**Glynn County Community Health Needs Assessment Executive Summary**

As part of its responsibility to identify and plan for the health needs of the communities it serves, Coastal Health District authorized a Community Health Needs Assessment (CHNA) for Glynn County in August 2013. The assessment was built on public data, survey data from 498 participants, focus group input, and data analysis. With the help of the Family Connection collaborative and other community partners, information from this CHNA will be used to create a Community Health Improvement Plan.

The following information provides a summary of highlights of the Community Health Needs Assessment.

*Demographics:*  Because Glynn is a resort community and a haven for retirees, the county’s 81,000 citizens have widely varying incomes. About 37% make more than $75,000 per year, while 29% make less than $35,000. In 2011, 18% of the population received food stamps, and while nearly 20% of all citizens were in poverty, over 31% of children live in poverty. The economic downturn has taken a toll on families. Unemployment was 9.7% in late 2013. Nearly 16% of Glynn residents are 65 or older. Almost 2,000 residents receive SSI or SSI plus disability. Currently, about 45% of survey respondents are not married, separated, windowed, or divorced. In Glynn County, there is a direct correlation between marital status and household income.

*Education and Health:* Glynn County’s graduation rate fell from a high of 84% in 2010 to 74% in 2012. In 2011, about 44% of Glynn residents had a high school diploma or less. Lack of education may be a limiting factor for making decisions about health. Glynn County residents with higher educational levels report better health status, while the least healthy are those without a high school diploma.

*Mortality:* Between 1999 and 2010, the leading cause of death from disease was cancers, followed by heart disease, stroke, and chronic respiratory disease. Cancers of the lung, bronchus, and trachea are the greatest killers, followed by cancers of the colon. The greatest cause of death from injury for the same time period was motor vehicle accidents, followed by firearms, poisoning, and suffocation. Years of potential life lost, a measure of preventable deaths, was 9166 for Glynn residents. The average number of deaths of infants from 2005 through 2011 was 7 per year.

*Morbidity:* Hospital discharge rates per 100,000 for major disease processes by race include the following: lung cancer, whites - 73.2, blacks – 61.8; colon cancer, whites - 46.4, blacks - 33.3; breast cancer – whites 30.3, blacks 23.8; high blood pressure, whites – 37.5, blacks – 147.3; kidney disease, whites – 105.3, blacks 213.9; obstructive heart disease, including heart attack, whites – 367.6, blacks – 256.7; diabetes, whites – 143.6, blacks – 383.05; bone and muscle diseases , whites - 534.15, blacks – 631.5. Drug overdoses hospital discharges for males are consistently higher for men than women of both races. Major communicable and infectious diseases in Glynn in 2012 included 128 animal bites, but no rabies cases, 41 cases of Hepatitis C (all types), 17 cases of Hepatitis B (all types), and 27 cases of salmonella. In 2010, 477 cases of sexually transmitted diseases were reported. Of all survey respondents, 16% consider themselves to be in poor or fair health. Top self-reported health problems of survey respondents include, in priority order, seasonal allergies, high blood pressure, arthritis, obesity, asthma, and diabetes.

*Health Utilization and Resource Use:* Of survey respondents, only 48% are insured by employers, and 20% are uninsured. Of this uninsured group, 18% say they are obese, and 16 say they have high blood pressure. Focus group respondents commented that the large number of retail and hospitality jobs translate into fewer full-time workers with insurance. Of survey respondents, 11% seek primary care at an urgent care clinic, 7% at an emergency room, 4% at a community health center, and 3% at a free care clinic. Those most likely to seek primary care at the emergency room treatment are Medicaid recipients (18%), followed by those without insurance (17%).

Barriers to health care identified by respondents were the following: co-payments and deductibles for insurance are too expensive – 16%, cost of prescription medications – 13%, finding free or reduced-cost services – 11%, and inability to pay - 10%. Respondents also commented that free care for people who can’t afford it and dental care represent gaps in health care. With 20% of the population uninsured, the emergency room may be the only available alternative for care. While there is not a doctor shortage per se, focus group participants commented on the difficulty of finding a doctor who accepts Medicaid, as well as the fact that many dentists are not taking new patients. Of survey respondents, 10% had not seen a doctor in the last two years and 29% had not seen a dentist in the past two years. Of those who have not seen a doctor in the last two years, 50% are uninsured. Of all survey respondents, 6% report that they never get the emotional or social support they need, and another 36% say that they only have such supports some of the time.

