

Upton Regional Medical Center Community Health Needs Assessment

2012

Prepared for: **Upton Regional Medical Center**
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Thomaston, GA 30286



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EXECUTIVE SUMMARY

Purpose

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

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

The assessment was performed by Draffin & Tucker, LLP. Draffin & Tucker is a health care consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 50 years' experience working with hospitals throughout the Southeastern United States.

About the Area

Upson County is located in west central Georgia and has a population of 27,153. Upson Regional Medical Center, a regional health care provider with 115 acute-care beds, serves this area of Georgia. The hospital is located in the county seat of Thomaston. The surrounding areas of Thomaston are diverse as far as population of rural and urban areas. Yatesville and The Rock are far less populous in comparison to Thomaston. The population distribution among rural and urban areas is almost split evenly—53.1 percent of the population is urban and 46.9 percent is rural. Nearly 3.2 percent of Upson County's land area is urban while 96.8 percent is rural.¹

The County's population is predicted to increase to 28,495 residents by 2015.² The percentage of residents aged 55 and older had increased from 2000 to 2010; this identified an immediate need for delivery of healthcare that serves individuals with chronic conditions. The Hispanic population had increased, although remains a small portion of the population.

Condition of Health (Morbidity and Mortality)

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

Cancer

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

Heart Disease and Stroke

Heart disease and stroke typically affect people 65 year of age and older. Heart disease was the second leading cause of death in Upson County. The death rate in Upson was significantly higher than in Georgia.

Stroke was the third leading cause of death in Upson County. The stroke rate for Upson was higher than in both Georgia and the U.S. rates. Stroke has very similar modifiable risk factors as heart disease, and the two can be grouped together when developing community benefit implementation strategies.

Maternal, Infant and Child Health

Birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. The teen birth rate in Upson County was significantly higher than in Georgia and the U.S. The teen birth rate among Black females was higher than among White females, which brings attention to a health disparity in the community. The infant death rate in Upson County was much higher than the State.

Alcohol, Tobacco, and Drug Use

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

Sexually Transmitted Diseases

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. In 2010, Upson County's rates for chlamydia were higher than the U.S and slightly lower than Georgia rates. Gonorrhea rates were higher than the State and the U.S. rates. Upson County chlamydia rates among Blacks were over 11 times the rate of Whites.³ Gonorrhea rates among Blacks were over 18 times higher than the rate of Whites.⁴ In Upson County, human immunodeficiency virus (HIV) hospital discharge rates for Blacks were over four times the rates for Whites.⁵ Community members cited teenage behaviors as a key indicator for increased prevalence of STDs.

Access to Care

Access to healthcare is impacted by level of income, educational attainment, and insured status. In 2006-2010, Upson County's population consisted of 22 percent of the population living in poverty. This was a higher percentage than the state average and national average.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In 2011, 19 percent of adults were uninsured in Upson County. In 2010, 12 percent of children were uninsured in Georgia. Education also affects an individual's ability to access care. In 2006-2010, only 76 percent of Upson County residents were high school graduates. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.⁶

Local infrastructure and public transit affect access to health care. Without a public transit system, many Upson County residents rely on friends and family members for transport.

Community Prioritization of Needs

Information gathered from community meetings, stakeholder interviews, discussions with the hospital leadership team, as well as the 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:

- Access to care
- Heart disease and stroke
- Cancer
- Diabetes
- Obesity
- Teen lifestyle
- Respiratory
- Mental health
- Teen pregnancy
- Alcohol and drug abuse
- Transportation
- Sexually transmitted diseases

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

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

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

David Castleberry, Committee Chair, Chief Executive Officer
John Williams, Chief Financial Officer
Josee Gill, Chief Clinical Officer
Rich Williams, Human Resources Director
Sallie Barker, Communications Director
George Curtis, Chief Information Officer
Lyn Ray, Quality and Patient Safety Director
Sue Adams, Education Director

Other members may serve on the CHSC as the committee's work progresses. Each meeting is guided by a written agenda, announced in advance, and minutes are recorded.

2. Defining the Community or Service Area

The CHSC selected a geographic service area definition. This definition was based upon the Hospital's primary service area in a manner that included the broad interests of the community served and included medically-underserved populations, low-income persons, minority groups, or those with chronic disease needs. Upson County was selected as the community for inclusion in this report.

3. Identifying and Engaging Community Leaders and Participants

The CHSC identified community leaders, partners, and representatives to include in the CHNA process. Individuals, agencies, partners, potential partners, and others were requested to work with the hospital to 1) assess the needs of the community, 2) review available community resources and 3) 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.

4. Identifying and Engaging Community Stakeholders

Community stakeholders (also called key informants) are people invested in or interested in the work of the hospital, people who have special knowledge of health issues, or are people important to the success of any hospital or health project, or are formal or informal community leaders. The hospital identified over 120 community members to participate in the CHNA process.

5. Community Health Profile

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

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

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

6. Community Input

Two-hour Community Health Input Meetings (community meetings) and one-hour Community Stakeholder Interviews (interviews) were essential parts of the CHNA process. Three community meetings and 10 stakeholder interviews were conducted in order to obtain the community's input into the health needs of Upson County.

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

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

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

7. Hospital Prioritization of Needs

Information gathered from community meetings, stakeholder interviews, discussions with the hospital leadership team, as well as a review of demographic and health status, and hospital utilization data was used to determine the priority health needs of the population. Draffin & Tucker, LLP provided the CHSC with a written report of the observations, comments, and priorities resulting from the community meetings and stakeholder interviews. The CHSC reviewed this information, focusing on the identified needs, priorities, and current community resources available. The CHSC 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.

ABOUT UPSON COUNTY

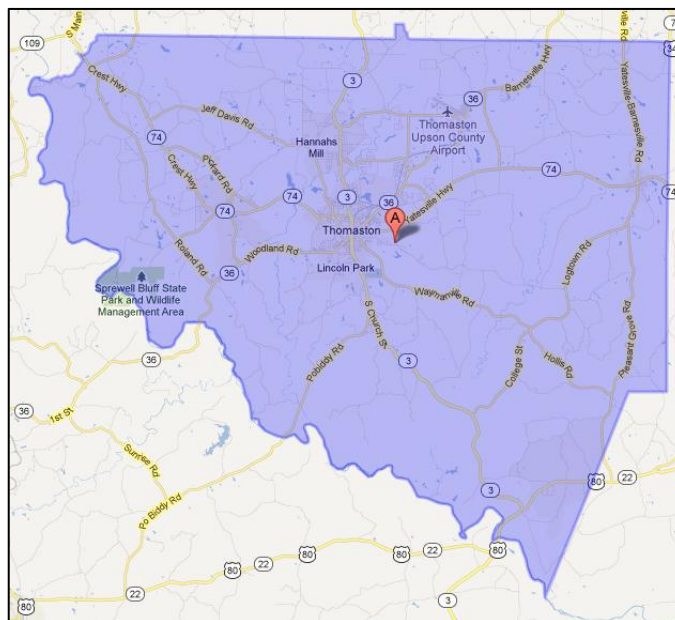
Upson County is located in west central Georgia. It is approximately 60 miles south of Atlanta, 45 miles west of Macon, and 50 miles east of Columbus. Upson County has a total land area of 326 square miles.⁷ The Flint River forms the entire western border of Upson County, which creates a separation between Upson, Meriwether and Talbot Counties. According to the 2010 U.S. Census, there were 27,153 residents in the county.⁸ The county includes the cities of Thomaston, Yatesville, and a small unincorporated town called The Rock (census-designated place). Yatesville and The Rock are far less populous in comparison to Thomaston. The population distribution among rural and urban areas is almost split—53.1 percent of the population is urban and 46.9 percent is rural. Nearly 3.2 percent of Upson County’s land area is urban while 96.8 percent is rural.⁹



There is one hospital system in Upson County (Upson Regional Medical Center) with many ancillary service facilities that serve the community. The main hospital is located in Thomaston.

City/Town/Village	2010 Population
Thomaston	9,170
Yatesville	357
The Rock (CDP)	160

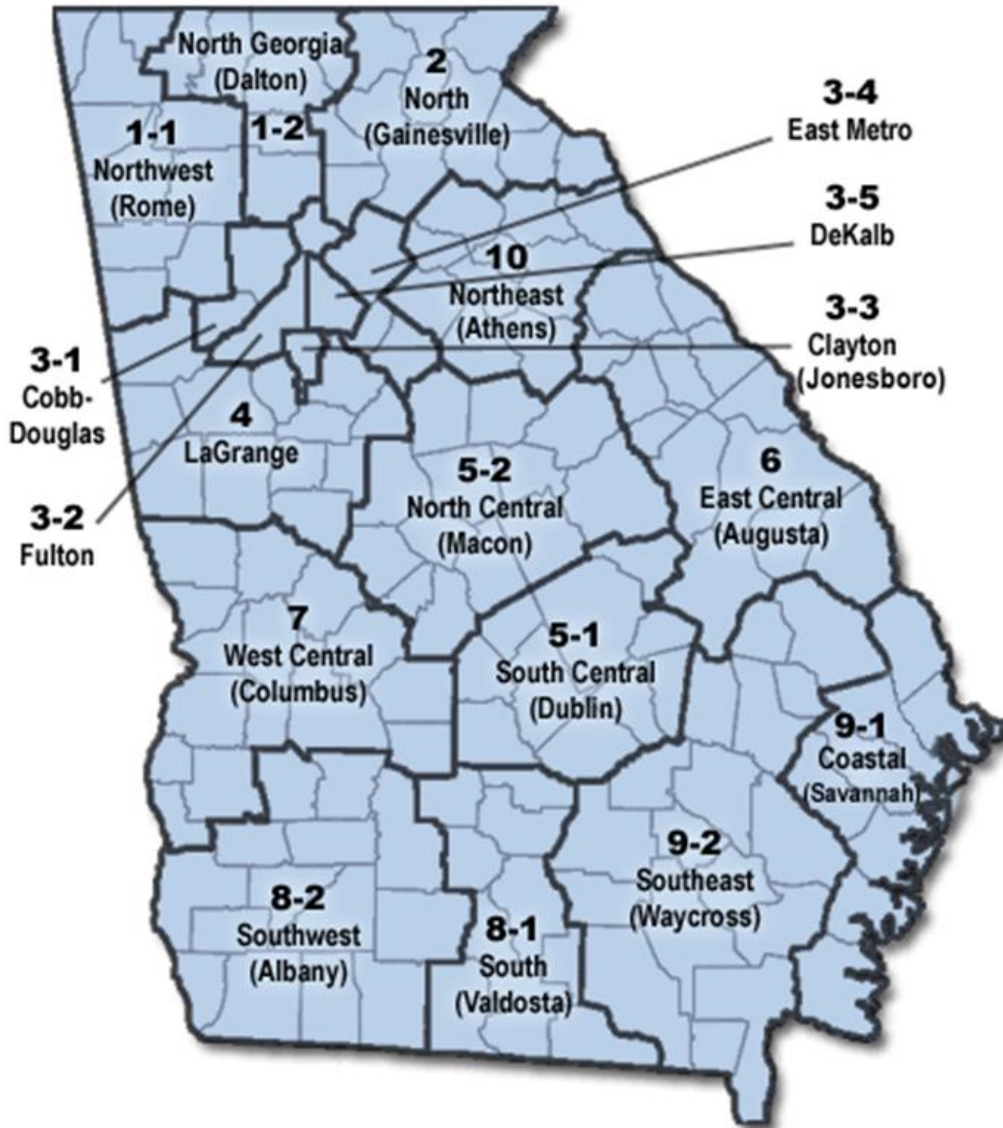
Data Source: U.S. Census Bureau Note: CDP (census-designated place)



Upson County’s primary industries include manufacturing, health care, educational services, and retail trade.¹⁰

Upson County is best known for its strong history in agriculture and textiles.¹¹

The State of Georgia is divided into 18 health districts. Upson County is located in district 4-0 which is also referred to as LaGrange 4.



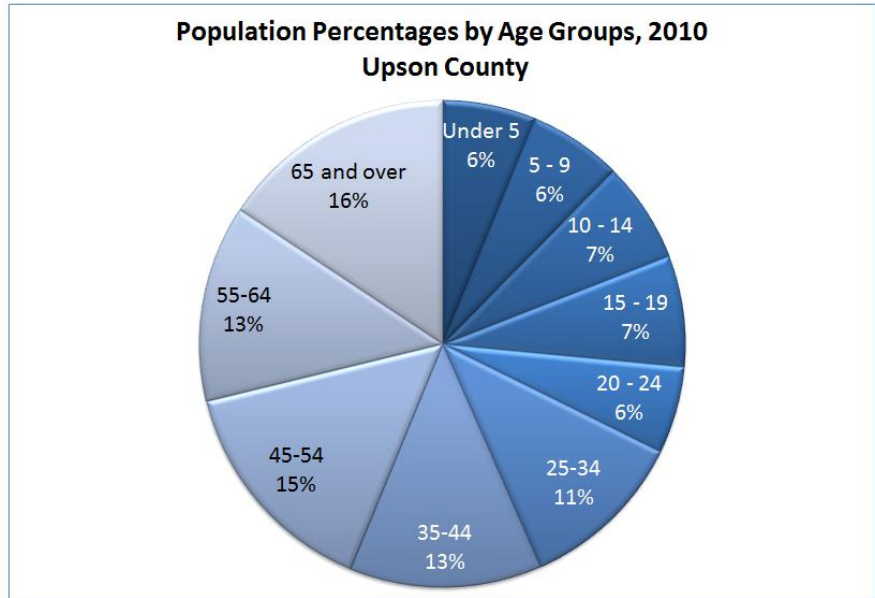
Source: Georgia Department of Community Health

Demographics

Population Profile

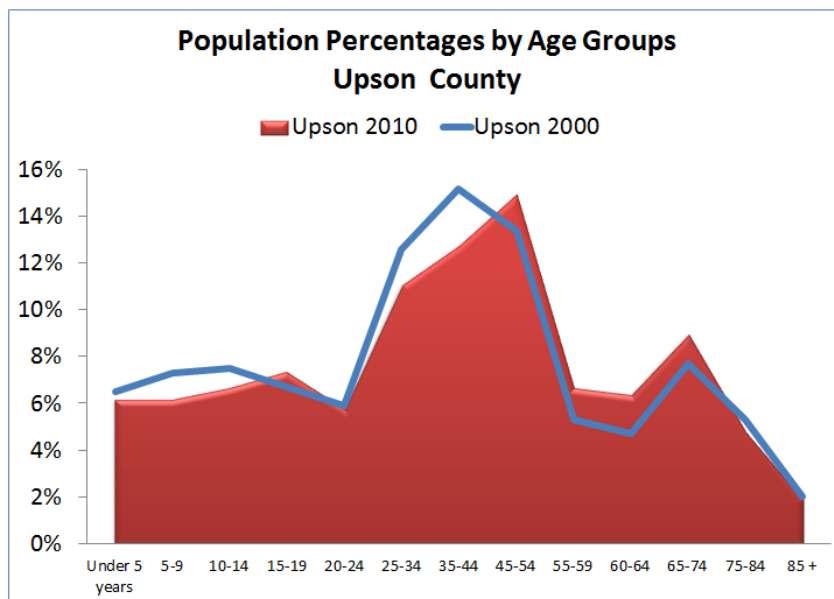
A community's health status is reflective of its population characteristics. Generally the more aged the population, the greater its health needs, as this group is more likely to develop chronic medical conditions requiring care.

According to the 2010 Census, 16 percent of Upson County's population was 65 years or older. In Georgia, the percentage of the population 65 years of age or older was 10.7 percent compared to 13.1 percent for the U.S.¹²



Data Source: U.S. Census

Population projections indicate that the County population will increase by 4.9 percent from 2010 to 2015.¹³



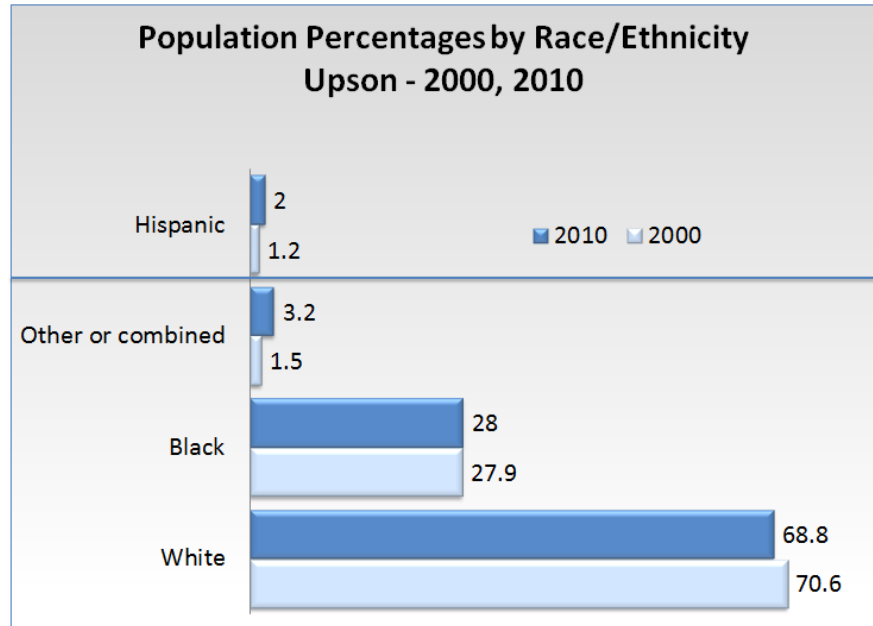
Data Source: U.S. Census

Comparing the County's population percentage by age groups from 2000 to 2010, it is apparent that the County population is aging. The age group of 55 and older increased from 2000 (24.9 percent) to 2010 (28.8 percent). Growth in the number of residents aged 55 and older will have significant impacts on the health care delivery system within the County.

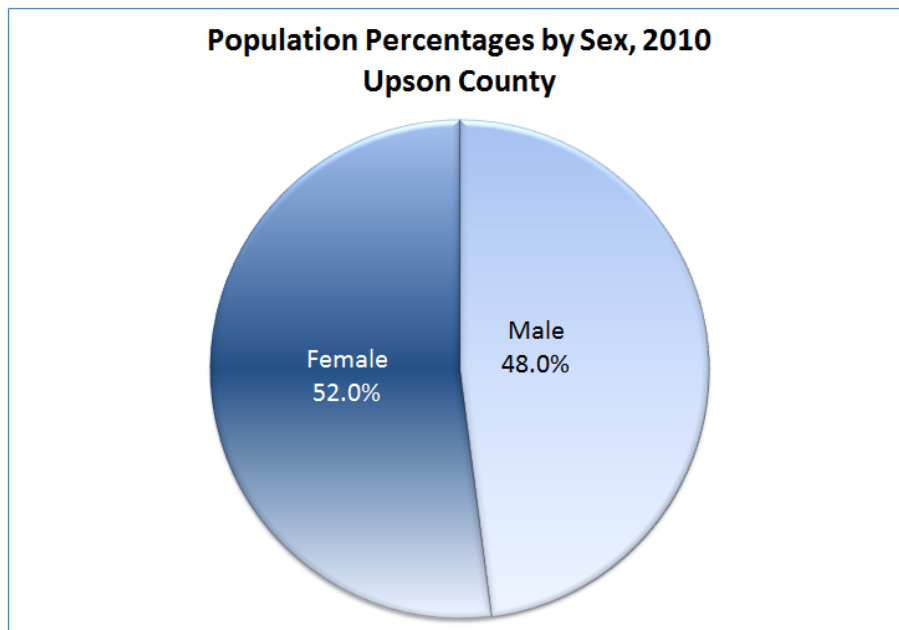
Race, Ethnicity and Origin Profile

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.¹⁴ 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 for many common causes.¹⁵ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.¹⁶

According to 2010 U.S. Census records, Upson County's population was 68.8 percent White, 28 percent Black, and 2 percent Hispanic. The Hispanic population, although small, increased from 2000 to 2010.



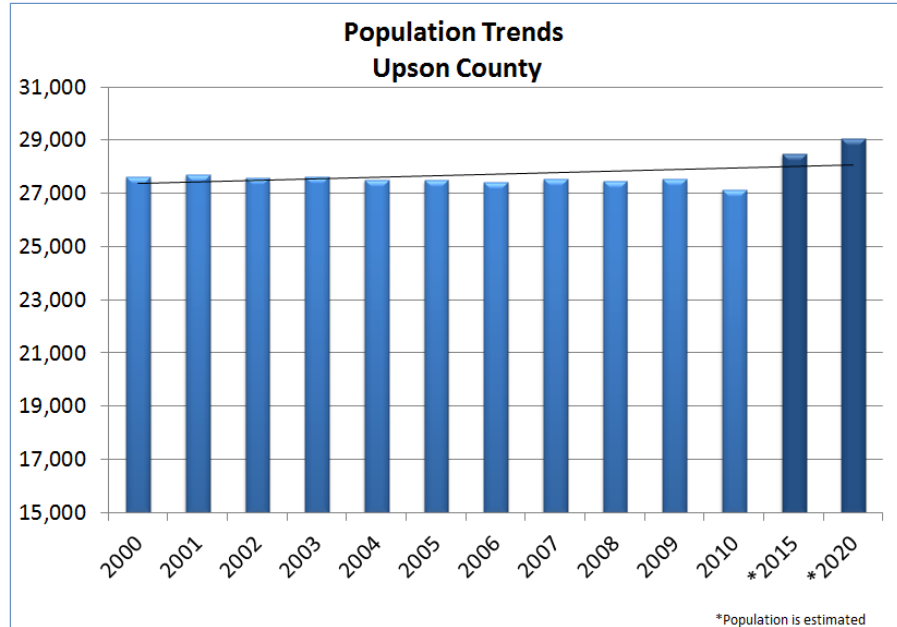
Data Source: US Census, 2010



Data Source: U.S. Census

The percentage of females in Upson County was slightly higher at 52 percent compared to males at 48 percent.

The population of Upson County had decreased overall from 2000 to 2010. Population is predicted to increase to 28,495 residents in 2015 and 29,077 residents in 2020.¹⁷

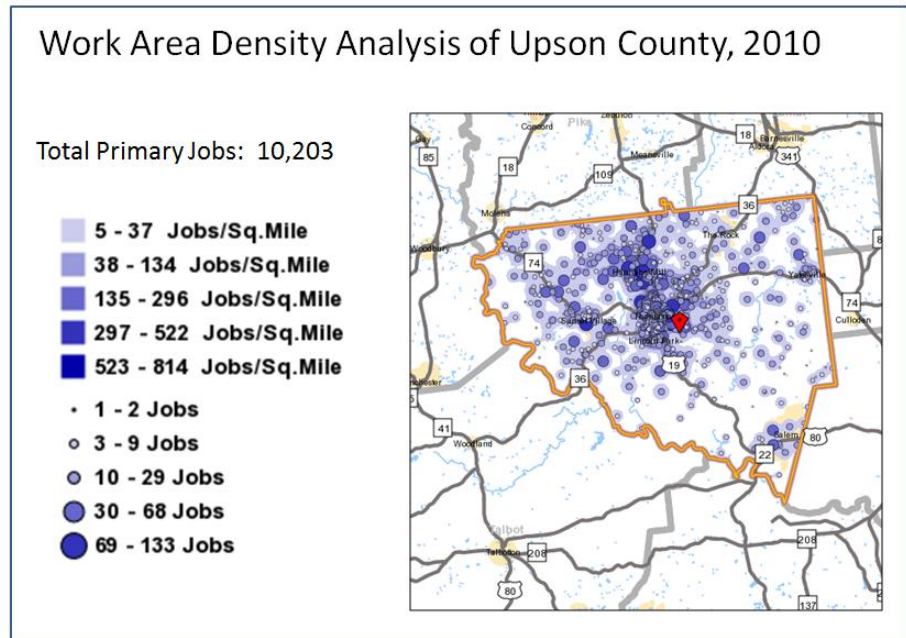


Data Source: U.S. Census, Georgia Department of Labor

Local Employment Indicators

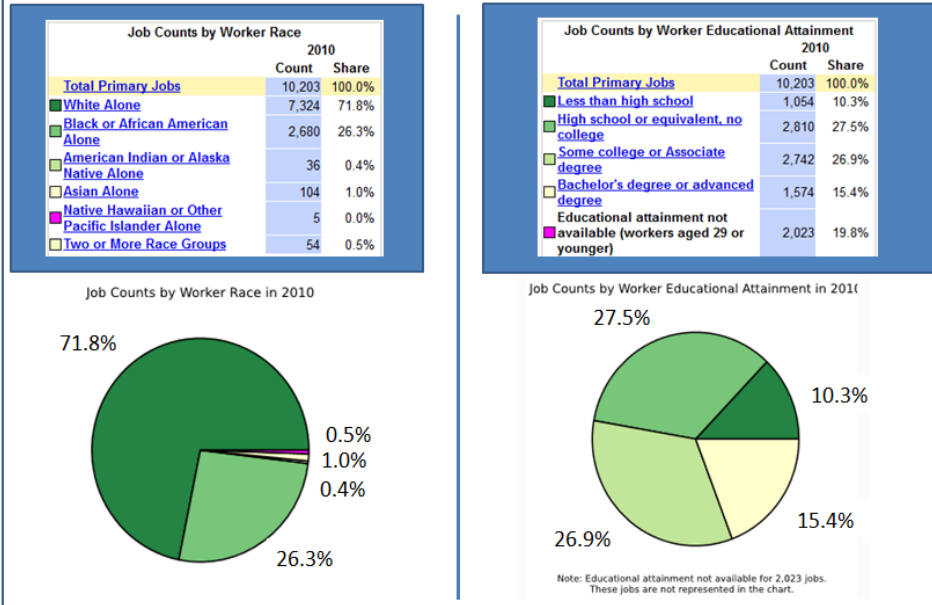
When studying population health it is important to look at all aspects of a community. Local employment indicators show job locations, job inflow and outflow, demographics of employees, and jobs by industry type.¹⁸ These are all indirect indicators of a population’s health, due to the correlation of employment and health insurance. These indicators impact the well-being of individuals and their families. Income and health insurance are both important factors in increasing access to healthcare.

Most of the primary jobs (10,203) located within Upson County were centered within the most populous city in the County—Thomaston.¹⁹



Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

Work Area Profile Analysis of Upson County, 2010



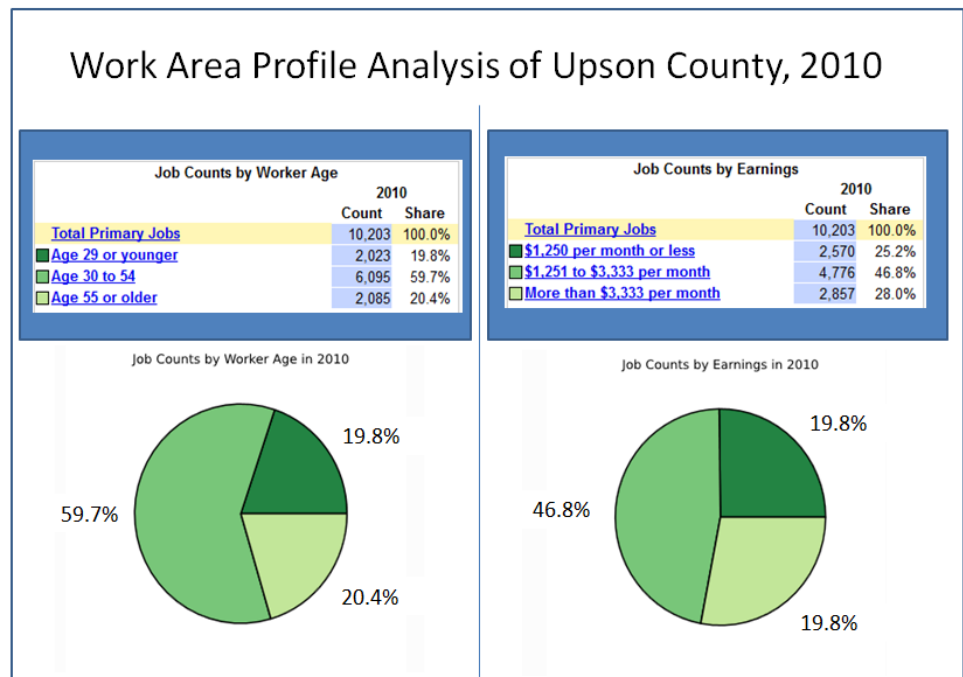
U.S. Census Bureau, Center for Economic Studies, On The Map

Job counts by worker race were about three-quarters White and one-quarter Black. The race population distribution of Upson County was very similar to the worker race distribution.

