

2016

Morgan Memorial Hospital
**Community Health
Needs Assessment**

Morgan County

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CERTIFIED PUBLIC ACCOUNTANTS

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EXECUTIVE SUMMARY

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

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

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

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

About the Area

Morgan County is located in the Piedmont region of Georgia. It is approximately 60 miles east of Atlanta on Interstate 20. According to the 2014 U.S. Census, there were 17,956 residents in the county. Morgan Memorial Hospital, located in Madison, is the only hospital in the county.

The population distribution of Morgan County among urban and rural is 24.6 percent urban and 75.4 percent rural. The land area of Morgan County is 1.2 percent urban and 98.8 percent rural.

Condition of Health (Morbidity and Mortality)

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

CANCER

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

HEART DISEASE AND STROKE

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

CHRONIC LOWER RESPIRATORY DISEASE

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

ACCIDENTS

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

MATERNAL, INFANT AND CHILD HEALTH

Birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. The Morgan County infant mortality overall rate was lower than the Georgia rate; however, the infant mortality rate among the White population was higher than the White Georgia rate. The teen birth rate in Morgan County was lower than the rate in Georgia; however, higher than the U.S. rate. The teen birth rate among the Black population was the highest in both Morgan County and Georgia.

ALCOHOL, TOBACCO AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. From 2009 to 2013, the use of cigarettes and alcohol decreased among adolescents in Georgia; however, marijuana and methamphetamine use increased. Morgan County schools had a higher percentage of adolescents that participated in binge drinking, tobacco use, and cigarette use but a lower percentage that participated in drinking and driving, marijuana, methamphetamine, and prescription drug use.

SEXUALLY TRANSMITTED DISEASES

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

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. Sixteen percent of Morgan County residents reported no health insurance. Nearly sixteen percent of Morgan **County's population is** below the poverty level. Eight percent of children were uninsured in Georgia which was the same as the U.S. rate. Education also affects an **individual's ability to access care**. Approximately 82 percent of Morgan County residents were high school graduates compared to Georgia residents at 85 percent. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex. Local infrastructure and public transit affect access to health care. Without a public transit system, many Morgan County residents rely on friends and family members for transport.

Community Prioritization of Needs

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

1. Access to Care
2. Lifestyle - Obesity and Diabetes
3. Mental Health
4. Senior Health
5. Substance Abuse

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

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

APPROVAL

Morgan Memorial Hospital approved this community health needs assessment through a board vote on June 30, 2016.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

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

Ralph Castillo, CEO

Beth O'Neil, CNO

Kyle Wilkinson, CFO

Megan Morris, Director of Development and Community Relations

Leah Ainslie, FNP-C, Morgan County Health Department

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

3. Identifying and Engaging Community Leaders and Participants

The CHSC identified community leaders, partners, and representatives to include in the CHNA process. Individuals, agencies, partners, potential partners, and others were requested to work with the hospital to 1) assess the needs of the community, 2) review available community resources and 3) prioritize the health needs of the community. Groups or individuals, who represent medically-underserved populations, low income populations, minority populations, and populations with chronic diseases, were included. The hospital identified over 20 individuals to participate in the CHNA process.

4. Identifying and Engaging Community Stakeholders

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

5. Community Health Profile

A Community Health Profile (Profile) was prepared by Draffin & Tucker, LLP to reflect the major health problems and health needs in Morgan 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

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

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

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

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

7. Hospital Prioritization of Needs

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

Description of Major Data Sources

Bureau of Labor and Statistics

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

Behavioral Risk Factor Surveillance System

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

Centers for Disease Control and Prevention

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

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

County Health Rankings

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

Georgia Department of Public Health

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

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

Information Gaps and Process Challenges

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

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

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

2013 Implementation Strategy

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

Morgan Memorial Hospital's 2013-2016 Community Health Needs Implementation Plan

Due to limited resources and the rising costs of providing healthcare services to our community, our implementation strategy is focused on increasing awareness and use of existing programs, services, and resources in our community. Our strategy will focus foremost, but not exclusively, on reaching the target group identified through the Community Health Needs Assessment as having the most disproportionate levels of health risk factors and diagnoses within our community: African American males.

Community Health Priority Need #1: Improvements in clinical access and community health education activities. (Primary, Secondary, and Tertiary)

Specific Areas of Interest:

1. General awareness including tobacco, nutrition, exercise, sexually transmitted diseases and teen pregnancy
2. Chronic disease conditions including heart disease, cancer, respiratory concerns, diabetes, and depression
3. Community mental health and substance abuse

Current MMH Activities Addressing the Need:

- Community Health Fair and Back to School Rally - Each year Morgan Memorial Hospital partners with the Morgan Co. Family Connection collaborative to host this event. Representatives from more than 50 local resources are available to talk with attendees. Health screenings including glucose, cholesterol, blood pressure, bone density, hearing, vision and dental are available to attendees free of charge. MMH continues to offer an annual Community Health Fair in collaboration with Morgan Co. Family Connection and other community partners. The number of attendees has continued to grow each year. Data collected in 2015 shows over 600 citizens attended and over 50 exhibitors were on hand providing resource information and school supplies in addition to the health screenings that were offered at no cost.
- Diabetes Education Classes- **“Managing Your Diabetes at Home”** is a 5 hour class taught twice per year. It is free of charge and open to individuals diagnosed with diabetes, caretakers or other individuals who have an interest in learning more. The course places a strong emphasis on healthy eating.

We currently offer education through our dietician. He is available to answer dietary questions from community members, regardless of whether the individual is a current patient or not, and also speaks to community groups as requested. Our diabetes class is scheduled as requested by our local physicians.

- CPR and First Aid- We have four employees who are Certified CPR Instructors. We offer community classes quarterly and as requested.

CPR and First Aid classes are offered quarterly by our six certified instructors. We also work with local businesses and civic groups to offer classes as requested.

- Breast Cancer Awareness Month- In partnership with our radiologists and local primary care providers, we offer a set number of free screening mammograms each October available to individuals without insurance. We have also partnered with local community businesses to raise monies for a mammography fund that will be utilized to offset costs of mammograms for those needing them at other times of the year.

We continue to focus on Breast Cancer Awareness during the month of October each year. In partnership with our local primary care physicians and radiology group, free mammograms are offered for up to 30 individuals annually without insurance. We also partner with local business to offer educational opportunities regarding the importance of routine mammograms.

- Senior Life Enrichment Center (SLEC)- The only program in our region dedicated to Seniors, SLEC assists individuals in dealing with depression and other mental health issues brought on through life changes such as caregiver challenges, relocation, retirement, financial problems, loss of a loved one, or health and physical changes. Transportation is provided within a 40 mile radius.

In depth review showed SLEC to be a service line that we could no longer support from a financial perspective. The program was officially closed at the end of October 2013.

- Participation in health fairs at local senior center, schools, and businesses when invited to do so. Free screenings and information on hospital services are provided to attendees.

We continue to participate in a variety of health fairs and events in our community by offering free health screenings and information on local health resources.

Morgan County Senior Center: approximately 100 attendees

Public Safety Night Out: approximately 300 attendees

Morgan County High School: approximately 25 staff members participate

Grand Opening of Madison Drug/Lollipops: approximately 250 attendees

Morgan County Charter School System: sports physicals offered free of charge
for approximately 425 students athletes

Georgia Military College Super Saturday: Information on heart health offered to
approximately 50 attendees

Car Seat Safety: We now have a certified instructor who can provide
complimentary child safety seat inspections for proper installation. A grant allows us to
provide car seats at no charge for those in need.

Multiple presentations to local civic groups and clubs

Additional Strategies Planned:

- Increased health fairs with targeted audiences.

Our needs assessment showed that African American males are in most need of additional healthcare services. It also suggested that our local community tends to rely heavily on their faith and places of worship. We will work with the local ministerial association to bring health screening opportunities to the faith community beginning by targeting the four largest African American congregations.

Thus far we have been able to offer health screenings at three African American churches in our community including New Enon Baptist Church, Springfield Church and Calvary Baptist Church reaching over 300 individuals. Our clinical staff also offered educational sessions related to heart health as this is a significant area of concern, particularly with our local African American population.

In addition to churches, we will work with local industry employers to bring screening opportunities to their employees. We will target the four largest local industry employers: Ga Pacific (450), Pennington (200), Anthony (175), and Bard Manufacturing (130).

We have been able to offer health screenings and education for multiple local employers such as Anthony International and the City of Madison. We would still like to expand with other large industries in our community but we have learned that some of them already offer such services for their employees at headquarter locations which may not be located in Madison. The Morgan County Health Department also provides health screenings at some of our larger local employers, such as Bard Manufacturing and local county government.

- Collaborate with public health and other local entities to develop an inclusive list of health-related resources that will be beneficial for local citizens. This document will be distributed at health fairs and other community events.

This list was developed and is available for distribution through various local partners.

- Partner with the Morgan Co. Family Connection through the Teen Pregnancy Task Force. An employee of Morgan Memorial Hospital will serve as a representative on this newly formed committee tasked with educating teens in an effort to reduce the number of teen pregnancies within Morgan County. This group will also provide information on sexually transmitted diseases.

Through the Teen Pregnancy Task Force, we helped put together a local event called the Teen Maze. This is put on annually for all 9th graders in the Morgan County School system. Parents, other students, and community members are invited to participate in an evening walk through of the event as well. **Teen Maze helps students understand how their “Decisions Determine their Destinies.” Students encounter scenarios relative to drinking and drug use, driving under the influence, teenage pregnancy, and sexually transmitted diseases.** Surveys completed by participants both before and after the event show that a significant impact is made. Teen pregnancy rates have been declining locally and we feel this event is one of the significant reasons why. Data from 2013 (latest statistics available on the state level) show Morgan County has a teen pregnancy rate of less than 2% (16.9 per 1000).

Additionally, First Call Pregnancy Center now has a mobile unit which visits our county on a weekly basis. In addition to providing education and resources for expectant moms, they also work with **the Morgan County Health Department to educate and offer screening opportunities for STD’s.**

Community Health Priority Need #2: Issues Associated with the Hospital

Specific Areas of Interest:

1. Misuse of Emergency Room
2. Administrative Stability
3. Appearance of Hospital Facility
4. PR/Advertising of Health and Healthcare Services

Current MMH Activities Addressing the Need:

- Administrative Stability - Our CEO has been at MMH longer than any other CEO in the previous 5 years. A close working relationship has been established between the hospital administrator, hospital authority, and county commissioners. With all parties working together well, it is felt that administrative stability will no longer be a concern.

Our current CEO has now been with us for over four years. Stability at the administrative level is not an issue that comes up within the community any more.

- Appearance of Hospital Facility - Our current facility was built in 1960 with only two significant renovation projects since that time. As our budget has allowed, we continue to make improvements to the exterior façade. Most recently, more modern windows were installed and landscaping was improved. It is our hope that we will be able to undergo a significant building project within the next 5-10 years.

During the last three years we completed a refresh of all of our patient rooms through the generosity of local donors. We have also made significant strides in our quest for a replacement hospital facility and should break ground in calendar year 2016.

- PR/Advertising of Health and Healthcare Services - We have an advertising program in place within our primary service area. Through the use of print media, our website, social media and community events we are able to promote our service lines and other activities that we offer to the public.

We have continued to promote our services through print, web, social media and community events. While the main focus of our marketing campaign over the last 18 months has been on our progress in bringing a replacement hospital facility to the community, the media coverage has helped us become **more “top of mind”** with many local community members. They are indirectly becoming more familiar with the presence of a local hospital and have a greater understanding of our services. Our social media presence has grown quite significantly during this time period, going from less than 100 followers to close to 1000.

Community Health Priority Need #3: Economic Development (Lack of Industry/Lack of Jobs)

The Madison-Morgan Chamber of Commerce spearheads economic development activity for our local community. Through strategic measures staff members work to promote and enhance the economic vitality of the community through the retention and/or expansion of existing business and the attraction of appropriate new business.

As an active member of the Chamber of Commerce, Morgan Memorial assists as needed in the recruitment of new industry and strives to be a beneficial partner to those industries already located in our community. Morgan Memorial holds a seat as an ex-officio member of the Chamber Board and provides monthly updates to the group.

The Morgan County Board of Commissioners are also strong supporters of continued economic success for our community. Recognizing the importance of the role that Morgan Memorial holds in attracting and retaining industry and other employers, the commissioners provide a financial supplement annually to the hospital.

We continue to work closely with the Madison-Morgan Chamber of Commerce and the Morgan County Board of Commissioners. Our community has seen economic growth with significant expansions of local industries such as Mannington Mills, opening of new businesses such as Farmview Market, and plans for significant replacement projects within organizations such as the Morgan County Charter School System.

ABOUT MORGAN COUNTY



Image Source: MapViewer

Morgan County is located in **Georgia's Piedmont region**. It is approximately one-hour east of Atlanta on Interstate 20. According to the 2014 U.S. Census, there were 17,956 residents in the county.¹ Morgan Memorial Hospital, located in Madison, is the only hospital in the county.

Morgan County includes the cities of Bostwick, Buckhead, Madison, and Rutledge. The population distribution of Morgan County among urban and rural is 24.6 percent urban and 75.4 percent rural.² The land area of Morgan County, containing 347.35 square miles³, is 1.2 percent urban and 98.8 percent rural.⁴

City/Town/Village	2010 Population
Bostwick	365
Buckhead	171
Madison	3,979
Rutledge	781

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

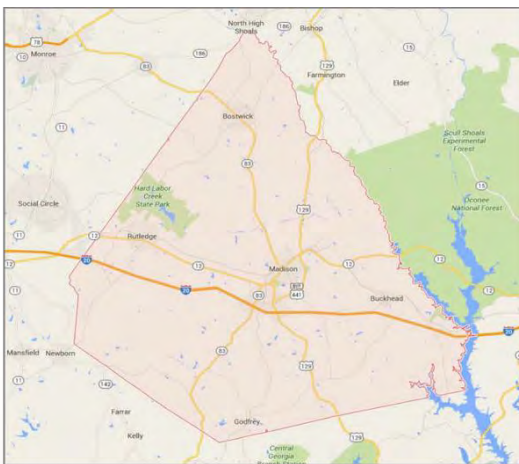
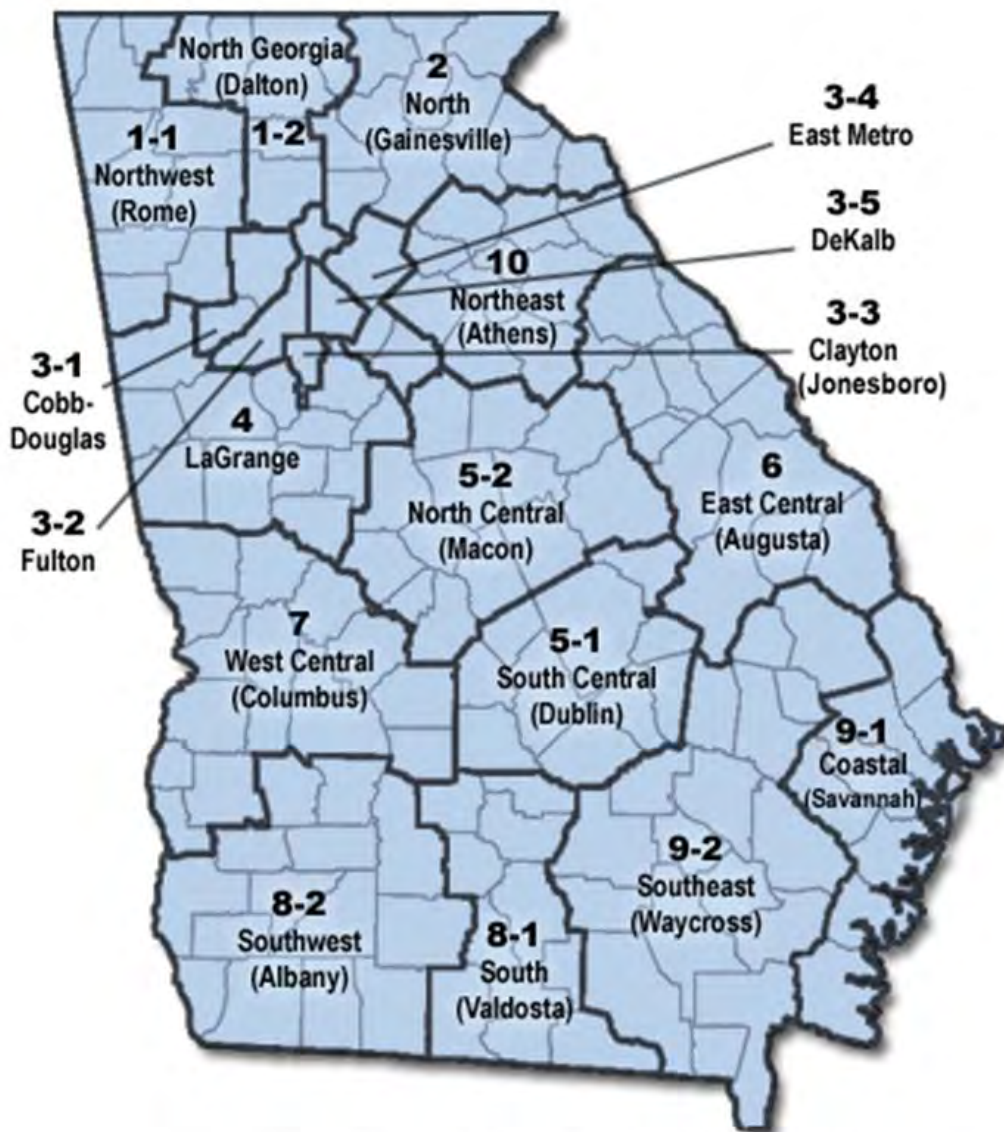


Image Source: Google Maps

Morgan County has a balanced economy of agriculture, tourism, and manufacturing. Morgan County is home to **one of Georgia's largest state parks**, Hard Labor Creek State Park, and also includes part of Lake Oconee.⁵

Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Morgan County is located in district 10-0 which is also referred to as 10 Northeast (Athens). This district includes the following counties: Morgan, Green, Oglethorpe, Elbert, Madison, Jackson, Barrow, Walton, and Oconee.



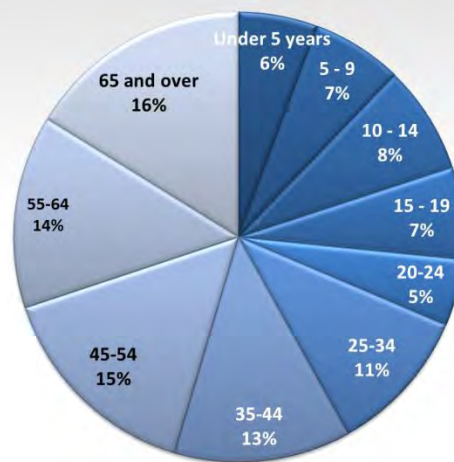
Source: Georgia Department of Community Health

Population Profile

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

According to the 2009-2013 Census data, 16 percent of Morgan County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 11.1 percent compared to 13.4 percent for the U.S.⁶

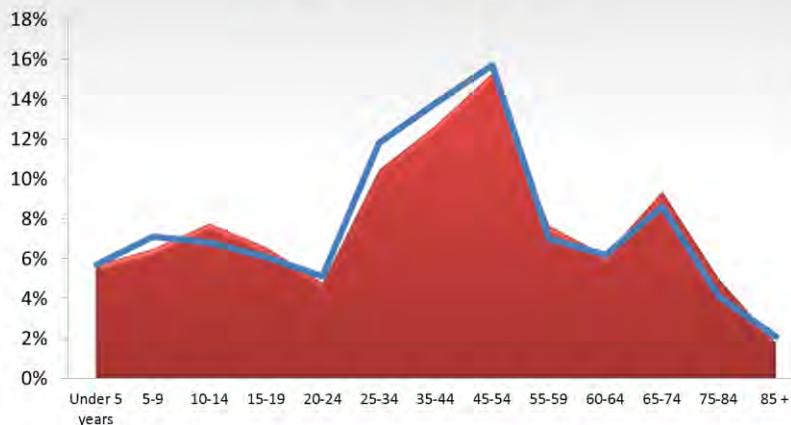
Population Percentages by Age Groups, 2009-2013
Morgan County



Data Source: U.S. Census Bureau

Population Percentages by Age Groups
Morgan County

■ Morgan 2013 ■ Morgan 2010



Data Source: U.S. Census Bureau

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

Age groups with increases:

- 10-19
- 55-84

Age groups with decreases:

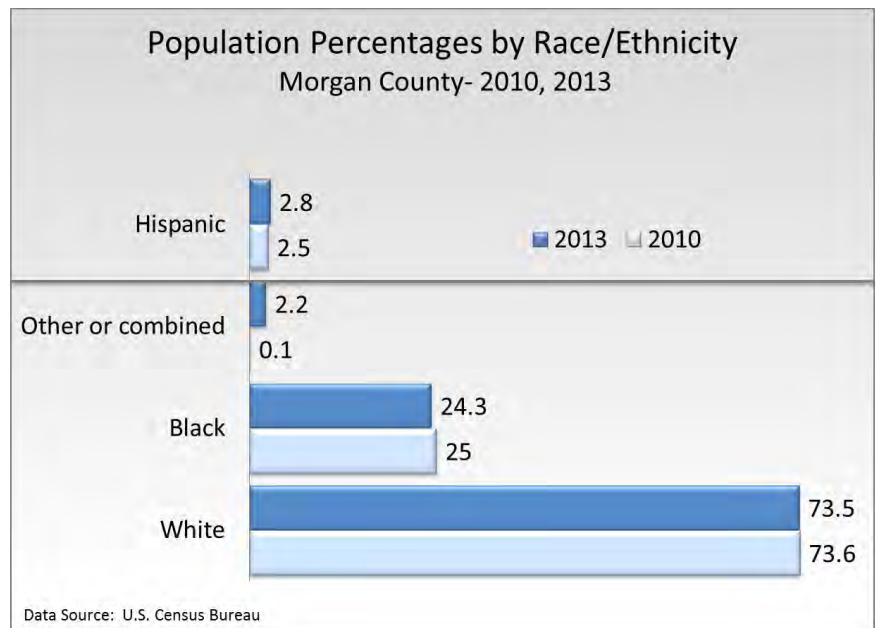
- 5-9
- 20-54
- 85+

There was no change in the age group under 5 years.

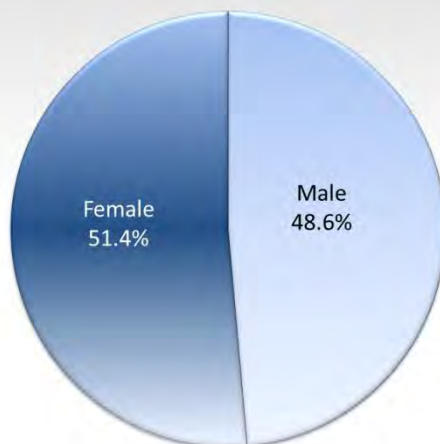
Race, Ethnicity and Origin Profile

There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.⁷ 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.⁸ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.⁹

According to 2013 U.S. Census data, Morgan County's population was 73.5 percent White, 24.3 percent Black, and 2.8 percent Hispanic. All population groups have remained relatively stable from 2010 to 2013.

