

# 2013

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## Ty Cobb 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 Ty Cobb Regional Medical Center with a functioning tool that meets the Internal Revenue Service (IRS) guidelines published in Notice 2011-52 on July 7, 2011. The Community Health Needs Assessment report not only meets the guidelines of the Internal Revenue Service, but provides strategic insight for resource development, clinical development, and hospital networking and collaboration.

The results of the CHNA will guide the development of Ty Cobb 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 Franklin and Hart County.

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

## About the Area

Franklin County and Hart County are located in the northeastern part of Georgia. Franklin County has a population of 22,048 and is home to Ty Cobb Regional Medical Center, a 56 bed community hospital. Hart County borders Franklin County and has a population of 25,217.<sup>1</sup> The hospital has multiple locations throughout Franklin and Hart County. The surrounding areas in Franklin are diverse as far as population of rural and urban areas. Carnesville and Martin are less populated than Royston and Canon. The population distribution in Franklin County among rural and urban areas is 11.1 percent urban and 88.9 rural. In Hart County 25.5 percent of the population is urban and 74.5 percent is rural. Only .9 percent of Franklin County's land area is urban while 99.1 percent is rural. In Hart County 2.7 percent of the land is urban and 97.3 percent is rural.<sup>2</sup> The city of Hartwell is the most populated part of the County.

Franklin County's population is predicted to increase to 22,590 residents by 2015.<sup>3</sup> Hart County's population is predicted to increase to 25,851 by 2015. The percentage of residents aged 55 and older increased in both counties from 2000 to 2010. This increase identified an immediate need for delivery of healthcare that serves individuals with chronic conditions. The Hispanic population also increased, although this segment remained a small portion of the population.

## Condition of Health (Morbidity and Mortality)

The occurrence of a specific illness (morbidity) in a population can predict a trend for causes of death (mortality) in a population. In Franklin County for 2006-2010, cancer was the leading cause of death followed by heart disease, accidents, stroke, and chronic lower respiratory disease. In Hart for 2006-2010, cancer was the leading cause of death followed by heart disease, stroke, accidents, and chronic lower respiratory disease.

### CANCER

The most prevalent types of cancers can usually be detected the earliest, due to known risk factors. Cancer had higher death rates in the counties when compared to Georgia. There is a need for cancer prevention

programming in the counties due to the various modifiable risk factors. Lung cancer, for instance, had higher incidence rates in Franklin County compared to Georgia and the U.S. Cigarette, cigar, and pipe smoking were the leading risk factors for lung cancer.

## **HEART DISEASE AND STROKE**

Heart disease and stroke typically affect people age 65 and older. Heart disease was the number two leading cause of death in Franklin and Hart counties. The heart disease death rates in Franklin and Hart were significantly higher than the Georgia rate. Stroke was the fourth leading cause of death in Franklin County and the third leading cause of death in Hart County. The stroke rates for both counties were higher than the rate for both Georgia and the U.S. Stroke has similar modifiable risk factors to heart disease, and the two can be grouped together when developing community benefit implementation strategies.

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

Birth rates, infant mortality rates, and teen birth rates provide a snapshot of the overall health of a community. The birth rate in Franklin and Hart County was slightly lower than Georgia. The teen birth rates in Franklin and Hart counties were higher than in Georgia and the U.S. The infant mortality rates in Franklin County were higher than Hart County or Georgia.

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

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

## **SEXUALLY TRANSMITTED DISEASES**

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. In 2010, Franklin and Hart counties had lower rates of chlamydia than Georgia and the U.S. Gonorrhea rates in Franklin and Hart counties were also lower than the State and U.S. Chlamydia rates among Blacks were nine times the rate of Whites in Franklin County and 12 times the rate of Whites in Hart County.<sup>4</sup> Gonorrhea rates among Blacks were 30 times higher than the rate of Whites in Franklin County and 16 times higher in Hart County.<sup>5</sup> In Hart County, the human immunodeficiency virus (HIV) hospital discharge rate for Blacks was higher compared to Whites. There were too few cases in Franklin County to report a rate.<sup>6</sup> Community members cited teenage behaviors and lack of education as a key indicator for increased prevalence of STDs.

## **ACCESS TO CARE**

Access to healthcare is impacted by level of income, educational attainment, and insured status. In 2006-2010, Franklin County's population consisted of 20 percent of the population living in poverty. In Hart County 23 percent of the population lived in poverty. These rates were both higher than the State and national average.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In 2012, 24 percent of adults were uninsured in Franklin and Hart County. In 2010, 12 percent of children were uninsured in Georgia. Education also affects an individual's ability to access care. In 2006-2010, 75 percent of Franklin County residents and 72 percent of Hart County residents were High School graduates. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.<sup>7</sup>

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

## Community Prioritization of Needs

Based on information gathered from community meetings, stakeholder interviews, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data, the following health priorities were identified.

- Obesity and Diabetes
- Access to Care - Providers and Prevention
- Senior Health
- Access to Care - Transportation
- Mental and Behavioral Health
- Cancer
- Teen Birth Rate
- Heart Disease and Stroke
- Adolescent Lifestyle Including Alcohol, Tobacco, and Drugs

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

# THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

## 1. Forming the Hospital's Steering Committee

The Chief Financial Officer (CFO) of Ty Cobb Regional Medical Center developed the CHNA Hospital Steering Committee (CHSC). The CFO appointed the following individuals as participants on this committee.

Steve Barber	CHSC Chair, Vice President of Finance, Ty Cobb Healthcare System
Amy Bailey	MD, Family Practice, Carnesville Family Practice
Mela Banks	Director, Utilization Review, Ty Cobb Healthcare System
Marsha Beck	Administrator, Brown Memorial Convalescent Center, Ty Cobb Healthcare System
Robin Carson	Manager, Homebase Health, Ty Cobb Healthcare System
Matt McRee	Chief Operating Officer & Vice President of Communications, Ty Cobb Healthcare System
Evelyn Murphy	Chief Nursing Officer, Ty Cobb Regional Medical Center
Lauren Papka	Chief Administrative Officer, Ty Cobb Healthcare System
Janet Schell	Risk Management Officer, Ty Cobb Healthcare System
Leslie Stone	Nurse Manager-Emergency Services, Ty Cobb Regional Medical Center
Ken Watkins	Coordinator Franklin County Family Connection, Vice Chair Region 2

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. Franklin and Hart County were 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 represented medically-underserved populations, low income populations, minority populations, and populations with chronic diseases were included.

## 4. Identifying and Engaging Community Stakeholders

Community stakeholders, also called key informants, are people invested or interested in the work of the hospital, people who have special knowledge of health issues, people important to the success of any hospital or health project, or are formal or informal community leaders. The hospital identified over 60 community members to participate in the CHNA process.

## 5. Community Health Profile

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

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

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

## 6. Community Input

Two-hour community health input meetings (community meetings) and one-hour community stakeholder interviews (stakeholder interviews) were essential parts of the CHNA process. Three community meetings and 15 stakeholder interviews were conducted in order to obtain the community's input into the health needs of Franklin and Hart County.

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

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

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

## 7. Hospital Prioritization of Needs

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



## Description of Major Data Sources

### Bureau of Labor and Statistics

The Bureau of Labor and Statistics manages a program called *Local Area Unemployment Statistics (LAUS)*. LAUS produces monthly and annual employment, unemployment, and labor force data for census regions, divisions, states, County, 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 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 CDC publishes data that is collected by various surveillance and monitoring projects including:

- » National Vital Statistics System: collects and disseminates vital statistics (births, deaths, marriages, fetal deaths). For more information, go to [www.cdc.gov/nchs/nvss.htm](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 services surveys. For more information, go to [www.cdc.gov/std/stats10/app-interpret.htm](http://www.cdc.gov/std/stats10/app-interpret.htm).

### County Health Rankings

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

### Georgia Department of Public Health

The Georgia Department of Public Health manages a system called the Online Analytical Statistical Information System (OASIS). OASIS is currently populated with Vital Statistics (births, deaths, infant deaths, fetal deaths, and induced terminations), Georgia Comprehensive Cancer Registry, Hospital Discharge, Emergency Room Visit, Arboviral Surveillance, Risk Behavior Surveys (Youth Risk Behavior Survey s(YRBS), Behavioral Risk Factor

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

### Healthy People 2020

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

## Information Gaps and Process Challenges

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 differences are carefully noted.

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

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

# ABOUT FRANKLIN COUNTY AND HART COUNTY

Franklin and Hart counties are located in the northeastern part of Georgia.<sup>8</sup> Franklin County has a total land area of 262 square miles, while Hart County's land area is 232 square miles.<sup>9</sup> According to the 2010 U.S. Census, there were 22,048 residents in Franklin County and 25,217 in Hart County.<sup>10</sup> There is one hospital in Franklin County (Ty Cobb Regional Medical Center). The main hospital's campus is located in the city of Lavonia.

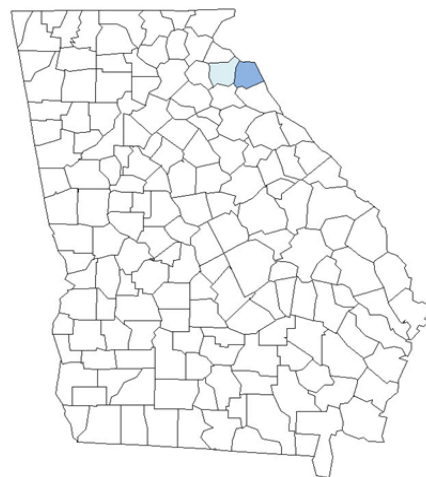


Image Source: MapViewer

2010 Population of Cities	
<b>Franklin County</b>	
Canon	804
Carnesville	577
Franklin Springs	952
Lavonia	2,156
Martin	381
Royston	2,582
<b>Hart County</b>	
Bowersville	465
Hartwell	4,469

Data Source: U.S. Census

Franklin County includes the cities and towns of Canon, Carnesville, Franklin Springs, Lavonia, Martin, and Royston. Hart County includes the cities and towns of Bowersville and Hartwell. The population distribution in Franklin County is 11.1 percent urban and 88.9 percent rural. In Hart County, 25.5 percent of the population is urban and 74.5 percent is rural. Nearly 90 percent of Franklin County's land area is rural while 10 percent is urban. Hart County's land area is only 2 percent urban and 98 percent rural.<sup>11</sup>

There are a total of two state parks located in Franklin County, Victoria Bryant State Park and Tugaloo State Park. Hart County is home to Hart State Park and the Lake Hartwell Dam.

Franklin County leads Georgia in poultry production and has the largest livestock market in the State.<sup>12</sup> Lake Hartwell is a major tourist attraction in Hart County.<sup>13</sup>

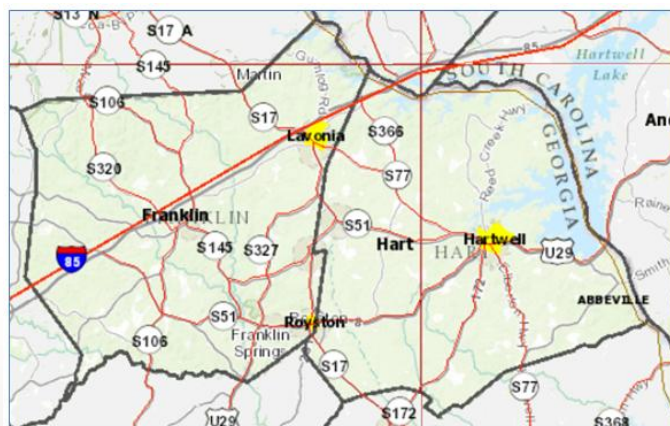
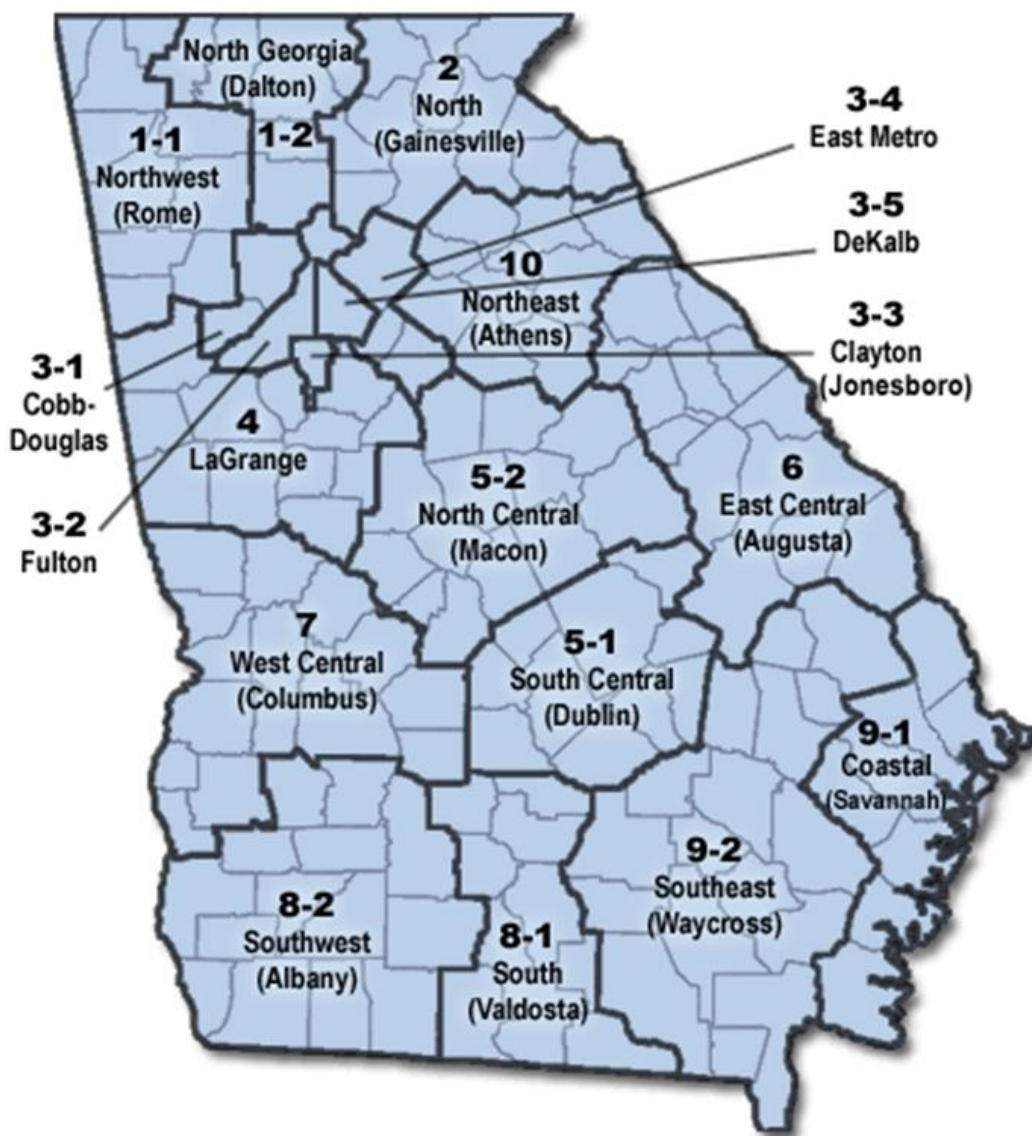


Image Source: ArcGIS, Live Healthy Georgia

## Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Franklin and Hart counties are located in District 2-0 which is also referred to as North 2-0. This district includes Franklin County, Hart County, Banks County, Dawson County, Forsyth County, Habersham County, Hall County, Lumpkin County, Rabun County, Stephens County, Towns County, Union County, and White County.



Source: Georgia Department of Community Health



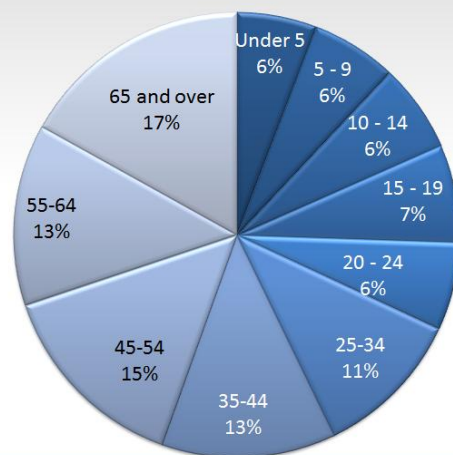
## Demographics

### Population Profile

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

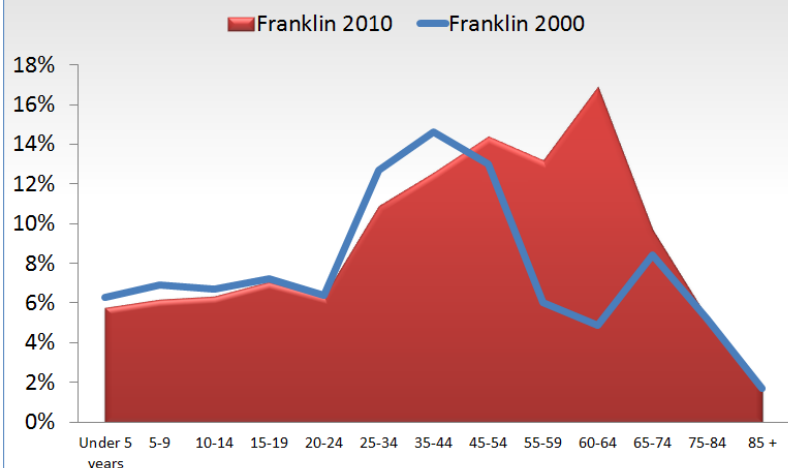
According to the 2010 U.S. Census, 17 percent of Franklin County's population was age 65 and over. In Georgia, the average percentage of the population age 65 or older was 10.7 percent compared to 13.1 percent for the U.S.

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



Data Source: U.S. Census

**Population Percentages by Age Groups  
Franklin County**

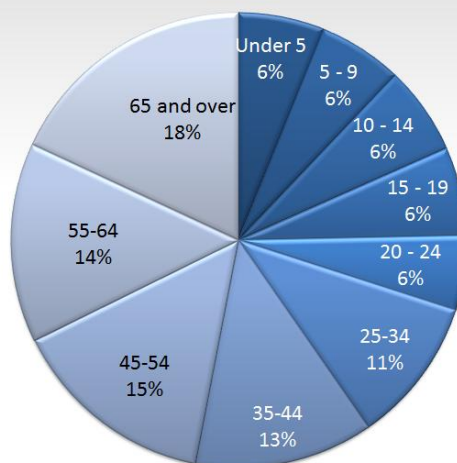


Data Source: U.S. Census

Comparing Franklin County's population percentage by age groups from 2000 to 2010, it is apparent that the population is aging. The age group of 55 and older increased dramatically from 2000 (26.2 percent) to 2010 (47 percent). Growth in the number of residents aged 55 and older will have significant impacts on delivery of healthcare within the County.

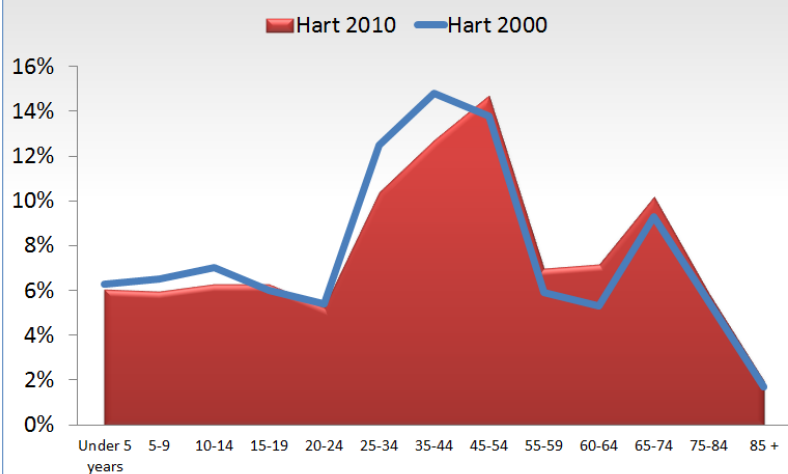
According to the 2010 U.S. Census, 18 percent of Hart County's population was age 65 and over. In Georgia, the average percentage of the population age 65 or older was 10.7 percent compared to 13.1 percent for the U.S.

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



Data Source: U.S. Census

**Population Percentages by Age Groups  
Hart County**



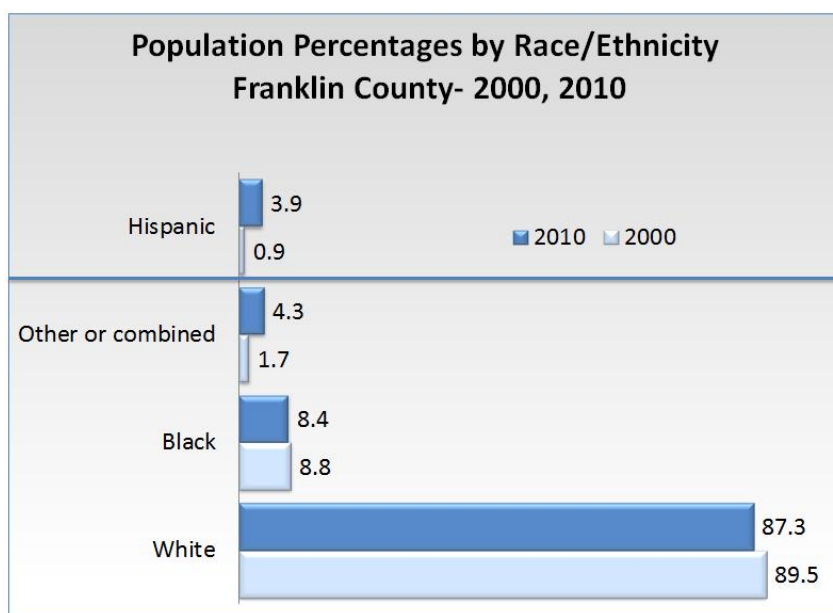
Data Source: U.S. Census

In Hart County, the age group of 55 and older increased from 2000 (27.7 percent) to 2010 (32.3 percent). Growth in the number of residents aged 55 and older will have significant impacts on the delivery of healthcare within the County.

## Race and Ethnicity Profile

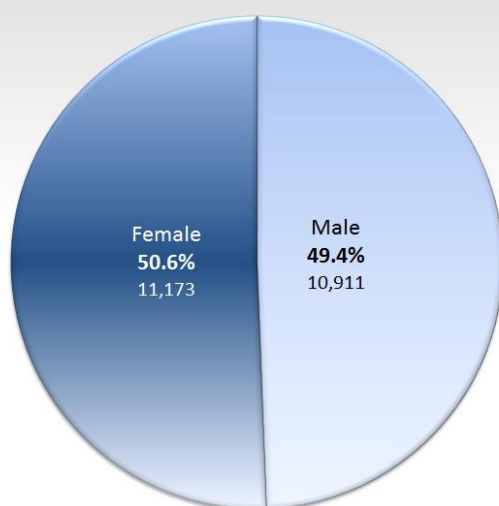
There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.<sup>14</sup> Although low income disparities 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>15</sup> By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.<sup>16</sup>

According to 2010 U.S. Census, Franklin County's population was 87.3 percent White, 8.4 percent Black, and 3.9 percent Hispanic. In 2010, the Hispanic population, although small, was four times the percentage in 2000.



Data Source: U.S. Census

**Population Percentages by Sex, 2010  
Franklin County**

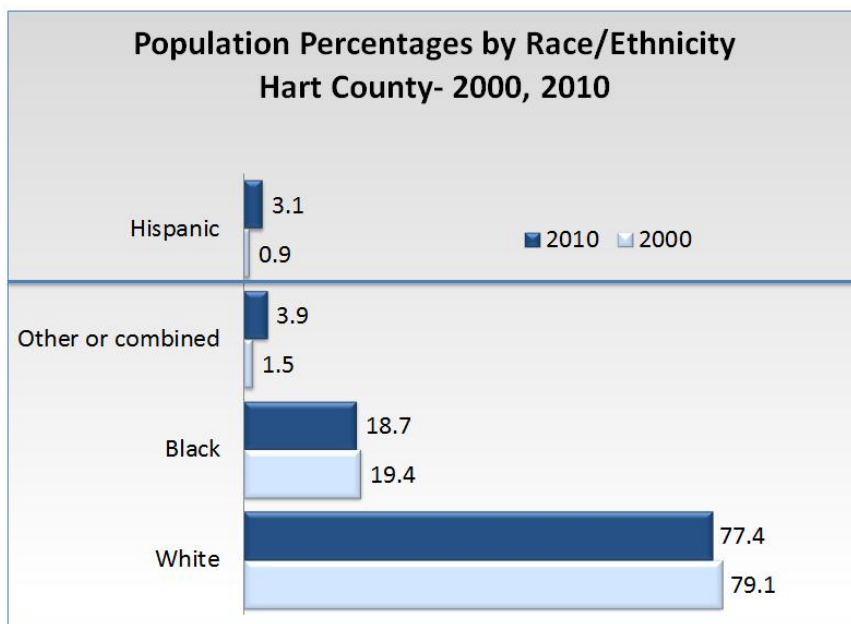


Data Source: U.S. Census

The percentage of females in Franklin County was slightly higher at 50.6 percent compared to males at 49.4 percent.

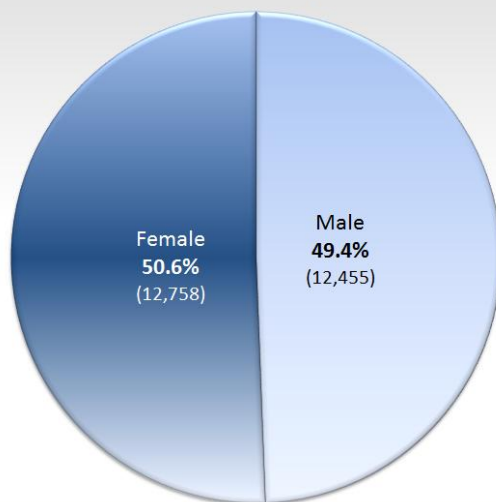


According to 2010 U.S. Census, Hart County's population was 77.4 percent White, 18.7 percent Black, and 3.1 percent Hispanic. In 2010, the Hispanic population, although small, was three times the percentage in 2000.



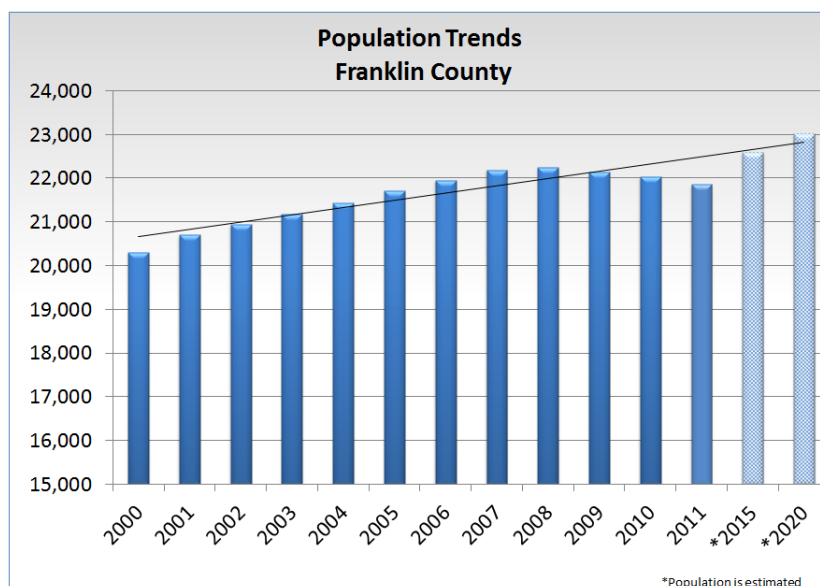
Data Source: U.S. Census

### Population Percentages by Sex, 2010 Hart County



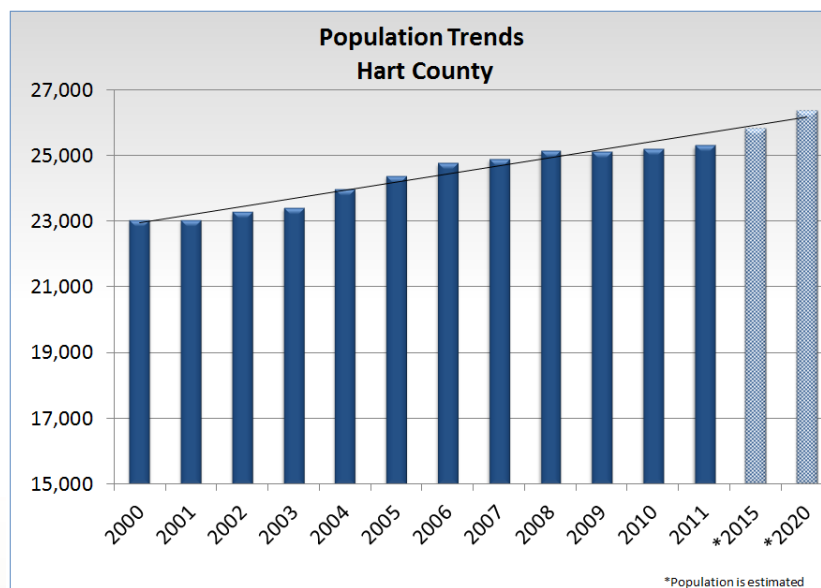
Data Source: U.S. Census

The percentage of females in Hart County was slightly higher at 50.6 percent compared to males at 49.4 percent.



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

In 2010, Franklin County's resident population was 22,048, and Hart County's resident population was 25,217. Franklin County's population is predicted to increase to 22,590 in 2015 and 23,024 in 2020.<sup>17</sup> Hart County's population is predicted to increase to 25,851 in 2015 and 26,389 in 2020.



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

## COMMUNITY INPUT

### About Franklin County and Hart County

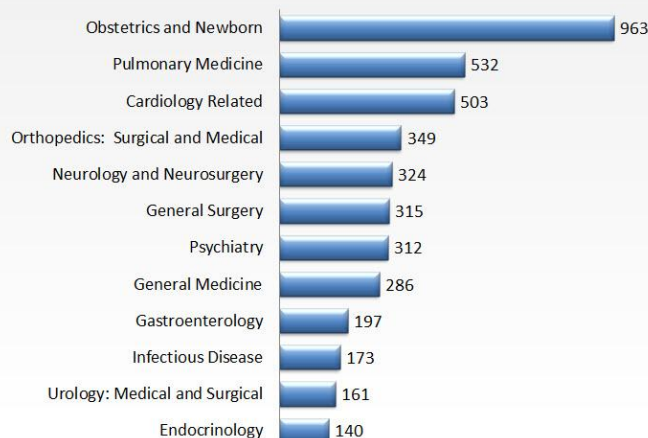
- » The major industry in the area is automotive.
- » A large proportion of the population is still on well water, so there is no fluoride supplement to prevent cavities.
- » Franklin County and Hart County use to be textile communities 10-20 years ago.
- » Lavonia and Royston have a larger Hispanic population.
- » Both Hart and Franklin counties have a very rural landscape.
- » There is a language barrier. There have been a lot of Hispanics and Asians moving into the community.

