

2019



2019 Community Health Needs Assessment

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The following assessment was researched and written by:



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EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Jefferson Hospital with a functioning tool that satisfies the Internal Revenue Service (IRS) regulatory requirements under section 501(r). The CHNA not only meets the guidelines of the IRS, 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 Jefferson Hospital's 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 Jefferson County.

The assessment was facilitated 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 Jefferson 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

Jefferson County is located in southeast Georgia. The estimated population of Jefferson County in 2017 was 15,954. The city of Louisville is the county seat of Jefferson County. Louisville is home to Jefferson Hospital, which is a 37-bed 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 Jefferson County for 2013-2017, heart disease was the leading cause of death followed by cancer, accidents, chronic lower respiratory disease, and Alzheimer's 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 Jefferson County. The heart disease death rate in Jefferson County was higher than Georgia and the U.S. Stroke was the fourth leading cause of death in Georgia and the sixth leading cause of death in Jefferson 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 cancer can usually be detected early, due to known risk factors. Jefferson County had a lower cancer incidence rate compared to Georgia and the U.S. Jefferson 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 Jefferson County due to the various modifiable risk factors such as smoking, poor diet, and lack of physical activity. Lung cancer had a higher incidence rate in Jefferson County compared to the U.S., but the County's rate was lower than the Georgia rate; however, death rates due to lung cancer were higher in Jefferson County than either Georgia or 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 mishaps, suffocations, falls, fire, or drowning. Accidents were the third leading cause of death in Jefferson County. The accident death rate was higher in Jefferson 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 Jefferson County. The chronic lower respiratory disease death rate in Jefferson County was higher than the rates in both Georgia and the U.S.

ALZHEIMER'S DISEASE

Alzheimer's disease was the fifth leading cause of death in Jefferson County. The percentage of the county's population that is age 55 or older is over 30 percent (which is more than 24 percent higher than the rate for Georgia).

MATERNAL, INFANT AND CHILD HEALTH

Birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. The infant mortality rate for Jefferson County was higher than for Georgia during the period 2013-2017. The teen birth rate in Jefferson County was higher than the Georgia and U.S. rates. The teen birth rate among Black females was higher than rate for White and Hispanic females in Jefferson County.

ALCOHOL, TOBACCO AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. Jefferson County schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, cigarette use, methamphetamine use, prescription drug, and marijuana use behaviors compared to Georgia. Electronic vape use was lower in Jefferson County compared to Georgia.

SEXUALLY TRANSMITTED DISEASES

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

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 26.9 percent of Jefferson County's population was below the poverty level. Approximately 18 percent of Jefferson 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 88 percent of Jefferson 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.

Local infrastructure and public transit affect access to health care. Without a public transit system, many Jefferson County residents rely on friends and family members for transport. Medicaid transport is available for qualified patients that have Medicaid.

Community Health Indicator Report

A Community Health Indicator report (key findings) reflects the changes in the major health indicators of Jefferson 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

	Jefferson	State	U.S.	HP 2020
MORTALITY				
All Cancer Death Rates	200.1	161.1	158.1	161.4
Lung Cancer Death Rates	85.5	42.1	40.1	45.5
Colon and Rectum Cancer Death Rates	15.7	15.1	14.1	14.5
Female Breast Cancer Death Rates	30.1	21.8	10.5	20.7
Prostate Cancer Death Rates	18.1	21.6	19	21.8
Heart Disease Death Rates	240.8	178.6	167.1	
Stroke Death Rates	41.9	40	37.1	30
Accident Death Rates	75.6	41.6	33	36.4
Chronic Lower Respiratory Disease Death Rates	58	46.3	41.1	
Influenza and Pneumonia Death Rates	27.5	15.3	14.8	
Obesity Death Rates	40.5	21.8	11.1	
Infant Mortality Rate	11	7.5	5.7	6.0
MORBIDITY				
All Cancer Incidence	432.4	454.6	441.2	
Breast Cancer Incidence	68.6	125.2	124.7	
Lung Cancer Incidence	60.7	64.9	60.1	
MATERNAL, INFANTS, AND CHILDREN				
Total Birth Rate	41.7	25.8	20.3	
Low Birth Weight	11.1	9.6	8.2	
SEXUALLY TRANSMITTED DISEASES				
Chlamydia Rate	809.8	613.7	518.8	
Gonorrhea Rate	381.1	117.8	171.9	
Syphilis (Primary & Secondary)	11.1	12.8		
HIV	17.1	17.7		
ACCESS TO CARE				
Physician Per Capita For All Ages	11.1	16.99	14.6	
Uninsured Pop. Percent	8.3	3.8	3.8	
High School Graduation (Grade 12)	88.0	82%	84%	87%
HEALTH BEHAVIORS				
Prevalence of Obesity	33.0%	30.5%	39.8%	30.5%
Level of Physical Activity	26.0%	23.6%	24.2%	32.6%
Adult Smokers%	21.3%	17.4%	16.8%	12%

HP 2010-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.

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:

- Mental and Behavioral Health/Substance Abuse
- Lifestyle/obesity
- Access to Care
- Adolescent Behaviors

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

Jefferson Hospital's Board approved this community health needs assessment through a board vote on December 2, 2019.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

IRS regulations provide 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).

Wendy Martin, CEO
Jessica Guy, Assistant Administrator
Dallas Turner, Administrative Assistant
Ansley Holloway, Marketing Director
Monica Cain, Quality Director
Nancy Cox, MD, Chief of Staff
Jennifer Tanner, PA-C, Emergency Room Physician Assistant
Paul Parrish, Rural Health Clinic Practice Manager
Becky Brown, Utilization Review, Discharge Planner, Swing Bed Coordinator
Deb Dayton, RN, Director of Nursing
Mary Sue Rachels, Consultant

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. Jefferson 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 and key stakeholder interviews 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, people important to the success of the Hospital (or a health project), or people who are community leaders. The CHSC identified three stakeholders for interviews. The stakeholders were individuals who are 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 Jefferson 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 Jefferson 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 Meeting (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 Jefferson County.

The community meetings were driven by an agenda planned in advance. Sign-in sheets and evaluations were also used. The 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 in a section of the report called "Evaluation of Impact of Actions Taken from Previous CHNA." 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 how the county levels compared to the state and U.S.

Description of Major Data Sources

Bureau of Labor and Statistics

The U.S. 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 as 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 but do 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. In general, this CHNA compared published County-level data to both the published State and U.S. data whenever possible. Careful analysis of how the data was collected insured that comparability exists. If comparability is absent, the differences are noted.

This CHNA 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.

CHNA / Implementation Strategy	Impact of Actions from 2016 to 2019
Investigate Telemedicine Services for additional specialties.	<ul style="list-style-type: none"> - Ongoing review of the Telemedicine option for specialists. - Contracted with one specialist currently.
Investigate onsite mental health services (Geripsych/Outpatient mental health).	<ul style="list-style-type: none"> - Certificate of Need was approved and in the process of applying for financing. - In discussions with the local CSB to provide an outpatient clinic on the hospital grounds.
Improve Medicaid Access/Expansion.	<ul style="list-style-type: none"> - Partnership with CRS, a group that works with our patients to enroll them in various programs to include Medicaid, SSI, etc.
Explore possibility of extended clinic hours.	<ul style="list-style-type: none"> - The Louisville clinic has extended office hours from 8:00 AM – 7:00 PM, Monday through Thursday.
Increase annual Wellness visits in PHG clinics.	<ul style="list-style-type: none"> - Wellness visit days are scheduled periodically in each of the Rural Health Clinics owned by the hospital.

ABOUT JEFFERSON COUNTY

Jefferson County is located in the Central Savannah River Area (CSRA). It is one of thirteen counties in Georgia located in this region which includes Augusta, the Savannah River, and eight counties in South Carolina.¹ Jefferson County has a total land area of 527 square miles.² According to the U.S. Census, in 2017 the population of the county was estimated at 15,954 residents.³ Jefferson Hospital 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 Louisville.



County/City/Town/Village	Population
Jefferson County	15,954 (2017)
Avera	284 (2017)
Bartow	306 (2017)
Louisville	2,648 (2017)
Stapleton	485 (2017)
Wadley	1,797 (2017)
Wrens	2,166 (2017)
Matthews	779 (2017)

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

Jefferson County includes the cities of Louisville, Avera, Bartow, Stapleton, Wadley, Wrens, and Matthews. The city of Louisville is the county seat and most populous city at 2,648 residents.

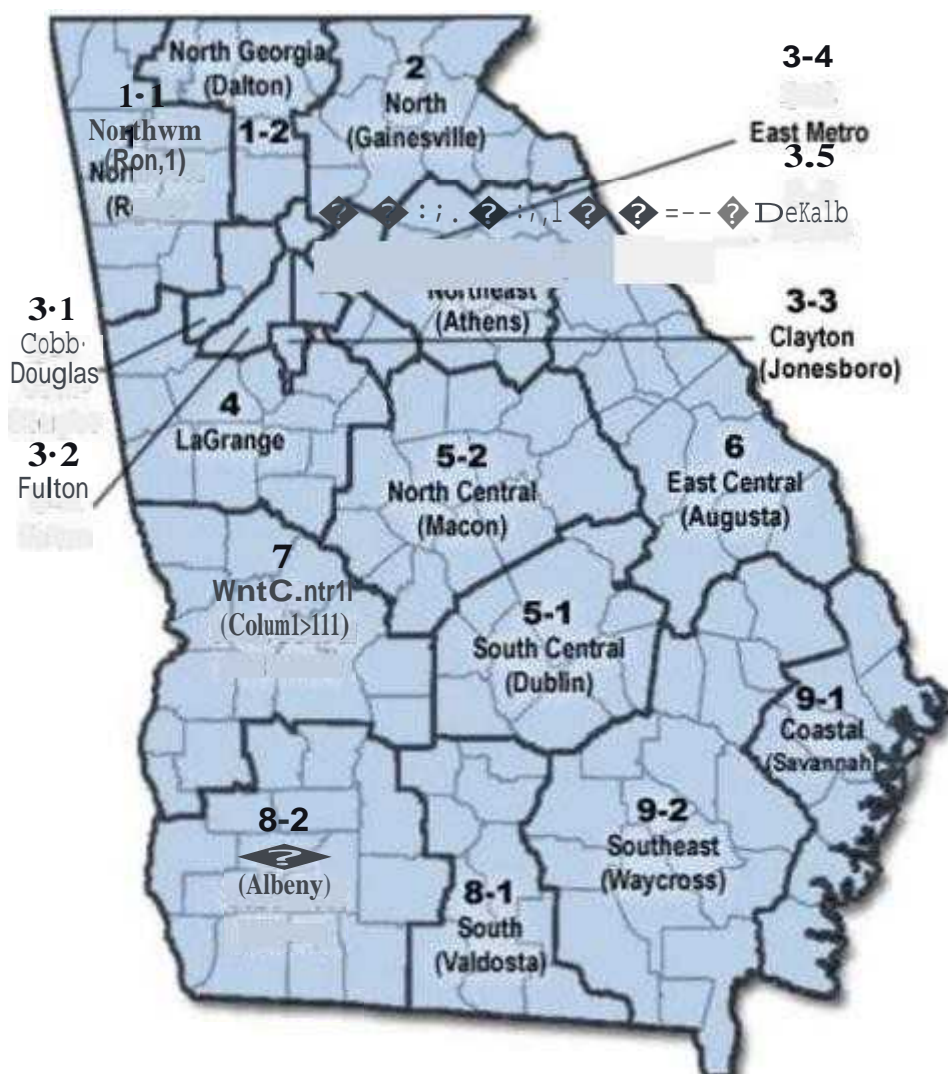
Jefferson County was created in 1796 from Burke County and Warren County. Louisville was the first permanent capital of Georgia.⁴ Jefferson County's primary industries include manufacturing, educational services, retail trade, and healthcare and social assistance.⁵



Image Source: Google Maps

Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Jefferson County is located in district 6-0 which is also referred to as East Central (Augusta). This district includes the following counties: Jefferson, Burke, Columbia, Emanuel, Glascock, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, and Wilkes.

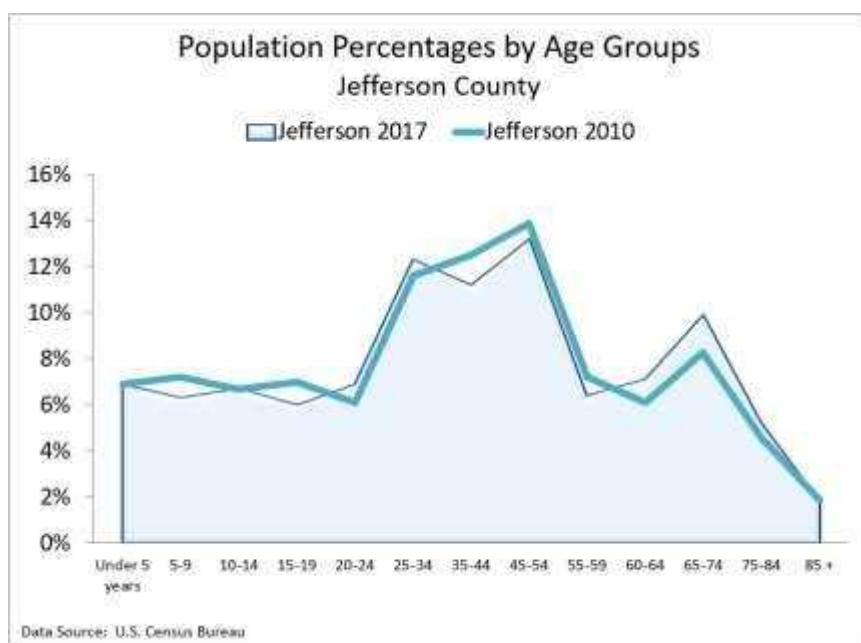
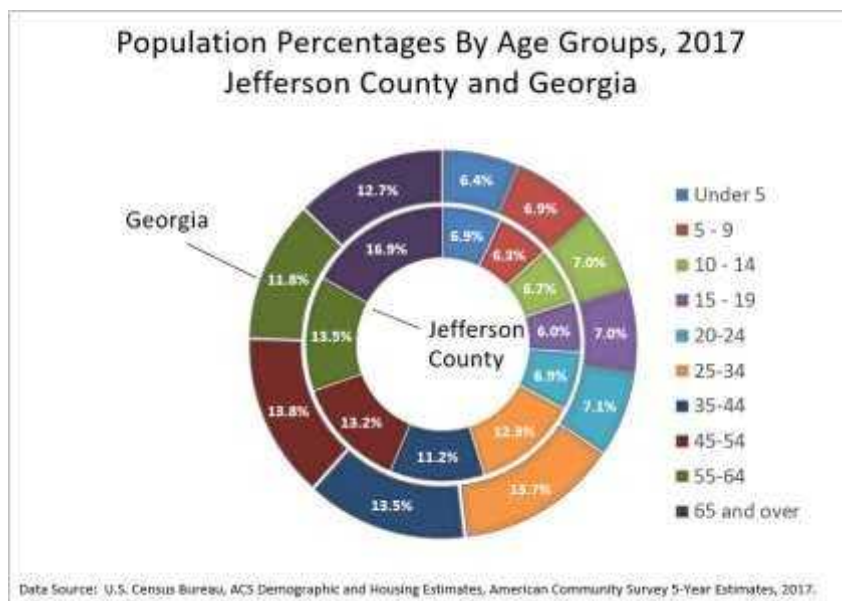


Source: Georgia Department of Public Health

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, 16.9 percent of Jefferson 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.⁶



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

Age categories with decreases:

- 5-9
- 15-19
- 35-44
- 45-54
- 55-59
- 85+

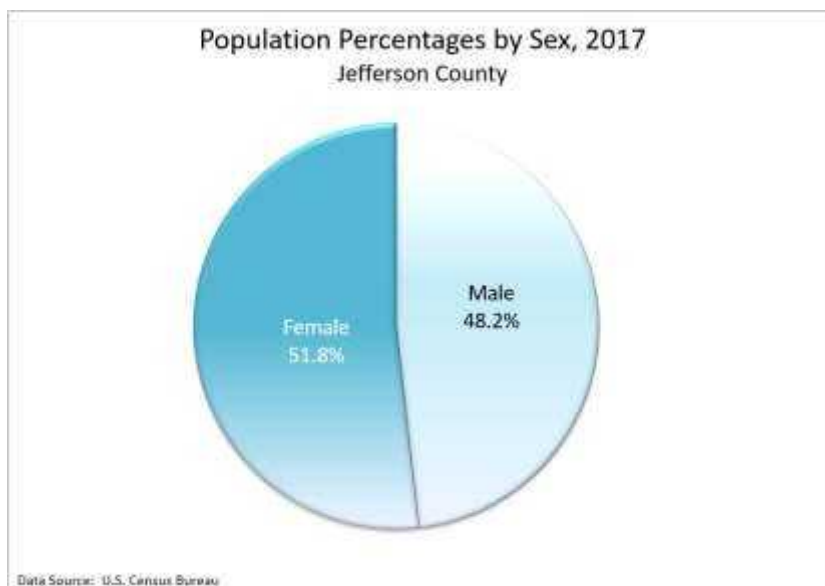
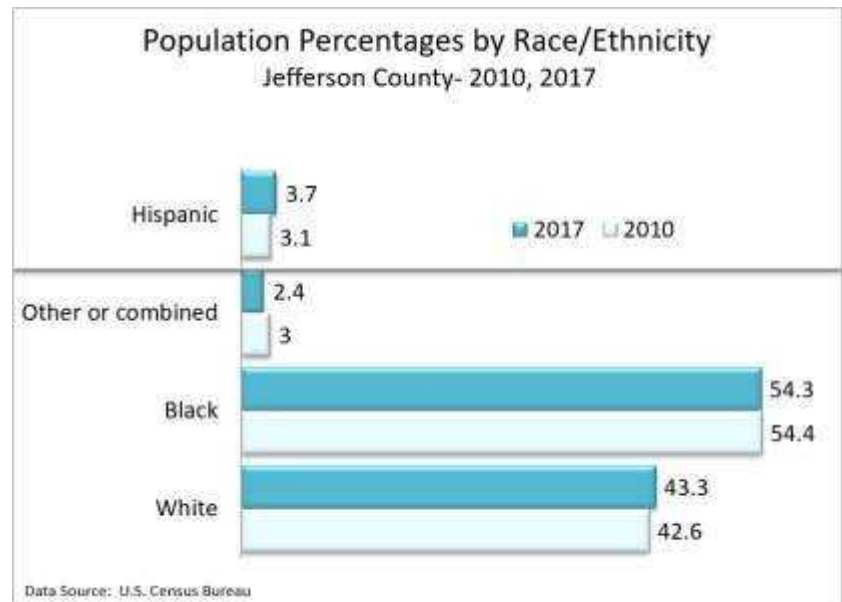
Age categories with increases or stable:

- Under 5
- 10-14
- 20-24
- 25-34
- 60-64
- 65-74
- 75-84

Race, Ethnicity and Origin Profile

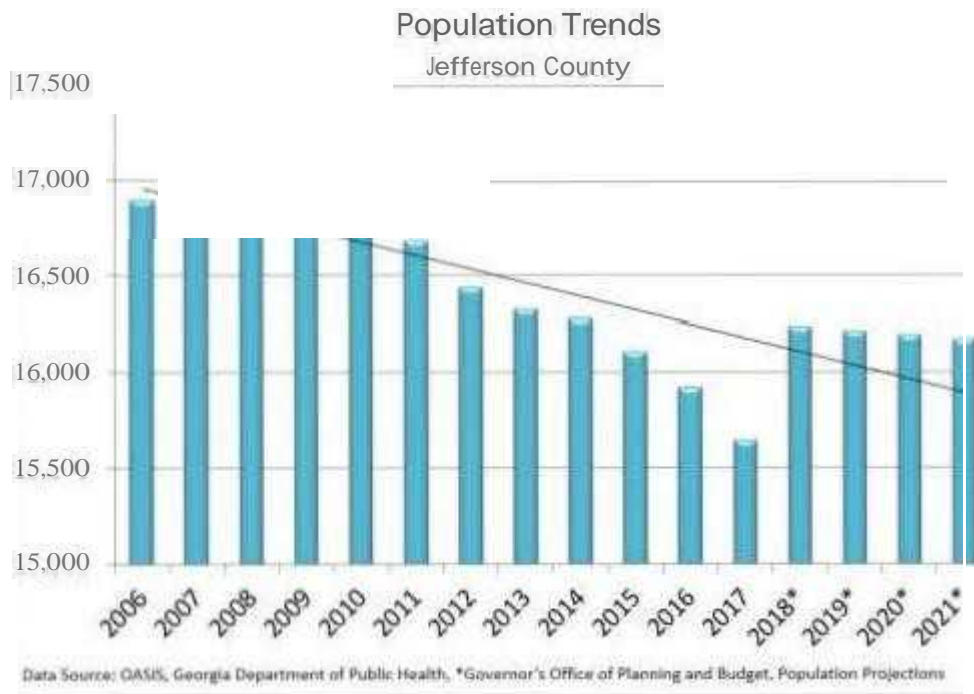
There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.⁷ Although low income disparities are evident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

According to 2017 U.S. Census data, Jefferson County's population was 43.3 percent White, 54.3 percent Black, 2.4 percent Other or Combined, and 3.7 percent Hispanic.



The percentage of females in Jefferson County was higher at 51.8 percent compared to males at 48.2 percent.

In 2017, Jefferson County's resident population was 15,648. The population is predicted to increase to 16,167 in 2021.¹⁰



COMMUNITY INPUT

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

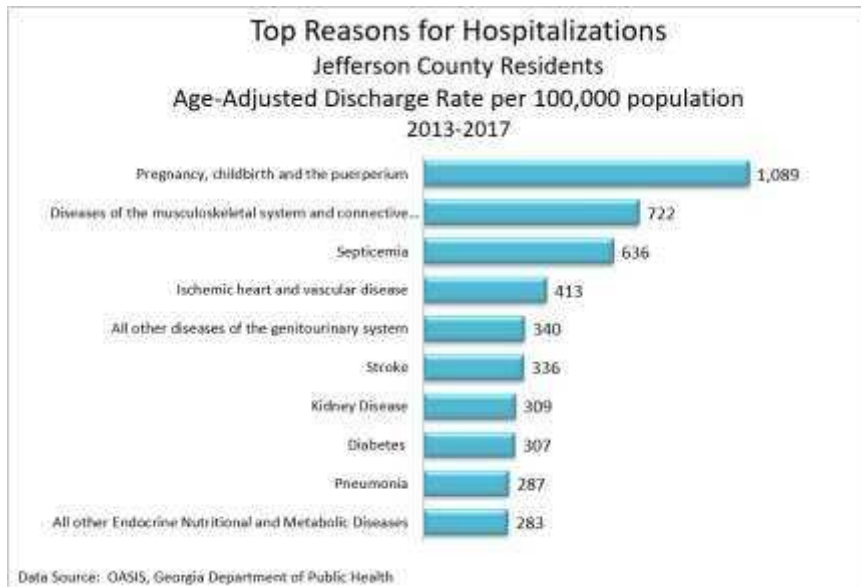
About the Community

- » Jefferson County is one of the larger counties in Georgia by land mass but has a small population.
- » Local jobs do not usually offer health insurance coverage.
- » The population of the county is getting older. Young people are leaving the county.
- » The population of the county is spread out. There is no large city in the county.
- » Jefferson County is mostly rural. A lot of people still work on farms.
- » A new poultry plant opened recently.
- » Most new jobs are in small businesses except for the poultry plant.
- » The chalk plant laid off some workers recently.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

The leading cause of hospitalizations among Jefferson County residents was related to pregnancy and childbirth. Other top causes were related to diseases of the musculoskeletal system, septicemia, heart disease, all other diseases of the genitourinary system, stroke, kidney disease, diabetes, pneumonia, and all other endocrine nutritional and metabolic diseases. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked second among the leading causes of death for Jefferson County residents.