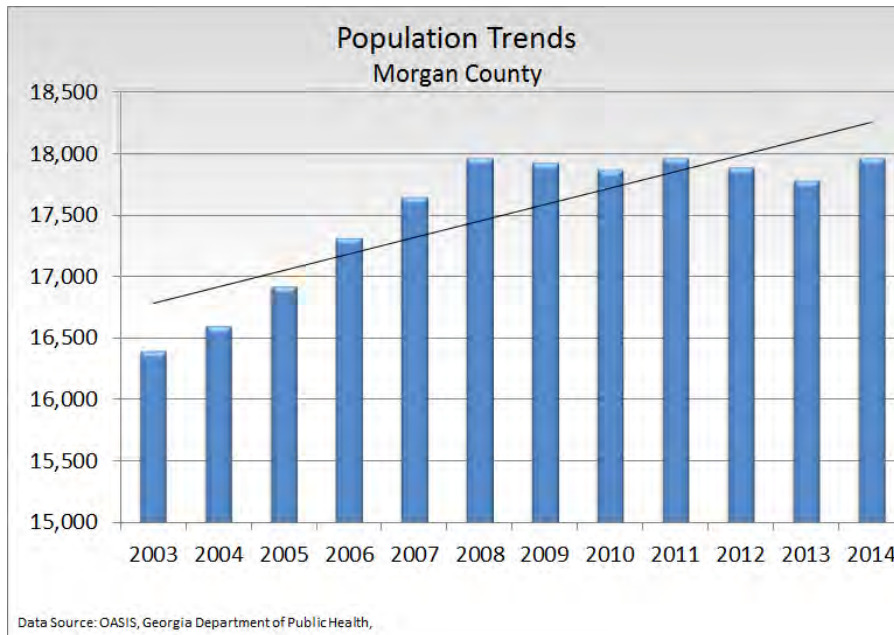


Population Percentages by Sex, 2009-2013 Morgan County



Data Source: U.S. Census Bureau

The percentage of females in Morgan County was higher at 51.4 percent compared to males at 48.6 percent.



Based on population estimates, the population of Morgan County increased by 94 residents from 2010 to 2014.

COMMUNITY INPUT

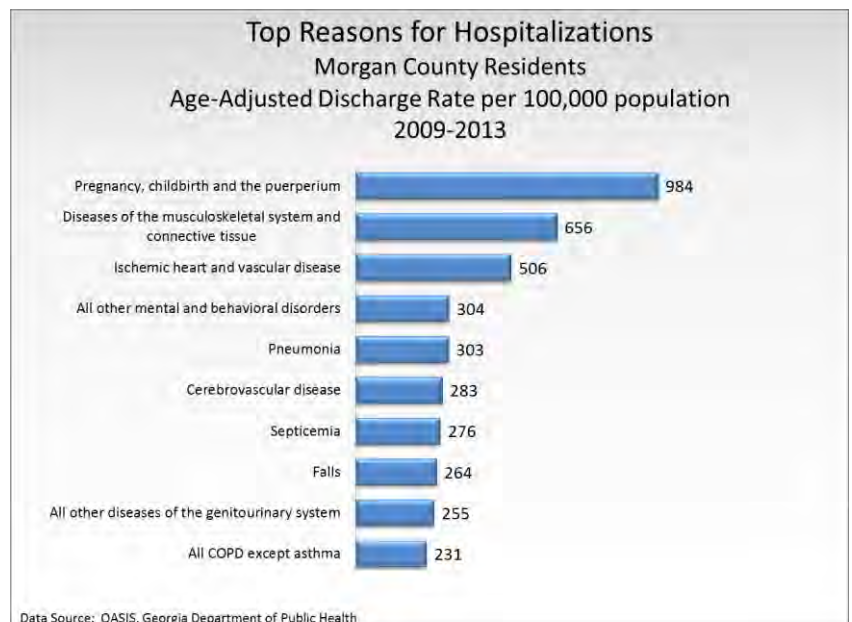
About Morgan County

- » Mannington (manufacturing plant) has brought both people and jobs to Morgan County.
- » Morgan County is a major retirement community.
- » There are a lot of Morgan County residents that commute to Atlanta every day for work.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

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



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

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

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

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

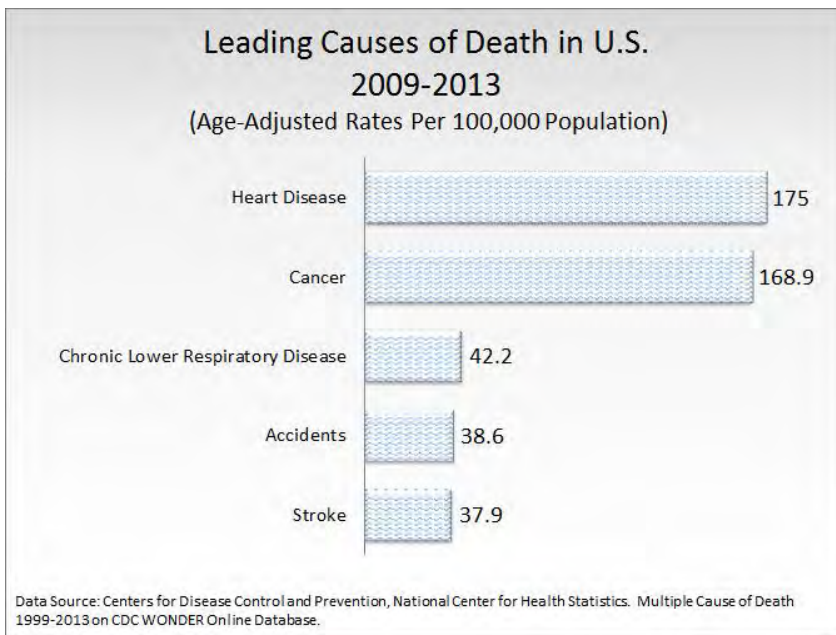
COMMUNITY INPUT

Hospitalizations and ER Visits

- » A lot of the residents do not have a primary care doctor because they rely on the ER to treat their health issues. The focus is on the immediate problem and not the cause.
- » The ER is used by a lot of lower income individuals because they know they will be seen.
- » Mental health is a major problem in the ER. Sometimes they are in the hospital for three or four days waiting on the appropriate care setting.

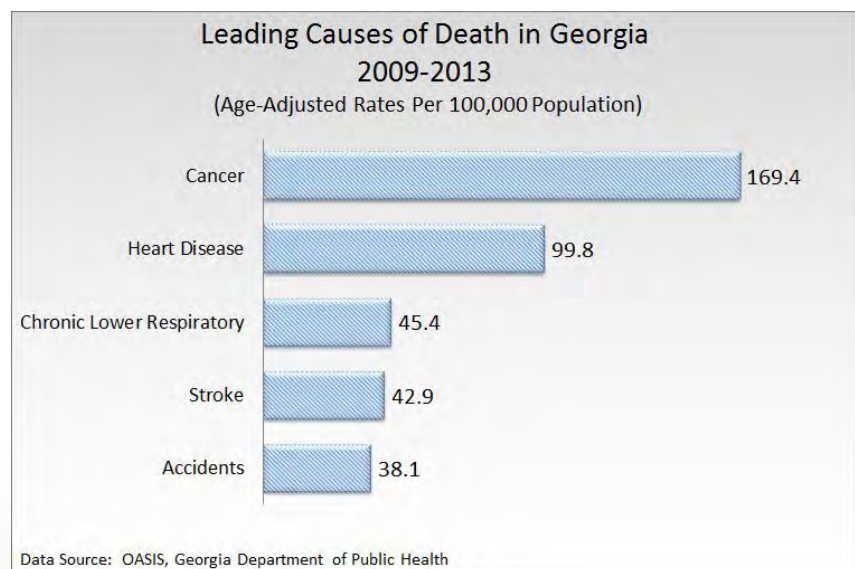
Leading Causes of Death

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



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

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

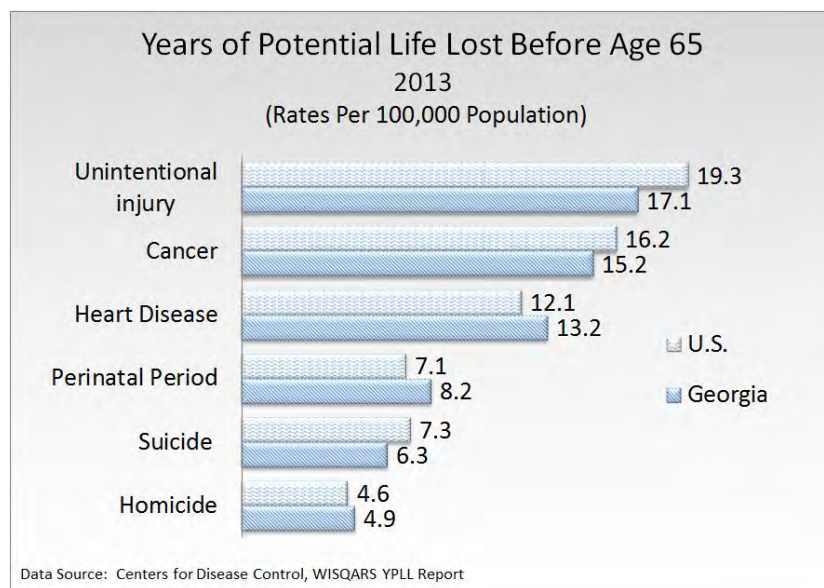


The leading causes of death in Morgan County were cancer, heart disease, accidents, chronic lower respiratory disease, and stroke.



Premature Death

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



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

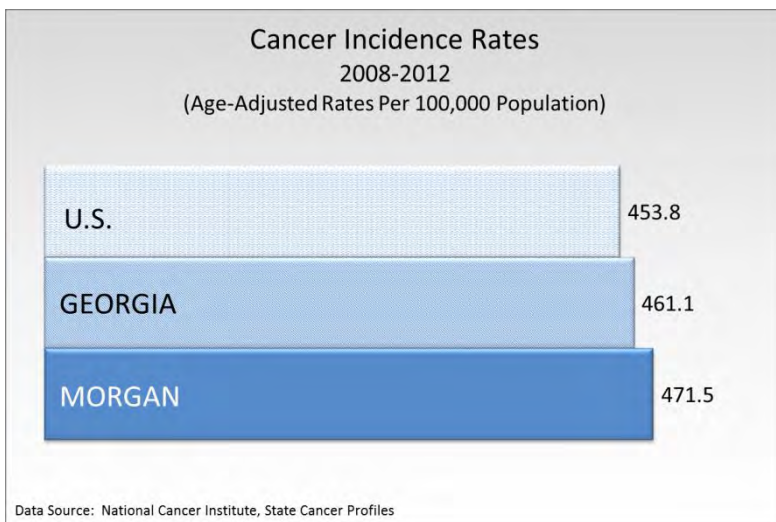
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 23.8	Cancer 21.2%	Heart disease 14.8%	Cancer 17.2%	Unintentional injuries 28.0%	Perinatal period 19.2%
Heart disease 14.5%	Unintentional injuries 18.3%	Unintentional injuries 13.3%	Heart disease 13.0%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

Data Source: Centers for Disease Control, WISQARS YPLL Report

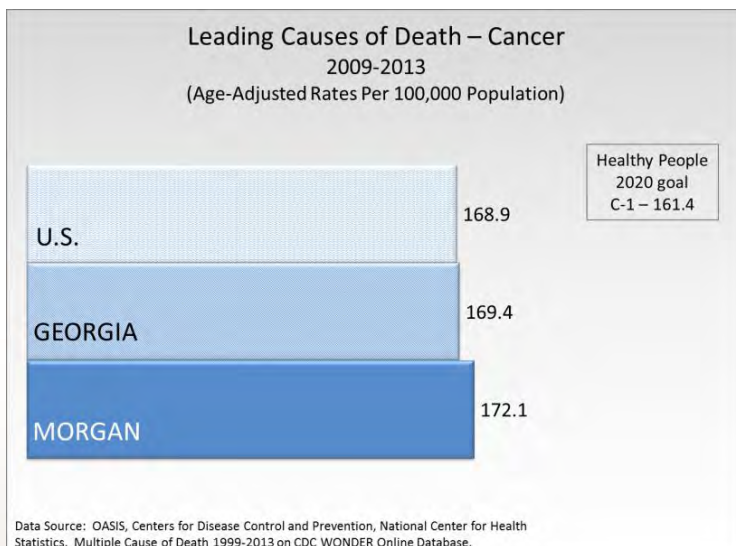
Cancer

HEALTHY PEOPLE 2020 REFERENCE - C-1

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,500 people a day died of cancer in the U.S. in 2012.¹¹ The most common cancers among men in Georgia were prostate, lung and bronchus, and colorectal. Breast, lung and bronchus, and colorectal cancers were the most common cancers among Georgia women.¹²



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



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

Why Is Cancer Important?

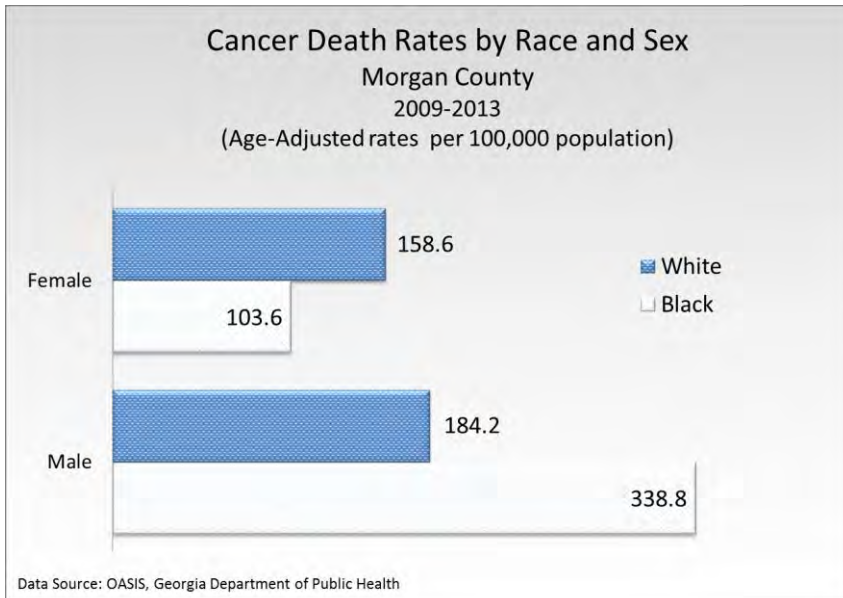
Many cancers are preventable by reducing risk factors such as:

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

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

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

Healthy People 2020



Age-adjusted cancer death rates in Morgan County were higher among White females than Black females. The Black male population had the highest cancer death rate (338.8 per 100,000 population) out of all the population groups.

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.¹³

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

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

Cancer

Modifiable Risk Factors

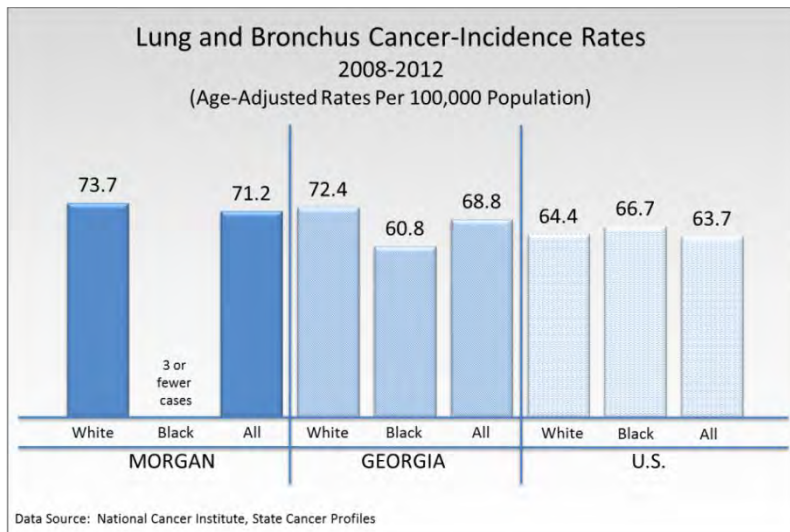
- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

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

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

Lung Cancer

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



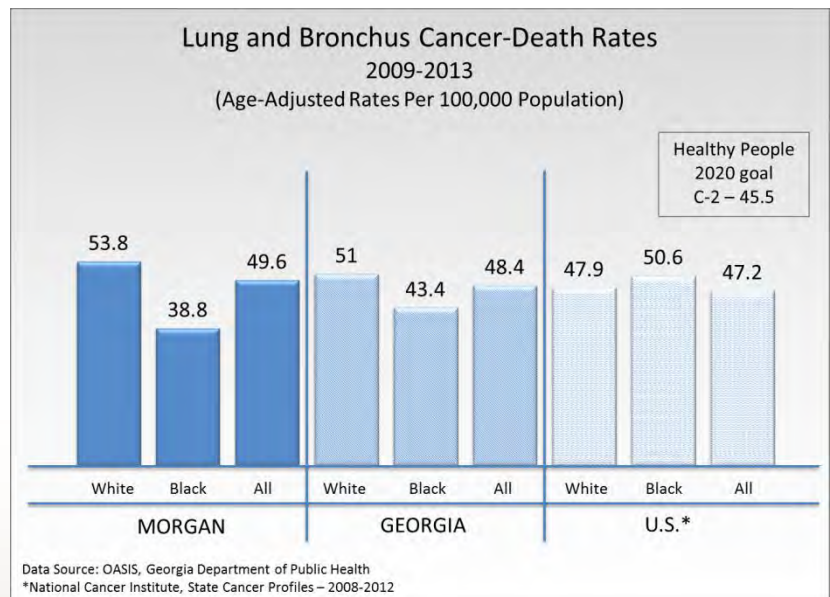
Lung cancer incidence rates were higher in Morgan County (71.2 per 100,000 population) than the Georgia and U.S. rates. Whites had a higher lung cancer incidence rate than Blacks in Morgan County.

Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2008-2012		
	Male	Female
Morgan	100	48.5

Data Source: National Cancer Institute, State Cancer Profiles

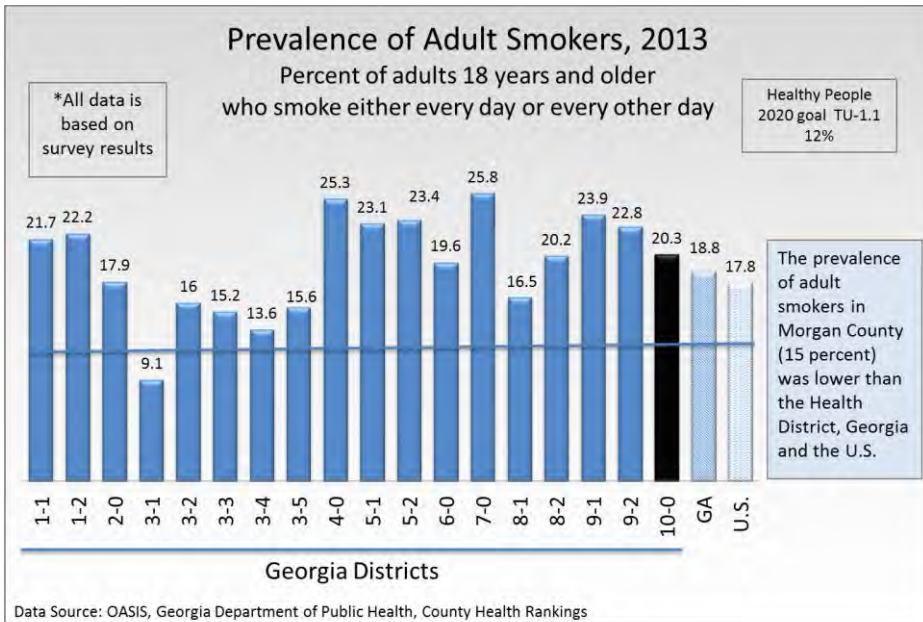
Lung cancer is the first leading cause of cancer death among both males and females in Georgia.¹⁵ According to data published from the National Cancer Institute, lung cancer incidence rates for males in Morgan County were over twice the rates of females.¹⁶

The overall lung cancer death rate in Morgan County (49.6 per 100,000 population) was higher than Georgia and U.S. rates. In Morgan County, Whites had a higher death rate compared to Blacks.



RISK FACTORS

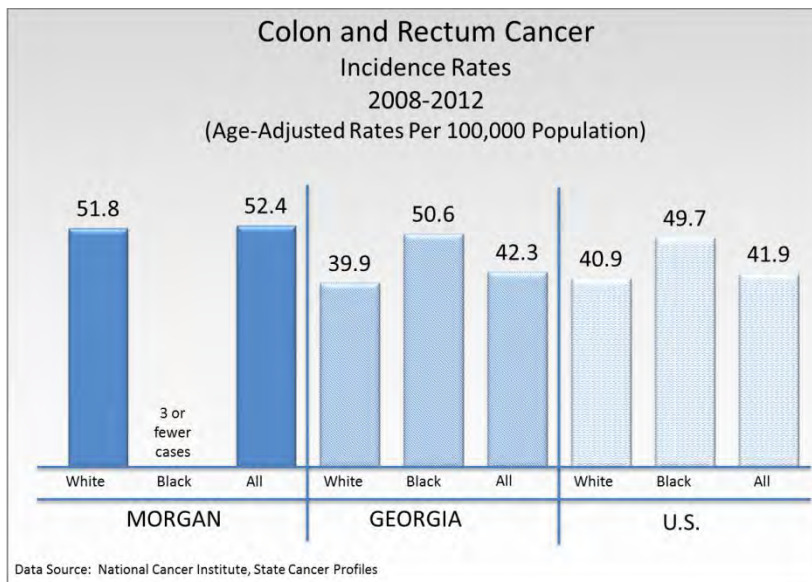
Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.¹⁷



The smoking prevalence in Health District 10-0 (20.3 percent) was higher than both Georgia (18.8 percent) and the U.S. (17.8 percent) rates. The rate in Morgan County was lower at 15 percent.

Colon and Rectum

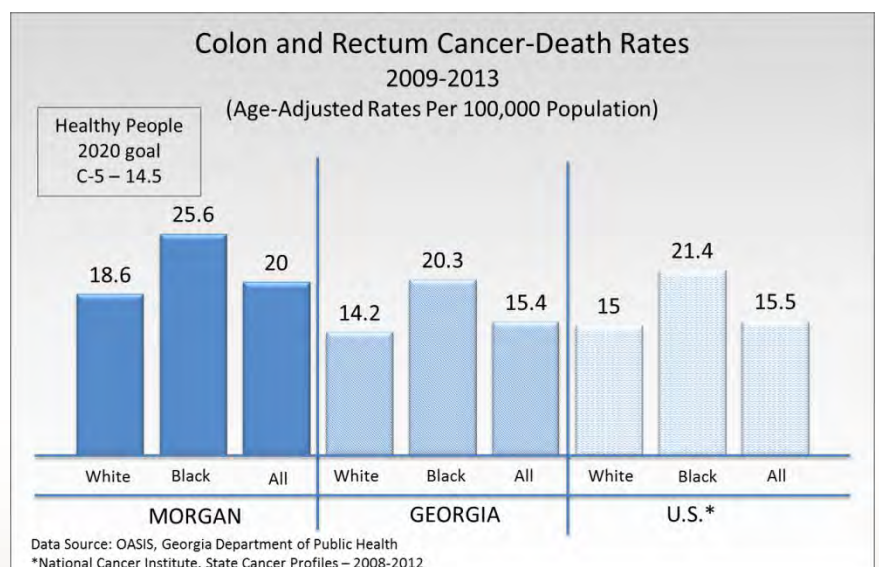
Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that eight percent of male cancer deaths and nine percent of female cancer deaths were from colorectal cancer in 2015. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.¹⁸ Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 50 percent higher mortality rate than Whites.¹⁹



The Morgan County colon and rectum cancer incidence rate (52.4 per 100,000 population) was higher than the State and U.S. rates. The White population group had the highest incidence rate (51.8 per 100,000 population) out of all the population groups.