# MORBIDITY AND MORTALITY

## Hospitalization and Emergency Room Visits

The leading cause of hospitalizations among Franklin and Hart counties' residents were related to obstetrics and newborn service lines. Other top causes were related to pulmonary, cardiology, orthopedics, and neurology. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked number one among the leading causes of death for Franklin and Hart County residents.

**Top Reasons for Inpatient Hospitalizations by Service Line**  
**Residents of Franklin and Hart Counties – Any Hospital**  
April 1, 2012 – March 31, 2013 (Q2 2012-Q1 2013)



Data Source: Georgia Hospital Association, HERMES Database

### Common Ambulatory Care Sensitive Conditions

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

Three of the top reasons for inpatient hospitalizations by service line (cardiology, pulmonary, and endocrine) are related to “Common Ambulatory Sensitive Conditions.” These are conditions in which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

The top fifteen reasons for Franklin and Hart counties' residents visiting an emergency department from April 1, 2012 through March 31, 2013 were superficial injury, contusion, sprains and strains, other upper respiratory infections, abdominal pain, nonspecific chest pain, headache, including migraine, spondylosis, skin and subcutaneous tissue infections, open wounds of extremities, urinary tract infections, other nervous system disorder, chronic obstructive pulmonary disease and bronchiectasis, other lower respiratory disease, noninfectious gastroenteritis, and allergic reactions. According to hospital staff, many of these visits are considered as nonemergency 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 Residents of Franklin and Hart Counties (Any Hospital)	
April 1, 2012 - March 31, 2013 (Q2 2012 - Q1 2013)	
1	Superficial injury, contusion
2	Sprains and strains
3	Other upper respiratory infections
4	Abdominal Pain
5	Nonspecific chest pain
6	Headache, including migraine
7	Spondylosis, intervertebral disc disorders, other back problems
8	Skin and subcutaneous tissue infections
9	Open wounds of extremities
10	Urinary tract infections
11	Other nervous system disorders
12	Chronic obstructive pulmonary disease and bronchiectasis
13	Other lower respiratory disease
14	Noninfectious gastroenteritis
15	Allergic reactions

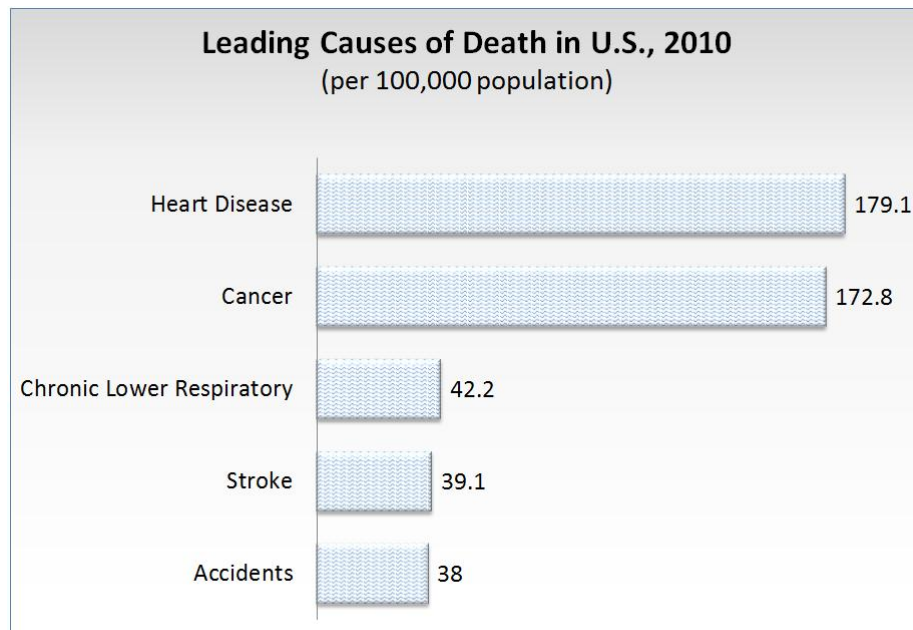
Data Source: Georgia Hospital Association, HERMES Database

## COMMUNITY INPUT

### Hospitalizations and Emergency Room Visits

- » There are seven ambulances staffed in Hart County.
- » There are a lot of individuals in Hart County that are not sick enough for ambulance service, but use it anyway.
- » A lot of people in the community use the ER for medical care.
- » If you do not have insurance, you go to the ER.
- » The ER is used frequently to help stabilize patients going through drug or alcohol withdrawal.

## Leading Causes of Death

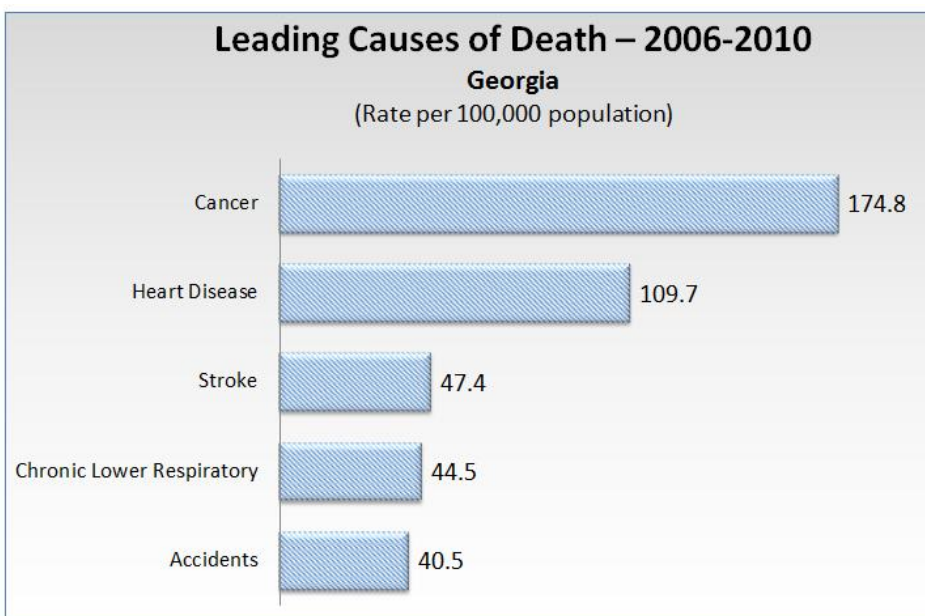


The leading causes of death in the U.S. in 2010 were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents. Heart disease and cancer rates were four times higher than other diseases.

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

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

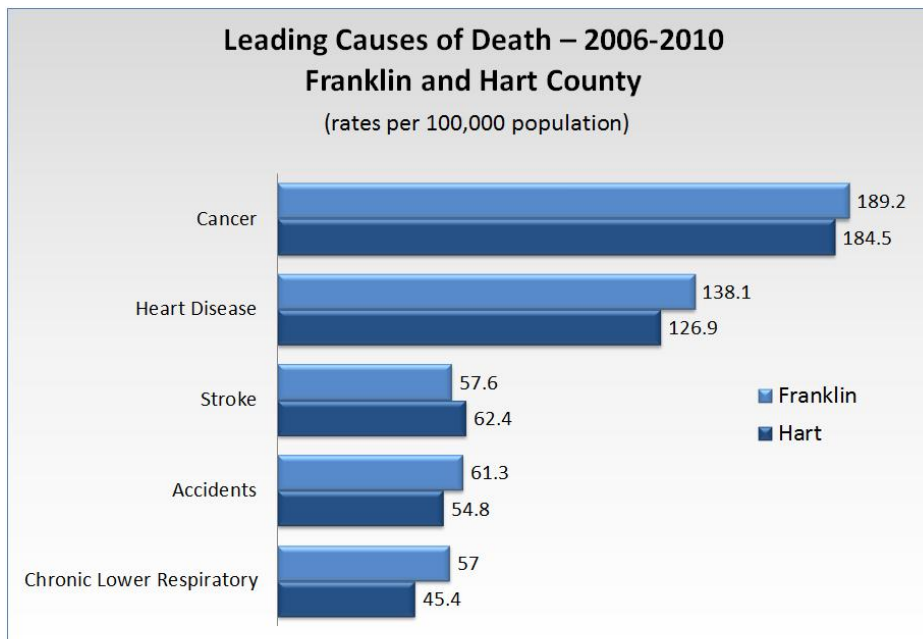
**Note:** When comparing heart disease rates, please note that the Georgia heart disease rate includes fewer categories than the National rates. This difference may result in the Georgia rates appearing lower than the U.S. rates.



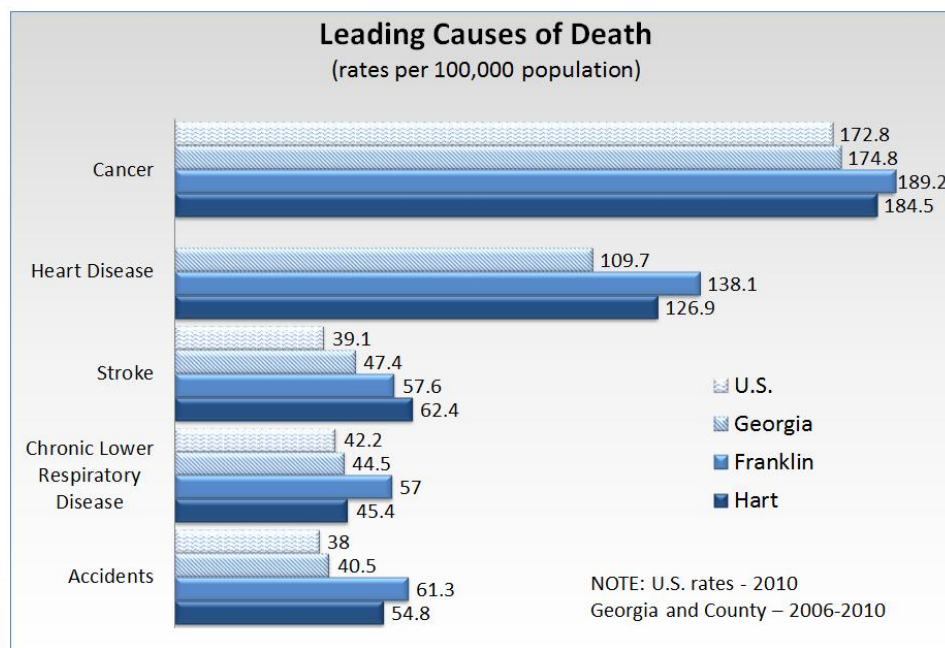
Data Source: OASIS, Georgia Department of Public Health

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

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



Data Source: OASIS, Georgia Department of Public Health



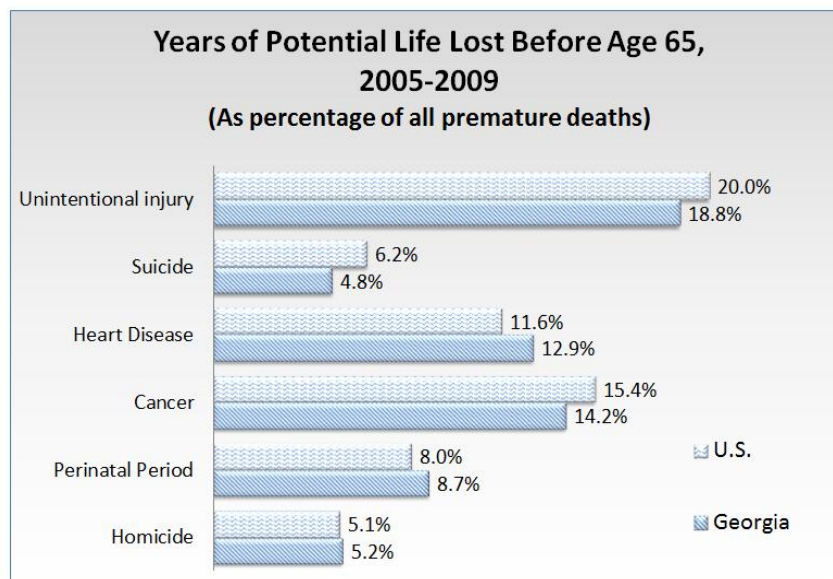
Data Source: OASIS, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B.

The leading causes of death in Franklin and Hart counties were higher in all categories compared to the Georgia and U.S. rates. (Please refer to note on page 22 regarding heart disease rates).



## Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2005-2009, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Suicide, heart disease, and cancer were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.<sup>18</sup> YPLL statistics at the County level were unavailable for this report.



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

Years Potential Life Lost – Georgia Residents Gender and Race/Ethnicity – 2005 - 2009					
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 27.0%	Unintentional injuries 20.1%	Heart disease 15.3%	Cancer 16.1%	Unintentional injuries 33.0%	Unintentional injuries 18.9%
Heart disease 14%	Cancer 19.7%	Unintentional injuries 13.1%	Heart disease 13.3%	Heart Disease 12.7%	Cancer 16.6%
Cancer 12.4%	Heart disease 10.1%	Cancer 10.7%	Unintentional injuries 12.4%	Perinatal period 8.5%	Perinatal period 9.7%

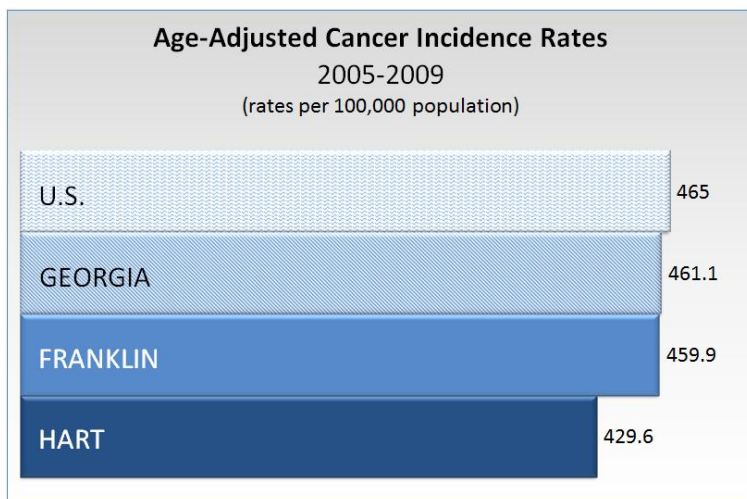
Data Source: Centers for Disease Control, WISQARS YPLL Report



# Cancer

## HEALTHY PEOPLE 2020 REFERENCE - C

Cancer is the second leading cause of death in the United States after heart disease. From 1999 to 2009, cancer prevalence rates increased among women 45 years of age and above and among men 75 years of age and above.<sup>19</sup> The five most common cancers among Georgia males are prostate, lung, colon and rectum, bladder, and melanoma. The five most common cancers among Georgia females are breast, lung, colon and rectum, uterus, and ovary.<sup>20</sup>



Data Source: National Cancer Institute, State Cancer Profiles

In both Franklin and Hart counties, the cancer incidence rate was lower than the State and the U.S.

## Why Is Cancer Important?

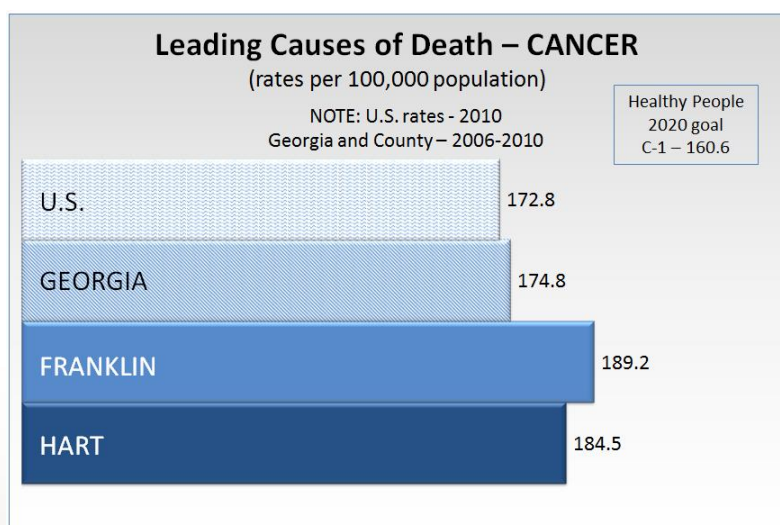
Many cancers are preventable by reducing risk factors such as:

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

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

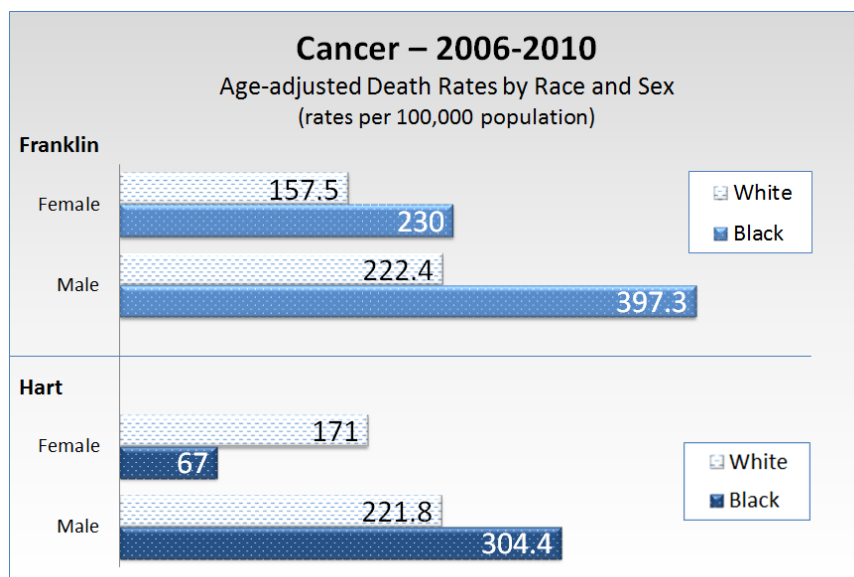
- » Breast cancer (using mammography)
- » Cervical cancer (using Pap tests)
- » Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

*Healthy People 2020*



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

In Franklin and Hart counties, the cancer death rate was higher than Georgia and the U.S.



Data Source: OASIS, Georgia Department of Public Health

Age-adjusted cancer death rates in Franklin were higher among Black females than White females. This was also evident among the male population. In Hart County, White females had a higher death rate than Black females, and Black males had a higher death rate than White males.

According to the Georgia Department of Human Resources, Division of Public Health, the burden of cancer can be significantly reduced by appropriate use of mammography, colorectal screening, and early detection examinations. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.<sup>21</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

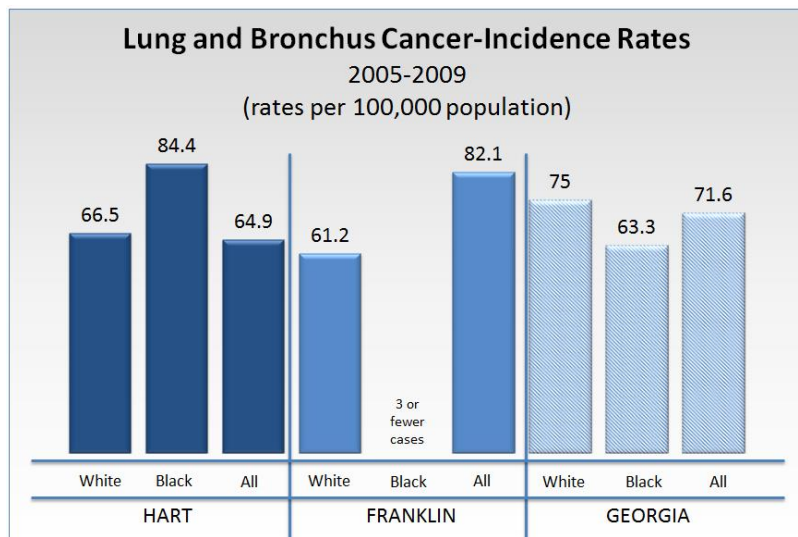


Data Source: Major avoidable risk factors of cancer, Aichi Cancer Center Research Institute

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 15 percent of cancer diagnoses in the U.S. Lung cancer accounts for more deaths than any other cancer in men and women. More women die from lung cancer than breast cancer.<sup>22</sup>



Data Source: National Cancer Institute, State Cancer Profiles

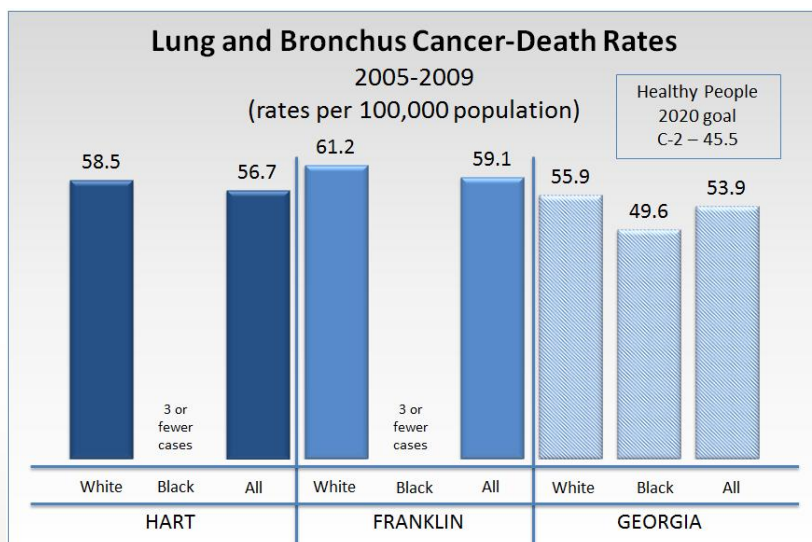
Lung cancer **incidence** rates were higher in Franklin County than in Hart County and Georgia. Blacks had a higher **incidence** rate than Whites in Hart County.

Lung cancer is the first leading cause of cancer **death** among both males and females in Georgia.<sup>23</sup> According to data published from the National Cancer Institute, lung cancer **incidence** rates for males in Franklin and Hart counties were nearly double the rate of females.<sup>24</sup>

**Lung Cancer Incidence Rates 2005-2009**  
(rates per 100,000 population)

	Male	Female
Franklin	111.9	60.8
Hart	90.8	45.9

Data Source: National Cancer Institute

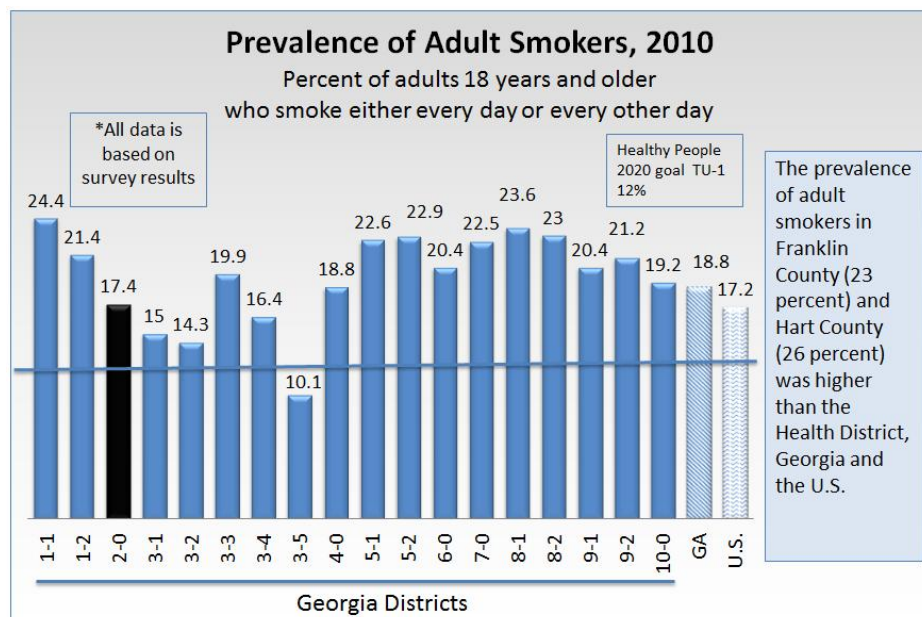


Data Source: National Cancer Institute, State Cancer Profiles

The overall lung cancer **death** rates in Franklin and Hart counties were higher than the Georgia rate. There were too few cases of deaths to report a rate among Blacks in Franklin and Hart counties.

## RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The longer and more often one smokes, the greater the risk.<sup>25</sup>



Data Sources: Georgia BRFSS, 2010, Centers for Disease Control BRFSS 2010

## Colon and Rectum Cancer

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of all cancer deaths in 2010 were from colorectal cancer. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.<sup>26</sup> Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups.<sup>27</sup>

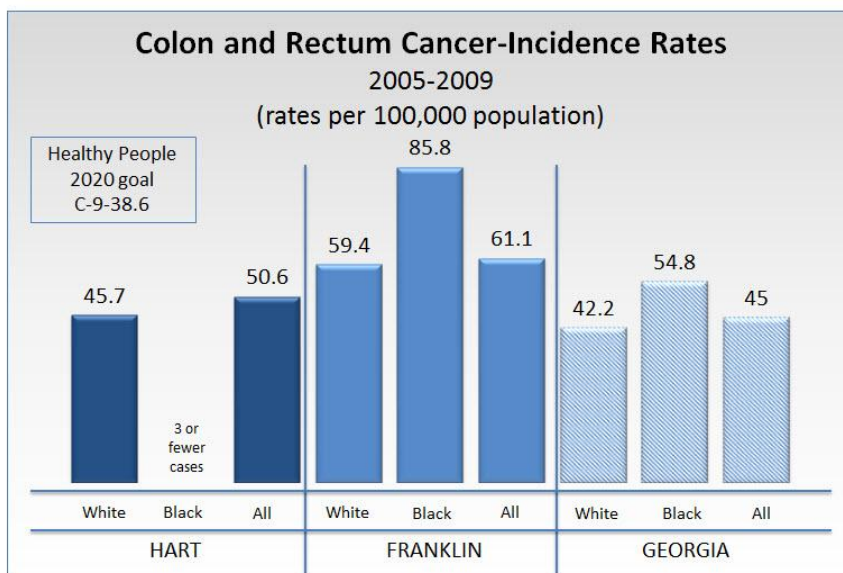
Colon and Rectum Cancer Incidence 2005-2009 (rates per 100,000 population)		
	Male	Female
Franklin	72	52.4
Hart	66	39.9

Data Source: National Cancer Institute

Overall, males had a higher colon and rectum cancer incidence compared to females.

Male and female colon and rectum cancer incidence rates were lower in Hart County compared to Franklin County.

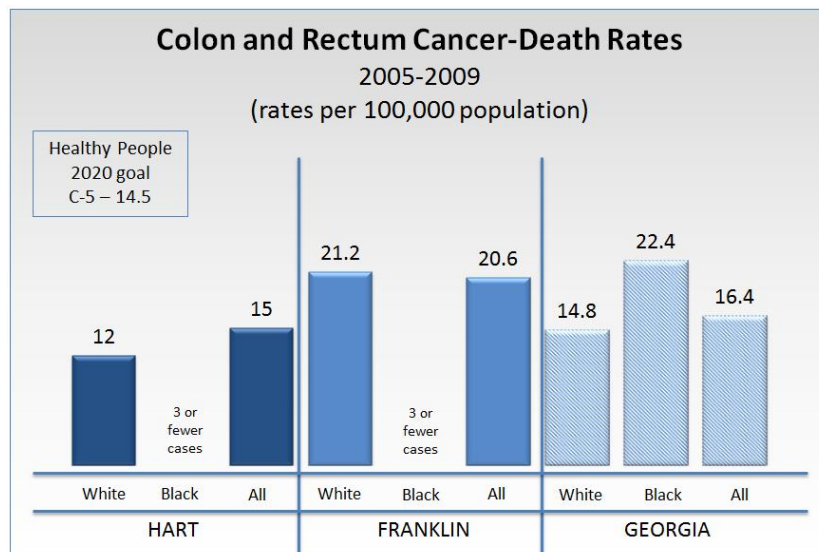
The Hart County colon and rectum cancer incidence rate (50.6 per 100,000 population) was lower than Franklin County (61.1 per 100,000 population), but higher than the State (45 per 100,000 population). The Franklin County Black population had the highest incidence rate (85.8 per 100,000 population) out of all the population groups.



Data Source: National Cancer Institute, State Cancer Profiles



The **death** rate in Hart County was lower than the State rate. The **death** rate in Franklin County was higher than the State. In both Franklin and Hart counties, Blacks had too few cases of deaths to report a death rate.



## RISK FACTORS

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

- » Obesity
- » Physical inactivity
- » Diet high in red or processed meat
- » Heavy alcohol consumption, and
- » Long-term smoking<sup>28</sup>

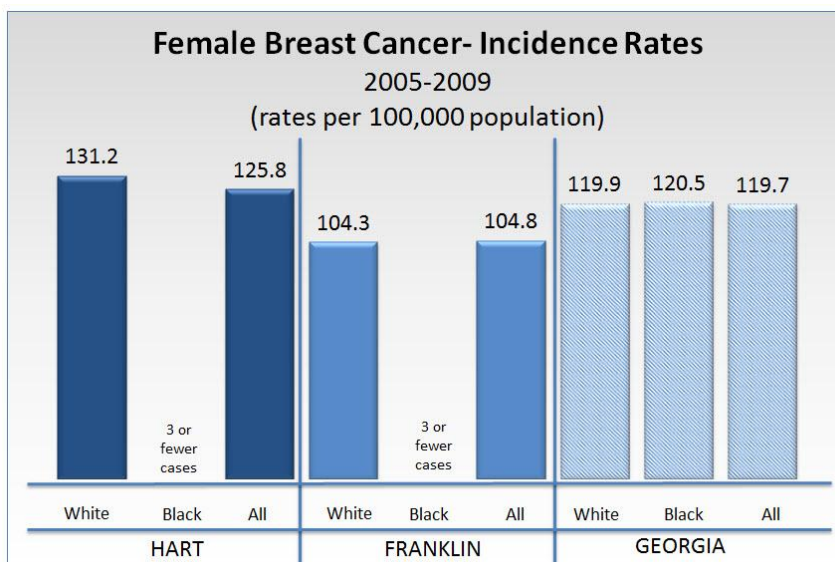
## EARLY DETECTION

Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.<sup>29</sup> The U.S. Preventive Services Task force recommends that adults 50-75 years of age undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.<sup>30</sup>

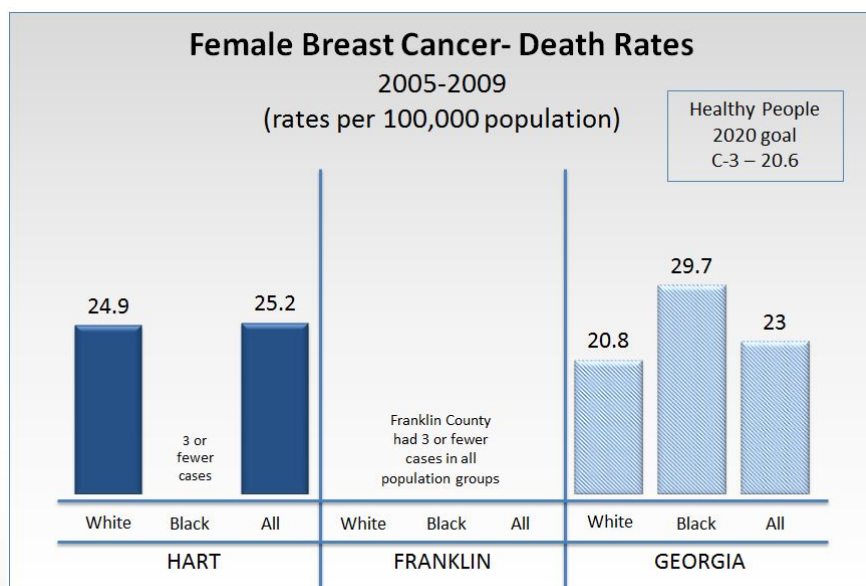
## Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Female breast cancer death rates have decreased since 1990. This decrease is due to earlier detection and improved treatment.<sup>31</sup>

The breast cancer **incidence** rate in Hart County was higher than Franklin County and Georgia. In both Franklin and Hart County, Black females had too few cases of breast cancer to report an incidence rate.



