CRISP REGIONAL

2019 Community Needs Assessment

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EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Crisp Regional Hospital with a functioning tool that satisfies the Internal Revenue Service (IRS) regulatory requirements under section 501(r). 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 Crisp Regional Hospital community benefit programs and implementation strategies. It is anticipated that this report will not only be used by the hospital, but also by other community agencies in developing their programs to meet the health needs of Crisp County.

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

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

About the Area

Crisp County is located in the southwestern part of central Georgia and had an estimated population of 22,736 in 2017. The cities of Arabi and Cordele are both in the county. Crisp Regional Hospital, a regional health care provider with 73 acute-care beds, serves this area of Georgia. The hospital is located in the county seat of Cordele. The population distribution is 53 percent urban and 47 percent rural. Nearly 1.7 percent of Crisp County's land area is urban while 98.3 percent is rural.

Condition of Health (Morbidity and Mortality)

The occurrence of a specific illness (morbidity) in a population can predict a trend for causes of death (mortality) in a population. In Crisp County for 2013-2017, heart disease was the leading cause of death followed by cancer, chronic lower respiratory disease, stroke, and accidents

HEART DISEASE AND STROKE

Heart disease and stroke typically affect people age 65 years and older. Heart disease was the first leading cause of death in Crisp County. The heart disease death rate in Crisp County was higher than the Georgia rate. Stroke was the fourth leading cause of death in Crisp County. The stroke death rate for Crisp County was lower than the State rate, however higher than the U.S. rate. Stroke has very similar modifiable risk factors as heart disease, and the two can be grouped together when developing community health needs implementation strategies.

CANCER

The most prevalent types of cancers can usually be detected the earliest, due to known risk factors. Crisp County had a lower cancer incidence rate compared to the Georgia, but higher than the U.S. Crisp County's cancer death rate was higher than both the Georgia and U.S. rates. There may be a need for cancer prevention programming in the Crisp County due to the various modifiable risk factors such as smoking and poor diet. Lung cancer, had higher incidence rates and death rates in Crisp County compared to the rates in Georgia and the U.S. Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer.

CHRONIC LOWER RESPIRATORY DISEASE

Chronic lower respiratory disease is commonly caused by cigarette smoking. Chronic lower respiratory disease was the third leading cause of death in Crisp County. The chronic lower respiratory disease death rate in Crisp County was higher than the rates in both Georgia and the U.S.

ACCIDENTS

Accidents are the result of motor vehicle accidents, firearm accidents, poisonings, natural/environmental, suffocations, falls, fire, or drowning. Accidents were the fifth leading cause of death in Crisp County. The accident death rate was lower in Crisp County than both Georgia and the U.S. rates.

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 Crisp County infant mortality rate was higher than the Georgia rate. The teen birth rate in Crisp County was higher than the Georgia and the U.S. rates. The teen birth rate among Hispanic and Black females was higher than White females, which brings attention to a health disparity in the community.

ALCOHOL, TOBACCO AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. Crisp County Schools had a higher percentage of adolescents that participated in most substance abuse behaviors compared to Georgia.

SEXUALLY TRANSMITTED DISEASES

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

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. Around 18 percent of Crisp County residents had no health insurance. Over thirty percent of Crisp County's population was below the poverty level. Almost 18 percent of Crisp County's population were uninsured compared to Georgia's rate of 14.8 percent and U.S. at 10.5 percent.

Education also affects an individual's ability to access care. Approximately 81 percent of Crisp County residents were high school graduates compared to Georgia residents at 86 percent. Individuals with low educational attainment are less likely to access healthcare because they do not obtain jobs with health insurance. They are also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.

Local infrastructure and public transit affect access to health care. Although Crisp County has as public transport service that is available for a low cost, many residents reported lack of convenient transportation.

Community Health Indicator Report

A Community Health Indicator report (key findings) reflects the changes in the major health indicators of Crisp County compared to the previous CHNA. The report compared health statistics of the local community with the State and U.S. statistics, as well as Healthy People 2020 goals. The findings were presented to the community to generate discussion related to the health of the community and evaluate the impact of the previous CHNA.

KEY FINDINGS							
	Crisp		State		U.S.		HP 2020
MORTALITY							
All Cancer Death Rates	168.9	↓	162.1	↓	158.1	↓	161.4
Lung Cancer Death Rates	48.3	↓	42.4	↓	40.1	↓	45.5
Colon and Rectum Cancer Death Rates	16.4	↓	15.2	↓	14.1	↓	14.5
Female Breast Cancer Death Rates	19.5	↓	21.8	↓	20.3	↓	20.7
Prostate Cancer Death Rates	21.1	↑	21.6	↓	19	↓	21.8
Heart Disease Death Rates	215.1	n/a	178.6	n/a	167.1	n/a	
Stroke Death Rates	38.6	↓	43.5	↓	37.1	↓	34.8
Accident Death Rates	32.6	↓	42.6	↓	44	↑	36.4
Chronic Lower Respiratory Disease Death Rates	46.7	↑	46.3	↑	41.1	↓	
Influenza and Pneumonia Death Rates	27.3	•	15.3	•	14.8	•	
Diabetes Death Rates	32.9	↑	21.7	↓	21.1	•	
Alzheimer's Disease Death Rates	28.9	•	38.3	•	28	•	
Infant Mortality Rate	17	↑	7.5	↓	5.7	•	6.0
MORBIDITY							
All Cancer Incidence	452.6	↑	454.6	↓	441.2	↓	
Breast Cancer Incidence	123.4	↑	125.2	•	124.7	↑	
Lung Cancer Incidence	77	↓	64.9	↓	60.2	↓	
MATERNAL, INFANTS, AND CHILDREN							
Teen Birth Rates	52.9	↓	25.8	↓	20.3	↓	
Low Birth Weight	13%	•	9.5%	•	8.2%	•	
SEXUALLY TRANSMITTED DISEASES							
Chlamydia Rates	699.3	↑	623.7	↑	528.8	↑	
Gonorrhea Rates	325.5	↑	217.5	↑	171.9	↑	
Syphilis (All stages)	21.8	•	37.5	•	23.9	•	
HIV	27.9	↓	17.7	↓	•	•	
ACCESS TO CARE							
Poverty Percentage All Ages	31.2%	•	16.9%	↓	14.6%	↓	
Unemployment Percentage	4.3%	↓	3.8%	↓	3.8%	↓	
High School Graduation (Education)	88%	inc	82%	inc	84%	inc	87%
HEALTH BEHAVIORS							
Prevalence of Obesity	33.0%	↓	30.5%	•	39.8%	↑	30.5%
Lack of Physical Activity	33.0%	•	23.6%	↓	24.2%	•	32.6%
Adult Smokers %	24.0%	↓	18.0%	•	17.0%	•	12%

HP 2020-Healthy People 2020

LEGEND

- Worse than State and U.S.
- Better than U.S., worse than State
- Better than State, worse than U.S.
- Better than State and U.S.

↑	(Unfavorable trend) Rate/percentage increased since prior CHNA
•	(Stable trend) Rate/percentage has not changed since prior CHNA
↓	(Favorable trend) Rate/percentage decreased since prior CHNA
•	Not reported in prior CHNA
+	Data is suppressed due to low number of cases
N/A	Data is non comparable to last CHNA
inc	Increased, but favorable trend to increase

Community Prioritization of Needs

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

- Social Determinants of Health
- Mental Health
- Lifestyle and Obesity
- Access to Care
- Adolescent Behavior

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

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

APPROVAL

Crisp Regional Hospital's Board approved this community health needs assessment through a board vote on June 24, 2019.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

IRS regulations provides detailed guidelines for conducting the CHNA process. As outlined below, the hospital relied upon these regulations in conducting the assessment.

1. Forming the Hospital's Steering Committee

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

Steve Gautney, CEO, Chairman of CHNA Committee
Jessica Carter, VP, CFO
April Dukes, CNO
Hillary Finch, Discharge Planning & Clinic Coordinator
Shelvia Koontz, Director, Medical Imaging
Dr. Lynn Lyons, Chief of Staff
Brooke Marshall, Director, Community Relations
Jan McCarty, Social Worker
Susan Smith, VP, Post-Acute Care
Connie Hunt, Executive 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. Crisp County was selected as the community for inclusion in this report.

3. Identifying and Engaging Community Leaders and Participants

The CHSC identified community leaders, partners, and representatives to include in the CHNA process. Individuals, agencies, partners, potential partners, and others were requested to work with the hospital to 1) assess the needs of the community, 2) review available community resources and 3) to prioritize the health needs of the community. Representatives of groups, or individuals, who represent medically underserved populations, low income populations, minority populations, and populations with chronic diseases, were included. The CHSC identified over 40 individuals to participate in the community focus groups including a representative from the local public health department.

4. Identifying and Engaging A Community Stakeholder

Community stakeholders (also called key informants) are people invested in or interested in the work of the hospital, people who have special knowledge of health issues, or are people important to the success of any hospital or health project or are formal or informal community leaders. The CHSC identified 3 stakeholders for individual interviews. Below is a list of the organizations represented by the key stakeholders, along with the populations each stakeholder serves.

Key Stakeholder Organization/Department	At-Risk Population
Crisp County Health Department (Public Health)	All residents
Department of Family and Children's Services	All residents
Georgia Family Connections – Crisp County	All residents

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 Crisp County. The profile addressed:

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

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

A Community Health Indicator Report (Key Findings) was also prepared by Draffin & Tucker, LLP to reflect the changes in the major health problems and health needs of Crisp County compared to the previous CHNA. The report compared health statistics of the local community with the State and U.S. statistics, as well as Healthy People 2020 goals. The findings were presented to the community to generate discussion related to the health of the community and evaluate the impact of the previous CHNA.

6. Community Input

Two-hour Community Health Input Meetings (community meetings) and one-hour Community Stakeholder Interviews (interviews) were essential parts of the CHNA process. Two community meetings and 3 stakeholder interviews were conducted in order to obtain the community's input into the health needs of Crisp County.

The 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 the meeting.

Participants were asked to provide their observations on the health data presented in the Profile. In addition, participants were requested to provide input as to needs that were not identified in the Profile. Questions and discussions were encouraged, with the objective that participants would increase their understanding of what the data meant in terms of the burden of chronic diseases, the impact of the demographics of the population on

health services, health status, health behaviors, and access to healthcare. The group discussed the health problems or health issues and the facilitator made a list of the health problems the community participants indicated were important.

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

7. Hospital Prioritization of Needs

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

8. Evaluation of Impact

An evaluation of impact of any actions that were taken to address significant health needs identified in the immediately preceding CHNA is identified throughout this report in the respective health topic sections and also in specified sections of this report. In the Executive Summary, a section titled "Community Health Indicator Report" provides a snapshot of some of the broad health indicators such as morbidity and mortality rates and if they have increased or decreased since the previous CHNA. Additionally, the report provides a more detailed evaluation of impact of the more specific health needs identified in the previous CHNA and the actions taken to address those needs in a section titled "Evaluation of Impact of Action Taken from Previous CHNA."

Description of Major Data Sources

Bureau of Labor and Statistics

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

Behavioral Risk Factor Surveillance System

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

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) publishes data that is collected by various surveillance and monitoring projects including:

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

County Health Rankings

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

Georgia Department of Public Health

The Georgia Department of Public Health manages a system called the Online Analytical Statistical Information System (OASIS). OASIS is currently populated with Vital Statistics (births, deaths, infant deaths, fetal deaths, and induced terminations), as well as data related to the Georgia Comprehensive Cancer Registry, Hospital Discharge information, Emergency Room Visits data, Arboviral Surveillance, Risk Behavior Surveys, Youth Risk Behavior Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), sexually transmitted disease, and population data. For more information, go to http://oasis.state.ga.us.

Georgia Department of Education

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

Healthy People 2020

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

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Definitions

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

Information Gaps and Process Challenges

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

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

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

Evaluation of Impact of Actions Taken from Previous CHNA

Below are some of the activities the hospital has worked to achieve since the previous CHNA and Implementation Strategy.

Strategies	Impact/Evaluation of these Activities/Strategies
1. Access to Care - Prevention A. Doctor's Table; Joint Camp; monthly Community Health Seminar; SOLAS B. Partnership with AAPHC school-based clinic, mental/behavioral health; telemedicine consults C. Mobile Integrated Healthcare Program	A. Joint Camp is provided on an "as needed" basis. SOLAS continues to be a robust platform for community educations to seniors. SOLAS is a regular, ongoing, and well attended event series. B. Crisp partnership to provide a pediatric school-based clinic in partnership with Albany Area Primary Care continues to grow and broaden its impact. Mental health telemedicine is now used in ER, both nursing homes, and for hospital in-patients needing psychiatric evaluation. C. This community paramedic program to reduce ER re-visits and reduce readmissions continues to operate and show very effective results for assigned patients.
2. Access to Care – Education A. School based clinic; SOLAS, Community Health Seminar B. Mobile Integrated Healthcare Program, CHF patients, diabetic patients	A. A school-based clinic continues as in (1B); SOLAS continues (1A). B. This program continues, see (1C).
3. Lifestyle and Obesity A. Crisp Living publication; Weight Watchers B. Athletic trainer program C. Community walks D. 5K runs E. Monthly Health Education Classes (is this the same as "Community Health Seminar")	A. Crisp living was discontinued; Wellness Works monthly newsletter replaced it. CRH has opened an aesthetic medicine practice focused on weight loss. B. Continues in partnership with school system. C. Sponsor, "Run for Your Lungs 5K" annual walk at community walking track; "In The Game 5K" continues to be operated. D. Same as C. E. Crisp has initiated a community diabetic education service.

4. Hypertension A. SOLAS program (heart disease and stroke; civic club speaking engagements B. Discounted screening for carotid arteries at health fairs C. Telestroke Program; Remote Stroke Center Designation D. Monthly Community Health Seminar on hypertension and heart disease	A. Continues as previously noted. B. Continues especially at "Wellness Works," work place health fairs. Two or more industries now have CRH wellness staff onsite. C. Continues to be very effective growing community awareness. D. Not held monthly. It is the SOLAS program a minimum of at least once a year.
5. Diabetes A. CRH test of the month B. Diabetic Health Fair C. CRH Dietician counseling D. School based clinic diabetes diagnosis E. Monthly Community Health Seminar on diabetes management	A. Continues. B. Crisp's dietician Emily Selph conducts diabetes education/checks. C. Same as (3E). D. Continues with school clinic. E. Discontinued; replaced with (5B).
6. Transportation A. Phoebe Putney partnership for radiation treatments B. Mobile Integrated Healthcare Program C. List of transportation options on website	A. Continues. B. Continues. C. List maintained at CRH; not on website.

ABOUT CRISP COUNTY

Crisp County is located in the southwestern part of central Georgia. Crisp is bordered on the north by Dooly County, on the south by Turner and Worth counties, on the east by Wilcox County, and on west by Lake Blackshear and Sumter County. Crisp was designated as a county in 1905 from territory formerly part of Dooly County.[1] Crisp County has a total land area of 273 square miles.[2] According to the U.S. Census, in 2017 the population of the county was estimated at 22,736 residents.[3] Crisp Regional Hospital is the only hospital in the county and has many ancillary service facilities that serve the community. The main hospital is located in the city of Cordele.

Source: Mapchart.net

City/Town/Village	Population
Arabi	563 (2017)
Cordele	10,901 (2017)

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

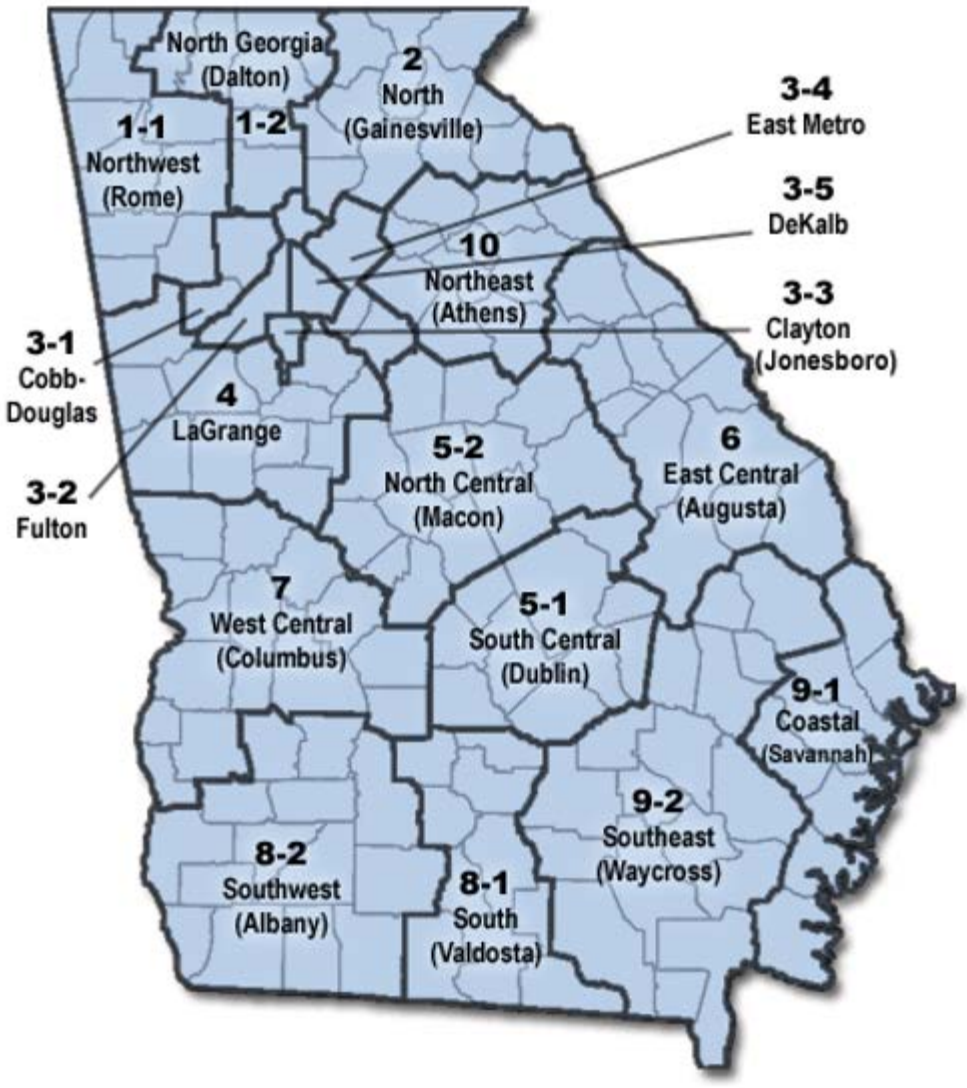
Crisp County includes the cities of Cordele and Arabi. The population distribution is 53 percent urban and 47 percent rural. Nearly 1.7 percent of Crisp County's land area is urban while 98.3 percent is rural.[4]

Crisp County is the gateway to the Presidential Pathways Travel Region which includes Jimmy Carter's Little White House, the Little Grand Canyon, and Andersonville Confederate Prison. In addition, Crisp County houses the Georgia Veterans Memorial State Park which is located on Lake Blackshear.[5] Crisp County's primary industries in 2015 include accommodation and food services, retail trade, healthcare and social assistance, educational services, and manufacturing.[6]

Image Source: Google Maps

Georgia Public Health Districts

The State of Georgia is divided into 18 health districts. Crisp County is located in district 7-0 which is also referred to as 7 West Central (Columbus). This district includes the following counties: Crisp, Dooly, Sumter, Macon, Schley, Taylor, Talbot, Marion, Webster, Harris, Muscogee, Chattahoochee, Stewart, Quitman, Randolph, and Clay.

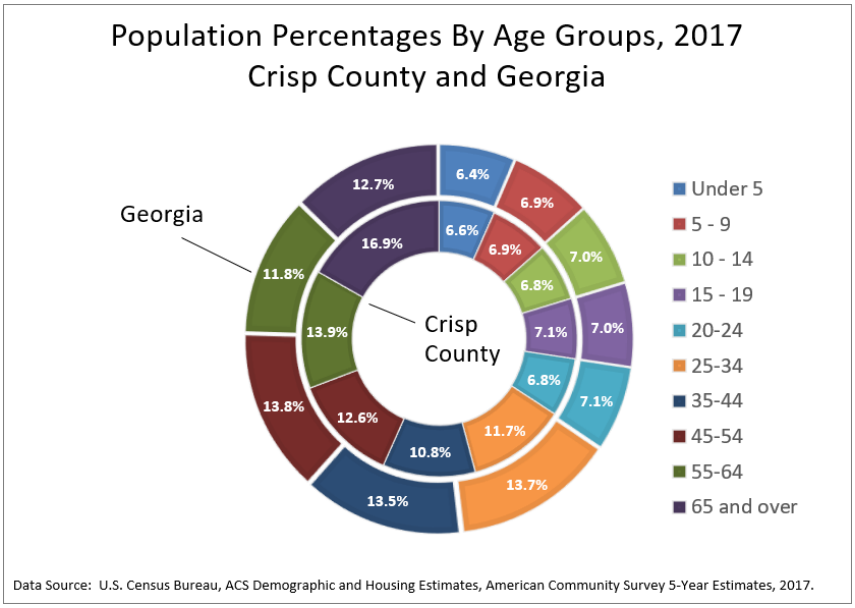


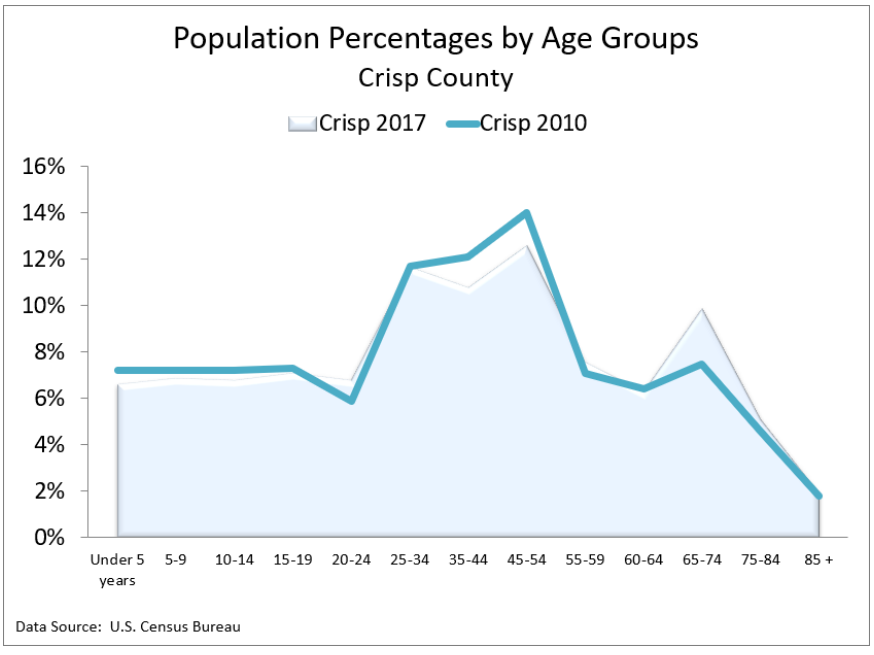
Source: Georgia Department of Public Health

Population Profile

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

According to the 2017 U.S. Census data, 16.9 percent of Crisp County's population was age 65 or older. In Georgia, the average percentage of the population age 65 or older was 12.7 percent compared to 15.6 percent for the U.S. [7]





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

Age categories with decreases:

- Under 5 years
- 5-9
- 10-14
- 15-19
- 35-44
- 45-54
- 60-64

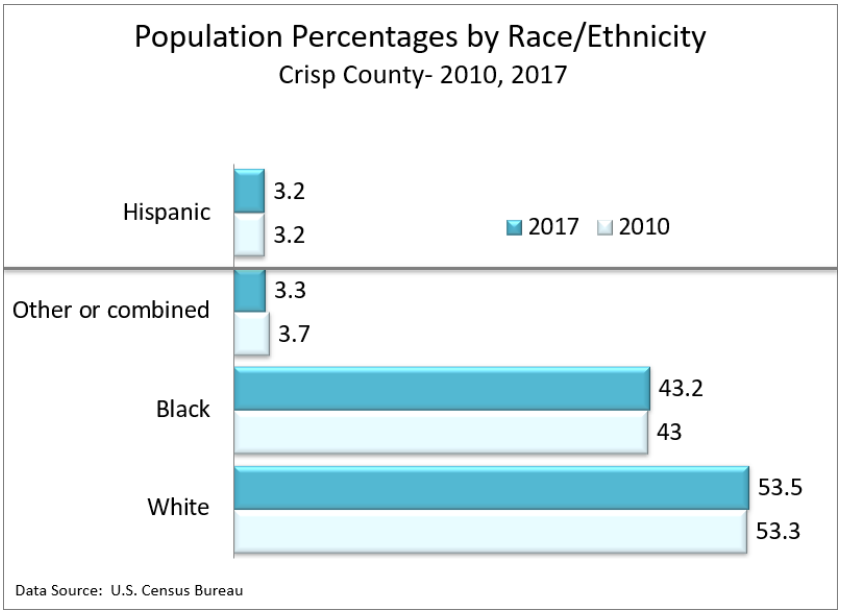
Age categories with increases:

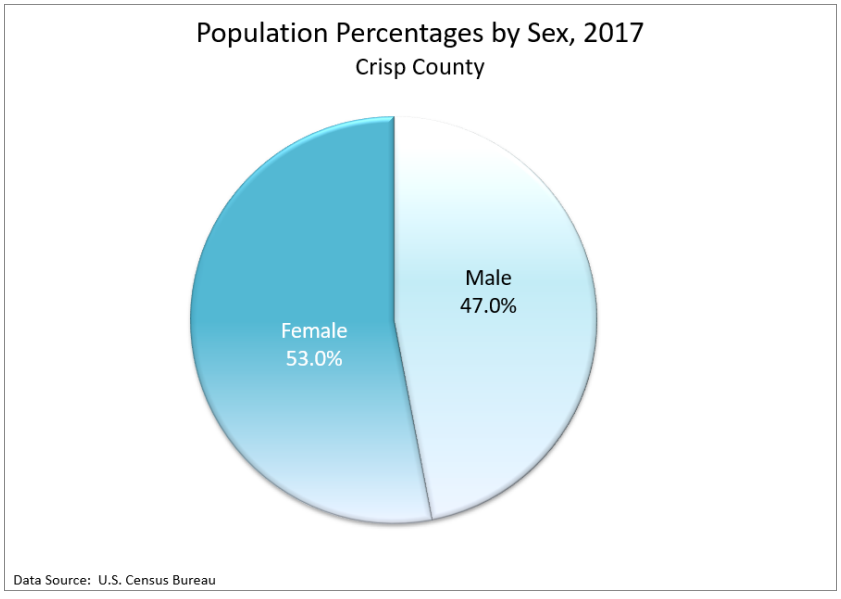
- 20-24
- 55-59
- 65-74
- 75-84
- 85+

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.[8] 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.[9] By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.[10]

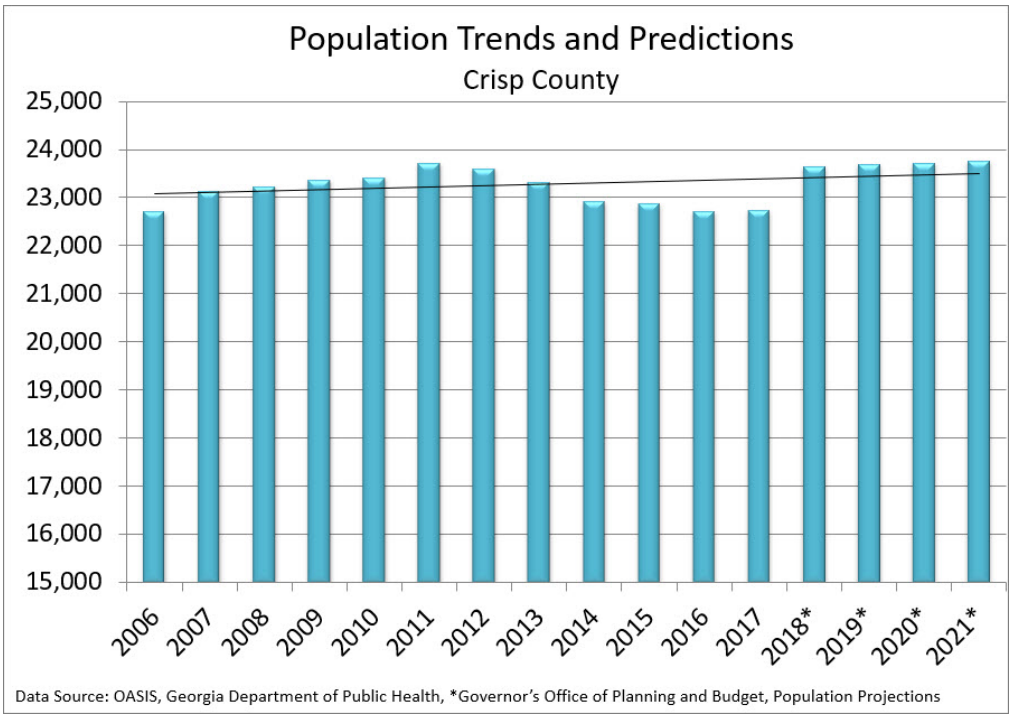
According to 2017 U.S. Census data, Crisp County's population was 53.5 percent White, 43.2 percent Black, and 3.2 percent Hispanic.





The percentage of females in Crisp County was higher at 53 percent compared to males at 47 percent.

In 2017, Crisp County's resident population was 22,736. The population is predicted to increase to 23,811 in 2021. [11]



COMMUNITY INPUT

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

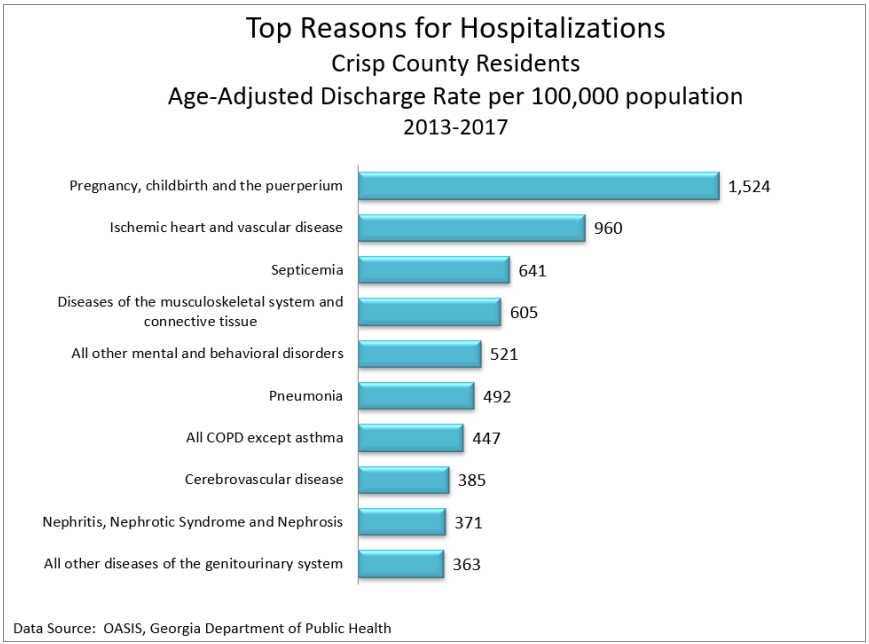
About Crisp County

- Poverty is driving a lot of the health issues.
- Crisp County has high rates of poverty and socioeconomic issues like lack of transportation and the inability for individuals to pay for healthcare.
- The economic status residents has remained about the same since the 2016 CHNA. A lot cannot afford healthcare even with insurance through the insurance exchange.
- There is a large homeless population that either lives with friends or out of a vehicle.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

The leading cause of hospitalizations among Crisp County residents was related to pregnancy and childbirth. Other top causes were related to heart and vascular, septicemia, diseases of the musculoskeletal system, mental and behavioral health, and pneumonia. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked number two among the leading causes of death for Crisp County residents.



