



MORGAN
MEDICAL
— CENTER —

2019 Community Needs Assessment

CONTENTS

- EXECUTIVE SUMMARY 5
- THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS 10
 - Description of Major Data Sources 13
 - Definitions 15
 - Information Gaps and Process Challenges 15
 - Evaluation of Impact of Actions Taken from Previous CHNA 16
- ABOUT MORGAN COUNTY 19
 - Georgia Public Health Districts 20
 - Population Profile 21
 - Race, Ethnicity and Origin Profile 22
 - COMMUNITY INPUT 24
- MORBIDITY AND MORTALITY 25
 - Hospitalization and Emergency Room Visits 25
 - Leading Causes of Death 27
 - Premature Death 29
 - Heart Disease and Stroke 30
 - COMMUNITY INPUT 34
 - Cancer 35
 - Lung Cancer 37
 - Colon and Rectum 39
 - Breast Cancer 41
 - Prostate Cancer 43
 - COMMUNITY INPUT 45
 - Accidents 46
 - Chronic Lower Respiratory Disease 48
 - Diabetes 52
 - Obesity 54
 - Childhood Obesity 55
 - COMMUNITY INPUT 58
 - COMMUNITY INPUT 59
- MATERNAL, INFANT AND CHILD HEALTH 60
 - Birth Rates 61
 - Infant Mortality 62
 - Fetal and Infant Conditions 62
 - Teen Birth Rate 64

Birth Weight	66
Breastfeeding	67
Immunizations	69
COMMUNITY INPUT	70
ALCOHOL, TOBACCO AND DRUG USE	71
Adolescent Behavior	71
Alcohol, Tobacco, and Substance Abuse	72
Illicit Drug Usage	75
Comparison: Morgan County and Georgia	76
Adult Alcohol Abuse	77
COMMUNITY INPUT	78
SEXUALLY TRANSMITTED DISEASES	80
Chlamydia	81
Gonorrhea	82
Syphilis	83
Human Immunodeficiency Virus (HIV)	84
COMMUNITY INPUT	86
ACCESS TO CARE	87
Gaining Entry into the Health Care System	87
Income and Poverty	87
Educational Attainment	90
Insured Status	91
Georgia Health Assistance and Healthcare Programs	93
Healthcare Continuum	94
Sliding Fee Scale Clinics	95
Health Professional Shortage Areas (HPSAs)	95
Mental Health	96
Nursing Homes/Skilled Nursing Facilities	96
Finding a Health Care Provider Whom the Patient Can Trust	97
COMMUNITY INPUT	98
SPECIAL POPULATIONS	101
Senior Health	102
COMMUNITY INPUT	103
Mental and Behavioral Health	105
COMMUNITY INPUT	105
PRIORITIES	107
About Community Input	107
Hospital Input	109

Identified Priorities..... 109
Approval..... 109
Special Thanks to Community Participants 110
RESOURCE LISTING..... 111
ENDNOTES..... 121

The following assessment was researched and written by:



www.draffin-tucker.com

EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Morgan Medical Center with a functioning tool that satisfies the Internal Revenue Service (IRS) regulatory requirements under section 501(r). 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 Medical Center community benefit programs and implementation strategies. 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 Georgia's Piedmont region, which the central part of the state. The estimated population of Morgan County in 2018 was 18,853. The city of Madison is the county seat of Morgan County. Madison is home to Morgan Medical Center, which is a 25-bed critical access not-for-profit hospital.

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 2013-2017, heart disease was the leading cause of death followed by cancer, accidents, stroke, and chronic lower respiratory disease.

HEART DISEASE AND STROKE

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

CANCER

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

ACCIDENTS

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

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 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. There were fewer than four cases of infant mortality in Morgan County during the period 2013-2017. The teen birth rate in Morgan County was higher than the Georgia and the U.S. rates. The teen birth rate among Black females was higher than White and Hispanic females.

ALCOHOL, TOBACCO AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. Morgan County Schools had a higher percentage of adolescents that participated in binge drinking and electronic vape use behaviors, but a lower percentage that participated in drinking and driving, tobacco use, cigarette use, marijuana (equal rates), meth, and prescription drug use compared to Georgia.

SEXUALLY TRANSMITTED DISEASES

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

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. Approximately 13 percent of Morgan County's population was below the poverty level. Around 13 percent of Morgan County's population was uninsured compared to Georgia's rate of 14.8 percent and U.S. at 10.5 percent.

Education also affects an individual's ability to access care. Approximately 90 percent of Morgan County residents were high school graduates (4-year cohort rate) compared to Georgia residents at 82 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. Morgan County has a public transport service, which is operated by the county. The transportation services are scheduled usually a day in advance by appointment. Many residents reported lack of convenient and affordable transportation.

Community Health Indicator Report

A Community Health Indicator report (key findings) reflects the changes in the major health indicators of Morgan County compared to the previous CHNA. The report compared health statistics of the local community with the State and U.S. statistics, as well as Healthy People 2020 goals. The findings were presented to the community to generate discussion related to the health of the community and evaluate the impact of the previous CHNA.

KEY FINDINGS							
	Morgan		State		U.S.		HP 2020
MORTALITY							
All Cancer Death Rates	169.6	↓	162.1	↓	158.1	↓	161.4
Lung Cancer Death Rates	43	↓	42.4	↓	40.1	↓	45.5
Colon and Rectum Cancer Death Rates	19.1	↓	15.2	↓	14.1	↓	14.5
Female Breast Cancer Death Rates	17.7	↓	21.8	↓	20.3	↓	20.7
Prostate Cancer Death Rates	21.1	↓	21.6	↓	19	↓	21.8
Heart Disease Death Rates	214.8	n/a	178.6	n/a	167.1	n/a	
Stroke Death Rates	37.4	•	43.5	↑	37.1	↓	34.8
Accident Death Rates	56.7	↑	42.6	↓	44	↑	36.4
Chronic Lower Respiratory Disease Death Rates	36.3	↓	46.3	↑	41.1	↓	
Influenza and Pneumonia Death Rates	+	*	15.3	*	14.8	*	
Diabetes Death Rates	18.5	↓	21.8	↓	21.2	*	
Infant Mortality Rate	+	↓	7.5	↓	5.7	*	6.0
MORBIDITY							
All Cancer Incidence	468.9	↓	454.6	↓	441.2	↓	
Breast Cancer Incidence	126.2	↓	125.2	•	124.7	↑	
Lung Cancer Incidence	53	↓	64.9	↓	60.2	↓	
MATERNAL, INFANTS, AND CHILDREN							
Teen Birth Rates	26.8	↓	25.8	↓	20.3	↓	
Low Birth Weight	8.5%	↓	9.6%	•	8.2%	*	
SEXUALLY TRANSMITTED DISEASES							
Chlamydia Rates	494.2	↑	623.7	↑	528.8	↑	
Gonorrhea Rates	184.7	↑	217.5	↑	171.9	↑	
Syphilis (All stages)	+	*	37.5	*	23.9	*	
HIV	13.5	↑	17.7	↓	*	*	
ACCESS TO CARE							
Poverty Percentage All Ages	13.4%	↓	16.9%	↓	14.6%	↓	
Unemployment Percentage	3.3%	↓	3.8%	↓	3.8%	↓	
High School Graduation (graduation rate)	90%	inc	82%	inc	84%	inc	87%
HEALTH BEHAVIORS							
Prevalence of Obesity	29.0%	•	30.5%	•	39.8%	↑	30.5%
Lack of Physical Activity	25.0%	•	23.6%	↓	24.2%	*	32.6%
Adult Smokers %	17.0%	↑	18.0%	*	17.0%	*	12%

HP 2020-Healthy People 2020

LEGEND

	Worse than State and U.S.
	Better than U.S., worse than State
	Better than State, worse than U.S.
	Better than State and U.S.

- ↑ (Unfavorable trend) Rate/percentage increased since prior CHNA
- (Stable trend) Rate/percentage has not changed since prior CHNA
- ↓ (Favorable trend) Rate/percentage decreased since prior CHNA
- *
- Not reported in prior CHNA
- + Data is suppressed due to low number of cases
- N/A Data is non comparable to last CHNA
- inc Increased, but favorable trend to increase

Community and Hospital Prioritization of Needs

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

- Lifestyle/obesity
- Access to Care
- Mental and Behavioral Health
- Senior Health

These priorities will be further discussed in the hospital's Implementation Strategies report. 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 Medical Center's Board approved this community health needs assessment through a board vote on June 27, 2019.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

IRS regulations provides detailed guidelines for conducting the CHNA process. As outlined below, the hospital relied upon these regulations 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
Adam Bedgood, CNO
Kyle Wilkinson, CFO
Patrick Cook, COO
Megan Morris, Director of Development and Community Relations
Sarah Phillips, Director of Human Resources

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) to prioritize the health needs of the community. Representatives of groups, or individuals, who represent medically underserved populations, low income populations, minority populations, and populations with chronic diseases, were included. The CHSC identified over 40 individuals to participate in the community focus groups including a representative from the local public health department.

4. Identifying and Engaging A Community Stakeholder

Community stakeholders (also called key informants) are people invested in or interested in the work of the hospital, people who have special knowledge of health issues, or are people important to the success of any hospital or health project or are formal or informal community leaders. The CHSC identified one stakeholder for an individual interview. The stakeholder was an individual who is active in serving the uninsured and underserved individuals in the community.

5. Community Health Profile

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

A Community Health Indicator Report (Key Findings) was also prepared by Draffin & Tucker, LLP to reflect the changes in the major health problems and health needs of Morgan County compared to the previous CHNA. The report compared health statistics of the local community with the State and U.S. statistics, as well as Healthy People 2020 goals. The findings were presented to the community to generate discussion related to the health of the community and evaluate the impact of the previous CHNA.

6. Community Input

A two-hour Community Health Input Meetings (community meeting) and a one-hour Community Stakeholder Interview (interview) were essential parts of the CHNA process. Two community meetings and three stakeholder interviews were conducted in order to obtain the community's input into the health needs of Morgan County.

The community meetings were 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 means 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 each 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. Using the Basic Priority Ranking methodology, the CHSC debated the merits or values of these priorities, considering the resources available to meet these needs. From this information and discussion, the hospital developed the priority needs of the community, each of which will be addressed separately in the Hospital's Implementation Strategy document.

8. Evaluation of Impact

An evaluation of impact of any actions that were taken to address significant health needs identified in the immediately preceding CHNA is identified throughout this report in the respective health topic sections and also in specified sections of this report. In the Executive Summary, a section titled "Community Health Indicator Report" provides a snapshot of some of the broad health indicators such as morbidity and mortality rates and if they have increased or decreased since the previous CHNA. Additionally, the report provides a more detailed evaluation of impact of the more specific health needs identified in the previous CHNA and the actions taken to address those needs in a section titled "Evaluation of Impact of Action Taken from Previous CHNA."

Description of Major Data Sources

Bureau of Labor and Statistics

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

Behavioral Risk Factor Surveillance System

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

Centers for Disease Control and Prevention

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

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

County Health Rankings

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

Georgia Department of Public Health

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

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

Information Gaps and Process Challenges

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

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

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

Evaluation of Impact of Actions Taken from Previous CHNA

Below are some of the activities the hospital has worked to achieve since the previous CHNA and Implementation Strategy.

Strategies	Impact/Evaluation of these Activities/Strategies
<p>1. Access to Care</p> <p>a. Offer bi-monthly free, community education classes on a variety of health-related topics. Calendar will be developed in partnership with clinical educator, department managers, and other community partners. Classes can be publicized via the MMH web calendar and through partner organizations.</p> <p>b. Build upon directories that already exist, such as the one produced by Morgan County Family Connection, and link to the MMH website, www.mmh.org.</p> <p>c. Continue to build upon specialists available locally through Piedmont Athens Regional collaboration agreement and enhance marketing efforts. This should expand significantly when the new hospital is constructed.</p> <p>d. Increase awareness of indigent care policy developed in keeping with 501r regulations. Coordinate with community partners, such as Morgan County Health Department, to determine what other services are available and share this information through community education classes, Meals on Main, Caring Place, and</p>	<p>Community education classes included topics such as diabetes education, healthy eating, CPR and first aid.</p> <p>The directory of community resources is included as a part of our community health needs assessment and is linked on our website.</p> <p>Specialists practicing locally have increased and now include urology, podiatry, gastroenterology, cardiology, and orthopedics. In addition to office visits, providers are now doing more procedures locally as well.</p> <p>Our indigent care policy is publicly available on our website and upon request. We have also increased our efforts to make patients aware of the policy at the time of service and assist them with qualifying for indigent care when needed.</p> <p>We are actively working through the process to have Morgan Physician Services be designated a Rural Health Clinic. This will allow us to offer sliding scale fees for our patients. We have continued to offer free health screenings at numerous community health fairs and events in addition to hosting our own Community Health Fair which more than 500 people attend annually.</p>

<p>other locations where the underserved can best be reached.</p> <p>e. Evaluate possibility of providing a quarterly free/reduced cost clinic at Morgan Physician Services. Coordinate with community partners to offer basic screenings and education opportunities at Meals on Main, Caring Place, and other locations as appropriate. Coordinate with Morgan Co. Transit and evaluate possibility of offering transportation vouchers as an incentive for making and keeping medical appointments.</p>	
<p>2. Lifestyle – Obesity and Diabetes</p> <p>a. Include diabetes and obesity as topics for the bimonthly community education classes.</p> <p>b. Include partner organizations currently offering free or reduced cost opportunities for physical activities in the community directory and invite them to participate when hosting outreach screenings at locations such as Meals on Main and the Caring Place.</p> <p>c. Partner with local physician offices to identify individuals with Type 2 diabetes. In keeping with all HIPAA protocols, provide educational opportunities geared towards needs of this target group.</p>	<p>Diabetes and healthy eating have been included as topics in community education classes. Our dietitian has also made themselves available to assist patients and community members with meal planning and other questions as they arose.</p> <p>Partners of which we are aware are included in the community resource directory.</p>

<p>3. Mental Health</p> <p>a. Network with mental health facilities and providers to compile a list of available resources and services both locally and regionally. Information can be shared with local care providers, and patients as needed.</p> <p>b. Include mental health as a topic for bimonthly community education program.</p> <p>c. Have resource list available to distribute when doing screenings and free/reduced clinics.</p>	<p>Our emergency department staff frequently interact with mental health facilities and keep our resource list updated to provide to patients and providers when needed.</p>
<p>4. Senior Health</p> <p>a. Offer educational programs at the Morgan County Senior Center, Primitimers, Assisted Living facilities and other locations where Seniors are likely to gather.</p>	<p>Staff members have presented programs to various groups, including the local senior center, nursing homes, and assisted living facilities as requested. We also participate in various health fairs geared towards seniors and provide free health screenings as requested.</p>
<p>5. Substance Abuse</p> <p>a. Continue participation in the Teen Maze at Morgan County High School. Identify other community partners currently offering drug and alcohol programming and support them in their efforts.</p> <p>b. Participate in child abuse prevention month activities hosted by Morgan County Family Connection and other local groups. Increase awareness amongst community members and law enforcement of our car seat safety program.</p>	<p>We continue to be active participants in the annual Teen Maze at Morgan County High School. Our staff members are heavily involved in the planning and executing of the event.</p> <p>Staff members participate in child abuse prevention month activities. Awareness of our car safety program continues to grow via word of mouth and promotion through community partners such as the Morgan Co. Family Connection and law enforcement.</p>

ABOUT MORGAN COUNTY

Morgan County is located in Georgia's Piedmont region. It is approximately one-hour east of Atlanta on Interstate 20. Morgan County has a total land area of 347 square miles.¹ According to the U.S. Census, in 2018 the population of the county was estimated at 18,853 residents.² Morgan Medical Center is the only hospital in the county and has many ancillary service facilities that serve the community. The main hospital is in the city of Madison.



2010 Population Statistics

	City Population	Census County Division
Bostwick	365	2,717
Buckhead	171	2,832
Godfrey	1,661	1,661
Madison	3,979	7,183
Rutledge	781	3,475

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

Morgan County includes the cities and towns of Bostwick, Buckhead, Godfrey (unincorporated), Madison, and Rutledge. The county seat is Madison, which has a total population of 7,183 residents within and outside the city limits. The city population includes the population within the city limits and the census county division includes the city population within and outside the city limits.

In Morgan County, the major employers by industry sectors are manufacturing, accommodation and food services, retail trade, and educational services.³

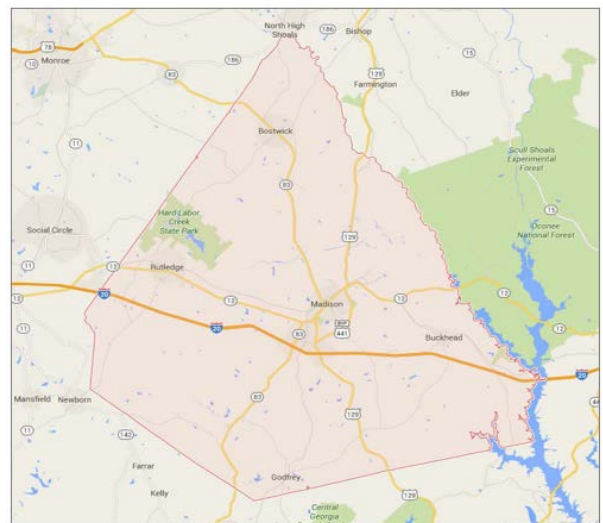
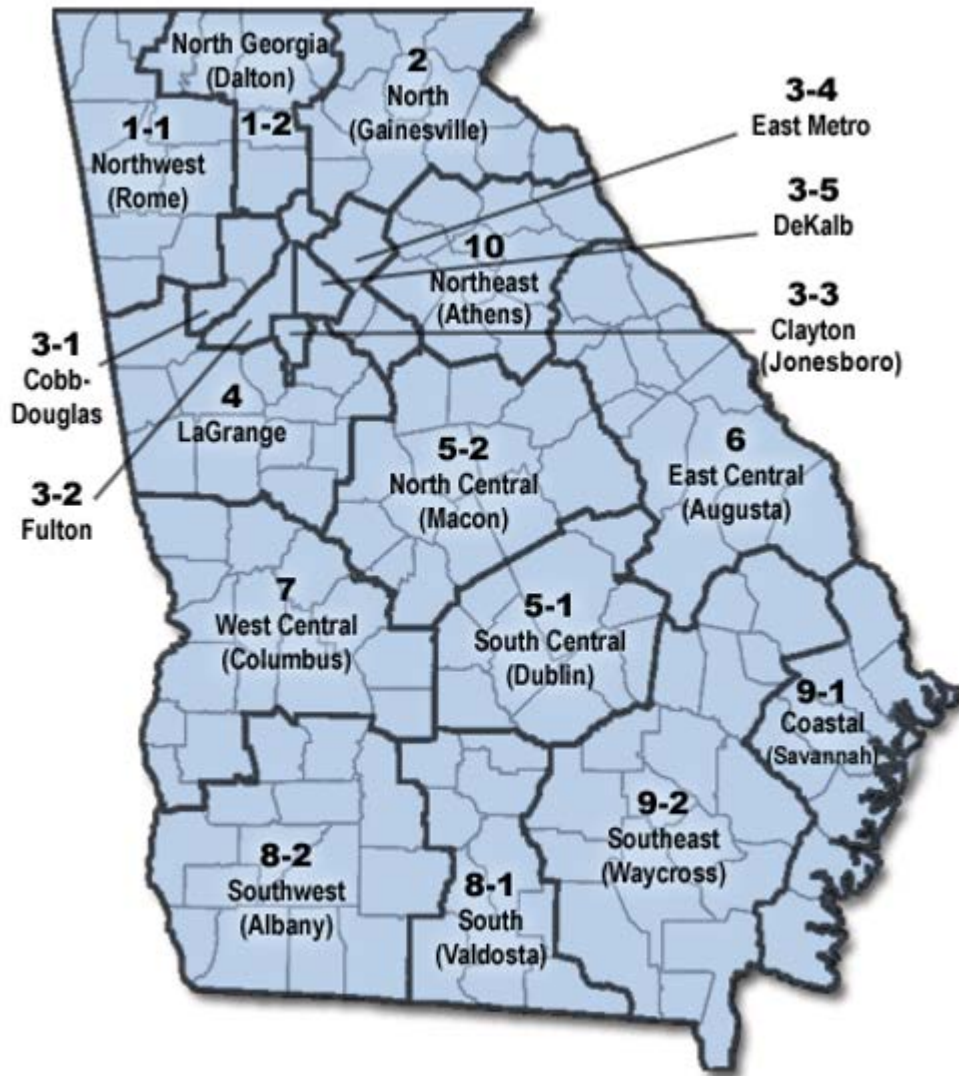


Image Source: Google Maps

Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Morgan County is 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.



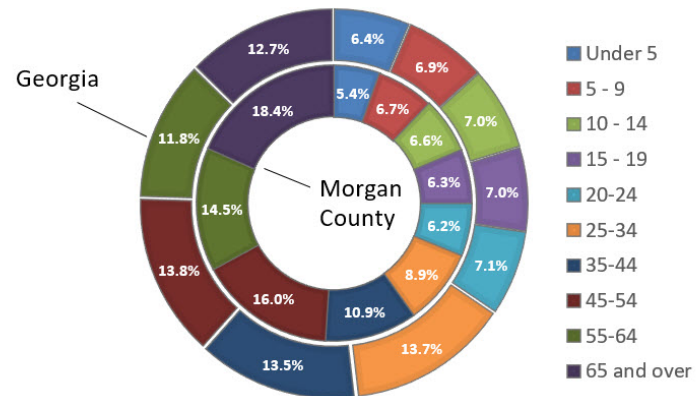
Source: Georgia Department of Public Health

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.

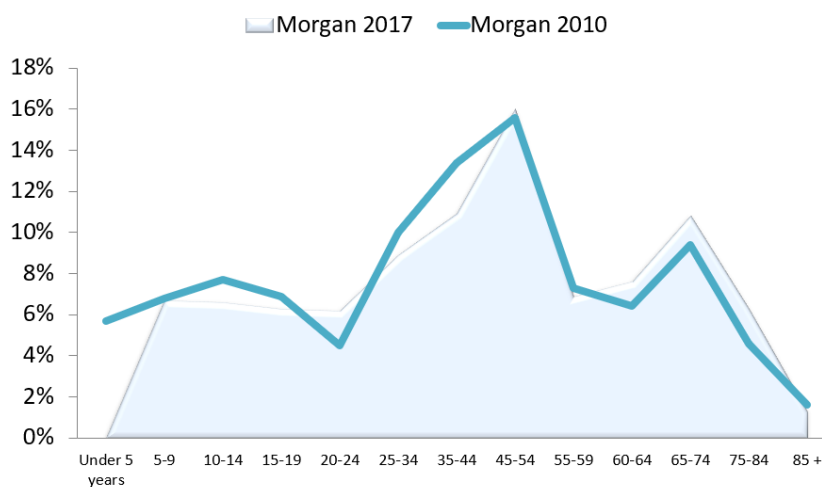
According to the 2017 U.S. Census data, 18.4 percent of Morgan County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 12.7 percent compared to 15.6 percent for the U.S.⁴

Population Percentages By Age Groups, 2017
Morgan County and Georgia



Data Source: U.S. Census Bureau, ACS Demographic and Housing Estimates, American Community Survey 5-Year Estimates, 2017.

Population Percentages by Age Groups
Morgan County



Data Source: U.S. Census Bureau

Comparing Morgan County's population percentage by age groups from 2010 to 2017, it is noted that the age composition is changing.

Age categories with decreases:

- Under 5 years
- 5-9
- 10-14
- 15-19
- 25-34
- 35-44
- 55-59
- 85+

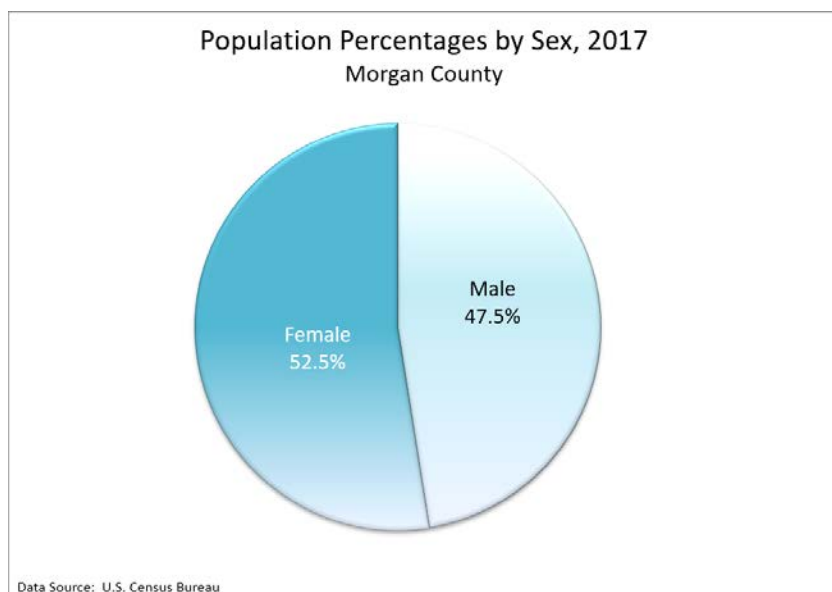
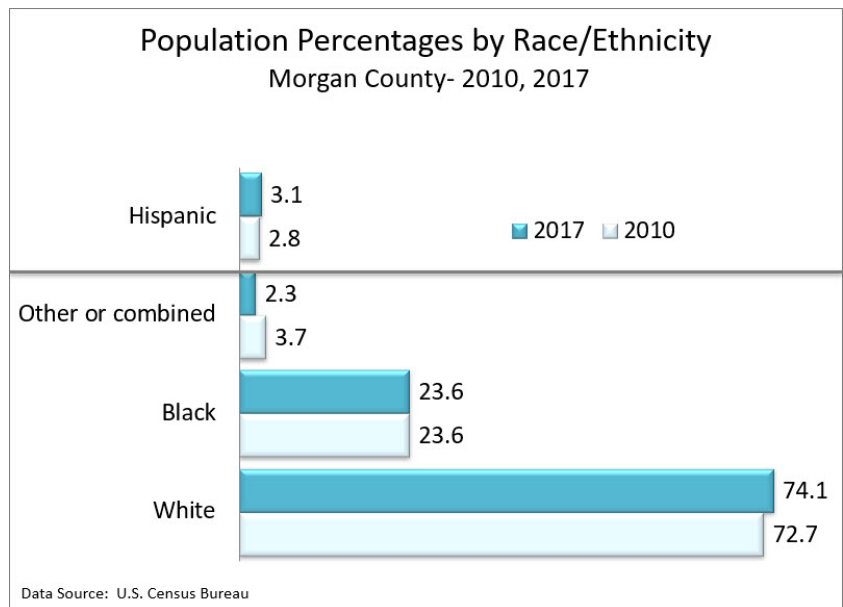
Age categories with increases:

- 20-24
- 45-54
- 60-64
- 65-74
- 75-84

Race, Ethnicity and Origin Profile

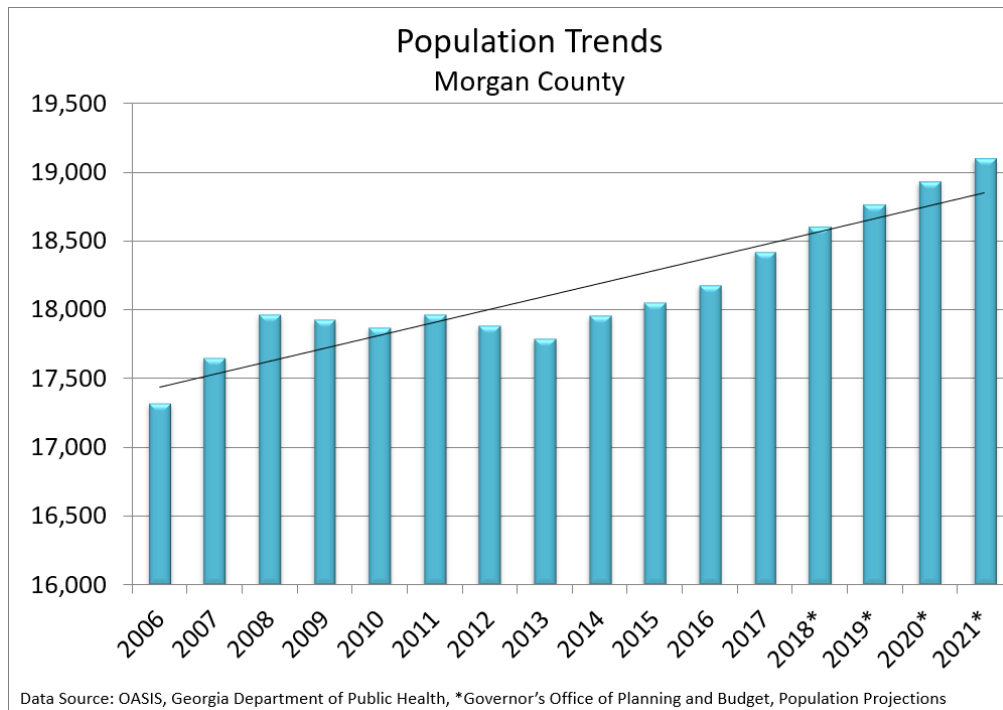
There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.⁵ Although low income disparities are evident across all racial categories, cultural differences among minorities often contribute to poorer health. The poorer health of racial and ethnic minorities also contributes to higher death rates.⁶ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.⁷

According to 2017 U.S. Census data, Morgan County's population was 74.1 percent White, 23.6 percent Black, 2.3 percent Other or Combined, and 3.1 percent Hispanic.



