



Georgia Department of Public Health

EAST CENTRAL HEALTH DISTRICT

Annual Report 2012

TABLE OF CONTENTS

From the Health Director.....	3
Mission, Vision, Core Values.....	4
10 Essential Community Public Health Services	5
East Central Health District Organizational Chart.....	5
Introduction.....	6
Administration.....	7
Programs and Services, Women's Health Services.....	8
Nutrition Services.....	9
Children's Health Services.....	10—14
School Health.....	14—15
Adult Health Services.....	15—16
Chronic Disease Prevention and Health Promotion.....	17—19
Outreach Activities/Health Fairs.....	20—24
Oral Health.....	25
Environmental Health.....	26—27
Other Services.....	28—29
Special Projects.....	30
Epidemiology/Disease Surveillance.....	31
Emergency Medical Services.....	31
Office of Bioterrorism and Emergency Preparedness.....	32—34
Partnerships.....	35—37
Burke County.....	38
Columbia County.....	39
Emanuel County.....	40
Glascock County.....	41
Jefferson County.....	42
Jenkins County.....	43
Lincoln County.....	44
McDuffie County.....	45
Richmond County.....	46
Screven County.....	47
Taliaferro County.....	48
Warren County.....	49
Wilkes County.....	50

From the Health Director



Ketty M. Gonzalez, M.D., M.S.
District Health Director
Commissioner of Health for
Richmond County

In my opinion...

The East Central Health District (ECHD) is pleased to provide a summary of the many activities performed on a daily basis throughout the thirteen counties to ensure our communities are healthy and safe places. Our programs aim to reduce poor birth outcomes, promote healthy lifestyles, prevent the spread of infectious diseases, protect the environment, and prepare for emergencies.

We are proud of the many accomplishments achieved this year:

- ♦ Immunization rates for the District—86%
- ♦ Influenza shots given—8250
- ♦ School immunization compliance rate—98.22%
- ♦ Breastfeeding rates—43.67% of WIC mothers initiated breastfeeding in the District; 28.94% still breastfeeding at 6 months
- ♦ 21 workplaces have been awarded Breastfeeding Friendly Designations

Boards of Health and Public Health staff continue to strive to provide high quality service and pursue partnerships with community leaders and organizations to advance Public Health within communities. The work embodies passion and commitment from staff, volunteers, partners, and the individuals we serve.

We invite you to browse the report to learn about the various programs and initiatives at work in your community. Lastly, many thanks to the thirteen Boards of Health, Public Health staff, and community partners for persevering and achieving the accomplishments mentioned in this report.

Ketty M. Gonzalez, M.D.

MISSION STATEMENT

The mission of the Georgia Department of Public Health (GDPH) is to prevent disease, injury, and disability, promote health and well-being, and prepare for disasters.

VISION

A Healthy and Safe Georgia

CORE VALUES

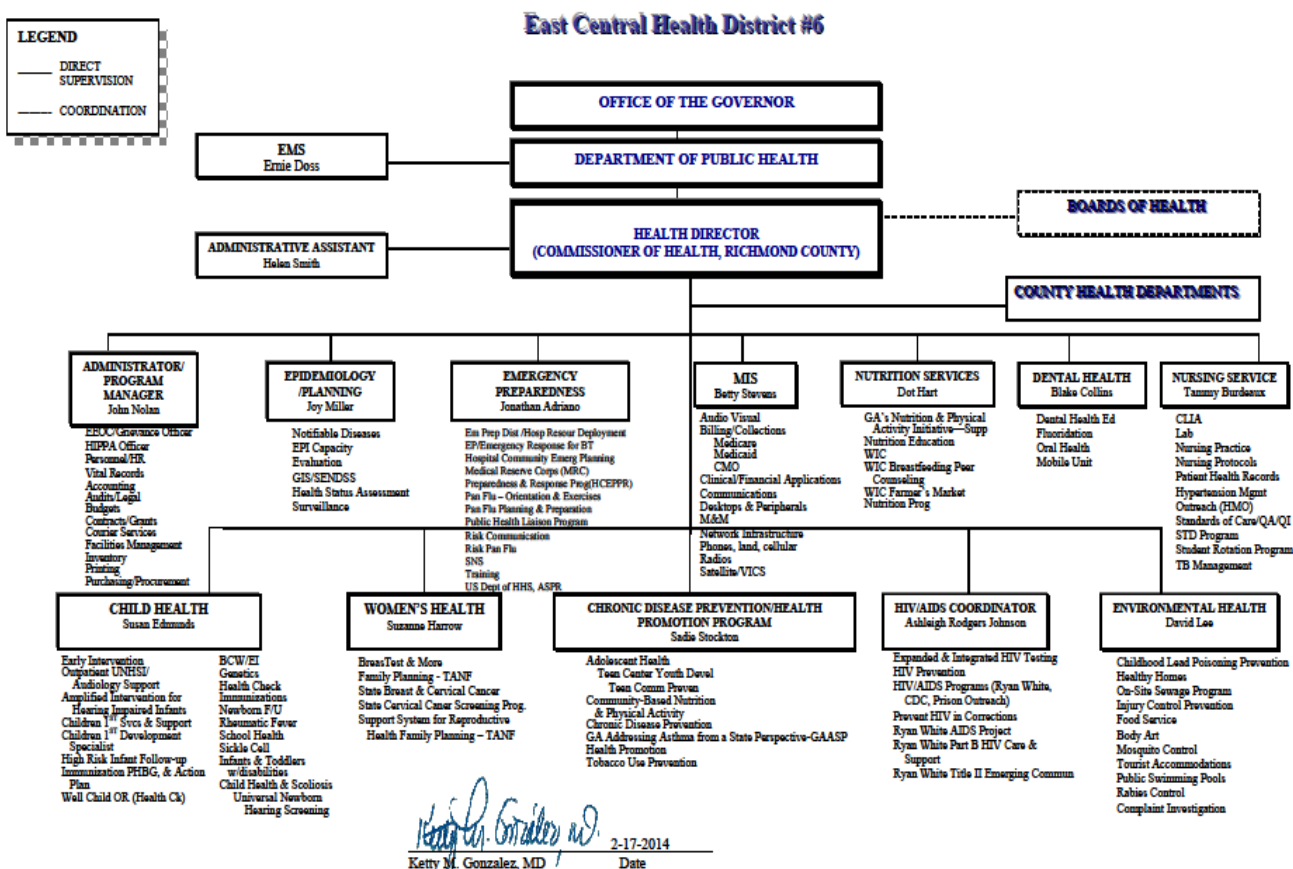
DPH's workforce is guided by the following core values in carrying out our public health work:

- ♦ **Accountability** – Good stewardship of the public's trust and the public's funds.
- ♦ **Transparency** – Openness and honesty in all aspects of operations.
- ♦ **Innovation** – New approaches and progressive solutions to problems.
Embracing change and accepting reasonable risk.
- ♦ **Collaboration** – Participatory relationships, both internal and external.
- ♦ **Commitment** – A pledge to abide by the organization's mission, vision and values and advance the practice of Public Health.
- ♦ **Scientific Method** – The application of the best available research, data and analysis.
- ♦ **Excellence** – Efficiency, effectiveness, and responsiveness. Continuous performance improvement and individual and organizational learning.
Measurement of performance.
- ♦ **Teamwork** – The sharing of information and active collaboration to solve problems, make decisions, and achieve common goals.
- ♦ **Customer Service** – Outstanding treatment of customers, both internal and external, by listening, understanding needs, and responding.
- ♦ **Respect** – Equitable treatment of employees and clients. Acknowledgement of talents, diversity and skills of employees and commitment to improving the knowledge, skills, and abilities of employees through opportunities for personal growth, professional development, and achievement.

10 ESSENTIAL COMMUNITY PUBLIC HEALTH SERVICES

1. **Monitor** health status to identify 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 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 ensure the provision of health care when it is otherwise unavailable
8. **Ensure** the availability of a competent Public Health and personal health care workforce
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services
10. **Research** new insights and innovative solutions to health problems

ECHD ORGANIZATIONAL CHART



Rev. 7-30-2013

INTRODUCTION

The East Central Health District's Annual Report 2012 summarizes the activities that occurred during fiscal year (FY) 2012, from July 1, 2011 to June 30, 2012. The report provides information about our services as well as health status information for each of the 13 counties' health departments.

The East Central Health District 6 is one of 18 public health service districts in the state, operated by the Georgia Department of Public Health. Public Health District 6 consists of thirteen counties: Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, and Wilkes. During FY 2012, District 6 employed 320 individuals; 83 nurses; 22 environmentalists; 11 nutritionists and other health professionals who support Public Health's mission.

These counties encompass a total of 5,198 square miles. Burke County is the largest county and Glascock County the smallest. Although this area is mostly rural, Columbia and Richmond Counties are designated metropolitan counties. The total district population in 2012 was 469,960. Richmond is the most densely populated county, and Taliaferro has the fewest residents. In terms of race, the District population is approximately 55% white, 41% black, and 4% other.

Public Health improves the health status of all Georgians through health promotion and disease prevention activities. Health education is directed at individuals, families, and entire communities to improve living conditions and promote healthier lifestyles.

Health Prevention services reduce infectious diseases and environmental health hazards through immunizations, investigations, and inspections. Public Health is committed to reducing health risks through community leadership, expertise in health information and surveillance, and assurance of a safe environment. Public Health's mission is accomplished by providing ten essential services to our communities.

INFORMATION TECHNOLOGY

The East Central Health District (ECHD) continued efforts towards implementing an electronic platform to conduct its business thus aligning with federal national initiatives.

State fiscal year (SFY)12, ECHD implemented the following initiatives:

- ◆ Upgraded to Visual Health Net (VHN) 11
- ◆ Standardized forms in the Mitchell & McCormick (M&M) system
- ◆ Started using electronic health records in Richmond County Health Department (RCHD), Sexually Transmitted Infections (STI) Clinic, Family Planning Clinics, and Child Health Clinics
- ◆ Trained District staff in the use of new VHN incorporating electronic charting within the clinical system
- ◆ Reinstated the health records committee to advise on changes needed to current system

In SFY 12, Information Technology (IT) staff completed 33 hours of training, 599 employees participated in various training sessions including: GroupWise Routing, M&M Clinical System Updates-Registration, Eligibility, Pregnancy Testing, US Clinical Labs, Microsoft Office 2007, Electronic Medical Records, Billing, Reporting, and Scanning. A total of 983 helpdesk tickets were closed for the fiscal year.

