

West Georgia Health Community Health Needs Assessment

2012

Prepared for: **West Georgia Health**
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EXECUTIVE SUMMARY

Purpose

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

The results of the CHNA will guide the development of West Georgia Health'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 Troup County.

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

About the Area

Troup County is located in west Georgia and has a population of 67,044. West Georgia Health, a regional health care provider with 276 acute-care beds, serves this area of Georgia. The hospital is located in the county seat of LaGrange. The surrounding areas of LaGrange are diverse as far as population of rural and urban areas. Hogansville and West Point are far less populous in comparison to LaGrange. The population distribution among rural and urban areas is almost split evenly—55.7 percent of the population is urban and 44.3 percent is rural. Seven and one-half percent of Troup County's land area is urban while 92.5 percent is rural.¹

The County's population is predicted to increase to 73,505 residents by 2015.² The percentage of residents aged 55 and older had increased from 2000 to 2010. This identified an immediate need for delivery of healthcare that serves individuals with chronic conditions. The Hispanic population had nearly doubled since 2000, although remains a small portion of the population. The County should address access to care, insurance coverage, and education for this minority group with special attention to language and cultural barriers.

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 Troup County for 2006-2010, cancer was the leading cause of death followed by heart disease, stroke, chronic lower respiratory disease, and accidents.

Cancer

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

Heart Disease and Stroke

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

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

Maternal, Infant and Child Health

Birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. The teen birth rate in Troup County was significantly higher than in Georgia and the U.S. The teen birth rate among Black females was almost double that of White females, which brings attention to a major health disparity in the community. The infant mortality rate in Troup County was slightly higher than in the U.S., but lower than in Georgia. Crude birth rates in Troup County were about the same as the Georgia and the U.S. rates.

Alcohol, Tobacco, and Drug Use

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

Sexually Transmitted Diseases

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. In 2010, Troup County's rates for chlamydia were higher than in Georgia and the U.S. Gonorrhea rates were slightly lower than the State rates but higher than the U.S. rates. Troup County chlamydia rates among Blacks were over 13 times the rate of Whites.³ Gonorrhea rates among Blacks were over 16 times higher than the rate of Whites.⁴ In Troup County, human immunodeficiency virus (HIV) hospital discharge rates for Blacks were over six times the rates for Whites.⁵ Community members cited family life as a key indicator for increased prevalence of STDs.

Access to Care

Access to healthcare is impacted by level of income, educational attainment, and insured status. In 2006-2010, Troup County's population consisted of 21 percent of the population living in poverty. This was a higher percentage than the state average and national average.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In 2009, 25.5 percent of adults in Troup County were uninsured. In 2010, 12 percent of children were uninsured. Education also affects an individual's ability to access care. In 2006-2010, only 79 percent of Troup County residents were high school graduates. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.⁶

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

Community Prioritization of Needs

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

- Access to care—providers
- Obesity
- Cancer
- Heart disease and stroke
- Teen pregnancy
- Young children (0-5 years of age)
- Diabetes
- Respiratory disease
- Teen lifestyle—alcohol, tobacco, and drugs
- Mental health
- Access to care-transportation
- Alcohol and drug abuse
- Sexual abuse
- Sexually transmitted diseases

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

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

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

Marjorie Scott, Committee Chair, CCO
Deborah Burton, CNO-VP Nursing Services
Tripp Penn, VP Support Services
Brenda Shelton, Director, Coding, Utilization Management, Social Services
Jamison Exum, Client Executive, Dell Services, Patient Access and Financial Services
Kathy Hammock, Director, Labor and Delivery, Maternal Services, Women's Center
Joe Calhoun, Director, Georgia Heart Clinic
Jan Nichols, Director, Marketing
Ralph Duraski, Director, Pulmonary Services
Tommy Britt, Director, Human Resources
Charlene McClanahan, Director, Oncology Services
Kathy McCurry, Patient Educator
Marilyn Jones, Compliance Analyst
Amy Osbahr, Coordinator Physician Development
Dana Chambers, Director, Special Projects
Kay Lewis, Administrative Assistant

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

2. Defining the Community or Service Area

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

3. Identifying and Engaging Community Leaders and Participants

The CHSC identified community leaders, partners, and representatives to include in the CHNA process. Individuals, agencies, partners, potential partners, and others were requested to

work with the hospital to 1) assess the needs of the community, 2) review available community resources and 3) to prioritize the health needs of the community. Representatives of groups, or individuals, who represent medically underserved populations, low income populations, minority populations, and populations with chronic diseases were included.

4. Identifying and Engaging Community Stakeholders

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

5. Community Health Profile

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

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

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

6. Community Input

Two-hour Community Health Input Meetings (community meetings) and one-hour Community Stakeholder Interviews (interviews) were essential parts of the CHNA process. Four community meetings and 20 stakeholder interviews were conducted between May 20 and May 23, 2012 in order to obtain the community's input into the health needs of Troup County.

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

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

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

7. Hospital Prioritization of Needs

Information gathered from community meetings, stakeholder interviews, discussions with the hospital leadership team, as well as a review of demographic and health status, and hospital utilization data was used to determine the priority health needs of the population. Draffin & Tucker, LLP provided the CHSC with a written report of the observations, comments, and priorities resulting from the community meetings and stakeholder interviews. The CHSC reviewed this information, focusing on the identified needs, priorities, and current community resources available. The CHSC debated the merits or values of these priorities, considering the resources available to meet these needs. From this information and discussion, the hospital developed the priority needs of the community, each of which will be addressed separately in the Hospital's Implementation Strategy document.

8. Board Adoption

The Board of Trustees adopted this CHNA report on November 19, 2012.

ABOUT TROUP COUNTY

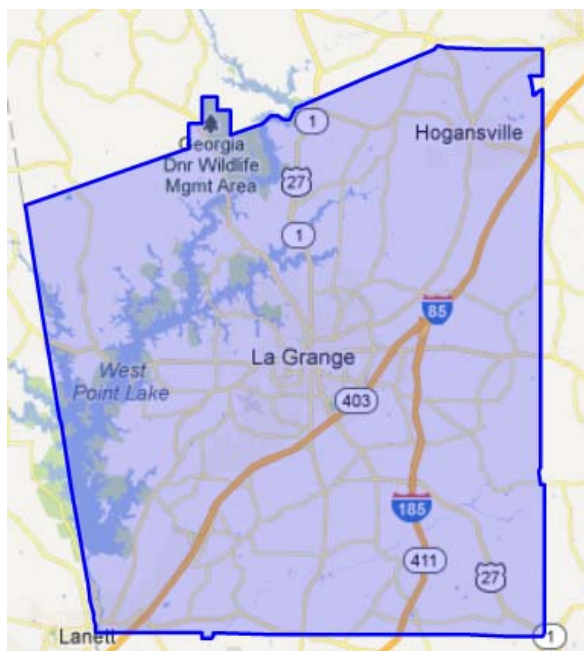
Troup County is located in west Georgia. The County is bordered on the west by east Alabama and is approximately 60 miles southwest of Atlanta. Western Troup County is bordered by Lake West Point which accounts for nearly 41 square miles of the County’s 447 square miles.⁷ According to the 2010 U.S. Census, there were 67,044 residents in the county.⁸ The county includes the cities of Hogansville, the county seat of LaGrange, and West Point. Hogansville and West Point are far less populous in comparison to LaGrange. The population distribution among rural and urban areas is almost split evenly—55.7 percent of the population is urban and 44.3 percent is rural. Seven and one-half percent of Troup County’s land area is urban while 92.5 percent is rural.⁹



There is one hospital system in Troup County (West Georgia Health) with many ancillary service facilities that serve the community. The main hospital is located in LaGrange.

City/town/village	2010 Population
LaGrange	29,588
Hogansville	3,060
West Point	3,474

Source: U.S. Census

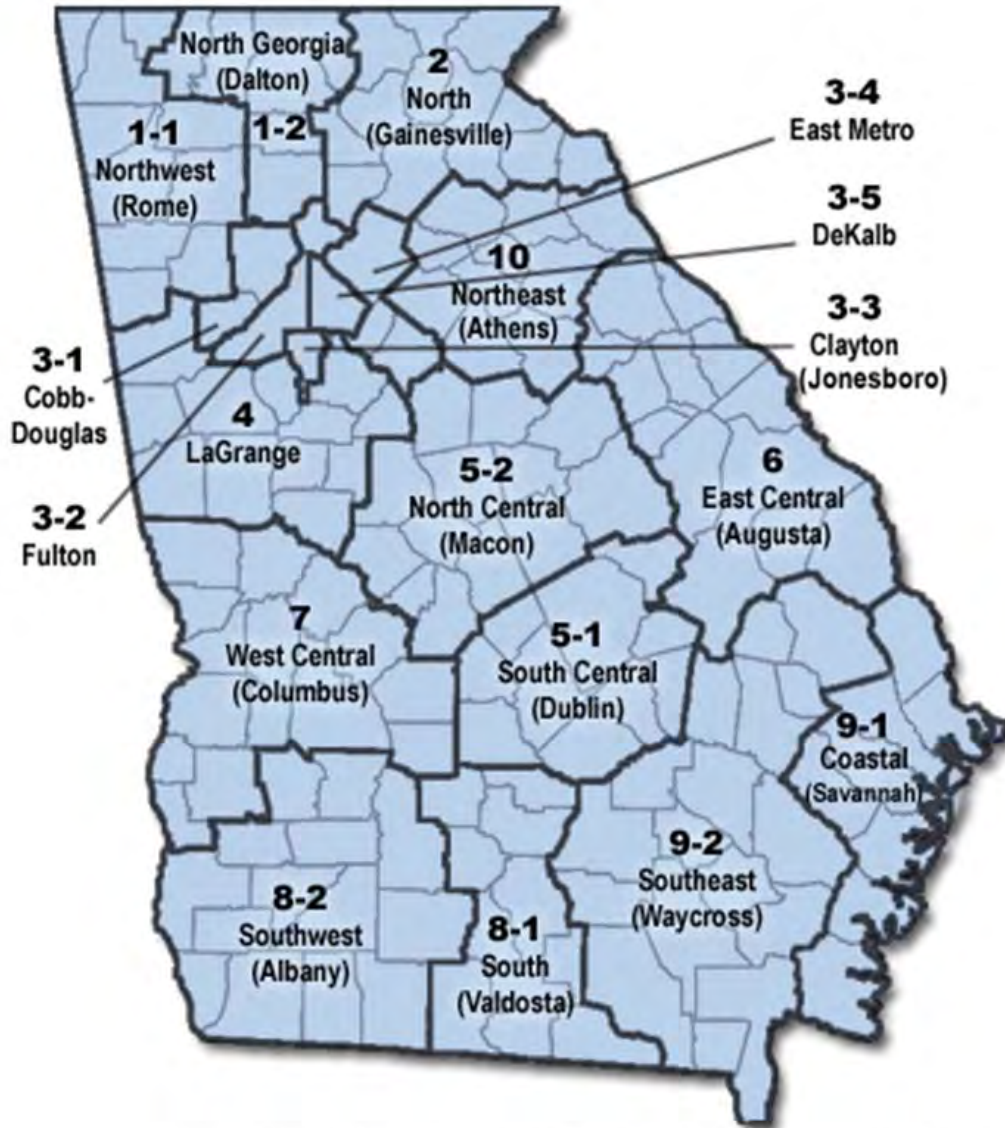


Source: Google Maps

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

Troup County is best known for West Point Lake which extends 35 miles along the Chattahoochee River. The West Point Dam and lake were developed in 1965 for flood control, hydroelectric power, fish and wildlife development, and recreational use.¹¹

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



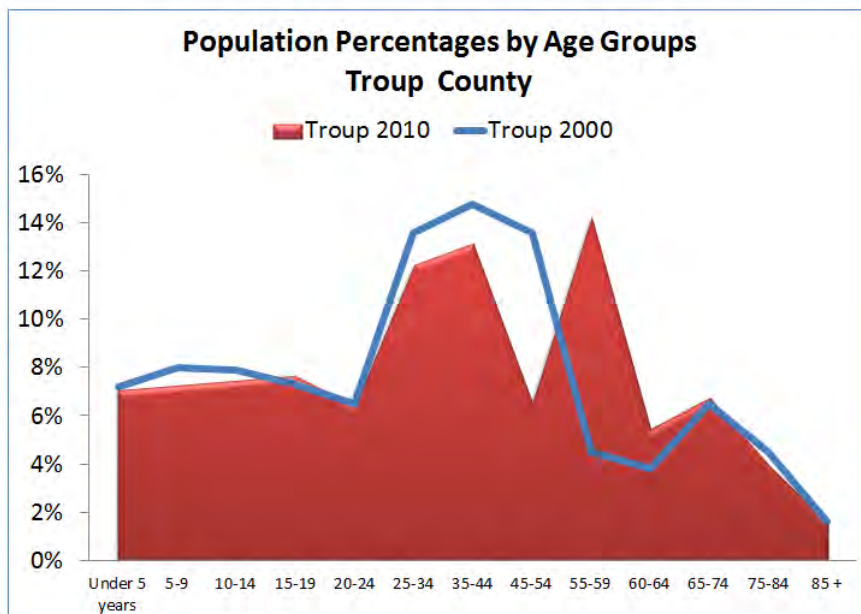
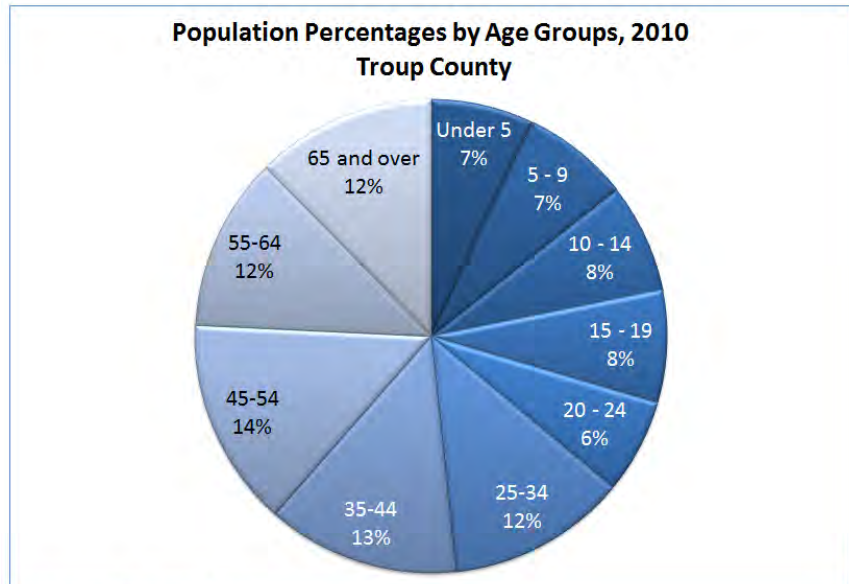
Source: Georgia Department of Community Health

Demographics

Population Profile

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

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



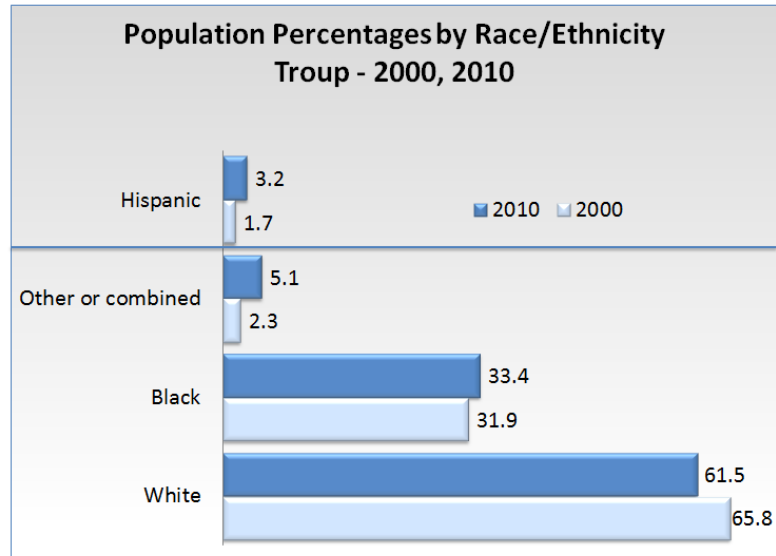
Population projections indicate that the County population will increase by 9.6 percent from 2010 to 2015.¹³

Comparing the County's population percentage by age groups from 2000 to 2010, it is apparent that the County population is aging. The age group of 55-59 more than tripled from 2000 (4.5 percent) to 2010 (14.3 percent). Growth in the number of residents aged 55 and older will have significant impacts on the health care delivery system within the County.

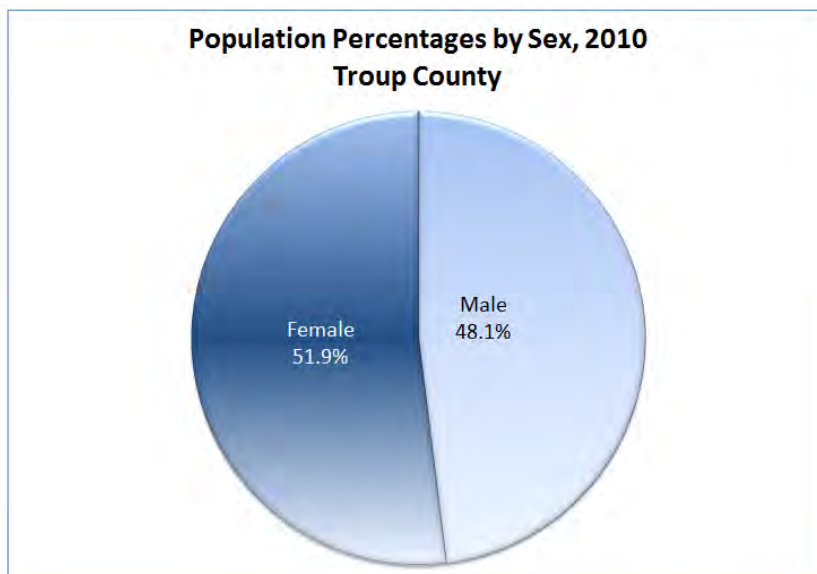
Race, Ethnicity and Origin Profile

There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.¹⁴ Although low income disparities are evident across all racial categories, cultural differences among minorities often contribute to poorer health. The poorer health of racial and ethnic minorities also contributes to higher death rates for many common causes.¹⁵ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.¹⁶

According to 2010 U.S. Census records, Troup County's population was 62 percent White, 33 percent Black, and 3 percent Hispanic. The Hispanic population had nearly doubled since 2000. However, during the community focus groups, conducted as part of this assessment, community members expressed that the Hispanic population is much higher than reflected in the 2010 census records.

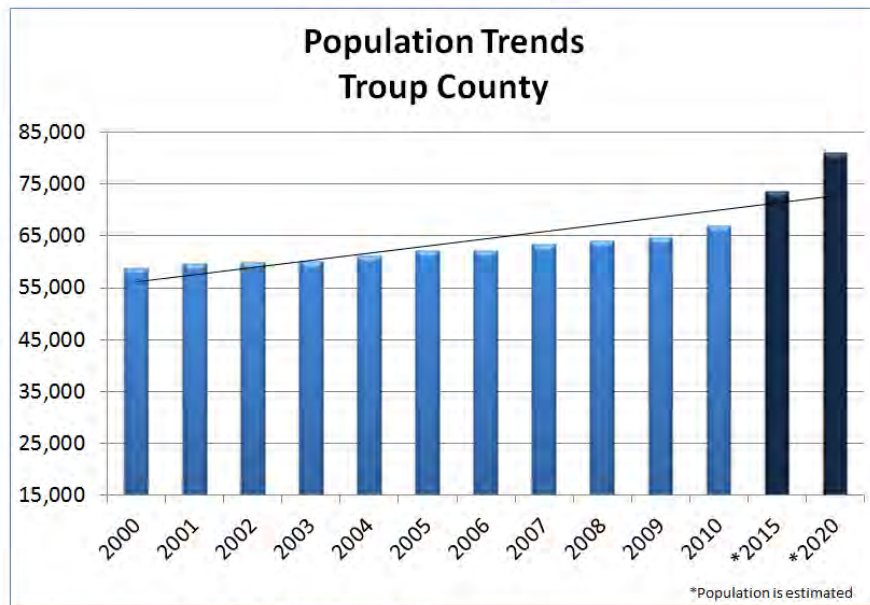


Data Source: U.S. Census



Data Source: US Census, 2010

The percentage of females in Troup County was slightly higher at 51.9 percent compared to males at 48.1 percent.



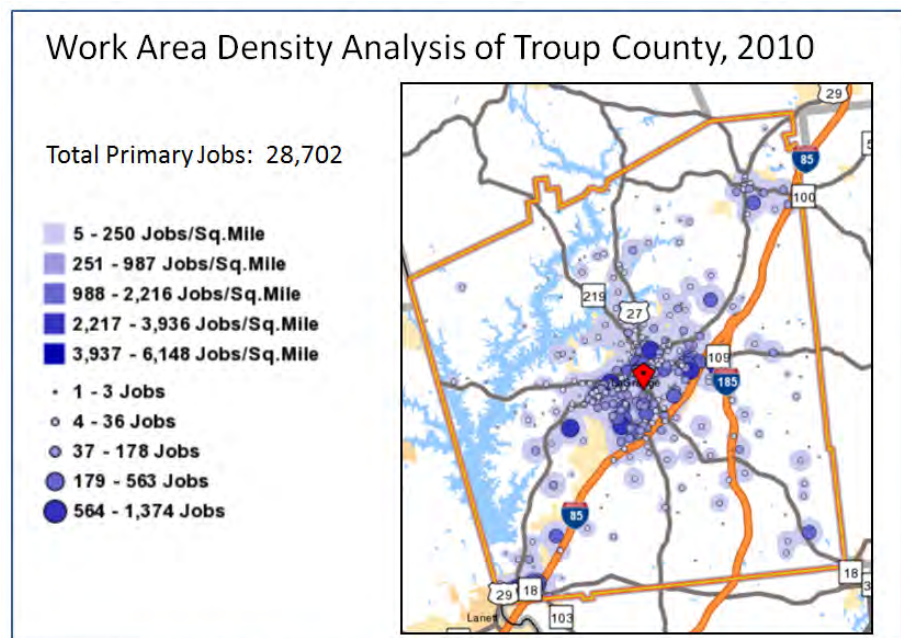
The population of Troup County had increased by about 11 percent from 2000 to 2010. Population is predicted to increase to 73,505 residents in 2015 and 81,046 residents in 2020.¹⁷

Data Source: County Health Profiles, U.S. Census, 2010

Local Employment Indicators

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

Most of the primary jobs (28,702) located within Troup County were centered within the most populous city in the County—LaGrange. There were also pockets of high density job areas in the other major cities of Hogansville and West Point.¹⁹

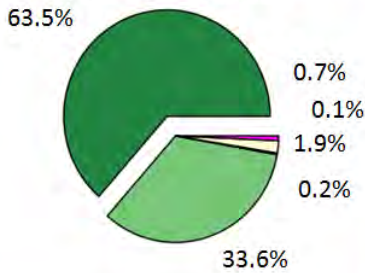


Source: U.S. Census Bureau, Center for Economic Studies, <http://explorer.dol.state.ga.us/>

Work Area Profile Analysis of Troup County, 2010

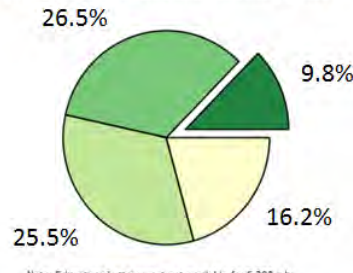
Worker Race		2010	
	Count	Share	
White Alone	18,221	63.5%	
Black or African American Alone	9,650	33.6%	
American Indian or Alaska Native Alone	70	0.2%	
Asian Alone	532	1.9%	
Native Hawaiian or Other Pacific Islander Alone	19	0.1%	
Two or More Race Groups	210	0.7%	

Job Counts by Worker Race in 2010



Job Counts by Worker Educational Attainment		2010	
	Count	Share	
Total Primary Jobs	28,702	100.0%	
Less than high school	2,823	9.8%	
High school or equivalent, no college	7,616	26.5%	
Some college or Associate degree	7,325	25.5%	
Bachelor's degree or advanced degree	4,640	16.2%	
Educational attainment not available (workers aged 29 or younger)	6,298	21.9%	

Job Counts by Worker Educational Attainment in 2010



Note: Educational attainment not available for 6,298 jobs. These jobs are not represented in the chart.

Job counts by worker race were about two-thirds White and one-third Black. The population distribution of Troup County was very similar to the worker race distribution.

Job counts by educational attainment were highest among individuals with a high school degree (26.5 percent) and individuals with some college or a bachelor's degree (25.5 percent).²⁰

Source: U.S. Census Bureau, Center for Economic Studies, <http://explorer.dol.state.ga.us/>

Job counts by age indicated that a majority of the workforce (61.1 percent) was 30 to 54 years of age.

The greatest proportion of the workforce (43.7 percent) was paid between \$1,251 and \$3,333 per month. More than one-third of the work force earned more than \$3,333 per month.²¹

Work Area Profile Analysis of Troup County, 2010

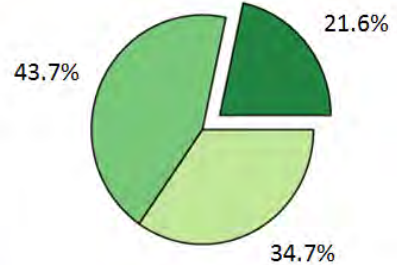
Worker Age		2010	
	Count	Share	
Age 29 or younger	6,298	21.9%	
Age 30 to 54	17,537	61.1%	
Age 55 or older	4,867	17.0%	

Job Counts by Worker Age in 2010



Earnings		2010	
	Count	Share	
\$1,250 per month or less	6,205	21.6%	
\$1,251 to \$3,333 per month	12,551	43.7%	
More than \$3,333 per month	9,946	34.7%	

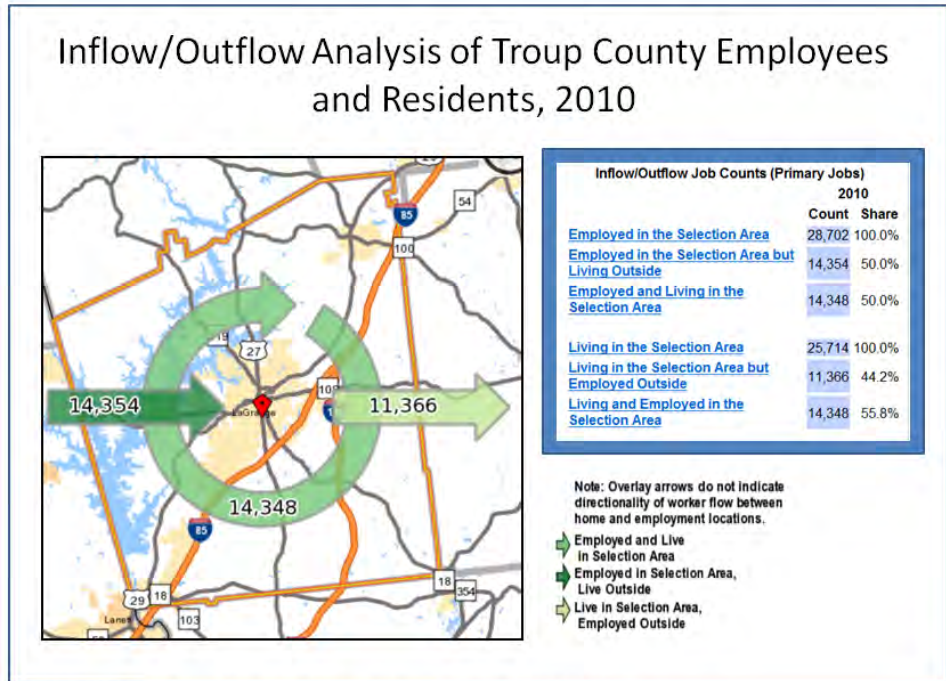
Job Counts by Earnings in 2010



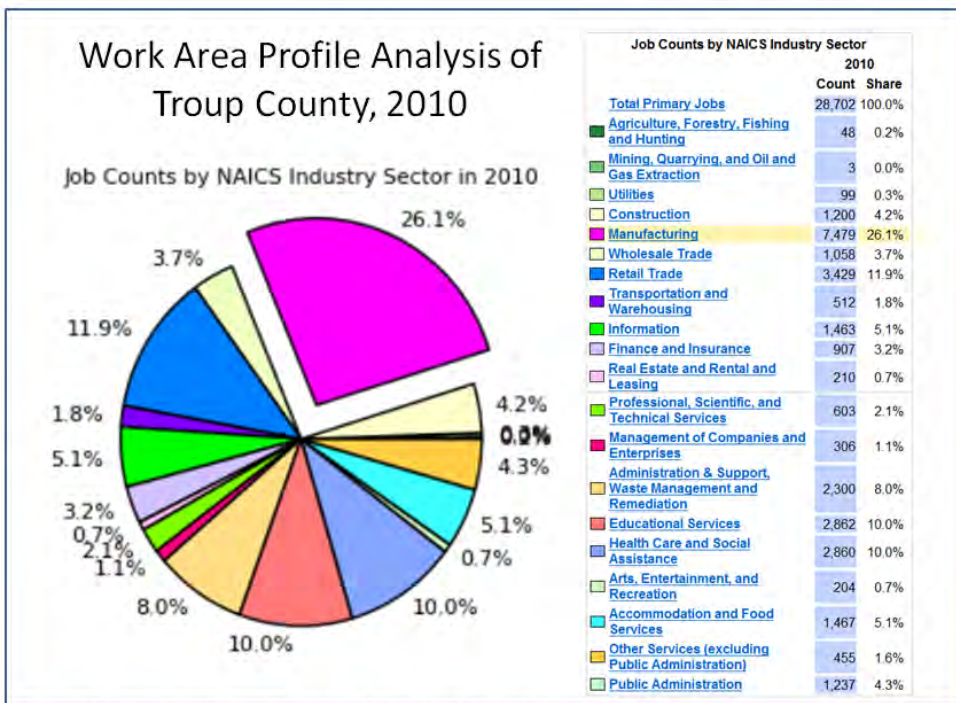
Source: U.S. Census Bureau, Center for Economic Studies, <http://explorer.dol.state.ga.us/>

Of the individuals employed in Troup County (28,702), 50 percent were living in the County, while 50 percent were living outside Troup County.