The percentage of females in Morgan County was higher at 52.5 percent compared to males at 47.5 percent.

In 2017, Morgan County's resident population was 18,412. The population is predicted to increase to 19,092 in 2021.⁸



COMMUNITY INPUT

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews.

About the Community

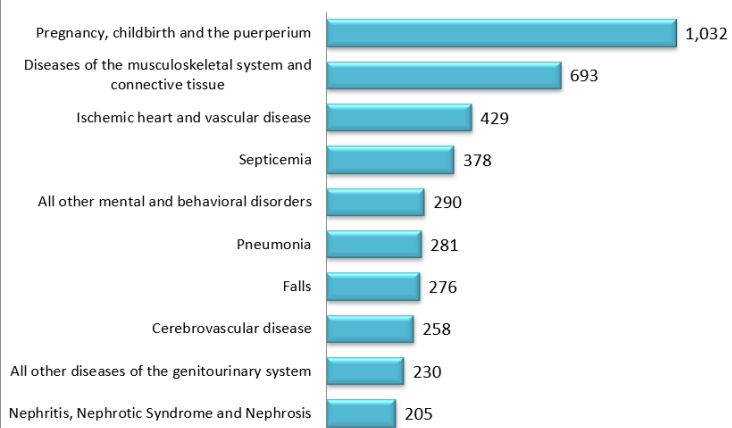
- » Individuals live in Morgan County because it is more rural, but not too far away from major cities.
- » Morgan County is very fortunate economically compared to other rural counties.
- » Morgan County is building a new high school and middle school.
- » The Stanton Springs area is expanding more and more due to industry growth.
- » Individuals who get jobs in Stanton Springs Industrial Park typically live in Rutledge.
- » Facebook is planning to open an office in Stanton Springs Industrial Park.

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 disease, septicemia, and mental and behavioral disorders, and pneumonia. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked second among the leading causes of death for Morgan County residents.

Top Reasons for Hospitalizations
Morgan County Residents
Age-Adjusted Discharge Rate per 100,000 population
2013-2017



Data Source: OASIS, Georgia Department of Public Health

Common Ambulatory Care Sensitive Conditions

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

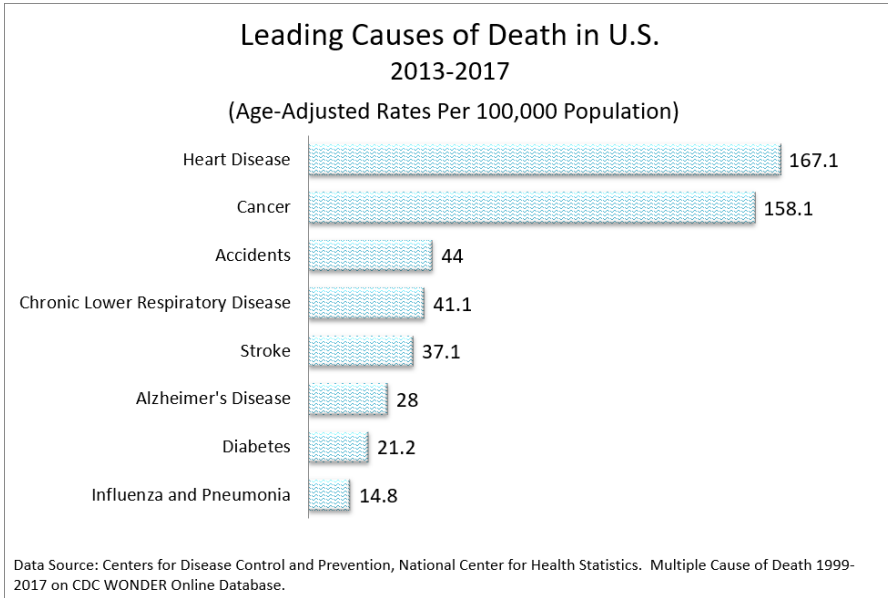
Many of the top reasons for inpatient hospitalizations by discharge rate are related to “Common Ambulatory Sensitive Conditions”. These are conditions in which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more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

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

TOP 15 CAUSES OF EMERGENCY ROOM VISITS	
Morgan County Residents (Any Hospital)	
2013-2017	
Age-Adjusted ER Visit Rate	
1	All other unintentional injury
2	Diseases of the musculoskeletal system and connective tissue
3	All other diseases of the genitourinary system
4	Falls
5	Motor vehicle crashes
6	Pregnancy, childbirth and the puerperium
7	All other diseases of the nervous system
8	All other mental and behavioral disorders
9	Asthma
10	All COPD except asthma
11	All other endocrine, nutritional and metabolic diseases
12	Essential (primary) hypertension and hypertensive renal, and heart disease
13	Pneumonia
14	Diabetes mellitus
15	Influenza
Data Source: OASIS, Georgia Department of Public Health	

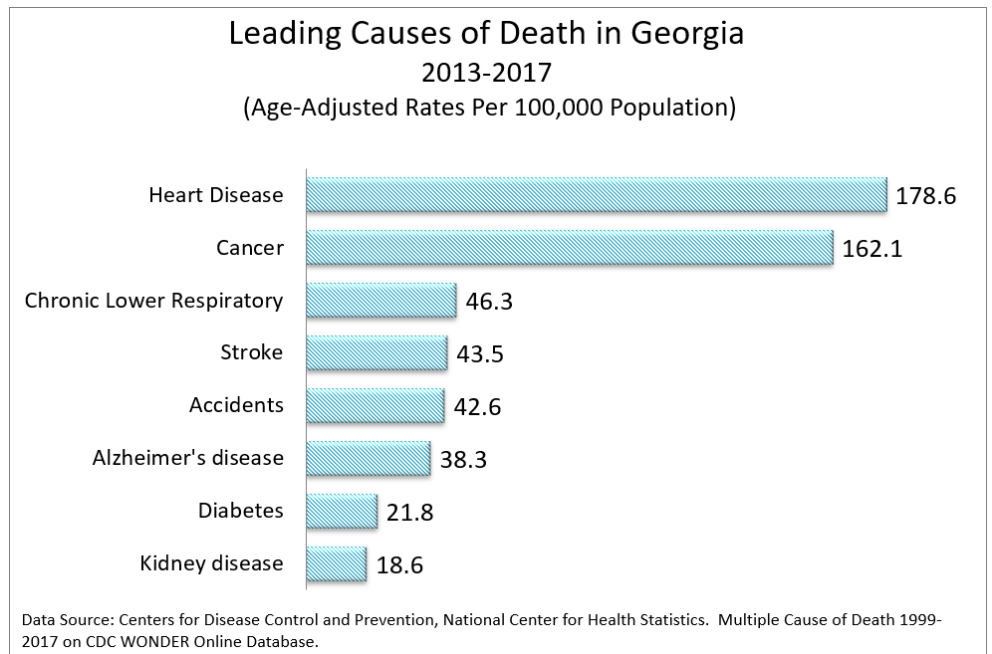
Leading Causes of Death

The National Center for Health Statistics (NCHS) uses a method referred to as the NCHS ranking method. The leading causes of death rates were calculated using the NCHS ranking method.

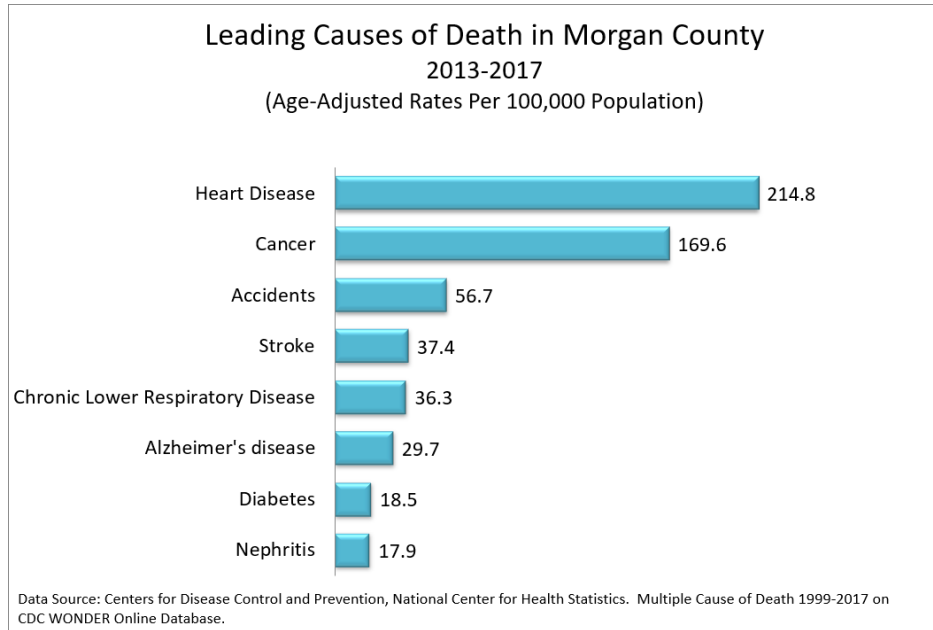


The top five leading causes of death in the U.S. from 2013-2017 were heart disease, cancer, accidents, chronic lower respiratory disease, and stroke. Heart disease and cancer rates were over three times higher than the other top five diseases.

The five leading causes of death in Georgia from 2013-2017 were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents.

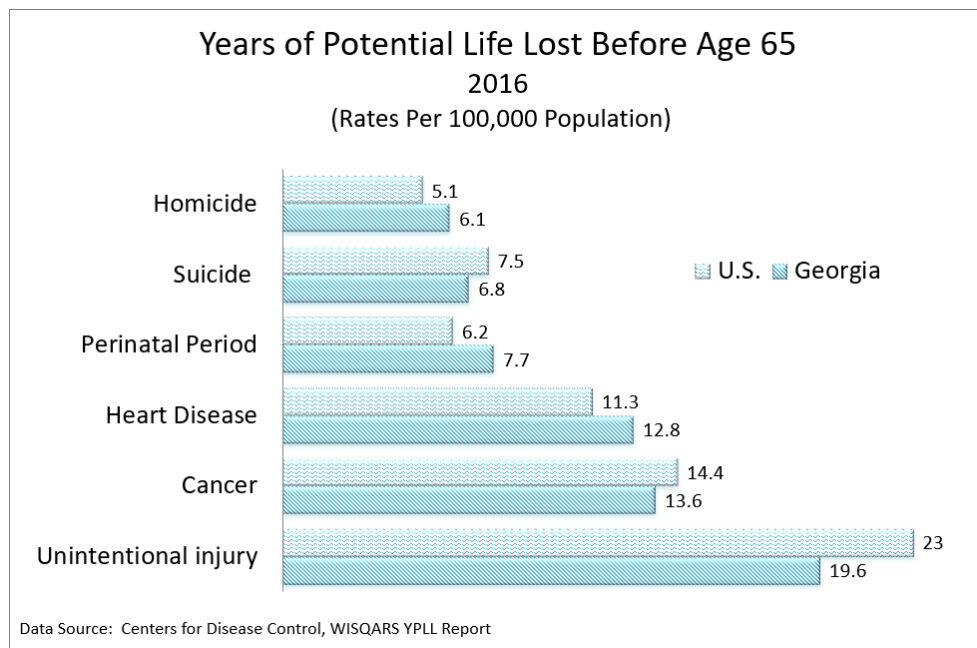


The five leading causes of death in Morgan County were heart disease, cancer, accidents, stroke, and chronic lower respiratory disease.



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2016, 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.⁹ YPLL statistics at the County level were unavailable for this report.



Years Potential Life Lost – Georgia Residents—by Sex and Race/Ethnicity Before Age 65 2013-2016

White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 24.7%	Cancer 19.9%	Unintentional injuries 14.8%	Cancer 16.7%	Unintentional injuries 27.5%	Perinatal period 21.2%
Heart disease 14.8%	Unintentional injuries 19.6%	Heart disease 14.0%	Perinatal period 13.2%	Perinatal period 12.6%	Cancer 15.2%
Cancer 13.8%	Heart disease 10.8%	Homicide 13.8%	Heart disease 12.8%	Suicide 8.5%	Congenital Anomalies 13.4%

Data Source: Centers for Disease Control, WISQARS YPLL Report

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE – HDS

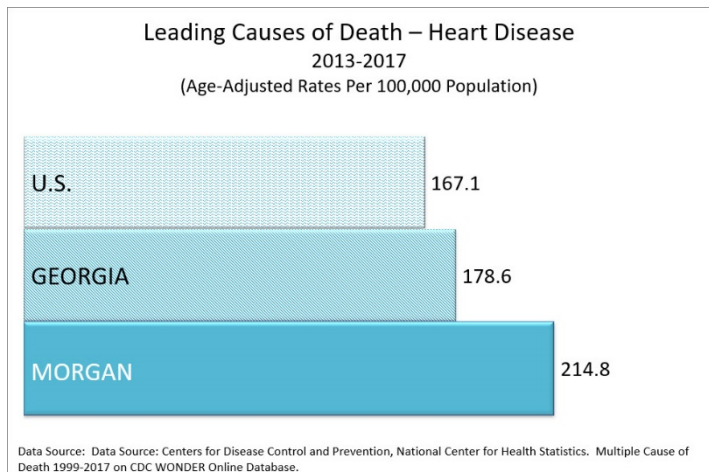
HEART DISEASE

According to the American Heart Association, over 840,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2016. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer and chronic lower respiratory disease combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. In 2016, heart disease killed over 360,000 Americans or 13 percent of the deaths in the U.S.¹⁰

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.

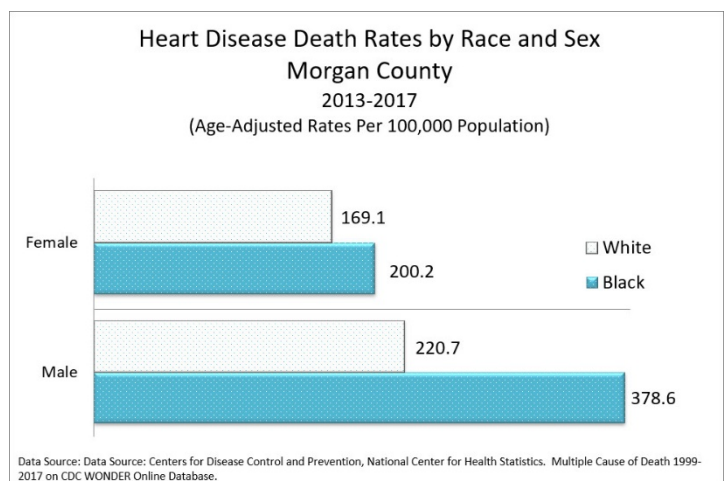
Healthy People 2020



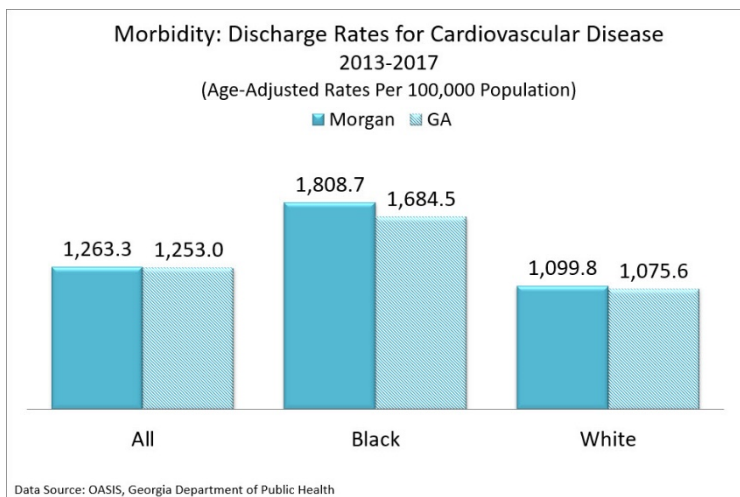
For the period 2013-2017 the Morgan County heart disease death rate (214.8 per 100,000 population), was higher than Georgia and the U.S.

The heart disease rates from the 2016 CHNA and the current CHNA are not comparable due to the methods the heart disease death rates were calculated. The 2016 data used a different methodology for grouping ICD-10 codes.

The age-adjusted death rate from heart disease in Morgan County was highest among the Black male population.



The hospital discharge rate for cardiovascular disease was slightly higher in Morgan County compared to Georgia. The hospital discharge rate among Blacks in Morgan County was higher than the Black Georgia average.



MODIFIABLE RISK FACTORS

According to the 2014 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 10-0.¹¹

Percentage of Population Reporting Risk 2014		
Risk Factor:	District 10-0	Georgia
Obesity	32.9	30.5
Overweight	35.7	35.2
Physical Inactivity	28.0	23.6
Smoking	19.6	17.4
Diabetes	12.9	11.6

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

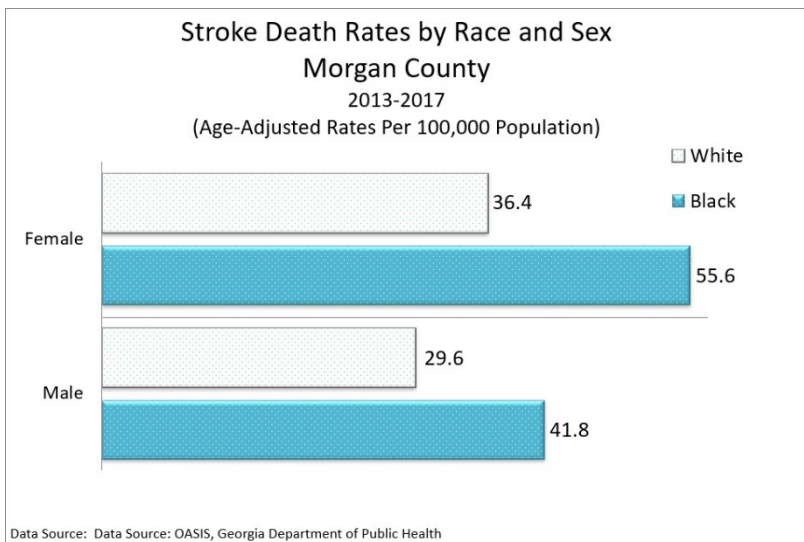
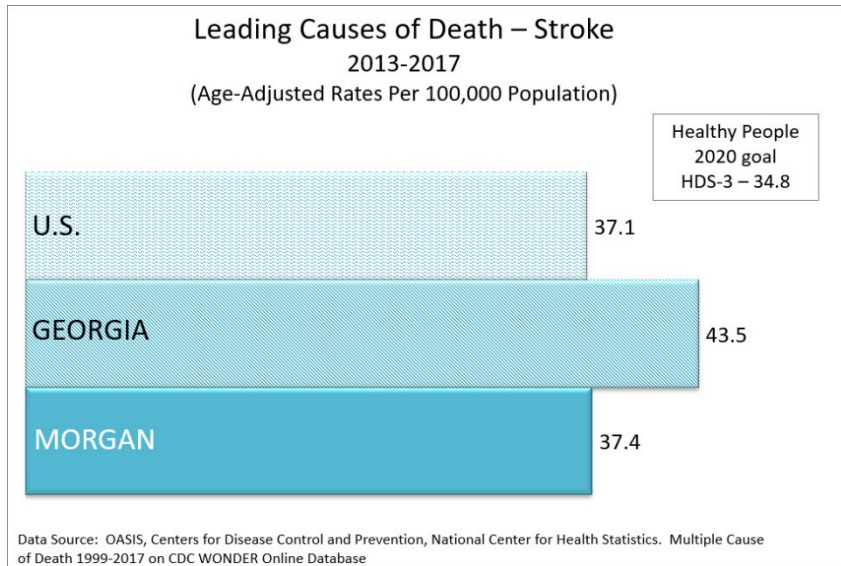
STROKE

For the years 2013-2017, cerebrovascular disease (stroke) was the fifth leading cause of death in the U.S. and the fourth leading cause of death in Georgia and Morgan County.¹²

The stroke death rate in Morgan County was lower than Georgia, but higher than the U.S.

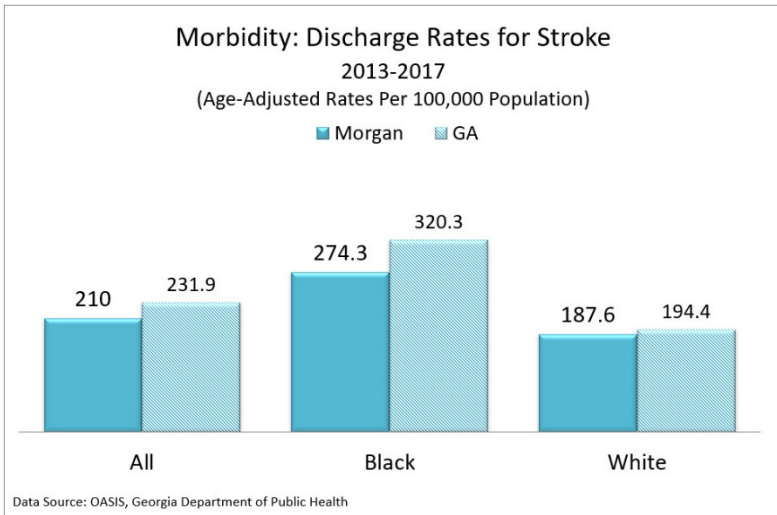
Morgan County's stroke death rate has remained about the same since the 2016 CHNA (37.1 per 100,000 population).

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.¹³



The Morgan County stroke death rates were highest among Black population groups. Overall, females, White and Black had higher stroke death rates compared to males.

The rate for Black females was significantly higher compared to any other population group.



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

There has been a decrease in the stroke discharge rate since the 2016 CHNA (316.5 per 100,000 population).

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 ¹⁴

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

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews.

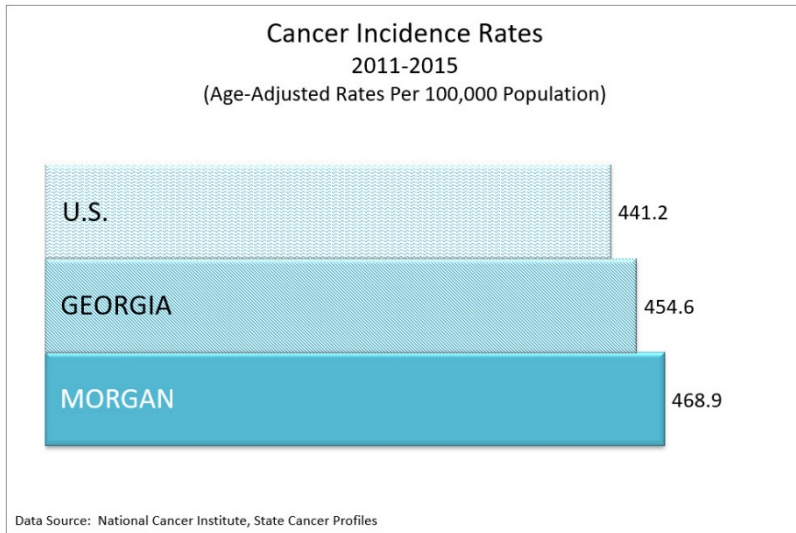
Heart Disease and Stroke

- » There are a lot of cardiac and diabetes health issues in Morgan County. This may be related to the socioeconomics of the at-risk populations.
- » There is a cardiologist that comes once every two weeks to the hospital.
- » So many individuals do not treat diabetes and high blood pressure seriously. Their numbers are okay, but they are not changing their lifestyle. People need to understand the complications of diseases like diabetes.
- » High blood pressure and diabetes are a top priority. There is a great importance in knowing your numbers and taking personal accountability for your health
- » Uncontrolled diabetes and sedentary lifestyle and obesity are related to the heart disease issue.
- » High blood pressure and diabetes are a top priority. There is a great importance in knowing your numbers and taking personal accountability for your health

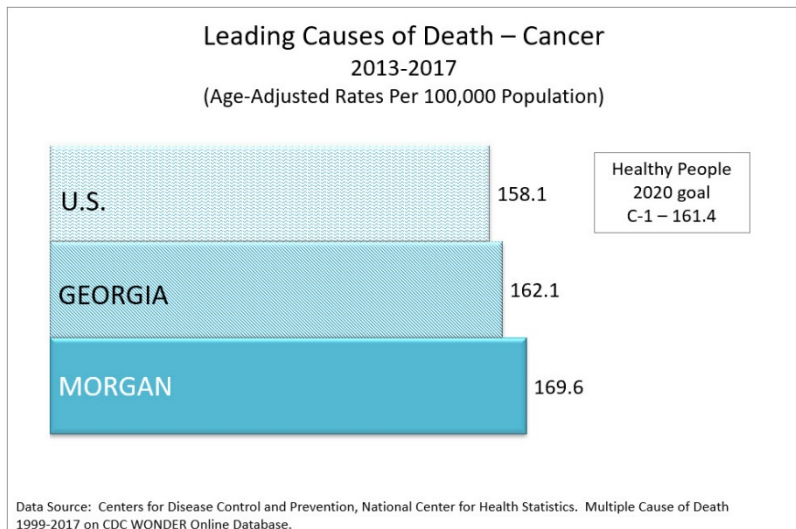
Cancer

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 1,600 people a day died of cancer in the U.S. in 2015.¹⁵ 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.¹⁶



In Morgan County, the cancer incidence rate was higher than the than Georgia and the U.S. The cancer incidence rate has decreased since the 2016 CHNA (471.5 per 100,000 population).



