2013

Hall County, Georgia

Community Health Needs Assessment

Prepared and distributed by

Northeast Georgia Medical Center

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EXECUTIVE SUMMARY

Purpose

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

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

The assessment was facilitated by Draffin & Tucker, LLP. Draffin & Tucker is a healthcare consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 60 years' experience working with hospitals throughout the Southeastern United States. Mr. Bill Stiles of The Johnson Group, located in Chattanooga, Tennessee provided facilitation of community input meetings. The manager of NGMC Community Health Improvement, Christy Moore, coordinated the CHNA strategic process and implementation strategies.

About the Area

Hall County is located in the northeastern section of Georgia, and has a population of 179,684.[1] It is home to Northeast Georgia Medical Center, a 557 bed not-for-profit, community hospital. The hospital is located in the county seat of Gainesville. The surrounding areas of Gainesville are diverse in terms of rural and urban areas. The population distribution is 79.4 percent urban and 20.6 percent rural. Approximately 35 percent of Hall County's land area is urban, while 65 percent is rural.[2]

Hall County's population is predicted to increase to 201,310 residents by 2015.[3] The percentage of residents aged 55 and older increased from 17.5 percent of the population in 2000 to 21.8 percent of the population in 2010. This increase identifies an immediate need for delivery of healthcare that serves individuals with chronic conditions. The Hispanic population increased by almost seven percent from 2000 to 2010.

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

CANCER

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

HEART DISEASE AND STROKE

Heart disease and stroke typically affect individuals ages 65 or older. Heart disease was the second leading cause of death in Hall County. The heart disease death rate in Hall was lower than Georgia. Stroke was the fourth leading cause of death in Hall County. The stroke death rate for Hall was lower than Georgia, but higher than the U.S. Stroke has very similar modifiable risk factors as heart disease, and the two can be grouped together when developing community benefit implementation strategies.

MATERNAL, INFANT AND CHILD HEALTH

Birth rates, infant mortality rates, and teen birth rates provide a snapshot of the overall health of a community because their well-being determines the health of the next generation and can help predict future public health challenges.[4] The teen birth rate in Hall County was significantly higher than Georgia. The teen birth rate among White females was higher than Black females. The Hispanic teen birth rate was higher than both White and Black females. The infant mortality rate in Hall County was lower than Georgia. Black infants had a significantly higher mortality rate compared to Hispanic and White infants.

ALCOHOL, TOBACCO, AND DRUG USE

Abused substances have an impact on the overall health of the community, family, and individual. The use of cigarettes and alcohol had all decreased from 2007 to 2011 in young adults in Georgia. Marijuana and methamphetamine use increased in Georgia. Hall County schools reported lower prevalence of substance use and abuse; however, community members cited substance abuse as an issue among the youth in the community and a problem that is probably under-reported due to self-reported statistics.

SEXUALLY TRANSMITTED DISEASES

Georgia reports some of the highest sexually transmitted disease (STD) rates in the country. In 2010, Hall County's rates for chlamydia were lower than the State and U.S. rates. Gonorrhea rates were higher than the U.S., but lower than the State. The Hall County chlamydia rate among Blacks was over five times the rate of Whites.[5] The gonorrhea rate among Blacks was over 35 times the rate of Whites.[6] In Hall County, the human immunodeficiency virus (HIV) hospital discharge rate for Blacks was higher compared to Whites.[7] The Hispanic population had a lower STD rate than Blacks, but higher than Whites. Community members cited teenage behaviors as a key indicator for increased prevalence of STDs.

ACCESS TO CARE

Access to healthcare is impacted by level of income, educational attainment, and insured status. In 2006-2010, Hall County's population consisted of 12 percent of the population living in poverty.[8] This was a lower percentage than the State and National average.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. According to the U.S. Census, from 2009-2011, 21.5 percent of adults were uninsured in Hall County.[9] In 2010, 12 percent of children were uninsured in Georgia. Education also affects an individual's ability to access care. In 2006-2010, only 75 percent of Hall County residents were high school graduates.[10] 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.[11]

Local infrastructure and public transit affect access to healthcare. There is a public transit system but it mainly serves the city limits of Gainesville.

Community Prioritization of Needs

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

- Access to Care - Providers and Prevention
- Obesity and Diabetes
- Mental Health
- Senior Health
- Hispanic Needs
- Access to Care - Transportation
- Cancer
- Adolescent Lifestyle
- Teen Pregnancy
- Heart Disease and Stroke

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

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

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

1. Forming the Hospital's Steering Committee

The Chief Executive Officer of Northeast Georgia Medical Center (NGMC) developed the CHNA Hospital Steering Committee (CHSC). The CEO appointed the following individuals as participants on this committee.

Linda Nicholson	Controller, NGMC
Christy Moore	Manager, Community Health Improvement, NGMC
Cheryl Christian	Executive Director, Good News Clinics
Van Haygood	Director, Emergency Department, NGMC
Veran Smith	Director, Case Management, NGMC
Marlene McIntyre	Director, Quality and Patient Safety, Northeast Georgia Physicians Group (NGPG)

Advisors to the CHSC:

Tracy Vardeman	Vice President, Strategic Planning & Marketing
Nancy Colston	Executive Director, The Medical Center Foundation

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. Hall 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. Groups or individuals, who represented the medically-underserved populations, low income populations, minority populations, and populations with chronic diseases, were included.

4. Identifying and Engaging Community Stakeholders

Community stakeholders (also called key informants) are people invested or interested in the work of the hospital, people who have special knowledge of health issues, people important to the success of any hospital or health project, or are formal or informal community leaders. The hospital identified over 140 community members to participate in the CHNA process.

5. Community Health Profile

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

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

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

6. Community Input

Two-hour community health input meetings (community meetings) and one-hour community stakeholder interviews (interviews) were essential parts of the CHNA process. Six community meetings and 23 stakeholder interviews were conducted in order to obtain the community's input into the health needs of Hall County.

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

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

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

7. Hospital Prioritization of Needs

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

Description of Major Data Sources

Bureau of Labor and Statistics

The Bureau of Labor and Statistics manages a program called *Local Area Unemployment Statistics (LAUS). LAUS* produces monthly and annual employment, unemployment, and labor force data for census regions 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, 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 gonnoccal antimicrobial resistance, and national healthcare 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 six categories: morbidity, mortality, 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 the Online Analytical Statistical Information System (OASIS). OASIS is currently populated with Vital Statistics (births, deaths, infant deaths, fetal deaths, and induced terminations), Georgia Comprehensive Cancer Registry, Hospital Discharge, Emergency Room Visits, Arboviral Surveillance, Youth Risk Behavior Surveys (YRBS), Behavioral Risk Factor Surveillance Surveys (BRFSS), sexually transmitted disease (STD) rates, and population data. For more information, go to http://oasis.state.ga.us.

Georgia Department of Education

The Georgia Department of Education collects and analyses 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.

Healthcare Initiative Consortium

The Healthcare Initiative Consortium is a group of healthcare leaders gathering Hall County data on some of the top health indicators. This group is working toward community health improvement on the local level using meaningful and specific data as well as ongoing communication. The group includes representatives from physician practices (The Longstreet Clinic), NGMC & NGPG Primary Care Clinic at the Hall County Health Department, Brenau University and the Good News Clinics.

Kids Count Data Center

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

National Cancer Institute

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

U.S. Census Bureau

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

Information Gaps and Process Challenges

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

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

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

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

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

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

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

ABOUT HALL COUNTY

Hall County is located in northeastern Georgia, approximately 52 miles northeast of Atlanta.[12] Hall is bordered on the north by Lumpkin, White, and Habersham counties, on the south by Gwinnett and Jackson counties, on the east by Banks County, and on the west by Dawson and Forsyth counties.[13] Hall was designated as a county in 1818 from Cherokee lands ceded by the Treaty of Cherokee Agency (1817) and Treaty of Washington (1819).[14] Hall County has a total land area of 393 square miles.[15] According to the 2010 U.S. Census, there were 179,684 residents in the county.[16]

Image Source: MapViewer

City/Town/Village	2010 Population
Alto	1,172
Braselton	7,511
Clermont	875
Flowery Branch	5,679
Gainesville	34,422
Gillsville	235
Lula	2,758
Oakwood	3,970

Data Source: U.S. Census Bureau

Hall County includes the cities of Gainesville, Alto, Braselton, Clermont, Flowery Branch, Gillsville, Lula, and Oakwood. The population distribution among rural and urban areas is 79.4 urban and 20.6 percent rural. Nearly 35.1 percent of Hall County's land area is urban while 64.9 percent is rural.[17] Hall County's geography is known for being on the foothills of the Blue Ridge Mountains and bordering Lake Sidney Lanier.[18]

The most populous city in Hall County is Gainesville, which has nearly 35,000 residents.[19] Gainesville is often referred to as "Poultry Capital of the World" due to the large number of poultry processing plants.[20] Lake Sidney Lanier is a 38,000 acre recreational attraction that brings more than 10 million visitors annually. Hall County is the center of economic activity for the northeastern part of the State.[21] Hall County's primary industries include manufacturing, retail trade, healthcare and social assistance, and educational services.[22] The major healthcare system in Hall County, Northeast Georgia Health System, provides many ancillary service facilities that serve the community. The main hospital is located in the county seat of Gainesville.

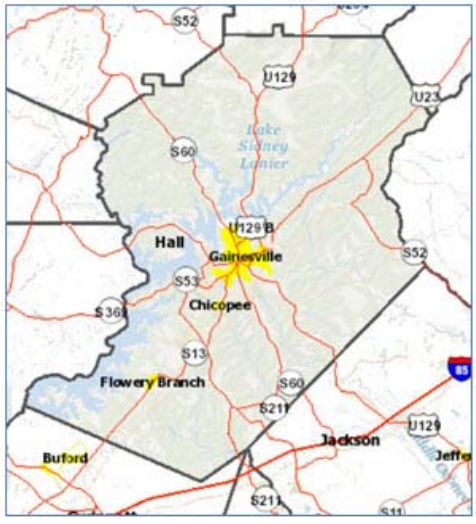
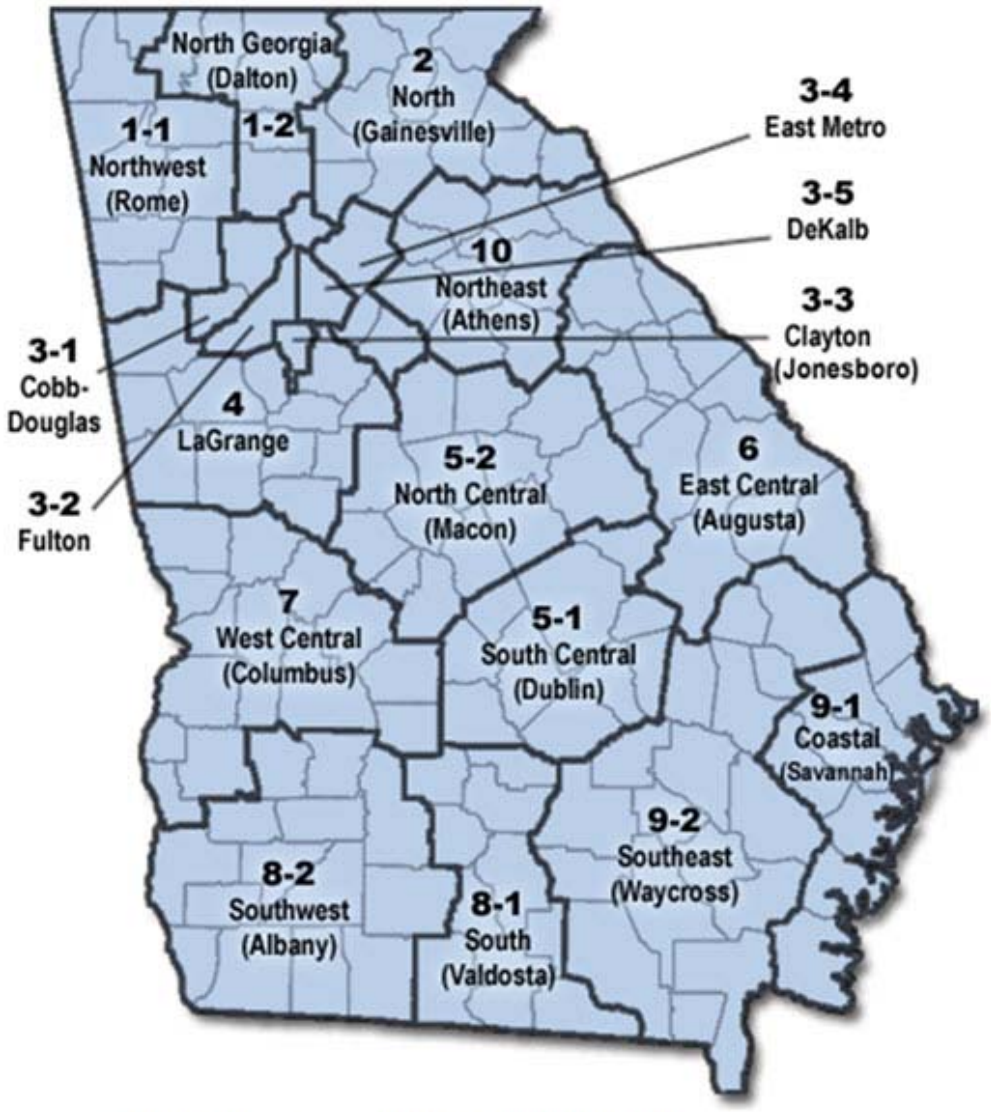


Image Source: ArcGIS, Live Healthy Georgia

Georgia Public Health Districts

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



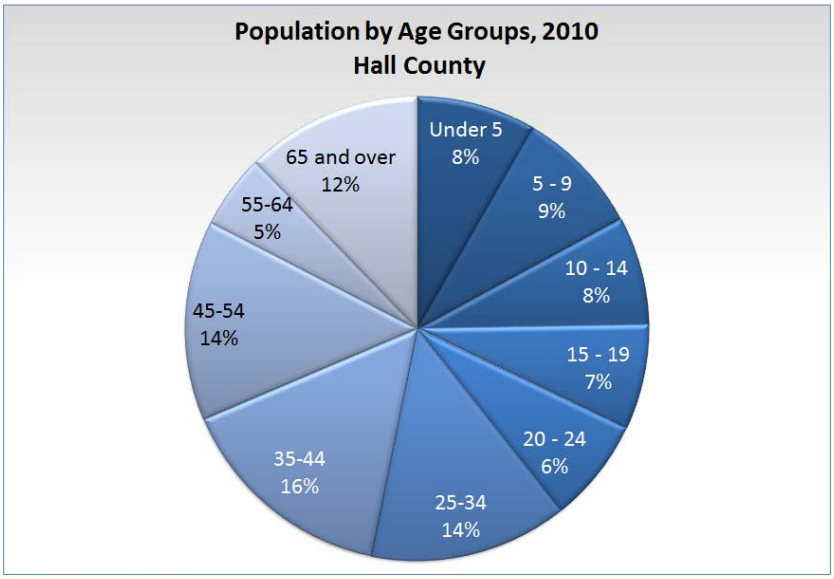
Source: Georgia Department of Community Health

Demographics

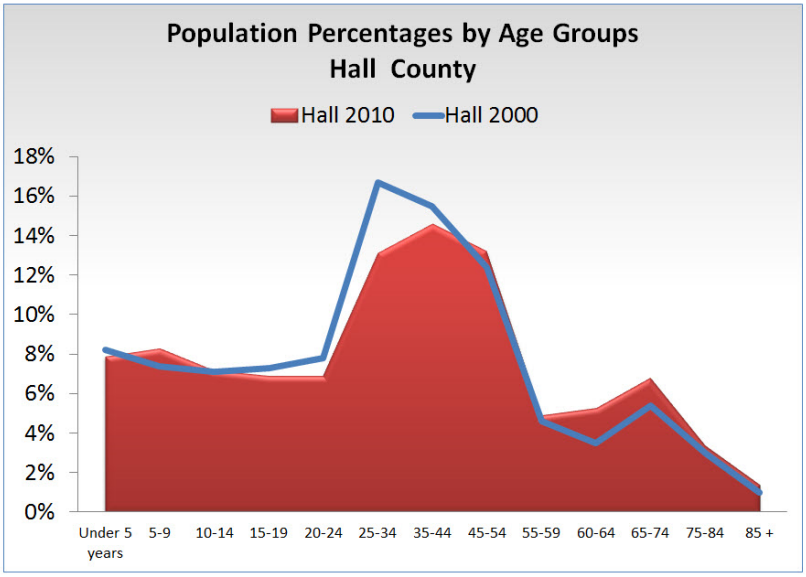
Population Profile

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

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



Data Source: U.S. Census



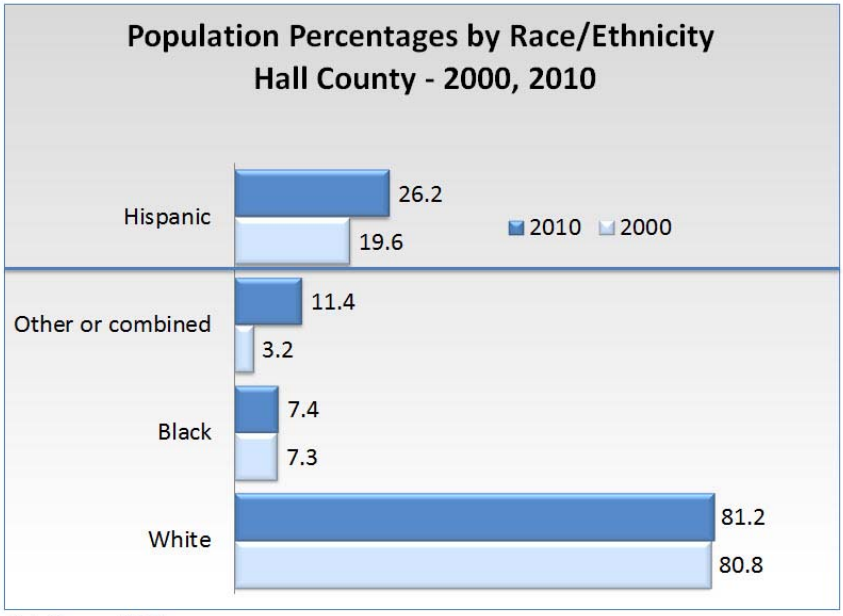
Data Source: U.S. Census

Comparing Hall's population percentage by age groups from 2000 to 2010, it is apparent that the 55 and older population is growing. In 2000, 17.5 percent of the total population was over the age of 54. In 2010, this percentage had risen to 21.8 percent of the population. Growth in the number of residents aged 55 and older will have significant impacts on the healthcare delivery system within the County.

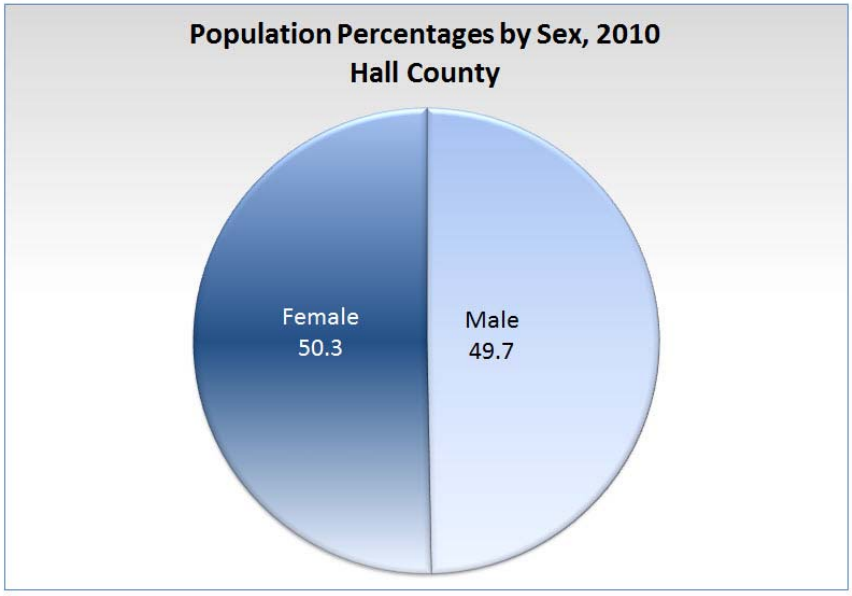
Race and Ethnicity Profile

There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.[23] 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.[24] By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.[25]

According to 2010 U.S. Census records, Hall County's population was 81.2 percent White, 7.4 percent Black, and 26.2 percent Hispanic. The Hispanic population in Hall County is one of the highest in Georgia.

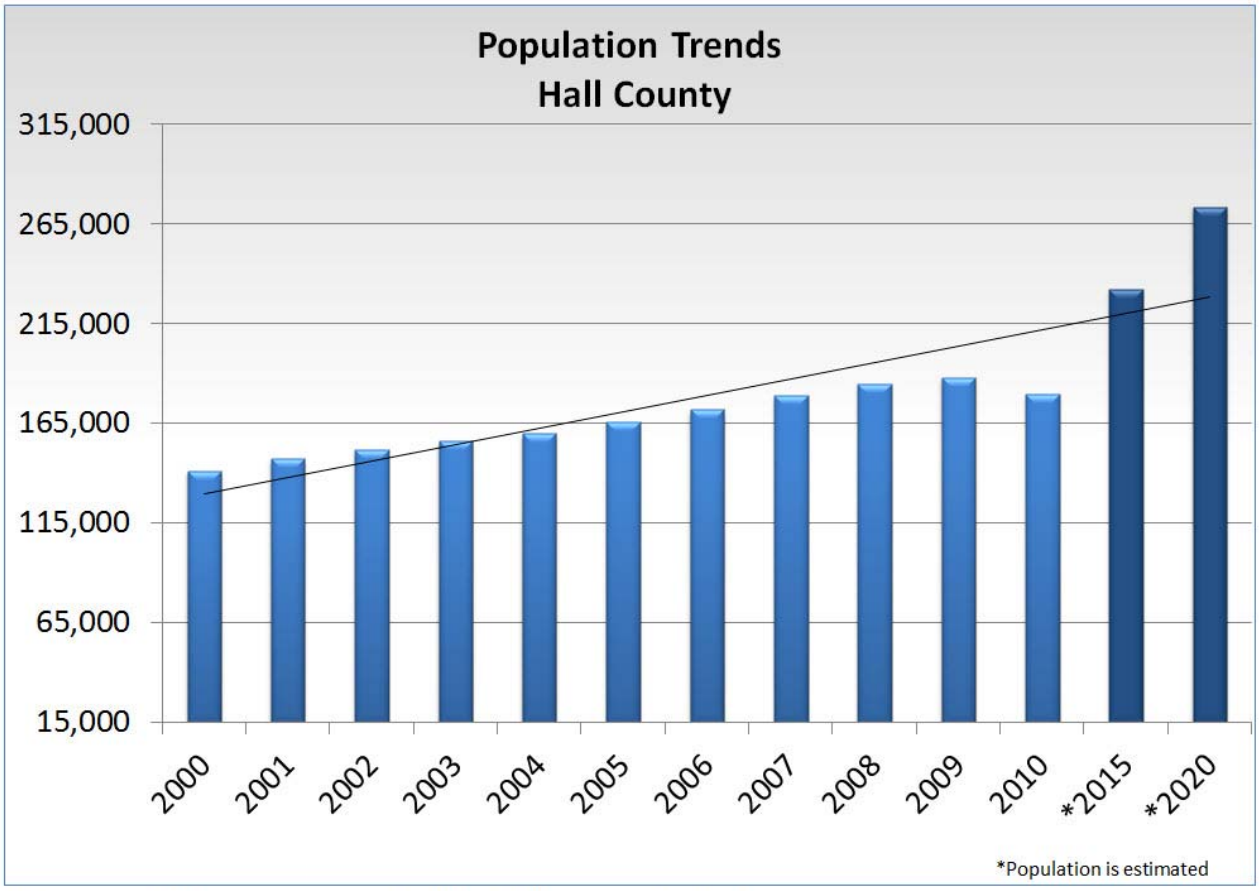


Data Source: U.S. Census



Data Source: U.S. Census

The percentage of females in Hall County was slightly higher at 50.3 percent compared to males at 49.7 percent.



Data Source: U.S. Census, Governor's Office of Planning and Budget

In 2010, Hall County's resident population was 179,684, which was a 27.5 percent increase since 2000. From 2010 to 2015, the population is predicted to increase by 12 percent. The population is predicted to increase to 201,310 in 2015 and 226,172 in 2020.[26]

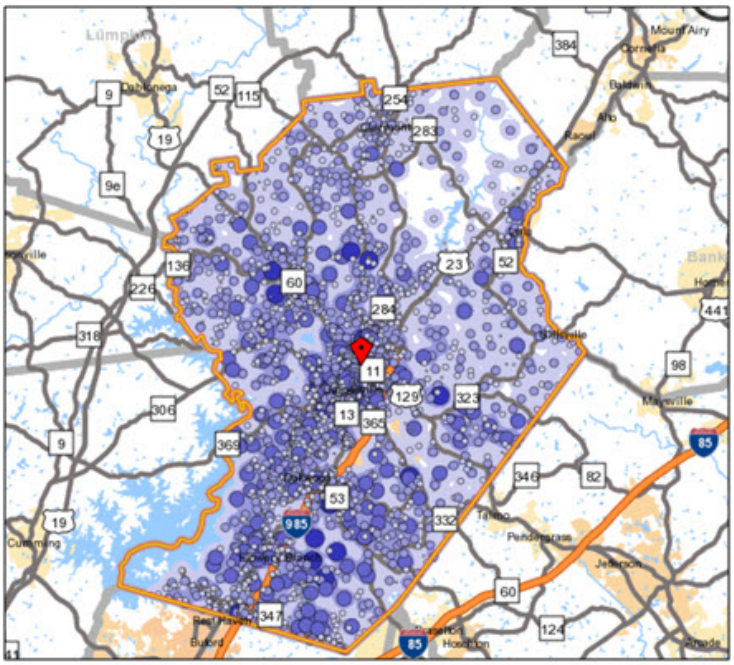
Local Employment Indicators

When studying population health it is important to look at all aspects of a community. Local employment indicators show job locations, job inflow and outflow, demographics of employees, and jobs by industry type.[27] These are all indirect indicators of a population's health, due to the correlation of employment and health insurance. These indicators impact the well-being of individuals and their families. Income and health insurance are important factors in accessing healthcare.

Work Area Density Analysis of Hall County, 2010

Total Primary Jobs: 63,684

- 5 - 74 Jobs/Sq.Mile
- 75 - 281 Jobs/Sq.Mile
- 282 - 627 Jobs/Sq.Mile
- 628 - 1,110 Jobs/Sq.Mile
- 1,111 - 1,733 Jobs/Sq.Mile
- 1 - 2 Jobs
- 3 - 17 Jobs
- 18 - 82 Jobs
- 83 - 257 Jobs
- 258 - 628 Jobs



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

Most of the primary jobs (63,684) located within Hall County were centered within the city Gainesville.

Job counts by worker race were 87.3 percent White and 9.2 percent Black.

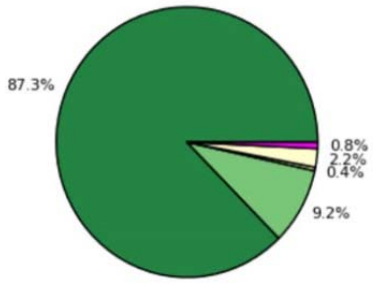
Job counts by educational attainment were highest among individuals with some college or associate degree (23.9 percent) and individuals with high school or equivalent levels of education (23.8 percent).

Work Area Profile Analysis of Hall County, 2010

Job Counts by Worker Race

	2010 Count	Share
Total Primary Jobs	63,684	100.0%
White Alone	55,591	87.3%
Black or African American Alone	5,841	9.2%
American Indian or Alaska Native Alone	271	0.4%
Asian Alone	1,409	2.2%
Native Hawaiian or Other Pacific Islander Alone	84	0.1%
Two or More Race Groups	488	0.8%

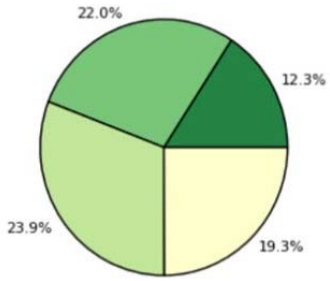
Job Counts by Worker Race in 2010



Worker Educational Attainment

	2010 Count	Share
Less than high school	7,806	12.3%
High school or equivalent, no college	14,020	22.0%
Some college or Associate degree	15,247	23.9%
Bachelor's degree or advanced degree	12,312	19.3%

Job Counts by Worker Educational Attainment in 2010



Note: Educational attainment not available for 14,299 jobs. These jobs are not represented in the chart.

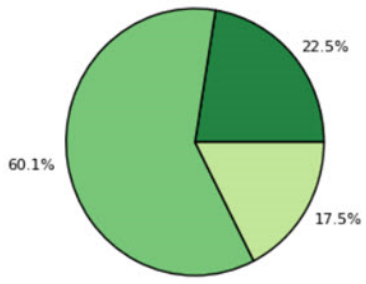
Data Source: U.S. Census Bureau, Center for Economic Studies, On The Map

Work Area Profile Analysis of Hall County, 2010

Job Counts by Worker Age

	2010 Count	Share
Total Primary Jobs	63,684	100.0%
Age 29 or younger	14,299	22.5%
Age 30 to 54	38,255	60.1%
Age 55 or older	11,130	17.5%

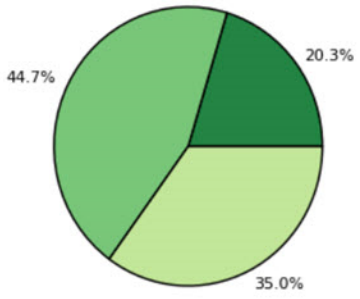
Job Counts by Worker Age in 2010



Job Counts by Earnings

	2010 Count	Share
Total Primary Jobs	63,684	100.0%
$1,250 per month or less	12,946	20.3%
$1,251 to $3,333 per month	28,436	44.7%
More than $3,333 per month	22,302	35.0%

Job Counts by Earnings in 2010



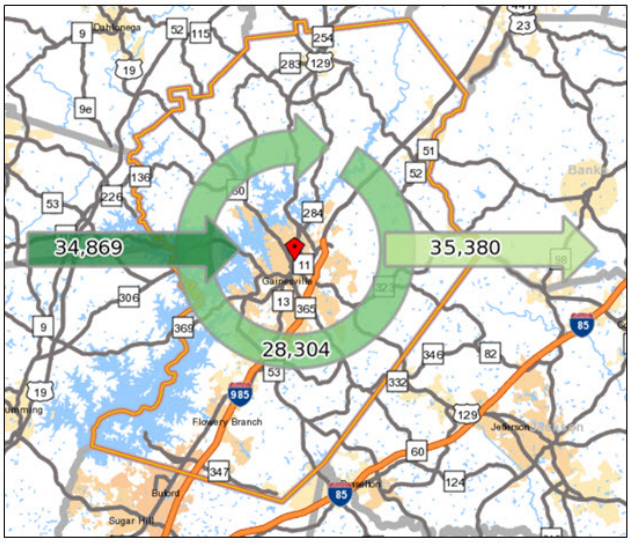
U.S. Census Bureau, Center for Economic Studies, On The Map

Job counts by age indicated that a majority of the workforce (60.1 percent) was 30 to 54 years of age. The greatest proportion of the workforce (44.7 percent) was paid between $1,251 and $3,333 per month. More than one-third of the workforce earned more than $3,333 per month.

Of the individuals employed in Hall County, 44.8 percent were living in the County, while 55.2 percent were living outside Hall County.

Of the individuals living in Hall County, 55.6 percent were employed outside the County, while 44.4 percent were employed in Hall County.

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



Inflow/Outflow Job Counts (Primary Jobs)

	2010 Count	2010 Share
Employed in the Selection Area	63,173	100.0%
Employed in the Selection Area but Living Outside	34,869	55.2%
Employed and Living in the Selection Area	28,304	44.8%
Living in the Selection Area	63,684	100.0%
Living in the Selection Area but Employed Outside	35,380	55.6%
Living and Employed in the Selection Area	28,304	44.4%

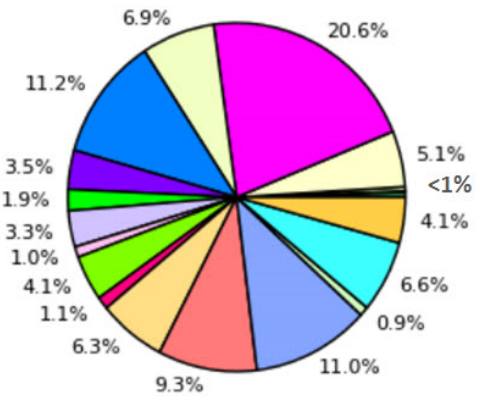
Note: Overlay arrows do not indicate directionality of worker flow between home and employment locations.

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

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

Work Area Profile Analysis Hall County, 2010

Job Counts by NAICS Industry Sector in 2010



Job Counts by NAICS Industry Sector

	2010 Count	2010 Share
Total Primary Jobs	63,684	100.0%
Agriculture, Forestry, Fishing and Hunting	298	0.5%
Mining, Quarrying, and Oil and Gas Extraction	48	0.1%
Utilities	255	0.4%
Construction	3,233	5.1%
Manufacturing	13,094	20.6%
Wholesale Trade	4,366	6.9%
Retail Trade	7,146	11.2%
Transportation and Warehousing	2,260	3.5%
Information	1,229	1.9%
Finance and Insurance	2,086	3.3%
Real Estate and Rental and Leasing	618	1.0%
Professional, Scientific, and Technical Services	2,624	4.1%
Management of Companies and Enterprises	726	1.1%
Administration & Support, Waste Management and Remediation	4,036	6.3%
Educational Services	5,901	9.3%
Health Care and Social Assistance	7,019	11.0%
Arts, Entertainment, and Recreation	542	0.9%
Accommodation and Food Services	4,178	6.6%
Other Services (excluding Public Administration)	1,394	2.2%
Public Administration	2,631	4.1%

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

Manufacturing (20.6 percent), retail trade (11.2 percent), and healthcare and social assistance (11 percent) were the major industry sectors by job count in Hall County.

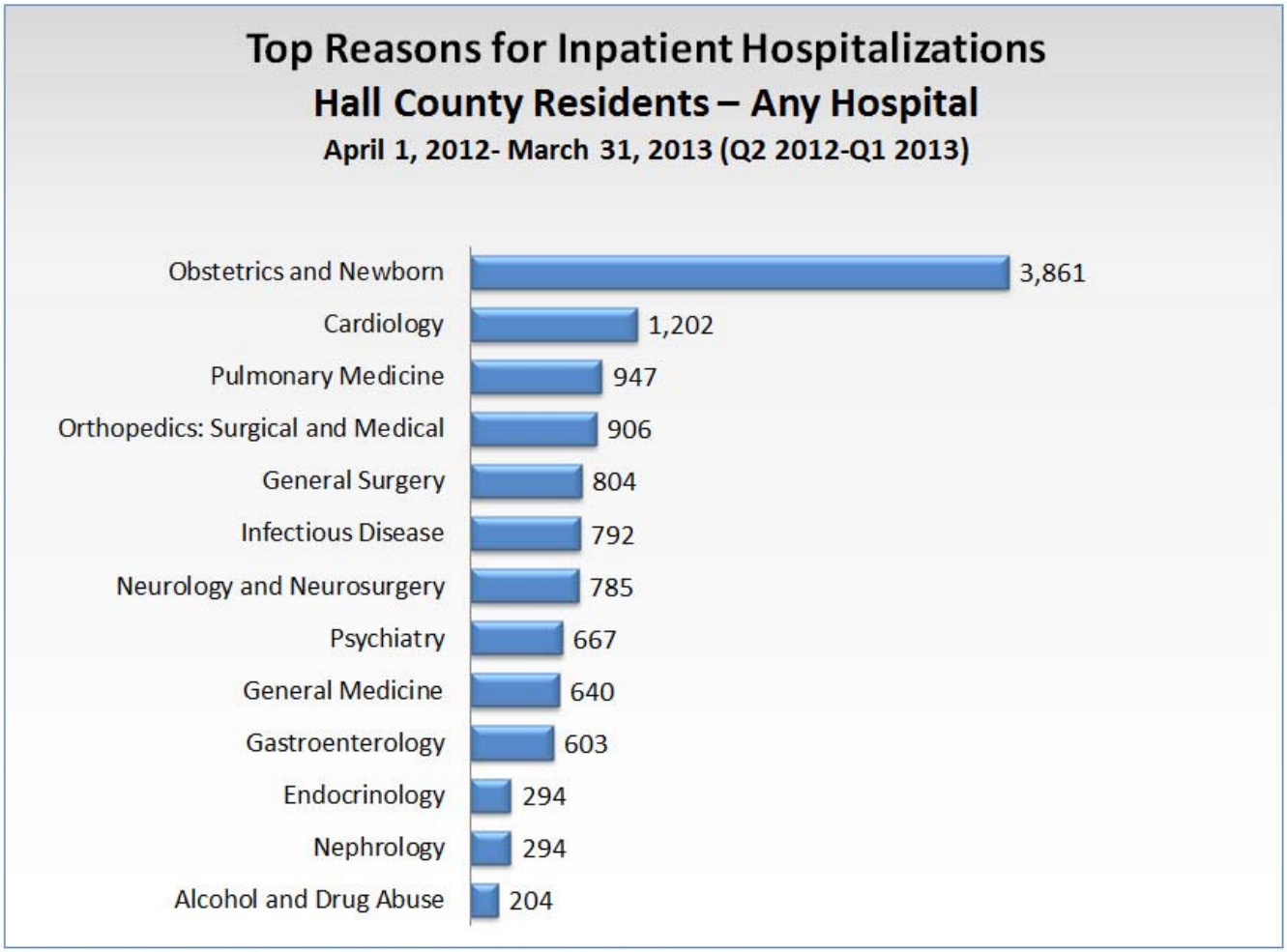
COMMUNITY INPUT

About Hall County

- Hall County has a lot of rural areas.
- There are many unique communities within Hall County.
- There is a high rate of illiteracy in Hall County among all ages.
- Hall County has two extremes of individuals – the "haves and have nots."
- Gainesville city residents have greater accessibility to healthcare.
- Rural areas have issues with transportation.
- There are not enough homeless shelters in the community.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits



Data Source: Georgia Hospital Association, HERMES Database

The leading cause of hospitalizations among Hall County residents were related to the obstetrics and newborn service lines. Other top causes were related to cardiology, pulmonary medicine, orthopedics, general surgery, and infectious disease. Although oncology (cancer) did not rank in the top reasons for hospitalizations, it ranked number one among the leading causes of death for Hall County residents.

The top fifteen reasons for Hall County residents visiting an emergency department from April 1, 2012 to March 31, 2013 are indicated in the chart to the right.

According to hospital staff, many of these visits are considered as nonemergency conditions. The report section, *Access to Care,* will address many of the reasons that lead to inappropriate use of emergency room facilities.