Goals for upcoming year:

- ◆ Implement use of electronic health record across all Health Departments
- ◆ Pursue interface with other providers to facilitate patient care such as private laboratories
- ◆ Working closely with Mitchell and McCormick to facilitate Quality Improvement Initiatives moving our organization from Quality Assurance to Quality Improvement
- ◆ Work with State Enterprise Office in increasing bandwidth at several County Health Departments
- ◆ Installation of Sonic Firewall security devices to assist with access and security of the Network
- ◆ Apply for grants in support of applying for Public Health Accreditation

PROGRAMS AND SERVICES

Public Health programs focus on reducing health risks for individuals, families, and communities. This section includes information from and descriptions of the health services and programs provided by the District's 13 counties. Clinical data is derived from the procedures associated with patient encounters. Many Public Health programs address risk factors that are not age-specific, but are designed to protect and prevent illness, disease and injury in the general population. These programs are discussed in the “**Other Services**” section.

WOMEN'S HEALTH SERVICES

Women's Health Services are available at all Health Departments within the 13-county District. Physical exams are offered to include: breast exams, pap smears, and evaluation for contraceptive methods. Pregnancy testing, confirmation of pregnancy, and referrals to prenatal care providers are also provided, since early prenatal care is critical for a healthy birth outcome for both mother and infant.

Women seeking contraceptive services are educated in the proper use of birth control methods. Prior to receiving contraceptive services, women receive a physical exam, pregnancy test, screening for sexually transmitted infections (STIs), as well as testing for Human Immunodeficiency Virus (HIV), and counseling. Abortion services are not offered. Presumptive Medicaid applications are available.

Services	Clients	Black	White	Hispanic	Other	PAYMENT METHOD	Medicaid	Medicare	Private Ins	Self Pay
Breast Exams	4731									
Pap Smears	2841									
Evaluation for Contraceptive	6425									
Pregnancy Tests	2866	1646	1080	87	53		599	0	7	2175
Family Planning	7176	4847	1917	309	103		984	22	37	5821

Perinatal Case Management (PCM) is a non-clinical service program that identifies pregnant women who need assistance receiving Medicaid coverage. PCM also assists with finding a prenatal care provider, nutritional services, and any other service that will make a positive impact on pregnancy.

Services	Total Clients	Black	White	Hispanic	PAYMENT METHOD	Medicaid	Medicare	Private Ins	Self Pay
PCM	1755	1011	695	49		321	0	1	1421

NUTRITION SERVICES

The **Women, Infants, and Children (WIC) Program** is a special supplemental nutrition program, funded by the Federal Government, that provides a combination of nutrition, education, supplemental foods, breastfeeding support, and referrals for other social services to low/medium income participants who have a nutrition-related health problem. There is no charge to participants.



Proper nutrition is crucial to the healthy growth and development of infants and young children. The WIC Program is unique in its use of vouchers for specific supplemental foods that are redeemable at most local grocery stores. In FY 2012, \$10.3 million dollars worth of food vouchers were redeemed locally.



WIC serves low-income pregnant, postpartum, breastfeeding women, infants and children up to age five years who are at-risk of poor nutrition. WIC recognizes and promotes breastfeeding as the optimal source of nutrition for infants during the newborn's first year of life, unless medically contraindicated. In FY 2012, according to the Georgia WIC Performance Report, 43.67 percent of WIC mothers initiated breastfeeding and 28.94 percent continued for at least six months. This is in contrast to reports in FY 2010, that only 6.67 percent of mothers continued breastfeeding for six months. Breastfeeding initiatives have included the employment of 11 breastfeeding peer counselors, an active Breast Pump Program, a Breastfeeding Helpline, and weekly breastfeeding classes. The East Central Health District also employs an international board certified lactation consultant (IBCLC) to coordinate the Breastfeeding Program and help mothers with breastfeeding problems. For mothers who do not nor cannot fully breastfeed, WIC provides iron-fortified infant formula. Special infant formulas and foods may be provided for special medical conditions when prescribed by a physician.

In addition to the special supplemental food vouchers, the Georgia WIC Farmers Market Nutrition Program allows Women, Infants, and Children (WIC) participants to buy locally grown fruits and vegetables directly from authorized farmers markets in their community. This program was designed to promote the purchase and consumption of locally grown fruits and vegetables, as well as promote Georgia's agriculture.

During FY 2012, WIC served 42,254 clients, unduplicated at 17 clinics which included:

Services	Total Clients	Black	White	Hispanic	Other
Pregnant Women	5,621	3,329	1,977	247	68
Breastfeeding Women	2,526	1,365	867	229	65
Postpartum Women	3,691	2,362	1,195	94	40
Infants	8,345	5,027	2,661	535	122
Children	22,071	13,988	6,415	1,470	198

CHILDREN'S HEALTH SERVICES

The **Child Health Program** consists of a variety of integrated services, including early identification of infants at-risk through Children 1st assessments, immunizations, hearing, dental, and vision screenings, well-child examinations, and early intervention services. The Public Health nursing staff supports county school systems by providing education about the identification and treatment of communicable diseases and promoting healthy lifestyles. The overall goal is to improve the health status of children through education, increased access to healthcare, treatment, and referrals.

Services	Total Clients	Black	White	Hispanic	Other	PAYMENT METHOD	Medicaid	Medicare	Private Insurance	Self Pay
Child Health	6054	2966	2443	316	329		2456	2	43	3245
<i>Services included Health Check/physical assessments, hearing, vision and dental screenings, and immunizations.</i>										

Children 1st is the single point of entry to a statewide collaborative system of Public Health and other prevention-based programs and services. This system helps parents provide their young children with a healthy start in life. The child can be identified at anytime between birth and five years of age to be at-risk for poor health and development. Children 1st operates through five core functions: *identification, screening, assessment, linkage/referral, and monitoring*. All births are part of the Children 1st review or identification process; however, participation is voluntary and there are no financial requirements for enrollment. After identification, the family is offered an in-home family assessment which helps identify the family's strengths and needs. The program's objective is to help with the child's health and development by linking the family with medical services as well as other community-based services and organizations that best fit their family needs.

Family assessment visits included developmental screenings and anticipatory guidance counseling on health and safety information.

CHILDREN 1ST FY 2012 SERVICES
<ul style="list-style-type: none"> ♦ Children 1st staff completed 574 family assessments on infants and children—534 of those were done in the home during home visits. ♦ 426 developmental screenings completed during home visits.

First Care provides services to infants who are at increased risk for health and/or developmental problems due to medical conditions at birth that increase the risk for morbidity and mortality. This program serves infants from birth to age one year. Children with other categorical risk factors or conditions that impact the parent's ability to meet the health and/or medical needs of the infant may also be eligible. The purpose of First Care is to assure that families with high-risk infants receive appropriate health and/or medical screenings, assessments, interventions, and follow-up. Referrals for children who appear to be eligible for Children's Medical Services (CMS) and/or Babies Can't Wait (BCW) are given to the CMS nurse in the county of residence where the child lives for follow-up. Others are referred to local Health Department nurses or First Care nurses to offer home visit/follow-up.

Services During FY 12
Children 1st/First Care staff carried an average caseload of 185 at-risk infants.
<i>224 infants enrolled. Services included home visits for enrollment and follow-up visits; case management/follow-up to assure needs identified on visits were met.</i>

Universal Newborn Hearing Screening and Intervention (UNHSI) is Georgia's program to develop and sustain a comprehensive coordinated system in which hospitals, primary health care providers, and Public Health work together to assure that every newborn is screened for hearing loss prior to hospital discharge. Infants not passing the initial and repeat screening receive appropriate diagnostic evaluation before three months of age, and when appropriate, are referred to intervention by six months of age. Infants are linked with medical homes and families receive culturally competent support throughout the screening, diagnostic, and intervention processes. A data management system, State Electronic Notifiable Disease Surveillance System (SENDSS), is used to document the total number of births, infants screened, number passed or referred, infants with confirmed hearing loss, and infants referred to intervention services. Essential information about Universal Newborn Hearing Screening is shared with parents, physicians, audiologists, and the general public.

Services FY 12	Total Clients
UNHSI services included hearing rescreens on infants under the age of 3 months and referral to appropriate follow-up services as needed.	15

Children's Medical Services (CMS) Program strives to assure a community-based, coordinated, family-focused, and comprehensive system of quality specialty medical services for children with chronic medical conditions from birth to age 21 years. Children and their families must qualify financially and medically for this statewide program. Seven nurses work closely with the primary care providers and/or medical specialists to provide targeted case management for children in all 13 counties in the District.

Children's Medical Services (CMS) Program (continued)

Special effort focusing on asthma in Columbia and Richmond Counties identified children with asthma who need targeted case management. Three nurses work with the program, and 117 clients were enrolled in FY 2012. The focus is on education about asthma and the asthma treatment plan for clients. The same focus has been made in the 11 other counties; the caseload is 107 as of June 30, 2012. In FY 2012, local hospital emergency departments reported seeing fewer patients with asthma related conditions. There were no reports of asthma related deaths during this period. Public Health continues to work closely with all local schools and their nurses to identify the children who need our services. In addition, education has been provided to help identify when children may need emergency medicines and/or to call for emergency help.

Services	Total clients	Black	White	Hispanic	Other
CMS	465	305	113	14	33
Face-to-face contact visits	683				
Home visits	143				
Phone contacts	641				

Babies Can't Wait (BCW) is Georgia's comprehensive, coordinated, statewide, interagency service delivery system for infants and toddlers, birth to age three years who have developmental delays or disabilities. Early Intervention/Babies Can't Wait services may include the following: Medical diagnosis, nutrition, psychological, social work, vision, transportation, family training and counseling, nursing, occupational, physical and speech therapies, and special instruction. The focus of BCW is to reduce the need for special services later in life by helping children with developmental disabilities reach their maximum developmental potential.

