2016

Stephens County Hospital

Community Health Needs Assessment

Stephens and Franklin Counties

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EXECUTIVE SUMMARY

Purpose

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

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

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

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

About the Area

Stephens and Franklin counties are located in the northeastern part of Georgia. Stephens County had a population of 25,480 and is home to Stephens County Hospital located in Toccoa. In 2014, Franklin County had a population of 22,264. The surrounding areas in Stephens and Franklin counties are mostly rural. In Stephens County 6 percent of the land is urban and 94 percent is rural. Only 1 percent of Franklin County's land area is urban while 99 percent is rural. In Stephens County 41 percent of the population is located in urban areas and 59 percent is located in rural areas. The population distribution in Franklin County among urban and rural areas is 11 percent urban and 89 percent rural.

Condition of Health (Morbidity and Mortality)

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

CANCER

The most prevalent types of cancers (such as breast cancer and colorectal cancer) can usually be detected the earliest, due to known risk factors. Cancer had higher death rates in both counties compared to Georgia. There is a need for cancer prevention programming in the counties due to the various modifiable risk factors associated with the disease. Lung cancer, for instance, had higher incidence rates in both counties compared to Georgia and the U.S. Cigarette, cigar, and pipe smoking are leading risk factors for lung cancer.

HEART DISEASE AND STROKE

Heart disease and stroke typically affect people age 65 and older. Heart disease was the second leading cause of death in Stephens and Franklin counties. The heart disease death rates in Stephens and Franklin counties were higher than the Georgia rate.

Stroke was the fourth leading cause of death in both counties. The stroke rates for both counties were higher than the rates for both Georgia and the U.S. Stroke has similar modifiable risk factors to heart disease, and the two can be grouped together when developing community benefit implementation strategies.

MATERNAL, INFANT, AND CHILD HEALTH

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

ALCOHOL, TOBACCO, AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. The use of alcohol decreased from 2009 to 2013 in adolescents in Georgia. Marijuana and methamphetamine use increased in Georgia.

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. In 2013, Stephens and Franklin counties had lower rates of STDs than those of Georgia and the U.S. There is a disparity in the rates of STDs among the Black population groups nationwide. This disparity is also evident in Stephens and Franklin counties.

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. In Stephens County 19.8 percent of the population lived in poverty, while Franklin County's population consisted of 18.9 percent living in poverty. These rates were both higher than the State and U.S. rates.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In 2009-2013, 19 percent of adults were uninsured in Franklin County and 17.7 percent in Stephens County. In 2010, eight percent of children were uninsured in Georgia. Education also affects an individual's ability to access care. For the years 2009-2013, 80 percent of Stephens County residents and 72 percent of Franklin 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.

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

Community Prioritization of Needs

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

- Obesity and Lifestyle
- Mental Health and Substance Abuse
- Chronic Disease
- Access to Care

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

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

NOTE: There were written comments regarding Stephens County Hospital's most recent CHNA in a report published by Georgia Watch. The report can be downloaded using the following link: http://www.georgiawatch.org/wp-content/uploads/2015/05/CHNA-Report-05142015.pdf

APPROVAL

Stephens County Hospital approved this community health needs assessment through a board vote on September 19th, 2016.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

The Chief Financial Officer (CFO) of Stephens County Hospital developed the CHNA Hospital Steering Committee (CHSC). 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. Stephens and Franklin counties were selected as the community for inclusion in this report.

3. Identifying and Engaging Community Leaders and Participants

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

4. Identifying and Engaging Community Stakeholders

Community stakeholders, also called key informants, are people invested or interested in the work of the hospital, people who have special knowledge of health issues, people important to the success of any hospital or health project, or are formal or informal community leaders. The hospital identified over 20 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 Stephens and Franklin County. The Profile addressed:

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

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

6. Community Input

A two-hour community health input meeting (community meeting) and a one-hour community stakeholder interview (stakeholder interview) were essential parts of the CHNA process. One community meeting and one stakeholder interview were conducted in order to obtain the community's input into the health needs of Stephens and Franklin counties.

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

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

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

7. Hospital Prioritization of Needs

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

Description of Major Data Sources

Bureau of Labor and Statistics

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

Behavioral Risk Factor Surveillance System

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

Centers for Disease Control and Prevention

The CDC publishes data that is collected by various surveillance and monitoring projects including:

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

County Health Rankings

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

Georgia Department of Public Health

The Georgia Department of Public Health manages a system called the Online Analytical Statistical Information System (OASIS). OASIS is currently populated with Vital Statistics (births, deaths, infant deaths, fetal deaths, and induced terminations), as well as data related to the Georgia Comprehensive Cancer Registry, Hospital Discharge information, Emergency Room Visits data, Arboviral Surveillance, Risk Behavior Surveys, Youth Risk

Behavior Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), sexually transmitted disease data, and population data. For more information, go to http://oasis.state.ga.us.

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

Information Gaps and Process Challenges

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

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

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

2013 Implementation Strategy

To address the needs identified in the 2013 Community Health Needs Assessment, the Hospital:

- To aide in the growing need for Elder Care the Hospital explored the development of a memory care type of unit. After exploring this need and researching occupancy of personal care homes in the area, feedback from various sources and our own level of occupancy, waiting list and inquiries, the Hospital is expanding by 12 the number of personal care licensed beds it operates. This expansion is slated to be complete in October of 2016.
- Held monthly public education sessions for the community on Diabetes and Respiratory Diseases specifically COPD.
- The Hospital participated with another organization in the community that operates a free clinic by providing diagnostic resources at no charge to the clinic or the patient. Charges forgone in relationship to this program during 2014 were over $97,500.
- The Hospital has actively participated as an organization and encouraged employees to participate via payroll deduction arrangements as well as volunteer individually with March of Dimes, United Way, Relay 4 Life and other events and organizations.
- The Hospital has partnered and will continue to partner with the local Economic Development Authority in attempting to attract new industry by providing tours of the facility and discussing occupational health needs of any potential employers being sought by the Economic Development Authority.
- The Hospital has developed educational materials encouraging healthier lifestyles specific to different diseases and will be distributed to all those discharged from the Hospital with a related diagnosis and anyone requesting the resource. The number and subject matter of educational materials distributed continue to increase.
- The Hospital has partnered with a behavioral health provider approximately 50 miles away to provide behavioral and mental evaluations via telemedicine.
- The Hospital has actively sought to employ two OB/GYN physicians to expand and solidify the maternal/child healthcare of the community. The local multi-practice group has elected not to replace an OB/GYN leaving practice. The Hospital has secured locum tenums assistance to insure that 24/7/365 OB services remain available at the Hospital.

ABOUT STEPHENS COUNTY AND FRANKLIN COUNTY

Stephens and Franklin counties are located in the northeastern part of Georgia. Franklin County has a total land area of 262 square miles, while Stephens County's land area is 146 square miles.[1] According to the U.S. Census estimates for 2014, there were 22,264 residents in Franklin County and 25,480 in Stephens County.[2] Stephens County Hospital is located in Toccoa, Georgia, while Ty Cobb Regional Medical Center is located in Lavonia, Georgia.

Population of Cities	
Franklin County	
Carnesville	577 (2010)
Canon	804 (2010)
Franklin Springs	993 (2010)
Lavonia	2,156 (2010)
Royston	2,582 (2010)
Stephens County	
Martin	381 (2010)
Toccoa	8,257 (2014)

Data above does not include CDPs and other unincorporated towns
Data Source: U.S. Census Bureau: State and County QuickFacts.

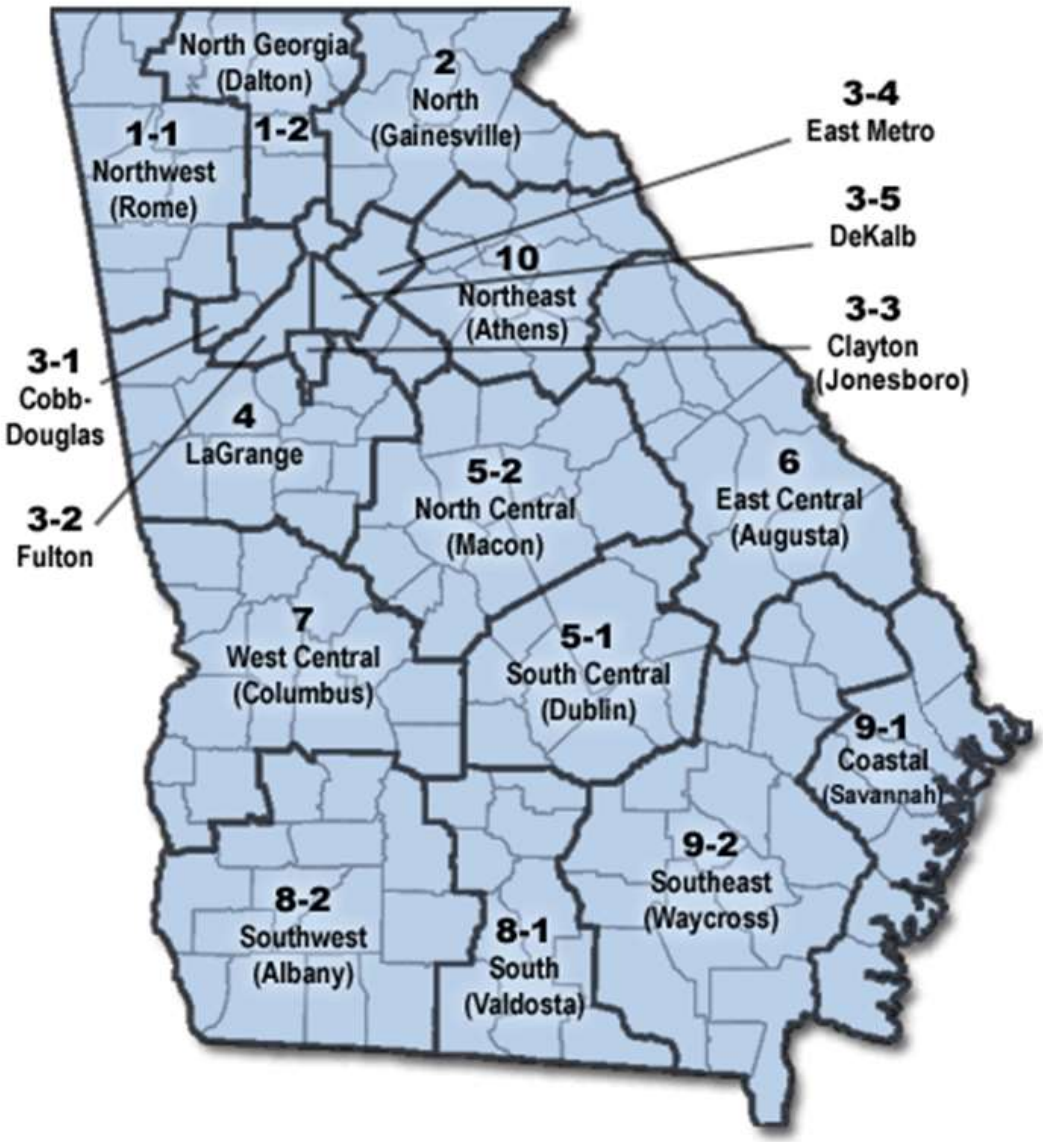
Franklin County includes the cities and towns of Carnesville (county seat), Canon, Franklin Springs, Lavonia, and Royston. Stephens County includes the cities and towns of Toccoa (county seat) and Martin.

The population distribution in Franklin County is 11 percent urban and 89 percent rural. In Stephens County, 41 percent of the population is urban and 59 percent is rural. Over 99 percent of Franklin County's land area is rural. Stephens County's land area is only 6 percent urban and 94 percent rural.[3]

Data Source: UDS Mapper

Georgia Public Health Districts

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



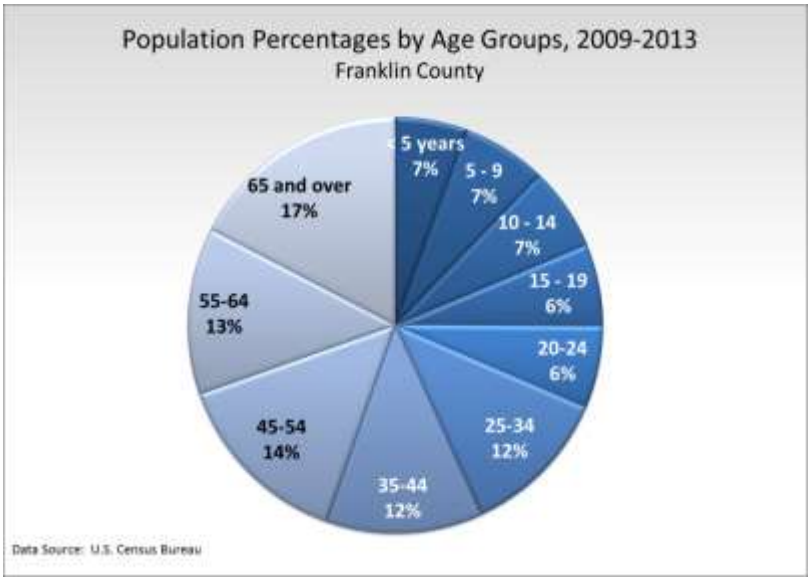
Source: Georgia Department of Community Health

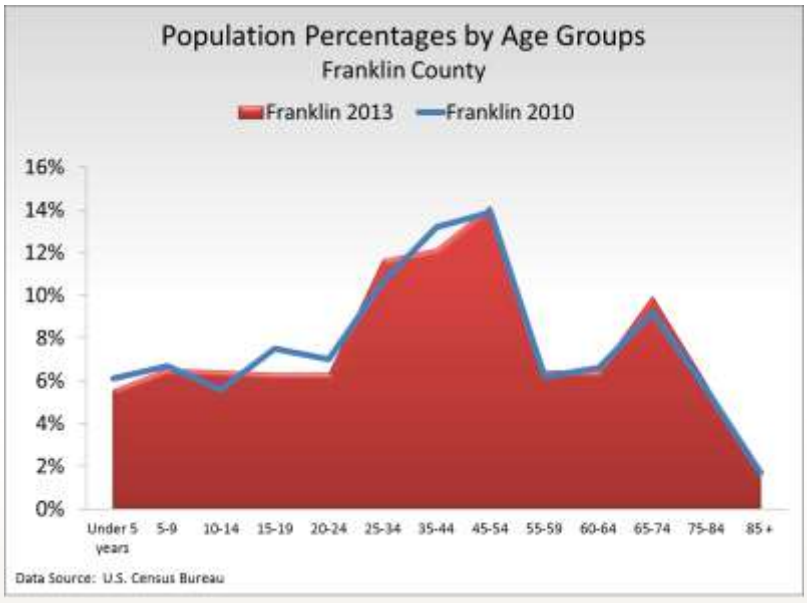
Demographics

Population Profile

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

According to the U.S. Census, 17 percent of Franklin County's population was age 65 and over. In Georgia, the average percentage of the population age 65 or older was 11.1 percent compared to 13.4 percent for the U.S.[4]





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

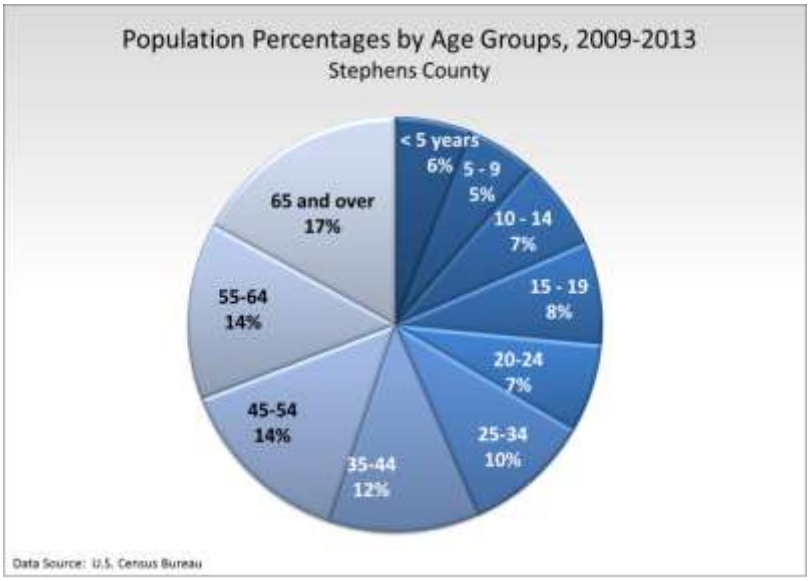
Age groups with increases:

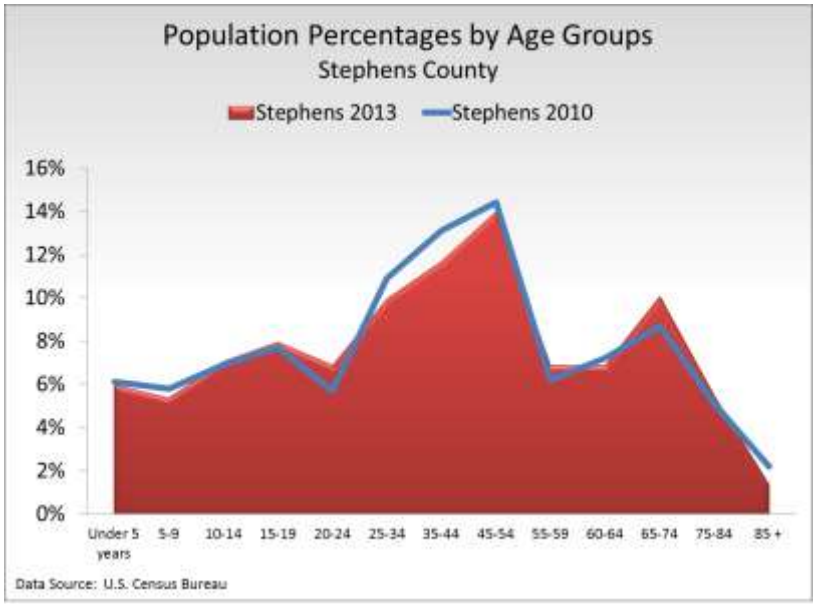
- 10-14
- 25-34
- 45-59
- 65-84

Age groups with decreases:

- 0-9
- 15-24
- 35-44
- 60-64
- 85+

According to the U.S. Census, 17 percent of Stephen County's population was age 65 and over. In Georgia, the average percentage of the population age 65 or older was 11.1 percent compared to 13.4 percent for the U.S.[5]





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

Age groups with increases:

- 10-24
- 55-59
- 65-84

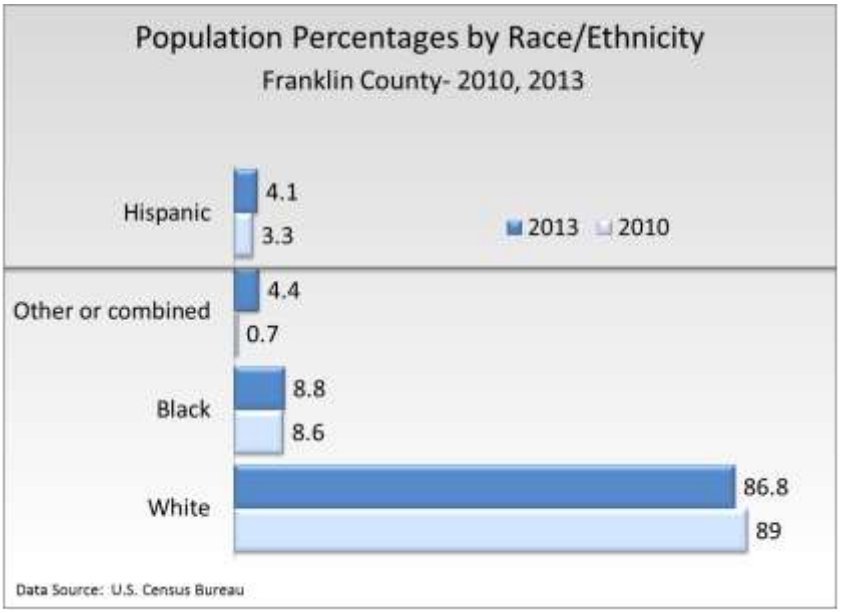
Age groups with decreases:

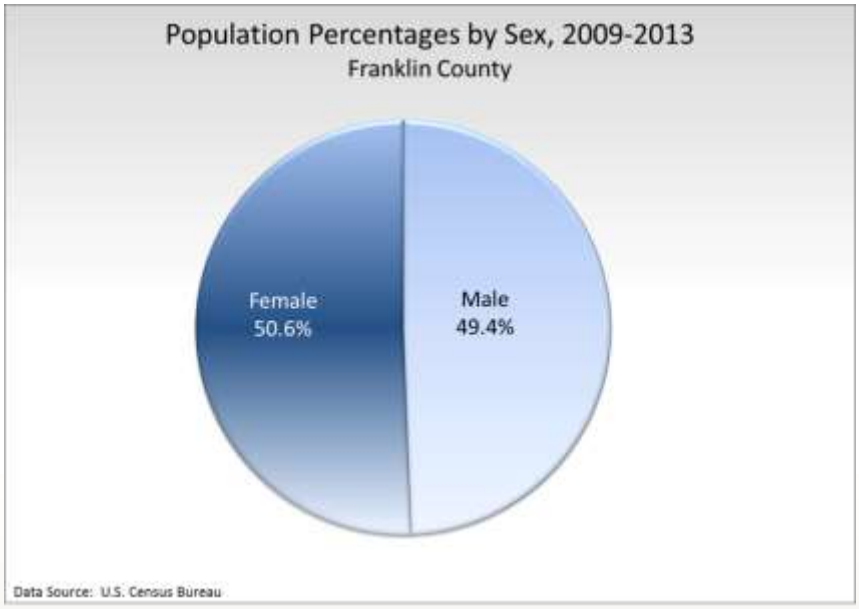
- 0-9
- 25-54
- 60-64
- 85+

Race and Ethnicity Profile

There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.[6] 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.[7] By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.[8]

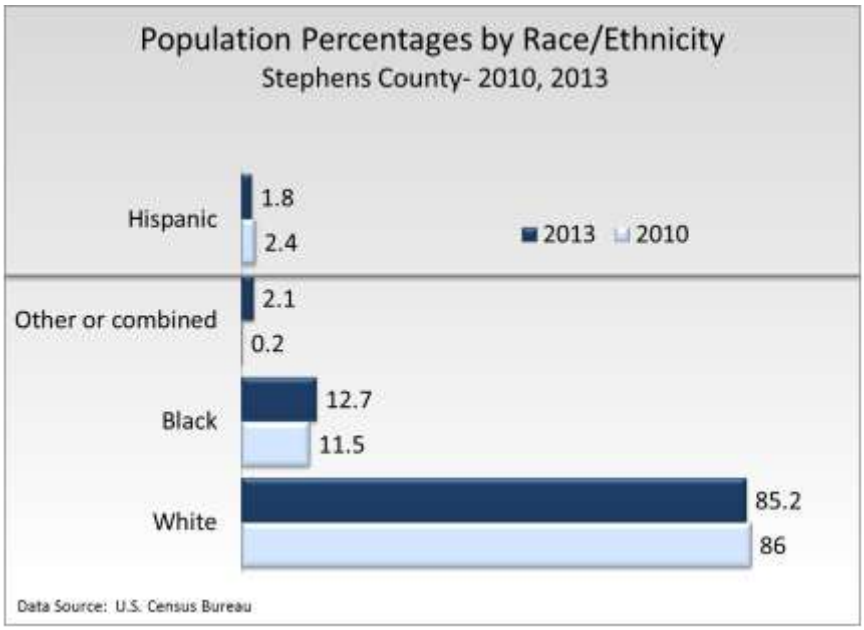
In 2013, Franklin County's population was 86.8 percent White, 8.8 percent Black, and 4.1 percent Hispanic.

