

Georgia Department of Public Health  
North Central Health District  
Jones County

2013

COMMUNITY HEALTH  
ASSESSMENT



Georgia Department of Public Health  
North Central Health District



Public Health  
Prevent. Promote. Protect.

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## INTRODUCTION

The North Central Health District (NCHD), composed of 13 individual counties, is seeking accreditation from the National Public Health Accreditation Board (PHAB). Accreditation will provide health departments the ability to improve quality, access, services, value, and accountability to stake holders within the community. One of the prerequisites for accreditation includes the completion of a Community Health Assessment.

The Community Health Assessment involves a process of collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health. It is one of the core functions of public health, which is why it's in the accreditation standards. It involves the systematic collection and analysis of data in order to provide the health department and the community it serves with a sound basis for decision-making. It should be conducted in partnership with other organizations in the community and include collecting data on health status, health needs, community assets, resources, and other community or state determinants of health status. A community health assessment links directly to Standard 1.1. The intention here is that, for accreditation purposes, the health department can demonstrate that it systematically assesses its jurisdiction's health status and can describe it. Most health departments should have access to much of the data needed. Partnerships with hospitals, academic institutions, other governmental agencies (such as schools or police), and non-profit health promotion organizations will help to access additional data needed to assess the health of the community or state. Putting it all together in an organized way to describe the health status or health profile of the community it serves might be a little different way to use the information available.

Our community health assessment is composed of the following three sections:

- **Community Strengths and Themes Assessment** -- provides qualitative information on how communities perceive their health and quality of life concerns as well as their knowledge of community resources and assets.
- **Local Public Health System Assessment** -- measures the capacity and performance of the local public health system by surveying all organizations and entities that contribute to the public's health.
- **Health Status Report** -- provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.

## **COMMUNITY STRENGTHS AND THEMES ASSESSMENT**

## **Introduction**

The Community Strengths and Themes Assessment, was determined by the Mobilizing for Action through Planning and Partnerships (MAPP) strategy. The MAPP strategy consists of six phases:

1. Organize for success and developing partnerships
2. Collaborating a shared community vision
3. Includes Four Assessments:
  - a. Community Themes and Strengths Assessment
  - b. Local Public Health System Assessment
  - c. Community Health Status Assessment
  - d. Forces of Change Assessment
4. Identify strategic issues
5. Formulate goals and strategies
6. Action Cycle that links planning, implementation, and evaluation of the community themes.

The “Community Strengths and Themes Assessment,” of phase three in the MAPP process was employed to gain insight upon the quality of life in Jones County, Georgia. This was done through interviewing key informants from each county, whom are individuals within a particular facet of the community that are considered to have a valued opinion in reference to the designated population. Each key informant was presented with a preselected set of questions that will be used amongst all 13 counties within the NCHD. The results of the assessment will provide the NCHD with a comprehensive summary of community perceived views on the current state of health in Jones County, Georgia.

This portion of the Community Health Assessment was completed through the partnership of Dr. David Harvey, District Director, and Mercer University’s Masters of Public Health Program's students under the supervision of Dr. Jimmie Smith.

## **Key Informants**

Key informants were classified as community members, government officials, electricians, administrators, stay-at-home parents, current and retired professionals, and representatives from the school system, law enforcement, and Division of Family and Children Services. These individuals all lived within Jones County and ranged in ages and ethnicities.

## **Demographics within the interviews**

Individual Interviews: 19 participants, 32% male and 68% female

### **Quality of Life Questionnaire**

Each key informant was asked a set of 12 questions reflecting the quality of life within that county. Responses ranked on a scale of 1 to 5, with 5 being the most positive.

1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.) [IOM, 1997]
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?
9. Do all residents perceive that they-individually and collectively-can make the community a better place to live?
10. Are community assets broad-based and multi-sectoral?
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?

## **Summary of Community Themes and Strengths Assessment**

After reviewing the data collected from key informant interviews, these are the most prevalent strengths and themes discussed in Jones County:

*Quality of life and Community Safety* – Although quality of life can be difficult to measure, interviewees were asked to think about their sense of wellbeing, safety, and participation in community life and community associations. Overall, interviewees were very satisfied with their personal quality of life and all share a sincere sense of pride for their community. Many informants stated that, “We love Jones County!” Interviewees felt that the sense of safety in the community was overall very positive. Although some interviewees felt that crime is natural to every county, there was general sense of security in the community. Most crimes are non-aggressive offenses and drug-related incidences are not extreme. Citizens are known to “stick together” and “help one another” in times of stress and need.

*Resources and Support Networks* – The key informants of Jones County had an overall positive view of the numerous resources and support networks available in the community. However, citizens did express their concern in regards to the awareness and visibility of the resources and how to utilize the resources. These concerns are rooted in the fact that the vast majority of the resources are provided through the local churches, which may not serve the entire community. Despite this concern, interviewees were able to positively identify institutions and organizations that comprise the network. According to interviewees, the resources range from health care related resources, which are provided to mothers, children, and the elderly by the Jones County Health Department, to churches providing assistance to families in need. Interviewees also mentioned a need to increase the available resources and their ability to serve the entire community. Professionals within the community agreed upon a need to improve the visibility and accessibility of current resources as well as increase the diversity of resources available.

*Healthcare* –Overall, interviewees expressed positive feelings towards the health care system in Jones County’s, which is comprised of mainly family health practitioners. When key informants considered factors such as access, cost, availability, and options they expressed that, “The system has gotten better, but still has few options.” Concern among interviewees about Jones County healthcare were regarding access to care and preventative services as well as an increase in patient co-pays. Many of the informants expressed that they find comfort in the accessibility of quality and urgent care found at The Medical Center of Central Georgia (MCCG) with its Level 1 Trauma Center. Additionally, counseling and therapy services are limited in Jones County. Although there are fewer options for health care services, the citizens feel that there is adequate access and utilize the resources available in nearby Bibb County.

*Raising children* - Citizens overall had an extremely positive view of their education system and related programs. The schools were all highly spoken of along with the recreation programs offered through the school system. The informants that did not score the system as highly expressed that “although we are extremely pleased, we are also aware that there is always room for improvement!”

*Growing old* - Jones County is perceived as a great place to grow old and retire. The end spectrum of life is determined by access to factors such as elder-friendly housing and social support for the elderly that live alone. Most informants felt positively about the available resources and stated that “Jones County is a great place to grow old!” While some did express a need for more senior citizen centers and activities to help unite the elderly community, the overall consensus was positive.

*Economic opportunity* – When asked to consider the locally owned and operated businesses, jobs with career growth, and reasonable commute, the key informants of Jones County on average felt that the opportunity for economic growth was average. Many participants mentioned that, “it is hard to find a job in Jones County.” Most of the working class is forced to commute to surrounding counties for employment; thus, Jones County is perceived to be a great bedroom community with 20-minute commutes to the cities of Macon and Milledgeville. There is Central Georgia Technical College available to provide career training, but residents must commute to surrounding counties to obtain higher education.

*Community participation, trust and civic pride* –Interviewees felt that overall there are good opportunities to participate in the Jones County community and expressed that many individuals do participate. While everyone may not take advantage of the opportunities, the informants felt that they do exist. Some citizens expressed a need for a larger diversity in opportunities and community events in an effort to increase participation and civic pride. There was a positive sense of civic pride amongst community members of all occupations and governmental organizations. While community participation may be dependent upon various factors, many wish that more opportunities were available. Community members also expressed a sense of trust in regards to community partnerships. By coordinating and participating in activities, community partners can increase visibility, accessibility, and transparency; thus, increasing the levels of mutual trust.

## **Conclusion**

In conclusion, Jones County informants shared several significant themes and strengths, of which the top two included educational resources and economic opportunity. Informants believed there was a good education system within the county, but the economic opportunity after graduation is limited. This theme and strength is intertwined with healthcare because there are fewer physicians and specialists willing to relocate to an area that does not promise the opportunity for economic growth.

Overall, the Community Themes and Strengths Assessment proved to be a beneficial tool in evaluating the needs of a community. Key informant interview results revealed that the most commonly discussed themes and strengths were consistent with actual health statistics. This assessment is an important tool to review when implementing programs in the community because it identifies how several problems and issues are interrelated. This not only helps explain this collected data, but it gives it life. By allowing community representation in the accreditation process, the community is involved. The opinions and concerns of county citizens are documented, and will be used in improving the health in Jones County.

**LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT**

## **Purpose and Background**

The National Public Health Performance Standards Program (NPHPSP) assessments are a helpful tool in evaluating the current performance against a set of optimal standards. This is a partnership effort to improve the practice of public health and the performance of public health systems. This Local Public Health System Assessment (LPHS) report is intended to help the North Central Health District gain a good understanding of its performance and move on to the next step in strengthening the public system.

The 10 Essential Public Health Services (EPHS) describe the public health activities that all communities should undertake and serve as the framework for NPHPSP instruments. These include:

- 1) Monitor health status to identify and solve community health problems.
- 2) Diagnose and investigate health problems and health hazards in the community.
- 3) Inform, educate, and empower people about health issues.
- 4) Mobilize community partnerships and action to identify and solve health problems.
- 5) Develop policies and plans that support individual and community health efforts.
- 6) Enforce laws and regulations that protect health and ensure safety.
- 7) Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- 8) Assure competent public and personal health care workforce.
- 9) Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- 10) Research for new insights and innovative solutions to health problems.

## **Methods**

The methodology was to stratify NCHD staff in three categories- county nurse managers, district management team members, and randomly selected staff members from each program, and ask them to indicate if they participated in any activity listed in the survey instrument. If so, they were asked to indicate if they had any documentation or artifacts that support their statement. The data was then summarized in to one table.

The survey results include percentage ratings for each of the full standards, based on if the individual indicators within each standard were met. These indicators represent the individual objectives that when joined together, comprise the total standard. The score for each standard category was based on the percentage of separate indicators met within the standard.

The rating system for the standards was as follows:

- **No Activity** - 0% or absolutely no activity
- **Minimal Activity** - 1% to 25% activity
- **Moderate Activity** - 26% to 50% activity
- **Significant Activity** - 51% to 75% activity
- **Optimal Activity** - 76% to 100% activity

**Results**

This table provides a quick overview of the NCHD's performance in each of the 10 EPHS. Each score is determined by the percentage of how many individual objectives for each EPHS were fulfilled. These scores range from a minimum of 0 to a maximum of 100.

The overall performance score for all 10 Essential Public Health Services:

**Significant Activity**  
67%

Summary of performance scores by Essential Public Health Service (EPHS)		
EPHS		Score
1	Monitor Health Status to Identify Community Health Problems	100
2	Diagnose and Investigate Health Problems and Health Hazards	92
3	Inform, Educate, and Empower People about Health Issues	70
4	Mobilize Community Partnerships to Identify and Solve Health Problems	71
5	Develop Policies and Plans that Support Individual and Community Health Efforts	45
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	50
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	86
8	Assure a Competent Public and Personal Health Care Workforce	56
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	46
10	Research for New Insights and Innovative Solutions to Health Problems	54
<b>Overall Performance Score</b>		<b>67</b>

**Conclusion**

While the district-wide public health system's overall rating for the 10 EPHS was categorized at "Significant Activity," it is important to note that this is a perceptual survey and that Essential Public Health Services Standards that were positively rated as a whole do not necessarily reflect a lack of need for improvement.

**Action Plan**

Moving forward, the next steps for improvement of NCHD's local public health system include forming a team, including public health employees and partners, to look at each EPHS individually to assess for improvements. This focus will be reflected in the NCHD's Quality Improvement Plan.

## **HEALTH STATUS REPORT**

## NORTH CENTRAL HEALTH DISTRICT OVERVIEW

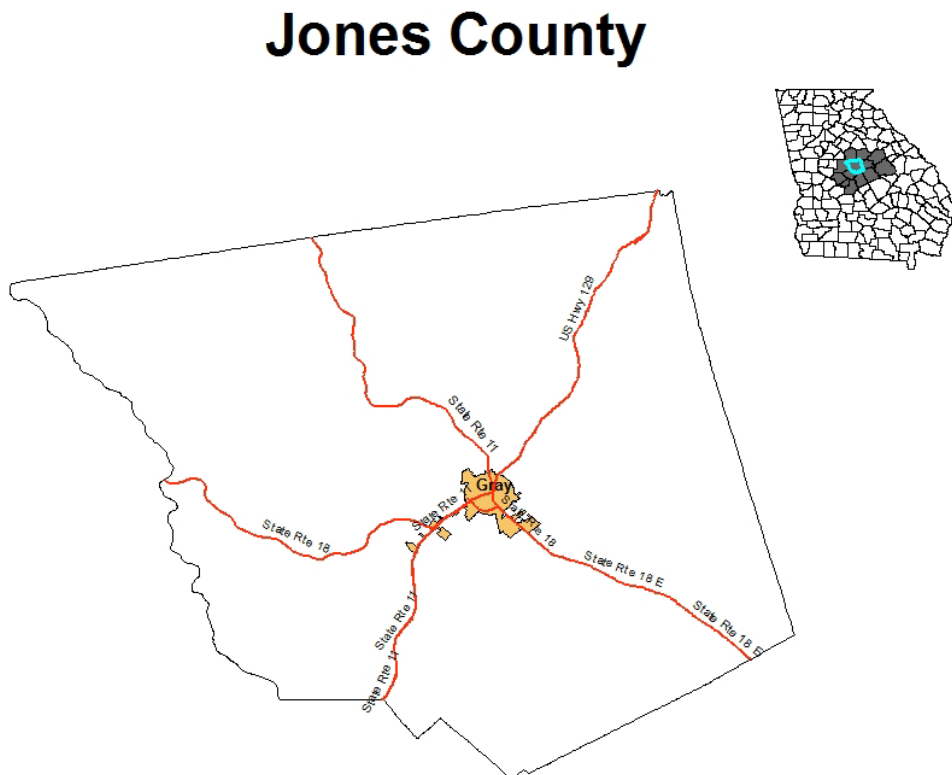
The North Central Health District (NCHD) is composed of 13 counties located in Middle Georgia. These counties are Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson Counties. According to the United States Census Bureau it accounts for approximately 520,905 people. The goal of the NCHD is optimal health for all Georgians and also strives to prevent diseases, promote health and protect communities against health threat. The success of NCHD is directly correlated to ideal participation and collaboration from the representative counties.

## COUNTY OVERVIEW

### History and Geography

Originally inhabited by the Creek Indians, Jones County was formed from Baldwin County in 1807 and recognizes James Jones who was a Savannah attorney. At 23, Jones began his service in the state legislature and later attended the state constitutional convention of 1798. The original county seat of Clinton was a bustling town known for commerce and gracious living and the site of a factory of manufacturing cotton gins until the effects of the Civil War. The city of Gray became the county seat in 1905, and the city began to thrive with commercial and retail establishments. Gray is supported by excellent rail and highway access.

**Figure 1: Map of Jones**



**General Population Characteristics**

**Table 1: General Population Characteristics.**

- **The NCHD is home to 520,905 individuals.**
- **Jones County represents 6% of the population within NCHD.**
- Between 2000 and 2010 the population in Jones County grew by **21%**.
- The majority of the population is within the working age group of 18- 64 years of age and White and Black/African American are the most prevalent races.

**Household Characteristics**

- **The number of households has increased by 22%** since 2000 in Jones County, which is mostly seen in nonfamily and single parent households.

Demographic Characteristics of Jones County Residents	
<b>General Characteristics</b>	
Total Population	28,669
Median age (years)	38.7
% Under 18 years	26%
% 18-64 years	61%
% ≥ 65 years	13%
% Male	48%
%Female	52%
<b>Race/Ethnicity</b>	
% American Indian/ Alaska Native	0.2%
% Asian	0.7%
% Black/ African American	24%
% Native Hawaiian/Other Pacific Islander	0.0%
% White	73%
% Other Races	0.4%
% Two or More Races	1.1%
% Hispanic/Latino (of any race)	1%
<b>Household Characteristics</b>	
Average Household Size	2.69
Average Family Size	3.1%
Total Households	10,586
Family Households	75.0%
Nonfamily Households	25.0%
Family Households with Children (<18 years old)	3,542
Married Couple Households with Children	71%
Female Householder with Children	22%
Male Householder with Children	7%

Source: U.S. Census Bureau

**Employment**

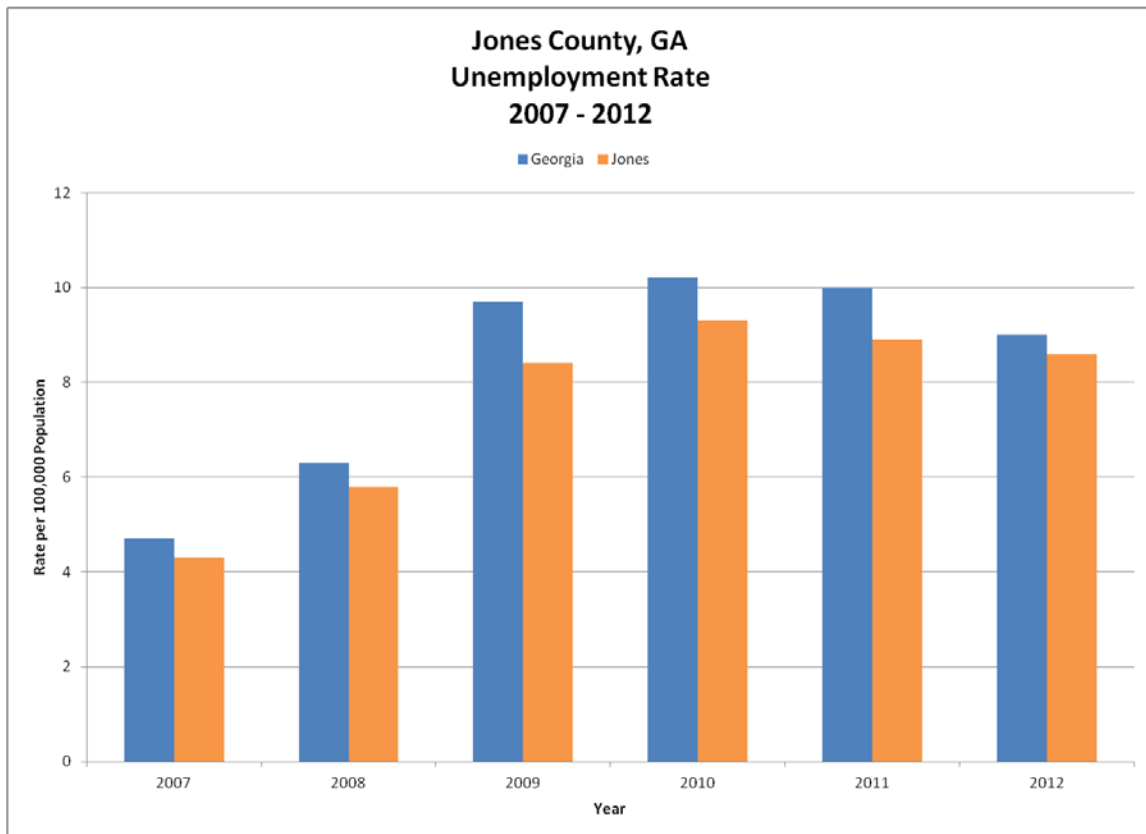
- The **unemployment rate in Jones County has consistently stayed below the state** unemployment rate.
- The **median household income is higher than the state average** and the number of children in poverty is at a lower percentage in Jones County.