FY 2012 Services	Total clients
Babies Can't Wait	733
<i>Services included case coordination, special instruction, physical, speech, and occupational therapy.</i>	

The **Immunization Program**, through collaboration with public and private providers, advocacy groups, and other stakeholders, works to increase immunization rates for all Georgians and decrease the incidence of vaccine-preventable diseases. District 6 follows the Advisory Committee for Immunization Practices (ACIP), American Academy of Pediatrics (AAP), American Family Physicians (AFP), and the Centers for Disease Control (CDC) recommendations and uses the Georgia Immunization Program Manual as the policy and procedure manual for administration of vaccines. In 2012, approximately 47,000 vaccines were given to residents of District 6. In addition, District 6 consistently ranks above the state averages for immunization rates for children. Public Health had an 86 percent rate for 2012. Efforts are being made to educate public and private providers on policies and procedures for immunization practice as well as the ever changing immunization schedules. Many of our Health Departments participate in an annual flu campaign for school children with the school-based Flu Project each fall.

Services	Total Clients	Black	White	Hispanic	Other	PAYMENT METHOD	Medicaid	Medicare	Private Ins	Self Pay
Immunizations	21,599	8372	11,853	579	795		3735	2076	1736	13,511
<p><i>The Health Department offers all childhood and adult vaccines that protect against Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Hemophilus Influenza type B, Hepatitis A, Hepatitis B, Rotavirus, Meningococcal, Pneumococcal, Varicella (including zoster) and Human Papillomavirus in addition to travel vaccines such as Yellow Fever.</i></p> <p><i>The District Health Departments immunized 4366 adults over the age of 18 years in 2012.</i></p>										

Influenza and Pneumonia Prevention—Older adults and children are more susceptible to influenza viruses than those in middle age. The School-Based Flu Program (SBFP) is a Georgia Department of Public Health initiative in partnership with the Georgia Department of Education. The SBFP's mission is to prevent and control seasonal influenza by providing influenza immunization to school-aged children in a school-based setting. Georgia SBFP's goal is to significantly reduce seasonal influenza in schools and increase academic performance associated with reduce school absenteeism related to seasonal Influenza through an evidence-based, sustainable school-based flu program. The Georgia Department of Public Health sees this program to be especially valuable to those children whose parents are unable to take their children to receive flu immunizations at a "medical home".

Vaccines	Total Vaccines Provided in District 6 (for children and adults)
Influenza	8250
Pneumonia	16610

The **Health Check Program** is a Medicaid reimbursement program for children from birth to 21 years of age. It is designed to provide periodic screenings to detect and treat health problems before they become chronic or irreversible. The well-child exam includes: a comprehensive physical examination, health and developmental assessment, hearing, vision, and dental assessment, and any necessary immunizations. Abnormal findings are referred to client's primary care physician or provider of choice.

Services	Total Clients
Health Check	2331
<i>Includes complete physical assessments from infant to 21 years of age. Includes hearing and vision services also.</i>	

SCHOOL HEALTH

Schools and Daycare Immunization Assessment Program

Public Health has immunization policies in place to ensure that childcare facilities and schools adhere to Georgia laws regarding immunizations. Any infant/child under the age of 4 years attending a childcare facility must be appropriately immunized for age with required vaccines. Children attending school from Kindergarten – 5 years thru 12th grade must be appropriately immunized with all required vaccines at the time of first entry into a Georgia school. Georgia law allows for medical exemption if the child has condition/illness and the physician decides against or delays vaccination. The immunization certificate is issued with an expiration date and must be updated by that date or every year if there is a permanent reason against vaccination. Georgia law allows for religious exemption if parents provide a notarized affidavit stating objection to immunizations for religious beliefs. This affidavit has no expiration date. In both cases of exemption, the child must be excluded from school if an outbreak occurs and would only be allowed to return when immunization is given or outbreak resolved.

Health Department staff conducts annual assessment of certificates in childcare facilities and schools. Staff assess for certificates appropriately completed with future expiration date or marked "complete for school" if Kindergarten—5 years and up. They assess for appropriate marked medical certificates and affidavits for religious exemption. If the certificate has expired, staff make this known to childcare facility/school administration. Health Department staff return in 30 days to reassess/follow-up on those that did not meet requirements to see if appropriate certificate has been obtained.

- ◆ In 2012, District 6 staff conducted 291 childcare facility assessments.
 - Obtained a 98.82 percent compliance rate
- ◆ Conducted Kindergarten 5 years assessments at 88 schools
 - Obtained a 98.94 percent compliance rate
- ◆ Sixth grade assessment was also conducted at 50 schools
 - Obtained a 98.22 percent compliance rate

Beginning with the 2014-2015 school year, a seventh grade assessment will replace the sixth grade assessment due to changes in vaccination requirements for Tdap and Meningococcal vaccines for 11-12 years (seventh grade ages).

ADULT HEALTH SERVICES

Adult health programs address the health needs of an aging population. Many of the risk factors for this age group are preventable and can be lowered through a change in lifestyle behavior. Public Health programs focus on promoting healthy diets, physical activity, and smoking cessation for this age group.

Cancer Screening—Overall, cancer mortality rates have declined since 1950. Many new treatments have changed the mortality rates for certain age groups and certain types of cancers. Early detection and diagnosis of breast cancer significantly improves the chances of survival for women. The current death rate for breast cancer in the East Central Health District is 12.5 rate/per 100,000 population. Each Health Department in District 6 offers the **Breast and Cervical Cancer Program** which provides breast and cervical screening and referral to women over the age of 40. Eligibility for the program is based on income.

Services	Total Clients	Black	White	Hispanic	Other	PAYMENT METHOD	Medicaid	Medicare	Private Ins	Self Pay
Cancer	419	304	110	3	2		7	2	1	406
BCCP	837	594	217	12	14		0	0	0	418
Adult Health	1799	1015	695	18	71		145	54	55	1537
Colposcopy	88									

- ◆ 2,913 Pap Smears collected for FY 2012 of which 354 were abnormal
- ◆ 191 mammograms 15 biopsies with 8 positive for cancer

APPLES FOR TEACHERS

Apples for Teachers is a program in partnership with local schools where vaccines are administered in the schools to faculty and staff covered by the State Health Benefits Plan. A wellness benefits exists in the Georgia State Benefits Health Plan that can be used for vaccinations. Vaccines that are currently offered include Hepatitis A and B, Tdap, and Influenza.

Schools	
Richmond: 30 schools - 20 teachers Immunized	Jenkins: 2 schools- 36 Immunized
Jefferson: 6 schools - 123 Immunized	Taliaferro: 3 schools - 20 Immunized

Heart Disease and Stroke Prevention—One-third of the population in the United States over the age of 19 has hypertension. Many will suffer from consequences of uncontrolled hypertension, including strokes and heart attacks. The District 6 **Hypertension Management Outreach (HMO) Program** is designed to help uninsured residents of Georgia control their blood pressure in an effort to decrease the rate of heart attacks and strokes. The program provides lower-cost medications and office visits with a registered nurse or nurse practitioner. Cardiovascular exams and lab work are performed annually and necessary to rule out other cardiovascular disease. Nutrition counseling and fitness classes, led by a certified personal trainer, are provided free of charge to participants of the HMO Program. Many HMO patients utilize the Georgia Tobacco Quit Line to assist with cessation of tobacco use. Nurses involved in the HMO Program often participate in community health fairs to spread awareness of hypertension to all area residents.

Services	Total Clients	Black	White	Hispanic	Other	Self Pay
Hypertension Management Outreach	310	276	33	0	1	310
Nutrition & Physical Activity	310					
Weight Management	154					
Medications	307					
Brief Smoking Cessation Counseling	46					
Tobacco Cessation Fax Back Program Participation	32					
Other Cardiovascular Risk Factors	310					
Number of Clients Controlled	205					
Number on Waiting List	0					
Total Client Visits—819						

Media Campaign

SERVICES	TOTAL	# REACHED
Media Campaign with a combination of billboards	146 Television spots Aired June 27, 2012—August 31, 2012	1,007,200 (estimated) viewers in population demographic for HMO

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

The goals of the **Chronic Disease Prevention/Health Promotion** are to improve the health status and quality of life by preventing and/or reducing chronic diseases and conditions associated with unhealthy lifestyle behaviors.

The program focuses on the recruitment of community-based coalitions and collaborates with existing community partners and individuals to provide: a) education and awareness of chronic disease prevention, b) promotes lifestyle/behavioral changes, c) adoption and implementation of system changes and policies which will provide tools for healthy lifestyles across the lifespan.

Awareness and health promotion efforts are aimed at:

- ◆ Prevention and education of chronic diseases
- ◆ Promotion of quality health through improved lifestyle behaviors
- ◆ Prevention and reduction in the number of out-of-wedlock pregnancies
- ◆ Policy and environment development and changes which lead to improved health for all populations.

Health Promotion focus areas include: Asthma, Cardiovascular Health, diabetes with a concentration on behavioral risk factors such as: unhealthy diets, physical inactivity and tobacco use.

Asthma Initiative provided tools for the implementation of Georgia Asthma Management Education in the Childcare Setting (GAME-CS), along with media promotions to educate parents/guardians about the importance of maintaining updated Asthma Action Plans and providing copies to school/daycare/caregivers.

SERVICES—GAMES-CS	TOTAL TRAINED	# REACHED
Facilitator Training	13	
Head Start	73	
Newspaper On-line (Asthma Action Plan)		120,000+

Cardiovascular Health Initiative initiated the Centers for Disease Control (CDC) Community Health Assessment and Group Evaluation (Change Tool), a data collection tool and planning resource which volunteers assess community resources and provides communities with knowledge for planning for a healthier community. Education was also provided on stroke and heart disease prevention and sign/symptoms in local newspapers during Stroke and Heart Prevention Awareness Months.

Services— Awareness/Education	# Reached
Newspaper Promotions	75,000+

Diabetes Initiative began recruitment of faith-based organization members to serve as faith-based lay-facilitators for the Chronic Disease Management Curriculum in the faith-base setting.

Services—Chronic Disease Management Curriculum	Total Trained
Facilitator Training	5

The **District Tobacco Use Prevention Program** encompasses several initiatives. Among the Initiatives are 100% Tobacco Free Schools. A Healthy Youth Summit was facilitated in Screven County. Facilitators were *Youth Empowered Solutions Group*. During the summit, youth and adult leaders received Tobacco 101 Education and Tobacco Leadership Training. The youth received tools on how to educate and advocate for healthy lifestyles. Under the guidance of the adult leaders, the youth engaged in opportunities such as Red Ribbon Week and the Great American Smokeout to promote awareness and education to the community, teachers, school staff and students on harmful effects of tobacco use and secondhand smoke exposure.