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

Franklin County had too few cases to report a female breast cancer **death** rate. The **death** rate was higher in Hart County than the State.

## RISK FACTORS

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

- » Weight gain after age 18
- » Being overweight or obese
- » Use of hormones
- » Physical inactivity
- » Consumption of one or more alcoholic drinks per day

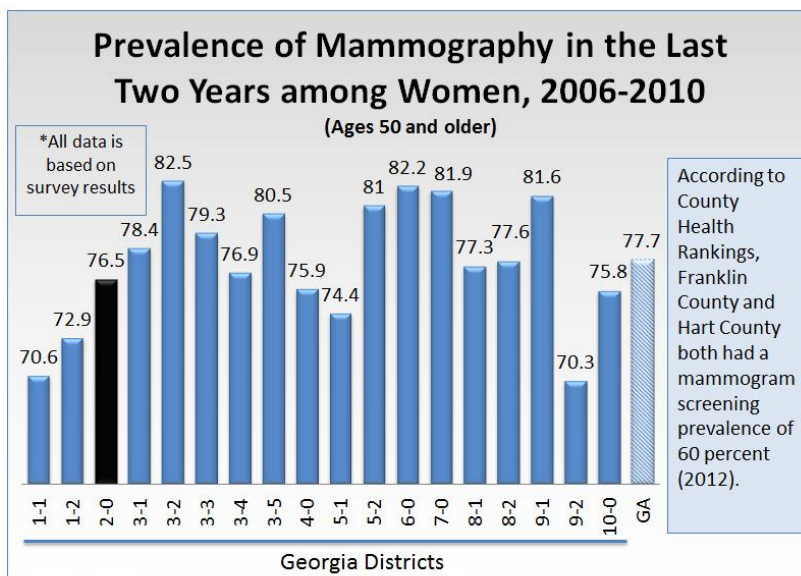
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight<sup>32</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 about 80-90 percent of breast cancers in women without symptoms.<sup>33</sup>

The percentage of women receiving a breast cancer screening (mammography) was slightly lower in Health District 2-0 than the State average. Franklin and Hart counties (both 60 percent) were significantly lower than the State and Health District average.



Data Source: OASIS, Georgia Department of Public Health



## Prostate Cancer

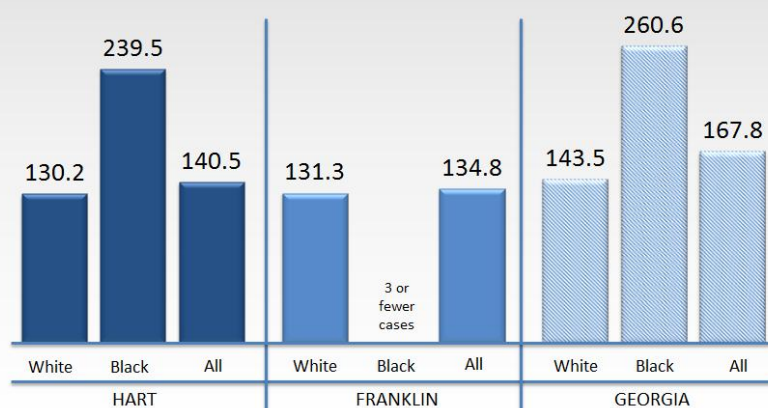
Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second most deadly cancer for males. Prostate cancer incidence and death rates are higher among Black men.<sup>34</sup>

Franklin and Hart counties had lower **incidence** rates of prostate cancer compared to the State rate.

**Incidence** rates among Black males were higher than White males, except in Franklin County, where there were too few cases to report a rate.

### Prostate Cancer Incidence Rates

2005-2009  
(rates per 100,000 persons)

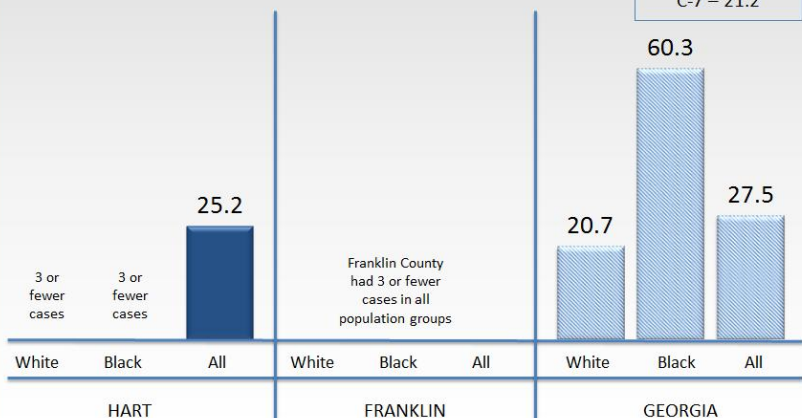


Data Source: National Cancer Institute, State Cancer Profiles

### Prostate Cancer Death Rates

2005-2009  
(rates per 100,000 persons)

Healthy People  
2020 goal  
C-7 – 21.2



Data Source: National Cancer Institute, State Cancer Profiles

Franklin County had too few cases to report a **death** rate. The Hart County **death** rate was lower than the State rate.

Although the **death** rates among Blacks in both counties were too few to report, there is a disparity of prostate cancer deaths among Blacks at the State level.

## *RISK FACTORS*

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

- » Age
- » Ethnicity
- » Family history of prostate cancer<sup>35</sup>

## *EARLY DETECTION*

Prostate-specific antigen testing of the blood permits the early detection of prostate cancer before symptoms develop. In March 2010, The American Cancer Society released updated screening guidelines. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. Therefore, the revised guidelines recommend that men have the opportunity to make “informed decisions” with their provider about whether to be screened.<sup>36</sup>

## COMMUNITY INPUT

### Cancer

- » Cancer is very prevalent in Hart County.
- » There is a need for an American Cancer Society program called "Road to Recovery." This program provides transportation for cancer patients that do not have cars and need assistance getting to cancer treatment appointments.
- » There is a lack of nearby resources for cancer treatment.
- » There is a need for more screenings and prevention about cancer.
- » There are a lot of cultures where a stigma exists if you have a disease like cancer.
- » There is a mobile mammography unit in the community but no one seems to take advantage of the service.
- » Prostate cancer is a major issue because men do not go get screened.
- » There is a need for a cancer treatment center.
- » Chicken farming makes people more susceptible to cancer.
- » There is not enough screening and prevention occurring.
- » Royston Diagnostics provides mammograms for \$10 in October.

## COMMUNITY INPUT

### Cancer

- » The cancer rate in Franklin County is very high.
- » We are in a culture that focuses on the next pill to solve the problem (cancer), instead of preventing the problem.
- » The physician needs to have a more focused mentality about educating patients on prevention, instead of a focus on solely treating patients.
- » Screenings need to be done on a regular basis. This is difficult when people have to travel far to access certain screenings.
- » Cancer rates have always been high in Franklin County. Could it be the environment?
- » Chicken houses can be linked to the cancer prevalence.
- » There seems to be a prevalence of colon cancer occurring in a younger population in Franklin County.
- » There is a major fear of getting screened for colon cancer.
- » Colonoscopy consultations are not available in the community, but the procedure is available at the hospital.
- » Genetics is one of the leading risk factors for cancer.

## Heart Disease and Stroke

### HEALTHY PEOPLE 2020 REFERENCE - HDS

#### HEART DISEASE

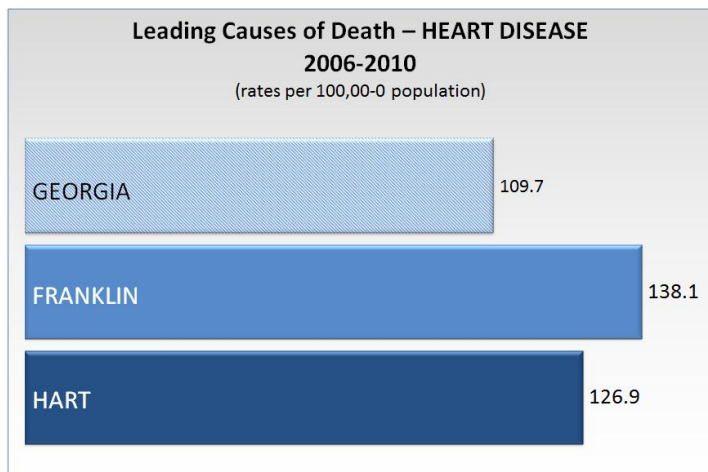
In 2010, heart disease was the first leading cause of death in the United States (24 percent of all deaths), followed by cancer (23 percent of all deaths).<sup>37</sup>

The majority of heart disease deaths were among people 65 years of age and older. The rates of heart disease were similar for men and women less than 65 years of age. Among older adults, 65 years of age and over, there was a higher prevalence rate for men than women. Heart disease prevalence rates showed little change from 1999 to 2009; however, during the period 1999 to 2007, age-adjusted death rates from heart disease declined by 28 percent.<sup>38</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.*

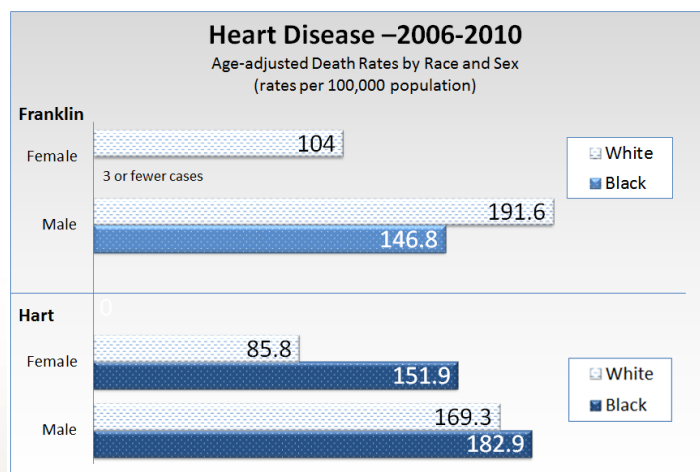
**Healthy People 2020**



Data Source: OASIS, Georgia Department of Public Health

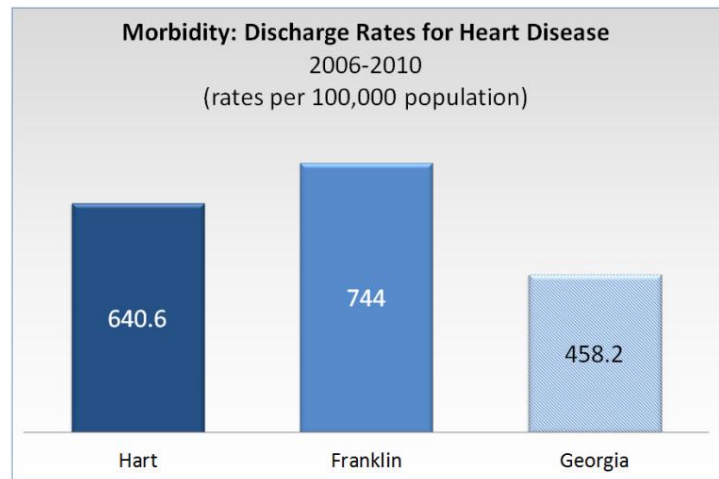
Compiled data from 2006-2010 indicated that the Franklin and Hart counties death rates from heart disease were 138.1 and 126.9 per 100,000 population, respectively. Both rates were significantly higher than the Georgia rate of 109.7 per 100,000 population.

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



Data Source: OASIS, Georgia Department of Public Health

The hospital discharge rate for heart disease was higher in both Hart and Franklin counties compared to Georgia.



Data Source: OASIS, Georgia Department of Public Health

## MODIFIABLE RISK FACTORS

According to the 2006-2010 Behavioral Risk Factor Surveillance System (BRFSS), the following risk factors were noted in Health District 2-0.<sup>39</sup>

Percentage of Population Reporting Risk 2006-2010		
Risk Factor:	District 2-0	Georgia
Diabetes	8.8	9.5
Obesity	24.9	27.6
Physical Inactivity	20.8	23.9
Smoking	17.4	18.8

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

## Cardiovascular Disease

### Modifiable Risk Factors

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



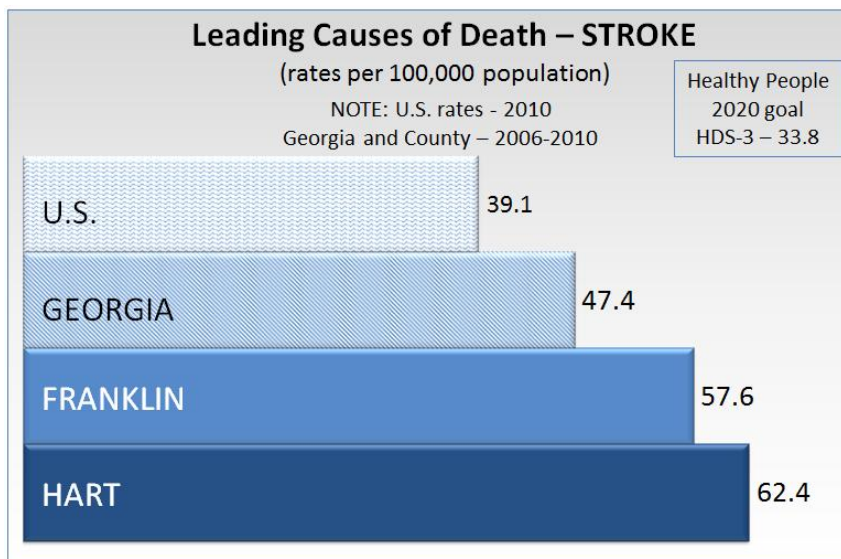
Data Source: American Heart Association

## STROKE

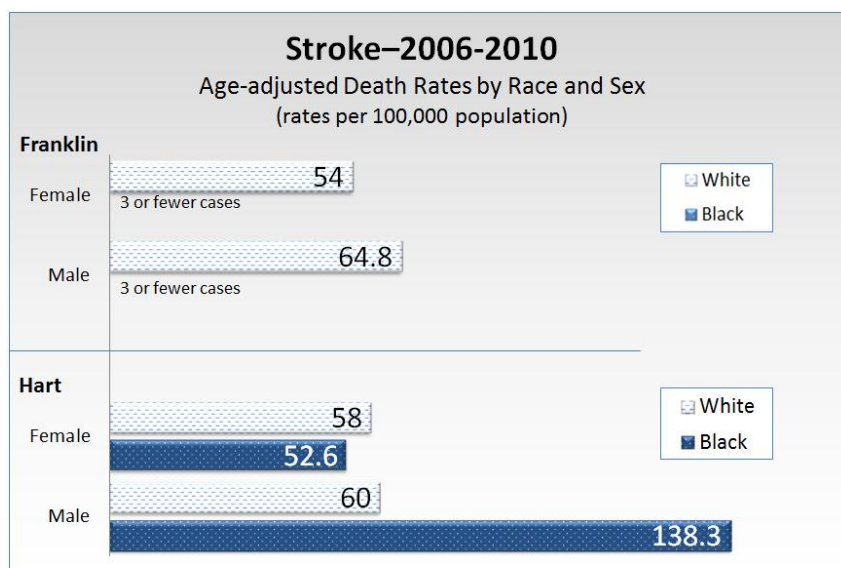
Cerebrovascular disease (stroke) was the third leading cause of death in the United States. Strokes were also the third leading cause of death in Hart County and Georgia, but the fourth leading cause in Franklin County.

The stroke **death** rate was higher in Franklin and Hart counties compared to Georgia and the U.S.

The Healthy People 2020 goal is to reduce stroke deaths to 33.8 per 100,000 population.<sup>40</sup>

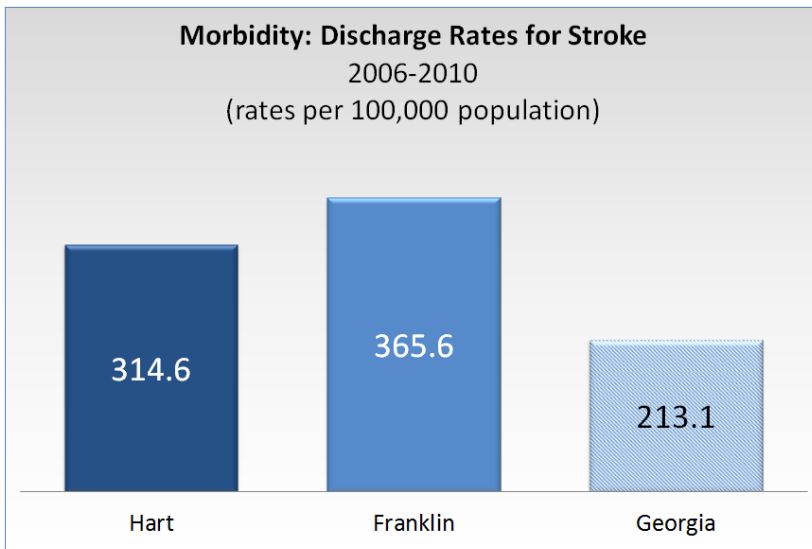


Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B, Preliminary 2010.



Data Source: OASIS, Georgia Department of Public Health

The stroke **deaths** among Blacks in Franklin County were too few to report a rate. In Hart County, Black males had a **death** rate over twice the rate of White males. The reportable rates among all population groups were higher than the Healthy People 2020 goal of 33.8 per 100,000 population.<sup>41</sup>



Data Source: OASIS, Georgia Department of Public Health

The hospital discharge rates were higher in both Franklin and Hart counties compared to Georgia.

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

## Stroke

### Modifiable risk factors

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



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

## COMMUNITY INPUT

### Heart Disease and Stroke

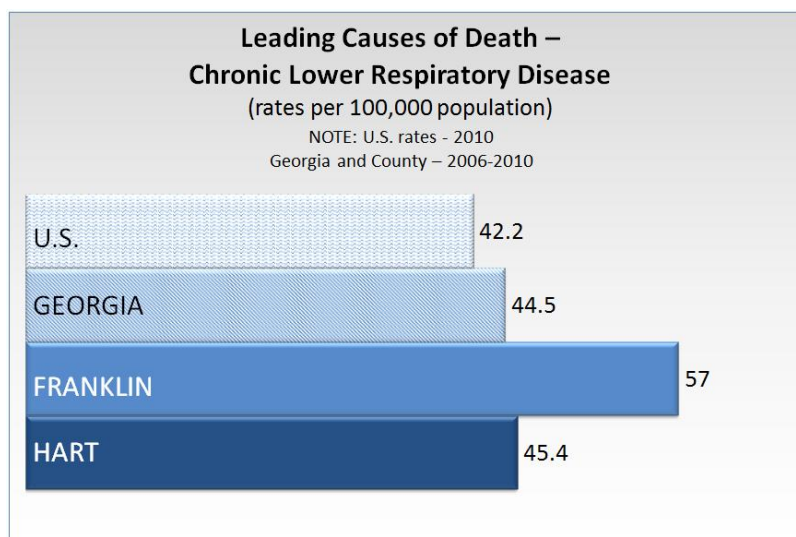
- » Most Hart County residents go to Anderson or Athens for specialized cardiac care.
- » In the last seven years there seems to be more walking occurring in the community to prevent heart disease.
- » Heart failure conditions are very common among the home healthcare patient population. This patient is difficult to care for because they lack access to convenient, low sodium meals.
- » There is a need for local cardiac and stroke care.



## Chronic Lower Respiratory Disease

### HEALTHY PEOPLE 2020 REFERENCE - RD

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



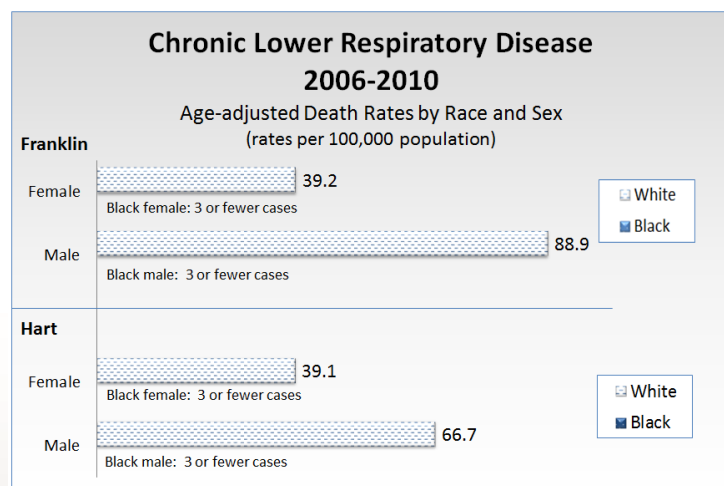
Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B, Preliminary 2010.

The chronic lower respiratory disease death rates for Franklin and Hart County were higher than both the State and U.S. rates.

### Why Are Respiratory Diseases Important?

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

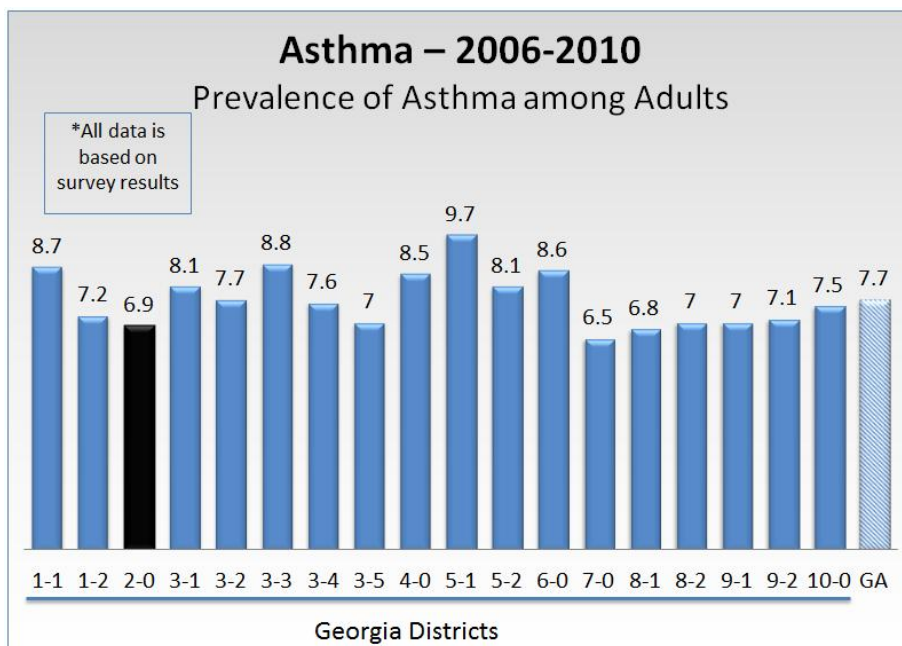
### Healthy People 2020



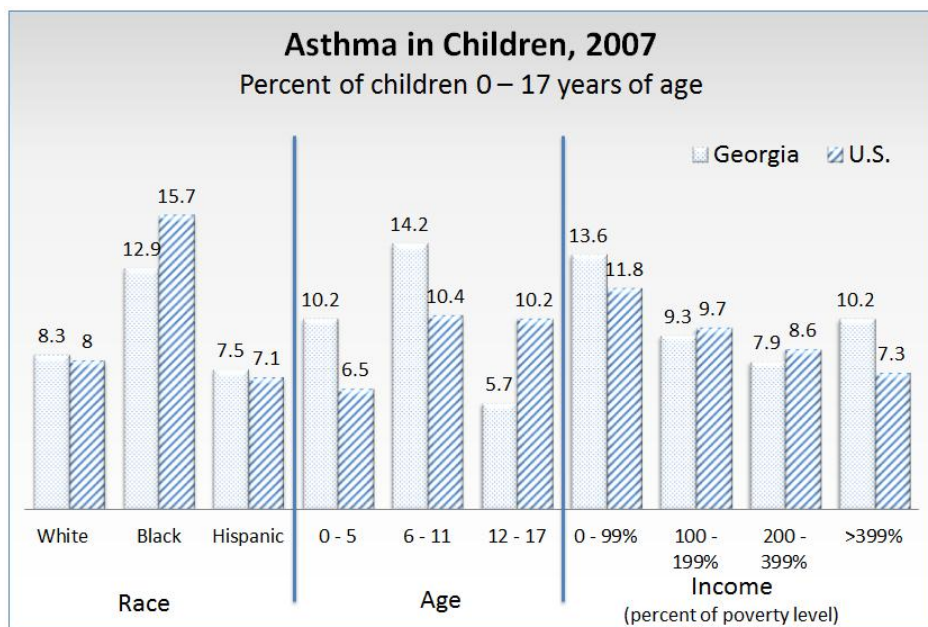
Data Source: OASIS, Georgia Department of Public Health

In Franklin and Hart counties, the age-adjusted death rates by race and sex for 2006-2010 indicated that White males had a much higher death rate than White females for chronic lower respiratory disease. There were too few cases in the Black population to report a rate.

There was a lower prevalence of asthma among adults within Health District 2-0 compared to the State.



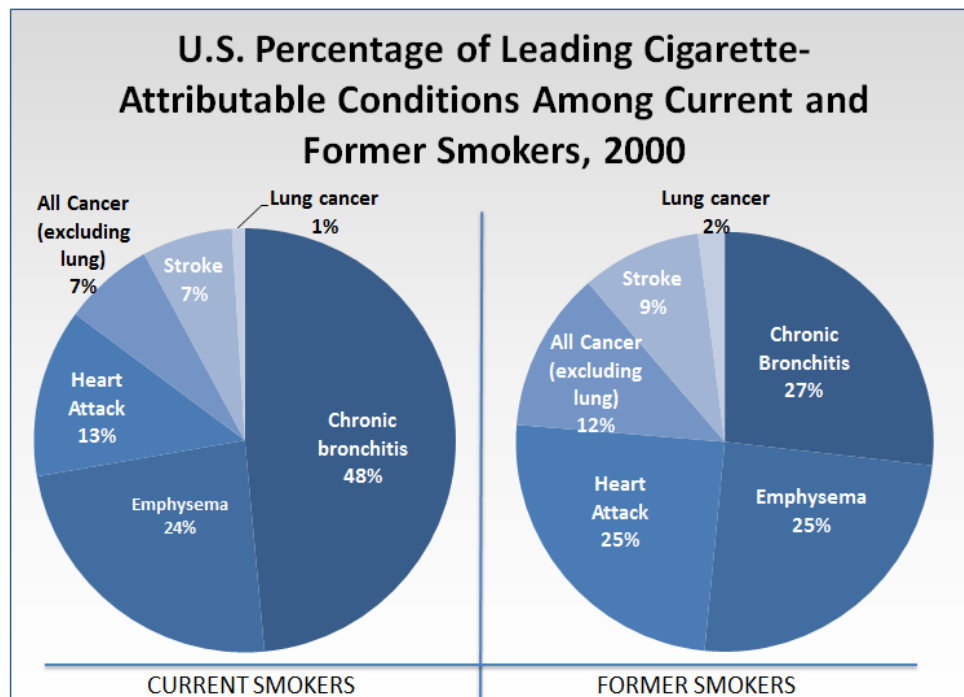
Data Source: OASIS, Georgia Department of Public Health



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

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

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), heart attack (25 percent). For current smokers, chronic bronchitis was most prevalent condition (48 percent), followed by emphysema (24 percent).<sup>42</sup>



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

## Chronic Lower Respiratory Disease

(includes Asthma, Chronic Bronchitis, Emphysema)

### Modifiable Risk Factors

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



Data Source: American Lung Association

## COMMUNITY INPUT

### Chronic Lower Respiratory Disease

- » Poultry farming is very hard on the lungs due to the ammonia and other occupational hazards.
- » There is a high population of smokers in the community.
- » Working in the poultry houses causes congestion in lungs and can also contribute to other diseases.
- » This community has a lot of respiratory issues like chronic bronchitis and asthma.
- » Asthma is very prevalent among the adolescent population due to the smoking behavior of parents.

