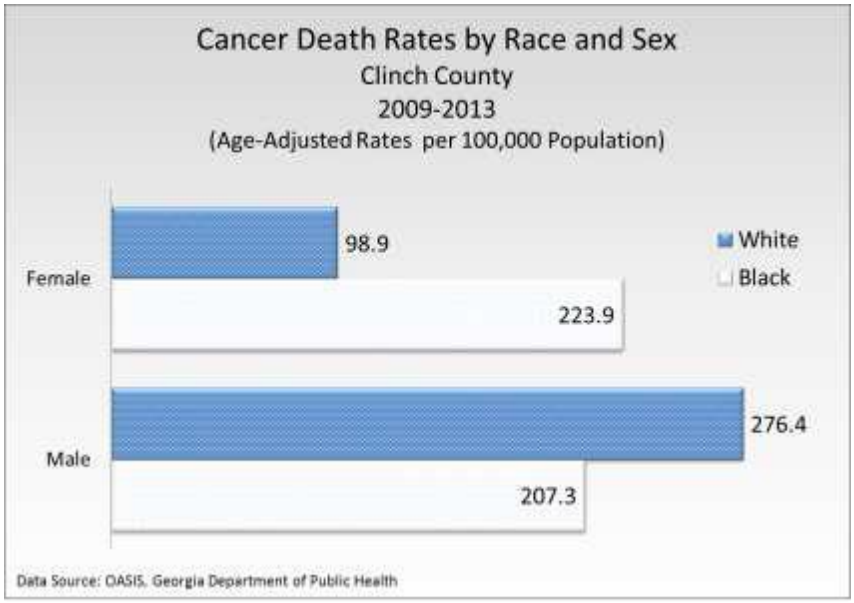
Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:

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

Healthy People 2020



In Clinch County, the cancer death rate was comparable with Georgia and U.S. rates.

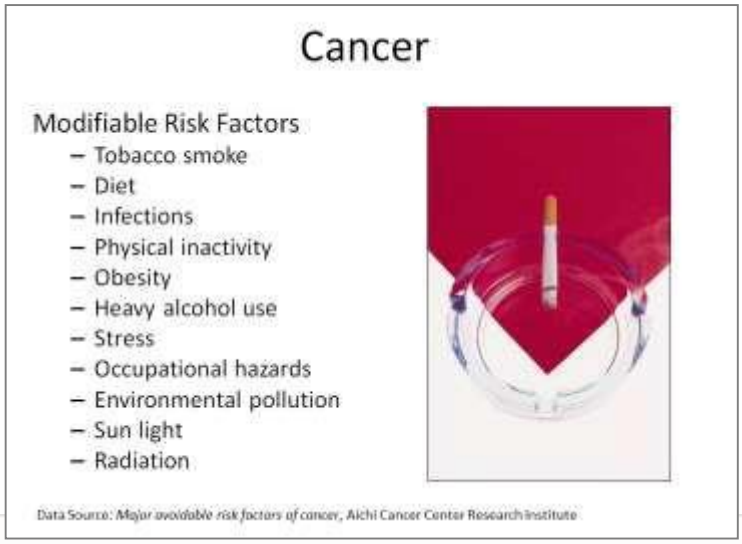


Age-adjusted cancer death rates in Clinch County were highest among Black females and White males. The White male population had the highest cancer death rate (276.4 per 100,000 population) out of all the population groups.

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.[11]

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."

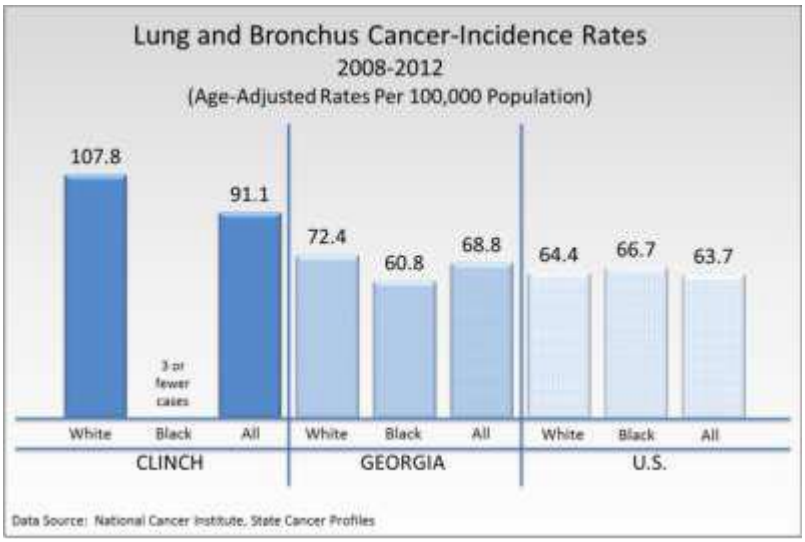
Modifiable risk factors related to cancer include tobacco, chemicals, infectious organisms, and radiation. There may also be internal factors such as genetics and hormones which contribute to the incidence of cancer.



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

Lung Cancer

According to the American Cancer Society, lung cancer accounts for about 14 percent of cancer diagnoses among U.S. males and 13 percent among females. Lung cancer accounts for more deaths than any other cancer in men (28 percent) and women (26 percent). More women die from lung cancer (26 percent) than breast cancer (15 percent).[12]



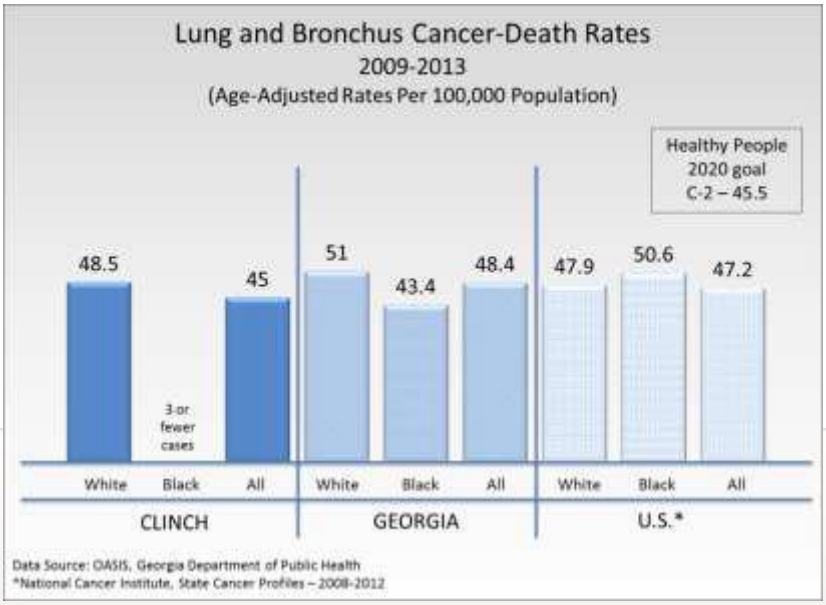
Lung cancer incidence rates were higher in Clinch County (91.1 per 100,000 population) than the Georgia and U.S. rates. There were too few cases reported to compute a rate for the Black population.

Lung cancer is the first leading cause of cancer death among both males and females in Georgia.[13] According to data published from the National Cancer Institute, lung cancer incidence rates for males in Clinch County were higher than the rates of females.[14]

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

	Male	Female
Clinch	120.2	77.4

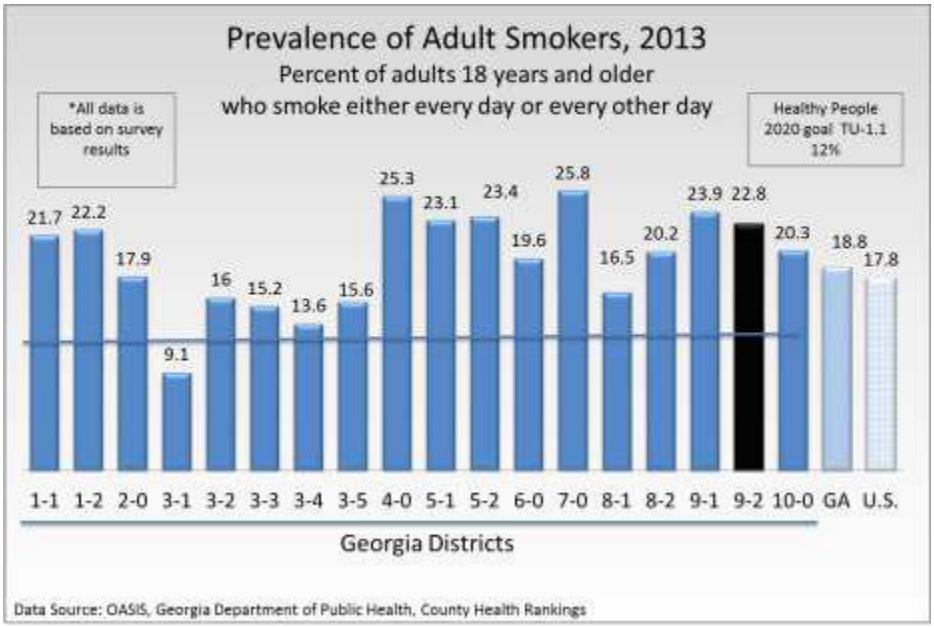
Data Source: National Cancer Institute, State Cancer Profiles



The overall lung cancer death rate in Clinch (45 per 100,000 population) was lower than Georgia and U.S. rates. In Clinch County, Whites had a higher death rate compared to Blacks. There were too few cases reported to compute a rate for the Black population.

RISK FACTORS

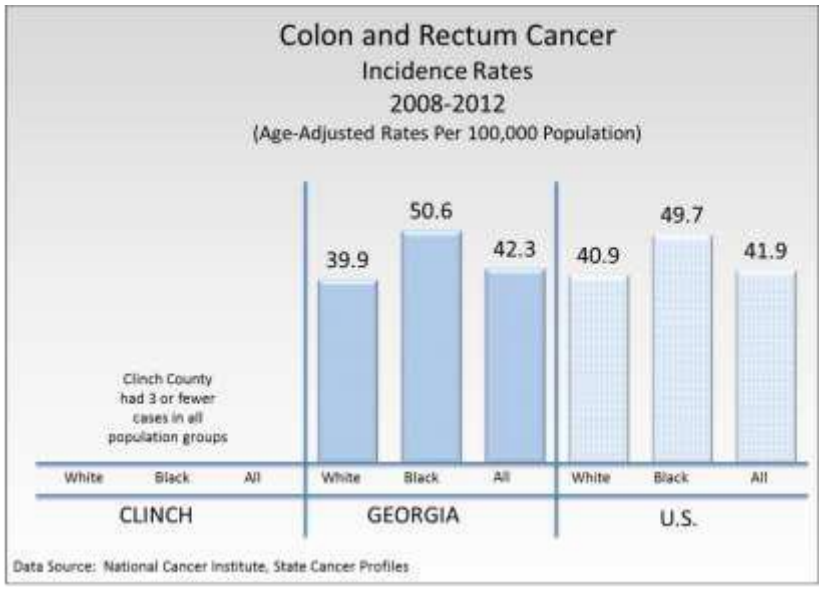
Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.[15]



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

Colon and Rectum

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that eight percent of male cancer deaths and nine percent of female cancer deaths were from colorectal cancer in 2015. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.[16] Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 50 percent higher mortality rate than Whites.[17]

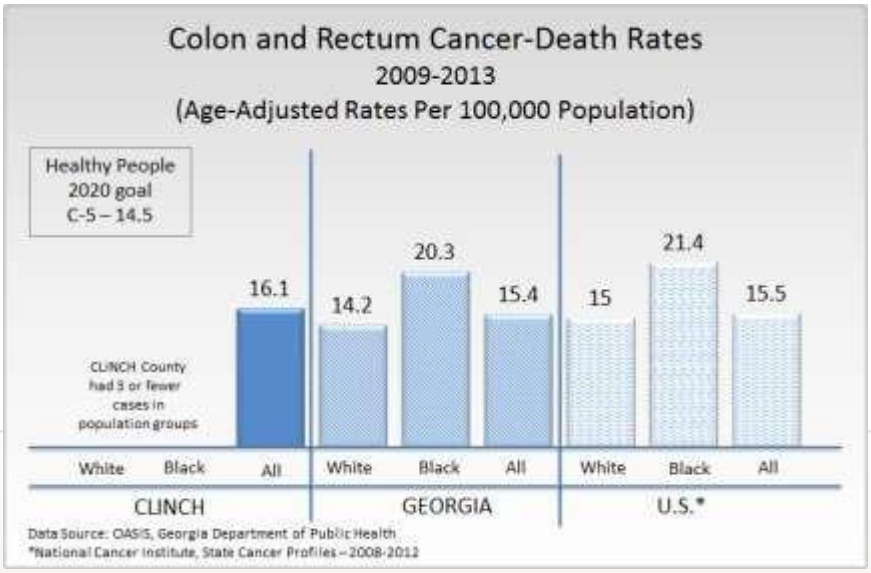


There were too few cases of incidences of colon and rectum cancer in Clinch County to report a statistically reliable rate.

The Georgia rates were higher than the rates of the U.S.

The death rate in Clinch County from colon and rectum cancer (16.1 per 100,000 population) was higher than the State and U.S. rate. In Clinch County, there were too few cases to report death rates by race.

In both Georgia and the U.S., Blacks had a higher death rate than Whites.



RISK FACTORS

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

- Obesity
- Physical inactivity
- Moderate to heavy alcohol consumption
- High consumption of red or processed meat
- Long-term smoking
- Low calcium intake
- Very low intake of whole-grain fiber, fruit, and vegetables[18]

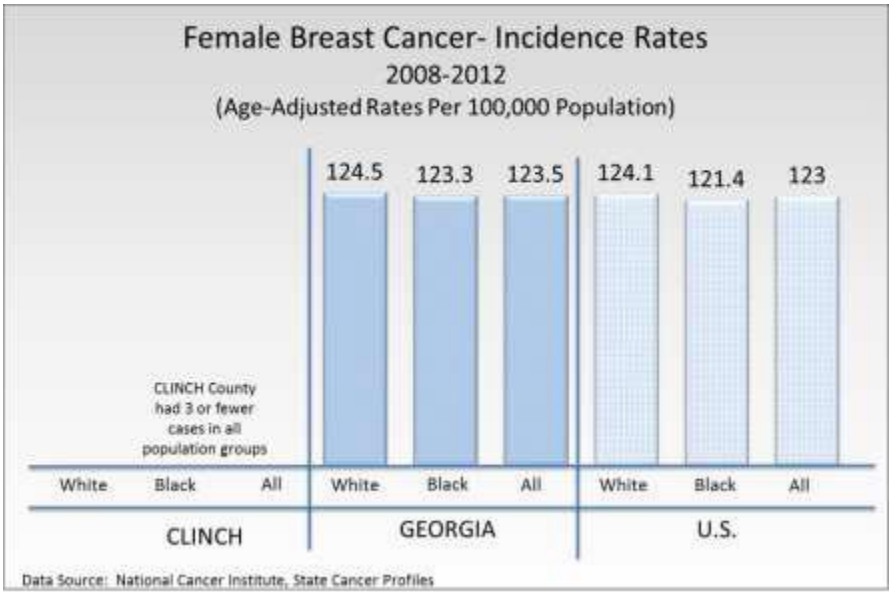
EARLY DETECTION

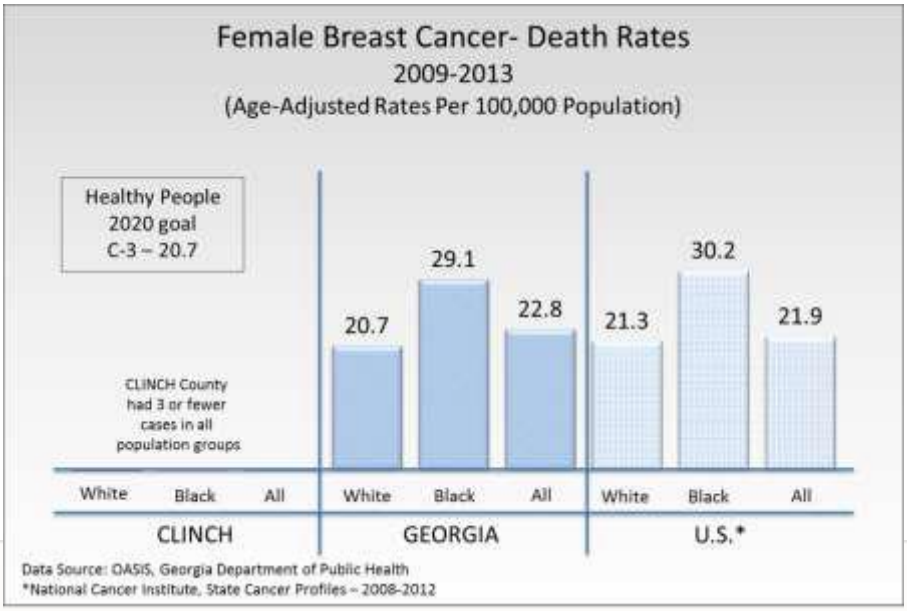
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.[19] The U.S. Preventive Services Task force recommends that adults 50 and older undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.[20]

Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 29 percent of new cancer cases and 15 percent of cancer deaths among women.[21]

The breast cancer incidence rates in Clinch County had too few cases to report incidence rates in all population groups.





There were too few cases in Clinch County to report death rates.

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

RISK FACTORS

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

- Weight gain after age 18
- Being overweight or obese
- Use of hormones
- Physical inactivity
- Consumption of one or more alcoholic drinks per day
- Long-term heavy smoking[22]

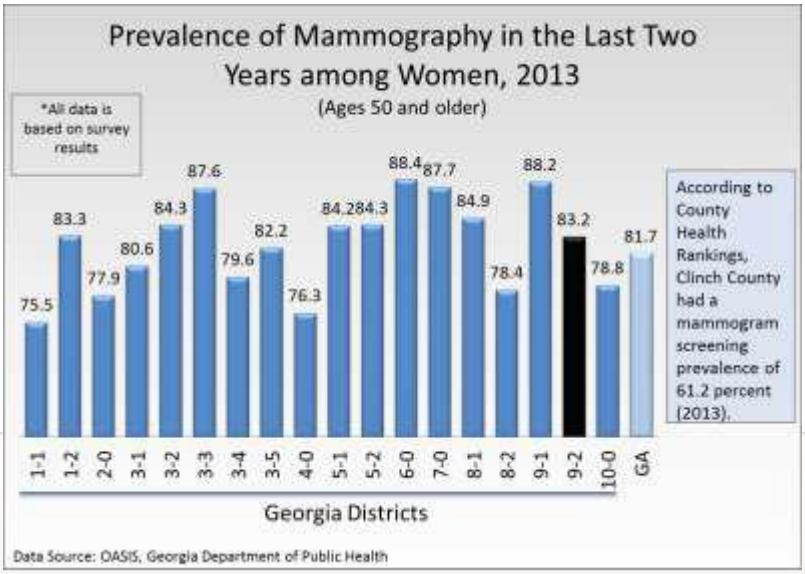
Modifiable factors that are associated with a lower risk of breast cancer include:

- Breastfeeding
- Moderate or vigorous physical activity
- Maintaining a healthy body weight[23]

EARLY DETECTION

Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect most breast cancers in women without symptoms, though the sensitivity is lower for younger women and women with dense breasts. Nearly 10 percent of women will have an abnormal mammogram. Out of that 10 percent, 95 percent do not have cancer. Efforts should be made to improve access to health care and encourage all women 40 and older to receive regular mammograms.[24]

The percentage of women receiving a breast cancer screening (mammography) was higher in Health District 9-2 (83.2 percent) than the State average (81.7 percent). Clinch County (61.2 percent) was much lower than the State and Health District average.