Job counts by educational attainment were highest among individuals with a high school degree (27.5 percent) and individuals with some college or Associate degree (26.9 percent).²⁰

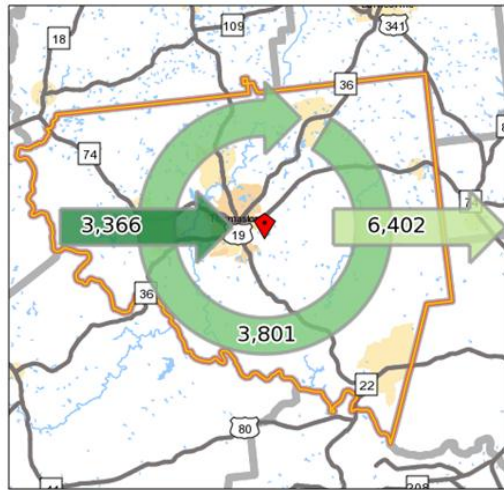
Job counts by age indicated that a majority of the workforce (59.7 percent) was 30 to 54 years of age.

The greatest proportion of the workforce (46.8 percent) was paid between \$1,251 and \$3,333 per month. Less than one-third of the work force earned more than \$3,333 per month.²¹



U.S. Census Bureau, Center for Economic Studies, On The Map

Inflow/Outflow Analysis of Upson County Employees and Residents, 2010



Inflow/Outflow Job Counts (Primary Jobs) 2010		
	Count	Share
Employed in the Selection Area	7,167	100.0%
Employed in the Selection Area but Living Outside	3,366	47.0%
Employed and Living in the Selection Area	3,801	53.0%
Living in the Selection Area	10,203	100.0%
Living in the Selection Area but Employed Outside	6,402	62.7%
Living and Employed in the Selection Area	3,801	37.3%

Note: Overlay arrows do not indicate directionality of worker flow between home and employment locations.

- Employed and Live in Selection Area
- Employed in Selection Area, Live Outside
- Live in Selection Area, Employed Outside

Of the individuals employed in Upson County (7,167), 53 percent were living in the County, while 47 percent were living outside Upson County.²²

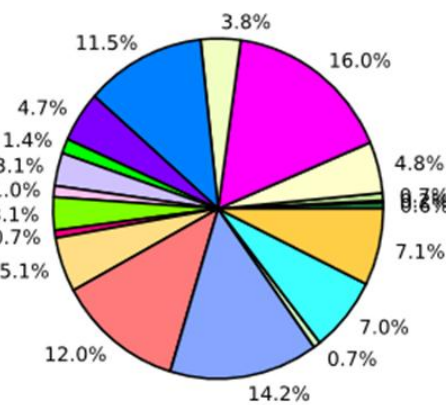
Of the individuals living in Upson County (10,203), 63 percent were employed outside the County, while 37 percent were employed in Upson County.

U.S. Census Bureau, Center for Economic Studies, On The Map

Manufacturing was the major industry sector by job count in Upson County at 16 percent of the jobs. This was followed by Health Care (14.2 percent) and Educational Services (12 percent).²³

Work Area Profile Analysis of Upson County, 2010

Job Counts by NAICS Industry Sector in 2010



Job Counts by NAICS Industry Sector 2010		
	Count	Share
Total Primary Jobs	10,203	100.0%
Agriculture, Forestry, Fishing and Hunting	61	0.6%
Mining, Quarrying, and Oil and Gas Extraction	16	0.2%
Utilities	71	0.7%
Construction	487	4.8%
Manufacturing	1,637	16.0%
Wholesale Trade	389	3.8%
Retail Trade	1,175	11.5%
Transportation and Warehousing	478	4.7%
Information	139	1.4%
Finance and Insurance	313	3.1%
Real Estate and Rental and Leasing	106	1.0%
Professional, Scientific, and Technical Services	313	3.1%
Management of Companies and Enterprises	71	0.7%
Administration & Support, Waste Management and Remediation	519	5.1%
Educational Services	1,229	12.0%
Health Care and Social Assistance	1,452	14.2%
Arts, Entertainment, and Recreation	69	0.7%
Accommodation and Food Services	710	7.0%
Other Services (excluding Public Administration)	241	2.4%
Public Administration	727	7.1%

U.S. Census Bureau, Center for Economic Studies, On The Map

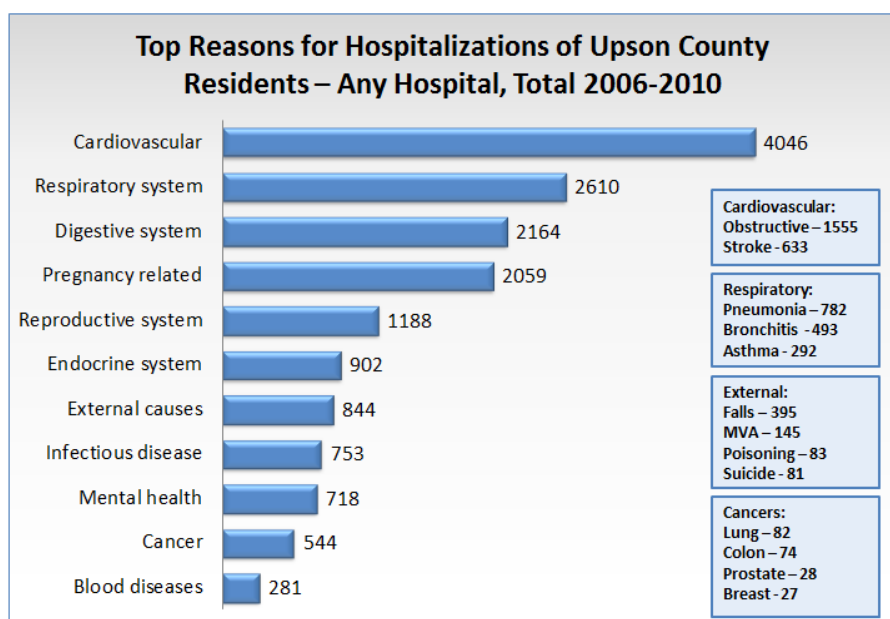
Community Input – ABOUT UPSON COUNTY

- *Thomaston Mill (former cotton mill) was the best thing that ever happened to Thomaston.*
- *There is no way to breed the town out of poverty.*
- *The cotton mills closed in 1996.*
- *There is a lot of paranoia in the community regarding the health impact of the mills.*
- *The economy in Upson is the biggest issue. Upson is becoming a bedroom community. People that live here commute to other counties for work.*
- *There are fewer births occurring in the community and more people leaving.*
- *Thomaston was a thriving town when the mills were open.*
- *The rate of individuals obtaining food stamps went up in the last three years.*
- *There is a lot of unspoken tension in the community regarding racial boundaries.*
- *There are five or more subsidized housing developments in Upson.*
- *There is a lack of jobs and education in the community.*
- *After the mills closed, there was no longer a middle class.*
- *The job outlook in the community is not good. A lot of children leave to go to college and never come back because there are no jobs.*
- *The Chamber of Commerce needs to figure out ways to recruit companies to Upson County.*

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

The leading cause of hospitalizations among Upson County residents was related to cardiovascular disease. Other top causes were pregnancy related, digestive system illnesses, respiratory related illnesses, external causes, reproductive system, endocrine system, and cancer. Although cancer ranked lowest in the top reasons for hospitalizations, it ranked number one among the leading causes of death for County residents.



Data Source: OASIS, Georgia Department of Public Health

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

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)

The top ten reasons for adult visits to Upson Regional Medical Center's emergency department from October 1, 2010 through September 30, 2011 were abdominal pain, sprains and strains, headache, including migraine, nonspecific chest pain, superficial injury or contusion, spondylosis and back problems, skin and subcutaneous tissue infections, respiratory infections, nervous system disorders, and connective tissue disease. According to hospital staff, many of these visits are considered as nonemergency conditions. The report section, *Access to Care*, will address many of the reasons that lead to inappropriate use of emergency room facilities.

TOP 20 ADMITTING DIAGNOSES FOR EMERGENCY ROOM VISITS	
Adults Only	
1	Abdominal pain
2	Sprains and strains
3	Headache, including migraine
4	Nonspecific chest pain
5	Superficial injury, contusion
6	Spondylosis, intervertebral disc disorders, other back problems
7	Skin and subcutaneous tissue infections
8	Other upper respiratory infections
9	Other nervous system disorders
10	Other connective tissue disease
11	Disorders of teeth and jaw
12	Other lower respiratory disease
13	Urinary tract infections
14	Open wounds of extremities
15	Other injuries and conditions due to external causes
16	Other non-traumatic joint disorders
17	Acute bronchitis
18	Other complications of pregnancy
19	Allergic reactions
20	Chronic obstructive pulmonary disease and bronchiectasis

UPSON REGIONAL MEDICAL CENTER FEMALE – TOP 10 ADMITTING DIAGNOSIS FOR EMERGENCY ROOM VISITS								
Rank	0-13	14-19	20-29	30-39	40-49	50-59	60-69	>69
1	Other upper respiratory infections	Abdominal pain	Abdominal pain	Abdominal pain	Abdominal pain	Abdominal pain	Nonspecific chest pain	Superficial injury, contusion
2	Fever of unknown origin	Other complications of pregnancy	Headache, including migraine	Headache, including migraine	Headache, including migraine	Headache, including migraine	Abdominal pain	Abdominal pain
3	Abdominal pain	Sprains and strains	Other complications of pregnancy	Sprains and strains	Nonspecific chest pain	Nonspecific chest pain	Superficial injury, contusion	Nonspecific chest pain
4	Superficial injury, contusion	Other upper respiratory infections	Sprains and strains	Nonspecific chest pain	Sprains and strains	Sprains and strains	Headache, including migraine	Other injuries and conditions due to external causes
5	Sprains and strains	Superficial injury, contusion	Other upper respiratory infections	Other upper respiratory infections	Spondylosis, other back problems	Spondylosis, other back problems	Sprains and strains	Other lower respiratory disease
6	Skin and subcutaneous tissue infections	Headache, including migraine	Urinary tract infections	Superficial injury, contusion	Superficial injury, contusion	Superficial injury, contusion	Other lower respiratory disease	Urinary tract infections
7	Other injuries and conditions due to external causes	Skin and subcutaneous tissue infections	Superficial injury, contusion	Spondylosis, other back problems	Other connective tissue disease	Other nervous system disorders	Spondylosis, other back problems	Residual codes, unclassified
8	Other gastrointestinal disorders	Urinary tract infections	Disorders of teeth and jaw	Skin and subcutaneous tissue infections	Other upper respiratory infections	Other connective tissue disease	Other connective tissue disease	COPD and bronchiectasis
9	Otitis media and related conditions	Nonspecific chest pain	Skin and subcutaneous tissue infections	Disorders of teeth and jaw	Other nervous system disorders	Other lower respiratory disease	COPD and bronchiectasis	Other non-traumatic joint disorders
10	Headache, including migraine	Other injuries and conditions due to external causes	Nonspecific chest pain	Urinary tract infections	Other lower respiratory disease	Other non-traumatic joint disorders	Urinary tract infections	Other connective tissue disease

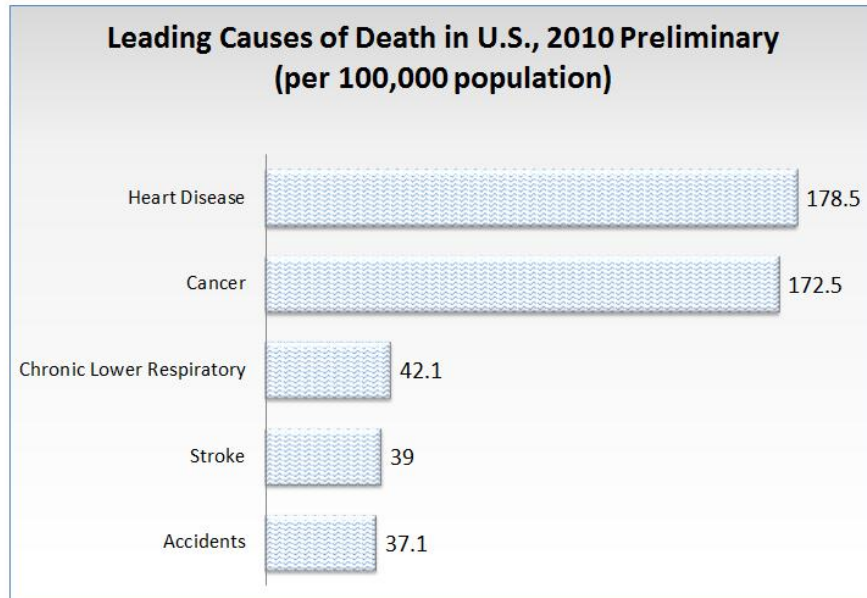
**UPSON REGIONAL MEDICAL CENTER
MALE – TOP 10 ADMITTING DIAGNOSIS FOR EMERGENCY ROOM VISITS**

Rank	0-13	14-19	20-29	30-39	40-49	50-59	60-69	>69
1	Other upper respiratory infections	Sprains and strains	Sprains and strains	Sprains and strains	Nonspecific chest pain	Nonspecific chest pain	Nonspecific chest pain	Abdominal pain
2	Fever of unknown origin	Superficial injury, contusion	Abdominal pain	Abdominal pain	Sprains and strains	Abdominal pain	Abdominal pain	Nonspecific chest pain
3	Superficial injury, contusion	Other upper respiratory infections	Superficial injury, contusion	Nonspecific chest pain	Abdominal pain	Sprains and strains	Sprains and strains	Superficial injury, contusion
4	Abdominal pain	Open wounds of extremities	Skin and subcutaneous tissue infections	Headache, including migraine	Superficial injury, contusion	Spondylosis, other back problems	Superficial injury, contusion	Coronary atherosclerosis and other heart disease
5	Open wounds of head, neck, and trunk	Abdominal pain	Disorders of teeth and jaw	Skin and subcutaneous tissue infections	Spondylosis, other back problems	Other nervous system disorders	Other connective tissue disease	Genitourinary symptoms and ill-defined conditions
6	Other injuries and conditions due to external causes	Headache, including migraine	Open wounds of extremities	Superficial injury, contusion	Other nervous system disorders	Superficial injury, contusion	Spondylosis, other back problems	Other injuries and conditions due to external causes
7	Sprains and strains	Skin and subcutaneous tissue infections	Headache, including migraine	Spondylosis, other back problems	Skin and subcutaneous tissue infections	Headache, including migraine	Headache, including migraine	Residual codes, unclassified
8	Skin and subcutaneous tissue infections	Nonspecific chest pain	Other upper respiratory infections	Disorders of teeth and jaw	Headache, including migraine	Open wounds of extremities	Open wounds of extremities	COPD and bronchiectasis
9	Other ear and sense organ disorders	Other injuries and conditions due to external causes	Nonspecific chest pain	Other nervous system disorders	Other connective tissue disease	Skin and subcutaneous tissue infections	Genitourinary symptoms and ill-defined conditions	Syncope
10	Otitis media and related conditions	Fracture of upper limb	Spondylosis, other back problems	Open wounds of extremities	Open wounds of extremities	Other lower respiratory disease	Other non-traumatic joint disorders	Other lower respiratory disease

Community Input – Hospitalizations and Emergency Room Visits

- *Transportation after discharge is an issue for patients arriving to the Emergency Room by ambulance.*
- *The community needs other resources, aside from the Emergency Room to provide indigent care.*
- *When a person does not have insurance they either go to the Emergency Room or end up in jail.*
- *Most of the trauma cases go to Macon.*
- *The uninsured and underinsured flood the Emergency Room because there are no other options.*
- *The Emergency Room treats toothaches because there are no dentists around that accept Medicaid.*
- *A lack of funding causes a lack of programs aimed at prevention. This is why there is over-utilization of the Emergency Room.*

Leading Causes of Death

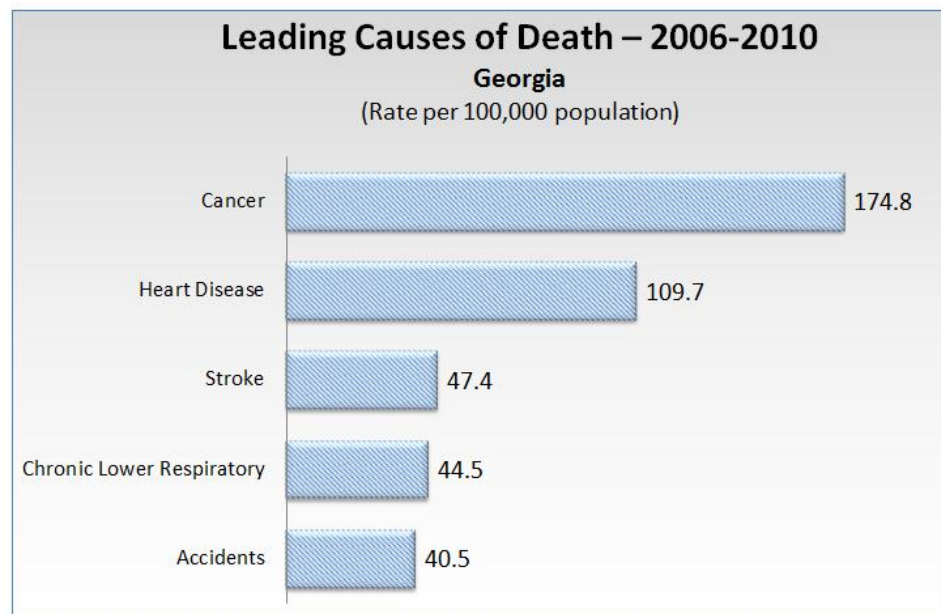


The leading causes of death in the U.S. in 2010 (preliminary) were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents. Heart disease and cancer rates were four times higher than those for the other diseases.

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

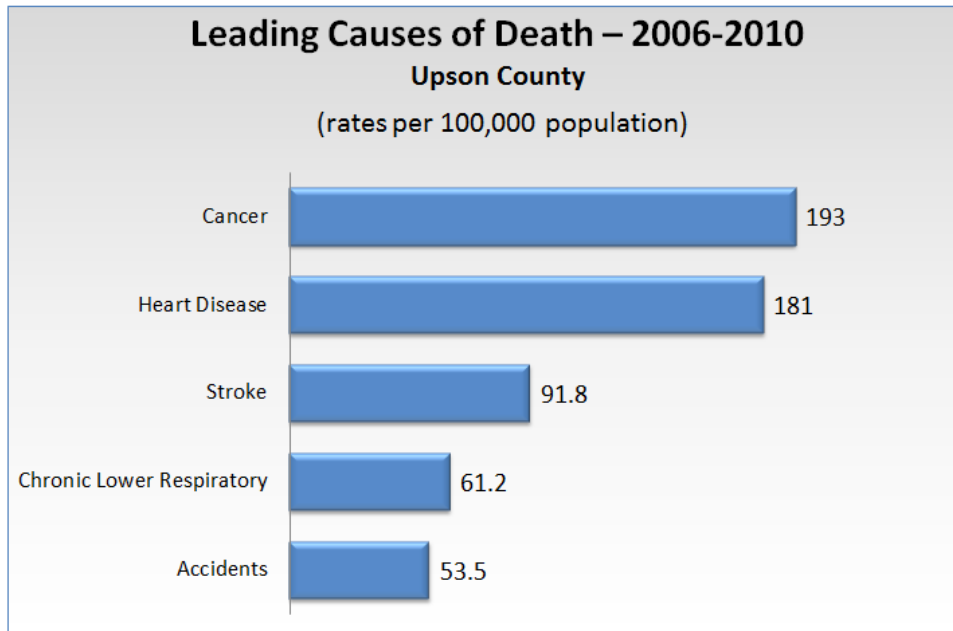
The leading causes of death in Georgia from 2006-2010 were cancer, heart disease, stroke, chronic lower respiratory disease, and accidents.

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



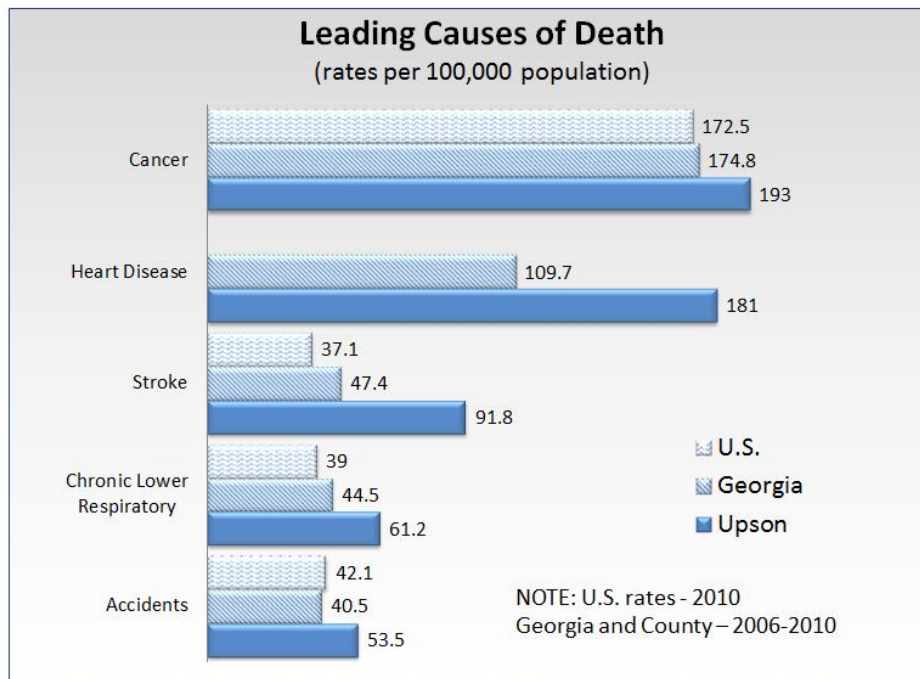
Data Source: OASIS, Georgia Department of Public Health

The leading causes of death in Upson County were cancer, heart disease, stroke, COPD/emphysema, and accidents.



Data Source: OASIS, Georgia Department of Public Health

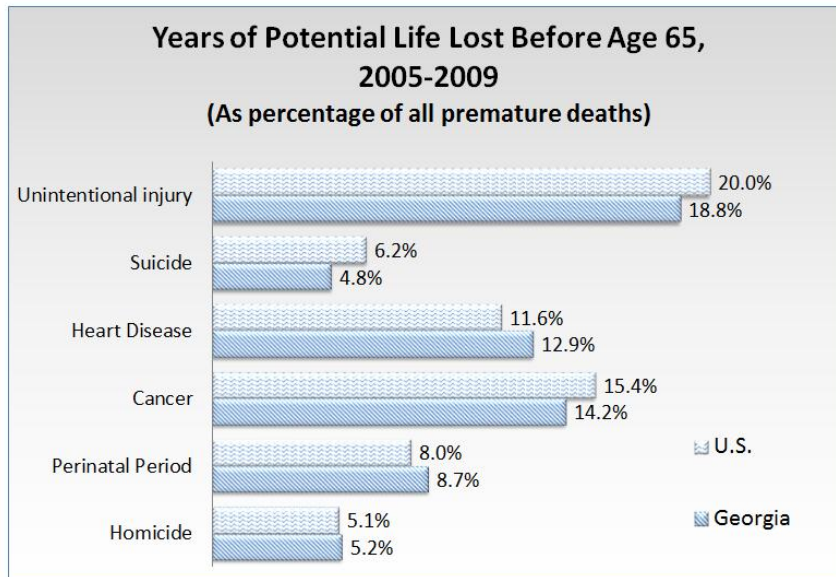
The Upson County leading causes of death rates were higher in all categories than the Georgia and U.S. death rates. (Please refer to note on page 21 regarding heart disease rates).



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

Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2005-2009, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, falls) were the leading causes of premature deaths. Suicide, heart disease, and cancer were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.²⁴ YPLL statistics at the County level were unavailable for this report.



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

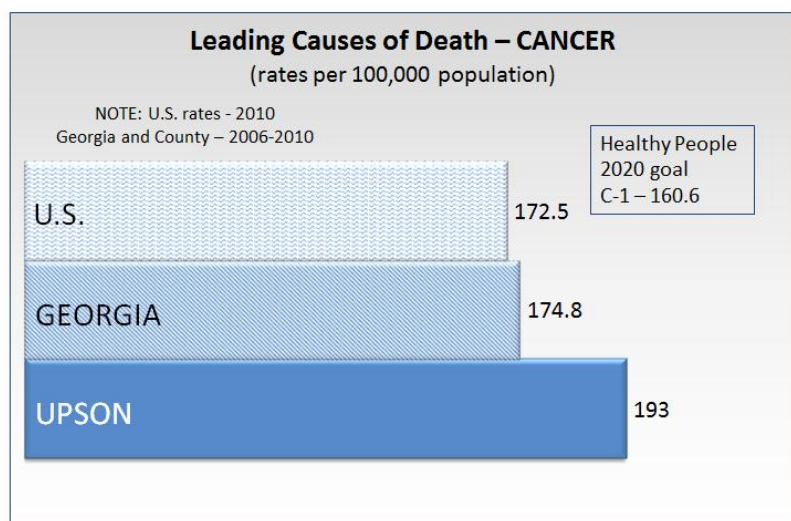
Years Potential Life Lost – Georgia Residents Gender and Race/Ethnicity – 2005 - 2009					
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 27.0%	Unintentional injuries 20.1%	Heart disease 15.3%	Cancer 16.1%	Unintentional injuries 33.0%	Unintentional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

Data Source: Centers for Disease Control, WISQARS YPLL Report

Cancer

Healthy People 2020 Reference – C-1

Cancer is the second leading cause of death in the United States after heart disease. From 1999 to 2009, cancer prevalence rates increased among women 45 years of age and above and among men 75 years of age and above.²⁵



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

In Upson County, the cancer death rate was higher than Georgia or U.S. rates. According to the Georgia Department of Human Resources, Division of Public Health, the burden of cancer can be significantly reduced by appropriate use of mammography, colorectal screening, early detection examinations, and by preventing or stopping tobacco use, improving diet, and increasing physical activity.²⁶

Why Is Cancer Important?

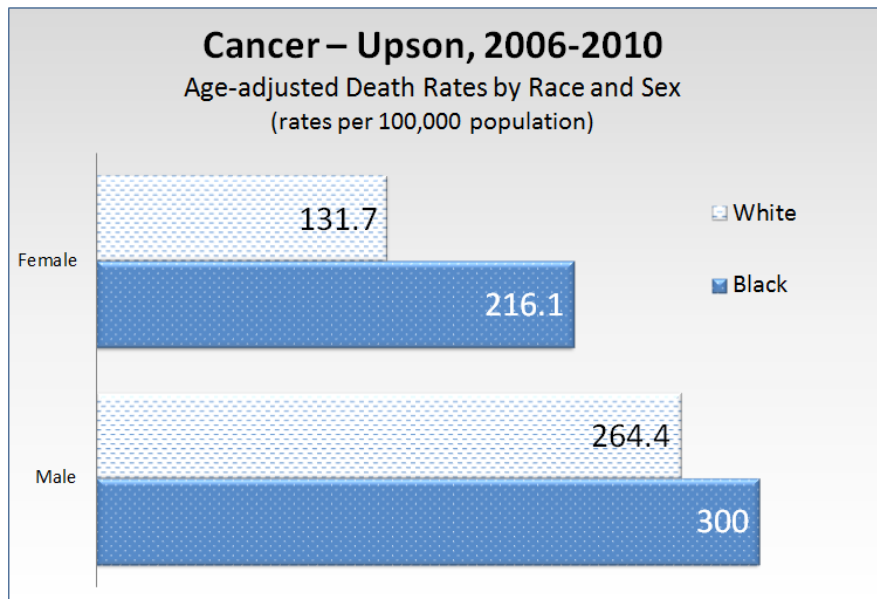
Many cancers are preventable by reducing risk factors such as:

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

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

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

-Healthy People 2020



Data Source: OASIS, Georgia Department of Public Health

Age-adjusted cancer death rates in Upson were higher among Black females than among White females. Cancer death rates among Black males were higher than among White males.