Of the individuals living in Troup County (25,714), 44.2 percent were employed outside the County, while 55.8 percent were employed in Troup County.²²



Source: U.S. Census Bureau, Center for Economic Studies, <http://explorer.dol.state.ga.us/>



Source: U.S. Census Bureau, Center for Economic Studies, <http://explorer.dol.state.ga.us/>

Manufacturing was the major industry sector by job count in Troup County at 26.1 percent of the jobs. This was followed by Retail Trade (11.9 percent) and Educational Services and Health Care (both at 10 percent).²³

Kia Motors Manufacturing brought a total of 3,000 jobs to Troup County with the opening of its manufacturing facility in November of 2009.²⁴

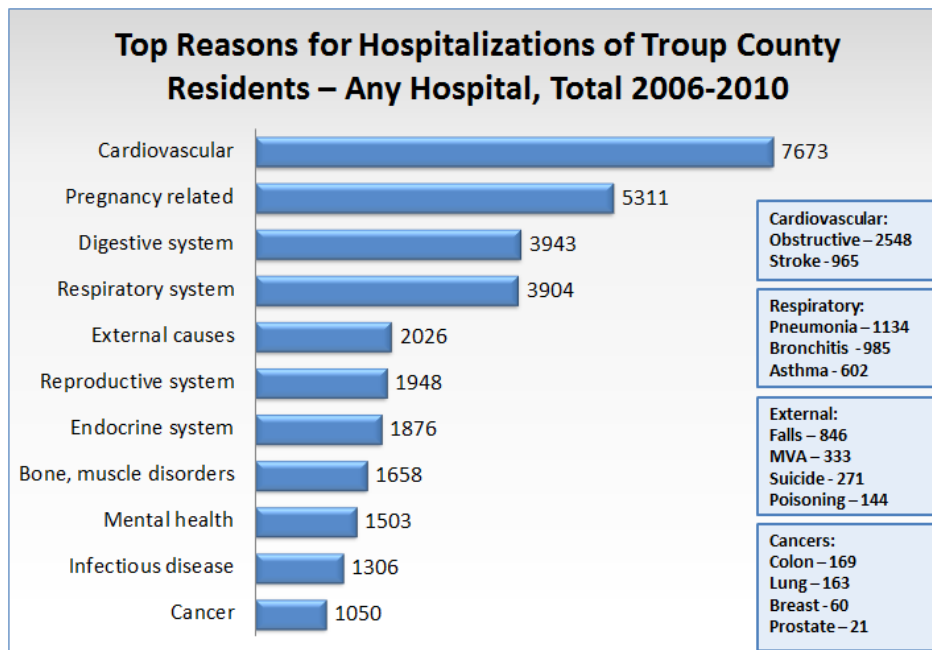
Community Input – ABOUT TROUP COUNTY

- *The city of LaGrange is 43 percent White and 48 percent Black which is different than the county demographics.*
- *LaGrange is a very segregated town—people on Country Club Road never go to Hamilton Road.*
- *The community is very used to functioning separately among the different races.*
- *There is significant mistrust among the races.*
- *Segregation was still active as recent as 1993. The city still had two separate swimming pools and two separate drinking fountains.*
- *The physical environment in predominately Black areas is lacking—roads are poor, cracked sidewalks, and dilapidated houses exist.*
- *The really poor individuals live in what are called a “shot-gun shacks” which are homes with dirt floors and no power (formerly a slave home).*
- *The racial make-up of individual cities is very different--Hogansville and LaGrange are very different.*
- *People in poverty and those without health insurance usually wait too long to see a primary care doctor.*
- *White and rural poverty still exists but is small.*

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

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



Data Source: OASIS, Georgia Department of Public Health

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

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

The top ten reasons for adult visits to West Georgia Health's emergency department from October 1, 2010 through September 30, 2011 were related to injuries, chest pain, abdominal pain, open wounds of extremities, spondylosis and back problems, injuries due to external causes, dizziness or vertigo, respiratory disease, connective tissue disease, and urinary tract infections. According to hospital staff, many of these visits are considered as nonemergency conditions. The report section, *Access to Care*, will address many of the reasons that lead to inappropriate use of emergency room facilities.

TOP 20 ADMITTING DIAGNOSES FOR EMERGENCY ROOM VISITS	
Adults Only	
1	Superficial injury, contusion
2	Chest pain
3	Abdominal pain
4	Open wounds of extremities
5	Spondylosis, back problems
6	Injuries due to external causes
7	Dizziness or vertigo
8	Respiratory disease
9	Connective tissue disease
10	Urinary tract infections
11	Sprains and strains
12	Skin tissue infections
13	Acute bronchitis
14	Fracture
15	Wounds
16	Headaches
17	Gastroenteritis
18	Fluid and electrolyte disorders
19	Upper respiratory infection
20	Hypertension

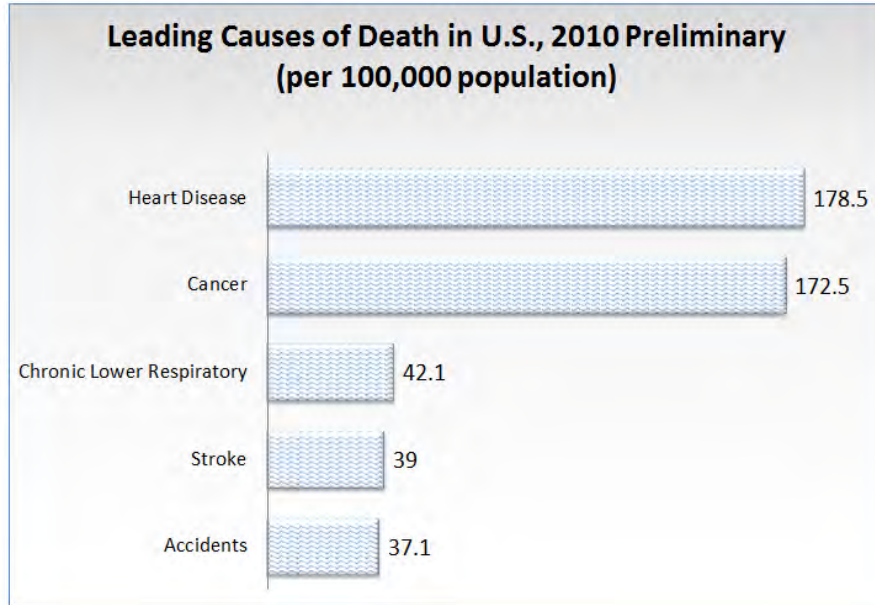
WEST GEORGIA HEALTH FEMALE – TOP 10 ADMITTING DIAGNOSIS FOR EMERGENCY ROOM VISITS								
Rank	0-13	14-19	20-29	30-39	40-49	50-59	60-69	>69
1	Other upper respiratory infections	Other upper respiratory infections	Other upper respiratory infections	Headache, including migraine	Headache, including migraine	Nonspecific chest pain	Nonspecific chest pain	Superficial injury, contusion
2	Otitis media and related conditions	Sprains and strains	Abdominal pain	Other upper respiratory infections	Abdominal pain	Spondylosis, other back problems	Spondylosis, other back problems	Nonspecific chest pain
3	Superficial injury, contusion	Urinary tract infections	Other complications of pregnancy	Sprains and strains	Sprains and strains	Sprains and strains	Superficial injury, contusion	Abdominal pain
4	Fever of unknown origin	Abdominal pain	Urinary tract infections	Abdominal pain	Nonspecific chest pain	Abdominal pain	Abdominal pain	Urinary tract infections
5	Acute bronchitis	Other complications of pregnancy	Sprains and strains	Spondylosis, other back problems	Spondylosis, other back problems	Headache, including migraine	Sprains and strains	Spondylosis, other back problems
6	Sprains and strains	Superficial injury, contusion	Headache, including migraine	Urinary tract infections	Other upper respiratory infections	Other upper respiratory infections	Other upper respiratory infections	Chronic obstructive pulmonary disease and bronchiectasis
7	Viral infection	Skin and subcutaneous tissue infections	Disorders of teeth and jaw	Nonspecific chest pain	Superficial injury, contusion	Superficial injury, contusion	Headache, including migraine	Sprains and strains
8	Noninfectious gastroenteritis	Headache, including migraine	Superficial injury, contusion	Disorders of teeth and jaw	Acute bronchitis	Acute bronchitis	Chronic obstructive pulmonary disease and bronchiectasis	Other lower respiratory disease
9	Urinary tract infections	Noninfectious gastroenteritis	Skin and subcutaneous tissue infections	Superficial injury, contusion	Skin and subcutaneous tissue infections	Other connective tissue disease	Urinary tract infections	Other injuries and conditions due to external causes
10	Skin and subcutaneous tissue infections	Other female genital disorders	Spondylosis, other back problems	Skin and subcutaneous tissue infections	Disorders of teeth and jaw	Urinary tract infections	Conditions associated with dizziness or vertigo	Conditions associated with dizziness or vertigo

WEST GEORGIA HEALTH MALE – TOP 10 ADMITTING DIAGNOSIS FOR EMERGENCY ROOM VISITS								
Rank	0-13	14-19	20-29	30-39	40-49	50-59	60-69	>69
1	Other upper respiratory infections	Sprains and strains	Sprains and strains	Sprains and strains	Sprains and strains	Spondylosis, other back problems	Nonspecific chest pain	Nonspecific chest pain
2	Otitis media and related conditions	Other upper respiratory infections	Other upper respiratory infections	Spondylosis, other back problems	Nonspecific chest pain	Nonspecific chest pain	Spondylosis, other back problems	Superficial injury, contusion
3	Superficial injury, contusion	Superficial injury, contusion	Superficial injury, contusion	Superficial injury, contusion	Spondylosis, other back problems	Sprains and strains	Abdominal pain	Abdominal pain
4	Fever of unknown origin	Disorders of teeth and jaw	Disorders of teeth and jaw	Other upper respiratory infections	Abdominal pain	Superficial injury, contusion	Sprains and strains	Open wounds of extremities
5	Acute bronchitis	Skin and subcutaneous tissue infections	Skin and subcutaneous tissue infections	Disorders of teeth and jaw	Superficial injury, contusion	Abdominal pain	Chronic obstructive pulmonary disease and bronchiectasis	Chronic obstructive pulmonary disease and bronchiectasis
6	Sprains and strains	Abdominal pain	Abdominal pain	Abdominal pain	Skin and subcutaneous tissue infections	Skin and subcutaneous tissue infections	Superficial injury, contusion	Genitourinary symptoms and ill-defined conditions
7	Viral infection	Spondylosis, other back problems	Spondylosis, other back problems	Skin and subcutaneous tissue infections	Other upper respiratory infections	Gout and other crystal arthropathies	Skin and subcutaneous tissue infections	Other injuries and conditions due to external causes
8	Noninfectious gastroenteritis	Open wounds of extremities	Open wounds of extremities	Nonspecific chest pain	Headache, including migraine	Other upper respiratory infections	Conditions associated with dizziness or vertigo	Conditions associated with dizziness or vertigo
9	Urinary tract infections	Headache, including migraine	Headache, including migraine	Headache, including migraine	Gout and other crystal arthropathies	Acute bronchitis	Essential hypertension	Open wounds of head, neck, and trunk
10	Skin and subcutaneous tissue infections	Noninfectious gastroenteritis	Noninfectious gastroenteritis	Open wounds of extremities	Disorders of teeth and jaw	Open wounds of extremities	Open wounds of extremities	Spondylosis, other back problems

Community Input – Hospitalizations and Emergency Room Visits

- *There is a lot of type 2 diabetes incidence among the poor with use of the ER, so there is never a good follow up with lifestyle choices after that initial visit.*
- *There is a need for a clinic that picks up the over-utilization of the ER.*
- *No after-hours care by physicians available. There is a new urgent care center in town. Its operating hours are still a problem for the 12 hour shift employees who are working while it is open.*
- *Patients still go to the ER even if they have visited a primary care facility in the past.*

Leading Causes of Death

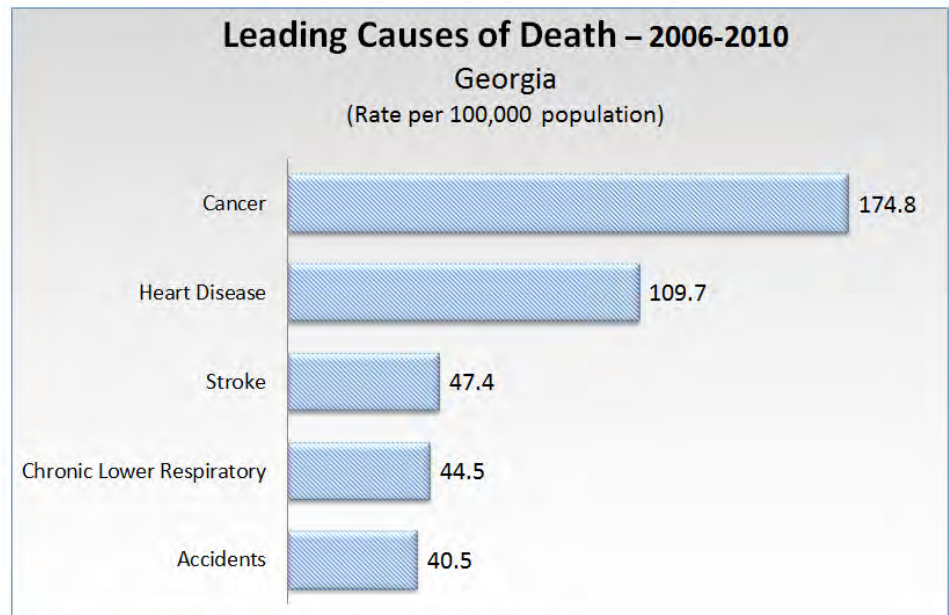


The leading causes of death in the U.S. in 2010 (preliminary) were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents. Heart disease and cancer rates were four times higher than those for the other diseases.

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

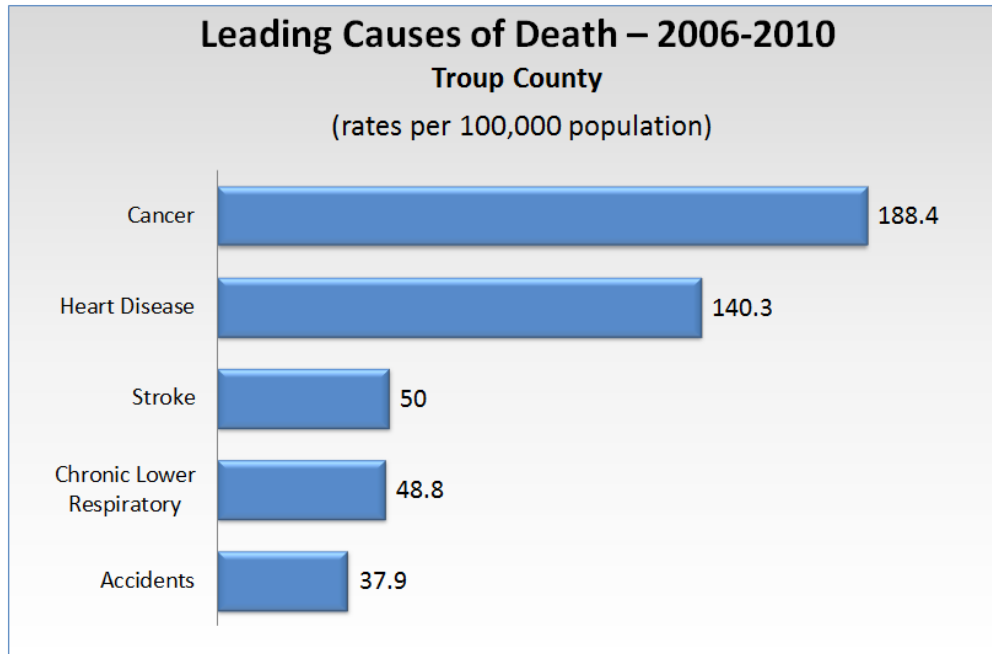
The leading causes of death in Georgia from 2006-2010 were cancer, heart disease, stroke, chronic obstructive pulmonary disease (COPD)/ emphysema, and accidents.

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



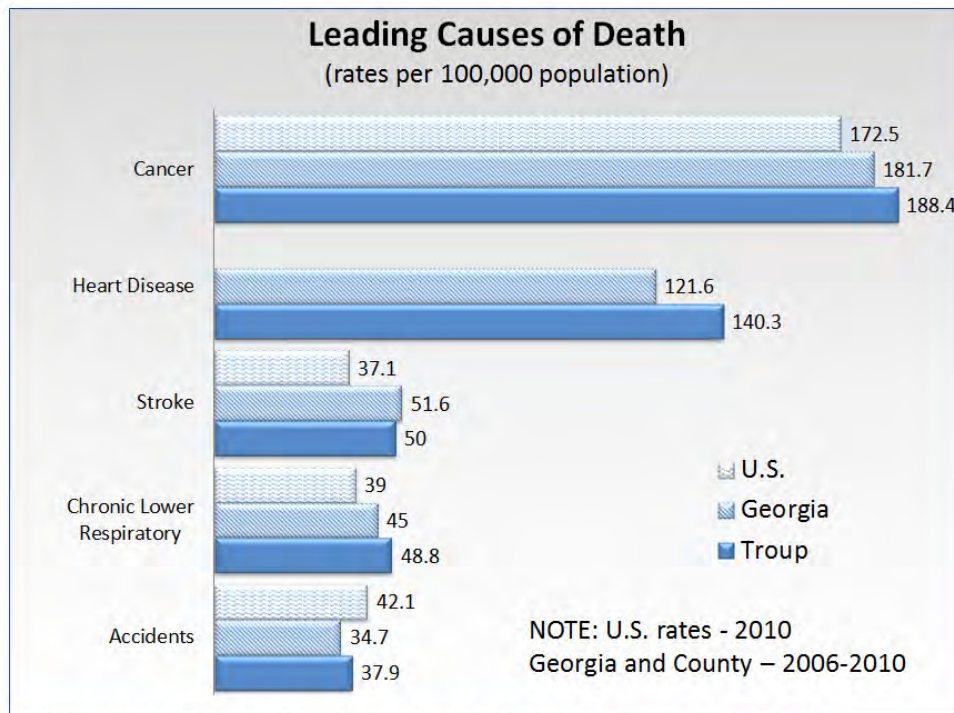
Data Source: OASIS, Georgia Department of Public Health

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



Data Source: OASIS, Georgia Department of Public Health

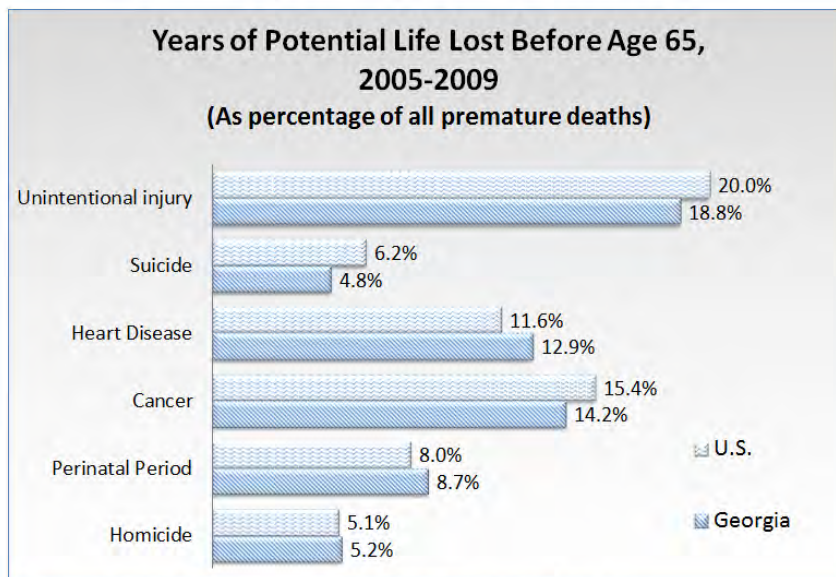
With the exception of accidents, the Troup County leading causes of death rates were higher in all categories than the U.S. death rates. Troup County death rates were higher than Georgia death rates in all categories except stroke. (Please refer to note on page 21 regarding heart disease rates).



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

Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2005-2009, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, falls) were the leading causes of premature deaths. Suicide, heart disease, and cancer were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.²⁵ YPLL statistics at the County level were unavailable for this report.



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

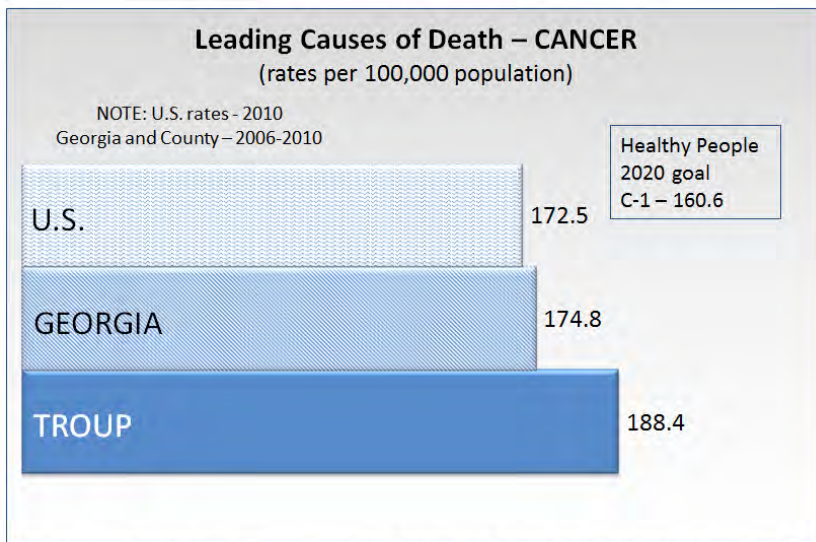
Years Potential Life Lost – Georgia Residents Gender and Race/Ethnicity – 2005 - 2009					
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 27.0%	Unintentional injuries 20.1%	Heart disease 15.3%	Cancer 16.1%	Unintentional injuries 33.0%	Unintentional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

Data Source: Centers for Disease Control, WISQARS YPLL Report

Cancer

Healthy People 2020 Reference – C-1

Cancer is the second leading cause of death in the United States after heart disease. From 1999 to 2009, cancer prevalence rates increased among women 45 years of age and above and among men 75 years of age and above.²⁶



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

In Troup County, the cancer death rate was higher than Georgia or U.S. rates. According to the Georgia Department of Human Resources, Division of Public Health, the burden of cancer can be significantly reduced by appropriate use of mammography, colorectal screening, early detection examinations, and by preventing or stopping tobacco use, improving diet, and increasing physical activity.²⁷

Why Is Cancer Important?

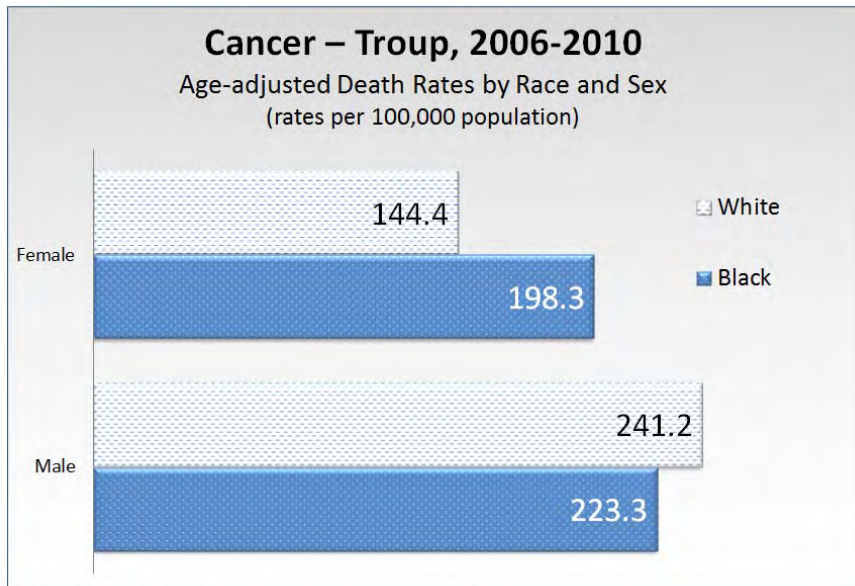
Many cancers are preventable by reducing risk factors such as:

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

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

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

-Healthy People 2020



Data Source: OASIS, Georgia Department of Public Health

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

The five most common cancers among Georgia males are prostate, lung, colon and rectum, bladder, and melanoma. The five most common cancers among Georgia females are breast, lung, colon and rectum, uterus, and ovary.²⁸

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

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

Cancer

Modifiable Risk Factors

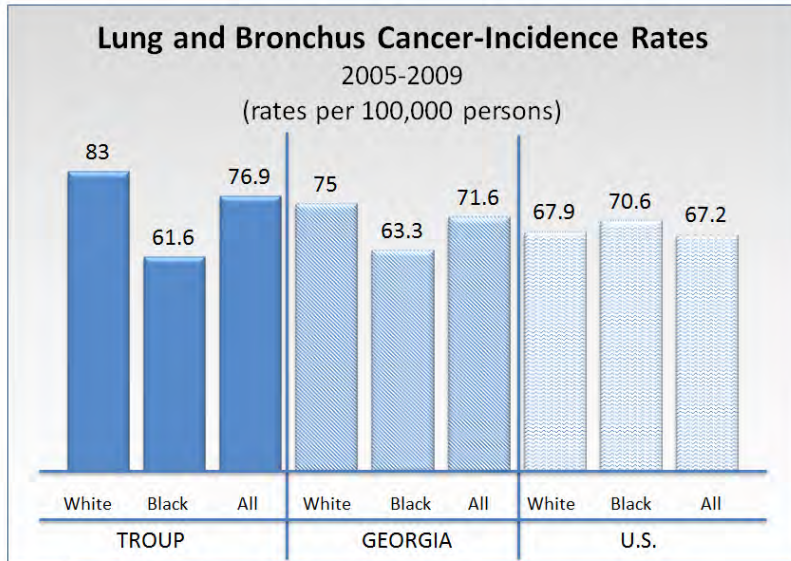
- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

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

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

Lung Cancer

According to the American Cancer Society, lung cancer accounts for about 15 percent of cancer diagnoses in the U.S. Lung cancer accounts for more deaths than any other cancer in men and women. More women die from lung cancer than breast cancer.²⁹



Data Source: National Cancer Institute, State Cancer Profiles

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

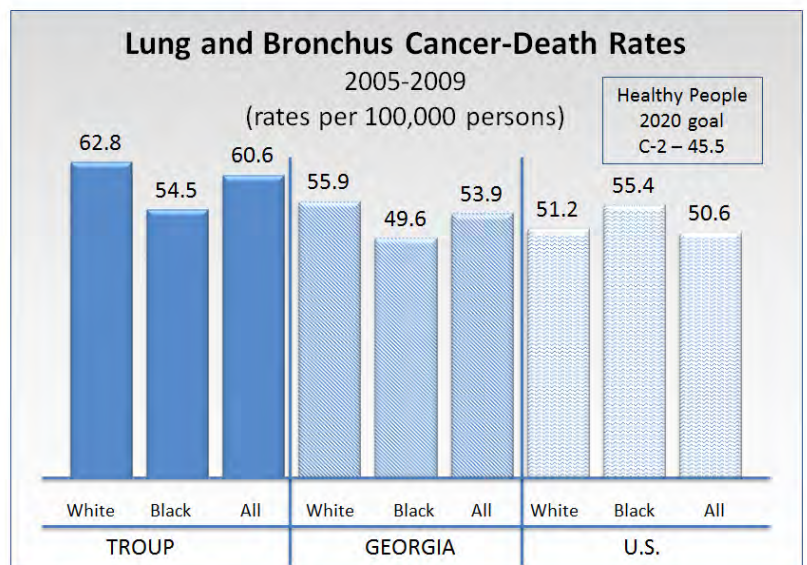
Lung Cancer Incidence Rates 2005-2009 (rates per 100,000) Troup	
Male	Female
111.8	54.6

Data Source: National Cancer Institute

According to data published from the National Cancer Institute, lung cancer incidence rates for males in Troup County were twice the rates of females.³⁰

Lung cancer is the first leading cause of cancer **death** among both males and females in Georgia.³¹

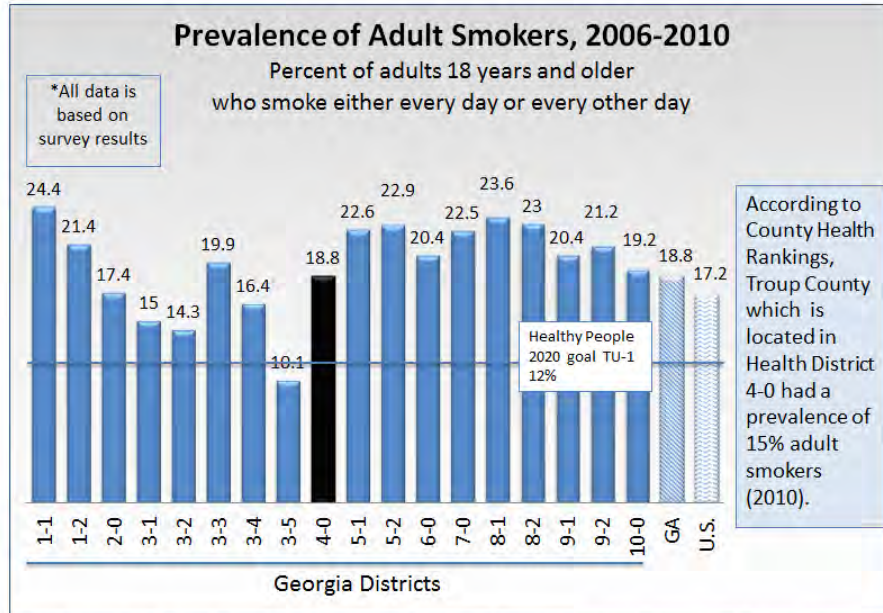
The overall lung cancer death rate in Troup was higher than the Georgia and U.S. rates.



