

# 2015

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## Upton Regional Medical Center Community Health Needs Assessment

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# EXECUTIVE SUMMARY

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## Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Upson Regional Medical Center 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 Upson Regional Medical Center's community benefit programs and implementation strategy. It is anticipated that this report will not only be used by the hospital, but also by other community agencies in developing their programs to meet the health needs of Upson 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 Upson 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

Upson County is located in west central Georgia and has a population of 27,153 as of 2010. In 2014, the population estimate was 26,256. Upson Regional Medical Center, a regional health care provider with 115 acute-care beds, serves this area of Georgia. The hospital is located in the county seat of Thomaston. The surrounding areas of Thomaston are diverse as far as population of rural and urban areas. The population distribution among rural and urban areas is almost split evenly—53.1 percent of the population is urban and 46.9 percent is rural.

The County's population is predicted to increase to 27,144 residents by 2020. The percentage of residents aged 55 and older had increased from 2010 to 2013; this identified an increased need for delivery of healthcare that serves individuals with chronic conditions. The Hispanic population had increased, and remains a small portion of the population.

## Condition of Health (Morbidity and Mortality)

The occurrence of a specific illness (morbidity) in a population can predict a trend for causes of death (mortality) in a population. In Upson County for 2009-2013, cancer was the leading cause of death followed by heart disease, stroke, chronic lower respiratory disease, and accidents.

### CANCER

The most prevalent types of cancers can usually be detected the earliest, due to known risk factors. Upson County had both a higher death rate and incidence rate for cancer compared to the U.S. and Georgia. There is

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 Georgia and the U.S. Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer.

### **HEART DISEASE AND STROKE**

Heart disease and stroke typically affect people age 65 years and older. Heart disease was the second leading cause of death in Upson County. The death rate in Upson was higher than in Georgia. Stroke was the third leading cause of death in Upson County. The stroke rate for Upson was higher than 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 health needs implementation strategies.

### **CHRONIC LOWER RESPIRATORY DISEASE**

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

### **ACCIDENTS**

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

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

Abused substances have an impact on the overall health of the community, family, and individual. The use of cigarettes and alcohol had decreased from 2011 to 2013 in adolescents in Georgia. Marijuana and methamphetamine use had increased in Georgia.

### **SEXUALLY TRANSMITTED DISEASES**

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. Upson County's rates for chlamydia were higher than the State and U.S. Gonorrhea rates were lower than the State and the U.S. Chlamydia rates among Upson County Blacks were much higher compared to Whites. Gonorrhea rates were also higher among Blacks compared to Whites. In Upson County, human immunodeficiency virus (HIV) hospital discharge rate was lower than 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-quarter of Upson County residents reported no health insurance. Nearly one-fifth of Upson County's population is below the poverty level. Eight percent of children were uninsured in Georgia which was the same as the U.S. Education also affects an individual's ability to access care. Approximately 78 percent of Upson County residents were high school graduates compared to Georgia residents at 84 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 Upson County residents rely on friends and family members for transport.

## Community Prioritization of Needs

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

1. Access to Care
2. Obesity
3. Heart Disease and Stroke
4. Diabetes
5. Teen Pregnancy
6. Mental Health
7. Drug Abuse

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

Upson Regional Medical Center approved this community health needs assessment through a board vote on November 18, 2015.

# THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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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.

David Castleberry, Committee Chair, Chief Executive Officer  
John Williams, Chief Financial Officer  
Evelyn Murphy, Chief Clinical Officer  
Rich Williams, Human Resources Director  
Sallie Barker, Communications Director  
Doug Thompson, Chief Information Officer

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

## 3. Identifying and Engaging Community Leaders and Participants

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

## 4. Identifying and Engaging Community Stakeholders

Community stakeholders (also called key informants) are people invested or interested in the work of the hospital, people who have special knowledge of health issues, people important to the success of any hospital

or health project, or are formal or informal community leaders. The hospital identified 10 community members to participate in the stakeholder interviews.

## 5. Preliminary Health Findings

Preliminary health findings were summarized to reflect the major health problems and health needs of Upson County, such as:

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

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

## 6. Community Input

A health needs survey was developed covering various topics and demographic questions including: health education and screening needs, access to care issues, social issues, health challenges, preventative services, and health practices. This survey was distributed to the community through various outlets in order to obtain an unbiased representation of the community's citizens. The survey was distributed to the following locations in the community: "The Dissipating Disparities Expo", the hospital, the senior center, and two larger minority churches. The total number of surveys collected from the community was 300.

One-hour Community Stakeholder Interviews (interviews) were essential parts of the CHNA process. The 10 stakeholder interviews were conducted in order to obtain the community's input into the health needs of Upson County.

## 7. Hospital Prioritization of Needs

Information gathered from community-wide surveys, stakeholder interviews, discussions with the hospital leadership team, review of demographic and health status data, and hospital utilization data was used to determine the priority health needs of the population. URMHC provided a written report of the observations, comments, and priorities resulting from the stakeholder interviews. The CHSC reviewed this information, focusing on the identified needs, priorities, and current community resources available. The CHSC debated the merits and values of these priorities, and considered the resources available to meet these needs. From this information and discussions, the hospital developed the priority needs of the community, each of which will be addressed separately in the Hospital's Implementation Strategy document.



## Description of Major Data Sources

### Bureau of Labor and Statistics

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

### Behavioral Risk Factor Surveillance System

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

### Centers for Disease Control and Prevention

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

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

### County Health Rankings

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

### Georgia Department of Public Health

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

### Georgia Department of Education

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

### Healthy People 2020

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

### Kids Count Data Center

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

### National Cancer Institute

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

### U.S. Census Bureau

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

## Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

## Information Gaps and Process Challenges

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

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

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

# ABOUT UPSON COUNTY

Upson County is located in the west central Georgia. It is approximately 60 miles south of Atlanta, 45 minutes west of Macon, and 50 miles east of Columbus. Upson County has a total land area of 326 square miles.<sup>1</sup> The Flint River forms the entire western border of Upson County, which creates a separation between Upson, Meriwether, and Talbot Counties. According to the 2014 U.S. Census estimates, there were 26,256 residents in the county.<sup>2</sup> Upson Regional Medical Center is the only hospital in the county, and has many ancillary service facilities that serve the community. The main hospital is located in Thomaston.



Image Source: MapViewer

City/Town/Village	2014 Population
Thomaston	8,952
Yatesville	357

Data Source: U.S. Census Bureau

Upson County includes the cities of Thomaston, Yatesville, and a small unincorporated town called The Rock (census-designated place). Yatesville and The Rock are far less populous in comparison to Thomaston. The population distribution among urban and rural is 53.1 percent urban and 46.9 percent rural.<sup>3</sup> Since last conducting the 2012 CHNA there has been a slight decrease in Upson County’s population.

Upson County is best known for its strong history in agriculture and textiles.<sup>4</sup> Upson County’s primary industries include manufacturing, retail trade, accommodation and food services, healthcare, and educational services.<sup>5</sup>

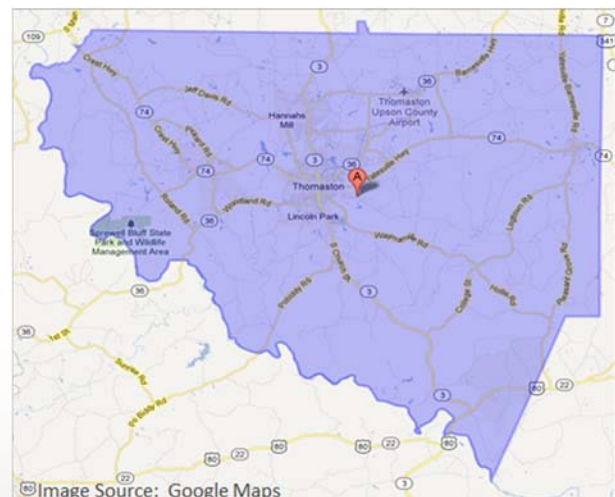
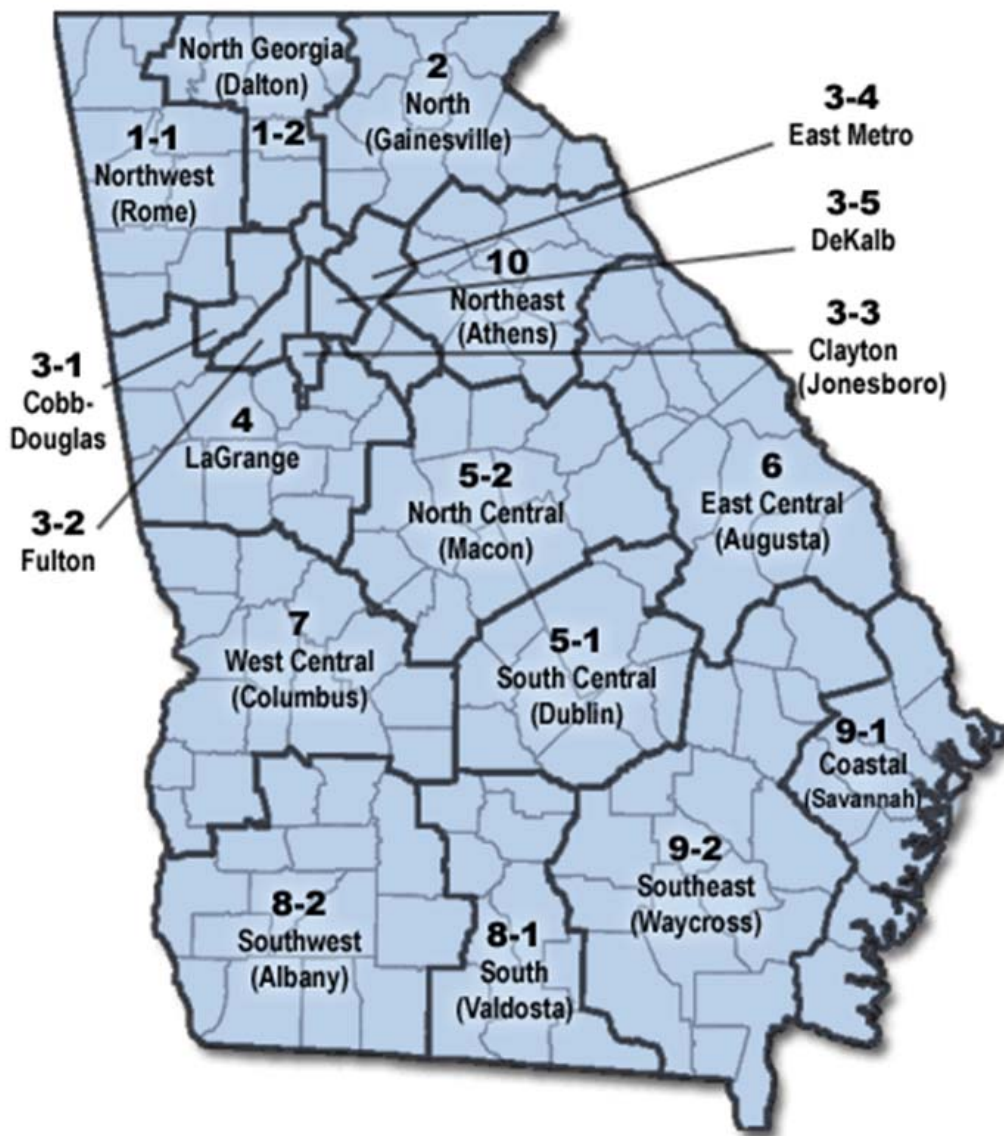


Image Source: Google Maps

## Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Upson County is located in district 4-0 which is also referred to as 4 LaGrange. This district includes the following counties: Upson, Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, and Troup.



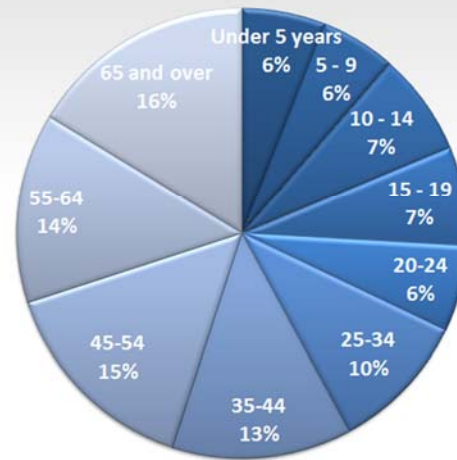
Source: Georgia Department of Community Health

## 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 Census data, 16 percent of Upson 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.<sup>6</sup>

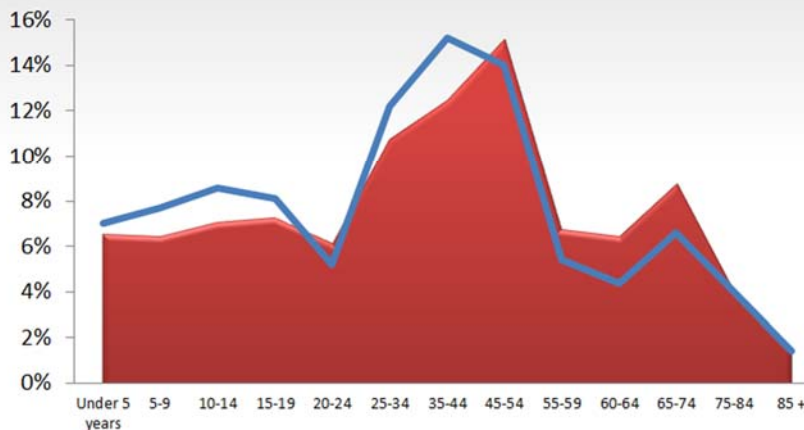
Population Percentages by Age Groups, 2009-2013  
Upson County



Data Source: U.S. Census Bureau

Population Percentages by Age Groups  
Upson County

■ Upson 2013 ■ Upson 2010



Data Source: U.S. Census Bureau

Comparing Upson County's population percentage by age groups from 2010 to 2013, the following changes were noted:

Age categories with decreases:

- 0 to 19
- 25-44

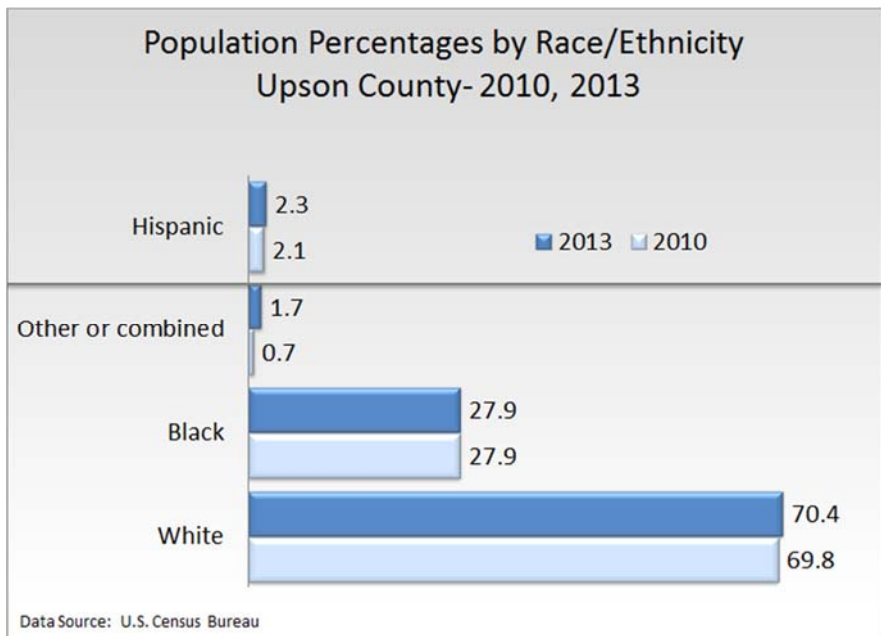
Age categories with increases:

- 20-24
- 45-85+

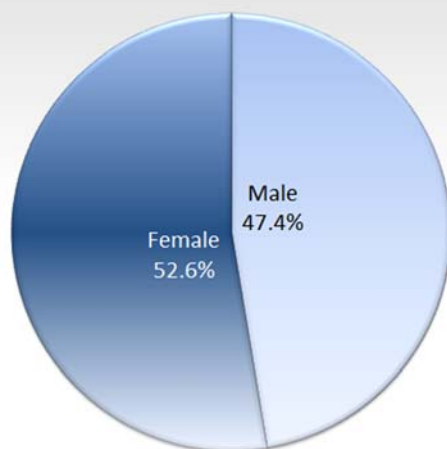
## Race, Ethnicity and Origin Profile

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

In 2013, Upson County's population was 70.4 percent White, 27.9 percent Black, and 2.3 percent Hispanic. All population groups have remained relatively stable from 2010 to 2013.



### Population Percentages by Sex, 2009-2013 Upson County



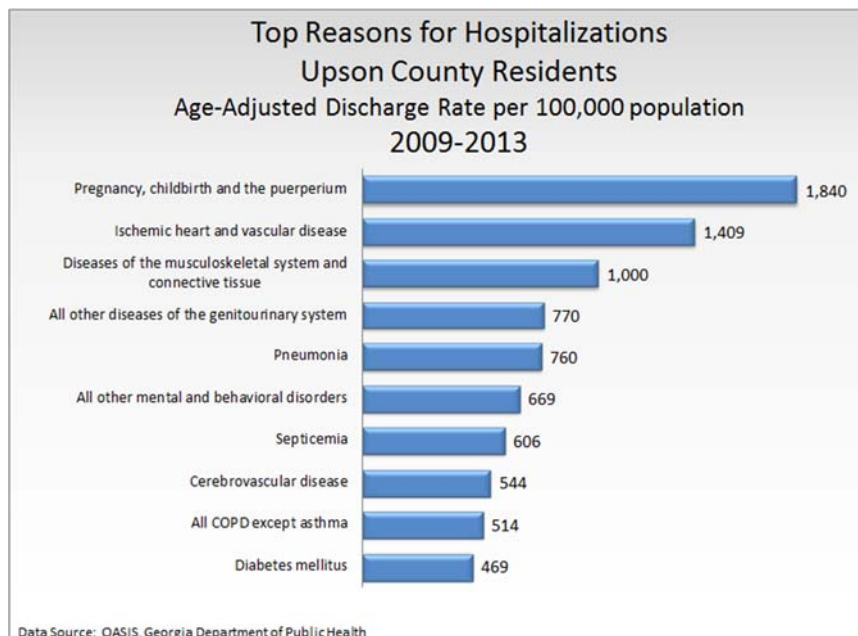
Data Source: U.S. Census Bureau

The percentage of females in Upson County was higher at 52.6 percent compared to males at 47.4 percent.

# MORBIDITY AND MORTALITY

## Hospitalization and Emergency Room Visits

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

Two of the top reasons for hospitalizations (cardiovascular and respiratory) are considered “Common Ambulatory Sensitive Conditions”. These are conditions in which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.



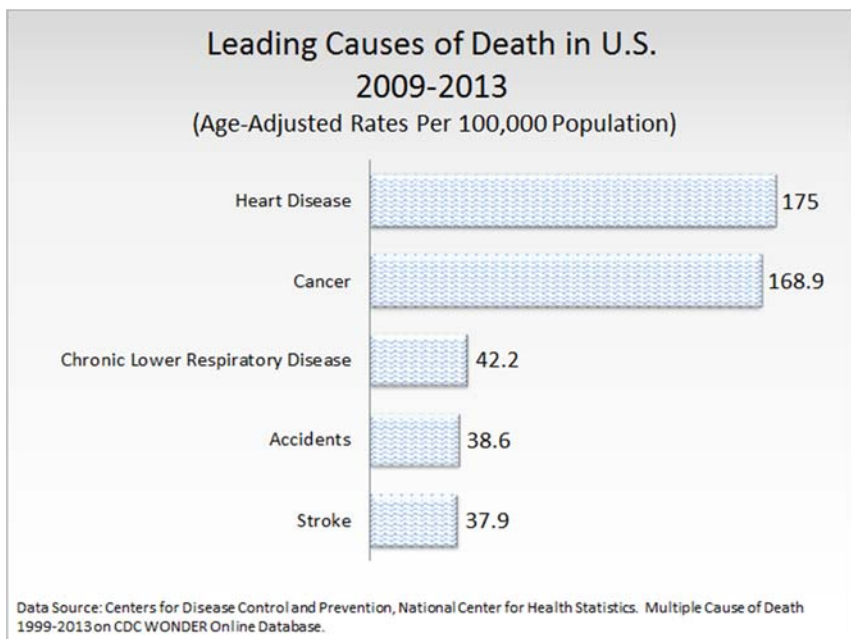
The top 15 causes of emergency room visits by Upson County residents are included in the chart to the right. According to hospital staff, many of these visits are considered as non-emergency conditions. The report section, *Access to Care*, will address many of the reasons that lead to inappropriate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

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

Data Source: OASIS, Georgia Department of Public Health

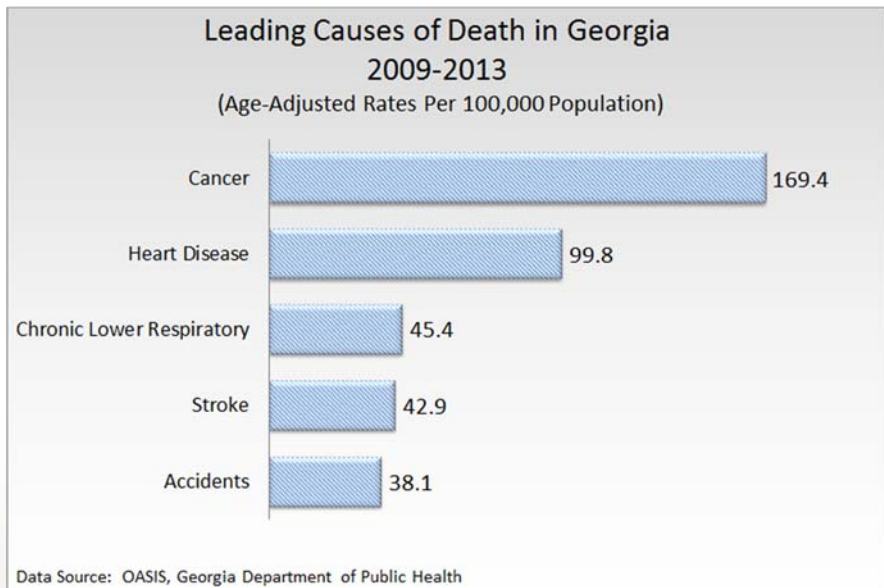
## Leading Causes of Death

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.

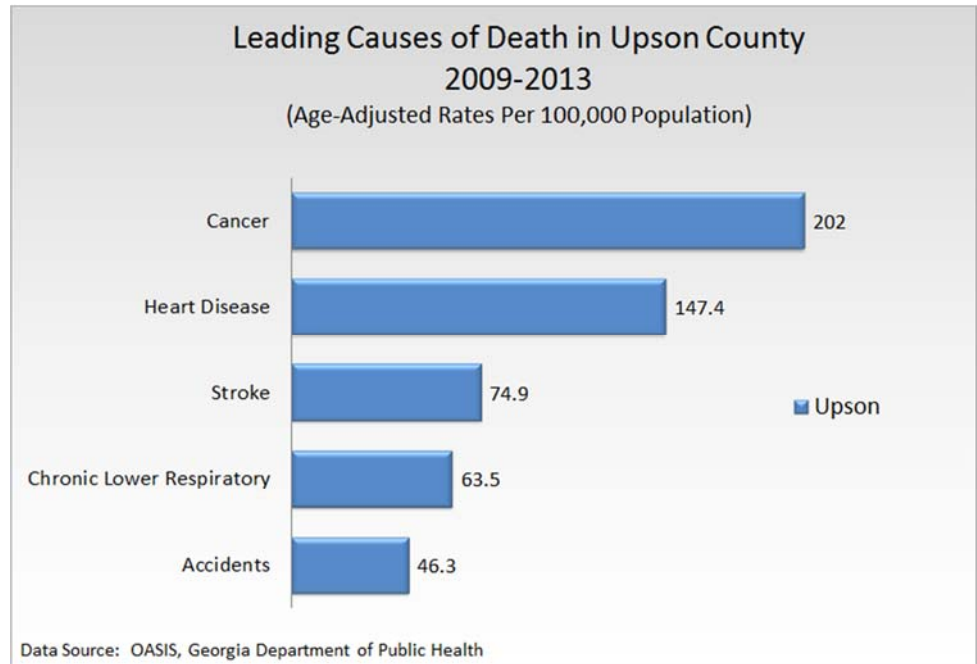


The top five leading causes of death in the U.S. from 2009-2013 were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. Heart disease and cancer rates were over four times higher than the other top five diseases.