Services— Tobacco Use Prevention Education	Total Trained
Adults Leaders	4
Youth	22

Smokefree Ordinances

One component of the Tobacco Use Prevention Initiative is the reduction of exposure to secondhand smoke. The program provides education and technical assistance with smokefree environmental initiatives.

Smokefree Ordinances (continued)

Breatheasy Augusta Coalition provides community education and advocates for smokefree air environments. Coalition members receive training by Americans for Non-Smoker's Rights (ANR).

In order to educate a large population on the adverse effects of secondhand smoke exposure, numerous media venues served as educational sources for an initiative to educate the public on the harmful health effects of exposure to secondhand smoke. The Centers for Disease Control (CDC) commercial, *Kate Moran Waitress*, aired for six (6) weeks educating the public on adverse health effects of exposure to secondhand smoke in a workplace setting.

Services— Tobacco Education Six Weeks Campaign	Number of Media Spots	Total Estimated Reached
Television	793 spots	871,000
Radio	644 spots	155,600
Newspaper	120,000	120,000
Movie Theaters	41 Screens	200,000
Bus Shelters	31 locations	N/A
Buses (back of bus)	8	N/A

A third Tobacco Use Prevention Program is the **Georgia Tobacco Quit Line** which is a free cessation service provided by the Georgia Tobacco Use Prevention Program to Georgia residents thirteen years of age and older. During FY12, 406 calls were registered to the Georgia Tobacco Quit Line from East Central Health District 6.

EMPLOYEE WELLNESS PROGRAM

The East Central Public Health District 6 implemented a District-wide Wellness Program during FY12. Staff was provided the opportunity to complete a laboratory and wellness assessment. The assessments were analyzed by TRALE System. Upon receipt of their results, each participating employee was asked to develop goals and determine an action plan to achieve their goals.

Walking groups and organized exercise (utilizing exercise videos) are available for staff usage. Staff is encouraged to participate in the District 30-minute Wellness Policy.

Forty-one staff registered for the Employee Wellness Program with twenty-seven staff completing TRALE assessment forms. From March-June, a total of 61.7 pounds with 7 percent fat was reported lost by employees with 3,259,084 steps logged.

OUTREACH ACTIVITIES/HEALTH FAIRS/SUPPLIES PROVIDED

PARTNER NAME	SOURCE	#
Georgia Regents Medical Center Maternal-Fetal Medicine A'keti Communications (Screven County Youth Presentation)	GA Tobacco Quit Line Brochure (General)	50
	GA Tobacco Quit Line Brochure (Your Reason For Quitting—Baby)	50
	GA Tobacco Quit Line Brochure (Spanish)	50
	GA Tobacco Quit Line Brochure (Pregnancy & Smoking)	50
	GA Tobacco Quit Line Brochure (Your Reason for Quitting—Family)	50
	GA Tobacco Quit Line Physician Pads Mr. Gross Mouth	1
	Secondhand Smoke & Spit Tobacco (Tri-fold Boards)	1
	Jar Of Tar	1
	Health Consequences Of Smoking	25
	Teen's Guide To Smoking	25
	50 Things You Should Know About Tobacco	25
	Spit Tobacco	25
Tutt Middle School	50 Things You Should Know About Tobacco	75
	Teen's Guide To Tobacco	75
	Health Consequences Of Smoking	75
Jefferson County Health Department	American's Health Guide For Emergencies	25
	American's Diabetes Health Guide	25
	Diabetes Fact Sheet	25
13 East Central Public Health District (ECPHD) County Health Departments	Quit Line Poster (Family)	25
	Quit Line Poster (Green Tab)	25
	Quit Line Poster (Babies)	25
Columbia, South Augusta & Laney Walker Health Departments	Get It Checked	3

PARTNER NAME	SOURCE	#
Georgia Regents University (Summerville Campus)	Secondhand Smoke Poster	17
	Quit Line Poster (Youth)	50
	Secondhand Smoke Is Toxic Poster	10
	Protect Yourself From Secondhand Smoke Poster	10
	Quit Line Poster (Family)	25
	Quit Line Poster (Babies)	10
	Quit Line Poster (Green Tab)	25
	Quitting Fact Sheet	50
Richmond County Health Department—Women’s Health	Quit Line Poster (General)	10
	Quit Line Poster (Babies)	10
	Quit Line Poster (Youth)	25
Richmond County Health Department	Diabetes & CVH	25
	Exchange List For Planning	10
	Preventing Diabetes Complications	25
	Diabetes – You And Your Family	25
	Inside Look At Managing Diabetes	25
	Facts About Diabetes	75
	Children & Type 2 Diabetes	50
Breatheasy Augusta Coalition	Quit Line Poster (Green Tab)	50
	Quit Line Poster (Family)	50
	Quit Line Brochures (General)	100
	Be Smoke Free Fact Sheet	500
	Within 20 Minutes Of Quitting Poster	25
	Secondhand Smoke & What It Means To You	25
	How Tobacco Smoke Causes Death (CDC)	25
	Save Life, Save Money (CDC)	26
	Secondhand Smoke DVD (CDC)	10

The goal of the **Adolescent Health and Youth Development Program (AHYD)** is to help adolescents grow up healthy, educated, employable, and connected to their families and community. Program goals include: preventing out-of-wedlock pregnancies among youth, preventing a dependency on welfare, improving opportunities for community members, and encouraging responsible parenting. **Adolescent Health** services include: teen pregnancy prevention, education designed for teens which assist in managing life skills such as: peer pressure, self-esteem, conflict resolution, coping skills, responsible decision-making about sexual practices, as well as career development and communication skills.

Services
Implement evidence-based programs (Teen Pregnancy Prevention)
Provide information and educational programs to help parents strengthen parenting and communication skills with their teens
Engage students in mentor program and skills-based activity
Collaborate with youth serving organizations

OUTREACH ACTIVITIES

Each October, the Adolescent Health Youth Development Program encourages, Let's Talk Month, an initiative which involves youth-adult partnerships to promote parent-child communication about sexuality. The Adolescent Health & Youth Development Program provides literature throughout the thirteen counties through website-based on-line social networking which enhances opportunities to spread awareness about parent-child communication. Workshops are also provided to parents on engaging open discussions with their youth about adolescent sexual health issues.

OTHER OUTREACH ACTIVITIES / HEALTH FAIRS

Facility	Services	# Participated
Georgia Regents University (Healthy Grandparents Program)	Provided information to parents about Let's Talk Month; workshops with strategies to communicate effectively with youth	40
District VI	Distributed literature about teen pregnancy and Let's Talk Month to thirteen counties	400
Social Media	Provided knowledge about Let's Talk Month on East Central Public Health District's website	
District VI—In Service Training	Developing strategies to work with Lesbian, Bi-sexual, Gay, Transgender, and Quire (LBGTQ)	11

Organizations	Services	#Participated
Paine College	Implemented evidence-based program (Teen Pregnancy Prevention)	19
Georgia Regent's University (Healthy Grandparents Program)	Implemented evidence-based program (Teen Pregnancy Prevention)	13
Mt. Zion Missionary Baptist Church	Implemented evidence-based program (Teen Pregnancy Prevention)	32
Community Wide (Augusta Tech Campus Wellness Fair)	Provided brochures and pamphlets about STI's, Teen Pregnancy Prevention, and Abstinence	24

Organizations	Services	# Participated
Glenn Hills Elementary	Hygiene Presentation	28
Glenn Hills Elementary	Character Development Curriculum	30
Community Wide (Augusta Tech)	Youth Symposium (Teen Pregnancy Prevention Month)	150
Augusta Recreational & Parks	Youth Summit (Decision—Making About Goals and Dreams)	63

OTHER OUTREACH ACTIVITIES / HEALTH FAIRS

Organizations	Services	#Participated
HMO Program (KISS Family Reunion) Augusta Fair Grounds	Blood pressure screens given, information on HTN/STI/Tb given to 40-50 people, 2 referrals to HMO Program	26
HMO Program W.T. Johnson Boys & Girls Club Parent Meeting	Blood pressure screens provided and information on HTN provided, 1 referral to HMO Program	20
HMO Program/ECHD WJBF Health & Wellness Expo (Augusta Convention Center)	Blood pressure screens, information on services (HTN, Women's Health, TB, STI, Breastfeeding) 5 referrals to HMO Program	Over 170+
ECHD/HMO Program Stand Down for Homeless Salvation Army of Augusta	Stand Down for Homeless event (48 served) 45 flu shots administered and 16 Tdap given (total 61 shots) Free STI testing vouchers for November provided (approximately 10 served)	119

ORAL HEALTH PROGRAM

District 6 has one of the most active **Oral Health Programs** in the state. Dental residents from Georgia Regents University, mobile clinics, and additional county and Ryan White funding have allowed the program to continue to reach many residents despite budget cut-backs. Its mission is to prevent oral disease through education, prevention, and early treatment. The program operates two fixed clinics located in Richmond and Wilkes Counties and mobile dental clinics. The fixed clinics provide basic dental treatment for children, pregnant women, and patients in the Ryan White Program. Limited emergency dental treatment is offered to adults. Preventive and restorative dental services are provided to children in many Richmond County schools and several rural county schools using the mobile dental clinics. District 6 partners with Georgia Regents University and receives Title V Maternal and Child Health Block Grant funds to support the Mobile Dental Program.

County/Program	Total Clients
Dental	1203
*Richmond County	999
* Wilkes County	204
Ryan White Program	76
Prenatal Patients	121

*included in total dental clients

SERVICES	
Prophylaxis (Adults)	355
Prophylaxis (Children)	864
Topical Fluoride (Children)	872
Fluoride (Adults)	15
Sealants	273
Sedative Fillings	41

MOBILE DENTAL PROGRAM

District 6 Mobile Dental Program travels to Burke, Jefferson, and Warren County Elementary Schools each year. The mobile program targets low income schools to treat children with the greatest needs. Services provided by the mobile program include: exams, cleanings, fluoride treatments, radiographs, sealants, restorative care, and basic oral surgery procedures.