The five most common cancers among Georgia males are prostate, lung, colon and rectum, bladder, and melanoma. The five most common cancers among Georgia females are breast, lung, colon and rectum, uterus, and ovary.²⁷

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, thereby reducing the likelihood of a disease are known as “modifiable risk factors.”

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

Cancer

Modifiable Risk Factors

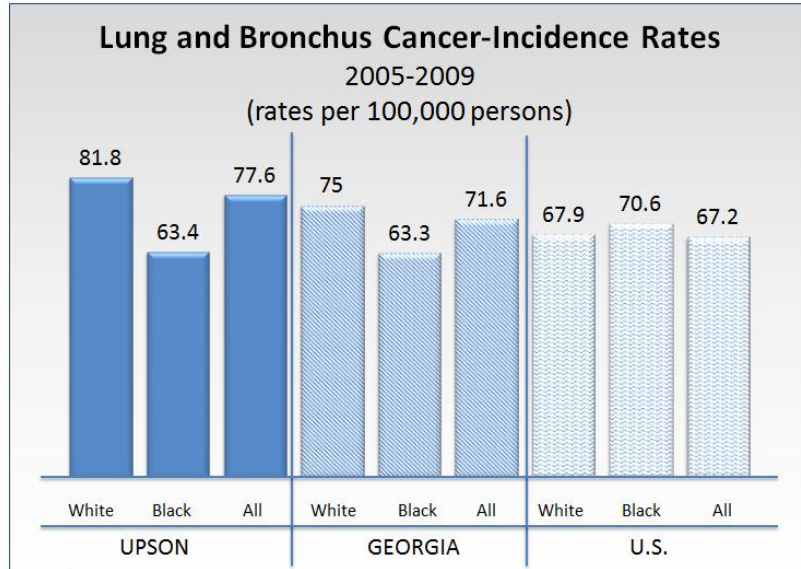
- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

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

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

Lung Cancer

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



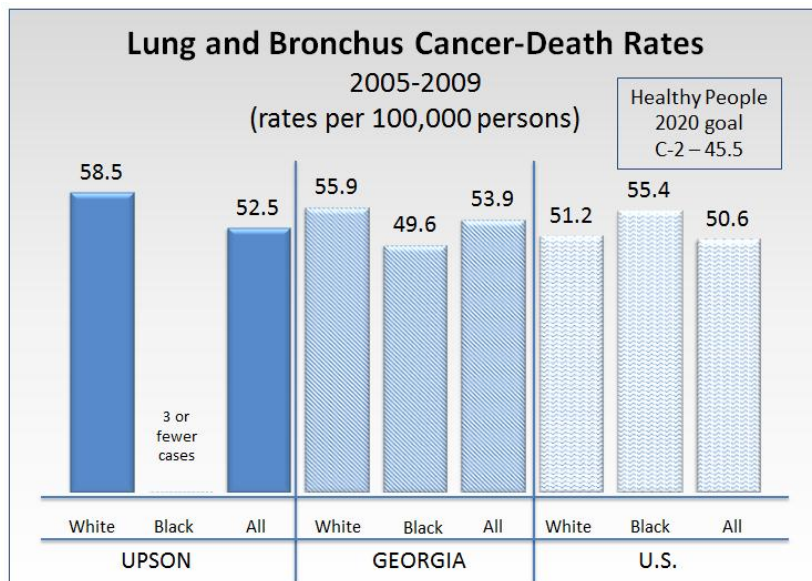
Data Source: National Cancer Institute, State Cancer Profiles

Lung cancer **incidence** rates were higher in Upson County than the Georgia and U.S. rates. Whites had higher incidence rates than Blacks in Upson County and in Georgia.

According to data published from the National Cancer Institute, lung cancer incidence rates for males in Upson County were more than twice the rates of females.²⁹

Lung Cancer Incidence Rates 2005-2009 (rates per 100,000) Upson	
Male	Female
119.4	49.1

Data Source: National Cancer Institute



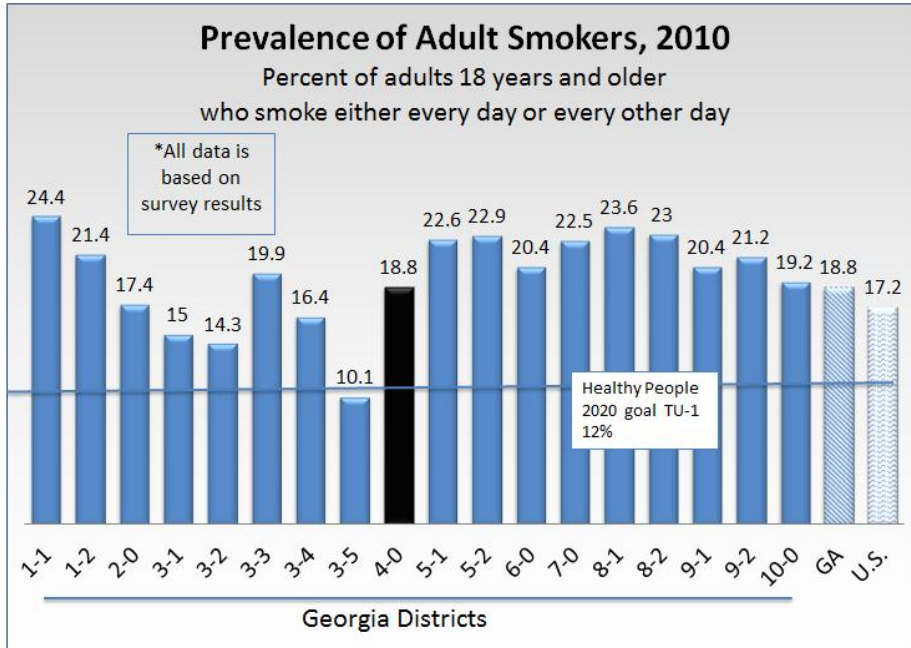
Data Source: National Cancer Institute, State Cancer Profiles

Lung cancer is the first leading cause of cancer **death** among both males and females in Georgia.³⁰

The overall lung cancer death rate in Upson was slightly lower than the Georgia rates and higher than the U.S. rates

Risk Factors

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The longer and more often one smokes, the greater the risk.³¹

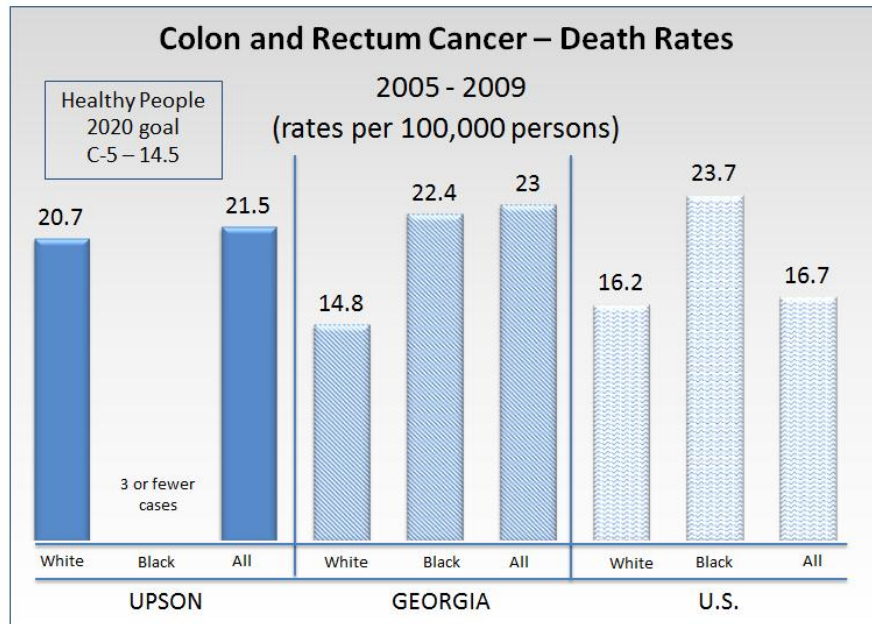


Data Sources: Georgia BRFSS, 2010, Centers for Disease Control BRFSS 2010,

Smoking rates in Health District 4-0 (which includes Upson County) were equal to the Georgia rate of adult smokers and slightly higher than the U.S. rate of 17.2 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 all cancer deaths in 2010 were from colorectal cancer. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.³² Black persons have a higher incidence and poorer survival rate for colon cancer than for other racial groups.³³

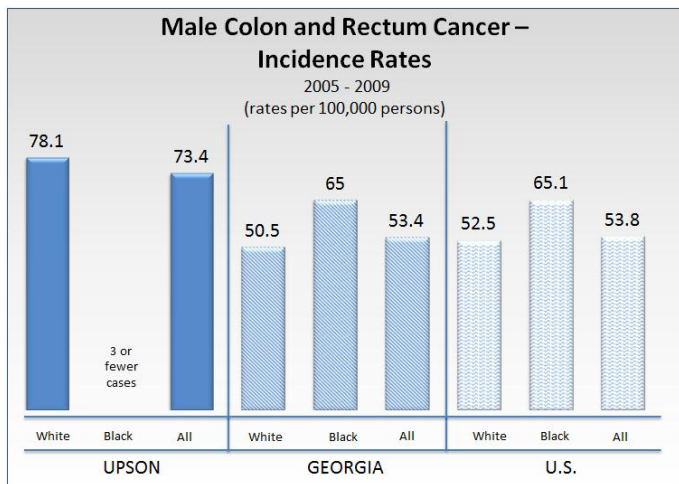


Data Source: National Cancer Institute, State Cancer Profiles

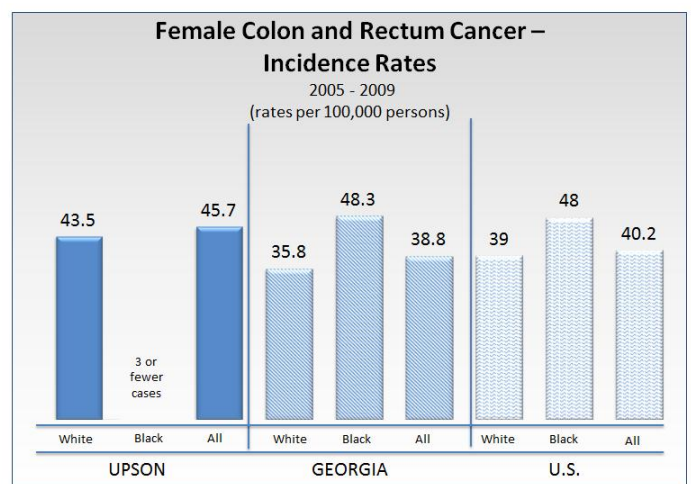
Combined death rates in Upson County from colon and rectum cancer were higher than the U.S. rates and slightly lower than the State rate.

The death rate among the Upson White population was significantly higher than the Georgia rate for Whites, while the death rate for Blacks was significantly lower.

Both male and female colon and rectum cancer incidence rates were higher in Upson County than in the State, with the exception of Black males and females.



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

Risk Factors

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

- Obesity
- Physical inactivity
- Diet high in red or processed meat
- Heavy alcohol consumption, and
- Long-term smoking³⁴

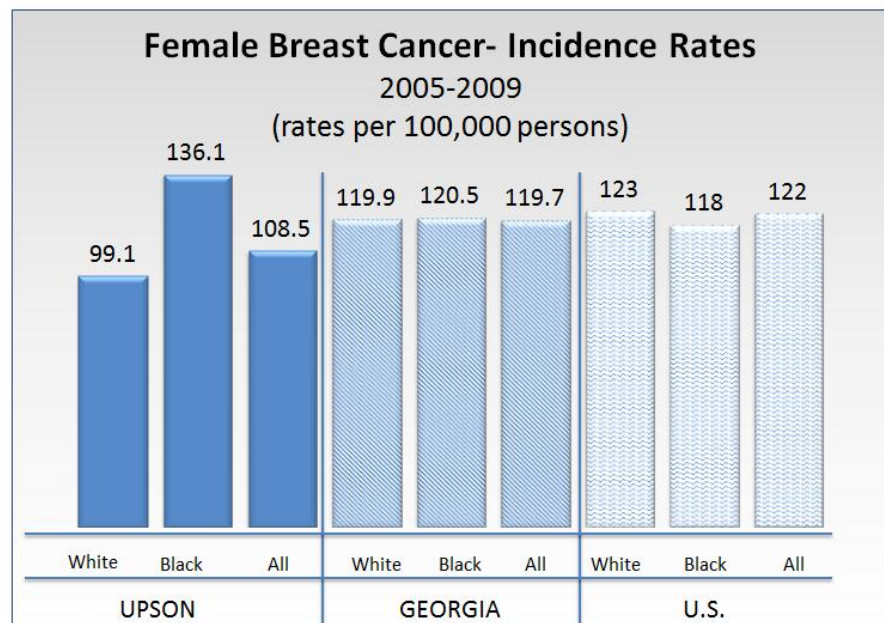
Early detection

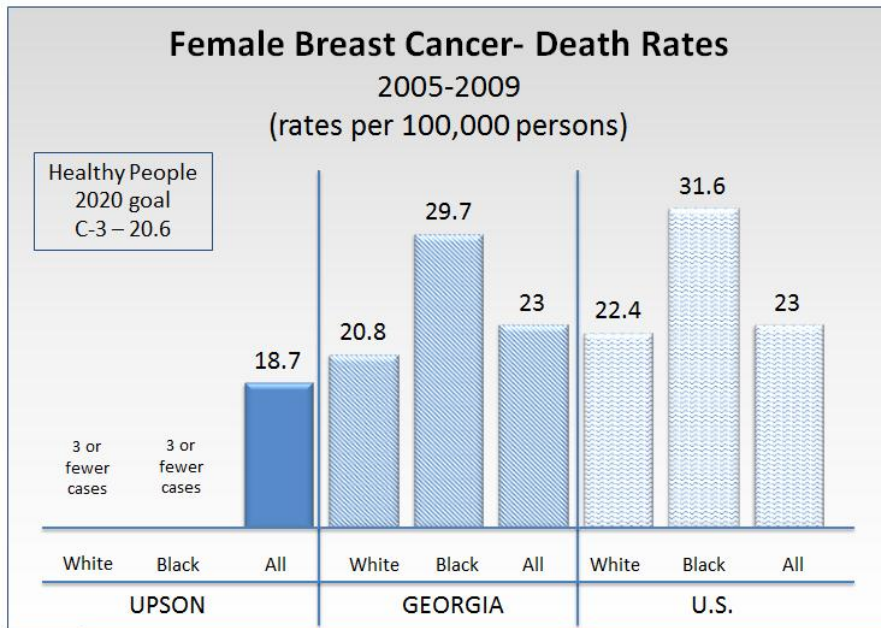
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Therefore, screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.³⁵ The U.S. Preventive Services Task force recommends that adults 50-75 years of age undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.³⁶

Breast Cancer

Breast cancer is the second most frequently diagnosed cancer in women, with skin cancer being the first. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Female breast cancer death rates have decreased since 1990. This decrease is due to earlier detection and improved treatment.³⁷

The breast cancer incidence rate in Upson County was lower than that of Georgia or the U.S. In Upson County, Black females had a higher breast cancer incidence rate than White females.





The female breast cancer death rate in Upson County was slightly lower than the Georgia and the U.S. rate.

Data Source: National Cancer Institute, State Cancer Profiles

Risk Factors

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

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

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

- Breastfeeding
- Moderate or vigorous physical activity
- Maintaining a healthy body weight³⁸

Early detection

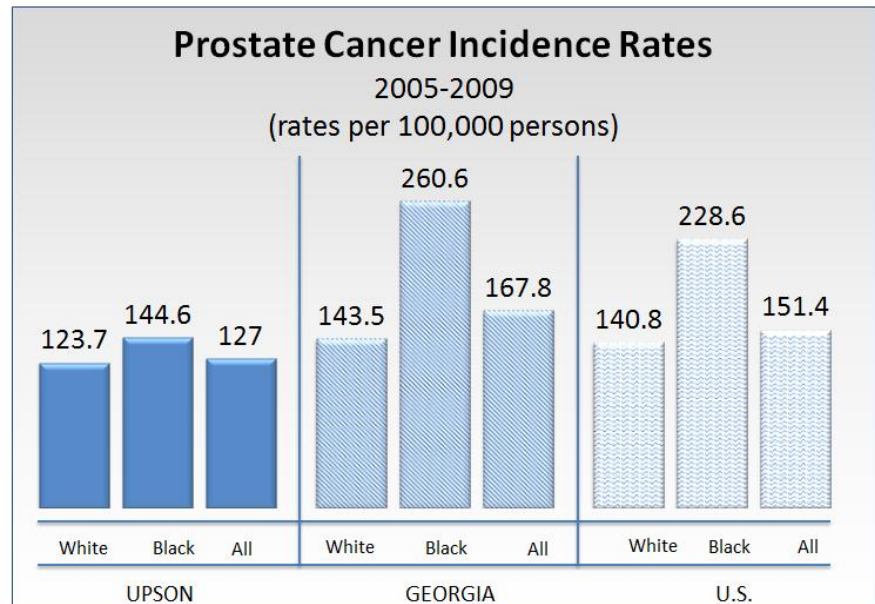
Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect about 80–90 percent of breast cancers in women without symptoms.³⁹

Prostate Cancer

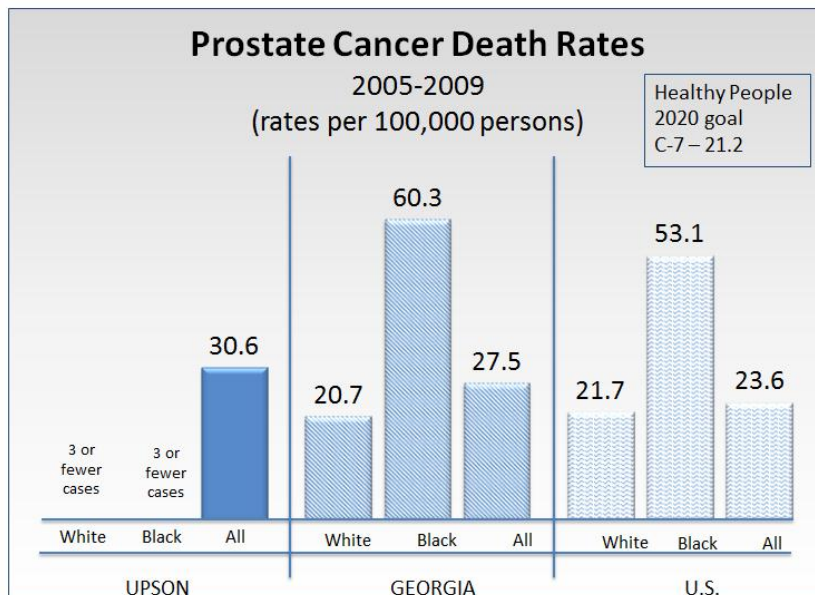
Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second most deadly cancer for males. Prostate cancer incidence and death rates are higher among Black men.⁴⁰

Upson County had lower incidence rates for prostate cancer than the State or U.S.

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



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

Upson County had slightly higher death rates for prostate cancer than that of Georgia or the U.S.

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

Risk Factors

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

- Age
- Ethnicity
- Family history of prostate cancer⁴¹

Early detection

Prostate –specific antigen testing of the blood permits the early detection of prostate cancer before symptoms develop. In March 2010, The American Cancer Society released updated screening guidelines. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. Therefore, the revised guidelines recommend that men have the opportunity to make “informed decisions” with their health care provider about whether to be screened.⁴²

Community Input – Cancer

- *There is a lot of lymphoma, prostate, and breast cancer in the community.*
- *Not only has cancer incidence been an issue, but the follow-up care once the cancer is discovered remains an issue. Individuals have to go to Macon, Columbus, or LaGrange to seek treatment.*
- *There needs to be more prostate cancer screening in the community.*
- *There seems to be a high incidence of cancer. There are peaches raised on the west side of town that have been known to use a lot of pesticides.*
- *There have been a lot of asbestos claims in the last 5-10 years due to the long history of working in the mills.*
- *There is a fear about the unknown so people avoid cancer screenings.*
- *There seems to be a higher incidence of stage 3 or 4 colon or prostate cancer. This shows that individuals are not getting screened.*
- *There is not education regarding family history of cancer.*
- *There are environmental issues in the community that contribute to cancer.*
- *Lung and respiratory cancers seem to be higher in the community.*

Heart Disease and Stroke

Heart Disease

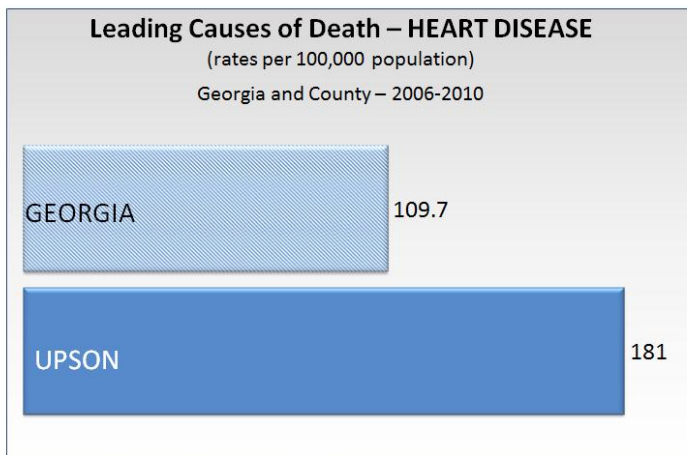
In 2010, heart disease was the first leading cause of death in the United States (24 percent of all deaths), followed by cancer (23 percent of all deaths).⁴³

The majority of heart disease deaths were among people 65 years of age and older. The rates of heart disease were similar for men and women less than 65 years of age. Among older adults, 65 years of age and over, there was a higher prevalence rate for men than women. Heart disease prevalence rates showed little change from 1999 to 2009; however, during the period 1999 to 2007, age-adjusted death rates from heart disease declined by 28 percent.⁴⁴

Why Are Heart Disease and Stroke Important?

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

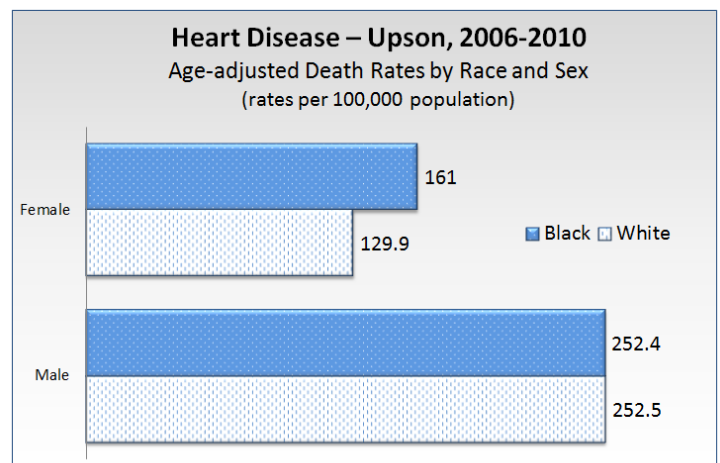
- Healthy People 2020



Data Source: OASIS, Georgia Department of Public Health

Compiled data from 2006-2010 indicated that the Upson County death rate from heart disease was 181 per 100,000, which was higher than the Georgia rate of 109.7.

Age-adjusted death rates from heart disease in Upson County for 2006-2010 indicated that the death rate from heart disease was higher for Black females than White females, and among White males and Black males rates were about the same.



Data Source: OASIS, Georgia Department of Public Health

Modifiable Risk Factors

According to the 2010 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 4-0.⁴⁵

Percentage of Population Reporting Risk		
Risk Factor:	District 4-0	Georgia
Diabetes	11.4	9.5
Overweight/Obese	27.3	27.6
Physical Inactivity	22.4	23.9
Smoker	18.8	18.8

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

Cardiovascular Disease

Modifiable Risk Factors

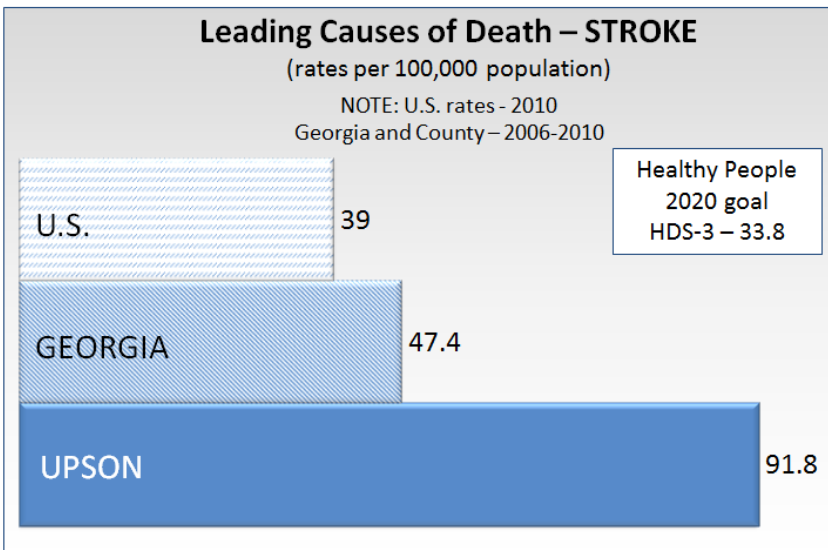
- Tobacco smoke
- High blood cholesterol
- High blood pressure
- Physical inactivity
- Overweight and obesity
- Poor nutrition
- Diabetes mellitus
- Stress
- Alcohol use
- Illegal drugs



Data Source: American Heart Association

Stroke

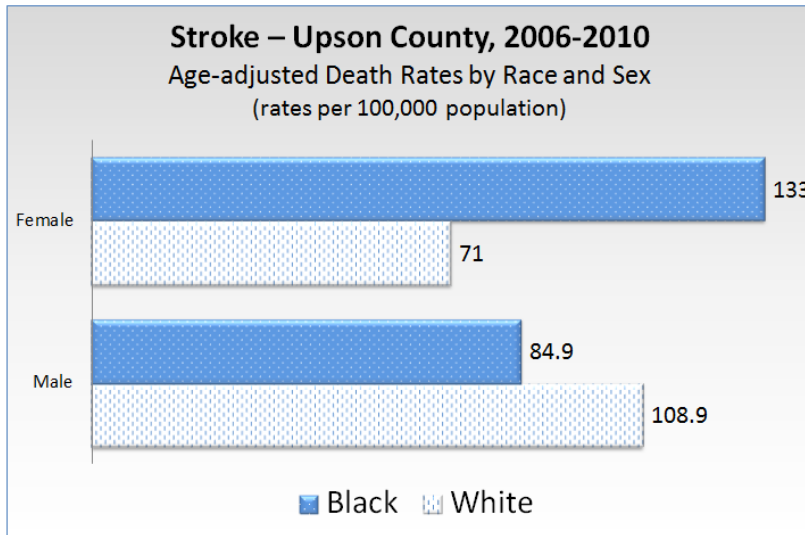
Cerebrovascular disease (stroke) was the third leading cause of death in the United States. Likewise, strokes were the third leading cause of death in both Georgia and in Upson County.