Data Source: National Cancer Institute, State Cancer Profiles

Risk Factors

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The longer and more often one smokes, the greater the risk.³²

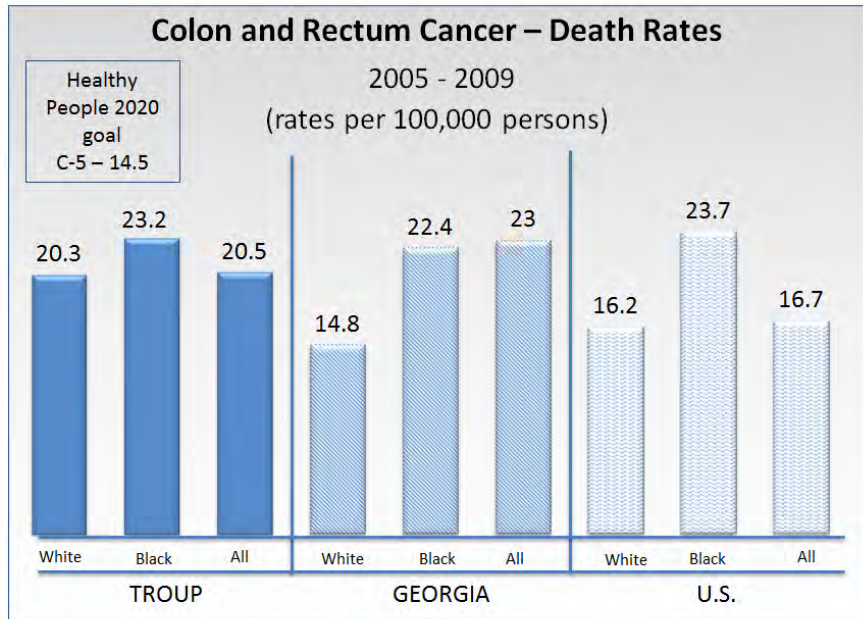


Data Sources: OASIS, Georgia Department of Public Health, Centers for Disease Control and Prevention BRFSS 2010, County Health Rankings

Smoking rates in Health District 4-0 (which includes Troup County) were equal to the Georgia prevalence of adult smokers and slightly higher than the U.S. rate of 17.2 percent. Troup County had a smoking prevalence rate of 15 percent which was lower than the State and U.S. but higher than the Healthy People 2020 goal of 12 percent.

Colon and Rectum

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of all cancer deaths in 2010 were from colorectal cancer. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.³³ Black persons have a higher incidence and poorer survival rate for colon cancer than for other racial groups.³⁴

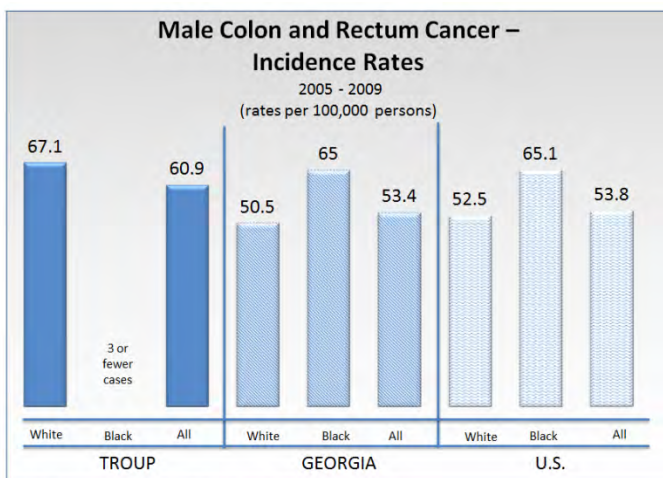


Data Source: National Cancer Institute, State Cancer Profiles

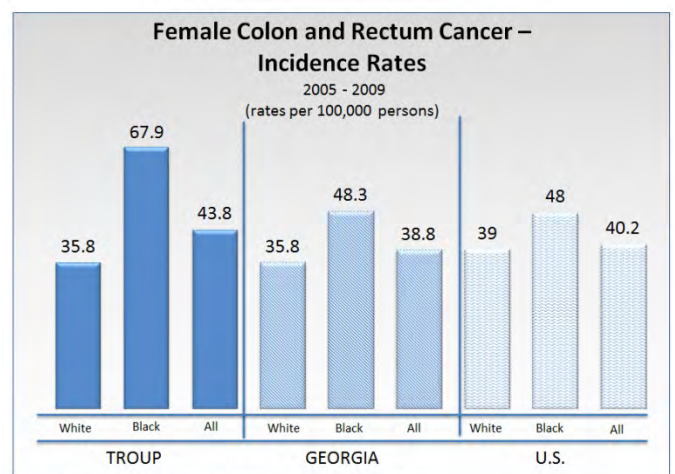
Combined death rates in Troup County from colon and rectum cancer were higher than the U.S. rates and slightly lower than the State rate.

The death rate among the White population was significantly higher than the Georgia rate for Whites.

Both male and female colon and rectum cancer incidence rates were higher in Troup County than in the State, with the exception of Black males. The Black female population in Troup County had higher incidence of colon cancer than that of Whites.



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

Risk Factors

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

- Obesity
- Physical inactivity
- Diet high in red or processed meat
- Heavy alcohol consumption, and
- Long-term smoking³⁵

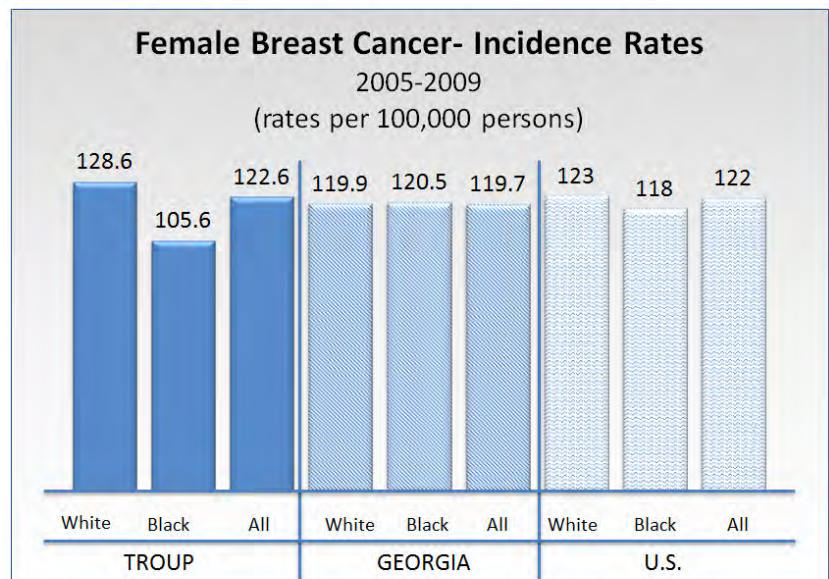
Early detection

Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Therefore, screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.³⁶ The U.S. Preventive Services Task force recommends that adults 50-75 years of age undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.³⁷

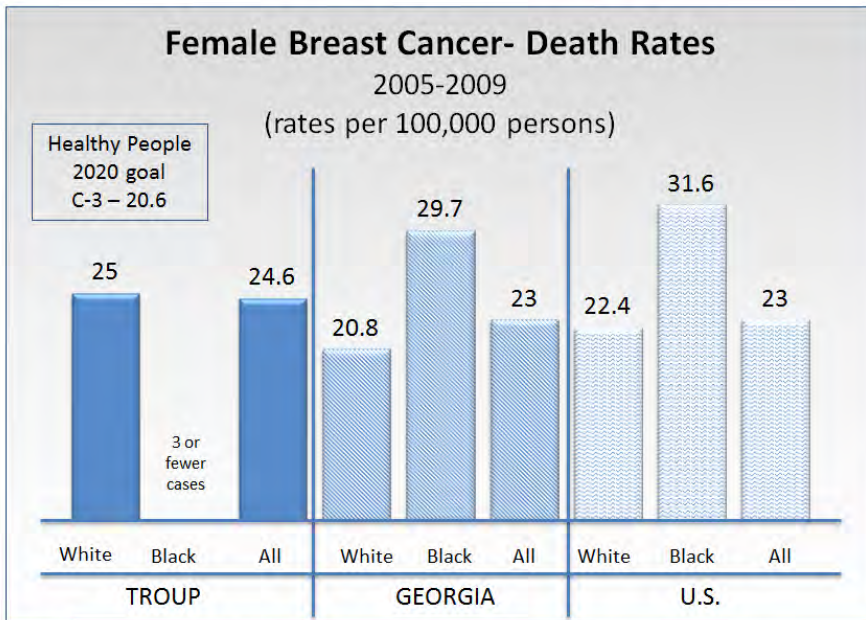
Breast Cancer

Breast cancer is the second most frequently diagnosed cancer in women, with skin cancer being the first. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Female breast cancer death rates have decreased since 1990. This decrease is due to earlier detection and improved treatment.³⁸

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



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

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

Risk Factors

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

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

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

- Breastfeeding
- Moderate or vigorous physical activity
- Maintaining a healthy body weight³⁹

Early detection

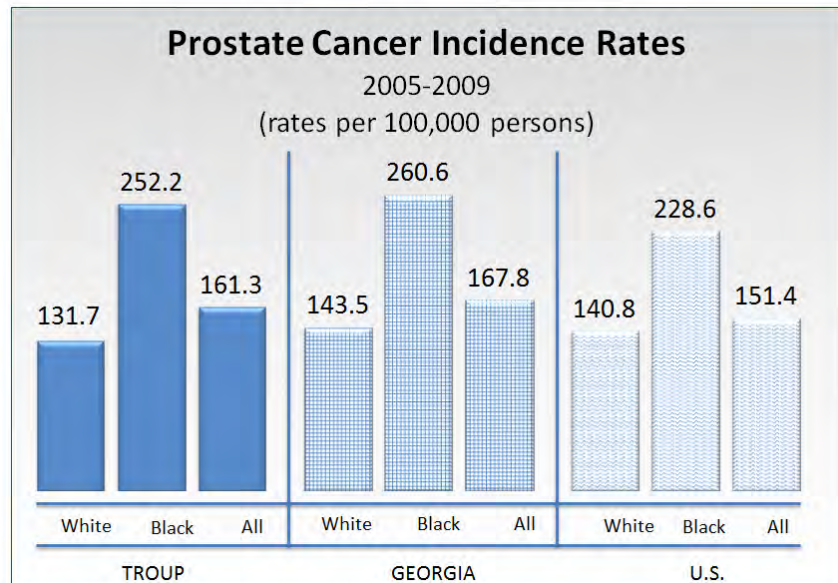
Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect about 80–90 percent of breast cancers in women without symptoms.⁴⁰

Prostate Cancer

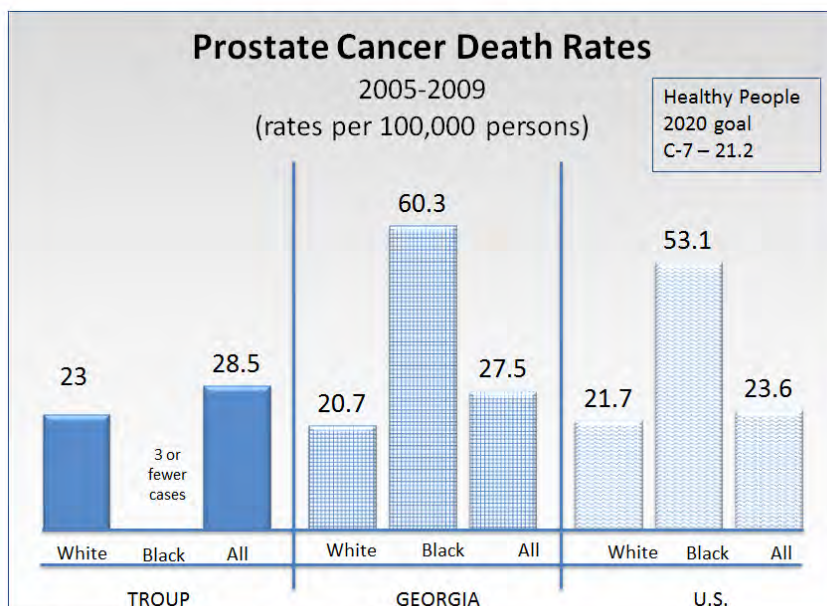
Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second most deadly cancer for males. Prostate cancer incidence and death rates are higher among Black men.⁴¹

Troup County had lower incidence rates for prostate cancer than the State.

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



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

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

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

Risk Factors

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

- Age
- Ethnicity
- Family history of prostate cancer⁴²

Early detection

Prostate –specific antigen testing of the blood permits the early detection of prostate cancer before symptoms develop. In March 2010, The American Cancer Society released updated screening guidelines. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. Therefore, the revised guidelines recommend that men have the opportunity to make “informed decisions” with their health care provider about whether to be screened.⁴³

Community Input – Cancer

- *Smoking cessation—insurance won't cover the cessation drugs to help quit smoking.*
- *Prostate cancer—individuals do not understand the importance of early screening.*
- *Colon cancer is one of the most preventable cancers.*
- *There needs to be more public awareness campaigns on cancer.*
- *Young people use tanning booths because they value having a tan.*
- *Public awareness on breast cancer is high.*
- *Preventative care needs to be more proactive.*
- *Breast cancer incidence seems to be occurring often in women in their 30s. Breast cancer is also being diagnosed at later stages.*
- *There needs to be more access to cancer screenings.*
- *Men do not like to go to the doctor because they have a fear of finding out bad results.*

Heart Disease and Stroke

Heart Disease

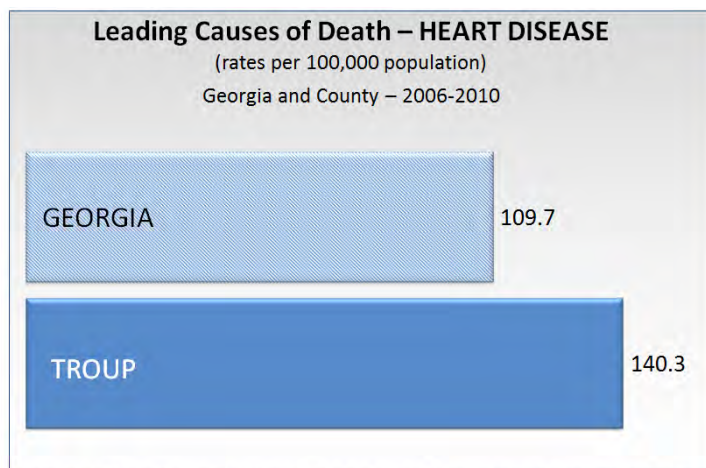
In 2010, heart disease was the first leading cause of death in the United States (24 percent of all deaths), followed by cancer (23 percent of all deaths).⁴⁴

The majority of heart disease deaths were among people 65 years of age and older. The rates of heart disease were similar for men and women less than 65 years of age. Among older adults, 65 years of age and over, there was a higher prevalence rate for men than women. Heart disease prevalence rates showed little change from 1999 to 2009; however, during the period 1999 to 2007, age-adjusted death rates from heart disease declined by 28 percent.⁴⁵

Why Are Heart Disease and Stroke Important?

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

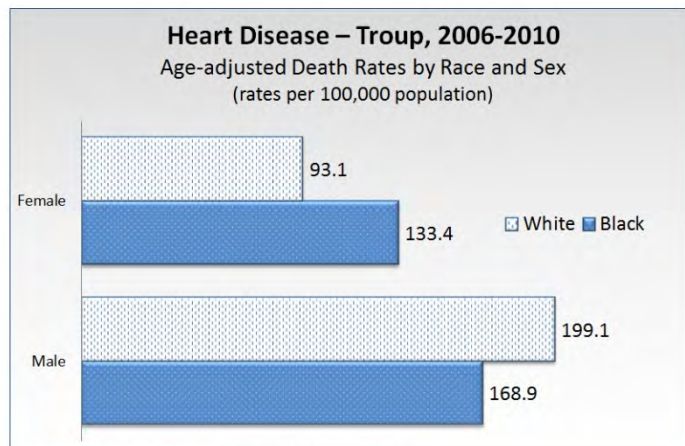
- Healthy People 2020



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

Compiled data from 2006-2010 indicated that the Troup County death rate from heart disease was 140.3 per 100,000, which was higher than the Georgia rate of 109.7.

Age-adjusted death rates from heart disease in Troup County for 2006-2010 indicated that the death rate from heart disease was higher for Black females than White females and higher among White males than Black males. White males had the highest heart disease rates among Troup County Residents.



Data Source: OASIS, Georgia Department of Public Health

Modifiable Risk Factors

According to the 2010 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 4-0.⁴⁶

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

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

Cardiovascular Disease

Modifiable Risk Factors

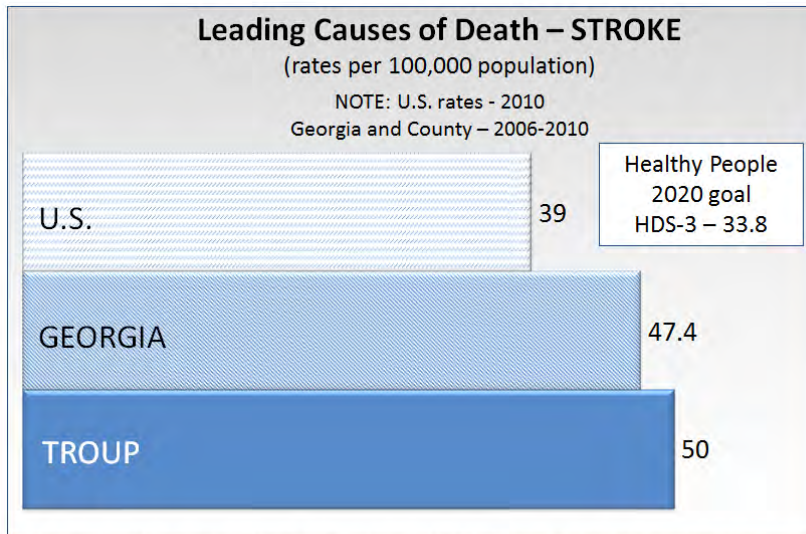
- Tobacco smoke
- High blood cholesterol
- High blood pressure
- Physical inactivity
- Overweight and obesity
- Poor nutrition
- Diabetes mellitus
- Stress
- Alcohol use
- Illegal drugs



Data Source: American Heart Association

Stroke

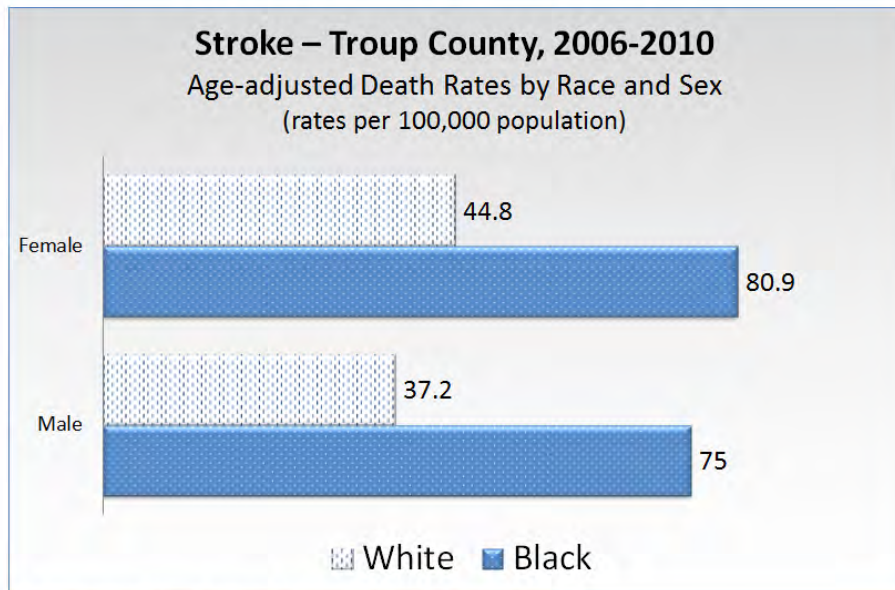
Cerebrovascular disease (stroke) was the third leading cause of death in the United States. Likewise, strokes were the third leading cause of death in both Georgia and in Troup County.



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

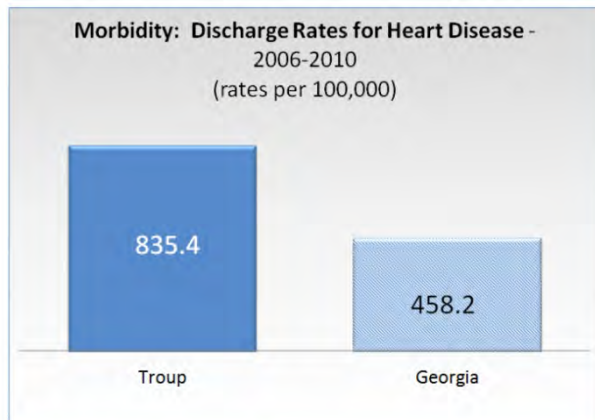
The stroke death rate was higher in Troup County compared to Georgia and the U.S.

The Healthy People 2020 goal is to reduce stroke deaths to 33.8 per 100,000 population.⁴⁷

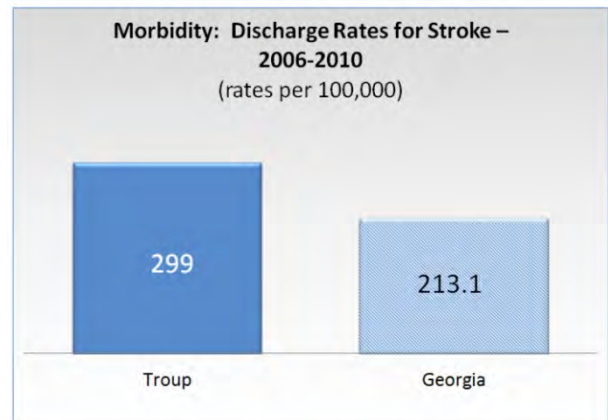


Troup County stroke death rates for Black males and females were significantly higher than that of their White counterparts. The rates for both Black males and females were more than twice the Healthy People 2020 goal of 33.8 per 100,000 population.⁴⁸

Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health


The hospital discharge rate for heart disease among Troup County residents was almost twice the number of Georgia’s discharge rate. The stroke discharge rate among Troup County residents was nearly 40 percent higher than the Georgia rate.

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

Stroke

Modifiable risk factors

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



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

Community Input – Heart Disease and Stroke

- *Prevention education—there needs to be an understanding of what causes heart disease and stroke.*
- *People make their own personal choices despite the results.*
- *Convenience foods are easier to get and prepare. Most families do not have time to invest in cooking.*
- *We are not connecting to individuals and engaging them in the correct way. We need to re-think strategies in education on healthy eating.*
- *There needs to be more exercise education and physical activity.*
- *Obesity is the main cause of stroke.*
- *High blood pressure is a risk factor for stroke.*
- *There needs to be early education so early diagnosis can occur.*
- *There are high rates of smoking in the community which can cause stroke.*
- *There are no major health promotion campaigns about stroke.*
- *There are a lot of stress related health problems that cause stroke.*
- *Follow-up care and compliance after a stroke is an issue. Patients do not comply with taking medicine.*

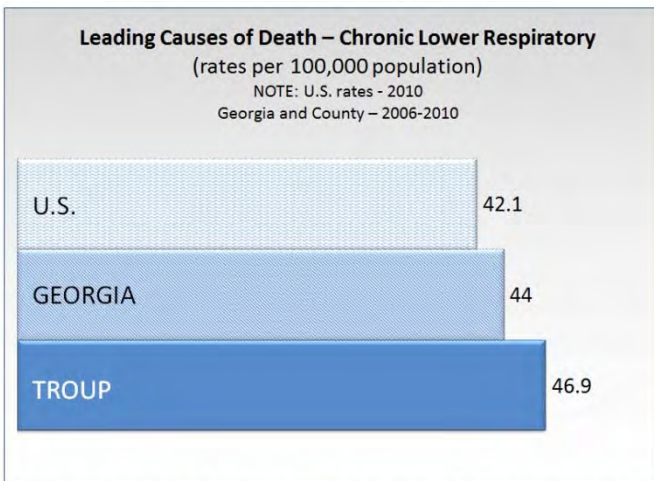
Chronic Lower Respiratory Disease

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

Why Are Respiratory Diseases Important?