TOP 15 CAUSES OF EMERGENCY ROOM VISITS Hall Residents (Any Hospital) April 1, 2012 - March 31, 2013 (Q2 2012 - Q1 2013)	
1	Other upper respiratory infections
2	Superficial injury, contusion
3	Abdominal Pain
4	Sprains and strains
5	Nonspecific chest pain
6	Urinary tract infections
7	Spondylosis, intervertebral disc disorders, other back problems
8	Other injuries and conditions due to external causes
9	Acute Bronchitis
10	Skin and subcutaneous tissue infections
11	Otitis media and related conditions
12	Open wounds of extremities
13	Headache, including migraine
14	Other complications of pregnancy
15	Open wounds of head, neck, and trunk

Data Source: Georgia Hospital Association, HERMES Database

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)

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

COMMUNITY INPUT

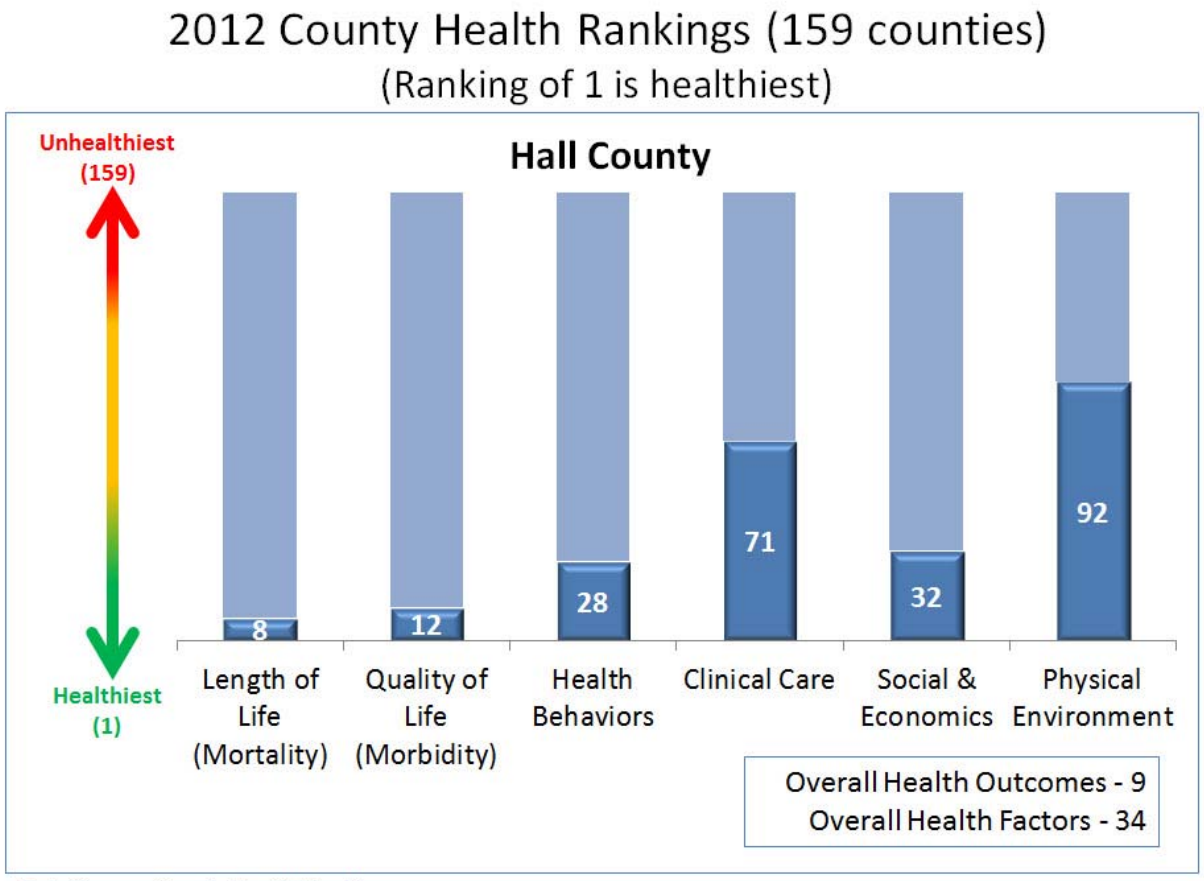
Hospitalizations and Emergency Room Visits

- About 25 percent of emergency department patients are self-pay or uninsured.
- For low-income families it is cheaper to go to emergency department than to urgent care or a physician's office.
- If a family member gets sick on a Friday afternoon, they cannot access the doctor due to availability of office hours. The urgent care center requires money to see the patient, so the patient ends up going to the emergency department.
- Inappropriate use of the emergency room is not only an issue by exposing family members to germs in emergency department, but non-emergencies take resources away from emergency care.
- Issues surrounding after hours care availability and weekend availability contribute to overuse of emergency department.
- It is not always clear when to seek care in an emergency department.
- Lack of health insurance or high copayments are creating difficulties in families accessing care other than through the emergency department.
- Lack of insurance or lack of awareness of other community resources leads to emergency department overuse.
- Many young mothers do not have the ability to judge how sick their child may or may not be.
- Many young mothers do not know what kind of healthcare is needed for their children.
- People do not know what a real emergency is.
- There is a high volume of non-emergency patients seen in the emergency room.
- The community needs more education about the emergency department and its proper use.

County Health Rankings

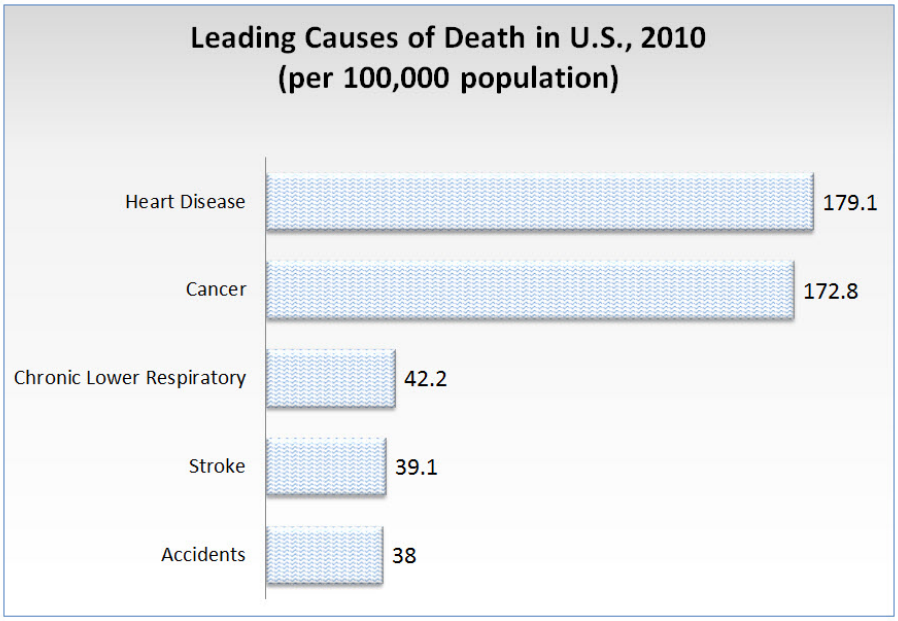
County Health Rankings uses a variety of metrics to help determine rankings of counties. County Health Rankings is published online by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings assess the overall health of nearly every county in all 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 six categories: mortality, morbidity, health behavior, clinical care, social and economic factors, and physical environment. Information is based on the latest publicly available data from sources such as the National Center for Health Statistics (NCHS) and Health Resources and Services Administration (HRSA).

For purposes of this report, County Health Rankings was used to provide a snapshot of the community's health. This snapshot provides a rank comparison to other counties in Georgia. The remainder of the report will discuss much of the data found within County Health Ranking's categories.



Data Source: County Health Rankings

Leading Causes of Death

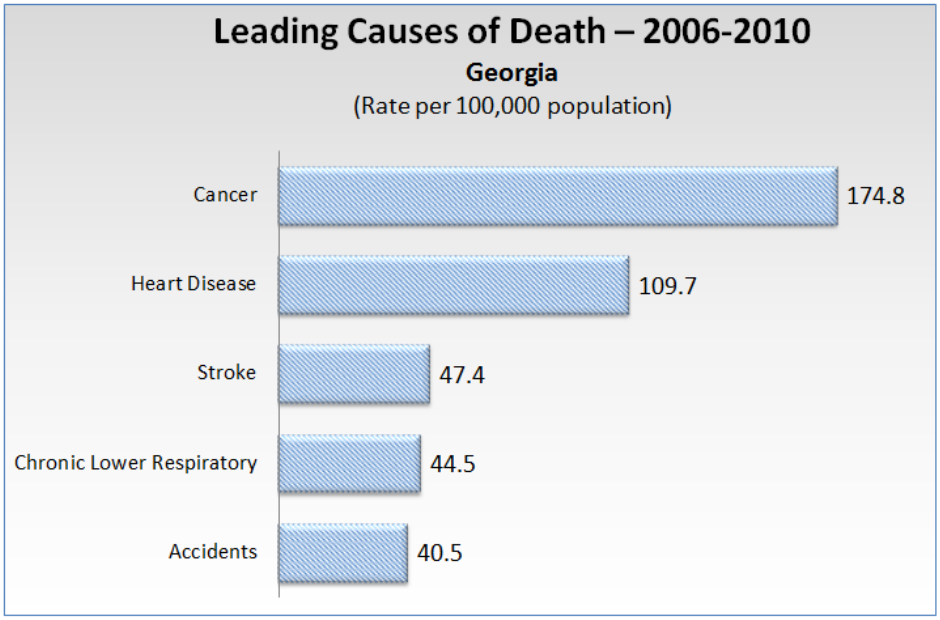


The leading causes of death in the U.S. in 2010 were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents. Heart disease and cancer rates were four times higher than other diseases.

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

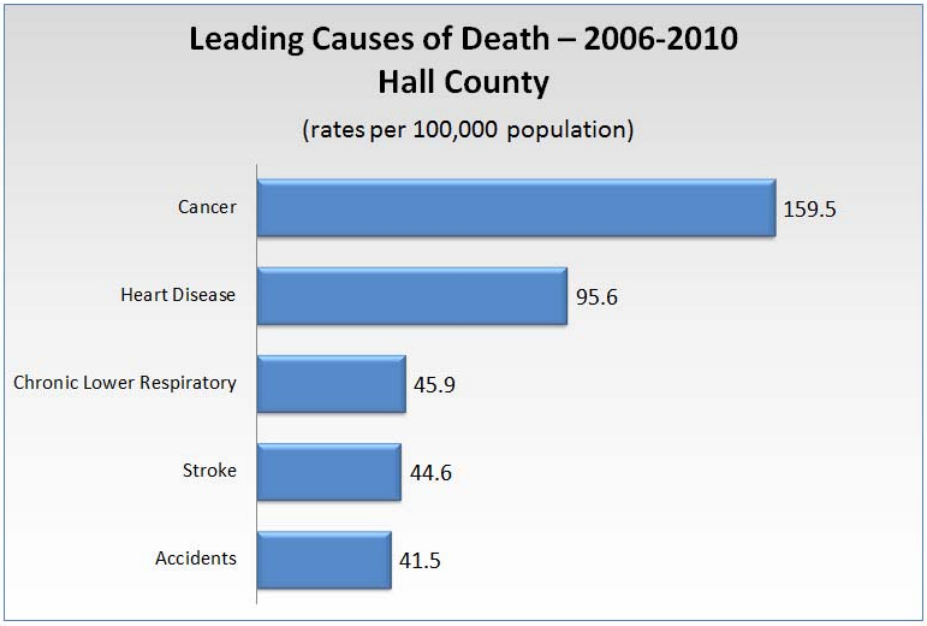
The leading causes of death in Georgia from 2006-2010 were cancer, heart disease, stroke, chronic lower respiratory disease, and accidents.

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

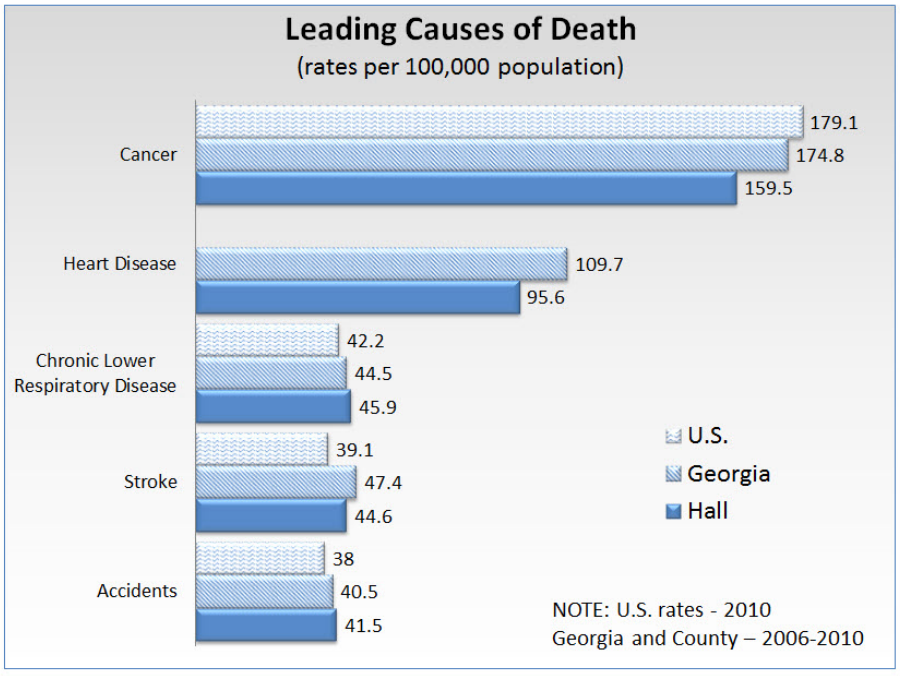


Data Source: OASIS, Georgia Department of Public Health

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



Data Source: OASIS, Georgia Department of Public Health

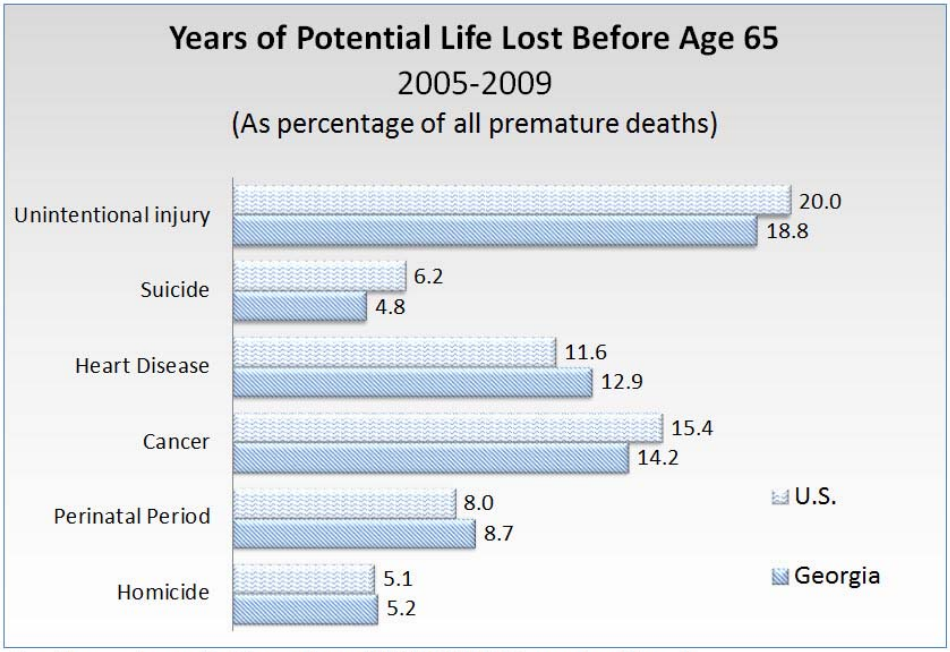


Data Source: OASIS, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B.

In Hall County, the leading causes of death were ranked in the same order as the U.S. rates. Hall County's cancer, heart disease, and stroke death rates were lower than Georgia's rates. (Please refer to note on page 26 regarding heart disease rates).

Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2005-2009, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, and falls) were the leading causes of premature deaths. Suicide, heart disease, and cancer were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.[28] YPLL statistics at the County level were unavailable for this report.



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

Years Potential Life Lost – Georgia Residents Gender and Race/Ethnicity – 2005 - 2009

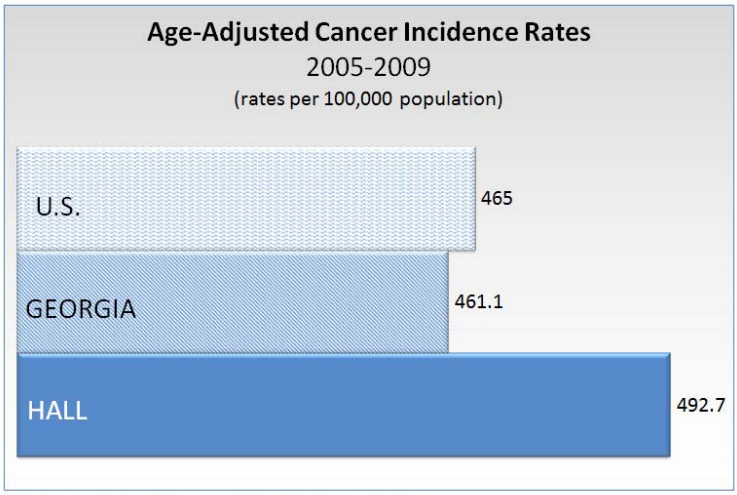
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 27.0%	Unintentional injuries 20.1%	Heart disease 15.3%	Cancer 16.1%	Unintentional injuries 33.0%	Unintentional injuries 18.9%
Heart disease 14%	Cancer 19.7%	Unintentional injuries 13.1%	Heart disease 13.3%	Heart Disease 12.7%	Cancer 16.6%
Cancer 12.4%	Heart disease 10.1%	Cancer 10.7%	Unintentional injuries 12.4%	Perinatal period 8.5%	Perinatal period 9.7%

Data Source: Centers for Disease Control, WISQARS YPLL Report

Cancer

HEALTHY PEOPLE 2020 REFERENCE – C

Cancer is the second leading cause of death in the United States after heart disease. From 1999 to 2009, cancer prevalence rates increased among women 45 years of age and above and among men 75 years of age and above.[29] The five most common cancers among Georgia males are prostate, lung, colon and rectum, bladder, and melanoma. The five most common cancers among Georgia females are breast, lung, colon and rectum, uterus, and ovary.[30]



Data Source: National Cancer Institute, State Cancer Profiles

In Hall County, the cancer **incidence** rate was higher than the State or U.S.

Why Is Cancer Important?

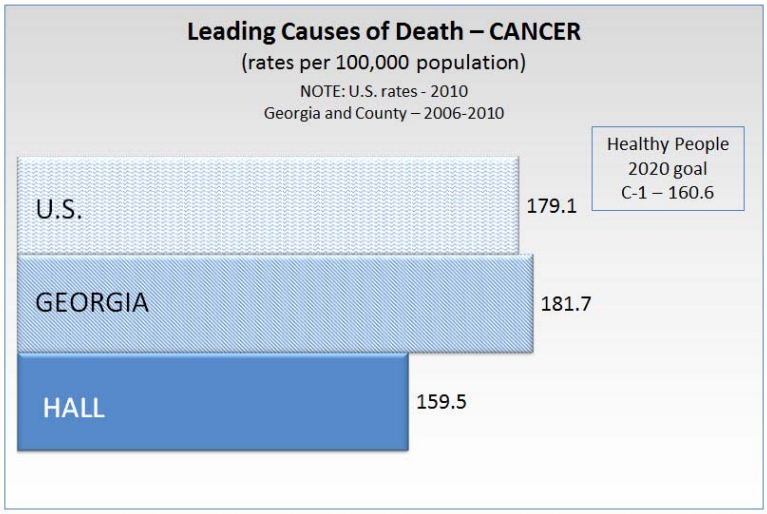
Many cancers are preventable by reducing risk factors such as:

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

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

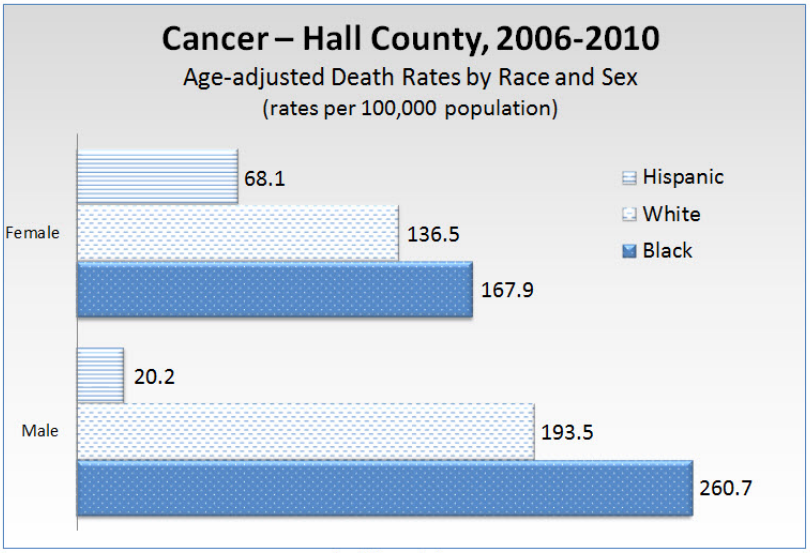
- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

Healthy People 2020



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

In Hall County, the cancer **death** rate was lower than Georgia or U.S. rates.



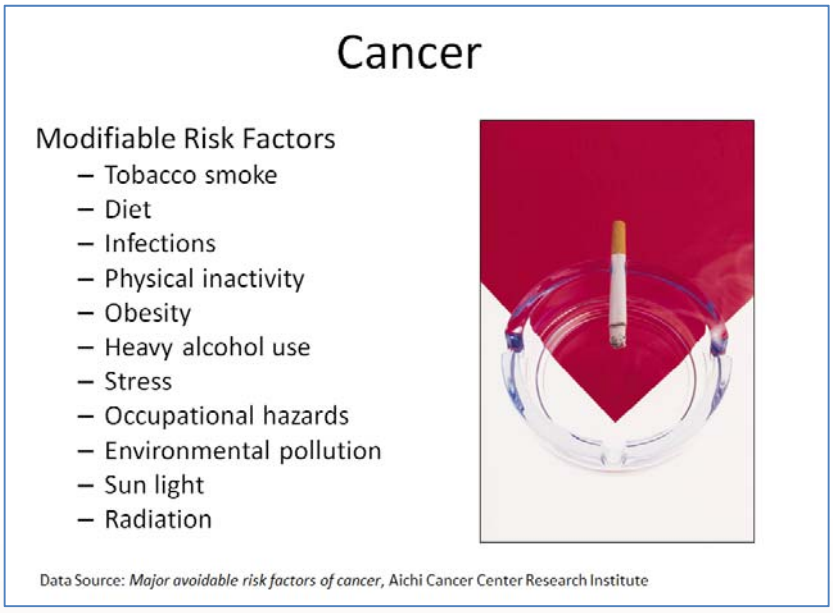
Data Source: OASIS, Georgia Department of Public Health

Age-adjusted cancer **death** rates in Hall were higher among Black females than White and Hispanic females. This was also evident among the male population. The Black male population had the highest cancer death rate (260.7 per 100,000 population) out of all the population groups.

According to the Georgia Department of Human Resources, Division of Public Health, the burden of cancer can be significantly reduced by appropriate use of mammography, colorectal screening, and early detection examinations. It can be further reduced by preventing or stopping tobacco use, improving diet, and increasing physical activity.[31]

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 are known as "modifiable risk factors" and can reduce the likelihood of a disease.

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.

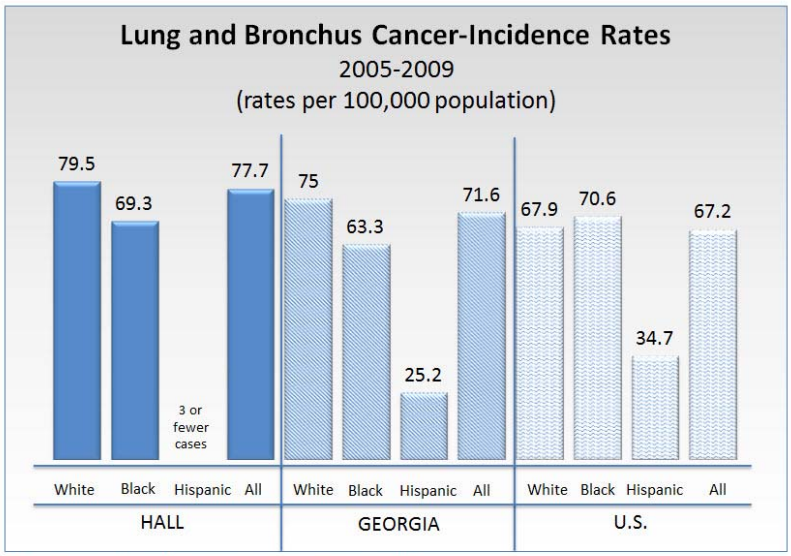


Data Source: *Major avoidable risk factors of cancer*, Aichi Cancer Center Research Institute

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

Lung Cancer

According to the American Cancer Society, lung cancer accounts for about 15 percent of cancer diagnoses in the U.S. Lung cancer accounts for more deaths than any other cancer in men and women. More women die from lung cancer than breast cancer.[32]



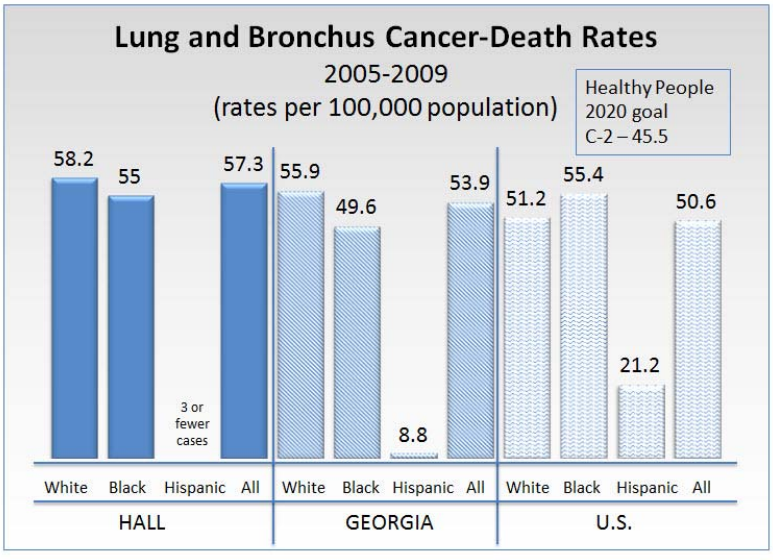
Data Source: National Cancer Institute, State Cancer Profiles

Lung cancer **incidence** rates were higher in Hall County (77.7 per 100,000 population) than the Georgia or U.S. rates. Whites had a higher lung cancer incidence rate than Blacks or Hispanics in Hall County and in Georgia.

According to data published from the National Cancer Institute, lung cancer **incidence** rate for males in Hall County was almost one and one-half times the rate of females.[33] Lung cancer is the first leading cause of cancer **death** among both males and females in Georgia.[34]

Lung Cancer Incidence Rates 2005-2009 (rates per 100,000) Hall	
Male	Female
97.7	63.1

Data Source: National Cancer Institute

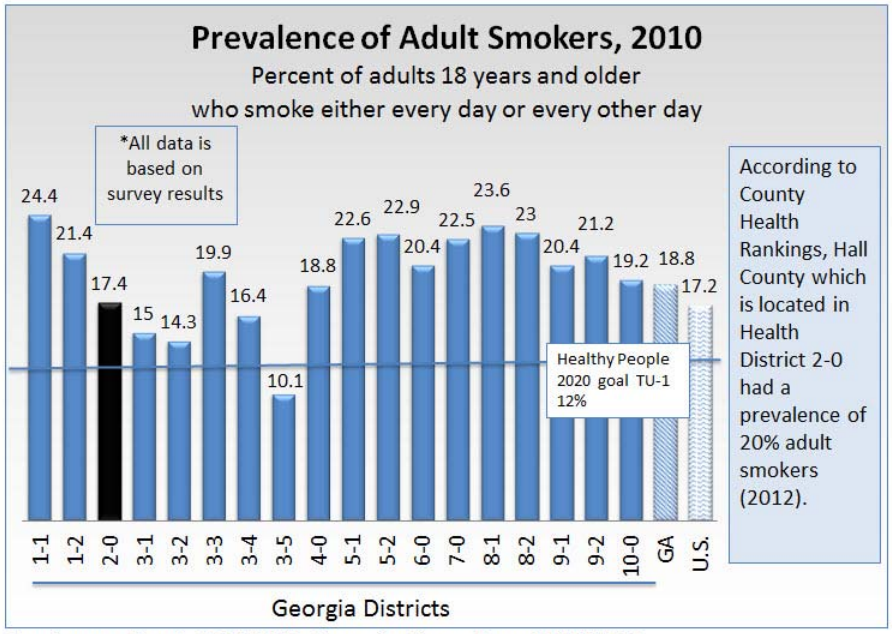


Data Source: National Cancer Institute, State Cancer Profiles

The overall lung cancer **death** rate in Hall (57.3 per 100,000 population) was higher than Georgia and U.S. rates. In Hall County, Whites had a higher death rate compared to Blacks and Hispanics.

RISK FACTORS

Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The longer and more often one smokes, the greater the risk.[35]

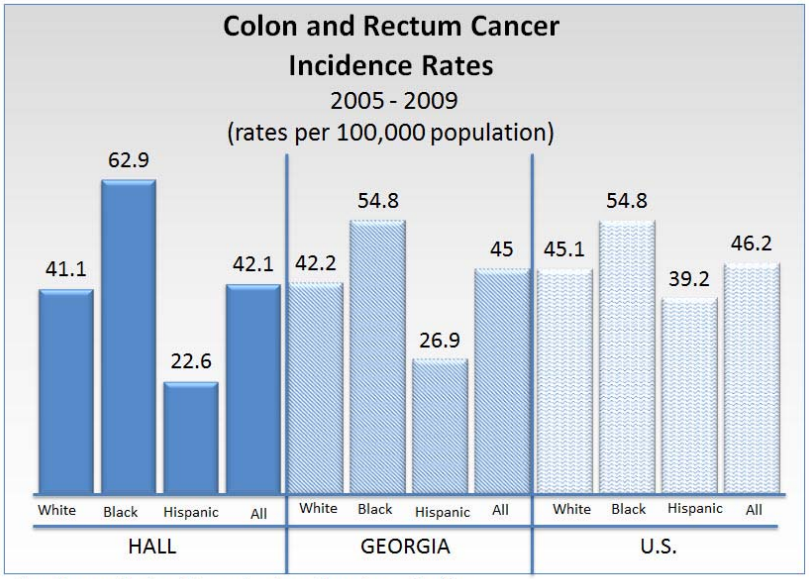


Data Sources: Georgia BRFSS, 2010, Centers for Disease Control BRFSS 2010

Smoking prevalence in Health District 2-0 (17.4 percent) was higher than the U.S. (17.2 percent). The Hall County smoking prevalence was also higher at 20 percent.

Colon and Rectum

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of all cancer deaths in 2010 were from colorectal cancer. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.[36] Black individuals have a higher incidence and poorer survival rate for colon cancer than for other racial groups.[37]

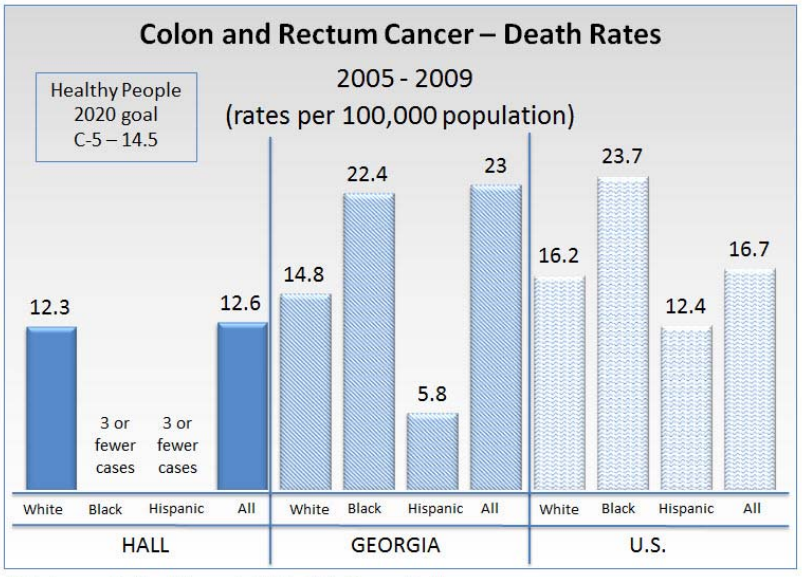


Data Source: National Cancer Institute, State Cancer Profiles

In Hall County, the colon and rectum cancer **incidence** rate (42.1 per 100,000 population) was slightly lower than the State and U.S. The Black population had the highest **incidence** rate (62.9 per 100,000 population) out of all the population groups.

The **death** rate in Hall County from colon and rectum cancer (12.6 per 100,000 population) was lower than the State and U.S. rates.

In both Georgia and the U.S., Blacks had a higher death rate than Whites. In Hall County, there were too few cases of Black or Hispanic deaths to report a rate.



Data Source: National Cancer Institute, State Cancer Profiles

RISK FACTORS

Colon and rectum cancer risks increase with age. According to the American Cancer Society, 91 percent of new cases are diagnosed in individuals aged 50 and older.[38] Modifiable risk factors include:

- Obesity
- Physical inactivity
- Diet high in red or processed meat
- Heavy alcohol consumption, and
- Long-term smoking[39]

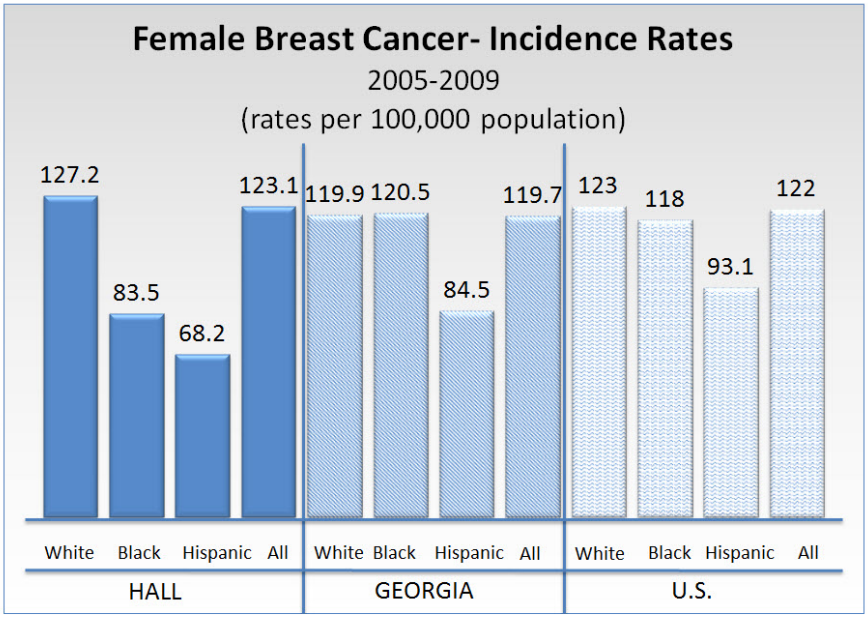
EARLY DETECTION

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.[40] The U.S. Preventive Services Task force recommends that adults 50-75 years of age undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.[41]

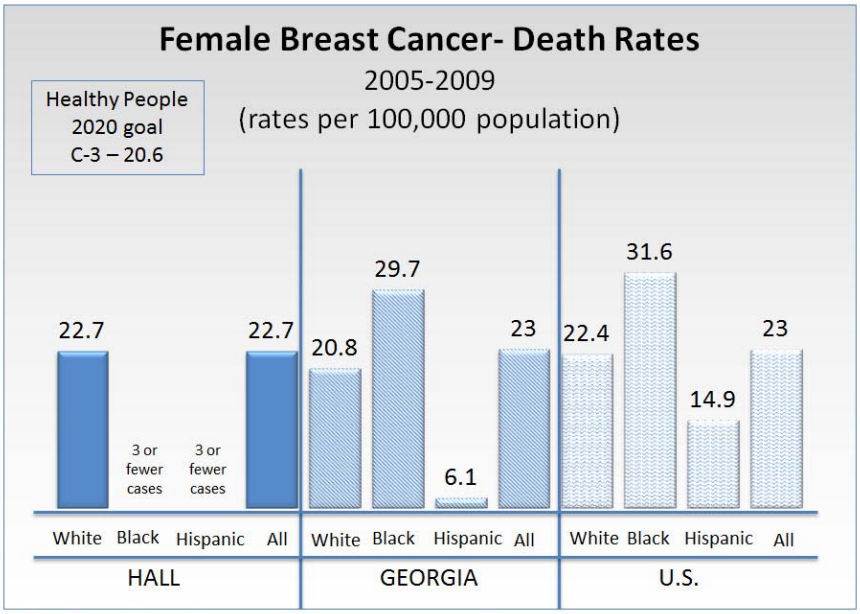
Breast Cancer

Breast cancer ranks second as the cause of cancer death in women (after lung cancer). Female breast cancer death rates have decreased since 1990. This decrease is due to earlier detection and improved treatment.[42]

The breast cancer **incidence** rate in Hall County (123.1 per 100,000 population) was higher than Georgia or the U.S. In Hall County, White females had a higher breast cancer **incidence** rate than Black or Hispanic females.



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

The female breast cancer **death** rate in Hall County (22.7 per 100,000 population) was lower than the Georgia and the U.S. rate. In both Georgia and the U.S., Black females had a higher death rate than White females. In Hall County, there were too few cases to report death rates for Black or Hispanic females.

RISK FACTORS

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

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

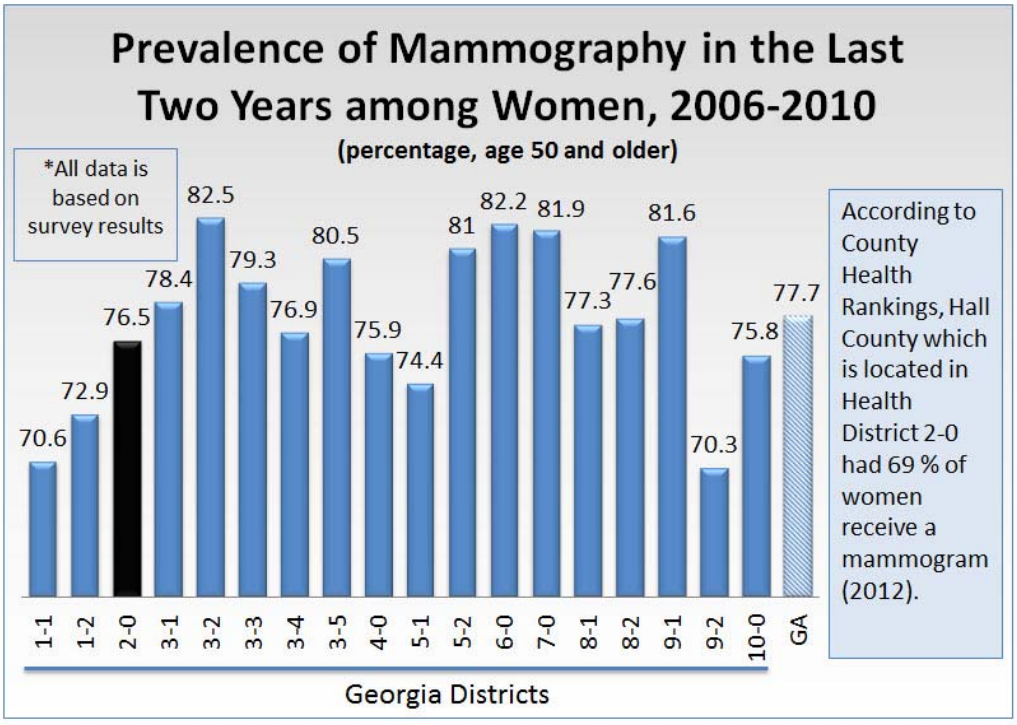
Modifiable factors that are associated with a lower risk of breast cancer include:

- Breastfeeding
- Moderate or vigorous physical activity
- Maintaining a healthy body weight[43]

EARLY DETECTION

Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect about 80–90 percent of breast cancers in women without symptoms.[44]

The percentage of women receiving a breast cancer screening (mammography) was lower in Health District 2-0 (76.5 percent) than the State average (77.7 percent). Hall County (69 percent) was lower than the State and Health District average.