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

Ambulatory Care Sensitive Conditions are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

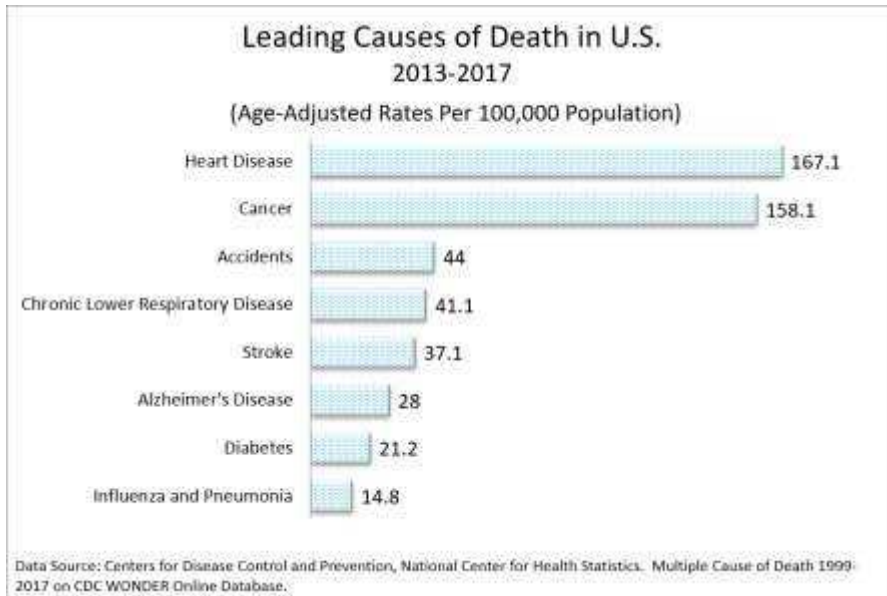
The top reasons for inpatient hospitalizations are related to “Common Ambulatory Care Sensitive Conditions”. These are conditions in which outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

The top 15 causes of emergency room visits by Jefferson 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 Jefferson 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	Pregnancy, childbirth and the puerperium
6	Motor vehicle crashes
7	All other diseases of the nervous system
8	All other mental and behavioral disorders
9	Asthma
10	All other endocrine, nutritional and metabolic diseases
11	All COPD except asthma
12	Essential (primary) hypertension and hypertensive renal, and heart disease
13	Diabetes
14	Anemias
15	Pneumonia
Data Source: QAS S, Georgia Department of Public Health	

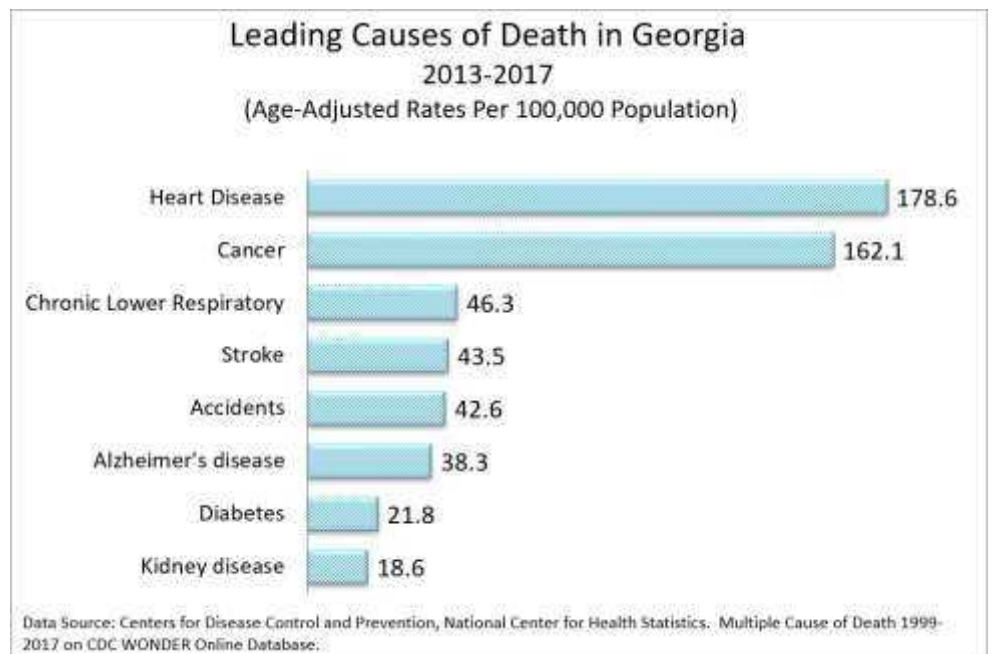
Leading Causes of Death

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.

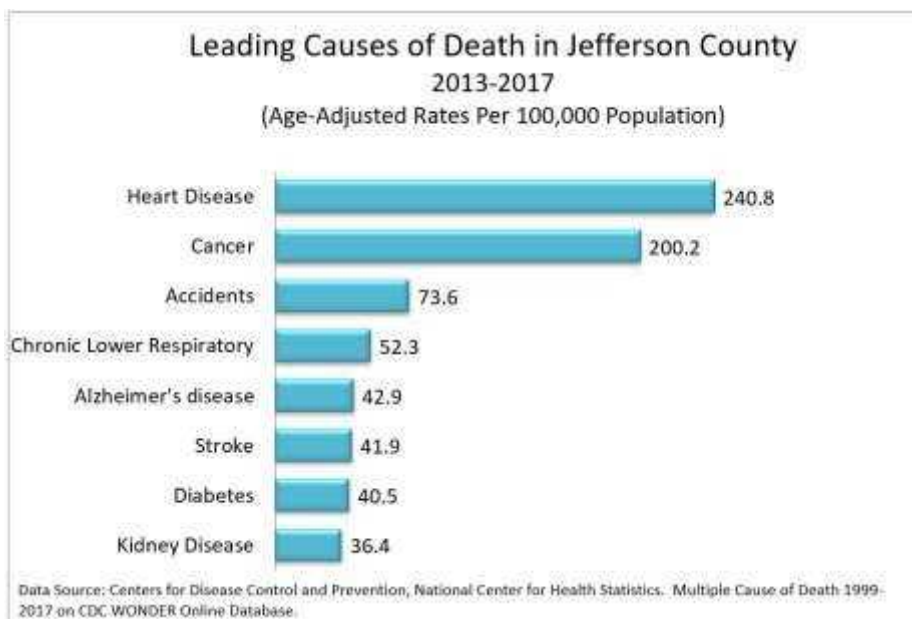


The top five leading causes of death in the U.S. from 2013-2017 were heart disease, cancer, accidents, chronic lower respiratory disease, and stroke. Heart disease and cancer rates were over three times higher than the other top five diseases.

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

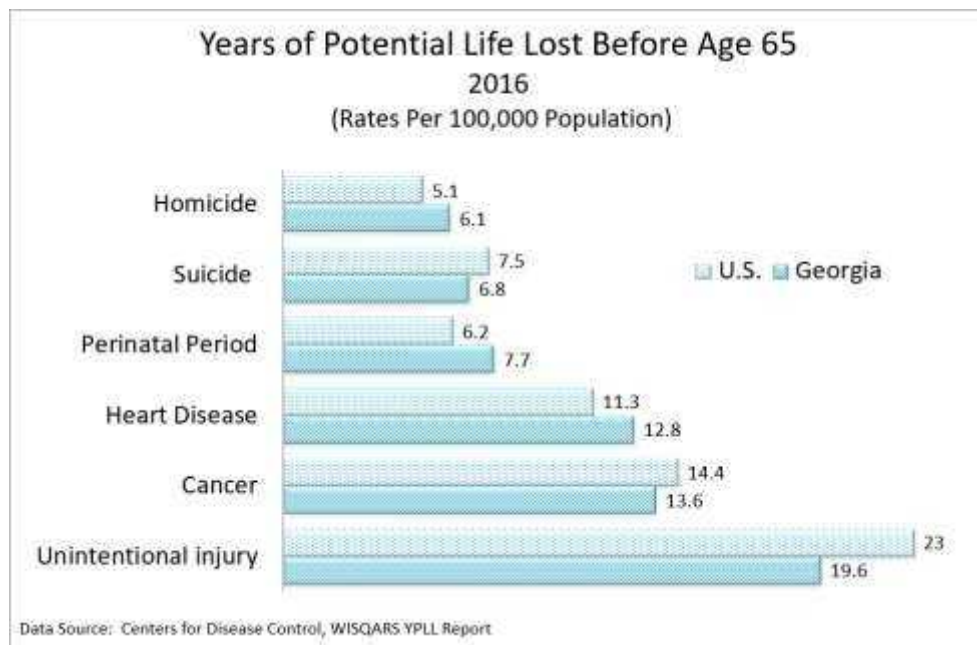


The five leading causes of death in Jefferson County were heart disease, cancer, accidents, chronic lower respiratory disease, and Alzheimer's disease.



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.¹¹ 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

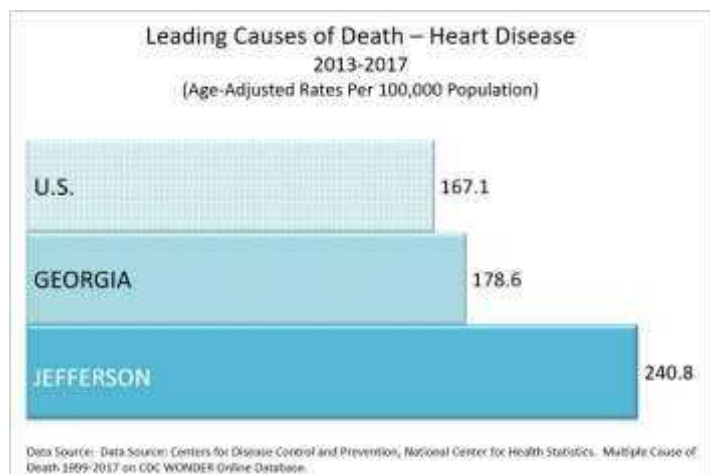
HEART DISEASE

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.¹²

Why Are Heart Disease and Stroke Important?

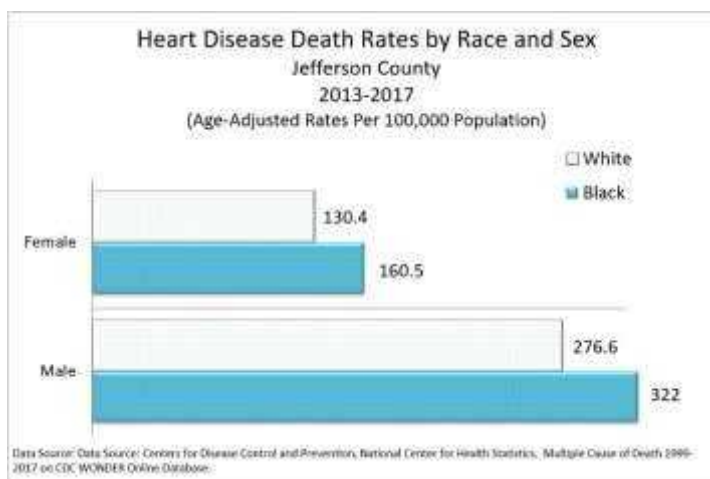
Currently more than 1 in 3 adults (85.6 million) live with 1 or more types of cardiovascular disease. In addition to being the first and fifth leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.

Healthy People 2020

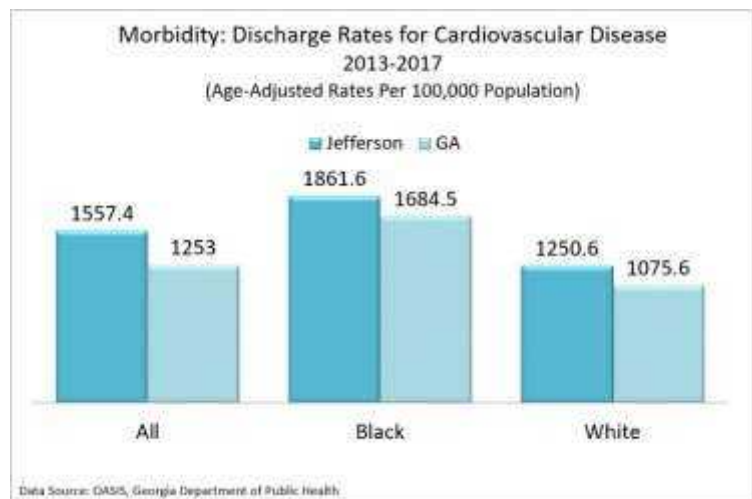


For the period 2013-2017 the Jefferson County heart disease death rate (240.8 per 100,000 population), was higher than Georgia and the U.S.

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



The hospital discharge rate for cardiovascular disease was higher in Jefferson County compared to Georgia. The hospital discharge rate among Blacks in Jefferson County was higher compared to other population groups.



MODIFIABLE RISK FACTORS

According to the 2014 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 6-0.¹³

Percentage of Population Reporting Risk 2014		
Risk Factor:	District 6-0	Georgia
Obesity	32.3	30.5
Overweight	33.9	35.2
Physical Inactivity	23.3	23.6
Smoking	21.3	17.4
Diabetes	16.3	11.6

Data Source: OASIS, Georgia Department of Public Health

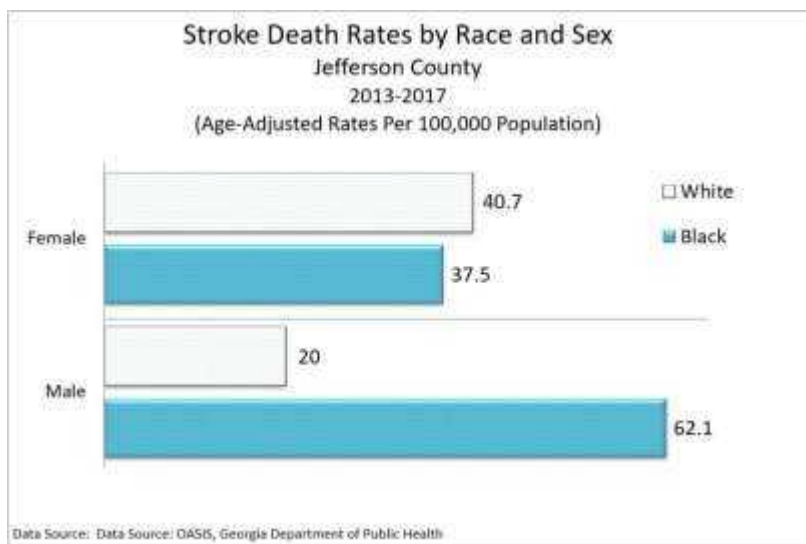
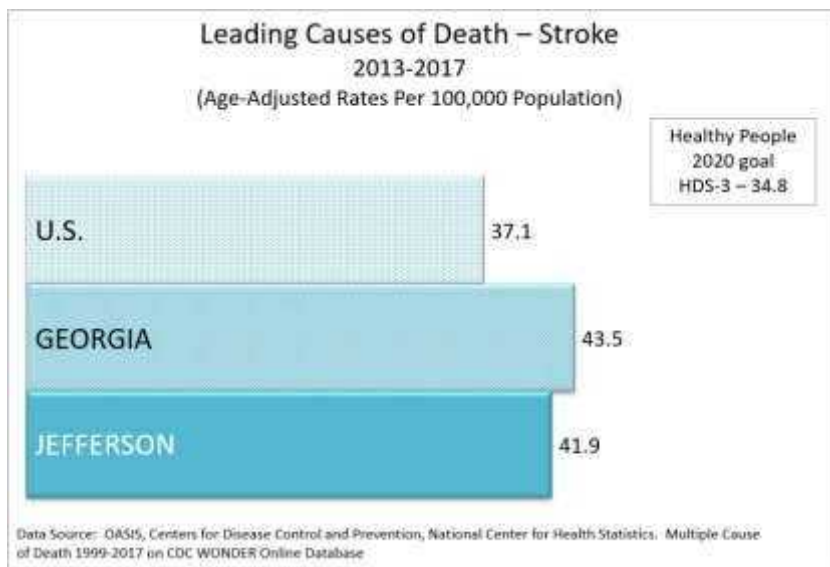


STROKE

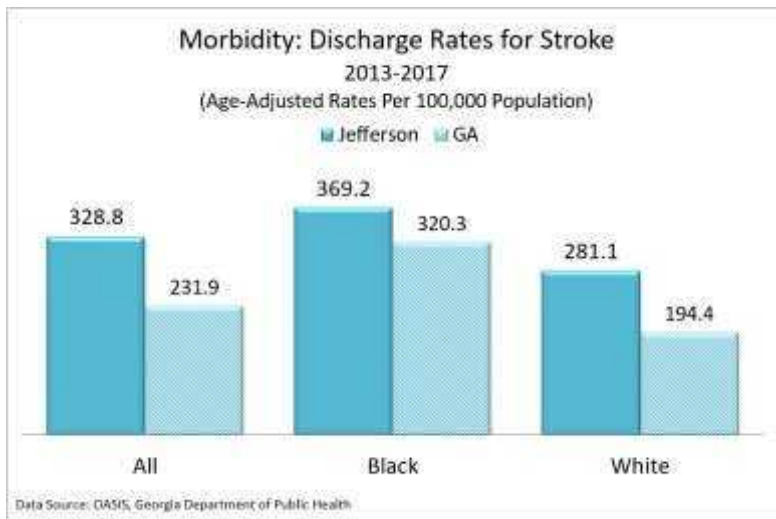
For the years 2013-2017, cerebrovascular disease (stroke) was the fifth leading cause of death in the U.S., the fourth leading cause of death in Georgia and the sixth in Jefferson County.¹⁴

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

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.¹⁵



The Jefferson County stroke death rates were highest among Black males. Overall, White males had the lowest stroke death rate compared to the other population groups.



The discharge rate for stroke among Jefferson County residents was higher than the Georgia rate. The hospital discharge rate among Blacks in Jefferson County was higher compared to other population groups.

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


Common 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 ¹⁶

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 Jefferson County community focus groups and key stakeholder interviews.

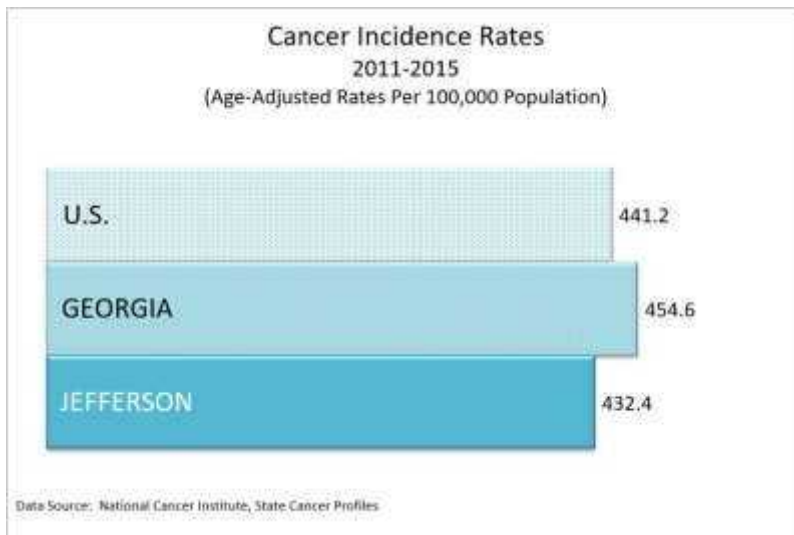
Heart Disease and Stroke

- » People will not quit smoking.
- » People do not follow what the doctor tells them to do. There is a lack of follow up care.
- » There is no self-accountability. People do not do what they need to do to take care of themselves.
- » Diet is an underlying cause of many health issues.
- » Fast food is cheaper and more convenient than eating healthy.

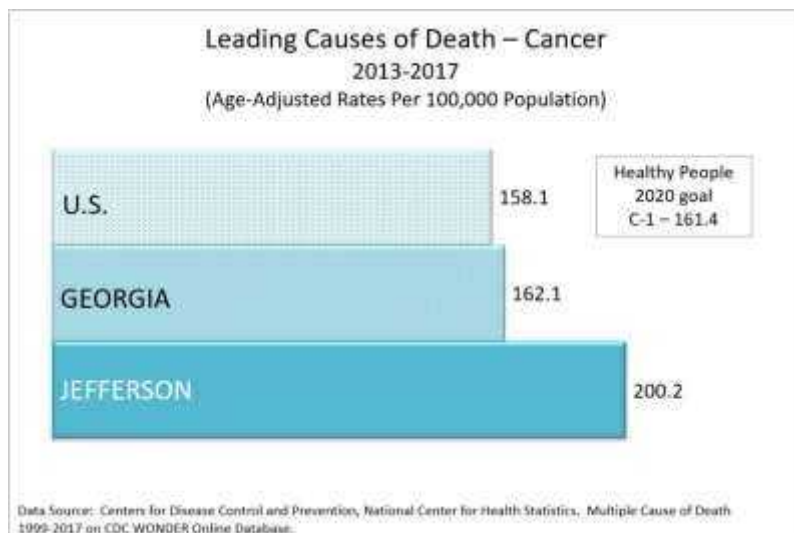
Cancer

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 2015.¹⁷ 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.¹⁸



In Jefferson County, the cancer incidence rate was lower than Georgia and the U.S.



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

Why Is Cancer Important?

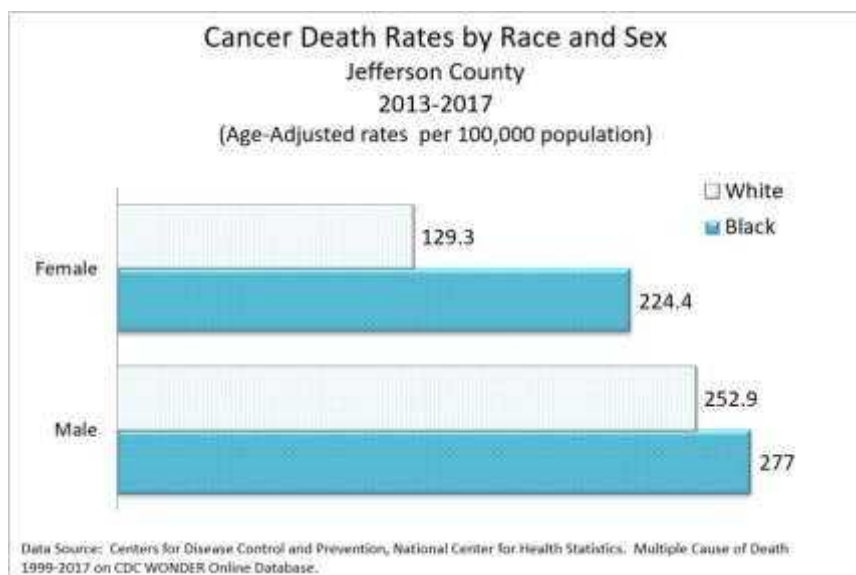
Many cancers are preventable by reducing risk factors such as:

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

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

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

Healthy People 2020



Age-adjusted cancer death rates in Jefferson County were highest among males overall. The Black male population had the highest cancer death rate (277 per 100,000 population) out of all the population groups.

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.¹⁹

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

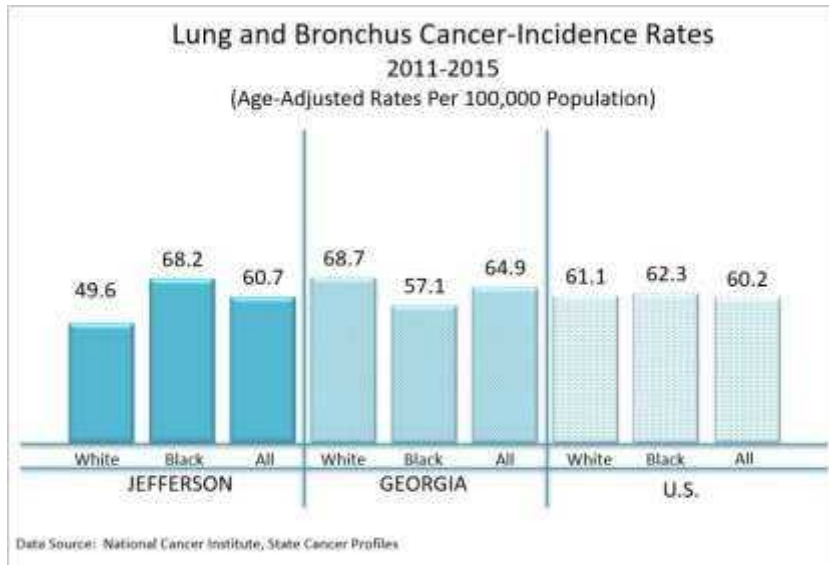
Modifiable risk factors related to cancer include tobacco, chemicals, infectious organisms, and radiation. There may also be internal factors such as genetics and hormones which contribute to the incidence of cancer.