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

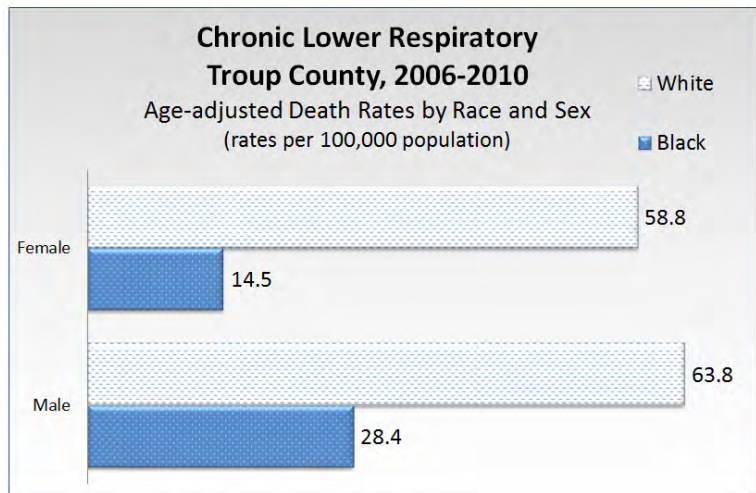
-Healthy People 2020



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

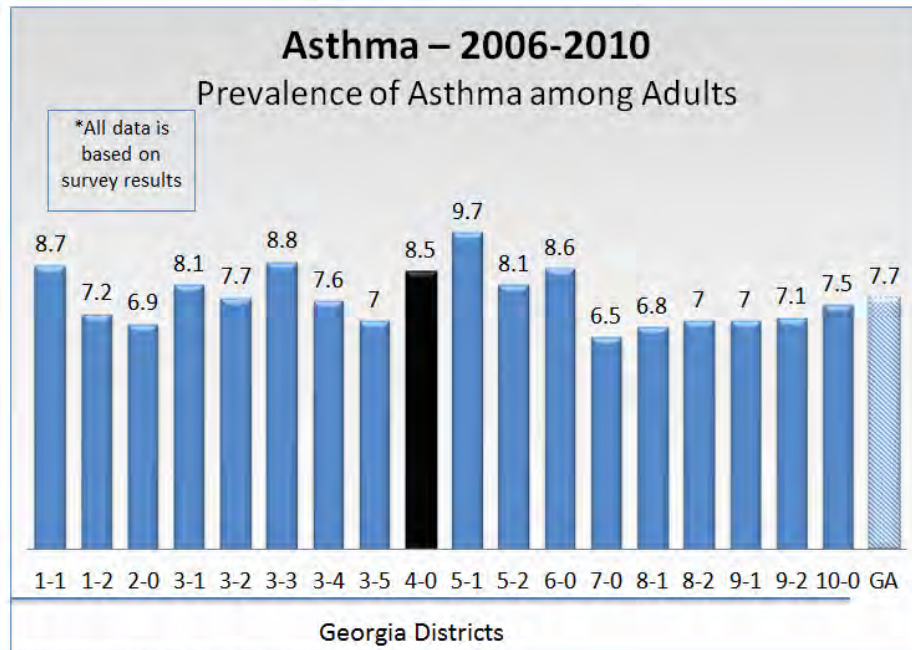
The chronic lower respiratory disease death rate for Troup County was higher than both the State and U.S. rates.

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



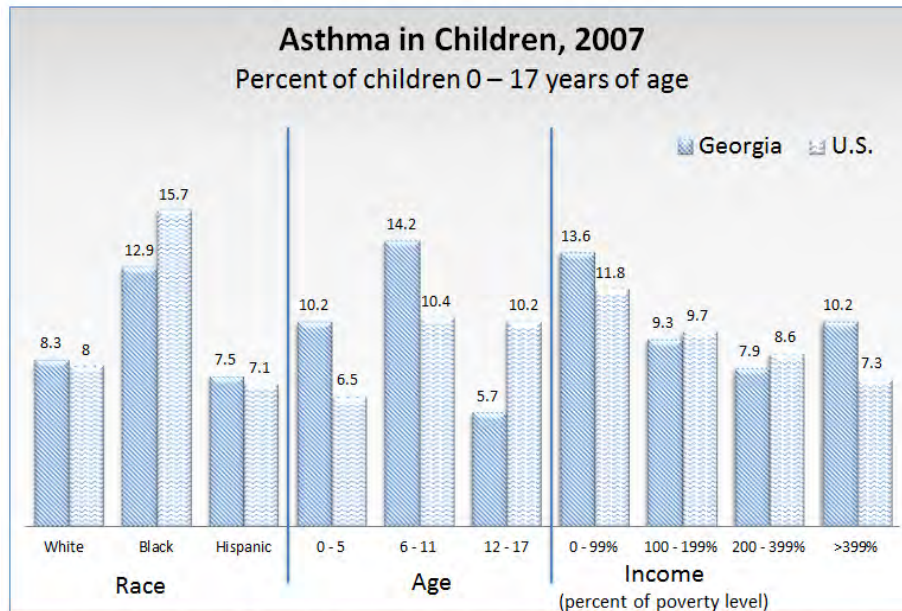
Data Source: OASIS, Georgia Department of Public Health

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



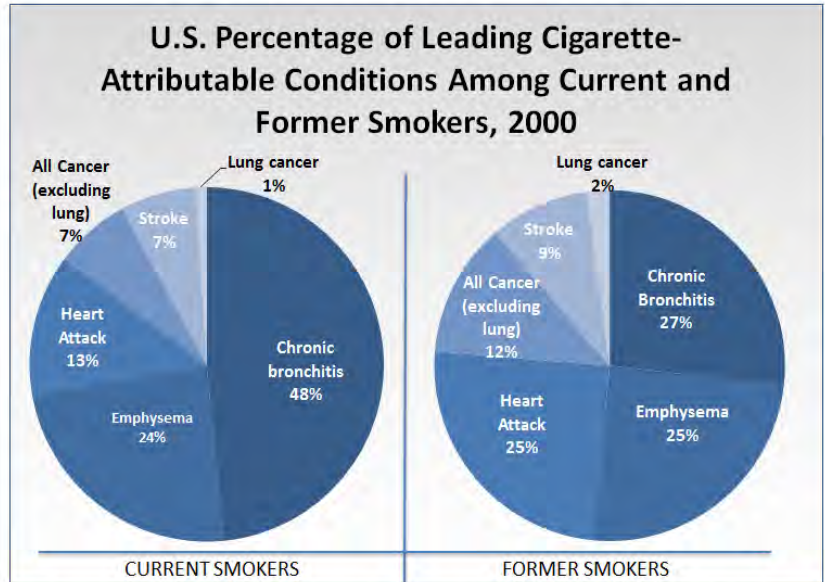
Data Source: OASIS, Georgia Department of Public Health

According to the 2007 National Survey of Children’s Health, Black children had higher incidences of asthma, than among Whites or other population groups. Asthma was more prevalent in lower income populations.⁴⁹



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

Each year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, \$75 billion in direct medical costs, and \$82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and previous heart attack (25 percent). For current smokers, chronic bronchitis was most prevalent condition (48 percent), followed by emphysema (24 percent), and previous heart attack (25 percent).⁵⁰



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

COMMUNITY INPUT—RESPIRATORY

- *There are so many people with respiratory problems and also individuals on allergy injections.*
- *There is a lack of education on COPD and how to deliver the education.*
- *There is a link between occupational health and the role of the textile industry with this disease.*
- *There is an existence of generational smoking behavior among resident families.*
- *COPD readmissions are due to population exposed to cotton mill occupation. The 50-65 age range that is no longer working in this industry is unemployed and without health insurance.*
- *There is a need to validate healthy lifestyle habits and increase positive role-models.*
- *Smoking is an issue at the teen and adolescent stage.*

Chronic Lower Respiratory Disease

(includes Asthma, Chronic Bronchitis, Emphysema)

Modifiable Risk Factors

- Tobacco smoke
- Unhealthy diet
- Physical inactivity
- Air pollution
- Allergens
- Occupational agents



Data Source: American Lung Association

Accidents

Why Is Injury and Violence Important?

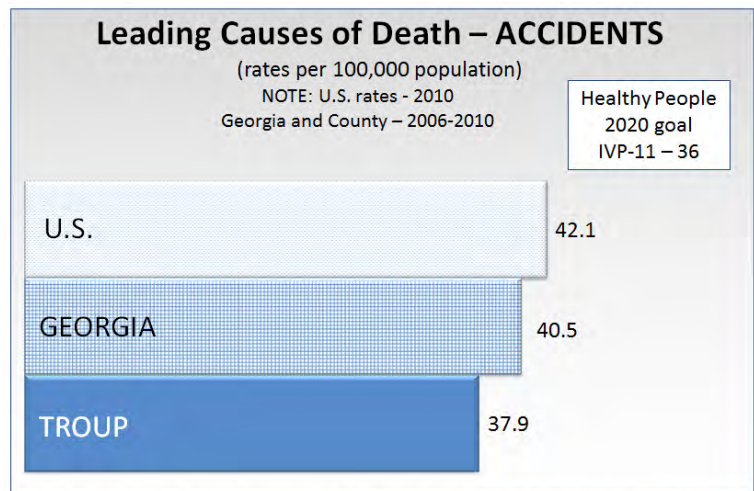
Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to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

-Healthy People 2020

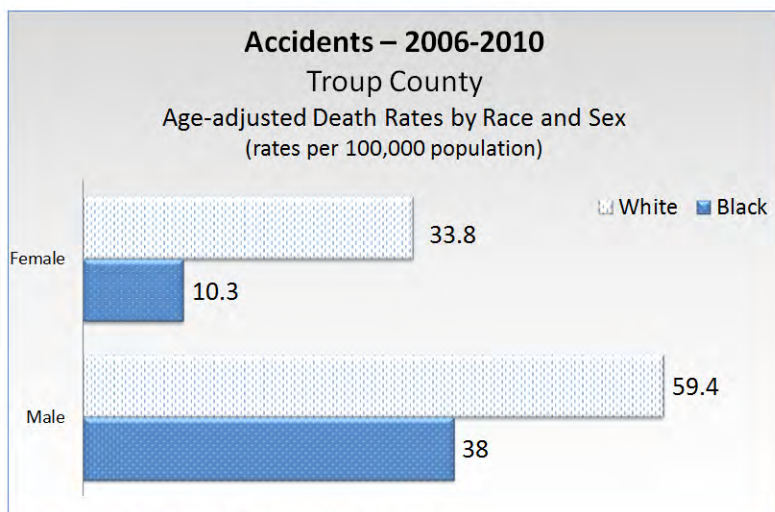
The accident death rate per 100,000 people in Troup County was 37.9 compared to 40.5 for the State and 42.1 for the U.S. The Healthy People 2020 goal is set at 36.0 per 100,000 population.⁵¹

Accidental deaths may result from the following causes:

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



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



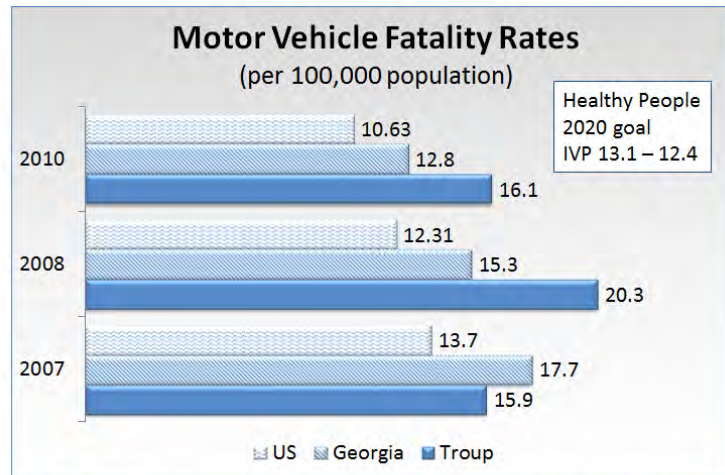
Data Source: OASIS, Georgia Department of Public Health

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

Motor vehicle crashes are the leading cause of death among individuals aged 5-34 in the U.S. More than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2009.⁵² Driving helps older adults stay mobile and independent; however the risk of being injured or killed in a motor vehicle crash increases as you age.⁵³

Over the period 2007-2010 overall motor vehicle fatality rates in Troup County had slightly increased.

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



Data Source: U. S. Department of Transportation, National Highway Traffic Safety Administration, OASIS, Georgia Department of Public Health

According to the Centers for Disease Control and Prevention:

- Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- Millions of adults drive while impaired, but only a fraction is arrested.
- Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- Age-related declines in vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults’ driving abilities.
- Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.⁵⁴

Diabetes

Healthy People 2020 Reference – D

Diabetes affects 8.3 percent of Americans of all ages, and 11.3 percent of adults aged 20 and older according to the National Diabetes Fact Sheet for 2011. About 27 percent of those with diabetes—7 million Americans—do not know they have the disease.⁵⁵

Why Is Diabetes Important?

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

- *Lowers life expectancy by up to 15 years.*
- *Increases the risk of heart disease by 2 to 4 times.*
- *Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.*

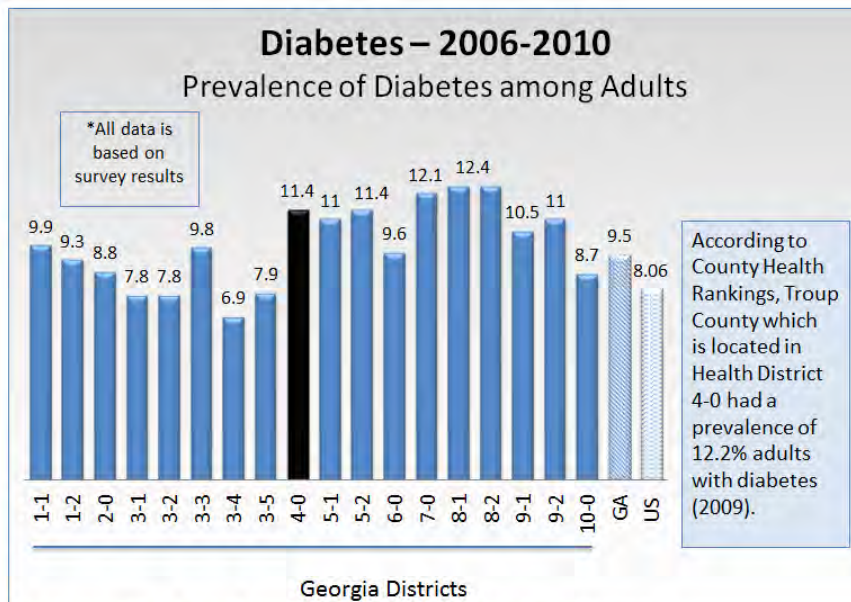
In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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

-Healthy People 2020

According to the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS), the percentage of Georgia residents diagnosed with diabetes had steadily risen since 2004, from 7.3 percent to 9.7 percent in 2010.⁵⁶

The 2010 percentage of Georgia’s population with diabetes (9.7 percent) was higher than the U.S. percentage (8.7 percent).⁵⁷



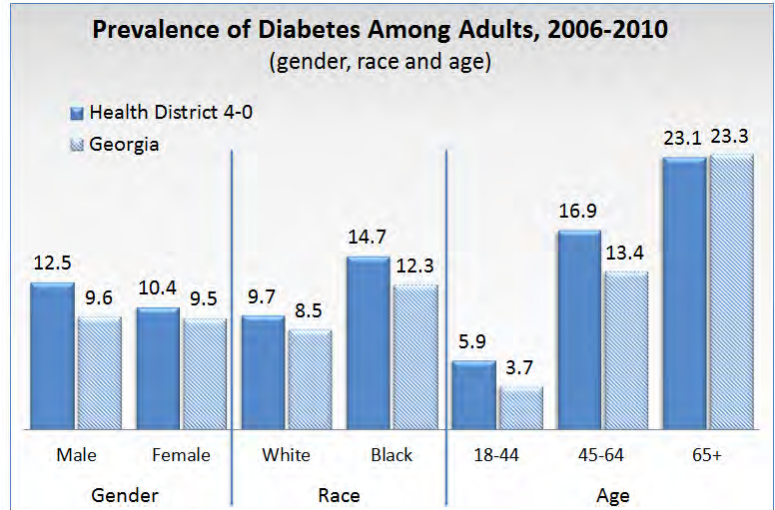
Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

Health District 4-0 (which includes Troup County), had a higher diabetes incidence rate (11.4 percent) than a majority of the other districts in the State for the period 2006-2010. Troup County had a diabetes incidence rate of 12.2 percent in 2009.⁵⁸

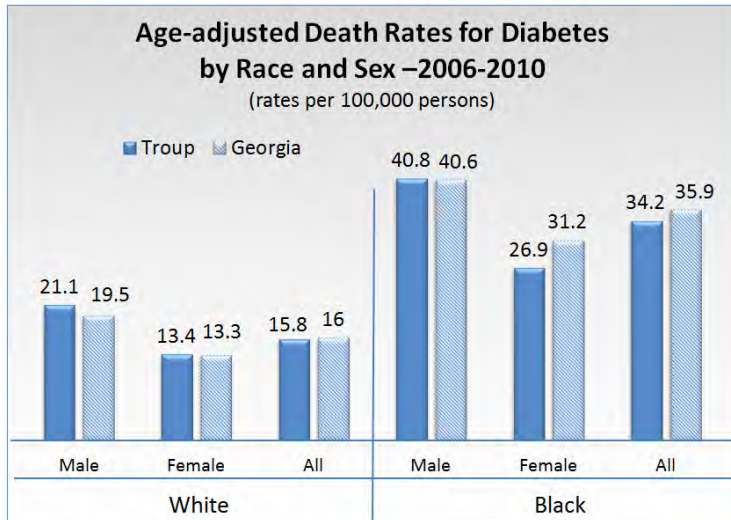
From 2006 through 2010, State and Health District 4-0 female diabetes rates were slightly lower than male rates.

Prevalence of diabetes among Blacks was higher than among Whites.

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



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

In both Troup County and Georgia, death rates due to diabetes were higher among Blacks compared to Whites.

Death rates among Black males were the highest at the County and State level.

Females of both races had lower death rates than their male counterparts.

The overall death rates from diabetes were lower than the Healthy People 2020 goal of 65.8 per 100,000 persons.⁵⁹

Diabetes

Modifiable Risk Factors

- Overweight/Obesity
- High blood sugar
- High blood pressure
- Abnormal lipids metabolism
- Physical inactivity
- Tobacco smoke
- Heavy alcohol use



Data Source: Diabetes Basics, Cleveland Clinic, 2011

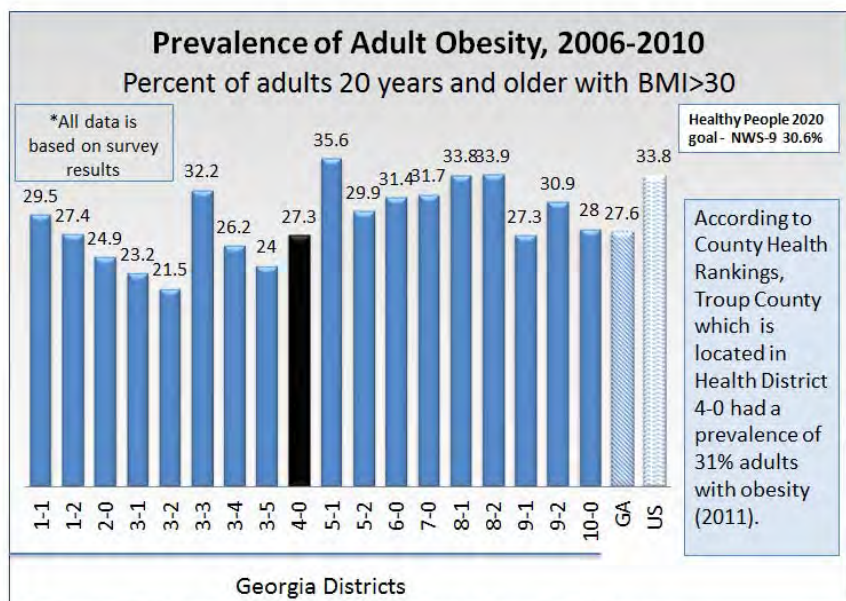
Obesity

Healthy People 2020 References – NWS, PA

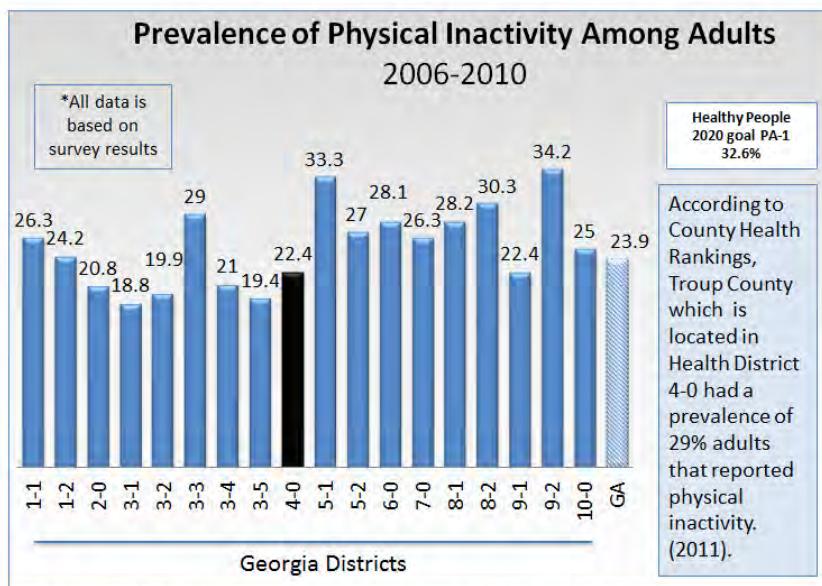
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of persons aged 20 years and older were obese in 2005 – 2008. The Healthy People 2020 target for obesity is to reduce this percentage to 30.6 percent.⁶⁰

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 30 kg/m², and obese when it is greater than 30 kg/m².⁶¹

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



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



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

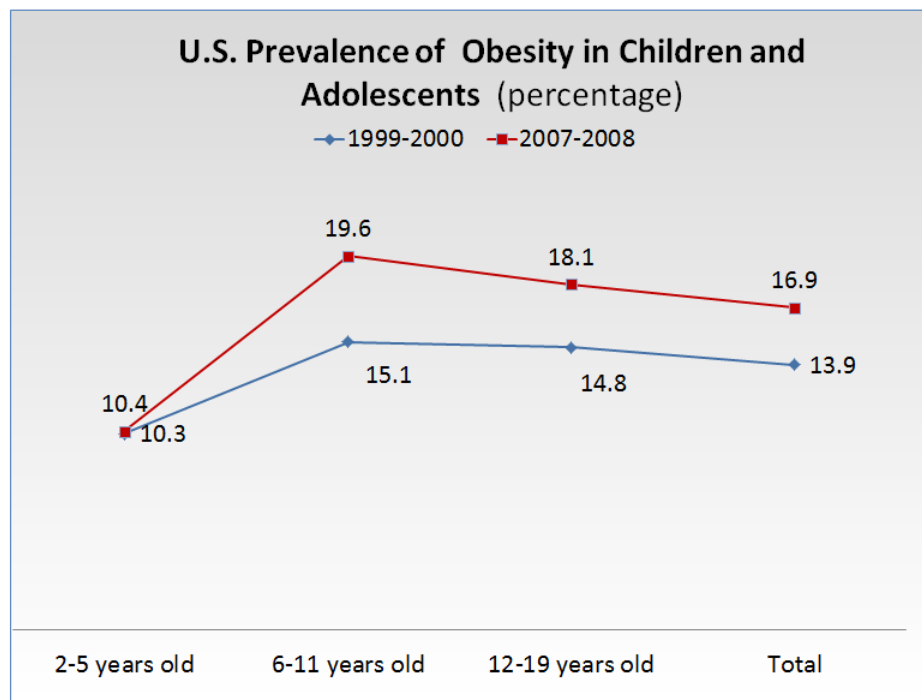
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was slightly lower in Health District 4-0 (22.4 percent) compared to the State average (23.9 percent). However, Troup County had a higher rate of physical inactivity (29 percent) than the State average and slightly lower than the Healthy People 2020 target of 32.6 percent.⁶²

Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age--type 2 diabetes (formally known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.⁶³ Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to the Centers for Disease Control and Prevention, for the period 2007-2008, 16.9 percent of children and adolescents aged 2-19 years were obese.⁶⁴

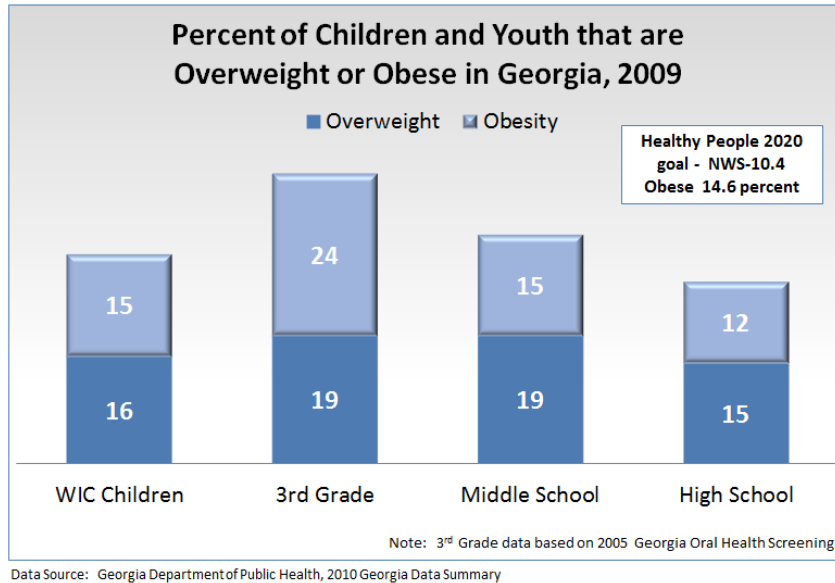
Georgia has the second highest obesity rate in the U.S. and nearly 40 percent of children are overweight or obese in the State.⁶⁵



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

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

- From 11.6 percent to 16.7 percent among non-Hispanic white boys.
- From 10.7 percent to 19.8 percent among non-Hispanic black boys.
- From 14.1 percent to 26.8 percent among Mexican-American boys.
- From 8.9 percent to 14.5 percent among non-Hispanic white girls.
- From 16.3 percent to 29.2 percent among non-Hispanic black girls.
- From 13.4 percent to 17.4 percent among Mexican-American girls.⁶⁶



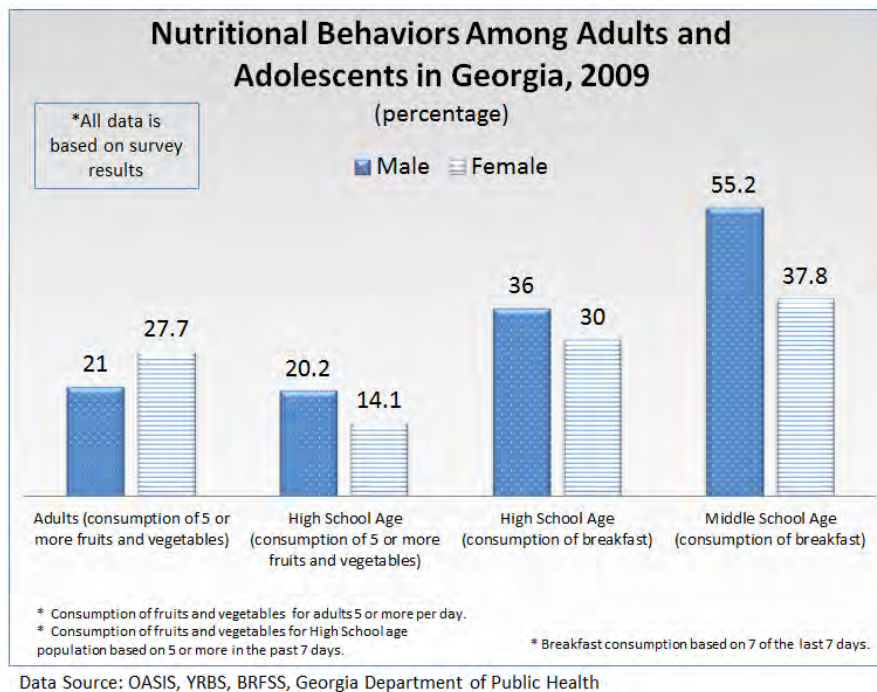
According to a 2005 Georgia Oral Health Screening, obesity and overweight status among third graders was higher than the most recent Behavioral Risk Factor Surveillance Survey (BRFSS) data published in 2009 for Middle School and High School. This can be assumed due to the difference in data collection methods. The BRFSS is a self-reported survey, while the 2005 Georgia Oral Health Screening collected first-hand height and weight measurements of third graders.⁶⁷

Pediatric Nutrition Surveillance System collects similar first-hand data on children under five that are enrolled in the Women, Infant and Children program (WIC). In 2009, 15 percent of children aged 2-4 years of age in the WIC program were obese.⁶⁸