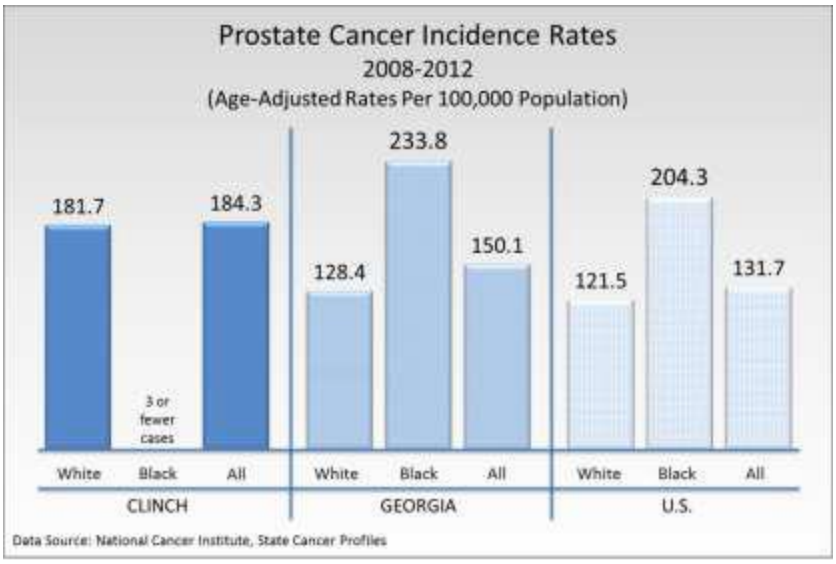


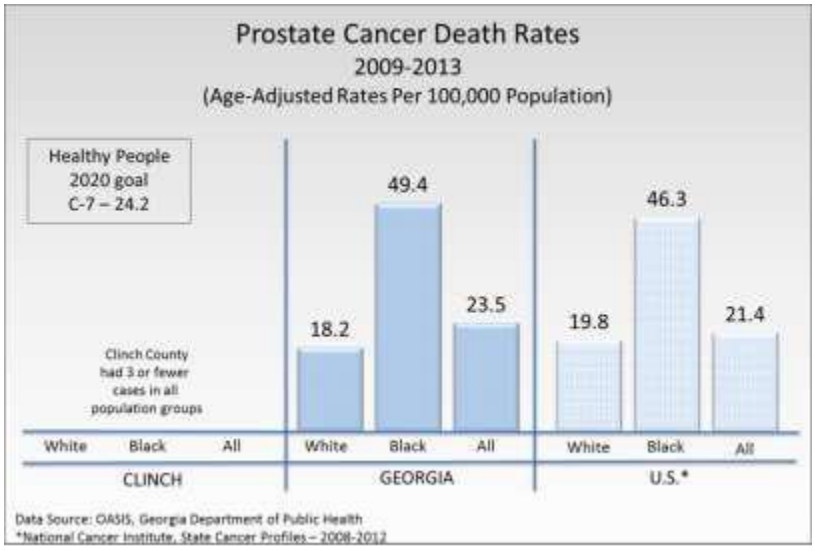
Prostate Cancer

Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.[25]

Clinch County had a higher incidence rate for prostate cancer (184.3 per 100,000 population) than the State and the U.S.

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





There were too few deaths (3 or fewer cases) among the population groups to compute a statistically valid death rate for prostate cancer in the County.

There is a disparity of prostate cancer deaths among Blacks at the State and U.S. levels.

RISK FACTORS

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

- Age
- Ethnicity
- Family history of prostate cancer[26]

EARLY DETECTION

Prostate-specific antigen (PSA) testing of the blood permits the early detection of prostate cancer before symptoms develop. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. At age 50, the American Cancer Society recommends men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their healthcare provider about the benefits and limitations of PSA testing. Men who are higher risk (Black or those with a close relative diagnosed before age 65) should have a discussion with their healthcare provider at age 45.[27]

COMMUNITY INPUT

Cancer

- The barrier to cancer care in the community is the physical location of care centers. Individuals have to go to Valdosta for cancer care.
- If a patient receives a positive screening test for breast or cervical cancer, they will have to go out of town for surgery or treatment. Transportation is a major barrier to getting the appropriate level of care.
- Cancer incidence can be reduced in the community by increasing access to more screenings.
- The health department will be able to help more with cancer screening tests once they are able to bill private insurance.
- Cancer affects all races. There seems to be no disparities.

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE – HDS

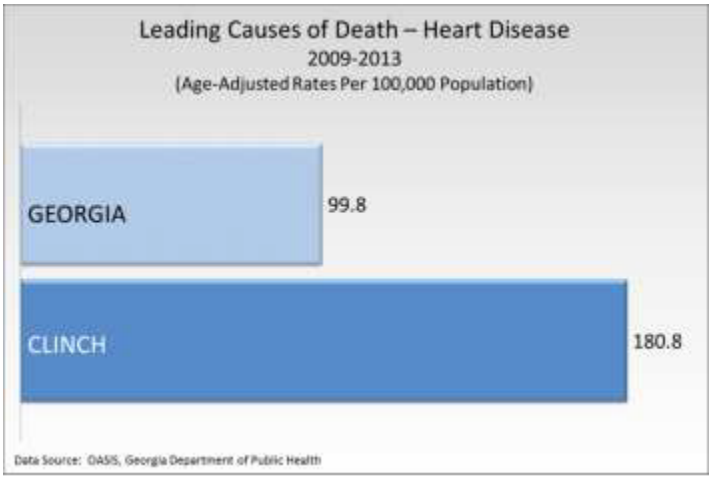
HEART DISEASE

According to the American Heart Association, over 800,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2013. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. Heart disease kills over 370,000 Americans each year, accounting for one in seven deaths in the country.[28]

Why Are Heart Disease and Stroke Important?

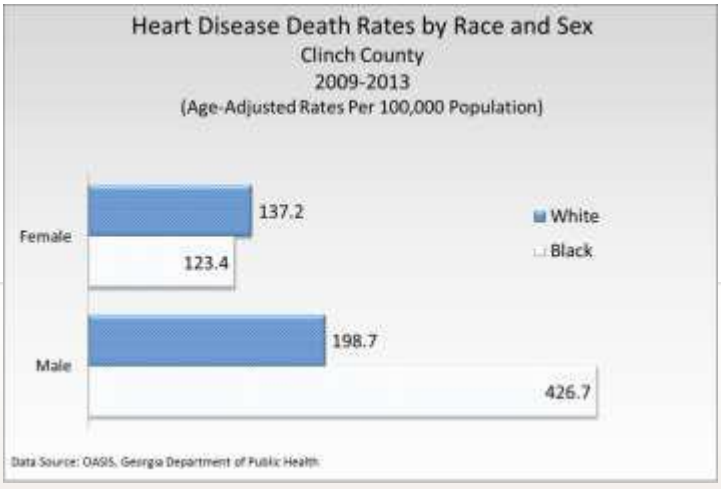
Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in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

Healthy People 2020

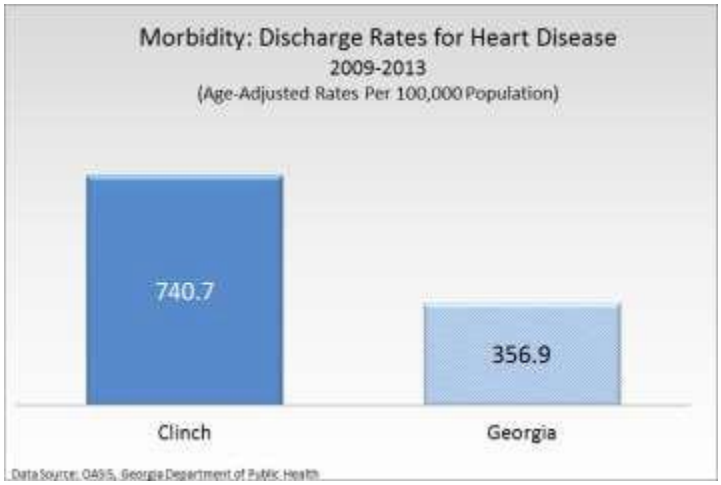


For the period 2009-2013 the Clinch County heart disease death rate (180.8 per 100,000 population), was higher than the Georgia death rate.

The age-adjusted death rate from heart disease in Clinch County for 2009-2013 was higher for White females than Black females. The Black male death rate was over twice as high as all other population groups.



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

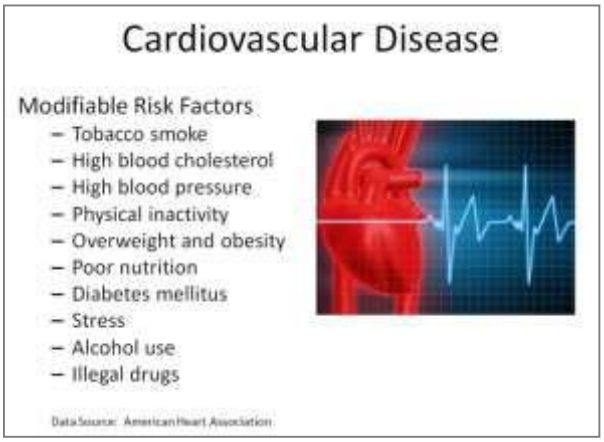


MODIFIABLE RISK FACTORS

According to the 2013 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 9-2.[29]

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

Data Source: OASIS, Georgia Department of Public Health



NOTE:

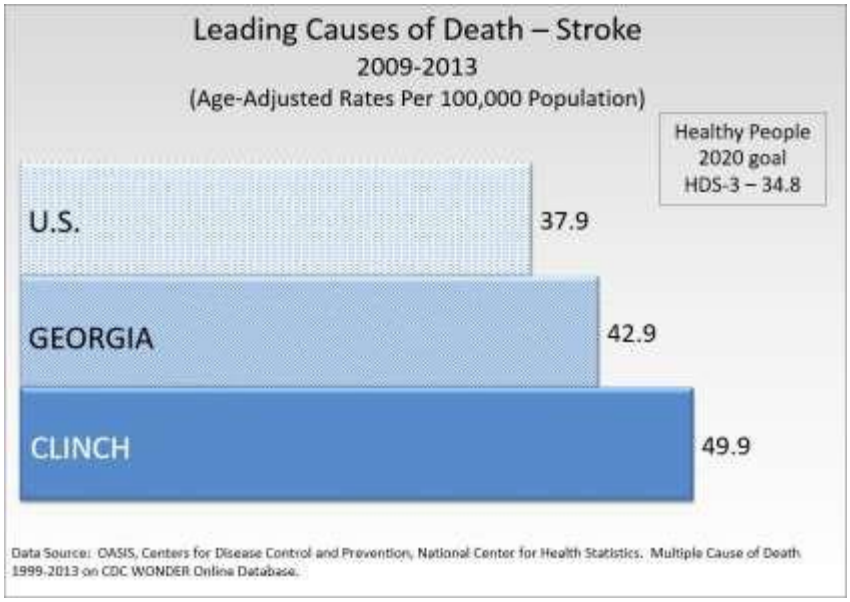
The data used to analyze heart disease rates came from the Georgia Department of Public Health's Online Analysis Statistical Information System (OASIS). The state and county heart disease rates were calculated using filters (ICD 10 codes) that include rheumatic heart fever and heart diseases, hypertensive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

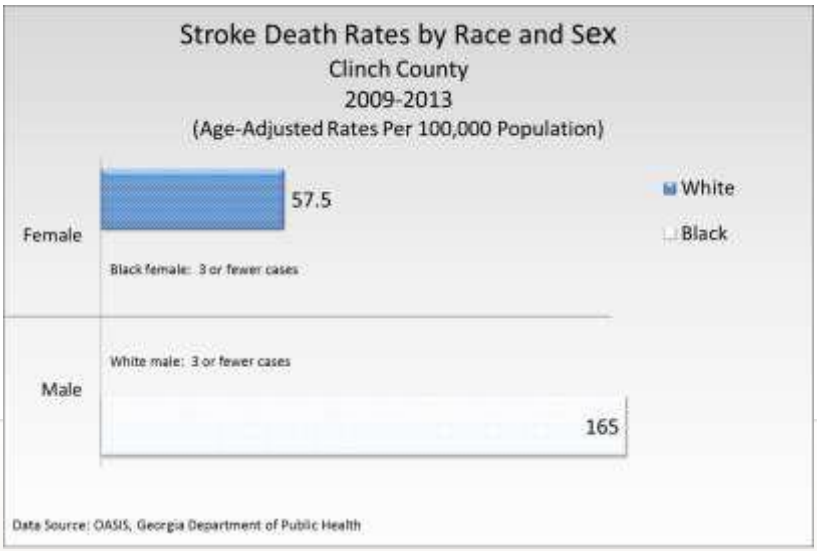
STROKE

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

The stroke death rate was higher in Clinch County (49.9 per 100,000 population) compared to Georgia and the U.S.

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.[30]

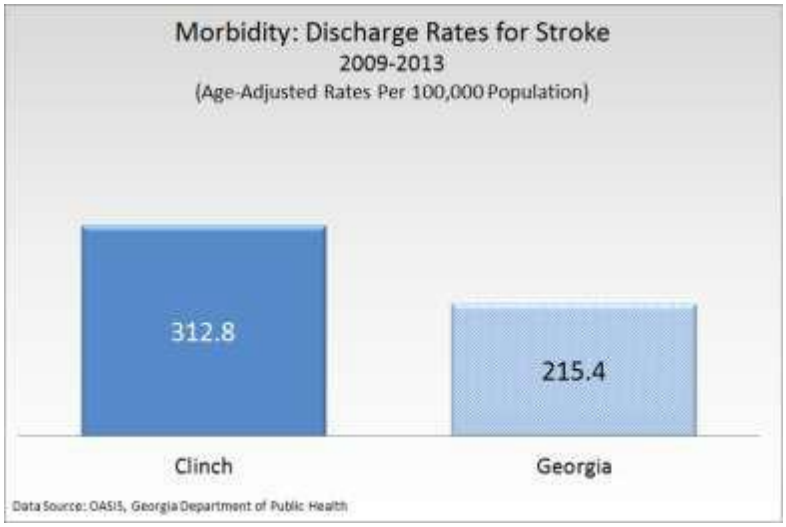




The Clinch County stroke death rate for White females was higher than Black females. Black males had a much higher stroke death rate than White males.

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

The Healthy People 2020 goal is 34.8 per 100,000 population.[31]

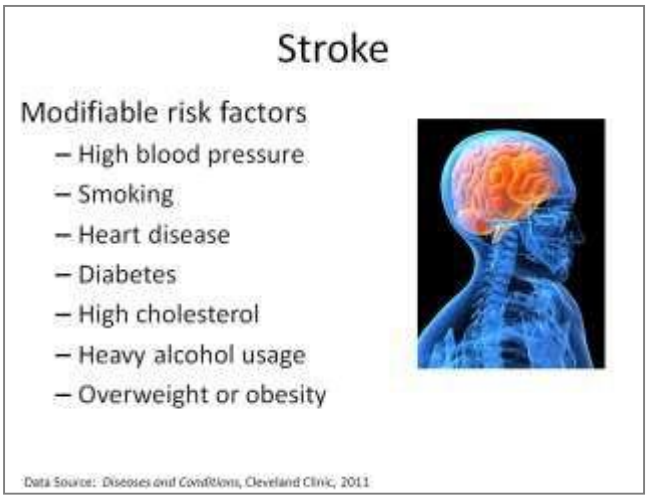


The discharge rate for stroke among Clinch County residents was higher than the Georgia rate.

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

The warning signs for stroke include:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause [32]



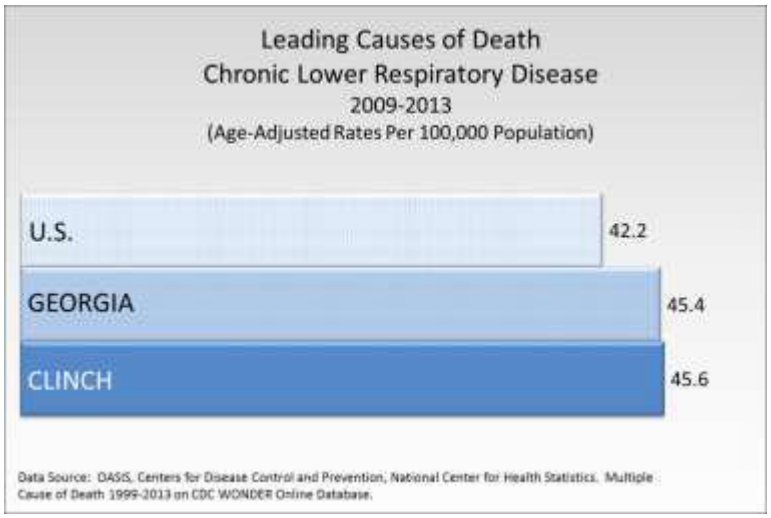
COMMUNITY INPUT

Heart Disease and Stroke

- The barrier to heart disease care in the community is not having enough internists in town to help manage the disease.
- The SHAPP (Stroke and Heart Attack Prevention Program) was very beneficial to the community. This program increased access to hypertension prescription drugs. The program is no longer offered at the health department.
- The community's residents have a lot of diabetes and heart disease issues.

Chronic Lower Respiratory Disease

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

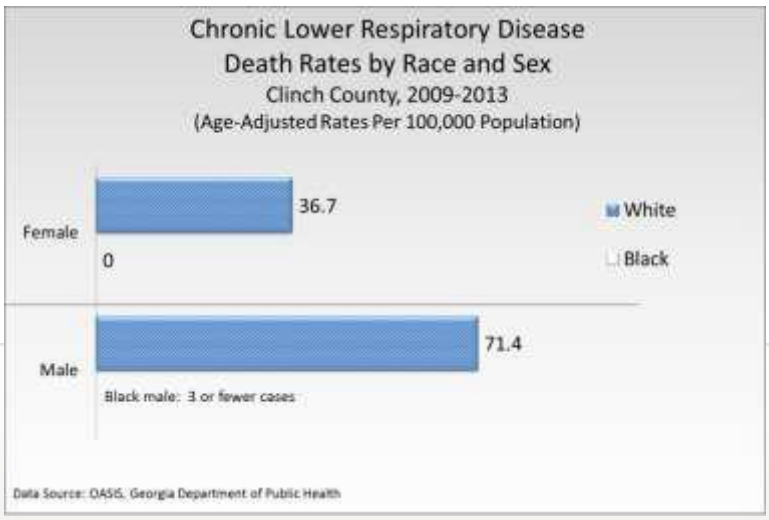


For the years 2009-2013, Clinch County's chronic lower respiratory disease death rate (45.6 per 100,000 population) was comparable to the State and higher than U.S. rates.