Services	Total Clients
Mobile Dental	495



ENVIRONMENTAL HEALTH SERVICES

It is the goal of Environmental Health to promote a healthy and safe environment for everyone in the East Central Health District. To achieve this goal, environmentalists inspect septic tanks for proper sewage disposal, check well water for bacteria, enforce the Georgia Food Code in public restaurants, and inspect tourist courts for clean, safe conditions. They also inspect public swimming pools for safety and clean water, investigate animal bites for rabies virus transmission, and respond to general complaints of public health hazards.

Services	Total	Services	Total
Food Service Establishments	1191	Pool Inspections	618
Restaurant Inspections	2855	Onsite Inspections	767
Tourist Courts	121	Bites Investigated with 7 positive rabies cases	527
Tourist Inspections	247	Water Samples (47 Positive)	210
Swimming Pools	233	Complaint Investigations	501
Pool Classes	4	Pools Abated	211

Childhood Lead Program

Anyone can be harmed by exposure to lead, but the young are at higher risk. Children between the ages of one and six are particularly susceptible to lead poisoning. Ingestion of chips and dust from lead based paint has long been thought of as the primary source of lead poisoning. New evidence, however, indicates that some folk medicines and candy wrappers containing lead are important, unexpected sources. The East Central Health District has determined that lead testing and education are important factors in eliminating childhood lead poisoning in Georgia. Dedicated environmental health specialists are busy at health fairs, county fairs, and other events around the state promoting lead prevention awareness.

19 sites investigated related to elevated blood lead level cases for children with elevated blood levels (EBLs) of 10 or higher.

Injury Control Program—The focus of the Injury Prevention Program is to promote safe environments and healthy lifestyles that reduce the risk of preventable injury. The goal is to reduce the morbidity rates for unintentional injuries among all age groups in the East Central Health District. Methods include education, intervention, car seats, bicycle helmets, and smoke detectors to those who qualify.

There were 40 child safety seat classes— 94 people attended. 113 car safety seats and 29 smoke detectors issued

The Richmond County Health Department operates the **Mosquito Control Program** for Richmond County. During FY 2012, Mosquito Control employees responded to 1,425 service requests and sprayed the equivalent of 35,000 acres. The program has expanded to allow the treatment of 19,300 storm drains four times per year.

Services Provided	Total
Individual Complaints	1425
Public Awareness Program	1332

FOOD SAFETY/SAFE SERVE

The Richmond County Environmental Health Section provides monthly Certified SERVSAFE® Food Safety Management Training and Certification Testing. The two-day class and rigorous exam, enables the permit holders of our District's food service establishments to meet their permit obligations of having a certified food safety manager in every facility.

This voluntary initiative of our department has proven itself in building collaboration and rapport between the regulators and those regulated. Its success is seen in the steady number of restaurant chains that repeatedly send their students to our program.

The ServSafe Food Protection Manager Certification Training and Exam covers the FDA & Georgia Food Code concepts of: The Importance of Food Safety; Good Personal Hygiene; Time and Temperature Control; Preventing Cross-Contamination; Cleaning and Sanitizing; Safe Food Preparation; Receiving and Storing Food; Methods of Thawing, Cooking, Cooling and Reheating Food; Hazard Analysis and Critical Control Points (HACCP); Food Safety Regulations and more.

240 students trained / 11 classes conducted

BODY ART

Richmond County enforces a Body Art Ordinance that was enacted in January 2010. Under the ordinance, establishments are required to be inspected and permitted along with any artist working in Richmond County being licensed.

There are 16 Body Art establishments and 72 artists and piercers permitted.

Every county has their own Body Art Ordinance.

OTHER SERVICES

Prevention of infectious diseases is an essential responsibility of Public Health. Public Health has traditionally played a primary role in the prevention, treatment, education, and follow-up of all sexually transmitted infections (STIs). Our clinics offer specific services that include thorough examinations, diagnosis, treatment, and partner notification in a confidential setting. Clients receive one-on-one education about their diagnosis, the disease process, as well as treatment. Follow-up is provided when needed.

Private physicians, clinics, laboratories, and local hospitals are mandated by state law to report various STIs. Health Department communicable disease specialists conduct investigations to assure appropriate treatment has been administered, and that confidential partner notification/tracing has been initiated. These cases are then reported to the state office in compliance with proper policy guidelines. Since Georgia ranks in the *top ten* states by rate of reported STIs, reduction is a primary goal of the STI Program. Efforts of this program will also reduce the possibility of epidemics and the spread of infection.

In an attempt to reduce STIs, all clients are counseled on proper condom usage as a barrier method. Communicable disease specialists counsel every client at-risk for HIV, provide testing, and develop an individual risk reduction plan. Clients testing positive to an HIV test are referred for medical care to local clinics involved in HIV/AIDS care. The communicable disease specialist follows up on all appointments to assure the best possible outcome for the client.

Services	Total Clients	#Black	#White	#Hispanic	#Other	PAYMENT METHOD	Medicaid	Medicare	Private Ins	Self Pay
STI's	3992	3209	670	65	48		409	14	15	3489

HIV/AIDS: Based on the latest data from 2012, Georgia ranked ninth in the nation for its estimated rates of adult cases living with AIDS. The number of persons living with HIV infection and AIDS has continued to increase within the East Central Health District. District 6 has the **third highest** number in Georgia of people living with HIV infection and AIDS as of December 31, 2012, for a total of **2,109**. Public Health has continued to focus efforts toward reducing the spread of HIV in District 6 through counseling, testing, and education.

- ◆ ***In FY 2012, 4,457 HIV tests were provided to clients in District 6***
- 24 were positive

The Ryan White Part B Program funds medical and supportive services for 1536 persons living with HIV/AIDS in District 6. The program contracted medical services for these individuals through Georgia Regents University and Christ Community Clinic of Augusta. Dental services are provided by the Richmond County Dental Clinic. The District Project Office provided case management services to meet clients' non medical needs including transportation, food, housing, Psycho-social services, and facilitates monthly support group meetings.

Services	Total Clients	Black	White	Hispanic	Other	PAYMENT METHOD	Medicaid	Private Ins	Self Pay
Medical Care	1,144	903	188	20	33		225	175	744
Case Management (Non-medical)	834	798	12	14	10		203	119	512
Medical Transportation	156	155	1	0	0		35	7	114
Food Bank/Vouchers	36	35	0	1	0		4	2	30
Emergency Financial Assistance	117	111	2	3	1		16	8	93
Housing	1	1	0	0	0		1	0	0

The **HIV Prevention Project** has a health educator that will be participating in evidence-based prevention sessions to prevent HIV and other STIs in high-risk persons from communities in District 6. The health educator is tasked with the follow-up of newly found HIV-positive persons as well as the prevention of HIV-positives in the community by utilizing these evidence-based prevention sessions throughout District 6.

Services	Total Clients
Interventions (# seen 7/2011—6/2012)	1,210
Distributed Male and Female Condoms	1,100
Distributed Education Materials	1,000
Distributed Referral Lists	200

Tuberculosis Program – Worldwide, tuberculosis (TB) continues to be the leading cause of death from an infectious disease. Georgia has higher rates of TB than the national average. According to the law, all TB cases must be reported to the local County Health Department. The role of the Health Department is to ensure that all TB cases complete appropriate therapy as well as to identify, evaluate, and treat the contacts of persons with infectious TB and to screen high-risk groups for TB infection. Tuberculin skin tests (PPD) are administered in all Health Departments, as well as other types of TB services such as directly observed preventative therapy (DOPT), directly observed therapy (DOT), and contact investigation.

Services	Total Clients	#Black	#White	#Hispanic	#Other	PAYMENT METHOD	Medicaid	Medicare	Private Ins	Self Pay
TB/PPD	4323	2469	1588	78	188		428	29	103	3718

SPECIAL PROJECTS / INITIATIVES

PRENATAL CLINIC

We provided routine prenatal care at the RCHD in collaboration with GRU OB/GYN Department and GRU Regional Perinatal Center. In addition to routine prenatal care, health education classes on nutrition, breastfeeding, and infant safety were provided. Home visits were conducted during pregnancy and post-partum period.

From 2009—2011, the clinic served 103 pregnancies, 99 unduplicated women. Birth outcomes available for 81 deliveries within that cohort showed an average gestational age of 38 weeks and average birth weight 3081 gms.

Current data shows the following: 58 prenatal clients; 114 delivered; 29 still in the program; 17 involved in the home visiting program; 35 percent of women that delivered are breastfeeding; 50 percent received Tdap and 64.3 percent are on birth control, average gestation age 38 weeks and average weight 3254 gms.

EMORY VACCINE STUDY

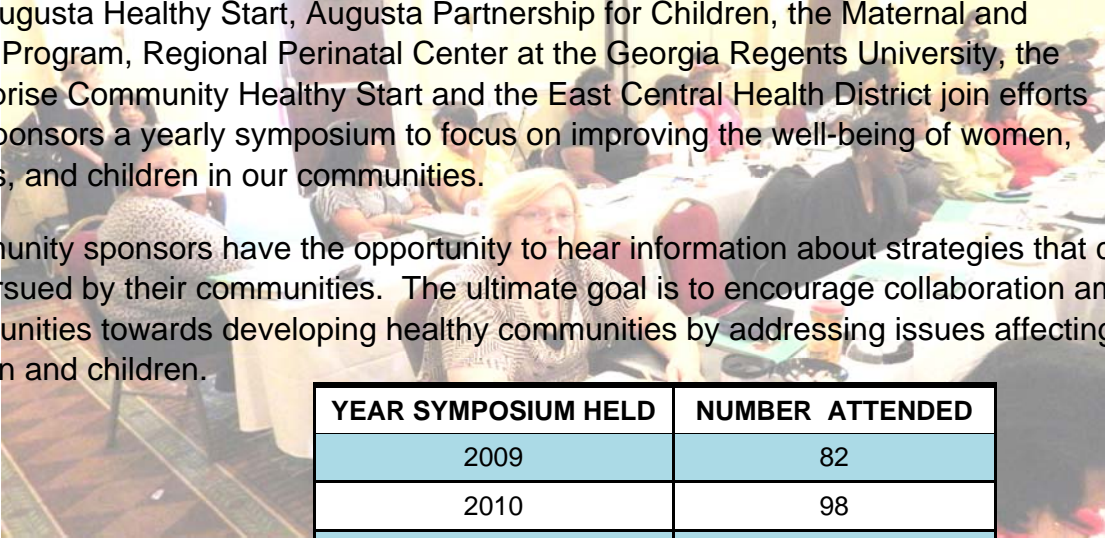
This three arm control trial project is a collaborative effort between ECHD, Emory, GRU, and RCBOE. The project is funded by CDC. The goal is to identify barriers and develop strategies to improve uptake of vaccines recommended for middle and high school students. The vaccines included in the study are: Flu, HPV, TDaP, and Meningococcal. A total of 686 students in eleven schools are surveyed for the study. No vaccines are administered.