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

- Girls were more likely to be obese (25 percent) than boys (22 percent).
- Black children were more likely to be obese (27 percent) than white children (21 percent).
- Children from low socioeconomic (SES) households were more likely to be obese (26 percent) than those from high SES households (21 percent).
- Children from rural areas were more likely to be obese (26 percent) than children from Metropolitan Atlanta (21 percent).⁶⁹

Healthy lifestyle habits, including health eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.⁷⁰



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

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

Obese children are more likely to have:

- High blood pressure and high cholesterol
- Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- Breathing problems, such as sleep apnea, and asthma
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones, and gastro reflux, and
- Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood.⁷¹

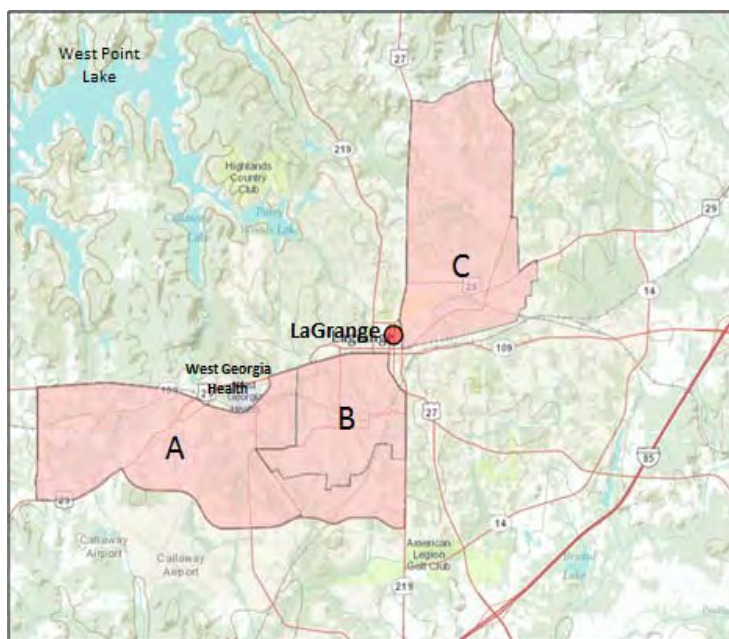
Food Deserts

Choices about what food to buy can be beyond the control of a population group. Choices about food spending and diet are likely to be influenced by the accessibility and affordability of food retailers—travel time to shopping, availability of health foods, and food prices. More importantly, low-income disparities have an influence on accessing healthy food.⁷²

The United States Department of Agriculture, Treasury, and Health and Human Services have defined a food desert as a census tract with a substantial share of residents who live in low-income areas that have low levels of access to a grocery store or a healthy, affordable food retail outlet.⁷³

Troup County Food Deserts (census tract level A, B, C): People with low access to a supermarket or large grocery store

	A	B	C
Number of people in census tract	3822	3587	4114
Percentage of people with low access	77.90%	15.90%	13.70%
Percentage of children 0-17 with low access	19.70%	5.50%	3.40%
Percentage of age 65 or older with low access	12.60%	1.30%	2.30%
Percentage of housing units without a vehicle with low access	10.50%	3.90%	1%



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

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

1. They qualify as *low-income communities* based on having: a) a poverty rate of 20 percent or greater, or b) a median family income at or below 80 percent of the area median family income; AND
2. They qualify as low-access communities based on the determination that at least 500 persons and/or at least 33 percent of the census tract's populations live more than one mile from a supermarket or large grocery store (10 miles, in the case of non-metropolitan census tracts).⁷⁴

Census Tract A had the greatest proportion of residents (77.9 percent) with low access. Additionally, *Census Tract A* had the highest proportion of children and elderly (19.7 and 12.6 percent), and the highest proportion of housing units without a vehicle (10.5 percent).⁷⁵

Community Input – Diabetes and Obesity

- *There needs to be some type of regulation on food stamps. A client should not be able to purchase unhealthy foods. Education of food stamp enrollees on healthy food choices.*
- *Obesity causes other morbidities. Obesity is a strong health indicator of all other diseases.*
- *Obesity-eating habits are not conducive to health.*
- *There is a lack of personal responsibility relating to obesity.*
- *Diet and nutrition are sometimes just a cultural norm.*
- *Individuals lack knowledge on caloric intake.*
- *Access to healthy food is expensive and sometimes difficult for people that don't have cars.*
- *Social events are always centered around food.*
- *We have a busy lifestyle and rely on convenience and therefore rely on convenient foods that are usually unhealthy.*
- *There is a lack of education on healthy behaviors to help with the obesity problem.*
- *Obesity has the potential to lead to all diseases.*
- *There is a McDonald's located on every corner in the community.*
- *Physical Education (P.E) has been cut from the school's curriculum.*
- *There is a lack of sidewalks in the community.*
- *Food economics—it is cheaper to buy unhealthy foods.*
- *Troup County needs to educate and implement more wellness programs.*
- *The overall health of women in shelters is typically unhealthy—high blood pressure and overweight.*
- *Amazed at the quality of the foods in the school system-abundant supply of fresh fruit in the cafeteria.*
- *We need more education on proper food and nutrition.*
- *School system food is awful because it is just minimized portion sizes of unhealthy foods.*
- *Individuals are trying to get on disability for being overweight.*
- *Obesity and diabetes are a major health problem among the senior population due to inactivity.*
- *Elementary P.E. classes are every third day of the week and Middle and High School P.E. is dependent on personal choices—students can choose art or P.E.*
- *Renal disease is very resource intensive. It requires a lot of medical supplies.*
- *There are no diabetes educators or practitioners.*
- *Diabetes and renal disease are a major health issue in the community.*
- *There needs to be educational classes for diabetes patients on healthy grocery shopping, nutrition, food choices, and health.*
- *There needs to be education on the proper nutrition of youth 0-5 years of age.*
- *Access to healthy alternative foods is difficult for those that don't have transportation. Fast food is more likely to be within walking distance.*
- *There is a lot of heart disease and stroke in the community and it all goes back to what we are putting into our diet.*

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.⁷⁶

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

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

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

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.⁷⁷

A life stages method to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.⁷⁸

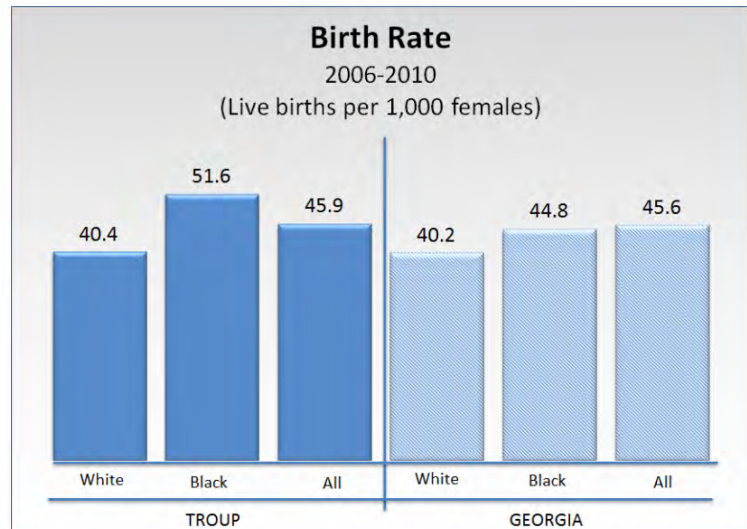
Why Are Maternal, Infant and Child Health Important?

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:

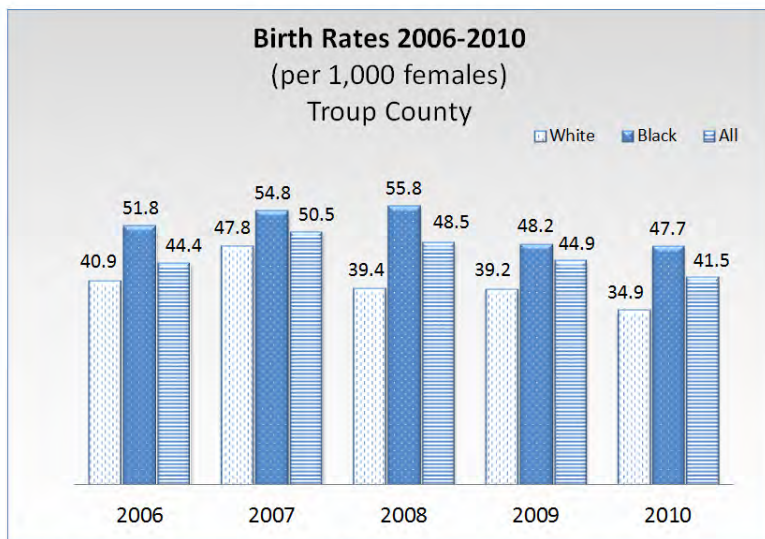
- *Hypertension and heart disease*
 - *Diabetes*
 - *Depression*
 - *Genetic conditions*
 - *Sexually transmitted diseases (STDs)*
 - *Tobacco use and alcohol abuse*
 - *Inadequate nutrition*
 - *Unhealthy weight*
- *Healthy People 2020*

Birth Rates

Troup County (45.9 per 1,000 females) had a comparable birth rate to the State (45.6 per 1,000 females) from 2006-2010. Blacks had a higher birth rate in Troup County (51.6 per 1,000 females) compared to Georgia Black residents at 44.8 per 1,000 females.



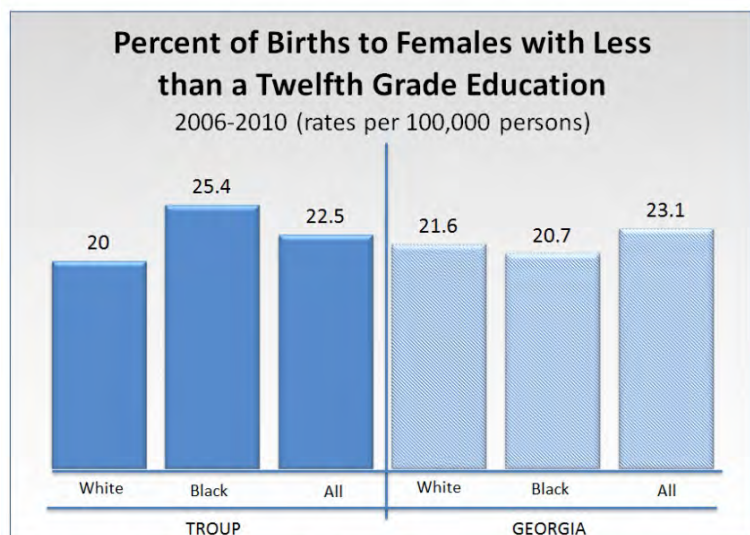
Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

From 2006-2010, birth rates per 1,000 females in Troup County slightly decreased. Blacks had higher birth rates than Whites each year.

The percent of births to females with less than a twelfth-grade education was slightly lower (22.5 percent) among Troup County residents than Georgia residents at (23.1 percent). The Black percentage of births to mothers with less than a twelfth-grade education in Troup County (25.4 percent) was higher than the White percentage (20 percent).



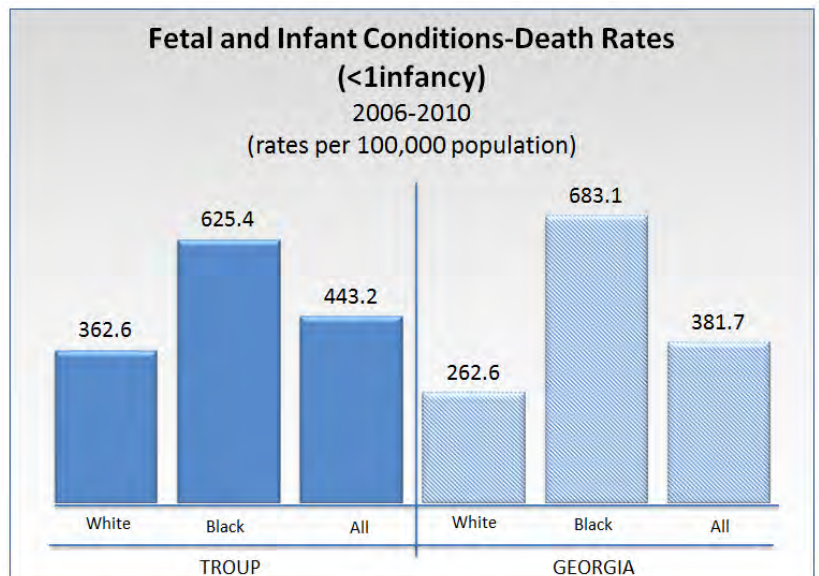
Data Source: National Cancer Institute, State Cancer Profiles

Infant Mortality

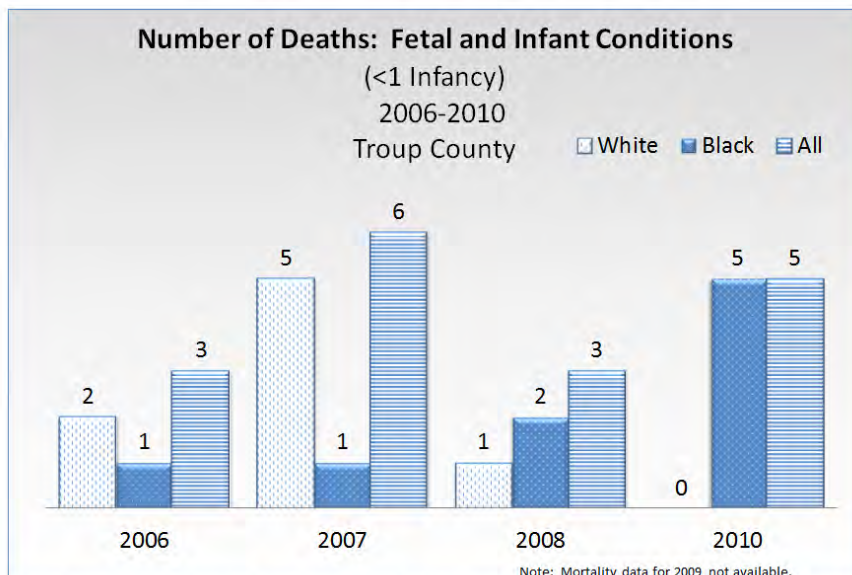
The health of a fetus and infant is directly affected by certain conditions that occur during pregnancy or near birth. Fetal and infant conditions include:

- Prematurity is a disorder related to short gestation and low birth weight.
- Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- Birth-related infections are infections specific to the period of time near birth.⁷⁹

The death rate due to fetal and infant conditions in Troup County (443.2 per 100,000 population) was higher than the Georgia rate (381.7 per 100,000 population). Black infant death rates were higher than White rates in both Troup County and Georgia.



Data Source: OASIS, Georgia Department of Public Health

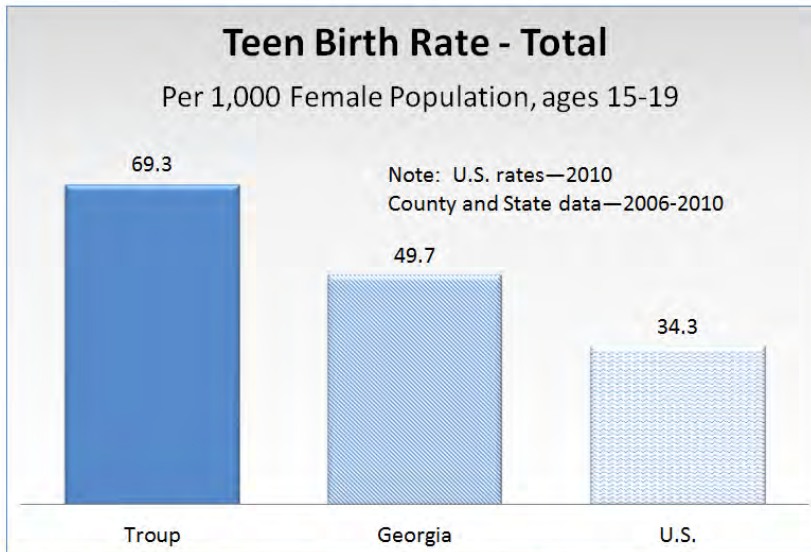


Data Source: OASIS, Georgia Department of Public Health

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

Teen Birth Rate

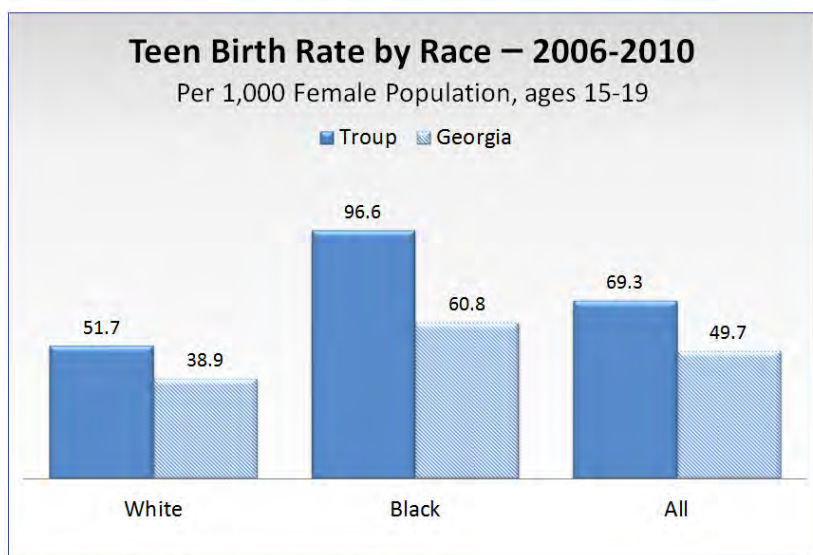
Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors to high school dropout rates among girls. The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.⁸⁰



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

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

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



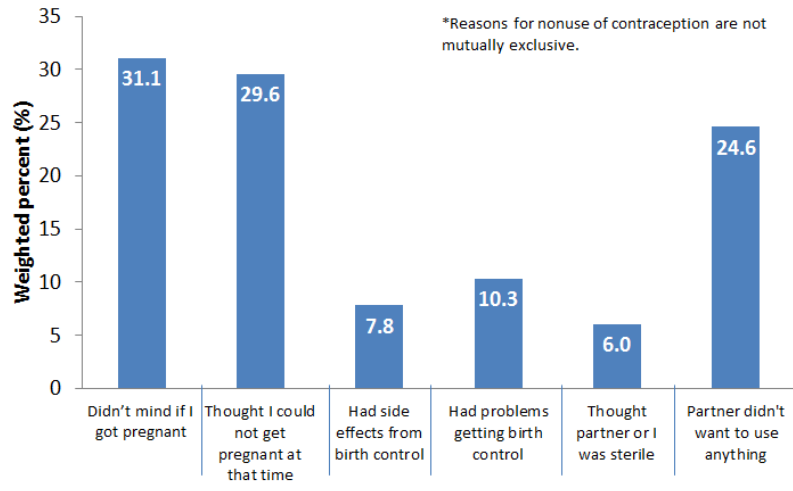
Data Source: OASIS, Georgia Department of Public Health

Teen Pregnancy in Georgia

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

-Georgia Epidemiology Report, 2012

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

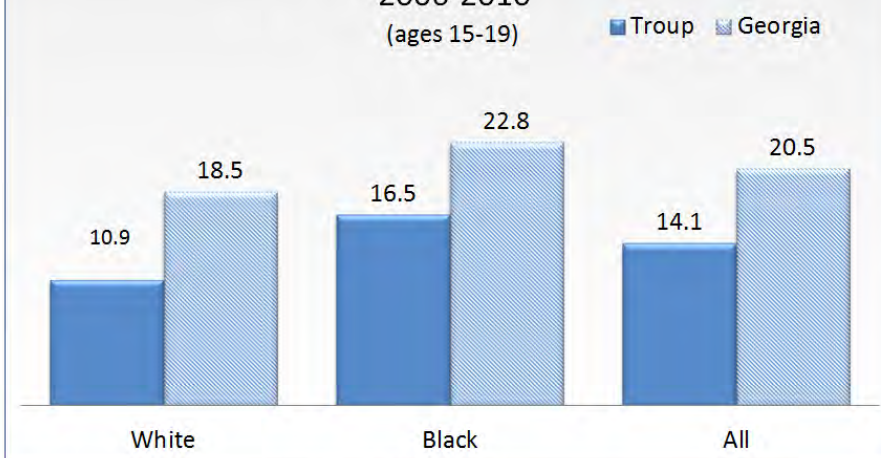


Data Source: Georgia Epidemiology Report, Vol. 26, Number 1, June/July 2012

In Georgia, according to self-report among teen mothers, the top reasons for not using contraception at the time of unintended pregnancy were “Didn’t mind if I got pregnant” and “Thought I could not get pregnant at that time.” This information may be useful in developing effective activities to impact teen pregnancy, such as outreach to and education of teenagers around fertility.⁸¹

Percent of Births to Mothers with Inadequate Prenatal Care

2006-2010
(ages 15-19)



Data Source: OASIS, Georgia Department of Public Health

For mothers aged 15-19, Troup County had a lower percentage of births to mothers with inadequate prenatal care compared to the State.

Community Input – Teen Pregnancies

- *High teen birth rate is due to a generational issue. Families see it as acceptable due to past experience.*
- *Teen pregnancy is due to lack of education.*
- *Teen pregnancy is always a concern; in addition, increasing access to physical activity for teens and adolescents is of great importance.*
- *There seems to be a new cultural acceptance of teen pregnancy. There is no longer much of a stigma.*
- *Use of drugs and smoking during pregnancy is a big issue among teens.*
- *Second (repeat) teen pregnancies are really high and a focus needs to occur on prevention.*
- *A lot of Seniors (grandparents) end up raising the child.*
- *There is a lack of education. Some teens believe they cannot get pregnant after having sex for the first time.*
- *There is too much teaching of abstinence in schools as the only option for teens.*
- *There are not consequences with being a teen mom—it is embraced. There are nurseries in schools and their children are allowed to go to prom with them.*
- *Teen pregnancy is a generational issue—history repeats itself.*
- *There is a lot of misinformation about getting pregnant.*
- *Sex education in LaGrange is abstinence before marriage.*
- *The number of single mothers having babies is very high—55 percent.*
- *A lot of teen moms are shamed and overly burdened by their past pregnancy.*
- *Risk factors for teen pregnancies can be traced back to mental illness, self-esteem, depression, etc.*
- *Teens purposely smoke to have a baby with a low birth weight.*
- *Teen pregnancy rate is directly related to poverty.*
- *Troup County has the highest teen pregnancy rate in the State. The reason for teen pregnancies seems to be that teens did not think it would happen to them.*
- *Teen pregnancies have become a competition among 14-15 year olds (who was youngest, who had biggest baby, etc.); 85 to 95 percent of teen pregnancies are deliberate.*
- *The State may provide financial assistance for childcare to teen parents.*
- *Biggest health needs are around the health of teens, specifically in regards to teen pregnancy and STDs.*
- *There are diverse opinions on the education of youth. There are two sides: abstinence or family planning.*
- *There is a “generational effect” occurring within the community. Past teen parents who have teenagers think it is okay for their teens to follow in their footsteps.*

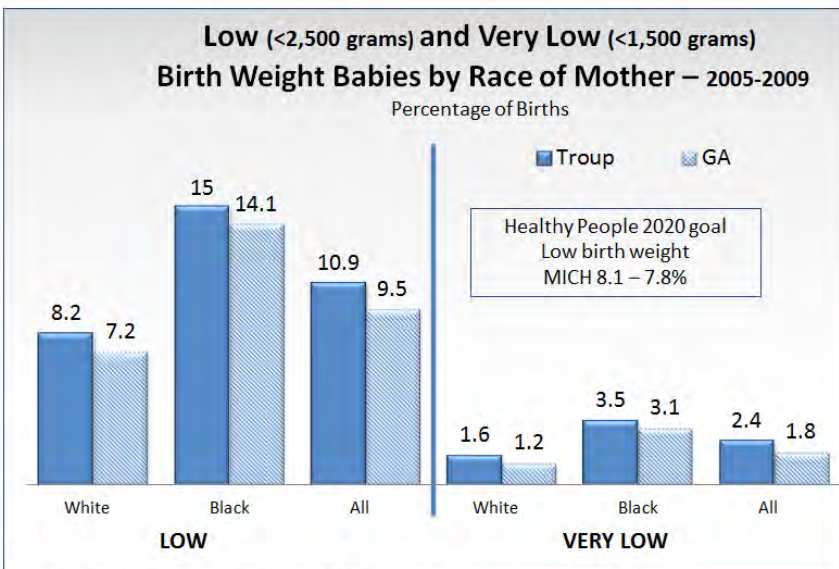
Community Input – Teen Pregnancies (Continued)

- *There are a lack of activities and lack of supervision for teens.*
- *Sixty-four percent of children are born to single moms.*
- *It is a status symbol for teenagers to become a mom.*
- *There is a lack of education coming from the parents to their teens on sex education.*
- *Teens that choose to be sexually active are either not being careful, don't know the consequences, or intentionally want a child.*
- *Teen pregnancy is a major concern.*
- *There is a need for education for teen moms and teens that meets the needs of the receiver.*

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.⁸²

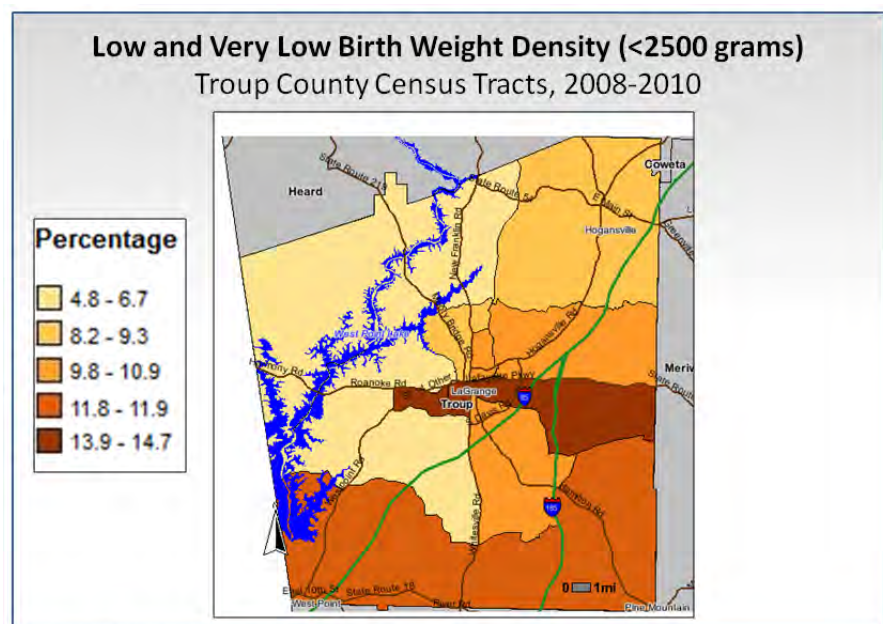
The Healthy People 2020 objective for low birth weight is 7.8 percent.⁸³ In 2010, the national prevalence of low birth weight babies was nine percent.⁸⁴



Data Source: OASIS, Georgia Department of Public Health

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

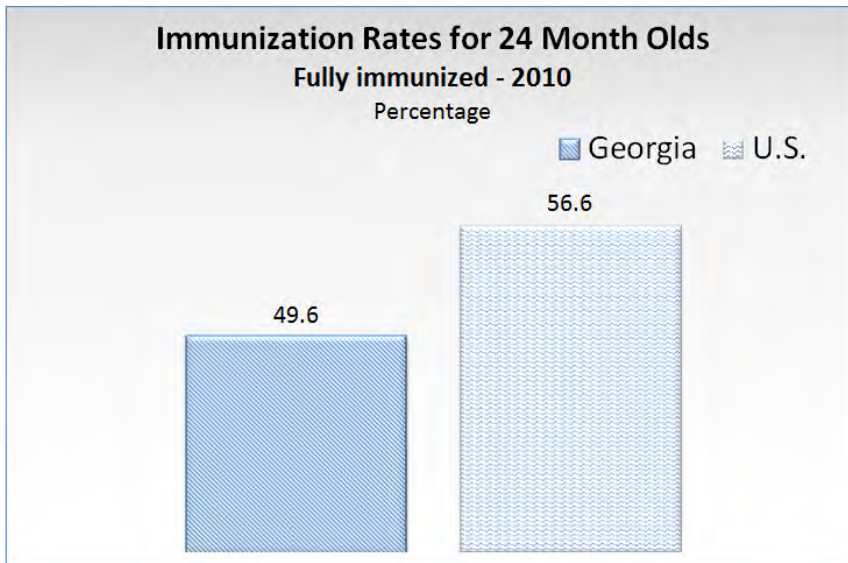
The east, central, and southern sections of Troup County had the highest density of low and very low infant birth weights.