Why Are Respiratory Diseases Important?

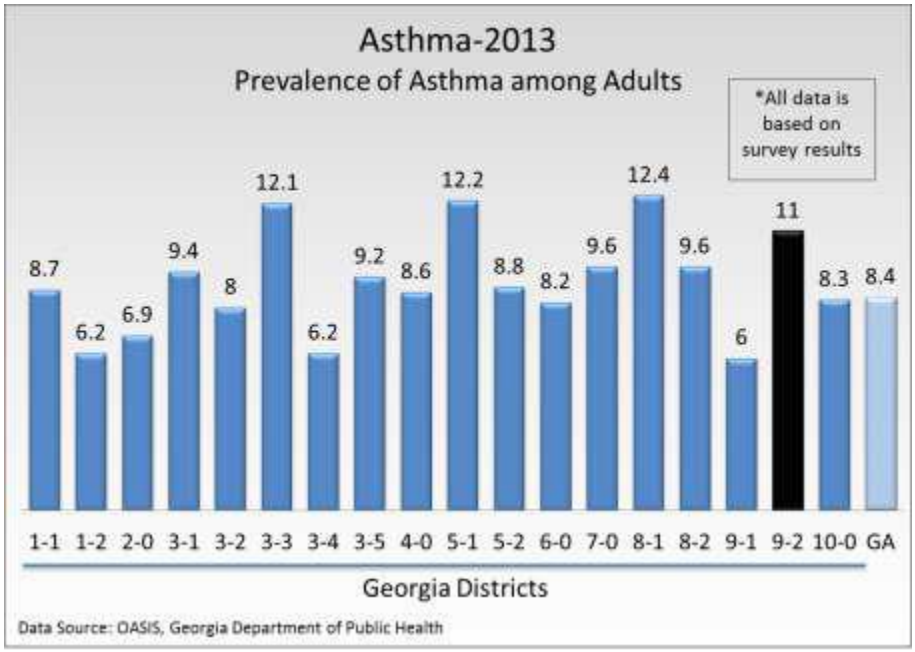
Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximate equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods,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

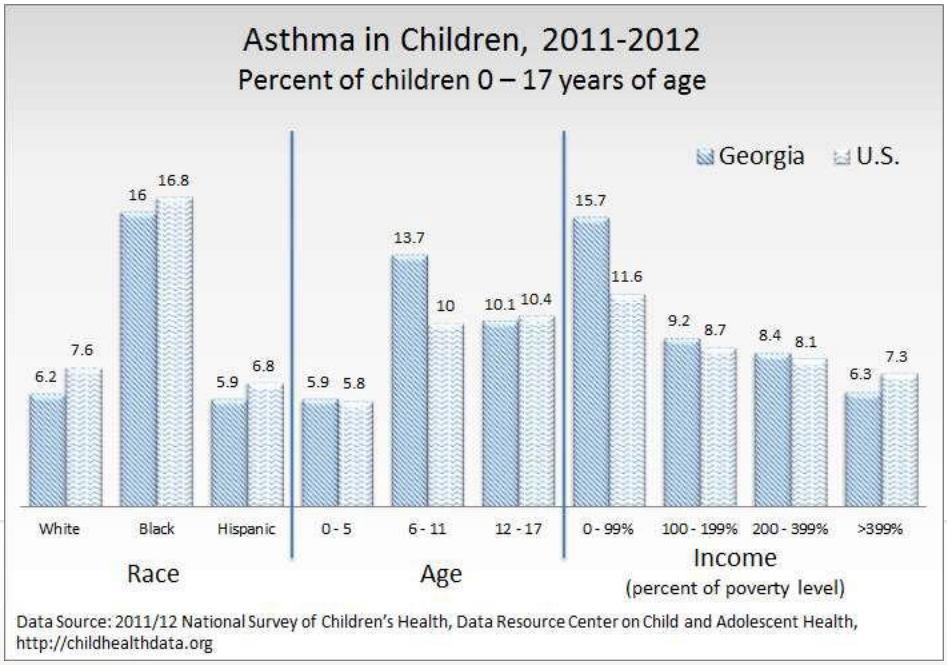
Healthy People 2020



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

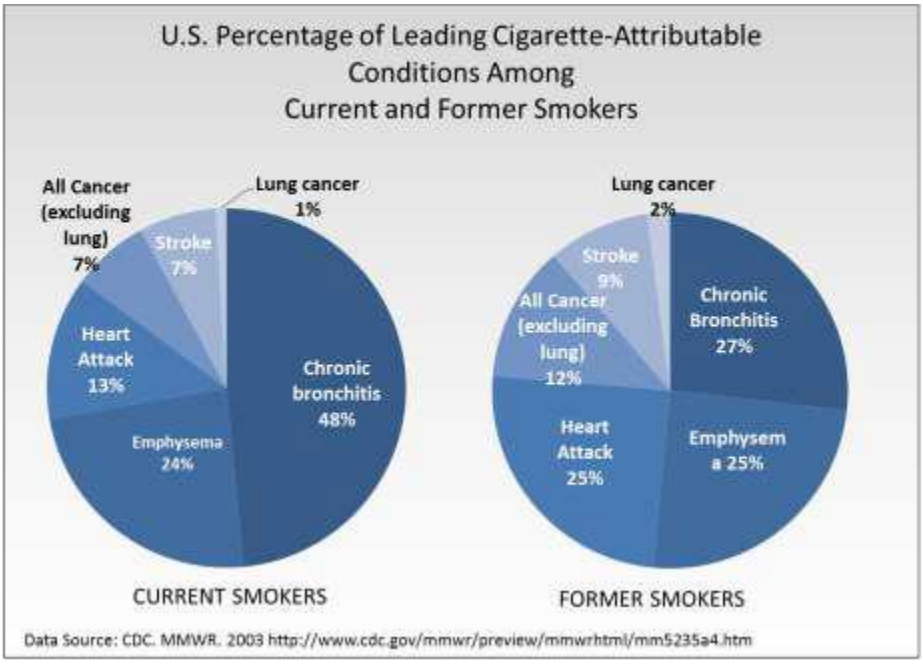
There was a higher percentage of asthma among adults within Health District 9-2 compared to the State.

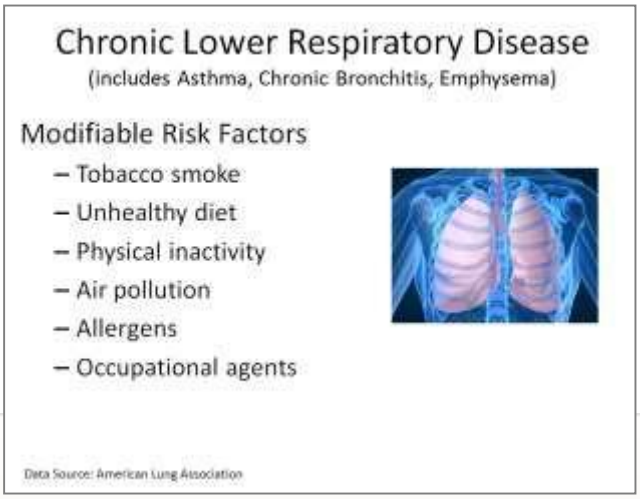




According to the 2011-2012 National Survey of Children's Health, Black children had higher incidences of asthma than Whites or other population groups. Asthma was more prevalent in lower income populations.[33]

Each year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, $75 billion in direct medical costs, and $82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and previous heart attack (25 percent). The charts below were compiled from information obtained from the 2014 publication, *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*.[34]





COMMUNITY INPUT

Chronic Lower Respiratory Disease

- Diabetes and upper respiratory disease are the two biggest issues among the patient population.
- Smoking is a major issue in the community. A lot has been done to implement a smoke-free campus at the hospital, school, and health district.
- Smoking is cultural and usually more prevalent among the poorer families.

Accidents

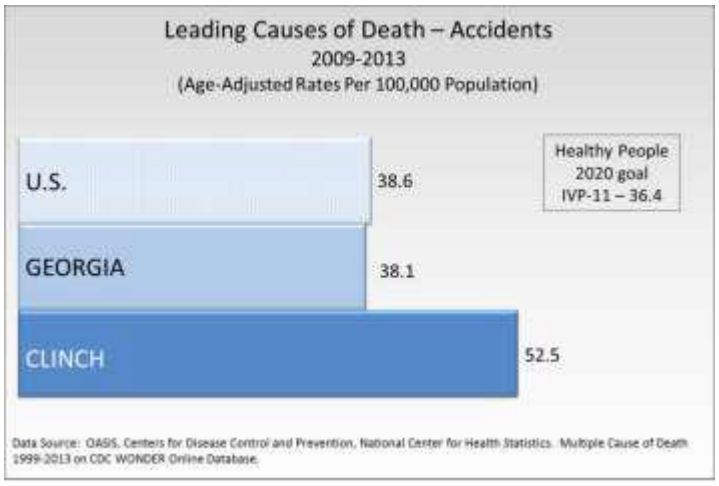
Accidental deaths may result from the following causes:

- Motor vehicle accidents
- Firearm accidents
- Poisonings
- Natural/environmental
- Suffocations
- Falls
- Fire
- Drowning[35]

Why Is Injury and Violence Important?

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

Healthy People 2020

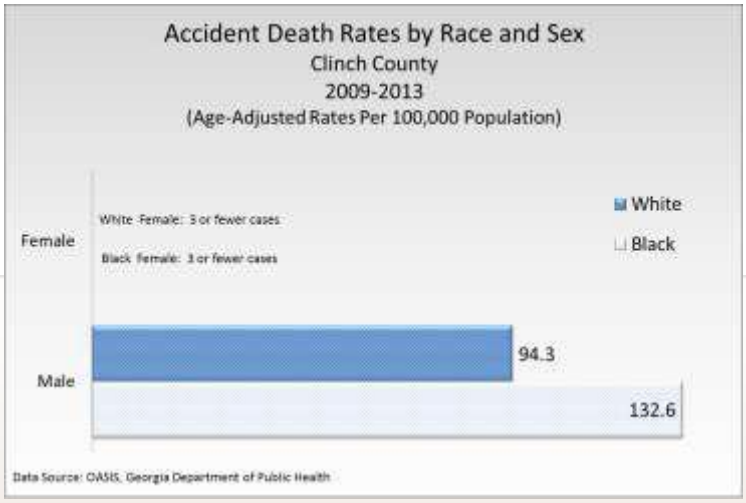


In Clinch County, the accident death rate (52.5 per 100,000 population) was higher than both the State and the U.S. rates.

The Healthy People 2020 goal is set at 36.4 per 100,000 population.[36]

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

There were too few cases to report reliable rates for the female population groups.



In the United States, over 30,000 people are killed annually in motor vehicle accidents. In 2013, these deaths resulted in a cost of $44 billion in medical and work loss costs. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2013, nearly 1,300 people in Georgia were killed in motor vehicle crashes, with the cost of these crash related deaths totaling $1.63 billion.[37]

Motor Vehicle Fatality Rates
2010-2013
Number of Fatalities

	2010	2011	2012	2013	Total
Clinch County	3	2	3	1	9

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.[38]

COMMUNITY INPUT

Accidents

- Motor vehicle accidents are an issue during blueberry season because there is an increase in population of migrant farmers.
- If you get in an accident, the closest trauma center is Thomasville. Thomasville does not have a helipad. You have to land the helicopter at the airport and then take an ambulance.
- Accidents occur very frequently in Clinch County. It is the third leading cause of death.
- ATVs are causing a lot of deadly accidents. Parents are not educated about age-appropriate activities. A six-year-old should not be riding on an ATV.
- There have been several drownings of teenagers who did not know how to swim.
- SIDS (sudden infant death syndrome) and SUIDs (sudden unexpected infant death) are major issue in this community.
- No one wears seatbelts. People think since they rode around without seatbelts when they were young, that it is still okay to do so.
- There is a lack of education about car seat safety. Parents do not understand how to safely strap their child into the car.
- Distracted driving (texting and driving) is very prevalent in the community.
- Texting on the phone should be turned off automatically when a person is driving.

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

According to the 2014 Diabetes Report Card, more than 200,000 deaths occur annually among people with diabetes in the United States. In 2013, diabetes was the country's seventh leading cause of death. More than 29 million people (9.3 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.[39]

Compared with non-Hispanic whites, minority populations are more likely to have diagnosed diabetes. During their lifetime, half of all Hispanic men and women and non-Hispanic black women are predicted to develop the disease.[40]

The 2012 percentage of Georgia's population with diabetes (9.6 percent) was higher than the U.S. percentage (9.0 percent).[41]

Image Source: Pharmacy Practice News

Why Is Diabetes Important?

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

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

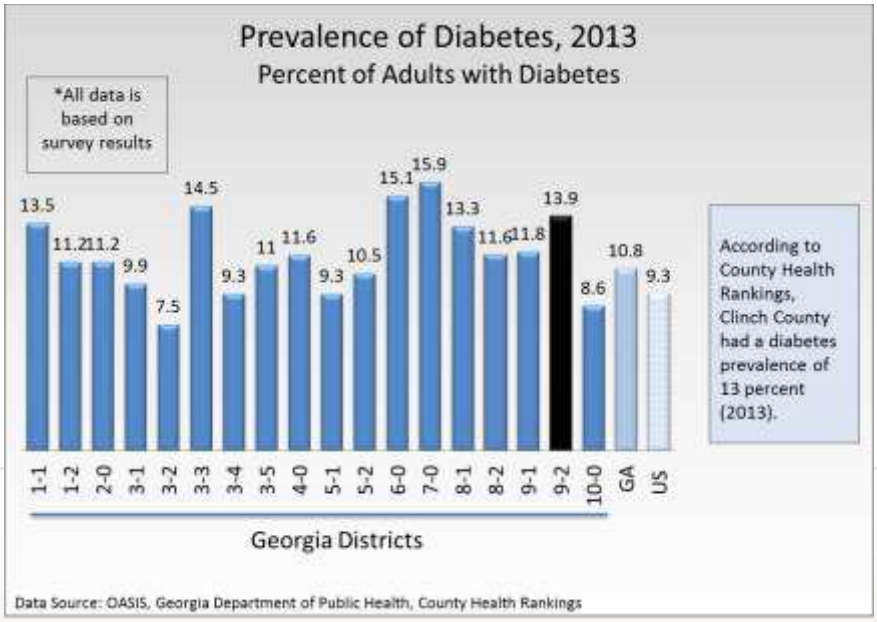
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

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

Healthy People 2020

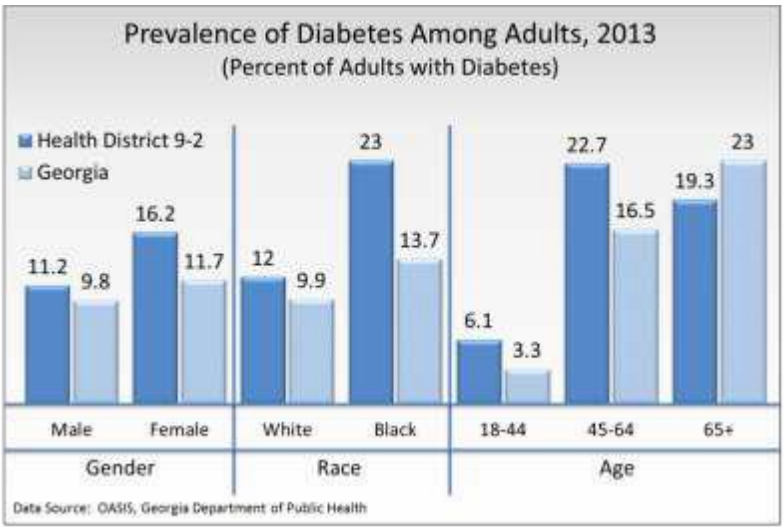
Health District 9-2 (which includes Clinch County), had a higher diabetes **prevalence** (13.9 percent) than the State or U.S. Clinch County had a diabetes **prevalence** of 13 percent in 2013.[42]

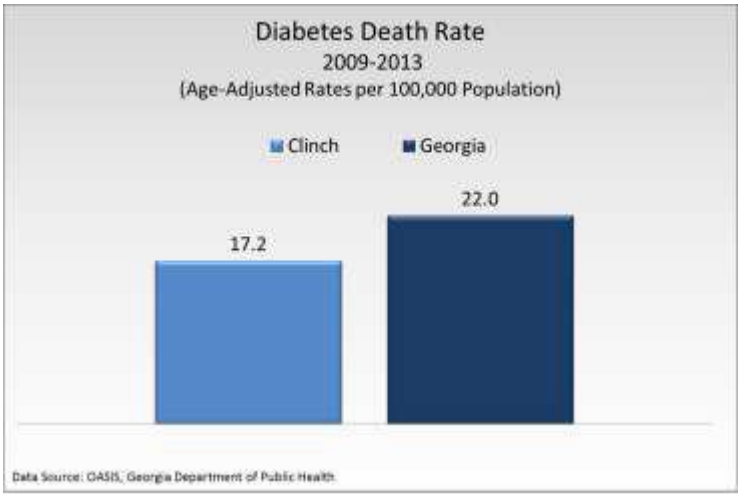


Except for the age group of 65 and older, all population groups in Health District 9-2 had a higher prevalence of diabetes than that of the State.

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

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





Clinch County had a lower death rate (17.2 per 100,000 population) from diabetes than that of Georgia.

