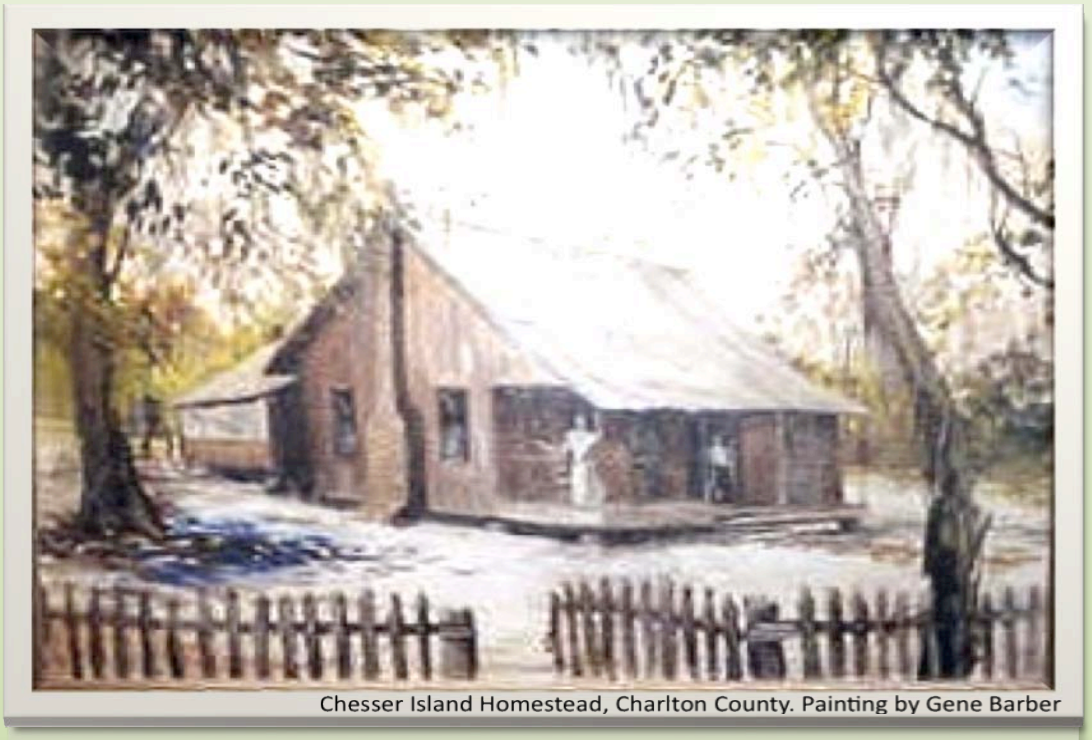
Charlton County, Georgia

A Community Needs Assessment



Chesser Island Homestead, Charlton County. Painting by Gene Barber

April Biagioni
Leslie Lee
Carmen Nash
Heather Peebles
Rhonda Tankersley

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EXECUTIVE SUMMARY

Part I: Community Backdrop

CHAPTER 1: THE HISTORY OF CHARLTON COUNTY

Charlton County has a rich history mixed with Native American, Spanish, and Georgia Colonial influences. Charlton was established in 1854, named after Robert Milledge Charlton, a United States Senator and previous Mayor for Savannah, Georgia. Forestry has been an important natural resource for the local economy and has molded the culture of Charlton for over the last 200 years. Charlton has a history in its education system, as a pioneer in school-based physical education in addition to being one of the first counties in Georgia to provide hot lunches at their schools.

Folkston, the county seat of Charlton, is famous for its railroad history, through which the city has earned the name of train watchers' paradise. The first depot was built at the turn of the century, and trains continue to pass through today as visitors enjoy the view of up to sixty trains each day from a train-viewing platform.

CHAPTER 2: CULTURE AND SOCIAL ENVIRONMENT

Charlton County is one that is enriched with culture and tradition. In the past, residents would entertain themselves with the telling of stories and celebrating special occasions and holidays with festivals and galas. Today, events such as The Okefenokee Festival and The Mizell House Gala allow residents to celebrate their rich heritage. The primary attraction is the Okefenokee Swamp, which draws approximately 400,000 visitors a year. A much smaller, but growing, tourist group is the train spotters; people who watch and record train movements.

People from all over the world have taken an interest in the trains that run through the area, particularly at the “Folkston Funnel.”

CHAPTER 3: PHYSICAL AND NATURAL ENVIRONMENT

Charlton County is adjacent to three Georgia counties and two Florida counties. According to the U.S. Census Bureau, Charlton is Georgia’s southern-most county. The county has a total area of 783 square miles, of which two square miles are water. A large portion of Charlton lies within the Okefenokee Swamp. The climate consists of mild winters and warm summers. Due to its location, Charlton County is at an increased risk for hurricanes.

Charlton County has an abundant amount of natural resources. It is the most timbered county in Georgia with 98% of its land being forest. This land offers recreational opportunities for county residents and is also rich in titanium deposits. Water resources consist of the Floridian aquifer, which provides water to people in Georgia, Alabama, Mississippi and South Carolina. The county does not provide water or sewer services; subsequently, the use of private wells and septic systems are prominent in unincorporated areas.

The air quality in Folkston, Georgia, is 98 on a scale of 100, which is based on ozone alert days and the number of pollutants in the air. Though the air quality is considered to be above average, a health care issue is the elevated levels of diesel soot produced by the trains. Diesel soot exposure can lead to chronic health problems such as cardiovascular disease and lung cancer.

CHAPTER 4: SOCIO-DEMOGRAPHIC CHARACTERISTICS

In 2009, the population of Charlton County was estimated at 10,725. There has been a steady growth in the population within the last 40 years. The median resident age in 2009 was 35.3 years, slightly older than Georgia's median age and younger than the median U.S. age. The county has a predominantly white population, with blacks representing the largest race/ethnic minority group. In 2000, Charlton County had a total of 3,342 households with a total of 2,449 families. Nearly 75% of households in Charlton were family households, a higher percentage than that of Georgia and the nation. The cost of living index in Charlton is lower than the national average.

In 2000, Charlton County had a significantly greater proportion of high school graduates than the state of Georgia and the U.S. Even with these figures, the percentage of people aged 25 years and older with a high diploma or higher was lower than the state of Georgia and U.S. proportions.

In 2008, an estimated close to 21% of residents lived below the poverty level. This proportion is greater than those of Georgia and the nation. Black families encompass the greatest proportion of racial/ethnic families living below the poverty level. Educational needs and poverty issues of Charlton County are currently being addressed which can lead to a healthier lifestyle within this community.

CHAPTER 5: GENERAL ECONOMICS AND LABOR CONDITIONS

The major industries within Charlton County consist of educational, health and social services (15.6%), manufacturing (15.4%), construction (11.1%) and public administration (10.1%). The most common occupations for the residents of Charlton County are drivers/sales

workers and truck drivers (10%), other production occupations including supervisors (10%) and building and grounds cleaning and maintenance occupations (7%).

In 2004, Charlton County had a 4.2% unemployment rate, the lowest of any county in southeast Georgia and lower than the state of Georgia. In 2010, the rate rose to 11.1 %, which is higher than the state of Georgia, 10.4%. This high rate may be attributed to the dwindling employment opportunities within the area. Although many employers had to downsize due to the recession, several new developments have the capability to positively impact the County with the potential to increase gainful employment, enhance the school system, and increase access to healthcare for the residents of Charlton County.

CHAPTER 6: GOVERNMENT AND POLITICS

Charlton County is represented by two Republicans in the U.S. Senate, Clarence Chambliss and Johnny Isakson, with Jack Kingston in the State House of Representatives. The mayor of Charlton County is William Staegoer. Voter demographics indicate that Charlton has been a republican county since 1992. Historically, Republicans do not support public funding of social programs such as Medicaid and WIC. Funding for these types of social programs have the potential of being cut, which can affect the health and livelihood of county residents. As of November 4, 2008, there were 5,159 registered voters in the county. In the 2008 Presidential election, 71.4 % of the registered voters exercised their right to vote.

Charlton County has a Commission-Administrator form of government. The commission acts as the Legislature, who employs the administrator and acts as the Executive Branch of the county government. The county also has an elected Mayor, Sheriff, Clerk of the Circuit Court and Tax Assessor. The judicial system is comprised of Magistrate, Probate and Juvenile Courts.

Property taxes in Charlton County are higher than other counties their size in Georgia. The average per capita tax in 2004 was $354 compared to $217 for counties with similarly sized populations. Due to high property taxes, combined with limited employment opportunities, purchasing homes within Charlton County could decrease dramatically. This could promote even higher taxes for residents, which in turn could reduce money used to pay for health related services.

CHAPTER 7: COMMUNITY RESOURCES

Charlton County offers many community resources to its inhabitants. Within the county, there are two elementary schools, one middle school and one high school. There are also specialized programs dedicated to children with special needs, whether exceptional or educationally challenged. The county does not have a higher learning institution, though some institutions do exist in neighboring counties. The Okefenokee Wildlife Refuge offers training, internship and volunteer opportunities. There are many resources designated to assist families and children. Services such as Family Connections, Ferst Foundation, Camp Iwannabreathe, Project SOS, and Fit WIC focus towards promoting healthier lifestyles through educational, medical or nutritional means. Additionally, service organizations within Charlton County volunteer their time to assist local charities.

Charlton County has one community hospital and one health department. This limits the amount of medical services available to those who live in Charlton. Although the county health department offers many programs targeted towards women and children, adequate primary care services are severely lacking. Charlton County has few media sources to educate the community about preventive and medical services. The local paper, The Charlton County Herald, is printed

only once a week. The availability of reliable, accessible and relevant sources of public health information would support the use of media to improve the health of the community.

Part II: Analysis of Community Health Status and the Health Care System

CHAPTER 8: VITAL STATISTICS

The vital statistics of Charlton County assess the health of the community. In 2008, the overall birth rate in Charlton was less than the state of Georgia but higher than the national average. African American teen birth rates in Charlton are significantly higher than that of the state. In 2007, the county's low birth rate was less than the state's but rose above the Georgia's average in 2008. The percentage of unwed mothers who gave birth increased in Charlton County between the years of 2007-2008. Charlton also had more unwed African American mothers than unwed Caucasian mothers during these years. Between 2007-2008, birth rates for African Americans remained higher than those of Caucasians. The total number of infant deaths reported for Charlton County was less than three for the years 1997, 2006 and 2007. In 2009, the largest number of Charlton's sexually transmitted diseases (STD) was attributed to Chlamydia. Chlamydia rates are significantly higher for black females than for any other group in Charlton.

Age adjusted death rates were highest among white males in 2006 and then black females in 2007. The three leading causes of death as a percentage of total deaths were cardiovascular disease, cancer and external cases. Of public health concern are unwed teenage mothers on social assistance who do not graduate from high school, and are at a greater risk of contracting STDs. The current trend is directed towards teenage African American adolescent females.

CHAPTER 9: TRANSPORTATION AND SAFETY

Transportation within Charlton County is limited, as the county is without a public transportation system, and most residents commute to work outside of the county. Vehicular accidents occurring in Charlton County were higher than the state's average between the years of 1992-2006. The same is true for fatal accidents caused by drunken drivers, and pedestrians involved in fatal accidents. Reliance on automobiles increases potential for air pollution, automobile crashes, pedestrian injuries, and fatalities.

In 2010, violent crime was greater in Charlton County than the national average. Within the same year, property crime has remained equal to the national average. The majority of crimes in Charlton between 2008-2009 included larceny, burglary and assault. In the year 2000, the highest arrest rate was due to drug violence. Budget cuts have severely affected the presence of law enforcement officials to help prevent and resolve crime-related concerns.

CHAPTER 10: BEHAVIORAL HEALTH

Health related behavior is an important element for the residents of Charlton's health and well-being. As the rate of physical inactivity of residents is greater than that of Georgia, resulting rate of obesity and diabetes is also slightly higher than that of the state. The percentage of tobacco use and binge drinking in Charlton is also higher than the Georgia percentage. Suicide rates in Charlton County are below the state average while homicide rates are above the state average. Public health concerns include the growing trend of obesity, tobacco use and binge drinking in the county, which account for a majority of preventable deaths in the United States.

CHAPTER 11: HEALTH SYSTEM

The health system of Charlton County is composed of one hospital, one rehabilitation center, and two practicing physicians. There are no dentists who practice in Charlton. This limited access to healthcare combined with high poverty rates are of concern with apparent public health implications. Without access to regular health and dental care, the health of Charlton's residents are impacted, which may increase the economic and morbidity burden on the community.

CHAPTER 12: ANALYSIS OF THE SOCIAL ASSISTANCE SYSTEM

Numerous assistance programs are available for low-income residents of Charlton County. These programs are funded by local agencies or by state or national institutions. Family support programs aid individuals in areas such as finding employment, providing a monthly cash voucher, providing free energy related repairs, and assisting with bill payments for heating to eligible residents. Two educational assistance programs in Charlton County, Project Head Start and The Educational Talent Search program provide assistance to low-income youth. The nutritional assistance programs include commodity distribution, food banks, WIC, and food stamps. Charlton County has many medical assistance programs, Medicare and Medicaid for adults, and Peachcare for kids. The Charlton County Health Clinic offers many free services to its clients.

In 2009, the county received a governmental grant, which will be used to increase vaccine availability and services to at-risk adults and increase the capacity of the Statewide Immunization Information System. However due to budget cuts and more residents being under

or unemployed, there might be a shortage of funds to assist the growing number of low-income families and individuals needing assistance.

CHAPTER 12: COMMUNITY OPINION

An open-ended, brief survey was provided to seven community leaders, distributed by the Charlton County Health Department Nurse Manager, Brenda Drury. The purpose of the survey was to assess the opinion of community leaders regarding the health status of their community. Participant responses varied from the need for recruiting more physicians to the need for services addressing teen pregnancy.

Part III: Community Diagnosis and Proposed Intervention

After analyzing the data collected during the assessment process, the assessment team identified five priority health issues. The principal health issues identified in the data review and key findings process were: (1) Reduction of the rate of sexually transmitted diseases, (2) reduction in rate of teen pregnancy, (3) reduction in unwed births, (4) reduction in deaths related to major cardiovascular disease, and (5) a reduction in the county percentage of obesity. The group concluded that because of the sexually transmitted disease rates being exponentially higher for minority populations in Charlton versus those same minority populations in Georgia, this was the issue of primary importance given available resources and need. Through consideration of all data presented, the group came to consensus that results and key findings support a multi-level intervention aimed at decreasing the rate of STDs among African American teen females

The decision was made by the assessment group to employ the socio-ecological model for intervention development. The health goal was determined based on data collection and survey results obtained in the course of assessment. Targeted behaviors include: (1) Increase the

self-efficacy and skills of African American female teens to practice safe sex or to abstain from sex, (2) increase knowledge and awareness of African American mothers of female teens about sex and reproductive health. As a group, the Charlton County community needs assessment team identified determinants of these behaviors for each level of the proposed intervention: individual, interpersonal, community, organizational, and policy.

CHAPTER 1: THE HISTORY OF CHARLTON COUNTY

Introduction

Charlton County has an eclectic history seeded with influences from Native Americans, Spaniards and Georgia Colonists. The Creek Indians first inhabited Charlton County. The area, most notably Trader's Hill, became a bustling location for commerce in the mid 1700s due to its close proximity to the St. Mary's River, Florida and Savannah (U.S. Genealogy Web Archives Special Project, 2010). Charlton County was officially established in 1854, named after Robert Milledge Charlton, a United States Senator and Mayor of Savannah, Georgia (U.S. Genealogy Web Archives Special Project, 2010).

Forestry

"The forests not only provided the main source of income but they have molded the customs, the vocations, the cultures—the whole lives—of the people of the county" (Charlton County Historical Commission, 1972, p. 1). Forestry in Charlton began with logging. Men would tie cut timber together and rely on the tides to move the timber rafts to the mills located along the St. Mary's River (Charlton County Historical Commission, 1972, p. 2). Before J.V. Gowen, Sr.

developed a new method for reforestation, it was left up to Mother Nature. In 1931 Mr. Gowen purposefully hunted wild seedlings, then used posthole diggers to gently uproot the young trees and transported them to an area where they were planted into rows with furrows (Charlton County Historical Commission, 1972, p. 7). Due to its success, others duplicated this method and eventually the University of Georgia Agriculture Experiment Station began using Mr. Gowen's method and distributing seedlings in "bare root style, thus transforming the reforestation of pines in South Georgia" (Charlton County Historical Commission, 1972, p. 8).

Although the primary use for pine trees is lumber, by-products created through chemical and heating processes have also had a large impact on Charlton County (Charlton County Historical Commission, 1972, p. 16). The first of these by-products is turpentine. When pineland is cleared for its lumber, the stumps that remain are mechanically broken into smaller pieces and placed in a boiler or "retort" and burned (Charlton County Historical Commission, 1972, p. 17-18). Until the mid 1960s, individuals could take pieces of leftover pines appropriate for "turpentining" and turn into Spurlock and Sons, a local company, which would give cash in trade for the pine they would use to make turpentine (Charlton County Historical Commission, 1972, p. 18). Turpentine and rosin can also be made by distilling sap from living trees (Charlton County Historical Commission, 1972, p. 18). When small pieces of wood are chemically emulsified, by-products include Vinsol, pinene, pione oil and tall oil, which are used extensively in the paper and textile industries (Charlton County Historical Commission, 1972, p. 18). Hercules began operations in Charlton in 1925 with a mission of harvesting pine stumps, transporting them to their operations in nearby Brunswick, Georgia, where the stumps transformed into industrial turpentine, pine oil and rosin (Charlton County Historical Commission, 1972, p. 19). Hercules' stump removal service reduced fire hazards and increased

land areas for agriculture and forestry, thereby contributing to Charlton's economy (Charlton County Historical Commission, 1972, p. 20).

Charlton Schools

The early history of Charlton schools is similar to that which prevailed in the South, tutoring. Each family would employ a full or part-time tutor for their children. Charlton's topography did not lend itself to that of plantations, so very few families were financially able to employ tutors (Charlton County Historical Commission, 1972, p. 22). In 1859 the state of Georgia ordered that each county should receive state funding to support education for those 6 to 18 years of age (Charlton County Historical Commission, 1972, p. 22). In 1874 counties were allowed to tax county property to supplement the regular school funding provided by the state (Charlton County Historical Commission, 1972, p. 23).

The first school-based physical education legislation stemmed from a program begun in Folkston in 1921 (Charlton County Historical Commission, 1972, p. 24). An exercise curriculum, tailored to meet the developmental needs of the different age groups of students, was adopted by surrounding counties and introduced to the Georgia House by Charlton Representative, L.E. Mallard (Charlton County Historical Commission, 1972, p. 24).

Additionally, Charlton was one of the first counties in Georgia to provide hot lunches for their school children. The cost was five cents for those who could afford to pay and free for those who could not. The school system accomplished this feat without any outside assistance (Charlton County Historical Commission, 1972, p. 28).

From 1944 to 1965, the Charlton School System underwent many positive changes. "New buildings were erected, old building remodeled, teacher qualifications advanced, modern

methods of instruction introduced and salaries increased" (Charlton County Historical Commission, 1972, p. 29). The school transportation system also improved during this time period, allowing many of the smaller community schools to consolidate transportation (Charlton County Historical Commission, 1972, p. 24). In 1964, Charlton employed its first Athletic Director and raised the football coach supplement to $1,600, both acts paving the way for the long-held high school football success and tradition in Charlton (Charlton County Historical Commission, 1972, p. 37).

Georgia had largely ignored the 1954 Supreme Court decision directing the desegregation of schools (Charlton County Historical Commission, 1972, p. 37). In 1964, the Department of Health, Education and Welfare (HEW) began to pressure all states regarding their compliance with The Civil Rights Act (Charlton County Historical Commission, 1972, p. 38). Charlton was faced with classroom shortages and lack of funds to meet the match required to receive state funding under the Minimum Foundation Program. The amount jumped from $36,720 in 1963 to $137,272 in 1972, placing an additional burden on taxpayers and starting a precedent (Charlton County Historical Commission, 1972, p. 40). Charlton's schools eventually became fully integrated at the beginning of the 1971 school year (Charlton County Historical Commission, 1972, p. 43).

City of Folkston

Folkston, the county seat of Charlton, was chartered in 1911(Charlton County Historical Commission, 1972, p. 59). The City of Folkston had boundaries that reached "one-half mile in each and every direction from the Atlantic Coast Line (ACL) Railroad Depot" (Charlton County Historical Commission, 1972, p. 59). During 1911, the tax rate was limited to 10 mills (Charlton County Historical Commission, 1972, p. 43); as of April 2010 the mill rate was 36.87 (Georgia

Department of Revenue, 2010). By 1963, Folkston's growth had justified the building of a City Hall, housing police and water departments and providing space for council meeting elections and storage of city records (Charlton County Historical Commission, 1972, p. 59).

The Folkston Industrial Park was built on a ten-acre tract in 1968. Its first tenant was Stephenson Enterprises, a manufacturer of men's dress pants (Charlton County Historical Commission, 1972, p. 71). The Folkston Telephone Company was incorporated in 1911. Services were very limited at first, but after years of mergers and acquisitions, the South Georgia Telephone Company was granted a twenty-year franchise in 1960, doubling the number of phones (Charlton County Historical Commission, 1972, p. 72). Direct dialing put all of Charlton County in direct contact with the rest of the United States in 1968 (Charlton County Historical Commission, 1972, p. 72). Television became available in Folkston in 1949. Programs from WMBR, a Jacksonville, Florida station, were photographed and rebroadcast over co-axial phone lines (Charlton County Historical Commission, 1972, p. 72).

Charlton Memorial Hospital was originally a three-room clinic purchased by Dr. D.L. Sawyer in 1938 (Charlton County Historical Commission, 1972, p. 74). Dr. McCoy purchased the facility from Sawyer in 1944, expanding the capacity and operating it as a hospital (Charlton County Historical Commission, 1972, p. 74). McCoy partnered with Dr. Jackson in 1947, when another structure was purchased and remodeled, expanding the capacity of the hospital and renaming the facility, McCoy-Jackson Hospital (Charlton County Historical Commission, 1972, p. 74). The partnership between the two practitioners flourished as they continued modernization and expansion. At the time of publication of the Charlton County Historical Commission's manuscript in 1972, the hospital touted "a capacity of 25 beds, five bassinets, two incubators, an

operating wing, delivery room, delivery suite and well equipped laboratory" (Charlton County Historical Commission, 1972, p. 74).

The Railroad

"Without the coming of the railroad there would have been no Folkston" (Charlton County Historical Commission, 1972, p. 89). The first depot was built just after the turn of the century. Herbert Page was station agent from 1904-1945. According to Page, "the working hours were twelve hours per day or until the work was completed," and "the pay rate was fifty dollars per month" (Charlton County Historical Commission, 1972, p. 89). As of 1972, there were sixteen to eighteen freight trains daily and four passenger trains: two north and two south (Charlton County Historical Commission, 1972, p. 89). Historically, as late as the start of World War II, there were as many as sixteen north and sixteen southbound passenger trains daily. One could feasibly shop in Waycross, Savannah or Jacksonville and return home the same day (Charlton County Historical Commission, 1972, p. 90). In winter months when southern fruit and vegetable demand was high and tourist season was at its peak, up to 93 freight and passenger trains would run through Folkston in a single day (Charlton County Historical Commission, 1972, p. 90). In the late 1960s multi-storied, deck cars begin to ship automobiles, refrigerated cars were used for produce, and tank car capacity increased exponentially (Charlton County Historical Commission, 1972, p. 90). This modernization has decreased the number of trains running through Charlton's county seat, but the history has cemented Folkston's notoriety as a train watchers paradise. In fact, the railroad crossing at Main Street has earned the nickname, "Folkston Funnel" (Okefenokee Chamber of Commerce, 2010). In 2001 a train-viewing platform was erected, equipped with benches, chairs, picnic tables and most recently WiFi (The

Inn at Folkston, 2010). Visitors can see up to sixty trains a day depending on the freight demands in Florida (The Inn at Folkston, 2010).

Public Health Implications

The importance of Forestry in Charlton County has not changed over the last 200 years. The local economy and culture is dependent on this natural resource, which is susceptible to pests, disease and wildfires. The Southern Pine Beetle is the most common pest threat to Charlton's forests and has the potential to kill trees or greatly reduce their value due to the need for early harvesting or remnants of infestation reduced wood's marketability (University of Georgia Center for Invasive Species and Ecosystem Health, 2010). Fusiform Rust is a pine disease that is most damaging to Slash and Loblolly pines, the species native to Charlton County (University of Georgia Cooperative Extension, 2010). "Losses to the disease amount to millions of dollars a year from the death of infected trees and from its degrading effect on products cut from the tree" (University of Georgia Cooperative Extension, 2010). Wildfires are a real threat to Charlton County's forestry, especially during the months of February through May when the climate is drier and windier (Georgia Forestry Commission, 2010).

Since the early 1960s Charlton's school system has enthusiastically supported school-based athletics, most notably high school football. This venue is a source of physical activity for the athletes, entertainment for the onlookers and the foundation for Charlton's community commitment and pride. Over the years the railroad has transformed from an employer and transporter into a tourist attraction. The transformation has provided revenue to the county and drawn visitors from around the world.

CHAPTER 2: CULTURE AND SOCIAL ENVIRONMENT

Introduction

Like most southern towns, Charlton County, Georgia has a rich and deep culture. The deep-rooted ways of yesterday continue to live on today in the twenty-first century. The connection with the swamp and the ways of easy living can still be felt today. Whether it is attending church, the local high school game, or celebrating festivals, the traditions of Charlton County are still practiced and keep the connection to the early ways of living alive. The allure of the Okefenokee Swamp was an attraction for early settlers, and still offers visitors from across the world numerous recreational activities and adventure.

Culture

Stereotypes

For years, the people of South Georgia have been delineated with labels such as Georgia Crackers, Swampers, and Pinelanders. These stereotypes often relate the people of the south as filthy, lazy, rude, uneducated, and poor. In the year 1780, Crackers made up 30% of the population of Charlton and occupied 50% of the land as public squatters (Nelson, 2005). Contrary to this popular stereotype, the people of the swamp are not ignorant, uncivilized people. Rather, they possess a self-sufficient life style, a strong sense of independence, and a commitment to family relationships and traditions.

Heritage History

Southern culture has been largely shaped by its history. Although there has been a wide assortment of people from many nations that have contributed to the South, there is a unified culture and mindset that has developed over time. The people of the South have had a different way of living than other people. Georgians who grew up or lived most of their lives in the Okefenokee Swamp are very familiar with making their own entertainment. One of these activities included telling Swap narratives, otherwise known as tall tales. Stories about hunting and fishing, lively characters of the past, and memories of growing up in the Okefenokee still flourish to this day. Although the population of Charlton County was literate, they produced very little written records (Nelson, 2005). The history of Charlton was captured through oral narratives rather than through documentation.

Early citizens of Charlton traditionally celebrated the Christmas holidays with a Grand Ball held at the county courthouse. However, the largest gatherings each year were those during "Big Court Week." The Superior Court met every six months, and the citizens of the county came to the courthouse to attend the trials (Mays, 2010). As the proceedings took place upstairs in the courtroom, crowds gathered on the courthouse steps and the lawn. People gathered to renew old friendships, and often to do business with one another.

Religion

There are only two denominations, Protestant and Catholic in Charlton County. This is not surprising, given that the county in general is not very diverse. The majority of the population belongs to the Southern Baptist Convention with 3,491 members. According to the

American Religion Data Archive, the population of this county (or equivalent) in 1990 was 8,496; in 2000, it was 10,282. The total population during this ten-year span changed 21.0%. The unadjusted adherent totals of the religious groups listed above (4,825) include 46.9% of the total population in 2000. The adjusted total adherents (6,749) include 65.6% the population. This data source does not include African American denominations in the congregation totals (American Religious Data Archive, 2002).

Festivals

Festivals are one way the county of Charlton pay homage and celebrate their heritage. Some of the annual events include:

- The Sandhill Crane Awareness Day
- Wings over the Swamp
- National Wildlife Week
- Earth Day Art Festival
- The Okefenokee Festival
- The Folkston Rail Watch
- The Cherokee of Georgia Council Spring Pow Wow
- The Mizell House Gala

Social Environment

Attractions

Charlton County has particular appeal for tourists, primarily due to its major attraction, the Okefenokee Swamp. About 400,000 people visit the Okefenokee National Wildlife Refuge yearly, and 200,000 enter through the Folkston entrance (U.S. Fish & Wildlife Service, 2010a). A much smaller, but growing, tourist group is the train spotters; people who watch and record train movements. People from all over the world have taken an interest in the trains that run through the area, particularly at the “Folkston Funnel” where two major lines merge. Train watching at the Train Depot and the “Folkston Funnel” Train Viewing Platform has been restored, allowing railroad fans to see as many as sixty trains go by within one twenty-four hour period (Okefenokee Chamber of Commerce & Folkston/Charlton County Development Authority, 2010).

There are various historic and cultural resources in Charlton, consisting primarily of buildings and specific sites. The county courthouse was built in 1928, and its classical style is distinctly different from most of Georgia’s county courthouses. Floyds Island Hammock (also known as the Hebard Cabin) in the swamp is the site of a cabin used by naturalists and writers in the 1930s. Old Folkston Grammar School was built in 1926 and recently renovated; it is now the home of the Okefenokee Education and Research Center. Sponsored by the City of Folkston and the Georgia Wildlife Federation, the center includes a 2,700-square-foot exhibit area and the Okefenokee Heritage Garden, representing four local habitats. The William Mizell House, on four acres of "urban forest," is a two-story wood-frame house with a greenhouse and pavilion and is included on the National Register of Historic Places. Located on Route Two, Sardis

Church, built around 1821, is the oldest church in the county (The New Georgia Encyclopedia, 2008).