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

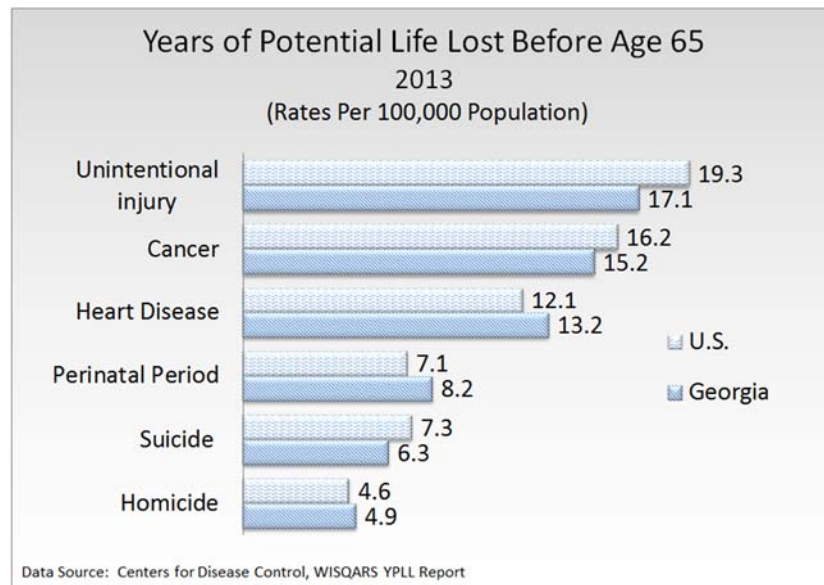


The leading causes of death in Upson County were cancer, heart disease, stroke, chronic lower respiratory disease, and accidents.



## Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2013, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Unintentional injury, cancer, heart disease, and perinatal period were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.<sup>10</sup> YPLL statistics at the County level were unavailable for this report.



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

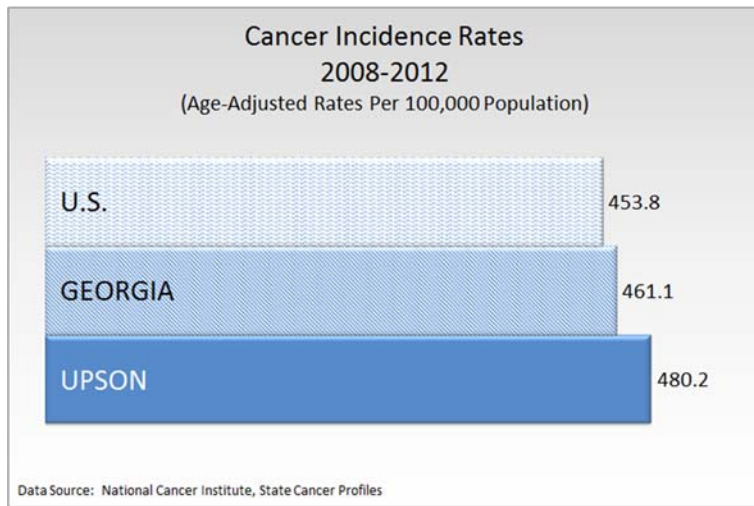
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 23.8	Cancer 21.2%	Heart disease 14.8%	Cancer 17.2%	Unintentional injuries 28.0%	Perinatal period 19.2%
Heart disease 14.5%	Unintentional injuries 18.3%	Unintentional injuries 13.3%	Heart disease 13.0%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

Data Source: Centers for Disease Control, WISQARS YPLL Report

# Cancer

## HEALTHY PEOPLE 2020 REFERENCE - C

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,500 people a day died of cancer in the U.S. in 2012.<sup>11</sup> The most common cancers among men in Georgia were prostate, lung and bronchus, and colorectal. Breast, lung and bronchus, and colorectal cancers were the most common cancers among Georgia women.<sup>12</sup>



In Upson County, the cancer incidence rate was higher than the State or U.S.

## Why Is Cancer Important?

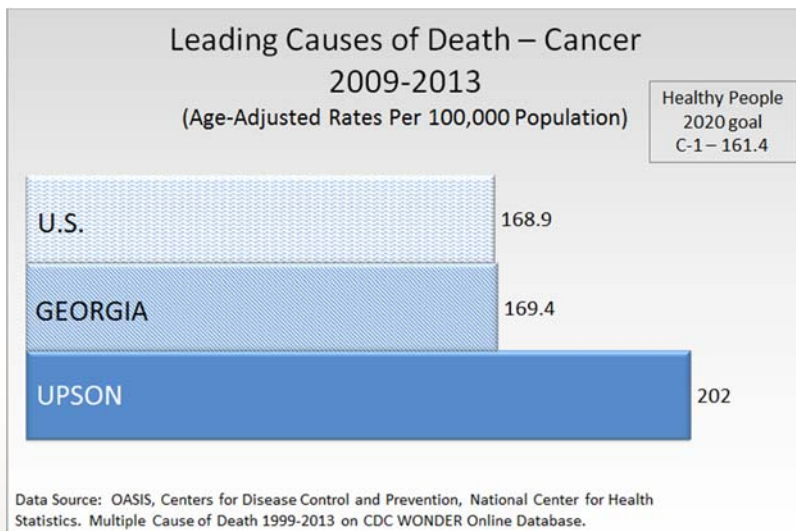
Many cancers are preventable by reducing risk factors such as:

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

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

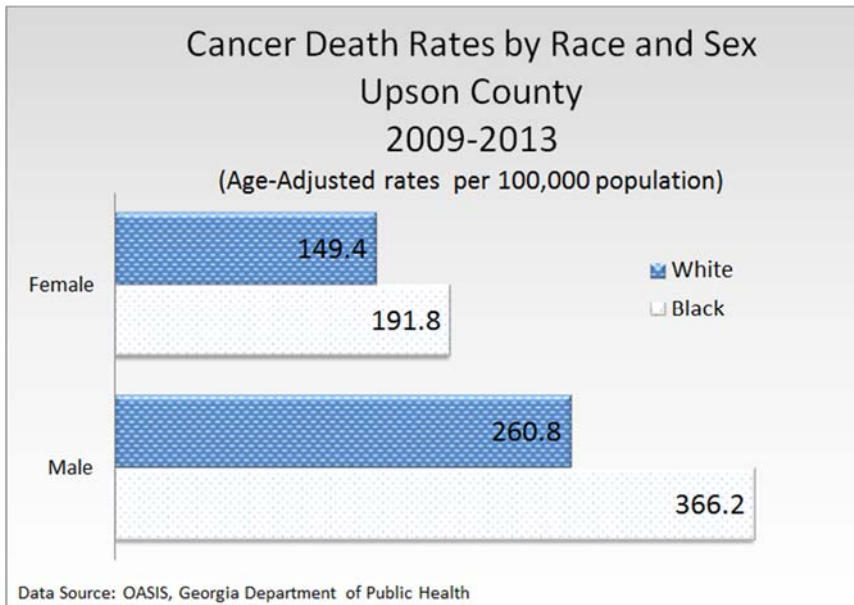
- » Breast cancer (using mammography)
- » Cervical cancer (using Pap tests)
- » Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

*Healthy People 2020*



In Upson County, the cancer death rate was higher than the Georgia or U.S. rates.

The cancer death rate has increased since the 2012 CHNA (193 per 100,000 population).



Age-adjusted cancer death rates in Upson County were higher among Black females than White females. This was also evident among the male population. The Black male population had the highest cancer death rate (366.2 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.<sup>13</sup>

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

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

## Cancer

### Modifiable Risk Factors

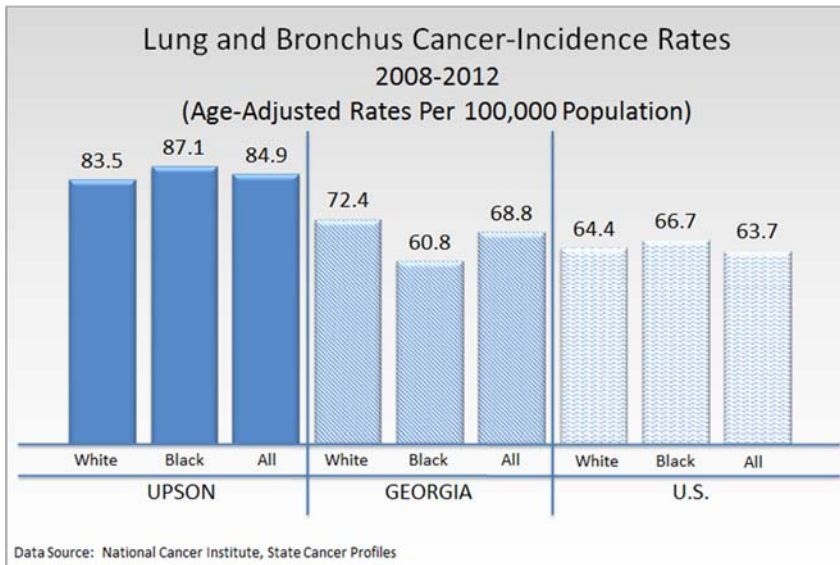
- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

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

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

## Lung Cancer

According to the American Cancer Society, lung cancer accounts for about 13 percent of cancer diagnoses in the U.S. Lung cancer accounts for more deaths than any other cancer in men and women. More women die from lung cancer than breast cancer.<sup>14</sup>



Lung cancer incidence rates were higher in Upson County (84.9 per 100,000 population) than in Georgia and the U.S. Blacks had a higher lung cancer incidence rate than Whites in Upson County.

The lung cancer incidence rates have increased since the 2012 CHNA (77.6 per 100,000 population).

### Upson County Lung Cancer Incidence Rates 2009-2013 (rates per 100,000 population)

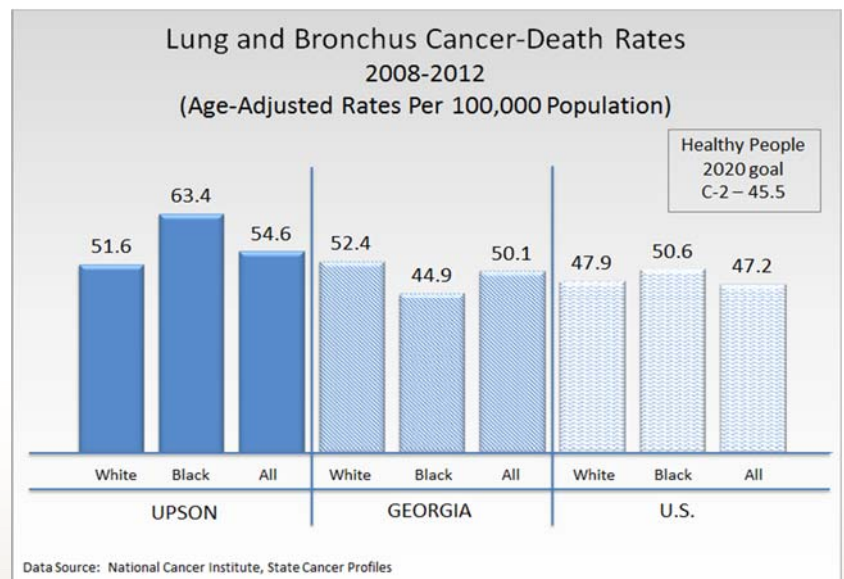
Male	Female
89.6	31.4

Data Source: OASIS, Georgia Department of Public Health

Lung cancer is the first leading cause of cancer death among both males and females in Georgia.<sup>15</sup> According to data published from the National Cancer Institute, lung cancer incidence rates for males in Upson County were higher than the rates of females.<sup>16</sup>

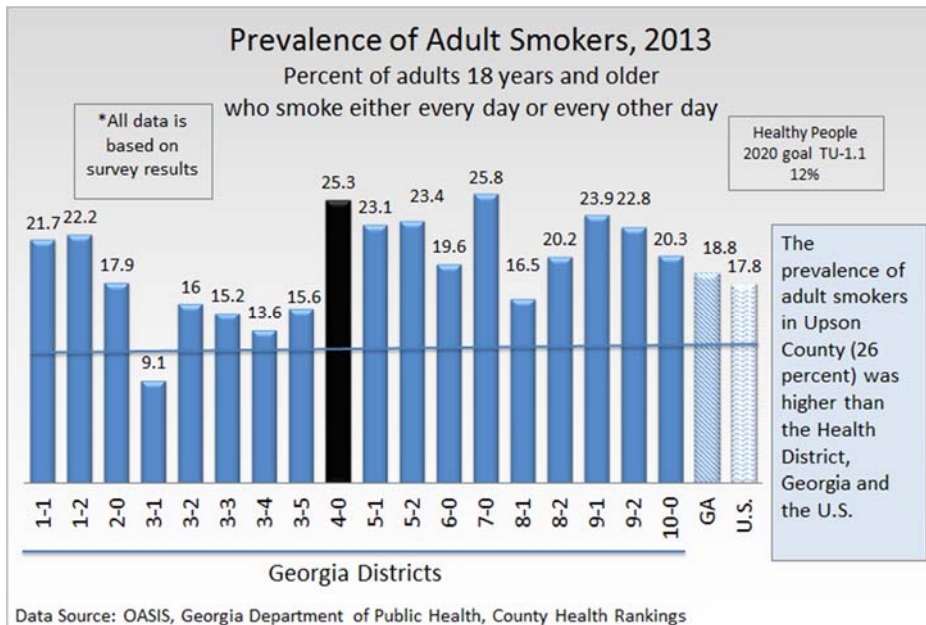
The overall lung cancer death rate in Upson (54.6 per 100,000 population) was higher than Georgia and U.S. rates. In Upson County, Blacks had a higher death rate compared to Whites.

The lung cancer death rate has decreased since the 2012 CHNA (52.5 per 100,000 population).



### RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.<sup>17</sup>

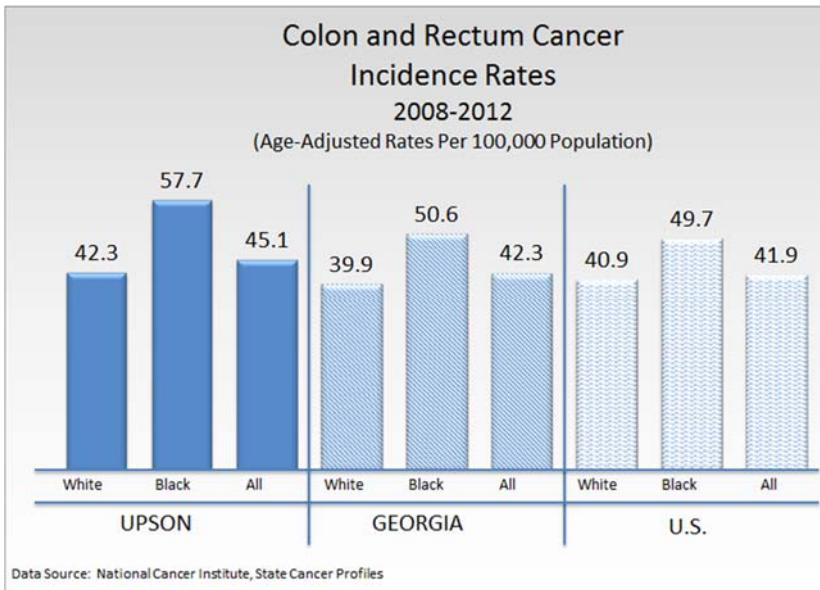


Smoking prevalence in Health District 4-0 (25.3 percent) was higher than in both Georgia (18.8 percent) and the U.S. (17.8 percent). Upson County's rate was also higher at 26 percent.



## Colon and Rectum

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that eight percent of male cancer deaths and nine percent of female cancer deaths were from colorectal cancer in 2015. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.<sup>18</sup> 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.<sup>19</sup>

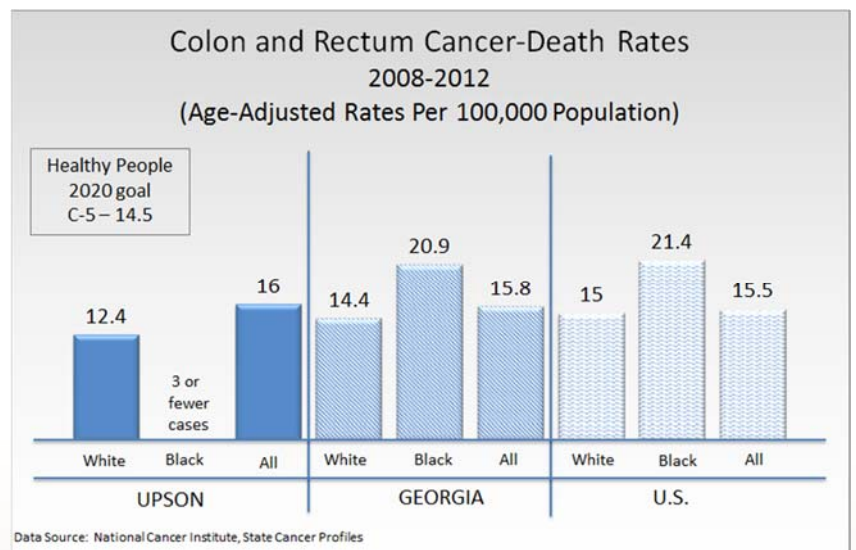


Upson County's colon and rectum cancer incidence rate (45.1 per 100,000 population) was higher than the State and U.S. rates. Blacks had the highest incidence rate out of all the population groups.

The death rate in Upson County from colon and rectum cancer (16 per 100,000 population) was comparable to the State and U.S. rates.

In both Georgia and the U.S., Blacks had a higher death rate than Whites. In Upson County, there were too few cases to report the death rate for the Black population.

The colon and rectum cancer death rate has decreased since the 2012 CHNA (21.5 per 100,000).



### *RISK FACTORS*

Colon and rectum cancer risks increase with age. According to the American Cancer Society, 90 percent of cases are diagnosed in individuals aged 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<sup>20</sup>

### *EARLY DETECTION*

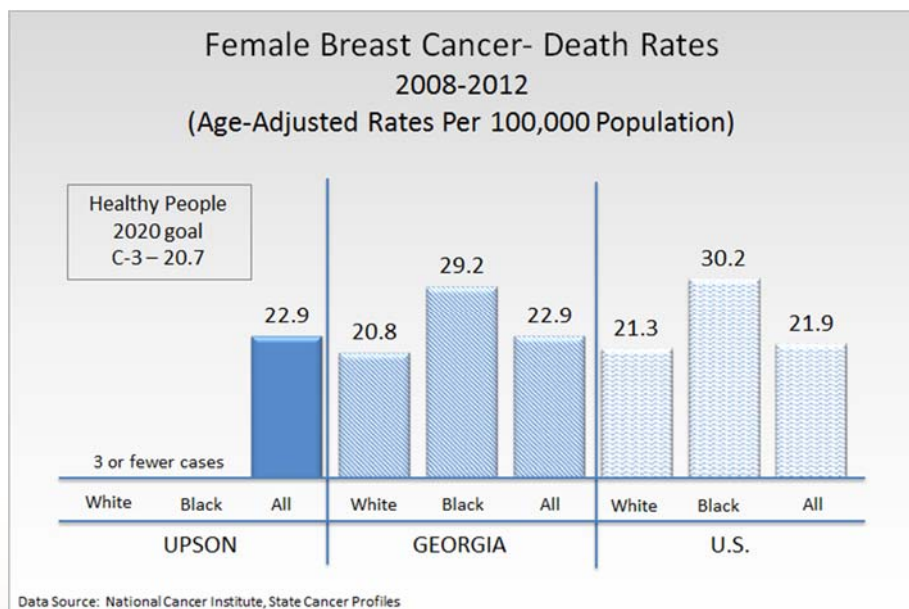
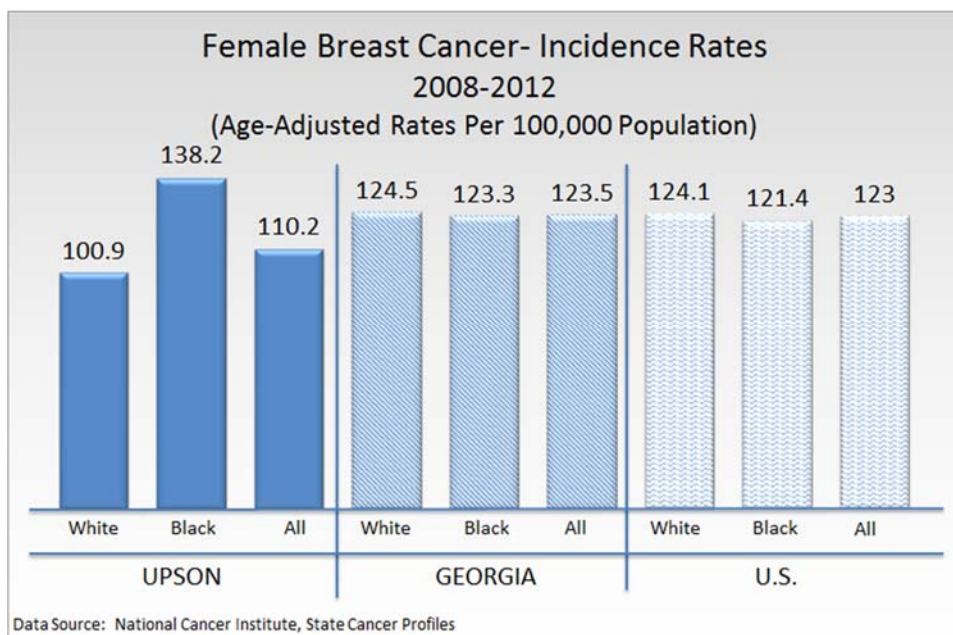
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.<sup>21</sup> The U.S. Preventive Services Task force recommends that adults 50 and older undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.<sup>22</sup>

## Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 29 percent of new cancer cases and 15 percent of cancer deaths among women.<sup>23</sup>

The breast cancer incidence rate in Upson County (110.2 per 100,000 population) was lower than in Georgia or the U.S. In Upson County, Black females had a higher breast cancer incidence rate compared to White females.

There has been a slight increase in the incidence of breast cancer since the 2012 CHNA (108.5 per 100,000 population).



The female breast cancer death rate in Upson County (22.9 per 100,000 population) was equal to the Georgia rate and higher than the U.S. rate. In both Georgia and the U.S., Black females had a higher death rate than White females. In Upson County, there were too few cases to report death rates by race.

There has been a slight increase in the death rate of breast cancer since the 2012 CHNA (18.7).

