2016

Hamilton Medical Center

Community Health Needs Assessment

Whitfield and Murray Counties

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CONTENTS

EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Hamilton Medical Center 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 Hamilton Medical Center's community benefit programs and implementation strategy. It is anticipated that this report will not only be used by the hospital, but also by other community agencies in developing their programs to meet the health needs of the community.

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 for this report was received from the hospital, community leaders, and Whitfield and Murray County residents.

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

About the Area

Hamilton Health Care System, Inc. ("Hamilton") is located in Dalton, Georgia. Hamilton is a non-profit health care system that owns and operates Hamilton Medical Center, a 282-bed regional referral hospital system in northwest Georgia whose primary and secondary markets extend from Whitfield and Murray counties to Catoosa and Gordon counties.

In 2014, Whitfield County had a population of 103,542. Dalton was the most populated city in Whitfield County with a population of 33,529 residents. Of the residents in Whitfield County, 70.9 percent live in urban areas while 29.1 percent reside in rural locations of the county. Nearly 79 percent of Whitfield County's land area is rural. Nearly one-third of the Whitfield County population was of Hispanic origin.

In 2014, Murray County had a population of 39,410. Chatsworth, with a population of 4,299 residents, was the most populated town in Murray County. Of the residents in Murray County, 29.9 percent live in urban areas while 70.1 percent reside in rural locations of the county. Ninety-five percent of Murray County's land area is rural. Over 10 percent of Murray County residents were of Hispanic origin.

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 Whitfield County for 2009-2013, cancer was the leading cause of death followed by heart disease, chronic lower respiratory disease, stroke, and accidents. In Murray County for 2009-2013, cancer was the leading cause of death followed by heart disease, chronic lower respiratory disease, accidents, 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 and the U.S.

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 the rates in Georgia and the U.S. Cigarette, cigar, and pipe smoking are the 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 Whitfield and Murray counties. The heart disease death rates in Murray County was higher than the Georgia rate, however the rate in Whitfield County was lower. Stroke was one of the five leading causes 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 rates in both counties were lower than the State rate; however, the infant mortality rate among White babies in Whitfield County exceeded the same group rate for Georgia. The teen birth rates in Whitfield and Murray 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. Community members attributed substance abuse to lack of family support, poverty, and generational behaviors. They also cited a lack of substance abuse services for teens and adolescents.

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. For the years 2009 to 2013, both counties had lower rates of chlamydia and gonorrhea than those found in Georgia, and the U.S. Chlamydia rates among Blacks were over five times the rate of Whites in both counties. Gonorrhea rates among Blacks were almost 10 times higher than the rate of Whites in Whitfield County and over 15 times the rate of Whites in Murray County. Community members cited teenage behaviors and lack of education as a key indicator for increased prevalence of STDs.

ACCESS TO CARE

Access to healthcare is affected by level of income, educational attainment, and insured status. In 2009-2013, Whitfield County's population consisted of 20 percent of the population living in poverty. In Murray County 22 percent of the population lived in poverty. These rates were both higher than the State and U.S. average.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In 2009-2013, 25 percent of adults were uninsured in Whitfield County and 22.2 percent in Murray County. In 2013, 8 percent of children were uninsured in Georgia.

Education also affects an individual's ability to access care. For the years 2009-2013, 69 percent of Whitfield and Murray 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. Community members cited lack of public transportation as a major barrier to access to care. Although both counties have a small local transit shuttle, many community members reported inconvenience and cost as a barrier to using this service.

Community Prioritization of Needs

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

- Lifestyle and Chronic Diseases
- Access to Care - Providers and Facilities
- Cancer
- Cardiovascular Disease
- Adolescent Lifestyle Including Alcohol, Tobacco, and Drugs
- Access to Care – Free and Reduced Cost Care
- Mental Health
- Senior Health
- Teen Birth Rate
- Accidents

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

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

APPROVAL

Hamilton Medical Center approved this community health needs assessment through a board vote on August 25, 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. Defining the Community or Service Area

The hospital 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. Whitfield and Murray counties were selected as the community for inclusion in this report.

2. Identifying and Engaging Community Leaders and Participants

The hospital 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.

3. 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 35 community members to participate in the CHNA process.

4. Community Health Profile

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

5. Community Input

Two-hour community health input meetings (community meeting) and one-hour community stakeholder interviews (stakeholder interviews) were essential parts of the CHNA process. Two community meetings and eight stakeholder interviews were conducted in order to obtain the community's input into the health needs of Whitfield and Murray 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.

6. 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 hospital with a written report of the observations, comments, and priorities resulting from the community meetings and stakeholder interviews. The hospital reviewed this information, focusing on the identified needs, priorities, and current community resources available. 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, counties, metropolitan areas, and many cities. This data provides key indicators of local economic conditions. For more information, go to www.bls.gov/lau.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based surveillance system, administered by the Georgia Department of Human Resources, Division of Public Health, and 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 were some medical conditions that are 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

CHNA Priorities 2013	Activities	Outcomes/Evaluation
1. Primary Care	HMC is actively recruiting primary care doctors for our primary service area.	HMC has added mid-level nurses and physician assistants to insure access to care.
2. Access to Free and Reduced Cost Care	The DEO Clinic	This is the only formal free care offered in Dalton
3. Heart Disease / Hypertension	1. Dare to Care – Vascular Screening 2. Take it to Heart – Cardiovascular Screening	1. Free screening for up to 50 participants each quarter. Ultrasound to examine carotid arteries, abdominal aorta, and circulation of legs. 2. Free screening for up to 50 participants each quarter. Non-invasive CT scan to test for calcification around the heart
4. Diabetes Prevention/Care	1. Revision of Hamilton Health website 2. Medication bags	1. 50% increase in number of patients utilizing the website to contact physicians; creation of new pre-diabetes feedback and request through website (April 2016); 100% increase in patients registering for events through the calendar, increase in patients accessing HH website. 2. Proven effective in reducing medication errors.

5. Outreach to the Hispanic community	1. Erwin Mitchell Community Health Fair (annual) 2. Interpreters and interpretation services	1. Increased HMC participation by providing lab screenings, information in Spanish, and bilingual associates. 2. Hamilton employs three full-time Spanish interpreters who have completed specialized education for medical interpretation. Additionally, a video service through Stratus Video provides instant, live interpretation for over 200 languages, including American Sign Language for those who are deaf or hard of hearing.

6. Substance Abuse	Hamilton Medical Center recognizes that substance abuse is a problem in the community. The hospital will continue to partner with other facilities in the community that specialize in these services.	
7. Lifestyle Education	1. Skin Cancer Screening 2. Annual For Her Event 3. Men's Health Challenge 4. Lamppost Signage	1. Started annual free skin cancer screening to educate on importance of sun protection 2. Expanded this free event to larger venue. Offer variety of health and lifestyle education and free screenings. Increased participation by 76% from 2013 to 2014 and 25% from 2014 to 2015. 3. Free event focused on men's health issues, includes lab work and prostate exam. Increased participation by 24% from 2013-2014. 4. Lamppost banners throughout downtown Dalton with healthy lifestyle messaging.

ABOUT WHITFIELD COUNTY AND MURRAY COUNTY

Whitfield and Murray counties are located in the northwestern part of Georgia. Whitfield County has a total land area of 290 square miles, while Murray County's land area is 344 square miles.[1] According to 2014 U.S. Census estimates, there were 103,542 residents in Whitfield County and 39,410 residents in in Murray County.[2]

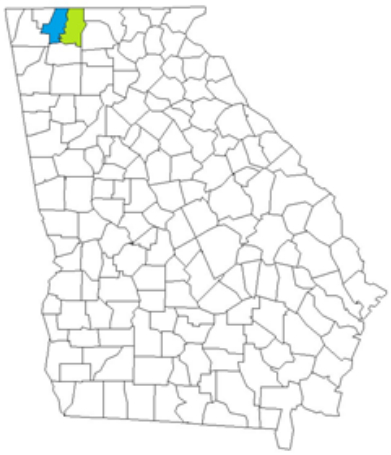


Image Source: MapViewer

Population of Cities	
Whitfield (2014)	
Dalton	33,529
Cohutta	661
Tunnel Hill	856
Varnell	1,744
Murray (2010)	
Chatsworth	4,299
Eton	910

Data above does not include CDPs and other unincorporated towns

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

Whitfield County includes the cities of Dalton, Cohutta, Tunnel Hill, and Varnell. Dalton is Whitfield County's most populous city with over 33,000 residents. Murray County includes the cities of Chatsworth and Eton. The population distribution in Whitfield County is 70.9 percent urban and 29.1 percent rural. In Murray County, 29.9 percent of the population is urban and 70.1 percent is rural. Nearly 79 percent of Whitfield County's land area is rural, and Murray County's land area is 95 percent rural.[3] Whitfield and Murray counties are located in the foothills of the Blue Ridge Mountains.

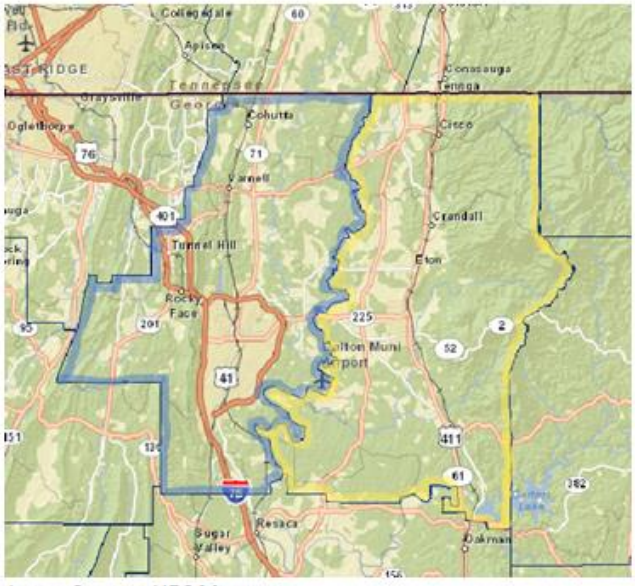
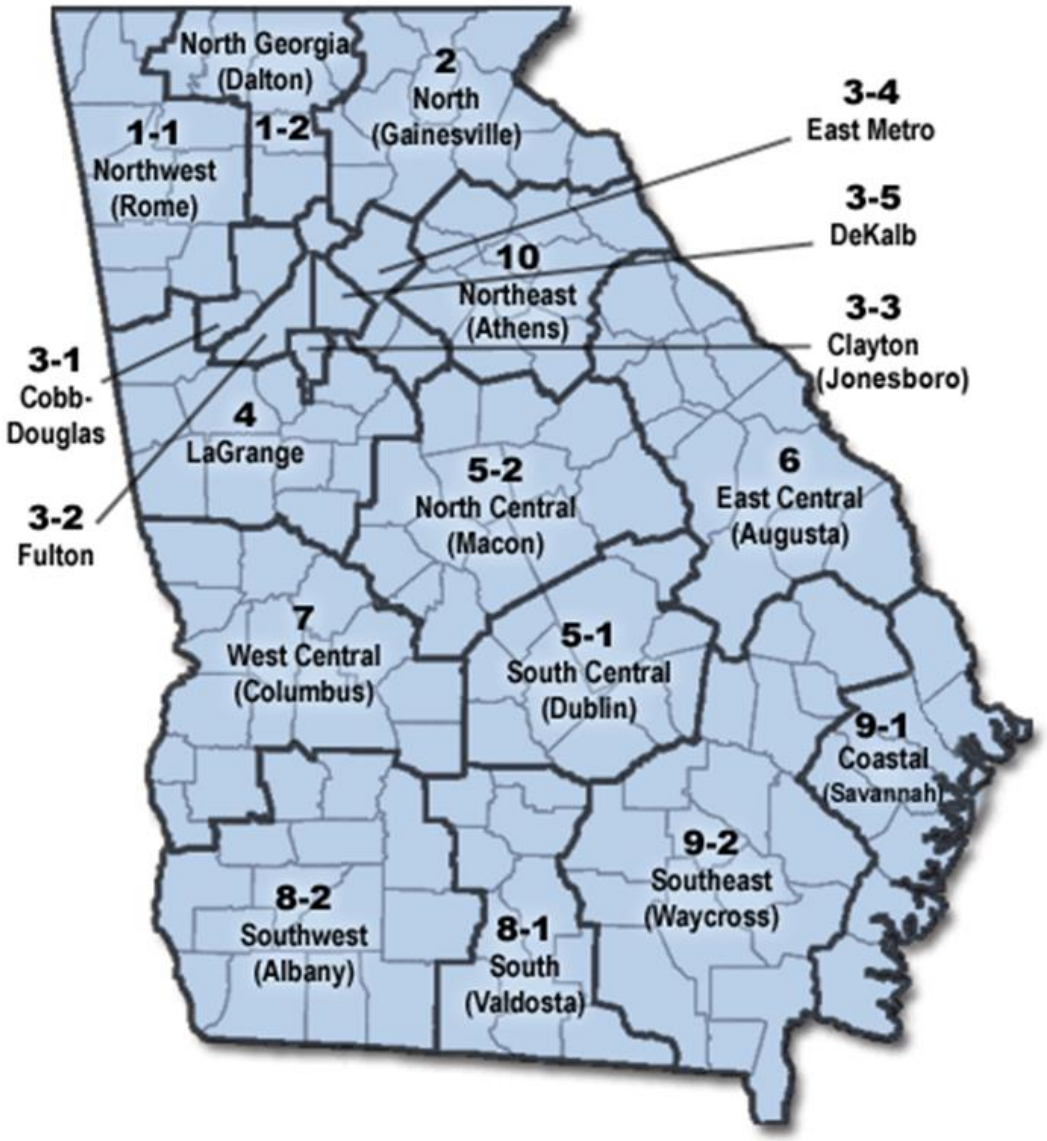


Image Source: UDS Mapper

Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Whitfield and Murray counties are located in District 1-2 which is also referred to as 1-2 North Georgia (Dalton). This district includes the counties of Whitfield, Murray, Fannin, Gilmer, Pickens, and Cherokee counties.



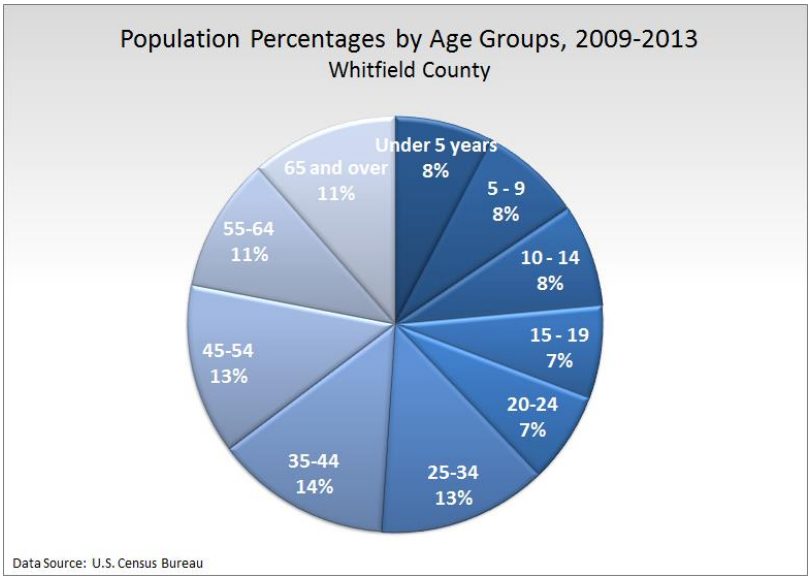
Source: Georgia Department of Community Health

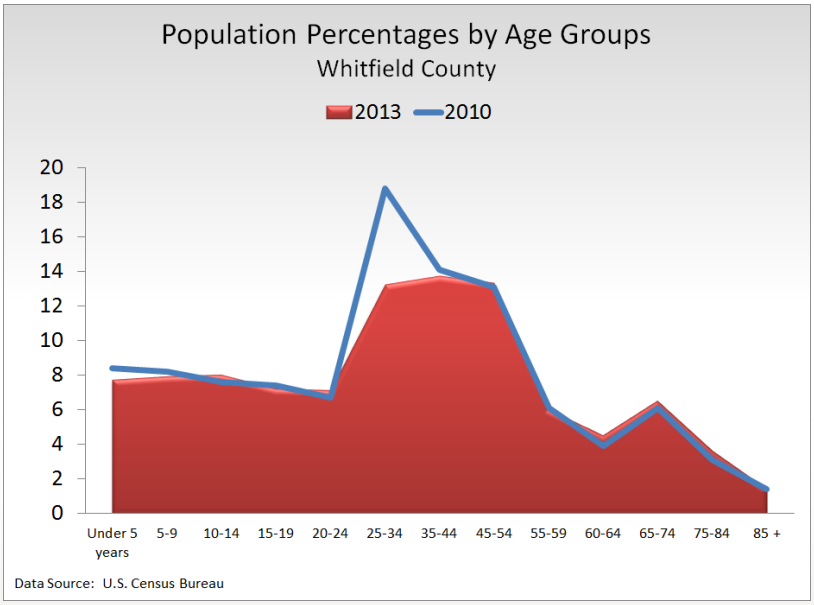
Demographics

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, 11 percent of Whitfield County's population was age 65 and over. In 2014, the average percentage of the population age 65 or older was 11.1 percent in Georgia compared to 13.4 percent in the U.S.[4]





Comparing Whitfield County's population percentage by age groups from 2010 to 2013, it is noted that the age compostion is changing.

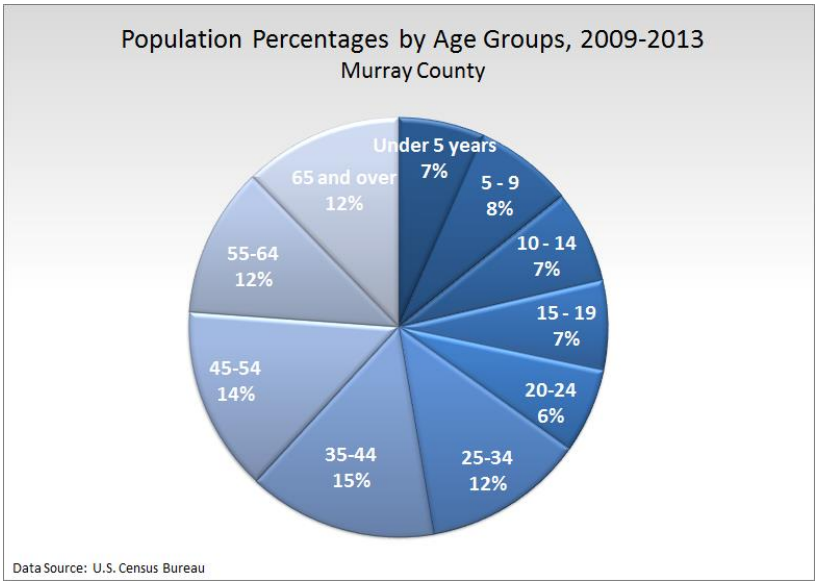
Age categories with increases:

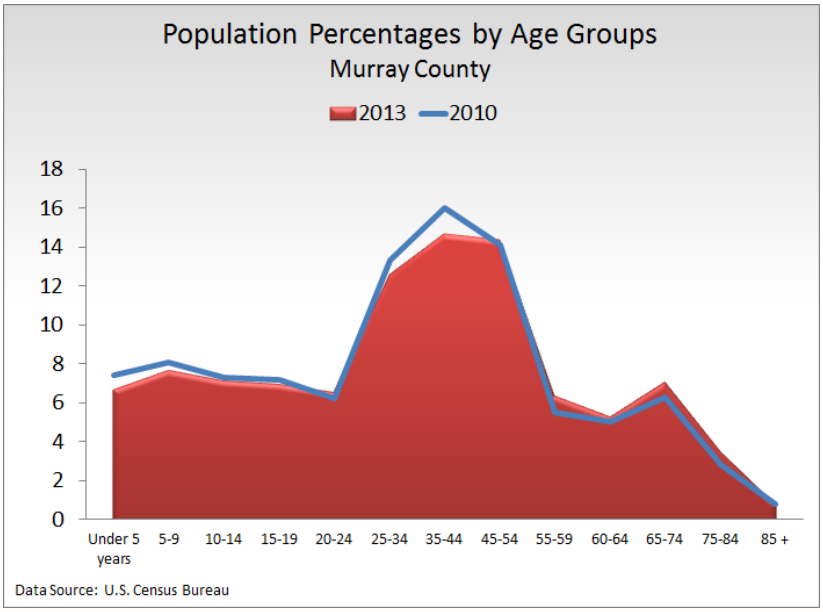
- 10-14
- 20-24
- 45-54
- 60+

Age categories with decreases:

- 0-9
- 15-19
- 25-44
- 55-59

According to the U.S. Census, 12 percent of Murray County's population was age 65 and over. In 2014, the average percentage of the population age 65 or older was 11.1 percent in Georgia compared to 13.4 percent in the U.S.[5]





Comparing Murray County's population percentage by age groups from 2010 to 2013, it is noted that the age compostion is changing.

Age categories with increases:

- 20-24
- 45+

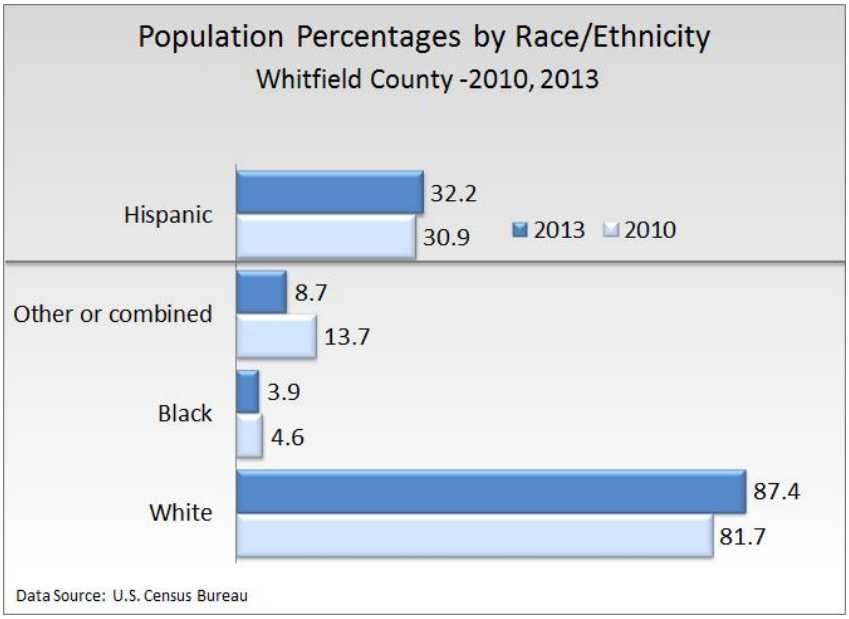
Age categories with decreases:

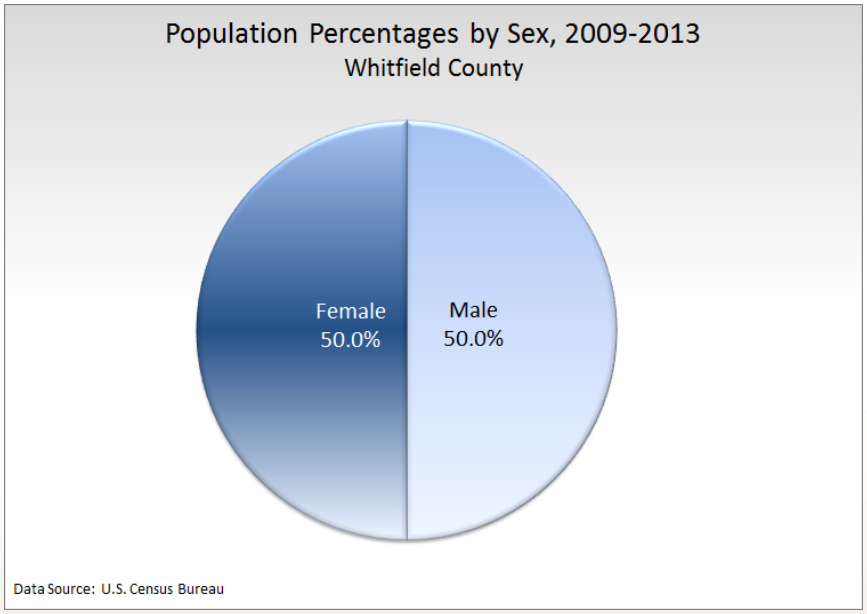
- 0-19
- 25-44

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]

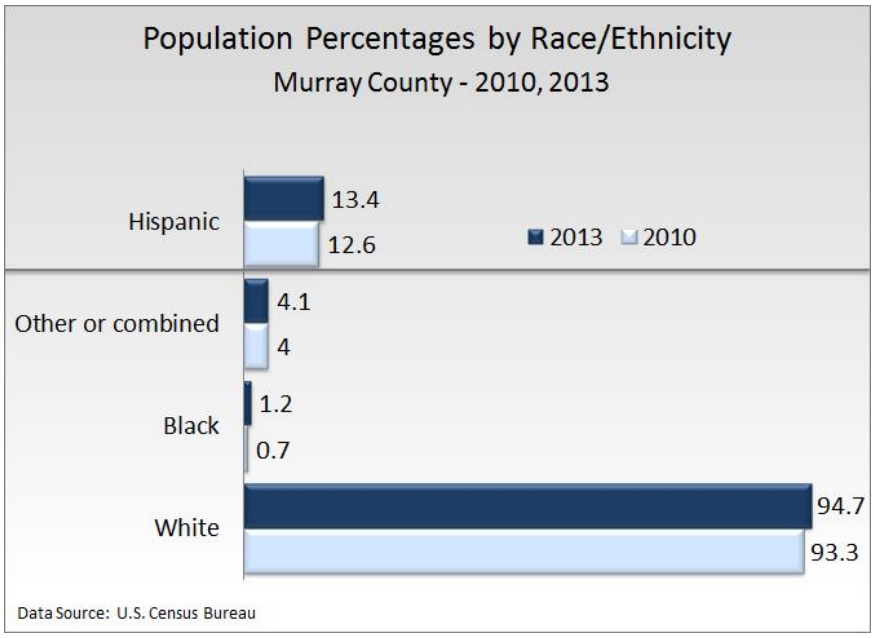
In 2013, Whitfield County's population was 87.4 percent White, 3.9 percent Black, and 32.2 percent Hispanic.