Schools	Total	Number Students	Male	Female	TOTAL RACE/ ETHNIC DISTRIBUTION	Hispanic	Other	White	Black
Middle Schools	6	436	47%	53%		3%	6%	16%	75%
High Schools	5	250	47%	53%					
Total	11	686							

PERINATAL SYMPOSIUM

The Augusta Healthy Start, Augusta Partnership for Children, the Maternal and Infant Program, Regional Perinatal Center at the Georgia Regents University, the Enterprise Community Healthy Start and the East Central Health District join efforts and sponsors a yearly symposium to focus on improving the well-being of women, infants, and children in our communities.

Community sponsors have the opportunity to hear information about strategies that could be pursued by their communities. The ultimate goal is to encourage collaboration among communities towards developing healthy communities by addressing issues affecting women and children.



YEAR SYMPOSIUM HELD	NUMBER ATTENDED
2009	82
2010	98
2011	127
2012	118

EPIDEMIOLOGY / DISEASE SURVEILLANCE

The primary responsibility of the **Epidemiology Department** is to provide continuous surveillance of diseases in the District, investigate all diseases and cluster illnesses that pose an imminent threat to the community, and to determine and contain the disease origin. Disease surveillance is vital in determining the ongoing patterns of disease occurrence and disease potential so that investigation, control, and prevention measures can be applied efficiently and effectively. There are **over 70** notifiable diseases that the Epidemiology Department regularly tracks and investigates. These diseases include all vaccine preventable diseases, such as pertussis and measles; zoonotic and vector-borne diseases including West Nile Virus and Lyme disease; waterborne and food-borne illness such as Salmonella, Shigella, E. Coli, as well as potential agents of bioterrorism, for example Q-fever and botulism.

In 2012, there were over 1200 notifiable disease reports, excluding STIs, reported to the Epidemiology Department. Every disease report was evaluated to determine the proper investigation and follow-up, which included contact notifications. Some of the most common disease reports were food-borne and water-borne illnesses (32%), followed by Hepatitis C (30%), and various other bacterial and viral illnesses.

EMERGENCY MEDICAL SERVICES

Unintentional injuries are the fourth leading cause of deaths in the United States. While many injuries do not result in death, they often require medical attention and emergency transportation. The **District Emergency Medical Services (EMS)** has a primary responsibility to coordinate the licensing and monitoring of ambulance services, medical first responders, and neonatal transport services. One hundred thirty-one ambulances, two air medical units, and sixty-one first responder vehicles require annual inspections. EMS oversees initial education and licensure of 1,036 emergency medical technicians and paramedics living and working in District 6. EMS also approves continuing education for those same emergency medical technicians and paramedics. In addition to these mandated services, EMS helps to protect the public by reviewing ambulance trip reports which can be used to address system needs and future planning, monitoring performance of EMTs, and investigating public complaints regarding ambulance services.

OFFICE OF BIOTERRORISM AND EMERGENCY PREPAREDNESS

The Office of Emergency Preparedness and Bio-Terrorism, provides each of our 13 county Health Departments support for planning, training and exercises for a variety of emergency situations. Primary exercises and planning aim at reception of the Strategic National Stockpile in each of the counties as well as assisting Red Cross and Local Emergency Management with the inspection, set up and operation of Functional Needs Support Services in Congregate Shelters.

The Office of Emergency Preparedness/Bioterrorism works with federal, state, and local agencies during routine and emergency operations. Its primary goal is to develop District and county level Public Health rapid response capability that is relevant to an all-hazards approach to disasters. Many Public Health partnerships have been established through the Emergency Support Functions concept that describes actions by the state and federal government during times of disasters. Example, ESF8 delegates the responsibility to Public Health to coordinate medical and health services to our residents during times of emergencies. The Office of Emergency Preparedness/Bioterrorism has partnered with the American Red Cross, local emergency management agencies, Department of Family and Children Services, nursing homes, law enforcement, local government, hospitals, coroners, fire department, the Augusta Regional Airport, and other partners. Working with agencies/organizations that provide services to at-risk populations are also a significant and important part of the Office of Emergency Preparedness strategy to respond to emergencies. The relationships between the Office of Emergency Preparedness and community partners have been solidified through established memorandum of understandings (MOUs) / memorandum of agreements (MOAs). Furthermore, monthly and quarterly community meetings, with scheduled exercises continue to accentuate the importance of working with our community partners in preparing for disaster responses.

This year, two major exercises were conducted: (1) Strategic National Stockpile Drive—Thru Point of Dispensing Drill in Richmond County. Staff from across the District participated in the exercise to test the ability for Richmond County Health Department and local partners to dispense medications from the Strategic National Stockpile in a 36 hour window. Over 300 District staff and local partners participated in the exercise that simulated dispensing medication to approximately 50,000 residents. (2) A Functional Needs Support Services in Congregate Shelter Exercise with the Augusta Chapter of the American Red Cross, Richmond County Emergency Management, East Central Regional Hospital, the Medical Reserve Corps and the National Disaster Medical System. The exercise tested the ability of Public Health to help support, with staff and equipment, the set up, receiving of patients, and provision of services to 80 shelter residents with a variety of functional needs ranging from vision impairment, hearing impairment, wheelchair accessibility, and those requiring mental health assistance.

The East Central Health District **Medical Reserve Corps (MRC)** unit is a community-based organization of volunteers who donate their time and expertise to prepare for and respond to emergencies and promote healthy living throughout the year. MRC volunteers supplement existing emergency and public health organizational resources, and provide supplemental support and resources to the District, allowing Public Health to expand its capacity during times of emergency.

MRC volunteers include medical and public health professionals such as physicians, nurses, pharmacists, dentists, veterinarians, epidemiologists and other community members including interpreters, chaplains, office workers, legal advisors, and others who can fill key support positions.

MRC units target specific areas to strengthen the Public Health infrastructure of their communities by the U.S. Surgeon General. These are outlined priorities for the health of individuals and the nation as a whole, which also serve as a guide to the MRC. The overarching goal is to improve health literacy. The Surgeon General wants the MRC to work towards increasing disease prevention, eliminating health disparities, and improving public health preparedness.

Activities of the MRC include town meetings and briefings to civic organizations in order to increase public awareness of the threat of disease outbreaks and bio-terrorists acts that create massive casualties. MRC members also provide support for Secondary Triage, Treatment and Transport Center (ST3C) operations, staffing of Strategic National Stockpile (SNS) Points of Dispensing (PODs) mass immunization drills, health fairs, flu clinics, and all Public Health functions related to community health and preparedness.

The ECHD MRC has over 800 volunteers throughout the 13 counties of the District. In order to meet the MRC Core Competencies as developed by the U.S. Surgeon General's office, volunteers completed training through MRC TRAN Website and classroom sessions. In addition, MRC volunteers participate in emergency exercises annually that enhance their capability to meet the challenges posed by a local disaster. This year, MRC volunteers contributed over 1500 hours of service to the mission of the East Central Health District.

TYPICAL EVENTS IN WHICH THE VOLUNTEERS PARTICIPATED IN 2012
Taliaferro County Health Fair
McDuffie County Health Fair
Coastal Evacuation Exercise in Support of the National Disaster Medical System
Columbia County Back-to-School Screening of Students
Columbia County Health Department Immunization Drill
East Central Health District Special Project Office
Richmond County Health Department TB Screening at Butler High School
BLS/CPR Certification Training for District Personnel
Jefferson County Civic Organizations Briefings
WJBF Women's Health Forum
National Integrated Training Support Summit
Functional Needs Shelter Activation
Richmond County POD Exercise

PARTNERSHIPS

East Central Health District collaborates with community agencies, providers, academic institutions to carry its mission and advance public health goals. It is through collaboration that Public Health is able to carry its health promotion, disease prevention, and emergency preparedness responsibilities. The entities mentioned below partner with Public Health in these endeavors.

A'keti Communication (Tobacco & Diabetes)
American Cancer Society
American Heart Association
American Lung Association
Americans for Non-Smokers' Rights
Augusta Chapter of the American Red Cross
Augusta Day Reporting Center (Probation)
Augusta Partnership for Children
Augusta Technical College—(Dental Assisting Program)
Augusta Technical College School of Nursing
Bethel Methodist Episcopal Church
Boards of Education Throughout the District
Breatheasy Augusta Coalition (Tobacco)
Christ Community Clinic of Augusta, GA
Columbia County Animal Control
Columbia County Code Enforcement
Columbia County Family Connections (Tobacco and youth related topics)
County Health Department Within District 6
CRSA Asthma Coalition (Asthma)
CSRA Breastfeeding Coalition
CSRA Economic Opportunity (Head Start)
CSRA Head Start
CSRA Workforce
Department of Juvenile Justice

Doctors Hospital of Augusta
East Central Regional Hospital
Elementary Schools (Dental)
Family Y
Fort Gordon and U.S. Army Garrison
Georgia Campaign for Adolescent Power & Potential
Georgia College and State University
Georgia Regents Department of Respiratory Therapy
Georgia Regents University (GRU) School of Nursing
Georgia Regents University (GRU) Dental Project
Georgia Regents University (GRU) Dental School and Hygiene Program
Georgia Regents University (GRU) Institute of Public Health
Georgia Regents University (GRU) School of Medicine
Georgia Regents University College of Nursing (Healthy Grandparents Program)
Georgia Regents University Infectious Disease Department
Georgia Regents University Psychology Department
Georgia Regents University Summerville Campus
Greater Augusta Health Network
Head Start (Dental)
Jiann—Ping Hsu College of Public Health
Leadership Augusta Richmond County
Lighthouse Care Center of Augusta
Local Media Outlets (Print, Television and Radio)
Maternal and Infant Program—GRU
Miller – Motte Technical College
Mt. Zion Missionary Baptist Church
National Disaster Medical System (NDMS)
Paine College (School Health)