Why Is Cancer Important?

Many cancers are preventable by reducing risk factors such as:

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

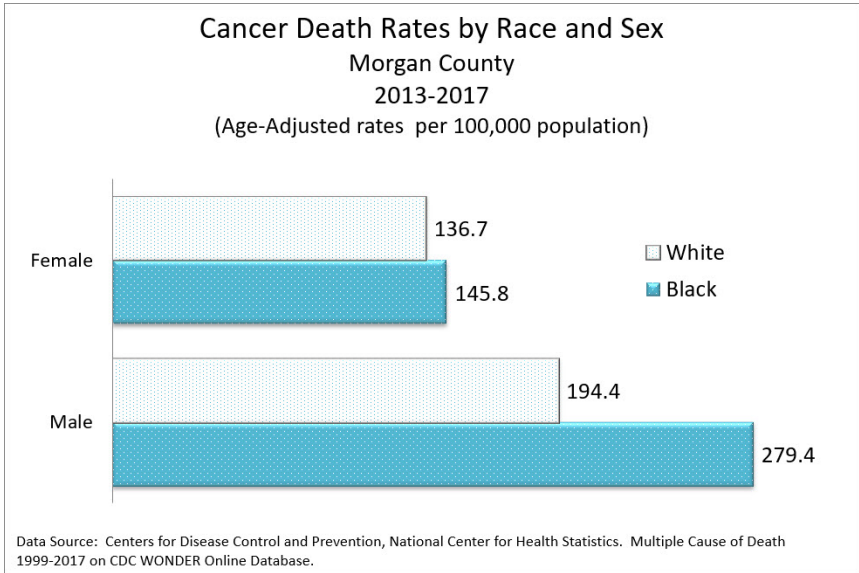
Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:

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

Healthy People 2020

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

The cancer death rate has decreased since the 2016 CHNA (172.1 per 100,000 population).



Age-adjusted cancer death rates in Morgan County were highest among males overall. The Black male population had the highest cancer death rate (279.4 per 100,000 population) out of all the population groups.

The cancer death rate among Black males has decreased since the 2016 CHNA (338.8 per 100,000 population).

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.¹⁷

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

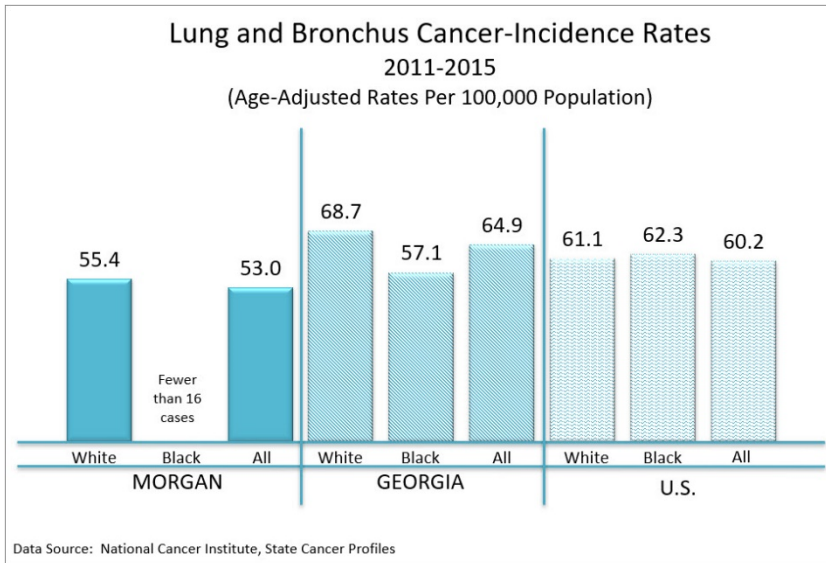
- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

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 Lung Association, lung cancer accounts for 25 percent of all cancer deaths.¹⁸ It 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 (26 percent) and women (25 percent). More women die from lung cancer (25 percent) than breast cancer (14 percent).¹⁹



The lung cancer incidence rate was lower in Morgan County (53 per 100,000 population) compared to Georgia and the U.S. Whites had a higher lung cancer incidence rate compared to Blacks in Morgan County.

The lung cancer incidence rate has decreased since the 2016 CHNA (71.2 per 100,000 population).

Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2011-2015

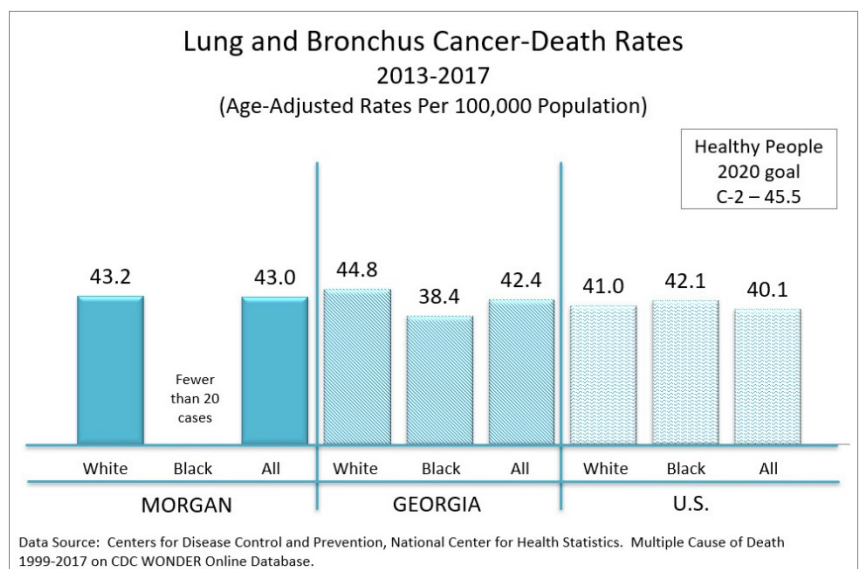
	Male	Female
Morgan	73.7	35.9

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.²⁰ According to data published from the National Cancer Institute, lung cancer incidence rates among males in Morgan County were higher than the rates of females.²¹

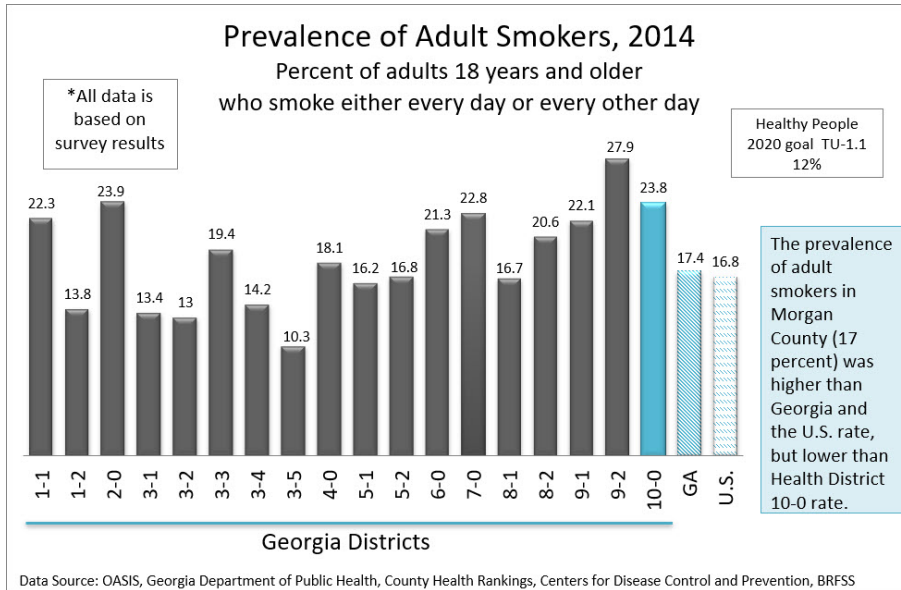
The overall lung cancer death rate in Morgan County (43.0 per 100,000 population) was higher than Georgia and the U.S.

The lung cancer death rate has decreased since the 2016 CHNA (49.6 per 100,000 population).



RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.²²

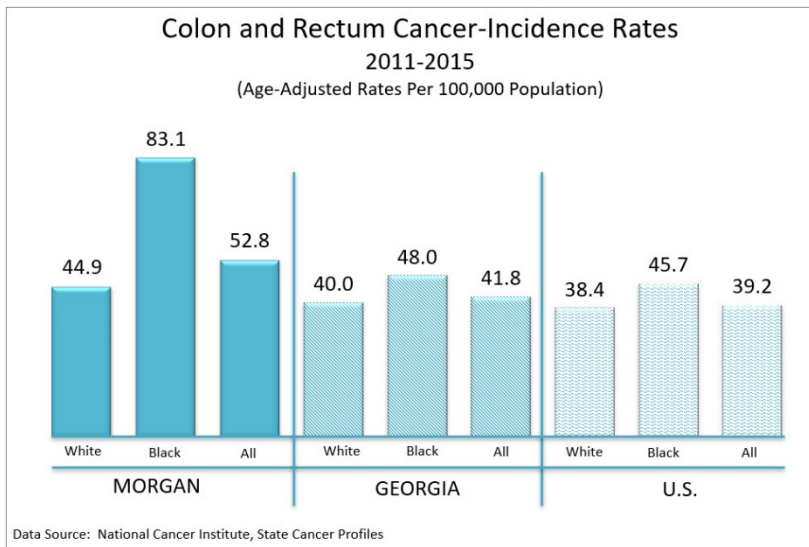


The smoking prevalence in Health District 10-0 (23.8 percent) was higher than both Georgia (17.4 percent) and the U.S. (16.8 percent). Morgan County's rate was 17 percent.

The smoking prevalence rate has increased in Health District 10-0 (20.3 percent) since the 2016 CHNA.

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 nine percent of male cancer deaths and seven percent of female cancer deaths were from colorectal cancer in 2018.²³ Death rates have declined over the past twenty years, due to improvements in early detection and treatment.²⁴ Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 40 percent higher mortality rate than Whites.²⁵



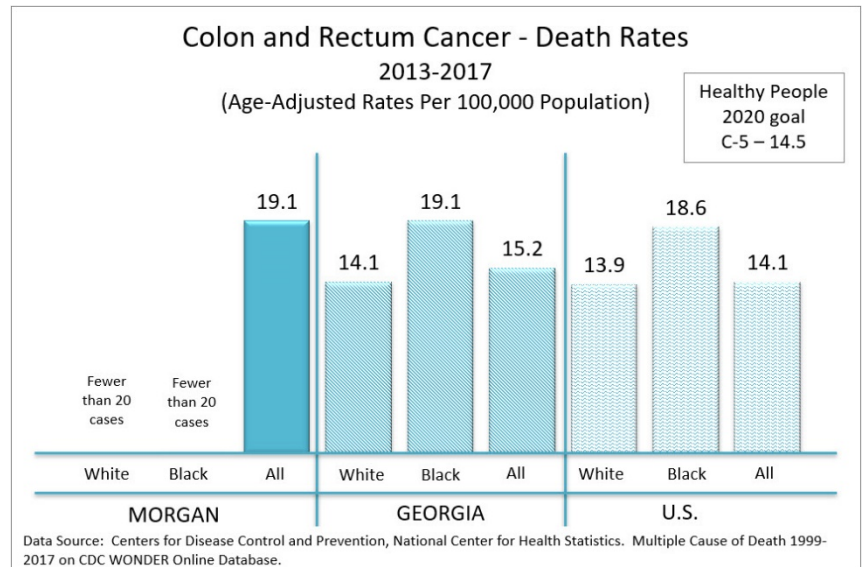
Morgan County's colon and rectum cancer incidence rate (52.8 per 100,000 population) was higher than Georgia and the U.S.

In Morgan County, Blacks had significantly higher incidence rates.

The colon and rectum cancer incidence rate has remained about the same since the 2016 CHNA (52.4 per 100,000 population).

The death rate in Morgan County from colon and rectum cancer was higher than Georgia and the U.S.

The colon and rectum cancer death rate has decreased slightly since the 2016 CHNA (20 per 100,000 population).



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:

- » Overweight and 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 vegetables²⁶

EARLY DETECTION

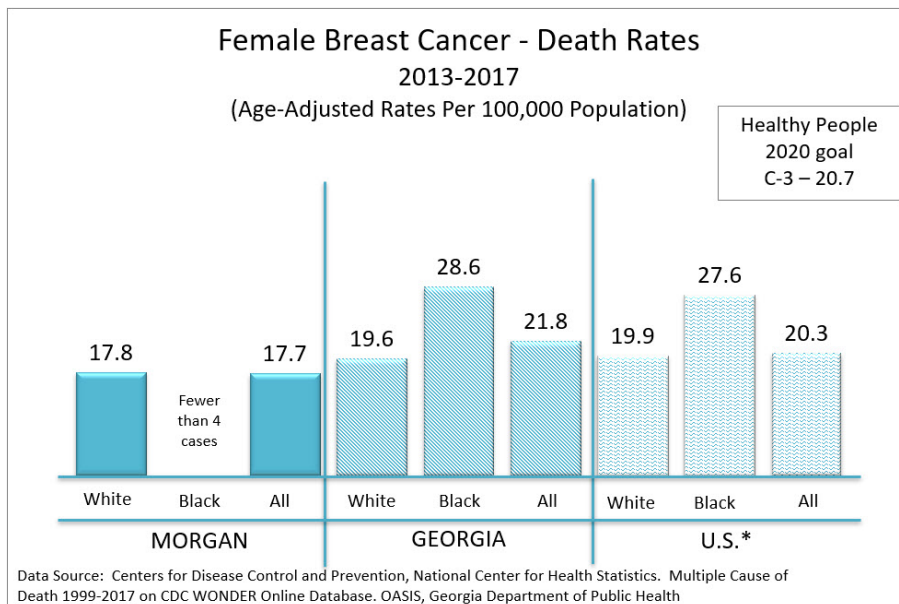
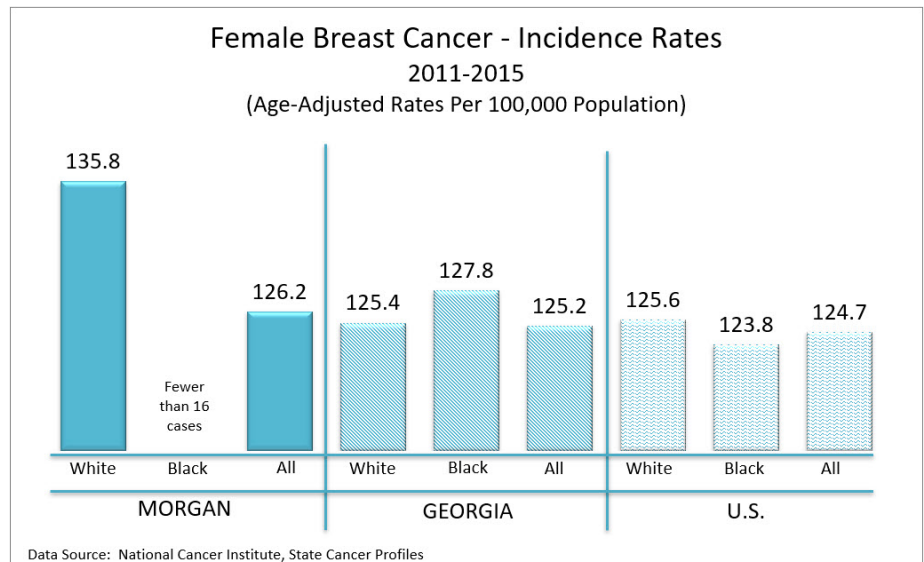
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.²⁷ The U.S. Preventive Services Task force recommends that adults 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.²⁸

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 30 percent of new cancer cases and 14 percent of cancer deaths among women.²⁹

The breast cancer incidence rate in Morgan County (126.2 per 100,000 population) was higher than Georgia or the U.S. rates. In Morgan County and the U.S. White females had a higher breast cancer incidence rate compared to Black females.

There has been a decrease in the incidence of breast cancer since the 2016 CHNA (128.9 per 100,000 population).



The female breast cancer death rate in Morgan County (17.7 per 100,000 population) was lower than Georgia and the U.S. rates.

Black females had the highest death rates in Georgia and the U.S.

There has been a decrease in the death rate of breast cancer since the 2016 CHNA (33.9 per 100,000 population).

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 smoking³⁰

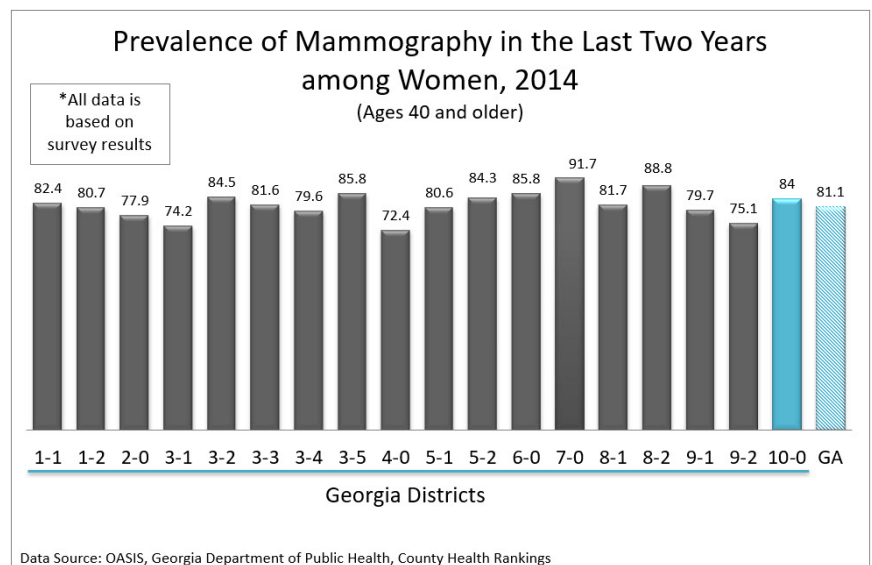
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight³¹

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.³²

The percentage of women receiving a breast cancer screening (mammography) was higher in Health District 10-0 (84 percent) than the Georgia average (81.1 percent). The prevalence of mammography screening has increased since the 2016 CHNA (78.8 percent).



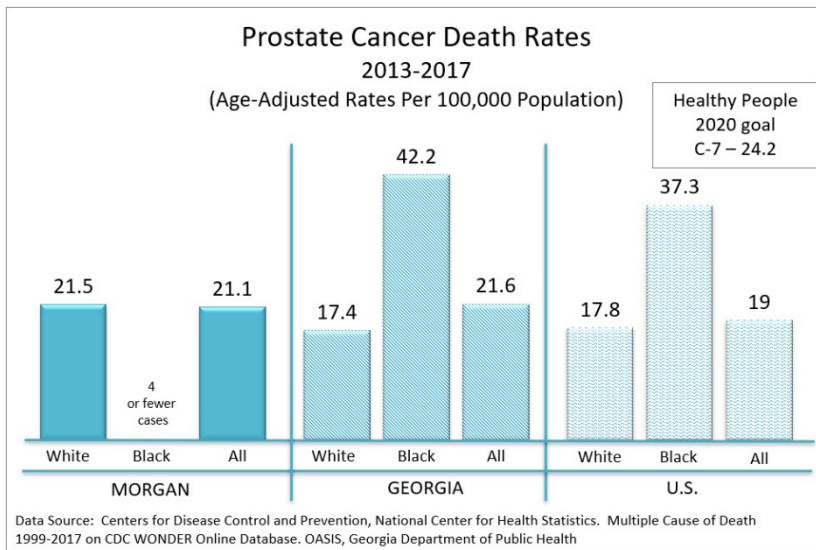
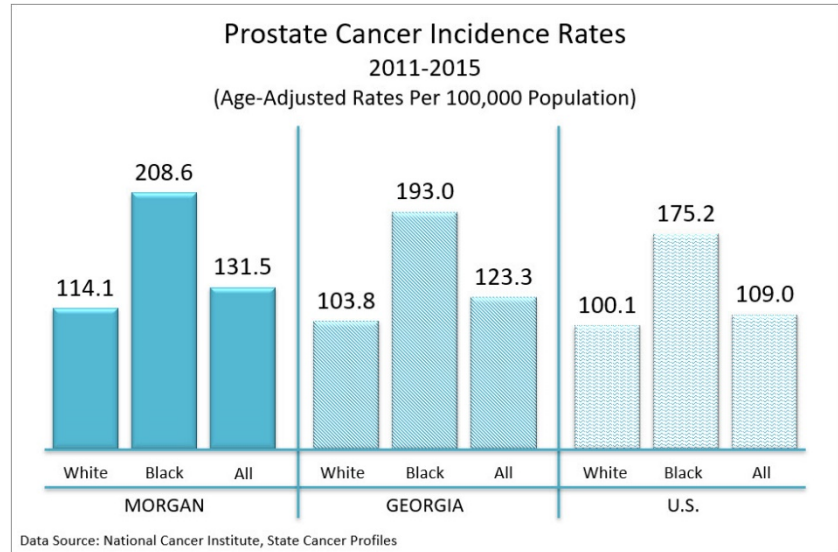
Prostate Cancer

Prostate cancer is the most frequently diagnosed cancer among men aside from skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.³³

Morgan County had a higher incidence rate for prostate cancer (131.5 per 100,000 population) than Georgia and the U.S.

Incidence rates were highest among Blacks in Morgan County, Georgia, and the U.S.

There has been a decrease in the incidence rate of prostate cancer since the 2016 CHNA (133.2 per 100,000 population).



Morgan County had a slightly lower prostate cancer death rate (21.1 per 100,000 population) compared to Georgia, but higher than the U.S.

There is a disparity of prostate cancer deaths among Blacks in Georgia and the U.S. compared to Whites.

There has been a decrease in the prostate cancer death rate since the 2016 CHNA (26.2 per 100,000 population).

RISK FACTORS

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

- » Age
- » Ethnicity
- » Family history of prostate cancer³⁴

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 45.³⁵

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews and key stakeholder interviews.

Cancer

- » The Georgia Breast and Cervical Cancer Prevention (BCCP) Program provides uninsured women a clinical breast exam, mammogram, pelvic exam, pap test, and referrals for treatment through the Women's Health Medicaid Program. This program is offered through the Morgan County Health Department.
- » Medicaid now pays for post-mastectomy and prosthesis care.
- » It is difficult for individuals in Morgan County to get to cancer treatments. The closest treatment places are in Albany, Dothan, Thomasville and Tallahassee.
- » Individuals do not recognize the signs and symptoms of cancer until it is too late.

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

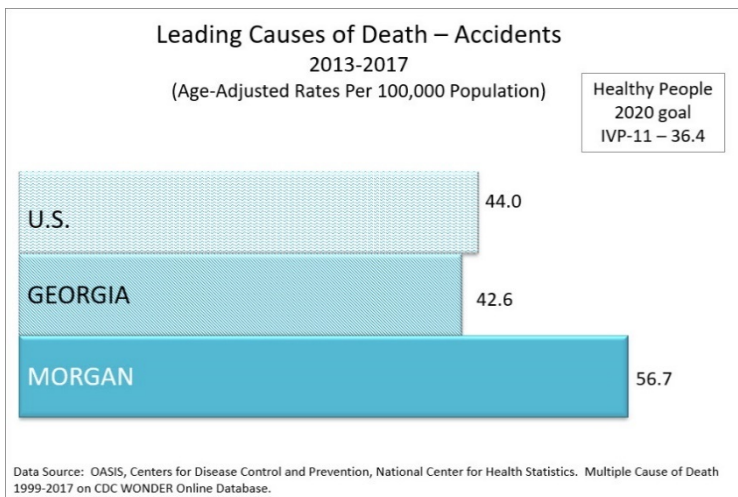
Accidental deaths may result from the following causes:

- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental
- » Suffocations
- » Falls
- » Fire
- » Drowning³⁶

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

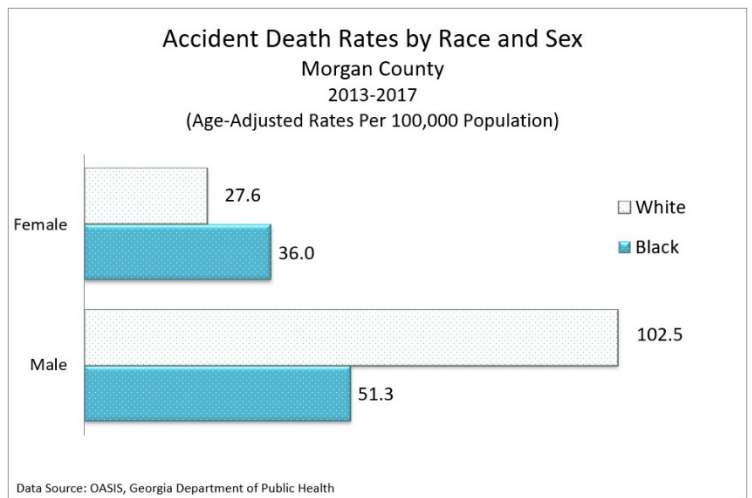


In Morgan County, the accident death rate (56.7 per 100,000 population) was higher than Georgia and the U.S. rates.

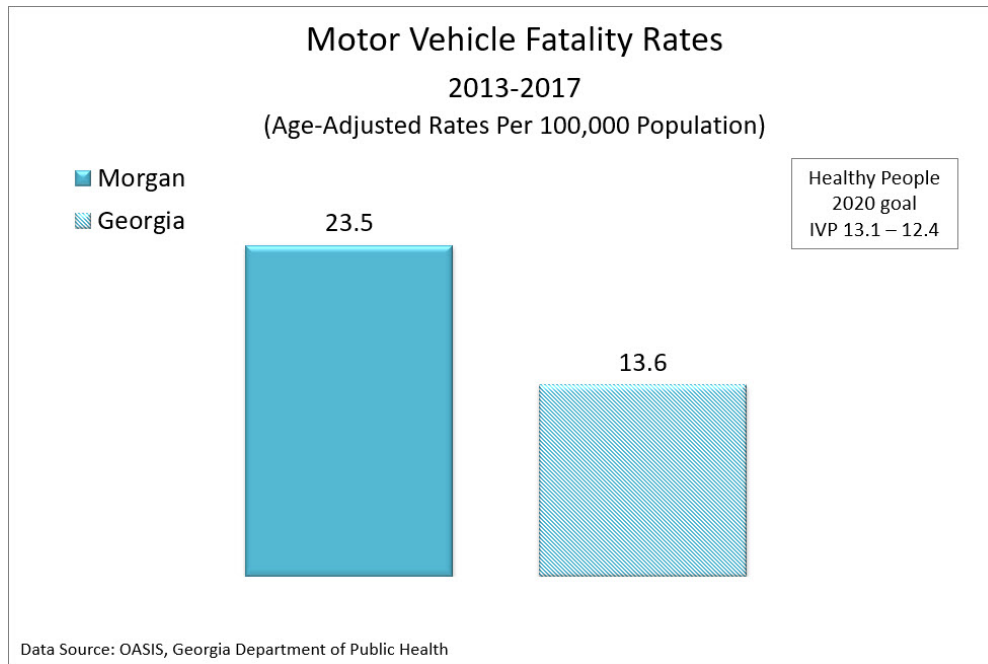
The Healthy People 2020 goal is 36.4 per 100,000 population.³⁷

The accident death rate has increased since the 2016 CHNA (51.1 per 100,000 population).