Music

Hoboken-style or Sacred Harp singing is indicative of the Okefenokee region of southeast Georgia and northeast Florida. The history of this tradition in the Okefenokee dates to the mid-1800s, but remarkably, local singers rarely sang with outsiders until the 1990s (Sommers, 2010). The "shape-note" singing tradition in Georgia began during the antebellum period as a way to teach congregations to sing. Traveling teachers used "four-shape" tune books with religious lyrics in which different-shaped note heads were assigned to the European musical scale of fa, sol, la, and mi. Within southeast Georgia, conservative Primitive Baptist beliefs combined with the relative cultural isolation of the Okefenokee to foster a distinctive stylistic variant of Sacred Harp. Characteristics included walking time in a counterclockwise fashion according to the meter of the tune, and the same slow tempos and melodic ornamentation found in the Primitive Baptist meetinghouse (Sommers, 2010).

Sports

Football is a very important event in Charlton County. For a long time, football has been a part of the community's identity. Folkston has a population of 2,200. The high school stadium called "The Swamp" seats 2,500. Crowds run between 1,500 and 2,000 during the season, and playoff games often sell out (E Teamz Nation, 2010). Charlton County High School boasts being the alma mater of NFL All-Pro, Champ Bailey. The school just finished a decade during which it won 117 games and three state titles in AA (Holcomb, 2010).

CCHS PLAYERS IN THE PROS (E Teamz Nation, 2010)

- HENRY MCMILLIAN-SEATTLE SEAHAWKS-1995-1997
- ELDRIDGE MILTON-CHICAGO BEARS-1987
- RONALD BAILEY-DALLAS COWBOYS-1998 TRAINING CAMP
- FRANKFURT GALAXY-1999-NFL EUROPE CHAMPIONS

  TAMPA BAY BUCCANEERS-1999-TRAINING CAMP JOE HAGINS-HAMILTON

  TIGERCATS-1998-2000 1999 GREY CUP CHAMPIONS
- CHAMP BAILEY-WASHINGTON REDSKINS-1999-2004

  DENVER BRONCOS-2004-PRESENT

  9 TIME PRO BOWLER (1999,2001-2007, 2009)
- LARRY SMITH-JACKSONVILLE JAGUARS-1999-2002

  GREEN BAY PACKERS-2003-2004
- BOSS BAILEY-DETROIT LIONS-2003-2008

  DENVER BRONCOS-2009
- KENNY BAILEY-TAMPA BAY BUCCANEERS-2004-TRAINING CAMP
- JAVARI KELLY-KISSIMMEE KREATURES-NATIONAL INDOOR FOOTBALL

  LEAGUE-2004
- MUHAMMAD ABDULLAH-LEXINGTON HORSEMEN-2006-UNITED INDOOR

  FOOTBALL LEAGUE
- DAVID PENDER-PHILADELPHIA EAGLES-TRAINING CAMP

  BALTIMORE RAVENS-PRACTICE SQUAD-2010

Recreation

The county's parks include the Charlton County Recreation Park, the Deuce Lloyd Recreation Complex, St. George Park, and Martin Luther King Jr. Heights Park. These parks offer baseball, softball, football, basketball and tennis courts. The city of Folkston has also created a paved walking path, 4,413 feet long that is ideal for train-watchers as well (Discover Georgia's Charlton County Parks, 2010).

Folkston has no recreational facilities. However, there are a wide variety of outdoor recreational activities connected with the Okefenokee Swamp, such as boating, canoeing, camping, hiking, fishing, and bird watching. The Okefenokee National Wildlife Refuge Hiking Trail offers trails through upland pine forests and across transitional wetlands (U.S. Fish & Wildlife Service, 2010a). Public hunting on the Okefenokee is permitted in three areas, the Suwannee Canal Recreation Area (Eastside), the Pocket (Westside), and the Cowhouse Unit (North side) at certain times of the year. Privately owned boats, canoes and kayaks are also permitted. Many companies offer private boat tours for visitors to explore the Suwannee Canal and Chesser Prairie. Canoes, kayaks, and motorboats are also available to rent for exploring the natural environment. There are seven overnight shelters and two islands available in the swamp's interior (U.S. Fish & Wildlife Service, 2010a).

Situated on the banks of the St. Mary's River and close to the Okefenokee Swamp National Wildlife Refuge, this 32-acre recreation park was once an Indian tradition post around 1755, which now offers visitors opportunities for swimming, fishing, and boating. A boat ramp, fishing pier, picnic tables, nature trails, and campsites are available for use (Sherpa Guides, 1999).

Public Health Implications

Time spent outdoors is the most powerful correlate of physical activity. Creating or enhancing places for physical activity has been shown to increase the number of people exercising three or more days per week (Sherer, 2003). Charlton County's teen involvement with team sports may lead to better eating habits, a reduced likelihood to smoke, engage in premarital sex, use drugs, or carry weapons. Due to the strong religious faith and Southern Baptist beliefs of the population, Charlton County's reproductive health message may focus predominantly towards an "abstinence only" message. However, an "abstinence only" approach may not be an adequate way to protect young people in the community from unwanted pregnancies and disease.

CHAPTER 3: PHYSICAL AND NATURAL ENVIRONMENT

Geography

Charlton County is adjacent to three other Georgia counties and two Florida counties. It is located in the southeastern part of Georgia, and according to the U.S. Census Bureau, Charlton is the state's southern-most county. Charlton has a total area of 783 square miles. This area is comprised of 781 square miles of land mass and 2 square miles of water with a large part of the county lying within the federally protected Okefenokee Swamp (Georgia.gov, 2010). It is nearly level with most of the land, having very poor drainage. However, it is well suited for forestry uses. Charlton is considered the most timbered county in Georgia with 98% of its land being forest (The New Georgia Encyclopedia, 2008).

Weather and Climate

Charlton County does not suffer weather extremes. Winters are considered to be mild and short, with the average January low and high temperatures between 39 and 69 degrees Fahrenheit, respectively. Summers are warm, but typical for the southern United States, with July low and high temperatures between 79 and 92 degrees Fahrenheit. The average annual rainfall is just above 50 inches, more than the national average at 38.64 inches. Charlton is fortunate to have 5.9 times less tornado activity that the U.S. average; however, because of its southerly location and proximity to the ocean, Charlton is at risk for hurricane weather events (City-Data.com, 2010).

Land Use

Charlton County has a very high water table and is relatively susceptible to flooding (Georgia Department of Community Affairs, 2006). The risk of flooding is of concern to economic stability as well as public safety. Any major increase in population density or industrial and economic development could alter the capacity and natural functioning of the flood plains. Therefore, planning and consideration must be given to this issue.

The city of Folkston is home to commercial and industrial development, but also houses residential areas, while the city of Homeland is primarily residential. The 2006 Charlton County planning data reported that for new residential development, Folkston encourages clustering, infill, and multifamily housing to accommodate an expected population increase. The most prominent residential developments in the county consists of 5-10 acre “ranchettes” designed for middle to upper income home buyers and 1 to 1.5 acre lot subdivisions (Georgia Department of Community Affairs, 2006).

Agriculture and Natural Resources

Almost half of Charlton County is covered by swamp. The land outside of the swamp is densely wooded and traditionally has been used for timber. Due to the proportion of land that is swamp or timbered, agriculture tends to be limited. Data from 2006 showed that of the 69% of the county that is land mass, 82% was owned by timber companies (Georgia Department of Community Affairs, 2006).

Charlton County has an abundance of natural resources. In fact, Folkston is described as "the gateway to the Okefenokee National Wildlife Refuge." This parcel of land covers more than 396,000 acres and is said to be "one of the oldest and most well-preserved freshwater areas in the nation." Additionally, this area is home to two rivers, the Satilla and the St. Mary's. These bodies of water provide beautiful scenery and opportunities for recreation such as fishing, canoeing, kayaking, picnicking, and camping (U.S. Fish & Wildlife Service, 2010b).

The St. Mary's river is a black water stream originating in the Okefenokee Swamp. It flows easterly and forms a border between portions of southeast Georgia and northeast Florida. The river's primary use is for fishing, and it is home to species such as largemouth bass, redbreast sunfish, bluegill, warmouth crappie, and several types of catfish (Georgia Environmental Protection Division, 2002). The St. Mary's, along with other major coastal rivers, is monitored by the University of Georgia Marine Extension Service. Data collected during a period from November 2006 to September 2007 indicated that bacterial levels were higher than the standards set for recreational waters, on some occasions for both Enterococci and fecal coliform. Although the exact sources are unknown, it is suspected that contamination was a

likely the result of human and animal sources (Georgia Environmental Protection Division, 2002).

Charlton County is rich in titanium deposits. Titanium is lightweight and resistant to corrosion, and used in steel making, artificial joints, eyeglasses, tooth implants, body piercings, golf clubs, jewelry, skywriting, white paint, desalination processes, cookware, and art. In 1997, the DuPont Company made the largest land preservation gift in Georgia history by donating 16,000 acres bordering the Okefenokee. This gift was made after residents protested DuPont's plans to mine these rich titanium deposits, which lie between Charlton and Ware counties (The New Georgia Encyclopedia, 2008).

Water Resources

Charlton County's water use is estimated at 1.48 million gallons per day of water, and about 93% is from the Floridian aquifer, with the remainder from surface sources (Georgia Department of Community Affairs, 2006). The Floridian aquifer is the primary water source for an estimated10 million people across portions of Georgia, Alabama, Mississippi and South Carolina (U.S. Geological Survey, 2010). The southern portion of Folkston is home to groundwater recharge areas or places through which water drains into aquifers.

The county does not provide water or sewer service; thus private wells and septic systems are prominent in unincorporated areas. The cities of Folkston and Homestead both provide water services, which account for 36% of the water supply for the county, while private wells make up the rest. The city of Folkston does provide sewer services from a water system permitted for 1.5 million gallons daily. Average consumption in Folkston is 800,000 gallons daily. This water system serves a mix of city and county residents for both residential and commercial use. Homeland does not provide sewer service but provides some water service. Although the average

water use in Homeland is 70,000 gallons per day, 2006 data indicates that Homeland officials applied for permission to increase withdrawal capacity from 100,000 to 200,000 gallons daily.

The cities of Folkston and Homeland have adopted wellhead protection ordinances. However, these protections do not exist in the county where most wells are located. According to Charlton County Plan Notes, it is stated that "in the rural areas of the county, the code enforcement division works closely with the Charlton County Health Unit to prevent cross contamination of private water supplies" (Georgia Department of Community Affairs, 2006).

Air Quality

Air quality in Folkston, GA is 98 on a scale of 100 (higher scores indicate better air quality). This is based on ozone alert days and number of pollutants in the air, as reported by the EPA (Sperling's Best Places, 2010). Though the air quality is considered to be good, there are some issues with diesel soot, which is the particulate component of diesel exhaust (Diesel Particulate Filter, 2010). The average lifetime diesel soot cancer risk is for Charlton County is 1 in 11,210, which is 89 times higher than the EPA's acceptable level of 1 in 1,000,000. Nearby counties, Ware and Chatham have risks at 121 and 538 times acceptable levels, respectively. Diesel soot ambient levels are highest near highways and roadways, bus and truck depots, construction sites, rail yards, major bridges and tunnels, as well as freight warehouses and ports (Clean Air Task Force, n.d.). Charlton County is a thoroughfare of several major highways and state routes, which lends to the higher diesel soot levels. Additionally, Charlton County is home to the "Folkston Funnel" which is a main route for train traffic in and out of Florida (Okefenokee Chamber of Commerce & Folkston/Charlton County Development Authority, 2010).

Public Health Implications

The geography of Charlton County lends itself to both potentially positive and negative implications for the public's health. The largest portion of the land area of the county consists of swampland and river tributaries. This provides recreation opportunities for county residents, as well as beautiful scenery that can enhance a sense of well being and quality of life. While the geography of Charlton County lends itself to some forms of water recreation, the water can also cause problems. The county is prone to flooding and has experienced significant flooding in the past (Moyer, 2004). This may cause public health concerns due to disease vectors and mold formation in residential dwellings post flood. Additionally, without consistent and standard wellhead protections in place and potential population growth, water sources may be vulnerable to contamination.

Charlton County residents also have some potential for adverse health outcomes, such as asthma-related conditions. These outcomes are correlated to its position as a thoroughfare to several major highways and railways for traffic into and out of Florida and the resulting ambient diesel soot levels.

CHAPTER 4: SOCIO-DEMOGRAPHIC CHARACTERISTICS

Introduction

This chapter describes key socio-demographic characteristics of Charlton County, Georgia. Specifically, it presents the information on this county with regard to the population

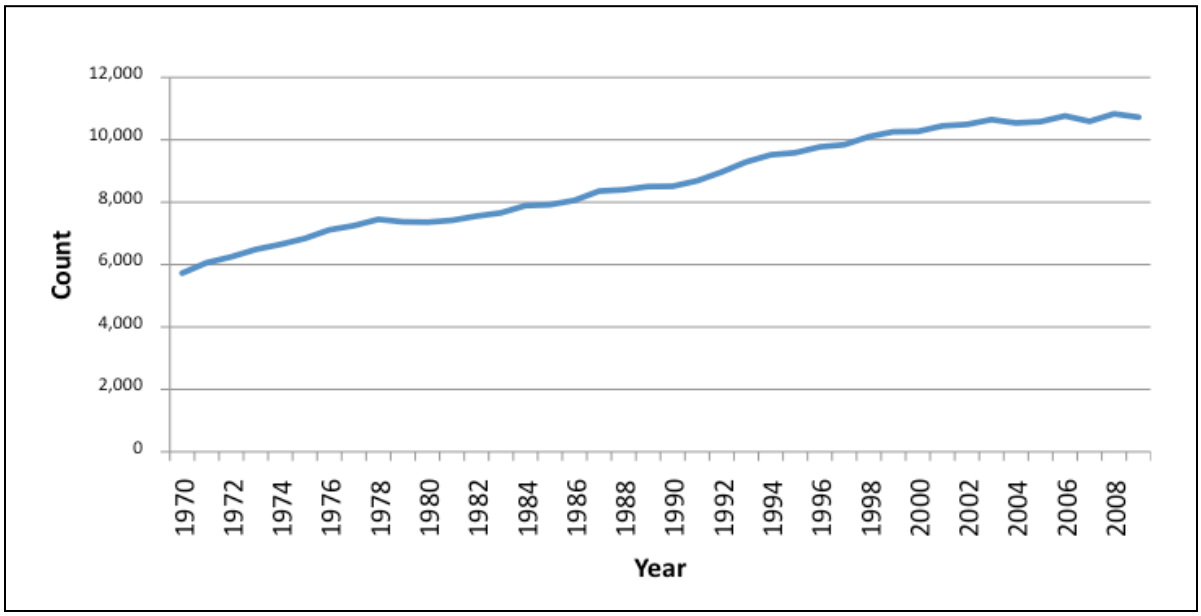
size and growth trend, gender-, age-, and racial/ethnic distribution, family and household characteristics, language ability, educational attainment, housing characteristics, occupation, and income characteristics.

The main sources of demographic data for this report included the Census 2000 (U.S. Census Bureau, 2010) using *the American FactFinder* search engine (://factfinder.census.gov/home/saff/main.html) and the Georgia Statistics System (://www.georgiastats.uga.edu). An additional source of data was City-Data.com (://www.city-data.com).

Population Growth and Migration/Mobility

In 2009, the population of Charlton County was estimated at 10,725 persons. Charlton County has seen a steady growth in its population in the last 40 years with a growth of 97.3% between 1970-2009 as shown in Figure 1 (Georgia Statistics System, 2010). Population growth has tapered off in the last 10 years with a 4.4% increase between 2000-2009. From 2000-2009, the state of Georgia saw a 19.4% increase in overall population, and the U.S. saw an increase of 9.1% (Georgia Statistics System, 2010). The population density of Charlton County in 2008 was 13.9 persons per square mile, much lower than that of the state of Georgia, which had 167.3 persons per square mile (U.S. Census Bureau, 2010a).

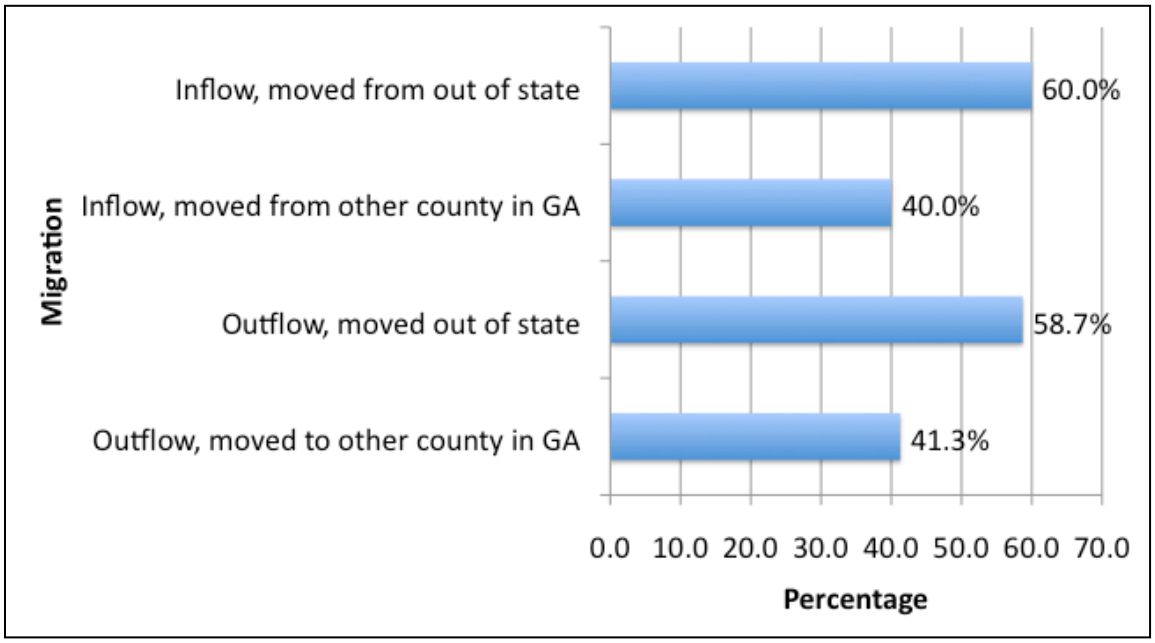
Figure 1. Population of Charlton County, Georgia, 1970-2009 (Georgia Statistics System, 2010)



Charlton County was not considered a metropolitan county in 2009. In the same year, 38% of the population lived in urban areas, while the majority, 62%, resided in rural areas of the county (Georgia Statistics System, 2010).

Between 2007 and 2008, the growth rate by natural increase was 5%, and the growth rate by net migration was 18.1% (Georgia Statistics System, 2010). The numerical change in the population was 235, which is further detailed in Figure 2 (Georgia Statistics System, 2010). Between 2000 and 2005, 62% of residents were living in the same house as they had 5 years ago; net international migration was 6 individuals, and net internal migration was 329 residents (City-Data.com, 2010; Georgia Statistics System, 2010).

Figure 2. Migration in Charlton County, Georgia, 2008 (Georgia Statistics System, 2010)



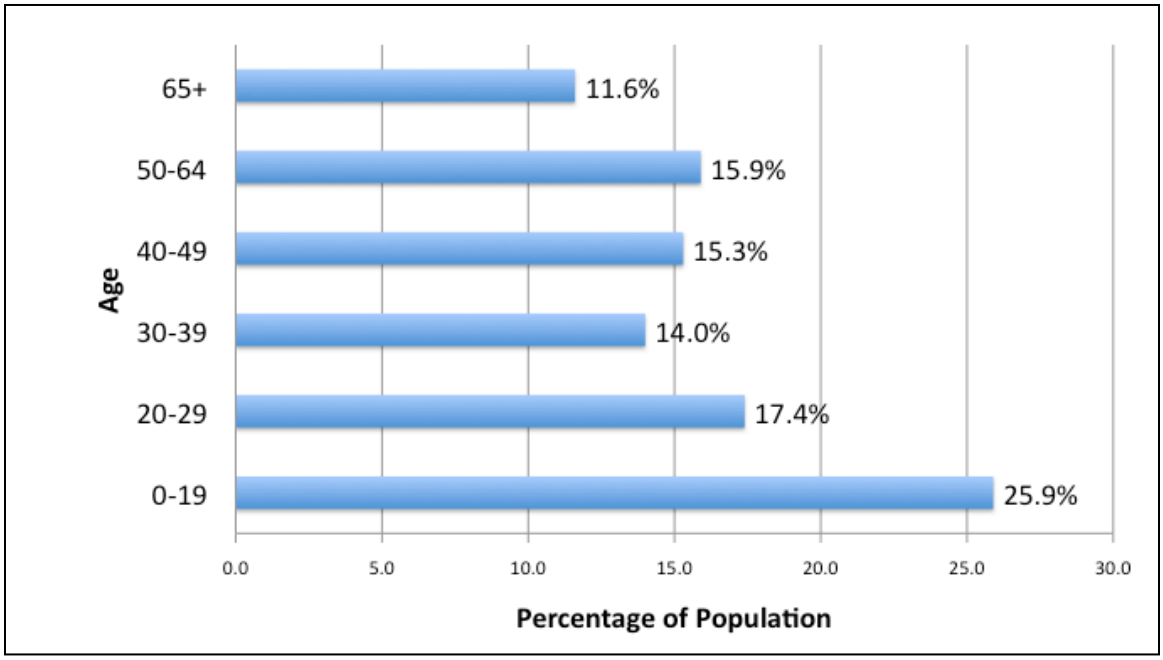
Population Distribution by Gender and Age

In 2009, the total population of Charlton County was 10,725, consisting of 5,824 (54.3%) males and 4,901 (45.7%) females (U.S. Census Bureau, 2010a). Compared to state and national data, Charlton County had a slightly higher percentage of the male population, with Georgia at 49.2% male and 50.8% female, and U.S. percentages at 49.3% male and 50.7% female (U.S. Census Bureau, 2010b).

The median resident age in Charlton County was 35.3 years, which is slightly older than Georgia's median age (34.9 years) and younger than the median U.S. age (36.7 years) (U.S. Census Bureau, 2010b). In 2009, 22.3% of the population in Charlton County was under 18 years of age, compared with Georgia at 26.3% and the U.S. at 24.3%. Eleven point six percent of persons were 65 years and older in Charlton, compared with Georgia at 10.3% and the U.S. at

12.9% (U.S. Census Bureau, 2010b). Further distributions of age groups for Charlton County are identified in Figure 3 below.

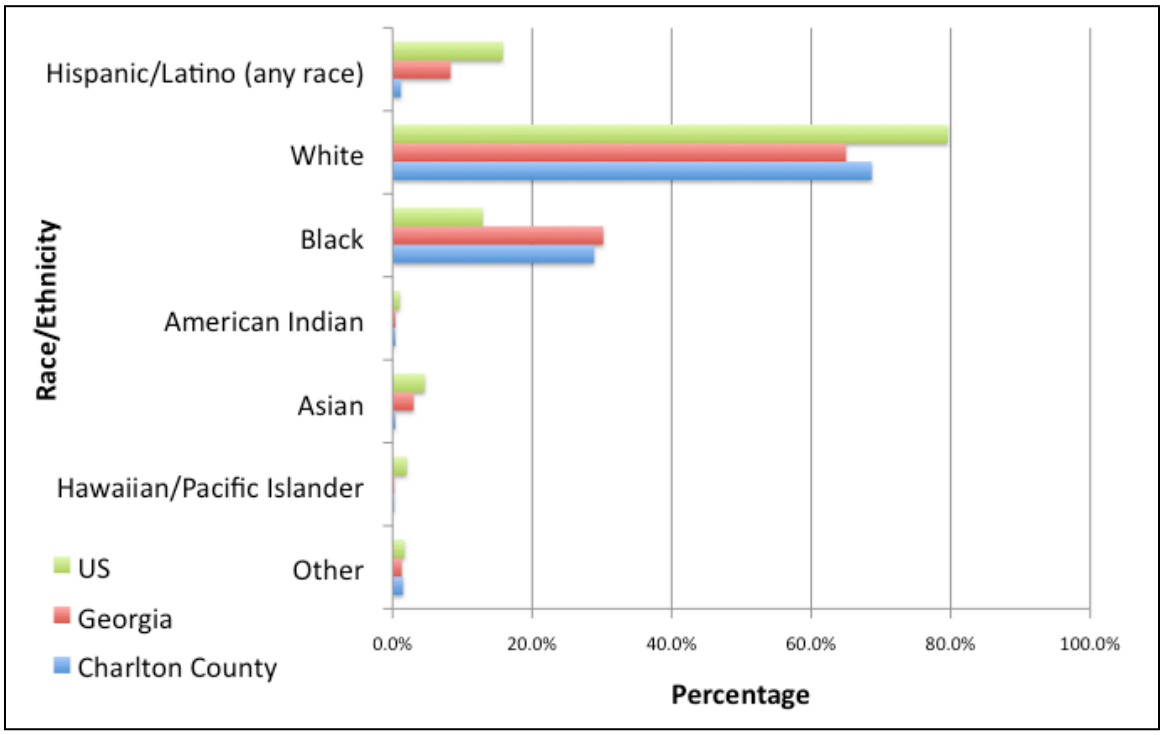
Figure 3. Age Distribution of Charlton County, Georgia, 2009 (Georgia Statistics System, 2010)



Population by Race/Ethnicity

Charlton County has a predominantly white population, with whites accounting for 68.7% of the population, similar to that of Georgia and slightly lower than the U.S. (Figure 4). Blacks (12.9%) represented the largest race/ethnic minority groups in Charlton County at 28.9%. Representation of the Hispanic/Latino population of any race, American Indians, Asians, and Hawaiian/Pacific Islanders were all similar to but less than the national percentages (U.S. Census Bureau, 2010b).

Figure 4. Comparison of Racial/Ethnic Groups in Charlton County, Georgia and U.S., 2009 (U.S. Census Bureau, 2010b)

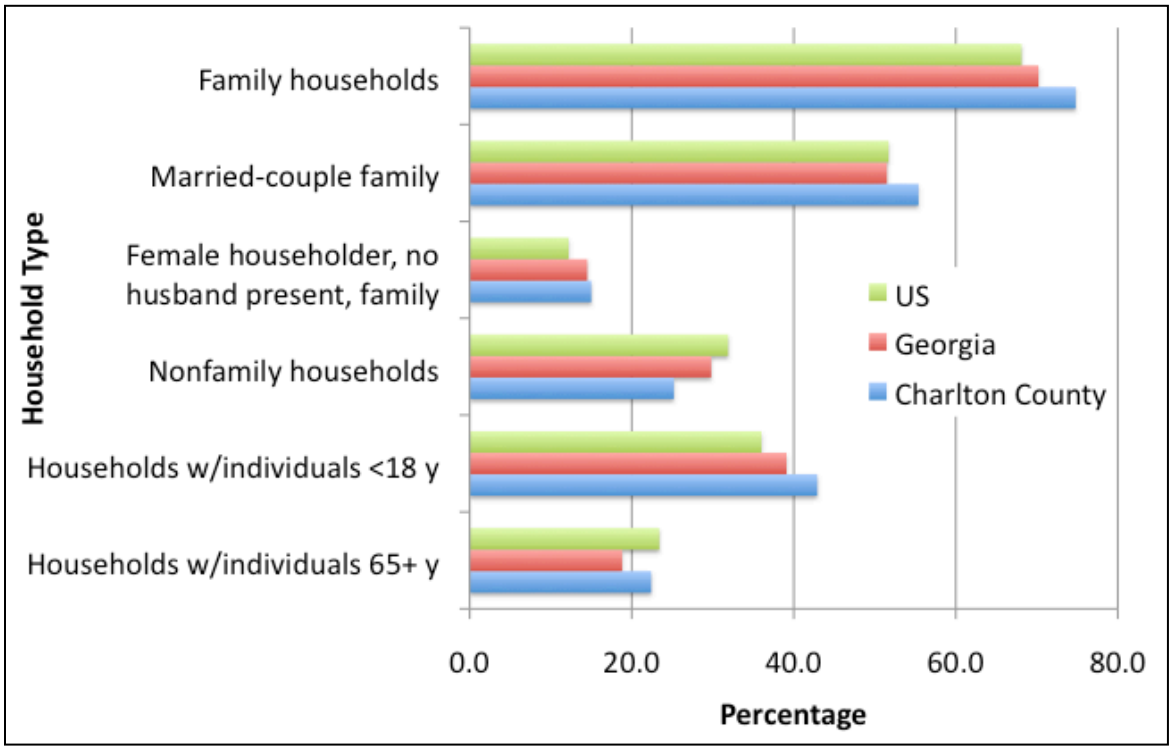


Household and Family Characteristics

In 2000, Charlton County had a total of 3,342 households with a total of 2,449 families. The average number of persons per household in Charlton County was 2.74, slightly higher than the averages for Georgia (2.65 persons) and the U.S. (2.59 persons). Similarly, the average family size in Charlton County (3.20 persons) was also higher than that of Georgia and the U.S. (both 3.14 persons) (U.S. Census Bureau, 2010a).

Figure 5 depicts the household structure in Charlton County, including family and nonfamily households. Family households encompass married-couple families and female households with no husband present. The percentage of family households in Charlton (74.8%) was greater than the percentages of the state of Georgia (70.2%) and the U.S. (68.1%), while nonfamily households were less than the Georgia and U.S. percentages (U.S. Census Bureau, 2010b).

Figure 5. Household Structure in Charlton County, Georgia and U.S., 2000 (U.S. Census Bureau, 2010a)



Nativity and Language Spoken at Home

In 2000, 89 residents (0.9%) in Charlton County were foreign born, with only 18 individuals (0.2%) entering the county between 1990 and 2000 (U.S. Census Bureau, 2010a). Of these foreign born residents, 51% are naturalized citizens. Residents that speak only English at home consist of 97.8% of the Charlton County population, considerably higher than Georgia (90.1%) and the U.S. (82.1%). Among languages spoken at home other than English, 0.9% speak Spanish, 0.7% speak other Indo-European languages, and 0.6% speak Asian and Pacific Island languages. Of U.S. born residents in Charlton County, 59.7% were born in Georgia (U.S. Census Bureau, 2010a).