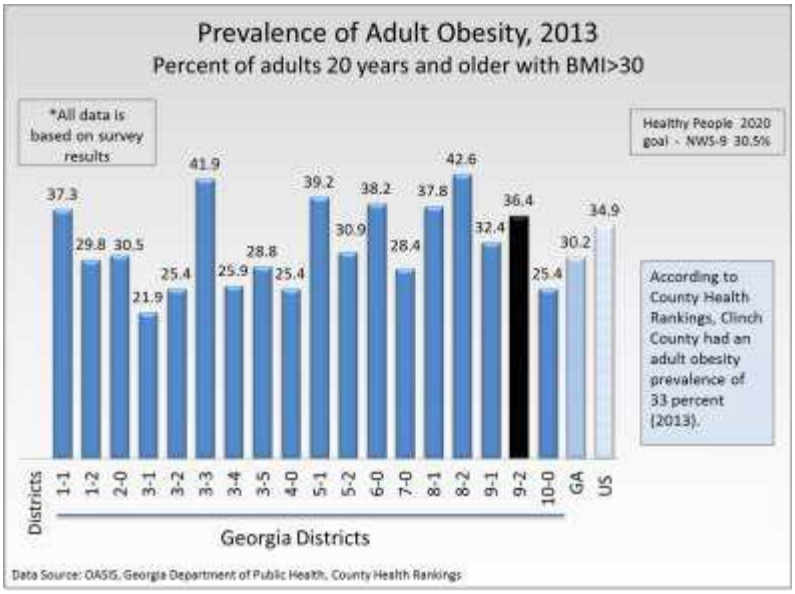
Obesity

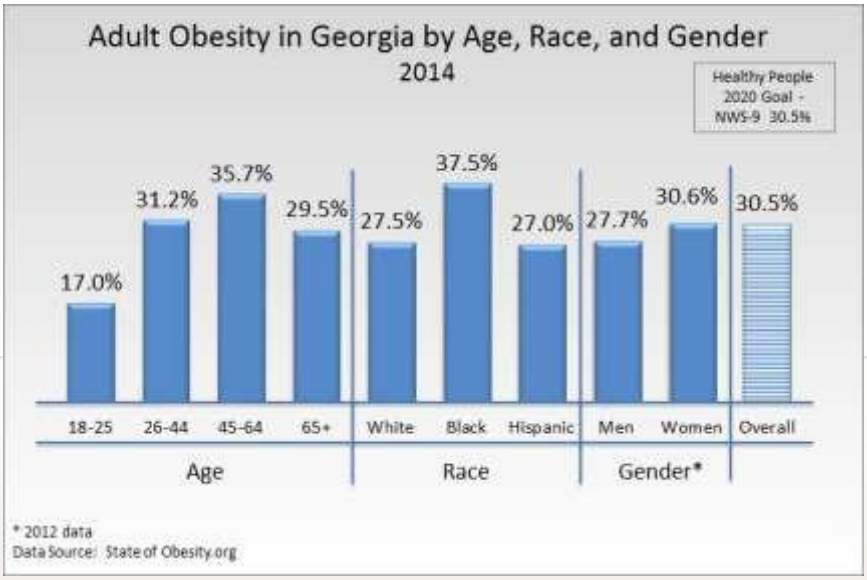
HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.[43]

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.[44]

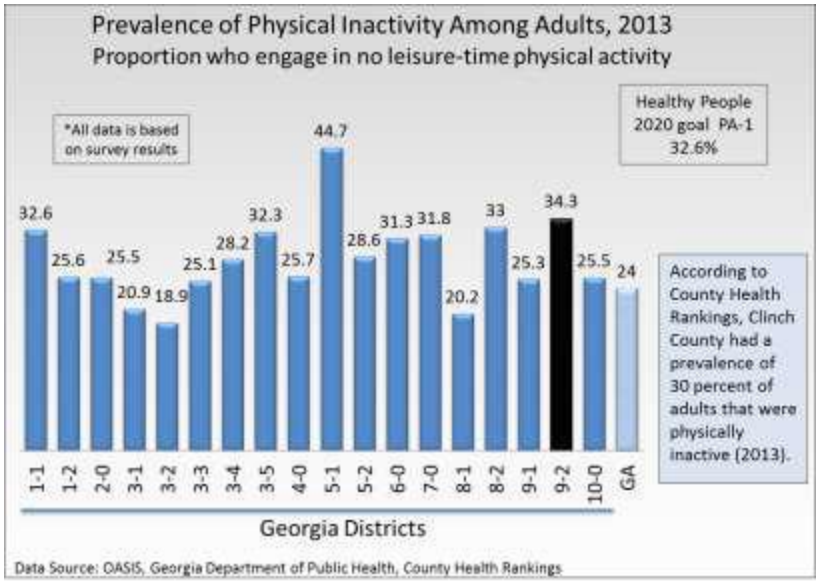
The **prevalence** of adult obesity in Health District 9-2 (36.4 percent) was higher than the State rate (30.2 percent), and the National rate (34.9 percent). The Healthy People 2020 goal is 30.5 percent. Clinch County had a higher **prevalence** of obesity at 33 percent.





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

Obesity is the result of an energy imbalance that occurs when an individual consumes more calories than he/she can burn. There are a number of factors such as age, body size, and genes that contribute to how many calories people burn each day, but the most modifiable factor is physical activity.[45]

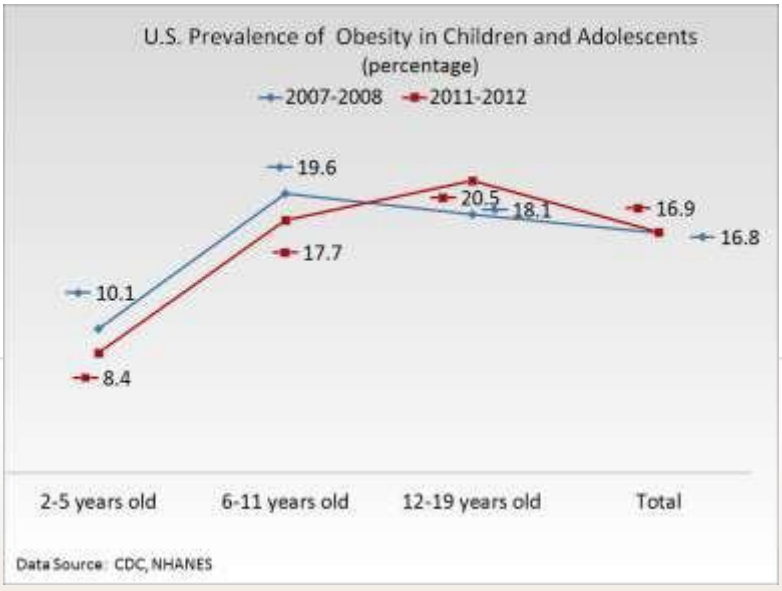


The percentage of adults who did engage in physical activity or exercise in the last 30 days was higher in Health District 9-2 (34.3 percent) compared to the State average (24 percent). Clinch County had a higher **prevalence** of physical inactivity (30 percent) than the State and lower than the Healthy People 2020 target of 32.6 percent.[46]

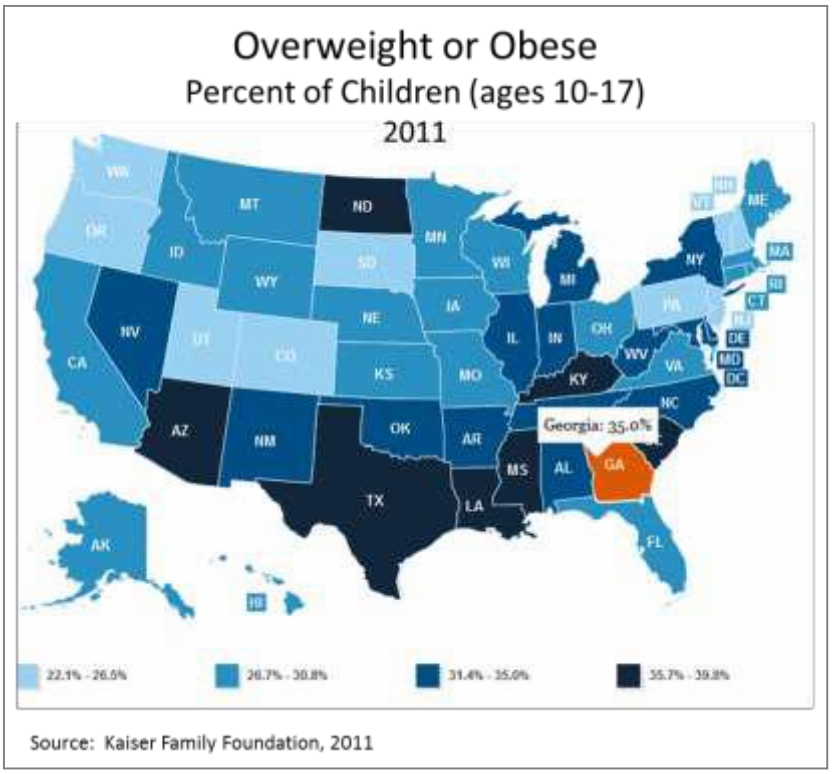
Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formerly known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.[47] Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to Healthy People 2020, 16.2 percent of children and adolescents aged 2-19 years are obese.[48] A report released by the Centers for Disease Control and Prevention in August, 2013 indicated that Georgia's obesity rates among two to four-year-olds from low income families declined between 2008 and 2011.[49]



According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighth (35 percent) in the nation for overweight and obese children. Nationally, 31.3 percent of children in this age range were overweight or obese.[50]



The following table highlights obesity rates in Georgia by age group and Georgia's rank among other states.[51]

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

Data Source: State of Obesity.org

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

- Hispanics - 22.4 percent
- Non-Hispanic Blacks - 20.2 percent
- Non-Hispanic Whites – 14.1 percent
- Non-Hispanic Asian youth – 8.6 percent [52]

The following table highlights the disparities among race and ethnicity in Georgia. This data is based upon the 2007 National Survey of Children's Health.[53]

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

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.[54]

Obese children are more likely to have:

- High blood pressure and high cholesterol
- Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- Breathing problems, such as sleep apnea, and asthma
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones, and gastro reflux, and
- Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood.[55]

COMMUNITY INPUT

Obesity

- There is a major lack of healthy produce in town. A lot of the local food that is grown here is not sold here. It is shipped to other communities.
- There are no local farmer's markets.
- There is only one grocery store in town.
- Education about nutrition needs to reach the entire family unit. A lot of teen mothers receive education from WIC (Women, Infants, and Children), but it is not reinforced by the grandparents who are usually taking care of the child.
- It is a cultural thing. A lot of the Southern food is fried.
- There are more mothers in the workforce now than 20 years ago. They are in a rush to get things done and usually families resort to consuming “convenience foods.”
- If you don't have the desire to change, you will not adopt healthy habits.
- Obesity and lifestyle affects all of the chronic health conditions.

Childhood Obesity

- Nutrition starts at birth. There are several studies that show obesity rates are a lot lower if the child is breastfed.
- There is a need for knowledge of the health benefits of breast feeding.
- Children don't have to be active anymore. Everything is at their fingertips.
- There is a need for afterschool programs for children.
- Clinch County is very sports-oriented, but the programming is aimed at the older children.
- There are no recreational sports during the Summer months and the seasons are usually only five weeks long.
- A media campaign to encourage breast feeding or healthy lifestyle would help address the obesity issue.
- Diabetes is an ongoing chronic condition. You have to understand how to diet and how often to exercise.
- The comorbidities associated with diabetes are complicated and need expert care.
- The hospital could help support the recreation department so that sports are offered year round.

COMMUNITY INPUT

Diabetes

- A lot of young women die from diabetes related conditions.
- There is only one endocrinologist in South Georgia. His office is located in Valdosta.
- There is a need for education about programs for discounted strips or medication to help with chronic diseases.
- Diabetes is prevalent in all population groups. There are no apparent disparities.
- There is a need for a place where individuals can go to have their blood sugar checked. The health department use to be supplied with strips to check blood sugar.
- The community's residents have a lot of diabetes and heart disease issues.

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.[56]

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

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

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

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.[57]

Why Are Maternal, Infant and Child Health Important?

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

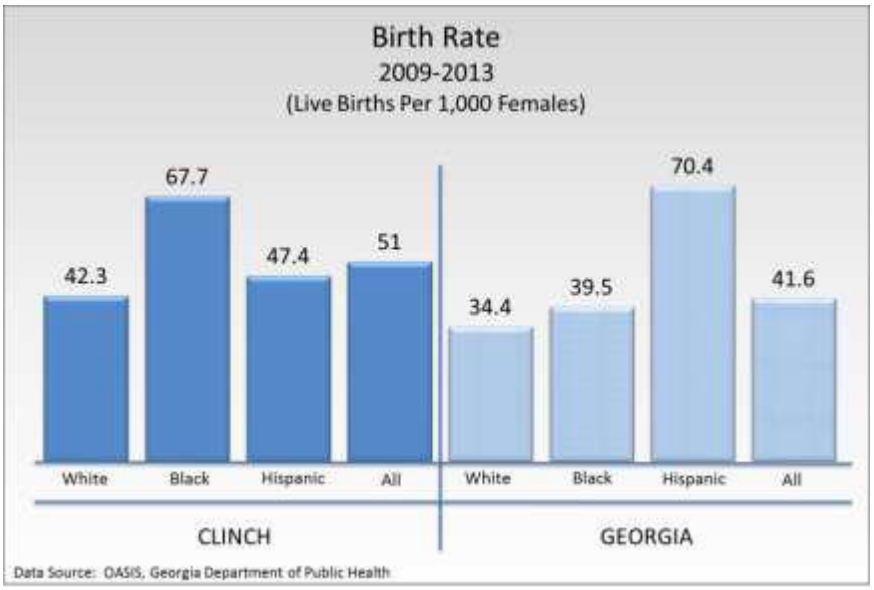
- *Hypertension and heart disease*
- *Diabetes*
- *Depression*
- *Genetic conditions*
- *Sexually transmitted diseases (STDs)*
- *Tobacco use and alcohol abuse*
- *Inadequate nutrition*
- *Unhealthy weight*

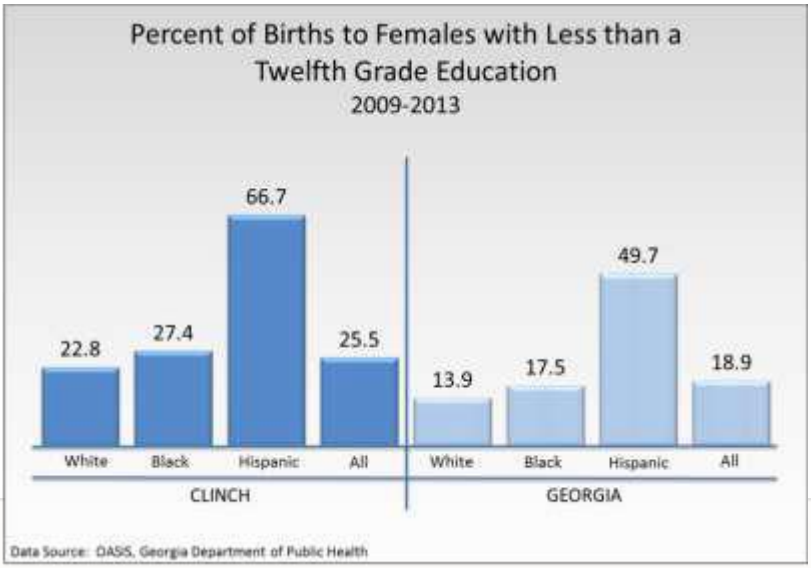
Healthy People 2020

A life stages method to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.[58]

Birth Rates

For the period 2009-2013, Clinch County had a higher birth rate (51 live births per 1,000 females) than that of the State (41.6 live births per 1,000 females). Blacks in Clinch County had a higher birth rate compared to Whites and Hispanics.





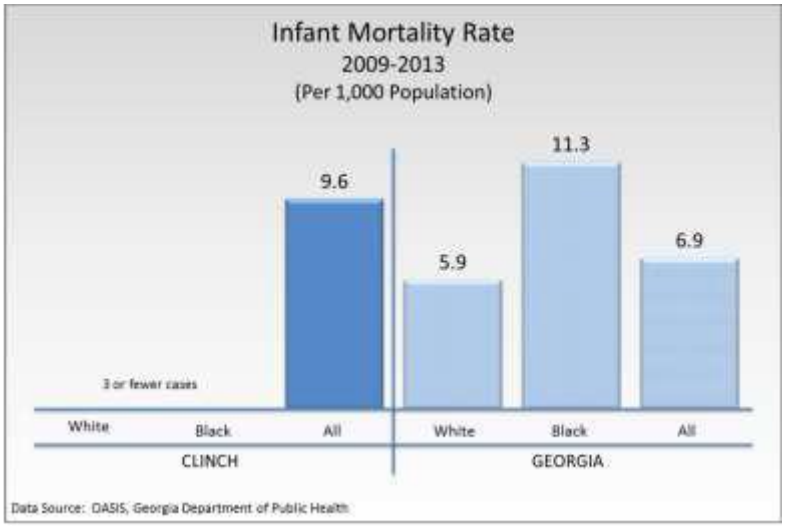
The percent of births to females with less than a twelfth-grade education was higher among Clinch County residents (25.5 percent) compared to Georgia residents (18.9 percent). The highest percentage was among the Hispanic population group.

Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.[59] 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.[60] 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.[61]

The infant mortality rate in Clinch County (9.6 per 1,000 population) was higher than the Georgia rate (6.9 per 1,000 population).

There were too few cases reported to compute reliable rates by race.



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.[62]

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

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

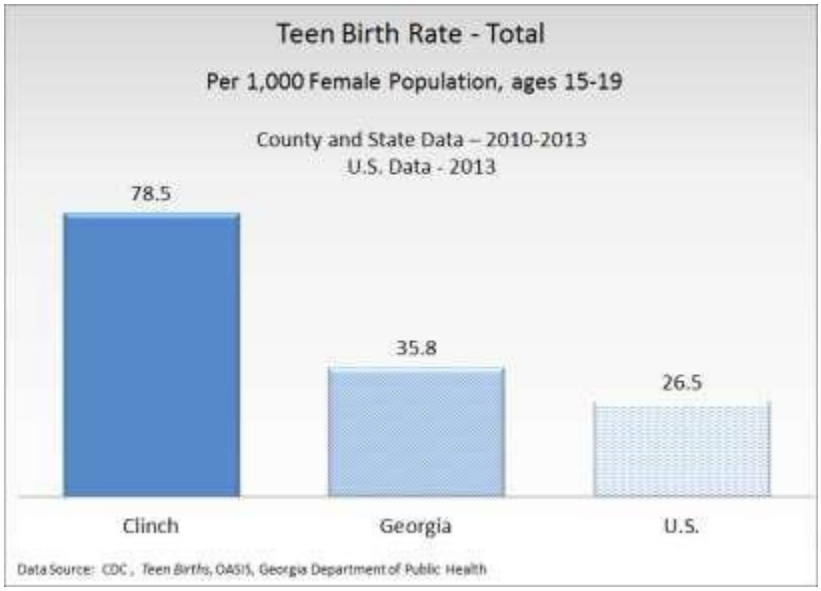
Year	White	Black	Hispanic	All
2009	0	0	0	0
2010	0	0	0	0
2011	0	0	0	0
2012	1	1	0	2
2013	0	0	0	0

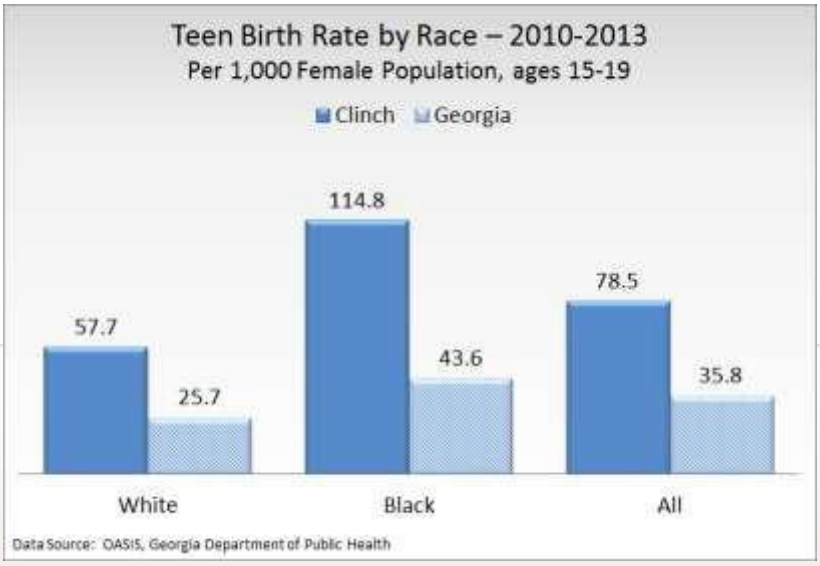
Data Source: OASIS, Georgia Department of Public Health

Teen Birth Rate

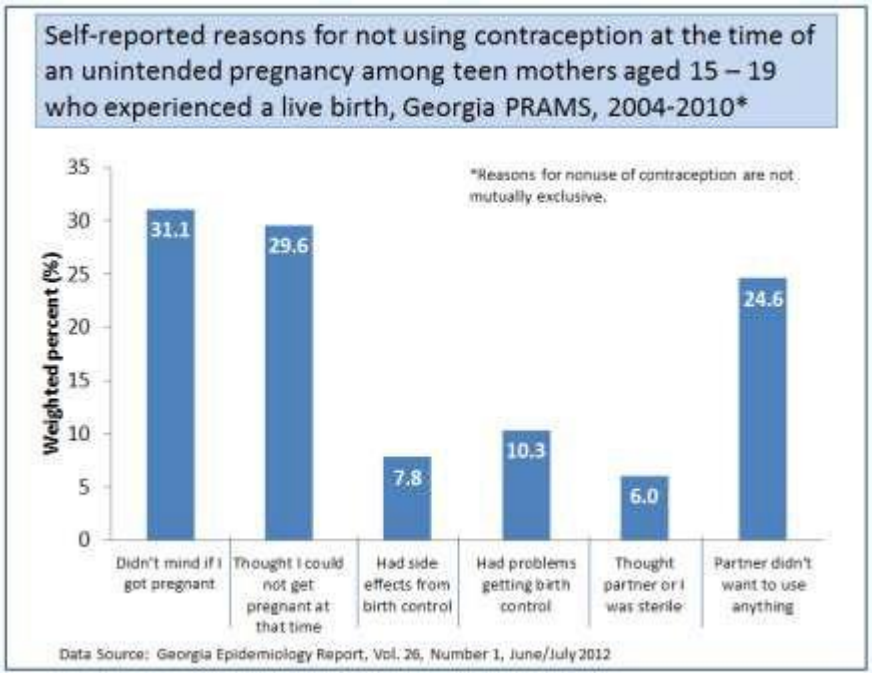
Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors to high school dropout rates among girls. The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[63]

The teen birth rate in Clinch County (78.5 per 1,000 female population) was higher than the Georgia rate and the U.S. rate.