**Table 2: Economic Indicators**

<b>Economic Indicators</b>		
	<b>Jones</b>	<b>Georgia</b>
<b>Unemployment Rate, 2012</b>	8.6	9.0
<b>Median Household Income, 2010</b>	\$52,215	\$46,252
<b>% Population Employed 16 years and over</b>	44%	44%
<b>Children in poverty</b>	18%	25%
<b>% of Households with food Stamp/SNAP benefits in the past 12 months</b>	12%	10%

Source: U.S. Census Bureau

**Figure 2: Changes in the Unemployment Rate.**



Source: Bureau of Labor and Statistics

**Education**

- Table 3 details the number of elementary, middle, and high schools located in the county, school enrollment, free/reduced lunch, graduation rates, HOPE qualifications for the 2009-2010 school year, and educational attainment for adults (age 25 and over).
- Jones County has a total of **8 public schools with a total enrollment of 5,380 kids and had a lower proportion of students in the school system who qualify for free/reduced lunch (46%) compared to the state (56%).**
- Of those adults 25 and over in Jones County, only **25% have a college degree where 52% only have up to a high school diploma.**

**Table 3: Education Information**

<b>Jones County Education Information, 2010/2011 School Year</b>		
<b>Total Number of Schools</b>	<b>Elementary</b>	4
	<b>Middle</b>	2
	<b>High</b>	2
<b>Total Enrollment</b>		5,380
<b>% Students Qualifying for Free/Reduced Lunch</b>		46%
<b>2011 Graduation Rate</b>		72.1%
<b>% 2010 Graduates Eligible for HOPE</b>		38.7%
<b>% Illiterate*</b>		21.0%
<b>Educational Attainment*</b>	<b>Less than 9th grade</b>	5%
	<b>9th to 12th grade, no diploma</b>	9%
	<b>High school graduate (includes equivalency)</b>	38%
	<b>Some college, no degree</b>	22%
	<b>Associate's degree</b>	8%
	<b>Bachelor's degree</b>	11%
	<b>Graduate or professional degree</b>	6%

Sources:

\*U.S. Census Bureau

#U.S. Dept of Ed

All other data: GA Dept of Ed

For the 2010-2011 school year, a cohort graduation rate was used. To see a description of how this was calculated go to <http://gaosa.org/reportinfo.aspx#indicators>.

## HEALTH CARE ACCESS

Health care access requires financial coverage and access to providers. Lack of health insurance has a profound negative effect on access to health care. Those without insurance are less likely to have regular medical care and are more likely to go without care.

- **18%** of the Jones County population was uninsured in 2010.
- **18%** of adults in the North Central Health District reported being in fair or poor health.

Residents must have access to healthcare facilities and providers and the amount of those in a community is an indicator of the adequacy of health services available.

**Table 4: Health Care Resources in Jones County**

<b>Health Resources</b>		
<b>Number of Physicians/ 100,000 population</b>	<b>Total</b>	82.6
	<b>Primary Care</b>	49.3
	<b>Obstetricians/Gynecologists</b>	2.9
	<b>Specialists</b>	29.8
	<b>Psychiatrists</b>	0
	<b>Dentists</b>	34.1
<b>Facilities</b>	<b>Total number of hospitals</b>	1
	<b>Number of Beds, Total</b>	60
	<b>Ambulatory Surgical Centers</b>	0
	<b>Community Mental Health Centers</b>	0
	<b>Federally-Qualified Health Centers</b>	0

Source: U.S. Department of Health and Human Services

## LEADING CAUSES

### Leading Cause of Mortality

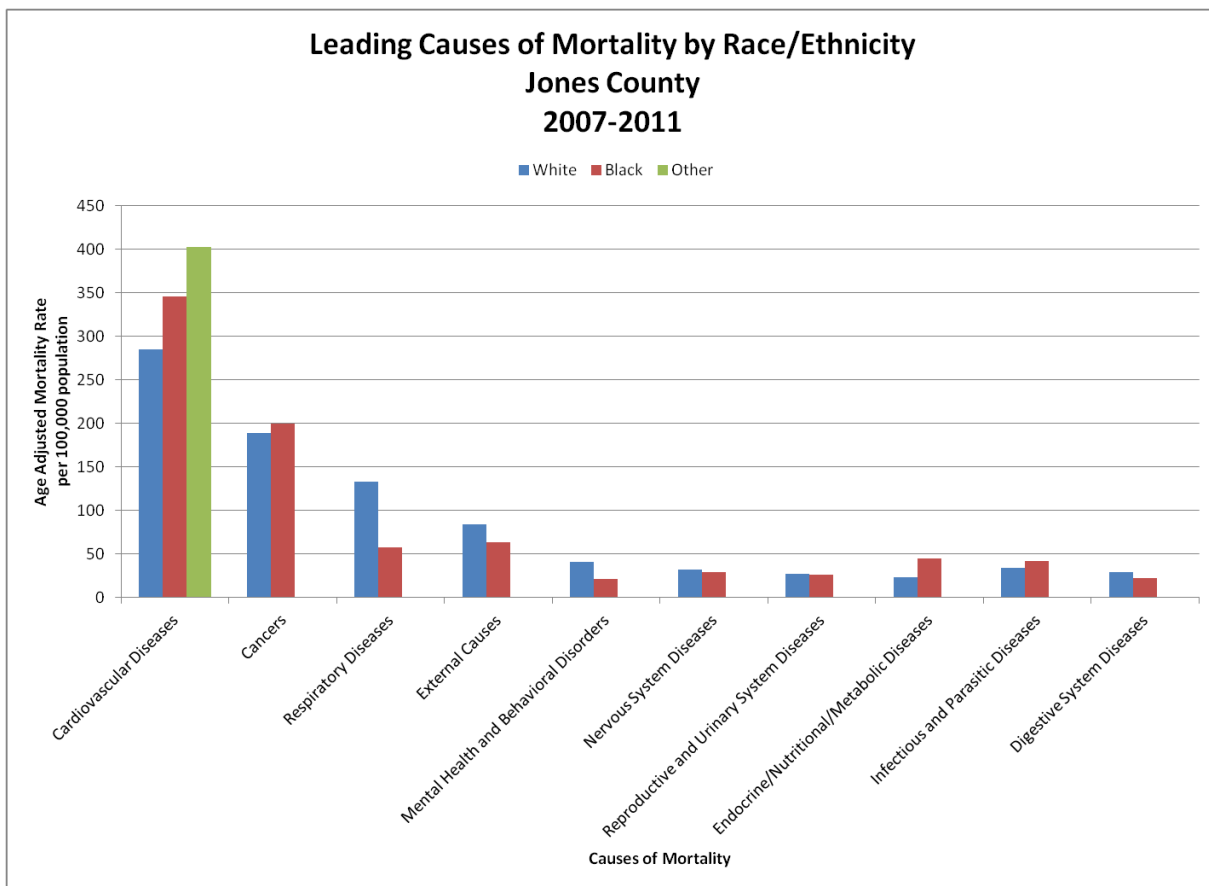
- **Heart disease and Cancer are the leading causes of death** in Jones County.
- From 2007-2011, there were a total of 1,269 deaths in Jones County, averaging **254 deaths per year**.
- During that same period, the overall mortality rate of the White population was 928.1 per 100,000 population and the overall mortality rate of the Black population was 942.4 per 100,000 population.

**Table 5: Leading Causes of Mortality**

Cause of Death
Cardiovascular Diseases
Cancers
Respiratory Diseases
External Causes
Mental Health and Behavioral Disorders
Nervous System Diseases
Reproductive and Urinary System Diseases
Endocrine/Nutritional/Metabolic Diseases
Infectious and Parasitic Diseases
Digestive System Diseases

Source: OASIS

**Figure 3: Leading Causes of Mortality by Race/Ethnicity**



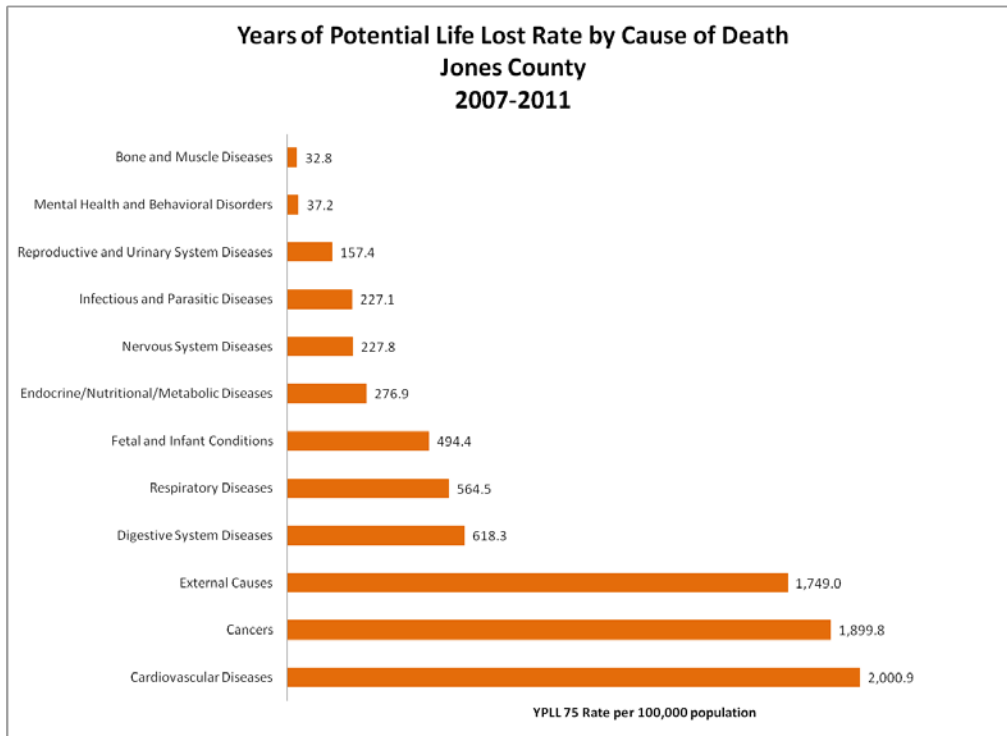
Source: OASIS

Other Race=Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, or Multiracial

### Leading Causes of Premature Deaths

- **The top 5 leading causes of premature death in Jones County are External Causes, Cardiovascular Disease, Cancers, Digestive System Diseases, and Respiratory Diseases.**
- Premature death is measured by the number of Years of Potential Life Lost (YPLL) due to a death occurring before the age of 75. The YPLL rate is calculated by taking the total years of life lost and dividing by the population younger than 75.

**Figure 4: Leading Causes of Premature Death**



Source: OASIS

### Leading Cause of Hospitalizations

- In Jones County, the leading causes of hospitalization were Cardiovascular Diseases, Pregnancy and Child birthing Complications, and Respiratory Disease.

**Table 6: Leading Causes of Hospitalizations**

Cause of Hospitalization
Cardiovascular Diseases
Pregnancy and Childbirthing Complications
Respiratory Diseases
Digestive System Diseases
Bone and Muscle Diseases
External Causes
Reproductive and Urinary System Diseases
Mental Health and Behavioral Disorders
Endocrine/Nutritional/Metabolic Diseases

Source: OASIS

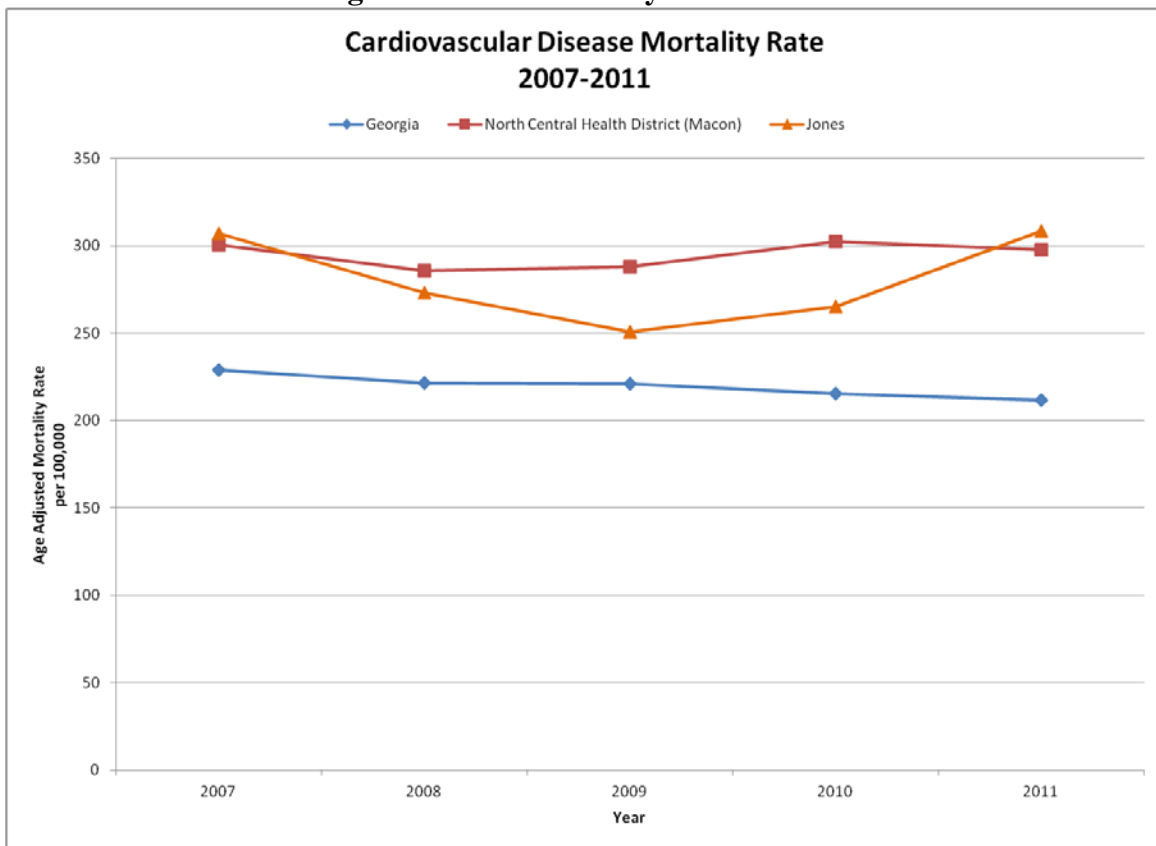
## CHRONIC DISEASE

According to the Centers for Disease Control and Prevention (CDC), chronic diseases (such as cardiovascular disease, cancer, diabetes, and asthma) are “the most common, costly, and preventable of all health problems” in the country. Most chronic diseases are caused by modifiable behaviors, and are commonly referred to as risk behaviors. The four most common risk behaviors are lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption.

### Cardiovascular Disease

Cardiovascular disease (CVD) is the leading cause of death, hospitalization, and years of potential life lost in the district and it is the leading cause of disability in the U.S. The cost of CVD in the U.S. is estimated at \$444 billion, and treatment accounts for \$1 for every \$6 spent on health care. CVD includes all diseases of the heart and blood vessels; such as obstructive heart disease, stroke, high blood pressure, hypertension, atherosclerosis, and aortic aneurysms. Risk factors of CVD include high cholesterol, high blood pressure, diabetes, and behavior and lifestyle choices such as tobacco use, diet, physical activity, obesity, and alcohol. Family history of CVD can also make an individual more susceptible.

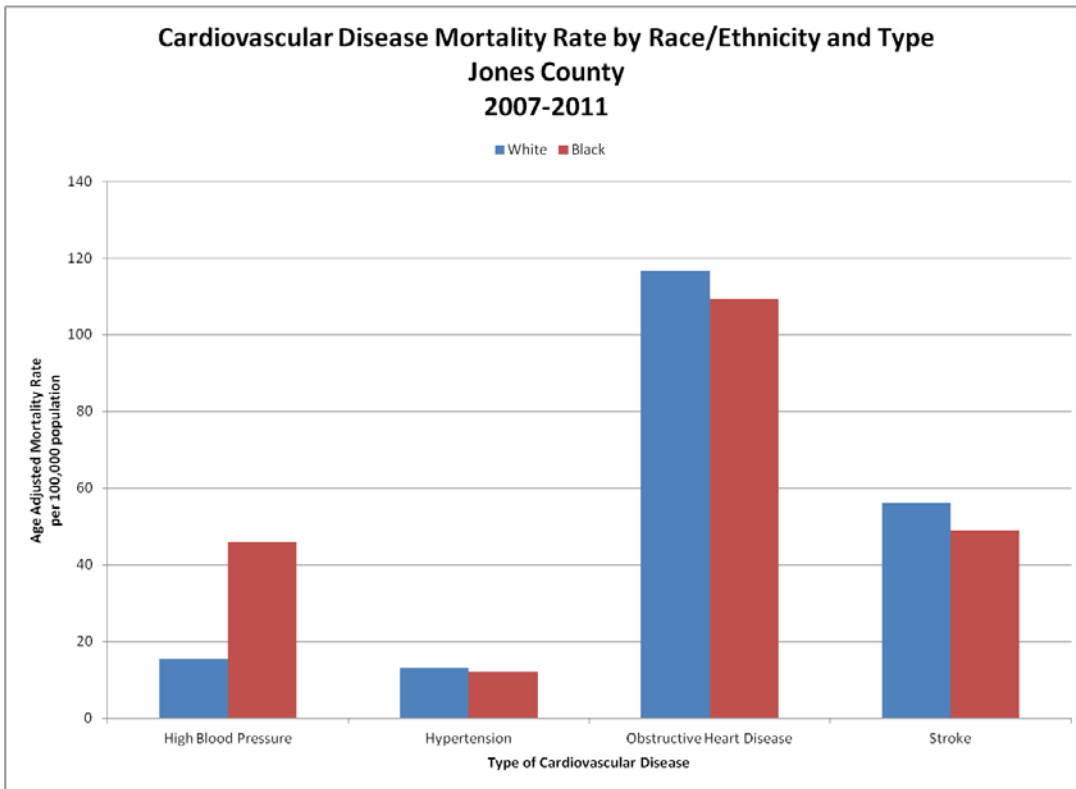
**Figure 5: CVD Mortality Rate**



Source: OASIS

- The 2007-2011 overall mortality rate for **Obstructive Heart Disease, which includes heart attacks**, is the leading cause of heart disease in Jones County (113.8 per 100,000 population), Georgia (77.4), and the NCHD (113.5).

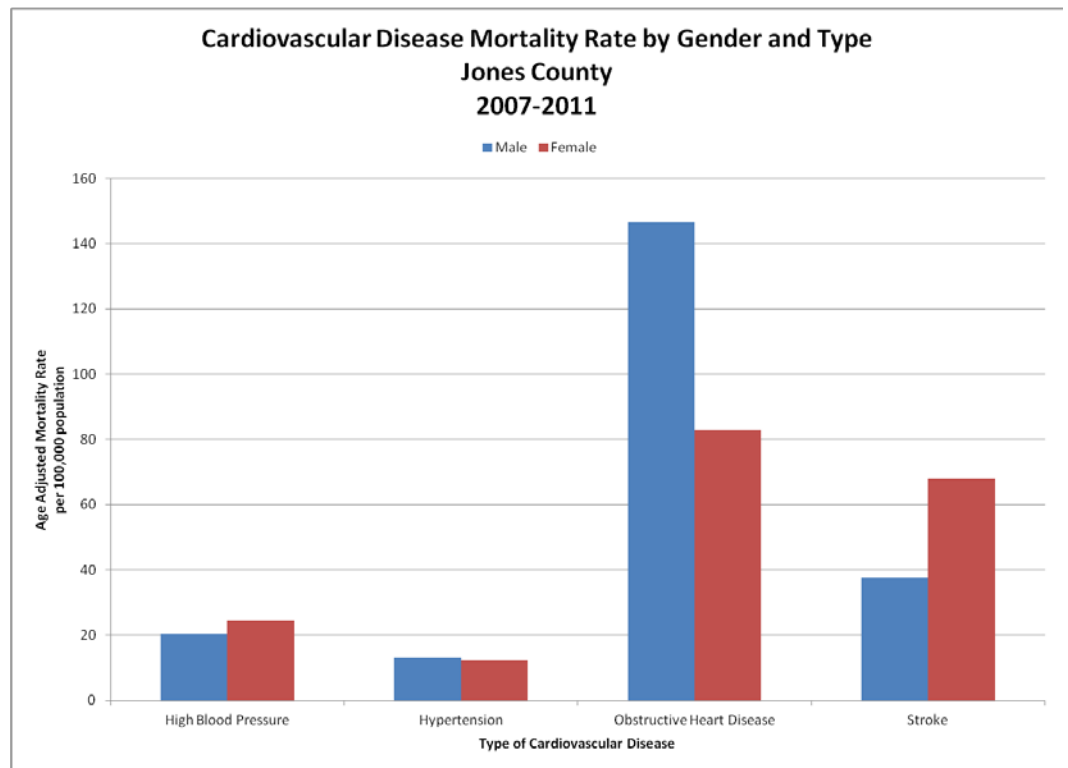
**Figure 6: CVD Mortality Rate by Race and Type**



The mortality rate for CVD in Jones County is **highest among the black population** from 2007-2011 at 319.4 per 100,000 population.