Data Source: OASIS, Georgia Department of Public Health

Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also some diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.⁸⁵

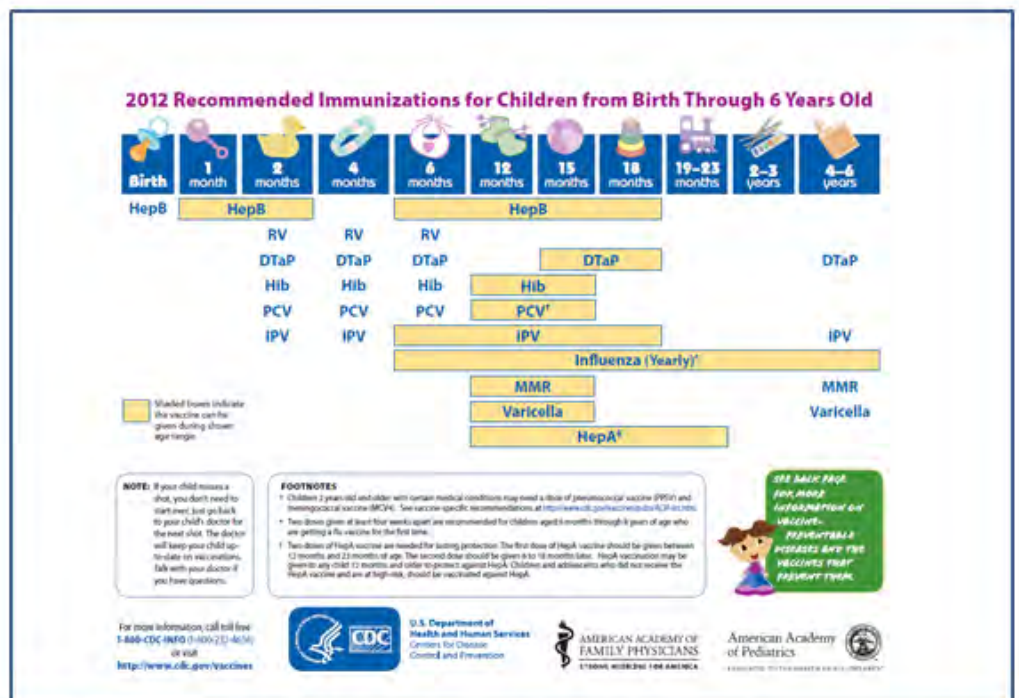


Data Source: CDC , U. S. National Immunization Survey, Q1/2010-Q42010

The Healthy People 2020 goal for immunizations by 24 months of age is 90 percent.⁸⁶

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

The Centers for Disease Control and Prevention has developed a chart to inform patients of recommended immunizations for children. Copies may be obtained at the website address noted in the chart.



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

ALCOHOL, TOBACCO AND DRUG USE

Healthy People 2020 Reference – TU, SA

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

- Chronic diseases
- Teenage pregnancy
- Sexually transmitted diseases
- Domestic violence
- Child abuse
- Motor vehicle accidents
- Crime
- Homicide
- Suicide⁸⁷

Adolescent Behavior

The leading cause of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.⁸⁸

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

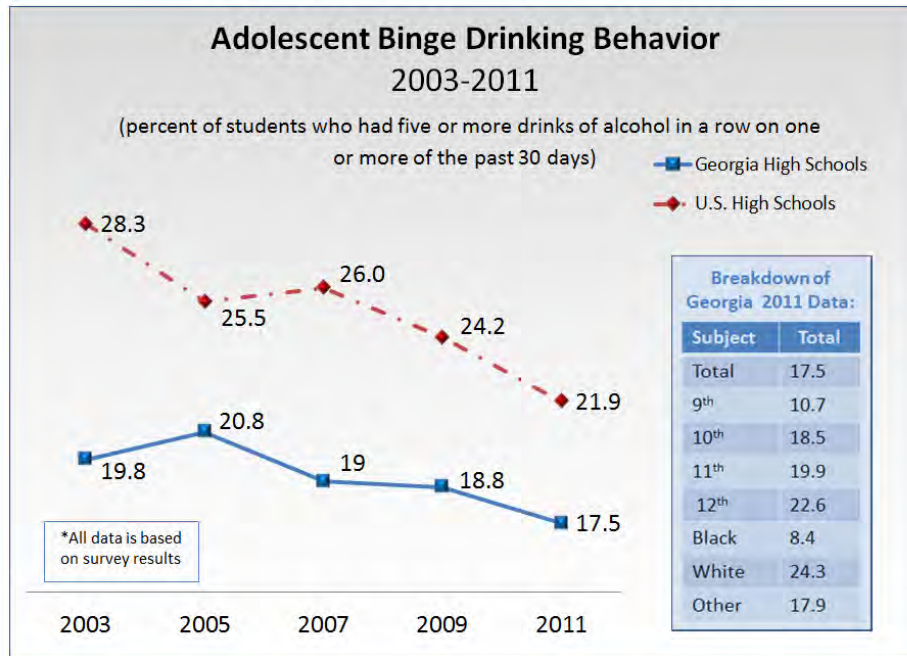
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse



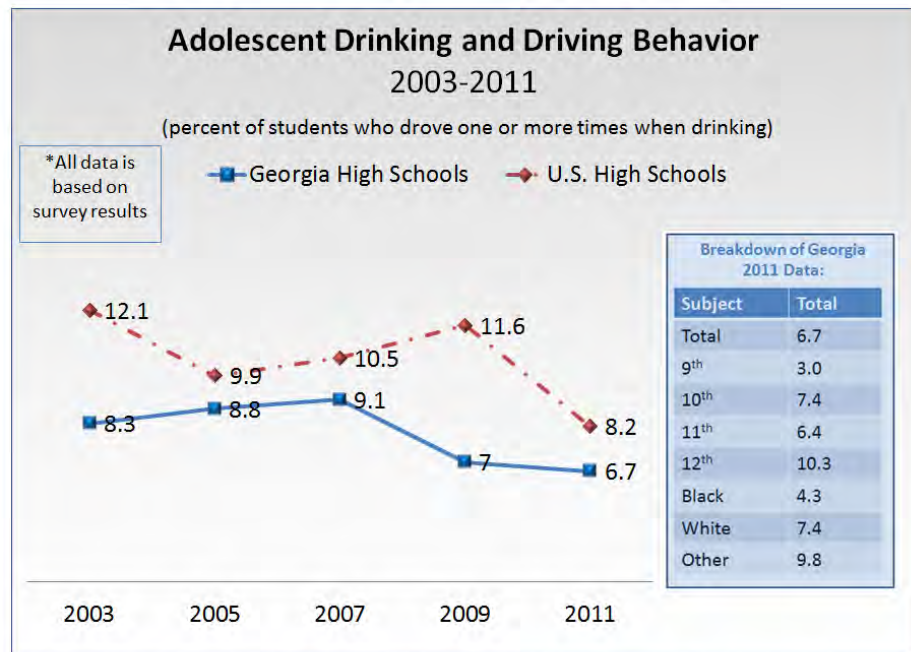
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

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

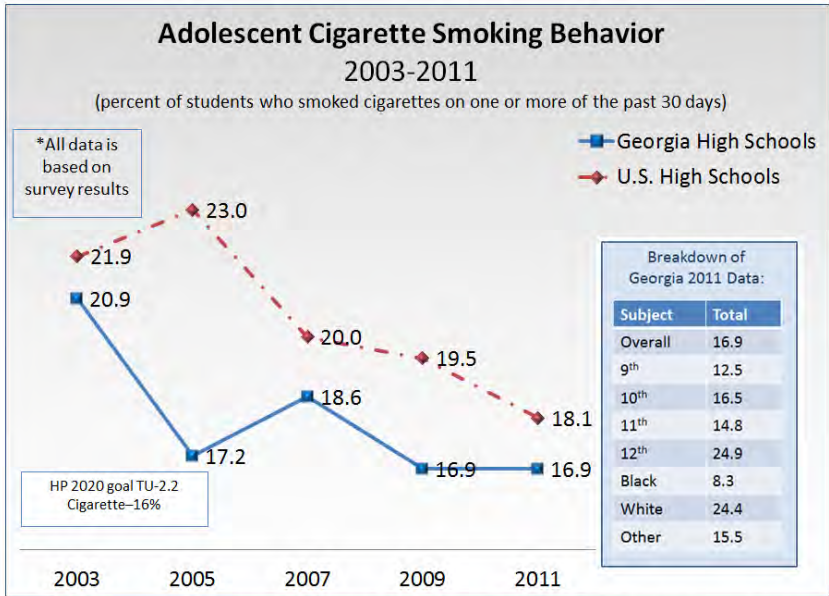
Binge drinking among Whites (24.3 percent) was almost three times more prevalent than Blacks (8.4 percent).

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

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



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



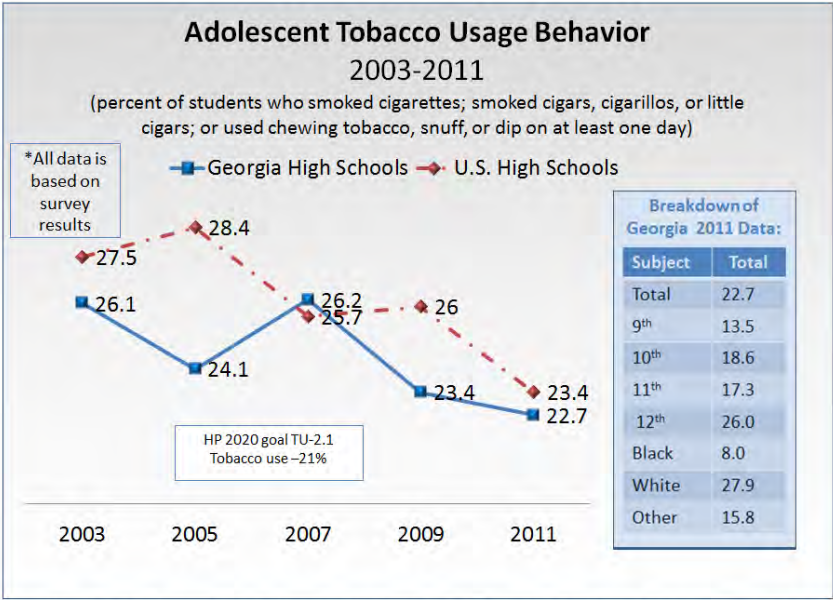
Data Source: Centers for Disease Control and Prevention. 2011. Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbbs

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

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

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

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



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

Illicit Drug Usage

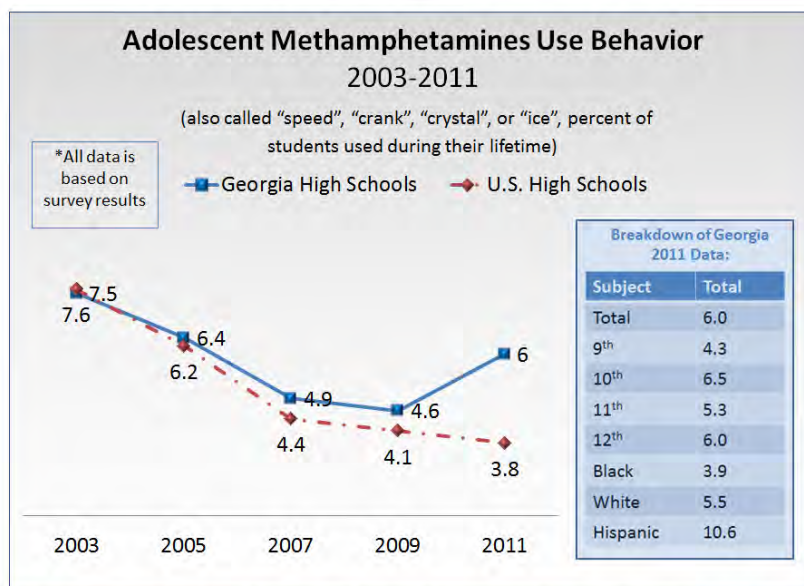
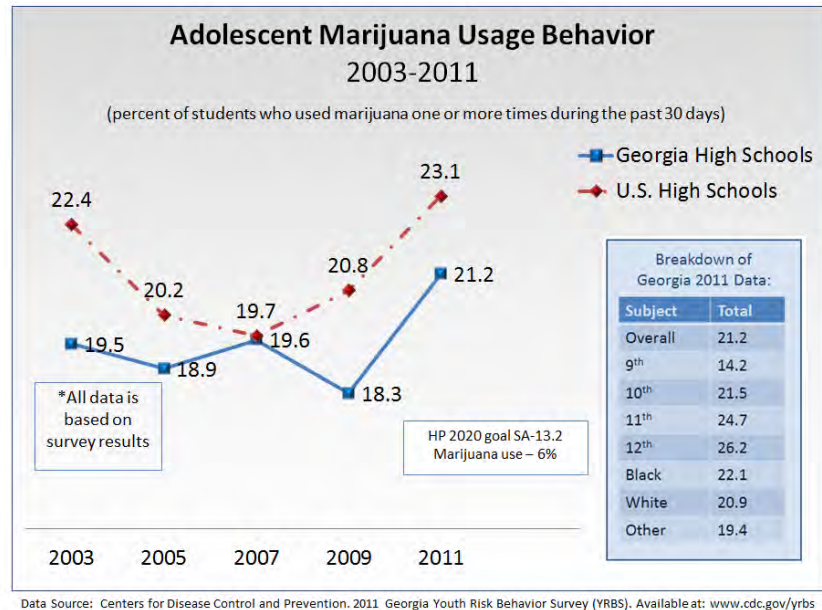
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.⁸⁹

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

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

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

The Healthy People 2020 goal is to reduce marijuana usage to six percent.⁹⁰



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

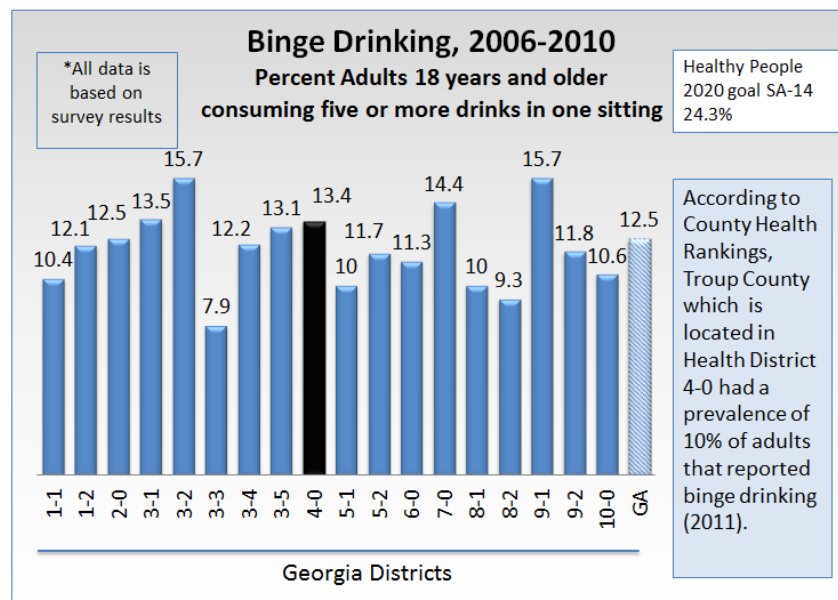
More than 10 percent of the Hispanic adolescent population in Georgia had tried methamphetamines during their lifetime.

Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.⁹¹

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.⁹²

The binge drinking rates in Health District 4-0 (13.4 percent) was higher than the State rate (12.5 percent). Troup County had only 10 percent of adults that reported binge drinking, which was well below that of the State and as well as below the Healthy People goal of 24.3 percent.



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

Community Input – Alcohol, Tobacco and Drugs

- *Alcohol and drug issues kill society and costs a ton of money to the city. Drugs are a significant issue here.*
- *There is a societal acceptance of alcohol.*
- *Meth is a disaster drug and is being used frequently in the community.*
- *Drugs are a major problem especially meth and there is a lack of education about meth and other drugs.*
- *Alcohol and drug problems can stem from self-esteem issues.*
- *Parents are in denial about alcohol and drug use among their children and often leave alcohol within reach.*
- *Residents need education on how to seek counseling and other resources.*
- *There is no substance abuse clinic in town.*
- *Youth substance abuse is on the rise- alcohol, xanax, and abuse of cough syrup.*
- *It is a complicated environment -- adolescents and teens must learn about creating healthy relationships and staying away from peer pressure.*

SEXUALLY TRANSMITTED DISEASES

Healthy People 2020 Reference – STD 6, STD 7

Each year, there are approximately 19 million new sexually transmitted disease (STD) infections, and almost half of them are among youth aged 15 to 24.⁹³ Chlamydia, gonorrhea, and syphilis are the most commonly reported sexually transmitted diseases in the country. In many cases, symptoms may not be recognized and the infection may go undetected for long periods of time. Therefore, the infection may be spread without the knowledge of the infected individual.⁹⁴

Why Is Sexually Transmitted Disease Prevention Important?

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as \$15.9 billion annually. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

-Healthy People 2020

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.

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

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

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

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

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. The CDC estimates that half of new infections go undiagnosed each year.⁹⁵ 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.⁹⁶

- In 2009, Blacks had 8.7 times the reported chlamydia rates of Whites in the U.S.⁹⁷
- 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.⁹⁸
- Women had 2.7 times the reported chlamydia rate of in men in 2009.⁹⁹
- Georgia ranked 15th highest in the U.S. for reported chlamydia cases in 2010.¹⁰⁰

Clinical Recommendations

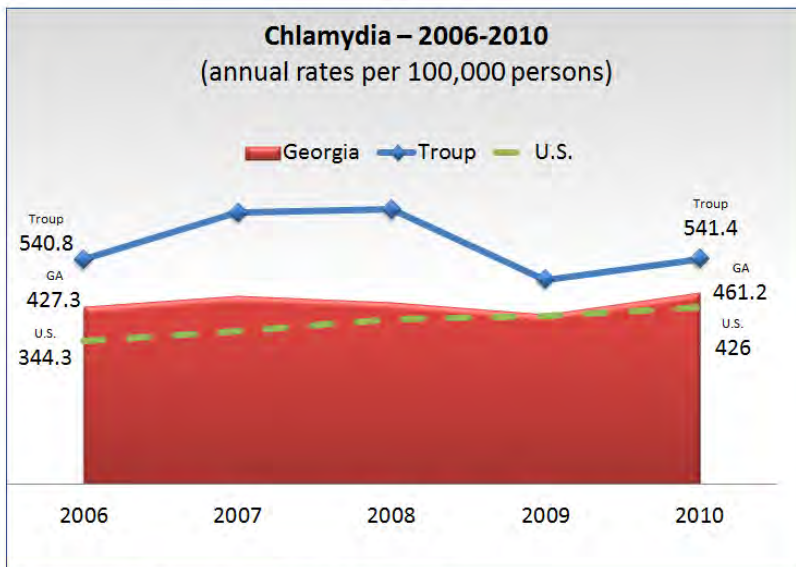
Screening for Chlamydial Infection

- 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

Average Chlamydia Rates by Race (2006-2010)			
	White	Black	All
Georgia	62.6	645.1	437.3
Troup	60.8	825.9	577.3

Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

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

In 2010, chlamydia rates in Troup County (541.4 per 100,000) were higher than the State rate (461.2 per 100,000).

In 2010, the U.S. rate for chlamydia was 426.0 cases per 100,000 population.¹⁰¹

Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.¹⁰² The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are infected have no symptoms. Gonorrhea can lead to other complications that can cause pelvic inflammatory disease in women. Gonorrhea can also spread to the blood or joints and become life threatening. Antibiotics are used to successfully cure gonorrhea.

Who is at risk for gonorrhea?

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

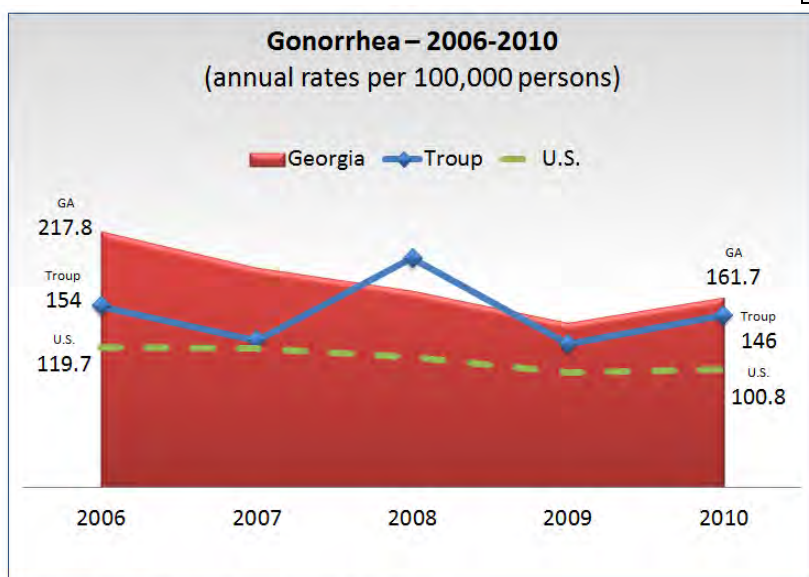
-Centers for Disease Control and Prevention

- In 2009, Blacks had 20.5 times the reported gonorrhea rates of Whites in the U.S.¹⁰³
- Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.¹⁰⁴
- Georgia ranked seventh highest in the U.S. for reported gonorrhea cases in 2010.¹⁰⁵

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

Average Gonorrhea Rates by Race (2006-2010)			
	White	Black	All
Georgia	13.5	333	174.3
Troup	24.1	405	229.9

Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

In 2010, the gonorrhea rate in Troup County (146 per 100,000) was lower than the State rate (161.7 per 100,000) and higher than the U.S. rate (100.8 per 100,000).¹⁰⁶

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.¹⁰⁷

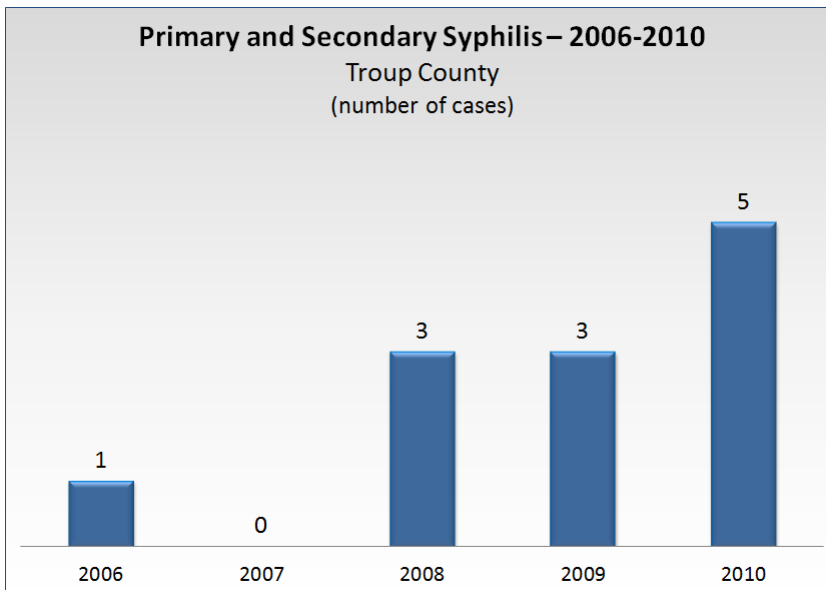
How can syphilis be prevented?

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

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

-Centers for Disease Control and Prevention

- In 2009, Blacks had 9.1 times the reported syphilis rates of Whites in the U.S.¹⁰⁸
- Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.¹⁰⁹
- Georgia ranked second highest in the U.S. for reported syphilis cases in 2010.¹¹⁰



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

The Georgia syphilis rate in 2010 was 9.7 per 100,000 population. The U.S. rate in 2010 was 4.5 per 100,000 population.¹¹¹

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

From 2006-2007, Troup County had very low cases of syphilis. In 2010, Troup County nearly doubled the amount of syphilis cases (5 cases or 7.5 per 100,000 population).

Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans are living with HIV, and one out of five people with HIV do not know they have it. Each year about 56,000 new infections of HIV occur.¹¹²

Why is HIV important?

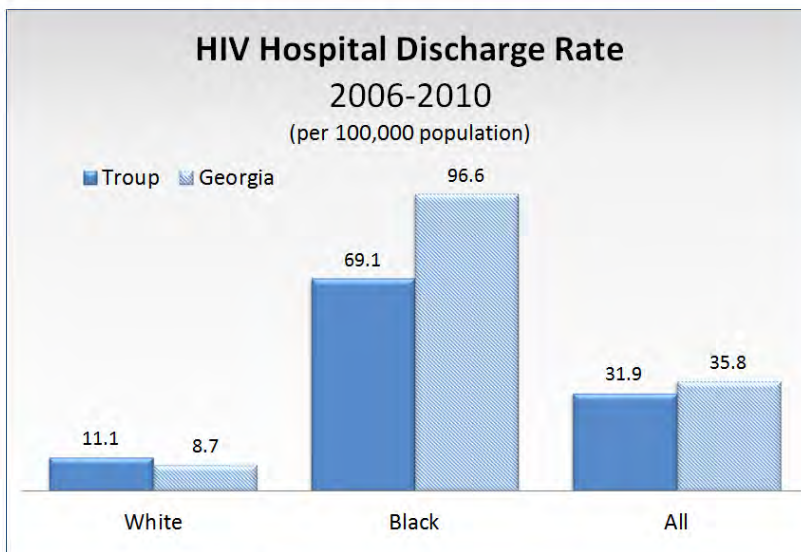
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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

-Healthy People 2020

- Nationally, from 2006-2009, the estimated number of people living with HIV increased 8.2 percent.¹¹³
- The number of males living with HIV (869,000) was more than three times the number of women (279,100).¹¹⁴

Blacks had the highest number of persons living with HIV (510,600), accounting for 44 percent of all persons living with HIV in 2009. The estimated is followed by Whites (380,300), Hispanics (220,400), persons of multiple races (15,700), Asians (15,400), American Indians or Alaska Natives (4,300), and other Pacific Islanders (1,400).¹¹⁵

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



Data Source: OASIS, Georgia Department of Public Health

Troup County had a slightly lower HIV hospital discharge rate (31.9 per 100,000) than Georgia (35.8 per 100,000).

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

Community Input – Sexually Transmitted Disease

- *Sex education in eighth grade focuses on STD education.*
- *The main concern is lack of resource availability (low access) for STD screening. For example, there may be women going without a pap or pelvic exam.*
- *HIV is an issue in the community. There were 20 discharges in 2010 with a rate of 31.3 per 100,000 of the population.*
- *Biggest health needs are around the health of teens, specifically in regards to teen pregnancy and STDs.*
- *Sex education at the ninth grade level is called “Wait Training.”*
- *Abstinence education is not working.*
- *There is the premise that contraceptives (Depo-Provera injections, pills) may have resulted in lower teen pregnancies, but higher sexually transmitted disease rates.*

ACCESS TO CARE

Barriers to access to care can be due to lack of availability of services, an individual’s physical limitations, or an individual’s financial status. “Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone”¹¹⁶

Why Is Access to Health Services Important?