## Accidents

### HEALTHY PEOPLE 2020 REFERENCE - IVP

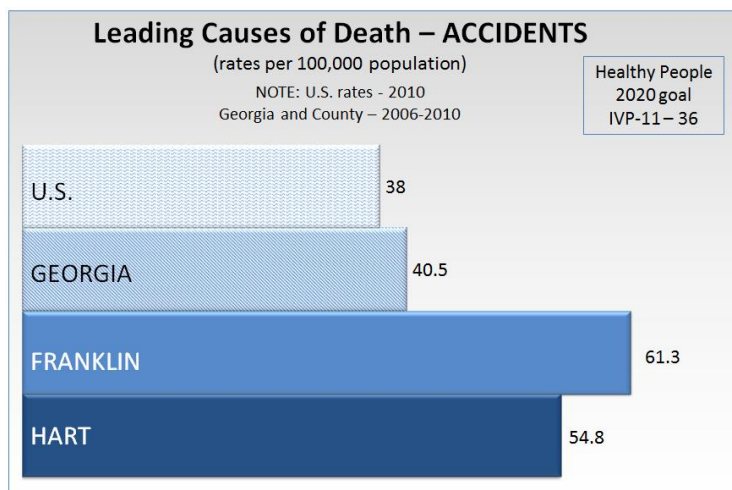
Accidental deaths may result from the following causes:

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

### Why Is Injury and Violence Important?

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

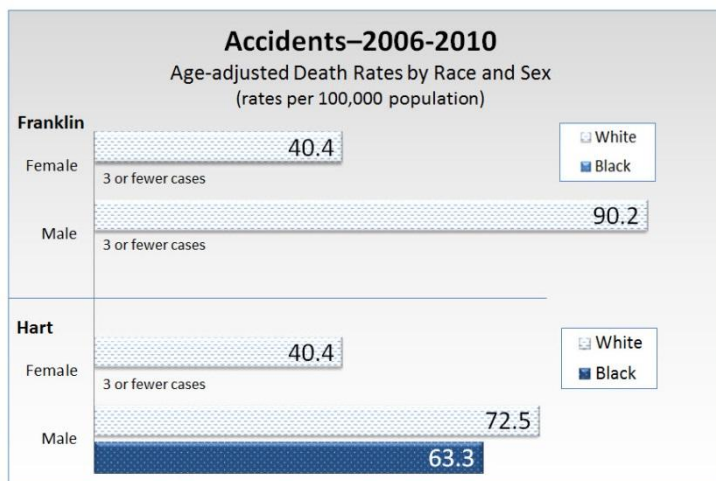
*Healthy People 2020*



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

The accident **death** rates per 100,000 people in Franklin and Hart counties were 61.3 and 54.8, respectively. Both rates were higher compared to 40.5 for the State and 38 for the U.S. The Healthy People 2020 goal is set at 36 per 100,000 population.<sup>43</sup>

Males had higher **death** rates due to accidents compared to females. In Franklin County, there were too few cases to report a death rate for Black males and females. In Hart County, there were too few cases to report a **death** rate among Black females.

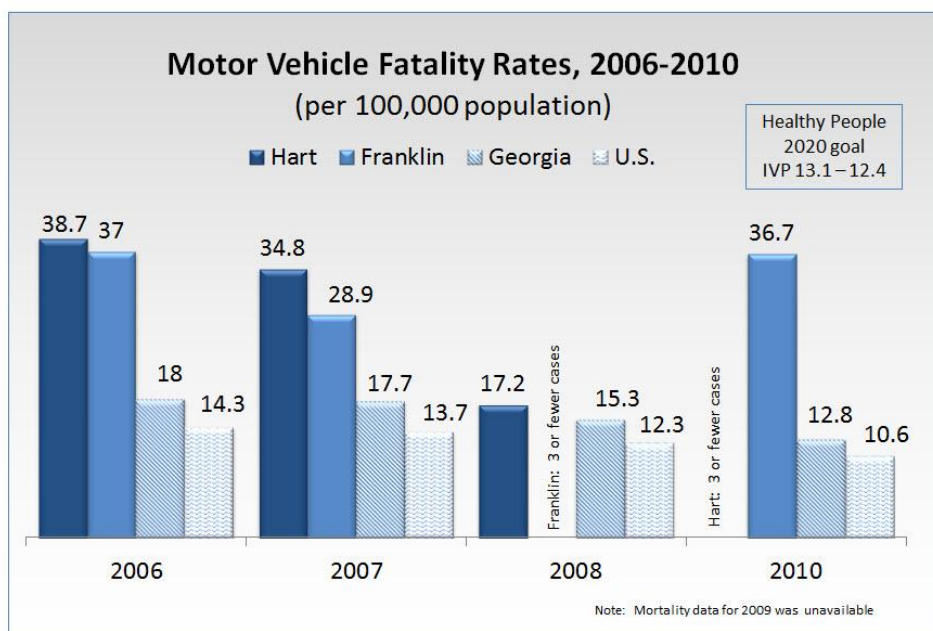


Data Source: OASIS, Georgia Department of Public Health

Motor vehicle crashes are the leading cause of death among individuals between the ages of 5-34 in the U.S. More than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2009.<sup>44</sup> Driving helps older adults stay mobile and independent. The risk of being injured or killed in a motor vehicle crash increases as you age.<sup>45</sup>

Over the period 2006-2008, motor vehicle fatality rates in Franklin and Hart counties decreased. Franklin County increased in 2010, while Hart had too few cases to report a death rate

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



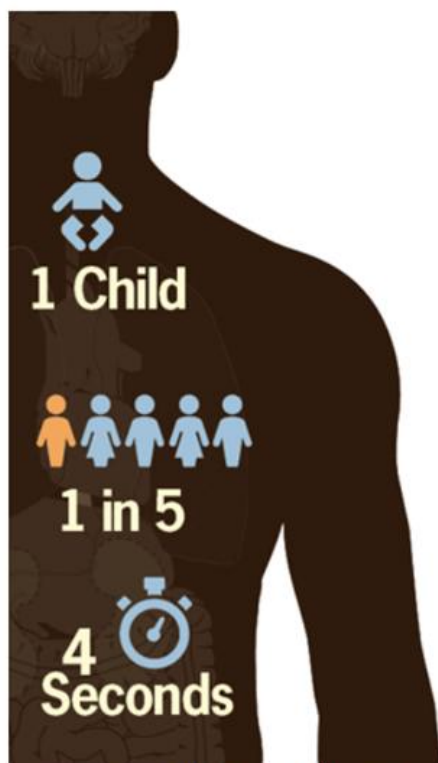
Data Source: OASIS, Georgia Department of Public Health

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

- » Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- » Millions of adults drive while impaired, but only a fraction are arrested.
- » Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- » Age-related deterioration of vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- » Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.<sup>46</sup>



## Youth Unintentional Injuries



Data Source: Centers for Disease Control and Prevention

### Why is Injury Prevention in Children Important?

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

*Centers for Disease Control and Prevention*

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

Children ages four and under are at greater risk, and they account for approximately half of all unintentional injury deaths. The most common deaths are a result of suffocation, choking, drowning, fires, motor vehicle accidents, poisoning, and falls.<sup>47</sup>

In 2009, approximately 9,100 children died from injuries in the U.S. In Georgia, the death rate (8 per 100,000 population) was slightly less than the National average (8.65 per 100,000 population), however prevention of these deaths is of great importance to the health of a community. In 2010, 166 children died in Georgia as a result of preventable injuries. None of those 166 deaths occurred in Franklin or Hart County.

Franklin County had a population of over 22,000 people and Hart County had a population over 25,000 people in 2010. Both populations are predicted to increase by 2.5 percent by 2015. Children 14 and under make up 18 percent of the population in both Franklin and Hart counties. Due to the predicted increase in population, it is important for the community to prevent unintentional injuries among children and be more aware of the causes.

The following sections of this report will highlight causes of unintentional injury among children. The number of emergency room visits will be identified as well as the number of deaths as a result. The sample size includes children 14 and under for Franklin County, Hart County, and Georgia, and 19 and under for the U.S.



## MOTOR VEHICLE CRASHES

In 2009, 1,300 children ages 19 and under died from motor vehicle related injuries in the U.S.<sup>48</sup> Georgia had over 9,200 children involved in motor vehicle crashes visit the ER in 2010 and 82 children died as a result. Franklin County recorded 33 cases of motor vehicle injuries in 2010 and no children died as a result. Hart County recorded 25 cases of motor vehicle injuries in 2010 and no children died as a result.

Motor vehicle crashes include accidents in which any motorized vehicle (car, truck, motorcycle, etc.) was involved. Crashes also include motor vehicles injuring pedestrians or bicyclists.<sup>49</sup>

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

IVP-13 Reduce motor vehicle crash-related deaths

IVP-14 Reduce nonfatal motor vehicle crash-related injuries

IVP-15 Increase use of safety belts

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

- » Every occupant should be properly restrained for every ride. Children should ride in a back seat until that are at least 13 years of age.
- » Appropriate child safety seats should be used. Children should ride in a car seat as long as possible. Children should remain in rear-facing car seat until they are at least two years of age.
- » Children should remain in a forward-facing car seat until they reach the upper height or weight limit specified by the manufacturer.
- » Individuals should return the product registration card provided for all new child safety seats to the manufacturer to ensure they will be notified of any recalls.<sup>50</sup>

## FALLS

In 2009, 151 children ages 19 and under died from falls in the U.S. Each year, approximately 2.8 million children go to the hospital emergency department for injuries caused by falling.<sup>51</sup> Georgia had just fewer than 60,000 children involved with fall injuries visit the ER in 2010 and two children died as a result. Franklin County had 221 cases of fall injuries in the ER in 2010 and no children died as a result. Hart County had 171 cases of fall injuries in the ER in 2010 and no children died as a result.<sup>52</sup>

Falls include all accidental injuries caused by an individual losing his/her balance.<sup>53</sup>

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

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

- » Use of protective surfacing under and around playground equipment to reduce the severity of fall-related injuries<sup>54</sup>

## *SUFFOCATION AND CHOKING*

Suffocation is the leading cause of injury death for infants ages one and younger.<sup>55</sup> In 2009, 1,160 children ages 19 and under died from suffocations in the U.S.<sup>56</sup> Georgia had 333 near suffocation cases visit the ER in 2010 and 34 children died as a result. Franklin County had two near suffocation cases visit the ER in 2010 and no children died as a result. Hart County had no near suffocation cases in 2010.<sup>57</sup>

Suffocation and choking occurs as a result of items in bed, inhalation of gastric contents, food, airtight space, or plastic bag.<sup>58</sup>

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

IVP-24 Reduce unintentional suffocation deaths

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

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

- » Infants should sleep alone, placed on their back, and on a firm surface
- » Cribs must meet all safety standards.
- » Soft bedding or soft toys should not be used in a crib.<sup>59</sup>

## *DROWNING*

Drowning is the leading cause of injury death for children ages one to four.<sup>60</sup> It is the third leading cause of injury-related death among children ages 14 and under.<sup>61</sup> In 2009, 983 children died due to drowning in the U.S. Georgia had 153 near-drowning cases visit the ER in 2010 and 34 children died as a result. Franklin and Hart counties had no near-drowning cases in 2010.<sup>62</sup>

Drowning occurs from being submerged in water or other fluid.<sup>63</sup>

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

IVP-25 Reduce drowning deaths

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

- » Learn to swim
- » Use a four-sided fence with self-closing and self-latching gates around the pool
- » Supervise children closely when they are in or around water<sup>64</sup>

## ***FIRE/BURNS***

In 2009, almost 90,000 children ages 14 and under were non-fatally injured from an unintentional fire or burn-related incident.<sup>65</sup> In 2009, 391 children died from fires or burns in the U.S. Georgia had 423 fire or burn-related cases visit the ER in 2010 and nine children died as a result. Franklin County had no cases of fire or burn-related visits to the ER in 2010. Hart County had three cases of fire or burn-related visits to the ER in 2010 and no children died as a result<sup>66</sup>

Fire, burns, and smoke exposure injuries and death occur due to accidental exposure to smoke, fire, and flames.<sup>67</sup>

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

IVP-28 Reduce residential fire deaths

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

- » Use smoke alarms where people sleep and on every level of the home
- » Test smoke alarms monthly
- » Create and practice a family fire escape plan
- » Install a home fire sprinkler system if possible<sup>68</sup>

## ***POISONING***

In 2010, more than 68,000 children were treated in emergency departments for unintentional poisoning-related incidents and almost 72 percent of those treated were under five years of age.<sup>69</sup> In 2009, 824 children died from poisonings in the U.S. Georgia had 3,468 poisoning cases visit the ER in 2010 and three children died as a result. Franklin County had 10 poisoning cases visit the ER in 2010 and no children died as a result. Hart County had 15 poisoning cases visit the ER in 2010 and no children died as a result<sup>70</sup>

Poisoning injuries and death result from the act of ingesting or coming into contact with a harmful substance that may cause injury, illness, or death.<sup>71</sup>

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

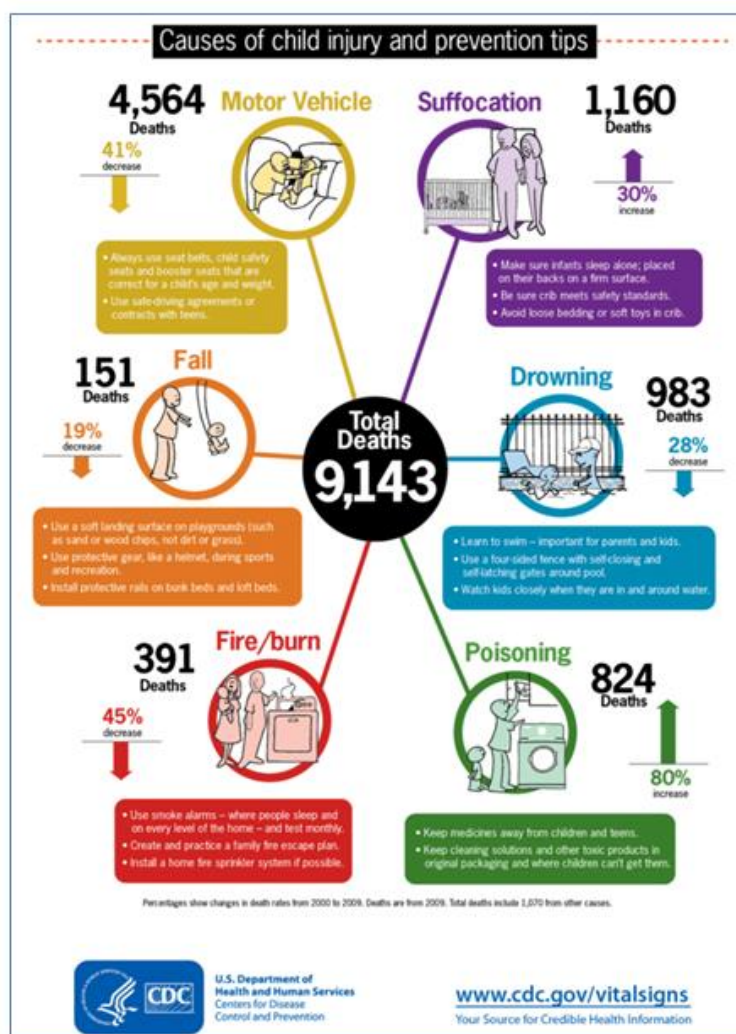
IVP-9 Prevent an increase in the rate of poisoning deaths

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

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

- » Keep medicine away from children and teens
- » Keep cleaning solutions and other toxic products in original packaging and where children cannot get them
- » Keep prescription drugs in child-resistant packaging<sup>72</sup>

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



Source: [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

## Diabetes

### HEALTHY PEOPLE 2020 REFERENCE - D

Diabetes affects 8.3 percent of Americans of all ages, and 11.3 percent of adults aged 20 and older according to the National Diabetes Fact Sheet for 2011. About 27 percent of those with diabetes—7 million Americans—do not know they have the disease.<sup>73</sup>

According to the BRFSS, the percentage of Georgia residents diagnosed with diabetes has steadily risen since 2004, from 7.3 percent to 9.7 percent in 2010.<sup>74</sup>

The 2010 percentage of Georgia's population with diabetes (9.7 percent) was higher than the U.S. percentage (8.7 percent).<sup>75</sup>



Image Source: Pharmacy Practice News

### Why Is Diabetes Important?

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

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

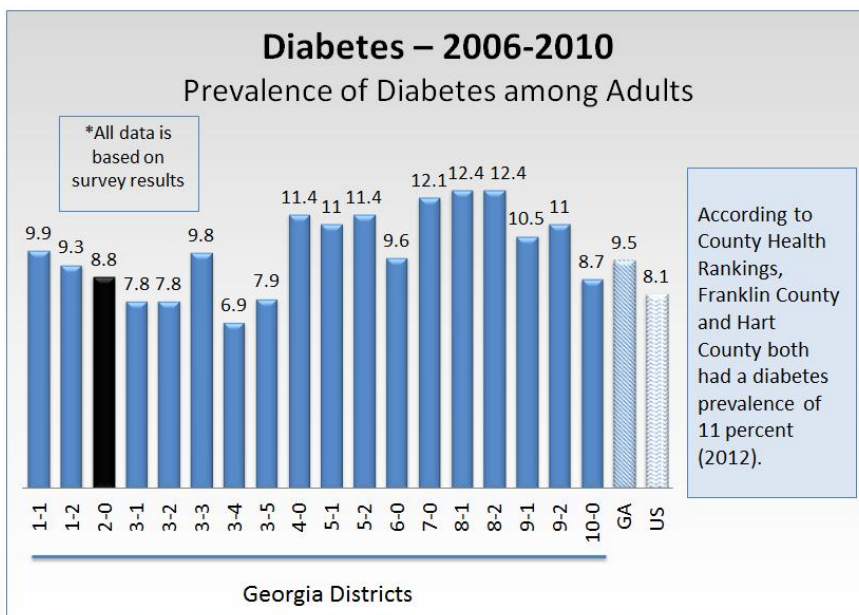
*Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.*

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

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

**Healthy People 2020**

Health District 2-0 (which includes Franklin and Hart counties), had a lower diabetes prevalence (8.8 percent) than a majority of the other districts in the State for the period 2006-2010. Both Franklin and Hart counties had a diabetes prevalence of 11 percent in 2012.

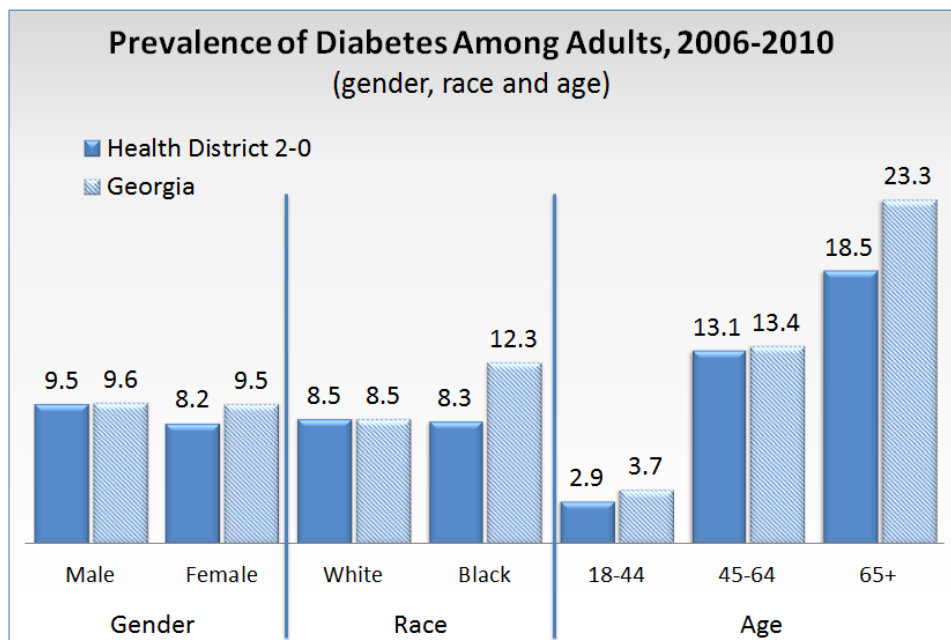


Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

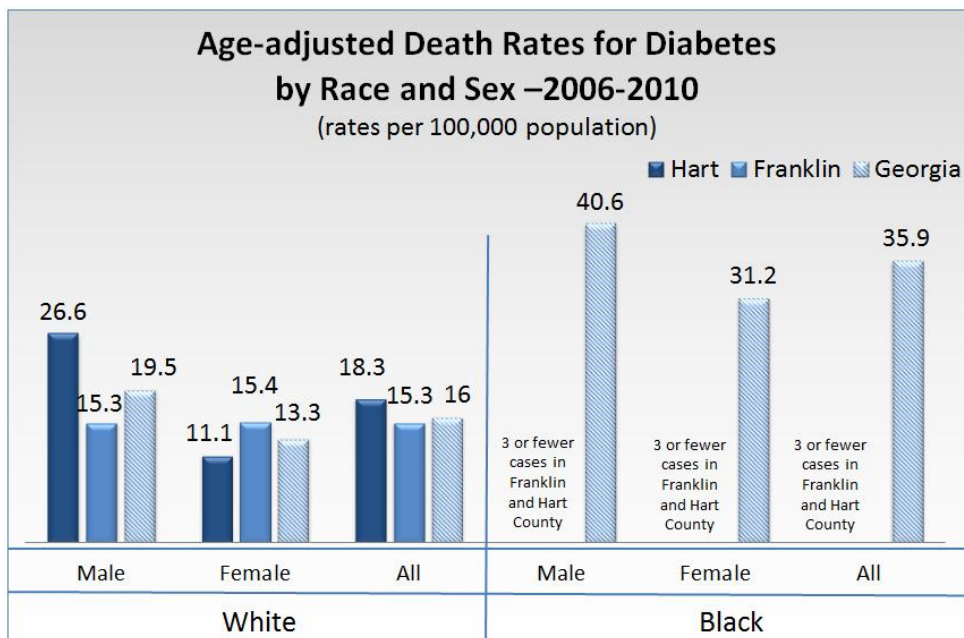
For 2006-2010, the Health District 2-0 male diabetes **prevalence** rate was higher than the female rate.

In Health District 2-0, **prevalence** of diabetes among Whites was higher than Blacks.

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



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

In Georgia, **death** rates due to diabetes were higher among Blacks compared to Whites. In Franklin and Hart counties, there were too few cases to report a rate.

Hart County White males had the highest diabetes **death** rates out of all the population groups.

The overall **death** rates from diabetes were lower than the Healthy People 2020 goal of 65.8 per 100,000 population.<sup>76</sup>



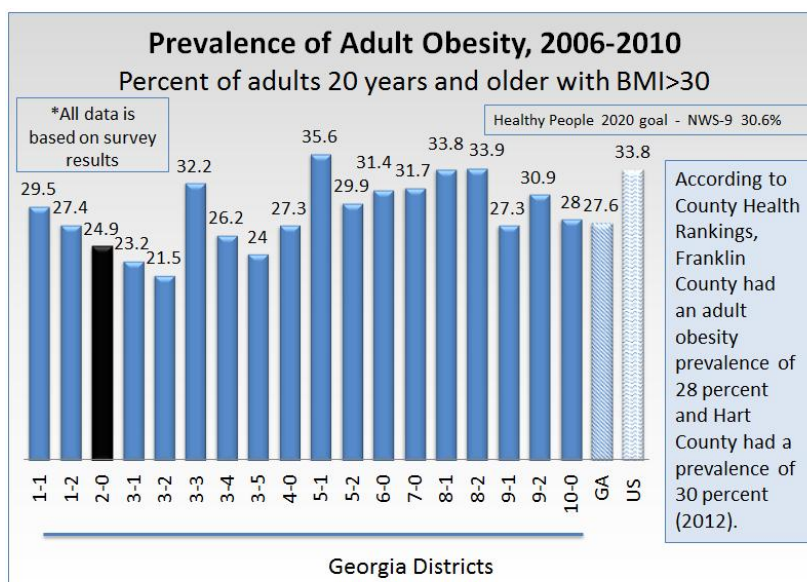
# Obesity

## HEALTHY PEOPLE 2020 REFERENCES - NWS, PA

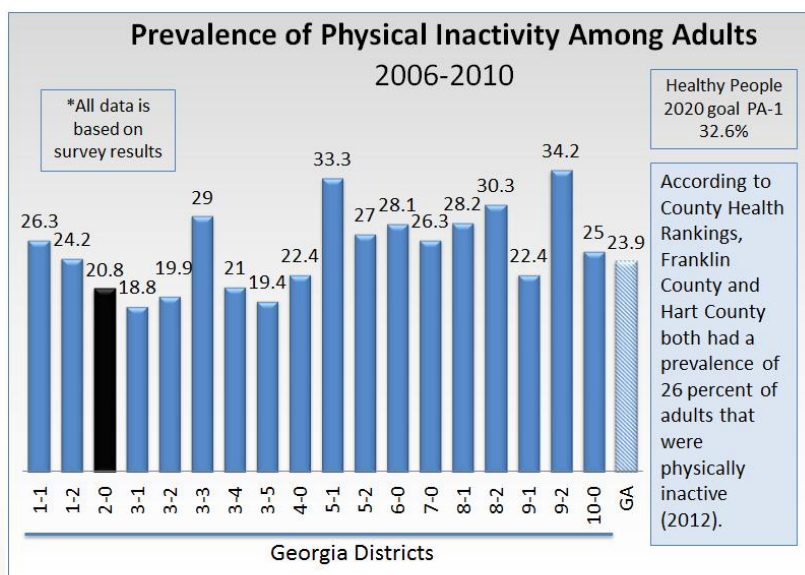
The top modifiable risk factor for diabetes is obesity. According to Healthy People 2020, 34 percent of persons 20 years and older were obese in 2005-2008. The Healthy People 2020 target for obesity is to reduce this percentage to 30.6 percent.<sup>77</sup>

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 30 kg/m<sup>2</sup>, and obese when it is greater than 30 kg/m<sup>2</sup>.<sup>78</sup>

The prevalence of adult obesity (24.9 percent) in Health District 2-0 was lower than the State rate (27.6 percent) and National rate (33.8 percent). The Healthy People 2020 goal is set at 30.6 percent. Franklin County (28 percent) and Hart County (30 percent) both had a higher prevalence of obesity compared to the Health District.



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



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

The prevalence of adults who did not engage in physical activity or exercise in the last 30 days was lower in Health District 2-0 (20.8 percent) compared to the State average (23.9 percent). Franklin and Hart counties had a higher prevalence of physical inactivity (both 26 percent) than the State and lower than the Healthy People 2020 target of 32.6 percent.<sup>79</sup>

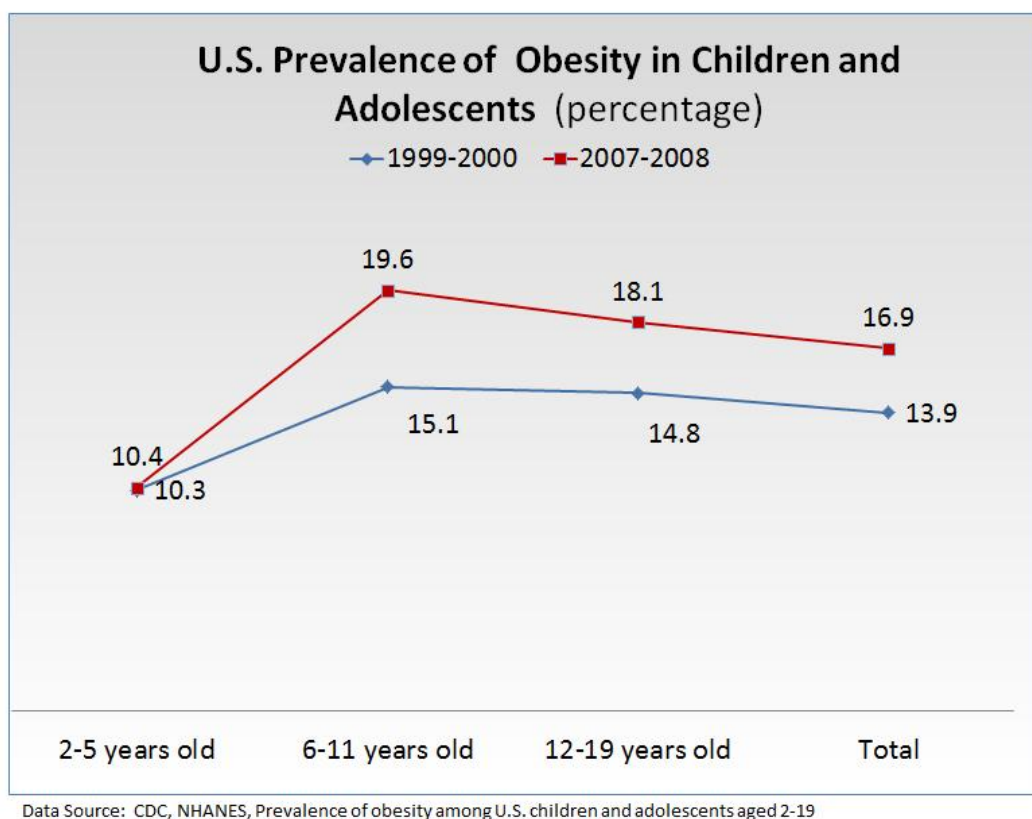


## Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formally known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.<sup>80</sup> Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to the Centers for Disease Control and Prevention, for the period 2007-2008, 16.9 percent of children and adolescents aged 2-19 years were obese.<sup>81</sup>

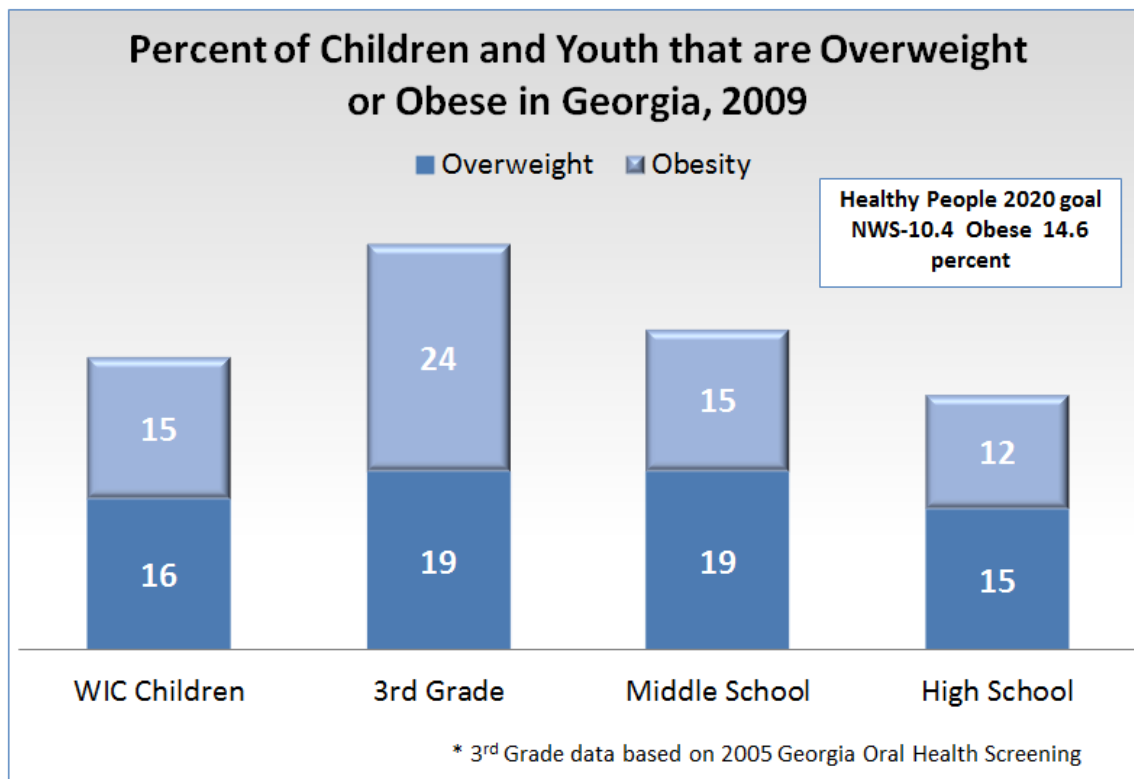
Georgia has the second highest obesity rate in the U.S. and nearly 40 percent of children are overweight or obese in the State.<sup>82</sup>