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

Lung Cancer

According to the American Lung Association, lung cancer accounts for 25 percent of all cancer deaths.²⁰ 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).²¹



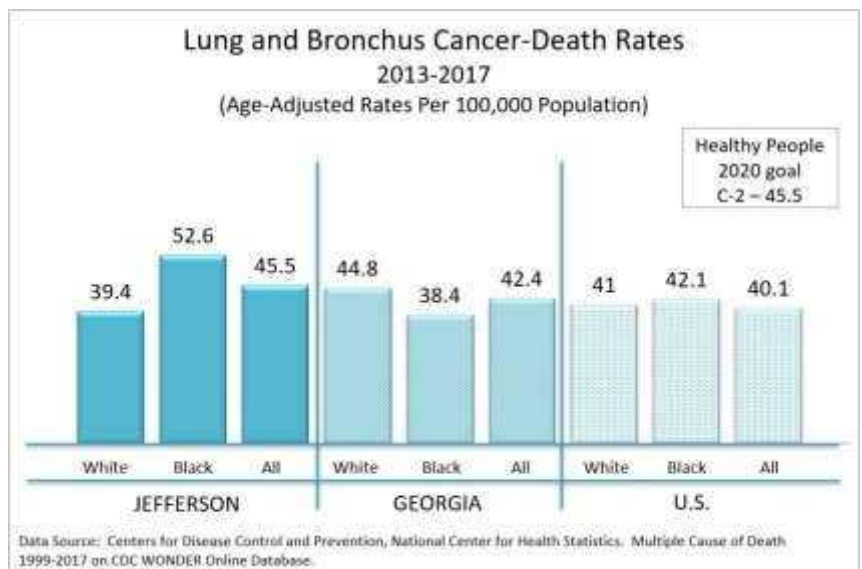
The lung cancer incidence rate was higher in Jefferson County (60.7 per 100,000 population) compared to the U.S. rate, but lower than the Georgia rate. Blacks had a higher lung cancer incidence rate compared to Whites in Jefferson County.

Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2011-2015		
	Male	Female
Jefferson	88.6	40.7

Data Source: National Cancer Institute, State Cancer Profiles

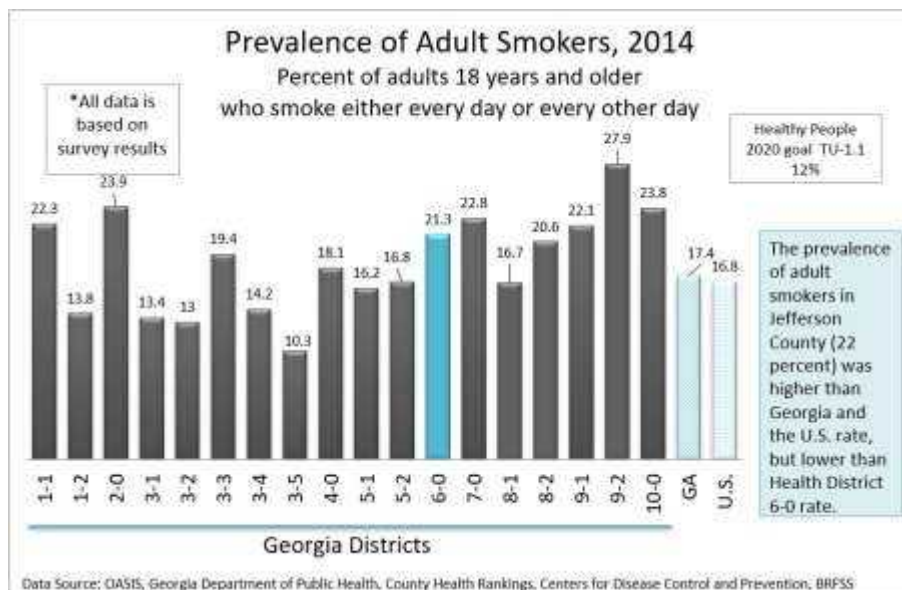
Lung cancer is the first leading cause of cancer death among both males and females in Georgia.²² According to data published from the National Cancer Institute, lung cancer incidence rates among males in Jefferson County were higher than the rates of females.²³

The overall lung cancer death rate in Jefferson County (45.5 per 100,000 population) was higher than Georgia and the U.S.



RISK FACTORS

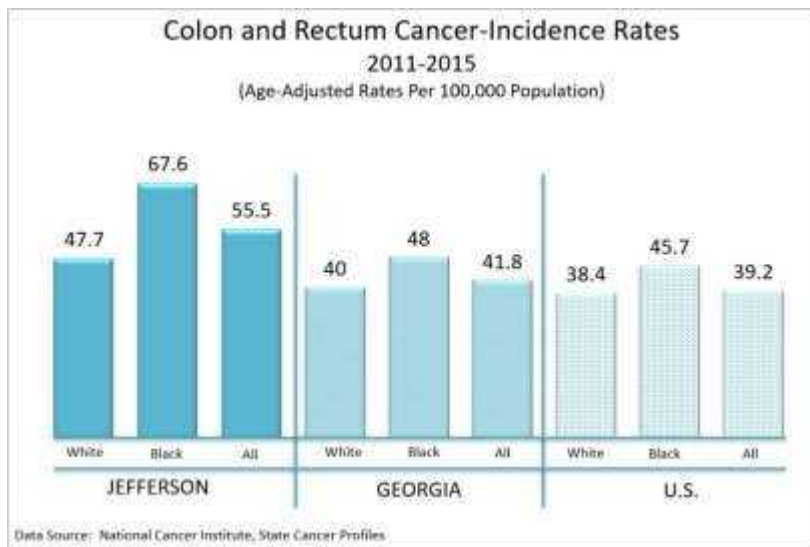
Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.²⁴



The smoking prevalence in Health District 6-0 (21.3 percent) was higher than both Georgia (17.4 percent) and the U.S. (16.8 percent). Jefferson County's rate was 22 percent.

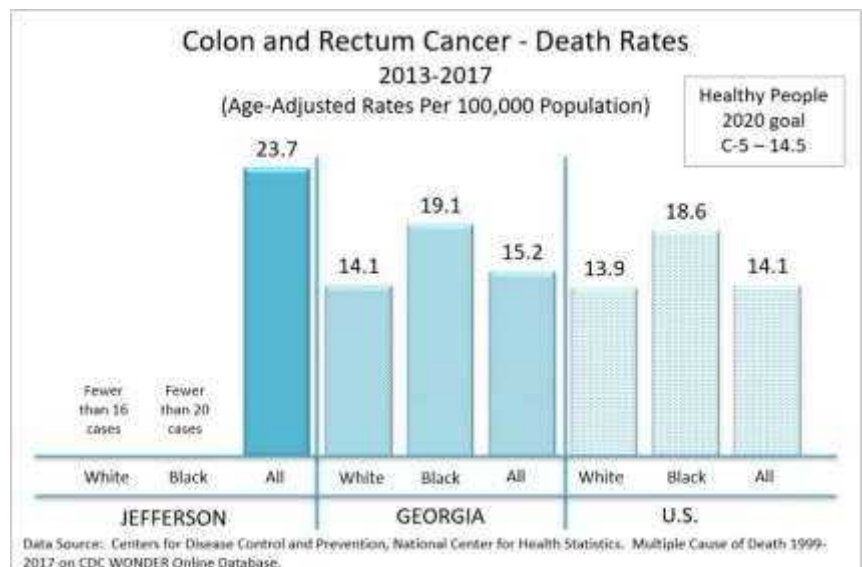
Colon and Rectum

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of male cancer deaths and seven percent of female cancer deaths were from colorectal cancer in 2018.²⁵ Death rates have declined over the past twenty years, due to improvements in early detection and treatment.²⁶ 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.²⁷



Jefferson County's colon and rectum cancer incidence rate (55.5 per 100,000 population) was higher than Georgia and the U.S. The incidence rate for Blacks was significantly higher than for Whites in the county.

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



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 vegetables²⁸

EARLY DETECTION

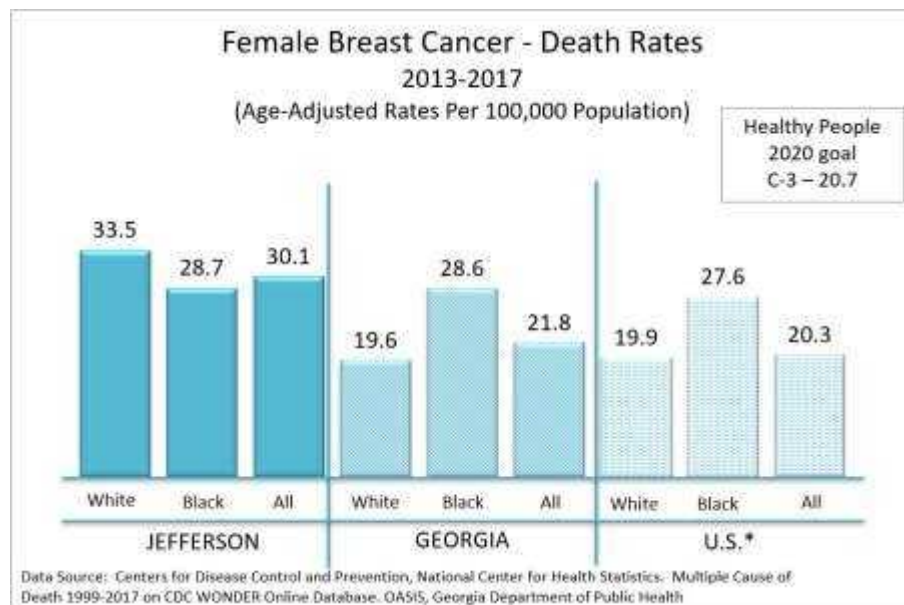
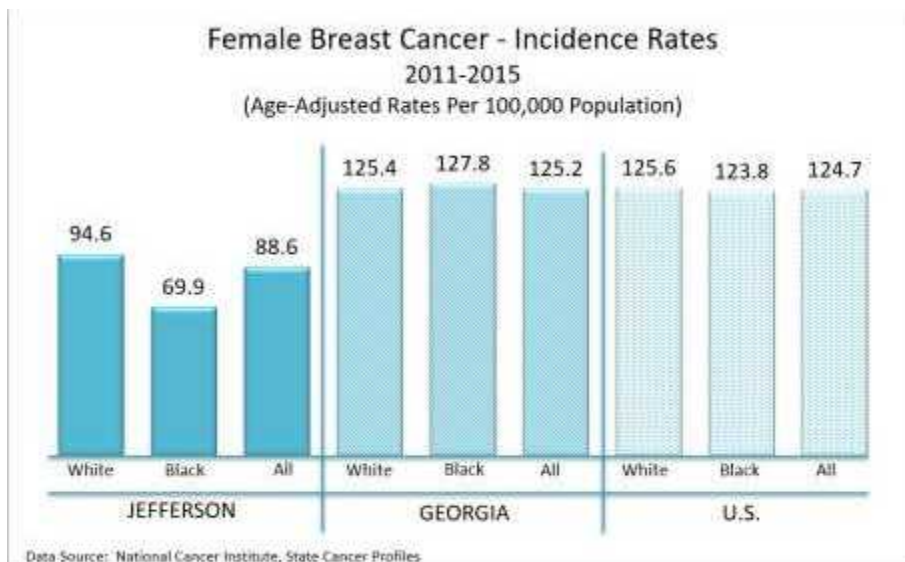
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.²⁹ The U.S. Preventive Services Task force recommends that adults 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.³⁰

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.³¹

The breast cancer incidence rate in Jefferson County (88.6 per 100,000 population) was lower than Georgia and the U.S.

White females in Jefferson County had a higher incidence rate compared to Black females.



The female breast cancer death rate in Jefferson County (30.1 per 100,000 population) was higher than Georgia and the U.S.

White females had the highest death rates in Jefferson County.

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 smoking³²

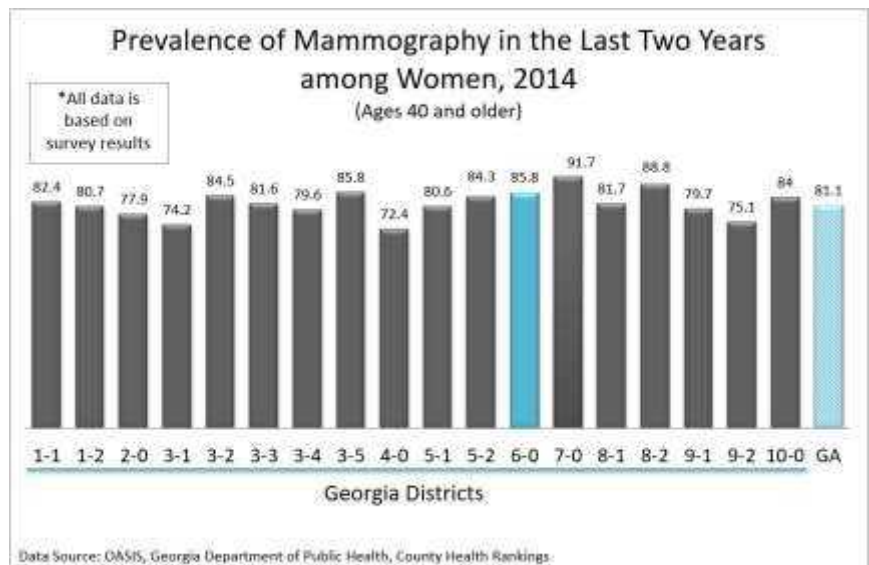
Modifiable factors that are associated with a lower risk of breast cancer include:

- » Breastfeeding
- » Moderate or vigorous physical activity
- » Maintaining a healthy body weight³³

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.³⁴

The percentage of women receiving a breast cancer screening (mammography) was higher in Health District 6-0 (85.8 percent) than the Georgia average (81.1 percent).

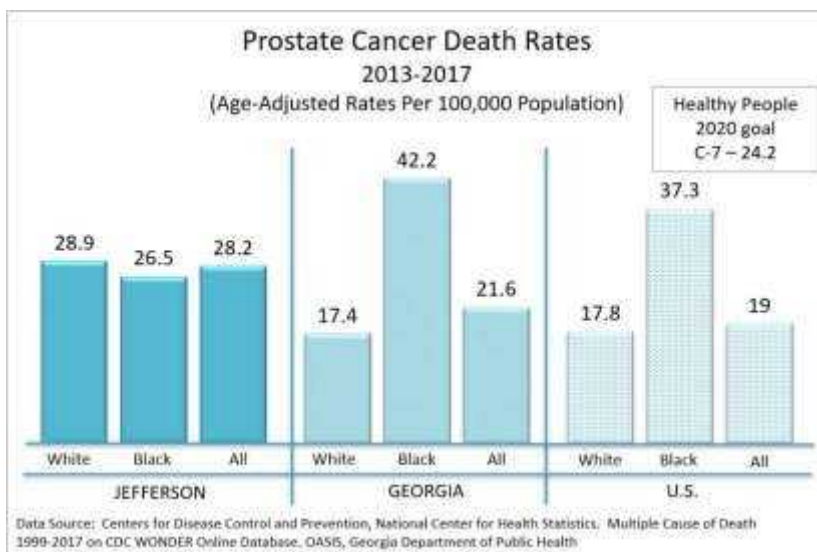
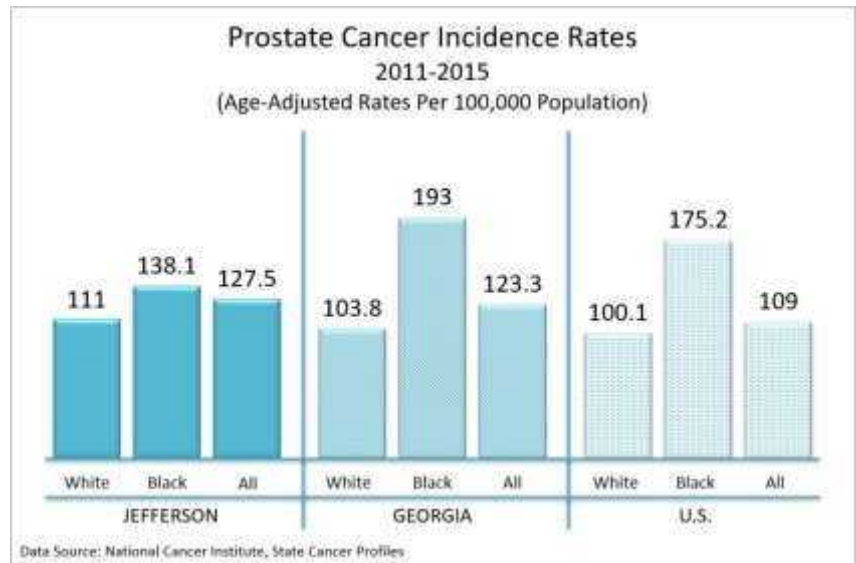


Prostate Cancer

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.³⁵

Jefferson County had a higher incidence rate for prostate cancer (127.5 per 100,000 population) than Georgia and the U.S.

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



Jefferson County had a higher prostate cancer death rate (28.2 per 100,000 population) compared to Georgia and the U.S.

Whites had a higher death rate in Jefferson County compared to Blacks. The opposite was true for Georgia and the U.S.

RISK FACTORS

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

- » Age
- » Ethnicity
- » Family history of prostate cancer³⁶

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 45.³⁷

COMMUNITY INPUT

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



Cancer

- » People will not quit smoking. They know it is bad for their health, but they will not stop.
- » This is a farming community. There are a lot of carcinogenic chemicals used on farms.
- » One big local employer is the chalk plant.
- » There is a lack of low-cost health screenings for men over 40. Not even PSA tests are offered.
- » Community education should be offered to help people understand the causes of cancer and other diseases.
- » The health department offers free mammograms and pap tests.

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

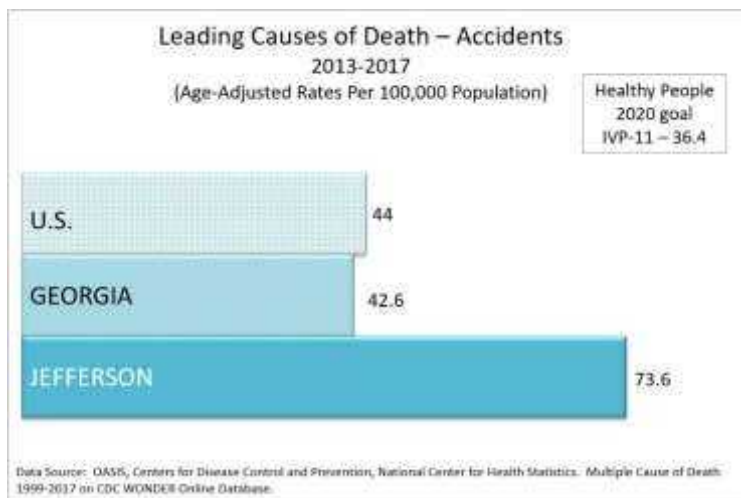
Accidental deaths may result from the following causes:

- » Motor vehicle accidents
- » Firearm accidents
- » Poisonings
- » Natural/environmental mishaps
- » Suffocations
- » Falls
- » Fire
- » Drowning³⁸

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.

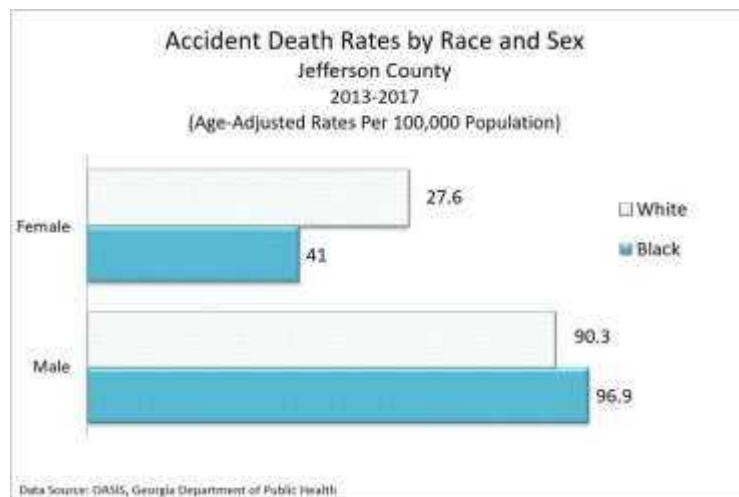
Healthy People 2020



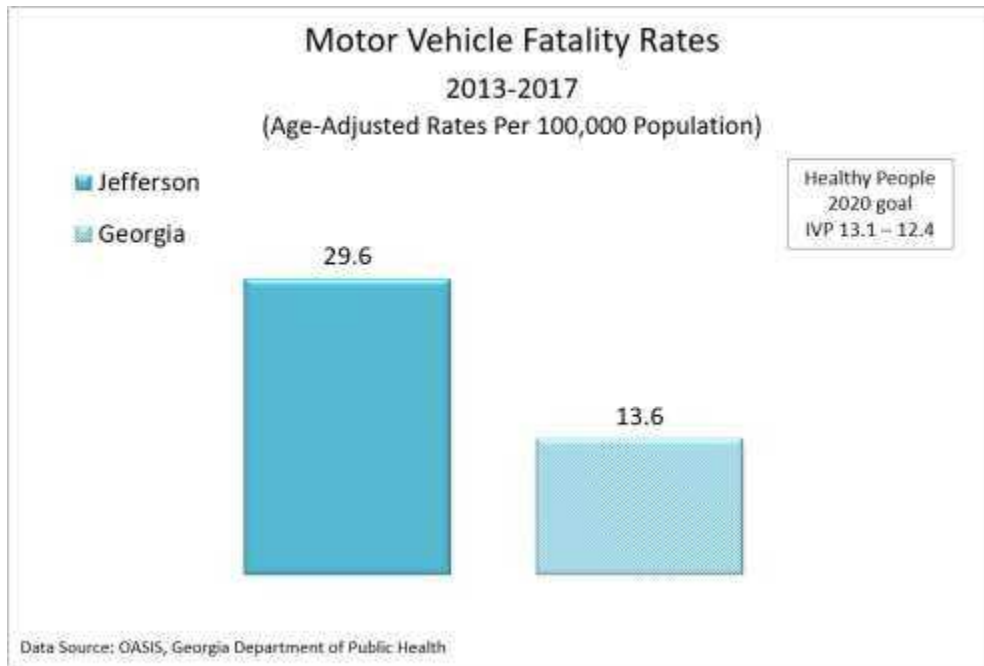
In Jefferson County, the accident death rate (73.6 per 100,000 population) was higher than the Georgia and the U.S. rates.

The Healthy People 2020 goal is 36.4 per 100,000 population.³⁹

In Jefferson County, overall males had higher death rates due to accidents compared to females. Black males had the highest death rate out of all the population groups.



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.⁴⁰ Jefferson County had a higher death rate due to motor vehicle accidents compared to Georgia.