Source: OASIS

**Figure 7: CVD Mortality Rate by Gender and Type**



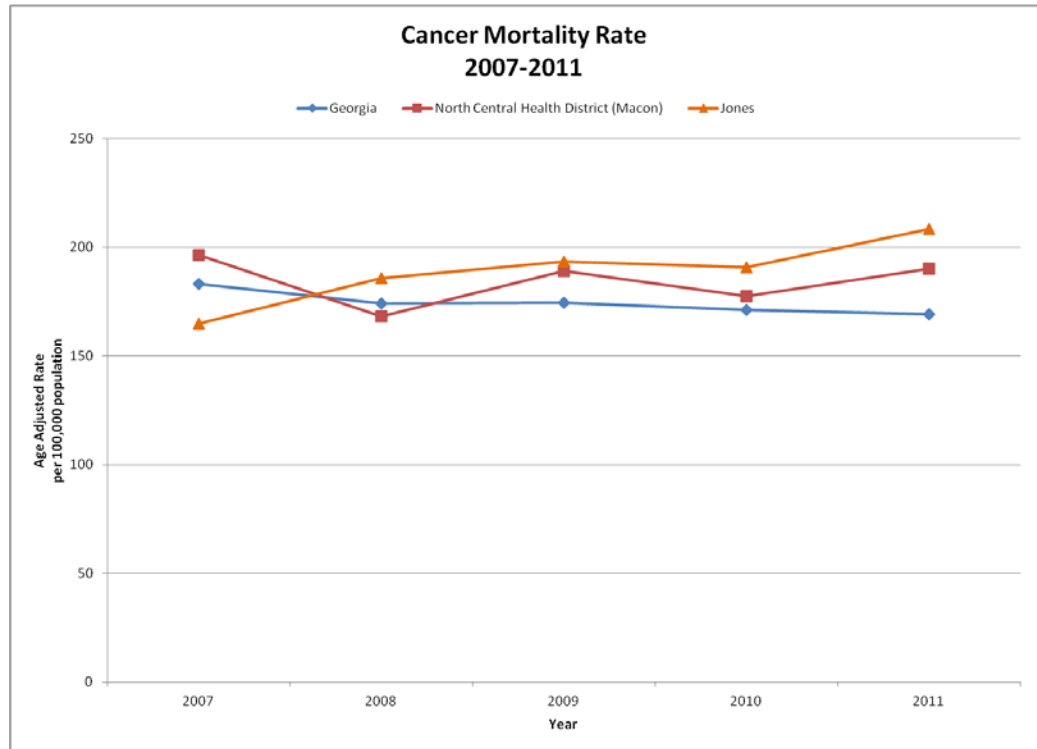
When comparing genders, **males have slightly higher mortality rates** than females. However, in Jones County, more females die of strokes and high blood pressure than males.

Source: OASIS

**Cancer**

Cancer is a disease in which cells divide abnormally without control and can invade adjacent tissues. The cells can also metastasize and spread to other parts of the body through the blood and lymphatic system. Nearly 2/3 of cancer deaths are associated with behavioral factors such as tobacco use, diet, obesity, and lack of physical activity.

**Figure 8: Cancer Mortality Rates.**



Source: OASIS

**Table 7: Mortality Rates due to Leading Causes of Cancer by Gender.**

Age Adjusted Mortality Rates per 100,000 population due to Leading Causes of Cancer by Gender, 2007-2011					
Males	Jones	Georgia	Females	Jones	Georgia
Lung Cancer	107.1	68.9	Lung Cancer	37.3	37.7
Prostate Cancer	42	25.5	Breast Cancer	20.3	23
Colon Cancer	17	19.6	Colon Cancer	12.6	13.6
Pancreatic Cancer	14.7	12.1	Liver Cancer	7	3.2
Liver Cancer	10.2	7.6	Pancreatic Cancer	6.9	9

Source: OASIS

- Cancer is a leading cause of death in the U.S., Georgia and in Jones County.
- **The mortality rate due to cancer has steadily decreased in Georgia since 2007 but has increased in Jones County since 2008.**

- **Lung cancer is the leading cause of cancer mortality for both men and women in Jones County and Georgia.**
- The 2<sup>nd</sup> leading cause of cancer mortality is prostate cancer for men and breast cancer for women.

**Table 8: Leading Causes of Cancer Incidence by Gender and Race**

Leading Causes of Cancer Incidence by Gender and Race, Jones County, 2004-2008							
White Male	Incidence Rate	Black Male	Incidence Rate	White Female	Incidence Rate	Black Female	Incidence Rate
Lung	117.5	Prostate	278.6	Breast	118.1	Breast	119.8
Prostate	149.2	Lung	144.7	Lung	60	Colon/Rectal	52.2
Colon/Rectal	44.4	Colon/Rectal	56.7	Colon/Rectal	27.1	Lung	41.8
Melanoma	47.7	Kidney/Renal	40	Melanoma	24.4	Thyroid	27.98
Bladder	28.5	Lymphoma	36.6	Lymphoma	20.9	Lymphoma	20.9

Source: Georgia Comprehensive Cancer Registry  
 Incidence Rate=new cases per 100,000 population

- The leading causes of new cancer cases in Jones County among males were prostate and lung cancer and in females breast cancer.
- **The incidence rate of prostate cancer in black males was much higher than the rate in white males.**

**Table 9: Routine Preventative Cancer Screenings**

Percent of Adult Residents Reporting Routine Preventative Cancer Screenings, 2006-2010	North Central Health District (Macon)	Georgia
Prevalence of Mammography in the Last 2 Years among Women	81%	77.7%
Prevalence of Pap Testing in the Last 3 Years among Women, AGE 18 +	89.4%	86.9%
Prevalence of ever having had a Sigmoidoscopy or Colonoscopy among Adults, age 50+	62.5%	63%
Prevalence of Adult Men, 40+ years old, who had a Prostate Cancer Screening in the Last Two Years	67.7%	59.1%

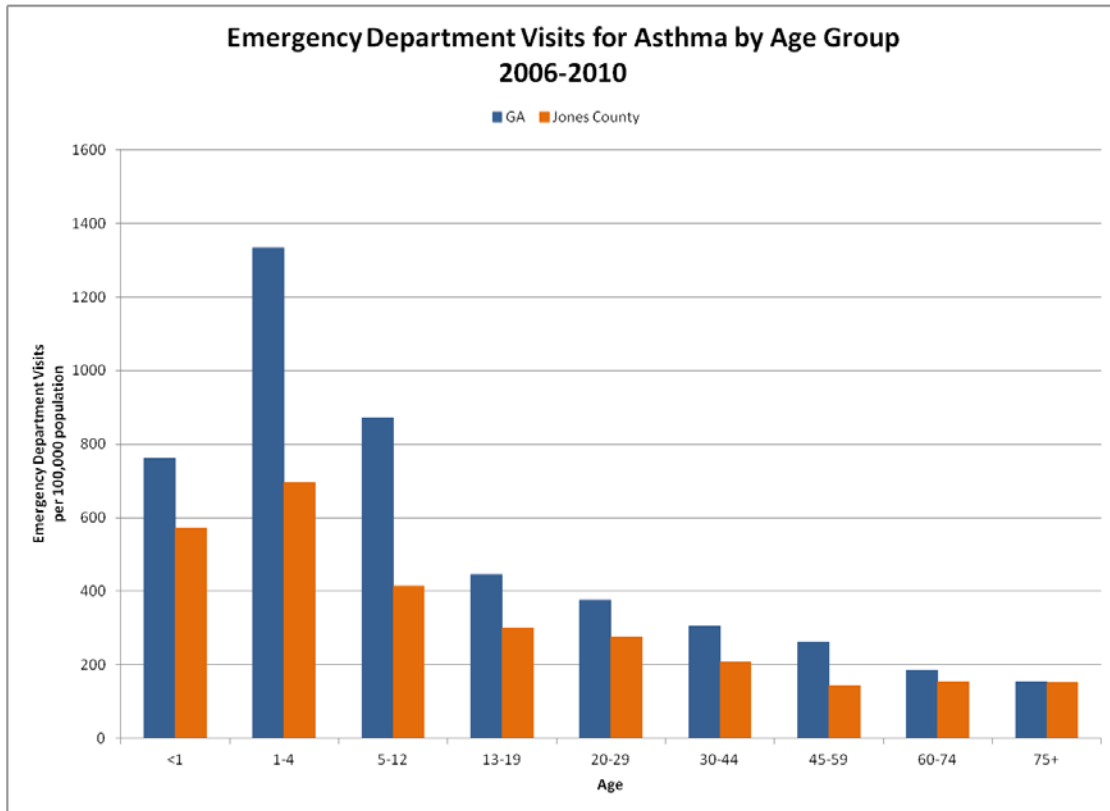
Source: OASIS

- **The North Central Health District has a larger percentage of residents receiving routine cancer screenings** including: mammography, pap smears and prostate screenings compared to Georgia. However, the percentage of residents reporting sigmoidoscopy or colonoscopy is slightly lower than the state.

## Asthma

Asthma is a chronic respiratory disease that affects the lungs. It causes recurring incidents of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be controlled by medication and by staying away from environmental triggers that can cause an attack. Common asthma triggers include tobacco smoke, dust mites, pollution, cockroaches, pets, and mold.

**Figure 9: Emergency Department Visits by Age Group**



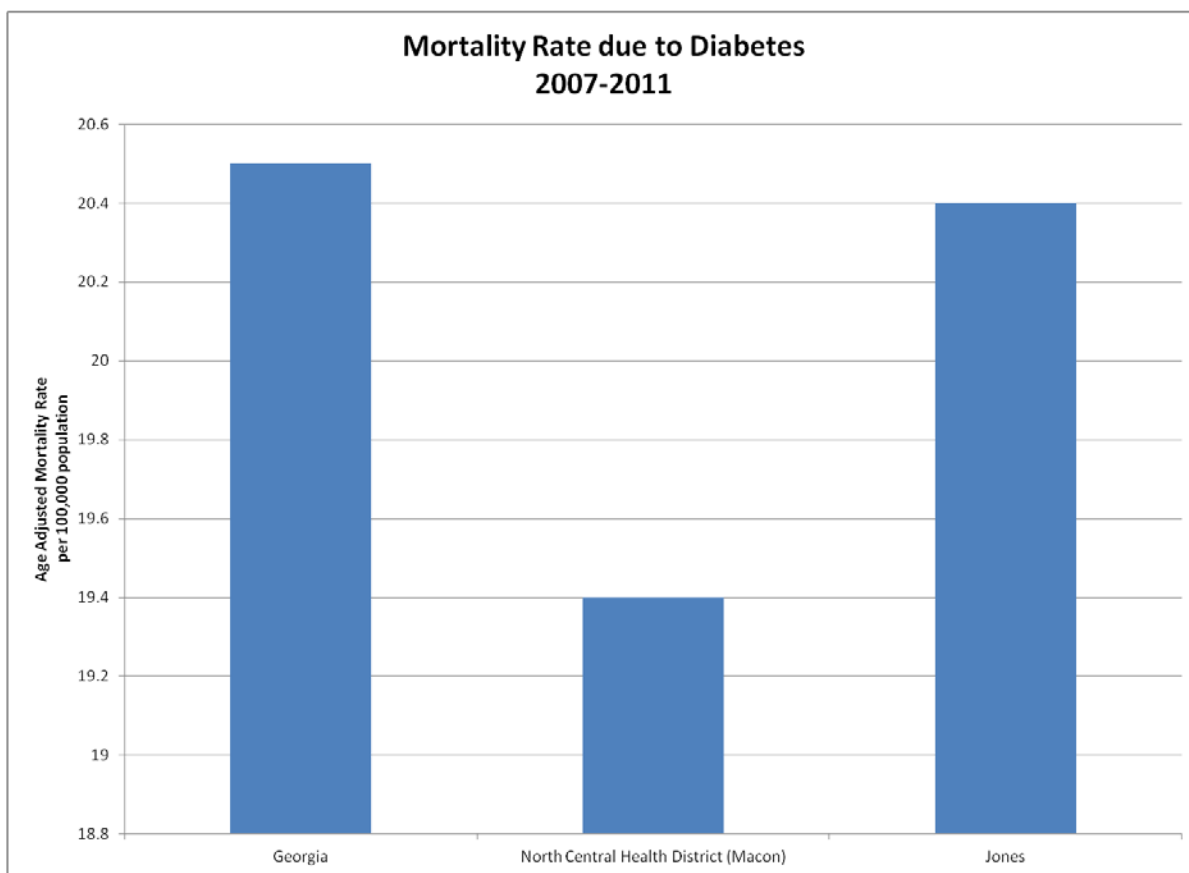
Source: OASIS

- From 2006-2010 in Jones County, **Asthma accounted for 362 (1.2%) emergency department visits and had a hospital discharge rate of 91.2 per 100,000.**
- From 2006-2010 in Jones County, children ages **1-12 were most affected** by asthma symptoms that led to an emergency department visit.
- The emergency department visit rates in Jones County due to asthma were **higher for blacks (464.2 per 100,000 population) compared to whites (189.5)**
- In the North Central Health District 8.1% of adults have been told they currently have asthma compared to the state of Georgia at 7.7%.

## Diabetes

Diabetes mellitus is a disease characterized by high blood sugar levels. It is the result of the body's inability to produce and/or use insulin made by the pancreas. It can cause serious health complications including heart disease, blindness, kidney failure, and lower extremity amputations. Risk factors which contribute to the development of adult onset diabetes (type 2) include older age, obesity, genetics, history of pregnancy related diabetes, impaired glucose tolerance, physical inactivity, and race/ethnicity.

**Figure 10: Age Adjusted Mortality Rate for Diabetes**



Source: OASIS

- In Jones County:
  - **The black mortality rate from 2007-2011 due to diabetes (31.7) was higher than the white mortality rate (15.4).**
  - The age adjusted emergency department visit rate for diabetes from 2006-2010 was 154.5 per 100,000.
    - Black: 329.4
    - White: 98.6
- In the North Central Health District 11.4% of adults have been told they are diabetic compared to the state of Georgia at 9.5%.

## Alcohol Use

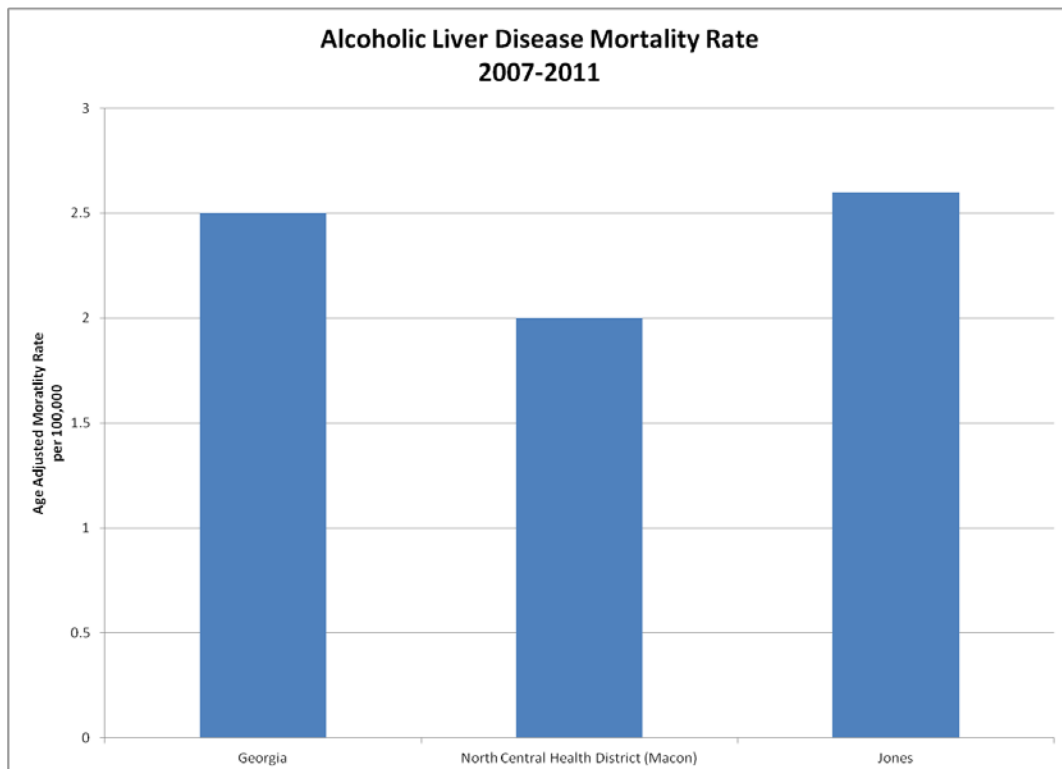
Over time, excessive alcohol use can lead to the development of chronic diseases, neurological impairments and social problems. These include but are not limited to—

- Cirrhosis of the liver
- Pancreatitis
- Gastritis
- Cancer of the mouth, throat, esophagus, liver, colon, and breast
- High Blood Pressure
- Psychiatric problems
- Cardiovascular diseases, such as hypertension and myocardial infarction (heart attack)
- Neurological problems, such as dementia and stroke
- Unintentional Injuries
- Poor birth outcomes

In the North Central Health District **11.7% of adults report binge drinking** (defined as 5+ drinks/day for men and 4+ drinks/day for women) compared to the state of Georgia at 12.5%.

Alcoholic liver disease (cirrhosis) is caused by damage to the liver and its function due to alcohol abuse. It can cause health complications such as bleeding disorders, fluid in the abdomen, portal hypertension, hepatic encephalopathy, kidney failure and liver cancer. **The mortality rate from alcoholic liver disease in Jones is higher than the district and the state of Georgia.**

**Figure 11: Mortality Rate due to Alcoholic Liver Disease**



Source: OASIS

## Smoking

Smoking harms nearly every organ of the body and is the cause of many diseases. These include but are not limited to—

- Coronary heart disease
- Stroke
- Lung disease, such as lung cancer, emphysema, bronchitis and chronic airway obstruction
- Cancers such as acute myeloid leukemia, bladder, cervix, esophagus, kidney, larynx, lung, oral, pancreatic, pharynx, stomach, and uterus)
- Abdominal aortic aneurysm
- Reproductive and early childhood problems (infertility, preterm birth, stillbirth, low birth weight, and Sudden Infant Death Syndrome (SIDS))

The adverse health effects from cigarette smoking account for an estimated 443,000 deaths, or nearly one of every five deaths, each year in the United States. In the North Central Health District **22.9% of adults report being a current smoker** compared to the state of Georgia at 18.8%.

## Overweight/Obesity

Overweight and obesity are terms used to describe weight that is above what is considered healthy. For adults, the terms are dependent on an individual's body mass index. Overweight is defined as a BMI of 25-29.9 and obesity is defined as a BMI of 30 or higher. Obesity and being overweight are associated with an increased risk of certain disease and health problems, including —

- Coronary heart disease
- Type 2 diabetes
- Cancers
- High blood pressure
- High Cholesterol
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis
- Gynecological problems

There are a variety of factors that contribute to being overweight or obese; these include caloric intake, environment, activity levels, genetics, and medication.

In Jones County

- **30%** of Adults report being obese.
- **30%** of Adults report no leisure time physical activity.
- **3%** of the population are low-income and do not live close to a grocery store.
- **38%** of the restaurants are fast-food establishments.
- There are **10** recreational facilities per 100,000 population.
- **1%** of the population lives within half a mile of a park.

Source: County Health Rankings

## INFECTIOUS DISEASE

The Georgia Department of Public Health, under the legal authority of OCGA 31-12-2 has designated certain diseases and conditions notifiable. The purpose of reportable disease surveillance is to:

- identify in a timely way any diseases or conditions that may require immediate public health intervention and follow up;
- detect changing trends or patterns in disease occurrence;
- identify areas or communities that require special public health response as a result of changes in disease patterns; and
- assess and evaluate control and prevention interventions.

In Georgia, public health surveillance is conducted on more than 50 diseases and conditions. The data are collected by local and state health agencies who are responsible for analyzing, interpreting and disseminating the information to "those who need to know" for administrative, program planning, and decision making purposes.

