Candler County

Community Health Needs Assessment

COLLEGE OF PUBLIC HEALTH

Office of Outreach and Engagement
Candler County

Community Health Needs Assessment

County Snapshot

Candler County is located on the boarder of the Southeast Health District in Georgia. In 2012, according to the U.S. Census, Candler County had an estimated population of 11,117 and experienced a percent change in population (1.1%) between April 2010 and July 2012. During that same period the State of Georgia continued to grow and the overall population of the state increased by 2.4%. Of the county’s total population, 72.5% are White, 25.4% are Black, and 10.9% are of Latino or Hispanic origin. While the percentages equal to over 100%, the Census indicates that Hispanics may be of any race, therefore, they are also included in applicable race categories.

The median household income in McDuffie County ($37,315) is considerably less than the state average of $49,736; 19% residents of McDuffie County were below poverty compared to the state’s 16.5%. The population is comprised of a relatively young population: 7.2% are under the age of 5, 19.7% between 5 and 17 years old, 58.0% are between 18 and 64 years old, and 15.2% older than 65 years old. Over 90% are employed. Of those over the age of 25, 78.2% have a high school or some college education.

There is one elementary school, one middle school, one intermediate school, and one high school. The high school graduate rate is 81.5% (compared to state rate of 67%). Candler County has two incorporated towns in the county, Pulaski and Metter, which is the county seat. Within the county, they have Interstate 16, and 5 state routes (23, 46, 57, 121, 129, 404). The employers are production, transportation, and material moving occupations (22.9%), sales and office occupations (21.7%), management, business, science, and arts occupations (19.7%), service occupations (18.8%), and natural resources, construction, and maintenance occupations (16.9%).

Candler County Hospital offers Acute Care & Intensive Care Services, Emergency Services, Food & Nutrition Department, Gastroenterology, Infusion Services, Pharmaceutical Services, Radiology Department, Respiratory Therapy Services, Surgical Services, Swing Bed Program, Family Practice, Geriatric-Psychiatric Program, Physical Therapy, and Vascular Healthcare.

The 2013 Health Outcomes data released by The County Health Rankings—a collaborative effort between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute—ranked Candler County 77 of 159 Georgia Counties. The higher ranks, e.g. 1 or 2, are considered to be the "healthiest."
Premature Death Rate by Cause

Candler County residents are more susceptible to premature death than many other Georgians. The rate of years of potential life lost (YPLL) is 10,898 in Candler County, the rate for Georgia is 7,697 and the national benchmark is 5,317.

YPLL represents the number of years of potential life lost due to death before age 75, as a measure of premature death. Measuring premature mortality, rather than overall mortality, focuses attention on deaths that could have been prevented. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of premature death.

The top five causes of premature death in Candler are motor vehicle crashes; ischemic heart and vascular disease; assault (homicide); all other diseases of the nervous system; and cerebrovascular disease.

In comparison, the top five ranked causes for Georgia were ischemic heart and vascular disease; motor vehicle crashes; certain conditions originating in the perinatal period; malignant neoplasms of the trachea, bronchus and lung; and suicide.
Age-Adjusted Death Rate by Cause

The age-adjusted death rate is a weighted average of the age-specific mortality rates, where the weights are the proportions of persons in the corresponding age groups of a standard population. The benefit of using this rate is that it controls for differences in age structure so that observed differences in rates across areas such as counties are not due solely to differences in the proportion of people in different age groups in different areas.

The top causes of death in Candler adjusted for age are ischemic heart and vascular disease; cerebrovascular disease; Alzheimer’s disease; malignant neoplasm of the trachea, bronchus, and lung; and all COPD except Asthma.

In comparison, the top ranked age-adjusted causes in Georgia are ischemic heart and vascular disease; malignant neoplasms of the trachea, bronchus and lung; cerebrovascular disease; all COPD, except asthma; and all other mental and behavioral disorders.
Age-Adjusted Hospital Discharge Rate

The hospital discharge rate is the number of inpatients discharged from non-Federal acute-care inpatient facilities. Only discharges of Georgia residents who were seen in a Georgia facility are included. Persons can be counted more than once if readmitted. Causes are based on the principal diagnosis, except in cases where an External (E-code) cause supersedes the principal diagnosis. Discharges include people both living and who have died.

The top five significantly high causes for Candler County were pregnancy, childbirth and the puerperium; ischemic heart and vascular disease; diseases of the musculoskeletal system and connective tissue; pneumonia; and all other diseases of the genitourinary system.