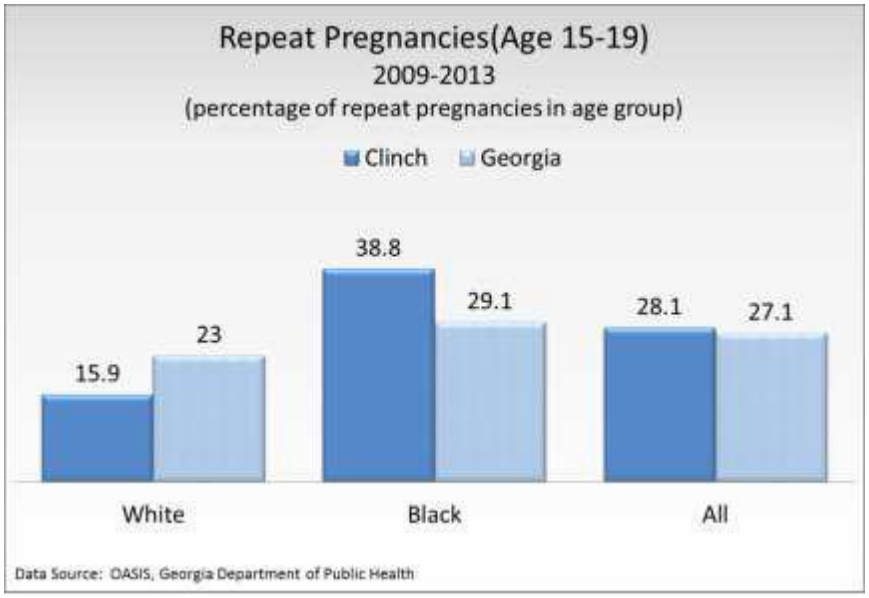
The Clinch County Black teen birth rate was higher than the White teen birth rate. The teen birth rates in Georgia were lower for all races than Clinch County's rates.



Teen Pregnancy In Georgia

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

Georgia Adolescent Reproductive Health Facts www.hhs.gov



For mothers ages 15-19, Clinch County had a higher percent of repeat pregnancies (28.1 percent) compared to Georgia (27.1 percent). Additionally, 38.8 percent of Black teen mothers in Clinch County had repeat pregnancies compared to 15.9 percent of White teen mothers.

COMMUNITY INPUT

Teen Pregnancy

- Afterschool programs would help decrease the teen pregnancy rate because it would increase supervision of teens.
- Casual sex occurs because teens have too much time on their hands.
- There is not enough parental guidance.
- Teen pregnancy is a generational issue. There are grandparents who are only 35 years old because of the repeated cycle of teen pregnancy in the family.
- Teen pregnancy is more accepted in the community than it was twenty years ago.
- The teen pregnancy rate is high because a lot of parents enable it. The parents were teen parents, so they do not see it as an issue.
- The "Teen Maze" program has helped tremendously with teen pregnancy and adolescent lifestyle behaviors.
- Teen pregnancy and STDs are the biggest issues in our community.
- Parents need to be educated about their child's true potential. Parents should not be telling their 17-year-old child it is time to get pregnant, so they can start collecting a check. (Also reference “Access to Care”)

Infant Mortality

- SIDS (sudden infant death syndrome) and SUIDs (sudden unexpected infant death) are major issues in this community.

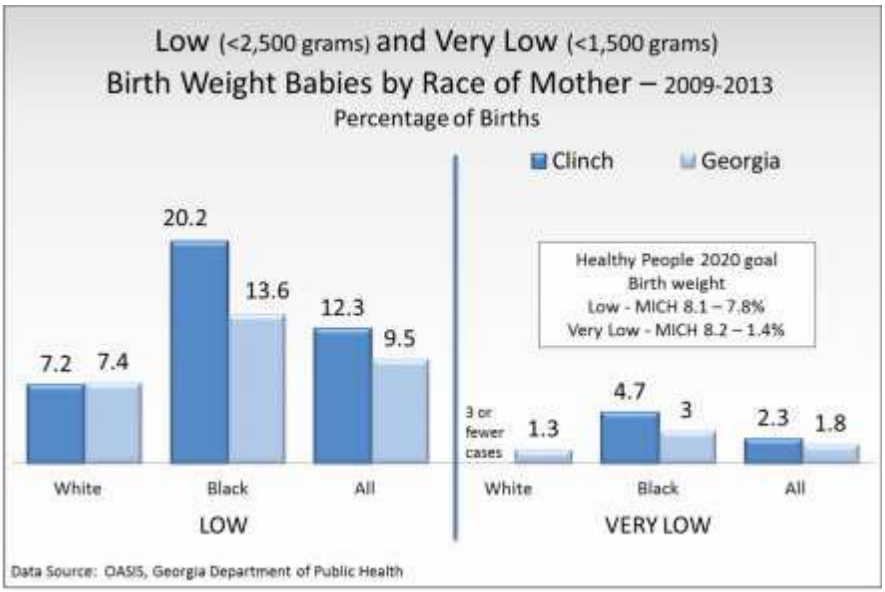
Birth Weight

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. [64]

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.[65] In 2013, the national prevalence of low birth weight babies was 8 percent while that for low birth weight babies was 1.4 percent.[66]

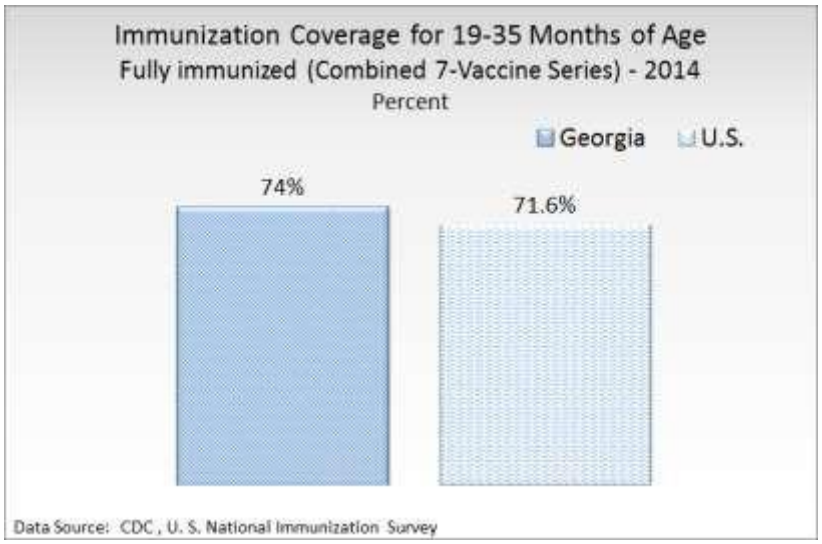
Overall, low birth weight and very low birth weight percent of births were higher in Clinch County compared to Georgia.

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



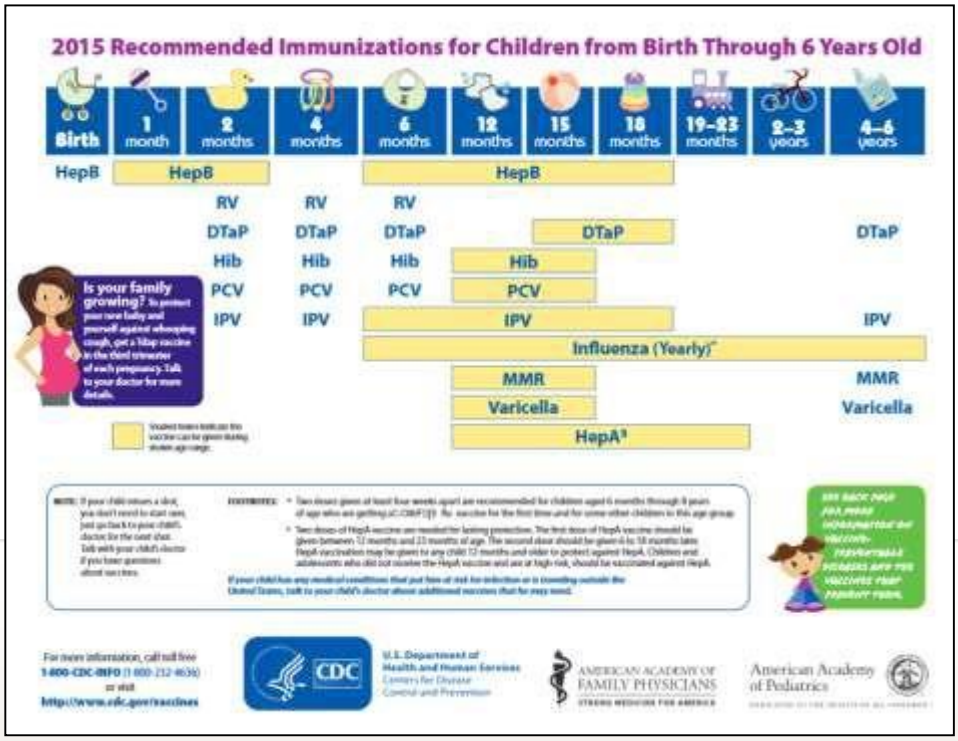
Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.[67]



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

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



ALCOHOL, TOBACCO AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE – TU, SA

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

- Chronic diseases
- Teenage pregnancy
- Sexually transmitted diseases
- Domestic violence
- Child abuse
- Motor vehicle accidents
- Crime
- Homicide
- Suicide[68]

Although much progress has been made to reduce cigarette smoking in the United States, in 2012, 20.5 percent of adult males and 15.9 percent of adult females continued to be cigarette smokers.[69]

Adolescent Behavior

The leading cause of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.[70]

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

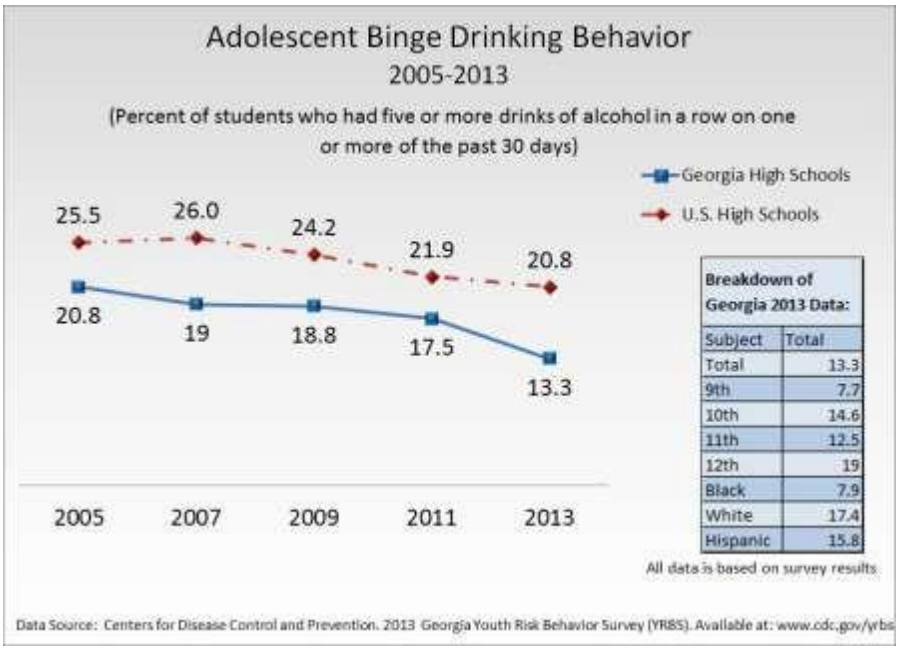
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

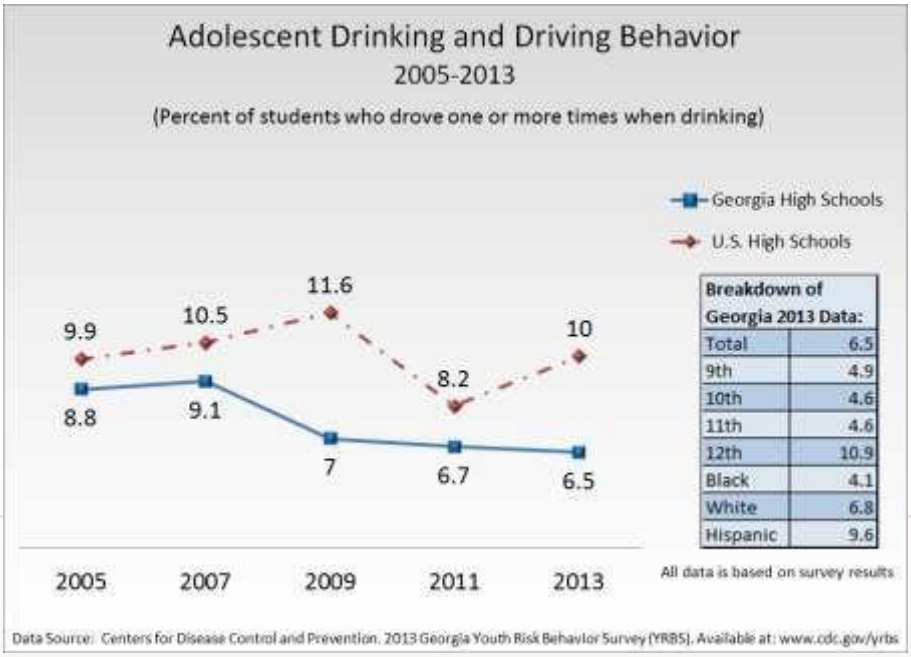


Between 2005 and 2013 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia since 2005.

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

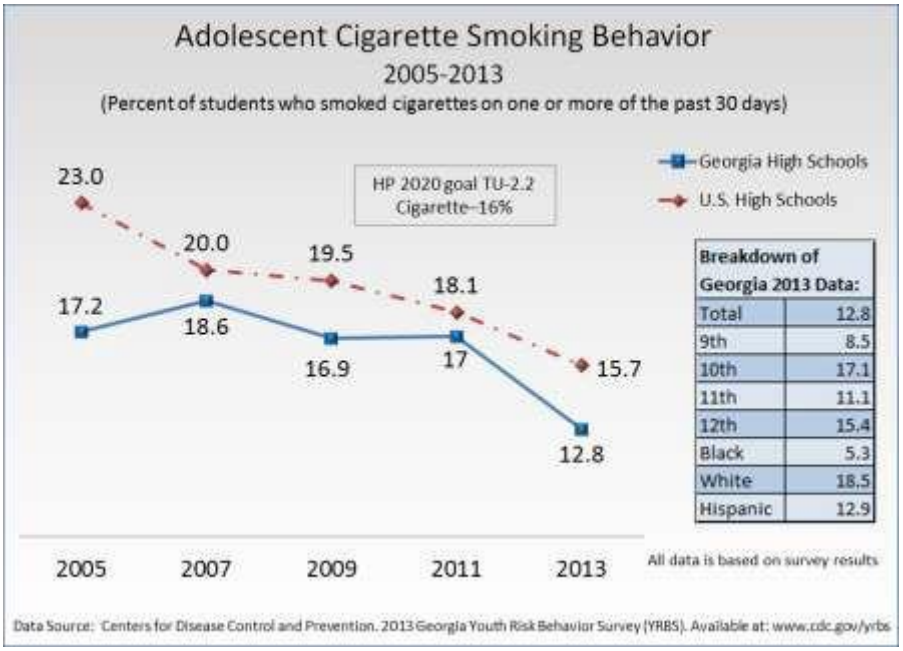
Almost one-fifth of twelfth graders (19 percent) participated in binge drinking within a month prior to the survey.

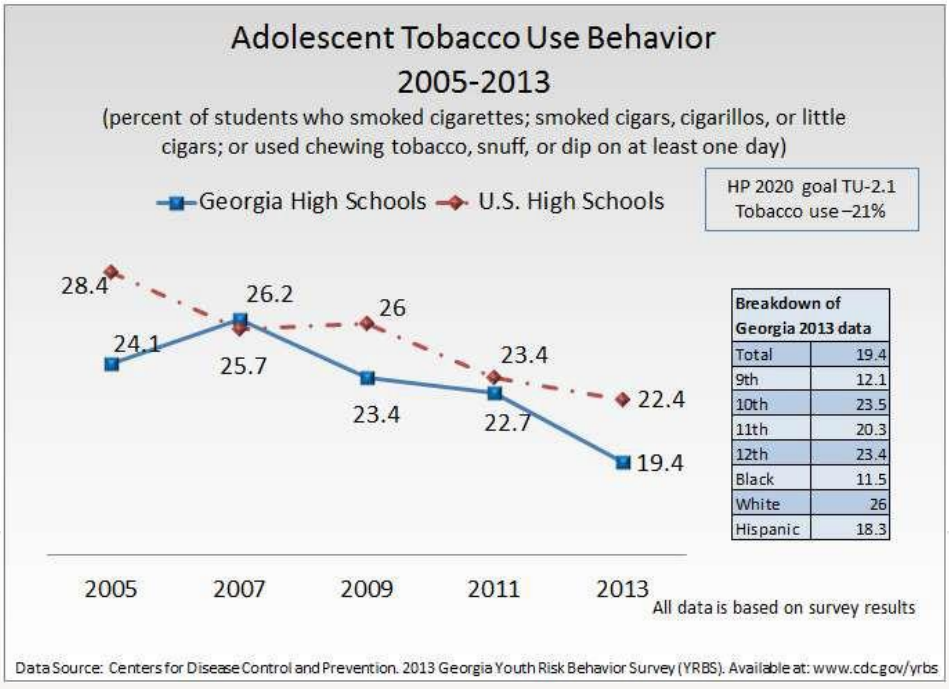
Drinking and driving behavior in Georgia was lower than the U.S. White youth were more likely than Black youth to engage in this behavior.