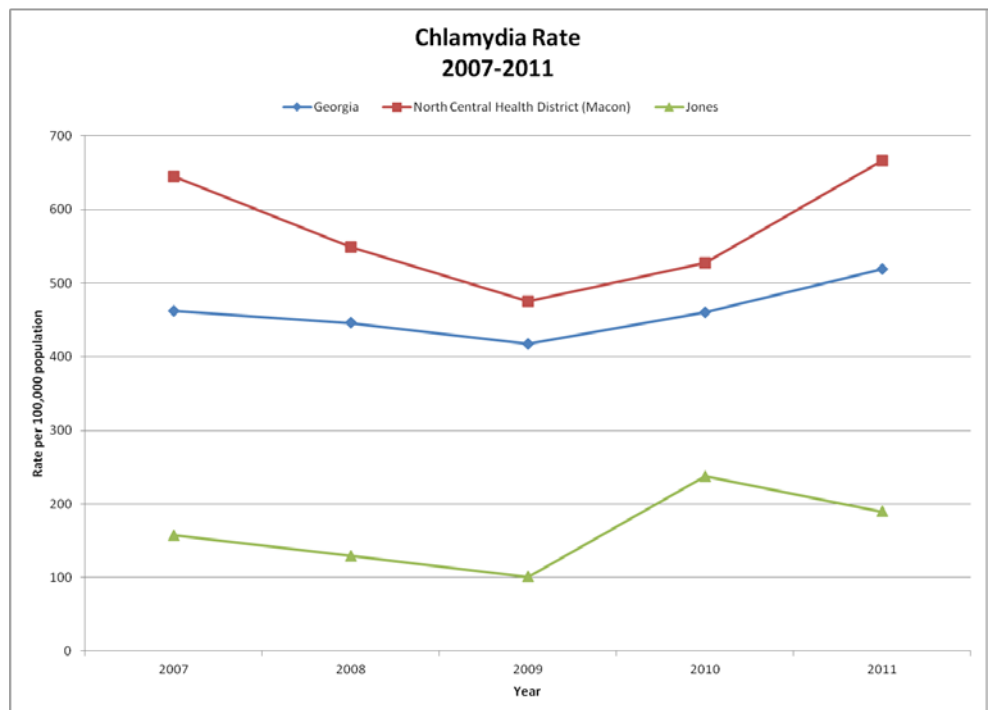
### Sexually Transmitted Diseases (STD)

#### *Chlamydia*

A common STD, Chlamydia is known as a silent disease because about  $\frac{3}{4}$  of infected women and about  $\frac{1}{2}$  of infected men have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure. If untreated, Chlamydia infections can progress to serious reproductive and other health problems with both short term and long term consequences.

- According to 2011 data, the state of **Georgia ranks 7<sup>th</sup> highest** in the U.S. for rates of Chlamydia.
- From 2007-2011, **Jones County ranked 117<sup>th</sup> highest** out of 159 counties for the number of Chlamydia cases and **140<sup>th</sup> highest** for the rate (cases per 100,000)

Figure 12: Chlamydia Rate

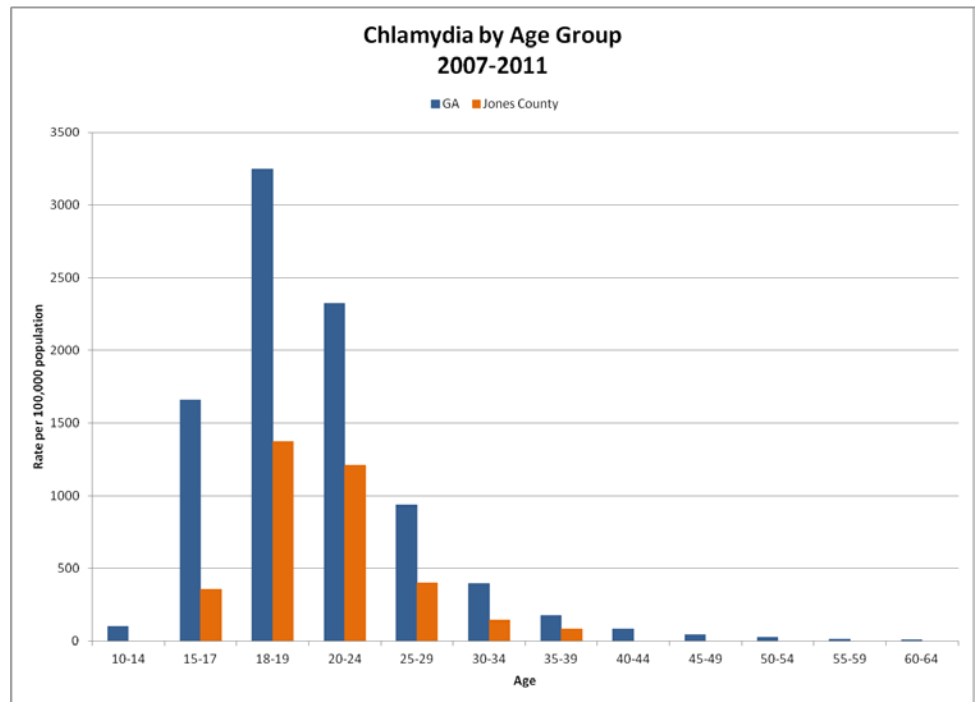


Source: OASIS

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**Figure 13: Chlamydia Rate by Age Group**

- The highest rates of Chlamydia in Jones County are among 18-24 year olds.
- **In Jones County, of the known Chlamydia cases where race was identified, the rate among the black population of 204.3 per 100,000 is higher than the white (31.9) population.**



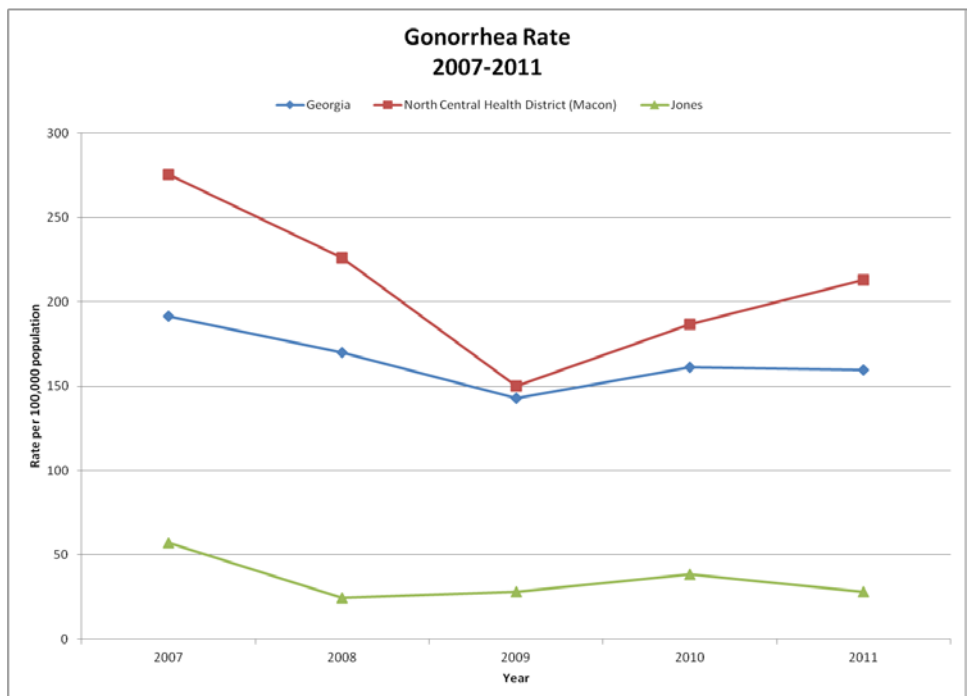
Source: OASIS

*Gonorrhea*

Gonorrhea is an STD that when left untreated causes serious and permanent health problems. In women, gonorrhea causes pelvic inflammatory disease. In men, gonorrhea causes a painful condition of the ducts attached to the testicles that may lead to infertility if left untreated (epididymitis). Since 2007 there has been an increase in drug resistant gonorrhea that has led to changes in national treatment guidelines.

**Figure 14: Gonorrhea Rate**

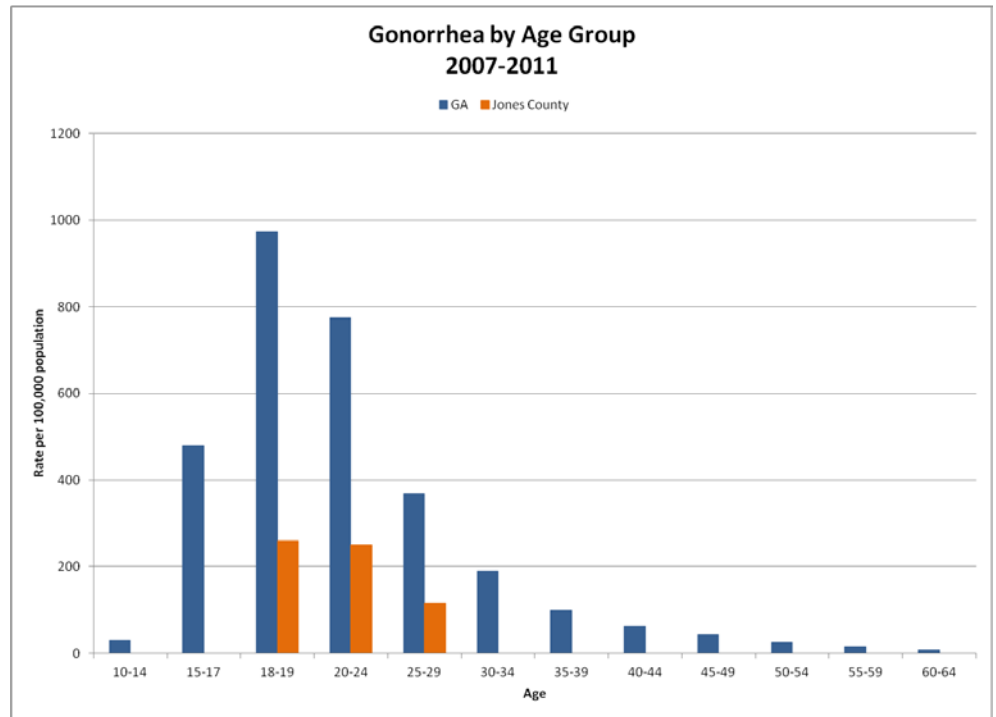
- According to 2011 data, the state of **Georgia ranks 6<sup>th</sup> highest** in the U.S. for rates of Gonorrhea.
- From 2007-2011, **Jones County ranked 122<sup>nd</sup> highest** out of 159 counties for the number of Gonorrhea cases and **134<sup>th</sup> highest** for the rate (cases per 100,000)



Source: OASIS

**Figure 15: Gonorrhea Rate by Age Group**

- The highest rates of Gonorrhea in Jones County are among 18-24 year olds.
- **In Jones County, of the known Gonorrhea cases where race was identified, the rate is highest among the Black population (80.6 per 100,000).**



Source: OASIS

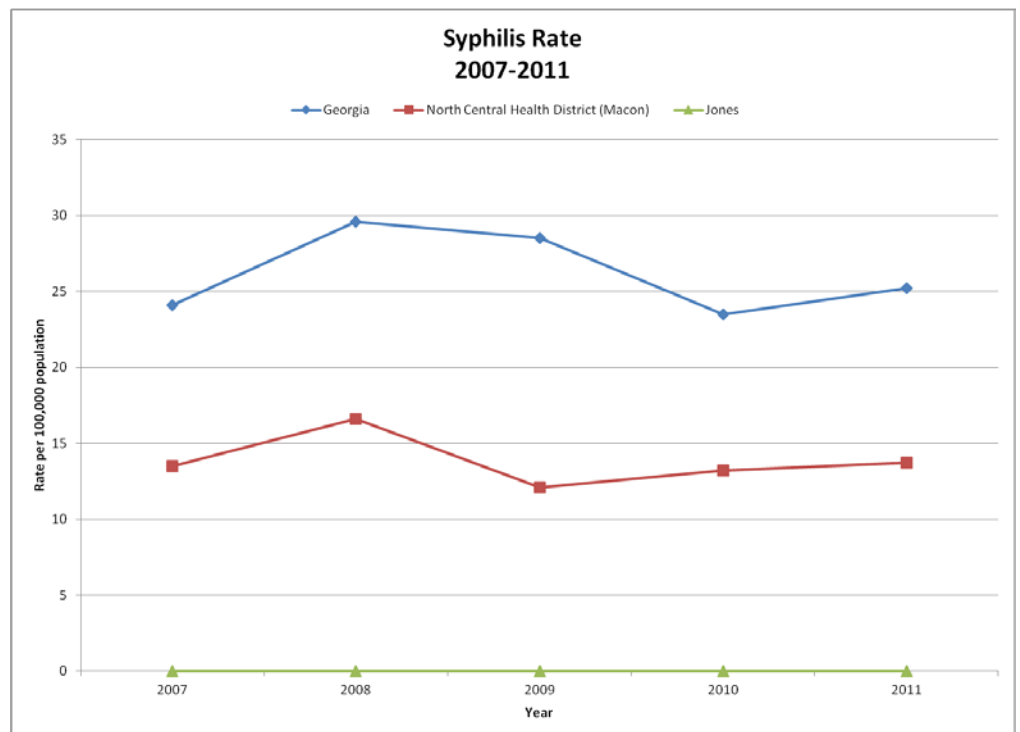
*Syphilis*

Syphilis is an STD referred to as “the great imitator” because

many of its signs and symptoms are similar to other diseases. Initially it is characterized by appearance of one or more sores called chancres. Without treatment, the infected person will continue to have syphilis even though signs and symptoms may not be present. In the late stages, the disease may damage internal organs and lead to death.

**Figure 16: Syphilis Rate**

- According to 2011 data, the state of **Georgia ranks 3<sup>rd</sup> highest** in the U.S. for rates of Primary and Secondary Syphilis.
- From 2007-2011, **Jones County could not be ranked due to case counts being too low.**



Source: OASIS

## Human Immunodeficiency Virus (HIV)

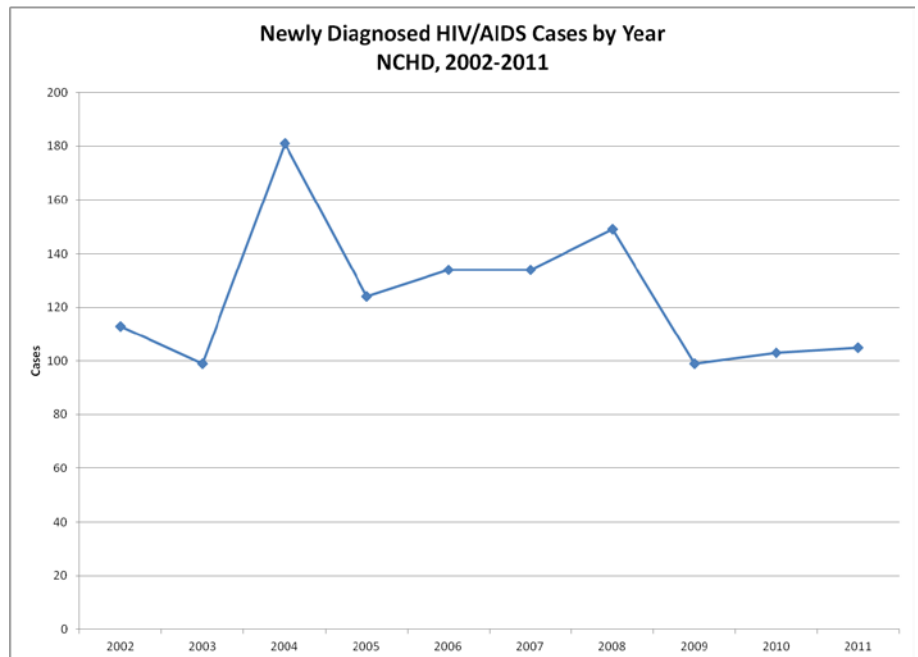
HIV can lead to acquired immunodeficiency syndrome (AIDS) and unlike some other viruses, the human body cannot get rid of HIV. That means that once you have HIV, you have it for life. It is transmitted by contact with infected body fluids: blood, semen, vaginal fluids, and breast milk. The most common methods of transmission are sexual intercourse or sharing needles. No safe and effective cure currently exists, but work is being done to find one. Meanwhile, with proper medical care, HIV can be controlled.

- From 2006-2010, only **47% of adults in the NCHD reported ever being tested for HIV**, which was a 12% decrease from 2000-2004 (55%).
- According to the High School Youth Risk Behavior Survey in 2011 (covering grades 9-12), only **12.4%** of students report that they **were never taught** in school about AIDS or HIV infection.

### HIV/AIDS DATA

- Includes new diagnosis of HIV infection regardless of stage of disease at diagnosis
- Case counts include incarcerated persons and may artificially inflate the numbers

Figure 17: Newly Diagnosed HIV/AIDS Cases



Source: Georgia Department of Public Health, HIV/AIDS Epidemiology Section

## Tuberculosis

Tuberculosis (TB) is a bacterial disease caused by *Mycobacterium tuberculosis*. The most common site of disease is the lung (pulmonary TB), but other organs may be involved. Pulmonary TB causes the following symptoms: coughing that lasts longer than 2 weeks, pain in the chest when breathing or coughing, and coughing up sputum or blood. A person can either have latent TB infection (LTBI) or active TB infection. LTBI is an infection with the bacteria that are alive but inactive in the body, there are no symptoms, and individuals cannot spread TB to others however they may develop active TB later in life if they do not receive treatment. Persons at higher risk for TB are individuals who are foreign born, HIV infected, refugee or immigrant, and those living in close quarters (congregate setting).

In Jones County from 2007-2011,

- The highest number and proportion of TB cases by age group for both sexes occurred among persons in the **50 to 64 age group**.
- **66% of TB Cases occurred in foreign born persons**. The most frequent country of origin of foreign born TB cases in Jones County is Philippines.

### Vaccine Preventable Illness

Prevention of diseases is the foundation of public health. Vaccine preventable diseases, such as polio, measles, diphtheria, Pertussis, rubella, mumps, tetanus, and Haemophilus influenza type b (Hib), are costly and result in missed time from work, doctor’s visits, hospitalizations, and possibly death. Through vaccination, children develop immunity without suffering from the actual diseases that vaccines prevent.

- From 2007-2011, there were no cases of measles, mumps, Neisseria meningitidis, rubella, polio, tetanus, or diphtheria in Jones County.

**Table 10: Vaccine-Preventable Diseases in Jones County**

<b>Vaccine Preventable Diseases (Cases), Jones County, 2007-2011</b>					
<b>Disease</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>Haemophilus influenzae (invasive)</b>	1	2	1	0	1
<b>Pertussis</b>	0	0	0	4	0
<b>Streptococcus pneumoniae</b>	5	7	3	2	1

Source: SENDSS

- **Vaccinations to prevent serious diseases are available at the Jones County Health Department, (478)986-3164.**
- In 2012, the Jones County Health Department gave 3,547 vaccinations.

**Table 11: Number of Vaccinations Given in the Health Department**

<b>Number of Vaccines Given, Jones County, 2012</b>	
<b>DTP/aP</b>	81
<b>Hep A</b>	377
<b>Hep B</b>	150
<b>Hib</b>	36
<b>Influenza</b>	2081
<b>Measels, Mumps, Rubella (MMR)</b>	68
<b>Meningo (Meningitis)</b>	131
<b>Polio</b>	87
<b>Tetanus, Diphtheria, Pertussis (Tdap)</b>	263
<b>Varicella (Chicken Pox)</b>	94

Source: GRITS

*Influenza*

Seasonal Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness that can lead to hospitalization and death. Individuals that are considered to be at a higher risk for serious complications include: elderly individuals, young children, and people with other underlying health conditions. It is important to get a flu vaccination every year because the viruses included in the vaccination change.

