

Executive Report

2015 Community Health Needs Assessment

Central Georgia

Bibb, Houston, Peach, Jones, Twiggs, Monroe & Crawford Counties

Prepared for:
Navicent Health

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Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2012, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Navicent Health. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Navicent Health by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups.

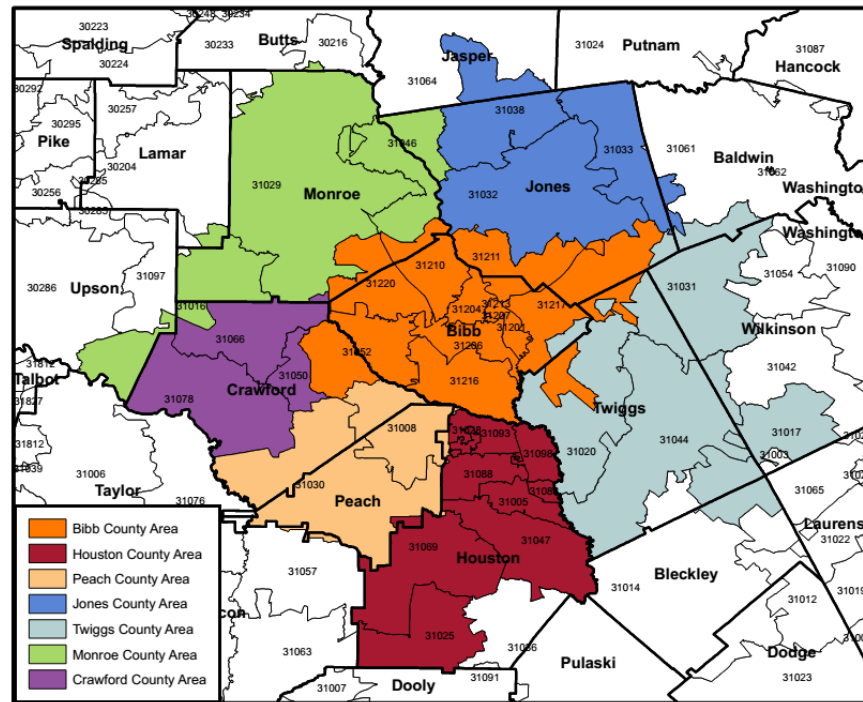
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Navicent Health and PRC, and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Total Area” in this report) is defined as each of the residential ZIP Codes predominantly associated with Bibb, Houston, Peach, Jones, Twiggs, Monroe or Crawford counties in central Georgia. In the reporting, Jones, Twiggs, Monroe, and Crawford county findings are grouped into a single combined area, referred to as “Other Counties.” This community definition, determined based on the ZIP Codes of residence of recent patients of Navicent Health, is illustrated in the following map.



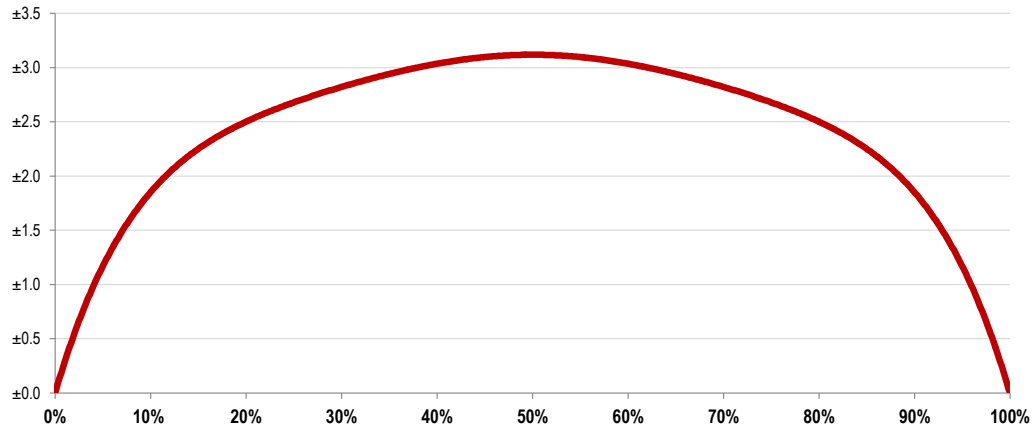
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 1,035 individuals age 18 and older in the Total Area, including 335 in Bibb County, 300 in Houston County, 201 in Peach County, and 199 in the Other Counties. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 1,035 respondents is $\pm 3.1\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 1,035 Respondents at the 95 Percent Level of Confidence