Educational Attainment

In 2000, the percentage of people aged 25 years and older with a high school diploma or higher was 65.1% in Charlton County, a lower proportion than both the state of Georgia (78.6%) and the U.S. (70.7%) (Figure 6) (Georgia Statistics System, 2010). Although Charlton County had a significantly greater proportion of high school graduates than either Georgia or the nation, the proportion of people completing some college or higher was considerably lower in comparison to Georgia and the nation.

Additionally, student characteristics in Charlton County public schools were comparable in proportion to Georgia public schools, with the exception of economically disadvantaged students and students absent more than 15 days of the school year. Charlton County had a higher proportion of both characteristics when compared to the state of Georgia as depicted in Figure 7 (Georgia Statistics System, 2010).

According to the Alliance for Excellent Education, there may be some limitations in the data obtained prior to 2009 regarding educational attainment for the high school graduation rate. Prior to the 2008 federal regulations on Georgia, the state used a different formula to calculate high school graduation rate that did not comply with the regulations, which may have resulted in data that was not comparable across states (Alliance for Excellent Education, 2010a). However, Georgia reported the National Governor's Association (NGA) rate in 2009, indicating that the state should be able to implement these regulations going forward.

Figure 6. Highest Level of Education Completed (Age 25+y), Charlton County, Georgia and U.S., 2000 (Georgia Statistics System, 2010)

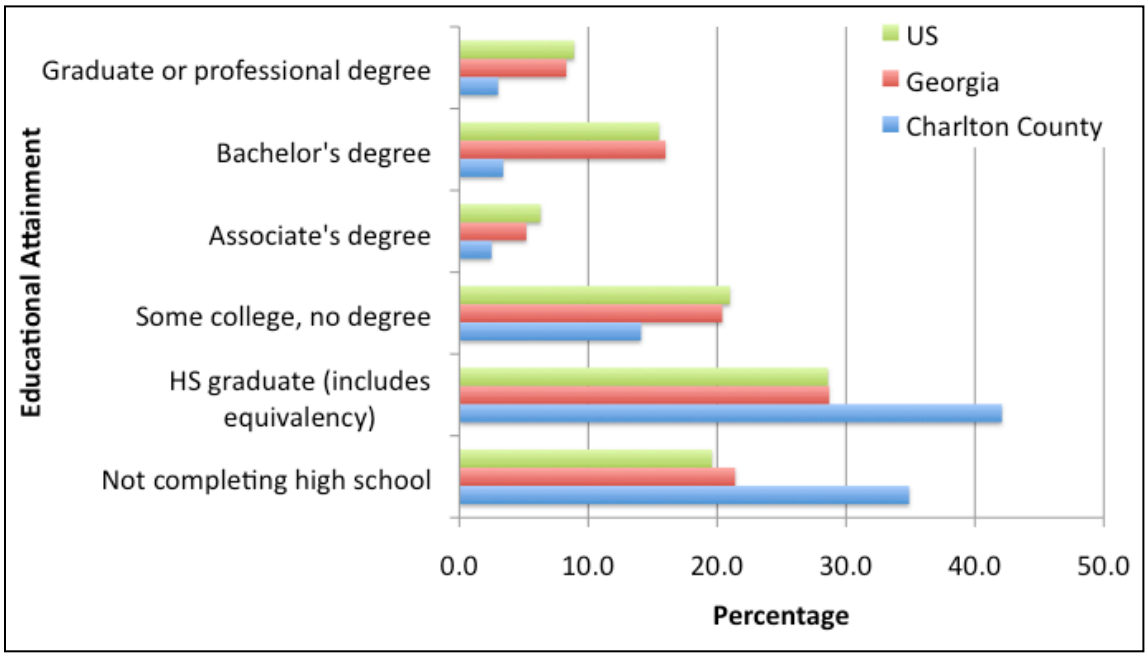
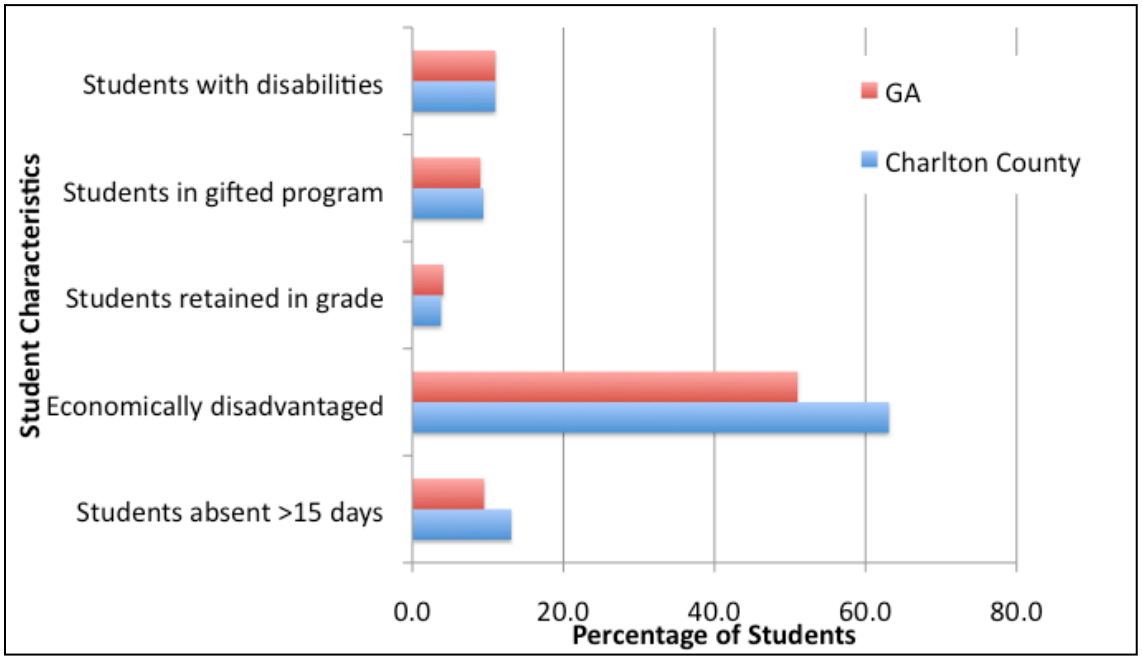


Figure 7. Student Characteristics, Public School Systems, Charlton County and Georgia, 2007-2008 (Georgia Statistics System, 2010)



Disability

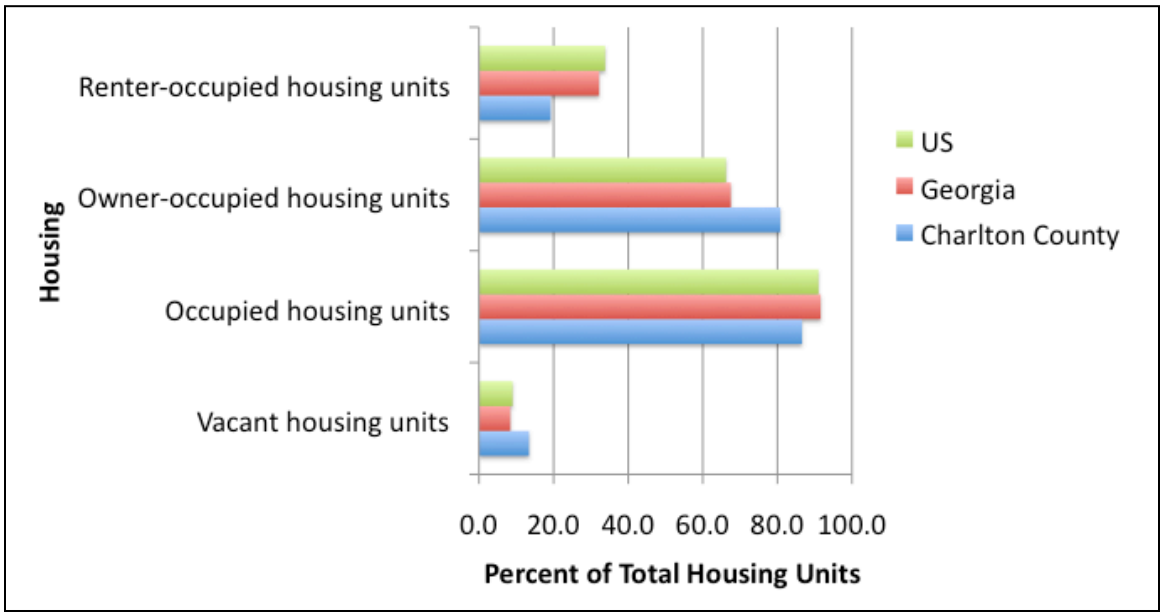
In 2000, the proportion of the population in Charlton County reporting a disability was 19.0%. The proportion of residents aged 5-20 years with a disability was 8.9% (US, 8.1%). The proportion of disabilities among the population aged 21-64 years was 23.6% (US, 19.2%), and among the population aged 65 years and older, 57.3% (US, 41.9%) (Georgia Statistics System, 2010).

Housing Characteristics and Costs

In 2009, the total number of housing units in Charlton County was 4,180. As shown in Figure 8, of all units, 80.8% were owner-occupied and 19.2% were renter-occupied units (Georgia Statistics System, 2010). The proportion of owner-occupied housing units was considerably higher than the percentages of Georgia and the U.S., and renter-occupied units were lower than the Georgia and U.S. proportions. The cost of living index in Charlton is on the lower end of 77.3, compared to the U.S. average cost of living index at 100 (City-Data.com, 2010).

The median monthly housing cost for homes and condos with a mortgage was $1,306. Median monthly costs for units without a mortgage was $261, and for renters, $348 (City-Data.com, 2010).

Figure 8. Housing in Charlton County, Georgia and U.S., 2009 (Georgia Statistics System, 2010)



Industries

Table 2 presents the employment changes in Charlton County from 2000-2009. The Education and Health Services sector employed the most workers, followed by Professional and Business Services, and then Manufacturing. During the period 2000 to 2009, employment in Charlton County declined by 183 jobs (Georgia Statistics System, 2010). In terms of employment growth, the most important industry was Professional and Business Services (129 jobs), followed by Education and Health Services (68 jobs), and Financial Activities (30 jobs) (Georgia Statistics System, 2010).

Table 1. Employment Changes in Charlton County, GA, 2000-2009 (Georgia Statistics System, 2010)

Sector	Employment, 2000	Employment, 2009	Employment Change	Percent Growth, 2000 - 2009
Education and Health Services	454	522	68	15
Professional and Business Services	240	369	129	53.8
Manufacturing	364	277	-87	-23.9
Trade, Transportation, and Utilities	369	258	-111	-30.1
Leisure and Hospitality	201	180	-21	-10.4
Natural Resources and Mining	110	102	-8	-7.3
Financial Activities	70	100	30	42.9
Construction	93	52	-41	-44.1
Public Administration	172	30	-142	-82.6
	2,073	**1,890**	**-183**	

Occupations and Type of Employer

In 2000, common occupations in Charlton County included the following: production, transportation and material moving occupations (28.2%); sales and office occupations (20.0%); service occupations (19.2%); construction, extraction, and maintenance/repair occupations (15.5%); management, professional, and related occupations (14.5%); and farm, forestry and fishery occupations (2.6%) (Georgia Statistics System, 2010).

Travel to Work

In 2000, 49.1% of Charlton County residents were both living and working in Charlton. The average travel time to work was 33.8 minutes. The proportion of residents working outside the county was 50.9%, and residents driving alone to work comprised 77.7%. The percentage of non-residents coming into Charlton from elsewhere was 32.1% (City-Data.com, 2010).

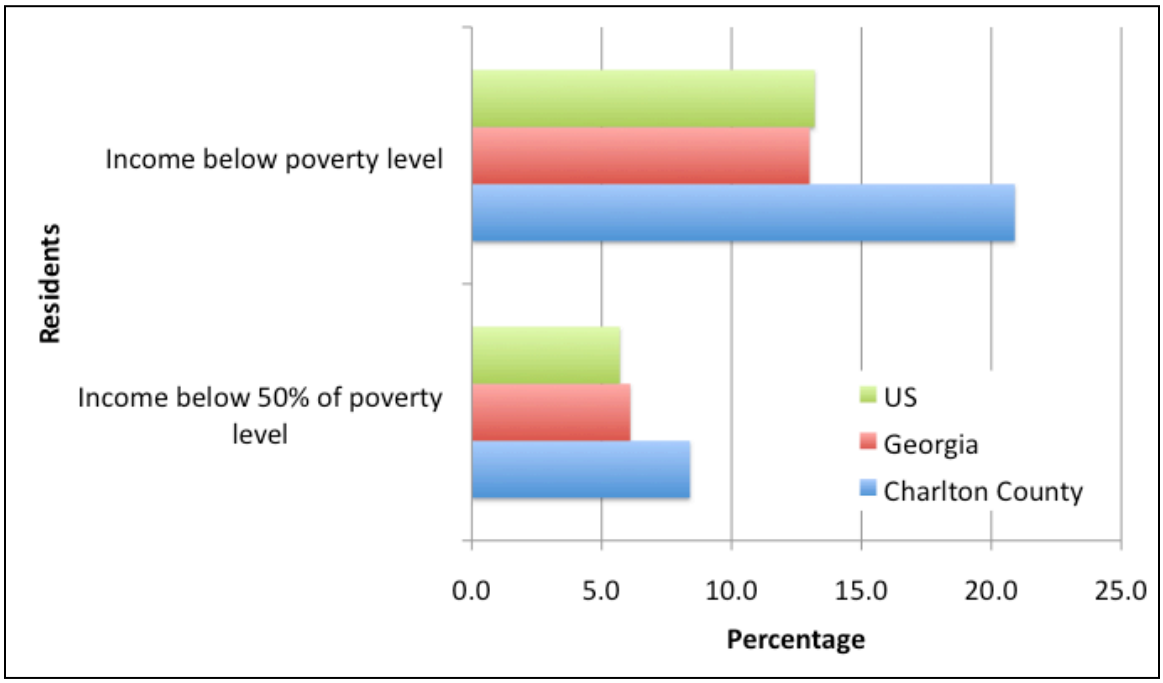
Income

The estimated median household income in Charlton County was $35,320 in 2008. Residents receiving Supplemental Security Income consisted of 3.3%, and social security recipients comprised 17.7% of the population (Georgia Statistics System, 2010).

Poverty and Participation in Government Programs

In 2008, an estimated 1,986 persons (20.9%) in Charlton County lived below the poverty level (City-Data.com, 2010). Of those residents living below the poverty level, 8.4% live on an income below 50% of the poverty level (Figure 9). Both of these proportions are greater than those of Georgia and the nation.

Figure 9. Residents with Income Below Poverty Level, Charlton, Georgia and U.S., 2008 (City-Data.com, 2010)

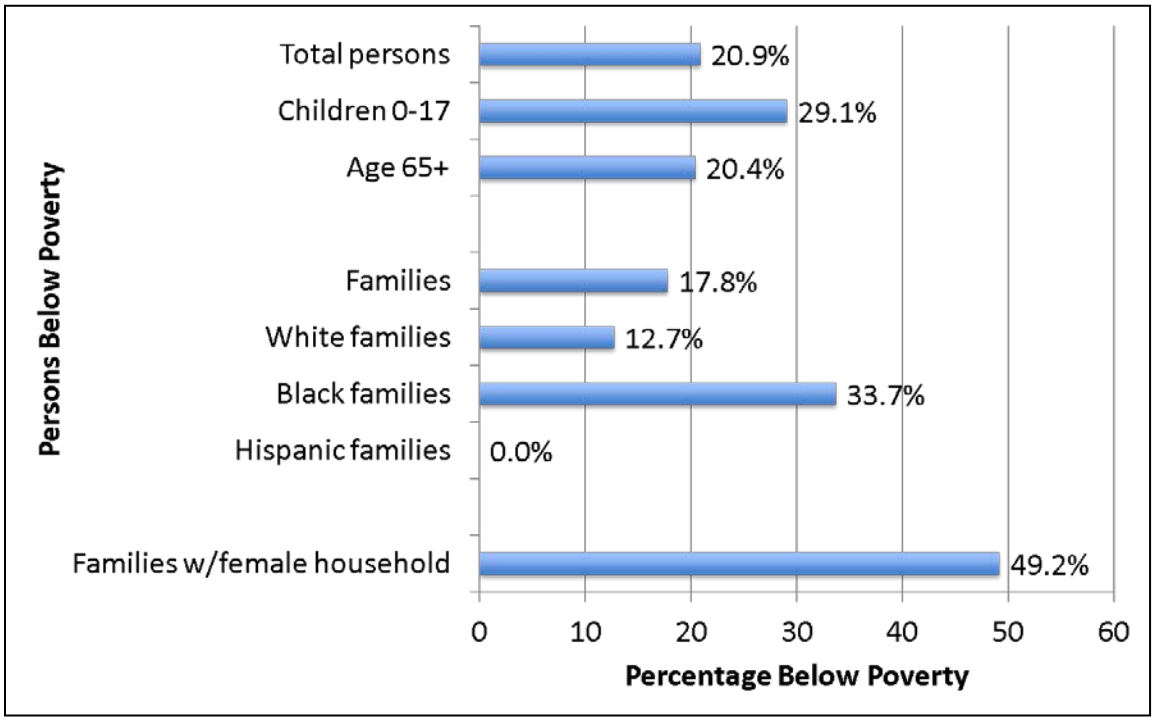


Of total persons living in poverty, 29.1% are children under 18 years of age, and 20.4% are residents aged 65 years and older (Figure 10) (Georgia Statistics System, 2010). Black families encompass the greatest proportion of racial/ethnic families living below the poverty

level. Also to note is the high percentage of female householder families living below the poverty level (49.2%), which is significantly higher than that of both Georgia (28.5%) and the U.S. (26.5%) (Georgia Statistics System, 2010).

In 2008, 13.0% of the population received Food Stamps, 27.4% were Medicaid recipients, and 0.5% of the population received Temporary Assistance for Needy Families (TANF) (Georgia Statistics System, 2010).

Figure 10. Families and Persons Below Poverty, Charlton, GA, 2000 (Georgia Statistics System, 2010)



Public Health Implications

Due to Charlton County's low population density (13.9 persons per square mile compared to Georgia's 167.3 persons per square mile) in addition to the majority of the population residing in rural areas, the county could face some challenges in targeting interventions and programs to reach residents living in more remote areas of Charlton.

Communication methods and reaching these remote communities and individuals will be important in impacting these areas.

Charlton County has a fairly stable family household structure, with a proportion of family households and homeowners higher than both the state of Georgia and the nation. In addition, married couple families are also represented as a higher percentage than those of Georgia and the U.S.. Having stability in family household structure may be an indication of stable family life. In targeting relevant interventions in this direction may potentially be a beneficial mechanism in reaching the community.

An important concern is the considerable drop from an elevated high school graduation rate (42.1% in Charlton compared to 28.7% and 21.8% in Georgia and the U.S., respectively) to very low rates of post-secondary education. The promotion of post-secondary education may be beneficial to further advanced and specialized learning in order to provide students with the necessary experience and skill sets to successfully attain jobs. This may in turn provide greater opportunity to have access to a healthy lifestyle.

Another relevant concern is the high proportion of economically disadvantaged students in Charlton (63.1% compared to 51.0% in Georgia) paired with the eminent levels of residents living with an income below the poverty level. The percentage of those living below the poverty level in Charlton is significantly greater (20.9%) than the proportion in Georgia (13.0%) and the U.S. (13.2%). Also of concern is that Black families constitute 33.7% those living below poverty and female householder families make up nearly 50%. Addressing the resource and health needs of these populations could lead to better access to education and healthcare, resulting in healthier lifestyles within these communities.

CHAPTER 5: GENERAL ECONOMIC AND LABOR CONDITIONS

Introduction

Charlton County is one of several in Georgia where today's recession has taken a toll on its economy. Unemployment rates are up, and businesses that were once thriving have had to sell their lands. Future employment endeavors are currently being planned to bring more jobs to Charlton County with the hope that these projects will assist the residents economically.

History of Economics

Charlton County was established in 1854 and is home to a portion of the Okefenokee Swamp. The swamp, due to its heavily timbered landscape, was one of the major sources of income and industry in the early development of the county. As a result, numerous sawmills came into operation near the swamp. In addition to lumber, Charlton County's wilderness landscape was considered adaptable to raising sheep, cattle, and hogs at little expense. Charlton County was also considered a thriving trading center due to its position as one of the larger railroad junctions in the postbellum era. The economy of modern day Charlton County has become much more diverse.

Major Industries

The top four industries in Charlton County are as follows (City-Data.com, 2010):

- Educational, Health and Social Services (15.6%)
- Manufacturing (15.4%)
- Construction (11.1%)
- Public Administration (10.1%)

Figures 11 and 12 chart the most common industries for both males and females in Charlton County in comparison to the state of Georgia as documented by City Data.com.

Figure 11. Common Industries for Males, Charlton, Georgia, 2009 (City-Data.com, 2010)

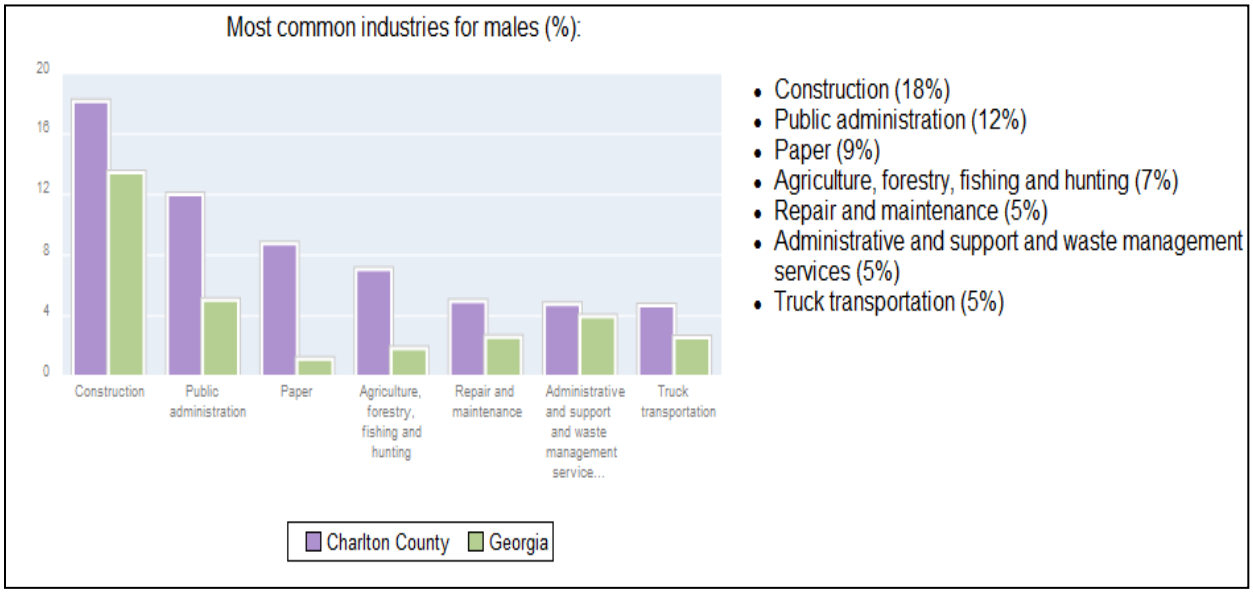
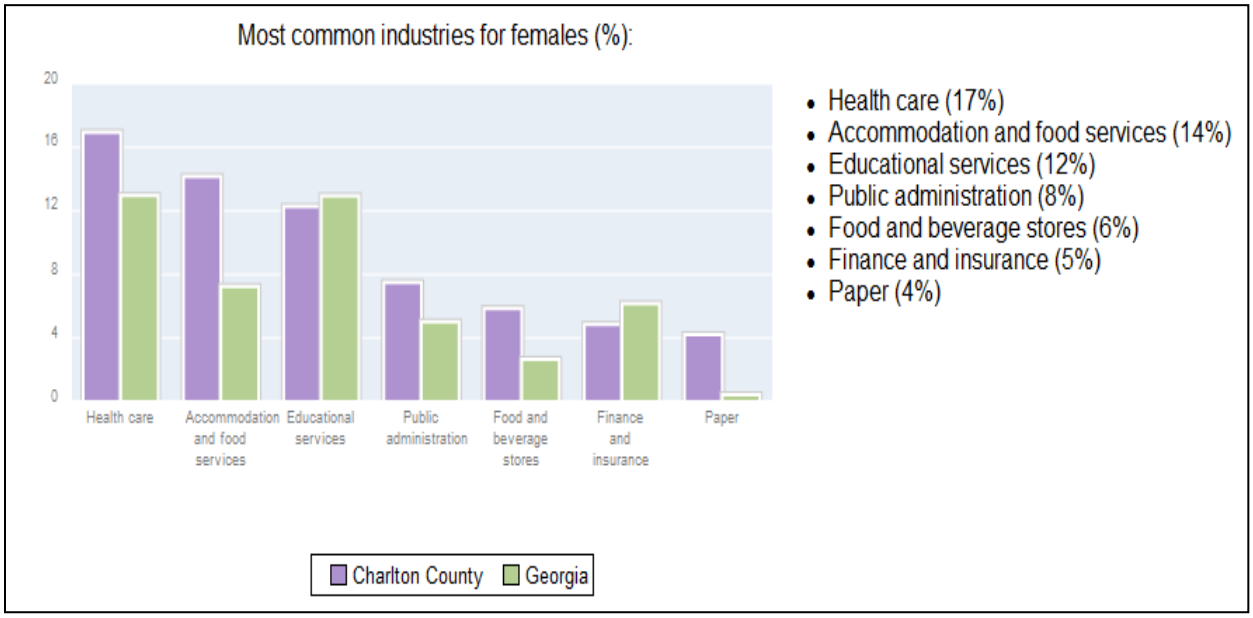


Figure 12. Common Industries for Females, Charlton, Georgia, 2009 (City-Data.com, 2010)



In 2007, according to the U.S. Census Bureau for Charlton County, the number of private nonfarm establishments amounted to 167, whereas in the state of Georgia, the total was 231,810 nonfarm establishments.

Types of Occupations

There are three types of employees that reside in Charlton County (City-Data.com, 2010):

- Private wage or salary (71%)
- Government (22%)
- Self-employed, not incorporated (6%)

Figures 13 and 14 illustrate the most common occupations for both males and females in Charlton County in comparison to the state of Georgia as documented by City Data.com for 2009.

Figure 13. Common Occupations for Males, Charlton, Georgia, 2009 (City-Data.com, 2010)

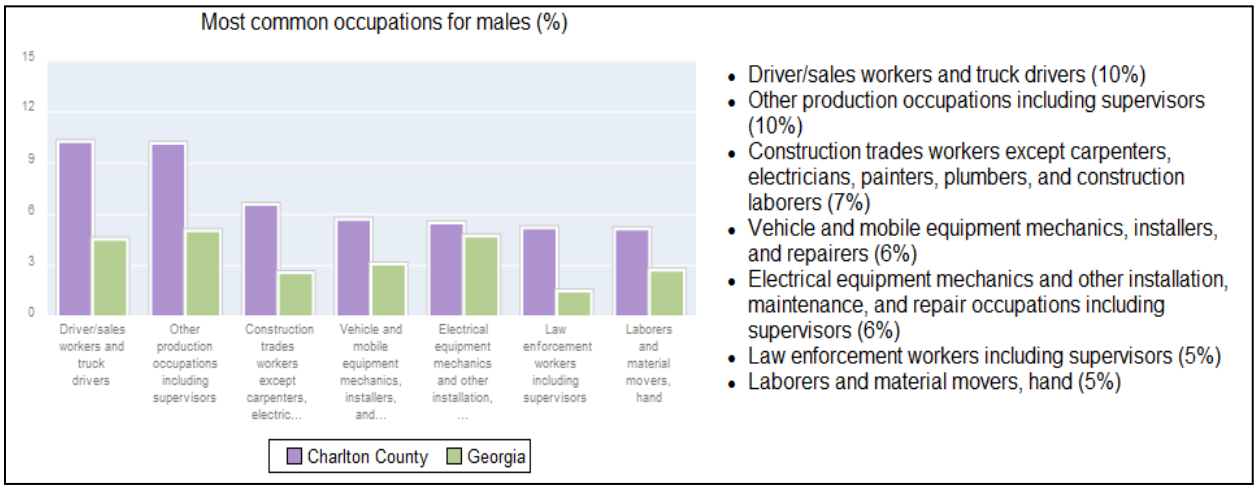
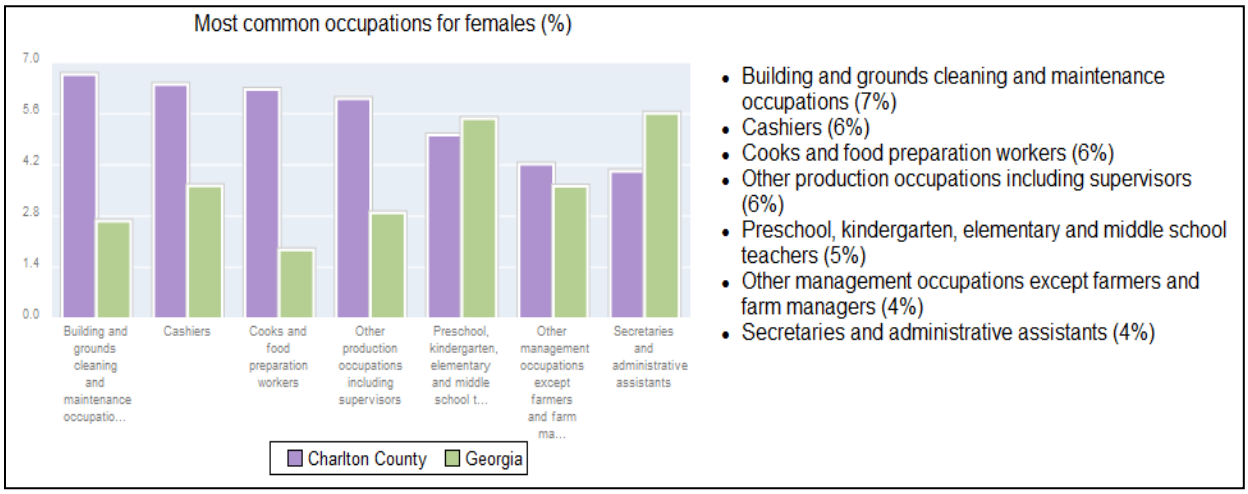


Figure 14. Common Occupations for Females, Charlton, GA, 2009 (City-Data.com, 2010)



Unemployment

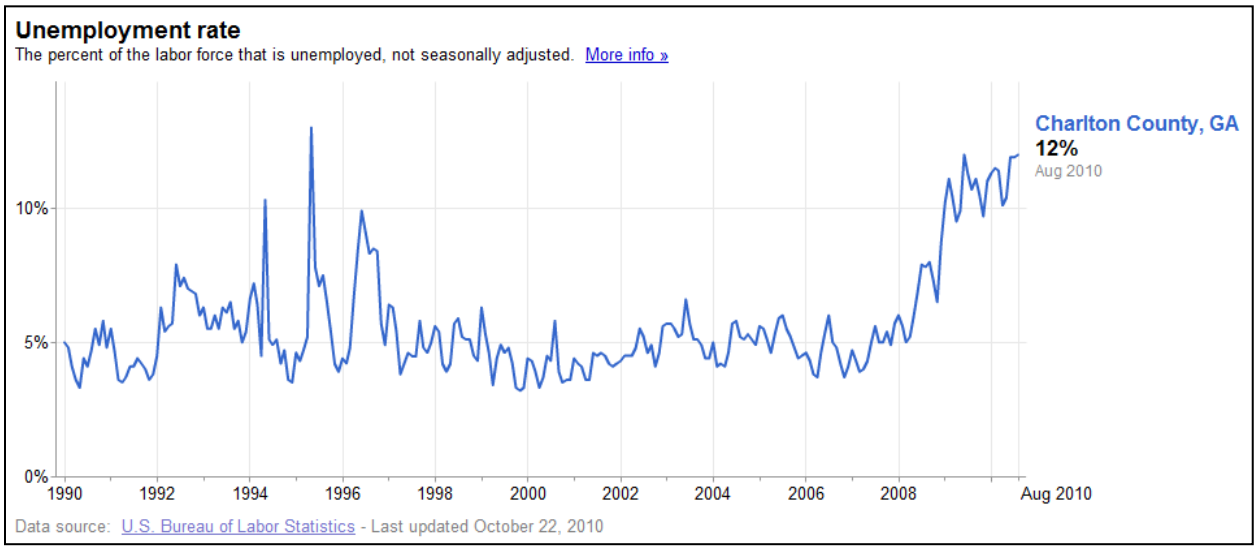
In 2004, Charlton County had a 4.2% unemployment rate, the lowest of any county in southeast Georgia and lower than that of the state itself (Georgia Department of Community Affairs, 2006). In October 2010, the unemployment rate of Charlton County rose to a high of 11.1% (Jackson, 2010). This percentage is higher than the employment rate in Atlanta, which decreased to 10% in September (down three tenths of a point from August), and the state of Georgia, which is 10.4% (Jackson, 2010).