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

- » From 11.6 percent to 16.7 percent among non-Hispanic White boys
- » From 10.7 percent to 19.8 percent among non-Hispanic Black boys
- » From 14.1 percent to 26.8 percent among Mexican-American boys
- » From 8.9 percent to 14.5 percent among non-Hispanic White girls
- » From 16.3 percent to 29.2 percent among non-Hispanic Black girls
- » From 13.4 percent to 17.4 percent among Mexican-American girls<sup>83</sup>

According to a 2005 Georgia Oral Health Screening, obesity and overweight status among third graders was higher than the most recent BRFSS data published in 2009 for Middle School and High School. This can be assumed due to the difference in data collection methods. The BRFSS is a self-reported survey, while the 2005 Georgia Oral Health Screening collected first-hand height and weight measurements of third graders.<sup>84</sup>



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

Pediatric Nutrition Surveillance System collects similar first-hand data on children under five that are enrolled in the Women, Infant and Children program (WIC). In 2009, 15 percent of children aged 2-4 years of age in the WIC program were obese.<sup>85</sup>

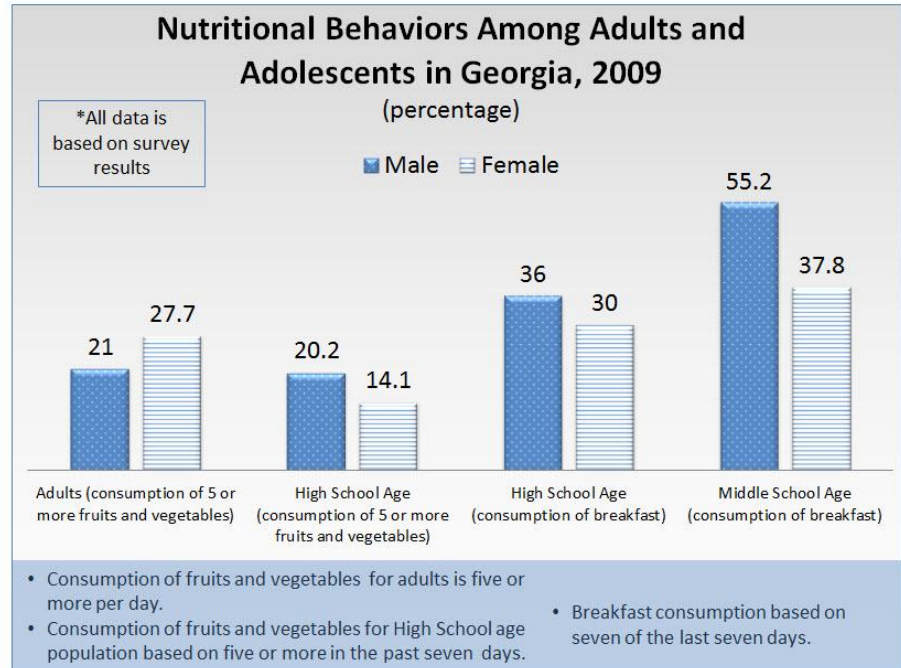
More information collected from the 2005 Georgia Oral Health Screening revealed the following demographic information:

- » Girls were more likely to be obese (25 percent) than boys (22 percent).
- » Black children were more likely to be obese (27 percent) than White children (21 percent).
- » Children from low socioeconomic (SES) households were more likely to be obese (26 percent) than those from high SES households (21 percent).
- » Children from rural areas were more likely to be obese (26 percent) than children from Metropolitan Atlanta (21 percent).<sup>86</sup>

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>87</sup>

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

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



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

Obese children are more likely to have:

- » High blood pressure and high cholesterol
- » Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- » Breathing problems, such as sleep apnea, and asthma
- » Joint problems and musculoskeletal discomfort
- » Fatty liver disease, gallstones, and gastro reflux, and
- » Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood.<sup>88</sup>

## COMMUNITY INPUT

### Obesity and Diabetes

- » The major issues that need to be addressed are deaths related to obesity and heart disease.
- » Individuals do not take personal responsibility. Everyone wants to eat fast food; however, no one understands that you cannot eat it every day.
- » There is a lack of access to a lot of specialists like endocrinologists. A lot of rural areas lack education on diabetes regarding nutrition and appropriate medical devices to manage diabetes.
- » Fast food is cheap and cooking takes time. A lot of families cook unhealthy foods because they live a busy lifestyle.
- » The lack of activity in the community is the main reason for obesity.
- » It is a parent's responsibility to teach children how to lead healthy lives.
- » There is a major difference in the way we live now versus 30 years ago. There are more video games and technology that distracts us from healthy behaviors.
- » There are a lot of obese seniors that are afraid they will fall so they do not get up to walk or exercise as frequently.
- » Recess has been decreased tremendously. There are some schools that only have 10 minutes per day.
- » There is no value placed on exercise habits.
- » School sports are the only activities available for adequate exercise.
- » Parents lack the knowledge to educate their children on the importance of exercise and nutrition.
- » The fast food industry has really grown tremendously in Hart County.
- » There is a need for parks and resources for physical activity.
- » The recreational center in Hart County consists of a baseball field and football field.
- » Hart County needs a recreational center that will serve a multi-generational family unit.
- » Children need education on healthy eating.
- » In Hart County, the school lunch program allows the child to choose the food to put on his/her tray. All the food is low in sodium and fat.

## COMMUNITY INPUT

### Obesity and Diabetes

- » The Fitnessgram is state-wide program that provides BMI data of children in all public schools.
- » There is a safety net around unhealthy behaviors; people are no longer worried because they know that the result of their behavior can be fixed.
- » Malnutrition could be the main etiology of obesity.
- » The number one concern for this community is childhood obesity.
- » Even the very well educated parents have children with BMI's of 30-40 percent.
- » The local grocery stores do not have the freshest food.
- » There is a misconception about what real food is, for example, fruit roll ups do not contain real fruit.
- » Overall, there is not enough education on health and nutrition.
- » Usually obese children have overweight parents.
- » The causes of obesity are lack of knowledge about food groups and lack of access to good food.
- » There are very few sidewalks in the community and very few people bike to get around.
- » There is a "Fit for Families" program offered through the hospital. The program is classroom education based.
- » There is a need to reduce childhood obesity before middle school.
- » Lack of education and lack of physical activity are the biggest concerns for the community.
- » It is difficult to get children to participate in physical activity because there is only one recreational center.
- » There are great potential resources in the community. Several pro-athletes grew up in the community and could give back by helping to fight childhood obesity.
- » The best advice for children is to start simple by cutting out one bad eating habit, such as sodas.
- » There is a lot of malnutrition due to overly processed foods that are also causing obesity.
- » There is a Farmer's Market in both Lavonia and Hartwell.
- » Basic education on nutrition is needed.

## COMMUNITY INPUT

### Obesity and Diabetes

- » Diabetes is a major chronic illness in the community. The hospital provides glucometers to patients that need one.
- » Obesity and lack of physical activity is a major issue in the community.
- » It is important to start education at a younger age to prevent bad habits.
- » Physical education and health classes are almost non-existent.
- » The school lunches are not healthy. There is still a lot of unhealthy food in the school vending machines.
- » In addition to hearing, dental, and vision testing, the schools will be checking BMI this year. They will test kindergarten, 3rd grade, and 5th grade.
- » Children will not eat school lunches that are healthy because they only like junk food.
- » Nearly one-quarter of children are obese or overweight in one particular school.
- » There is a church that provides snack bags on a Friday afternoon for children to take home on the weekends.
- » The current generation are couch potatoes. There is no longer a physical fitness emphasis.
- » The amount of fast food restaurants has impacted the obesity rate.
- » Adults are leading a busy lifestyle and do not take the time to fix healthy meals.
- » There are some grocery stores in the community that lack fresh fruit and vegetables. There are no major chain grocery stores.
- » Children are becoming diabetic very early due to obesity and overweight status.
- » Franklin County has established walking clubs to help promote physical activity.
- » The radio station and newspaper need to establish marketing campaigns on healthy living.
- » There is a need for type 2 diabetes health education.
- » Lifestyle management is the biggest problem in the community. We need to provide education and resources to better help community residents make decisions.
- » The general population does not understand healthy behaviors.
- » Easy access to fast food only complicates the obesity problem.

## COMMUNITY INPUT

### Obesity and Diabetes

- » Hart County schools seem to have a healthier lunch menu compared to Franklin County schools.
- » There is a Wellness Park that has exercise stations throughout the pathways. It is free for the public to use.
- » There is not enough education or marketing of the exercise resources.
- » Technology is promoting sedentary activity.
- » Southern lifestyle tends to affect us more now since we do not get adequate exercise through farm work any longer.
- » Obesity is a gateway to so many other diseases.
- » A lot of people are not motivated to change.
- » Diabetes has a "genetic" piece to the puzzle and a "choice" piece to the puzzle.
- » The hospital has an employee wellness program that provides incentives for employees. This could be a great model for both large and small employers.
- » There are two new dialysis centers in Hartwell.



# 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>89</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
- » Low and very low birth weights
- » 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>90</sup>

A life course perspective to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.<sup>91</sup>

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

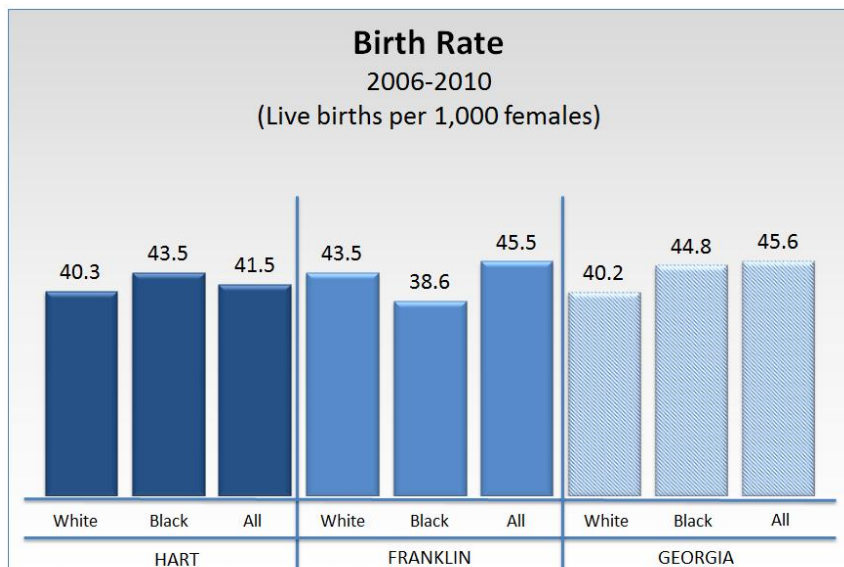
*Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:*

- » *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

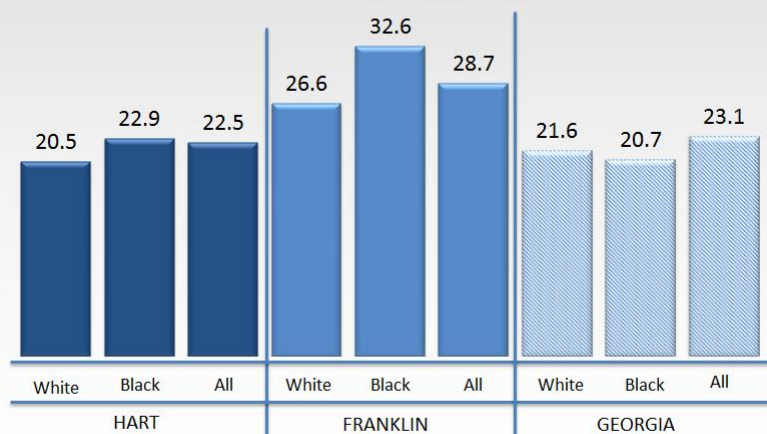
Franklin County (45.5 live births per 1,000 females) and Hart County (41.5 live birth per 1,000 females) both had lower birth rates than the State (45.6 live births per 1,000 females) from 2006-2010. Blacks had a lower rate in Franklin County but a higher rate in Hart County.



Data Source: OASIS, Georgia Department of Public Health

### Percent of Births to Females with Less than a Twelfth Grade Education

2006-2010



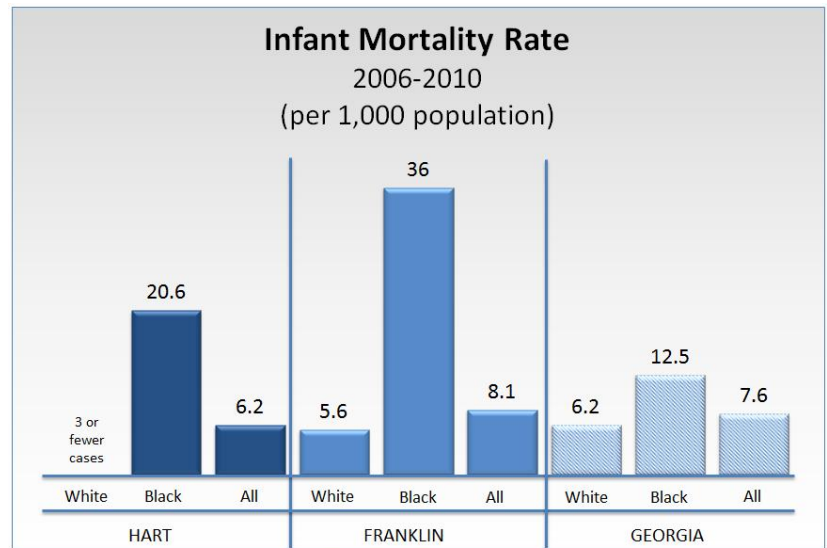
Data Source: OASIS, Georgia Department of Public Health

The percent of births to females with less than a twelfth-grade education was higher in Franklin County (28.7 percent) than Hart County (22.5 percent) and Georgia (23.1 percent). The percent of births to Black mothers with less than a twelfth-grade education was higher than White females in Franklin and Hart County.

## Infant Mortality

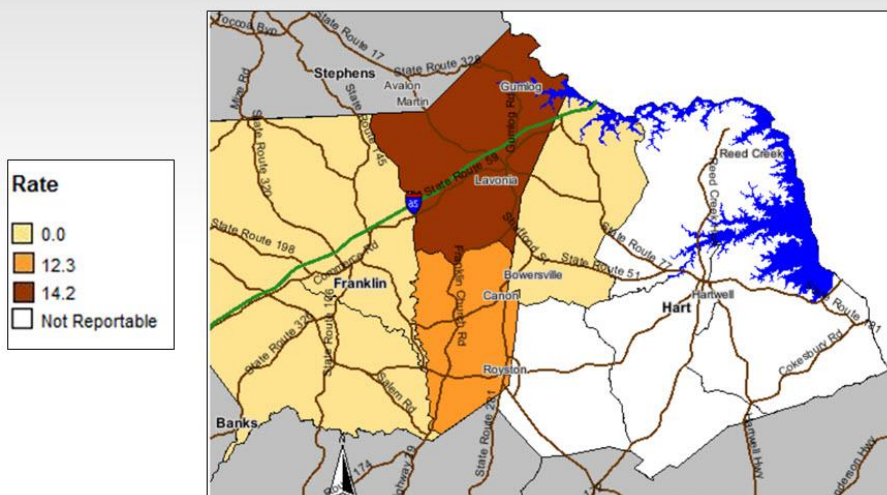
Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.<sup>92</sup> The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.<sup>93</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>94</sup>

The infant mortality rate in Franklin County was higher (8.1 per 1,000 population) than Georgia (7.6 per 1,000 population). Hart County (6.2 per 1,000 population) was lower than Georgia. Black infants had a significantly higher mortality rate compared to Hispanic and White infants. The Black infant mortality rate in Franklin County (36 per 1,000 population) was nearly triple Georgia's Black infant mortality rate (12.5 per 1,000 population).



Data Source: OASIS, Georgia Department of Public Health

### Infant Mortality Rate by Census Tract, 2006-2010 (per 1,000 population)



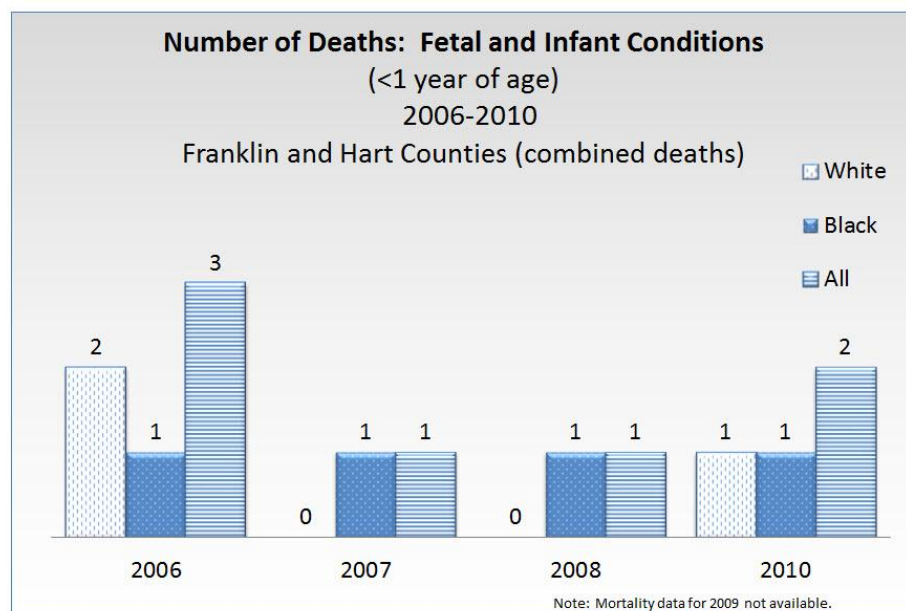
Data Source: OASIS, Georgia Department of Public Health

The eastern and northeast section of Franklin County had the highest density of infant mortality. The majority of Hart County did not have reportable rates due to the low number of cases of infant mortality.

## Fetal and Infant Conditions

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

- » Prematurity is disorders related to short gestation and low birth weight.
- » Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- » Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- » Birth-related infections are infections specific to the period of time near birth.<sup>95</sup>

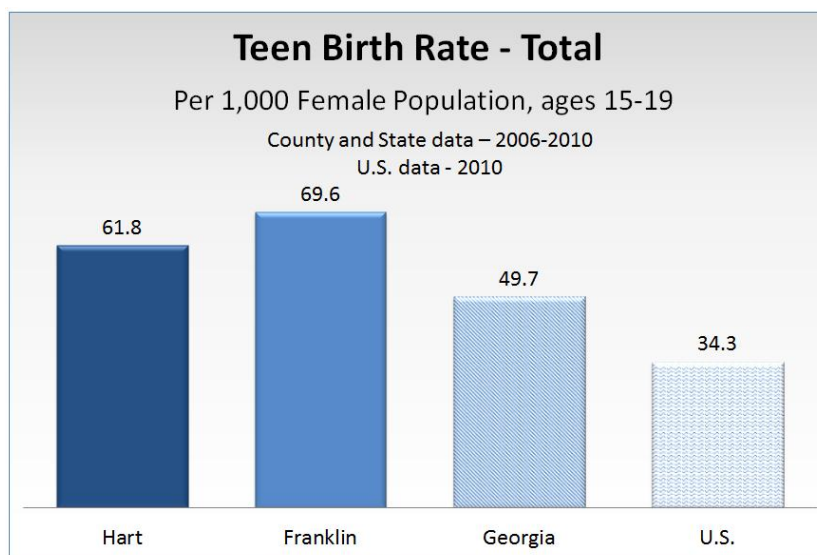


The number of deaths due to fetal and infant conditions decreased from 2006 to 2008 in Franklin and Hart counties.

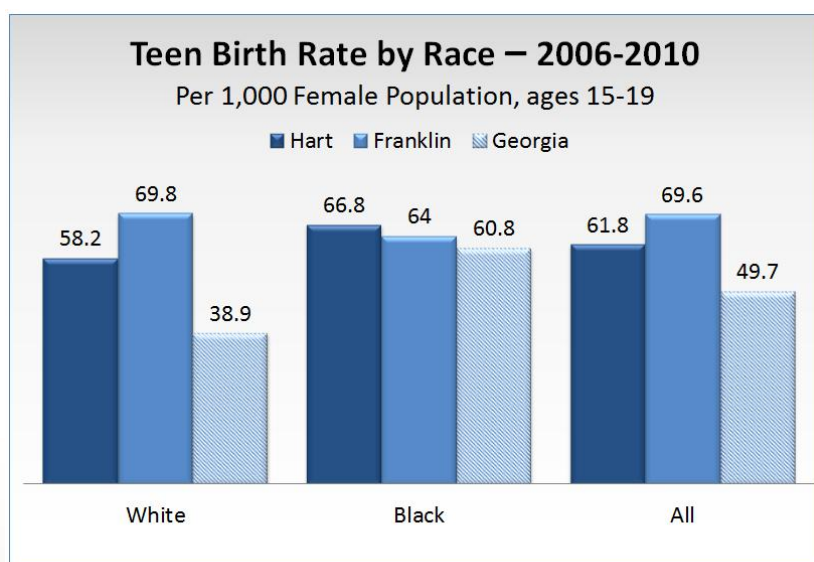
## Teen Birth Rate

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>96</sup>

The teen birth rates in Hart and Franklin counties were higher than the State and the U.S.



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

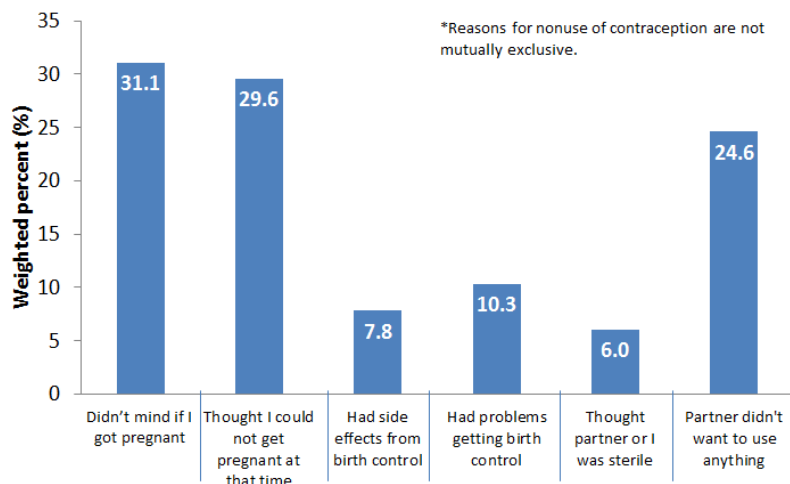


Data Source: OASIS, Georgia Department of Public Health

The Franklin County White teen birth rate was higher than the Black teen birth rate. The Hart County Black teen birth rate was higher than the White teen birth rate. In both Franklin and Hart counties, the White teen birth rate was much higher than Georgia's White teen birth rate.



**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>97</sup>

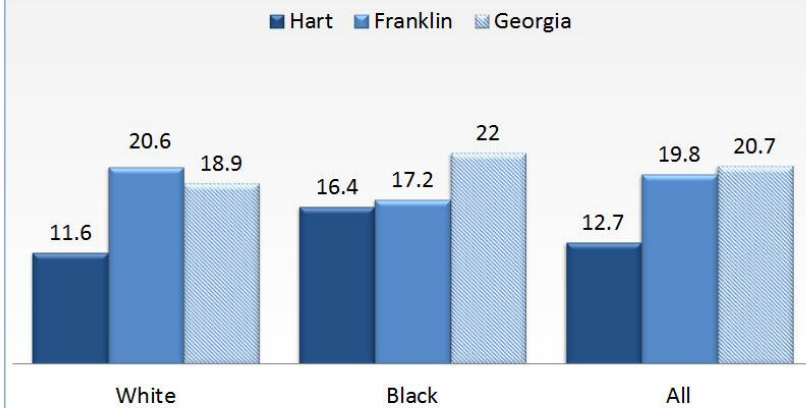
## Teen Pregnancy in Georgia

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**

## Percent of Repeat Births to Mothers, Ages 15-19 2006-2010

(The number of births to women who previously had one birth)



Data Source: OASIS, Georgia Department of Public Health

Hart and Franklin counties had a lower overall percentage of repeat births to mothers age 15-19 than the State. However, Franklin County White mothers had a higher percentage of repeat births than the State average for White mothers.

## COMMUNITY INPUT

### Teen Birth Rate

- » Teen pregnancy is a status symbol.
- » There is a "Baby Think it Over" program in the community that aims to prevent unwanted pregnancies by having teens experience what it is like to have a baby.
- » There is no real concept of how children should be supported. Many low-income teens believe Medicaid and government aid is the solution to their problems.
- » The most vulnerable populations do not know any different. There is a generational pattern that reinforces this lack of knowledge.
- » There is no longer a stigma attached to being a teen parent.
- » Girls that do not have anything view having a baby as something that is theirs.
- » Teen pregnancy seems to be more prevalent among lower-income, overweight girls. Most of the teen pregnancies are generational.
- » Teen pregnancies among the Hispanic population are very high.
- » We need more education about teen pregnancy that reaches both parents and children so it is constantly reinforced.
- » The breakdown of the nuclear family is promoting single parent households that do not have the resources to raise a child.
- » The young mothers do not know to take their child to the doctor regularly.
- » The health department offers great resources for helping teen moms understand pre-natal care.
- » Teen pregnancy is a nationwide issue.
- » There is a need for pre-natal education. Women (especially teen moms) need to know the importance of the first three months of fetal development during pregnancy.

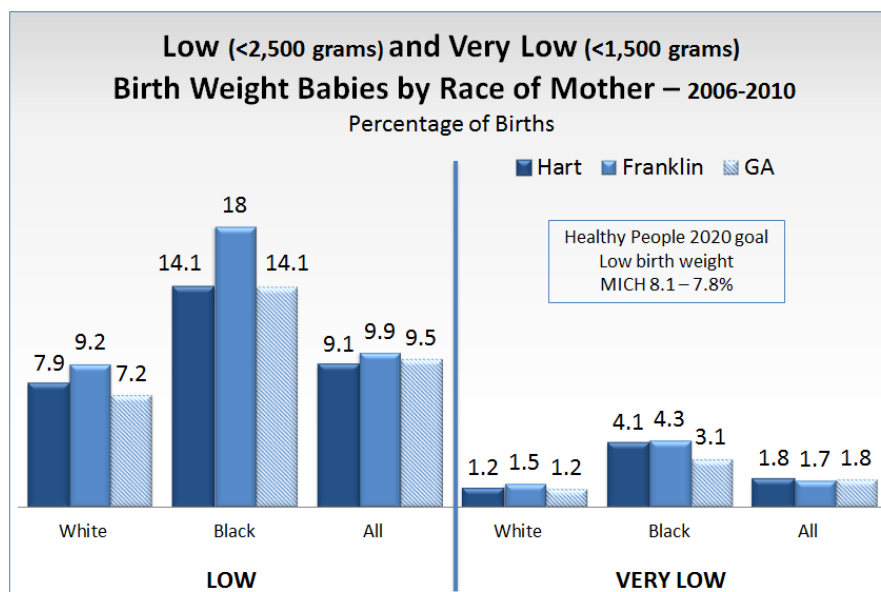


## Birth Weight

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>98</sup>

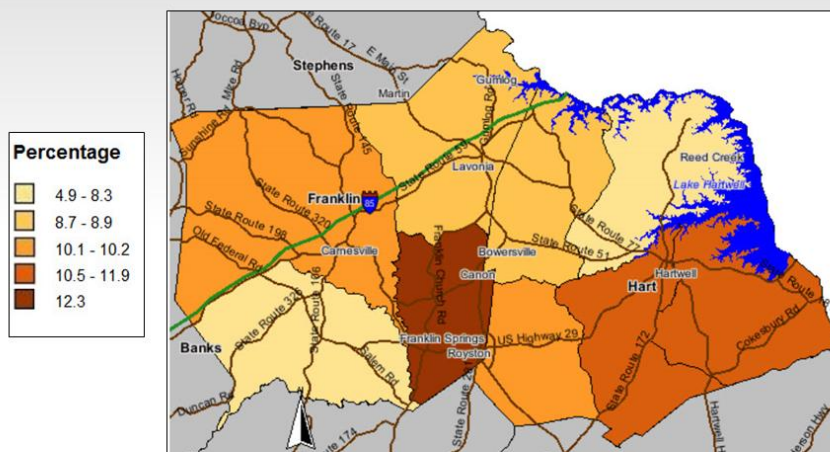
The Healthy People 2020 objective for low birth weight is 7.8 percent.<sup>99</sup> In 2010, the national prevalence of low birth weight babies was nine percent.<sup>100</sup>

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



Data Source: OASIS, Georgia Department of Public Health

### Low and Very Low Birth Weight Density (<2500 grams) Franklin and Hart County Census Tracts, 2006-2010

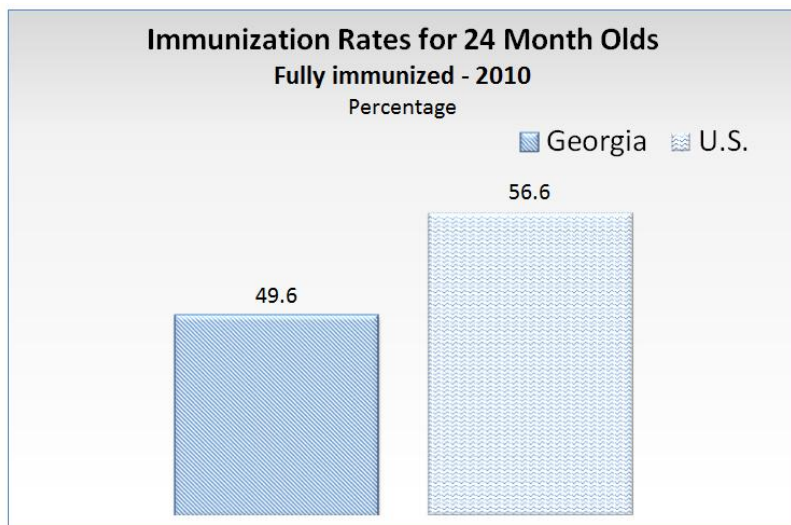


Data Source: OASIS, Georgia Department of Public Health

The southeastern section of Franklin County (Franklin Springs and Royston) had the highest density of low and very low infant birth weights. The Southern section of Hart County (Hartwell) had the highest density of low and very low infant birth weights.

## Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the 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>101</sup>

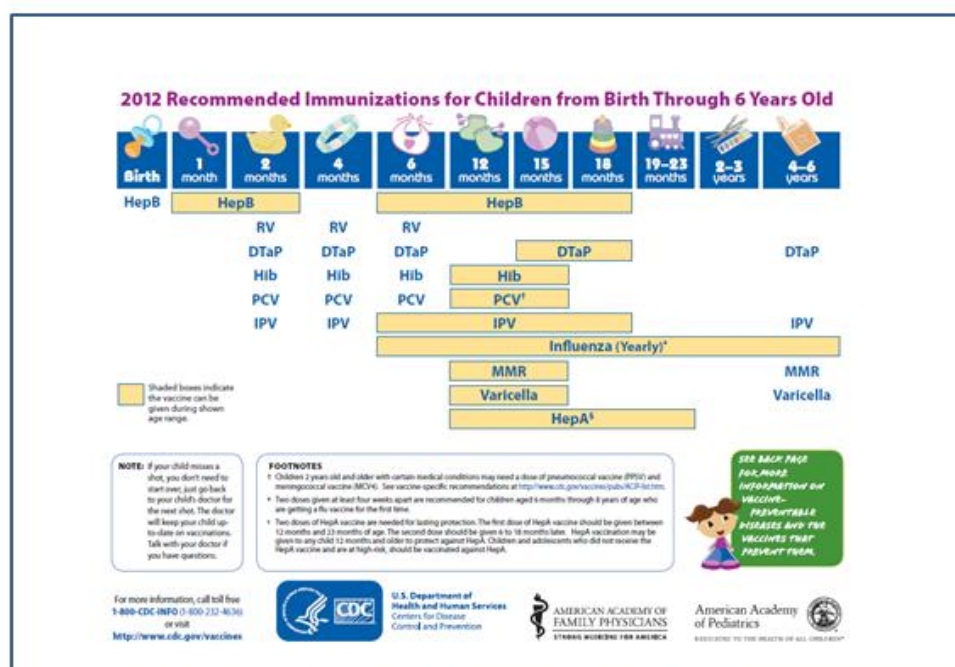


Data Source: CDC, U. S. National Immunization Survey, Q1/2010-Q4/2010

The Healthy People 2020 goal for immunizations by 24 months of age is 90 percent.<sup>102</sup>

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

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



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

# ALCOHOL, TOBACCO, AND DRUG USE

## HEALTHY PEOPLE 2020 REFERENCE - TU, SA

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

- » Chronic diseases
- » Teenage pregnancy
- » Sexually transmitted diseases
- » Domestic violence
- » Child abuse
- » Motor vehicle accidents
- » Crime
- » Homicide
- » Suicide<sup>103</sup>

## Adolescent Behavior

The leading causes of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.<sup>104</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 two years (odd calendar years) at the school site and participation is voluntary. Adolescent and youth respondents are in grades 9-12. Individual states may choose to do a middle school YRBSS. The following charts contain data from the YRBSS regarding high school adolescents.

### Why Is Adolescent Health Important?

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

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

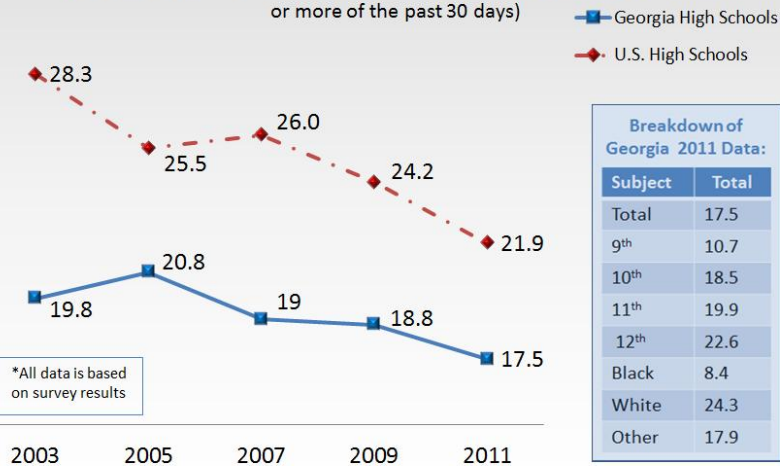
**Healthy People 2020**

## Alcohol, Tobacco, and Substance Abuse

### Adolescent Binge Drinking Behavior

2003-2011

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



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

Between 2003 and 2011 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia since 2007.

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

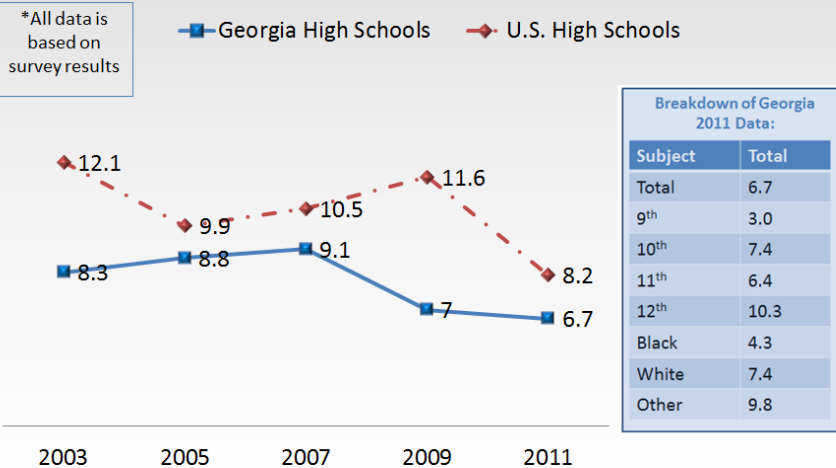
Almost one-quarter of twelfth graders (22.6 percent) participated in binge drinking within a month prior to the survey.

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

### Adolescent Drinking and Driving Behavior

2003-2011

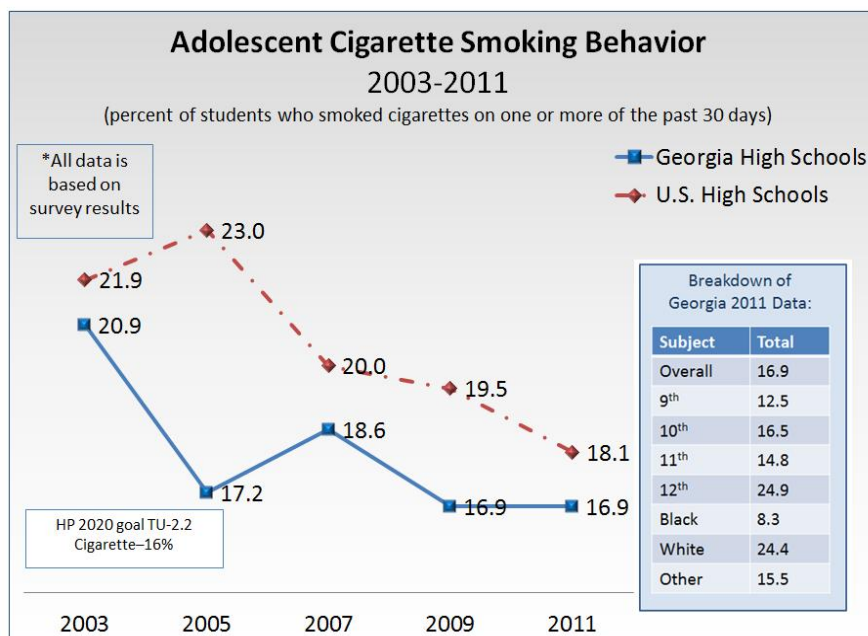
(percent of students who drove one or more times when drinking)



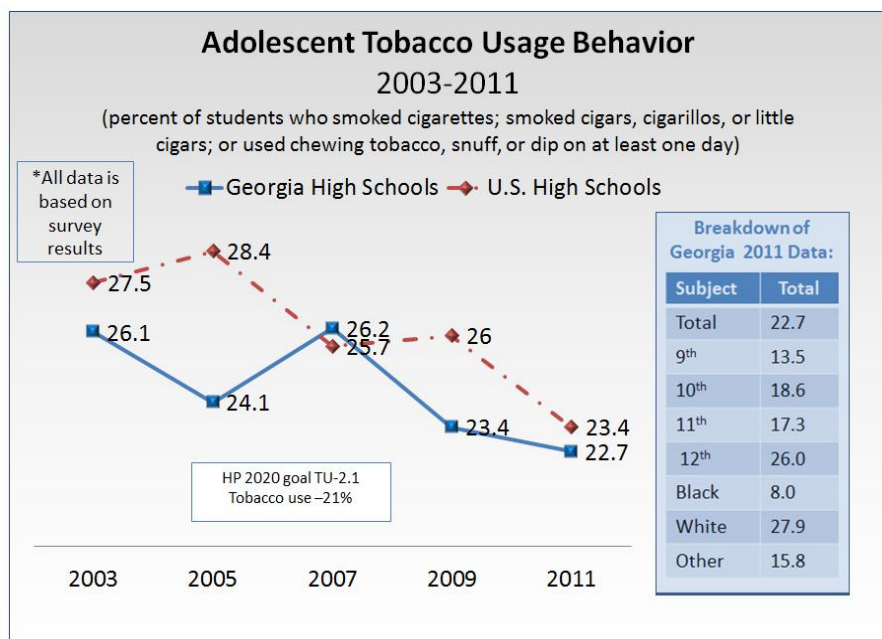
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: [www.cdc.gov/yrbs](http://www.cdc.gov/yrbs)

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

Adolescent smoking in Georgia was more prevalent among Whites (24.4 percent) than Blacks (8.3 percent). There was a significant increase in prevalence from eleventh grade (14.8 percent) to twelfth grade (24.9 percent).



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



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

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

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



## Illicit Drug Usage

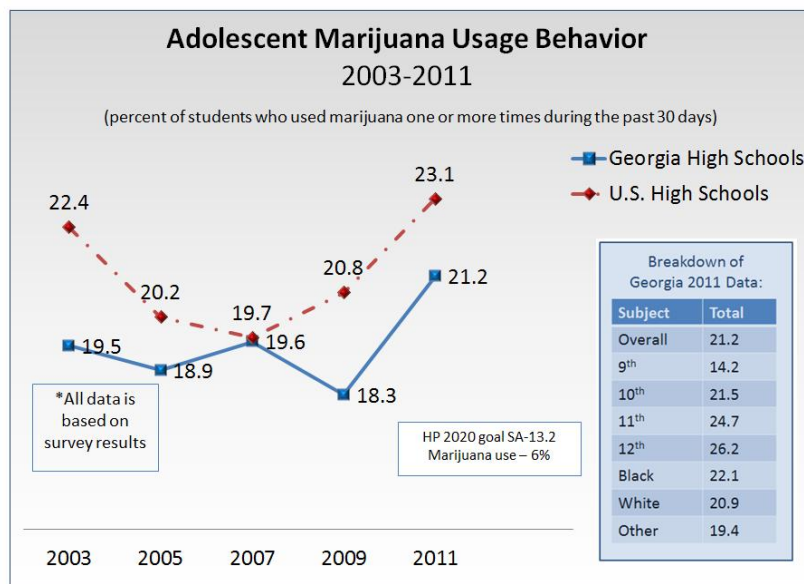
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.<sup>105</sup>

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

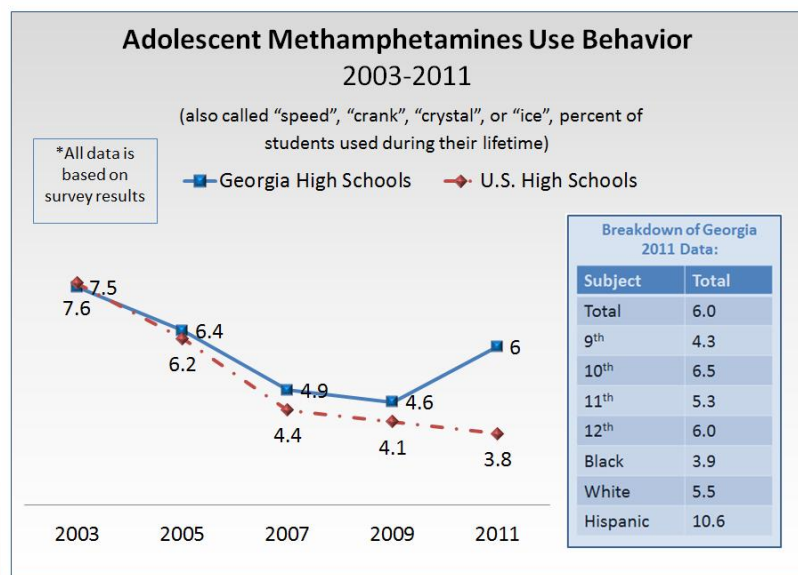
Marijuana usage was more prevalent among Blacks (22.1 percent) than Whites (20.9 percent).

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

The Healthy People 2020 goal is to reduce marijuana usage to six percent.<sup>106</sup>



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



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

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

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



### Comparison: Franklin County, Hart County, Georgia and the U.S.

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

At a Glance Comparison: Drug and Substance Abuse Behaviors Among Adolescents in Franklin and Hart County , Georgia, and the U.S.				
	Hart County High Schools	Franklin County High Schools	Georgia High Schools	U.S. High Schools
Binge Drinking	7.5%	9.5%	17.5%	21.9%
Drinking and Driving	2.1%	1.9%	6.7%	8.2%
Tobacco Use	16.4%	18.9%	22.7%	23.4%
Cigarette Use	12.1%	12.7%	16.9%	18.1%
Marijuana Use	12.2%	9.2%	21.2%	23.1%
Meth Use	1.3%	.84%	6%	3.8%
Prescription	4.1%	3.5%	3.9%	2.4%*

\*based on adolescents  
12 years and older

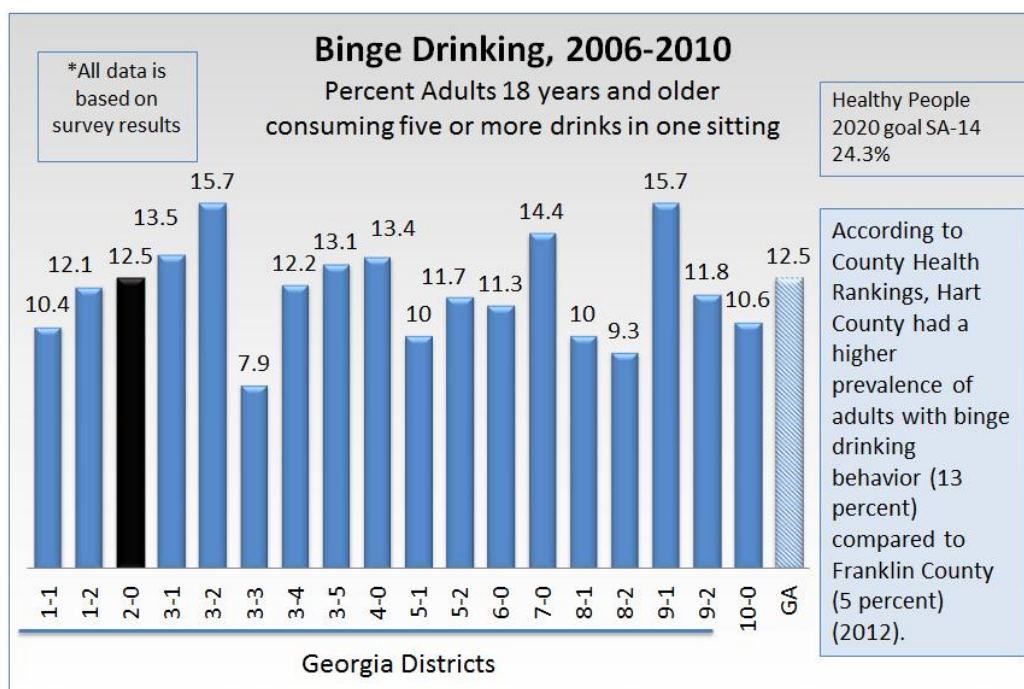
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: [www.cdc.gov/yrbs](http://www.cdc.gov/yrbs), Georgia Department of Education. Georgia Student Health Survey.

Although Hart and Franklin County had a lower percentage of adolescents that participated in substance abuse behaviors, there was additional data collected in the “Community Input” section of this report. Additionally, there are many more substance abuse behaviors among adolescents in the community not included in the chart above. Please refer to the “Community Input” section of this report to read comments on other issues surrounding substance abuse among adolescents.

## Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.<sup>107</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>108</sup>



Data Source: OASIS, Georgia Department of Public Health

The binge drinking prevalence in Health District 2-0 (12.5 percent) was the same as the State prevalence (12.5 percent). This was well below the Healthy People goal of 24.3 percent. Franklin and Hart counties had a prevalence of 5 and 13 percent, respectively, of adults that participated in binge drinking.

## COMMUNITY INPUT

### Alcohol, Tobacco and Drugs

- » A lot of deaths in Hart County are related to prescription drug overdose.
- » Meth abuse is very high in Hart County.
- » Drug and substance abuse causes other diseases; especially STDs.
- » Prescription and non-prescription drugs are used very often by adolescents in this community.
- » There are some adolescents that even abuse over the counter medications like Benadryl.
- » Smoking, tobacco, and binge drinking are major issues among the adolescent population.
- » Prescription drug abuse is very prevalent among the White population.
- » Drinking and marijuana use are very prevalent in this community (Hart County).
- » Prescription drug abuse is a major problem in this community.
- » Parents need to understand that children will look for and find prescription drugs in their homes.
- » Underage drinking is occurring frequently in the community. It is more accepted.
- » Cigar use among adolescents has really increased in this community.
- » There is a population that is addicted to pain pills.
- » There are a lot of physicians in the area that are too willing to prescribe pain pills.
- » There are a lot of people that self-medicate with meth.
- » Alcohol use is out of control in Franklin County.
- » Prescription drug abuse is very prevalent in the high schools.
- » The pain clinics and ER give pain medicine out like candy.
- » There is a need for more resources for drug addiction behavior.
- » The drug paraphernalia is very colorful, so it can easily be marketed to children.
- » Addiction, alcohol abuse, and prescription drug abuse are very high among adolescents.

## COMMUNITY INPUT

### Alcohol, Tobacco and Drugs

- » Penfield Christian Homes is a residential treatment facility that provides drug and alcohol treatment.
- » Opiate withdrawal is the most difficult drug recovery because patients feel like they are dying.
- » Education and communication among physicians is needed to prevent the over-prescribing of pain pills.
- » There are some support groups for behavioral and mental health; these include Alcoholics Anonymous, Celebrate Recovery, Narcotics Anonymous, and Al-Anon.
- » Tobacco use among families is very prevalent, especially dipping.
- » Pain medicine abuse causes an increase in DUIs.
- » There are a lot of people with mental problems that sell drugs.
- » Twenty percent of Americans are more pre-disposed to get addicted to prescription drugs.
- » Sexual abuse and substance abuse usually go together.

### Adolescent Behavior (General)

- » A lot of children are raised by grandparents.
- » The teen pregnancy rate is a major issue in this community.
- » There are a lot of children that do not have a concept of what a healthy lifestyle looks like.
- » There are children growing up in very poor areas of town that lack self-worth because they do not have the most expensive clothes and shoes.
- » There is a need for more instructional engagement in the schools which allows children to move around while they learn.
- » There is a teen health fair usually held on the campus of the high school or middle school.
- » There is a cycle of generational patterns among a lot of different populations. Black males from broken homes represent 70 percent of the prison population.

# SEXUALLY TRANSMITTED DISEASES

## HEALTHY PEOPLE 2020 REFERENCE - STD

Each year, there are approximately 19 million new sexually transmitted disease (STD) infections, and almost half of them are among youth aged 15 to 24.<sup>109</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>110</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.

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

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

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

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

## Why Is Sexually Transmitted Disease Prevention Important?

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

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

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## Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. The CDC estimates that half of new infections go undiagnosed each year.<sup>111</sup> 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>112</sup>

- » In 2009, Blacks had 8.7 times the reported chlamydia rates of Whites in the U.S.<sup>113</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>114</sup>
- » Women had 2.7 times the reported chlamydia rate of men in 2009.<sup>115</sup>
- » Georgia ranked 15th highest in the U.S. for reported chlamydia cases in 2010.<sup>116</sup>

In 2010, the chlamydia rates in Franklin and Hart counties (208.3 and 194.3 per 100,000 population) were lower than the State rate (461.2 per 100,000 population) and the U.S. rate (426 per 100,000 population).

## 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.*

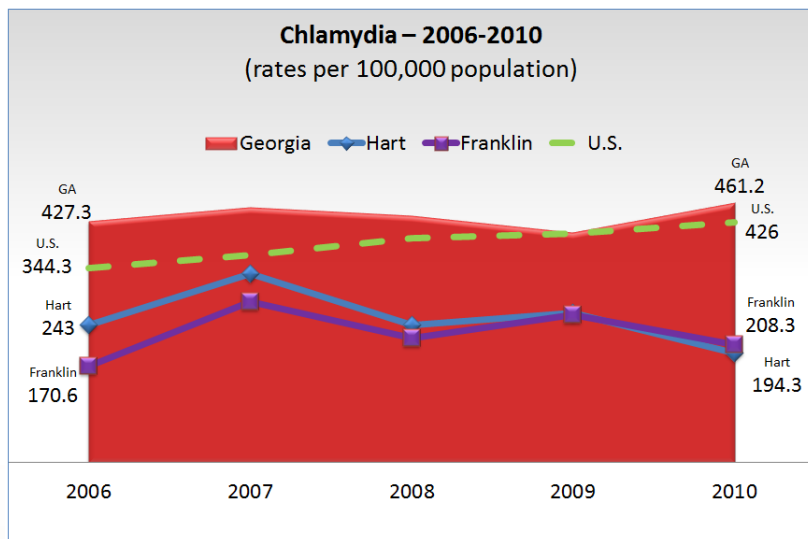
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### Average Chlamydia Rates by Race (2006-2010)

	White	Black	All
<b>Georgia</b>	62.6	645.1	437.3
<b>Franklin</b>	73.1	665.3	229.1
<b>Hart</b>	52.0	611.5	255.6

Data Source: OASIS, Georgia Department of Public Health

Chlamydia rates among Blacks were significantly higher than Whites in Franklin County, Hart County, and Georgia. (see table above).



Data Source: OASIS, Georgia Department of Public Health



## Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.<sup>117</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.

- » In 2009, Blacks had 20.5 times the reported gonorrhea rates of Whites in the U.S.<sup>118</sup>
- » Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.<sup>119</sup>
- » Georgia ranked seventh highest in the U.S. for reported gonorrhea cases in 2010.<sup>120</sup>

In 2010, the gonorrhea rates in Franklin and Hart counties (45.3 and 75.4 per 100,000 population) were lower than the State rates (161.7 per 100,000 population) and U.S. rates (100.8 per 100,000 population).

### Who is at Risk for Gonorrhea?

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

**Centers for Disease Control and Prevention**

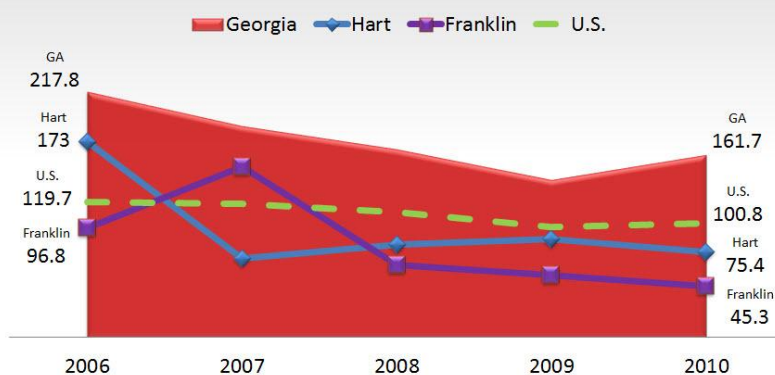
#### Average Gonorrhea Rates by Race (2006-2010)

	White	Black	All
<b>Georgia</b>	13.5	333	174.3
<b>Franklin</b>	13.4	401.3	82.5
<b>Hart</b>	15.6	248	97.5

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea rates were significantly higher among Blacks than Whites in Franklin County, Hart County, and Georgia. (see chart above).

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



Data Source: OASIS, Georgia Department of Public Health

## Syphilis

Syphilis is an STD that is passed from person to person through direct contact with syphilis sores. Many people infected may be unaware and the sores may not be recognized as syphilis. Symptoms may not appear for several years. Therefore, the infection may be spread by persons who are unaware that they have the disease. Syphilis is easy to cure in the early stages through the use of antibiotics.<sup>121</sup>

- » In 2009, Blacks had 9.1 times the reported syphilis rates of Whites in the U.S.<sup>122</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>123</sup>
- » Georgia ranked second highest in the U.S. for reported syphilis cases in 2010.<sup>124</sup>

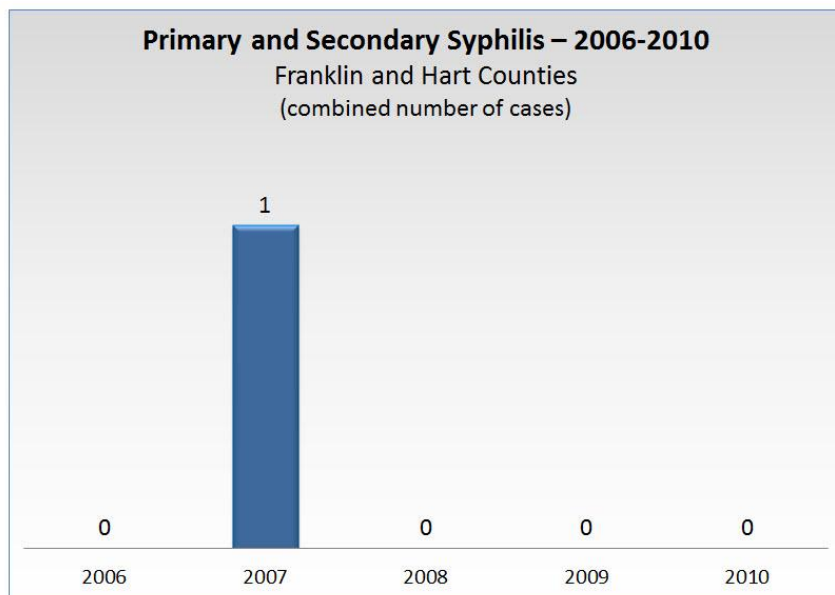
### How Can Syphilis be Prevented?

*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**

The Georgia syphilis rate in 2010 was 9.7 per 100,000 population. The U.S. rate in 2010 was 4.5 per 100,000 population.<sup>125</sup>



Data Source: OASIS, Georgia Department of Public Health, 2006-2010

Due to the low number of reported cases in Franklin and Hart counties, the syphilis rates were not statistically meaningful. Between 2006 and 2010, Franklin and Hart counties had a combined total of one case of syphilis.

## Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans are living with HIV, and one out of five people with HIV do not know they have it. Each year about 56,000 new infections of HIV occur.<sup>126</sup>

- » Nationally, from 2006-2009, the estimated number of people living with HIV increased 8.2 percent.<sup>127</sup>
- » The number of males living with HIV (869,000) was more than three times the number of women (279,100).<sup>128</sup>

Blacks had the highest number of persons living with HIV (510,600), accounting for 44 percent of all persons living with HIV in 2009. HIV was also prevalent in Whites (380,300), Hispanics (220,400), persons of multiple races (15,700), Asians (15,400), American Indians or Alaska Natives (4,300), and other Pacific Islanders (1,400).<sup>129</sup>

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

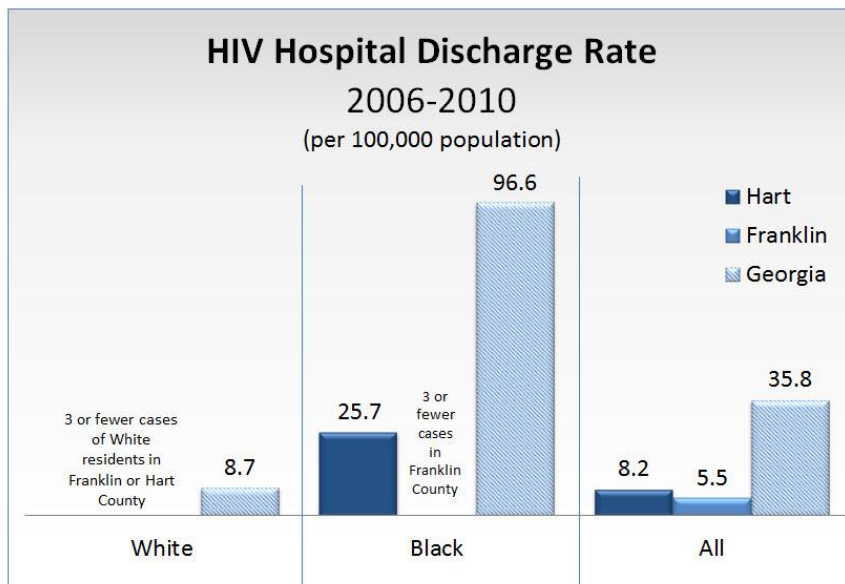
### Why is HIV Important?

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

**Healthy People 2020**

The HIV hospital discharge rate for Hart and Franklin County (8.2 and 5.5 per 100,000 population) were much lower than the State (35.8 per 100,000 population).

The HIV hospital discharge rate among Blacks in Hart County (25.7 per 100,000 population) was the only rate of significance to report at county-level.



Data Source: OASIS, Georgia Department of Public Health

## COMMUNITY INPUT

### Sexually Transmitted Disease

- » There have been some new cases of syphilis among young teens.
- » The lack of knowledge creates unhealthy sexual behavior.
- » Our culture glorifies sexual promiscuity.

### HIV

- » A new Ryan White HIV/AIDS satellite clinic has opened in Stephens County to address the increase in HIV/AIDS cases in Hart, Franklin, and Stephens counties. The increase in HIV cases has been attributed to drug use.