For the state of Georgia, the top five causes were pregnancy, childbirth and the puerperium; ischemic heart and vascular disease; disease of the musculoskeletal system and connective tissue; all other mental and behavioral disorders, and pneumonia.
**Age-Adjusted Emergency Room Visit**

An emergency room visit is defined as the number of emergency room visits to non-Federal acute care inpatient facilities. Persons can be counted more than once if readmitted. Visits include people both living and who have died, but not those admitted as an inpatient to a hospital. Causes are based on the principal diagnosis, except in cases where an External (E-code) cause supersedes the principal diagnosis. All ER visits and deduplicated discharges having external causes (injuries) are assigned their appropriate valid External Cause of Injury Code (E-Code) in accordance with STIPDA (State and Territorial Injury Prevention Directors Association) 2003 guidelines.

The top five significantly high causes for Candler County were all other unintentional injury; diseases of the musculoskeletal system and connective tissue; falls; all other diseases of the genitourinary system; and all other diseases of the nervous system.

The top five causes for Georgia were also all other unintentional injury; diseases of the musculoskeletal system and connective tissue; falls; all other diseases of the genitourinary system; and motor vehicle crashes.
The following maps were generated to highlight the major causes of mortality and morbidity in Candler County as compared to surrounding counties.

Percent of death by cause is presented for the latest year data are available. Reported causes of death are based on the underlying cause of death. The underlying cause of death is defined by the World Health Organization as the disease or injury that initiated the sequence of events leading directly to death or as the circumstances of the accident or violence that produced the fatal injury.

- For deduplicated discharge rates, persons are counted only once if readmitted for the same chronic condition during a calendar year. Causes are based on the principal diagnosis, except in cases where an External (E-code) cause supersedes the principal diagnosis. Deduplicated discharges also excludes people discharged dead, healthy newborn infants, and healthy mothers giving birth to newborn infants. Since the rate is derived only from hospitalizations, it does not include all existing cases (prevalence) or new cases (incidence) among residents of Georgia.

- The number of pregnancies occurring to females in a specified age group per 1,000 females in the specified age group. Formula = [Number of pregnancies in age group / Female population in age group] * 1000.

- The sexually transmitted disease (STD) rate Formula = [Number of STDs / Population] * 100,000.

As seen from these maps, compared to other counties in Georgia and in the surrounding counties, Candler County ranks very high on major cardiovascular mortality and percent of deduplicated hospital discharge rates for diabetes and motor vehicle crashes.
MAJOR CARDIOVASCULAR

Mortality

Percent of Deaths by Cause, All Major Cardiovascular Diseases by County, All Counties, 2010

Map Created: Apr 25, 2013
Note: This is a color map.
Data Classification Method: Quantiles.
DIABETES

Mortality

Percent of Deaths by Cause, Diabetes by County, Bulloch County, Camden County, Emanuel County, Evans County, Jenkins County, Tattnall County, Toombs County, 2010

Percent of Deaths by Cause, Diabetes by County, All Counties, 2010

Map Created: Jul 10, 2013
Note: This is a color map.
Data Classification Method: Quantiles.

Map Created: Apr 28, 2013
Note: This is a color map.
Data Classification Method: Quantiles.
DIABETES

Morbidity

Percent of Deduplicated Discharges by Cause, Diabetes by County, Bulloch County, Camden County, Emanuel County, Evans County, Jenkins County, Tattnall County, Toombs County, 2010

Percent of Deduplicated Discharges by Cause, Diabetes by County, All Counties, 2010
CANCER

Morbidity

Percent of Deduplicated Discharges by Cause, All Cancers by County, Bulloch County, Candler County, Emanuel County, Evans County, Jenkins County, Tattnall County, Toombs County, 2010

Percent of Deduplicated Discharges by Cause, All Cancers by County, All Counties, 2010

Map Created: Jul 10, 2013
Note: This is a color map.
Data Classification Method: Quantiles.