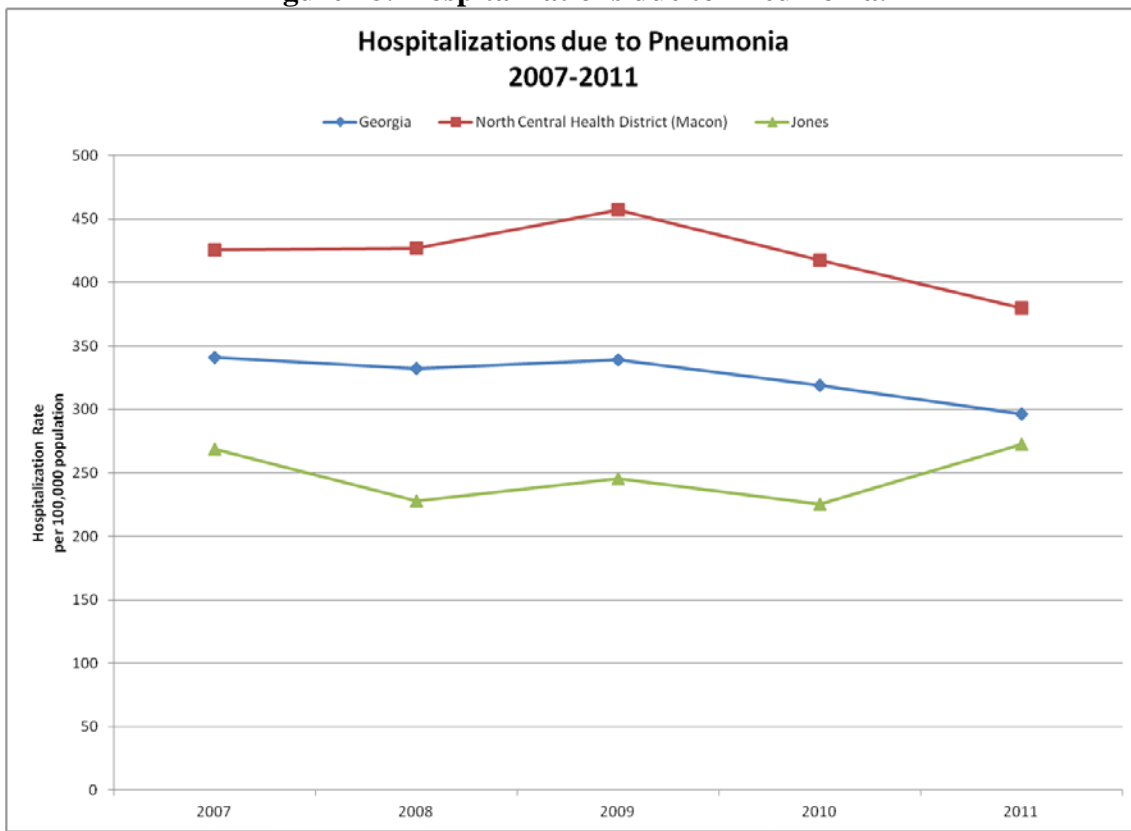
- **2,081 Influenza (flu) shots** were given in the **Jones County Health Department** in 2012.
- There was **1 influenza associated death** in Jones County from 2007-2011.
- From **2007-2011**, there were **4 hospitalizations** attributed to influenza in Jones County.

*Pneumonia*

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages and is caused by bacteria or viruses. Globally, pneumonia causes more deaths than any other infectious disease. There are vaccines available that prevent pneumonia.

- From **2007-2011**, there were **361 hospitalizations and 26 deaths** attributed to pneumonia in Jones County.

**Figure 18: Hospitalizations due to Pneumonia.**

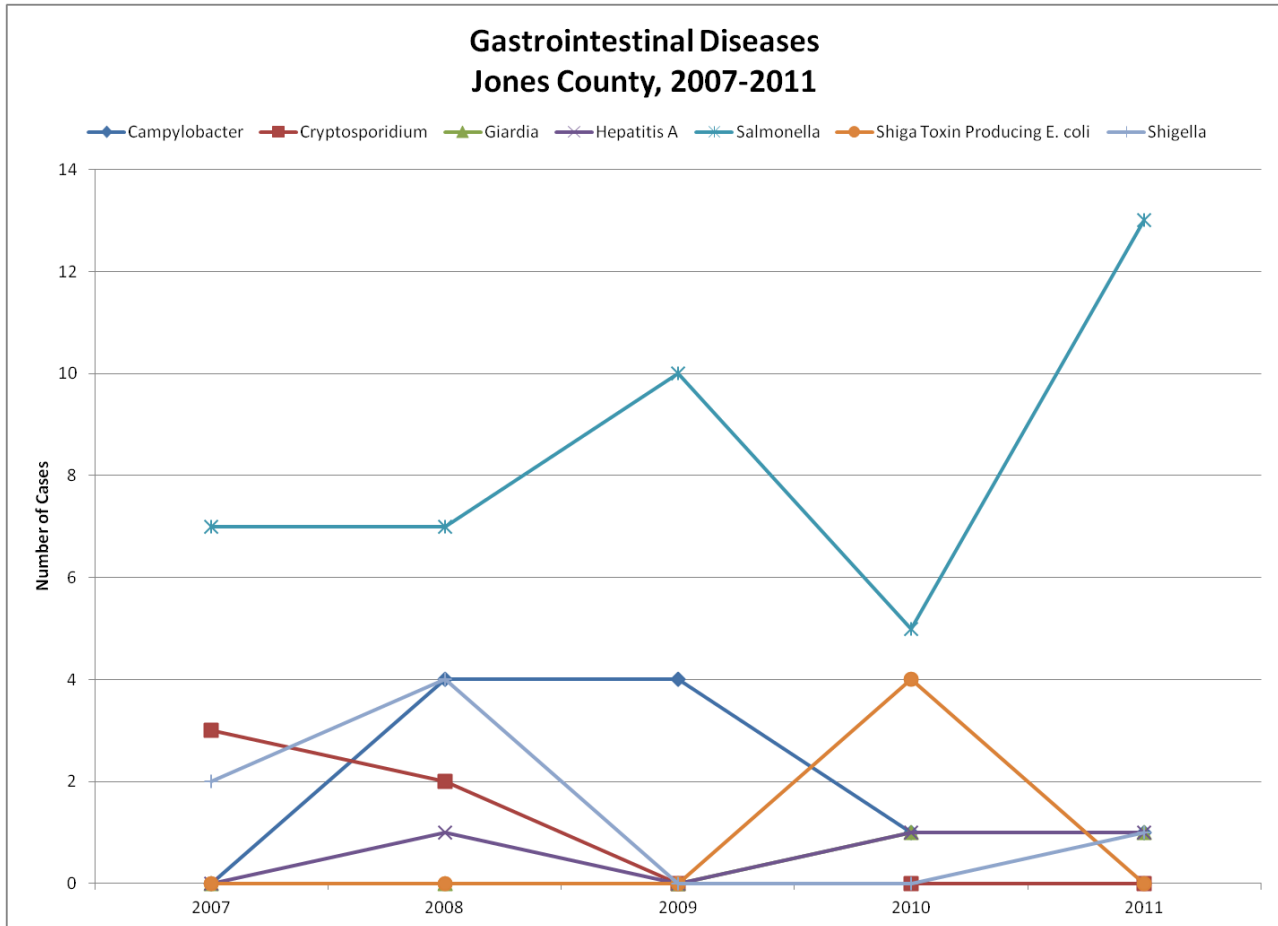


Source: OASIS

## Gastrointestinal Disease

Intestinal diseases are infections that are commonly transmitted through consuming contaminated food, but can also be spread through contact with water, animals, and other environmental sources. In order for a person to be tested for an intestinal disease, their doctor must collect stool samples and send it to a laboratory for testing. Since everyone does not go to the doctor when they are ill and/or does not have testing done many cases of intestinal disease are not reported.

**Figure 19: Gastrointestinal Diseases (Cases) in Jones County**



Source: SENDSS

- **In 2008, there was an increase** in Shigella cases in Jones County. This is attributed to the cyclical pattern of shigella.
- Salmonella has had the **largest** number of cases from 2007-2011.

**Invasive Bacterial Disease (Non-Vaccine Preventable)**

Invasive bacterial diseases can occur when a bacteria enters the body and causes an infection in a particular area. Streptococcal Disease Group A (GAS) is a bacterium commonly carried in the throat and on the skin, often without symptoms but it can cause mild to severe illness, such as strep throat, necrotizing fasciitis, and impetigo. Streptococcal Disease Group B is a bacterium that colonizes in the colon and genital tract of women and may cause infections in mothers and be passed to their infants at the time of delivery and cause meningitis and sepsis. It is common for an adult to carry this disease and not have symptoms. The mode of transmission in non-pregnant adults is unknown. Methicillin-resistant *Staphylococcus aureus* (MRSA) is a resistant form of staph bacteria that is primarily spread through direct skin to skin contact. Athletes, children in childcare settings, and congregate settings such as prisons and jails are at a high risk for MRSA.

**Table 12: Invasive Bacterial Diseases in Jones County**

<b>Invasive Bacterial Diseases (Cases), Jones County, 2007-2011</b>					
<b>Disease</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>MRSA (community associated)</b>	0	1	1	1	0
<b>Streptococcus (Group A)</b>	2	2	0	0	0
<b>Streptococcus (Group B)</b>	2	5	2	1	1

Source: SENDSS

**To report an infectious disease contact:**

**North Central Health District  
 Epidemiology and Infectious Disease Unit  
 201 Second St, Ste 1100  
 Macon, GA 31201  
 Phone (478)751-6303  
 Fax (478)752-1710**

## ENVIRONMENTAL HEALTH

The Environmental Health Section at the North Central Health District provides control and prevention through a combination of surveillance, education, enforcement, and assessment programs designed to identify and abate the environmental conditions that adversely impact human health. Additional information, including Rules and Regulations, can be found for each program by directing your web browser to the Division of Public Health Environmental Health Section: [www.georgiaehs.us](http://www.georgiaehs.us).

The following services are provided by local and district environmental specialists within the NCHD:

- Plan review, permitting, inspection and complaint investigation of :
  - Food Service establishments
  - Tourist accommodations
  - Public Swimming Pools
  - On-site sewage management systems and pumper operations
- Investigation of foodborne, waterborne and vectorborne diseases
- On-site sewage contractor testing and certification
- Investigation of general nuisance complaints concerning sewage, insects, rodents, solid waste, and other environmental issues
- Inspection and testing of individual water wells
- Conducts investigations and provides technical assistance to private physicians, veterinarians, hospital emergency rooms, and local animal control shelters by following the Rabies Control Law and coordinates specimen testing with the Georgia Public Health Laboratory.
- Childhood Lead Poisoning Prevention Program

### Vectorborne/Zoonotic Disease

Vectorborne diseases are those bacterial and viral illnesses transmitted by mosquitoes, ticks, and fleas. Zoonotic diseases are spread between animals and humans and are caused by bacteria, viruses, parasites, and fungi.

**Table 13: Vectorborne Diseases in Jones County.**

- The NCHD Epidemiology Program interviews reported human cases of Vectorborne and Zoonotic diseases. These interviews provide valuable epidemiological data as well as education to infected residents.
- The NCHD Environmental Specialists work to educate the public regarding the prevention of mosquito-borne viruses in the human and equine populations. In addition, public health environmentalists work closely with the District and State Epidemiologists in the area of surveillance, submitting specimens as needed and reporting and mapping areas of concern throughout the District.

<b>Vectorborne/Zoonotic Diseases (Cases), Jones County, 2007-2011</b>	
<b>Anaplasma</b>	0
<b>Brucellosis</b>	0
<b>Ehrlichiosis/Anaplasmosis</b>	2
<b>Lyme</b>	4
<b>Malaria</b>	0
<b>Rocky Mountain Spotted Fever</b>	5
<b>Toxoplasmosis</b>	0
<b>West Nile Virus</b>	0

Source: SENDSS

## Rabies

Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal. The vast majority of rabies cases reported to the Centers for Disease Control and Prevention (CDC) each year occur in wild animals like raccoons, skunks, bats, and foxes. The rabies virus infects the central nervous system, ultimately causing disease in the brain and death. The early symptoms of rabies in people are similar to that of many other illnesses, including fever, headache, and general weakness or discomfort. As the disease progresses, more specific symptoms appear and may include insomnia, anxiety, confusion, slight or partial paralysis, excitation, hallucinations, agitation, hypersalivation (increase in saliva), difficulty swallowing, and hydrophobia (fear of water). Death usually occurs within days of the onset of these symptoms.

Although human rabies deaths are rare, the estimated public health costs associated with disease detection, prevention, and control have risen, exceeding \$300 million annually. These costs include the vaccination of companion animals, animal control programs, maintenance of rabies laboratories, and medical costs, such as those incurred for rabies postexposure prophylaxis (PEP). Although the cost varies, a course of rabies immune globulin and five doses of vaccine given over a 4-week period typically exceeds \$1,000. The cost per human life saved from rabies ranges from approximately \$10,000 to \$100 million, depending on the nature of the exposure and the probability of rabies in a region.

**Table 14: Types of Animals Tested**

<b>Types of Animals Tested Jones County, 2011</b>		
<b>Animal</b>	<b>How Many Tested</b>	<b>Tested Positive</b>
<b>Cat</b>	4	0
<b>Dog</b>	1	0
<b>Fox</b>	1	0
<b>Raccoon</b>	2	0

Source: Jones County Environmental Health

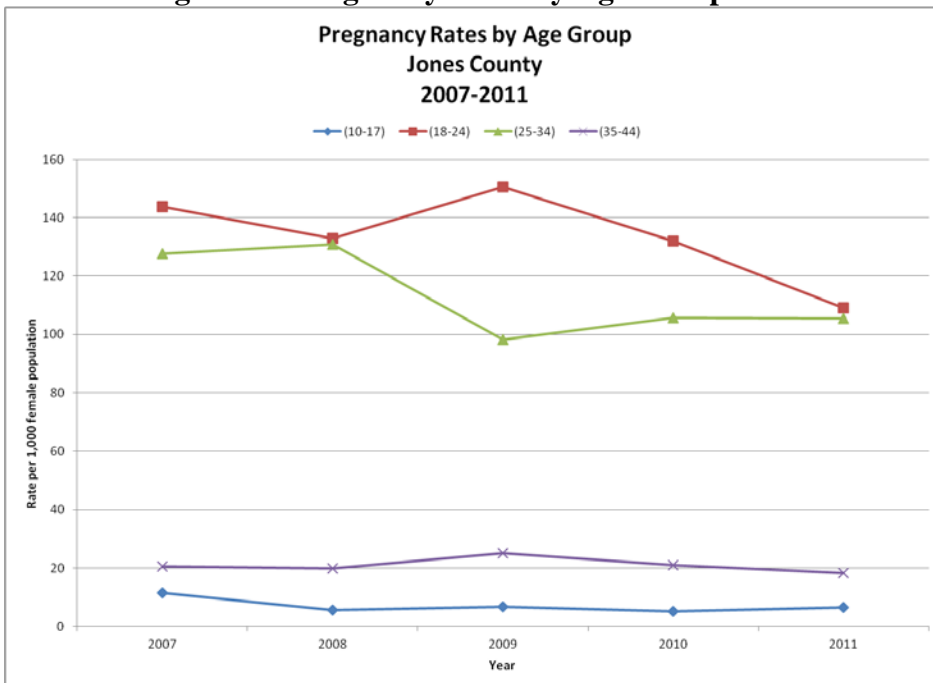
## MATERNAL AND CHILD HEALTH

The well-being of mothers, infants, and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The objectives of the Maternal and Child Health topic area address a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families.

### Pregnancy

Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include: Hypertension and heart disease, Diabetes, Depression, Genetic conditions, Sexually transmitted diseases (STDs), Tobacco use and alcohol abuse, inadequate nutrition, and Unhealthy weight. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. During 1961–2011, birth rates decreased for all women aged 15–44 years. During 2007–2011, birth rates decreased for all women aged <35 years, with rates for women aged 20–24 years (85.3 per 1,000 population) and those aged 15–19 years (31.3) reaching historic lows.

**Figure 20: Pregnancy Rates by Age Group**

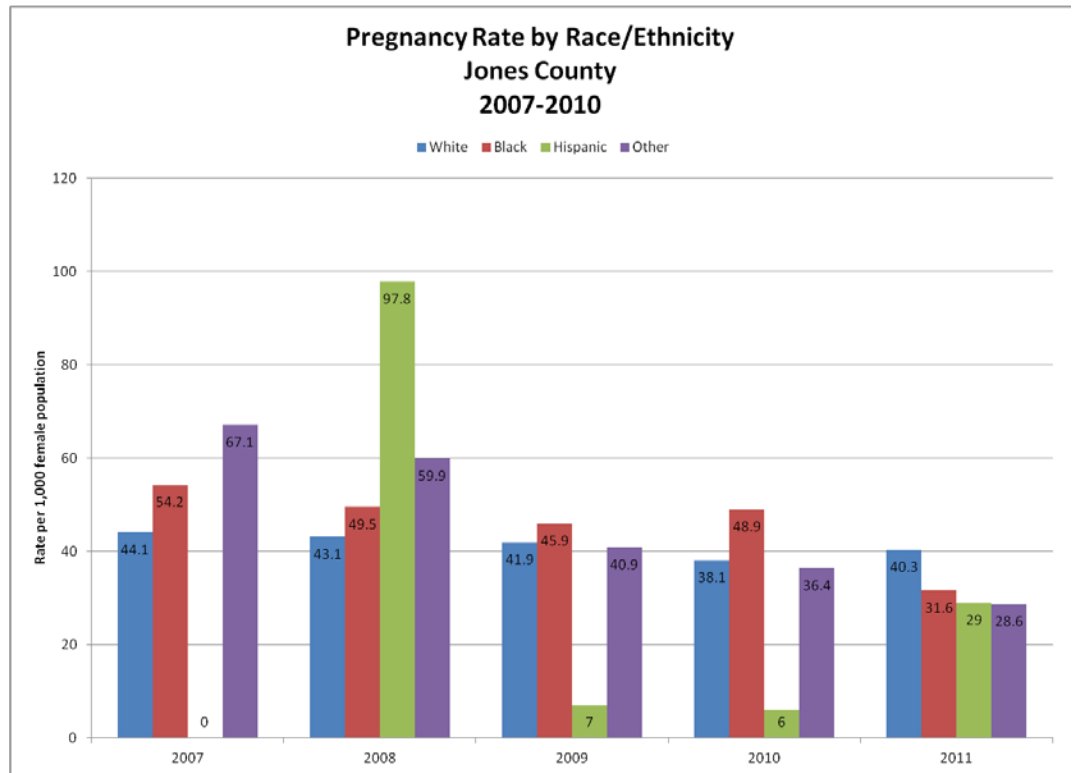


- The overall pregnancy rate for Jones County from 2007-2011 was **43.6 per 1,000 female population**, which was lower than the pregnancy rate in the District of 53.3.
- The total number of pregnancies which occurred in Jones County from 2007 – 2011 was 1,988.

Source: OASIS

**Figure 21: Pregnancy Rate by Race/Ethnicity**

- From 2007-2010, the Black population had the highest rates of pregnancy overall.



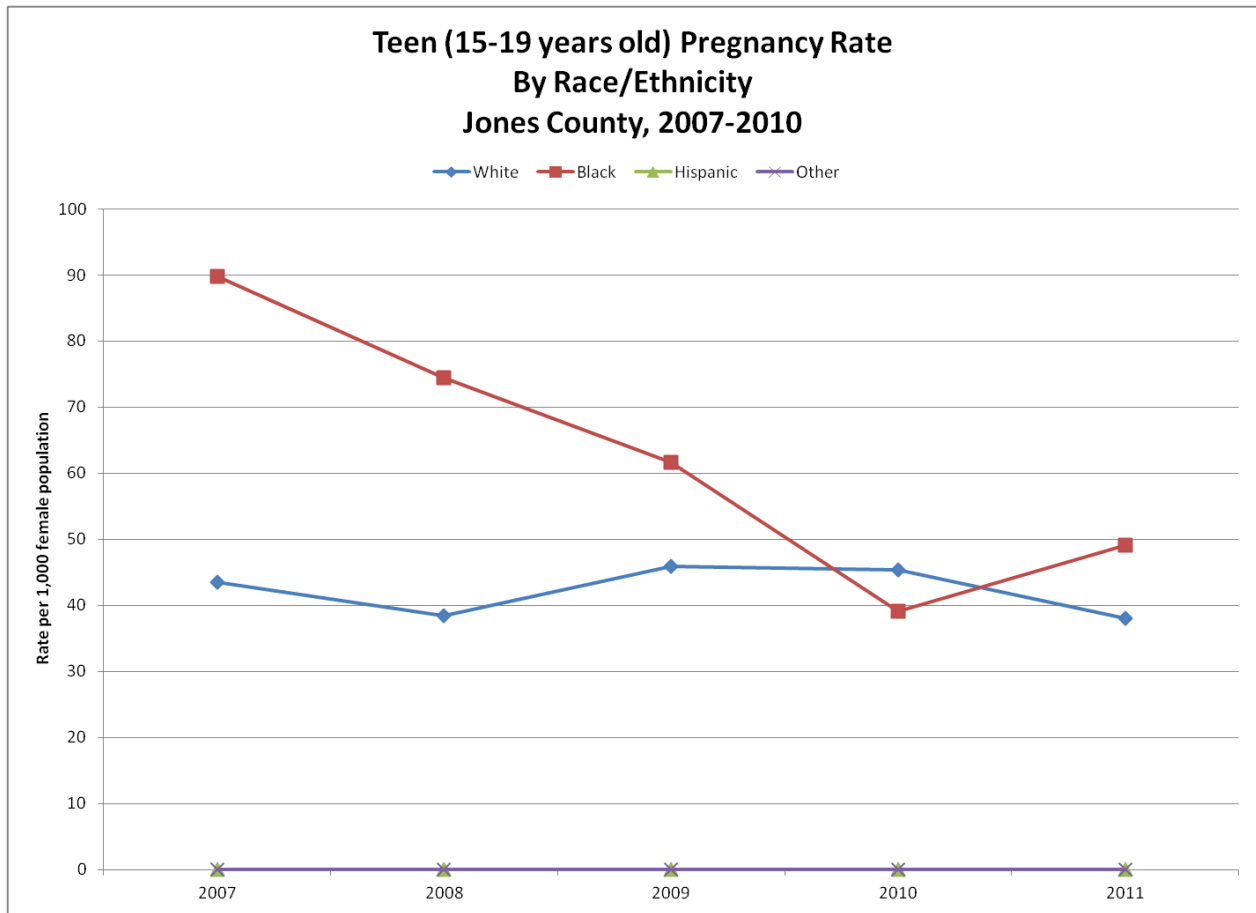
*Teen Pregnancy*

In 2011, a total of 329,797 babies were born to women aged 15–19 years, for a live birth rate of 31.3 per 1,000 women in this age group. This is a record low for U.S. teens in this age group, and a drop of 8% from 2010. Birth rates fell 11% for women aged 15–17 years, and 7% for women aged 18–19 years. While reasons for the declines are not clear, teens seem to be less sexually active, and more of those who are sexually active seem to be using birth control than in previous years. Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children and therefore remain a concern for public health.