# ACCESS TO CARE

## HEALTHY PEOPLE 2020 REFERENCE - AHS

Barriers to healthcare can be due to a lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."<sup>130</sup>

### Why Is Access to Health Services Important?

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

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

*Healthy People 2020*

## Gaining Entry into the Healthcare System

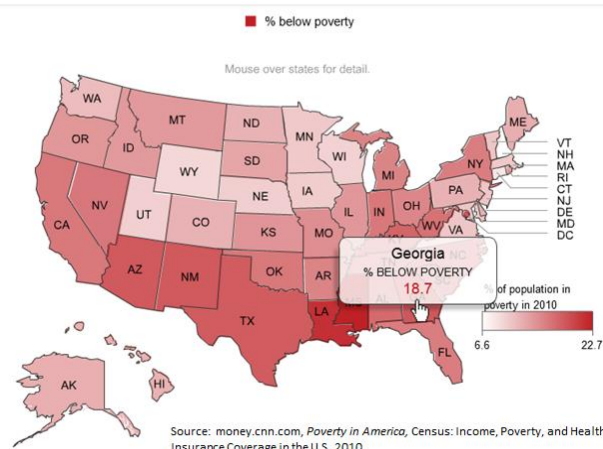
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

### Income and Poverty

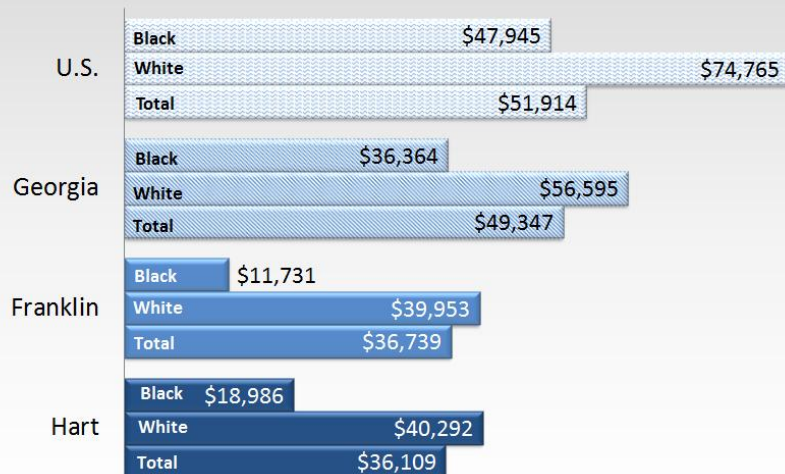
The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.3 percent in 2009.<sup>131</sup>

Georgia ranked third highest in the U.S. at 18.7 percent of the population below the poverty level in 2010. Louisiana and Mississippi are ranked first and second.<sup>132</sup>

### Poverty in America



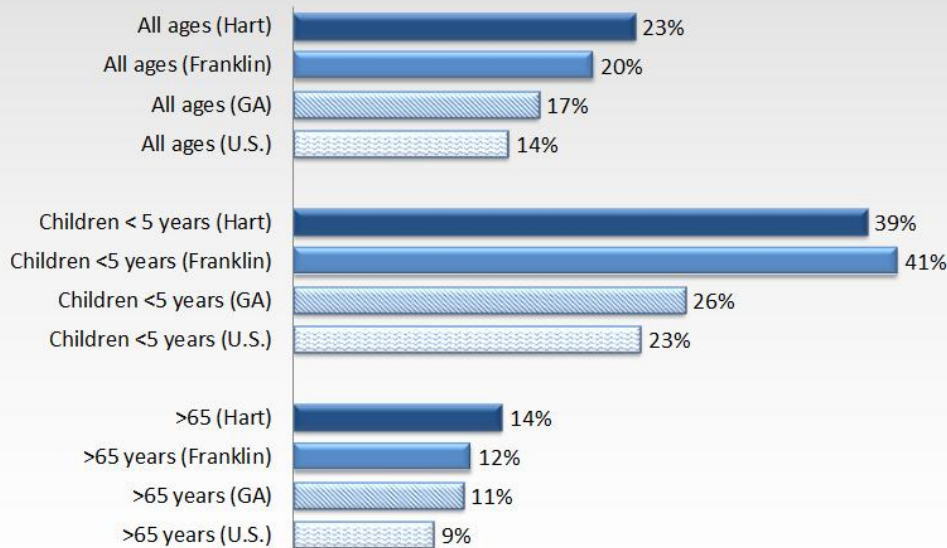
### Median Household Income, 2006 – 2010



Median household income during 2006-2010 in Franklin and Hart counties were \$36,739 and \$36,109, respectively. These median incomes were well below the Georgia average of \$49,347 and the U.S. average of \$51,914. In Franklin County for the period 2006-2010, the average White median income was more than three times the Black median income. In Hart County, the median White income was more than double the Black median income.

Data Source: U.S. Census

### Percentage of People Whose Income Was Below Poverty Level in Last 12 months – 2009-2011

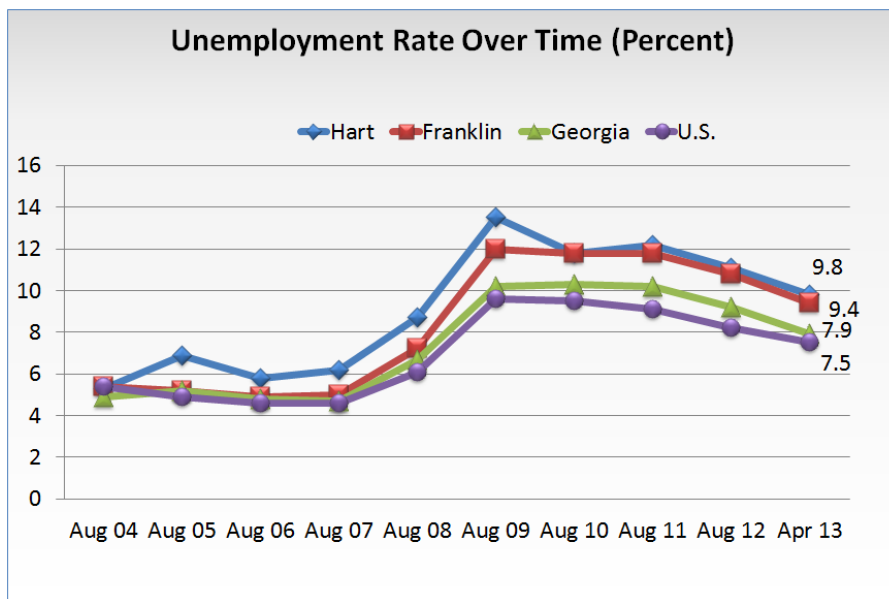


Data Source: U.S. Census

During 2009-2011, the percentage of people in Hart and Franklin counties whose income was below the poverty level (23 percent and 20 percent respectively) was higher than Georgia (16 percent) and the U.S. (14 percent). The percentage of children under five years of age living in poverty in Hart and Franklin counties (39 percent and 41 percent respectively) was higher than both Georgia (26 percent) and the U.S. (23 percent). The percentage of Seniors in Hart and Franklin counties living in poverty (14 percent and 12 percent respectively) was higher than the State (11 percent) and the U.S. (9 percent).

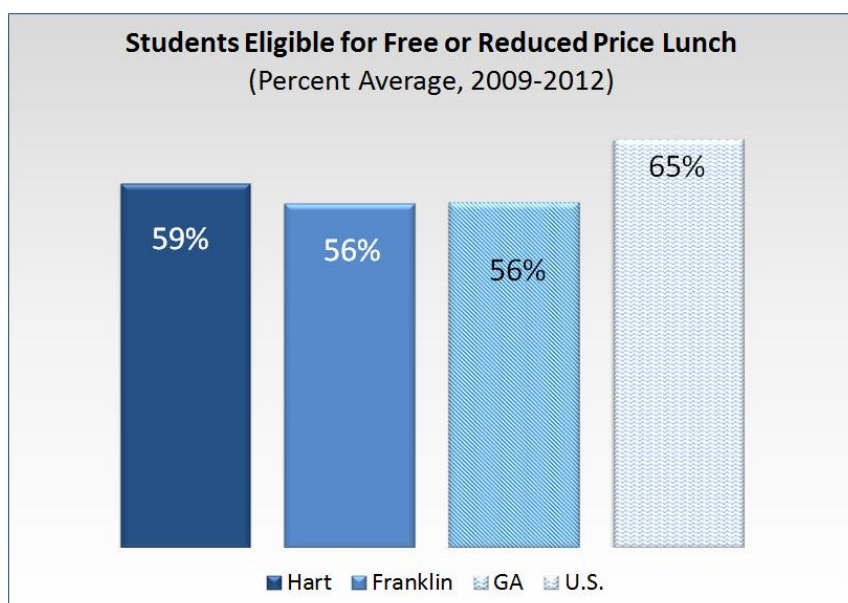


The unemployment rates for Hart and Franklin counties for the years 2004-2013 have been consistently higher than State and U.S. rates. The unemployment rates rose sharply in 2008, but have since decreased. The most recent data showed that Franklin County's unemployment rate dropped from 10.8 percent in August of 2012 to 9.4 percent in April of 2013. Hart County's unemployment rate dropped from 11.1 percent in August of 2012 to 9.8 percent in April of 2013.



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

The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.<sup>133</sup> For July 1, 2012 through June 30, 2013, a family of four's income eligibility for reduced-price lunches was at or below \$42,643 and for free meal eligibility at or below \$29,965.<sup>134</sup>

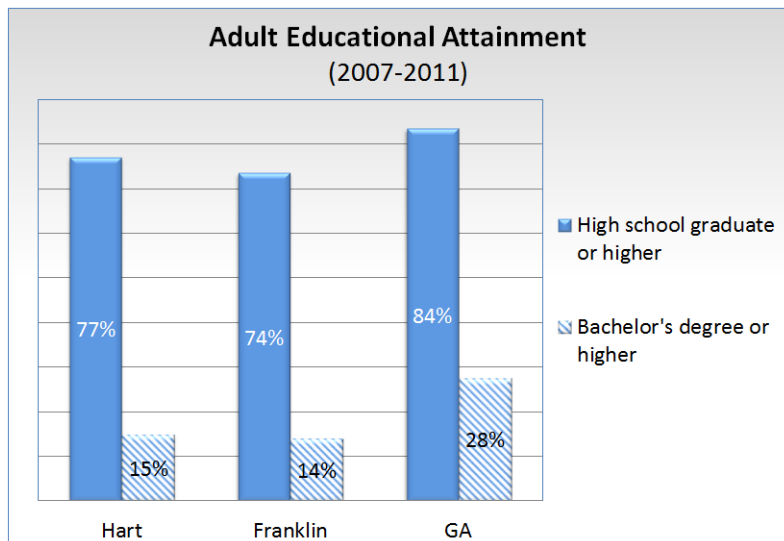


Data Source: Annie E. Casey Foundation, Kids Count Data Center

Fifty-six percent of the public school students in Franklin County and fifty-nine percent of public school students in Hart County were eligible for free or reduced price lunches for the years 2009 to 2012. This was higher than Georgia (56 percent) and the U.S. (65 percent).

## Educational Attainment

The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.<sup>135</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>136</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>137</sup>

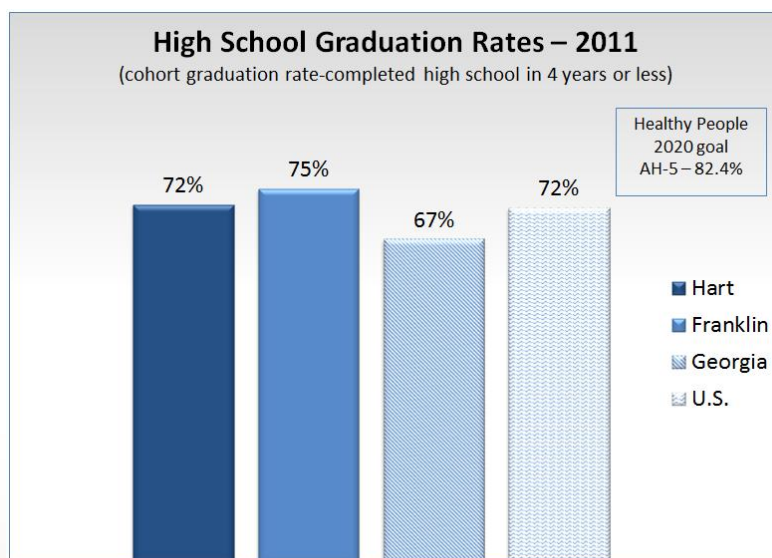


Data Source: Annie E. Casey Foundation, Kids Count Data Center

From 2007-2010, an average of 77 percent of Hart County residents and 74 percent of Franklin County residents graduated high school, compared to Georgia's average of 84 percent. An average of 15 percent of Hart County residents and 14 percent of Franklin County residents had a bachelor's degree or higher compared to Georgia's higher average of 28 percent.

The U.S Department of Education is now requiring all states to begin publicly reporting comparable high school graduation rates using the new four-year adjusted cohort rate calculation method. This method will provide uniform data collection when analyzing statistics across different states.<sup>138</sup>

In 2011, Franklin County had an average of 75 percent of students complete high school in four years or less. Hart County was higher (72 percent) than the State average (67 percent) and equal to the U.S. average (72 percent). The Healthy People 2020 goal for high school students is 82.4 percent (students graduate with a regular diploma, 4 years after starting 9<sup>th</sup> grade).



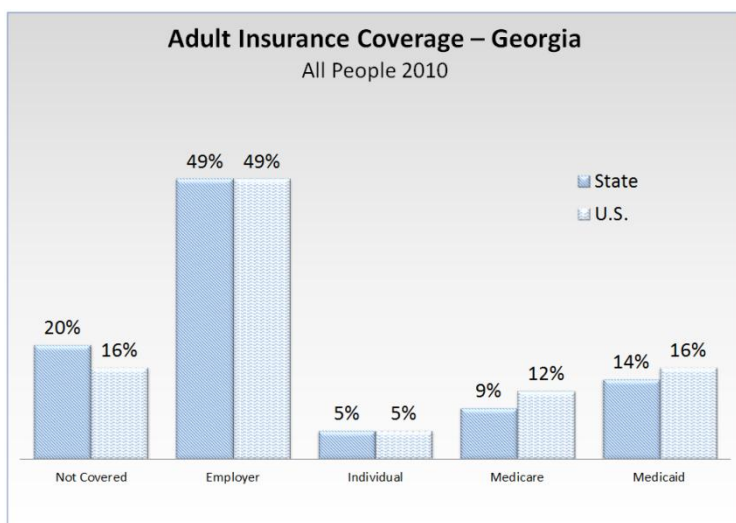
Data Source: Georgia Department of Education – 2011, Editorial Projects in Education Research Center

## Insured Status

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

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

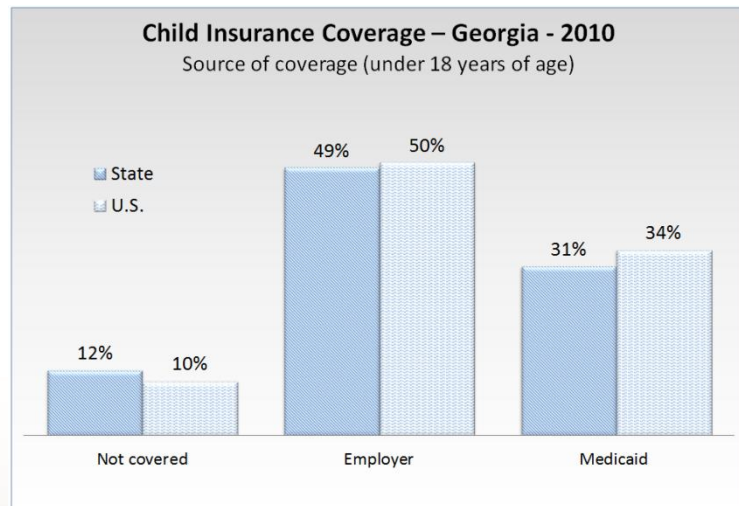
### GEORGIA INSURED STATUS



Data Source: Kaiser Family Foundation, Statehealthfacts.org

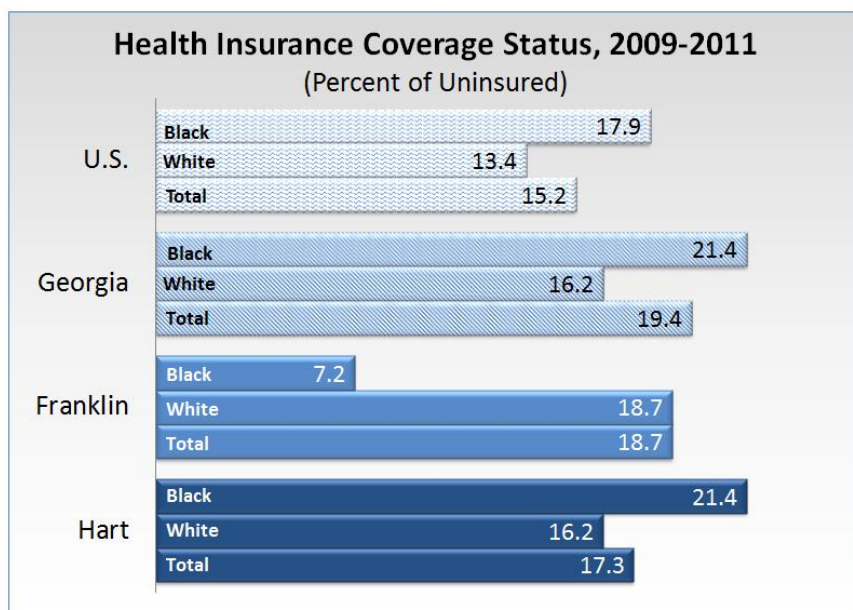
In 2010, Georgia's adult uninsured population (20 percent) was slightly higher than the U.S. (16 percent). Employer coverage was equal at 49 percent and Medicare and Medicaid coverage were slightly lower than the U.S. rate.

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



Data Source: Kaiser Family Foundation, Statehealthfacts.org

## FRANKLIN AND HART COUNTIES INSURED STATUS

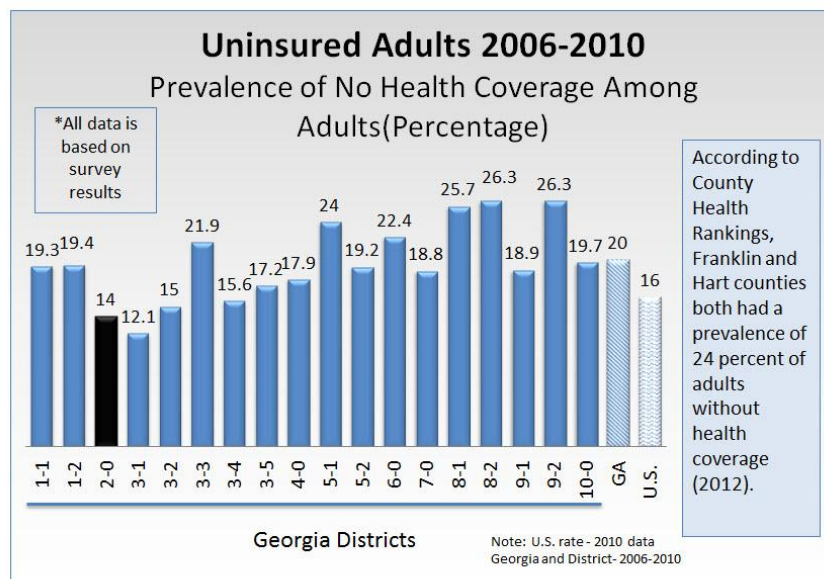


Data Source: U.S. Census

According to U.S. Census data, Franklin County (18.7 percent) and Hart County (17.3 percent) had lower proportions of uninsured than Georgia (19.4 percent) but higher rates than the U.S. (15.2 percent).

In Franklin County, Whites had a higher percentage of uninsured individuals (18.7 percent) compared to Blacks (7.2 percent). In Hart County, Blacks had a higher percentage of uninsured individuals (21.4 percent) compared to Whites (16.2 percent).

The percentage of adults that lacked health insurance from 2006-2010 in Health District 2-0 (which includes Franklin and Hart counties) was 14 percent. This was lower than the U.S. (16 percent) and Georgia (20 percent). In 2012, Franklin and Hart counties both had 24 percent of adults lacking health insurance, which was higher than the Health District, State and the U.S. rates.



According to County Health Rankings, Franklin and Hart counties both had a prevalence of 24 percent of adults without health coverage (2012).

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



## Georgia Health Assistance and Healthcare Programs

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

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

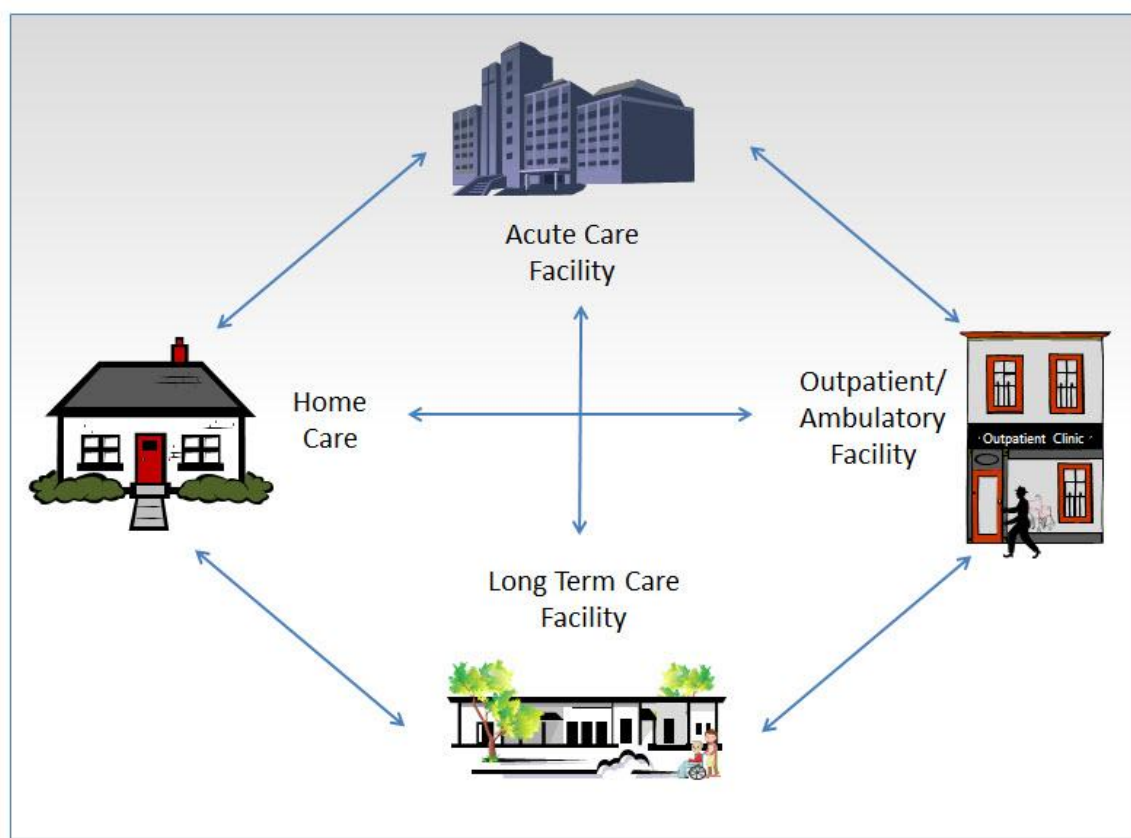
**Medicare** - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of healthcare, but it does not cover all medical expenses or long-term care. In Franklin County 17 percent of the population, and 18 percent in Hart County, is over the age of 65, making many of them eligible for Medicare.

## Accessing a Healthcare Location Where Needed Services are Provided

Accessing healthcare services in the U.S is regarded as unreliable because many people do not receive the appropriate and timely care they need. In 2014, a large proportion of Americans will have access to healthcare due to the *Patient Protection and Affordable Care Act*.<sup>139</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>140</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>141</sup> There are various types of facilities across the healthcare continuum that provide different levels of care and types of treatment. Levels of care include primary, secondary, tertiary, and sometimes quaternary. Types of treatment range from low acuity to high acuity. Within these levels of care and types of treatment, there are types of facilities such as: acute care, outpatient/ambulatory, long term care, and home care that specialize in different types of treatment (see diagram below). In addition, these types of facilities cater to certain diseases and conditions within this continuum of care.





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

Franklin County is home to Ty Cobb Regional Medical Center, a 56 bed community hospital. Ty Cobb Regional Medical Center offers many services including: an emergency department, a critical care unit, four surgical suites, a mother/baby unit, an imaging service department, a wellness facility, and a medical office building with 13 different specialties represented.

Ty Cobb Healthcare System includes the following:

- » Hartwell Health Care Center is a 92-bed long term care facility located in Hartwell, GA.
- » Brown Memorial Convalescent Center is a 144-bed long term care facility located in Royston, GA.
- » Cobb Health Care Center is a 116-bed long term care facility located off Highway 98 in Comer, GA
- » The Gables at Cobb Village is an assisted living facility located in Royston, GA.
- » Home Base Health Services is located in Lavonia near Ty Cobb Regional Medical Center. Home Base offers a variety of home medical equipment such as home oxygen, hospital beds, walkers, and aids to daily living such as home nutrition supplies.
- » The Wellness Center includes full time physical rehabilitation staff and a full public gym. It is located on the ground floor of Ty Cobb Regional Medical Center in Lavonia, GA.
- » HealthWorks provides outpatient drug testing and lab collection sites in Hartwell, Lavonia, and Royston. HealthWorks contracts with local companies to provide employee health screenings, on-site health fairs, and wellness programs for employees.

### Free or Sliding Fee Scale Clinics

There are two free or sliding fee scale clinics in the community. Medlink Royston is located in Franklin County and Medlink Harwell is located in Hart County. The clinics offer basic primary care services. Services include checkups, pregnancy care, immunizations, and pediatric care. Hours at both locations are:

Monday 8:30 - 7:00  
Tuesday 8:00 - 5:00  
Wednesday 8:00 - 5:00  
Thursday 8:00 - 5:00  
Friday 8:00 - 12:00

## Physician Workforce

Based on the Georgia Physician Workforce Report (2008), Franklin and Hart counties had an inadequate supply of physicians based on population in the following specialties:

### Franklin

Internal Medicine (deficit: -3)  
Pediatrics (adequate: -2) <sup>142</sup>

### Hart

None reported

However, Franklin and Hart had an adequate or surplus supply of physicians in the following specialties:

### Franklin

Psychiatry (adequate: 0)  
OB/GYN (adequate: 0)  
Emergency Medicine (Surplus: 1)  
Family Practice (surplus: 4)

### Hart

Emergency Medicine (adequate: 0)  
Family Practice (adequate: 0)  
Internal Medicine (surplus: 2)  
Orthopedic Surgery (surplus: 1)  
Radiology (adequate: 0)  
General Surgery (surplus: 1)  
Urology (adequate: 0) <sup>159</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 (MUA) or Medically Underserved Populations (MUP) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/ or elderly population. Franklin County is considered a MUA. Hart County is considered both a MUA and MUP. <sup>143</sup>

### Provider Shortages as of July 19, 2013

County	Shortage Primary Care Providers FTE- full time equivalent	Shortage Dental Providers	Shortage Mental Health Providers
Hart	None	None	3 FTEs (geographic area)
Franklin	2 FTEs (low-income)	1 FTE	3 FTEs (geographic area)

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

## Mental Health

Franklin and Hart County have facilities nearby and outside of the counties that provide mental health and substance abuse services. These facilities include:

- » Avita, also known as Hart County Behavioral Health Center, is a 5,500 square foot facility that provides behavioral health services and developmental disability services.
- » Wellsprings Psychological Resource Center provides outpatient counseling services for all ages. The center is open Monday through Thursday from 9:00 am - 6:00pm and Fridays from 1:00 pm to 6:00pm.

## Nursing Homes/Skilled Nursing Facilities

Franklin County has one nursing home , Brown Memorial Convalescent Center. Hart County has two additional nursing homes both located in Hartwell. These facilities are Hart Care Center and Hartwell Health Care Center. All of these nursing homes accept Medicare and Medicaid. The combined number of beds among these three nursing homes is currently 353.<sup>144</sup>

## Transportation

Franklin County has a land area of 262 square miles, and Hart County has a land area of 232 square miles.<sup>145</sup> There is no public transportation system in Franklin County, but there is a public transportation system in Hart County (Hart County Public Transportation). Hart County Public Transportation provides transportation to doctors in Royston and Lavonia and is operated out of the Senior Center. Many residents depend upon family members or others in the community for their transportation needs.

## Finding a Healthcare Provider with Whom the Patient Can Trust

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

### PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.<sup>146</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>147</sup> There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians. In 2008, the percentage of Franklin County's physician workforce in primary care was 50 percent, while in Hart County the percentage was 27 percent of physician workforce in primary care was 34.7 percent.

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>148</sup>

## COMMUNITY INPUT

### Access to Care

- » Other than what is offered through the Senior Center, there are no transportation services in Hart County.
- » The economics in the community is very poor. There are poorer areas of the community in which families have very little money to put food on the table.
- » There is a need to provide education to residents on where they can find appropriate healthcare for their individual needs.
- » There are not enough screenings occurring in the community.
- » There is a need for more meaningful and practical education. Individuals learn better by doing, not by reading or listening.
- » Our society tends to react to diseases, instead of preventing them.
- » The underinsured have a lot of issues accessing healthcare because they cannot afford their high copayments.
- » Overall wellness needs to be the focus of the community's vision.
- » The focus of prevention is the most important intervention.
- » There is no longer personal contact in healthcare. Everything from appointment reminders to health records are electronic.
- » There is one transportation resource in Hart County called Hart County Transit. These two buses operate out of the Senior Center, but do not typically leave the County.
- » There is a need for financial education for the young so they understand the importance of saving money and not relying on others.
- » There is a Medicaid transit service in Royston.
- » Language is a major barrier to access to care.
- » There is a resource guide in Hart County that lists services in the community.
- » The inability to pay contributes to an individual's behavior to not seek healthcare.
- » Open hours for most clinics do not always fit schedules of working individuals.
- » There is a need for more collaboration between the different agencies in the community; word of mouth is the best form of marketing.
- » A large portion of the population that receives public assistance has very poor education on responsibility and values.

## COMMUNITY INPUT

### Access to Care

- » Hart County Transit (operated out of the Senior Center) costs \$4.00 each way.
- » There is a charity clinic in Bowman (Elbert County).
- » There is a need for Spanish speaking providers.
- » Medlink, a sliding fee scale clinic, has a high turnover of physicians. It is difficult for patients to build trust and communication about their health status.
- » There are some families that go to Toccoa to deliver their baby because the OB physician practice is located in Hart County.
- » There is a need for child psychologist.
- » There is a need for physical therapy services for children in the community. Children have to travel to Braselton for this type of treatment.
- » After a child is age one, parents seem to stop taking the child to well checks.
- » There is only one dentist that takes Medicaid, and a lot of children are referred to Athens because their teeth are so bad they need specialized dental care.
- » There is a lack of specialists in the area.
- » There is a population that does not qualify for Medicaid and cannot afford employer insurance.
- » Transportation causes a major gap in access to care. There are Seniors that do not have family in the area to transport them to doctor's appointments.
- » There is Medicaid transportation available but you must schedule an appointment.
- » The physician population seems to be moving out or retiring.
- » There are a lot of poor and uneducated people in the community.
- » There is a need for a 24 hour urgent care center.
- » There is a need for a free or reduced price clinic.
- » There is a lack of resources for uninsured and underinsured.
- » Medlink is a sliding fee scale clinic.
- » There is an urgent care clinic in Hartwell.