Map Created: Apr 26, 2013
Note: This is a color map.
Data Classification Method: Quantiles.
MOTOR VEHICLE CRASHES

Mortality

Percent of Deaths by Cause, Motor Vehicle Crashes by County, Bulloch County, Candler County, Emanuel County, Evans County, Jenkins County, Tattnall County, Toombs County, 2010

Map Created: Jul 10, 2013
Note: Thematic color map
Data Classification Method: Quantiles

Percent of Deaths by Cause, Motor Vehicle Crashes by County, All Counties, 2010

Map Created: Apr 20, 2013
Note: This is a color map
Data Classification Method: Quantiles
MOTOR VEHICLE CRASHES

Morbidity

Percent of Deduplicated Discharges by Cause, Motor Vehicle Crashes by County, 2010

Map Created: Jul 10, 2010
Note: This is a color map.
Data Classification Method: Quantiles

Percent of Deduplicated Discharges by Cause, Motor Vehicle Crashes by County, All Counties, 2010

Map Created: Apr 20, 2013
Note: This is a color map.
Data Classification Method: Quantiles
RATE OF SEXUALLY TRANSMITTED DISEASES

STD Rates by County, Bulloch County, Candler County, Emanuel County, Evans County, Jenkins County, Tattnall County, Toombs County, 2011

Map Created: Jul 16, 2013
Note: This is a color map.
Data Classification Method: Quantiles.

STD Rates by County, All Counties, 2011

Map Created: Apr 26, 2013
Note: This is a color map.
Data Classification Method: Quantiles.

[Map of STD rates by county]
Behavioral and Social Determinants of Health in Candler

Health behaviors, clinical care, social and economic factors, and the physical environment all contribute to the overall health of our residents. Like most of Georgia, Candler County residents are physically inactive, have limited access to recreational facilities, and have ready access to fast food restaurants.

Strikingly high, however, are premature deaths, poor or fair health of residents, low birthweight babies, sexually transmitted disease, motor vehicle crash death rate, and teenage birth rates.
<table>
<thead>
<tr>
<th>Health Outcomes (Rank—out of 159)</th>
<th>Candler</th>
<th>Georgia</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality (Rank—out of 159)</td>
<td>77</td>
<td>136</td>
<td>5,317</td>
</tr>
<tr>
<td>Premature death</td>
<td>10,898</td>
<td>7,697</td>
<td>5,317</td>
</tr>
<tr>
<td>Morbidity (Rank—out of 159)</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>21%</td>
<td>16%</td>
<td>10%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.2</td>
<td>3.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.0</td>
<td>3.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>7.3%</td>
<td>9.5%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Health Factors (Rank—out of 159)</td>
<td>109</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Behaviors (Rank—out of 159)</td>
<td>102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>N/A</td>
<td>19%</td>
<td>13%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>31%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>28%</td>
<td>24%</td>
<td>21%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>6%</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Motor vehicle crash death rate</td>
<td>28</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>573</td>
<td>466</td>
<td>92</td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>96</td>
<td>50</td>
<td>21</td>
</tr>
<tr>
<td>Clinical Care (Rank—out of 159)</td>
<td>153</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>27%</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>3,674:1</td>
<td>1,611:1</td>
<td>1,067:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>11,308:1</td>
<td>2,249:1</td>
<td>1,516:1</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>103</td>
<td>68</td>
<td>47</td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>80%</td>
<td>84%</td>
<td>90%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>52%</td>
<td>64%</td>
<td>73%</td>
</tr>
<tr>
<td>Social &amp; Economic Factors (Rank—out of 159)</td>
<td>75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation</td>
<td>76%</td>
<td>67%</td>
<td>N/A</td>
</tr>
<tr>
<td>Some college</td>
<td>39%</td>
<td>59%</td>
<td>70%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>10.4%</td>
<td>9.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>40%</td>
<td>27%</td>
<td>14%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>N/A</td>
<td>21%</td>
<td>14%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>35%</td>
<td>36%</td>
<td>20%</td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>121</td>
<td>437</td>
<td>66</td>
</tr>
<tr>
<td>Physical Environment (Rank—out of 159)</td>
<td>101</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily fine particulate matter</td>
<td>11.9</td>
<td>12.0</td>
<td>8.8</td>
</tr>
<tr>
<td>Drinking water safety</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>0</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>4%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>56%</td>
<td>50%</td>
<td>27%</td>
</tr>
</tbody>
</table>
Next Steps

Analyzing existing statistical data is just the first step in assessing community health needs.

It will be important to present these data to the community and hear directly from community members. Candler County may want to consider convening a working group to address community health needs.

We propose to conduct key informant interviews and focus groups to:

- Gather information about community member attitudes and opinions regarding community health issues and opportunities.
- Determine how community members rank issues, problems and opportunities in order of importance and urgency.
- Give community members a voice in determining policy, goals and priorities.
- Determine community support for initiatives.
- Evaluate current programs and policies.