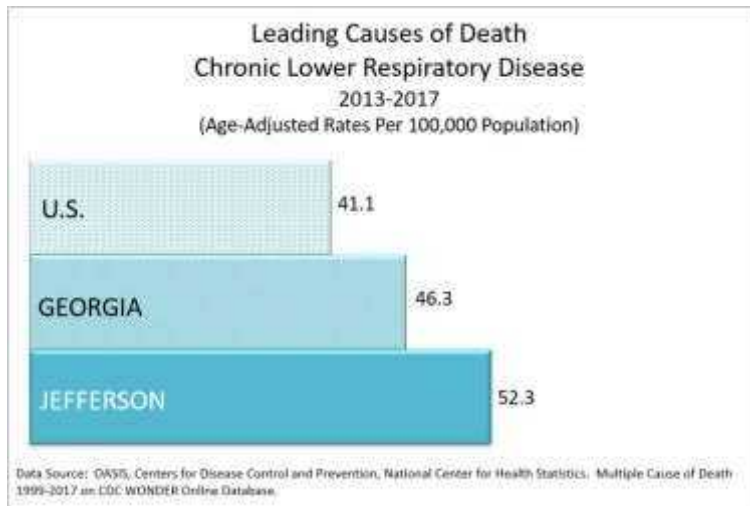


According to the Centers for Disease Control and Prevention:

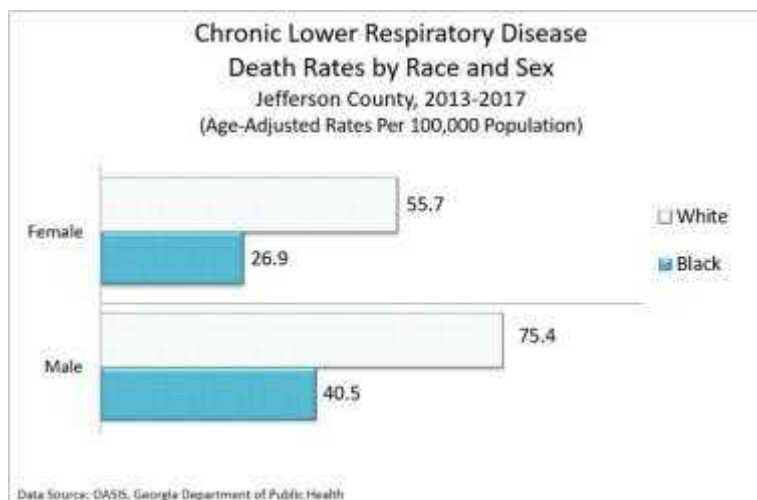
- » Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- » Millions of adults drive while impaired, but only a fraction are arrested.
- » Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- » Age-related deterioration 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.⁴¹

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.⁴²



For the years 2013-2017, Jefferson County's chronic lower respiratory disease death rate (52.3 per 100,000 population) was higher than Georgia and the U.S.



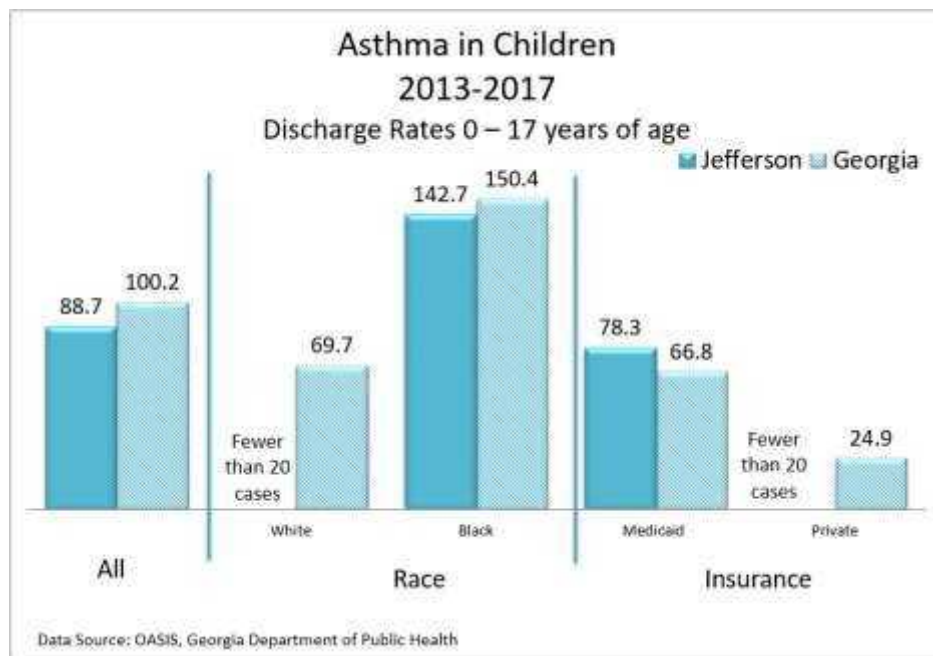
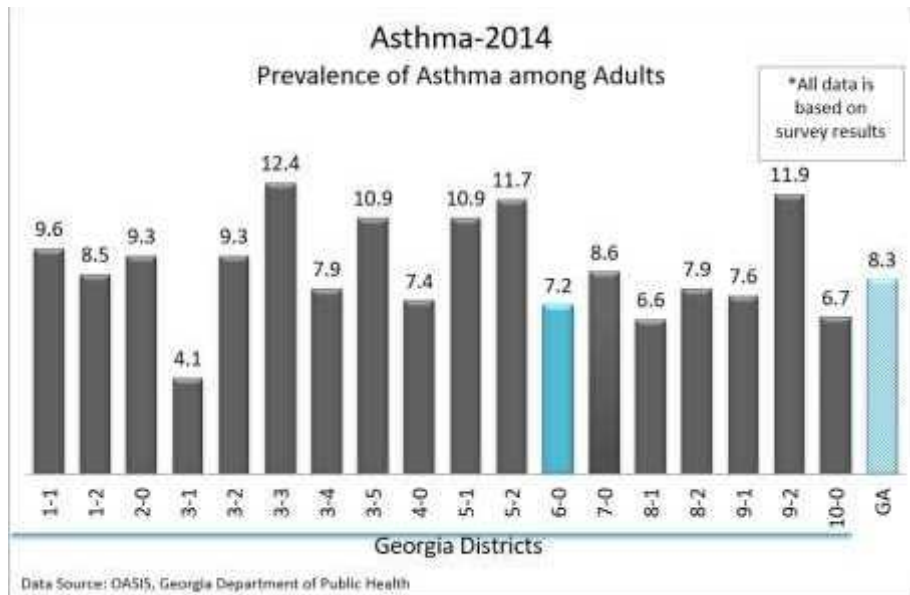
Why Are Respiratory Diseases Important?

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 Jefferson County was highest among White male, followed by White females.

There was a lower percentage of asthma among adults within Health District 6-0 compared to Georgia.

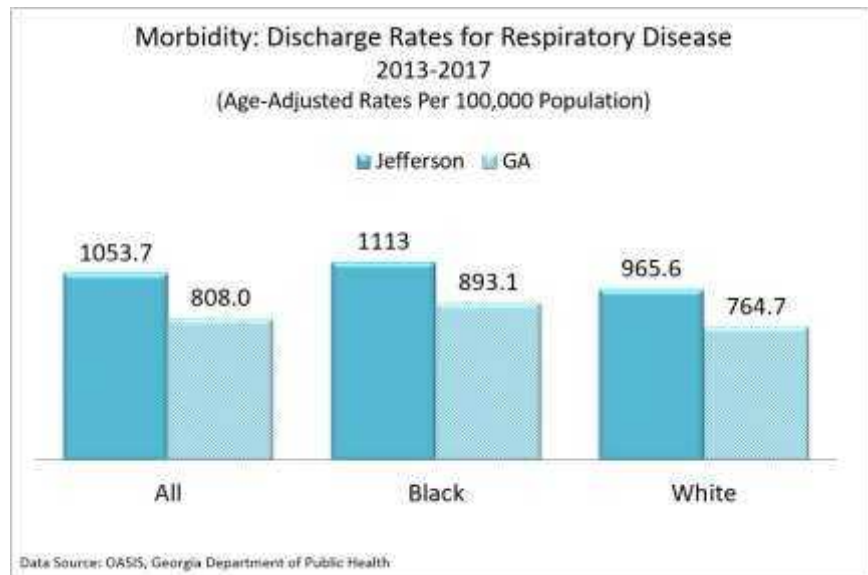


Jefferson County had a lower discharge rate due to asthma among children compared to Georgia.

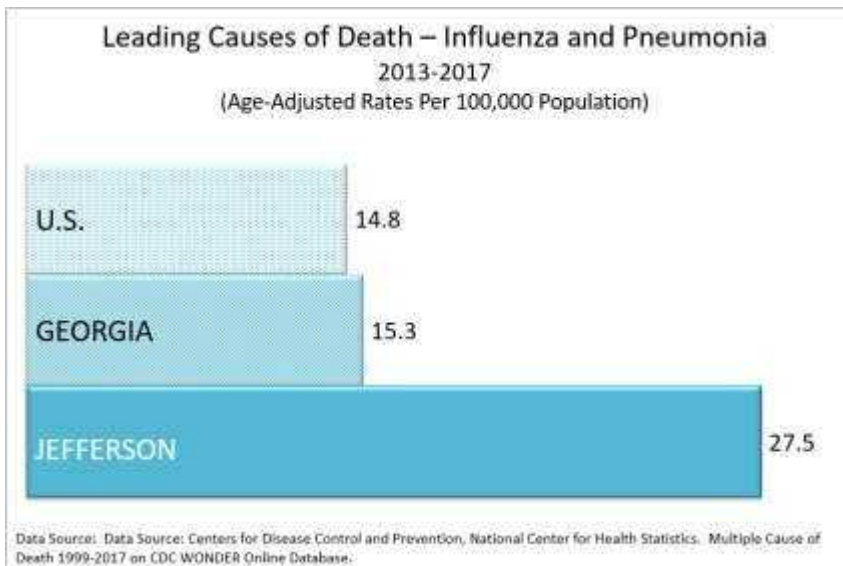
In both Jefferson County and Georgia, children with Medicaid had higher discharge rates compared to children with private insurance.

In both Jefferson County and Georgia, the Black population had a higher discharge rate compared to the White population.

The discharge rates for respiratory related diseases in Jefferson County were higher compared to Georgia. The Black population in Jefferson County had higher discharge rates compared to the White 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.⁴³




The Jefferson County influenza and pneumonia death rate was higher 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

COMMUNITY INPUT

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

Chronic Lower Respiratory Disease

- » The county only has a small gym in Louisville and a YMCA in Wrens. The hospital has a walking trail. There are not many options to exercise.
- » Farm chemicals are used everywhere. The air here is not clean.
- » A lot of people smoke tobacco, even young school children.

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

In 2015 more than 250,000 deaths occurred listing diabetes as an underlying or contributing cause of death.⁴⁴ 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.⁴⁵

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.⁴⁶



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.*

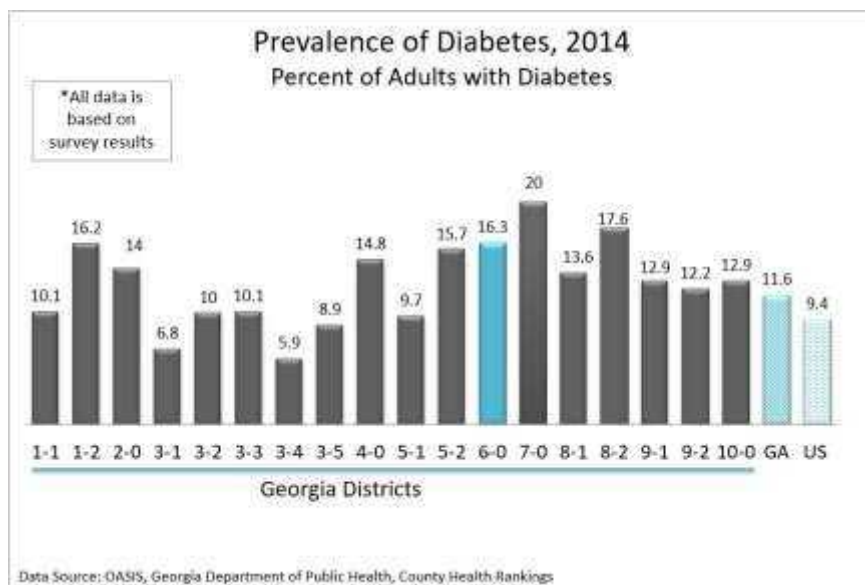
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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.

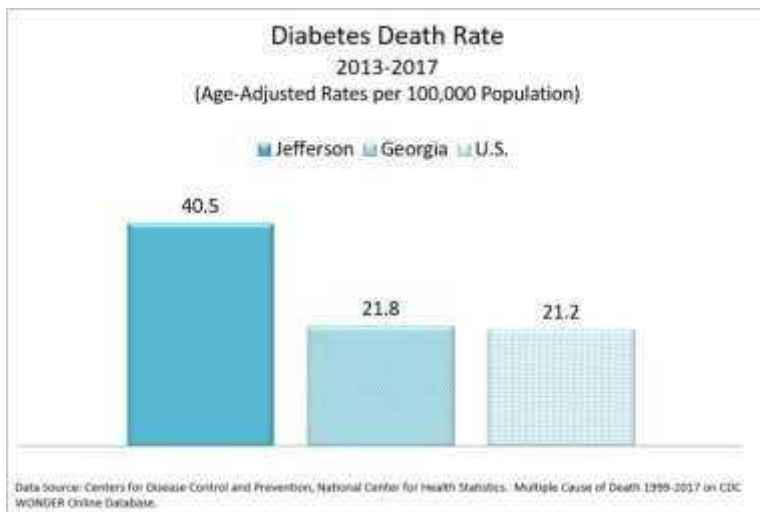
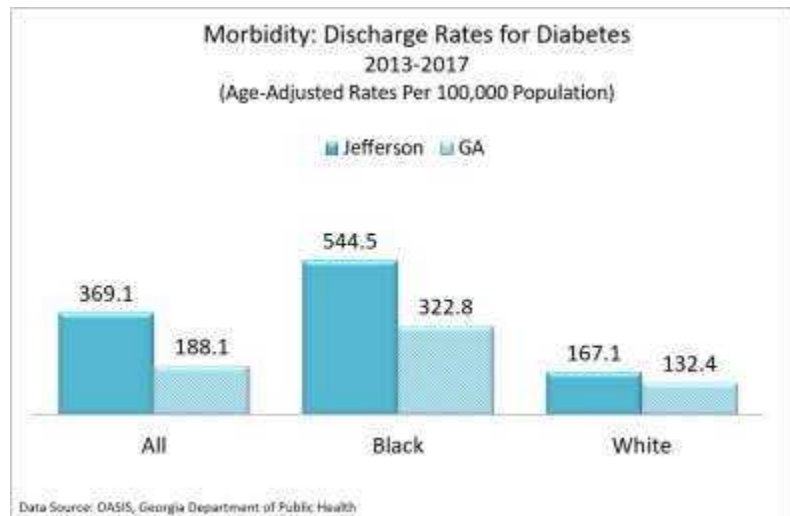
The rate of diabetes continues to increase both in the United States and throughout the world.

Healthy People 2020

Health District 6-0 (which includes Jefferson County), had a higher diabetes prevalence (16.3 percent) than Georgia or the U.S.



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



Jefferson County had a higher diabetes death rate than Georgia and the U.S.

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

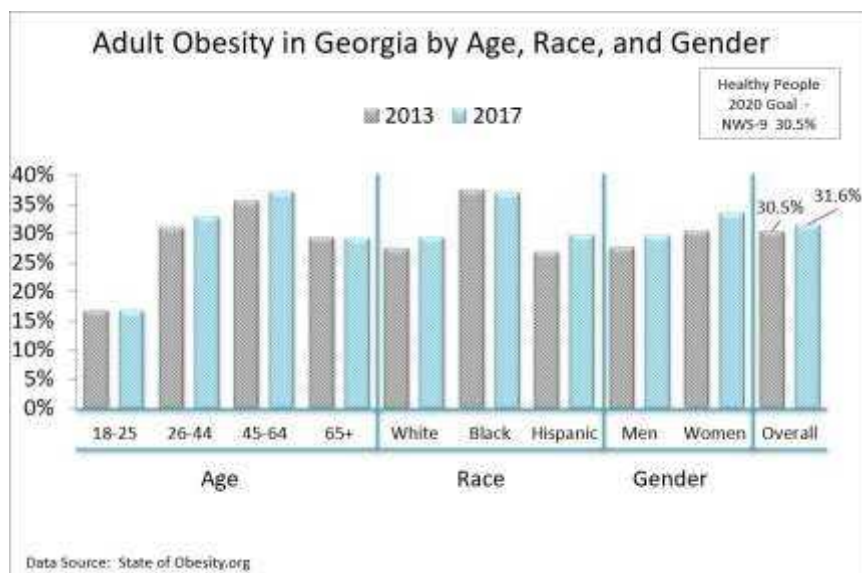
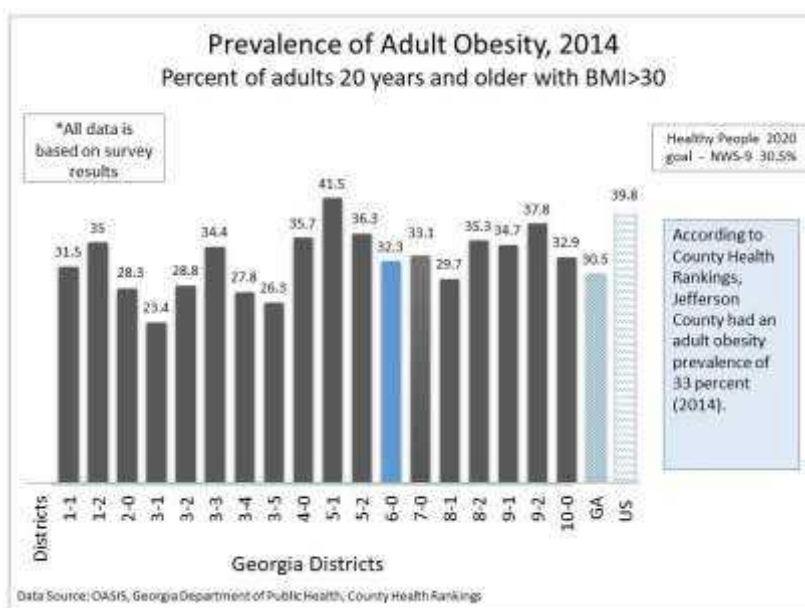
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.⁴⁷

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 30.⁴⁸

The prevalence of adult obesity in Health District 6-0 (32.3 percent) was higher than Georgia (30.5 percent), but lower than the U.S. (39.8 percent).

Jefferson County had prevalence of obesity at 33 percent.

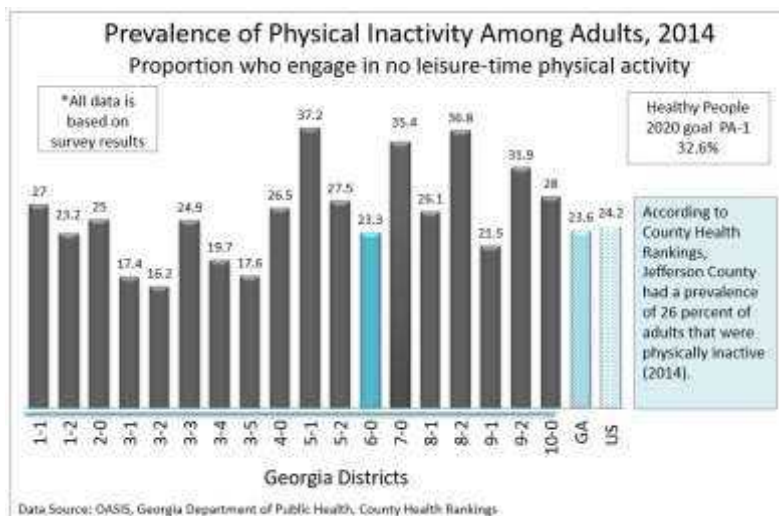
The Healthy People 2020 goal is 30.5 percent.



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.⁴⁹



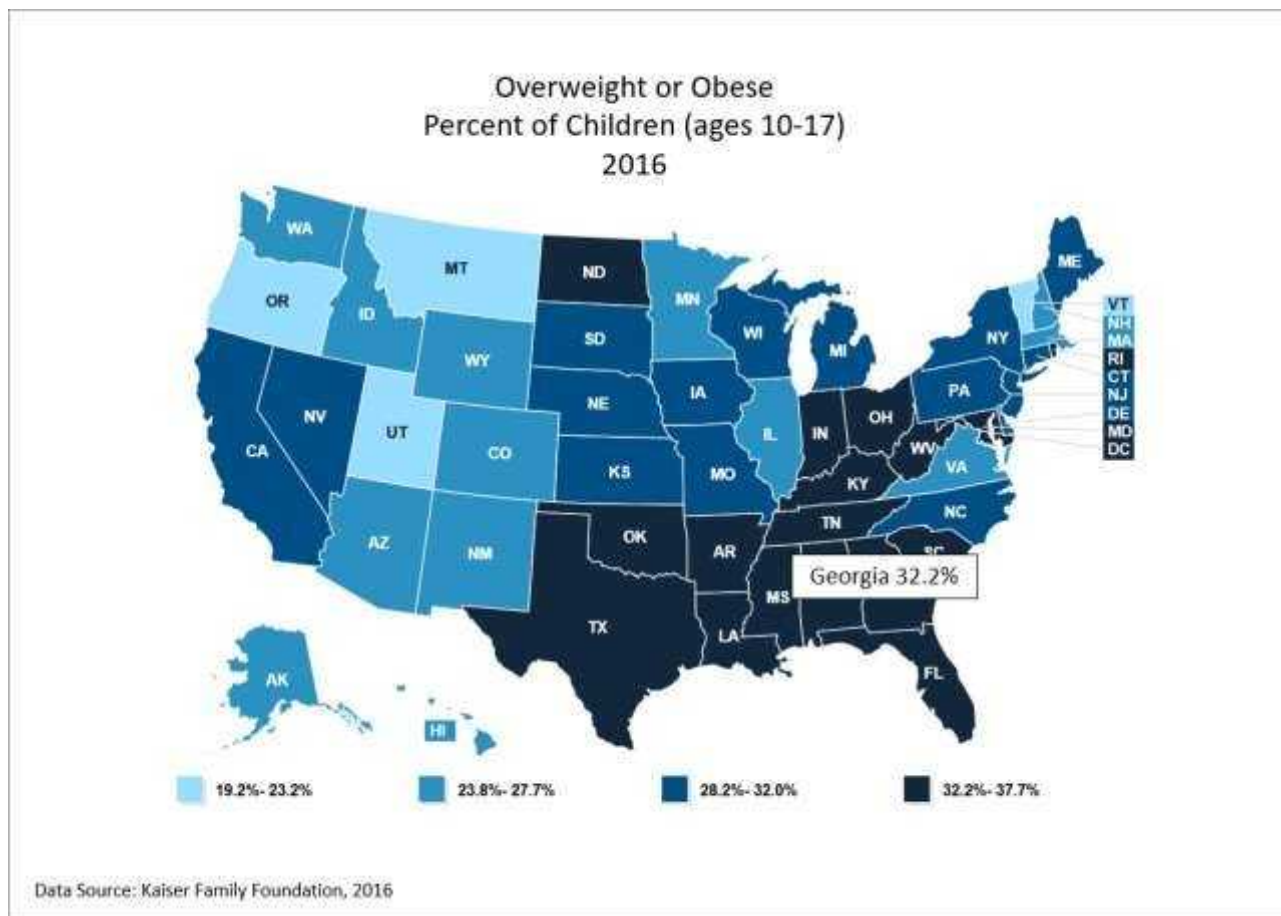
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was lower in Health District 6-0 (23.3 percent) compared to Georgia's average (23.6 percent) and the U.S. (24.2 percent). Jefferson County had a higher prevalence of physical inactivity (26 percent) than 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.⁵⁰ 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.⁵¹ A report released by the Centers for Disease Control and Prevention indicated that Georgia's obesity rates among two to four-year-old children from low income families declined from 2010 to 2014 from 14.4 percent to 13.0 percent.⁵²

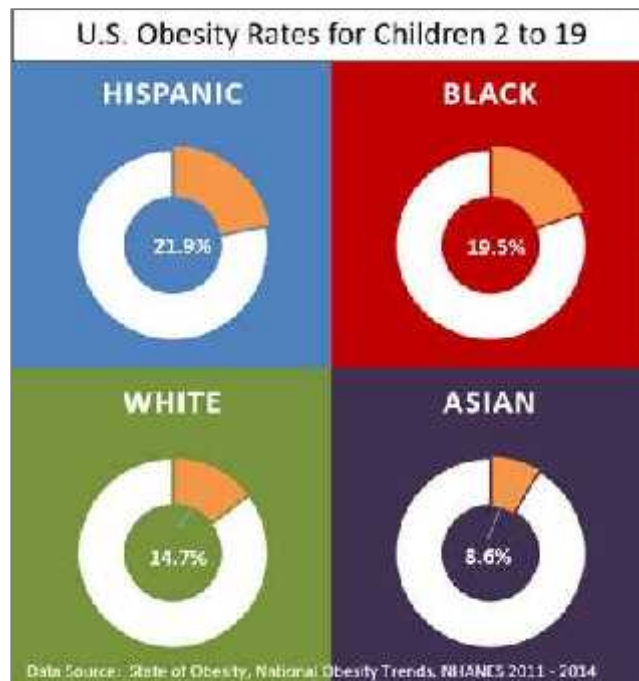
According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighteenth (32.2 percent) in the nation for overweight and obese children. Nationally, 31.2 percent of children in this age range were overweight or obese.⁵³



The following table highlights obesity rates in Georgia by age group and Georgia's rank among other states.⁵⁴

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.⁵⁵

Obese children are more likely to have:

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

COMMUNITY INPUT

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



Obesity and Diabetes

- Poor diet is a major issue at all income levels.
- People eat the same way their grandparents ate, but do not work the same.
- Fast food is cheaper and more convenient. People are lazy.
- Healthy food is expensive.
- Local residents will not choose healthy options even when available.
- Education about health care and healthy eating is lacking.
- It is difficult to get people to take advantage of any type of education on how to eat healthy.
- There needs to be a resource that provides healthy recipes.

