


Community Health Needs Assessment July 2021 - May 2022

Putnam, Morgan, Greene, and Hancock Counties



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Acknowledgement

The Georgia Rural Health Innovation Center would like to extend a special thank you to Dr. Mary Eleanor Wickersham for her guidance throughout this process. We would also like to acknowledge our rural partners, organizations, and Harmony Medical Foundation, who all supported our efforts.



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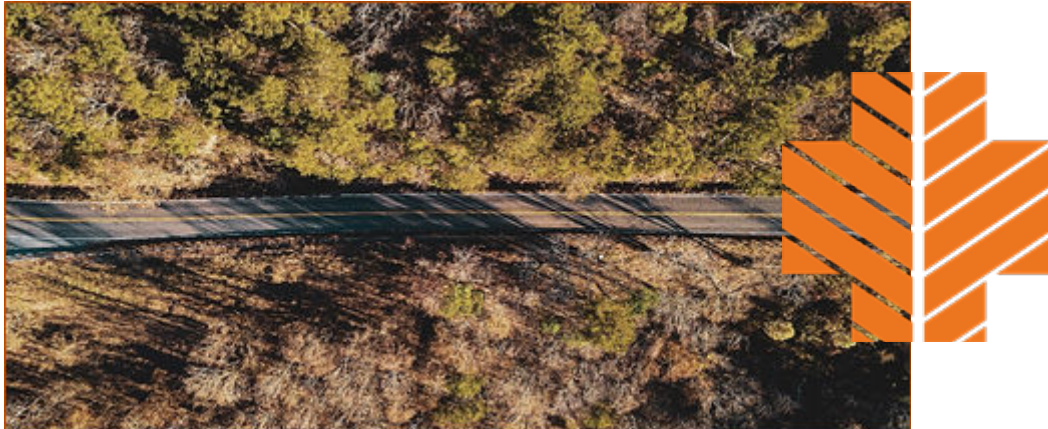


Why Perform a Community Health Needs Assessment?

Access to affordable, high-quality healthcare has been the subject of debate for many years. The frequent emotional debate surrounding the Patient Protection and Affordable Care Act of 2010 exemplifies the importance and volatility of this subject. Who has access to healthcare? Who pays for it? These questions resonate with almost everyone. Individuals must consider these when addressing the health and well-being of themselves and their families. Policy makers and healthcare providers must consider these questions when trying to attend to the needs of others. The availability, quality, and provision of healthcare are complex issues comprising a significant portion of the nation's overall well-being.

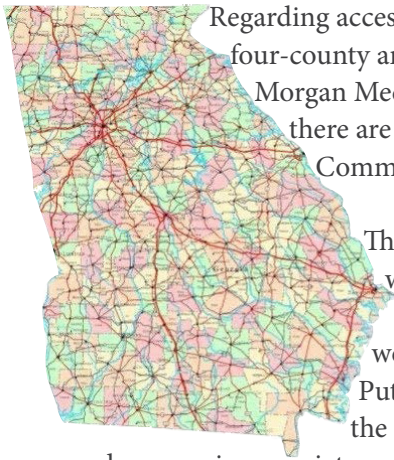


According to Healthy People 2020, approximately 25% of Americans “do not have a primary care provider (PCP) or health center where they can receive regular medical services.” People under 65 without health insurance make up approximately 20% of the population “and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions.” Additionally, “Regular and reliable access to health services” has many benefits including early detection and prevention of illnesses and improving the quality and length of life.



Georgia faces many challenges concerning healthcare and access to providers as 120, or the majority of the 159 counties, are considered rural. The US Census Bureau “defines rural as any population, housing, or territory NOT in an urban area.” In turn, urban areas are defined as those with a population of 50,000 people or more. The Rural Health Information Hub provides detailed information about healthcare issues, namely some of the things residents of rural communities need for quality access which include:

- Finances, including insurance, to pay for healthcare
- Transportation to providers
- Paid leave from work to access healthcare
- Confidence in their providers



Regarding access, there are three hospitals and two Federally Qualified Health Centers (FQHC) within the four-county area examined for this assessment. St. Mary's Good Samaritan Hospital is in Greene County. Morgan Medical Center is in Morgan County. Putnam General Hospital is in Eatonton, Georgia and there are no hospitals in Hancock County. However, Hancock County is the home of an FQHC, Community Health Care Systems, and Greene County also has an FQHC, TenderCare Clinic.

The Georgia Rural Health Innovation Center offered to assist Harmony Medical Foundation with an assessment to identify the healthcare needs of the rural counties more fully it serves. Four counties were examined in detail: Greene, Hancock, Morgan, and Putnam. This assessment first addresses the landscape of the service area by identifying the demographic makeup and economic picture of the counties under review. Other significant factors of each county will also be considered including crime, transportation, and food access. Details about morbidity, mortality, and health behaviors will help clarify the needs of the community and complete the needs assessment. Data is included for the State of Georgia to help establish a baseline for comparison. Resources and assets will be determined from the survey and in focus groups. The goal of this work is to assist Harmony Medical Foundation and the four rural communities in their efforts to provide high-quality, accessible health care to those within their communities.



Overview of the Process: Information Gathering Steps

The process of conducting this assessment began by identifying the team to perform the work. The Rural Health Representatives (RHRs) of the Georgia Rural Health Innovation Center were the primary collectors and analysts of both the primary and secondary data. RHRs collected secondary data from various public-facing databases, such as local websites or census data. The Center distributed surveys and conducted focus groups for primary data collection.

Secondary Data Collection

The first step was to gather secondary data. The data listed in the demographics section was collected by the RHRs. They consulted different databases from the US Census Bureau, the Georgia Public Health Information System, County Health Rankings, and others. Each data source is cited and referenced at the end of the report. Each RHR was given responsibility for collecting all the data for one of the four counties. A variety of sources were drawn upon as evidenced in the reference section located at the end of this assessment. Where applicable, definitions and explanations add clarity to the numbers which are often depicted using visual aids.

Surveys

Following the Secondary Data Collection Section is the Survey section. Participants in the four counties responded to questions about health needs, health conditions, behaviors, and resources. This section includes graphs/charts for each of the counties with any explanations required. Some analysis of responses to better understand needs may be included.

Focus Groups

Guided by the RHRs through group discussion and findings from primary and secondary data, each focus group considered unique and local health-related issues for that community. To help with this session, a summary of findings of primary and secondary data was provided to participants. After initial discussion and review, the multi-voting method was used to whittle down the list to major problems that can be included in an implementation plan to address major health issues.

Secondary Data Collection

Demographics

This section includes common population data points, like population by age, by gender, and by race. These statistics were retrieved from the Census Database, American Community Survey, 2019.

Population by County

U.S. Census American Community Survey population estimates for the counties and state in 2019 were the following:

Georgia	Greene	Hancock	Morgan	Putnam
10,617,426	18,324	8,457	20,097	21,691

Table 1 - Population by County - U.S. Census, 2015 – 2019 Estimates, American Community Survey

Proportion of Population by Age Group

As a community develops, it is necessary that the younger population can sustain the older population to keep the community stable. The table on the right is colored in such a way that the greener a data cell is, the larger that figure is relative to its own column. Georgia's relatively younger population contrasts with the service area's notable older population.

	Proportion of Population by Age Group (2019)				
	Georgia %	Hancock Co. %	Putnam Co. %	Greene Co. %	Morgan Co. %
Under 5 years	6.0%	3.9%	4.5%	5.2%	5.7%
5 to 9 years	6.4%	3.7%	6.7%	5.4%	6.3%
10 to 14 years	7.1%	3.9%	5.7%	5.4%	6.6%
15 to 19 years	7.0%	4.3%	5.5%	4.8%	6.0%
20 to 24 years	6.7%	6.9%	5.3%	5.0%	6.1%
25 to 29 years	7.1%	9.7%	4.9%	4.4%	5.4%
30 to 34 years	6.7%	6.1%	5.8%	5.5%	4.8%
35 to 39 years	6.7%	6.3%	5.3%	5.3%	4.5%
40 to 44 years	6.5%	4.5%	4.7%	4.2%	5.2%
45 to 49 years	6.6%	6.4%	6.2%	4.4%	7.8%
50 to 54 years	6.5%	6.6%	6.5%	6.1%	7.3%
55 to 59 years	6.5%	8.6%	8.5%	6.3%	7.4%
60 to 64 years	5.8%	6.7%	7.0%	9.4%	7.3%
65 to 69 years	4.9%	7.0%	8.5%	8.8%	6.3%
70 to 74 years	3.9%	6.6%	6.7%	9.4%	5.2%
75 to 79 years	2.6%	4.1%	4.7%	5.6%	4.4%
80 to 84 years	1.6%	2.8%	2.4%	2.6%	2.3%
85 years and over	1.4%	1.9%	1.2%	2.1%	1.4%

Figure 1 – Population by Age Breakdown – U.S. Census Bureau – American Community Survey, 2019

Proportion of Population 65 and Older

Greene	Hancock	Morgan	Putnam
28.4%	22.4%	19.5%	23.5%

Table 2 - Proportion of Population 65+ - U.S. Census, 2015 – 2019 Estimates, American Community Survey

These counties have high populations of older citizens, which requires consideration of services and supports to the elderly, including home care, long term care, transportation, and access to food.

Lack of Growth in Rural Areas

One limiting factor for growth in health care resources is lack of growth in many rural areas of Georgia. Note that Hancock's population is projected to drop by nearly half. Growth in the other counties is virtually stagnant, as people leave for jobs in more urban areas.

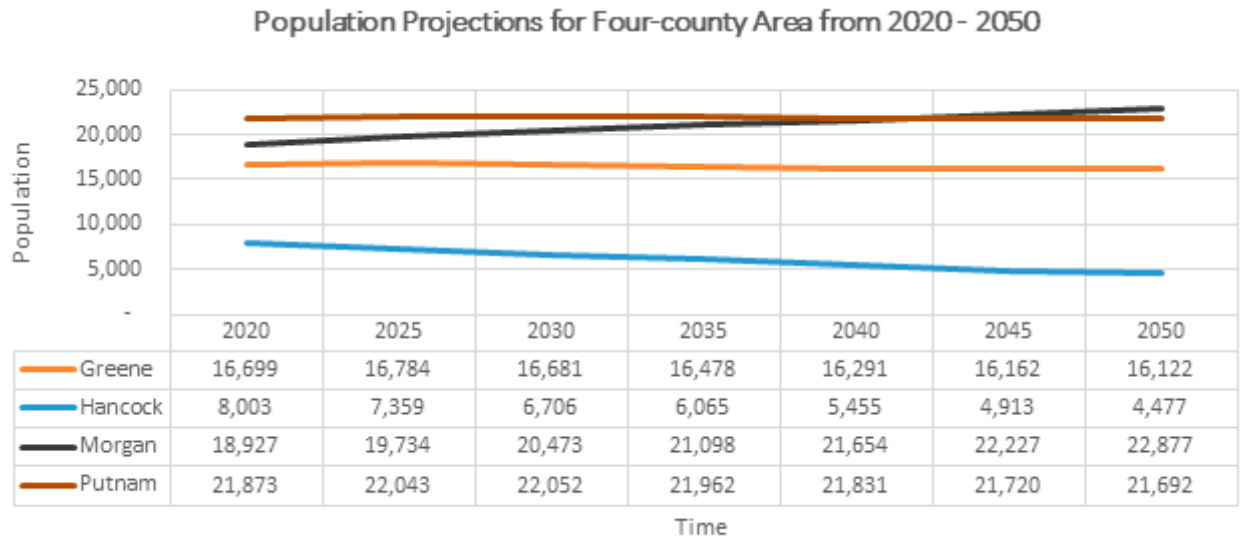


Figure 2 - Population Projections - Governor's Office of Planning and Budget, 2020 - 2050

Population by Gender

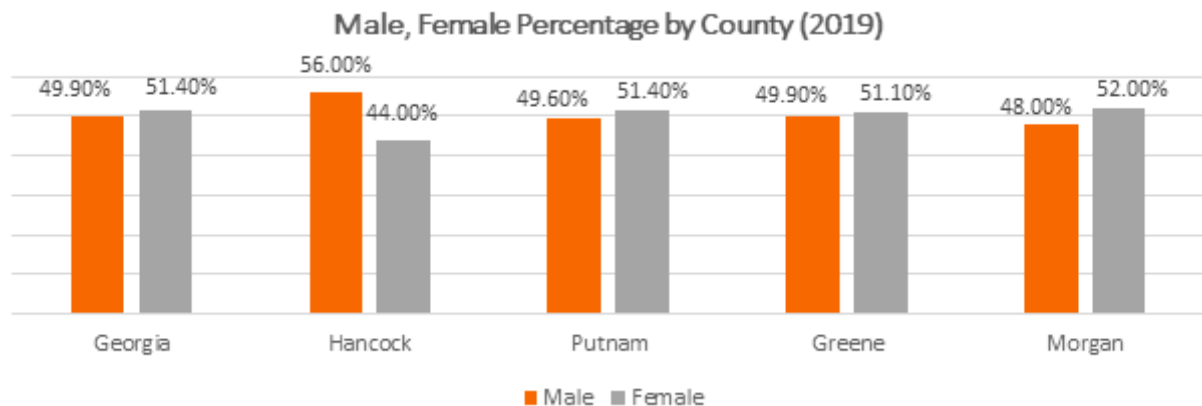


Figure 3 - Population by Gender - U.S. Census Bureau QuickFacts - American Community Survey, 2019

Household Data

According to the Census, a household consists of all the people who occupy what is considered a housing unit. A housing unit can be an apartment, a house, a single room, or a group of rooms. There are only two major categories of households. The first is "family," including all relatives in the household. The second is "nonfamily," which includes individuals not directly related, but sharing the living space, for example, wards, foster children.

Total Households

In 2019, according to the U.S. Census, the number of total number of households was as follows:

Georgia	Greene	Hancock	Morgan	Putnam
3,852,714	7,132	2,974	6,942	8,937

Table 3 - Total Households - U.S. Census, 2015 - 2019 Estimates, American Community Survey

Married-Couple Family and Only Female Householder

The Married-Couple Family statistic tracks the number of households that are composed of married individuals. Additionally, the graph below compares Married-Couple Family Households with the “Only Female Householder” statistic. “Only Female householder” is often a poverty indicator, since there is only one potential breadwinner. However, according to the U.S. Census, the poverty rate of Only Female Households dropped from 2017-2018.

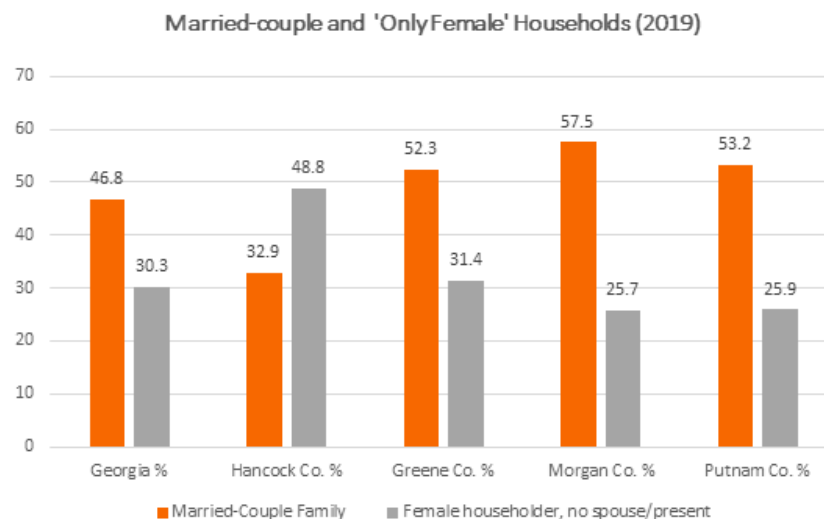


Figure 4 - Married-Couple & “Only Female Households” - U.S. Census Bureau – American Community Survey, 2019

Population (Aged 25+) by Educational Attainment and Median Earnings by County

Putnam County residents without a high school diploma earn on average only \$16,495.00 annually. In the graph below, Hancock County’s Bachelor’s degree median earnings were unobtainable.

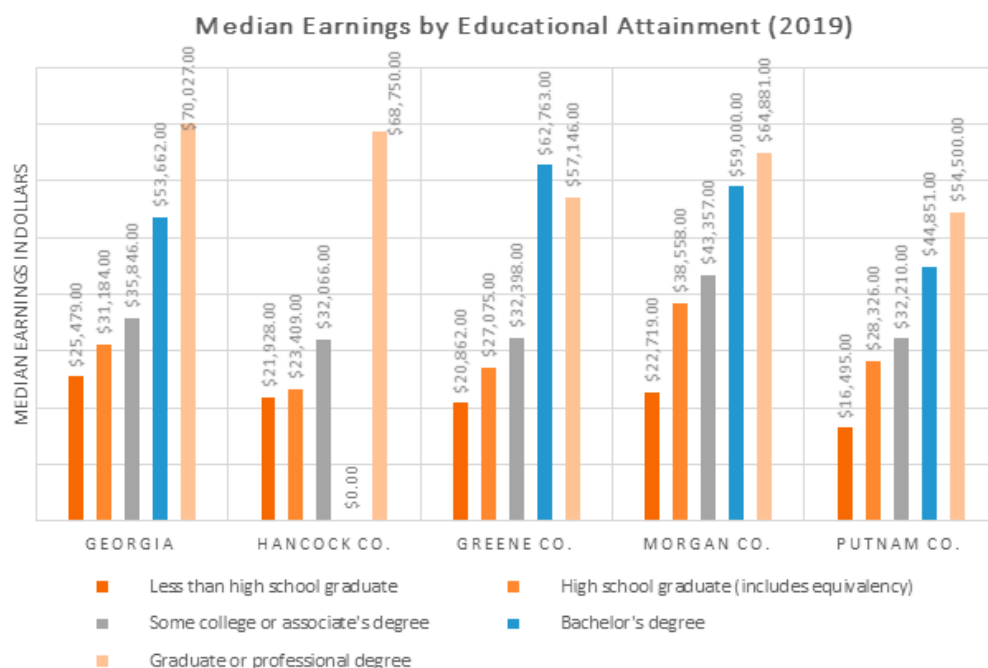


Figure 5 – Median Earnings by Educational Attainment - U.S. Census Bureau – American Community Survey, 2019

Educational Attainment (Population 25+)

Educational attainment is important to the overall health landscape because it has been associated with more positive health outcomes. Higher education can improve opportunities for better jobs and income resulting in benefits like health insurance and paid time off to meet with providers. Subsequently, healthier behaviors and neighborhoods are created.

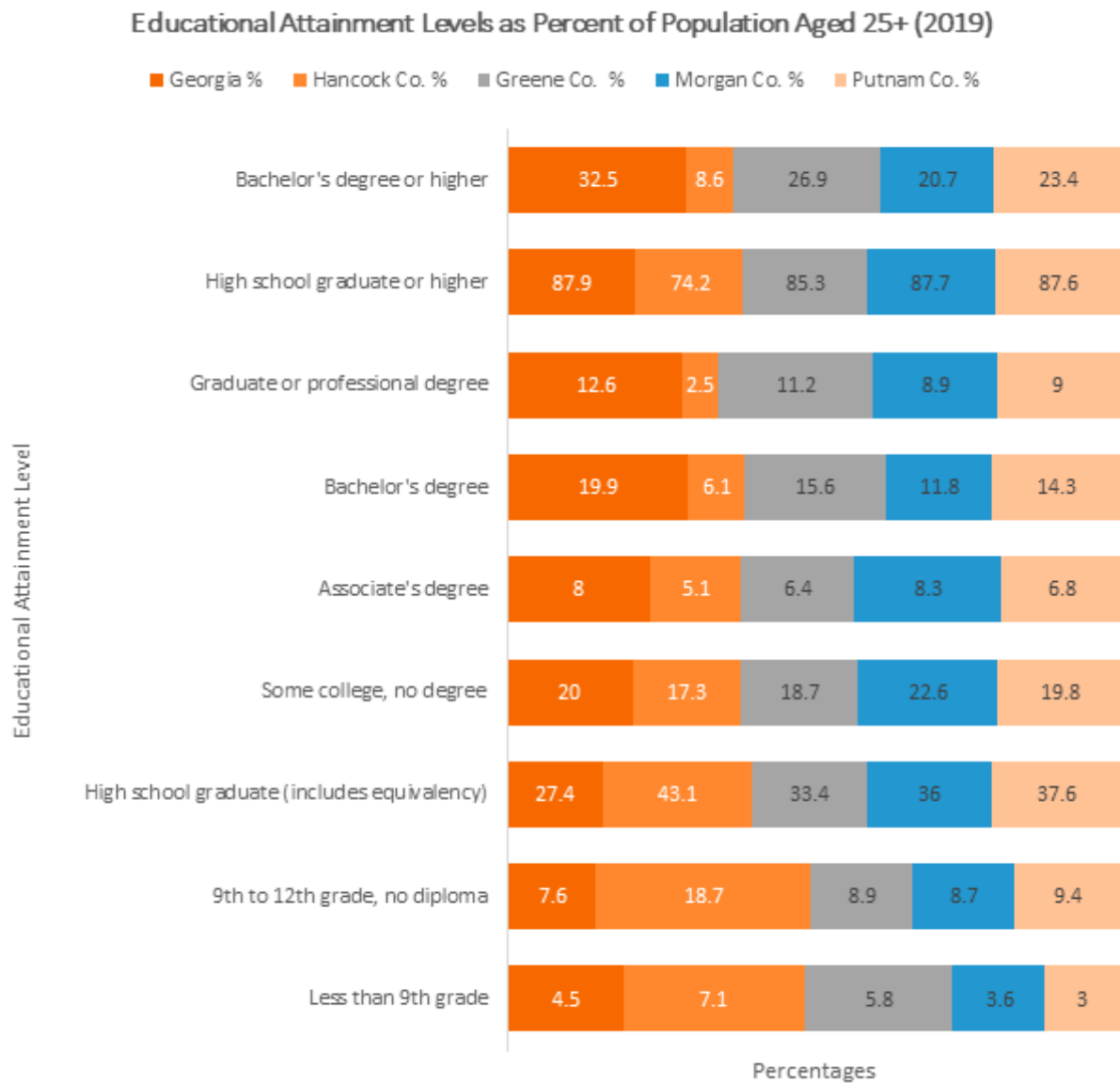


Figure 6 – Educational Attainment Levels - U.S. Census Bureau – American Community Survey, 2019

High School Cohort Graduation Rates

Four-Year High School Cohort Graduation Rate (2020)

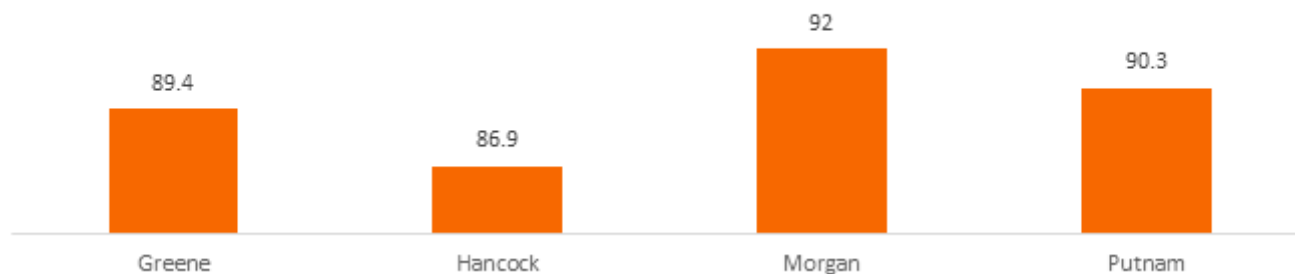


Figure 7 - Four-Year High School Cohort Graduation Rate - Georgia Department of Education, 2020.

Select Populations

Select Populations is a sub-category of demographics and consists of several sub-sets: Homeless, Veterans, and Disabled Under 65 Years of Age, among others. These groups may have unique healthcare needs and providers are presented with different opportunities to provide care. Some of the characteristics of each sub-set are described below.

Homeless

The Georgia Department of Community Affairs published the Georgia Balance of State Continuum of Care Point in Time Homeless Count for 2019 and listed the total number of homeless persons for each county as reflected in the accompanying chart. Additionally, numbers are listed for the Unsheltered Homeless, Unsheltered Veterans, Unsheltered Chronic Homeless, and Sheltered Homeless Persons.

The 2020 Annual Homeless Assessment Report (AHAR) to Congress published by the US Department of Housing and Urban Development reported a total of 10,234 homeless persons in Georgia. This reflects a decline of 2% from 2019 (AHAR, p. 83). Much of the same information concerning the categories of homeless persons listed below was found in the report.

	Greene	Hancock	Morgan	Putnam	Georgia
Unsheltered Homeless	8	1	7	5	4,156
Unsheltered Veterans	0	0	1	0	388
Unsheltered Chronic	0	0	1	0	Unknown
Sheltered Homeless	3	0	0	0	6,078
Total	11	1	7	5	10,234

Table 4 - Homeless - Georgia DCA, 2019; US Dept. of Housing and Urban Development, 2020

Disabled Populations

Number of recipients state and county (by eligibility category, age, and receipt of OASDI benefits) and amount of payments, December 2019 (Social Security Administration).

Disabled Under 65 Years of Age (2019)

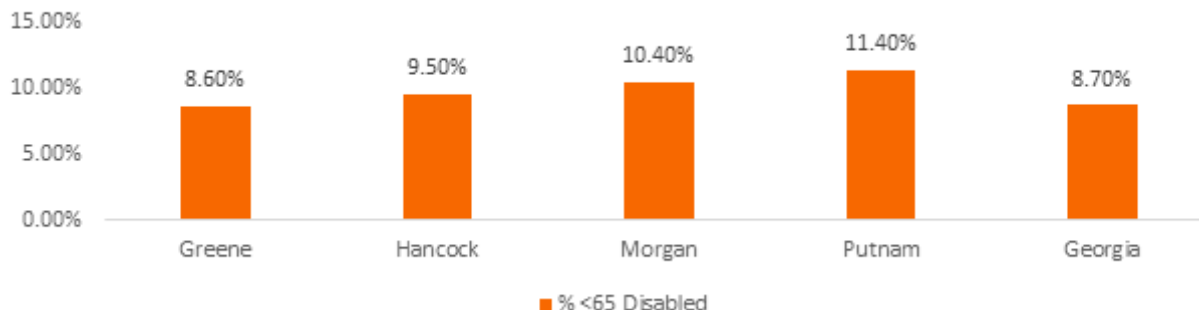


Figure 8 - Disabled Under 65 Years of Age – U.S. Census Bureau QuickFacts, 2015-2019

Veterans

“Veterans experience mental health disorders, substance abuse disorders, post-traumatic stress, and traumatic brain injury at disproportionate rates compared to their civilian counterparts. Eighteen to 22 American veterans commit suicide daily and young veterans aged 18-44 are most at risk.” Additionally, “Health care professionals must be able to address physical safety concerns, as well as, emotional health of veterans” (Olenick, et al, p. 635).