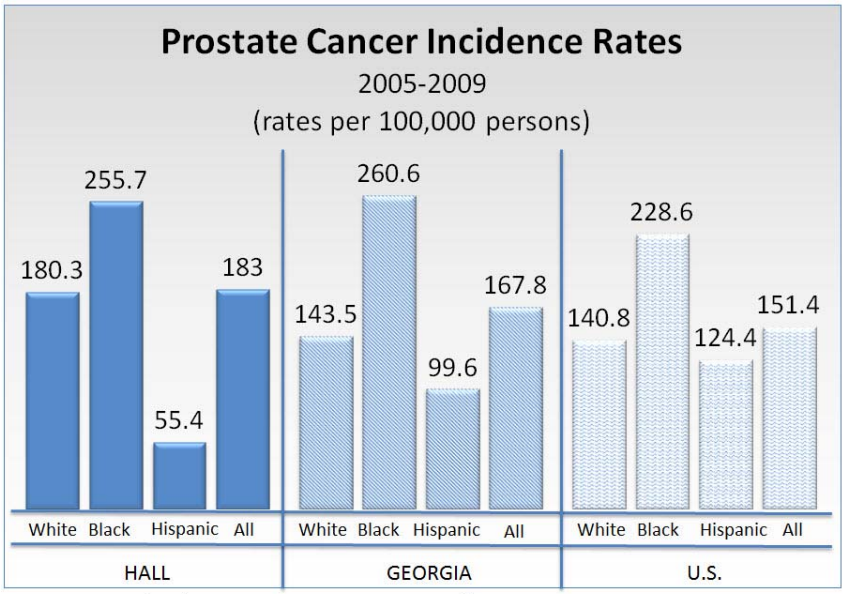
Data Source: OASIS, Georgia Department of Public Health

Prostate Cancer

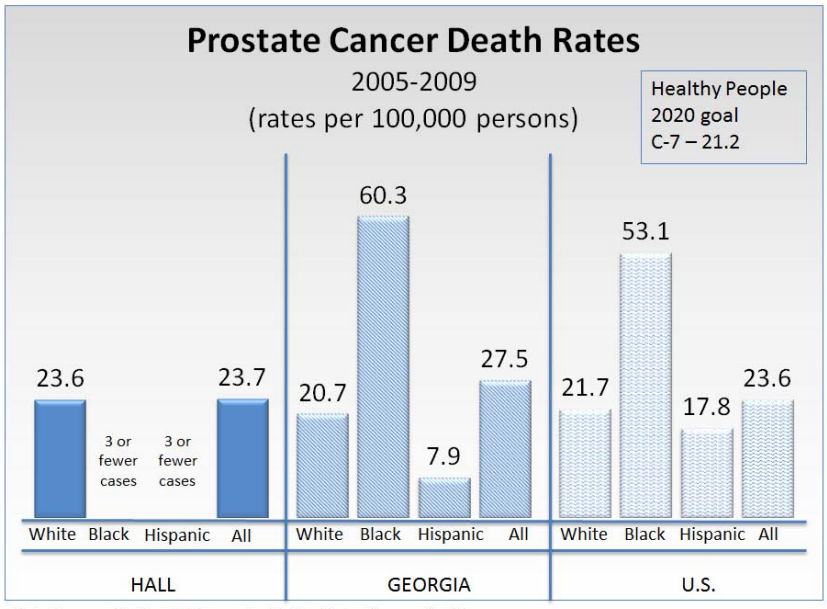
Prostate cancer is the second most deadly cancer for males. Prostate cancer incidence and death rates are higher among Black men.[45]

Hall County had a higher **incidence** rate for prostate cancer (183 per 100,000 population) than Georgia or the U.S.

Incidence rates among Black males in Hall County were much higher than White or Hispanic males. This disparity is also evident at the State and National rate.



Data Source: National Cancer Institute, State Cancer Profiles



Data Source: National Cancer Institute, State Cancer Profiles

Hall County had lower **death** rates due to prostate cancer than Georgia but higher than the U.S.

There is a disparity of prostate cancer deaths among Blacks at the State and National level. There were too few reported cases among Blacks and Hispanics to report rates for Hall County.

RISK FACTORS

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

- Age
- Ethnicity
- Family history of prostate cancer[46]

EARLY DETECTION

Prostate-specific antigen testing of the blood permits the early detection of prostate cancer before symptoms develop. In March 2010, The American Cancer Society released updated screening guidelines. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. Therefore, the revised guidelines recommend that men have the opportunity to make "informed decisions" with their healthcare provider about whether to be screened.[47]

COMMUNITY INPUT

Cancer

- Based on cancer statistics, cancer education may not be working.
- The community needs more education on cancer causes and screening methods.
- Cancer rates seem to be increasing in the schools. Eight students were diagnosed with cancer in one year.
- Chemicals and air quality in work environments contribute to cancer.
- Environmental pollution in African American neighborhoods cause cancer.
- There are environmental issues in community (New Town) that cause cancer and lupus.
- There is a high amount of lupus, cancer, and respiratory problems in New Town neighborhood.
- The high rate of cancer is troublesome.
- Smoking rates are high in our community.
- The lack of insurance prevents cancer screenings
- Most cancer screenings are free, but follow-up treatment is not.
- You can survive cancer, but you will not have anything left (money).
- There are lower rates of screenings (i.e. colonoscopy, mammograms) due to lack of insurance.

Heart Disease and Stroke

HEALTHY PEOPLE 2020 REFERENCE – HDS

HEART DISEASE

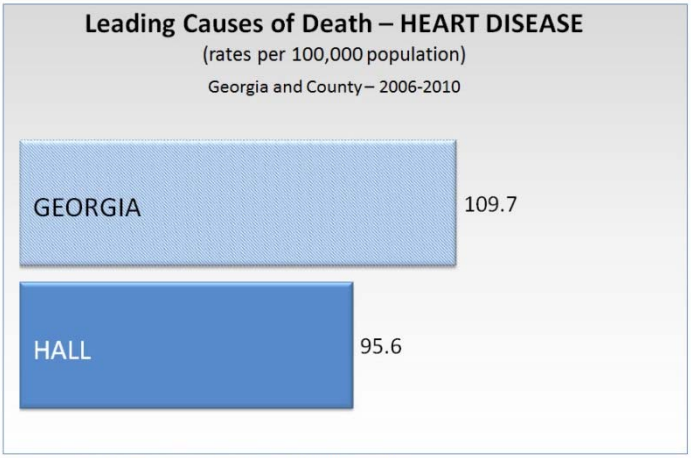
In 2010, heart disease was the first leading cause of death in the United States (24 percent of all deaths), followed by cancer (23 percent of all deaths).[48]

The majority of heart disease deaths were among people 65 years of age and older. The rates of heart disease were similar for men and women less than 65 years of age. Among older adults, 65 years of age and over, there was a higher prevalence rate for men than women. Heart disease prevalence rates showed little change from 1999 to 2009; however, during the period 1999 to 2007, age-adjusted death rates from heart disease declined by 28 percent.[49]

Why are Heart Disease and Stroke Important?

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

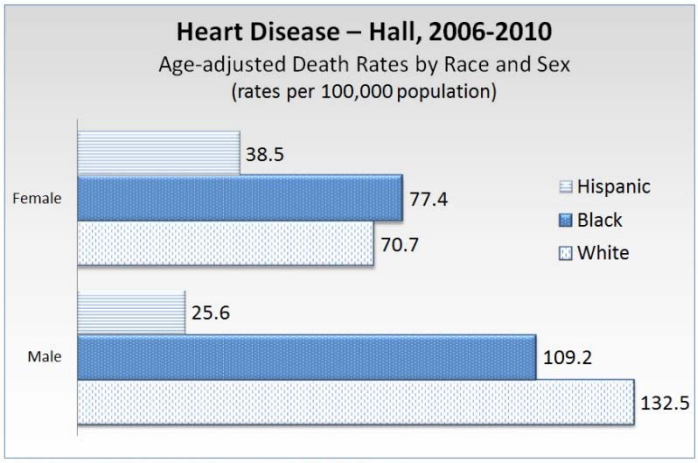
Healthy People 2020



Data Source: OASIS, Georgia Department of Public Health

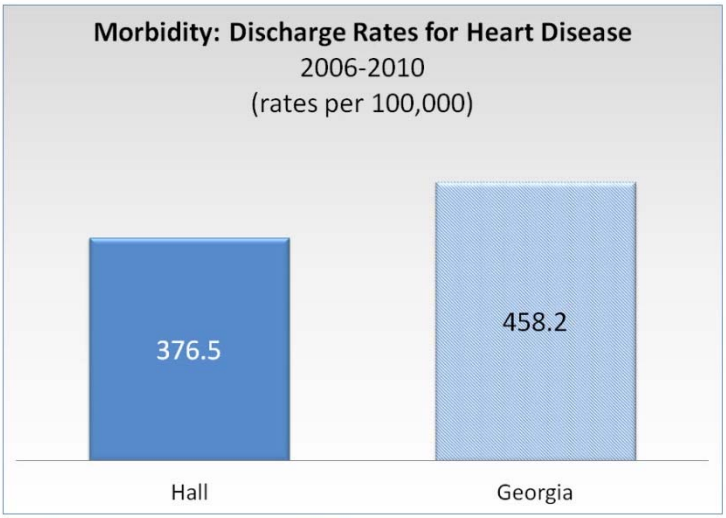
Compiled data from 2006-2010 indicated that the Hall County **death** rate from heart disease was 95.6 per 100,000 population, which was lower than the Georgia rate of 109.7 per 100,000 population.

Age-adjusted death rates from heart disease in Hall County for 2006-2010 indicated that the **death** rate from heart disease was higher for Black females than White or Hispanic females. White males had a higher **death** rate compared to Black or Hispanic males.



Data Source: OASIS, Georgia Department of Public Health

The heart disease hospital discharge rate among Hall County residents was lower than Georgia's average discharge rate.



Data Source: OASIS, Georgia Department of Public Health

MODIFIABLE RISK FACTORS

According to the 2006-2010 Georgia Behavioral Risk Factor Surveillance Survey (BRFSS), the following risk factors were noted in Health District 2-0.[50]

Percentage of Population Reporting Risk 2006-2010

Risk Factor:	District 2-0	Georgia
Diabetes	8.8	9.5
Obesity	24.9	27.6
Physical Inactivity	20.8	23.9
Smoking	17.4	18.8

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

Cardiovascular Disease

Modifiable Risk Factors

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

Data Source: American Heart Association

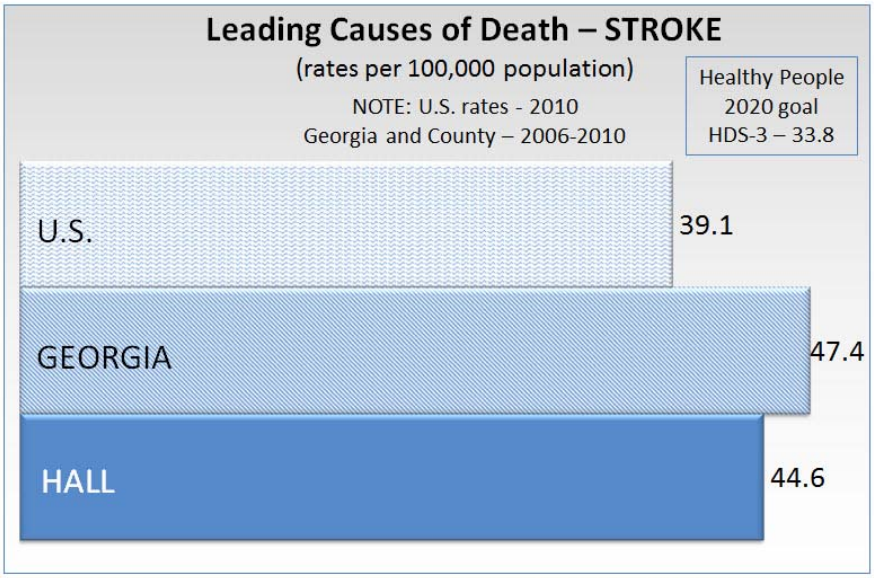
Cardiovascular disease has many modifiable risk factors that can be impacted with community health outreach programs that focus on prevention and detection.

STROKE

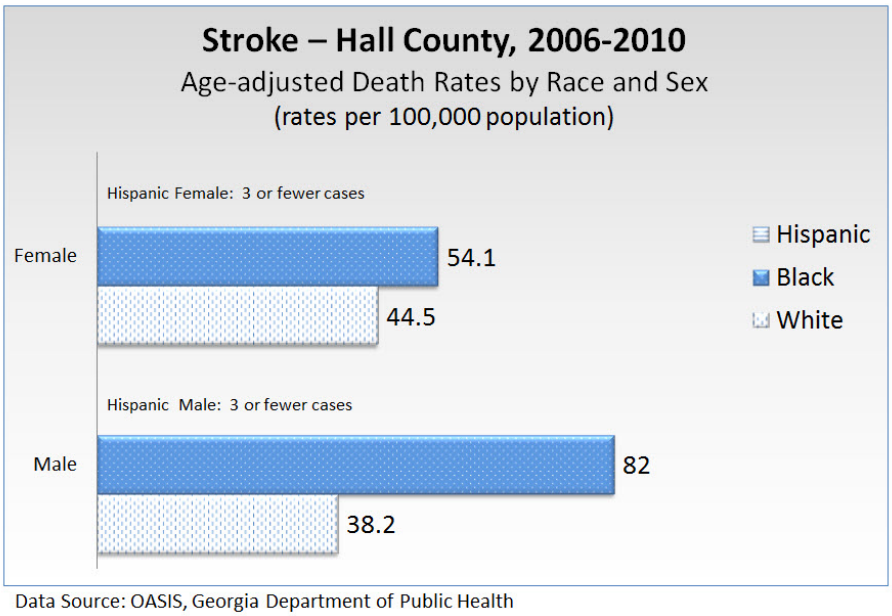
Cerebrovascular disease (stroke) was the fourth leading cause of death in the United States. Strokes were the third leading cause of death in Georgia and Hall County.

The stroke **death** rate was slightly lower in Hall County (44.6 per 100,000 population) compared to Georgia, but was higher than the U.S.

The Healthy People 2020 goal is to reduce stroke deaths to 33.8 per 100,000 population.[51]



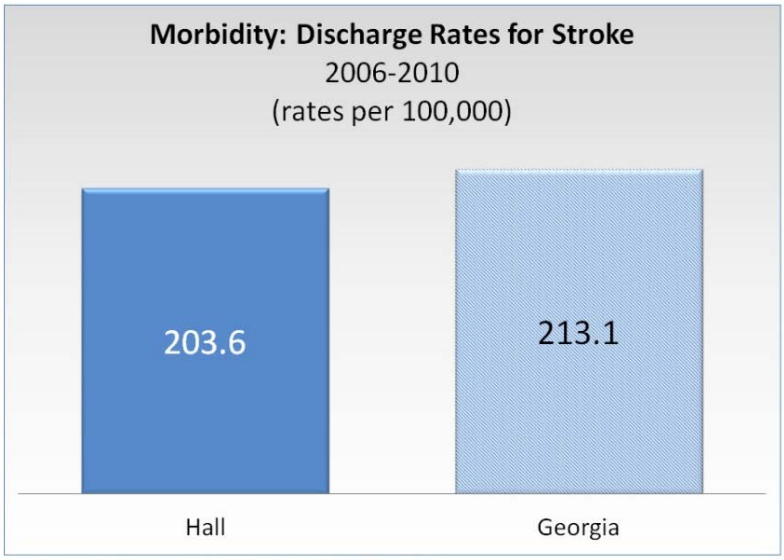
Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B, Preliminary 2010.



Data Source: OASIS, Georgia Department of Public Health

The Hall County stroke **death** rate among Black females was higher than White or Hispanic females. Black males had the highest death rate out of all the population groups. The death rate for all population groups, except Hispanics, was higher than the Healthy People 2020 goal of 33.8 per 100,000 population.

The stroke discharge rate among Hall County residents was slightly lower than the Georgia rate.

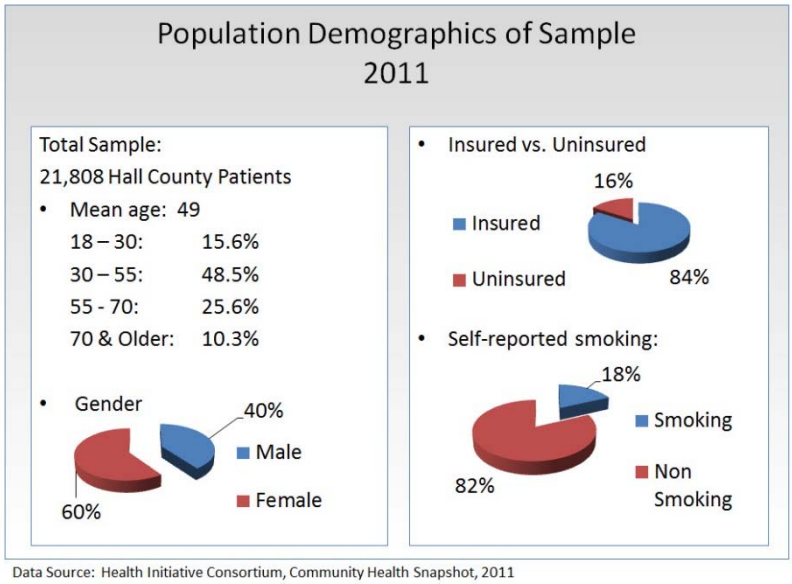


Data Source: OASIS, Georgia Department of Public Health

Local Hall County Data-Cholesterol and Hypertension

In 2012, data on adult patients 18 and older was analyzed from over 21,000 Hall County patient records. This data was gathered from an organization called the Healthcare Initiative Consortium. This consortium of healthcare leaders gathers Hall County data on some of the top health indicators. The group is working toward community health improvement on the local level using meaningful and specific data as well as ongoing communication. The group includes representatives from physician practices (The Longstreet Clinic), NGMC & NGPG Primary Care Clinic at the Hall County Health Department, Brenau University, and Good News Clinics. The group's work merges with Vision 2030 and the Greater Hall Chamber of Commerce's Healthcare Committee.

According to data collected from the Health Initiative Consortium, the following cholesterol and hypertension findings existed among the population sampled.



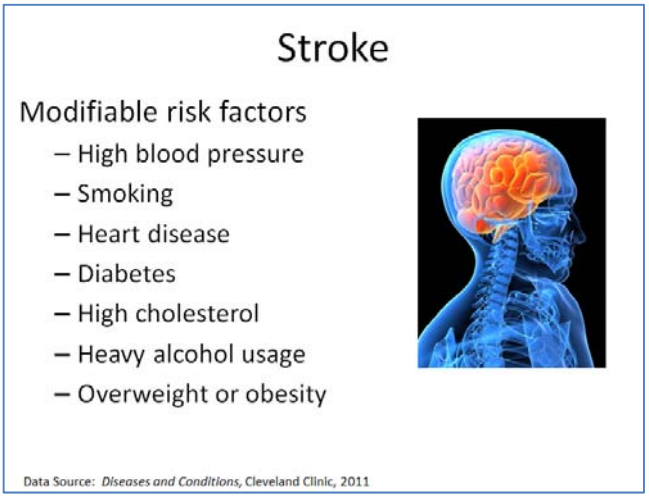
Data Source: Health Initiative Consortium, Community Health Snapshot, 2011

- Only 56 percent of males vs. 70 percent of females had a normal blood pressure.
- A greater proportion of males (20 percent) had high blood pressure compared to females (11 percent).
- Approximately 19 percent of the insured population and 23 percent of the uninsured population had elevated cholesterol levels.

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 [52]



COMMUNITY INPUT

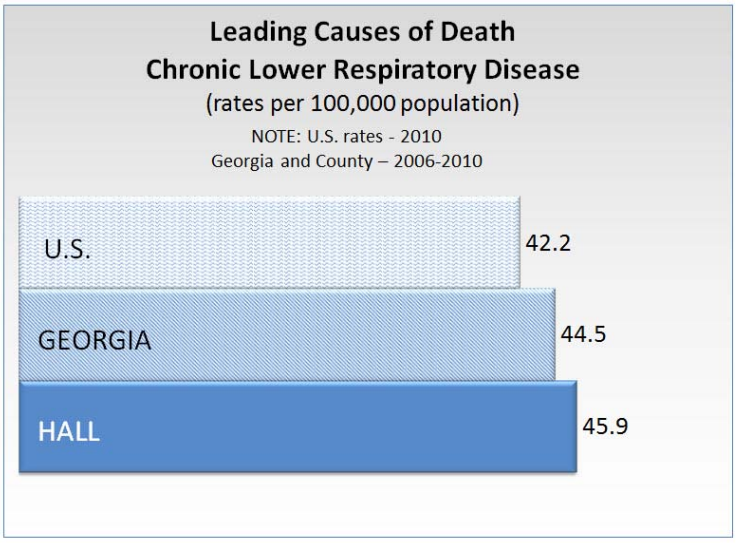
Heart Disease and Stroke

- There is concern about high blood pressure as it relates to heart disease and stroke.
- There is need for more education and community awareness on high blood pressure.

Chronic Lower Respiratory Disease

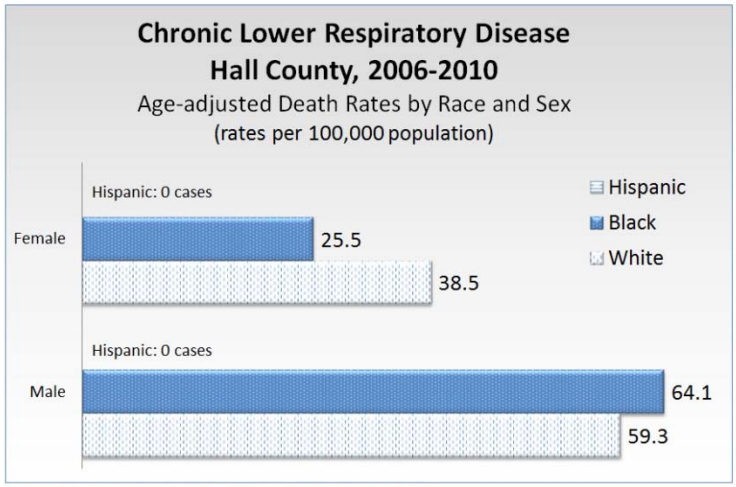
HEALTHY PEOPLE 2020 REFERENCE – RD

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



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

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



Data Source: OASIS, Georgia Department of Public Health

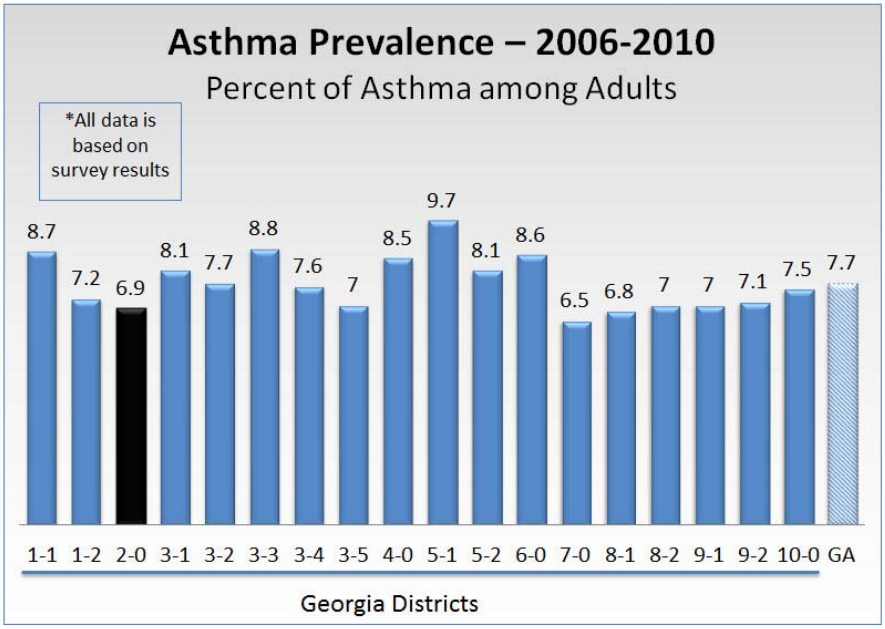
Why Are Respiratory Diseases Important?

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

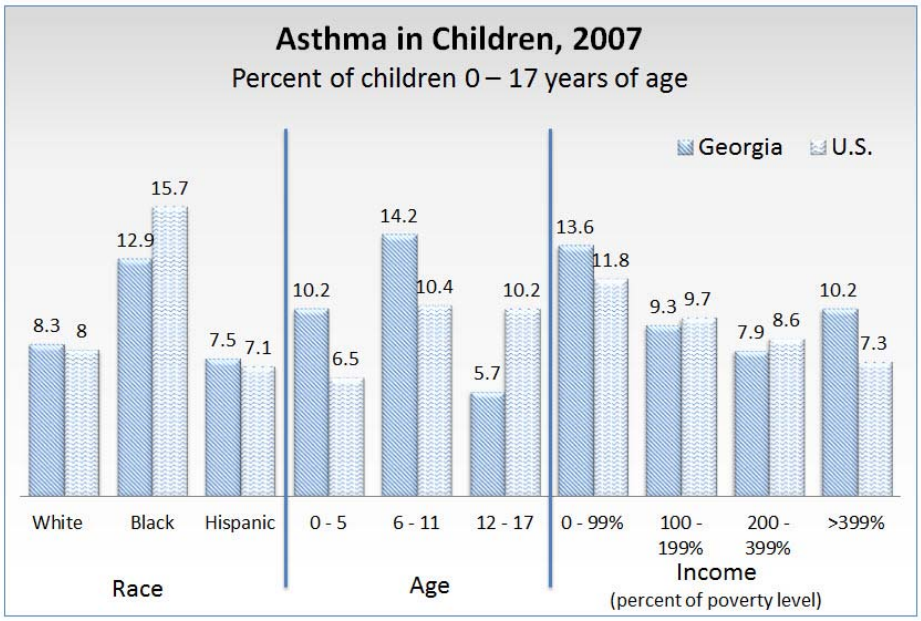
Healthy People 2020

In Hall County, the age-adjusted **death** rate by race and sex for 2006-2010 indicated that Black males had a higher death rate than other population groups for chronic lower respiratory disease.

There was a lower **prevalence** of asthma among adults within Health District 2-0 compared to the State.



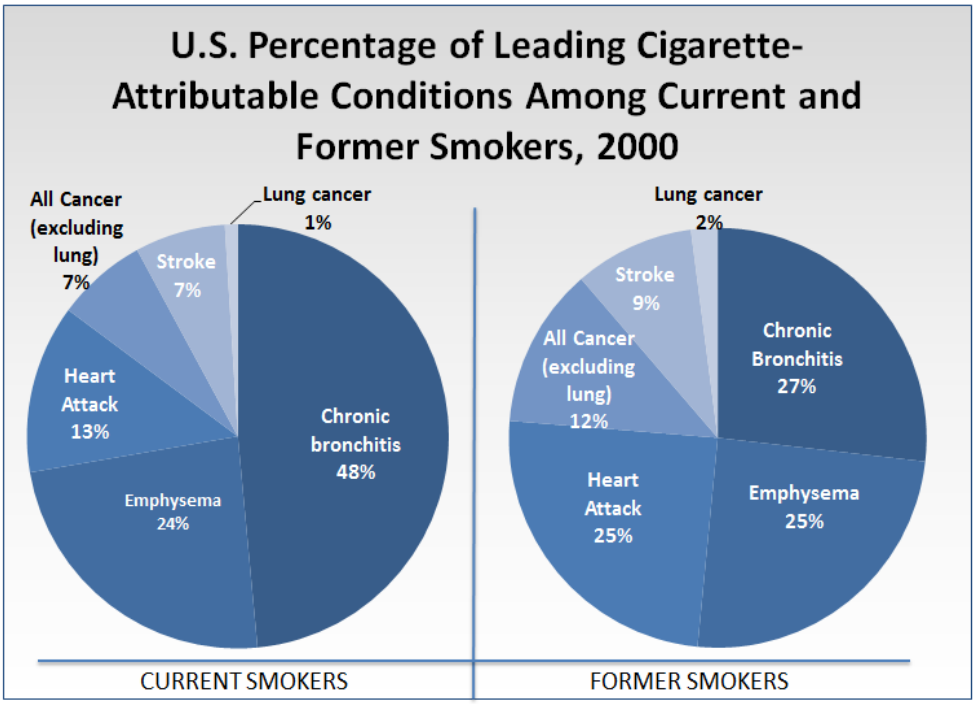
Data Source: OASIS, Georgia Department of Public Health



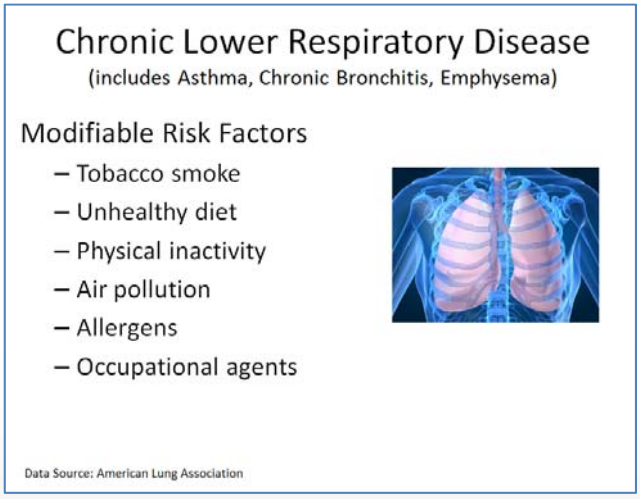
Data Source: 2007 National Survey of Children's Health, Data Resource Center on Child and Adolescent Health, http://childhealthdata.org

According to the 2007 National Survey of Children's Health, Black children had higher incidences of asthma, than Whites or other population groups. Asthma was more prevalent in lower income populations.[53]

Each year in the U.S., approximately 440,000 persons die of cigarette smoking-attributable illnesses, resulting in 5.6 million years of potential life lost, $75 billion in direct medical costs, and $82 billion in lost productivity. In 2000, an estimated 8.6 million persons in the U.S. had an estimated 12.7 million smoking-attributable conditions. For former smokers, the three most prevalent conditions were chronic bronchitis (27 percent), emphysema (25 percent), and heart attack (25 percent). For current smokers, chronic bronchitis was most prevalent condition (48 percent), followed by emphysema (24 percent).[54]



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



COMMUNITY INPUT

Chronic Lower Respiratory Disease

- Asthma is a huge problem across households in the community, regardless of socioeconomic status.
- There are many families that cannot afford asthma maintenance medications.
- Parents need education about asthma.

Accidents

HEALTHY PEOPLE 2020 REFERENCE - IVP

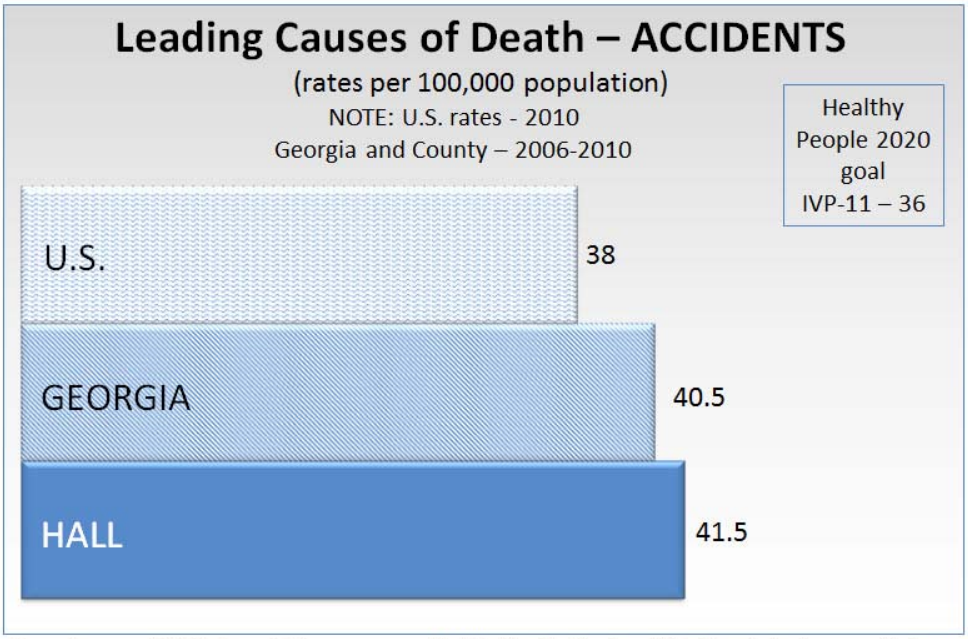
Accidental deaths may result from the following causes:

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

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

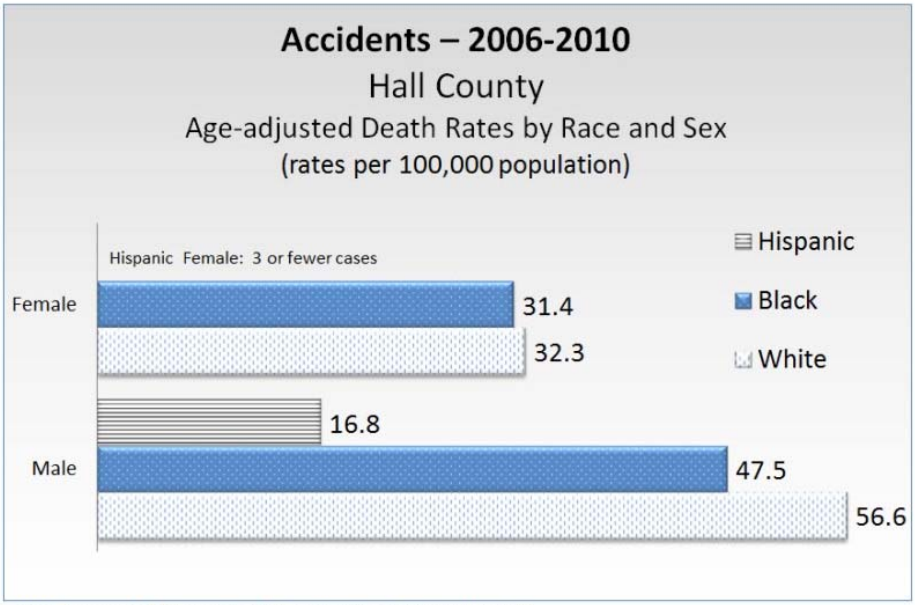


Data Source: OASIS, Georgia Department of Public Health, National Vital Statistics Reports, Vol. 60, No. 4, January 11, 2012, Table B.

In Hall County, the accident death rate (41.5 per 100,000 population) was higher than Georgia and higher than the U.S.

The Healthy People 2020 goal is set at 36.0 per 100,000 population.[55]

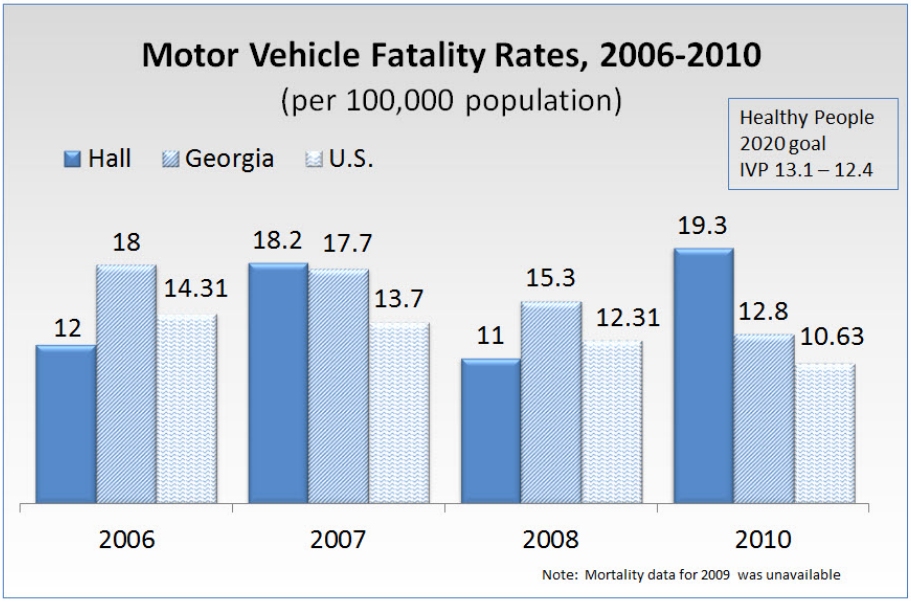
In Hall County, males had a higher death rate due to accidents compared to females. White males had a higher death rate compared to both Black and Hispanic males.



Data Source: OASIS, Georgia Department of Public Health

MOTOR VEHICLE CRASHES

Motor vehicle crashes are the leading cause of death among individuals between the ages of 5-34 in the U.S. More than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2009.[56] Driving helps older adults stay mobile and independent; however the risk of being injured or killed in a motor vehicle crash increases as you age.[57]



Data Source: OASIS, Georgia Department of Public Health

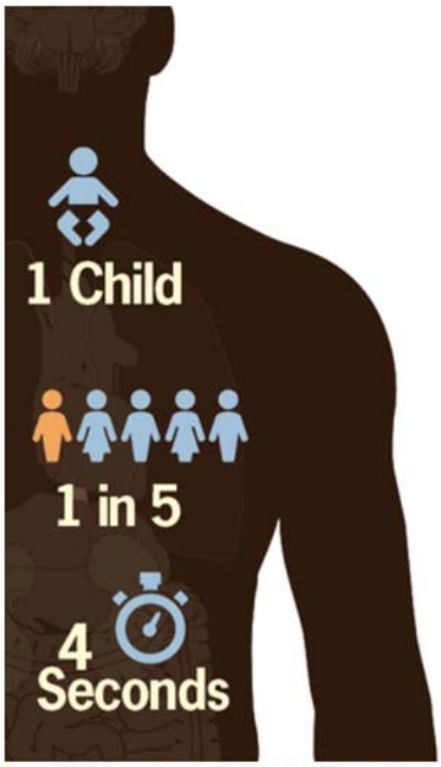
Over the period 2006-2010, motor vehicle fatality rates in Hall County were unstable. During years 2006 and 2008, death rates were lower than the Healthy People 2020 goal of 12.4 per 100,000 population.

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

According to the Centers for Disease Control and Prevention:

- Drivers with previous driving while impaired convictions pose a substantial risk of offending again.
- Millions of adults drive while impaired, but only a fraction is arrested.
- Young drivers who drink have the greatest risk of dying in an alcohol-impaired crash.
- Age-related declines in vision and cognitive functioning (ability to reason and remember), as well as physical changes, may impact some older adults' driving abilities.
- Teen motor vehicle crash injuries and death include factors such as driver inexperience, driving with other teen passengers, nighttime driving, not wearing seatbelts, and distracted driving - such as talking or texting.[58]

Childhood Injuries



Data Source: Centers for Disease Control and Prevention

Why is Injury Prevention in Children Important?

Every hour, one child dies from an unintentional injury in the U.S. For every child that dies, there are 25 hospitalizations, 925 treated in the ER, and many more treated in doctors' offices. About one in five child deaths is due to injury. Every four seconds, a child is treated for an injury in an emergency department.

Centers for Disease Control and Prevention

Injury is the number one killer of children in the U.S. Child injuries are preventable, yet more than 9,000 children died from injuries in the U.S. in 2009.[59] Among all high income countries, the U.S. child injury death rate is one of the worst (8.65 per 100,000).[60] The U.S. death rate is four times greater than the country with the lowest death rate (Sweden, 1.96 per 100,000).[61] In 2005, injuries that resulted in death, hospitalization, or an emergency room visit cost nearly $11.5 billion in medical expenses.[62]

Children ages four and under are at greater risk, and they account for approximately half of all unintentional injury deaths. The most common deaths are a result of suffocation, choking, drowning, fires, motor vehicle accidents, poisoning, and falls.[63]

In 2009, approximately 9,100 children died from injuries in the U.S.[64] In Georgia, death rates were slightly less than the National average, however prevention of these deaths is of great importance to the health of a community. In 2010, 166 children died in Georgia as a result of preventable injuries. Three of those 166 deaths occurred in Hall County.[65]

Hall County had a population of nearly 180,000 people in 2010.[66] The population is predicted to increase to nearly 233,000 in 2015.[67] Children 14 and under make up nearly 27 percent of the population in Hall County.[68] Due to the rapidly increasing population, it is important for the community to prevent unintentional injuries among children and be more aware of the causes. The following sections highlight different causes of unintentional injury among children. The number of emergency room visits will be identified as well as the number of deaths as a result. The sample size includes children 14 and under for Hall County and Georgia, or in some cases, 19 and under for the U.S.