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

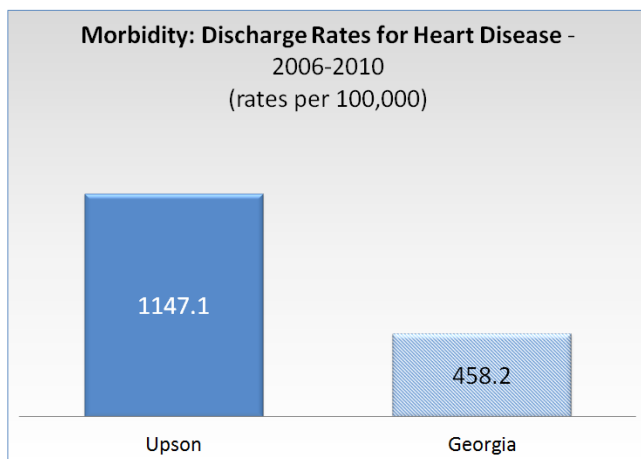
The stroke death rate was significantly higher in Upson County compared to Georgia and the U.S.

The Healthy People 2020 goal is to reduce stroke deaths to 33.8 per 100,000 population.⁴⁶

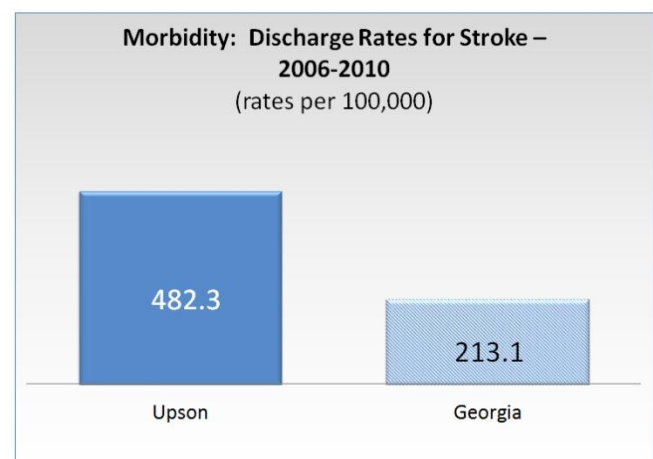


Upson County stroke death rates for Black females were significantly higher than that of their White counterparts. White males had a higher stroke death rate when compared to Black males. The rates for all population groups were more than twice the Healthy People 2020 goal of 33.8 per 100,000 population.⁴⁷

Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

The hospital discharge rate for heart disease among Upson County residents was more than twice the number of Georgia’s discharge rate. The stroke discharge rate among Upson County residents was also over twice as high as the Georgia rate.

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

Stroke

Modifiable risk factors

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



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

Community Input – Heart Disease and Stroke

- *Heart disease patients do not have access to medication due to affordability.*
- *Individuals are unaware of the risks and symptoms of heart disease.*
- *There are health educators in the school system that do not support a healthy lifestyle, yet still attempt to teach this lifestyle.*
- *The school cafeteria food is not healthy.*
- *Obesity is a predisposing factor to cancer and heart disease.*
- *Cardiovascular disease has the highest rate in Upson County next to District 5-1.*
- *There are two cardiovascular physicians.*
- *There are individuals that are diagnosed with heart disease but cannot afford to be treated.*
- *Heart disease and diabetes are very prevalent in the community due to diet.*
- *There are a lot of people that do not include exercise in their daily routine to help with cardiovascular health.*
- *There is a lot of non-compliance with heart medications.*
- *People do not follow a heart-healthy diet.*
- *People are unaware that smoking and tobacco use affects the heart.*
- *Individuals have an expectation that medicine will cure everything.*
- *It is important to control all the modifiable risk factors associated with heart disease.*
- *There is an issue with heart disease due to a lot of unhealthy behaviors that have become habit.*
- *There is a lot of tobacco use in the community causing heart disease.*
- *Stress is the biggest issue with Black females due to poverty. That is why you see a higher incidence of heart disease and stroke in Black females than White females.*
- *There are individuals that do not know the signs and symptoms of stroke and heart attack.*

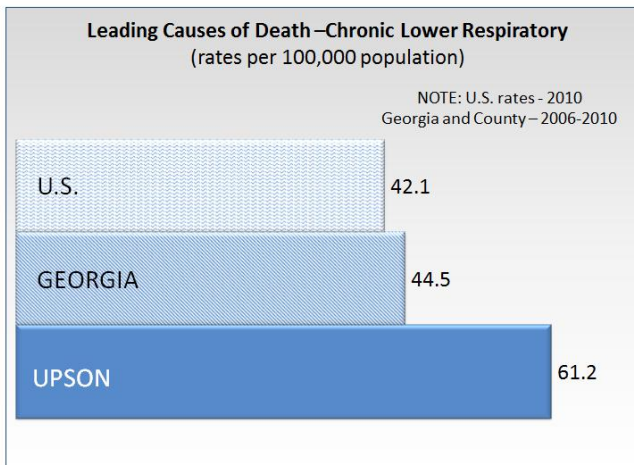
Chronic Lower Respiratory Disease

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

Why Are Respiratory Diseases Important?

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

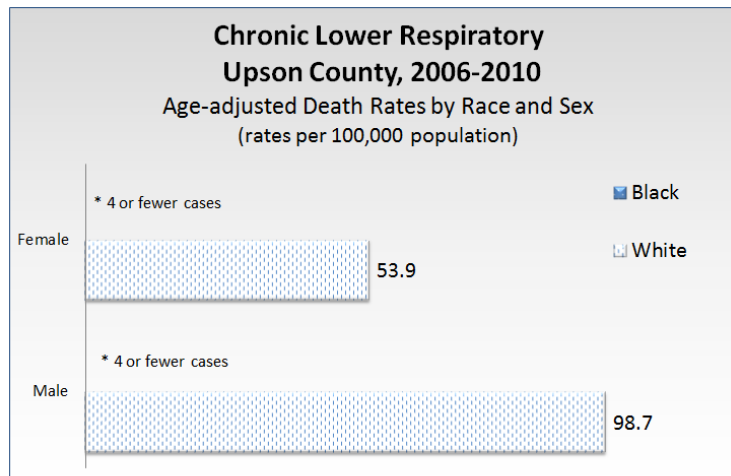
-Healthy People 2020



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

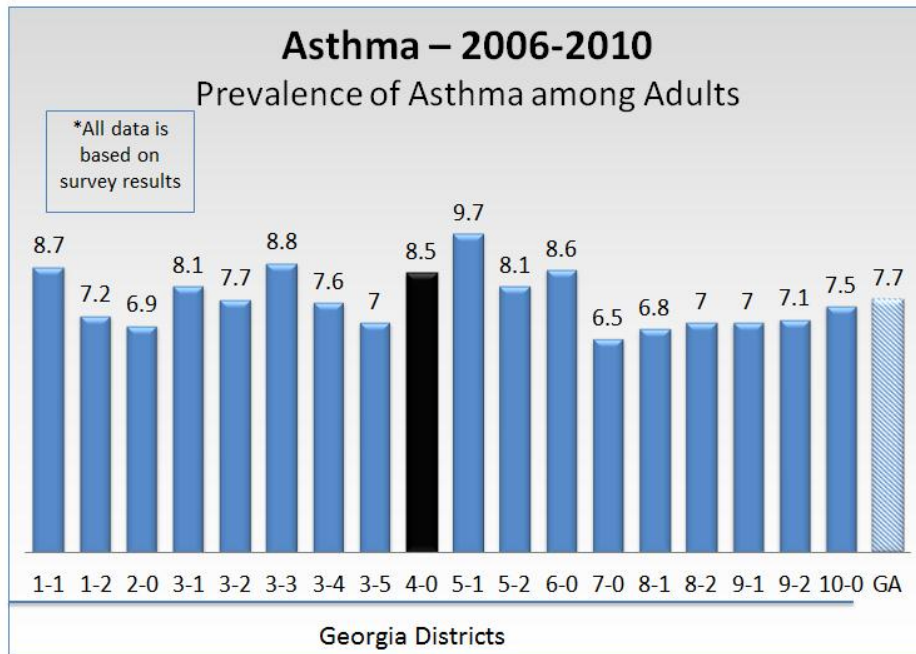
The respiratory disease rate for Upson County was higher than both the State and U.S. rates.

In Upson County the age-adjusted death rates, by race and sex for 2006-2010, indicated that both White males and females had much higher rates than Blacks for respiratory related diseases.



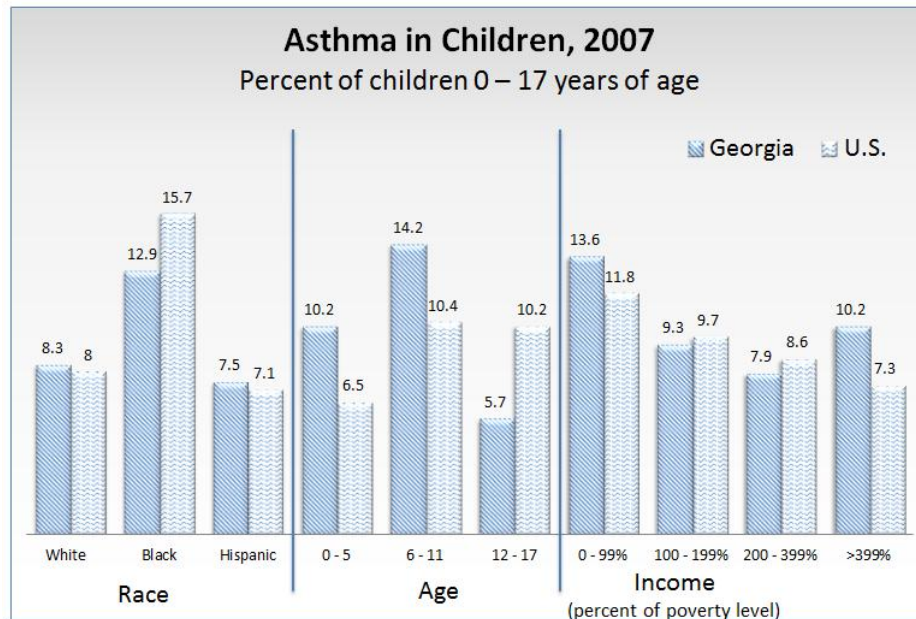
Data Source: OASIS, Georgia Department of Public Health

According to Georgia State’s BRFSS (Behavioral Risk Factor Surveillance Survey), there was a higher percentage of asthma among adults within Health District 4-0 than that of the State.



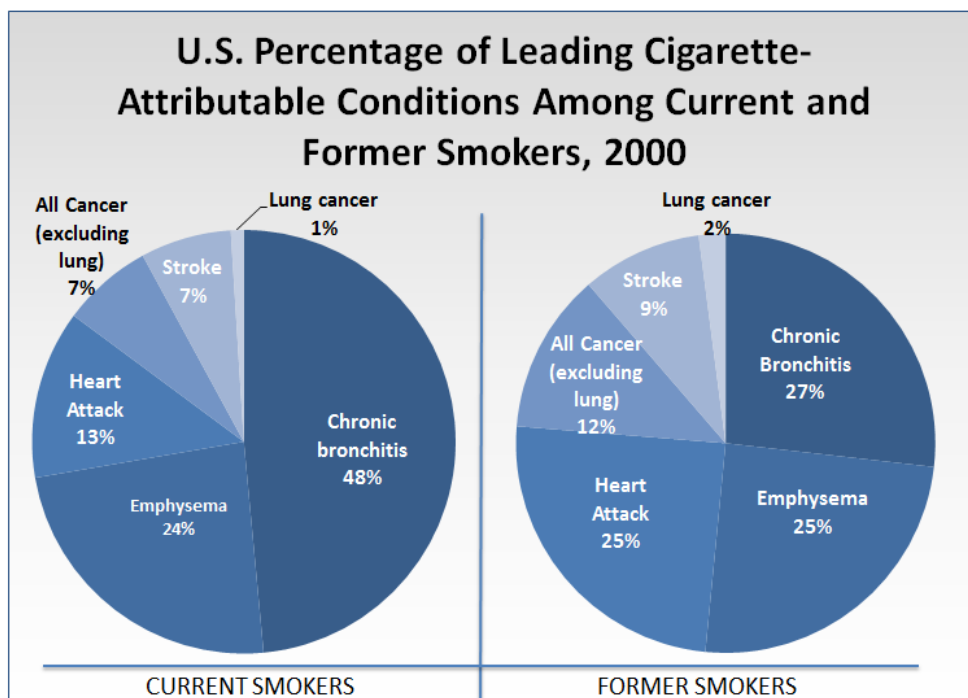
Data Source: OASIS, Georgia Department of Public Health

According to the 2007 National Survey of Children’s Health, Black children had higher incidences of asthma, than among Whites or other population groups. Asthma was more prevalent in lower income populations.⁴⁸



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

Each year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, \$75 billion in direct medical costs, and \$82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and previous heart attack (25 percent). For current smokers, chronic bronchitis was most prevalent condition (48 percent), followed by emphysema (24 percent).⁴⁹



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

COMMUNITY INPUT—RESPIRATORY

- *A lot of the retired population in the community had worked in textile industry (mills). Results of this type of environment have caused health issues.*
- *Asthma is a growing issue in this community.*

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

Accidents

Why Is Injury and Violence Important?

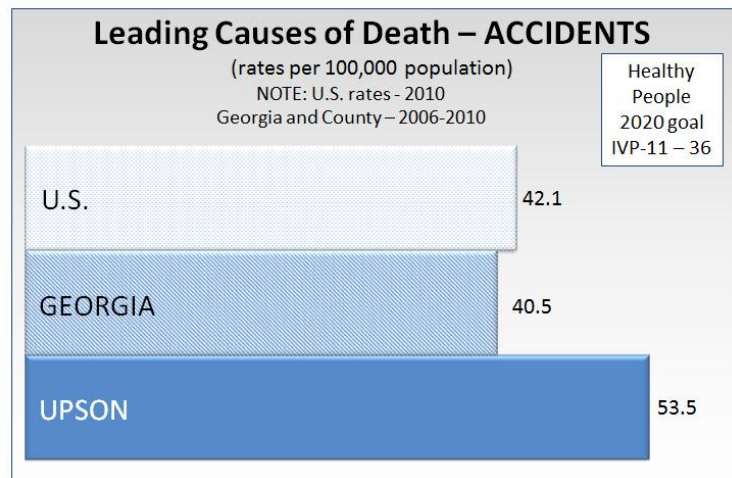
Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to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

-Healthy People 2020

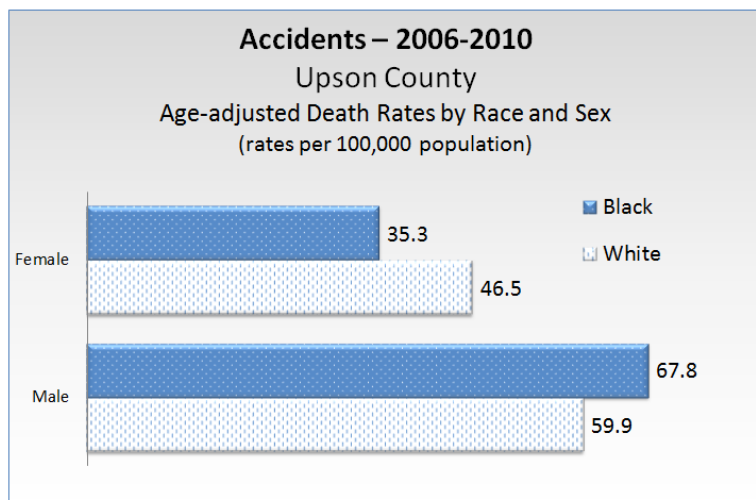
The accident death rate per 100,000 people in Upson County was 53.5 compared to 40.5 for the State and 42.1 for the U.S. The Healthy People 2020 goal is set at 36.0 per 100,000 population.⁵⁰

Accidental deaths may result from the following causes:

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



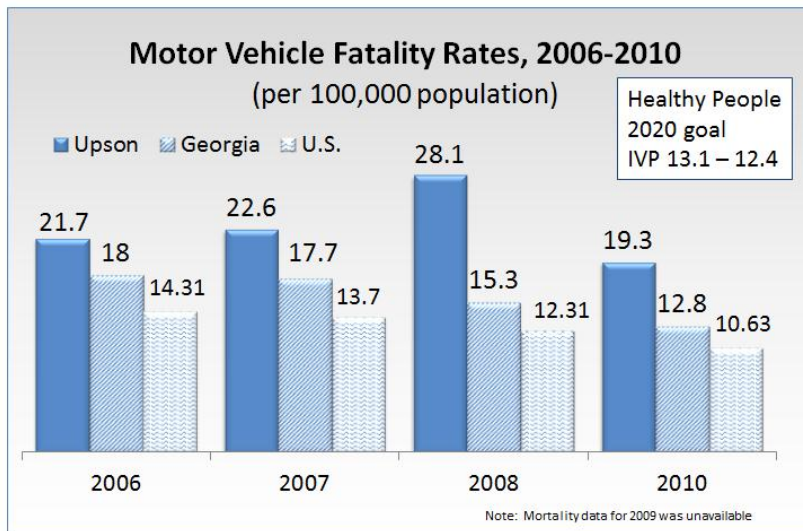
Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B.



Data Source: OASIS, Georgia Department of Public Health

Males had higher death rates due to accidents than females. Black males had a slightly higher death rate than White males.

Motor vehicle crashes are the leading cause of death among individuals aged 5-34 in the U.S. More than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2009.⁵¹ Driving helps older adults stay mobile and independent; however the risk of being injured or killed in a motor vehicle crash increases as you age.⁵²



Data Source: OASIS, Georgia Department of Public Health

Over the period 2006-2010, motor vehicle fatality rates in Upson County had slightly increased. However, rates decreased from 2008-2010.

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

According to the Centers for Disease Control and Prevention:

- Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- Millions of adults drive while impaired, but only a fraction is arrested.
- Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- Age-related declines in vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.⁵³

Diabetes

Healthy People 2020 Reference – D

Diabetes affects 8.3 percent of Americans of all ages, and 11.3 percent of adults aged 20 and older according to the National Diabetes Fact Sheet for 2011. About 27 percent of those with diabetes—7 million Americans—do not know they have the disease.⁵⁴

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

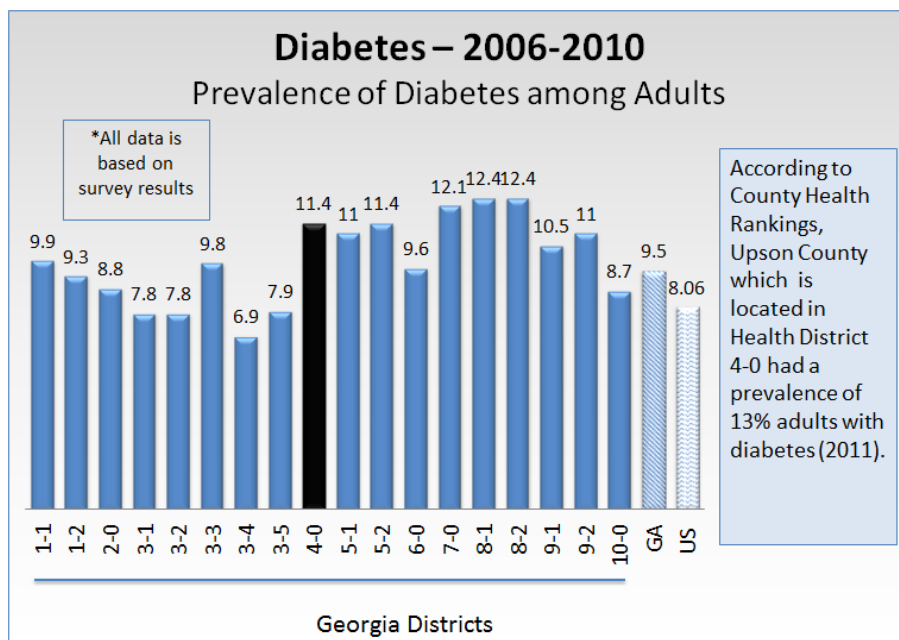
In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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

-Healthy People 2020

According to the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS), the percentage of Georgia residents diagnosed with diabetes had steadily risen since 2004, from 7.3 percent to 9.7 percent in 2010.⁵⁵

The 2010 percentage of Georgia’s population with diabetes (9.7 percent) was higher than the U.S. percentage (8.7 percent).⁵⁶



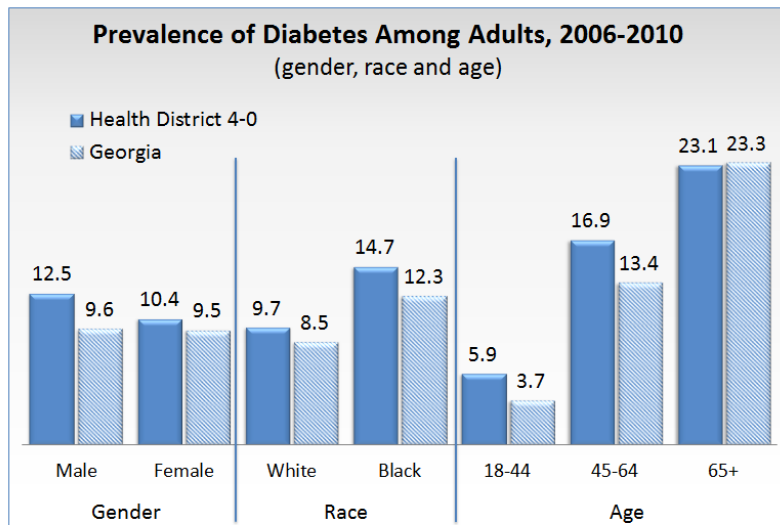
Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

Health District 4-0 (which includes Upson County), had a higher diabetes incidence rate (11.4 percent) than a majority of the other districts in the State for the period 2006-2010. Upson County had a diabetes incidence rate of 13 percent in 2011.⁵⁷

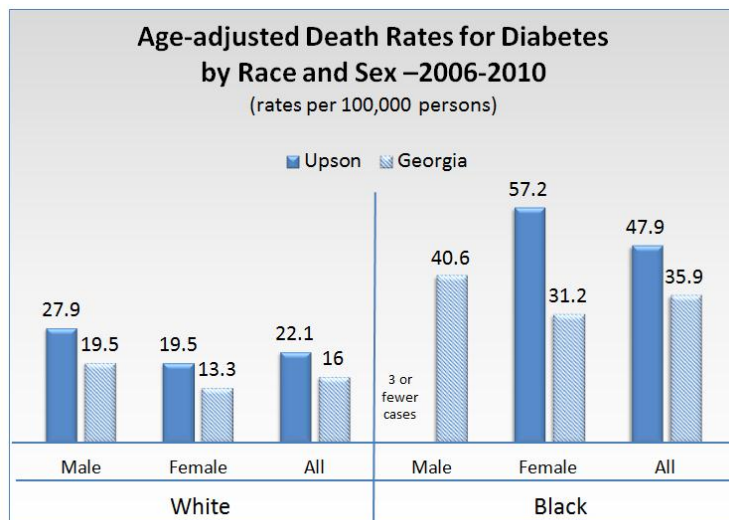
From 2006 through 2010, State and Health District 4-0 female diabetes rates were slightly lower than male rates.

Prevalence of diabetes among Blacks was higher than among Whites.

Prevalence rates among adults between 18-64 years of age in Health District 4-0 were significantly higher than the State rates.



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

In both Upson County and Georgia, death rates due to diabetes were higher among Blacks compared to Whites except for Black males in Upson County.


Death rates among Black females were the highest at the County level.

The overall death rates from diabetes were lower than the Healthy People 2020 goal of 65.8 per 100,000 persons.⁵⁸

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

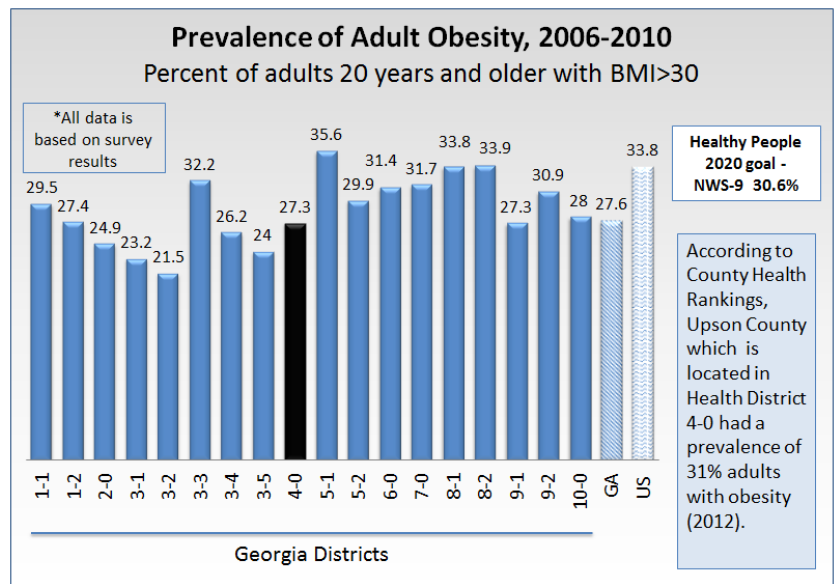
Obesity

Healthy People 2020 References – NWS, PA

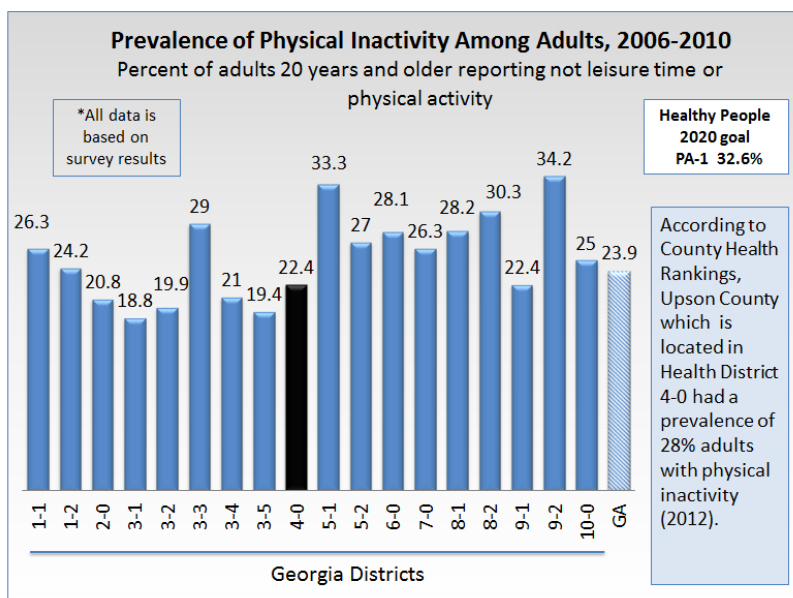
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of persons aged 20 years and older were obese in 2005 – 2008. The Healthy People 2020 target for obesity is to reduce this percentage to 30.6 percent.⁵⁹

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 30 kg/m², and obese when it is greater than 30 kg/m².⁶⁰

The prevalence of adult obesity (27.3 percent) in Health District 4-0 was about equal to the State rate (27.6 percent), however, below the National rate (33.8 percent). The Healthy People 2020 goal is set at 30.6 percent. Upson County had a higher prevalence of obesity (31 percent) compared to the Health District.