The results of a 2004 study published in the American Journal of Public Health determined, “Veterans who lived in rural settings were somewhat older, had more physical and mental health comorbidities, and lived a greater distance from both private sector and VHA hospital care when compared with those in suburban settings” (Weeks, et al, p. 1764).

Proportion of Veterans and Active Service Military in Population (2019)

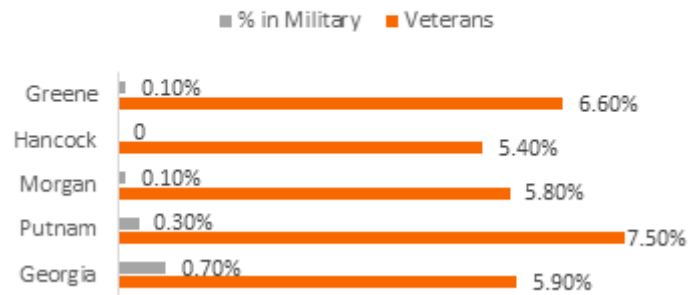


Figure 9 - Proportion of Veterans & Active Service Military in Population – American Community Survey, 2019

	Total	Category		Age			SSI recipients also receiving OASDI	Amount of payments (thousands of dollars)
		Aged	Blind and disabled	Under 18	18–64	65 or older		
Georgia	259,199	25,989	233,210	42,070	158,161	58,968	84,657	151,987
Greene	593	47	546	78	355	160	255	331
Hancock	446	72	374	41	259	146	160	238
Morgan	408	32	376	51	261	96	155	231
Putnam	541	24	517	91	360	90	178	308

Table 5 - Aged and Disabled - U.S. Census Bureau QuickFacts, 2019

The American Community Survey conducted by the US Census Bureau attempts to “capture a variety of characteristics that encompass the definition of disability (by identifying) serious difficulty with four basic areas of functioning – hearing, vision, cognition, and ambulation.” Further, “the ACS attempts to capture six aspects of disability: (hearing, vision, cognitive, ambulatory, self-care, and independent living); which can be used together to create an overall disability measure, or independently to identify populations with specific disability types.” The US Census Bureau reports 8.7% of the population of Georgia under 65 years old is disabled. The greatest number in this category of the four counties under review is 11.4% for Putnam County, almost three percent above the state average. Morgan County reports 10.4% of the population under 65 years of age is disabled.

Economic Characteristics

Proportion of Population Employed and Unemployment Rates

See symbols in table caption	Greene	Hancock	Morgan	Putnam	Georgia
*Persons 16 and over in the civilian labor source	47.8%	30%	59.6%	55.7%	62.6%
**Unemployment Rates August 2020- July 2021	6.1%	9.7%	5.4%	5.4%	6.6%

Table 6 - Population Employed and Unemployed - *U.S. Census Bureau QuickFacts, 2015-2019; **United States Bureau of Labor Statistics, 2020

Economic Indicators

DEVELOPMENT	Greene	Hancock	Morgan	Putnam	Georgia
Building Permits, 2020	243	17	449	200	55,827
Per Capita Retail Sales	\$12,799	\$2,752	\$17,294	\$7,426	\$12,077
Job Tax Credit Tier	3	1	4	3	N/A
Opportunity Zones	2	1	0	0	260

Table 7 - Economic Indicators – U.S. Census Bureau QuickFacts, 2020, 2012; Georgia DCA, 2021; Opportunity Database

Building Permits

The U.S. Census Bureau QuickFacts clarifies building permits as, “represent[ing] the number of new privately-owned housing units authorized by building permits in the United States.” In addition, “These numbers provide a general indication of the amount of new housing stock that may have been added to the housing inventory.” The numbers reflect activity from 2020.

Per Capita Retail Sales



According to the U.S. Census Bureau, retail sales includes “...merchandise sold for cash or credit at retail and wholesale by establishments primarily engaged in retail trade; amounts received from customers for layaway purchases; receipts from rental of vehicles, equipment, instruments, tools, etc.; receipts for delivery, installation, maintenance, repair, alteration, storage, and other services; the total value of service contracts; and gasoline, liquor, tobacco, and other excise taxes which are paid by the manufacturer or wholesaler and passed on to the retailer.” Further, “Sales are net after deductions for refunds and allowances for merchandise returned by customers.” Per capita retail sales for Greene and Morgan were higher than the state’s average while Hancock County’s was the lowest in the four-county area with only \$2,752 per capita.

Job Tax Credit Tiers

The Rules and Regulation of the State of Georgia, Rule 110-9-1-.02, states, “A combination of the following factors will be used in ranking counties: highest unemployment rate for the most recent 36-month period; lowest per capita income for the most recent 36-month period; and highest percentage of residents whose incomes are below the poverty level according to the most recent data available.”

The tiers are described as follows: “Counties ranked and designated as the first through seventy-first least developed counties shall be classified as tier 1, counties ranked and designated as the seventy-second through one hundred sixth least developed counties shall be classified as tier 2, counties ranked and designated as the one hundred seventh through one hundred forty-first least developed counties shall be classified as tier 3, and counties ranked and designated as the one hundred forty-second through one hundred fifty-ninth least developed counties shall be classified as tier 4” (Rules and Regulations of the State of Georgia, Rule 110-9-1-.02).

Job Tax Credits are used to encourage economic development. Businesses are given tax credits in varying amounts per each new employee depending on the tier ranking of the county where they are located. Businesses interested in receiving the tax credits should refer to Rule 110-9-1 cited above for full details.

Opportunity Zones

The Opportunity Zones Database describes “Qualified Opportunity Zones” based on the Internal Revenue Code’s definition: “low-income census tracts. . . nominated by state governors and certified (as Qualified Opportunity Zones) by the U.S. Treasury.” The program is aimed at attracting private investors to low-income communities by offering tax incentives for investment. According to The Opportunity Zones Database, “The average poverty rate in the Opportunity Zones is 32 percent, compared to 17 percent for the average census tract.” Greene County has two Opportunity Zones and Hancock County has one. Neither Morgan nor Greene counties have Opportunity Zones at present.

Housing

Housing Characteristics, Percentages by County

	Greene	Hancock	Morgan	Putnam	Georgia
Vacancies (Table H1)	26.9%	44.8%	10.50%	32.0%	8.8%
% Homes w/out plumbing (U.S. Census Table, DP04)	0.1%	0.4%	0.10%	0.0%	0.3%
% Homes w/out kitchen facilities (U.S. Census, Table DP04)	0.9%	0.3%	0.10%	0.4%	0.7%
Gross Rent: % of household income (35% or more)	41.5%	53.5%	29.00%	42.1%	39.5%
Housing cost > 30 % of income	14.4%	12.2%	7.35%	14.3%	24.4%

Table 8 - Housing – U.S. Census Bureau, 2020-2021

Percent Owner Occupied Housing Units by Race, County (5 Year Estimate)

	Greene	Hancock	Morgan	Putnam	Georgia
White	71.7%	35.2%	81.2%	77.4%	70.8%
Black or African American	26.2%	64.4%	17.0%	21.7%	22.8%
American Indian/Alaska Native	0.0%	0.0%	0.2%	0.0%	0.2%
Asian	0.7%	0.1%	0.0%	0.2%	3.5%
Native Hawaiian/Other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Hispanic	1.5%	0.1%	2.5%	3.2%	5.1%

Table 9 - Percent Owner Occupied Housing Units by Race - U.S. Census Bureau, 2019

Number Housing Units per County

	Greene	Hancock	Morgan	Putnam
Subsidized Housing - HUD (number of units per 100 Extreme Low-Income households) – Office of Public Development and Research	171	24	99	164
Availability of affordable rental units for extremely low income - Urban Institute	31	31	31	57
Low-income housing tax credit properties	7	2	3	3
Low-income Housing tax units	113	79	107	46

Table 10 - Housing Units - U.S. Census Bureau, 2020-2021

Poverty

To report the income and poverty levels in the region, comparing the living wages and the regions' median income is a good place to start. The graph below visualizes this relationship. The orange columns show the calculated living wage (the minimum one can make to obtain basic needs for living) for 2019 per county, and the grey line shows the median income of 2019 per county. This chart indicates how close many residents are to have insufficient funds for basic needs. The living wage figure is for the two adults (one working) and two children family archetype.

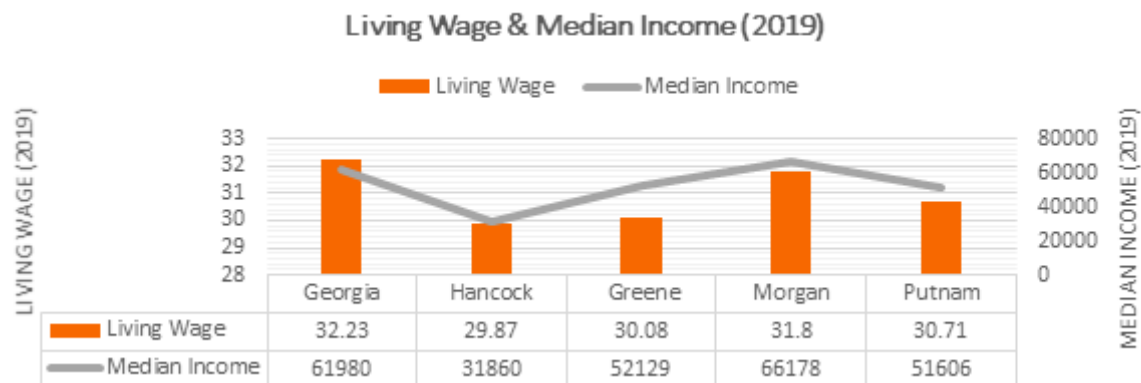


Figure 10 - Living Wage & Median Income - Massachusetts Institute of Technology; U.S. Census Bureau – American Community Survey, 2019

Poverty Status by Gender

This graph below shows Poverty Status by Gender percentages. Georgia's total population in poverty is 1,373,909 (American Community Survey, 2019).

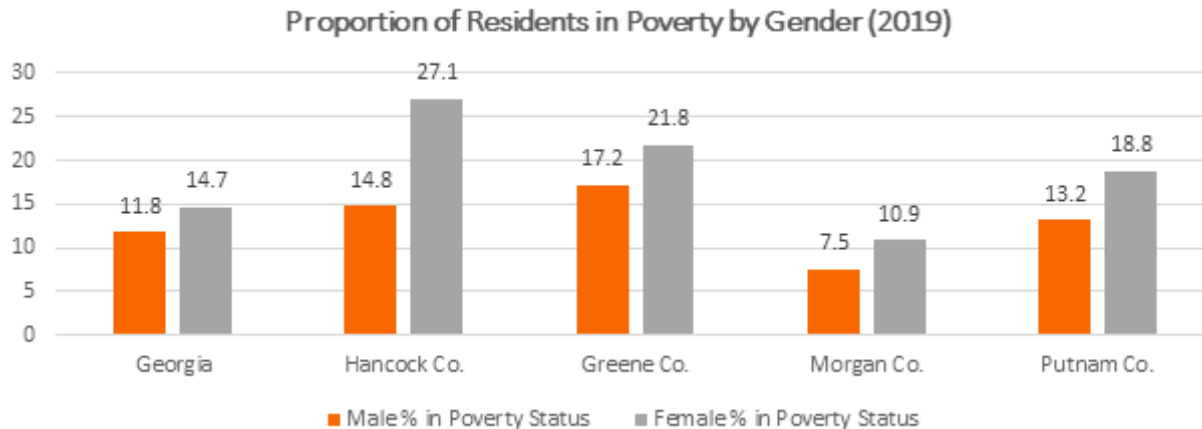


Figure 11 - Proportion of Residents in Poverty by Gender - U.S. Census Bureau – American Community Survey, 2019

Poverty Status by Age

The graph below provides data on the poverty status by age for the designated counties.

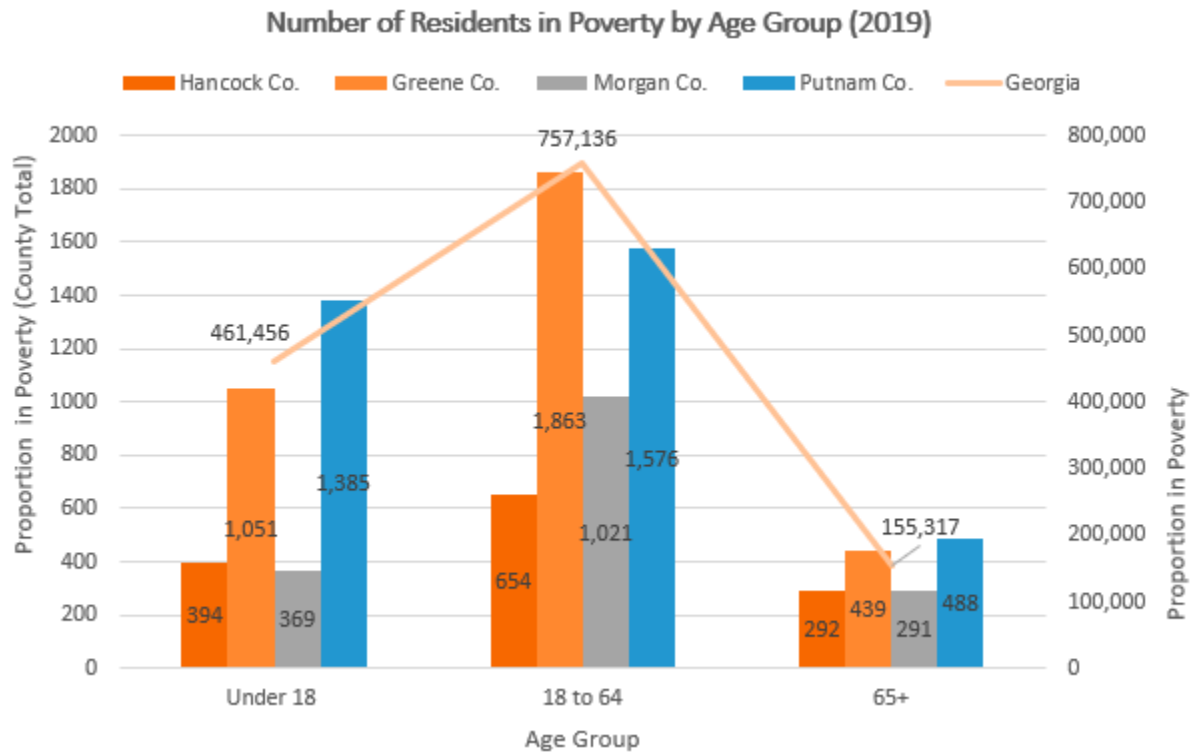


Figure 12 - Proportion of Residents in Poverty by Age Group - U.S. Census Bureau – American Community Survey, 2019

Household Income in the Past 12 Months

The graph below shows percentage of households by income category.

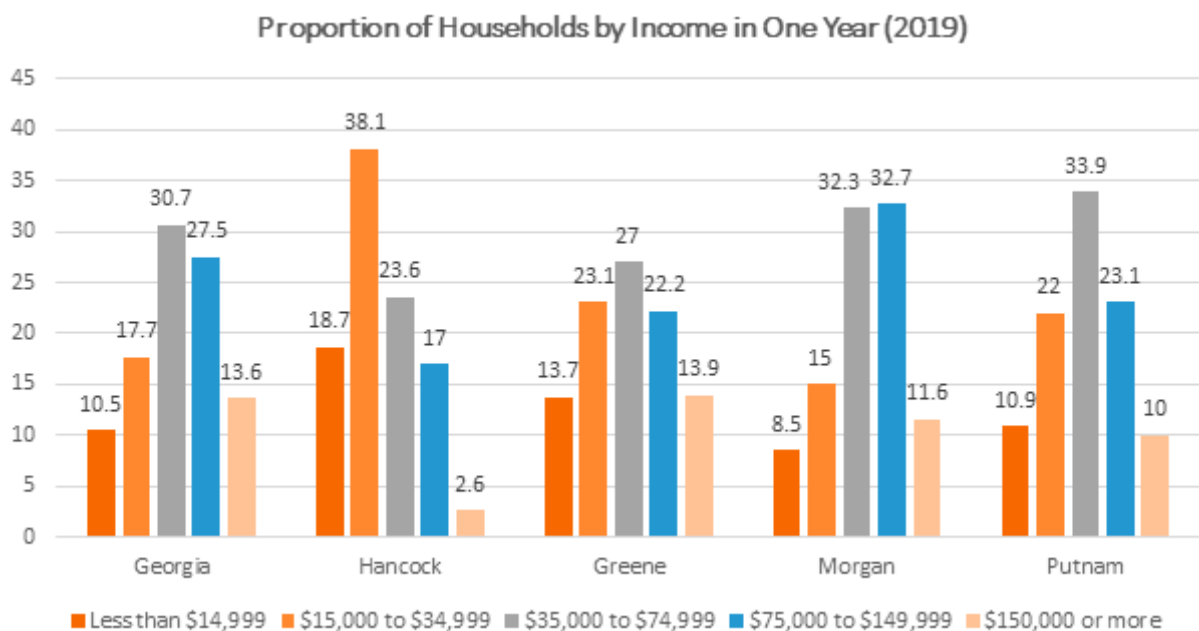


Figure 13 - Proportion of Households by Income in 12 Mo. - American Community Survey, 2019

Public Assistance

The following tables come from data collected by the Carl Vinson Institute of Government. SNAP is an acronym that stands for: Supplemental Nutrition Assistance Program (formerly food stamps).

	Greene	Hancock	Morgan	Putnam
2020 SNAP Monthly Average Recipients, Percent of Total Population	13.2%	20.9%	12.9%	14.4%
2020 SNAP Benefits Paid	\$3,797,059	\$2,870,939	\$4,054,573	\$5,212,212

Table 11 - Public Assistance - U.S. Census Bureau, 2020-2021

Free and Reduced-Price Lunch by County by School

According to the USDA Food and Nutrition Service, “Schools are required to serve meals at no charge to children whose household income is at or below 130 percent of the federal poverty guidelines. Children are entitled to pay a reduced price if their household income is above 130 percent but at or below 185 percent of these guidelines” (USDA, 2019). Note the figures below for free and reduced-price lunch by school. The data suggests great diversity in income in Greene County. Greene has two charter schools that may account for the differences.

	Greene	Hancock	Morgan	Putnam
School 1	95%	95%	45.96%	95%
School 2	95%	95%	33.26%	95%
School 3	95%	95%	44.80%	95%
School 4	21.51%		55.77%	95%
School 5	14.01%			

Table 12 - Free and Reduced-Price Lunch - Georgia Department of Early Learning, 2020.

Children Enrolled in Free or Reduced-Price Lunch and Children in Poverty

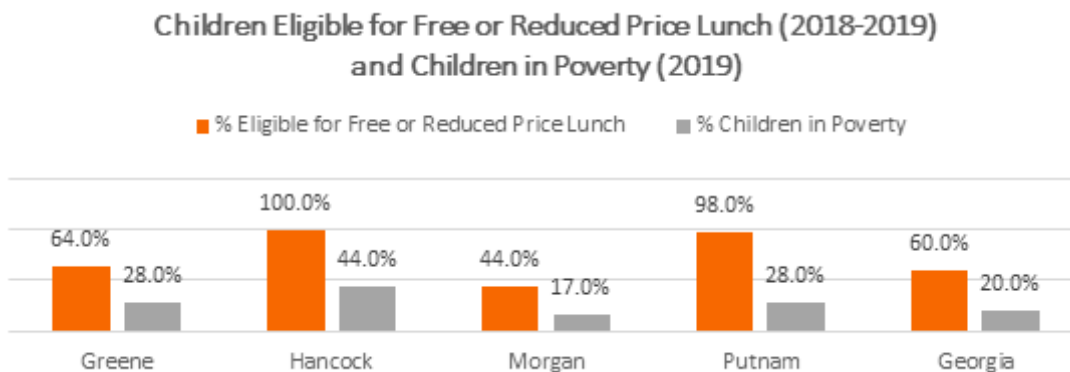


Figure 14 - Free or Reduced-Price Lunch Percent with Children in Poverty Percent - County Health Rankings, Children in Poverty, 2018-2019

Community and Civic Matters

Number of Social Associations and Proportion who Voted in 2018

According to IMPACT (Innovating & Mobilizing Partners and Communities Together) social association and community engagement represent an individual's social support network and is important for enhancing perceptions of social trust and aiding in performing healthy behaviors. Studies have shown that individuals with such support experience better health outcomes than individuals lacking such support (IMPACT, 2018).

	Greene	Hancock	Morgan	Putnam
Social Associations (Membership per 10,000)	11.9	NA	9.5	9.2
% Voters Voting in Last Election	79.86	71.79	79.31	74.47

Table 13 - Social Associations Rate and Voter Percentage - County Health Rankings and Roadmaps, 2020

Computer Access and Speed

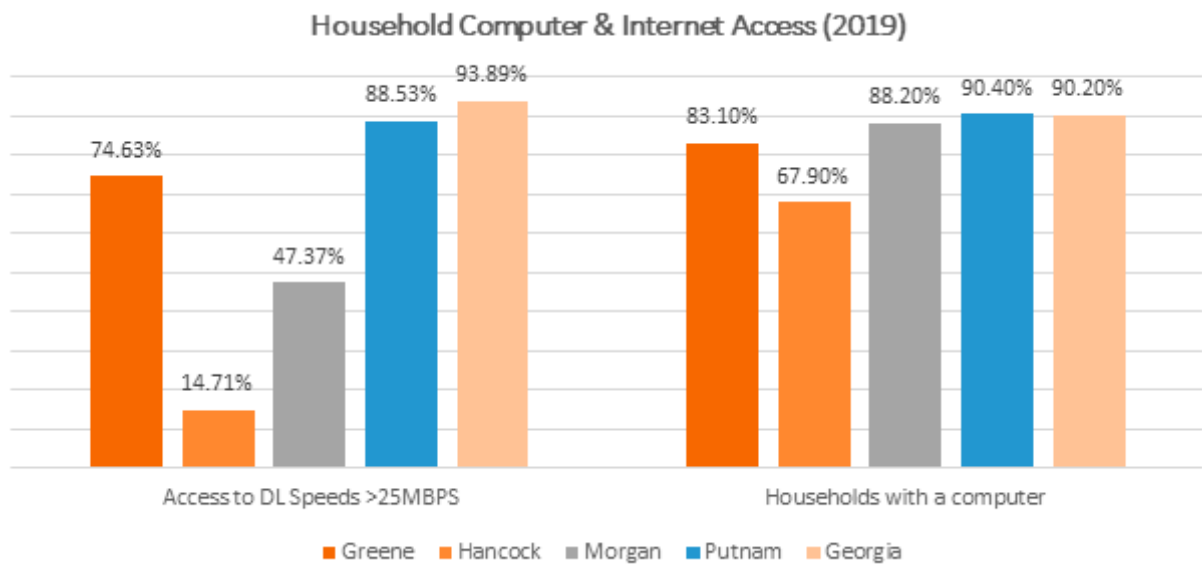


Figure 15 - Computer Access/Speed - Georgia Rural Health Innovation Center, 2021; U.S. Census Bureau – American Community Survey, 2019

Transportation Availability

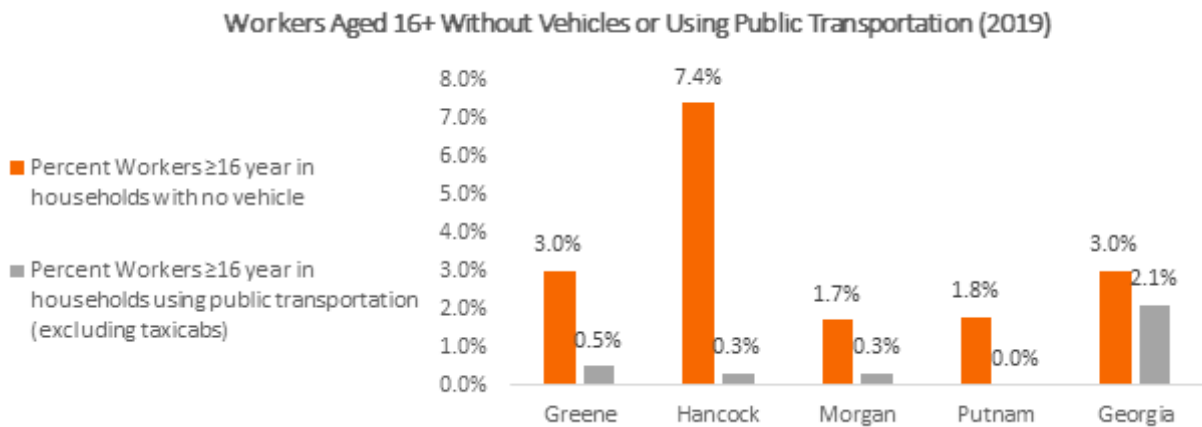


Figure 16 - Workers Without Vehicles or Using Public Transportation - U.S. Census Bureau, 2019, ACS 5-Year Estimates Data Profile

Local Transportation Resources

	Fares and Destinations	Special Advice
Greene	<ul style="list-style-type: none"> \$3 in farebox for every one-way passenger trip inside the Greensboro limits \$4 each way outside city limits \$22 round trip to go to Athens 	Wheelchair accommodation with limitations as to size, weight
Hancock	<ul style="list-style-type: none"> Service area includes pickup and delivery in all of Hancock County/Sparta areas; and delivery to Baldwin, Putnam, Greene, Washington, McDuffie, Richmond, and Bibb Counties. \$5 per passenger per local round trip. All trips outside of county are \$15 per round trip except to Macon and Augusta, which are \$50. Weekly Dialysis trips are \$60 per month. 	Must schedule 24 – 72 hours in advance
Morgan	<ul style="list-style-type: none"> Available to anyone in Morgan County for trips within county Inside city limits: \$1.25 per stop Outside city limits: \$1.50 per stop Trips to Covington every Monday and Wednesday for \$16 round trip. Depart Madison at 8:15 a.m. and depart Covington at 3:00 p.m. Monthly trips on the first Tuesday of each month to Athens for medical appointments for \$25 RT. 	Reservations required by 4:45 p.m. business day before the trip
Putnam	<ul style="list-style-type: none"> Service area includes pickup and delivery in all of Putnam County and delivery to Baldwin County and Greene Fare is \$2.00 per passenger per one-way trip 	Must schedule 24 hours in advance

Table 14 - Transportation Breakdowns (All Counties) - U.S. Census Bureau, 2019 ACS 5-Year Estimates Data Profile

Criminal Justice

In the following graph, the crime and violent crime rates are according to the 2014 and 2016 County Health Rankings and 2019 Georgia Bureau of Investigations Crime Statistics Summary Report.