The death rate in Morgan County from colon and rectum cancer (20 per 100,000 population) was higher than the State and U.S. rate.

The Black population groups had the highest death rates at the County, State and National levels.



RISK FACTORS

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

- » Obesity
- » Physical inactivity
- » Moderate to heavy alcohol consumption
- » High consumption of red or processed meat
- » Long-term smoking
- » Low calcium intake
- » Very low intake of whole-grain fiber, fruit, and vegetables²⁰

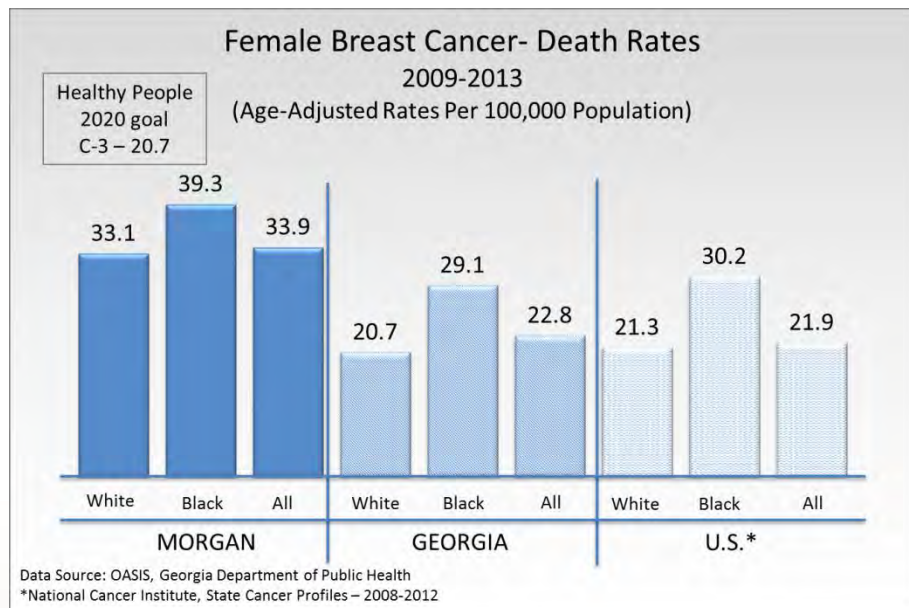
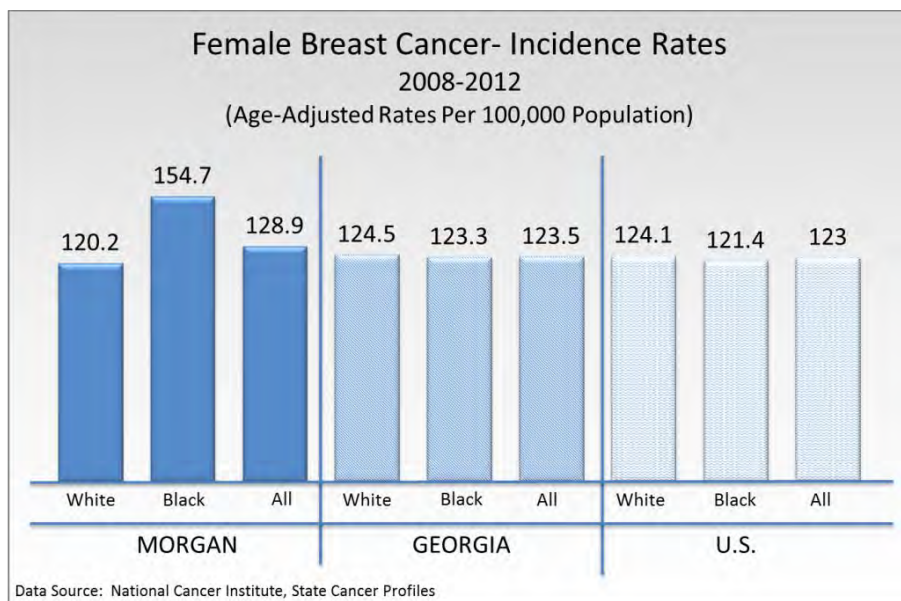
EARLY DETECTION

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.²¹ The U.S. Preventive Services Task force recommends that adults 50 and older undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.²²

Breast Cancer

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

The breast cancer incidence rate in Morgan County (128.9 per 100,000 population) was higher than Georgia or the U.S. rates. In Morgan County, Black females had a higher breast cancer incidence rate compared to White females.



The female breast cancer death rate in Morgan County (33.9 per 100,000 population) was higher than the Georgia and U.S. rates.

Black females had the highest death rates among all population groups.

RISK FACTORS

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

- » Weight gain after age 18
- » Being overweight or obese
- » Use of hormones
- » Physical inactivity
- » Consumption of one or more alcoholic drinks per day
- » Long-term heavy smoking²⁴

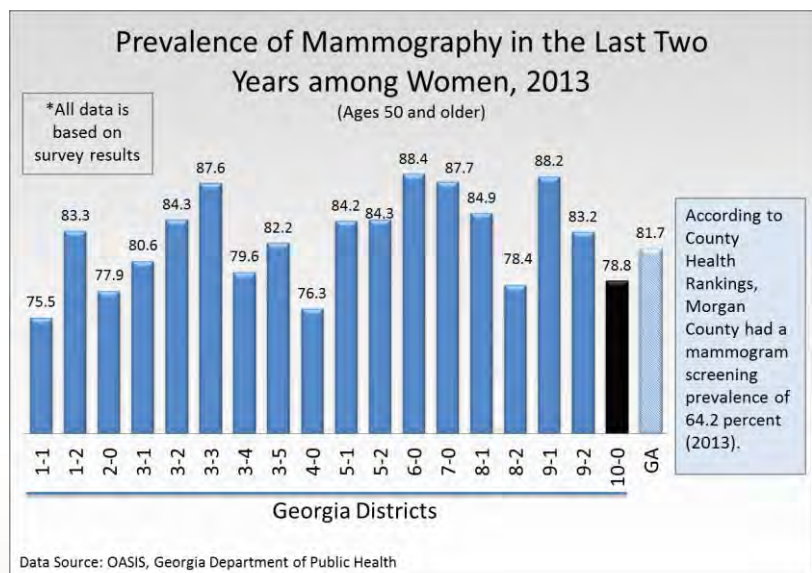
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight²⁵

EARLY DETECTION

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

The percentage of women receiving a breast cancer screening (mammography) was lower in Health District 10-0 (78.8 percent) than the State average (81.7 percent). The rate in Morgan County (64.2 percent) was lower than the State and Health District average.

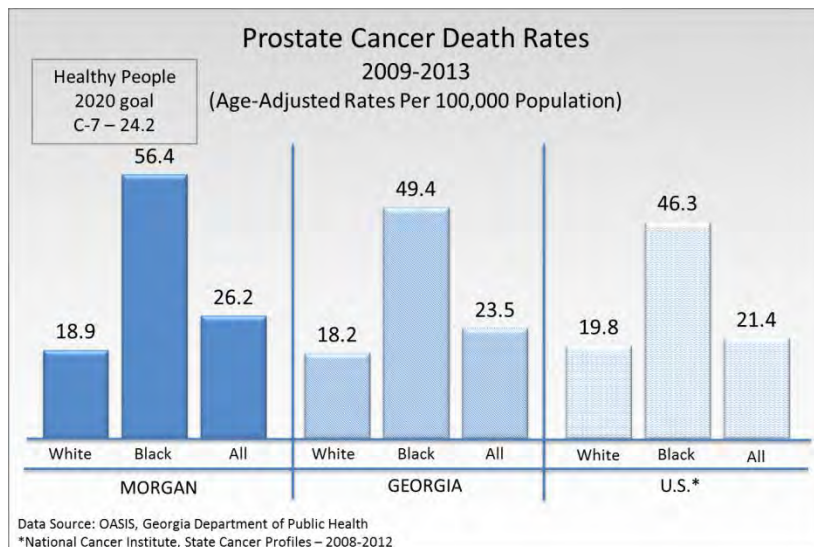
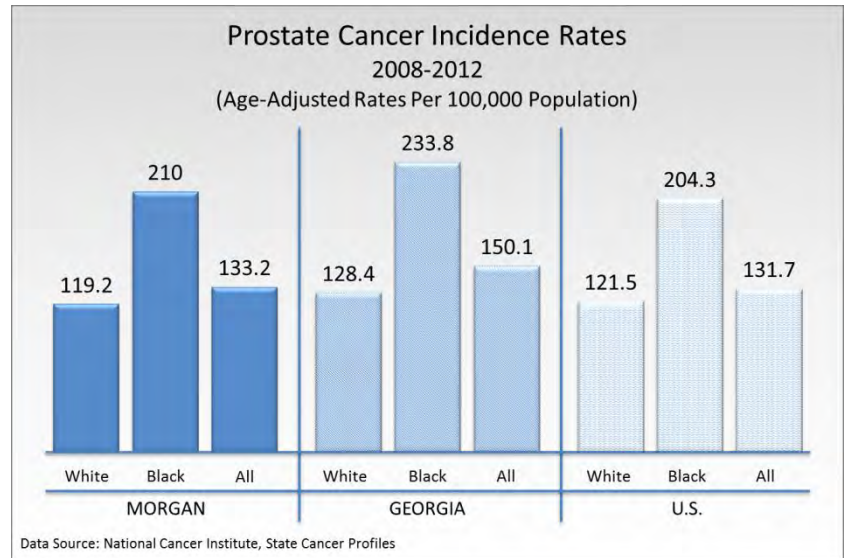


Prostate Cancer

Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.²⁷

Morgan County had a lower incidence rate for prostate cancer (133.2 per 100,000 population) than the State but higher than the U.S.

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



Morgan County had higher death rates for prostate cancer than Georgia or the U.S.

There is a disparity of prostate cancer deaths among Blacks at the County, State, and National level.

RISK FACTORS

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

- » Age
- » Ethnicity
- » Family history of prostate cancer²⁸

EARLY DETECTION

Prostate-specific antigen (PSA) testing of the blood permits the early detection of prostate cancer before symptoms develop. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. At age 50, the American Cancer Society recommends men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their healthcare provider about the benefits and limitations of PSA testing. Men who are higher risk (Black or those with a close relative diagnosed before age 65) should have a discussion with their healthcare provider at age 45.²⁹

COMMUNITY INPUT

Cancer

- » Cancer and stroke are the two biggest issues. Cancer could be tied back to the agricultural roots of this community.
- » The barrier to cancer care in Morgan County is the lack of an oncologist. Residents have to travel to Conyers or Athens for cancer treatment.
- » The low-income population is not getting screened for cancer. This population is usually unaware of cancer until another diagnosis brings them into the ER.
- » Tobacco smoke causing cancer will change over time as less and less people are picking up smoking habits.
- » Cervical cancer incidence will decrease because more screenings are being performed and the HPV vaccine is being administered to the younger generations.
- » More education would improve the population health to help reduce cancer incidence. Education should be targeted to individuals on when to get screened.
- » There is a need for more free and reduced cost screening programs.
- » The BCCP program for reduced cost breast and cervical cancer screening has to be partnered with a hospital that has a breast health specialist. Since transportation is an issue, it would be helpful if the Morgan Memorial Hospital could get this certification so that local residents do not have to travel.
- » Prostate cancer is so high among black males because they do not go to the doctor.

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE - HDS

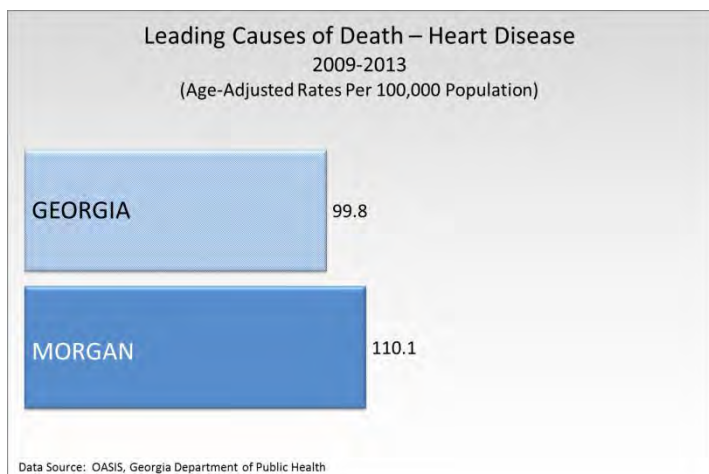
HEART DISEASE

According to the American Heart Association, over 800,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2013. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. Heart disease kills over 370,000 Americans each year, accounting for one in seven deaths in the country.³⁰

Why Are Heart Disease and Stroke Important?

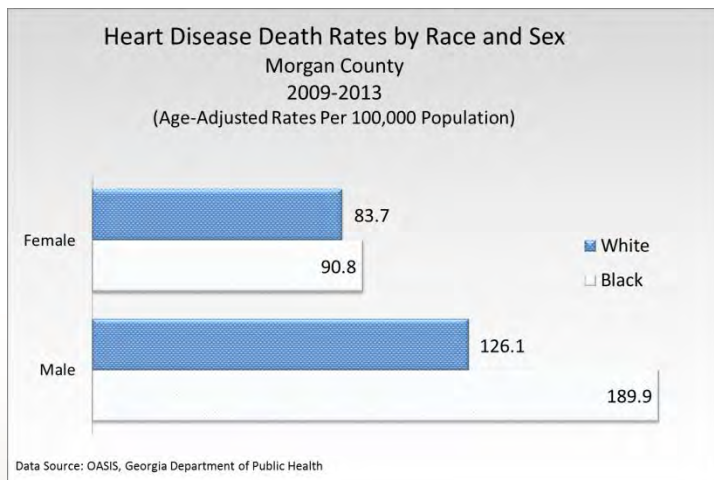
Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in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

Healthy People 2020

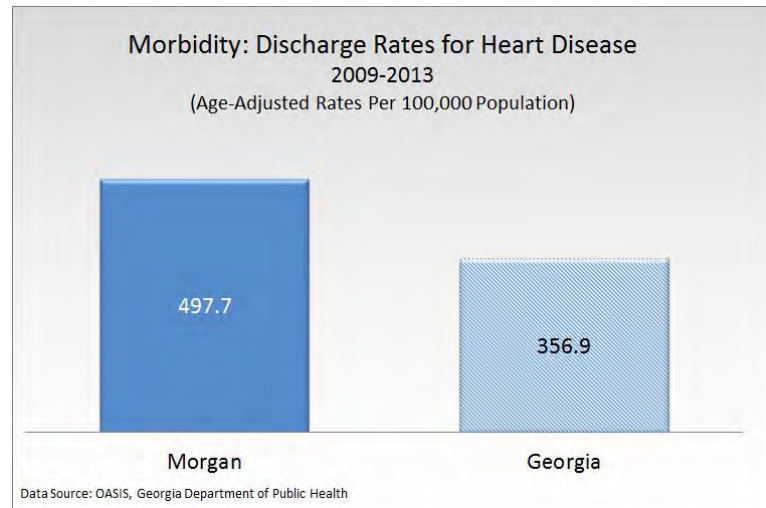


For the period 2009-2013 the Morgan County heart disease death rate (110.1 per 100,000 population), was higher than the Georgia death rate.

The age-adjusted death rates from heart disease in Morgan County for 2009-2013 were highest among the Black population groups.



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



MODIFIABLE RISK FACTORS

According to the 2013 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 10-0.³¹

Percentage of Population Reporting Risk 2013		
Risk Factor:	District 10	Georgia
Obesity	25.4	30.2
Physical Inactivity	25.5	27.2
Smoking	20.3	18.8
Diabetes	8.6	10.8

Data Source: OASIS, Georgia Department of Public Health

Cardiovascular Disease

Modifiable Risk Factors

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

Data Source: American Heart Association

Note:

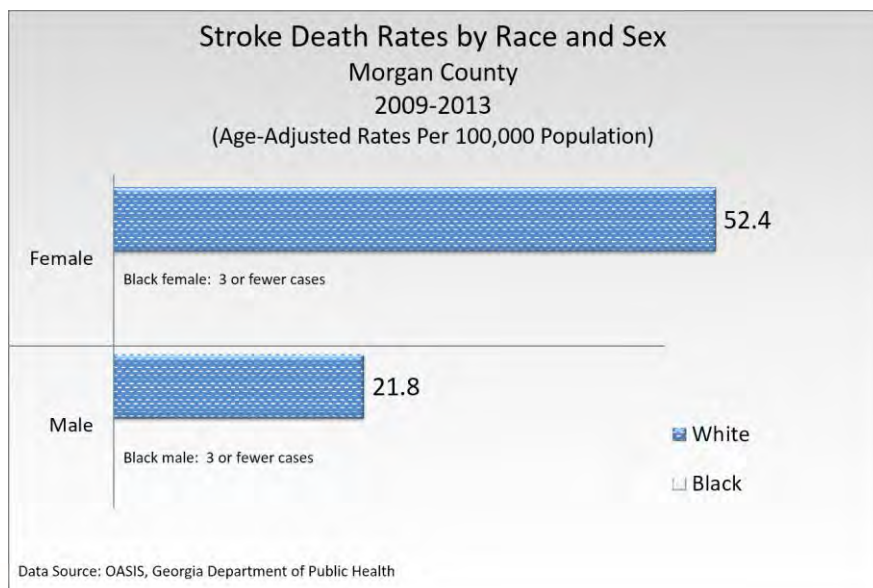
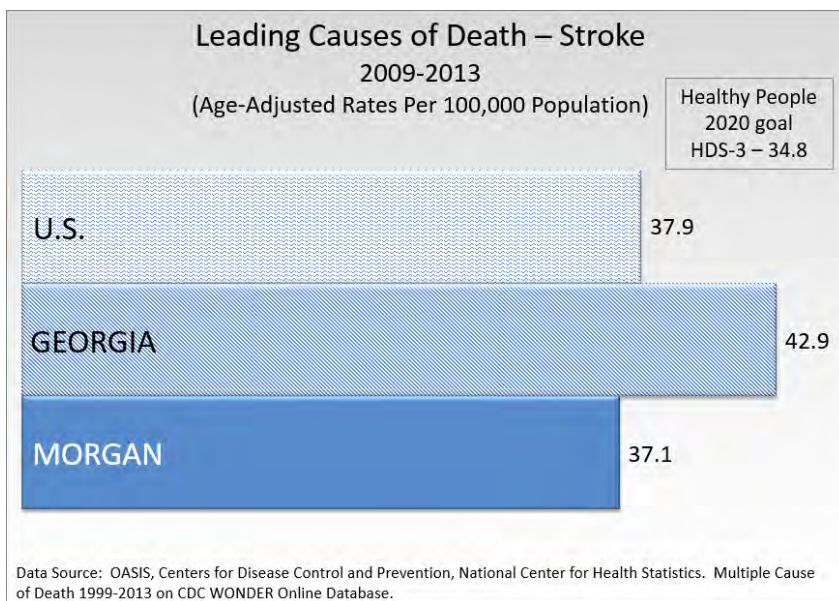
The data used to analyze heart disease rates came from the Georgia Department of Public Health’s Online Analysis Statistical Information System (OASIS). The State and County heart disease rates were calculated using filters (ICD 10 codes) that include rheumatic heart fever and heart diseases, hypertensive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

STROKE

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

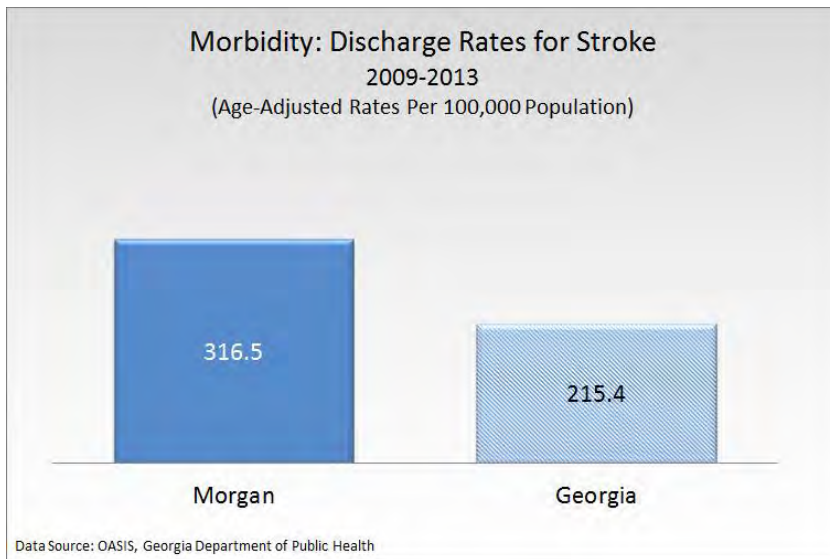
The stroke death rate was lower in Morgan County (37.1 per 100,000 population) compared to Georgia and the U.S. rates.

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



White females had the highest stroke death rates in Morgan County. There were too few deaths from stroke among the Black population groups to compute a meaningful statistic.