### RISK FACTORS

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

- » Weight gain after age 18
- » Being overweight or obese
- » Use of hormones
- » Physical inactivity
- » Consumption of one or more alcoholic drinks per day
- » Long-term heavy smoking<sup>24</sup>

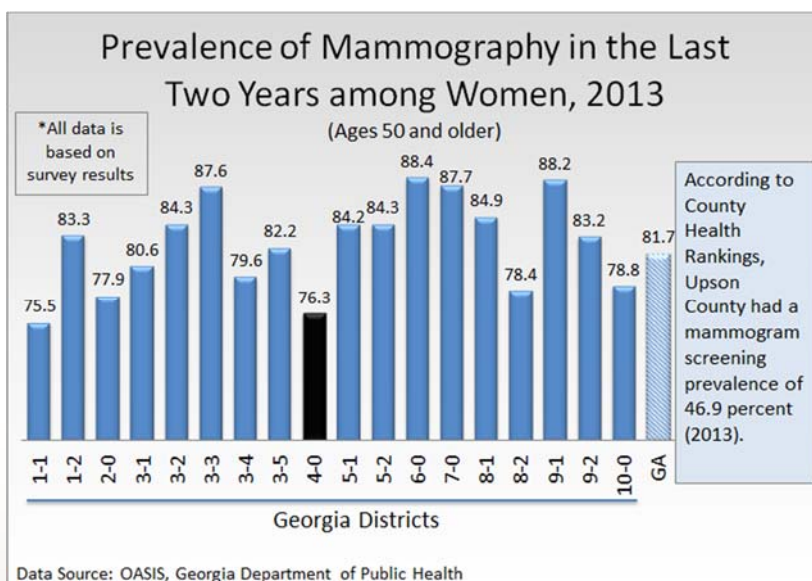
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight<sup>25</sup>

### EARLY DETECTION

Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect most breast cancers in women without symptoms, though the sensitivity is lower for younger women and women with dense breasts. Nearly 10 percent of women will have an abnormal mammogram. Out of that 10 percent, 95 percent do not have cancer. Efforts should be made to improve access to health care and encourage all women 40 and older to receive regular mammograms.<sup>26</sup>

The percentage of women receiving a breast cancer screening (mammography) was lower in Health District 4-0 (76.3 percent) than the State average (81.7 percent). Upson County's rate (46.9 percent) was lower than the State and Health District average.

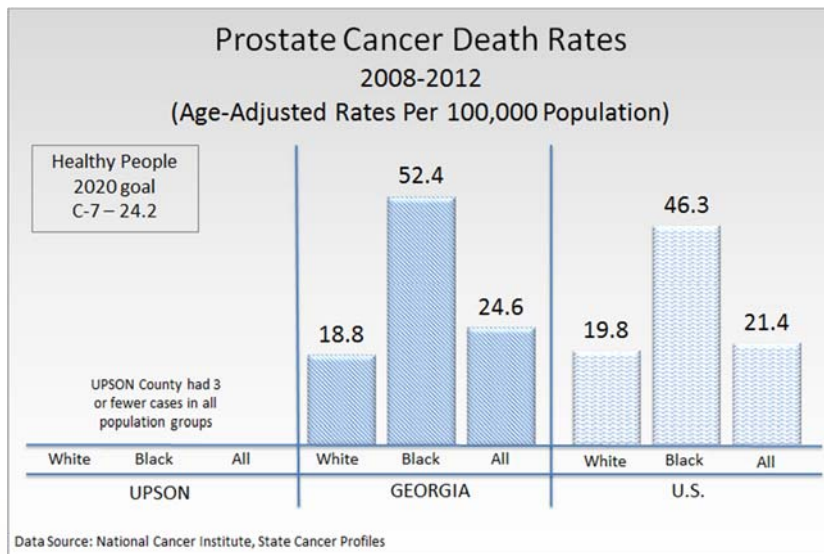
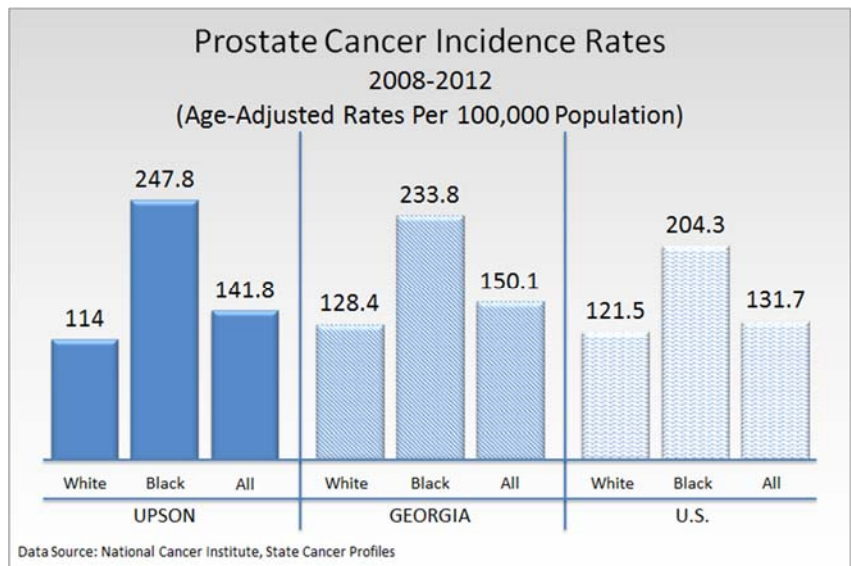


## Prostate Cancer

Prostate cancer is the most frequently diagnosed cancer among men aside from skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.<sup>27</sup>

Upson County had a lower incidence rate for prostate cancer (141.8 per 100,000 population) than the State but higher than the U.S.

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



Upson County had lower death rates (3 or fewer cases) for prostate cancer than Georgia or the U.S.

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

### *RISK FACTORS*

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

- » Age
- » Ethnicity
- » Family history of prostate cancer<sup>28</sup>

### *EARLY DETECTION*

Prostate-specific antigen (PSA) testing of the blood permits the early detection of prostate cancer before symptoms develop. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. At age 50, the American Cancer Society recommends men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their healthcare provider about the benefits and limitations of PSA testing. Men who are higher risk (Black or those with a close relative diagnosed before age 65) should have a discussion with their healthcare provider at age 45.<sup>29</sup>

### **2012 Implementation Strategy:**

Since conducting the 2012 CHNA, Upson Regional Medical Center implemented several initiatives to address cancer including:

- Cancer support groups
- Ostomy care

# Heart Disease and Stroke

## HEALTHY PEOPLE 2020 REFERENCE - HDS

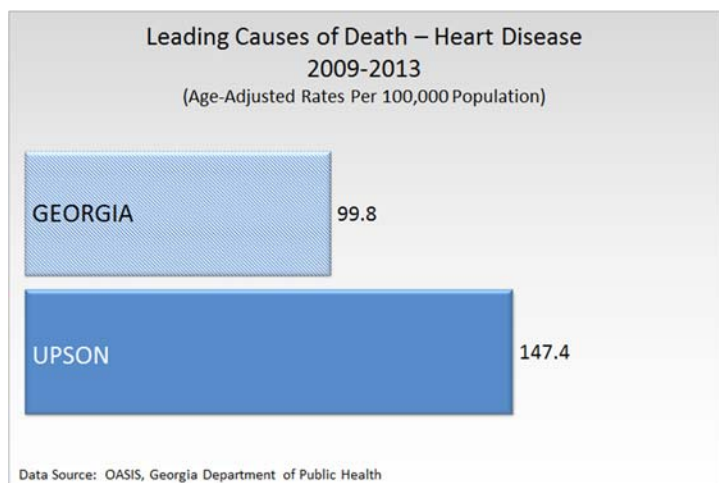
### HEART DISEASE

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.<sup>30</sup>

### Why Are Heart Disease and Stroke Important?

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

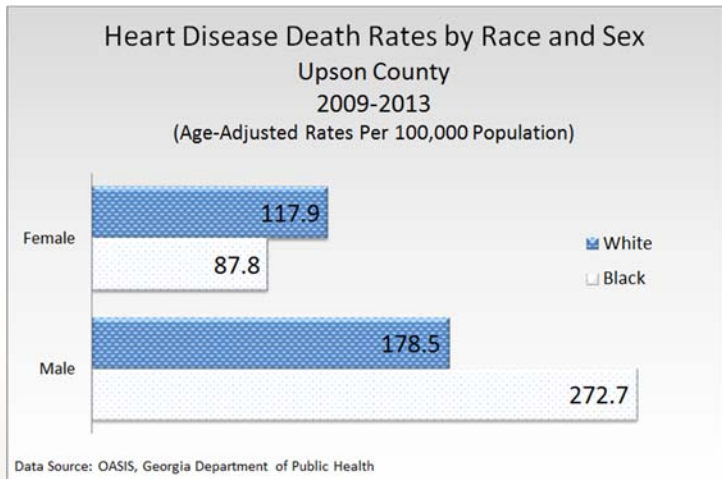
*Healthy People 2020*



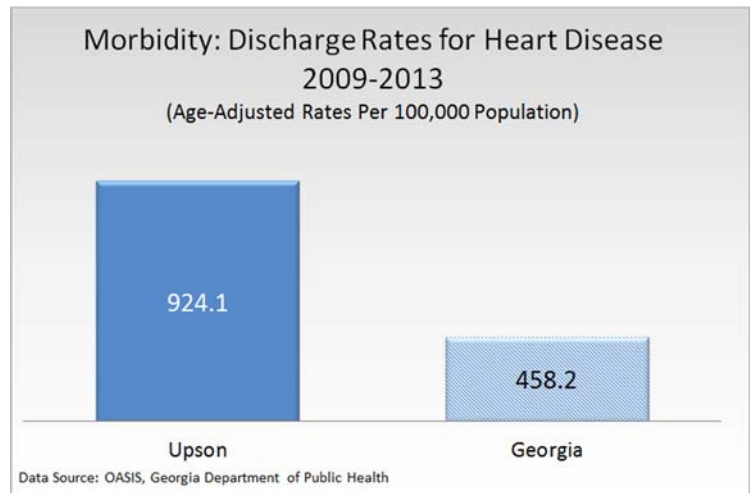
For the period 2009-2013, the Upson County heart disease death rate (147.4 per 100,000 population), was higher than the Georgia death rate.

There has been a decrease in Upson County’s heart disease death rate since the 2012 CHNA (181 per 100,000 population).

The age-adjusted death rates from heart disease in Upson County for 2009-2013 were higher for White females than Black females. Black males had a higher death rate compared to White males.



The hospital discharge rate for heart disease was higher in Upson 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 4-0.<sup>31</sup>

Percentage of Population Reporting Risk 2013		
Risk Factor:	District 4-0	Georgia
Obesity	25.4	30.2
Physical Inactivity	25.7	27.2
Smoking	25.3	18.8
Diabetes	11.6	10.8

Data Source: OASIS, Georgia Department of Public Health

### Cardiovascular Disease

Modifiable Risk Factors

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

Data Source: American Heart Association

### NOTE:

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



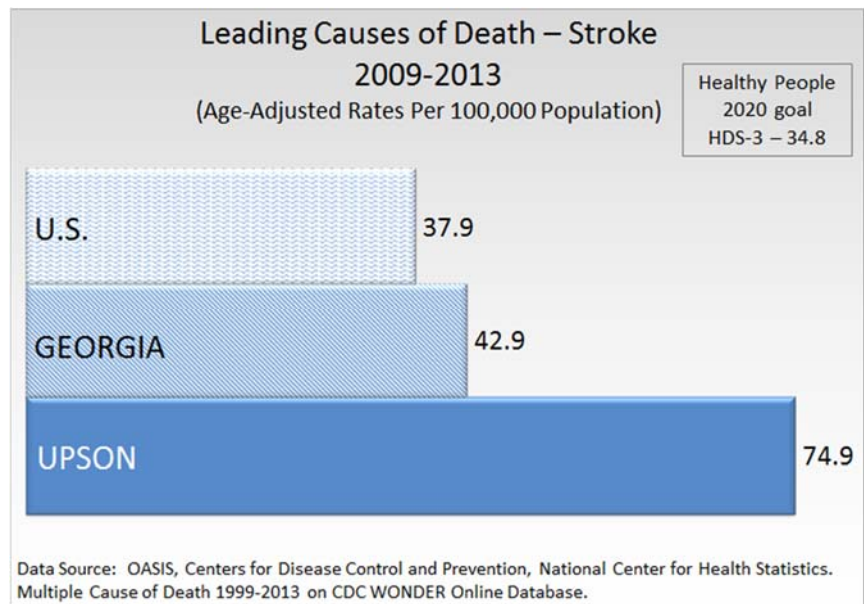
## STROKE

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

The stroke death rate was higher in Upson County (74.9 per 100,000 population) compared to the Georgia and the U.S. rates.

Upson County's stroke death rate has decreased since the 2012 CHNA (91.8 per 100,000 population).

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.<sup>32</sup>

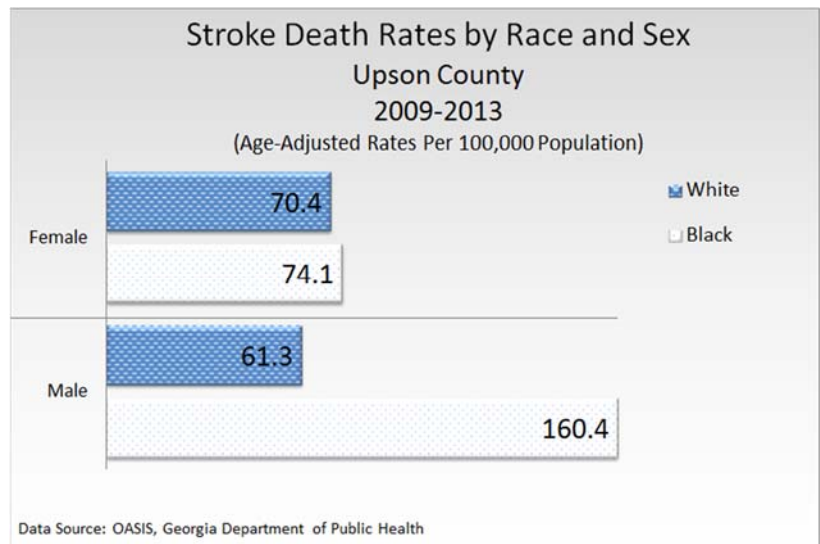


### 2012 Implementation Strategy:

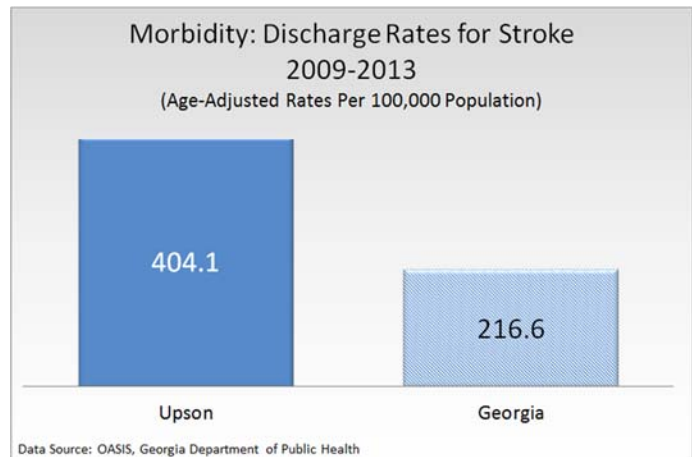
Since conducting the 2012 CHNA, Upson Regional Medical Center implemented several initiatives to address heart disease and stroke including:

- Partnered with HCA to add Telestroke in the ER
- F.A.S.T stroke education program

The Upson County stroke death rates for Black females were higher than White females. Black males had the highest stroke death rates. The rates for all population groups were higher than the Healthy People 2020 goal of 34.8 per 100,000 population.<sup>33</sup>



The stroke discharge rate among Upson County residents was nearly double 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<sup>34</sup>

## Stroke

### Modifiable risk factors

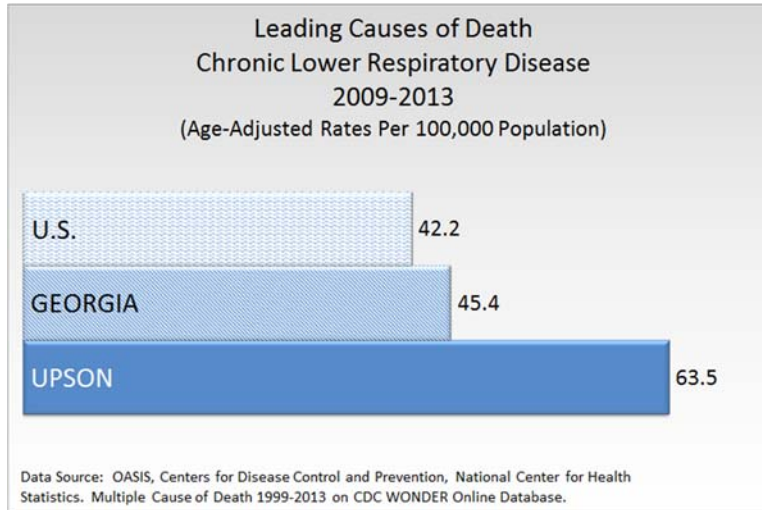
- High blood pressure
- Smoking
- Heart disease
- Diabetes
- High cholesterol
- Heavy alcohol usage
- Overweight or obesity



Data Source: *Diseases and Conditions*, Cleveland Clinic, 2011

## 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.



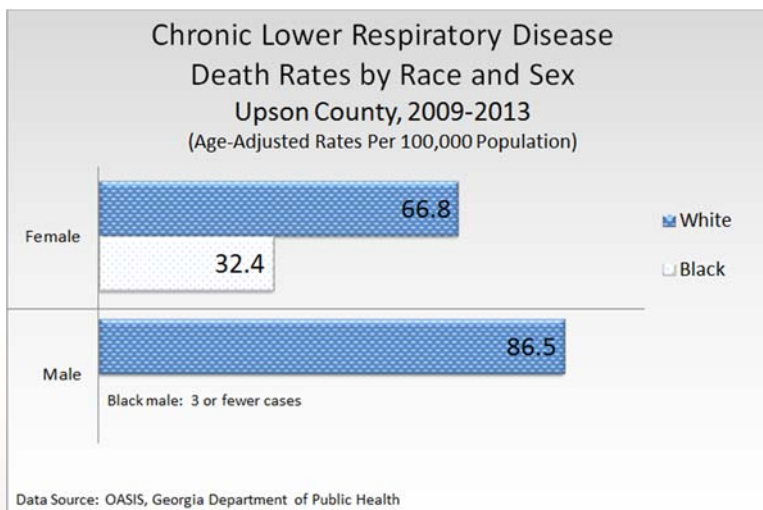
For the years 2009-2013, Upson County's chronic lower respiratory disease death rate (63.5 per 100,000 population) was higher than both the State and U.S. rates.

The chronic lower respiratory disease death rate has increased since the 2012 CHNA (61.2 per 100,000).

### Why Are Respiratory Diseases Important?

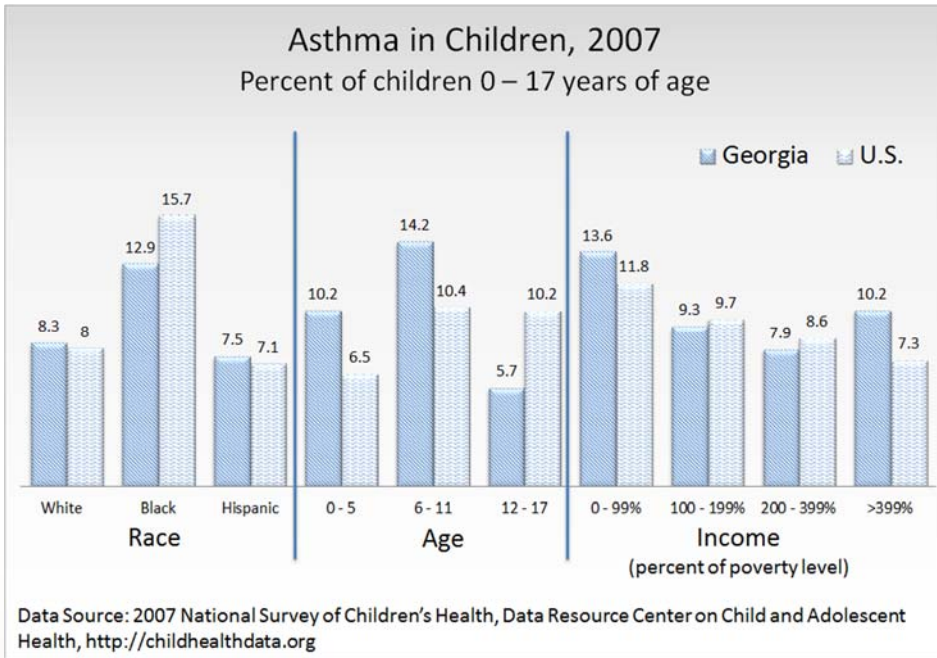
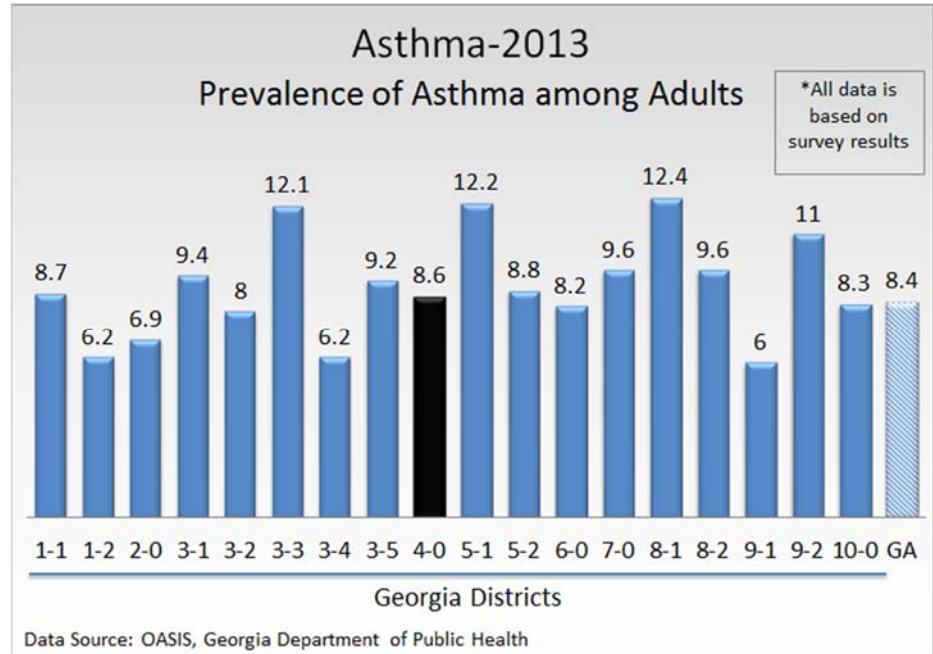
*Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximate equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, 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*



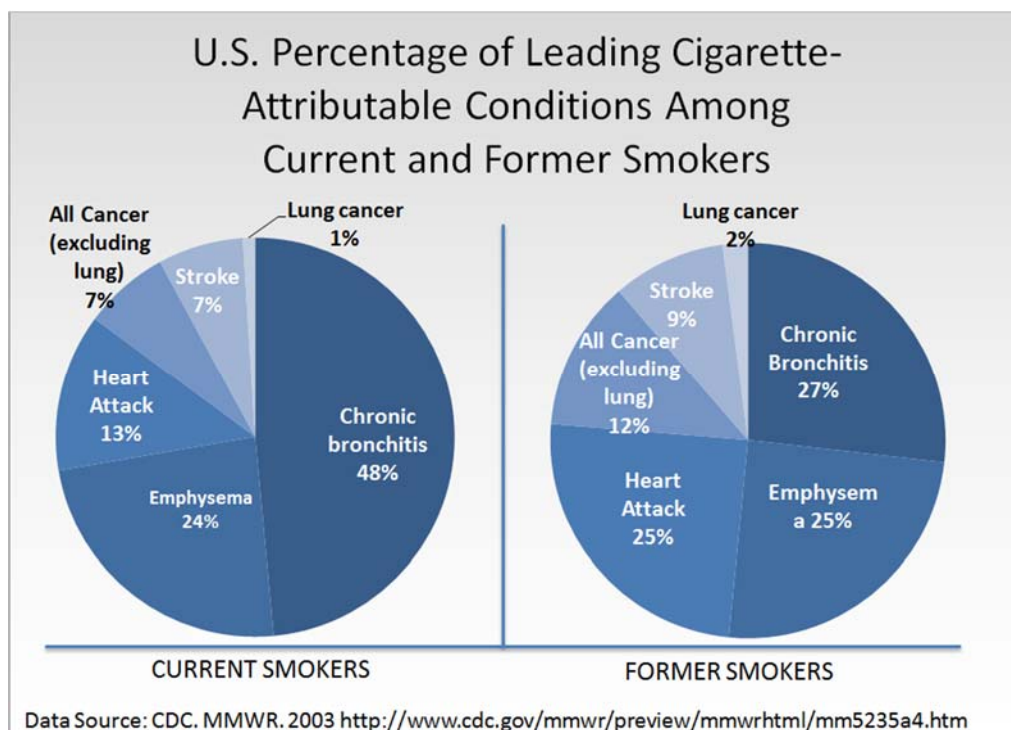
The age-adjusted death rates from chronic lower respiratory disease in Upson County for 2009-2013 were higher for White females compared to Black females. White males had a higher death rate compared to Black males.