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

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

The top 15 causes of emergency room visits by Crisp County residents are included in the chart to the right. According to hospital staff, many of these visits are considered as non-emergency conditions. The report section, *Access to Care,* will address many of the reasons that lead to inappropriate use of emergency room facilities.

TOP 15 CAUSES OF EMERGENCY ROOM VISITS Crisp County Residents (Any Hospital) 2013-2017 Age-Adjusted ER Visit Rate	
1	Diseases of the musculoskeletal system and connective tissue
2	All other unintentional injury
3	All other diseases of the genitourinary system
4	Falls
5	All other diseases of the nervous system
6	Pregnancy, childbirth and the puerperium
7	Motor vehicle crashes
8	All other mental and behavioral disorders
9	Essential (primary) hypertension and hypertensive renal, and heart disease
10	All COPD Except Asthma
11	Diabetes mellitus
12	All other endocrine, nutritional and metabolic diseases
13	Asthma
14	Assault (homicide)
15	Ischemic Heart and Vascular Disease
Data Source: OASIS, Georgia Department of Public Health	

COMMUNITY INPUT

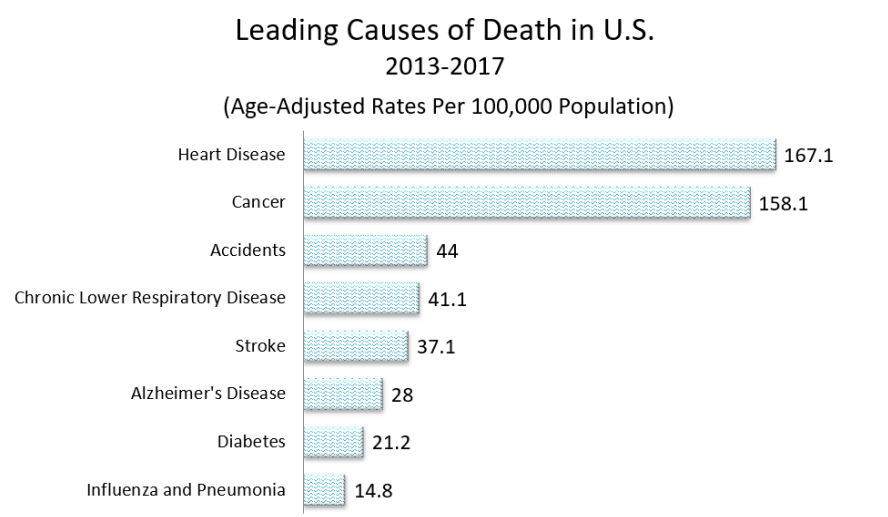
The following paraphrased comments are based on feedback from Crisp County community focus groups and key stakeholder interviews.

Hospitalizations and Emergency Room Visits

» A lot of individuals believe the emergency room is the first stop.

Leading Causes of Death

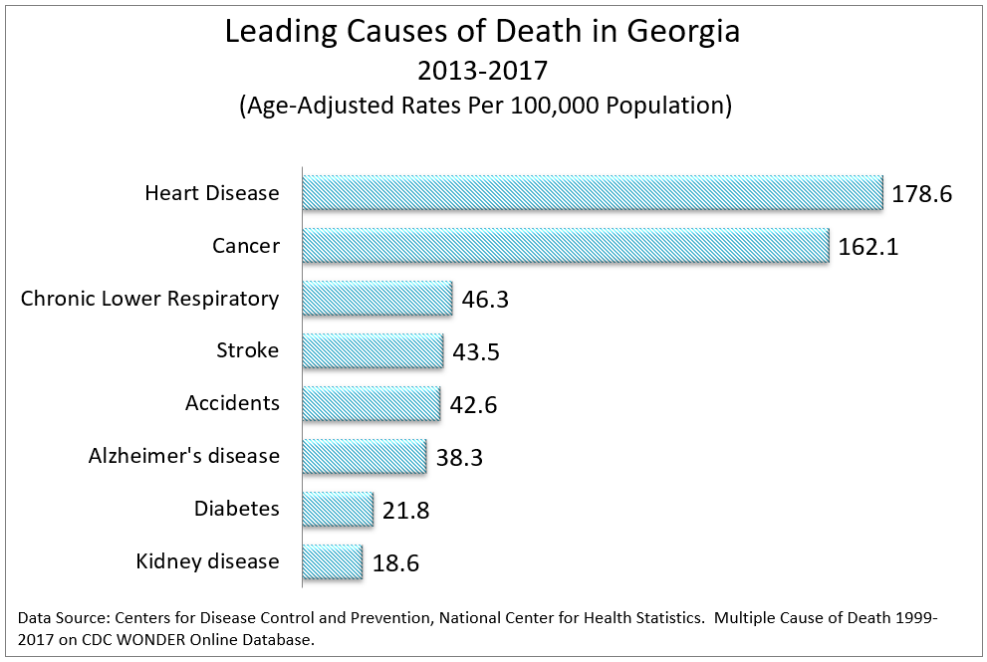
The National Center for Health Statistics (NCHS) uses a method referred to as the NCHS ranking method. The leading causes of death rates were calculated using the NCHS ranking method.



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

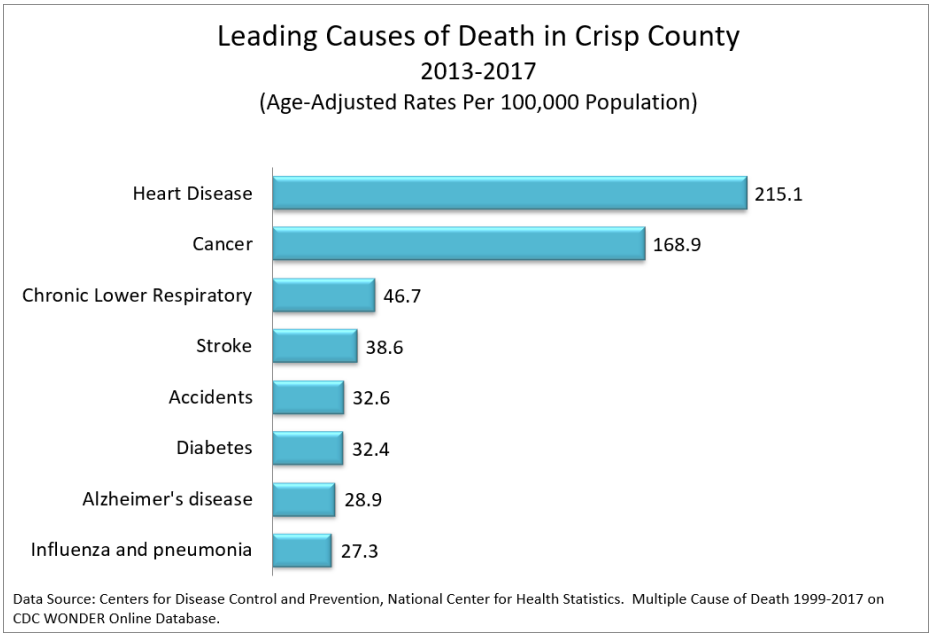
The top five leading causes of death in the U.S. from 2013-2017 were heart disease, cancer, accidents, chronic lower respiratory disease, and stroke. Heart disease and cancer rates were over three times higher than the other top five diseases.

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



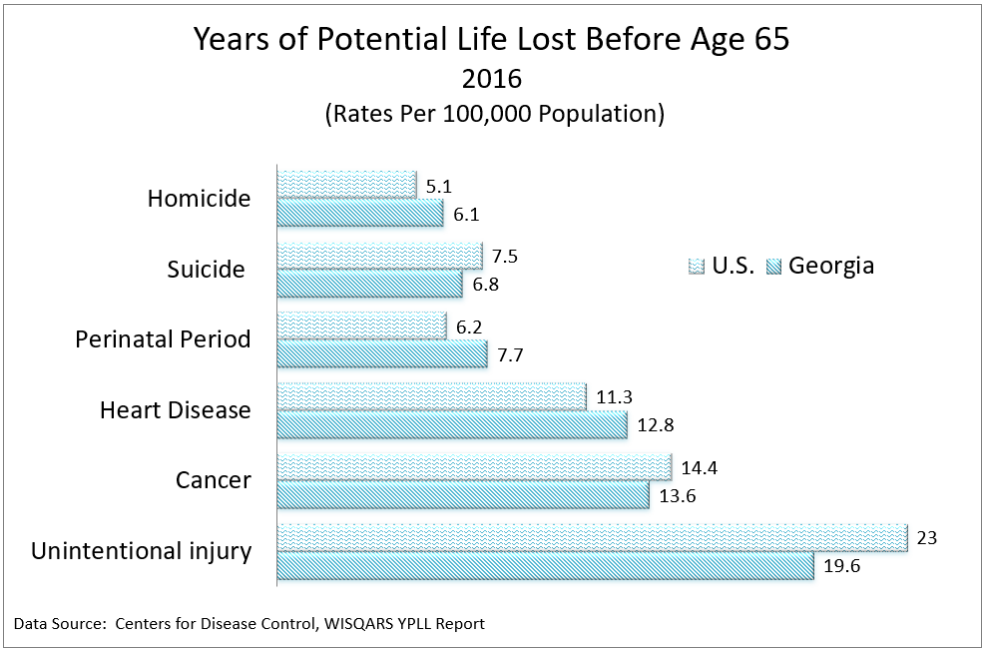
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.

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



Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2016, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Unintentional injury, cancer, heart disease, and perinatal period were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.[12] YPLL statistics at the County level were unavailable for this report.



Years Potential Life Lost – Georgia Residents–by Sex and Race/Ethnicity Before Age 65 2013-2016					
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 24.7%	Cancer 19.9%	Unintentional injuries 14.8%	Cancer 16.7%	Unintentional injuries 27.5%	Perinatal period 21.2%
Heart disease 14.8%	Unintentional injuries 19.6%	Heart disease 14.0%	Perinatal period 13.2%	Perinatal period 12.6%	Cancer 15.2%
Cancer 13.8%	Heart disease 10.8%	Homicide 13.8%	Heart disease 12.8%	Suicide 8.5%	Congenital Anomalies 13.4%
Data Source: Centers for Disease Control, WISQARS YPLL Report					

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE – HDS

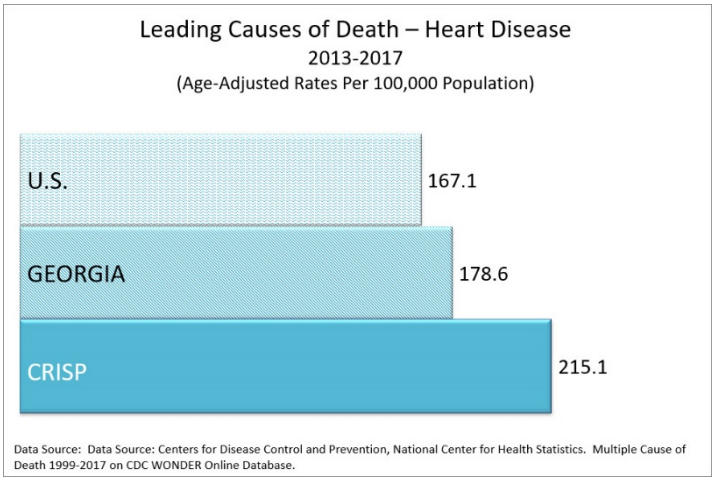
HEART DISEASE

According to the American Heart Association, over 840,000 people in the United States died from heart disease, stroke and other cardiovascular diseases in 2016. This number represents about one of every three deaths in the country. Cardiovascular diseases account for more deaths than all forms of cancer and chronic lower respiratory disease combined. Heart disease is the number one cause of death worldwide and is the leading cause of death in the United States. In 2016, heart disease killed over 360,000 Americans or 13 percent of the deaths in the U.S.[13]

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.

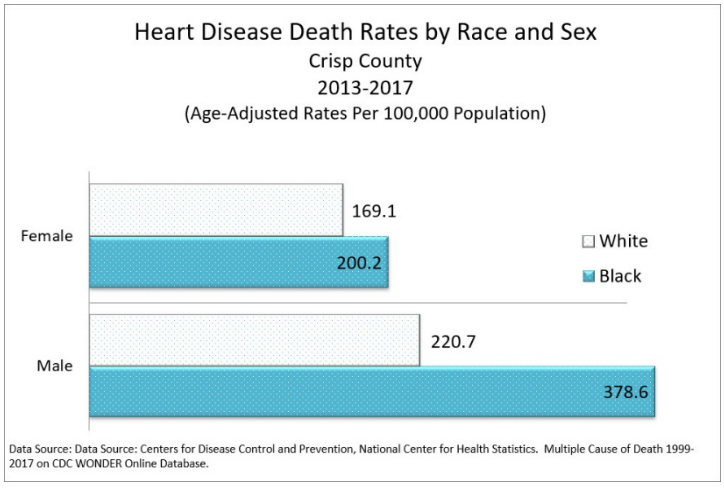
Healthy People 2020



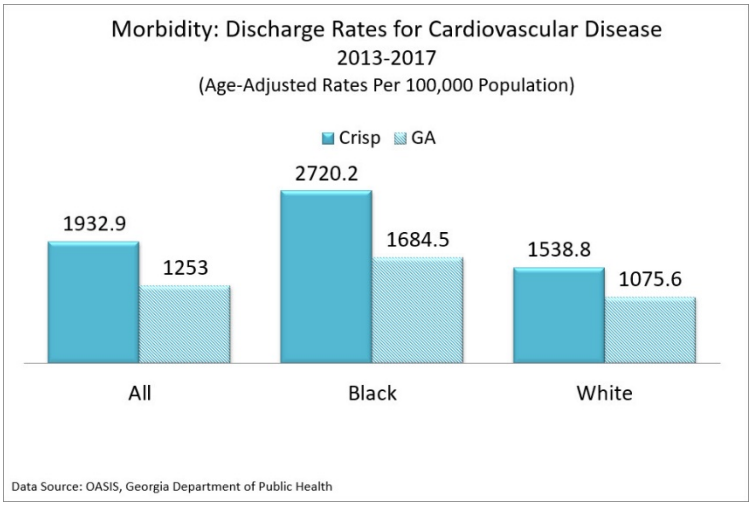
For the period 2013-2017 the Crisp County heart disease death rate (215.1 per 100,000 population), was higher than Georgia and the U.S.

The heart disease rates from the 2016 CHNA and the current CHNA are not comparable due to the methods the heart disease death rates were calculated. The 2016 data used a different methodology for grouping ICD-10 codes.

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



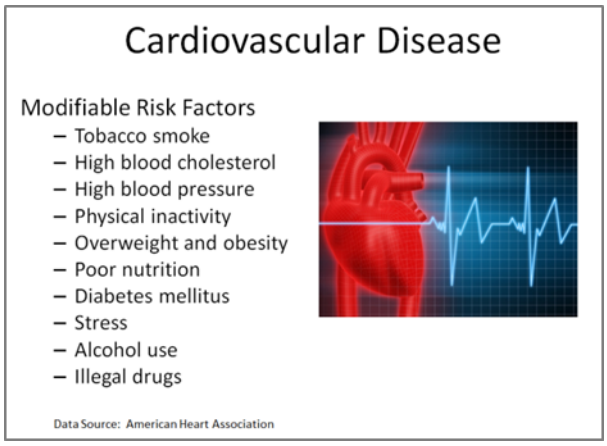
The hospital discharge rate for cardiovascular disease was higher in Crisp County compared to Georgia.



MODIFIABLE RISK FACTORS

According to the 2014 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 7-0.[14]

Percentage of Population Reporting Risk 2014		
Risk Factor:	**District 7-0**	**Georgia**
Obesity	33.1	30.5
Overweight	31.6	35.2
Physical Inactivity	35.4	23.6
Smoking	22.8	17.4
Diabetes	20	11.6
Data Source: OASIS, Georgia Department of Public Health		



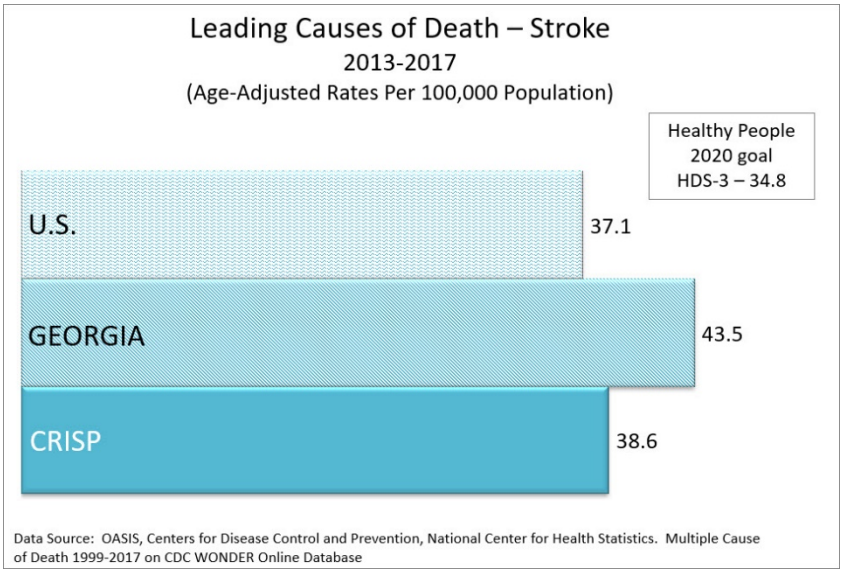
STROKE

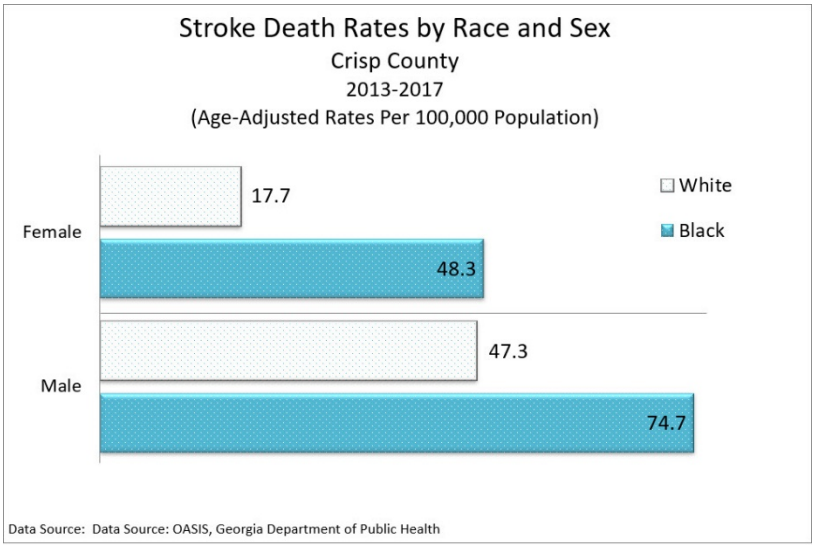
For the years 2013-2017, cerebrovascular disease (stroke) was the fifth leading cause of death in the U.S. and the fourth leading cause of death in Georgia and Crisp County.[15]

The stroke death rate was lower in Crisp County (38.6 per 100,000 population) compared to Georgia but higher than the U.S. rate.

Crisp County's stroke death rate has decreased since the 2016 CHNA (41.5 per 100,000 population).

The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population. [16]

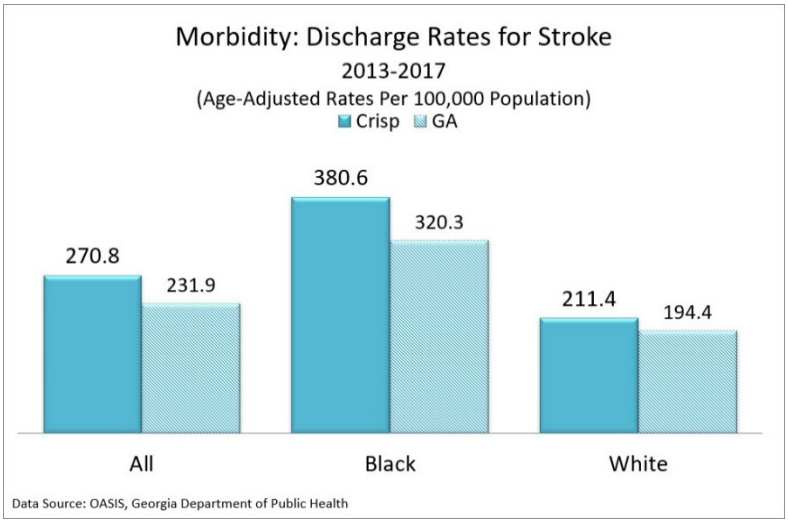




The Crisp County stroke death rates were highest among the Black population groups.

The rate for Black males was significantly higher compared to any other population group.

The Black male death rate has decreased since the 2016 CHNA (101.6 per 100,000 population).



The discharge rate for stroke among Crisp County residents was higher than the Georgia rate.

There has been a decrease in the stroke discharge rate since the 2016 CHNA (352.5 per 100,000 population).

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

The warning signs for stroke include:

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

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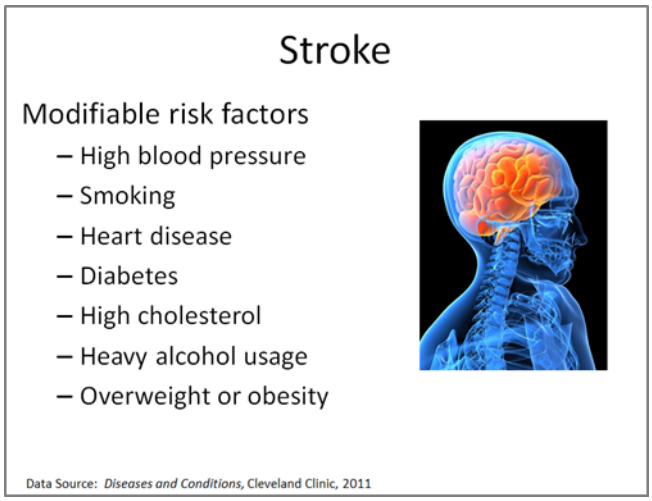


COMMUNITY INPUT

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

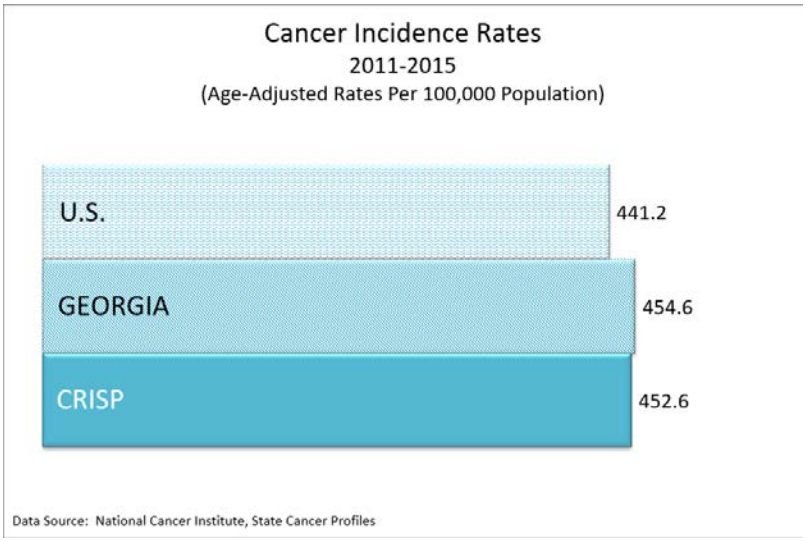
Heart Disease and Stroke

- The main barriers to heart disease and stroke care in the community is lack of transportation and lack of education and knowledge. A lot of individuals cannot read or comprehend the health conditions or symptoms they are experiencing. There is also a lack of knowledge of the available resources or how to access these services.
- Stroke is a very concerning priority in Crisp County.

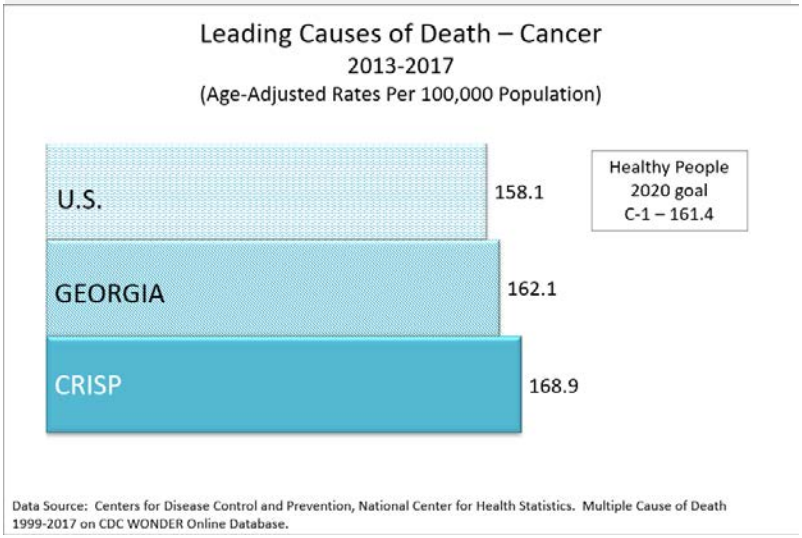
Cancer

HEALTHY PEOPLE 2020 REFERENCE – C-1

Cancer is the second leading cause of death in the United States after heart disease. One in every four deaths in the United States is due to cancer. Over 1,600 people a day died of cancer in the U.S. in 2015.[18] The most common cancers among men in Georgia were prostate, lung and bronchus, and colorectal. Breast, lung and bronchus, and colorectal cancers were the most common cancers among Georgia women.[19]



In Crisp County, the cancer incidence rate was higher than the U.S. and slightly lower than Georgia. The cancer incidence rate has increased since the 2016 CHNA (408.9 per 100,000 population).



Why Is Cancer Important?

Many cancers are preventable by reducing risk factors such as:

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

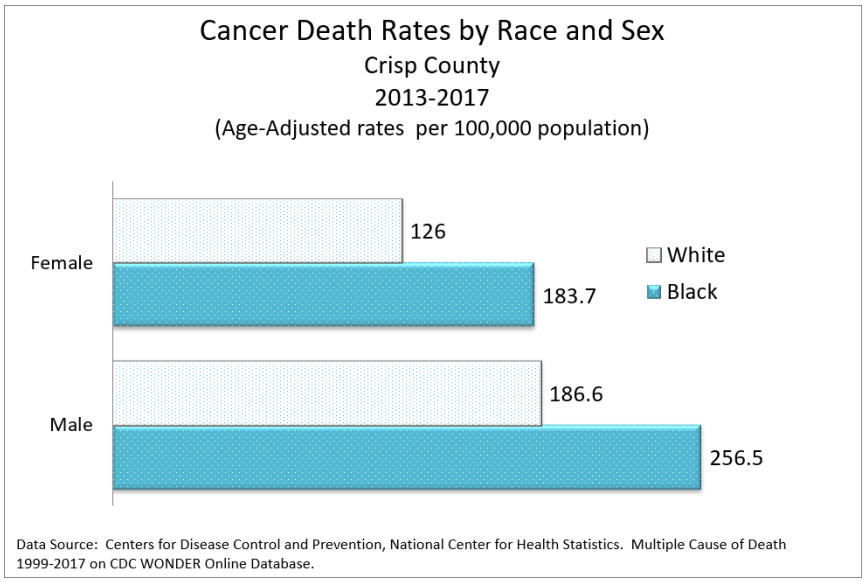
Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:

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

Healthy People 2020

In Crisp County, the cancer death rate was higher than Georgia or U.S. rates.

The cancer death rate has increased since the 2016 CHNA (166 per 100,000 population).



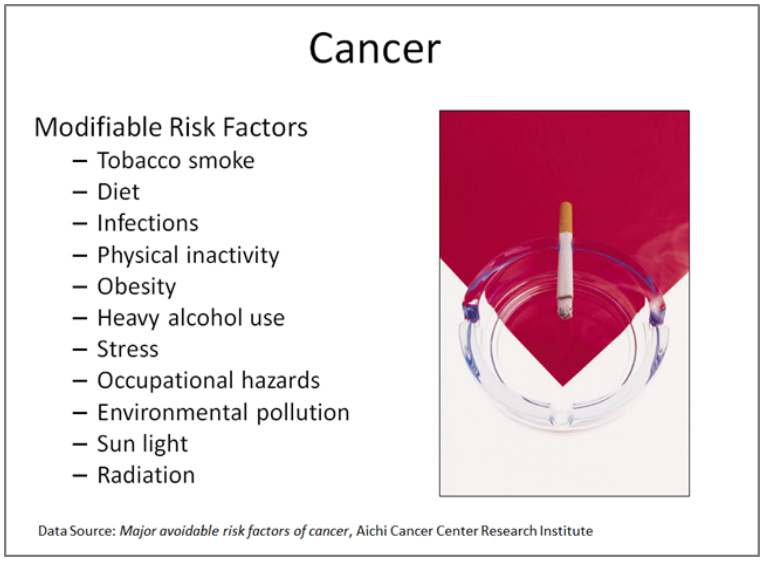
Age-adjusted cancer death rates in Crisp County were highest among the Black population groups. The Black male population had the highest cancer death rate (256.5 per 100,000 population) out of all the population groups.

The cancer death among Black males has decreased since the 2016 CHNA (304.6 per 100,000 population).