Phinizy Swamp
Region G Healthcare Coalition
Richmond County Animal Control
Richmond County Code Enforcement
Richmond County Board of Education
Richmond County Board of Health
Richmond County Extension Agency
Richmond County Health Department (Dental Department)
Richmond County Medical Society Project Access
Richmond County Recreational Parks & Facilities
Ryan White Program (Dental)
Screven County EMS
Thankful Missionary Baptist Church
The Enterprise Community Healthy Start
The Salvation Army of Augusta, GA Hope House of Augusta, GA (Recovery)
Total Media Communications (Cardiovascular)
University Hospital Augusta Area Dietetic Internship (AADI)
University of Georgia Cooperative Extension Services – EFNEP
University of Georgia School Of Public Health
Virginia College
Warren County Office of Emergency Services

BURKE COUNTY



CLINIC ADDRESS

Burke County Health Department
P.O. Box 238
114 Dogwood Drive
Waynesboro, Georgia 30830-0238

	REVENUES FY 2012	EXPENSES FY 2012
County	\$ 162,000	Personnel \$ 525,963
State GIA (Grant in Aid)	\$ 242,081	Operating \$ 134,291
Other	\$ 282,263	Total Expenses \$660,254
Total	\$ 686,344	

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	526	55	1	1	466
Child Health	143	35	0	0	103
Immunizations	887	71	62	127	622
STD	206	14	0	0	191
TB / PPD	196	13	0	8	177
WIC	1303				

Vital Records provided by the County Probate Court

	FACT SHEET	Burke County	Georgia
People Quick Facts/OASIS			
Population, 2012		23,125	9,919,945
Population, percent change, 2010 to 2012		-8%	2.4%
Persons under 5 years old, percent, 2012		7.1%	6.8%
Persons 65 years old and over, percent, 2012		13.0%	11.5%
White persons, percent, 2012 (a)		48.9%	62.8%
Black persons, percent, 2012 (a)		49.0%	31.2%
High school graduates, percent of persons age 25+, 2007-2011		76.5%	84.0%
Persons below poverty level, percent, 2007—2011		28.6%	16.5%
Infant death rate 2007—2011		9.1	7.3
Low birth weight percent 2007—2011		12.4%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17		18.8	12.6

COLUMBIA COUNTY



CLINIC ADDRESS

Columbia County Health Department
P.O. Box 99, Appling, GA 30802-0099
1930 William Few Parkway
Grovetown, Georgia 30813

	REVENUES FY 2012	EXPENSES FY 2012
County	\$ 434,614	Personnel \$ 1,068,911
State GIA (Grant in Aid)	\$ 425,019	Operating \$ 180,523
Other	\$ 533,618	Total Expenses \$ 1,249,434
Total	\$ 1,393,251	

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	883	70	4	3	711
Child Health	1386	214	0	6	1033
Immunizations	4115	175	179	257	3317
STD	214	16	1	3	183
TB / PPD	392	12	5	24	336
WIC	3178				

Vital Records provided by the County Probate Court

	FACT SHEET	
People Quick Facts/OASIS	Columbia County	Georgia
Population, 2012	131,627	9,919,945
Population, percent change, 2010 to 2012	6.1%	2.4%
Persons under 5 years old, percent, 2012	6.4%	6.8%
Persons 65 years old and over, percent, 2012	11.0%	11.5%
White persons, percent, 2012 (a)	76.7%	62.8%
Black persons, percent, 2012 (a)	16.0%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	90.6%	84.0%
Persons below poverty level, percent, 2007—2011	7.7%	16.5%
Infant death rate 2007—2011	6.3	7.3
Low birth weight percent 2007—2011	7.5%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	5.8	12.6

EMANUEL COUNTY



CLINIC ADDRESS

Emanuel County Health Department
P.O. Box 436
50 Highway 56 North
Swainsboro, Georgia 30401

	REVENUES FY 2012	EXPENSES FY 2012	
County	\$ 136,928	Personnel	\$ 810,256
State GIA (Grant in Aid)	\$ 253,799	Operating	\$ 186,279
Other	\$ 674,795	Total Expenses	\$ 996,535
Total	\$ 1,065,522		

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	637	116	0	25	473
Child Health	2025	1223	0	23	676
Immunizations	4281	1247	459	415	2038
STD	222	43	0	7	170
TB / PPD	331	68	3	24	223
WIC	2078				

Vital Records provided by the County Probate Court

FACT SHEET

People Quick Facts/OASIS	Emanuel County	Georgia
Population, 2012	22,898	9,919,945
Population, percent change, 2010 to 2012	1.3%	2.4%
Persons under 5 years old, percent, 2012	7.1%	6.8%
Persons 65 years old and over, percent, 2012	14.9%	11.5%
White persons, percent, 2012 (a)	63.8%	62.8%
Black persons, percent, 2012 (a)	34.1%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	73.5%	84.0%
Persons below poverty level, percent, 2007—2011	24.5%	16.5%
Infant death rate 2007—2011	9.3	7.3
Low birth weight percent 2007—2011	10.8%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	20.5	12.6

GLASCOCK COUNTY



CLINIC ADDRESS

Glascock County Health Department
P.O. Box 98
658 West Main Street
Gibson, Georgia 30810

	REVENUES FY 2012	EXPENSES FY 2012	
County	\$ 22,847	Personnel	\$ 89,431
State GIA (Grant in Aid)	\$ 58,985	Operating	\$ 30,900
Other	\$ 36,046	Total Expenses	\$ 120,331
Total	\$ 117,878		

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	72	19	2	1	50
Child Health	99	41	1	2	54
Immunizations	468	113	100	36	217
STD	7	2	0	0	5
TB / PPD	46	7	0	5	34
WIC	184				

Vital Records provided by the County Probate Court

FACT SHEET

People Quick Facts/OASIS	Glascock County	Georgia
Population, 2012	3,142	9,919,945
Population, percent change, 2010 to 2012	1.9%	2.4%
Persons under 5 years old, percent, 2012	5.2%	6.8%
Persons 65 years old and over, percent, 2012	16.5%	11.5%
White persons, percent, 2012 (a)	89.5%	62.8%
Black persons, percent, 2012 (a)	8.9%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	73.8%	84.0%
Persons below poverty level, percent, 2007—2011	20.7%	16.5%
Infant death rate 2007—2011	***	7.3
Low birth weight percent 2007—2011	10.8%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	***	12.6

JEFFERSON COUNTY



CLINIC ADDRESS

Jefferson County Health Department
P.O. Box 306
2501 U.S. 1 North
Louisville, Georgia 30430

REVENUES	FY 2012	EXPENSES	FY 2012
County	\$ 152,750	Personnel	\$ 476,283
State GIA (Grant in Aid)	\$ 179,176	Operating	\$ 103,115
Other	\$ 284,418	Total Expenses	\$ 579,398
Total	\$ 616,344		

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	573	70	2	0	462
Child Health	170	62	0	2	102
Immunizations	1143	165	122	142	683
STD	157	11	0	0	146
TB / PPD	357	13	2	8	331
WIC	1017				

VITAL STATISTICS	TOTALS	Vital Stats	Totals	Vital Stats	TOTAL	Vital Stats	TOTALS
Birth Certificates	743	Deaths	128	Birth Verifications	0	Delayed Birth certificates	0
Paternity Acknowledgements	5	Amendments	0	Legitimations	5	Home Birth	0

FACT SHEET

People Quick Facts/OASIS

	Jefferson County	Georgia
Population, 2012	16,432	9,919,945
Population, percent change, 2010 to 2012	-2.9%	2.4%
Persons under 5 years old, percent, 2012	6.6%	6.8%
Persons 65 years old and over, percent, 2012	15.9%	11.5%
White persons, percent, 2012 (a)	44.4%	62.8%
Black persons, percent, 2012 (a)	53.9%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	72.0%	84.0%
Persons below poverty level, percent, 2007—2011	28.7%	16.5%
Infant death rate 2007—2011	8.0	7.3
Low birth weight percent 2007—2011	12.8%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	21.8	12.6

JENKINS COUNTY



CLINIC ADDRESS

Jenkins County Health Department
P.O. Box 627
709 Virginia Avenue
Millen, Georgia 30442

REVENUES	FY 2012	EXPENSES	FY 2012
County	\$ 41,000	Personnel	\$ 245,672
State GIA (Grant in Aid)	\$ 138,830	Operating	\$ 71,626
Other	\$ 137,227	Total Expenses	\$ 317,298
Total	\$ 317,057		

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	145	26	0	114	0
Child Health	142	88	0	45	0
Immunizations	756	170	179	336	52
STD	83	16	0	65	0
TB / PPD	83	18	1	63	1
WIC	614				

VITAL STATISTICS	TOTALS	Vital Stats	Totals	Vital Stats	TOTAL	Vital Stats	TOTALS
Birth Certificates	446	Deaths	610	Birth Verifications	0	Delayed Birth certificates	3
Paternity Acknowledgements	2	Amendments	0	Legitimations	1	Home Birth	0

FACT SHEET

People Quick Facts/OASIS

	Jenkins County	Georgia
Population, 2012	9,213	9,919,945
Population, percent change, 2010 to 2012	10.5%	2.4%
Persons under 5 years old, percent, 2012	6.0%	6.8%
Persons 65 years old and over, percent, 2012	14.4%	11.5%
White persons, percent, 2012 (a)	54.6%	62.8%
Black persons, percent, 2012 (a)	43.3%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	68.4%	84.0%
Persons below poverty level, percent, 2007—2011	30.4%	16.5%
Infant death rate 2007—2011	10.0	7.3
Low birth weight percent 2007—2011	11.7%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	18.7	12.6

LINCOLN COUNTY



CLINIC ADDRESS

Lincoln County Health Department
P.O. Box 65
176 North Peachtree Street
Lincolnton, Georgia 30817