There was a higher percentage of asthma among adults within Health District 4-0 compared to the State.



According to the 2007 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.<sup>35</sup>

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*.<sup>36</sup>



## Chronic Lower Respiratory Disease

(includes Asthma, Chronic Bronchitis, Emphysema)

### Modifiable Risk Factors

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



Data Source: American Lung Association

## 2012 Implementation Strategy:

Since conducting the 2012 CHNA, Upson Regional Medical Center implemented several initiatives to address respiratory issues including:

- PFT screenings
- Tobacco cessation classes
- Smoke Free Campus effective December 2015

# Accidents

## HEALTHY PEOPLE 2020 REFERENCE - IVP

Accidental deaths may result from the following causes:

- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental
- » Suffocations
- » Falls
- » Fire
- » Drowning<sup>37</sup>

### *Why is Injury and Violence Important?*

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

*Healthy People 2020*

### Leading Causes of Death – Accidents

2009-2013

(Age-Adjusted Rates Per 100,000 Population)

Healthy People  
2020 goal  
IVP-11 – 36.4



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

In Upson County, the accident death rate (46.3 per 100,000 population) was higher than both the State and the U.S.

The Healthy People 2020 goal is set at 36.4 per 100,000 population.<sup>38</sup>

The accident death rate has decreased since the 2012 CHNA (53.5 per 100,000 population).

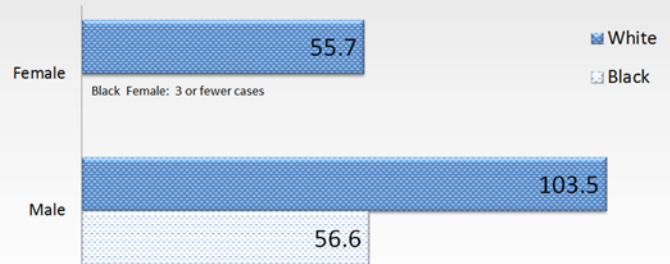
In Upson County, males had a higher death rate due to accidents compared to females. White males had a higher death rate compared to Black males.

### Accident Death Rates by Race and Sex

Upson County

2009-2013

(Age-Adjusted Rates Per 100,000 Population)

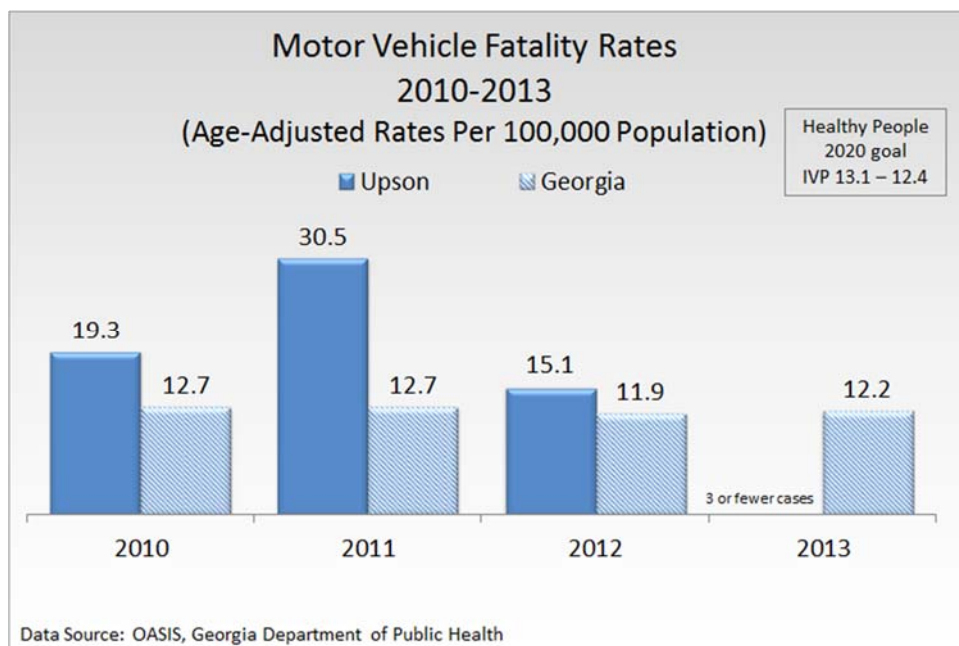


Data Source: OASIS, Georgia Department of Public Health

In the United States, over 30,000 people are killed annually in motor vehicle accidents. In 2013, these deaths resulted in a cost of \$44 billion in medical and work loss costs. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2013, nearly 1,300 people in Georgia were killed in motor vehicle crashes, with the cost of these crash related deaths totaling \$1.63 billion.<sup>39</sup>

Since 2010, motor vehicle fatality rates in Upson County had decreased.

During this same time period, motor vehicle fatality rates for the State remained stable.



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 is arrested.
- » Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- » Age-related declines in vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- » Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.<sup>40</sup>

# 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.<sup>41</sup>

Compared with non-Hispanic whites, minority populations are more likely to be diagnosed with diabetes. During their lifetime, half of all Hispanic men and women and non-Hispanic black women are predicted to develop the disease.<sup>42</sup>

The 2012 percentage of Georgia's population with diabetes (9.6 percent) was higher than the U.S. percentage (9.0 percent).<sup>43</sup>



Image Source: Pharmacy Practice News

## Why Is Diabetes Important?

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

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

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

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

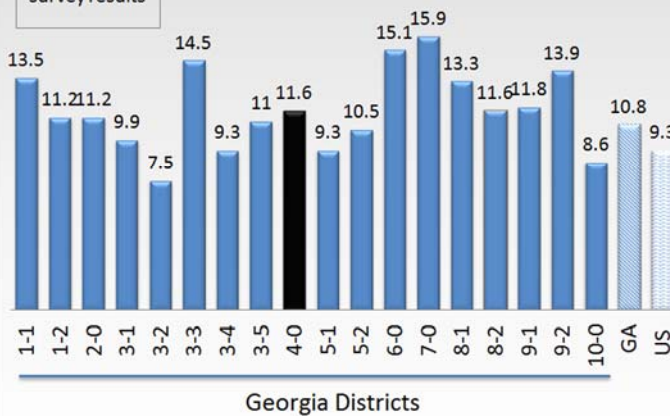
*The rate of DM continues to increase both in the United States and throughout the world.*

*Healthy People 2020*

Health District 4-0 (which includes Upson County), had a higher diabetes prevalence (11.6 percent) than the State or U.S. Upson County had a diabetes prevalence of 13 percent in 2013.<sup>44</sup>

## Prevalence of Diabetes, 2013 Percent of Adults with Diabetes

\*All data is based on survey results



According to County Health Rankings, Upson County had a diabetes prevalence of 13 percent (2013).

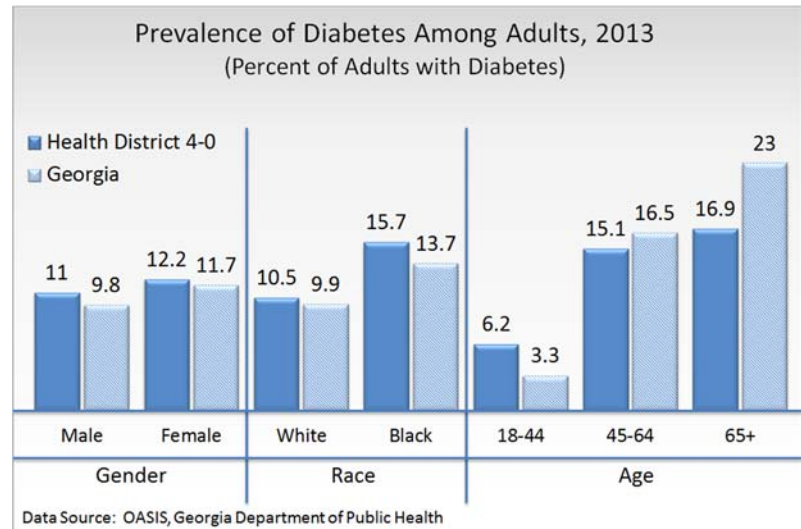
Data Source: OASIS, Georgia Department of Public Health, County Health Rankings



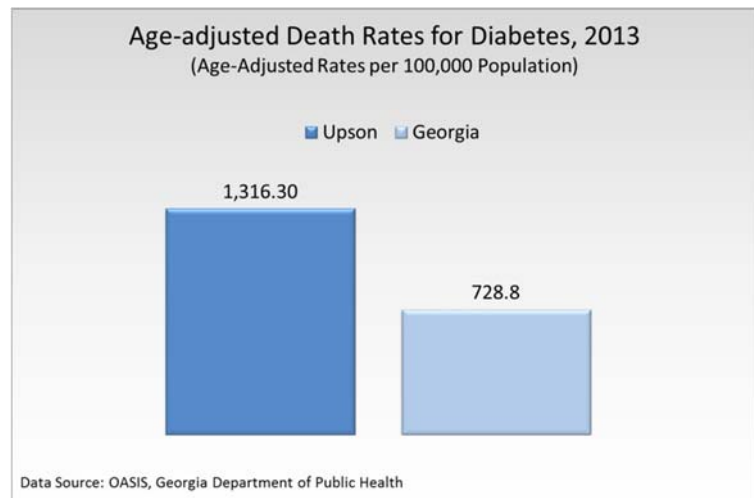
In Health District 4-0 female diabetes prevalence was higher than male prevalence.

In Health District 4-0, prevalence of diabetes among Blacks was higher than Whites.

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



Upson County had a higher diabetes death rate (1,316.3 per 100,000 population) than Georgia.



## Diabetes

### Modifiable Risk Factors

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



Data Source: Diabetes Basics, Cleveland Clinic, 2011

## 2012 Implementation Strategy:

Since conducting the 2012 CHNA, Upson Regional Medical Center implemented several initiatives to address diabetes including:

- Free screenings at events
- Monthly education classes
- Foot screenings
- Diabetes supplies

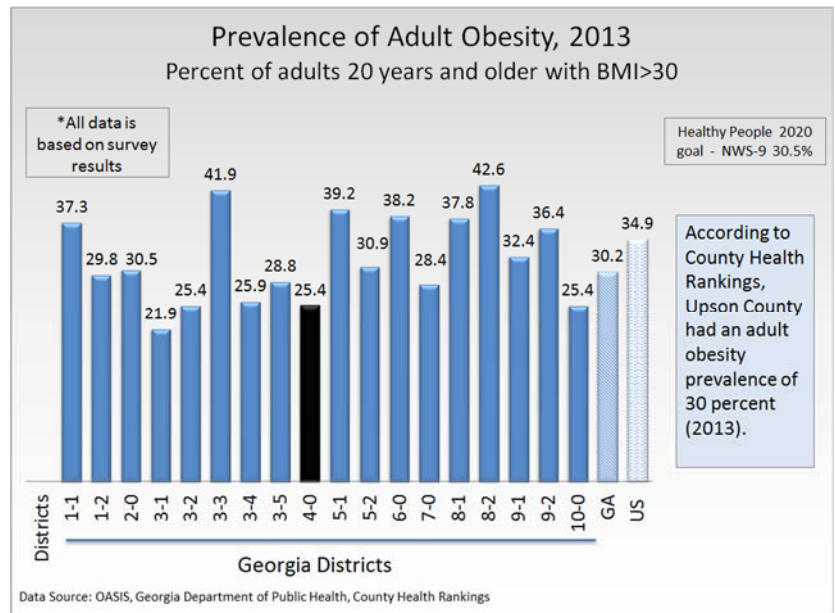
# Obesity

## HEALTHY PEOPLE 2020 REFERENCES - NWS, PA

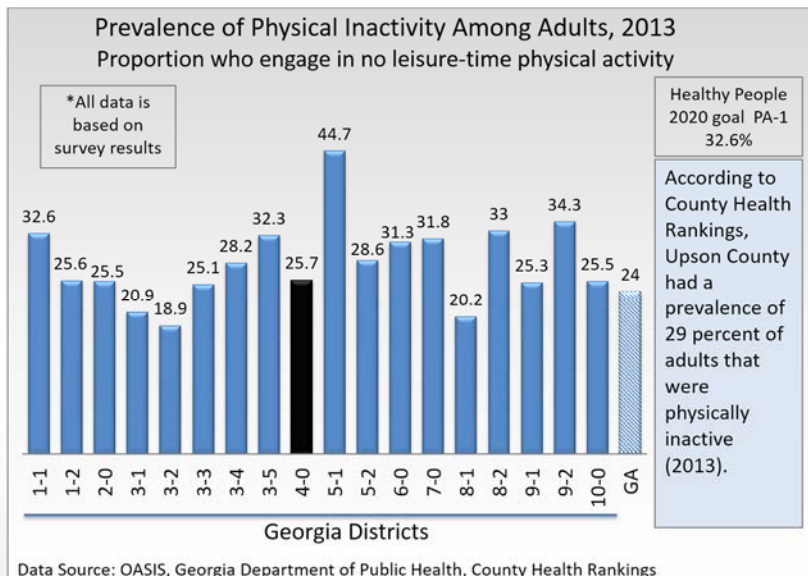
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.<sup>45</sup>

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.<sup>46</sup>

The prevalence of adult obesity in Health District 4-0 (25.4 percent) was lower than the State rate (30.2 percent), and the National rate (34.9 percent). The Healthy People 2020 goal is 30.5 percent. Upson County had a higher prevalence of obesity at 30 percent.



**Prevalence of Physical Inactivity Among Adults, 2013**  
Proportion who engage in no leisure-time physical activity

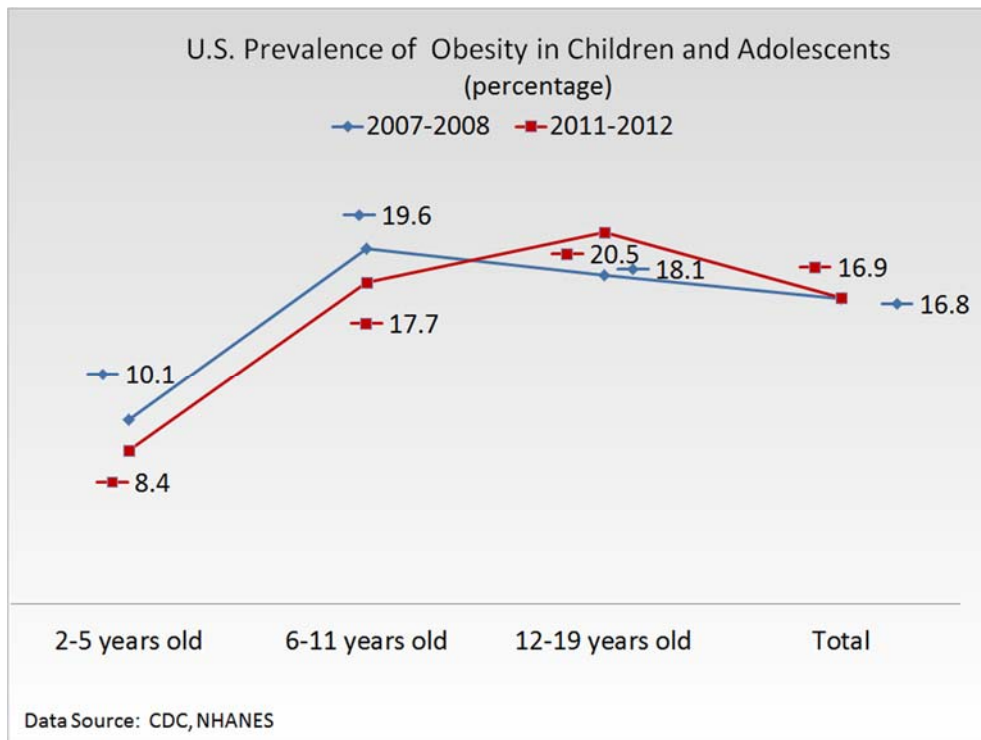


The percentage of adults who did engage in physical activity or exercise in the last 30 days was higher in Health District 4-0 (25.7 percent) compared to the State average (24 percent). Upson County had a higher prevalence of physical inactivity (29 percent) than the State and lower than the Healthy People 2020 target of 32.6 percent.<sup>47</sup>

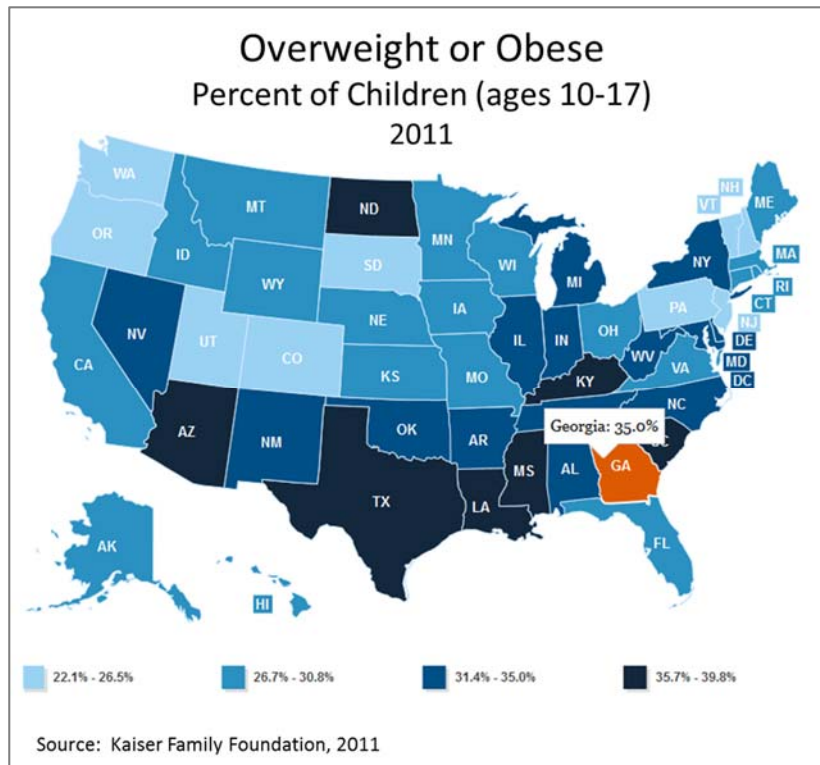
## Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formerly known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.<sup>48</sup> 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.<sup>49</sup> 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.<sup>50</sup>



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.<sup>51</sup>



The following table highlights obesity rates in Georgia by age group and Georgia's rank among other states.<sup>52</sup>

<b>Childhood Obesity: Georgia</b>			
	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 <sub>/41</sub>	17 <sub>/51</sub>	17 <sub>/43</sub>

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 <sup>53</sup>

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.<sup>54</sup>

Percent of Georgia Children Age 10-17 Who Are Overweight or Obese, 2007			
Overall	Hispanic	Non-Hispanic	
37.3	33.2	Black	White
		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.<sup>55</sup>

Obese children are more likely to have:

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

## 2012 Implementation Strategy:

Since conducting the 2012 CHNA, Upson Regional Medical Center implemented several initiatives to address obesity including:

- Hosted “Strong For Life” training with CHOA for providers and school nutritionists to educate on childhood obesity.
- Increased education and awareness to high school students through dietician-led presentations about nutrition and healthy eating.

# MATERNAL, INFANT AND CHILD HEALTH

## HEALTHY PEOPLE 2020 REFERENCE - MICH

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

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

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

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

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

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

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

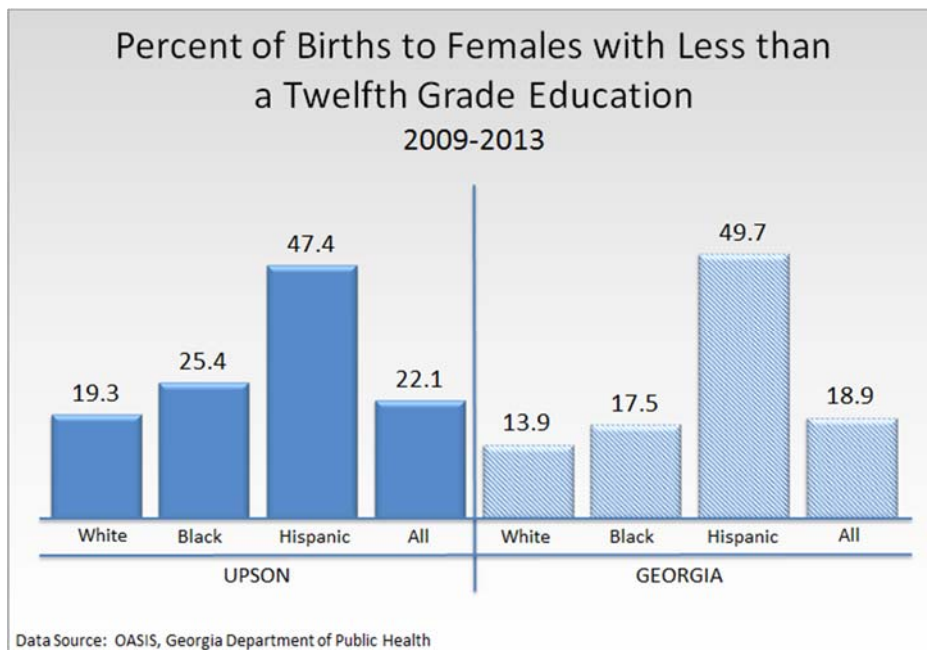
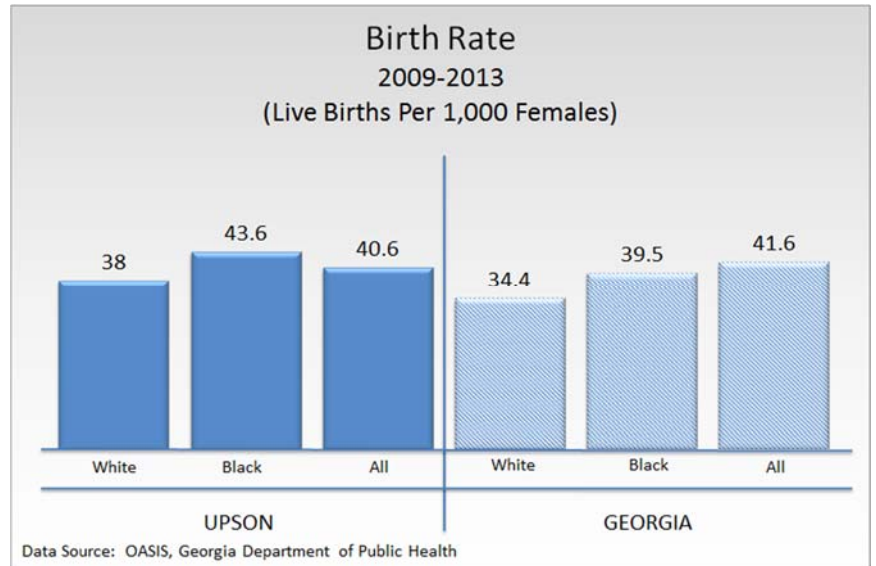
*Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:*

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

*Healthy People 2020*

## Birth Rates

For the period 2009-2013, Upson County had a lower birth rate (40.6 live births per 1,000 females) compared to the State (41.6 live births per 1,000 females). Blacks in Upson County had a higher birth rate compared to Whites.