According to the Georgia Department of Public Health, every Georgian should have access to the appropriate cancer screening to detect the disease early and prevent mortality. The use of mammography, colorectal screening, and early detection examinations in appropriate age and/or genetic risk can save lives. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.[20]

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

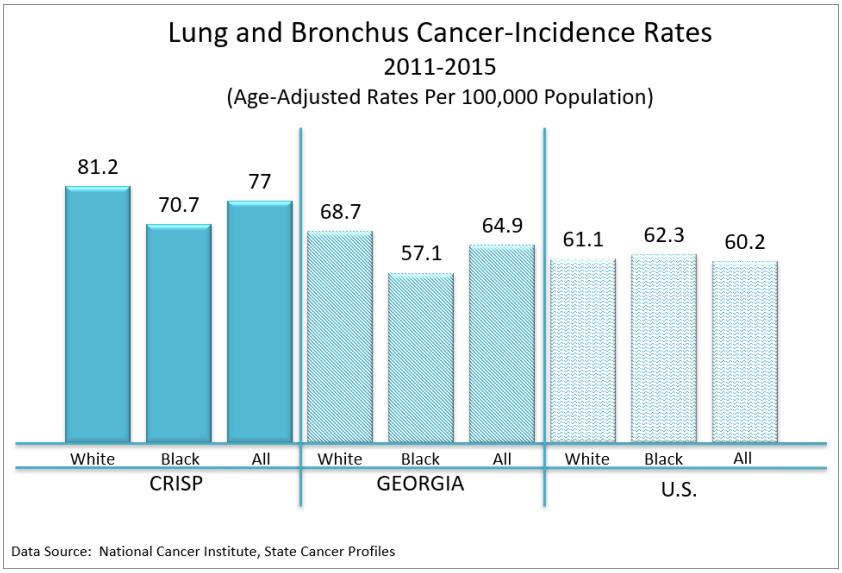
Modifiable risk factors related to cancer include tobacco, chemicals, infectious organisms, and radiation. There may also be internal factors such as genetics and hormones which contribute to the incidence of cancer.



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

Lung Cancer

According to the American Lung Association, lung cancer accounts for 25 percent of all cancer deaths.[21] It accounts for about 14 percent of cancer diagnoses among U.S. males and 13 percent among females. Lung cancer accounts for more deaths than any other cancer in men (26 percent) and women (25 percent). More women die from lung cancer (25 percent) than breast cancer (14 percent).[22]



Lung cancer incidence rates were higher in Crisp County (77 per 100,000 population) than the Georgia and U.S. rates. Whites had a higher lung cancer incidence rate compared to Blacks in Crisp County.

The lung cancer incidence rate has decreased since the 2016 CHNA (79.6 per 100,000 population).

Lung Cancer Incidence Rates by Sex (Per 100,000 Population) 2011-2015

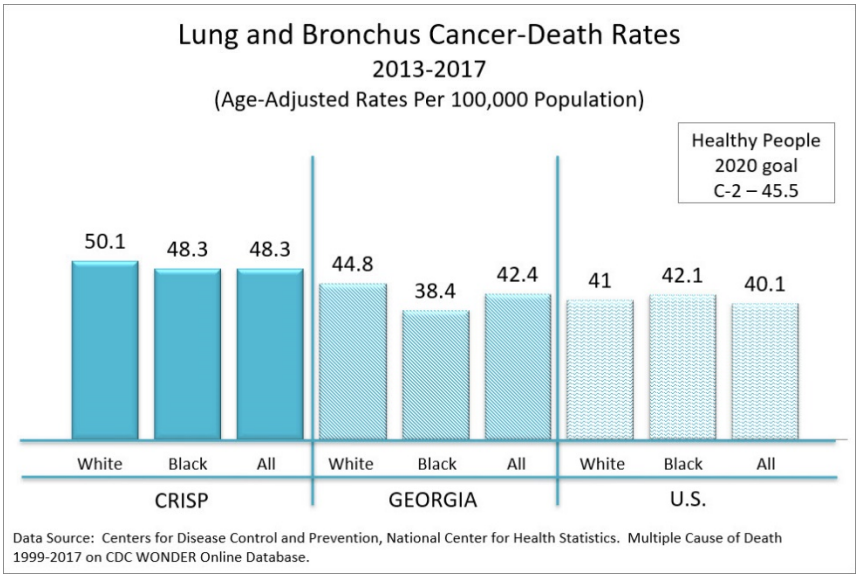
	Male	Female
Crisp	91.9	68.5

Data Source: National Cancer Institute, State Cancer Profiles

Lung cancer is the first leading cause of cancer death among both males and females in Georgia.[23] According to data published from the National Cancer Institute, lung cancer incidence rates for males in Crisp County were higher than the rates of females.[24]

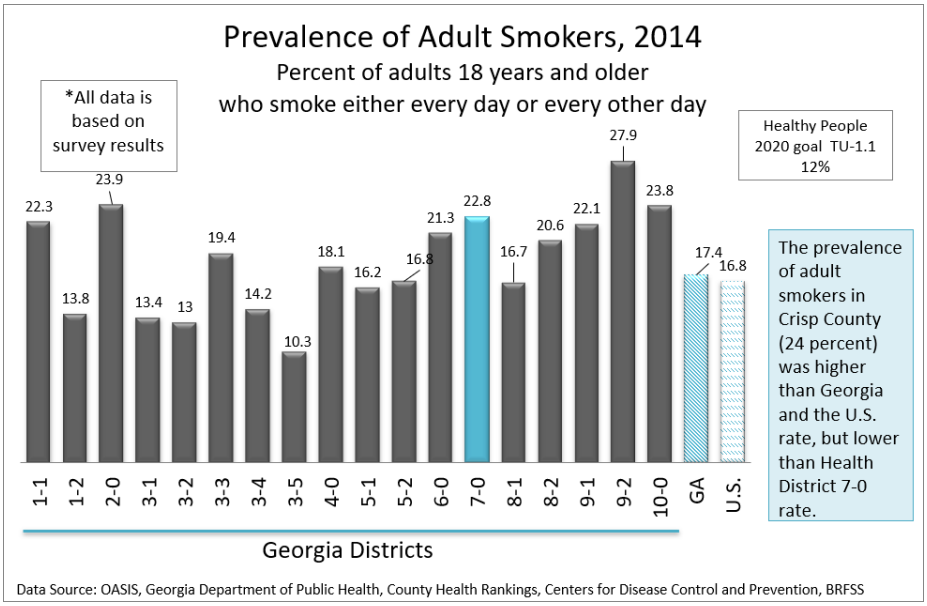
The overall lung cancer death rate in Crisp County (48.3 per 100,000 population) was higher than Georgia and the U.S. In Crisp County, Whites had a higher death rate compared to Blacks.

The lung cancer death rate has decreased since the 2016 CHNA (58.9 per 100,000 population).



RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The risk increases with both quantity and duration of smoking. The second-leading cause of lung cancer in the U.S. is exposure to radon gas released from the soil and building materials.[25]

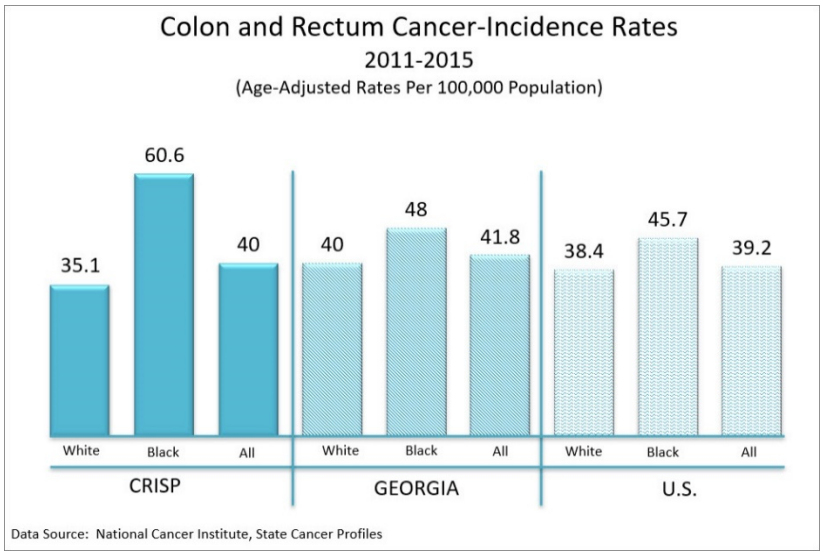


The smoking prevalence in Health District 7-0 (22.8 percent) was higher than both Georgia (17.4 percent) and the U.S. (16.8 percent). Crisp County's rate was also higher at 24 percent.

The smoking prevalence rate has decreased in Health District 7-0 (25.8) and increased in Crisp County (20 percent) since the 2016 CHNA.

Colon and Rectum

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of male cancer deaths and seven percent of female cancer deaths were from colorectal cancer in 2018.[26] Death rates have declined over the past twenty years, due to improvements in early detection and treatment.[27] Black individuals have a higher incidence and poorer survival rate for colon cancer than other racial groups. Blacks have a 40 percent higher mortality rate than Whites.[28]



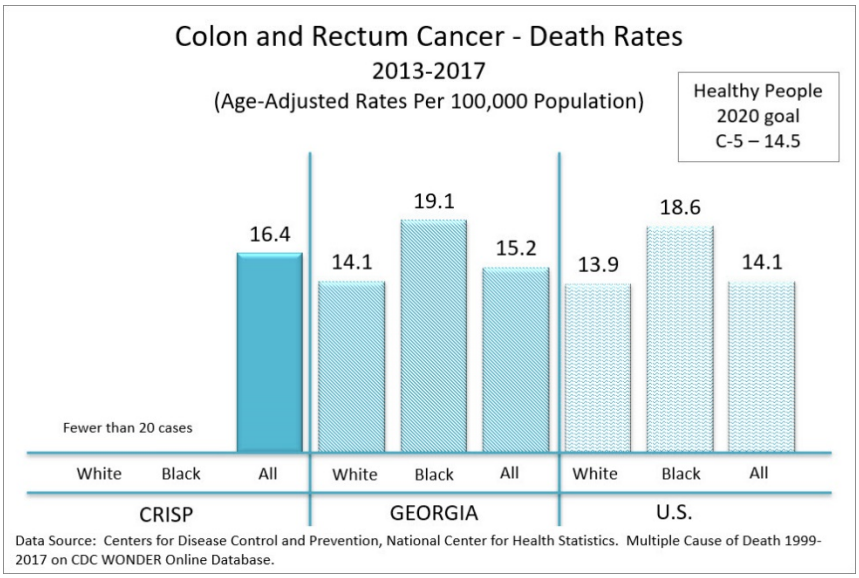
Crisp County's colon and rectum cancer incidence rate (40 per 100,000 population) was lower than Georgia, but higher than the U.S. Blacks had the highest incidence rates out of all the population groups.

The colon and rectum cancer incidence rate has decreased since the 2016 CHNA (52.5 per 100,000 population).

The death rate in Crisp County from colon and rectum cancer (16.4 per 100,000 population) was higher than Georgia and U.S. rates.

Blacks had the highest death rates in Georgia and U.S.

The colon and rectum cancer death rate has decreased since the 2016 CHNA (16.2 per 100,000 population).



RISK FACTORS

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

- Overweight and obesity
- Physical inactivity
- Moderate to heavy alcohol consumption
- High consumption of red or processed meat
- Long-term smoking
- Low calcium intake
- Very low intake of whole-grain fiber, fruit, and vegetables[29]

EARLY DETECTION

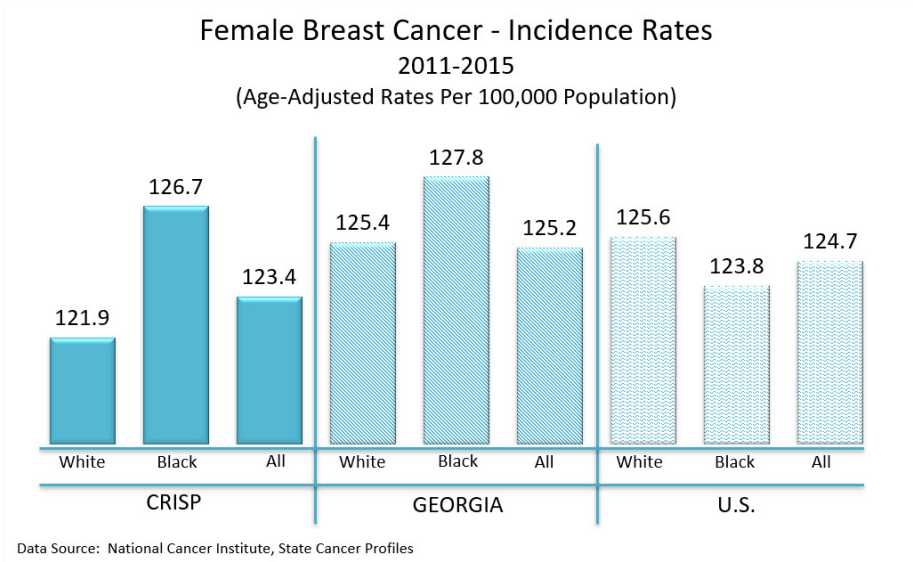
Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.[30] The U.S. Preventive Services Task force recommends that adults 50 and older undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.[31]

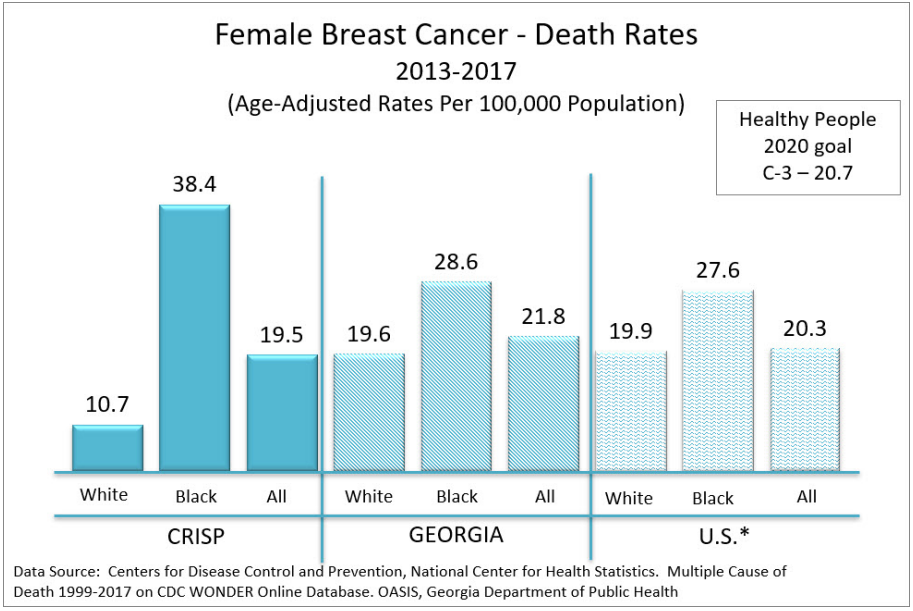
Breast Cancer

Skin cancer is the most frequently diagnosed cancer in women, followed by breast cancer. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Breast cancer accounts for 30 percent of new cancer cases and 14 percent of cancer deaths among women.[32]

The breast cancer incidence rate in Crisp County (123.4 per 100,000 population) was lower than the Georgia or the U.S. rates. In Crisp County and Georgia, Black females had a higher breast cancer incidence rate compared to White females.

There has been an increase in the incidence of breast cancer since the 2016 CHNA (93.1 per 100,000 population).





The female breast cancer death rate in Crisp County (19.5 per 100,000 population) was lower than Georgia and the U.S. rates.

Black females had the highest death rates in Crisp County, Georgia, and the U.S.

There has been a decrease in the death rate of breast cancer since the 2016 CHNA (26.6 per 100,000 population).

RISK FACTORS

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

- Weight gain after age 18
- Being overweight or obese
- Use of hormones
- Physical inactivity
- Consumption of one or more alcoholic drinks per day
- Long-term heavy smoking[33]

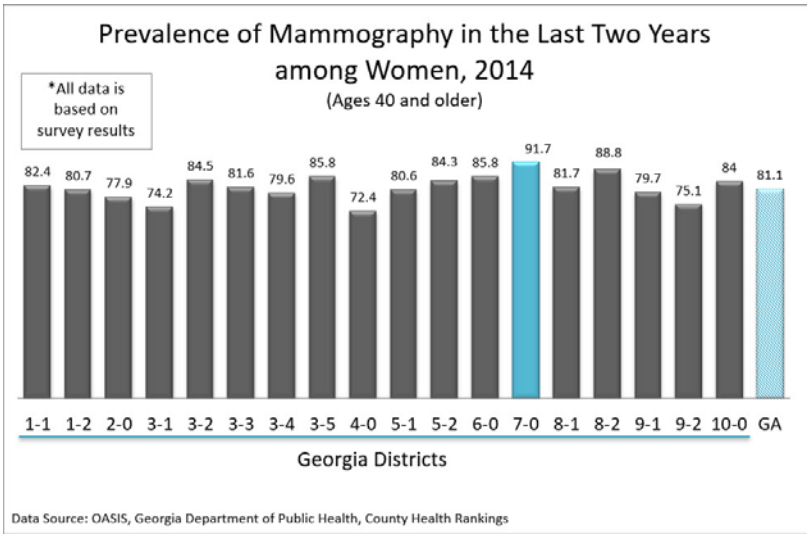
Modifiable factors that are associated with a lower risk of breast cancer include:

- Breastfeeding
- Moderate or vigorous physical activity
- Maintaining a healthy body weight[34]

EARLY DETECTION

Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect most breast cancers in women without symptoms, though the sensitivity is lower for younger women and women with dense breasts. Nearly 10 percent of women will have an abnormal mammogram. Out of that 10 percent, 95 percent do not have cancer. Efforts should be made to improve access to health care and encourage all women 40 and older to receive regular mammograms.[35]

The percentage of women receiving a breast cancer screening (mammography) was higher in Health District 7-0 (91.7 percent) than the Georgia average (81.1 percent).



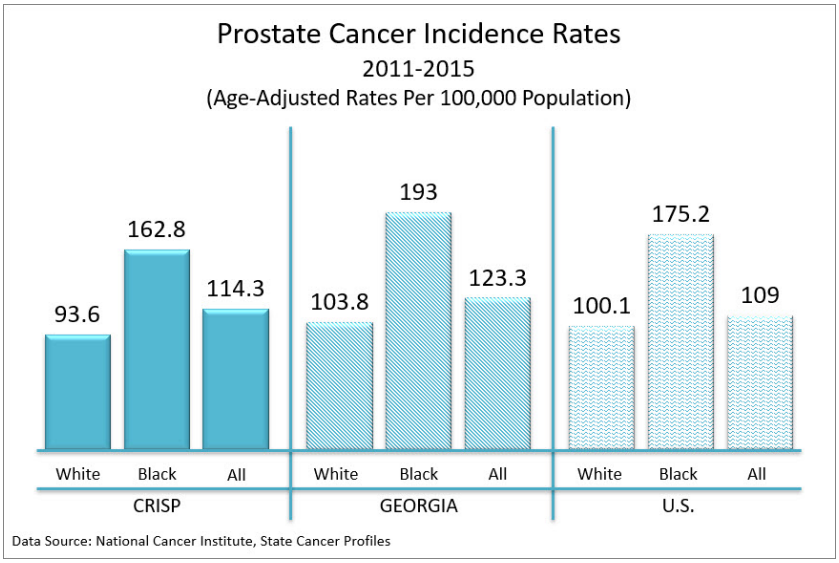
Prostate Cancer

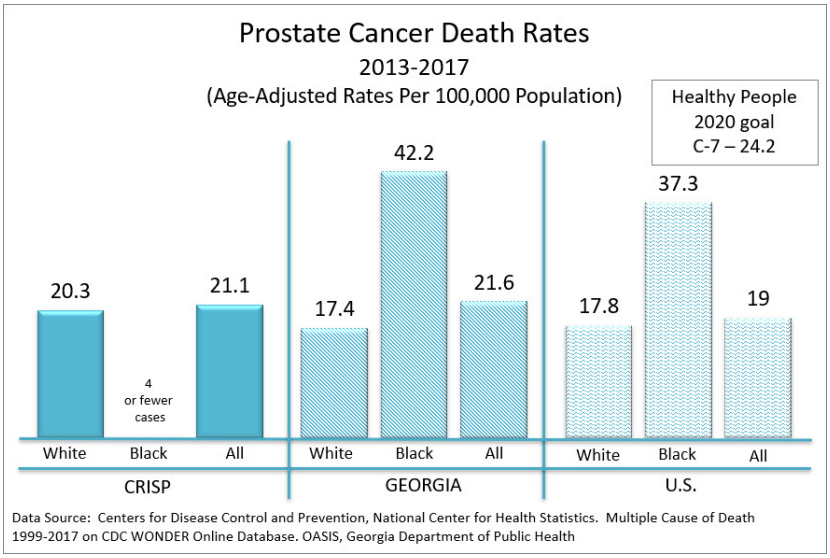
Prostate cancer is the most frequently diagnosed cancer among men aside from skin cancer. Prostate cancer is also the second deadliest cancer for males. Prostate cancer incidence and death rates are higher among Black men.[36]

Crisp County had a lower incidence rate for prostate cancer (114.3 per 100,000 population) than Georgia, but higher than the U.S.

Incidence rates were highest among Black males in Crisp County, Georgia, and the U.S.

There has been a decrease in the incidence rate of prostate cancer since the 2016 CHNA (127.9 per 100,000 population).





Crisp County had lower death rates (21.1 per 100,000 population) due to prostate cancer than Georgia, but higher than the U.S.

The death rates among Blacks in Crisp County were too low to compute a death rate. There is a disparity of prostate cancer deaths among Blacks in Georgia and the U.S.

There has been an increase in the prostate cancer death rate since the 2016 CHNA (18.1 per 100,000 population).

RISK FACTORS

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

- Age
- Ethnicity
- Family history of prostate cancer[37]

EARLY DETECTION

Prostate-specific antigen (PSA) testing of the blood permits the early detection of prostate cancer before symptoms develop. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. At age 50, the American Cancer Society recommends men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their healthcare provider about the benefits and limitations of PSA testing. Men who are higher risk (Black or those with a close relative diagnosed before age 65) should have a discussion with their healthcare provider at age 45.[38]

COMMUNITY INPUT

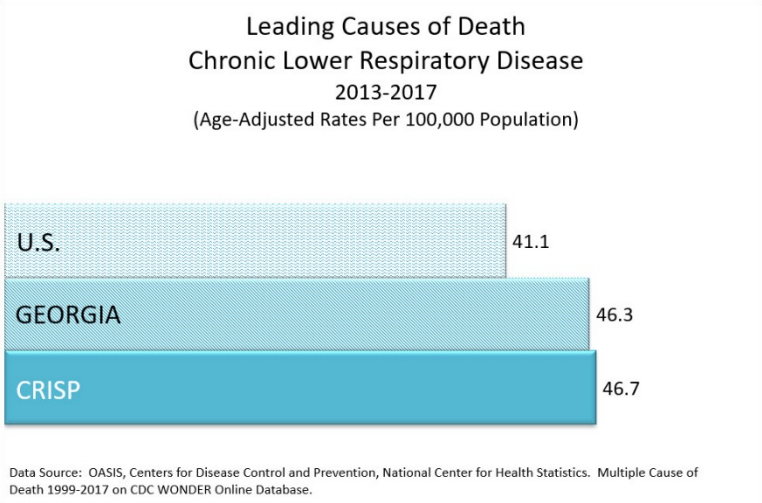
The following paraphrased comments are based on feedback from Crisp County community focus groups and key stakeholder interviews and key stakeholder interviews.

Cancer

» Breast and cervical cancer screenings are done at the Health Department during a visit. There has been an increase in cervical cancer incidence since the last 2016 CHNA.

Chronic Lower Respiratory Disease

Chronic lower respiratory diseases affect the lungs. The deadliest of these diseases is chronic obstructive pulmonary disease, or COPD. COPD includes both emphysema and chronic bronchitis. Cigarette smoking is a major cause of COPD. Other forms of chronic lower respiratory disease include asthma and acute lower respiratory infections.[39]



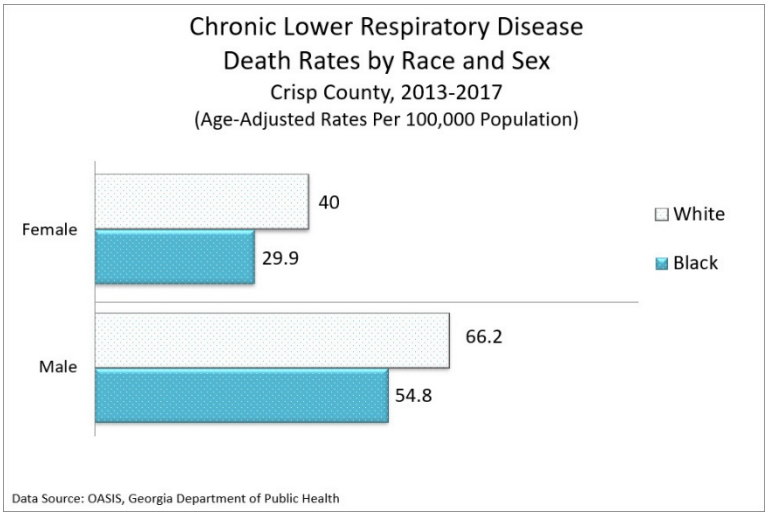
For the years 2013-2017, Crisp County's chronic lower respiratory disease death rate (46.7 per 100,000 population) was higher than both the State and U.S. rates.

The chronic lower respiratory disease death rate has increased since the 2016 CHNA (32.1 per 100,000 population).

Why Are Respiratory Diseases Important?

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

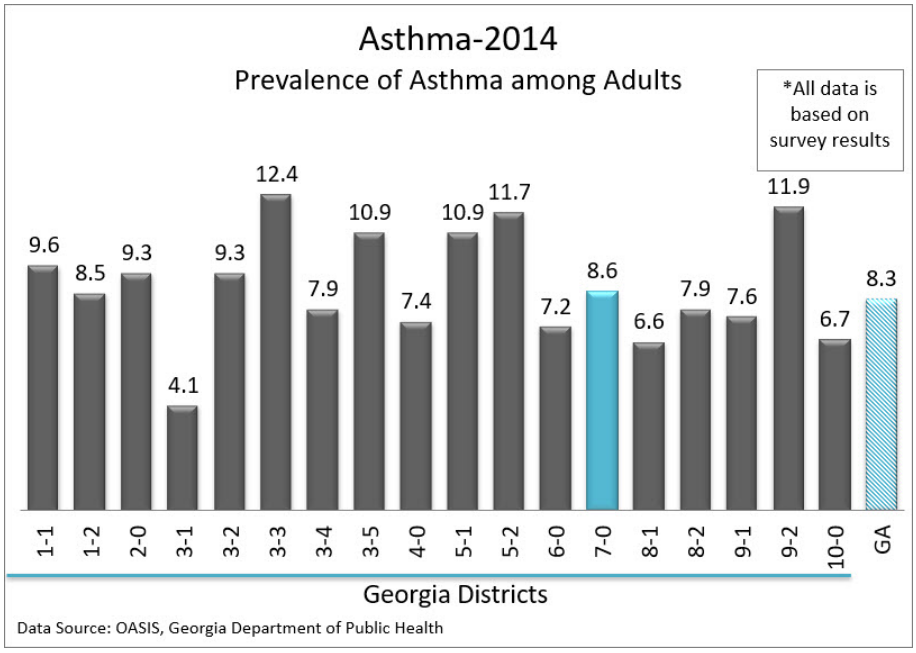
Healthy People 2020

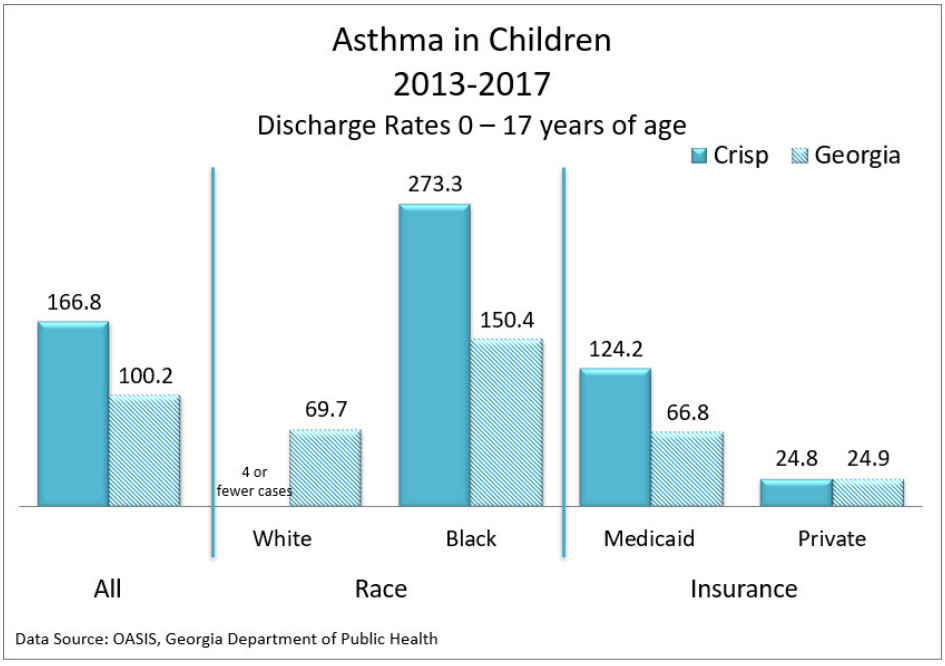


The age-adjusted death rate from chronic lower respiratory disease in Crisp County was highest among White males.

There has been an increase in the chronic lower respiratory disease death rate among White males since the 2016 CHNA (39.1 per 100,000 population).

There was a higher percentage of asthma among adults within Health District 7-0 compared to Georgia.