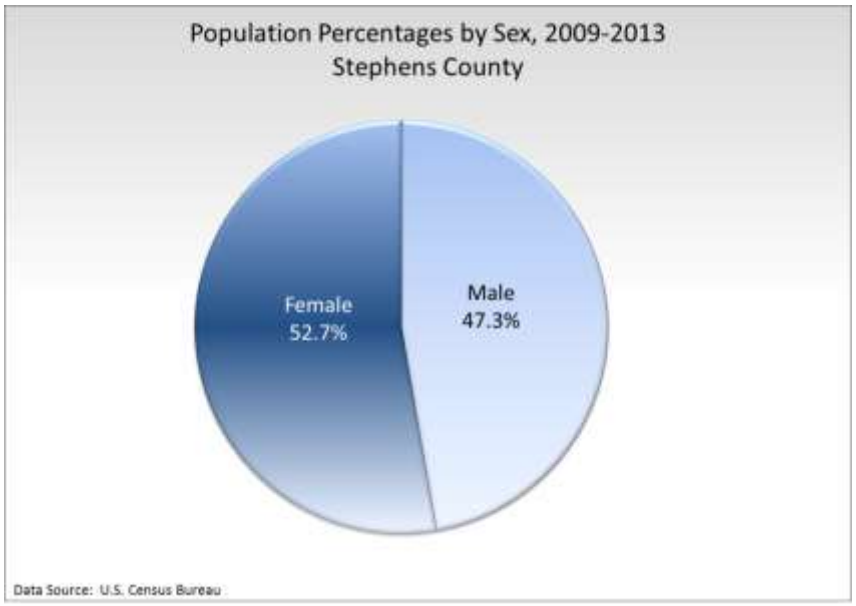




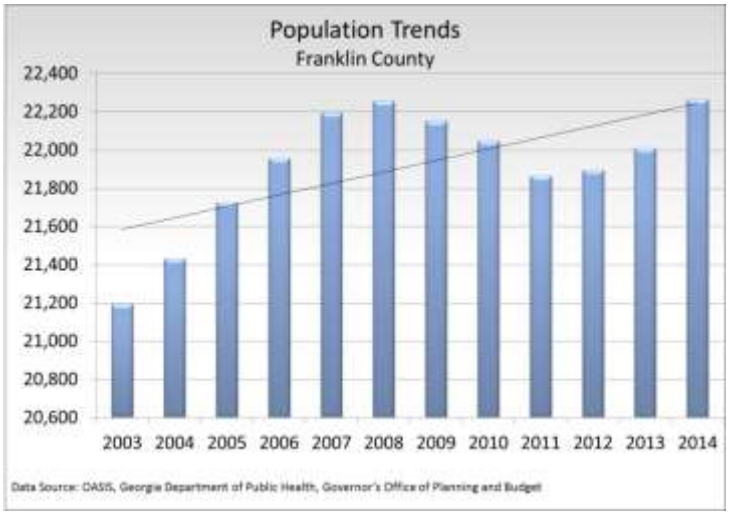
The percent of females in Franklin County was slightly higher at 50.6 percent compared to males at 49.4 percent.

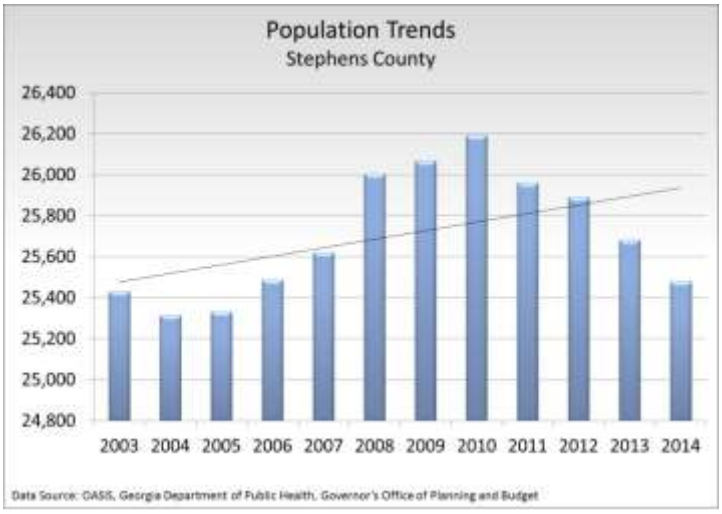
In 2013, Stephens County's population was 85.2 percent White, 12.7 percent Black, and 1.8 percent Hispanic.





The percent of females in Stephens County was slightly higher at 52.7percent compared to males at 47.3 percent.



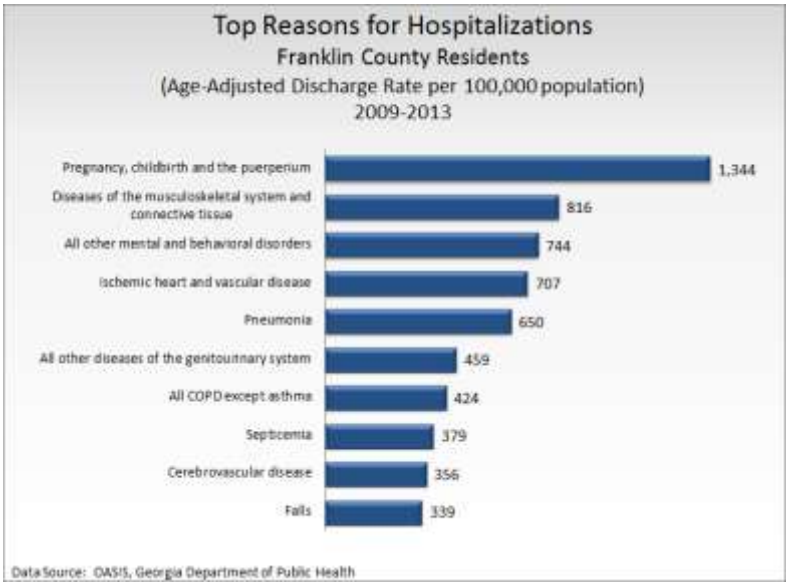


Based on population estimates, the population of Franklin County increased by 216 residents from 2010 until 2014, while the population of Stephens County decreased by 713 residents.

MORBIDITY AND MORTALITY

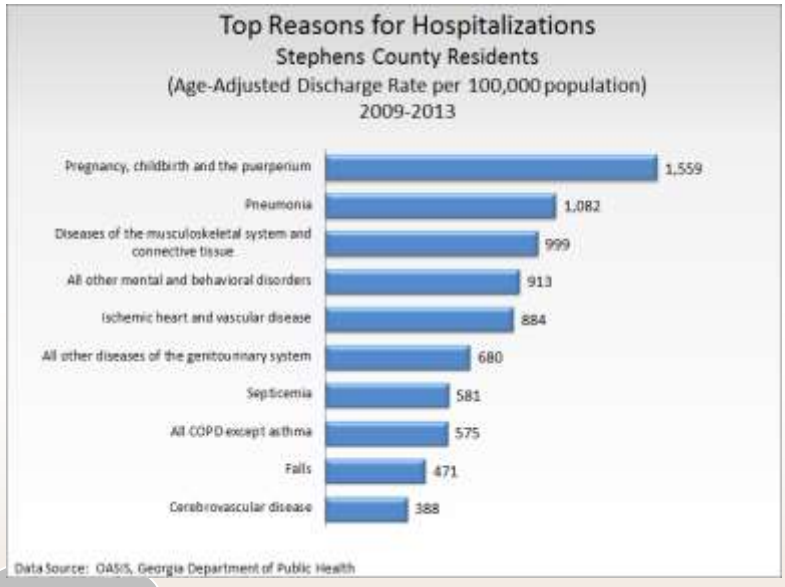
Hospitalization and Emergency Room Visits

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



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 four leading cause of hospitalizations among Franklin County residents were pregnancy and childbirth, diseases of the musculoskeletal system, mental and behavioral disorders, and heart and vascular disease. In Stephens County the leading causes were pregnancy and childbirth, pneumonia, diseases of the musculoskeletal system, and mental and behavioral disorders. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked number one among the leading



causes of death for Stephens and Franklin County residents.

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

Data Source: OASIS, Georgia Department of Public Health

TOP 15 CAUSES OF EMERGENCY ROOM VISITS Stephens County Residents (Any Hospital) 2009-2013 Age-Adjusted ER Visit Rate	
1	All other unintentional injury
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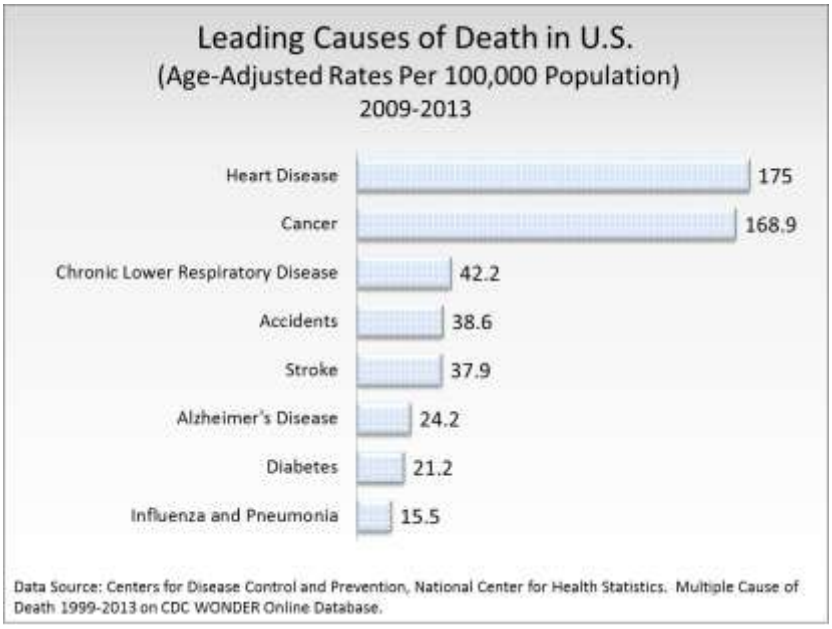
7	All COPD except asthma
8	Motor vehicle crashes
9	All other diseases of the nervous system
10	Essential (primary) hypertension and hypertensive renal, and heart disease
11	All other endocrine, nutrition and metabolic diseases
12	Pneumonia
13	Diabetes mellitus
14	Ischemic heart and vascular disease
15	Asthma

Data Source: OASIS, Georgia Department of Public Health

The top fifteen causes for Stephens and Franklin counties' residents visiting an emergency department from 2009-2013 were very similar. 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.

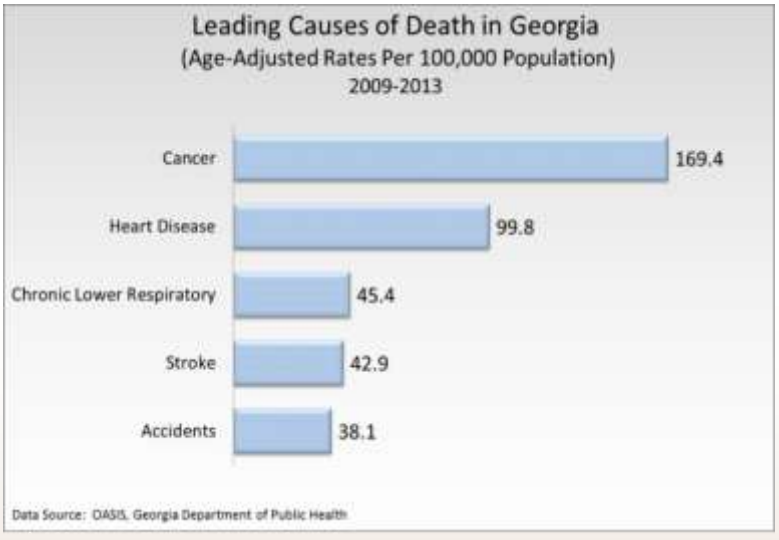
Leading Causes of Death

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

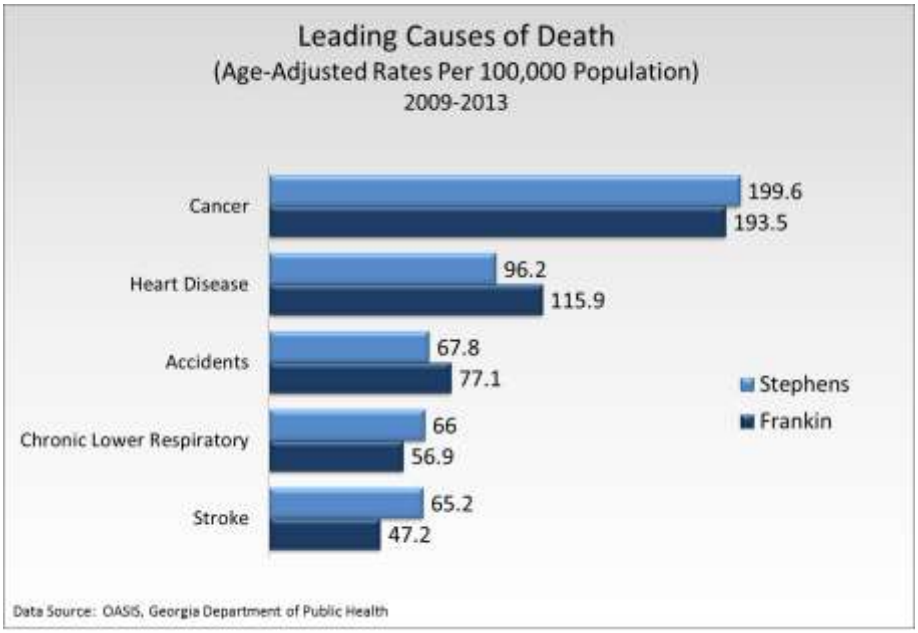


The top five leading causes of death in the U.S. from 2009-2013 were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. Heart disease and cancer rates were over four times higher than the other top five diseases.

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

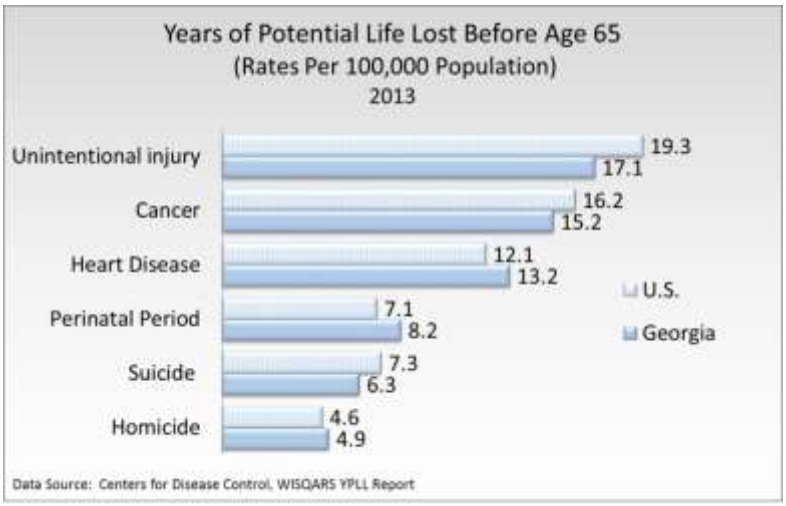


The leading causes of death in both Stephens County and Franklin County were cancer, heart disease, accidents, chronic lower respiratory disease, and stroke.



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2013, unintentional injuries (e.g. firearms accidents, poisoning, and falls) was the leading cause of premature deaths. Cancer, heart disease and perinatal were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.[9] YPLL statistics at the county level were unavailable for this report.



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

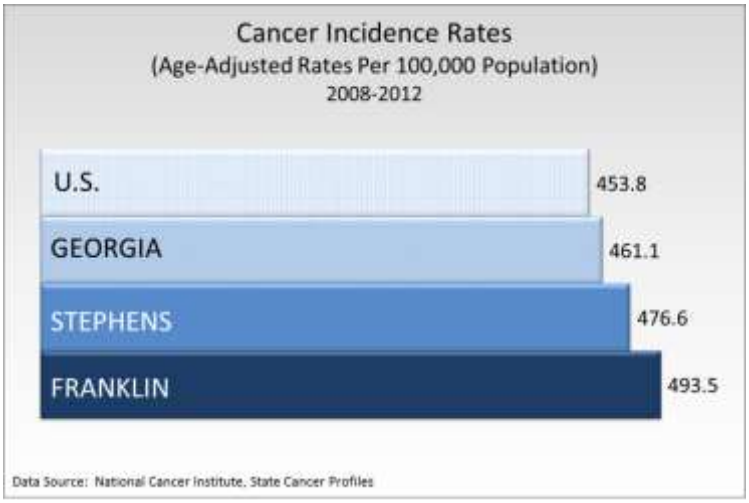
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 23.8	Cancer 21.2%	Heart disease 14.8%	Cancer 17.2%	Unintentional injuries 28.0%	Perinatal period 19.2%
Heart disease 14.5%	Unintentional injuries 18.3%	Unintentional injuries 13.3%	Heart disease 13.0%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

Data Source: Centers for Disease Control, WISQARS YPLL Report

Cancer

HEALTHY PEOPLE 2020 REFERENCE – C

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,500 people a day died of cancer in the U.S. in 2012.[10] The most common cancers among men in Georgia were prostate, lung and bronchus, and colorectal. Breast, lung and bronchus, and colorectal cancers were the most common cancers among Georgia women.[11]



In both Franklin and Stephens counties, the cancer incidence rates were higher than the State and the U.S. rates.

Why Is Cancer Important?

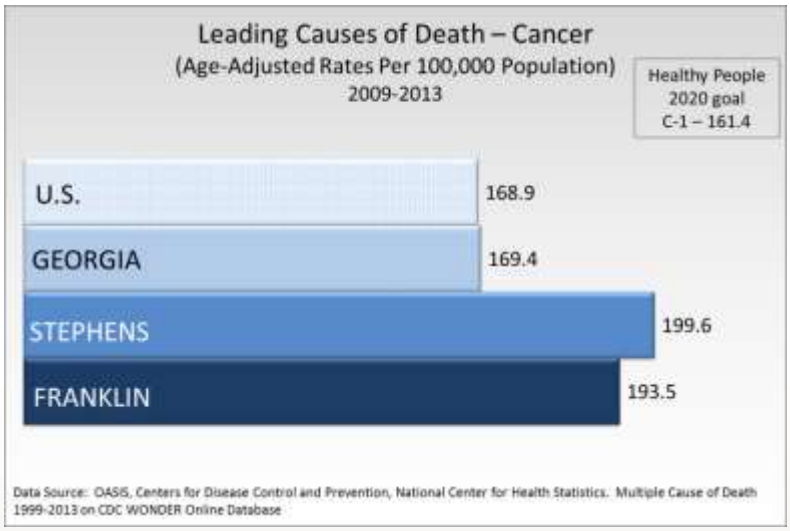
Many cancers are preventable by reducing risk factors such as:

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

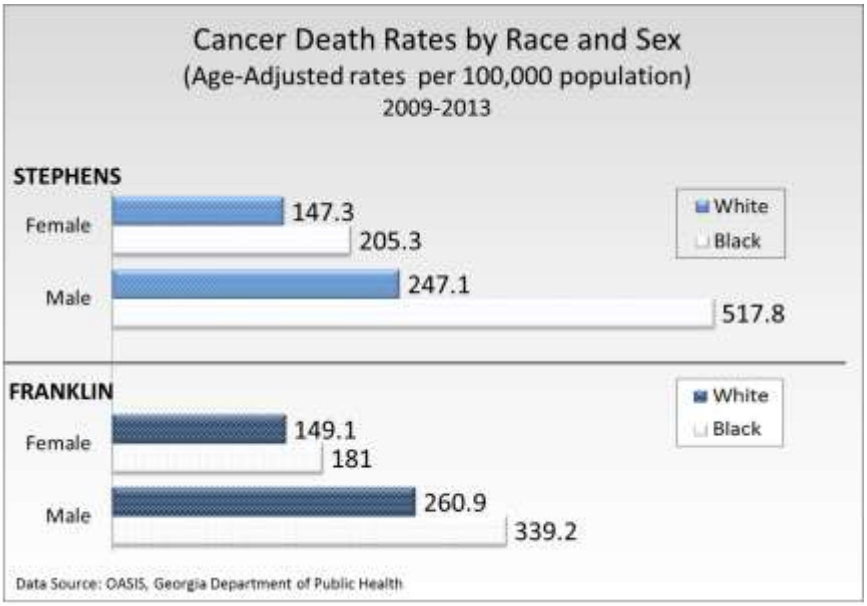
Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:

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

Healthy People 2020



In Stephens and Franklin counties, the cancer death rates were higher than Georgia and the U.S. rates.

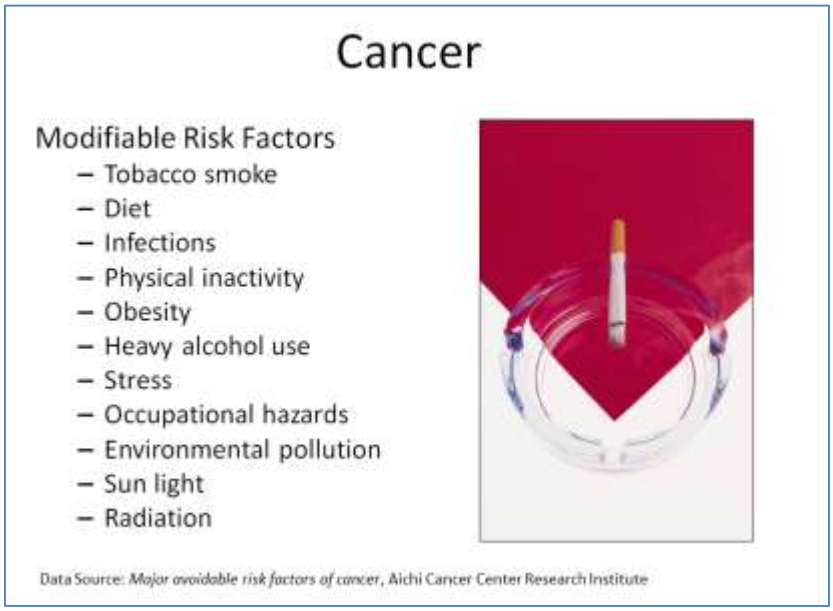


Age-adjusted cancer death rates in both counties were highest among the Black population groups. Male cancer death rates were higher than female cancer death rates.

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.[12]

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

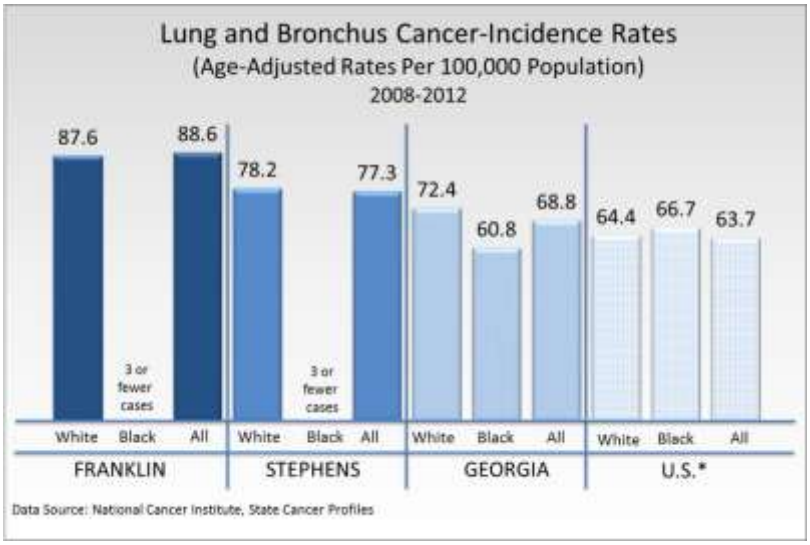
Modifiable risk factors related to cancer include tobacco, chemicals, infectious organisms, and radiation. There may also be internal factors such as genetics and hormones which contribute to the incidence of cancer.



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

Lung Cancer

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



Overall lung cancer incidence rates were higher in both counties as compared to the State and U.S. rates.

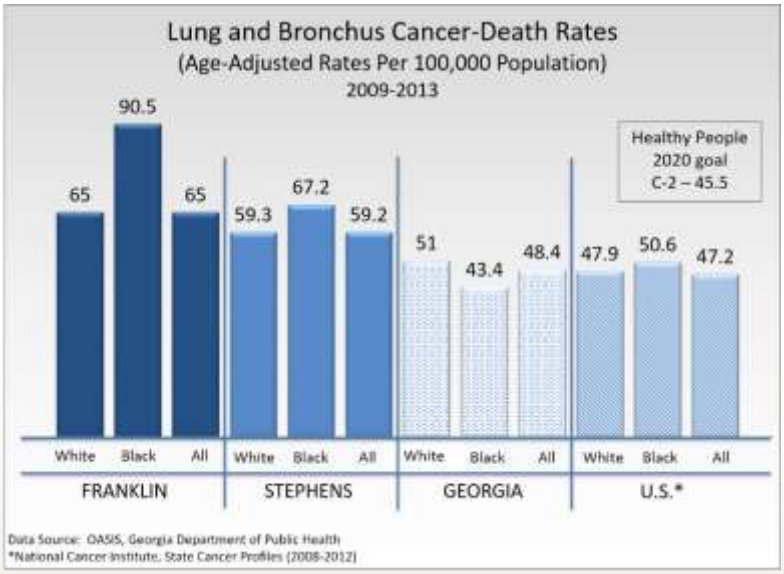
There were too few cases reported among the Black population to compute a meaningful rate for this population group.