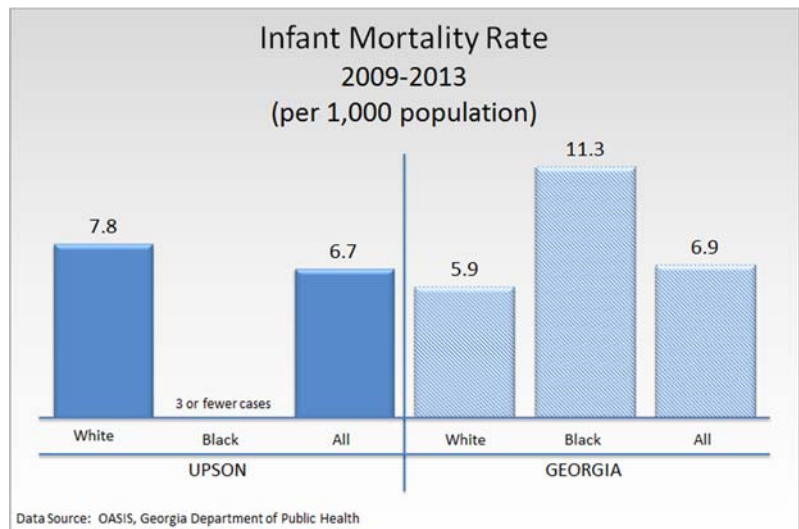
The percent of births to females with less than a twelfth-grade education was higher among Upson County residents (22.1 percent) compared to Georgia residents (18.9 percent). The highest percentages were among Hispanic population groups.



## Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.<sup>60</sup> The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.<sup>61</sup> Some of the common causes of infant mortality include: serious birth defects, pre-term births, sudden infant death syndrome (SIDS), maternal complications of pregnancy, or unintentional injury.<sup>62</sup>

The infant mortality rate in Upson County (6.7 per 1,000 population) was lower than the Georgia rate (6.9 per 1,000 population).



## Fetal and Infant Conditions

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

- » 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.<sup>63</sup>

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  
Upson County

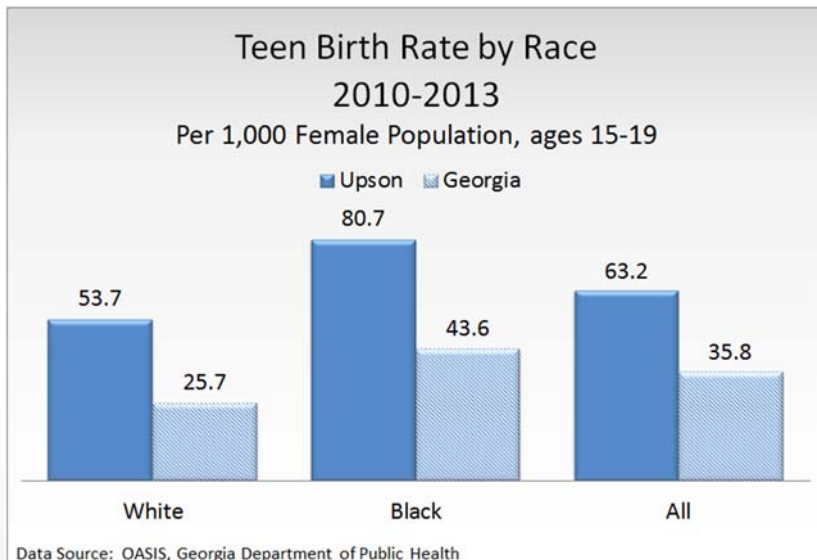
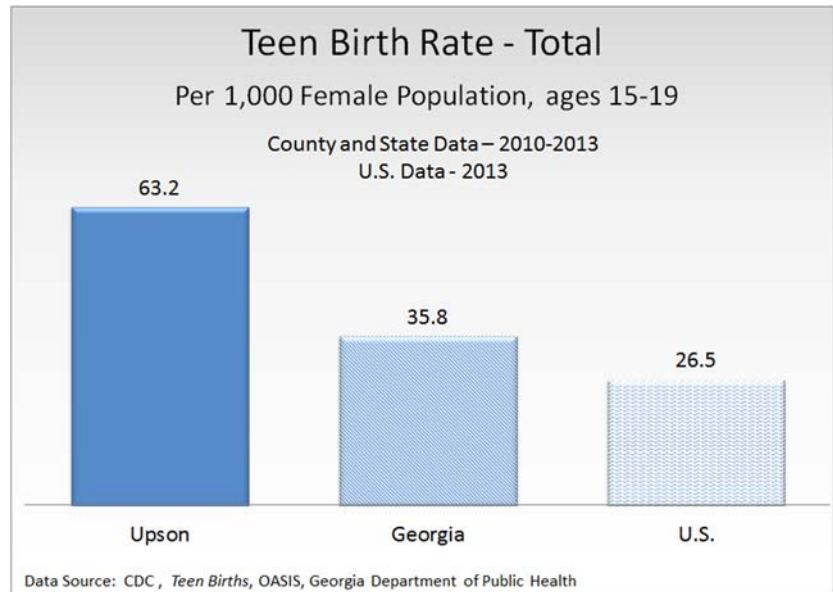
Year	White	Black	Hispanic	All
2009	0	0	0	0
2010	2	0	0	2
2011	0	0	0	0
2012	0	2	0	2
2013	0	1	0	1

Data Source: OASIS, Georgia Department of Public Health

## Teen Birth Rate

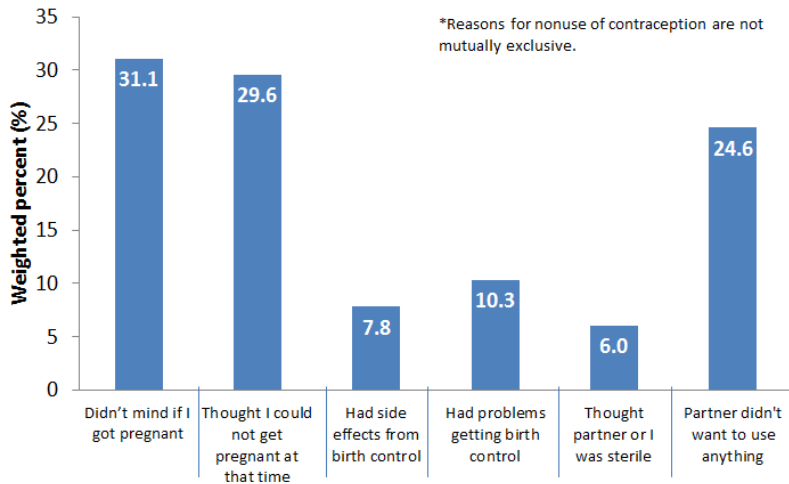
Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors to high school dropout rates among girls. The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.<sup>64</sup>

The teen birth rate in Upson County (63.2 per 1,000 female population) was higher than the Georgia rate and the U.S. rate.



The Upson County Black teen birth rate was higher than White teen birth rate. The average teen birth rates in Georgia were lower than Upson County's rates.

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



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

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

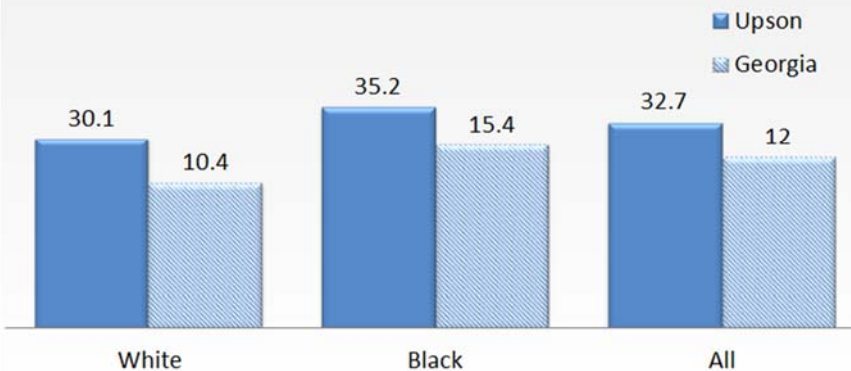
### Teen Pregnancy in Georgia

Georgia ranked 13<sup>th</sup>-highest in the U.S. for teen births. High birth rates are a public health concern because teen mothers and their infants are at increased risk for poor health and social outcomes, such as low birth weight and decreased educational attainment. The birth rate among Georgia teens aged 15-19 years declined between 2004 and 2010, from 53.3 per 1,000 teen women in 2004 to 41.2 in 2010. Despite this decline, there were 14,285 births to teens in 2010 accounting for 10.7 percent of all births in Georgia.

Georgia Epidemiology Report, 2012

### Repeat Pregnancies

2009-2013  
(percentage of repeat pregnancies, ages 15-19)



Data Source: OASIS, Georgia Department of Public Health

For mothers ages 15-19, Upson County had a higher percent of repeat pregnancies (32.7 percent) compared to Georgia (12 percent). Additionally, 35.2 percent of Black teen mothers in Upson County had repeat pregnancies, compared to 30.1 percent of White teen mothers.

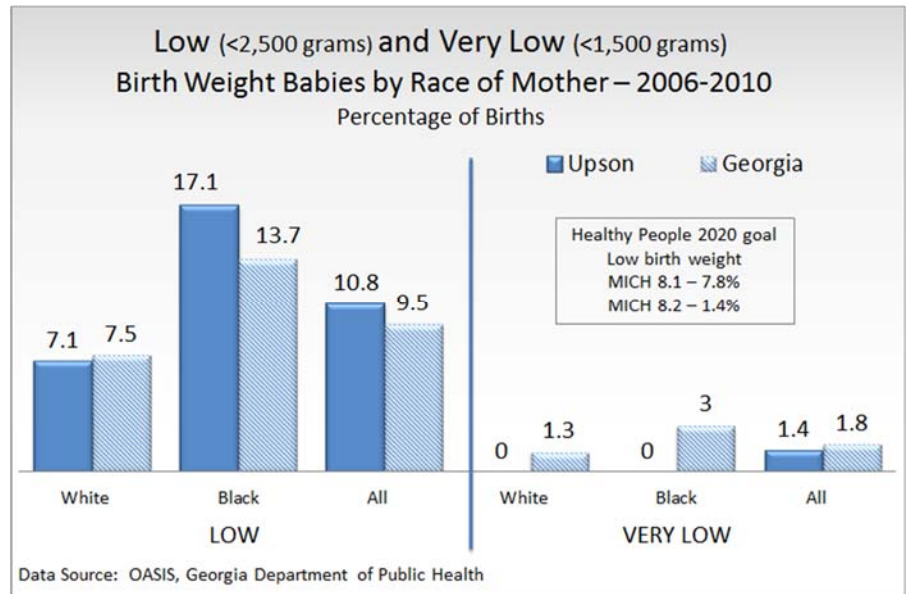
## Birth Weight

Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.<sup>66</sup>

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

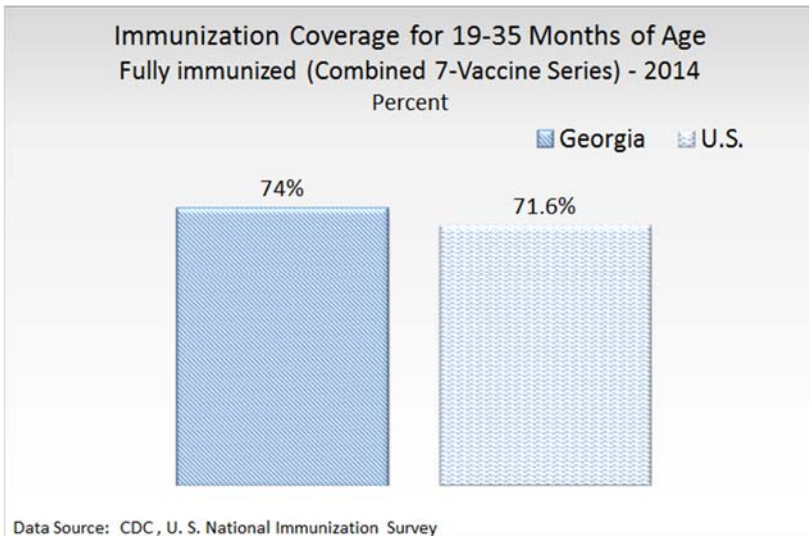
Overall, low birth weight percent of births were higher in Upson County compared to Georgia.

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.<sup>69</sup>



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

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

### 2012 Recommended Immunizations for Children from Birth Through 6 Years Old

Age	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
HepB	HepB				HepB					
RV	RV	RV	RV	RV						
DTaP	DTaP	DTaP	DTaP	DTaP	DTaP					DTaP
Hib	Hib	Hib	Hib	Hib	Hib					
PCV	PCV	PCV	PCV	PCV	PCV					
IPV	IPV	IPV	IPV	IPV	IPV					IPV
Influenza (Yearly)*										
MMR					MMR					MMR
Varicella					Varicella					Varicella
HepA <sup>†</sup>										

Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. The doctor will keep your child up-to-date on vaccinations. Talk with your doctor if you have questions.

**FOOTNOTES**

- \* Children 2 years old and older with certain medical conditions may need a dose of pneumococcal vaccine (PPSV) and meningococcal vaccine (MCV4). See vaccine-specific recommendations at <http://www.cdc.gov/vaccines/imz/iCP/index.html>.
- † Two doses given at least four weeks apart are recommended for children aged 6 months through 6 years of age who are getting a flu vaccine for the first time.
- ‡ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

**SEE BACK PAGE FOR MORE INFORMATION ON VACCINABLE DISEASES AND THE VACCINES THAT PREVENT THEM.**

For more information, call toll free 1-800-CDC-INFO (1-800-232-6236) or visit <http://www.cdc.gov/vaccines>

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN

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

# ALCOHOL, TOBACCO AND DRUG USE

## HEALTHY PEOPLE 2020 REFERENCE - TU, SA

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

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

Although much progress has been made to reduce cigarette smoking in the United States, in 2012, 20.5 percent of adult males and 15.9 percent of adult females continued to be cigarette smokers.<sup>71</sup>

## Adolescent Behavior

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

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

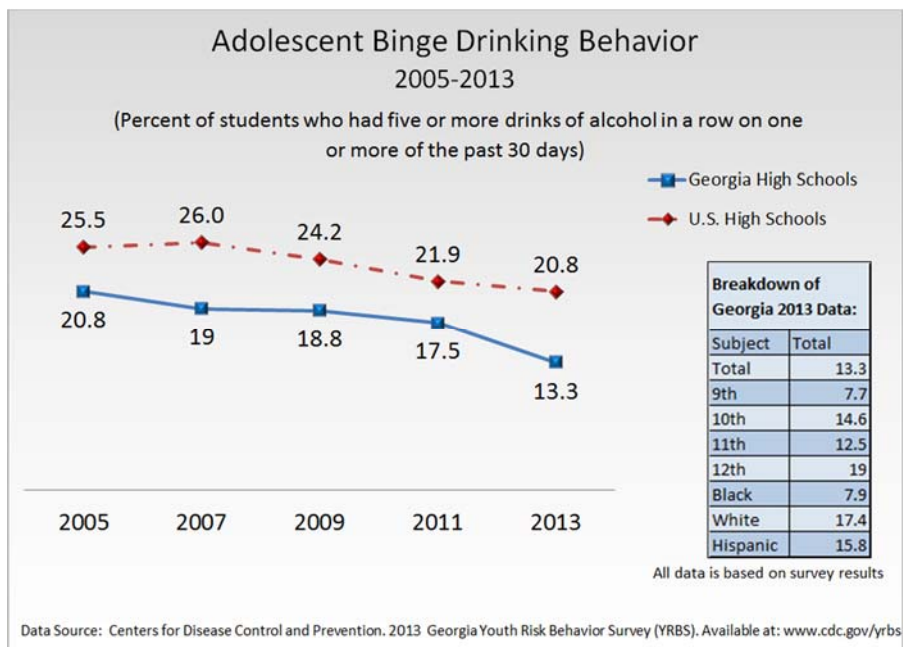
### Why Is Adolescent Health Important?

*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

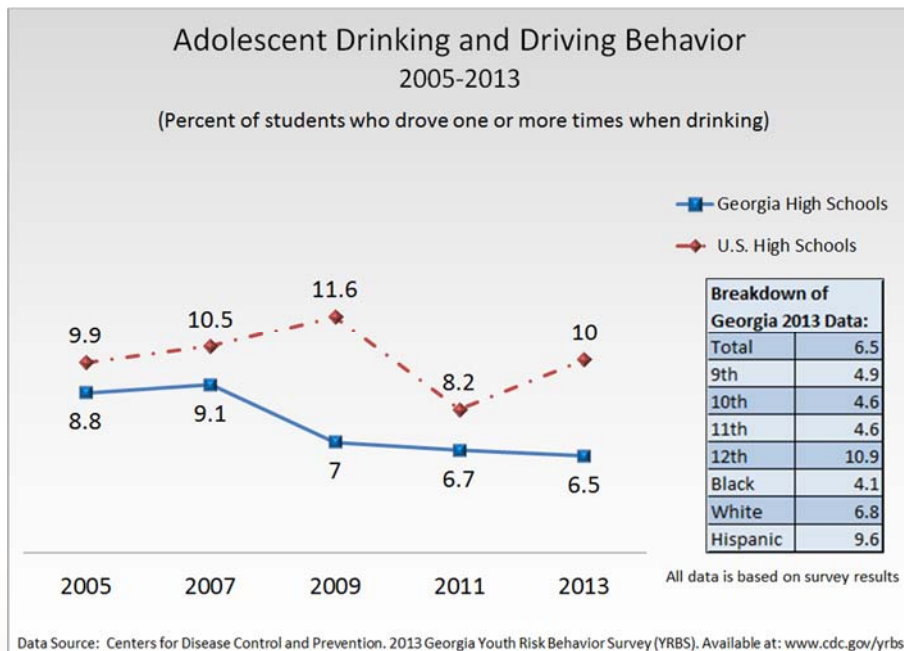


Between 2005 and 2013 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia since 2005.

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.

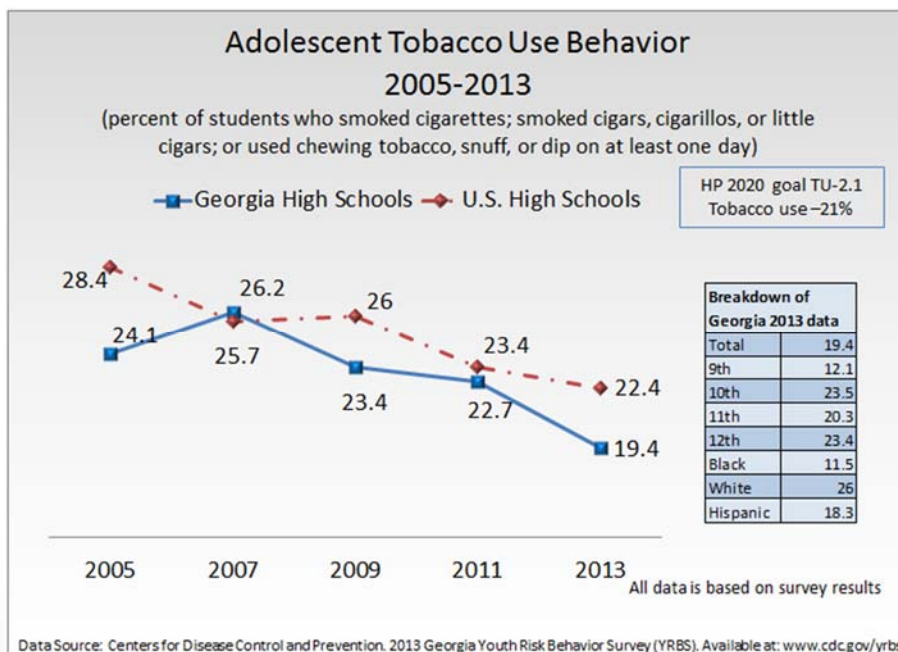
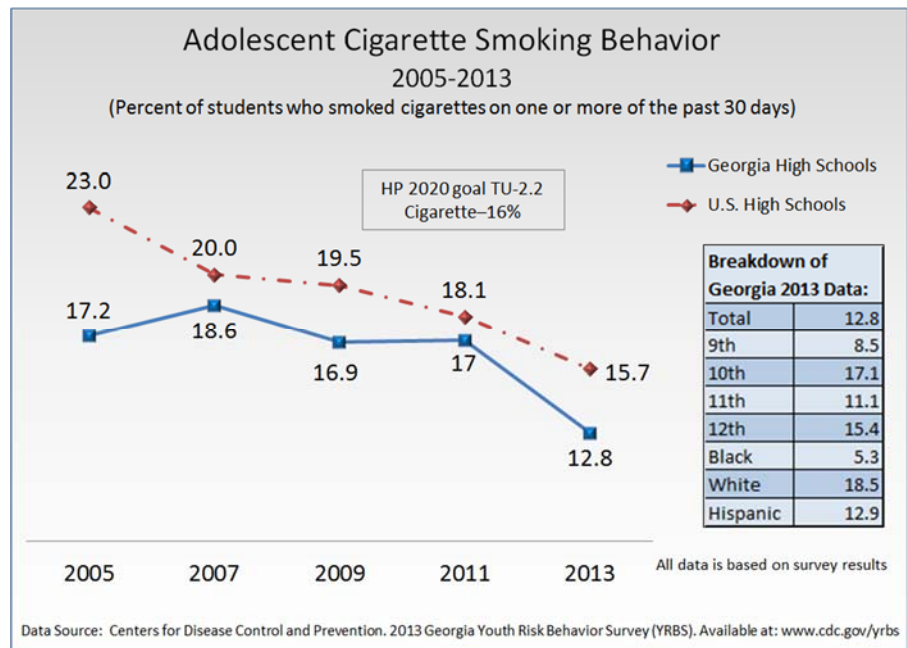
Drinking and driving behavior in Georgia was lower than the U.S. White youth were more likely than Black youth to engage in this behavior.





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).