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

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





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

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

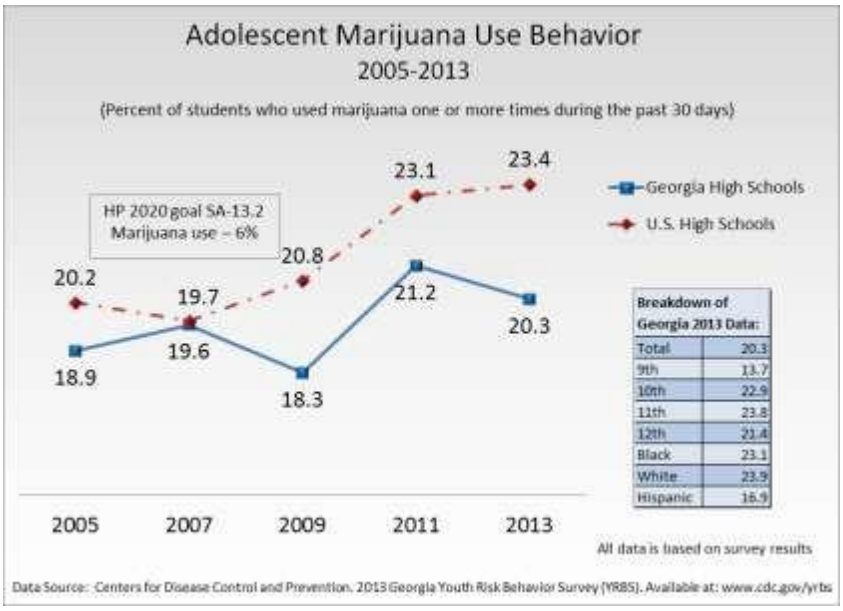
Illicit Drug Usage

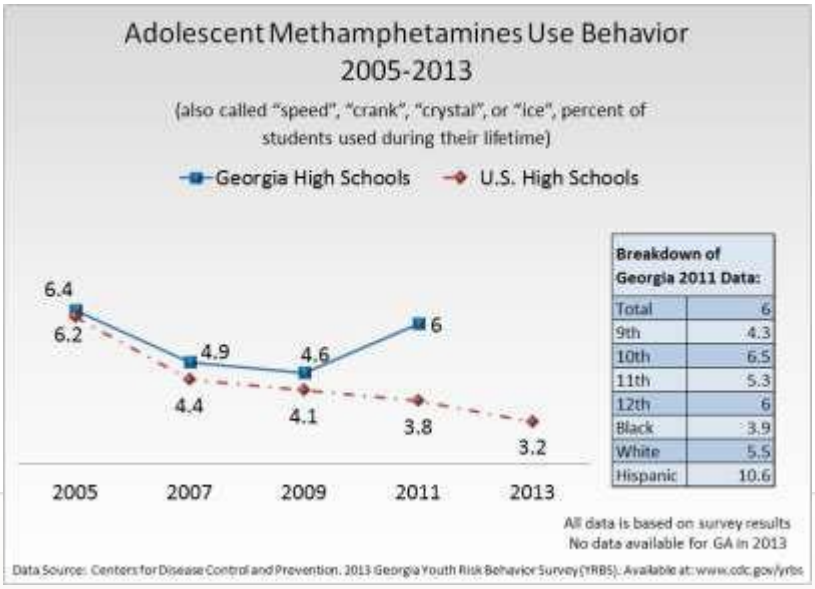
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.[71]

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

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

The Healthy People 2020 goal is to reduce marijuana use to six percent.[72]





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

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

There was no data available for Georgia in 2013.

Comparison: Clinch County and Georgia

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

At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Clinch County and Georgia		
	Clinch County High Schools	Georgia High Schools
Binge Drinking	10.2%	9.3%
Drinking and Driving	5.1%	2.9%
Tobacco Use	15.0%	11.9%
Cigarette Use	10.2%	10.1%
Marijuana Use	7.3%	12.8%
Meth Use	0.0%	1.9%
Prescription	1.9%	5.0%

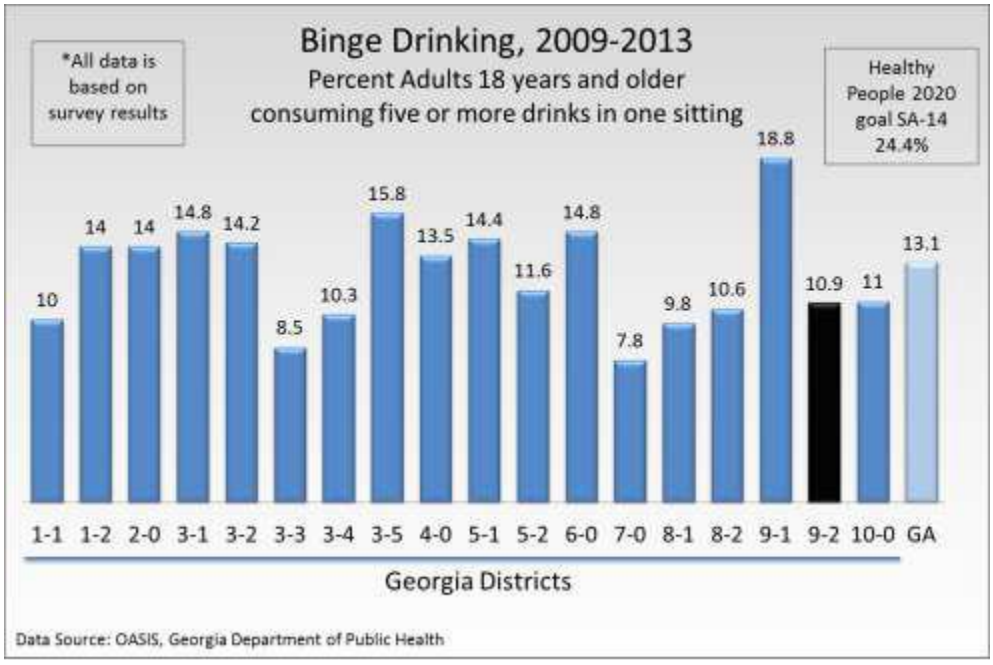
Data Source: Georgia Department of Education. Georgia Student Health Survey

Clinch County Schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, and cigarette use than the State. Please refer to the "Community Input" section of this report to read comments on other issues surrounding substance abuse among adolescents.

Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.[73]

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.[74]



The binge drinking prevalence in Health District 9-2 (10.9 percent) was lower than the Georgia prevalence (13.1 percent). This was well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

Substance Abuse

- A lot of the developmentally disabled population started substance abuse as a child because their parents gave them the drugs.
- Flakka is very prevalent in this community. Flakka does not show up on a drug test.
- "Flakka" is being sold as "Molly," because it sells at a higher price.
- Kids do not think prescription drugs are bad for them.
- Meth is a major issue in the community. It is the most common drug of choice.
- Prescription drug abuse is common in this community.
- A lot of drugs are used by individuals who are self-medicating a mental illness like depression or anxiety.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE – STD 6, STD 7

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.[75] 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.[76]

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections is encouraged for sexually active young adults.[77]

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.[78]

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

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

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

Why Is Sexually Transmitted Disease Prevention Important?

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

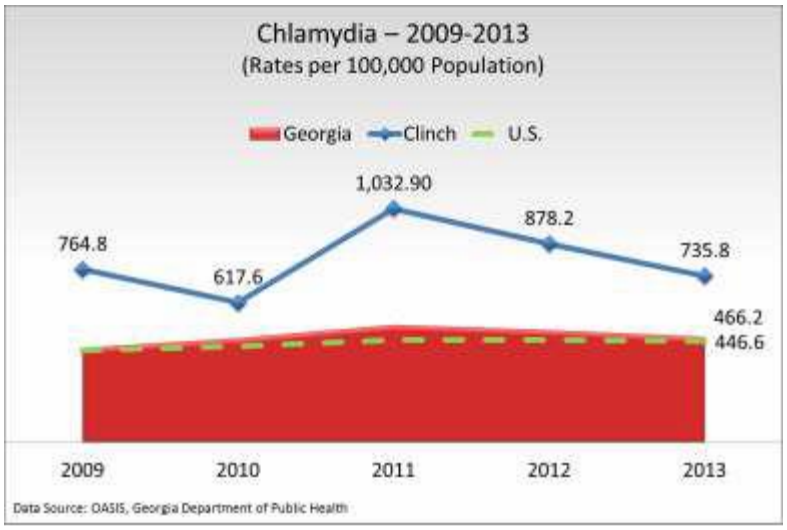
Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Healthy People 2020

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing, and is easily treated and cured with antibiotics.[79]

- 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.[80]
- Women had 2.7 times the reported chylamydia rate of men in 2009.[81]
- Georgia ranked ninth highest in the U.S. for reported chlamydia cases in 2013.[82]



Clinical Recommendations

Screening for Chlamydial Infection

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

Healthy People 2020

In 2013, the chlamydia rate in Clinch County (735.8 per 100,000) was much higher than the State rate (466.2 per 100,000). In 2013, the
U.S. rate for chlamydia was 446.6 per 100,000 population.[83]

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

Average Chlamydia Rates by Race (2009-2013)

	White	Black	All
Georgia	69.5	615.2	472.2
Clinch	163.8	1721.6	805.6

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea

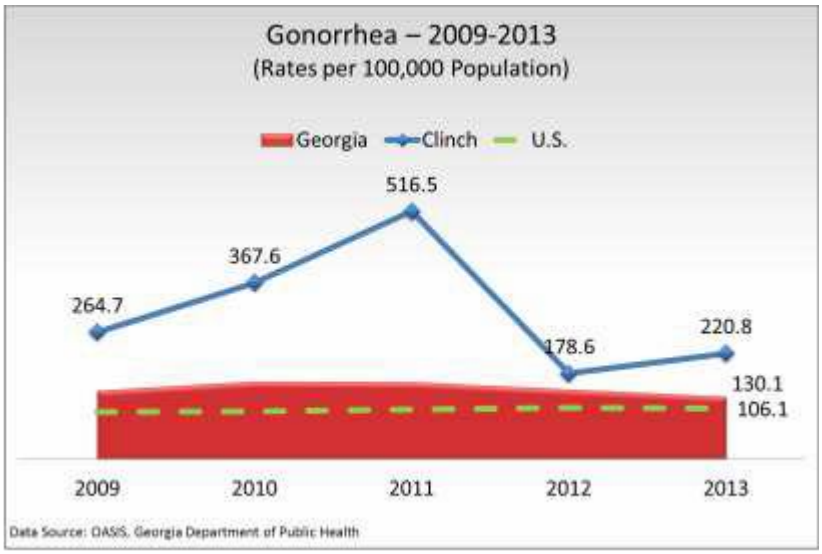
Gonorrhea and chlamydia often infect people at the same time.[84] The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are infected have no symptoms. Gonorrhea can lead to other complications that can cause pelvic inflammatory disease in women. Gonorrhea can also spread to the blood or joints and become life threatening. Antibiotics are used to successfully cure gonorrhea.

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

Who Is At Risk For Gonorrhea?

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

Centers for Disease Control and Prevention



In 2013, the gonorrhea rate in Clinch County (220.8 per 100,000) was higher than the State rate (130.1 per 100,000) and higher than the U.S. rate (106.1 per 100,000).[87]

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

Average Gonorrhea Rates by Race (2009-2013)

	White	Black	All
Georgia	13	262.5	147.8
Clinch	44.3	727.1	309.8

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.[88]

- 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.[89]
- Georgia ranked highest in the U.S. for reported syphilis cases in 2013.[90]

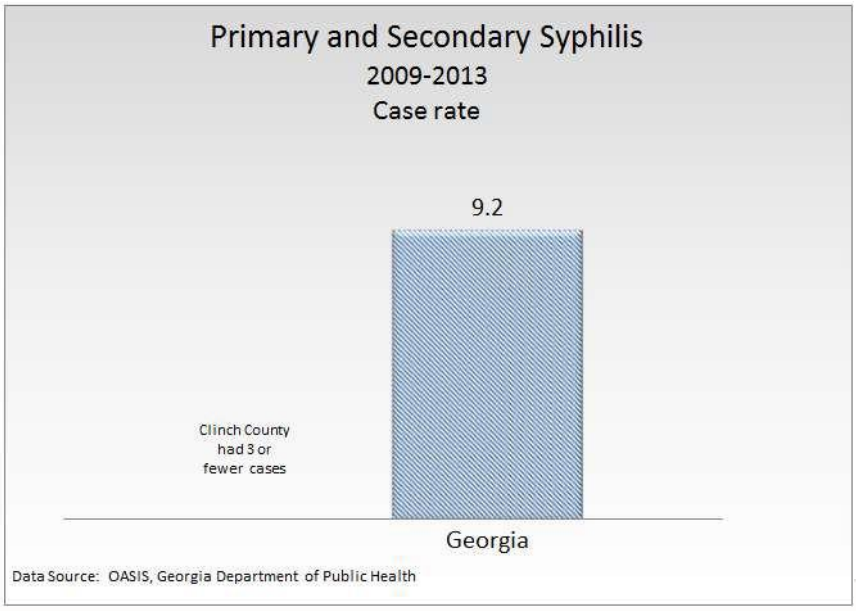
The Georgia syphilis rate in 2013 was 10.3 per 100,000 population. The U.S. rate in 2013 was 5.5 per 100,000 population.[91]

How Can Syphilis Be Prevented?

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

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

Centers for Disease Control and Prevention



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

There were only two cases of syphilis reported in Clinch County from 2009-2013.

Human Immunodeficiency Virus (HIV)

An estimated 1.2 million Americans were living with HIV at the end of 2012. Of those people, about 12.8 percent did not know they were infected. About 50,000 people get infected with HIV each year.[92] Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.[93]

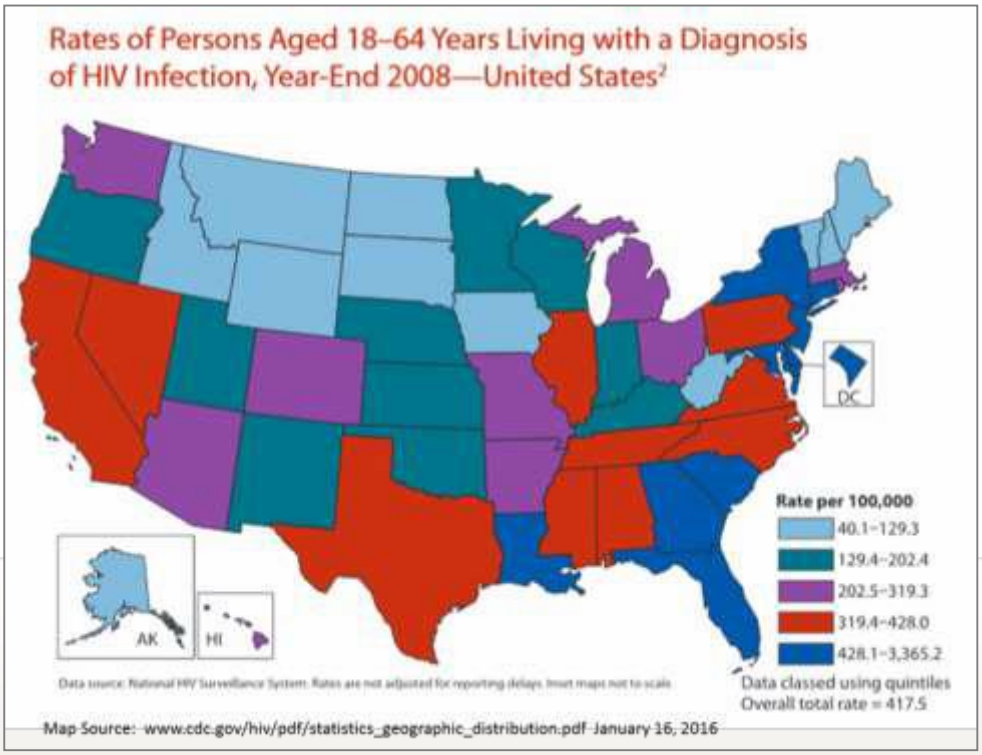
- In 2010, White MSM represented the highest number of new HIV infections in the U.S.[94]
- In 2010 Blacks (male and female) represented approximately 12 percent of the country's population, but accounted for 44 percent of new HIV infections. Blacks accounted for 41 percent of people living with HIV in 2011.[95]
- Hispanics (male and female) represented 16 percent of the population for accounted for 21 percent of new HIV infections in 2010. Hispanics accounted for 20 percent of people living with HIV in 2010.[96]

Why Is HIV Important?

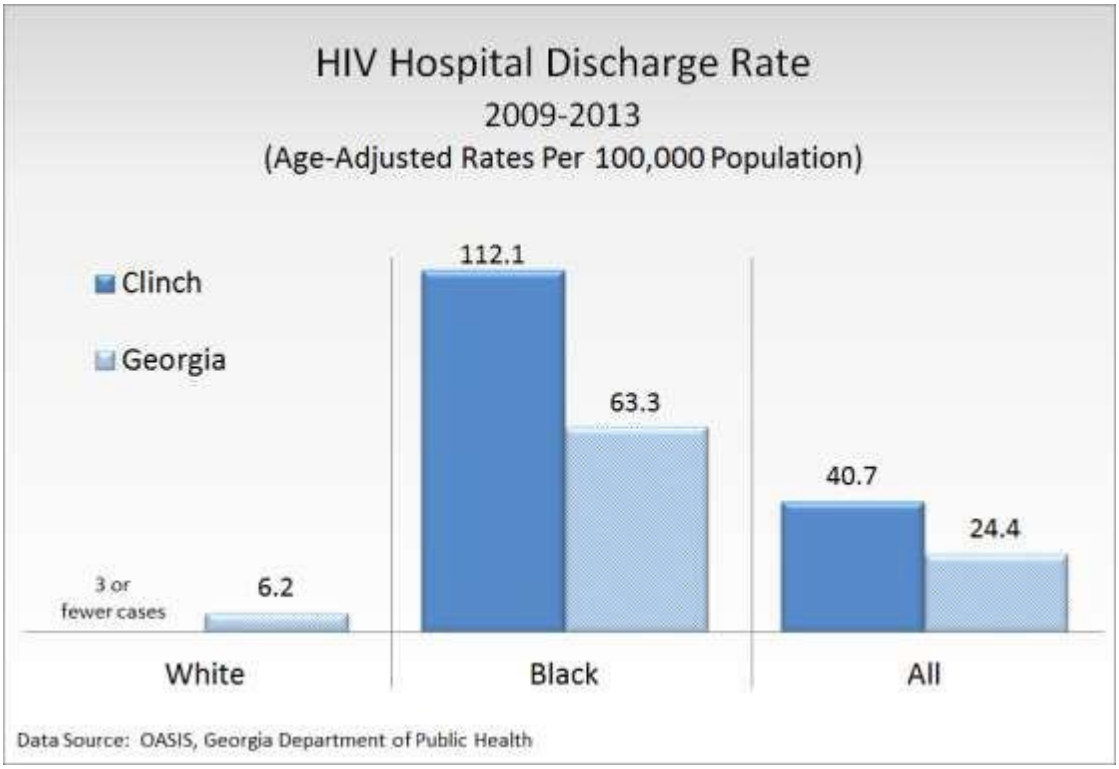
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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

Healthy People 2020

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



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



COMMUNITY INPUT

Sexually Transmitted Diseases

- The health department assists the school system with sex education.
- The health department is now offering physicals for young women without a pelvic exam. Pelvic exams were a barrier to a lot of young women coming in to get their exam for birth control.
- Casual sex goes back to teens having too much time on their hands.
- Teen pregnancy and STDs are the biggest issues in our community.