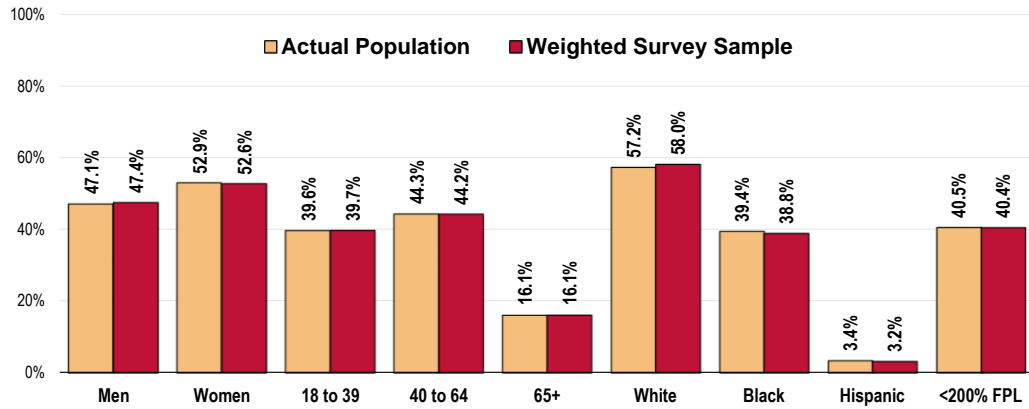
- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 1,035 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% ($10\% \pm 1.9\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% ($50\% \pm 3.1\%$) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics (Total Area, 2015)



Sources:
 • Census 2010, Summary File 3 (SF 3). US Census Bureau.
 • 2015 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2014 guidelines place the poverty threshold for a family of four at \$23,850 annual household income or lower). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Key Informant Focus Groups

As part of this Community Health Needs Assessment, five focus groups were held with local key informants on March 10 and 11, 2015. Two of these group discussions were focused on needs in Bibb County specifically, one was focused on Peach County, and two were focused on more regional needs.

Discussion Focus	Participant Type	Date
Bibb County	Healthcare Providers	3/10/2015
Bibb County	Other Community Leaders	3/10/2015
Peach County	Healthcare Providers/Community Leaders	3/10/2015
Regional	Healthcare Providers	3/11/2015
Regional	Other Community Leaders	3/11/2015

In all, 32 key informants took part in the focus groups. Participants included physicians, public health representatives, other health professionals, social service providers, business leaders, and other community leaders.

Key Informant Type	Number Invited	Number Participating
Physicians	36	4
Public Health Representatives	9	3
Other Health Providers	18	8
Social Services Representatives	24	9
Other Community Leaders	51	8

A list of recommended participants for the focus groups was provided by Navicent Health. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend.

Through this process, input was gathered from a representative of public health, as well as several individuals whose organizations work with low-income, minority (including African American, Hispanic, and Asian residents), or other medically underserved populations (specifically, the uninsured/underinsured and non-English speakers). Final participation included representatives of the organizations outlined below.

- 78th Medical Operations Squadron, Robins Air Force Base
- Alice's Place
- Bibb County Medical Society
- Bibb County Public Schools
- Bibb County Sheriff's Department
- Central Georgia Technical College
- City of Jeffersonville
- Community Health Works
- Crescent House
- Family Counseling Center of Central Georgia
- First Choice – Primary Care
- Free Medical Clinic, Feed Center Outreach Ministries
- Houston County Public Schools
- Houston Healthcare
- Loaves and Fishes Ministries
- Macon Rescue Mission
- Macon Volunteer Clinic

- Macon-Bibb County Health Department
- Meals on Wheels of Macon and Bibb County
- Mercer University School of Medicine
- Middle Georgia Area Agency on Aging
- Monroe County Hospital
- Peach County Health Department
- River Edge Behavioral Health Center
- Southern Care, Inc.
- The Medical Center Navicent Health
- Twiggs County Public Schools

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Total Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Georgia Department of Public Health
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census

- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

A similar survey was administered in the Total Area in 2012 by PRC on behalf of Navicent Health (previously, The Medical Center of Central Georgia). Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Georgia Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.



Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention

experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a <i>A definition of the community served by the hospital facility</i>	8
Part V Section B Line 1b <i>Demographics of the community</i>	41
Part V Section B Line 1c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	269
Part V Section B Line 1d <i>How data was obtained</i>	8
Part V Section B Line 1f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 1g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	19
Part V Section B Line 1h <i>The process for consulting with persons representing the community's interests</i>	11
Part V Section B Line 1i <i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i>	15

Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Primary Care Physician Ratio • Emergency Room Utilization • (Bibb County) Difficulty Accessing Healthcare <ul style="list-style-type: none"> ◦ (Bibb County) Cost of Physician Visits • (Peach County) Children’s Routine Checkups • <i>Access to Healthcare ranked #4 as a “major problem” among focus group participants.</i>
Cancer	<ul style="list-style-type: none"> • <i>Cancer is the #2 leading cause of death in the region.</i> • Cancer Deaths <ul style="list-style-type: none"> ◦ Including Lung Cancer, Prostate Cancer, Female Breast Cancer, Colorectal Cancer Deaths • Cancer Incidence <ul style="list-style-type: none"> ◦ Including Lung Cancer, Prostate Cancer, Colorectal Cancer Incidence
Chronic Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths
Dementia, Including Alzheimer's Disease	<ul style="list-style-type: none"> • Alzheimer’s Disease Deaths
Diabetes	<ul style="list-style-type: none"> • Prevalence of Diabetes • Prevalence of Borderline/Pre-Diabetes • (Houston County) Diabetes Deaths • <i>Diabetes ranked #1 as a “major problem” among focus group participants.</i>
Heart Disease & Stroke	<ul style="list-style-type: none"> • <i>Heart disease is the #1 leading cause of death in the region.</i> • Heart Disease Deaths • Stroke Deaths • Stroke Prevalence (especially Peach County) • High Blood Pressure Prevalence • High Blood Cholesterol Prevalence • Overall Cardiovascular Risk • <i>Heart Disease & Stroke ranked #5 as a “major problem” among focus group participants.</i>
HIV/AIDS	<ul style="list-style-type: none"> • HIV/AIDS Deaths • HIV Prevalence

Areas of Opportunity (continued)	
Infant Health & Family Planning	<ul style="list-style-type: none"> • Lack of Prenatal Care • Low-Weight Births • Infant Mortality • Teen Births
Injury & Violence	<ul style="list-style-type: none"> • Unintentional Injury Deaths <ul style="list-style-type: none"> ◦ Including Motor Vehicle Crash Deaths • Firearm-Related Deaths • Firearm Prevalence <ul style="list-style-type: none"> ◦ Including in Homes With Children ◦ Firearm Storage/Safety • Homicide Deaths • (Bibb County) Violent Crime • (Other Counties) Seat Belt Usage • (Other Counties) Children's Bike Helmet Usage • <i>Injury & Violence ranked #7 as a "major problem" among focus group participants.</i>
Mental Health	<ul style="list-style-type: none"> • <i>Mental Health ranked #3 as a "major problem" among focus group participants.</i>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Low Food Access • Overweight & Obesity [Adults] • Obesity [Children] • (Peach County) Medical Advice About Weight • Leisure-Time Physical Activity • Meeting Physical Activity Guidelines • Access to Recreation/Fitness Facilities • <i>Nutrition, Physical Activity & Weight ranked #2 as a "major problem" among focus group participants.</i>
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations • Arthritis Prevalence (50+) • Sciatica/Back Pain Prevalence
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Pneumonia/Influenza Deaths • Childhood Asthma Prevalence • (Houston County) Adult Asthma Prevalence
Sexually Transmitted Diseases	<ul style="list-style-type: none"> • Gonorrhea Incidence • Chlamydia Incidence • Condom Usage
Substance Abuse	<ul style="list-style-type: none"> • Drug-Induced Deaths • (Houston County) Cirrhosis/Liver Disease Deaths • <i>Substance Abuse ranked #6 as a "major problem" among focus group participants.</i>

Prioritization of Health Needs

On August 3, 2015, approximately 18 community stakeholders met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?
 - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
 - What do the trend data show?
 - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