Lung cancer is the first leading cause of cancer death among both males and females in Georgia.[14] According to data published from the National Cancer Institute, lung cancer **incidence** rates for males in Franklin County were more than double the rate of females. Stephens County's male incidence rates were one and one-half times that of females.[15]

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

	Male	Female
Franklin	126.7	61.1
Stephens	97.8	62.9

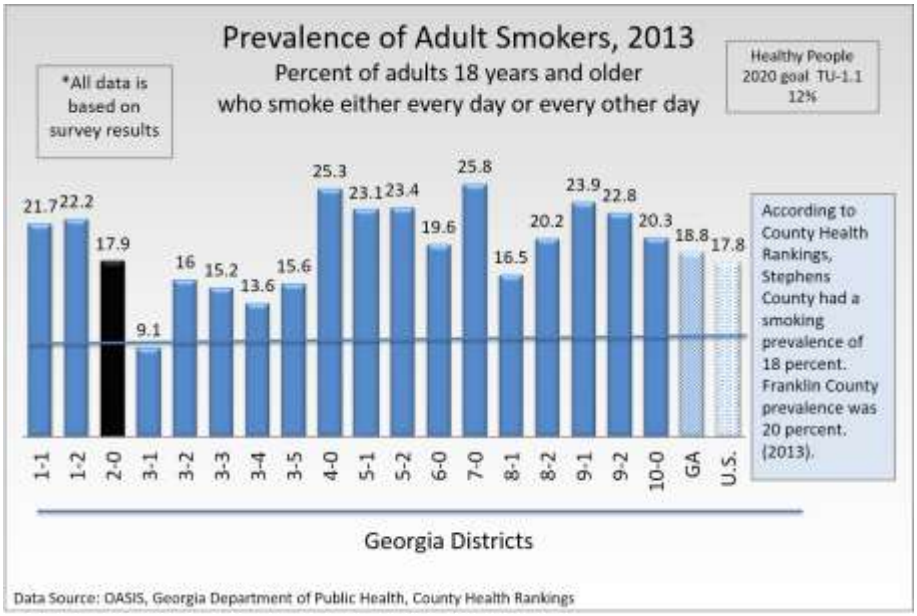
Data Source: National Cancer Institute, State Cancer Profiles



The overall lung cancer death rates in both counties were higher than the Georgia rate. Blacks had a higher incidence rate than Whites in both counties.

RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.[16]



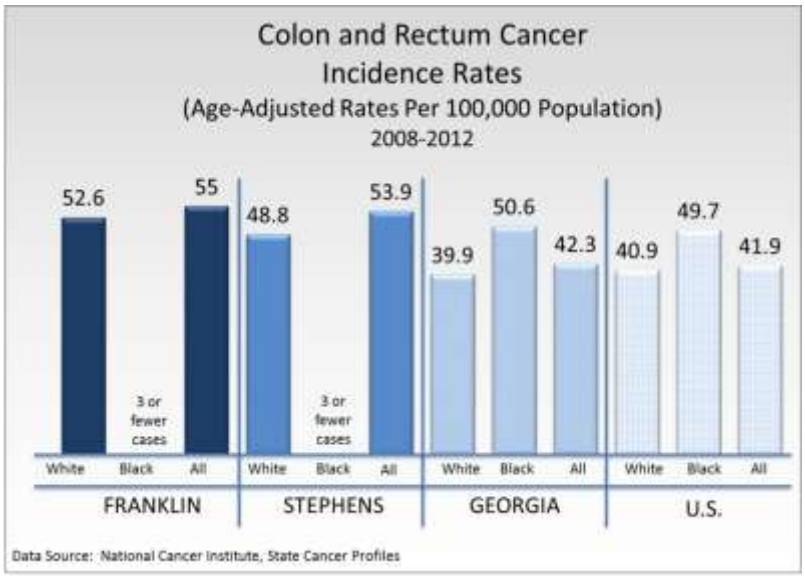
The smoking prevalence in Health District 2-0 (which includes Stephens and Franklin counties) was lower than the Georgia rate (18.8 percent) but higher than U.S. (17.8 percent) rate. The smoking **prevalence** was 20 percent in Franklin County and 18 percent in Stephens County.

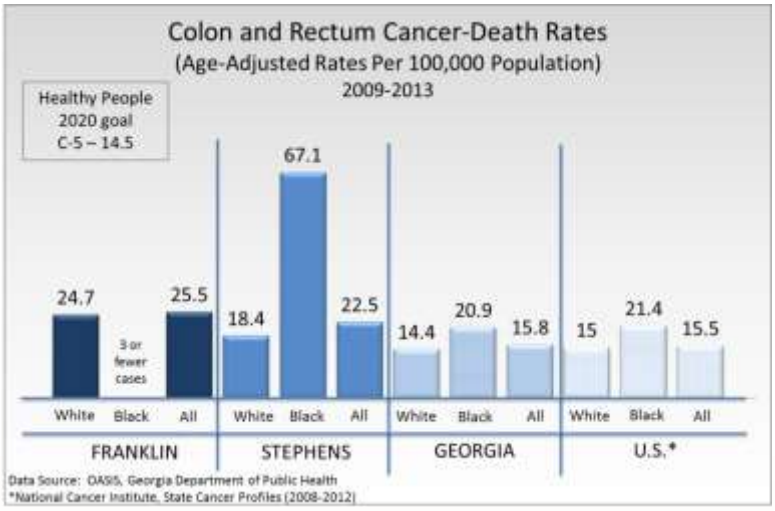
Colon and Rectum Cancer

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that eight percent of male cancer deaths and nine percent of female cancer deaths were from colorectal cancer in 2015. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.[17] Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 50 percent higher mortality rate than Whites.[18]

The colon and rectum cancer incidence rates in both counties were higher than the State or U.S. rates.

There were too few cases reported among the Black population to compute a meaningful rate for this population group.





The colon and rectum cancer death rates in both Stephens and Franklin counties were higher than the State and U.S. rates.

In Franklin County, Blacks had too few cases of deaths to report a death rate.

RISK FACTORS

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

- Obesity
- Physical inactivity
- Moderate to heavy alcohol consumption
- High consumption of red or processed meat
- Long-term smoking
- Low calcium intake
- Very low intake of whole-grain fiber, fruit, and vegetables[19]

EARLY DETECTION

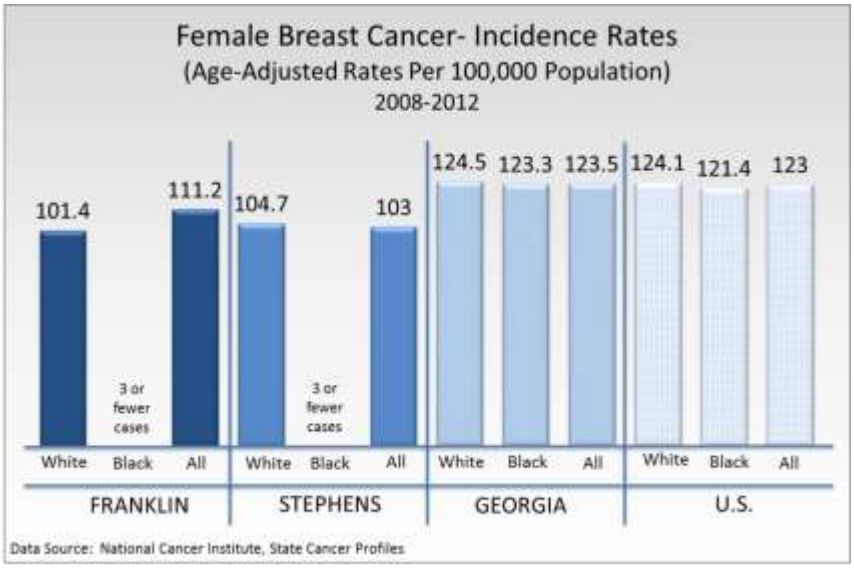
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.[20] The U.S. Preventive Services Task force recommends that adults 50 and older undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.[21]

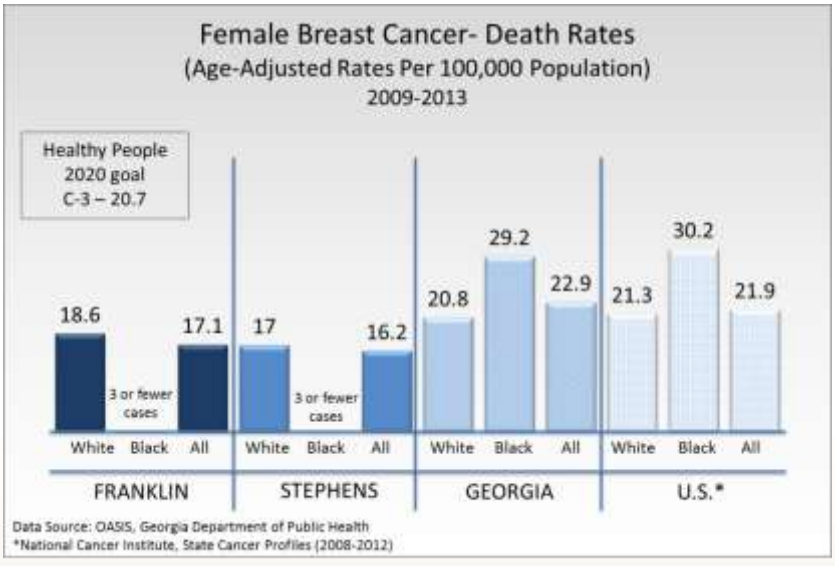
Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 29 percent of new cancer cases and 15 percent of cancer deaths among women.[22]

The breast cancer incidence rates in both counties were lower than the State or U.S. rates.

There were too few cases reported among the Black population to provide a separate rate for this population group.





Both counties had lower breast cancer death rates compared to the State and U.S. rates.

Both had too few cases reported among the Black population to provide a separate rate for this population group.

RISK FACTORS

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

- Weight gain after age 18
- Being overweight or obese
- Use of hormones
- Physical inactivity
- Consumption of one or more alcoholic drinks per day
- Long-term heavy smoking[23]

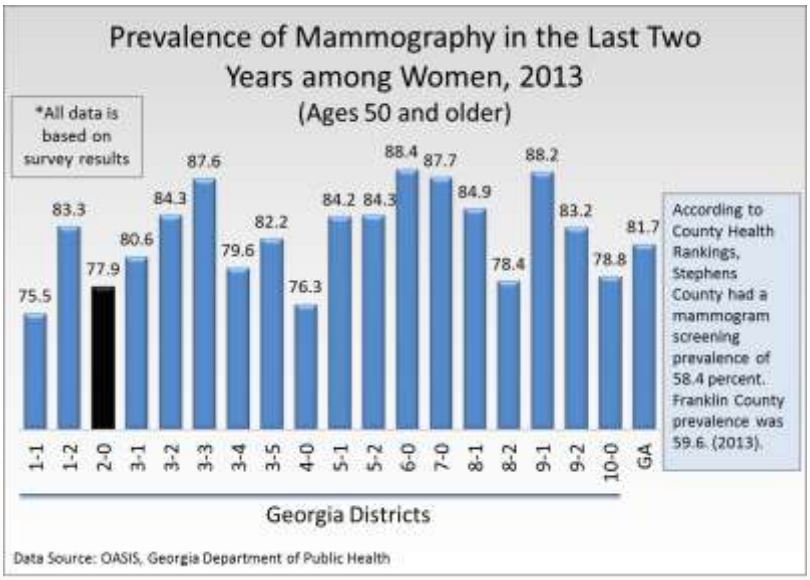
Modifiable factors that are associated with a lower risk of breast cancer include:

- Breastfeeding
- Moderate or vigorous physical activity
- Maintaining a healthy body weight[24]

EARLY DETECTION

Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect most breast cancers in women without symptoms, though the sensitivity is lower for younger women and women with dense breasts. Nearly 10 percent of women will have an abnormal mammogram. Out of that 10 percent, 95 percent do not have cancer. Efforts should be made to improve access to health care and encourage all women 40 and older to receive regular mammograms.[25]

The percentage of women receiving a breast cancer screening (mammography) was lower in Health District 2-0 (77.9 percent) than in the State (81.7 percent). The rates in Franklin (59.6 percent) and Stephens (58.4 percent) counties were lower than the State and Health District average.

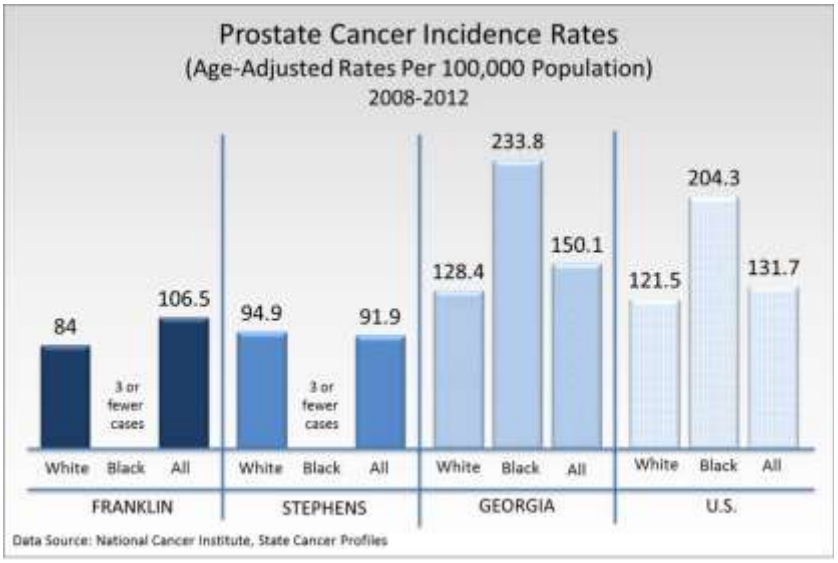


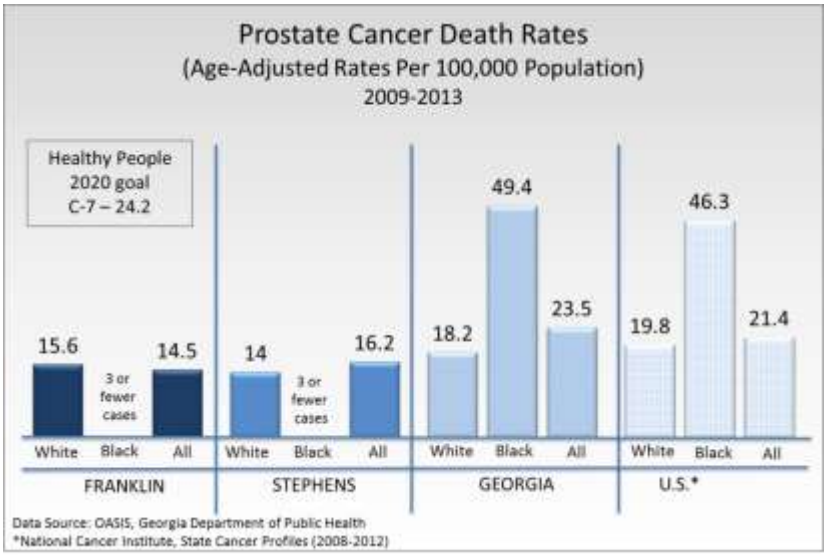
Prostate Cancer

Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are generally higher among Black men.[26]

Stephens and Franklin counties had lower prostate cancer incidence rates than those of the State and U.S.

Cases reported among Black males were too few to compute a meaningful rate.





Stephens County and Franklin County had lower prostate cancer death rates than those of the State and U.S.

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

RISK FACTORS

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

- Age
- Ethnicity
- Family history of prostate cancer[27]

EARLY DETECTION

Prostate-specific antigen (PSA) testing of the blood permits the early detection of prostate cancer before symptoms develop. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. At age 50, the American Cancer Society recommends men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their healthcare provider about the benefits and limitations of PSA testing. Men who are higher risk (Black or those with a close relative diagnosed before age 65) should have a discussion with their healthcare provider at age 45.[28]

COMMUNITY INPUT

Cancer

- There are men in their 30s that now have oral cancer because they started with dip and smokeless tobacco when they were younger.

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE - HDS

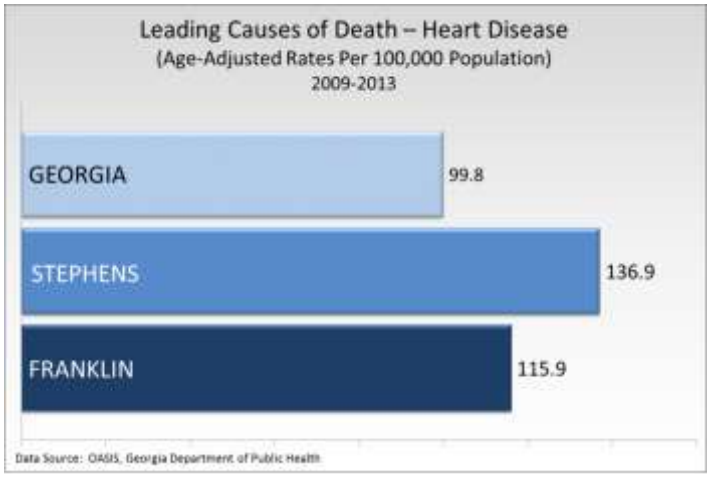
HEART DISEASE

According to the American Heart Association, over 800,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2013. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. Heart disease kills over 370,000 Americans each year, accounting for one in seven deaths in the country.[29]

Why Are Heart Disease and Stroke Important?

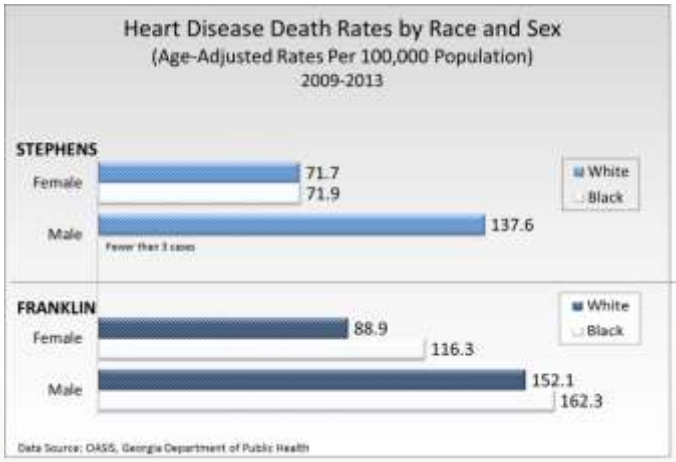
Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in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

Healthy People 2020

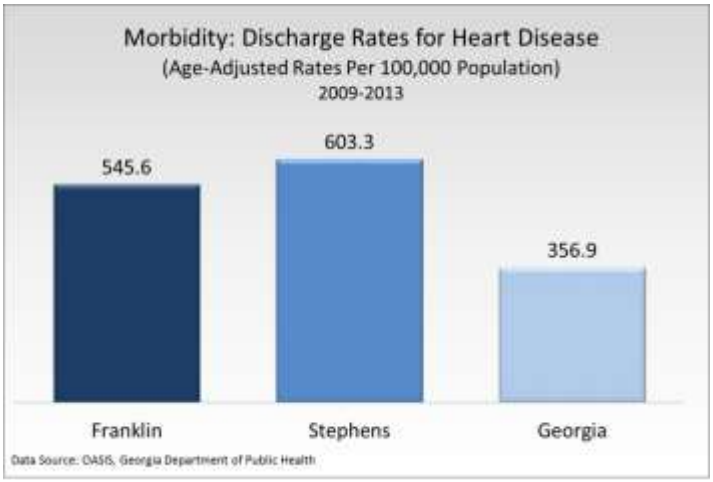


Stephens and Franklin counties death rates from heart disease were 115.9 and 136.9 per 100,000 population, respectively. Both rates were higher than the Georgia rate of 99.8 per 100,000 population.

In both counties the death rates from heart disease were highest among the male population. In Stephens County, Black males had too few cases reported to compute a death rate.



The hospital discharge rates for heart disease were higher in both counties than in the State.

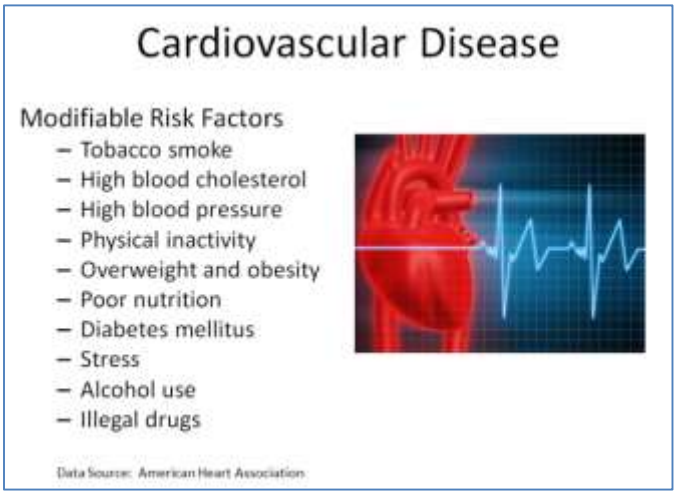


MODIFIABLE RISK FACTORS

According to the 2013 Behavioral Risk Factor Surveillance System (BRFSS), the following risk factors were noted in Health District 2-0.[30]

Percentage of Population Reporting Risk 2013		
Risk Factor:	**District 2-0**	**Georgia**
Obesity	30.5	30.2
Physical Inactivity	25.5	27.2
Smoking	22.2	18.8
Diabetes	11.2	10.8

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



NOTE:

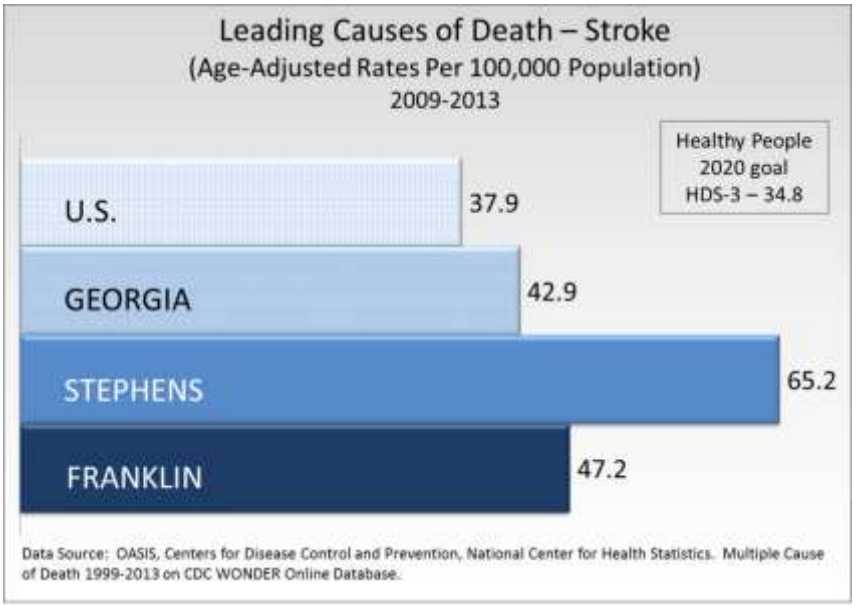
The data used to analyze heart disease rates came from the Georgia Department of Public Health's Online Analysis Statistical Information System (OASIS). The state and county heart disease rates were calculated using filters (ICD 10 codes) that include rheumatic heart fever and heart diseases, hypertensive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

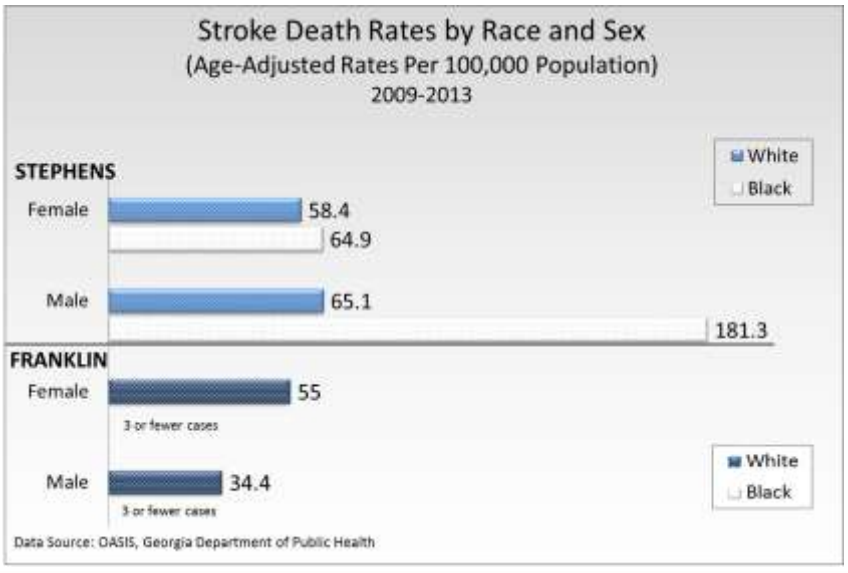
STROKE

Cerebrovascular disease (stroke) was the fifth leading cause of death in the Stephens and Franklin counties, as well as in the United States. Stroke was the fourth leading cause of death in Georgia.

The stroke death rates were higher in both counties than in Georgia and the U.S.