According to Steve Nance, Charlton County's manager (administrator), these numbers for Charlton County may be misleading (Jackson, 2010). D. Ray James Prison had to temporarily lay off many employees for approximately two months, which could have led to the higher unemployment rate. Another reason for the high unemployment rate is the selling of lands by the timber companies in Charlton County such as West Frasier, Inc. (Charlton City Plan Notes, 2006).

Another suspected reason for the rise of unemployment is in large part due to the shrinkage of the workforce in rural areas. This has caused many residents to search for employment outside of their residential areas. Approximately 51% of civilian laborers work outside of Charlton County, which is one of the highest percentages in southeast Georgia. Workers commuting from Charlton County are primordially working in northern Florida and Camden, Georgia (Charlton City Plan Notes, 2006).

Figure 15 shows the unemployment rate of Charlton County as reported by the U.S. Bureau of Labor Statistics 2010.

Figure 15. Unemployment Rate, Charlton, Georgia, 2010 (US Department of Labor, 2010)



Recent Developments

Recently there have been several developments that have the potential to impact Charlton County. These include Charlton's participation in the Georgia Coastal Management Program and the merger of Cornell Companies and GEO Group Inc.

Georgia Coastal Management Program

In an effort to protect the ecosystems of the St. Mary's River and the Okefenokee Swamp and the assets they provide to Charlton County, including recreational activities, ecological preservation, water conservation, educational opportunities and tourism revenue, the local government applied for funding from the Georgia Coastal Management Program (GCMP). The request was originally submitted in 1998, but activities are on-going to date. Current GCMP activities in Charlton County consist of the identification of funding through incentive grants, working with county officials in creating soil maps and GIS coverage, GCMP presentations on behalf of Charlton at regional and national meetings, and the creation of a 500-year floodplain map for use in county planning. Additional benefits of the program include the establishment of a Historical William Mizell, Sr. Regional Museum/Visitors Center Project, Okefenokee Education and Research Center, and Conservation Education Program (Georgia Department of Natural Resources, 2007).

D. Ray James Prison (Cornell Companies) and GEO Group Inc. Merger

For over a decade, D. Ray James Prison, owned by Cornell Companies, has been the largest private employer in Charlton County. In August 2010, GEO Group, Inc. and Cornell Companies merged. GEO Group, Inc. "provides secure care custody and control for offenders detained by the U.S. Marshalls and the Federal Bureaus of Prisons" (The GEO Group, Inc., 2010). With upgrades made by the new owner, house low-security inmates, and have federal benefits.

Future Plans for Employment

Per Steve Nance, D. Ray James Prison will expand to hold 2900 federal prisoners (Morrison, 2010). It currently houses 1,640 beds (Cornell Companies, 2010). This expansion will add an additional 200 jobs to support the increased numbers of inmates coming into the facility (Jackson, 2010).

County officials have also started a push to persuade "green" industries to locate business in the southeast region (Morrison, 2010). Magnolia BioPower is one of those industries. Magnolia BioPower produces wood pellet for fuel. This type of fuel is a renewable product. In October 2009, Magnolia BioPower announced that they would be completing the project in 2011 (North Georgia Politics, 2010). There are three phases planned for this project, which are set to create approximately 320 direct and indirect jobs (North Georgia Politics, 2010).

Public Health Implications

The resources provided by Charlton's participation in the Georgia Coastal Management Program will help preserve and improve the St. Mary's River and Okefenokee Swamp, both which serve as tourist attractions, providing local money and sources of recreation for the local population. The research center is a potential source of future employment and will assist with strategic plans for county development.

The merger between Cornell Companies and GEO Group, Inc. has both pros and cons. More jobs, higher wages and health benefits mean that those fortunate enough to secure positions will be able to access healthcare, have additional income, and will not endure the adverse effects of unemployment. Current employees who have a criminal background or sub-optimal credit history will lose their jobs and suffer the physical and psychological effects of unemployment,

including depression and anxiety, conditions leading to probable illness, and the need to seek medical care (Linn, 1985). These individuals will no longer have health insurance, but will need access to healthcare; therefore many will enter the emergency room, putting a financial strain on the county and privately funded hospitals. If these persons choose not to visit the emergency room, their condition may become more severe, which may end up costing the county and state additional money.

The enhancements to the school system could potentially improve the chances of all Charlton's children in becoming gainfully employed as adults. They and their families will have access to healthcare, and in turn will be healthier contributors to society. Adults who previously were unable to receive immunizations will now be able to be vaccinated free of charge, not only improving the individual's health, but the health of the community at large because many of these immunizations are for infectious conditions.

Providing new employment to Charlton County is vital to promoting the health of the community. Lowering the rate of unemployment means that individuals and families can have a better way of life. Medical insurance will be readily available for those who may not have access due to not being employed. Employment may also improve behavioral issues that may arise when people are unemployed, such as negative feelings of self-worth and the perceived need to execute drastic actions such committing a crime or suicide.

CHAPTER 6: GOVERNMENT AND POLITICS

Introduction to State Government

Much like the federal government, Georgia operates as a Republican Government and employs a system of checks and balances, whereby three branches of government--Executive, Legislative and Judiciary--operate with a separation of powers. The Executive Branch is comprised of the Governor, Lieutenant Governor, Attorney General, Secretary of State and other statewide officials. Of the 159 counties in Georgia, 149 are governed by three to eleven elected county commissioners, having term limitations ranging from two to six years. The remaining ten counties elect one county commissioner, rounding out the Legislative Branch (Georgia.gov, 2010).

There are five different courts in Georgia, each handling different matters. These courts include: the Municipal Court for violations of city ordinances, Magistrate Court handling small claims up to $15,000 dollars, Probate Court, Juvenile Court and State Court which tries misdemeanor violations. Higher courts include the Superior Court, which addresses all felonies, in addition to the Court of Appeals (Administrative Office of the Courts of Georgia, 2010).

National and State Representation

Charlton County is represented by two Republicans, Clarence “Saxby” Chambliss and John H. “Johnny” Isakson in the United States Senate. Jack Kingston serves as Georgia’s first congressional district in the United States House of Representatives. Mark Hatfield, the state Republican representative from District 177, advocates for Charlton County in the Georgia House of Representatives. Senator Jeff Chapman from District 3, also a Republican, represents

Charlton in the Georgia State Senate (Project Vote Smart, 2010). Table 2 lists Charlton County's elected officials.

Table 2. Elected Officials of Charlton County (Okefenokee Chamber of Commerce & Folkston/Charlton County Development Authority, 2010), (Project Vote Smart, 2010)

Office	Elected Official
Mayor	William Staeger
Sherriff	Dobie Conner
Tax Assessor	Deborah Mizell
Clerk of the Courts	Kay Carter
County Administrator (not elected)	Steve Nance
Magistrate Judge	Billie Sands
Probate Judge	Robert Phillips
County Commissioner 1 (Chairman)	Jessie Smith
County Commissioner 2	James Everett
County Commissioner 3	Mitchell Crawford
County Commissioner 4	Ronnie Pollack
County Commissioner 5	Dallas Huling
Georgia House of Representatives (District 177)	Mark Hatfield
Georgia State Senate (District 3)	Jeff Chapman
United States House of Representatives (District 1)	Jack Kingston
United States Senate	Clarence "Saxby" Chamblis (Senior) John "Johnny: Isakson (Junior)

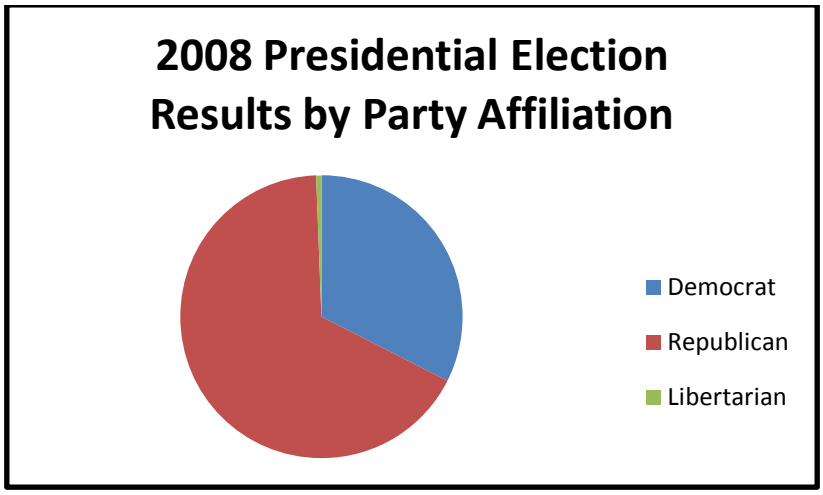
Voter Demographics

Since 1992, the Georgia political environment has shifted from Democratic dominance to Republican dominance (Glencoe Online Social Studies, 2010). Charlton has followed this trend with the majority of those voting in the 2008 presidential election voting for the Republican candidate (Georgia Statistics System, 2010). With a looming election having many political implications, it seems likely that the Georgia delegation will consist of even more Republicans (Real Clear Politics, 2010).

As of November 4, 2008 there were 5,159 registered voters in Charlton County. Of these registered voters, 24.3% were black, 73.3% white, 0.2% Asian, 0.2% Hispanic and 0.4% other

races. In the 2008 Presidential election 71.4% of the registered voters exercised their right to vote (Figure 16). Of those who voted, 66.9% voted for the Republican candidate, 32.5% for the Democratic candidate, and 0.6% for the Libertarian (Georgia Statistics System, 2010). In the 2004, only 45.9% of those registered voted in the presidential election (Georgia Department of Community Affairs, 2010).

Figure 16. Presidential Election Results by Party Affiliation, 2008 (Georgia Statistics System, 2010)



Local Government

Charlton County has a Commission-Administrator form of government. The commission acts as the Legislature, who are elected and subsequently conduct interviews and hire the administrator, who acts as the president or Executive Branch of the county government. In addition to these positions, the county also has an elected Mayor, Sherriff, Clerk of the Circuit Court and Tax Assessor (Okefenokee Chamber of Commerce & Folkston/Charlton County Development Authority, 2010). Because of its small population, the judicial system in Charlton County is only comprised of Magistrate, Probate and Juvenile courts. Magistrate and Probate judges are elected. The Magistrate and Probate judges serve a four-year term and the Juvenile judge is appointed to a four-year term by the Superior Court. Superior and Appeals Court duties

are handled and a calendar basis (Okefenokee Chamber of Commerce & Folkston/Charlton County Development Authority, 2010).

Tax Base

When compared to other counties their size**,** Charlton County has much higher property taxes. Because there is very little industry in Charlton with the exception of timber, most social tax revenue comes from homeowners. In 2004, the average per capita property tax was $352 compared to $217 for counties with similarly sized populations. For that same time period, the average property tax collected in the state was $288 (Georgia Department of Community Affairs, 2010).

Public Health Implications

Republicans historically support reducing taxes and do not support public funding of social programs like Food Stamps, WIC and Medicaid. If the county and state continue to vote Republican, funding for social programs will likely be cut, affecting the health and livelihood of Charlton residents who access these government funded services (The Heritage Foundation, 2010).

Charlton's property taxes are higher than counties their same size and higher than the state average. High property taxes coupled with limited employment opportunities could imply less people living and purchasing homes in Charlton County. Less homeowners suggests a smaller tax base and even higher taxes for residents. Higher taxes denote less disposable income used to pay for health related services and for healthy lifestyle choices such as consuming nutritious foods and utilizing recreational activities.

CHAPTER 7: COMMUNITY RESOURCES

Introduction

When compared to its neighboring counties of Ware and Camden, Charlton is small in size for both population and land mass, but not without resources for its inhabitants. These resources do their best to address the needs of Charlton County residents but due to limited availability of resources, they do not fulfill the health needs or reduce social disparities experienced by the county. This is especially evident in the lack of local educational opportunities outside of the public school system and limited health care network with the exception of a small hospital and health department.

Education and Training/ Internship Resources

Schools

Charlton County has two elementary schools, one middle school and one high school. The Board of Education offers a Gifted Program for high-level achievers, an Exceptional Program for children with special needs and a Home School Program providing support to those families who choose to home school (Charlton County Schools, 2010). The Charlton school system also offers a Pre-K program for four-year olds to get a jump-start on learning (Charlton County Schools, 2010). Head Start and Early Head Start Programs are also available in Charlton for low income children aged from birth to four years (Early Childhood Learning and Knowledge Center, 2010). There are no colleges or universities in Charlton County. However there are higher education institutions in the neighboring counties of Ware and Camden.

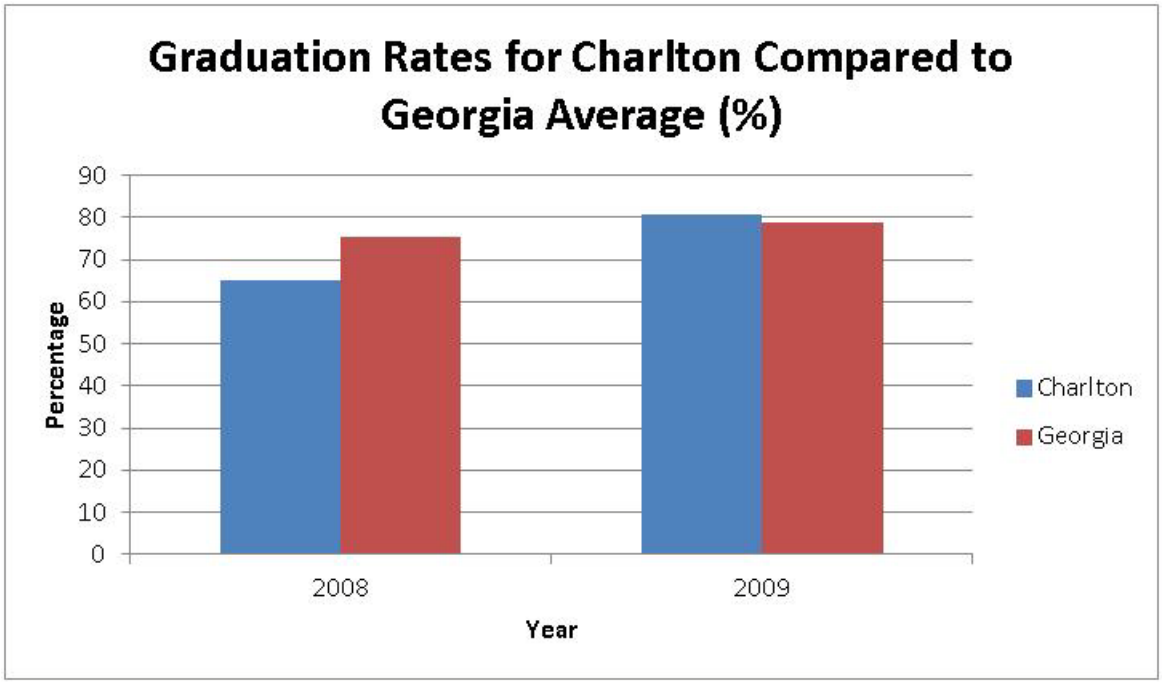
To measure how well students acquire the skills and knowledge described in the Georgia Performance Standards (GPS), the Criterion Reference Competency Test (CRCT) is administered to first graders through eighth graders on an annual basis (Georgia Department of Education, 2010a). As shown in Table 3, in 2009, Charlton eighth grade students scored better than the state average in the reading category but scored below average in the remaining three sections.

Table 3. 2009 CRCT Results for Charlton County, Eighth Grade (Georgia Department of Education, 2010a)

CRCT Section	Charlton 8th Grade Results	Georgia 8th Grade Results
Reading	96.1%	95%
Math	62.2%	74%
Science	63%	65%
Social Studies	68.3%	70%

The No Child Left Behind education act of 2001 requires states to report graduation rates. This requirement has led to inconsistent, ill-defined graduation rate formulas, providing conflicting data when resources are compared (Alliance for Excellent Education, 2010b). Although a comparison to the national average would provide more pertinent and insightful information for public health implications, for that reason indicated above, only Charlton and Georgia graduation rates will be reported. As shown in Figure 17, the Georgia Department of Education reports a graduation rate of 80.6% for Charlton County in 2009 up from 65.1% in 2008, compared to a state average of 78.9% in 2009 and 75.4% in 2008 (Georgia Department of Education, 2010b).

Figure 17. 2008/2009 Graduation Rates for Charlton County Vs. Georgia Average (Georgia Department of Education, 2010b)



Training and Internship

The Okefenokee Wildlife Refuge offers volunteer and internship positions. Volunteers may choose the activities that best meet their needs. Activities are clustered under three main areas: Visitor Services, Environmental Education or Resource Management (U.S. Fish and Wildlife Service, 2010c). Volunteers must own their own trailer and/or recreational vehicle (RV) and commit to work for a minimum of three months for 24 hours per week for each couple and 32 hours per week for individuals (U.S. Fish and Wildlife Service, 2010c).

The Okefenokee Wildlife Refuge Internship Program is more structured and competitive but it offers a unique opportunity for the right candidate in one of the, "oldest and best preserved freshwater systems in America," (U.S. Fish and Wildlife Service, 2010d). There are two intern positions; Wildlife Biology and Forestry Intern and Visitor Services Intern (U.S. Fish and

Wildlife Service, 2010c). The first requires the applicant to be pursuing a degree or have experience in a field related to natural resources. The activities focus on Red-cockaded Woodpecker clusters, aerial surveys of wading birds and Osprey nesting activities, water maintenance stations, amphibian surveys and timber assessments (U.S. Fish and Wildlife Service, 2010d). Applicants will work 40 hours per week for three to four months. One applicant is selected for each season; March through June and September through December (U.S. Fish and Wildlife Service, 2010d). The second internship opportunity requires the applicant to be majoring in or have experience in the field of education, recreation or natural resources. Interns will create educational materials, design exhibits and assist with public events (U.S. Fish and Wildlife Service, 2010c). One to two interns are selected per quarter and are required to work eight hours per day, five days per week (U.S. Fish and Wildlife Service, 2010d). Selected interns receive a $120.00 per week stipend for housing and uniforms (U.S. Fish and Wildlife Service, 2010c).

American Recovery and Reinvestment Act of 2009

Charlton County has received over 1.6 million dollars from the American Recovery and Reinvestment Act of 2009. See Table 2 for a detailed explanation of the funding received. The vast majority of the money is allotted to the Board of Education for infrastructure improvements, special funding to ensure schools with a high percentage of poor children meet state academic standards, and funds to support programs for children with disabilities.

Family and Child Resources

Charlton County Family Connections

Charlton County Family Connections is part of a statewide initiative sparked by the 1990 Annie E. Casey Foundation KIDS COUNT report. It tracks the status of children in the United States, in which Georgia placed 50th (Georgia Family Connections Partnership, 2010). This prompted Governor Zell Miller to respond to Georgia's poor ranking and by 2004 all of the state's 159 counties had voluntarily become part of the community collaborative network with a focus on child and family well-being (Georgia Family Connections Partnership, 2010). The Charlton County Family Connection's vision statement is, "that all families in Charlton County will be self sufficient, so children are raised in a healthy and supportive environment," (Charlton County Family Connections, 2010). One of the events conducted by Charlton Family Connections is College Career Day, where local students can explore college tracts leading to potential careers (Charlton County Family Connections, 2010).

Ferst Foundation

The Ferst Foundation's goal is to provide books to pre-schoolers with the hope that an early exposure to reading will enhance learning success in later years (Ferst Foundation for Childhood Literacy, 2010a). The Charlton branch of Southeastern Bank has donated more than $15,000 dollars to the Ferst Foundation (Ferst Foundation for Childhood Literacy, 2010b). In partnership with Southeastern Bank, the Charlton County Health Department has been able to give free books to pre-school children who seek their services and encourage parents to read these books to their children (B J. Drury, personal communication, November 17, 2010).

Camp Iwannabreathe

Since 2005, the Charlton County school system has partnered with the Southeast Health District to conduct Camp Iwannabreathe (Southeast Health District, 2009). The camp invites children diagnosed with asthma to enjoy two days of fun and educational activities. Scheduled the first week of summer break, the end goal of the program is for children to have an Asthma Action Plan on file at school (Southeast Health District, 2009). Attendees and families learn how to avoid triggers, identify signs of distress and obtain general asthma education. Parents and siblings are also invited (Southeast Health District, 2009). Funding is provided by the CDC sponsored Georgia Asthma Control Program (GACP), who act in partnership with Georgia school nurses, with a united goal of better recognition and control of asthma to reduce the hardship suffered by those with the disease (Georgia Department of Community Health, 2010).

Project SOS

Since 2007, the Charlton County Health Department has been able to secure funding through the state sponsored Adolescent Health and Youth Program (AHYD) to host Project SOS programs for Charlton County students, seventh through twelfth grade (B J. Drury, personal communication, November 17, 2010). "Project SOS is committed to strengthening families by empowering parents and educating youth to make healthy lifestyle choices" (Project SOS, 2010a). "Live Like it Counts," a series of three act plays, were presented to Charlton students. The plays discuss the risks and consequences of the teen's choices by acting out potential real-life situations they may encounter (Project SOS, 2010b). The vignettes address topics such as drinking and lowered inhibitions, teen pregnancy and partner abuse (Project SOS, 2010b). Each act concludes with reality-based goal setting and an interactive session (Project SOS, 2010b).

Fit WIC

To combat the increasing rate of childhood obesity, in 1999 the federal WIC program awarded five states with funding to implement prevention programs (Food and Nutrition Service, 2010a). Virginia's program focused on improving parenting skills and involving the WIC staff and community members, so the child would receive a unified obesity prevention message (Food and Nutrition Service, 2010a). In October 2007, Charlton was chosen as one of three Southeast Health District counties to receive Georgia WIC Special Project funding to implement Virginia's version of the Fit WIC Program (B J. Drury, personal communication, November 17, 2010).

Health

Charlton Memorial Hospital

Charlton Memorial Hospital (CMH) is a 25 bed rural, community hospital and provides limited inpatient, outpatient and emergency services (Georgia Hospital Quality Check.Org, 2010). CMH is a Critical Access Hospital, receiving grant funding from the Medicare Rural Hospital Flexibility Program (Georgia Hospital Quality Check.Org, 2010). The grant program is sponsored by the Health Resources and Services Administration (HRSA) and has a goal of improving access to healthcare in extremely rural areas and improving healthcare networks in these same locations (Rural Assistance Center, 2010).

Charlton County Health Department

In lieu of a large provider network, the Charlton County Health Department provides many health-related services to the small community (Southeast Heath District, 2010a). Child specific programs include:

- Children's Medical Services- Intended for individuals ages birth to 21 years of age who have chronic conditions such as asthma, diabetes, neurological disorders, orthopedic conditions and genetic disorders (Southeast Heath District, 2010b)
- Babies Can't Wait- For those children ages birth to 3 years who have been diagnosed with or are at risk for developmental delays (Southeast Heath District, 2010c)
- Children First- Program whose goal is for children to be prepared for school at age 5 by ensuring families have access to community services (Southeast Heath District, 2010d)
- Health Check- Comprehensive medical assessments for children enrolled in Medicaid or Peachcare (Southeast Heath District, 2010e)
- Universal Newborn Hearing- Includes newborn hearing screenings in hospital following birth and follow-up screenings in health departments if warranted (Southeast Heath District, 2010f)

Through community collaborations the Southeast Health District's Adolescent and Youth Development Program strives to provide youths ages 10 through 19 with the skills they need to become employable, successful adults (Southeast Health District, 2010g). Specific program topics discuss avoiding risky behaviors, peer pressure, sexuality and the importance of staying in school (Southeast Health District, 2010g).

Women's Health is comprised of three programs: Family Planning, Perinatal Health and the Cancer Screening Program. Family Planning is the largest of the three and provides many services (Southeast Health District, 2010h). Services include:

- FDA approved contraception for males and females
- Laboratory testing: Pap smears, urinalysis, STDs

- Level I infertility assessment and counseling
- Postpartum evaluation
- Evaluation and management of STDs and common gynecological problems
- Pregnancy testing and counseling (Southeast Health District, 2010h)

Perinatal Case Management assesses the emotional, financial, medical and nutritional needs of the pregnant woman and makes referrals to reduce the risk of delivering an unhealthy infant (Southeast Health District, 2010i). Mother and baby are re-assessed during the postpartum period and referrals to healthcare and other public health services are made as needed (Southeast Health District, 2010i). Clinical breast exams, pelvic exams and Pap smears are provided to low-income, uninsured women through the Cancer Screening Program (Southeast Health District, 2010j). Women enrolled in this program and who are older than 40 years of age receive referrals for mammograms (Southeast Health District, 2010j). Women who receive abnormal results are referred to providers for further testing and treatment (Southeast Health District, 2010j).

The Charlton County Environmental Health Program conducts numerous services, many mandated by state and local law (Southeast Health District, 2010k). The goal of Environmental Health is to "prevent and abate the environmental conditions that adversely impact human health" (Southeast Health District, 2010k). Inspections include:

- On-site sewage
- Land disposal of domestic septage
- Drinking water
- Food service
- Tourist accommodations

- Public swimming pools
- Body art studios (Southeast Health District, 2010k)

The WIC program provides nutrition education, breastfeeding support and supplemental foods to low-income pregnant, breastfeeding, post-partum women, infants and children up to age five (Southeast Health District, 2010l). Through Nutrition Services, nutrition counseling and instruction is available for many conditions such as obesity, diabetes, high cholesterol and hypertension (Southeast Health District, 2010m). Immunizations are available for all age groups and are provided as a walk-in service (Southeast Health District, 2010n). In the event of a community emergency: hurricane, bioterrorism, wildfire, the Charlton Emergency Preparedness Program, in cooperation with their partners, would set up shelters, obtain medications or provide any additional services that may be needed (Southeast Health District, 2010o). If a Notifiable Disease is detected through the conduction of everyday services, the Charlton Health Department must then notify the Southeast Health District Office of Infectious Disease (Southeast Health District, 2010p). Through this partnership the disease will be managed, contacts will be indentified and follow-up conducted (Southeast Health District, 2010p).

Service Organizations

Starting in 1936, the Okefenokee Wildlife League (OWL) conducts public service activities in accordance with the Okefenokee Wildlife Refuges' goals and objectives (Okefenokee Wildlife League, 2010). The league purchases and produces education materials to enhance visitors understanding of the wildlife preserve (Okefenokee Wildlife League, 2010). In addition to traditional activities, OWL, at times, become involved with political issues when they could affect the preservation of the refuge. In April 2008, a permit was issued for the expansion

of the Chesser Island Landfill (Charlton County Herald, 2010d). OWL publically denounced the expansion in a Charlton Herald article citing the environmental sensitivity of the expansion area, the detrimental effect on the economic value of the refuge area, increased scavenger birds which would decrease native gull population and the impact on the aesthetics to the local area (Charlton County Herald, 2010d).

The Red Had Society "encourages women to purse fun, friendship, freedom and fulfillment of lifelong dreams and fitness" (Red Hat Society, 2010). The local chapter of this organization accomplishes this mission through volunteer work at the local nursing home while adorning red and purple clothing and very large, ornate hats (B. Defilippo, personal communication, November 23, 2010). Membership in this organization is cherished as noted by its mention in the obituary of Ms. Doris Elaine Leverett Smith who died May 30, 2009. (Charlton County Herald, 2010c).