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

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

-Healthy People 2020

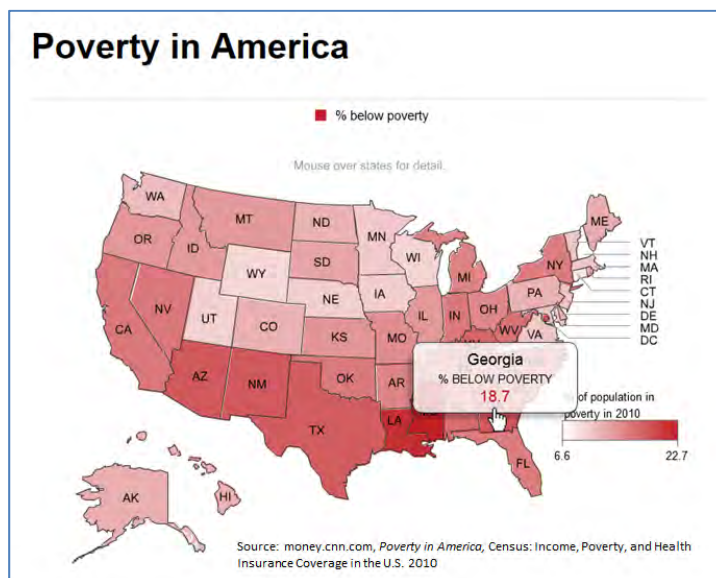
1. Gaining entry into the health care system

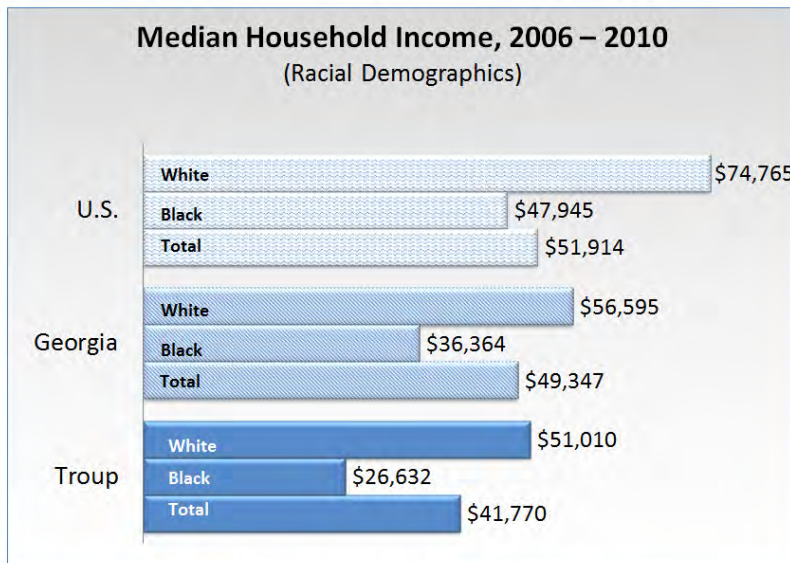
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual’s ability to access care when needed.

Income and Poverty

The nation’s poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 14.3 percent in 2009.¹¹⁷

Georgia ranked third highest in the U.S. at 18.7 percent of the population below the poverty level in 2010. Louisiana and Mississippi are ranked first and second.¹¹⁸





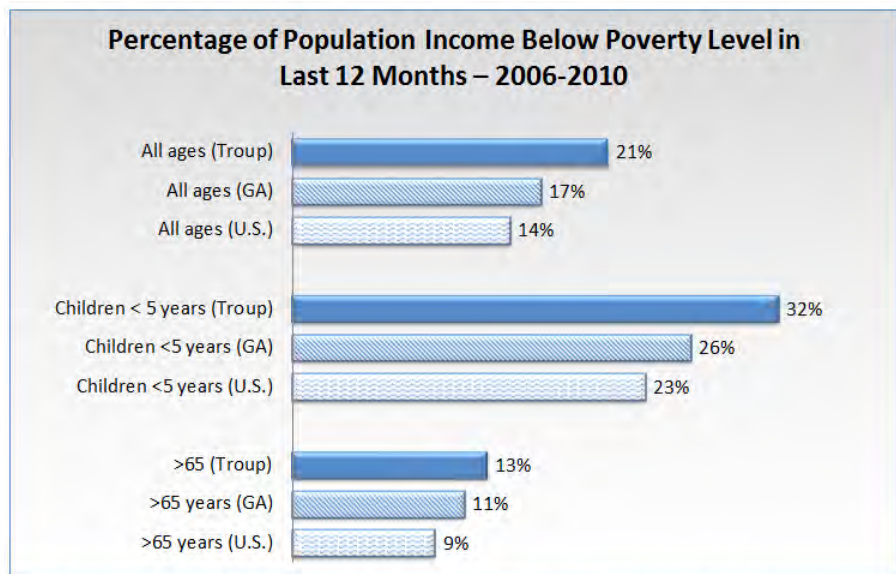
Data Source: U.S. Bureau of the Census, <http://quickfacts.census.gov/qfd/states>

The median household income between 2006-2010 for Troup County was \$41,770. This is below the Georgia rate of \$49,347 and the U.S. rate of \$51,914.

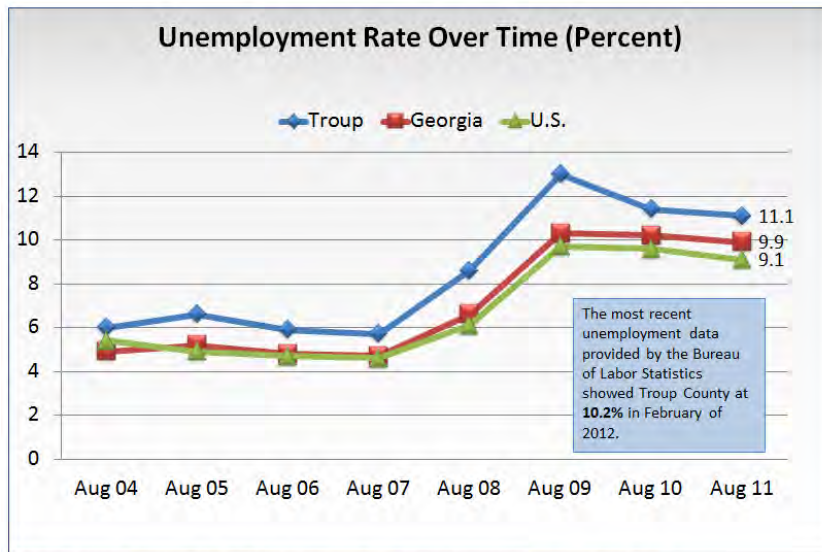
In Troup County for the period 2006-2010, the average White median income (\$51,010) was almost twice that of Blacks (\$26,632).

The percentage of people in Troup County whose income was below the poverty level (21 percent) during 2006-2010 was higher than that of the U.S. (14 percent).

The percentage of children under five years of age living in poverty in Troup County (32 percent) was higher than both Georgia (26 percent) and the U.S. rates (23 percent). The percentage of Troup County senior adults living in poverty (13 percent) was slightly higher than the State (11 percent) and U.S. rates (9 percent).



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

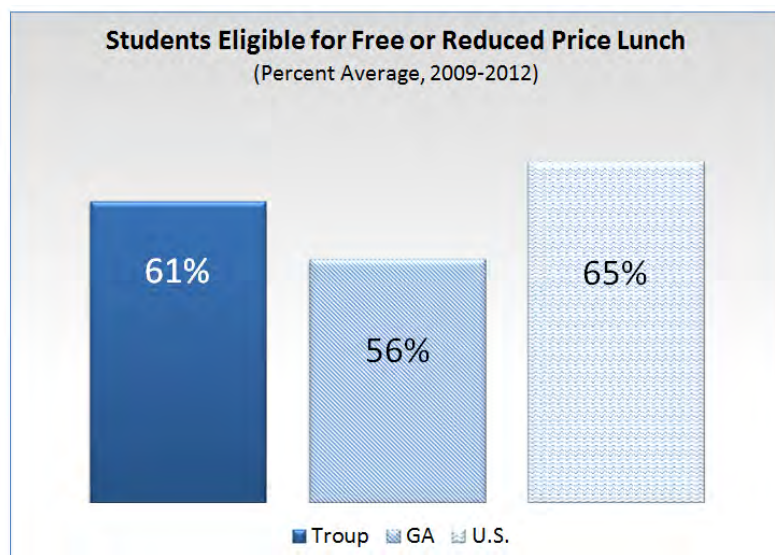


Data Source: Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS) data

The unemployment percentage for Troup County (11.1 percent) had risen sharply since 2008. As of February 2012, the Troup County rate had dropped to 10.2 percent.

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.¹¹⁹ For July 1, 2012 through June 30, 2013, a family of four's income eligibility for reduced-price lunches was at or below \$42,643 and for free meal eligibility at or below \$29,965.¹²⁰

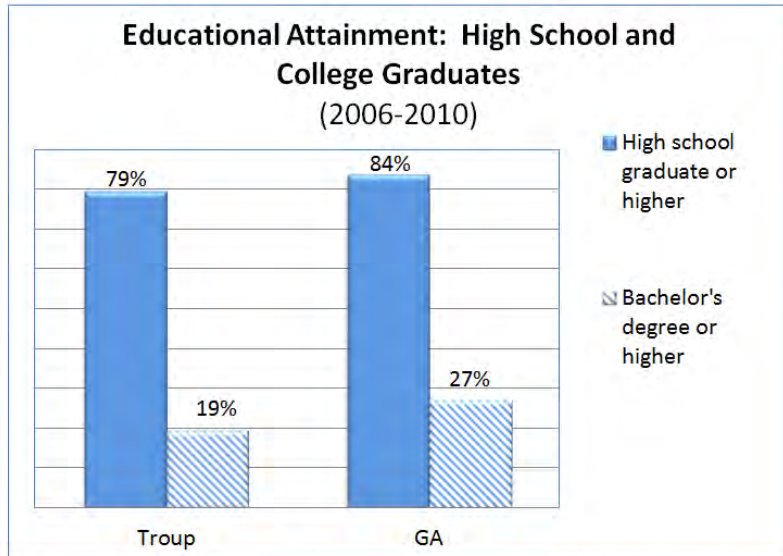
Sixty-one percent of the public school students in Troup County received free or reduced price lunches for the years 2009 to 2012. This was higher than Georgia (56 percent), but lower than the U.S. rate (65 percent).



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

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.¹²¹ 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.¹²² 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.¹²³

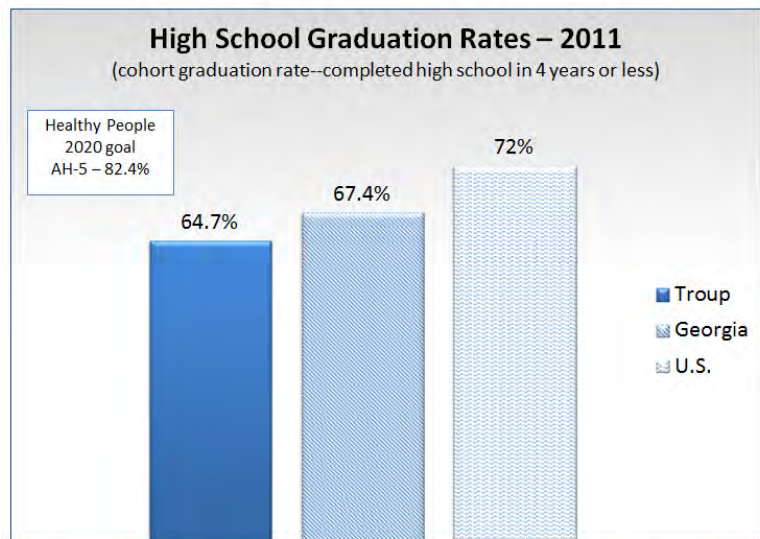


Data Source: Annie E. Casey Foundation, Kids Count Data Center, Educational Attainment, 2006-2010.

From 2006 to 2010, an average of 79 percent of Troup County residents had graduated high school compared to Georgia's average of 84 percent. An average of 19 percent of Troup County residents had a bachelor's degree or higher compared to Georgia's higher average of 27 percent.

The U.S Department of Education is now requiring all states to begin publicly reporting comparable high school graduation rates using the new four-year adjusted cohort rate calculation method. This method will provide uniform data collection when analyzing statistics across different states.¹²⁴

In 2011, Troup County had an average of 64.7 percent of students complete high school in four years or less. Troup County was slightly below the State average (67.4 percent) and the U.S. average (72 percent).



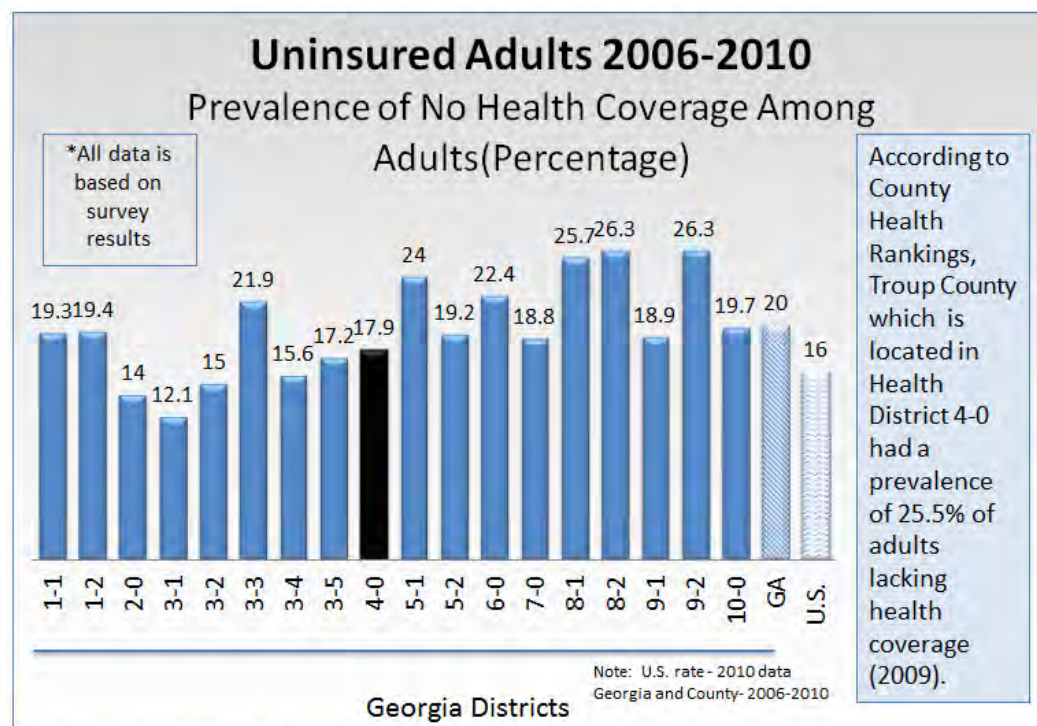
Data Source: Georgia Department of Education – 2011, Editorial Projects in Education Research Center

Insured Status

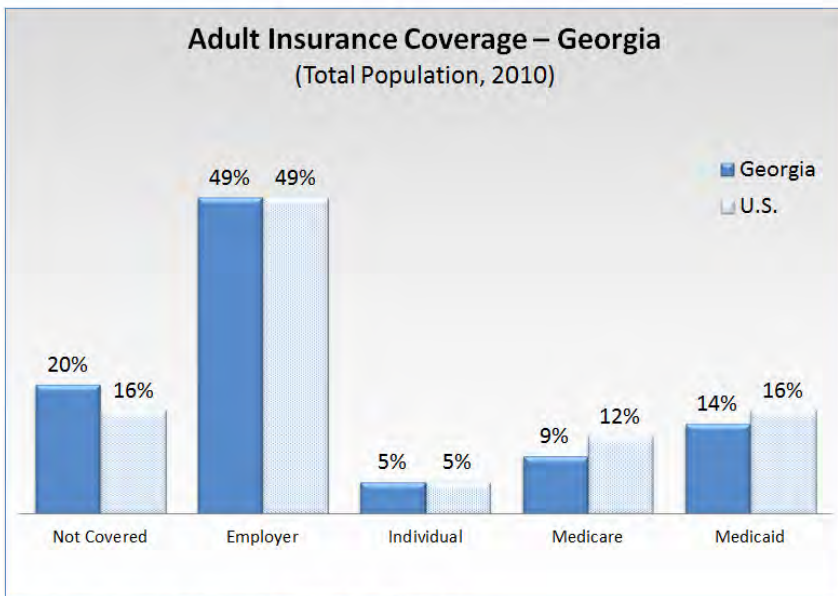
The ability to access healthcare is significantly influenced by an individual’s insured status. People without insurance often face limited access to services and delays in seeking treatment. Many people with insurance are often considered “under insured”, due to policy restrictions and high deductibles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

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

The percentage of adults that lacked health insurance from 2006-2010 in Health District 4-0 (which includes Troup County) was 17.9 percent. This was higher than the U.S rate (16 percent), but lower than the Georgia rate (20 percent). According to a 2009 BRFSS survey, Troup County had 25.5 percent of adults lacking health insurance.



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

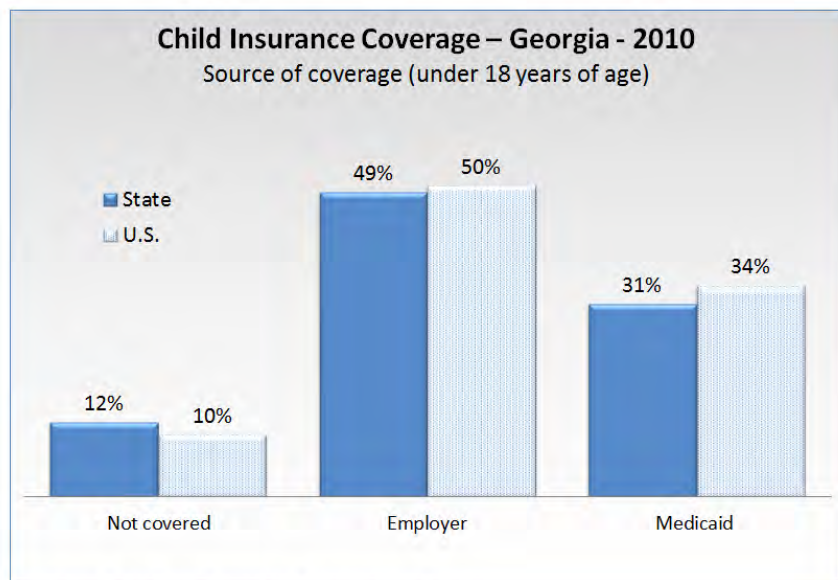


Data Source: Kaiser Family Foundation, Statehealthfacts.org

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

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

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



Data Source: Kaiser Family Foundation, Statehealthfacts.org

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

- **PeachCare for Kids (CHIP)** offers a comprehensive health care program for uninsured children living in Georgia who's family income is less than or equal to 235 percent of the federal poverty level.
- **Long Term Care and Waiver Programs:**
 - **New Options Waiver (NOW) and the Comprehensive Supports Waiver Program (COMP)** offer home and community-based services for people with a developmental or intellectual disability.
 - **Service Options Using Resources in a Community Environment (SOURCE)** links primary medical care and case management with approved long-term health services in a person's home or community to prevent hospital and nursing home care.
 - **Independent Care Waiver Program (ICWP)** offers services that help a limited number of adult Medicaid recipients with physical disabilities live in their own homes or in the community instead of a hospital or nursing home.
 - **Community Care Services Program (CCSP)** provides community-based social, health and support services to eligible consumers as an alternative to institutional placement in a nursing facility.
- **Georgia Families** delivers health care services to members of Medicaid and PeachCare for Kids by providing a choice of health plans.
- **WIC** is a special supplemental nutritional program for Women, Infants and Children. Those who are eligible receive a nutrition assessment, health screening, medical history, body measurements (weight and height), hemoglobin check, nutrition education, and breastfeeding support, referrals to other health and social services, and vouchers for healthy foods.
- **Planning for Healthy Babies (P4HB)** offers family planning series for women who do not qualify for other Medicaid benefits, or who have lost Medicaid coverage. To be eligible a women must be at or below 200 percent of the federal poverty level.
- **Health Insurance Premium Payment (HIPP)** provides working Medicaid members with assistance on premium payments, coinsurance, and deductibles.
- **Georgia Long Term Care Partnership** offers individuals quality, affordable long term care insurance and a way to received needed care without depleting their assets (Medicaid asset protection).
- **Non-Emergency Transportation (NET)** program provides transportation for eligible Medicaid members who need access to medical care or services.
- **Georgia Better Health Care (GBHC)** matches Medicaid recipients to a primary care physician or provider.

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

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

Troup County is home to West Georgia Health, a 276 bed facility with other outpatient facilities located in the county. The closest hospital to West Georgia Health's service area is Lanier Health Services located in Valley, Alabama which is about 22 miles from LaGrange. It is a 115 bed facility that serves some residents of western Georgia. West Georgia Home Care is a division of West Georgia Health and provides specialized support services such as physical and occupational therapy. Emory Clark-Holder Clinic operates two clinics in Troup County (La Grange and West Point) and one in nearby Newnan. Emory Clark-Holder Clinic is west Georgia's largest multi-specialty group practice.

Physician Workforce

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

- Emergency medicine (deficit: -1)
- Family practice (deficit: -8)
- Ophthalmology (deficit: -1)
- Pediatrics (deficit: -1)
- Radiology (deficit: -1)
- Urology (deficit: -1)¹²⁵

The Georgia Physicians Workforce Report provides guidelines based on National demographics and does not take into account the demographics of a specific community. The demographics of a community impacts specific needs for specialties due to the age distribution of the population. For instance, if the aged population in a community is a higher percentage than the national average, there may be a need for more cardiologists than depicted in the national standards. The Georgia Physician Workforce Report was last updated in 2008 and should only be used as an indication of possible needs, rather than an absolute number of physicians needed.

Mental Health

Troup County has facilities that provide mental health and substance abuse services. These facilities include:

- Pathways Center of LaGrange provides outpatient services for both children and adults. These services include: crisis intervention; intake assessments; individual and family counseling; an array of therapy and skill based groups; psychiatric assessments and follow-up; and nursing services.¹²⁶
- National Alliance on Mental Illness (NAMI) is a national organization that has a local chapter in LaGrange, *NAMI Connection*. This chapter provides family support to those individuals with loved ones suffering from a mental illness.¹²⁷

- The LaGrange based Center for Creative Growth and Human Development provides outpatient mental health services for families and youth and an inpatient residential treatment program for males ages 12 to 17.¹²⁸

Nursing Homes

Troup County has three nursing homes. All three are located in LaGrange. Combined these homes had 404 beds in 2004.¹²⁹

Transportation

Troup County has a land area of 447 square miles.¹³⁰ There is no public transportation system within the community. Many residents depend upon family members or others in the community for their transportation needs. Troup Transit is a privately owned company that provides transportation for anybody that needs it and is based on appointments. There are other services that provide transit for specific populations. Head Start plans and coordinates a system for transporting children to and from centers, including field trips and medical and dental screenings. LaGrange Housing Authority provides a transport service for the elderly to the grocery store or pharmacy. The LaGrange Senior Center provides transportation services and meal-delivery for homebound seniors. These transportation services are limited. Many people in the community cited transportation as major issue preventing access to care.

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

Patient-Centered Medical Homes

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.¹³¹

Troup County has a free clinic located in LaGrange, *Troup Cares*. *Troup Cares* provides medical services to the working poor or near poor of Troup County based on many of the patient-centered medical home principles. Patients arrive to *Troup Cares* at the onset of primary medical issues before the issues get worse and cause an Emergency Room visit. In addition, *Troup Cares* provides care management and patient education, prescription assistance, and a network of specialists for appropriate medical referrals.¹³²

Community Input – Access to Care

- *All physicians do not accept uninsured and underinsured.*
- *There are fewer physicians that accept new patients in the community service clinic.*
- *There is a new urgent care clinic but it closes at 7:00 P.M.*
- *There is a lack of public transportation.*
- *There is little access to affordable medicine for those that do not have Medicaid.*
- *There is a big problem with the availability of healthcare after hours.*
- *A program called “Troup Cares” provides healthcare to those that do not have health insurance. However you must be employed or under-employed to be seen.*
- *The unemployed have exhausted the state health plans.*
- *A nearby county, called Meriwether, has a similar program to “Troup Cares”.*
- *There is no public transit—only taxis.*
- *Access to preventative care for the underserved, uninsured, and unemployed is very limited.*
- *Insurance is expensive and extremely selective.*
- *There is a group that value and want health insurance but do not qualify.*
- *It is difficult for single women to get healthcare for pregnancy.*
- *Access to the dental clinic is similar to “Troup Cares.” It is only for those individuals that qualify.*
- *Hours of daily service for clinics are often not enough.*
- *There is a lack of availability of alternative or specialty care.*
- *There is a lack of access to medical care due to geographic location.*
- *Transportation is an issue in the community. There are limited resources: “People to People” and “Troup Transit”.*
- *There are issues with transportation to not only doctor’s appointments but traveling to fill prescriptions.*
- *Limited resources exist for the uninsured.*
- *Education is important to increase access and overcome barriers to health.*
- *There are a lot of doctors that fail to accept patients in clinics.*
- *People need nurturing and hand holding to get continuity of care.*
- *The community needs a clinic that picks up the over-utilization of the ER.*
- *Access is difficult for individuals who can’t afford medical care and insurance.*
- *Individuals get information mainly by word of mouth in the community.*
- *The biggest issue in the community is lack of transportation and the Medicaid transportation costs.*
- *Uninsured women are an issue because there is no where for them to receive treatment if they are not on Medicaid.*
- *Hogansville needs more doctors.*

Community Input- Access to Care (Continued)

- *“Pathways” has improved in the last six months but needs more improvement: an assessment takes up to two weeks to get an appointment and then another two weeks to see a doctor.*
- *A lot of practitioners have pulled out of the “Troup Cares” program because they feel a lot of the recipients in the program take advantage of it.*
- *Three children that had cancer last year had to go to Atlanta to get care.*
- *LaGrange Personal Aid screens for food bank, dental care clinic, vision, “Troup Cares”, and for financial aid.*
- *Follow-up and tracking with patients is difficult for those not in the healthcare system.*
- *Medicare is extremely complicated for poverty-stricken individuals.*
- *There are no HMOs in Troup so one has to go to Atlanta, Peachtree City, or Columbus.*
- *A lot of individuals do not keep their doctor’s appointments due to high co-pays and transportation issues.*
- *There are no after-hours care by physicians available. There is a new urgent care center in town but its hours of operation are still a problem for the 12 hour shift employees.*
- *Resource communication is not centralized.*
- *There is a lack of knowledge of resources in the community. People who need resources do not know about how to get them.*
- *Specialties are lacking in: pediatric diabetes, allergies, respiratory, and other pediatric specialties.*
- *The community offers a lot of health fairs and screenings but individuals do not take advantage of them.*
- *“Troup Cares” is a great resource for the working uninsured population.*
- *Poverty is a reason that a lot of the population does not have access to healthcare.*
- *There is a lack of dental care available for those that have a mental illness*

SPECIAL POPULATIONS

Why Do Special Populations Matter?