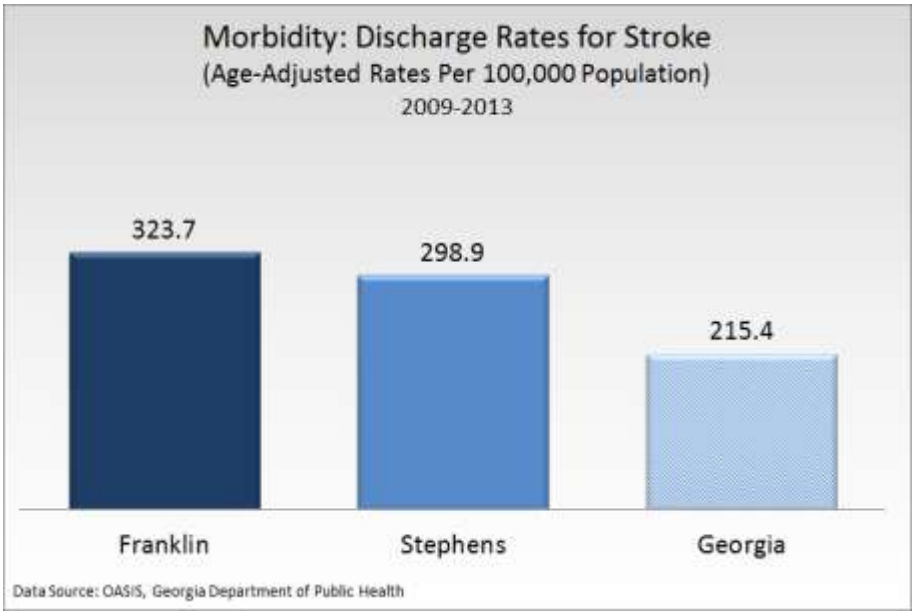
The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.[31]





The stroke death rates among the Black population groups in Franklin County were too few to report a rate.

In Stephens County, Black males had a death rate almost triple the rate of White males.

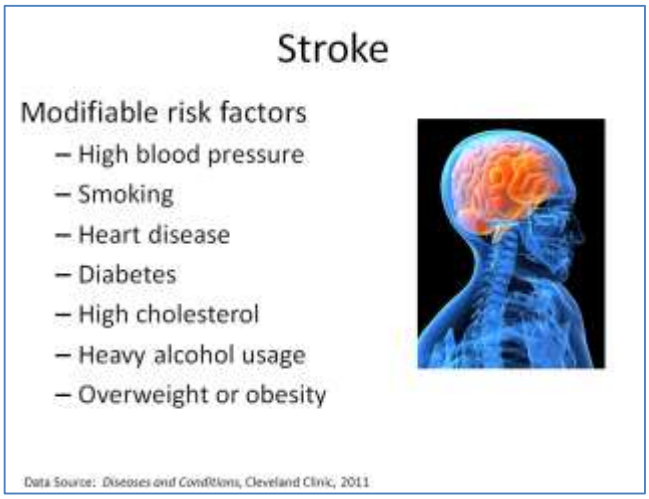


The stroke hospital discharge rates were higher in both Stephens and Franklin counties compared to Georgia rates.

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

The warning signs for stroke include:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause [32]



COMMUNITY INPUT

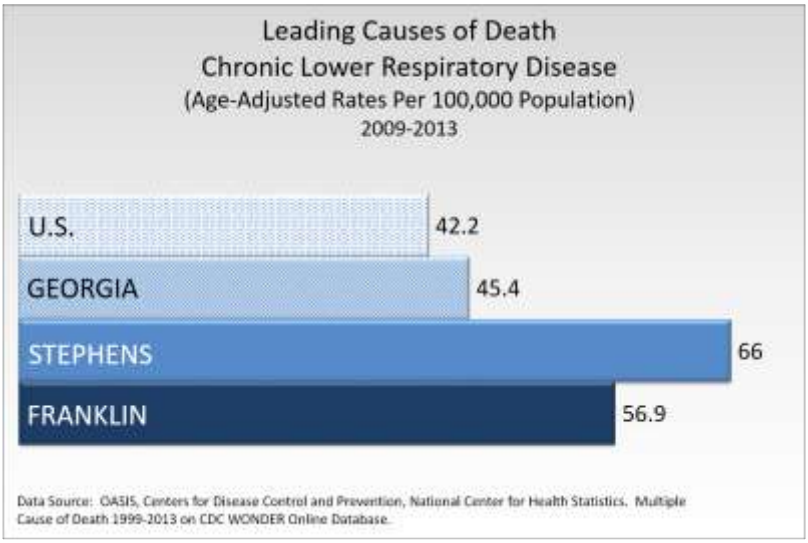
Heart Disease and Stroke

- The county's health assessment brought attention to tobacco cessation and high blood pressure intervention as needs to be addressed. There are around 190 employees that work for the county.
- A lot of individuals are very busy and do not know what to do to be healthy. They do not live lifestyles that promote good health

Chronic Lower Respiratory Disease

HEALTHY PEOPLE 2020 REFERENCE - RD

Chronic lower respiratory diseases affect the lungs. The deadliest 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.[33]

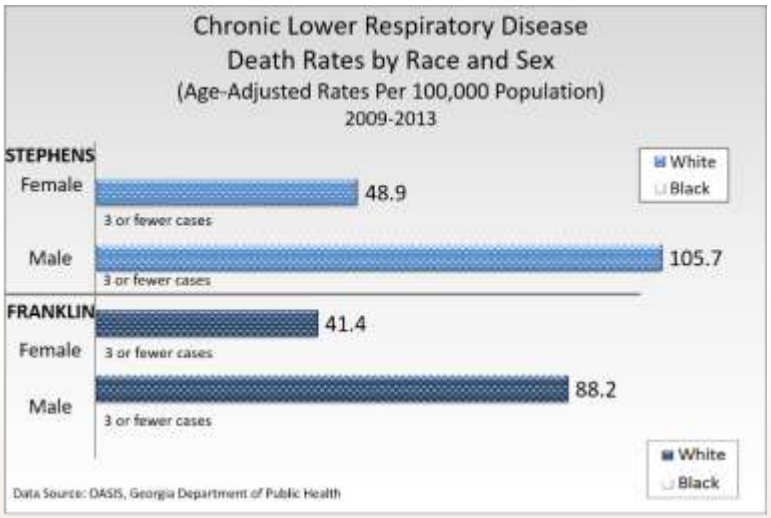


The chronic lower respiratory disease death rates for both counties were higher than the State and U.S. rates.

Why Are Respiratory Diseases Important?

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

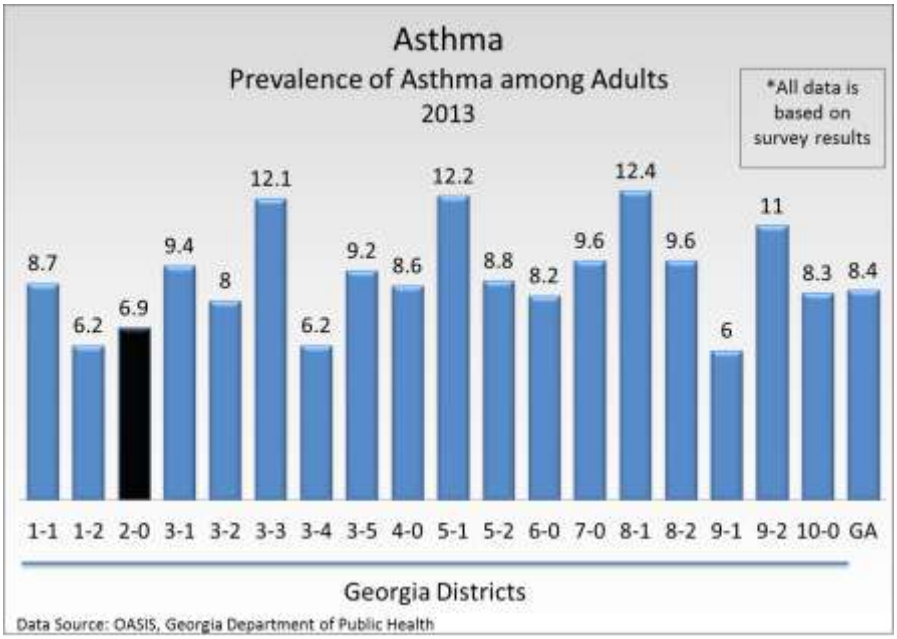
Healthy People 2020

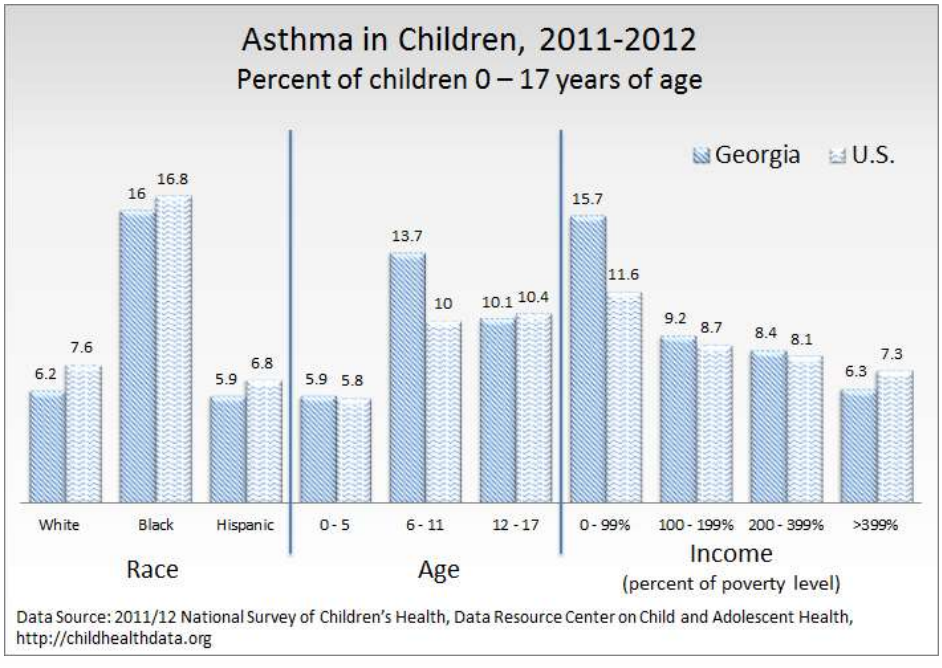


In both Stephens and Franklin counties, White males had the highest death rates.

There were too few cases in the Black population to report death rates.

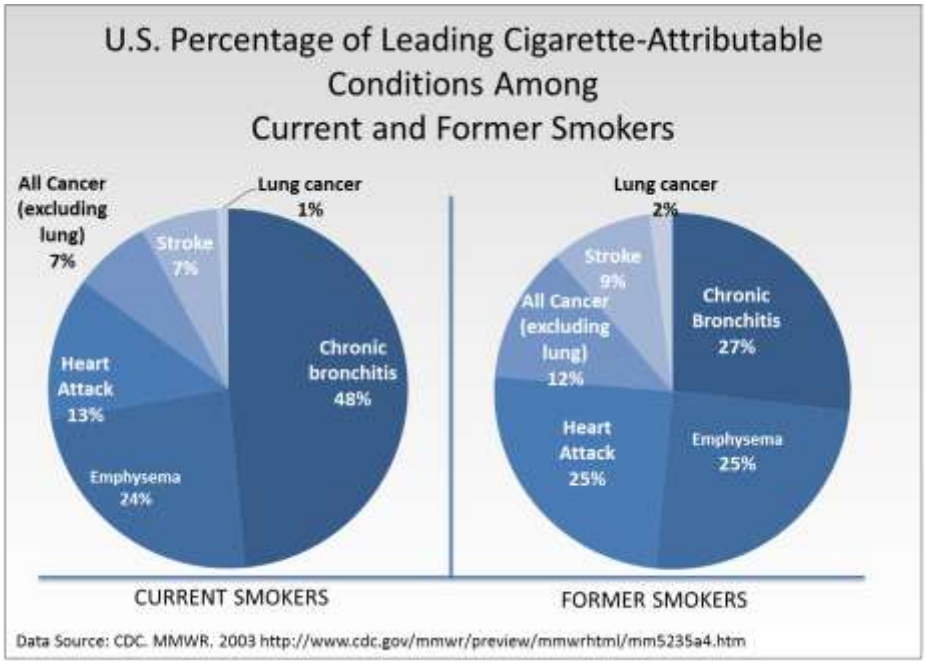
The prevalence of asthma among adults within Health District 2-0 was lower than the prevalence within the State.

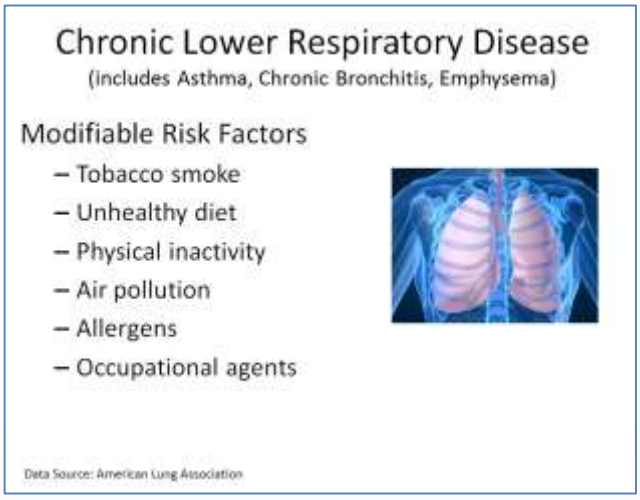




According to the 2011-2012 National Survey of Children's Health, Black children had higher incidences of asthma than Whites or other population groups. Asthma was more prevalent in lower income populations.[34]

Each year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, $75 billion in direct medical costs, and $82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and previous heart attack (25 percent). The charts below were compiled from information obtained from the 2014 publication, *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*.[35]





COMMUNITY INPUT

Chronic Lower Respiratory Disease

- Asthma is a common health condition among children's parents who continue to smoke.
- There are a lot of kids that miss days of school due to chronic bronchitis.
- COPD is a major issue which is complicated by obesity and lack of exercise.

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

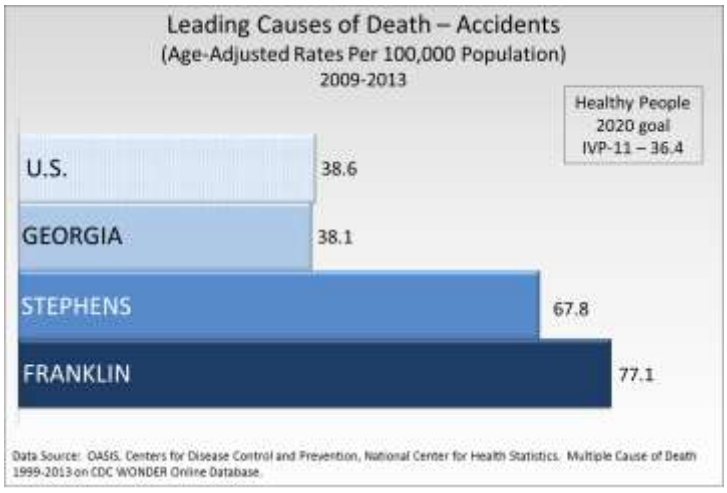
Accidental deaths may result from the following causes:

- Motor vehicle accidents
- Firearm accidents
- Poisonings
- Natural/environmental
- Suffocations
- Falls
- Fire
- Drowning[36]

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.

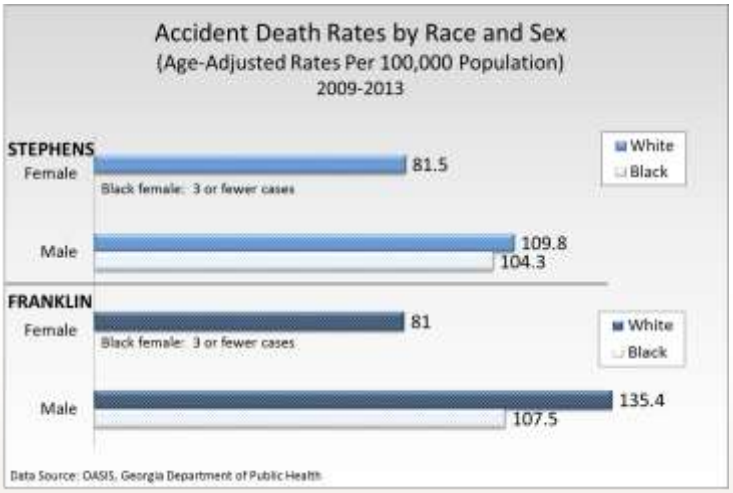
Healthy People 2020



Both counties death rates from accidents were much higher than those of the State and U.S.

The Healthy People 2020 goal is set at 36.4 per 100,000 population.[37]

Overall, males had higher death rates from accidents compared to females. In both counties, there were too few cases to report a death rate for Black females. Overall, White males had the highest accident death rates in both counties.



In the United States, over 30,000 people are killed annually in motor vehicle accidents. In 2013, these deaths resulted in a cost of $44 billion in medical and work loss costs. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2013, nearly 1,300 people in Georgia were killed in motor vehicle crashes, with the cost of these crash related deaths totaling $1.63 billion.[38]

Motor Vehicle Fatality Rates
2010-2013
Number of Fatalities

	2010	2011	2012	2013	Total
Franklin	9	3	9	4	25
Stephens	2	5	7	6	20

For the years 2010-2013, the motor vehicle fatality rates in Stephens and Franklin counties were 26.8 and 19 (per 100,000 population) respectively. The Georgia rate for the same time period was 12.4.

According to the Centers for Disease Control and Prevention:

- Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- Millions of adults drive while impaired, but only a fraction are arrested.
- Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- Age-related deterioration of vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.[39]

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

According to the 2014 Diabetes Report Card, more than 200,000 deaths occur annually among people with diabetes in the United States. In 2013, diabetes was the country's seventh leading cause of death. More than 29 million people (9.3 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.[40]

Compared with non-Hispanic whites, minority populations are more likely to have diagnosed diabetes. During their lifetime, half of all Hispanic men and women and non-Hispanic black women are predicted to develop the disease.[41]

The 2012 percentage of Georgia's population with diabetes (9.6 percent) was higher than the U.S. percentage (9.0 percent).[42]

Image Source: Pharmacy Practice News

Why Is Diabetes Important?

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

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

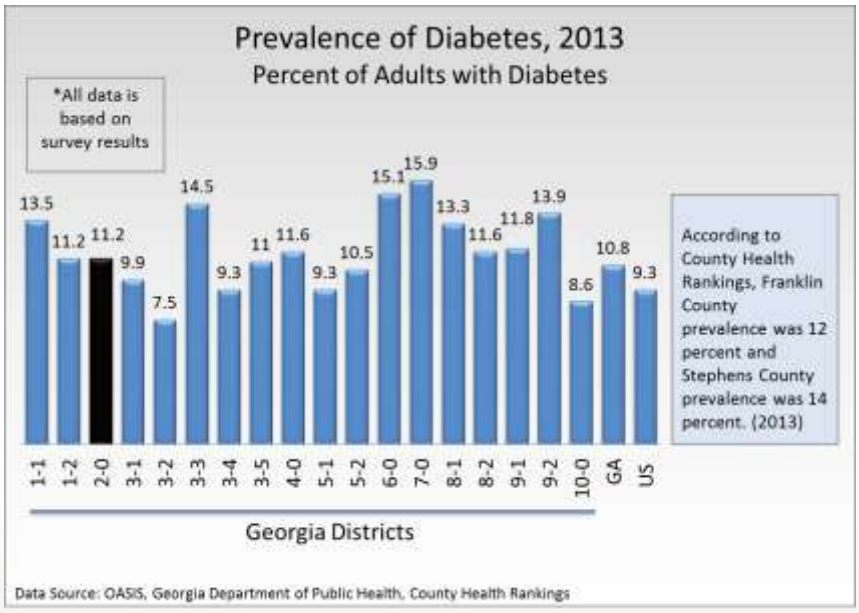
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

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

Healthy People 2020

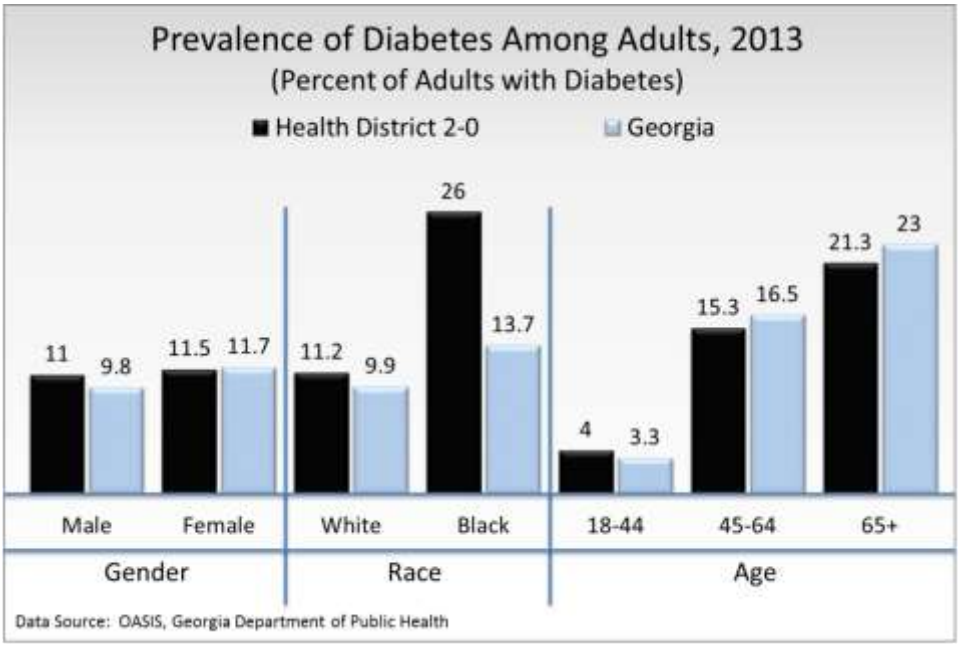
Health District 2-0 (which includes Stephens and Franklin counties) had a higher diabetes prevalence (11.2 percent) than many of the other districts in the State. Franklin County had diabetes **prevalence** of 12 percent, while Stephens County had a prevalence of 14 percent.

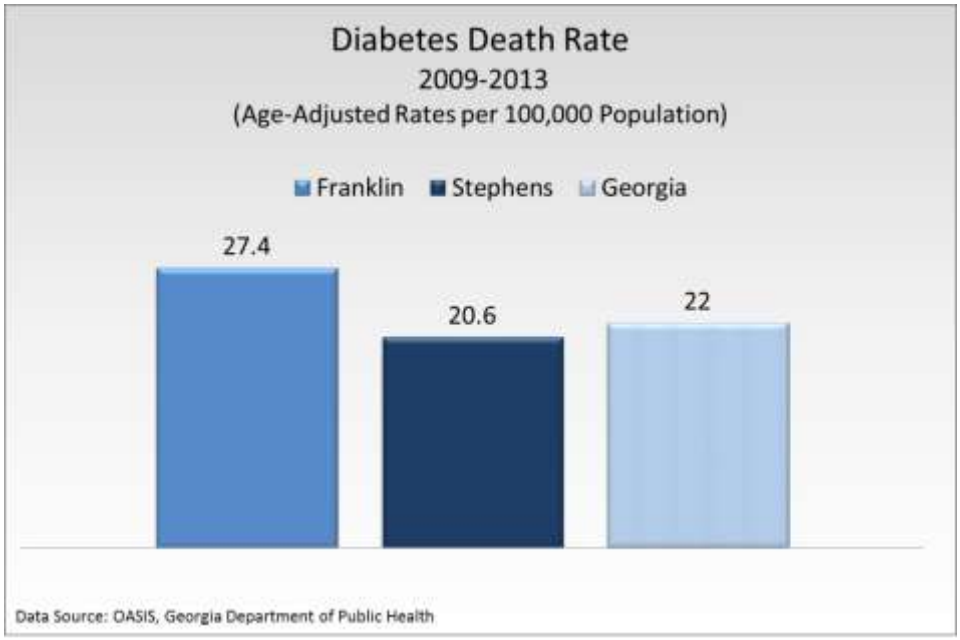


The male diabetes prevalence in Health District 2-0 was comparable to the female rate.

In Health District 2-0, prevalence of diabetes among Blacks was more than double that of Whites.

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





Compared to the State rate, the death rate due to diabetes in Franklin County was higher the rate in Stephens County was lower.