Internationally, the Lions Club is best known for their work with sight programs, "including vision screenings, eye banks and eyeglass recycling" (The Lions Club, 2010). To suppo rt their charities, the local chapter of the Lions Club sponsors fundraisers throughout the year, including a pancake breakfast to feed the early attendees of the annual Okefenokee Festival (Charlton County Herald 2010e).

Media

The Charlton County Herald is printed once a week on Wednesday evenings and has a circulation of approximately 3,000. The paper is primarily focused on local news affecting Charlton residents (Charlton County Herald, 2010b). Colonel William Olliff founded The Herald

June 18, 1898. Since its inception the paper has changed ownership eight times. Doyle and Mary Lou Lewis, natives of Charlton ran the Herald from 1959-1993. The current owner is Robert Williams, Jr. and headquarters the Herald out of Blackshear, Georgia in Pierce, a neighboring county (Charlton County Herald, 2010b). CharltonCounty.net (http://www.CharltonCounty.net) is a site sponsored by local native, Jack Mays. Those that log on can hear live broadcasts of Charlton County High School Indians football games, post to a local blog, read obituaries or read about the local history of Charlton (CharltonCounty.Net, 2010).

Public Health Implications

Charlton's small size and rural status limit its capacity to provide resources for the county's residents. Lower test scores coupled with the lack of local, post secondary education opportunities challenges the ability of Charlton's youth to become educated, successful adults. To further their education, students have to choose between commuting or moving, both of which add an extra expense to an already costly venture. Although Charlton County has a hospital, the available services are very limited. The health department conducts many programs, but does not perform primary care and many of the services require referrals to providers, a resource that is inadequate. Limited media resources force Charlton residents to rely on television and radio broadcasts from Jacksonville, Florida. The dependence poses a challenge for a Charlton specific public health media campaign with the exception of the Charlton County Herald and Charlton.net, both limited exposure outlets.

CHAPTER 8: VITAL STATISTICS

Introduction

This chapter highlights some key vital statistics of maternal and child health and mortality. Information will be provided on birthrate, teen pregnancy, maternal race and marital status, birth weight, and leading causes of death compared to state data and previous years.

Births

Among measures of demography, birth rate is considered to be one of the most important. Birth rate measures affect and are affected by public policy, impact planning and decision making related to education and health systems (Population Reference Bureau, 2010). Birth rate is defined as the ratio of live births in an area versus the population of that area and is expressed as the number of live births per 1,000 people in the population (Nation Master, 2010).

From 1998 through 2008, live births in Georgia increased 23 % from 122,366 to 150,804 with the overall birth rate rising from 45.5 per 1,000 to 46.2 per 1,000 respectively (OASIS, 2010). Charlton county, however, did not have continuous steady increases and ranged from an overall birth rate of 44 per 1,000 in 1998 to a low of 28.5 per 1,000 in 2005 to 38.9 per 1,000 in 2008 (Table 4). Though the birth rate in Charlton County is less than that of Georgia as a state, both the county and state rates for 2008 were considerably higher than the rate for the entire United States, which was reported at 14.18 per 1,000 (Nation Master, 2010).

Table 4. Birth Rate Comparison for Charlton County and Georgia by Race, 1998, 2005, 2008 (OASIS, 2010)

Year	Charlton Total Birth Rate	Charlton White Birth Rate	Charlton Black Birth Rate	Georgia Total Birth Rate	Georgia White Birth Rate	Georgia Black Birth Rate
1998	44.0	40.9	51.2	45.5	43.8	49.4
2005	28.5	26.2	34.4	46.4	47.0	45.5
2008	38.9	34.4	42.4	46.2	35.5	44.4

Teen Births

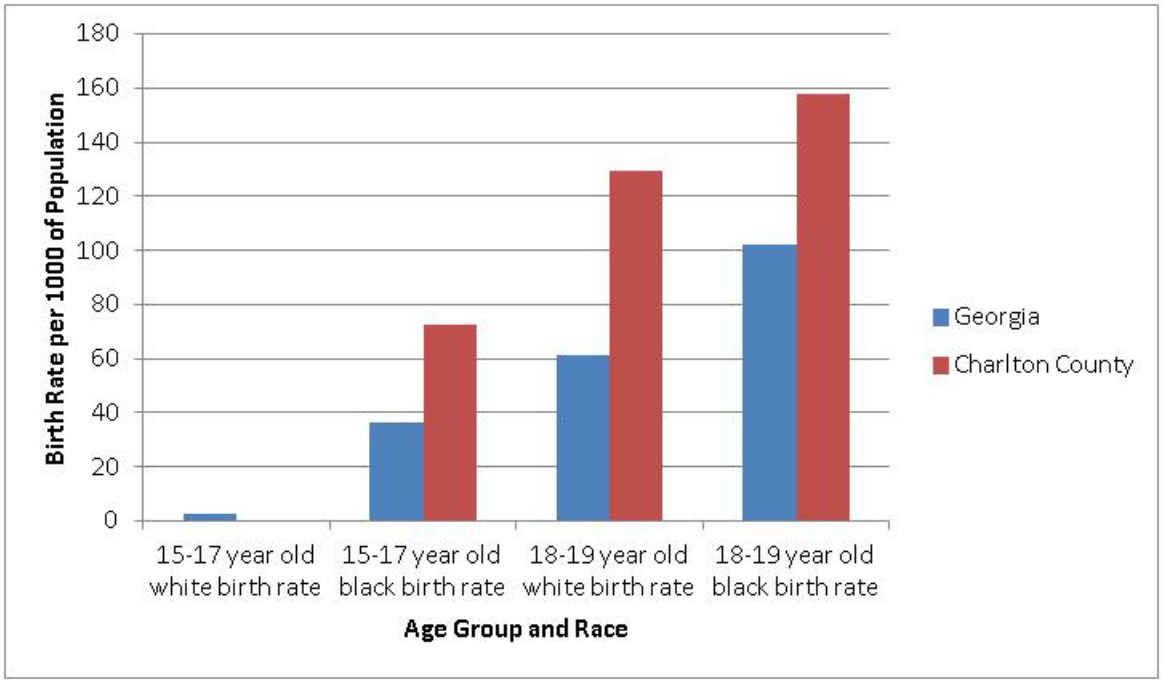
Teen birth rate is defined as the ratio of live births in an area versus the female population of that area and is expressed as a number of live births per 1,000 females aged 15 to 19 years. Assessment of teen birth rate is vital to the consideration of community needs as this rate can be indicative of many factors important to public health practice and intervention. Factors associated with teen pregnancy are social class, ethnicity, age at first sexual encounter, lack of birth control, and sexual abuse by a boyfriend (Roosa, Tein, Reinholtz & Angelini, 1997). Teen pregnancy is associated with poor outcomes in infants, their mothers, and the community at large.

According to the International Journal of Epidemiology, infants born to teen mothers are at greater risk of very preterm (before 24 weeks gestation) and preterm (before 37 weeks gestation) delivery (Xi-kuan, Shi, Fleming, Demissie & Rhods, 2007). Consequently, this places them at greater risk for very low (less than 1500 grams) or low birth weight (less than 2500 grams), poor intrauterine growth/small for gestational age, neonatal mortality and low apgar score at five minutes, which may be an indicator of later cognitive function (Ehrnstein, Pederson, Grijota, Nielsen, Rothman & Sorenson, 2009).

Like overall birth rate, teen birth rates for both Georgia and Charlton County are both higher than the 2008 U.S. teen birth rate of 41.5 per 1,000. According to data from Georgia's Online Analytical Statistical Information System (OASIS) (2010), the 2008 birth rate among females in Georgia aged 15-19 years was 51.7 per 1,000 while the teen birth rate in Charlton County for the same year was reported at 74.9 per 1,000 (Figure 18). The birth rate among black teens is higher than that of white teens in Charlton County for 2008. The birth rate among blacks for the 15-17 year age group was 72.3 (OASIS, 2010). In 2008, there were only three births to

white teens in Charlton so the rate was not calculated. The birth rate among blacks in the 18-19 year age group was 157.9 compared to a rate of 129.4 for whites (OASIS, 2010). The birth rates for black teens in Georgia in the 15-17 year age group was 36.3 and 102.2 in the 18-19 year age group which was much lower than that of Charlton County (OASIS, 2010).

Figure 18. 2008 Teen Birth Rate Per 1000 of Population for Georgia and Charlton County (OASIS, 2010)



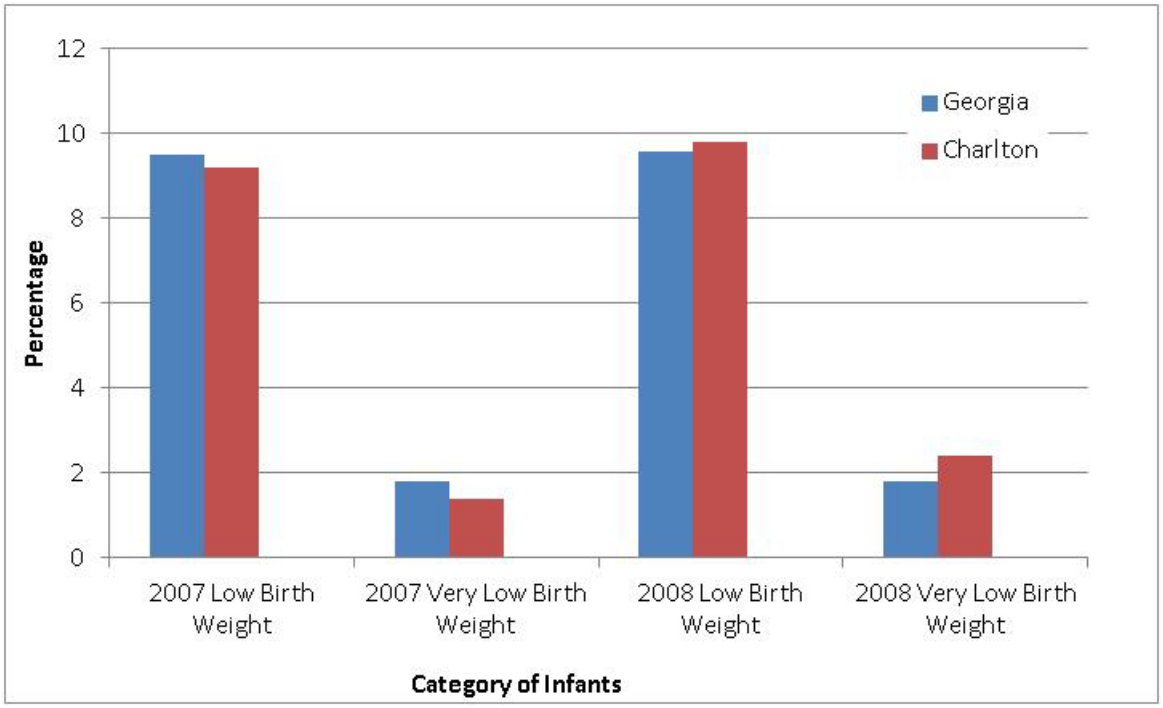
Birth Weight

The primary causes for low birth weight are premature birth. Premature birth is defined as delivery before the completion of 37 weeks gestation, and fetal growth restriction. The underlying causes of low birth weight include poor maternal weight gain, maternal health conditions, congenital birth defect, maternal smoking, drug, or alcohol use and socioeconomic factors such as low income and education (Georgia Kids Count, 2008).

Infants born weighing less than 2,500 grams are considered low birth weight and those less than 1,500 grams are classified as very low birth weight. Overall percentages for low birth

weight and very low birth weight in Georgia for 2008 were 9.6 and 1.8 respectively (OASIS, 2010). These numbers were stable from 2007 with 9.5% low birth weight and 1.8% very low birth weight (OASIS, 2010). For the reporting period of 2007, Charlton's low birth percentage was lower than the state at 9.2% and just above the state percentage in 2008 with 9.8% of infants in the low birth weight category (OASIS, 2010). As shown in Figure 19, the 2007 percentages of Charlton births classified as very low birth weight was lower than the state percentage at 1.4% but higher for 2008 at 2.4% (OASIS, 2010).

Figure 19. Percentage of Low and Very Low Birth Weight Infants for Georgia and Charlton County 2007 and 2008 (OASIS, 2010)



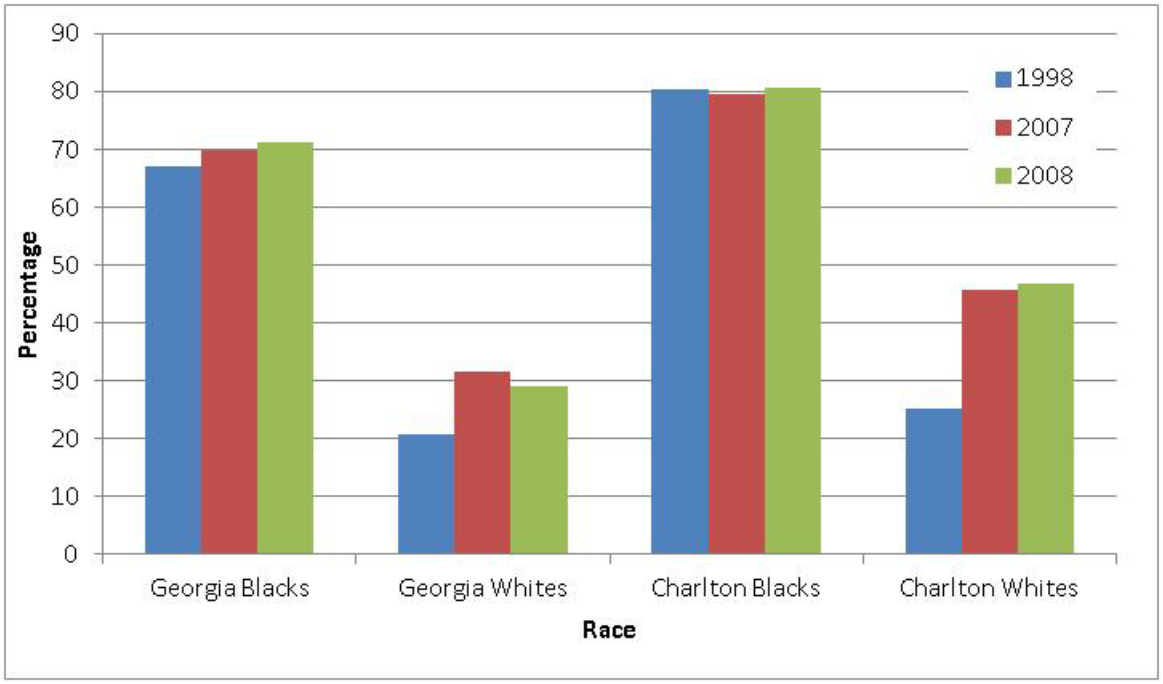
Charlton county low birth weight infants born in 2007 were born to mothers across all age ranges from 10-14 years of age to 35-39 years of age. However, the ages of mothers bearing low birth weight infants in 2008, ranged from 15-17 years of age to 30-34 years of age (OASIS,

2010). Based on data from both years, the greatest number of low birth weight infants born to any one age group was from those infants whose mothers were aged 20-24 years. In 2007, very low birth weight infants were born to African American mothers in the 10-14 year age group (OASIS, 2010). Very low birth weight infants in 2008 were born to mothers who ranged in age groups from 15 -17 years of age, 20-24 years of age, and 25-29 years of age (OASIS, 2010).

Maternal Marital Status

The percentage of infants whose mothers were unwed at birth increased from 2007 to 2008 for both Georgia and Charlton County specifically (OASIS, 2010). In 2007, 43.8% of Georgia births were to unmarried women and in 2008 the percentage increased to 45.3 (OASIS 2010). For Georgia overall, 31.6% of unwed births were to white mothers and 69.9% of unwed births were to black mothers in 2007 (OASIS, 2010). Georgia unwed percentages for 2008 were 29.2% for white mothers and 71.3 % for black mothers. Charlton County percentages for births to unmarried females were 58.2 for 2007 and 59.3 for 2008 (OASIS, 2010). In 2007 45.6% of unwed births were to white mothers and 79.5% to black mothers. The year 2008 showed an increased in both with 46.8% of unwed births to white mothers and 80.6% to black mothers (OASIS, 2010). Percentages were also noted to have increased for both the state and the county from a period of ten years ago. In 1998, the percentage of unmarried births in Georgia was 36.2 while Charlton was 43.5%. The percentage of unwed births to black mothers since 1998 appears to be somewhat stable for both Charlton and the state as a whole. The percentage for blacks in 1998 for Charlton and Georgia were 80.4 and 67.1, respectively (OASIS, 2010). The percentage of unwed births to white mothers, however, has increased in both Charlton and Georgia with numbers reported at 25.3 and 20.7, respectively (Figure 20).

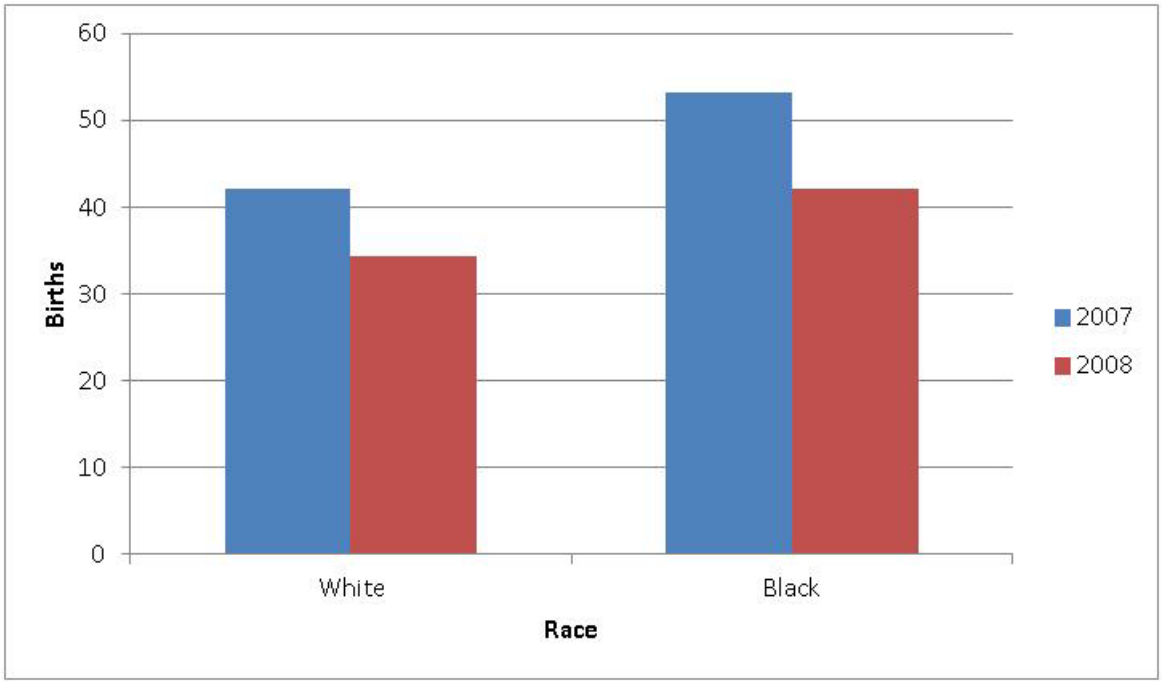
Figure 20. Percentage of Unwed Births by Race, Charlton, Georgia, 1998, 2007, 2008 (OASIS, 2010)



Maternal Race/Ethnicity

According to 2007 and 2008 data from OASIS, recorded births were primarily to women of white or black race and non-Hispanic ethnicity. For the reporting period of 2008 in Charlton County, among all races, only four births were classified as being ethnic Hispanic or Latino. The data was similar in 2007 with only two births being classified as ethnic Hispanic or Latino. This is very different from the state of Georgia overall with all races, Hispanic birth rates being reported at 94.7 and 117 for 2008 and 2007 respectively (OASIS, 2010). Although the birth rates for whites and blacks in Charlton County both decreased from 42.1 and 53.3 in 2007 to 34.4 and 42.2 in 2008, the birth rates for blacks remained higher than for whites as shown in Figure 21 (OASIS, 2010).

Figure 21. Charlton County Births by Race/Ethnicity 2007, 2008 (OASIS, 2010)



Deaths

Death rate data is an important community health indicator. Useful comparisons of death rate data can be made between populations. For instance, the data might indicate that a particular community, racial, or ethnic group has a higher than average death rate which can a crucial indicator for health planners to anticipate possible areas of need for public health interventions.

From 2006 to 2007 the number of deaths in Charlton County increased by 18%. The crude death rate for 2006 was reported at 661.2 and 801.2, which is a 21% increase for 2007. In comparison, the crude death rate for Georgia decreased from 716.4 in 2006 to 709.8 in 2007 despite an increase in total deaths from 67,079 to 67,753 (OASIS, 2010).

The age adjusted death rate for Charlton County increased from 2006 to 2007 with rates reported at 778.5 and 864.6 respectively (OASIS, 2010). The age adjusted death rate for Georgia, like crude death rates decreased from 849.1 in 2006 to 831.8 in 2007 (OASIS, 2010).

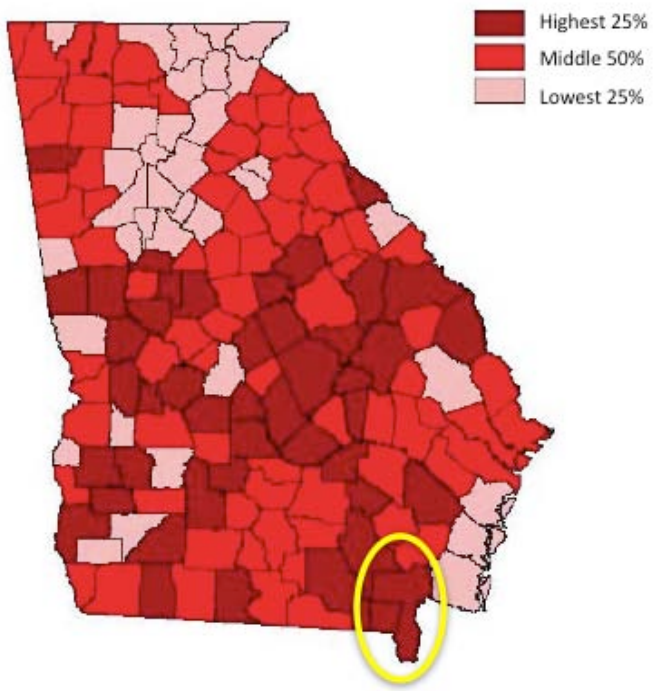
Specific to Charlton County, age adjusted death rates were highest among white males in 2006 and black females in 2007, however, for Georgia age adjusted death rates were highest for black males for both years (OASIS, 2010).

Leading Causes of Death

Program planning and public health intervention are best informed by community analysis and identification of leading cause(s) of death. It is through this assessment that agreements can be made upon priorities and strategies (Dignan & Carr, 1992).

A review of 1997 data pulled from OASIS reports that the three leading causes of death as a percentage of total deaths in Charlton are cardiovascular disease, cancer, and external causes (OASIS, 2010). In 2006, data indicates that major cardiovascular disease was the leading cause of death for that reporting period followed by cancer and external causes. Again in 2007, major cardiovascular disease accounted for the largest number and percentage of deaths in Charlton County with the second leading cause being cancers and the third leading cause diabetes (Figure 22).

Figure 22. Age Adjusted CVD Death Rates by County, Georgia, 2003-2007 (OASIS, 2010)



Data from OASIS (2010) indicated that leading causes of death in Georgia for the same reporting periods are reflective of Charlton data, with major cardiovascular disease and cancers accounting for more than 50% of all Georgia deaths. The age adjusted death rate for major cardiovascular disease in 1997 for Georgia was reported at 396.5, 282.6 in 2006 and 269 in 2007 (OASIS, 2010). Rates inclusive of all types of cancers for 1997 were 208 in 1997, 178.3 in 2006 and 179.4 in 2007 (OASIS, 2010). Relative to age adjusted death rates; the trend for Georgia appears to be decreasing deaths from both major cardiovascular disease and cancers.

A similar trend in major cardiovascular disease deaths is noted for Charlton County. The age adjusted death rate for major cardiovascular disease in 1997 was reported at 517.8, 342.2 in 2006 and 288.6 in 2007. Cancer age adjusted death rates for cancer over the same periods were 316.7, 86.5, and 138 respectively (OASIS, 2010). Though the trend for Charlton is similar to

that of the state, with respect to lung cancer the 2007 age adjusted rate for Charlton County at 72.4 is higher than that of Georgia at 53.9 (OASIS, 2010).

Though diabetes accounted for a lower number and percentage of deaths than other causes in Charlton County for the three years reviewed, the age-adjusted death rate for 2007 was over two times that of Georgia. In fact, though the trend for Charlton has been decreased deaths from major cardiovascular diseases and cancer, the number, percentage and age related deaths from diabetes has increased and is highest among females.

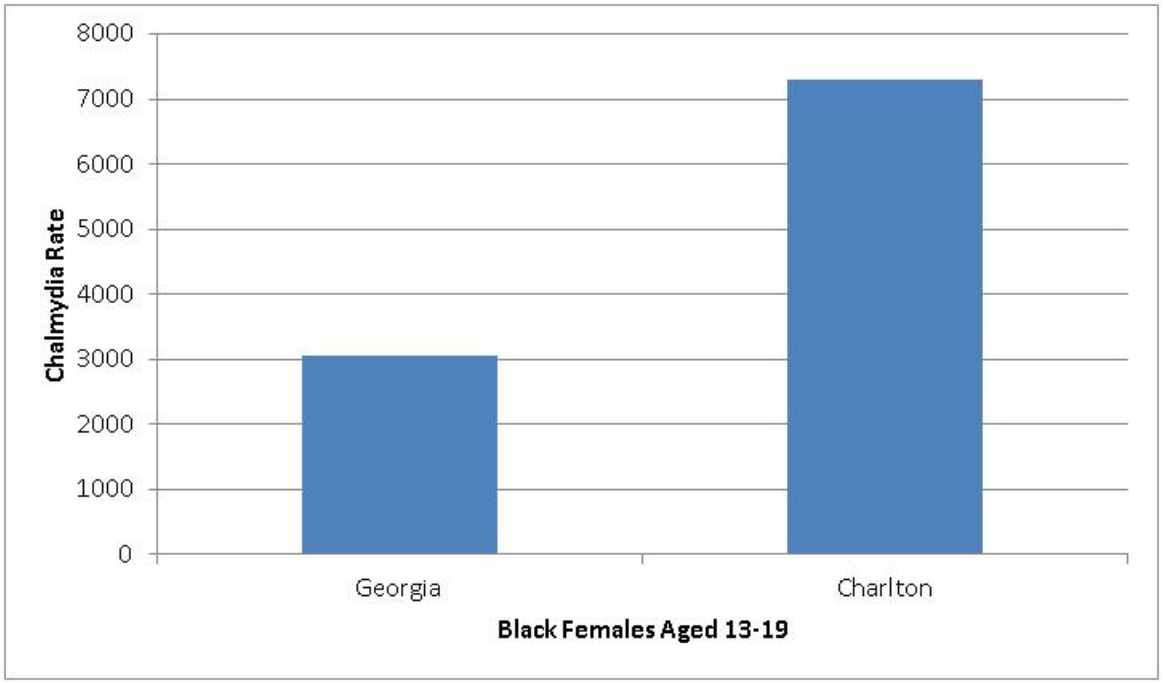
Communicable Disease

The 2009 rate for sexually transmitted diseases was reported at 466.2 for Charlton County, which was lower than that of 576.2 for Georgia during the same time period (OASIS, 2010). The largest number of Charlton County sexually transmitted diseases (STD) was attributed to Chlamydia at 43 cases and a rate of 400.9 for 2009. This was slightly less than the Georgia rate at 408.4. The STD rates for both Charlton County and Georgia decreased from 590 and 633.4 for 2008 respectively (OASIS, 2010).

Though the overall STD rates for Charlton are lower than Georgia and both the county and the state have seen rate decreases from 2008 to 2009, there is concern when looking further at race and age breakdowns. The Charlton County and state of Georgia Chlamydia rates for black females were considerably higher than that white males, black males, and white females for 2008 and 2009. It is of even greater concern that the Charlton County Chlamydia rate among black females was reported to be at least twice that of rates among black females in Georgia. When Charlton County black female data was dissected further into age groups, the 13-19 year

olds had a Chlamydia rate of 7,299.3 for 2009, which was again higher than the Georgia rate at 3051.7 as depicted in Figure 23 (OASIS, 2010).

Figure 23. Chlamydia Rates, Black Females Ages 13-19y, Charlton, Georgia, 2009 (OASIS, 2010)



Fetal Death/Infant Mortality

The infant mortality rates for Georgia appear to be trending downward at 8.7 in 1997, 8.1 in 2006, and 7.9 in 2007. The Southeast Health District infant mortality rates also appear to be decreasing with 10.5 reported in 1997, 10.7 in 2006 and 7.0 in 2007 (OASIS, 2010). Charlton County has fared better in infant deaths than surrounding counties and Georgia. The numbers of total infant deaths reported for Charlton County were very small for 1997, 2006 and 2007. The reported infant deaths were two, four, and two respectively and infant mortality rates for the county could not be calculated due to such small numbers (OASIS, 2010).

Public Health Implications

The birth rate of Charlton County has seen some fluctuations and at most recent report the birth rate is down from the rate of ten years ago. The birthrates in Charlton are reflective of that in Georgia with the birth rate for blacks being higher than that of whites. With respect to age, demographic birth rates for Charlton are noted to be highest among the 18-19 year age groups.

The teen birth rate in Charlton County for 2008 was much higher than that of the United States and Georgia. Among Charlton County teen births, blacks are noted to have higher rates than whites with blacks aged 18-19 years having the highest reported rate.