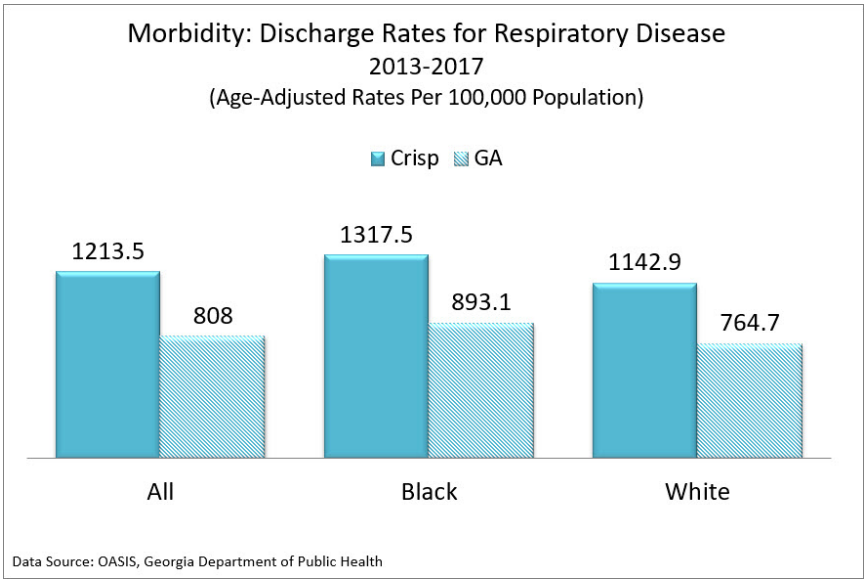




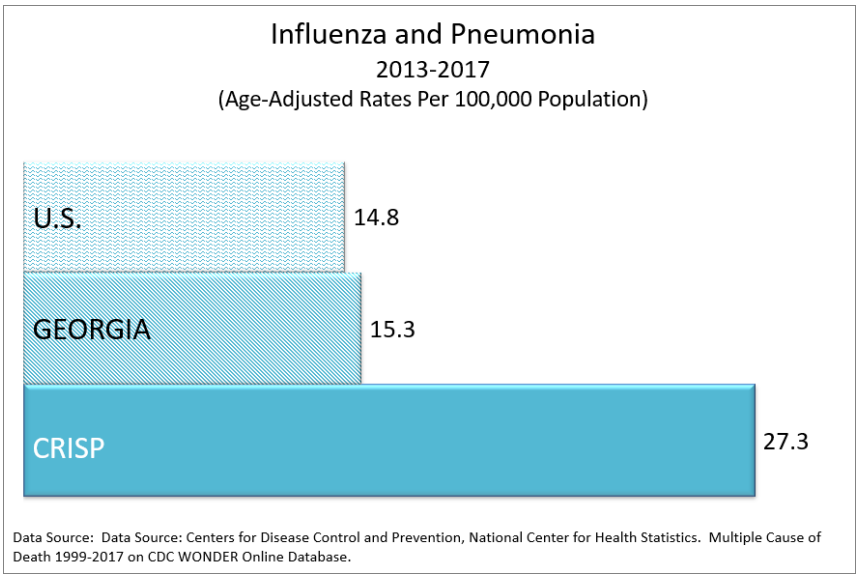
Crisp County had a higher discharge rate due to asthma among children compared to Georgia.

The Black children population in Crisp County had a higher discharge rate compared to Georgia's Black children population.

The discharge rates for respiratory related illnesses in Crisp County were higher compared to Georgia. The Black population in Crisp County had higher discharge rates compared to the White population.



Influenza (flu) is a contagious respiratory disease caused by a virus and can cause mild to severe illness. The best way to prevent flu is by vaccination. Pneumonia is an infection of the lungs and is the leading cause of death in children younger than 5 years of age worldwide. Pneumonia can often be prevented with vaccines and usually treated with antibiotics or antiviral drugs. You are more likely to become ill with pneumonia if you smoke or have an underlying medical condition, such as diabetes or heart disease.[40]



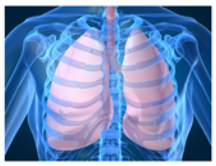
The Crisp County influenza and pneumonia death rate was higher than both Georgia and the U.S. Influenza and pneumonia was the 8th leading cause of death in Crisp County.

Chronic Lower Respiratory Disease

(includes Asthma, Chronic Bronchitis, Emphysema)

Modifiable Risk Factors

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



Data Source: American Lung Association

COMMUNITY INPUT

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

Respiratory

» There are a lot of families that struggle with uncontrolled asthma and this is due to poor housing and inability to afford asthma medications.

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

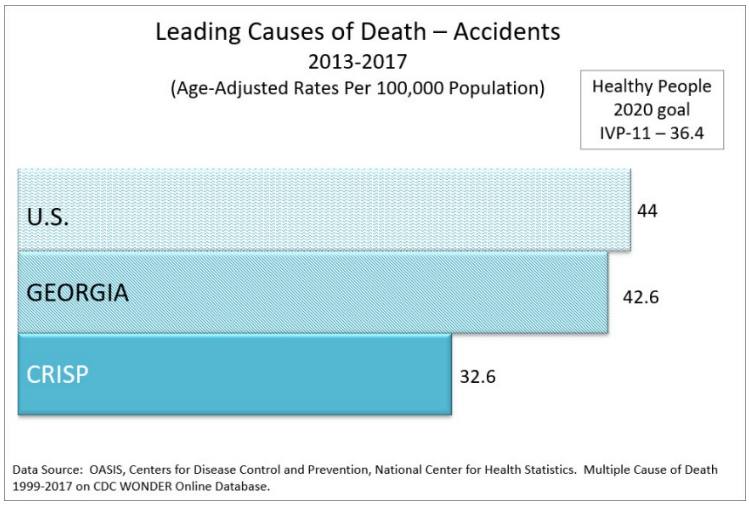
Accidental deaths may result from the following causes:

- Motor vehicle accidents
- Firearm accidents
- Poisonings
- Natural/environmental
- Suffocations
- Falls
- Fire
- Drowning[41]

Why Is Injury and Violence Important?

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

Healthy People 2020

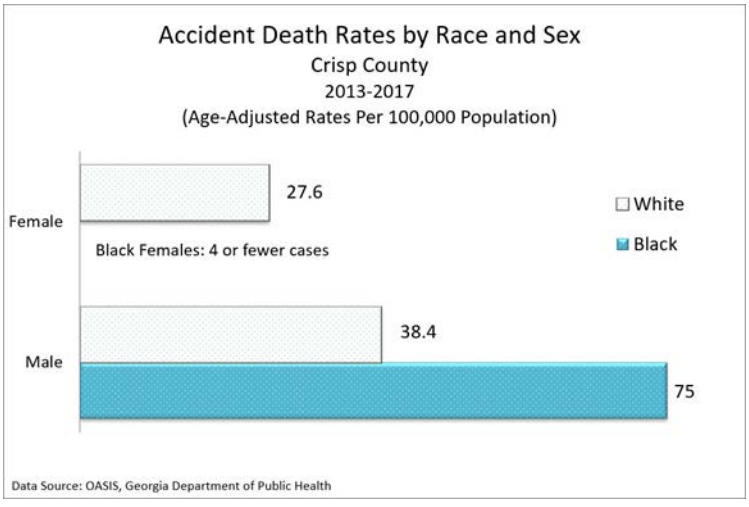


In Crisp County, the accident death rate (32.6 per 100,000 population) was lower than Georgia and the U.S. rates.

The Healthy People 2020 goal is 36.4 per 100,000 population. [42]

The accident death rate has decreased since the 2016 CHNA (37.3 per 100,000 population).

In Crisp County, males had higher death rates due to accidents compared to females. Black males had the highest death rate from accidents.



In 2017, the U.S. had over 37,000 people killed in motor vehicle accidents. Motor vehicle crashes are one of the top ten causes of death among people from age 1 to 54. In 2017, 1,540 people in Georgia were killed in motor vehicle crashes.[43]

Motor Vehicle Fatality Rates
2013-2017
Number of Fatalities

	2013	2014	2015	2016	2017	Total
Crisp County	1	3	2	2	4	12

According to the Centers for Disease Control and Prevention:

- Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- Millions of adults drive while impaired, but only a fraction are arrested.
- Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- Age-related deterioration of vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.[44]

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

In 2015 more than 250,000 deaths occurred listing diabetes as an underlying or contributing cause of death.[45] In 2015, diabetes was the country's seventh leading cause of death. More than 30 million people (9.4 percent of the United States population) are estimated to have diagnosed or undiagnosed diabetes.[46]

Compared with non-Hispanic whites, minority populations are more likely to have diagnosed diabetes. During their lifetime, half of all Hispanic men and women and non-Hispanic black women are predicted to develop the disease.[47]

Image Source: Pharmacy Practice News

Why Is Diabetes Important?

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

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

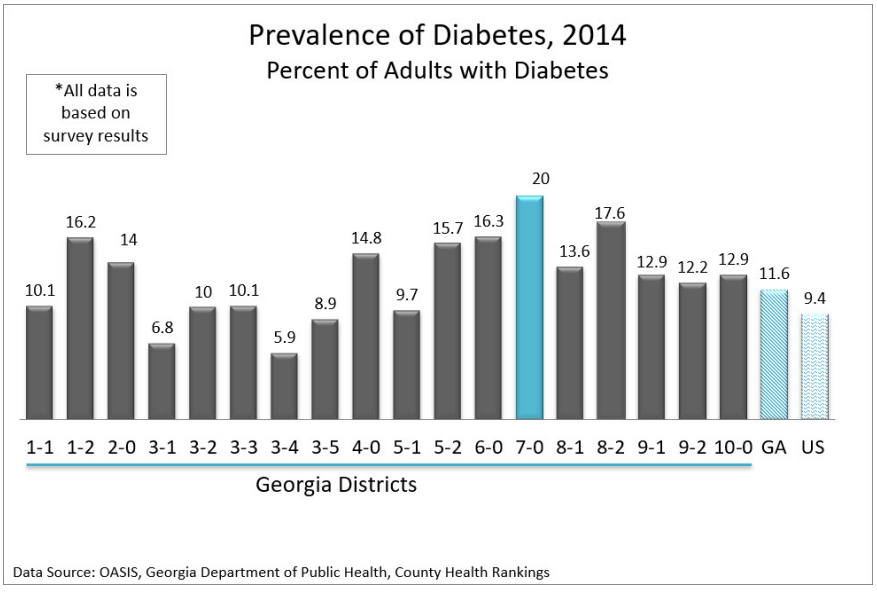
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

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

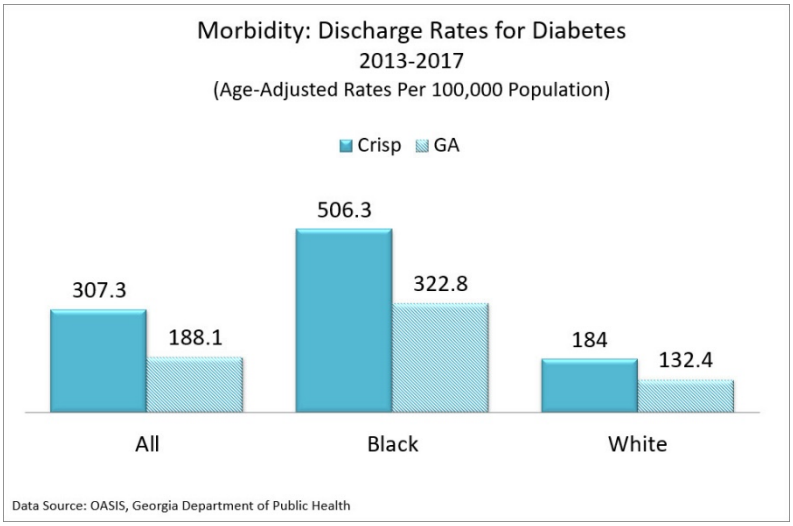
Healthy People 2020

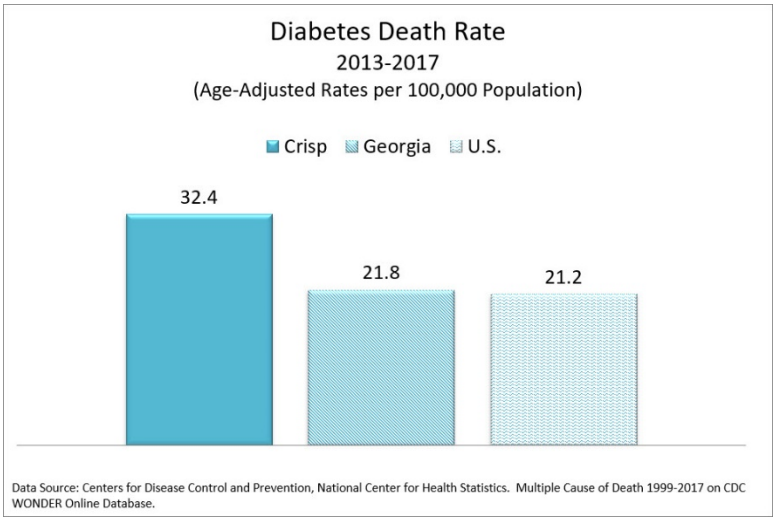
Health District 7-0 (which includes Crisp County), had a higher diabetes prevalence (20 percent) than Georgia or the U.S.



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

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





Crisp County had a higher diabetes death rate than Georgia.

Diabetes was the sixth leading cause of death in Crisp County.

There was an increase in the diabetes death rate since the 2016 CHNA (31.9 per 100,000 population).

Obesity

HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

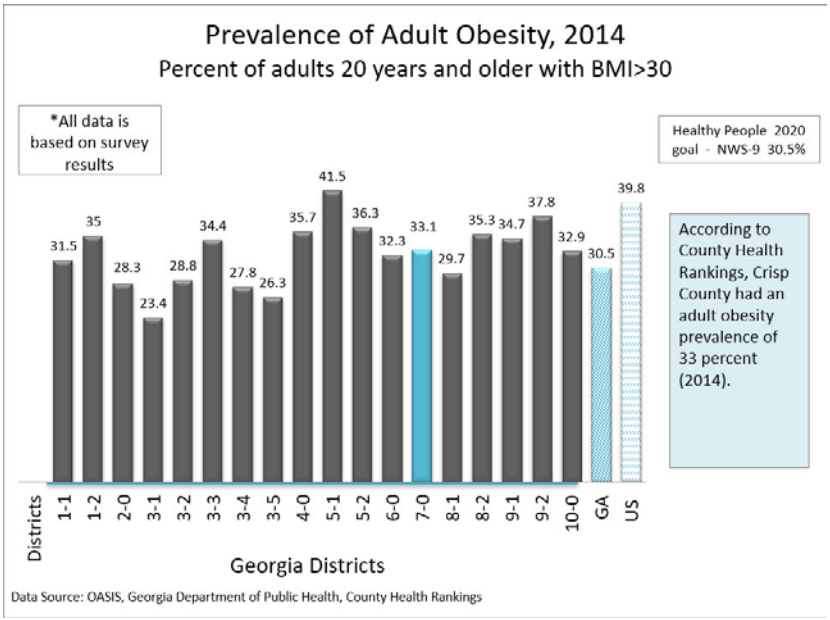
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of adults and 16.2 percent of children and adolescents are obese. The Healthy People 2020 target for obesity in adults is to reduce this percentage to 30.5 percent.[48]

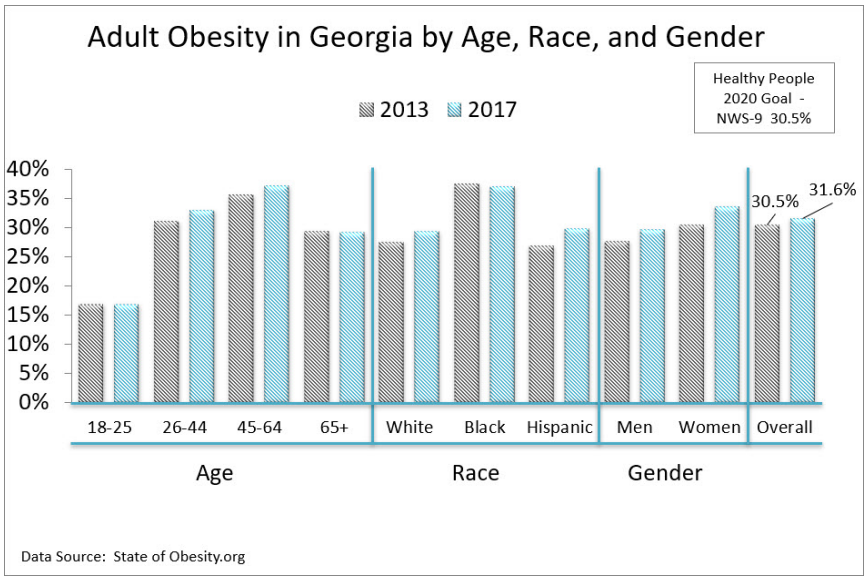
Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 29.9, and obese when it is greater than 30.[49]

The prevalence of adult obesity in Health District 7-0 (33.1 percent) was higher than Georgia (30.5 percent), but lower than the U.S. (39.8 percent).

Crisp County had prevalence of obesity at 33 percent.

The Healthy People 2020 goal is 30.5 percent.

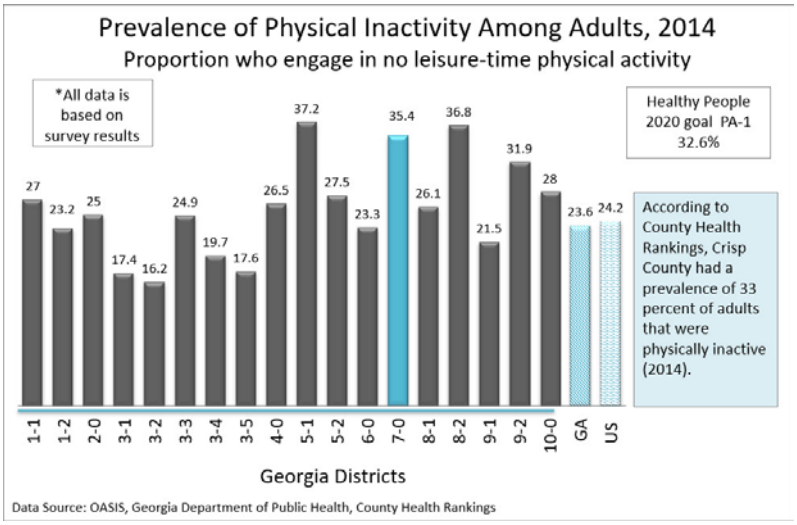




In 2017, adult obesity in Georgia was highest among Black population and those who are ages 45-64. Women were more likely to be obese compared to men.

Comparing overall obesity rates from 2013 to 2017 shows a slight increase by about one percent.

Obesity is the result of an energy imbalance that occurs when an individual consumes more calories than he/she can burn. There are a number of factors such as age, body size, and genes that contribute to how many calories people burn each day, but the most modifiable factor is physical activity.[50]



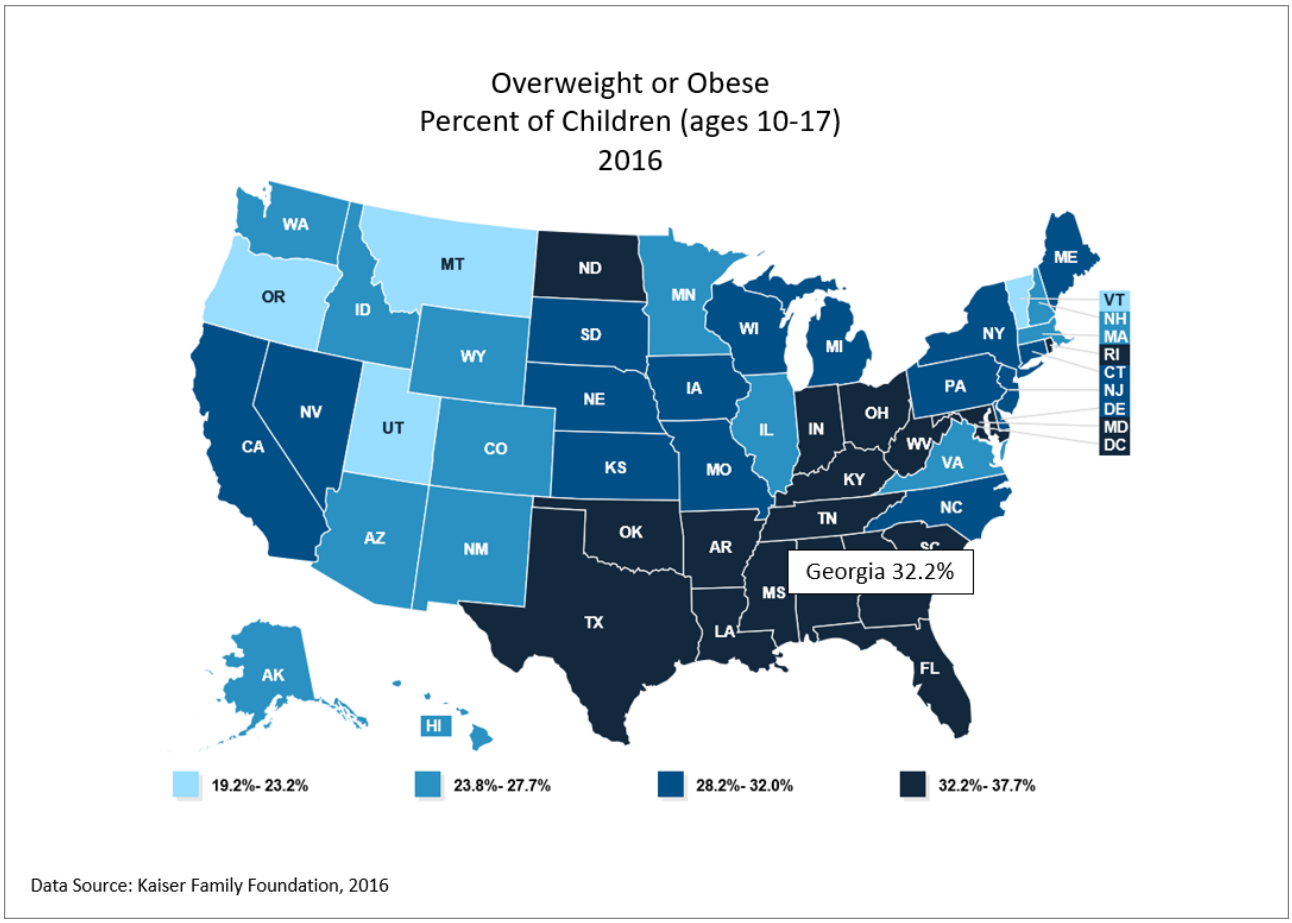
The percentage of adults who did not engage in physical activity or exercise in the last 30 days was higher in Health District 7-0 (35.4 percent) compared to Georgia's average (23.6 percent). Crisp County had a higher prevalence of physical inactivity (33 percent) than Georgia and the U.S.

Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formerly known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.[51] Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to Healthy People 2020, 16.1 percent of children and adolescents aged 2-19 years are obese.[52] A report released by the Centers for Disease Control and Prevention indicated that Georgia's obesity rates among two to four-year-olds from low income families declined from 2010 to 2014 from 14.4 percent to 13.0 percent.[53]

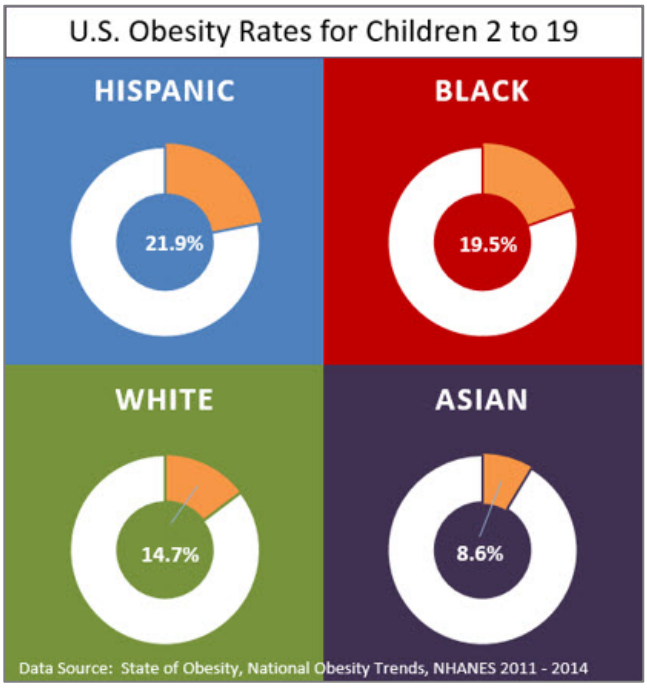
According to data analyzed by the Kaiser Family Foundation, Georgia ranked eighteenth (32.2 percent) in the nation for overweight and obese children. Nationally, 31.2 percent of children in this age range were overweight or obese.[54]



The following table highlights obesity rates in Georgia by age group and Georgia's rank among other states.[55]

Childhood Obesity		
	2 to 4 year olds (2014)	10 to 17 year olds (2016)
U.S.	14.5%	31.2%
Georgia	13.2%	34%
Rank Among States	34th	8th
Data Source: State of Obesity.org		

Racial and ethnic disparities are very significant across the obese U.S population of children and adolescents. In 2011-2014, the following obesity disparities in children and adolescents were noted.



Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obese children are more likely to become obese adults and obesity in adulthood is likely to be more severe.[56]

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.[57]

COMMUNITY INPUT

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

Obesity and Diabetes

- In 1994 when you went to a person's residence and you picked up a 200 lb. person that was a working person in the timber industry. Now, you are more likely to pick up a 200 lb. child. Obesity is the leading cause for diabetes and is caused by lack of education, poverty, and health. If you can reduce diabetes in your community, you can reduce so many other health conditions.
- There is lack of proper nutrition. There are a lot of students who forgo the free or reduced lunch and snack on unhealthy snacks.
- There has been an increase in diabetes and obesity.
- There is educational disconnect of what diet and nutrition does for your health.
- The diet in this community is very starchy - a lot of bread with every meal.
- There is a lack of awareness of what is healthy.
- There is a generational cycle of unhealthy habits.
- There is a need for better education on how to shop for healthy foods on a budget.
- If you grew up in poverty, your ability to plan and set goals is not very strong. Heathier food perishes faster than unhealthy food.
- Convenience is always going to be chosen over taking the time to cook.
- There is a nutrition program through the school system that promotes healthy eating and healthy living.
- There is a need for more awareness and of blood pressure and cholesterol checks that are occurring in the community.
- A little more than half of the patients that come in to the Health Department are obese or overweight.

COMMUNITY INPUT

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

Obesity and Diabetes

- Obesity is occurring in younger and younger patients at the Health Department.
- Diabetes, high blood pressure and obesity all goes back to lack of proper healthcare. If you are not eligible for Medicaid, you cannot afford healthcare services.
- Obesity is tied back to poverty and not being able to afford the right kind of foods. A lot of families are buying food high in fat and cholesterol. They buy in bulk of what they can get the best deal on, rather than what is the healthiest.
- There is a need for more education on healthy eating on a budget similar to what the County Extension Services offered during a 10-week course for Temporary Assistance for Needy Families (TANF) mothers. This type of program would be great to replicate as an outreach program to reach other populations in the Senior Center, Cordele Housing Authority, and young teenage mothers.
- Obesity and diabetes can be treated if the entire family complies with treatment.

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.[58]

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 to differences in income levels, family structure, age of parents, educational attainment, and access to prenatal care.

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.[59]

Why Are Maternal, Infant and Child Health Important?

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

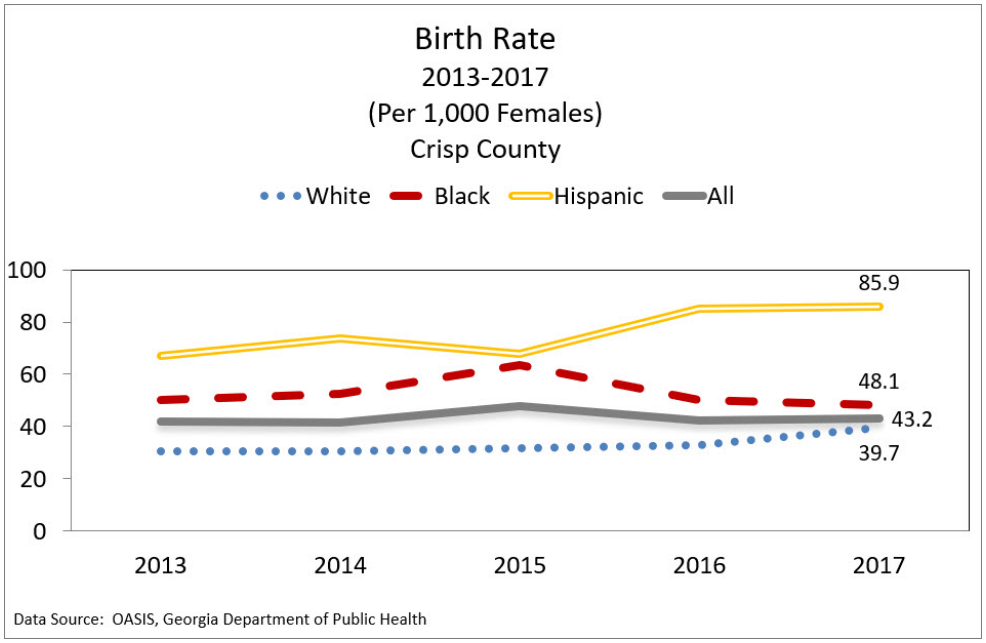
- *Hypertension and heart disease*
- *Diabetes*
- *Depression*
- *Genetic conditions*
- *Sexually transmitted diseases (STDs)*
- *Tobacco use and alcohol abuse*
- *Inadequate nutrition*
- *Unhealthy weight*

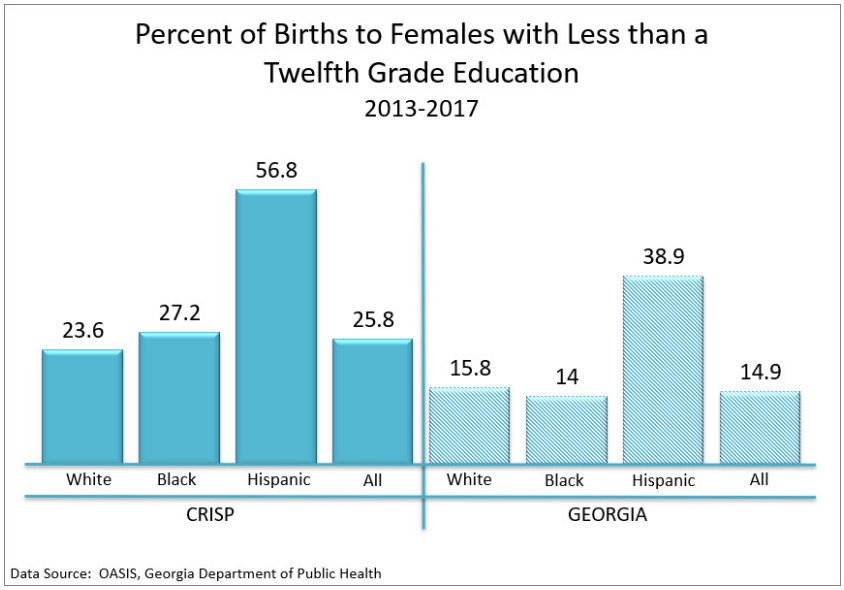
Healthy People 2020

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.[60]

Birth Rates

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





The percent of births to females with less than a twelfth-grade education was higher among Crisp County residents (25.8 percent) compared to Georgia residents (14.9 percent). The highest percentages were among the Hispanic population groups.