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



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

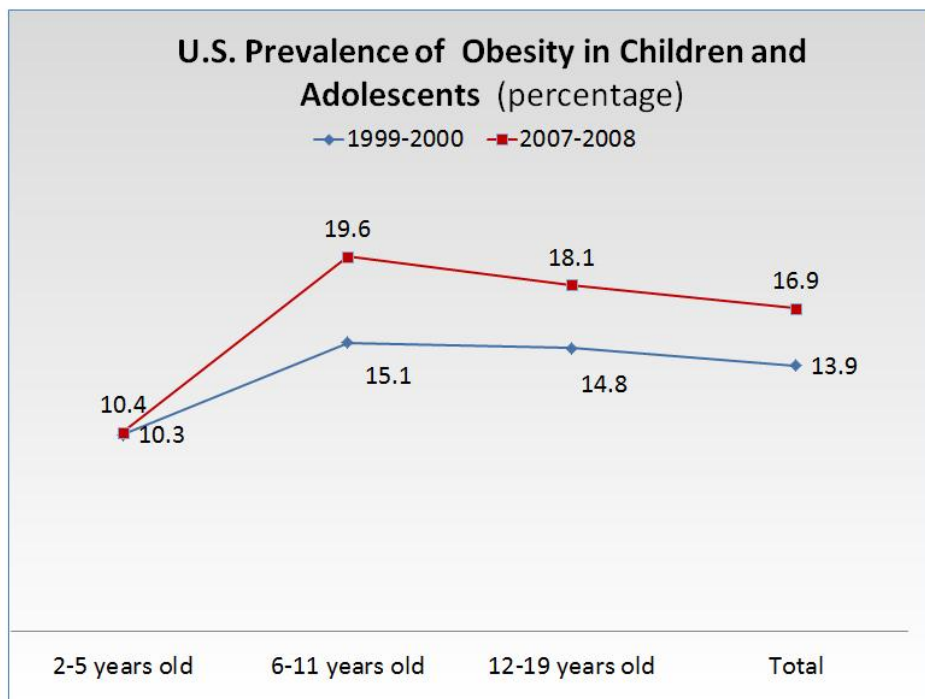
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was slightly lower in Health District 4-0 (22.4 percent) compared to the State average (23.9 percent). However, Upson County had a higher rate of physical inactivity (28 percent) than the State average and lower than the Healthy People 2020 target of 32.6 percent.⁶¹

Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age--type 2 diabetes (formally known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.⁶² Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to the Centers for Disease Control and Prevention, for the period 2007-2008, 16.9 percent of children and adolescents aged 2-19 years were obese.⁶³

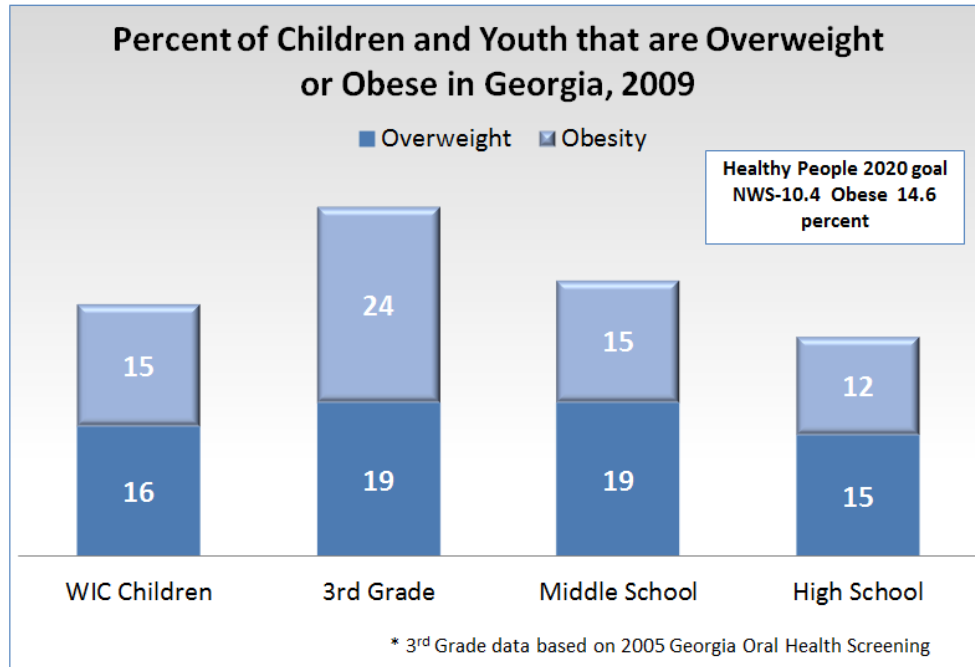
Georgia has the second highest obesity rate in the U.S. and nearly 40 percent of children are overweight or obese in the State.⁶⁴



Data Source: CDC, NHANES, Prevalence of obesity among U.S. children and adolescents aged 2-19

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

- From 11.6 percent to 16.7 percent among non-Hispanic white boys.
- From 10.7 percent to 19.8 percent among non-Hispanic black boys.
- From 14.1 percent to 26.8 percent among Mexican-American boys.
- From 8.9 percent to 14.5 percent among non-Hispanic white girls.
- From 16.3 percent to 29.2 percent among non-Hispanic black girls.
- From 13.4 percent to 17.4 percent among Mexican-American girls.⁶⁵



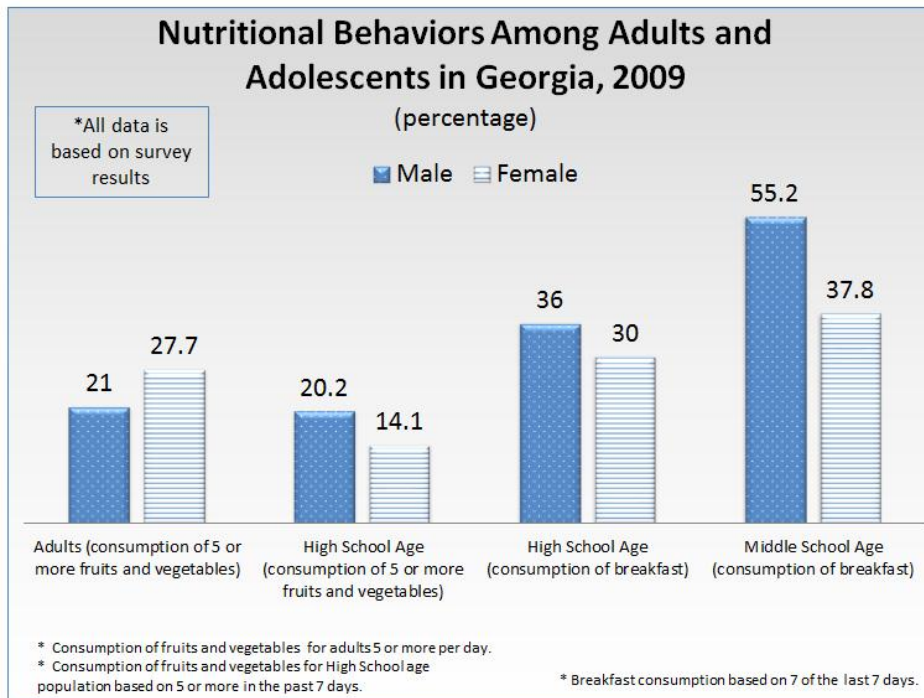
Data Source: Georgia Department of Public Health, 2010 Georgia Data Summary

According to a 2005 Georgia Oral Health Screening, obesity and overweight status among third graders was higher than the most recent Behavioral Risk Factor Surveillance Survey (BRFSS) data published in 2009 for Middle School and High School. This can be assumed due to the difference in data collection methods. The BRFSS is a self-reported survey, while the 2005 Georgia Oral Health Screening collected first-hand height and weight measurements of third graders.⁶⁶

Pediatric Nutrition Surveillance System collects similar first-hand data on children under five that are enrolled in the Women, Infant and Children program (WIC). In 2009, 15 percent of children aged 2-4 years of age in the WIC program were obese.⁶⁷

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

- Girls were more likely to be obese (25 percent) than boys (22 percent).
- Black children were more likely to be obese (27 percent) than white children (21 percent).
- Children from low socioeconomic (SES) households were more likely to be obese (26 percent) than those from high SES households (21 percent).
- Children from rural areas were more likely to be obese (26 percent) than children from Metropolitan Atlanta (21 percent).⁶⁸



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

Healthy lifestyle habits, including health 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.⁶⁹

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

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

Obese children are more likely to have:

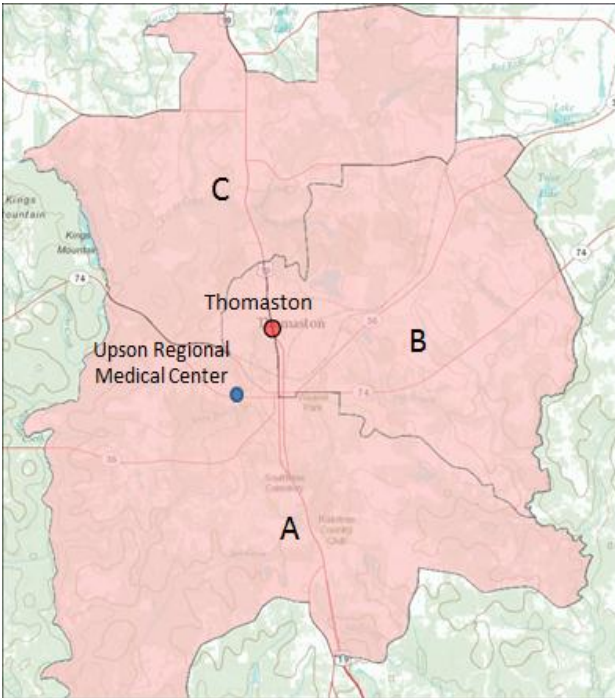
- High blood pressure and high cholesterol
- Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- Breathing problems, such as sleep apnea, and asthma
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones, and gastro reflux, and
- Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood.⁷⁰

Food Deserts

Choices about what food to buy can be beyond the control of a population group. Choices about food spending and diet are likely to be influenced by the accessibility and affordability of food retailers—travel time to shopping, availability of health foods, and food prices. More importantly, low-income disparities have an influence on accessing healthy food.⁷¹

The United States Department of Agriculture, Treasury, and Health and Human Services have defined a food desert as a census tract with a substantial share of residents who live in low-income areas that have low levels of access to a grocery store or a healthy, affordable food retail outlet.⁷²

Upson County Food Deserts (census tract level A, B, C): People with low access to a supermarket or large grocery store			
	A	B	C
Number of people in census tract	7067	5435	4464
Percentage of people with low access	65.3%	52.6%	43%
Percentage of children 0-17 with low access	16.3%	15%	11%
Percentage of age 65 or older with low access	13.5%	5.9%	5.6%
Percentage of housing units without a vehicle with low access	10.8%	6.8%	1.9%



(Above data is based on the 2000 census and compilation of supermarkets surveyed in 2006.)

Census tracts qualify as food deserts if they meet low-income and low-access thresholds:

1. They qualify as *low-income communities* based on having: a) a poverty rate of 20 percent or greater, or b) a median family income at or below 80 percent of the area median family income; AND
2. They qualify as low-access communities based on the determination that at least 500 persons and/or at least 33 percent of the census tract's populations live more than one mile from a supermarket or large grocery store (10 miles, in the case of non-metropolitan census tracts).⁷³

Census Tract A had the greatest proportion of residents (65.3 percent) with low access. Additionally, *Census Tract A* had the highest proportion of children and elderly (16.3 and 13.5 percent), and the highest proportion of housing units without a vehicle (10.8 percent).⁷⁴

Community Input – Diabetes and Obesity

- *Diabetics do not have enough money to buy diabetes medicine.*
- *The Wellness Center at Upson Regional is a great resource, but it is not easily accessible to all people.*
- *There are not enough places to exercise that are free.*
- *It is expensive to buy organic foods.*
- *It is cheaper to make fresh food than buy processed food. Individuals are not willing to take the time to make fresh food.*
- *There is non-compliance with medicines and diet for diabetes.*
- *There are co-morbidities associated with diabetes such as obesity and kidney failure.*
- *There is a great diabetic education department in the hospital, but there is low participation.*
- *There is a lack of communication about general health to individuals that have diabetes.*
- *There needs to be a focus on prevention for obesity and diabetes.*
- *Obesity is the main factor that causes type 2 diabetes.*
- *Lack of inactivity causes type 2 diabetes.*
- *Diabetes costs \$200 to \$300 per month in medication.*
- *There is a lot of denial that exists about getting over type 2 diabetes.*
- *Obesity is an issue because kids are forced to eat what they can find.*
- *Type 2 diabetes is a major issue in the community.*
- *The issue with obesity and diabetes is individuals have not turned knowledge about the disease into wisdom.*
- *Kids no longer want to go outside to play. They prefer to stay inside and watch TV and play video games.*
- *Parents are not active so kids are not active.*
- *Physical education needs to occur more regularly during the school week.*
- *The issue with obesity is people do not seem to care about their own health.*
- *There needs to be a focus on preventing childhood obesity.*

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.⁷⁵

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

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

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

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.⁷⁶

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.⁷⁷

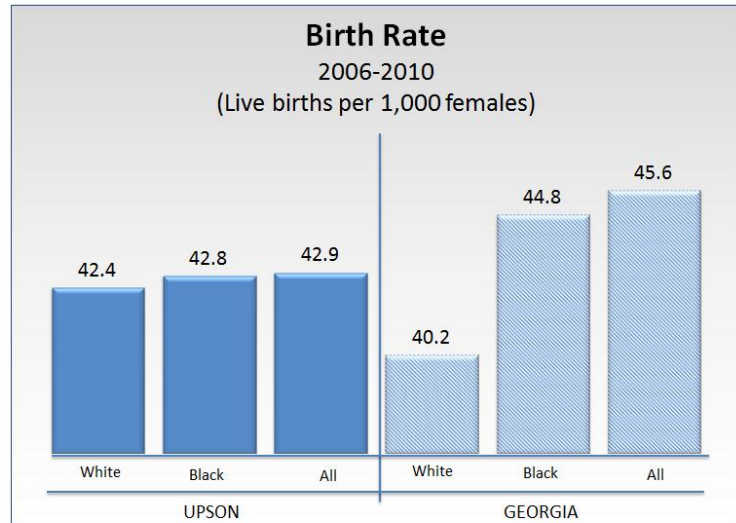
Why Are Maternal, Infant and Child Health Important?

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:

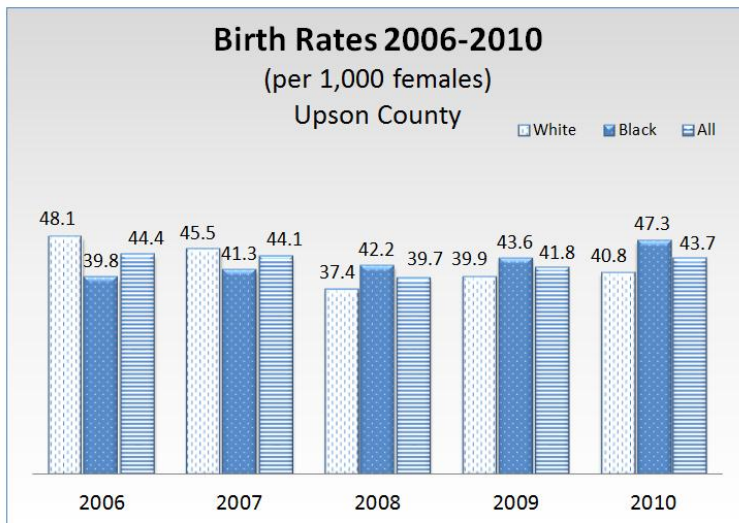
- *Hypertension and heart disease*
 - *Diabetes*
 - *Depression*
 - *Genetic conditions*
 - *Sexually transmitted diseases (STDs)*
 - *Tobacco use and alcohol abuse*
 - *Inadequate nutrition*
 - *Unhealthy weight*
- *Healthy People 2020*

Birth Rates

Upson County (42.9 per 1,000 females) had a lower birth rate compared to the State (45.6 per 1,000 females) from 2006-2010. Whites and Blacks in Upson County had very similar birth rates.



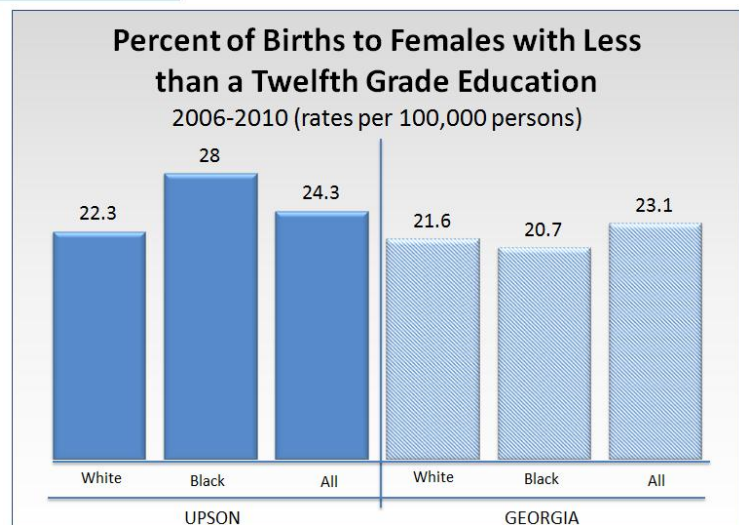
Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

From 2006-2010, birth rates per 1,000 females in Upson County slightly decreased. Blacks had higher birth rates than Whites from 2008-2010.

The percent of births to females with less than a twelfth-grade education was slightly higher (24.3 percent) among Upson County residents than Georgia residents at (23.1 percent). The Black percentage of births to mothers with less than a twelfth-grade education in Upson County (28 percent) was higher than the White percentage (22.3 percent).



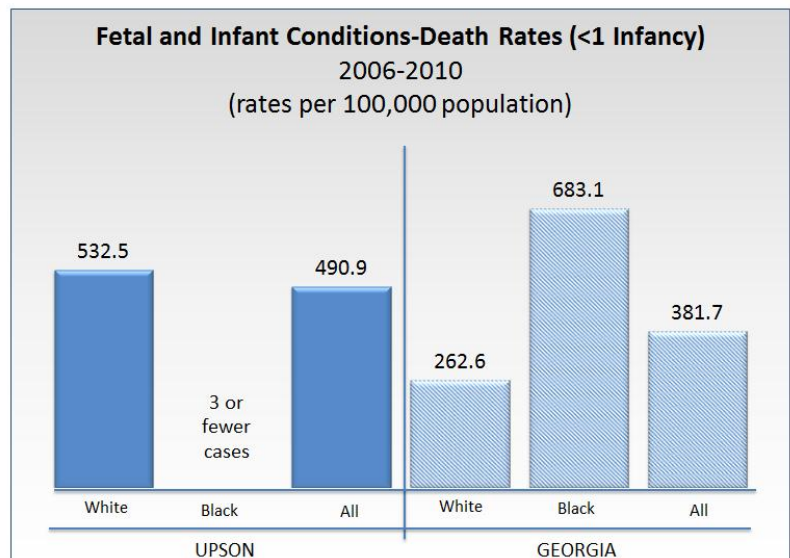
Data Source: National Cancer Institute, State Cancer Profiles

Infant Mortality

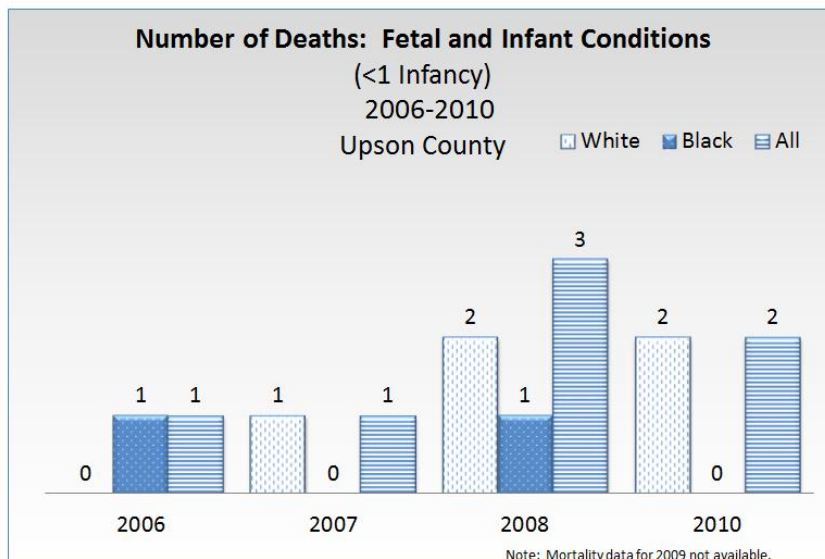
The health of a fetus and infant is directly affected by certain conditions that occur during pregnancy or near birth. Fetal and infant conditions include:

- Prematurity is disorders related to short gestation and low birth weight.
- Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- Birth-related infections are infections specific to the period of time near birth.⁷⁸

The death rate due to fetal and infant conditions in Upson County (490.9 per 100,000 population) was higher than the Georgia rate (381.7 per 100,000 population). White infant death rates were higher than Black rates in Upson County.



Data Source: OASIS, Georgia Department of Public Health

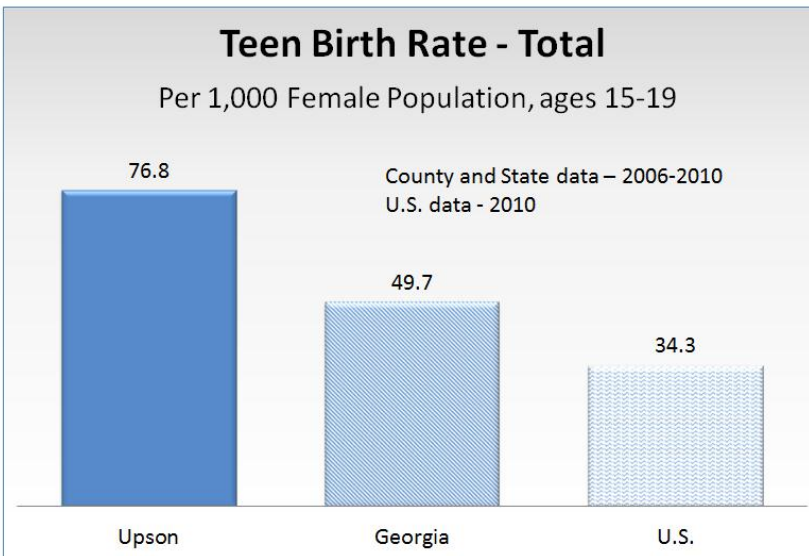


Data Source: OASIS, Georgia Department of Public Health

The number of deaths due to fetal and infant conditions increased from 2006 to 2010 in Upson County. White infants accounted for 100 percent of the total deaths in 2010.

Teen Birth Rate

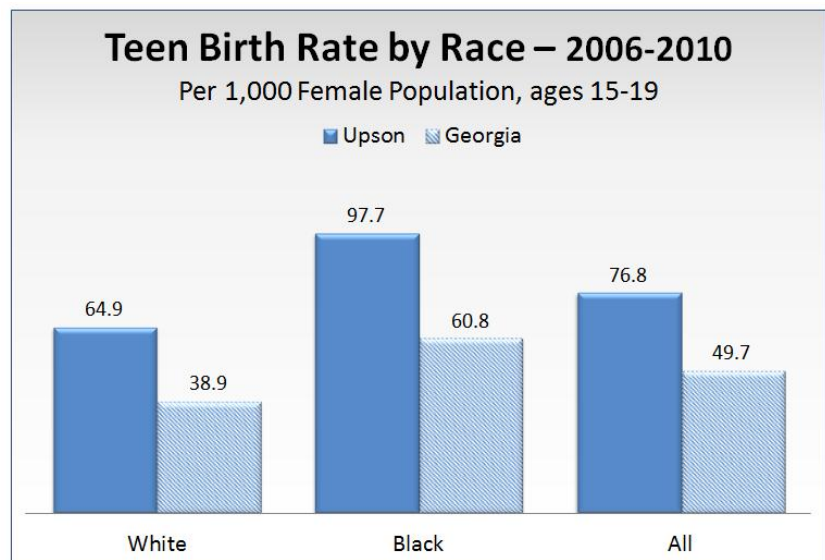
Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors 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.⁷⁹



The teen birth rate in Upson County was much higher than the State and U.S. rates.

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

Both White and Black teen birth rates were higher in the Upson County than the Georgia average. The Upson County Black teen birth rate was significantly higher than the White teen birth rate.



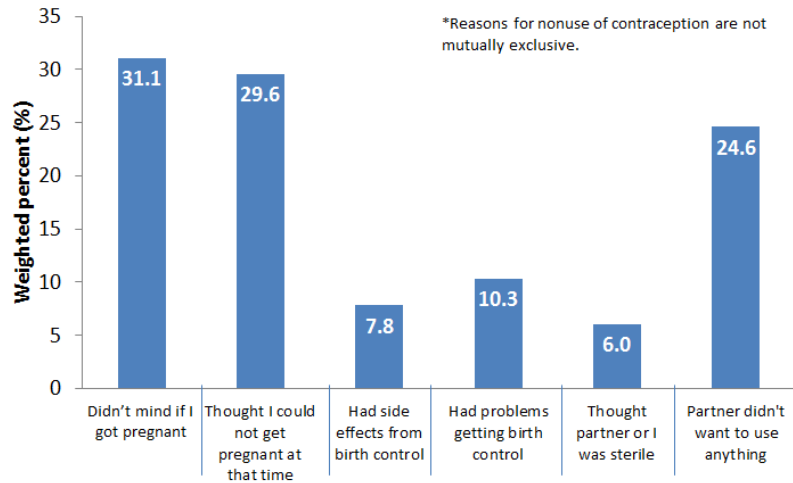
Data Source: OASIS, Georgia Department of Public Health

Teen Pregnancy in Georgia

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

-Georgia Epidemiology Report, 2012

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

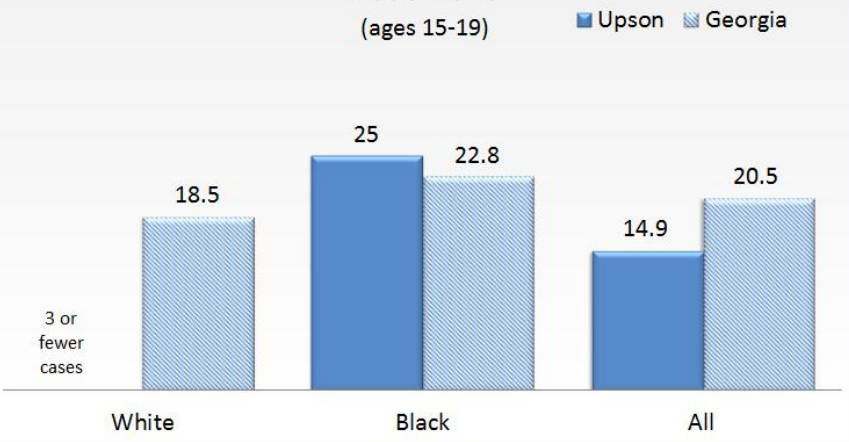


Data Source: Georgia Epidemiology Report, Vol. 26, Number 1, June/July 2012

In Georgia, according to self-report among teen mothers, the top reasons for not using contraception at the time of unintended pregnancy were “Didn’t mind if I got pregnant” and “Thought I could not get pregnant at that time.” This information may be useful in developing effective activities to impact teen pregnancy, such as outreach to and education of teenagers around fertility.⁸⁰

Percent of Births to Mothers with Inadequate Prenatal Care

2006-2010
(ages 15-19)



Data Source: OASIS, Georgia Department of Public Health

For mothers aged 15-19, Upson County had a lower percentage of births to mothers with inadequate prenatal care compared to the State. However, 25 percent of Black teen mothers in Upson County had inadequate prenatal care.