In 2008, teen pregnancy and childbirth accounted for nearly \$11 billion per year in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers. Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence. The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.

These effects remain for the teen mother and her child even after adjusting for those factors that increased the teenager’s risk for pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having poor performance in school.

**Figure 22: Teen Pregnancy Rate by Race/Ethnicity**



Source: OASIS

- From 2007-2010, **Black** teens (15-19 years old) had the **highest** pregnancy rate, however there has been a steady decrease since 2007.

**Table 15: Repeat Teen Births**

Repeat Teen Births, Jones County, 2007-2011	
Age of Mother	Number of Births
10 to 14	0
15 to 17	5
18 to 19	29

- In Jones County (2011), repeat teen births occurred most often in the **18-19 year old age group**.

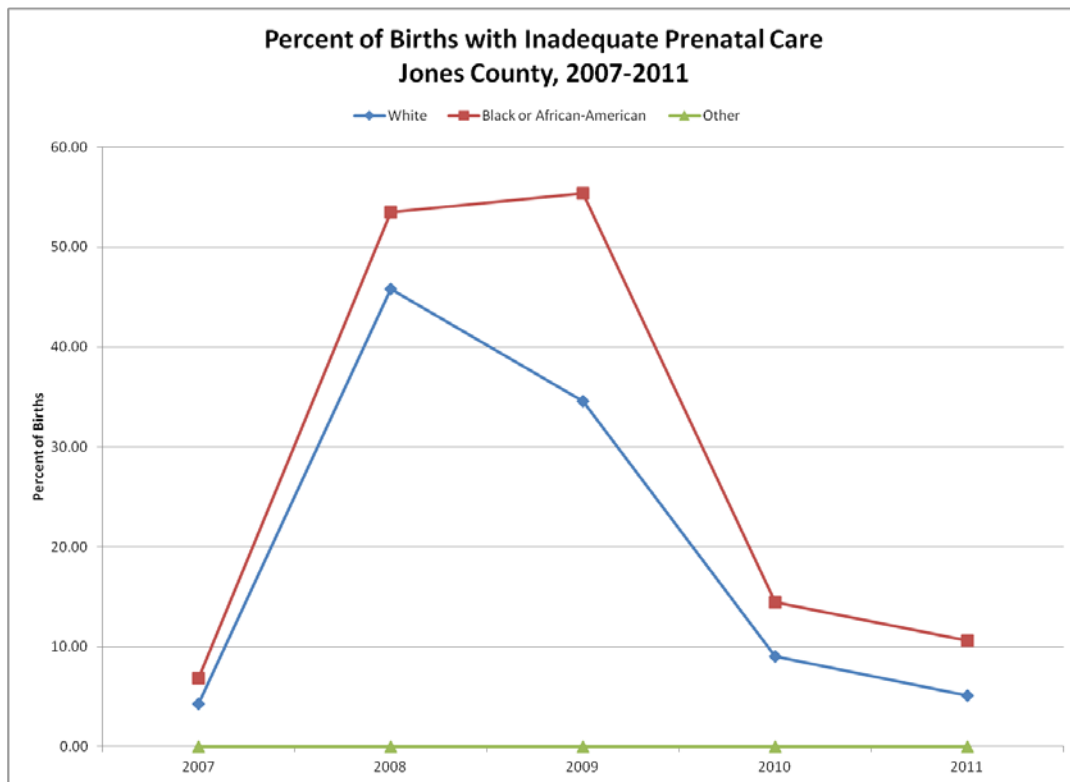
Source: OASIS

## Prenatal Care

Women who see a healthcare provider early and regularly during pregnancy improve their chances of having healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy.

The Kotelchuck measure is an index of adequacy of prenatal care based upon month of entry, number of prenatal visits and gestational age of infant at birth. It uses American College of Obstetricians and Gynecologists standards for number of visits. The number of births by the "inadequate" value from the Kotelchuck Index, per 100 live births. Formula =  $[\text{Number of Live Births with Inadequate Kotelchuck Value} / \text{Number of Live Births}] * 100$ . Based on the Kotelchuck index, inadequate prenatal care is defined by a score of 79% or less.

**Figure 23: Percent of Births with Inadequate Prenatal Care**



Source: OASIS Miner

- From 2007-2011, **Black women had the highest number** of births with an inadequate Kotelchuck Index.
- In **2008 and 2009 there was a peak** in inadequate prenatal care in Jones County in the White and Black populations.

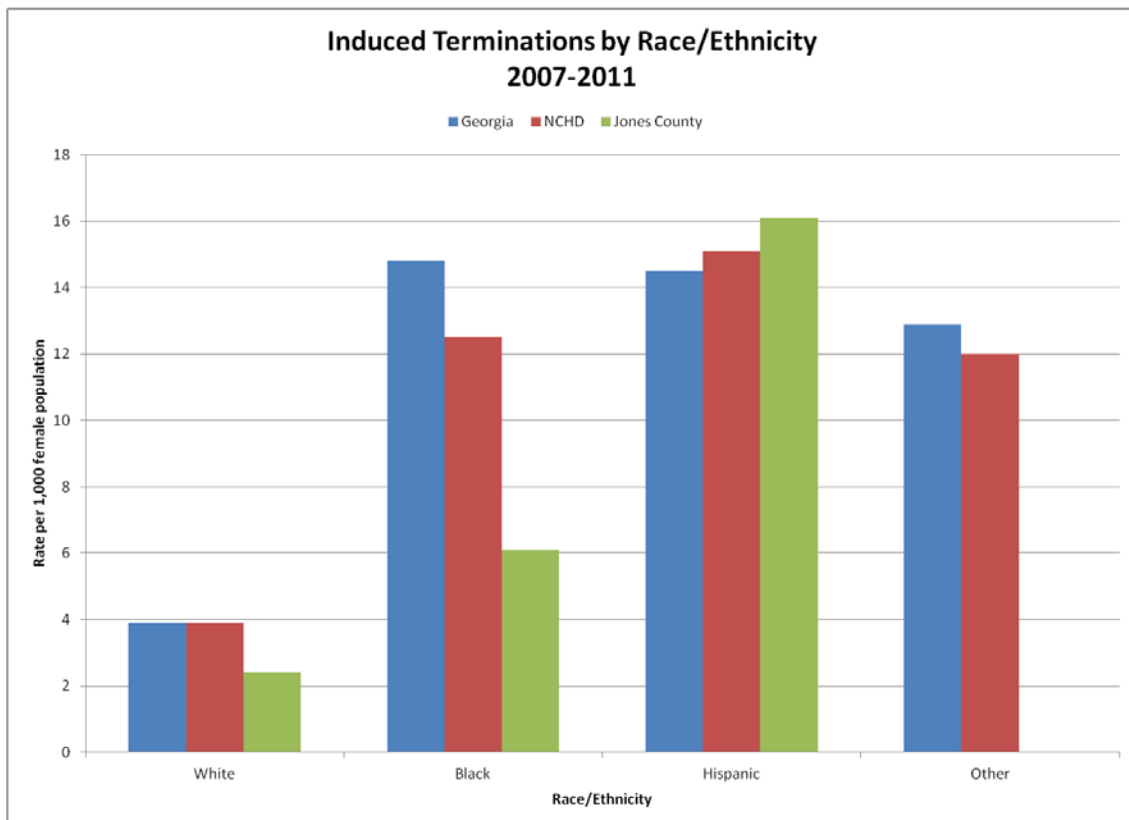
## Abortions

A legal abortion is defined as an intervention performed by a licensed clinician that is intended to terminate an ongoing pregnancy. Abortion data is used to document the number and characteristics of women obtaining legal induced abortions, evaluate the effectiveness of programs for reducing teen pregnancies and unintended pregnancies among women of all ages, calculate pregnancy rates, on the basis of the number of pregnancies ending in abortion, in conjunction with birth data and pregnancy loss estimates, and monitor changes in clinical practice patterns related to abortion, such as changes in the types of procedures used, and weeks of gestation at the time of abortion. This information is needed to calculate the mortality rate of specific abortion procedures.

In 2009, 784,507 legal induced abortions were reported to CDC from 48 reporting areas. The abortion rate for 2009 was 15.1 abortions per 1,000 women aged 15–44 years and the abortion ratio was 227 abortions per 1,000 live births. Women in their twenties accounted for the majority of abortions in 2009 and throughout the period of analysis. The majority of abortions in 2009 took place early in gestation: 91.7% of abortions were performed at  $\leq 13$  weeks' gestation, and of the abortions performed at  $\leq 13$  weeks' gestation, 69.8% were performed at  $\leq 8$  weeks' gestation.

- The number of abortions reported in Jones County from 2007-2011 was **174** and the rate was **3.8 per 1,000 female populations**.
- Jones County ranked **91st out of 157 counties** in Georgia (2 counties did not have data) for the rate of induced terminations from 2007-2011.

**Figure 24: Induced Terminations**

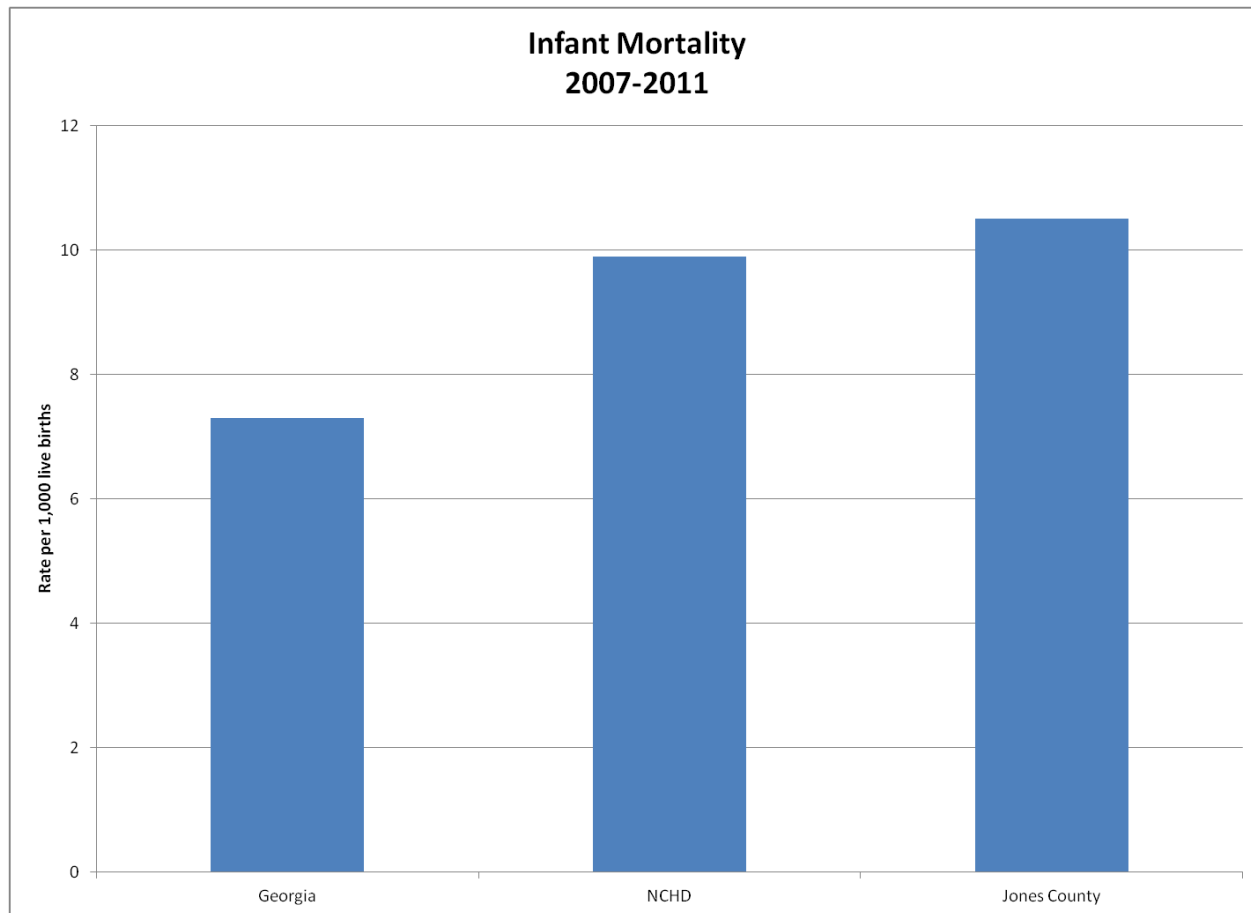


Source: OASIS

### Infant Mortality

- From 2007-2011 the infant mortality rate for Jones County is **higher** than that of the State and District.
- Infant Mortality rates are **highest in the black population**.

**Figure 25: Infant Mortality**



Source: OASIS

**Table 16: Top Causes of Infant Deaths**

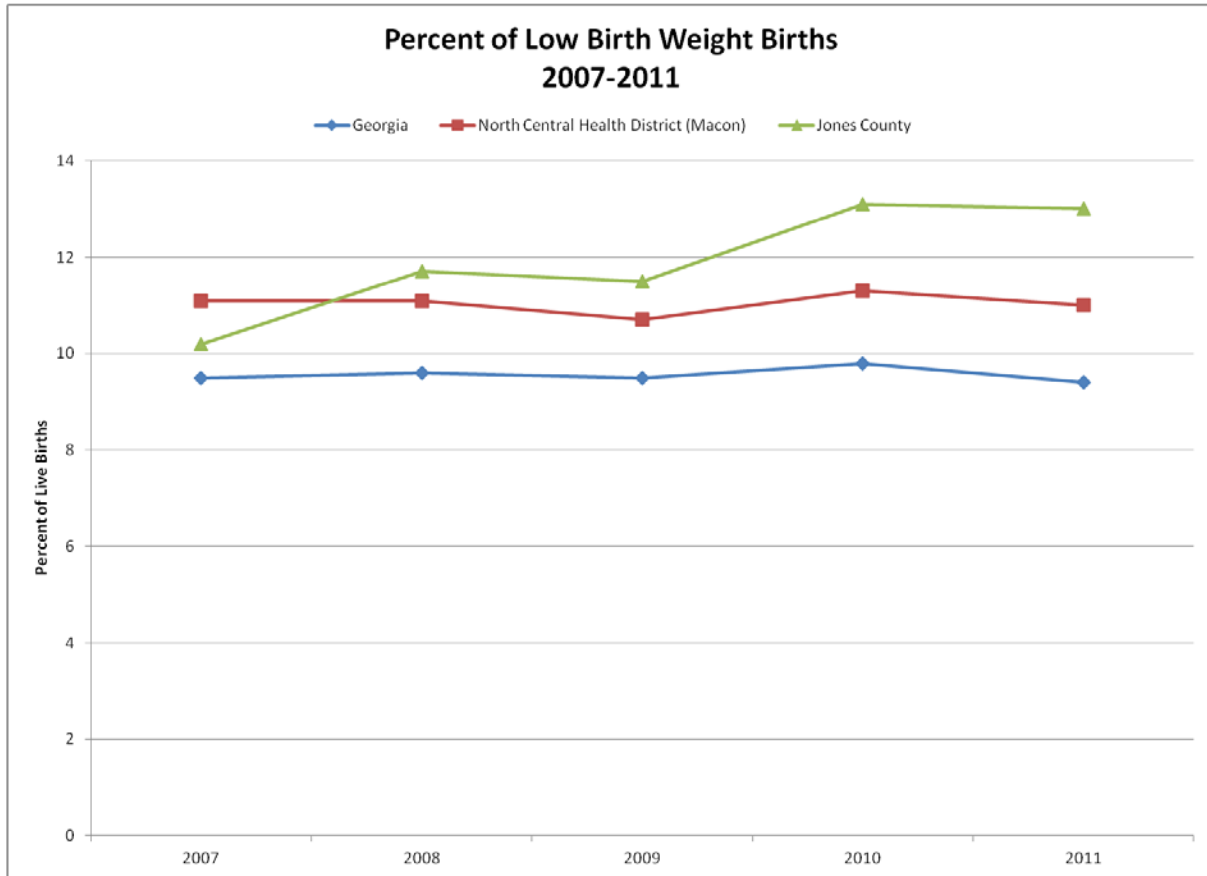
Top Causes of Infant Deaths, Jones County, 2007-2011	
Cause of Death	
Birth Defects	
Prematurity	
Respiratory Distress Syndrome (RDS)	
Sudden Infant Death Syndrome (SIDS)	

Source: OASIS

### Low Birth Weight Births

A weight of less than 5.5 lbs, or 2500 grams, at birth is considered to be low birth weight. A low birth weight infant can be born too small, too early, or both. This can happen for many different reasons which may or may not be related. Some causes may be smoking or drinking alcohol while pregnant, lack of weight gain, and be younger than 15 years or older than 35 years. Low birth weight babies are at an increased risk for serious health problems, disabilities, and death.

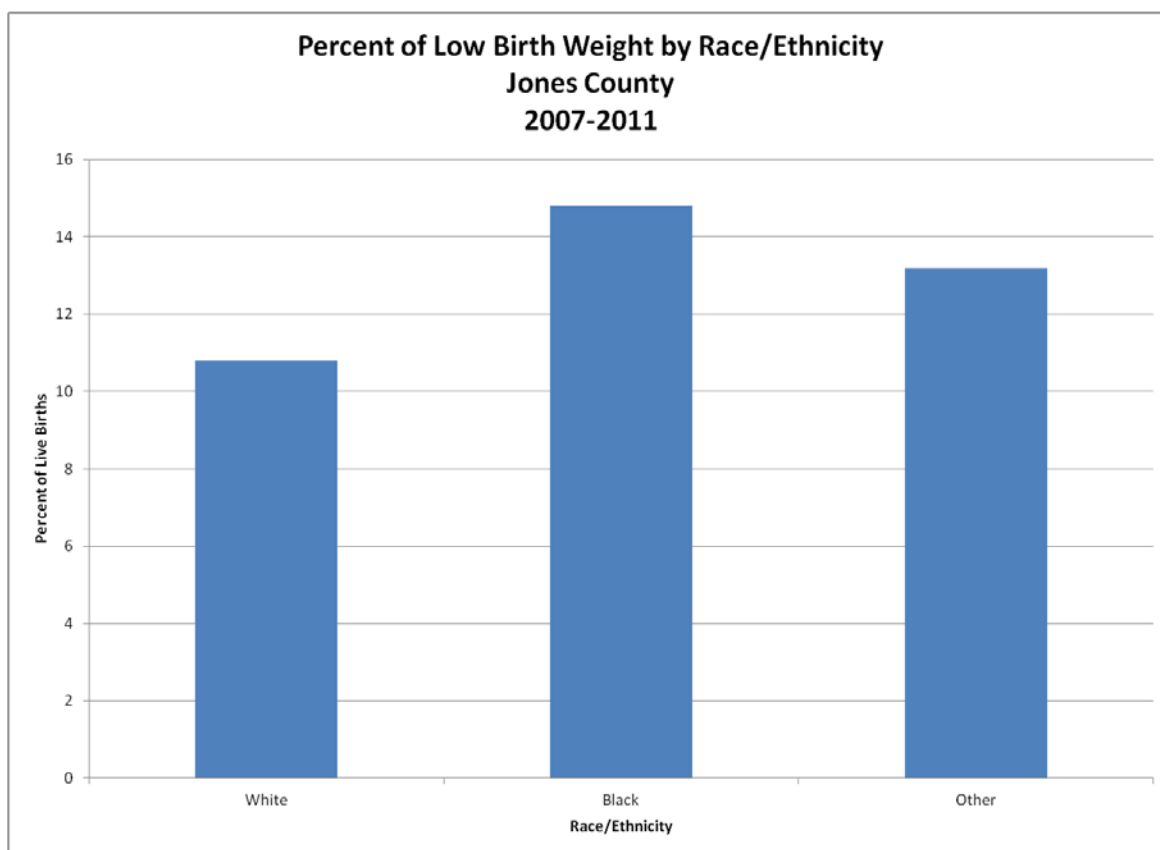
**Figure 26: Percent of Low Birth Weight Live Births**



Source: OASIS

- **11.9% of births** in Jones County from 2007-2011 were babies with low birth weights, compared to 9.5% for Georgia.