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

-Healthy People 2020

Community Input – Senior Issues

- *There is an aging population. More and more individuals are moving here to retire.*
- *The elderly are usually on a fixed income and will forego certain health issues.*
- *The elderly may be able to get to his/her doctor’s appointment but unable to get medicine filled.*
- *Unmet needs for seniors include: transportation, access to medical care (specialty care is only in Atlanta), Medicare Part D education, and education on telephone and marketing scams.*
- *Other Senior issues within the community are physical inactivity and isolation. A lot of Seniors isolate themselves from the community when they feel like they have become a burden.*
- *Medication compliance is an issue. Many Seniors will fill and purchase a prescription, but never take it.*
- *There are a lot of individuals that should not be living independently due to early dementia.*
- *“Senior Companions” has 85 volunteers and they have monthly in-service training to improve programming—goals are to reduce ER visits and repetitive visits to the doctor’s office.*
- *Doctors notice a difference in those patients with “Senior Companions”—they have healthier outcomes.*
- *Referrals for “Senior Companions” eligible clients come from West Georgia Health Home Care.*

Community Input – Senior Issues continued

- *Home health care mostly comes from West Georgia Health but most of the population runs out of paid home health care two weeks after hospital discharge.*
- *Grandparents are raising grandchildren.*
- *“Active Life” focuses on health and wellness for older population: aerobics, tai chi, fitness center, ball room dancing, game room, multimedia room (education to keep minds active). Lunch is served (serves 80 homebound Seniors daily).*
- *There are emerging resources: cancer clinic and Emory expansion.*
- *“Source Care Management” helps seniors with chronic conditions and provides homemaker-type services.*
- *“Senior Corp Center” provides national level programs to help seniors and the community.*
- *“Senior Companions” program helps two populations at once--those that need help at home and those that are retired and need a purpose to get up every morning to help someone in need.*

Community Input – Black Population

- *There are a lot of health disparities- especially for Black males.*
- *Black males are at a disadvantage due to lack of education, communication and access.*
- *Work stress exists where Black males tend to work shift hours 7-7 or 12-12 and do not have time to take care of their health.*
- *The Black population needs a messenger that is of the same race to translate health information/education so the audience is more comfortable.*
- *There are very few Black physicians to serve such a large Black population.*
- *Community centers that are not church related would be the best places to reach the Black population.*
- *There is a lot of stigma in the Black community about seeking a mental health professional or psychiatrist.*
- *The Black population generally has fewer issues with alcohol.*
- *The location of Boys and Girls Club in LaGrange influences higher black attendance.*
- *There is still segregation but races are starting to come together about issues relating to poverty.*
- *It is difficult to get off work to schedule doctor’s appointments and attend appointments.*

Community Input – Hispanic Population

- *The main barrier for healthcare access for the Hispanic community is having documentation of citizenship.*
- *Hispanic adults are not as healthy because they focus on the needs of their children. Hispanic children are more likely to qualify for healthcare.*
- *The main occupational areas for Hispanics are cotton mills, landscaping, and painting. These occupations do not usually offer health insurance.*
- *Health issues among the Hispanic population include diabetes, dental problems, and COPD (occupational health related).*
- *Hispanics are very private and must gain trust before they will participate in programs.*
- *“CHILI” program educates the Hispanic community about the census and voting and also provides English for Speakers of Other Languages (ESOL) program.*

Community Input – Other

- *Compliance with medicine and follow-up care is a big issue in the community.*
- *There is a lack of education and educational attainment is low.*
- *There needs to be an overall emphasis on prevention and awareness.*
- *Education needs to exist at an early age to increase chances of engagement. In addition parents are not engaged enough and schools are overburdened to keep test scores up.*
- *There are individuals that smoke while they are waiting for their free dental care.*
- *There is a stigma with receiving/getting government help—fear of being controlled or screened for drugs.*
- *Early detection, prevention, and continuity of care are important for the health of the community.*
- *There is an entitlement mentality among the population.*
- *Food stamps and Medicare are the main government benefits.*
- *It is important to target the 0-5 age group to ensure this group gets a voice concerning their health.*
- *Parent’s educational level and understanding of what is available is lacking due to low comprehension. They have to be walked through every step.*
- *Specialty healthcare for children is extremely limited.*
- *“Troup Bell” provides services for children 0-5 years of age. Homes visits are made once a month to teach parents how to parent.*

Community Input – Other (Continued)

- *Children end up in the hospital because of missed appointments due to transportation issues.*
- *There are different cultures that believe in home remedies due to generational knowledge. This knowledge gets passed on to each generation and causes delay in treatment with children that need appropriate medical care.*
- *Outreach of education needs to occur more frequently (take advantage of situations when an individual is more teachable).*
- *There is a lot of abuse and neglect that occurs in the 0-5 age group.*
- *There is a lack of resources to good, quality childcare prior to elementary school.*
- *There is a gap in healthcare coverage for children in the 0-5 age group because they are not under the health radar.*
- *There is a large population of mentally ill in the town square in downtown LaGrange.*
- *All of the homeless centers are very poor off and lack funding and resources—faith based center receives funding from a grant, but will lose funding next year.*

Community Input – Mental Health

- *There is a strong need in this community for mental health outreach.*
- *Mental health is associated with sexual abuse of teens; there is one victim every two to three days in the community.*
- *Cost of mental health resources is extremely expensive.*
- *There has been an increase in students that have emotional and mental problems which result in other health issues.*
- *There are not enough individuals that specialize in certain mental health disorders.*
- *There is a lack of access for those that have serious mental illness.*
- *There is no substance abuse clinic in town.*
- *“Troup Cares” is considering providing mental health care.*
- *The advantage of the mental illness court is that it will reduce the cost on the prison system to care for these individuals. The disadvantage is the individuals will now be out on the streets where there is less personal accountability to take medication.*
- *Forty-six percent of Harmony House clients have mental illness.*
- *Early intervention is the most important step with mental illness issues.*
- *There is no therapeutic housing available for individuals with mental illness.*
- *The biggest health gap in the community is mental illness.*
- *There are not a lot of mental health resources in the community.*
- *There is nobody in the community to do a psychiatric evaluation. The Emergency Room has to call Anchor in Atlanta which takes six to eight hours.*
- *Not enough affordable resources for mental health.*

PRIORITIES

Community Input

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

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

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

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

- Do the votes as tallied reflect the major health problems and highest priority health issues?
- Are you pleased with the priorities this group has chosen?
- Do you think others (not here tonight) would support these priorities?
- Is each health priority amendable to change?

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

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

Focus Group Meetings and Priorities

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

- Community Meeting #1: May 21, 2012 at 8:00 am
- Community Meeting #2: May 21, 2012 at 11:30 am
- Community Meeting #3: May 22, 2012 at 8:00 am
- Community Meeting #4: May 22, 2012 at 11:30 am

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

1. Access to care – providers
 - a. There is a need for free or low cost care for those in poverty, the uninsured and underinsured.
 - b. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their health care needs.
 - c. There is a shortage of providers/specialists in the community:
 - i. Few mental health providers
 - ii. Need for allergists
 - iii. Need for pediatric specialists
 - iv. Need for after-hours/weekend hours for working residents
2. Teen pregnancy
 - a. There is a need for early and accurate education to teens concerning sex education and contraception.
 - b. Current education methods are not working.
3. Obesity
 - a. There is a lack of low-cost recreational and exercise facilities.
 - b. There is a need for education and community awareness of obesity and its causes.
 - i. Lack of healthy food choices
 - ii. High cost of food
4. Young children (0-5 years of age)
 - a. There is a need for targeted education for the caregivers of this population group.
 - i. Education for mothers and family
 - ii. Nutrition information
 - iii. Abuse and neglect
 - iv. Mental health
5. Teen behaviors and lifestyle – alcohol, drugs and tobacco use
 - a. There is a need for education and community awareness surrounding lifestyle choices.
 - i. Begin teaching at early ages
 - b. There is easy access to alcohol and drugs
6. Access to care - Transportation
 - a. Transportation to health care providers (including pharmacies) is an issue for both young and senior residents.
7. Cancer
 - a. There is a need for outreach education and community awareness surrounding cancer prevention and early warning signs/screening.

- b. Males (especially Black men) are fearful of screening and are reluctant to seek medical care.
- 8. Heart disease and stroke
 - a. There is a need for outreach education and community awareness surrounding causes, prevention and early warning signs/screening.
- 9. Mental health
 - a. There is a shortage of mental health providers in the community, especially for the poor.
 - b. There is a need for outreach education and community awareness about mental health issues, including teen mental health issues.
- 10. Alcohol and drug abuse
 - a. There is a need for outreach education and community awareness about alcohol and drug abuse, with early intervention/training for youth.
 - b. There is a need for free/affordable treatment sources in the community.
- 11. Respiratory disease
 - a. There is a need for outreach education and community awareness about respiratory diseases.
- 12. Diabetes
 - a. There is a need for outreach education and community awareness about diabetes.
- 13. Sexually transmitted diseases
 - a. There is a need for outreach education and community awareness about sexually transmitted diseases.
- 14. Sexual abuse
 - a. There is a need for outreach education and community awareness about sexual abuse.

Hospital Input

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

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

Identified Priorities

After carefully reviewing the observations, comments and priorities of the community, as well as the secondary health data presented, the following priority needs were identified by the CHSC:

- Access to care—providers
- Obesity
- Cancer
- Heart disease and stroke
- Teen pregnancy
- Young children (0-5 years of age)
- Diabetes
- Respiratory disease
- Teen lifestyle—alcohol, tobacco, and drugs
- Mental health
- Access to care-transportation
- Alcohol and drug abuse
- Sexual abuse
- Sexually transmitted diseases

COMMUNITY PARTICIPANTS

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

West Georgia Health Community Health Needs Assessment Steering Committee Members

Marjorie Scott, Committee Chair, CCO
Deborah Burton, CNO-VP Nursing Services
Tripp Penn, VP Support Services
Brenda Shelton, Director, Coding, Utilization Management, Social Services
Jamison Exum, Client Executive, Dell Services, Patient Access and Financial Services
Kathy Hammock, Director, Labor and Delivery, Maternal Services, Women's Center
Joe Calhoun, Director, Georgia Heart Clinic
Jan Nichols, Director, Marketing
Ralph Duraski, Director, Pulmonary Services
Tommy Britt, Director, Human Resources
Charlene McClanahan, Director, Oncology Services
Kathy McCurry, Patient Educator
Marilyn Jones, Compliance Analyst
Amy Osbahr, Coordinator Physician Development
Dana Chambers, Director, Special Projects
Kay Lewis, Administrative Assistant

Community Representatives – Key Stakeholder Interviews

Bart McFadden—Boys and Girls Club of West Georgia
Carol VonEpps—Georgia House of Representatives
Debbie Burdette—Troup County Schools
Elia Baltes—DASH Program and CHILI Program
Jack Eatman—Troup Family Connection
Judy Wright—WGH Social Services
Kay Durand—Troup County Center for Strategic Planning, Inc
Larry Asplund—Pastor New Community Church
Melody Wegienka— District 4 Public Health Department, Public Health Nurse
Michele Bedingfield—Harmony House
Michele Thompson—Women's First Choice
Norma Tucker—First Steps Program, City Council Member
Pat Robinson—Senior Corp Center
Shay Thornton—Department of Family and Children Services
Valerie West— Board Member, National Alliance on Mental Illness, Troup County
Mental Health Task Force
Wanda Scarborough—Troup Transformation

Participants in Community Focus Group Meetings

Alisha Scott--Court Public Defender
Alton West--City of LaGrange, Community Development
Buck Davis--Troup County Commission
Candace Wortham--Troup Cares
Carl VonEpps--State Representative
Carrie Bbrich--Troup Co. Strategic Planning
Cathy Smith--DASH
Charlene McClanahan—West Georgia Health, Oncology Department
Chris Powell--Salvation Army
Dan Wooten--Active Life Seniors
Dave Miller--New Ventures
Debbie Burdette--Literacy Volunteer/Activist
Deborah Burton—West Georgia Health
Diane Harrell--Center for Community Studies
Dona Cherry--Troup Cares Network
Dr. Jay Giesler--Physician
Dr. Sandy Simmons--Physician
Gail Gordon--Success by Six
Jack Eatman--Troup Family Connection
Jack Leidner--Hogansville City Council
Janice Hethcox- -Troup Bell
Jean Crocker--Hogansville City Council
Jeannette Little State-- Court Judge
Jeff Lukken--Mayor, City of LaGrange
Judy Wright--WGH - Social Services
Karen Cagle--Troup County Schools
Ken Smith--Troup Co. Commission
Mandy Hill--Twin Cedars Youth Council
Melody Wegienka--District 4 Public Health Department, Public Health Nurse
Michele Thompson—Women’s First Choice
Mike Angstast--Twin Cedars Youth & Family Services
Morris Jones--Troup County Commissioner
Norma Tucker--First Steps & City Council
Pastor Hugo Oropeza--Hispanic Church
Patricia Robinson--Senior Corp
Patty Youngblood--United Way of W. Georgia, Inc.
Randy Nix--Georgia State Representative
Richard English--Troup County Commission
Speer Burdette --Callaway Foundation
Tripp Penn—West Georgia Health
Valerie West—Board Member, National Alliance on Mental Illness, Troup County Mental Health Task Force
Wanda Scarborough—Troup Transformation

RESOURCE LISTING

In order to access health care, community members should be aware of available resources. The following pages provide information to the community about these resources.

ASSISTED LIVING FACILITIES	
Vernon Woods Retirement Community 101 Vernon Woods Drive LaGrange, GA 30240 706.812.2899	Poplar Creek Assisted Living 114 Old Airport Road LaGrange, GA 30240 706.845.1500
BLOOD DONATIONS	
American Red Cross 900 Dallis Street, Suite C LaGrange, GA 30240 706.884.5818	Lifesouth Community Blood Center, Inc 505 E. Thomason Circle Opelika, AL 36801 334.705.0884
CANCER SUPPORT SERVICES	
American Cancer Society 135 Bradford Square, Suite-B Peachtree City, GA 30269 770.631.0625 (P) 800.227.2345 (Preferred)	West Georgia Cancer Support Group of LaGrange Enoch Callaway Cancer Clinic 1514 Vernon Road LaGrange, GA 30240 706.845.3949

CHILDREN AND FAMILY SUPPORT SERVICES

<p>Babies Can't Wait 122-A Gordon Commercial Drive LaGrange, GA 30240 706.845.4035, ext. 222</p>	<p>Big Brothers Big Sisters of the Chattahoochee Valley 1200 4th Avenue LaGrange, GA 30240 706.298.2434, ext. 123</p>
<p>Boy Scouts of America - Chattahoochee Council 207 West Haralson Street LaGrange, GA 30240 706.885.9704</p>	<p>Boys and Girls Club of West Georgia 115 Hill Street LaGrange, GA 30241 706.812.9697</p>
<p>Camp Viola, Inc. P.O. Box 716 LaGrange, GA 30241 706.885.0874</p>	<p>CASA of Troup County 118 Ridley Avenue LaGrange, GA 30240 706.845.8243</p>
<p>Center for Community Studies 304 Fort Drive LaGrange, GA 30240 706.298.4512</p>	<p>Certified Literate Community Program (CLCP) 1 College Circle LaGrange, GA 30240 706.756.4645</p>
<p>Children's Advocacy Center 701 Lincoln Street LaGrange, GA 30240 706.298.5064</p>	<p>CHILI: Community and Housing Initiative for Latinos and Immigrants Elia M. Baltes 1200 Fourth Avenue LaGrange, GA 30240 706.298.0582 (P) 706.298.0224 (F)</p>
<p>Circle of Care 701 Lincoln Street LaGrange, GA 30240 706.298.0050</p>	<p>Clothing Center 411 Ridley Avenue LaGrange, GA 30240 706.302.5075</p>

<p>Community Action for Improvement (CAFI) 1380 Lafayette Parkway LaGrange, GA 30241 706.884.2651</p>	<p>Consumer Credit Counseling 309 Mooty Bridge Road, Suite-C LaGrange, GA 30240 706.845.7204 (Local) 800.757.2227 (Toll Free)</p>
<p>Dept. of Family & Children's Services (DFCS) 1220 Hogansville Road LaGrange, GA 30241 706.298.7100 (P) 706.298.7108 (F)</p>	<p>Emmaus Women's Shelter 321-B Greenville Street P.O. Box 3185 LaGrange, GA 30241 706.883.7471 (P) 706.884.9696 (F)</p>
<p>First Choice Women's Center LaGrange Pregnancy Center Physical Address: 300 Harwell Avenue LaGrange, GA 30240 706.884.3833 (Local) 877.330.8290 (Toll Free)</p>	<p>First Choice Women's Center LaGrange Pregnancy Center Mailing Address: P.O. Box 2201 LaGrange, GA 30241 706.884.3833 (Local) 877.330.8290 (Toll Free)</p>
<p>First Steps 1514 Vernon Road LaGrange, GA 30240 706.812.2266</p>	<p>Georgia Sheriffs' Youth Homes – Pineland Campus 2048 Youngs Mill Road LaGrange, GA 30241 706.845.9771</p>
<p>Good Shepherd Therapeutic Center, Inc. 390 Bar Rest Ranch Road Warm Springs, GA 31830 706.655.2354</p>	<p>Goodwill Industries 143 Commerce Avenue LaGrange, GA 30240 706.884.4451</p>
<p>Habitat for Humanity P.O. Box 327 LaGrange, GA 30241 706.837.0702</p>	<p>Habitat for Humanity ReStore P.O. Box 327 LaGrange, GA 30241 706.837.0702</p>
<p>Harmony House Domestic Violence Shelter, Inc. P.O. Box 2925 LaGrange, GA 30241 706.885.1525 (24-Hr. Crisis Line) 706.885.1526 (Shelter's Admin.)</p>	<p>Hawkes Library 100 West 8th Street West Point, GA 31833 706.645.1549</p>

<p>Hogansville Public Library 600 East Main Street Hogansville, GA 30230 706.637.6230</p>	<p>Hogansville's Boys and Girls Club 611 East Main Street Hogansville, GA 30230 706.884.1391</p>
<p>LaGrange Career Center (GA Dept. of Labor) 1002 Longley Place LaGrange, GA 30240 706.845.4000</p>	<p>Literacy Volunteer/Activist 128 Ashling Drive LaGrange, GA 30240 706.333.1412</p>
<p>Mike Daniel Recreation Center 1220 Lafayette Parkway LaGrange, GA 30240 706.883.1670</p>	<p>New Ventures, Inc. 306 Fort Drive LaGrange, GA 30240 706.882.7723</p>
<p>Saint Vincent De Paul Outreach 200 Lafayette Parkway LaGrange, GA 30240 706.884.0076</p>	<p>Success by 6 200 Main Street LaGrange, GA 30240 706.884.8292</p>
<p>Troup County Family Connection 1220 Hogansville Road LaGrange, GA 30241 706.298.7230</p>	<p>Twin Cedars 701 Lincoln Street LaGrange, GA 30240 706.298.0055</p>
<p>Twin Cedars Youth & Family Services P.O. Box 1526 LaGrange, GA 30241 706.302.2638</p>	<p>Troup Family Connections 1220 Hogansville Road LaGrange, GA 30240 706.298.7230</p>
<p>Troup Transformation 128 Brookwood Drive LaGrange, GA 30240 706.402.5634</p>	<p>United Way of West Georgia 200 Main Street, 2nd Floor LaGrange, GA 30240 706.884.8292</p>
<p>Vocational Rehabilitation Services Department of Labor 1220 Hogansville Road, Suite 400 LaGrange, GA 30240 706.298.7270</p>	<p>WIA-Career Connections 1002 Longley Place LaGrange, GA 30241 706.845.4362</p>

CHIROPRACTIC SUPPORT SERVICES

Back to Life Chiropractor Center
1468 Lafayette Pkwy Suite 140
LaGrange, GA 30241
706.882.5737

LaGrange Clinic of Specific Chiropractic
403 Ridley Avenue
LaGrange, GA 30240
706.882.1000

CHILDREN HEALTH SERVICES

The Children's Clinic, LLC
1550 Doctors Drive
LaGrange, GA 30240
706.884.2686 (P)
706.812.0468 (F)

Children's Medical Services
District 4 Health Department
120 Gordon Commercial Drive
LaGrange, GA 30240
706.845.4035

Kid Station Pediatrics, PC
301 Medical Drive, Suite 504
LaGrange, GA 30240
706.882.KIDS (P)
706.882.2473 (F)

LaGrange Childcare Council, Inc.
608 Ware Street
LaGrange GA 30241
706.882.4404

LaGrange Pediatrics
1527 Vernon Road
LaGrange, GA 30240
706.883.6363 (P)
706.884.5588 (F)

LaGrange Personal Aid
416 Pierce Street
LaGrange, GA 30240
706.882.9291

Pediatric Associates of LaGrange, PC
205 Calumet Center Road
LaGrange, GA 30241
706.885.1961
706.885.1963

FREE DENTAL SERVICES

First Baptist Church Dental Clinic
 100 Broad Street
 LaGrange, GA 30240
 706.884.5631

DENTISTS

George W. Baker, Jr., DMD, PC
 P.O. Box 2030
 LaGrange, GA 30240
 706.882.5551 (P)
 706.812.8558 (F)

George W. Childress, DMD
 114 Calumet Center Road
 LaGrange, GA 30241
 706.882.1888 (P)
 706.882.0321 (F)

David K. Fagundes, DMD, MS, PC
 105 Parker Drive
 LaGrange, GA 30240
 706.884.3636 (P)
 706.884.8490 (F)

Doug Kersey, DMD
 309 South Lewis Street
 LaGrange, GA 30240
 706.242.9222

Mark D. Oliver, DDS
 409 West Broome Street
 LaGrange, GA 30240
 706.884.8523 (P)
 706.884.4679 (F)

Angela Bulloch-Patterson, DMD
 Children's Dentistry of West Georgia, LLC
 105 Parker Drive, Suite B
 LaGrange, GA 30240
 706.298.5007

Charles H. Pitts, DMD
 307 Church Street, Suite A
 LaGrange, GA 30240
 706.882.0591 (P)
 706.845.9546 (F)

Steven P. Teaver, DMD, PC
 309 South Lewis Street
 LaGrange, GA 30240
 706.882.8874 (P)
 706.884.2230 (F)

<p>John Vollenweider, DMD 210 North Lewis Street LaGrange, GA 30240 706.882.2551</p>	
<p>DISABLED INDIVIDUAL SERVICES</p>	
<p>LaGrange Personal Aid 416 Pierce Street LaGrange, GA 30240 706.882.9291</p>	
<p>EMERGENCIES AND URGENT CARE</p>	
<p>West Georgia Health Emergency Department 1514 Vernon Road LaGrange, GA 30240 706.845.3706</p>	<p>Clark Holder Clinic Urgent Care Center 303 Smith Street LaGrange, GA 30240 706.882.8831 (Local) 800.554.9134 (Toll Free)</p>
<p>The ER Alternative 1495 Lafayette Parkway LaGrange, GA 30241 706.884.7822</p>	
<p>FAMILY ASSISTANCE</p>	
<p>LaGrange Personal Aid 416 Pierce Street LaGrange, GA 30240 706.882.9291</p>	<p>Salvation Army in LaGrange P.O. Box 3087, 202 Church Street LaGrange, GA 30241 706.845.0197</p>

<p>State Court Public Defender 100 Ridley Avenue LaGrange, GA 30240 706.298.3730</p>	<p>Troup B.E.L.L 200 Main Street, Suite 2-G LaGrange, GA 30240 706.882.0480</p>
<p>HOME HEALTH</p>	
<p>West Georgia Home Care 120 Glen Bass Road LaGrange, GA 30240 706.845.3291</p>	<p>Central Home Health Care 300 W. Broome Street, Suite 108 LaGrange, GA 30240 706.8129292</p>
<p>HOSPICE</p>	
<p>West Georgia Hospice 1510 Vernon Road LaGrange, GA 30240 706.845.3905</p>	<p>Countryside Hospice 1955 Roanoke Road LaGrange, GA 30240 706.845.8755</p>
<p>Angels of Hope Hospice 1605 Vernon Road, Suite 1000 LaGrange, GA 30240 706.885.0262</p>	<p>Chattahoochee Hospice 6 Medical Park North Valley, AL 36854 800.770.8043</p>
<p>Solamar Hospice 820 Ebenezer Road Newnan, GA 30265 770.252.4999</p>	<p>Gentiva Hospice 2525 Hwy 34 East Newnan, GA 30265 770.502.1104</p>

HOSPITALS

West Georgia Health
1514 Vernon Road
LaGrange, GA 30240
706.882.1411

HOUSING ASSISTANCE

CHILI: Community and Housing Initiative
for Latinos and Immigrants
1200 4th Avenue
LaGrange, GA 30240
706.298.0582 (P)
706.298.0224 (F)

DASH LaGrange
Dependable Affordable Sustainable Housing
1200 4th Avenue
LaGrange, GA 30240
706.298.0221

Housing Authority of LaGrange
P.O. Box 626 / 201 Chatham Street
LaGrange, GA 30241
706.882.6416

LaGrange Personal Aid
416 Pierce Street
LaGrange, GA 30240
706.882.9291

West Point Housing Authority
1201 East 12th Street
West Point, GA 31833
706.645.1202

HUD'B - Houses You Didn't Build
A Program with The Harvest Center Group Corp.
300 Mooty Bridge Road, Suite 106
LaGrange, GA 30240
Contact: Ronald Houchins
706.882.2464 (P)
706.243.4926 (F)

MEDICAID ENROLLMENT

<p>LaGrange Personal Aide 416 Pierce Street LaGrange, GA 30240 706.882.9291</p>	<p>Troup County Health Department 900 Dallis Street LaGrange, GA 30240 706.845.4085</p>
<p>Troup County Department of Family and Children Services 1220 Hogansville Road LaGrange, GA 30241 706.298.7108</p>	
<p>MEDICAL CLINICS</p>	
<p>Emory Clark Holder Clinic 303 Smith Street LaGrange, GA 30240 706.882.8831</p>	<p>Emory Clark-Holder West Point Family Practice 1610 East 10th Street West Point, GA 30118 706.882.8831</p>
<p>First Choice Women's Center LaGrange Pregnancy Center Physical Address: 300 Harwell Avenue LaGrange, GA 30240 706.884.3833 - Local 877.330.8290 - Toll Free</p>	<p>First Choice Women's Center LaGrange Pregnancy Center Mailing Address: P.O. Box 2201 LaGrange, GA 30241 706.884.3833 - Local 877.330.8290 - Toll Free</p>
<p>LaGrange Internal Medicine 1602 Vernon Road LaGrange, GA 30240 706.882.9341</p>	<p>Troup County Health Department 900 Dallis Street LaGrange, GA 30240 706.845.4085</p>

<p>WGH Community Health Clinic 1514 Vernon Rd LaGrange, GA 30240 706.845.3125</p>	
<p>MENTAL HEALTH SERVICES</p>	
<p>Assertive Community Treatment Team (ACT) Region 6 ACT 505 Jenkins Street LaGrange, GA 30240 706.882.0110</p>	<p>Afsan Inc. 321 Greenville Street LaGrange, GA 30241 706.884.0987</p>
<p>Burwell Psychoeducational Program 307 Fort Drive LaGrange, GA 30240 706.884.6001</p>	<p>Family Psychology Associates Mental Health Support 516 Ridley Avenue LaGrange, GA 30240 706.845.1601</p>
<p>National Alliance on Mental Illness “NAMI Connection” Christ Church of Christ Broad Street LaGrange, GA 30240 Contact: Valerie West (NAMI LaGrange) 706.333.9600</p>	<p>Pathways Center 122 Gordon Commercial Drive, Suite D LaGrange, GA 30240 706.845.4054 - Local 888.247.9048 - Toll Free 706.845.4367 – Fax 877.566.5470 - Emergency/Crisis Hotline 877.566.5470 - Mobile Crisis Response Team</p>
<p>NON-EMERGENCY TRANSPORT SERVICES</p>	

<p>Troup Transit 1712 Whitesville Street LaGrange, GA 30240 706.883.1673</p>	
<p>NURSING HOMES</p>	
<p>West Georgia Health Florence Hand Home 1514 Vernon Road LaGrange, GA 30240 706.845.3256</p>	<p>West Georgia Health Twin Fountains Home Hogansville Road LaGrange, GA 30241 706.882.0121</p>
<p>LaGrange Nursing and Rehab Center 2111 West Point Road LaGrange, GA 30240 706.812.9293</p>	
<p>ORAL SURGERY</p>	
<p>West Georgia Oral Surgery Associates 1587 Vernon Road LaGrange, GA 30240 706.884.2655 (P) 706.883.7670 (F)</p>	
<p>PHARMACIES AND DRUG ASSISTANCE</p>	

<p>LaGrange Personal Aid 416 Pierce Street LaGrange, GA 30240 706.882.9291</p>	
<p>PHYSICAL AND OCCUPATIONAL THERAPY</p>	
<p>The Active Life 140 Ragland Street LaGrange, GA 30241 706.883.1681</p>	<p>West Georgia Health Therapy Outpatient Physical Therapy 1600 Vernon Road, Suite D LaGrange, GA 30240 706.845.3883</p>
<p>PRIMARY CARE CLINICS</p>	
<p>Troup Cares W. GA Medical Park P.O. Box 800027 LaGrange, GA 30241 706.882.1191</p>	<p>West Georgia Family Care 301 Medical Drive, Suite 406 LaGrange, GA 30240 678.867.7630</p>
<p>West Georgia Family Practice 1497 Lafayette Parkway LaGrange, GA 30240 706.880.7335</p>	<p>West Georgia Primary Care Dr. V. Kadam, MD, PNS 301 Medical Drive, Suite 503 LaGrange, GA 30240 706.880.7244 (P) 706.880.7264 (F)</p>
<p>West Georgia Primary Care – Hogansville 1873 East Main Street, Suite B Hogansville, GA 30230 706.637.9797</p>	

SENIOR CITIZEN SERVICES

<p>The Active Life - Senior Center 140 Ragland Street LaGrange, GA 30241 706.883.1681</p>	<p>Hogansville Senior Center 407 Church Street Hogansville, GA 30230 706.637.6606</p>
<p>LaGrange Personal Aid 416 Pierce Street LaGrange, GA 30240 706.882.9291</p>	<p>Senior Corps - Senior Companion Program 900 Dallis Street LaGrange, GA 30240 706.298.3664</p>
<p>West Point Senior Center 1114 OG Skinner Drive West Point, GA 31833 706.645.3580</p>	<p>Southern Crescent Area Agency on Aging 13273 Highway 34 East P.O. Box 1600 Franklin, GA 30217 866.854.5652</p>

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