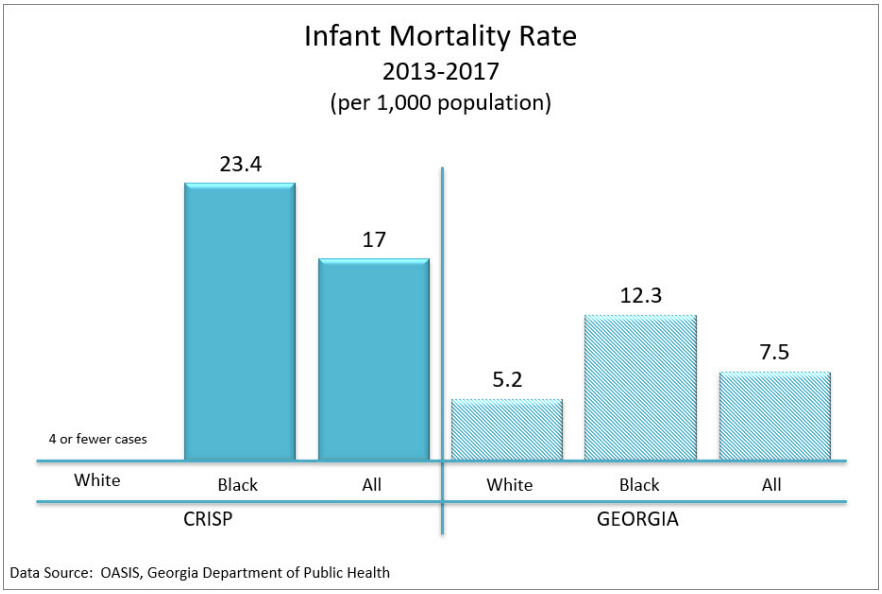
Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. In 2017, approximately 22,000 infants died in the U.S.[61] The infant mortality rate is often used to measure the health and well-being of a population because factors affecting the health of entire populations can also impact the mortality rate of infants.[62] Some of the common causes of infant mortality include: serious birth defects, pre-term births, sudden infant death syndrome (SIDS), maternal complications of pregnancy, or unintentional injury.[63]

The infant mortality rate in Crisp County (17 per 1,000 population) was higher than the Georgia rate (7.5 per 1,000 population).

The highest infant mortality rate was among the Black population.

The infant mortality rate has increased since the 2016 CHNA (11 per 1,000 population).



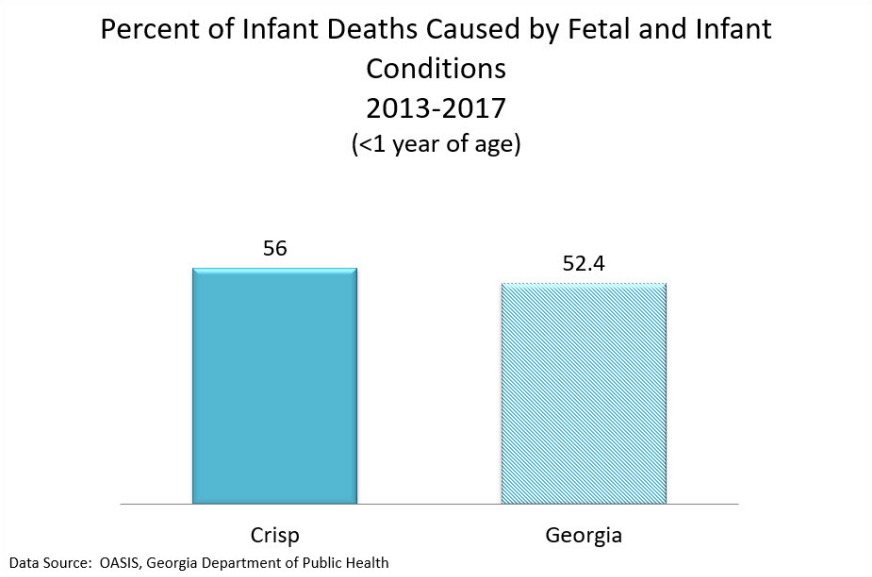
Fetal and Infant Conditions

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

- Prematurity is disorders related to short gestation and low birth weight.
- Lack of oxygen to the fetus is any condition during pregnancy or childbirth where the oxygen is cut off to the fetus.
- Respiratory distress syndrome (RDS) is a lung disorder that primarily affects premature infants and causes difficulty in breathing.
- Birth-related infections are infections specific to the period of time near birth.[64]

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

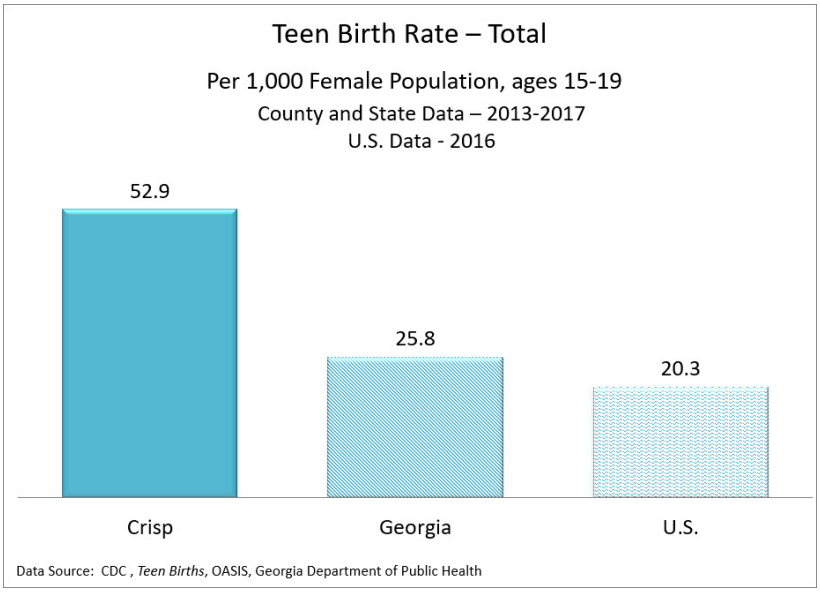
The percent of infant deaths caused by fetal and infant conditions in Crisp County was higher than Georgia.

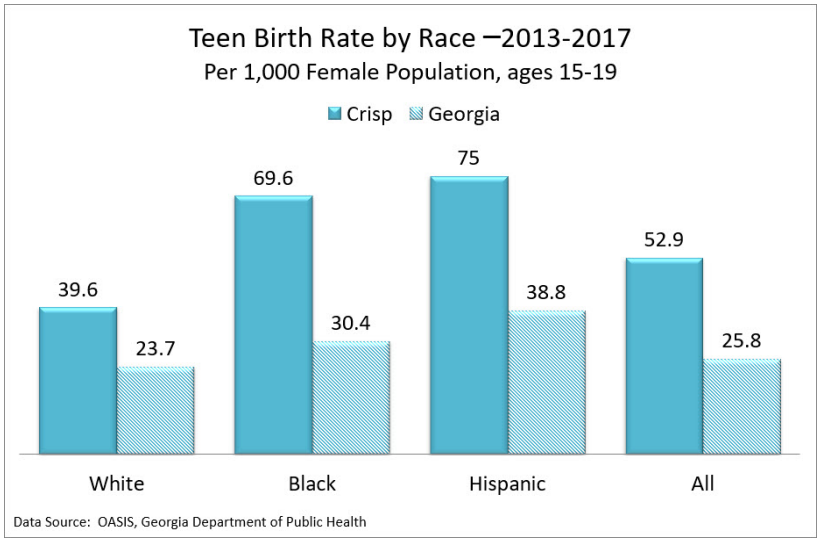


Teen Birth Rate

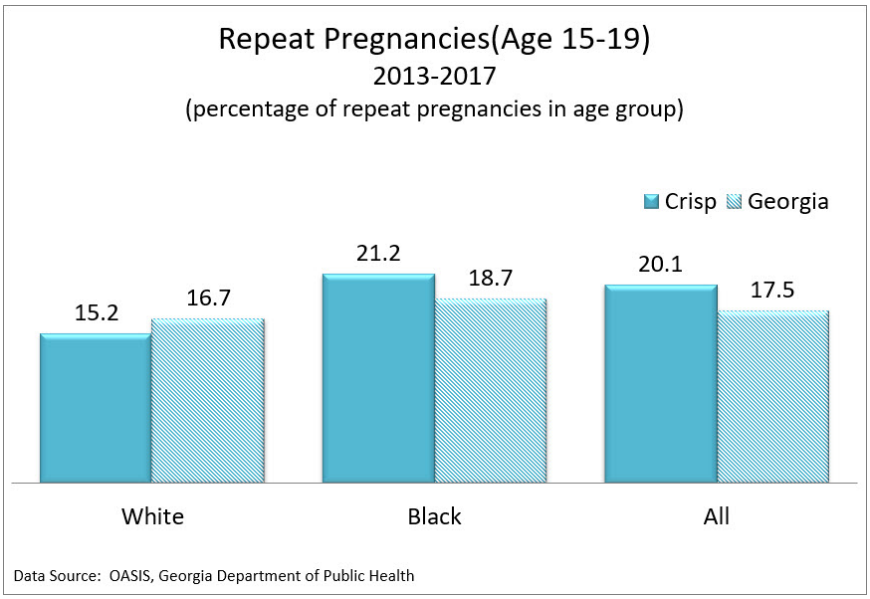
Substantial disparities persist in teen birth rates. Teen pregnancy and childbearing continue to carry significant social and economic costs. The teen pregnancy rates in the U.S. are substantially higher than those in other western industrialized countries. Teen pregnancy and births are significant contributors to high school dropout rates among girls. The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.[65]

The Crisp County teen birth rate (52.9 per 1,000 female population) was much higher than Georgia or the U.S.





The Crisp County Hispanic teen birth rate was higher than all other population groups. The teen birth rates in Crisp County for various races and ethnicities were higher than the Georgia rates for those same races and ethnicities.



For mothers ages 15-19, Crisp County had a higher percent of repeat pregnancies (20.1 percent) compared to Georgia (17.5 percent). Additionally, 21.2 percent of Black teen mothers in Crisp County had repeat pregnancies compared to 15.2 percent of White teen mothers.

Teen Pregnancy in Georgia

In 2016, Georgia ranked 19th-highest in the U.S. for teen births. In 2011, Georgia ranked 8th. High birth rates are a public health concern because teen mothers and their infants are at increased risk for poor health and social outcomes, such as low birth weight and decreased educational attainment. The birth rate among Georgia teens aged 15-19 years declined between 2015 and 2016 by 8 percent.

Georgia Adolescent Reproductive Health Facts www.hhs.gov

Birth Weight

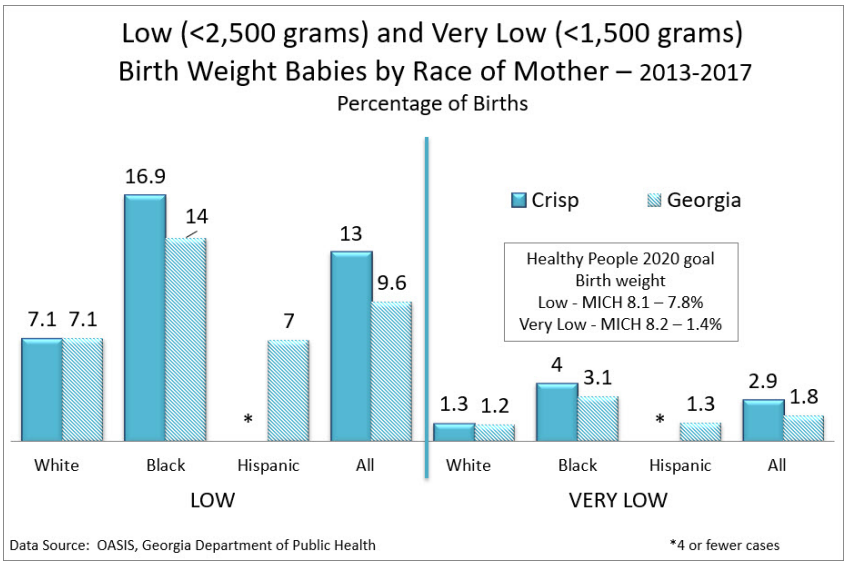
Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders. [66]

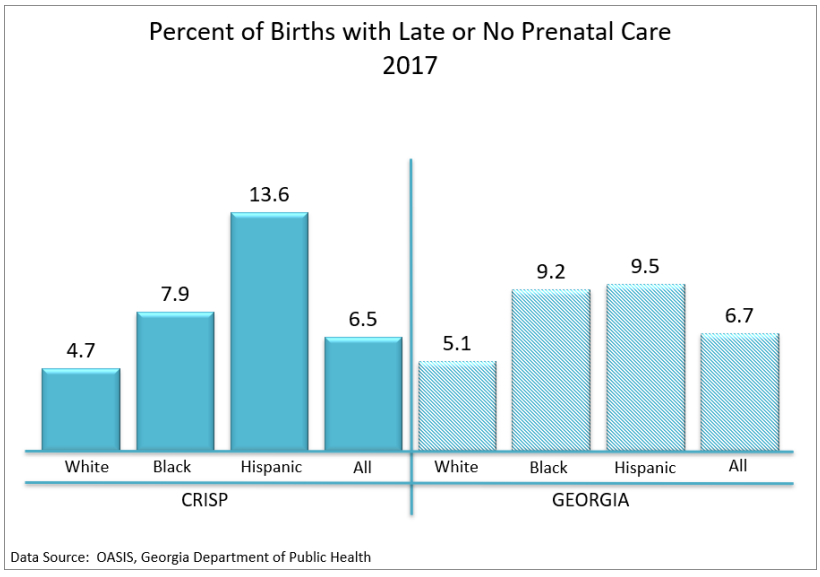
The Healthy People 2020 objective for low birth weight is 7.8 percent and for very low birth weight babies 1.4 percent.[67] In 2017, the national prevalence of low birth weight babies was 8.2 percent, and for very low birth weight babies was 1.4 percent.[68]

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

The highest percentages were among the Black population.

The percent of low births has remained the same, while the percent of very low births has increased since the 2016 CHNA (2 percent).

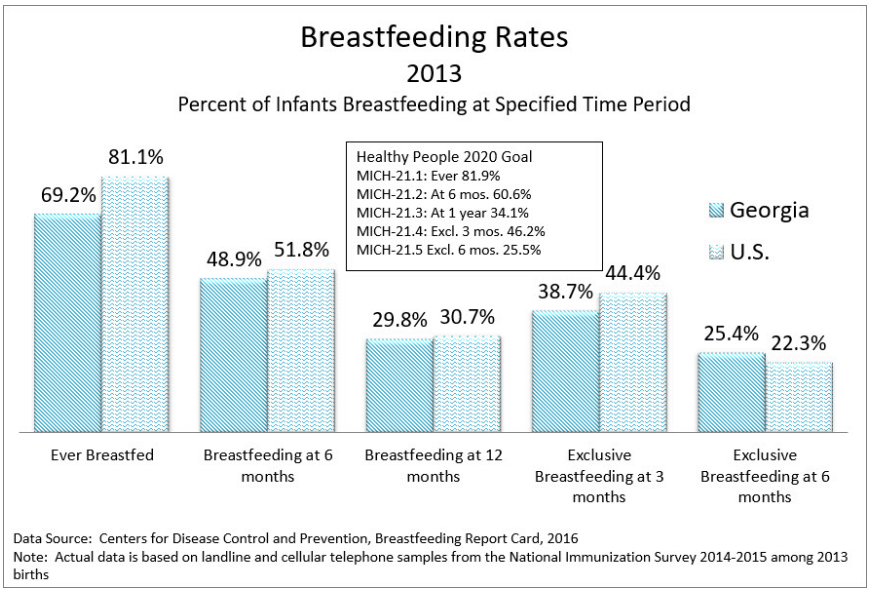




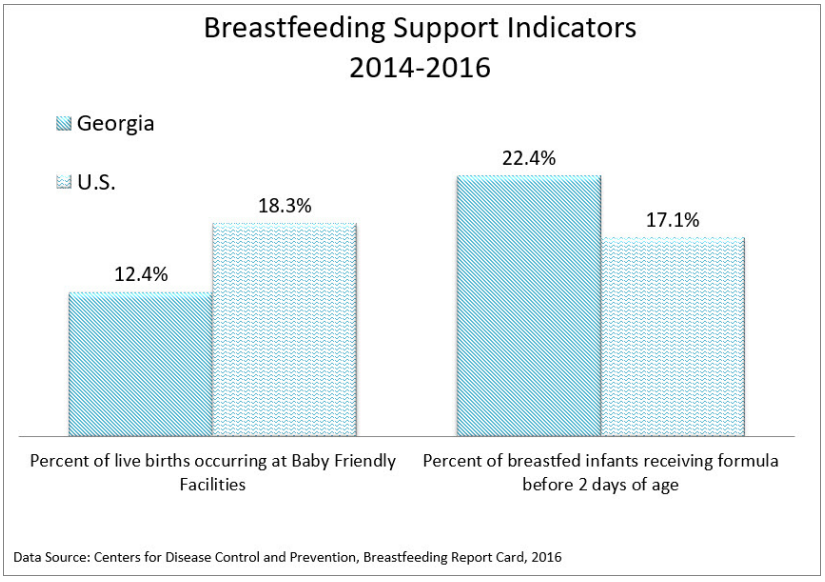
The percent of births with late or no prenatal care was lower in Crisp County compared to Georgia. Hispanic births in Crisp County were higher than the average Hispanic rate in Georgia.

Breastfeeding

Georgia had lower rates of breastfeeding in all time frames compared to the U.S., except exclusive breastfeeding at 6 months.



The Maternity Practices in Infant nutrition and Care(mPINC)score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding Breastfeeding-friendly communities are measured using indicators that assess support from various settings using measures such as percent of live births occurring at Baby Friendly facilities, percent of breastfed infants receiving formula before 2 days of age, number of lactation consultants per 1,000 births and the mPINC score.[69]



Georgia had a lower percent of births occurring at Baby Friendly facilities compared to the U.S.

Georgia had a higher percent of breastfed infants receiving formula before 2 days of age compared to the U.S.

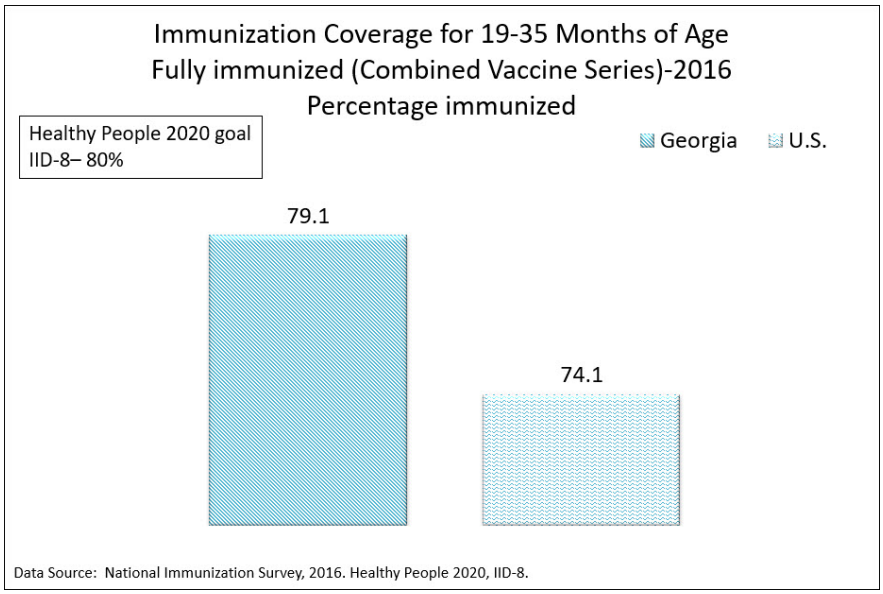
Georgia had a lower mPINC scored compare to the U.S. Georgia had more Certified Lactation Counselors (CLCs), but less Board-Certified Lactation Counselors (IBCLs) than the U.S.

Breastfeeding Support Indicators	Georgia	U.S.
Average mPINC Score (out of 100)	75	79
Number of CLCs per 1,000 live births	6.0	4.6
Number of IBCLCs per 1,000 live births	2.8	3.8

Note: The mPINC score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding. The score ranges from 0 to 100. CLC is a Certified Lactation Counselor; IBCL is a International Board Certified Lactation Counselor

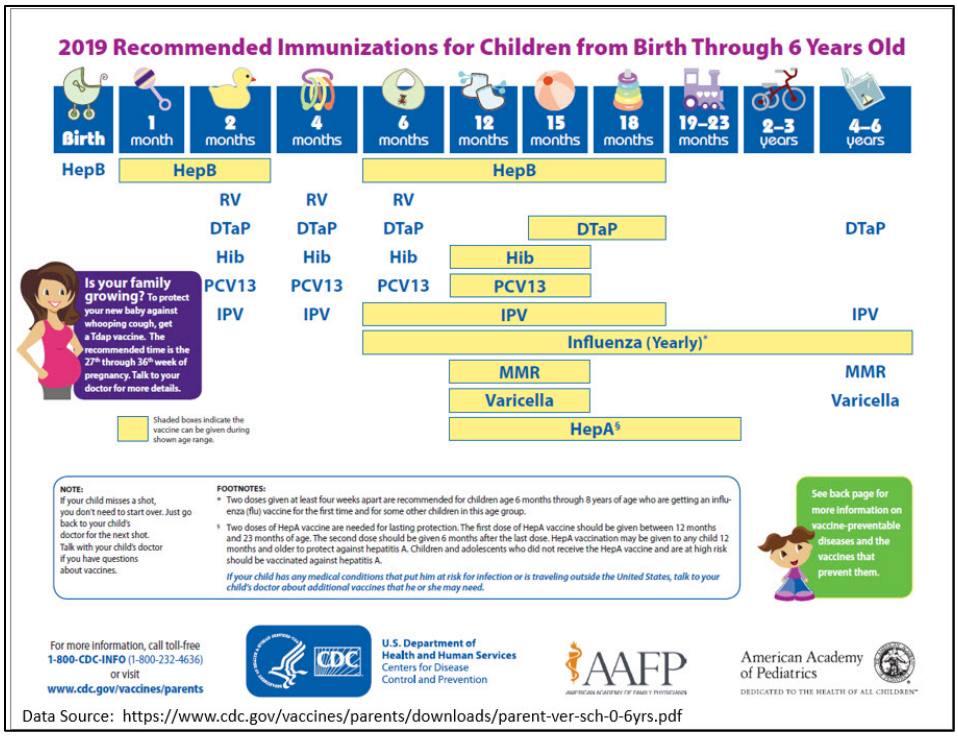
Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.[70]



The immunization coverage percent for children 19-35 months old was higher in Georgia (79.1 percent) than the U.S. (74.1 percent).

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



COMMUNITY INPUT

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

Teen Birth Rate

- Teen pregnancy is an issue in this community because children get more information from the internet and there is a lack of parenting.
- Teen pregnancy has decreased because the community is paying more attention.
- The Teen Maze program provides all the information on prevention of STDs and teen pregnancy including abstinence. Some of the topics covered in the Teen Maze program include STDs, different methods for preventing pregnancies, child development, reading to your baby, mental health, drinking and driving, and texting and driving.
- There is a Pregnancy Care Center that helps women in crisis after having a positive pregnancy test.
- There seems to be direct relationship of teen pregnancy rates and poverty rates.

Infant Mortality

- Low birthweight is major issue which is caused by lack of prenatal care and support.
- 83 percent of women who have had an abortion, say they would not have had an abortion if they knew they had support.

Prenatal Care

- There is a "Babies Can't Wait" program, but there is a lack of engagement.
- There is a nurse practitioner who comes once a month to do long acting reversible contraception (LARCs) at the health department.
- Every positive pregnancy test on a patient at the health department is referred to pregnancy Medicaid and WIC.
- The Pregnancy Center offers support for women and their babies a year after birth.

ALCOHOL, TOBACCO AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE – TU, SA

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

- Chronic diseases
- Teenage pregnancy
- Sexually transmitted diseases
- Domestic violence
- Child abuse
- Motor vehicle accidents
- Crime
- Homicide
- Suicide[71]

Although much progress has been made to reduce cigarette smoking in the United States, in 2015, 15.5 percent of adults and 3.4 percent of adolescents smoked cigarettes in the past month.[72]

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.[73]

The Youth Risk Behavior Surveillance System (YRBSS) monitors health risk behaviors that contribute to the leading causes of death and disability among youth and young adults at the State and National level. The survey is conducted every 2 years (odd calendar years) at the school site and participation is voluntary. Adolescent and youth respondents are in grades 9-12. Individual states may choose to do a middle school YRBSS. The following charts contain data from the YRBSS regarding high school adolescents. Georgia data was unavailable from 2015 to 2017; however, Georgia Student Health Survey data provided some insight on substance abuse behavior trends.

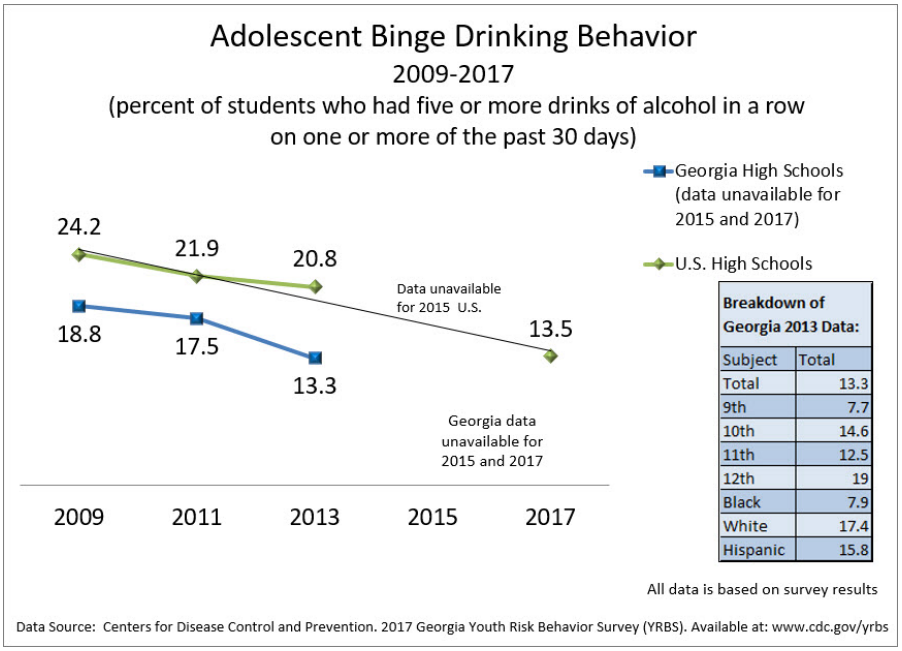
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse

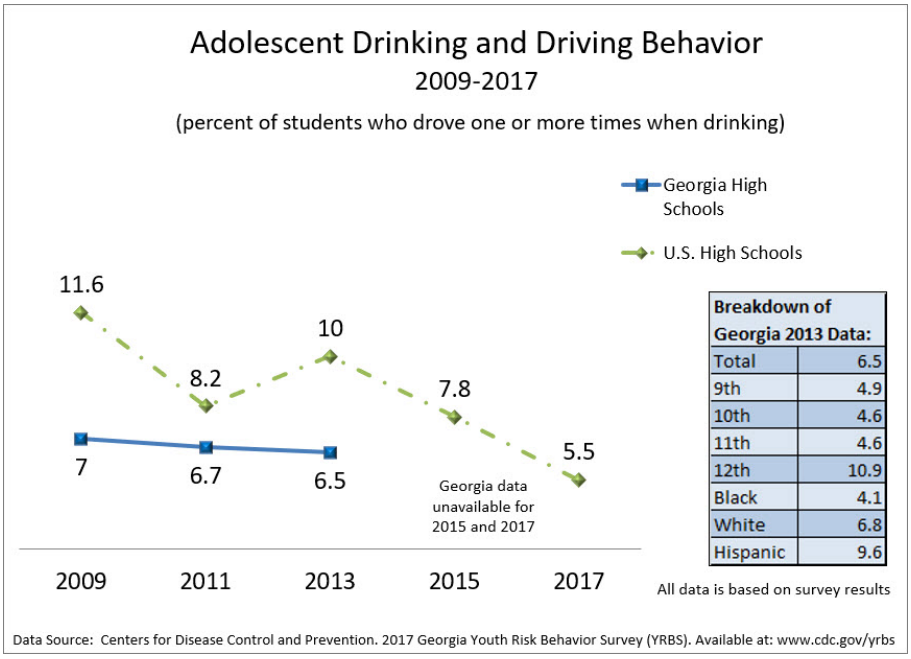


Between 2009 and 2013 adolescent binge drinking in Georgia was below the U.S. rates.

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

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

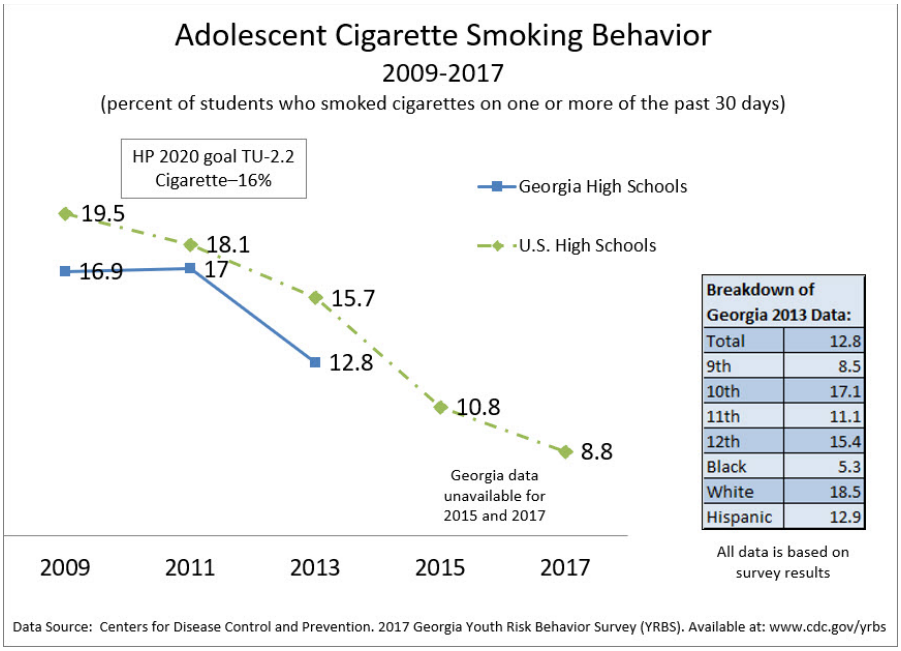
Drinking and driving behavior in Georgia was lower than the U.S. Hispanic youth were more likely than other groups to engage in this behavior.