COMMUNITY INPUT

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



Obesity and Diabetes (Children)

- There is an overall lack of parental guidance.
- The schools are trying to encourage healthy eating habits by offering extra servings of fruits and vegetables.

Obesity and Diabetes (Resources Available)

- The county only has a small gym in Louisville and a YMCA in Wrens. The hospital has a walking trail. There are not many options to exercise.
- People do not follow directions once discharged. There is no self-accountability.

MATERNAL, INFANT AND CHILD HEALTH

HEALTHY PEOPLE 2020 REFERENCE – MICH

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

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

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

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

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

A life stages 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.⁵⁹

Why Are Maternal, Infant and Child Health Important?

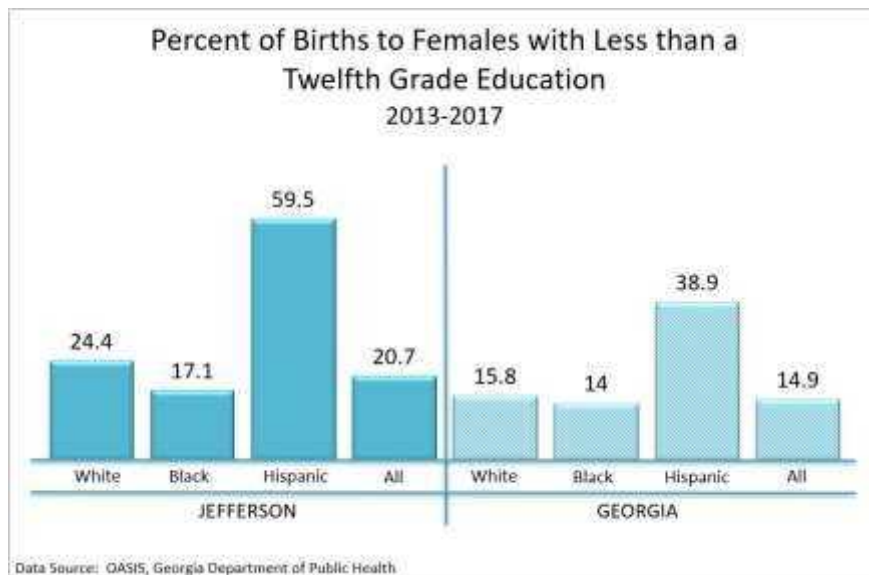
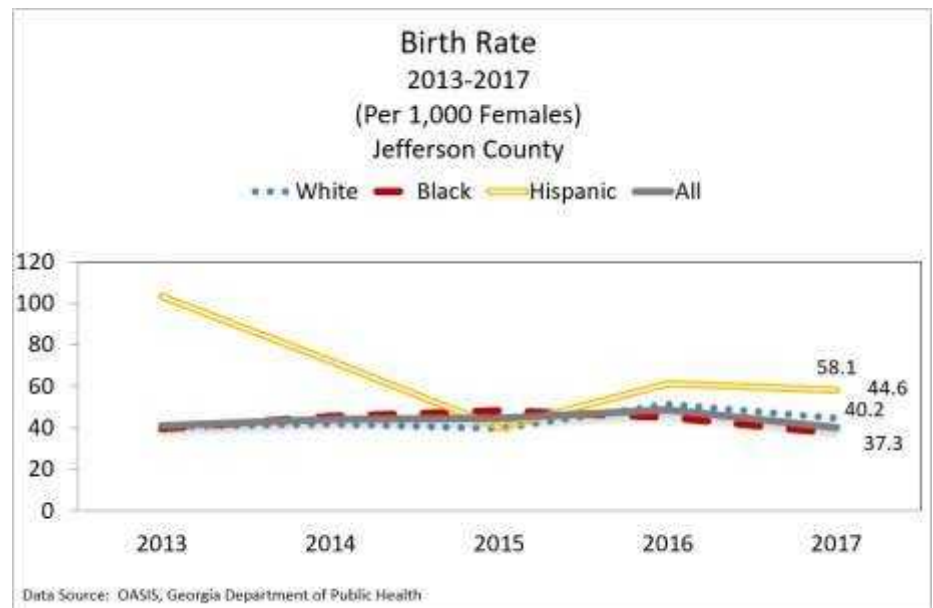
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

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

Healthy People 2020

Birth Rates

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



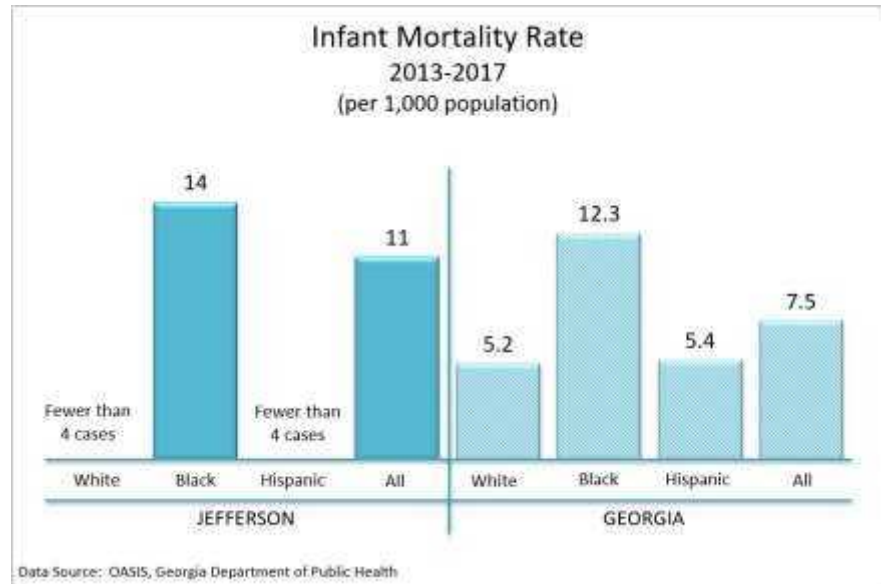
The percent of births to females with less than a twelfth-grade education was higher among Jefferson County residents (20.7 percent) compared to Georgia residents (14.9 percent). The highest percentage was among the Hispanic population group in Jefferson County and Georgia.

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.⁶⁰ The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.⁶¹ Some of the common causes of infant mortality include: serious birth defects, pre-term births, sudden infant death syndrome (SIDS), maternal complications of pregnancy, or unintentional injury.⁶²

The infant mortality rate in Jefferson County was higher than Georgia.

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



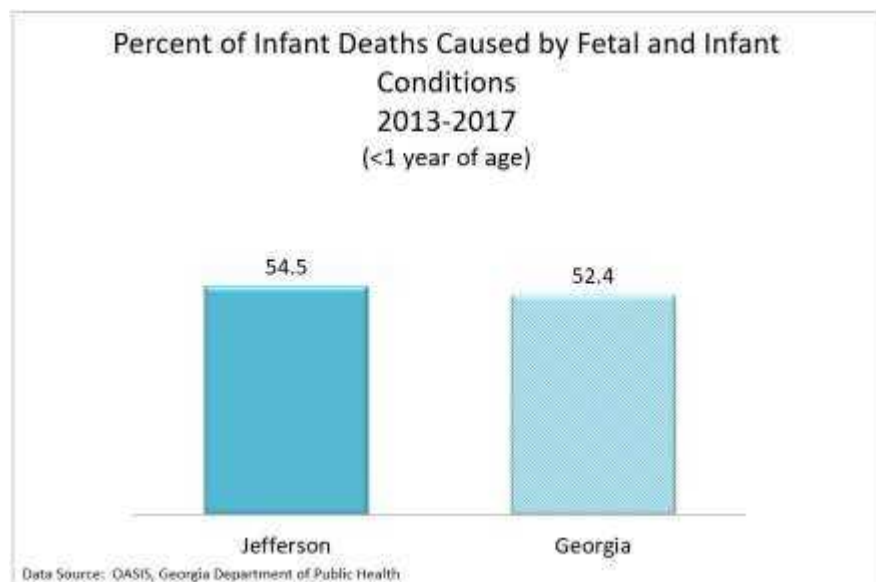
Fetal and Infant Conditions

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.⁶³

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

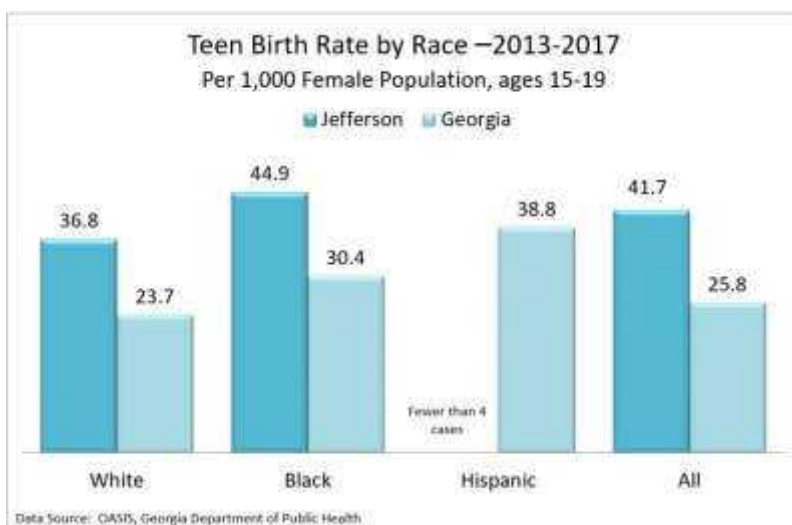
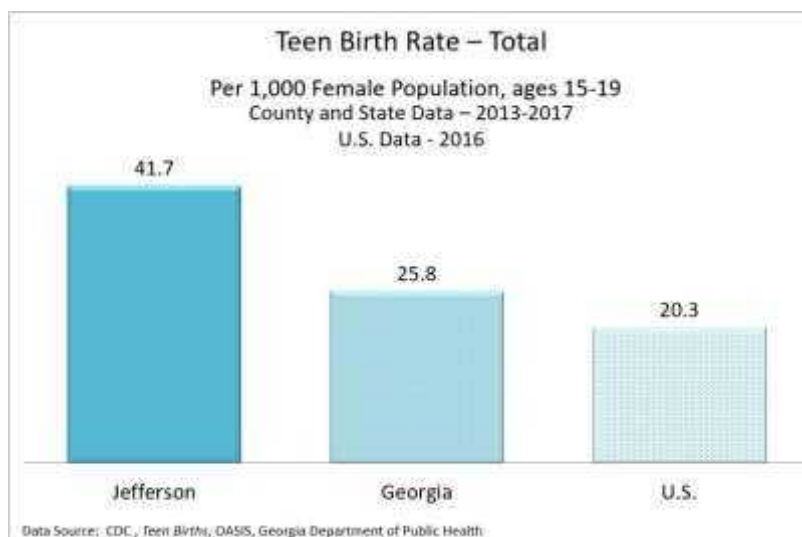
The percent of infant deaths caused by fetal and infant conditions was higher in Jefferson County compared to Georgia.



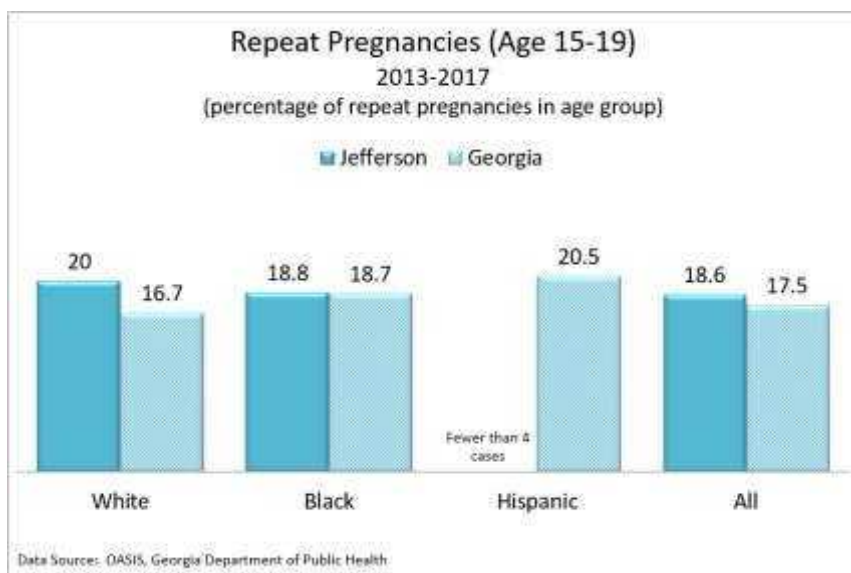
Teen Birth Rate

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

The Jefferson County teen birth rate (41.7 per 1,000 female population) was higher than Georgia and the U.S.



The Jefferson County Black teen birth rates were higher than all other population groups.



For mothers ages 15-19, Jefferson County had a higher percent of repeat pregnancies (18.6 percent) compared to Georgia (17.5 percent). The White population group had the highest percent of repeat pregnancies compared to other population groups in Jefferson County.

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

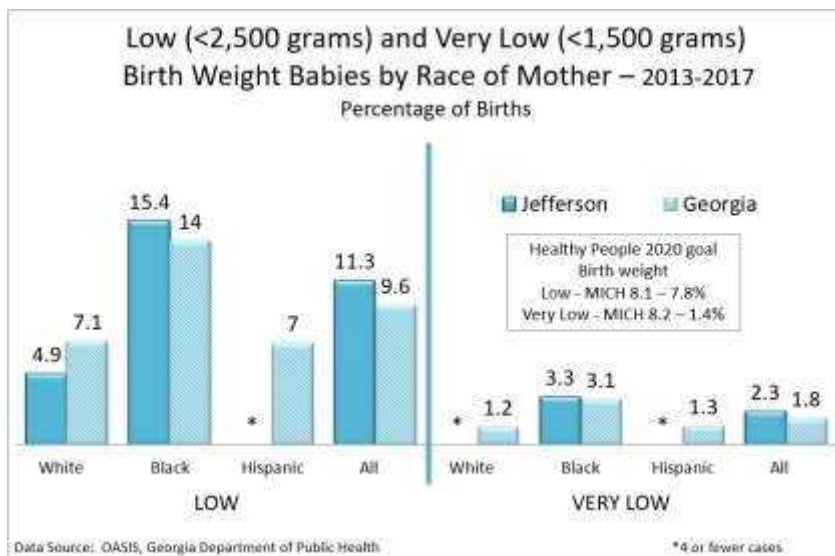
Birth Weight

Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.⁶⁵

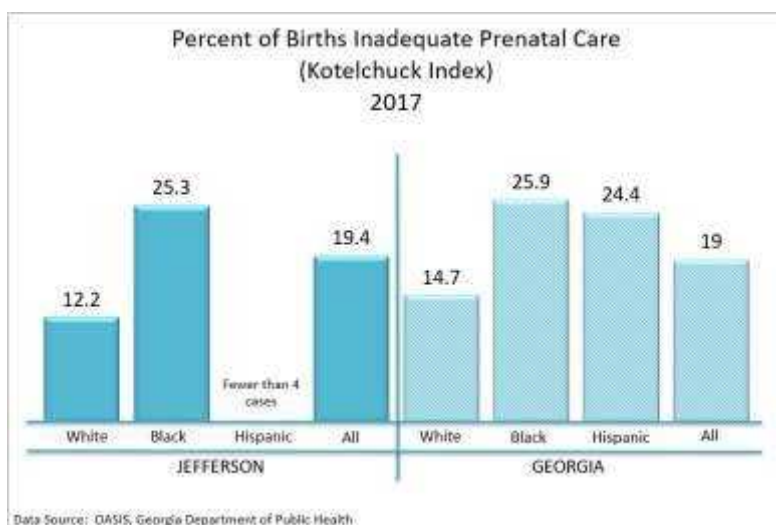
The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.⁶⁶ In 2017, the national prevalence of low birth weight babies was 8.2 percent, and for very low birth weight babies was 1.4 percent.⁶⁷

Jefferson County had higher rates of low and very low birth weight babies compared to Georgia.

In Jefferson County and Georgia, the highest percentages were among the Black population.



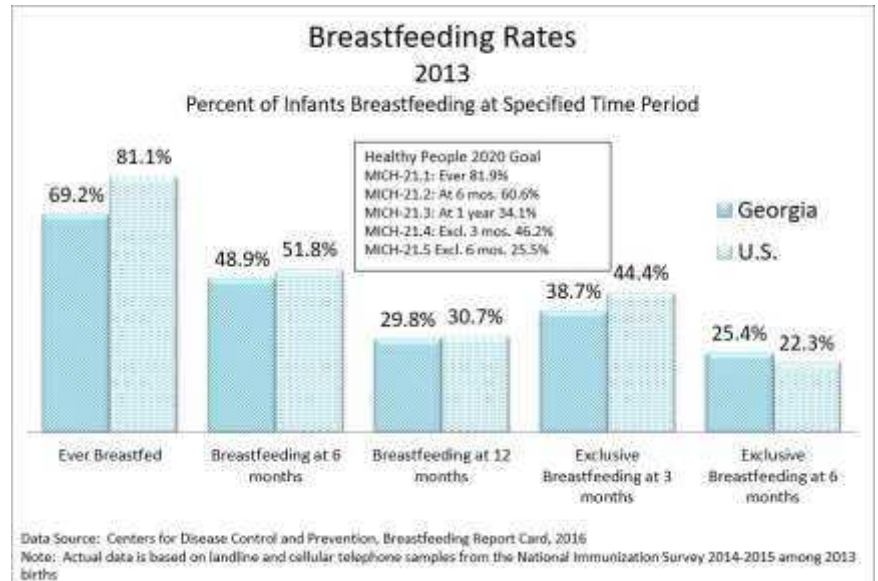
Mother Receiving Adequate Prenatal Care



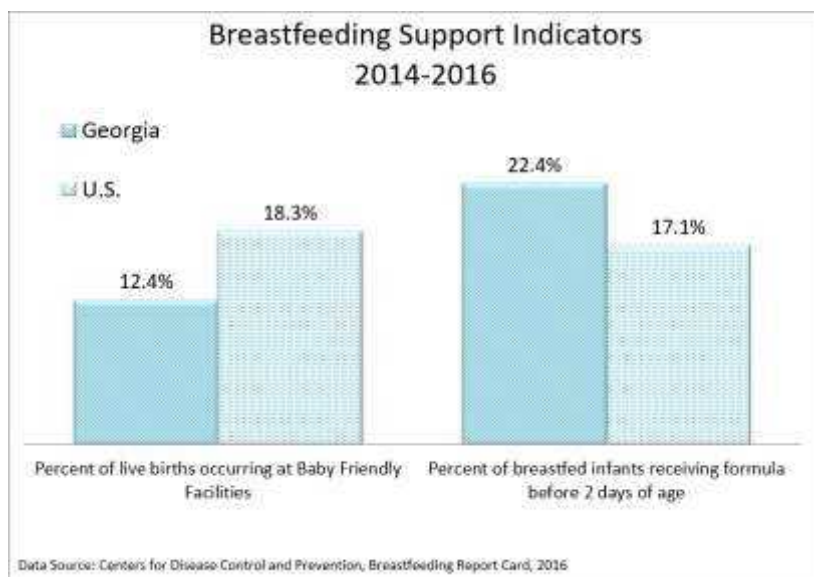
The percent of births with late or no prenatal care was higher in Jefferson County compared to Georgia. Black births had the highest percent of births with inadequate prenatal care in Jefferson County.

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.⁶⁸



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.

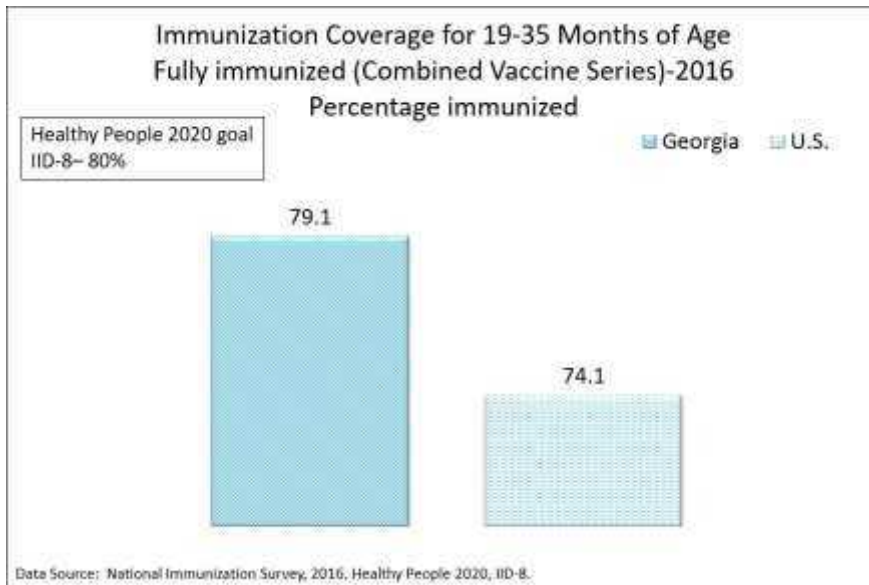
Georgia had a lower mPINC score compared to the U.S. Georgia had more Certified Lactation Counselors (CLCs), but fewer Board-Certified Lactation Counselors (IBCLs) than the U.S.

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

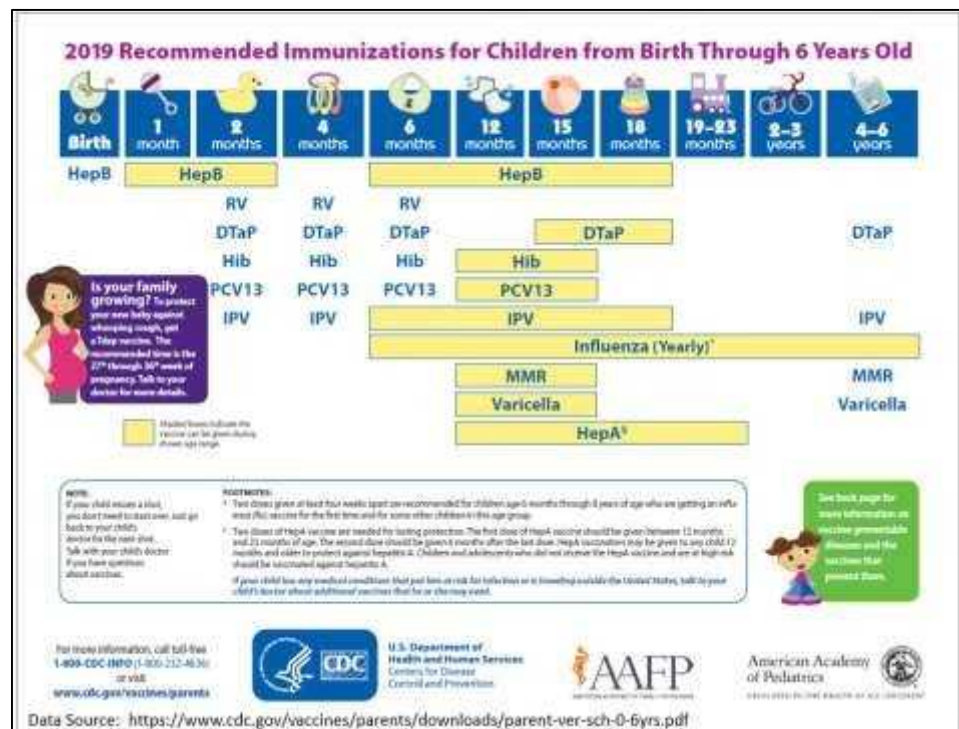
Immunizations

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.⁶⁹



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.