*Health Information/Health Improvement:* According to respondents, 29% get their health information from healthcare providers, 21% use computer/internet resources, and 16% depend on newspaper/radio/TV. Of respondents, 13% say they do not have access to a computer and the internet. Services most often accessed at the public health department are immunizations/vaccinations, family planning, WIC services, health information, and blood tests. Focus group discussants recommended that public health promote prevention and awareness of disease processes like diabetes and obesity and that public health work with the school system in trying to address problems across the community. Resources that might be leveraged to improve the health status of Glynn countians include those resources that Glynn County survey respondents most value: religious or spiritual values (churches), access to higher education, good schools, community involvement (civic organizations), strong family life, and parks and recreation, among others. In open-ended responses, Glynn survey participants expressed concerns about access to affordable care, crime/violence, obesity, poverty, STDs, HIV, drug and alcohol abuse, diabetes, air and water pollution and toxic wastes, substandard housing, smoking, and mosquitos. Worry about crime was the number one concern, followed by obesity. The average number of “index crimes,” serious crimes ranging from murder to auto theft, averaged 4774 per year from 2008 to 2012. Respondents recommended that Public Health should educate the public on healthy lifestyles, work to reduce mosquitos, offer free clinics, offer primary care and dental care, work on cleaning up the environment, offer more classes on nutrition and other health topics, and help stamp out drug abuse.

*Risk Factors:* Of all motor vehicle fatalities in 2011 in Glynn County, one-third were not wearing seatbelts and 25% were related to alcohol use. Of survey respondents, 10% of men and 13% of women say that they binge drink several times a month or more often. According to the Georgia Drug and Narcotics Agency, 1.29 prescriptions per capita for controlled substances were written in the first 8 months of 2013, the highest per capita use of the southern Coastal Health District counties. Over 10% of births in 2010 were to mothers who smoke or use tobacco. Of survey respondents, 18% say that they smoke or use tobacco, well above the national average of 13% in 2013. More blacks and other races smoke than whites, according to the survey, and there is a direct correlation between income and smoking, that is, people with lower incomes are more likely to smoke. Smoking also correlates with poorer health status.

In 2012, there were 149 substantiated reports of child abuse, 7 per 1000. Social problems identified by respondents were the following: poverty – 22%; low paying jobs with no benefits – 15%; lack of personal responsibility – 11%, and violence/crime – 9%. Homelessness, child abuse/neglect, hunger, and lack of affordable housing were other social concerns. Of survey respondents, 49% report that they are overweight, 52% say that they do not eat a healthy diet, and 33% say that they never exercise. Survey results indicate that those least likely to exercise have the unhealthiest diets. When asked about negative impacts on their households, 20% said that they do not get enough physical activity, family members are obese or overweight, there is a lack of meal planning, and lack of sidewalks. Primary health and safety risks noted by survey respondents are the following: sports injuries – 6%, falls – 5%, motor vehicle accidents, 5%, drug abuse – 4%, domestic violence – 4%, and alcohol abuse – 4%. Note that if the sample is representative, 4% of the population would translate to 3240 people.

*Environmental Factors:* Of 49 water systems in Glynn County, only 6 add fluoride. In Glynn County, 398 homes lack complete plumbing. Glynn has more environmental risks than its neighboring counties: in 2011, Glynn industries released 1,335,967 pounds of toxic chemicals. Swimmers should check before swimming in ocean water in Glynn County due to pollution. Survey respondents indicate that their largest environmental worries are the following: mosquitos – 24%, air quality/pollution – 20%, water quality/pollution – 16%, and threat of hurricanes and flooding – 14%.

The complete report is available at: <http://www.gachd.org/counties/glynn-1/glynn_county_community_health.php>.