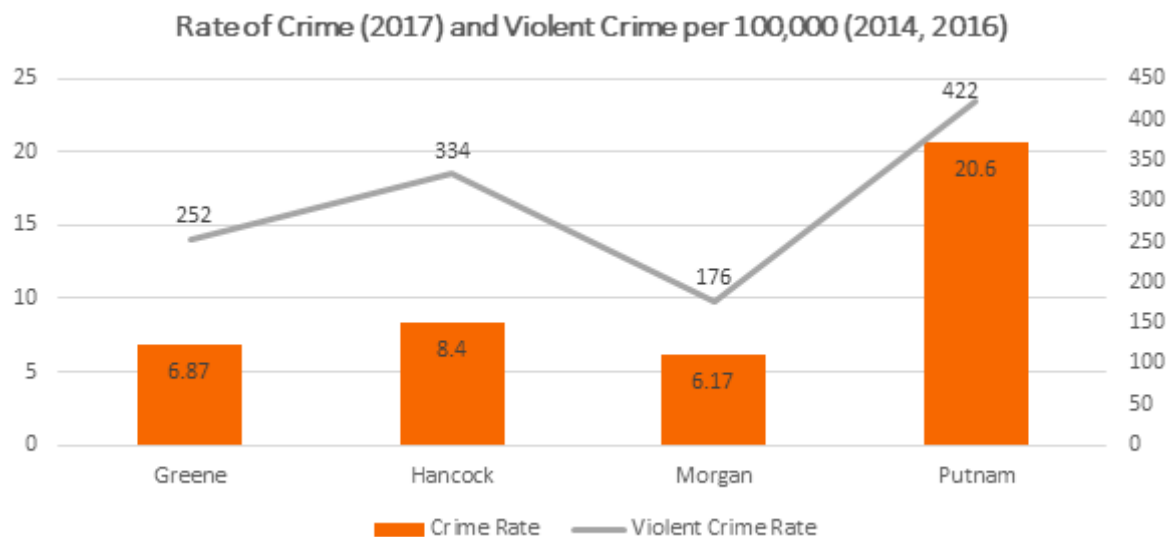


Figure 17 - Rate of Crime and Violent Crime - County Health Rankings. 2014, 2016. Countyhealthrankings.org;
Georgia Bureau of Investigation 2019 Crime Statistics Summary Report

Family Violence Rates

The rates listed below include the following police actions: arrests, citations issued, persons separated, mediation, other actions taken, and no action taken.

	Greene	Hancock	Morgan	Putnam	Georgia
Family Violence Rate (male)	105	34	29	102	43717
Family Violence Rate (female)	33	10	5	30	16748

Table 15 - Family Violence Rate - Georgia Bureau of Investigation (2017). Georgia Crime Statistics.

Juvenile Justice Crime Rates

Georgia Juvenile Arrests Rates by Offense (Persons Age 10-17/100,000) by Sex, 2019

Offense	Male	Female
Murder and nonnegligent manslaughter	4.5	0.6
Forcible rape	*	*
Robbery	83.6	11.6
Aggravated Assault	116.3	43.8
Burglary	104.1	17.7
Larceny-theft	292.8	206.7
Motor vehicle theft	64	16.8
Arson	8.6	1.6
Simple Assault	458.8	289.8
Vandalism	148.9	38.3
Weapons law violations	84.5	10.1
Drug abuse violations	535.4	130.4
Driving under the influence	24.4	8.7
Liquor law violations	90.6	69.1
Drunkenness	13.6	7.1
Disorderly conduct	198.1	122.9
Curfew/loitering	57.1	30.3
Running away	NA	NA
Violent crimes	204.4	55.9
Property crime index	469.5	242.9

Table 16 - Juvenile Justice Crime Rates – U.S. Department of Justice, Office of Justice Programs, 2019

Number of Crimes by Offense by County

2017 is the most recent year of data found on the Georgia Bureau of Investigation's Crime Statistics website.

Offense	Greene	Hancock	Morgan	Putnam
Murder	0	0	0	2
Rape	6	1	0	5
Robbery	3	2	3	12
Assault	21	22	12	62
Burglary	54	26	26	115
Larceny	202	78	139	396
Vehicle Theft	10	13	6	5

Table 17 - Number of Crimes by Offense by County - Georgia Bureau of Investigation, Georgia Crime Statistics (2017)

Family Violence Aggressor by Sex, Abuse Type

	Greene (male)	Greene (female)	Hancock (male)	Hancock (female)	Morgan (male)	Morgan (female)	Putnam (male)	Putnam (female)
Fatal Injury	0	0	1	0	0	0	0	0
Permanently Disabled	1	0	0	0	0	0	0	0
Temporarily Disabled	0	0	0	0	1	0	3	0
Broken Bones	0	0	1	0	0	0	1	0
Gun/Knife Wounds	0	0	2	0	1	0	0	2
Superficial Wounds	31	8	7	4	18	3	34	14
Property Damage	4	4	1	0	3	1	19	2
Threats	5	0	2	0	2	1	13	1
Abusive Language	55	19	15	4	2	0	14	11
Sexual Abuse	0	0	0	0	0	0	4	0
Other Abuse	9	2	5	2	2	0	14	0

Table 18 - Family Violence Aggressor by Sex Abuse and Type - Georgia Bureau of Investigation, Georgia Crime Statistics (2017)

Food and Alcohol

Number of Liquor Stores and Grocery Stores

	Greene	Hancock	Morgan	Putnam	Georgia
Liquor Stores (Rate per 100,000 population)	19	9	*Suppressed Data	14	10.13
Grocery stores/population (per 100,000)	37.51	1	*Suppressed Data	14.14	17.46

Table 19 - Food and Alcohol - Georgia Rural Health Innovation Center, Grocery and Liquor Stores (2019)

Change in Number of Fast Food Restaurants and Grocery Stores

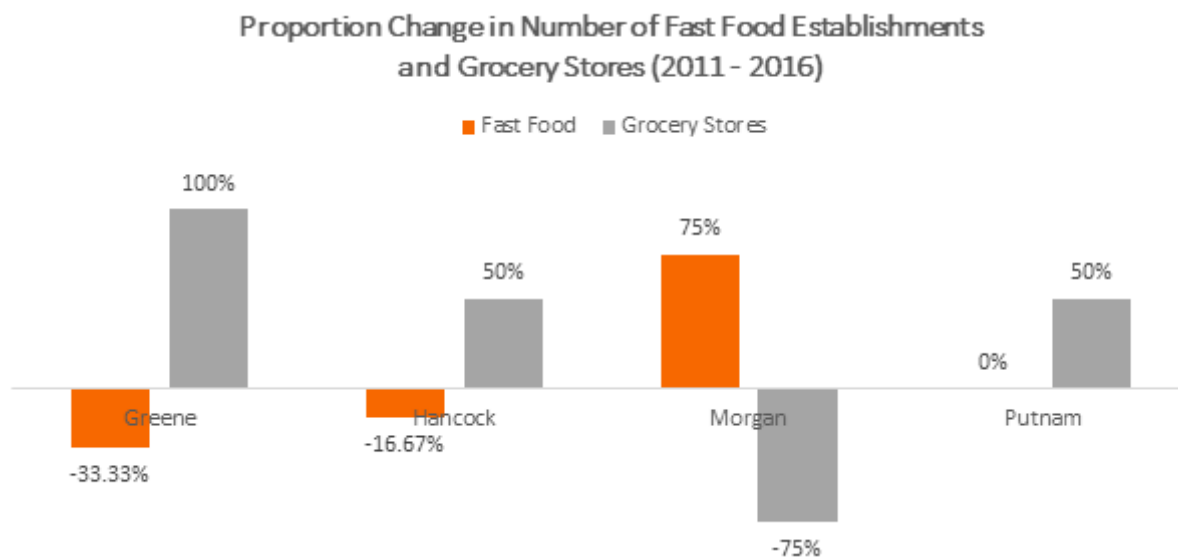


Figure 18 - Fast Food and Grocery Stores – USDA, (2020) “Food Atlas.”

Opioid Prescriptions/1000 Population and Days of Overlapping Opioid Prescriptions

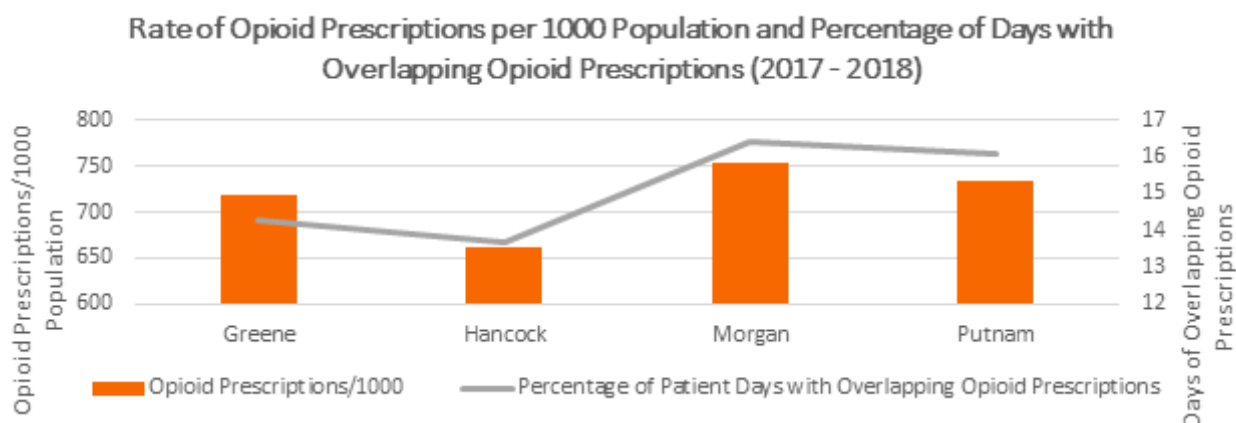


Figure 19 - Opioid Prescriptions– Georgia DPH Epidemiology Program Drug Overdose Surveillance Unit, (2017-2018)

Environmental Factors

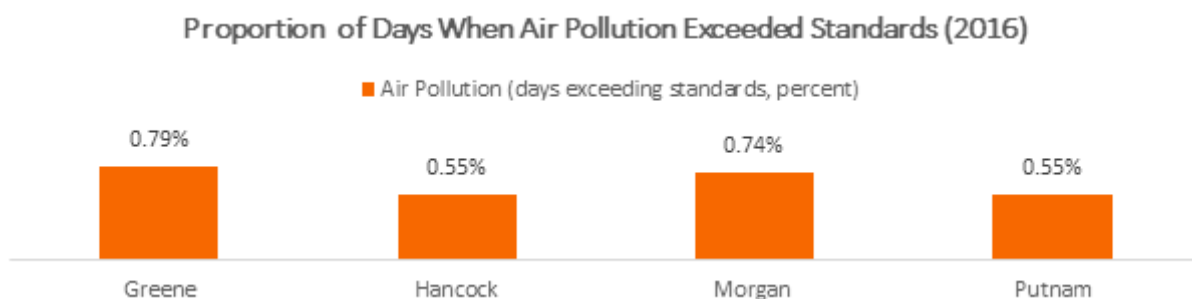


Figure 20 - Air Pollution - Centers for Disease Control and Prevention, 2016

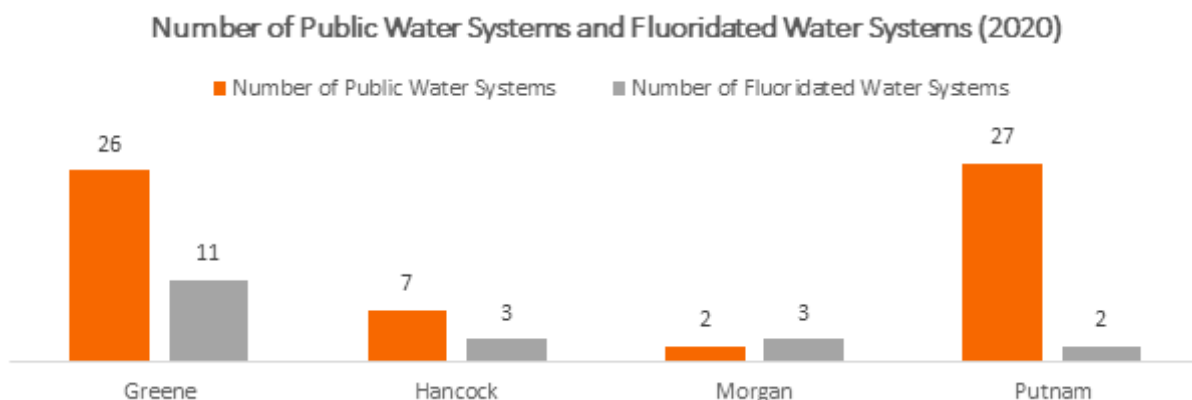


Figure 21 - Public Water Systems and Fluoridated Water Systems - Centers for Disease Control and Prevention, 2020

Number of Toxic Waste and Hazardous Waste Sites (2021)

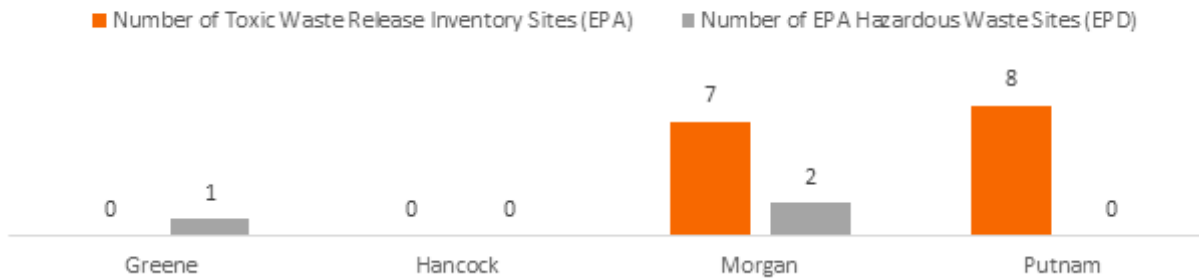


Figure 22 - Toxic Waste and Hazardous Waste Sites - EPA & EPD, 2021

Presence of Water Pollution per County

This measure is identified as either a Yes or No response indicating at least one health-based violation in at least one community's water system within the county. Data from 2019 indicates that there was the presence of health-related drinking water violations in 2019. The other counties did not report violations (American Community Survey, 2019).

Healthcare Access, Resources, and Infrastructure

Insurance

Insurance by Type	Greene	Hancock	Morgan	Putnam	Georgia
Employer-based health insurance** ¹	42.1%	46.1%	55.7%	47.4%	54.2%
Direct-purchase health insurance** ¹	17.2%	8.8%	13.7%	13.0%	11.8%
Military** ¹	3.2%	3.5%	1.6%	2.9%	4.0%
Medicare coverage alone or in combination** ²	30.7%	32.3%	21.4%	26.9%	16.4%
Medicaid/means-tested public coverage alone or in combination** ²	20.2%	27.4%	17.9%	22.2%	17.2%
VA health care coverage alone or in combination** ²	2.4%	2.9%	2.6%	3.1%	2.5%

Table 20 - Insurance - *U.S. Census Bureau, American Community Survey, 2019; **U.S. Census Bureau, American Community Survey, 2019

Uninsured Population

According to the U.S. Census Bureau, the percentage of the population of civilian, non-institutionalized persons in Georgia who do not have health insurance is 13.4%.

UNINSURED	Greene	Hancock	Morgan	Putnam	Georgia
Under 6 YOA	4.4%	2.4%	6.5%	7.3%	5.8%
6 to 18	8.9%	5.8%	4.1%	7.5%	8.1%
19 to 25	44.5%	20.4%	50.9%	38.1%	24.4%
26 to 34	46.9%	27.9%	19.3%	29.2%	23.1%
35 to 44	26.1%	18.3%	9.6%	35.5%	20.1%
45 to 54	23.6%	31.1%	15.9%	14.5%	16%
55 to 64	8.5%	10.5%	6.9%	10%	12.6%
65 to 74	0%	0%	.2%	0%	1.2%
75 up	0%	0%	0%	.3%	.6%

Table 21 - Uninsured Population - U.S. Census Bureau, 2019

Persons Under 65 With No Health Insurance

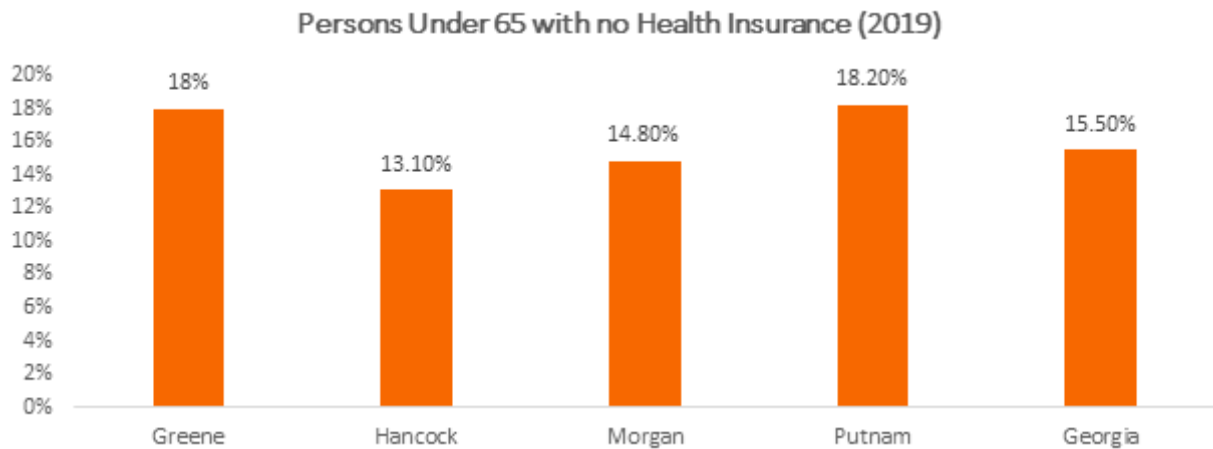


Figure 23 - Younger with no Health Insurance - US Census Bureau QuickFacts, 2019

Preventable Hospital Stays, A 'Proxy for Access'

	Greene	Hancock	Morgan	Putnam
Preventable Stays in White populace	4073	3239	3986	3372
Preventable Stays in Black populace	8647	3287	6984	1620

Table 22 - Preventable Hospital Stays - Robert Wood Johnson Foundation, County Health Rankings 2021

“Preventable Hospital Stays are defined as hospitalization for ambulatory-care sensitive conditions, diagnoses usually treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse emergency rooms and urgent care as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care” (County Health Rankings, 2021).

Preventable Hospital Stays measure the number of hospitals stays for ambulatory-care sensitive conditions, these conditions are time-sensitive and less fatal if treated effective and early. This metric is measured in a rate per 100,000 Medicare enrollees. Rates measure the number of events (e.g., deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes.” (County Health Rankings, 2021).

Infrastructure and Providers

	Greene	Hancock	Morgan	Putnam
Hospital(s)	1	0	1	1
Doctor(s)	23	3	14	15
Dentist Office(s)	6	1	5	4
Pharmacies	5	1	4	7

Table 23 - Healthcare Infrastructure - Department of Health and Human Services, Area Health Resources Files, 2020

Doctors Serving Population

While each county might not maintain a population of 100,000 individuals, this rate provides a baseline comparison with the whole of Georgia. According to the Health Workforce Datahub, these numbers showcase the lack of providers across the state.

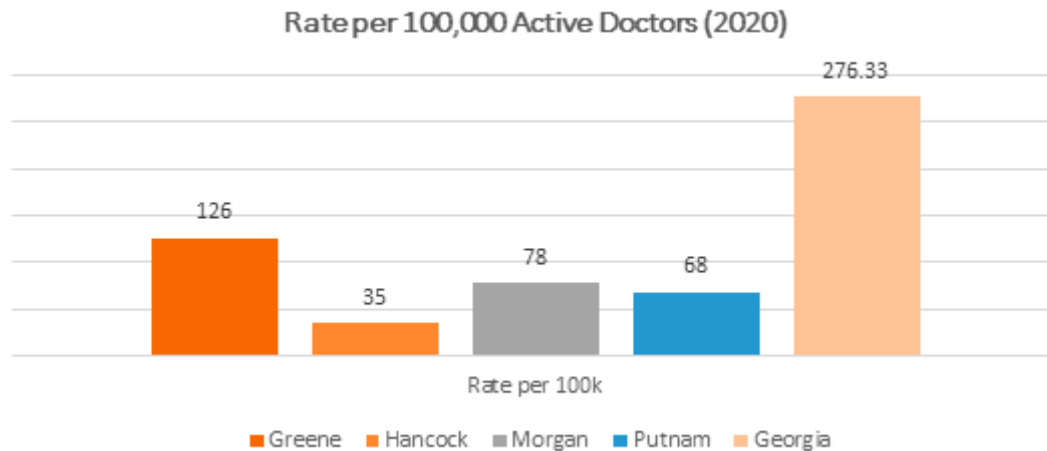


Figure 24 - Active Doctor Rate - Department of Health and Human Services, Area Health Resources Files, 2020

Ancillary Providers

	Greene	Hancock	Morgan	Putnam	Georgia
Dentists	13	1	10	4	4925
Advanced Practice Registered Nurse with NPI	18	2	9	9	11833
Nurse Practitioner with NPI	7	18	2	8	9809
Clinical Nurse Specialist with NPI	0	0	0	0	155
Nurse Anesthetist with NPI	0	0	2	1	1501
Nurse Midwife with NPI	0	0	0	0	368
Physician Assistant with NPI	1	2	1	6	4281

Table 24 - Ancillary Providers - Department of Health and Human Services, Area Health Resources Files, 2019-2020

Mental Health Resources

	Greene	Hancock	Morgan	Putnam	Georgia
Number of Mental Health Providers	7	3	5	8	30734

Table 25 - Mental Health Resources - Georgia Rural Health Innovation Center, Centers for Medicare, and Medicaid Services 2021

FQHCs and Rural Health Clinics

	Greene	Hancock	Morgan	Putnam
Health Asset	1	1	0	0
Name of FQHC*	TenderCare Clinic	Community Health Care Systems		
Rural Health Clinic**	0	Family Practice & Surgery Center	0	Putnam County Hospital Rural Health Clinic

Table 26 - FQHCs and Rural Clinics - *State Office of Rural Health, June 2020;

**Georgia Department of Community Health Primary Care Office, 2021

Health Behaviors

The term “Health Behaviors” is broad and covers a range of variables reflective of individual actions which affect health outcomes.

Poor Physical and Mental Health Days

This chart shows the average number of self-reported poor physical and mental health days in 30 days out of 2018.

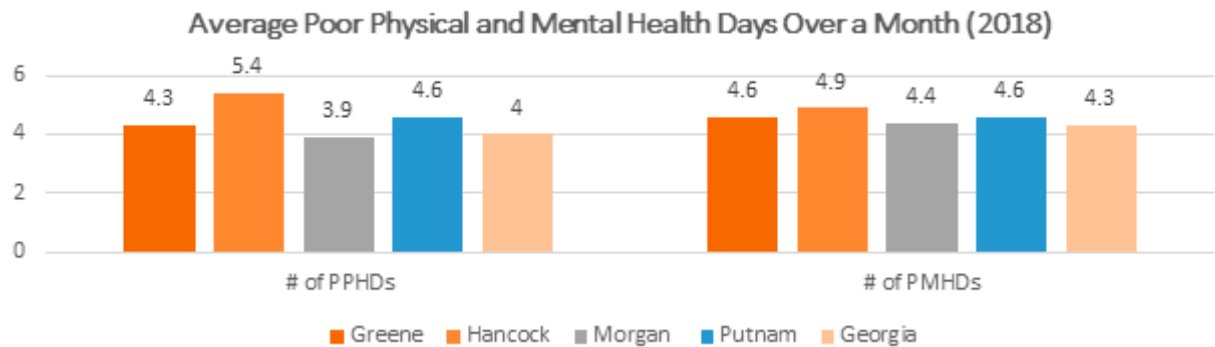


Figure 25 - Poor Physical & Mental Health Days - Georgia Rural Health Innovation Center, County Health Rankings, 2021

Data in the chart above are from the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings. Within the report area, there are a total of 4.55 and 4.63 average days of poor physical and mental health days, respectively, per month among adults 18 and older.

Excessive Drinking

The graph below shows the percentage of adults reporting binge or heavy drinking (age-adjusted).

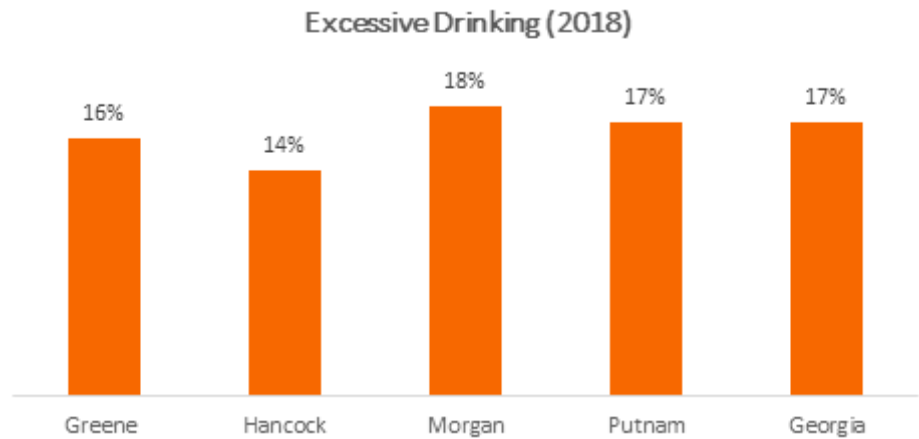


Figure 26 - Excessive Drinking - County Health Rankings, 2021 report, 2018

STI Causes by Residences Except Congenital Syhphilis

	Greene	Hancock	Morgan	Putnam	Georgia
STI incidences	124	88	96	167	94978
Chlamydia	93	62	79	129	67953
Gonorrhea	28	25	15	35	21321

Table 27 - STIs - DPH, OASIS, 2019

Obesity, Physical Inactivity, and Access to Exercise

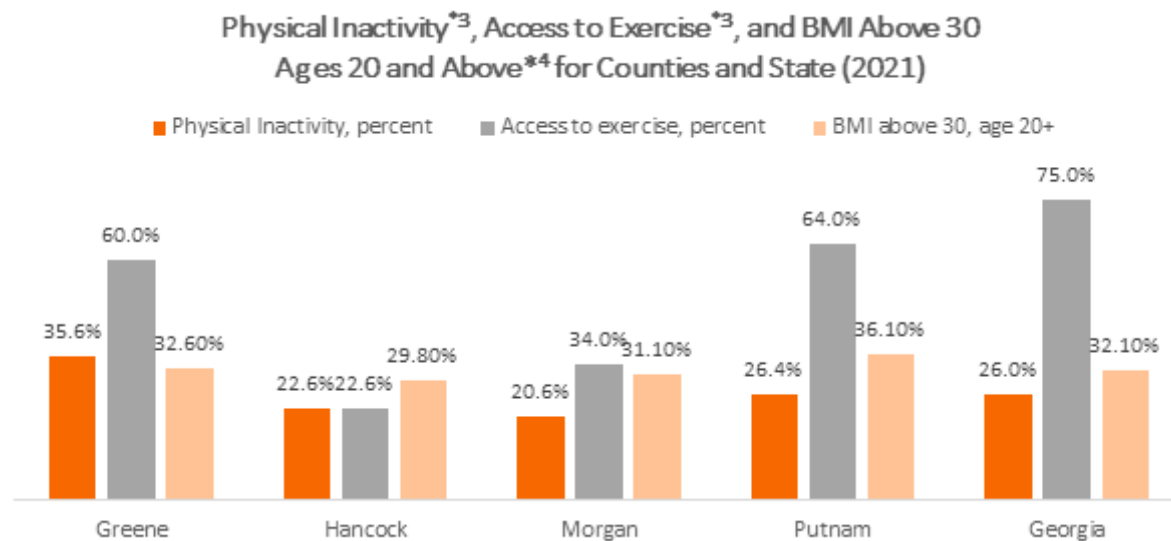


Figure 27 - General Health - Robert Wood Johnson Foundation, County Health Rankings 2021^{*3};
Georgia Rural Health Innovation Center, National Center for Chronic Disease Prevention and Health Promotion 2017^{*4}

Tobacco Usage

	Greene	Hancock	Morgan	Putnam	Georgia
Current Smokers	20.4%	26.6%	18.7%	20.5%	17.0%

Table 28 - Tobacco - GRHIC, County Health Rankings 2021

Vaping

According to the Department of Public Health, as of 11/25/2019, there were “42 cases of vaping-associated illness in Georgia including 6 deaths.” Those affected ranged in age from “14 to 68 years.”