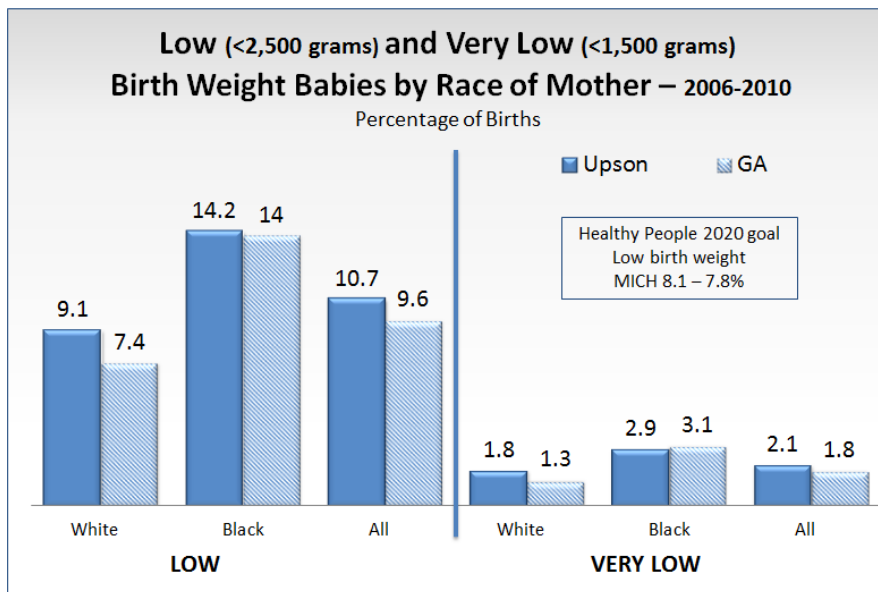
Community Input – Teen Pregnancies

- *Teen pregnancy is an issue in the community.*
- *A teen mother having more than one child has become more prevalent.*
- *The school system's policy is abstinence only education. Other options cannot be talked about but teens can be referred to the health department.*
- *Teen pregnancy is an issue.*
- *There is an issue with women that turn 19 and do not qualify for Medicaid for pregnancies.*
- *Low birth-weight babies are more likely to be born to teen moms.*
- *The town is very small so anonymity is always compromised regarding teens seeking birth control methods.*
- *Teen pregnancy is a major issue. There was one school year where 15 teens became pregnant.*
- *The majority of teen girls that are pregnant are not seeking pre-natal care.*
- *Teen pregnancy is so high because parents of the teen girls did the same thing. There is a lack of direction in these types of families.*
- *There are a lot of 18 year olds with more than 3 children.*
- *There are teen moms as young as 12 and 13 years of age.*
- *There is a lot of resistance in the community about sex education because of abstinence only beliefs.*
- *Adolescents find out about contraception by word of mouth.*

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.⁸¹

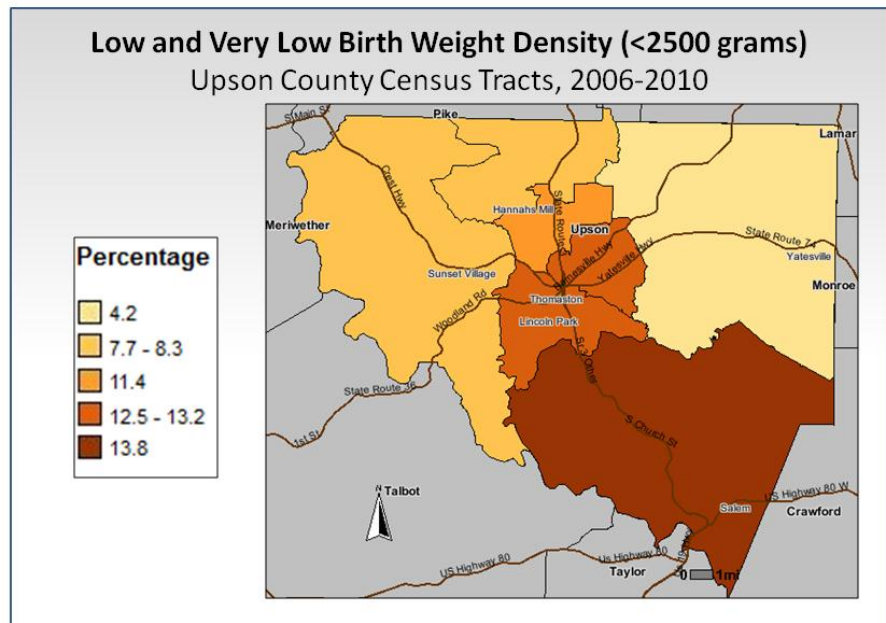
The Healthy People 2020 objective for low birth weight is 7.8 percent.⁸² In 2010, the national prevalence of low birth weight babies was nine percent.⁸³



Overall, low birth weight rates among babies were slightly higher in Upson County compared to the State. Low birth weights were significantly higher among Black babies.

Data Source: OASIS, Georgia Department of Public Health

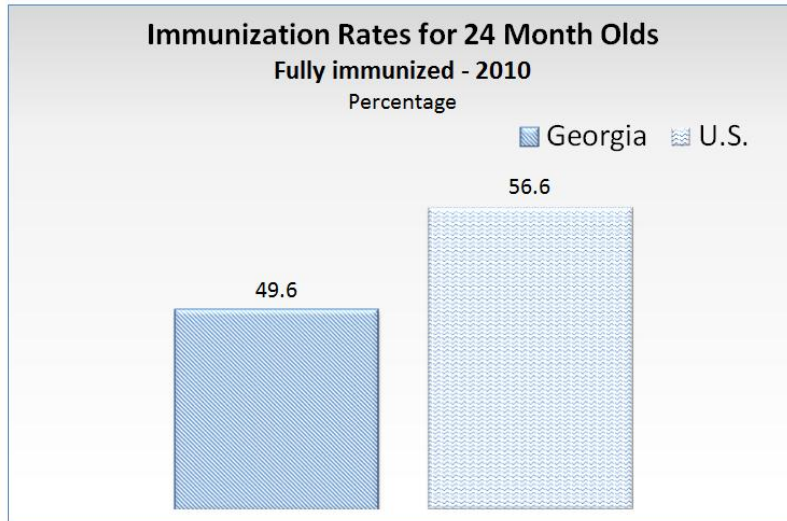
The south and central sections of Upson County had the highest density of low and very low infant birth weights.



Data Source: OASIS, Georgia Department of Public Health

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 some 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.⁸⁴

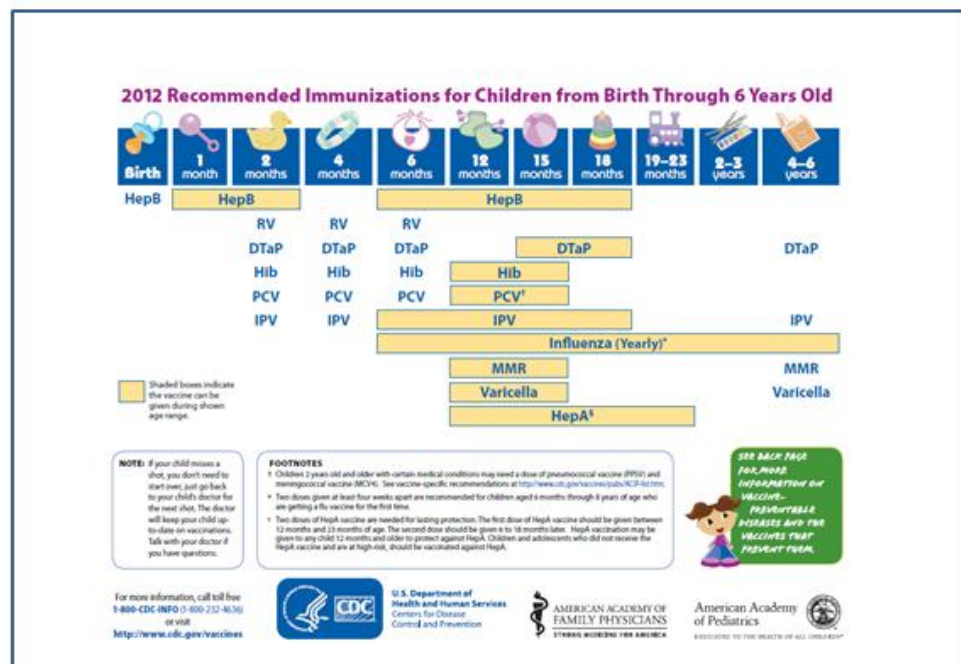


Data Source: CDC, U. S. National Immunization Survey, Q1/2010-Q42010

The Healthy People 2020 goal for immunizations by 24 months of age is 90 percent.⁸⁵

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

The 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.



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

ALCOHOL, TOBACCO AND DRUG USE

Healthy People 2020 Reference – TU, SA

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

- Chronic diseases
- Teenage pregnancy
- Sexually transmitted diseases
- Domestic violence
- Child abuse
- Motor vehicle accidents
- Crime
- Homicide
- Suicide⁸⁶

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.⁸⁷

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; however, individual states may choose to do a middle school YRBSS. The following charts contain data from the YRBSS regarding high school adolescents.

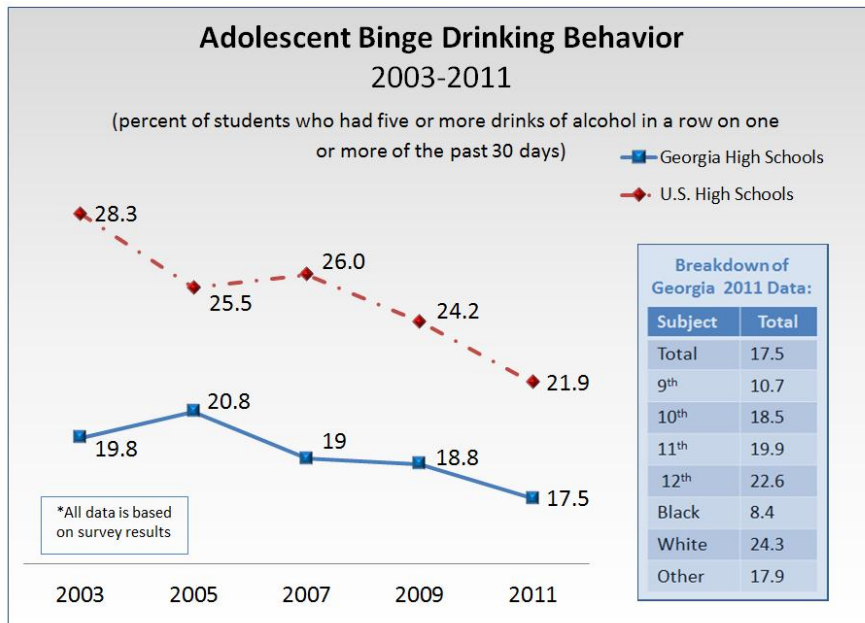
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse



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

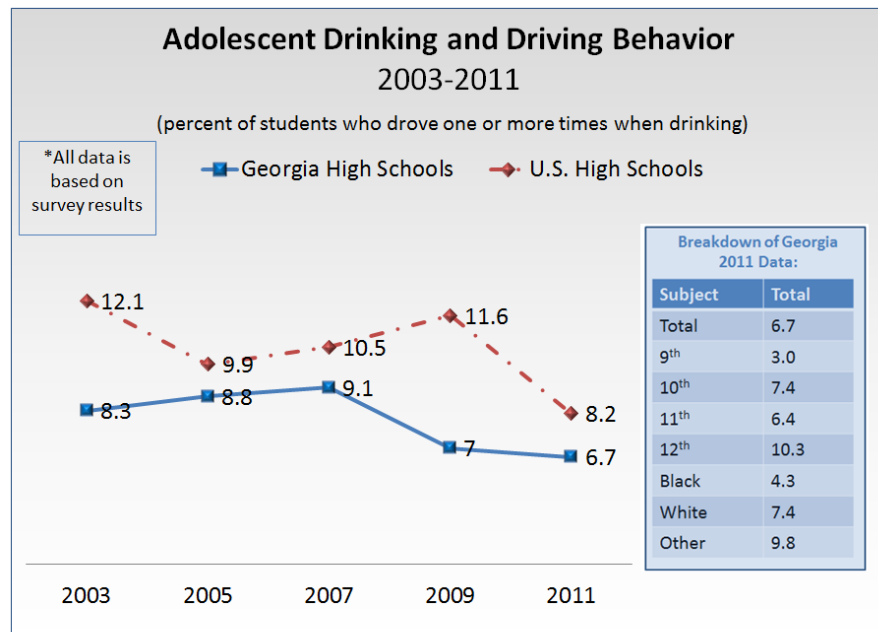
Between 2003 and 2011 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia since 2007.

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

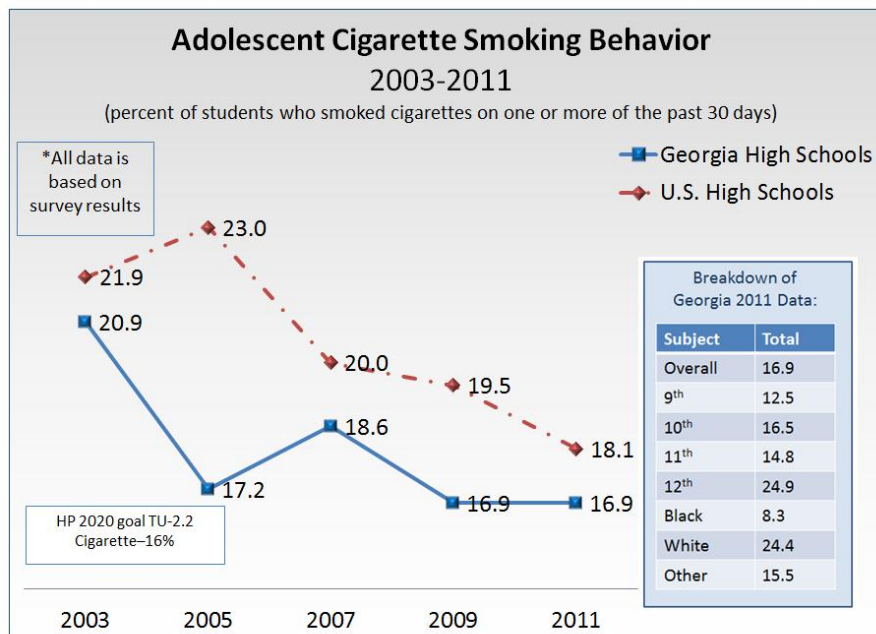
Almost one-quarter of twelfth graders (22.6 percent) participated in binge drinking within a month prior to the survey.

According to the Georgia Department of Education's Health Survey for 2009-2010, Thomaston-Upson School System (grades 6, 8, 10, and 12) reported binge drinking behavior at 17.7 percent and drinking and driving behavior at 5.8 percent.⁸⁸

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



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



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

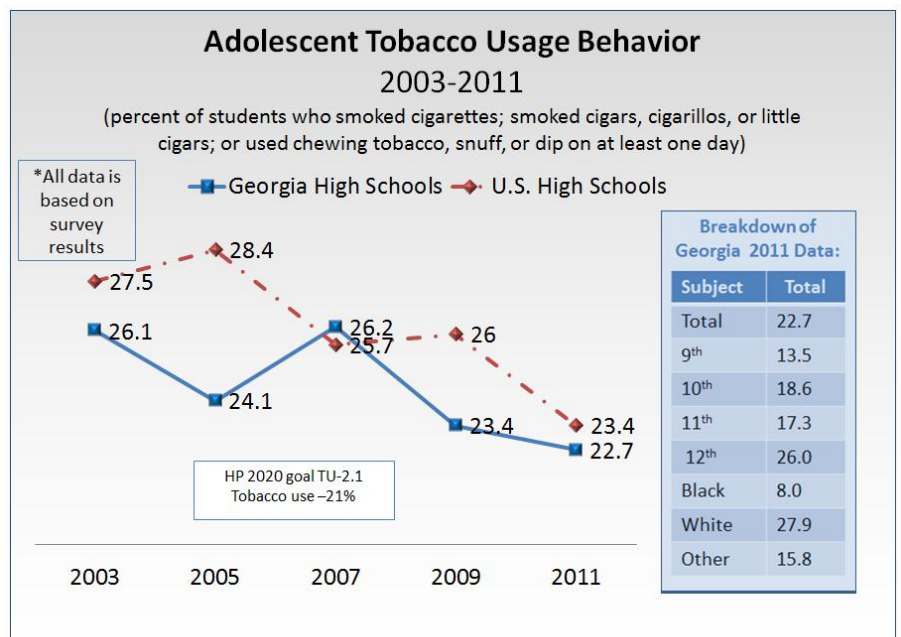
Cigarette smoking behavior among Georgia high school aged adolescents was lower than the U.S rates.

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

According to the Georgia Department of Education’s Health Survey for 2009-2010, Thomaston-Upson School System (grades 6, 8, 10, and 12) reported cigarette smoking at 17.2 percent.⁸⁹

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

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



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

Illicit Drug Usage

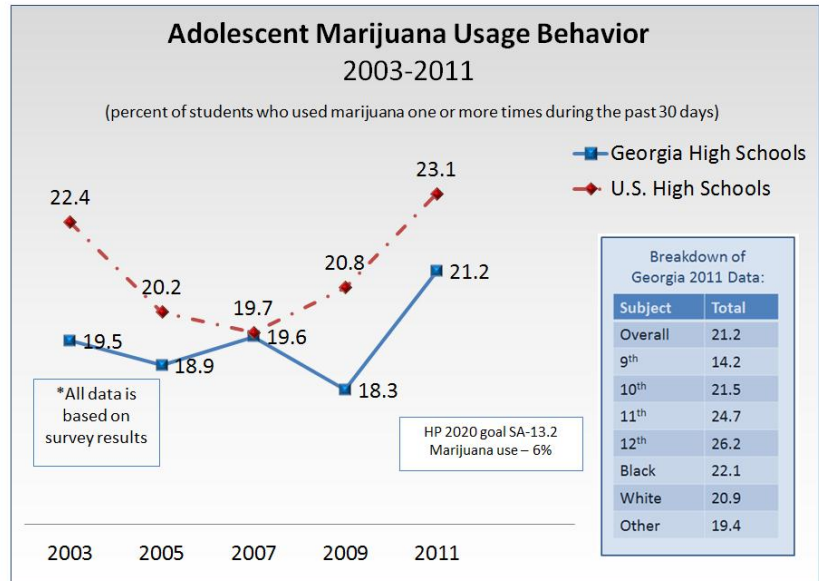
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.⁹⁰

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

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

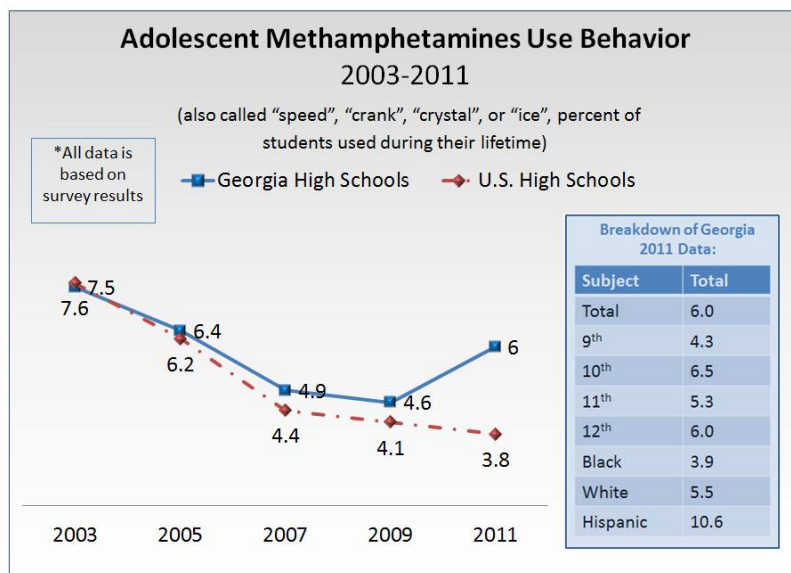
Marijuana usage among twelfth graders was the highest at 26.2 percent.

The Healthy People 2020 goal is to reduce marijuana usage to six percent.⁹¹



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

According to the Georgia Department of Education’s Health Survey for 2009-2010, Thomaston-Upson School System (grades 6, 8, 10, and 12) reported marijuana use behavior at 12.5 percent and methamphetamine use behavior at 1.5 percent.⁹²



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

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

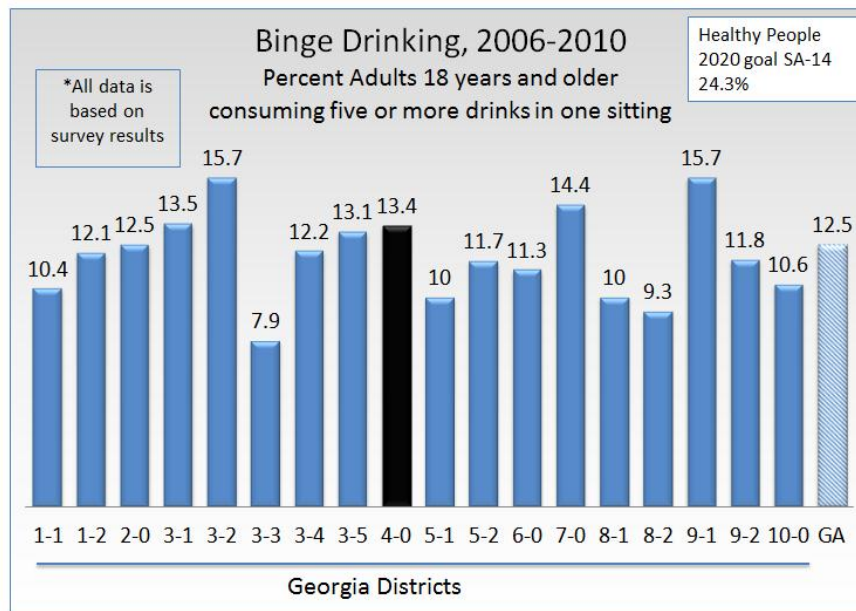
More than 10 percent of the Hispanic adolescent population in Georgia had tried methamphetamines during their lifetime.

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.⁹³

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.⁹⁴

The binge drinking rate in Health District 4-0 (13.4 percent) was higher than the State rate (12.5 percent). This was well below the Healthy People goal of 24.3 percent.



Data Source: OASIS, Georgia Department of Public Health

Community Input – Alcohol, Tobacco and Drugs

- *There is a lot of drug and alcohol abuse in the community.*
- *The majority of Department of Family and Children Services' workload is caused by domestic violence and drug usage.*
- *Children are getting exposed to meth just by being around adult users.*
- *There is a lot of denial in the community regarding drug usage and gang involvement.*
- *There are a lot of teenagers with substance abuse problems and a small proportion of parents that are using with their children.*
- *Meth use is a very big issue in the community.*
- *There is a drug problem across the vast majority of the population, especially among the mentally ill.*
- *Heart disease, poor health, stresses, and high blood pressure leads to drug abuse.*
- *There are multiple convenient stores that sell individual cigarettes.*
- *Sudafed abuse occurs in the community due to the growing meth problem.*
- *Hydrocodone abuse is very prevalent in the community.*
- *Meth is an issue in family life because it is so addictive and mind altering. Many adults cannot get off of the drug and will surrender their kids for it.*
- *Meth is cheap to make and a lot and the individuals that make it have a lot of time on their hands.*
- *Crack cocaine and marijuana seems to be more prevalent in the Black community.*
- *Meth seems to be more prevalent in the White community.*
- *Pain medicine "shopping" is very prevalent in the community.*
- *Smoking is still socially accepted in Upson County.*

SEXUALLY TRANSMITTED DISEASES

Healthy People 2020 Reference – STD 6, STD 7

Each year, there are approximately 19 million new sexually transmitted disease (STD) infections, and almost half of them are among youth aged 15 to 24.⁹⁵ 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.⁹⁶

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 papillomavirus (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

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

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

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

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

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

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. The CDC estimates that half of new infections go undiagnosed each year.⁹⁷ 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.⁹⁸

Clinical Recommendations

Screening for Chlamydial Infection

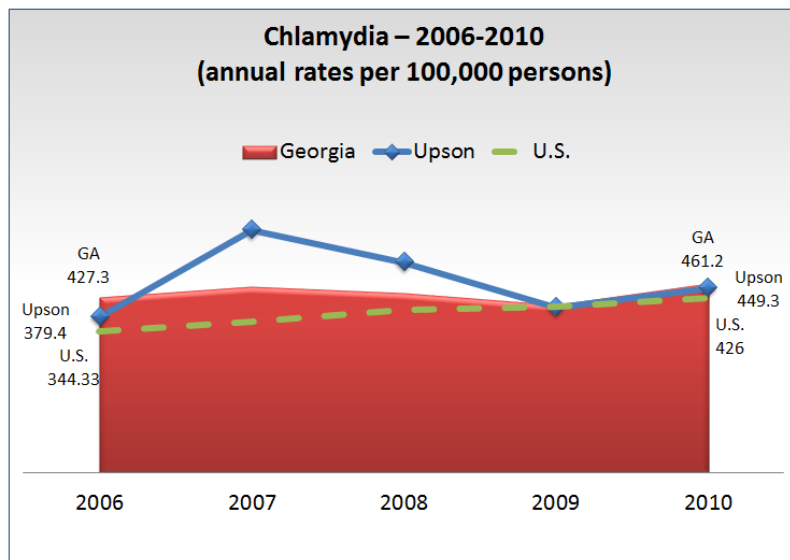
- The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.
- The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all 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 2009, Blacks had 8.7 times the reported chlamydia rates of Whites in the U.S.⁹⁹
- 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.¹⁰⁰
- Women had 2.7 times the reported chlamydia rate of in men in 2009.¹⁰¹
- Georgia ranked 15th highest in the U.S. for reported chlamydia cases in 2010.¹⁰²

Average Chlamydia Rates by Race (2006-2010)			
	White	Black	All
Georgia	62.6	645.1	437.3
Upson	86.9	984.4	467

Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

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

In 2010, chlamydia rates in Upson County (449.3 per 100,000) were slightly lower than the State rate (461.2 per 100,000).

In 2010, the U.S. rate for chlamydia was 426.0 cases per 100,000 population.¹⁰³

Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.¹⁰⁴ 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.

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.

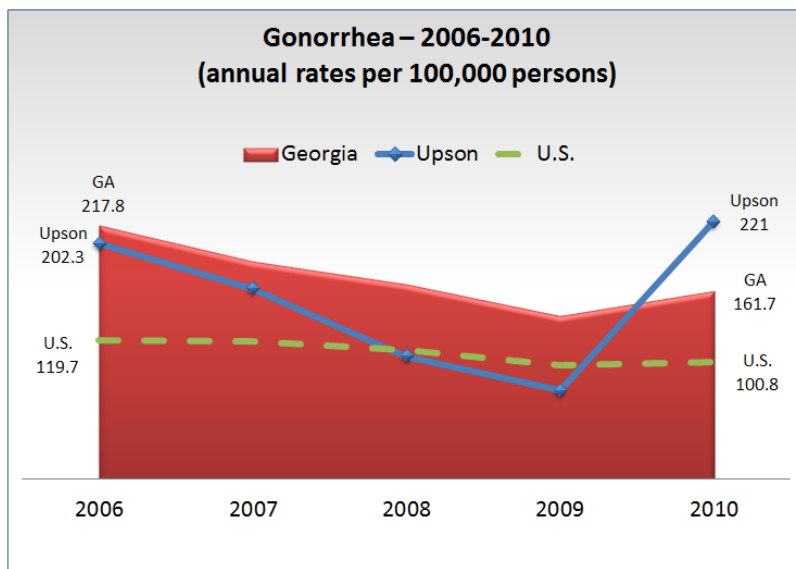
-Centers for Disease Control and Prevention

- In 2009, Blacks had 20.5 times the reported gonorrhea rates of Whites in the U.S.¹⁰⁵
- Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.¹⁰⁶
- Georgia ranked seventh highest in the U.S. for reported gonorrhea cases in 2010.¹⁰⁷

Average Gonorrhea Rates by Race (2006-2010)			
	White	Black	All
Georgia	13.5	333	174.3
Upson	16.6	311.6	153.5

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea was significantly higher among Blacks than Whites in both Upson County and Georgia (see chart right).