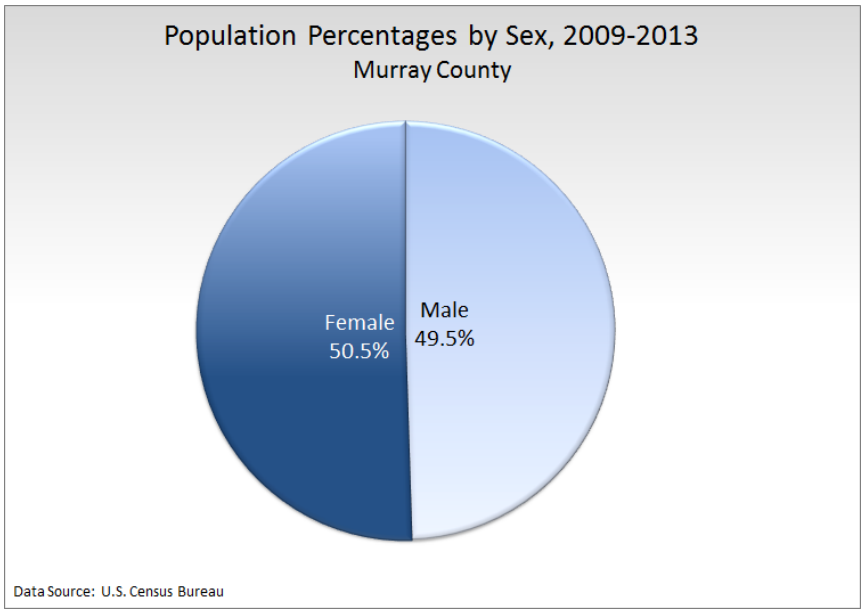




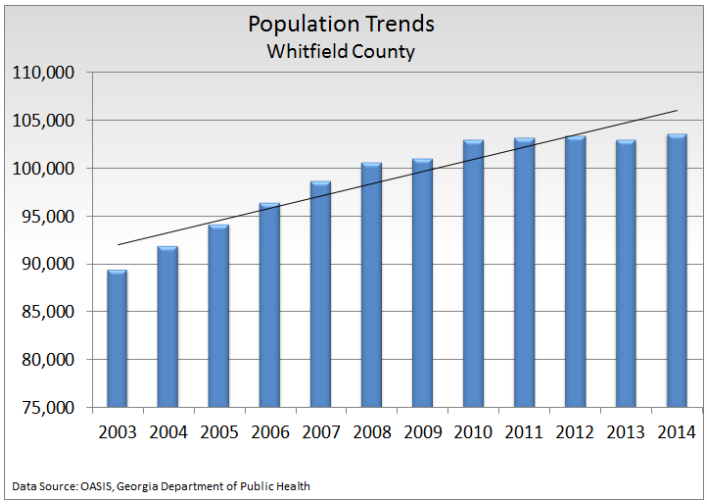
The percent of females in Whitfield County was equal to males at 50 percent.

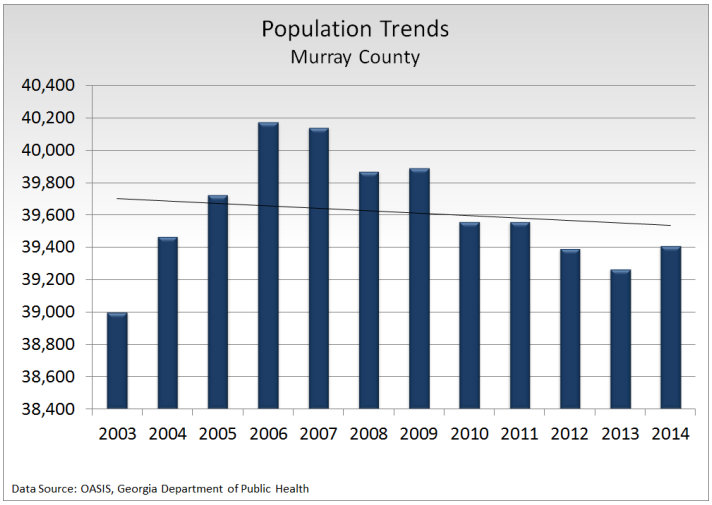
In 2013, Murray County's population was 94.7 percent White, 1.2 percent Black, and 13.4 percent Hispanic.





The percent of females in Murray County was higher at 50.5 percent compared to males at 49.5 percent.



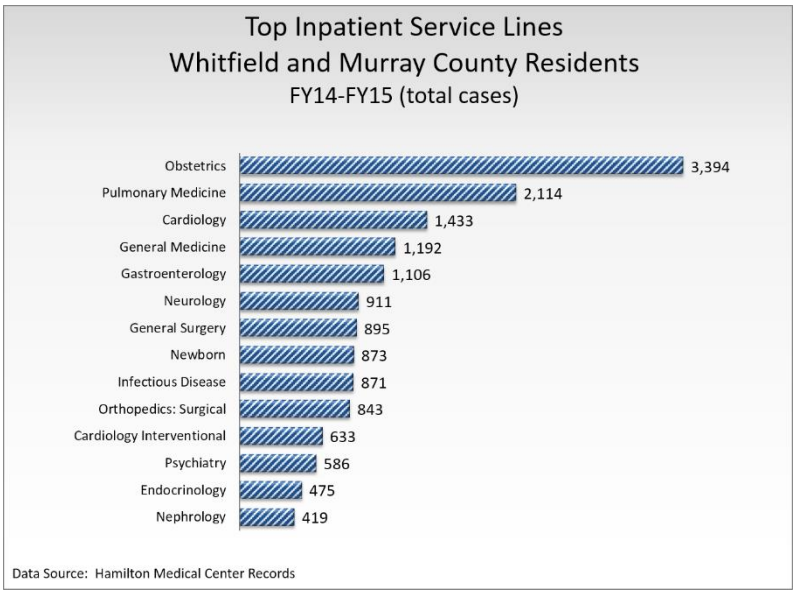


In 2014, Whitfield County's resident population was 103,542, and Murray County's resident population was 39,410. Whitfield County's population increased by 608 residents from 2010 to 2014. The Murray County population decreased by 149 residents during the same time period.

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 Whitfield and Murray County residents were obstetrics, pulmonary medicine, cardiology, and general medicine. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked among the leading causes of death for Whitfield and Murray County residents.

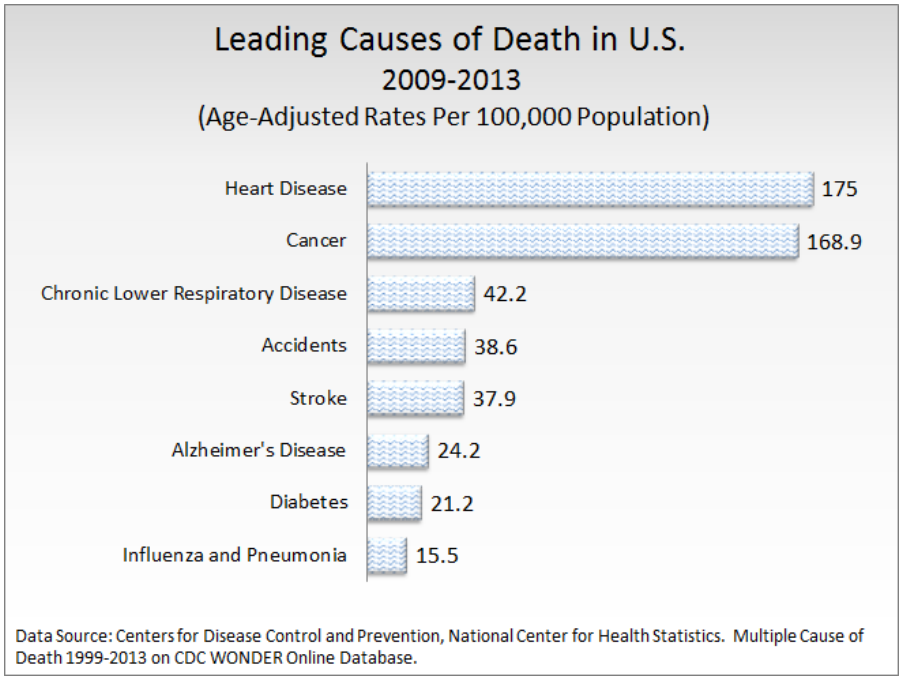
TOP 15 CAUSES OF EMERGENCY ROOM VISITS Hamilton Medical Center FY 2015 Number of Occurrences	
1	ABDOMINAL PAIN
2	NAUSEA/VOMITING
3	BACK PAIN
4	CHEST PAIN
5	HEADACHE
6	URINARY TRACT INFECTION
7	BRONCHITIS
8	DENTAL
9	FALL
10	BEHAVIORAL
11	UPPER REPSPIRATORY INFECTION
12	FRACTURES
13	MOTOR VEHICAL CRASH
14	SPRAINS
15	SUBSTANCE ABUSE

Data Source: Hamilton Medical Center, Inc.

Listed above are the top fifteen causes for Whitfield and Murray counties' residents visiting Hamilton Medical Center's emergency room in FY 2015. According to community members, 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.

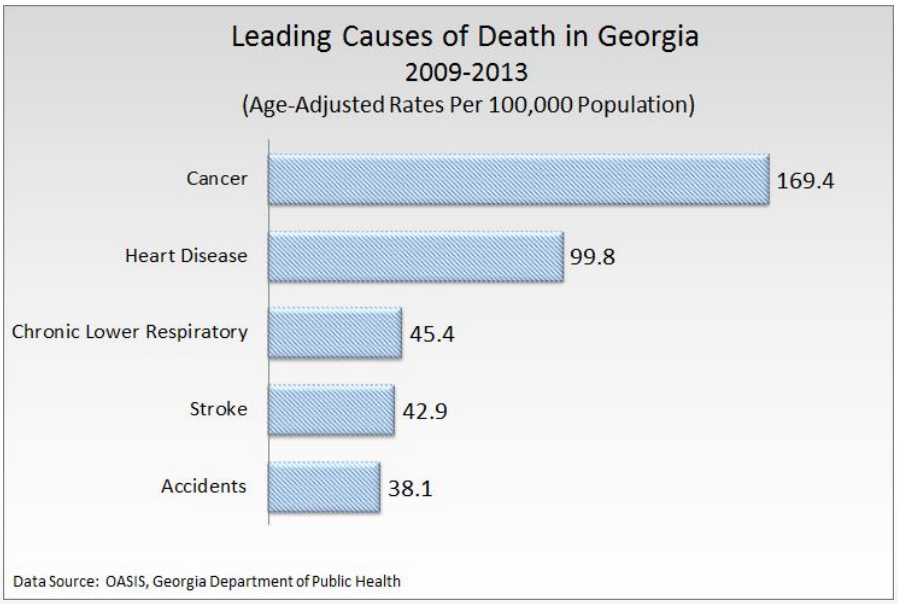
Leading Causes of Death

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 accident. 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.



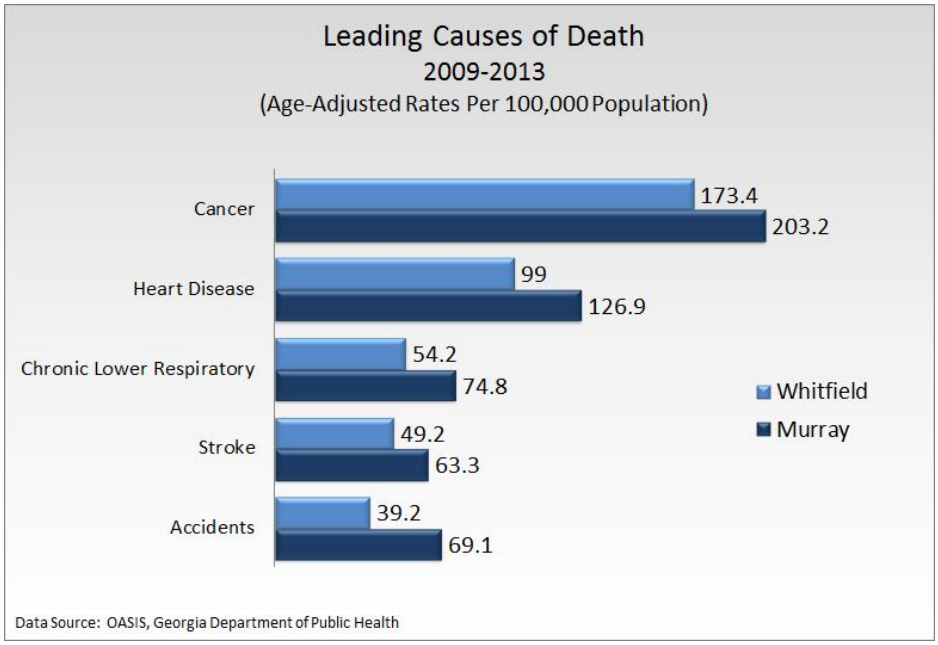
The top five leading causes of death in the U.S. from 2009-2013 were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. Heart disease and cancer rates were over four times higher than the other top five diseases.

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



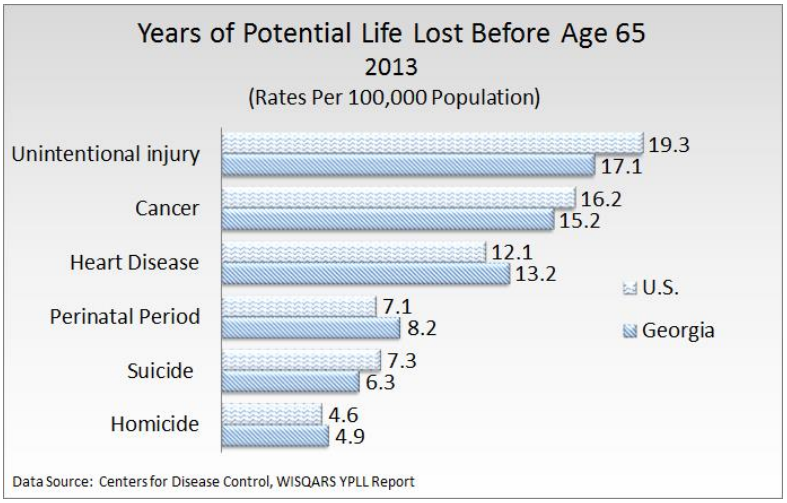
The leading causes of death in Whitfield County were cancer, heart disease, chronic lower respiratory disease, stroke, and accidents.

The leading causes of death in Murray County were cancer, heart disease, chronic lower respiratory disease, accidents, 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) were the leading causes 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

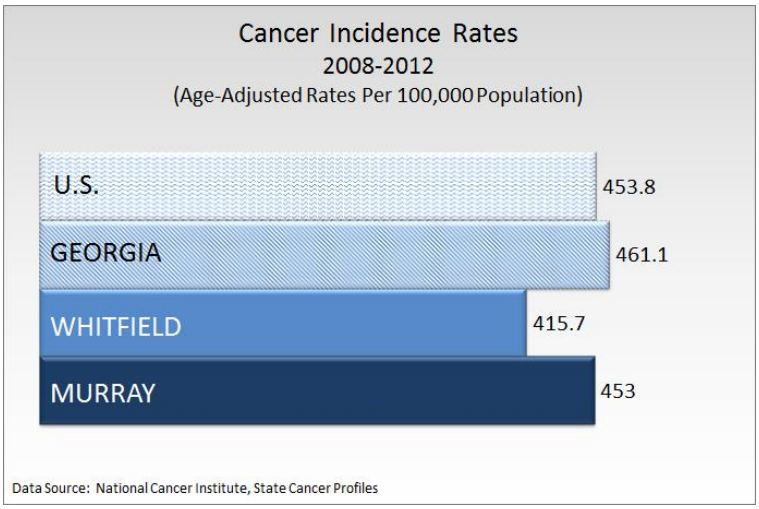
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 23.8	Cancer 21.2%	Heart disease 14.8%	Cancer 17.2%	Unintentional injuries 28.0%	Perinatal period 19.2%
Heart disease 14.5%	Unintentional injuries 18.3%	Unintentional injuries 13.3%	Heart disease 13.0%	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

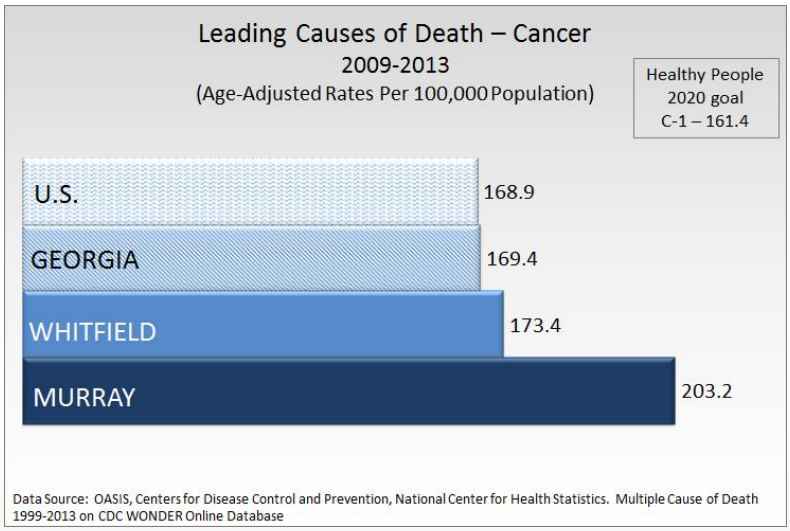
Cancer

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 Whitfield and Murray counties, the cancer **incidence** rates were lower than the State and the U.S. rates.



In Whitfield and Murray counties, cancer **death** rates were higher than Georgia and the U.S. rates.

Why Is Cancer Important?

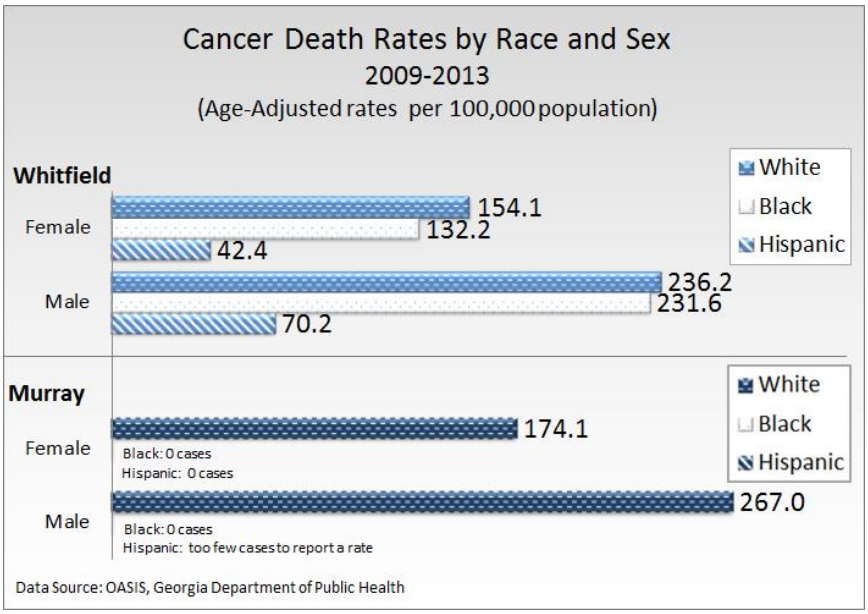
Many cancers are preventable by reducing risk factors such as:

- *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 Whitfield County, age-adjusted cancer **death** rates were highest among the White and Black male population. In Murray County, the White population had higher reported death rates than other population groups. There were too few cases reported to compute a rate for the Black and Hispanic population groups in Murray County.

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.

Cancer

Modifiable Risk Factors

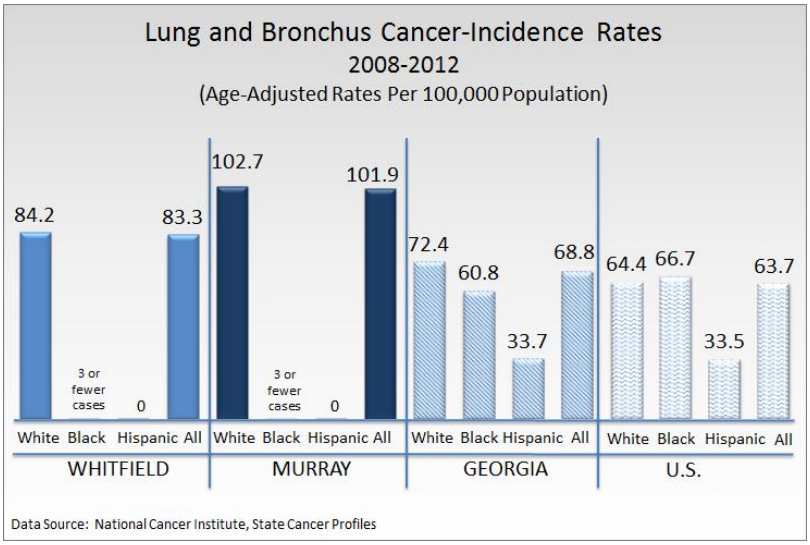
- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

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

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

Lung Cancer

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



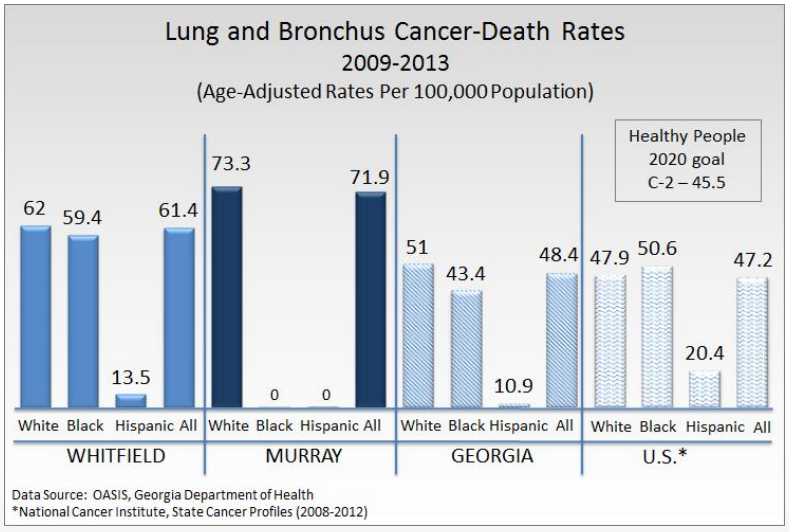
Lung cancer **incidence** rates in both counties were higher than the rates in Georgia and the U.S. The Black and Hispanic populations in both counties had zero or too few cases to report an **incidence** rate.