In Morgan County, males had higher death rates due to accidents compared to females. White males had the highest death rate from accidents.



In 2017, the U.S. had over 37,000 people killed in motor vehicle accidents. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2017, 1,540 people in Georgia were killed in motor vehicle crashes.³⁸ Morgan County had a higher death rate due to motor vehicle accidents compared to Georgia.

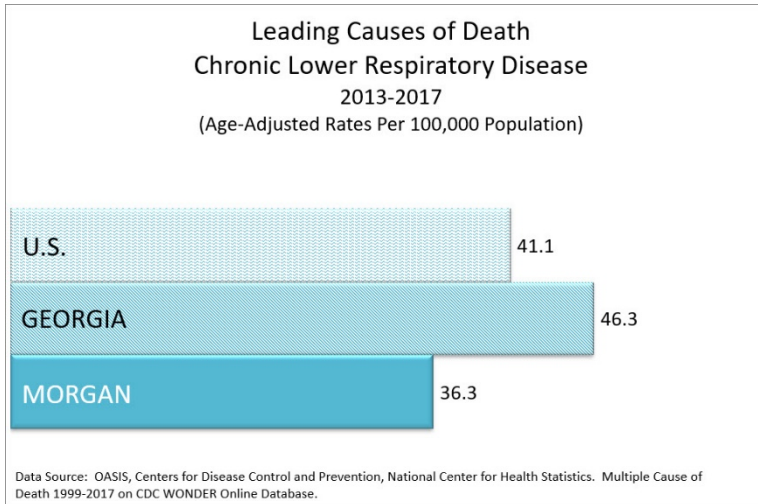


According to the Centers for Disease Control and Prevention:

- » 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.³⁹

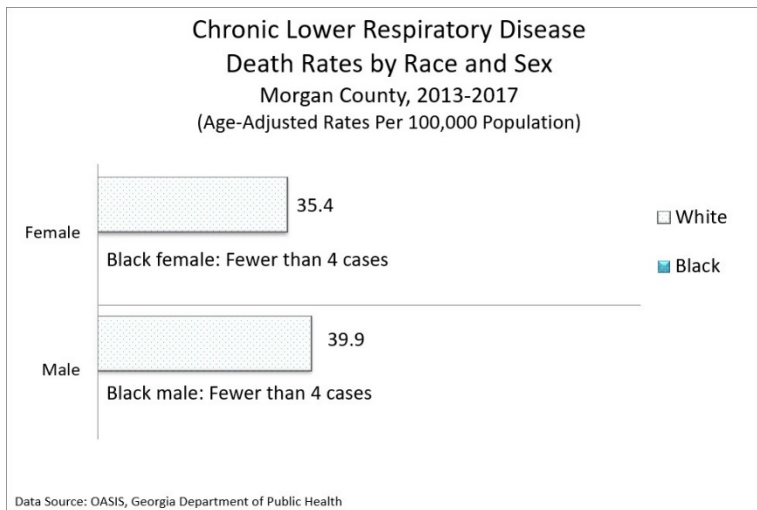
Chronic Lower Respiratory Disease

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.⁴⁰



For the years 2013-2017, Morgan County's chronic lower respiratory disease death rate (36.3 per 100,000 population) was lower than Georgia and the U.S.

The chronic lower respiratory disease death rate has decreased since the 2016 CHNA (43.7 per 100,000 population).



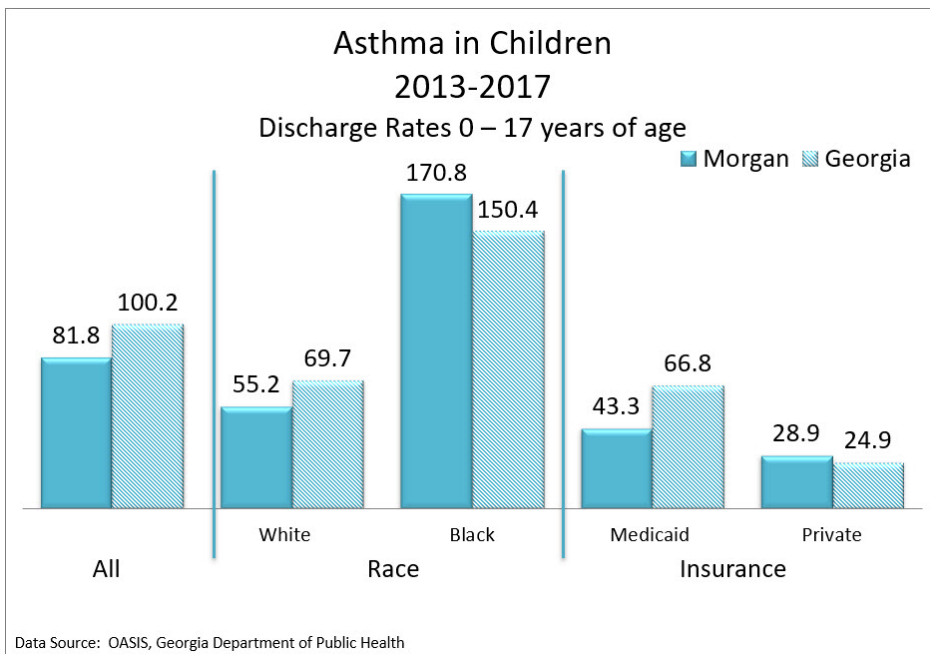
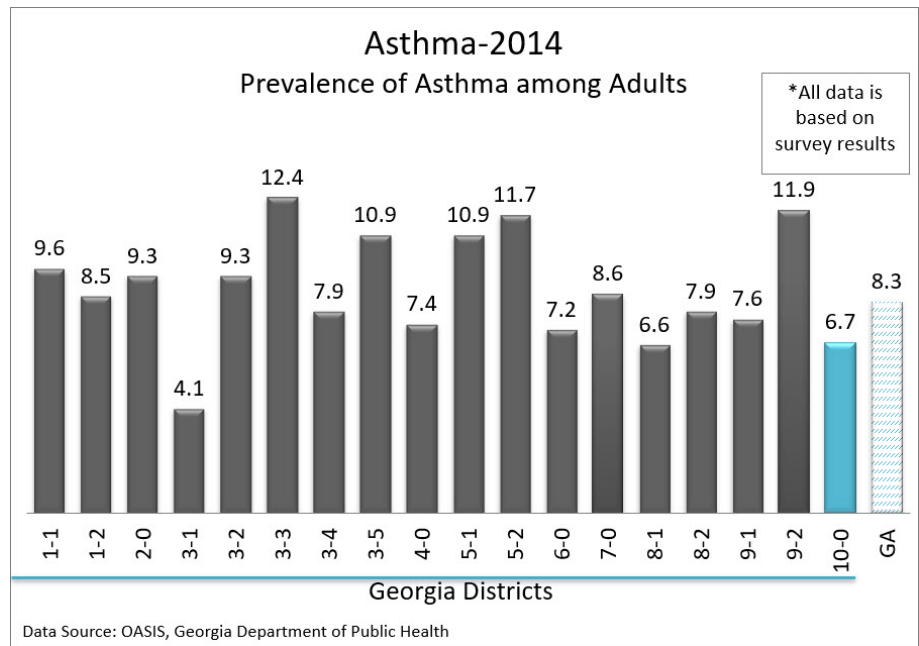
Why Are Respiratory Diseases Important?

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

Healthy People 2020

The age-adjusted death rate from chronic lower respiratory disease in Morgan County was highest among White males.

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

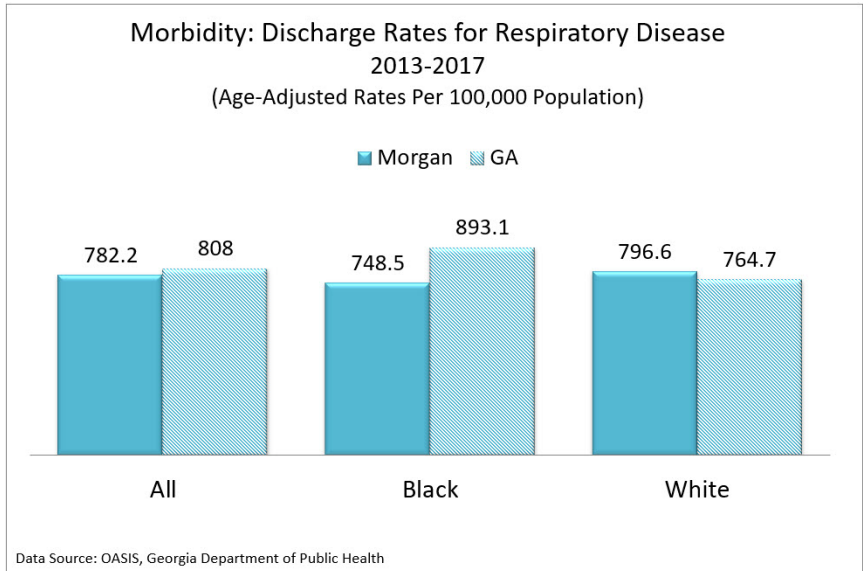


Morgan County had a lower discharge rate due to asthma among children compared to Georgia.

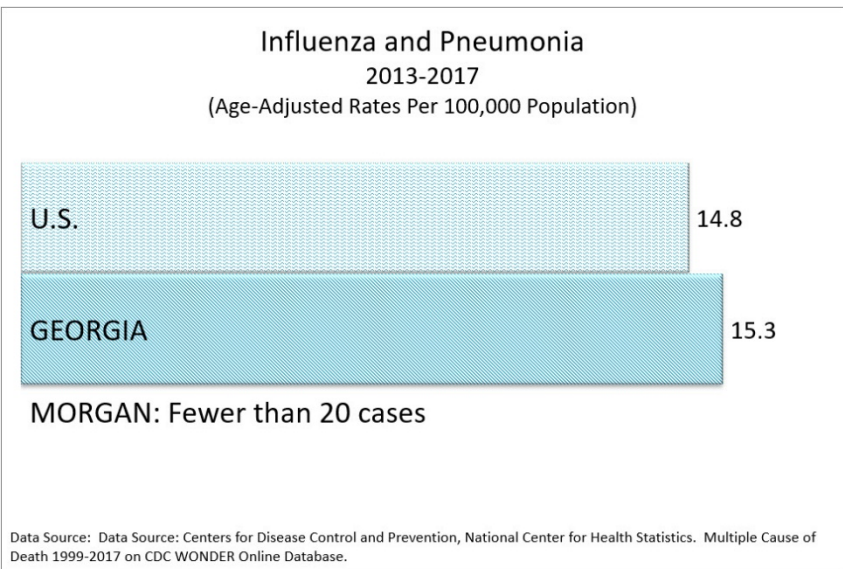
The Black children population in Morgan County had the highest discharge rate compared to other population groups.

In both Morgan County and Georgia, children with Medicaid had higher discharge rates compared to children with private insurance.

The discharge rates for respiratory related illnesses in Morgan County were lower compared to Georgia. The White population in Morgan County had higher discharge rates compared to the Black population.



Influenza (flu) is a contagious respiratory disease caused by a virus and can cause mild to severe illness. The best way to prevent flu is by vaccination. Pneumonia is an infection of the lungs and is the leading cause of death in children younger than 5 years of age worldwide. Pneumonia can often be prevented with vaccines and usually treated with antibiotics or antiviral drugs. You are more likely to become ill with pneumonia if you smoke or have an underlying medical condition, such as diabetes or heart disease.⁴¹



The Morgan County influenza and pneumonia death rate was lower than both Georgia and the U.S.

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

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

In 2015 more than 250,000 deaths occurred listing diabetes as an underlying or contributing cause of death.⁴² In 2015, diabetes was the country's seventh leading cause of death. More than 30 million people (9.4 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.⁴³

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.⁴⁴



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.

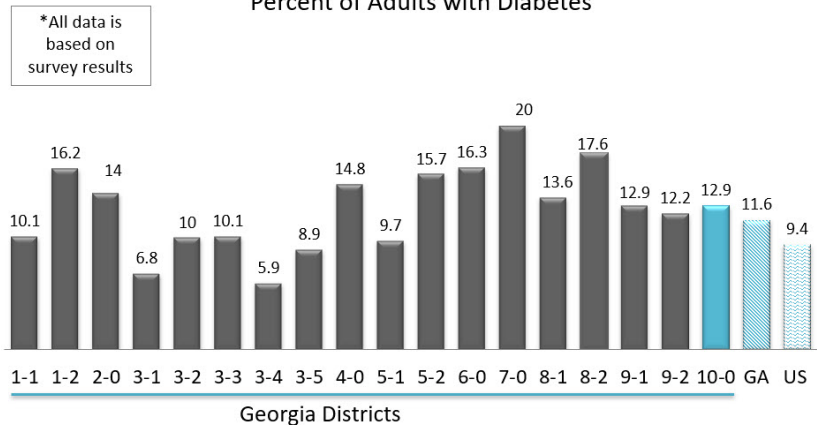
In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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

Healthy People 2020

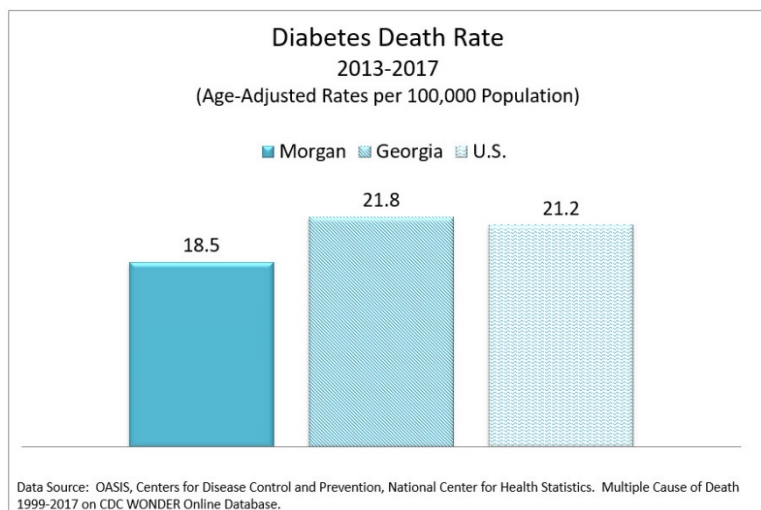
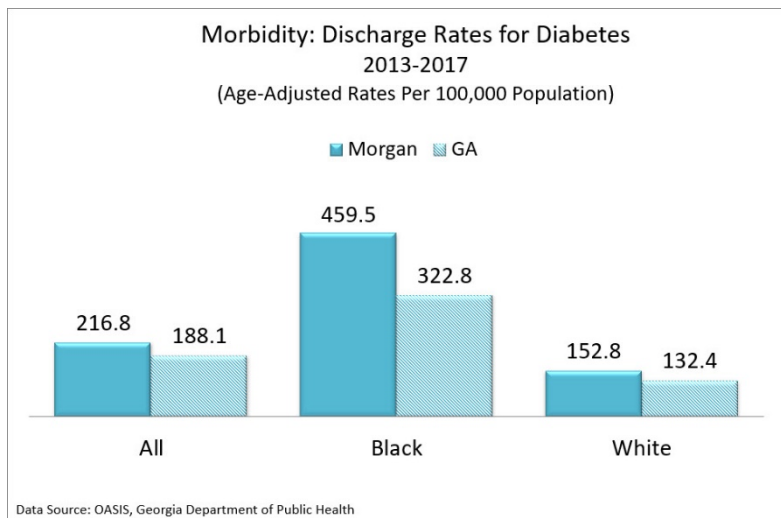
Health District 10-0 (which includes Morgan County), had a higher diabetes prevalence (12.9 percent) than Georgia or the U.S.

Prevalence of Diabetes, 2014 Percent of Adults with Diabetes



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

The discharge rate for diabetes was higher in Morgan County compared to Georgia. The Black population in Georgia and Morgan County had a higher diabetes discharge rate compared to other population groups.



Morgan County had a lower diabetes death rate than Georgia and the U.S.

There was a decrease in the diabetes death rate since the 2016 CHNA (19.2 per 100,000 population).

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

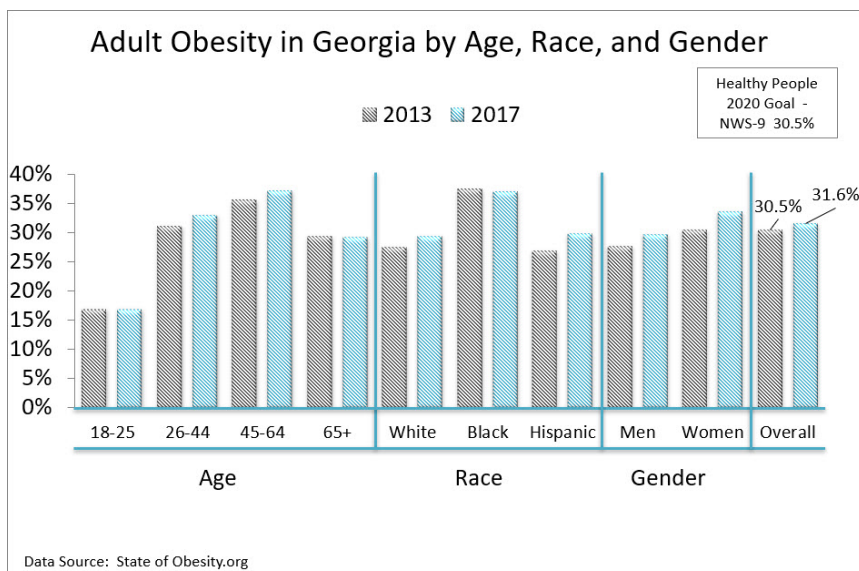
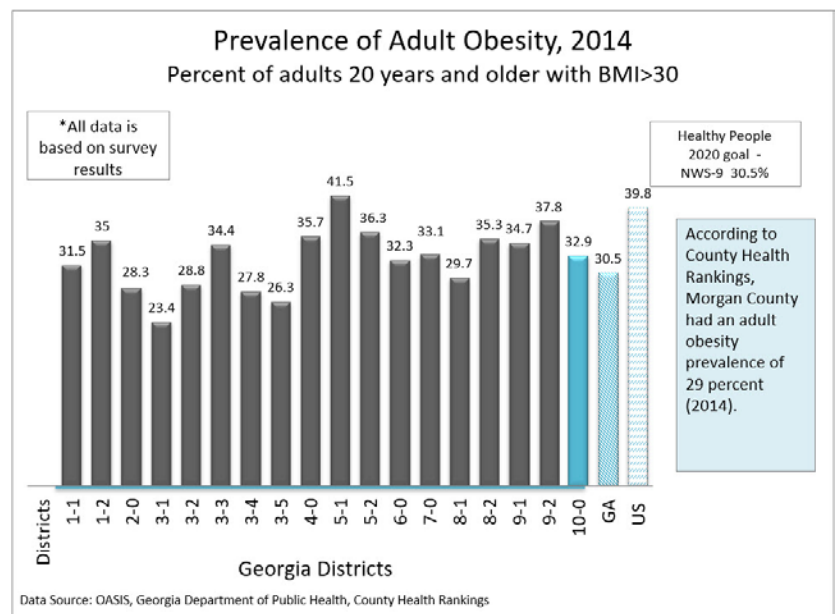
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.⁴⁵

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 30.⁴⁶

The prevalence of adult obesity in Health District 10-0 (32.9 percent) was higher than Georgia (30.5 percent), but lower than the U.S. (39.8 percent).

Morgan County had prevalence of obesity at 29 percent.

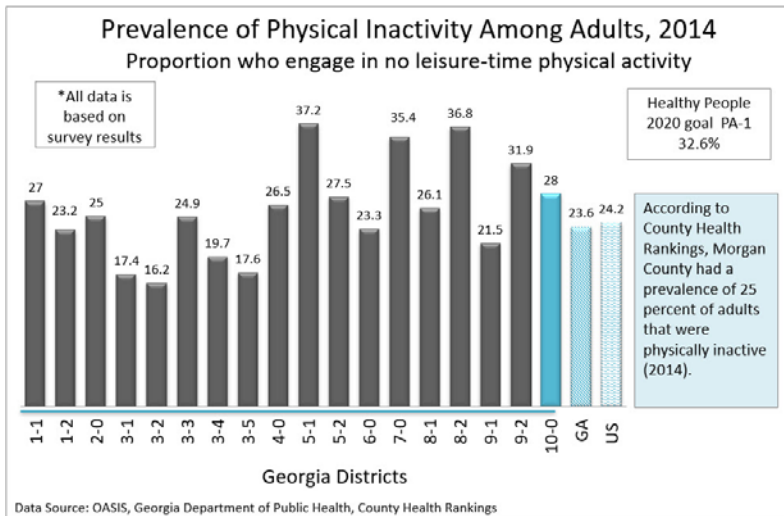
The Healthy People 2020 goal is 30.5 percent.



In 2017, adult obesity in Georgia was highest among the Black population and those who are ages 45-64. Women were more likely to be obese compared to men.

Comparing overall obesity rates from 2013 to 2017 shows a slight increase by about one percent.

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.⁴⁷



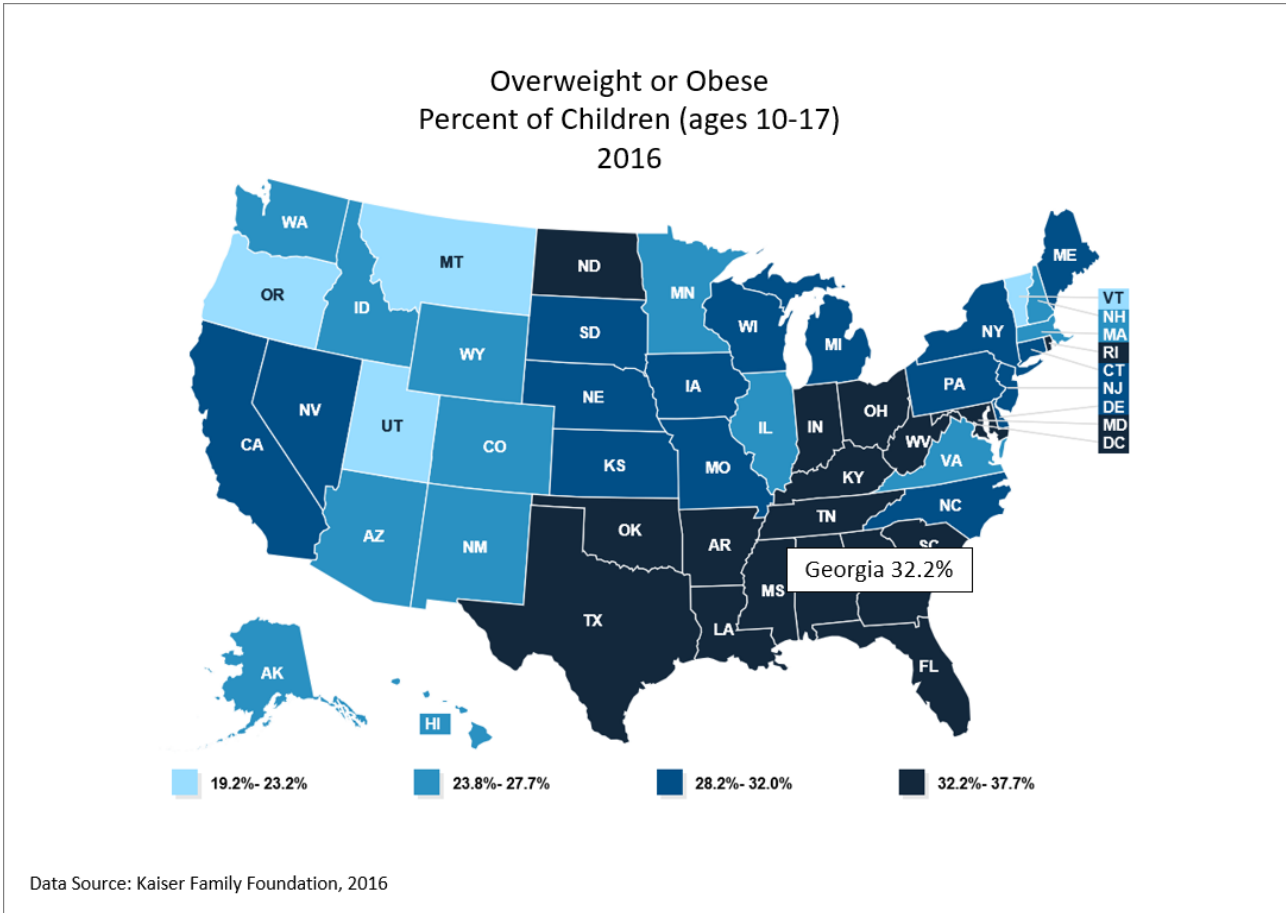
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 10-0 (28 percent) compared to Georgia's average (23.6 percent) and the U.S. (24.2 percent). Morgan County had a higher prevalence of physical inactivity (25 percent) than Georgia and the U.S.

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, 16.1 percent of children and adolescents aged 2-19 years are obese.⁴⁹ A report released by the Centers for Disease Control and Prevention indicated that Georgia's obesity rates among two to four-year-olds from low income families declined from 2010 to 2014 from 14.4 percent to 13.0 percent.⁵⁰

According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighteenth (32.2 percent) in the nation for overweight and obese children. Nationally, 31.2 percent of children in this age range were overweight or obese.⁵¹

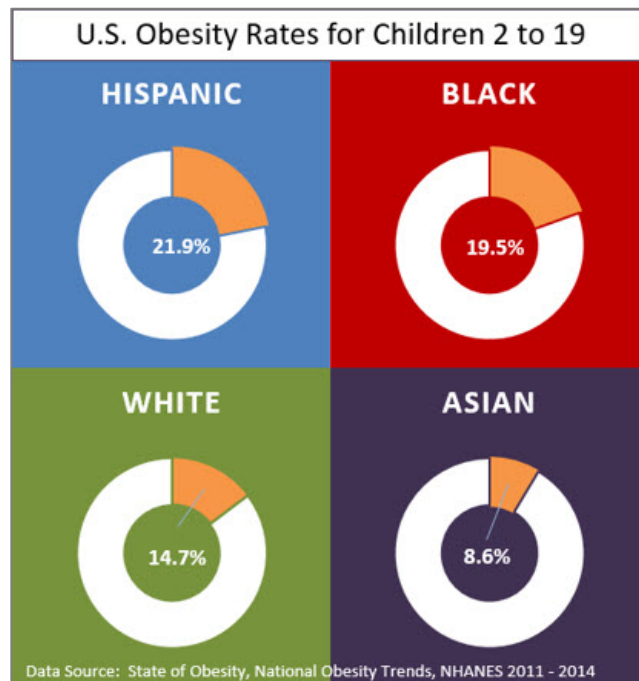


The following table highlights obesity rates in Georgia by age group and Georgia’s rank among other states.⁵²

Childhood Obesity		
	2 to 4 year olds (2014)	10 to 17 year olds (2016)
U.S.	14.5%	31.2%
Georgia	13.2%	34%
Rank Among States	34th	8th

Data Source: State of Obesity.org

Racial and ethnic disparities are very significant across the obese U.S population of children and adolescents. In 2011-2014, the following obesity disparities in children and adolescents were noted.



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.⁵³

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.⁵⁴

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews.