The Healthy People 2020 goal for deaths from stroke is 34.8 per 100,000 population.³³



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

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


The warning signs for stroke include:

- » Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- » Sudden confusion, trouble speaking or understanding
- » Sudden trouble seeing in one or both eyes
- » Sudden trouble walking, dizziness, loss of balance or coordination
- » Sudden severe headache with no known cause ³⁴

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

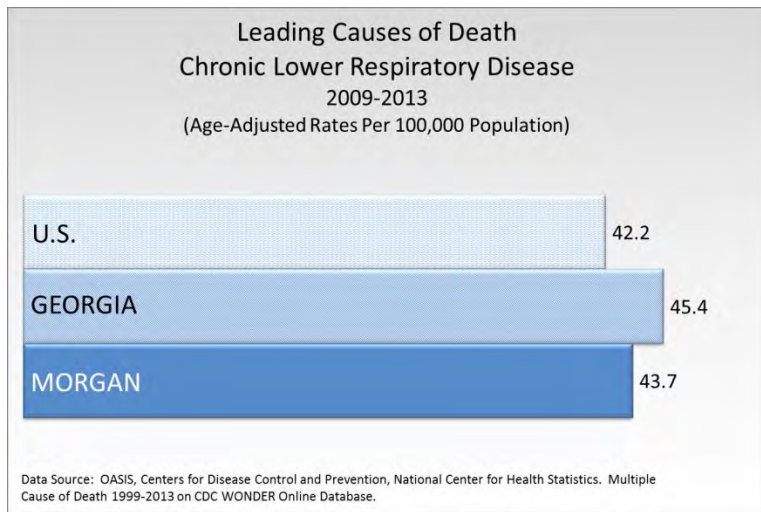
COMMUNITY INPUT

Heart Disease and Stroke

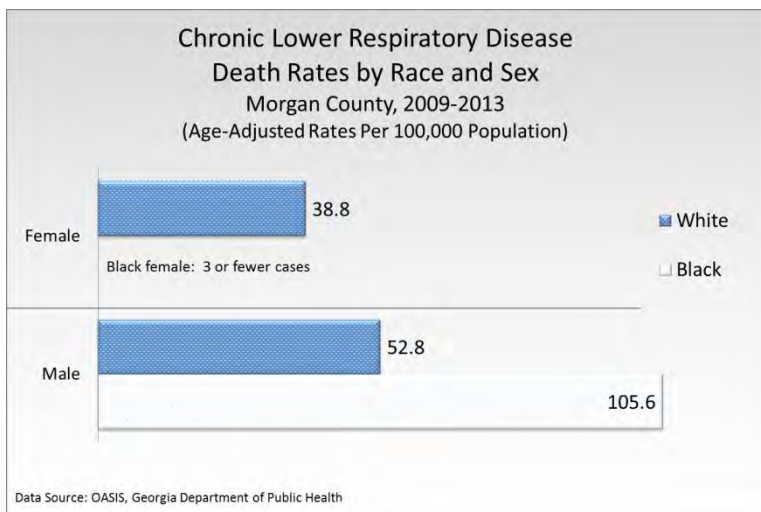
- » Cardiac care is very limited in Morgan County. You have to go to Athens for specialty care.
- » The health department offers a heart disease and stroke prevention program to minimize residents with hypertension issues.
- » The barriers to heart disease care in this community are individuals do not have transportation or insurance. They also do not know there is a problem until it becomes a problem.
- » It would be helpful for children to take info on heart disease and stroke home to their parents to learn about the causes and symptoms.
- » Patients are unaware of their numbers for cholesterol and blood pressure.

Chronic Lower Respiratory Disease

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



For the years 2009-2013, Morgan **County's** chronic lower respiratory disease death rate (43.7 per 100,000 population) was lower than the State rate but higher than U.S. rate.



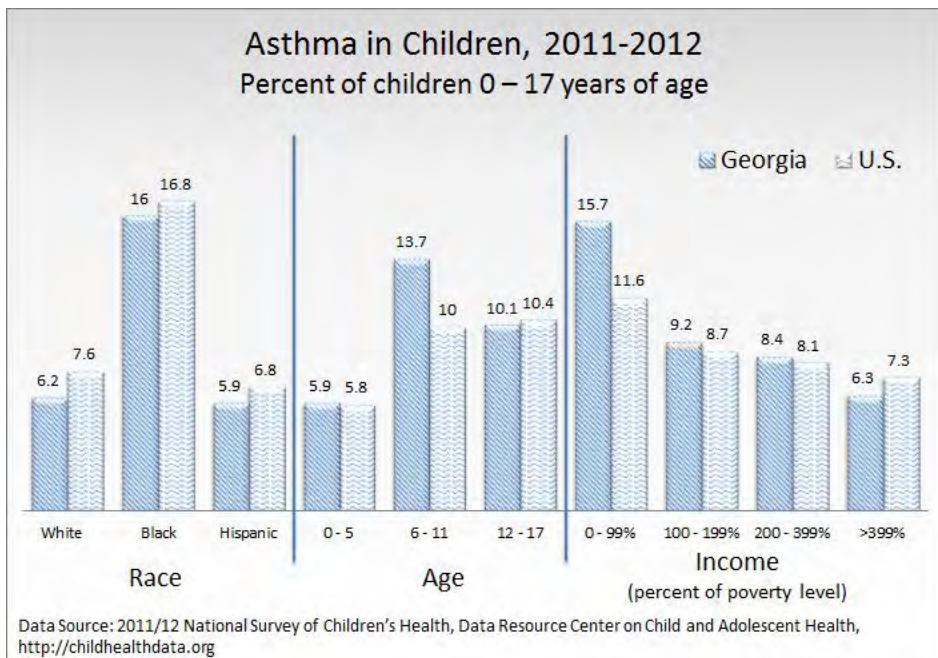
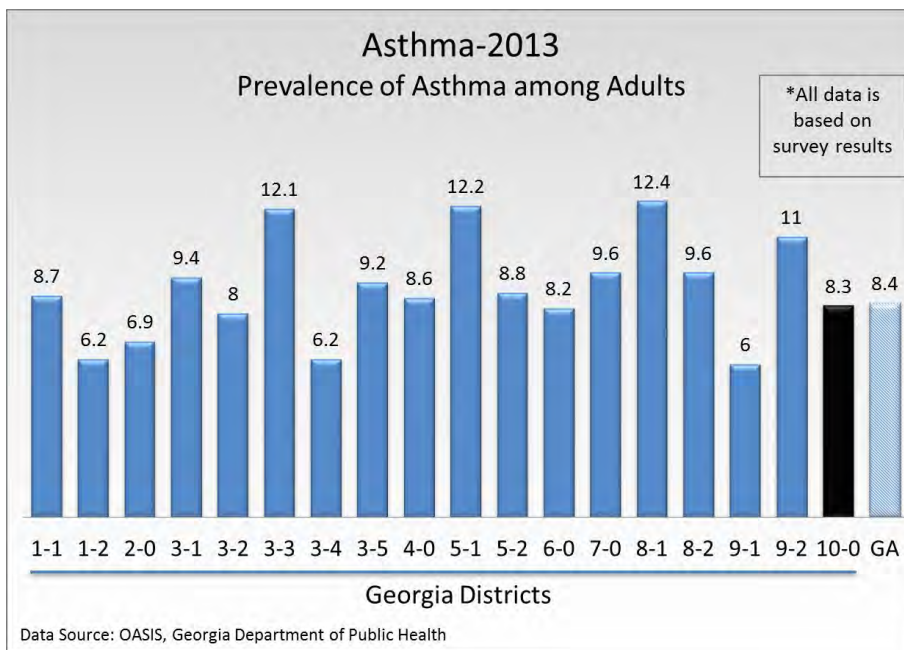
Why Are Respiratory Diseases Important?

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

Healthy People 2020

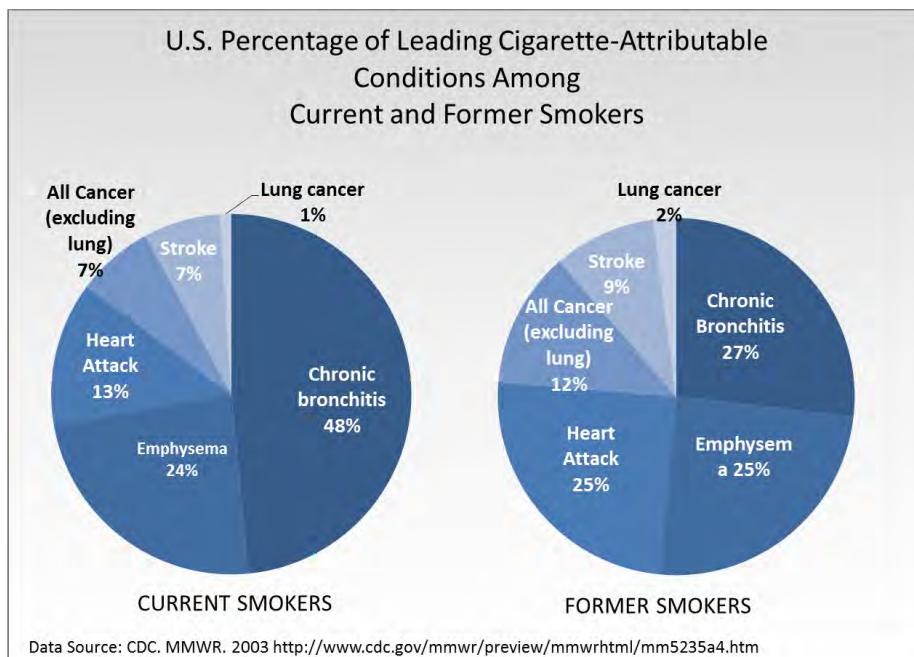
The age-adjusted death rates from chronic lower respiratory disease in Morgan County for 2009-2013 were highest among Black males.

There was a lower percentage of asthma among adults within Health District 10-0 as compared to the State.



According to the 2011-2012 National Survey of Children's Health, Black children had higher incidences of asthma than Whites or other population groups. Asthma was more prevalent in lower income populations.³⁵

Each year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, \$75 billion in direct medical costs, and \$82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and previous heart attack (25 percent). The charts below were compiled from information obtained from the 2014 publication, *The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General*.³⁶




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

- » Smoking is a problem among city employees. There is a need for more education to employees on the harmful effects of tobacco use.
- » Tobacco smoke causing respiratory diseases will change over time as less and less people are smoking.

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

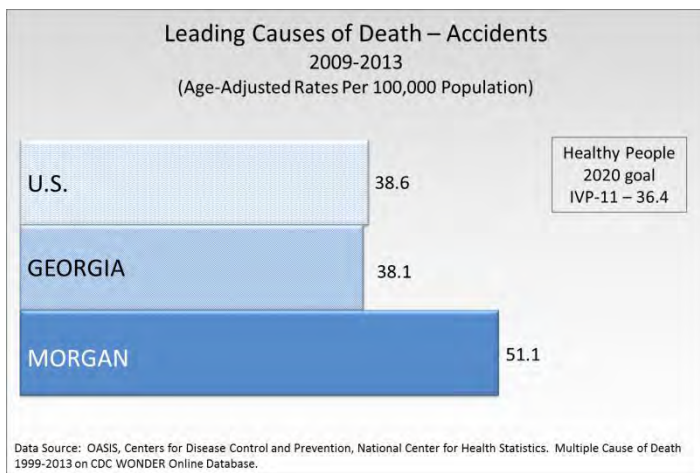
Accidental deaths may result from the following causes:

- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental
- » Suffocations
- » Falls
- » Fire
- » Drowning³⁷

Why is Injury and Violence Important?

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

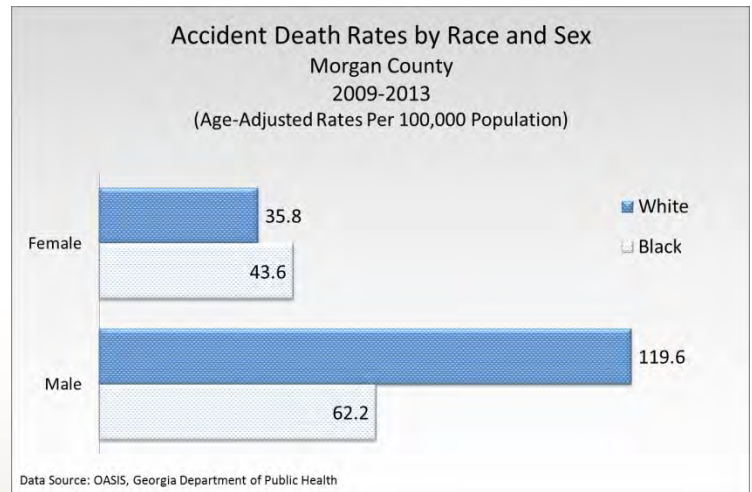
Healthy People 2020



In Morgan County, the accident death rate (51.1 per 100,000 population) was higher than both the State and the U.S. rates.

The Healthy People 2020 goal is 36.4 per 100,000 population.³⁸

In Morgan County, White males had the highest death rate due to accidents.



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

Motor Vehicle Fatality Rates 2010-2013 Number of Fatalities					
	2010	2011	2012	2013	Total
Morgan County	1	3	6	2	12

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.⁴⁰

Diabetes

HEALTHY PEOPLE 2020 REFERENCE - D

According to the 2014 Diabetes Report Card, more than 200,000 deaths occur annually among people with diabetes in the United States. **In 2013, diabetes was the country's seventh leading cause of death.** More than 29 million people (9.3 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.⁴¹

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



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.*

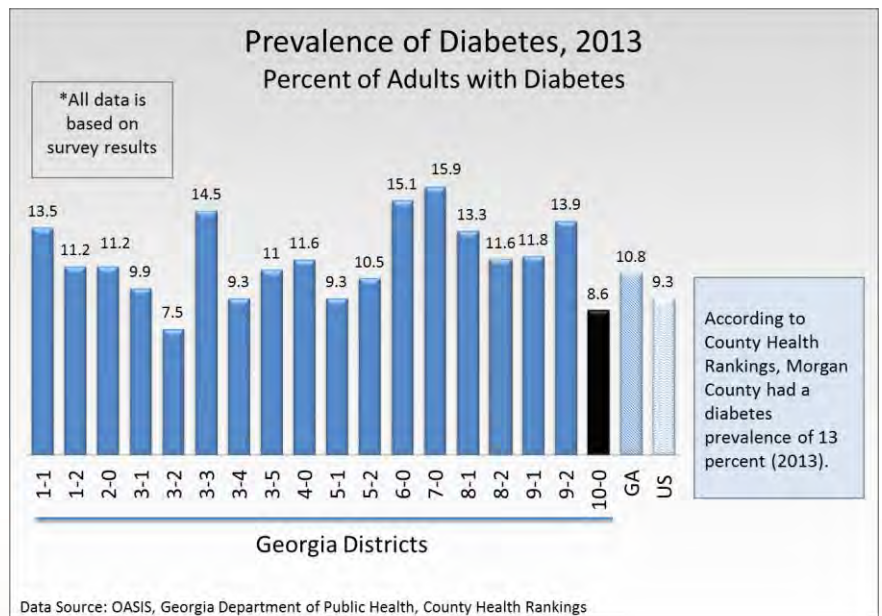
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

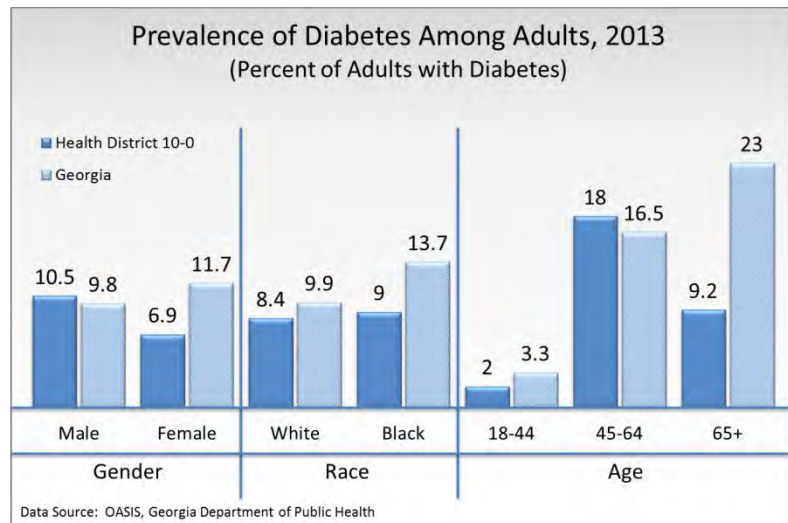
Health District 10-0 (which includes Morgan County), had a lower diabetes prevalence (8.6 percent) than the State or U.S. rates. Morgan County had a diabetes prevalence of 13 percent in 2013, which was higher than the State or U.S. rates.⁴³



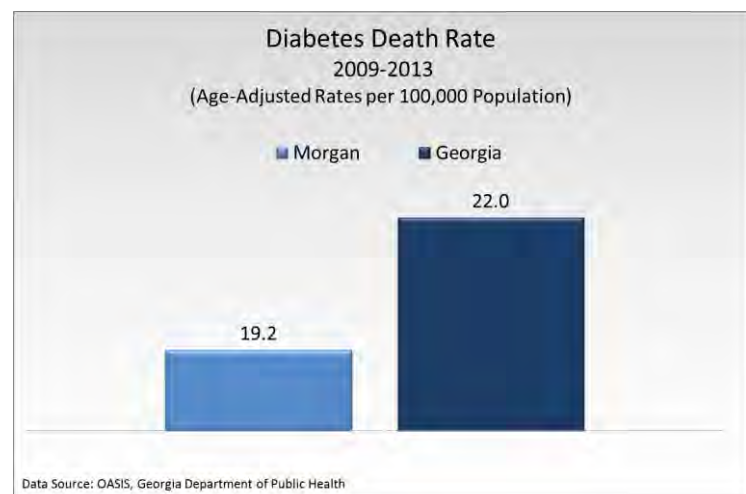
In Health District 10-0 female diabetes prevalence was lower than male prevalence.

In Health District 10-0, prevalence of diabetes among Blacks was higher than Whites.

The highest diabetes prevalence in Health District 10-0 existed among the 45-64 age group.



Morgan County had a lower death rate (19.2 per 100,000 population) than Georgia.



Diabetes

Modifiable Risk Factors

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



Data Source: Diabetes Basics, Cleveland Clinic, 2011

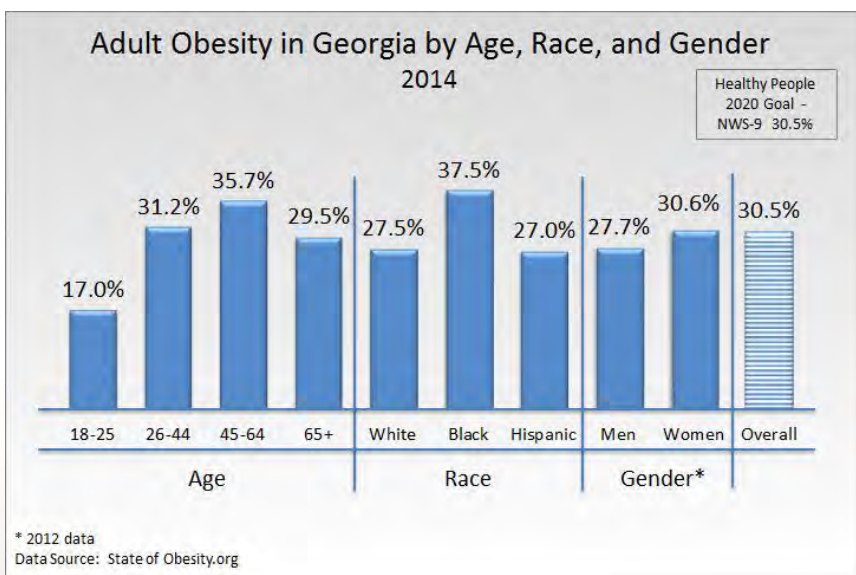
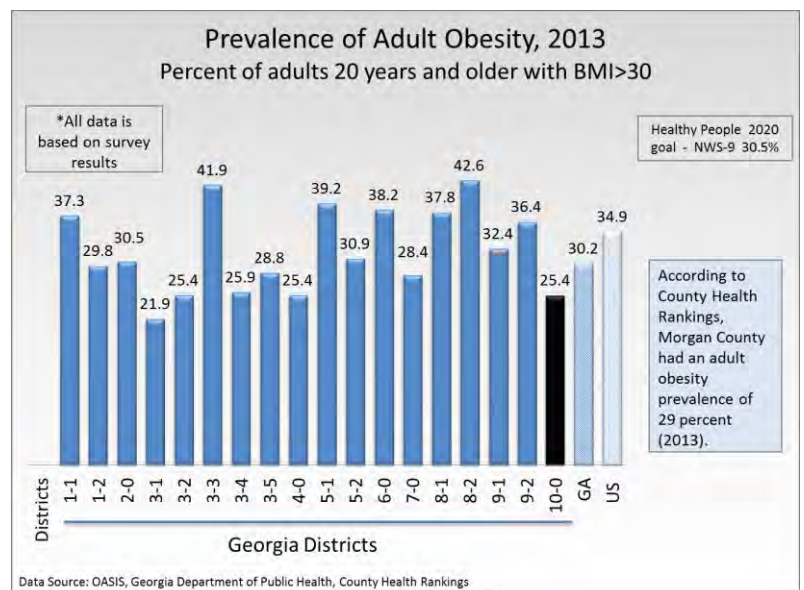
Obesity

HEALTHY PEOPLE 2020 REFERENCES - NWS, PA

The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.⁴⁴

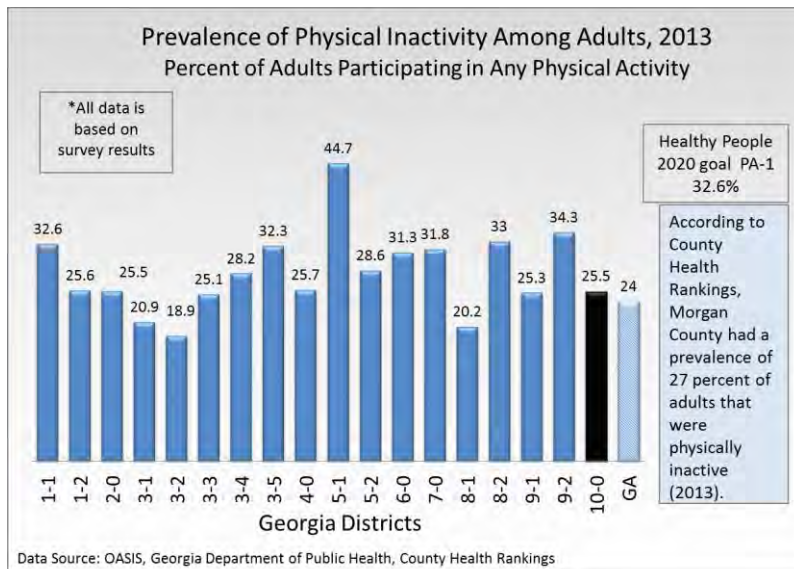
Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.⁴⁵

The prevalence of adult obesity in Health District 10-0 (25.4 percent) was lower than the State rate (30.2 percent), and the National rate (34.9 percent). The Healthy People 2020 goal is 30.5 percent. Morgan County had an obesity prevalence of 29 percent.