Obesity

HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

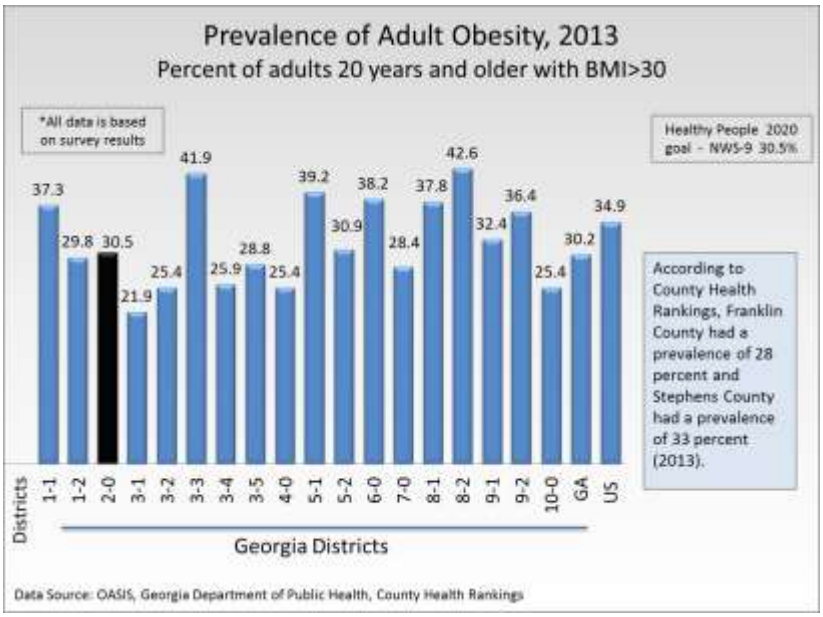
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.[43]

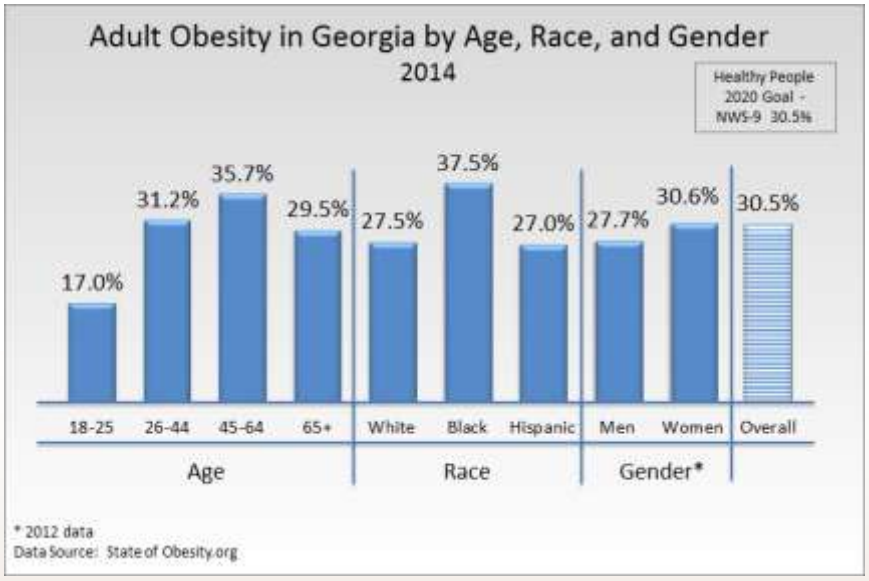
Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.[44]

The prevalence of adult obesity in Health District 2-0 (30.5 percent) was higher than the State rate (30.2 percent) and lower than the National rate (34.9 percent).

The Healthy People 2020 goal is set at 30.5 percent.

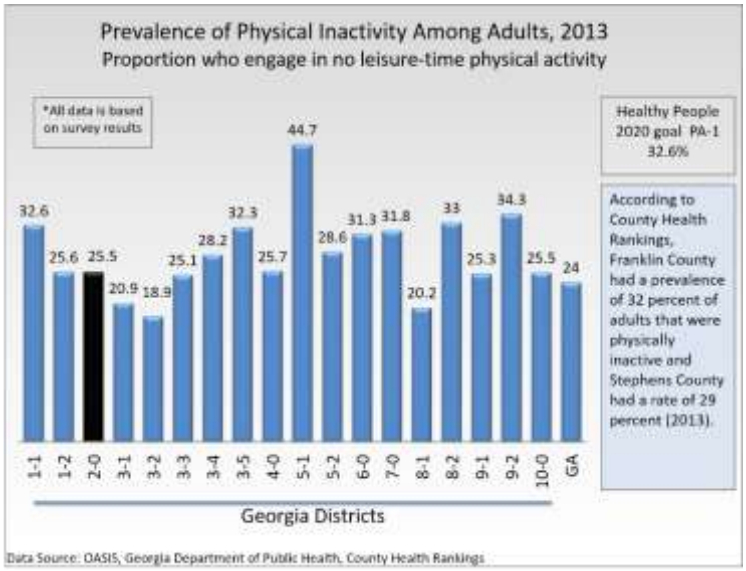
Franklin County's rate was 28 percent and Stephens County's rate was 33 percent.





In 2014, adult obesity in Georgia was highest among Blacks compared to other population groups. The adult age group (45-64) had the highest obesity rate (35.7 percent) compared to other age groups. Women were more likely to be obese compared to men, 30.6 percent and 27.7 percent respectively.

Obesity is the result of an energy imbalance that occurs when an individual consumes more calories than he/she can burn. There are a number of factors such as age, body size, and genes that contribute to how many calories people burn each day, but the most modifiable factor is physical activity.[45]



The prevalence of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 2-0 (25.5 percent) compared to the State average (24 percent).

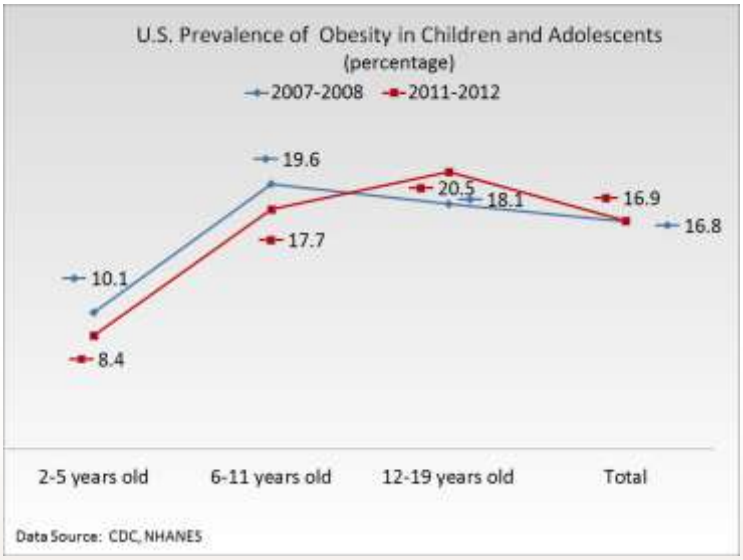
Both counties had a higher **prevalence** of physical inactivity than the prevalence in the State.

Both counties' prevalence was below Healthy People 2020 target for physical inactivity, 32.6 percent.[46]

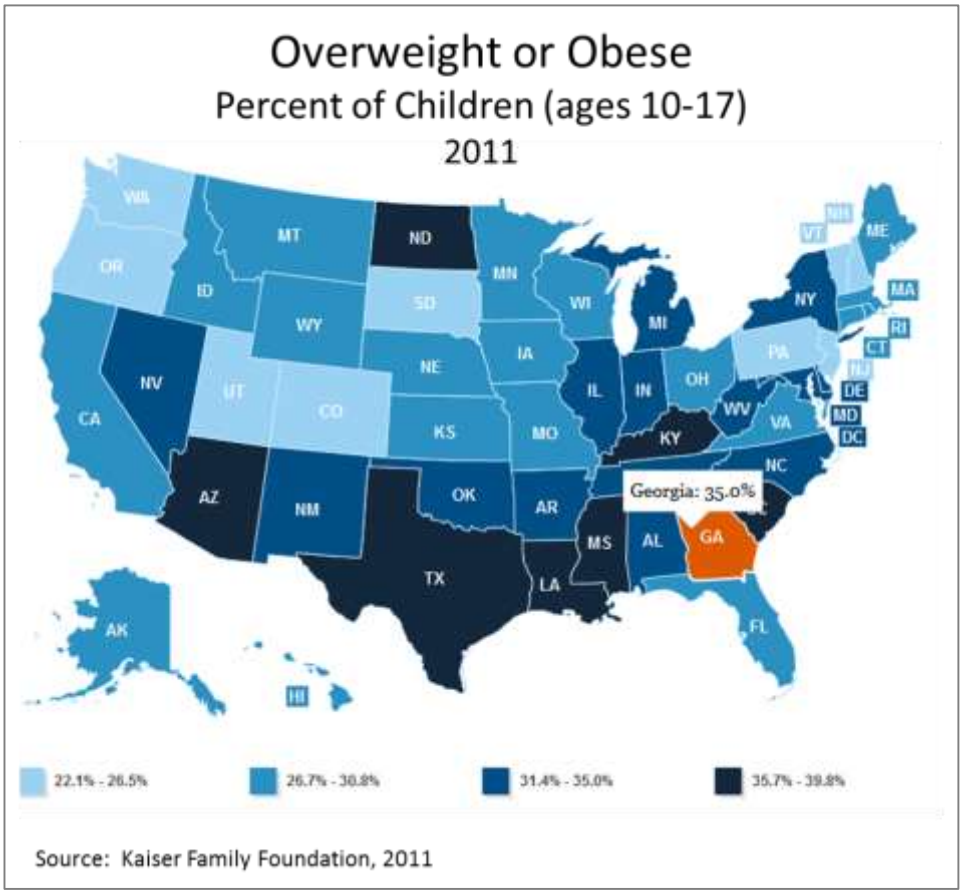
Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formerly known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.[47] Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to Healthy People 2020, 16.2 percent of children and adolescents aged 2-19 years are obese.[48] A report released by the Centers for Disease Control and Prevention in August, 2013 indicated that Georgia's obesity rates among two to four-year-olds from low income families declined between 2008 and 2011.[49]



According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighth highest (35 percent) in the nation for overweight and obese children. Nationally, 31.3 percent of children in this age range were overweight or obese.[50]



The following table highlights obesity rates in Georgia by age group and Georgia's rank among other states.[51]

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

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

- Hispanics - 22.4 percent
- Non-Hispanic Blacks - 20.2 percent
- Non-Hispanic Whites – 14.1 percent
- Non-Hispanic Asian youth – 8.6 percent [52]

The following table highlights the disparities among race and ethnicity in Georgia. This data is based upon the 2007 National Survey of Children's Health.[53]

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

Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.[54]

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.[55]

COMMUNITY INPUT

Obesity and Diabetes

- Obesity is major problem and fairly easy to address if we attacked it as a community.
- Obesity affects so many other health problems.
- There is a lack of nutrition education, which effects all of the health issues.
- Obesity issues leads to a plethora of health concerns and lack of success.
- Obesity is an issue because it social and cultural. A lot of us are guilty of being in a hurry and not having healthy food prepared, so we are tempted to purchase fast food.
- Obesity is caused by lack of education. We need more education on how to cook healthy vegetables.
- Most people do not understand that that you have to eat five fruits or vegetables as part of a healthy diet.
- There are 13 food pantries in the county. It would be helpful to reach out to these pantries to hold cooking classes.
- Obesity and poor lifestyle choices is also brought on by economic issues. It is more expensive and inconvenient to purchase healthy food. Canned food lasts forever and produce only lasts so long.
- Inactivity is caused by all the electronics devices in our culture.
- The general workplace causes a very sedentary lifestyle.
- There has to be a cultural change across the board. Organizations have to see the benefit of corporate wellness program. They have to see that it will result in a happier and more productive workplace.
- There is a need for more awareness of what defines a sedentary lifestyle.
- Obesity is affecting all patient groups. The health department provides education on high blood pressure and nutrition during a patient visit.
- A lot of individuals are very busy and do not know what to do to be healthy. They do not live lifestyles that promote good health
- Out of every ten patients seen in the health department, about 40 percent are obese.

Childhood Obesity

- The middle school age group obesity rate in Stephens County was around 30 percent between years 2012-2014.
- Lack of nutrition education and obesity are very common issues among the adolescent population.
- Apples are served in the lunchroom, but many children throw the apples in the garbage.
- Obesity is an issue among the adolescents because they are not taught or shown what to eat as a child. They grow up eating convenience store snacks because their parents are not providing balanced meals.
- A lot of children cannot get to football or basketball practice because their parents are not available to take them to practices.
- There some areas of the community where parents do not feel like it safe let children play outside.
- Obesity starts to sky rocket in middle when PE and recess are cut out of the school day.
- Dental issues arise from a lot of the sugar in our children's diet.
- There is so much misinformation about the sugar content in foods that we think we are feeding our children healthy options. There is a need for more education where added sugar is commonly found.

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.[56]

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

- Live birth rates
- Number of infant deaths
- Teen birth rates
- Low and very low birth weights
- Immunization rates

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

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.[57]

A life course perspective to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.[58]

Why Are Maternal, Infant and Child Health Important?

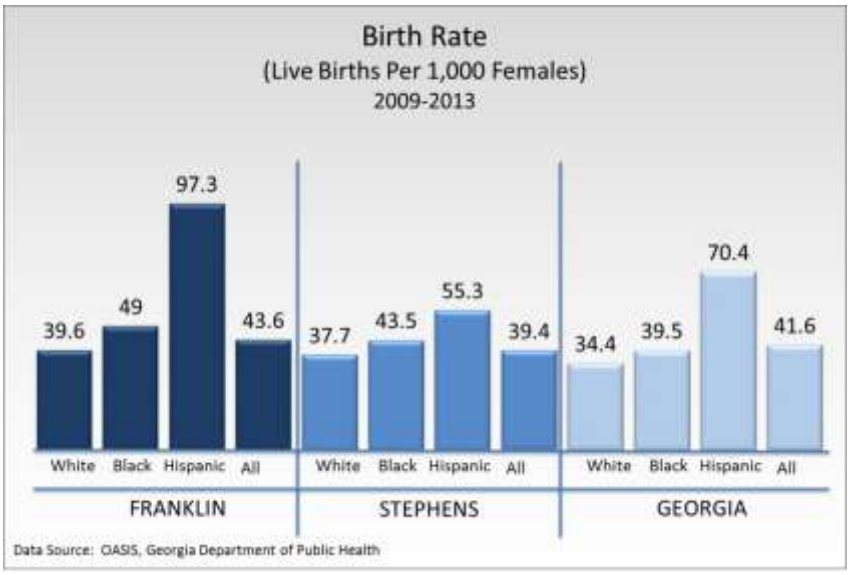
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

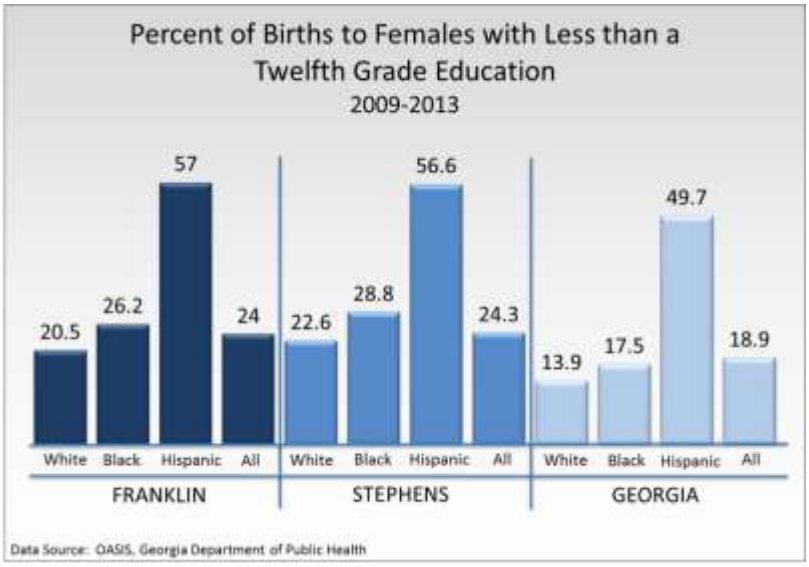
- *Hypertension and heart disease*
- *Diabetes*
- *Depression*
- *Genetic conditions*
- *Sexually transmitted diseases (STDs)*
- *Tobacco use and alcohol abuse*
- *Inadequate nutrition*
- *Unhealthy weight*

Healthy People 2020

Birth Rates

Franklin County had a higher birth rate (43.6 live births per 1,000 females) than the State, while Stephens County had lower rate (39.4 live births per 1,000 females).





The percent of births to females with less than a twelfth-grade education was higher in both Stephens County and Franklin County compared to the percent in Georgia (18.9 percent).

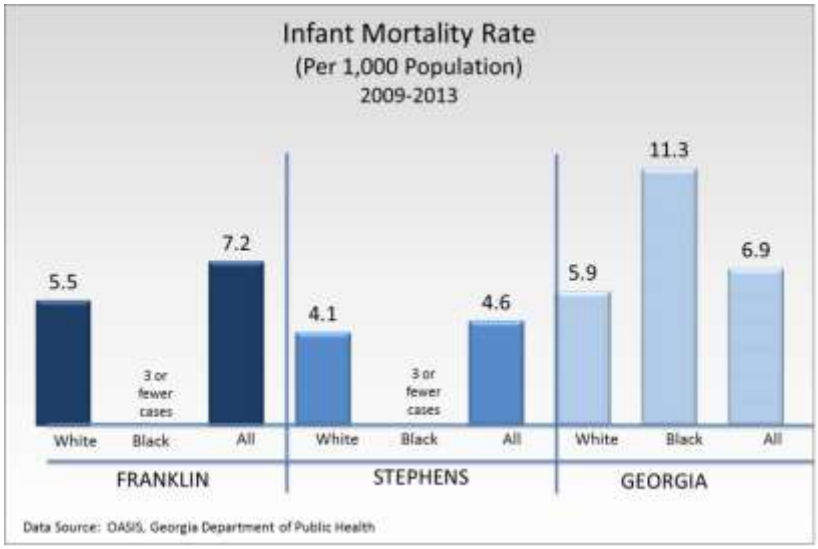
The percent of births to Hispanic mothers with less than a twelfth-grade education was the highest in both counties and at the State level.

Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.[59] The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.[60] Some of the common causes of infant mortality include: serious birth defects, pre-term births, sudden infant death syndrome (SIDS), maternal complications of pregnancy, or unintentional injury.[61]

The infant mortality rate in Franklin County (7.2 per 1,000 population) was higher than the Georgia rate (6.9 per 1,000 population). Stephens County's rate was lower at 4.6 per 1,000 population.

There were too few cases reported among the Black population in the counties to compute meaningful rates for comparison.



Fetal and Infant Conditions

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

- Prematurity is disorders related to short gestation and low birth weight.
- Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- Birth-related infections are infections specific to the period of time near birth.[62]

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

Number of Deaths: Fetal and Infant Conditions

(<1 year of age)

2009-2013

Franklin County and Stephens County (combined)

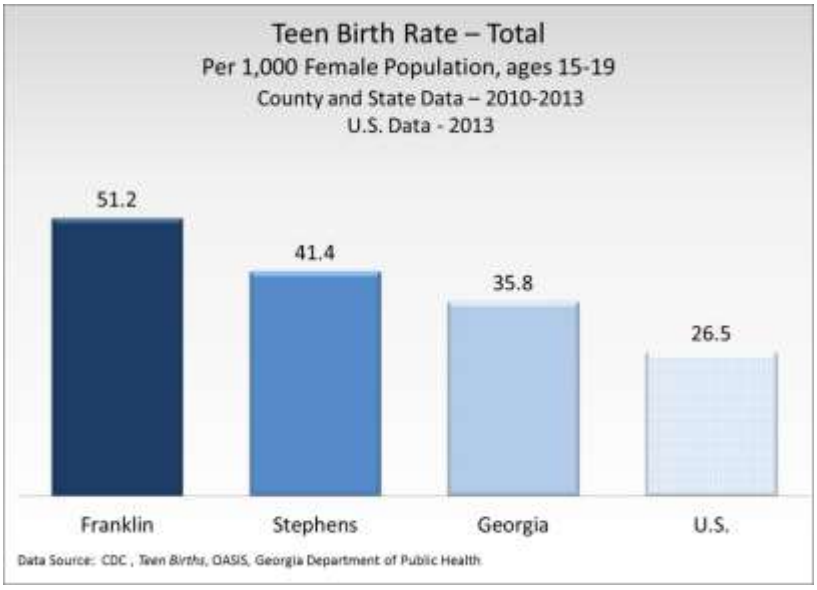
Year	White	Black	Hispanic	All
2009	0	1	0	1
2010	1	1	0	2
2011	0	0	0	0
2012	0	0	0	0
2013	2	0	0	2

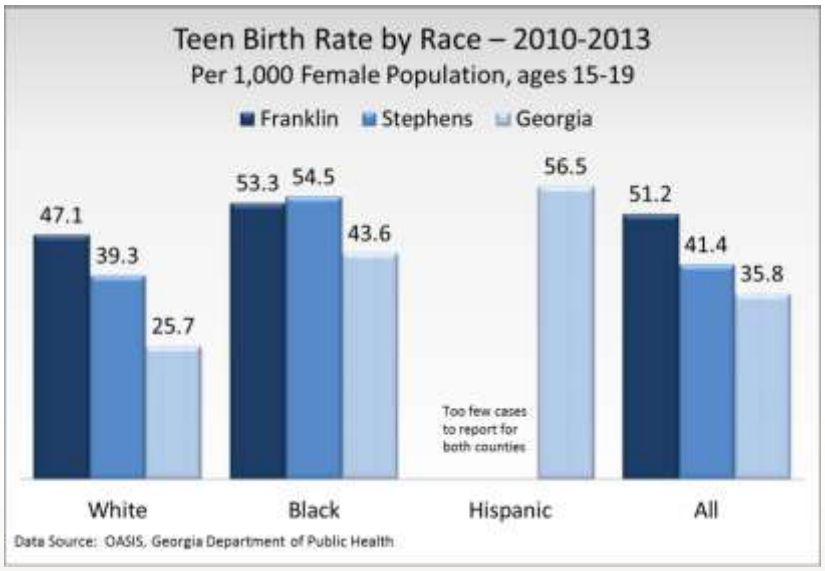
Data Source: OASIS, Georgia Department of Public Health

Teen Birth Rate

Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors to high school dropout rates among girls. The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[63]

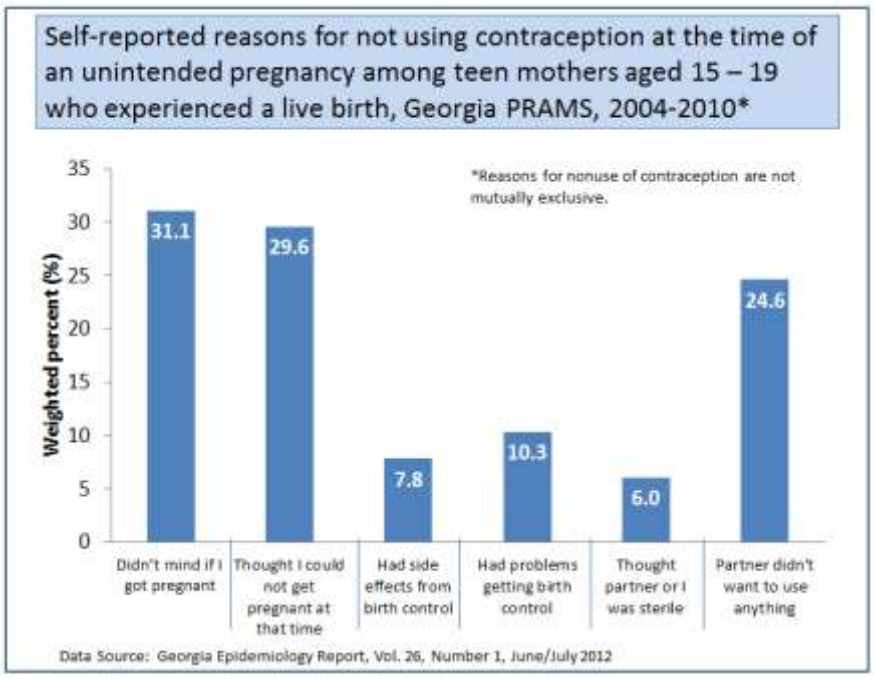
The teen birth rates in Stephens and Franklin counties were higher than the State and the U.S. rates.





The teen birth rates were highest among White teens in Franklin County and Black teens in Stephens County.

There were too few cases to report a rate for Hispanic teens.

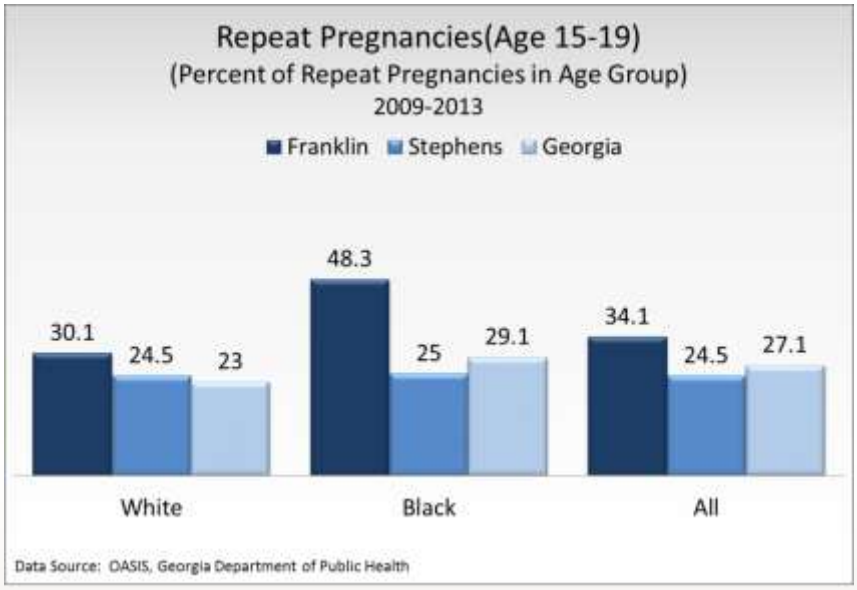


In Georgia, according to self-report among teen mothers, the top reasons for not using contraception at the time of unintended pregnancy were "Didn't mind if I got pregnant" and "Thought I could not get pregnant at that time." This information may be useful in developing effective activities to impact teen pregnancy, such as outreach programs and education for teenagers around fertility.[64]

Teen Pregnancy In Georgia

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

Georgia Adolescent Reproductive Health Facts www.hhs.gov



Franklin County had a higher overall percentage of repeat births to mothers age 15-19 compared to the State. Stephens County had a lower percentage compared to the State. Black mothers in both Franklin County and the State were more likely to have repeat pregnancies.