HIV Status by County

County	HIV Diagnoses	Rate/100,000	Persons Living with HIV	Rate/100,000
Greene	5	27.3	26	141.9
Hancock	<5	--	52	614.9
Morgan	<5	--	33	171.2
Putnam	<5	--	38	171.8

Table 29 - HIV Status - Georgia Department of Community Health, HIV Surveillance Summary, 2019

Student Survey Data (Graduating Seniors)

	Greene	Hancock	Morgan	Putnam	Georgia
Have not considered Self-harm	83.9%	81.9%	85.7%	85.1%	84.3%
Those that have: Biggest reason	35.3%, Family reasons	26.8%, Peer problems	59.2%, Family reasons	43.7%, Family reasons	44.2%, Family reasons
Cigarettes	3.6%	3.1%	2.9%	7.5%	2.9%
Vape	7.6%	4.8%	10.1%	16.6%	9.3%
Marijuana	5.5%	6.2%	5.5%	9.6%	6.4%
Methamphetamine	2.9%	1.7%	1.4%	5.3%	1.7%
Prescription painkiller (Valium, Benzodiazepines, Hydrocodone, Oxycodone)	3.9%	1.7%	2.3%	6.5%	3.0%
Prescription sedatives (Xanax)	3.5%	1.7%	1.4%	4.4%	2.3%
Prescription stimulant (Ritalin, Adderall)	3.3%	1.3%	1.9%	5.4%	2.4%
Alcohol drinking	7.1%	8.8%	8.1%	13.6%	8.4%

Table 30 - Student Surveys - GA Department of Education, Georgia Student Health Survey (GSHS), 2020

Flu and COVID-19 Vaccination Rates

	Greene	Hancock	Morgan	Putnam	Georgia
Flu Vaccination	52%	35%	46%	49%	46%
Fully Vaccinated for COVID	44.59%	43.44%	43.44%	43.44%	43.44%

Table 31 - Flu and COVID-19 Vaccinations - Robert Wood Johnson Foundation, County Health Rankings, 2021;
Georgia DPH, 2021. Georgia DPH Vaccine Distribution Dashboard

County Health Rankings obtained this data from the “Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination” as per the Robert Wood Johnson Foundation Report. This report does not include those not on Medicare. (Robert Wood Johnson Foundation, 2021)

Morbidity

Cumulative Hospital Discharges for Four-County Area

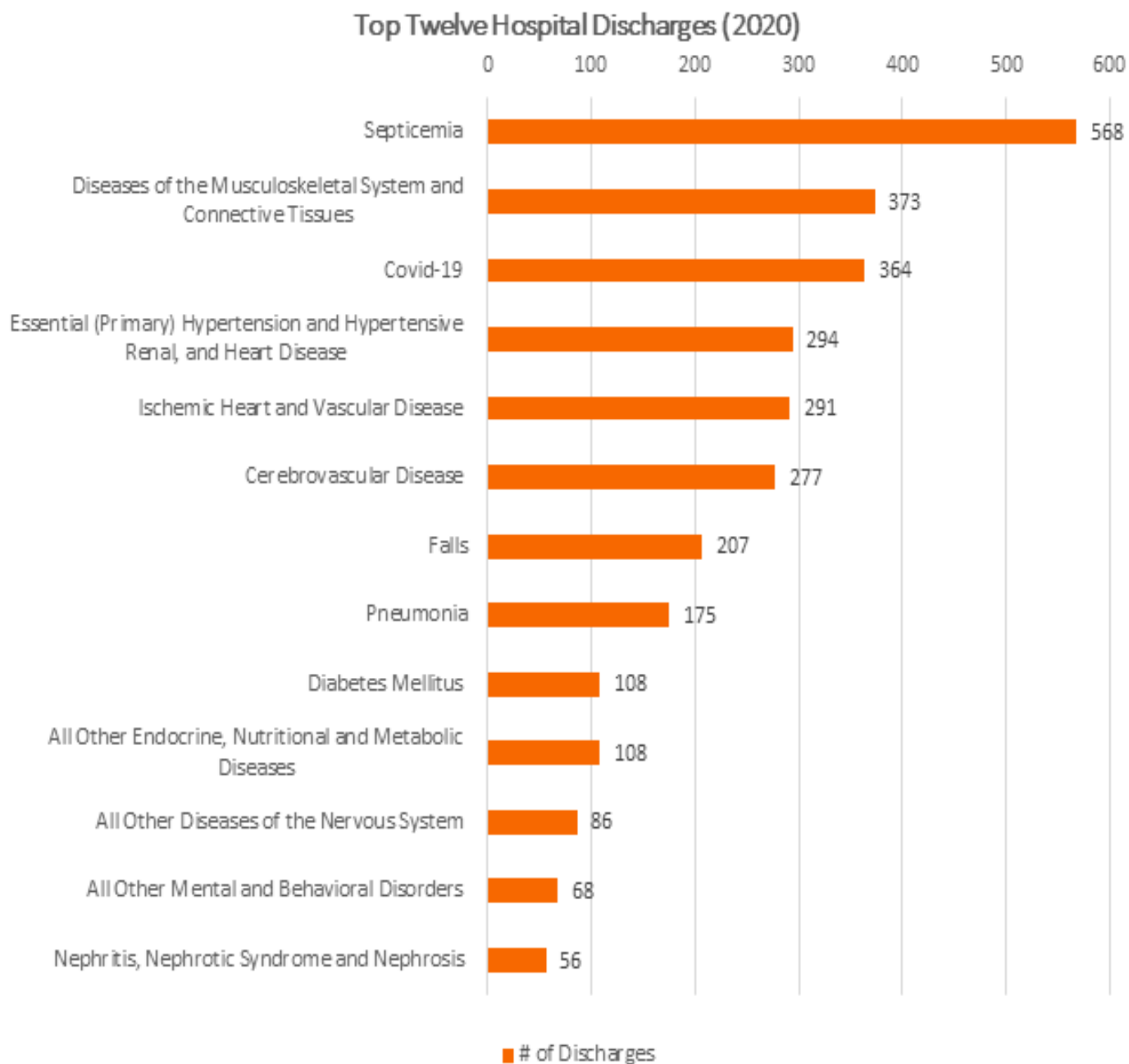


Figure 28 - Hospital Discharges – DPH, OASIS, 2020

Top Twelve Discharges for Each County

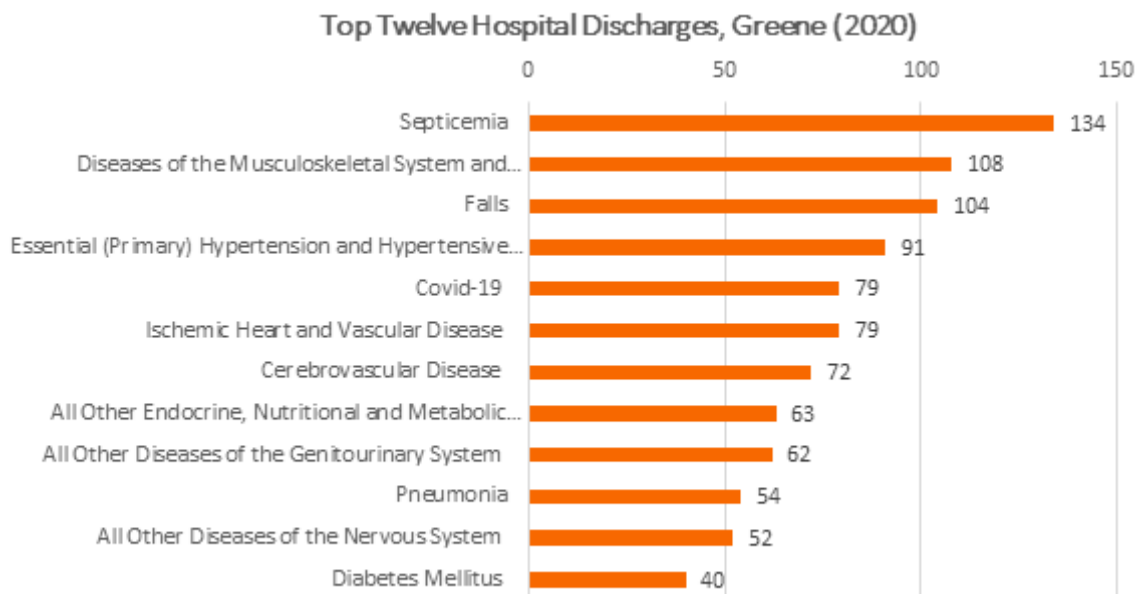


Figure 29 - Greene County Top Twelve Hospital Discharges - DPH, OASIS, 2020

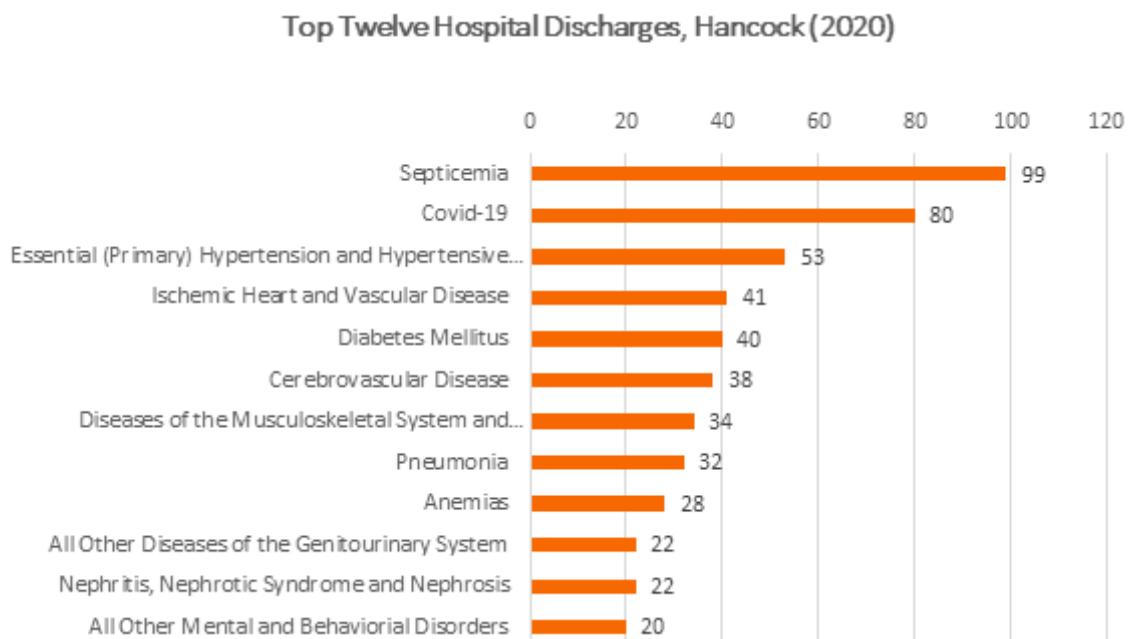


Figure 30 - Hancock County Top Twelve Hospital Discharges - DPH, OASIS, 2020

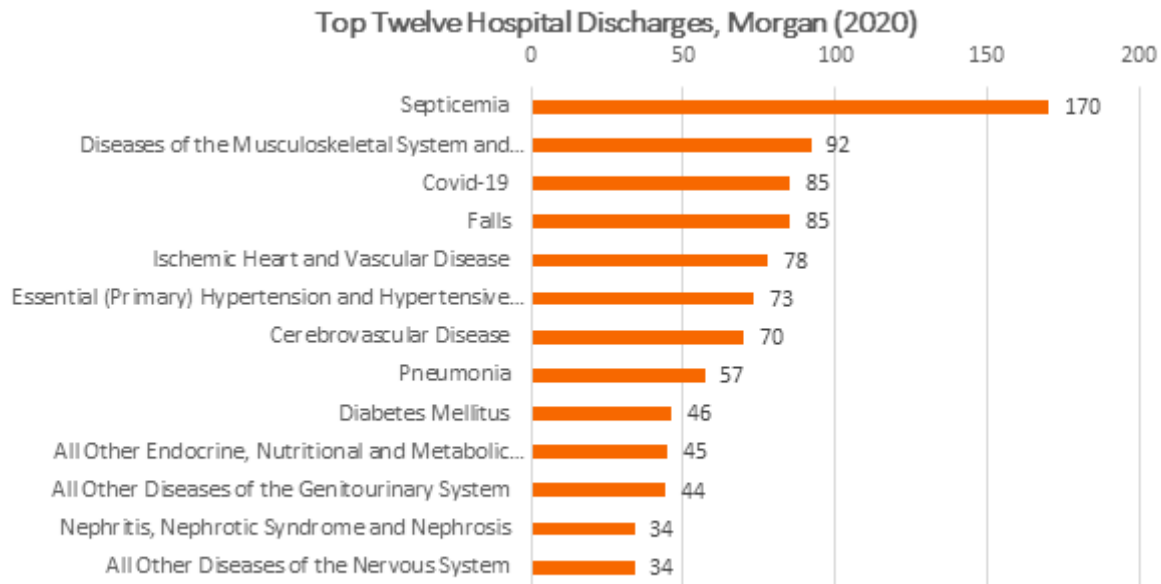


Figure 31 - Morgan County Top Twelve Hospital Discharges - DPH, OASIS, 2020

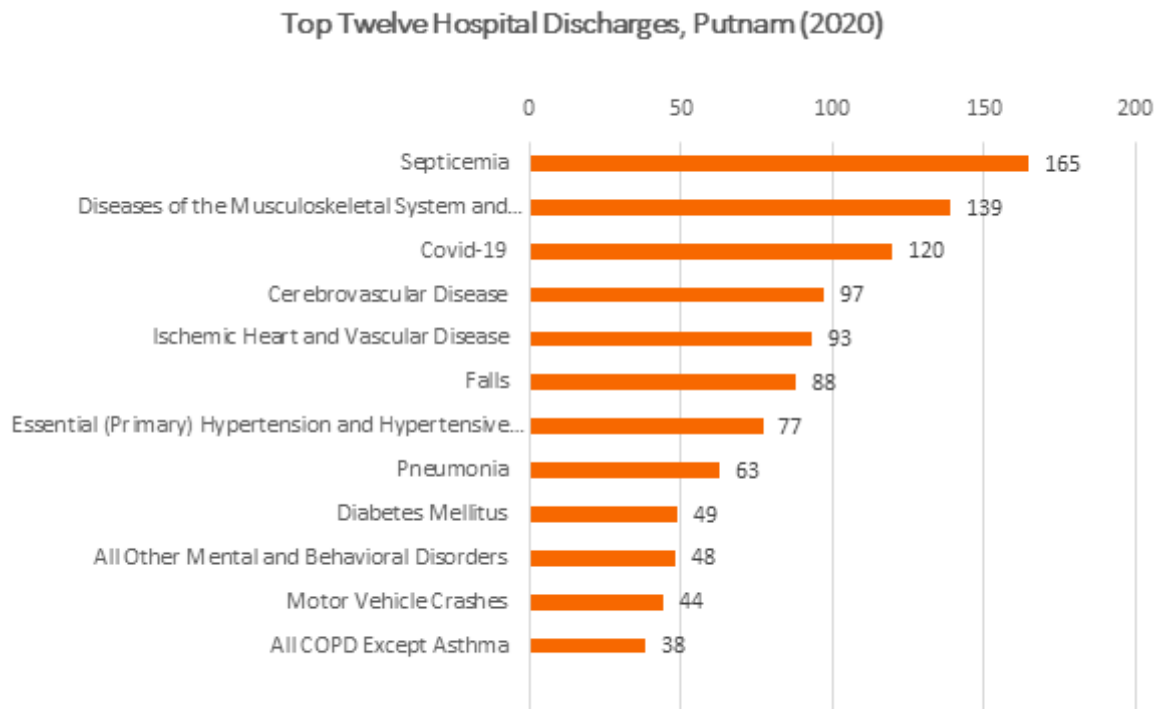


Figure 32 - Putnam County Top Twelve Hospital Discharges - DPH, OASIS, 2020

Emergency Room Visits

Emergency Room Visits for the counties and the State of Georgia in 2020 were derived from OASIS with the variables “all ages,” “all races,” “all ethnicities,” and “all sexes,” but also include the variable “all payors,” not just Medicaid, Medicare, insurance, or self-payers.

	Greene	Hancock	Morgan	Putnam	Georgia
ER Visits #	9,627	4,043	8,530	11,254	3,246,307

Table 32 - ER Visits - Georgia DPH, OASIS, 2020

Heart Disease Hospitalizations for Medicare Recipients

All Heart Disease Hospitalization Rate per 1,000 Medicare Beneficiaries, 65+, Races/Ethnicities, By Genders

	Greene	Hancock	Morgan	Putnam	Georgia	National
Black Men	40.5	46.1	50.1	45.2	54.9	51.5
Black Women	54.0	43.8	51.4	28.6	47	53.2
Hispanic Men	*	*	*	*	23.6	36.1
Hispanic Women	*	*	*	*	22.6	34.8
White Men	38.8	42.9	48.0	45.9	55.9	51.9
White Women	23.2	32.4	38.1	28.8	39.4	37.6

Table 33 - Heart Disease Hospitalizations Rate by Race/Ethnicity and Gender, CDC 2016-2018; * = suppressed data

Hospitalization Rates for Medicare Recipients

	Greene	Hancock	Morgan	Putnam	Georgia	National
Black Men	14.2	4.3	23.3	14.2	22.4	24.1
Black Women	15.8	10.7	24.0	11.3	20.9	23.5
Hispanic Men	*	*	*	*	8.7	13.6
Hispanic Women	*	*	*	*	8	13.4
White Men	8.6	5.8	13.5	7.6	14	12.9
White Women	3.8	3.7	10.4	3.9	10.9	10.2

Table 34 - Hypertension Hospitalization Rate by Race and Gender - CDC 2016-2018; * = suppressed data

Diabetes

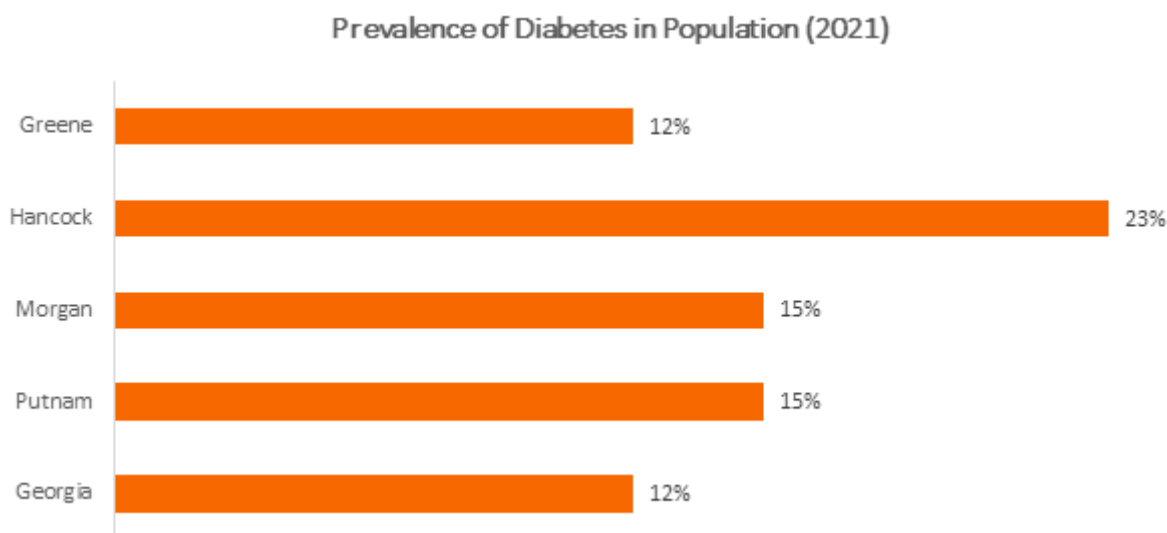


Figure 33 - Diabetes - County Health Rankings, 2021

Discharge Rate by Residence for Cancer

Cancers Included: Malignant Neoplasms of Lip, Oral Cavity, Pharynx, and Esophagus, Malignant Neoplasm of Stomach, Malignant Neoplasms of Colon, Rectum and Anus, Malignant Neoplasms of Liver and Intrahepatic Bile Ducts, Malignant Neoplasm of Pancreas, Malignant Neoplasms of the Trachea, Bronchus and Lung, Malignant Melanoma of the Skin, Malignant Neoplasm of the Breast, Malignant Neoplasm of the Cervix Uteri, Uterus, and Ovary, Malignant Neoplasm of Prostate, and Testis, Malignant

Cancer Discharges, Rate Per 100,000, in Black and White Populations (2021)

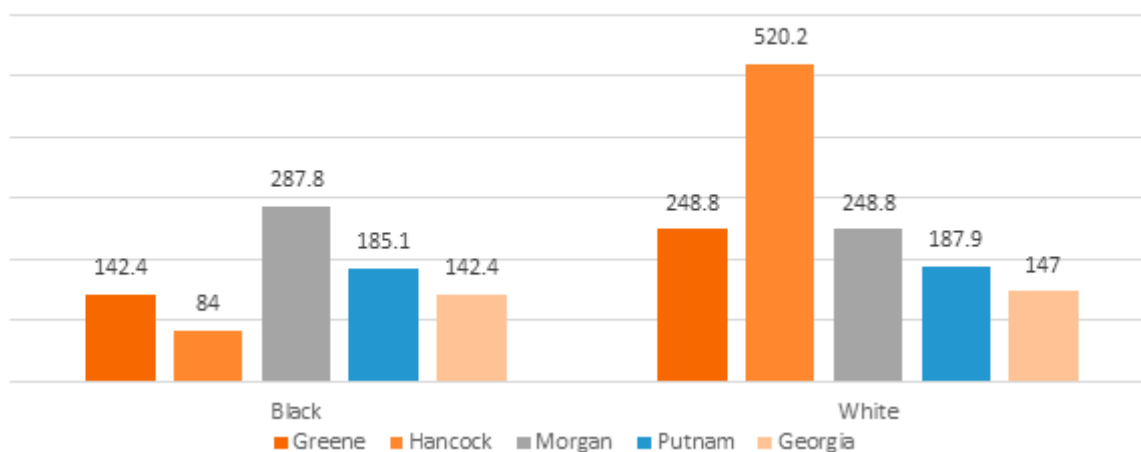


Figure 34 - Cancer Discharge Rate - DPH, OASIS, 2020

Lung Condition and Disease Prevalence

Lung Condition and Disease Prevalence in Four-County Area (2018)

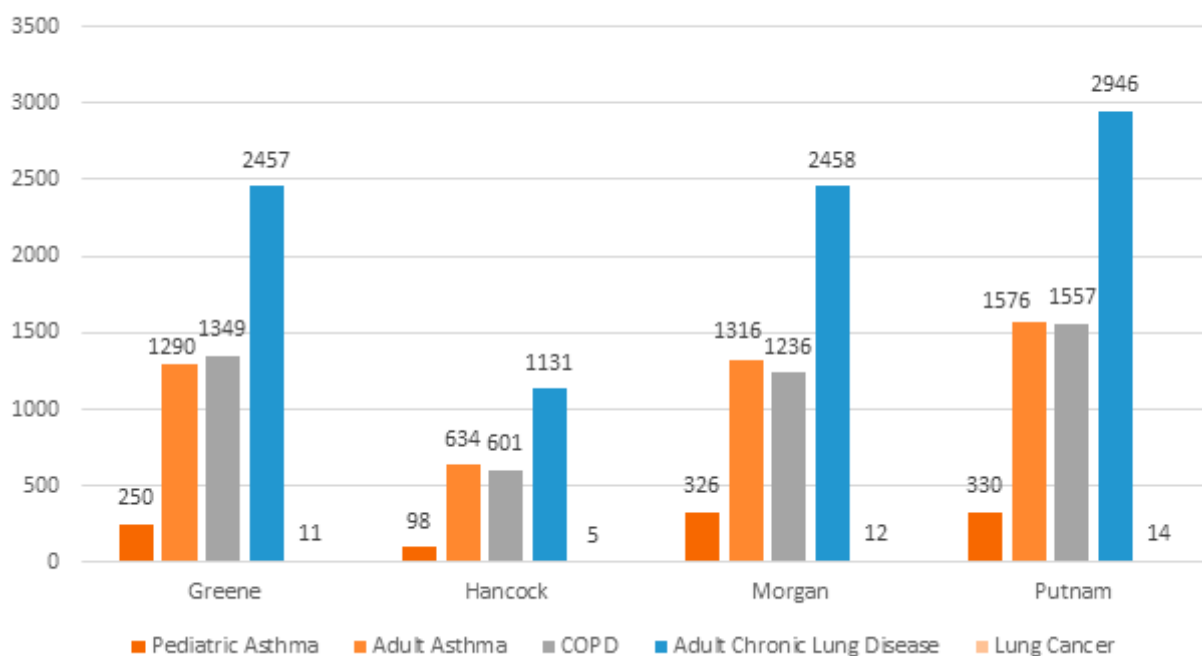


Figure 35 - Lung Condition and Disease Prevalence - American Lung Association, 2017-2018

Mortality

Leading Causes of Death, 2016 - 2020

Greene	
#1	Essential Hypertension and Hypertensive Renal and Heart Disease
#2	Ischemic Heart and Vascular Disease
#3	Cerebrovascular Disease
#4	Alzheimer's Disease
#5	Malignant Neoplasms of the Trachea, Bronchus, and Lung
#6	All COPD Except Asthma
#7	All Other Mental Health and Behavioral Disorders
#8	Nephritis, Nephrotic Syndrome, and Nephrosis
#9	Diabetes Mellitus
#10	All Other Endocrine, Nutritional, and Metabolic Diseases

Table 34 - Greene County Leading Causes of Death - DPH, OASIS, 2020

Hancock	
#1	COVID 19
#2	Cerebrovascular Disease
#3	Ischemic Heart and Vascular Disease
#4	Malignant Neoplasms of the Trachea, Bronchus, and Lung
#5	Essential Hypertension and Hypertensive Renal and Heart Disease
#6	All Other Mental and Behavioral Disorders
#7	Alzheimer's Disease
#8	Nephritis, Nephrotic Syndrome, Nephrosis
#9	All COPD Except Asthma
#10	Septicemia

Table 35 - Hancock County Leading Causes of Death - DPH, OASIS, 2020

Morgan	
#1	Ischemic Heart and Vascular Disease
#2	Malignant Neoplasms of the Trachea, Bronchus, and Lung
#3	Cerebrovascular Disease
#4	Essential Hypertension and Hypertensive Renal and Heart Disease
#5	All COPD Except Asthma
#6	Alzheimer's Disease
#7	All Other Mental and Behavioral Disorders
#8	Motor Vehicle Crashes
#9	All other Disease of the Nervous System
#10	Septicemia

Table 36 - Morgan County Leading Causes of Death - DPH, OASIS, 2020

Putnam	
#1	Essential Hypertension and Hypertensive Renal and Heart Disease
#2	Ischemic Heart and Vascular Disease
#3	Malignant Neoplasms of the Trachea, Bronchus, and Lung
#4	All COPD Except Asthma
#5	Alzheimer's Disease
#6	Cerebrovascular Disease
#7	Nephritis, Nephrotic Syndrome, Nephrosis
#8	Motor Vehicle Crashes
#9	Diabetes Mellitus
#10	COVID-19

Table 37 - Putnam County Leading Causes of Death - DPH, OASIS, 2020

Premature Age-Adjusted Mortality

	Greene	Hancock	Morgan	Putnam	Georgia
Premature Age-Adjusted Mortality Value	360	510	410	360	380
# Deaths	291	175	299	346	

Table 38 - Premature Age Adjusted Mortality - Robert Wood Johnson Foundation, County Health Rankings 2021

Premature Age-Adjusted Mortality measures the number of deaths among residents before the age of 75 per 100,000 population. Rates measure the number of events (i.e., deaths, births, etc.) in a given time (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare data across counties with different population sizes.