COMMUNITY INPUT

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



Teen Birth Rate and Prenatal Care

- There is a lack of parental guidance.
- The parents are sometimes children themselves.
- Schools are prevented from teaching birth control except for abstinence.
- There is nothing for teenagers to do in the community. They are bored.
- The schools do not ask the Department of Public Health to speak to students.
- There is a need for education on STDs, birth control and safe sex.
- The schools only teach abstinence.

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
- » Suicide⁷⁰

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.⁷¹

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.⁷²

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.

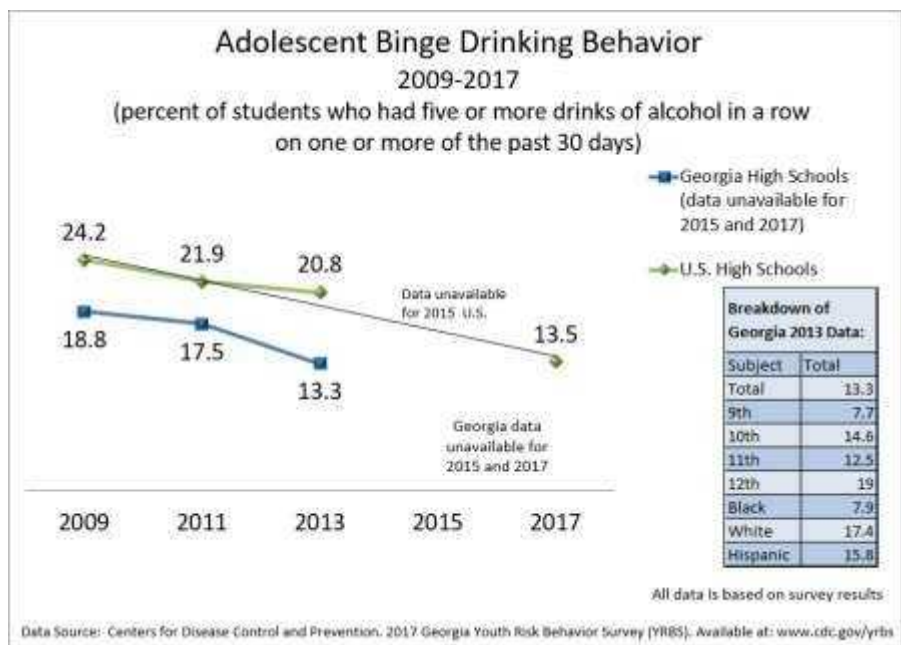
Why Is Adolescent Health Important?

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

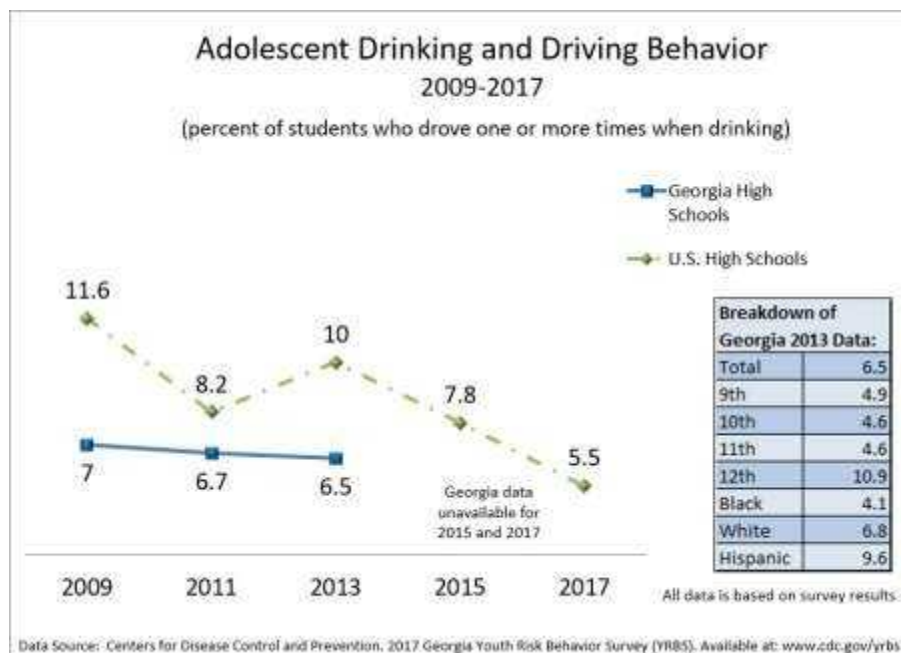


Between 2009 and 2013 adolescent binge drinking in Georgia was below the U.S. rates.

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.

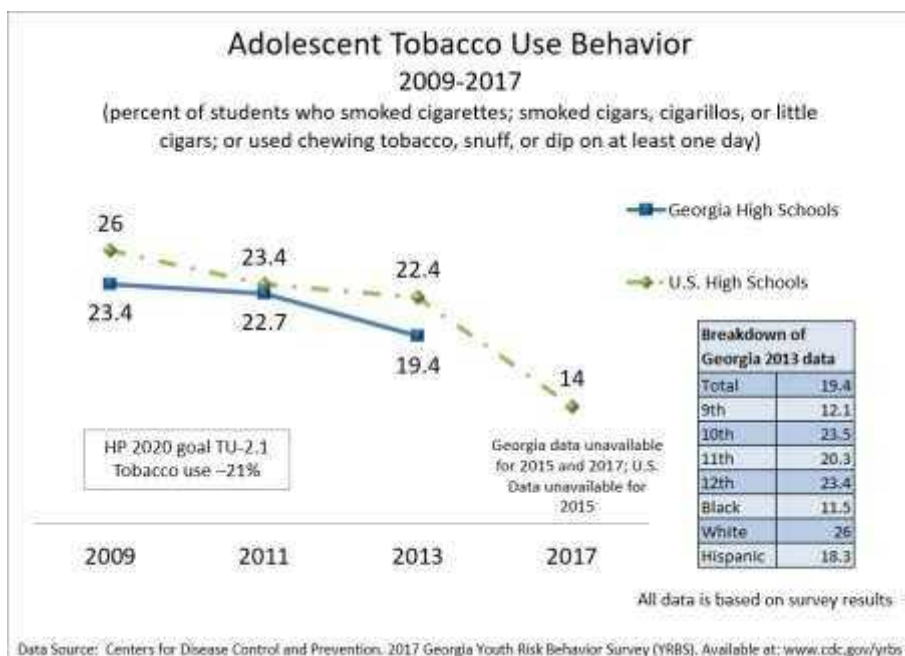
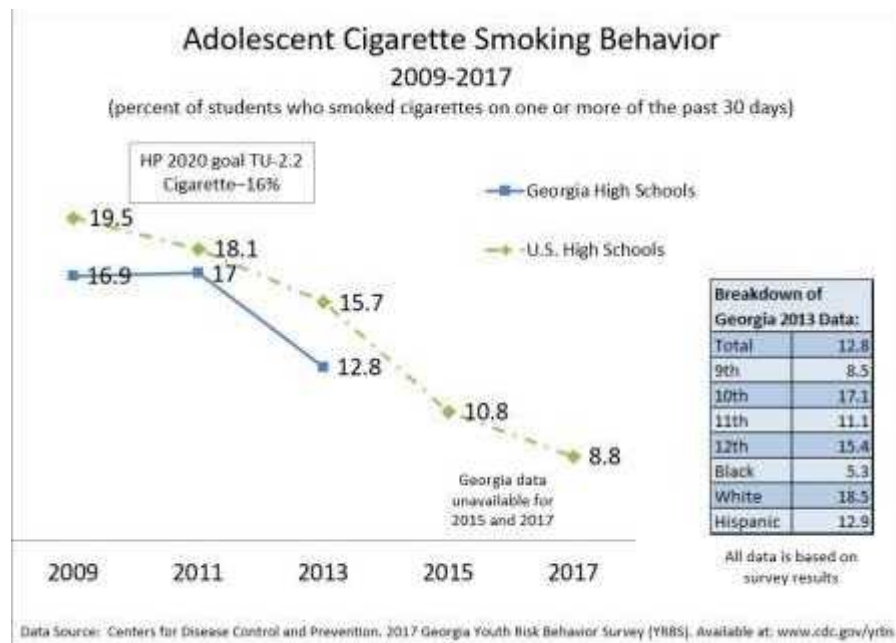
Drinking and driving behavior in Georgia was lower than the U.S. Hispanic youth were more likely than other groups to engage in this behavior.



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.

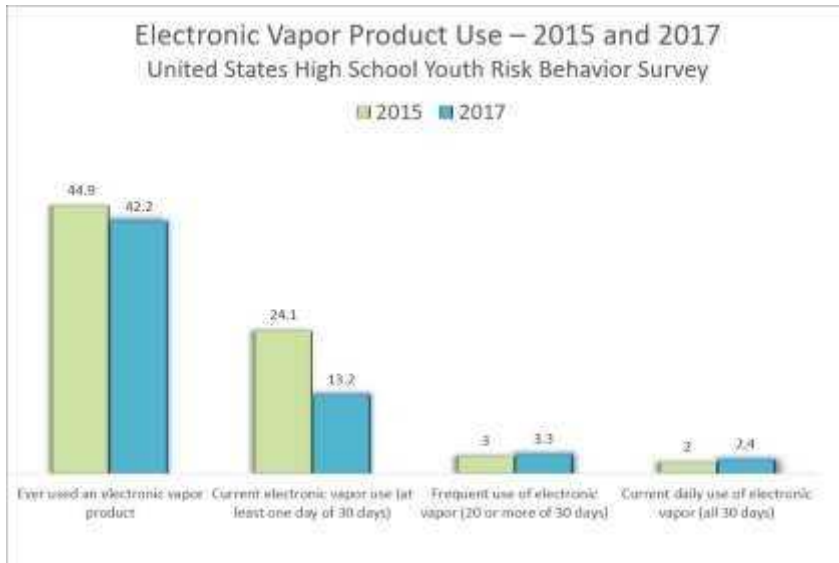


Overall, from 2009-2013, the prevalence of tobacco use in Georgia was lower than the U.S. rates. Tobacco use prevalence was greater among Whites compare to other population groups.

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.⁷³



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).

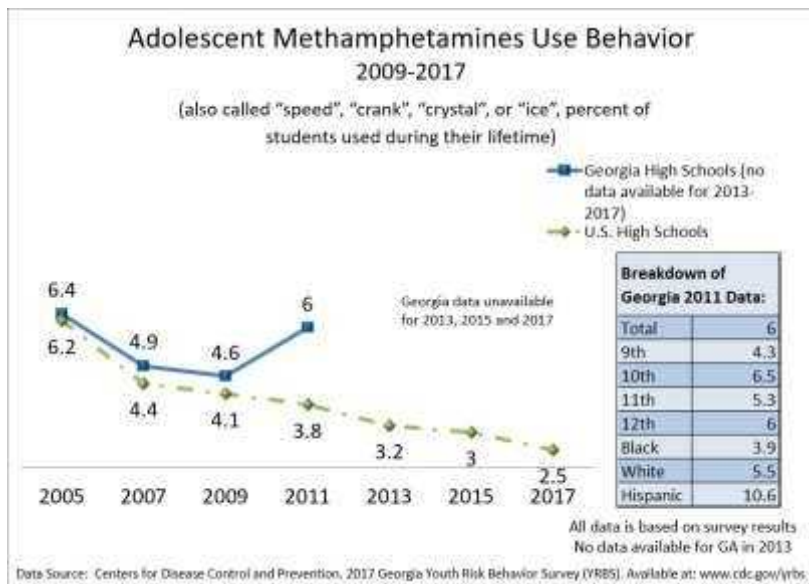
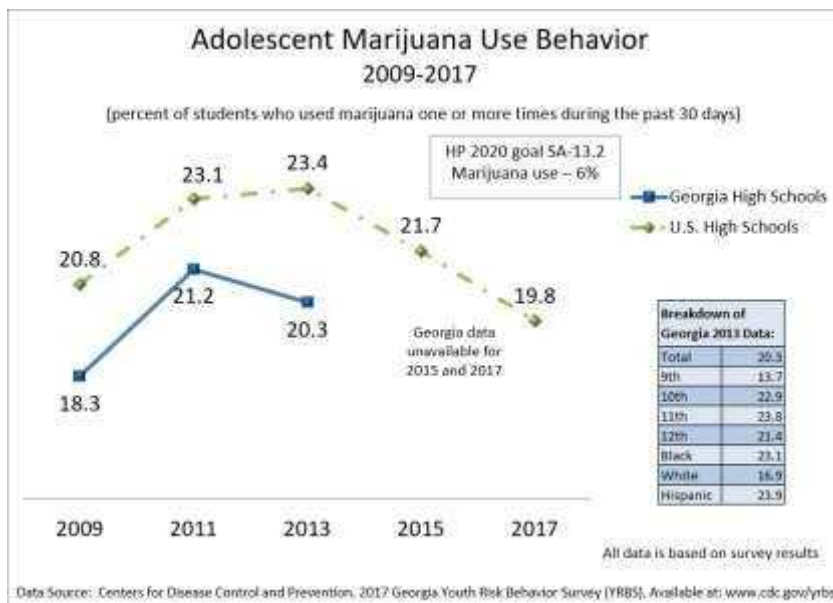
Illicit Drug Usage

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 15.⁷⁴

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.⁷⁵

















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: Jefferson County and Georgia

The following table provides a comparison of different substance abuse behaviors among adolescents in Jefferson County compared to the State. It also shows the trend data (up or down arrow) from the previous Georgia Student Health Survey (2015-2016).

At a Glance Comparison 2017-2018: Drug and Substance Abuse Behaviors Among Adolescents in Jefferson County and Georgia		
	Jefferson County High Schools	Georgia High Schools
Binge Drinking	7.3% 	6.4% 
Drinking and Driving	4.9% 	3.0% 
Tobacco Use	8.7% 	5.5% 
Cigarette Use	7.9% 	4.7% 
Marijuana Use	9.4% 	9.3% 
Electronic Vape	9.1% *	10.6% *
Meth Use	2.8% 	2.4% 
Prescription	4.7% 	4.0% 

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

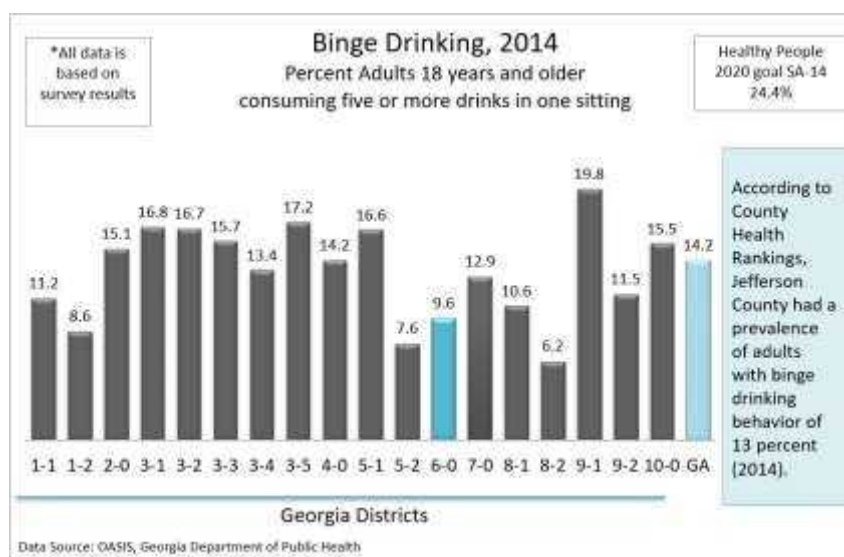
* Trend data unavailable; electronic vapor not surveyed in previous Georgia Student Health Survey

Jefferson County Schools had a higher percentage of adolescents that participated in binge drinking, drinking and driving, tobacco use, cigarette use, methamphetamine use, prescription drug abuse, and marijuana use behaviors compared to Georgia. Electronic vape use was lower in Jefferson County 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.⁷⁶

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.⁷⁷



The binge drinking prevalence in Health District 6-0 (9.6 percent) was lower than the Georgia prevalence (14.2 percent). The rate for Jefferson County was 13.0 percent. Both rates are well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

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



Adolescent Behaviors and Substance Abuse

- » There is nothing to do in the county. Children are bored.
- » Gang activity is increasing.
- » There is a lot of marijuana use.
- » Opioid use is high.
- » Kids feel entitled to things. Parents don't teach their kids how to be adults.



Adult Behaviors and Substance Abuse

- » Socioeconomics is a major issue. This is a poor community.
- » Substance abuse has a lot to do with the priorities of the person. People do not take responsibility for their actions.
- » Mental health problems and substance abuse are closely related.

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.⁷⁸ 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.⁷⁹

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections are encouraged for sexually active young adults.⁸⁰

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.⁸¹

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.

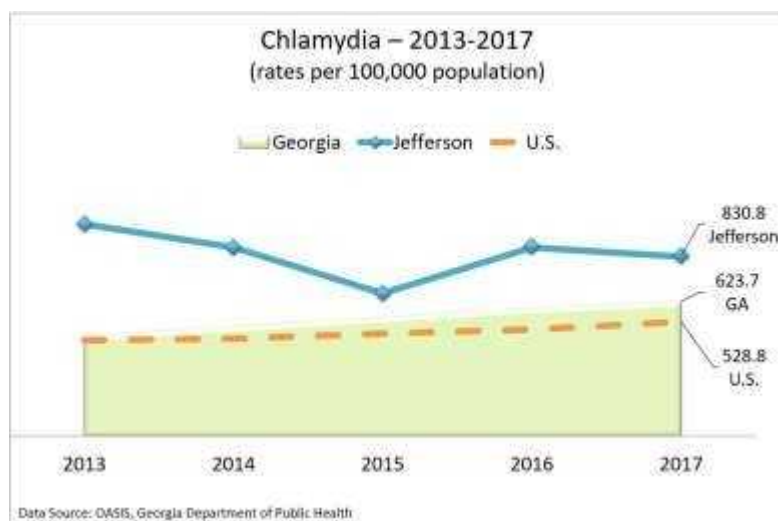
Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Healthy People 2020

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing and is easily treated and cured with antibiotics.⁸²

- » 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.⁸³
- » Women had two times the reported chlamydia rate of men in 2017.⁸⁴
- » Georgia ranked sixth highest in the U.S. for reported chlamydia cases in 2017.⁸⁵



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

Average Chlamydia Rates by Race (2013-2017)				
	White	Black	Hispanic	All
Georgia	130.1	785	181.8	549.8
Jefferson	100.3	1,199.1	*	843.5

Data Source: OASIS, Georgia Department of Public Health

*Fewer than 4 cases

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.

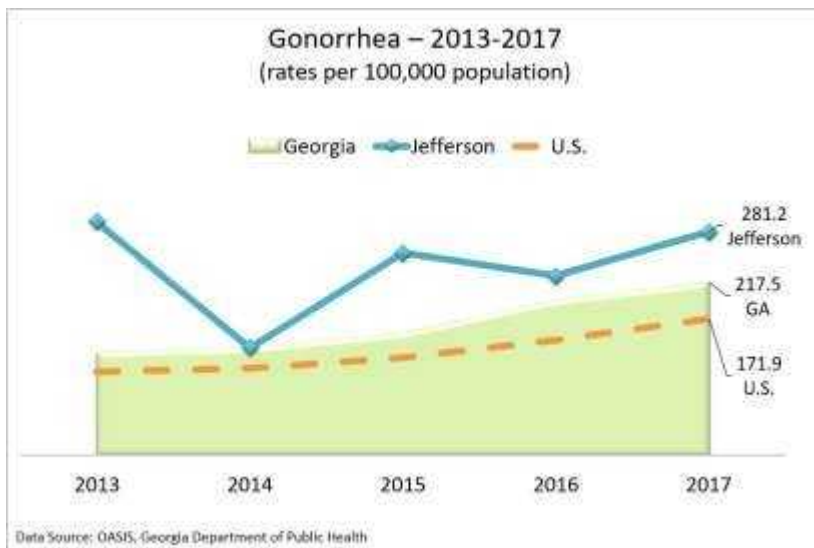
Healthy People 2020

In 2017, the chlamydia rate in Jefferson County was higher than Georgia and the U.S.

Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.⁸⁶ 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.⁸⁷
- » Georgia ranked ninth highest in the U.S. for reported gonorrhea cases in 2017.⁸⁸



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 Jefferson County was higher than Georgia and the U.S.

Average Gonorrhea Rates by Race (2013-2017)				
	White	Black	Hispanic	All
Georgia	31.3	316.6	28.5	166.9
Jefferson	25.1	356.9	*	238

Data Source: OASIS, Georgia Department of Public Health

* Fewer than 4 cases

The gonorrhea rate was significantly higher among Blacks compared to Whites and Hispanics in Jefferson 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.⁸⁹

- » During 2017 there were 101,567 reported new diagnoses of syphilis.⁹⁰
- » Georgia ranked fourth highest in the U.S. for reported syphilis cases in 2017.⁹¹

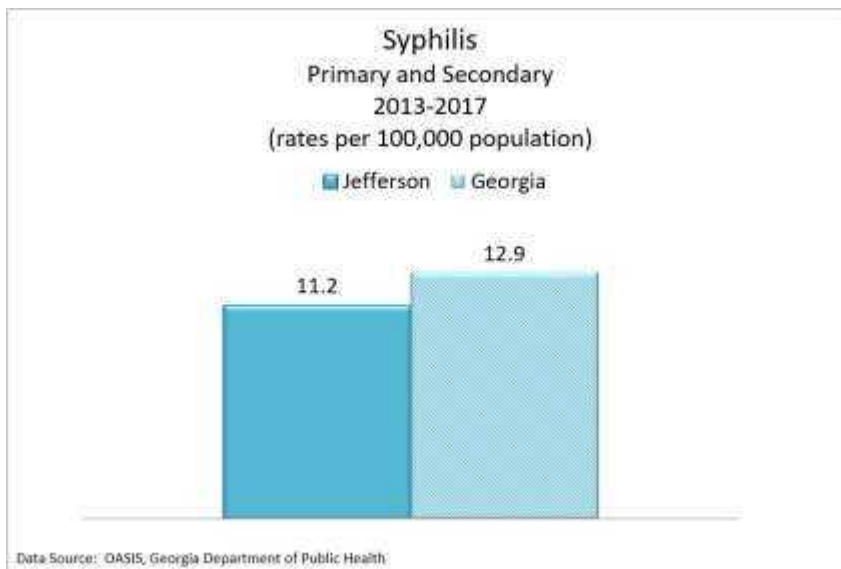
The Georgia syphilis rate in 2017 was 14.5 per 100,000 population.⁹² The U.S. rate in 2017 was 9.5 per 100,000 population.⁹³

How Can Syphilis be Prevented?