COMMUNITY INPUT

Teen Pregnancy

- Teen pregnancy is an issue because teens do not have anything else to do and there is a lack of supervision.
- Teen pregnancy is more accepted than it was 20 years ago. Girls can still go to school while pregnant.

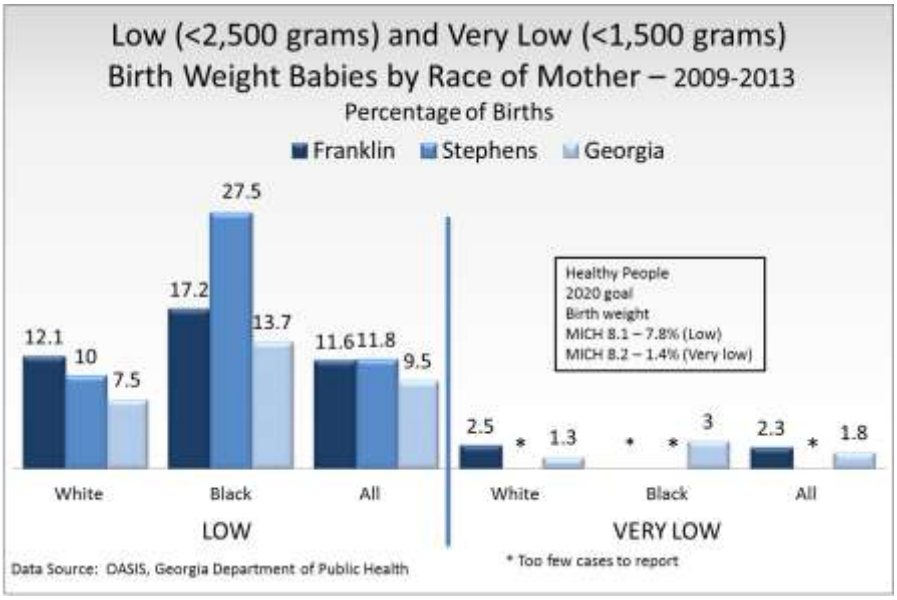
Birth Weight

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

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

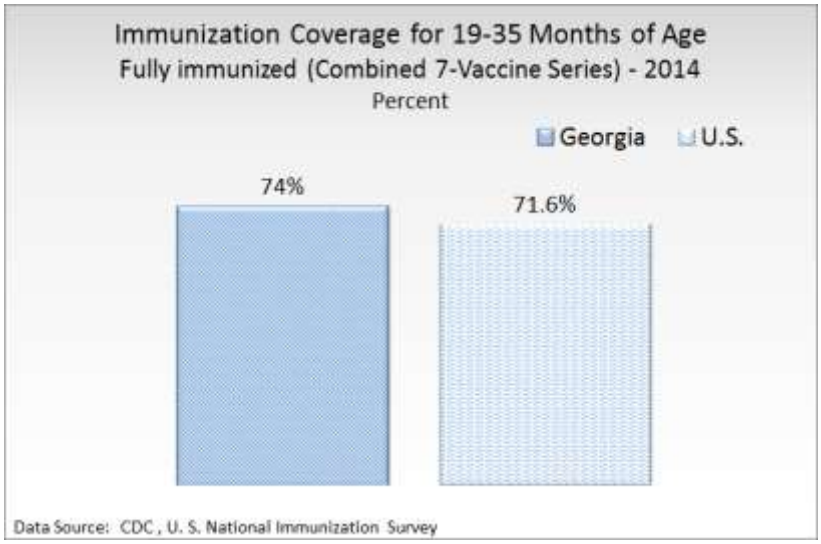
Overall, low birth weight percentages in both counties were higher than the State rate. Low birth weights were significantly higher among Black babies.

Very low birth weights were higher in Franklin County as compared to the State.



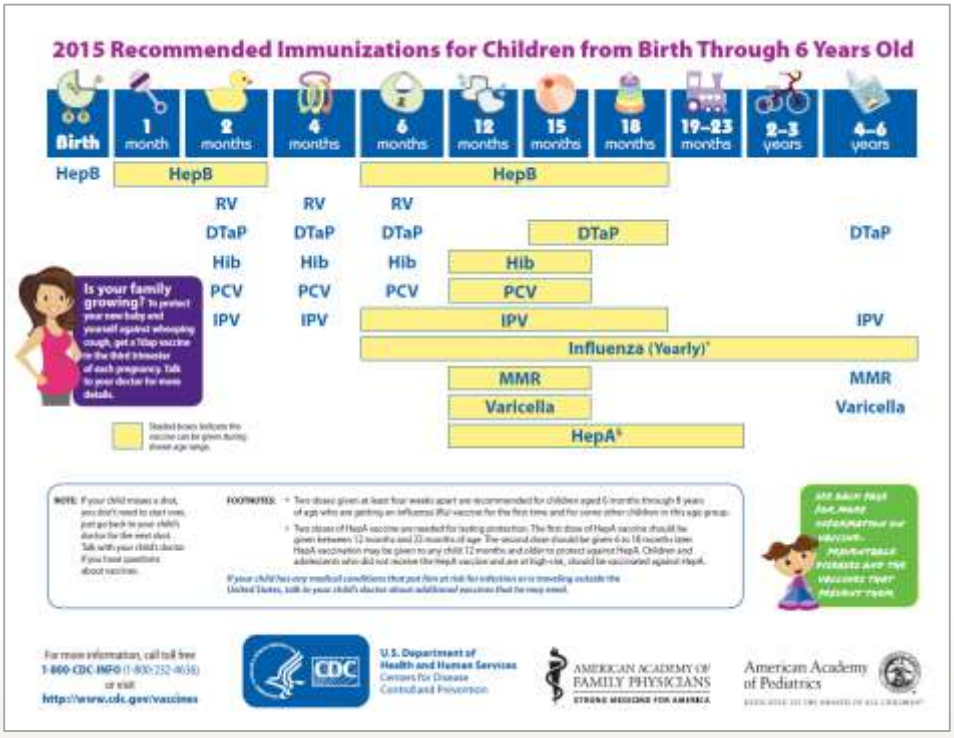
Immunizations

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



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

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



ALCOHOL, TOBACCO, AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE – TU, SA

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

- Chronic diseases
- Teenage pregnancy
- Sexually transmitted diseases
- Domestic violence
- Child abuse
- Motor vehicle accidents
- Crime
- Homicide
- Suicide[69]

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

Adolescent Behavior

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

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

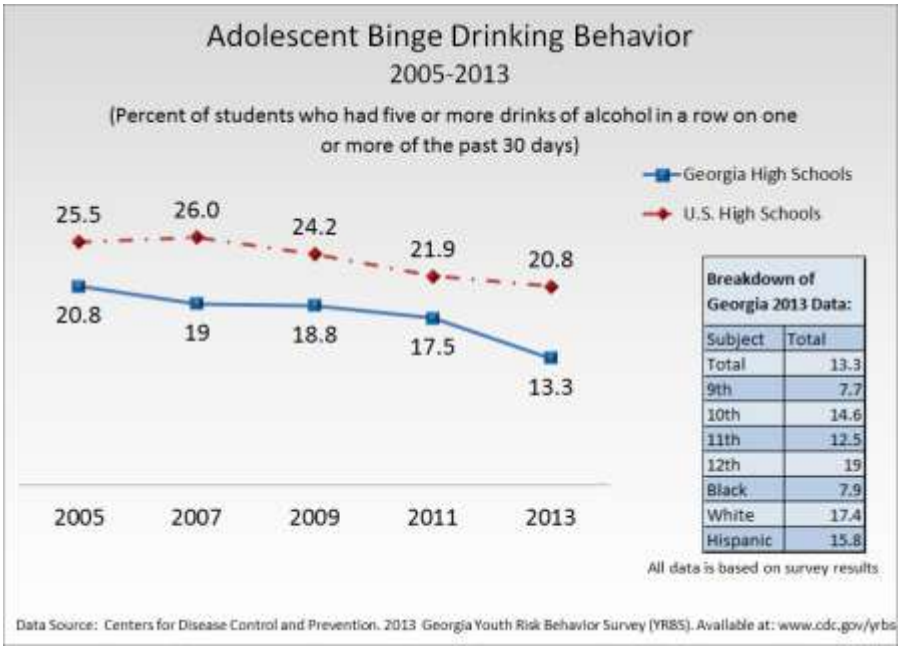
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

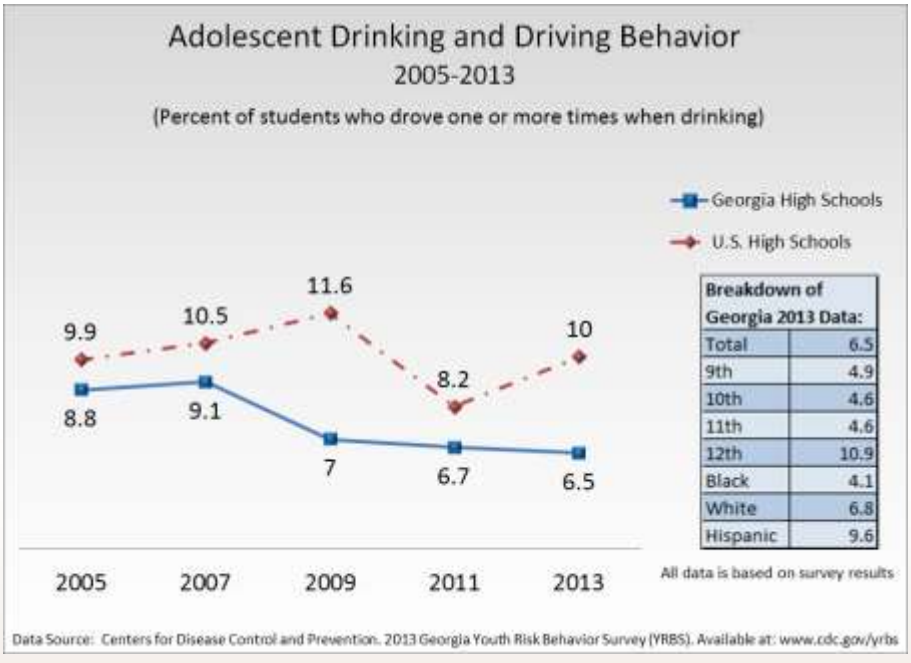


Between 2005 and 2013 adolescent binge drinking in Georgia was below the U.S. rates. In addition, there had been a slight decrease in both the U.S and Georgia since 2005.

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

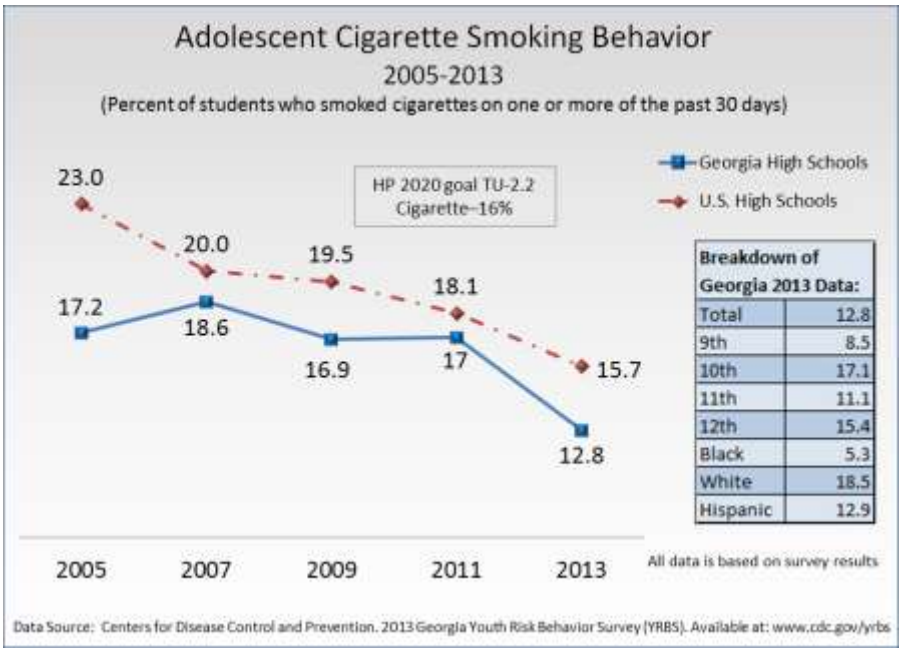
Almost one-fifth of twelfth graders (19 percent) participated in binge drinking within a month prior to the survey.

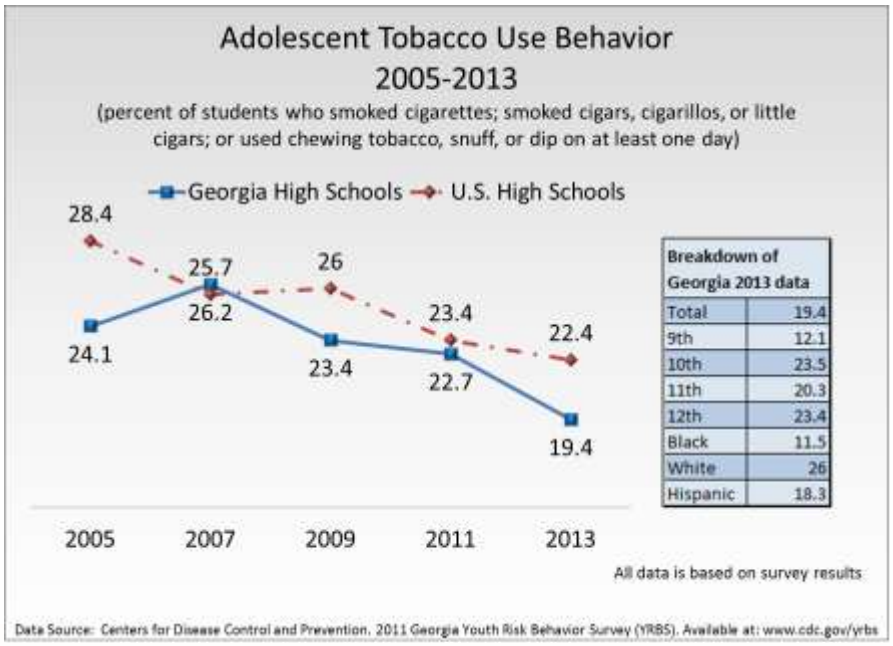
Drinking and driving behavior in Georgia was lower than the U.S. White youth were more likely than Black youth to engage in this behavior.



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

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





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

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

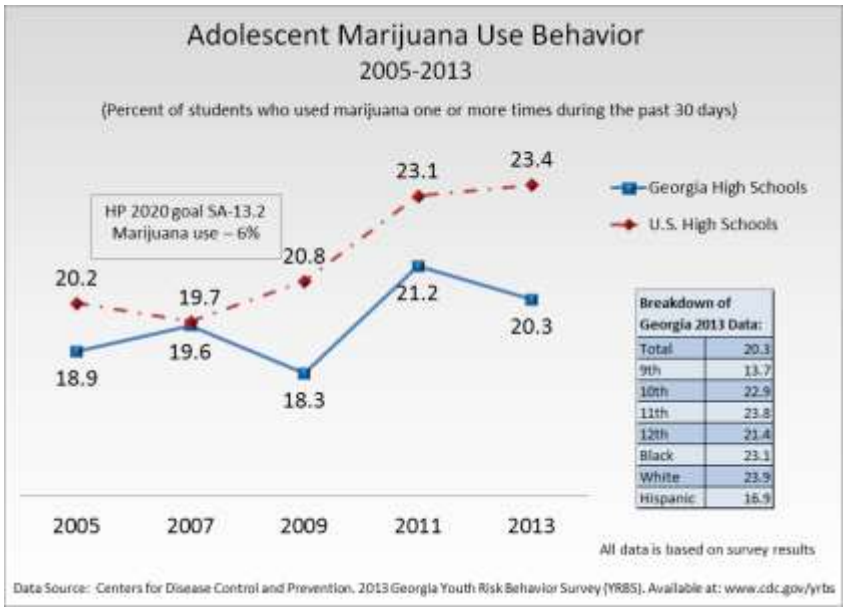
Illicit Drug Usage

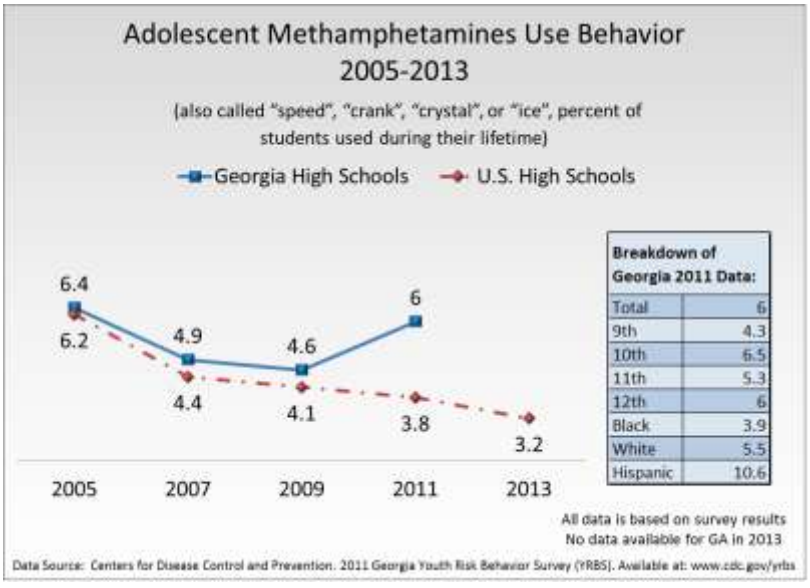
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.[72]

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

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

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





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

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

There was no data available for Georgia in 2013.

Comparison: Franklin County, Stephens County, and Georgia

The following table provides a comparison of different substance abuse behaviors among adolescents in Stephens and Franklin counties compared to the State.

At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Franklin County, Stephens County, and Georgia			
	Franklin County High Schools	Stephens County High Schools	Georgia High Schools
Binge Drinking	7.9%	4.1%	9.3%
Drinking and Driving	1.2%	1.7%	2.9%
Tobacco Use	16.8%	8.9%	11.9%
Cigarette Use	13.6%	6.3%	10.1%
Marijuana Use	11.2%	5.1%	12.8%
Meth Use	1.2%	0.7%	1.9%
Prescription	4.9%	1.7%	5.0%

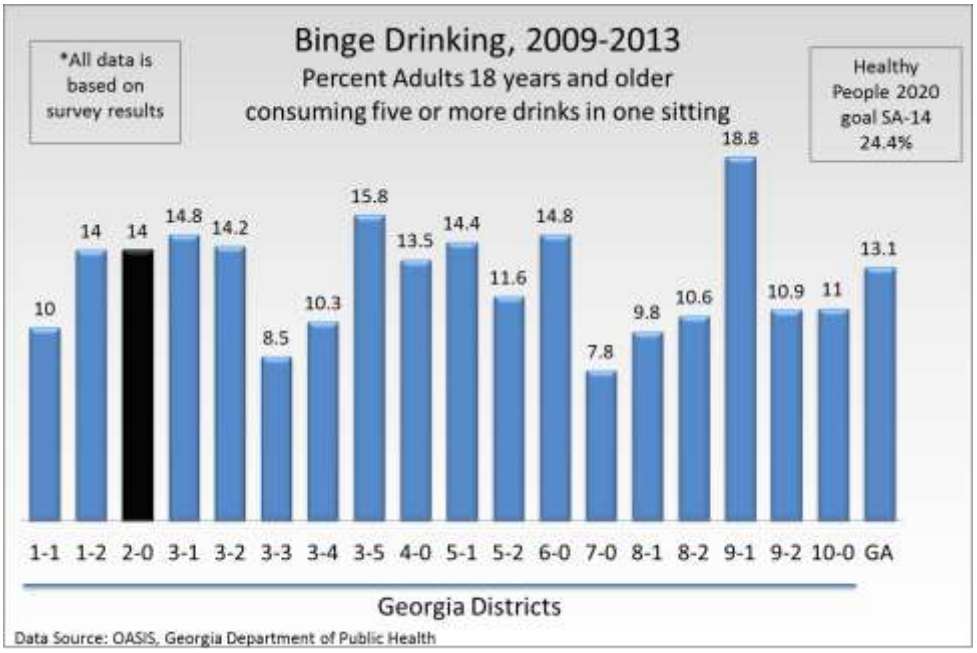
Data Source: Georgia Department of Education. Georgia Student Health Survey

Please refer to the "Community Input" section of this report to read comments on other issues surrounding substance abuse among adolescents.

Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.[74]

Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.[75]



The binge drinking prevalence in Health District 2-0 (14 percent) was higher than the State prevalence (13.1 percent). This was well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

Alcohol, Tobacco and Drugs

- Substance abuse destroys so many communities.
- Substance abuse effects every single child in the care of DFACs. Every household in DFACs has a substance abuse issue.
- A local industry is working to be a tobacco free establishment. Over 43 percent of their workforce uses tobacco products.
- Tobacco use and the education around nutrition are the main issues in the community.
- Antidepressants are overused in this community.
- The pain clinic is causing issues with the substance abuse by creating an addiction to methadone.
- Substance abuse plays a major role in the failures of students trying to obtain an education.
- It is very common for previous drug offenders to be told they will be drug tested and still fail a drug test.
- Dipping and tobacco use is very common among the adolescent population.
- Is there a link to orthopedic issues and pain medication addiction?
- Substance abuse issues seems to occur mainly among the White population.
- There are no addiction services available in this community.
- Smoking causes so many various chronic diseases.
- Every place in Stephens County calls it a "smoke break." There is a need to change this terminology to reinforce healthy behavior.
- In high schools the smokeless tobacco is a bigger issue than cigarette smoking.
- A lot of the substance abuse issues among teenagers stems from boredom and generational patterns.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE – STD

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.[76] Chlamydia, gonorrhea, and syphilis are the most commonly reported sexually transmitted diseases in the country. In many cases, symptoms may not be recognized and the infection may go undetected for long periods of time. Therefore, the infection may be spread without the knowledge of the infected individual.[77]

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections is encouraged for sexually active young adults.[78]

Georgia reported some of the highest STD rates in the country. Due to various socio-economic reasons, U.S. STD rates are higher among Blacks than among other population groups.[79]

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

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

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

Why Is Sexually Transmitted Disease Prevention Important?

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

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

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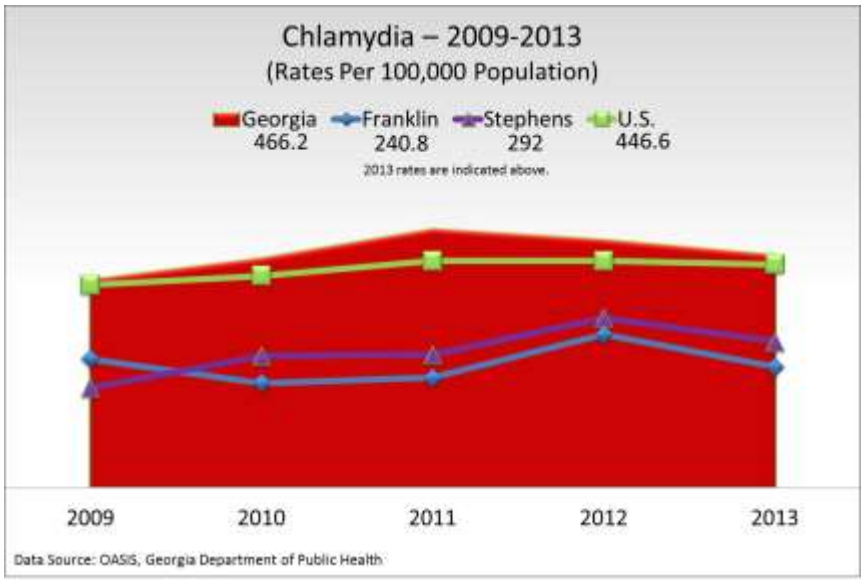
Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing, and is easily treated and cured with antibiotics.[80]

- In the U.S., Chlamydia rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.[81]
- Women had 2.7 times the reported chylamydia rate of men in 2009.[82]
- Georgia ranked ninth highest in the U.S. for reported chlamydia cases in 2013.[83]



Clinical Recommendations

Screening for Chlamydial Infection

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

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In 2013, the chlamydia rate in Franklin County (240.8 per 100,000 population) was lower than the State rate (466.2 per 100,000 population) and the U.S. rate (446.6 per 100,000 population). The Stephens County rate (292 per 100,000 population) was lower than the State and U.S. rate.