Obesity and Diabetes

- » There is a lack of local, affordable places for exercise in Morgan County.
- » There is a need for more fitness options in the community.
- » It is a lot cheaper to eat food that is bad for you. Poverty causes individuals to not eat right. They must purchase the cheapest food to feed a large family.
- » Lack of activity is the biggest cause of obesity.
- » There is a need to partner with local gyms to offer discounts to monthly memberships.
- » There is a need to incentivize healthy behavior.
- » The sedentary lifestyle is causing a lot of the chronic diseases. There is a need for more education and awareness on the threat and prevention of sedentary lifestyle.
- » The overstimulation of stress response leads to toxic stress which causes your immune system to be compromised and can cause a lot of these chronic diseases.
- » There is a failure to take accountability for diabetes management. A lot of individuals refuse to test their blood sugar or take their medication.
- » The recreational department has a huge array of different activity options. The schools have started elementary school has started a cross country. The opportunity is there. It is very affordable.
- » Diabetes is high among the Hispanic population. It usually relates to diet that is typically higher in carbohydrates.
- » Uncontrolled diabetes and sedentary lifestyle and obesity are related to the heart disease issue.
- » So many individuals do not treat diabetes and high blood pressure seriously. Their numbers are okay, but they are not changing their lifestyle. People need to understand the complications of diseases like diabetes.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews.

Obesity and Diabetes (Children)

- » It is easier for children to be entertained by electronics.
- » There are a lot of kids who do not know how to ride a bike.
- » Children are not playing outside anymore. They are constantly on their phones or inside.
- » There are kids that do not go out and play because they fear for their safety.
- » The obesity issue among the adolescent population is getting worse in Morgan County.
- » The school lunches are great, but students just dump a lot of the healthy items out into the trash can. The Health and STEM programs have done a great job teaching healthy eating. They are doing community gardens and growing and eating the food they grow. They are putting it into the STEM curriculum from grade to grade. The issue is there is no continuation at home or reinforcement of these healthy behaviors.
- » There is a need for education on healthy lifestyle for the entire family so that the school curriculum sticks with the child.
- » The school system is seeing an increase in the type 2 diabetes. They have partnered with CHOA and Strong for Life. Poor nutrition is typically generational. They eat like their parents.

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.⁵⁵

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.⁵⁶

A life stages method to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.⁵⁷

Why Are Maternal, Infant and Child Health Important?

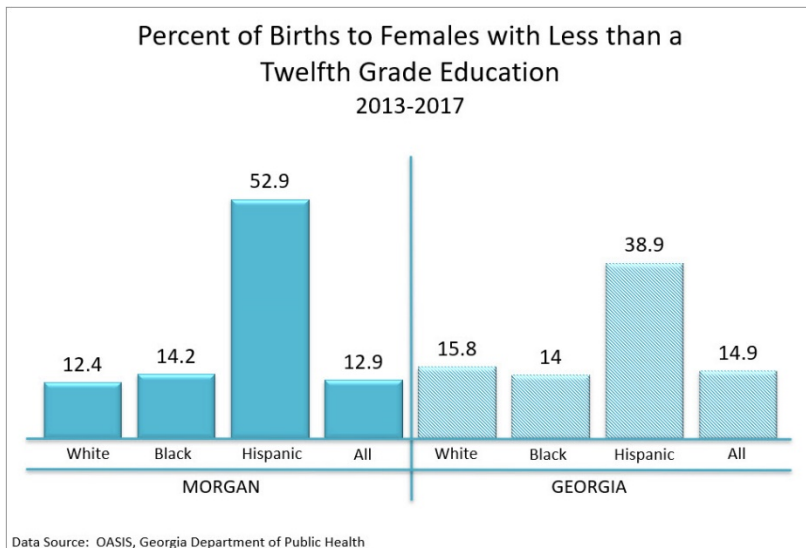
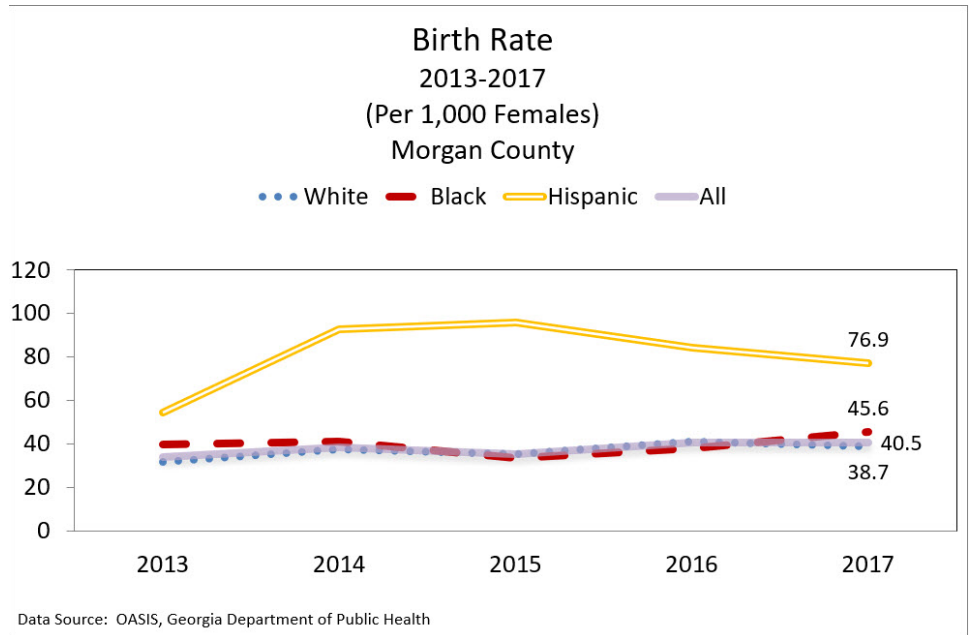
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

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

Healthy People 2020

Birth Rates

For the period 2013-2017, Morgan County had higher birth rates among the Hispanic population compared to other populations.



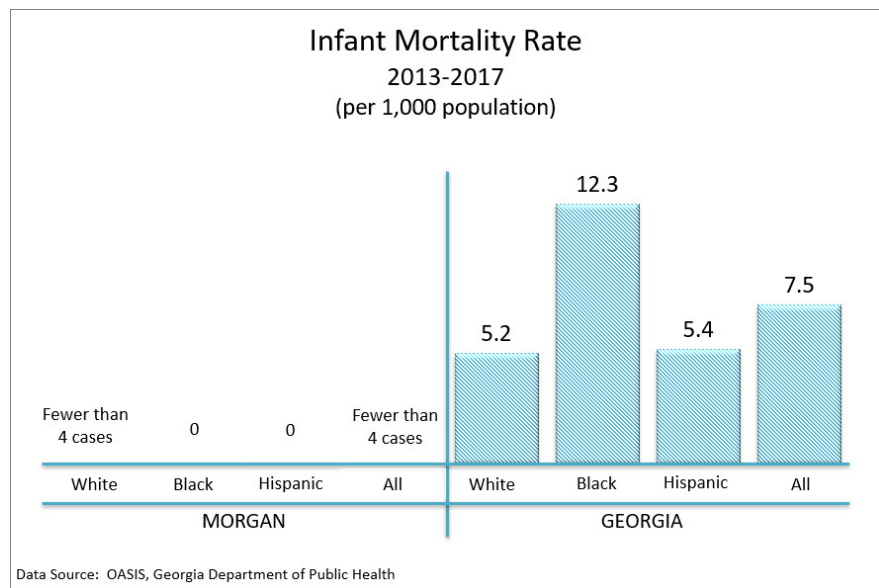
The percent of births to females with less than a twelfth-grade education was lower among Morgan County residents (12.9 percent) compared to Georgia residents (14.9 percent). The highest percentages was among the Hispanic population group in Morgan County and Georgia.

Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. In 2017, approximately 22,000 infants died in the U.S.⁵⁸ 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.⁵⁹ 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.⁶⁰

There were fewer than four cases of infant mortality in Morgan County during the period 2013-2017.

The highest infant mortality rate was among the Black population in Georgia.



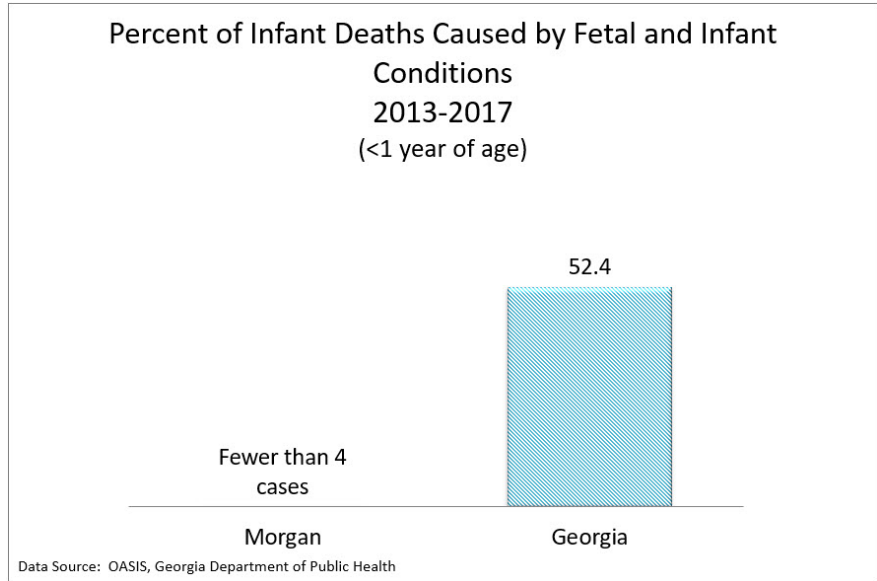
Fetal and Infant Conditions

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

- » Prematurity is a disorder 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 near birth.⁶¹

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

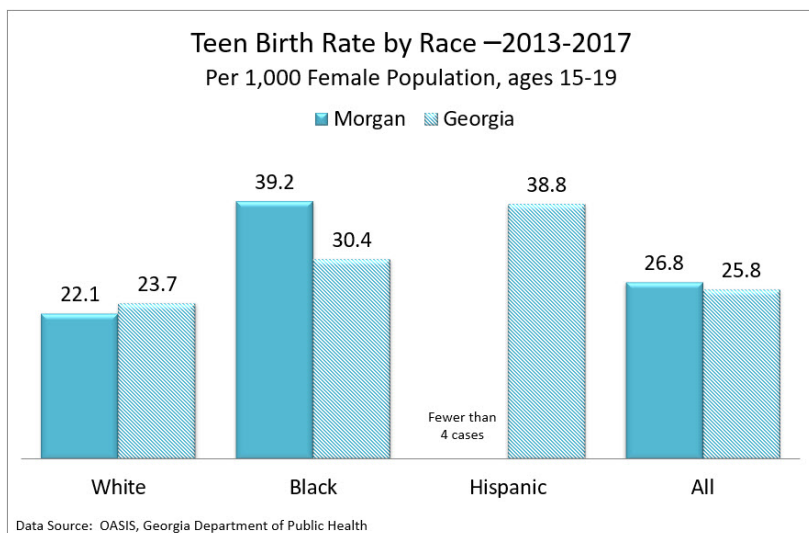
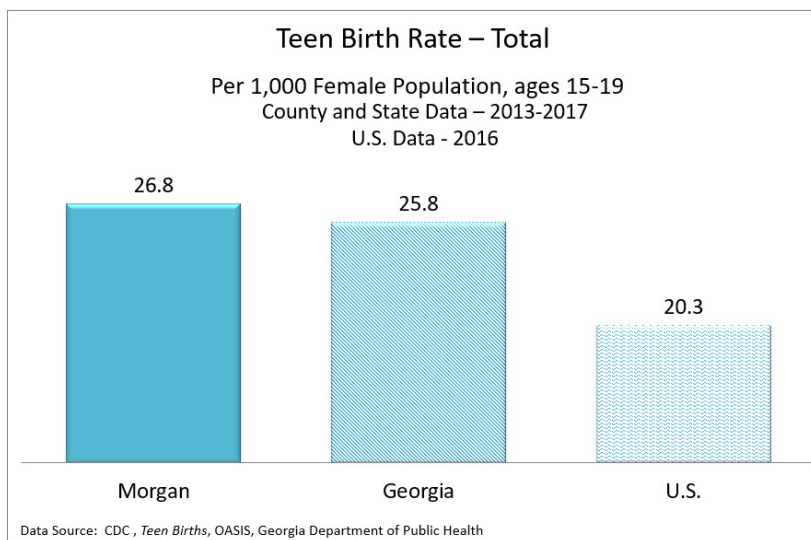
There were fewer than four cases of death caused by fetal and infant conditions in Morgan County reported during the period 2013-2017.



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.⁶²

The Morgan County teen birth rate (26.8 per 1,000 female population) was higher than Georgia and the U.S.

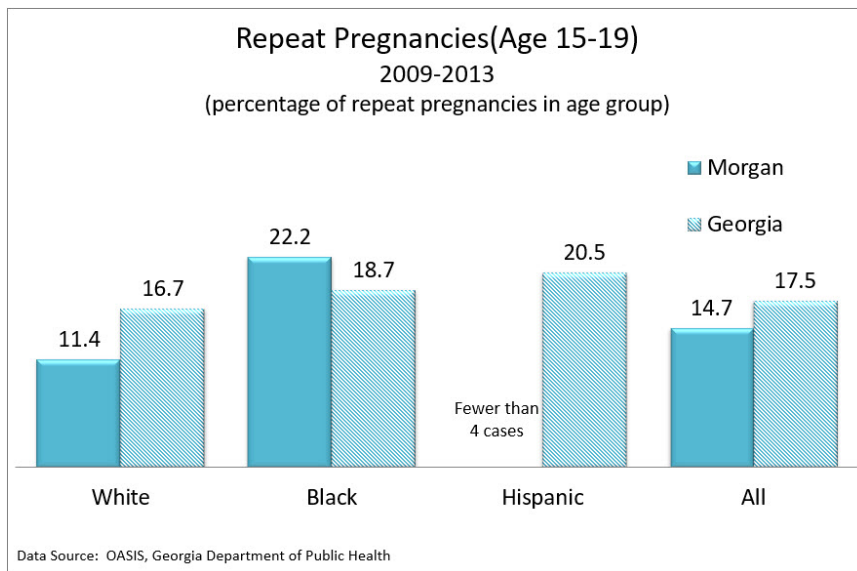


The Morgan County Black teen birth rate was higher than all other population groups.

Teen Pregnancy in Georgia

In 2016, Georgia ranked 19th highest in the U.S. for teen births. In 2011, Georgia ranked 8th. 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 2015 and 2016 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 (14.7 percent) compared to Georgia (17.5 percent).

Birth Weight

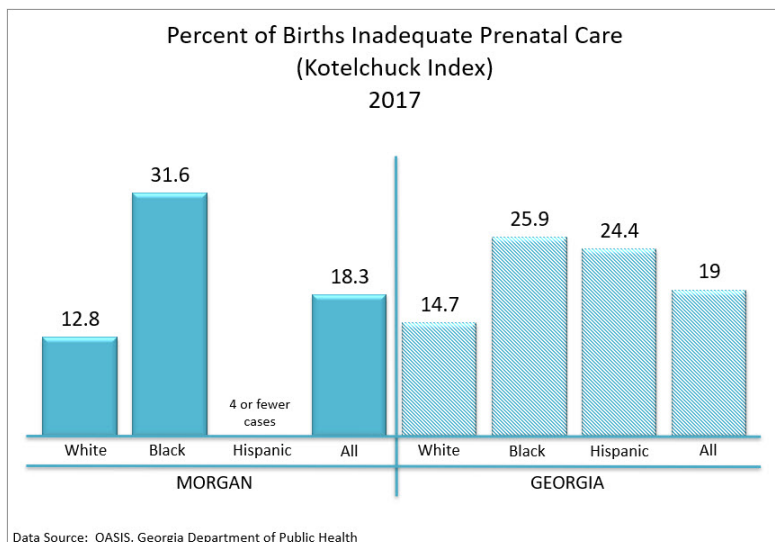
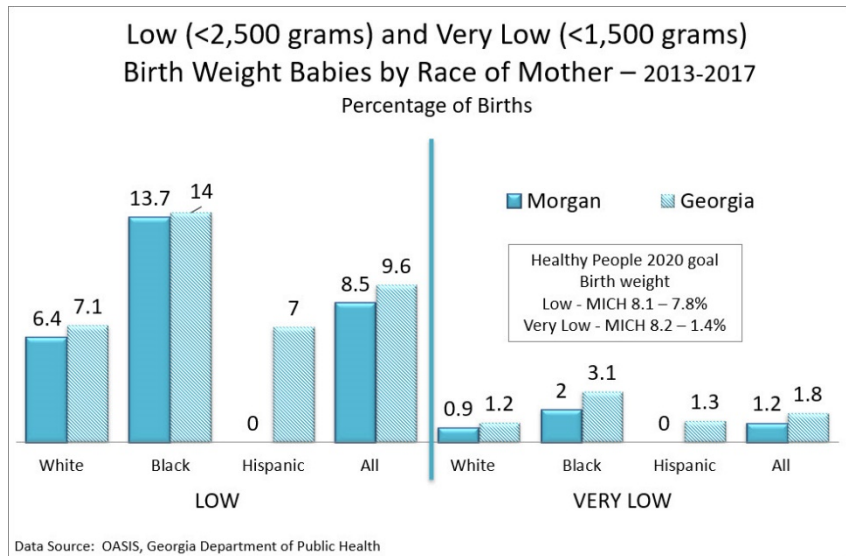
Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.⁶³

The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.⁶⁴ In 2017, the national prevalence of low birth weight babies was 8.2 percent, and for very low birth weight babies was 1.4 percent.⁶⁵

Morgan County had lower rates of low and very low birth weight babies compared to Georgia.

In Georgia, the highest percentages were among the Black population for low birth weight babies.

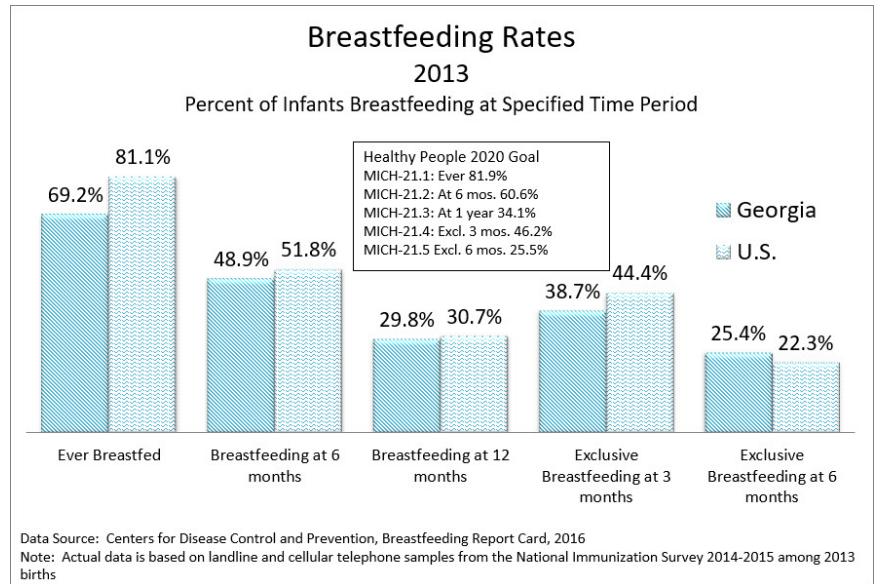
The percent of low births and very low births have decreased since the 2016 CHNA (10.8 percent and 2 percent, respectively).



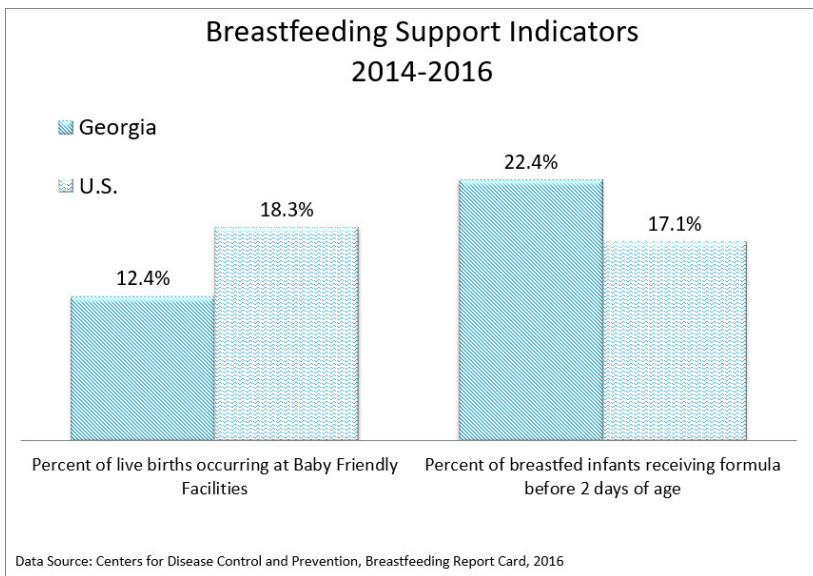
The percent of births with late or no prenatal care was lower in Morgan County compared to Georgia. Black births had the highest percent of births with inadequate prenatal care in both Morgan County and Georgia.

Breastfeeding

Georgia had lower rates of breastfeeding in all time frames compared to the U.S., except exclusive breastfeeding at 6 months.



The Maternity Practices in Infant nutrition and Care(mPINC)score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding Breastfeeding-friendly communities are measured using indicators that assess support from various settings using measures such as percent of live births occurring at Baby Friendly facilities, percent of breastfed infants receiving formula before 2 days of age, number of lactation consultants per 1,000 births and the mPINC score.⁶⁶



Georgia had a lower percent of births occurring at Baby Friendly facilities compared to the U.S.

Georgia had a higher percent of breastfed infants receiving formula before 2 days of age compared to the U.S.

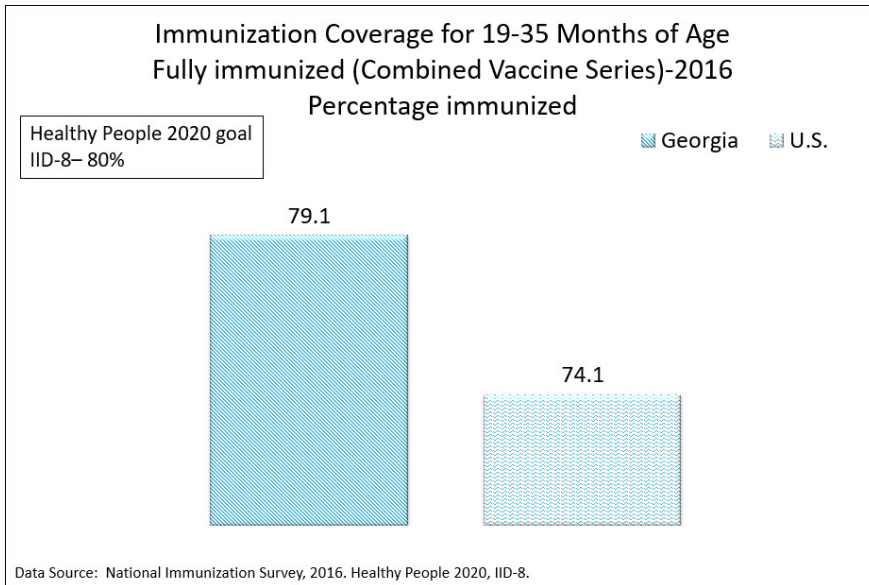
Georgia had a lower mPINC score compared to the U.S. Georgia had more Certified Lactation Counselors (CLCs), but less Board-Certified Lactation Counselors (IBCLs) than the U.S.

Breastfeeding Support Indicators	Georgia	U.S.
Average mPINC Score (out of 100)	75	79
Number of CLCs per 1,000 live births	6.0	4.6
Number of IBCLs per 1,000 live births	2.8	3.8

Note: The mPINC score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding. The score ranges from 0 to 100. CLC is a Certified Lactation Counselor; IBCL is a International Board Certified Lactation Counselor

Immunizations

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



The immunization coverage percent for children 19-35 months old was higher in Georgia (79.1 percent) than the U.S. (74.1 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.

2019 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				
PCV13			PCV13	PCV13	PCV13		PCV13				
IPV			IPV	IPV		IPV					IPV
Influenza (Yearly)*											
MMR						MMR					MMR
Varicella						Varicella					Varicella
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 age 6 months through 8 years of age who are getting an influenza (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 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.
 § 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 or she may need.

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

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

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

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

AAPF
AMERICAN ACADEMY OF FAMILY PHYSICIANS

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews.

Teen Birth Rate and STDs

- » Teen Maze is offered every year to help prevent teen pregnancy and promote safe sex.
- » The main priorities for adolescents are safe sex, the need more mental health in this county, and the prevention of substance abuse. A lot of teenagers self-medicate with substance abuse, which puts them at risk sexually because they are impaired and more likely to contract an STD.
- » It would be helpful to have lifestyle education classes that cover sex education, drugs and alcohol and nutrition that are more meaningful at a later stage like junior year in high school.
- » There has been an increase in the STD rates among the teen population group.

Prenatal Care and Postpartum Care

- » There is a mobile unit operated by Public Health that goes out into rural communities in Morgan County to insert LARCs in low-income areas (outreach) especially in department of housing.
- » There is a stigma associated with LARCs. Many women think that it is going to give them side effects.
- » It is important to talk about birth control right after having a baby.
- » There are breastfeeding peer counselors (health department) who have been on WIC and breastfed who are available to help mentor new mothers in need of support.
- » There is a baby fair in Morgan County and the breastfeeding counselor goes to that.
- » The health department has free birth control and the breast cancer and cervical cancer screening programs.

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
- » Suicide⁶⁸

Although much progress has been made to reduce cigarette smoking in the United States, in 2015, 15.5 percent of adults and 3.4 percent of adolescents smoked cigarettes in the past month.⁶⁹

Adolescent Behavior

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

The Youth Risk Behavior Surveillance System (YRBSS) monitors health risk behaviors that contribute to the leading causes of death and disability among youth and young adults at the State and National level. The survey is conducted every 2 years (odd calendar years) at the school site and participation is voluntary. Adolescent and youth respondents are in grades 9-12. Individual states may choose to do a middle school YRBSS. The following charts contain data from the YRBSS regarding high school adolescents. Georgia data was unavailable from 2015 to 2017; however, Georgia Student Health Survey data provided some insight on substance abuse behavior trends.

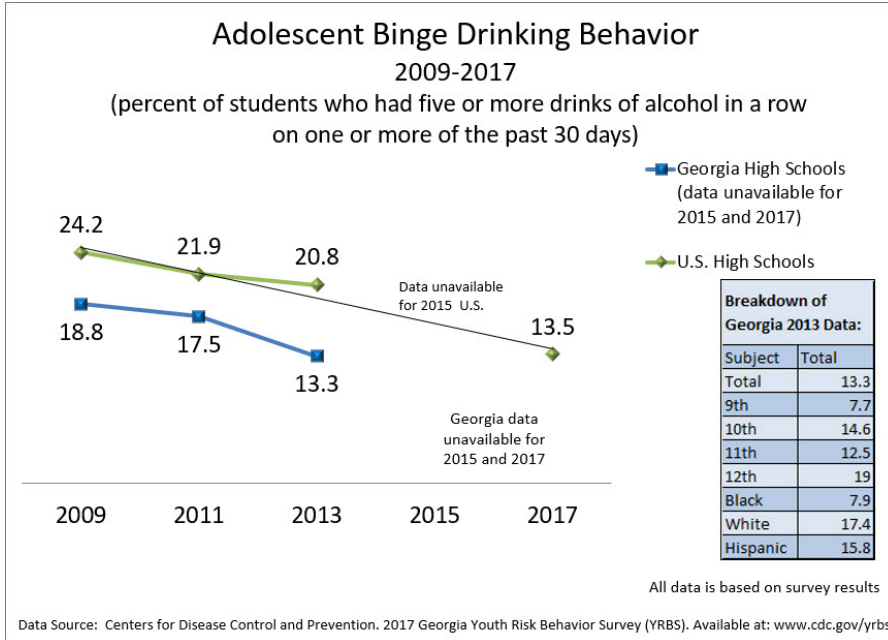
Why Is Adolescent Health Important?