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

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

Centers for Disease Control and Prevention



The syphilis rate in Jefferson County was lower than the Georgia 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.⁹⁴ Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.⁹⁵

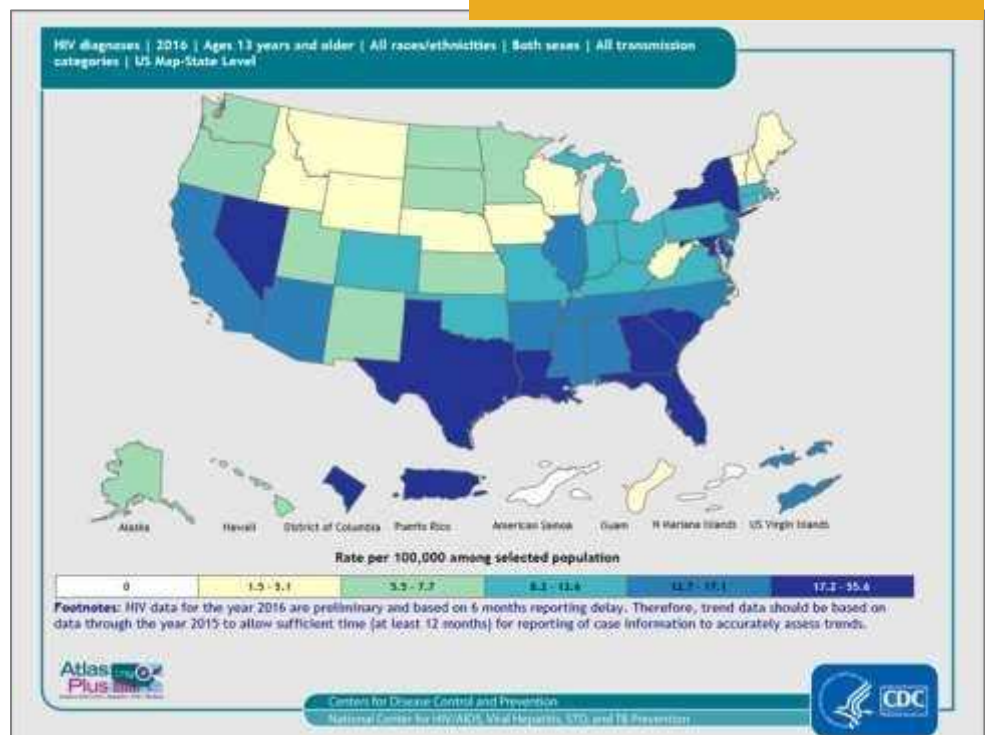
- » In 2017, Black MSM represented the highest number of new HIV infections in the U.S.⁹⁶
- » In 2017, Blacks (male and female) accounted for 44 percent of new HIV infections.⁹⁷
- » In 2017, new HIV diagnoses were most prevalent among the 25-34 age group.⁹⁸
- » In 2017, both Whites and Hispanics accounted for 26 percent each of the new HIV infections.⁹⁹

Why Is HIV Important?

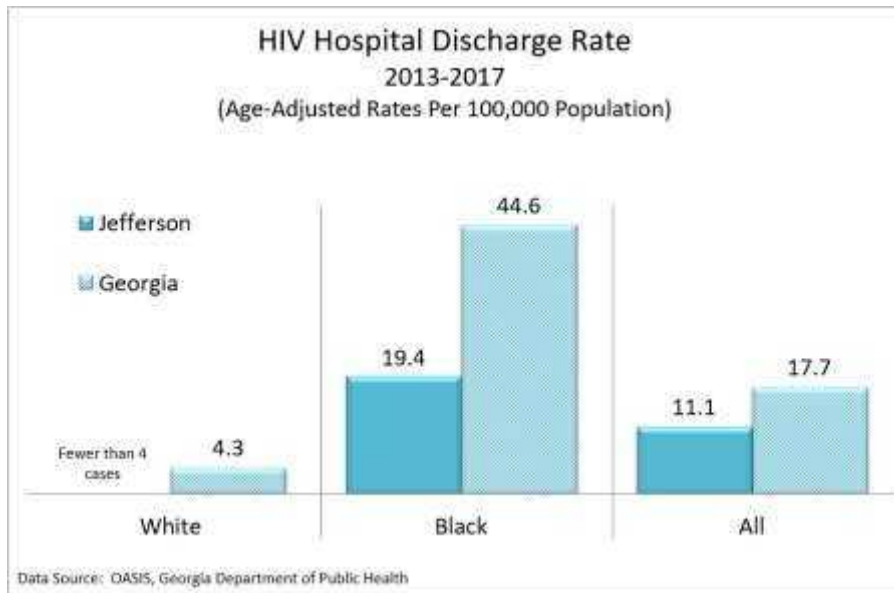
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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



The hospital discharge rate for HIV in Jefferson County was lower than the Georgia rate.

The discharge rate among the Black population in both Jefferson County and Georgia was higher than the White population.

COMMUNITY INPUT

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

Sexually Transmitted Disease

- Society has popularized sex. There is a need to educate the community about STDs.
- Kids need to be taught safe sex practices.
- There is a lot of recurring STDs even after a person is treated.
- There is a lack of parenting.

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."¹⁰⁰

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

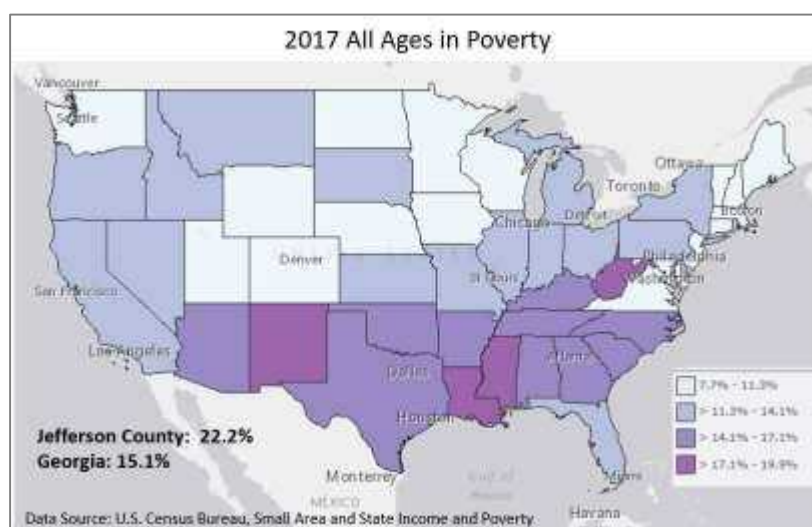
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

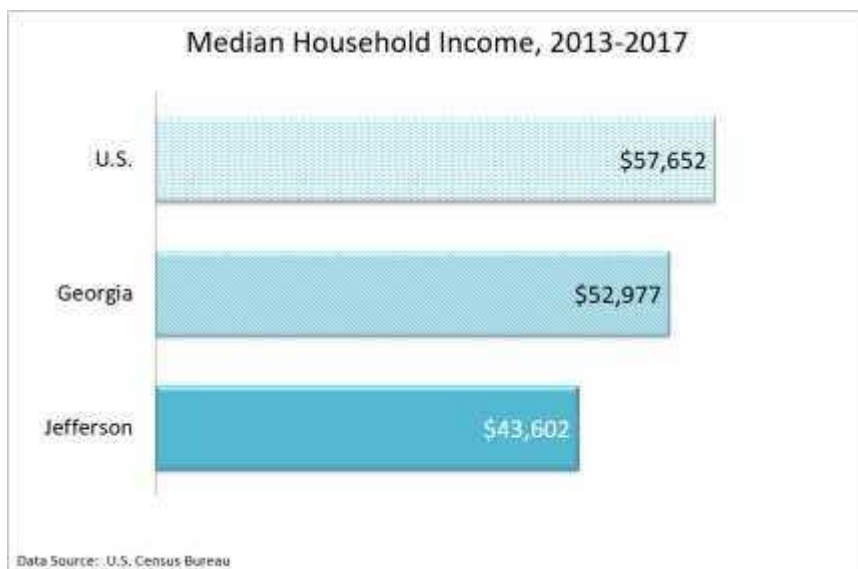
Income and Poverty

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 2017.¹⁰¹

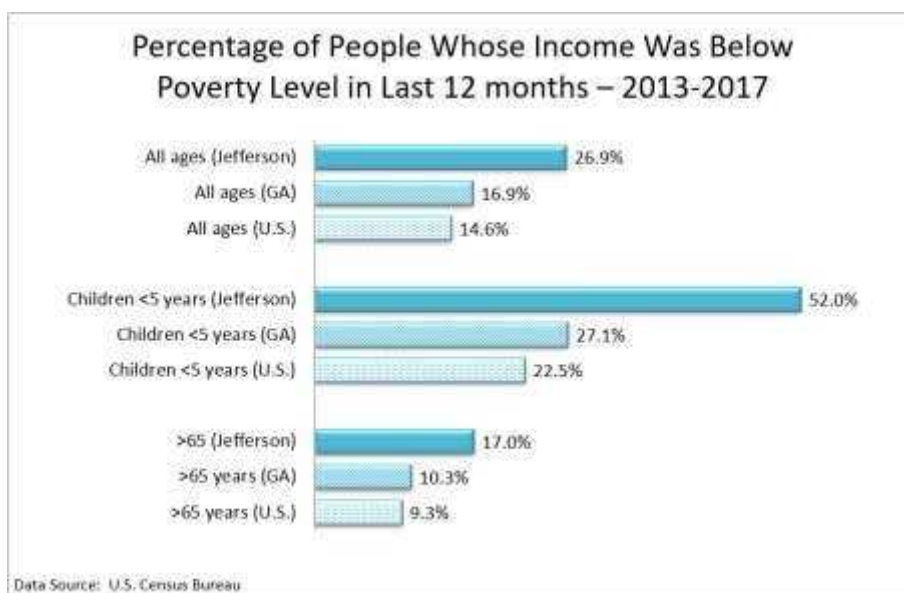
Georgia ranked eleventh highest in the U.S. at 15.1 percent of the population below the poverty level in 2017.¹⁰²

Jefferson County's poverty rate was 22.2 percent in 2017.



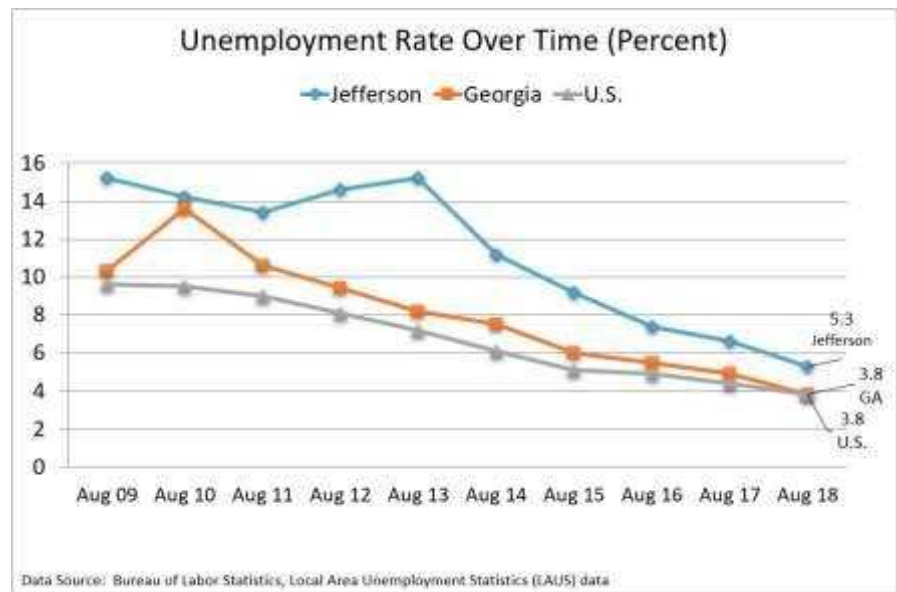


The median household income during 2013-2017 for Jefferson County was \$43,602. This was below the Georgia median income of \$52,977 and the U.S. median income of \$57,652.

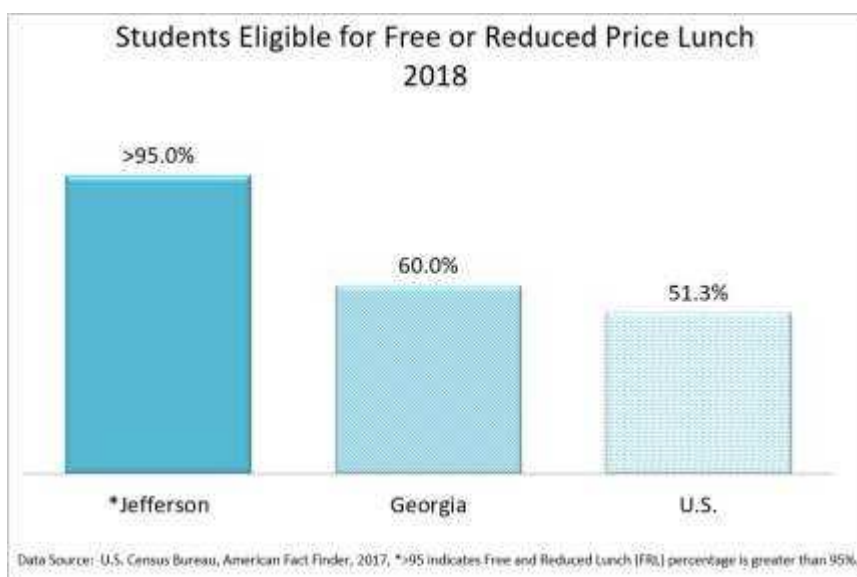


The percentage of people in Jefferson County whose income was below the poverty level (26.9 percent) was higher than Georgia (16.9 percent) and the U.S. (14.6 percent). The percentage of children under five years of age living in poverty in Jefferson County (52 percent) was higher than both Georgia (27.1 percent) and the U.S. rate (22.5 percent). The percentage of Jefferson County senior adults living in poverty (17 percent) was higher than Georgia (10.3 percent) and the U.S. rate (9.3 percent).

Jefferson County's unemployment rate was above the Georgia and U.S. rate.



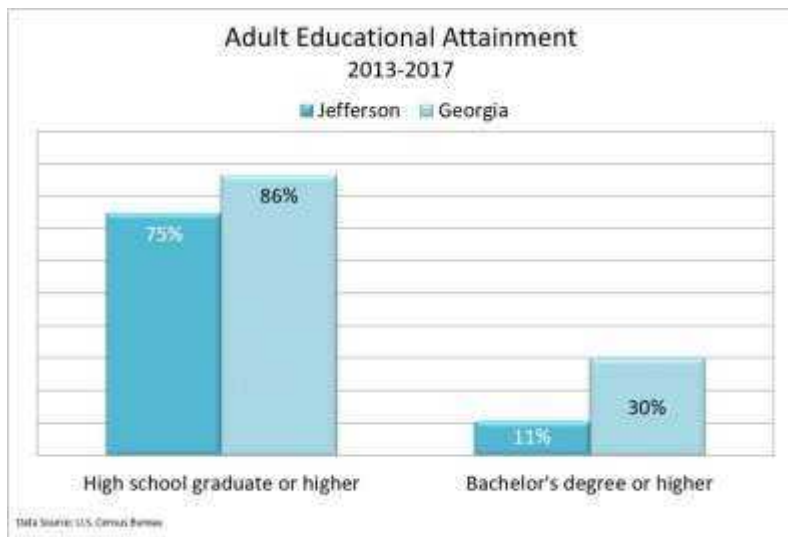
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.¹⁰³ 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 \$32,630.¹⁰⁴



Greater than 95 percent of the public-school students in Jefferson County were eligible for free or reduced-price lunches. This was higher than Georgia (60 percent) and the U.S. (51.3 percent).

Educational Attainment

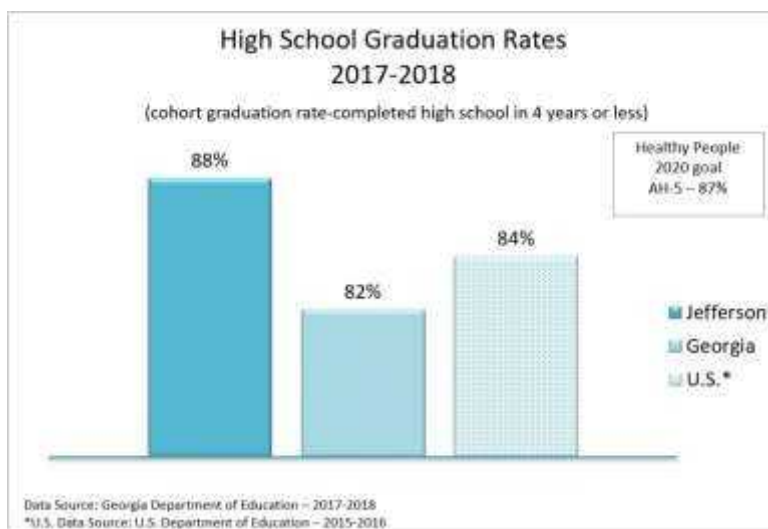
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.¹⁰⁵ According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.¹⁰⁶ 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.¹⁰⁷



From 2013-2017, 75 percent of Jefferson County residents were a high school graduate or higher compared to Georgia's average of 86 percent. An average of 11 percent of Jefferson County residents had a bachelor's degree or higher compared to Georgia's higher average of 30 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.¹⁰⁸

In 2017-2018, Jefferson County had an average of 88 percent of students who completed high school in four years or less. Jefferson County's rate was above the Georgia average (82 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).

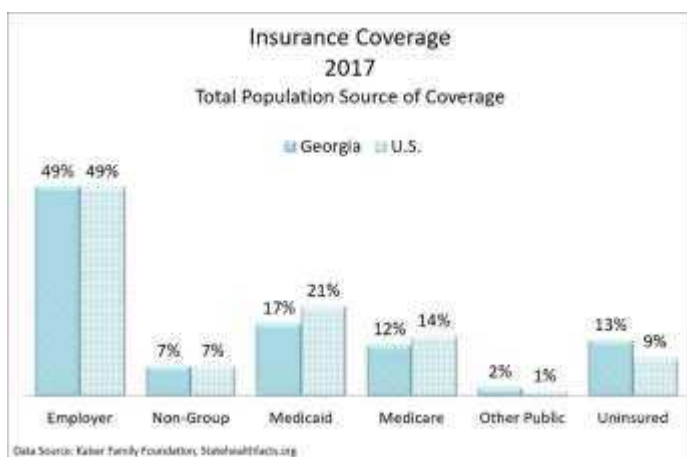


Insured Status

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.

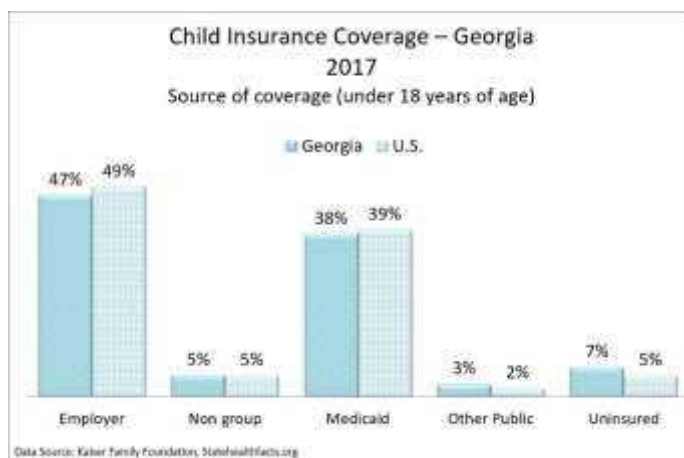
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

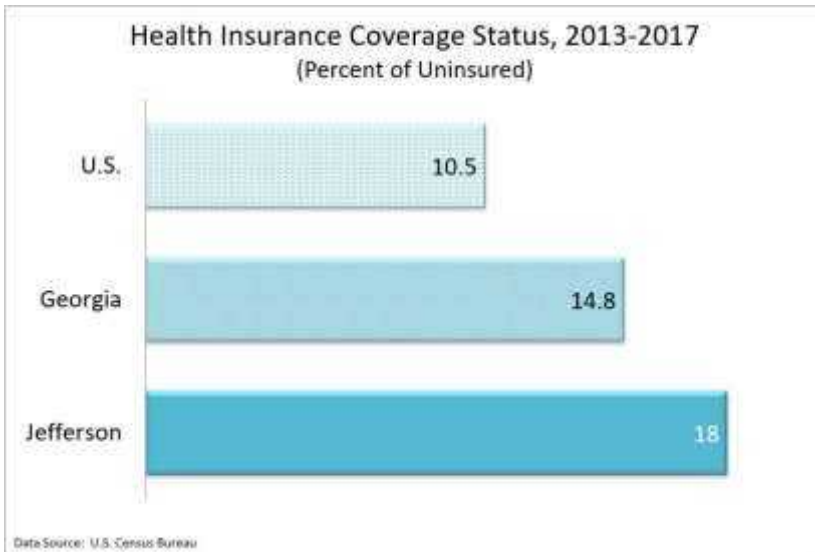


In 2017, Georgia's uninsured population (13 percent) was higher than the U.S. (9 percent). Employer coverage was even in both Georgia and the U.S. at 49 percent. Georgia's proportions of Medicare and Medicaid covered individuals were lower than the U.S. rates.

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 coverage in Georgia was lower (47 percent) than the U.S. rate (49 percent).



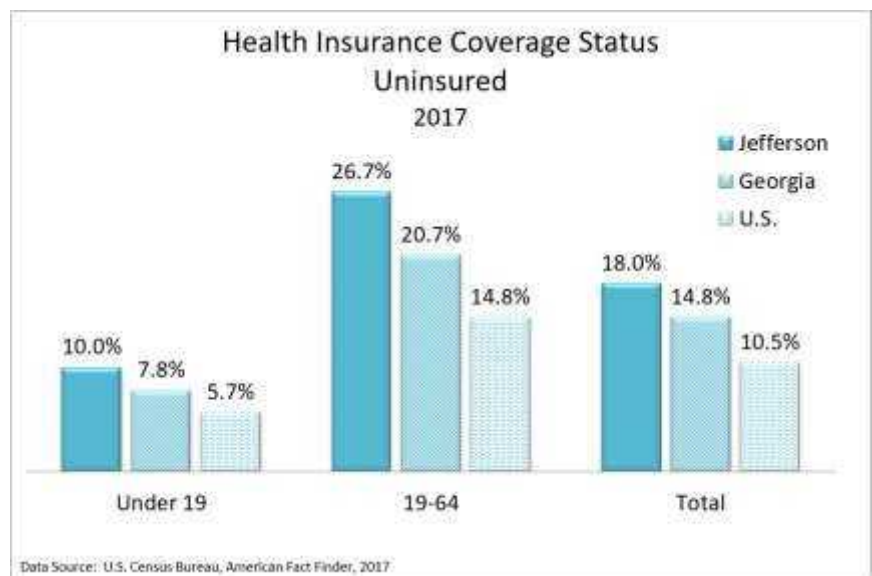
JEFFERSON COUNTY INSURED STATUS



The proportion of uninsured individuals in Jefferson County (18 percent) was higher than Georgia (14.8 percent) and higher than the U.S. (10.5 percent).

The percentage of children under 19 who lacked health insurance in Jefferson County was higher than Georgia and the U.S.

The percentage of adults ages 19-64 who lacked health insurance in Jefferson County was higher than Georgia and the U.S.