MOTOR VEHICLE CRASHES

In 2009, 1,300 children ages 19 and under died from motor vehicle related injuries in the U.S.[69] Georgia had over 9,200 children 14 and under involved in motor vehicle crashes visit the ER in 2010, and 82 children died as a result. Hall County had over 100 cases of motor vehicle injuries in 2010, and one child died as a result.

Motor vehicle crashes include accidents in which any motorized vehicle (car, truck, motorcycle, etc.) was involved. Crashes also include motor vehicles injuring pedestrians or bicyclists.[70]

The related Healthy People 2020 goals for prevention of injury and death due to motor vehicle accidents include:

IVP-13 Reduce motor vehicle crash-related deaths

IVP-14 Reduce nonfatal motor vehicle crash-related injuries

IVP-15 Increase use of safety belts

To prevent motor vehicle injury and death, the following behaviors are important:

- Every occupant should be properly restrained for every ride. Children should ride in a back seat until they are at least 13 years of age.
- Appropriate child safety seats should be used. Children should ride in a car seat as long as possible. Children should remain in rear-facing car seat until they are at least two years of age.
- Children should remain in a forward-facing car seat until they reach the upper height or weight limit specified by the manufacturer.
- Return the product registration card provided for all new child safety seats to the manufacturer to ensure you will be notified of any recalls.[71]

FALLS

In 2009, 151 children ages 19 and under died from falls in the U.S. Each year, approximately 2.8 million children go to the hospital emergency department for injuries caused by falling.[72] Georgia had just fewer than 60,000 children 14 and under involved with fall injuries visit the ER in 2010; two children died as a result. Hall County had over 800 cases of fall injuries in the ER in 2010, and no children died as a result.

Falls include all accidental injuries caused by an individual losing his/her balance.

To prevent fall injuries and death, the following behaviors are important:

- Installation of window guards on upper floors, making sure they are designed to open quickly from the inside in case of fire
- Use of protective gear like a helmet during sports and recreation
- The use of safety gates at the tops and bottoms of stairs reduces a young child's chances of falling

» Protective surfacing under and around playground equipment to reduce the severity of fall-related injuries [73]

SUFFOCATION AND CHOKING

Suffocation is the leading cause of injury death for infants ages one and younger.[74] In 2009, 1,160 children ages 19 and under died from suffocations in the U.S.[75] Georgia had 333 near suffocation cases (children 14 and under) visit the ER in 2010, and 34 children died as a result. Hall County had three near suffocation cases visit the ER in 2010, and one child died as a result.[76]

Suffocation and choking occurs as a result of items in bed, inhalation of gastric contents, food, airtight space, or plastic bag.

To prevent nonfatal suffocation injuries and suffocation death, the following behaviors are important:

» Infants should sleep alone, placed on their back, and on a firm surface.
» Cribs must meet all safety standards.
» Do not use soft bedding or place soft toys in crib.[77]

DROWNING

Drowning is the leading cause of injury death for children ages one to four.[78] It is the third leading cause of injury-related death among children ages 14 and under.[79] In 2009, 983 children 19 and under died due to drowning in the U.S. Georgia had 153 near-drowning cases (children 14 and under) visit the ER in 2010, and 34 children died as a result. Hall County had three near-drowning cases visit the ER in 2010, and one child died as a result.[80]

Drowning occurs from being submerged in water or other fluid.[81]

The related Healthy People 2020 goals for prevention of injury and death due to drowning include:

IVP-25 Reduce drowning deaths

To prevent nonfatal drowning injuries and drowning death, the following behaviors are important:

» Learn to swim
» Use a four-sided fence with self-closing and self-latching gates around the pool
» Supervise children closely when they are in or around water[82]

FIRE/BURNS

In 2009, almost 90,000 children ages 14 and under were non-fatally injured from an unintentional fire or burn-related incident.[83] In 2009, 391 children died from fires or burns in the U.S. Georgia had 423 fire or burn-related cases visit the ER in 2010, and 9 children died as a result. Hall County had eight cases of fire or burn-related visits to the ER in 2010, and no children died as a result.[84]

Fire, burns, and smoke exposure injuries and death occur due to accidental exposure to smoke, fire, and flames.[85]

The related Healthy People 2020 goals for prevention of injury and death due to fire and/or burns include:

IVP-28 Reduce residential fire deaths

To prevent fire and burn related injuries and death, the following behaviors are important:

- Use smoke alarms where people sleep and on every level of the home
- Test smoke alarms monthly
- Create and practice a family fire escape plan
- Install a home fire sprinkler system if possible[86]

POISONING

In 2010, more than 68,000 children 14 and under were treated in emergency departments for unintentional poisoning-related incidents; almost 72 percent of those treated were under five years of age.[87] In 2009, 824 children died from poisonings in the U.S.[88] Georgia had 3,468 poisoning cases visit the ER in 2010, and 3 children died as a result. Hall County had 33 poisoning cases visit the ER in 2010, and no children died as a result.[89]

Poisoning injuries and death result from the act of ingesting or coming into contact with a harmful substance that may cause injury, illness, or death.[90]

The related Healthy People 2020 goals for prevention of injury and death due to poisoning include:

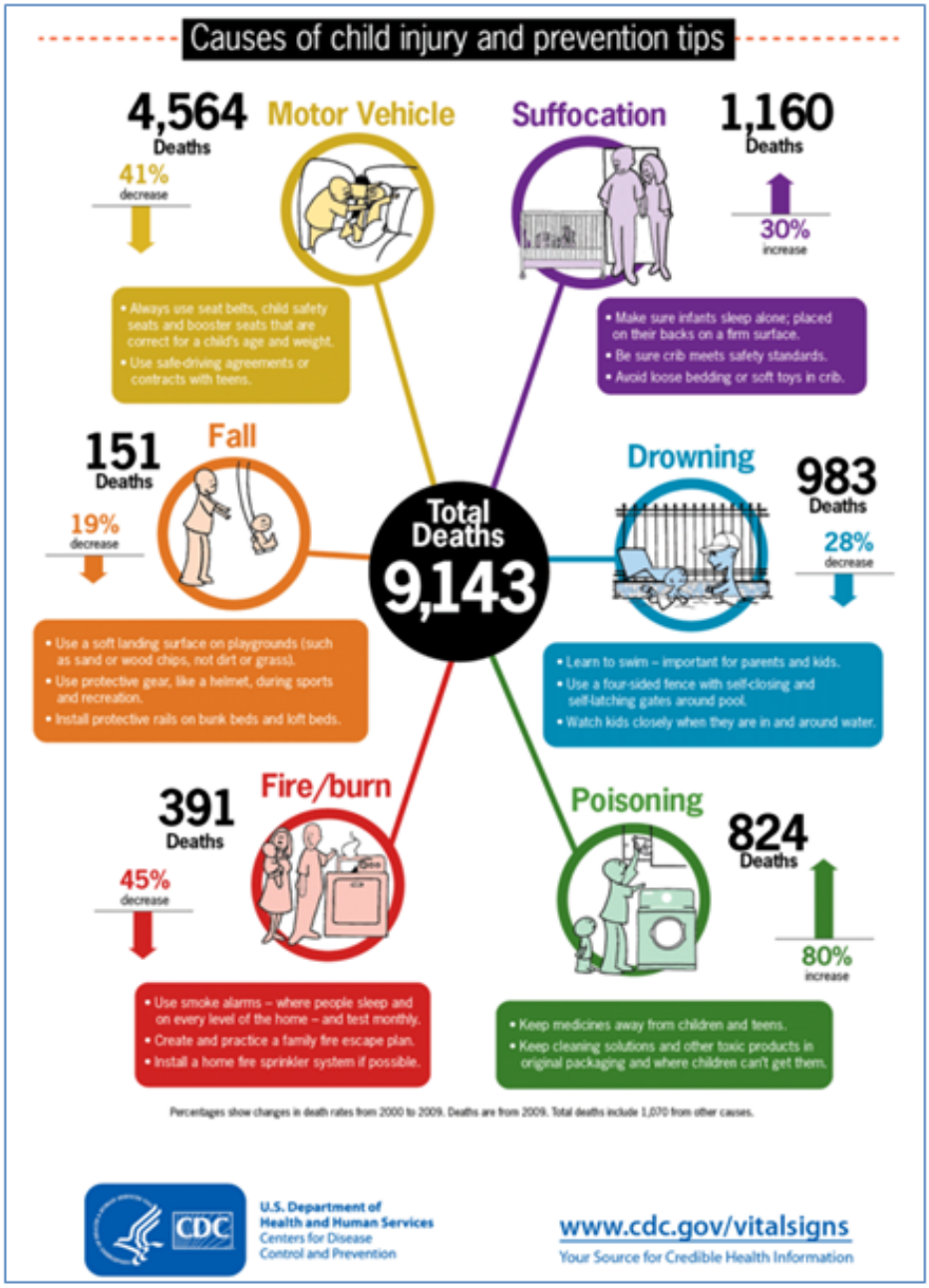
IVP-9 Prevent an increase in the rate of poisoning deaths

IVP-10 Prevent an increase in the rate of nonfatal poisonings

To prevent poisoning injuries and death, the following behaviors are important:

- Keep medicine away from children and teens
- Keep cleaning solutions and other toxic products in original packaging and where children cannot get them
- Keep prescription drugs in child-resistant packaging[91]

The Centers for Disease Control and Prevention has developed a chart (below) to inform individuals of recommended prevention tips for child injury. Copies may be obtained at the website address noted in the chart.



Source: www.cdc.gov/vitalsigns

Safe Kids Gainesville/Hall County

Safe Kids Gainesville/Hall County tracks childhood injury rates through Northeast Georgia Medical Center's Emergency Department. Injury information is obtained on each patient age 14 and under and categorized for analysis.[92] Safe Kids provided over 315 programs and events that reached an estimated 51,450 children and their family members, teachers and caregivers. Through these programs over 3,114 safety devices were distributed to families who were in need of them. Northeast Georgia Medical Center tracked ER visits to identify trends and patterns among the patients age 14 and under.

The table below displays the major improvements and areas that need to be improved among injury categories.

SAFE KIDS CHILDHOOD INJURY DATA					
Number of Cases	*FY08*	*FY09*	*FY10*	*FY11*	*FY12*
Animal Bites	354	369	376	384	451
Bike, Skate, or Scooter	176	190	165	141	141
Fall, Slip, or Trip	2076	1969	1999	2051	1960
Fire or Burn	12	10	16	15	16
Firearms	72	83	76	66	61
Motor Vehicle	346	286	265	262	276
Off Road	84	39	40	41	30
Poison or Ingestion	262	219	265	250	284
Sports/Recreation	224	218	193	222	268
Water/Drowning	17	16	10	8	13
Heat Exhaustion/Weather	7	7	4	7	7

Data Source: Northeast Georgia Medical Center Emergency Department Visits

The table below shows the percent change between years for the same injury categories.

SAFE KIDS CHILDHOOD INJURY DATA				
Percent Change Between Years	FY08-FY09	FY09-FY10	FY10-FY11	FY11-FY12
Animal Bites	4.24%	1.90%	2.13%	17.45%
Bike, Skate, or Scooter	7.95%	-13.16%	-14.55%	0.00%
Fall, Slip, or Trip	-5.15%	1.52%	2.60%	-4.44%
Fire or Burn	-16.67%	60.00%	-6.25%	6.67%
Firearms	15.28%	-8.43%	-13.16%	-7.58%
Motor Vehicle	-17.34%	-7.34%	-1.13%	5.34%
Off Road	-53.57%	2.56%	2.50%	-26.83%
Poison or Ingestion	-16.41%	21.00%	-5.66%	13.60%
Sports/Recreation	-2.68%	-11.47%	15.03%	20.72%
Water/Drowning	-5.88%	-37.50%	-20.00%	62.50%
Heat Exhaustion/Weather	0.00%	-42.86%	75.00%	0.00%

Data Source: Northeast Georgia Medical Center Emergency Department Visits

Diabetes

HEALTHY PEOPLE 2020 REFERENCE – D

Diabetes affects 8.3 percent of Americans of all ages, and 11.3 percent of adults aged 20 and older according to the National Diabetes Fact Sheet for 2011. About 27 percent of those with diabetes—7 million Americans—do not know they have the disease.[93]

According to the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), the percentage of Georgia residents diagnosed with diabetes has steadily risen since 2004, from 7.3 percent to 9.7 percent in 2010.[94]

The 2010 percentage of Georgia's population with diabetes (9.7 percent) was higher than the U.S. percentage (8.7 percent).[95]

Image Source: Pharmacy Practice News

Why Is Diabetes Important?

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

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

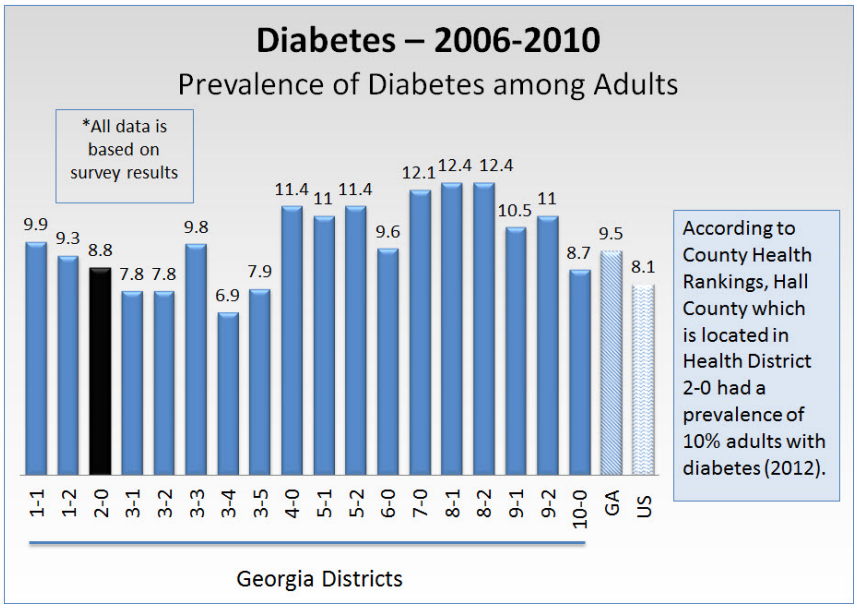
Diabetes is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

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

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

Healthy People 2020

Health District 2-0 (which includes Hall County), had a lower diabetes **prevalence** (8.8 percent) than a majority of the other districts in the State for the period 2006-2010. Hall County had a diabetes **prevalence** of 10 percent in 2012, which was higher than the District, State, and National levels.

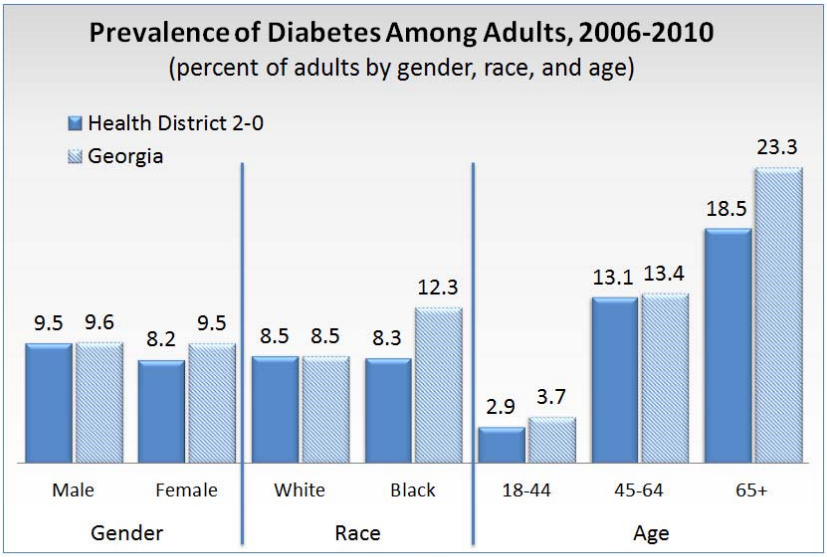


Data Source: OASIS, Georgia Department of Public Health, County Health Rankings

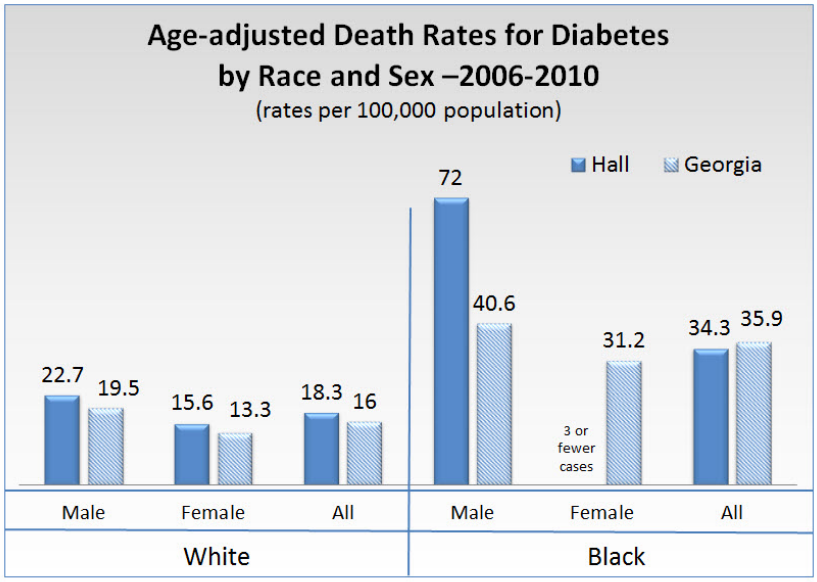
From 2006-2010, the diabetes **prevalence** among males in Health District 2-0 was higher than females.

In Health District 2-0, **prevalence** of diabetes among Whites was comparable to Blacks.

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



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

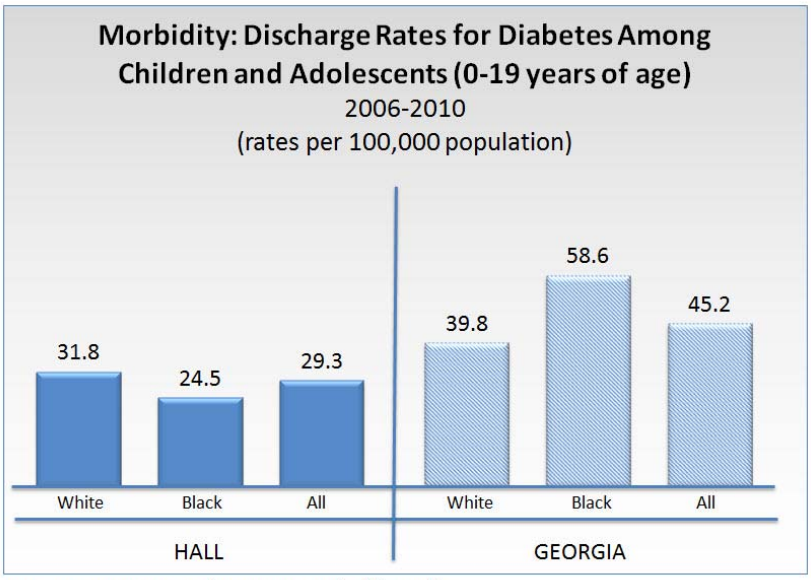
In both Hall County and Georgia, the overall **death** rate due to diabetes was higher among Blacks compared to Whites.

Hall County Black males had the highest **death** rate out of all the population groups. The Hispanic population in Hall County had too few cases of diabetes to report statistical significance.

The Healthy People 2020 goal for diabetes death rate is 65.8 per 100,000 population.[96]

Although there were too few cases of diabetes to report a rate among the Hispanic population in Hall County, Georgia Hispanics had a lower age-adjusted death rate compared to other population groups.

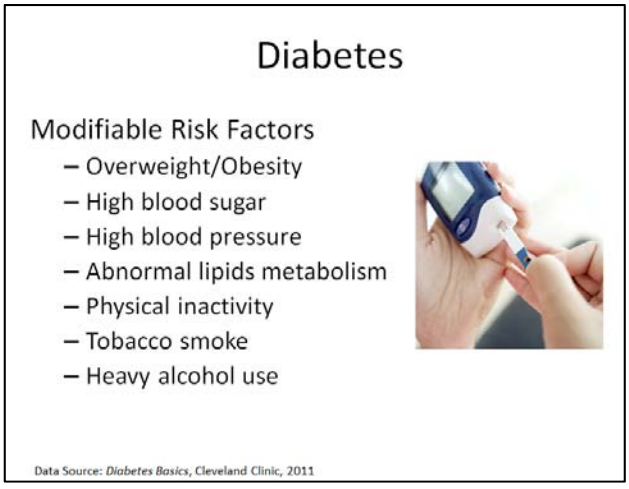
- Overall, Hispanics in Georgia had an age-adjusted death rate of 6.2 per 100,000 population.
- Hispanic males had an age-adjusted death rate of 7.4 per 100,000 population.
- Hispanic females had an age-adjusted death rate of 5.5 per 100,000 population.



Data Source: OASIS, Georgia Department of Public Health

Hall County had lower child and adolescent discharge rates due to diabetes compared to Georgia. White children and adolescents in Hall County had a higher hospital discharge rate than Blacks. In Georgia, Black children and adolescents had the highest hospital discharge rate.

Diabetes has many modifiable risk factors that that can be impacted with community health outreach programs that focus on prevention and detection.



Local Hall County Data - Diabetes

According to data collected from the Health Initiative Consortium, the following diabetes related findings existed among the population sampled. (See chart on page 42).

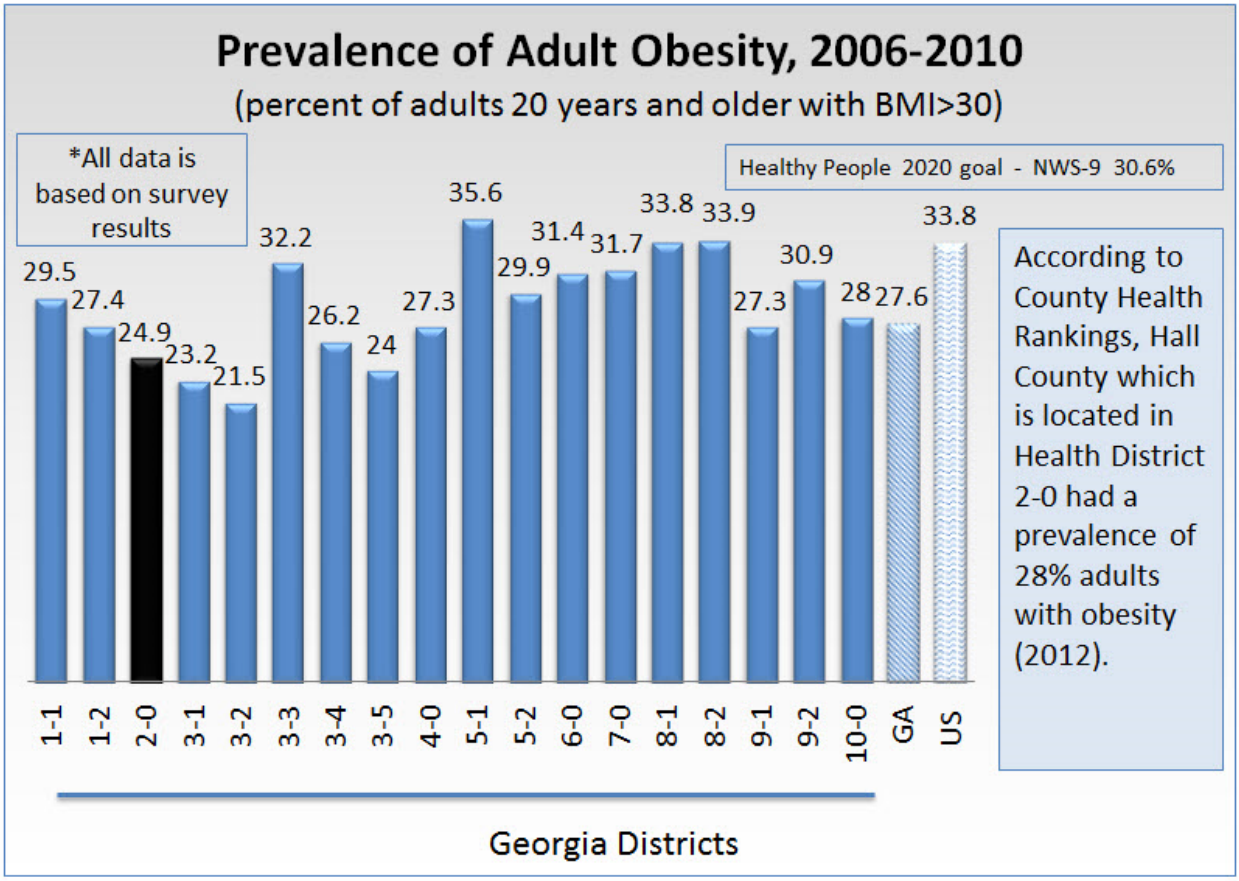
- Approximately, 14.1 percent of the insured patients had blood sugars indicating at risk for developing diabetes.
- Roughly, 28.1 percent of the insured patients had blood sugars that indicated presence of diabetes.
- Approximately, 14.4 percent of the uninsured patients had blood sugars that indicated at risk for developing diabetes.
- Nearly 51 percent of uninsured patients had blood sugars that indicated presence of diabetes.

Obesity

HEALTHY PEOPLE 2020 REFERENCES – NWS, PA

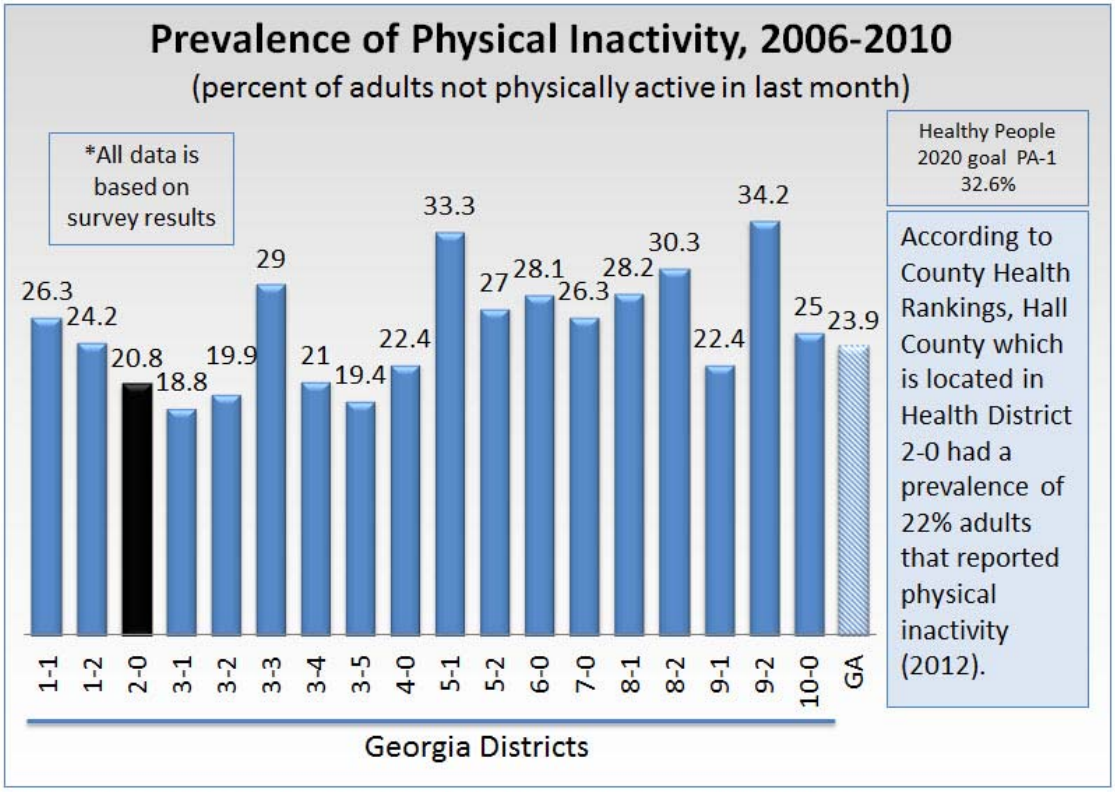
The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of persons 20 years and older were obese in 2005–2008. The Healthy People 2020 target for obesity is to reduce this percentage to 30.6 percent.[97]

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 30 kg/m2, and obese when it is greater than 30 kg/m2.[98]



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

The **prevalence** of adult obesity in Health District 2-0 (24.9 percent) was lower than Georgia (27.6 percent), and the U.S. (33.8 percent). The Healthy People 2020 goal is set at 30.6 percent. Hall County had a lower **prevalence** of obesity (28 percent) compared to the U.S.



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

The **prevalence** of adults who did not engage in physical activity or exercise in the last 30 days was lower in Health District 2-0 (20.8 percent) compared to the State average (23.9 percent). Hall County had a higher **prevalence** of physical inactivity (22 percent) than the Health District and lower than the Healthy People 2020 target of 32.6 percent.[99]

Local Hall County Data - Obesity

According to data collected from the Health Initiative Consortium, the following obesity (BMI) related findings existed among the population sampled. (See chart on page 42).

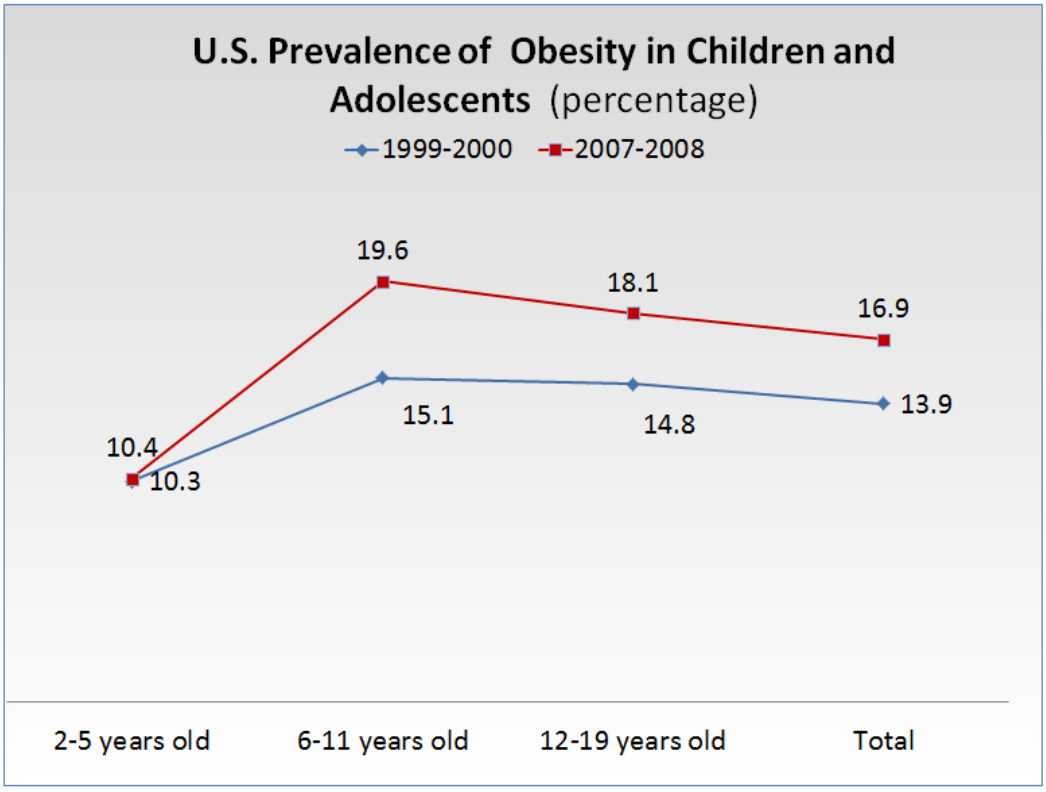
- Approximately, 26 percent of the insured population and 20.5 percent of the uninsured population had a healthy BMI
- Approximately, 39 percent of the insured population and 50 percent of the uninsured population were obese
- **Regardless of insurance status, between 75 and 80 percent of the sample study was overweight or obese.**

Childhood Obesity

Childhood obesity is causing a new disease normally seen in adults over 40 years of age called type 2 diabetes (formally known as adult onset diabetes). Children diagnosed with type 2 diabetes are generally between 10 and 19 years old, obese, have a strong family history for type 2 diabetes, and have insulin resistance.[100] Obesity is the primary modifiable risk factor to prevent type 2 diabetes.

According to the Centers for Disease Control and Prevention, for the period 2007-2008, 16.9 percent of children and adolescents aged 2-19 years were obese.[101]

Georgia has the second highest obesity rate in the U.S. and nearly 40 percent of children are overweight or obese in the State.[102]



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

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

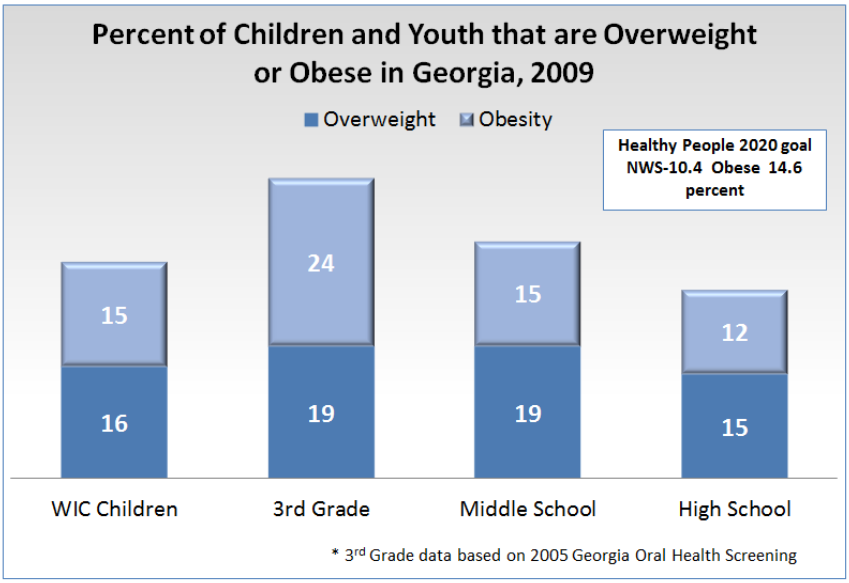
- From 11.6 percent to 16.7 percent among non-Hispanic White boys
- From 10.7 percent to 19.8 percent among non-Hispanic Black boys
- From 14.1percent to 26.8 percent among Mexican-American boys
- From 8.9 percent to 14.5 percent among non-Hispanic White girls
- From 16.3 percent to 29.2 percent among non-Hispanic Black girls
- From 13.4 percent to 17.4 percent among Mexican-American girls[103]

According to a 2005 Georgia Oral Health Screening, obesity and overweight status among third graders was higher than the most recent Behavioral Risk Factor Surveillance Survey (BRFSS) data published in 2009 for Middle School and High School. This can be assumed due to the difference in data collection methods. The BRFSS is a self-reported survey, while the 2005 Georgia Oral Health Screening collected first-hand height and weight measurements of third graders.[104]

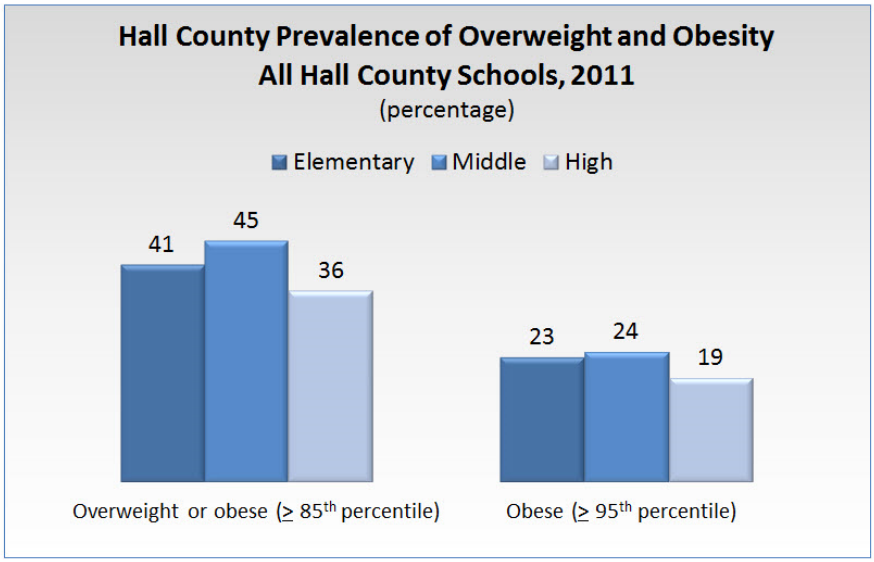
Pediatric Nutrition Surveillance System collects similar first-hand data on children under five that are enrolled in the Women, Infant and Children program (WIC). In 2009, 15 percent of children aged 2-4 years of age in the WIC program were obese.[105]

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

- Girls were more likely to be obese (25 percent) than boys (22 percent).
- Black children were more likely to be obese (27 percent) than White children (21 percent).
- Children from low socioeconomic (SES) households were more likely to be obese (26 percent) than those from high SES households (21 percent).
- Children from rural areas were more likely to be obese (26 percent) than children from Metropolitan Atlanta (21 percent).[106]



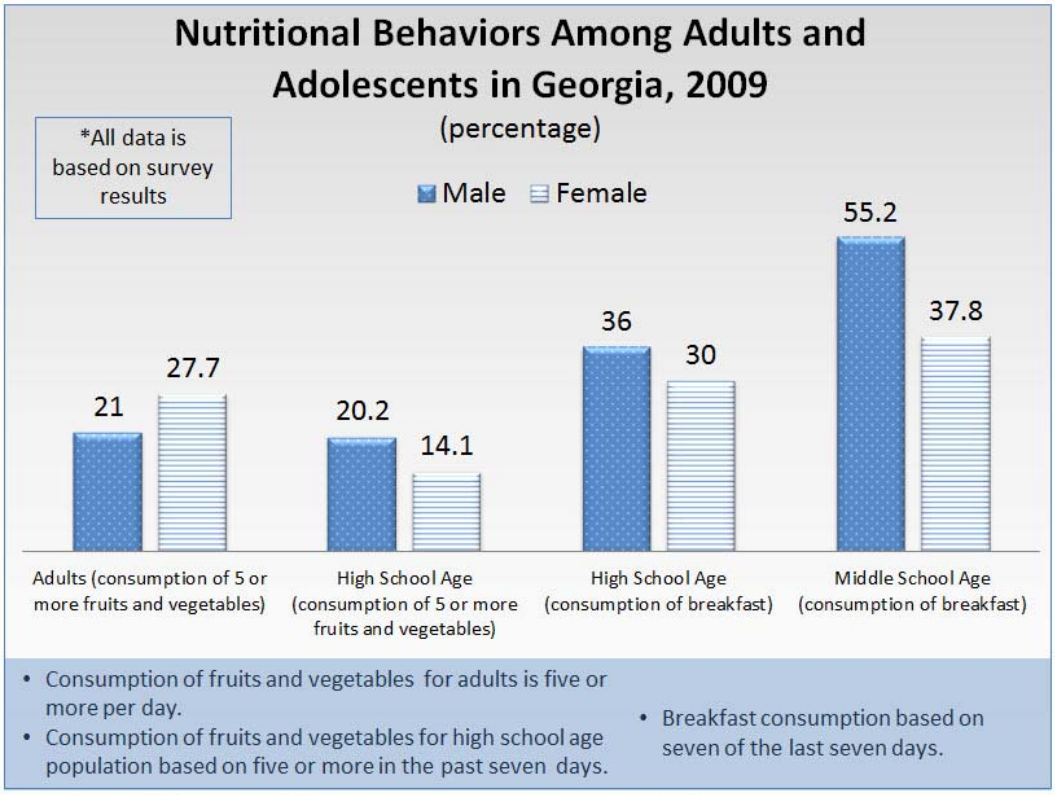
Data Source: Georgia Department of Public Health, 2010 Georgia Data Summary



Data Source: School Nurse Program, Hall County School District

According to data collected from the Hall County School Nurse Program, 41 percent of elementary students, 45 percent of middle school students, and 26 percent of high school students were either obese or overweight.