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, the lung cancer **incidence** rate for males in both counties were higher than the rate of females.[15]

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

	Male	Female
Whitfield	105.2	66.1
Murray	124.8	83.2

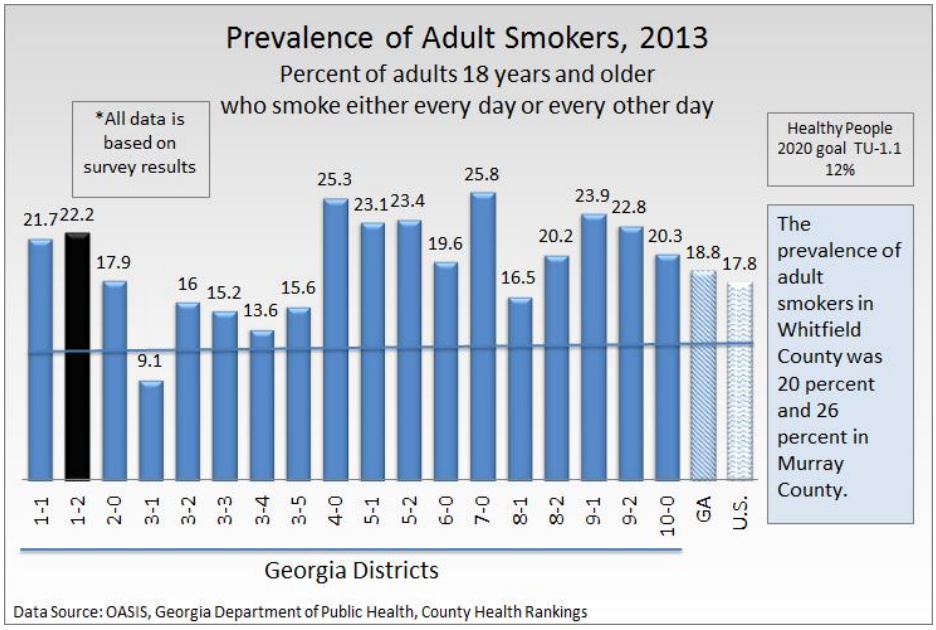
Data Source: National Cancer Institute, State Cancer Profiles



The overall lung cancer **death** rate in both counties were higher than the Georgia and U.S. rates. The Hispanic population reported a much lower death rate at the County, State and National levels. There were too few cases of deaths to report a rate among Blacks and Hispanics in Murray County.

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]

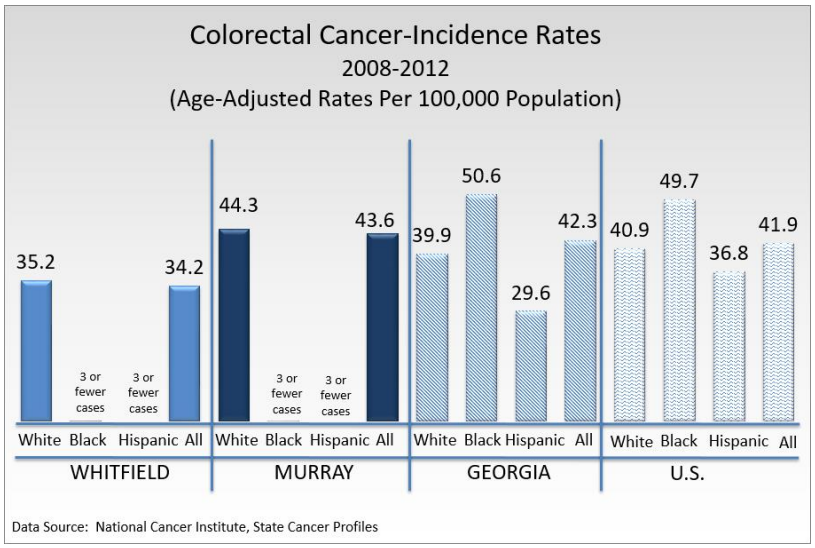


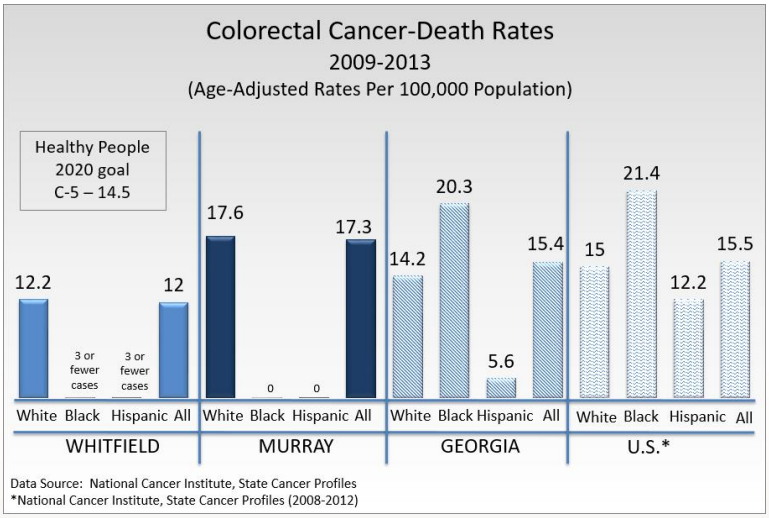
The smoking **prevalence** in Health District 1-2 (which includes Whitfield and Murray counties) was higher than Georgia (18.8 percent) and the U.S. (17.8 percent). The smoking **prevalence** was 20 percent in Whitfield County and 26 percent in Murray County.

Colorectal Cancer

Colorectal cancer 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 Whitfield County colorectal cancer **incidence** rate (34.2 per 100,000 population) was lower than Murray County rate (43.6 per 100,000 population). Whitfield County had a lower incidence rate compared to the State and U.S while Murray County had a higher incidence rate. There were too few cases reported for the Black and Hispanic populations to compute a reliable incidence rate.





Murray County had the highest **death** rates (17.3 per 100,000 population) compared to the Whitfield County, the State and the U.S. rates. The **death** rate in Whitfield County (12 per 100,000 population) was lower than the State and U.S. rates. In both Whitfield and Murray counties, Blacks and Hispanics had too few cases of deaths to report a death rate.

RISK FACTORS

Colorectal 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]

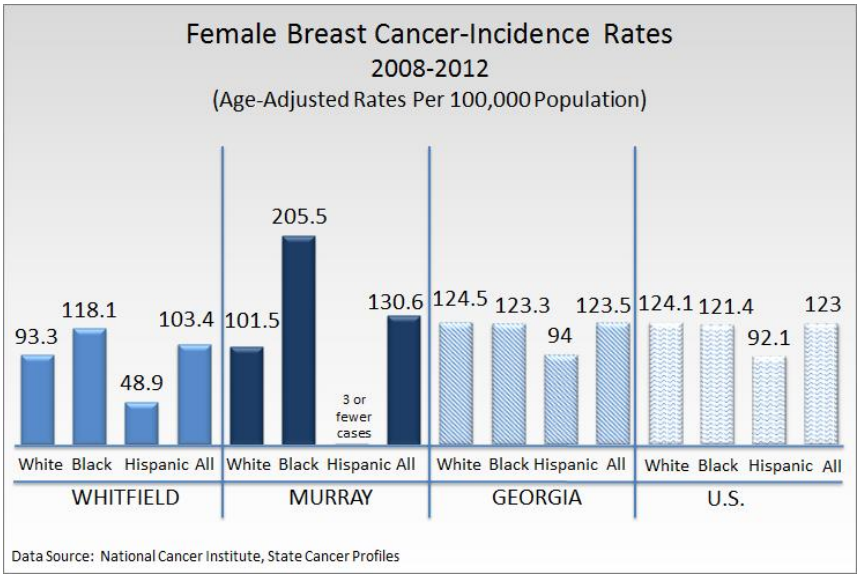
EARLY DETECTION

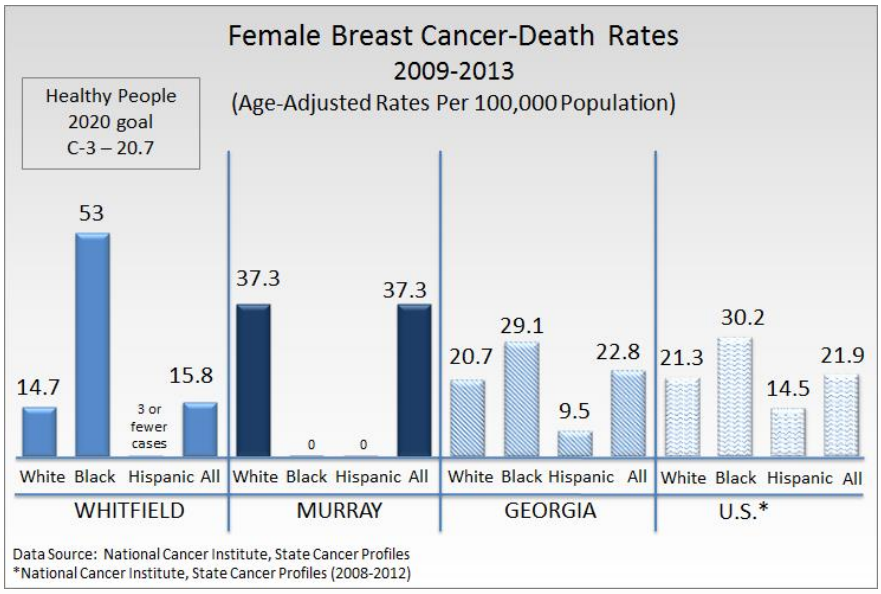
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.[20] The U.S. Preventive Services Task force recommends that adults 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** rate in Murray County (130.6 per 100,000) was higher than the State and National rates. In both counties, Black females had the highest incidence rates. In Murray county, Hispanic females had too few cases to report an incidence rate.





Whitfield County had a lower **death** rate (15.8 per 100,000 population) compared to both the State and U.S. rates. Murray County had a higher **death** rate (37.3 per 100,000 population) than the rates in Georgia and the U.S.

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]

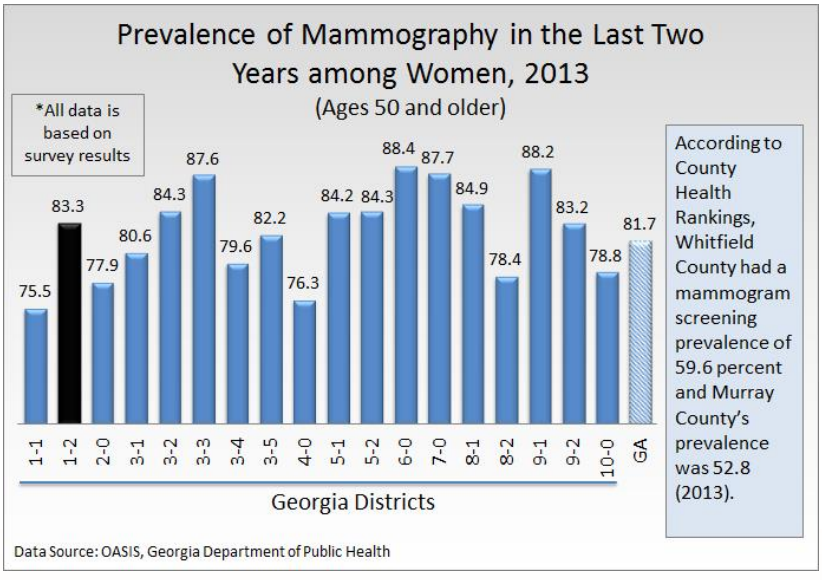
Modifiable factors that are associated with a lower risk of breast cancer include:

- 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 higher in Health District 1-2 (83.3 percent) than the State. Whitfield and Murray counties' rates were lower than the State and Health District average.

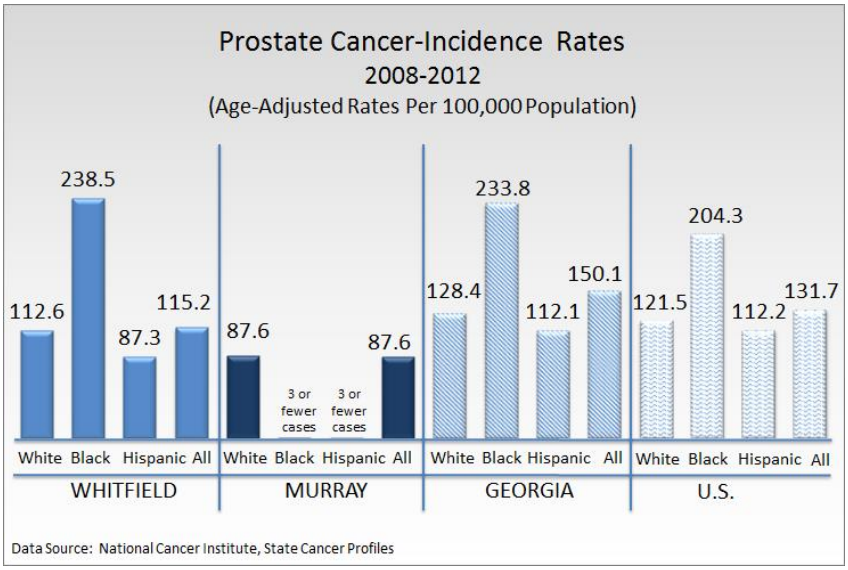


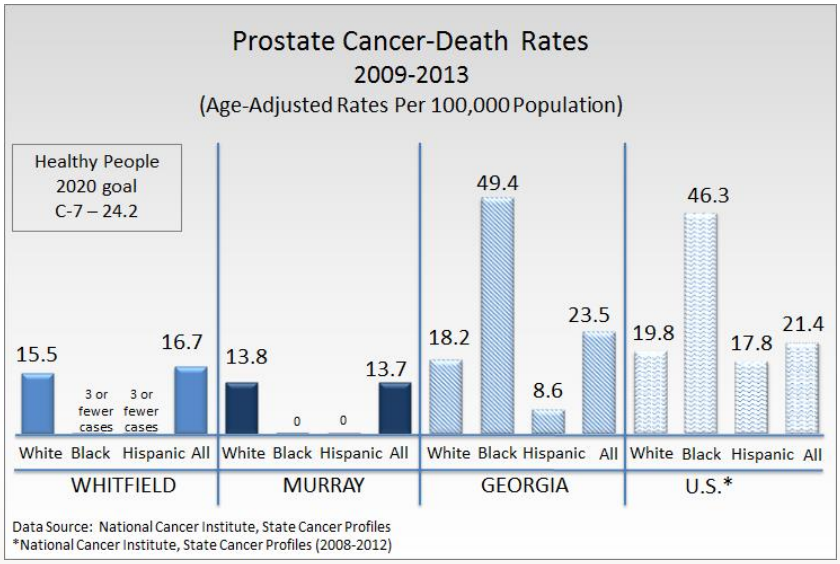
Prostate Cancer

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 higher among Black men.[26]

Whitfield County had a higher prostate cancer **incidence** rate (115.2 per 100,000 population) compared to Murray County (87.6 per 100,000 population), but lower than the Georgia rate (150.1 per 100,000) and the U.S. rate (131.7 per 100,000 population).

Incidence rates among Black males were higher than White males in all population groups, except in Murray County where White males had a higher incidence rate.





Whitfield County and Murray County had lower **death** rates compared to the State and U.S. rates.

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

RISK FACTORS

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

- Age
- Ethnicity
- Family history of prostate 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]

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE - HDS

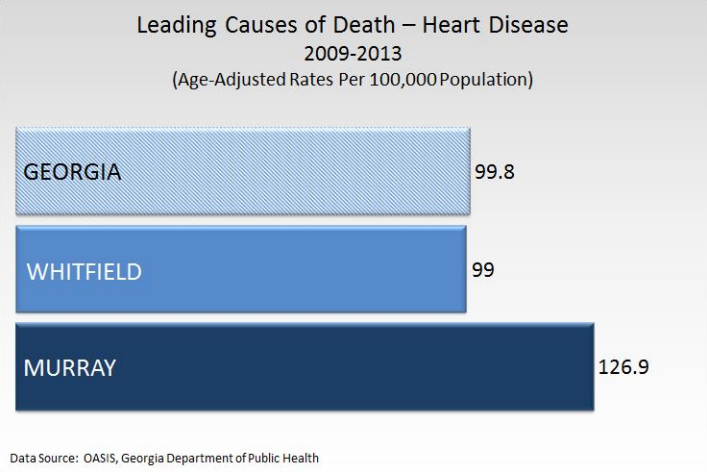
HEART DISEASE

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?

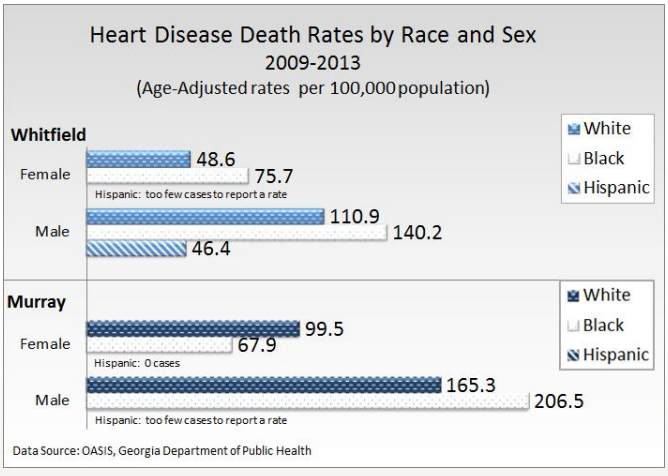
Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in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

Healthy People 2020

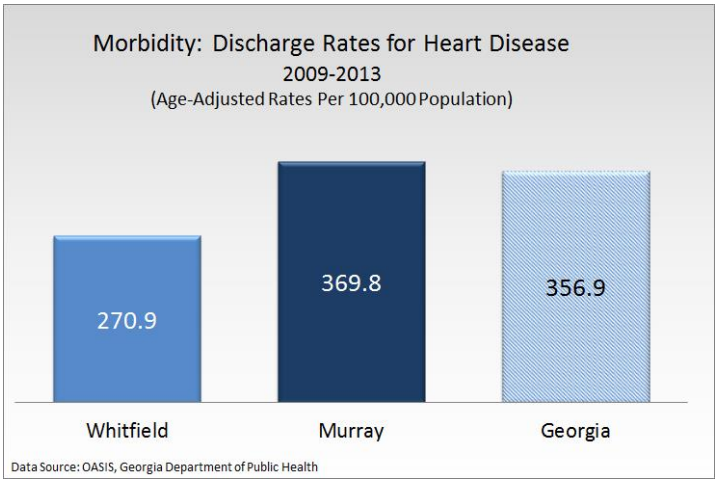


Whitfield and Murray counties **death** rates from heart disease were 99 and 126.9 per 100,000 population, respectively. Murray County rates were higher than both Whitfield County and the State rate of 99.8 per 100,000 population.

In both Whitfield County and Murray County, the **death** rates from heart disease were highest among Black males.



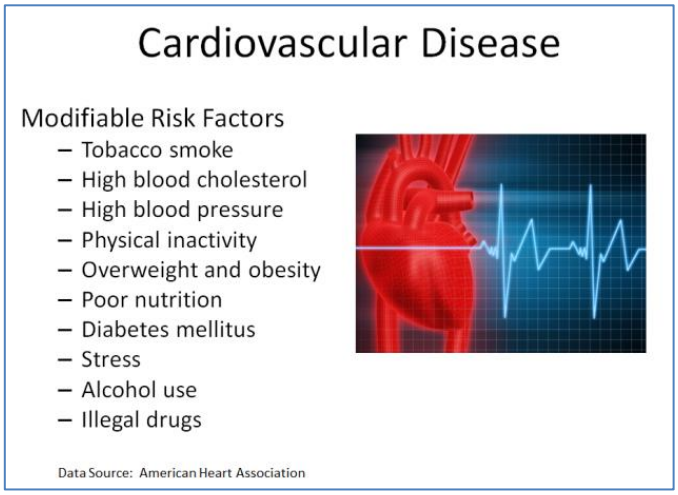
The hospital discharge rate for heart disease was higher in Murray County compared to both Whitfield County and the State rates.



MODIFIABLE RISK FACTORS

According to the 2013 Behavioral Risk Factor Surveillance System (BRFSS), the following risk factors were noted in Health District 1-2.[30]

Percentage of Population Reporting Risk 2013		
Risk Factor:	**District 1-2**	**Georgia**
Obesity	29.8	30.2
Physical Inactivity	25.6	27.2
Smoking	22.2	18.8
Diabetes	11.2	10.8
Data Source: OASIS, BRFSS, Georgia Department of Public Health		



NOTE:

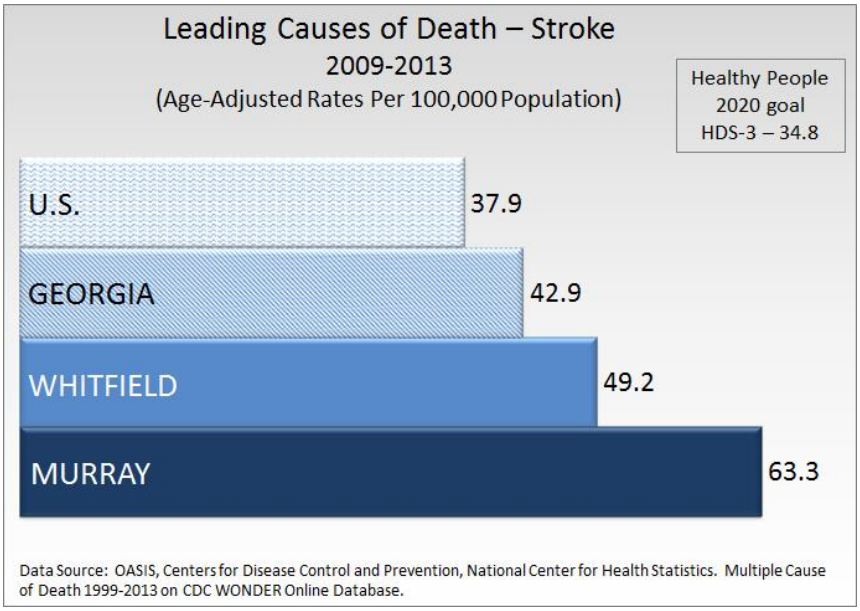
The data used to analyze heart disease rates came from the Georgia Department of Public Health's Online Analysis Statistical Information System (OASIS). The state and county heart disease rates were calculated using filters (ICD 10 codes) that include rheumatic heart fever and heart diseases, hypertensive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

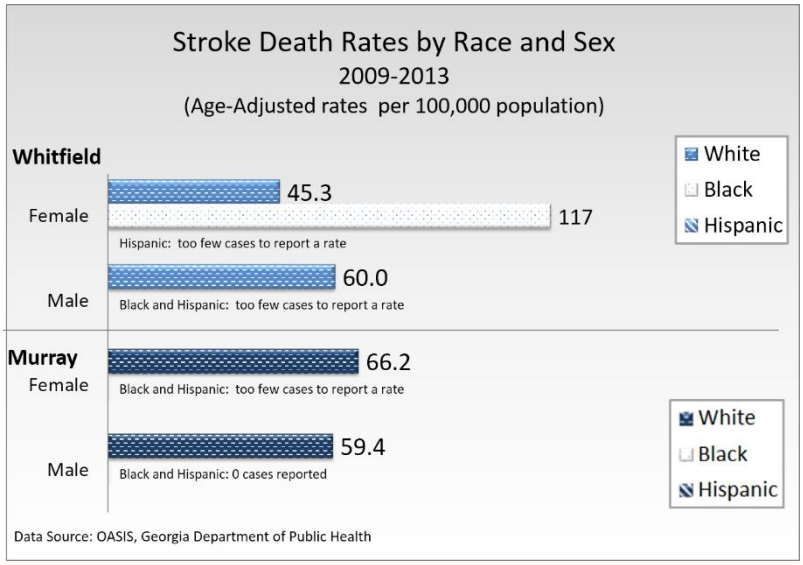
STROKE

Cerebrovascular disease (stroke) was the fifth leading cause of death in the United States. Stroke was the fifth leading cause of death in Murray County, but the fourth leading cause in Whitfield County.