Average Chlamydia Rates by Race (2009-2013)

	White	Black	Hispanic	All
Georgia	69.5	615.2	137.7	472.2
Franklin	82.2	583.7	133.7	246.4
Stephens	78.3	629.5	175.9	272.0

Data Source: OASIS, Georgia Department of Public Health

Chlamydia rates among Blacks were significantly higher than Whites in both counties and in Georgia.

Gonorrhea

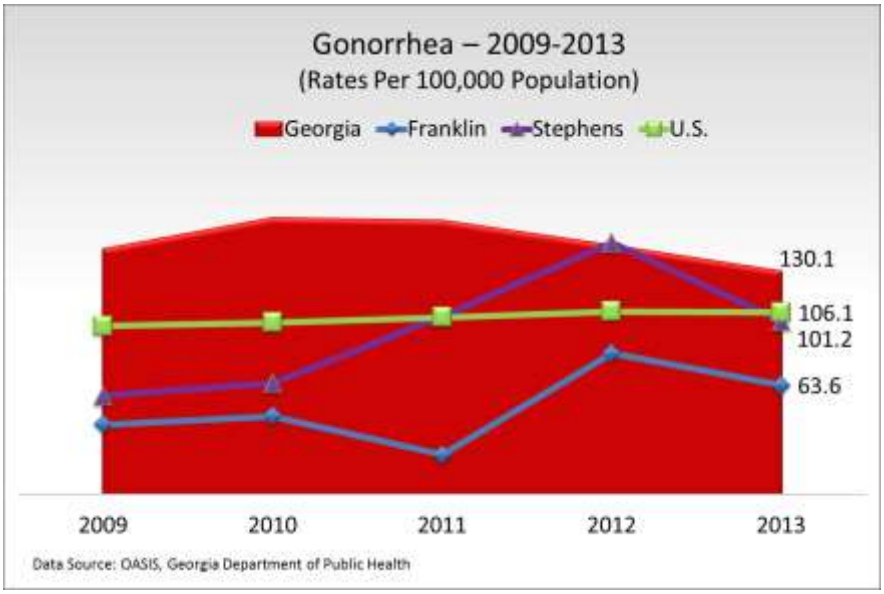
Gonorrhea and chlamydia often infect people at the same time.[84] The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are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

- Gonnorhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.[85]
- Georgia ranked eighth highest in the U.S. for reported gonorrhea cases in 2013.[86]

Who Is At Risk for Gonorrhea?

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

Centers for Disease Control and Prevention



In 2013, the gonorrhea rate in Franklin County (63.6 per 100,000 population) was lower than the State rate (130.1 per 100,000 population) and U.S. rate (106.1 per 100,000 population). The Stephens County rate (101.2 per 100,000 population) was lower than the State and the U.S. rates.

Average Gonorrhea Rates by Race (2009-2013)

	White	Black	Hispanic	All
Georgia	13	262.5	17.4	147.8
Franklin	6.4	180.4	0	50.9
Stephens	19.3	293.8	*	94.8

* Too few cases to report

Gonorrhea rates were significantly higher among Blacks than Whites in Franklin County, Stephens County, and in Georgia.

Syphilis

Syphilis is an STD that is passed from person to person through direct contact with syphilis sores. Many people infected may be unaware and the sores may not be recognized as syphilis. Symptoms may not appear for several years. Therefore, the infection may be spread by persons who are unaware that they have the disease. Syphilis is easy to cure in the early stages through the use of antibiotics.[87]

- 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.[88]
- Georgia ranked number one in the U.S. for reported syphilis cases in 2013.[89]

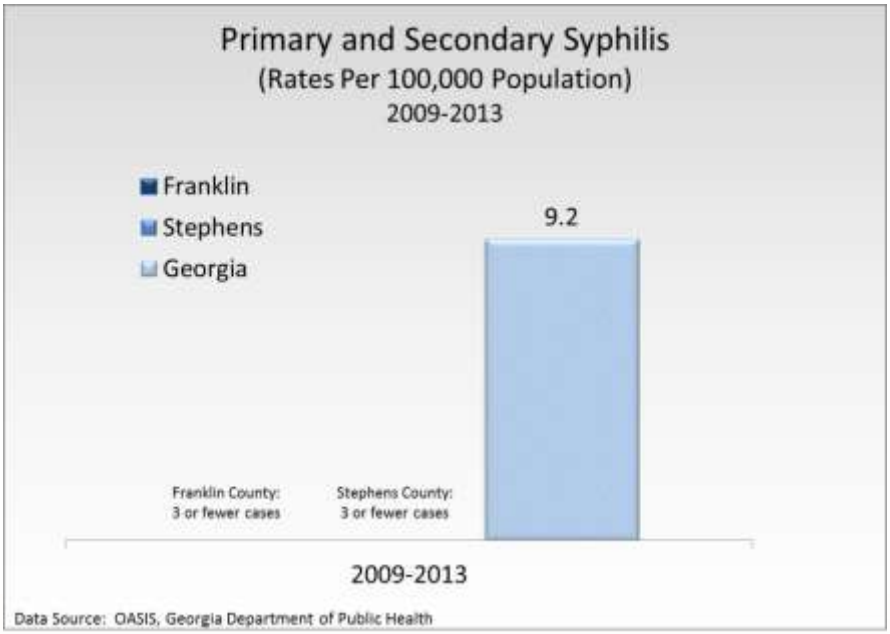
The Georgia syphilis rate in 2013 was 10.3 per 100,000 population. The U.S. rate in 2013 was 5.5 per 100,000 population.[90]

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



Due to the low number of reported cases in Stephens and Franklin counties, the syphilis rates were not statistically meaningful. Between 2009 and 2013, Stephens County had two cases of syphilis, while Franklin County had none.

Human Immunodeficiency Virus (HIV)

An estimated 1.2 million Americans were living with HIV at the end of 2012. Of those people, about 12.8 percent did not know they were infected. About 50,000 people get infected with HIV each year.[91] Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.[92]

- In 2010, White MSM represented the highest number of new HIV infections in the U.S.[93]
- In 2010 Blacks (male and female) represented approximately 12 percent of the country's population, but accounted for 44 percent of new HIV infections. Blacks accounted for 41 percent of people living with HIV in 2011.[94]
- Hispanics (male and female) represented 16 percent of the population for accounted for 21 percent of new HIV infections in 2010. Hispanics accounted for 20 percent of people living with HIV in 2010.[95]

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.

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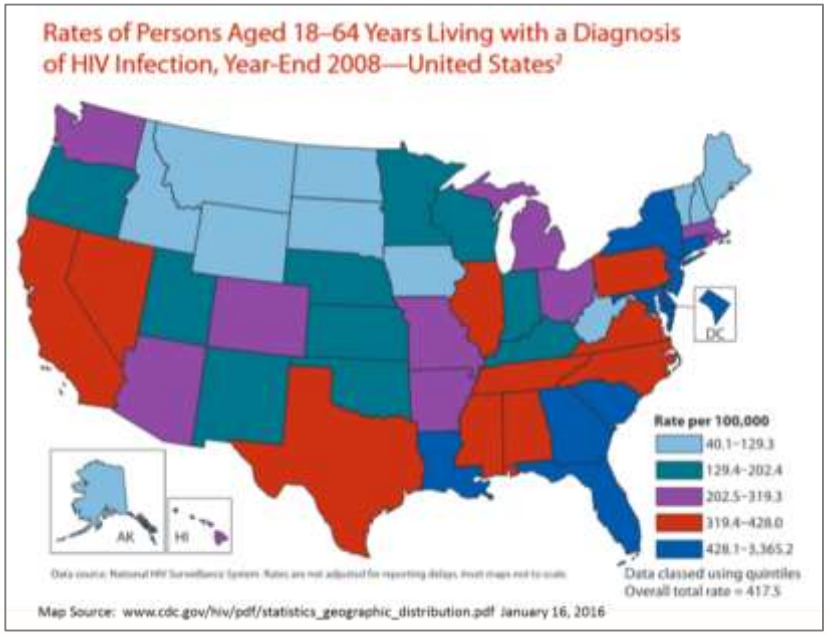
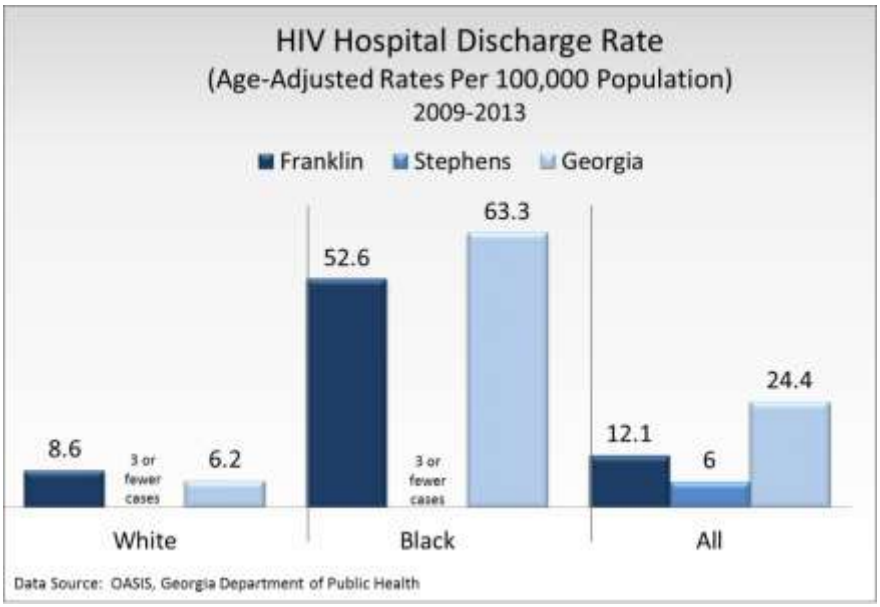
According to the Centers for Prevention and Disease Control, in 2008 Georgia had some of the highest HIV rates in the country.



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

The HIV hospital discharge rate for Franklin County (12.1 per 100,000 population) was lower than the State rate (24.4 per 100,000 population). The Stephens County rate (6 per 100,000 population) was also lower than the State rate.

Blacks had a higher discharge rate compared to Whites in Franklin County and in the State.



COMMUNITY INPUT

Sexually Transmitted Disease

- The highest rates of STDs in Stephens County are from chlamydia and gonorrhea. Twenty to thirty percent of STD cases are repeat cases.
- There is a lot of ignorance about sexual encounters and what constitutes a sexual partner.

ACCESS TO CARE

HEALTHY PEOPLE 2020 REFERENCE – AHS

Barriers to healthcare can be due to a lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality services are important for the achievement of health equity and for increasing the quality of a healthy life for everyone."[96]

Why Is Access to Health Services Important?

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

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

Healthy People 2020

Gaining Entry into the Healthcare System

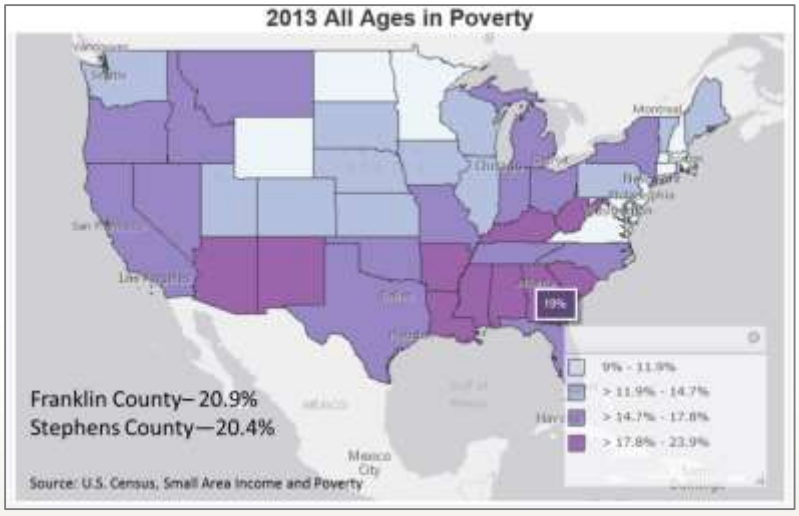
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

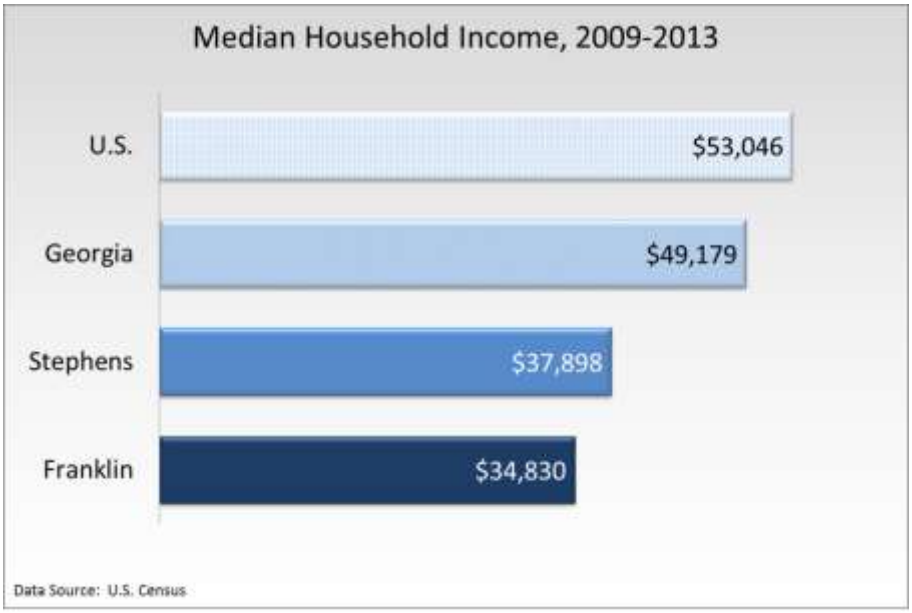
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.8 percent in 2014.[97]

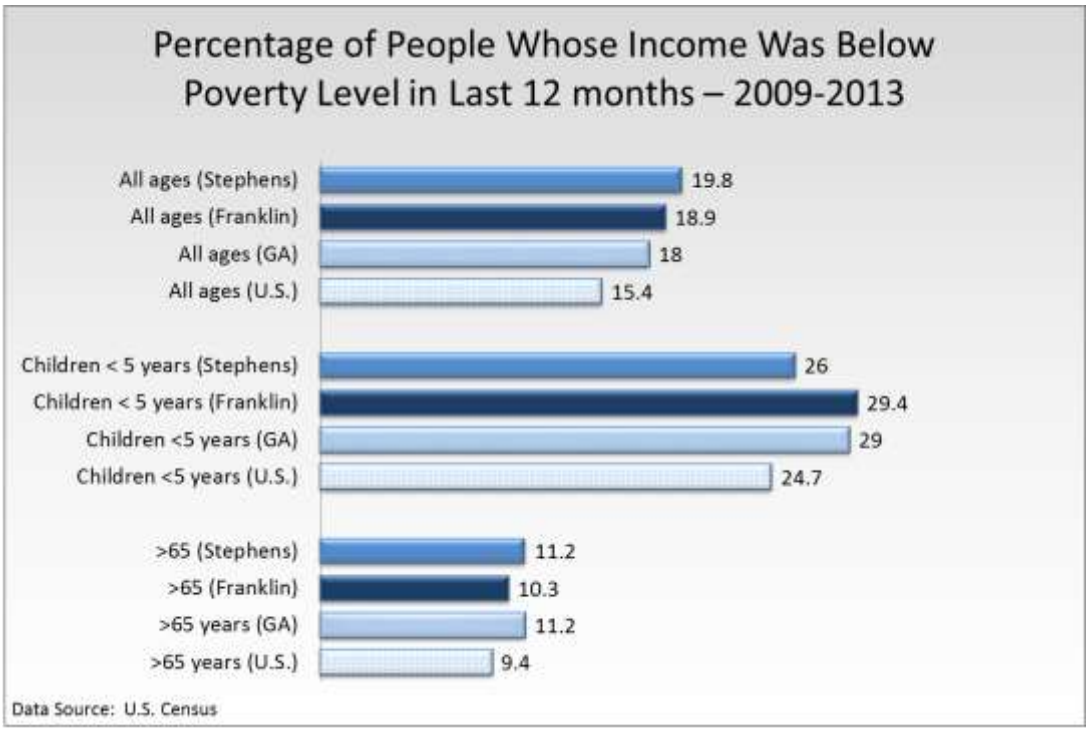
Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.[98]

Franklin County's poverty rate was 20.9 percent, and the Stephens County rate was 20.4 percent.



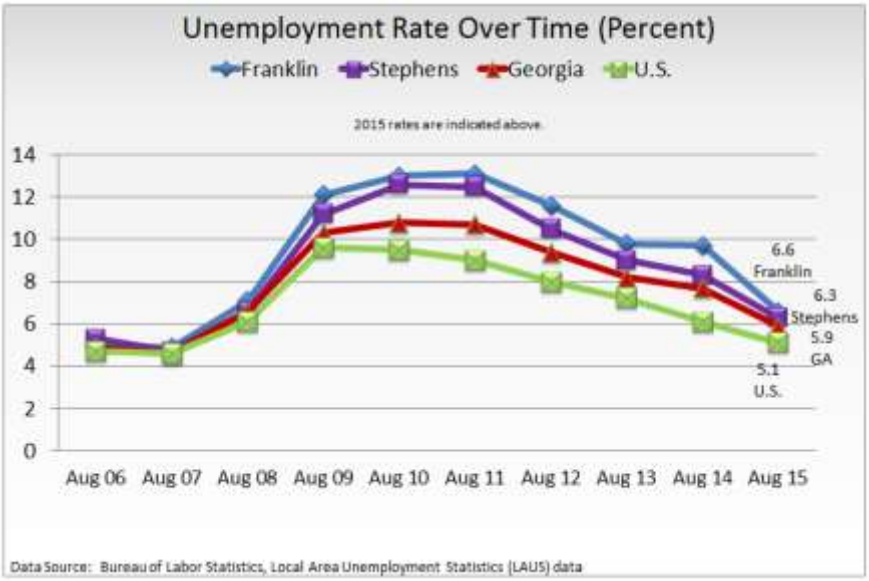


The median household incomes during 2009-2013 in Stephens and Franklin counties were $34,830 and $37,898, respectively. These median incomes were well below the Georgia average of $49,179 and the U.S. average of $53,046.

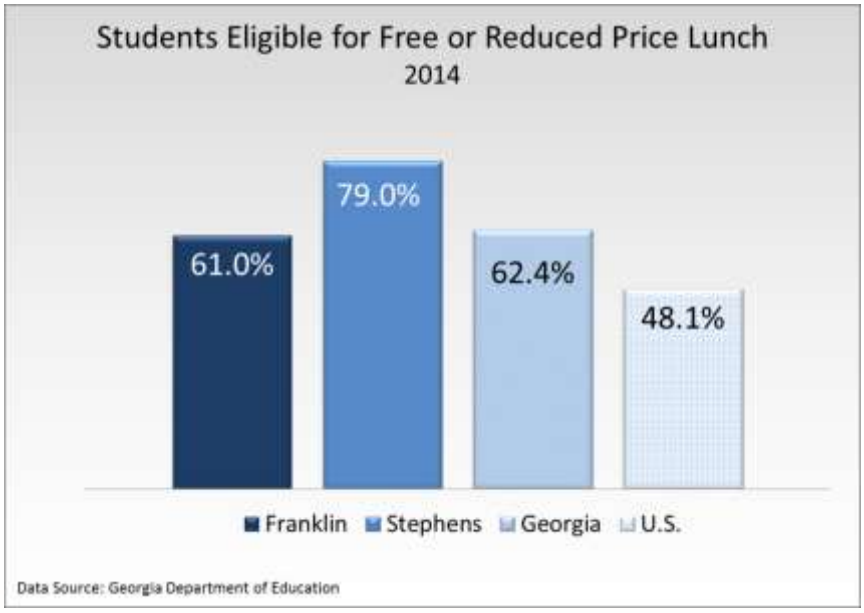


During 2009-2013, the percentages of people in Stephens and Franklin counties whose income was below the poverty level (18.9 percent and 19.8 percent respectively) were higher than Georgia (18 percent) and the U.S. (15.4 percent). The percentages of children under five years of age living in poverty in Stephens and Franklin counties (29.4 percent and 26 percent respectively) were higher than both the Georgia rate (29 percent) and the U.S. rate (24.7 percent). The percentages of Seniors in Stephens and Franklin counties living in poverty (10.3 percent and 11.2 percent respectively) were higher than the State rate (11.2 percent) and the U.S. rate (9.4 percent).

The unemployment rates in Stephens and Franklin counties have been consistently higher than the U.S. and State rates. The unemployment rates rose sharply in 2008, but have since decreased. Franklin County's unemployment rate dropped from 11.6 percent in August 2012 to 6.6 percent in August 2015. Stephens County's unemployment rate dropped from 10.5 percent in August of 2012 to 6.3 percent in August of 2015.



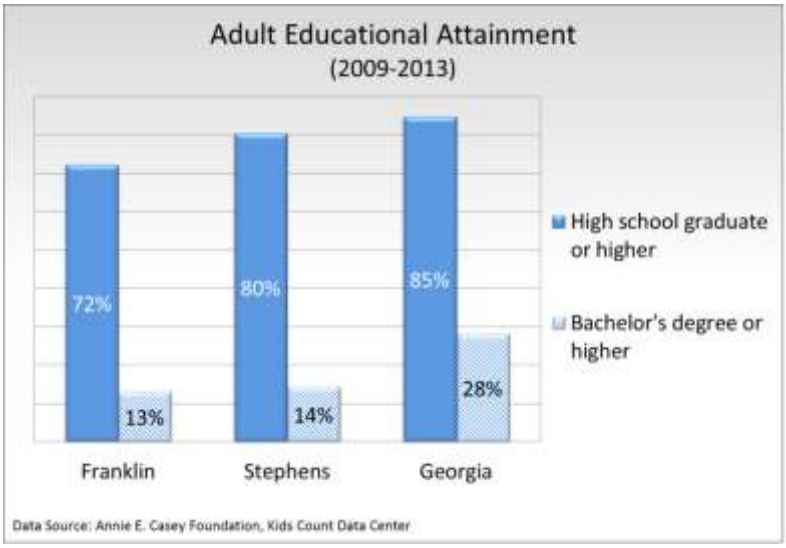
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.[99] For July 1, 2015 through June 30, 2016, a family of four's income eligibility for reduced-price lunches was at or below $44,863 and for free meal eligibility at or below $31,525.[100]



In 2014, 61 percent of the public school students in Franklin County and 79 percent of students in Stephens County were eligible for free or reduced price lunches. These counties' rates were higher than the Georgia rate (62.4 percent) and the U.S. rate (48 .1 percent).

Educational Attainment

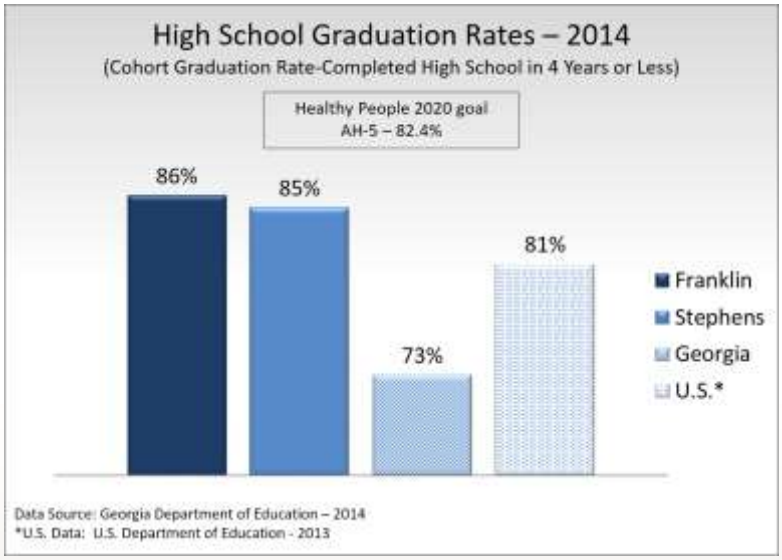
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.[101] According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.[102] 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.[103]



From 2009-2013, an average of 72 percent of Franklin County residents and 80 percent of Stephens County residents graduated high school, compared to Georgia's average of 85 percent. An average of 13 percent of Franklin County residents and 14 percent of Stephens County residents had a bachelor's degree or higher compared to Georgia's higher average of 28 percent.

The U.S Department of Education requires all states to publically report comparable high school graduation rates using a four-year adjusted cohort rate calculation method. This method provides uniform data collection when analyzing statistics across different states.[104]

In 2014, the Franklin County high school graduation rate was 86 percent, while the rate in Stephens County was 85 percent. These rates were higher than the Georgia rate of 73 percent and the U.S. rate of 81 percent. Both counties also exceeded the Healthy People 2020 goal of 82.4 percent (students who graduate with a regular diploma, 4 years after starting 9th grade).