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

Obesity is the result of an energy imbalance that occurs when an individual consumes more calories than he/she can burn. There are a number of factors such as age, body size, and genes that contribute to how many calories people burn each day, but the most modifiable factor is physical activity.⁴⁶

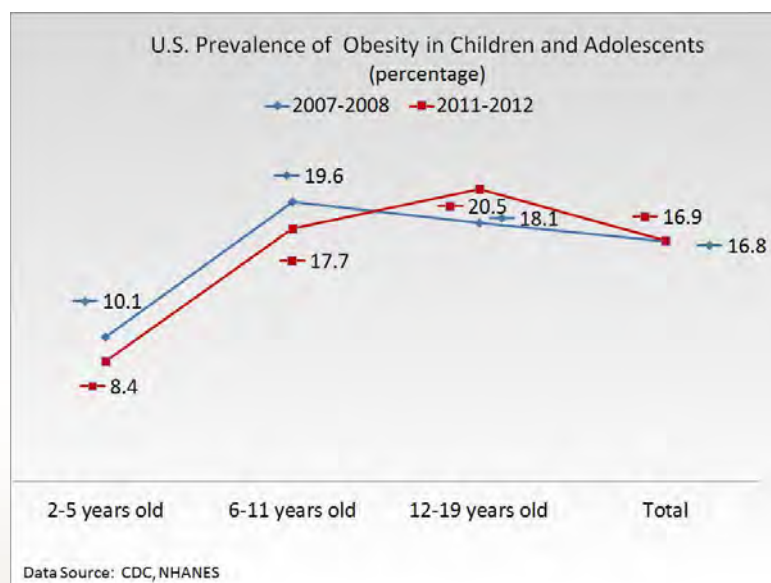


The percentage of adults who did engage in physical activity or exercise in the last 30 days was higher in Health District 10-0 (25.5 percent) compared to the State average (24 percent). Morgan County had a higher prevalence of physical inactivity (27 percent) than the State and lower than the Healthy People 2020 target of 32.6 percent.⁴⁷

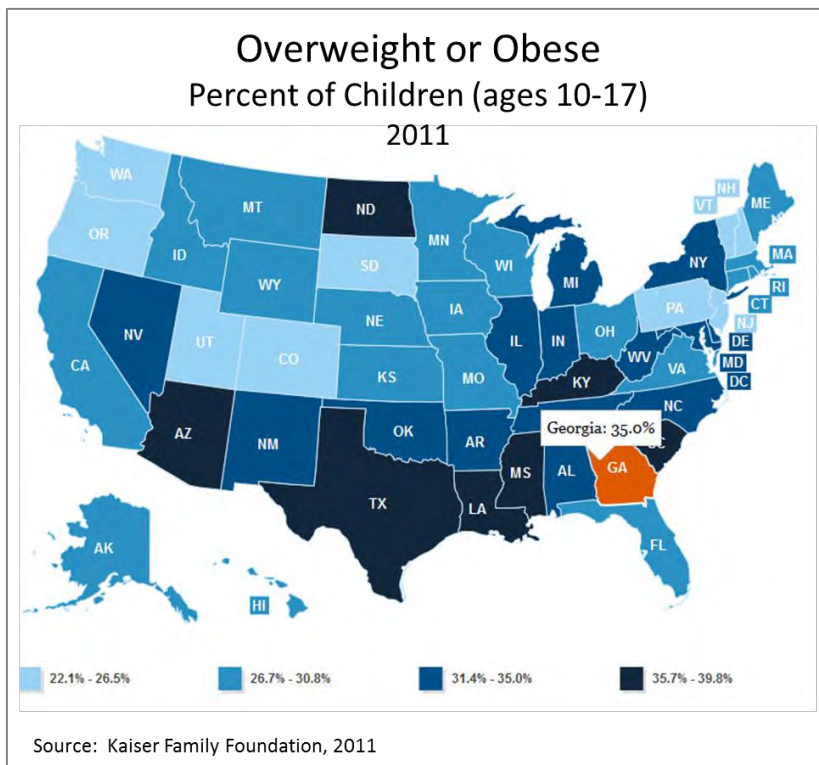
Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formerly known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.⁴⁸ Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to Healthy People 2020, 16.2 percent of children and adolescents aged 2-19 years are obese.⁴⁹ A report released by the Centers for Disease Control and Prevention in August, 2013 indicated that Georgia's obesity rates among two to four-year-olds from low income families declined between 2008 and 2011.⁵⁰



According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighth highest (35 percent) in the nation for overweight and obese children. Nationally, 31.3 percent of children in this age range were overweight or obese.⁵¹



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

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

Data Source: State of Obesity.org

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

- » Hispanics - 22.4 percent
- » Non-Hispanic Blacks - 20.2 percent
- » Non-Hispanic Whites - 14.1 percent
- » Non-Hispanic Asian youth - 8.6 percent ⁵³

The following table highlights the disparities among race and ethnicity in Georgia. This data is based upon the 2007 National Survey of Children’s Health.⁵⁴

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

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.⁵⁵

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.⁵⁶

COMMUNITY INPUT

Obesity

- » There is a need for an in-house health and fitness facility for the city employees.
- » Both childhood and adult obesity are major issues because it leads to so many other health issues.
- » A lot of parents don't know how to eat healthy and live healthy and it trickles down to the children.
- » There were 12 diabetics with type one diabetes in the high school.
- » Our culture of "southern comfort" has played a major role in the obesity problem. It is the way we were brought up.
- » Both parents are working, which makes it difficult to cook healthy and fast meals at home. Most families rely on fast food restaurants for quick, easy dinners.
- » Children do not eat the healthy foods their parents used to eat. They want something fast and quick.
- » The cost of healthy food is a barrier to being healthy.
- » If someone lives in Rutledge, there is not a local grocery store nearby to purchase healthy food. They end up going to Dollar General to get processed foods.
- » There is one farmer's market in Madison, but the cost is high to use this service.
- » A lot of young parents cannot cook, so that is why they purchase unhealthy convenient foods.
- » There is a lack of physical activity among children. Children have trouble running a mile because they are sitting in front of a computer or cell phone all day.
- » Once a child hits age 13, there is a lack of recreational sports unless the child makes it on a high school team.
- » There are not enough parks for alternative recreational activities like skateboarding.
- » The perception of the definition of obesity is skewed. Many parents do not believe their child is obese.
- » It is important that parents understand the long-term health effects of obesity on their child.
- » Sugar is the culprit to obesity. It all goes back to sugar and lack of activity.

COMMUNITY INPUT

Obesity

- » Portion control is major issue associated with obesity. Individuals constantly want to supersize both healthy and unhealthy food.
- » Children with obesity and diabetes are often raised by parents who just don't care. There is a need for education to the parents about being parents.
- » Morgan County has a lot of outdoor walking trails for exercise. There are two gyms in Morgan County and the county employees also have a gym they can access.
- » The cost to have a test for diabetes is cheap compared to the end stage of the disease.
- » Diabetes, obesity, and high blood pressure are comorbidities associated with a lot of dangerous diseases.

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.⁵⁷

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

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

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

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

A life stages 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.⁵⁹

Why Are Maternal, Infant and Child Health Important?

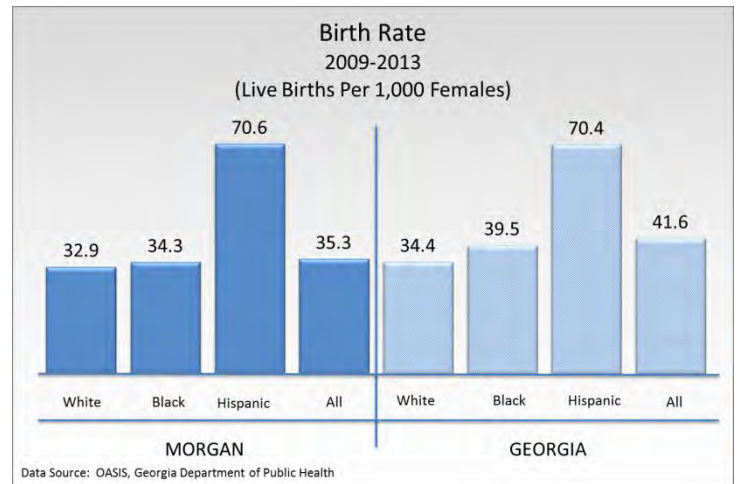
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

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

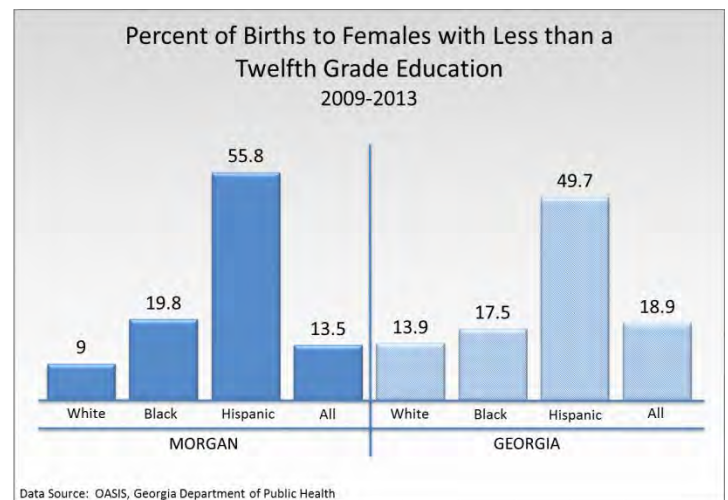
Healthy People 2020

Birth Rates

From 2009-2013, Morgan County had a lower birth rate (35.3 live births per 1,000 females) compared to the State rate (41.6 live births per 1,000 females). Hispanics in Morgan County had a higher birth rate compared to Blacks and Whites.



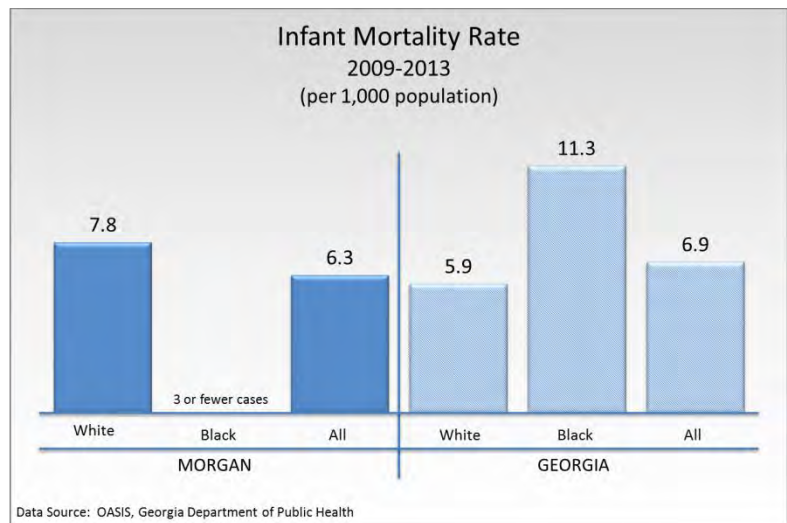
The percent of births to females with less than a twelfth-grade education was lower among Morgan County residents (13.5 percent) compared to Georgia residents (18.9 percent). The highest percentage was among the Hispanic population group.



Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.⁶⁰ 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.⁶¹ 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.⁶²

The infant mortality rate in Morgan County (6.3 per 1,000 population) was lower than the Georgia rate (6.9 per 1,000 population).



Fetal and Infant Conditions

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

- » 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.⁶³

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

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

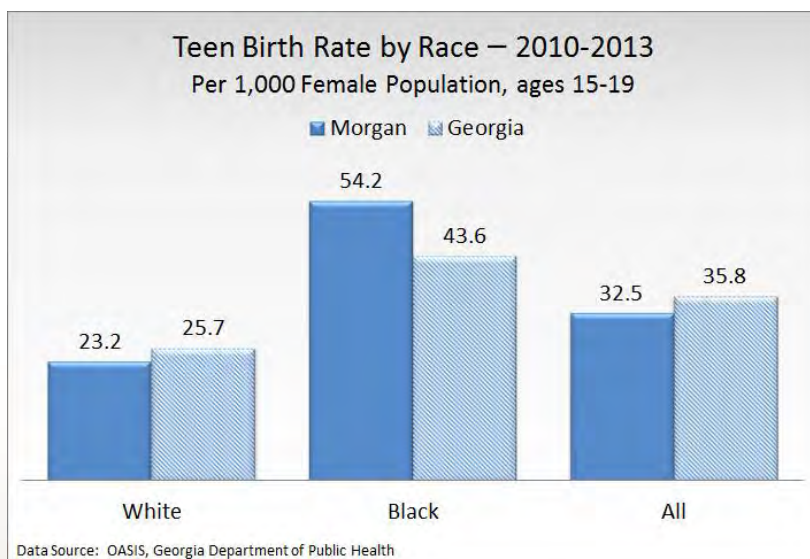
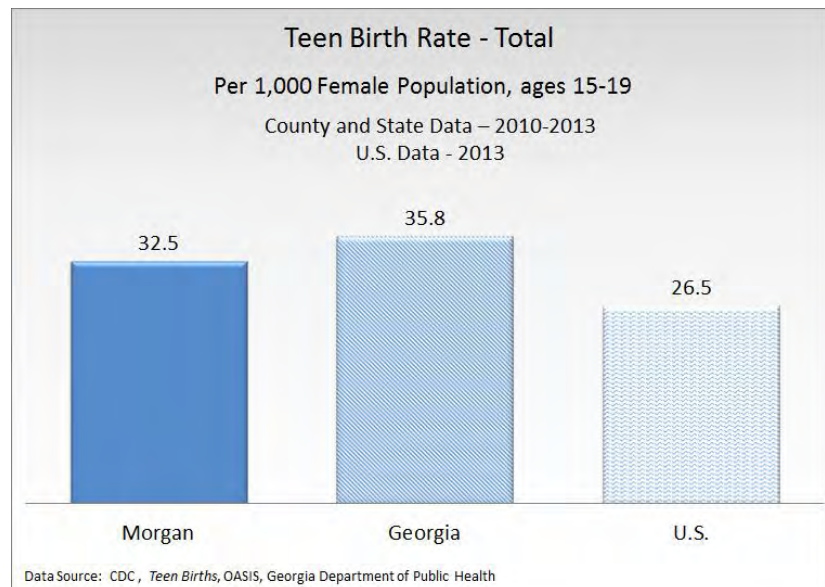
Year	White	Black	Hispanic	All
2009	0	0	0	0
2010	2	0	0	2
2011	0	0	0	0
2012	0	0	0	0
2013	0	0	0	0

Data Source: OASIS, Georgia Department of Public Health

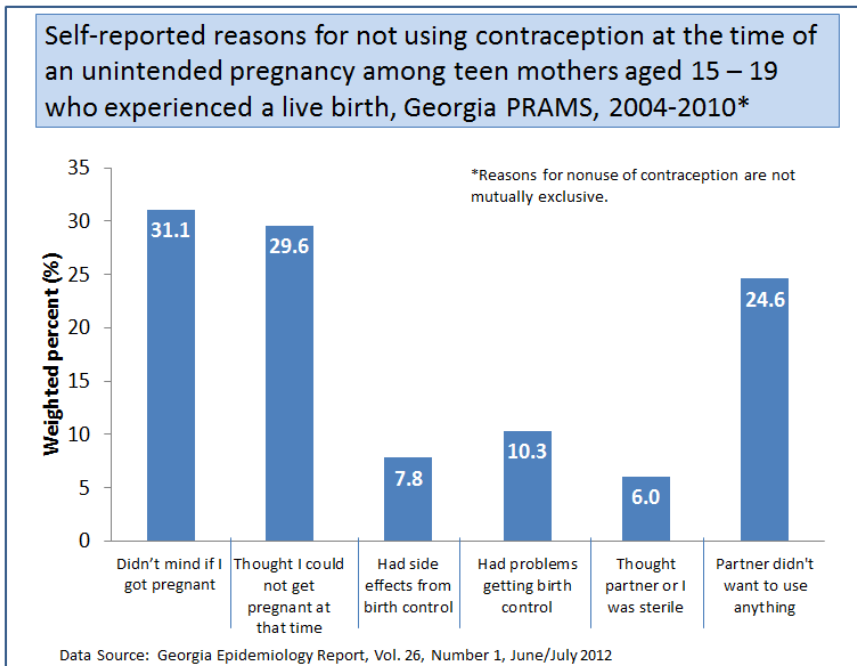
Teen Birth Rate

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

The teen birth rate in Morgan County (32.5 per 1,000 female population) was lower than the Georgia rate but higher than the U.S. rate.



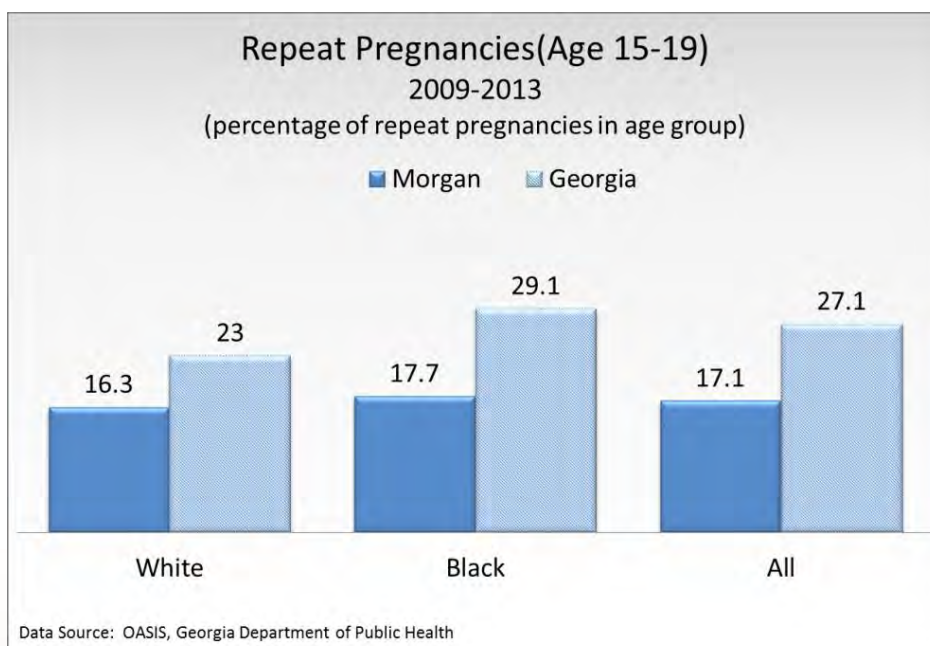
The Morgan County teen birth rate was highest among Black teens.



Teen Pregnancy In Georgia

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

*Georgia Adolescent Reproductive Health Facts
www.hhs.gov*



For mothers ages 15-19, Morgan County had a lower percent of repeat pregnancies (17.1 percent) compared to Georgia (27.1 percent). In the county, 17.7 percent of Black teen mothers had repeat pregnancies compared to 16.3 percent of White teen mothers.

COMMUNITY INPUT

Teen Birth Rate

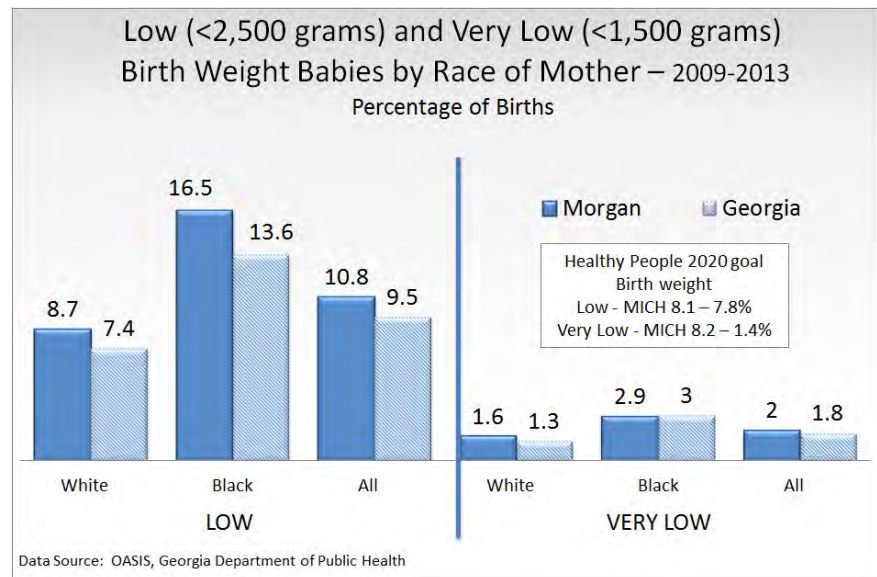
- » The health educator at the health department teaches sex education to the 7th and 8th grade middle school. In high school they have an enrichment block where the health educator comes monthly.
- » Sex education is abstinence based, but all birth control methods are taught as well.
- » Different cultures have different priorities and beliefs when it comes to family planning.
- » Teens think it cannot happen to them.

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.⁶⁵

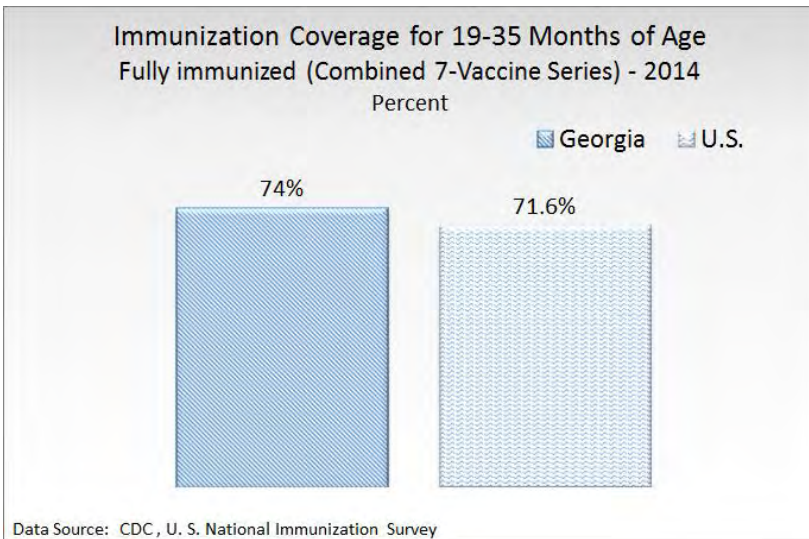
The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.⁶⁶ In 2013, the national prevalence of low birth weight babies was 8 percent while that for low birth weight babies was 1.4 percent.⁶⁷

Overall, the low and very low birth weight percentages were higher in Morgan County compared to Georgia. Low and very low birth weights were highest among Black babies.



Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.⁶⁸



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

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

2015 Recommended Immunizations for Children from Birth Through 6 Years Old

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

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an (DMFC)E flu vaccine for the first time and for some other children in this age group.
- † Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA. If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINES—PREVENTING ILLNESSES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit <http://www.cdc.gov/vaccines>

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

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

COMMUNITY INPUT

Maternal, Infant and Child Health (General)

- » Women who need long term family planning have the option to get this done at the health department. Long-acting reversible contraceptives (LARC) are methods of birth control that provide effective contraception for an extended period without requiring user action.
- » Women who use the WIC program are offered long-acting reversible contraception during their WIC appointment to minimize repeat visits to the health department.
- » The health department will be offering a new mobile health unit that will provide outreach for family planning services and birth control.
- » Part of the low birth weight statistics is that we are saving more and more low birth weight babies that we were not able to save in the past.