Georgia Health Assistance and Healthcare Programs

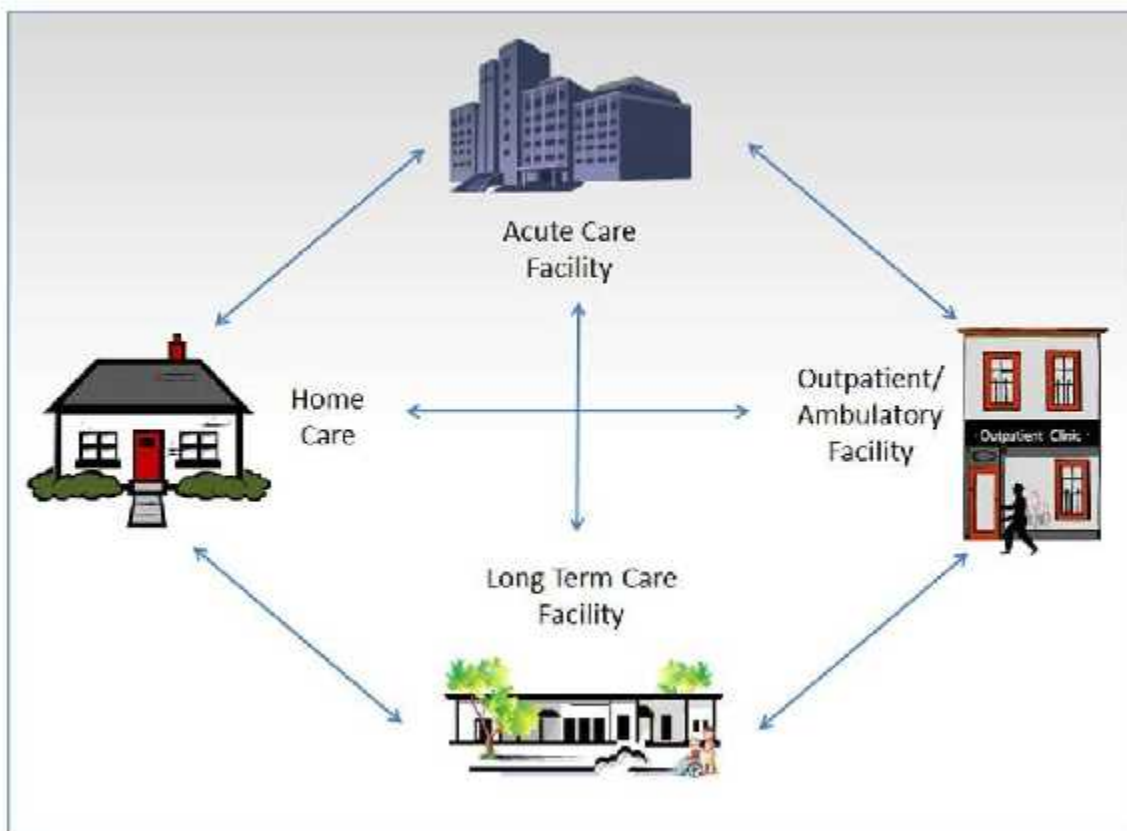
Medicaid – Georgia Medicaid is administered by the Georgia Department of Community Health. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

- » **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 received needed care without depleting their assets (Medicaid asset protection).
- » **Non-Emergency Transportation (NET)** program provides transportation for eligible Medicaid members who need access to medical care or services.
- » **Georgia Better Health Care (GBHC)** matches Medicaid recipients to a primary care physician or provider.
- » **Women's Health Medicaid** is a program that pays for cancer treatments for women who have been diagnosed with breast cancer or cervical cancer and cannot afford to pay for treatment.

Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Jefferson 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.¹⁰⁹ 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.

Jefferson County is home to Jefferson Hospital, a 99-bed not-for-profit, community hospital. Jefferson Hospital offers many services including: bariatric services, cardiovascular services, diagnostic imaging services, dialysis services, digestive services, education services, emergency department, food & nutrition, home health services, intensive care, Kids Care, laboratory services, urgent care clinic, oncology, orthopedics, pain center, patient financial services, pediatrics pharmacy, primary care clinic, rehabilitation services, respiratory care, sleep study center, spine center, surgery, and labor and delivery.

Jefferson County is approximately one hour from Albany and Tallahassee, which provides the community with access to more specialized healthcare for high acuity or specialty cases. However, residents that lack transportation may not be able to access specialized care in another city (see *Transportation* section). Certain physician specialties have been brought into the community in recent years to help address this need.

Sliding Fee Scale Clinics and Reduced Cost Clinics

Jefferson County Health Department offers services at reduced cost to residents of Jefferson County. These services include: hypertension treatment and management, diabetes management, family planning services, immunizations, nutrition and WIC services, and child health screenings.

Jefferson Hospital operates three clinics called Physicians' Health Group in Louisville, Wrens, and Wadley. The clinics offer primary care services with all forms of insurance accepted. Individuals who are uninsured will not be turned away due to inability to pay and payment is based on a sliding scale.¹¹⁰

East Georgia Healthcare Center in Wadley offers family medicine, primary care, pediatrics, family planning, health education/nutrition, and immunizations. Hours of operation are Mondays 8:00 am to 7:00 pm, Tuesdays through Thursdays 8:00 am to 5:00 pm and Fridays 8:00 am to 2:00 pm. Individuals who are uninsured will not be turned away due to inability to pay and payment is based on a sliding scale. All forms of insurance are accepted.¹¹¹

Community Health Care Systems operates a federally qualified healthcare center location in Wrens. The clinic accepts most types of insurance including Medicare, Medicare Advantage Plans, Commercial insurance, Medicaid, Tri-Care and others. Sliding scale discounts are available for indigent and uninsured patients.¹¹²

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. Jefferson County is considered an MUA based on its Index of Medical Service Score of 61.6.¹¹³

Mental Health

Jefferson County has no facilities in the County that provide mental health and substance abuse services. The community reported a lack of local mental health facilities for outpatient and crisis services.

- » Ogeechee Behavioral Health Services, located in Burke County, offers substance abuse treatment, cognitive behavioral therapy, motivational interviewing, and anger management services. The facility accepts Medicaid, Medicare, private insurance, military insurance, and sliding fee scale fee is available based on income.¹¹⁴

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.¹¹⁵ 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. Jefferson County has two skilled nursing facilities in Louisville and Wadley. Both facilities accept Medicare and Medicaid. The combined number of beds among these facilities is currently 241 beds.¹¹⁶

Transportation

Jefferson County has a land area of 527 square miles.¹¹⁷ Many residents depend upon family members or others in the community for their transportation needs. Many people in the community cited transportation as major issue preventing access to care.

Professional Shortage Areas as of January 2019	
Jefferson County	
Primary Care Shortage	✓
Mental Health Shortage	✓
Dental Health Shortage	✓

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

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.¹¹⁸

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.¹¹⁹ 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.¹²⁰

COMMUNITY INPUT

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



Access to Care

- » Transportation is a major issue. Getting to the hospital and going home are both problems for many people.
- » Jefferson County is a big county and the population is spread out. Transportation is an issue.
- » Some people have to pay relatives to take them to the hospital or clinic.
- » There is a transit bus available, but an appointment must be made days in advance.
- » There are only 3 ambulances in the county. Only 2 of them run 24 hours a day. If you need one late at night and it is not close by, you can be in trouble.
- » A lot of people do not have health insurance.
- » Health care is not affordable for some people. They use the emergency room instead of buying insurance.
- » Hospital resources are adequate for this size community. We need more access to specialists.
- » Physician appointments are difficult to get after work.
- » The doctors take too long with each patient. They could see more patients if they did not take so long.
- » The medical staff of the hospital is very good. The community is happy with the doctors at the hospital.
- » The hospital needs a cardiologist, a podiatrist and an ophthalmologist. Maybe one can visit periodically from one of the Augusta hospitals.
- » Telemedicine options need to be explored.

Access to Care (Resources already in place)

- The county has 1 hospital, but it is adequate for a community of this size.
- There are 2 nursing homes and 2 assisted living facilities serving the county.
- Jefferson County has 3 primary care clinics, but only one is open after hours. There is 1 pediatric clinic.
- The community does not know many of the healthcare resources that are nearby. A resource directory is needed.
- The hospital needs to offer education on health resources.
- The local food pantry serves 72 families. It is only open 1 day a week.

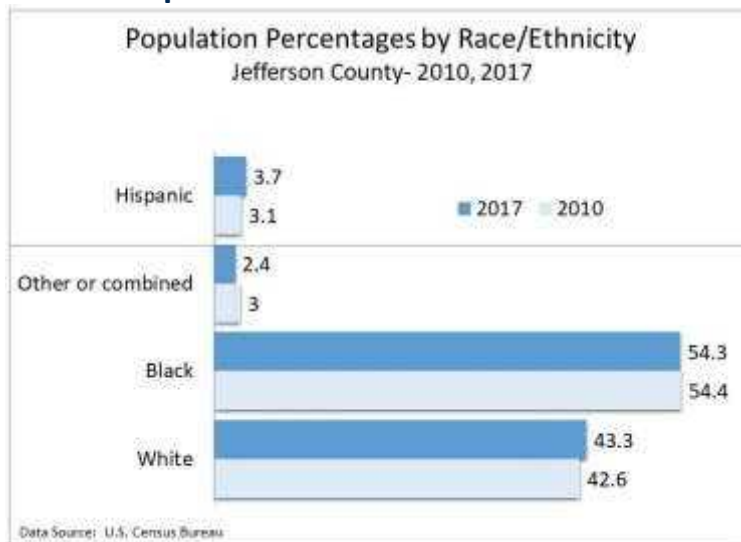
SPECIAL POPULATIONS

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

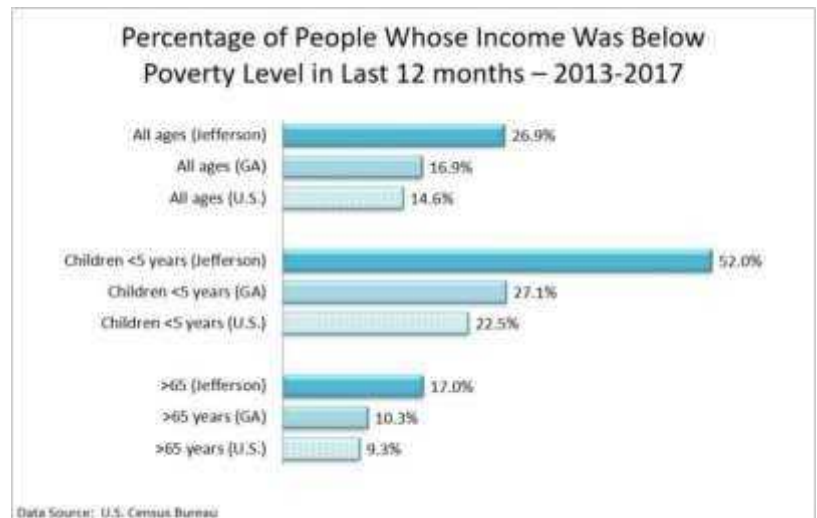
Health Disparities



The Black population represents a large proportion of the population in Jefferson County. Much of the data throughout the report identified health disparities in the Black population compared to other population groups.

The Hispanic population represents a small proportion of the population but has grown since the 2010 census. The Hispanic population can face more health disparities due to their immigration status.

The poverty rates in Jefferson County were highest among the children under 5 population. Children from lower income families face more health disparities due to lack of access to affordable healthcare, nutritious food, and safe housing.



COMMUNITY INPUT

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



Hispanic Population (Health Disparities)

- » The Hispanic population is growing. The poultry processing plant attracts Hispanic workers.
- » Hispanics wait too long before going to the hospital.
- » Hispanic women use the public health department because there is a translator on staff. They feel comfortable there.

Black Population (Health Disparities)

- » Diet is a contributing factor to most health problems.
- » Healthy food is not affordable to many in the community.
- » Affordability and lack of access are the main issues.

Senior Health

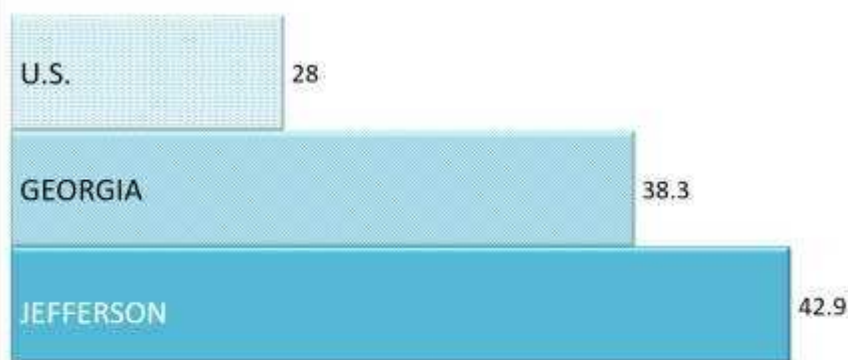
The population proportion of those aged 55 and over in Jefferson County is approximately 30.4 percent. Georgia's proportion of those aged 55 and older is roughly 25 percent or one in four individuals. Please reference the *Community Input* section *Senior Health*.

Population Percentages By Age Groups, 2017
Jefferson 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.

Jefferson County had higher proportions of adults 65 and older compared to Georgia. The Alzheimer's disease death rate was higher compared to Georgia and the U.S.

COMMUNITY INPUT

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

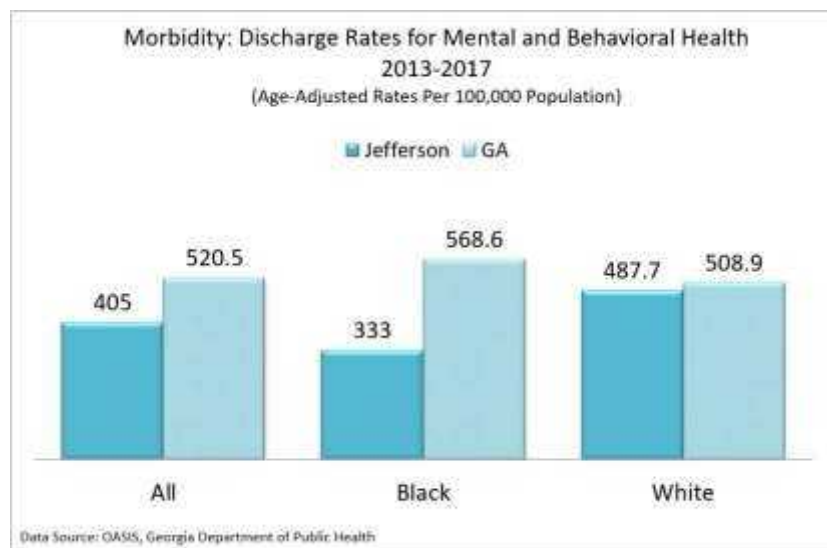


Senior Health

- » There are 2 nursing homes and 2 assisted living facilities that provide excellent service in the area.
- » The average age of the county is high. Young people leave to find better jobs.
- » Alzheimer's disease does not have the stigma that it once did. Maybe that is why the death rate is higher.
- » A lot of the elderly still have to take care of family members. Some leave the nursing home to do so.

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 disorders¹²¹.



Jefferson 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 Jefferson County community focus groups and key stakeholder interviews.

Mental and Behavioral Health

- There are no mental health treatment facilities in the county. The emergency room is the only option.
- Mental health is a major problem in the community.
- Substance abuse causes a lot of the mental health problems.
- Veterans in the community suffer from PTSD. The closest VA facility is in Augusta.
- Mental health for the senior population is a big concern.



Mental and Behavioral Health

- Suicide is an issue with both middle aged people and with the senior population.
- There is no treatment available nearby. Transportation is a problem.

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 four points (in the form of four 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 top three highest priorities. Participants were asked to give an additional point/dot to the number one priority. 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 amenable 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 September 25th and September 26th, 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 lack of communication regarding available community resources. There is a need for centralized resource directory.
 - b. There is a lack of transportation.
 - c. There is a need for more effective outreach and education, especially to the medically underserved population in the community.
 - d. There is a lack of free and low-cost health screenings for common diseases.
2. Mental and Behavioral Health/Substance Abuse
 - a. There is a lack of local mental and behavioral health facilities for both crisis and outpatient treatment options.
 - b. There is a need for more community education on substance abuse issues for both adolescents and adults.
3. Adolescent Health
 - a. There is a need to offer community education on adolescent sexual behavior, substance abuse, underage drinking and birth control.
 - b. There is a need for a higher level of parental engagement and outreach on methods for raising a healthy child. The lack of parenting engagement and accountability was the main theme associated with adolescent health.
 - c. There is a need for collaboration with other providers, schools, government agencies and nonprofit organizations to educate adolescents on health issues.
4. Lifestyle and Obesity
 - a. There is a need for education and collaboration/outreach on personal accountability, self-control, and taking charge of one’s health.
 - b. There is a need for community education on healthy food options and the relationship between a healthy diet and health.
 - c. There is a need for more affordable healthy food.

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:

- Mental and Behavioral Health/Substance Abuse
- Lifestyle/obesity
- Access to Care
- Adolescent Health

Approval

Jefferson Hospital's Board approved this community health needs assessment through a board vote on December 2, 2019.

Special Thanks to Community Participants

Jefferson Hospital 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 May 13th or 14th, 2019. There were over 40 community participants who attended these events.

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

Wendy Martin, CEO
Jessica Guy, Assistant Administrator
Dallas Turner, Administrative Assistant
Ansley Holloway, Marketing Director
Monica Cain, Quality Director
Nancy Cox, MD, Chief of Staff
Jennifer Tanner, PA-C, Emergency Room Physician Assistant
Paul Parrish, Rural Health Clinic Practice Manager
Becky Brown, Utilization Review, Discharge Planner, Swing Bed Coordinator
Deb Dayton, RN, Director of Nursing
Mary Sue Rachels, Consultant

Jefferson Hospital 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.

PRENATAL CARE

Jefferson Hospital Prenatal Center
1067 Peachtree Street
Louisville, GA 30434
(478) 625-9111

FAMILY PLANNING

Jefferson County Health Department
2501 Highway 1 North
Louisville, GA 30434
(478) 625-3716

NEWBORNS & CHILDREN

Immunizations
Suraj Sukumaran, MD
Pediatrician
PHG – Louisville, GA 30434
(478) 625-9816

Immunizations
Nancy Cox, MD
Pediatrician/ Internal Medicine/Adult Care
PHG – Wrens, GA 30833
(706) 547-6409

Jefferson County Health Department
2501 Highway 1 North
Louisville, GA 30434
(478) 625-3716

Head Start Program
Pre-school education, Social Services, Health care, nutrition (four-year-olds)
5315 Middleground Road
Louisville, GA 30434
(478) 625-8911

ADULTS

Department of Family & Children Services
(DFACS)
Financial Help, Medicaid, Food Stamps, Transportation
2459 US Hwy 1 N.
Louisville, GA 30434
(478) 625-7259

Safe Homes of Augusta
904 Merry Street
Augusta, GA 30904
(706) 736-2499

Jefferson County Health Department
Health Screening, Family Planning, etc.
2501 Highway 1 North
Louisville, GA 30434
(478) 625-3716

OLDER ADULTS

Jefferson County Leisure Center
209 E. 7th Street
Louisville, GA 30434
(478) 625-8820

Comfort Creek Nursing Home
10200 Hwy 1 South
Wadley, GA 30477
(478) 252-5254

PruittHealth - Old Capitol
310 Hwy #1 Bypass
Louisville, GA 30434
(478) 625-3741

GeorgiaCares
State Health Insurance Assistance Program for Georgia
1(866) 552-4464 (Option 4)

Jefferson County Health Department
2501 Hwy 1 North
Louisville, GA 30434
(478) 625-3716

Home Place
Adult Day Care
504 N Main St.
Wrens, GA 30833
(706) 547-2138

Silver Lining Personnel Care Home
407 Harvey Street
Stapleton, GA 30823
(706) 547-3060

Senior Citizens Council
Long-Term Care OMBUDSMAN
(866) 552-4464 (Option 3)

The Home Place
Personal Care Home
Louisville, GA 30434
(478) 625-7256

Trinity Home Health Services
"Emergency Response System for elderly who live alone"
1212 Augusta W. Pkwy
Augusta, GA 30909
(706) 729-6000

University Health Care
(706) 722-9011

Jefferson County Leisure Center
"Meals on Wheels," Brown Bag Program, Activities
(478) 625-8820

Next Step Care
P.O. Box 25
105 Broad Street
Butler, GA 31006
(888) 762-2420

Kindred at Home
1225 W. Wheeler Pkwy
Building C
Augusta, GA 30909
(706) 651-1211

HOSPICE CARE

Trinity Home Health
1212 Augusta W. Pkwy
Augusta, GA 30909
(706) 729-6000

Encompass Health Hospice
(706) 854-7500
4128 Madeline Drive
Augusta, GA 30909

PruittHealth Hospice
667 South Main Street
Swainsboro, GA 30401
(478) 237-7798

Alliance Hospice
3475 Riverwatch Pkwy
Martinez, GA 30807
(877) 440-2461

REHABILITATION SERVICES Jefferson
Hospital Swing Bed Rehabilitation service
and short-term care
(478) 625-7000

Rehabilitation Department of Jefferson Hospital
(478) 253-4325

Doctor's Hospital Inpatient Rehabilitation
(706) 651-6161

HealthSouth Walton Rehabilitation Hospital
(706) 724-7746

Warrenton Health & Rehabilitation Center
(706) 465-3328

MISCELLANEOUS

Alcoholics Anonymous
(706) 860-8331

Alcohol and Drug Hotline
(800) 252-6465

ACE DUI & Community Intervention Program
(706) 863-6261

Jefferson Co. DFACS
Adult & Child Sexual and Physical
Abuse Support Group
(478) 625-7259

American Heart Association
(803) 341-9592

Georgia Legal Services Free Legal Help
(800) 248-6697

Housing Authority
Waynesboro, GA 30802
(706) 554-2233

Jefferson County Transit System
(478) 625-8518

Jefferson County Health Department
Vital Records
(478) 625-3716

Medicare Information
(800) 727-0827

Jefferson County Board of Education
School Registration
(478) 625-3283

Social Security Administration
(800) 772-1213

The Sunshine House, Children's Advocacy Center
478-237-7801

Louisville Community Food Pantry
718 West Nelms Street
Louisville, GA 30434
478-625-0890

PHYSICIANS

Suraj Sukumaran, M.D.
Pediatrician
PHG – Louisville Children's Clinic
(478) 625-9816

Erin Nobles, F-NP
PHG – Louisville Clinic
(478) 625-8471

Andrea Byrd-Doak, PA-C
PHG – Louisville Clinic
(478) 625-8471

Jennifer Tanner, PA-C
Jefferson Hospital – ER
(478) 625-7000

James Ford, MD
Wrens, GA
(706) 547-2559

Lauren Stewart, PA-C
PHG – Wrens Clinic
(706) 547-6409

James Pilcher, MD
Internal Medicine
PHG-Louisville Clinic
(478) 625-8471

Samuel Franklin, MD
Internal Medicine
PHG – Louisville Clinic
(478) 625-8471

Abbot Easterlin, PA-C
PHG – Wadley Clinic
(478) 252-8900

Nancy Cox, MD
Pediatrician/ Internal Medicine/Adult Care
PHG – Wrens Clinic
(706) 547-6409
Pediatrics Clinic
706-547-7055

JEFFERSON HOSPITAL SPECIALTY CLINIC

Dr. Brad Headley
Jefferson Hospital – General Surgery
(478) 625-8471

PAIN MANAGEMENT/REHAB

Dennis Williams, MD
Evans, GA
(706) 396-7671

OPTOMETRISTS

Dr. Gina R. Durant
Louisville, GA
(478) 625-7605

DENTISTS

Dr. William E. Real
Wrens, GA
(706) 547-3148

Dr. David Avery
Dr. Andrew Wright
Louisville, GA
(478) 625-2341

Dr. Tonya Gunby
Louisville, GA
(478) 625-3662

PHARMACIES

Louisville Drug Company
101 E Broad St.
Louisville, GA 30434
(478) 625-7575

Gunn Drug Company
48 N Main St.
Wadley, GA 30477
(478) 252-5252

Peachtree Pharmacy & Gifts
802 Peachtree Street
Louisville, GA
478-625-9450

Wrens Drug
206 E Broad Street
Wrens, GA 30833
(706) 547-2225

Barney's Pharmacy
106 S Main St.
Wrens, GA 30833
(706) 547-4111

Barney's Pharmacy
819 Peachtree St.
Louisville, GA 30434
(478) 625-8980

EMERGENCY SERVICES

Police – 911
Fire – 911
Sheriff - 911
Ambulance Service - 911

Poison Control Center
1(800) 222-1222

Rape Crisis Hotline at University Hospital
(706) 724-5200

Ogeechee Behavioral Health Services
478-289-2522

24 Hour Emergency Crisis Line
1-800-715-4225

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