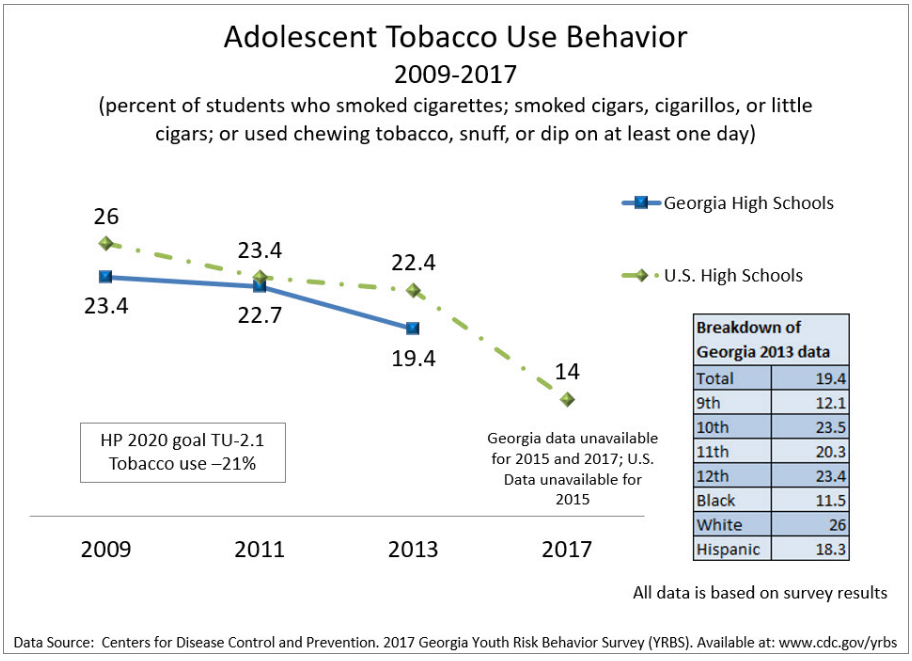


Cigarette smoking behavior among Georgia high school aged adolescents was lower than the U.S rates.

Adolescent smoking in Georgia was more prevalent among Whites compared to other population groups. There was an increase in prevalence from eleventh grade (11.1 percent) to twelfth grade (15.4 percent).

The U.S. cigarette smoking rates have continued to decrease in 2015 and 2017.



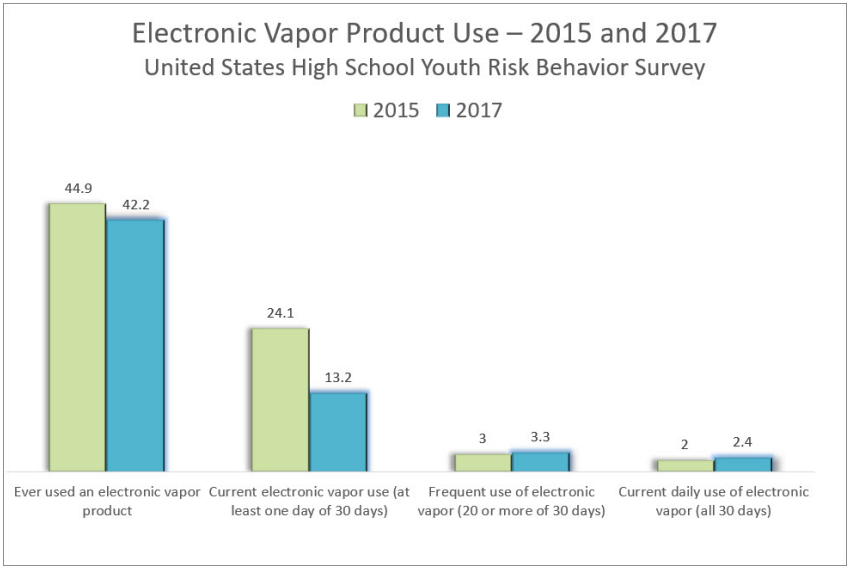


Overall, from 2009-2013, the prevalence of tobacco use in Georgia was lower than the U.S. rates. Tobacco use prevalence was greater among Whites compare to other population groups.

The tobacco use rates in the U.S. have decreased drastically from 2013 to 2017.

Electronic Cigarettes (e-cigarettes)

Electronic cigarettes (e-cigarettes) or electronic vapor products are devices that provide nicotine and other additives to the user in the form of an aerosol. They entered the market in 2007 and by 2014 they were the most commonly used tobacco product among U.S. youths.[74]



From 2015 to 2017, usage rates have decreased for those who have ever reported use of an electronic vapor product. Usage rates have also decreased for those who are current users at least one of the last 30 days.

Usage rates have increased for frequent users (more than 20 of the last 30 days) and those that use electronic vapor daily (all 30 days).

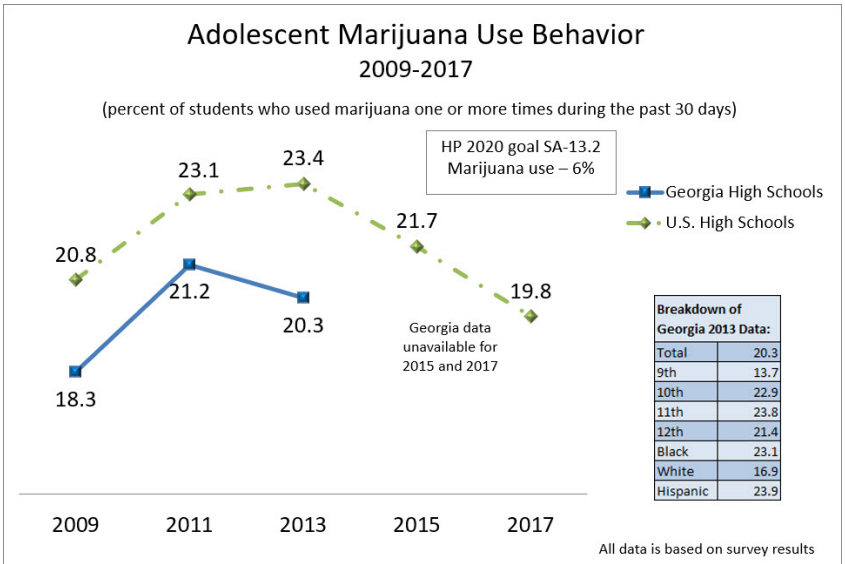
Illicit Drug Usage

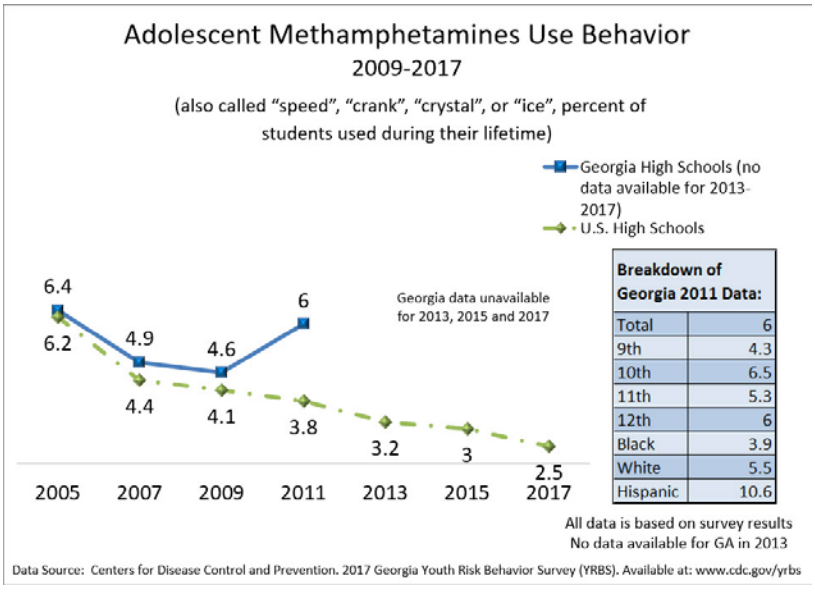
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.[75]

Marijuana use was higher among U.S. high schools compared to Georgia high schools.

The U.S. rate has continued to decrease from 2013 to 2017.

The Healthy People 2020 goal is to reduce marijuana use to six percent. [76]





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

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

Comparison: Crisp County and Georgia

The following table provides a comparison of different substance abuse behaviors among adolescents in Crisp County compared to the State. It also shows the trend data (up or down arrow) from the previous CHNA.

At a Glance Comparison 2017-2018: Drug and Substance Abuse Behaviors Among Adolescents in Crisp County and Georgia

	Crisp County High Schools	Georgia High Schools
Binge Drinking	8.2% ↓	6.4% ↓
Drinking and Driving	4.5% ↑	3.0% ↑
Tobacco Use	6.9% ↓	5.5% ↓
Cigarette Use	5.6% ↓	4.7% ↓
Marijuana Use	9.9% ↓	9.3% ↓
Electronic Vape	6.5% *	10.6% *
Meth Use	2.7% ↑	2.4% ↑
Prescription	4.5% ↑	4.0% ↓

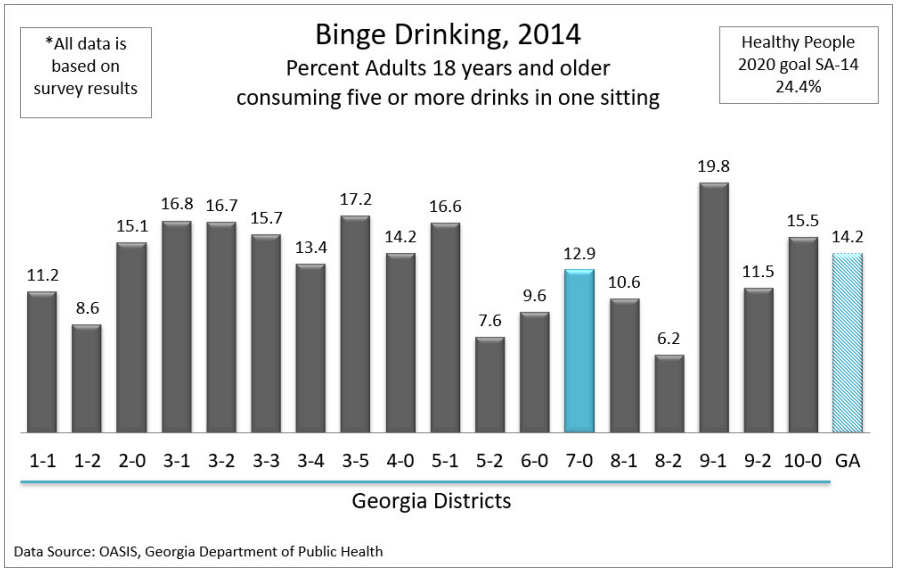
Data Source: Georgia Department of Education. Georgia Student Health Survey
*Trend data unavailable; electronic vapor not surveyed in previous CHNA

Crisp County Schools had a higher percentage of adolescents that participated in all the above substance abuse behaviors but a lower percentage that participated in electronic vape use compared to Georgia. Please refer to the “Community Input” section of this report to read comments on other issues surrounding substance abuse among adolescents.

Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.[77]

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.[78]



The binge drinking prevalence in Health District 7-0 (12.9 percent) was lower than the Georgia prevalence (14.2 percent). This was well below the Healthy People goal of 24.4 percent.

COMMUNITY INPUT

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

Alcohol, Tobacco and Drugs

- There are a lot of children who vaping because they view it as a status symbol. They don't realize that this can lead to respiratory issues.
- Vaping and smoking are occurring at younger and younger ages.
- There is a need for more education on smoking and alcohol.
- A lot of individuals will admit to using marijuana, but not to other illicit drugs.
- There is a new marijuana called "Swamp Weed" due to its distinct odor.
- There seems to be an increase tobacco use (mostly black and mild).
- Alcohol use among the health department patient population is usually reported as social drinking. Very few individuals report having a daily drink.
- A lot of patients from the health department do not know their family history of chronic conditions or diseases.
- The DFCS cases for drug abuse are usually related to meth, opioids, marijuana, and cocaine.
- Drug addiction comes first and then the mental health conditions come later. Once a person gets clean, the mental health conditions appear.
- Opioid abuse is a major issue in this community.
- Family Connection focuses on preventing 9th graders from thinking that alcohol is okay to use. This is a focus because this number had gone up in previous years.
- Vaping is a major issue among the youth in this community.

COMMUNITY INPUT

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

Adolescent Behavior

- There seems to be younger youth offenders in the juvenile justice department.
- What is the common factor that is influencing younger children to commit crimes? It is more than likely a parenting issue and lack of supervision.
- Twenty years ago, you did not see 5 and 6-year-old children on medication.
- There is a lack of parenting. The school aged children may get diagnosed with strep but don't follow all the medicine protocols.
- Child behavioral health is an access to care and parenting issue. Many parents do not have the motivation or means to take their child to Atlanta or Albany for specialty treatment.
- It is difficult to get parents involved with school activities. They do not come to meetings.
- A lot of parents are not involved in their child's life.
- You cannot teach a child to behave unless they have food, shelter and love - basic needs met.
- There is a need for a career academy to help inspire students and to help change their mindset. There is a need to communicate this type of service if it is already offered.
- Almost all the data outcomes are the result of children experiencing ACEs (adverse childhood experiences).
- If a child has one adverse childhood experience, they are likely to have multiple experiences. Some of these experiences include being from a divorced family, violence from outside the home, and domestic abuse. These experiences have a negative impact on the growing brain of a child.

Adolescent Behavior

- It is more difficult to put an end to cyberbullying because it can happen during school house and after school hours. There is no way to get away from it once the child gets home from school. It is still there.
- There is a need to educate more people in the community about ACEs (adverse childhood experiences). Once you do this you build more empathy for the situation.
- Children need to understand if they have an ACE so they can be cognizant of the issue and address it.
- There is a need for more courses that teach individuals how to raise a child.
- There is a need to teach children and individuals a certain way that resonates and makes an impact.
- The problem with a lot of the adolescent issues is lack of parent involvement and parenting.
- There is a need for more male role models in a child's life.
- The number one cause of child maltreatment cases among the DFCS population is alcohol and drugs. This type of abuse leads to termination of employment which leads to the inability for parents to provide food and shelter for their children.

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE – STD 6, STD 7

Adolescents ages 15-24 account for nearly half of the 20 million new cases of sexually transmitted diseases each year.[79] 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.[80]

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections are encouraged for sexually active young adults.[81]

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.[82]

Top 10 States Ranked by Rate (per 100,000) of Reported STD Cases: U.S. 2017

Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Nevada (20.0)	Alaska (799.8)	Mississippi (309.8)
2	California (17.1)	Louisiana (742.4)	Alaska (295.1)
3	Louisiana (14.5)	Mississippi (707.6)	Louisiana (256.7)
4	**Georgia (14.4)**	New Mexico (651.6)	South Carolina (254.4)
5	Arizona (13.6)	South Carolina (649.8)	Alabama (245.7)
6	New York (11.9)	**Georgia (631.4)**	Oklahoma (231.4)
7	Florida (11.6)	North Carolina (619.7)	North Carolina (225.4)
8	North Carolina (11.2)	Alabama (615.5)	Arkansas (224.5)
9	Mississippi (10.4)	New York (591.6)	**Georgia (219.8)**
10	Illinois (9.6)	Illinois (589.9)	New Mexico (215.7)

Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services; 2018.

Why Is Sexually Transmitted Disease Prevention Important?

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

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

Healthy People 2020

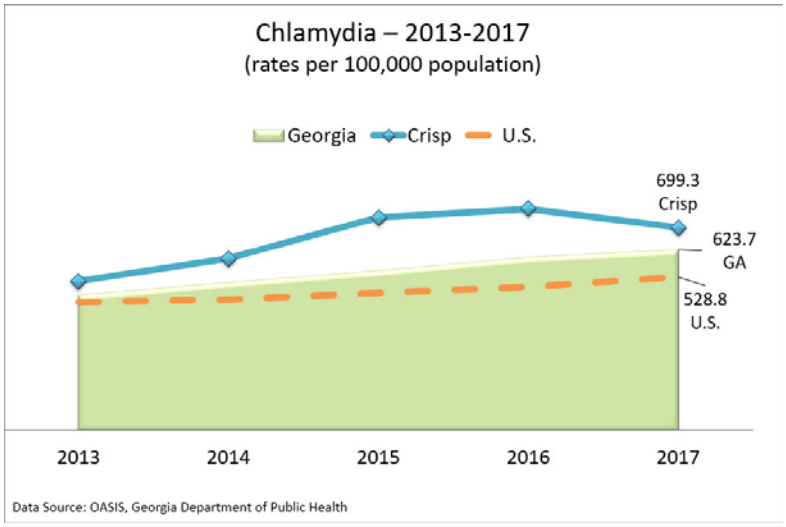
Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing and is easily treated and cured with antibiotics.[83]

» 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.[84]

» Women had two times the reported chylamydia rate of men in 2017.[85]

» Georgia ranked sixth highest in the U.S. for reported chlamydia cases in 2017.[86]



Clinical Recommendations

Screening for Chlamydial Infection

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

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

Healthy People 2020

In 2017, the chlamydia rate in Crisp County was higher than Georgia and the U.S. The rates for chlamydia in Crisp County have been increasing from 2013 to 2017.

Chlamydia rates among Blacks were significantly higher than Whites and Hispanics in both Georgia and Crisp County.

Average Chlamydia Rates by Race (2013-2017)

	White	Black	Hispanic	All
Georgia	130.1	785	181.8	549.8
Crisp	112.9	937.2	266.1	660.5

Data Source: OASIS, Georgia Department of Public Health

Gonorrhea

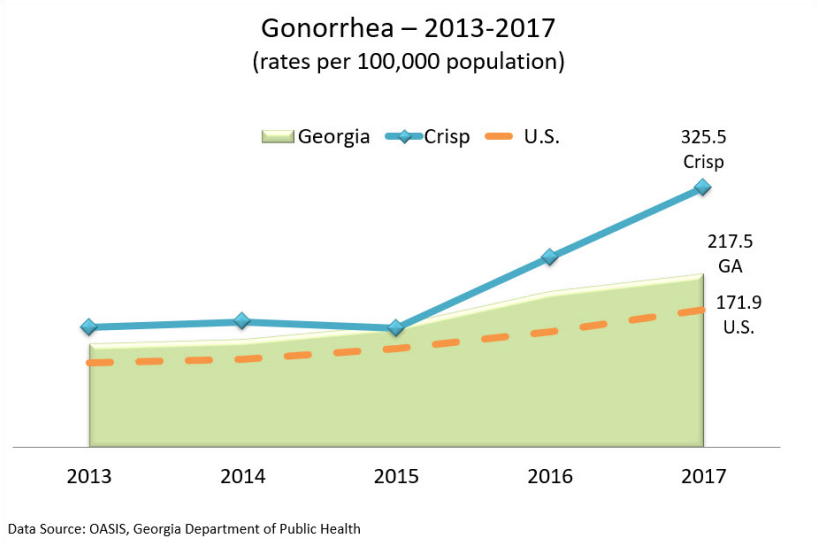
Gonorrhea and chlamydia often infect people at the same time.[87] The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are infected have no symptoms. Gonorrhea can lead to other complications that can cause pelvic inflammatory disease in women. Gonorrhea can also spread to the blood or joints and become life threatening. Antibiotics are used to successfully cure gonorrhea.

- Gonnorhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.[88]
- Georgia ranked ninth highest in the U.S. for reported gonorrhea cases in 2017.[89]

Who Is At Risk for Gonorrhea?

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

Centers for Disease Control and Prevention



In 2017, the gonorrhea rate in Crisp County was higher than Georgia and the U.S.

The gonorrhea rate has increased drastically from 2015 to 2017.

Average Gonorrhea Rates by Race (2013-2017)				
	White	Black	Hispanic	All
Georgia	31.3	316.6	28.5	166.9
Crisp	16.4	295.9	0	203.3

Data Source: OASIS, Georgia Department of Public Health

The gonorrhea rate was significantly higher among Blacks compared to Whites and Hispanics in Crisp County and Georgia.

Syphilis

Syphilis is an STD that is passed from person to person through direct contact with syphilis sores. Many people infected may be unaware and the sores may not be recognized as syphilis. Symptoms may not appear for several years. Therefore, the infection may be spread by persons who are unaware that they have the disease. Syphilis is easy to cure in the early stages through the use of antibiotics.[90]

- During 2017 there were 101,567 reported new diagnoses of syphilis.[91]
- Georgia ranked fourth highest in the U.S. for reported syphilis cases in 2017.[92]

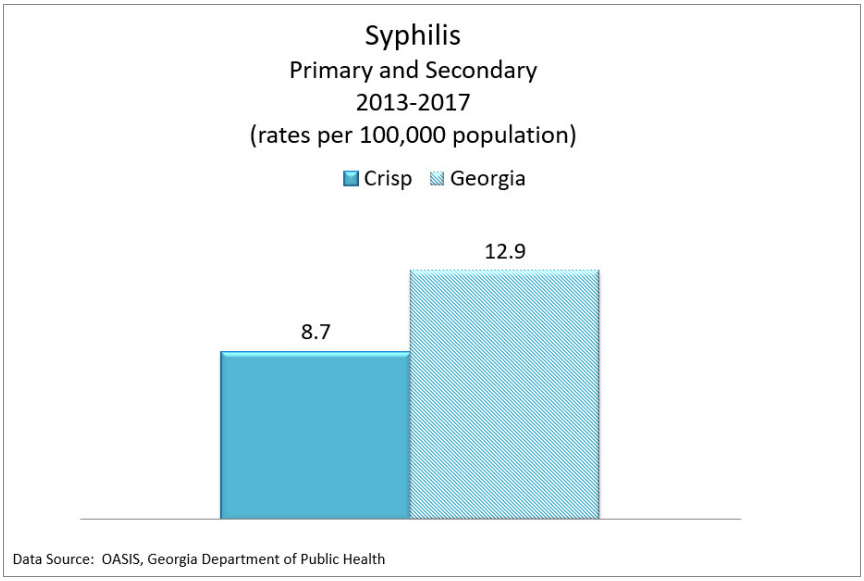
The Georgia syphilis rate in 2017 was 14.5 per 100,000 population.[93] The U.S. rate in 2017 was 9.5 per 100,000 population.[94]

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



Crisp County had a lower syphilis rate than Georgia.

Human Immunodeficiency Virus (HIV)

An estimated 1.1 million Americans had HIV at the end of 2016. Of those people, about 14 percent did not know they were infected. In 2017, about 38,739 people received an HIV diagnosis in the U.S.[95] Gay, bisexual, and other men who have sex with men (MSM) are most seriously affected by HIV.[96]

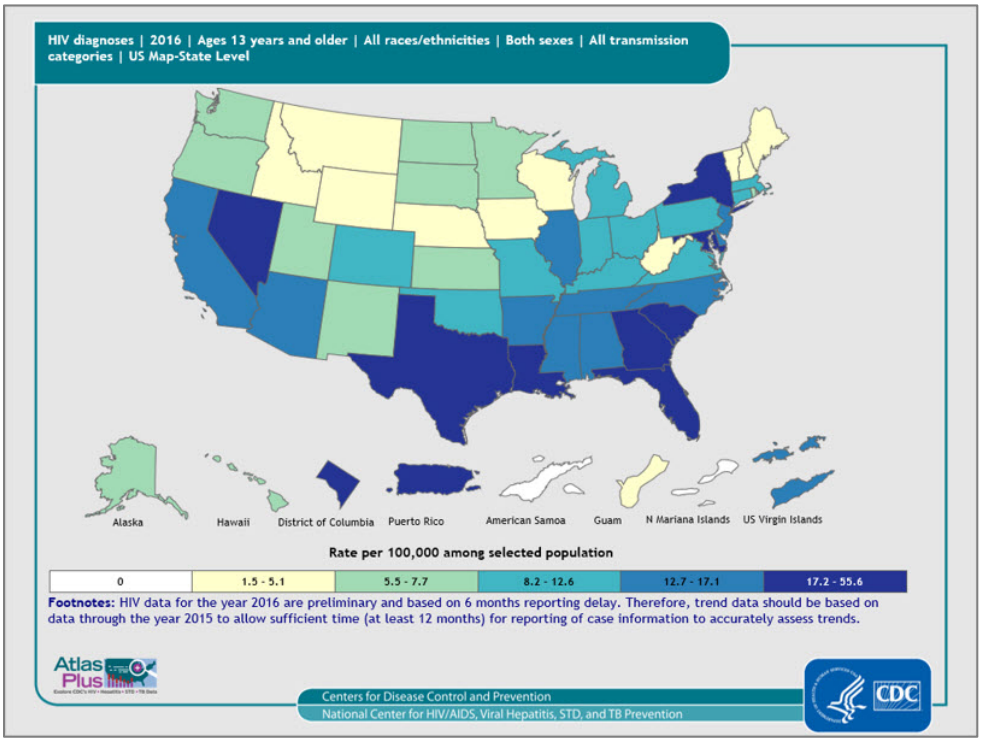
- In 2017, Black MSM represented the highest number of new HIV infections in the U.S.[97]
- In 2017, Blacks (male and female) accounted for 44 percent of new HIV infections.[98]
- In 2017, new HIV diagnoses were most prevalent among the 25-34 age group.[99]
- In 2017, both Whites and Hispanics accounted for 26 percent each of the new HIV infections.[100]

Why Is HIV Important?

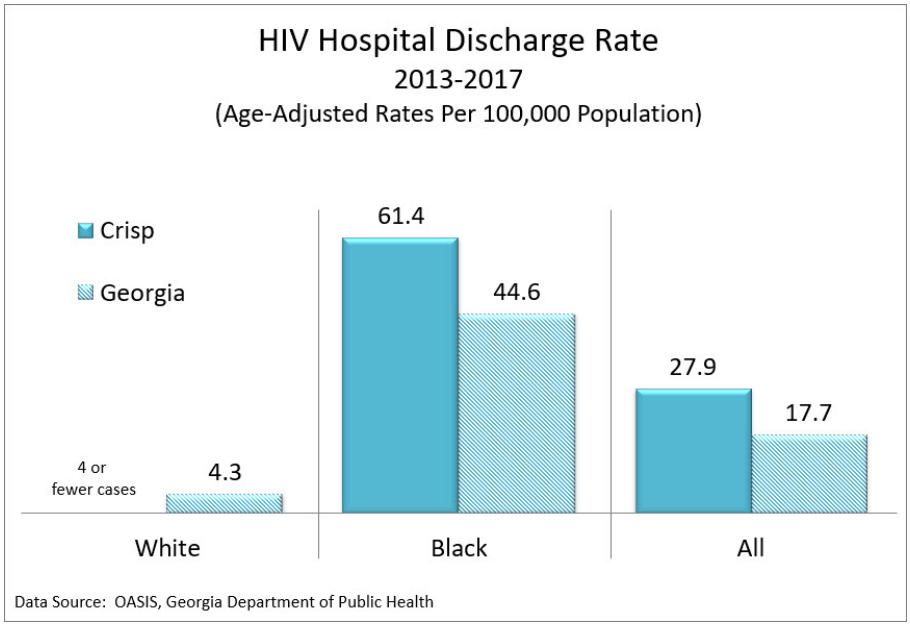
HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using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

Healthy People 2020

According to the Centers for Disease Control and Prevention, in 2016 Georgia had some of the highest HIV rates in the country.



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



The hospital discharge rate for HIV was higher in Crisp County compared to Georgia.

The discharge rate among the Black population in Crisp County was much higher than the Black Georgia discharge rate.

COMMUNITY INPUT

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

Sexually Transmitted Disease

- Syphilis has outbreaks in cycles. In the last two years the Health department has treated approximately 50 cases of syphilis.
- There is typically a decrease in STDs during the years that the Teen Maze program is done through the school system. The year it is not done, there is an increase.
- The Health Department has seen a rise in the number of cases of gonorrhea. They are unsure if they are testing more or if there are more people with multiple partners.
- During the farmer's market season, the health department sees a large increase in STDs.

ACCESS TO CARE

HEALTHY PEOPLE 2020 REFERENCE – AHS

Barriers to healthcare can be due to a lack of availability of services, an individual's physical limitations, or an individual's financial status. "Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."[101]

Why Is Access to Health Services Important?