**Figure 27: Percent of Low Birth Weight Live Births by Race/Ethnicity**



Source: OASIS

- Blacks give birth to low birth weight babies at a **higher percentage** than any other race/ethnicity.

### Childhood Morbidity

**Table 17: Emergency Department Visits in Children**

Cause of Emergency Department Visit	Jones County	
	Number of ED Visits	Ed Visit Rate per 100,000 population
<b>External Causes</b>	2,443	6,276.20
<b>Falls</b>	647	1,662.20
<b>Motor Vehicle Crashes</b>	420	1,079.00
<b>Respiratory Diseases</b>	1,174	3,016.10
<b>Asthma</b>	165	423.9
<b>Pneumonia</b>	64	164.4
<b>Bone and Muscle Diseases</b>	321	824.7
<b>Reproductive and Urinary System</b>	306	786.1
<b>Digestive System Diseases</b>	298	765.6
<b>Infectious and Parasitic Diseases</b>	266	683.4
<b>Mental Health and Behavioral Disorders</b>	140	359.7
<b>Nervous System Diseases</b>	101	259.5

Injury and respiratory illnesses are the leading causes of emergency department visits in children 1-19 years of age in Jones County from 2007-2011.

Source: OASIS

### Childhood Immunizations

The results of the 2011 Immunization Report for Georgia indicates that District 5-2 (North Central Health District) immunization rate of children by 24 months of age was higher than the state rate (83.5% vs. 82.4%). By the end of data collection, the district up-to-date (UTD) immunization rate was higher than the state rate (99% vs. 94%).

**Table 18: Leading Causes of Emergency Department Visits in Children aged 1-19**

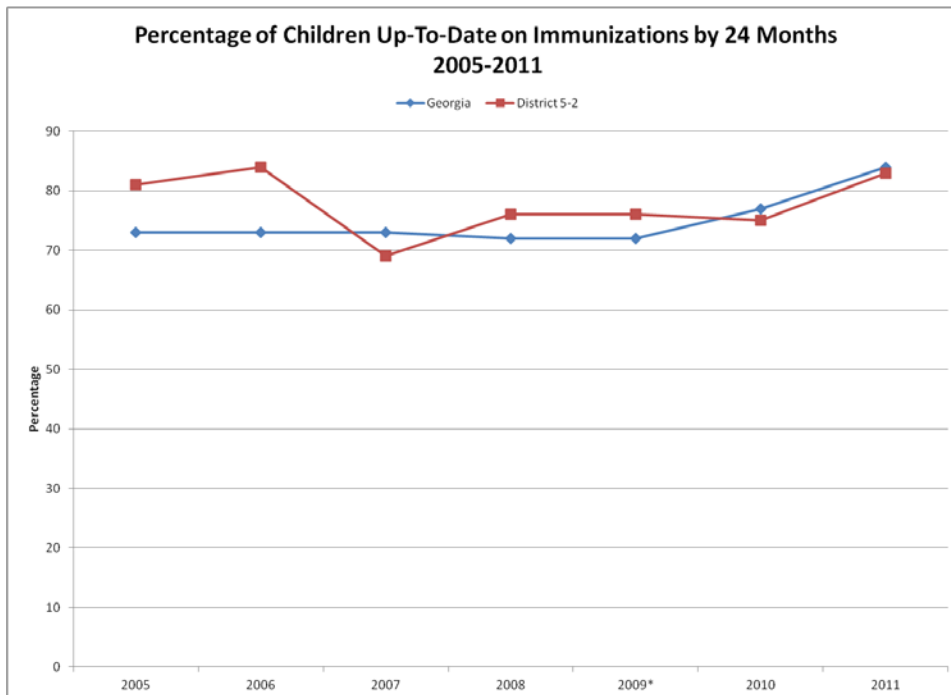
Immunization Summary by Series & Antigen, District 5-2, 2011		
	District	State Average
<b>UTD immunization rate* by 24 months</b>	83.5	82.4
<b>by end of data</b>	99.0	94.0
<b>4 Dtap by 24 months</b>	87.6	85.8
<b>3 Dtap by 24 months</b>	99.0	97.5
<b>3 IPV by 24 months</b>	96.9	96.7
<b>1 MMR by 24 months</b>	96.9	93.0
<b>UTD Hib by 24 months</b>	94.9	95.1
<b>3 Hep B by 24 months</b>	97.9	96.5
<b>1 Varicella by 24 months</b>	96.9	93.9
<b>UTD PCV by 24 months</b>	97.9	96.7
<b>2 Rotavirus by 24 months</b>	68.0	83.8
<b>2 Hep A by 24 months</b>	55.7	53.1
<b>1 Influenza by 24 months</b>	53.6	60.1
<b>2 H1N1</b>	24.7	27.1

Source: Georgia 2011 Immunization Report

1 This value includes children who become UTD during the data collection period. This number, when compared to the values followed with "by 24 months", is a testament to the efforts of district staff to reach the children originally listed as incomplete in their district.

\* This rate includes children up-to-date by ACIP-recommended catch-up schedule.

**Figure 28: Percentage of Children UTD on Immunizations**



From 2010 to 2011: The District 5-2 UTD immunization rate by 24 months increased by 11% from 2010 to 2011. The district UTD immunization rate by the end of data collection increased by 2.1% from 2010 to 2011.

Source: Georgia 2011 Immunization Report

**Table 19: Immunization Coverage by 24 months of age**

Antigen-Specific Immunization Coverage (%) by 24 months of age, District 5-2, 2005-2011						
	2005	2006	2007	2008	2010	2011
<b>4 Dtap by 24 months</b>	84.2	86.3	76.9	81.3	81.2	87.6
<b>3 Polio by 24 months</b>	92.1	95.4	91.0	88.8	95.5	96.9
<b>1 MMR by 24 months</b>	91.4	93.1	84.6	89.6	93.2	96.9
<b>UTD HiB by 24 months</b>	89.2	92.4	82.1	85.8	90.2	94.9
<b>3 Hepatitis B by 24 months</b>	90.7	93.9	88.5	91.0	97.0	97.9
<b>1 Varicella by 24 months</b>	92.1	93.9	84.6	88.1	95.5	96.9
<b>UTD PCV by 24 months</b>	43.2	75.6	78.2	85.1	90.2	97.9
<b>2 Rotavirus</b>	-	-	-	-	65.4	68.0
<b>1 Influenza by 24 months</b>	-	-	-	-	49.6	53.6

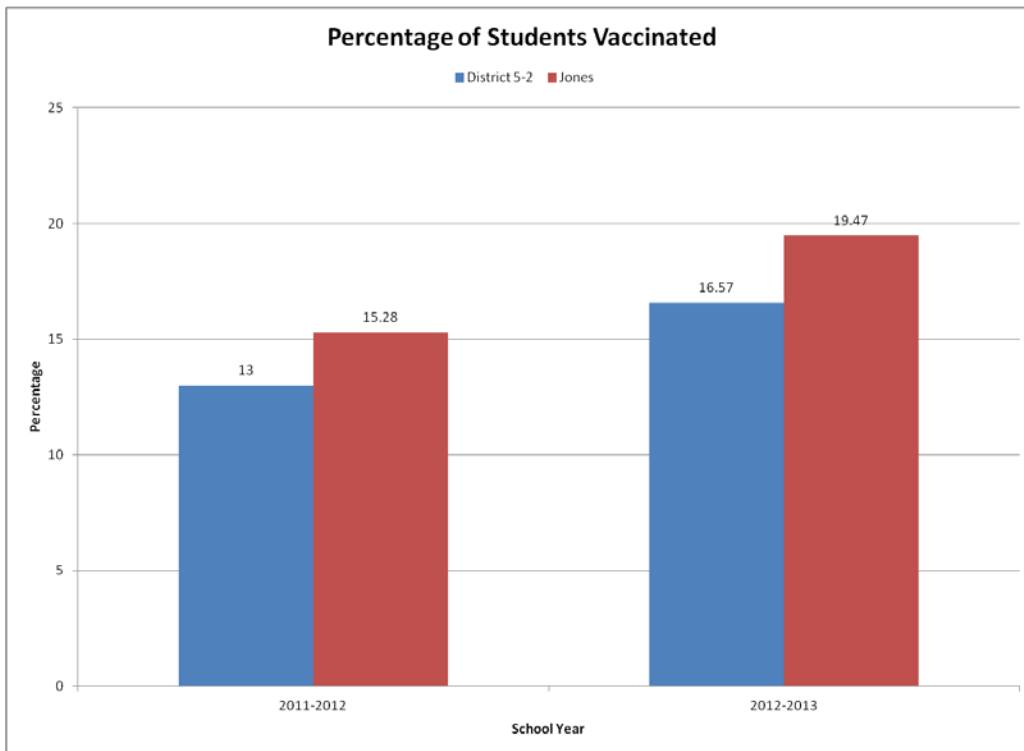
Source: Georgia 2011 Immunization Report

**Immunization Rates by Antigen:** In District 5-2, the UTD immunization rate by 24 months for most antigens fluctuated from 2005-2010. Increasing to higher rates for all antigens in 2011.

Among antigen rates in 2011, the DTaP UTD immunization rate was the lowest at 87.6%, up from 81.2% in 2010. The Hib UTD immunization rate was second-lowest at 94.9%, up from 90.2% in 2010. Since first being ACIP-recommended in 2002, UTD coverage by 24 months for the pneumococcal conjugate vaccine increased from 43.2% in 2005 to 97.9% in 2011.

**School-Located Influenza Vaccination Programs**

**Figure 29: Percent of Children Vaccinated Through SLIV**



Influenza is a contributing factor to school absences. School-located influenza vaccination (SLIV) programs provide greater access for students to be immunized.

Jones County has seen a steady increase in participation in the SLIV program.

Source: NCHD SLIV Program

## Youth Risk Behaviors

Health risk behaviors are often established during childhood and adolescence and can extend into adulthood. Encouraging the adoption of healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood.

### *Youth Obesity*

Obesity in children and adolescents has immediate and long-term effects on health and well being and continues to be a major public health concern in the U.S. Immediate health effects includes cardiovascular disease such as high cholesterol or high blood pressure, prediabetes, bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem. Long-term health effects include heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

According to the High School Youth Risk Behavior Survey in 2011 (covering grades 9-12):

- **15% of Georgia high school youth were estimated to be obese** compared to the U.S. rate of 13%
- **Black youth had the highest percentage of obesity** at 17.6%, compared to whites at 12.8% and Hispanics at 16.5%.
- **43.1% ate vegetables less than one time per day** compared to 37.7% in the U.S.
- **53.8% did not attend physical education classes in an average week** (when in school).
- **36.6% reported watching television** for 3 or more hours per day.
- **27.8% reported using a computer** for 3 or more hours per day.
- **81.9% drank a can, bottle or glass of soda/pop** at least once during the week.

According to the Middle School Youth Risk Behavior Survey in 2011 (covering grades 6-8):

- **35.3% did not attend physical education classes in an average week** (when in school).
- **45.2% reported watching television** for 3 or more hours per day.
- **30.5% reported using a computer** for 3 or more hours per day.

*Alcohol and Other Drug Use*

Alcohol and other drug use among our nation’s youth remains a major public health problem. Substance use and abuse can increase the risk for injuries, violence, HIV infection, and other diseases.

In 2011:

- High school students that report drinking alcohol has **decreased** over the years, however **34.6% of high school students report current alcohol use and 66.1% have had alcohol at least once in their lifetime.**
- **17.5% of high school students report having five or more drinks of alcohol in a row within a couple of hours on at least 1 day in the past month.**

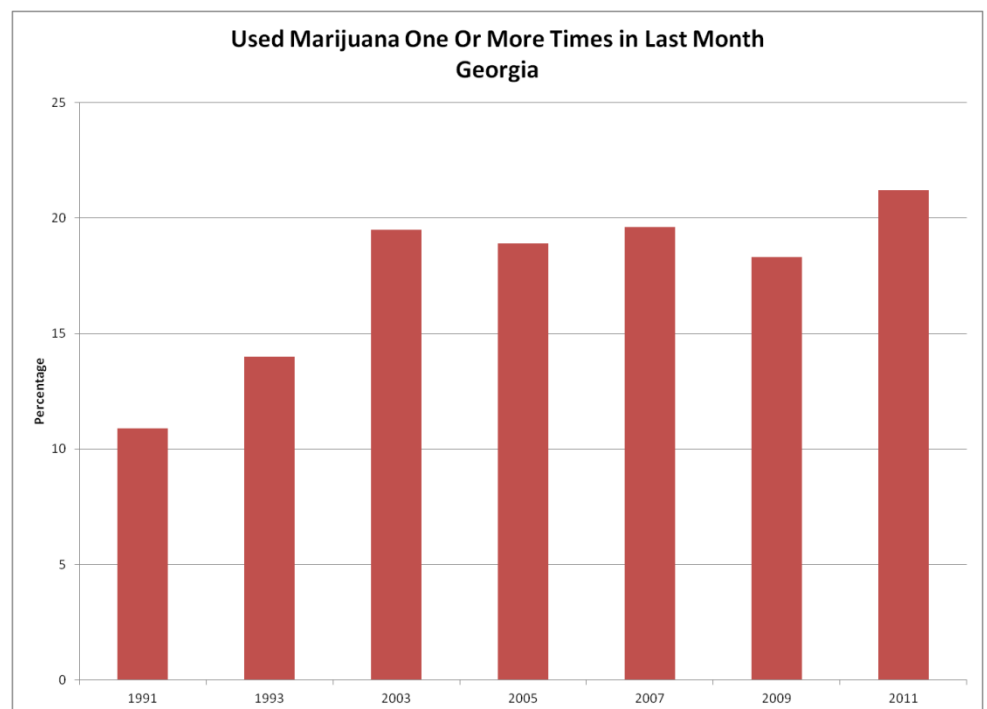
**Figure 30: Teens currently using alcohol**



Source: YRBSS

**Figure 31: Teens currently using marijuana**

- High school students that report marijuana use has **increased** over the years
- **21.2% of high school students report current marijuana use and 37.9% have used marijuana at least once in their lifetime.**
- 6.7% of high school students report ever using cocaine, 4.7% report heroin use, 6% report methamphetamines use, and 8.5% report ecstasy use.

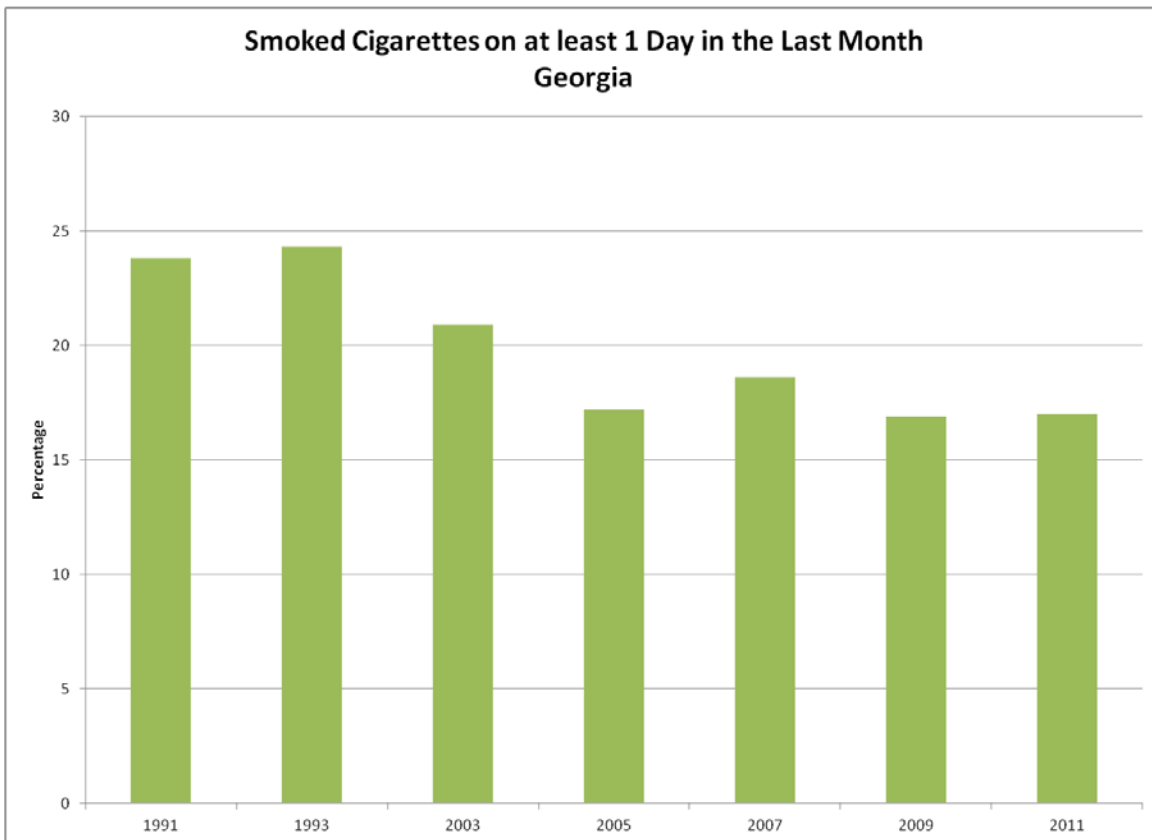


Source: YRBSS

*Youth Smoking*

According to the 2012 Surgeon General’s report on tobacco and youth, more than 600,000 middle school students and 3 million high school students smoke cigarettes. Rates of decline for cigarette smoking have slowed in the last decade and rates of decline for smokeless tobacco use have stalled completely. Smoking can cause bad breath, coughing, increased heart beat and blood pressure, respiratory problems, reduced immune function, increased illness, tooth decay, gum disease, and pre-cancerous gene mutations. Smoking during youth is also associated with an increased likelihood of high risk sexual behavior and using illegal drugs and alcohol. Some risk factors associated with youth tobacco use include low socioeconomic status, tobacco use by family and friends, lack of skills to resist tobacco use, lack of parental support or involvement, ease of access to tobacco products, low levels of educational achievement, low self esteem and aggressive behavior (e.g., fighting, carrying weapons).