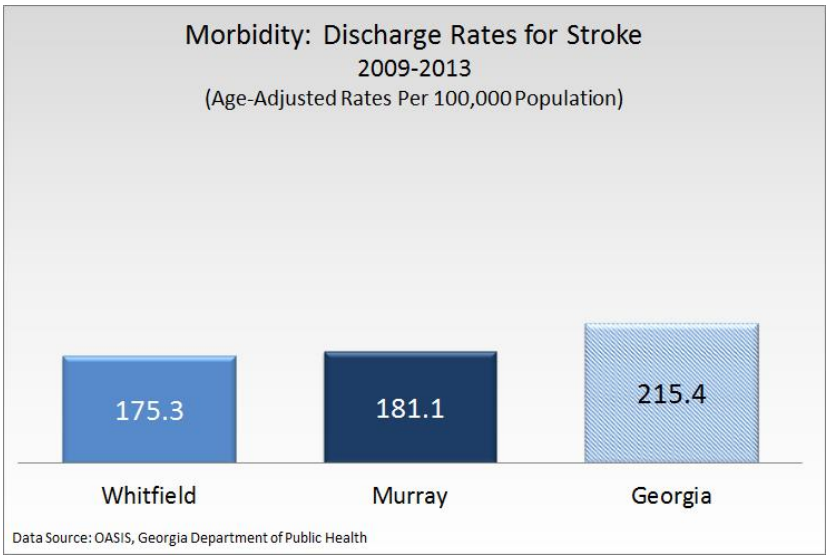
The stroke **death** rate was higher in Whitfield County (49.2 per 100,000 population) and Murray County (63.3 per 100,000 population) compared to Georgia and the U.S. rates.

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





The stroke **death** rates were higher among the White population groups in Murray County. In Whitfield County, Black females had the highest reported stroke rates. The reported rates among the population groups were higher than the Healthy People 2020 goal of 34.8 per 100,000 population.[32]



The stroke hospital discharge rates were lower in both Whitfield and Murray counties compared to the Georgia rate.

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

The warning signs for stroke include:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause [33]

Stroke

Modifiable risk factors

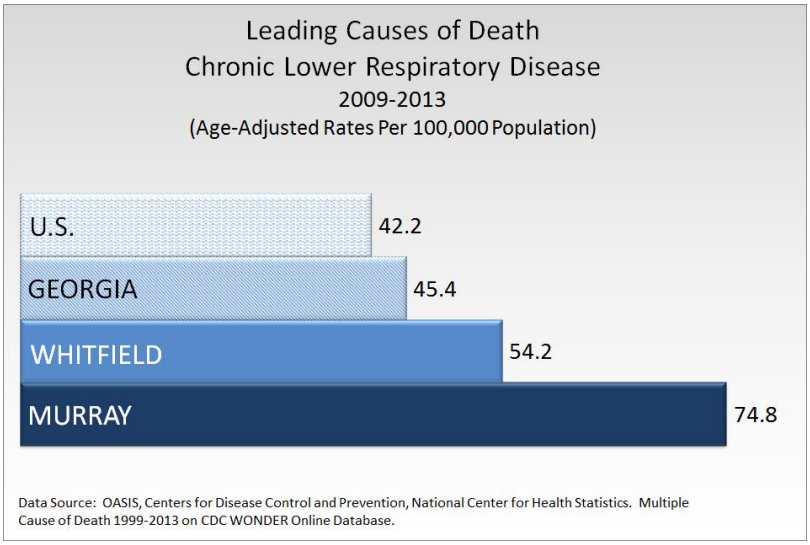
- High blood pressure
- Smoking
- Heart disease
- Diabetes
- High cholesterol
- Heavy alcohol usage
- Overweight or obesity

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

Chronic Lower Respiratory Disease

HEALTHY PEOPLE 2020 REFERENCE - RD

Chronic lower respiratory diseases affect the lungs. The deadliest of these diseases is chronic obstructive pulmonary disease, or COPD. COPD includes both emphysema and chronic bronchitis. Cigarette smoking is a major cause of COPD. Other forms of chronic lower respiratory disease include asthma and acute lower respiratory infections.[34]

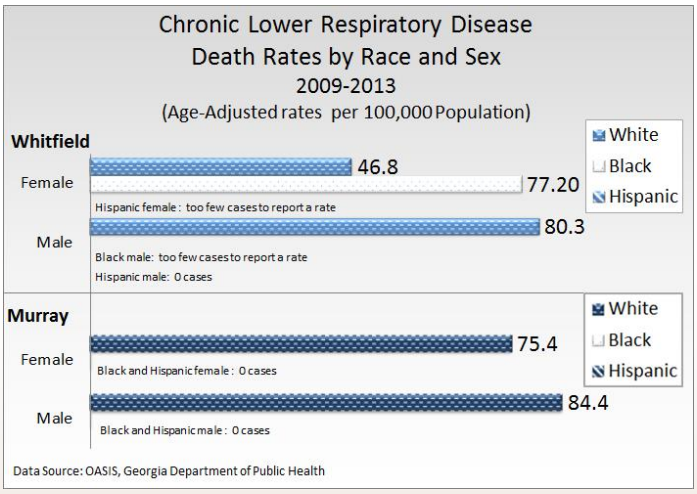


The chronic lower respiratory disease **death** rates for Whitfield and Murray counties were higher than the State and U.S. rates.

Why Are Respiratory Diseases Important?

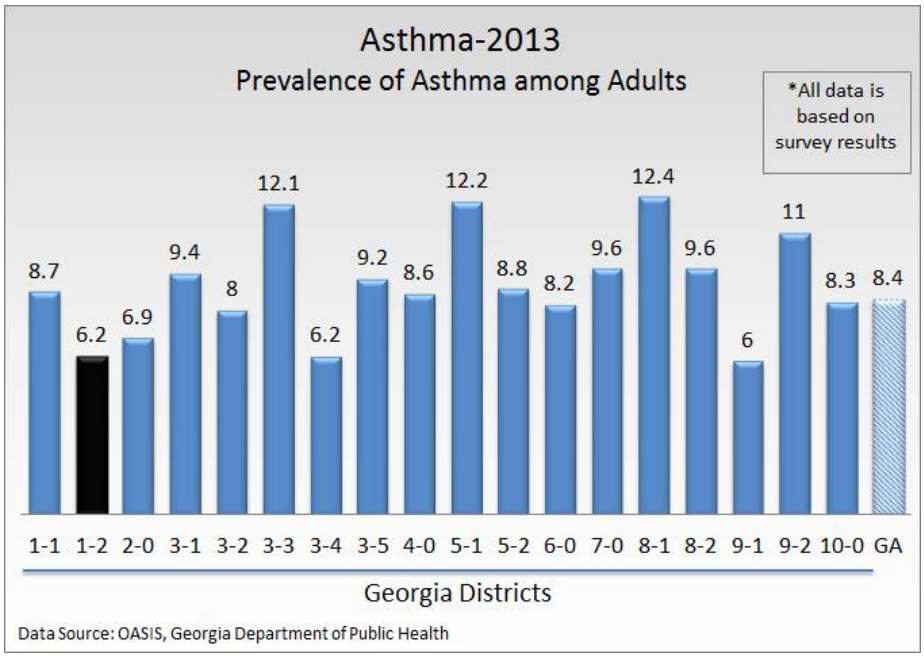
Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods,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

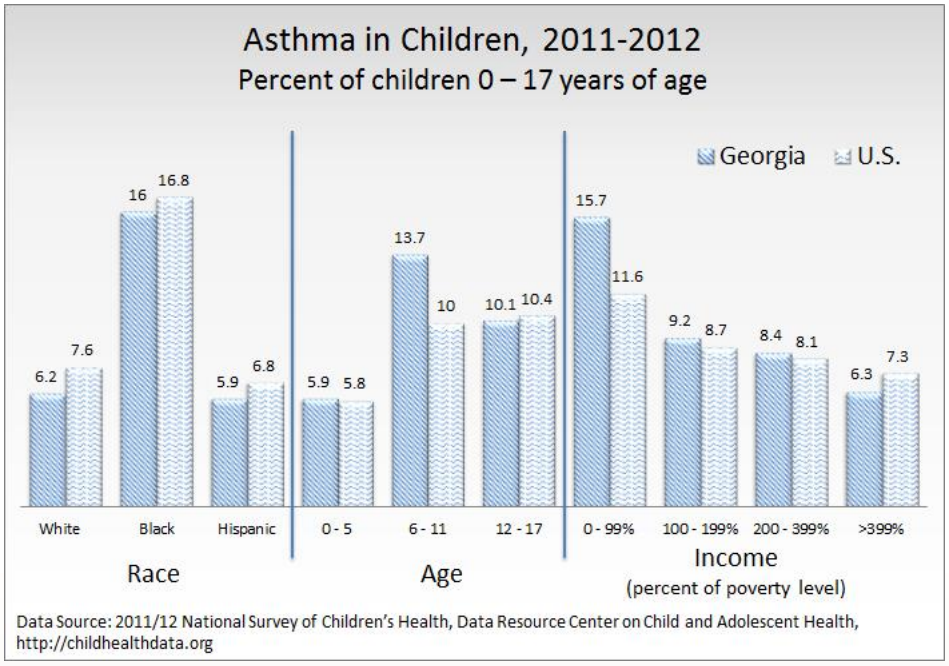
Healthy People 2020



In Whitfield County, White males had the highest death rate from chronic lower respiratory disease, followed by the rate for Black females. In Murray County, White males had the highest death rate, followed by the rate for White females. There were too few cases reported for the Hispanic populations to compute rates. There were also too few cases to report rates for Black males in Whitfield County and for the Black population in Murray County.

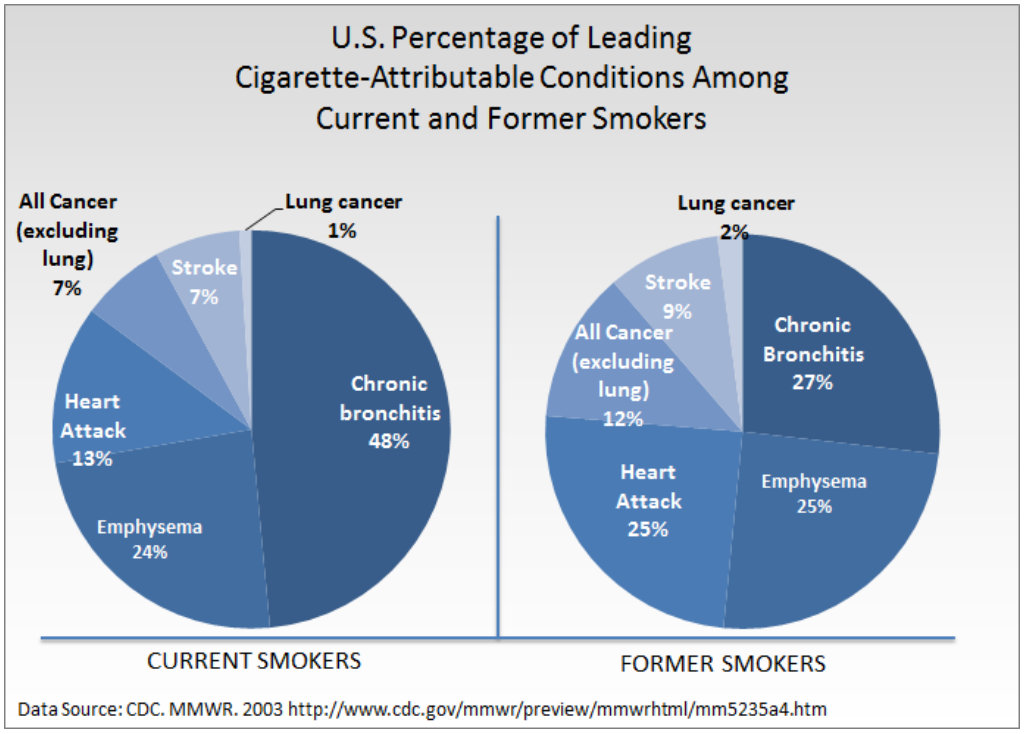
The **prevalence** of asthma among adults within Health District 1-2 was lower than prevalence for the State.

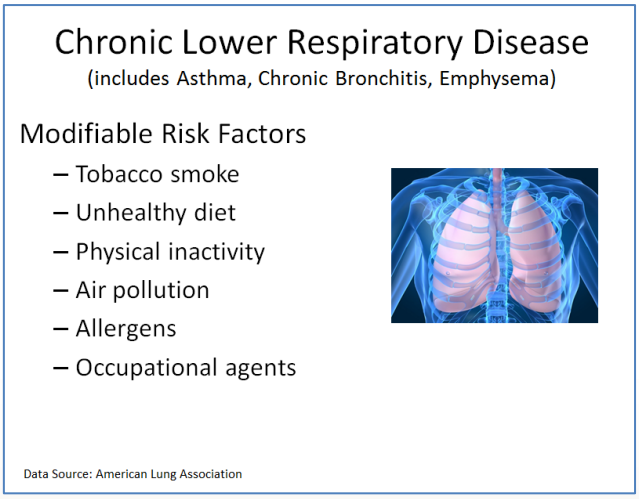




According to the 2011-2012 National Survey of Children's Health, Black children had higher incidences of asthma than Whites or other population groups. Asthma was more prevalent in lower income populations.[35]

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





Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

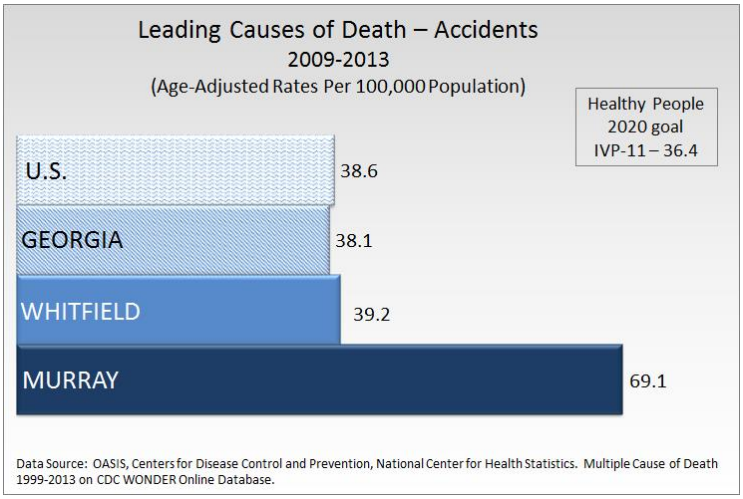
Accidental deaths may result from the following causes:

- Motor vehicle accidents
- Firearm accidents
- Poisonings
- Natural/environmental
- Suffocations
- Falls
- Fire
- Drowning[37]

Why Is Injury and Violence Important?

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

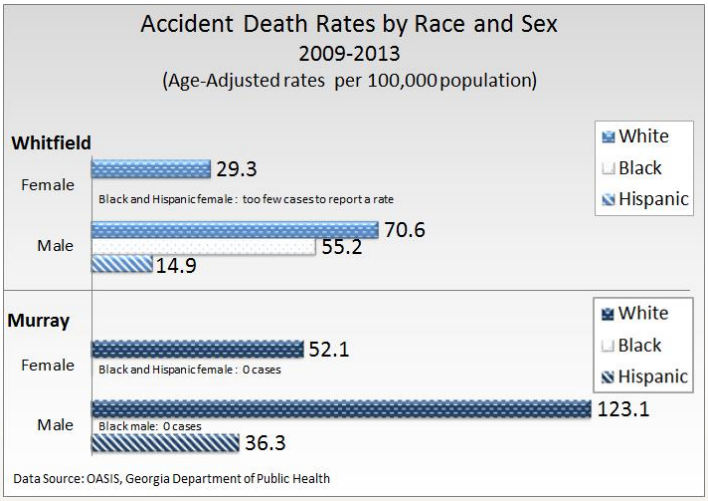
Healthy People 2020



In Murray County, the accident **death** rate was higher than Whitfield County, the State and U.S. rates. Whitfield County's death rate was also higher than both the State and U.S. rates.

The Healthy People 2020 goal is set at 36.4 per 100,000 population.[38]

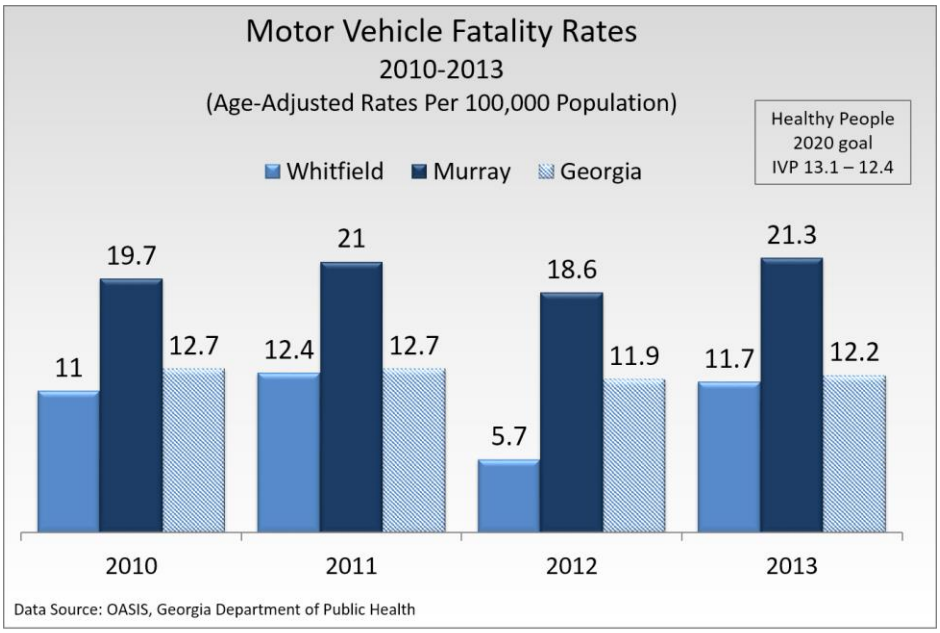
Overall males had higher **death** rates from accidents compared to females. White males had the highest death rate in both counties.



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.[39]

From 2010-2013, Murray County had higher motor vehicle fatality rates than Whitfield County or Georgia rates.

During this same time period, the Whitfield County rates were lower than the Georgia rates.



According to the Centers for Disease Control and Prevention:

- Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- Millions of adults drive while impaired, but only a fraction are arrested.
- Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- Age-related deterioration of vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.[40]

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

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

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

The 2012 percentage of Georgia's population with diabetes (9.6 percent) was higher than the U.S. percentage (9.0 percent).[43]

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.*

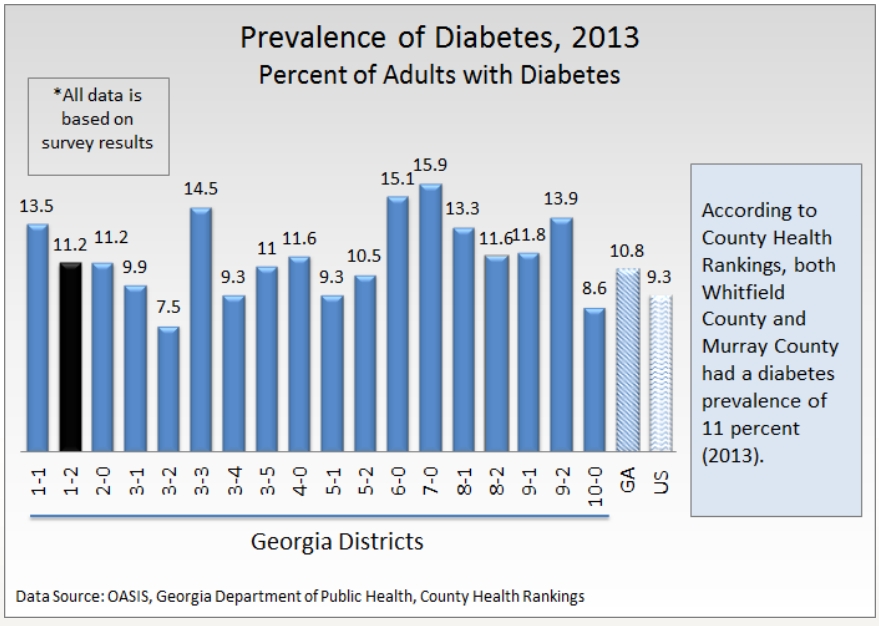
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

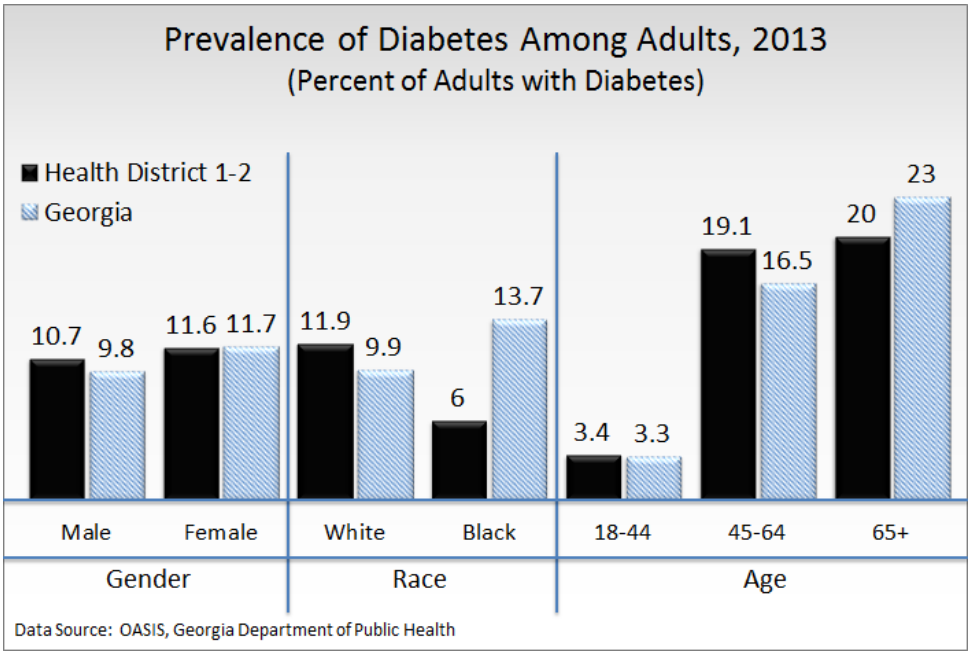
Health District 1-2 (which includes Whitfield and Murray counties) had a higher diabetes **prevalence** (11.2 percent) than the State. Whitfield and Murray counties had lower diabetes **prevalence** (11 percent) than that of the Health District.