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

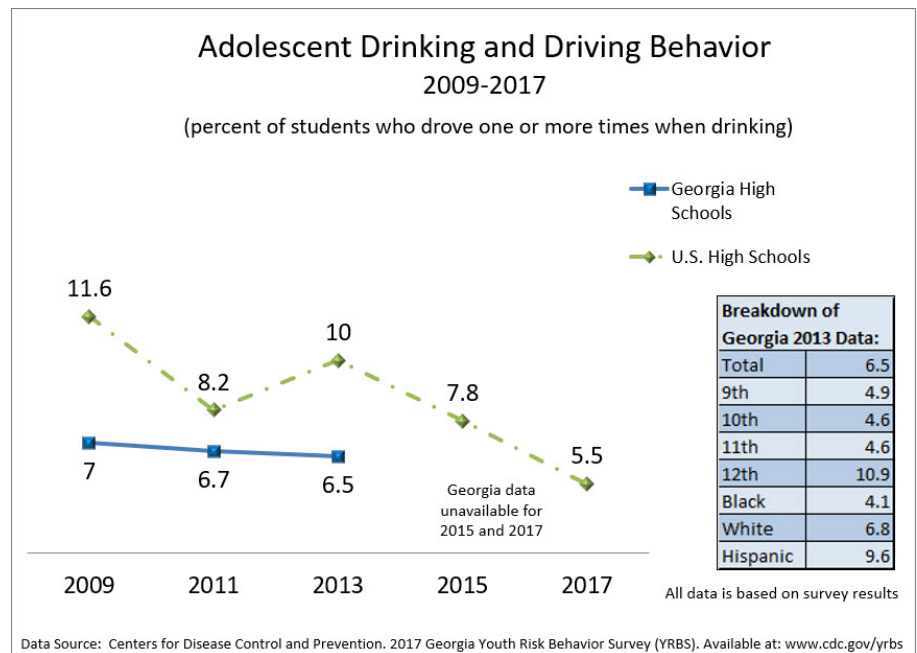


Between 2009 and 2013 adolescent binge drinking in Georgia was below the U.S. rates.

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. Hispanic youth were more likely than other groups to engage in this behavior.



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

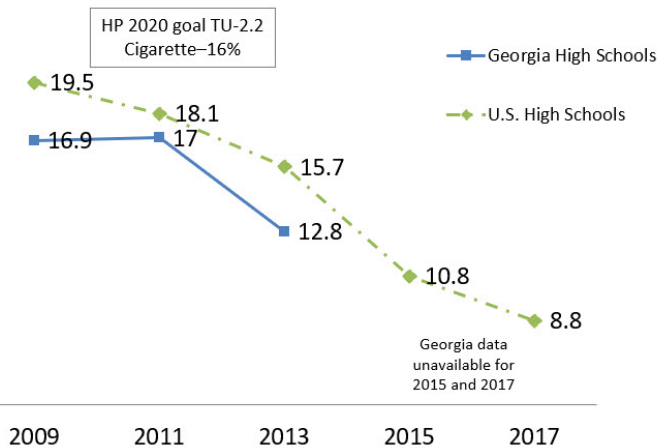
Adolescent smoking in Georgia was more prevalent among Whites compared to other population groups. There was an increase in prevalence from eleventh grade (11.1 percent) to twelfth grade (15.4 percent).

The U.S. cigarette smoking rates have continued to decrease in 2015 and 2017.

Adolescent Cigarette Smoking Behavior

2009-2017

(percent of students who smoked cigarettes on one or more of the past 30 days)



Total	12.8
9th	8.5
10th	17.1
11th	11.1
12th	15.4
Black	5.3
White	18.5
Hispanic	12.9

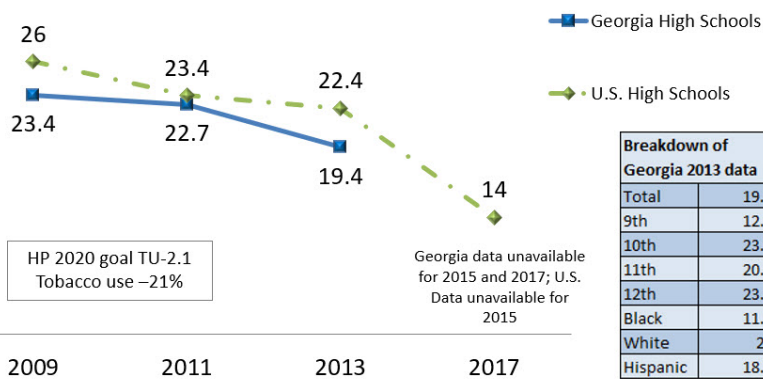
All data is based on survey results

Data Source: Centers for Disease Control and Prevention. 2017 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

Adolescent Tobacco Use Behavior

2009-2017

(percent of students who smoked cigarettes; smoked cigars, cigarillos, or little cigars; or used chewing tobacco, snuff, or dip on at least one day)



Total	19.4
9th	12.1
10th	23.5
11th	20.3
12th	23.4
Black	11.5
White	26
Hispanic	18.3

All data is based on survey results

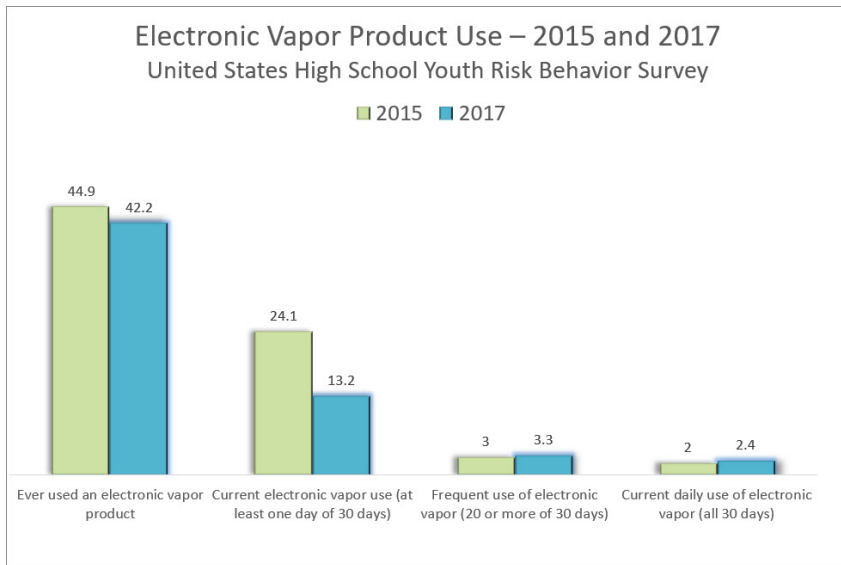
Data Source: Centers for Disease Control and Prevention. 2017 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

Overall, from 2009-2013, the prevalence of tobacco use in Georgia was lower than the U.S. rates. Tobacco use prevalence was greater among Whites compare to other population groups.

The tobacco use rates in the U.S. have decreased drastically from 2013 to 2017.

Electronic Cigarettes (e-cigarettes)

Electronic cigarettes (e-cigarettes) or electronic vapor products are devices that provide nicotine and other additives to the user in the form of an aerosol. They entered the market in 2007 and by 2014 they were the most commonly used tobacco product among U.S. youths.⁷¹



From 2015 to 2017, usage rates have decreased for those who have ever reported use of an electronic vapor product. Usage rates have also decreased for those who are current users at least one of the last 30 days.

Usage rates have increased for frequent users (more than 20 of the last 30 days) and those that use electronic vapor daily (all 30 days).

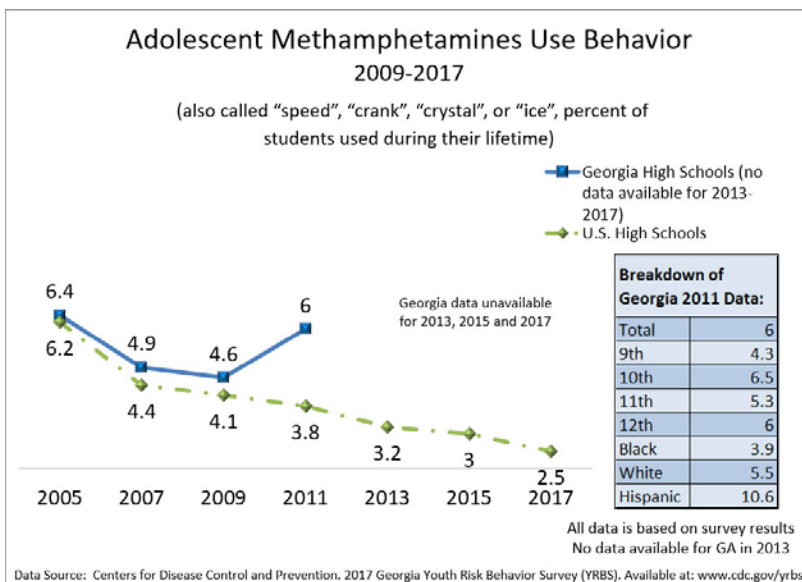
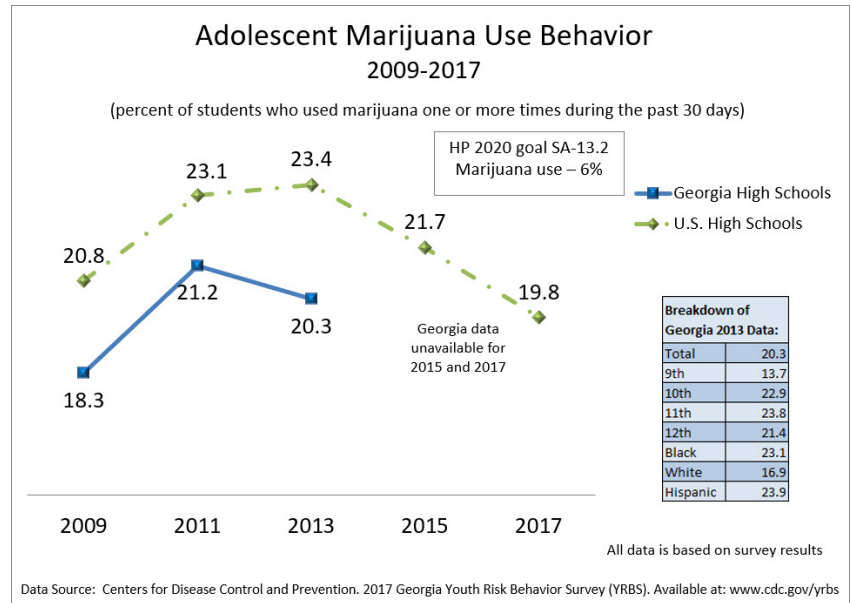
Illicit Drug Usage

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

Marijuana use was higher among U.S. high schools compared to Georgia high schools.

The U.S. rate has continued to decrease from 2013 to 2017.

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.

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. It also shows the trend data (up or down arrow) from the previous CHNA.

At a Glance Comparison 2017-2018: Drug and Substance Abuse Behaviors Among Adolescents in Morgan County and Georgia		
	Morgan County High Schools	Georgia High Schools
Binge Drinking	7.0% ↓	6.4% ↓
Drinking and Driving	1.96% ↓	3.0% ↑
Tobacco Use	4.9% ↓	5.5% ↓
Cigarette Use	4.2% ↓	4.7% ↓
Marijuana Use	9.3% ↑	9.3% ↓
Electronic Vape	17.3% *	10.6% *
Meth Use	1.5% ↑	2.4% ↑
Prescription	2.2 ↓	4.0% ↓

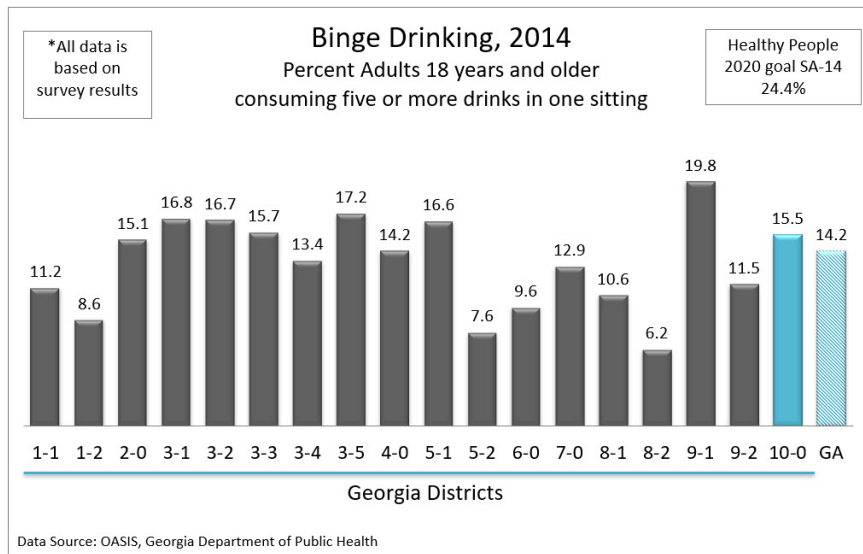
Data Source: Georgia Department of Education. Georgia Student Health Survey
 * Trend data unavailable; electronic vapor not surveyed in previous CHNA

Morgan County Schools had a higher percentage of adolescents that participated in binge drinking and electronic vape use behaviors, but a lower percentage that participated in drinking and driving, tobacco use, cigarette use, marijuana (equal), meth, and prescription drug use compared to Georgia. 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 (15.5 percent) was higher than the Georgia prevalence (14.2 percent). This was well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews.

Adolescent Behaviors and Substance Abuse

- » When children do not have access to food, they are more likely to act out.
- » It would be helpful to have lifestyle education classes that cover sex education, drugs and alcohol and nutrition that are more meaningful at a later stage in high school such as Junior year.
- » There are a lot of teenagers that still do not wear their seat belts and text and drive.
- » Vaping is a big issue in high schools and also some of the middle school students. It is restricted at schools but very easy to hide and highly addictive. The same stigma is not attached to vaping as smoking. Even the good kids are vaping.

Adult Substance Abuse

- » Alcohol and drug abuse are big issues among all ethnic and racial groups.
- » There are still a lot of young people smoking cigarettes.
- » Substance abuse is a high priority. There are so many individuals in jail because of substance abuse.
- » Substance abuse and mental health are interrelated.
- » The opioid epidemic is probably causing an increase in risky behaviors like STDs and accidents.
- » There is a drug court in Morgan County that helps hold accountability and offer resources.
- » Smoking has greatly decreased. There are have been informational resources for parents (meetings) on vaping.
- » The cost of drug rehab is out of reach for most.
- » There are no local resources for drug rehab, but it is best to get far away from the local source of the drug abuse.
- » There is a drug rehab center in Monroe.

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 are encouraged for sexually active young adults.⁷⁸

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.⁷⁹

Top 10 States Ranked by Rate (per 100,000) of Reported STD Cases: U.S. 2017			
Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Nevada (20.0)	Alaska (799.8)	Mississippi (309.8)
2	California (17.1)	Louisiana (742.4)	Alaska (295.1)
3	Louisiana (14.5)	Mississippi (707.6)	Louisiana (256.7)
4	Georgia (14.4)	New Mexico (651.6)	South Carolina (254.4)
5	Arizona (13.6)	South Carolina (649.8)	Alabama (245.7)
6	New York (11.9)	Georgia (631.4)	Oklahoma (231.4)
7	Florida (11.6)	North Carolina (619.7)	North Carolina (225.4)
8	North Carolina (11.2)	Alabama (615.5)	Arkansas (224.5)
9	Mississippi (10.4)	New York (591.6)	Georgia (219.8)
10	Illinois (9.6)	Illinois (589.9)	New Mexico (215.7)

Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018.

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.

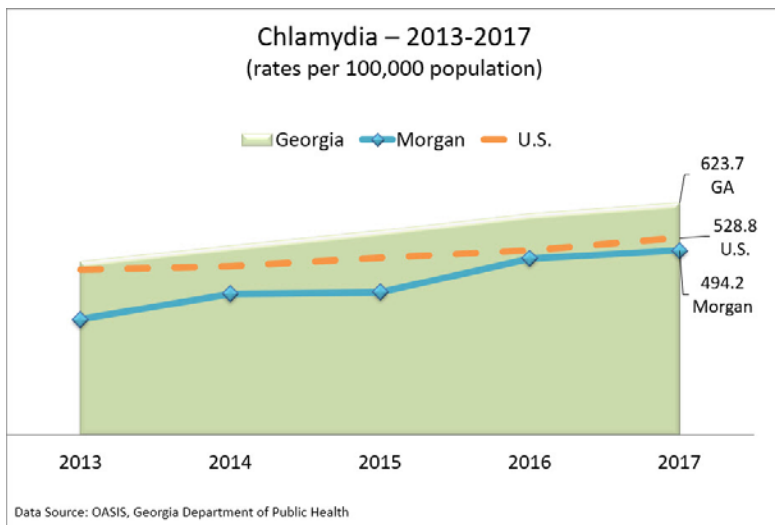
Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

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Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. 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.⁸⁰

- » 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.⁸¹
- » Women had two times the reported chlamydia rate of men in 2017.⁸²
- » Georgia ranked sixth highest in the U.S. for reported chlamydia cases in 2017.⁸³



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 2017, the chlamydia rate in Morgan County was lower than Georgia and the U.S.

The chlamydia rate increased since the 2016 CHNA (309.3 per 100,000 population).

The chlamydia rate among Blacks was significantly higher than Whites and Hispanics in both Georgia and Morgan County.

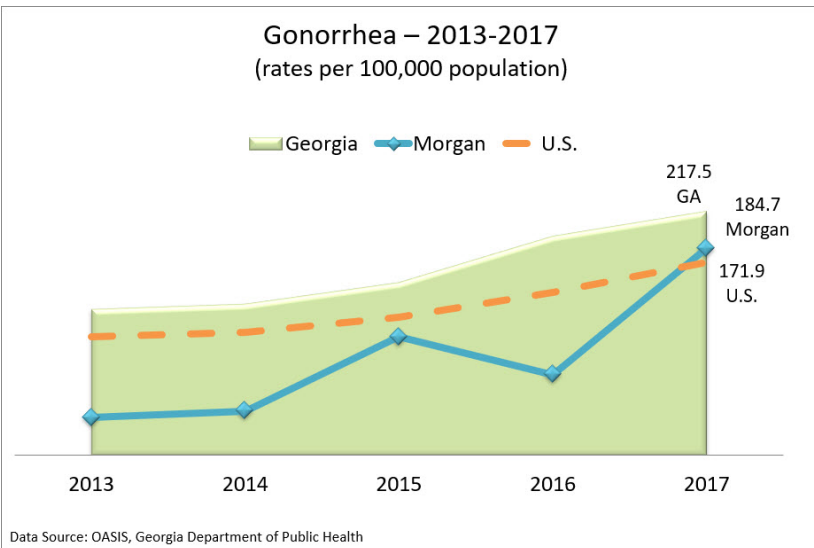
Average Chlamydia Rates by Race (2013-2017)				
	White	Black	Hispanic	All
Georgia	130.1	785	181.8	549.8
Morgan	136.0	813.2	*	408.3

Data Source: OASIS, Georgia Department of Public Health *Too cases few to report a rate

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 ninth highest in the U.S. for reported gonorrhea cases in 2017.⁸⁶



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 2017, the gonorrhea rate in Morgan County was lower than Georgia, but higher than the U.S.

The gonorrhea rate increased drastically from 2016 to 2017.

The gonorrhea rate increased since the 2016 CHNA (33.7 per 100,000 population).

Average Gonorrhea Rates by Race (2013-2017)				
	White	Black	Hispanic	All
Georgia	31.3	316.6	28.5	166.9
Morgan	25.4	191.3	0	87.4

Data Source: OASIS, Georgia Department of Public Health

The gonorrhea rate was significantly higher among Blacks compared to Whites and Hispanics in 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.⁸⁷

- » During 2017 there were 101,567 reported new diagnoses of syphilis.⁸⁸
- » Georgia ranked fourth highest in the U.S. for reported syphilis cases in 2017.⁸⁹

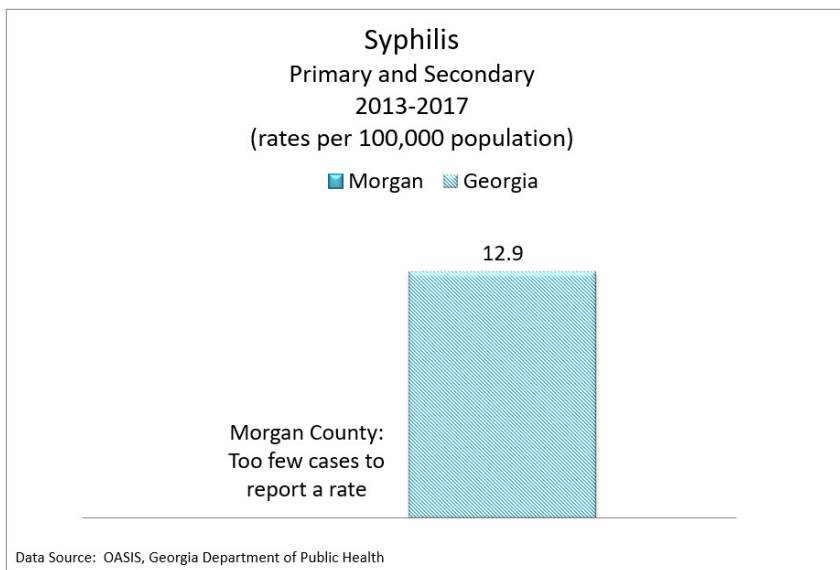
The Georgia syphilis rate in 2017 was 14.5 per 100,000 population.⁹⁰ The U.S. rate in 2017 was 9.5 per 100,000 population.⁹¹

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 to few reported cases of syphilis in Morgan County during period 2013-2017 to report a rate.

Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans had HIV at the end of 2016. Of those people, about 14 percent did not know they were infected. In 2017, about 38,739 people received an HIV diagnosis in the U.S.⁹² Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.⁹³

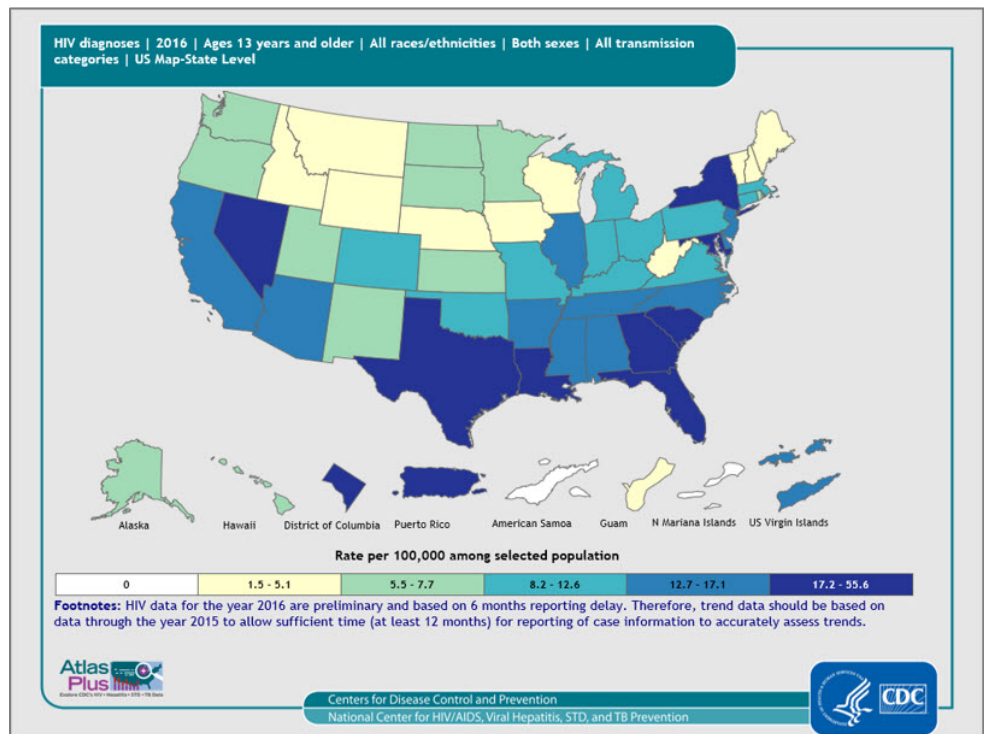
- » In 2017, Black MSM represented the highest number of new HIV infections in the U.S.⁹⁴
- » In 2017, Blacks (male and female) accounted for 44 percent of new HIV infections.⁹⁵
- » In 2017, new HIV diagnoses were most prevalent among the 25-34 age group.⁹⁶
- » In 2017, both Whites and Hispanics accounted for 26 percent each of the new HIV infections.⁹⁷

Why Is HIV Important?

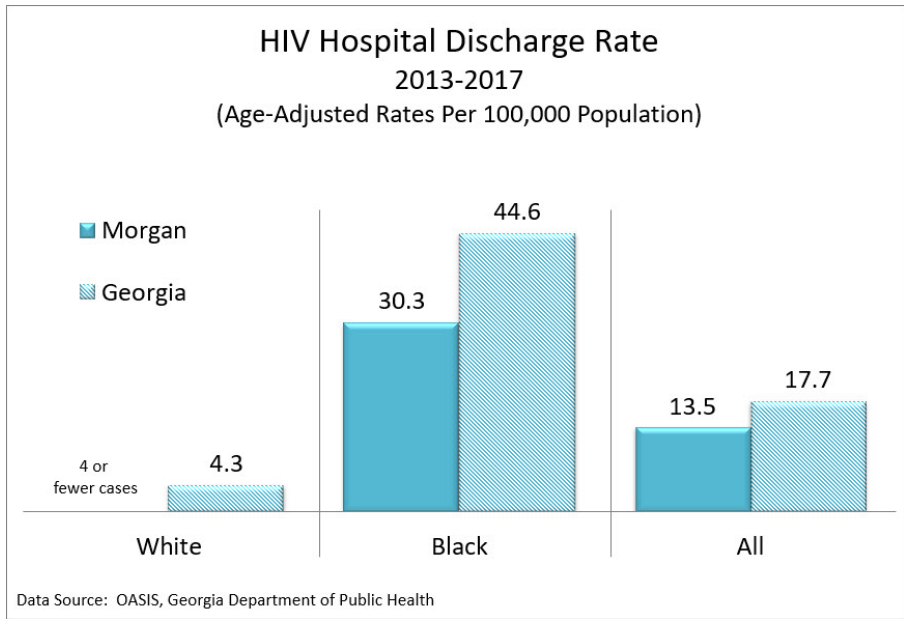
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using 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 Disease Control and Prevention, in 2016 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.