While consequences of teen pregnancy have many undesirable effects on infants, their mothers suffer as well. Teen mothers are known to be at increased risk for dropping out of school. Because of their lack of education and skills, teen mothers are at increased risk to suffer the ill effects of poverty and are more likely to receive public assistance (Center for Health Improvement, 2003).

In 2007, Charlton County percentages for low birth weight and very low birth weight were lower than percentages for Georgia. This did not remain the case for 2008 with both low birth weight and very low birth weight percentages being higher for Charlton County than Georgia. Among births classified as low or very low birth weight, a greater number of infants were black.

The implications of low birth weight are many. The low birth weight infant is more likely to suffer medical complications at birth such as respiratory distress syndrome, brain bleed, heart failure, necrotizing enterocolitis, and retinopathy of prematurity (Georgia Kids Count,

2008) as well as long lasting conditions such as cerebral palsy. Additionally, low birth weight can affect the cognitive ability of a child when he reaches school age (Klebanov, Brooks-Gunn & McCormick, 1994). Beyond the emotional, physical and financial costs to the infant and the family, there are costs to the community as well. Medicaid covers a large portion of low birth expenses, which are estimated at $15,100 for low birth weight deliveries, $65,600 for very low birth weight compared to $600 for an uncomplicated delivery (Russell et al., 2007)

The percentage of unwed births is highest among blacks and for Charlton County overall has increased 16% over the past nine years. Though there has been an increase in unwed birth for Georgia as well, the percentage for Charlton County remains more than 10% higher than for the state at large. Maternal marital status is an important consideration when reviewing birth data and outcomes especially in unmarried women aged 20 years and over (Bennett, 1992). Infants whose mothers are unmarried at birth are at increased risk for low birth weight, premature delivery and small for gestational age (Shah, Zao & Ali., 2010). Of the 264 Charlton County births for the two-year period reviewed, a total of six were classified as ethnic Hispanic or Latino and though the birth rate among blacks was higher than that of whites. The total number of black births for the two-year period was 81 versus 170 total white births.

Some research reports “odds of compromised birth outcomes were much higher among African Americans than Mexican Americans and non Hispanic Whites” (Frisbe, Beigler, deTurk, Forbes & Pullam, 1997). A report issued from The Center for Urban Population Health on the influence of socio economic factors and race on birth outcomes in Milwaukee indicated that higher SES did not have protective effects for the black population (Bennett, 1992). The racial and ethnic differences and disparities in birth outcomes is likely the result of a number of causes which are all of concern to public health intervention (Lu & Halfon, 2003).

A total of 157 Charlton County deaths were reported for the 2006 and 2007 period reviewed. Death data for 2007 was higher than that of 2006 for total deaths, crude death rate and age adjusted death rate. This increase was not reflective of Georgia data as both crude and age adjusted death rates decreased from 2006 to 2007.

Of the 157 reported deaths in Charlton County for 2006 and 2007, nearly 40% were attributed to major cardiovascular disease, 14% from cancer, 7 % from diabetes, and 8% from respiratory diseases. Though the age adjusted rates of CVD were noted to have decreased for Georgia and Charlton County alike, this family of diseases was responsible for the greatest number and percentage of Charlton County deaths.

The rate of sexually transmitted diseases for Charlton decreased from 2008 to 2009 and were lower than Georgia overall. However, rates of Chlamydia among black females ages 13-19 years were noted to be more than twice that of black females in this age group for Georgia at large. Chlamydia, if left untreated can have deleterious effects. For women it can cause pelvic inflammatory disease and lead to infertility. For the pregnant woman it can be transmitted to her infant potentially causing blindness and/or pneumonia, which may lead to infant death (Vann, 2009).

Vital statistics are important in assessment of the community's health and to lead public health intervention towards target behaviors and their determinants. To address indicators of health of the Charlton County population, attention should be focused on racial disparities with black females being particularly disadvantaged across many statistical categories.

CHAPTER 9: TRANSPORTATION AND SAFETY

Introduction

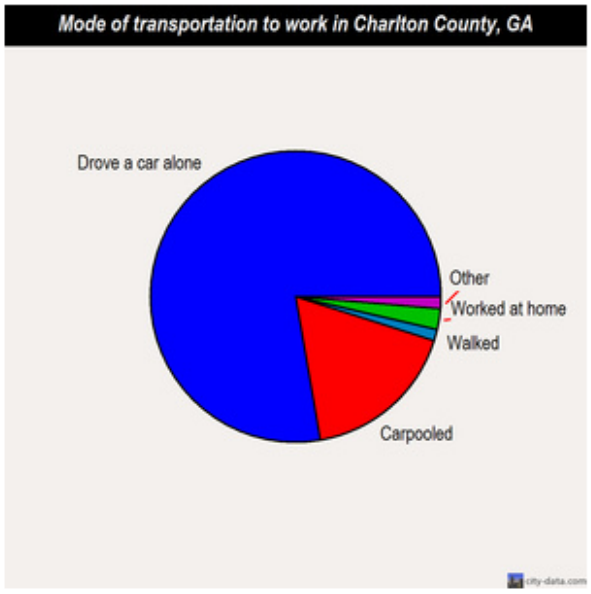
This chapter will highlight transportation and safety in Charlton County. There are not many modes of transportation in Charlton, therefore ownership of a vehicle is how the majority of the residents travel around the county. Crime is another issue that needs to be addressed in Charlton County. High unemployment and budget cuts to specific departments could mean that the county will see an increase in their crime statistics. Additionally, this chapter will cover law enforcement in Charlton County and its potential impact on the community.

Transportation

Commute

The percentage of Charlton County residents who live and work in the county is 49.1% (City-Data.com, 2010). This indicates that approximately 51% of civilian laborers work outside of the county. The mean travel time to work for Charlton County residents is 33.8 minutes (City-Data.com, 2010). Figure 24 indicates the main ways that residents travel to work (City-Data.com, 2010).

Figure 24. Means of Transportation to Work, Charlton (City-Data.com, 2010)



Means of transportation to work

- Drove a car alone: 2,707 (78%)
- Carpooled: 607 (17%)
- Bus or trolley bus: 2 (0%)
- Bicycle: 10 (0%)
- Walked: 43 (1%)
- Other means: 35 (1%)
- Worked at home: 80 (2%)

Public Transportation

According to the Georgia Public Transportation website, Charlton County does not have any public transportation (Georgia.gov, n.d.). A taxi company, Taxi-Click, provides their services for many counties in the state of Georgia, including Charlton County (Taxi-Click.com, 2010). In order to receive the service, a customer will need to order it on-line. Other than this, according to the website, Drinking and Driving.org, Prevention, Education, Assistance, there are no listings for taxicabs in Charlton County (DrinkingAndDriving.org, 2010). One of the objectives for this website is to gather public transportation information from each state so that people can have options other than driving while intoxicated.

Funding for Charlton County's Department of Transportation

On April 16, 2009, the state of Georgia received a federal grant, the Highway Planning and Construction Highway Infrastructure Investment Grant, which was divided into separate

amounts of monies, some of which was designated for Charlton County's department of transportation (ProPublica Recovery Tracker, 2010). The allotted funding for Charlton County altogether amounts to $1,121,402,454 (ProPublica Recovery Tracker, 2010). This funding is needed in Charlton County for many reasons. One of the main reasons is that 46.3% of its highways are unpaved as opposed to the state of Georgia only having 24.3% (Georgia County Guide, 2010).

On December 2, 2009, a business in Charlton County, Rodney Bell Enterprises, LLC, received a contract from the Interior Department/U.S. Fish and Wildlife Services in the amount of $25, 206 to do bridge repair/maintenance in the county (ProPublica Recovery Tracker, 2010).

Charlton County Fire Departments

The Charlton County Volunteer Fire Department is a local organization serving Folkston, Georgia (Firefighters Online, 2010). The fire department operates out of five fire stations (Firefighters Online, 2010). They are listed below (SuperPages.com, 2010):

- Charlton County Volunteer Fire Department-58 employees
- Winokur Volunteer Fire Department-Non Emergency-20-49 employees
- Racepond Fire Department-employees n/a
- Fire Station Community Room-employees n/a
- St. George Fire Tower-employees n/a
- Emergency Ambulance Service-employees n/a

Services provided by the fire departments include (SuperPages.com, 2010):

- Fire Suppression
- Emergency Medical Services

- Fire Prevention
- Training
- Public Education
- Fire Investigation
- Building Inspections

Charlton County Sheriff and Police Department

The Charlton County Sheriff's Department is located at the following address (Charlton County GA Sheriff Department, n.d.):

100 S. Third Street

Folkston, GA 31537

The current sheriff of Charlton County is Sheriff Dobie Conner (Charlton County GA Sheriff Department, n.d.). Sheriff Conner has served the county since 1993 (Sheriff's Office, n.d.).

The mission of the Sheriff's Department is "to protect lives and property, prevent crime, promote general safety and well-being of our citizens (especially children and elderly), and to enforce the laws and ordinances of the County of Charlton, the State of Georgia, and the United States of America" (Sheriff's Office, n.d.).

The Sheriff's Department website provides helpful information to the residents of Charlton County, which include the topics listed below:

- ATM Safety
- Baby Sitting Safety
- Latchkey Kids
- Car Safety

- Cold Weather Safety
- Telemarketing Safety

Folkston Police Department

The Charlton County Police Department is a municipal police department (City of Folkston, n.d). The Chief of Police is Wesley Green, who was appointed chief in January, 2002 (City of Folkston, n.d). The department ia located at (Road Police, n.d.):

103 N. FIRST STREET

Folkston, GA 31537

In 2009, Folkston had 2 full-time law enforcement employees (City-Data.com, 2010). The amount of officers per 1,000 residents is 2.52, compared to the U.S. US average of 3.00 (City-Data.com, 2010).

Funding for Safety

On August 25, 2009, Charlton County received two grants from Toledo Manufacturing Company, Inc, one in the amount of $58,740 and the other in the amount of $950 (ProPublica Recovery Tracker, 2010). Both grants were from the Recovery Act of 2009: Wildland Fire Management and were funded by the Agriculture Department/Forest Service (ProPublica Recovery Tracker, 2010). The Wildland Fire Management project is a collaborative effort to mitigate future fires that burn in the Okefenokee Swamp (ProPublica Recovery Tracker, 2010). The grant will provide funds to continue efforts by landowners adjacent to the Okefenokee Wildlife Refuge to create a wildfire resilient buffer surrounding the Okefenokee Swamp (ProPublica Recovery Tracker, 2010). Efforts will include forest fuel reduction techniques and forest management practices that contribute to effective wildfire management (ProPublica Recovery Tracker, 2010). Landowners will be reimbursed for fuel reduction and forest

management practices such as prescribed burning, mowing and herbicide of forest fuels, creation of openings in the forest, planting of fire resistant landscapes and installation of firebreaks (ProPublica Recovery Tracker, 2010). Community Wildfire Protection Plans will be written for Charlton, Ware and Clinch counties (ProPublica Recovery Tracker, 2010). Landowners will be reimbursed for fuel reduction and forest management practices such as prescribed burning, mowing and herbicide of forest fuels, creation of openings in the forest, planting of fire resistant landscapes and installation of firebreaks (ProPublica Recovery Tracker, 2010). Local communities likely to be adversely affected by wildfires in the Okefenokee will receive sub-grants to perform Firewise practices (ProPublica Recovery Tracker, 2010).

Vehicular Safety

Vehicle Accidents in Charlton County

Between the years of 2000-2006, the total number of motor vehicle crashes in Charlton County was 1,430 out of the state of Georgia's total of 2,320,522 (Georgia County Guide, 2010). During this six-year span, the total number of motor crash fatalities in the county was 21 out of the state total of 11,435 (Georgia County Guide, 2010). In 2006, the percentage of persons who were over the age of six who wore restraints in a crash while in Charlton County was 78.5% (Georgia County Guide, 2010). In the state of Georgia, the percentage was 80.9% (Georgia County Guide, 2010). During the same year, the percentage of persons who were under the age of six who wore restraints in a crash while in Charlton County was 56.0% in comparison to the state of Georgia's percentage of 65.0% (Georgia County Guide, 2010).

Figure 25 compares Charlton County's fatal accident count to the state of Georgia's average between the years of 1992-2006 (City-Data.com, 2010). As seen in Figure 25, the

amount of fatal accidents occurring in Charlton County exceeds the state average every year except for 2006. The highest fatal accident occurrence in the county happened during the year of 1996, where approximately 80 incidences took place.

Figure 25. Charlton County Fatal Accident Statistics, 1992-2008 (City-Data.com, 2010)

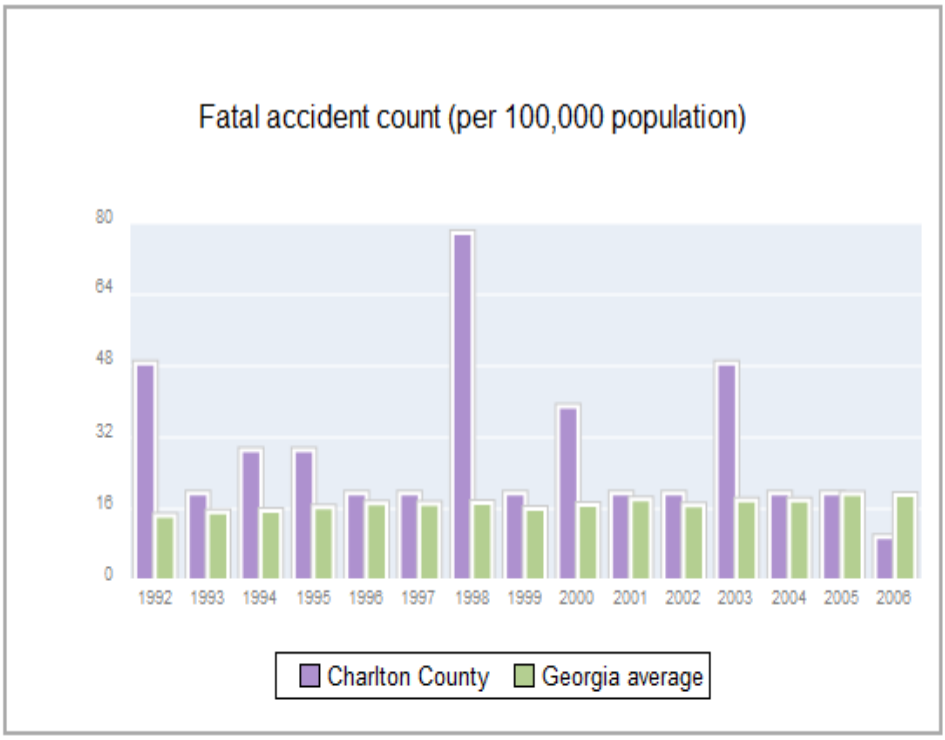


Figure 26 shows the number of vehicles involved in fatal accidents in Charlton County and compares them to the Georgia average. Once again, the highest occurrence was seen in the year 1998, followed by 1992, and the lowest occurred in 2006 (City-Data.com, 2010). This figure depicts a greater number of fluctuations than in the previous figure.

Figure 26. Vehicles Involved in Fatal Accidents, Charlton County (City-Data.com, 2010)

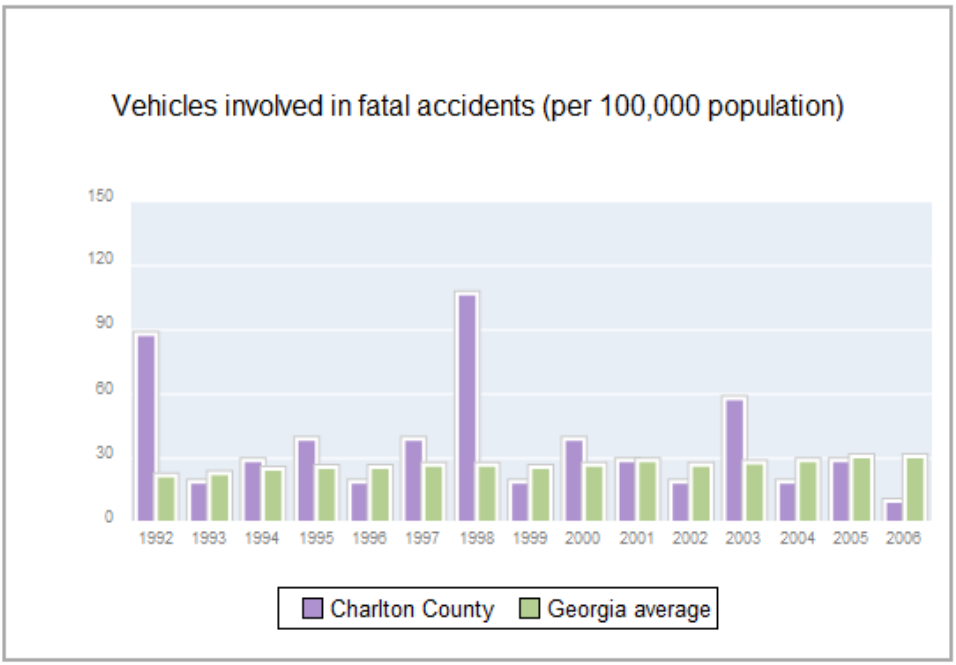


Figure 27 depicts the amount of fatal accidents in Charlton County by drunken drivers and compares the data to the average of the state of Georgia. The highest amount occurs in the year 1992, followed by the year 2000 (City-Data.com, 2010). To note are the many years without fatalities by drunken drivers in Charlton County.

Figure 27. Fatal Accidents Caused by Drunken Drivers, Charlton County (City-Data.com, 2010)

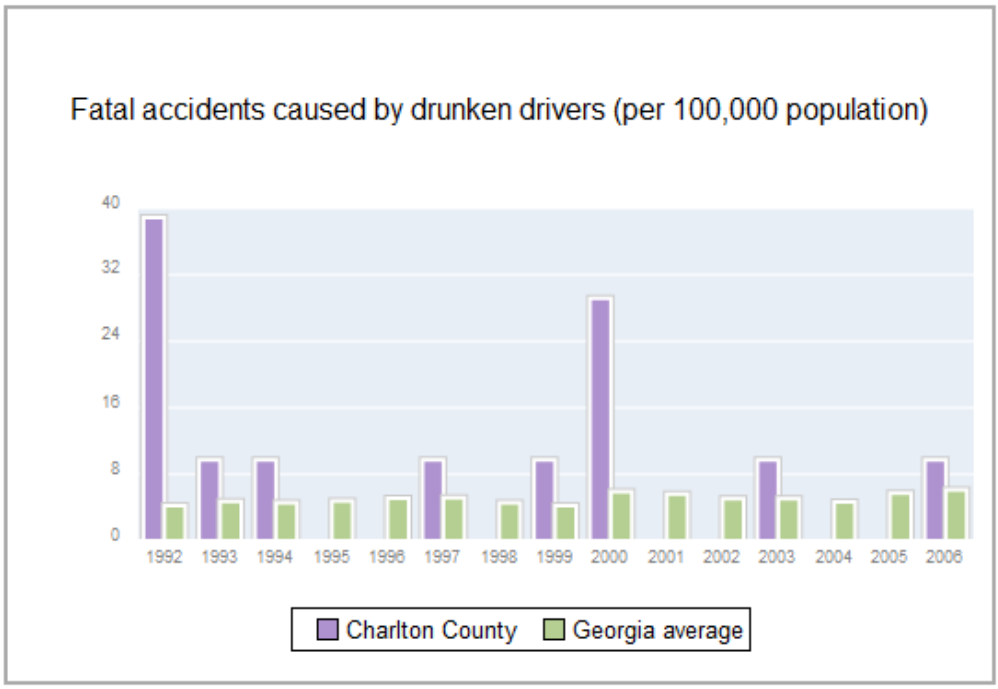
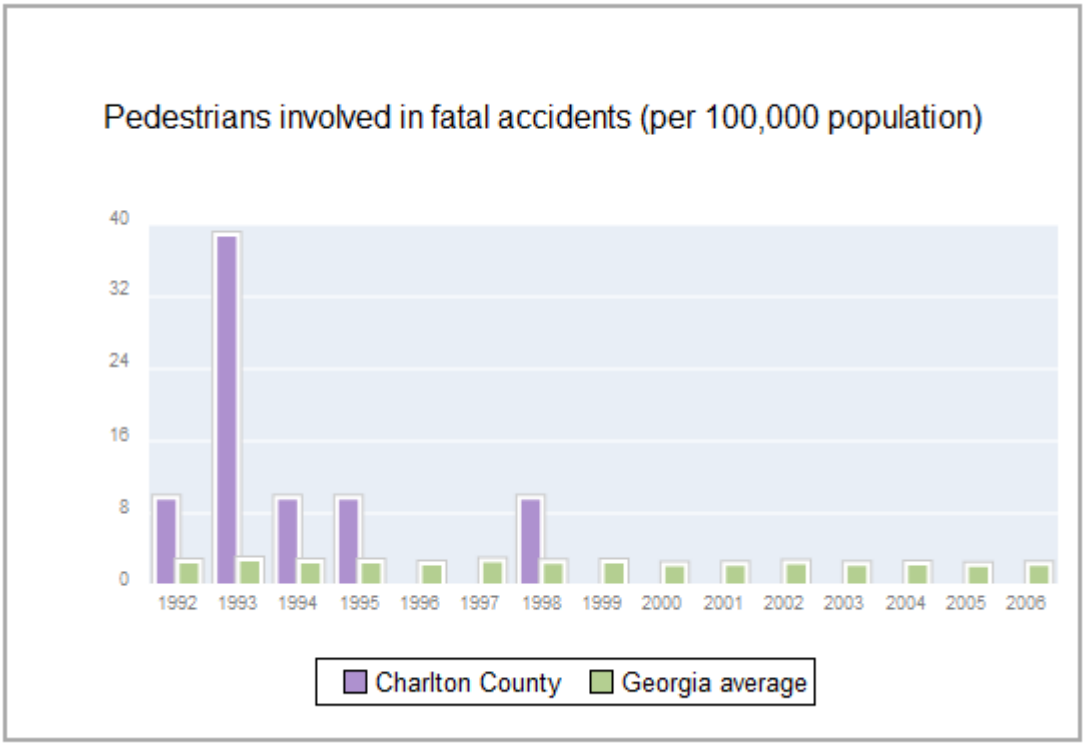


Figure 28 shows the number of pedestrians involved in fatal accidents in Charlton and compares that number to the state average. The highest fatalities happened in 1993. Surprisingly, the years 1992, 1994, 1996 and 1998 had approximately the same rate.

Figure 28. Pedestrians Involved in Fatal Accidents, Charlton County (City-Data.com, 2010)



Crime

In Charlton County, violent crime, on a scale from 1 (low crime) to 10 (high crime), is 5, compared to the U.S. average of 4 (Sperling's Best Places, 2009). Violent crime is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault (Sperling's Best Places, 2009). Property crime in Charlton County, on a scale from 1 (low) to 10 (high), is 4 compared to the U.S. average of 4 (Sperling's Best Places, 2009). Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson (MapStats, 2007b). The object of the theft-type offenses is the taking of money or property, without force or threat of force against the victims (Sperling's Best Places, 2009). In 2004, the index crime rate (crimes per 1,000) for Charlton County was 7.5 compared to the statewide rate

of 40.8 (County Snapshots, 2006). Of the total index crimes reported for the county, 21.0% were violent crimes, while 79.0% were property crimes (County Snapshots, 2006).

Table 5 depicts the results of all crimes committed in 2008 and 2009 in Charlton County (Georgia Bureau of Investigation, 2010).

Table 5. Crime in Charlton County, 2008 (Georgia Bureau of Investigation, 2010)

Georgia Crime Statistics

Results for All Months, 2008, Charlton County

Number of Crimes by Offense

Charlton County

Month	Murder	Rape	Robbery	Assault	Burglary	Larceny	Vehicle Theft
January	0	0	0	3	5	11	1
February	0	0	0	2	0	8	1
March	0	0	0	3	4	8	1
April	0	0	0	3	2	12	0
May	0	1	1	1	9	10	0
June	0	0	1	1	6	8	1
July	0	1	0	4	11	15	2
August	0	0	0	0	3	9	1
September	0	0	0	2	4	13	0
October	0	0	0	0	2	11	0
November	0	0	1	2	0	11	0
December	0	0	0	0	2	12	0
Total	0	2	3	21	48	128	7

Table 6. Crime in Charlton County, 2009 (Georgia Bureau of Investigation, 2010)

Georgia Crime Statistics

Results for All Months, 2009, Charlton County

Number of Crimes by Offense

Charlton County

Month	Murder	Rape	Robbery	Assault	Burglary	Larceny	Vehicle Theft
January	0	0	2	1	3	18	0
February	0	1	0	0	3	15	4
March	0	0	0	1	3	16	2
April	0	0	0	3	14	21	1
May	0	0	0	0	2	12	0
June	0	0	0	2	1	8	2
July	0	0	0	1	6	14	0
August	0	0	0	3	16	20	0
September	0	0	0	3	4	10	1
October	0	0	0	2	9	14	2
November	0	0	0	0	9	12	0
December	0	0	1	0	3	9	4
Total	0	1	3	16	73	169	16

Table 5 indicates that in 2008, the majority of the crime committed in the county was considered to larceny, followed by burglary, assault, vehicle theft, rape and robbery. Table 6 shows that in 2009, the majority of crime committed, once again, was larceny followed by burglary, vehicle theft and assault, robbery and rape. An interesting fact to mention is that Charlton County did not have a murder within the two-year timeframe as indicated by the tables.

Below, Table 7 shows the estimated number of arrests that were made in Charlton County in the year 2000 (MapStats, 2007a).

Table 7. Arrests in Charlton County, 2000 (MapStats, 2007a)

Crime	Number (Estimate)
Total	414
Murder	0
Rape	0
Robbery	0
Aggravated Assault	10
Burglary	13
Larceny – theft	29
Motor vehicle thefts	2
Arson	1
Other assaults	19
Forgery & counterfeiting	1
Fraud	0
Embezzlement	0
Have stolen property	2
Vandalism	0
Weapons violations	2
Prostitution and commercial vice	0
Sex offenses	2
Total drug violations	153
Gambling	0
Offenses against family & child	3
Driving under influence	30
Liquor law violations	0
Drunkenness	8
Disorderly conduct	10
Vagrancy	0
All other offenses except traffic	120
Population	10,282
Coverage indicator	93%

Data provided by the Federal Bureau of Investigation to the National Archive of Criminal Justice Data, University of Michigan

As shown in Table 7, the greatest number of arrests occurred for total drug violations followed by all other offenses except traffic. This information, combined with the 2008-2009 crime

statistics, could indicate that due to high unemployment and today's recession, larceny became high on the list of crimes in Charlton County.

Public Health Implications

Charlton County has a total of six operating volunteer fire departments, all of which are located in Folkston. Even with the six fire departments, Charlton is in need of more volunteers or paid firefighters as assistance will be needed due to the potential of wildfires that could occur in the Okefenokee Swamp. In 2007, a massive wildfire broke out and crossed over into both Charlton County and Ware County (Heller, 2007). Both Charlton and Ware County had to call in for firefighter reinforcements due to the size of the wildfire, which covered over 89,000 acres (Heller, 2007). Even with the Wildland Fire Management project occurring, which will provide a buffer around the Okefenokee Swamp to deter wildfires, more firefighting manpower is needed.

The law enforcement personnel in Folkston County are below the US average. Shortfalls in this area could increase crime in surrounding districts. Another issue is time taken to attend to emergency calls. With decreased officers in the force, their ability to respond to calls is stretched thin. A late response time could be detrimental to the person sending out the call. A way to supplement Folkston's Police Department is to have volunteer police officers. A volunteer police officer would be more community minded and would aggressively take on their responsibilities due to their sense of duty to their friends, neighbors and family.

The lack of public transportation in Charlton County needs to be addressed. Having public transportation assists those families and individuals who may not be able to afford private transportation. It could aid individuals with employment by allowing those without private

transportation a consistent and secure way to arrive to work. It also deters drunk drivers by allowing them access to a different mode of transportation besides getting behind the wheel themselves. The high numbers of vehicular accidents in Charlton County, to automobiles and pedestrians, may be reduced once public to automobiles and is accessible. Another implication is that public transportation can reduce air pollution. Charlton has a large rate of diesel soot due to the trucking industry and trains. Public transportation can reduce the amount of people who drive cars and can reduce emissions being added to the air by automobiles. Due to the small size of Charlton County, funds for public transportation may not be available for them. This is an issue that should remain on Charlton County's agenda and should be pushed for by its residents.

Regarding crime, many rural counties, such as Charlton, rely on the Georgia Bureau of Investigation to handle major crimes. Budget cuts to the Georgia Bureau of Investigation have greatly reduced the limited manpower that sheriff offices in rural counties already had. Many of the resources that the Georgia Bureau of Investigation have are needed to solve many of the crimes in rural counties, but recently three of the Georgia Bureau of Investigation's regional crime laboratories have been closed as a cost-cutting measure (Stepzinski, 2010). There are many indications that crime will rise in Charlton County. High unemployment is one of those indications. Due to this, funding for police departments in and around the county should continue to be pushed for.

CHAPTER 10: BEHAVIORAL HEALTH

Introduction

This chapter provides an overview of health-related behavior, one of the most important elements for the citizens of Charlton's health and well-being. Understanding and improving health-related behavior is a crucial element of public health and to the well-being of individuals. While public health policies and laws can affect health behaviors, there are also many individual aspects that must be considered in public health efforts. This section will look at the following behavioral health issues in Charlton County: physical inactivity, obesity, diabetes, tobacco use (smoking), alcohol use, injury, and violence. To note regarding this section is the limitation that data were insufficient and unavailable to assess specific health behaviors in the county, or to accurately reflect the health barriers and inequities experienced by citizens of Charlton. Therefore, some of the information below was gathered using a district perspective and may not necessarily be representative of the community.