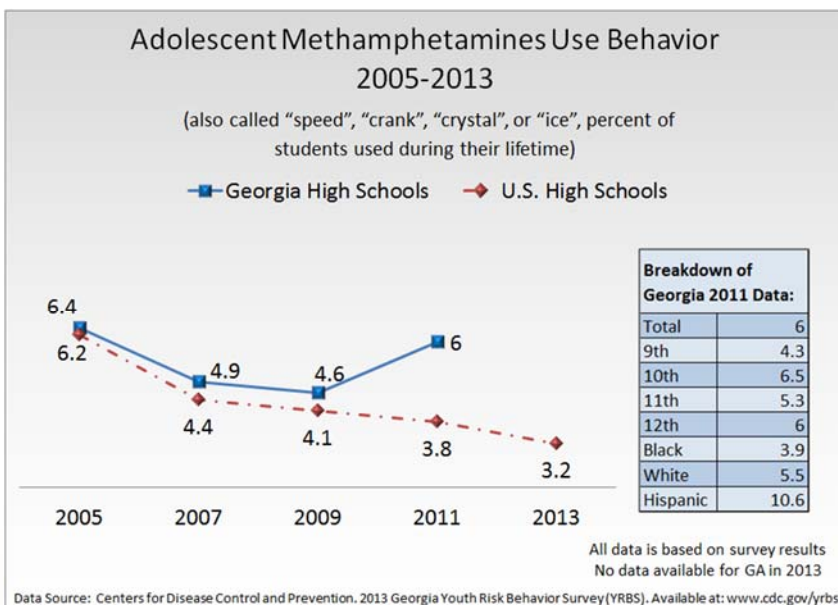
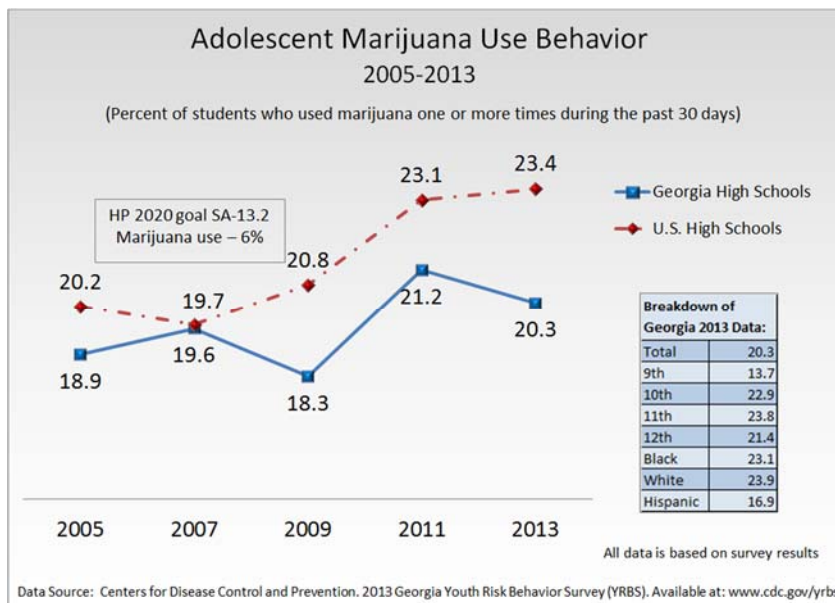
## Illicit Drug Usage

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.<sup>73</sup>

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

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

The Healthy People 2020 goal is to reduce marijuana use to six percent.<sup>74</sup>



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

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

There was no data available for Georgia in 2013.

### Comparison: Upson County and Georgia

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

At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Upson County and Georgia		
	Upson County High Schools	Georgia High Schools
Binge Drinking	15.2%	9.3%
Drinking and Driving	4.0%	2.9%
Tobacco Use	21.2%	11.9%
Cigarette Use	16.6%	10.1%
Marijuana Use	14.6%	12.8%
Meth Use	1.4%	1.9%
Prescription	7.0%	5.0%

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

Upson County Schools had a higher percentage of adolescents that participated in all listed substance abuse procedures than the State except for methamphetamine use. Please refer to the “Community Input” section of this report to read comments on other issues surrounding substance abuse among adolescents.

#### 2012 Implementation Strategy:

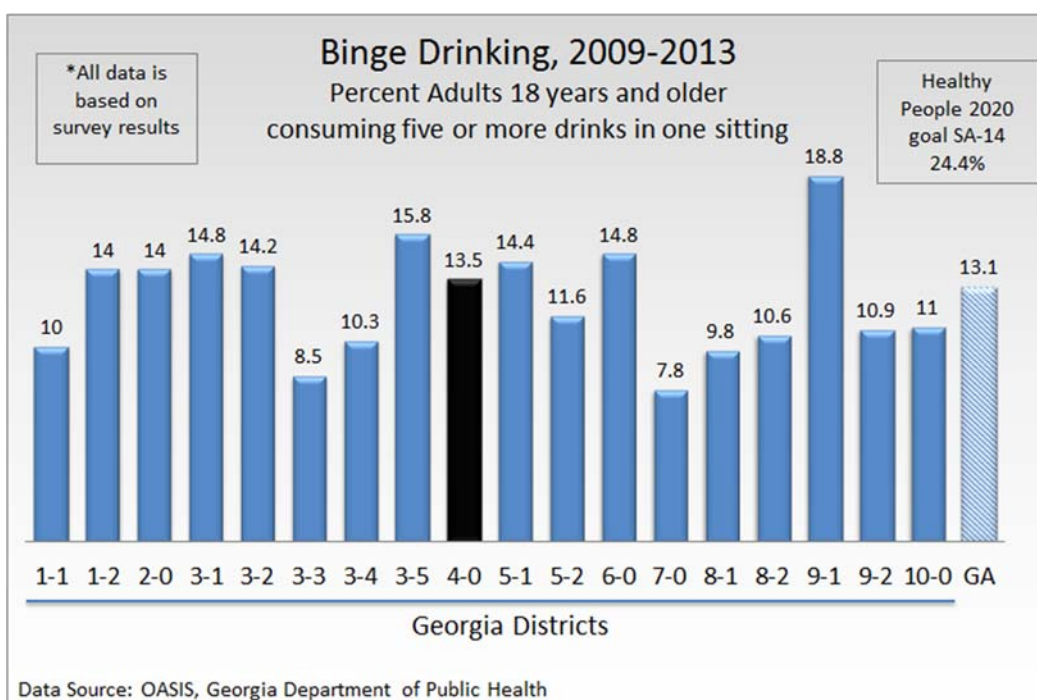
Since conducting the 2012 CHNA, Upson Regional Medical Center implemented several initiatives to address teen lifestyle issues:

- Concussion education
- Telemedicine in two out of four schools

## Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.<sup>75</sup>

Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.<sup>76</sup>



The binge drinking prevalence in Health District 4-0 (13.5 percent) was higher than the Georgia prevalence (13.1 percent). This was well below the Healthy People goal of 24.4 percent.

# SEXUALLY TRANSMITTED DISEASES

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

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.<sup>77</sup> Chlamydia, gonorrhea, and syphilis are the most commonly reported sexually transmitted diseases in the country. In many cases, symptoms may not be recognized and the infection may go undetected for long periods of time. Therefore, the infection may be spread without the knowledge of the infected individual.<sup>78</sup>

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections is encouraged for sexually active young adults.<sup>79</sup>

Georgia reported some of the highest STD rates in the country. Due to various socio-economic reasons, U.S. STD rates are higher among Blacks than among other population groups.<sup>80</sup>

Top 10 States Ranked by Rate (per 100,000) of Reported STD Cases: U.S. 2013			
Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	<b>Georgia (10.3)</b>	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)	<b>Georgia (143.7)</b>
9	Illinois (6.2)	<b>Georgia (514.8)</b>	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.*

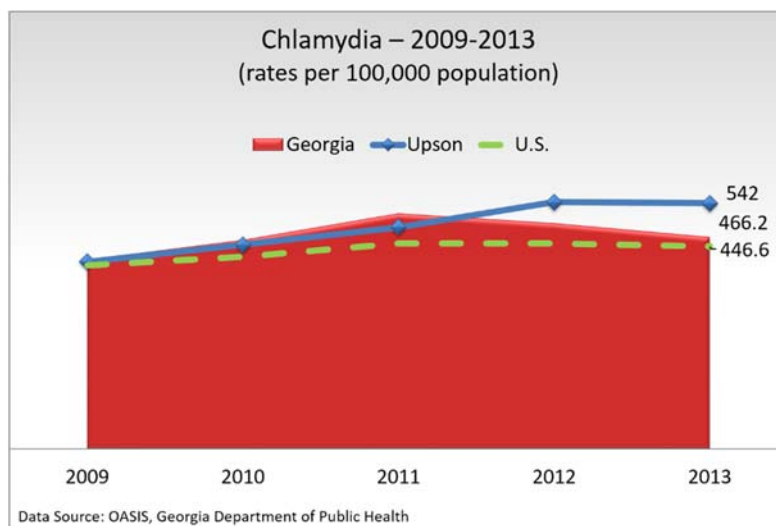
*Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.*

*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.<sup>81</sup>

- » In the U.S., Chlamydia rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.<sup>82</sup>
- » Women had 2.7 times the reported chlamydia rate of men in 2009.<sup>83</sup>
- » Georgia ranked ninth highest in the U.S. for reported chlamydia cases in 2013.<sup>84</sup>



### Average Chlamydia Rates by Race (2009-2013)

	White	Black	All
Georgia	69.5	615.2	472.2
Upson	99.3	988.6	487.3

Data Source: OASIS, Georgia Department of Public Health

## Clinical Recommendations

### Screening for Chlamydial Infection

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

### Healthy People 2020

In 2013, the chlamydia rate in Upson County (542 per 100,000) was higher than the State rate (466.2 per 100,000). In 2013, the U.S. rate for chlamydia was 446.6 per 100,000 population.<sup>85</sup>

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

## Gonorrhea

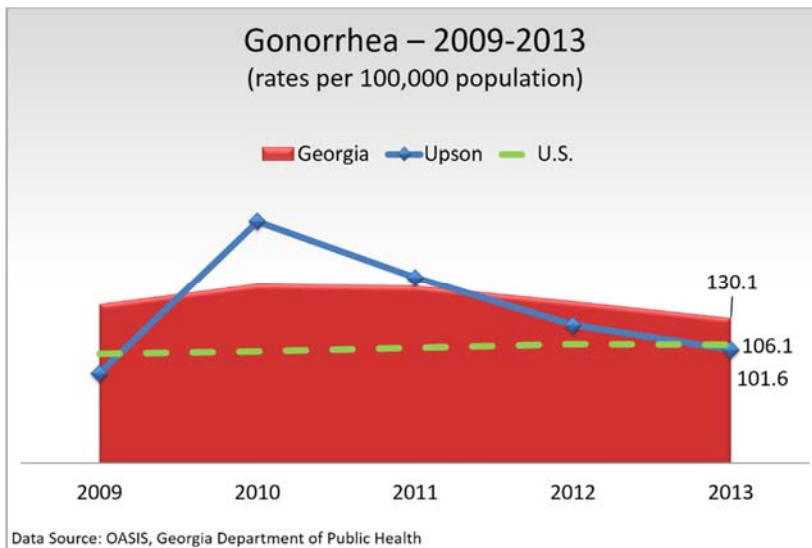
Gonorrhea and chlamydia often infect people at the same time.<sup>86</sup> The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females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

- » Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.<sup>87</sup>
- » Georgia ranked eighth highest in the U.S. for reported gonorrhea cases in 2013.<sup>88</sup>

### Who Is At Risk For Gonorrhea?

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

*Centers for Disease Control and Prevention*



In 2013, the gonorrhea rate in Upson County (101.6 per 100,000) was lower than the State rate (130.1 per 100,000) and lower than the U.S. rate (106.1 per 100,000).<sup>89</sup>

### Average Gonorrhea Rates by Race (2009-2013)

	White	Black	All
Georgia	13	262.5	147.8
Upson	14.2	326.9	138.2

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea rates were significantly higher among Blacks compared to Whites in both Upson County and Georgia.

## Syphilis

Syphilis is an STD that is passed from person to person through direct contact with syphilis sores. Many people infected may be unaware and the sores may not be recognized as syphilis. Symptoms may not appear for several years. Therefore, the infection may be spread by persons who are unaware that they have the disease. Syphilis is easy to cure in the early stages through the use of antibiotics.<sup>90</sup>

- » 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.<sup>91</sup>
- » Georgia ranked first highest in the U.S. for reported syphilis cases in 2013.<sup>92</sup>

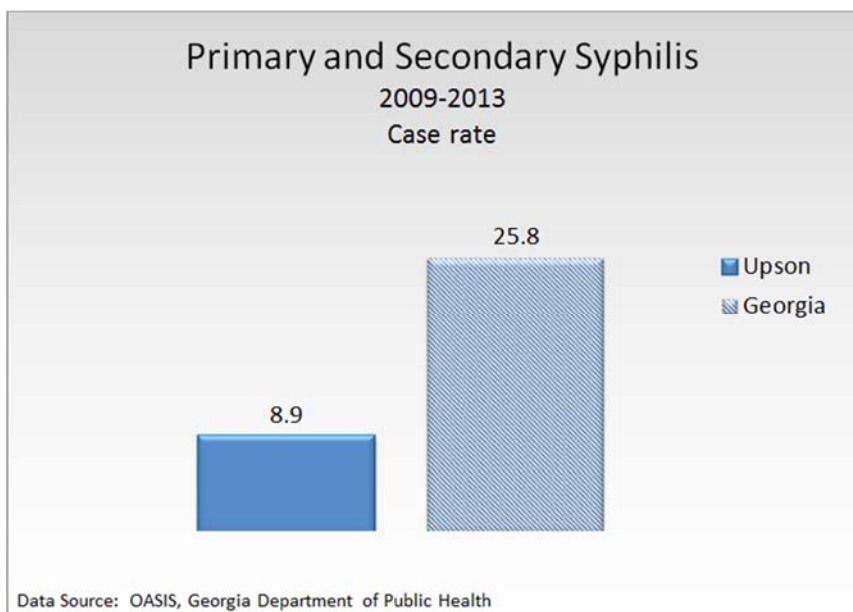
The Georgia syphilis rate in 2013 was 10.3 per 100,000 population. The U.S. rate in 2013 was 5.5 per 100,000 population.<sup>93</sup>

### How Can Syphilis Be Prevented?

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

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

*Centers for Disease Control and Prevention*



Upson County had a lower syphilis rate (8.9 per 100,000 population) compared to Georgia (25.8 per 100,000 population).

During the years 2009-2013, Upson County reported 12 total cases.



## Human Immunodeficiency Virus (HIV)

An estimated 1.2 million Americans are living with HIV at the end of 2012. Of those people, about 12.8 percent did not know they were infected. About 50,000 people get infected with HIV each year.<sup>94</sup> Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.<sup>95</sup>

- » In 2010, White MSM represented the highest number of new HIV infections in the U.S.<sup>96</sup>
- » 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.<sup>97</sup>
- » Hispanics (male and female) represented 16 percent of the population and accounted for 21 percent of new HIV infections in 2010. Hispanics accounted for 20 percent of people living with HIV in 2010.<sup>98</sup>

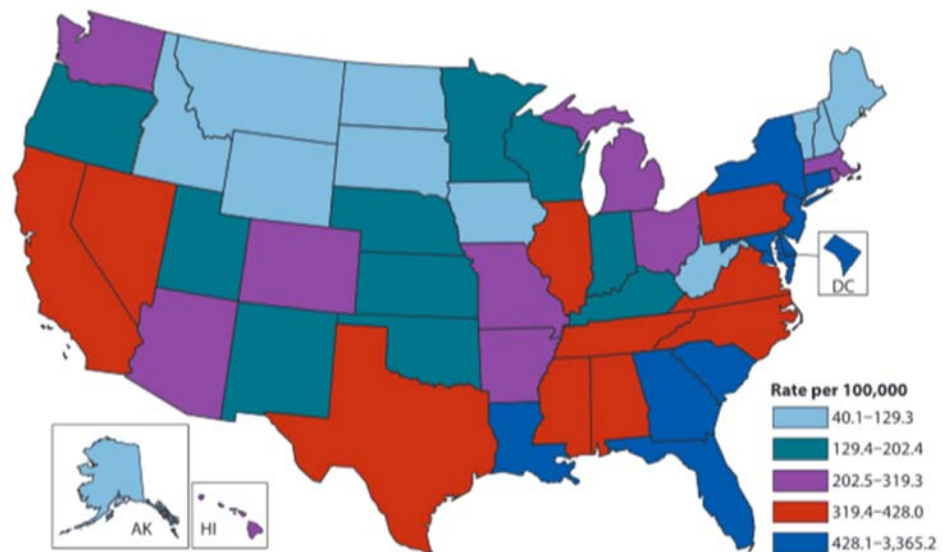
### Why Is HIV Important?

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

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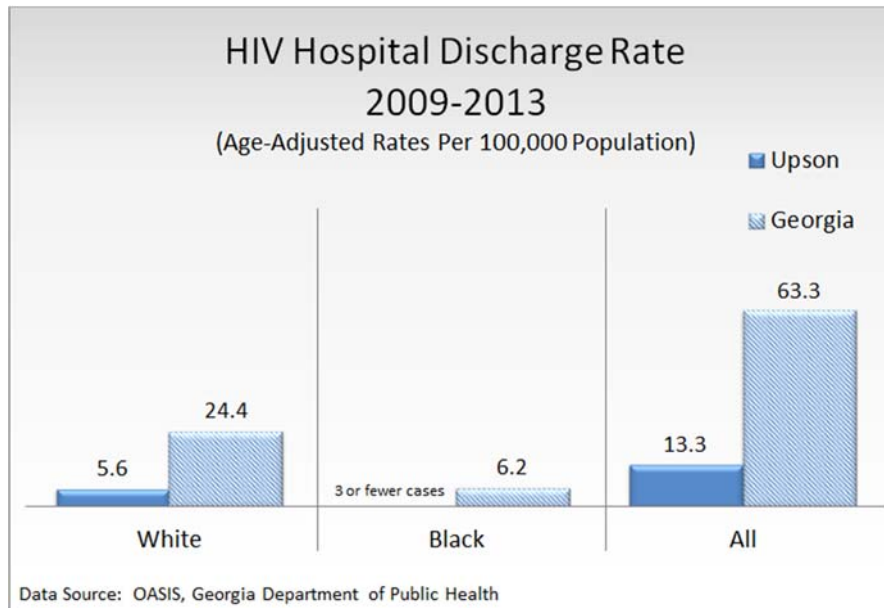
According to the Centers for Prevention and Disease Control, in 2008 Georgia had some of the highest HIV rates in the country.

**Rates of Persons Aged 18–64 Years Living with a Diagnosis of HIV Infection, Year-End 2008—United States<sup>2</sup>**



Map Source: [www.cdc.gov/hiv/pdf/statistics\\_geographic\\_distribution.pdf](http://www.cdc.gov/hiv/pdf/statistics_geographic_distribution.pdf) January 16, 2016

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



# ACCESS TO CARE

## HEALTHY PEOPLE 2020 REFERENCE - AHS

Barriers to healthcare can be due to a lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."<sup>99</sup>

### Why Is Access to Health Services Important?

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

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

*Healthy People 2020*

## Gaining Entry into the Health Care System

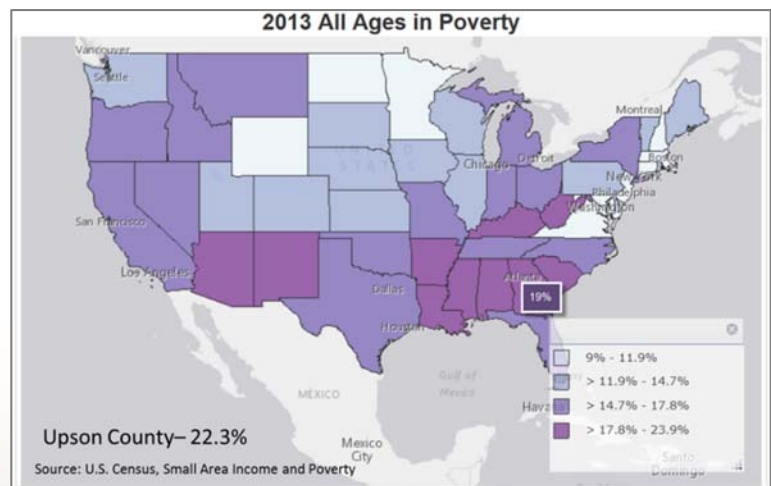
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

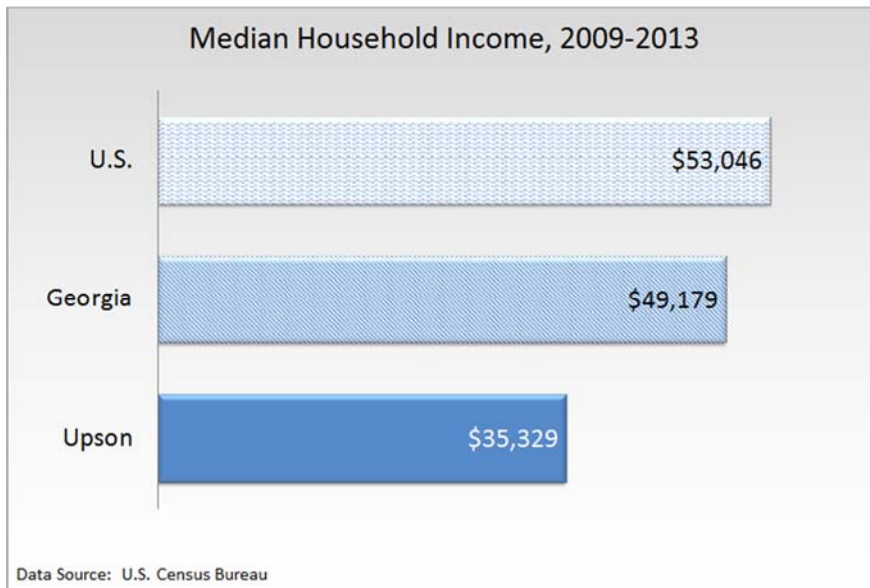
### Income and Poverty

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.<sup>100</sup>

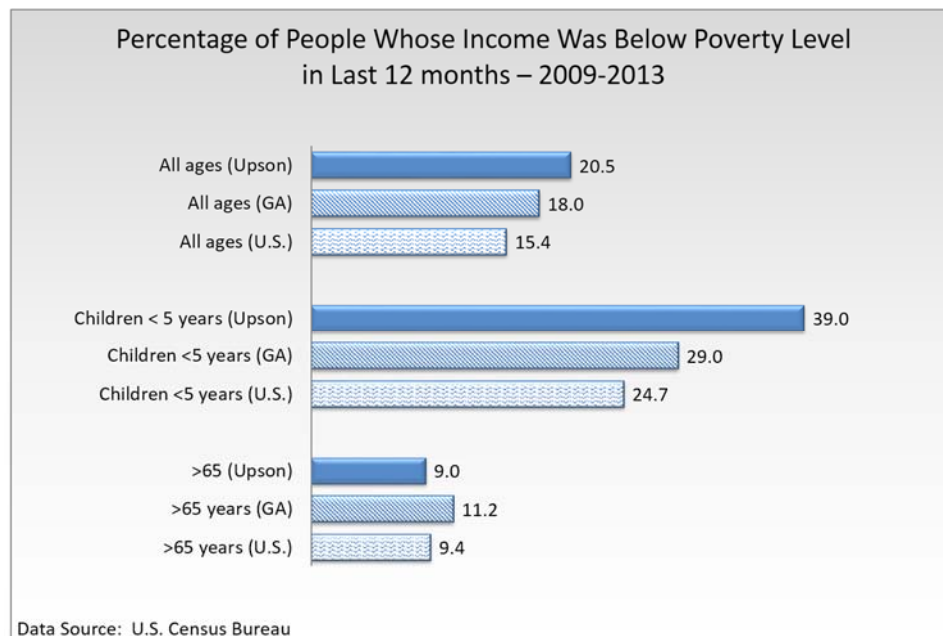
Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.<sup>101</sup>

Upson County's poverty rate was 22.3 percent in 2013.