Life Expectancy

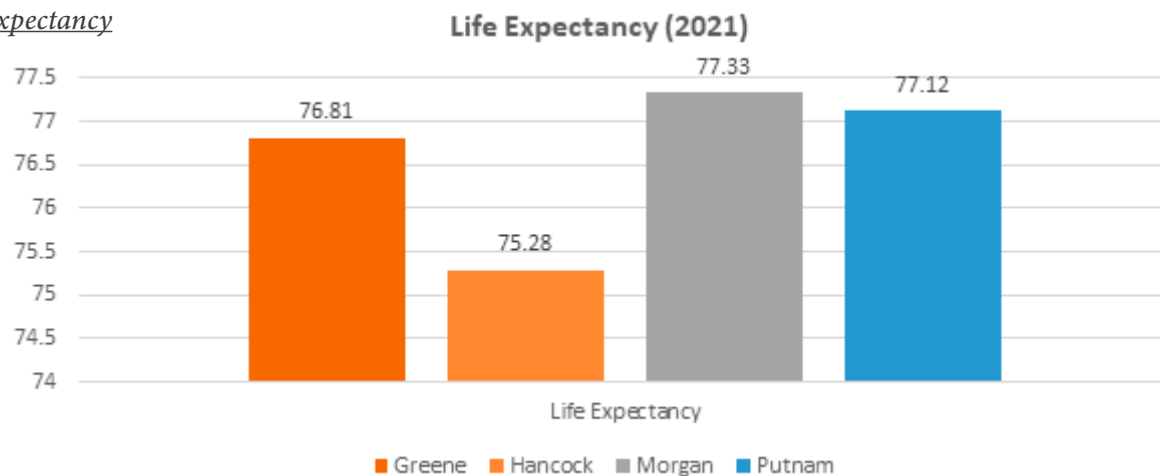


Figure 36 - Life Expectancy - Robert Wood Johnson Foundation, County Health Rankings, 2021

Accidents or Injuries Causing Death

MORTALITY	Greene	Hancock	Morgan	Putnam	Georgia
Injury Deaths	9	3	17	15	5,512
Child Injury Deaths	0	0	0	0	239
Fetal Mortality	1	0	0	2	980
Infant Mortality	1	1	0	1	771
Drug Overdoses	2	0	3	4	1,907
Auto Crash Deaths	2	2	8	9	1,791

Table 39 - Accidents or Injuries Causing Death - Georgia DPH, OASIS, 2020

Injury Deaths

The number of Injury Deaths listed above was calculated on the website for the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). The numbers reflect deaths in 2020 caused by the following incidents under the category Georgia Rankable Causes: Motor Vehicle Crashes; Falls; Accidental Discharge of Fire-arms; Accidental Drowning and Submersion; Accidental Exposure to Smoke, Fire and Flames; Accidental Poisoning and Exposure to Noxious Substances; Suffocation; and, All Other Unintentional Injury. The established parameters for the report include all ages, all races, all sexes, and all education levels for the four counties and the State of Georgia.

Child Injury Deaths

Child Injury Death were calculated using the same variables except age. For this category, only persons up to 17 years of age were considered. Again, the data pertains to 2020.

Fetal, Infant, and Maternal Mortality

Fetal and Infant Mortality for 2020 were also derived from OASIS. One category not listed in the accompanying chart is Maternal Mortality. No data was discovered in this category for the four counties in this assessment; however, a rate of 48.4 per 100,000 births was listed for Georgia for 2021 by World Population Review. According to the report, the maternal mortality rate is greater in the United States than all the developed countries of the world and is the highest it has been in years.

Suicides in Four-County Region

	Greene	Hancock	Morgan	Putnam	Georgia
Five Year Total Suicides, 2015-2019 Total	20	No data	13	21	7331
Crude Death Rate for Suicide (Per 100,000 Population)	23	No data	14	19.4	14.1
Age-Adjusted Suicide Rate (Per 100,000 Population)	22	No Data	No data	20.7	13.8

Table 40 - Suicides - GRHIC, CDC, 2015-2019

Age-Adjusted Death Rate per 100,000

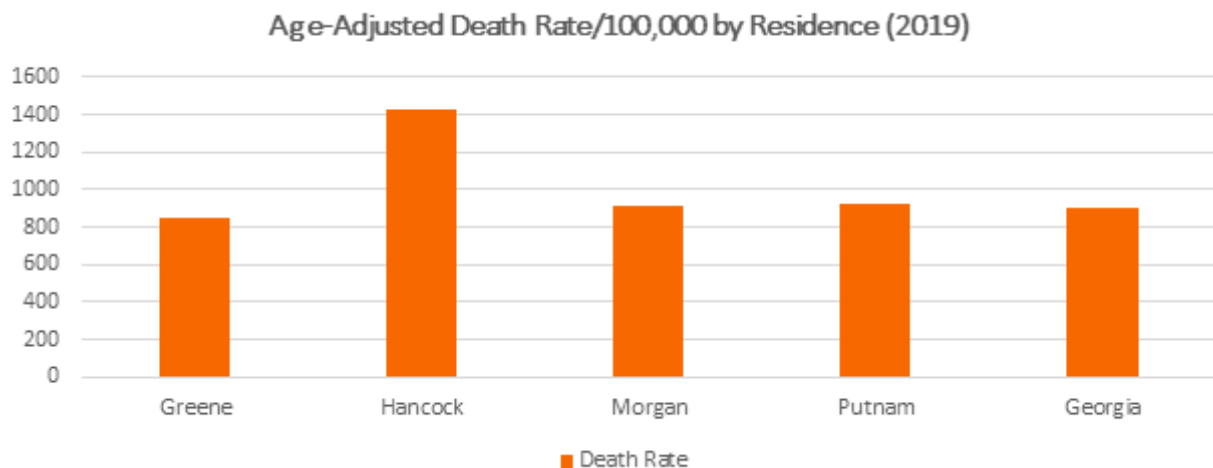


Figure 37 - Death Rate, GRHIC, CDC, 2015-2019

The Georgia Department of Public Health defines an “Age-Adjusted Rate” as “a weighted average of the age-specific rates, where the weights are the proportions of persons in the corresponding age groups of a standard population.” The formula used to calculate the death rate is the number of deaths divided by the population.

Major Causes of Premature Deaths

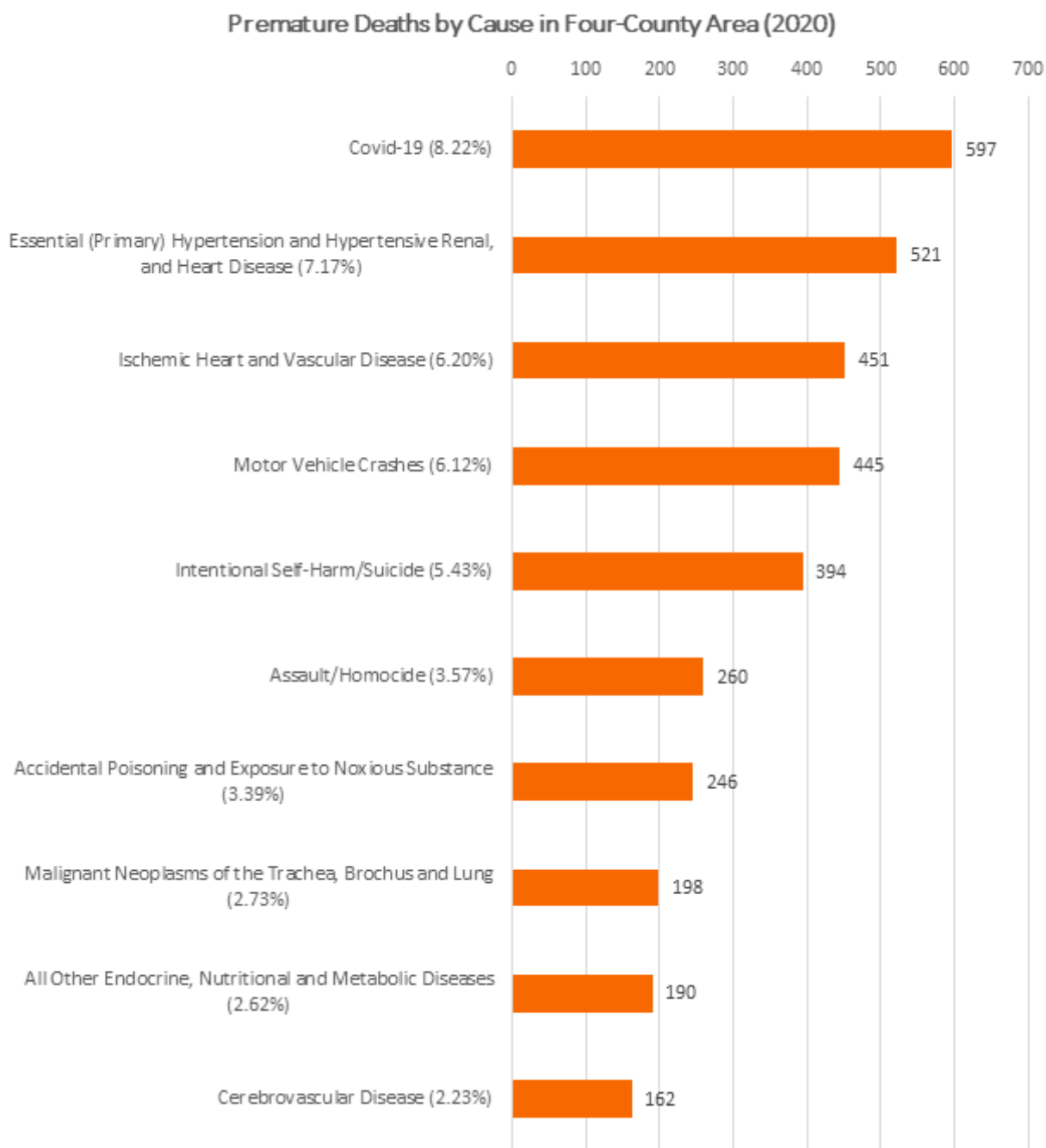


Figure 38 - Premature Deaths - DPH, OASIS, 2020

Greene County Premature Deaths

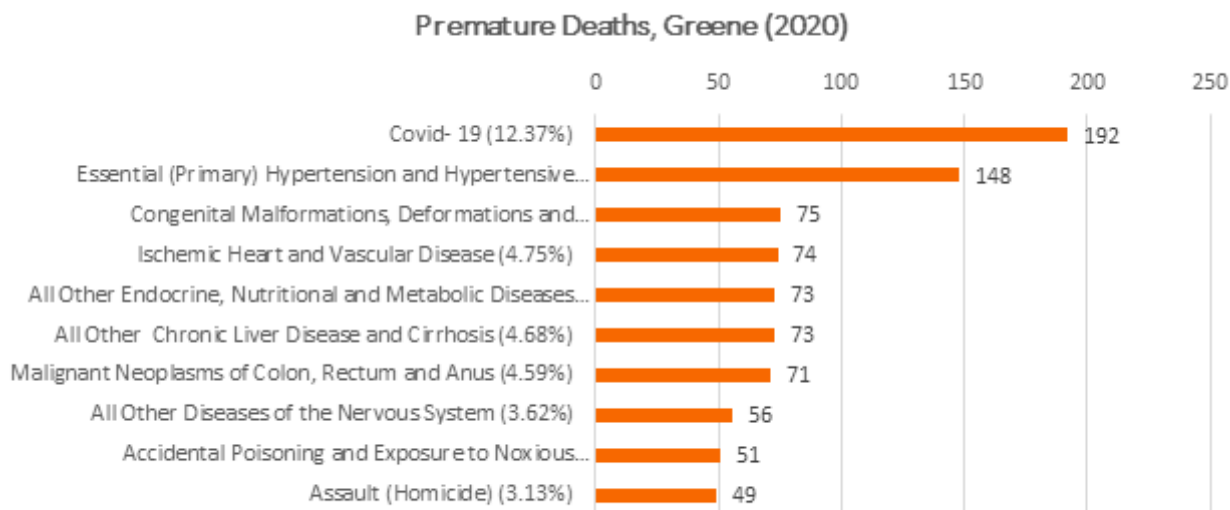


Figure 39 - Premature Deaths, Greene - DPH, OASIS, 2020

Hancock County Premature Deaths

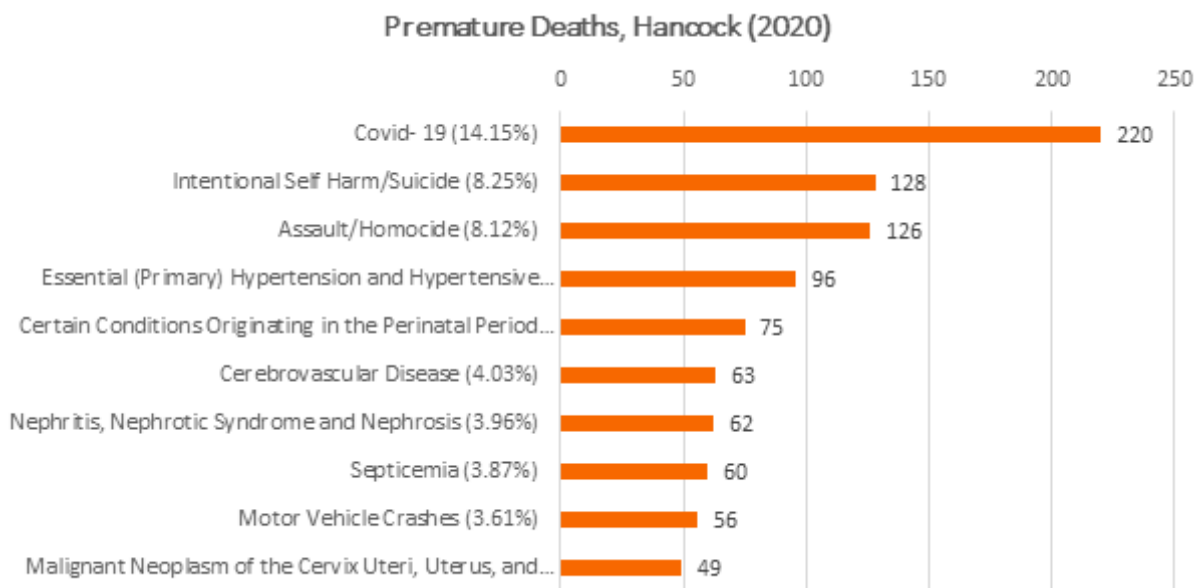


Figure 40 - Premature Deaths, Hancock - DPH, OASIS, 2020

Morgan County Premature Deaths

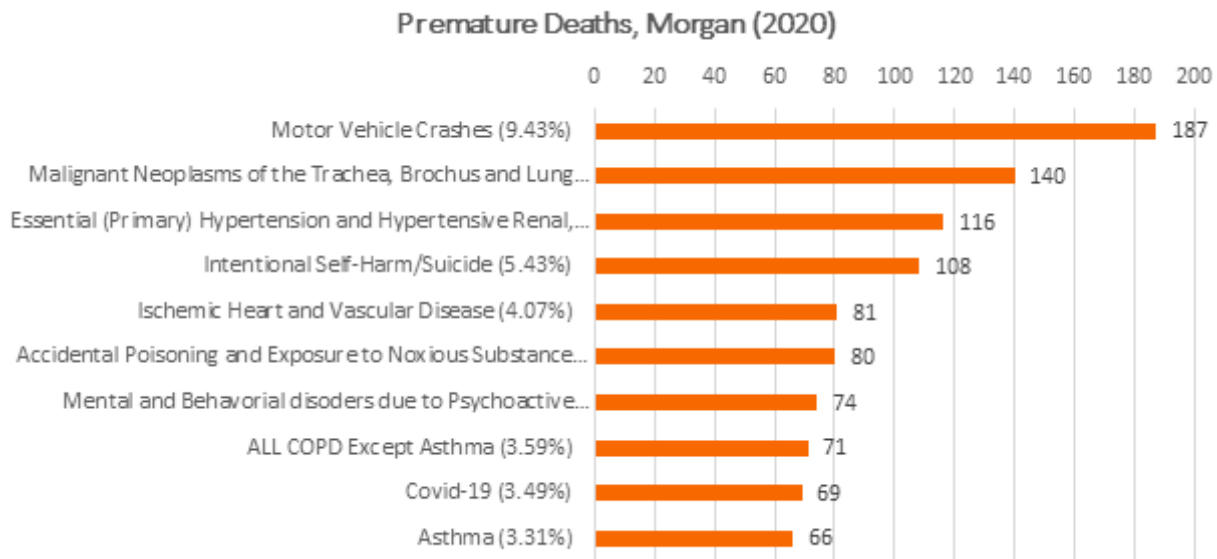


Figure 41 - Premature Deaths, Morgan - DPH, OASIS, 2020

Putnam County Premature Deaths

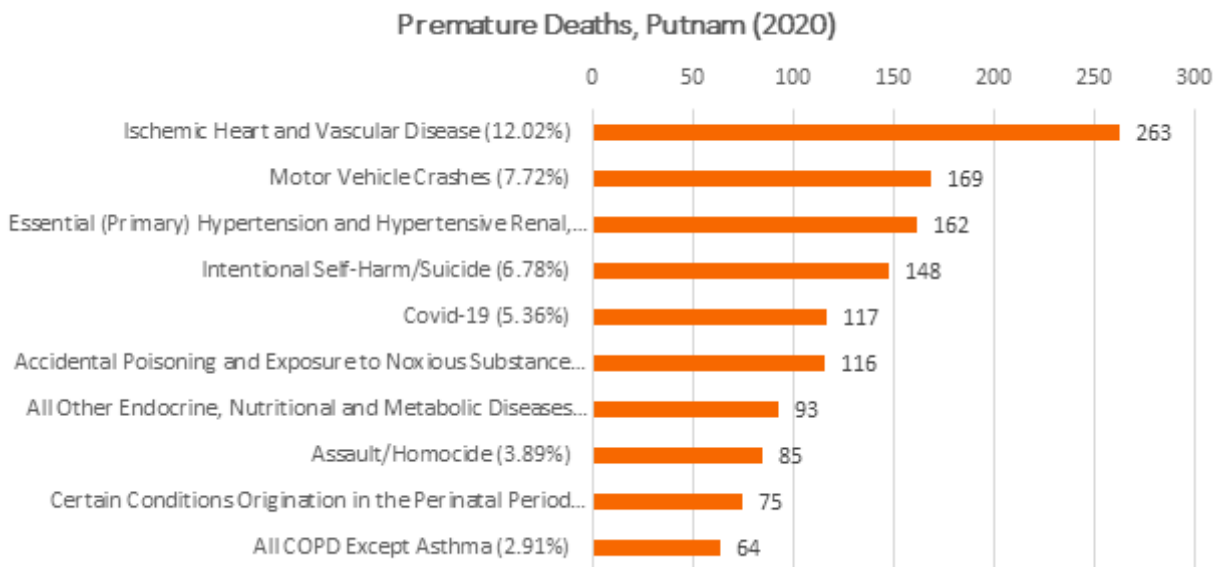


Figure 42 - Premature Deaths, Putnam - DPH, OASIS, 2020

Stroke Death Rates

Stroke Death Rate per 100,000, 35+, By Races/Ethnicities by Gender

	Greene	Hancock	Morgan	Putnam	Georgia	National
Black Men	132.8	132.5	105.4	126.6	111.5	112.4
Black Women	82.0	72.7	101.7	83.2	94.6	93.3
Hispanic Men	*	*	*	*	49.3	67.4
Hispanic Women	*	*	*	*	47.7	58.4
White Men	68.0	100.2	74.8	67.8	79.2	69.6
White Women	68.4	60.7	81.7	62.3	77.4	69.2

Table 41 - Stroke Death Rates - CDC, 2016-2018; * = suppressed/unavailable data

Death Rate and Total Deaths by Residence for All Malignant Cancers

	Greene	Hancock	Morgan	Putnam	Georgia
Age-Adjusted Mortality Rate for all races, all ages (Rate per 100,000)	154.98	159.97	167.36	167.97	159.64
Total Count of Deaths	231	106	214	282	85,345

Table 42 - Cancer Death Rate - National Cancer Institute 2014-2018

Overdose Deaths

Greene	2
Hancock	0
Morgan	3
Putnam	4

Table 43 - Overdose Deaths - Georgia DPH, OASIS, 2020

Motor Vehicle Deaths

	2017	2018	2019
Greene	5	3	3
Hancock	3	5	5
Morgan	9	6	4
Putnam	8	7	7

Table 44 - Motor Vehicle Deaths - Georgia Governor's Office of Highway Safety, 2017-2019

Birthrate by Age

The number of live births occurring to females in an age group per 1,000 females in the same age group.

Formula = [Number of Live Births in an age group / Female population in same age group] * 1,000.

If no age chosen, then birth rate will equal All Live Births / Female Population 10-55 years of age * 1,000 (which will differ from the General Fertility Rate).