Nutrition and Physical Activity

A healthy diet combined with regular physical activity is the foundation for overall good health. According to the Department of Health and Human Services, the current recommendation is 5-13 servings of fruits and vegetables each day (HHS, 2010). The Centers for Disease Control and Prevention, CDC, defines regular physical activity as thirty plus minutes of moderate physical activity five or more days per week or twenty minutes of vigorous physical activity at least three days per week (CDC, 2010). Lack of regular physical activity and unhealthy eating habits can lead to many chronic diseases including high blood pressure, stroke, obesity, diabetes, arthritis and poor mental health. Table 8 below shows District 9-2 which includes Charlton

county and Georgia's prevalence on inactivity among adults eighteen and older. Charlton County has a greater inactive population compared to the state average across the three age groups.

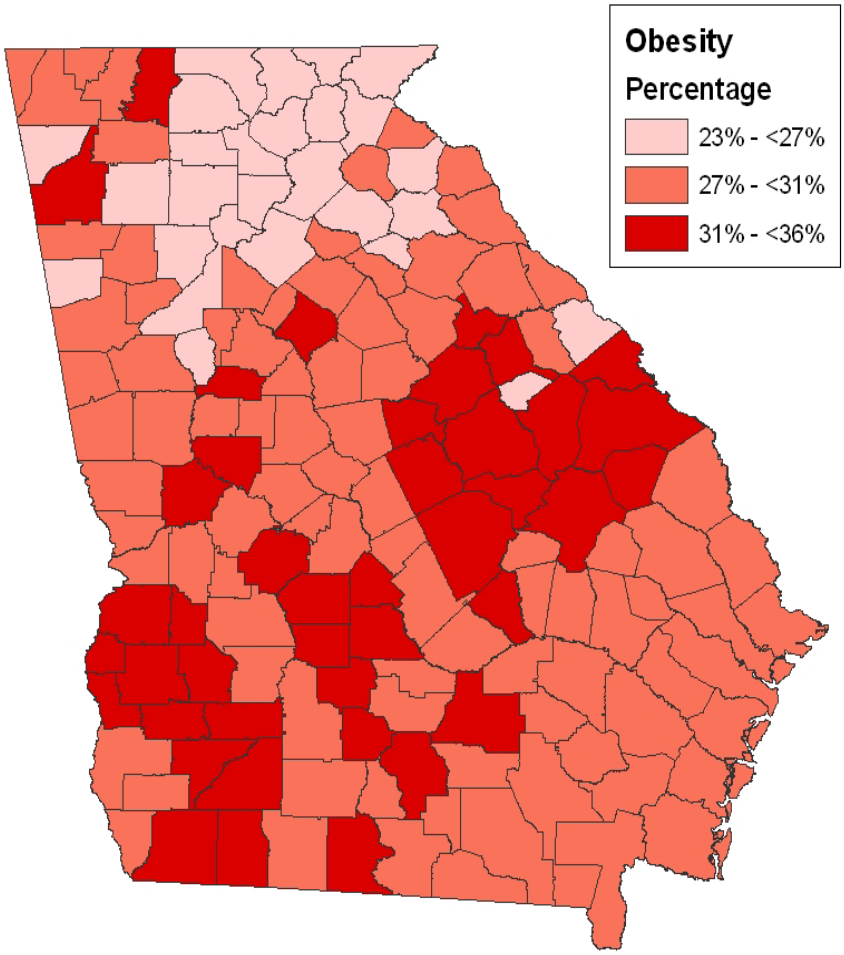
Table 8. Prevalence of Physically Inactive Among Adults, Georgia Public Health Districts, 2000-2004 (OASIS, 2010)

DISTRICT	N	TOTAL %	18-44 %	45-64 %	65+ %
Georgia	26,372	26.4	21.3	30.7	37.8
9-2 Southeast (Waycross)	1,825	33.2	27.8	37.5	44.7

Obesity

Due to a large percentage of Charlton County adults leading a sedentary lifestyle and coupled with poor eating habits has lead to an increase rate of obesity among residents. Overweight and obesity are associated with an increased risk for developing various medical conditions including cardiovascular disease, certain cancers, high blood pressure, arthritis-related disabilities and Type 2 diabetes (HHS, 2001). A recent predictive modeling analysis using data from the Behavioral Risk Factor Surveillance System (BRFSS) produced county level obesity prevalence estimates for non-institutionalized civilian adults in 2007. Overall, 29% of adult Georgians were obese in 2007, but the prevalence of obesity varies across the counties, ranging from 23.3% to 35.6% (HHS, 2001). Figure 29 shows the distribution of obesity across the state. It contains the estimated adult obesity percentages for each county in 2007. Charlton County by comparison is at 29.9 %, slightly greater than the state average (OASIS, 2010).

Figure 29. Estimated Percent of Adult Obesity by County, Georgia, 2007 (OASIS, 2010)



Diabetes

Diabetes is a serious disease in Georgia**.** In 2006, diabetes was the seventh leading cause of death. Diabetes, which kills approximately 1,626 Georgians, is equivalent to about five deaths every day. Georgia counties in Southwest, South, Central, and Northeast regions tend to have higher age-adjusted diabetes mortality rates than the statewide average from 1999 through 2006 (Georgia Department of Community Health, 2006). As seen in Table 9 below, the district that includes Charlton County had a higher prevalence of Diabetes than the state average.

Table 9. Prevalence of Diabetes Among Adults, Georgia Public Health Districts, 2000-2004 (OASIS, 2010)

DISTRICT	N	TOTAL %	65+ %
Georgia	26,362	7.2	17.9
9-2 Southeast (Waycross)	1,823	9.2	19.8

Tobacco/Alcohol Use

Tobacco use is a behavior that causes more than 440,000 deaths nationally per year, making it the leading preventable cause of death (CDC, 2010). Based on Table 10, the Southeast district had a higher prevalence of adult smokers for the eighteen through sixty-four age group compared to the state average of adult smokers (OASIS, 2010).

Table 10. Prevalence of Cigarette Smoking Among Adults, Georgia Public Health Districts, 2000-2004 (OASIS, 2010)

DISTRICT	N	TOTAL %	18-44 %	45-64 %	65+ %
Georgia	26,295	22.6	24.6	24.2	11.1
9-2 Southeast (Waycross)	1,819	26.8	30.6	29.4	8.2

According to the CDC, binge drinking is a common pattern of excessive alcohol use in the United States (CDC, 2010). The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. This typically happens when men consume five or more drinks, and when women consume four or more drinks, in about two hours (CDC, 2010). There are approximately 79,000 deaths attributable to excessive alcohol use each year in the United States (CDC, 2010). This makes excessive alcohol use the third leading lifestyle-related cause of death

for the nation. Table 11 below shows that Charlton County has a higher rate of binge drinking than that of the state average.

Table 11. Prevalence of Binge Drinking Among Adults, Georgia Public Health Districts, 2000-2004 (OASIS, 2010)

DISTRICT	N	TOTAL %	18-44 %	45-64 %	65+ %
Georgia	22,007	12.4	17.3	8.2	1.7
9-2 Southeast (Waycross)	1,603	13.1	18.8	8.3	1.9

Violent Death and Injury

The Georgia Violent Death Reporting System (GVDRS) is part of the National Violent Death Reporting System (NVDRS). Funded by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC/NCIPC). The population-based system is able to report on multi-victim incidents as well as on individual persons (victims and suspects). GVDRS combines data from several sources that include: Death certificate medical examiner and/or coroner records, law enforcement records, supplemental homicide reports, and crime laboratory records (Georgia Department of Community Health, 2010). Violent deaths include homicides, suicides, accidental deaths from firearms, deaths related to terrorism, deaths from legal intervention, and those of undetermined intent. As seen in Table 12, the Waycross district, which includes Charlton County, is below the over all state average of suicides and slightly above the state average for homicides.

Table 12. Suicide and Homicide, Georgia Public Health District, 2006 (OASIS, 2010)

DISTRICT	Suicide		Homicide	
	Total	# Rate	Total	# Rate
Georgia	904	11.0	616	7.5
9-2 Southeast (Waycross)	24	7.5	26	8.1

Note: Rates are per 100,000 population. These are crude rates, rather than age-adjusted rates.

Public Health Implications

Disease prevention and wellness initiatives are imperative to strengthen the health of Charlton County. Attention should be focused specifically in the areas of tobacco prevention, obesity, binge drinking, and heart disease. Unhealthy diets, smoking, physical inactivity, and alcohol use account for a majority of preventable deaths in the United States (McGinnis & Foege, 1993). Charlton County had a greater prevalence than the state average in four out of the five preventable categories above. Prevention programs not only reduce the financial burden on governments, insurance companies, and individuals, but also result in significant social improvements, impacting overall quality of life (Norwood, 2010).

CHAPTER 11: Health System

Introduction

This section provides an overview of the negligible health care system in Charlton County. It will provide an account of the amount and capabilities of health care providers in the area. This will include information about the one hospital in the county and its services, elderly care and long-term care facilities, behavioral health services, primary care providers, and services available at the local Public Health Department. The purpose of this chapter is to identify the health care facilities and their accessibility to Charlton County residents and to assess the capability of these providers in meeting the needs in the area.

County Health Care System

Charlton County's sole hospital is Charlton Memorial Hospital, opened in 2001, which also manages the county's three ambulances (Epodunk, 2010). Sunbridge Care and Rehabilitation is a 92 bed center that offers skilled nursing and rehabilitation therapy to adults of all ages who need short- or long-term care as well as specialized care for individuals with Alzheimer's disease (Sunbridge Healthcare, 2009) Currently there are only two doctors and no dentist practicing in the county. The Charlton County Health Department offers various services, screenings, vaccinations, advice, inspections, and medications (Southeast Health District, 2010).

Primary Care Physicians

The role of the Primary care physician is that of providing comprehensive and continuing care. Primary care physicians are usually the first contact people seek for medical attention. The services that are provided usually include "health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings" (American Academy of Family Physicians, 2010). Currently Charlton County has only two practicing physicians.

Physicians

Family Practice Clinic: Abdelmalik Maged, MD
2883 Third Street, Folkston (912) 496-4478

Folkston Family Practice: John N. Winnie, Jr., MD
1567 Third Street, Folkston (912) 496-4839

Rehabilitation

Advance Rehabilitation: Bass, Melanie
City: Folkston, GA

Health Care

Sun Bridge Healthcare
City: 31537- 2231 Folkston, GA

Mc Kinney Community Health Center
City: 31537- 3012 Folkston, GA

Health Department
City: 31537- 4202 Folkston, GA

(Yellow Pages, 2010)

Public Health Implications

High poverty rates and limited access to health care are two major threats to the well-being of Charlton residents. Individuals from rural areas are confronted with numerous barriers to health care. Those barriers include but are not limited to: geographic locations, race, cultural beliefs, limited financial resources, and lack or limited insurance. These barriers prevent individuals from accessing preventative and well care services. Access is limited when providers and services do not exist or services are located too far from patients within a community, as is the case in Charlton County where medical resources are limited for physicians and lacking oral care. Without access to regular health and dental care, the health of the individual can escalate

and result in emergency room visits and hospitalization all of which increase the economic and morbidity burden on the community.

CHAPTER 12: ANALYSIS OF THE SOCIAL ASSISTANCE SYSTEM

Introduction

Charlton County provides many programs for its deprived residents that are funded by the government. These programs assist in ways such as providing food, money and shelter to its low-income families and individuals. With the county's unemployment rate being higher than the state's, these programs are much needed. The purpose of this chapter is to highlight the various assistance programs available in Charlton County.

Family Support Programs

Hand-Up Project

This program is for residents who are recently unemployed or currently underemployed and need some assistance with during this period (Concerted Services, Inc., n.d.). Once enrolled, participants are eligible for a variety of support services designed to obtain and maintain suitable employment. Some of the services that the program offers are as follows (Concerted Services, Inc., n.d.):

- Job Development
- Application/Resume Assistance

- Job Search Assistance
- Arrangement of Child Care and/or Transportation
- Budgeting Assistance

Each participant of the program is assigned a Self-Sufficiency Case Manager and together, they set goals and implement a plan of action to achieve those goals (Concerted Services, Inc., n.d.). The Hands-Up Project also provides monies to assist with housing, utilities, transportation, childcare, equipment/uniforms, and other needs (Concerted Services, Inc., n.d.). This program is made possible by the American Recovery and Reinvestment Act to help those who have been negatively affected by the current recession (Concerted Services, Inc., n.d.).

Temporary Assistance for Needy Families (TANF)

The Temporary Assistance for Needy Families (TANF), more commonly known as welfare, is the monthly cash assistance program for poor families with children under age 18 (Georgia Department of Human Resources, 2003). TANF is administered by the Department of Human Resources Division of Family and Children Services (Georgia Department of Human Resources, 2003).

In 2006, the percentage of Charlton County that utilized TANF was 0.6% compared to 0.7% in Georgia (Georgia Facts, 2009). Surprisingly, in 2008, the average went down for both Charlton County and Georgia, dropping to 0.5% in Charlton County and 0.4% in Georgia (Georgia County Guide, 2010).

According to Georgia's Kids Count (2008), there were no recipients of TANF who lived in Charlton County that:

- Were employed when they exited the program

- Had earnings in all four quarters of the first year after leaving the program
- Earned wages above the federal poverty threshold in the first year after leaving the program

Unfortunately, the funds for TANF have been drastically reduced, which has affected many public health programs.

Weatherization Assistance Program

The Low-Income Weatherization Assistance Program provides free energy related repairs to income eligible households (Georgia Environmental Finance Authority, n.d.). The program is administered through a contract with the Georgia Environmental Facilities Authority, Georgia Division of Energy Assistance (Georgia Environmental Finance Authority, n.d.). Its mission is to reduce state and national consumption of energy while providing a safe, improved environment and enhanced quality of life for people in need (Georgia Environmental Finance Authority, n.d.). The Weatherization Assistance Program operates in all of Georgia's 159 counties. Services that the program provides are as follows (Georgia Environmental Finance Authority, n.d.):

- Stopping major air infiltration
- Attic insulation
- Dense-pack sidewall insulation
- Smart thermostat
- Compact fluorescent lamps
- Sealing and insulating HVAC duct systems
- Floor insulation

- Additional incidental home repairs as deemed necessary for the effective performance and preservation of weatherization materials

Health and Safety assessments are also conducted to protect the safety of each client with visual mold and mildew inspections, carbon monoxide detectors, installing exhaust fans for proper ventilation and making sure that the client's home is not too tight after weatherization is complete (Georgia Environmental Finance Authority, n.d.).

Social benefits of the program include the following (Georgia Environmental Finance Authority, n.d.):

- Stressing the importance of a client's health and safety by installing smoke alarms and carbon monoxide detectors
- Financial relief: low-income households typically spend 19% of their total annual income on energy, compared with 3.5% of other residents. Often, these families cut back on other necessities to pay for energy bills. Weatherization measures provide long-term relief for low-income families, protecting them from fluctuations in energy prices and supplies.

Energy Assistance Program (EAP)

The Low-Income Heating Assistance Program (LIHEAP) offers a one-time payment of a heating bill for low-income households (Georgia Department of Human Resources, 2006). In Georgia, the one-time benefit is either $174 or $220 (LIHEAP, 2010). If the Department of Human Resources declares a weather-related crisis or if additional funds are required, more aid may be authorized to help keep the heat on (Georgia Department of Human Resources, 2006). Households in which every member is at least 65 years old or completely bedridden are treated

with priority (Georgia Environmental Finance Authority, n.d.). In 2009, Georgia provided over 98,000 households with financial assistance through LIHEAP (LIHEAP, 2010). LIHEAP is administered by the Division of Family and Children Services Community-Based Programs (Georgia Department of Human Resources, 2006).

Emergency Assistance

Emergency assistance can take on many forms. In many instances, it involves the need for food, shelter, utility assistance, medical assistance, clothing, transportation and other basic needs (Concerted Services, Inc., n.d). In Charlton County, these services are provided by many institutions. Federal, state and local government entities, other public and private service providers, churches and other religious organizations, as well as other community partners help to provide aid to those in need.

Educational Assistance Programs

Head Start

Project Head Start is a preschool program for youth ages 3-5, that provides a learning environment and varied experiences that will help them develop socially, intellectually, physically and emotionally in a manner appropriate to their age and stage of development (Concerted Services, Inc., n.d.). The program has a long history of delivering comprehensive and high quality services designed to foster healthy development in low-income children and their families (Georgia Head Start Association, 2010). Head Start agencies provide a range of individualized services in the areas of education and early childhood development; medical, dental, and mental health; nutrition; parent involvement and family support (Georgia Head Start Association, 2010). In 2008, Charlton County had 60 youth in their Head Start Program

(Concerted Services, Inc., n.d.). During the years of 2007-2008, Georgia enrolled 25,762 children and families in their Head Start and Early Head Start programs (Georgia Head Start Association, 2010).

Educational Talent Search

The Talent Search program is designed to encourage and work with 1,050 youth in grades 6-12 in the Southeast areas annually (Concerted Services, Inc., n.d.). This early intervention program helps young students to better understand the opportunities offered to them so that they can continue their education beyond high school (Concerted Services, Inc., n.d.). The major goals of the Educational Talent Search Program are (Concerted Services, Inc., n.d.):

- To identify qualified youth who are low-income and potential first-generation college students and to encourage them to complete high school and enroll in post-secondary education (vocational –technical or college)
- To publicize the availability of student financial assistance available to persons who pursue a program of post-secondary education
- To encourage persons who have not completed programs of education at the secondary or post-secondary level to re-enter these programs

In addition to academic and other counseling, individuals in the program receive information about college admissions requirements, scholarships and various student financial aid programs (Concerted Services, Inc., n.d.). Counselors are available to help students out with any questions that they may have and extra services, such as follow-ups during school and after high school graduation, are also provided. Funding for this program is supplied directly from the U.S. Department of Education in Washington, D.C. (Concerted Services, Inc., n.d.).

Nutritional Assistance Programs

Commodity Distribution

This program provides non-perishable food to low-income individuals and families by holding mass distributions in each county a few times a year (Concerted Services, Inc., n.d.). Currently, distribution to the Charlton County area is three times a year (Concerted Services, Inc., n.d.). Commodities are purchased by the U.S. Department of Agriculture from American farmers and are provided to each state for distribution (Concerted Services, Inc., n.d.). In Georgia, the State Department of Education is the designated agency to handle this distribution process (Concerted Services, Inc., n.d.).

Food Bank

The Food Bank program provides emergency pantry type non-perishable food to needy individuals and families (Second Harvest, n.d.). In Charlton County, the Food Bank is provided by America's Second Harvest of Coastal Georgia. This program is a volunteer driven non-profit food bank that serves not only Charlton County but 21 other coastal counties in the state of Georgia as well. Their mission is to feed the hungry by distributing nutritious food to non-profit agencies and at risk elderly and youth, to assist in disaster relief, and work towards long-term solutions to end the cycle of poverty and hunger (Second Harvest, n.d.).

Women Infants Children (WIC)

This federally funded health and nutrition program is for low-income pregnant, breastfeeding and non-breast feeding postpartum women, and for infants and children up to age five who are found to be at nutritional risk. WIC helps families by providing checks for buying healthy supplemental foods from WIC authorized vendors, nutrition education, and help finding

healthcare and other community services (Food and Nutrition Service, 2010b). In 2007, Charlton County had 409 participants on the WIC program (Georgia.gov, 2007). The data is divided up in Figure 30 below:

Figure 30. Georgia WIC Program, Charlton County, 2007 (Georgia.gov, 2007)

Georgia WIC Program
Charlton County Data

Average Participation

Prenatal:	Non-Breastfeeding:	Breastfeeding:	Infant:	Children:	Unknown:	Total:
42	37	15	96	219	0	409

Potential Eligible Population

Women:	Infants/Children:	Total:
308	145	453

First Trimester Enrollment

County: 61.70 % State Average: 50.00 %

Infant Breastfeeding

	County	State Average	Healthy People 2010 Goal
Initiation	43.53 %	48.53 %	75.00 %
Duration - (at least 6 months)	DNA*	18.40 %	50.00 %

Obesity Rate

	County	State Average	Healthy People 2010 Goal
Overweight:	11.40 %	11.72 %	5.00 %
At Risk Overweight:	6.53 %	8.70 %	N/A

Clinic Listing

Name	Address	City

Vendor Information

Number of Vendors	# of Vouchers Cashed	WIC Food Dollar Contribution
2	4638	$280,065.00

For more information please contact the State WIC Office at 404-657-2900
*DNA - Data Not Available

The definitions of the underlined words in Figure 30 are listed as follows (Georgia.gov, 2007).

- *Average Participation*: The average of the sum of the number of women who are enrolled in the WIC program during their first three months of being pregnant who have received supplemental foods or food instruments during that reporting period and the number of infants breast-fed by participant breastfeeding women during the reporting period.

- *Potential Eligible Population*: population in Georgia eligible for WIC benefits who have received WIC benefits and services in that geographic area.
- *First Trimester Enrollment*: The average enrollment of women who have received benefits from the WIC Program during the first three months of their pregnancy.
- *Infant Breastfeeding*; Identifies the average number of WIC clients that initiate breastfeeding. The data is listed by County, State Average and Healthy People 2010 Goal. The duration of infant breastfeeding identifies how long a participant has breastfed (at least 6 months). The duration of women who participated in feeding their infants at least 6 months is not available by county. However, the State Average and Healthy People 2010 Goal is listed in the county profile.
- *Obesity Rate*: annually for WIC participants in Georgia, this data identifies the amount of participants that are overweight or obese. This information also identifies the WIC participants who are at risk of being overweight.
- *Clinic Listing*: A listing of the name, address and city of the clinics in the corresponding county.
- *Vendor Information*: A listing of the total number of vendors in the county, the number of vouchers cashed and the total amount of WIC Food Dollars that have influenced that county.

Food Stamps

The Georgia Food Stamp program provides monthly benefits to low-income households to help pay for the cost of food (Georgia.gov, n.d.). A household may be one person living alone, a family, or several; unrelated individuals living together who routinely purchase and prepare

meals together (Georgia.gov, n.d.). In 2005, on average, over 921,000 Georgians used food stamps every month to buy food, which amounts to 10% of the people in Georgia (Welsh, 2007). In 2007, Charlton County had 270 eligible families that received Food Stamps (Kids Count, 2010). In 2010, stimulus money directed at Charlton County provided $307,000 dollars to its Food Stamp program (Charlton County Herald, 2010f).

Medical Assistance Programs

Medicaid

Medicaid is a program that provides health coverage to some low-income Georgia residents. It covers families with children, pregnant women, medically needy individuals, the elderly and people with disabilities if state and federal guidelines are met (HealthInsurance.Info, 2010). In 2006, the percent of residents in Charlton County that were on Medicaid was 30.8% (Georgia Facts, 2009). In the state of Georgia, 24.3% of the population was on Medicaid (Georgia Facts, 2009). In 2008 the percentage decreased. Charlton County had 27.4% while the state of Georgia had 27.2% (Georgia County Guide, 2010).

PeachCare for Kids

Georgia's PeachCare for Kids is a program that provides health coverage to low-income Georgia children under the age of 19 who are not eligible for Medicaid and who are not currently covered by health insurance (PeachCare for Kids, 2009). There is no cost for children under the age of 5 (PeachCare for Kids, 2009). Currently, the cost per month for a child over the age of 5 is $10-$35 for one child and a maximum of $70 for two or more children living in the same household (PeachCare for Kids, 2009).

Georgia Families

Georgia Families is a partnership between the Department of Community Health and private health plans (also called "care management organizations" or "CMO's") to provide health care services to Medicaid and PeachCare for Kids members (Georgia.gov, n.d.). Only children enrolled in PeachCare for Kids and children, pregnant women and women with breast or cervical cancer on Medicaid are eligible to participate in Georgia Families (Georgia.gov, n.d.). Members continue to maintain eligibility and enrollment through Medicaid or PeachCare for Kids (Georgia.gov, n.d.).

Medicare

Medicare is health insurance for people who are 65 or older, people who are under 65 with certain disabilities, and people of any age who have permanent kidney failure (end-stage renal disease) (Centers for Medicare and Medicaid Services, 2008). In 2010, Charlton County had 1, 182 elderly residents and 427 disabled residents on Medicare (Georgia.gov, 2007). For county residents who are considered low-income, there are Medicare Savings Programs (MSPs) available that can assist with paying for some of the costs of Part B of Medicare (Matthews, 2010). Medicare Part B primarily covers services that you would receive in a doctor's office, or outpatient services, along with some specific prescription drugs (Matthews, 2010).

There are many types of Medicare plans offered in Charlton County. A list of these programs is provided in the appendix.

Charlton County Public Health Clinic

The Charlton County Public Health Clinic provides many free and useful services to the residents of Charlton County. The services that they provide include the following (East Coast Health Insurance, 2010):

- Child Health
- Children's Medical Services
- Oral Health
- Family Planning
- Environmental Health
- Epidemiology
- Genetics/Sickle Cell
- Health Promotions
- Infectious Disease Control
- Emergency Preparedness

The address and hours of Charlton County's Free Public Health Clinic is noted below (East Coast Health Insurance, 2010):

Hours of Operation:

Monday: 8:30 AM – 7:00 PM

Tuesday – Thursday: 8:30 AM – 5:00 PM

Friday: 8:30 AM – 1:30 PM

Phone: (478) 864-2600

Fax: (478) 552-8497

Address: 1209 N 3rd Street Folkston, GA 31537

Grants Funded to Charlton County

On September 28, 2009, Charlton County received a $4,500 grant from the Health and Human Services, Department of/Center for Disease Control and Prevention (ProPublica Recovery Tracker, 2010). Immunization Georgia Immunization Program plans to utilize the American Recover and Reinvestment Act (ARRA) funding to increase vaccine availability and services to at-risk adults and increase the capacity of the Statewide Immunization Information System, GRITS (ProPublica Recovery Tracker, 2010). Working with program partners in Women, Infants and Children (WIC), the 18 public health districts and 225 local public health clinics, the Immunization Program activities proposed will target adults to reduce the incidence of vaccine preventable disease (ProPublica Recovery Tracker, 2010).

Public Health Implications

Charlton County has been able to provide its low-income residents with life's basic necessities through programs funded by local, state and national institutions, but more aid is needed. With the county's unemployment rate higher than the states, more resources for its unemployed residents are necessary. Due to budget cuts, many of the county's public health programs have had to reduce their services rendered to residents. Many of Charlton County inhabitants depend on these services for educational support, medical support and nutritional support. Even with aid being reduced, there remain a few bright spots concerning Charlton County and its social system. Enrollment in some of the programs has gone down which means that the county could very well be on its way to recovery from the current recession. Another helpful factor is that stimulus money continues to be provided to the county so that it can further assist those in need. Charlton County shows a strong commitment towards aiding those in its

population who need a helping hand. This commitment is necessary for the county to continue towards gaining financial recovery.

CHAPTER 13: COMMUNITY OPINION

Introduction

To assess the Charlton County's opinion on the health status of their community an open-ended, brief survey, Attachment A, was given to Charlton County Health Department's Nurse Manager, Brenda Drury with the following instructions:

> *Because community leaders are being asked their opinion, this is purposely an open-ended, broad question survey. These individuals make decisions for their community and are intimately involved in the planning, implementation and evaluation of health related activities. Please administer the questionnaire and have them answer in a manner they deem appropriate. Deadline: November 9, 2010*

Method

Ms. Drury has been a County Nurse Manager for over twenty years and is a native of Charlton County. Based on her personal and professional experience she distributed the survey to community leaders poised to make the most insightful assessment of the health status of the county. Seven people completed and returned the survey.

1. Lynn Crews: Charlton Family Connections, Coordinator
2. Marva Davis: Charlton Health Department Home Services, Coordinator

3. Harley Hickox: Charlton Memorial Hospital, member, Hospital Authority
4. John Lairsey: Charlton County High School, Principal
5. Steve McQueen: Charlton County, Superintendent of Schools
6. Nora Nettles: Folkston Elementary, Principal
7. Steve Nance: County Administrator

Because of Ms. Drury's position in the community there was a need to preserve anonymity so the survey information would be honest and complete. Although Ms. Drury distributed the survey to specific people and the survey was manually completed, personal identifiers were not linked to individual surveys.

Summary of Results

The assets, Attachment B, cited most frequently by the respondents were the health care practitioners and facilities currently available in Charlton including: Charlton Memorial Hospital, Emergency Medical Services (EMS), Family Practice Clinic (Abdelmalik Maged, MD), Charlton County Health Department, specifically the WIC Program and the immunization outreach program and School Nurses. One respondent noted the close proximity to a Jacksonville trauma center and another cited the collaboration among the health care providers in Charlton.

The responses to needs, found in Attachment B, were more varied and ranged from general topics such as, "more economic opportunity," to specific needs, "transportation to health centers." Many of the responses focused on the need for and recruitment of physicians, one stating better economic and cultural opportunities would assist with physicians choosing Charlton as a location for their practice. A couple of the responses addressed the need for improved billing and insurance reimbursement at both the hospital and health department. One

respondent posed a need for services that address teen pregnancy and another, need for health services in St. George, the southernmost municipality in Charlton County.

CHAPTER 14: COMMUNITY DIAGNOSIS AND PROPOSED INTERVENTION

Community Diagnosis

The analysis of data collected regarding Charlton County health indicators and systems revealed some key findings. Although the data was not specific to Charlton, it was found that the Southeast Health District, which includes Charlton, has higher rates of physical inactivity, diabetes, smoking, binge drinking, homicide than the state of Georgia. Key findings specific to Charlton included higher than state rates of teen pregnancy, unwed births, sexually transmitted diseases, and low birth weight. Although Charlton does have several opportunities for improvement in health outcomes, it does have strengths as noted by the resources identified by the community assessment group as well as the residents in the community opinion survey.

Charlton County residents have access to a hospital and a community health department which houses important nutrition and health programs such as WIC, Children's Medical Services, Babies Can't Wait, Children First, Health Check, Universal Newborn Hearing, Family Planning, Perinatal Health, and Cancer Screening as well as those services in Environmental Health. Although health resources are available and even named as a strength of Charlton by

residents completing the opinion survey, there is a noted lack of medical providers in the community. The need for medical care providers will be addressed in portions of the proposed interventions. In addition to health care resources, social, community, and educational resources were identified as additional areas in need of improvements.