The hospital discharge rate for HIV was lower in Morgan County compared to Georgia.

The discharge rate among the Black population in Morgan County was higher than the White population which follows the same trend in Georgia.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews.

Sexually Transmitted Disease

- » There has been an increase in the STD rates among the teen population group.
- » Teen Maze is offered every year to help prevent teen pregnancy and promote safe sex.
- » The main priorities for adolescents are safe sex, the need more mental health in this county, and the prevention of substance abuse. A lot of teenagers self-medicate with substance abuse, which puts them at risk sexually because they are impaired and contract an STD.

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."⁹⁸

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

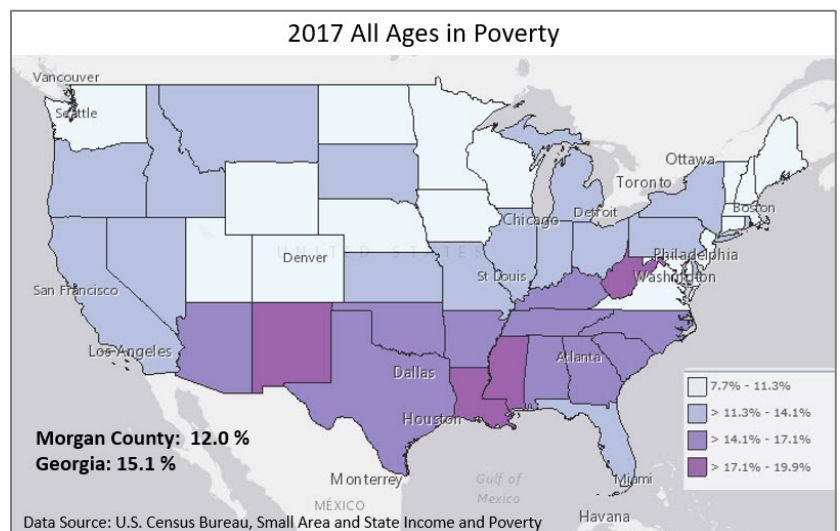
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

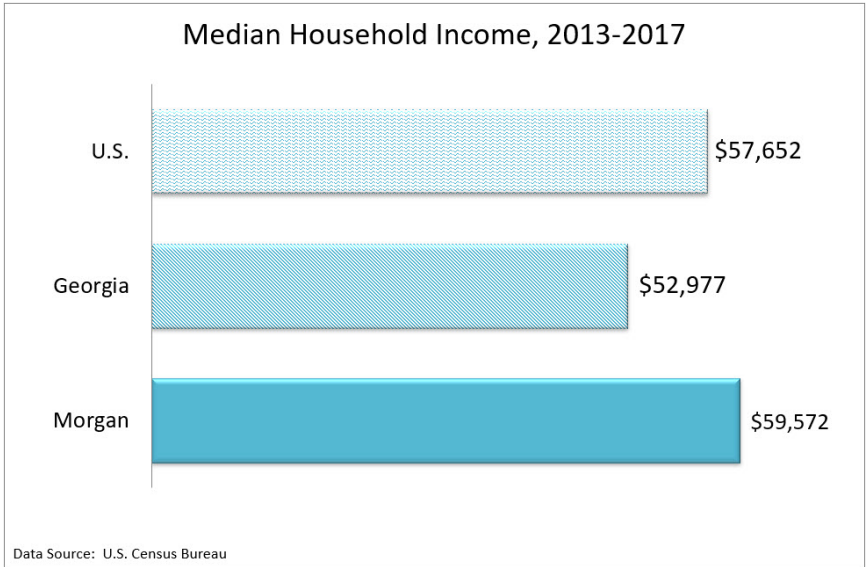
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 13.4 percent in 2017.⁹⁹

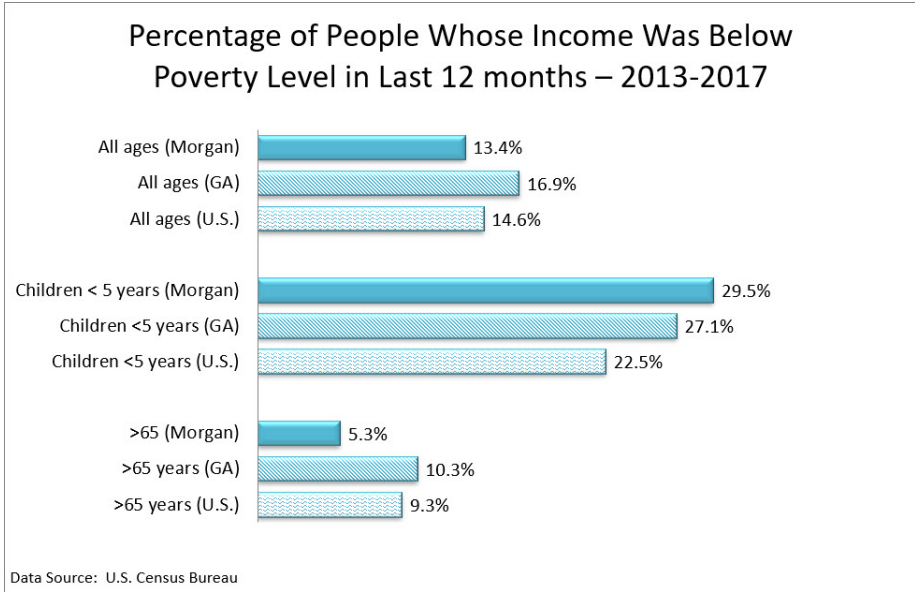
Georgia ranked eleventh highest in the U.S. at 15.1 percent of the population below the poverty level in 2017.¹⁰⁰

Morgan County's poverty rate was 12.0 percent in 2017.



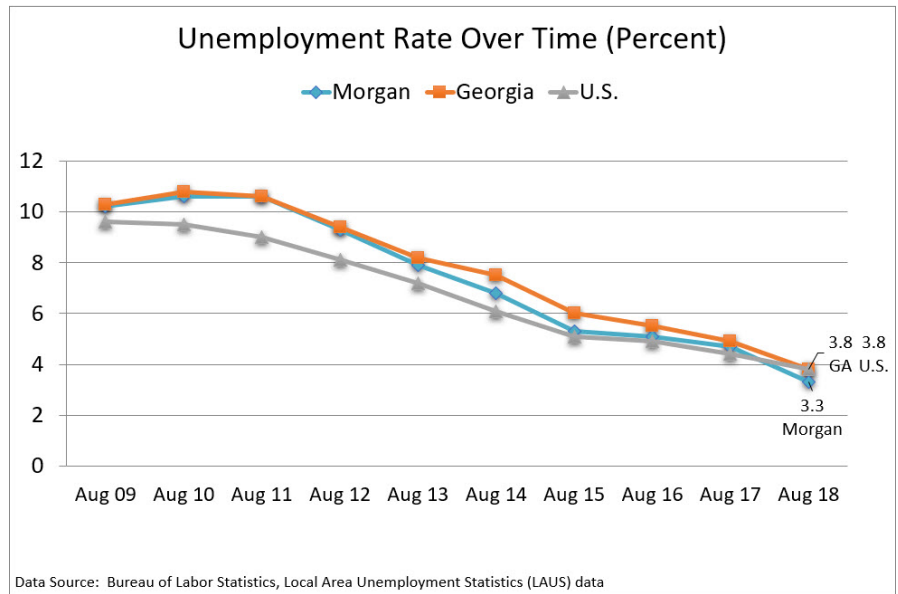


The median household income during 2013-2017 for Morgan County was \$59,572. This was above the Georgia median income of \$52,977 and the U.S. median income of \$57,652.

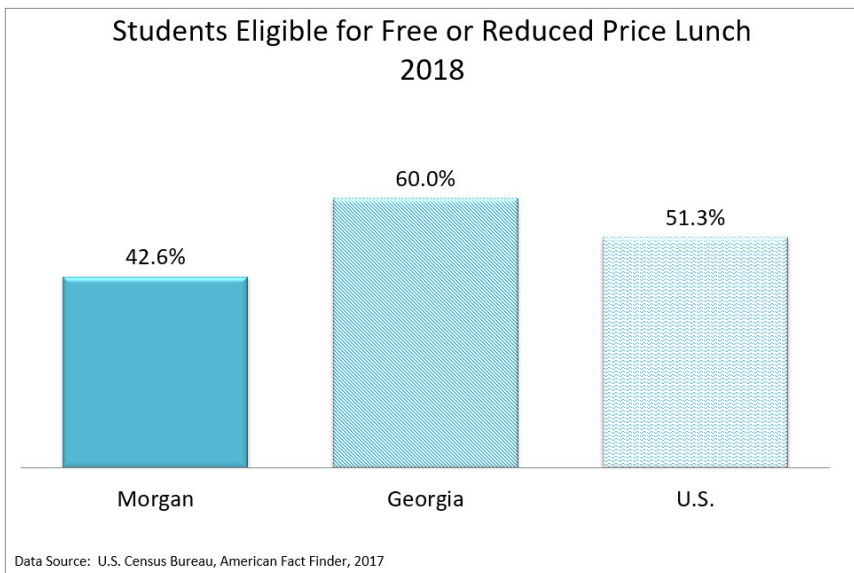


The percentage of people in Morgan County whose income was below the poverty level (13.4 percent) was lower than Georgia (16.9 percent) and the U.S. (14.6 percent). The percentage of children under five years of age living in poverty in Morgan County (29.5 percent) was higher than both Georgia (27.1 percent) and the U.S. rates (22.5 percent). The percentage of Morgan County senior adults living in poverty (5.3 percent) was lower than Georgia (10.3 percent) and U.S. rates (9.3 percent).

The most recent data showed that Morgan County's unemployment rate dropped below the Georgia and U.S. rate to 3.3 percent in August 2018.



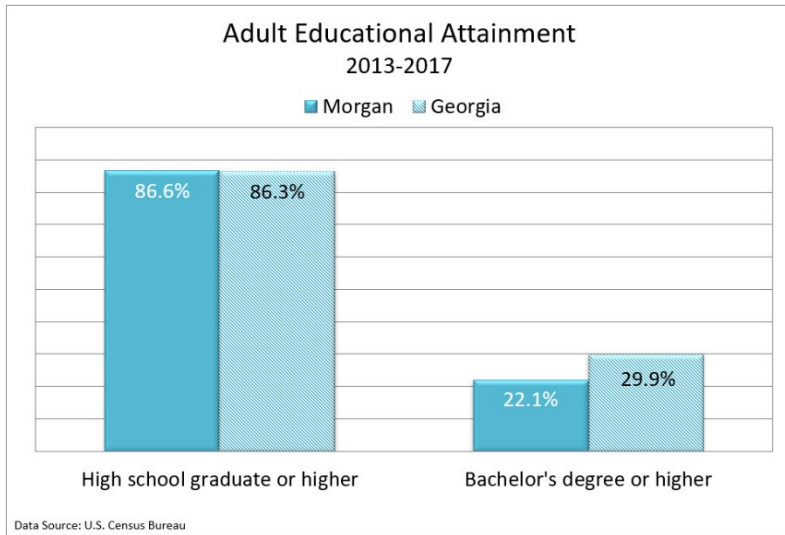
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.¹⁰¹ For July 1, 2018 through June 30, 2019, a family of four's income eligibility for reduced-price lunches was at or below \$46,435 and for free meal eligibility at or below \$32,630.¹⁰²



Approximately 42.6 percent of the public-school students in Morgan County were eligible for free or reduced-price lunches. This was lower than Georgia (60 percent) and the U.S. (51.3 percent).

Educational Attainment

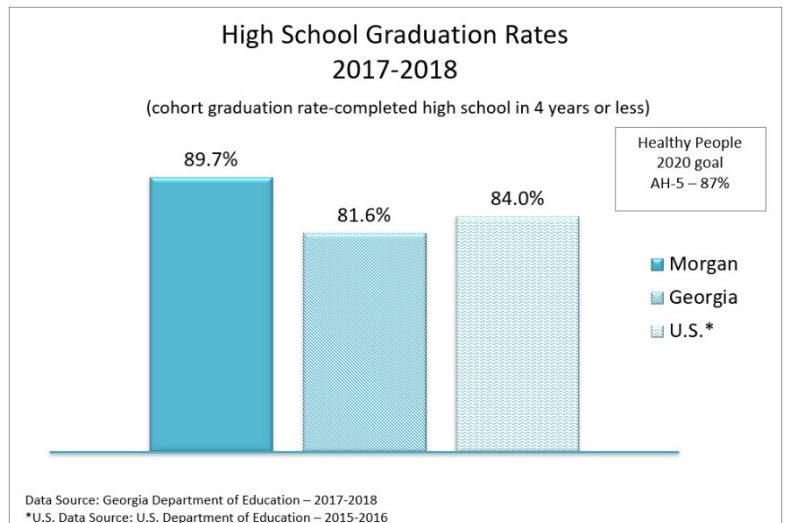
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.¹⁰³ According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.¹⁰⁴ 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.¹⁰⁵



From 2013-2017, 86.6 percent of Morgan County residents had graduated high school compared to Georgia's average of 86.3 percent. An average of 22.1 percent of Morgan County residents had a bachelor's degree or higher compared to Georgia's higher average of 29.9 percent.

The U.S Department of Education requires all states to publicly 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.¹⁰⁶

In 2017-2018, Morgan County had an average of 89.7 percent of students who complete high school in four years or less. Morgan County's rate was above the Georgia average (81.6 percent) and the U.S. average (84 percent). The Healthy People 2020 goal for the high school graduation rate is 87 percent (students who graduate with a regular diploma, 4 years after starting ninth grade).

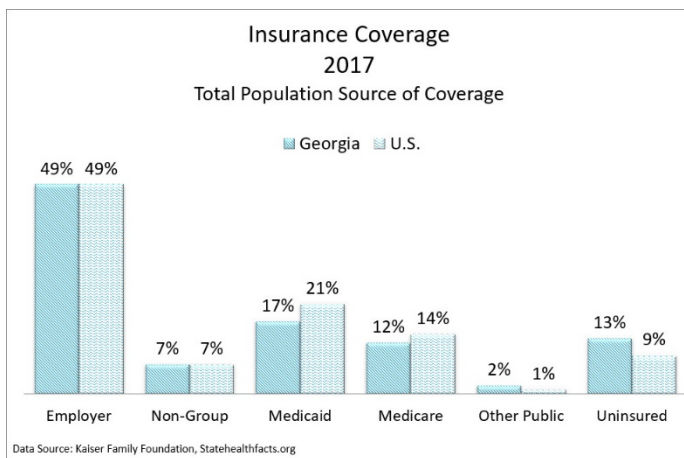


Insured Status

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.

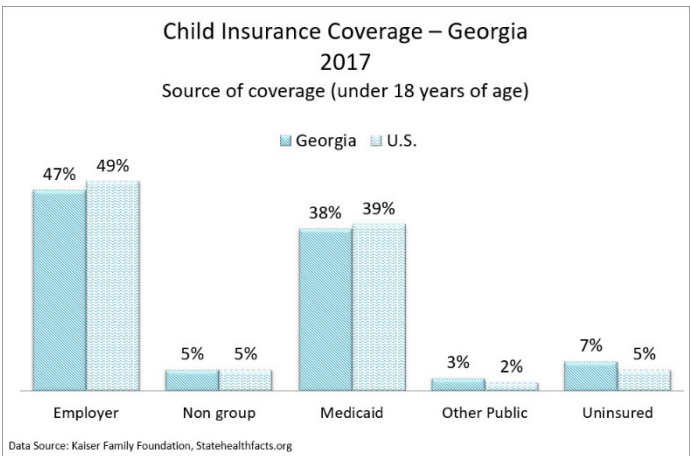
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs 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

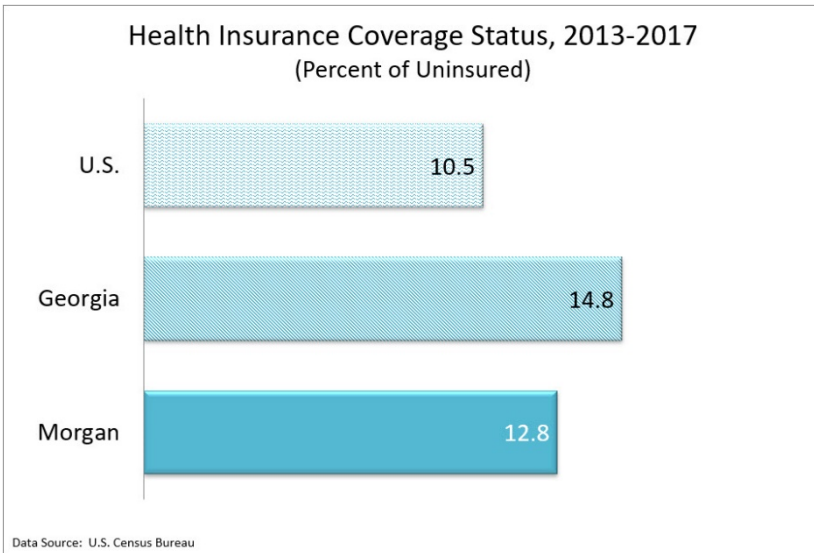


In 2017, Georgia’s uninsured population (13 percent) was higher than the U.S. (9 percent). Employer coverage was even in both Georgia and the U.S. at 49 percent. Georgia’s proportions of Medicare and Medicaid covered individuals were lower than the U.S. rates.

In 2017, Georgia’s population of uninsured children was 7 percent which was more than the U.S. (5 percent). The percent of Georgia children covered by Medicaid was lower (38 percent) than the U.S. rate (39 percent). Employer coverages in Georgia and the U.S. were very similar at 47 percent and 49 percent, respectively.



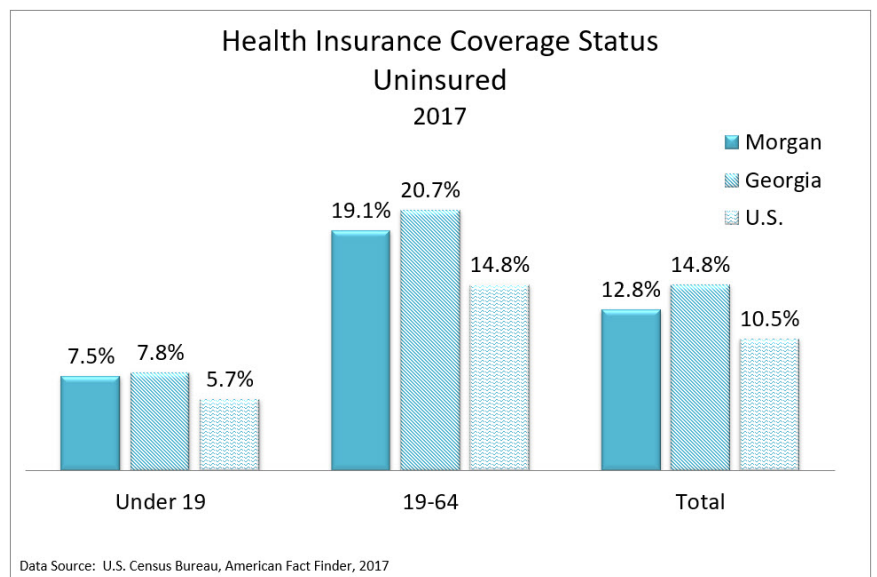
MORGAN COUNTY INSURED STATUS



The proportion of uninsured individuals in Morgan County (12.8 percent) was lower than Georgia (14.8 percent) and higher than the U.S. (10.5 percent).

The percentage of children under 19 that lacked health insurance in Morgan County was lower than Georgia, but higher than the U.S.

The percentage of adults ages 19-64 that lacked health insurance in Morgan County was lower than Georgia, but higher than the U.S.



Georgia Health Assistance and Healthcare Programs

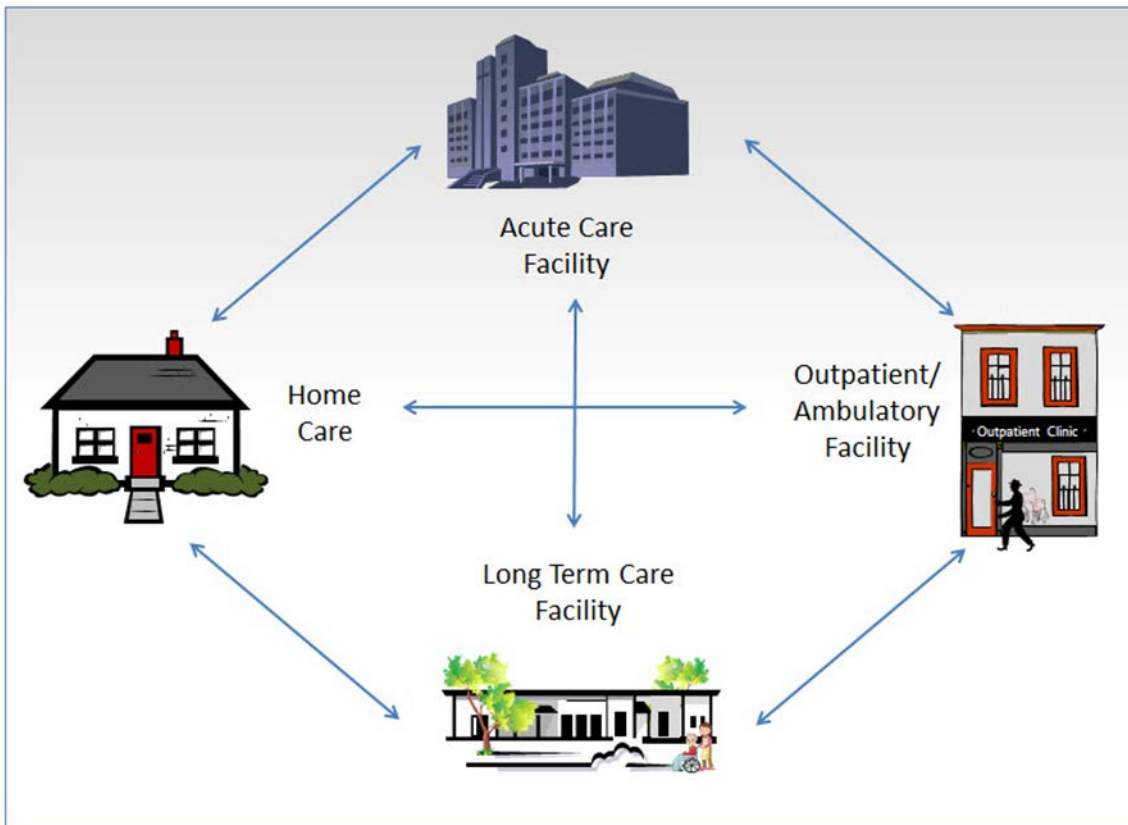
Medicaid – Georgia Medicaid is administered by the Georgia Department of Community Health. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

- » **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 235 percent of the federal poverty level.
- » **Long Term Care and Waiver Programs:**
 - **New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP)** offer home and community-based services for people with a developmental or intellectual disability.
 - **Service Options Using Resources in a Community Environment (SOURCE)** links primary medical care and case management with approved long-term health services in a person's home or community to prevent hospital and nursing home care.
 - **Independent Care Waiver Program (ICWP)** offers services that help a limited number of adult Medicaid recipients with physical disabilities live in their own homes or in the community instead of a hospital or nursing home.
 - **Community Care Services Program (CCSP)** provides community-based social, health and support services to eligible consumers as an alternative to institutional placement in a nursing facility.
- » **Georgia Families** delivers 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 receive needed care without depleting their assets (Medicaid asset protection).
- » **Non-Emergency Transportation (NET)** program provides transportation for eligible Medicaid members who need access to medical care or services.
- » **Georgia Better Health Care (GBHC)** matches Medicaid recipients to a primary care physician or provider.
- » **Women's Health Medicaid** is a program that pays for cancer treatments for women who have been diagnosed with breast cancer or cervical cancer and cannot afford to pay for treatment.

Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Morgan County, 16.9 percent of the population is over the age of 65, making many of them eligible for Medicare.

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.¹⁰⁷ 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 Medical Center has been serving Morgan County residents for over 60 years. It is a 25 bed, critical access not-for-profit hospital. The hospital offers a full range of inpatient and outpatient services to the residents of Morgan County and surrounding areas. The hospital's collaboration agreement with Piedmont Athens Regional Medical Center plans to provide specialties in cardiology, urology, and gynecology so that the community residents can receive specialized care close to home.

Sliding Fee Scale Clinics

Morgan County Health Department offers services on a sliding fee scale. Some of these services include women's health, breastfeeding counseling, health education, family planning, sexually transmitted disease testing, WIC, pregnancy, immunizations, mammogram waiver programs, and blood pressure screenings. There is a new program called DOC which stands for diabetes, obesity and cardiovascular health. This program has free classes once a month and helps participants get off diabetes medications and blood pressure medications through lifestyle changes.

TenderCare Clinic is a federally qualified health clinic (FQHC) and offers services on a sliding fee scale based on income. Some of the main services offered include, primary care, dental, and pharmacy services. The clinic is located 16 miles away in Greensboro, GA. The medical care offered includes family practice, pediatrics and newborn well baby care, internal medicine, women's health care, outpatient surgery, urgent care, on-site lab services, and occupational medicine.

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having a shortage of primary care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). The HPSA score was developed for use by National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 1 to 26 where the higher the score, the greater the priority. Medically Underserved Areas/Populations (MUA or MUP) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/ or elderly population. The designation guidelines for medically underserved areas are based on a scale of 1 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Each service area found to have a score of 62 or less qualifies for designation as an MUA. Morgan County is considered an MUA based on its Index of Medical Service Score of 39.10.¹⁰⁸

Mental Health

Morgan County has facilities outside the County that provide mental health and substance abuse services. The community reported a lack of local mental health facilities.

- » Advantage Behavior Health Services is an outpatient mental and behavioral 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.

Professional Shortage Areas as of January 2019

	Morgan County
Primary Care Shortage	✓
Mental Health Shortage	✓
Dental Health Shortage	✓

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

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.¹⁰⁹ 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, Oconee House, and Morgan Medical Center Swing Bed Program.

Transportation

Morgan County has a land area of 355 square miles.¹¹⁰ There is public transportation system in Morgan County that is operated by the county. Medicaid transportation is available, but the service must be called in advance. 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. Individuals 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.¹¹¹

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.¹¹² 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.¹¹³

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews.



Access to Care

- » Transportation is always the biggest barrier to accessing care.
- » The poverty rates are lower in Morgan County compared to other counties that have similar demographics. This makes it more difficult to raise awareness for families who are struggling because it is just not as common.
- » There is a need for more access to primary care doctors.
- » There are not a lot of specialists locally, but this is very common in more rural areas.
- » There are a lot of patients who are not able to travel to see specialists in Athens or Atlanta.
- » There are a lot of patients who are underinsured, meaning they have a high deductible like \$10,000 before their insurance starts to pay.
- » There are a lot of uninsured residents in Morgan County.
- » There are a lot of kids who do not have access to food. During the school year they receive two meals from the school breakfast and lunch, but during the Summer months there is a need to provide more meals to these children.
- » It would be helpful to put an urgent care center near areas of population that do not have transportation.
- » The poorer individuals are more likely to call an ambulance.
- » There is a need for pediatricians locally. A lot of underserved children do not go to the pediatrician because their parents would have to drive to get the care.
- » A lot of individuals are unaware of the all the available resources.
- » It would be helpful to have classes on lifestyle and healthy eating.
- » There is a need for low cost clinics for those who do not have health insurance or have the high deductible plans.