ALCOHOL, TOBACCO AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE - TU, SA

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

- » Chronic diseases
- » Teenage pregnancy
- » Sexually transmitted diseases
- » Domestic violence
- » Child abuse
- » Motor vehicle accidents
- » Crime
- » Homicide
- » Suicide⁶⁹

Although much progress has been made to reduce cigarette smoking in the United States, in 2012, 20.5 percent of adult males and 15.9 percent of adult females continued to be cigarette smokers.⁷⁰

Adolescent Behavior

The leading cause of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.⁷¹

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

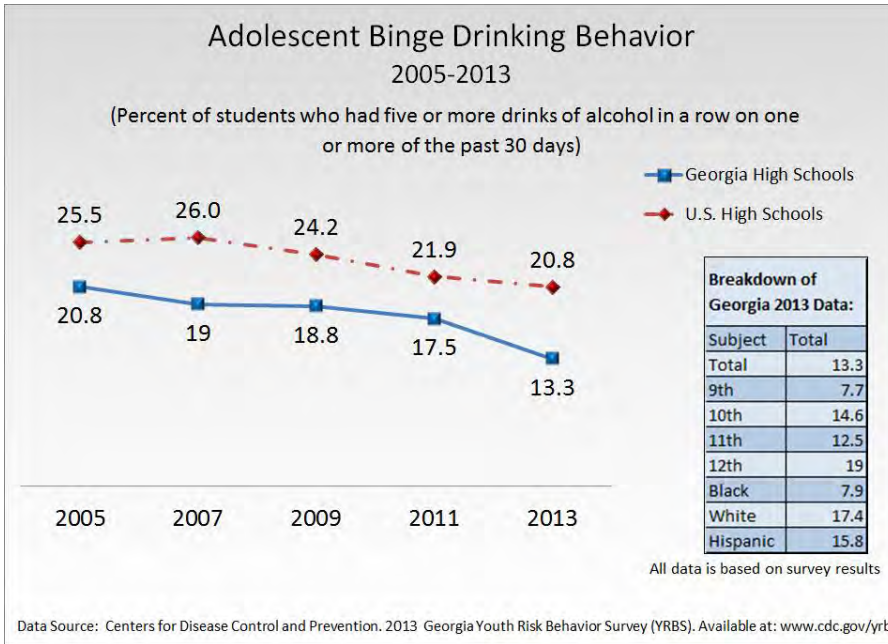
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

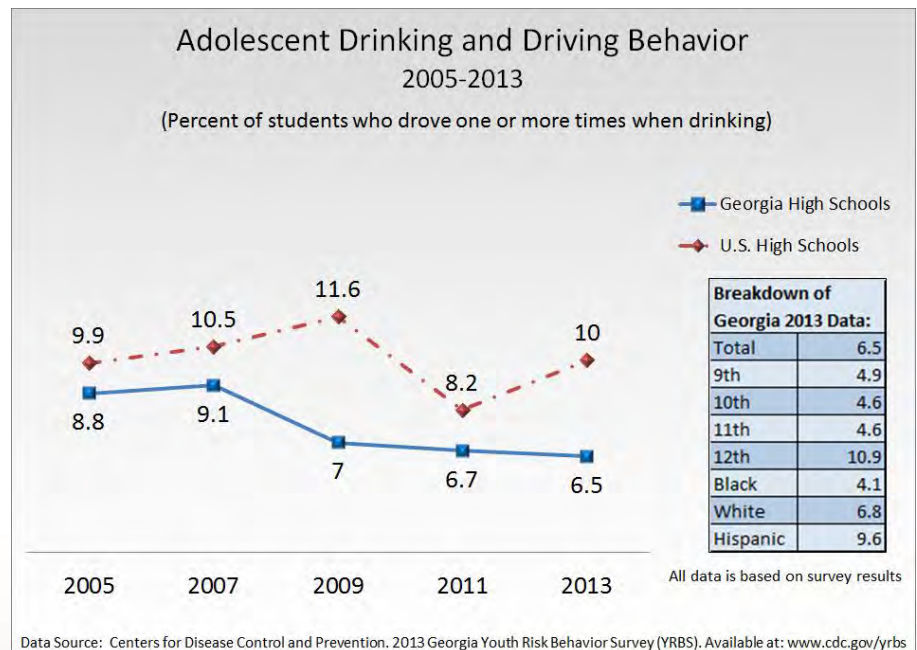


Between 2005 and 2013 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia since 2005.

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

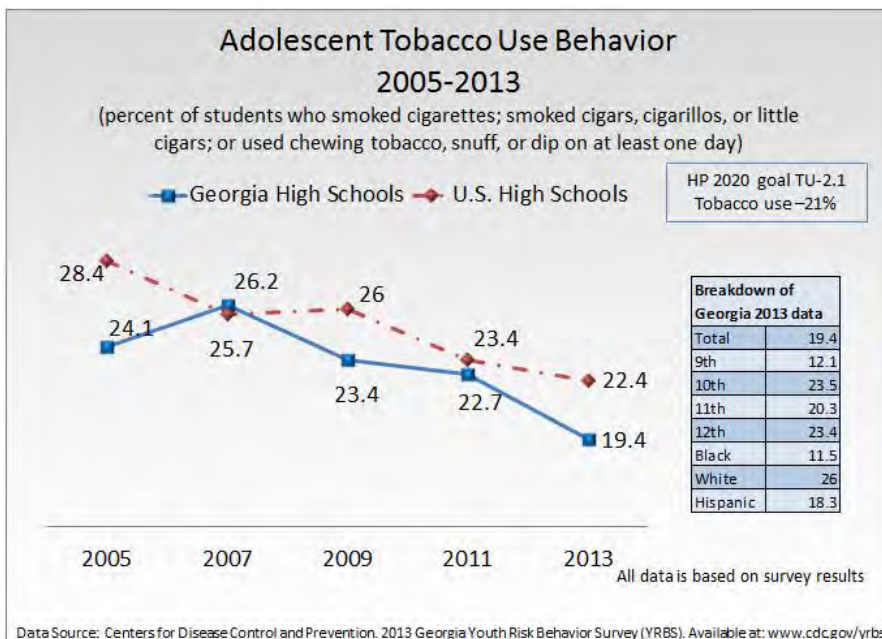
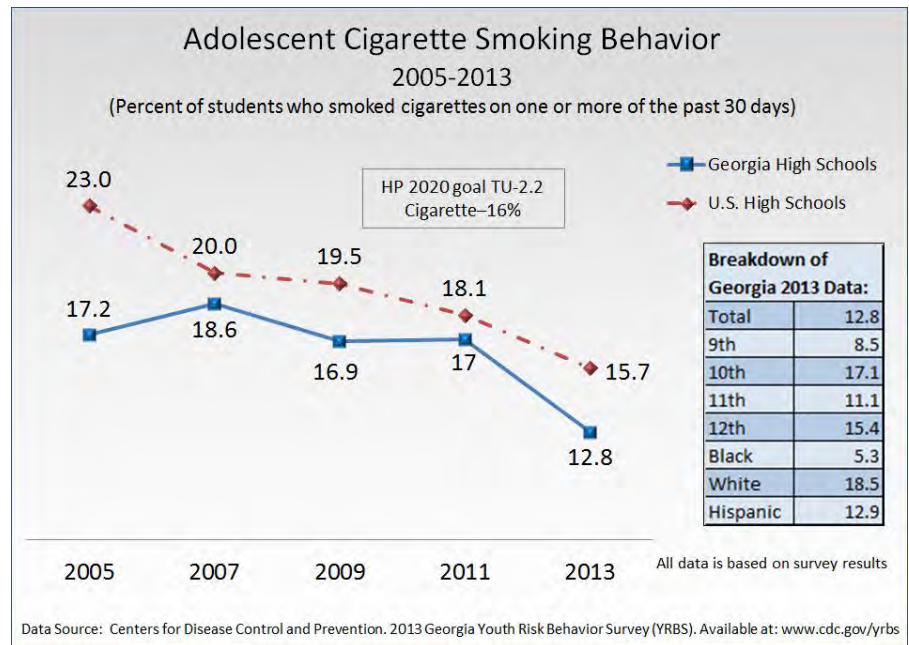
Almost one-fifth of twelfth graders (19 percent) participated in binge drinking within a month prior to the survey.

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



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

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



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

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

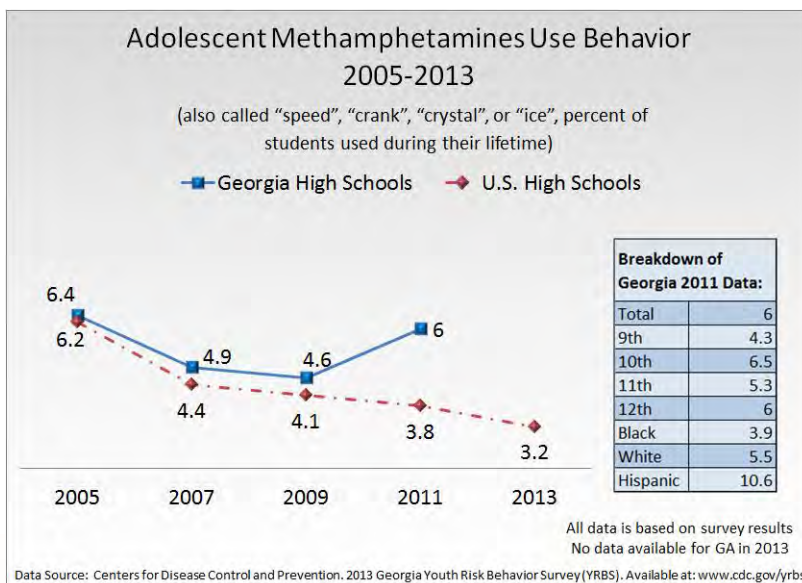
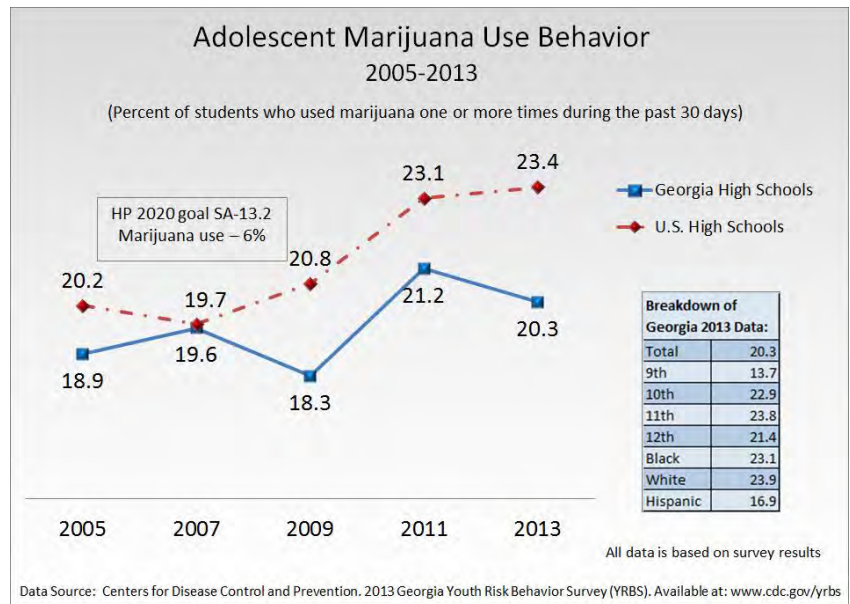
Illicit Drug Usage

Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.⁷²

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

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

The Healthy People 2020 goal is to reduce marijuana use to six percent.⁷³



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

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

There was no data available for Georgia in 2013.

Comparison: Morgan County and Georgia

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

At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Morgan County and Georgia		
	Morgan County High Schools	Georgia High Schools
Binge Drinking	12.8%	9.3%
Drinking and Driving	2.6%	2.9%
Tobacco Use	17.3%	11.9%
Cigarette Use	12.4%	10.1%
Marijuana Use	9.0%	12.8%
Meth Use	0.3%	1.9%
Prescription	3.4%	5.0%

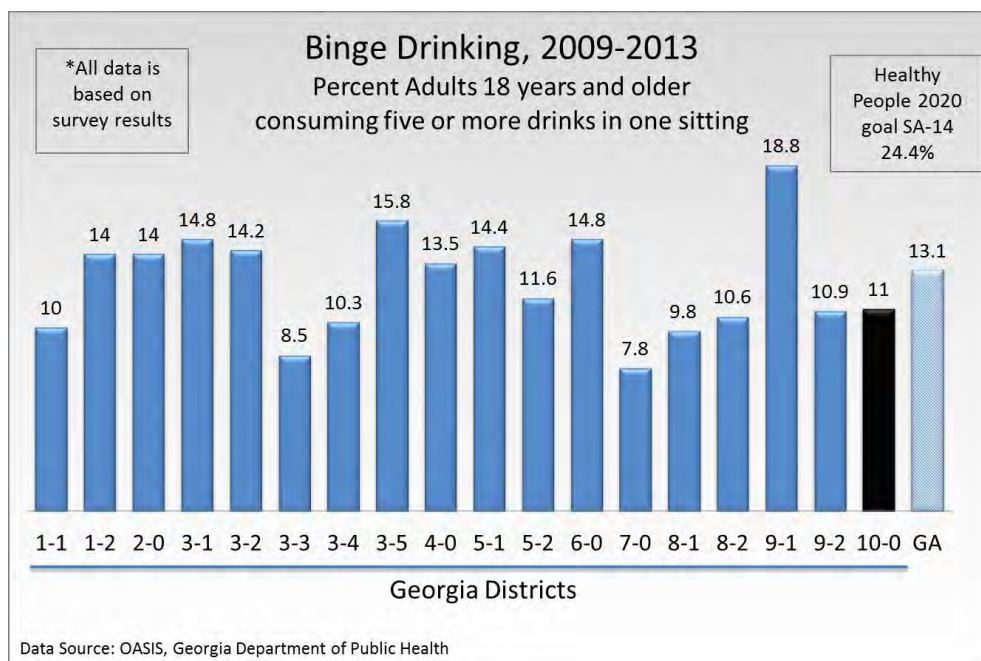
Data Source: Georgia Department of Education. Georgia Student Health Survey

Morgan County Schools had a higher percentage of adolescents that participated in binge drinking, tobacco use, and cigarette use but a lower percentage that participated in drinking and driving, marijuana, methamphetamine, and prescription drug use. **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.⁷⁴

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.⁷⁵



The binge drinking prevalence in Health District 10-0 (11 percent) was lower than the Georgia prevalence (13.1 percent). This rate was well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

Alcohol, Tobacco and Drugs

- » Teenagers think there is not a lot to do in Morgan County. They fill their time with other activities like experimenting with drugs or having "field parties."
- » A lot of parents have substance abuse issues and this effects children from birth to five years old.
- » Narcotic overuse is a major issue. It is very easy to get a prescription for more than enough pills.
- » There is a lack of education about alcohol and tobacco use. There is a higher percentage of children using tobacco and alcohol compared to the past.
- » It is easy to access a prescription for pain pills.
- » Prescription drugs are the most abused drug in Morgan County.
- » A lot of the narcotics are overprescribed. Patients are hopping from doctor to doctor to get a prescription.
- » Prescription drug addiction is a nationwide issue.
- » Prescription drug abuse is affecting the children of parents abusing these drugs. It is difficult to involve DFACs when the drug is legally obtained.
- » The number two drug used in Morgan County is Meth because it cheap and easily accessible.
- » There are individuals in the community that want to quit using drugs, but they cannot afford help or cannot find help.
- » Self-medicating with illegal drugs is occurring as a result of lack of mental healthcare.
- » Crime increases as a result of both selling and using drugs.
- » Doctors should limit the amount of pills prescribed to a patient.
- » In rural communities, meth use is higher because it is cheaper.
- » Cigarette and tobacco use is higher in rural communities.
- » There is a need to know about previous doctor visits to control the prescription drug abuse problem.
- » Many individuals do not classify weed as a drug and view smoking it as a routine.
- » If individuals would spend their money on healthcare instead of alcohol and drugs, they would be healthier.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE - STD 6, STD 7

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.⁷⁶ 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.⁷⁷

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

Georgia reported some of the highest STD rates in the country. Due to various socio-economic reasons, U.S. STD rates are higher among Blacks than among other population groups.⁷⁸

Why Is Sexually Transmitted Disease Prevention Important?

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

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

Healthy People 2020

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

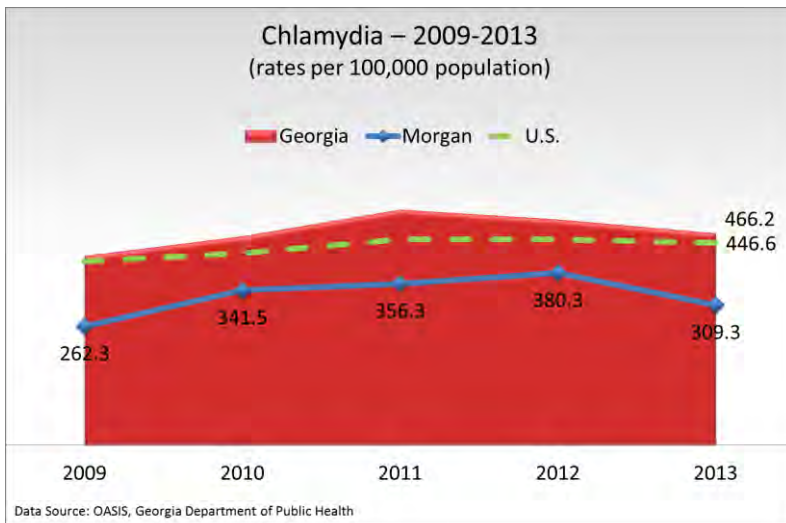
Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Georgia (10.3)	Alaska (789.4)	Louisiana (188.4)
2	California (9.3)	Louisiana (624.5)	Alabama (173.7)
3	Louisiana (9.2)	Alabama (611.0)	Mississippi (170.7)
4	Florida (7.8)	New Mexico (587.3)	Alaska (154.2)
5	Maryland (7.7)	Mississippi (585.1)	South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

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

Chlamydia

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

- » In the U.S., Chlamydia rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.⁸⁰
- » Women had 2.7 times the reported chlamydia rate of men in 2009.⁸¹
- » Georgia ranked ninth highest in the U.S. for reported chlamydia cases in 2013.⁸²



Clinical Recommendations

Screening for Chlamydial Infection

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

Healthy People 2020

In 2013, the chlamydia rate in Morgan County (309.3 per 100,000) was lower than the State rate (466.2 per 100,000). In 2013, the U.S. rate for chlamydia was 446.6 per 100,000 population.⁸³

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

Average Chlamydia Rates by Race (2009-2013)			
	White	Black	All
Georgia	69.5	615.2	472.2
Morgan	74.8	662	330

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea

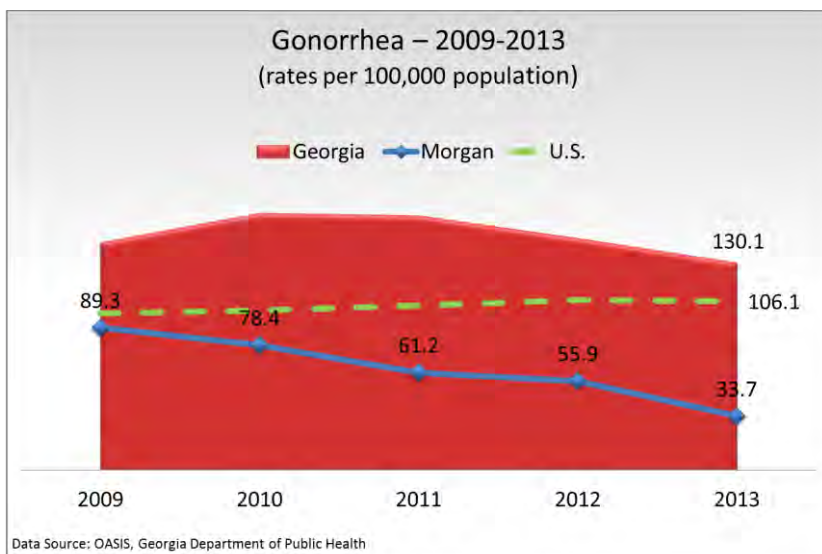
Gonorrhea and chlamydia often infect people at the same time.⁸⁴ The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are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

- » Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.⁸⁵
- » Georgia ranked eighth highest in the U.S. for reported gonorrhea cases in 2013.⁸⁶

Who Is At Risk for Gonorrhea?

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

Centers for Disease Control and Prevention



In 2013, the gonorrhea rates in Morgan County (33.7 per 100,000) were lower than the State rate (130.1 per 100,000) and the U.S. rate (106.1 per 100,000).⁸⁷

Average Gonorrhea Rates by Race (2009-2013)			
	White	Black	All
Georgia	13	262.5	147.8
Morgan	3 or fewer cases	152.4	63.8

Data Source: OASIS, Georgia Department of Public Health

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

Syphilis

Syphilis is an STD that is passed from person to person through direct contact with syphilis sores. Many people infected may be unaware and the sores may not be recognized as syphilis. Symptoms may not appear for several years. Therefore, the infection may be spread by persons who are unaware that they have the disease. Syphilis is easy to cure in the early stages through the use of antibiotics.⁸⁸

- » Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.⁸⁹
- » Georgia ranked number one in the U.S. for reported syphilis cases in 2013.⁹⁰

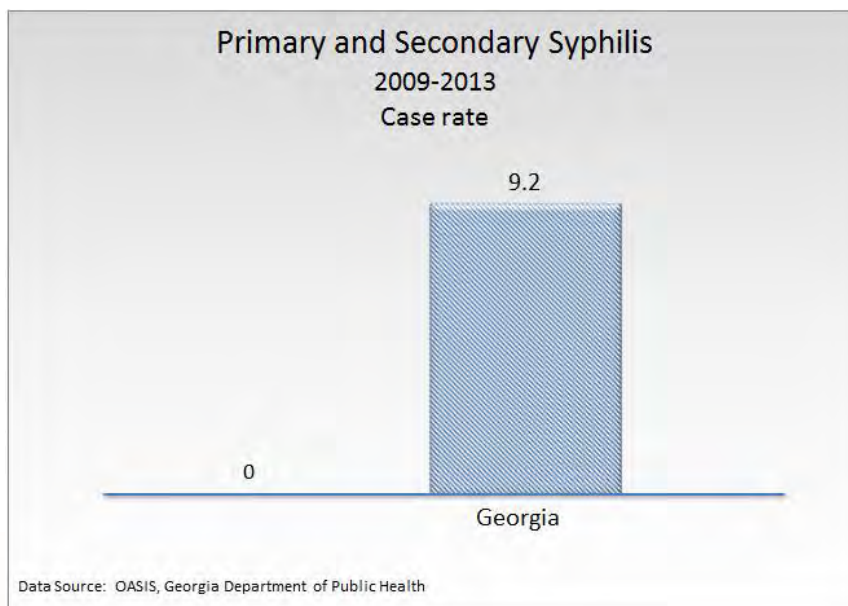
The Georgia syphilis rate in 2013 was 10.3 per 100,000 population. The U.S. rate in 2013 was 5.5 per 100,000 population.⁹¹

How Can Syphilis Be Prevented?

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

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

Centers for Disease Control and Prevention



There were no syphilis cases reported in Morgan County for the years 2009-2013.