Although the status of numerous health indicators warrant increased focus and possible intervention, the Charlton County needs assessment team identified the African American female to be at high risk for poor health and social outcomes, based on the data collected for this assessment. A review of demographics indicated that 20.9% of blacks live in poverty in Charlton County, in addition to a high female household count among those in poverty. Furthermore, African American women in Charlton have higher rates of sexually transmitted diseases, teen pregnancy, low and very low birth weight, as well as unwed births in comparison to the state of Georgia. All of these characteristics may contribute to poor health for mother and infant and can continue the cycle of poverty.

Having given consideration to health status indicators, resources, and feasibility of interventions, the needs assessment team decided to focus efforts towards decreasing the rates of sexually transmitted disease among African American teen females, aged 13-19 years. If health behaviors can be modified around better health practices that decrease sexually transmitted disease, then these same practices might also positively impact other issues related teen pregnancy, including low birth weight, unwed birth, and poverty. Therefore, the needs assessment team has developed a proposed intervention that will address the behaviors of self-efficacy; knowledge, attitudes and beliefs; and the determinants for these behaviors at multiple levels of the socio-ecological model.

Priority Health Issues Selection and Justification of the Proposed Intervention

The Charlton County assessment group compiled data on multiple areas of Charlton County including history, demography, environment, economics, social and community climate, political climate, and vital statistics. The group then analyzed information from each section highlighted for assessment to develop key findings and possible public health implications.

The principal health issues identified in the data review and key findings process were:

1. Reduction of the rate of sexually transmitted diseases
2. Reduction in rate of teen pregnancy
3. Reduction in unwed births
4. Reduction in deaths related to major cardiovascular disease
5. Reduction in percentage of obesity

Though all the above issues are important to the health of a community, the group concluded that because of the sexually transmitted disease rates being exponentially higher for minority populations in Charlton versus those same minority populations in Georgia, this was the issue of primary importance with consideration given to the following:

1. Increased rates of sexually transmitted diseases can be indicative of early sexual activity.
2. Decreased self efficacy or knowledge in safe sex practices.
3. Decreased utilization of safe sex practices.
4. Early sexual activity and lack of self efficacy, knowledge or utilization of safe sex practices can manifest to increased rates of teen pregnancy and infections such as HIV.
5. Increase rates of teen pregnancy may manifest into increased rates of low birth weight infants.

6. Increased rates of teen pregnancy may manifest into increased numbers of unwed births.
7. Increased rates of teen pregnancy and unwed births may manifest to increased or continued poverty.

Through consideration of all data presented, the group came to consensus that results and key findings support a multi-level intervention aimed at decreasing the rate of sexually transmitted disease among African American teen females.

Statistics supporting intervention target group decision:

a. Charlton County 2009 Chlamydia rate for black females ages 13-19 was 7,299.2 compared to the rate for Georgia at 3,051.7 (OASIS, 2010).
b. The birth rate among black teens in Charlton was higher than that of black teens in Georgia as well as white teens in Charlton County and white teens in Georgia. The 2008 rates for black teens ages 15-17 for Charlton were 72.3 compared to a rate of 36.3 among black teens in Georgia in the same age group. The Georgia rate for black teens age 18-19 was 10.2 compared to a rate of 157.9 for Charlton County (OASIS, 2010).
c. The percentage of unwed births to black females in Charlton County at 80.6% is higher than the percentage of unwed births to black females in Georgia at 71.3%. The percentage of unwed births among black teens age 15-19 was 100% for 2008 (OASIS, 2010).
d. "Predictors of lack of health care include being sexually active, poor family and social support, low self esteem" (McKee, 2006).

e. “Predictors of access to confidential care at a previous visit were age, self efficacy for confidential care, having a regular doctor, setting of care and having had a recent physical exam” (McKee, 2006).

Feasibility of Intervention

“Risk reduction interventions when guided by theory and offered in trusted community settings have considerable promise for at risk adolescent girls” (Morrison-Beedy et al, 2005). The National Campaign to Prevent Teen Pregnancy identified twenty-three programs having strongest evidence of success in delaying sexual activity, improving contraceptive use and/or preventing teen categories.

Those programs that were most effective provided a clear message such as abstinence or using contraception correctly and consistently as the right thing to do. Additional characteristics of success included addressing issues of peer pressure, teaching communication skills, and selection of good leaders (Kirby, 2010). Similar characteristics among programs identified as effective were categorized into three broad areas. These included:

1. Curriculum based sex education that discusses abstinence and contraceptive use offered as part of school or after school programs.
2. Youth development program that keeps teens engaged in their community.
3. Broad approaches that combine health care, academic assistance, sex education, participation in arts and sports, and employment assistance.

In addition to curricula and education, teen clinics providing reproductive and other services to teens are an important part of decreasing sexually transmitted infections as well as

pregnancy (Burlew & Philber, 2009). Like programs aimed at teen reproductive health and outcomes, well-designed clinic interventions are most effective.

Clinic interventions identified as effective were found to have similar characteristics:

1. Offer confidential family planning and sexually transmitted infection prevention services at low or at no cost.
2. School based or associated school provided information on abstinence and contraception by staff skilled at working with youth and provided follow up services.
3. Clinics that utilize peers as intake workers, group facilitators and counselors to provide a focus on individual behaviors versus information/education only.

Although there is evidence that both curricula and clinic based interventions can be effective in addressing the issues of teen sexually transmitted infections and pregnancy, program planners must be aware of external factors in the community that impact intervention implementation and sustainability such as political views.

Although "it is possible to influence policy for sexual and reproductive health that researchers and program managers should not assume the facts will speak for themselves and that they need to undertake political analysis to understand the ideas, interests and institutions within a particular policy context and to choose appropriate strategies and tactics to ensure the implementation of evidence based health interventions" (Buse et al, 2006). They further state that not only is it vital to disseminate best practice interventions through advocacy coalitions but that these coalitions are broadly constituted with policy networks. (Buse et al, 2006).

Selection of Behaviors and Determinants

The decision was made by the assessment group to employ the socio-ecological model for intervention development. The socio-ecological model informs program planning at multiple levels and relates those targeted for intervention to their environment on interpersonal, community, organizational and political levels. The health goal was determined based on data collection and survey results obtained in the course of assessment.

Intervention behaviors were chosen based on predictors for not obtaining care among teens:

1. Being sexually active
2. Poor family social support
3. Low self esteem,
4. Lack of confidential care
5. Setting of care
6. Lack of self efficacy (McKee, 2006)

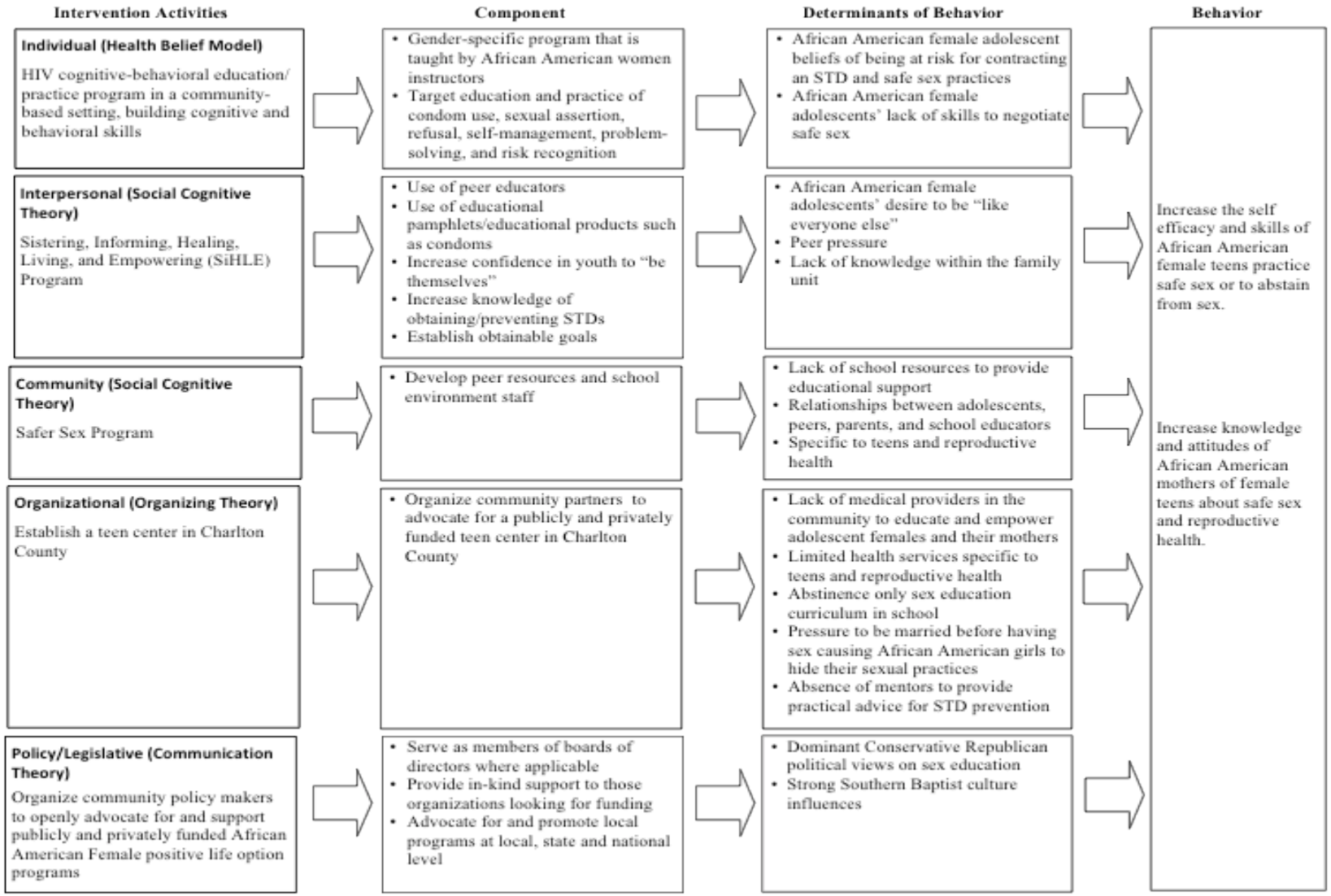
Behaviors are:

1. Increase the self-efficacy and skills of African American female teens to practice safe sex or to abstain from sex.
2. Increase knowledge and awareness of African American mothers of female teens about sex and reproductive health.

As a group, the Charlton County community needs assessment team identified determinants of these behaviors for each level of the proposed intervention: individual, interpersonal, community, organizational, and policy.

Each level of intervention and the potentially important determinants of the selected behaviors to be targeted are summarized in a BDI logic model as a multi-level socio-ecological approach (Figure 31).

Figure 31. BDI Logic Model for a Multi-Level Intervention to Decrease the Rate of STDs Among African American Adolescent Females Aged 13-19 Years



Individual Level Intervention

The individual level of influence is the fundamental level in the social ecological paradigm, and focuses on the individual characteristics that shape behavior. The intervention at this level is based on the health belief model, a behavior change model that assumes one's readiness to action is influenced by their belief about their own susceptibility to the health concern and their beliefs about benefits of taking action to reduce risk or seriousness of the concern (Glanz & Rimer, 2005). Because this theory focuses on health motivation, it has been applied in this intervention in efforts to reduce risk-associated behavior of contracting STDs among African American adolescent females.

Determinants were established based on identified challenges of reducing risk-associated behavior, specifically among adolescents. According to the Centers for Disease Control and Prevention, sexually active adolescents often do not consider themselves to be vulnerable at contracting an STD and may lack the skills to discuss safer sex with their partners; therefore it may prove difficult to encourage abstinence or condom use among this population (CDC, 2007). Research has shown that utilizing interventions focusing beyond STD prevention education to additionally include psychological correlates of risk behaviors such as problem-solving, decision-making and perceived self-efficacy have the greatest impact in reducing STD risk-associated behavior (Sales & DiClemente, 2010).

This intervention has been tested specifically to address the risk of sexual transmission of HIV among low-income African American adolescents. This 8-week intervention with a 12-month follow up combined education and practice for "correct condom use, sexual assertion, refusal, self-management, problem-solving, and risk recognition" (CDC, 2007). Following this intervention, significant effects were noted on knowledge, response and perceived self-efficacy,

and risk-associated behavior, which was sustained through a 12-month follow up (CDC, 2007). In effect, perceived susceptibility and perceived severity are increased through education and understanding of the risks of unprotected sexual activity, which additionally lowers perceived barriers. Perceived benefits are acknowledged with the advantages of safer sex and gender empowerment in confidently making decisions. Enhanced risk recognition skills enable these adolescent females to recognize a cue to action, and self-efficacy is now increased with confidence obtained from gained problem solving, sexual assertion, and refusal skills, as well as skills to negotiate safer sex.

Tailoring this intervention to a specific target population, here, African American female youth aged 13-19, will be the most effective in decreasing risk behavior for contracting an STD (Sales & DiClemente, 2010).

Interpersonal Level Intervention

According to Glanz et al., "At the interpersonal level, theories of health behavior assume individuals exist within, and are influenced by, a social environment. The opinions, thoughts, behavior, advice, and support of the people surrounding an individual influence his or her feelings and behavior, and the individual has a reciprocal effect on those people" (Glanz, et al., 2005). The social environment includes family members, coworkers, friends, health professionals, and others. Because it affects behavior, the social environment also impacts health (p. 19). Adolescents are more prone to be affected by their environment. The want to "try to be just like everyone else," which makes them easily influenced by their friends and family and to subject themselves to peer pressure from the same aforementioned groups (Assistance in Recovery, n.d.).

The theory used for this intervention is the Social Cognitive Theory (SCT). This theory assumes that people and their environment interact with one another continuously (Social Cognitive Theory, n.d.). Rimer and Glanz state:

> According to SCT, three main factors affect the likelihood that a person will change a health behavior: (1) self-efficacy, (2) goals, and (3) outcome expectancies. If individuals have a sense of personal agency or self-efficacy, they can change behaviors even when faced with obstacles. If they do not feel that they can exercise control over their health behavior, they are not motivated to act, or to persist through challenges. As a person adopts new behaviors, this causes changes in both the environment and in the person. Behavior is not simply a product of the environment and the person, and environment is not simply a product of the person and behavior (p. 20).

Self-efficacy is the self-confidence in one's ability to successfully perform a specific type of action. It is considered to be the single most important aspect of the sense of self that determines one's effort to change behavior (Social Cognitive Theory, n.d.). A goal is an observable and measurable end result having one or more objectives to be achieved within a more or less fixed timeframe (BusinessDictionary.com, n.d.). Outcome expectancies are a person’s beliefs about the likely results of the action taken (Social Cognitive Theory, n.d.). Once an adolescent has confidence that they can change a particular behavior and they have set a goal that they know they can obtain and they feel that when they reach that goal, the end result is what they expected, they have applied the social cognitive theory.

In Charlton County, African American female adolescents are especially vulnerable to HIV and STDs, thus making tailored interventions a public health priority (Hodges, 2006). This

interpersonal intervention will incorporate the styles of a program titled Sistering, Informing, Healing, Living, and Empowering, SIHLE, a program aimed at reducing sexual risks for African American females ages 14-18 (Hodges, 2006). The program consisted of four hour sessions held on four consecutive Saturdays and involved African American females as health and peer educators (Hodges, 2006). The theme used for the program was "Stay Safe for Yourself, Your Family, and Your Community" (Hodges, 2006). The goal was to help the young women in the program learn to value themselves and realize their value to both family and community (Hodges, 2006). SIHLE focused on teaching the adolescents to communicate with their male partners to use condoms or to practice abstinence (Hodges, 2006). Peer educators modeled desired behaviors and participants role-played to enhance adoption of the behaviors (Hodges, 2006). This intervention is a proven program as reported in the July 2004 *JAMA* (Hodges, 2006). At the end of the program and at the 18 month follow-up, participants were more likely to report using a condom consistently, and they reported fewer Chlamydia infections and fewer pregnancies (Hodges, 2006). SIHLE is the first HIV/STD intervention that reduced risk behaviors and increased HIV preventive behaviors and also decreased STDs and unintended pregnancies according to independent panel ratings at the CDC and the research firm Sociometrics (Hodges, 2006). With this program installed in Charlton County, the incidence rate of sexually transmitted diseases within the adolescent African American female cluster should drastically reduce.

Community Intervention

Intervention designed not only to change the behavior of individuals, but also the social networks and communities that reinforce the risk avoidance efforts of population members, are more likely to be effective (Kelly, 1999). Community level intervention is based on Social

Cognitive Theory (SCT). The SCT defines human behavior as a triadic, dynamic, and reciprocal interaction of personal factors, behavior, and the environment (Bandura, 1977a;1986;1989). According to this theory, an individual's behavior is uniquely determined by each of these three factors. The SCT argues that behavior occurs unintentionally through cognitive processes. Therefore, response consequences of a behavior are used to form expectations of behavioral outcomes (Bandura, 1989). It is the ability to form these expectations that give humans the capability to predict the outcomes of their behavior, before the behavior is performed (Bandura, 1989). In addition, the SCT states that most behavior is learned vicariously (Bandura, 1989). Behavior is not simply the result of the environment and the person, just as the environment is not simply the result of the person and behavior (Glanz et al, 2002). The environment provides a model for behavior. The method for a Community Intervention will be based on observational learning. Observational learning occurs when a person watches the actions of another person and the reinforcements that the person receives (Bandura, 1997).

Based upon our findings from our Community Needs Assessment, it became obvious that the African American female population of Charlton County was suffering from many health disparities. The data suggested that we should focus our efforts towards decreasing the rates of sexually transmitted disease among African American teen females. For the Community level intervention we will implement The Safer Choices Sex Education Program is based on The Social Cognitive Theory. Safer Choices is a 2-year, school-based HIV, other STD, and pregnancy prevention program for high school students. The program consists of five primary components: school organization consisting of a School Health Promotion Council involving teachers, students, parents, administrators, and community representatives: curriculum and staff development, peer resources, school environment, parent education (activities for parents

including parent newsletters, student-parent homework activities, and other parent events); and school-community linkages (activities to enhance students' familiarity with and access to support services outside school) (Coyle, 1996). The Safer Choices program has recently been identified as a "program that works" by the Centers for Disease Control and Prevention (CDC, 2010). The primary goal of Safer Choices is to reduce the number of students engaging in unprotected sexual intercourse by reducing the number of students who begin or have sexual intercourse during their high school years and by increasing condom use among those students who have sex (Coyle, 1996). Safer Choices has been shown to have some of the strongest data to support its effectiveness coupled with its recommendation as a program that works from the CDC, it is our assumption that this program will be well received by residents of Charlton County. The outcomes could be vital in reducing the sexual risk factors and behaviors that have lead to the high levels of African American female statistics.

Organizational Level Intervention

Intervention at the organizational level is based on four steps of organizing theory, assessment, research, action, and reflection (Speer, 1995). The first step, assessment is defined as the “process through which critical issues affecting a community are identified by organizations”. Through data collection, key informant interviews and community opinion survey a community needs assessment can inform a community’s leaders and concerned organizations of important health issues needing attention and intervention. The second step, research consists of review of cause and correlates of issues identified to be in need of further action. “A key to the research process is uncovering ways in which allocation of community resources affects a particular issue and how organizations or players exercise social power around an issue” (Speer, 1995). The third step, action consists of community members and

organizations exercising their power collectively. Key to the action process is public events that raise awareness and highlight differences in community values and community realities (Speer, 1995). Lastly, the fourth step of reflection is the "exploration of the effectiveness of implementation strategies and lessons learned" (Speer, 1995).

Assessment of Charlton County revealed sexually transmitted disease rates among African American female teens much higher than that of Georgia rates. A review of health system infrastructure and community opinion feedback were indicative of the need for health services overall and specifically towards teen health. We seek to encourage community leaders to build upon its existing health infrastructure of health providers, public health and organizations as well as individuals with interests in health outcomes of teens to take steps towards advocacy for a center of health and education specifically for teens in Charlton County.

Policy Level Intervention

The Policy level intervention is based in Communication Theory. To be most effective, health communication should be disseminated at every level of the ecological model so a unified message is received by community members in every aspect of their daily lives (Glanz and Rimer, 2005). By conveying an accurate, affirmative message regarding all positive life option programs, Charlton County leaders can garner support for programs; mitigate political backlash and "strengthen organizational relations" (Glanz and Rimer, 2005). Policy makers have the ability to advocate for local initiatives at the state and national level.

According to the Center for Health Improvement, to improve teen's sexual practices policies must address teen specific services, education and the underlying causes of risky behavior, including racial disparities (The Center for Health Improvement, 2003). One of the strategies proposed by the center is the support of programs that promote "positive development

and positive life options for youth" (The Center for Health Improvement, 2003). The assessment group has proposed programs that foster mentor instructed programs, peer educators, engagement of school staff in a new capacity and the organization of community partners to advocate for a Charlton County teen center. The proposed interventions provide a collective approach to combat the higher STD rates of Charlton County, African American, youth.

Although Charlton County has conservative views regarding sex education as evidenced by Republican dominance and Southern Baptist values, this is not reflected in the local school board's outlook. Per Brenda Drury, County Health Department Nurse Manager, Steve McQueen, Superintendent of Schools, and the school principals support "any type of education that will better the lives of their students" including topics related to sex practices and risk behaviors (B J. Drury, personal communication, December 7, 2010).

Ms Drury also stated this is the reason why Charlton County is chosen more frequently than other counties in Southeast Health District, as the recipient of Adolescent Health and Youth Program Grant funding, providing for programs such as Project SOS (B J. Drury, personal communication, December 7, 2010).

Republican conservative political views and a Southern Baptist culture challenge the implementation of a non-academic, positive life option programs with an emphasis on "responsible sexual decision making" (The Center for Health Improvement, 2003). For this reason, Charlton policy makers must be engaged in and provided with, the program's evidence. Empowering local leaders will enable them to proudly and logically support and defend community programs.

CONCLUSION

Thus far we have evaluated many aspects of the community health strengths and limitations of Charlton County, Georgia. Charlton is a community filled with vast natural resources and strong family values. However, from our findings, we have determined that Charlton County is confronted with several public health challenges, including a lack of fundamental health care resources, high death rates from cardiovascular disease, increased rates of sexually transmitted diseases and poverty, all of which are obstacles for achieving overall good health and well being. Based on the needs identified during the assessment, Charlton County residents clearly have a higher burden of disease than the state of Georgia, which, in many areas, are higher when compared to nationwide statistics. The numerous pressing public health needs were of great concern. However, a particularly notable public health issue we identified was the racial disparities prevalent among African American females. This group in particular appears to be especially at high risk for poor health and social outcomes. As a result, we determined the need to address this disparity in our overall intervention goal.

According to The U.S. department of Health, "A healthy community is one that embraces the belief that health is more than merely an absence of disease; a healthy community includes these elements that enable all people to maintain a high quality of life and productivity" (U.S. Department of Health, 2010). By leveraging existing programs and resources to address the health needs of Charlton County, we hope to promote a healthier, empowered and more vigorous community.

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APPENDICES

Appendix 1. Charlton County Community Survey

Attachment A

Charlton County Community Survey
2010

1) What are Charlton County's health assets?

2) What are Charlton County's health needs?

Please Return To:
Charlton County Health Department
ATTN: Brenda Drury, County Nurse Manager
2587 Third Street
Folkston, GA 31537

Appendix 2. Responses from Charlton County Leader Survey

Attachment B

Responses from Leader Survey

1. **<u>What are Charlton County's health assets?</u>**

Charlton Memorial Hospital/ER doctors

Charlton County Health Department

Rescue Units/EMS service

Family Practice Unit

Hospital

Health Department

Health Department Vaccine Outreach

WIC

Some physicians, Nurse Practitioner

Physical Therapy at Hospital

Home Health Services

Swing Bed Program at Hospital

School Nurses

We have dedicated, caring health care professionals.

We have a critical access hospital and a rural health clinic, a county health department, school nurses and private physicians. We are within the life flight radius of the trauma center in Jacksonville. We have good cooperation among the various health care providers.

Health Department

Specialty Clinic hospital

Ambulance at south end of county

Hospital

Specialist who comes from Jacksonville, Florida.

Health Department who provides services in the schools and community.

EMS and Family Practice

Hospital

Physicians Clinic

EMS Service

2. **What are Charlton County's health needs?**

We need doctors to have offices full-time and to live here and be part of the community.

The hospital cannot be a success if doctors are not available to admit patients.

Additional physicians/nurse practitioners/P.A.'s

Pregnancy prevention outreach

- Diseases
- Prevention
- The Take a Baby Home program
- Increase or restart True Love Waits

Hospital lab to be in network for State benefits

School nurses at each school daily

We need more economic opportunity and education in healthier lifestyles, transportation to health centers.

We need better incentives to recruit and retain doctors – this includes better economic, education and cultural opportunities to entice doctors to live here and continue their practices here.

We need to continue efforts to educate and motivate the public to use the facilities here – to build public confidence.

We need better matching of patients needs with our facilities – this is mostly a public education issue.

All the above items, when improved, should lead to more insured and fewer self-pay patients which would alleviate much of the financial stress on our system.

Pediatrician

Better hospital

Doctor in St. George that you can depend on them being there.

More doctors and not just Nurse Practitioners.

Health department bill for more services to my insurance.

More physicians

More services at the hospital – better billing system at the hospital

Laboratory services provided by the hospital at reasonable rates

EMS and Family Practice

Hospital

Physicians Clinics

EMS Service

Hospital with a caring staff, experienced/highly skilled physicians and support staff to make it all run efficiently! Get rid of the smoke and mirrors.

More physicians

Improvement to hospital and physicians clinic

Appendix 3. Medicare Plans in Charlton County, Georgia

2011 Plans	Monthly Premium	Plan Type	Covers	Open Doctor Network
UNITEDHEALTHCARE *MedicareRx Preferred (PDP)*	$39.70	PDP	Drugs	N/A
FIRST HEALTH *Health Part D Premier (PDP)*	$31.50	PDP	Drugs	N/A
HUMANA *Walmart-Preferred Rx Plan (PDP)*	$14.80	PDP	Drugs	N/A
HUMANA *Enhanced (PDP)*	$47.30	PDP	Drugs	N/A
BLUE CROSS BLUE SHIELD OF GA *MedicareRx Plus (PDP)*	$54.50	PDP	Drugs	N/A
BLUE CROSS BLUE SHIELD OF GA *MedicareRx Standard (PDP)*	$30.20	PDP	Drugs	N/A
MEDCO *Medicare Prescription Plan - Value (PDP)*	$32.20	PDP	Drugs	N/A
HUMANA *Gold Choice H2944-193 (PFFS)*	$15.00	PFFS	Health	√
SILVERSCRIPT INSURANCE COMPANY *Caremark Value (PDP)*	$29.70	PDP	Drugs	N/A
SILVERSCRIPT INSURANCE COMPANY *Caremark Plus (PDP)*	$77.90	PDP	Drugs	N/A
HUMANA *Gold Choice H2944-114 (PFFS)*	$57.00	PFFS	Health and Drugs	√
HUMANA *R5826-004 (Regional PPO)*	$59.00	PPO	Health and Drugs	√
COVENTRY *Health Part D Premier Plus (PDP)*	$91.20	PDP	Drugs	N/A
UNITEDHEALTHCARE *MedicareRx Enhanced (PDP)*	$95.00	PDP	Drugs	N/A
MEDCO *Medicare Prescription Plan - Choice (PDP)*	$61.90	PDP	Drugs	N/A

HUMANA *R5826-077 (Regional PPO)*	$69.00	PPO	Health and Drugs	√
BLUE CROSS BLUE SHIELD OF GA *MedicareRx Premier (PDP)*	$94.80	PDP	Drugs	N/A
HUMANA *R5826-064 (Regional PPO)*	$0.00	PPO	Health	√
HUMANA *Complete (PDP)*	$117.40	PDP	Drugs	N/A
BLUE CROSS BLUE SHIELD OF GA *of GA Medigap Plan A-June 2010*	Call Us	Medigap	Health	√
BLUE CROSS BLUE SHIELD OF GA *of GA Medigap Plan F-High Ded-June 2010*	Call Us	Medigap	Health	√
BLUE CROSS BLUE SHIELD OF GA *of GA Medigap Plan F-June 2010*	Call Us	Medigap	Health	√
BLUE CROSS BLUE SHIELD OF GA *of GA Medigap Plan G-June 2010*	Call Us	Medigap	Health	√
BLUE CROSS BLUE SHIELD OF GA *of GA Medigap Plan N-June 2010*	Call Us	Medigap	Health	√
HUMANA *Medigap Plan A*	Call Us	Medigap	Health	√
HUMANA *Medigap Plan B*	Call Us	Medigap	Health	√
HUMANA *Medigap Plan C*	Call Us	Medigap	Health	√
HUMANA *Medigap Plan F*	Call Us	Medigap	Health	√
HUMANA *Medigap Plan F-High Ded*	Call Us	Medigap	Health	√
HUMANA *Medigap Plan K*	Call Us	Medigap	Health	√
HUMANA *Medigap Plan L*	Call Us	Medigap	Health	√
UNITED OF OMAHA *of Omaha Medicare Supplement Plan A*	Call Us	Medigap	Health	√

UNITED OF OMAHA *of Omaha Medicare Supplement Plan F*	Call Us	Medigap	Health	√
UNITED OF OMAHA *of Omaha Medicare Supplement Plan G*	Call Us	Medigap	Health	√
UNITED OF OMAHA *of Omaha Medigap Plan A-June 2010*	Call Us	Medigap	Health	√
UNITED OF OMAHA *of Omaha Medigap Plan F-June 2010*	Call Us	Medigap	Health	√
UNITED OF OMAHA *of Omaha Medigap Plan G-June 2010*	Call Us	Medigap	Health	√
UNITED OF OMAHA *of Omaha Medigap Plan M-June 2010*	Call Us	Medigap	Health	√
UNITED OF OMAHA *of Omaha Medigap Plan N-June 2010*	Call Us	Medigap	Health	√

(Medicare Plans in Charlton County, 2009)