Also reference “Teen Pregnancy”

ACCESS TO CARE

HEALTHY PEOPLE 2020 REFERENCE – AHS

Barriers to healthcare can be due to a lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."[97]

Why Is Access to Health Services Important?

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

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

Healthy People 2020

Gaining Entry into the Health Care System

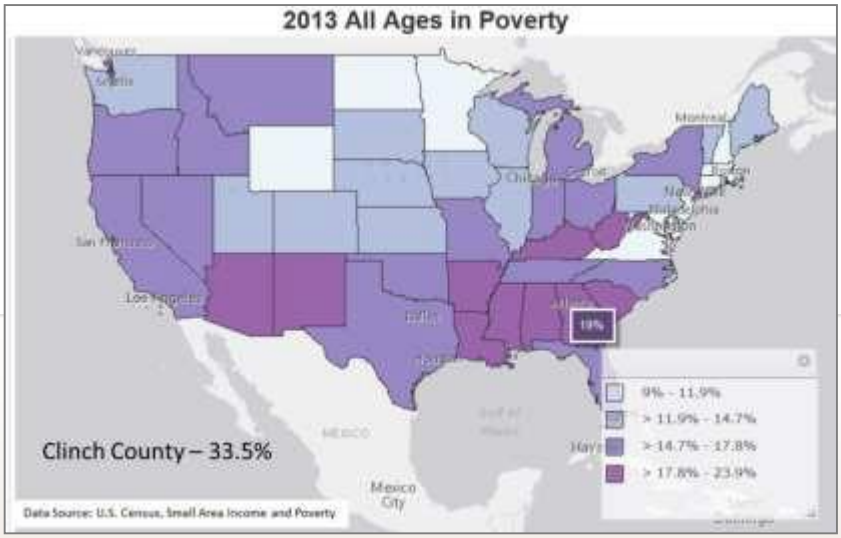
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

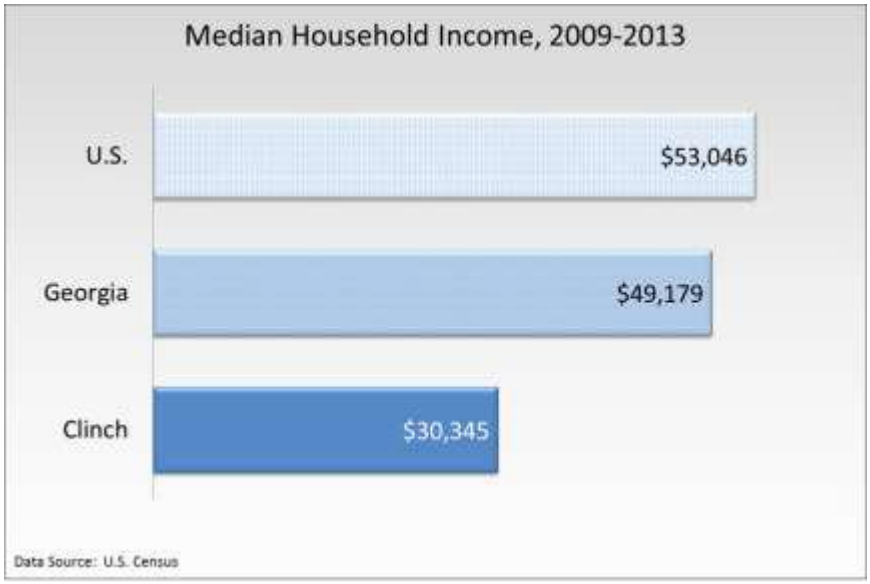
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.8 percent in 2014.[98]

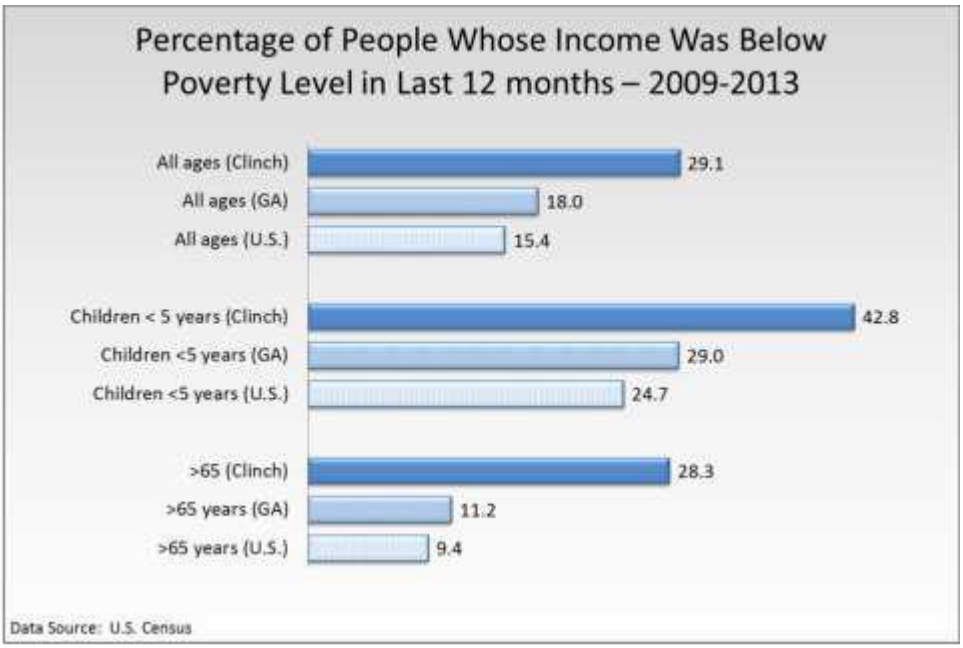
Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.[99]

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





The median household income during 2009-2013 for Clinch County was $30,345. This was below the Georgia median income of $49,179 and the U.S. median income of $53,046.

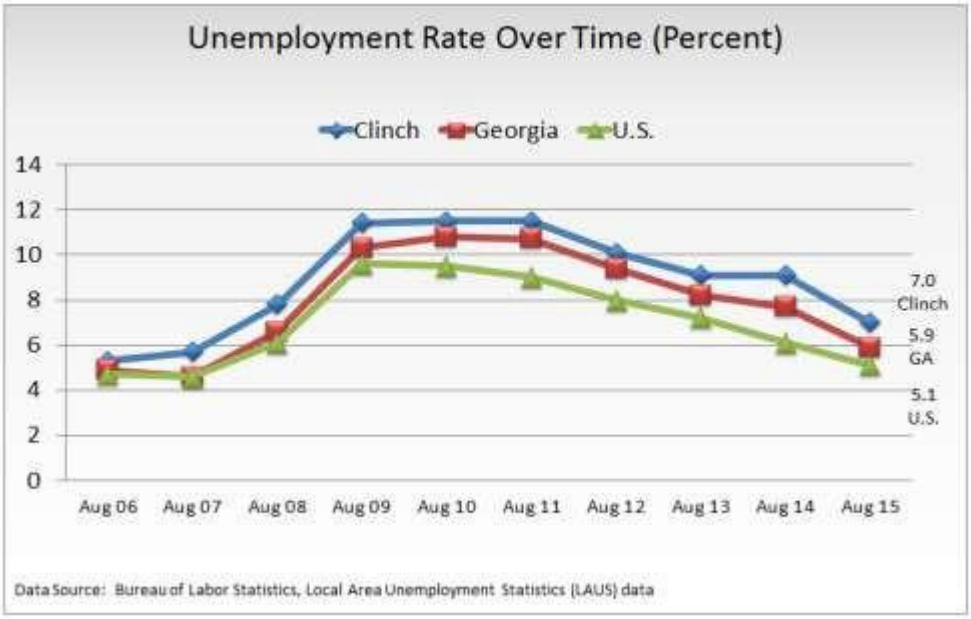


The percentage of people in Clinch County whose income was below the poverty level (29.1 percent) was higher than Georgia (18 percent) and the U.S. (15.4 percent). The percentage of children under five years of age living in poverty in Clinch County (42.8 percent) was higher than both Georgia (29 percent) and the U.S. rates (24.7 percent). The percentage of Clinch County senior adults living in poverty (28.3 percent) was higher than the State (11.2 percent) and U.S. rates (9.4 percent).

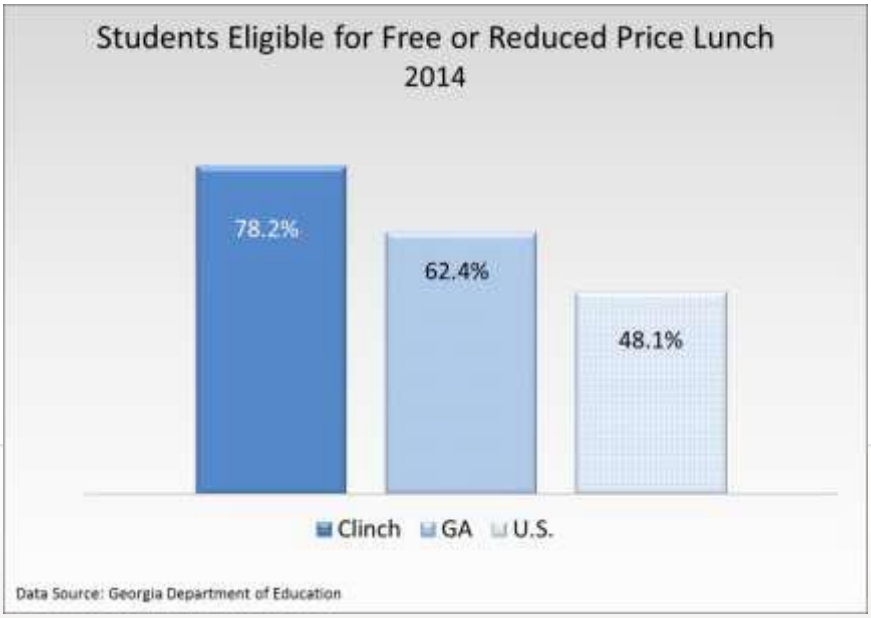
The Clinch County unemployment rates for years 2006-2015 were consistently higher than the U.S. rates and the State rates.

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

The most recent data showed that Clinch's unemployment rate dropped from 9.1 percent in August of 2014 to 7.0 percent in August of 2015.



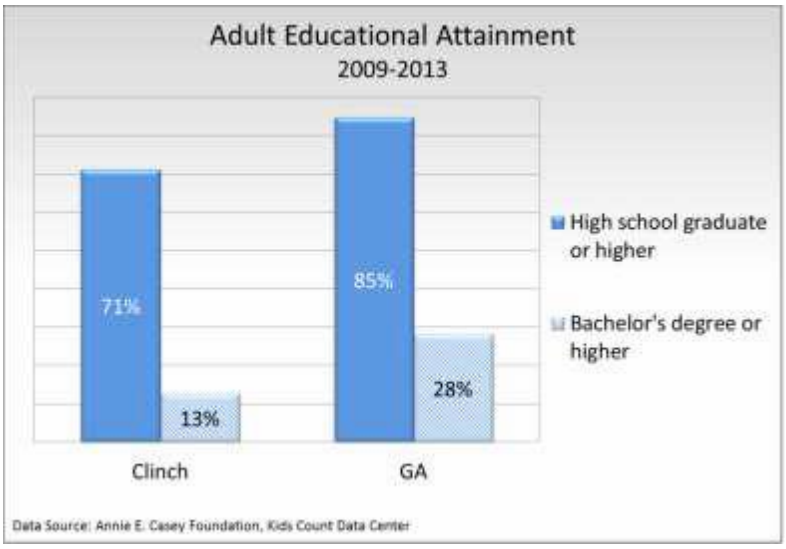
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.[100] For July 1, 2015 through June 30, 2016, a family of four's income eligibility for reduced-price lunches was at or below $44,863 and for free meal eligibility at or below $31,525.[101]



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

Educational Attainment

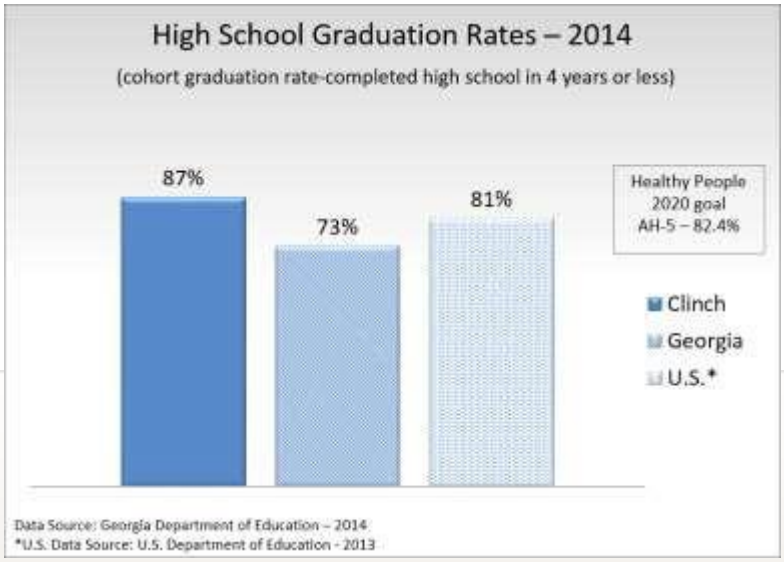
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.[102] According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.[103] 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.[104]



From 2009-2013, 71 percent of Clinch County residents had graduated high school compared to Georgia's average of 85 percent. An average of 13 percent of Clinch County residents had a bachelor's degree or higher compared to Georgia's higher average of 28 percent.

The U.S Department of Education requires all states to publically report comparable high school graduation rates using a four-year adjusted cohort rate calculation method. This method provides uniform data collection when analyzing statistics across different states.[105]

In 2014, Clinch County had an average of 87 percent of students to complete high school in four years or less. Clinch County was above the State average (73 percent) and was also above the U.S. average (81 percent). The Healthy People 2020 goal for the high school graduation rate is 82.4 percent (students who graduate with a regular diploma, 4 years after starting 9th grade).

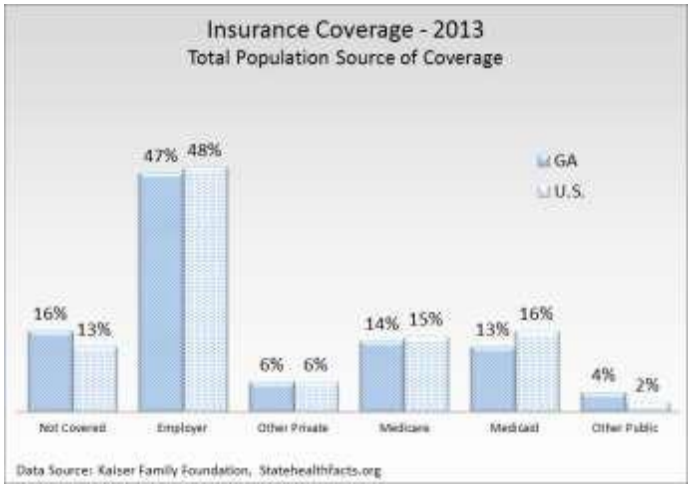


Insured Status

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

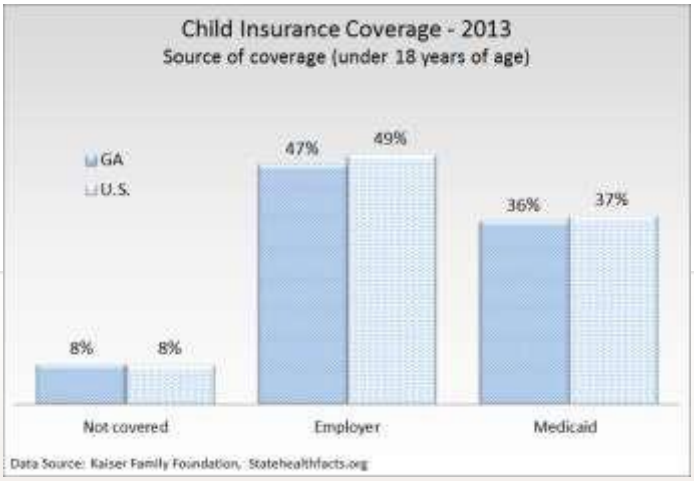
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

GEORGIA INSURED STATUS

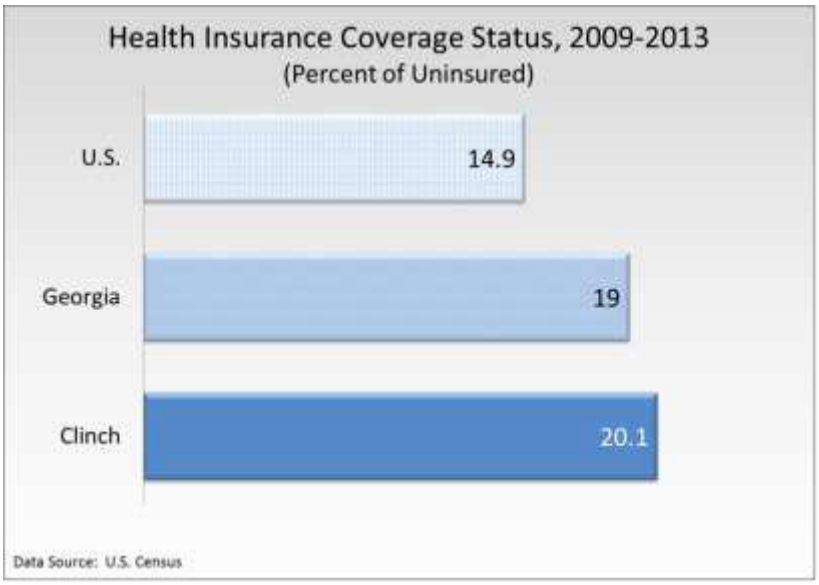


In 2013, Georgia's uninsured population (16 percent) was higher than the U.S. (13 percent). Employer coverage was lower in Georgia (47 percent) compared to the U.S. (48 percent). Georgia's proportions of Medicare and Medicaid covered individuals were lower than the U.S. rate.