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.[107]



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

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

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

Obese children are more likely to have:

- High blood pressure and high cholesterol
- Increased risk of impaired glucose tolerance, insulin resistance and type 2 diabetes
- Breathing problems, such as sleep apnea, and asthma
- Joint problems and musculoskeletal discomfort
- Fatty liver disease, gallstones, and gastro reflux
- Greater risk of social and psychological problems such as discrimination and poor self-esteem, which can continue into adulthood[108]

Food Deserts

Choices about what food to buy can be beyond the control of a population group. Choices about food spending and diet are likely to be influenced by the accessibility and affordability of food retailers—travel time to shopping, availability of health foods, and food prices. More importantly, low-income disparities have an influence on accessing healthy food.[109]

The United States Departments of Agriculture, Treasury, and Health and Human Services have defined a food desert as a census tract with a substantial share of residents who live in low-income areas that have low levels of access to a grocery store or a healthy, affordable food retail outlet.[110]

Census tracts qualify as food deserts if they meet both the low-income and low-access thresholds.

1. They qualify as *low-income communities* based on having: a) a poverty rate of 20 percent or greater, or b) a median family income at or below 80 percent of the area median family income.
2. They qualify as *low-access communities* based on the determination that at least 500 persons and/or at least 33 percent of the census tract's populations live more than one mile from a supermarket or large grocery store (10 miles, in the case of non-metropolitan census tracts).[111]

The map below shows Hall County census tracts that meet the threshold requirements to be a food desert (highlighted in green). Hall County contains five census tracts (labeled A, B, C, D, and E) that are defined as food deserts. Information regarding vehicle availability and supermarket access is summarized below by census tract.

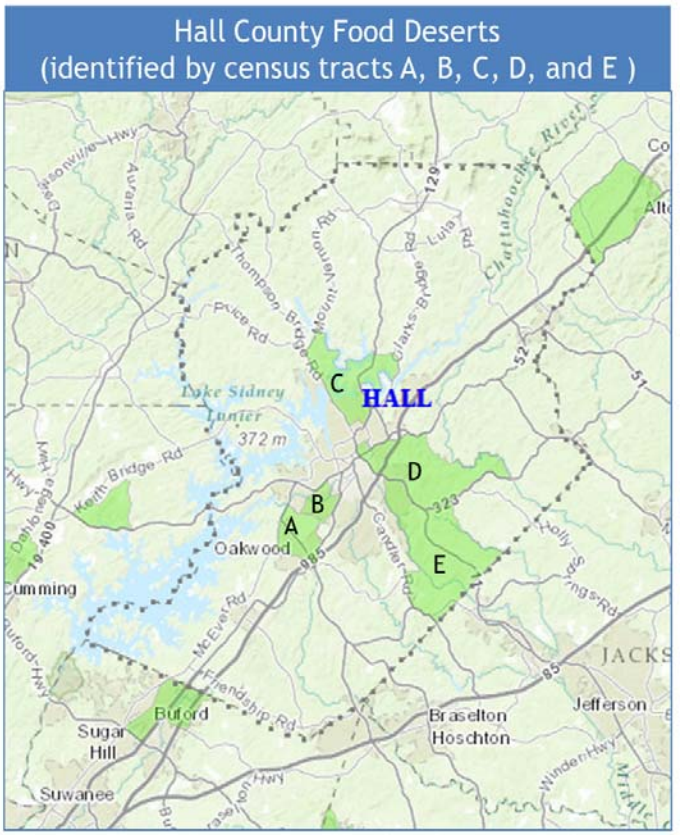
Census Tract A-This tract has 1,395 households in the defined area near the city of Oakwood. In addition to meeting both thresholds, there were 80 households (five percent) without vehicles and more than one-half mile from a supermarket.

Census Tract B-This tract has 1,063 households in the defined area near the city of Oakwood. In addition to meeting both thresholds, there were 147 households (13 percent) without vehicles and more than one-half mile from a supermarket.

Census Tract C-This tract has 2,638 households in the defined area that is bordered by Lake Sidney Lanier. In addition to meeting both thresholds, there were 138 households (five percent) without vehicles and more than one-half mile from a supermarket.

Census Tract D-This tract has 1,766 households in the defined area near the city of Gainesville. In addition to meeting both thresholds, there were 302 households (17 percent) without vehicles and more than one-half mile from a supermarket.

Census Tract E-This tract has 1,527 households in the defined area near the city of Gainesville. In addition to meeting both thresholds, there were 12 households (less than one percent) without vehicles and more than one-half mile from a supermarket.



Above data is based on the 2000 Census and compilation of a 2006 supermarket survey
Data Source: United States Department of Agriculture, Food Desert Locator

COMMUNITY INPUT

Obesity (Physical Activity)

- Hall County is an active community overall, but the community is aware that the availability of parks is a barrier to physical activity.
- Individuals with disabilities often face a multitude of barriers to access. In addition, the disabled status may lead to obesity and other health issues.
- There are no sidewalks in town.
- There is a lack of facilities for exercise and recreation in the community.
- Time is a limiting factor that prevents exercise.
- There is adequate access to parks.
- The city has plans for more hiking, green space, and recreation facilities. The city is in the process of designing bike trails, but this has not been formalized.
- Food deserts exist within the community.
- The community needs to rally around "linear" parks. (Linear parks are parks that are more long than wide. They are usually formed as part of a rails-to-trails conversion of railroad beds to rail trail recreational use).

Obesity (Cost)

- Cost of transportation to and from work impacts ability to purchase healthy food.
- It is harder on cook healthy meals due to budget constraints.
- For low-income families it is cheaper to purchase fast food, rather than healthy meals.
- Infrastructure in social service agencies may detract from ability to deliver perishable foods, such as fresh vegetables, on a timely schedule.
- Government entitlement programs, such as Food Stamps, do not limit food choices; therefore recipients may choose the less expensive unhealthy food items.

COMMUNITY INPUT

Obesity (Children)

- Childhood obesity is high in the Hispanic population.
- Children are often affected by situations over which they have no control, such as food choices, and home environment.
- Collaboration is needed for more summer programs promoting activities for children.
- Hall County is the first district in the United States to implement the Childhood Obesity Initiative sponsored by United Health Care.
- Many school recreational facilities were closed for public use due to overuse.
- More parents need to be engaged in the children's health.
- Of the students that have diabetes, greater than 90 percent are Hispanic.
- Oftentimes, academic achievement is top priority, which detracts from physical education in the schools.
- Parent's working hours hinders the ability to cook healthy meals each night.
- Physical education in the school systems is not mandatory.
- There has been an increase in children with diabetes.
- There needs to be more local awareness campaigns of the childhood obesity issue.
- Snacks and soda vending machines have been reduced in schools.
- There should be more programs and interventions for children at risk for obesity.
- Time is an issue in cooking healthy.
- Both parents working create unhealthy eating habits.
- Schools should emphasize exercise more.
- Television advertising to youth often promotes sugar filled products.
- Technology such as television, smart phones and video games contributes to childhood obesity.
- Physician education in schools is not mandatory.
- Recess minutes in school have been reduced.
- Academics have taken precedence over exercise due to test score pressure.

COMMUNITY INPUT

Obesity (Children)

- United Health Care partners with schools to teach nutrition and monitor body mass index (BMI).
- Title One schools have more overweight and obese students.
- Nutritional intake is improving in schools.
- Type I diabetes is increasing in county schools.
- There is a need for telehealth specialists in schools.
- It may not be safe for children to be outside playing.
- Obesity, especially childhood, is a fast-growing issue that affects many aspects of life.
- Family Connection has been involved in collaboration to raise awareness for preschool age children.

Obesity (Diabetes)

- Diabetes is a huge problem in community.
- We are now seeing more diabetes in elementary school.
- With diabetes starting at earlier age, we will see complications earlier.
- We are seeing more infants in the Neonatal Intensive Care Unit (NICU) due to diabetes in mothers.
- The community lost "Healthy Families" for young mothers due to funding cuts.
- There is an access issue due to cost of diabetes medication – very expensive disease to control.
- Diabetes testing strips are extraordinarily expensive.
- At Good News Clinics, the demand for diabetes testing strips is greater than the supply.
- Drug companies do not send enough strips to meet demand in Good News Clinics.
- Many Good News Clinics patients have diabetes.
- People do not understand the consequences of diabetes.
- It has become a way of life for people to think that pills will cure anything.
- There are nutrition classes and diabetes education, but we see very few changes due to noncompliance.

COMMUNITY INPUT

Obesity and Diabetes (Hispanic)

- There is no availability of major chain supermarkets in Hispanic neighborhoods.
- Diabetes and hypertension are major issues among Hispanics.
- Many Hispanics consider insulin as a last resort. There is a fear of dying.
- Many Hispanics do not understand the causes and effects of diabetes.
- Meters are available, but strips are expensive for the Hispanic population; therefore, they do not test their blood sugar.
- Lack of a social security number prevents many Hispanics from obtaining insulin. The Good News Clinics can provide insulin to undocumented patients.

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. [112]

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

- Live birth rates
- Infant mortality rate
- Number of infant deaths
- Teen birth rates
- Mother receiving adequate prenatal care
- Low and very low birth weights
- Immunization rates

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

More than 80 percent of women in the United States will become pregnant and give birth to one or more children. Thirty-one percent of these women will suffer pregnancy complications, ranging from depression to the need for a cesarean delivery. Obesity is the common link to various complications during pregnancy.[113]

A life course perspective to maternal, infant, and child health targets to improve the health of a woman before she becomes pregnant. Pregnancy-related complications and maternal and infant disability and death can be reduced by improving access to care before, during, and after pregnancy.[114]

Why is Maternal, Infant and Child Health Important?

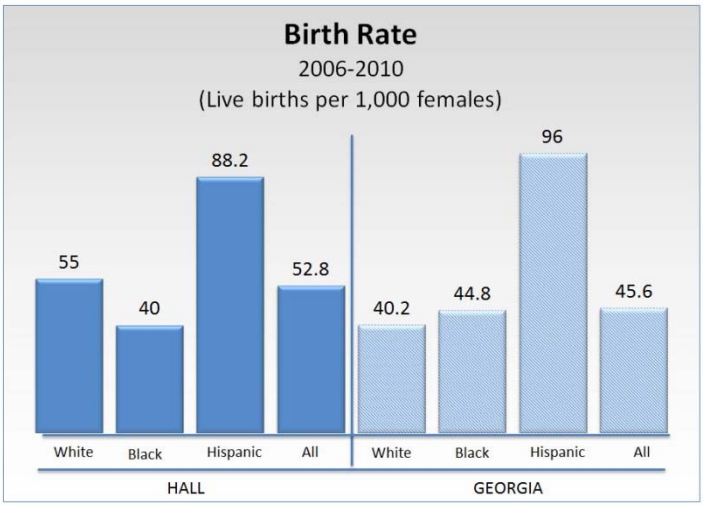
Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

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

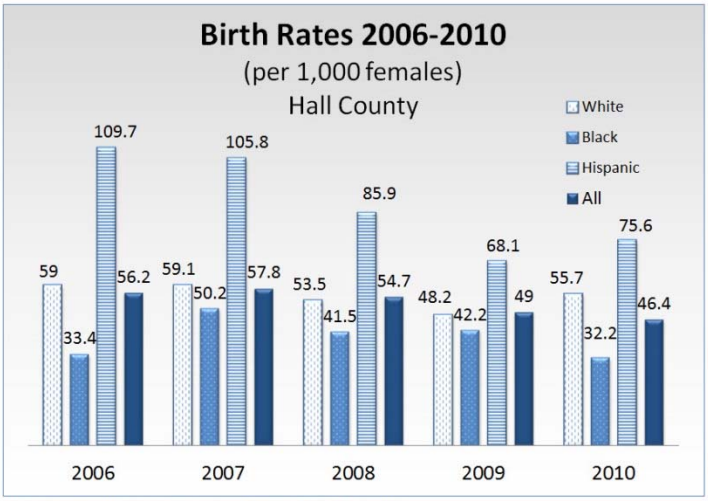
Healthy People 2020

Birth Rate

Hall County had a higher birth rate (52.8 live births per 1,000 females) compared to the State (45.6 live births per 1,000 females) from 2006-2010. Hispanics had a higher birth rate compared to Whites and Blacks in Hall County and in Georgia.



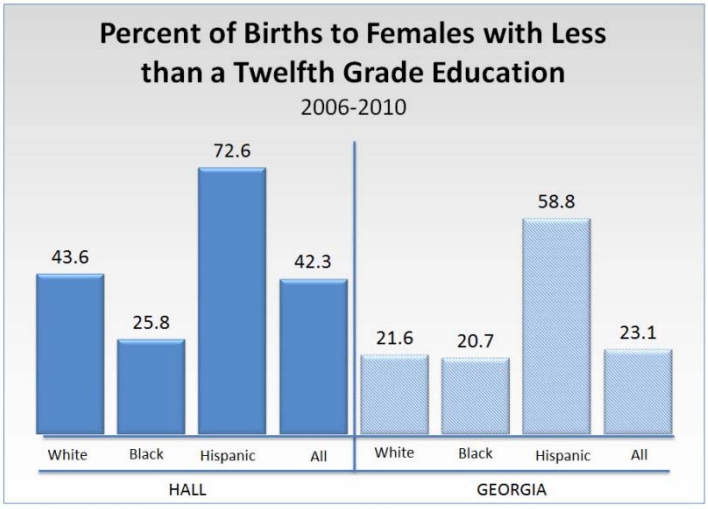
Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

From 2006-2010, birth rates per 1,000 females in Hall County slightly decreased. The Hispanic birth rate decreased from 2006-2009, but increased in 2010.

The percent of births to females with less than a twelfth grade education was higher (42.3 percent) among Hall County residents compared to Georgia residents (23.1 percent). The percentage of births to Hispanic mothers with less than a twelfth-grade education in Hall County (72.6 percent) was higher than the White (43.6 percent) and Black percentages (25.8 percent).

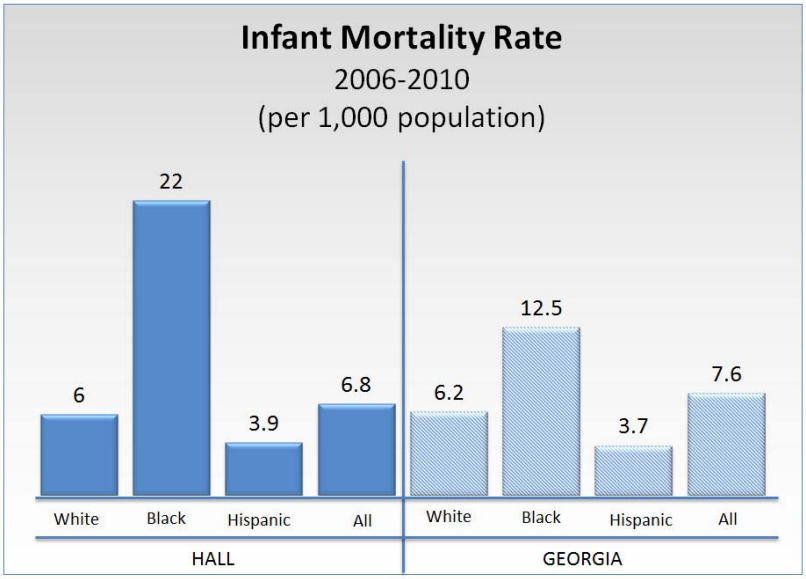


Data Source: OASIS, Georgia Department of Public Health

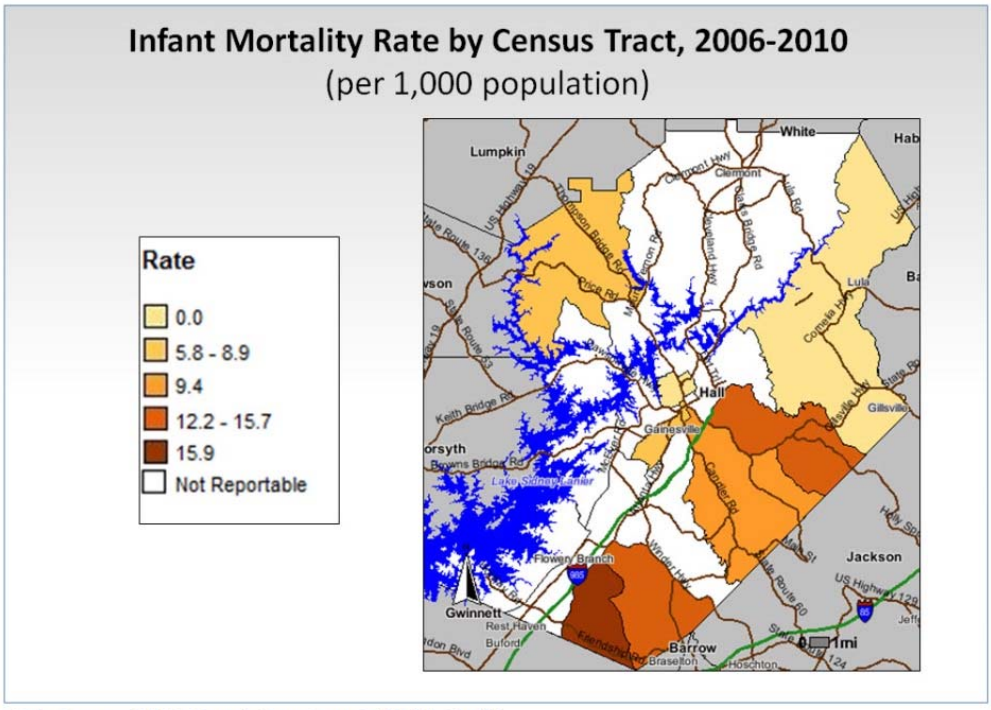
Infant Mortality

Infant mortality is the death of a baby before his or her first birthday. Each year, approximately 25,000 infants die in the U.S.[115] 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.[116] 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.[117]

The infant mortality rate in Hall County (6.8 per 1,000 population) was slightly lower than Georgia (7.6 per 1,000 population). Black infants had a significantly higher mortality rate compared to Hispanic and White infants. The Black infant mortality rate in Hall County (22 per 1,000 population) was nearly double Georgia's Black infant mortality rate (12.5 per 1,000 population).



Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

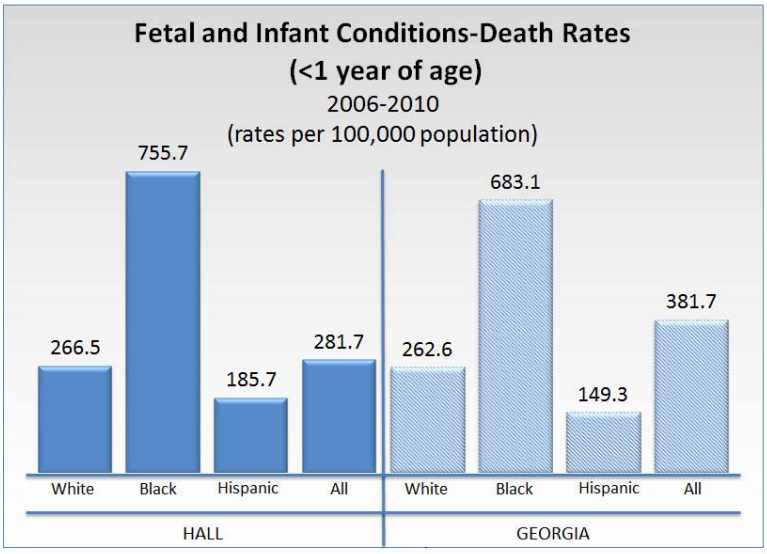
The south and southeastern sections of Hall County had the highest density of infant mortality.

Fetal and Infant Conditions

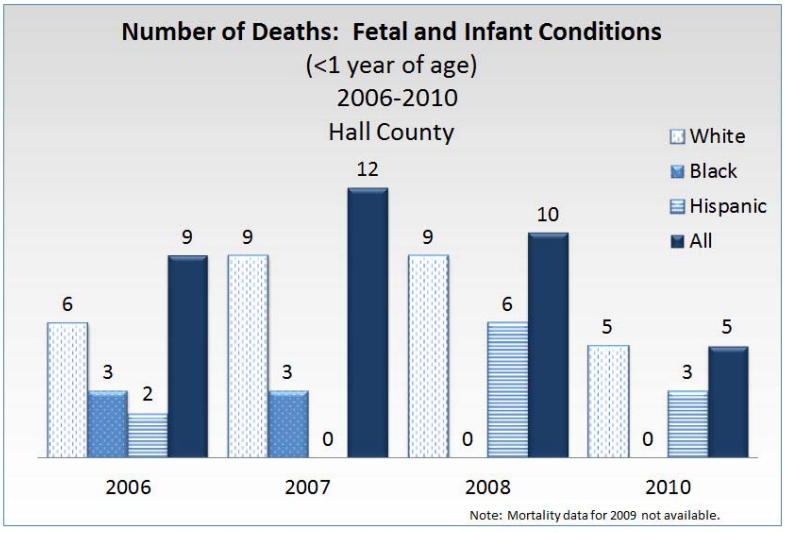
The health of a fetus and infant is directly affected by certain conditions that occur during pregnancy or near birth. Fetal and infant conditions include the following descriptions:

- 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.[118]

The death rate due to fetal and infant conditions in Hall County (281.7 per 100,000 population) was lower than the Georgia rate (381.7 per 100,000 population). The Black death rate (755.7 per 100,000 population) was significantly higher than the White (266.5 per 100,000 population) and Hispanic (185.7 per 100,000 population) death rates.



Data Source: OASIS, Georgia Department of Public Health



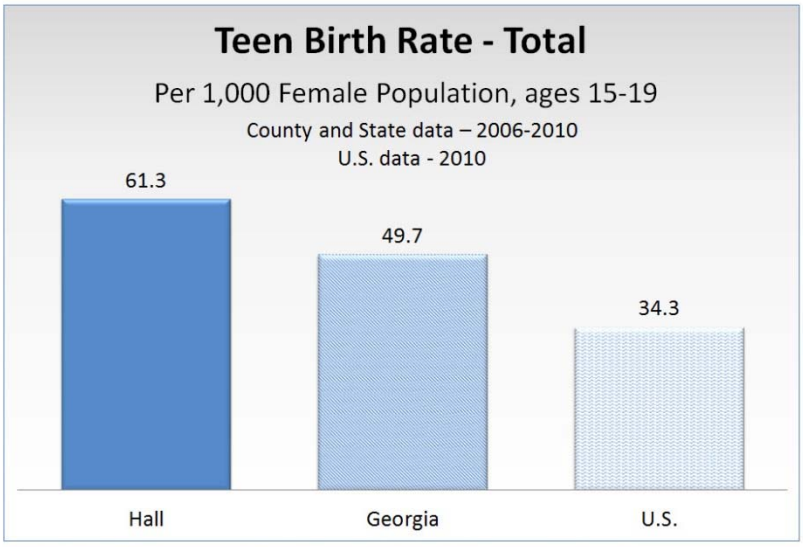
Data Source: OASIS, Georgia Department of Public Health

The number of deaths due to fetal and infant conditions decreased from 2007 to 2010 in Hall County. In 2007, 2008, and 2010 there were no cases of death among the Hispanic population.

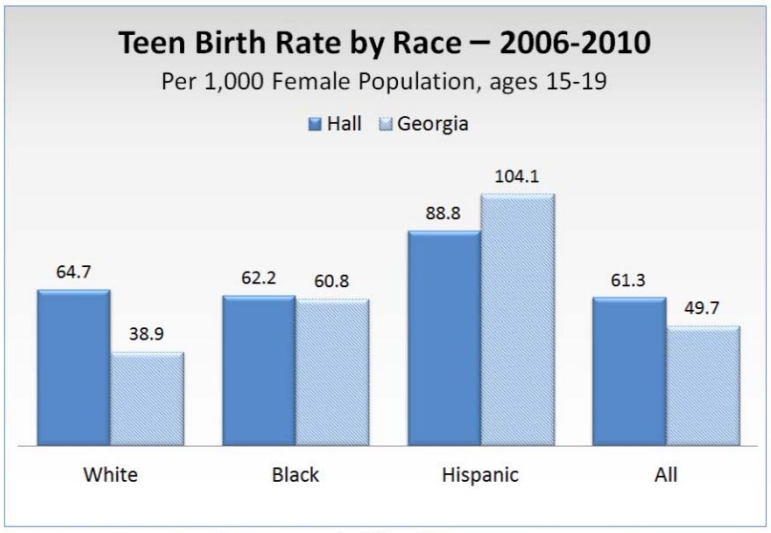
Teen Birth Rate

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.[119]

The teen birth rate in Hall County was higher than both Georgia and the U.S.



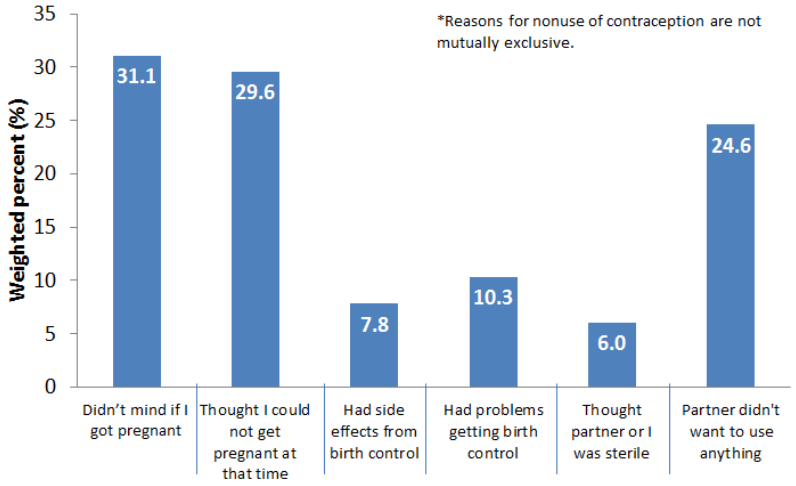
Data Source: CDC , *About Teen Pregnancy*, OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

The Hall County Hispanic teen birth rate was higher than both Whites and Blacks. The White and Black teen birth rate in Georgia was lower than Hall County's White and Black teen birth rate.

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



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

In Georgia, according to self-report among teen mothers, the top reasons for not using contraception at the time of unintended pregnancy were "Didn't mind if I got pregnant" and "Thought I could not get pregnant at that time." This information may be useful in developing effective activities to impact teen pregnancy, such as outreach and education programs for teenagers around fertility.[120]

Teen Pregnancy in Georgia

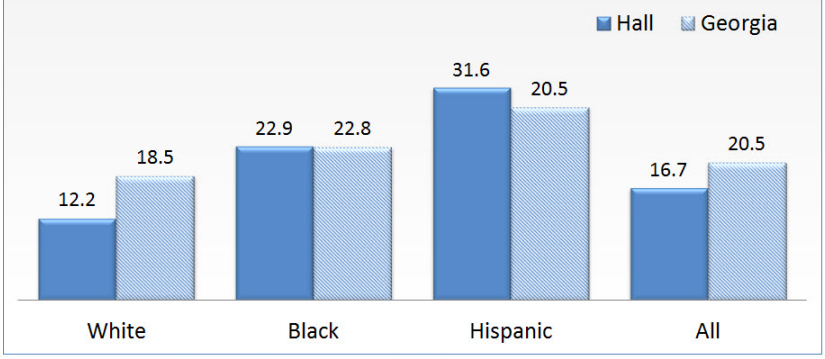
Georgia ranked 13th-highest in the U.S. for teen births. High birth rates are a public health concern because teen mothers and their infants are at increased risk for poor health and social outcomes, such as low birth weight and decreased educational attainment. The birth rate among Georgia teens aged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

Georgia Epidemiology Report, 2012

Percent of Births to Teen Mothers with Inadequate Prenatal Care

2006-2010

(ages 15-19, percentage of births)



Data Source: OASIS, Georgia Department of Public Health

For mothers aged 15-19, Hall County had a lower percentage of births to mothers with inadequate prenatal care compared to the State. There was a higher percentage of births to Hispanic teen mothers in Hall County that had inadequate prenatal care compared to White and Black teen mothers.

COMMUNITY INPUT

Teen Birth Rate (Causes)

- Domestic violence is an issue among pregnant teens. DFACs will not help if abuse is child-on-child, boyfriend, or spousal.
- Girls may become sexually active because of low self-esteem.
- If girl is 17 to 18, DFACs will not consider abuse unless a child is involved.
- Many teens crave love. A baby is something to love that loves back.
- Oftentimes, both parents work and children are left alone.
- The poor economy has contributed to the teen pregnancy issue.
- Sex is flashed everywhere you go (movies, advertising, and billboards).
- Teen pregnancy is generational as well as cultural.
- Teen pregnancy is not the "Scarlet Letter" anymore; it is more accepted.
- Teen sexual behavior is due to a lack of communication between parents and children.
- Teenage sex is the "thing to do."
- Teens need more supervision.
- Young girls and boys do not see a "future."

Teen Birth Rate (General)

- Schools cater to teen mothers' needs by providing daycare and allowing pregnant girls to attend school.
- All sex educational programs require parental permission.
- No parental permission is needed at the Teen Clinic.
- Prevention training should begin in grade 6.
- Sex education in school is unrealistic – abstinence based programs have not made a dent in teen pregnancy issue.
- Social workers meet with girls that have been identified as promiscuous, have had a pregnancy scare, or have had a child before.

COMMUNITY INPUT

Teen Birth Rate (General)

- The County Health Department gives a realistic view of sexual education for those who can get there.
- The schools' hands are tied on what can be taught regarding sex.
- There is a "Pregnant Parenting Program" to help get teen mothers finish school.
- There is a 9th grade program that is abstinence based.
- There is a need to expand the Teen Clinic at the Health Department. It is only held twice monthly.
- There is one school in Hall County that provides daycare.
- This is a very conservative community. Many sex educational evidence-based programs will never fly because they are too liberal.
- Through the Center for Assault Prevention (CAPS) program, the Department of Family and Children Services may help with daycare.
- We do not feel obstetricians give the same attention to teens as to adult expectant mothers.
- We miss the "Health Van" from the Health Department.
- We need to teach teens differently - be more honest, more practical.
- The bulk of prevention work is through small groups (Smart Girls and Wise Guys).

Teen Birth Rate (Hispanics)

- There is a disparity in Hispanic teen pregnancies that may be due to older Hispanic males seeking young wives.
- After-school activities are needed to have a supervised environment. Many teens cannot attend after-school activities because they have to ride the bus home.
- Hispanic teen pregnancy is not due to the culture; it is not considered acceptable.
- Hispanic teen pregnancy rates have decreased over past 15 years.
- Hispanics "just don't talk about it" (sex).

COMMUNITY INPUT

Teen Birth Rate (Hispanics)

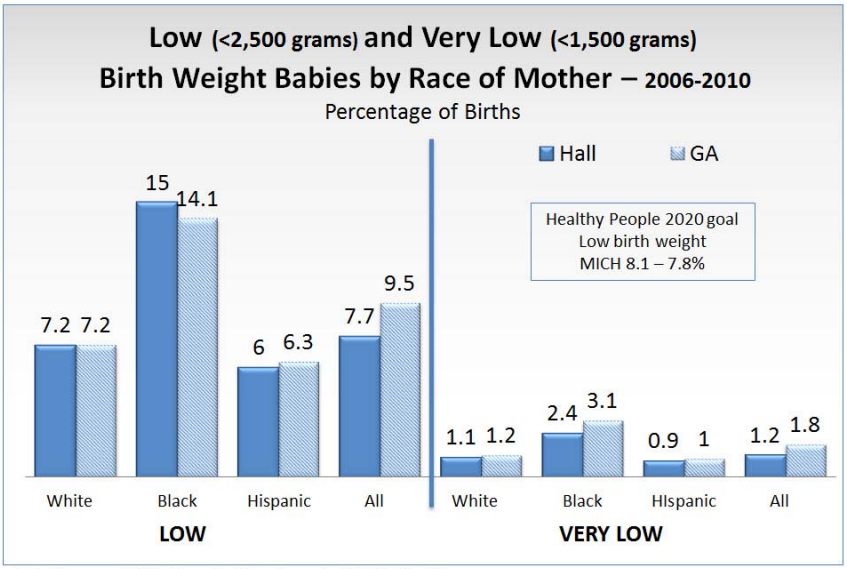
- Sixty-five percent of teen pregnancies are among Hispanics.
- Some Hispanic teen girls rebel against strict mothers, which may result in teen pregnancies.
- The Catholic Church is Gainesville is overwhelmed. They can only do so much.
- The Hispanic male community is more sexualized, but do not want this for their daughters.
- The root of teen pregnancy is poverty, not cultural.
- There is an economic issue underlying Hispanic teen pregnancy. Since undocumented individuals cannot go to a state college and have no access to HOPE scholarships, seeking higher education is not a deterrent.
- Young Hispanic girls may meet older men who are willing to buy things for them in exchange for sex.
- Many Hispanic fathers will not speak to teen daughters who become pregnant.
- Hispanic young girls do not get sexual education at home.
- Vulnerable populations do not have anywhere to leave children when they bring family members to the emergency department. This exposes children to illnesses within the emergency room.
- The Hispanic community is a strong Catholic community and many Hispanics do not believe in birth control.
- There are cultural barriers when talking about sex.
- Family oriented culture may not view teen pregnancy as an issue.

Birth Weight

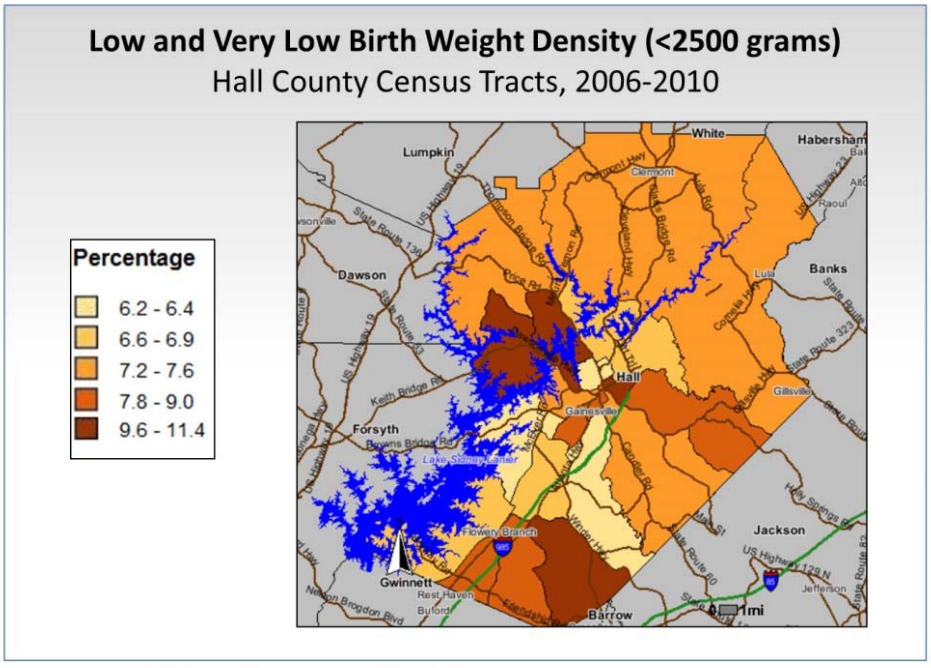
Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.[121]

The Healthy People 2020 objective for low birth weight is 7.8 percent.[122] In 2010, the national prevalence of low birth weight babies was nine percent.[123]

Overall, low birth weight percentages of births were slightly lower in Hall County compared to the State. Low birth weights were significantly higher among Black baby births.



Data Source: OASIS, Georgia Department of Public Health



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

Data Source: OASIS, Georgia Department of Public Health

COMMUNITY INPUT

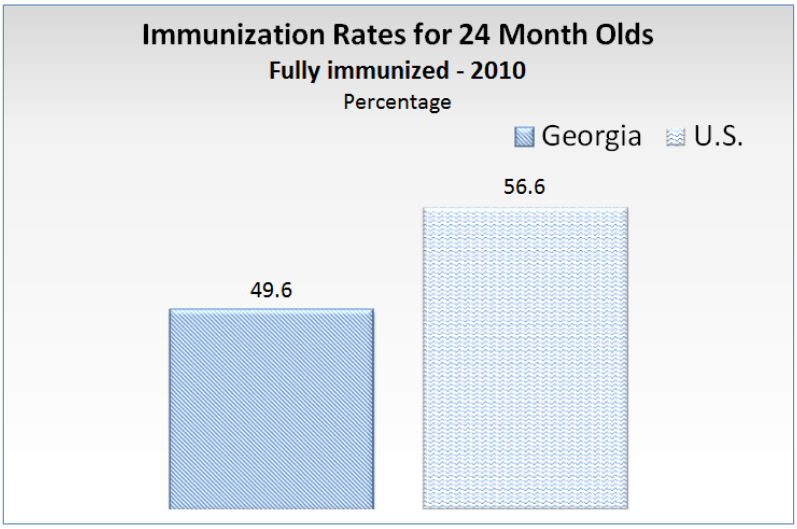
Birth Weight

- Low birth-weight babies occur due to lack of prenatal care or prenatal care that was started further along in the pregnancy.
- The uninsured lack access to resources, which contributes to low-birth weight babies.
- There is a lack of education and awareness concerning the cause of low birth-weight babies.
- Smoking and lack of proper diets are causes of many low birth-weight babies.
- Young Hispanic mothers may be afraid to tell parents about pregnancies. This results in later prenatal care.
- Undocumented residents do not qualify for Medicaid; this presents a barrier to prenatal care.
- Medicaid will pay for delivery and newborn care, but not for prenatal care.
- It is difficult to get teen mothers out of class for Social Service visits due to emphasis on academics and test scores.
- Money is the biggest reason not to get early prenatal care.
- Funding and partners are dwindling for parenting programs.
- Family Ties and Safe Kids collaborate with young teens.

Immunizations

Newborn babies are immune to many diseases due to antibodies that are passed to the newborn from the mothers. However, the duration of this immunity may last only from a month to less than a year. There are also some diseases, such as whooping cough, for which there is no maternal immunity. Immunizing children helps to protect not only the child, but also the health of the community.[124]

For 2012, Hall County had 99 percent immunization rate for all kindergarten and daycare attendance and 100% 6th Grade.

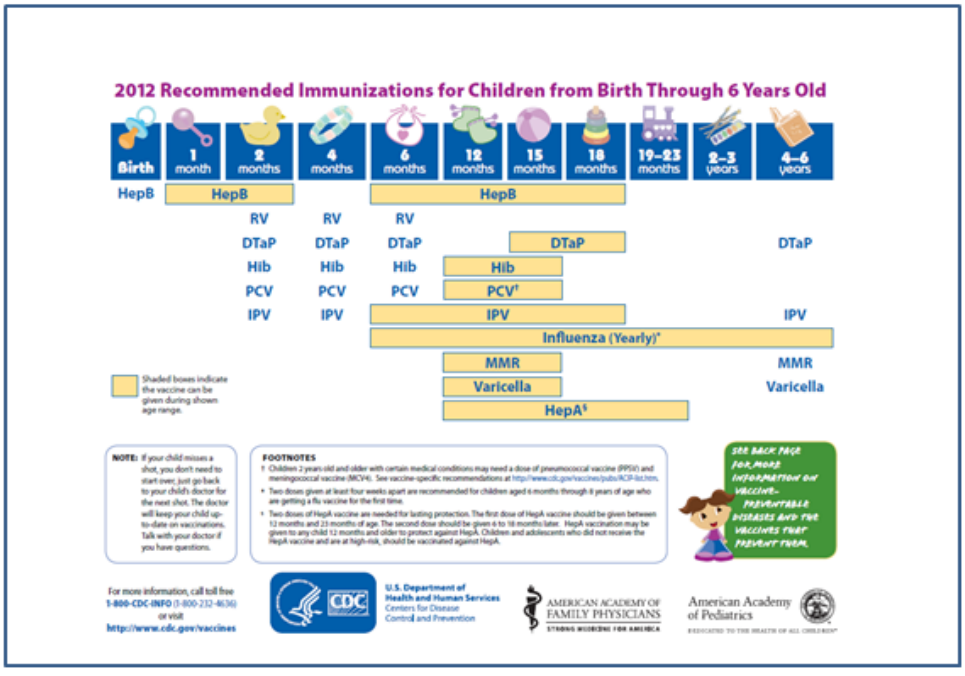


Data Source: CDC , U. S. National Immunization Survey, Q1/2010-Q42010

The Healthy People 2020 goal for immunizations by 24 months of age is 90 percent.[125]

The immunization rates for 24 month old children in Georgia were below the U.S. rate. These rates did not include all of the same immunization standards as the Healthy People 2020 goal.