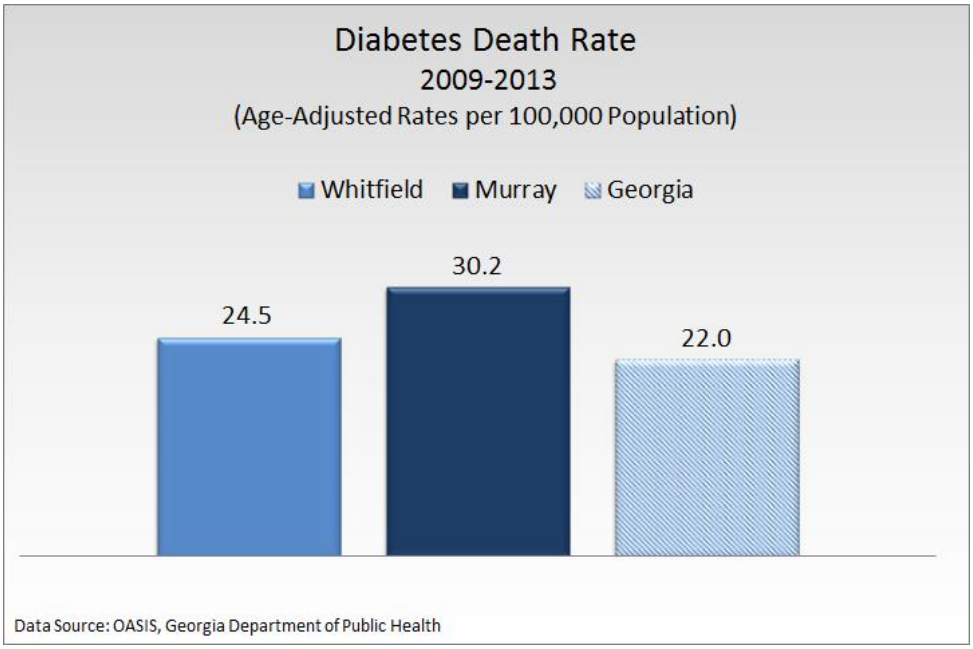


Overall, the female diabetes **prevalence** was higher than the male prevalence in both Health District 1-2 and the State.

In Health District 1-2, **prevalence** of diabetes among Whites was higher than Blacks.

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





In Georgia, the **death** rate due to diabetes was lower than the rates reported for Whitfield and Murray counties.

Murray County's death rate was higher than the rate for Whitfield County.

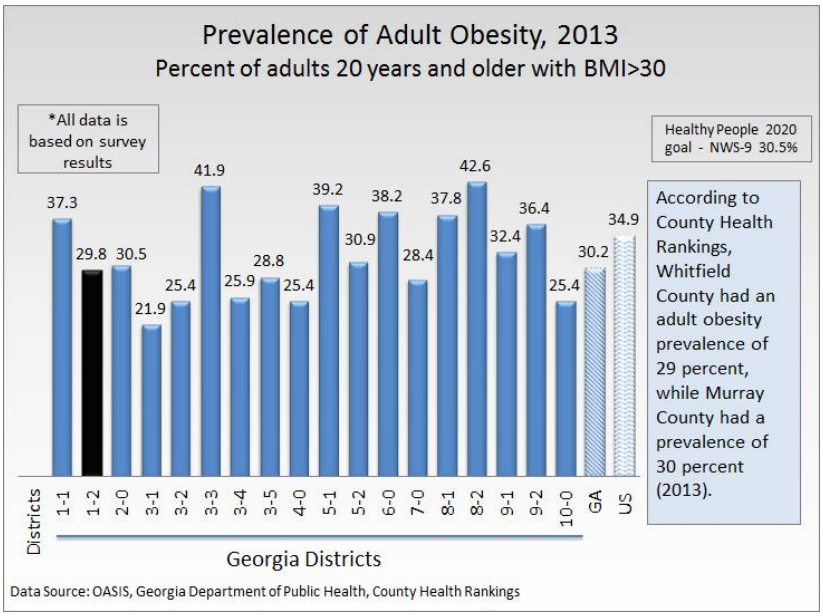
Obesity

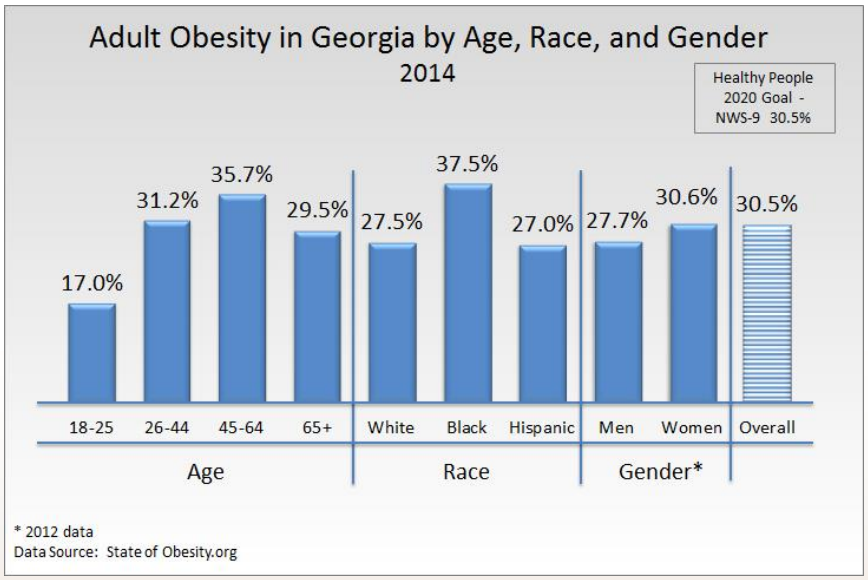
HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

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

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.[45]

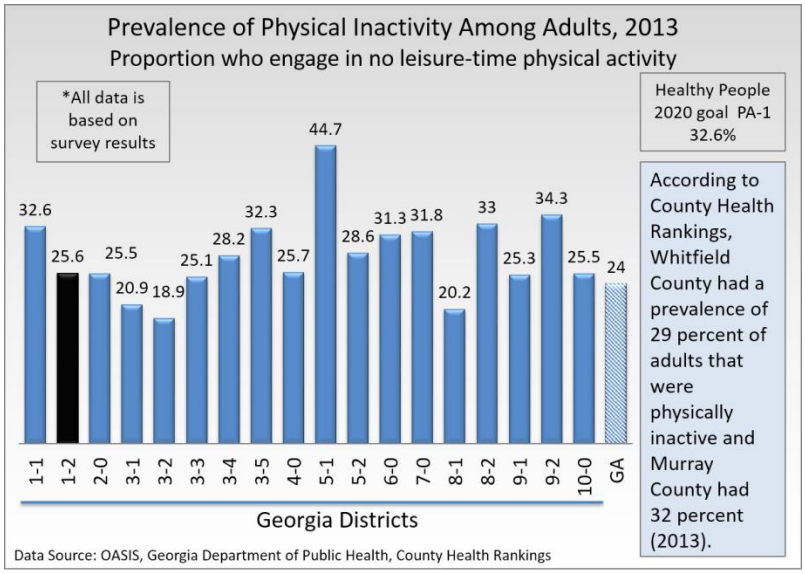
The **prevalence** of adult obesity in Health District 1-2 (29.8 percent) was lower than the State rate (30.2 percent) and National rate (34.9 percent). The Healthy People 2020 goal is set at 30.5 percent. Whitfield County (29 percent) and Murray County (30 percent) both had a lower **prevalence** of obesity compared to the State.





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.[46]

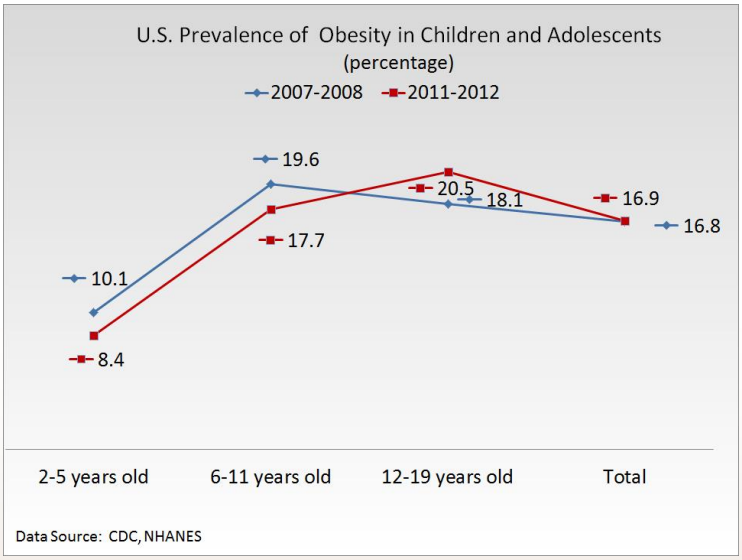


The **prevalence** of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 1-2 (25.6 percent) compared to the State average (24 percent). Whitfield County had a higher **prevalence** of physical inactivity (29 percent) than the State prevalence and lower than the Healthy People 2020 target of 32.6 percent.[47]

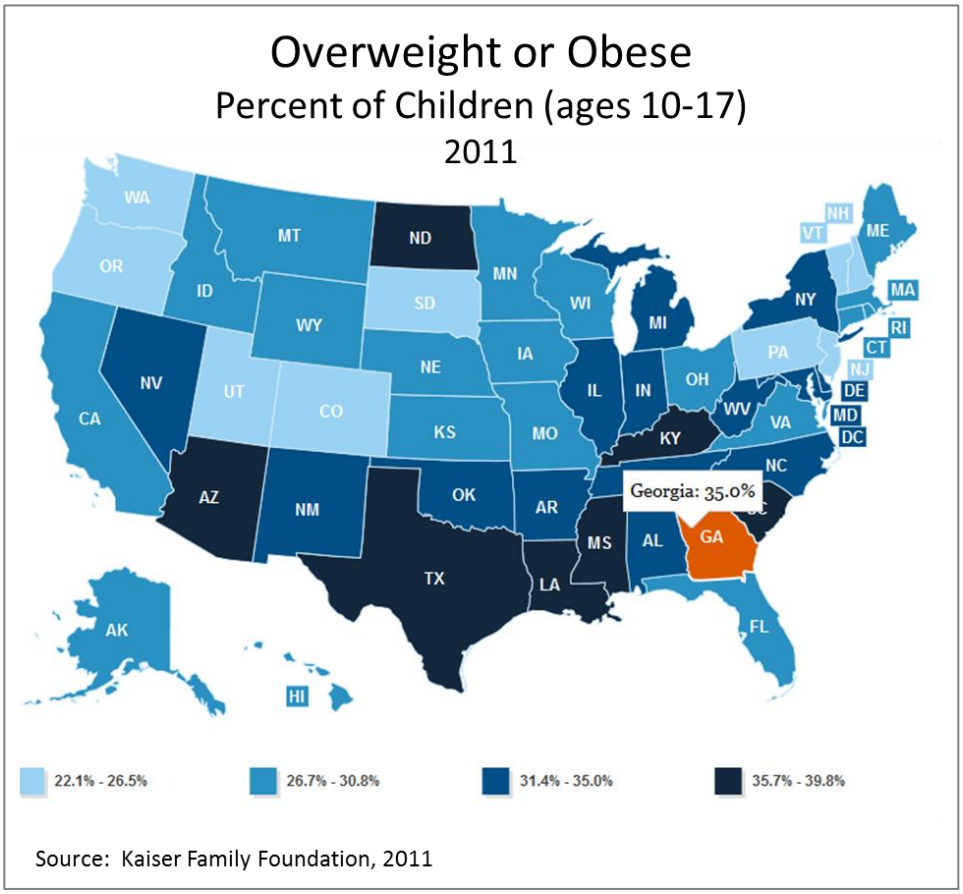
Childhood Obesity

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

According to Healthy People 2020, 16.2 percent of children and adolescents aged 2-19 years are obese.[49] A report released by the Centers for Disease Control and Prevention in August, 2013 indicated that Georgia's obesity rates among two to four-year-olds from low income families declined between 2008 and 2011.[50]



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



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

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

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

- Hispanics - 22.4 percent
- Non-Hispanic Blacks - 20.2 percent
- Non-Hispanic Whites – 14.1 percent
- Non-Hispanic Asian youth – 8.6 percent [53]

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

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

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

Obese children are more likely to have:

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

MATERNAL, INFANT, AND CHILD HEALTH

HEALTHY PEOPLE 2020 REFERENCE – MICH

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

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

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

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

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

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.[59]

Why Are Maternal, Infant and Child Health Important?

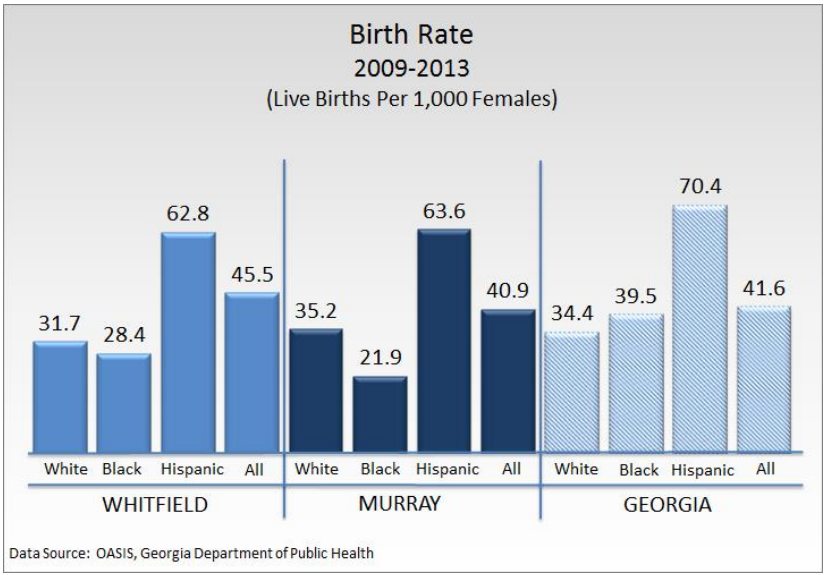
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

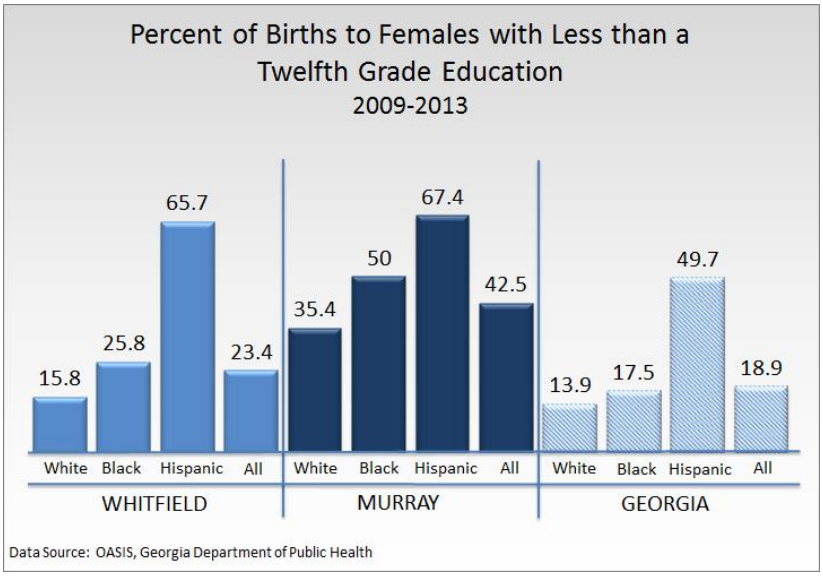
- *Hypertension and heart disease*
- *Diabetes*
- *Depression*
- *Genetic conditions*
- *Sexually transmitted diseases (STDs)*
- *Tobacco use and alcohol abuse*
- *Inadequate nutrition*
- *Unhealthy weight*

Healthy People 2020

Birth Rates

Whitfield County had a higher birth rate (45.5 live births per 1,000 females) than the State rate. Murray County had a lower birth rate (40.9 live births per 1,000 females) than the rates in both Whitfield County and the State.



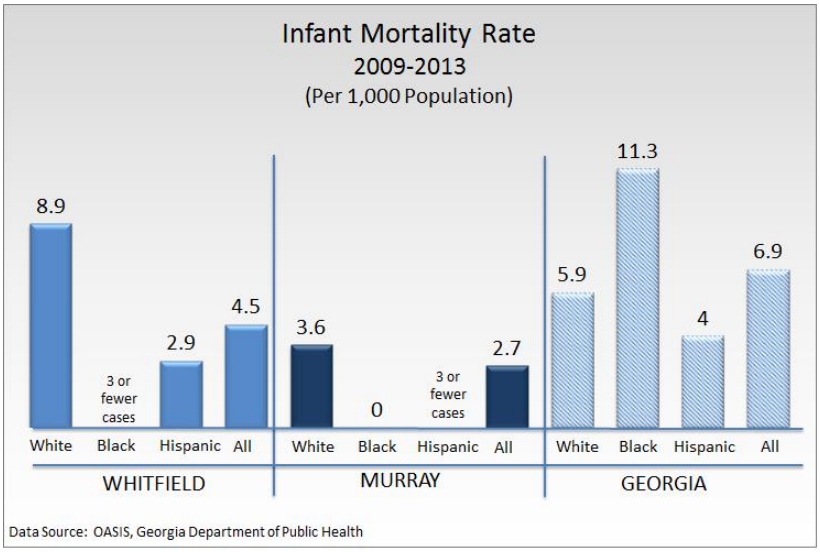


The percent of births to females with less than a twelfth-grade education was higher in both Whitfield County and Murray County compared to the rate for Georgia (18.9 percent). The percent of births to Hispanic mothers with less than a twelfth-grade education was the highest among the population groups.

Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.[60] The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.[61] Some of the common causes of infant mortality include: serious birth defects, pre-term births, sudden infant death syndrome (SIDS), maternal complications of pregnancy, or unintentional injury.[62]

The infant mortality rates in Whitfield County (4.5 per 1,000 population) and Murray County (2.7 per 1,000 population) were lower than the Georgia rate (6.9 per 1,000 population). The Black infant mortality cases in the counties were too low to report a rate. In Georgia, the Black infant mortality rate (11.3 per 1,000 population) is higher than any other population group rate.



Fetal and Infant Conditions

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

- Prematurity is disorders related to short gestation and low birth weight.
- Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- Birth-related infections are infections specific to the period of time near birth.[63]

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

Number of Deaths: Fetal and Infant Conditions
(<1 Year of Age)
2009-2013
Whitfield and Murray counties

	ALL	White	Black	Hispanic
2009	2	0	0	2
*2010	6	5	0	1
2011	3	2	0	1
2012	4	3	0	1
2013	4	3	0	1

*There were two deaths from Murray County in 2010.

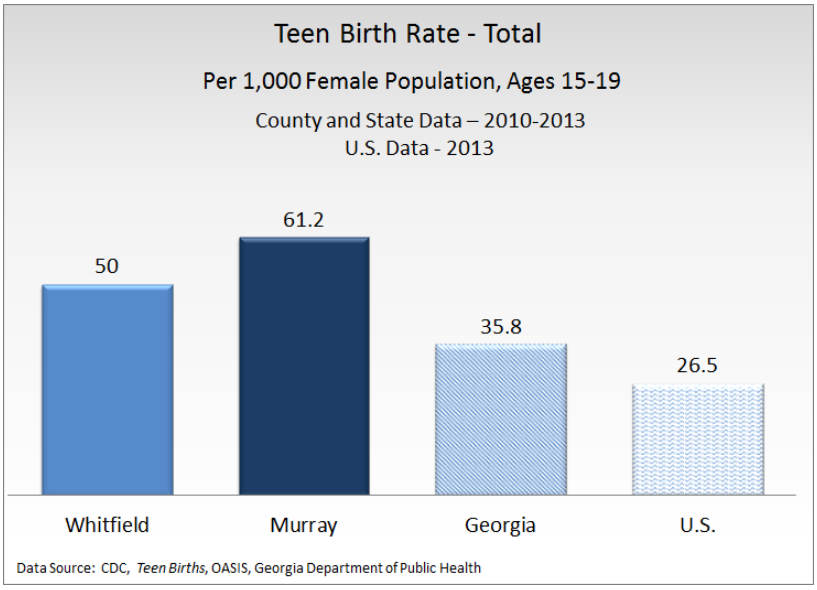
Data Source: OASIS, Georgia Department of Public Health

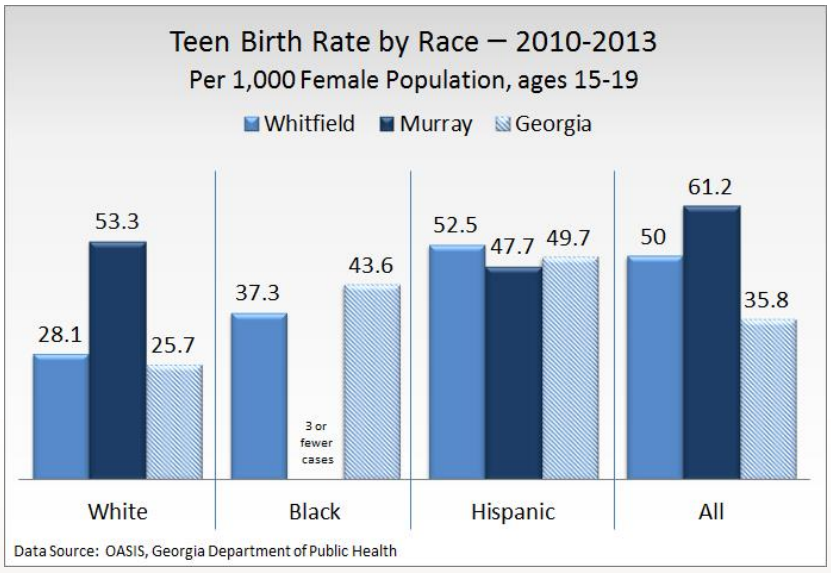
During the years 2009-2013, there were only two deaths from fetal and infant conditions reported in Murray County.

Teen Birth Rate

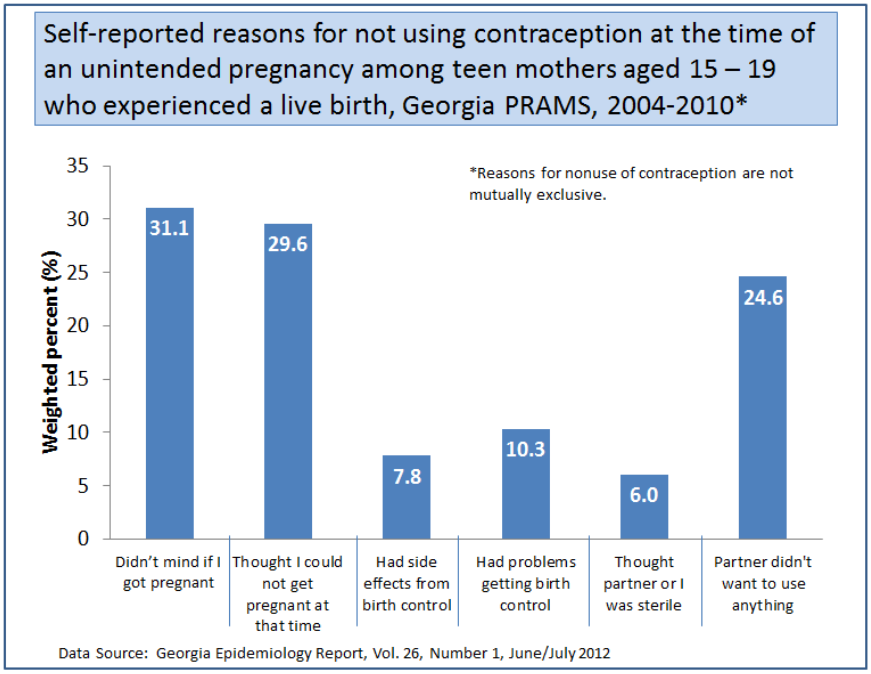
Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors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

The teen birth rates in Whitfield and Murray counties were higher than the State and the U.S. rates.





Whitfield and Murray counties' overall teen birth rates were higher than the State rates. Murray County had the highest teen birth rates among the White population group, while Whitfield County's teen birth rates were highest for the Hispanic population group.