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

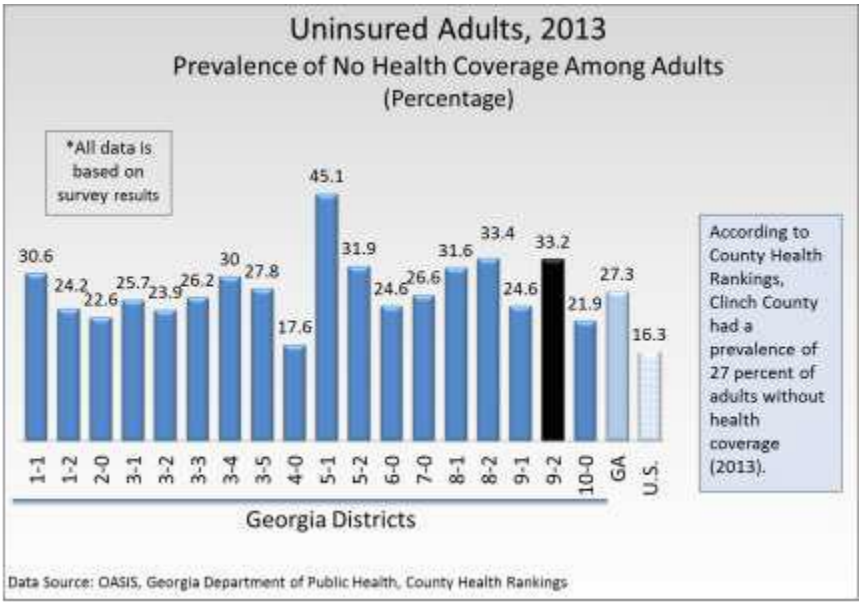


CLINCH COUNTY INSURED STATUS



The proportion of uninsured individuals in Clinch County (20.1 percent) was higher than Georgia (19 percent), and the U.S. (14.9 percent) rates.

The percentage of adults that lacked health insurance in Health District 9-2 (which includes Clinch County) was 33.2 percent. This was higher than the U.S rate (16.3 percent) and the Georgia rate (27.3 percent). According to County Health Rankings, in 2013 Clinch County had 27 percent of adults lacking health insurance.



Georgia Health Assistance and Healthcare Programs

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

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

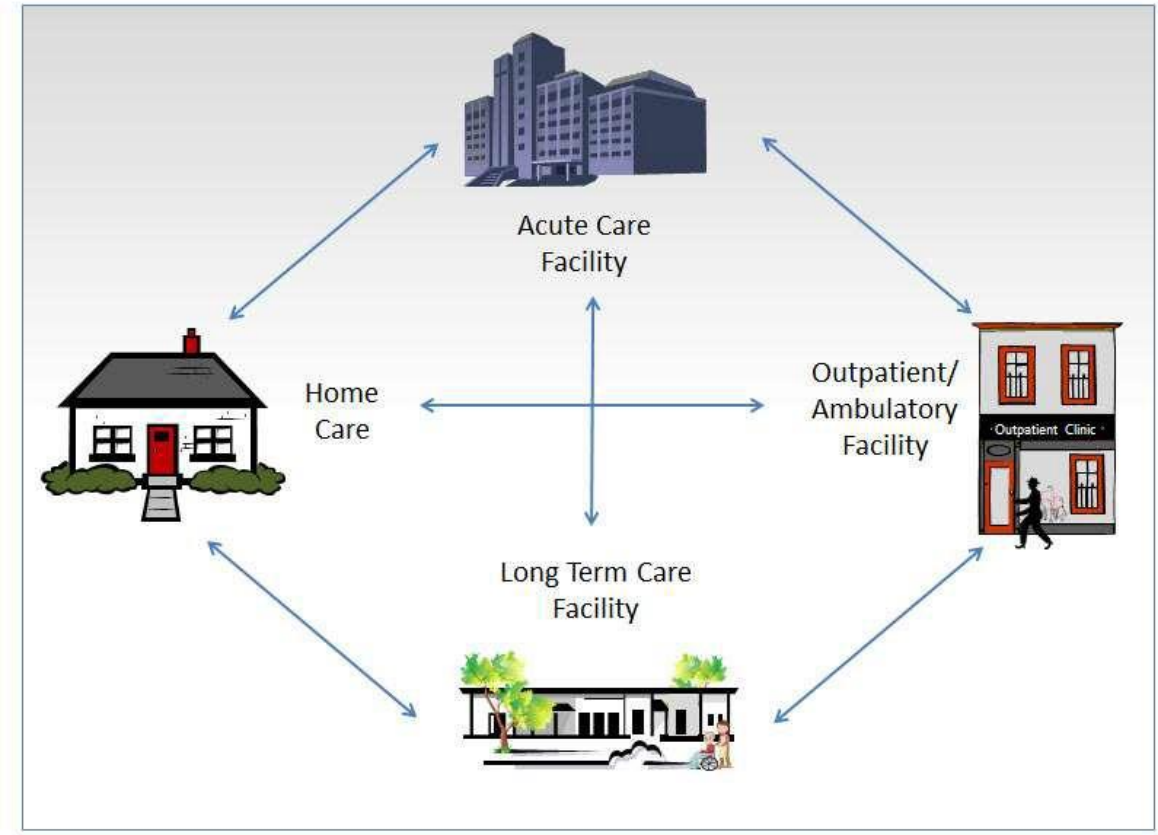
Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Clinch County, 15 percent of the population is over the age of 65, making many of them eligible for Medicare.

Accessing a Healthcare Location Where Needed Services Are Provided

Accessing health care services in the U.S. is regarded as unreliable because many people do not receive the appropriate and timely care they need. All Americans should now have access to health care due to the *Patient Protection and Affordable Care Act*.[106] This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.[107] 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.[108] There are various types of facilities across the healthcare continuum that provide different levels of care and types of treatment. Levels of care include primary, secondary, tertiary, and sometimes quaternary. Types of treatment range from low acuity to high acuity. Within these levels of care and types of treatment, there are types of facilities such as: acute care, outpatient/ambulatory, long term care, and home care that specialize in different types of treatment (see diagram below). In addition, these types of facilities cater to certain diseases and conditions within this continuum of care.



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

Clinch Memorial Hospital, located in Homerville, Georgia, originally opened in 1957 as a 40-bed, rural community hospital. It is currently designated as a 25-bed critical access hospital and is an affiliate of South Georgia Medical Center.

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having a shortage of primary care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). The HPSA score was developed for use by National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 1 to 26 where the higher the score, the greater the priority. Medically Underserved Areas/Populations (MUA or MUP) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/ or elderly population. The designation guidelines for medically underserved areas are based on a scale of 1 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Each service area found to have a score of 62 or less qualifies for designation as an MUA. Clinch County is considered an MUA based on its Index of Medical Service Score of 30.6.[109]

Professional Shortage Areas as of March 22, 2016

Clinch County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	Yes	Yes
HPSA Score	17	17	11

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

Mental Health

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

- Unison Behavioral Health is an independent public agency created by Georgia law to provide behavioral health and developmental disability services to persons in Coffee, Atkinson, Bacon, Pierce, Ware, Clinch, Charlton, and Brantley Counties. The facilities offer services including, mental and substance abuse, day treatment, job training, residential treatment, accountability court, and pharmacy. Most of the services are offered in Waycross; however, there is a behavioral health center in Homerville.[110]

Nursing Homes/Skilled Nursing Facilities

Skilled nursing facilities (SNFs) fill a vital role in healthcare delivery for certain population groups. Nationally, there are more than 15,000 nursing homes caring for 1.4 million individuals.[111] SNFs provide care for individuals with frailty, multiple co-morbidities, and other complex conditions. This type of care is important for individuals who no longer need the acute care from a hospital setting. Clinch County has one nursing home centrally located within Homerville. There are six additional nursing homes located within 40 miles of Homerville in surrounding counties. All seven of these nursing homes accept Medicare and Medicaid. The combined number of beds among these seven nursing homes is 782.[112]

Transportation

Clinch County has a land area of 800 square miles.[113] There is no public transportation system within the community. Many residents depend upon family members or others in the community for their transportation needs. There are other services that provide transit for the Medicaid population, but the appointment requirements can make this service inconvenient. A lot of individuals fail to show-up for medical appointments due to unreliable transportation.

Finding a Health Care Provider Whom the Patient Can Trust

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

PATIENT-CENTERED MEDICAL HOMES

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

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

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

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

COMMUNITY INPUT

Access to Care

- The health fair is a great resource for county to help with the education of individuals.
- Medication management is an issue. Patients do not understand what the medications are used for, when to take the meds, and how much to take.
- Geographically, Clinch County is a large county. It can take up to 45 minutes to get an ambulance to smaller towns like Fargo.
- Medication and home care compliance is an issue. Patients lack the education to follow instructions once they are home.
- Children need to grow up in a better generation of health knowledge. Education plays an important role in achieving this.
- The parents need to hear what the children are learning about health and wellness, so it is reinforced. There is no reinforcement of the health education children learn in school.
- There is a need to have the meetings/education in places where more individuals gather. Schools are not always the best place to have a meeting because parents associate that with where they got in trouble.
- There is a need for educational enrichment. The senior population needs to understand how to read their prescription.
- Overall health literacy is an issue in this community. There are people referring to sugary, fruit flavored drinks that have no nutrient value as a healthy fruit juice.
- Coastal Pines offers GED classes for the community.

COMMUNITY INPUT

Access to Care – Education and Parental Guidance

- Social issues in general are the biggest problem There is lack of parental guidance. All of the issues start when the individual is a child.
- So many parents have to work all the time and leave children unsupervised at home.
- There is a lack of activities for children to participate in the community.
- Parents need to be educated about their child's true potential. Parents should not be telling their 17-year-old child it is time to get pregnant, so they can start collecting a check.
- There are a lot of new programs in schools where the children get out of high school early each day because they have enough class credits. They are home alone with nothing to do.
- The new thing is to get away from AP classes and take college credit courses instead. Students get out of school early and have too much idle time.
- There is a need for healthy "lifestyle" classes for teens. They need to understand everything from financial health to physical health.
- There are instances where children are not sleeping because they are glued to their social media accounts through their smart phone. Parents need to be educated about the dangers of children using their smart phone to communicate through social media.

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

Hispanic Population

- The large Hispanic population creates a language barrier. Many do not get services they need because of this barrier.
- There used to be a migrant health clinic in Clinch County. During blueberry season, there is a major increase of the Hispanic population.
- TB is a major issue among the migrant worker Hispanic population.
- The health department refers all Hispanic migrant workers to the Lowndes County Migrant Farm Worker Clinic.

COMMUNITY INPUT

Mental Health

- There is a lot of drug and substance abuse among the mentally ill population.
- Dementia caused by alcohol and drugs is major issue in the community.
- There are a lot of young men being diagnosed with Schizophrenia.
- Mental health issues are a never-ending cycle. Something happens, police gets called, EMS gets called, EMS brings to the hospital, mental health gets called, then the patient ends back on the street and the cycle repeats.
- The stigma around mental health is very apparent in this community. A lot of this stems from this being a small community. They are worried who will find out about their mental health condition.
- Anxiety and depression are common mental health disorders.
- There is a lack of knowledge about mental health symptoms.
- There is nowhere for the mental health patients to go.
- Medication compliance among the mentally ill is an issue due to lack of understanding.
- A lot of the medications used to treat mental health conditions are expensive. They cannot afford the medications.
- There is a need for awareness that Unison (mental health clinic) offers these medications at a discounted rate.
- A lot of times the doctors do not really talk to the patient to really understand how the medication is affecting the patient.
- A lot of medical providers are not putting the patient (mental) at the center of care.
- Providers are not allowing the caretaker to be involved with the patient's care. The family should be invited to hear all communication between physician and patient.
- Individuals that need mental health help do not want to be thought of as crazy. There is a stigma for seeking mental health treatment.

PRIORITIES

Community Input

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

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

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

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

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

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

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

Focus Group Meetings and Priorities

There was a focus group meeting on March 10th, 2016.

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

1. Adolescent Lifestyle
    a. There is a need for more activities for adolescents or education about living a healthy lifestyle.
    b. There is a need for more education about STDs and teen pregnancy.
    c. There is a need for education and awareness about child abuse (sexual and neglect).
    d. There is a need for education and awareness surrounding healthy lifestyle choices related to alcohol, tobacco and drug use (especially prescription drugs).

2. Mental Health
    a. There is a need for mental health care that is focused on the patient and the family.
    b. There is a need for education and awareness on mental illness.
    c. There is a need for more counseling and education provided to the patient. Many patients are given the prescription medicine alone without counseling.
    d. There is a need for increased awareness and knowledge of available resources for low cost prescriptions.

3. Obesity
    a. There is a need for education on how to increase one's desire to be healthy-motivation to change.
    b. There is a need for education awareness on the causes, prevention, and intervention for obesity.
        i. There is a need for specific education on how to purchase and make healthy foods on a budget.
    c. There is a lack of afterschool programs and recreation activities for children.
    d. There are limited grocery stores with healthy food.

4. Accidents
    a. There is a need for education and awareness on distracted driving prevention.
    b. There is a need for education and awareness on seat belt and car seat safety.
    c. There is a need for education about safe, age-appropriate activities for children. There is a need for increased access to safe activities for children.

Hospital Input

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

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

Identified Priorities

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

- Adolescent Lifestyle
- Mental Health
- Obesity and Diabetes
- Accidents

Approval

Clinch Memorial Hospital's Board approved this community health needs assessment through a board vote on May 25th, 2016.

COMMUNITY PARTICIPANTS

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

CLINCH MEMORIAL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Wallace Mincey Interim Administrator
Sandra Hughes, Chief Financial Officer
Kellie Register, Director of Nursing
Janice Register, Compliance Officer/Quality Improvement
Samuel Cobarrubias, MD, Chief of Staff
Patricia Stalvey, Social Services/Discharge Planning
Melinda Davis, Administrative Coordinator
Stephanie Stovall, Chairman of the Board
Amber Kinsey, Public Health Nurse Manager
Kaye Riley, Clinch County Board of Education
Jeff Brown, Lutz Brown Insurance Company
Jennifer Smith, Clinch County Family Connection
Lauren Mercer, Unison Behavioral Health\

COMMUNITY REPRESENTATIVE – KEY STAKEHOLDER INTERVIEW

Amber Kinsey, Public Health Nurse Manager

COMMUNITY REPRESENTATIVES – FOCUS GROUP

Abigail Smith, Clinch County Board of Education
Kaye Riley, Clinch County Board of Education
Kevin Moore, Hospice of South Georgia
Jeff Brown, Lutz Brown Insurance Company
Will Joyce, Clinch County EMS
Tom Williams, Clinch Healthcare
Beth Jones, Clinch County Department of Health
Jaclyn James, Clinch County Board of Education
Nikki Christy, Lee Container
Kimberly Bowen, Unison
Alfred A Miller, Church
Jennifer Smith, Clinch County Family Connection
Leroy Gant, GED Delegate, Coastal Pines Technical College

RESOURCE LISTING

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

ALCOHOL ABUSE, ADDICTION INFORMATION, AND TREATMENT	
Clinch Behavioral Health 551 Old Pearson Road Homerville, GA 31634	Ware County Behavioral Health 1007 Mary Street Waycross, GA 31501
ASSISTED LIVING FACILITIES (Also reference Nursing Homes)	
SunBridge Care and Rehab 410 Sweat Street Homerville, GA 31634	
CANCER SUPPORT SERVICES	
Pearlman Cancer Center Best Buddies Support group for breast cancer survivors. Meets the 4th Tuesday of each month 6:00pm-7:00pm	Pearlman Cancer Center Look Good…Feel Better for Ladies Support group female cancer patients. Meets the 2nd Monday of each month. 4:00pm – 5:30pm

CHILDREN SERVICES	
Clinch County Family Connections Resource Help for Children and Families 912.487.3740	Babies Can't Wait 1.800.429.6307 1.912.284.2552
Children's 1st 912.284.2920	Children's Medical Services 1.800.320.9839
Clinch County DFACs 912.487.5263	Clinch County Head Start 912.487.3295
CLOTHING	
Hope Ministries 912.487.5153	
HEALTH CLINICS	
Clinch County Health Department 285 Sweat Street Homerville, GA 31634 855.473.4374	

DIALYSIS SERVICES	
DaVita Homerville 180 Carswell Street Homerville, GA 31634 912.487.0092	
DENTISTS	
Dr. Benjamin Tanner 912.487.5271	Dr. Varnedoe and Jackson (Waycross) 912.283.2340
McKinney Health Center (Waycross) 912.287.9140	Morrison Dental Clinic (Waycross) 912.232.2779
DEVELOPMENTALLY DISABLED	
Clinch/Atkinson County Community Support Services 551 Old Pearson Road Homerville, GA 31634 800.342.8168	
FOOD PANTRY/FREE MEALS	
Hope Ministries 912.487.5153	Clinch County Concerted Services 912.487.2445

Clinch County Senior Center 313 West Dame Avenue, suite c Homerville, GA 31634 912.487.2893	
HOSPITALS	
Clinch Memorial Hospital 1050 Valdosta Highway Homerville, GA 31634 912.487.5211	
HOUSING ASSISTANCE	
Clinch County Concerted Services 912.487.2445	Clinch County Housing Authority 110 Cressent Drive 912.487.2472
MEDICAID ENROLLMENT	
Clinch County DFACs office 17 E Shirley Rd. Homerville, GA 31634 229.219.1282 1.800.809.7276 1.800.822.2539	

MENTAL HEALTH SERVICES	
Clinch County Behavioral Health 551 Old Pearson Road Homerville, GA 31634 800.342.8168	Ware County Behavioral Health 1007 Mary Street Waycross, GA 31501 800.342.8168
Easter Seals of Southern Georgia 1.229.387.0505; 1.800.999.1564	
NURSING HOMES	
Clinch Healthcare Center 390 Sweat Street Homerville, GA 31634 912.487.5328	SGMC Lakeland Villa 120 W. Thigpen Avenue Lakeland, GA 31635 229.482.8425
Baptist Village 2650 Carswell Avenue Waycross, GA 31502 912.283.7050	Waycross Health and Rehabilitation 1910 Dorothy Street Waycross, GA 31501 912.285.4721
PHARMACIES AND DRUG ASSISTANCE	
Unison Pharmacy 1007 Mary Street Waycross, GA 31503 1.888.635.3622	**Acme** **912.487.5327**

Rite Aid 912.487.5181	
SENIOR CITIZEN SERVICES	
Clinch County Senior Center 313 West Dame Avenue, suite c Homerville, GA 31634 912.487.2893	
SMOKING CESSATION	
Tobacco Quit line 1.877.448.7848 1.877.44U-QUIT	
TEEN PARENTING RESOURCES	
Department of Family and Children Resources 17 Shirley Road Homerville, GA 31634 229.219.1282	Clinch County Health Department 285 Sweat Street Homerville, GA 31634 855.473.4374

TRANSPORTATION	
Medicaid Transportation 1.888.224.7988 Must call 3 days in advance of travel date	

ENDNOTES

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

[29] Georgia Department of Public Health, OASIS, BRFSS, 2013
[30] HealthyPeople.gov, http://www.healthypeople.gov/2020/default.aspx
[31] Ibid.
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