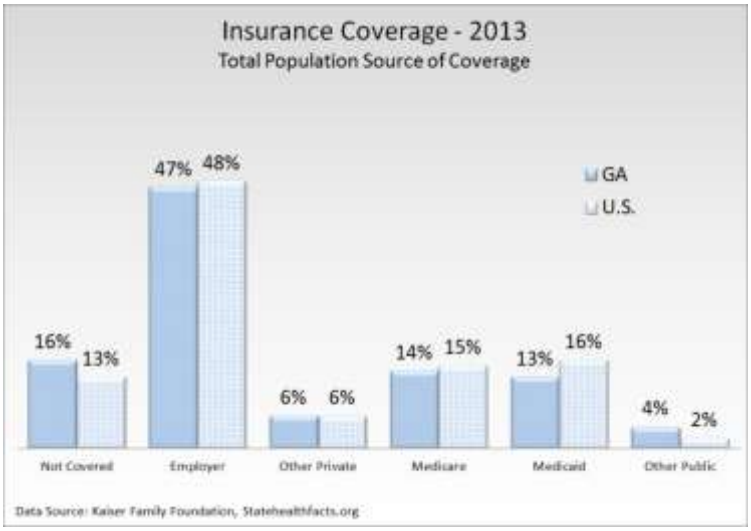


Insured Status

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

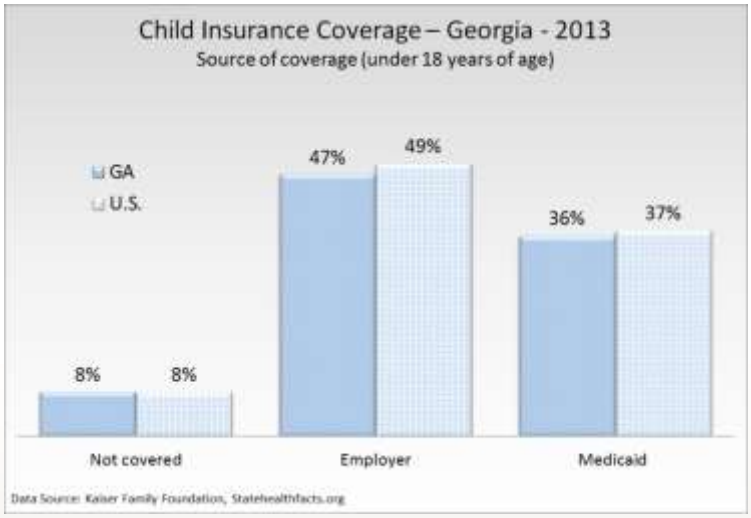
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

GEORGIA INSURED STATUS

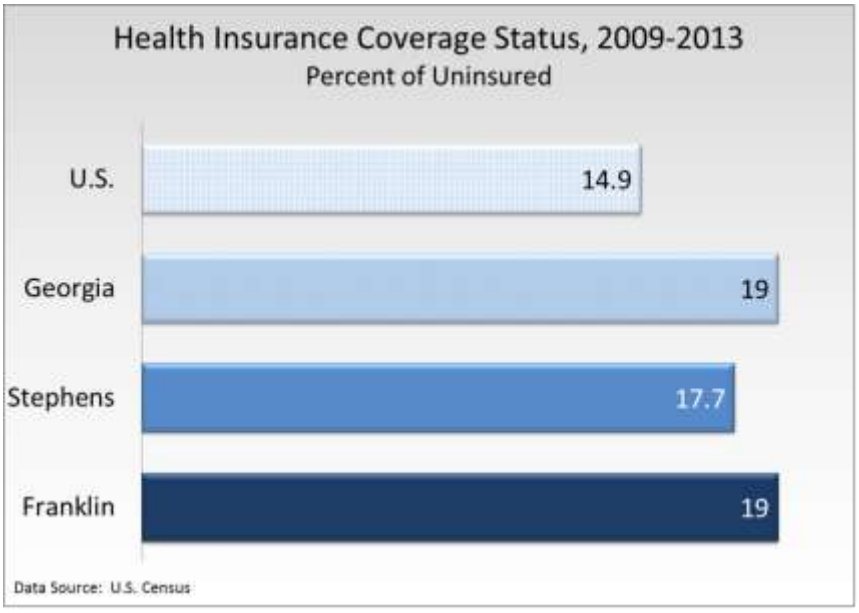


In 2013, Georgia's uninsured population (16 percent) was higher than the U.S. (13 percent). Employer coverage was lower in Georgia (47 percent) compared to the U.S. (48 percent). Georgia's proportion of Medicare and Medicaid covered individuals were lower than the U.S. rate.

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

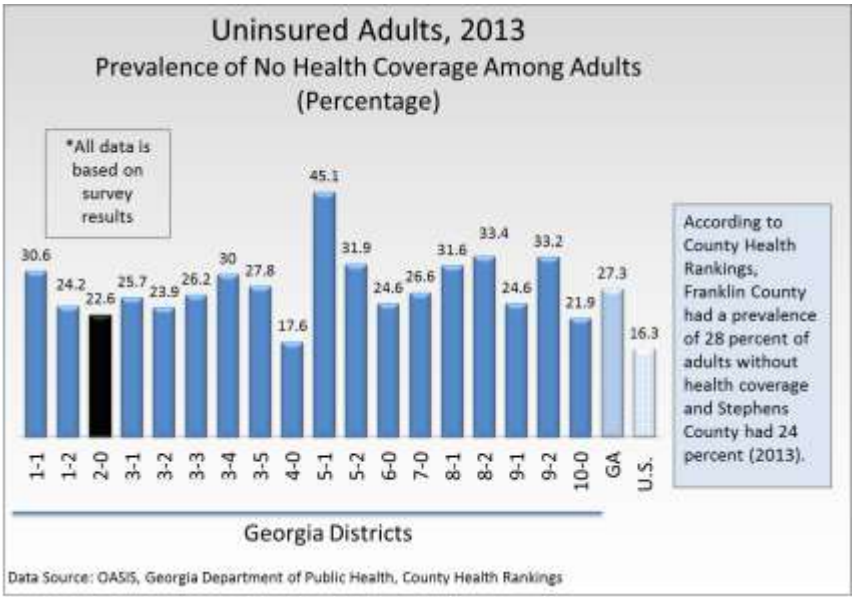


STEPHENS AND FRANKLIN COUNTIES INSURED STATUS



The percent of uninsured residents in Franklin County (19 percent) was equal to the State rate but higher than the U.S. rate (14.9 percent). The rate in Stephens County (17.7 percent) was lower than the State rate, but higher than the U.S. rate.

The percentage of adults that lacked health insurance in Health 2-0 (which includes Stephens and Franklin counties) was 22.6 percent. This was higher than the U.S. rate (16.3 percent) but lower than the Georgia rate (27.3 percent). In 2013, Franklin County had 28 percent of adults lacking health insurance which was higher than the Health District, State and the U.S. rates. The rate in Stephens County was 24 percent.



Georgia Health Assistance and Healthcare Programs

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

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

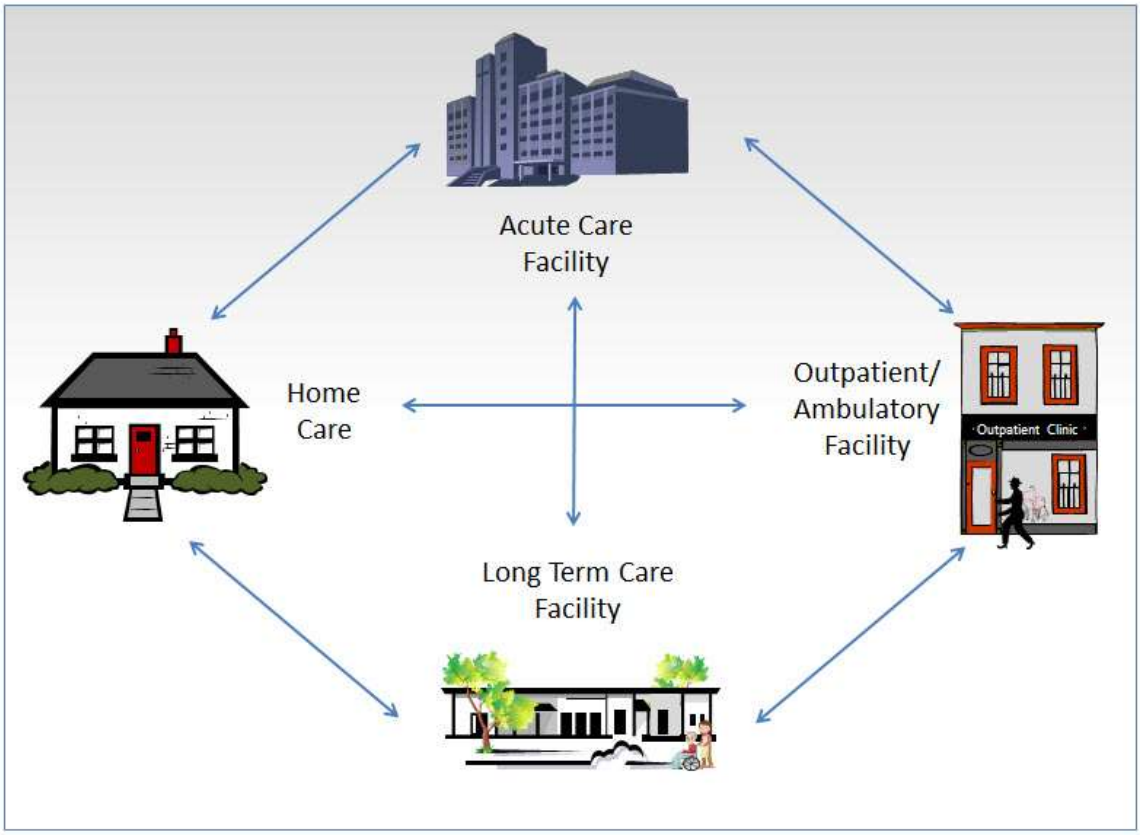
Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of healthcare, but it does not cover all medical expenses or long-term care. In both Franklin County and in Stephens County 17 percent of the population were over the age of 65,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

Accessing a Healthcare Location Where Needed Services Are Provided

Accessing health care services in the U.S. is regarded as unreliable because many people do not receive the appropriate and timely care they need. All Americans should now have access to health care due to the *Patient Protection and Affordable Care Act*.[105] This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.[106] The healthcare system itself will need to work as a system, and not in independent silos to prepare for this change. The following section of the CHNA report discusses the various entries within the healthcare system and the types of services provided.

Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.[107] There are various types of facilities across the healthcare continuum that provide different levels of care and types of treatment. Levels of care include primary, secondary, tertiary, and sometimes quaternary. Types of treatment range from low acuity to high acuity. Within these levels of care and types of treatment, there are types of facilities such as: acute care, outpatient/ambulatory, long term care, and home care that specialize in different types of treatment (see diagram below). In addition, these types of facilities cater to certain diseases and conditions within this continuum of care.



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

Stephens County is home to Stephens County Hospital. Stephens County Hospital is a 96-bed, acute care, medical/surgical facility located in Northeast Georgia. The hospital offers 24-hour emergency services, laboratory, respiratory therapy and radiology services.[108]

Franklin County is home to St. Mary's Sacred Heart Hospital. St. Mary's Sacred Heart Hospital is a 56-bed hospital located in Lavonia, Georgia. The hospital offers 24-hour emergency department, critical care unity, 4 surgical suites, a mother/baby unit, imaging services, and a wellness center.[109]

Free or Sliding Fee Scale Clinics

Open Arms Health Clinic is a charity clinic located in Stephens County. It provides health care to the uninsured and working poor of Stephens County at no cost to the patient. It provides preventive healthcare, diagnosis and treatment of chronic disease, health education, prescription medications and referral to support agencies.[110]

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having a shortage of primary care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). The HPSA score was developed for use by National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 1 to 26 where the higher the score, the greater the priority. Medically Underserved Areas/Populations (MUA or MUP) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/ or elderly population. The designation guidelines for medically underserved areas are based on a scale of 1 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Each service area found to have a score of 62 or less qualifies for designation as an MUA. Franklin County as a whole is considered an MUA/MUP based on its Index of Medical Service Score of 60.8. Stephens County is not considered an MUA/MUP.[111]

HPSA: Franklin County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	Yes	Yes
HPSA Score	11	12	13
HPSA: Stephens County	**Primary Care**	**Mental Health**	**Dental Health**
Shortage Area	No	Yes	No
HPSA Score		12	

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

Mental Health

Stephens and Franklin County have facilities nearby and outside of the counties that provide mental health and substance abuse services. Avita Behavioral Healthcare has locations in both Stephens and Franklin counties. Both locations provide behavioral health services and development disability services on a sliding fee scale.

Nursing Homes/Skilled Nursing Facilities

Skilled nursing facilities (SNFs) fill a vital role in healthcare delivery for certain population groups. Nationally, there are more than 15,000 nursing homes caring for 1.4 million individuals.[112] SNFs provide care for individuals with frailty, multiple co-morbidities, and other complex conditions. This type of care is important for individuals who no longer need the acute care from a hospital setting. There is a nursing home Toccoa with 181 beds and a nursing home in Royston with 144 beds.[113]

Transportation

Franklin County has a land area of 262 square miles, and Stephens County has a land area of 146 square miles.[114] Transportation services are limited to special populations such as the Medicaid population and Senior population. These services are often viewed as limited and inconvenient. Without a public transit system, many Stephens and Franklin County residents rely on friends and family members for transport.

Finding a Healthcare Provider Whom the Patient Can Trust

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

PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.[115]

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

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

- Communicate with patients about what they can expect out of the patient-doctor relationship
- Support patients in self-care—this includes education and reduction of risk factors and helping patients with chronic illnesses develop and update self-care goals and plans
- Partner with patients in formal and informal decision-making—shared decision-making is a formal process in which patients review evidence-based decision aids to understand health outcomes
- Improve patient safety by giving patients access to their medical records so they can detect and prevent errors[117]

COMMUNITY INPUT

Access to Care

- There is a brand new nursing program at Toccoa Falls College. The program will start in the Fall of 2017.
- A lot of individuals do not understand cleanliness. They do not understand that keeping your house clean from dirty dishes, laundry, normal everyday things can lead to other health issues for the children.
- There is a generational pattern of laziness among the poorer households that participate in government assistance programs.
- There is a lack of self-care among the poorer populations.
- You have to educate the kids on what is right and wrong if the parents are not going to provide these lessons.
- There is charity clinic in Stephens County called Open Arms.
- Oral health is a major problem. Oral health impacts everything. If you have an abscess that gets infected, you can die.
- There is a population of people that cannot afford transportation because they do not qualify for Medicaid transport, but cannot afford the $95 medical transport fee.
- The county's health assessment brought attention to tobacco cessation and high blood pressure intervention as needs to be addressed. There are around 190 employees that work for the county.
- There are a lot of individuals that avoid the doctor because they cannot afford health insurance premiums.
- There is a need for a transportation system in the community.
- The health department is getting less patients because there is more competition with pharmacy clinics.
- The health department no longer receives Title V Funding which helped subsidize family planning care.
- There is a significant need for an OB physician. There is only one in town which does not meet the needs of the patient population. A lot of patients have to referred to other counties for obstetrical care.
- There is a lack of primary care in Stephens County.
- There is only one orthopedic physician in Stephens County.

SPECIAL POPULATIONS

Why Do Special Populations Matter?

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

-Healthy People 2020

COMMUNITY INPUT

Senior Issues

- Seniors prefer to see a physician over a nurse practitioner.
- Transportation is an issue for many Seniors because they can no longer drive and are dependent on family to drive them to their physician appointments.

Adolescent (Child Abuse)

- Child sexual abuse contributes to every public health problem we have. In the last couple of years, the advocacy center's trauma cases have been 74 percent child sexual abuse.
- Child sexual abuse has a major impact on child's entire life.
- One in ten kids are abused by their 18th birthday in the nation.

COMMUNITY INPUT

Mental Health

- There are a lot of issues surrounding anxiety among teenagers. Mental health is a major issue.
- There is a need for mental healthcare services across the lifespan.
- There is a gap of available mental health services for individuals who have regular private insurance. Medicaid seems to be the only payer that pays for mental health services.
- Drugs do not always solve everything with mental health conditions. A lot of people do not realize they need counseling and therapy.
- There are no counselors available in this community to treat PTSD.
- Twenty percent of the health department patient population are dealing with some type of mental health condition.
- Mental health issues stem from not being aware of an existing mental health condition. There are a lot of girls that are abused during their childhood that end up on antidepressants later in life.
- Avita Behavioral Health provides healthcare on a sliding fee scale, but the lowest price it will reach is $25 for a visit. If you don't have that, it is difficult to access care.

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 your pleased with the priorities this group has chosen?
- Do you think others would support these priorities?
- Is each health priority amendable to change?

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

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

Focus Group Meeting and Priorities

A focus group took place on July 26th, 2016.

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

1. Obesity and Lifestyle
    a. There is a need for specific education how to purchase and cook healthy foods on a budget.
    b. There is a need for a lifestyle intervention program to address improvement of exercise habits in the community.
2. Mental Health and Substance Abuse
    a. There is a need for education, awareness, and treatment options for pain medication abuse.
    b. There is a need for more support groups for mental illness and substance abuse.
    c. There is a need for education and awareness surrounding generational lifestyle choices and patterns related to drug abuse.
    d. There is a need for more local mental health facilities.
        i. Lack of addiction services.
3. Chronic Disease
    a. There is a need for education and awareness on the causes, prevention, and intervention for chronic diseases such as asthma, cardiovascular, and respiratory diseases.
    b. There is a need for education and awareness to prevent cigarette use behaviors that contribute to respiratory diseases.
    c. There is a need for education and awareness to prevent smokeless tobacco use that contributes to oral cancers.
    d. There is need for education and access to dental healthcare to promote good oral health.
4. Access to Care
    a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents. There is a need for more reliable and convenient transportation.
    b. There is a need for more education on the benefits of wellness visits and primary care visits for individuals in poverty. There is a need for more communication about available resources for free or reduced cost primary care.
    c. There is a need for an additional OBGYN provider in Stephens County.

Hospital Input

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

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

Identified Priorities

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

- Obesity and Lifestyle
- Mental Health and Substance Abuse
- Chronic Disease
- Access to Care

Approval

Stephens County Hospital's Board approved this community health needs assessment through a board vote on September 19th, 2016.

COMMUNITY PARTICIPANTS

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

COMMUNITY REPRESENTATIVE – KEY STAKEHOLDER INTERVIEW

Joyce Payne – Women's Health Coordinator, Stephens County Health Department

PARTICIPANTS IN COMMUNITY FOCUS GROUP MEETINGS

Allyson Warren – Family Connection of Stephens County
Angie Cothran – NE Georgia Housing Authority
Deborah R. Alvater – Toccoa Falls College
Greg Roach – North Georgia Technical College
Holly McMinn – Community resident
Jeanne Field – Hospice of NGMC
Joyce Payne – Stephens County Health Department
Lisa Thomas – Stephens County Senior Center
Michael Wright – American Woodmark
Pam Nolan – Stephens County Schools
Sherry Beavers – Open Arms Clinic
Stephanie Broome – Community resident

RESOURCE LISTING

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

ASSISTED LIVING FACILITIES

Clary/Wilkinson Centers
249 Hospital Drive
Toccoa, GA 30577
706-282-5600

Easy Living
2688 Nub Gardland Road
Toccoa, GA 30577
706-886-1670

Hands of Love
33 Hand of Love Drive
Toccoa, GA 30577
706-779-5683

Picture of Life
351 Hill Street
Toccoa, GA 30577
706-886-2540

Young at Heart
61 Turkey Creek Road
Carnesville, GA 30521
706-384-2435

BLOOD DONATIONS

American Red Cross
800.RED.CROSS / 800.733.2767 (P)
www.redcross.org

BREASTFEEDING RESOURCES

Breastfeeding Information
www.breastfeeding.com

La Leche League of GA Hotline
404-681-6342 (P)

Toccoa Life
706-886-0177

Stephens County Health Department
Karen Palmer
706-282-4507

CAR SEAT RESOURCES AND SAFETY

Auto Safety Hotline
800-424-9393 (P)

Habitat for Humanity
110 Colonial Drive
Toccoa, GA 30577
706-886-3790

CANCER SUPPORT SERVICES

American Cancer Society
800-227-2345 (Preferred)

Toccoa Cancer Center
706-297-7023

Athens Oncology
Oncology Social Worker (Paige)
706-353-2990

CHILDREN & FAMILY SUPPORT SERVICES

ALL GA KIDS
877-255-4254

Office of Child Support Services (OCSS)
877-423-4746

CLOTHING RESOURCES

Hill Street Baptist Church
151 South Hill Street
Toccoa, GA 30577
706-886-4840

Habitat for Humanity
110 Colonial Drive
Toccoa, GA 30577
706-886-3790

Salvation Army Thrift Store
Big A Road
Toccoa, GA 30577

Zebulon Baptist Church Clothes Closet
1129 W Currahee Street
Toccoa, GA 30577
706-886-5270

COUNSELING

Toccoa Counseling Center
215 W. Savannah St.
Toccoa, GA 30577
706-886-1335

GA Mountain Counseling Services
3422 Babbling Brook Lane
Clarkesville, GA 30577
706-754-5486

The Mustard Seed Counseling Services
208 Hollywood Church Road
Clarkesville, GA 30577
706-839-70662

CRISIS INTERVENTION

Gateway
706-536-5860

F.A.I.T.H.
706-782-1003

Circle of Hope
706-776-4673

PowerHouse for Kids
706-886-2290

Georgia Crisis Line
800.715.4225 (P)

National Domestic Violence Hotline
800.799.7233 (P)

DENTAL (LOW-INCOME)

Athens Family Dental (Athens)
706-548-3279

Affordable Dentures (Commerce)
706-335-7728

Life Smiles (Gainesville)
770-531-9933

Lanier Tech Dental Department (Gainesville)
770-533-7000

DEVELOPMENTAL NEEDS

Babies Can't Wait
www.health.state.ga.us/programs/bcw

Parent to Parent of Georgia
800-229-2038 (P)

DME & RESPIRATORY PROVIDERS

Convalescent Home Equipment
706-886-8474

Next to Me
706-8863-6649

Lincare
706-886-2144

CONVENIENT CARE / URGENT CARE

Med – Links:
Habersham/Demorest 706.754.43448
Rabun 706-782-5991
Franklin/Hart 706-376-6100
Bolman 706-245-7361

Stephens County ED
406-282-4200

FATHERHOOD

Georgia Fatherhood Program
770-531-4011 (P)

National Center for Fathers
800-593-3237 (P)

FINANCIAL ASSISTANCE

Division of Family and Children Services (DFCS)
770-532-5240
770-532-5247

FOOD ASSISTANCE

Division of Family and Children Services (DFCS)
Food Stamps
1-877-423.4746

Stephens County Health Department
WIC Assistance
706-282-4507
706-282-4511

Toccoa Soup Kitchen
706-886-8341

GED CLASSES

Literacy Council
toccoaliteracycouncil@gmail.com

HEALTH INSURANCE

PeachCare for Kids
877-427-3224 (P)
www.peachcare.org

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

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

ACA Navigator
855-899-6082

HOSPICE PROVIDERS

Amedisys
706-827-0020

Halcyon
678-717-0969

Pruitt Health
770-297-1970

Regency Hospice
800-577-8791

NE GA Medical Center Hospice
770.219.8888

Gentiva
770.533.4422

HOUSING / UTILITY ASSISTANCE

Toccoa Housing Authority
706-886-9455

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

Georgia Housing Search
www.georgiahousingsearch.org

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

LEGAL ISSUES

Georgia Legal Services
800.822.5391 (P)

LITERACY

Family Literacy Hotline
404-539-9618 (P)

Ferst Foundation for Childhood Literacy
888-565-0177 (P)

Toccoa Literacy Council
706-828-5171

MEDICAL CLINICS AND CARE (FREE AND SLIDING SCALE)

Stephens County Health Department
706-282-4507

Open Arms
706-886-0940

MENTAL HEALTH

Avita Behavioral Health
706-282-4542

PATERNITY

Office of Child Support Services (OCSS)
1-844-694-2347

PHYSICAL THERAPY / REHABILITATION SERVICES

SC Hospital Southern Rehab
706-282-4461

P.T. Specialist
706-883-3883

Flex Sports and Rehab
706-886-3486

RECREATION AND PARKS

Stephens County Recreation Department
706-886-5101

SAFETY

Georgia Poison Control
800.222.1222 (P)
www.gpc.dhr.georgia.gov

SENIOR CITIZENS

Stephens County Senior Center
(Meals on Wheels)
706-886-4740

SMOKING CESSATION

Georgia Tobacco Quit Line
877.270.7867 (P)
www.livehealthygeorgia.org/quitline

TEEN PARENTING RESOURCES

Stephens County Health Department
706-282-4507

TRANSPORTATION

Toccoa Taxi Service
706-599-0198

Medi-Cab Transportation
800-884-7850

Southeastrans
866-388-9844
Local: 678-510-4555

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