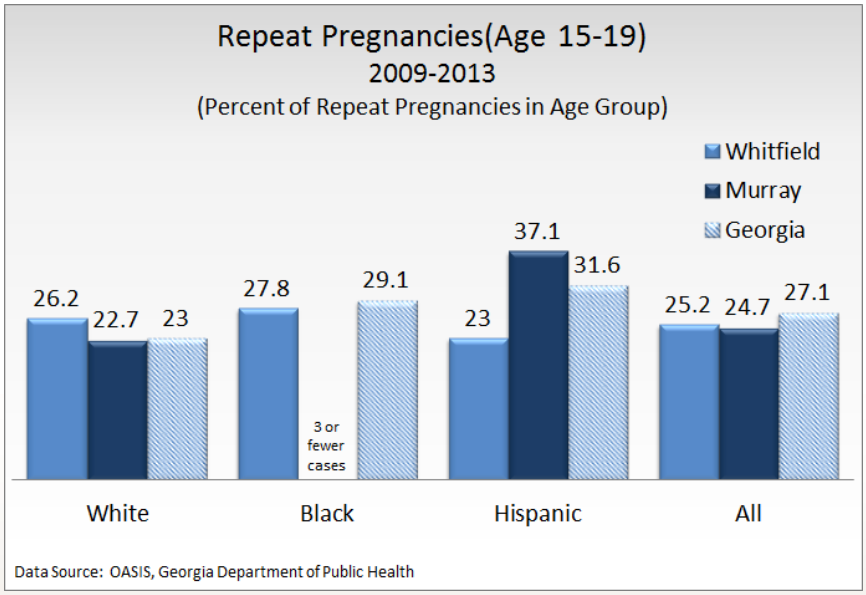


In Georgia, according to self-report among teen mothers, the top reasons for not using contraception at the time of unintended pregnancy were "Didn't mind if I got pregnant" and "Thought I could not get pregnant at that time." This information may be useful in developing effective activities to impact teen pregnancy, such as outreach programs and education for teenagers around fertility.[65]

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



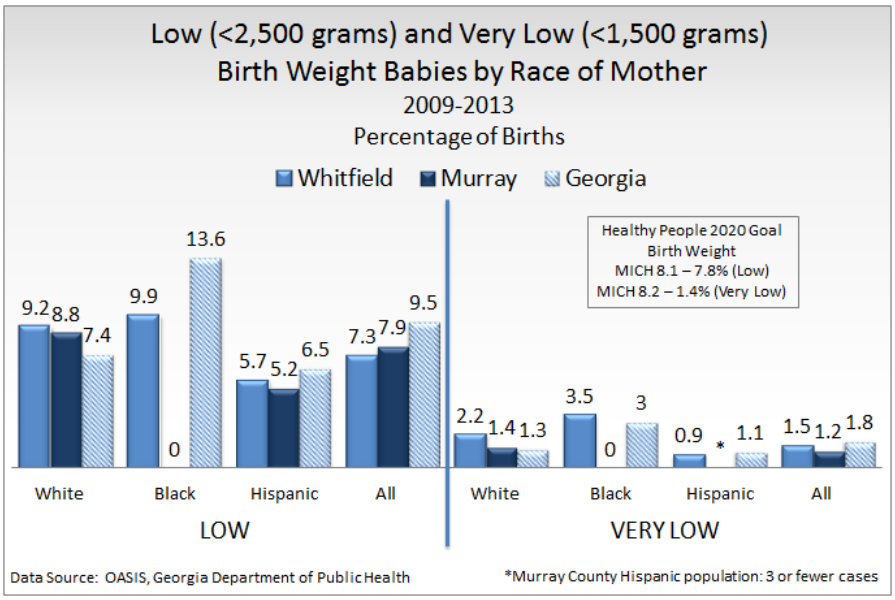
Whitfield County and Murray County had lower percentages of repeat pregnancies among teens aged 15-19 compared to the State rates.

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.[66]

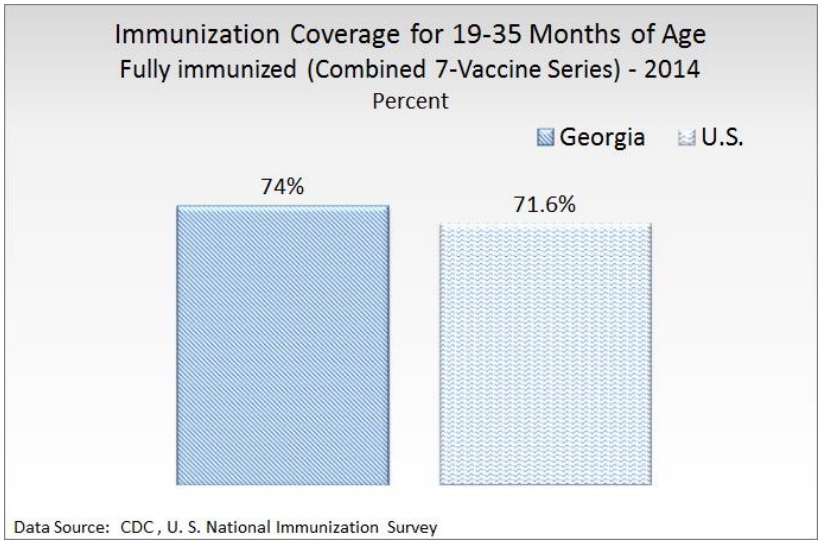
The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.[67] In 2013, the national prevalence of low birth weight babies was 8 percent while that for low birth weight babies was 1.4 percent.[68]

Overall, low birth weight percentages of births were lower in Whitfield County and Murray County compared to the State. Low birth weights were highest among Black babies.



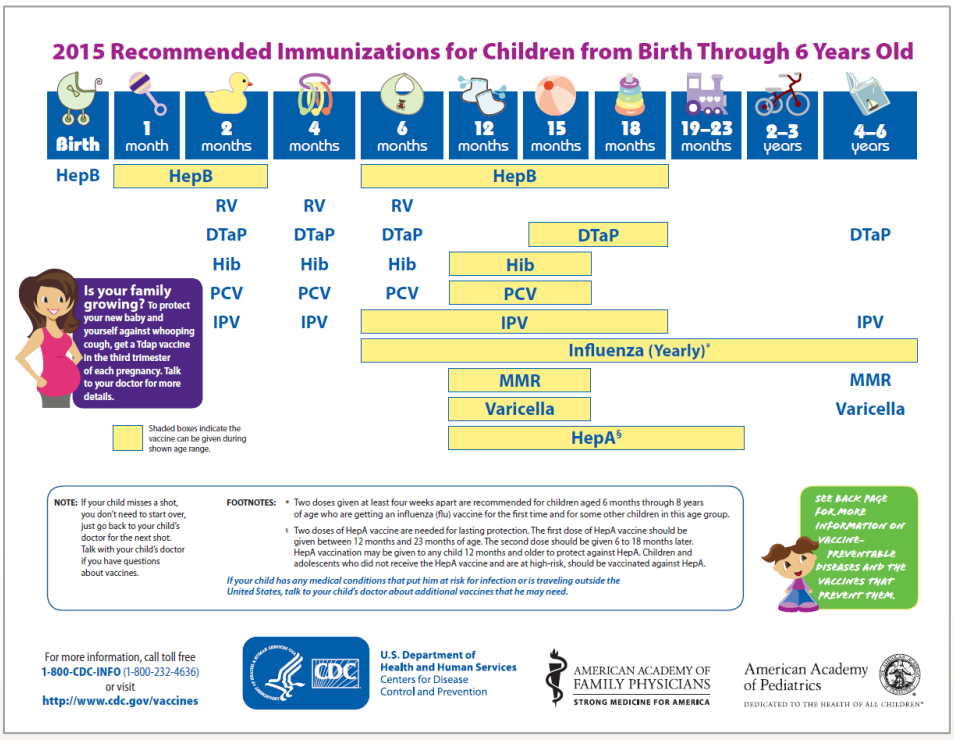
Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.[69]



The immunization rate for children 19-35 months old was higher in Georgia (74 percent) than in the U.S. (71 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[70]

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.[71]

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.[72]

The Youth Risk Behavior Surveillance System (YRBSS) monitors health risk behaviors that contribute to the leading causes of death and disability among youth and young adults at the State and National level. The survey is conducted every 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.

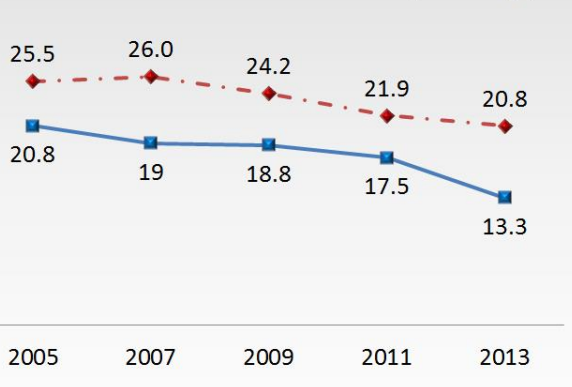
There are significant disparities in outcomes among racial and ethnic groups. In general, adolescents and young adults who are African American, American Indian, or Hispanic, especially those who are living in poverty, experience worse outcomes in a variety of areas (examples include obesity, teen pregnancy,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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

Adolescent Binge Drinking Behavior
2005-2013

(Percent of students who had five or more drinks of alcohol in a row on one or more of the past 30 days)



Breakdown of Georgia 2013 Data:	
Subject	Total
Total	13.3
9th	7.7
10th	14.6
11th	12.5
12th	19
Black	7.9
White	17.4
Hispanic	15.8

All data is based on survey results

Data Source: Centers for Disease Control and Prevention. 2013 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

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.

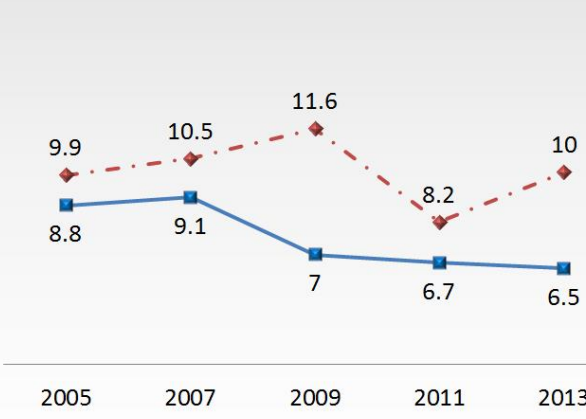
Binge drinking among Whites (17.4 percent) was more than twice as prevalent compared to Blacks (7.9 percent).

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 in the U.S. White youth were more likely than Black youth to engage in this behavior.

Adolescent Drinking and Driving Behavior
2005-2013

(Percent of students who drove one or more times when drinking)



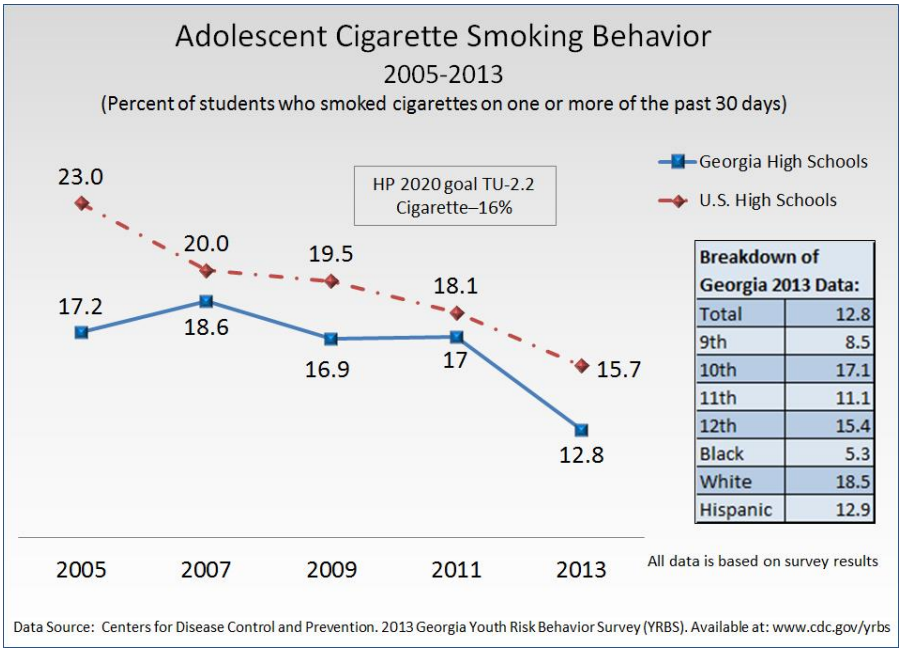
Breakdown of Georgia 2013 Data:	
Total	6.5
9th	4.9
10th	4.6
11th	4.6
12th	10.9
Black	4.1
White	6.8
Hispanic	9.6

All data is based on survey results

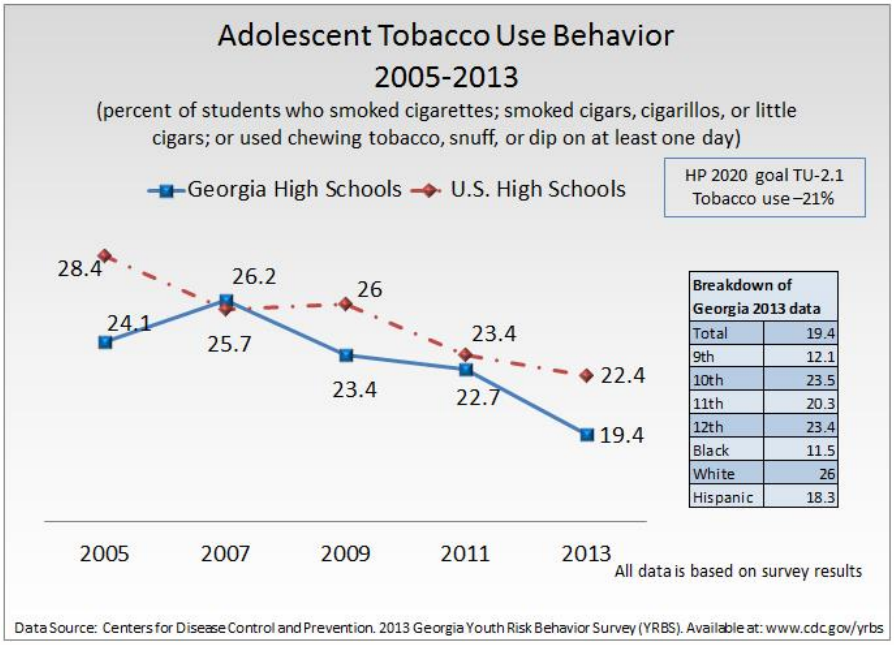
Data Source: Centers for Disease Control and Prevention. 2013 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

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).



Breakdown of Georgia 2013 Data:	
Total	12.8
9th	8.5
10th	17.1
11th	11.1
12th	15.4
Black	5.3
White	18.5
Hispanic	12.9



Breakdown of Georgia 2013 data	
Total	19.4
9th	12.1
10th	23.5
11th	20.3
12th	23.4
Black	11.5
White	26
Hispanic	18.3

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).

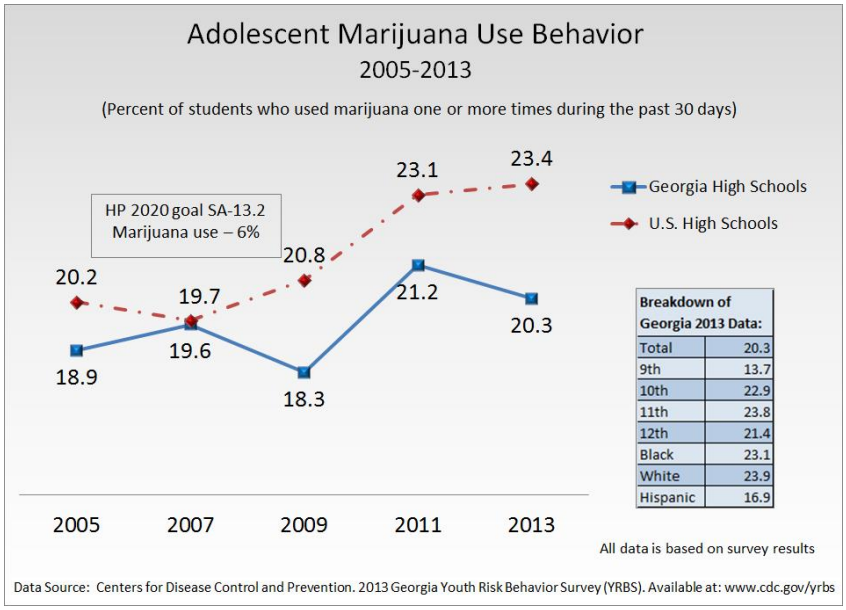
Illicit Drug Usage

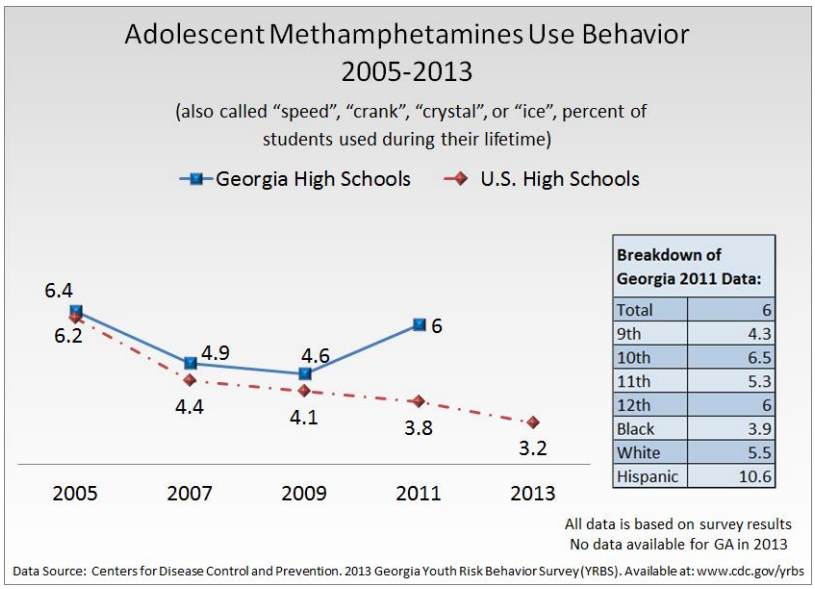
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.[73]

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.[74]





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: Whitfield County, Murray County, and Georgia

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

At a Glance Comparison 2013: Drug and Substance Abuse Behaviors Among Adolescents in Whitfield County, Murray County, and Georgia			
	Whitfield County High Schools	Murray County High Schools	Georgia High Schools
Binge Drinking	8.9%	6.9%	9.3%
Drinking and Driving	1.9%	1.7%	2.9%
Tobacco Use	14.3%	17.0%	11.9%
Cigarette Use	11.2%	12.5%	10.1%
Marijuana Use	11.6%	9.5%	12.8%
Meth Use	2.1%	2.2%	1.9%
Prescription	5.2%	4.2%	5.0%

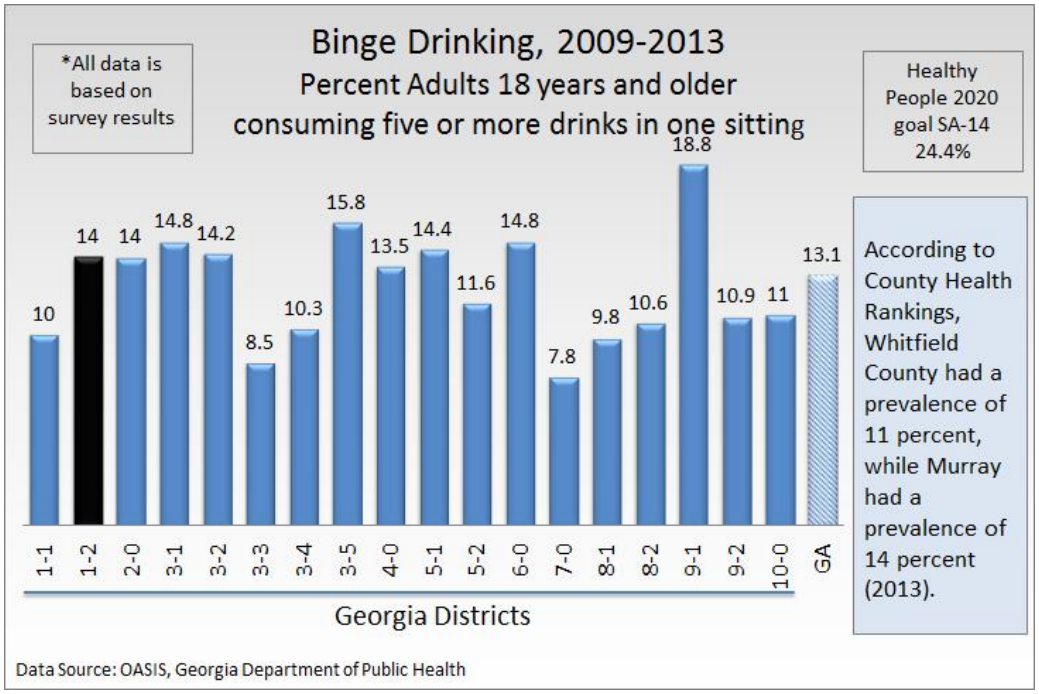
Data Source: Georgia Department of Education. Georgia Student Health Survey

Whitfield County had a higher percentage of adolescents that participated in tobacco use, cigarette use, methamphetamine use, and prescription use than the State. Murray County had a higher percentage of adolescents that participated in tobacco use, cigarette use, and methamphetamine use than the State. 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.[75]

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.[76]



The binge drinking prevalence in Health District 1-2 (14 percent) was higher than the State prevalence (13.1 percent). This was well below the Healthy People goal of 24.4 percent. Whitfield County had a prevalence of 11 percent, while Murray had a prevalence of 14 percent.

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.[77] 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. Therefore, the infection may be spread without the knowledge of the infected individual.[78]

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections is encouraged for sexually active young adults.[79]

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. [80]

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.

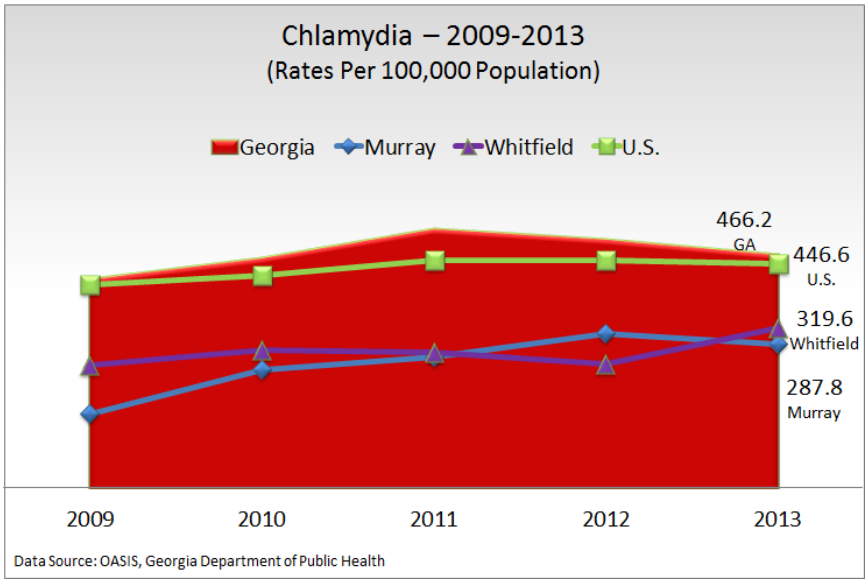
Because many cases of STDs go undiagnosed—and some common viral infections, such as human papilloma virus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Healthy People 2020

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing, and is easily treated and cured with antibiotics.[81]

- 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.[82]
- Women had 2.7 times the reported chylamydia rate of men in 2009.[83]
- Georgia ranked ninth highest in the U.S. for reported chlamydia cases in 2013.[84]



Average Chlamydia Rates by Race (2009-2013)			
	White	Black	All
Georgia	69.5	615.2	472.2
Whitfield	132.6	683.6	272.1
Murray	161.5	929.9	247.4

Data Source: OASIS, Georgia Department of Public Health

Clinical Recommendations

Screening for Chlamydial Infection

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

Healthy People 2020

In 2013, the chlamydia rate in Whitfield County (319.6 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). Murray County's rate (287.8 per 100,000 population) was lower than the rates in the U.S., Georgia, and Whitfield County.

Chlamydia rates among Blacks were significantly higher than Whites in Whitfield County, Murray County, and Georgia.