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

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

Healthy People 2020

Gaining Entry into the Health Care System

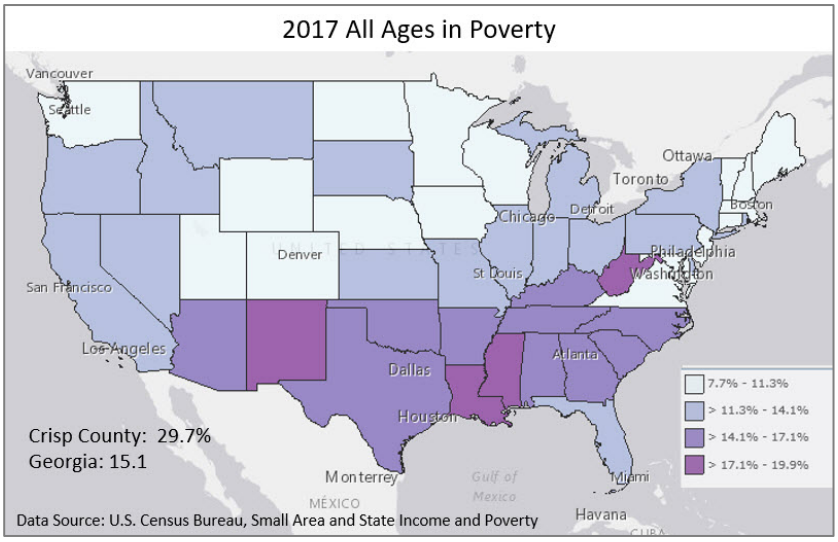
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

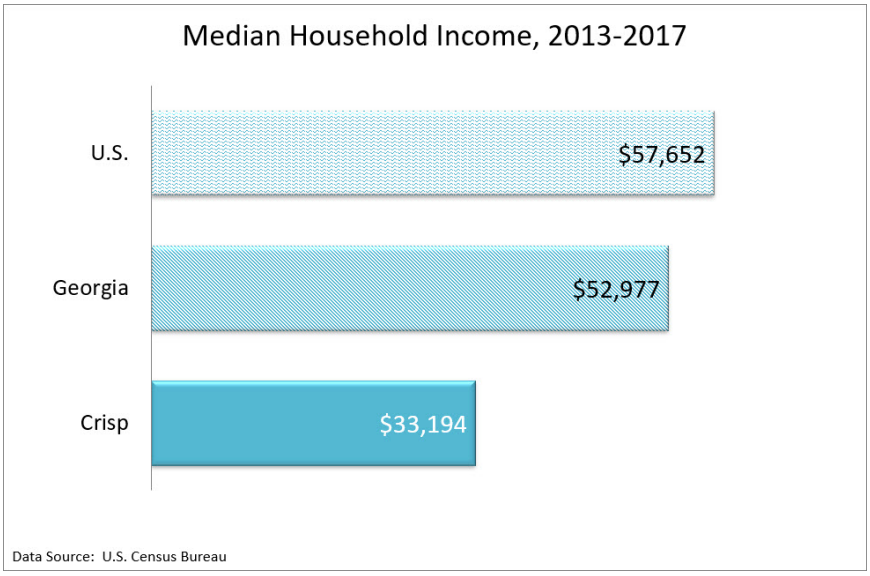
Income and Poverty

The nation's poverty rate rose to 15.1 percent in 2010 which was the highest level since 1993. The poverty rate was 13.4 percent in 2017. [102]

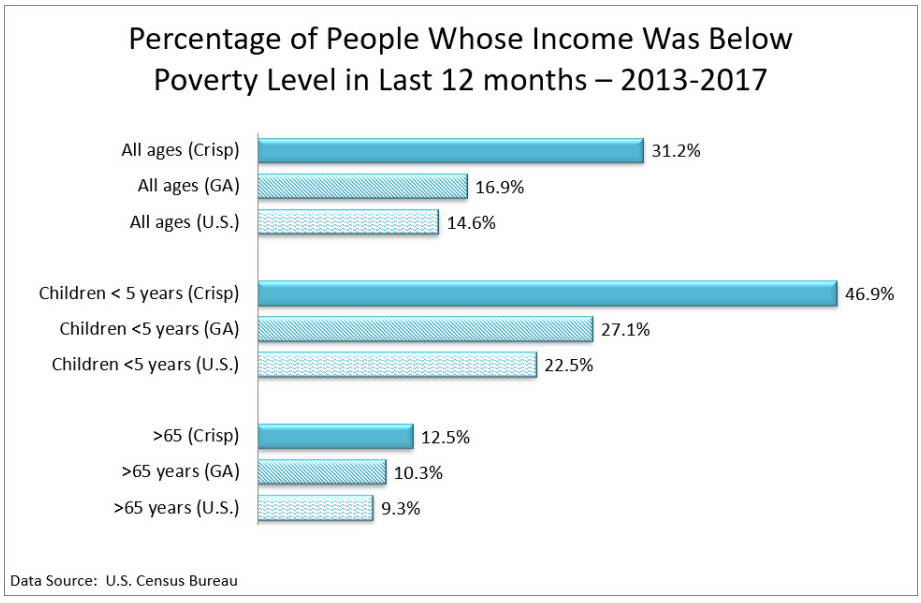
Georgia ranked eleventh highest in the U.S. at 15.1 percent of the population below the poverty level in 2017. [103]

Crisp County's poverty rate was 29.7 percent in 2017.





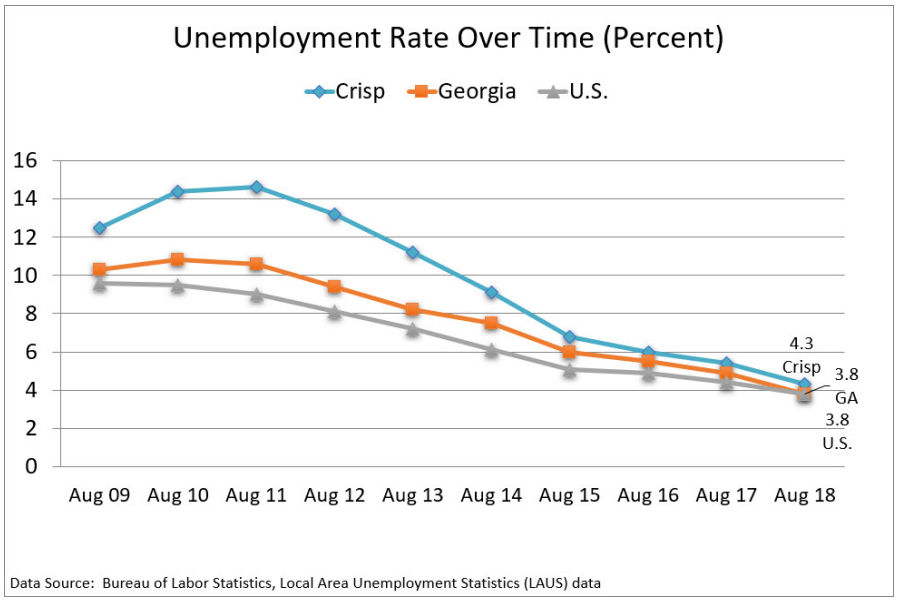
The median household income during 2013-2017 for Crisp County was $33,194. This was below the Georgia median income of $52,977 and the U.S. median income of $57,652.



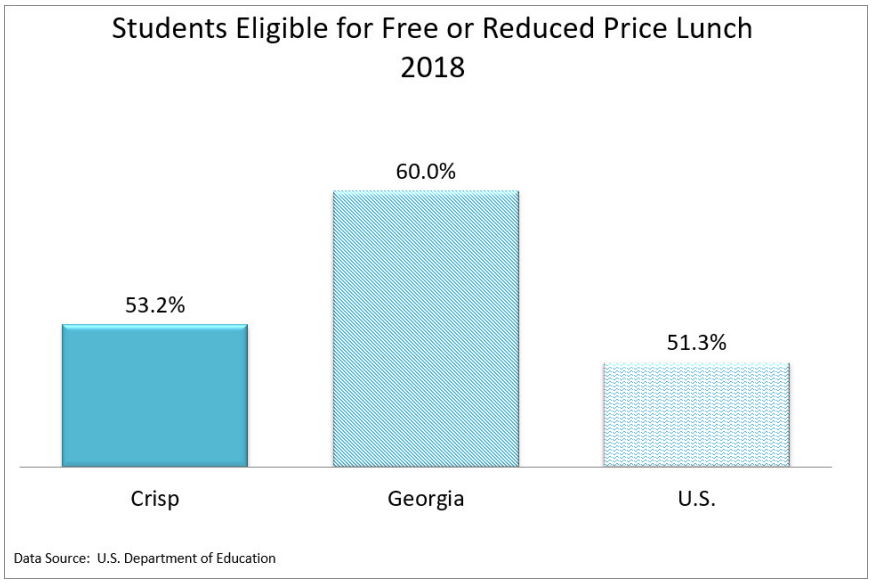
The percentage of people in Crisp County whose income was below the poverty level (31.2 percent) was higher than Georgia (16.9 percent) and the U.S. (14.6 percent). The percentage of children under five years of age living in poverty in Crisp County (46.9 percent) was higher than both Georgia (27.1 percent) and the U.S. rates (22.5 percent). The percentage of Crisp County senior adults living in poverty (12.5 percent) was higher than Georgia (10.3 percent) and U.S. rates (9.3 percent).

The Crisp County unemployment rates for years 2009-2018 were consistently higher than Georgia and U.S. rates.

The most recent data showed that Crisp's unemployment rate dropped from 6 percent in August 2016 to 4.3 percent in August 2018.



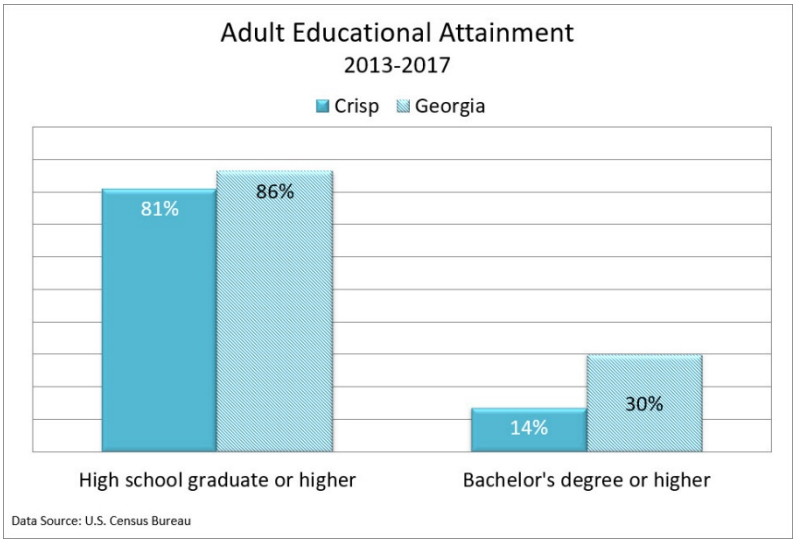
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.[104] For July 1, 2018 through June 30, 2019, a family of four's income eligibility for reduced-price lunches was at or below $46,435 and for free meal eligibility at or below $32,630.[105]



Approximately 53 percent of the public-school students in Crisp County were eligible for free or reduced-price lunches. This was lower than the Georgia (60 percent) and higher than the U.S. (51.3 percent).

Educational Attainment

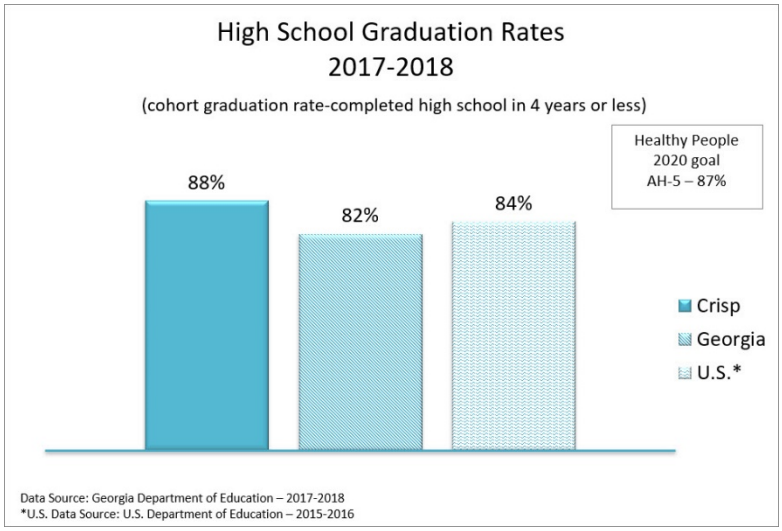
The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.[106] According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.[107] 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.[108]



From 2013-2017, 81 percent of Crisp County residents had graduated high school compared to Georgia's average of 86 percent. An average of 14 percent of Crisp County residents had a bachelor's degree or higher compared to Georgia's higher average of 30 percent.

The U.S Department of Education requires all states to publicly report comparable high school graduation rates using a four-year adjusted cohort rate calculation method. This method provides uniform data collection when analyzing statistics across different states.[109]

In 2017-2018, Crisp County had an average of 88 percent of students who complete high school in four years or less. Crisp County's rate was above the Georgia average (82 percent) and above the U.S. average (84 percent). The Healthy People 2020 goal for the high school graduation rate is 87 percent (students who graduate with a regular diploma, 4 years after starting ninth grade).

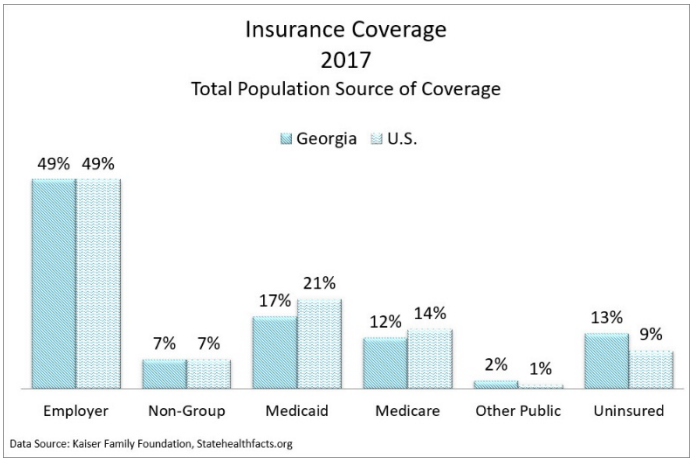


Insured Status

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

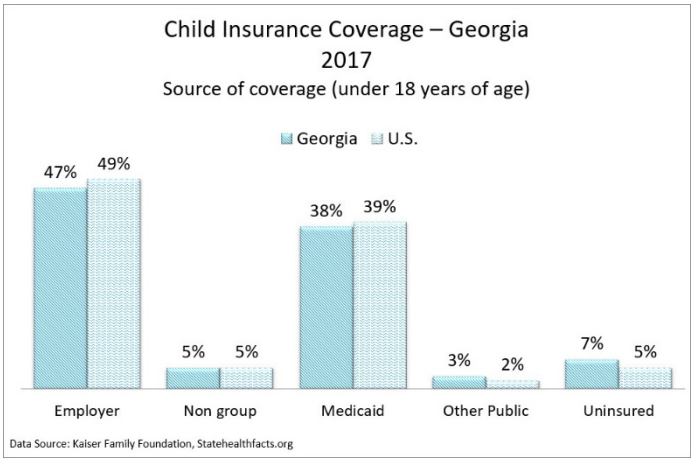
There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and Peach Care for Kids. Public programs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

GEORGIA INSURED STATUS

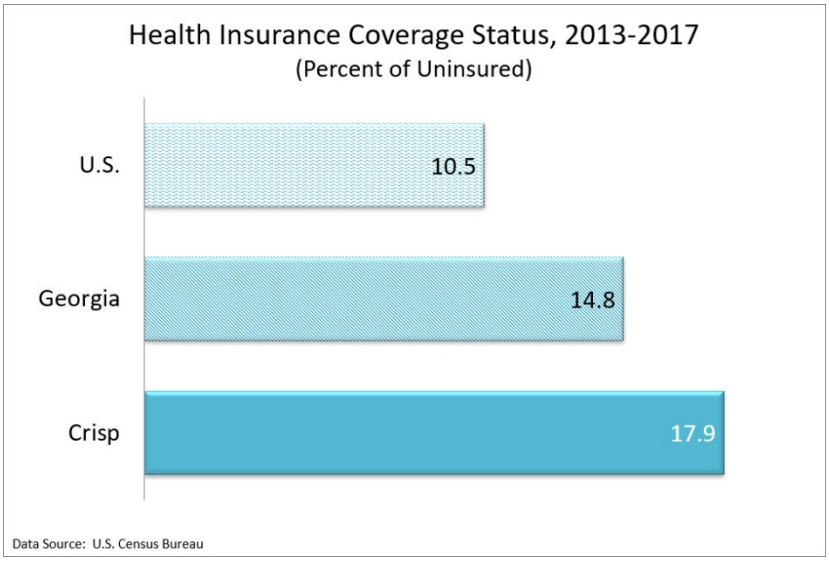


In 2017, Georgia's uninsured population (13 percent) was higher than the U.S. (9 percent). Employer coverage was even in both Georgia and the U.S. at 49 percent. Georgia's proportions of Medicare and Medicaid covered individuals were lower than the U.S. rates.

In 2017, Georgia's population of uninsured children was 7 percent which was more than the U.S. (5 percent). The percent of Georgia children covered by Medicaid was lower (38 percent) than the U.S. rate (39 percent). Employer coverages in Georgia and the U.S. were very similar at 47 percent and 49 percent, respectively.

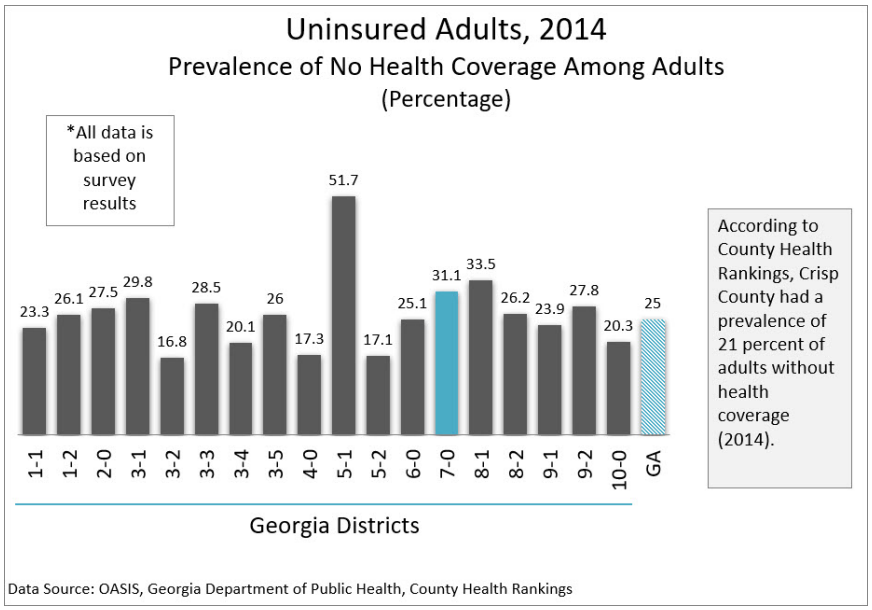


CRISP COUNTY INSURED STATUS



The proportion of uninsured individuals in Crisp County (17.9 percent) was higher than Georgia (14.8 percent) and the U.S. (10.5 percent.

The percentage of adults that lacked health insurance in Health District 7-0 (which includes Crisp County) was 31.1 percent. This was higher than the Georgia rate (25 percent). According to County Health Rankings, in 2014 Crisp County had 21 percent of adults lacking health insurance.



Georgia Health Assistance and Healthcare Programs

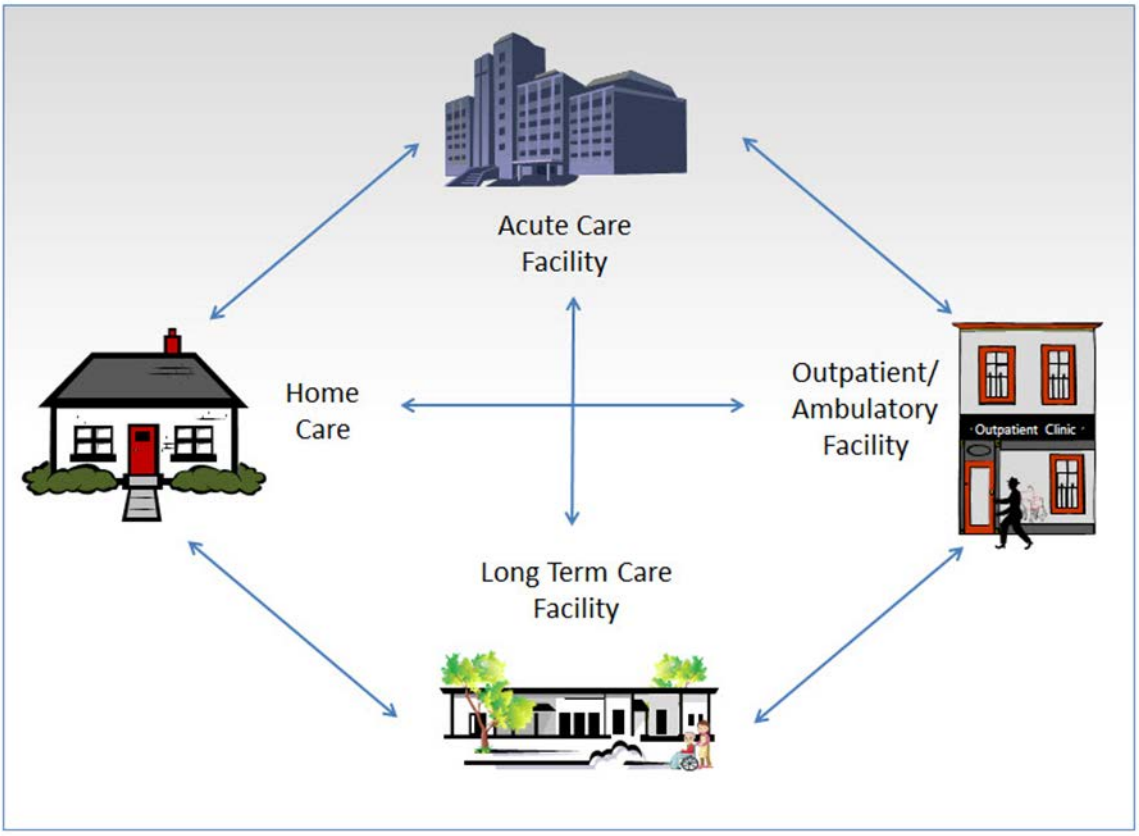
Medicaid – Georgia Medicaid is administered by the Georgia Department of Community Health. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

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

Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Crisp County,16.9 percent of the population is over the age of 65, making many of them eligible for Medicare.

Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.[110] There are various types of facilities across the healthcare continuum that provide different levels of care and types of treatment. Levels of care include primary, secondary, tertiary, and sometimes quaternary. Types of treatment range from low acuity to high acuity. Within these levels of care and types of treatment, there are types of facilities such as: acute care, outpatient/ambulatory, long term care, and home care that specialize in different types of treatment (see diagram below). In addition, these types of facilities cater to certain diseases and conditions within this continuum of care.



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

Crisp County is home to Crisp Regional Hospital. Crisp Regional Hospital offers many services to the community including a level 3 trauma center and a 143-bed nursing home.

Crisp Regional Hospital has the following services and facilities that increase access to care to the community:

- Convenient Care
- Rural Healthcare
- Physical Therapy Center
- Nursing and Rehabilitation Center
- CareSouth
- Blackshear Retirement Villa
- Women's Center
- Hospice
- Dialysis Center
- New Vision Drug and Alcohol Treatment
- Telemedicine
- Urology
- Vein Center
- Sleep Center
- Ear, Nose and Throat Specialist
- Cancer
- Cardiology
- Aesthetics and Weight Loss
- Allergy and Immunology
- Nephrology
- Occupational Medicine
- Ophthalmology
- Orthopedics
- Pain Management

Crisp County is approximately one hour from Macon, which provides the community with access to more specialized healthcare for high acuity or specialty cases. However, residents that lack transportation may not be able to access specialized care in another city (see transportation section).

Free or Sliding Fee Scale Clinics

- Crisp Regional Convenient Care hours are Monday through Saturday 9:00 am to 7:00 pm and Sunday 2:00 pm to 7:00 pm. The clinic accepts private insurance, Medicare, Medicaid and self-pay patients.

- Crisp Urgent Care's hours are Sunday through Saturday 9:00 am to 8:00 pm. It offers services on a sliding fee scale based on income.

» Crisp County Department of Public Health offers some healthcare services like family planning and immunizations but does not provide general primary care services.

Health Professional Shortage Areas (HPSAs)

Health Professional Shortage Areas (HPSAs) are designated by the Health Resources and Services Administration (HRSA) as having a shortage of primary care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). The HPSA score was developed for use by National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 1 to 26 where the higher the score, the greater the priority. Medically Underserved Areas/Populations (MUA or MUP) are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/ or elderly population. The designation guidelines for medically underserved areas are based on a scale of 1 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Each service area found to have a score of 62 or less qualifies for designation as an MUA. Crisp County is considered an MUA based on its Index of Medical Service Score of 56.2.[111]

Mental Health

Crisp County has facilities within and outside the County that provide mental health and substance abuse services.

The following facilities are located within Crisp County:

» Cordele Family Enrichment Center provides mental health and addictive services for adults, adolescents, and children.

» Crisp Day Service Center provides day services for developmentally disabled adults.

» New Hope Clinic provides behavioral health and counseling, including medication management and crisis intervention.

» The Phoenix House provides adult mental health day services.

Professional Shortage Areas as of January 2019

	Crisp County
Primary Care Shortage	✓
Mental Health Shortage	✓
Dental Health Shortage	✓

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

The following organization provides family support for mental health in nearby Albany, GA and included because of it's close proximity:

» National Alliance on Mental Illness (NAMI) is a national organization that has a local chapter in Albany. Most chapters provide family support to those individuals with loved ones suffering from a mental illness.[112]

Nursing Homes/Skilled Nursing Facilities

Skilled nursing facilities (SNFs) fill a vital role in healthcare delivery for certain population groups. Nationally, there are more than 15,000 nursing homes caring for 1.4 million individuals.[113] SNFs provide care for individuals with frailty, multiple co-morbidities, and other complex conditions. This type of care is important for individuals who no longer need the acute care from a hospital setting. Crisp County has two skilled nursing facilities centrally located within the main city limits of Cordele. Both facilities accept Medicare and Medicaid. The combined number of beds among these facilities is currently 243 beds.[114]

Transportation

Crisp County has a land area of 273 square miles.[115] There is an affordable public transportation vehicle within the community called Crisp Area Regional Transit (CART). It provides transportation within the entire county for a nominal fee. Many residents depend upon family members or others in the community for their transportation needs. There are other services that provide transit for specific populations like Medicaid recipients and Seniors. Many people in the community cited transportation as a major issue preventing access to care. Despite there being available public transportation, many community members felt that there is a need for better and more convenient transportation.

Finding a Health Care Provider Whom the Patient Can Trust

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

PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.[116]

Patient-centered medical homes are at the forefront of primary care. Primary care is care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern not limited by problem origin, organ system, or diagnosis.[117] There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians.

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

- Communicate with patients about what they can expect out of the patient-doctor relationship.
- Support patients in self-care. This includes education and reduction of risk factors and helping patients with chronic illnesses develop and update self-care goals and plans.
- Partner with patients in formal and informal decision-making. Shared decision-making is a formal process in which patients review evidence-based decision aids to understand health outcomes.
- Improve patient safety by giving patients access to their medical records so they can detect and prevent errors.[118]

COMMUNITY INPUT

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

Access to Care

- There is a lack of education. As nurses and doctors, we have taught a lot of the patients about the medication they are taking and why it is important to take the entire dose and be consistent.
- There is a need for more collaboration between care providers (especially in-home providers) for senior care.
- When an individual cannot afford his/her medicine and they rely on that medicine to act normal, it can affect the entire dynamic of the family's household if he/she does not take that medicine.
- Over $200,000 is spent per year to treat health conditions of inmates in the county jail. There is diabetes, obesity, and heart issues that are caused by the environmental factors of one's upbringing.
- We are not teaching people to take care of their own health. We give too much to individuals, but do not teach them how to take care of themselves.
- There is need for education about available low cost and free resources.
- There are a lot of families that fall in a gap. They make too much for Medicaid or PeachCare, but they don't make nearly enough to have health insurance taken out of their paycheck.
- Poverty is a generational cycle. There is lack of education and accountability. The parents don't know any better, so they can't teach their children any better.
- Transportation is a major access to care issue.

Access to Care

- There is a need for more community collaboration. The community holds the answers, they just need to come together.
- Preventative health maintenance could be improved if we taught children from a very young age how to take care of oneself.
- There is a need for more televised education on what available resources are in this community.
- There is a need for free healthcare services.
- There is a need for support of the land bank to support for assisting the housing improvement conditions.
- If you don't get faith back into the family structure, the community cannot make the changes.
- There is lack of community collaboration on prevention.
- There should be tables and resources set-up at popular events to help get the word out.
- The blue-collar workers make too much to qualify for Medicaid but not enough to afford healthcare. The blue-collar workers also have odd working hours so cannot make the normal workings hours. They cannot make a primary care doctor appointment because they cannot get off work during the weekdays.
- Public health offers blood pressure screenings for free.
- Continuity of care is a major issue.
- There is a need for reestablishment of the family unit for anything to work regarding community health.
- Access to healthcare flows into social determinants of health. If you do not have access to healthcare, you cannot get the proper treatment.
- The transportation is $1 a ride and allows one stop during the ride to get groceries or medicine.
- There is a lack of spirituality and morals.

Access to Care

- There is a need for more one-on-one interaction with our patients and to slow down and focus on making an impact on one person at a time.
- Education is important, but it is not as important to individuals who do not have access to food.
- There is a need for continuity of care between providers and external community programs like the school systems and community paramedicine program.
- Individuals do not take advantage of the information and learning that is available to them.
- There is a need to understand more about how the brain works so people can create change. There is a need for more outreach on this topic.
- There has been a lot of work in the community to break the poverty cycle.
- Poverty and lack of education is a vicious cycle.
- Giving things to individuals for free is not helpful because they don't know how to utilize those things for and it becomes a learned behavior of relying on things.
- Parents do not understand the importance of well checks. Most parents do not realize why you should go to your well check.
- There are a lot of households that lack the education and vision for other job opportunities. A lot of households have a generational cycle of being on unemployment and non-working households.
- The paramedicine program is a great program that is very promising and has made a big impact.
- There is a need for more affordable dental care that also accepts Medicaid.
- Transportation is an issue because the it is not convenient for a lot of residents.

Access to Care

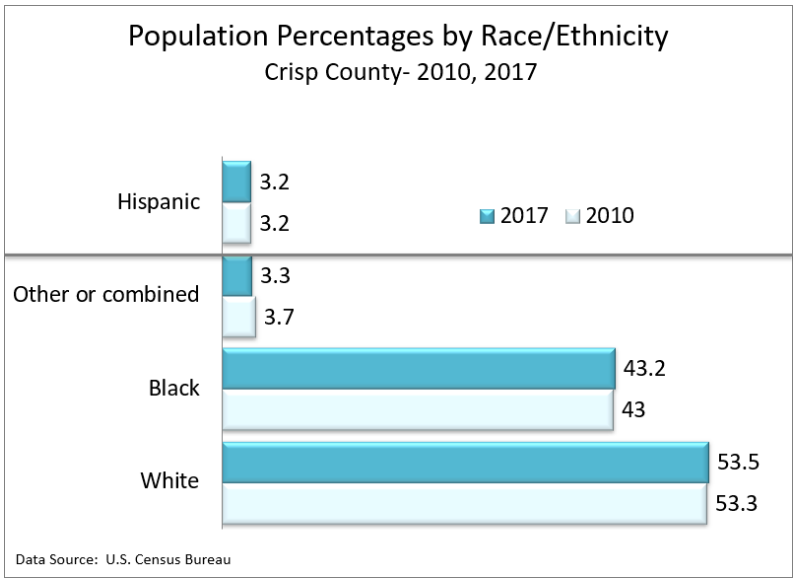
- Crisp County Health Department has a greater patient population of Black race compared to other races.
- The Health Department receives a lot of calls for blood pressure medicine and insulin. The health department cannot treat these conditions.
- Lack of housing is directly related to an individual's inability to afford it.
- The transportation bus (Crisp Area Regional Transit) has increased access to healthcare for individuals going to the health department.
- A lot of individuals who qualify for food stamps or TANF, do not have jobs that provide health insurance. They cannot afford access to healthcare and do not qualify for Medicaid.
- A lot of children are eligible for PeachCare, but their parents are not eligible for Medicaid.
- In the last three years, a lot more individuals and families are no longer eligible for food stamps.
- A lot of individuals will skip purchasing their medication one month to pay the electricity bill.
- There are a lot of grandparents taking care of grandchildren in this community.
- Families who do not have transportation struggle with instances of needing transportation to get to places for unplanned events like urgent care visits or a child who is sent home from school due to illness or behavioral problems.
- There is a need for transportation services that accommodate families with different working hours.
- Family support is a major social determinant of health. A lot of children in this community are lacking this type of support. Most of the family support comes from the grandparents in the family.
- There is a program called "Kinship Care" which is a support group for grandparents raising grandchildren.
- The Salvation Army Program helps subsidize some medication costs, rent and utilities for some needy families.