	Greene	Hancock	Morgan	Putnam	Georgia
10-14	*	*	0	*	0.3
15-17	*	*	*	*	7.6
18-19	62.9	106.4	39.2	89.5	33.8
20-29	89.7	81.1	96.3	85.7	83.5
30-39	50.9	46.8	77.8	61	67.3
>=40	*	0	2.9	*	3.1

Table 45 - Birthrate by Age - DPH, OASIS, 2020

Birthrates

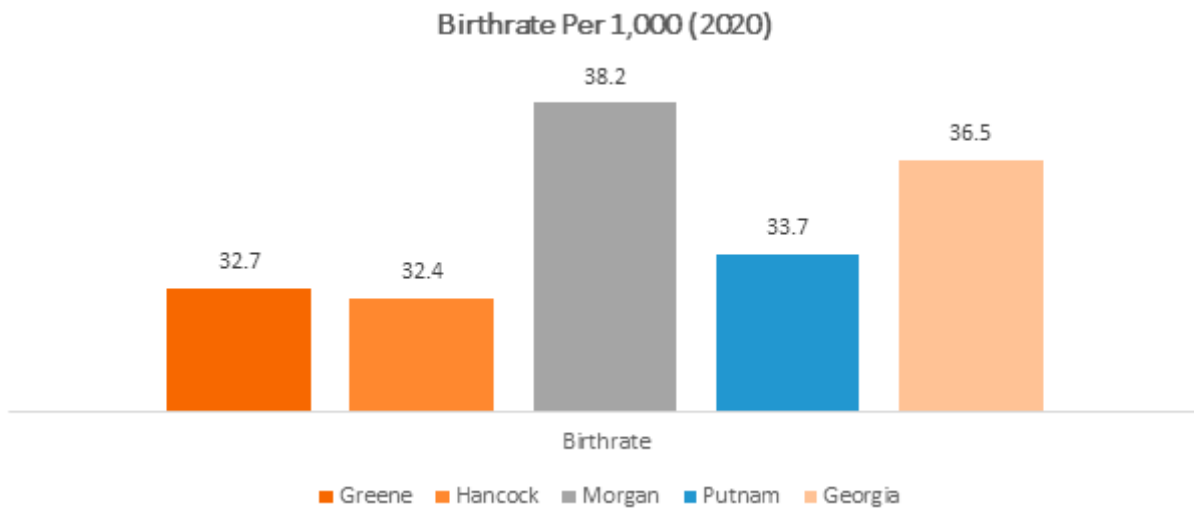


Figure 43 - General Birthrate - DPH, OASIS, 2020

Birthrate by Race

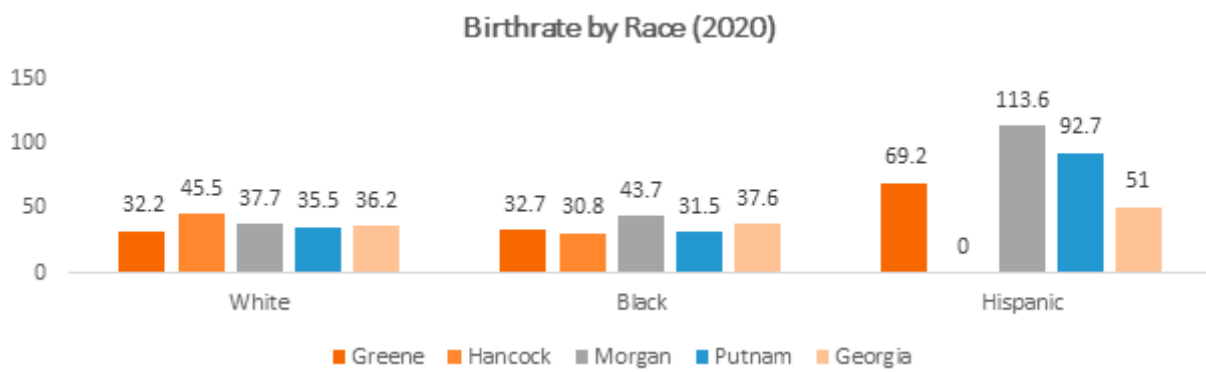


Figure 44 - Birthrate by Race - DPH, OASIS, 2020

Teen Birth Rate

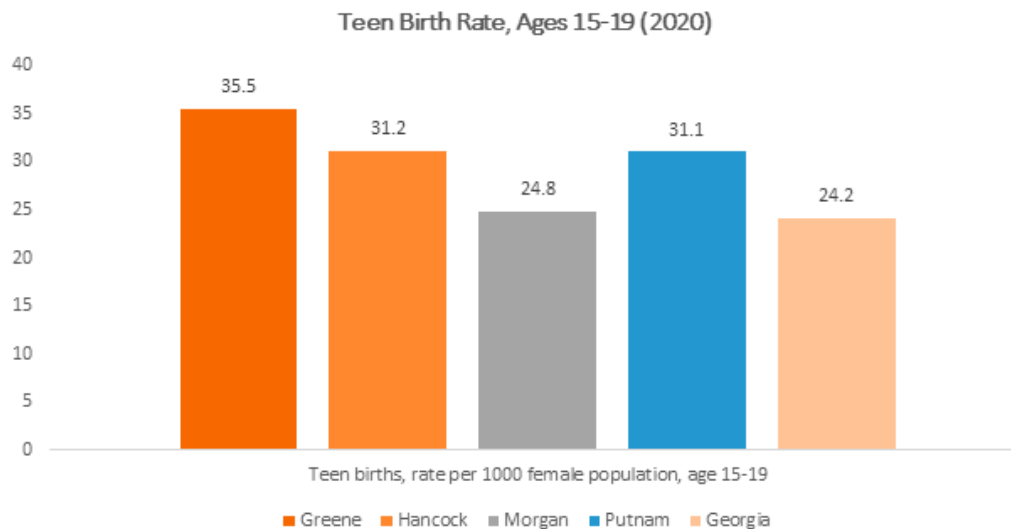


Figure 45 - Teen Birth Rate - DPH, OASIS, 2020

Perinatal Health

Low Birthweight Percentage

Greene	Hancock	Morgan	Putnam	Georgia	United States
10.00%	15.40%	9.30%	9.90%	9.50%	8.20%

Table 46 - Low Birthweight Percentage - DPH, OASIS, 2020

Proportion of Mothers with Fewer Than Five Prenatal Visits

Greene	Hancock	Morgan	Putnam	Georgia
6.4%	14.3%	*	*	8.3%

Table 47 - Mothers with Fewer than Five Prenatal Visits - DPH, OASIS, 2020; * = suppressed/unavailable data

Mothers Who Used Tobacco While Pregnant

Greene	Hancock	Morgan	Putnam	Georgia
6.3%	*	5.2%	8.6%	4.1%

Table 48 - Pregnancies with Tobacco - DPH, OASIS, 2020; * = suppressed/unavailable data

Mothers with Less than High School Education

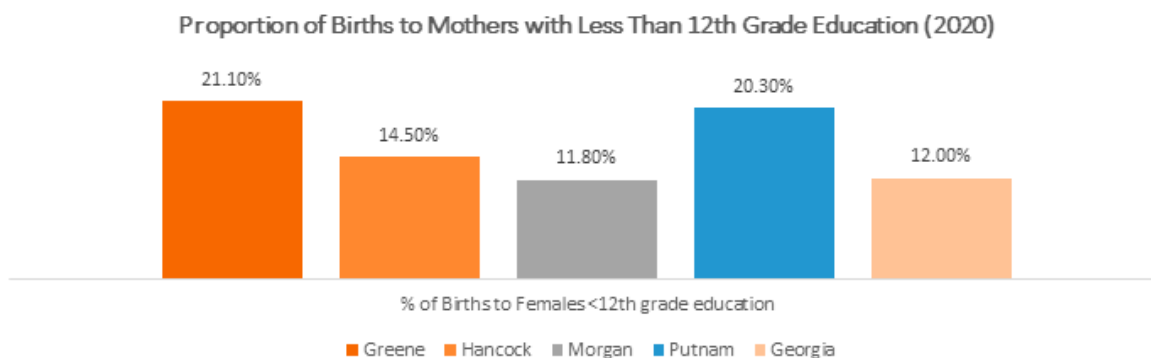


Figure 46 - Mothers with Less than 12th Grade Education - DPH, OASIS, 2020

Public Survey

Survey Results - Identifying Needs

While secondary data paints a vivid portrait of the composition of each county, it is also important to collect information directly from the citizens who are impacted by healthcare resources. From October to December 2021, Rural Health Representatives strived to collect information through the use of surveys. The survey instruments were distributed to a wide swath of the population of each county through links in emails and copies left at a variety of locations. The intended recipients included healthcare providers and other community members. The surveys were distributed to organizations including, but not limited to: school systems; Departments of Public Health; churches; local governments; hospitals; healthcare providers; private businesses; and civic organizations. The RHRs attended food pantry giveaways and events conducted by Departments of Public Health to personally distribute and collect surveys. Numerous follow-up phone calls were made and emails sent to attempt to gather as much representative information as possible. In the end, 327 surveys were returned and the results were analyzed by Dr. Anne Montgomery, Biostatistician and Doctoral Candidate Mr. Ben West of the Georgia Rural Health Innovation Center. The charts and graphs depicted below represent positive responses to the specific survey questions; the numbers in the category “did not respond” are not included. Appendix A is the survey questionnaire that was distributed.

Survey Demographics

A total of 327 participants filled out the survey. Most surveys came in online (54.7%), followed by paper (42.8%), and magazine (2.4%). Most respondents came from Morgan county and Putnam county.

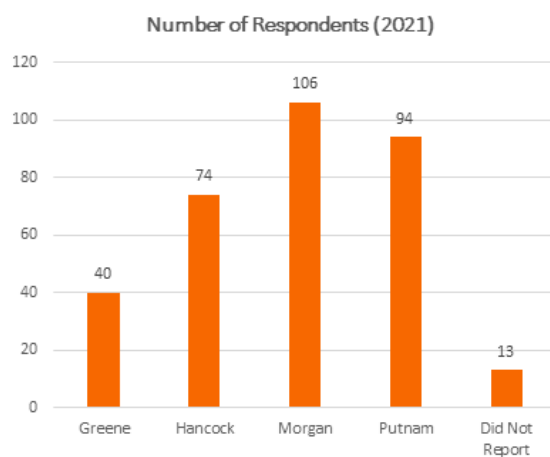


Figure 47 - Survey Respondents

Participants were predominantly over 60 years old (38%). Greene county had significantly more 20-29 year old participants, while Putnam had mostly 60+.

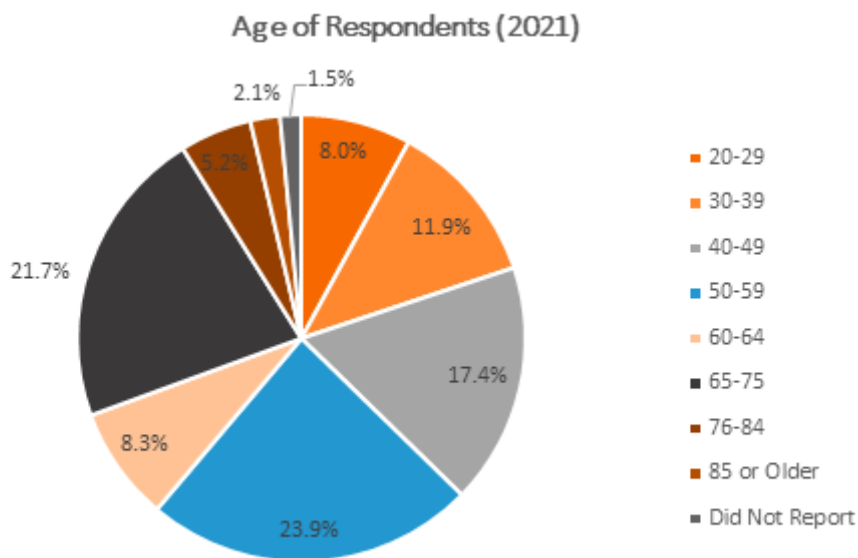


Figure 48 – Respondents' Ages

In this accompanying chart, participant age groups are dispersed across the four counties.

Respondents' Age Dispersion (2021)

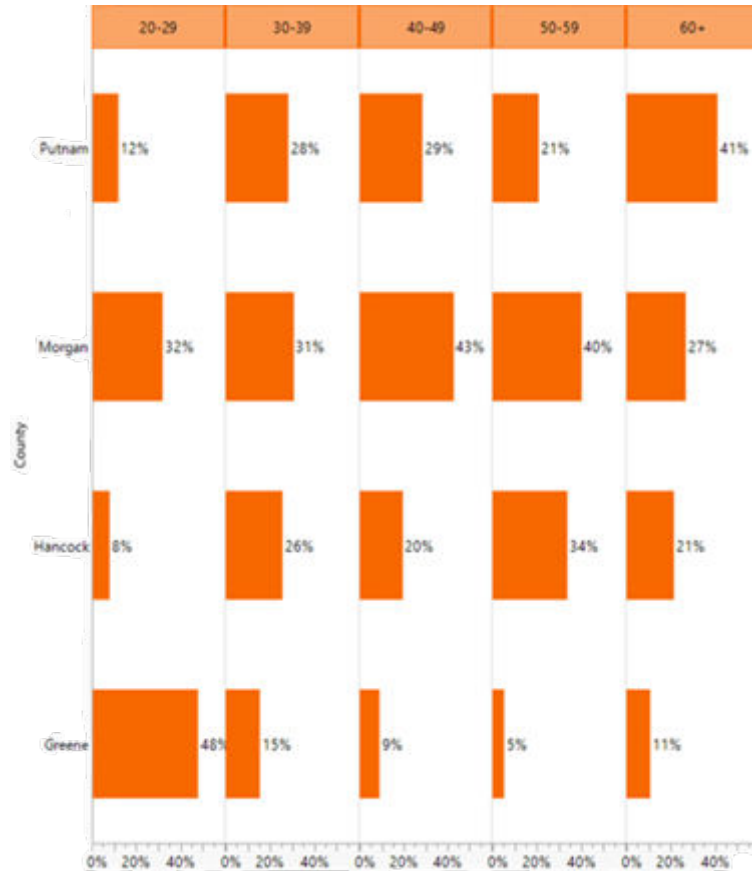


Figure 49 - Respondents' Age Dispersion

The respondents were predominantly female (74.3%). This was similar across all four counties.

Survey Respondents Gender (2021)

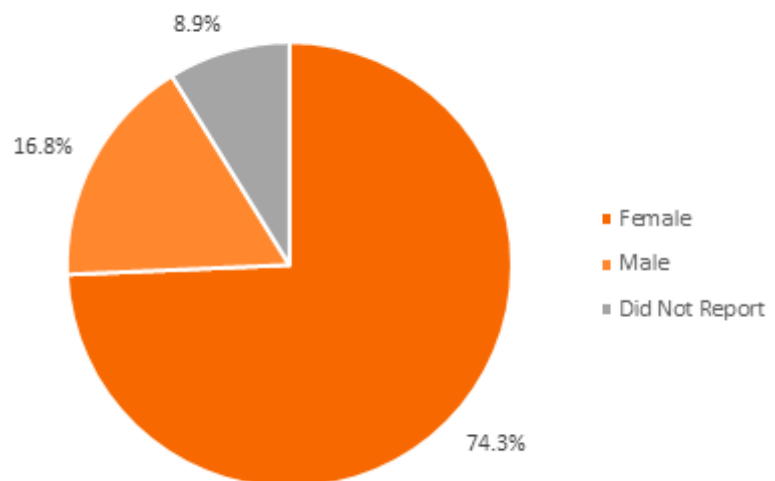


Figure 50 - Gender of Respondents

Respondents were about 50-50 Black (51.3%) and White (47.4%), with slightly more Black and African American participants. Only 2.3% of the participants was Hispanic or Latino.

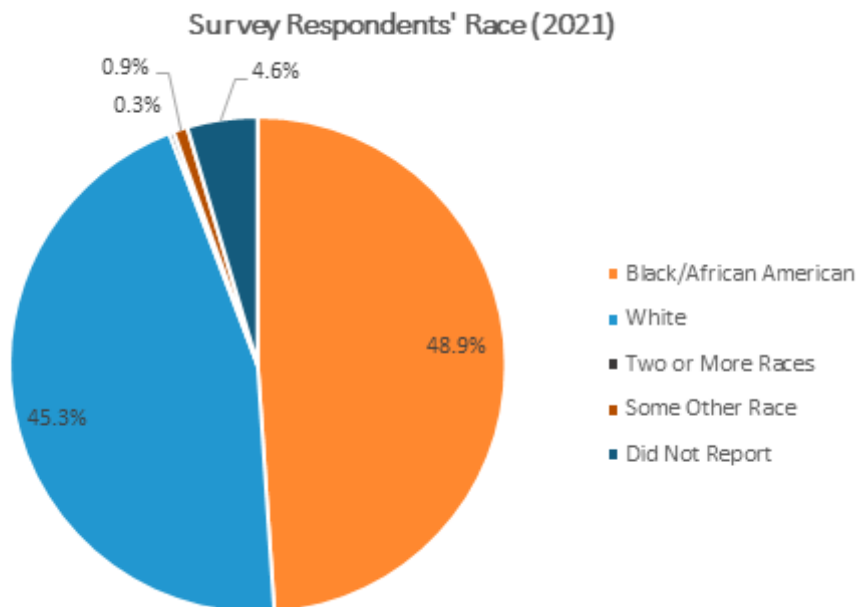


Figure 51 - Race of Respondents

Household income answers showed that many of the respondents earned up to \$35,000 a year (53%). As a reference, the median household incomes are: Greene (\$42,307), Hancock (\$27,168), Morgan (\$57,724), Putnam (\$49,814).

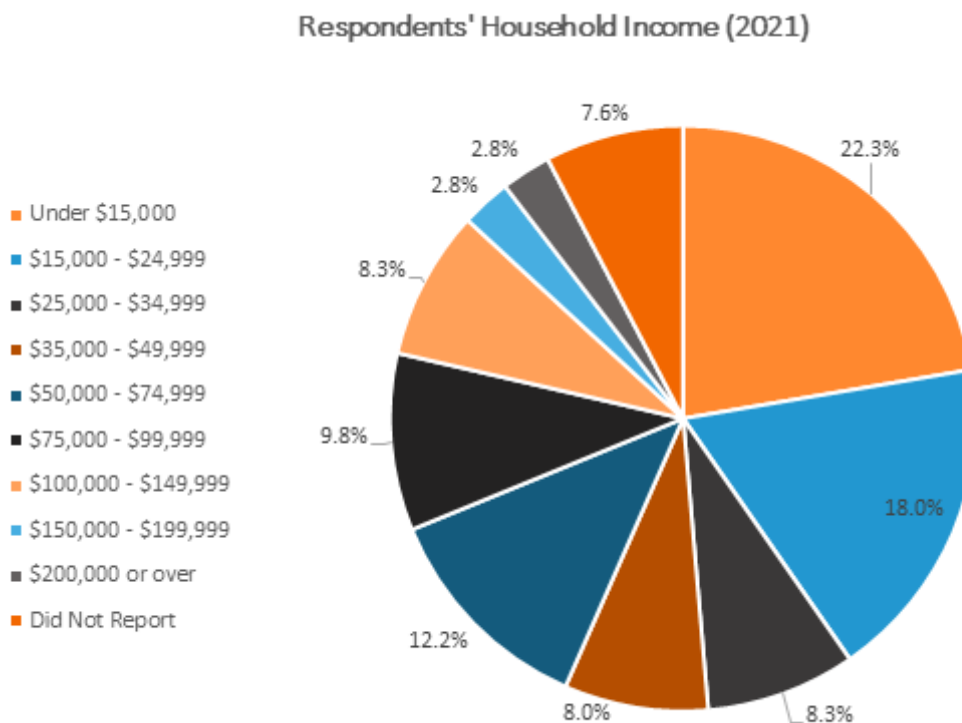
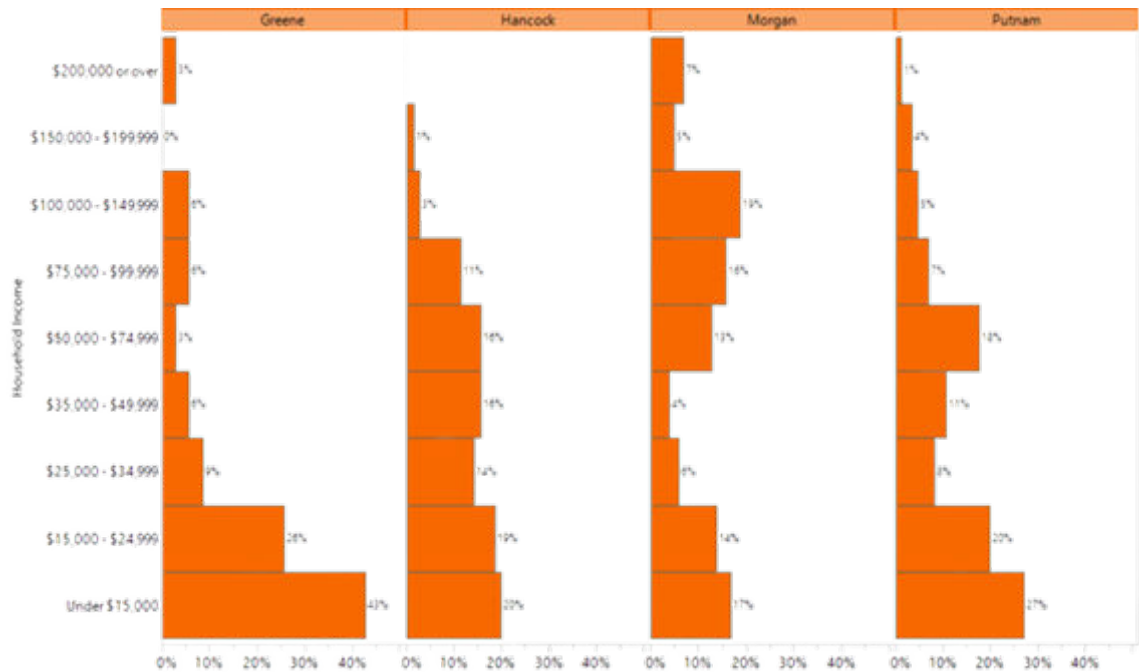


Figure 52 - Respondent's Household Income

Comparing across the counties, it is clear that Morgan County has the largest share of \$200,000 and over earners, while most of Greene County earners report earnings up to \$35,000, and Hancock County below \$100,000.



Respondents' Insurance

Insurance was obtained mostly via work or retirement (51%), followed by Medicare (20%) and Medicaid (10%).

Type of Insurance	Count	Percent
Insurance through work or retirement	155	50.5
Medicare	61	19.9
Medicaid	29	9.4
I <u>don't</u> have medical insurance	28	9.1
Individual insurance	23	7.5
Medicare and Medicaid	5	1.6
Other:	3	1.0
Tricare or other government retiree insurance	3	1.0
Total	296	100.0

Table 49 - Respondents' Insurance

For 39% of the participants, their ability to pay for healthcare limited their access to health services. As household income went up, the extent of the limitability went down, $X^2(8)=42.665$, $p<.0001$. There was no difference across the four counties.

Respondents' Main Healthcare Source

The main source of healthcare was predominantly the Doctor's office (83%). This did not differ greatly across the four counties, although Greene and Hancock used an urgent care clinic less often than Morgan and Putnam did.

More than 9 out of 10 (93%) have seen a doctor in the last two years. Only two thirds (63%) have seen a dentist in the past two years. Neither cases were significantly different across the counties.

Main Source of Healthcare	Count	Percent
Doctor's office	230	83.0
Urgent care clinic (not at hospital)	23	8.3
Emergency room at hospital	13	4.7
Free care clinic	7	2.5
Community health center (FQHC)	2	0.7
Other:	2	0.7
Total	277	100.0

Table 50 - Respondents' Healthcare

When asked which things their family needed but do not currently have, most respondents mentioned a Dentist (N=60; 18%), a dermatologist (N=44; 14%) and a Primary Care Doctor (N=41; 13%).

Table 51 - Missing Health Service

Missing Health Service	Greene N=43		Hancock N=104		Morgan N=73		Putnam N=101	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Dentist	9	20.9	13	12.5	15	20.5	19	18.8
Dermatologist	8	18.6	15	14.4	10	13.7	9	8.9
Primary Care Doctor	4	9.3	15	14.4	9	12.3	13	12.9
Orthopedist	3	7.0	11	10.6	4	5.5	14	13.9
Mental health provider	3	7.0	7	6.7	11	15.1	8	7.9
OBGYN	3	7.0	11	10.6	4	5.5	14	13.9
Nutritionist	3	7.0	12	11.5	5	6.8	8	7.9
Allergist	3	7.0	13	12.5	4	5.5	6	5.9
Physical therapist	2	4.7	5	4.8	4	5.5	9	8.9
Pediatrician	3	7.0	6	5.8	1	1.4	2	2.0
Substance use counselor	2	4.7	1	1.0	1	1.4	4	4.0

Table 52 - Missing Health Service (County Breakdown)

Figure 54 - Most Needed Health-Related Service World Cloud

When asked which thing or service would help improve personal health or health of their family, the following word cloud was the result. This cloud shows that a hospital is most often mentioned, together with primary care doctor.



Figure 55 - Most Helpful Health-Related Service World Cloud

Respondents' Travel for Health-Related Services

Most participants (59%) traveled outside of the county to see a doctor. There was a significant difference between the counties with Hancock County residents most often (80%) traveling outside of the county to see their doctor.

Travel outside of county for doctor?	Greene		Hancock		Morgan		Putnam	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Yes	19	55.9	53	80.3	44	49.4	50	58.1
No	15	44.1	13	19.7	45	50.6	36	41.9
Total	34	100.0	66	100.0	89	100.0	86	100.0

Table 53 - Respondents' Travel Out of County (County Breakdown)

When asked why, most (49%) responded that they see a specialist that is not available in their county. Another fifth of the respondents mentioned that there is no local primary care doctor. Only a minority responded that they cannot afford local services. There was no difference between the counties in this order.

Why travel outside county?	Count	Percent
See a specialist who is not available here	93	49.5
No local doctor	39	20.7
Not applicable	26	13.8
Other:	23	12.2
Cannot afford local services	7	3.7
Total	188	100.0

Table 54 - Respondents' Reason for Travel

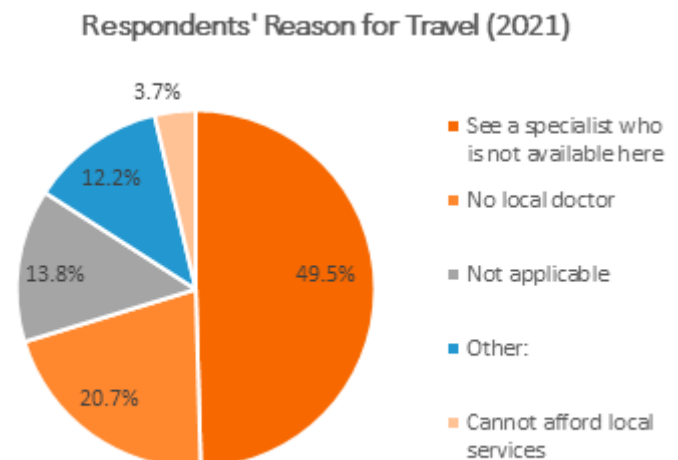


Figure 56 - Respondents' Reason for Travel

Respondents' Personal Health Behaviors

Only about a tenth of the participants smoked or used tobacco (8.0%). There was no significant difference between the four counties.

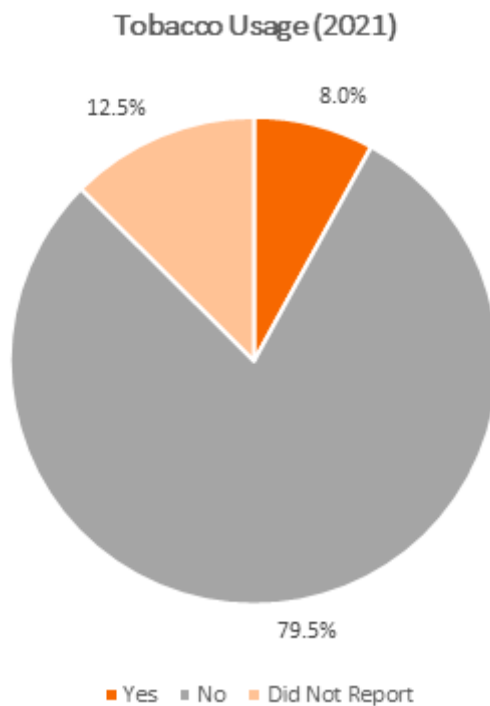


Figure 57 - Respondents' Tobacco Usage

About half of the respondents (46%) claimed that they exercised one to two times per week, with another fifth (20%) responding they “never” exercised. These numbers were similar across all four counties.

How often do you exercise?	Count	Percent
1-2 times a week	128	45.9
3-4 times a week	64	22.9
5 or more times a week	32	11.5
Never	55	19.7
Total	279	100.0

Table 55 - Respondents' Exercise

The question on binge drinking showed that most respondents (64%) never participated in binge drinking, which means 36% occasionally binge drink.