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



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

ALCOHOL, TOBACCO AND DRUG USE

HEALTHY PEOPLE 2020 REFERENCE – TU, SA

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

- Chronic diseases
- Teenage pregnancy
- Sexually transmitted diseases
- Domestic violence
- Child abuse
- Motor vehicle accidents
- Crime
- Homicide
- Suicide[126]

Adolescent Behavior

The leading causes of illness and death among adolescents and young adults are largely preventable. Health outcomes for adolescents and young adults are grounded in their social environments and are frequently mediated by their behaviors. Behaviors of young people are influenced at the individual, peer, family, school, community, and societal levels.[127]

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

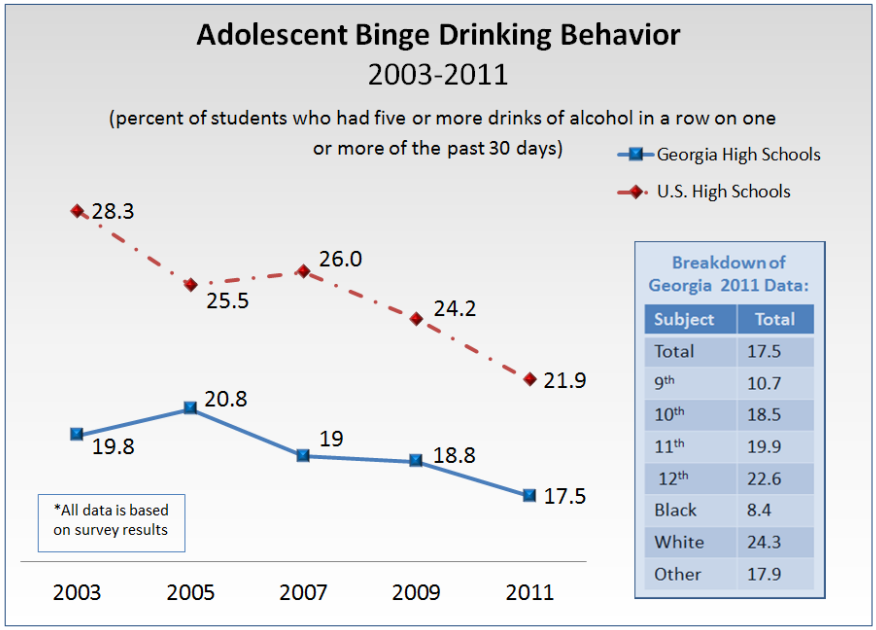
Why Is Adolescent Health Important?

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

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

Healthy People 2020

Alcohol, Tobacco, and Substance Abuse



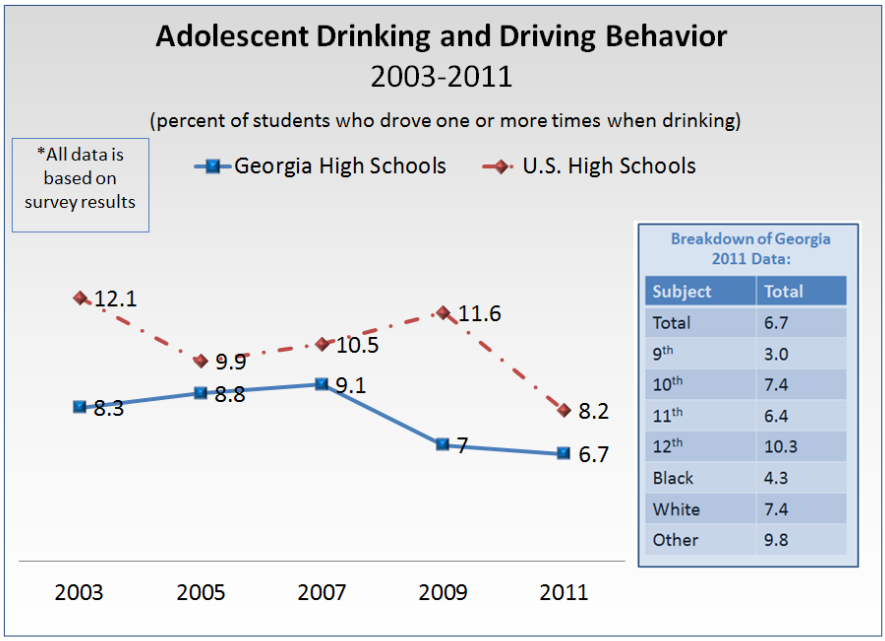
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

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

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

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

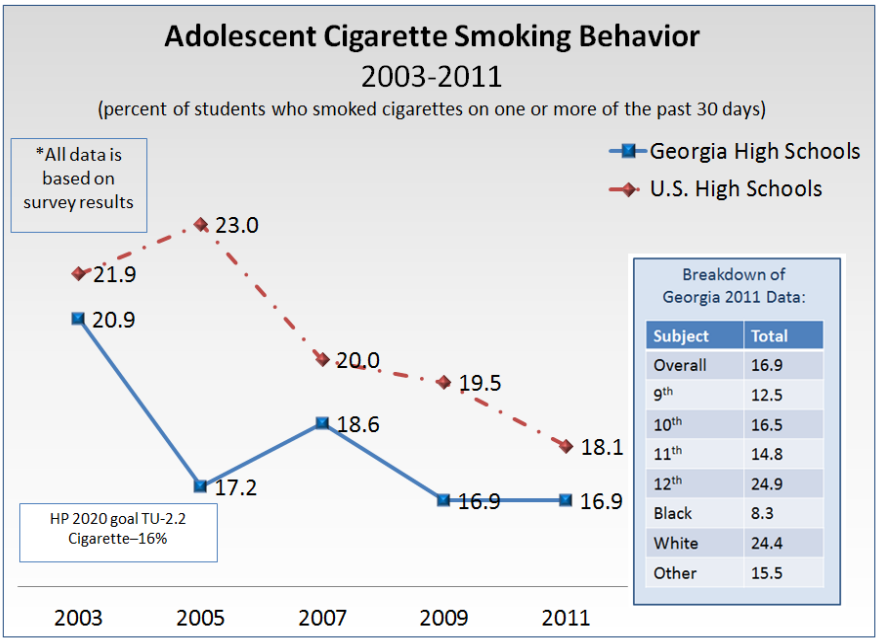
Drinking and driving behavior in Georgia was lower than in the U.S. White youth were almost twice as likely as Black youth to engage in this behavior.



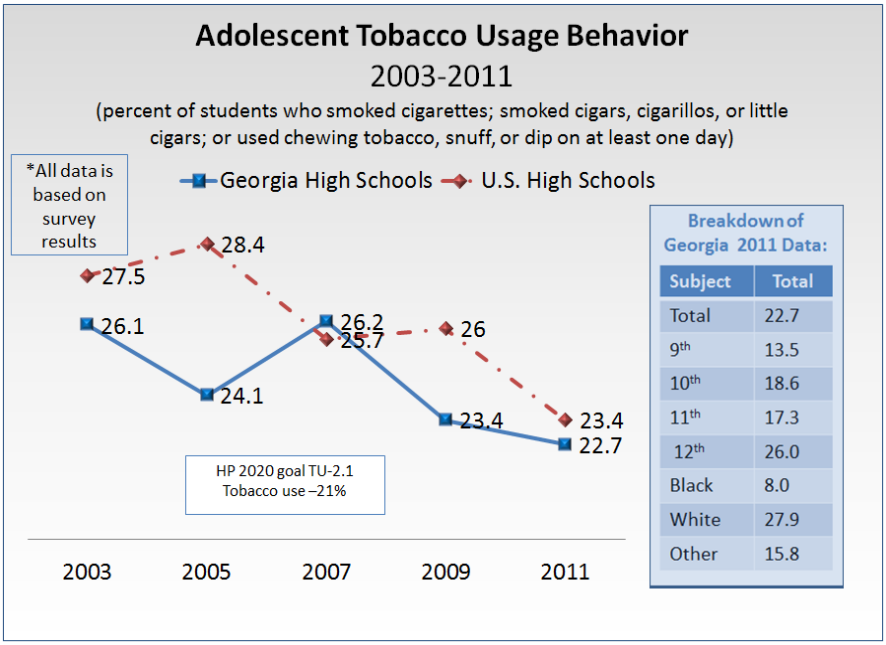
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs

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

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



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



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

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

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

Illicit Drug Usage

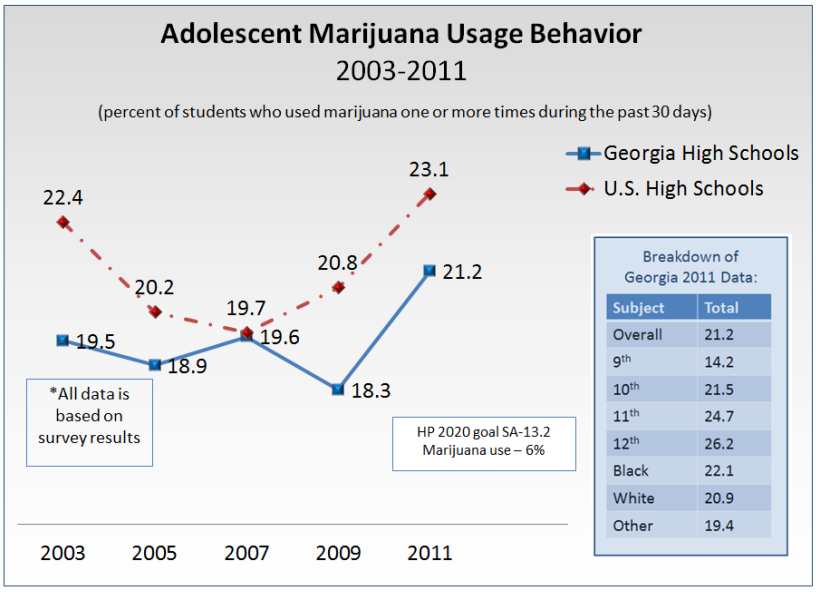
Adolescent drug use is a major public health problem in the U.S. and Georgia. Studies suggest that the younger an individual is at the onset of substance use, the greater the likelihood that a substance use disorder will develop and continue into adulthood. More than 90 percent of adults with current substance abuse disorders started using before age 18 and half of those began before age 15.[128]

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

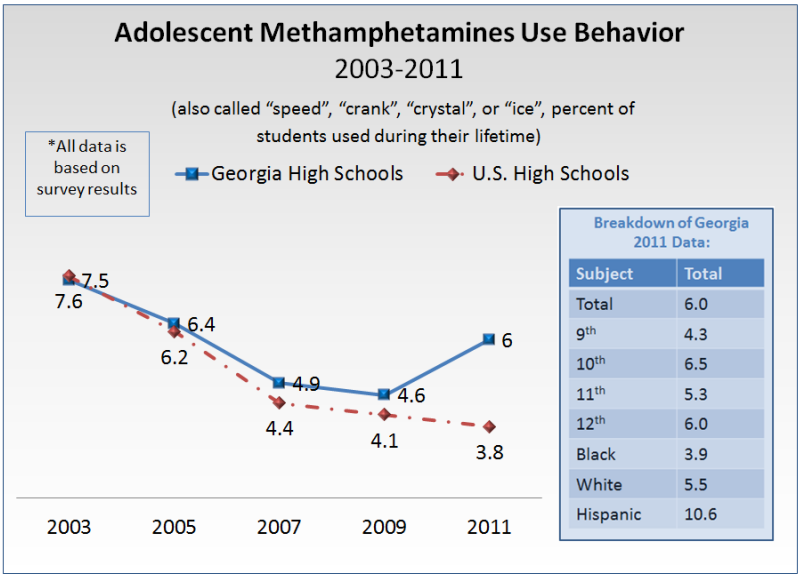
Marijuana usage was more prevalent among Blacks (22.1 percent) than Whites (20.9 percent).

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

The Healthy People 2020 goal is to reduce marijuana usage to six percent.[129]



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



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

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

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

Comparison: Hall County, Georgia and the U.S.

The following table provides a comparison of different substance abuse behaviors among adolescents in Hall County compared to both the State and U.S. rates.

At a Glance Comparison: Drug and Substance Abuse Behaviors Among Adolescents in Hall County , Georgia, and the U.S.

	Hall County High Schools	Hall County Schools (grades 6-12)	Georgia High Schools	U.S. High Schools
Binge Drinking	8.6%	5.4%	17.5%	21.9%
Drinking and Driving	2.7%	2.9%	6.7%	8.2%
Tobacco Use	11.8%	7.5%	22.7%	23.4%
Cigarette Use	9.5%	5.9%	16.9%	18.1%
Marijuana Use	9.4%	6.1%	21.2%	23.1%
Meth Use	1.2%	.85%	6%	3.8%

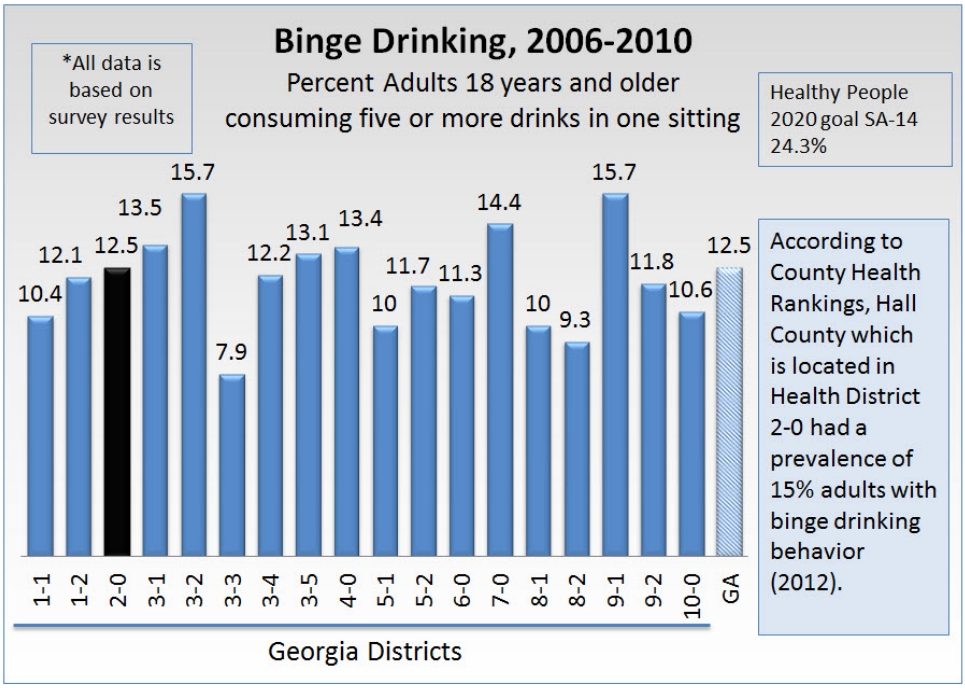
Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs, Georgia Department of Education. Georgia Student Health Survey.

Although Hall County Schools had a lower percentage of adolescents that participated in substance abuse behaviors, there was supplemental data collected in the "Community Input" section of this report. Additionally, there are many more substance abuse behaviors among adolescents in the community not included in the chart above. 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.[130]

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.[131]



Data Source: OASIS, Georgia Department of Public Health

The binge drinking **prevalence** in Health District 2-0 (12.5 percent) was the same as Georgia's prevalence (12.5 percent). Both were well below the Healthy People goal of 24.3 percent. Hall County had a **prevalence** of 15 percent of adults that participated in binge drinking.

COMMUNITY INPUT

Alcohol, Tobacco and Drug Use (Teen)

- Although there is a lot of teen alcohol abuse, there is not a lot of binge drinking.
- The adolescent alcohol and drug abuse numbers in the self-reported data seems too low.
- How do you get through to young people that alcohol leads to health issues?
- We see a lot of alcohol and drug problems in the community. Alcohol and drug abuse is environmental and due to the people teens associate with.
- Alcohol and drug abuse is more prevalent in certain parts of town rather than in popular groups.
- Self-reported teen substance abuse and alcohol usage data appears underreported.
- Many parents are in denial about youth drug problem.

Alcohol, Tobacco and Drug Use (Community-wide)

- A lack of care coordination among physicians often leads to prescription drug abuse.
- Children often copy parents' behaviors.
- Drug and alcohol use are glamorized in the media.
- Drug use is "across the board"; there are no specific demographic disparities.
- Health does not come from a bottle, but from choices made. There is a need to teach young people to make better choices.
- Legalization of marijuana is a barrier in trying to reduce drug use.
- Lortab, Xanax, and Oxycodone are popular in school.
- Methadone use is high.
- There is a need more education to pregnant women about the impact of drug abuse on their baby.
- There is a need to address prescription abuse impact on babies.

COMMUNITY INPUT

Alcohol, Tobacco and Drug Use (Community-wide)

- Oftentimes there is a breakdown of the family unit during formative years. We need to address the “at risk” families as well as the "at risk" children.
- Only law enforcement can collect and dispose of drugs.
- Oxycodone is prevalent in schools.
- Pain clinics and emphasis on pain relievers have contributed to prescription drug abuse.
- Pharmaceutical companies advertising on TV may promote prescription drug use.
- Prescription abuse is affected by four unregulated pain clinics in community.
- Prescription medication abuse is rampant.
- Teens get drugs out of home medicine cabinet and pass them out at school.
- The community is becoming more aware of drug abuse problems.
- The Georgia Patient Safety Act of 2011 is designed to monitor prescription drug abuse.
- The HCAPHS survey system grades hospitals and physicians on satisfaction of patient in receiving pain medications.
- There are "Pharm" parties taking place in the community.
- There are drop boxes at police and sheriff stations that can be used to dispose of drugs.
- There is a lack of tracking systems for drug abuse.
- The workplace is a powerful place to change the norms and affect health behaviors (i.e. tobacco use).

SEXUALLY TRANSMITTED DISEASES

HEALTHY PEOPLE 2020 REFERENCE – STD 6, STD 7

Each year, there are approximately 19 million new sexually transmitted disease (STD) infections, and almost half of them are among youth aged 15 to 24.[132] 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.[133]

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

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

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

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

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

Why Is Sexually Transmitted Disease Prevention Important?

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

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

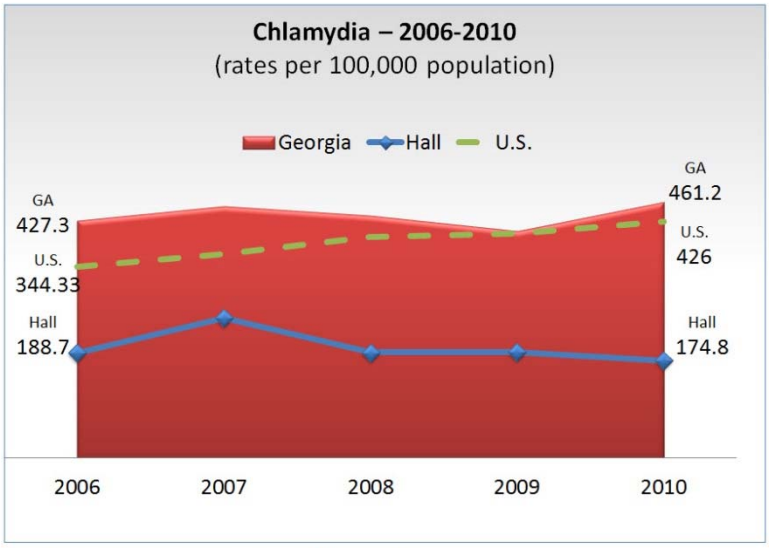
Healthy People 2020

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. The CDC estimates that half of new infections go undiagnosed each year.[134] 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.[135]

- In 2009, Blacks had 8.7 times the reported chlamydia rates of Whites in the U.S.[136]
- 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.[137]
- Women had 2.7 times the reported chylamydia rate of men in 2009.[138]
- Georgia ranked 15th highest in the U.S. for reported chlamydia cases in 2010.[139]

In 2010, the chlamydia rate in Hall County (174.8 per 100,000 population) was lower than the State rate (461.2 per 100,000 population). In 2010, the U.S. rate for chlamydia was 426.0 cases per 100,000 population.[140]



Data Source: OASIS, Georgia Department of Public Health

Clinical Recommendations

Screening for Chlamydial Infection

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

Healthy People 2020

Average Chlamydia Rates by Race (2006-2010)

	White	Black	Hispanic	All
Georgia	62.6	645.1	126.3	437.3
Hall	76.8	450.9	145.3	199.2

Data Source: OASIS, Georgia Department of Public Health

The chlamydia rate among Blacks was significantly higher than Whites in both Georgia and Hall County (see above).

Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.[141] 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.

- In 2009, Blacks had 20.5 times the reported gonorrhea rates of Whites in the U.S.[142]
- Gonnorhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.[143]
- Georgia ranked seventh highest in the U.S. for reported gonorrhea cases in 2010.[144]

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.

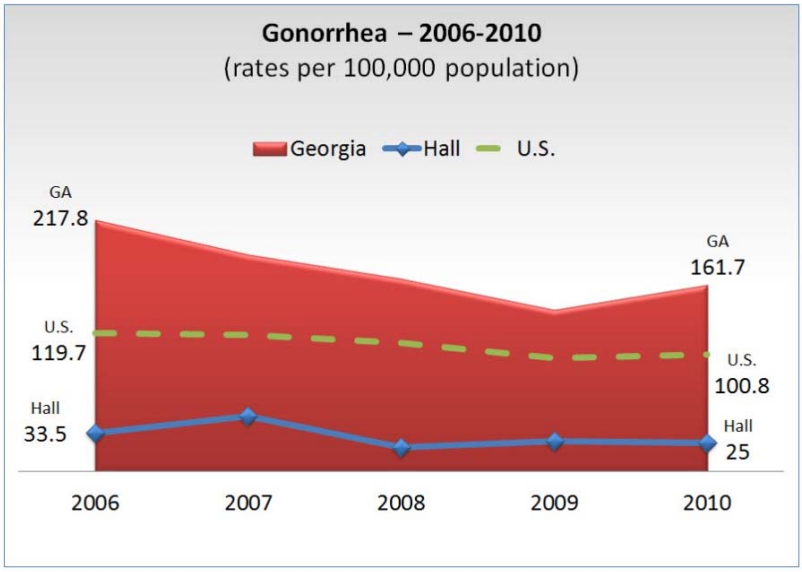
Centers for Disease Control and Prevention

In 2010, the gonorrhea rate in Hall County (25 per 100,000 population) was lower than the State rate (161.7 per 100,000 population) and the U.S. rate (100.8 per 100,000 population).[145]

Average Gonorrhea Rates by Race (2006-2010)

	White	Black	Hispanic	All
Georgia	13.5	333	20.9	174.3
Hall	5.1	181.3	6.7	30.7

Data Source: OASIS, Georgia Department of Public Health



Data Source: OASIS, Georgia Department of Public Health

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

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.[146]

- In 2009, Blacks had 9.1 times the reported syphilis rates of Whites in the U.S.[147]
- Syphilis rates among adults in the U.S. (ages 20 to 24) were twice the rates of young people between the ages of 15-19.[148]
- Georgia ranked second highest in the U.S. for reported syphilis cases in 2010.[149]

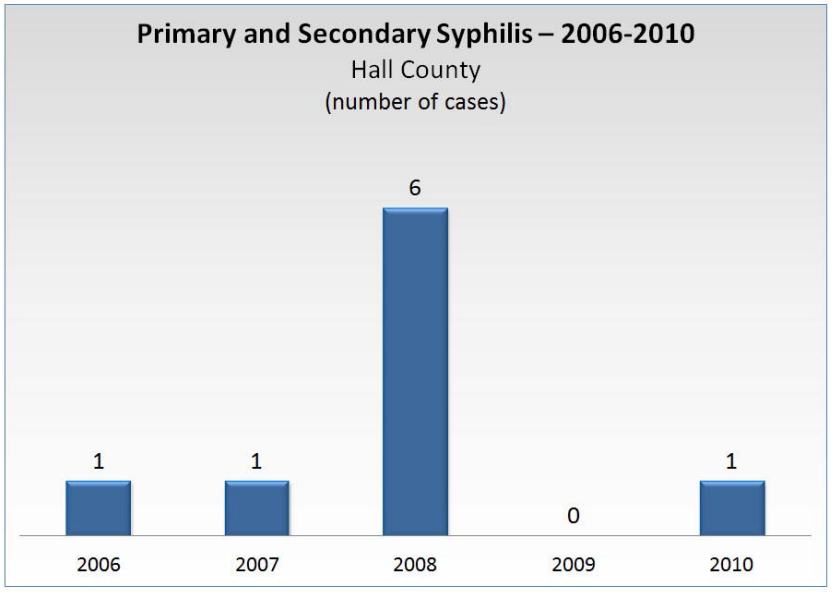
The Georgia syphilis rate in 2010 was 9.7 per 100,000 population. The U.S. rate in 2010 was 4.5 per 100,000 population.[150]

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



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

Due to low number of reported cases in Hall County, the syphilis rate was not statistically meaningful. Between 2006 and 2010 Hall County had a total of nine cases of syphilis.

Human Immunodeficiency Virus (HIV)

The Centers for Disease Control and Prevention do not recognize HIV as a sexually transmitted disease, but rather an infectious disease. Although HIV can be transmitted in other ways, sexual transmission is commonly thought of as a way to contract HIV. For this reason, HIV data was included in this section of the report.

An estimated 1.1 million Americans are living with HIV, and one out of five people with HIV do not know they have it. Each year about 56,000 new infections of HIV occur.[151]

- Nationally, from 2006-2009, the estimated number of people living with HIV increased 8.2 percent.[152]
- The number of males living with HIV (869,000) was more than three times the number of women (279,100).[153]

Blacks had the highest number of persons living with HIV (510,600), accounting for 44 percent of all persons living with HIV in 2009. HIV was also prevalent in Whites (380,300), and followed by Hispanics (220,400), persons of multiple races (15,700), Asians (15,400), American Indians or Alaska Natives (4,300), and other Pacific Islanders (1,400).[154]

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

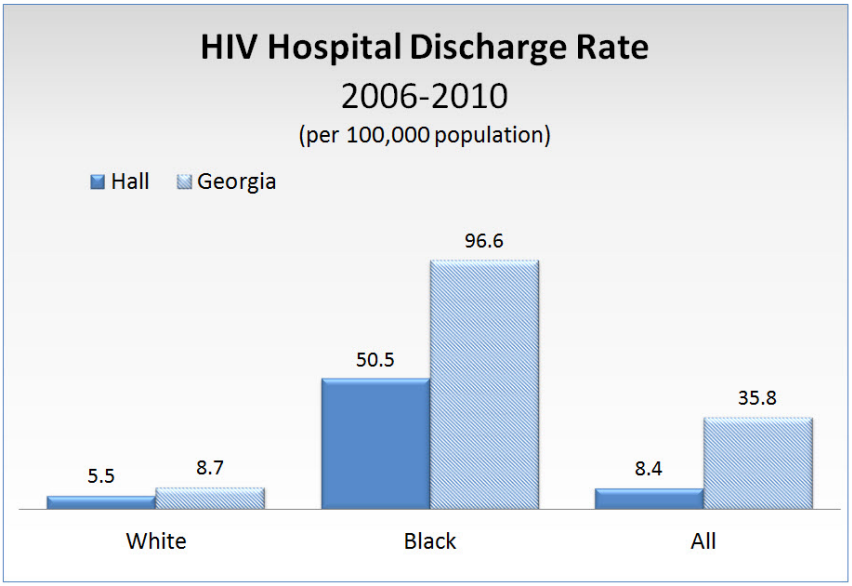
Why is HIV Important?

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

Healthy People 2020

Hall County had a significantly lower HIV hospital discharge rate (8.4 per 100,000 population) than Georgia (35.8 per 100,000 population).

The HIV hospital discharge rate among Blacks in Hall County was higher than Whites.



Data Source: OASIS, Georgia Department of Public Health

COMMUNITY INPUT

Sexually Transmitted Diseases (STDs)

- There are many kids who are sexually active, which leads to STDs.
- HPV is an issue.

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 healthcare services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone."[155]

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

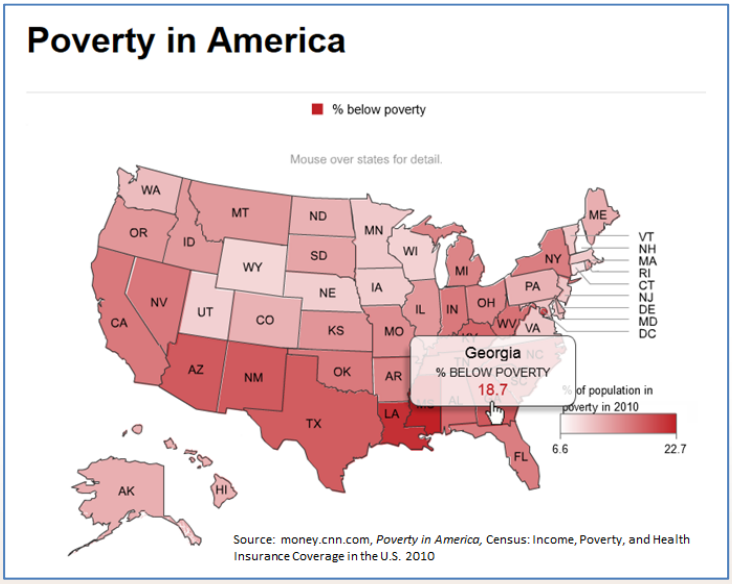
Gaining Entry into the Health Care System

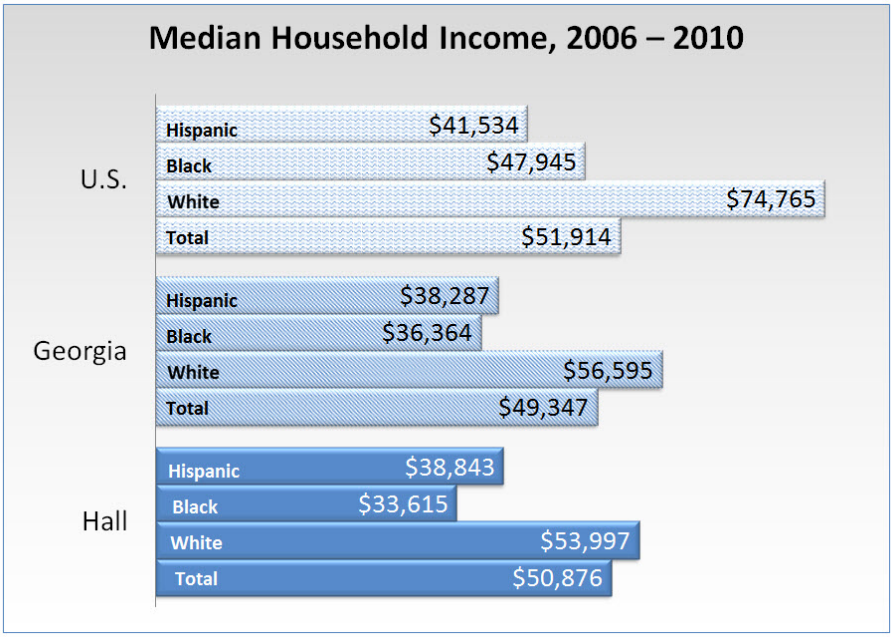
Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual's ability to access care when needed.

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 14.3 percent in 2009.[156]

Georgia ranked third highest in the U.S. at 18.7 percent of the population below the poverty level in 2010. Louisiana and Mississippi are ranked first and second.[157]

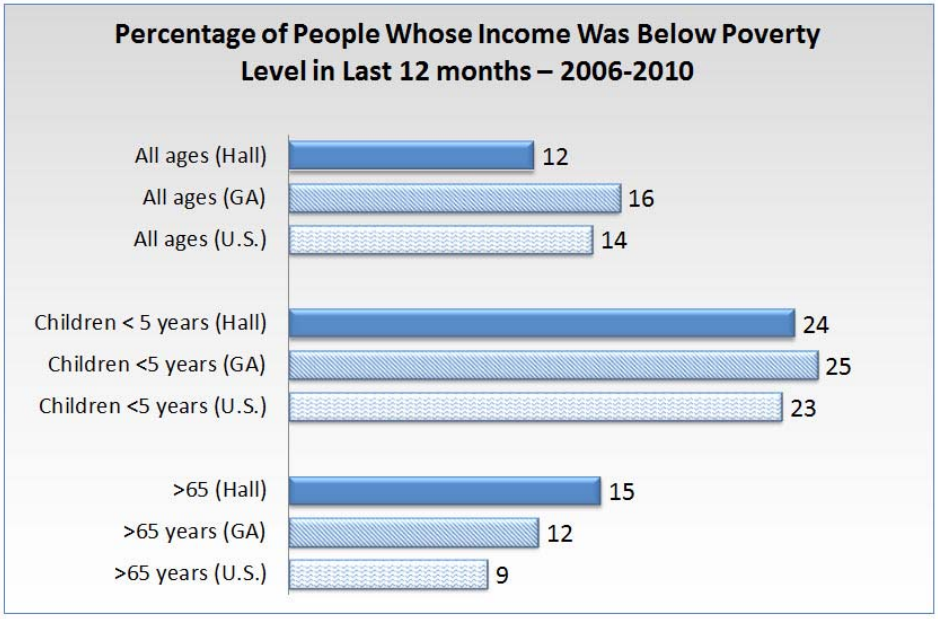




Data Source: U.S. Census

The median household income during 2006-2010 for Hall County was $50,876. This is above the Georgia median income of $49,347, but slightly below the U.S. median income of $51,914. In Hall County, for the period 2006-2010, the average White median income ($53,997) was approximately 37 percent higher than the Black median income ($33,615), and 28 percent higher than Hispanic median income ($38,843)

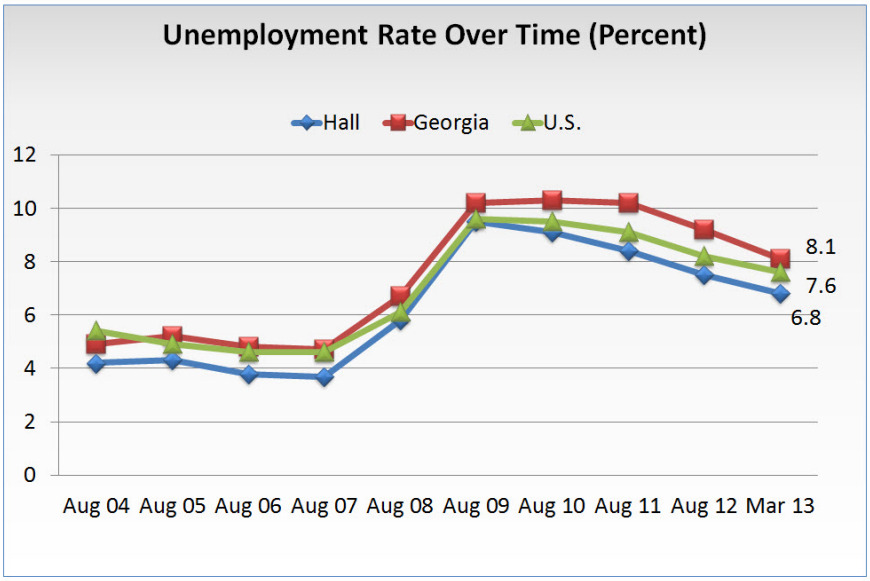
The percentage of people in Hall County whose income was below the poverty level (12 percent) during 2006-2010 was lower than Georgia (16 percent) and the U.S. (14 percent). The percentage of children under five years of age living in poverty in Hall County (24 percent) was lower than Georgia (25 percent) and higher than the U.S. (23 percent). The percentage of Hall County senior adults living in poverty (15 percent) was higher than the State (12 percent) and the U.S. rate (9 percent).



Data Source: U.S. Census

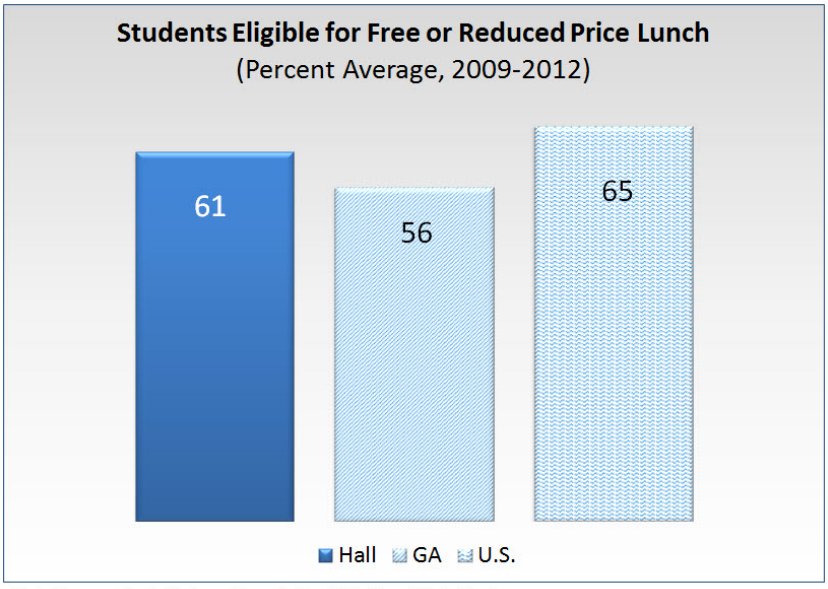
The Hall County unemployment rate for the years 2004-2009 was consistently lower than the State and U.S. rates.

The unemployment rate rose sharply in 2009, but had since decreased. The most recent data showed that Hall's unemployment rate dropped from 8.1 percent in August of 2011 to 6.8 percent in March of 2013.



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

The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.[158] For July 1, 2012 through June 30, 2013, a family of four's income eligibility for reduced-price lunches was at or below $42,643 and for free meal eligibility at or below $29,965.[159]

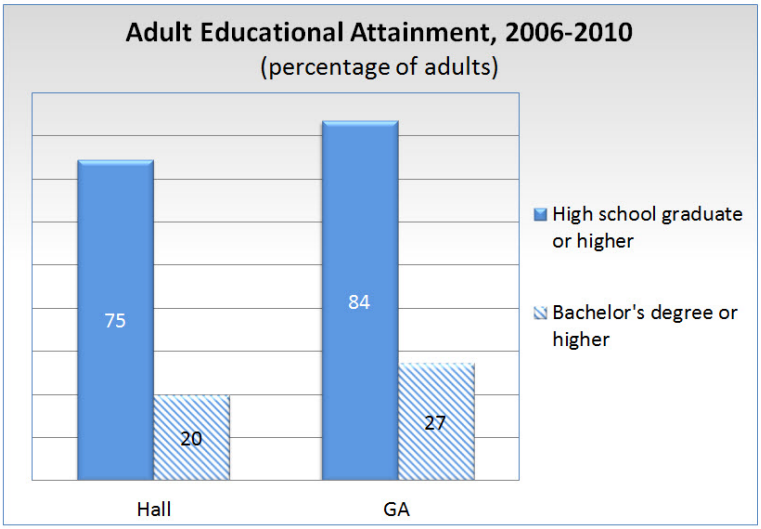


Data Source: Annie E. Casey Foundation, Kids Count Data Center

Sixty-one percent of the public school students in Hall County were eligible for free or reduced price lunches for the years 2009 to 2012. This was higher than Georgia (56 percent) and lower than the U.S. (65 percent).