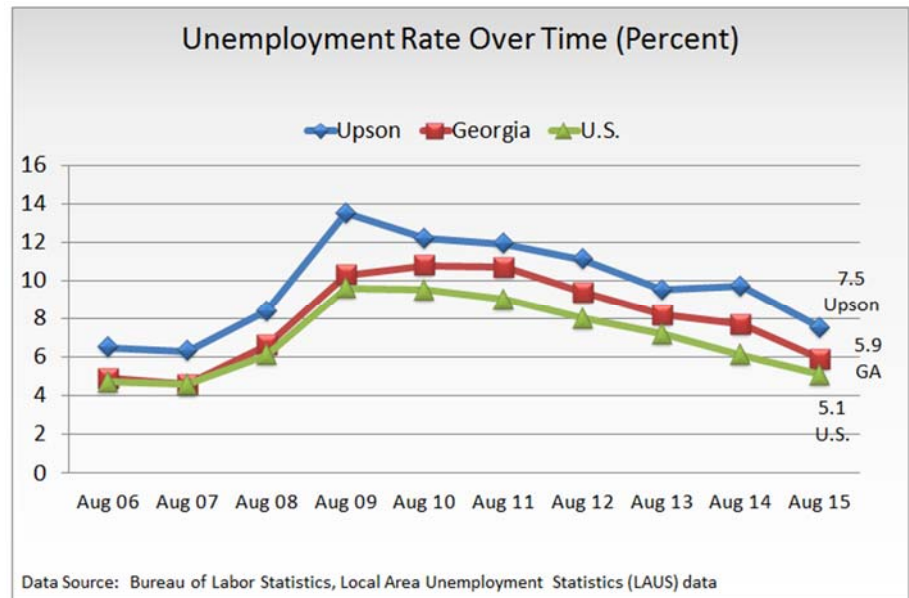
The median household income during 2009-2013 for Upson County was \$35,329. This is below the Georgia median income of \$49,179 and the U.S. median income of \$53,046.



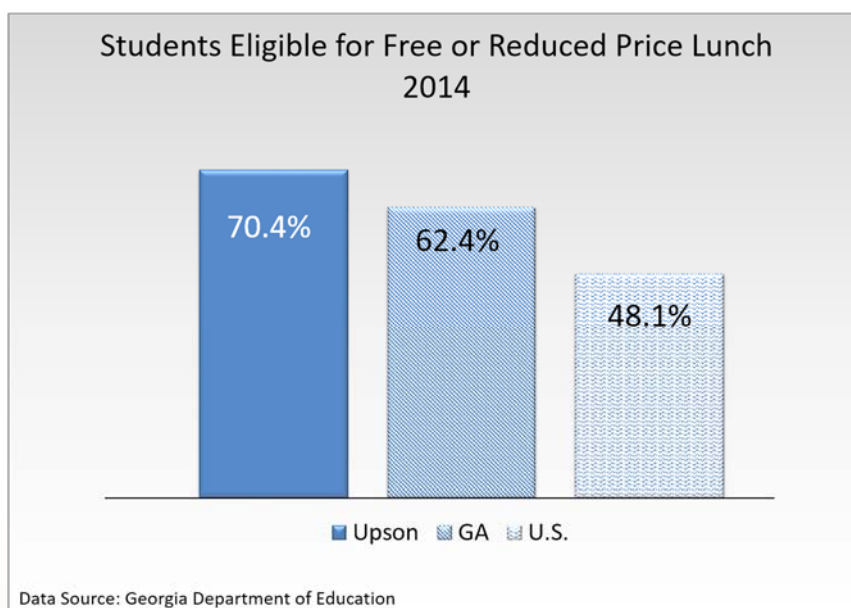
The percentage of people in Upson County whose income was below the poverty level (20.5 percent) was higher than Georgia (18 percent) and the U.S. (15.4 percent). The percentage of children under five years of age living in poverty in Upson County (39 percent) was higher than both Georgia (29 percent) and the U.S. rates (24.7 percent). The percentage of Upson County senior adults living in poverty (9 percent) was lower than the State (11.2 percent) and U.S. rates (9.4 percent).

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

The unemployment rate rose sharply in 2008, but had since decreased. The most recent data showed that Upson's unemployment rate dropped from 9.7 percent in August of 2014 to 7.5 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.<sup>102</sup> 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.<sup>103</sup>

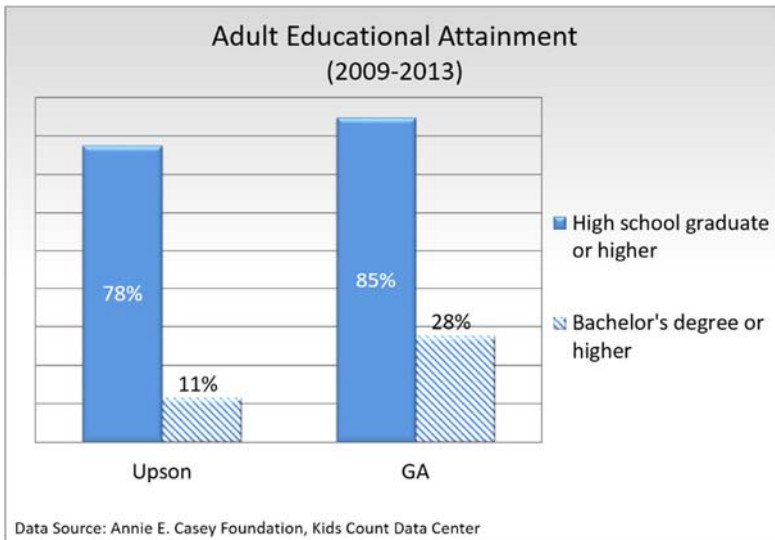


In 2014, 70.4 percent of the public school students in Upson County were eligible for free or reduced price lunches. This was higher than the Georgia rate (62.4 percent) and higher than the U.S. rate (48.1 percent).

The 2012 CHNA reported Upson County students eligible for free or reduced price lunch lower at 66 percent.

## Educational Attainment

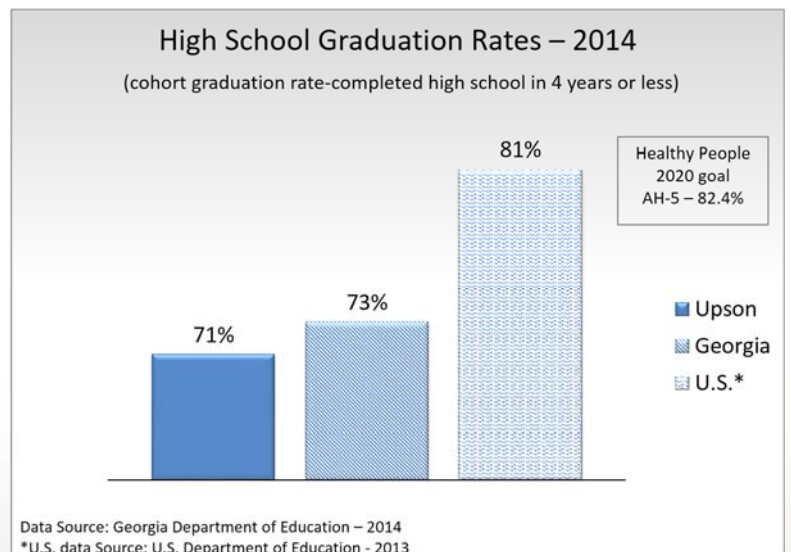
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.<sup>104</sup> According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.<sup>105</sup> Individuals with higher educational attainment often secure jobs that provide health insurance. Young people who drop out of school also have higher participation in risky behaviors, such as smoking, being overweight, or having a low level of physical activity.<sup>106</sup>



From 2009-2013, 78 percent of Upson County residents had graduated high school compared to Georgia's average of 85 percent. An average of 11 percent of Upson 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.<sup>107</sup>

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

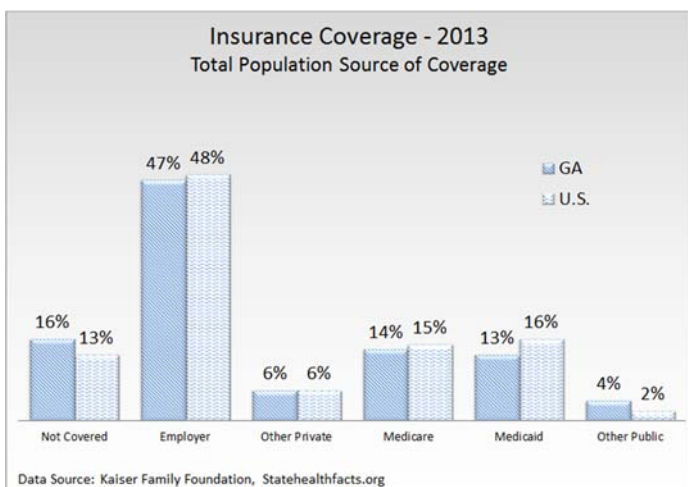


## Insured Status

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

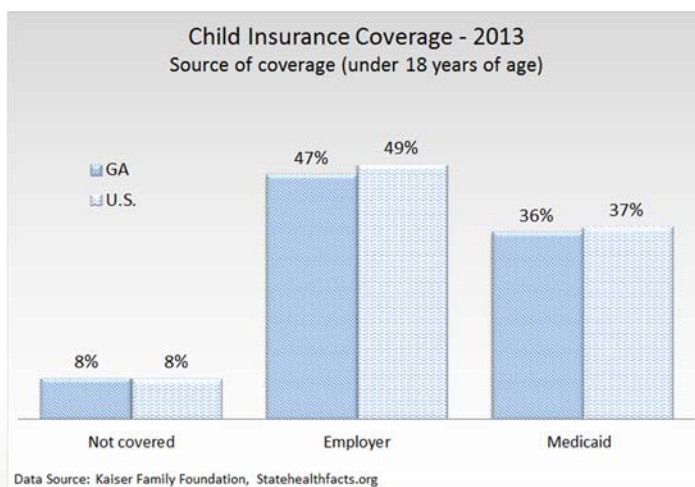
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

### GEORGIA INSURED STATUS

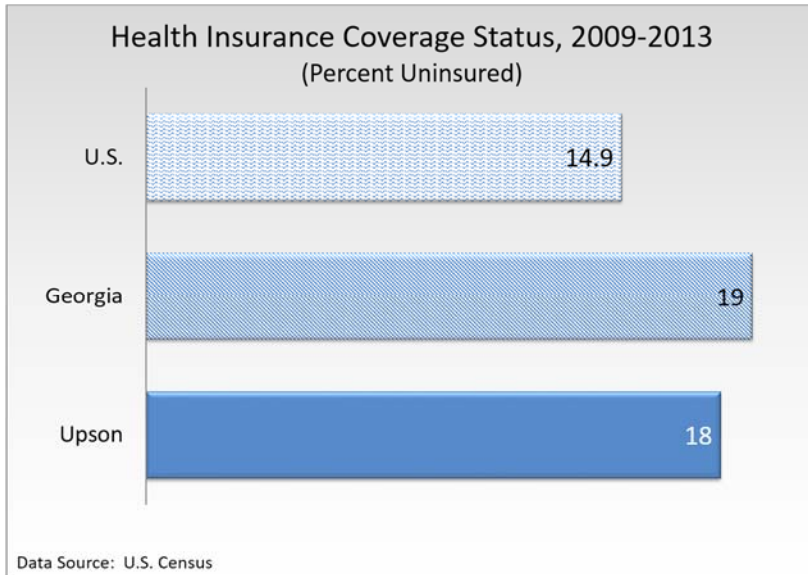


In 2013, Georgia’s uninsured population (16 percent) was higher than the U.S. (13 percent). Employer coverage was lower in Georgia (47 percent) compared to the U.S. (48 percent). Georgia’s proportion of Medicare and Medicaid covered individuals were lower than the U.S. rates.

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

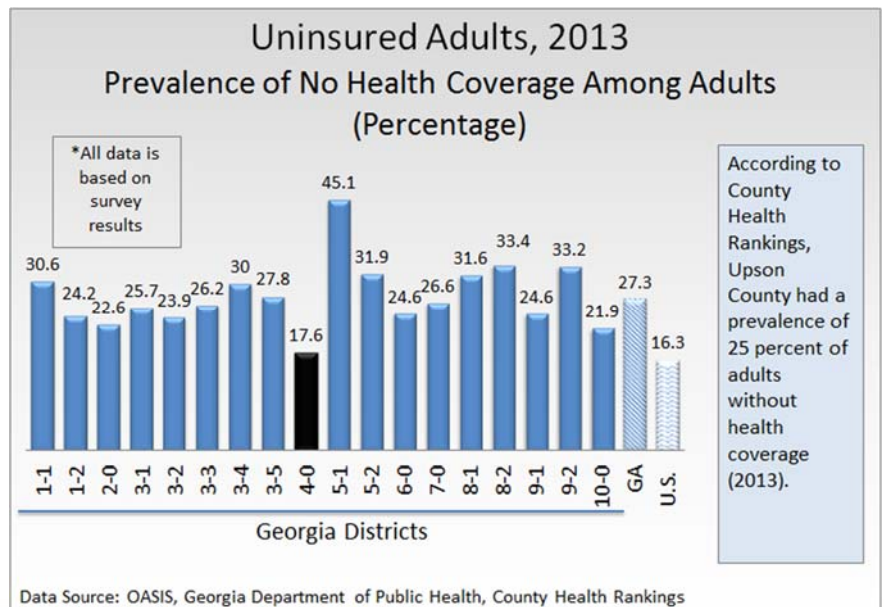


UPSON COUNTY INSURED STATUS



The proportion of uninsured individuals in Upson County (18 percent) was lower than in Georgia (19 percent), but higher than in the U.S. (14.9 percent).

The percentage of adults that lacked health insurance in Health District 4-0 (which includes Upson County) was 17.6 percent. This was higher than the U.S rate (16.3 percent) and lower than the Georgia rate (27.3 percent). According to County Health Rankings, in 2013 Upson County had 25 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 Upson County, 16 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*.<sup>108</sup> This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.<sup>109</sup> 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.<sup>110</sup> There are various types of facilities across the healthcare continuum that provide different levels of care and types of treatment. Levels of care include primary, secondary, tertiary, and sometimes quaternary. Types of treatment range from low acuity to high acuity. Within these levels of care and types of treatment, there are types of facilities such as: acute care, outpatient/ambulatory, long term care, and home care that specialize in different types of treatment (see diagram below). In addition, these types of facilities cater to certain diseases and conditions within this continuum of care.



Data Source: Centers for Disease Control and Prevention

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

Upson County is home to Upson Regional Medical Center, a 115 bed acute-care hospital. Upson Regional Medical Center has an outpatient medical office located in Barnesville which is 17 miles northeast of the hospital’s main campus. Upson County is approximately 45 minutes from Macon, which provides the community with access to more specialized healthcare for high acuity or specialty cases. However, residents that lack transportation may not be able to access specialized care in another city (see transportation section).

### Physician Workforce

Based on the Georgia Physician Workforce Report (2008), Upson County had a surplus or adequate supply of physicians based on population in all specialties except for the following:

- » Internal Medicine (deficit: -2)
- » OB/GYN (deficit: -1)
- » Orthopedic Surgery (deficit: -1)
- » Pediatrics (deficit: -3)Cardiovascular Diseases (surplus: 1)<sup>111</sup>

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

### Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having a shortage of primary care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations (MUA 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.<sup>112</sup>

Professional Shortage Areas as of November 3, 2015

Upson County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	Yes	Yes
IMU Score(Medical Underservice)	17	12	12

Note: IMU Score is out of a possible 100; less than 62 qualifies for designation as an MUA

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

## Mental Health

Upson County has facilities nearby and outside of the County that provide mental health and substance abuse services. These facilities include:

- » McIntosh Trail provides services for addictive diseases, developmental disabilities, mental health, and other support specialties.
- » Pathways Center of Meriwether and Pathways Center of Spalding and Lamar provides outpatient services for both children and adults. These services include: crisis intervention; intake assessments; individual and family counseling; an array of therapy and skill based groups; psychiatric assessments and follow-up; and nursing services.<sup>113</sup>
- » National Alliance on Mental Illness (NAMI) is a national organization that has a local chapter in Griffin. This chapter provides family support to those individuals with loved ones suffering from a mental illness.<sup>114</sup>

## Nursing Homes/Skilled Nursing Facilities

Skilled nursing facilities (SNFs) fill a vital role in healthcare delivery for certain population groups. Nationally, there are more than 15,000 nursing homes caring for 1.4 million individuals.<sup>115</sup> SNFs provide care for individuals with frailty, multiple co-morbidities, and other complex conditions. This type of care is important for individuals who no longer need the acute care from a hospital setting. Upson County has three nursing homes centrally located within Thomaston. There are two additional nursing homes located within 20 miles of Thomaston in surrounding counties. All five of these nursing homes accept Medicare and Medicaid. The combined number of beds among these five nursing homes is 483.<sup>116</sup>

## Transportation

Upson County has a land area of 326 square miles.<sup>117</sup> 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 specific populations. There is a Cancer Car that is facilitated by volunteers from the American Cancer Society. Volunteers drive cancer patients to and from cancer treatments. The Senior Center provides transportation services and meal-delivery for homebound seniors. These transportation services are limited. According to the survey, many people in the community cited transportation as major issue preventing access to care.

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

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

### PATIENT-CENTERED MEDICAL HOMES

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

Patient-centered medical homes are at the forefront of primary care. Primary care is care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern not limited by problem origin, organ system, or diagnosis.<sup>119</sup> There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians.

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

- » Communicate with patients about what they can expect out of the patient-doctor relationship.
- » Support patients in self-care. This includes education and reduction of risk factors and helping patients with chronic illnesses develop and update self-care goals and plans.
- » Partner with patients in formal and informal decision-making. Shared decision-making is a formal process in which patients review evidence-based decision aids to understand health outcomes.
- » Improve patient safety by giving patients access to their medical records so they can detect and prevent errors.<sup>120</sup>

### 2012 Implementation Strategy:

Since conducting the 2012 CHNA, Upson Regional Medical Center implemented several initiatives to increase access to care including:

- Participated in the Community Health Improvement Advocacy program which includes physician recruitment activities to meet the health needs of the underserved. The physician student loan repayment program has helped recruit five primary care physicians.
- Partnered with Georgia Partnership for Telehealth, WellCare, and Upson Lee Schools for on-site telemedicine to increase access to screenings and other medical services.
- Contributed \$5,000 to the local health department to increase access to flu vaccinations.
- Partnered with UL to create an online resource directory (<http://upsoneducationalliance.org/>) to increase awareness within the Thomaston-Upson community about the value of obtaining a quality education.
- Partnered with Southern Rivers Energy to produce a regional recruitment video to aid in physician recruitment as well as general economic development.

# 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*

## Seniors

These were the top 5 responses from the Senior Community based on the following questions.

In your opinion, which of the following are the top three issues or concerns in our community? (Check three)

1. Drugs
2. Lack of jobs
3. Poor economy
4. Unemployment
5. Obesity

In your opinion, what do you think are the main reasons that keep people in our community from seeking medical treatment? (Choose the top three)

1. No health insurance
2. Too expensive/cannot afford
3. Don't understand the need to see a doctor
4. No transportation
5. Can't get in to see a physician

Which of the following does our county need in order to improve the health of our community? (Check the top three)

1. Job opportunities
2. Substance abuse services
3. Healthier food choices
4. Specialty physicians
5. Wellness services

What health screenings or education/information services are needed in our community? (Check the top three)

1. Diabetes
2. Mental health
3. Substance abuse
4. High blood pressure
5. Cancer

Which of the following preventative services have you had in the past 12 months? (Check all that apply)

1. Blood pressure check
2. Physical exam
3. Cholesterol screening
4. Flu shot
5. Vision screening



## Minority Population (Black population)

These were the top 5 responses from the Minority population based on the following questions.

In your opinion, which of the following are the top three issues or concerns in our community? (Check three)

1. Drugs
2. Lack of jobs
3. Unemployment
4. Obesity
5. Teen pregnancy

In your opinion, what do you think are the main reasons that keep people in our community from seeking medical treatment? (Choose the top three)

1. No health insurance
2. Too expensive/cannot afford
3. Don't understand the need to see a doctor
4. No transportation
5. Local doctors do not take their insurance

Which of the following does our county need in order to improve the health of our community? (Check the top three)

1. Job opportunities
2. Healthier food choices
3. Wellness services
4. Substance abuse services
5. Transportation

What health screenings or education/information services are needed in our community? (Check the top three)

1. High blood pressure
2. Diabetes
3. Cancer
4. Sexually transmitted diseases
5. Mental health

Which of the following preventative services have you had in the past 12 months? (Check all that apply)

1. Blood pressure check
2. Physical exam
3. Flu shot
4. Blood sugar check
5. Cholesterol screening

# PRIORITIES

## Community Input

### Health Needs Survey

A health needs survey was developed covering various topics and demographic questions including health education and screening needs, access to care issues, social issues, health challenges, preventative services, and health practices. This survey was distributed to the community through various outlets in order to obtain an unbiased representation of the community’s citizens. The survey was distributed to the following locations in the community: “The Dissipating Disparities Expo”, the hospital, the senior center, and two larger minority churches. The total number of surveys collected from the community was 300.

### Key Stakeholder Interviews

Key stakeholder interviews were administered to individuals who represent the broad interests of the community. Ten face-to-face interviews were conducted with individuals from public health, the school system, city government, healthcare organizations, religious organizations, and representatives of underserved groups. During the interview process, a series of questions was asked related to morbidity and mortality statistics, status of local economy, access to care issues, and any disparities within the underserved population groups. Below is a list of the organizations represented by the key stakeholders, along with the population(s) each stakeholder serves.

Organization/Profession	Population Served
Upson Lee School System	Children and underserved
DFACS Board Chair and Diversity Chair	Underserved and low-income
Police Department - Sheriff	Underserved, low-income, Seniors, All.
Senior Citizen (resident)	Seniors
Physician	All
Hospital Board	Black community, All
Foundation Board	Black community, All
Retired Teacher	Children and underserved
Mayor	All
Public Health	Underserved, low-income, All

## Community Health Priorities

The health priorities from the survey were categorized into three sub-groups: access to care, morbidity and mortality, and contributing health factors. Access to care relates to the barriers within the community that prevent an individual from seeking health care. Morbidity and mortality relates to why individuals are dying or becoming ill from certain health conditions and diseases. Finally, contributing health factors describe the other factors that contribute to illness and death. Categorizing the health factors in this manner further helps the community and the CHSC in understanding cause and effect of the various health factors to better develop an effective implementation strategy.

The community health priorities listed below were the result of both the community health needs survey results and the stakeholder interviews.