Data Source: OASIS, Georgia Department of Public Health

In 2010, the gonorrhea rates in Upson County (221 per 100,000) were lower than the State rates (161.7 per 100,000) and higher than the U.S. rates (100.8 per 100,000).¹⁰⁸

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.¹⁰⁹

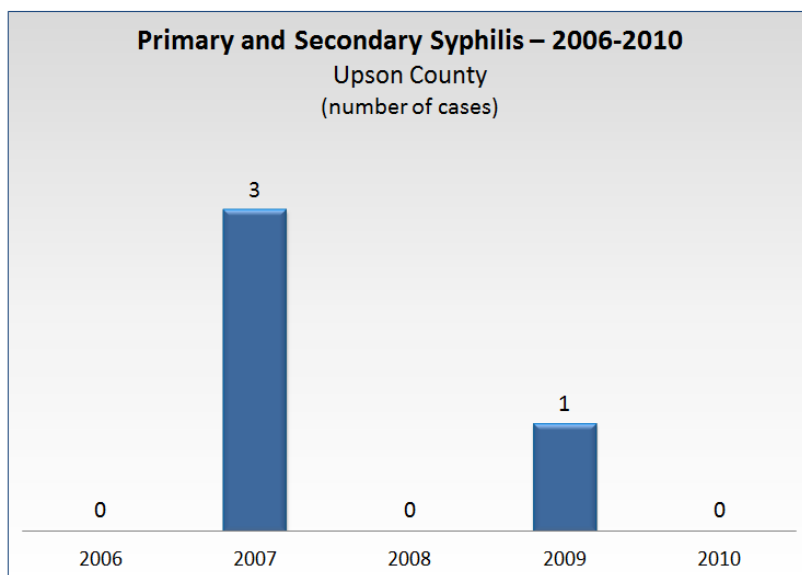
How can syphilis be prevented?

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

- In 2009, Blacks had 9.1 times the reported syphilis rates of Whites in the U.S.¹¹⁰
- Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.¹¹¹
- Georgia ranked second highest in the U.S. for reported syphilis cases in 2010.¹¹²



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

The Georgia syphilis rate in 2010 was 9.7 per 100,000 population. The U.S. rate in 2010 was 4.5 per 100,000 population.¹¹³

Due to low number of reported cases in Upson County, the syphilis rate was not statistically meaningful. However, the number of reported syphilis cases from 2006-2010 in Upson County was low at 4 cases. In 2007, Upson County had a higher incidence of syphilis (3 cases).

Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans are living with HIV, and one out of five people with HIV do not know they have it. Each year about 56,000 new infections of HIV occur.¹¹⁴

Why is HIV important?

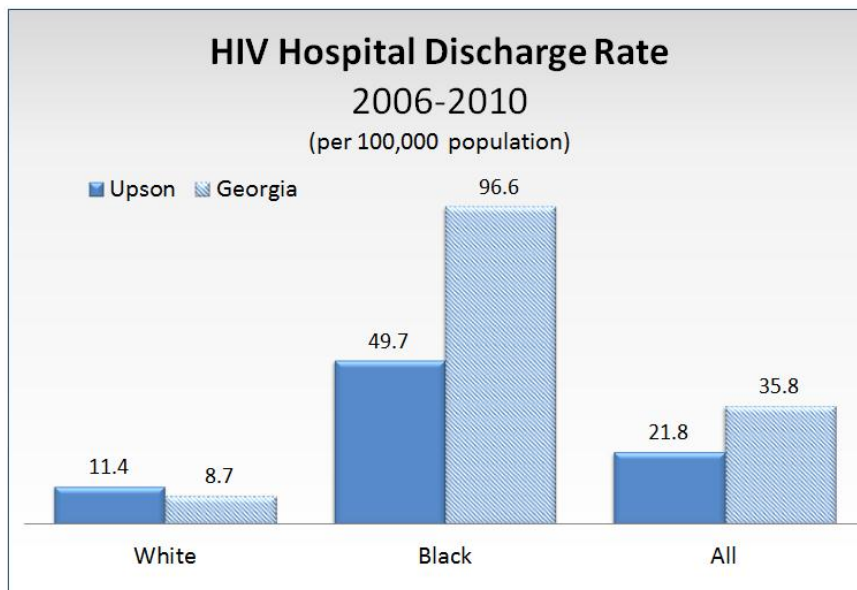
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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

-Healthy People 2020

- Nationally, from 2006-2009, the estimated number of people living with HIV increased 8.2 percent.¹¹⁵
- The number of males living with HIV (869,000) was more than three times the number of women (279,100).¹¹⁶

Blacks had the highest number of persons living with HIV (510,600), accounting for 44 percent of all persons living with HIV in 2009. The estimated is followed by Whites (380,300), Hispanics (220,400), persons of multiple races (15,700), Asians (15,400), American Indians or Alaska Natives (4,300), and other Pacific Islanders (1,400).¹¹⁷

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



Data Source: OASIS, Georgia Department of Public Health

Upson County had a lower HIV hospital discharge rate (21.8 per 100,000) than Georgia (35.8 per 100,000).

The HIV hospital discharge rate among Blacks in Upson County was over four times the rate of Whites.

Community Input – Sexually Transmitted Disease

- *The majority of the STD rates are among teenagers.*
- *STDs are a major issue among the youth in the community.*
- *The highest STD rates are among those aged 18-24 in the community.*
- *There should be a requirement to have a blood test in order to obtain a marriage license.*

ACCESS TO CARE

Barriers to access to care can be due to 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.”¹¹⁸

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:

1. *Gaining entry into the health care system.*
 2. *Accessing a health care location where needed services are provided.*
 3. *Finding a health care provider with whom the patient can communicate and trust.*
- *Healthy People 2020*

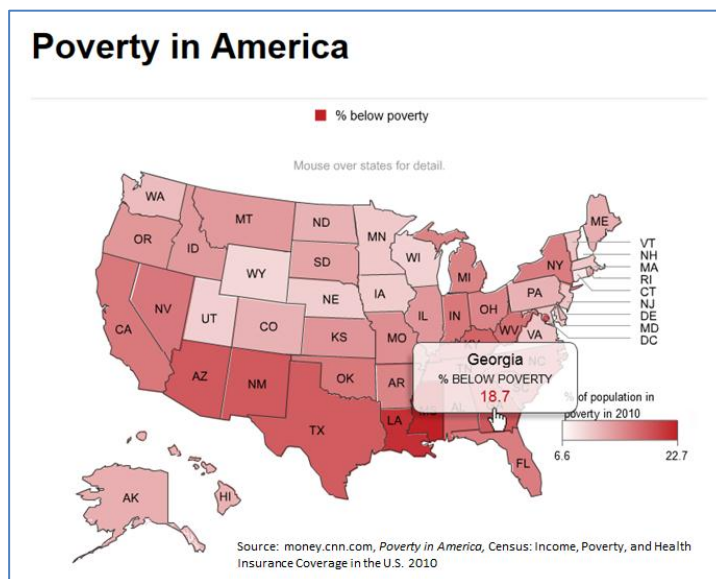
1. Gaining entry into the health care system

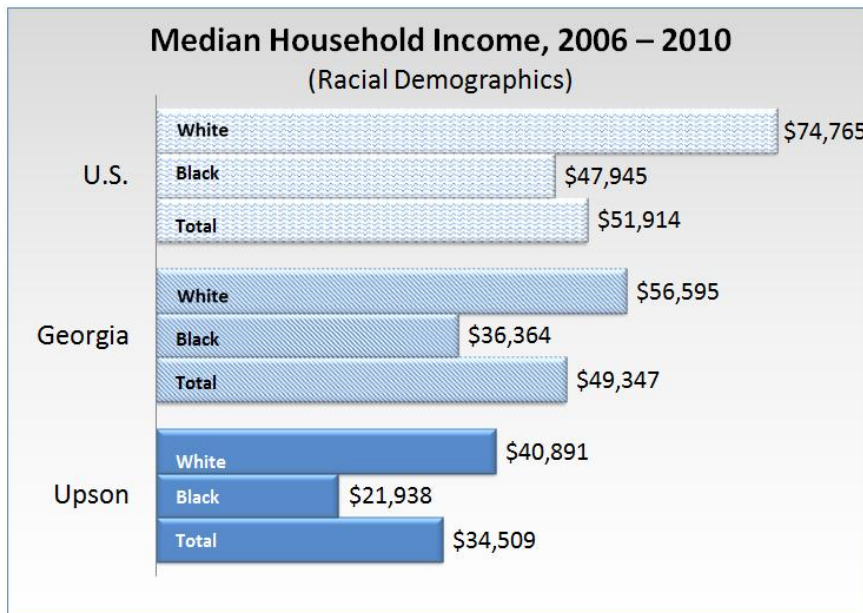
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual’s ability to access care when needed.

Income and Poverty

The nation’s poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.3 percent in 2009.¹¹⁹

Georgia ranked third highest in the U.S. at 18.7 percent of the population below the poverty level in 2010. Louisiana and Mississippi are ranked first and second.¹²⁰





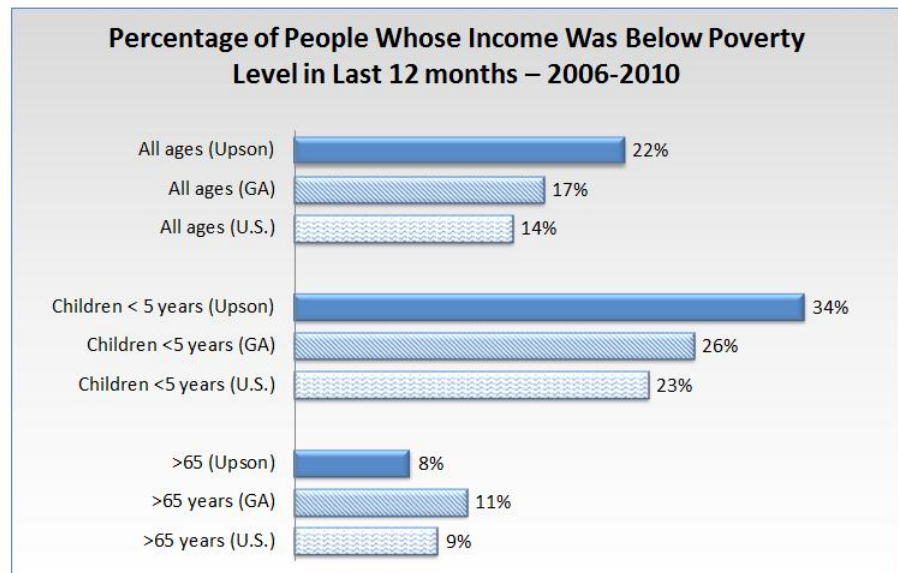
The median household income during 2006-2010 for Upson County was \$34,509. This is below the Georgia rate of \$49,347 and the U.S. rate of \$51,914.

In Upson County for the period 2006-2010, the average White median income (\$40,891) was almost twice that of Blacks (\$21,938).

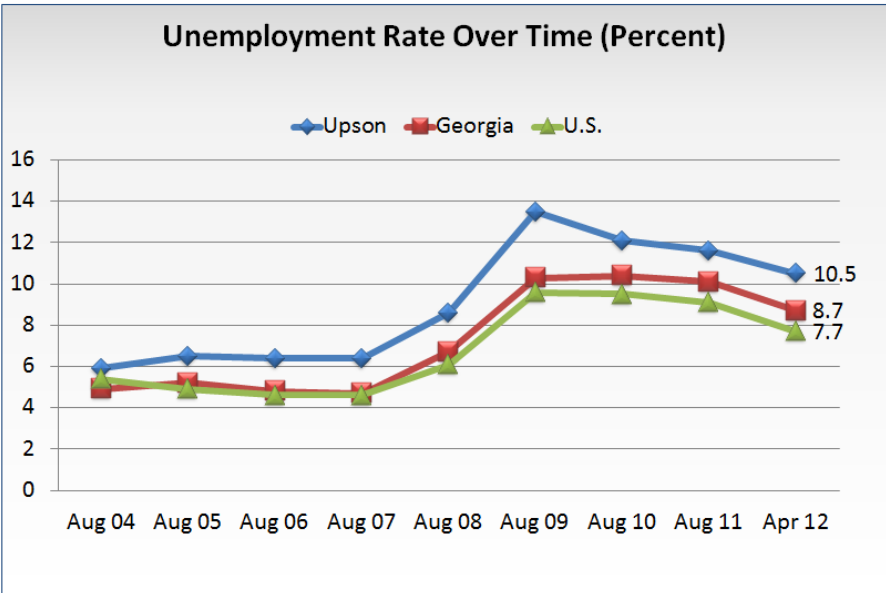
Data Source: U.S. Bureau of the Census, <http://quickfacts.census.gov/qfd/states>

The percentage of people in Upson County whose income was below the poverty level (22 percent) during 2006-2010 was higher than that of Georgia (17 percent) and the U.S. (14 percent).

The percentage of children under five years of age living in poverty in Upson County (34 percent) was higher than both Georgia (26 percent) and the U.S. rates (23 percent). The percentage of Upson County senior adults living in poverty (8 percent) was slightly lower than the State (11 percent) and U.S. rates (9 percent).



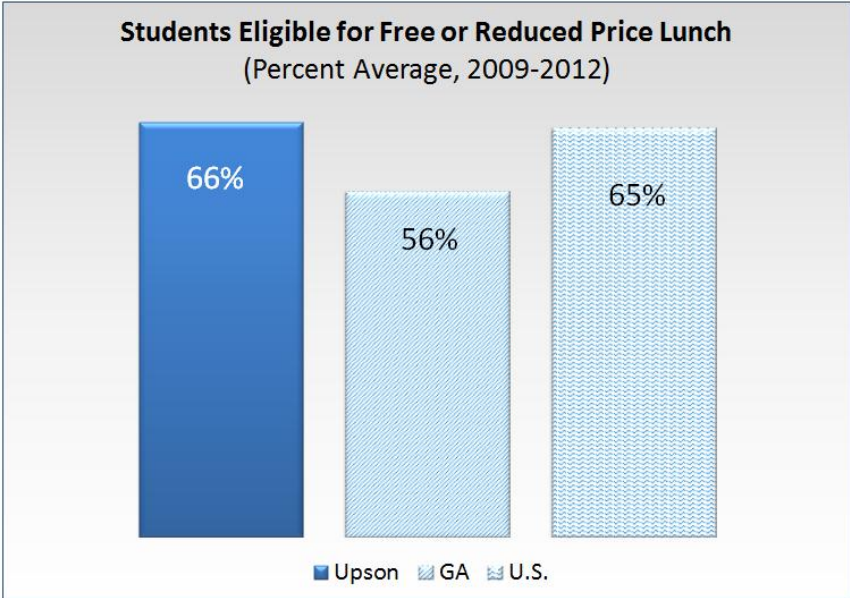
Data Source: U.S. Bureau of the Census, 2010 ACS Survey, www.quickfacts.census.gov 2010



The Upson County unemployment rate for the years 2004-2012 has been consistently higher than the State and U.S. rates.

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

The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.¹²¹ For July 1, 2012 through June 30, 2013, a family of four's income eligibility for reduced-price lunches was at or below \$42,643 and for free meal eligibility at or below \$29,965.¹²²

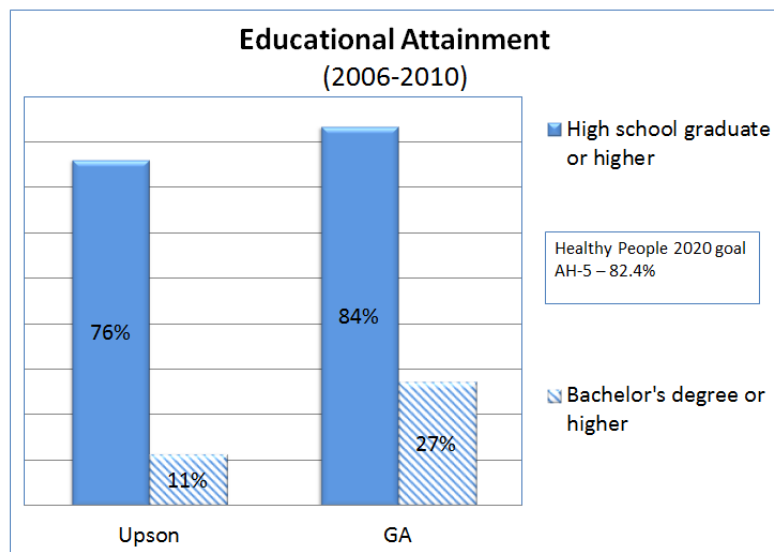


Data Source: Annie E. Casey Foundation, Kids Count Data Center, Students eligible for free or reduced price lunch, 2009-2012, USDA

Sixty-six percent of the public school students in Upson County received free or reduced price lunches for the years 2009 to 2012. This was higher than Georgia (56 percent) and the U.S. rate (65 percent).

Educational Attainment

The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.¹²³ 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.¹²⁴ 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.¹²⁵



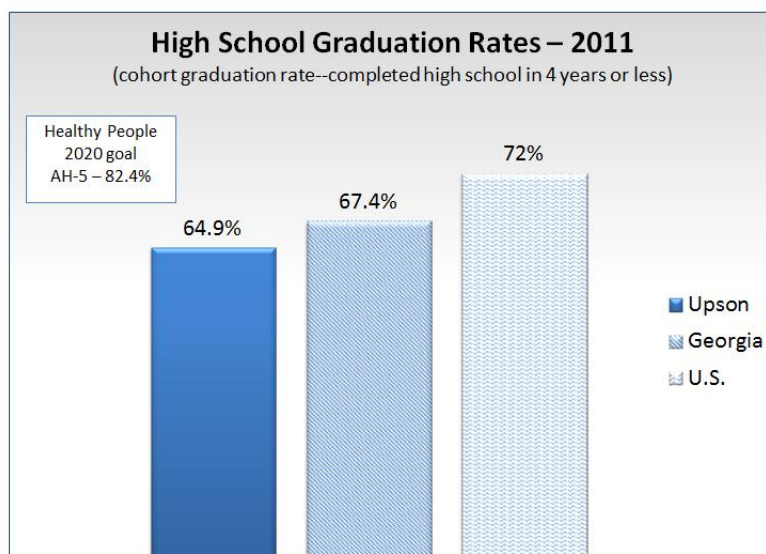
Data Source: Annie E. Casey Foundation, Kids Count Data Center, Educational Attainment, 2006-2010.

From 2006 to 2010, an average of 76 percent of Upson County residents had graduated high school compared to Georgia's average of 84 percent. An average of 11 percent of Upson County residents had a bachelor's degree or higher compared to Georgia's higher average of 27 percent.

The Healthy People 2020 goal for high school students is 82.4 percent (students graduate with a regular diploma, 4 years after starting 9th grade).

The U.S Department of Education is now requiring all states to begin publicly reporting comparable high school graduation rates using the new four-year adjusted cohort rate calculation method. This method will provide uniform data collection when analyzing statistics across different states.¹²⁶

In 2011, Upson County had an average of 64.9 percent of students complete high school in four years or less. Upson County was slightly below the State average (67.4 percent) and the U.S. average (72 percent).



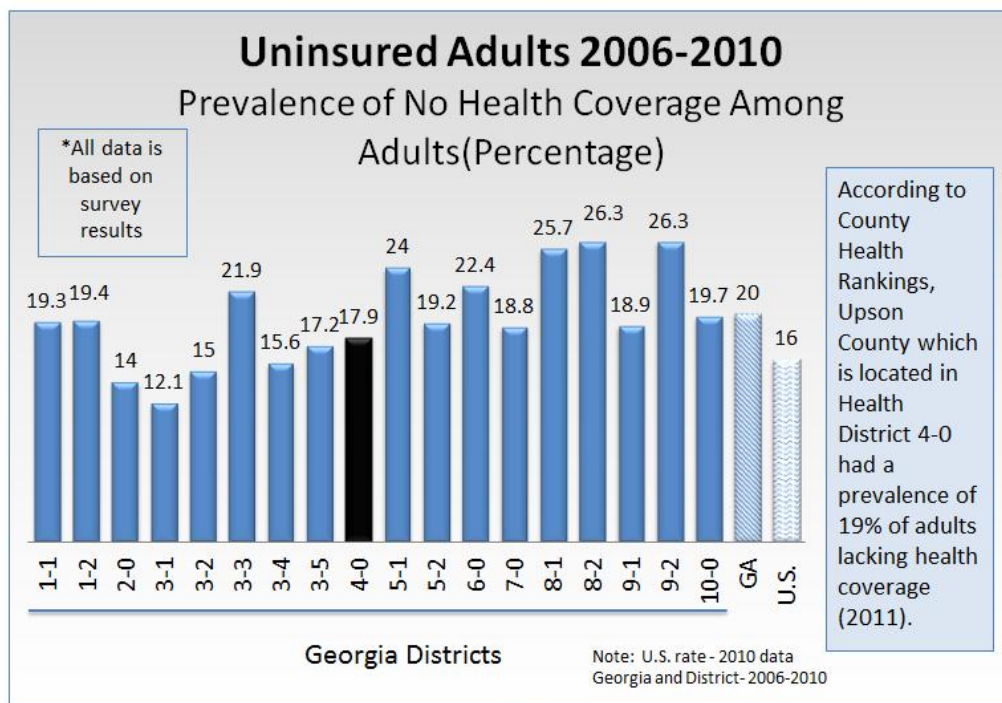
Data Source: Georgia Department of Education – 2011, Editorial Projects in Education Research Center

Insured Status

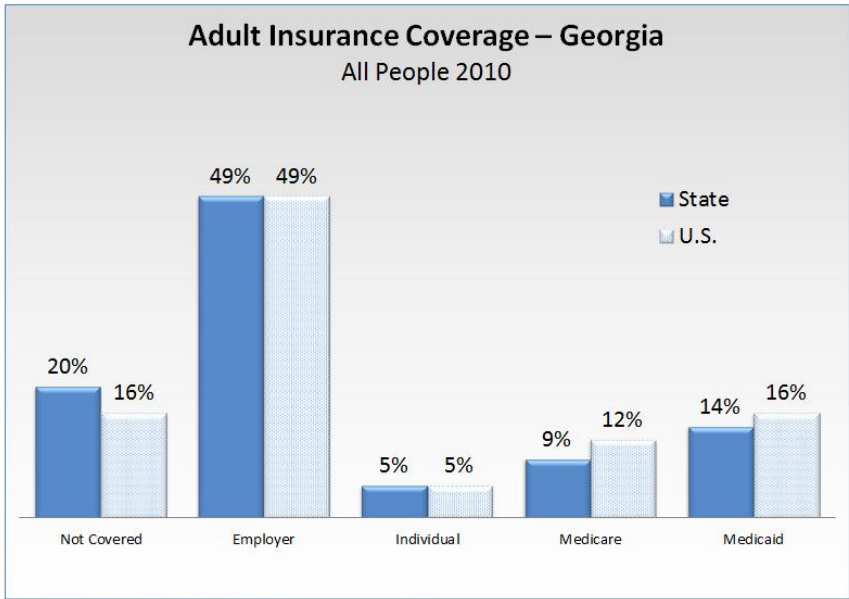
The ability to access healthcare is significantly influenced by an individual’s insured status. People without insurance often face limited access to services and delays in seeking treatment. Many people with insurance are often considered “under insured,” due to policy restrictions and high deductibles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

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

The percentage of adults that lacked health insurance from 2006-2010 in Health District 4-0 (which includes Upson County) was 17.9 percent. This was higher than the U.S rate (16 percent), but lower than the Georgia rate (20 percent). According to County Health Rankings, in 2011 Upson County had 19 percent of adults lacking health insurance.



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

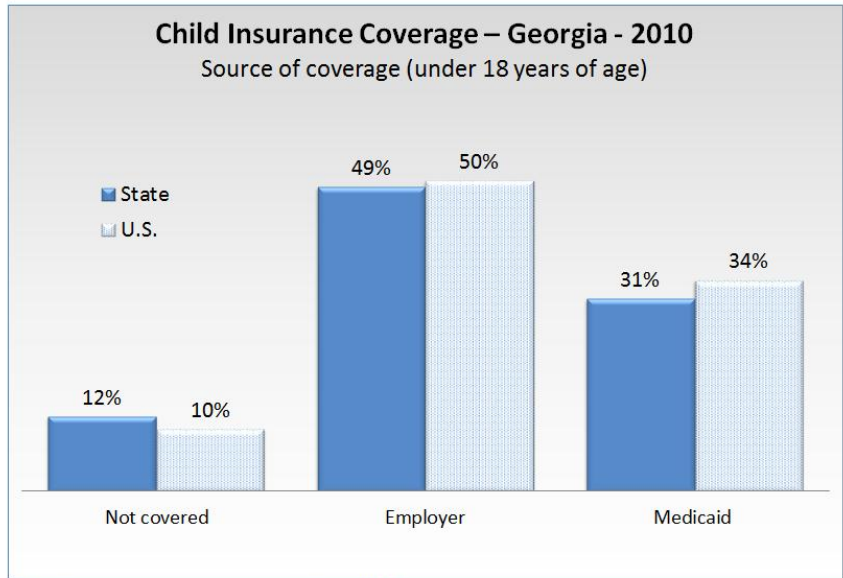


Data Source: Kaiser Family Foundation, Statehealthfacts.org

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

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

Employer coverage in Georgia and the U.S were very similar.



Data Source: Kaiser Family Foundation, Statehealthfacts.org

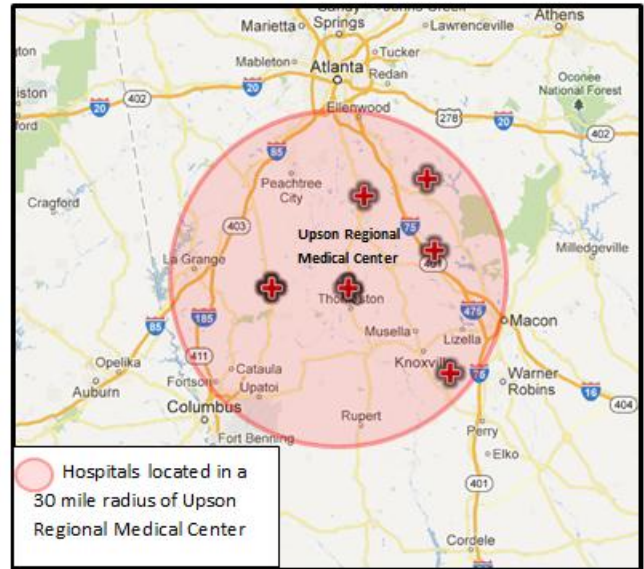
Medicaid – Georgia Medicaid is administered by the Georgia Department of Community Health. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

- **PeachCare for Kids (CHIP)** offers a comprehensive health care program for uninsured children living in Georgia who's family income is less than or equal to 235 percent of the federal poverty level.
- **Long Term Care and Waiver Programs:**
 - **New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP)** offer home and community-based services for people with a developmental or intellectual disability.
 - **Service Options Using Resources in a Community Environment (SOURCE)** links primary medical care and case management with approved long-term health services in a person's home or community to prevent hospital and nursing home care.
 - **Independent Care Waiver Program (ICWP)** offers services that help a limited number of adult Medicaid recipients with physical disabilities live in their own homes or in the community instead of a hospital or nursing home.
 - **Community Care Services Program (CCSP)** provides community-based social, health and support services to eligible consumers as an alternative to institutional placement in a nursing facility.
- **Georgia Families** delivers 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 women must be at or below 200 percent of the federal poverty level.
- **Health Insurance Premium Payment (HIPP)** provides working Medicaid members with assistance on premium payments, coinsurance, and deductibles.
- **Georgia Long Term Care Partnership** offers individuals quality, affordable long term care insurance and a way to received needed care without depleting their assets (Medicaid asset protection).
- **Non-Emergency Transportation (NET)** program provides transportation for eligible Medicaid members who need access to medical care or services.
- **Georgia Better Health Care (GBHC)** matches Medicaid recipients to a primary care physician or provider.

Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Upson County, 14 percent of the population is over the age of 65, making many of them eligible for Medicare.

2. Accessing a health care location where needed services are provided

Upson County is home to Upson Regional Medical Center, a 115 bed facility with other outpatient facilities located in surrounding areas. There are five other hospitals located within 30 miles of Thomaston (see map right).¹²⁷ Upson Regional Medical Center has an outpatient medical office located in Barnesville which is 17 miles northeast of the hospital's main campus. The hospitals located within the 30 mile radius range in size and type of facility. (See table below).