How often do you binge drink?	Count	Percent
Daily	1	0.4
Weekly	3	1.0
Several times a week	7	2.4
Several times a month	14	4.9
Once a month	13	4.5
A few times a year	66	23.1
Never	182	63.6
Total	286	100.0

Table 56 - Binge Drinking

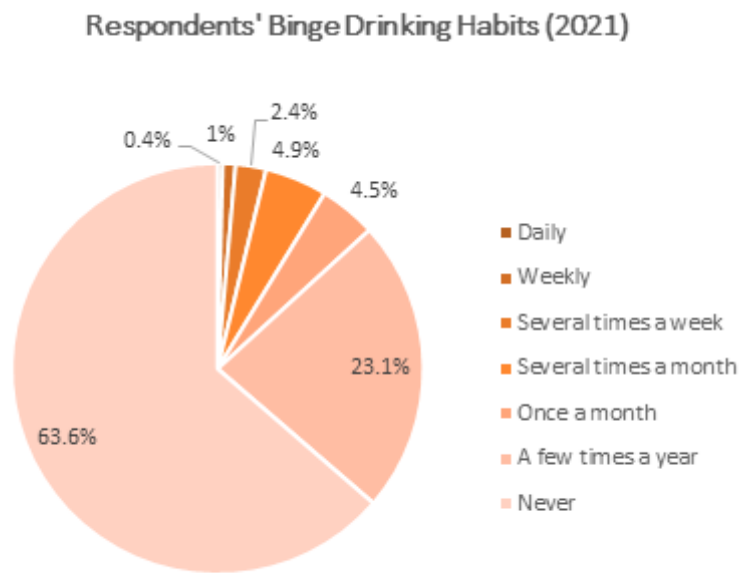


Figure 58 - Binge Drinking Habits

When asked about their weight, most (55%) described their weight as “normal”. About four out of 10 described themselves as overweight or obese.

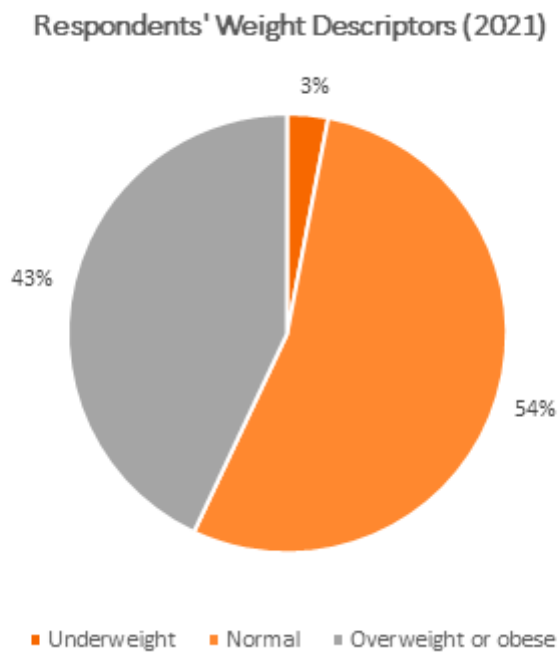


Figure 59 - Respondents' Weight Descriptors

This was not statistically significantly different across the counties.

Weight descriptor	Greene		Hancock		Morgan		Putnam	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Underweight	0	0.0	2	3.1	2	2.3	4	5.0
Normal	17	54.8	28	43.1	52	58.4	47	58.8
Overweight or obese	14	45.2	35	53.9	35	39.3	29	36.3
Total	31	100.0	65	100.0	89	100.0	80	100.0

Table 57 - Respondents' Weight Status (County Breakdown)

Most respondents (54%) got their health information from a medical professional, with another quarter (24%) from internet sources. There was no difference between the counties.

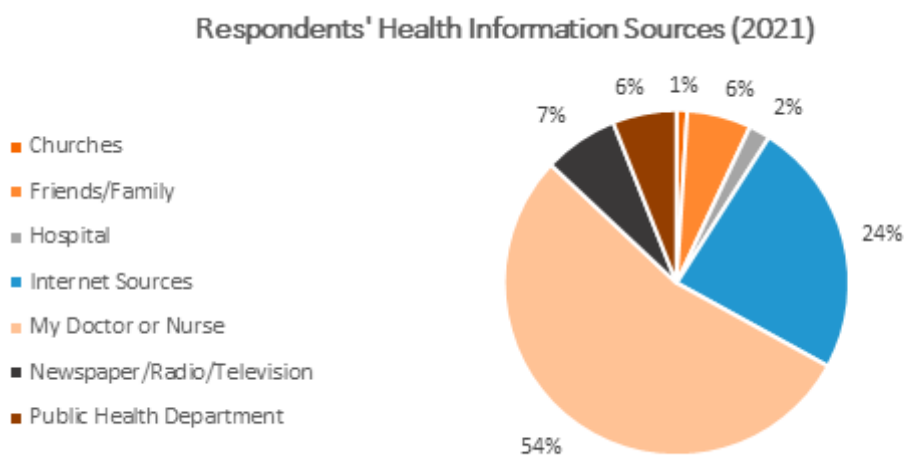


Figure 60 - Health Information Sources

Finally, when asked how they would describe their health, most participants (68%) said “Fair”. About 5% said “Poor.”

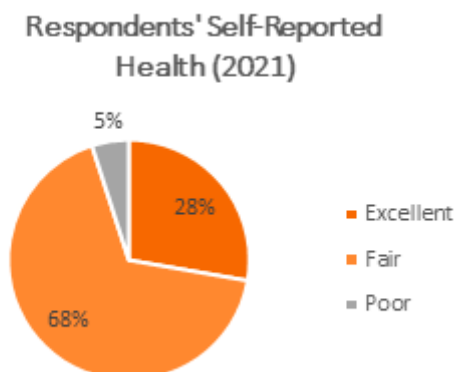


Figure 61 - Self-Reported Health

Survey Question: Top Three Community Issues?

Participants were given a list of 20 possible problematic behaviors or problems, and had to choose three that put people at highest risk of injury or poor health in their community.

From the 327 total survey participants, 262 responded to this question with their top 3 for a total of 738 items chosen. The percent was calculated based on the number of people who responded to the question (262). Drug misuse was the top mentioned problem (47%), followed by alcohol misuse (44%), and being overweight (35%).

Top 3 Problems	Count	Percent
Drug misuse	123	46.9
Alcohol misuse	116	44.3
Being overweight	91	34.7
Poor diets	89	34.0
Tobacco use/smoking	78	29.8
Lack of exercise	62	23.7
Not getting vaccinations	47	17.9
Firearms	25	9.5
Not using seat belts and child safety seats	17	6.5
STDs	16	6.1
Child abuse/neglect	13	5.0
Partner violence	13	5.0
Falls	9	3.4
Teen pregnancy	9	3.4
Suicide	8	3.1
Water safety	7	2.7
Not using bike helmets	6	2.3
Other	5	1.9
Fire/smoke exposure	3	1.1
Accidental poisoning	1	0.4
Total	738	100

Table 58 - Top 3 Community Issues

Compared across the four counties, the trend is quite like the overall trend. One notable exception is that tobacco use is more often reported as a problem in Greene County than in the other counties. In addition, the top issue in Morgan county, is alcohol misuse

Top 3 Problems per County	Greene N=33		Hancock N=62		Morgan N=81		Putnam N=79	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Drug misuse	20	60.6	29	46.8	35	43.2	37	46.8
Alcohol misuse	18	54.5	26	41.9	43	53.1	27	34.2
Being overweight	7	21.2	26	41.9	30	37.0	28	35.4
Poor diets	7	21.2	22	35.5	30	37.0	28	35.4
Tobacco use/smoking	10	30.3	16	25.8	26	32.1	24	30.4
Lack of exercise	9	27.3	21	33.9	11	13.6	19	24.1
Not getting vaccinations	2	6.1	12	19.4	13	16.0	16	20.3
Firearms	4	12.1	8	12.9	3	3.7	9	11.4
Not using seat belts and child safety seats	3	9.1	2	3.2	6	7.4	3	3.8
STDs	4	12.1	6	9.7	3	3.7	2	2.5
Child abuse/neglect	3	9.1	0	0.0	4	4.9	6	7.6
Partner violence	2	6.1	2	3.2	4	4.9	5	6.3
Falls	1	3.0	0	0.0	2	2.5	6	7.6
Teen pregnancy	0	0.0	3	4.8	2	2.5	4	5.1
Suicide	1	3.0	1	1.6	3	3.7	3	3.8
Water safety	0	0.0	0	0.0	2	2.5	5	6.3
Not using bike helmets	0	0.0	2	3.2	3	3.7	1	1.3
Other	0	0.0	1	1.6	0	0.0	4	5.1
Fire/smoke exposure	1	3.0	1	1.6	0	0.0	1	1.3
Accidental poisoning	0	0.0	0	0.0	1	1.2	0	0.0
Total	92	100.0	178	100.0	221	100.0	228	100.0

Table 59 - Top 3 Community Issues (County Breakdown)

Survey Question: Top Three Barriers to Healthcare?

Most people (43%) have no barriers to healthcare. The top three barriers are high cost of copayments and deductibles (27%), no free or low-cost healthcare services (18%), and the clinics are only open during work hours.

Top 3 Barriers to Healthcare	Count	Percent
Have no barriers	114	43.2
High cost of copayments/deductibles for insurance	71	26.9
No free or low-cost healthcare services	48	18.2
Only open during work hours	41	15.5
No ability to take off from work and not lose pay	40	15.2
Inability to pay	34	12.9
Provider does not take Medicaid	29	11
Cost of prescription medication	23	8.7
No regular medical provider	20	7.6
Lack of available appointments	20	7.6
Provider does not take Medicare	15	5.7
Lack of information about medical resources	15	5.7
Insurance does not cover health issue	14	5.3
Lack of transportation	10	3.8
No childcare	8	3
Other	5	1.9
Cultural or language barriers	1	0.4
Total	738	100

Table 60 - Top 3 Barriers to Healthcare

For Greene County, only a quarter had no barriers, while most had issues with the high cost of copayments and deductibles for insurance, lack of free or low-cost healthcare services, and a provider that does not take Medicaid. Morgan county had more issues with no ability to take off from work with pay and more issues with lack of available appointments than the other counties. Putnam County and Hancock County followed the general trendlines.

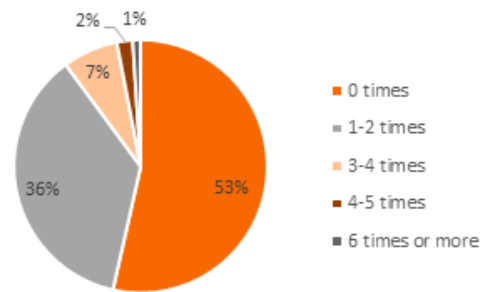
Top 3 Barriers per County	Greene N=35		Hancock N=57		Morgan N=85		Putnam N=78	
	Count	%	Count	%	Count	%	Count	%
Have no barriers	10	28.6	26	45.6	39	45.9	38	48.7
High cost of copayments/deductibles for insurance	14	40.0	16	28.1	19	22.4	21	26.9
No free or low-cost healthcare services	10	28.6	11	19.3	7	8.2	15	19.2
Only open during work hours	6	17.1	16	28.1	8	9.4	10	12.8
No ability to take off from work and not lose pay	7	20.0	6	10.5	15	17.6	11	14.1
Inability to pay	6	17.1	6	10.5	7	8.2	12	15.4
Provider does not take Medicaid	9	25.7	2	3.5	7	8.2	11	14.1
Cost of prescription medication	3	8.6	6	10.5	6	7.1	6	7.7
No regular medical provider	3	8.6	6	10.5	4	4.7	5	6.4
Lack of available appointments	2	5.7	5	8.8	9	10.6	4	5.1
Provider does not take Medicare	3	8.6	1	1.8	3	3.5	6	7.7
Lack of information about medical resources	5	14.3	1	1.8	2	2.4	5	6.4
Insurance does not cover health issue	3	8.6	2	3.5	5	5.9	3	3.8
Lack of transportation	1	2.9	4	7.0	1	1.2	3	3.8
No childcare	0	0.0	2	3.5	3	3.5	2	2.6
Other	0	0.0	1	1.8	4	4.7	0	0.0
Cultural or language barriers	0	0.0	0	0.0	1	1.2	0	0.0
Total	82	100	111	100	140	100	152	100

Table 61 - Top 3 Barriers to Healthcare (County Breakdown)

Respondents' ER Visits

Most respondents (53%) did not need to go to the ER in the past year. About a third (36%) did need it once to twice in the past year. In Greene County, more people used the ER once to twice (47%) than did not use it at all (33%). They also have a higher percent (11%) that needed to go to the ER 4-5 times than the other counties

Respondents' Annual ER Visits in Four-County Region (2021)



Respondents' Known Medical Conditions

When asked if they had any of the medical conditions from a list, the following numbers arose. The most common medical condition in this sample is high blood pressure for almost half the participants (49%). A third suffers seasonal allergies, while a quarter suffers from arthritis.

Has Medical Condition	Count	Percent
High blood pressure	137	49.1
Seasonal allergies	84	30.1
Arthritis	69	24.7
Diabetes	51	18.3
Asthma	40	14.3
Obesity	39	14.0
Heart disease	32	11.5
Mental health / behavior problems	27	9.7
Pneumonia	11	3.9
Muscular or bone disease	11	4.0
Breast cancer	9	3.2
COPD	9	3.2
Stroke	8	2.9
Kidney disease	6	2.2
Colon cancer	3	0.1
Alzheimer's disease or other dementia	3	1.1
Prostate cancer	2	0.1
Any disease of the nervous system	2	0.1
Drug addiction	2	0.1
Lung cancer	1	<0.1
Liver disease	1	<0.1
Septicemia	0	0.0
None of the above	40	14.3

Table 62 - Respondents' Known Medical Conditions

Splitting this up by each county, we can see that in general the list is similar, with a few exceptions. Hancock County and Putnam County both have a higher number of participants with high blood pressure. Morgan County has significantly less diabetes patients. Hancock County and Putnam County both have less people who do not have any of the medical conditions listed.

Has Medical Condition per county	Greene N=34		Hancock N=61		Morgan N=88		Putnam N=85	
	Count	%	Count	%	Count	%	Count	%
High blood pressure***	12	35.3	39	65.9	32	36.7	46	54.1
Seasonal allergies	10	29.4	24	39.3	27	30.7	23	27.1
Arthritis	7	20.6	20	32.8	16	18.2	24	28.2
Diabetes*	8	23.5	17	27.9	8	9.1	16	18.8
Asthma	6	17.7	12	19.7	8	9.1	13	15.3
Obesity	7	20.6	13	21.3	11	12.6	8	9.4
Heart disease	5	14.7	9	14.8	9	10.2	7	8.2
Mental health / behavior problems	5	14.7	1	1.6	10	11.4	11	12.9
Pneumonia	0	0.0	1	1.6	4	4.6	5	5.9
Muscular or bone disease	2	2.9	0	0.0	3	3.4	6	7.1
Breast cancer	1	2.9	2	3.3	2	2.3	4	4.7
COPD	1	2.9	1	1.6	5	5.7	2	2.4
Stroke	0	0.0	2	3.3	3	3.4	3	3.5
Kidney disease	1	2.9	1	1.6	3	3.4	1	1.2
Colon cancer	1	2.9	1	1.6	0	0.0	1	1.2
Alzheimer's disease or other dementia	0	0.0	0	0.0	1	1.1	2	2.4
Prostate cancer	0	0.0	0	0.0	1	1.1	1	1.2
Any disease of the nervous system	1	2.9	0	0.0	0	0.0	1	1.2
Drug addiction	1	2.9	1	1.6	0	0.0	0	0.0
Lung cancer	1	2.9	0	0.0	0	0.0	0	0.0
Liver disease	0	0.0	0	0.0	0	0.0	1	1.2
Septicemia	0	0.0	0	0.0	0	0.0	0	0.0
None of the above**	7	20.6	3	4.9	21	23.9	8	9.4

Table 63 - Respondents' Known Medical Conditions (County Breakdown)

Focus Groups: Prioritization Workshop Model

The Focus Groups were products of the organic outreach and contacts accumulated over the process of the CHNA. Each team member was assigned a county and worked diligently to travel to their county to develop relationships within the community and with key community leaders. The focus group participants often were associated with public services, private non-profit organizations, or were active citizens. The Focus Group invitees were diverse and were believed to be representative of the county population.

The discussions of the Focus Groups were formulated around the prioritization workshop model. This allows discussion participants to vote then rank key issues within their community. While each issue is important, the goal of the discussion was to determine the top issues within each community. Appendix A outlines the Focus Group Materials provided by each RHR in their respective county. In some cases, to spur discussion, these materials were handed out. In other cases, the materials were given at the end of the discussion as handouts.

	Greene	Hancock	Morgan	Putnam
#1	Mental Health	Diabetes, High Blood Pressure, Stroke, Asthma, Cancer, Alzheimer's	Mental Health	Education
#2	Transportation	Physical Inactivity, Obesity	Transportation	Lack of healthcare options
#3	Lack of OB Care	Lack of providers, Lack of urgent care	Diabetes	High costs, Accessibility-Transportation, Inactivity
#4	Chronic Disease	Sexual Transmitted Infection (STIs), Prevalence	Insurance Cost	Un-insured, Drug disposal
#5	Sexual Transmitted Infections (STIs), Prevalence	Unhealthy Diets		Injury deaths

Table 43 - Focus Group Listed Issues

Putnam County: Key Issues

1. Education
2. Lack of healthcare options
3. High costs/accessibility-transportation/inactivity
4. Uninsured/lack of conversation/drug disposal
5. Injury deaths

Morgan County: Key Issues

1. Mental Health
2. Transportation
3. Diabetes
4. Insurance/Cost

Hancock County: Key Issues

1. Chronic Disease (Diabetes, HBP, Heart Disease, Stroke, Asthma, Cancer, Alzheimer's)
2. Physical inactivity (Obesity)
3. Lack of Providers/urgent care
4. Prevalence of Sexually Transmitted Diseases
5. Unhealthy Diets

Greene County: Key Issues

1. Mental Health (affordability/availability)
2. Transportation
3. OB Care
4. Chronic Diseases

Appendix A: Focus Group Materials

These materials accompanied the focus group discussions in some capacity. They were provided as extra information and updates on our project to community stakeholders.

Hancock County Focus Groups: Issues for Discussion

Insurance

- 14% remained uninsured in 2018.

Special Populations

- There is only one shelter for the homeless as of 2019.

Economics and Education

- Hancock has the lowest household income for the four-county catchment area and the lowest per capita income.
- Hancock has the highest unemployment rate at 9.7% of the four counties.
- According to Census data, in 2019, 14.8% male residents and 27.1 female residents lived in poverty.
- According to county health rankings 66% of Hancock teens and young adults ages 16-19 are neither working nor in school compared to 8% in the state of Georgia.

Health Care and Access

- Hancock's top 5 health services reported as missing were Dermatologist 14.4%, Primary Care Provider 14.4%, Dentist 12.5%, Allergist 12.5% and Nutritionist 11.5%.
- Insurance is mostly obtained via work according to the community resident survey (work and retirement 50.5%) and the 2019 US Census (46.1).

Mortality

- The top 10 leading causes of death in Hancock are COVID-19, Cerebrovascular Disease, Ischemic Heart of Vascular Disease, Malignant Neoplasms of the Trachea, Bronchus and Lung, Essential Hypertension and Hypertensive Renal and Heart Disease, all other Mental and Behavioral Disorders, Alzheimer's Disease, Nephritis, Nephrotic Syndrome, Nephrosis, all COPD except Asthma and Septicemia.
- The premature age-adjusted mortality value for Hancock of 510 is the highest of all four counties.
- Hancock has the lowest life expectancy rate of 75.28/100,000 population of the four counties.
- Hancock has the highest age adjusted-death rate per 100,000 of the four counties.

Health Behaviors

- According data from the 2018 Behavioral Risk Factor Surveillance System survey Hancock exceeds the other four counties for average number of poor physical (5.4) and mental health days (4.9).
- According to county health rankings Hancock had the lowest percent access to exercise 22.6% for the four county catchment area.
- 2021 county health rankings reported Hancock has the highest percentage of tobacco usage (26.6%).
- Hancock has the highest percentage of high blood pressure 65.9%.

Morbidity

- Hancock had the highest prevalence of diabetes (23%) in population of the four counties.
- OASIS and DPJ 2020 reported that discharge rates for Cancer were highest in Hancock for the White population at 520.2 per 100,000.

Hancock County In Perspective

All Data from 2021 County Health Rankings and Roadmaps, Robert Wood Johnson Foundation <https://www.county-healthrankings.org>

Worse than Georgia or Top U.S. Performers		Worse than Georgia and Top U.S. Performers	
Better than Georgia and Top U.S. Performers			
	Hancock County	Georgia	Top 10% of U.S. Performers
Health Outcomes - 155th in Georgia			
Length of Life - 145th in Georgia			
Premature death (YPPL before 75)	11,500	7600	5400
Quality of Life - 159th in Georgia			
Poor or fair health	31%	18%	14%
Poor physical health days	5.4	3.9	3.4
Poor mental health days	4.9	4.2	3.8
Low birthweight	17%	10%	6%
Health Factors - 158th in Georgia			
Health Behaviors - 110th in Georgia			
Adult smoking	27%	16%	16%
Adult obesity	30%	32%	26%
Physical inactivity	24%	26%	19%
Food environmental index**	6.1	6.5	8.7
Excessive drinking	14%	17%	15%
Alcohol-impaired driving deaths	23%	20%	11%
Sex-transmitted infection/100,000	630.8	632.2	161.2
Teen birth rate/1000, age 15-19	31	24	12
Clinical Care - 45th in Georgia			
Uninsured	14%	16%	6%
Population/Primary care physicians**	8,350:1	1,510:1	1,030:1
Population/Mental health**	2,820:1	690:01:00	270:01:00
Population/Dentists**	8,460:1	1,920:1	1,210:1
Preventable hospital stays/1000*	3,239	4,835	2,565
Diabetic monitoring	23%	12%	8%
Mammography screening	42%	41%	51%

Hancock County Compared with State of Georgia

Worse than Georgia Average		Better than or equal to Georgia Average
Hancock - Georgia Comparisons (No U.S. Data)		
	Hancock	Georgia
Health Outcomes		
Diabetes prevalence	23%	12%
HIV prevalence rate/100,000	443	625
Premature age-adjusted mortality**	510	380
Infant mortality		60
Child mortality		70
Health Care		
Health care costs		
Uninsured adults	16%	19%
Uninsured children	6%	8%
Pop/ratio for other primary care prov.	2,110:1	0,880:1
Unable to see doctor due to costs		
Social & Economic Factors		
Median household income	\$31,700	\$62,000
Children eligible for free lunch	100%	60%
Homicide rate/100,000		7

Greene County Fact Sheet: Notable Developments

Population Statistics

- Greene Co.'s total population: 18,915.
- 81% of the population is 18 years old or older.
- Almost 94% of the population only speak English at home.
- 65.7% of the Foreign-born population are not U.S. citizens.
- There are 1,257 Veterans in the county.

Income & Poverty

- \$52,129 is the median household income in Greene County.
- 32.2% of people in poverty are under 18 years old.

Education

- 33.4% of people over the age of 25 have achieved a High School or equivalent degree.

Mortality

- Greene has a Years of Potential Life Lost (YPLL) Rate of 9,333.2 versus Georgia's statewide rate of 8,898.6
- YPLL – The estimate of the average time a person would have lived had they not died prematurely.
- In 2020, 31% of deaths in Greene County were caused by major cardiovascular diseases (high blood pressure, hypertensive heart disease, stroke, etc.).
- In 2020, 18.3% of deaths in Greene County were caused by cancer.
- In 2020, there were 2 deaths by drug overdose. Statewide, Georgia suffered 1,907 deaths by drug overdose.

Greene County in Perspective

Data pulled from County Health Rankings

Greene County is ranked #64 in Health Outcomes and #68 Health Factors. Both of these are out of the total number of counties in Georgia, 159.

Health Outcomes: The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.

Health Factors: The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors.

Greene County Health Outcomes

Length of Life

Premature Death – (Top U.S. Performers: 5,400)

Greene County	Georgia
8,500	7,600

Quality of Life

Poor or fair health – (Top U.S.: 14%)

Greene County	Georgia
22%	18%

Poor physical health days – (Top U.S.: 3.4)

Greene County	Georgia
4.5	3.9

Poor mental health days – (Top U.S.: 3.8)

Greene County	Georgia
4.7	4.2

Low birthweight – (Top U.S.: 6%)

Greene County	Georgia
12%	10%

Key

Better than Georgia and Top U.S. Performers	Worse than Georgia OR Top U.S. Performers	Worse than Georgia AND Top U.S. Performers

Greene County Health Factors

Health Behaviors

Adult smoking – (Top U.S. Performers: 16%)

Greene County	Georgia
20%	16%

Adult Obesity – (Top U.S.: 26%)

Greene County	Georgia
32%	32%

Teen births – (Top U.S.: 12)

Greene County	Georgia
36	24

Clinical Care

Uninsured – (Top U.S.: 6%)

Greene County	Georgia
20%	16%

Dentists – (Top U.S.: 1,030:1)

Greene County	Georgia
960:1	1,920:1

Mammography Screening – (Top U.S.: 51%)

Greene County	Georgia
52%	41%

CHNA Fact Sheet - Morgan County

Demographics

- Population: 20,097; most populous age brackets: 45 – 64 or 29.8% of population.
- Homeless: 7.
- Veterans: 5.8%.
- Under 65 disabled: 10.4%.

Economics

- Unemployment rate August 2020 – July 2021: 5.4%.
- Building permits in 2020: 449.
- Per capita retail sales 2020: \$17,294.
- Median income: \$66,178.

Community and Civic Matters

- Households with a computer: 88.2%.
- Percent of workers over 16 with access to a car: 98.3%.
- Rate of opioid prescriptions: 750 per 1000 people for 2017-2018.

Access

- Percentage of population with insurance through employer: 55.7%.
- Percentage of population with Medicare: 21.4%.
- Percentage of those 19-25 (civilian, non-institutionalized) with no health insurance: 50.9%.
- Percentage of those 26-34 (civilian, non-institutionalized) with no health insurance: 19.3%.
- Morgan has one hospital, 14 doctors, five dentists' offices, and four pharmacies.

Health Behaviors

- Percentage of adults reporting binge or heavy drinking: 18%.
- While physical activity was good, only 34% reported access to exercise.
- Current smokers were reported as 18.7% of the population.

Morbidity

- The number of ER visits in Morgan for 2020 was 8,530.
- Heart disease and hypertension hospitalization rates were highest in Morgan County.
- Percentage of diabetes in population: 15%.

Mortality

- Leading cause of death 2016 – 2020: Ischemic Heart and Vascular Disease.
- Leading cause of premature deaths 2020: motor vehicle crashes, 9.43%.
- Life expectancy 2021: 77.33 years.
- Birthrate for all races and ages per 1,000 females: 38.2.

Morgan County in Perspective

All Data from 2021 County Health Rankings and Roadmaps, University of Wisconsin and Robert Wood Johnson Foundation, <http://www.countyhealthrankings.org/app/home>.