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

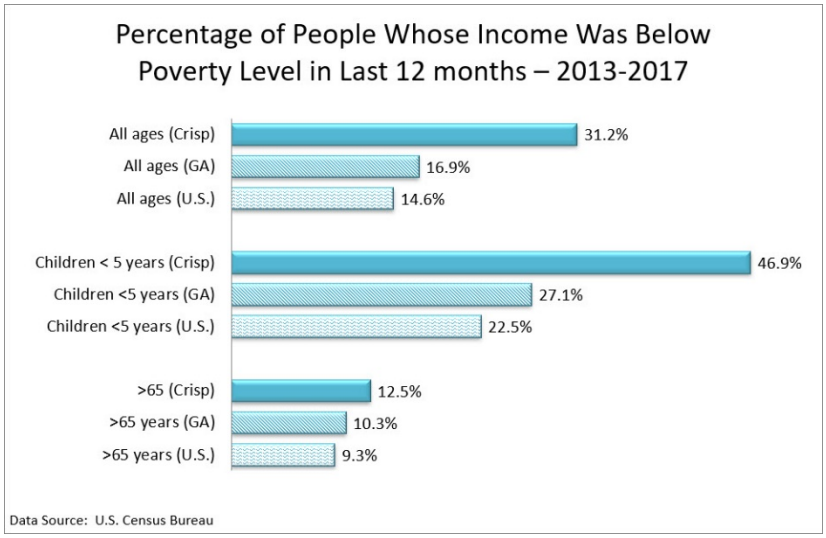


The Hispanic population is a minority in Crisp County. Please see community comments section for specific health disparities reported.

Although the Black and White populations represent a majority of the overall population, there were health disparities identified in these population groups as it relates to poverty.

The poverty rates in Crisp county were highest among the children under 5 population.

Overall, nearly one-third of Crisp County's population is in poverty.



COMMUNITY INPUT

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

Hispanic Population

- The Health Department has seen an increase in Hispanic patients during watermelon season which is usually late Spring through September.
- A lot of the Hispanic population comes into the Health Department for TB screening and TB treatment. This is a requirement of their employer.
- The Hispanic population does not report on family history of illness because they do not know their family, or they fear reporting due to immigration status.
- A lot of the foreign-born Hispanic will not answer any questions regarding their country of origin because they fear being deported. The Health Department needs these answers due to concerns for screenings of certain infectious diseases.
- There are a lot of individuals coming from Central America who are uninsured. They are fearful to get medical help due to deportation.

Black Population

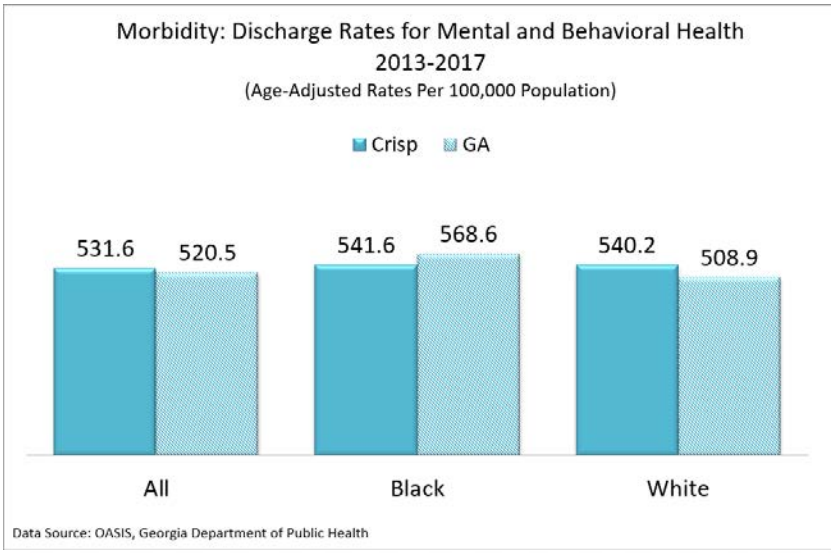
- The Black population has higher rates of heart disease and stroke.
- Diabetes is a problem in the community and more prevalent among the Black population.
- There are a lot of cultural barriers. There is a stigma, especially among the Black population to go see the doctor.

Behavioral and Mental Health

- Mental health is the root cause of a lot of the juvenile delinquency issues and crimes.
- Mental health centers have been closing and there is a major need for more services.
- Mental health conditions can be identified as young as kindergarten.
- Mental health in Crisp County is a top priority.
- The mental health system in Georgia is broke.
- The closest place to Cordele for mental health crisis is Phoenix Center.
- There is nowhere to go for mental health crisis situations.
- Behavior modification cannot happen unless you have strong social support network. There is a lack of these networks especially in the individuals with disabilities.
- A lot of children grow up in a family with mental health problems, so it appears normal for them.
- There is a lot of untreated mental health.
- There is a lack of mental health crisis centers.
- The hospital does have tele psych which has helped tremendously, but you cannot place the patient somewhere unless they have means to pay.
- Mental health is desperately needed in this community and in Georgia overall.
- The mental health issue has increased because the general health of individuals has decreased.
- Stress and poverty are the root causes of mental health issues.
- There is stigma associated with seeking mental health assistance.

Mental and Behavioral Health

Mental and behavioral health conditions include disorders related to psychoactive substance use, Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders, mood [affective] disorders, anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders[119].



Crisp County had a higher discharge rate due to mental and behavioral health compare to Georgia.

Behavioral and Mental Health

- It takes 3 to 4 days to get someone in the right place for treatment during a crisis.
- There is a need for clearer information on what constitutes a mental illness - signs and symptoms.
- Substance abuse is causing individuals to need mental health assistance.
- There is a need for care coordination and continuity of care between primary care and other providers, especially the mental health provider. Mental health is the root cause of a lot of the juvenile delinquency issues and crimes.

PRIORITIES

About Community Input

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

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

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

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

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

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

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

Focus Group Meetings and Priorities

Two community focus group meetings were conducted on March 20th and March 21st of 2019.

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

1. Mental Health
    a. There is a lack of mental health facilities such as counseling and treatment facilities.
    b. There is a need for education and awareness on the signs of and symptoms of mental illness.
    c. There is a need for more outreach mental health awareness education for the Senior population.

2. Lifestyle and Obesity
    a. There is a need for education and awareness on the understanding of the risk factors associated with obesity and unhealthy lifestyles.
        i. Education related to lack of physical activity (i.e.: too much screen time).
        ii. Education related to nutrition and how to cook healthy.
    b. There is a need for education on personal accountability and taking charge of one’s health.
    c. There is a need for more awareness and education on smoking and alcohol use prevention and cessation.

3. Access to Care
    a. There is a lack of transportation in the community. Residents reported a need for more convenient transportation services during extended service hours.
    b. There is lack of communication and collaboration of available community resources.
    c. There is a need for better continuity care and care coordination for all patients.
    d. There is need for more nursing homes for the growing Senior population.

4. Adolescent Behavior
    a. There is a need for education and awareness of the impact of adverse childhood experiences (ACEs) on community health.
        i. There is a need for parenting outreach on methods for raising a healthy child.
    b. There is a need for more outreach programming to impact the youth such as:
        i. Male role model programs
        ii. Vision for future employment programs

5. Social Determinants of Health
    a. Poverty is the root cause of a lot of the access to care issues. There are a lot of residents who struggle with lack of financial means to take care of themselves and their family. More health outreach is needed for individuals who are in poverty.
    b. There is a lack of family support network which is a barrier to an individual’s access to healthcare.

Hospital Input

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

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

Identified Priorities

After carefully reviewing the observations, comments and priorities of the community, as well as the secondary health data presented, the CHSC identified the following priorities.

- Social Determinants of Health
- Mental Health
- Lifestyle and Obesity
- Access to Care
- Adolescent Behavior

Approval

Crisp Regional Hospital's Board approved this community health needs assessment through a board vote on June 24, 2019.

Special Thanks to Community Participants

Crisp Regional Hospital would like to thank all the individuals who participated and for their generous contribution of time and effort in making this Community Health Needs Assessment (CHNA) a success. Each person provided valuable insight into the health needs of the general community, as well as for specific vulnerable population groups. Community participation included participating in a one-on-one key stakeholder interview or attending one of the two focus groups held on March 20th or 21st of 2019. There were over 40 community participants who attended these events.

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

Steve Gautney, CEO, Chairman of CHNA Committee
Jessica Carter, VP, CFO
April Dukes, CNO
Hillary Finch, Discharge Planning & Clinic Coordinator
Shelvia Koontz, Director, Medical Imaging
Dr. Lynn Lyons, Chief of Staff
Brooke Marshall, Director, Community Relations
Jan McCarty, Social Worker
Susan Smith, VP, Post-Acute Care
Connie Hunt, Executive Assistant

Crisp Regional Hospital and the CHSC look forward to the continuation of this collaborative project with our community. So many great ideas were shared during this process. The CHNA is just the beginning of our efforts to help understand the community's health needs. We look forward to working together on the activities and programs that will be designed to help address the health needs of our community.

RESOURCE LISTING

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

ALCOHOL AND DRUGS

Agillis House/Cordele Chapter Alcoholics
Anonymous, 229-273-9045 | 502 East 11th Avenue Cordele, Georgia 31015

Cordele Area Risk Reduction School
108 South 7th Street | Cordele, Georgia 31015

Middle Flint Behavioral Healthcare
1335 N 5th Street Extension | Cordele, Georgia 31015 | 229-276-2367

ASSISTED LIVING FACILITIES

Blackshear Retirement Villas
1110 Blackshear Road | Cordele, Georgia 31015 | 229-273-2405

Cordelia Manor
1307 Blackshear Road | Cordele, Georgia 31015 | 229-273-1173

Easter Seals Crisp Options for Living (for Women)
Physical address: 508 E. 27th Avenue | Cordele, Georgia 31015
Home office: 1906 Palmyra Road | Albany, Georgia 31701 |800-365-4583 | 229-271-9788

Easter Seals Options for Living (for Men)
1140 Oak Street | Unadilla, Georgia 31091 | 478-627-9295

Easter Seals Options for Living (for Women)
310 Collier Street | Vienna, Georgia 31092 | 229-268-6546

ADULT DAYCARE

Easter Seals Cordele Day Solutions, Day-hab for Age 18+ with Disabilities
601 E. 13th Avenue | Cordele, Georgia 31015 | 229-276-1540

Easter Seals Vienna Day Solutions, Day-rehab for Age 18+ with Disabilities
Home Office: 1906 Palmyra Road | Albany, Georgia 31701 | 800-365-4583

Innovative Senior Solutions
101 E. 4th Avenue | Cordele, Georgia 31015 | 229-276-1655

BIRTH CERTIFICATES

Cordele Health Department
111 E. 24th Avenue | Cordele, Georgia 31015 | 229-276-2680

BLOOD DONATIONS

American Red Cross
1.800.RED.CROSS | 1.800.733.2767 | www.redcross.org

Southeastern Blood Center
1214 N. Patterson Avenue, Suite N | Douglas, Georgia 31533

BREASTFEEDING RESOURCES

Crisp Regional Hospital Lactation Consultants
229-276-3180 (requires physician order)

Crisp Regional Breastfeeding Support Group
Meets 2nd Friday of every month, 1-3 p.m., Hospital Conference Center

Breastfeeding Information
www.breastfeeding.com

La Leche League of GA Hotline
404.681.6342

CAR SEAT RESOURCES AND SAFETY

Georgia State Patrol
208 GA Hwy 300 South | Cordele, Georgia 31015 | 229-276-2330

CHILD ABUSE

Crisp County DFAC, 229-401-3001
107 West 23rd Avenue | Cordele, Georgia 31015

First Steps, 229-276-0555
1101 McClendon Court | Cordele, Georgia 31015

Prevent Child Abuse (PCA) Crisp County
229-276-0555

CANCER SUPPORT SERVICES

American Cancer Society
323 Pine Avenue | Albany, Georgia | 229-446-1073

CHILDREN & FAMILY SUPPORT SERVICES

Adolescent Health & Youth Development
101 Swann Drive | Cordele, Georgia 31015 | 229-271-1054 ext. 23

ALL GA KIDS
877.255.4254

Child Appointed Special Advocate – CASA
210 S. 7th Street | Cordele, Georgia 31015 | 229-513-3195

Crisp County Community Council, A Georgia Family Connection Collaborative
1129 N. 5th Street Extension | Cordele, Georgia 31015 | 229-271-1054 Ext. 22

Crisp County Office of Child Support Services – OCSS | Serving: Ben Hill, Crisp, Dooly & Wilcox Counties
305 15th Avenue East | Cordele, Georgia 31015 | 877-423-4746

Division of Family & Children Services – DFCS | Serving: Crisp County
107 W. 23rd Avenue | Cordele, Georgia 31010 | 229-276-2349

The Gateway Center
401 E. 4th Avenue | Cordele, Georgia 31015 | 229-273-0600

Southwest Georgia United
1150 Industrial Drive, Suite 137 | Vienna, Georgia 31092 | 229-268-7592

Families in Action Mentoring Program, 229-886-2612
711 South 7th Street | Cordele, Georgia 31015

Family Development Task Force, 478-442-7336
305 West 26th Avenue | Cordele, Georgia 31015

Prevent Child Abuse , 1-800-532-3208

Prevent Child Abuse Crisp County
229-273-8737 or 1-800-532-3208

CHILD CARE

First Baptist Child Development Center, 229-273-5254
205 East 13th Avenue | Cordele, Georgia 31015

GTC Studio & Health Food Center, 229-273-5671
107 West 11th Avenue | Cordele, Georgia 31015

Head Start – Comprehension Child Care
Focused on school readiness 229-276-0033 | 1001 E. 19th Avenue | Cordele, Georgia 31015

St. Paul Presbyterian Leaning Center, 229-276-0033
615 15th Avenue West | Cordele, Georgia 31015

Summer Day Camp-Crisp County Recreation, 229-276-2797
1205 North 5th Street Extension | Cordele, Georgia 31015

CLOTHING RESOURCES

Crisp Area Habitat for Humanity
205 E. 15th Avenue | Cordele, Georgia 31015 | 229-271-8000

Houston Baptist Association
2116 North Hwy 41 | Cordele, Georgia 31015 | 229-273-4127

Hand of Hope, Inc.
1205 South 7th Street / Cordele, Georgia 31015 / 229-417-5000

COUNSELING

Middle Flint Behavioral
1335 N. 5th Street Extension | Cordele, Georgia 31015 | 229-276-2367

CRISIS INTERVENTION

Department of Juvenile Justice
412 E. 16th Avenue, #D | Cordele, Georgia 31015 | 229-276-2740

Middle Flint Behavioral Disorders
1335 N. 5th Street | Cordele, Georgia 31015 | 229-276-2367

National Domestic Violence Hotline
800.799.7233

United Way of Southwest Georgia Help Line
Albany, Georgia 31708 | 229-883-6700

DENTAL (LOW-INCOME)

Dr. Darryl Chapman, Sr., DDS
706 E. 16th Avenue | Cordele, Georgia 31015 | 229-273-7800

Kids on Low Income Medicaid – PeachCare | Dr. Brad Ford, DMD
301 East 16th Avenue | Cordele, Georgia 31015 | 229-273-3828

DEVELOPMENTAL NEEDS

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

Parent to Parent of Georgia
800-229-2038

DISABILITY SERVICES

Easter Seals Southern GA, 229-439-7061
1906 Palmyra Road / Albany, Georgia 31701

Vocational Rehabilitation Agency Commuter Service, 229-271-4005
(Serves Crisp/Dooly/Macon/Marion/Schley/Sumter/Stewart/Taylor/Webster Counties

DME & RESPIRATORY PROVIDERS

Health Products Plus
404 E. 3rd Avenue | Cordele, Georgia 31015 | 229-273-6424

MRS Homecare
716 E. 16th Avenue | Cordele, Georgia 31015 | 229-273-4442

DIALYSIS PROVIDER(S)

Crisp Regional Dialysis
1302 N. 5th Street Extension | Cordele, Georgia 31015 | 229-273-2335

EDUCATION

GED
Empowerment Pathways YouthBuild
704 N 7th Street | Cordele, Georgia 31015 | 229-276-1480

Job Corps
www.recruiting.jobcorps.gov | 229-883-8500

LEARNetwork, Inc.
401 S. 10th Street | P. O. Box 487 | Cordele, Georgia 31015 | 229-273-1565

Paxen Learning Services, LLC
606 15th Avenue | Cordele, Georgia 31015 | 229-273-4568

Crisp Academy
150 Crisp Academy Drive | Cordele, Georgia 31015 | 229-273-6330
Private school serving grades K-12

Crisp County Board of Education, 229-276-3400
201 S. 7th Street | Cordele, Georgia 31015

Crisp County Elementary School, 229-276-3420
1001 W. 24th Avenue | Cordele, Georgia 31015

Crisp County Middle School, 229-276-3460
1116 East 24th Avenue | Cordele, Georgia 31015 | 229-276-3460

Crisp County High School, 229-276-3430
2402 Cougar Alley | Cordele, Georgia 31015 | 229-276-3430

Crisp County Pre-K, 229-276-3410
802 East 24th Avenue | Cordele, Georgia 31015

Crisp County Primary School, 229-276-3450
330 Old Hatley Road | Cordele, Georgia 31015

Crisp County Head Start, 229-276-9880
1110 S. 12th Street | Cordele, Georgia 31015

EMERGENCIES / URGENT CARE

Crisp Regional Convenient Care
910 North 5th Street | Cordele, Georgia 31015 | 229-276-2000

Crisp Regional Hospital
902 N. 7th Street | Cordele, Georgia 31015 | 229-276-3100

Crisp Urgent Care
602 16th Avenue, Suite A and B | Cordele, Georgia 31015 | 229-271-9330

Pediatric Urgent Care
1007 16th Avenue | Cordele, Georgia 31015 | 229-273-1716

EMPLOYMENT SERVICES

Division of Rehabilitation Services
229-931-2516 or 1-800-808-9049
Serves Crisp/Dooly/Macon/Marion/Schley/Sumter/Stewart/Taylor/Webster Counties

Georgia Department of Labor, 229-931-2520
120 West Church Street | Americus, Georgia 31709

Easter Seals Southern GA, 229-439-7061
104 International Blvd, Suite D | Americus, Georgia

Middle Flint Behavioral Healthcare, 229-276-2367
1335 North 5th Street Extension | Cordele, Georgia 31015

Middle Flint Workforce Center, 229-273-4568
606 East 15th Avenue | Cordele, Georgia 31015

FATHERHOOD

Healthy Families
1101 McClendon Court | Cordele, Georgia 31015 | 229-276-0555

Georgia Fatherhood Program
770-531-4011

National Center for Fathers
800-593-3237

FINANCIAL ASSISTANCE

Division of Family & Children Services – DFCS | Serving: Crisp County
107 W. 23rd Avenue | Cordele, Georgia 31010 | 229-276-2349

Crisp County Community Service Center, 229-273-6421

Social Security Administration, 229-273-6311
510 15th Avenue East Cordele, Georgia 31015

Veteran's Service Office, 229-276-2368
Crisp County Courthouse, First Floor

Salvation Army
www.salvationarmy-georgia.org

FOOD ASSISTANCE

Angel Food Ministries
877.366.3646 | www.angelfoodministries.com
Adventist Community Services/South GA, 229-270-6009

4850 Bedgood Avenue | Arabi, Georgia 31015

City Turnaround Community Center
401 16th Avenue East | Cordele, Georgia 31015

Cordele Women, Infant & Children – WIC | Cordele Health Department
111 24th Avenue East | Cordele, Georgia 31015 | 229-276-2680

Division of Family & Children Services – DFCS | Serving: Crisp County
107 W. 23rd Avenue | Cordele, Georgia 31010 | 229-276-2349 (P) | 229-276-2713 (F)

Northern Heights Baptist Church
1102 East 8th Avenue | Cordele, Georgia 31015 | 229-273-1544

United Way of Southwest Georgia
Post Office Box 70429 | Albany, Georgia 31708 | 229-883-6700 (P) | 229-436-6378 (F)

FURNITURE RESOURCES

Crisp Area Habitat for Humanity
205 E. 15th Avenue | Cordele, Georgia 31015 | 229-271-8000

Goodwill Industries
www.goodwillng.org

Salvation Army
www.salvationarmy-georgia.org

GED CLASSES

Darton College
2705 E. 14th Avenue | Cordele, Georgia 31015 | 229-276-2589

Empowerment Pathways Youth Build | (For Ages 15 to 24)
704 N. 7th Street | Cordele, Georgia 31015 | 229-276-1480

South Georgia Technical College
402 N. Midway Road | Cordele, Georgia 31015 | 229-271-4040

HEALTH CARE INFORMATION

Healthy Mothers, Healthy Babies | A Statewide Source for Info/Referrals
2300 Henderson Mill Road, Suite 410 | Atlanta, Georgia 30345 | 800-300-9003 | 800-822-2539
http://www.hmhbga.org/

Together Rx Access
800-444-4106 | www.trxaccess.com

HEALTH INSURANCE

Cordele Health Department
111 E. 24th Avenue | Cordele, Georgia 31015 | 229-276-2680

Medicaid
Member Services: 866-211-0950
Provider Services: 800-766-4456
Eligibility: 404-730-1200
Customer Service: 404-657-5468
www.medicaid.gov

Medicare:
800-MEDICARE / 800-633-4227
Medicare Service Center: 877-486-2048
Report Medicare Fraud & Abuse: 800-HHS-TIPS / 800-447-8477
www.medicare.gov

PeachCare for Kids
877-427-3224
www.peachcare.org

HOSPICE PROVIDERS

Crisp Regional Hospice
202 4th Avenue East
Cordele, Georgia 31015
229-273-6282

HOME CARE

Amedisys Home Healthcare
32 341 Bypass | Hawkinsville, Georgia 31036 | 478-892-0444

Care South, An Affiliate of Crisp Regional Hospital
906 5th Street N., Suite F-6 | Cordele, Georgia 31015 | 229-271-4695

Crisp Care Management
910 N. 5th Street | Cordele, Georgia 31015 | 229-276-2126

ResCare Home Health
701 3rd Street South | Cordele, Georgia 31015 | 229-273-6892

Visiting Nurses Association (VNA) of Cordele
511 E. 3rd Avenue | Cordele, Georgia 31015 | 229-273-5545

HOUSING / UTILITY ASSISTANCE

Cordele Housing Authority
401 S. 10th Street | Cordele, Georgia 31015 | 229-273-3938

Easter Seals Southern Georgia House
Home Office: 1906 Palmyra Road | Albany, Georgia 31701
Cordele phone: 229-276-1540

Georgia Dept. of Community Affairs
Georgia Dream Homeownership Program | 800-359-4663

Georgia Housing Search
www.georgiahousingsearch.org

West Central
Vienna, Georgia 31092 | 229-268-9104

Vienna Housing Authority
700 Fitzpatrick Place | Vienna, Georgia 31092 | 229-268-4458

JOB TRAINING

Department of Juvenile Justice
412 E. 16th Avenue, Suite D | Cordele, Georgia 31015 | 229-276-2740

Empowerment Pathways Youth Build
704 N. 7th Street | Cordele, Georgia 31015 | 229-276-1480

Georgia Department of Labor
Career Centers | www.dol.state.ga.us/js/

Georgia Department of Labor | Cordele Career Center
1205 S. 7th Street | Cordele, Georgia 31015 | 229-276-2355

LEGAL ISSUES

Georgia Legal Services
800-822-5391

Child Support Enforcement, 229-276-2338
1088 East 16th Avenue | Cordele, Georgia 31015

Cordele Circuit
District Attorney, 229-276-2625

LITERACY

Family Literacy Hotline
404-539-9618

Ferst Foundation for Childhood Literacy
888-565-0177

MEDICAL FINANCIAL ASSISTANCE

Division of Family & Children Services - DFCS
www.dfcs.dhs.georgia.gov

Medicaid
Member Services: 866-211-0950
Provider Services: 800-766-4456
Eligibility: 404-730-1200
Customer Service: 404-657-5468
www.medicaid.gov

Medicare
800-MEDICARE | 800-633-4227
Medicare Service Center: 877-486-2048
Report Medicare Fraud & Abuse: 800-HHS-TIPS | 800-447-8477
www.medicare.gov

MEDICAL CLINICS AND CARE

Cordele Health Department
111 E. 24th Avenue | Cordele, Georgia 31015 | 229-276-2680

Crisp Regional Convenient Care
216 Hospital Drive | Cordele, Georgia 31015 | 229-276-2000

Warwick Clinic
135 Dogwood Street | Warwick, Georgia 31796 | 229-535-4567

CareConnect Family Practice
712 N. 7th Street | Cordele, Georgia 31015 | 229-276-0052

MENTAL AND BEHAVIORAL HEALTH

Middle Flint Behavioral Disorders
415 N. Jackson Street | Americus, Georgia 31709
1335 N. 5th Street | Cordele, Georgia 31015
229-276-2367

Middle Flint Behavioral Disorders – Crisp County
415 N. Jackson Street | Americus, Georgia 31709 1335 N. 5th Street | Cordele, Georgia 31015
229-276-2367

Cordele Counseling Services, 229-938-8551
209 East 14th Avenue | Cordele, Georgia 31015

Associates for Mental & Behavioral Health, 229-273-5716
906 North 5th Street | Cordele, Georgia 31015

Georgia Mental Health Agency – DHR, 404-657-2260

Georgia Mental Health Representative for Children | Youth – DHR
404-657-2157

Georgia Mental Retardation | Developmental Disabilities Program – DHR
404-657-2140

Governor's Council on Developmental Disabilities for Georgia
404-657-2126 | 1-888-275-4233

Mentally & Developmentally Disabled Services
Division of Rehabilitation Services
229-931-2516

New Hope Clinic
215 East 13th Avenue | Cordele, GA 31015 | 229-276-0300

Phoenix Health | Day Treatment for Mental Health Patients
1335 5th Avenue | Cordele, Georgia 31015 | 229-273-2091

NURSING HOME/SKILLED NURSING FACILITIES

Cordele Health & Rehab
1106 N. 4th Street | Cordele, Georgia 31015 | 229-273-1227

Crisp Regional Nursing & Rehab Center
902 Blackshear Road | Cordele, Georgia 31015 | 229-273-1481

Crossview Care Center
Post Office Box 148 | Pineview, Georgia 31071 | 229-624-2432

Pinehill Nursing Home
712 Patterson Street | Byromville, Georgia 31007 | 478-433-5711

PARENTING RESOURCES

American Academy of Pediatrics
www.healthychildren.org

Children's Healthcare of Atlanta - CHOA
www.choa.org

Healthy Families
1101 McClendon Court | Cordele, Georgia 31015 | 229-276-0555

Mothers of Preschoolers - MOPS
General Info: 800-929-1287 (P) | 303-733-5353 (P) | 303-733-5770 (F)
Service/Group Info: 888-910-MOPS (6677) (P)
www.mops.org

PATERNITY

Crisp County Office of Child Support Services – OCSS | Serving: Ben Hill, Crisp, Dooly & Wilcox
305 15th Avenue E. | Cordele, Georgia 31015 | 877-423-4746

PHYSICAL THERAPY / REHABILITATION SERVICES

Crisp Regional Rehabilitation
307 E. 3rd Avenue | Cordele, Georgia 31015 | 229-271-4612

POSTPARTUM DEPRESSION

Georgia Crisis Line
800-715-4225 | www.bhlweb.com/tabform

Georgia Postpartum Support Network
866-944-4776

Meetup
www.postpartum.meetup.com

National Women's Health Information Center
800-994-9662 | www.4woman.gov/faq/depression-pregnancy.cfm

Postpartum Support International
800-944-4773 | www.postpartum.net

PUBLIC LIBRARIES

Cordele-Crisp Carnegie Library
115 E. 11th Avenue | Cordele, Georgia 31015 | 229-276-1300

RECREATION

Boys & Girls Club
www.bgca.org

Crisp County Recreation Department
1205 N. 5th Street | Cordele, Georgia 31015 | 229-276-2797

SAFETY

Georgia Poison Control
800-222-1222 | www.gpc.dhr.georgia.gov

Safe Kids
1301 Pennsylvania Avenue, NW, Suite 1000 | Washington, D.C. 20004 | 202-662-0600 (P) | 202-393-2072 (F)
www.safekids.org

SENIOR CITIZENS/GERIATRIC

Blackshear Retirement Villas of Crisp Regional Hospital, 229-273-2405
1110 Blackshear Road | Cordele, Georgia 31015

Cordelia Manor, 229-273-1173
1307 Blackshear Road | Cordele, Georgia 31015

SMOKING CESSATION

Crisp Regional Hospital
902 N. 7th Street | Cordele, Georgia 31015 | 229-273-3310

Georgia Tobacco Quit Line
877-270-7867 | www.livehealthygeorgia.org/quitline

TEEN PARENTING RESOURCES

Healthy Families
1101 McClendon Court | Cordele, Georgia 31015 | 229-276-0555

Young Mommies Help Site
www.youngmommies.com

TRANSPORTATION

Crisp Area Regional Transit
115 W 13th Ave | Cordele, GA 31015 | 229-276-0370

RMS Dooly County
306 Garrett Drive | Vienna, Georgia 31092 | 229-268-7433

Continuous Care Medical Transport, 229-276-0738
123 East 9th Avenue | Cordele, Georgia 31015

DAV (Veterans) Transportation, 1-800-595-5229
Wednesdays only – Appointments first then those on list

Greyhound Bus Line, 229-273-3330
For fare & schedule information: 800-231-2222
Wall Street & 8th Street | Cordele, Georgia 31015

YOUTH DEVELOPMENT

Adolescent Health & Youth Development, 229-276-2680
111 24th Avenue East | Cordele, Georgia 31015

Boy Scouts of America, Troop #270, 229-273-5036
3rd Street South | Cordele, Georgia 31015

Crisp County Recreation Department, 229-273-2797
1205 North 5th Street Extension | Cordele, Georgia 31015

Cub Scouts, 229-273-1608

Family Development Task force, Inc., 229-273-4560 (276-4567 pager)
510 15th Avenue West | Cordele, Georgia 31015

Girl Scouts of Southwest Georgia, 229-432-9188, 1-800-448-4762
515 Pine Avenue |Albany, Georgia

Lake Blackshear YMCA, 229-271-1170
10001 Blackshear Road | Cordele, Georgia 31015

UGA Extension Service | 4-H Program, 229-276-2612
210 South 7th Street | Cordele, Georgia 31015

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