Gonorrhea

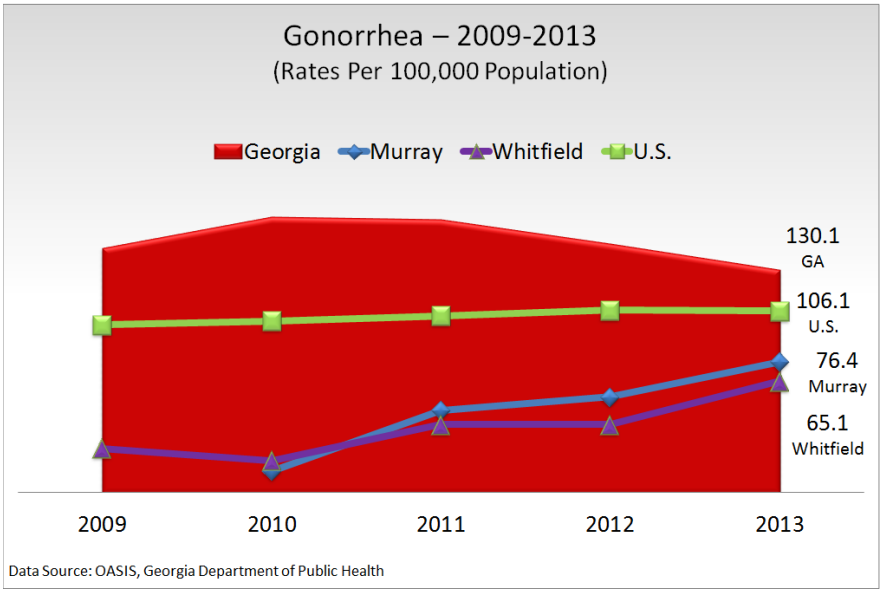
Gonorrhea and chlamydia often infect people at the same time.[85] The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are 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.[86]
- Georgia ranked eighth highest in the U.S. for reported gonorrhea cases in 2013.[87]

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



Data Source: OASIS, Georgia Department of Public Health

In 2013, the gonorrhea rate in Murray County (76.4 per 100,000 population) was much lower than the State rate (130.1 per 100,000 population) and the U.S. rate (106.1 per 100,000 population). Whitfield County's rate (65.1 per 100,000 population) was lower than the rates in Murray County, the State, and the U.S.

Average Gonorrhea Rates by Race (2009-2013)			
	White	Black	All
Georgia	13	262.5	147.8
Whitfield	24.7	229.6	37.8
Murray	28.2	496	40

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea rates were significantly higher among Blacks than Whites in Whitfield County, Murray County, and Georgia.

Syphilis

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

- Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.[89]
- Georgia ranked number one in the U.S. for reported syphilis cases in 2013.[90]

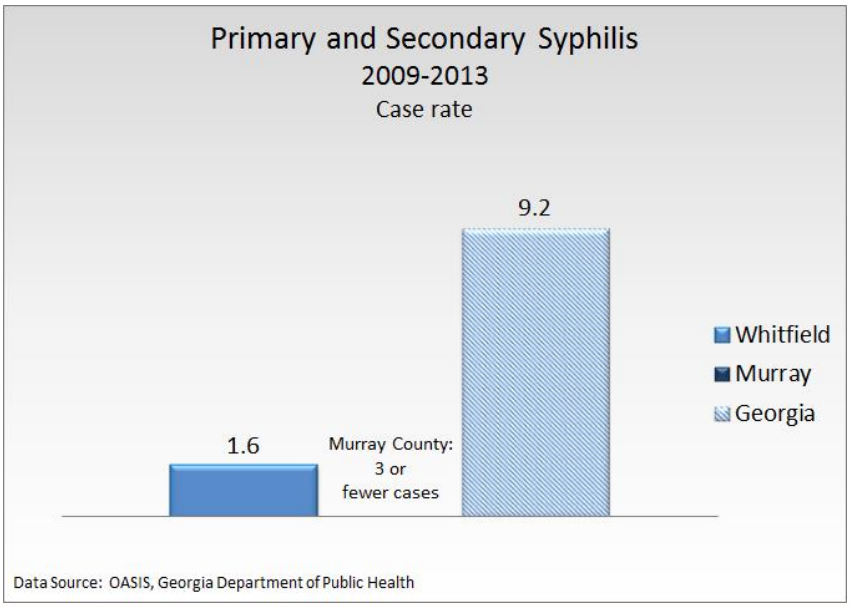
How Can Syphilis Be Prevented?

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

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

Centers for Disease Control and Prevention

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



Due to the low number of reported cases in Murray County, the syphilis rate was not statistically meaningful.

The syphilis rate in Whitfield County was well below the Georgia rate.

Human Immunodeficiency Virus (HIV)

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

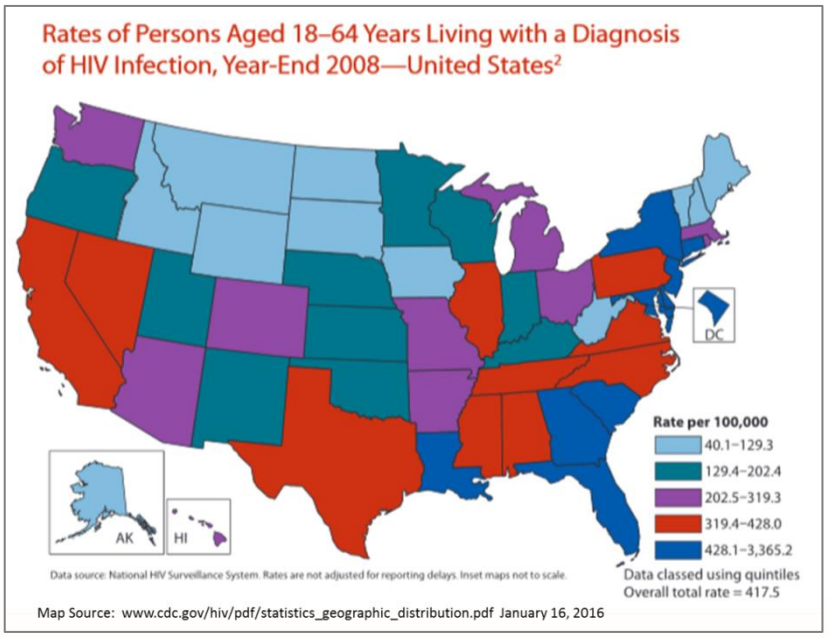
- In 2010, White MSM represented the highest number of new HIV infections in the U.S.[94]
- In 2010 Blacks (male and female) represented approximately 12 percent of the country's population, but accounted for 44 percent of new HIV infections. Blacks accounted for 41 percent of people living with HIV in 2011.[95]
- Hispanics (male and female) represented 16 percent of the population and accounted for 21 percent of new HIV infections in 2010. Hispanics accounted for 20 percent of people living with HIV in 2010.[96]

Why is HIV important?

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

Healthy People 2020

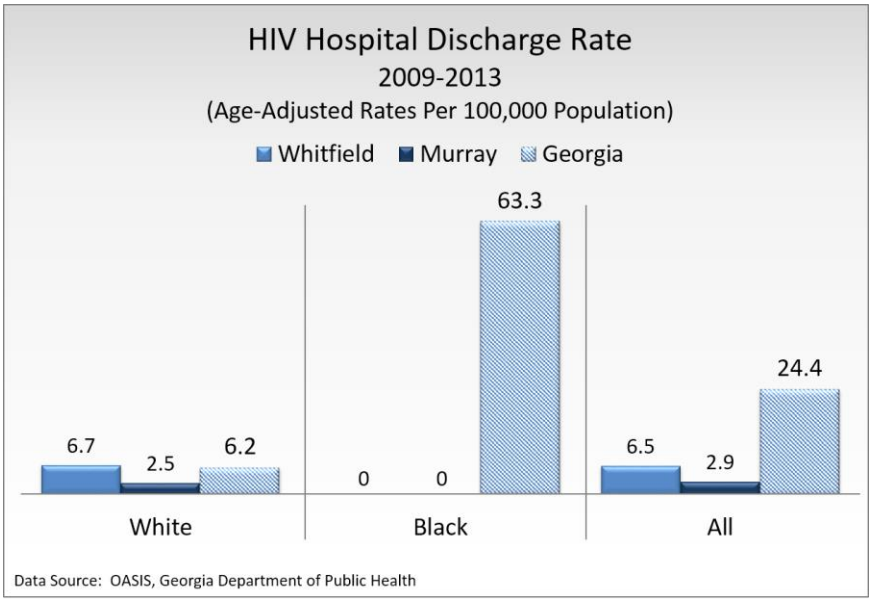
According to the Centers for Prevention and Disease Control, in 2008 Georgia had some of the highest HIV rates in the country.



The following chart shows hospital discharge rates for individuals with HIV in Georgia, Murray County, and Whitfield County.

The HIV hospital discharge rate for Whitfield County (6.5 per 100,000 population) was lower than the State rate (24.4 per 100,000 population). Murray County also had a lower rate (2.9 per 100,000 population).

Blacks had the highest discharge rate in the State, however there were no cases reported for Blacks in Whitfield and Murray counties.



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 is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."[97]

Why Is Access to Health Services Important?

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

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

Healthy People 2020

Gaining Entry into the Healthcare System

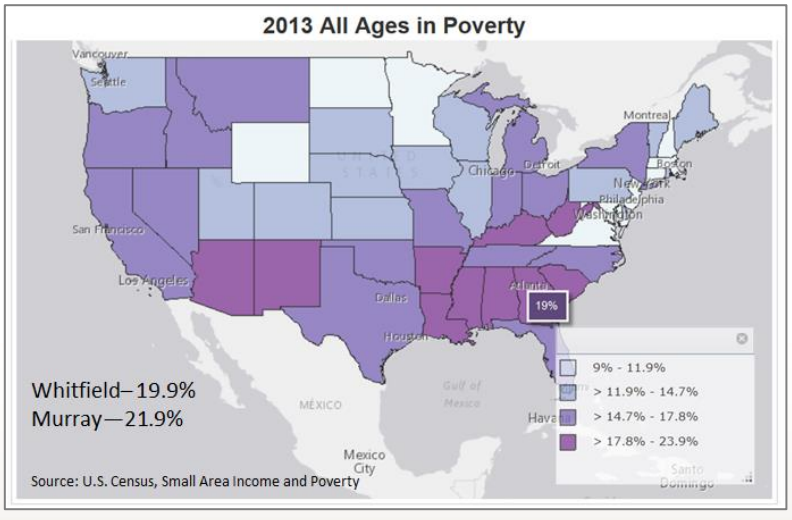
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

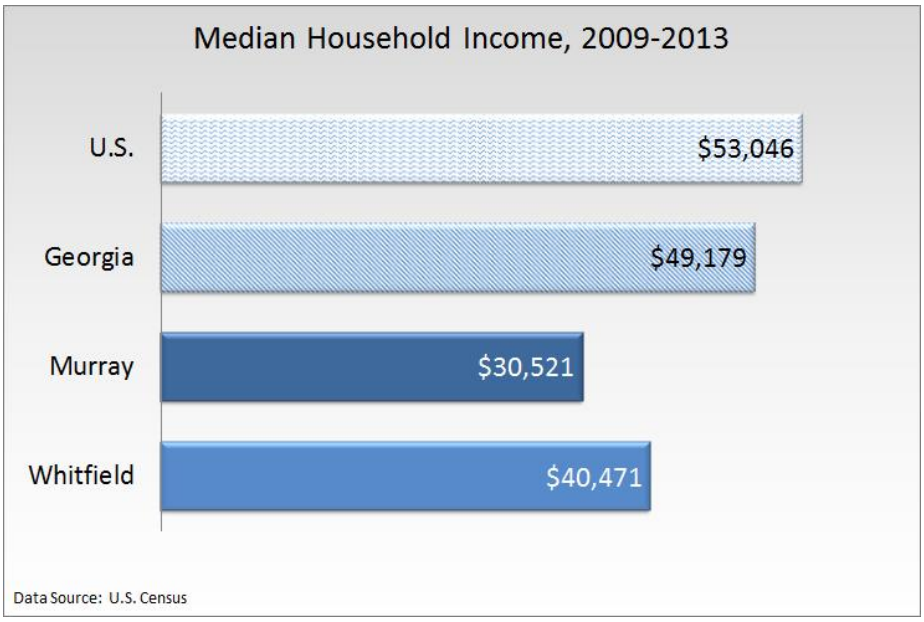
Income and Poverty

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.[98]

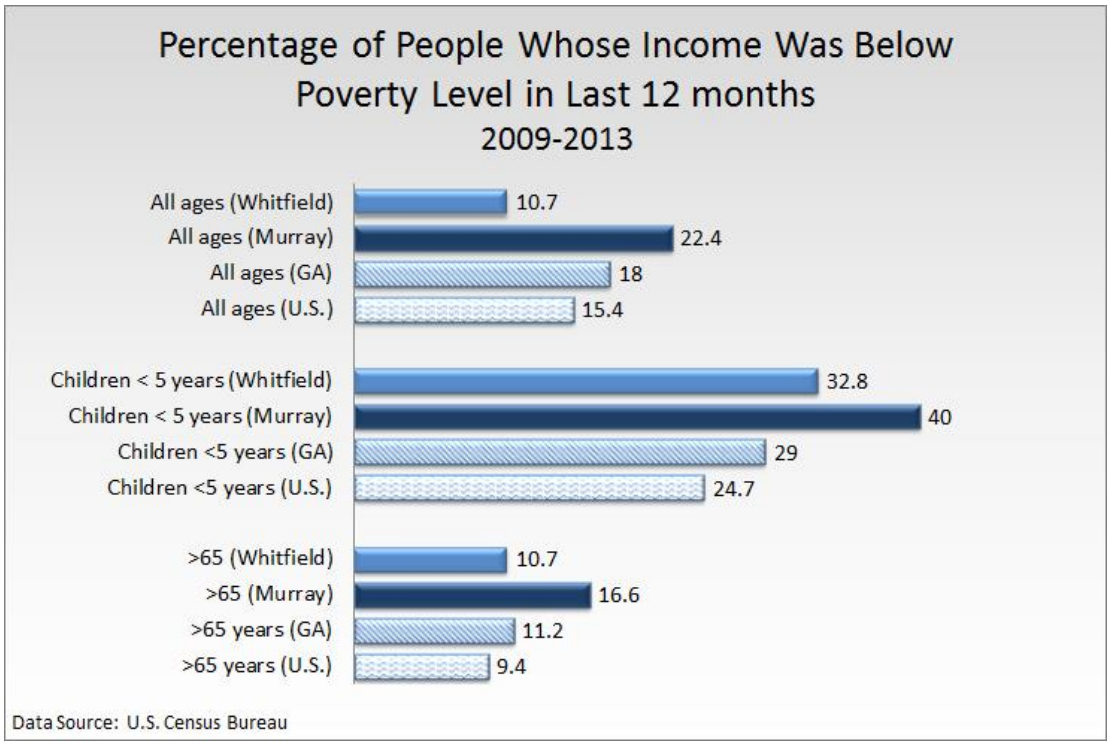
Georgia ranked fifth highest in the U.S. at 19 percent of the population below the poverty level in 2013.[99]

Whitfield County's poverty rate was 19.9 percent, and Murray County's rate was higher at 21.9 percent.



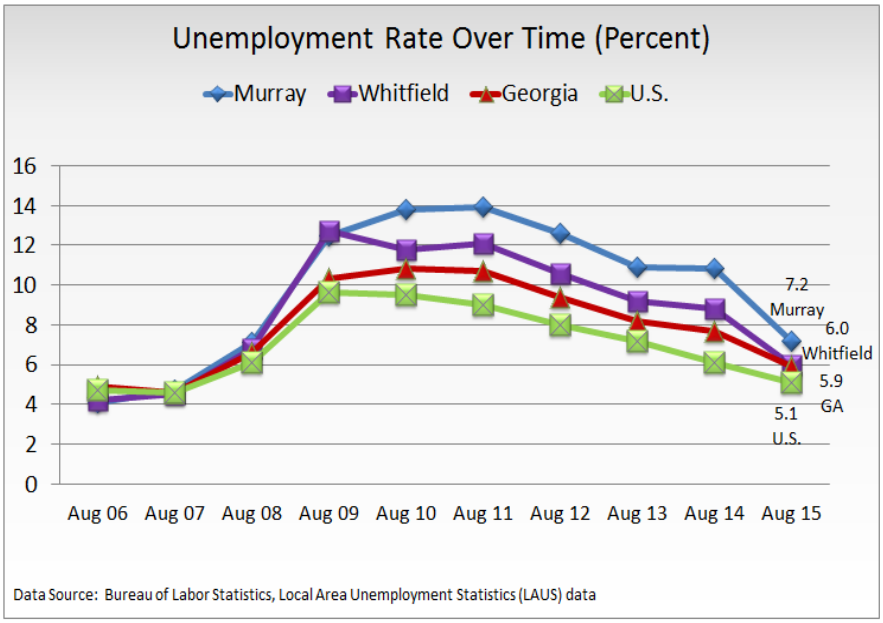


The median household incomes during 2009-2013 in Whitfield and Murray counties were $40,471 and $30,521 respectively. These median incomes were below the Georgia average of $49,179 and the U.S. average of $53,046

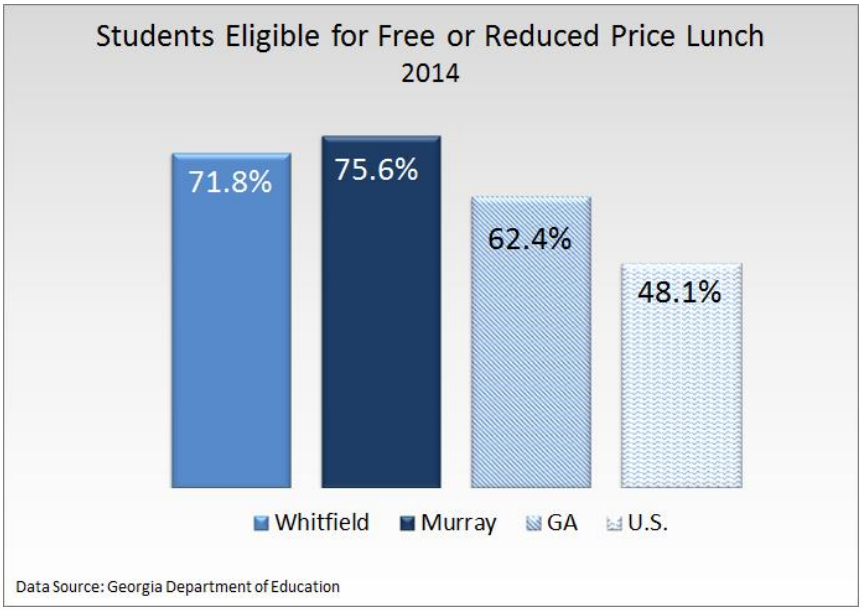


During 2009-2013, the percentage of people in Whitfield County whose income was below the poverty level (10.7 percent) was lower than the rate in Georgia (18 percent) and in the U.S. (15.4 percent). The percentage of people in Murray County living below the poverty level was 22.4 percent. The percentages of children under five years of age living in poverty in Whitfield and Murray counties (32.8 percent and 40 percent respectively) were higher than in Georgia (29 percent) and in the U.S. (24.7 percent). The percentages of Seniors in Whitfield and Murray counties living in poverty (10.7 percent and 16.6 percent respectively) were higher than in the State (11.2 percent) and in the U.S. (9.4 percent).

Since August of 2008, the unemployment rates in Whitfield and Murray counties have been higher than the rates in the State and in the U.S. The unemployment rates rose sharply in 2009, but have since decreased. Whitfield County's unemployment rate dropped from 10.6 percent in August 2012 to 6.0 percent in August 2015. Murray County's unemployment rate dropped from 12.6 percent in August 2012 to 7.2 percent in August 2015.



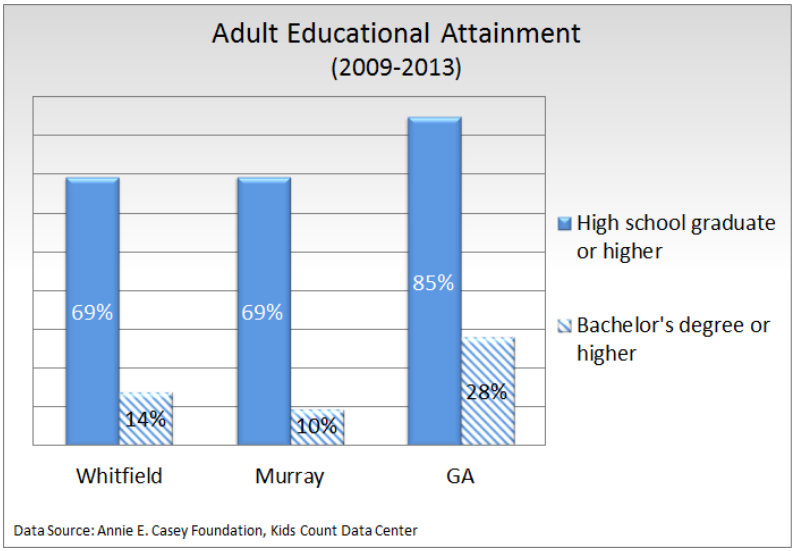
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.[100] For July 1, 2015 through June 30, 2016, a family of four's income eligibility for reduced-price lunches was at or below $44,863 and for free meal eligibility at or below $31,525.[101]



In 2014, nearly 72 percent of the public school students in Whitfield County and 76 percent of public school students in Murray County were eligible for free or reduced price lunches. These rates were higher than the rates in Georgia (62 percent) and in the U.S. (48 percent).

Educational Attainment

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

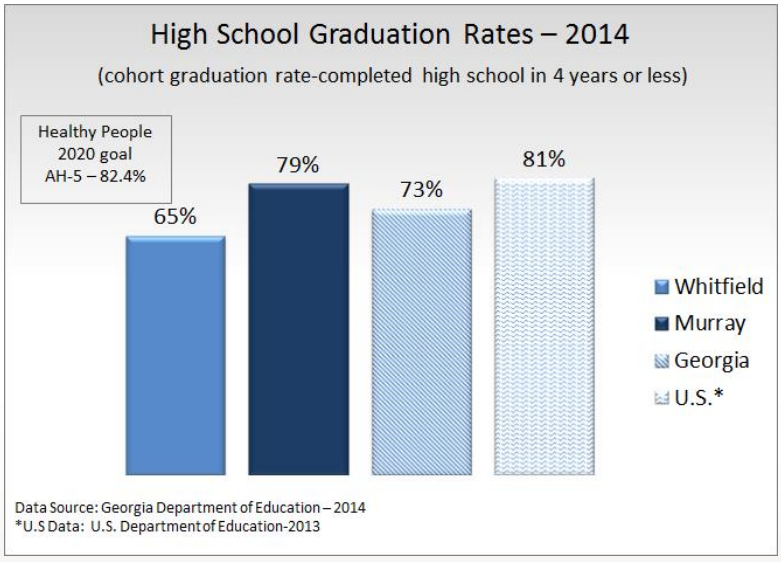


From 2009-2013, an average of 69 percent of Whitfield County residents and 69 percent of Murray County residents graduated high school, compared to Georgia's average of 85 percent. An average of 15 percent of Whitfield County residents and 12 percent of Murray County residents had a bachelor's degree or higher compared to Georgia's higher average of 28 percent.

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

In 2014, the Whitfield County high school graduation rate was 65 percent while that of Murray County was 79 percent. The Georgia rate was 73 percent, while the U.S. rate was 81 percent.

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

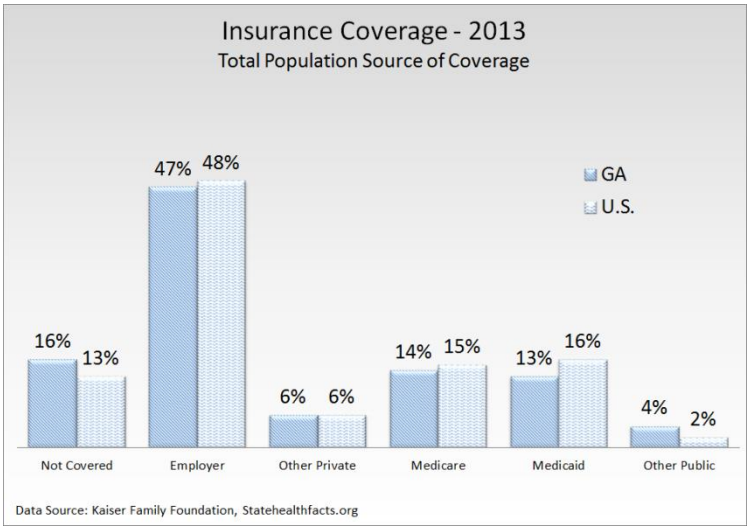


Insured Status

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.