	REVENUES FY 2012	EXPENSES FY 2012
County	\$ 39,000	Personnel \$ 139,977
State GIA (Grant in Aid)	\$ 90,765	Operating \$ 59,197
Other	\$ 75,211	Total Expenses \$ 199,174
Total	\$ 204,976	

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	218	35	4	0	179
Child Health	111	49	0	2	60
Immunizations	968	155	324	87	402
STD	28	2	0	0	26
TB / PPD	54	9	0	2	44
WIC	345				

Vital Records provided by the County Probate Court

	FACT SHEET	
People Quick Facts/OASIS	Lincoln County	Georgia
Population, 2012	7,737	9,919,945
Population, percent change, 2010 to 2012	-3.2%	2.4%
Persons under 5 years old, percent, 2012	4.5%	6.8%
Persons 65 years old and over, percent, 2012	19.4%	11.5%
White persons, percent, 2012 (a)	66.1%	62.8%
Black persons, percent, 2012 (a)	32.1%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	80.0%	84.0%
Persons below poverty level, percent, 2007—2011	25.8%	16.5%
Infant death rate 2007—2011	***	7.3
Low birth weight percent 2007—2011	9.0%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	9.4	12.6

MCDUFFIE COUNTY



CLINIC ADDRESS

McDuffie County Health Department
P.O. Box 266
307 Greenway Street
Thomson, Georgia 30824

	REVENUES FY 2012	EXPENSES FY 2012	
County	\$ 102,208	Personnel	\$ 427,862
State GIA (Grant in Aid)	\$ 201,550	Operating	\$ 38,987
Other	\$ 154,951	Total Expenses	\$ 466,849
Total	\$ 458,709		

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	545	102	1	0	423
Child Health	136	45	0	1	86
Immunizations	773	111	95	104	454
STD	180	31	0	0	149
TB / PPD	138	50	1	0	86
WIC	1146				

Vital Records provided by the County Probate Court

FACT SHEET

People Quick Facts/OASIS	McDuffie County	Georgia
Population, 2012	21,663	9,919,945
Population, percent change, 2010 to 2012	-1.0%	2.4%
Persons under 5 years old, percent, 2012	7.0%	6.8%
Persons 65 years old and over, percent, 2012	14.8%	11.5%
White persons, percent, 2012 (a)	57.1%	62.8%
Black persons, percent, 2012 (a)	40.6%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	71.8%	84.0%
Persons below poverty level, percent, 2007—2011	19.2%	16.5%
Infant death rate 2007—2011	9.7	7.3
Low birth weight percent 2007—2011	11.7%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	15.7	12.6

RICHMOND COUNTY



CLINIC ADDRESS

Richmond County Health Department
950 Laney-Walker Blvd.
Augusta, Georgia 30901

	REVENUES FY 2012	EXPENSES FY 2012	
County	\$ 1,034,340	Personnel	\$ 4,012,398
State GIA (Grant in Aid)	\$ 1,904,357	Operating	\$ 1,620,053
Other	\$ 2,881,922	Total Expenses	\$ 5,632,451
Total	\$ 5,820,619		

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	2922	352	6	7	2448
Child Health	1239	316	0	5	875
Immunizations	5473	845	166	422	3907
STD	2675	234	12	5	2376
TB / PPD	2383	178	10	24	2137
WIC	13023				

VITAL STATISTICS	TOTALS	VITAL STATISTICS	TOTAL
Births Certificates	26,675	Birth Verifications	13
Deaths	22,388	Legitimations	21
Paternity Acknowledgements	94	Delayed Birth Certificates	41
Amendments	34	Home Birth	1

FACT SHEET

People Quick Facts/OASIS

	Richmond County	Georgia
Population, 2012	202,587	9,919,945
Population, percent change, 2010 to 2012	1.0%	2.4%
Persons under 5 years old, percent, 2012	7.4%	6.8%
Persons 65 years old and over, percent, 2012	11.8%	11.5%
White persons, percent, 2012 (a)	40.3%	62.8%
Black persons, percent, 2012 (a)	54.9%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	82.3%	84.0%
Persons below poverty level, percent, 2007—2011	23.7%	16.5%
Infant death rate 2007—2011	10.9	7.3
Low birth weight percent 2007—2011	11.3%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	18.4	12.6

SCREVEN COUNTY



CLINIC ADDRESS

Screven County Health Department
416 Pine Street
Sylvania, Georgia 30467

	REVENUES FY 2012	EXPENSES FY 2012	
County	\$ 60,168	Personnel	\$ 354,201
State GIA (Grant in Aid)	\$ 187,370	Operating	\$ 47,303
Other	\$ 149,812	Total Expenses	\$ 401,504
Total	\$ 397,350		

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	257	69	2	0	184
Child Health	317	227	0	0	95
Immunizations	1543	390	177	39	931
STD	74	21	1	0	52
TB / PPD	220	42	5	3	167
WIC	836				

Vital Records provided by the County Probate Court

	FACT SHEET	
<i>People Quick Facts/OASIS</i>		
Population, 2012	Screven County 14,202	Georgia 9,919,945
Population, percent change, 2010 to 2012	-2.7%	2.4%
Persons under 5 years old, percent, 2012	6.9%	6.8%
Persons 65 years old and over, percent, 2012	15.9%	11.5%
White persons, percent, 2012 (a)	55.4%	62.8%
Black persons, percent, 2012 (a)	42.5%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	75.0%	84.0%
Persons below poverty level, percent, 2007—2011	25.4%	16.5%
Infant death rate 2007—2011	14.9	7.3
Low birth weight percent 2007—2011	10.2%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	17.3	12.6

TALIAFERRO COUNTY



CLINIC ADDRESS

Taliaferro County Health Department
P.O. Box 184
109 Commerce Street
Crawfordville, Georgia 30631

	REVENUES FY 2012	EXPENSES FY 2012
County	\$ 31,503	Personnel \$ 97,370
State GIA (Grant in Aid)	\$ 70,195	Operating \$ 25,111
Other	\$ 23,033	Total Expenses \$ 122,481
Total	\$ 124,731	

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	64	14	0	0	38
Child Health	63	46	1	1	10
Immunizations	236	67	30	22	62
STD	23	2	0	0	18
TB / PPD	17	3	0	2	10
WIC	136				

Vital Records provided by the County Probate Court

	FACT SHEET	
People Quick Facts/OASIS		
Population, 2012	Taliaferro County 1,680	Georgia 9,919,945
Population, percent change, 2010 to 2012	-2.2%	2.4%
Persons under 5 years old, percent, 2012	5.7%	6.8%
Persons 65 years old and over, percent, 2012	21.4%	11.5%
White persons, percent, 2012 (a)	38.2%	62.8%
Black persons, percent, 2012 (a)	59.3%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	60.1%	84.0%
Persons below poverty level, percent, 2007—2011	30.6%	16.5%
Infant death rate 2007—2011	***	7.3
Low birth weight percent 2007—2011	***	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	***	12.6

WARREN COUNTY



CLINIC ADDRESS

Warren County Health Department
510 Legion Drive
P.O. Box 322
Warrenton, Georgia 30828

	REVENUES FY 2012	EXPENSES FY 2012	
County	\$ 25,000	Personnel	\$ 104,123
State GIA (Grant in Aid)	\$ 91,765	Operating	\$ 46,783
Other	\$ 39,450	Total Expenses	\$ 150,906
Total	\$ 156,215		

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	99	27	0	0	72
Child Health	65	31	0	0	33
Immunizations	215	43	60	7	106
STD	27	7	0	0	20
TB / PPD	14	0	1	2	32
WIC	297				

Vital Records provided by the County Probate Court

	FACT SHEET	Warren County	Georgia
People Quick Facts/OASIS			
Population, 2012		5,578	9,919,945
Population, percent change, 2010 to 2012		-4.4	2.4%
Persons under 5 years old, percent, 2012		6.5%	6.8%
Persons 65 years old and over, percent, 2012		19.6%	11.5%
White persons, percent, 2012 (a)		38.0%	62.8%
Black persons, percent, 2012 (a)		60.5%	31.2%
High school graduates, percent of persons age 25+, 2007-2011		71.8%	84.0%
Persons below poverty level, percent, 2007—2011		25.3%	16.5%
Infant death rate 2007—2011		***	7.3
Low birth weight percent 2007—2011		13.8%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17		19.0	12.6

WILKES COUNTY



CLINIC ADDRESS

Wilkes County Health Department
204 Gordon Street
Washington, Georgia 30673

	REVENUES FY 2012	EXPENSES FY 2012	
County	\$ 60,000	Personnel	\$ 193,716
State GIA (Grant in Aid)	\$ 114,396	Operating	\$ 64,265
Other	\$ 100,533	Total Expenses	\$ 257,981
Total	\$ 274,929		

PROGRAMS	TOTAL CLIENTS	MEDICAID	MEDICARE	PRIVATE INSURANCE	SELF-PAY
Family Planning	243	29	0	0	201
Child Health	164	79	0	1	73
Immunizations	790	183	123	26	436
STD	99	10	0	0	88
TB / PPD	94	15	1	0	78
WIC	577				

Vital Records provided by the County Probate Court

FACT SHEET

People Quick Facts/OASIS

	Wilkes County	Georgia
Population, 2012	10,076	9,919,945
Population, percent change, 2010 to 2012	-4.9%	2.4%
Persons under 5 years old, percent, 2012	5.8%	6.8%
Persons 65 years old and over, percent, 2012	20.3%	11.5%
White persons, percent, 2012 (a)	55.4%	62.8%
Black persons, percent, 2012 (a)	42.2%	31.2%
High school graduates, percent of persons age 25+, 2007-2011	74.3%	84.0%
Persons below poverty level, percent, 2007—2011	25.0%	16.5%
Infant death rate 2007—2011	***	7.3
Low birth weight percent 2007—2011	10.1%	9.5%
Teen pregnancy rate 2007—2011, ages 10—17	14.5	12.6

A scenic view of a golf course. In the foreground, a calm pond reflects the surrounding greenery. A small, white, square gazebo with a brown roof stands on the grassy bank of the pond. In the background, a clubhouse with a red roof is visible, partially obscured by trees. Two cars, a red one and a silver one, are parked on a paved area near the clubhouse. The sky is clear and blue.

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