Worse than Georgia or Top U.S. Performers		Worse than Georgia and Top U.S. Performers	
Better than Georgia and Top U.S. Performers			
	Morgan County	Georgia	Top 10% of U.S. Performers
Health Outcomes - 27th in Georgia			
Length of Life – 54th in Georgia			
Premature death (YPPL before 75)	8,500	7,600	5,400
Quality of Life - 16th in Georgia			
Poor or fair health	17%	18%	14%
Poor physical health days	3.9	3.9	3.4
Poor mental health days	4.4	4.2	3.8
Low birthweight	8%	10%	6%
Health Factors – 19th in Georgia			
Health Behaviors -22nd in Georgia			
Adult smoking	19%	16%	16%
Adult obesity	31%	32%	26%
Physical inactivity	23%	26%	19%
Food environment index**	8.1	6.5	8.7
Excessive drinking	18%	17%	15%
Alcohol-impaired driving deaths	19%	20%	11%
Sex-transmitted infection/100,000	429.1	632.2	161.2
Teen birth rate/100, age 15-19	25	24	12
Clinical Care - 26th in Georgia			
Uninsured	15%	16%	6%
Population/Primary care physicians**	1,890:1	1,510:1	1,030:1
Population/Mental health**	3,860:1	690:1	270:1
Population/Dentists**	2,410:1	1,920:1	1,210:1
Preventable hospital stays/1000**	3,986	4,835	2,565
Diabetes prevalence	15%	12%	8%
Mammography screening	42%	41%	51%

CHNA Comparison Sheet – Morgan Co. vs Others

Demographics

- Morgan has the second highest population of the four counties behind Putnam.
- According to the Governor's Office of Planning and Budget the population of Morgan is expected to grow slightly over the next 28 years while the populations of the other three counties are expected to shrink.
- Morgan has the highest number of married couple households with 57.5%.
- Morgan is second behind Putnam with the percentage of disabled persons under 65: 10.4%.

Economics

- Morgan tied with Putnam for the lowest unemployment rate at 5.4%.
- Morgan had the highest number of building permits in 2020 with 449.
- Per capita retail sales were highest in Morgan at \$17,294.
- The median income for Morgan was higher than the other three counties at \$66,178 and Morgan had the lowest proportion of residents living in poverty.

Community and Civic Matters

- Morgan is third behind Greene and Putnam with regard to Internet speed.
- Morgan was best among the counties concerning workers over 16 with a vehicle.
- Morgan has the highest rate of opioid prescriptions among the four counties.

Access

- Over half the population of Morgan, 55.7%, has employer-based health insurance. This is the most of the four counties. The next highest was Putnam with 47.4%.
- The next largest group of insured in Morgan, 21.4%, has Medicare.
- Morgan was second in the rate of doctors providing care per 100,000 people: 78. Greene was first with 126.

Health Behaviors

- Morgan had the lowest number of self-reported poor physical and mental health days.
- Morgan had the highest number of adults reporting binge or heavy drinking: 18%.
- Of the four counties, Morgan had the lowest number of people who were physically inactive: 20.6%. Hancock was next with 22.6%.
- The percentage of current smokers was 18.7, the best of the four counties. Georgia's is 17%.

Morbidity

- Morgan was third with regard to ER visits in 2020 with 8,530; Putnam was first with 11,254.
- Heart disease hospitalizations for Medicare recipients 2016-2018 (rate per 1,000) was highest in Morgan with 43.3; Georgia's rate was 46.7 and Hancock's was 39.3.
- Hypertension hospitalization rate was highest in Morgan with 12.8; Georgia's was 13.8 and Putnam's was 5.8.
- Regarding diabetes in the population, Morgan and Putnam were tied with 15%; Hancock's rate was 23% and Georgia's was 12%.

Mortality

- Morgan had the highest life expectancy, 77.33 years, followed by Putnam with 7.12 years.
- Morgan had the highest number of injury deaths for 2020: 17; Putnam was second with 15.
- The stroke death rate in Morgan was 83.1, the highest of the four counties; Hancock was next with 81.7.

Putnam County Fact Sheet

Insurance

- 19% remained uninsured in 2018.
- Hispanics are more likely than Blacks or Whites to be uninsured.

Special Populations

- There is no place of shelter for the homeless, which in 2021, had approximately 5 homeless persons.

Economics and Education

- According to Census data, in 2014, 15.10% of Putnam residents lived below the poverty line.
- The high school graduation rate is above the state's rate.

- 28% of children are in poverty.

Health Care and Access

- 12% of residents cannot see a doctor due to cost.

Mortality

- Putnam has 7,100 years of potential life lost before age 75 (a measure of preventable mortality), compared to the state rate of 7,600 YPPL.
- Heart disease is the major cause of non-injury death followed by cancer and chronic heart disease.
- Motor vehicle Crashes are the major cost of death from injury, followed by poisoning and firearms.
- Death rates for hypertension are the high compared to the region.
- Putnam has a high rate of lung cancer and the second highest rate of deaths from lung cancer in the region.
- Putnam has a high rate of obstructive heart disease for Blacks.
- The homicide rate is high for a rural county, 2nd in the region.

Health Behaviors

- 20.50% of Putnam residents smoke.
- 38% of residents were physically inactive.

Morbidity

- According to OASIS, in 2021, 36.10% of residents were obese.
- Putnam has the highest amount of discharges for heart disease and for coronary heart disease of all the counties in the area.

Putnam County in Perspective

All Data from 2021 County Health Rankings and Roadmaps, University of Minnesota and Robert Wood Johnson Foundation, <http://www.countyhealthrankings.org/app/home>.

Worse than Georgia or Top U.S. Performers	Worse than Georgia and Top U.S. Performers
Better than Georgia and Top U.S. Performers	

	Putnam County	Georgia	Top 10% of U.S. Performers
Health Outcomes – 31st in Georgia			
Length of Life - 121st in Georgia			
Premature death (YPPL before 75)	7,100	7,600	5,400
Quality of Life - 77th in Georgia			
Poor or fair health	21%	18%	14%
Poor physical health days	4.6	3.9	3.4
Poor mental health days	4.6	4.2	3.8
Low birthweight	9%	10%	6%
Health Factors - 58th in Georgia			
Health Behaviors -83rd in Georgia			
Adult smoking	20%	16%	16%
Adult obesity	36%	32%	26%
Physical inactivity	28%	26%	19%
Food environment index**	8.2	8.7	6.5
Excessive drinking	17%	17%	15%
Alcohol-impaired driving deaths	31%	20%	11%
Sex-transmitted infection/100,000	543	161.2	632.2
Teen birth rate/100, age 15-19	31	24	12
Clinical Care – 42nd in Georgia			
Uninsured Adults	22%	19%	7%
Population/Primary care physicians**	1840:1	880:1	620:1
Population/Mental health**	2,760:1	690:1	270:1
Population/Dentists**	4,420:1	1920:1	1210:1
Preventable hospital stays/1000**	3,372	4,835	2,565
Diabetic Prevalence	15%	12%	8%
Mammography screening	48%	41%	51%

Social & Economic Factors			
High school graduation**	93%	83%	95%
Some college	51%	64%	73%
Unemployment	4.3%	3.4%	2.6%
Children in poverty	28%	20%	10%
Income inequality**	4.2	4.9	3.7
Children in single-parent households	39%	30%	14%
Injury deaths/100,000	84	66	59
Violent crime rate/100,000	422	388	63

Student Survey Data

	Greene	Hancock	Morgan	Putnam	Georgia
Have not considered Self-harm	83.9%	81.9%	85.7%	85.1%	84.3%
Those that have considered self-harm: Biggest reason	35.3%, Family reasons	26.8%, Peer problems	59.2%, Family reasons	43.7%, Family reasons	44.2%, Family reasons
Cigarettes	3.6%	3.1%	2.9%	7.5%	2.9%
Vape	7.6%	4.8%	10.1%	16.6%	9.3%
Marijuana	5.5%	6.2%	5.5%	9.6%	6.4%
Methamphetamine	2.9%	1.7%	1.4%	5.3%	1.7%
Prescription painkiller (Valium, Benzodiazepines, Hydrocodone, Oxycodone)	3.9%	1.7%	2.3%	6.5%	3.0%
Prescription sedatives (Xanax)	3.5%	1.7%	1.4%	4.4%	2.3%
Prescription stimulant (Ritalin, Adderall)	3.3%	1.3%	1.9%	5.4%	2.4%
Alcohol drinking	7.1%	8.8%	8.1%	13.6%	8.4%

Table 65 - Student Survey Data - GA Department of Education, Georgia Student Health Survey (GSHS) 2020

References

- **2American Community Survey. (2019). PUBLIC HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS. Data.Census.gov.
- *1American Community Survey. (2019). PRIVATE HEALTH INSURANCE COVERAGE BY TYPE AND SELECTED CHARACTERISTICS. Data.Census.gov. ^US Census Bureau QUICKFACTS: United States. (2019; 2020; 2012). <https://www.census.gov/quickfacts/fact/table/greenecountygeorgia,hancockcountygeorgia,morgancountygeorgia,GA,putnamcountygeorgia/PST045219>.
- American Community Survey. (2015–2019a). Educational Attainment (Greene County - S1501) [Dataset]. United States Census Bureau. <https://data.census.gov/cedsci/table?g=0400000US13&tid=ACSST1Y2019.S1501&hidePreview=true>.
- American Community Survey. (2015–2019b). Geographic Mobility by Selected Characteristics In the United States (Greene County - S0701) [Dataset]. United States Census Bureau. <https://data.census.gov/cedsci/table?g=0500000US13133&tid=ACSST5Y2019.S0701&hidePreview=true>.
- American Community Survey. (2015–2019c). Language Spoken at Home (Greene County S1601) [Dataset]. United States Census Bureau. <https://data.census.gov/cedsci/table?g=0500000US13133&tid=ACSST5Y2019.S1601&hidePreview=true>.
- American Community Survey. (2015–2019d). Population and People (Greene County S0101) [Dataset]. United States Census Bureau. <https://data.census.gov/cedsci/table?g=0500000US13133&tid=ACSST5Y2019.S0101&hidePreview=true>.
- American Community Survey. (2015–2019e). Poverty Status in the Past 12 Months (Greene County - S1701) [Dataset]. United States Census Bureau. <https://data.census.gov/cedsci/table?g=0500000US13133&tid=ACSST5Y2019.S1701&hidePreview=true>.
- American Community Survey. (2015–2019f). School Enrollment (Greene County - S1401) [Dataset]. United States Census Bureau. <https://data.census.gov/cedsci/table?g=0500000US13133&tid=ACSST5Y2019.S1401&hidePreview=true>.
- American Community Survey. (2015–2019g). Selected Economic Characteristics (Greene County - DP03) [Dataset]. United States Census Bureau. <https://data.census.gov/cedsci/table?g=0500000US13133&tid=ACSDP5Y2019.DP03&hidePreview=true>.
- American Community Survey. (2015–2019h). Selected Housing Characteristics (Greene County - DP04) [Dataset]. United States Census Bureau. <https://data.census.gov/cedsci/table?g=0500000US13133&tid=ACSDP5Y2019.DP04&hidePreview=true>.
- American Community Survey. (2015–2019i). Selected Social Characteristics in the United States (Greene County DP02) [Dataset]. United States Census Bureau. <https://data.census.gov/cedsci/table?g=0500000US13133&tid=ACSDP5Y2019.DP02&hidePreview=true>.
- American Community Survey. (2015–2019j). Veteran Status (Greene County - S2101) [Dataset]. United States Census Bureau. <https://data.census.gov/cedsci/table?g=0500000US13133&tid=ACSST5Y2019.S2101&hidePreview=true>.

- American Community Survey. (2019). Quickfacts: Households with a computer in Putnam County, GA and Georgia. Census.Gov. <https://www.census.gov/quickfacts/fact/table/GA,putnamcountygeorgia/VET605219>.
- American Lung Association. (2020, May 13). Trends in lung disease, 2017-2018. Trends in Lung Disease | American Lung Association. Retrieved from <https://www.lung.org/research/trends-in-lung-disease/prevalence-incidence-lung-disease>.
- Assessment Report (AHAR) to Congress (pp. 58, 83). Washington, DC: US Department of Housing and Urban Development.
- Bureau, U. S. C. (2021, October 8). U.S. poverty rate drops to 11.8% in 2018. Census.gov. Retrieved March 1, 2022, from <https://www.census.gov/library/stories/2019/09/poverty-rate-for-people-in-female-householder-families-lowest-on-record.html>.
- CDC. (2021). Interactive atlas of heart disease and stroke, 2016-2018. Centers for Disease Control and Prevention. Retrieved from <https://nccd.cdc.gov/DHDSPAtlas/reports.aspx?geographyType=county&state=GA&theMeId=2&filterIds=5%2C1%2C3%2C6%2C7&filterOptions=1%2C1%2C1%2C1%2C1#report>.
- Center on Society and Health. (2015, February 13). Why Education Matters to Health: Exploring the Causes. Virginia Commonwealth University. Retrieved October 1, 2021, from <https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html>.
- County Data Sheets | Georgia County Fact Sheets - Greene County. (2021). Governor's Office of Highway Safety in Georgia. <https://www.gahighwaysafety.org/research/data-by-county/>.
- *^3County Health Rankings. (2016). Physical Inactivity. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/app/georgia/2021/measure/factors/140/data>.
- County Health Rankings. Children In Poverty 2019 & Children Eligible for Free or Reduced Price Lunch. https://www.countyhealthrankings.org/app/georgia/2021/compare/snapshot?counties=13_141%2B13_133%2B13_211%2B13_237.
- County Health Rankings & Roadmaps. (2021). Georgia, 2021. <https://www.countyhealthrankings.org/app/georgia/2021/overview>.
- Demographics | Greene County, GA. (2020). Greene County Ga Economic Development. <https://www.greenecountyga.gov/403/Demographics>.
- Department of Health and Human Services. (2020, July 31). Clinician Data. Area health resources files. <https://data.hrsa.gov/topics/health-workforce/ahrf>.
- GA DPH. (2020). Hospital Discharge Web Query. Retrieved from <https://oasis.state.ga.us/oasis/webquery/qryMorbidity.aspx>.
- GA DPH. (2021). Hospital Discharge Web Query. Retrieved from <https://oasis.state.ga.us/oasis/webquery/qryMorbidity.aspx>.
- General Election Results by County. <https://results.enr.clarityelections.com/GA/105369/web.264614/>.

Georgia Department of Community Health. 2019. HIV Surveillance Summary.

Georgia - Greene County - My Water's Fluoride. (2021). [Dataset]. Centers for Disease Control and Prevention. https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemList.aspx.

Georgia Bureau of Investigation. (2017). Georgia Crime Statistics. georgia.gov. Retrieved from <https://services.georgia.gov/gbi/crimestats/pages/crimeStatsForm.xhtml>.

Georgia Bureau of Investigation. (2017). Family Violence Form. Georgia Bureau of Investigation - Crime Stats. Retrieved from <https://gbi.georgia.gov/services/crime-statistics/gbi-crime-statistics-database>.

Georgia Department of Community Affairs. (2019). Georgia Balance of State Continuum of Care Point In Time Homeless Count (pp. 24-25). https://www.dca.ga.gov/sites/default/files/coc_report_2019_-_print_file_4.pdf.

Georgia Department of Community Affairs. (2021). 2021 Job Tax Credit Tiers. https://www.dca.ga.gov/sites/default/files/2021_tier_map.pdf.

Georgia Department of Early Care and Learning. (2020). Free and Reduced Lunch School Data- All Schools. Retrieved from <http://www.dec.state.ga.us/documents/attachments/20FreeRedAllSchools.pdf>.

Georgia Department of Education 2021 Four-Year Graduation Rate All Students. (2021, October). Retrieved February 28, 2022, from [tps://www.gadoe.org/External-Affairs-and-Policy/communications/Documents/4Year%20Cohort%20Graduation%20Rate%20State%20District%20School%20by%20Subgroups%2011_10_20.pdf?csf=1&e=QkXFYm](https://www.gadoe.org/External-Affairs-and-Policy/communications/Documents/4Year%20Cohort%20Graduation%20Rate%20State%20District%20School%20by%20Subgroups%2011_10_20.pdf?csf=1&e=QkXFYm).

Georgia Department of Public Health. (2021, July 31). Oasis leading causes of premature death tool - mortality pyramids, 2020. OASIS. Retrieved from <https://oasis.state.ga.us/ypllcharting/index.html>.

Georgia Department of Public Health. (2021, July 31). Oasis leading causes of premature death tool - mortality pyramids, 2020. OASIS. Retrieved from <https://oasis.state.ga.us/ypllcharting/index.html>.

Georgia Department of Public Health's Data Warehouse. (2003–2013). Youth Risk Behavior Survey (YRBS) [Dataset]. OASIS. <https://oasis.state.ga.us/oasis/yrbs/>.

Georgia Department of Public Health's Data Warehouse. (2003–2021a). Drug Overdoses - Mortality Web Query Tool [Dataset]. OASIS.

Georgia Department of Public Health's Data Warehouse. (2003–2021b). Emergency Room Visits Web Query [Dataset]. OASIS.

Georgia Department of Public Health's Data Warehouse. (2003–2021c). Hospital Discharge Web Query [Dataset]. OASIS.

Georgia Department of Public Health's Data Warehouse. (2003–2021d). Mortality Web Query [Dataset]. OASIS.

Georgia Department of Public Health's Data Warehouse. (2008–2021). Maternal Child Health - Birth Web Query [Dataset]. OASIS.

Georgia Department of Public Health's Data Warehouse. (2008–2021). Maternal Child Health - Birth Web Query [Dataset]. OASIS.

- Georgia Department of Public Health's Data Warehouse. (2019). Sexually Transmitted Diseases (STD) Web Query [Dataset]. OASIS.
- Georgia Department of Public Health's Data Warehouse. (2020a). Fetal Mortality Web Query [Dataset]. OASIS.
- Georgia Department of Public Health's Data Warehouse. (2020b). Induced Terminations of Pregnancy (ITOP) Web Query [Dataset]. OASIS.
- Georgia Department of Public Health's Data Warehouse. (2020c). Infant Mortality Web Query [Dataset]. OASIS.
- Georgia Department of Public Health's Data Warehouse. (2020d). Maternal Child Health - Pregnancy Web Query [Dataset]. OASIS.
- Georgia Department of Public Health Epidemiology Program Drug Overdose Surveillance Unit. 2017-2018. Data from Georgia Prescription Drug Monitoring Program. <https://gaspsdata.net/sources>.
- Georgia DPH. (2021). Oasis web query - hospital discharge statistics, 2020. Georgia Department of Public Health, Office of Health Indicators for Planning OASIS.
- Georgia DPH. Undated. Severe Lung Disease Among Those Who Reported Vaping. <https://dph.georgia.gov/vapinglunginjury>.
- Georgia DPH. 2021. "Georgia DPH Vaccine Distribution Dashboard." <https://experience.arcgis.com/experience/3d8eea39f5c1443db1743a4cb8948a9c>.
- Georgia Governor's Office of Highway Safety, 2017-2019. County Data Sheets. <http://www.gahighwaysafety.org/research/data-by-county/>.
- *^4 Georgia Health Data Hub. (2021). Georgia Rural Health Innovation Center. GRHIC. (2017). Greene, Hancock, Morgan and Putnam County Health Indicators. Georgia Rural Health Data Hub. Georgia Rural Health Innovation Center. (n.d.). Georgia Health Data Hub. <https://www.georgiaruralhealth.org/rural-health-information/health-indicators-report/>.
- GRHIC. (2020). Greene, Hancock, Morgan and Putnam County Health Indicators. Georgia Rural Health Data Hub.
- Healthy People.gov. (2020). Access to Health Services. Healthypeople.gov. Retrieved September 30, 2021, from Henry, M., Sousa, T. de, Roddey, C., Gayen, S., & Bednar, T. J. (2020). The 2020 Annual Homeless Assessment Report (AHAR) to Congress (pp. 58, 83). Washington, DC: US Department of Housing and Urban Development.
- HRSA Data Warehouse. (2019–2020). Area Health Resources Files [Dataset]. Health Resources & Services Administration. https://data.census.gov/cedsci/table?q=health%20insurance&t=Health%20Insurance&g=0400000US13_0500000US13237&tid=ACST5Y2019.S2704&hidePreview=true.
- Innovating & Mobilizing Partners and Communities Together (IMPACT). <https://www.sharingimpact.org/indicators/index/view?indicatorId=3173&localeTypeId=2>.
- List of Georgia Opportunity Zones and OZ Funds. Opportunity Db. (n.d.) <https://opportunitydb.com/location/georgia/>.

- Mapping America's Rental Housing Crisis. (2017, April 27). Urban Institute.
<https://apps.urban.org/features/rental-housing-crisis-map/>.
- Massachusetts Institute of Technology. 2020-2021. Living Wage for Counties and Municipal Areas in Georgia.
<https://livingwage.mit.edu/states/13/locations>.
- Maternal Mortality Rate by State 2021. World Population Review. (n.d.).
<https://worldpopulationreview.com/state-rankings/birth-rate-by-state>.
- Microsoft power bi. (2020). FY 20 Georgia Student Health Survey (GSHS). Georgia Department of Education.
Retrieved from <https://www.gadoe.org/wholechild/GSHS-II/Pages/Georgia-Student-Health-Survey-II.aspx>.
- National Cancer Institute. (2021). Death Rate and Total Deaths by Residence for All Malignant Cancers, Rate per 100,000, 2014-2018. NCI Cancer Atlas.
- Office of Health Indicators for Planning, & OASIS, Sexually Transmitted Diseases (STD) Web Query (2019).
<https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>.
- Office of Policy Development and Research, County 2020. huduser.gov/portal/datasets/assthsg.html.
- Olenick, M., Flowers, M., & Diaz, VJ. (2015). US Veterans and Their Unique Issues: Enhancing Health Care Professional Awareness. *Advances in Medical Education and Practice*, 6, 635-639.
- Online Analytical Statistical Information System. Georgia Department of Public Health. (2020).
<https://oasis.state.ga.us>.
- Opportunity Zones Map. (2019, September 18). OpportunityDb.
<https://opportunityzones.hud.gov/resources/map>.
- Public Transit. (2021). Greene County Georgia Retrieved from <https://www.greenecountyga.gov/225/Public-Transit>; Hancock County Georgia. Retrieved from <https://hancockcountyga.gov/wp-content/uploads/2021/09/Rider-Information.pdf>; Morgan County, Georgia. Retrieved from <https://www.morganga.org/158/Public-Transportation>; Putnam County, Georgia Retrieved from <https://www.putnamcountyga.us/transit/>).
- QuickFacts. (2010–2019). Greene County, Georgia [Dataset]. U.S. Census.
<https://www.census.gov/quickfacts/greenecountygeorgia>.
- Robert Wood Foundation. (2021). Flu vaccinations, 2018. County Health Rankings & Roadmaps. Retrieved from <https://www.countyhealthrankings.org/app/georgia/2021/>.
- Robert Wood Foundation. (2021). Flu vaccinations, 2018. County Health Rankings & Roadmaps. Retrieved from <https://www.countyhealthrankings.org/app/georgia/2021/>.
- Robert Wood Foundation. (2021). Preventable hospital stays, 2018. County Health Rankings & Roadmaps. Retrieved from <https://www.countyhealthrankings.org/app/georgia/2021/>.
- Robert Wood Johnson Foundation. (2021). Life Expectancy. County health rankings & Roadmaps. Retrieved from <https://www.countyhealthrankings.org/app/georgia/2021/>.

- Robert Wood Johnson. (2021). Premature age-adjusted mortality, 2017-2019. County Health Rankings & Roadmaps. Retrieved from <https://www.countyhealthrankings.org/app/georgia/2021/>.
- Robert Wood Johnson. (2021). Preventable Hospital Stays, 2018. County Health Rankings & Roadmaps. Retrieved from <https://www.countyhealthrankings.org/app/georgia/2021/>.
- Rules and Regulations of the State of Georgia.
- Rural Health Information Hub. (2021, August 18). Healthcare Access in Rural Communities. Rural Health Information Hub. Retrieved September 30, 2021.
- Sarmiento, J., Rocha, J. V. M., & Santana, R. (2020, August 15). Defining ambulatory care sensitive conditions for adults in Portugal. BMC health services research. Retrieved October 7, 2021.
- SSI Recipients by State and County, 2019. Social Security Administration. (n.d.). Retrieved November 30, 2021, from https://www.ssa.gov/policy/docs/statcomps/ssi_sc/.
- State Office of Rural Health. (2020, June). Federally Qualified Health Centers (FQHC) State of Georgia. Cordele; Georgia Department of Community Health.
- Superfund National Priorities List. (2021, July 22). National Priorities List & Superfund Alternative Approach Sites [Dataset]. United States Environmental Protection Agency.
- United States Bureau. Total Commuting Characteristics (2019). <https://data.census.gov>; <https://data.census.gov> Transportation Table S0801.
- US Census Bureau (2019) American Community Survey, Physical Housing Characteristics for Occupied Housing Units. Table H1. <https://data.census.gov>.
- US Census Bureau (2019) American Community Survey, Physical Housing Characteristics for Occupied Housing Units. Table DP04.
- US Census Bureau (2019) American Community Survey. Table S2502. Demographic Characteristics for Occupied Housing Units.
- US Census Bureau. (n.d.). How Does the US Census Bureau Define “Rural?”. Rural America, US Census Bureau. Retrieved September 30, 2021, from <https://mtgis.portal.geo.census.gov/arcgis/apps/MapSeries/index.html?appid=49cd4bc9c8eb444ab51218c15001ef6>.
- US Census Bureau (2019). American Community Survey. Table S0801. Commuting. https://data.census.gov/cedsci/table?t=Commuting&g=0400000US13_0500000US13133,13141,13211,13237&tid=ACSST5Y2019.S0801&hidePreview=true.
- US Census Bureau QUICKFACTS: United States. (2019; 2020; 2012). <https://www.census.gov/quickfacts/fact/table/greenecountygeorgia,hancockcountygeorgia,morgancountygeorgia,GA,putnamcountygeorgia/PST045219>.
- USDA. 2020. “Food Atlas.” <https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx>.

- USDA Food And Nutrition Service US Department of Agriculture Free and Reduced Price Meals (2019).
<https://www.fns.usda.gov/cn/school-meals-faqs>.
- U.S. Department of Justice Office of Justice Programs. 2019. Case Rates by Offense, Sex, and Race (1985-2019).
<https://www.ojjdp.gov/ojstatbb/dat.html>.
- Weeks, W. B., Kazis, L. E., Shen, Y., Cong, Z., Ren, X. S., Miller, D., Lee, A., & Perlin, J. B. (2004). Differences in Health-Related Quality of Life in Rural and Urban Veterans. *American Journal of Public Health*, 94, 1762–1767. <https://doi.org/https://doi.org/10.2105/AJPH.94.10.1762>.