Educational Attainment

The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.[160] 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.[161] 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.[162]

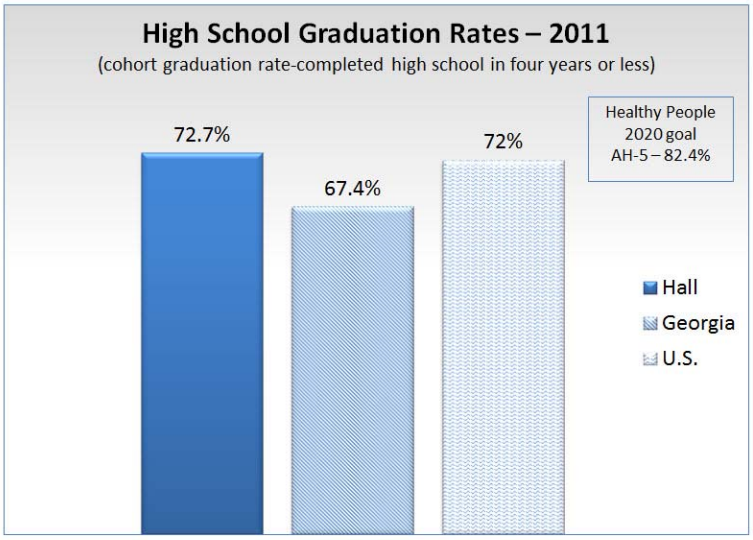


Data Source: Annie E. Casey Foundation, Kids Count Data Center

From 2006 to 2010, an average of 75 percent of Hall County residents had graduated high school compared to Georgia's average of 84 percent. An average of 20 percent of Hall County residents had a bachelor's degree or higher compared to Georgia's higher average of 27 percent.

The U.S Department of Education is now requiring all states to begin publicly reporting comparable high school graduation rates using the new four-year adjusted cohort rate calculation method. This method will provide uniform data collection when analyzing statistics across different states.[163]

In 2011, Hall County had an average of 72.7 percent of students complete high school in four years or less. Hall County was higher than the State average (67.4 percent) and the U.S. average (72 percent). The Healthy People 2020 goal for high school students is 82.4 percent (students graduate with a regular diploma, four years after starting 9th grade).



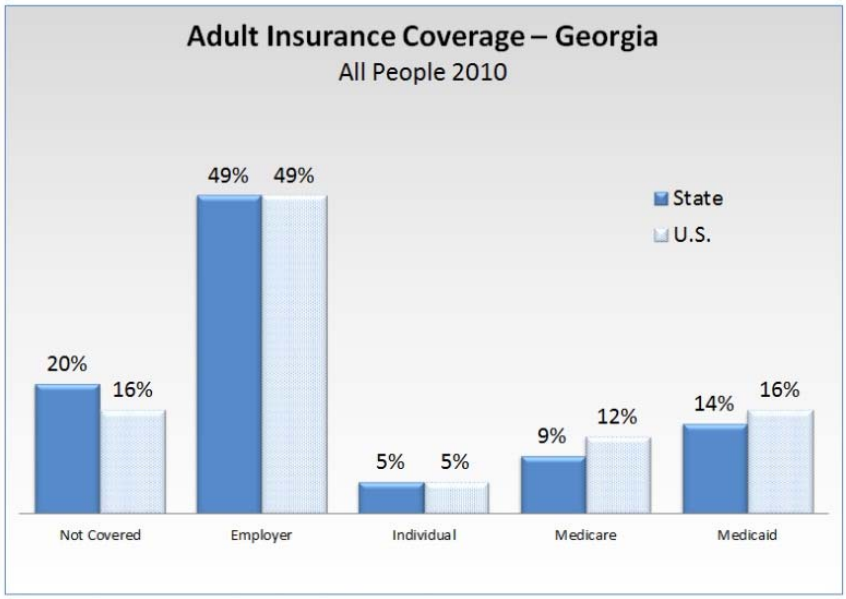
Data Source: Georgia Department of Education – 2011, Editorial Projects in Education Research Center

Insured Status

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

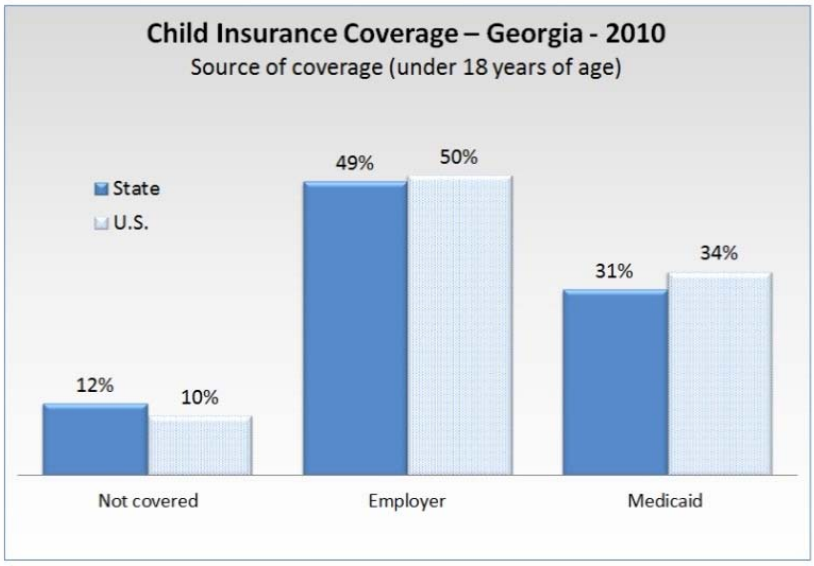
GEORGIA INSURED STATUS



Data Source: Kaiser Family Foundation, Statehealthfacts.org

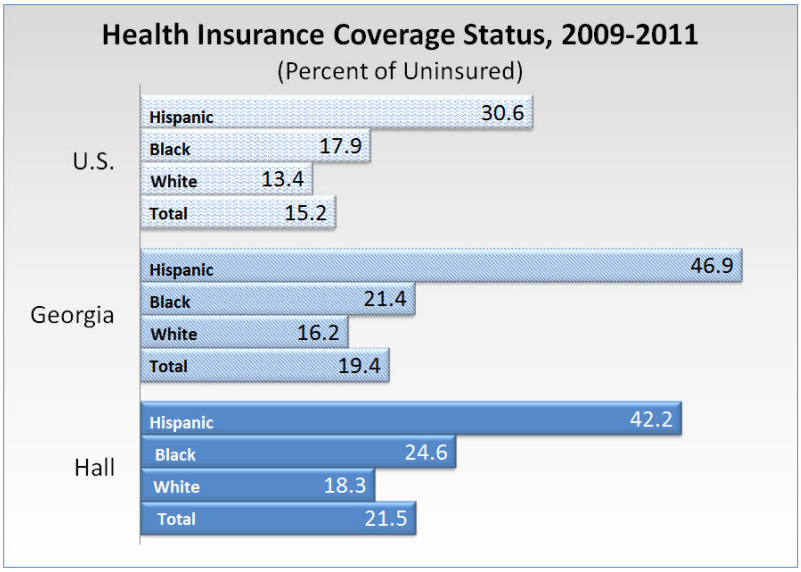
In 2010, Georgia's adult uninsured population (20 percent) was slightly higher than the U.S. (16 percent). Employer coverage was equal at 49 percent and Medicare and Medicaid coverage were slightly lower than the U.S. rate.

In 2010, Georgia's population of uninsured children was 12 percent compared to the U.S. at 10 percent. The percent of Georgia children covered by Medicaid was slightly lower (31 percent) than the U.S. rate (34 percent). Employer coverage in Georgia and the U.S were very similar.



Data Source: Kaiser Family Foundation, Statehealthfacts.org

HALL COUNTY INSURED STATUS

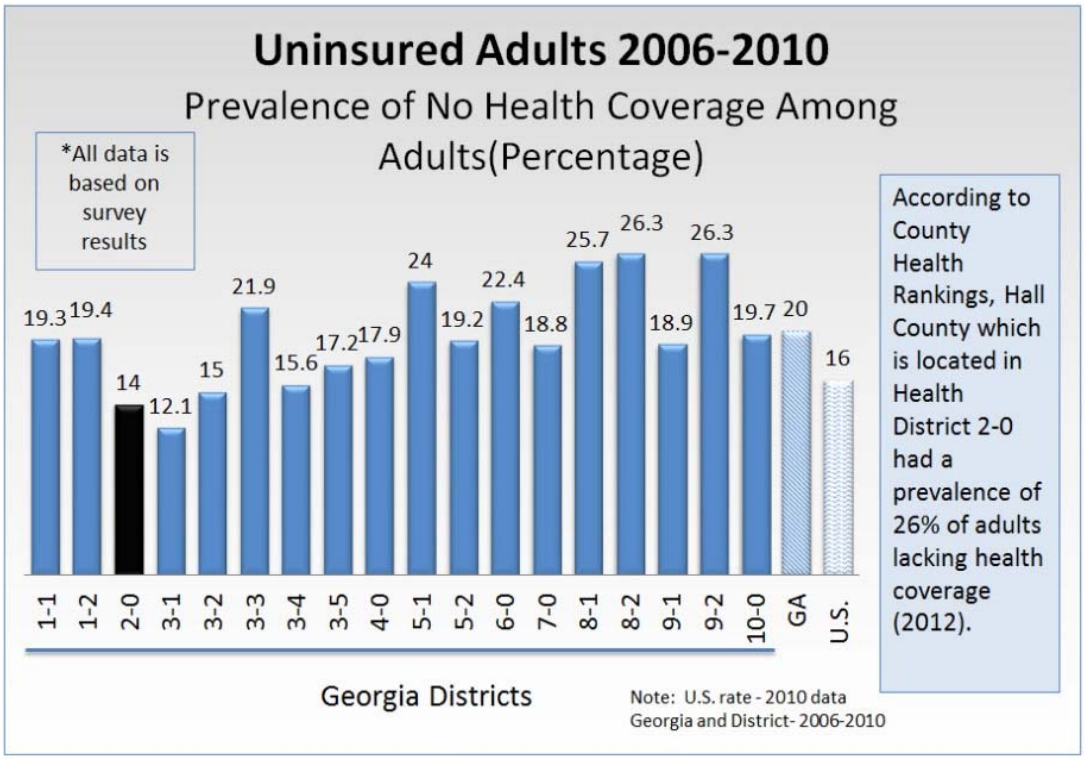


Data Source: U.S. Census

Hall County's uninsured population (21.5 percent) was higher than Georgia (19.4 percent) and higher than the U.S. (15.2 percent).

In Hall County, Blacks had a higher proportion of uninsured individuals (24.6 percent) compared to Whites (18.3 percent). Hispanics had the highest uninsured proportion at 42.2 percent.

The percentage of adults that lacked health insurance from 2006-2010 in Health District 2-0 (which includes Hall County) was 14 percent. This was lower than the U.S rate (16 percent) and lower than the Georgia rate (20 percent). According to County Health Rankings, in 2012 Hall County had 26 percent of adults lacking health insurance, which exceeds both the State and U.S.



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

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

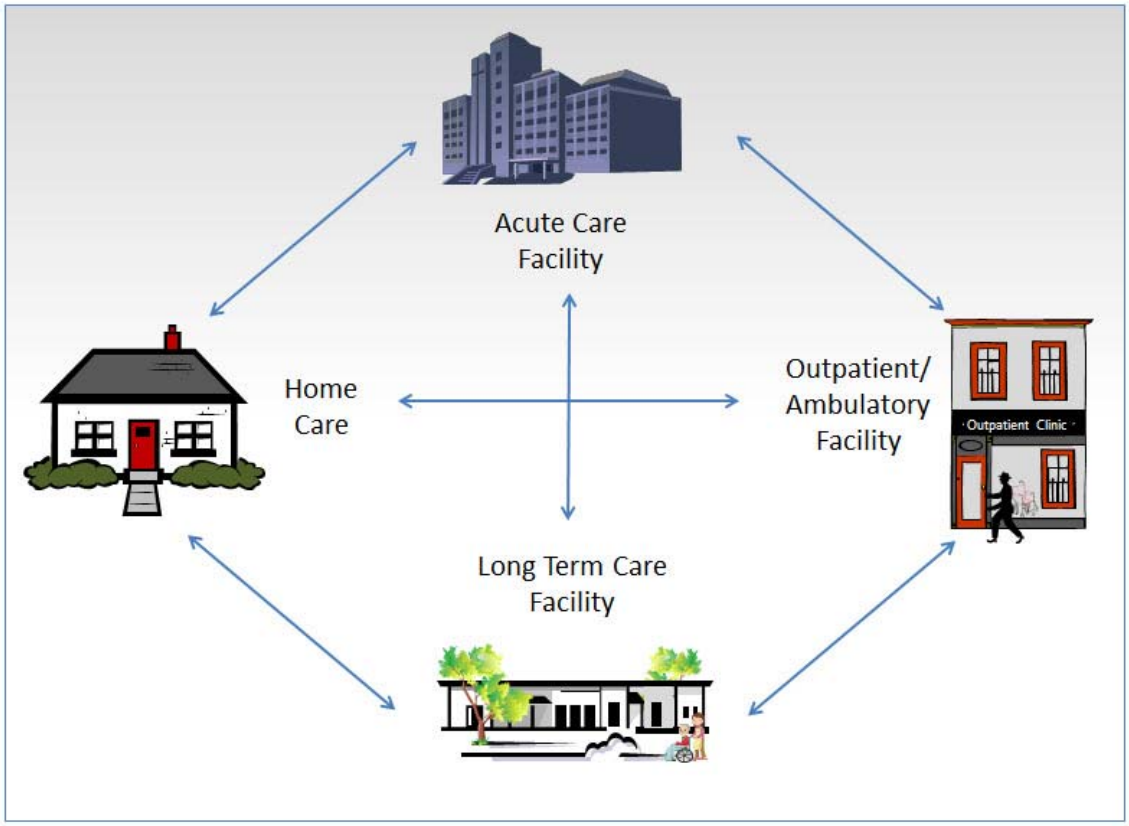
Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of healthcare, but it does not cover all medical expenses or long-term care. In Hall County, 12 percent of the population is over the age of 65, making many of them eligible for Medicare.

Accessing a Healthcare Location Where Needed Services are Provided

Accessing healthcare services in the U.S is regarded as unreliable because many people do not receive the appropriate and timely care they need. In 2014, a large proportion of Americans will have access to healthcare coverage due to the *Patient Protection and Affordable Care Act*.[164] This increase in access will cause a large influx of patients (32 million) to start receiving care from an already over-burdened system.[165] The healthcare system itself will need to work as a system, and not in independent silos to prepare for this change. The following section of the CHNA report discusses the various entries within the healthcare system and the types of services provided.

Healthcare Continuum

An individual's medical complexity, insurance status, or socioeconomic status determines where he/she goes to receive care. The continuum of healthcare reflects the multiple settings in which people seek and receive health services. It includes routine care and care for acute and chronic medical conditions from conception to death.[166] 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.

Hall County is home to Northeast Georgia Health System. The System includes Northeast Georgia Medical Center, Laurelwood (psychiatric hospital), New Horizons Limestone and New Horizons Lanier Park (long-term care facilities), and Northeast Georgia Physicians Group. The Health System serves almost 800,000 people in more than 13 counties across Northeast Georgia.[167]

Northeast Georgia Health System is building a new 100 bed hospital in the city of Braselton that is projected to open in 2015.

Free or Sliding Fee Scale Clinics

The closest free or sliding fee scale clinics in Hall County are all in the city of Gainesville. Medlink Georgia operates federally qualified health clinics throughout various locations in Northeast Georgia. The Gainesville location offers family medicine services on a sliding fee scale based on income verification and household size.[168]

The Hall County Health Department Clinic offers child and adolescent health services (dental care, immunizations, and child health), women's health, nutritional services (WIC), STD screenings, and adult immunizations. All of these services are offered on a sliding fee scale based on income verification.[169]

The Good News Clinics offers medical, dental care and medication assistance at no cost to the patient. These services are for uninsured residents of Hall County with a family income within 150 percent of the federal poverty level.[170] The Good News Clinics also operates a healthcare access service that helps patients that need specialty care get referrals for treatment.[171]

Physician Workforce

Based on the Georgia Physician Workforce Report (2008), Hall County had an inadequate supply of physicians (based on population) in the following specialties:

- Family Practice (deficit: -3)
- Hematology/Oncology (deficit: -3)
- Ophthalmology (deficit: -2)[172]

However, Hall County had an adequate or surplus supply of physicians in the following specialties:

- Allergy and Immunology (surplus: 2)
- Anesthesiology (surplus: 18)
- Cardiovascular Disease (surplus: 14)
- Dermatology (adequate: 0)
- Emergency Medicine (surplus: 6)
- Endocrinology, Diabetes and Metabolism (surplus: 1)
- Gastroenterology (surplus: 2)
- Internal Medicine (surplus: 15)

- Nephrology (adequate: 0)
- Neurological Surgery (surplus: 2)
- Neurology (surplus: 3)
- OB/GYN (surplus: 1)
- Orthopedic Surgery (surplus: 3)
- Otolaryngology (surplus: 2)
- Pathology (surplus: 1)
- Pediatrics (surplus: 2)
- Plastic Surgery (surplus: 2)
- Psychiatry (surplus: 1)
- Pulmonary Diseases (surplus: 1)
- Radiology (surplus: 1)
- Rheumatology (surplus: 1)
- General Surgery (surplus: 3)
- Thoracic Surgery (adequate: 0)
- Urology (surplus: 5)[173]

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

The Planning Department at NGMC compiles a Physician Manpower Report. For information about this report, contact the NGMC Planning Department at 770-219-6630.

Health Professional Shortage Areas

Health Professional Shortage Areas (HPSAs) are areas 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). Hall County was designated as a HPSA for mental health (see table below).[174] 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. Medically underserved populations typically have economic barriers (low-income or Medicaid eligible populations), or cultural and/or linguistic access barriers to primary medical care services.[175] Hall County contains an MUP within the Southeast Gainesville Service Area. It is considered an MUP designated at the request of the State Governor based upon documented local conditions and barriers to accessing personal health services.[176]

Provider Shortages as of March 29, 2013

County	Shortage Primary Care Providers FTE- full time equivalent	Shortage Dental Providers	Shortage Mental Health Providers
Hall	0	0	3

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

Mental Health

Hall County has facilities that provide mental health and substance abuse services. Like the rest of the state of Georgia, the area has experienced an increased demand for mental health services due to the closure of some state-run mental health hospitals. Hall County has the following mental health services:

- Avita Community Partners is a public organization formed by the 1993 Georgia State Legislature to serve persons experiencing the disabling effects of mental illness. It serves communities within 13 counties of North Georgia. The Hall County offices offer the following programs and services: ACT Team Program, Adolescent Clubhouse, Adult Behavioral Health Services, Ambulatory Detoxification Program, Child and Adolescent Services, Crisis Stabilization Unit, Developmental Disability Services, Peer Support Program, and a pharmacy. The Crisis Stabilization Unit is located in Flowery Branch. It provides a form of emergency behavioral healthcare that is less restrictive and less costly compared to hospitalization.
- Centerpoint is a not-for-profit community organization that offers counseling, mentoring, prevention, and religious education to Hall County youth.
- Laurelwood is located on the main campus of Northeast Georgia Medical Center. It offers a variety of services including: detoxification, inpatient treatment, day partial treatment, intensive outpatient treatment, and aftercare support. Laurelwood is a component of Northeast Georgia Health System (NGHS).
- National Alliance on Mental Illness (NAMI) is a national organization that has a local chapter in Hall County. Most chapters provide family support to those individuals with loved ones.[177]

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 serving 1.7 million people annually.[178] More than 17 percent of Americans over the age of 85 live in nursing facilities.[179] 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.[180] Hall County has five skilled nursing facilities. All of these facilities accept either Medicare or Medicaid; however there is one facility that does not accept Medicaid. The combined number of beds among these facilities is currently 639 beds.[181] NGHS operates two of the SNFs in Hall County.

Transportation

Hall County has a land area of 393 square miles.[182] There is a well-developed public transportation system called Hall Area Transit. Most of the routes are in the city limits of Gainesville and parts of Oakwood.

Hall Area Transit offers the following services:

- Red Rabbit provides scheduled bus services throughout the City of Gainesville and parts of the City of Oakwood. Buses operate five days a week from 7:00 AM to 5:30 PM. The price ranges from $0.60 (with Medicare Card) to $1.25 for adults one-way.

- Mobility Plus provides transportation to individuals with disabilities that may be unable to walk to a Red Rabbit bus stop.
- Dial-A-Ride provides riders with curb-side van service that comes directly to them if called 48 hours in advance. Cost for this service starts at $2.00 and increases with each additional mile traveled.

Many residents that live in rural areas depend on family members or others in the community for their transportation needs. There are other services that provide transit for specific populations. These transportation services are limited. Many people in the community cited transportation as a major issue preventing access to care. Transportation was also reported as a barrier preventing the utilization of afterschool program scholarships for children.

Finding a Health Care Provider with 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 with whom they can trust and communicate. People with a usual source of care have better health outcomes and fewer disparities and costs. For this reason, patient-centered medical homes have been a popular solution to increase communication and trust between the provider and patient.

PATIENT-CENTERED MEDICAL HOMES

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute, and chronic needs of patients using the best available evidence and appropriate technology.[183]

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.[184] There are three types of primary care providers: family medicine physicians, pediatricians, and internal medicine physicians. In 2008, the percent of Hall County's physician workforce in primary care was 31.5 percent compared to the State of Georgia's average at 34.7 percent.[185]

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[186]

The Hall County Hispanic population primarily utilizes the Good News Clinics, local health department, and ProSalud (private clinic) to meet their health needs. During focus group meetings, it was expressed that Hispanics have difficulty in finding a physician they can trust and see on a consistent basis.

Northeast Georgia Medical Center is participating in a Health Care Innovation Challenge grant to develop a Patient Centered Medical Home concept among its physician practices. The transformation of the physician practices aims to identify patient care gaps, to measure the practices' performance in population health management, and to design and implement patient interventions in support of care management.[187]

COMMUNITY INPUT

Access to Care (General)

- Accessing dental health for children and the elderly is difficult.
- Dental health is an access issue, especially to those with limited or no insurance benefits.
- Good News Clinics is a great resource but only sees Hall County residents.
- Entering the local healthcare system, especially for chronic conditions, is an arduous task.
- It is easier to go to Urgent Care Center (UCC) than a physician practice, since no appointment is needed.
- Language is a huge barrier for all healthcare services.
- Lanier Tech provides dental services at little or no charge as training for students.
- Most families have no medical home.
- Northeast Georgia Medical Center is liberal in providing charity care.
- Often one may call physicians within their insurance network only to find the physician will not accept new patients.
- Veterans often have treatment issues with VA facilities.
- Providers are not paid to prevent, but to “fix and repair.”
- Quick access to a healthcare provider is an issue.
- School nurses can give minor first aid, but are basically a triage provider.
- School nurses cannot provide antibiotics, but can refer and provide advice.
- School nurses may be the only healthcare source for many children.
- School nurses often encourage families to apply for PeachCare.
- Some child specialty services are only available in Atlanta.
- The "burnout" rate of primary care providers is high, which leads to shortages.
- The community needs a good strong outpatient psychiatric facility.
- There are challenges with referring many patients to post-acute care settings for traumatic brain injuries, Alzheimer’s, and behavioral health.
- There are long delays in order to get appointment with a specialist.

COMMUNITY INPUT

Access to Care (General)

- There is not enough dental care for the low income; many come to emergency room for dental care. Emergency room doctors can only treat pain.
- There are limited hours for accessing primary care - need to extend hours.
- There are many healthcare barriers for the physically disabled.
- There is a need for dialysis programs for the undocumented.
- There is a shortage of primary care physicians in the community.
- There is a shortage of providers for the aging population – some doctors are limiting number of Medicare patients seen.
- There is a need for more mid-level practitioners (MLP) to assist with primary care.
- There is a need more phone follow-up or other types of follow-up after acute care.
- The only pediatric endocrinologists are in Atlanta.

Access to Care (Collaboration/Strategies)

- The 211 system is not working.
- Community agencies need to sit at the “same table” to address issues.
- Many residents are not aware of resources available in the community.
- Programs in community are disjointed; need to consolidate programs to better address and not duplicate resources.
- Providers see clients all the time who are not aware of available resources in the community.
- The duplication of services among agencies weakens the ability to address the community's needs. We need a “one-stop shop” to find resources.
- There is a gap in “looping together” many agencies in the community that promote wellness. The agencies need work together, rather than in silos.
- There is no resource directory of all agencies providing services in the community.
- We get conflicting information; do not know who to call for what services.
- There is clearly a communication disconnect between institutional providers of care and primary providers of care.

COMMUNITY INPUT

Access to Care (Poverty and Uninsured)

- Access to physicians who will accept Medicaid is an issue.
- There is not much of an option for afterhours care for the uninsured and low income.
- Community resources include Good News at Noon, the Salvation Army, My Sister's Place, and Under the Bridge Ministry.
- Good News at Noon is a community resource.
- Good News Clinics is the largest free clinic in the State.
- Good News Clinics makes a "big dent" in healthcare but does not fill the need.
- Good News Clinics should be located throughout the community, rather than only in the city.
- Health benefits offered may not offset cost of insurance.
- Hispanics may not understand U.S. Health system.
- If a patient has no insurance, there is a problem with follow-up care.
- Many individuals fall through the cracks. They have too little income to afford insurance, but too much to qualify for assistance.
- Many low-income families go to Good News Clinics, but appointments are needed.
- Many people are "self-rationing" healthcare due to high insurance deductibles and coinsurance.
- Med Link and Health Department have sliding fee scales.
- Med Link is a federally qualified health center which provides services to low-income individuals.
- Most kids who go to school clinic have no insurance.
- Older adults may not understand what resources are available through Medicare.
- One fear is that access for Medicaid patients will be limited due to changes in Healthcare Reform.
- Parents may not know how to access PeachCare.
- People without insurance or with high deductibles have access issues.
- The homeless, especially women, have few resources for post-hospital care.

COMMUNITY INPUT

Access to Care (Poverty and Uninsured)

- Poverty contributes to all healthcare problems. Adults cannot get access to Medicaid and do not qualify for other programs.
- Poverty occurs among all races. The majority is seen in Hispanic and Black communities.
- Poverty is getting worse.
- Priorities are often to feed families rather than purchase insurance.
- Some employers are dropping insurance benefits.
- Some undocumented individuals know how to work the system and access healthcare without insurance.
- The depth and breadth of poverty is increasing.
- The homeless are at-risk for all health issues.
- The indigent care program at the hospital is getting harder to access.
- The parent's income may be too high for children to receive State benefits
- The repercussions of poverty are increasing.
- The State does not have enough caseworkers and resources to allow Hispanics access to resources to which they are entitled.
- There is a gap for health insurance for children older than 19 years since Medicaid no longer covers.
- There is a need for Medicaid education for parents regarding process for renewals, application, etc.
- There is a widening gap between severely low income and severely high income groups.
- There is confusion in the marketplace due to volume of insurance options.
- Undocumented individuals may choose not to or are unable to purchase insurance.
- Undocumented status affects ability to obtain insurance.
- We have a great medical community; however, the gap that exists is having means to use the resources.
- We need to know what non-profit neighbors are doing, become better partners, and identify best practices.

COMMUNITY INPUT

Access to Care (Poverty and Uninsured)

» Young adults are often too old to be on parent's insurance; however, their jobs do not offer insurance.

Access to Care (Transportation)

» The transition from hospital to home care is an issue – no follow-up for patients in poverty or low income patients.

» The high cost of gasoline is leading to health access issues.

» The high cost of private taxi companies leads to health access issues.

» There is inadequate public transportation in the community.

» Physicians are in downtown Gainesville. There is a need for clinics in outlying areas of the community for more accessibility.

» Public transportation routes are better than what we had, but very limited.

» Public transportation routes available in the community do not vary.

» Rural areas have transportation issues because people are spread out.

» Transportation is an issue, especially in the County.

» Red Rabbit has limited hours and limited routes in the County.

» "Wisdom Project" will concentrate on transportation for Seniors.

» There is a misconception that the poorer you are, the less access to transportation you may have.

» Transportation costs may exceed cost of physician office visit.

» If we want to change the health of the community, then we should start in local neighborhoods.

» Instead of one big gym, we need ten smaller facilities scattered throughout the community.

» The time of day, and days offered for health education are barriers.

» Health educators should go to churches and clubs with an accessible, impactful presentation and talk about consequences.

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

Mental Health and Behavioral Disorders

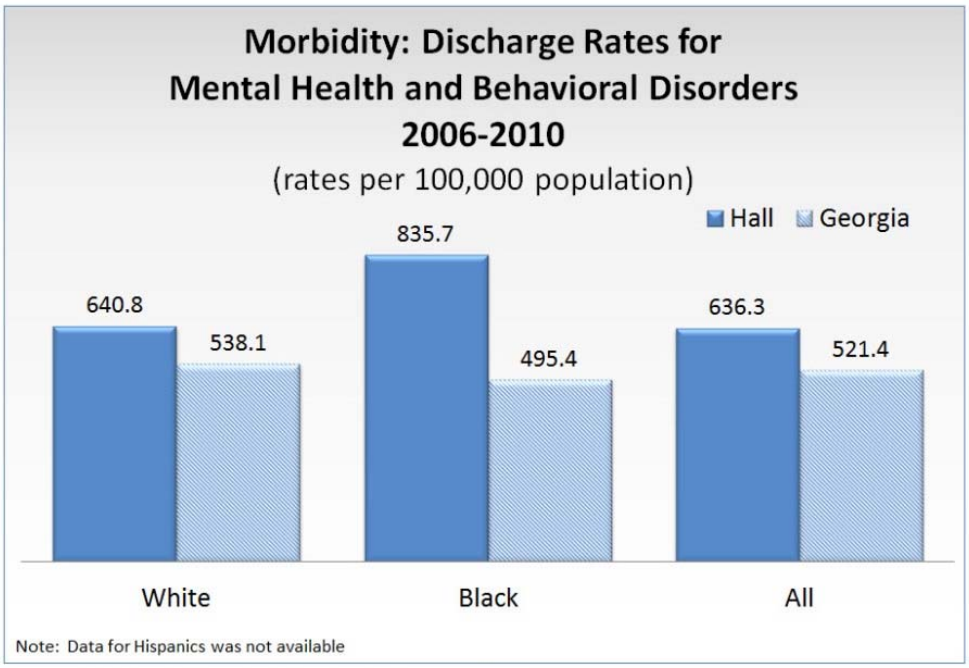
The impact of mental illness in the U.S. is among the highest of all diseases, and mental disorders are among the most common causes of disability.[188] Nearly one in four Americans have a mental illness which contributes to the economic burden of nearly $300 billion reported in 2002.[189]

At a state-level, the mental health system is at a turning-point. In responding to a 2010 settlement of a civil rights lawsuit focused on conditions in psychiatric hospitals and the lack of community services, Georgia had increased its budget for mental health services for children and adults. The increase in budget was to assist in expanding community-based services, such as supportive housing, assertive community treatment and crisis intervention and stabilization services.[190] The 2010 settlement resulted in the closure state-run inpatient mental health facilities. According to the settlement, the State must serve approximately 9,000 individuals with mental illness with community based services by July 1, 2015.[191]

Mental health is important to a person's well-being. It is defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitful, and is able to make a contribution to his or her community.[192] A majority of chronic diseases, including diabetes, cancer, cardiovascular disease, asthma, and obesity, are co-morbidities with mental illness conditions.[193]

According to data (see graphs on next page) obtained from the Georgia Department of Public Health (OASIS), mental and behavioral disorders are any series of disorders which may be developmental or brought on by external factors.[194] Drug overdoses are the misuse or overuse of any medication or drug, including alcohol and tobacco.[195]

According to the Centers for Disease Control and Prevention, some of the most common disorders include: depression, anxiety, bipolar, and schizophrenia.[196]



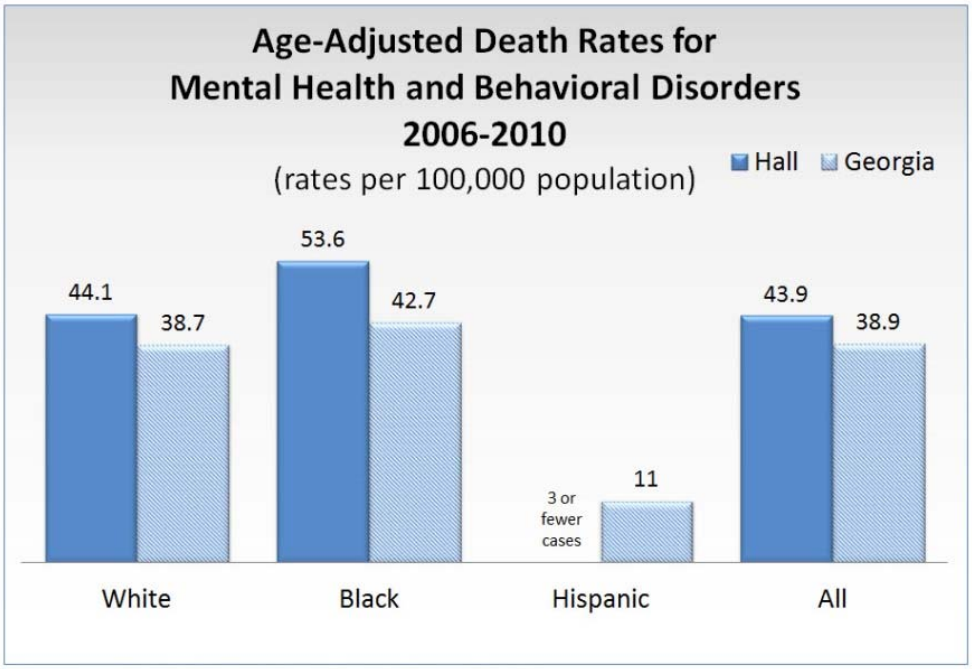
Data Source: OASIS, Georgia Department of Public Health

Hall County had a higher discharge rate (636.3 per 100,000 population) due to mental health and behavioral disorders compared to the State (521.4 per 100,000 population).

Blacks had a higher discharge rate compared to Whites.

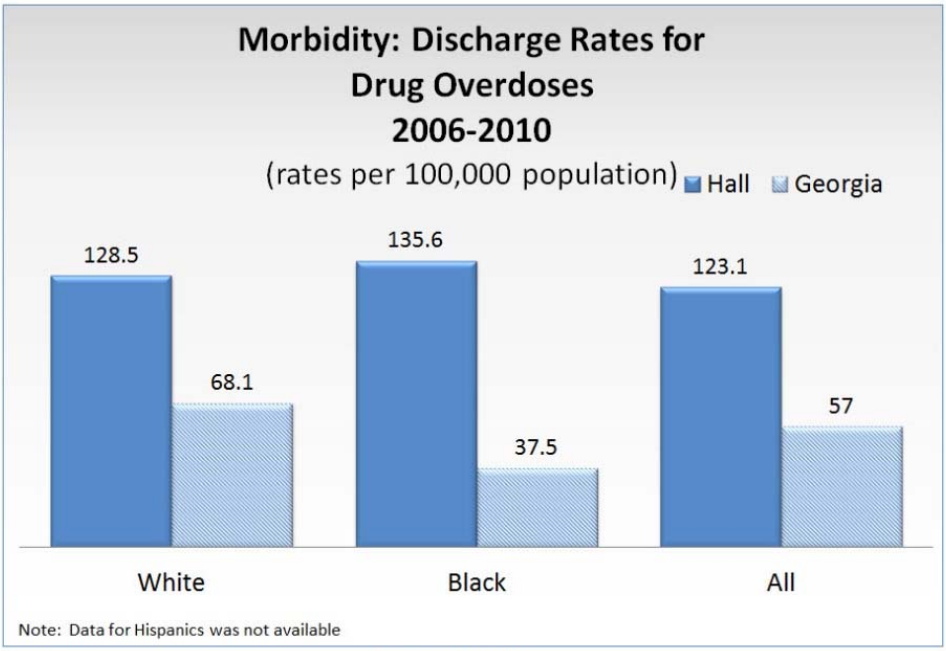
Hall County had a higher death rate due to mental health and behavioral disorders (43.9 per 100,000 population) compared to Georgia (38.9 per 100,000 population).

Blacks had a higher death rate compared to Whites in Hall County.



Data Source: OASIS, Georgia Department of Public Health

According the International Classification of Diseases (ICD-10-CM), mental and behavioral disorders can be caused by psychoactive substance use, alcohol use, tobacco use, and other narcotics.[197] The data below includes morbidity and mortality rates that include various diagnoses.

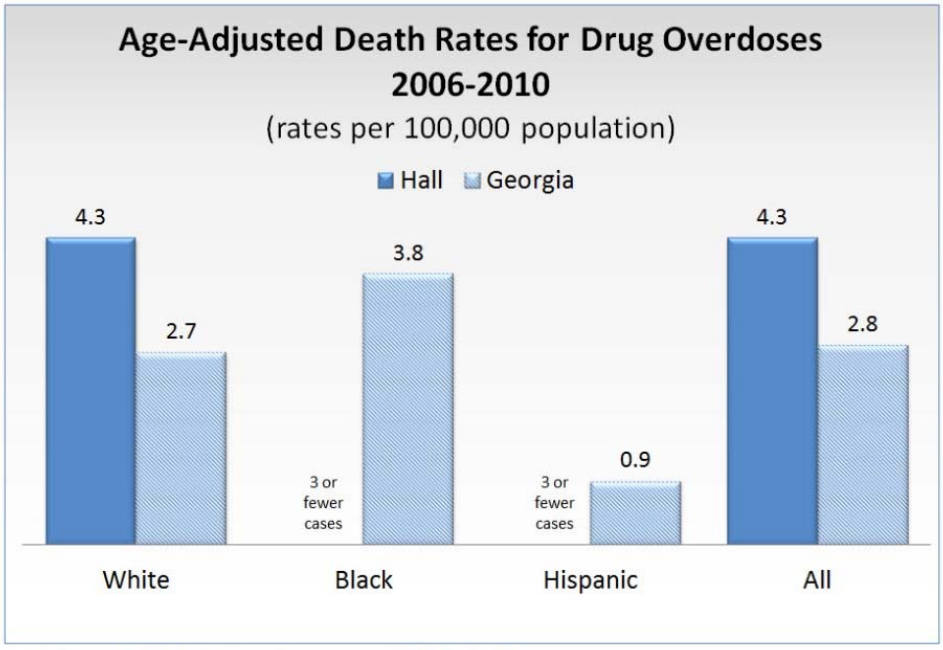


Data Source: OASIS, Georgia Department of Public Health

In Hall County the discharge rate due to drug overdoses (123 per 100,000 population) was over twice the State average (57 per 100,000 population).

Blacks in Hall County had a slightly higher discharge rate compared to Whites. The opposite is true in Georgia where nearly twice as many Whites are discharged due to drug overdoses compared to Blacks.

Hall County had a higher death rate due to drug overdoses compared to the State. Whites from Hall County had a higher death rate than both Blacks and Hispanics due to drug overdoses.



Data Source: OASIS, Georgia Department of Public Health

COMMUNITY INPUT

Mental Health

- There is a huge gap related to care for Alzheimer's and dementia.
- Alzheimer's and dementia may overwhelm us due to aging population.
- We are seeing earlier onset of Alzheimer's and dementia.
- Families wait longer to get Alzheimer's diagnosed.
- Families wait too long to ask for care for Alzheimer's and dementia.
- Alzheimer's and dementia are often family secrets.
- There is a fear surrounding Alzheimer's and death.
- We need to know more about causes of Alzheimer's and dementia.
- Are "environmental" issues a cause of Alzheimer's?
- Abuse of prescription drugs cause psychiatrists to be tied up with drug seekers.
- Medications for mental health problems are very expensive and many people cannot afford.
- There is a need for pediatric psychiatric care in area.
- There are few psychiatrists that will take Medicaid.
- Many Georgia mental health hospitals have closed. The State was moving funding into Community Service Boards, but there is definitely a lack of funding.
- The State's largest free health clinic is in Gainesville, but it does not offer psychiatric care.
- There is a shortage of pediatric psychiatrists for children in Hall County.
- There is a general shortage of psychiatrists.
- Adolescent mental health needs have increased in the past few years.
- There is a need for pediatric psychiatric care in area.
- There are few psychiatrists that will take Medicaid.

COMMUNITY INPUT

Mental Health

- The State's largest free health clinic is in Gainesville, but it does not offer psychiatric care.
- There is a shortage of pediatric psychiatrists for children in Hall County.
- There is a general shortage of psychiatrists.
- Adolescent mental health needs have increased in the past few years.
- Alcoholism in the home is a contributing issue to the mental health problems.
- An emergency department nurse is seven times more likely to be assaulted on duty than a police officer. A number of psychiatric patients come to emergency room armed. There is no metal detector in emergency room. Emergency room staff is in danger.
- AVITA is only mental health resource for lower income individuals. AVITA is overwhelmed due to a large population seeking care.
- AVITA's high turnover of counselors creates a barrier for those who cannot build relationship with counselor.
- Centerpoint is becoming better known.
- Centerpoint is open until 8:30 pm.
- Centerpoint uses a sliding-fee scale.
- There are on-site counseling services at Centerpoint.
- We need better collaboration between agencies. "If a patient goes to AVITA or a psychiatrist, there is no follow-up referral back to Centerpoint."
- Depression and anxiety are prevalent issues in the school system.
- Home environments contribute to dysfunctional behaviors.
- Adolescent mental health issues are treated in the ER because there are not enough pediatric psychiatric beds in the State.
- Many kids live in their "bubbles." They don't know what is outside their own community.
- Mental health conditions progress from elementary school to high school.
- Parents do not get the "globalness" of mental issues and the resulting impact on their kids.