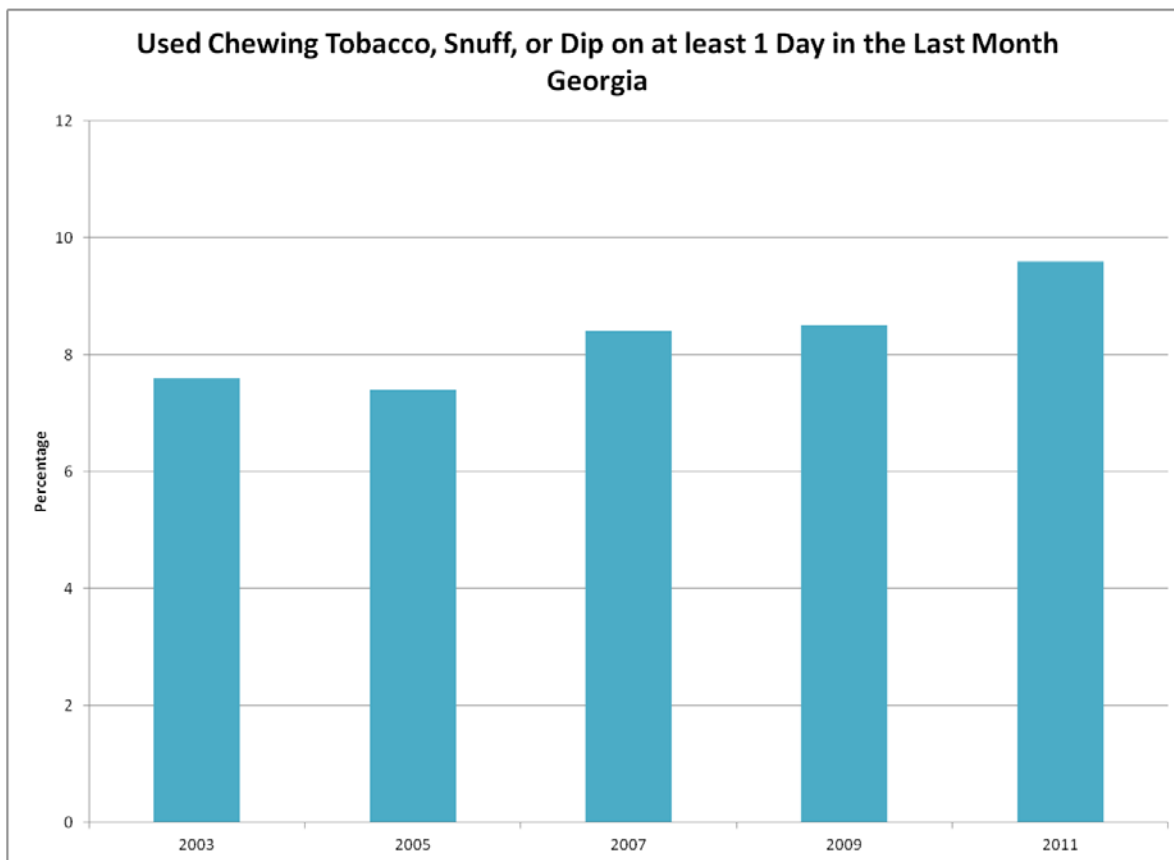
**Figure 32: Teens currently using cigarettes**



Source: YRBSS

- **47.1 %** of Georgia high school and **26.1%** of Georgia middle school students **have tried cigarette smoking**, even one or two puffs, during their lifetime.
- Among those that currently smoke, **51.4%** of Georgia high school students **did not try to quit smoking within the past year.**

**Figure 33: Teens currently using chewing tobacco, snuff, or dip**



Source: YRBSS

- Use of smokeless tobacco products has increased in Georgia over the past 10 years.
  - **9.6%** of Georgia high school and **4.7%** of Georgia middle school students are **currently using smokeless tobacco products.**

## BEHAVIORAL AND MENTAL HEALTH

Mental health disorders are common in the United States and can begin at any age without respect to gender or sex. They are thought to be caused by a variety of biochemical, genetic, and environmental risk factors and many individuals suffer from more than one disorder at a time.

According to the National Institute of Mental Health:

- It is estimated that in any given year **25% of adults** are diagnosable for one or more mental health disorders.
- **Women are no more or less likely than men** to experience any disorder over their lifetime.
- Non-Hispanic **blacks are 30% less likely** than non-Hispanic whites to experience any disorder during their lifetime.
- **Average age of onset is 14 years old.**
- Among all Americans, 36.2 million people paid for mental health services totaling **\$57.5 billion in 2006**. This means the average expenditure per person was \$1,591. Within this group, 4.6 million children received mental health services totaling \$8.9 billion. The average expenditure per child was higher than that for the average American at \$1,931.
- **36% of those with a disorder are receiving treatment.**

**Table 20: Immunization Coverage by 24 months of age**

Prevalence Estimates for Mental Disorder in U.S. Adults (18+)	
Type of Disorder	Estimated 12-Month Prevalence (%) of U.S. Population
Any Anxiety Disorder	18.1
Generalized Anxiety Disorder	3.1
Any Mood Disorder	9.5
Bipolar Disorder	2.6
Major Depression	6.7
Any Personality Disorder	9.1
Attention-Deficit/Hyperactivity Disorder	4.1
Schizophrenia	1.1

Source: NIMH

## CRIME AND SAFETY

Violence is a serious public health problem in the United States. From infants to the elderly, it affects people in all stages of life. Injuries—including unintentional injuries, homicide, and suicide, are the leading cause of death for people ages 1 to 44.

### Crime

**Table 21: Number of Violent and Property Crimes by Offense**

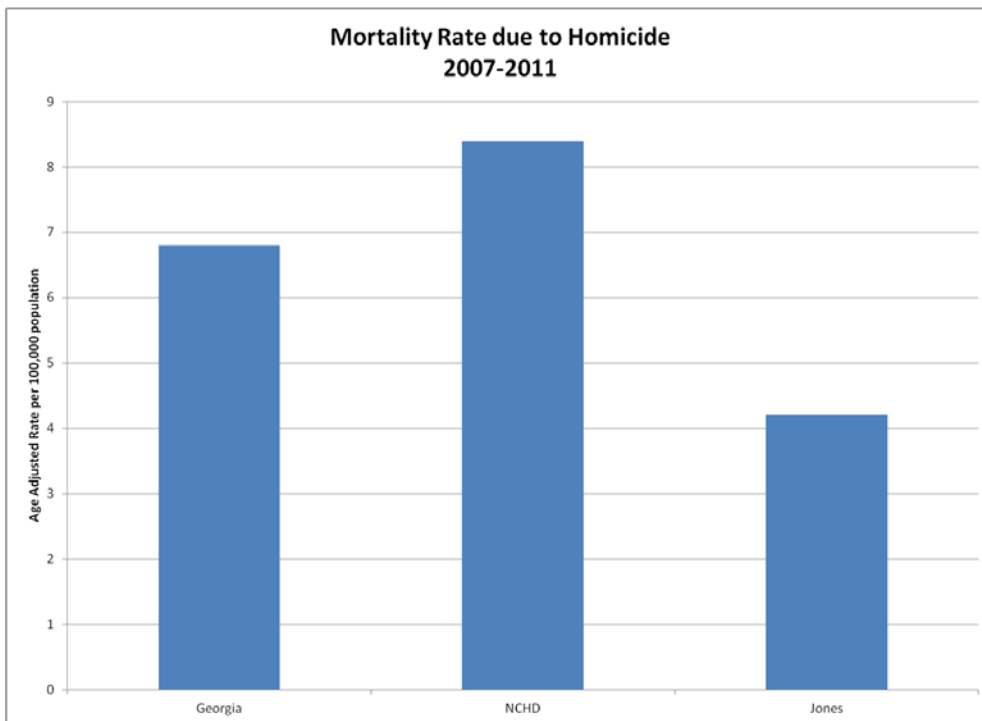
Crime Statistics, Jones County (2008 - 2012)							
Year	Murder	Rape	Robbery	Assault	Burglary	Larceny	Vehicle Theft
2008	2	4	5	31	173	390	48
2009	0	1	6	22	152	303	42
2010	0	1	4	29	155	385	65
2011	1	1	3	11	153	379	48
2012	1	2	2	17	141	350	33

Source: GBI

- From 2008-2012, **Larceny was the most frequently** committed crime in Jones County.
- The violent crime rate of Jones County in 2012 was 76.7 per 100,000 population, lower than the Georgia rate of 366.4.
- The rate of property crimes in Jones County for 2011 was 1,827.8 per 100,000 population, lower than the Georgia rate of 3,575.9.

### Homicide

**Figure 34: Mortality Rate due to Homicide**



The age group with the **highest homicide rate was 20-29 year olds** with a rate of 10 per 100,000.

*Family Violence*

- According to GBI, the most common type of family violence incidents is superficial wounds and abusive language.
- The most common weapon used in occurrences of domestic violence is a person’s hand/fist and most of the incidents the aggressor was a family member or member of the same household.

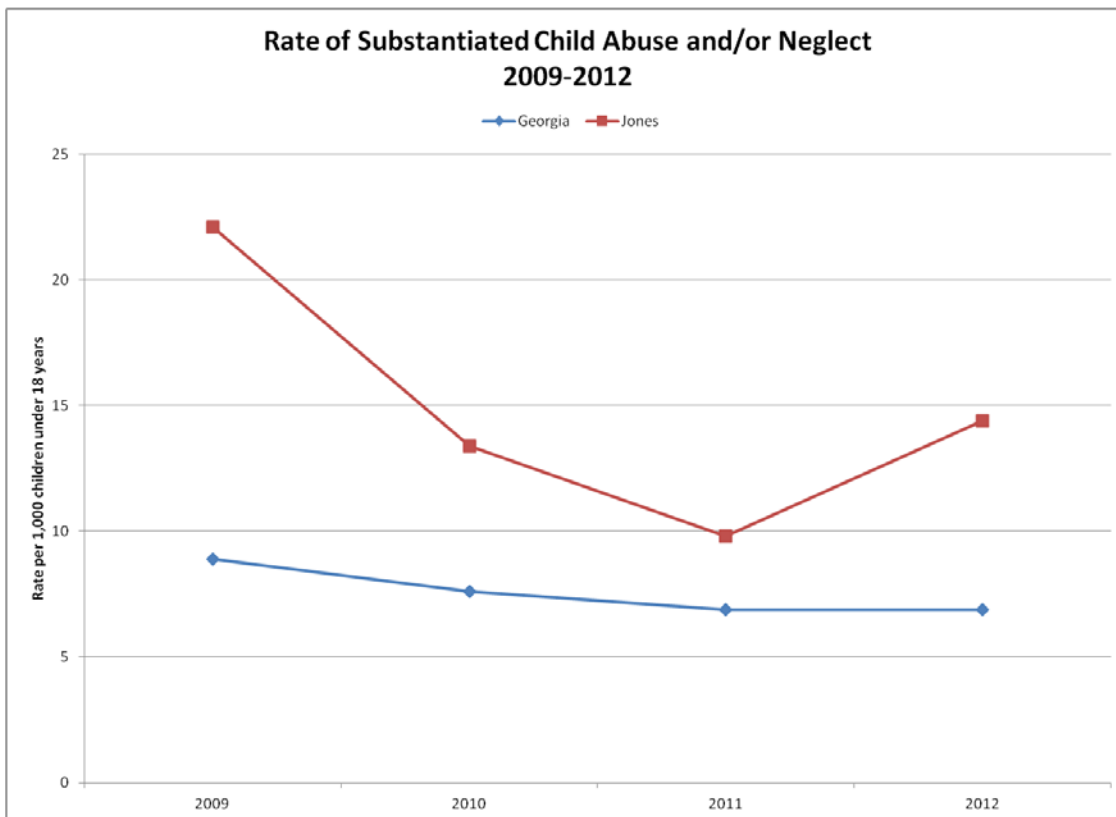
**Table 22: Number of Family Violence Incidents By Type and Aggressor**

Number of Family Violence Incidents By Type and Aggressor, Jones County 2012		
Abuse Type	Male	Female
FATAL INJURY	0	0
PERMANENTLY	0	0
TEMPORARILY	0	0
BROKEN BONES	0	0
GUN/KNIFE WOUNDS	0	1
SUPERFICIAL WOUNDS	23	10
PROPERTY DAMAGE	10	3
THREATS	5	2
ABUSIVE LANGUAGE	24	16
SEXUAL ABUSE	0	0
OTHER ABUSE	11	4

Source: GBI

*Child Maltreatment*

**Figure 35: Child Abuse and Neglect Rate**



In 2012, Jones County ranked **29<sup>th</sup> lowest** of the 159 counties reporting in Georgia for the rate of child abuse and or neglect.

Source: KIDS COUNT

## Injuries

**Injuries due to external causes account for 23% of all emergency department visits** in Jones County from 2006 to 2010 **and falls are the number one cause of emergency department visits** due to injury. During this time period, the rate of emergency department visits for **falls was highest in the elderly**, over age 75, with a rate of 4,850.2 per 100,000 visits compared to 1,551.7 for all age groups.

**Table 23: Emergency Department Visit Rate due to External Causes**

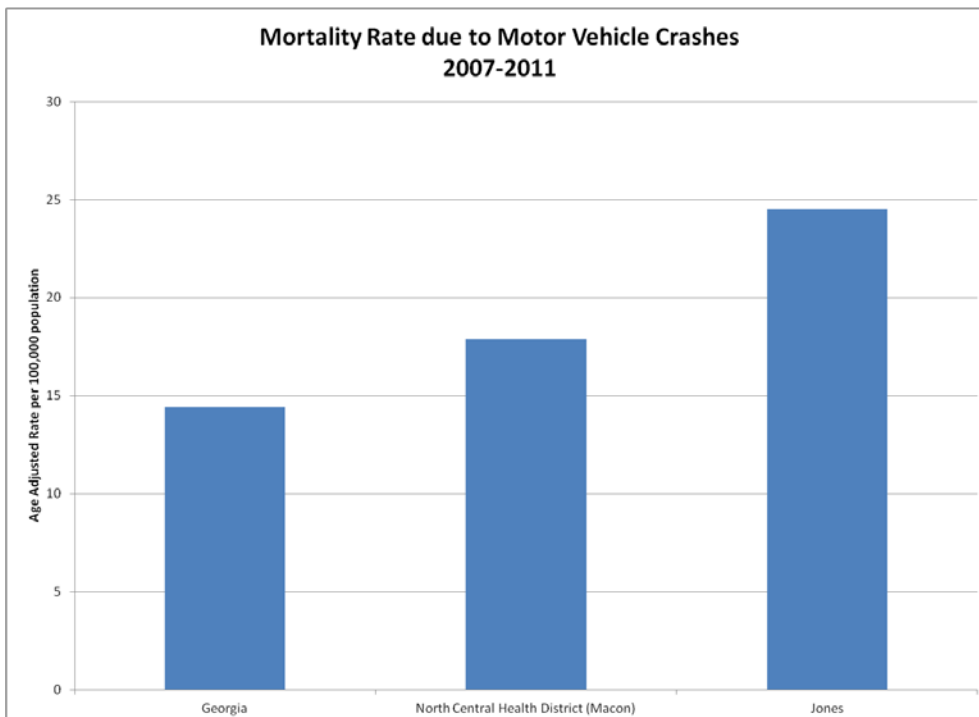
ER Visits Age Adjusted Rate, Jones County, 2006-2010	
Falls	1,551.70
Motor Vehicle Crashes	1,210.10
Homicide	246.2
Poisoning	98.9
Suicide	53.5
Fire and Smoke Exposure	36.2
Accidental Shooting	14.6
Legal Intervention	4.6

Source: OASIS

### *Motor Vehicle Crashes*

The emergency department visit rate for motor vehicle crashes (MVCs) from 2006-2010 in Jones County was 1210.1 per 100,000 visits higher than the state rate of 1,081.8.

**Figure 36: Mortality Rates by Age due to Motor Vehicle Crashes**



The mortality rate for MVCs in Jones County accounts for a large amount of deaths.

Source: OASIS

**Table 24: Number of Motor Vehicle Crashes by Person/ Crash Type**

Number of Motor Vehicle Crashes by Person/ Crash Type in Jones County, 2003 - 2008	
Passenger Vehicles	3,923
Intersection Related	1,876
Child Passenger (Ages 0-15)	520
Young Adult Driver (Ages 15-20)	848
Elderly Driver (Ages 65 and older)	340
At Least 1 Unrestrained Driver	205
Motorcycles	48
Pedestrians	13
Speeding Involved	23
Bicyclist (or other cyclist)	3

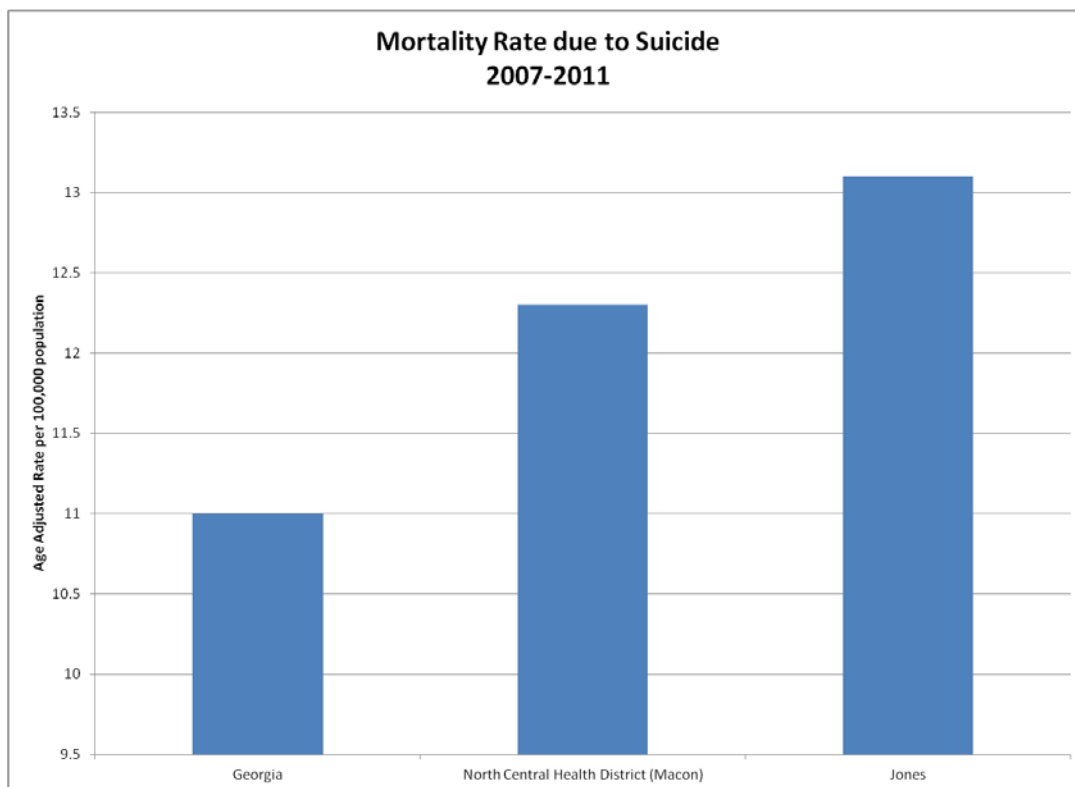
Most MVCs occurred with passenger vehicles and in intersections.

Source: OASIS

*Suicide*

The suicide rate in Jones County is higher than the state and district rates from 2007-2011 and it is higher for whites than any other race. Females (63.6 per 100,000 population) have a higher mortality rate due to suicide compared to males (42.8). **According to the High School Youth Risk Behavior Survey in 2011 (covering grades 9-12), 15.5% of high school students have seriously considered attempting suicide during the last year and 10.8% have attempted suicide one or more times in the last year.**

**Figure 37: Mortality Rates by Age due to Suicide**



Source: OASIS

## **Appendix**

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## Contact Us

### *Jones County Health Department*

114 Forest Street  
Gray, GA 31032  
(478) 986-3164 Office  
(478) 986-3339 Fax  
(478) 986-3164 Environmental Health  
Hours of Operation:

7:30 a.m. – 6:00 p.m. Monday-Thursday (closed on Friday)\*

\*Hours are adjusted for weeks that include holidays; then the hours are 8:00 a.m. – 4:30 p.m.

Monday – Friday)\*

County Nurse Manager:  
Sherri Mills, RN

Environmental Health County Manager:  
Floyd Comer

### *North Central Health District*

201 Second Street, Suite 1100  
Macon, GA 31201  
478-751-6303 Office  
478-751-6099 Fax  
Hours of Operation:  
7:30 a.m. - 5:00 p.m.

District Health Director:  
David N. Harvey, M.D.

District Administrator:  
Curt Reynolds, CPA (through 2013)  
Morris Hutcheson (2014 - present)

Deputy District Health Director:  
Karen Ebey-Tessendorf, MPH

District Child Health Coordinator:  
Evans Ward

District Epidemiologist:  
Amber Erickson, MPH

District Infectious Disease Unit Supervisor:  
Ronald Boone

District Public Health Nursing & Clinical  
Director:  
Debbie Liby, RN

District Public Information Officer:  
Jennifer Jones

District Environmental Health Director:  
Carla Coley

District Human Resources Director:  
Marsha Stone

District Emergency Preparedness  
Coordinator:  
Laurice Bentley