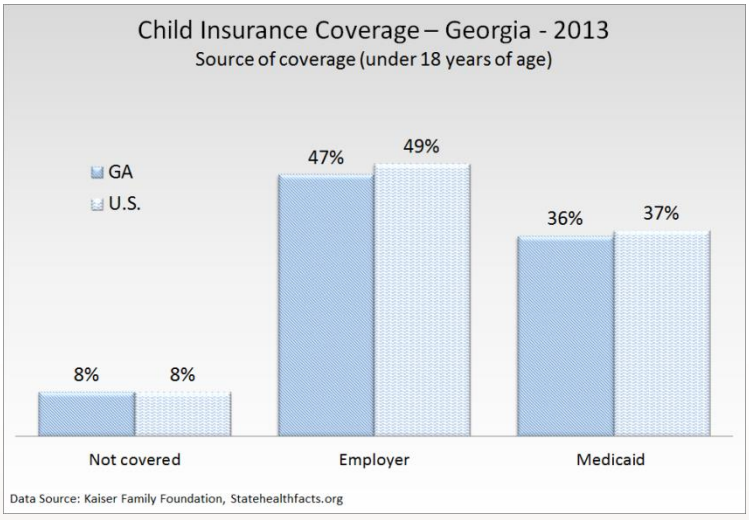
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

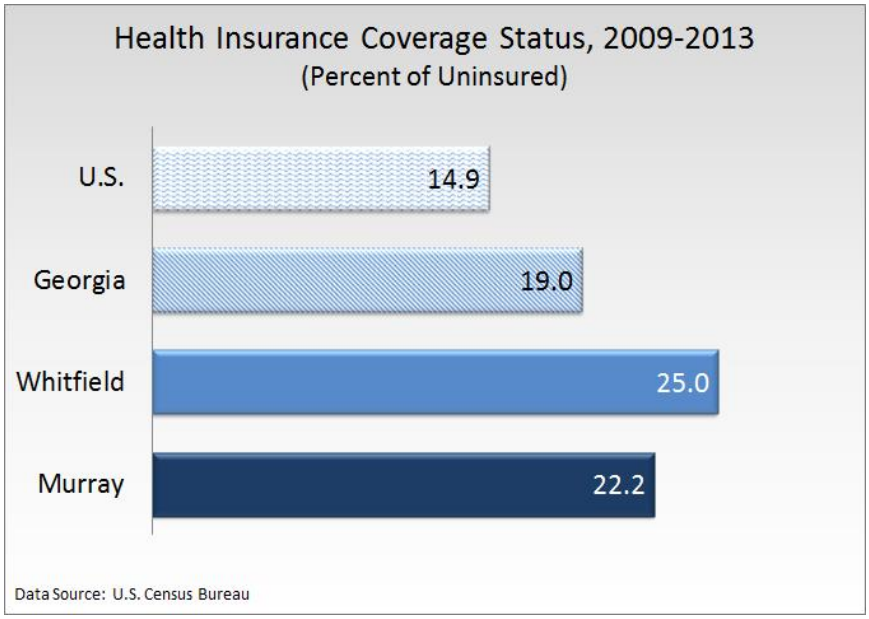


In 2013, Georgia's uninsured population (16 percent) was higher than the U.S. (13 percent). Employer coverage was lower in Georgia (47 percent) compared to the U.S. (48 percent). Georgia's proportion of Medicare and Medicaid covered individuals were lower than the U.S. rate.

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

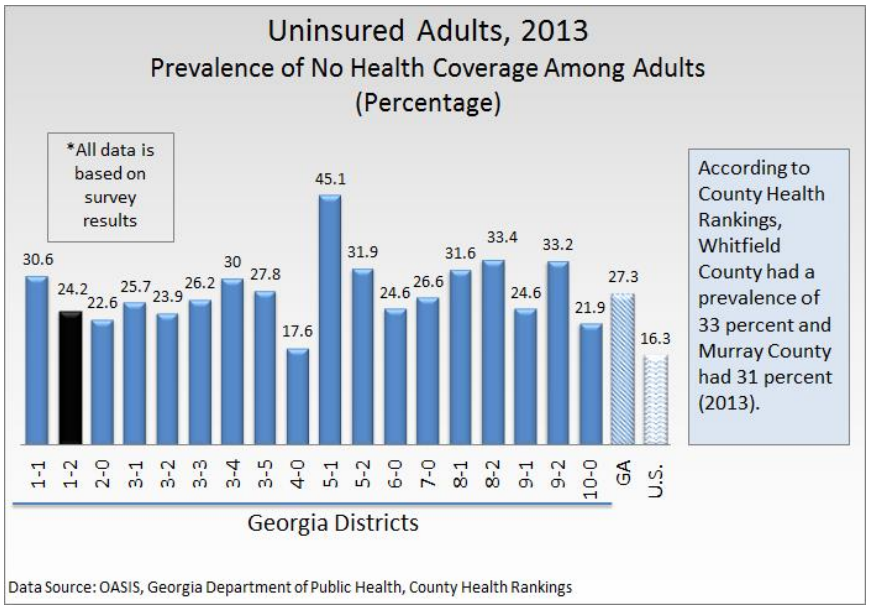


WHITFIELD AND MURRAY COUNTIES INSURED STATUS



The percentages of uninsured residents in Whitfield County (25 percent) and Murray County (22.2 percent) were lower than the State rate (19 percent) but higher than the U.S. rate (14.9 percent).

The percentage of adults that lacked health insurance in Health District 1-2 (which includes Whitfield and Murray counties) was 24.2 percent. This rate was higher than the U.S. rate (16.3 percent) and lower than the Georgia rate (27.3 percent). In 2013, Whitfield County had 33 percent of adults lacking health insurance, while the rate in Murray County was 31 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.

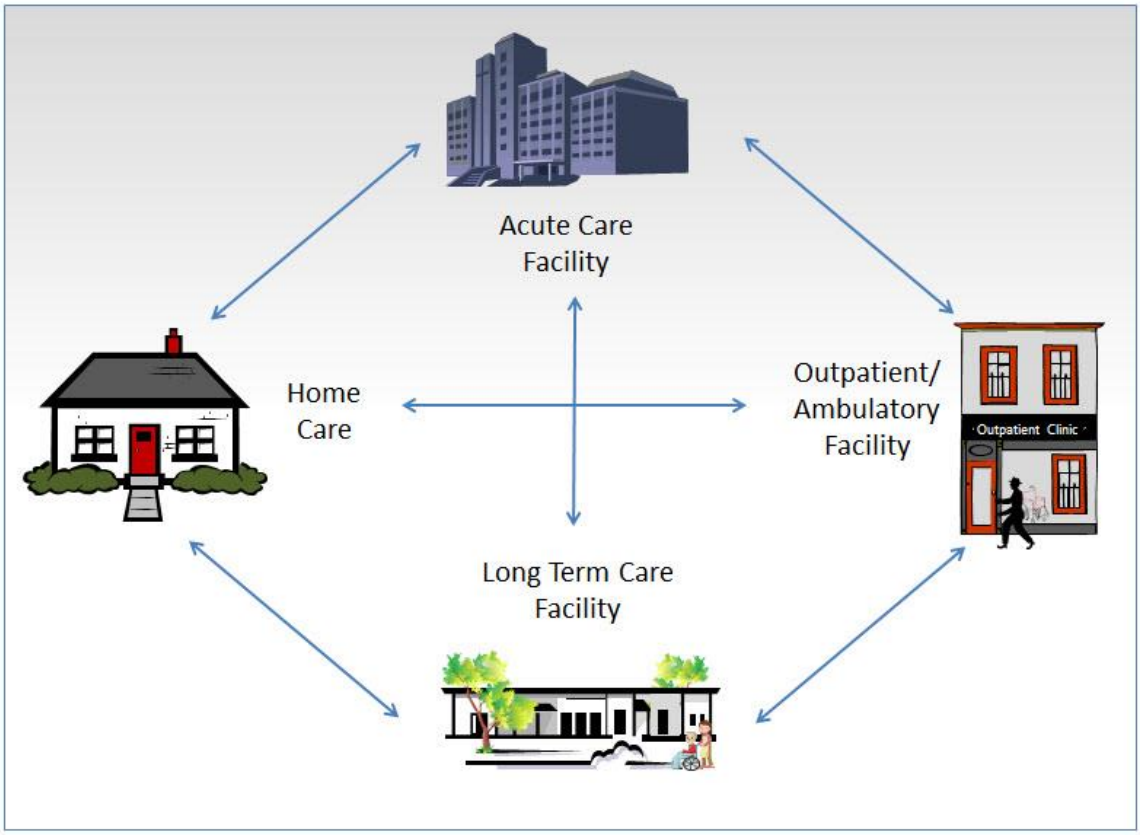
Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of healthcare, but it does not cover all medical expenses or long-term care. In Whitfield County 11 percent of the population is over the age of 65, and in Murray County 12 percent of the population is over the age of 65. Most of these residents are eligible for Medicare.

Accessing a Healthcare Location Where Needed Services Are Provided

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

Healthcare Continuum

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



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

Hamilton Health Care System, Inc. ("Hamilton") is located in Dalton, Georgia. Hamilton is a non-profit health care system that owns and operates Hamilton Medical Center, a 282-bed regional referral hospital system in northwest Georgia whose primary and secondary markets extend from Whitfield and Murray counties to Catoosa and Gordon counties.

Hamilton operates Bradley Wellness Center, which promotes fitness, nutrition, and other wellness services. Bradley Wellness Center is a 71,000-square-foot facility that provides necessary health education, health assessment, and a variety of exercise programs to accommodate individuals who are concerned with obtaining and maintaining a healthy lifestyle.

Free or Sliding Fee Scale Clinics

The DEO Clinic is a charity clinic run by a group of physician and community volunteers. Patient eligibility requirements are: 1) 18 to 65 years of age, 2) no health insurance, 3) household income below 200 percent of the federal poverty level and 4) resident of Whitfield or Murray counties. Office hours Monday and Thursday evenings from 5:00 to 8:00 pm on a first come, first served basis. Additional office hours are held two mornings a month by appointment.[109]

Georgia Mountains Health is a Federally Qualified Health Center that has locations in Whitfield and Murray counties. The Whitfield County location is housed in the Mack Gaston Community Center. The office hours are Monday through Friday, 8:00 am to 6:00pm. The Murray County location is in the city of Chatsworth. Office hours are Monday through Friday 8:00 am to 6:00 pm.

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. Murray County as a whole is considered an MUA/MUP based on its Index of Medical Service Score of 57.3. Whitfield County is not considered an MUA/MUP.[110]

HPSA: Whitfield County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	Yes	Yes
HPSA Score	10	15	12

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

HPSA: Murray County	Primary Care	Mental Health	Dental Health
Shortage Area	Yes	Yes	Yes
HPSA Score	14	15	14

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

Mental Health

Whitfield and Murray County have facilities nearby and outside of the counties that provide mental health and substance abuse services.

Hamilton Medical Center's Westcott Behavioral Health is a 27 bed acute voluntary behavioral treatment unit. Services include:

- Westcott provides inpatient services with a treatment team that includes psychiatrists, hospitalists, psychiatric nurses, psychologists, licensed clinical social workers, licensed professional counselors, occupational therapists, spiritual counselors, and case managers.
- Westcott provides psychotherapy and evaluations for children and adults. Other treatment options include individual counseling, evaluations and referrals, family and couples counseling, substance abuse and addictive behavior therapy, and bariatric counseling and referral.

Highland Rivers Health is the largest public safety net providers in the state of Georgia. It serves 12 counties including Whitfield and Murray. Services include:

- Whitfield Outpatient provides mental health and substance abuse services for adults and adolescents.
- Kaleidoscope provides developmental disability training.
- Whitfield Crisis Stabilization Unity provides mental health and substance abuse stabilization.
- Substance Abuse Intensive Outpatient Program provides substance abuse intensive services for adults.

Georgia Hope is a community-based provider of mental health and substance abuse counseling services, covering fourteen counties in Northwest Georgia. Services are offered to all Medicaid enrollees and children who are not eligible for Medicaid (undocumented) and adults who are uninsured in Whitfield and Murray counties. Services include:

- Behavioral health services provide home-based counseling care to children and adults such as, mental health assessment, substance abuse assessment, individual counseling, family counseling, group counseling, psychiatric/nurse services through telehealth or in-clinic, medication evaluation and management, case management, skill building, resource linkage, and parent skills training.
- Social services include home evaluations, homestead counseling, parent aid, case management, early intervention, parenting classes, substance abuse assessments, transportation, and supervised visits. Social services are provided through an open case with the Department of Family and Children Services (DFCS). A DFCS employee can request these services for a client.

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.[111] 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 are four nursing homes in Whitfield County (404 beds) and one nursing home in Murray County (120 beds).

Transportation

Whitfield County has a land area of 290 square miles, and Murray County has a land area of 344 square miles.[112] The size of both counties make traveling to the larger cities in each county for healthcare challenging. Whitfield County has a transportation service called Whitfield County Transit Service. The cost to ride is $4.00 for each one-way trip. The hours of operation are Monday through Friday from 6:30 am until 6:00 pm. Murray County has a transportation service called Murray County Transit which has a fleet of seven buses with wheel-chair accessibility. The hours of operation are Monday through Friday from 8:00 am – 5:00 pm.

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.[113]

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.[114] 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[115]

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

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 Meetings and Priorities

There were two focus group meetings held on the following dates and times:

- Community Meeting #1: February 4, 2016, 9:00 am – 11:00 am
- Community Meeting #2: February 4, 2016, 1:45 pm – 3:45 pm

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. Lifestyle and Chronic Diseases
    a. There is a need for low cost nutrition counseling.
    b. There is a need for education awareness on the causes, prevention, and intervention.
        i. There is a need for specific education on how to purchase and make healthy foods on a budget.
        ii. There is a need for lifestyle intervention education on exercise habits.
    c. There are limited places for physical activity
        i. Lack of physical activity (P.E.) in schools.
        ii. There are not enough parks in all areas of the community.

2. Access to Care - Providers and Facilities
    a. There is a lack of affordable and convenient transportation.
    b. There is a need for more pediatric specialists.
    c. There is a need for education and awareness concerning health insurance coverage.
    d. There is need for more vision and dental providers that accept Medicaid.
    e. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.
3. Cancer
    a. There is a fear of knowing one's health status. The public needs more education and awareness regarding screening, prevention, and available treatment options.
    b. There is a need for free or reduced cost cancer screening options.
    c. There is a lack of reliable transportation for patients to get to their treatment facility.

4. Adolescent Lifestyle Including Alcohol, Tobacco, and Drugs
    a. There is a need for education and awareness surrounding healthy lifestyle choices related to alcohol, tobacco and drug use.
    b. There is a need for more after school activities for adolescents.

5. Access to Care – Free and Reduced Cost Care
    a. There is a need for free or low cost care options for the working poor, uninsured, or underinsured.
    b. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.

6. Mental Health
    a. There is a need for education and awareness on mental illness.
    b. There is a need for more services, providers, and specialists relating to mental health care.
        i. There are no services available for adolescent drug and alcohol abuse.
        ii. There is no step-down process for addicts.

7. Senior Health
    a. There is a need for education and awareness in relation to Senior health issues/resources across the healthcare continuum.
    b. There is a lack of convenient transportation for Seniors.
    c. There is a need for more mental health help for Seniors that live alone.

8. Cardiovascular Disease
    a. There is a need for more resources following cardiovascular disease related surgery. There are limited rehabilitation facilities and aftercare for patients.
    b. There is a need for education and awareness on prevention, signs and symptoms of cardiovascular risk, and intervention tactics.

9. Teen Birth Rate
    a. There is a need for early education and awareness for adolescents concerning sex education and contraceptive use.

10. Accidents
    a. There is a need for more education and awareness regarding automobile safety to prevent accidents from distracted driving or lack of car seat safety.
    b. There is a need for more education and awareness on head injury prevention from sports related accidents.

Hospital Input

In determining the priority health needs of the community, the hospital 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 hospital 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 hospital 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 hospital chose the following order of priorities.

- Lifestyle and Chronic Diseases
- Access to Care - Providers and Facilities
- Cancer
- Cardiovascular Disease
- Adolescent Lifestyle Including Alcohol, Tobacco, and Drugs
- Access to Care – Free and Reduced Cost Care
- Mental Health
- Senior Health
- Teen Birth Rate
- Accidents

Approval

Hamilton Medical Center's Board approved this community health needs assessment through a board vote on August 25, 2016.

COMMUNITY PARTICIPANTS

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

COMMUNITY REPRESENTATIVES – KEY STAKEHOLDER INTERVIEWS

Zach Adamson, Human Resources Director of local flooring company
Angie Callaway, Whitfield County Health Department
Debbie Chestnutt, Murray County Health Department
Pat Gross, Faith Leader
Ernesto Mendez, Faith Leader
Tom Pinson, Director, Mack Gaston Community Center
Dr. Rodriguez, Physician and Director of a local charity clinic for underserved
Dr. Zachary Taylor, Medical Director, North Georgia Health District

PARTICIPANTS IN COMMUNITY FOCUS GROUP MEETINGS

Addie Allen, Hamilton Medical Center
Annette Daniel, native resident, HDC
Andrea Ridings, Dalton State College
Ashlee Zahn, Deputy Directory of Whitfield County 911
Belinda Parrish, Dalton Public Schools
Beth Morrison, Chamber of Commerce
Brandon Cawood, Resident and Photographer
Cathy Davis, Hamilton Convenient Care
Cheryl Gill, Hamilton Medical Center
David Blaylock, DEO Clinic
Debbie Chestnutt, Murray County Health Department
Erica Fleming, Dietician, Bradley Wellness Center
Isabel Barajas, Northwest Georgia Healthcare Partnership
Jackie Taylor, Dalton Public Schools
Jamie Johnson, Dalton Police Department
Jennifer Jeffries, Dalton Police Department
Jimmie Jones, Whitfield County Health Department
Kelley McAllister, Hamilton Medical Center
Ken Waddell, Hamilton Medical Center
Laurie Parker, RossWoods Adult Day Services
Lisa Payne, Cornerstone Medical Group
Michael Williams, Bradley Wellness Center
Misty Silvers, Adcock Financial Group
Scott Radeker, Hamilton EMS
Shawna Farmer, Hamilton EMS
Teresa Mendez, Northwest Georgia Healthcare Partnership
Tracie Hogan, Whitfield County Schools

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

Dalton Place 706-671-2324
Gardens at Royal Oaks 706.275.8899
Happy Days PCH 706.517.2774
Morningside of Dalton 706.277.9695
Pleasant Valley Assisted Living 706.259.3094
Shady Oaks PCH 706.275.0953
Southern Haven Assisted Living 706.223.3558
Tranquility of Dalton Senior Living Home 706.259.5483

AMBULATORY SURGERY CENTERS

Hamilton Ambulatory Surgery Center
1250 Broadrick Drive
Dalton, GA 30720
706.876.5000

North Georgia Outpatient Surgery
1504 N. Thornton Avenue, Suite 101
Dalton, GA
706.275.9000

ALCOHOL ABUSE, ADDICTION INFORMATION, AND TREATMENT

Carter Hope Center
Alcohol and Drug Addiction
706.226.7044

Highland Rivers Health
Alcohol, Drug Addiction and Mental Health
706.270.5134

Alcohol Abuse-24-hour Hotline and Treatment
800-299-6310

Dalton DUI School
706.278.3500

New Hope Women's Center
706.270.5040

Providence Ministries
706.275.0268

Treatment Services (ADAC)
706.270.5100

Westcott Center
706.272.6480

CANCER SUPPORT SERVICES

American Cancer Society
800.227.2345

Nueva Vita, Nueva Luz
706.272.6662

CHILDREN & FAMILY SUPPORT SERVICES

Children and Families 1st
Murray County: 706-876-4910
Whitfield County: 706-271-2456

Office of Child Support Services (OCSS)
877.423.4746 (P)

Department of Family and Children Services
Murray County: 706-695-7315
Whitfield County: 706.272.2332

Family Frameworks
706.313.0023

CLOTHING RESOURCES

Central Church of Christ
706.278.8051

City of Refuge
706.226.1301

Salvation Army
Murray County: 706.422.8691
Whitfield County: 706226.8438

CRISIS INTERVENTION

Georgia Crisis Line
800.715.4225 (P)

National Domestic Violence Hotline
800.799.7233 (P)

Northwest GA Family Crisis Center
706.278.6595

URGENT CARE/CONVENIENT CARE

Hamilton Convenient Care-Dalton
706.529.3245

Hamilton Convenient Care-Varnell
706.852.2374

FINANCIAL ASSISTANCE

Department of Family and Children Services
(DFCS)
Murray County: 706.695.7315
Whitfield County: 706.272.2331

FREE AND REDUCED COST MEDICAL CLINICS

DEO Clinic
706.581.2009

Georgia Mountains Health Center
706.517.2273 (Chatsworth)
706.529.3643 (Dalton)

FOOD ASSISTANCE

Department of Family and Children Services (DFCS)
Murray County: 706.695.7315
Whitfield County: 706.272.2331

Salvation Army Food Pantry
706.695.7605

Helping Hands Food Pantry
706.517.0091

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

HOSPICE PROVIDERS

Amedisys Hospice Care of Dalton
706.259.2518

Amedisys Home Health Care
706.226.1170

Hamilton Hospice
706.278.2848

Heart Lite Hospice Care
706.272.1035

Hamilton Home Health Care
706.226.2848

Hospice of Murray County
507.836.8114

HOUSING / UTILITY ASSISTANCE

Habitat for Humanity
706.278.3336

Georgia Housing Search
877.428.8844

Community Action Agency
706.695.5913 (Murray County)
706.226.7241 (Whitfield County)

Salvation Army
706.695.7605 (Murray County)
706.278.3966 (Whitfield County)

United Methodist Children's Home
706.278.4010

LEGAL ISSUES

CASA (Court Appointed Special Advocate for Children)
706.278.6558

Child Support Enforcement
877.423.4767

Compassion House
706.272.2843

Department of Juvenile Justice
706.272.2343

LATINO/HISPANIC SERVICES

Mexican Consul Atlanta
800.639.4835

Nueve Vision
706.259.6402

Servicos Latinos
706.281.4523

Promotoras De Salud
706.272.6662

LONG TERM CARE (SKILLED NURSING FACILITIES)

Ethica Health and Retirement
706.281.4328

Quinton Memorial Skilled Nursing Facility
706.226.4642

Regency Park Skilled Nursing Facility
706.270.8008egency Park Skilled Nursing Facility
706.270.8008

PHYSICAL THERAPY / REHABILITATION SERVICES

Bradley Whiteside Rehabilitation
706.272.6199

RECREATION AND COMMUNITY CENTERS

Mack Gaston Community Center
706.278.8205

Bradley Wellness Center
706.278.9355

SAFETY

Georgia Poison Control
800.282.5846
www.gpc.dhr.georgia.gov

SENIOR CITIZENS

Alzheimer's and Related Disorders
706.275.0819

Area Agency on Aging
877.759.2963

Caregivers Night Out
706-270-9628

Ross Woods Adult Day Services
706.270.9628

Community Action Agency
Murray County: 706.695.7315
Whitfield County: 706.226.7241

Meals on Wheels
Murray County: 706.695.7050
Whitfield County: 706278.2777

Senior Center
Murray County: 706-695-2713
Whitfield County: 706-278-3700

SMOKING CESSATION

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

TRANSPORTATION

Murray County Transportation
706.695.5161

Whitfield County Transportation
706.278.4010

Southeastrans, Inc (Medicaid only)
866.388.9844

ENDNOTES

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