COMMUNITY INPUT

Mental Health

- School children experience anxiety disorders and obsessive-compulsive behaviors.
- Teachers/counselors may be recognizing mental health symptoms earlier.
- There are no affordable mental health resources for children/teens.
- There are not enough mental health resources for adolescents.
- There are not enough psychiatrists for children and adolescents. Existing resources are booked months in advance.
- There are school counselors in the south end of the County, which is the most densely populated.
- There is the fear that a diagnosis of mental illness will lead to the loss of children and jobs.
- Too many kids grow up without positive reinforcement, which later can lead to mental issues.
- We need an active Mentor Program for additional adult support to kids.
- Younger patients are being served in long-term care facilities for stroke related problems and long-term drug abuse.
- Failure to take medications leads to mental health issues.
- If family has no financial resources, they cannot access mental healthcare unless "court-ordered."
- In many low-income families hope is gone, which leads to stress and contributes to mental illnesses.
- It is a two-edged problem – supply of mental health resources is low and demand is high.
- It is difficult to find a mental health provider who will accept Medicaid.
- Lack of resources for the transfer of mentally ill patients from the emergency room compounds the problem.
- Lower incomes lead to greater mental health problems.
- Many people in the community have mental health issues that are not treated in hospitals.
- Mental health issues occur in every family structure, regardless of income or population group.

COMMUNITY INPUT

Mental Health

- Mental illness leads to other health issues.
- Mental issues are so deep and so severe that a few counseling sessions will not overcome issues.
- Middle class mothers are often reduced to poverty from divorce.
- NGMC has staff that is assaulted on a daily basis.
- Often Hispanics do not seek mental health services.
- Often people self-medicate rather than ask for help (alcohol and drugs).
- Only the insured can afford private mental health resources.
- The outpatient mental health component is missing.
- Physicians often make referrals to sliding-scale clinics, but many times individuals do not go.
- Poverty results in mental health problems.
- Psychiatric issues in the ER are more prevalent among uninsured and low-income population. If you need care and are poor, you are difficult to place. There are no community resources for psychiatric problems.
- The jail has no resources to deal with mental health.
- The Medical Center Foundation grant will bring counseling services to south side of the County.
- There is a stigma attached to mental illness.
- Transportation to mental health resources is an issue.
- There is a huge gap related to care for Alzheimer's and dementia.
- It is hard to find affordable locations for Alzheimer's care in Hall County.

Disabled Populations

There are many different definitions to describe disability. For this report, disability data and definitions were obtained from the U.S. Census Bureau. The U.S. Census Bureau categorizes types of disabilities into communicative, physical, and mental domains according to a set of criteria (see below).

U.S. Census Bureau Criteria:

People who have disability in the communicative domain reported one or more of the following:

- Was blind or had difficulty seeing
- Was deaf or had difficulty hearing
- Had difficulty having their speech understood

People who have disability in the mental domain reported one or more of the following:

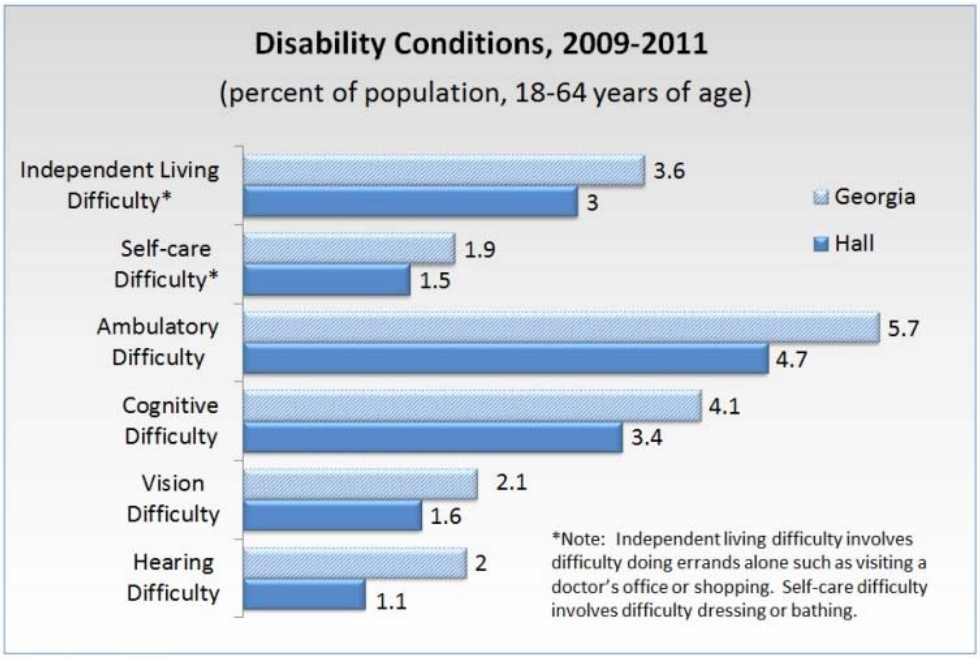
- Had a learning disability, an intellectual disability, developmental disability, or Alzheimer's disease, senility, or dementia
- Had some other mental or emotional condition that seriously interfered with everyday activities.

People who have disability in the physical domain reported one or more of the following:

- Used a wheelchair, cane, crutches, or walker
- Had difficulty walking a quarter of a mile, climbing a flight of stairs, lifting something as heavy as a 10-pound bag of groceries, grasping objects, or getting in or out of bed
- Listed arthritis or rheumatism, back or spine problem, broken bone or fracture, cancer, cerebral palsy, diabetes, epilepsy, head or spinal cord injury, heart trouble or atherosclerosis, hernia or rupture, high blood pressure, kidney problems, lung or respiratory problem, missing limbs, paralysis, stiffness or deformity of limbs, stomach/digestive problems, stroke, thyroid problem, or tumor/ cyst/growth as a condition contributing to a reported activity limitation[198]

Further, within these three domains (communicative, mental, and physical) there are different types of disabilities including:

- Vision difficulty: Blindness or serious difficulty seeing, even when wearing glasses or contacts
- Hearing difficulty: Deafness or serious difficulty hearing
- Cognitive difficulty: Serious difficulty walking or climbing stairs
- Self-care difficulty: Difficulty dressing or bathing
- Independent living difficulty: Difficulty doing errands alone such as visiting a doctor's office or shopping



Data Source: U.S. Census

The proportion of Hall County residents with disability conditions was lower than the State's proportion of residents with disability conditions. The highest proportion in Hall County represented individuals with ambulatory difficulty (4.7 percent).

COMMUNITY INPUT

Disabled

» Individuals with disabilities often face a multitude of barriers to access. In addition, the disabled status may lead to obesity and other health issues.

» There are two families in community with ventilator-dependent children that attend school. Medicaid needs to more closely manage these children.

Seniors

Why is the Health of Older Adults Important?

"Older adults are among the fastest growing age groups, and the first "baby boomers" (adults born between 1946 and 1964) will turn 65 in 2011. More than 37 million people in this group (60 percent) will manage more than 1 chronic condition by 2030."

Healthy People 2020

COMMUNITY INPUT

Seniors

- Grandparents are fearful of DFACS because they could lose their grandchildren; therefore they do not seek needed financial support.
- Grandparents raising grandchildren raises the stress levels among Seniors, which can contribute to health issues.
- Reasons grandparents may be raising grandchildren are often due to drug and alcohol issues with parents.
- Discharge planning is a needed intervention; the older person and family members do not understand what to do once they get home. Oftentimes a follow-up appointment is needed.
- Older people are not compliant because they did not understand physician's instructions.
- There is not enough emphasis on proper medication dosing.
- Transition services connected with all hospitals in the area are needed to help Seniors understand hospital dismissal orders and coordinate with follow-up with physicians.
- "A Place for Mom" helps educate patient and families for post-acute services such as custodial care and respite care.
- Area Agency on Aging is working hard on establishing a wellness program through the Senior Centers by helping people understand more about diet and nutrition and exercise.
- Hispanics are not proportionately active in the Senior Centers; this may be due to culture or fear of government.

COMMUNITY INPUT

Seniors

- There is not enough money to fund all Senior services needed.
- There is only one Senior Center per county, so many Seniors do not have access, especially those that cannot drive.
- A lack of transportation and accessibility is an issue among Seniors.
- There is a van, but it cannot cover the entire county. Transportation is a major issue throughout the State.
- Transportation is an issue for Seniors.
- Independence barriers exist that contribute to depression and obesity.
- More in-home services for Seniors are needed.
- Personal care and home-making services are needed for Seniors to help them stay home and avoid placement in a nursing home.
- Seniors need a primary care physician and medical home.
- There is a gap in affordable housing for some Seniors. In Hall County there are several Senior retirement communities, however there remains a gap.
- There is a gap in the community related to geriatric care.
- There is a need for more recreation activities for Seniors, (community centers, walking clubs, sponsored exercise classes, computer labs, social activities etc.).
- We need training for Seniors on how to prevent falls.
- Medicaid funded programs require documentation for immigrants.
- More family members care for the elderly in Black and Hispanic families, than in the White community.
- The retirement of doctors may lead to a Senior's lack of regular physician or medical home.
- There is a local office for "A Place for Mom" in Gainesville.
- Seniors may not take medications according to guidelines; may be splitting pills or not taking.
- The Senior Centers are trying to educate Seniors with diabetes on the importance of diets and compliance with physician's directions.

COMMUNITY INPUT

Seniors

- The emergency department at the hospital treats a great deal of falls due to a higher aging population in community.
- The geography of our area contributes to access issues.
- There has been a dramatic increase in Seniors in the area. The Georgia mountains attract retirees.
- The elderly are kept at home for financial benefit.
- Isolation of Seniors may lead to abusive situations.
- The elderly are more vulnerable towards all health issues.
- The elderly are a vulnerable population group.
- The aging population may not be able to make decisions and control their environment.
- There are exercise machines in Senior Centers. Wellness education for Seniors is taught at the Senior Center and local churches.

Race or Ethnic Group

COMMUNITY INPUT

Black Population

- Blacks have the lowest income and the worst health outcomes. There is a real opportunity to help this underserved population.
- Black males may feel uncomfortable to visit physicians who are not also Black.
- Black women gravitate more to healthcare due to pregnancies.
- Blacks have a genetic predisposition for diabetes and hypertension.
- Grandparents are often in charge of the family unit.
- Poverty, unemployment, incarcerations, and generational/cyclical issues affect access to healthcare.
- Some Black men believe they are "immortal" and will not seek healthcare.
- There are environmental factors (New Town) which has led to health issues among Blacks.
- There is a lack of health funding resources for Black males that do not qualify for Medicaid.
- There is a lack of hope among many Blacks – life is right here, right now.
- Violence is an issue in Black community – domestic abuse, child abuse, and drug abuse.
- There is a lack of Black representation in community meetings in which health issues are discussed.
- There are missing male leaders in the family; many are single parent households.

Hispanic Population

- Hispanic parents should be educated through the school system about health.
- Hispanics may not be included in surveys due to undocumented status and language issues with the surveys.
- Health issues associated with working parents may be greater among Hispanics.

COMMUNITY INPUT

Hispanic Population

- There is a lack of birth control use among Hispanics.
- Low income Hispanic children get Medicaid, but not adults.
- There is a need to educate Hispanics about health services and resources available in the community.
- The undocumented status of many Hispanics is a barrier to accessing healthcare.
- There is not enough bilingual information regarding healthcare resources in the community.
- There is a lack of interpretive services for Hispanics.
- There is a problem with interpretative services with social service agencies.
- In order to pay for healthcare, most Hispanics either pay out-of-pocket or pay installments for their medical bill.
- Some Hispanics are uncomfortable going to the doctor for regular check-ups because they often do not see the same physician.
- We need more bilingual counselors in schools and the community.
- The decline in Hispanic patients may be due to undocumented status. They are moving out of Hall County.
- Many people who fall through the cracks are those with income greater than 150 percent of the Federal Poverty Level.
- Many Hispanics do not have insurance, but save up for care. Some have insurance through their jobs.
- Many drugs are not available for undocumented, so they use the $4 prescription listed drugs.
- Healthcare in the native Hispanic countries has influenced how some Hispanics seek healthcare.
- We see a lot of rheumatoid arthritis patients that are Hispanic.
- The gaps in service occur because of income level and inability to qualify for assistance.

COMMUNITY INPUT

Other

- Life changing events (loss of job, accident, loss of insurance) can put anyone at risk for health access issues.
- Young people aged 18 – 25 years cannot afford healthcare.
- Children are the most vulnerable population.
- Many people have vision issues but cannot afford glasses.
- LensCrafters will help with eyeglasses. There is a $35 fee, but an individual must meet financial criteria to qualify for a low fee.
- Medicaid/PeachCare pays for one pair of glasses every two years.
- Although there are free community screenings, there is a need to market these correctly so individuals know where to go.
- There is a huge need for Sexual Assault Nurses in the area.
- Preventive and wellness has not been a focus in years past, but now it is.
- There needs to be an awareness that health education is for "me," rather than just for other people.
- Information and data about health issues is often ignored by the individuals. It's like you hit a brick wall.
- There is a lack of employer support for healthcare screenings.
- The community needs on-the-job site preventative care (flu shots, screenings).
- We need health education about salt substitutes and healthy alternatives.
- Health educators need to educate in ways that are consistent and clear. They need to educate on the most important topics, rather than asking individuals what they want to know about health.
- An education barrier is that the community must come to you rather than going out to community.

PRIORITIES

Community Input

Focus group participants identified 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 this community health input session.

Focus Group Meeting and Key Stakeholder Interview Priorities

Focus group meetings were held on the following dates:

- Community Meeting #1 and #2: February 11, 2013
- Community Meeting #3 and #4: February 13, 2013
- Community Meeting #5: May 5, 2013
- Advisory Meeting #6: May 6, 2013

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 meetings and stakeholder meetings.

1. Access to Care - Providers and Prevention
    a. There is a need for education and awareness concerning prevention of chronic illnesses, health behaviors, and habits that promote the use of primary care and preventive medicine.
    b. There is a need for free or low cost care options for the working poor, uninsured or the underinsured.
    c. There is a shortage of providers, specialists, or services in the community.
    d. There is a need for more education and coordination between providers regarding prescription drug abuse.
    e. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.
    f. There is a need for programs directed toward the disabled population.
    g. There is a need for safety education to address unintentional injuries.

2. Obesity and Diabetes
    a. There is a need for promotion of and access to physical activities for both adults and children.
    b. There is a need for education and awareness on the causes, prevention, and intervention for obesity and diabetes.
        i. There is a need for lifestyle intervention education on healthy eating and exercise habits; especially in low-income areas.
        ii. There is a need for specific education on how to purchase healthy foods on a budget.
        iii. There is a need for education on certain medications that cause weight gain.
    c. There is a need for more funding resources to cover the high cost of diabetes-related medications.
    d. There is a need for family support groups related to diabetes.
    e. There is a need to communicate that diabetes often begins during childhood.
    f. There is a need for more sidewalks in the community to encourage walking.

3. Mental Health
    a. There is a need for more services, providers, and specialists relating to mental healthcare.
    b. There is a need for education and awareness on mental illness.
    c. There is a need for free or low cost care options for the working poor, uninsured or the underinsured related to mental health services.
    d. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their mental healthcare needs.
    e. There is a need for more funding resources to cover the high cost of mental health related medications.

4. Senior Health
    a. There is a shortage of providers, specialists, and services focusing on Seniors' health issues.
    b. There is a need for education and awareness in relation to Seniors' health issues across the healthcare continuum.
    c. There is a need for family support services.

5. Hispanic Needs
    a. There is a need for preventive care services in the Hispanic community, particularly related to chronic diseases (obesity, diabetes, high blood pressure, high cholesterol, and circulatory issues such as varicose veins).
    b. In order to promote preventive care, there is a need for consistency in the primary care physicians that serve the Hispanic community.
    c. There is a need for lower cost insulin and glucose testing strips for diabetic patients.
    d. There is a need for face-to-face health education in the schools and churches that serve the Hispanic community.

6. Access to Care-Transportation
    a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor and the Senior residents.

7. Cancer
    a. There is a need for specific education and awareness of cancer.
    b. There is a need for free or low cost care options for the working poor, uninsured or the underinsured.
    c. There is a need to better understand environmental issues that impact health status of our community.
    d. There is a need for more funding resources to cover the high cost of cancer related medications.

8. Adolescent Lifestyle- Including Alcohol, Tobacco, and Drugs
    a. There is a need for more education and coordination between providers regarding prescription drug abuse among adolescents.
    b. There is a need for education and awareness surrounding healthy lifestyle choices.
    c. There is a need for safety education related to unintentional injury related to adolescents.

9. Teen Pregnancy
    a. There is a need for early education and awareness for adolescents concerning sex education and contraceptive use.
    b. There is a need for more after-school activities.

10. Heart Disease and Stroke
    a. There is a need for education and awareness on prevention, signs and symptoms of cardiovascular risk, and intervention tactics.

Hospital Input

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

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

Identified Priorities

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

- Access to Care - Providers and Prevention
- Obesity and Diabetes
- Mental Health
- Senior Health
- Hispanic Needs
- Access to Care - Transportation
- Cancer
- Adolescent Lifestyle
- Teen Pregnancy
- Heart Disease and Stroke

COMMUNITY PARTICIPANTS

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

NORTHEAST GEORGIA MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE MEMBERS

Linda Nicholson	Controller, NGMC
Cheryl Christian	Executive Director, Good News Clinics
Christy Moore	Manager, Community Health Improvement, NGMC
Van Haygood	Director, Emergency Department, NGMC
Veran Smith	Director, Case Management, NGMC
Marlene McIntyre	Director, Quality and Patient Safety, Northeast Georgia Physician's Group

Advisors to the CHSC:

Tracy Vardeman	Vice President, Strategic Planning & Marketing, NGMC
Nancy Colston	Executive Director, The Medical Center Foundation

COMMUNITY REPRESENTATIVES – KEY STAKEHOLDER INTERVIEWS

Cheek, Andre	Former Healthy Hall Member, Hall County Native
Christian, Cheryl	Executive Director, Good News Clinics
Coker, Mamie	School Nurse Coordinator, Hall County
Cronia, Paula	School Nurse Coordinator, Gainesville City
Cunningham, Matt	Salvation Army
Espinoza, Yolanda	Pharmacy Tech, Good News Clinics
Figueras, Myrtle	Council Member, Retired Educator
Freeman, Pat	Director, Legacy Link
Glasbrenner, Wendy	GA Legal Services and Chair, Family Connection
Haygood, Van	Director, Emergency Department, NGMC
Hicks, Barbara	Teen Pregnancy Prevention
Little, Matthew	Black Ministerial Association
Luckza, Janelle	AVITA Community Partners
Mickens, Steve	CEO, Boys & Girls Clubs
Montiel, Enrique	Diversity Committee Chair, Vision 2030
Rice, Jill	Director, Department of Family and Children Services (DFACS)
Smith, David	Centerpoint
Smith, Veran	Director, Case Management, NGMC

Tunkle, Stacy	Centerpoint
Ventry, Caroline	Senior Living Advisor, A Place for Mom
Westfall, David, MD	Hall County Health Department
Zaid, Syed S., MD	MedLink

PARTICIPANTS - COMMUNITY FOCUS GROUP MEETINGS

Abernathy, Keith	Personal Caregiver
Allen, Connie	Social Worker, Hall County School System (HCSS)
Allen, Lynne	Volunteer Services, NGMC
Amos, Kathy	Brenau University
Anderson, Donna	Employee Wellness & EAP, NGHS
Anderson, Jarod	Outreach Programs, Gainesville City Schools
Armour, Terri R.	Action Ministries-Gainesville
Arnold, Mark	Hall County Fire Services
Arnold, Mark	Hall County Fire Services
Banks, JP	Coordinator, Drug Free Coalition of Hall County
Battle, Deb	Trauma Care Services, NGMC
Benton, Stacy	Principal, Hall County Schools
Black, Chad	Hall County Fire Services
Blackstock, Kay	Georgia Mountains Food Bank
Buffington, Jeanne	Rape Response
Butler, Julie	Gainesville Parks & Recreation
Cantrell, Betsy	Former Healthy Hall Member, University of North Georgia
Carlson, Steve	Director of Pharmacy, NGHS
Chapman, Dana	The Guest House, Inc.
Chapman, Rick	Retired
Collins, Mimi	CEO, The Longstreet Clinic
Cotton, Shanna	Ninth District Opportunity
Crumley, Katie	Hall County Government
DeLeslie, Sarah “Sally”	Wisdom Project
Dyer, Merianne	Superintendent, Gainesville City Schools
Dyer, Sara	Director, Women’s & Children’s Services
Edwards, Tom	Cardiology Services, NGHS
Fessler, Tiffany	Morton Vardeman Carlson
Fielden, Elizabeth	Coordinator, Hall County Family Connection
Flack, Callie	North Georgia Community Foundation (NGCF)
Freeman, Mike	Retired, South Hall Rotary
Gaddy, Lisbeth	Pediatrics RN, NGHS
Gohman, Kevin	Inpatient Rehab Director, NGHS
Gordy, Kelli	Gateway (Domestic Violence)
Graham, Laura	Diabetes Education, NGMC

Green, Joy	The Medical Center Foundation (TMCF)
Guilfoile, Betty	Children's Center for Hope & Healing (CCHH)
Huggins, Kaal	Director, Victim Witness Solution Office
Irick, Susan	RN, Flu/Prevention, NGHS
Johnson, Eva	Congestive Heart Failure RN, NGHS
Jones, Lang	Highland Mountain Beverage
Knighton, Randy	Gainesville Administration, Hall County
Labbe, Janice	Trauma Services, NGMC
Lawrence, Gary	Wisdom Project
Little, Jennifer	Director, Staff Development, NGPG
Lloyd, Kevin	Laurelwood (Mental Health, Alcohol, Drug Abuse Facility)
Lopez, Elida	Cancer Navigator, NGMC / American Cancer Society
Mack, Deborah K.	Community Volunteer & Board Member
Manrique, Caroline	GA Legal Services (GLSP)
Martinez, Alejandra	Right From the Start Medicaid-DFACS
Masters, Scott	Director, Emergency Medical Services, NGMC
Mathis, Jim	President, North Georgia Community Foundation
Miller, Amy	Lula Pharmacy, Jr. League, Women Source
Nelson, Deborah	United Community Bank
Nivens, Meg	Chamber, Vision 2030
Owens, Marty	Randy & Friends
Parker, Phillip	Retired, NGMC Advisory Board
Patterson, Pam	Longstreet Clinic
Peeples, Nancy	Disability Resource Center
Piucci, Michele	Chattahoochee Bank of Georgia, President of Boys & Girls Clubs, WomenSource
Pressley, Justin	Access to a Better Tomorrow (Non-Profit)
Rasmurson, Maryane	Redbud Project (Environmental Issues)
Rios, Antonio, MD	Chief Physician Executive–NGPG, NGHS
Rogers, Mary	Volunteer, NGMC
Rylee, Beth	Safe Kids/ED, NGMC
Salyers, Sandy	Wells Fargo – Board Member Challenged Child & Friends
Satterfield, Reneigh	Edward Jones, Community Volunteer
Shelton, Marta	GA Legal Services
Shinafelt, Dorothy	Alliance for Literacy
Shingleton, LoRita	Bariatric Services, NGHS
Shope, Paula	Nutrition Services, NGHS
Skey, Olivia	Vice President of Medical Assisting Program, Lanier Technical College
Smith, Kay	Emergency Room RN, NGMC
Smith, Melinda	RN, NGMC
Smoot, Jane B.	Board Member, NGHS
Stephens, Connie	Court Appointed Special Advocate (CASA)
Stewart, Todd	Right from the Start (RSM) Medicaid Outreach Project
Stoecking, Jennifer	New Horizons-Lanier Park Nursing Home

Stringer, Sandra	UGA–Hall County Extension Office
Suchke, Dorothy	Legacy Link
Tanksley, Diane	Ninth District Opportunity
Timpone, Andrea	Elachee Nature Science Center
Tymchuk, Melissa	Public Relations & Marketing, NGHS
Walker, Beverley	Hall County Fire Services
Walker, Erika	Sage Wave Consulting
Wallace, Jackie	President, United Way of Hall County
Walsh, Don	Outpatient Rehabilitation Director, NGHS
Wangemann, George	City Council
Warren, Teresa	Director, Hospice

PARTICIPANTS - NGHS ADVISORY BOARD FOCUS GROUP

Larry Baldwin	Judge, State Court of Hall Company
Cathy Bowers	Retired Director of Public Relations, NGHS
Brian Cantel	President/Owner, Cantel Wealth Management, LLC
Katie Crumley	Public Information Officer, Hall County Government
Judy Escamilla	Executive Director, Housing Authority of the City of Gainesville
Sam Evans	Facilities Manager, Hall County Library System
Erica Glenn	Grant Program Consultant, Homeless Education, Georgia Department of Education
Jane Hemmer	President, White Sulphur Properties, Inc.
Lt Col. Kevin Jarrard	Commandant of Cadets, Riverside Military Academy
Mary Jones	Owner, Jones Cutting Horses
Tom Kitchin	Co-Owner, TDK Investments, Inc.
William S. “Bill” Lightfoot	Dean of Business & Mass Communications, Brenau University
Janice Ludwig	Instructor/Personal Trainer, First Baptist Church/Family Life Center
Deborah Mack	Community Volunteer
Martha Martin	President, Phil-Mart Transportation
Phillippa Lewis Moss	Director, Gainesville-Hall County Community Service Center
Amy Miller	Pharmacist, Lula Pharmacy and Foothills Gift Shop
George Ordway	PA, Northeast Georgia Heart Center
Philip Parker	Retired, American Greetings Corporation
Carol Perkins, Chair	Retired CEO, Avita Community Partners
Bill Sanders	District Manager, Jackson EMC
Jane Berrong Smoot	Retired General Partner, Edward Jones
Ruth Wade	Bank of America
Dr. James Whitlock	Retired Professor, Brenau University
Stephanie B. Williams	Community resident, Funari Realty
Carrie Woodcock	Director, ESOL Services, Rollins Center for Language & Learning, Atlanta Speech School
Susan Wright	Hall County Board of Education, Lanier Charter Career Academy

PARTICIPANTS - NGHS SENIOR ADMNISTRATIVE LEADERSHIP FOCUS GROUP

Carol Burrell	CEO
Brad Nurkin	President
Tony Herdener	Chief Financial Officer
Jolinda Martin	Chief Nursing Officer
Allana Cummings	Chief Information Officer
Sam Johnson, MD	Chief Medical Officer
James Walker	Vice President, Human Resources
Paul Vervalin	Executive Director, Northeast Georgia Physicians Group
Tracy Vardeman	Vice President, Strategic Planning & Marketing
Anthony Williamson	Vice President, Service Lines & NGMC Braselton
Linda Nicholson	Controller
Nancy Colston	Executive Director, The Medical Center Foundation
Kristin Beck	Director, Department of Excellence
Stephen Ross	Department of Excellence

RESOURCE LISTING

In order to access healthcare, community members should be aware of available resources. The following pages provide information to the community about these resources. A significant source of information for this listing was obtained from the Hall County School System's 2013 *Community Resource Guide.*

ASSISTED LIVING FACILITIES

Country Heritage
5755 Conner Road
Flowery Branch, GA 30542
770-967-0324

Dogwood Forest (Gainesville)
3315 Thompson Bridge Road
Gainesville, GA 30506
770-531-7800

Morningside of Gainesville
2435 Limestone Parkway
Gainesville, GA 30501
770-531-6100

Oakbridge Terrace at Lanier
4145 Misty Morning Way
Gainesville, GA 30506
678-450-3000

Peachtree Plantation
4251 Hudson Drive
Oakwood, GA 30566
770-297-6900

BIRTH CERTIFICATES

Hall County Health Department (births occurring in Hall County)
1290 Athens Street
Gainesville, GA 30507
770-531-5600

BLOOD DONATIONS

American Red Cross
1-800-RED-CROSS
1-800-733-2767
www.redcross.org

BREASTFEEDING RESOURCES

Breastfeeding Information
www.breastfeeding.com

Hall County Health Department
1290 Athens Street
Gainesville, GA 30507
770-531-5600

Lactation Center (NGHS)
825 Jesse Jewell Pkwy
Gainesville, GA 30501
770-219-7574

La Leche League of GA Hotline
404-681-6342

CAR SEAT RESOURCES AND SAFETY

Safe Kids Gainesville
2150 Limestone Parkway, Suite 115
Gainesville, GA 30501
770-219-8095

American Red Cross
311 Jesse Jewell Pkwy SW102
Gainesville, GA 30501
770-532-8453

CANCER SUPPORT SERVICES

American Cancer Society
1-800-227-2345

Cancer Information Line (NGMC)
1-800-466-5416

CANCER SUPPORT SERVICES (CONT.)

Bosom Buddies
Hebron Baptist Church
202 Hebron Church Rd
Dacula, GA 30019
770-963-2106

Reach to Recovery (Breast Cancer)
1-800-ACS-2345

Look Good Feel Better
Longstreet Clinic (program host location)
725 Jesse Jewell Parkway
Gainesville, GA 30501
770-219-8815
770-297-1176

Man to Man Prostate Cancer Support Group
Union General Hospital
214 Hospital Circle
Blairsville, GA 30582
770—896-1064

CHILDREN & FAMILY SUPPORT SERVICES

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

ALL GA KIDS
877-255-4254

CLOTHING RESOURCES

Gateway House Thrift Store
1080 Dawsonville Hwy
Gainesville, GA 30501
770-539-9645

Habitat for Humanity Restore
2285 Browns Bridge Rd
Gainesville, GA 30501
770-718-1070

Salvation Army
603 Atlanta Hwy
Gainesville, GA 30501
770-534-7589

COUNSELING

AVITA Community Partners
915 Interstate Ridge Drive, Suite G
Gainesville, GA 30501
678-207-2950

Brenau Center for Counseling and Psychological Services
423 Brenau Avenue
Gainesville, GA 30501
770-297-5959

Gateway Domestic Violence Center
P.O. Box 2962
Gainesville, GA 30503
770-536-5860

Green Street Counseling
505 Green Street
Gainesville, GA 30501
770-561-1641

Laurelwood
200 Wisteria Drive
Gainesville, GA 30501
770-531-3800

New Hope Counseling
322 Spring Street Northeast
Gainesville, GA 30501
770-539-9669

CRIMINAL JUSTICE / LEGAL SERVICES

Child Support Enforcement
770-535-7535

Clerk of Court
Hall County Courthouse
225 Green Street, S.E.
Gainesville, GA 30501
770-531-6965

District Attorney
770-531-6965 Georgia Legal Services
770-535-5717

Hall County Detention Center
1700 Barber Rd
Gainesville, GA 30507
770-531-6927

CRISIS SERVICES

Animal Control
875 W Ridge Rd
Gainesville, GA 30501
770-531-6829

Child Abuse Reporting
770-532-5288

CRISIS SERVICES (CONT.)

Gateway Domestic Violence Center
P.O. Box 2962
Gainesville, GA 30503
770-539-9080

National Domestic Violence Hotline
800-799-7233

Rape Response, Inc.
615 Oak Street, Ste F
Gainesville, GA 30501
770-503-7273

DENTAL (LOW-INCOME)

Green Warren Dental Clinic
810 Pine Street
Gainesville, GA 30501

DEVELOPMENTAL NEEDS

Babies Can't Wait
1856-130 Thompson Bridge Road, Suite 3
Gainesville, GA 3050
www.health.state.ga.us/programs/bcw

Challenged Child and Friends
2360 Murphy Blvd.
Gainesville, GA 30504
770-535-8371

Children First
Children with Special Needs
1856-130 Thompson Bridge Road, Suite 3
Gainesville, GA 30501
770-535-6907

Parent to Parent of Georgia
800-229-2038

EMERGENCIES / URGENT CARE

Northeast Georgia Medical Center
Emergency Services (emergency only)
743 Spring Street
Gainesville, GA 30501
770-219-9000

Northeast Georgia Urgent Care
597 South Enota Drive
Gainesville, GA 30501
770-219-7777

EDUCATION

Adult Learning Center
4 1/2 Stallworth St
Gainesville, GA 30501
770-531-6410

Alliance for Literacy
770-531-4337

Family Literacy Hotline
404-539-9618

Ferst Foundation for Childhood Literacy
888-565-0177

FATHERHOOD

Georgia Fatherhood Program
770-531-4011

National Center for Fathers
800-593-3237

FINANCIAL ASSISTANCE

Division of Family and Children Services (DFACS)
Temporary Assistance for Needy Families (TANF)
1290 Athens Street
Gainesville, GA 30507
770-532-5298
www.dfcs.dhs.georgia.gov

Salvation Army
681 Dorsey Street
Gainesville, Georgia 30501
770-534-7589
www.salvationarmy-georgia.org

FOOD ASSISTANCE / PROGRAMS / RESOURCES

Action Ministries–Gainesville
770-531-1440

Angel Food Ministries
877-366-3646
www.angelfoodministries.com

Backpack Love
678-425-5000

Chattahoochee Baptist Association
1220 McEver Road
Gainesville, GA 30504
Phone: 770-532-3371

Community Food Pantry
615 Oak Street Suite E
Gainesville, GA 30501
678-450-0077

Division of Family & Children Services (DFACS)
Food Stamps
1290 Athens Street
Gainesville, GA 30507
770-532-5298
www.compass.ga.gov

Family Promise of Hall County
3810 Alexandria Drive
Gainesville, GA 30506
770-535-0786

Women, Infants & Children (WIC)
1290 Athens Street
Gainesville, GA 30507
1-800-228-9173

Free Chapel Food Pantry
3001 McEver Rd.
Gainesville, GA 30504
770-532-4793

Good News at Noon (Food Assistance)
797 Davis St.
Gainesville, GA 30501
770-503-1366

Georgia Mountain Food Bank
1642 Calvary Industrial Drive, SW
Gainesville, GA 30507
770-534-4111

Meals on Wheels
430 Prior Street, SE
Gainesville, GA 30501
770-503-3330

FURNITURE RESOURCES

Goodwill Industries
1514 Skelton Road
Gainesville, GA, 30504
www.goodwillng.org

Salvation Army
681 Dorsey Street
Gainesville, Georgia 30501
770-534-7589
www.salvationarmy-georgia.org

HEALTH INSURANCE

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

Medicaid
Member Services: 866.211.0950 (P)
Provider Services: 800.766.4456 (P)
Eligibility: 404.730.1200
Customer Service: 404-657-5468
www.medicaid.gov

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

HOSPICE PROVIDERS

Hospice of NGMC
2150 Limestone Pkwy
Gainesville, GA 30501
770-219-8888

Odyssey Hospice
1100 Sherwood Park Drive
Gainesville, GA 30501
770-533-4422

HOSPICE PROVIDERS (CONT.)

United Hospice
700 S Ennota Drive
Gainesville, GA 30501
770-297-1970

HOUSING / UTILITY ASSISTANCE / SHELTER

Action Ministries-Gainesville
770-531-1440

Atlanta Mission
404-588-4000

Eagle Ranch
5500 Union Church Road
Flowery Branch, GA 30542
770-967-8500

Family Promise of Hall County
770-535-0786

JOB TRAINING

Georgia Department of Labor
Career Centers
770-535-5484
www.dol.state.ga.us/js/

MEDICAL FINANCIAL ASSISTANCE

Division of Family & Children Services (DFCS)
Physical Address:
www.dfcs.dhs.georgia.gov

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

MEDICAL FINANCIAL ASSISTANCE (CONT.)

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

MEDICAL CLINICS AND CARE (LOW-COST OR REDUCED COST)

Children with Special Needs
1856-130 Thompson Bridge Road, Suite 3
Gainesville, GA 30501
770-535-6907

Good News Clinics
810 Pine Street
Gainesville, GA 30501
770-297-5040

Hall County Health Department
1290 Athens Street
Gainesville, GA 30507
770-531-5600

MedLink Gainesville
1211 Sherwood Park Drive
Gainesville, GA 30501
770-287-0290

MENTAL HEALTH

AVITA Community Partners
915 Interstate Ridge Drive, Suite G
Gainesville, GA 30501
678-207-2950

Centerpoint
1050 Elephant Trail
Gainesville, GA 30501
770-534-8204

MENTAL HEALTH (CONT.)

Laurelwood
200 Wisteria Drive
Gainesville, GA 30501
770-531-3800

National Alliance on Mental Illness (NAMI)
Hall County Chapter
nami.hall@mindspring.com
678-617-1332

NURSING HOME/SKILLED NURSING FACILITIES

New Horizons Limestone
2020 Beverly Road NE
Gainesville, GA 30501
770-219-8600

New Horizons Lanier Park
675 White Sulphur Road, Suite 190
Gainesville, GA 30501
770-219-8300

Oaks at Limestone
2560 Flintridge Road
Gainesville, GA 30501
770-536-3391

Willowbrooke Court at Lanier Village Estates
4145 Misty Morning Way
Gainesville, GA 30506
678-450-3005

Willowwood Nursing Center
4595 Cantrell Road
Flowery Branch, GA 30542
770-967-2070

PARENTING RESOURCES

American Academy of Pediatrics
www.healthychildren.org

Children's Healthcare of Atlanta (CHOA)
www.choa.org

"MOPS"
(Mothers of Preschoolers)
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

Division of Child Support Services
Northeastern Office
465 E.E. Butler Pkwy Suite 2
Gainesville, GA 30501
1-877-423-4746

PHYSICAL THERAPY / REHABILITATION SERVICES

Atlanta Rehabilitation and Performance Center
2350 Limestone Parkway
Gainesville, GA 30501
770-536-9300

Gainesville Physical Therapy
1296 Sims Street, Suite A
Gainesville, GA 30501
770-297-1700

Rehabilitation Institute
Sherwood Plaza
597 South Enota Drive NE
Gainesville, GA 30501

POSTPARTUM DEPRESSION

Georgia Crisis Line
800.715.4225 (P)
www.bhlweb.com/tabform

Georgia Postpartum Support Network
866.944.4776 (P)

Meetup
www.postpartum.meetup.com

National Women's Health Information Center
800.994.9662 (P)
www.4woman.gov/faq/depression-pregnancy.cfm

POSTPARTUM DEPRESSION (CONT.)

Postpartum Support International
800.944.4773 (P)
www.postpartum.net

RECREATION

Boys & Girls Club of Hall County
2152 Memorial Park Drive
Gainesville, GA 30504
770-534-3030
www.bgca.org

J.A. Walters Family YMCA
2455 Howard Road
Gainesville, GA 30501

SAFETY

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

Safe Kids
1301 Pennsylvania Avenue, NW, Suite 1000
Washington, DC 20004
202.662.0600 (P)
202.393.2072 (F)
www.safekids.org

SMOKING CESSATION

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

TEEN PARENTING RESOURCES

Family Ties – Gainesville
615 Oak Street, ste 200
Gainesville, GA 30501
770-287-3071

Young Mommies Help Site
www.youngmommies.com

TRANSPORTATION

Hall Area Transit
770-503-3333

Southeastern Transportation (Medicaid only)
770-503-3333

ENDNOTES

[1] U.S. Census Bureau, State and County Quick Facts, www.census.gov
[2] U.S. Census Bureau, Rural and Urban Classification, www.census.gov
[3] Ibid
[4] HealthyPeople.gov, Maternal, Infant and Child Health. http://www.healthypeople.gov/2020/default.aspx
[5] Georgia Department of Public Health, OASIS
[6] Ibid.
[7] Ibid.
[8] U.S. Census Bureau, State and County Quick Facts, www.census.gov
[9] Ibid.
[10] Annie E. Casey, *Kids Count Data*
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