Human Immunodeficiency Virus (HIV)

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

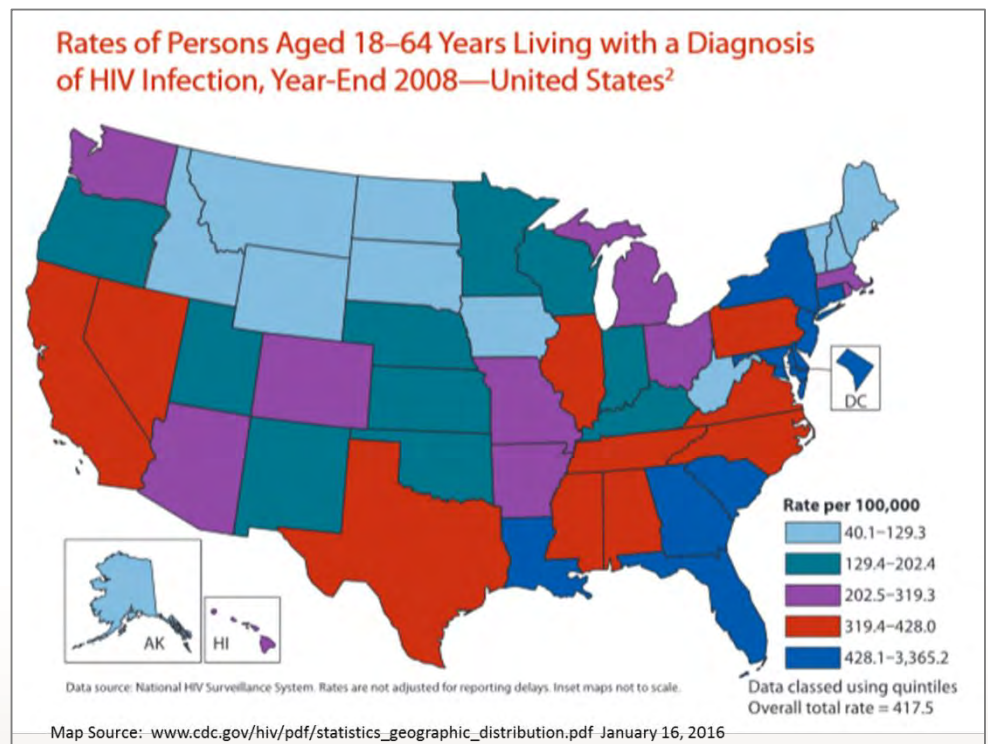
- » In 2010, White MSM represented the highest number of new HIV infections in the U.S.⁹⁴
- » In 2010 Blacks (male and female) represented approximately 12 percent of **the country's** population, but accounted for 44 percent of new HIV infections. Blacks accounted for 41 percent of people living with HIV in 2011.⁹⁵
- » Hispanics (male and female) represented 16 percent of the population for accounted for 21 percent of new HIV infections in 2010. Hispanics accounted for 20 percent of people living with HIV in 2010.⁹⁶

Why Is HIV Important?

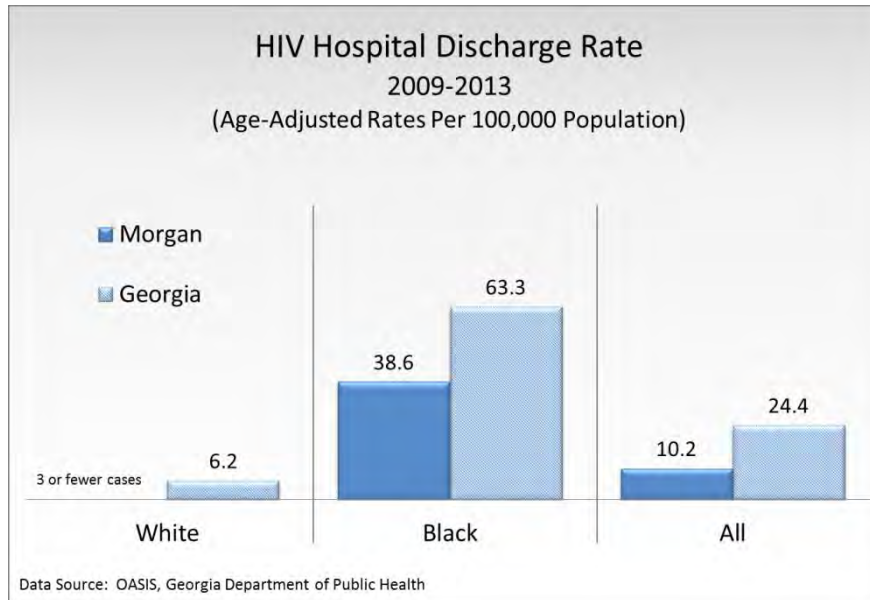
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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

Healthy People 2020

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



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



ACCESS TO CARE

HEALTHY PEOPLE 2020 REFERENCE - AHS

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

Why Is Access to Health Services Important?

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

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

Healthy People 2020

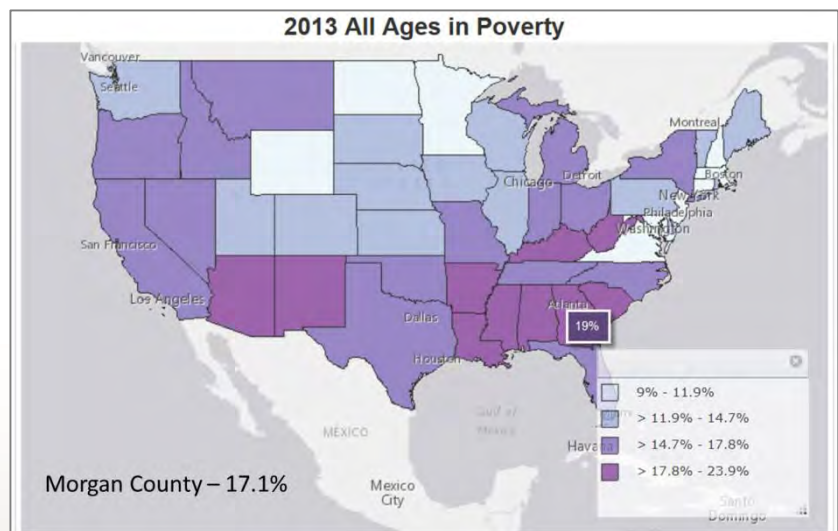
Gaining Entry into the Health Care System

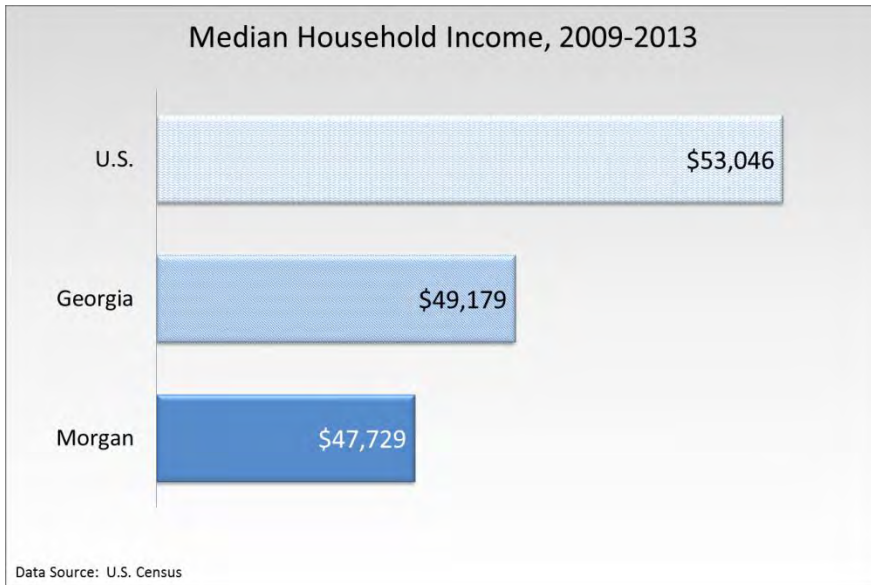
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an **individual's ability** to access care when needed.

INCOME AND POVERTY

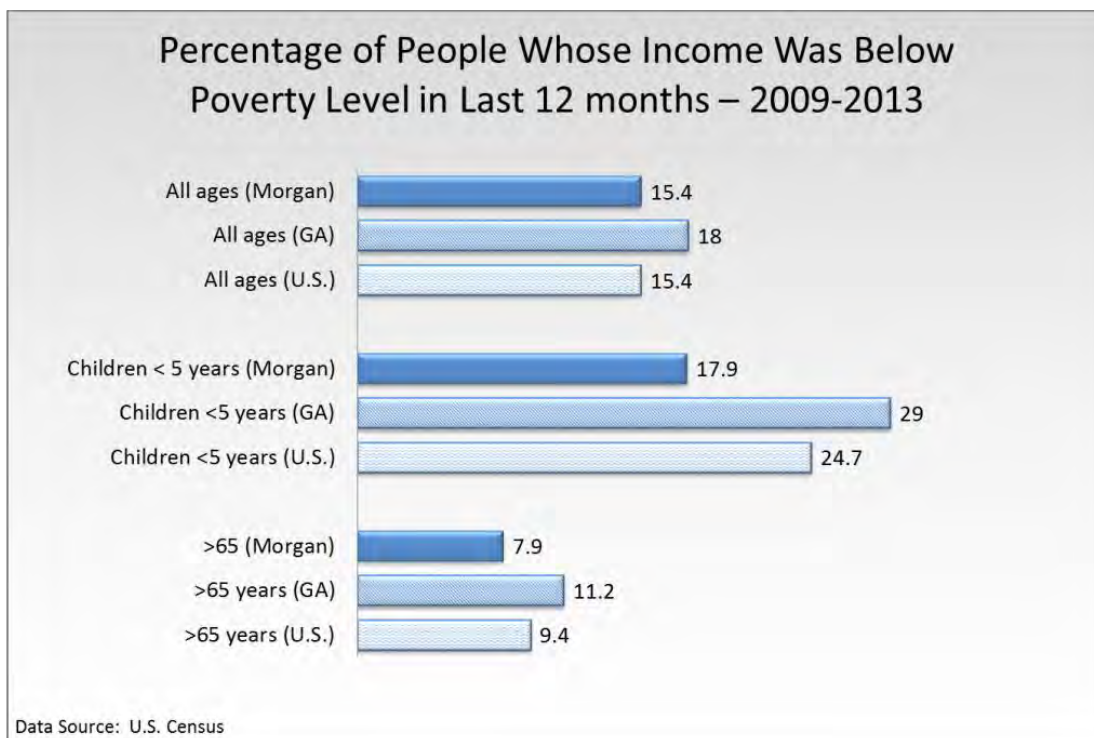
The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.8 percent in 2014.⁹⁸

Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.⁹⁹ Morgan County's poverty rate was 17.1 percent in 2013.





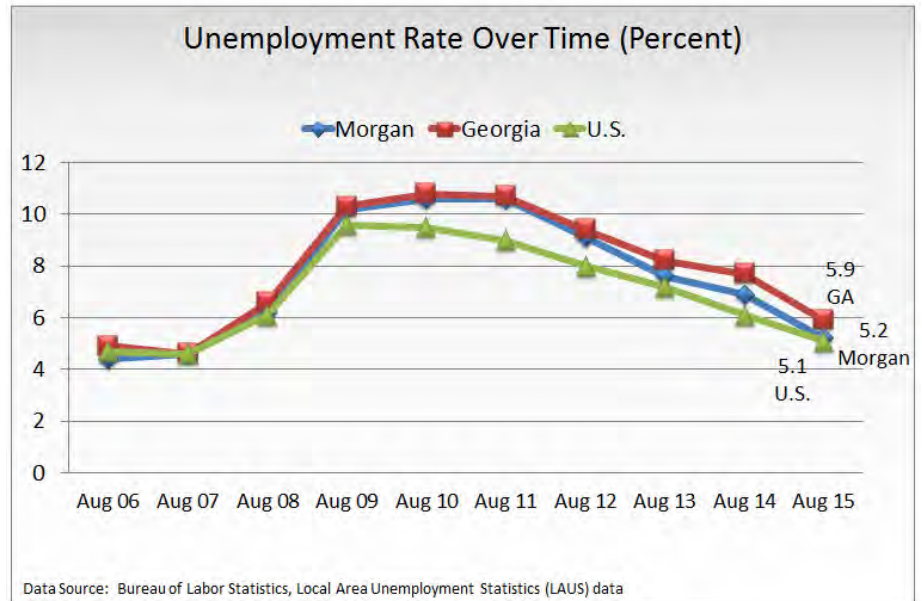
The median household income during 2009-2013 for Morgan County was \$47,729. This is below the Georgia median income of \$49,179 and the U.S. median income of \$53,046.



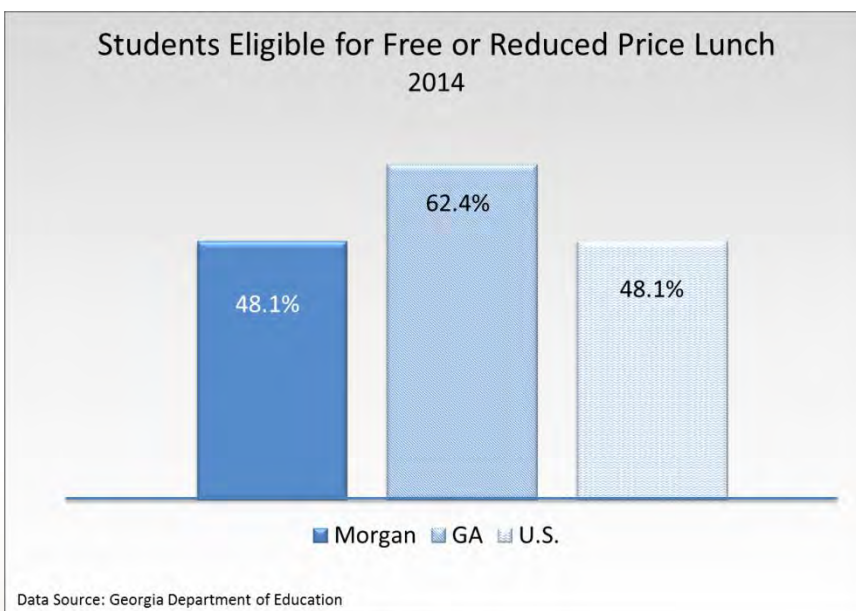
The percentage of people in Morgan County whose income was below the poverty level (15.4 percent) was lower than in Georgia (18 percent) and equal to that of the U.S. (15.4 percent). The percentage of children under five years of age living in poverty in Morgan County (17.9 percent) was lower than both the Georgia (29 percent) and U.S. rates (24.7 percent). The percentage of Morgan County senior adults living in poverty (7.9 percent) was lower than the State (11.2 percent) and U.S. rates (9.4 percent).

The Morgan County unemployment rates for years 2006-2015 were consistently lower than the State but higher than U.S. rates.

The unemployment rate rose sharply in 2008, but had since decreased. The most recent data showed that Morgan's unemployment rate dropped from 6.9 percent in August of 2014 to 5.2 percent in August of 2015.



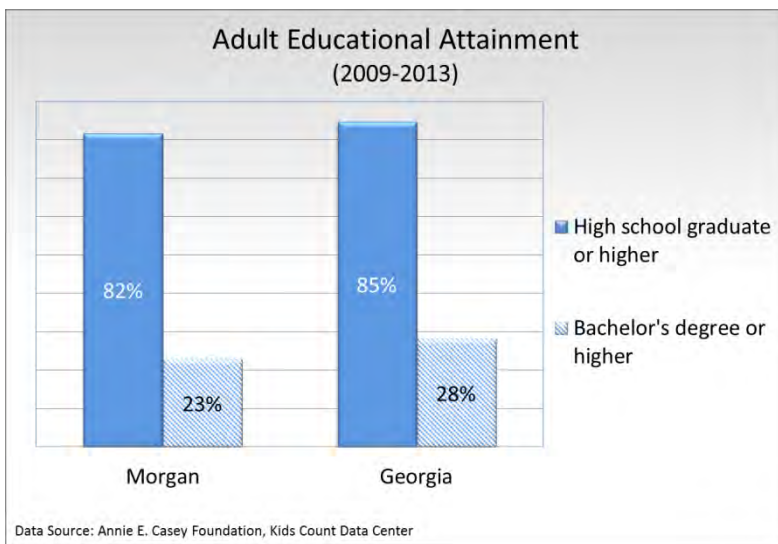
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.¹⁰⁰ For July 1, 2015 through June 30, 2016, a family of four's income eligibility for reduced-price lunches was at or below \$44,863 and for free meal eligibility at or below \$31,525.¹⁰¹



In Morgan County 48.1 percent of the public school students was eligible for free or reduced price lunches. This percentage was lower than the Georgia rate (62.4 percent) and equal to the U.S. rate (48.1 percent).

Educational Attainment

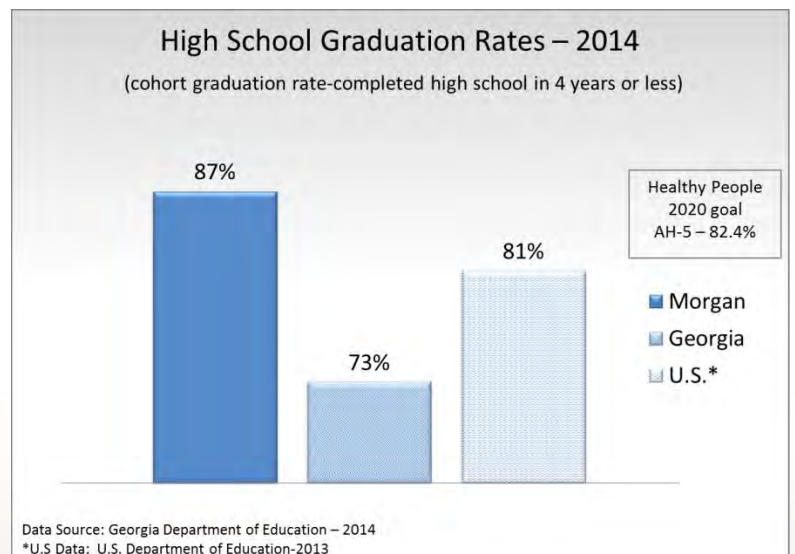
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.¹⁰² According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.¹⁰³ Individuals with higher educational attainment often secure jobs that provide health insurance. Young people who drop out of school also have higher participation in risky behaviors, such as smoking, being overweight, or having a low level of physical activity.¹⁰⁴



From 2009-2013, 82 percent of Morgan County residents had graduated high school compared to Georgia's average of 85 percent. An average of 23 percent of Morgan County residents had a bachelor's degree or higher compared to Georgia's higher average of 28 percent.

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

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

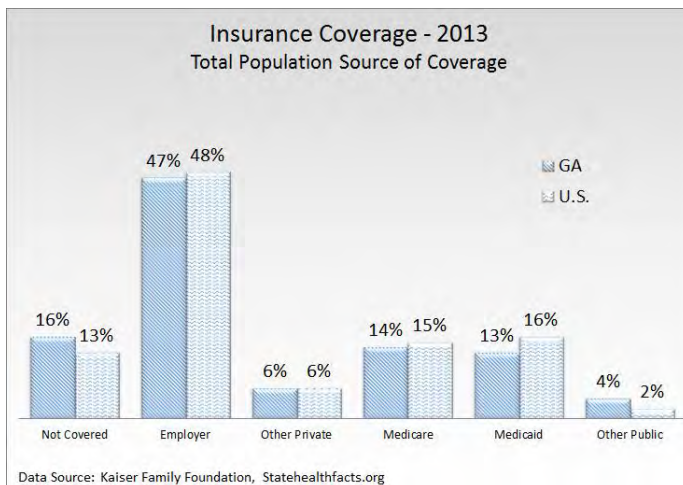


Insured Status

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

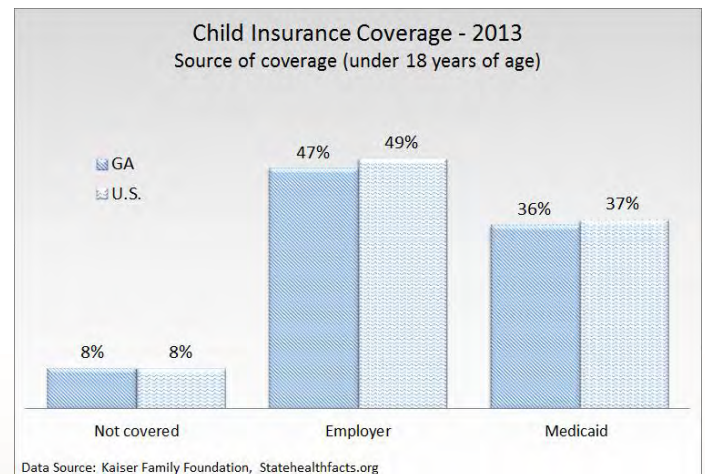
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

GEORGIA INSURED STATUS

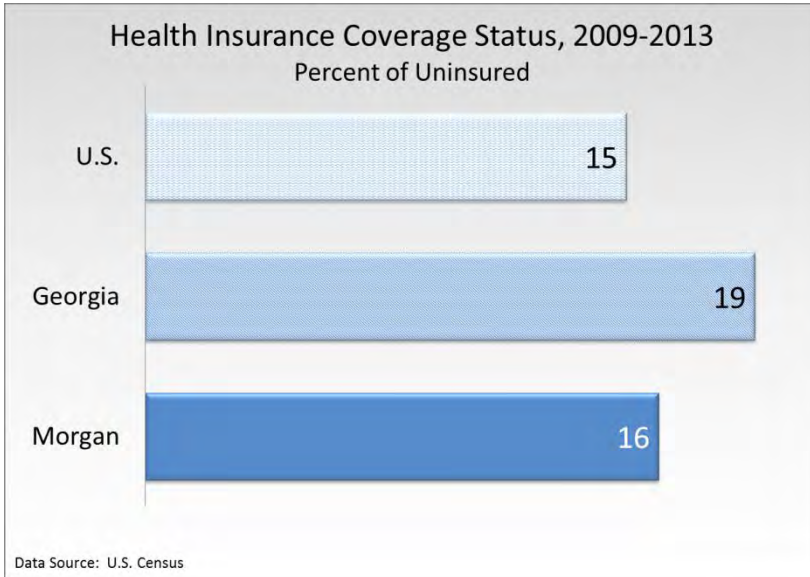


In 2013, Georgia’s uninsured population (16 percent) was higher than the U.S. (13 percent). Employer coverage was lower in Georgia (47 percent) compared to the U.S. (48 percent). Georgia’s proportions of Medicare and Medicaid covered individuals were lower than the U.S. rate.

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

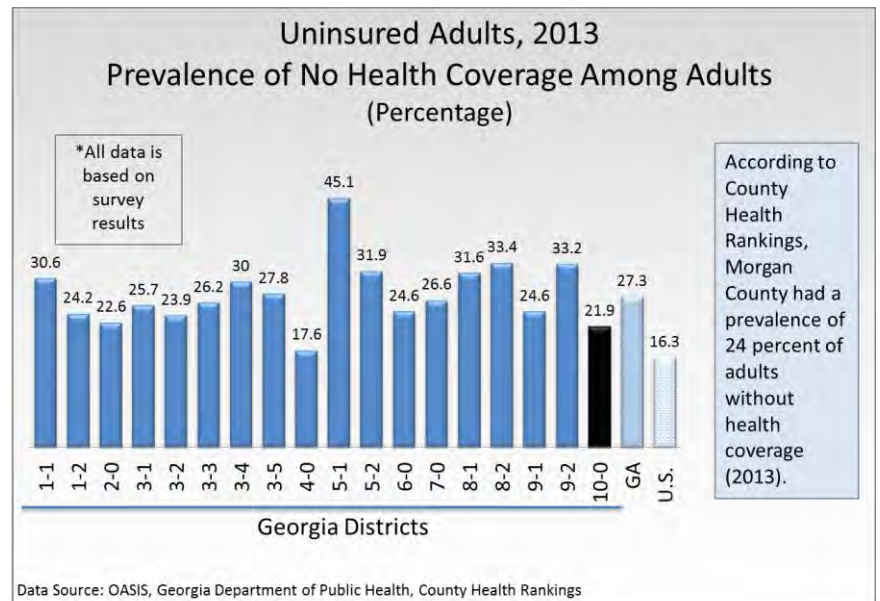


MORGAN COUNTY INSURED STATUS



The proportion of uninsured individuals in Morgan County (16 percent) was lower than in Georgia (19 percent), but higher than in the U.S. (15 percent).