### Community Priorities:

#### Access to Care (Top 5)

Survey Response	Alignment of Need Category
No health insurance	Access to affordable care
Too expensive/cannot afford	Access to affordable care
Don't understand the need to see a doctor	Health education about wellness
No transportation	Transportation
Can't get in to see a physician	Lack of physicians

#### Morbidity and Mortality (Top 5)

Survey Results	Alignment of Issue Category
Overweight/Obesity	Unhealthy lifestyle-nutrition and exercise
Joint/back pain	Unhealthy lifestyle and aging population (Seniors)
High blood pressure	Unhealthy lifestyle-heart disease
Diabetes	Unhealthy lifestyle-nutrition and exercise
Dental/oral health	Unhealthy lifestyle-access to care

Contributing Factors (Top 5)

Survey Results	Alignment of Issue Category
Drugs	Economic/Social
Lack of jobs	Economic/Social
Unemployment/poor economy	Economic/Social
Obesity	Unhealthy lifestyle
Teen pregnancy	Social

## 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 surveys, stakeholder interviews, and secondary data gathered concerning health status of the community. The CHSC debated the merits or values of the community's priorities, considering the resources available to meet these needs. The following questions were considered by the CHSC in making the priority decisions:

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

## Identified Priorities

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

1. Access to Care
2. Obesity
3. Heart Disease and Stroke
4. Diabetes
5. Teen Pregnancy
6. Mental Health
7. Drug Abuse

## Approval

Upson Regional Medical Center's Board approved this community health needs assessment through a board vote on November 18, 2015.

# COMMUNITY PARTICIPANTS

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

## **UPSON REGIONAL MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS**

David Castleberry, Committee Chair, Chief Executive Officer  
John Williams, Chief Financial Officer  
Evelyn Murphy, Chief Clinical Officer  
Rich Williams, Human Resources Director  
Sallie Barker, Communications Director  
Doug Thompson, Chief Information Officer

## **COMMUNITY REPRESENTATIVES - KEY STAKEHOLDER INTERVIEWS**

Larry Derico, Upson Lee School System, Assistant Superintendent  
Kyle Fletcher, IDA Chair - DFACS Board Chair  
Dan Kilgore, Sheriff  
Ruth Hatchett, Community Member  
Ralph Warnock, Physician  
Kay Searcy, Hospital Board member  
Mabel Worthy, Foundation Board member  
Helen Smith, Retired Educator  
Anthony Marchetti, ER Physician  
Hays Arnold, Mayor  
Hayla Hall Folden, District 4 Public Health

# 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.

<b>ALCOHOL ABUSE, ADDICTION INFORMATION, AND TREATMENT</b>	
Alcoholics Anonymous (706) 647-9531 (706) 647-9815	
<b>ASSISTED LIVING FACILITIES</b>	
Thomaston Manor 409 West Gordon Street Thomaston, GA 30286 706.647.8220	West Village Retirement Community 409 Goodrich Avenue Thomaston, GA 30286 706.647.5168
Pike Manor 10642 Hwy 19N Zebulon, GA 30295 (770) 567-0200	Sunny Grove Assisted Living 665 Gordon Road Barnesville, GA 30204 678-359-1246
Logan Senior Village 319 South Bethel Street Thomaston, GA 30286 (706) 647-1847	
<b>BLOOD DONATIONS</b>	
American Red Cross (blood drive locations and dates vary) 1-800-RED CROSS	



<b>CANCER SUPPORT SERVICES</b>	
American Cancer Society 135 Bradford Square, Suite-B Peachtree City, GA 30269 770.631.0625 (P) 800.227.2345 (Preferred)	Thomaston-Upson Cancer Patient Transportation Program "Cancer Car" Robert Harris 706.647.4253 Linda Miles 706.647.5713
Cancer State Aid Treatment Program 2 Peachtree Street NW 6 <sup>th</sup> Floor 6-533 Atlanta, GA 30303 (800) 227-2345	
<b>CHIROPRACTIC SUPPORT SERVICES</b>	
Mark Cotney, DC 101 N. Green Street Thomaston, GA 30286 (706) 647-2225	Fuller Life Chiropractic Center 1619 Highway 19 N Thomaston, GA 30286 (706) 647-4333
<b>CHILDREN HEALTH SERVICES</b>	
Babies Can't Wait 314 E. Lee Street Thomaston, GA 30286 706.647.7148	Upson County Health Department 314 East Lee Street Thomaston, GA 30286 (706) 647-7148
<b>CLOTHING</b>	
Upson County Neighborhood Service Center 1040 Ga. Hwy. 19 N Thomaston, GA 30286 (706) 647-9985	Heritage Crisis Pregnancy Center 104 ½ North Green Street Thomaston, GA 30286 (706) 647-8743 or (706) 647-8602 (Clothes for baby and mother)

<b>COMMUNITY CLINICS</b>	
<p>Milby Medical Center 126201 Barnesville Street Zebulon, GA 770.567.3323</p>	<p>Community Medical Center of Barnesville 101 Commerce Place Suite 1 Barnesville, GA 770.358.4408</p>
<p>Rock Springs Clinic 219 Rock Springs Road Milner, GA 770.229.8663</p>	<p>Upson County Health Department 314 East Lee Street Thomaston, GA 30286 (706) 647-7148</p>
<b>DIALYSIS SERVICES</b>	
<p>Davita Dialysis Center 1065 US Highway 19 N Thomaston, GA 30286 (706) 648-6364</p>	
<b>DENTISTS</b>	
<p>Allen, Michael D.D.S. 419 N. Church Street Thomaston, GA 30286 706.647.7111</p>	<p>Farr, Tommy, D.M.D. 98 Short E Street Thomaston, GA 30286 706.647.5573</p>
<p>Gardner, William, D.M.D. 507 W. Gordon Street Thomaston, GA 30286 706.647.7914</p>	<p>John W. Brown, D.M.D. 316 W. Main Street Thomaston, GA 30286 706.647.5575</p>

Doug Johnson, D.M.D. 219 Thomas Street Thomaston, GA 30286 706.647.5437	Mid-State Dental 1541 Highway 19 N Thomaston, GA 30286 706.648.6780
Gilmore Center 103 Civic Center Drive Thomaston, GA 30286 706.647.5020	
<b>DEVELOPMENTALLY DISABLED ADULT DAYCARE</b>	
Gilmore Center 103 Civic Center Drive Thomaston, GA 30286 706.647.5020	
<b>DURABLE MEDICAL EQUIPMENT</b>	
MRS Homecare 1084 Highway 19 North Thomaston, GA 30286 706.647.5020	Hanger Orthopedic Group 405 West Main Street Thomaston, GA 30286 706.648.6620
<b>EYE CARE</b>	
Upson Eye Clinic/Ophthalmologists Murray Dean, M.D./Johnny Dean, M.D. 232 Cherokee Road Thomaston, GA 30286 (706) 647-8138	Thomas Kretzmer, OD 408 West Main Street Thomaston, GA 30286 706.647.6608
Lyle Lastinger, OD 1403 Highway 19N Thomaston, GA 30286 706.646.0071	

<b>FOOD PANTRY/FREE MEALS</b>	
<p>Angel Food Ministries – New Hope Baptist Church 1165 Hannah’s Mill Road Thomaston, GA 30286 (706) 647-6521 or (706) 647-4673</p>	<p>Thomaston-Upson Senior Center 302 S. Bethel Street Thomaston, GA 30286 (706) 647-0051 Free noon meal for Senior Citizens</p>
<p>Upson County Neighborhood Service Center 1040 GA Hwy 19 North Thomaston, GA 30286 (706) 647-9985 (Commodity distribution for those who meet income guidelines)</p>	<p>Upson County DFACS Food and Nutrition Program 711 N. Bethel Street Thomaston, GA 30286 (706) 646-6043</p>
<b>HOSPICE-INPATIENT</b>	
<p>Christian Ministries Hospice 621 Carver Road Griffin, GA 30224 (770)233-9526</p>	<p>Brightmoor Hospice 3223 Newnan Road Griffin, GA 30224 (770) 467-9930</p>
<b>HOSPICE-OUTPATIENT</b>	
<p>Thomaston Hospice 512 S. Center Street Thomaston, GA 30286 (706) 647-2273</p>	<p>Angels of Hope 214 E. Gordon Street Thomaston, GA 30286 (706) 647-4673</p>

<b>HOSPITALS</b>	
<p>Upson Regional Medical Center 801 West Gordon Street Thomaston, GA 30286 706.647.8111</p>	
<b>HOUSING ASSISTANCE</b>	
<p>Thomaston Housing Authority 574 Triune Mill Road Thomaston, GA 30286 (706) 647-7420</p>	
<b>MEDICAID ENROLLMENT</b>	
<p>Upson County Health Department 314 East Lee Street Thomaston, GA 30286 (706) 647-2265</p>	<p>Upson County DFCS Office 711 North Bethel Street Thomaston, GA 30286 (706) 646-6043</p>
<b>MENTAL HEALTH SERVICES</b>	
<p>Upson Counseling Center 605 West Gordon Street Thomaston, GA 30286 706.647.6038</p>	<p>Anita Whitmore C LPC 615 South Center Street Thomaston, GA 30286 706.647.4613</p>

<p>National Suicide Prevention – 800-273-8255 Suicide Hope Line – 800-784-2433</p>	<p>Georgia Crisis Line – 800-715-4225, in Spanish 800-784-2432</p>
<p>National Alliance on Mental Illness NAMI Griffin Support Group 770.584.1045</p>	<p>Pathways Center 122 Gordon Commercial Drive, Suite D Thomaston, GA 30240  706.845.4054 - Local 888.247.9048 - Toll Free 706.845.4367 – Fax 877.566.5470 - Emergency/Crisis Hotline 877.566.5470 - Mobile Crisis Response Team</p>
<p><b>NON-EMERGENCY TRANSPORT SERVICES</b></p>	
<p>McIntosh Trail Transportation 1.770.229.4885</p>	<p>Active Medicaid Participants 1.866.991.6701</p>
<p>Thomaston-Upson Cancer Patient Transportation Program “Cancer Car” Robert Harris 706.647.4253 Linda Miles 706.647.5713</p>	<p>Liberty Convalescent Services 142 North Mimosa Lane Jackson, GA 30233 770.775.7229</p>
<p>Upson EMS (Medicaid Only) 4 Hugo Starling Drive Thomaston, GA 30286 (706) 647-8111 Ext. 1540</p>	

<b>NURSING HOMES</b>	
<p>Golden Living Center 310 Avenue F Thomaston, GA 30286 (706) 647-6676</p>	<p>Providence Health Care 1011 S. Green Street Thomaston, GA 30286 (706) 647-6693</p>
<p>Riverside Nursing Center of Thomaston 101 Old Talbotton Road Thomaston, GA 30286 (706) 647-8161</p>	
<b>PHARMACIES AND DRUG ASSISTANCE</b>	
<p>Cherokee Pharmacy 200 Cherokee Drive Thomaston, GA 30286 (706) 646-3100</p>	<p>Northside Drugs, Inc. 1109 Highway 19 N Thomaston, GA 30286 (706) 648-2181</p>
<p>Walgreen's Pharmacy 634 N. Church Street Thomaston, GA 30286 (706) 647-4000</p>	
<b>PHYSICAL AND OCCUPATIONAL THERAPY</b>	
<p>Upson Rehab and Sports Medicine 801 West Gordon Street Thomaston, GA 30286 (706) 647-8111, Ext. 1365</p>	<p>Care South Homecare Professionals 204 Cherokee Road Thomaston, GA 30286 (706) 647-8911</p>

<b>SENIOR CITIZEN SERVICES</b>	
<p>Upson County Senior Center 302 South Bethel Street Thomaston, GA 30286 (706) 647-1607</p>	
<b>PHYSICIANS (FAMILY PRACTICE)</b>	
<p>Dan Bramlett, M.D. 500 West Main Street Thomaston, GA 30286 706.647.8901</p>	<p>David Fieseler, M.D. 523 West Main Street Thomaston, GA 30286 706.647.9638</p>
<p>Charmille Hare, D.O. 100 Highway 18 West Barnesville, GA 30204 770.358.3284</p>	<p>John Jenkins II, M.D. 612 West Gordon Street Thomaston, GA 30286 706.647.8101</p>
<p>Ralph Warnock, M.D. 500 West Main Street Thomaston, GA 30286</p>	<p>Wayne Dodgen, M.D. 107 Jackson Avenue Thomaston, GA 30286 706.647.2888</p>
<b>PHYSICIANS (GYNECOLOGY)</b>	
<p>Hugh Smith, M.D. 612 West Gordon Road Thomaston, GA 30286</p>	<p>Benjamin Brown, M.D. 403 West Main Street Thomaston, GA 30286 706.647.2888</p>



<b>STAY-AT-HOME SERVICES</b>	
Southern Crescent Area Agency on Aging Meals on Wheels (866) 854-5652	Source (Medicaid Recipients Only) Butler, GA (888) 762-2420
<b>PHYSICIANS (INTERNAL MEDICINE)</b>	
Jonathan Busbee, M.D. 615 S. Center Street Thomaston, GA 30286 706.647.2147	Keith Huckaby, M.D. 519 West Main Street Thomaston, GA 30286 706.647.1752
Benjamin Williams, M.D. 202 Cherokee Road Thomaston, GA 30286 706.647.3200	Sharron Jones, M.D. 211 East Thompson Street Thomaston, GA 30286 706.647.1200
<b>SAFETY</b>	
Georgia Poison Control 800-222-1222 <a href="http://www.gpc.dhr.georgia.gov">www.gpc.dhr.georgia.gov</a>	Safe Kids 1301 Pennsylvania Avenue, NW, Suite 1000 Washington, D.C. 20004 202-662-0600 (P) 202-393-2072 (F) <a href="http://www.safekids.org">www.safekids.org</a>

SMOKING CESSATION	
Georgia Tobacco Quit Line 877-270-7867 <a href="http://www.livehealthygeorgia.org/quitline">www.livehealthygeorgia.org/quitline</a>	
TEEN PARENTING RESOURCES	
Young Mommies Help Site <a href="http://www.youngmommies.com">www.youngmommies.com</a>	Heritage Family Resource Center 104 ½ N. Green Street Thomaston, GA 30286 (706) 647-8602

## APPENDIX A - SURVEY SAMPLE

### 2015 UPSON COUNTY HEALTH NEEDS SURVEY

ZIP CODE OF CURRENT RESIDENCE? \_\_\_\_\_ AGE \_\_\_\_\_ SEX (circle one) Male Female  
 RACE/ETHNICITY: (circle one) CAUCASIAN/WHITE AFRICAN AMERICAN HISPANIC OTHER \_\_\_\_\_  
 NUMBER OF CHILDREN UNDER 18 IN YOUR HOUSEHOLD \_\_\_\_\_  
 NUMBER OF ADULTS OVER AGE 18 IN YOUR HOUSEHOLD \_\_\_\_\_  
 Annual household income:  
 \_\_\_ Less than \$20,000 \_\_\_ \$20,000 to \$50,000 \_\_\_ \$50,001 to \$75,000  
 \_\_\_ \$75,001 to \$100,000 \_\_\_ Over \$100,000

DO YOU HAVE HEALTH INSURANCE: (select one)  
 \_\_\_ Yes, commercial insurance like Blue Cross, Aetna etc. \_\_\_ Medicaid \_\_\_ Other  
 \_\_\_ Medicare \_\_\_ No insurance \_\_\_ Not sure

**In your opinion, which of the following are the top three issues or concerns in our community? (Check three)**

- Tobacco use
- Alcohol abuse
- Automobile accidents
- Other accidents
- Drugs
- Teen pregnancy
- Lack of exercise
- Obesity
- Stress
- Environmental issues
- Suicide
- Elder abuse
- Spousal abuse
- Domestic violence
- Unemployment
- Poor diet
- Infant mortality
- Homelessness
- Eating disorders
- Transportation
- Child abuse
- Lack of jobs
- Poor economy
- Growing elderly population
- Other: \_\_\_\_\_

**In your opinion, what do you think are the main reasons that keep people in our community from seeking medical treatment? (Choose the top three)**

- No health insurance
- No transportation
- Too expensive/cannot afford
- Don't understand the need to see a doctor
- Doctor is too far away
- Local doctors do not take their insurance
- Can't get in to see a physician
- Other: \_\_\_\_\_

**Which of the following does our community need in order to improve the health of the community? (Check the top three)**

- Healthier food choices
- Job opportunities
- Safe places to walk/play
- Substance abuse services
- Recreation facilities
- Mental health services
- Wellness services
- Transportation
- Specialty physicians
- Other: \_\_\_\_\_

**What health screenings or education/information services are needed in our community? (Check the top three)**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Mental health         | <input type="checkbox"/> Substance abuse               | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Dental screenings          |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Cholesterol                   | <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Vaccinations/immunizations |
| <input type="checkbox"/> Nutrition             | <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Exercise/physical activity |   |
| <input type="checkbox"/> Care during pregnancy | <input type="checkbox"/> Heart disease                 | <input type="checkbox"/> Eating disorders           |   |
- Other: \_\_\_\_\_

**ABOUT YOU**

**What are the major health challenges that YOU face? (Check all that apply)**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Dental/oral health  | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Diabetes      |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Heart disease      | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Sexual health       | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Joint/back pain    |  |
- Other: \_\_\_\_\_

**Which of the following preventative services have you had in the past 12 months? (Check all that apply)**

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Physical exam            | <input type="checkbox"/> Flu shot         | <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Blood sugar check | <input type="checkbox"/> Skin cancer screening |
| <input type="checkbox"/> Cholesterol screening    | <input type="checkbox"/> Vision screening | <input type="checkbox"/> Hearing screening    | <input type="checkbox"/> Prostate exam     |  |
| <input type="checkbox"/> Cardiovascular screening | <input type="checkbox"/> Mammogram        | <input type="checkbox"/> Breast exam          | <input type="checkbox"/> PAP smear         |  |

**Do you follow these health practices?**

	Yes	No	Does not apply
If over 50, have you had a colonoscopy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If over 50, do you have annual prostate exams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If female over 40, do you have annual mammograms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If female, do you have a pap smear every other year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get 2.5 hours exercise each week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get at least 7 hours sleep a night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you make healthy meal choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to comment on any other thoughts you may have concerning issues which affect the health of community residents.

This survey is being conducted by Upson Regional Medical Center  
in order to help identify the health needs of residents of Upson County

**WE APPRECIATE YOUR INPUT!**

Please return completed survey by mail to:

Completed surveys should be returned no later than\_\_\_\_\_.

Thank you for helping us better define the healthcare needs of our community.

## APPENDIX B - SURVEY RESULTS

### Age

10-19	6	2.0%
20-29	26	8.7%
30-39	46	15.4%
40-49	56	18.8%
50-59	91	30.5%
60-69	12	4.0%
70-79	13	4.3%
80-89	4	1.3%

### Gender/Sex

Male	58	19.4%
Female	238	79.8%

### Race

African American	189	63.4%
White/Caucasian	93	31.2%
Hispanic	2	.67%
Unknown	5	.16%

### Income

less than \$20,000	44	14.7%
\$20,000 to \$50,000	92	30.8%
\$50,000 to \$75,000	59	19.8%
\$75,000 to \$100,000	37	12.4%
Over \$100,000	43	14.4%

### Insurance Status

Yes, commercial insurance	228	76.5%
Medicare	45	15.1%
No insurance	18	6.0%
Medicaid	20	6.7%
Other	16	5.4%
Not sure	1	0.3%

## APPENDIX B - SURVEY RESULTS

The top 5 responses from the community based on the following questions.

In your opinion, which of the following are the top three issues or concerns in our community? (Check three)

1. Drugs
2. Lack of jobs
3. Unemployment
4. Poor economy
5. Obesity

In your opinion, what do you think are the main reasons that keep people in our community from seeking medical treatment? (Choose the top three)

1. No health insurance
2. Too expensive/cannot afford
3. Don't understand the need to see a doctor
4. No transportation
5. Can't get in to see a physician

Which of the following does our county need in order to improve the health of our community? (Check the top three)

1. Job opportunities
2. Substance abuse services
3. Healthier food choices
4. Specialty physicians
5. Wellness services

What health screenings or education/information services are needed in our community? (Check the top three)

1. Substance abuse
2. Diabetes
3. High blood pressure
4. Mental health
5. Nutrition

What are the major health challenges that YOU face? (Check all that apply)

1. Overweight/obesity
2. Joint/back pain
3. High blood pressure
4. Diabetes
5. Dental/oral health

Which of the following preventative services have you had in the past 12 months? (Check all that apply)

1. Blood pressure check
2. Physical exam
3. Flu shot
4. Cholesterol screening
5. Vision screening



Do you follow these health practices?	Yes	No
If over 50, have you had a colonoscopy?	66%	34%
If over 50, do you have annual prostate exams?	35%	65%
If female over 40, do you have annual mammograms?	77%	23%
If female, do you have a pap smear every other year?	74%	26%
Do you get 2.5 hours exercise each week?	67%	33%
Do you get at least 7 hours sleep a night?	58%	42%
Do your make healthy meal choices?	49%	51%

## APPENDIX B - SURVEY RESULTS FOR SENIOR POPULATION

The top 5 responses from the Senior Community based on the following questions.

In your opinion, which of the following are the top three issues or concerns in our community? (Check three)

1. Drugs
2. Lack of jobs
3. Poor economy
4. Unemployment
5. Obesity

In your opinion, what do you think are the main reasons that keep people in our community from seeking medical treatment? (Choose the top three)

1. No health insurance
2. Too expensive/cannot afford
3. Don't understand the need to see a doctor
4. No transportation
5. Can't get in to see a physician

Which of the following does our county need in order to improve the health of our community? (Check the top three)

1. Job opportunities
2. Substance abuse services
3. Healthier food choices
4. Specialty physicians
5. Wellness services

What health screenings or education/information services are needed in our community? (Check the top three)

1. Diabetes
2. Mental health
3. Substance abuse
4. High blood pressure
5. Cancer

Which of the following preventative services have you had in the past 12 months? (Check all that apply)

1. Blood pressure check
2. Physical exam
3. Cholesterol screening
4. Flu shot
5. Vision screening

## MINORITY POPULATION (BLACK POPULATION)

The top 5 responses from the Senior Community based on the following questions.

In your opinion, which of the following are the top three issues or concerns in our community? (Check three)

1. Drugs
2. Lack of jobs
3. Unemployment
4. Obesity
5. Teen pregnancy

In your opinion, what do you think are the main reasons that keep people in our community from seeking medical treatment? (Choose the top three)

1. No health insurance
2. Too expensive/cannot afford
3. Don't understand the need to see a doctor
4. No transportation
5. Local doctors do not take their insurance

Which of the following does our county need in order to improve the health of our community? (Check the top three)

1. Job opportunities
2. Healthier food choices
3. Wellness services
4. Substance abuse services
5. Transportation

What health screenings or education/information services are needed in our community? (Check the top three)

1. High blood pressure
2. Diabetes
3. Cancer
4. Sexually transmitted diseases
5. Mental health

Which of the following preventative services have you had in the past 12 months? (Check all that apply)

1. Blood pressure check
2. Physical exam
3. Flu shot
4. Blood sugar check
5. Cholesterol screening

# ENDNOTES

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<sup>1</sup> <http://georgia.gov/cities-counties/Upson-county>

<sup>2</sup> U.S. Census Bureau, State and County Quick Facts, [www.census.gov](http://www.census.gov)

<sup>3</sup> U.S. Census Bureau, Rural and Urban Classification, [www.census.gov](http://www.census.gov)

<sup>4</sup> Upson County GA, <http://www.upsoncountyga.org/>

<sup>5</sup> U.S. Census Bureau. *On The Map*. <http://onthemap.ces.census.gov/>

<sup>6</sup> U.S. Census Bureau, American Fact Finder, Governor's Office of Planning and Budget

<sup>7</sup> Kaiser Family Foundation, Key Facts: Race, Ethnicity, and Medical Care, January 2007 update.

<sup>8</sup> Ibid.

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