Data Source: US Hospital Finder

Hospital Name	Type	Number of Beds
Upson Regional Medical Center	Not-for-profit; community	115
Roosevelt Warm Springs Institute	Government; long term acute care	64
Monroe County Hospital	Government; community	25
Warm Springs Medical Center	Government; community	104
Spalding Regional Medical Center	For-profit; community	160
Peach Regional Medical Center	Government; community	25
Sylvan Grove Hospital	For-profit; community	21

Data Source: US Hospital Finder

Physician Workforce

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

- Internal Medicine (deficit: -2)
- OB/GYN (deficit: -1)
- Orthopedic Surgery (deficit: -1)
- Pediatrics (deficit: -3)¹²⁸

The Georgia Physicians Workforce Report provides guidelines based on National demographics and does not take into account the demographics of a specific community. The demographics of a community impacts specific needs for specialties due to the age distribution of the population. For instance, if the

aged population in a community is a higher percentage than the national average, there may be a need for more cardiologists than depicted in the national standards. The Georgia Physician Workforce Report was last updated in 2008 and should only be used as an indication of possible needs, rather than an absolute number of physicians needed.

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) area designated by the Health Resources and Services Administration (HRSA) as having shortage of primary care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/ or elderly population.¹²⁹

Provider Shortages as of August 14, 2012

County	Shortage Primary Care Providers FTE- full time equivalent	Shortage Dental Providers	Shortage Mental Health Providers
Upson	3 FTEs	None	4 FTEs

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

Mental Health

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

- McIntosh Trail provides services for addictive diseases, developmental disabilities, mental health, and other support specialties.
- Pathways Center of Meriwether and Pathways Center of Spalding and Lamar provides outpatient services for both children and adults. These services include: crisis intervention; intake assessments; individual and family counseling; an array of therapy and skill based groups; psychiatric assessments and follow-up; and nursing services.¹³⁰
- National Alliance on Mental Illness (NAMI) is a national organization that has a local chapter in Griffin. This chapter provides family support to those individuals with loved ones suffering from a mental illness.¹³¹

Nursing Homes

Upson County has three nursing homes centrally located within Thomaston. There are two additional nursing homes located within 20 miles of Thomaston in surrounding counties. All five of these nursing

homes accept Medicare and Medicaid. The combined number of beds among these 5 nursing homes is currently 483.¹³²

Transportation

Upson County has a land area of 326 square miles.¹³³ There is no public transportation system within the community. Many residents depend upon family members or others in the community for their transportation needs. There are other services that provide transit for specific populations. There is a *Cancer Car* that is facilitated by volunteers from the American Cancer Society. Volunteers drive cancer patients to and from cancer treatments. The Senior Center provides transportation services and meal-delivery for homebound seniors. These transportation services are limited. Many people in the community cited transportation as major issue preventing access to care.

3. Finding a health care provider with whom the patient can communicate and trust

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.¹³⁴

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.¹³⁵ There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians. In 2008, the percent of Upson County's physician workforce in primary care was 33.3 percent compared to the state of Georgia's average at 39.6 percent.¹³⁶

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

1. Communicate with patients about what they can expect out of the patient-doctor relationship.
2. 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.
3. 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.
4. Improve patient safety by giving patients access to their medical records so they can detect and prevent errors.¹³⁷

Community Input – Access to Care

- *There are programs and resources in the community; however, there is no communication going on.*
- *There are a lot of repeat patients that use and abuse the ambulance frequently.*
- *There is a gap in the continuity of care the patient receives in the hospital to follow-up appointments. There needs to be better transition of care.*
- *There is a lack of funding for insurance to pay for medications.*
- *There is a lack of communication after the patient leaves the hospital.*
- *There needs to be more communication and education about the programs available in the community.*
- *Education needs to occur in places where individuals that do not have transportation can congregate.*
- *Transportation is an issue for patients that need to get to proper cancer treatments.*
- *It is difficult to find a facility that accepts indigent patients, the underinsured, and the uninsured.*
- *A barrier to access is pride. People that need an ambulance will not call, but people that don't need it (non-emergency) call.*
- *There is a knowledge deficit regarding the signs and symptoms of certain disease.*
- *There are no sliding fee scale clinics in Upson.*
- *There are no resources for follow-up care.*
- *There is only one pulmonologist that comes from Griffin.*
- *There is an issue with early diagnosis and screening due to family physicians not wanting to locate to the community. The local family practice offices fill-up fast and don't take new patients.*
- *There is a lack of pediatricians in the county, especially for Medicaid patients. There is only one pediatrician that accepts Medicaid.*
- *There is a group of working poor individuals that make too much for Medicaid but cannot afford health insurance.*
- *Some people miss the Medicaid cut-off for income by as little as \$10.*
- *There is a need for someone to help navigate the system for individuals that are not as educated.*
- *Transportation is an issue and most cancer outreach is in Macon.*
- *There are no discount or sliding-fee scale clinics in Upson.*
- *There is a discount clinic called "Palmetto Clinic."*
- *There are dental providers that take Medicaid.*
- *Groups need to come together to develop programs.*
- *It is difficult to recruit physicians to open a practice in this area.*

Community Input- Access to Care (Continued)

- *There are no Federally Qualified Health Centers in the area but there are some in surrounding counties.*
- *Physician recruitment is an issue in the community.*
- *There is a lack of mental health resources. It is difficult to recruit mental health professionals to the area.*
- *There needs to be recruitment of physicians that specialize in gerontology, general surgery, and mental health.*
- *There are no resources for the underinsured and uninsured.*
- *A lot of children on Medicaid have to go to Columbus or Griffin for dental care.*
- *There needs to be more communication about the types of resources out in the community.*
- *Asthma and diabetes medicine is very expensive.*
- *There is a lack of knowledge on health conditions.*
- *There needs to be an integration of primary care and behavioral health.*
- *There is a lack of knowledge about healthcare services. Patients do not understand the importance of screening.*
- *Many patients feel if they have one screening that it protects them for the rest of their life.*
- *There is a lack of services relating to mental health, substance abuse, primary care, and family counseling. There is a lack of primary care to Medicaid patients.*
- *There is not enough screening occurring in populations that really lack heart disease screenings.*
- *An individual may be screened, but does not follow up with a doctor's appointment or follow-up care.*
- *Access to care is an issue because the price of gas has gone up and a lot of individuals do not have cars.*
- *A lot of insurance companies will stop paying for visits if the patient repeatedly misses the appointment.*
- *The barrier for transportation companies is liability insurance.*
- *There is a lack of education about resources.*
- *There are so many rural residents that do not want to go into town for care when they are ill.*

SPECIAL POPULATIONS

Why Do Special Populations Matter?

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

-Healthy People 2020

Community Input – Senior Issues

- *Alzheimer’s disease and elderly care is an issue in the community.*
- *Seniors do not have the financial means to access healthcare.*
- *The older population in the County is mostly retired mill workers.*
- *There needs to be more gerontologists for the aging population.*
- *Seniors cannot afford proper medicine and food.*
- *Alzheimer's disease medication compliance is an issue.*
- *Utilization of the Senior Center is not high among all Seniors. There is transportation to the center but many Seniors choose not to use it because they are embarrassed.*
- *The Seniors can't afford costs of medication because their insurance does not cover all of it.*
- *Non-compliance with medications is an issue due to cost. Seniors will skip every other day so that their monthly prescription lasts longer.*
- *There is a stigma among White Seniors to go the Senior Center (they feel like they are taking hand-outs).*
- *A lot of the Seniors in the community are diabetic and suffer from heart problems.*
- *There is a lot of over-medicating occurring among the Seniors.*
- *A lot of Seniors are scared to go to the doctor in fear of the unknown.*
- *Medication affordability for the Seniors is an issue.*

Community Input – Black Population

- *Churches are the best form of health outreach for the Black population.*
- *There are very few Black physicians in the community.*

Community Input – Other

- *There is a lack of functional life skills in the community's population.*
- *There is not enough collaboration going on in the community.*
- *Lack of money is the biggest issue.*
- *Educational outreach has been a struggle due to low participation turn-out. Churches have been more successful.*
- *There is a lot of advertising available on local radio and TV.*
- *There needs to be a boating safety program.*
- *There are a lot of people in the community that do not want to acknowledge the issues.*
- *Generic drugs can have more side-effects because they are older.*
- *Physicians are unaware of the costs of drugs they prescribe.*
- *Pharmacists will try to get the least costly prescription for a patient. They must first get permission from the patient's physician to see if the alternative or generic drug is safe.*
- *A lot of the community does not have access to internet.*
- *There is not any type of program in the community that helps individuals in need of medication.*
- *There are a lot of individuals that do not try to get education because they just expect to get a free ride.*
- *There needs to be more education the proper protocol of use of resources.*
- *A lot of young parents are uneducated and do not know how to raise a child.*
- *There are a lot of individuals that cannot read.*
- *The community really needs jobs.*

Community Input – Mental Health

- *Mental health is a major issue in the community. There is a lack of resources.*
- *McIntosh Trail (mental health clinic) takes two months to give an appointment.*
- *Substance abuse is a problem because the mentally ill are using drugs to self-medicate.*
- *Mental health lacks resources. McIntosh Trail facility is not enough. There are a lot of individuals with schizophrenia and bi-polar conditions.*
- *The jail has been forced with the burden to take in the mentally ill.*
- *There is no prenatal care offered in the health department.*
- *Mentally ill individuals die 25 years earlier than the rest of the population.*
- *There is a mental health issue among the youth because there are children raising children and a lot of children are left home alone.*
- *Mental health is an issue because there is not a place to go for individuals that lack insurance.*
- *McIntosh Trail is a sliding fee scale mental health clinic but can only treat certain conditions.*
- *ADD medicine seems to be dispensed at a higher rate for younger individuals (under five).*
- *There are a lot of mental health issues among parents and children in the Juvenile Court System.*
- *There is a high prevalence of dementia in the community.*

PRIORITIES

Community Input

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

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

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

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

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

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

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

Focus Group Meetings and Priorities

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

- Community Meeting #1: July 17, 2012 at 8:00 am
- Community Meeting #2: July 18, 2012 at 11:30 am
- Community Meeting #3: July 19, 2012 at 8:00 am

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

1. Access to care—providers
 - a. There is a need for free or low cost care for those in poverty, uninsured, or underinsured.
 - b. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their health care needs.
 - c. There is a need for education and awareness on how to navigate the healthcare system.
 - d. There is a shortage of providers/specialists in the community:
 - i. Lack of mental health and substance abuse providers
 - ii. Lack of pediatric dentists
 - iii. Lack of primary care for Medicaid population
 - iv. Lack of cancer treatment resources
2. Heart disease and stroke
 - a. There is a need for community outreach education and awareness in regards to modifiable risk factors, the importance of screening, medication compliance, family history, and early warning signs and symptoms.
 - b. There is a need for nutrition and healthy lifestyle education.
 - c. There is a need for low cost alternative medicines.
 - d. There is a need for affordable providers and free screenings.
 - e. There is a need for low cost exercise and recreational facilities.
3. Teen lifestyle including alcohol, tobacco, and drugs
 - a. There is a need for a collaborative outreach education for both the parents and the child regarding alcohol, tobacco, and drugs.
 - b. There is a need for more positive places for adolescents and teens to go after school like recreational centers.
 - c. There is a need for education and awareness on STD prevention.
4. Cancer
 - a. There is a need for outreach education and awareness surrounding cancer prevention and early warning signs/screening.
 - b. There is a need especially for lung and respiratory related screenings for cancer due to retired mill workers.
 - c. There is a need to develop relationships with nearby hospitals and providers that treat cancer to satisfy the need for specialists in the area.
 - d. There is a need for free or affordable screenings.
5. Diabetes
 - a. There is a need for outreach education and community awareness regarding diabetes modifiable risk factors and symptoms.

- b. There is a need for low cost medicine for diabetes patients.
 - c. There is a need healthy lifestyle programs that target ingrained behaviors and habits.
6. Mental Health
- a. There is a need for education and awareness on mental health issues across the lifespan.
 - b. There is a need for community awareness and resources regarding mental health issues among teens and adolescents.
 - c. There is a need for mental health outreach for seniors. In addition, abuse and neglect education is needed for the caregivers of this population.
 - d. There is a need for outreach education and community awareness regarding alcohol and drug abuse.
 - e. There is a shortage of mental health providers in the community.
7. Access to care--transportation
- a. Transportation to health care providers (including pharmacies) is an issue for all population groups, especially the young, the poor, and the senior residents.
8. Teen pregnancy
- a. There is a need for early and accurate education to teens concerning sex education and contraception.
 - b. Current education methods are not working.
9. Obesity
- a. There is a need for education and community awareness regarding obesity and its causes.
 - i. Lack of healthy food
 - ii. Learned unhealthy behaviors and habits
 - iii. Lack of physical activity
10. Respiratory
- a. There is a need for outreach education and community awareness regarding respiratory diseases.
 - b. There is a need for smoking cessation programs to target the prevalence of asthma in the community.
 - c. There is a shortage of providers and specialists to treat respiratory diseases.

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 following priority needs were identified by the CHSC:

- Access to care
- Heart disease and stroke
- Cancer
- Diabetes
- Obesity
- Teen lifestyle
- Respiratory
- Mental health
- Teen pregnancy
- Alcohol and drug abuse
- Transportation
- Sexually transmitted diseases

COMMUNITY PARTICIPANTS

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

Upson Regional Medical Center Community Health Needs Assessment Steering Committee Members

David Castleberry, Committee Chair, Chief Executive Officer
John Williams, Chief Financial Officer
Josee Gill, Chief Clinical Officer
Rich Williams, Human Resources Director
Sallie Barker, Communications Director
George Curtis, Chief Information Officer
Lyn Ray, Quality and Patient Safety Director
Sue Adams, Education Director

Community Representatives – Key Stakeholder Interviews

Russ McGee, Region V Office of EMS and Trauma Care
LaResa Price, Department of Family and Children's Services
Lynn Vickers, RN, Upson County Health Department
Wendy Chambley, Families, Youth and Children's Alliance
Steve Sadler, Pharmacist and Local School Board Member
Ben Miller, Jr., Juvenile Judge
Tracy Caldwell, Principal of Upson-Lee High School
Donna Auth, Director of Senior Center
Sherry Farr, RN, Lamar County Health Department
Ruth Hatchett, Retired Educator and Food for Thought Board Member

Participants in Community Focus Group Meetings

Joan Thomas, Educator
Gary Hamby, Upson County Probate Court
Juanita Irvin, Retired Educator
Johnny and Karen Peek, Bank of Upson
Anne Butts, RN, Thomaston Hospice
Andy Hay, Northside Fire Department
Julie English, Upson-Lee Pre-Kindergarten
James McGill, Minister
Alison Uphold, Thomaston Hospice
Lisa Ellington, Bank of Upson and Rotary Club

Debbie Wilson, Avera Estates
Lindsey Matthews, Amedysis Home Health
Charlene Henderson, Amedisys Home Health
Pat Dodson, First United Methodist Church
Danielle McRae, Upson County Probate Court
Martha Anne McCarty, Upson EMS
Mike Oxford, MD, General Surgeon
Nicole Haynes, MD, District Four Public Health
Lisa Connor, Tumor Registrar at Upson Regional Medical Center
Alton Harris, Cancer Survivor
David Fieseler, MD, Family Practice Physician
James George, Upson EMS and County Coroner
Scott Pennington, Right From the Start
Robert Releford, Minister
Dan Kilgore, Upson County Sheriff Department
Toby Hardeman, Upson County Sheriff Department
Frances Middlebrooks, Community Member
Pauline Bloodworth, Community Member
Vonda Bailey, Upson-Lee High School
Kim Caldwell, Upson-Lee South Elementary School
Judy and Michael Pascoe, Thomaston Manor
Maurice Raines, Upson County Commission Chairman
Babtunde Fariyike, MD, Internal Medicine
Pam McCollum, McIntosh Trail Community Service Board
Tom Jackson, Jackson & Brown, LLC and Rotary Club
Angeli Haygood, School Nurse, Upson-Lee High School
Robert Solyomvari, MD, General Surgery
James Richards, Thomaston City Council
Patsy Perdue, Thomaston City Council
Christopher Biggs, Foster Parent
Ronnie Lowe, Retired Principal School Superintendent of Upson County Schools
Dustin Fordham, M.R.S. Home Care
Charmille Hare, DO, Family Medicine
Elaine Walker, Alzheimer's Day Care Program
Michael Powell, Family Connection Partnership
Mark Andrews, Southern Crescent Technical College
Gary Johnson, Community Member
Earnestine Zellner, Respiratory Therapy at Upson Regional Medical Center
Brenda Allen, RN, BSN, Riverside Rehabilitation
Sue Estes, RN, Riverside Rehabilitation
Robbin Kent, CareSouth Home Health
Rita Smith, S & Y Personal Care Home
LaResa Price, Department of Family and Children's Services
Kay King, Community Member
Hugh Smith, MD, OB/GYN

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.

ABORTION ALTERNATIVES/PREGNANCY COUNSELING/FAMILY PLANNING	
Heritage Family Resource Center 104 ½ N. Green Street Thomaston, GA 30286 (706) 647-8602	Upson County Health Department 314 East Lee Street Thomaston, GA 30286 (706) 647-7148
ALCOHOL ABUSE, ADDICTION INFORMATION, AND TREATMENT	
Alcoholics Anonymous (706) 647-9531 (706) 647-9815	
ASSISTED LIVING FACILITIES	
Thomaston Manor 409 West Gordon Street Thomaston, GA 30286 706.647.8220	West Village Retirement Community 409 Goodrich Avenue Thomaston, GA 30286 706.647.5168
Pike Manor 10642 Hwy 19N Zebulon, GA 30295 (770) 567-0200	Sunny Grove Assisted Living 665 Gordon Road Barnesville, GA 30204 678-359-1246

<p>Logan Senior Village 319 South Bethel Street Thomaston, GA 30286 (706) 647-1847</p>	
<p>BLOOD DONATIONS</p>	
<p>American Red Cross (blood drive locations and dates vary) 1-800-RED CROSS</p>	
<p>CANCER SUPPORT SERVICES</p>	
<p>American Cancer Society 135 Bradford Square, Suite-B Peachtree City, GA 30269 770.631.0625 (P) 800.227.2345 (Preferred)</p>	<p>Thomaston-Upson Cancer Patient Transportation Program "Cancer Car" Robert Harris 706.647.4253 Linda Miles 706.647.5713</p>
<p>Cancer State Aid Treatment Program 2 Peachtree Street NW 6th Floor 6-533 Atlanta, GA 30303 (800) 227-2345</p>	
<p>CHIROPRACTIC SUPPORT SERVICES</p>	
<p>Mark Cotney, DC 101 N. Green Street Thomaston, GA 30286 (706) 647-2225</p>	<p>Fuller Life Chiropractic Center 1619 Highway 19 N Thomaston, GA 30286 (706) 647-4333</p>

CHILDREN HEALTH SERVICES

Babies Can't Wait
314 E. Lee Street
Thomaston, GA 30286
706.647.7148

Upton County Health Department
314 East Lee Street
Thomaston, GA 30286
(706) 647-7148

CLOTHING

Upton County Neighborhood Service Center
1040 Ga. Hwy. 19 N
Thomaston, GA 30286
(706) 647-9985

Heritage Crisis Pregnancy Center
104 ½ North Green Street
Thomaston, GA 30286
(706) 647-8743 or (706) 647-8602
(Clothes for baby and mother)

House of Care (First Baptist Church of Thomaston)
208 S. Church Street
Thomaston, GA 30286
(706) 647-7889
Known as the "Clothes Closet", clothing distribution
is facilitated by contacting Services Intake with
Upton DFACS.

COMMUNITY CLINICS

Milby Medical Center
126201 Barnesville Street
Zebulon, GA
770.567.3323

Community Medical Center of Barnesville
101 Commerce Place Suite 1
Barnesville, GA
770.358.4408

<p>Rock Springs Clinic 219 Rock Springs Road Milner, GA 770.229.8663</p>	<p>Upton County Health Department 314 East Lee Street Thomaston, GA 30286 (706) 647-7148</p>
<p>DIALYSIS SERVICES</p>	
<p>Davita Dialysis Center 1065 US Highway 19 N Thomaston, GA 30286 (706) 648-6364</p>	
<p>DENTISTS</p>	
<p>Allen, Michael D.D.S. 419 N. Church Street Thomaston, GA 30286 706.647.7111</p>	<p>Farr, Tommy, D.M.D. 98 Short E Street Thomaston, GA 30286 706.647.5573</p>
<p>Gardner, William, D.M.D. 507 W. Gordon Street Thomaston, GA 30286 706.647.7914</p>	<p>John W. Brown, D.M.D. 316 W. Main Street Thomaston, GA 30286 706.647.5575</p>
<p>Doug Johnson, D.M.D. 219 Thomas Street Thomaston, GA 30286 706.647.5437</p>	<p>Mid-State Dental 1541 Highway 19 N Thomaston, GA 30286 706.648.6780</p>
<p>Gilmore Center 103 Civic Center Drive Thomaston, GA 30286 706.647.5020</p>	

DEVELOPMENTALLY DISABLED ADULT DAYCARE

Gilmore Center
103 Civic Center Drive
Thomaston, GA 30286
706.647.5020

DURABLE MEDICAL EQUIPMENT

MRS Homecare
1084 Highway 19 North
Thomaston, GA 30286
706.647.5020

Hanger Orthopedic Group
405 West Main Street
Thomaston, GA 30286
706.648.6620

EYE CARE

Upton Eye Clinic/Ophthalmologists
Murray Dean, M.D./Johnny Dean, M.D.
232 Cherokee Road
Thomaston, GA 30286
(706) 647-8138

Thomas Kretzmer, OD
408 West Main Street
Thomaston, GA 30286
706.647.6608

Lyle Lastinger, OD
1403 Highway 19N
Thomaston, GA 30286
706.646.0071

EMERGENCIES AND URGENT CARE

Upton Regional Medical Center
Emergency Department
801 West Gordon St.
Thomaston, GA 30286
706.647.8111

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

HOSPITALS

Upton Regional Medical Center
801 West Gordon Street
Thomaston, GA 30286
706.647.8111

HOUSING ASSISTANCE

Thomaston Housing Authority
574 Triune Mill Road
Thomaston, GA 30286
(706) 647-7420

MEDICAID ENROLLMENT

Upton County Health Department
314 East Lee Street
Thomaston, GA 30286
(706) 647-2265

Upton County DFCS Office
711 North Bethel Street
Thomaston, GA 30286
(706) 646-6043

MENTAL HEALTH SERVICES

Upton Counseling Center
605 West Gordon Street
Thomaston, GA 30286
706.647.6038

Anita Whitmore C LPC
615 South Center Street
Thomaston, GA 30286
706.647.4613

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

NURSING HOMES

Golden Living Center
310 Avenue F
Thomaston, GA 30286
(706) 647-6676

Providence Health Care
1011 S. Green Street
Thomaston, GA 30286
(706) 647-6693

Riverside Nursing Center of Thomaston
101 Old Talbotton Road
Thomaston, GA 30286
(706) 647-8161

ORTHODONTICS

Dobbs Drennan, D.D.S,
618 N. Church Street
Thomaston, GA 30286
(706) 647-4633

PHARMACIES AND DRUG ASSISTANCE

Cherokee Pharmacy
200 Cherokee Drive
Thomaston, GA 30286
(706) 646-3100

Northside Drugs, Inc.
1109 Highway 19 N
Thomaston, GA 30286
(706) 648-2181

Rite Aid Pharmacy
708 North Church St
Thomaston, GA
(706) 648-2118

Thomaston, Prescription Shop
500 Gordon Street
Thomaston, GA 30286
(706) 647-8965

<p>Walgreen's Pharmacy 634 N. Church Street Thomaston, GA 30286 (706) 647-4000</p>	
<p>PHYSICAL AND OCCUPATIONAL THERAPY</p>	
<p>Upton Rehab and Sports Medicine 801 West Gordon Street Thomaston, GA 30286 (706) 647-8111, Ext. 1365</p>	<p>Care south Homecare Professionals 204 Cherokee Road Thomaston, GA 30286 (706) 647-8911</p>
<p>SENIOR CITIZEN SERVICES</p>	
<p>Upton County Senior Center 302 South Bethel Street Thomaston, GA 30286 (706) 647-1607</p>	
<p>PHYSICIANS (FAMILY PRACTICE)</p>	
<p>Dan Bramlett, M.D. 500 West Main Street Thomaston, GA 30286 706.647.8901</p>	<p>David Fieseler, M.D. 523 West Main Street Thomaston, GA 30286 706.647.9638</p>
<p>Charmille Hare, D.O. 100 Highway 18 West Barnesville, GA 30204 770.358.3284</p>	<p>John Jenkins II, M.D. 612 West Gordon Street Thomaston, GA 30286 706.647.8101</p>

Ralph Warnock, M.D. 500 West Main Street Thomaston, GA 30286	Wayne Dodgen, M.D. 107 Jackson Avenue Thomaston, GA 30286 706.647.2888
PHYSICIANS (GYNECOLOGY)	
Hugh Smith, M.D. 612 West Gordon Road Thomaston, GA 30286	Benjamin Brown, M.D. 403 West Main Street Thomaston, GA 30286 706.647.2888
PHYSICIANS (INTERNAL MEDICINE)	
Jonathan Busbee, M.D. 615 S. Center Street Thomaston, GA 30286 706.647.2147	Keith Huckaby, M.D. 519 West Main Street Thomaston, GA 30286 706.647.1752
Benjamin Williams, M.D. 202 Cherokee Road Thomaston, GA 30286 706.647.3200	Sharron Jones, M.D. 211 East Thompson Street Thomaston, GA 30286 706.647.1200
PHYSICIANS (NEPHROLOGY)	
Babatunde Fariyike, M.D. 208 Cherokee Road Thomaston, GA 30286 706.647.8065	

PHYSICIANS (OBGYN)

Anthony Castro-Proveda, M.D.
214 Cherokee Road
Thomaston, GA 30286
706.647.9627

Oluwaseun Cole, M.D.
214 Cherokee Road
Thomaston, GA 30286
706.647.9627

Louis Mameli, M.D.
214 Cherokee Road
Thomaston, GA 30286
706.647.9627

Tonya Robinson, M.D.
214 Cherokee Road
Thomaston, GA 30286
706.647.9627

PHYSICIANS (ORTHOPEDICS)

Brandon Boyce, M.D.
612 West Gordon Street, Suite 203
Thomaston, GA 30286
706.647.3030

Norman Donati, M.D.
522 North Center Street
Thomaston, GA 30286
706.647.4371

Alexander Reid, M.D.
330 West Main Street
Thomaston, GA 30286
706.646.2785

PHYSICIANS (GENERAL SURGERY/VASCULAR SURGERY)

Robert Solyomvari, M.D.
612 West Gordon Street
Thomaston, GA 30286
(706) 648-3368

PHYSICIANS (UROLOGY)

Daniel Bridges, M.D.
206 Cherokee Road
Thomaston, GA 30286
(706) 647-9412

PHYSICIANS (PEDIATRICS)

Kathy Mansfield, M.D.
331 West Main Street
Thomaston, GA 30286
(706) 646-4543

Stephanie Kong, M.D.
210 Hannah's Mill Road
Thomaston, GA 30286
706.938.0990

Kevin Deli-Gatti, M.D.
403 West Gordon Street
Thomaston, GA 30286
706.647.1585

PHYSICIANS (DERMATOLOGY)

GA Dermatology and Skin Cancer
405 Main Street
Thomaston, GA 30286
(706) 647-2474

STAY-AT-HOME SERVICES

Southern Crescent Area Agency on Aging
Meals on Wheels
(866) 854-5652

Source (Medicaid Recipients Only)
Butler, GA
(888) 762-2420

WOUND HEALING

Upson Wound Healing Center
801 West Gordon Street
Thomaston, GA 30286
706.647.8111, ext. 1534

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