The percentage of adults that lacked health insurance in Health District 10-0 (which includes Morgan County) was 21.9 percent. This was higher than the U.S. rate (16.3 percent) and lower than the Georgia rate (27.3 percent). According to County Health Rankings, in 2013 Morgan County had 24 percent of adults lacking health insurance.



Georgia Health Assistance and Healthcare Programs

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

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

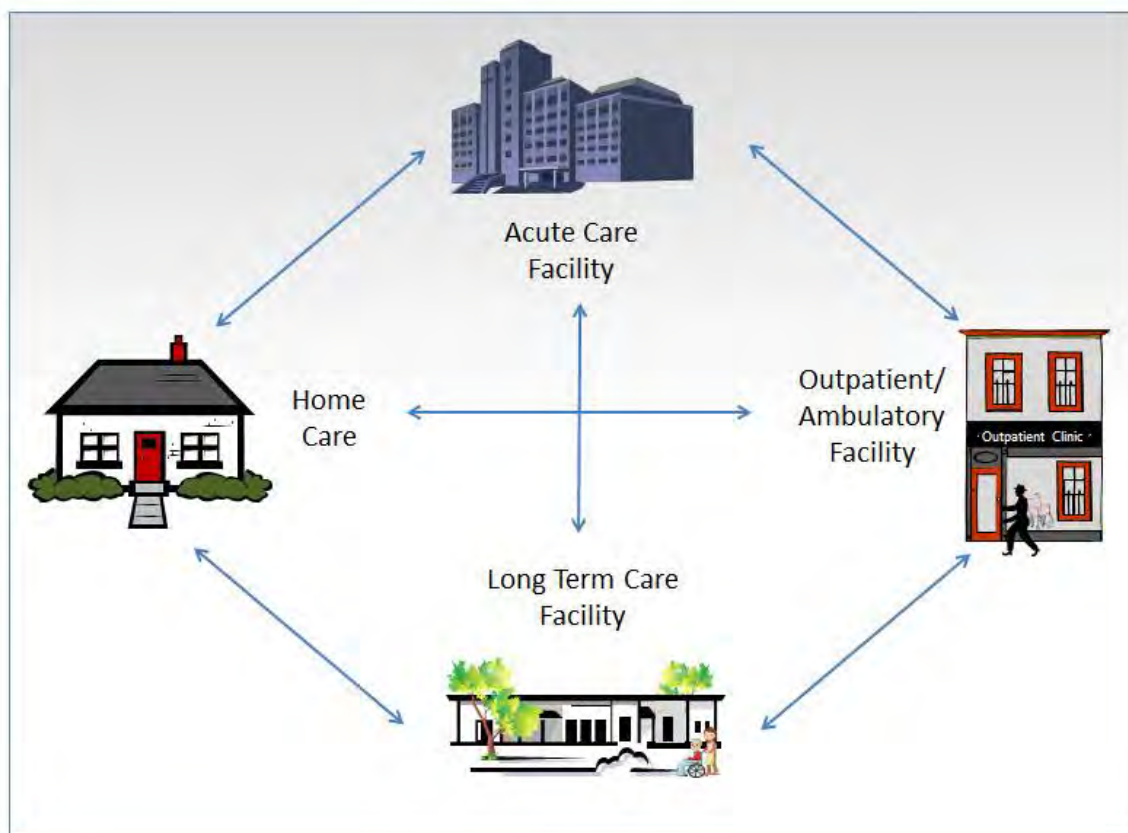
Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Morgan County, 16 percent of the population is over the age of 65, making many of them eligible for Medicare.

Accessing a Healthcare Location Where Needed Services Are Provided

Accessing health care services in the U.S. is regarded as unreliable because many people do not receive the appropriate and timely care they need. All Americans should now have access to health care due to the *Patient Protection and Affordable Care Act*.¹⁰⁶ This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.¹⁰⁷ The healthcare system itself will need to work as a system, and not in independent silos to prepare for this change. The following section of the CHNA report discusses the various entries within the healthcare system and the types of services provided.

Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.¹⁰⁸ There are various types of facilities across the healthcare continuum that provide different levels of care and types of treatment. Levels of care include primary, secondary, tertiary, and sometimes quaternary. Types of treatment range from low acuity to high acuity. Within these levels of care and types of treatment, there are types of facilities such as: acute care, outpatient/ambulatory, long term care, and home care that specialize in different types of treatment (see diagram below). In addition, these types of facilities cater to certain diseases and conditions within this continuum of care.



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

Morgan County is home to Morgan Memorial Hospital, a 25 bed non-profit Critical Access Hospital located in Madison, Georgia. Morgan Memorial offers a 24-hour emergency room and a wide array of diagnostic outpatient services. Morgan County is approximately 30 miles from Athens, Georgia, which provides the community with access to more specialized healthcare for high acuity or specialty cases. However, residents that lack transportation may not be able to access specialized care in another city (see transportation section).

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having a shortage of primary care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations (MUA or MUP) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/ or elderly population. The designation guidelines for medically underserved areas are based on a scale of 1 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Each service area found to have a score of 62 or less qualifies for designation as an MUA.¹⁰⁹ Morgan County qualifies as an MUA with a score of 39.10.

Professional Shortage Areas as of April 4, 2016

HPSA: Morgan County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	Yes	No

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

Mental Health

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

- » Advantage Behavior Health Services is an outpatient mental health clinic in Monroe, Georgia which is 30 minutes away from Madison. The facility offers treatment for adult mental health, outpatient addictive diseases, and adult mental health day programs
- » Samaritan Center for Counseling and Wellness is a counseling and wellness center located in Athens. The facility offers a variety of counseling services for different types of issues. The wellness center offers yoga, wellness counseling and nutrition services.
- » SummitRidge in Athens offers partial hospitalization and intensive outpatient services for mental health and substance abuse.

Nursing Homes/Skilled Nursing Facilities

Skilled nursing facilities (SNFs) fill a vital role in healthcare delivery for certain population groups. Nationally, there are more than 15,000 nursing homes caring for 1.4 million individuals.¹¹⁰ SNFs provide care for individuals

with frailty, multiple co-morbidities, and other complex conditions. This type of care is important for individuals who no longer need the acute care from a hospital setting. Morgan County is home to Madison Health and Rehab and Morgan Memorial Hospital Transitional Care.

Transportation

Morgan County has a land area of 355 square miles.¹¹¹ There is a small public transit system housed within the Senior Center that provides transportation for Morgan County residents. The cost per trip is \$1.25 inside the city limits and \$1.50 outside the city limits. Trips must be reserved in advance the day before. Many residents depend upon family members or others in the community for their transportation needs.

Finding a Health Care Provider Whom the Patient Can Trust

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

PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.¹¹²

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.¹¹³ There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians.

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

- » Communicate with patients about what they can expect out of the patient-doctor relationship.
- » Support patients in self-care. This includes education and reduction of risk factors and helping patients with chronic illnesses develop and update self-care goals and plans.
- » Partner with patients in formal and informal decision-making. Shared decision-making is a formal process in which patients review evidence-based decision aids to understand health outcomes.
- » Improve patient safety by giving patients access to their medical records so they can detect and prevent errors.¹¹⁴

COMMUNITY INPUT

Access to Care

- » Medical care in Rutledge is limited. There is a doctor that comes there now. Normally, they would have to go to Athens or Madison.
- » It would be nice to have a local pediatrician in Morgan County.
- » Chronic pain transcends a lot of these health issues.
- » There is a need to learn those stress management skills early to deal with life's stressors.
- » Underinsured, no insurance, and the lack of specialists are issues this community faces.
- » It would be nice to have cancer physicians in this area.
- » The adolescent population visits the ER for sore throats or asthma because they do not have preventative care.
- » Access is the biggest issue. People have trouble getting to and from their appointments because they lack transportation.
- » The lack of transportation in the community creates a bigger issue for those mental health patients who have no way of getting to a larger town like Athens.
- » There is a need for more knowledge about available transportation.
- » Knowledge about the availability of certain specialists is needed.
- » A lot of specialists may not take Humana health insurance.
- » The insurance companies are not networking with a lot of physicians.
- » From a practical and economic standpoint, with a population of 18,000, it is just not feasible for a community of this size to have specialists.
- » Individuals that do not have transportation are the ones that need access to local specialists.
- » There is a need to teach individuals self-management skills which reduces the need for access to care. It would teach individuals how to better manage their diabetes.
- » We need to empower the patient to rely more on themselves than the physician and hospital.
- » Personal accountability is difficult to teach.
- » It is all about convenience. There are families that call an ambulance to transport their child to Atlanta for an appointment because it is inconvenient for them to drive there.

COMMUNITY INPUT

Access to Care

- » No matter what incentives exist, individuals ultimately want what's convenient for them (transportation).
- » How do you educate and teach someone to have work ethic, to have self-motivation, to care about their children?
- » There are restrictive guidelines for certain types of healthcare needs.
- » Transportation is the biggest issue. Individuals cannot make it to their doctor's appointments if they do not have transportation.
- » The county runs a local transit service. It is based out of the Senior Center with two buses. The main complaint about this service is inconvenience.
- » All of the medical assets of the community are located in one central area around the hospital.
- » There is a need for more specialists. There is a rotating suite that comes to Morgan County, but it is limited.
- » Individuals have to take charge of their own health.
- » Underserved patients do not have reliable phone number, home address, or transportation so it is difficult to follow-up with them.

SPECIAL POPULATIONS

Why Do Special Populations Matter?

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

Healthy People 2020

COMMUNITY INPUT

Seniors

- » Morgan County is a major retirement community.
- » Elderly care is a big problem with those suffering financially.
- » The food brought to the Senior Center is healthy food. It does not have lard, sugar, or butter added. Most of the Senior population is not ready to change their lifestyle of eating.
- » The Senior Center has transit, but it does not go to Athens all the time. There are limited days that the bus will go to Athens.
- » There is a need for more education on elderly care.

COMMUNITY INPUT

Mental Health

- » Mental health is a major problem in the ER. Sometimes these patients are in the hospital for three or four days waiting on the appropriate care setting.
- » There is a lack of local providers for mental health.
- » It does not take long to give a counselor a full caseload of children from the schools that need help.
- » There is a lack of regional collaboration of mental health providers.
- » Samaritan Counseling has been added to a local church.
- » A lot of parents with children who have mental health issues just want something provided at the school for the child. **They do not want to deal with the child's problems themselves.**
- » There is a mental health stigma. A patient may have a mental health disorder or have a family history of the mental health problem, but is embarrassed or ashamed of the condition.
- » There is a need for more education on mental health to help alleviate the stigma.
- » A lot of individuals do not have adequate insurance to help pay for their mental illness.
- » Access to medication for mental health patients is an issue.

Minority Population (Black/Hispanic population)

- » Prostate cancer is so high among black males because they do not go to the doctor.
- » There is a need for a facility for special needs individuals (a handicapped equipped facility). "A Dream Field" for wounded warriors and special needs would be a great asset.
- » Hispanics always pay for their healthcare and don't expect free care.
- » Most of the Black population affected by teen pregnancy come from unmarried households.
- » Hispanics usually marry early if there is a pregnant teen.

PRIORITIES

Community Input

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

The group 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

A focus group meeting was held on March 23rd, 2016.

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

1. Access to Care
 - 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.
 - e. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents.
2. Lifestyle - Obesity and Diabetes
 - a. There is a need for education and 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 cost-effective.
 - i. There is a need for low cost recreational facilities or education on how to stay active with limited resources.
 - c. There is a need for specific education to individuals with Type 2 diabetes on how to manage the disease through self-management strategies.
3. Mental Health
 - a. There is a need for more services, providers, and specialists relating to mental health care.
 - b. There is a need for education and awareness on mental illness.
 - c. There is a need for education about resources for free or low cost care options.
4. 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
 - iii. Caregiving for the elderly
5. Substance Abuse
 - a. There is a need for education and awareness surrounding healthy lifestyle choices related to alcohol, tobacco and drug use (especially prescription drugs).
 - b. There is a need for education and awareness about child neglect due to parents abusing drugs and alcohol.

Hospital Input

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

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

Identified Priorities

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

- Access to Care
- Lifestyle - Obesity and Diabetes
- Mental Health
- Senior Health
- Substance Abuse

Approval

Morgan **Memorial Hospital's** Board approved this community health needs assessment through a board vote on June 30, 2016.

COMMUNITY PARTICIPANTS

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

MORGAN MEMORIAL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Ralph Castillo, CEO

Beth O'Neil, CNO

Kyle Wilkinson, CFO

Megan Morris, Director of Development and Community Relations

Leah Ainslie, FNP-C, Morgan County Health Department

KEY STAKEHOLDER INTERVIEW

Leah Ainslie-Nurse Manager, Morgan County Health Department

PARTICIPANTS IN COMMUNITY FOCUS GROUP MEETINGS

Angela Daniel

Beth O'Neill

Bethany Carter

Bill Baldwin

Bob Hughes

Butch Thompson

Connie Cook

Craig Benson

Dan Matthews

Diane Malcom

Donald Harris

Fred Perriman

Gail Baldwin

Huey Atkins

Kelli McCarty

Lachrislyn Goss

Leah Ainslie

Mary Nunn

Nelson Hale

Peter Wibell

Shasta Tillery

Tom Greenfield

Tony Sells

Wayne Myers

RESOURCE LISTING

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

ASSISTED LIVING FACILITIES	
<p>Madison House 167 W. Jefferson Street Madison, GA 30650 706-474-4055</p>	<p>Oconee House 126 Parks Mill Road Buckhead, GA 30625 706-474-4055</p>
<p>Savannah Court of Lake Oconee 1061 Willow Run Road Greensboro, GA 30642 706-454-0980</p>	<p>Benton House 7155 Dearing Road Covington, GA 30014 770-788-6660</p>
<p>Palmshade Villa 175 Crowell Road North Covington, GA 30014 770-788-9844</p>	<p>Remington House 1504 Renaissance Drive Conyers, GA 30012 770-761-4888</p>
<p>Whispering Pines ALF 100 E. Paces Drive Athens, GA 30605 706-354-6540</p>	<p>Arbor Terrace of Athens 170 Marilyn Farmer Way Athens, GA 30606 706-621-4260</p>
<p>Marable Manor PCH 235 E. Marable Street Monroe, GA 30655 40-428-2749</p>	<p>Great Oaks 920 Highway 138 Monroe, GA 30655 770-267-7902</p>

BLOOD DONATIONS	
American Red Cross 800.RED.CROSS / 800.733.2767 (P) www.redcross.org	Shepard Community Blood Center 1533 Wrightsboro Rd. Augusta, GA 30904 706-737-4551 (bloodmobile comes to Madison)
BREASTFEEDING RESOURCES	
Breastfeeding Information www.breastfeeding.com	La Leche League of GA Hotline 404.681.6342 (P)
First Call Pregnancy Center 1531 W. Broad St. Greensboro, GA 30642 706-453-1908 www.firstcall.me/ (mobile unit comes to Madison)	
CAR SEAT RESOURCES AND SAFETY	
Auto Safety Hotline 800.424.9393 (P)	First Call Pregnancy Center 1531 W. Broad St. Greensboro, GA 30642 706-453-1908 www.firstcall.me/ (mobile unit comes to Madison)
Morgan Memorial Hospital 1077 S. Main St. Madison, GA 30650 Joseph Webb, Instructor 706-752-2261	-

CANCER SUPPORT SERVICES-	
American Cancer Society 800.227.2345 (Preferred)	
CHILDREN & FAMILY SUPPORT SERVICES	
ALL GA KIDS 877.255.4254 (P)	Office of Child Support Services (OCSS) 877.423.4746 (P)
Morgan County DFCS 2005 S. Main St., Suite 100 Madison, GA 30650 770-207-4176	
CLOTHING RESOURCES	
Joseph's Coat 1140 Monticello Rd. #300 Madison, GA 30650 706-342-0444	Goodwill 1512 Eatonton Rd. Madison, GA 30650 706-752-3084
COUNSELING	
Samaritan Counseling Center FUMC, Madison Janet Beasley, M.S. 706-369-7911	Advantage Behavioral Health 706-453-2301

Child and Adolescent Resource 706-342-3130	
CRISIS INTERVENTION	
Georgia Crisis Line 800.715.4225 (P)	National Domestic Violence Hotline 800.799.7233 (P)
DENTAL (LOW-INCOME)	
Help-A-Child-Smile (mobile dental clinic) 770-760-7900 800-770-0388	
DEVELOPMENTAL NEEDS	
Babies Can't Wait www.health.state.ga.us/programs/bcw	Parent to Parent of Georgia 800.229.2038 (P)
DME & RESPIRATORY PROVIDERS	
Apalachee Medical Supply and Mobility Greensboro: 706-999-1751/Loganville: 678-374-7999	Carmichael Drugs Home Medical Equipment 770-267-2559 Equip: 470-735-0266
Lincare Bogart: 706-549-8968/1-800-371-8968	Care Medical 706-354-4136/800-287-2618

<p>Thrifty Mac 706-342-4141</p>	<p>People's (Covington) 678-658-4663</p>
<p>FINANCIAL ASSISTANCE</p>	
<p>Division of Family and Children Services (DFCS) Temporary Assistance for Needy Families (TANF) Morgan Co. DFCS 2005 S. Main St., Suite 100 Madison, GA 30650 770-207-4176</p>	
<p>FOOD ASSISTANCE</p>	
<p>Morgan Co. DFCS 2005 S> Main St., Suite 100 Madison, GA 30650 770-207-4176 www.dfcs.dhs.georgia.gov For Food Stamps</p>	<p>Morgan County Health Department 2005 S. Main St., Suite 200 Madison, GA 30650 706-752-1266 For WIC Assistance</p>
<p>The Caring Place 1140 Monticello Rd., Suite 400 Madison, GA 30650 706-342-9861</p>	
<p>FURNITURE RESOURCES</p>	
<p>Goodwill 1512 Eatonton Rd. Madison, GA 30650 706-752-3084</p>	

HEALTH INSURANCE	
<p>PeachCare for Kids 877.427.3224 (P) www.peachcare.org</p>	<p>Medicaid Member Services: 866.211.0950 (P) Provider Services: 800.766.4456 (P) Eligibility: 404.730.1200 (P) Customer Service: 404.657.5468 (P) www.medicaid.gov</p>
<p>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</p>	
HOSPICE PROVIDERS	
<p>Abbey Hospice 215 Azalea Court Social Circle, GA 30025 770-464-5858</p>	<p>Compassionate Care Hospice 2340 Prince Avenue, Suite A Athens, GA 30606 706-369-3550</p>
<p>Hospice Compassus 2470 Daniels Bridge Road Building 100, Suite 171 Athens, GA 30606 706-354-1707</p>	<p>Pruitt Health Hospice 435 Hawthorne Avenue Suite 200 Athens, GA 30606</p>
<p>Regency-Southern Care Hospice 825 Baxter Street Athens, GA 30605 706-549-5558</p>	<p>Gentiva Hospice 1199 Prince Avenue Athens, GA 30606 706-549-5736</p>
<p>St. Mary's Hospice 1021 Jamestown Blvd, Ste 215 Watkinsville, GA 30677 706-389-2273</p>	<p>Affinis Hospice 1612 Mars Hill Road, Suite A Watkinsville, GA 30677 706-705-6000</p>

<p>Homstead Hospice 1561 Lenru Road, Suite A Bogart, GA 30622 770-725-2399</p>	
<p>HOUSING / UTILITY ASSISTANCE</p>	
<p>Low Income Home Energy Assistance Program (LIHEAP) To verify if you are eligible, please call: 800.869.1150 (P)</p>	<p>Georgia Dept. of Community Affairs Georgia Dream Homeownership Program 800.359.4663 (P)</p>
<p>Georgia Housing Search www.georgiahousingsearch.org</p>	
<p>LEGAL ISSUES</p>	
<p>Georgia Legal Services 800.822.5391 (P)</p>	
<p>LITERACY</p>	
<p>Family Literacy Hotline 404.539.9618 (P)</p>	<p>Ferst Foundation for Childhood Literacy 888.565.0177 (P)</p>

MEDICAL FINANCIAL ASSISTANCE	
<p>Morgan Co. DFCS 2005 S. Main St., Suite 100 Madison, GA 30650 770-207-4176</p>	
MEDICAL CLINICS AND (FREE AND SLIDING FEE)	
<p>Morgan Co. Health Department 2005 S. Main St., Suite 200 Madison, GA 30650 706-752-1266</p>	
MENTAL HEALTH	
<p>Advantage Mental Health Outpatient clinic 834 Hwy 11 South Monroe, GA 30655 770-267-8302</p>	<p>Samaritan Counseling Center 455 N Lumpkin Street Athens, GA 30601 706-369-7911</p>
<p>SummitRidge 400 Hawthorne Lane Athens, GA 30606 678-442-5858</p>	

NURSING HOMES/SKILLED NURSING	
<p>Madison Health and Rehab 2036 South Main Street Madison, GA 30650 706-342-3200</p>	<p>Morgan Memorial Hospital Transitional Care 1077 S. Main Street Madison, GA 30650 706-342-1667</p>
PARENTING RESOURCES	
<p>American Academy of Pediatrics www.healthychildren.org</p>	<p>First Call Pregnancy Center 1531 W. Broad St. Greensboro, GA 30642 706-453-1908 www.firstcall.me/ (mobile unit comes to Madison)</p>
<p>“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</p>	
PATERNITY	
<p>Office of Child Support Services (OCSS) (insert local info)</p>	

PHYSICAL THERAPY / REHABILITATION SERVICES	
Morgan Memorial Hospital 1077 S. Main St. Madison, GA 30650 706-342-1667 www.mmh.org	
PUBLIC LIBRARIES	
Morgan County Library 1131 East Avenue Madison, GA 30650 706-342-1206	
RECREATION	
Morgan County Recreation Department 1253 College Dr. Madison, GA 30650 706-342-0588 www.mcplayrec.org	
SAFETY	
Georgia Poison Control 800.222.1222 (P) www.gpc.dhr.georgia.gov	

SENIORS	
<p>Morgan County Senior Center 991 S. Main St. Madison, GA 30650 706-342-1614</p> <p>Meals on Wheels</p>	
SMOKING CESSATION	
<p>Georgia Tobacco Quit Line 877.270.7867 (P) www.livehealthygeorgia.org/quitline</p>	
TEEN PARENTING RESOURCES	
<p>First Call Pregnancy Center 1531 W. Broad St. Greensboro, GA 30642 706-453-1908 www.firstcall.me/ (mobile unit comes to Madison)</p>	<p>Young Mommies Help Site www.youngmommies.com</p>
TRANSPORTATION	
<p>Morgan County Transit 991 S. Main St. Madison, GA 30650 706-342-1614</p>	

ENDNOTES

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