Access to Care

- » Everything comes down to public outreach. Morgan County does not really have local newspapers or a local television station, so it is really up to social media to get the word out about community events or resources.
- » There is a need to address the over-utilization of ambulance service for non-urgent care.
- » There are some areas of the county that take a long time to get to.
- » There is a stigma associated with getting free care.
- » A lot of individuals cannot take their medication because they must choose between purchasing food or medicine.
- » There is a need for a community paramedic program that responds to targeting populations with chronic conditions like heart disease and diabetes.
- » United Way has a 211 number. It would be a good idea for everyone to get their information in that resource to make it centralized and specific to Morgan County.
- » There are no OBGYNs or pediatricians in Morgan County. There is a need to communicate the available resources for these providers in nearby counties.
- » Morgan County has county-wide transit that provides transport from your house to wherever you need to go. There are a lot of individuals that use it, but then again a lot that are unaware of this service.
- » There is a need for education on available insurance options especially for children under 18 years of age.
- » Access to care is an issue because health insurance is so expensive, or deductibles are so high which prevents one from seeking care.
- » There is lack of accountability among a lot of parents for their children's healthcare.
- » Private pay patients usually have issue affording medications or a primary care physician.
- » The cost for a private pay patient to visit a primary care physician is \$170 which is very cost prohibitive for this population group.
- » There is a cardiologist that comes once every two weeks to the hospital. There is an orthopedic that comes twice per week. There is also a urologist that comes one time per week.

Access to Care

- » Individuals who cannot afford a doctor, cannot afford a vehicle or gas to get there.
- » Lifestyle choices which includes smoking, lack of seatbelts, and sedentary lifestyles are the biggest priority.
- » There are a lot of non-urgent calls to EMS. Individuals know the key words to use like "chest pain" to get EMS to come.
- » There is a lack of transportation for individuals who need transportation outside the county to specialists.
- » There is a need for low-cost primary care.
- » There is a need for lost cost medication resources.
- » A lot of individuals use the ER because they do not have to pay.
- » There is a need for more access to care. Transit should offer longer hours to accommodate individuals who work later shifts.
- » There is a need for extended hours for transportation and extended hours for clinics.
- » There is no local pediatrician. The closest pediatrician is about 25 miles away. General pediatric immunizations at the health department. The hours are not convenient for this. People are always looking for pediatrician or pediatric dentists. Watkinville or somewhere else.

Access to Care (Resources already in place)

- » Family Wise is a great resource to obtain lower cost medications.
- » Morgan Medical Center works with Piedmont Athens which helps increase access to specialists.
- » The closest free clinics for primary care are in Greensboro or Athens.
- » There is going to be fitness trail from the city out to the high school.
- » The health department has free birth control and also the breast cancer and cervical cancer screening programs.

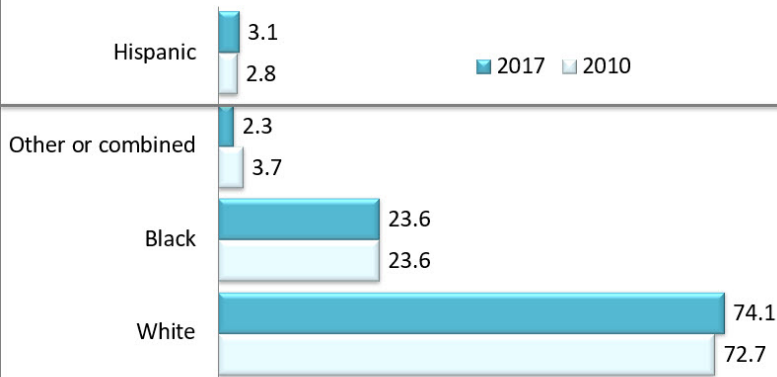
SPECIAL POPULATIONS

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

Population Percentages by Race/Ethnicity
Morgan County- 2010, 2017



Data Source: U.S. Census Bureau

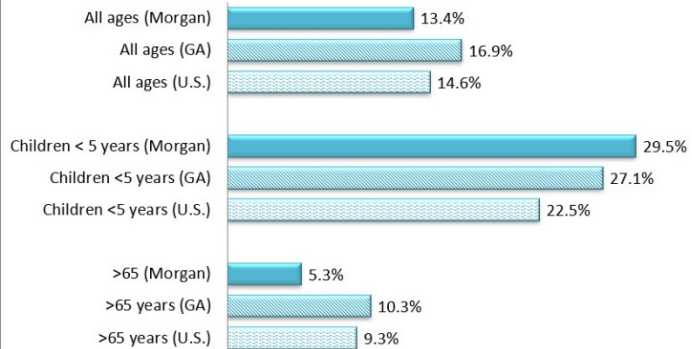
The Hispanic population represents a very small percent of the population in Morgan County. Please reference the Community Input section on Hispanic Population.

Although the Black and White populations represent most of the overall population, very little insight was shared why certain health disparities exist in one group compared to the other.

The poverty rates in Morgan County were highest among the children under 5 population.

Overall, 13.4 percent of Morgan County's population is in poverty. Although lower than Georgia and U.S., many residents reported a need for more services for those in poverty.

Percentage of People Whose Income Was Below Poverty Level in Last 12 months – 2013-2017

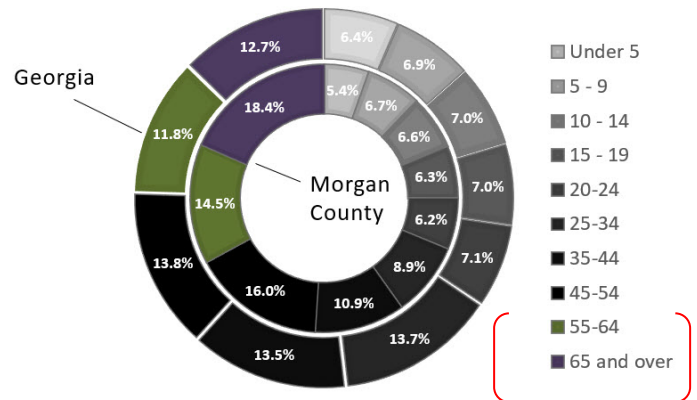


Data Source: U.S. Census Bureau

Senior Health

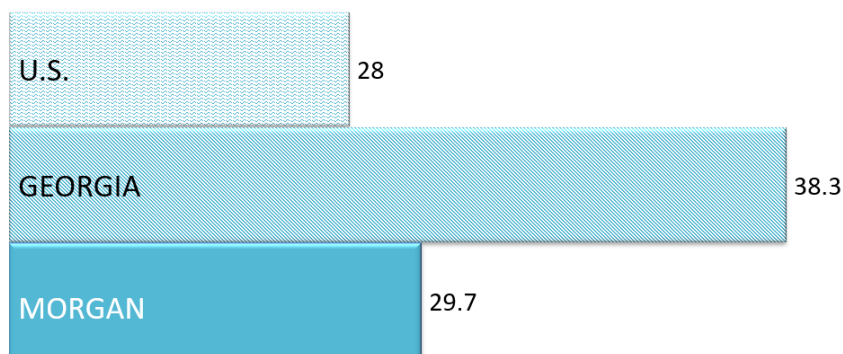
The population proportion of those aged 55 and over in Morgan County is approximately 33 percent or one in three individuals. Georgia's proportion of those aged 55 and older is roughly 25 percent or one in four individuals.

Population Percentages By Age Groups, 2017
Morgan County and Georgia



Data Source: U.S. Census Bureau, ACS Demographic and Housing Estimates, American Community Survey 5-Year Estimates, 2017.

Leading Causes of Death – Alzheimer's
2013-2017
(Age-Adjusted Rates Per 100,000 Population)



Data Source: Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

Although Morgan County had higher proportions of adults 65 and older compared to Georgia, the Alzheimer's disease death rate was lower compared to Georgia, but higher than the U.S.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews.



Senior Health

- » The community needs to prepare more for the residents who are aging in place.
- » Caregivers of Alzheimer's loved ones need a lot of support.
- » There is a need for better senior healthcare for Alzheimer's or dementia in this community. Wellbridge will help fulfill this need.
- » There is a need for better collaboration between nursing home care and senior living care facilities.
- » There is a large segment of the population that is retiring, and we should use that population group to help inspire the community and educate the community about what is available.
- » There is a need for programming and education on Senior isolation and loneliness.
- » There is a need for quality affordable personal home care.
- » There is a need for a geriatric psychiatric facility that is local.
- » There is a need for affordable and quality housekeeping or homecare services.
- » The WellBridge Memory Care is a nice facility but not focused on low income. They do not accept Medicaid.
- » Diabetes, high blood pressure and stomach issues are the common issues seen among the senior population in the senior center.
- » The Senior Center focuses on nutrition, but individuals are in the mindset that they are older, and it doesn't matter what they eat.
- » Seniors do not follow up with their discharge instructions. They need family member or friend to assist them in following up.
- » There is a lot more diabetes and high blood pressure issues among Black Seniors compared to other groups.

Senior Health

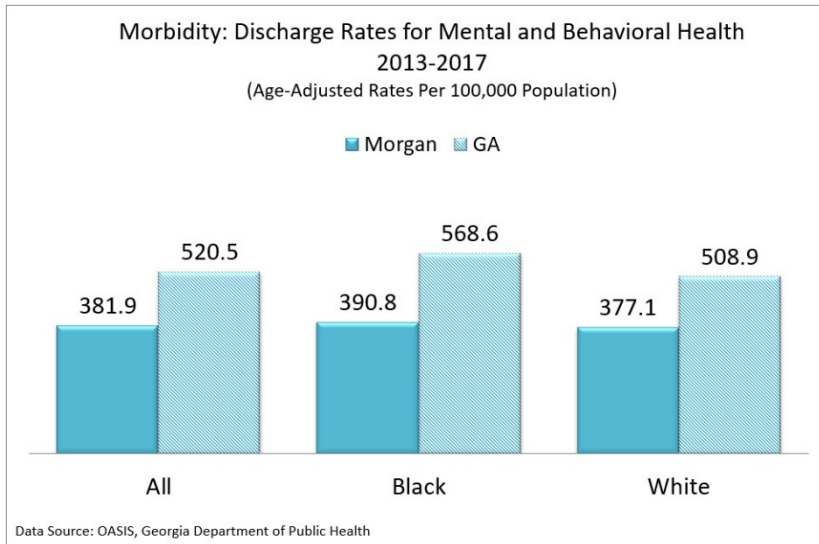
- » Transportation to cancer care is a barrier to care. Transit does once a month cancer transport to Athens. Senior members can have Mondays and Thursdays to do shopping or run errands. The transit provides transportation services for anyone to see their doctor.
- » Dementia and Alzheimer's are major issues, but it is expensive to put a loved one in memory care.
- » There is a need for more collaboration with the Senior Center and hospital (hospital to help provide education) on prevention of falls, etc.

Senior Health (Resources Available)

- » There is a geriatric psychiatric facility in Snellville, Atlanta, and Ridgeview in Monroe.
- » Advantage Health in Athens offers outpatient mental and behavioral health care for Seniors, but there is nothing local.
- » Senior Lakes community offers low-income housing for residents for age 55 and older.
- » There will be respite care at Wellbridge.
- » Wellbridge will offer assisted living, senior living care options, memory care, and additional services.
- » Wellbridge is going to have a memory care service for those who suffer from Alzheimer's or dementia. There is a partnership with UGA that will be a model for this type of care.
- » There is an Aging in Place group that meets every other month to compile a list of resources in Morgan County for the senior population. Comprised of individuals from the County, Wellbridge, Hospital social worker, nurses, etc.
- » Meals on Wheels provides lunch for homebound seniors.
- » Some people think the Senior Center is a daycare center for seniors. It is a recreational center for seniors who can live and interact independently.
- » There is a Senior day care center in Athens through the Athens Community Council on Aging. There is a lack in Morgan County of a senior day care center.
- » Georgia Cares comes into the Senior Center to discuss changes in Medicare. If a Senior wants to lower the cost of their prescription's assistance can be provided. There are many services available through the Area Agency on Aging.

Mental and Behavioral Health

Mental and behavioral health conditions include disorders related to psychoactive substance use, Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders, mood [affective] disorders, anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders¹¹⁴.



Morgan County had a lower discharge rate due to mental and behavioral health compared to Georgia.

COMMUNITY INPUT

The following paraphrased comments are based on feedback from Morgan County community focus groups and key stakeholder interviews.

Mental and Behavioral Health

- » There is a lack of mental and behavioral health services in Morgan County.
- » A lot of lifestyle issues lead to the mental and behavioral health issues.
- » There are a lot of calls to the police department that are mental health issues.
- » There is a need for low cost mental health resources.
- » There is a need for education on the stigma of mental and behavioral health.
- » There is a lack of mental and behavioral health providers in Morgan County.
- » There are some mental health services that are only available to those who are insured.
- » There have been three suicides in the last few months.

Mental and Behavioral Health

- » There are available resources in Greene County for mental and behavioral health.
- » There are some mental health services that are only available to those who are insured.
- » Mental and behavioral health is a constant battle within the law enforcement community. A lot of the crime is related to mental and behavioral health or substance abuse.
- » There is a need for more education and communication to address mental health and suicide. There is a need to take the stigma out of this.
- » Stress can be managed, but a lot of individuals do not know how to self-manage.
- » There is a need to compile all the mental and behavioral health community resources and get them to Sheriff's Office or the Senior Center.
- » There is a need for community awareness on how to identify mental and behavioral health incidents and who to contact.
- » The cost of drug rehab is out of reach for most.
- » There are no local resources for drug rehab, but it is best to get far away from the local source of the drug abuse.
- » There is a drug rehab center in Monroe.
- » Approximately 70 percent of people admit to some type of mental health condition.
- » There is Good Samaritan Counseling that comes to the United Methodist Church to see clients.

PRIORITIES

About Community Input

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

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

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

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

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

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

The objective was to conclude the session with the top three to five health priorities identified and agreed to by the participants, (i.e., the health issues 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

Two community focus group meetings were conducted on April 24th and April 25th, 2019.

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 group.

1. Access to Care
 - a. There is the need for a centralized resource directory and communication and collaboration of available resources.
 - b. There is a need for low or reduced cost primary care options and/or communication of these available resources.
 - c. There is a need for low cost medication resources and/or communication of these available resources.
 - d. The EMS in Morgan County is overused for non-urgent calls and care.
2. Mental/Behavioral Health and Substance Abuse
 - a. There is a need for mental/behavioral health providers and facilities in Morgan County.
 - i. There is a need for communication of available resources for this in nearby cities.
 - b. There is a need for communication and awareness of available resources for substance abuse.
 - c. There is a need for more education and awareness of mental/behavioral healthcare treatment options, as well as, signs and symptoms of disorders or diseases to overcome the stigma associated with it.
3. Lifestyle
 - a. There is a need for education on personal accountability and taking charge of one's health status. There is a need to incentivize healthy behavior.
 - b. There is a need for education on low-cost healthy cooking options.
 - c. There is need for general lifestyle education (including sex education) for teens.
 - d. There is a need for communication of low-cost recreation resources.
4. Senior Health
 - a. There is a need for quality and affordable personal home care options to care for the Senior population.
 - b. There is a need for awareness and communication of available resources for the Senior population.

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 identified the following priorities.

- Lifestyle/obesity
- Access to Care
- Mental and Behavioral Health
- Senior Health

Approval

Morgan Medical Center's Board approved this community health needs assessment through a board vote on June 27, 2019.

Special Thanks to Community Participants

Morgan Medical Center would like to thank all the individuals who participated and for their generous contribution of time and effort in making this Community Health Needs Assessment (CHNA) a success. Each person provided valuable insight into the health needs of the general community, as well as for specific vulnerable population groups. Community participation included participating in one of the three one-on-one key stakeholder interviews or attending one of the two focus groups held on April 24th or 25th, 2019. There were over 40 community participants who attended these events.

Also, special thanks to Morgan Medical Center's Community Health Needs Assessment Steering Committee (CHSC) for their time and effort towards the project.

Ralph Castillo, CEO
Adam Bedgood, CNO
Kyle Wilkinson, CFO
Patrick Cook, COO
Megan Morris, Director of Development and Community Relations
Sarah Phillips, Director of Human Resources

Morgan Medical Center and the CHSC look forward to the continuation of this collaborative project with our community. So many great ideas were shared during this process. The CHNA is just the beginning of our efforts to help understand the community's health needs. We look forward to working together on the activities and programs that will be designed to help address the health needs of our community.

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

Arbor Terrace of Athens

170 Marilyn Farmer Way | Athens, GA 30606 | 706-621-4260

Benton House

7155 Dearing Road | Covington, GA 30014 | 770-788-6660

Great Oaks

920 Highway 138 | Monroe, GA 30655 | 770-267-7902

Marable Manor PCH

235 E. Marable Street | Monroe, GA 30655 | 404-428-2749

Madison House

167 W. Jefferson Street | Madison, GA 30650 | 706-474-3722

Oconee House

126 Parks Mill Road | Buckhead, GA 30625 | 706-474-4055

Palmshade Villa

175 Crowell Road North | Covington, GA 30014 | 770-788-9844

Remington House

1504 Renaissance Drive | Conyers, GA 30012 | 770-761-4888

Savannah Court of Lake Oconee

1061 Willow Run Road | Greensboro, GA 30642 | 706-454-0980

Whispering Pines ALF

100 E. Paces Drive | Athens, GA 30605 | 706-354-6540

BLOOD DONATIONS

American Red Cross

1.800.RED.CROSS | 1.800.733.2767 | www.redcross.org

Shepard Community Blood Center

1533 Wrightsboro Road | Augusta, GA 30904 | 706-737-4551 (bloodmobile comes to Madison)

BREASTFEEDING RESOURCES

Breastfeeding Information

www.breastfeeding.com

First Call Pregnancy Center

1531 W. Broad Street | Greensboro, GA 30642 | 706-453-1908 | www.firstcall.me (mobile unit comes to Madison)

La Leche League of GA Hotline

404.681.6342

CAR SEAT RESOURCES AND SAFETY

Morgan Medical Center

Car Seat Safety Program

1740 Lions Club Road | Madison, GA 30650 | Joseph Webb, Instructor | 706-752-2261

Auto Safety Hotline

800-424-9393

First Call Pregnancy Center

1531 W. Broad Street | Greensboro, GA 30642 | 706-453-1908 | www.firstcall.me (mobile unit comes to Madison)

CANCER SUPPORT SERVICES

American Cancer Society

800-227-2345 (preferred)

CHILDREN & FAMILY SUPPORT SERVICES

ALL GA KIDS

877.255.4254

Morgan County DFCS

2005 S. Main Street, Suite 100 | Madison, GA 30650 | 770-207-4176

Office of Child Support Services (OCSS)

877-423-4746

CLOTHING RESOURCES

Goodwill

1512 Eatonton Road | Madison, GA 30650 | 706-752-3084

Joseph's Coat

1140 Monticello Road, #300 | Madison, GA 30650 | 706-342-0444

COUNSELING

Advantage Behavioral Health

706-453-2301

Child and Adolescent Resource

706-342-3130

Samaritan Counseling Center

First United Methodist Church of Madison | Janet Beasley, M.S. | 706-369-7911

CRISIS INTERVENTION

Georgia Crisis Line

800-715-4225

National Domestic Violence Hotline

800.799.7233

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

DME & RESPIRATORY PROVIDERS

Apalachee Medical Supply and Mobility

Greensboro: 706-999-1751

Care Medical

706-354-4136/800-287-2618

Carmichael Drugs & Home Medical Equipment

770-267-2559 | Equipment 470-735-0226

Lincare

Bogart: 706-549-8968/1-800-371-8968

Medics Home Health Services, Inc.

Madison | 706-342-9236

Thrifty Mac

706-342-4141

People's (Covington)

678-658-4663

FATHERHOOD**Georgia Fatherhood Program**

770-531-4011

National Center for Fathers

800-593-3237

FINANCIAL ASSISTANCE**Salvation Army**

www.salvationarmy-georgia.org

FOOD ASSISTANCE**Angel Food Ministries**

877.366.3646 | www.angelfoodministries.com

Morgan County DFCS

2005 S. Main Street, Suite 100 | Madison, GA 30650 | 770-207-4176 |

www.dfcs.dhs.georgia.gov (food stamps)

Morgan County Health Department

2005 S. Main Street, Suite 200 | Madison, GA 30650 | 706-752-1266 (WIC Assistance)

The Caring Place

1140 Monticello Road, Suite 400 | Madison, GA 30650 | 706-342-9861

FURNITURE RESOURCES

Goodwill Industries

1512 Eatonton Road | Madison, GA 30650 | 706-752-3084
www.goodwillng.org

Salvation Army

www.salvationarmy-georgia.org

HEALTH CARE INFORMATION

Healthy Mothers, Healthy Babies | A Statewide Source for Info/Referrals

2300 Henderson Mill Road, Suite 410 | Atlanta, Georgia 30345 | 800-300-9003 | 800-822-2539
<http://www.hmhbga.org/>

Together Rx Access

800-444-4106 | www.trxaccess.com

HEALTH INSURANCE

Medicaid

Member Services: 866-211-0950
Provider Services: 800-766-4456
Eligibility: 404-730-1200
Customer Service: 404-657-5468
www.medicaid.gov

Medicare:

800-MEDICARE / 800-633-4227
Medicare Service Center: 877-486-2048
Report Medicare Fraud & Abuse: 800-HHS-TIPS / 800-447-8477
www.medicare.gov

PeachCare for Kids

877-427-3224 | www.peachcare.org

HOSPICE PROVIDERS

Abbey Hospice

215 Azalea Court | Social Circle, GA 30025 | 770-464-5858

Affinis Hospice

1612 Mars Hill Road, Suite A | Watkinsville, GA 30677 | 706-705-6000

Compassionate Care Hospice

435 Hawthorne Avenue, Suite 200 | Athens, GA 30606 | 706-369-3550

Gentiva Hospice

1199 Prince Avenue | Athens, GA 30606 | 706-549-5736

Homestead Hospice

1561 Lenru Road, Suite A | Bogart, GA 30622 | 770-725-2399

Hospice Compassus

2470 Daniels Bridge Road | Building 100, Suite 171 | Athens, GA 30606 | 706-354-1707

Pruitt Health Hospice

435 Hawthorne Avenue, Suite 200 | Athens, GA 30606

Regency-Southern Care Hospice

825 Baxter Street | Athens, GA 30605 | 706-549-5558

St. Mary's Hospice

1021 Jamestown Blvd, Ste 215 | Watkinsville, GA 30677 | 706-389-2273

HOME CARE**Amedisys Home Healthcare**

32 341 Bypass | Hawkinsville, Georgia 31036 | 478-892-0444

HOUSING / UTILITY ASSISTANCE**Georgia Dept. of Community Affairs**

Georgia Dream Homeownership Program | 800-359-4663

Georgia Housing Search

www.georgiahousingsearch.org

Low Income Home Energy Assistance Program (LIHEAP)

To verify if you are eligible, please call 800-869-1150

West Central

Vienna, Georgia 31092 | 229-268-9104

Vienna Housing Authority

700 Fitzpatrick Place | Vienna, Georgia 31092 | 229-268-4458

JOB TRAINING**Georgia Department of Labor**

LEGAL ISSUES

Georgia Legal Services
800-822-5391

LITERACY

Family Literacy Hotline
404-539-9618

Ferst Foundation for Childhood Literacy
888-565-0177

MEDICAL FINANCIAL ASSISTANCE

Division of Family & Children Services - DFCS
www.dfcs.dhs.georgia.gov

Medicaid

Member Services: 866-211-0950
Provider Services: 800-766-4456
Eligibility: 404-730-1200
Customer Service: 404-657-5468 | www.medicaid.gov

Medicare

800-MEDICARE | 800-633-4227
Medicare Service Center: 877-486-2048
Report Medicare Fraud & Abuse: 800-HHS-TIPS | 800-447-8477
www.medicare.gov

Morgan County Health Department

2005 S. Main Street, Suite 200 | Madison, GA 30650 | 706-752-1266

MEDICAL CLINICS AND CARE (SLIDING FEE)

Morgan County Health Department

2005 S. Main Street, Suite 200 | Madison, GA 30650 | 706-752-1266

MENTAL AND BEHAVIORAL HEALTH

Advantage Mental Health Outpatient Clinic

834 Hwy 11 South | Monroe, GA 30655 | 770-267-8302

Samaritan Counseling Center

455 N. Lumpkin Street | Athens, GA 30601 | 706-369-7911

SummitRidge

400 Hawthorne Lane | Athens, GA 30606 | 678-442-5858

NURSING HOME/SKILLED NURSING FACILITIES

Morgan Medical Center Swing Bed Program

1740 Lions Club Road | Madison, GA 30650 | 706-342-1667

Madison Health and Rehab

2036 South Main Street | Madison, GA 30650 | 706-342-3200

PARENTING RESOURCES

American Academy of Pediatrics

www.healthychildren.org

Children's Healthcare of Atlanta – CHOA – Strong for Life

<https://www.strong4life.com/en>

First Call Pregnancy Center

1531 W. Broad Street | Greensboro, GA 30642 | 706-453-1908 |

www.firstcall.me (mobile unit comes to Madison)

Mothers of Preschoolers - MOPS

General Info: 800-929-1287 (P) | 303-733-5353 (P) | 303-733-5770 (F)

Service/Group Info: 888-910-MOPS (6677) (P) | www.mops.org

PATERNITY

Division of Child Support Services (DCSS)

Ocmulgee Milledgeville

111 Fieldstone Drive | Suite 200 | Milledgeville, GA 31061 | 844-694-2347

PHYSICAL THERAPY / REHABILITATION SERVICES

Morgan Medical Center Inpatient and Outpatient Programs

1740 Lions Club Road | Madison, GA 30650 | 706-342-1667 | www.morganmedical.org

POSTPARTUM DEPRESSION

Georgia Crisis Line

800-715-4225 | www.bhlweb.com/tabform

Georgia Postpartum Support Network

866-944-4776

Meetup

www.postpartum.meetup.com

National Women's Health Information Center

800-994-9662 | www.4woman.gov/faq/depression-pregnancy.cfm

Postpartum Support International

800-944-4773 | www.postpartum.net

PUBLIC LIBRARIES

Morgan County Library

1131 East Avenue | Madison, GA 30650 | 706-342-1206

RECREATION

Boys & Girls Club

www.bgca.org

Morgan County Recreation Department

1253 College Drive | Madison, GA 30650 | 706-342-0588 | www.mcplayrec.org

SAFETY

Georgia Poison Control

800-222-1222 | www.gpc.dhr.georgia.gov

Safe Kids

1301 Pennsylvania Avenue, NW, Suite 1000 | Washington, D.C. 20004 | 202-662-0600 (P) | 202-393-2072 (F) | www.safekids.org

SENIORS

Morgan County Senior Center

991 S. Main Street | Madison, GA 30650 | 706-342-1614 (Meals on Wheels)

SMOKING CESSATION

Georgia Tobacco Quit Line

877-270-7867 | www.livehealthygeorgia.org/quitline

TEEN PARENTING RESOURCES

First Call Pregnancy Center

1531 W. Broad Street | Greensboro, GA 30642 | 706-453-1908
www.firstcall.me (mobile unit comes to Madison)

Young Mommies Help Site

www.youngmommies.com

TRANSPORTATION

Morgan County Transit

991 S. Main Street | Madison, GA 30650 | 706-342-1614

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