## COMMUNITY INPUT

### Access to Care

- » There is a need for specialists that accept Medicaid.
- » Transportation is a barrier. Only certain Medicaid eligible individuals can use Medicaid transportation service.
- » Hart County has self-pay transportation.
- » There is a lack of specialists such as, psychiatrists, family therapists, pediatric specialists, and neurologists.
- » Specialists need to accept more Medicare and Medicaid patients.
- » There are college students that do not get care until it is an emergency. They do not have insurance because their parents' lost jobs.
- » There is a need for a medical clearinghouse to help with communication of resources.
- » Dental care is offered twice a week at the Health Department.
- » There is a need for an indigent care clinic.
- » Medlink takes a variety of patients (including the indigent); there is limit to the number they can take.
- » The biggest issue in the community is the lack of true access to affordable healthcare.
- » Transportation is a top priority for these communities. Whether it is lack of gas money or lack of a vehicle, there are many families that do not have reliable transportation.
- » The Health Department is overwhelmed with patients. There is a long wait time and people are often sent home after waiting.
- » There is a great event called "Back to School Bash," that reaches out to over 400 families. This would be a great opportunity for health education.
- » The Health Department only offers certain services on certain days.
- » Pediatric cases have to go somewhere else since there is no pediatric inpatient unit.
- » There is not a local hospice service.
- » Access to physicians is very limited.

# SPECIAL POPULATIONS

## Why Do Special Populations Matter?

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

-Healthy People 2020

## COMMUNITY INPUT

### Senior Issues

- » Seniors do not want to go to the doctor because it is a burden. The Senior Center is implementing wellness classes to encourage compliance with recommended doctors visits.
- » Most Seniors choose to either buy healthy food or buy their medicine.
- » Seniors get to an age where they do not like to ask for help.
- » Driving distance to specialists is a major issue for Seniors.
- » There is a need for communication to Seniors about knowing what to ask about their health conditions.
- » Wait times frustrate Seniors and add to their lack of compliance with keeping doctor appointments.
- » Education is needed to help Seniors financially manage both healthy eating and their monthly prescription costs.
- » There is a lack of home care for Seniors due to lack of family support and inability to qualify for in-home help.
- » There is a population of Seniors that own their home, but do not qualify for any assistance. Their children cannot help them because they can barely afford to take care of themselves.
- » There are a lot of families that live with their elderly loved ones to collect the Social Security check.

## COMMUNITY INPUT

### Senior Issues

- » There are some Seniors in Hart County that do not have any family to check on them.
- » A lot of Seniors lack socialization. The Meals on Wheels program provides a little help with socialization with in-home deliveries.
- » There are a lot of Seniors dealing with macular degeneration.
- » Pride issues exist among the Senior population. Even if they can afford home health, they do not want to utilize the service due to pride.
- » The main goal of Meals on Wheels is to keep the independent Seniors out of the nursing homes.
- » The Hart County Senior Center has around 30 participants enrolled in the meal program.
- » A lot of Seniors have so much medicine they do not know what to take or when to take it.
- » The cost of medicines is very high for a Senior's monthly budget.
- » There is a need for education on prescription assistance.
- » The younger Seniors seem to be more overweight than the older Seniors.
- » There are a lot of cases of Alzheimer's and dementia that are undiagnosed.
- » The Senior Center and churches do a lot of outreach to help homebound Seniors.
- » Seniors have to use the computer to apply for food stamps or Medicaid. This is very difficult for a generation that is used to face-to-face contact.
- » There is no day treatment available for Alzheimer's patients.
- » The Senior Center has a call program that has volunteers call Seniors at home to check on them.
- » There is a need for an adult daycare.
- » We need support groups or advocacy groups for Seniors that live at home.
- » There is a need to address the rising Seniors' needs. These Seniors are more active and want to remain active.
- » There is one adult day care program in Habersham County.

## COMMUNITY INPUT

### Senior Issues

- » The isolation of Seniors is a very big problem. Faith-based programs should address this need.
- » There is a support program called Kinship Care that advocates for grandparents raising their grandchildren.
- » There is a lot of financial exploitation occurring among the Senior population.
- » There is a lot of Alzheimer's in the community.
- » Unethical caregivers are taking or selling their loved one's medicine.

### Minority Populations

- » Diabetes and high blood pressure are major problems in the Black population.
- » Sexual abuse in the Hispanic population is very prevalent, but under reported.
- » The migrant Hispanic workers are primarily employed by the poultry processing plants.
- » Most of the Hispanics live in Lavonia. There are a lot of Hispanic churches in the surrounding area.

### Other

- » There is a need for self-esteem programs for children.
- » There are a lot of single parent households.
- » Children do not get enough dental care.
- » There are a handful of parents that just do not care about their children.

## COMMUNITY INPUT

### Other

- » Fear, shame, and pride prevent people from doing what they should do.
- » Hart County has one of the highest child abuse rates in Georgia.
- » There is not any gun or gang violence. Most gun related issues occur with hunting accidents.
- » Rabies is a major problem in the area.
- » Oral health is a major issue. Parents seldom ensure that their child is being seen by the dentist.
- » There is a lot of domestic violence in both Franklin and Hart counties.
- » The domestic violence perpetrators need treatment so they do not become repeat offenders. There is a need for some type of program or individual that helps with this.
- » Heart Haven is a shelter for women and children who are victims of domestic violence.
- » A lot of people view their life as great and are not motivated to change because they are unaware of their problems.
- » There is a major hygiene problem among some students in the elementary school. Children are taking care of themselves.
- » Families have no accountability for one another.
- » General health education is a major issue. Most of the problems in this community stem from poor health behaviors.
- » Special conditions such as epilepsy do not have specialists in the community.
- » Sexual pornography addiction is a major problem in this community.
- » Domestic violence is very prevalent in the community. Females that have low self-esteem cannot leave their partner because they do not believe they can do better.
- » Families have lost the skills to have healthy family relationships.

## COMMUNITY INPUT

### Mental Health

- » Bi-polarism, ADHD, and depression are very prevalent among the adolescent population.
- » Wellspring offers some mental health services.
- » Residential mental health facilities do not exist in the community.
- » Mental illness is major issue in the community.
- » There are a lot of mental health issues that are not being treated or diagnosed.
- » There is a lack of psychiatric care in the community. Lower income individuals have transportation issues that create difficulties in making appointments.
- » There is a long wait time for appointments for mental health related care.
- » An intensive outpatient mental health center is key to improving a community's mental health needs.
- » Seventy-four percent of inmates have some type of mental illness.
- » Bi-polarism is a major mental illness in this community.
- » The mentally ill should not be in jail, but it is better than living on the streets.
- » Hart County has the same issues with mental health as Franklin County.
- » There is a need for a crisis stabilization unit for the mentally ill.
- » The break up and breakdown of the family unit is a major problem.
- » Inpatient mental health is a major gap in this community.
- » The White population is less accepting of mental health issues.
- » There is a need for access to mental health services for the working poor.



# PRIORITIES

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## Community Input

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

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

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

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

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

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

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

## Focus Group Meetings and Priorities

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

- » Community Meeting #1: August 6, 2013 (Hartwell, GA)
- » Community Meeting #2: August 7, 2013 (Lavonia, GA)
- » Community Meeting #3: August 8, 2013 (Royston, GA)

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

1. Obesity and Diabetes
  - a. There is a need for education awareness on the causes, prevention, and intervention for obesity and diabetes.
    - i. There is a need for specific education on how to purchase and make healthy foods on a budget.
    - ii. There is a need for lifestyle intervention education on exercise habits.
  - b. There are limited places for physical activity that are safe and cost-effective.
    - i. There is a need for low cost recreational facilities or education on how to stay active with limited resources.
2. Access to Care - Providers and Prevention
  - a. There is a need for education and awareness concerning prevention of chronic illnesses, health behaviors, and habits that promote the use of primary care and preventive medicine.
  - b. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.
  - c. There is a shortage of providers, specialists, or services in the community.
  - d. There is a need for free or low cost care options for the working poor, uninsured, or underinsured.
3. Senior Health
  - a. There is a need for education and awareness in relation to Senior health issues across the healthcare continuum.
    - i. Medication education
    - ii. Prevention/wellness education
  - b. There is a need for family support services such as respite care and adult day care for Alzheimer's or dementia patients.
4. Access to Care - Transportation
  - a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents.
5. Mental and Behavioral Health
  - a. There is a need for education and awareness on mental illness.
  - b. There is a need for more services, providers, and specialists relating to mental health care.
6. Cancer
  - a. There is a need for more cancer treatment services and providers.
  - b. There is a need for education and awareness regarding cancer screenings, prevention, and treatment methods.

- c. There is a need for specific education on workplace protection from environmental and occupational hazards associated with various industries.
- 7. Teen Birth Rate
  - a. There is a need for early education and awareness for adolescents concerning sex education and contraceptive use.
  - b. There is a need for education to increase self-esteem, self-worth, and outlook for a better life.
  - c. There is a need for pre-natal education and intervention.
- 8. Heart Disease and Stroke
  - a. There is a need for education and awareness on prevention, signs and symptoms of cardiovascular risk, and intervention tactics.
- 9. Adolescent Lifestyle Including Alcohol, Tobacco, and Drugs
  - a. There is a need for education and awareness surrounding healthy lifestyle choices related to alcohol, tobacco and drug use (especially prescription drugs)

## Hospital Input

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

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

## Identified Priorities

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

- Obesity and Diabetes
- Access to Care - Providers and Prevention
- Senior Health
- Access to Care - Transportation
- Mental and Behavioral Health
- Cancer
- Teen Birth Rate
- Heart Disease and Stroke
- Adolescent Lifestyle Including Alcohol, Tobacco, and Drugs

# COMMUNITY PARTICIPANTS

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Ty Cobb 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 and specific vulnerable population groups.

## TY COBB REGIONAL MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Steve Barber	CHSC Chair, Vice President of Finance, Ty Cobb Healthcare System
Amy Bailey	MD, Family Practice, Carnesville Family Practice
Mela Banks	Director, Utilization Review, Ty Cobb Regional Medical Center
Marsha Beck	Administrator, Brown Memorial Convalescent Center, Ty Cobb Healthcare System
Robin Carson	Manager, Homebase Health, Ty Cobb Healthcare System
Matt McRee	Chief Operating Officer & Vice President of Communications, Ty Cobb Healthcare System
Evelyn Murphy	Chief Nursing Officer, Ty Cobb Regional Medical Center
Lauren Papka	Chief Administrative Officer, Ty Cobb Healthcare System
Janet Schell	Risk Management Officer, Ty Cobb Healthcare System
Leslie Stone	Nurse Manager-Emergency Services, Ty Cobb Regional Medical Center
Ken Watkins	Coordinator Franklin County Family Connection, Vice Chair Region 2

## COMMUNITY REPRESENTATIVES - KEY STAKEHOLDER INTERVIEWS

Adams, Mike	Director, Hart County EMS, Hart County Coroner
Anderson, Andrea	RN, Care Transitions Coordinator, Amedisys
Broadwell, Jane	Certified Addiction Counselor, Campus Director, Hart Ministry/Penfield Christian Homes
Brookins, Diane	Coordinator, Long Term Care Ombudsman Program, Legacy Link
Chitwood, Wendy	Volunteer & Outreach Coordinator, Harmony House
Cobb, Andrea	Social Services Supervisor/Child Protective Services, Dept. of Family & Children Services
Crump, Hoyt	MD, Semi-retired Family Practice Physician, Volunteers at Free Medical Clinics
Evans, Lisa	Director, Hart Count Senior Center
Fowler, Angy	RN, County Nurse Manager, Franklin County Health Department
Franklin, Susie	RN, School Nurse, Franklin County Elementary
Gordon, Pam	MSN, RN, Hart County High School Social Worker, Homeless Liaison
Hall, Charlie	Account Executive, Amedisys Home Health Agency
Leard, Kathy	Associate Superintendent, Hart County School System
Oxley, Beverly	Executive Director, Wellsprings Psychological Resources Center
Starrett, Laura	Pediatric Nurse Practitioner, Carnesville Family Practice
Teasley, Crystal	Juvenile Program Manager, Georgia Department of Juvenile Justice, Hart CSO
Thomas, Stevie	Sheriff, Franklin County

## PARTICIPANTS IN COMMUNITY FOCUS GROUP MEETINGS

Albin, Gary	RN, Nurse Manager - Health Services, Whitworth State Prison,
Beasley, Jones	Director, Franklin EMA/911
Berryman, Peggy	ISS Educator, Franklin County Middle School
Bridges, Thomas	Chairman, Franklin County Board of Commissioners
Burgess, Luanne	SNAP Field Program Specialist, Hart County Dept. of Family and Children Services
Davis, Glenda	Market Development Director, American Cancer Society
Eppinger, Alan B.	Owner/Director, Mack's Funeral Home
Evans, Tracy	Outreach Advocate, Northeast Georgia Council on Domestic Violence
Farrow, Mariette	Elementary PE Instructor, Franklin County Schools
Fleming, Pam	Insurance Representative/Employee Benefits, Skelton-Morris Associates
Flen, Anderson	Health Promotion & Chronic Disease, District 2 Public Health
Gidley, Mary	Office Manager/Book keeper, Hartwell Learning Center-Family Connection Agency
Glenn, Alice	CPA, VP, Grizzle, Glenn, Adams & Martin, PC, Hart County Hospital Authority
Griggs, Bill	Owner, Docks South
Grizzle, Debra F.	Registrar, Emmanuel College
Haliford, Charity	Executive Director, Royston Housing Authority
Harris, Terry	Director, Franklin County EMS
Hendrix, Peggy	HR Director, PharmaTech Industries
James, April	Director of Marketing/Public Relations, LifeSprings Media LLC
James, Jo Beth	Media Specialist, Franklin County Schools
Long, Tracy	Community Manager, American Cancer Society
Maxwell, Chris	Campus Pastor, Emmanuel College
Mcconnell, Ilka	Archway Professional, Hart County Archway, University of Georgia
McCorkle, Leah	Activities Coordinator, Hart County Senior Center
Melton, Tammy	Health Science Educator, Franklin County High School
Morse, Billy	County Manager, Franklin County
Owens, Jim	Director, Hart County Recreation Department
Partain ,Terrell	Director, Hart County EMS
Pasko, Karen	Assistant Professor of Natural Sciences, Emmanuel College, Foster Parent
Rucker, Travis	Probation Officer, Elberton Probation Office, Community resident
Stewart, Mike	President, Emmanuel College
Strickland, Vanessa	Business Office Manager, Amedisys Hospice
Turman, Keith	Councilman, City of Royston
Teasley, Crystal	Juvenile Program Manager, Department of Juvenile Justice
Tiller, Sandy	Outreach Missions Chair, Royston First United Methodist Church
Vickery, Hannah	Community resident
Vickery, Peggy	Editor, The Hartwell Sun
Watkins, Ken	Coordinator, Franklin County Family Connection
Wilbanks, Becky	Director, Franklin County Senior Center
Williamson, Sean	Director of Counseling Services, Emmanuel College
Winter, Jeremiah	Assistant Professor of Natural Sciences, Emmanuel College



# RESOURCE LISTING

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

## ASSISTED LIVING FACILITIES

The Gables at Cobb Village  
12 Cobb Village Drive  
Royston, GA 30662  
706.246.1709 (P)

The Young at Heart Pch  
61 Turkey Creed Road  
Carnesville, GA 30521  
706.246.1700 (P)

The Veranda At Carnesville  
29 Mcentire Street  
Carnesville, GA 30521  
706.391.9055 (P)

Vickery Place  
5410 Vickery Street  
Lavonia, GA 30553  
706.356.5551 (P)

Lake Pointe Al & Memory Care Community  
45 Walnut Street  
Hartwell, GA 30643  
706.376.1614 (P)

Hart County Care Home  
154 Hart Services Road  
Hartwell, GA 30643  
706.376.6166 (P)

## BIRTH CERTIFICATES

The Probate Court of Franklin County  
7085 Highway 145  
Carnesville, GA 30521  
706.384.2403 (P)

The Hart County Probate Court  
185 West Franklin Street  
Hartwell, GA 30643  
706.376.2565 (P)

## BLOOD DONATIONS

American Red Cross  
800.RED.CROSS / 800.733.2767 (P)  
[www.redcross.org](http://www.redcross.org)

## BREASTFEEDING RESOURCES

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

La Leche League of GA Hotline  
404.681.6342 (P)

Franklin County Health Department  
6955 GA Highway 145 South  
Carnesville, GA 30521  
706.384-5575 (P)

Hart County Health Department  
64 Reynolds Street  
Hartwell, GA 30643  
706.376.5117 (P)

## CAR SEAT RESOURCES AND SAFETY

Auto Safety Hotline  
800.424.9393 (P)

Child Safety Seat Inspections  
Franklin County Sheriff's Office  
1 James Little Street  
Carnesville, GA 30521  
706.835.9137 (P)

Hart County Health Department  
64 Reynolds Street  
Hartwell, GA 30643  
706.376.5117 (P)

## CANCER SUPPORT SERVICES

American Cancer Society  
800.227.2345 (Preferred)

American Cancer Fund  
PO Box 7262  
Hillsborough, NJ 08844  
908.431.9800  
[www.americancancerfund.org](http://www.americancancerfund.org)

Circle of Hope  
PO Box 286  
Lavonia, GA 30553

TJ & Friends Foundation  
PO Box 6161  
Elberton, GA 30635  
706.283.1395

## CHILDREN & FAMILY SUPPORT SERVICES

ALL GA KIDS  
877.255.4254 (P)

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

## CLOTHING RESOURCES

The Salvation Army Family Store  
1087 E Franklin Street  
Hartwell, GA 30643  
706.376.2112 (P)

Hart County Clothes Closet  
175 Colfax St  
Hartwell, GA 30643  
706.376.2022

## COUNSELING

Avita Behavioral Health Services  
228 North College Avenue  
Hartwell, GA 30643  
706.376.4002 (P)

Northeast Georgia Counseling Center  
461 Cook Street  
Royston, Georgia 30662  
706.245.1861 (P)

Wellsprings Psychological Resources  
63 Spring Station Road  
Royston, GA 30662  
706.246.0733 (P)

## CRISIS INTERVENTION

Georgia Crisis Line  
800.715.4225 (P)

National Domestic Violence Hotline  
800.799.7233 (P)

Hart Life Pregnancy Care Center  
317 W Franklin St  
Hartwell, GA 30643  
706-376-1700

## DENTAL (LOW-INCOME)

Franklin County Health Department  
6955 Highway 145 South  
Carnesville, GA 30521  
706.384.5575 (P)

Hart County Health Department  
64 Reynolds Street  
Hartwell, GA 30643  
706.376.5117 (P)

## DEVELOPMENTAL NEEDS

Babies Can't Wait  
[www.health.state.ga.us/programs/bcw](http://www.health.state.ga.us/programs/bcw)

Parent to Parent of Georgia  
800.229.2038 (P)

## DME & RESPIRATORY PROVIDERS

Home Base Health DME Services  
29 Clear Creek Parkway  
Lavonia, GA 30553  
706.356.7400 (P)

Royston Drug Store  
26 Franklin Springs Street  
Royston, Georgia 30662  
706.245.7223(P)

Hartwell Pharmacy  
118 Athens Street  
Hartwell, Georgia 30643  
706.376.5121(P)

## EMERGENCIES / URGENT CARE

Ty Cobb Regional Medical Center  
367 Clear Creek Road  
Lavonia, GA 30553  
706.356.7800 (P)

Reddy Urgent Care - Hartwell  
138 West Gibson Street  
Hartwell, GA 30643  
706.376.6200 (P)

Reddy Urgent Care - Royston  
132 Franklin Spring Street  
Royston, GA 30662  
706.246.9700 (P)

## FATHERHOOD

Georgia Fatherhood Program  
770.531.4011 (P)

National Center for Fathers  
800.593.3237 (P)

## FINANCIAL ASSISTANCE

Division of Family and Children Services (DFCS)  
Temporary Assistance for Needy Families (TANF)  
1133 Hull Street  
Carnesville, GA 30521  
[www.dfcs.dhs.georgia.gov](http://www.dfcs.dhs.georgia.gov)

Division of Family and Children Services (DFCS)  
Temporary Assistance for Needy Families (TANF)  
267 E. Johnson Street  
Hartwell, GA 30643  
[www.dfcs.dhs.georgia.gov](http://www.dfcs.dhs.georgia.gov)

## FINANCIAL COUNSELING

Consumer Credit Counseling Service  
800.388.2227 (P)  
[www.credability.org](http://www.credability.org)

## FOOD ASSISTANCE

Division of Family and Children Services (DFCS)  
Temporary Assistance for Needy Families (TANF)  
1133 Hull Street  
Carnesville, GA 30521  
[www.dfcs.dhs.georgia.gov](http://www.dfcs.dhs.georgia.gov)

Division of Family and Children Services (DFCS)  
Temporary Assistance for Needy Families (TANF)  
267 E. Johnson Street  
Hartwell, GA 30643  
[www.dfcs.dhs.georgia.gov](http://www.dfcs.dhs.georgia.gov)

Food Bank of Northeast Georgia  
PO Box 48857  
Athens, GA 30604  
706.354.8191

## FURNITURE RESOURCES

Salvation Army Thrift Store  
1065 E. Franklin Street  
Hartwell, GA 30643  
706.376.2112(P)

## GED CLASSES

North Georgia Technical College  
8989 Highway 17 South  
Toccoa, GA 30577  
706.779.8116 (P)

Hart County Adult Learning Center  
110 Benson Street  
Hartwell, GA 30643  
706.376.5534 (P)

## HEALTH INSURANCE

PeachCare for Kids  
877.427.3224 (P)  
[www.peachcare.org](http://www.peachcare.org)

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

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

## HOSPICE PROVIDERS

Amedisys Hospice  
53 Rock Drive  
Toccoa, GA 30577  
706.827.0020 (P)

Hospice of Northeast Georgia  
2150 Limestone Parkway  
Gainesville, GA 30501  
770.219.8888 (P)  
[nghs.com](http://nghs.com)

## HOSPICE PROVIDERS (CONT.)

Odyssey Hospice - A Gentiva Company  
1100 Sherwood Park Drive Northeast  
Gainesville, GA 30501  
770.533.4422 (P)  
[www.gentiva.com](http://www.gentiva.com)

United Hospice of Gainesville  
700 S Enota Drive Northeast  
Gainesville, GA 30501  
770.297.1970 (P)  
[www.united-hospice.com](http://www.united-hospice.com)

## HOUSING / UTILITY ASSISTANCE

Georgia Dept. of Community Affairs  
Georgia Dream Homeownership Program  
800.359.4663 (P)

Georgia Dept. of Community Affairs  
Housing Choice Voucher Program  
Athens Regional Office  
1061 Dowdy Road, Suite 201  
Athens, GA 30606  
706.369.5636 (P)  
[www.dca.state.ga.us](http://www.dca.state.ga.us)

Georgia Housing Search  
[www.georgiahousingsearch.org](http://www.georgiahousingsearch.org)

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

## JOB TRAINING

Georgia Dept. of Labor  
Career Centers  
150 Evelyn C. Neely Drive  
Athens, GA 30601  
706.583.2550 (P)  
[www.dol.state.ga.us/js/](http://www.dol.state.ga.us/js/)

## LEGAL ISSUES

Georgia Legal Services  
800.822.5391 (P)



## LITERACY

Family Literacy Hotline  
404.539.9618 (P)

Ferst Foundation for Childhood Literacy  
888.565.0177 (P)

## LONG TERM CARE (SKILLED NURSING FACILITIES)

Brown Memorial Convalescent Center  
545 Cook Street  
Royston, GA 30662  
706.245.1900 (P)

Hartwell Health Care Center  
94 Cade Street  
Hartwell, GA 30643  
706.856.6992 (P)

Hart Care Center  
261 Fairview Ave  
Hartwell, GA 30643  
706.376.7121 (P)

Cobb Health Care Center  
2430 Paoli Street  
P.O. Box 566  
Comer, GA 30629  
706.783.5116 (P)

## MEDICAL FINANCIAL ASSISTANCE

Division of Family and Children Services (DFCS)  
Temporary Assistance for Needy Families (TANF)  
1133 Hull Street  
Carnesville, GA 30521  
[www.dfcs.dhs.georgia.gov](http://www.dfcs.dhs.georgia.gov)

Division of Family and Children Services (DFCS)  
Temporary Assistance for Needy Families (TANF)  
267 E. Johnson Street  
Hartwell, GA 30643  
[www.dfcs.dhs.georgia.gov](http://www.dfcs.dhs.georgia.gov)

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

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

## MEDICAL CLINICS AND CARE

Franklin County Health Department  
6955 Highway 145 South  
Carnesville, GA 30521  
706.384.5575 (P)

Hart County Health Department  
64 Reynolds Street  
Hartwell, GA 30643  
706.376.5117 (P)

InfantSee  
888.396.3937 (P)  
[www.infantsee.org](http://www.infantsee.org)

MedLink Royston  
625 Cook Street  
Royston, GA 30662  
706.245.4342 (P)

MedLink Hartwell  
63 West Gibson Street  
Hartwell, GA 30643  
706.376.3394 (P)

## MENTAL HEALTH

Wellsprings Psychological Resources  
63 Spring Station Road  
Royston, GA 30662  
706.246.0733 (P)

Avita Behavioral Health Services  
228 North College Avenue  
Hartwell, GA 30643  
706.376.4002 (P)

## OCCUPATIONAL HEALTH AND WELLNESS

HealthWorks of Ty Cobb Healthcare System  
PO Box 496  
12134 Augusta Road  
Lavonia, GA 30553  
706.356.4450

The Wellness Center at Ty Cobb Regional Medical  
Center  
367 Clear Creek Parkway  
Lavonia, GA 30553  
706.356.5514

Bell Family YMCA  
281 Opal Street  
Hartwell, GA 30643  
706.856.9622

## PARENTING RESOURCES

American Academy of Pediatrics  
[www.healthychildren.org](http://www.healthychildren.org)

Children's Healthcare of Atlanta (CHOA)  
[www.choa.org](http://www.choa.org)

Hart Partners  
110 Benson Street, PO Box 91  
Hartwell, GA 30643  
706.376.7449

H.Y.D.R.A.  
200 Clay St.  
Hartwell, GA 30643  
706.376.8899

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

## PATERNITY

Office of Child Support Services (OCSS)  
Northern Office  
11 Seaboard Street  
Elberton, GA 30635  
1.877.423.4746

## PHYSICAL THERAPY / REHABILITATION SERVICES

Athens Physical Therapy  
Physicians Back and Neck Clinic  
12605 Augusta Road  
Lavonia, GA 30553  
706.356.1333

Quinn Physical Therapy Services  
127 Walmart Drive  
Hartwell, GA 30643  
706.856.2970

## PHYSICAL THERAPY / REHABILITATION SERVICES (CONT.)

Northeast Georgia Rehabilitation Center  
651 Cook Street  
Royston, GA 30662  
706.246.0542

Ty Cobb Regional Medical Center  
367 Clear Creek Parkway  
Lavonia, GA 30553  
706.356.5514

## POSTPARTUM DEPRESSION

Georgia Crisis Line  
800.715.4225 (P)  
[www.bhlweb.com/tabform](http://www.bhlweb.com/tabform)

Georgia Postpartum Support Network  
866.944.4776 (P)

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

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

Postpartum Support International  
800.944.4773 (P)  
[www.postpartum.net](http://www.postpartum.net)

## PUBLIC LIBRARIES

Royston Public Library  
684 Franklin Springs Street  
Royston, GA 30662  
706.245.6748

Lavonia-Carnegie Library  
28 Hartwell Road  
Lavonia, Georgia 30553  
706.356.4307

Hart County Library  
150 Benson Street  
Hartwell, GA 30643  
706.376.4655

## RECREATION AND PARKS

Boys & Girls Club  
[www.bgca.org](http://www.bgca.org)

Bell Family YMCA  
281 Opal St. Ext.  
Hartwell, GA 30643  
706-856-9622

Big Oaks Recreation Area on Hartwell Dam  
Hwy. 29  
Hartwell, GA 30643

Carnesville City Park  
999 Hull Ave  
Carnesville, GA 30521  
706-384-3905

Elrod Ferry Recreation Area  
US Hwy. 29  
Hartwell, GA 30643

Franklin County Recreation Department  
Rocky Ford Road  
Carnesville, GA 30521  
706-384-7275

Hart State Park  
330 Hart State Park Road  
Hartwell, GA 30643  
706.213.2045

Hart County Recreation Department  
200 Clay St  
Hartwell, GA 30643  
706.376.8528

Royston Wellness Park  
Skelton Street  
Royston, GA 30662  
706.245.7232

Victoria Bryant State Park  
231 Bryant Park Circle  
Royston, GA  
706.245.6270

Paynes Creek Campground  
518 Ramp Rd  
Hartwell, GA 30643

## SAFETY

Georgia Poison Control  
800.222.1222 (P)  
[www.gpc.dhr.georgia.gov](http://www.gpc.dhr.georgia.gov)

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

## SENIOR CITIZENS

Hartwell Senior Center  
139 Clay Street  
Hartwell, GA 30643  
706.376.3975

Franklin County Senior Center  
6885 Hwy 145  
Carnesville, GA 30521  
706-384.2500

Silver Sneakers Program  
Bell Family YMCA  
281 Opal Street Ext.  
Hartwell, GA 30643  
706.856.YMCA

## SMOKING CESSATION

Georgia Tobacco Quit Line  
877.270.7867 (P)  
[www.livehealthygeorgia.org/quitline](http://www.livehealthygeorgia.org/quitline)

## TEEN PARENTING RESOURCES

Hart Partners  
110 Benson Street, PO Box 91  
Hartwell, GA 30643  
7063.376.7449

Rural Assistance Center  
[www.raconline.org](http://www.raconline.org)  
1.800.270.1898

Young Mommies Help Site  
[www.youngmommies.com](http://www.youngmommies.com)

Hart Life Pregnancy Care Center  
317 W Franklin St  
Hartwell, GA 30643  
706-376-1700

## TRANSPORTATION

Hart County Public Transit  
139 Clay Street  
Hartwell, GA 30643  
706.376.3975 (P)

Master Care of Royston  
403 Hartwell Street  
Royston, GA 30622  
706.245.9815 (P)

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