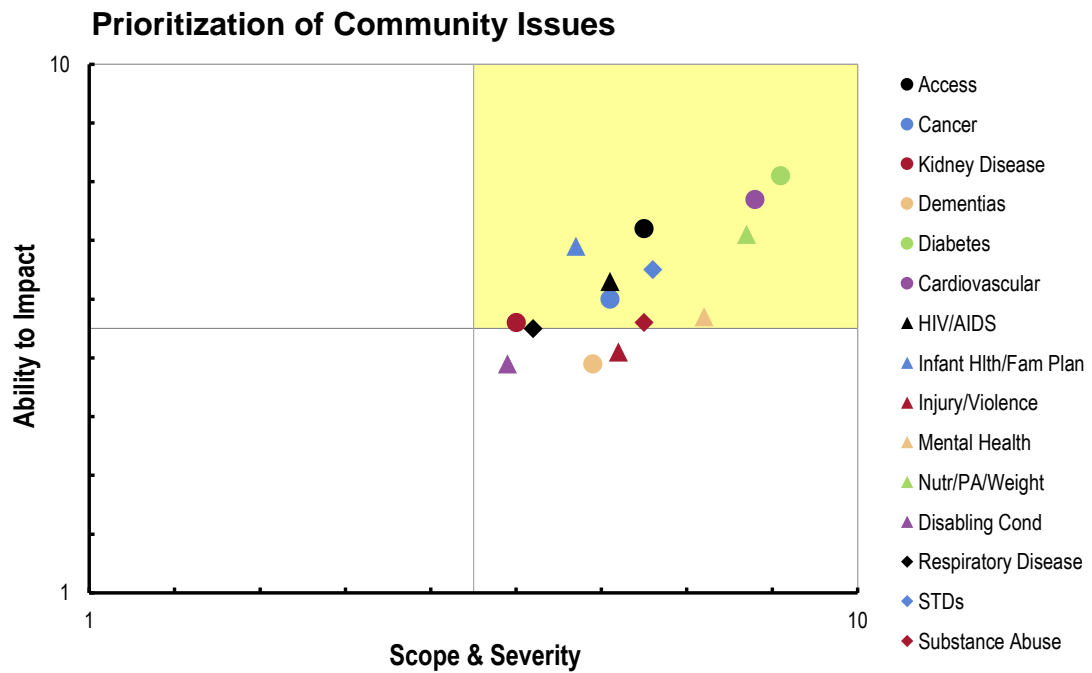
- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs [average combined score, as described above, is shown in brackets]:

1. **Diabetes** [8.59 out of 10]
2. **Heart Disease & Stroke** [8.28]
3. **Nutrition, Physical Activity & Weight** [7.89]
4. **Access to Healthcare Services** [7.37]
5. **Sexually Transmitted Diseases** [7.07]

6. Mental Health [6.97]
7. Infant Health & Family Planning [6.83]
8. HIV/AIDS [6.70]
9. Substance Abuse [6.56]
10. Cancer [6.53]
11. Injury & Violence [6.14]
12. Dementias, Including Alzheimer's Disease [5.89]
13. Respiratory Diseases [5.86]
14. Chronic Kidney Disease [5.78]
15. Potentially Disabling Conditions [5.44]

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.



While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of Navicent Health's Implementation Strategy to address the top health needs of the community in the coming years.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Total Area, including comparisons among the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, Total Area results are shown in the larger, blue column.
- The green columns [to the left of the Total Area column] provide comparisons among the four communities, identifying differences for each as “better than” (☀️), “worse than” (☹️), or “similar to” (⚖️) the combined opposing areas.
- The columns to the right of the Total Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Total Area compares favorably (☀️), unfavorably (☹️), or comparably (⚖️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

TREND SUMMARY (Current vs. Baseline Data)
























































Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2012. Note that survey data reflect the ZIP Code-defined Total Area.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Note that secondary data reflect county-level data for the Total Area.

Social Determinants	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	1.5	2.2	2.8	0.1	1.6	3.6	4.8		
Population in Poverty (Percent)	24.9	15.2	24.6	17.4	19.9	18.2	15.4		
Population Below 200% FPL (Percent)	47.5	33.5	43.5	39.0	40.6	38.7	34.2		
Children Below 100% FPL (Percent)	36.8	23.6	37.7	22.2	29.3	25.3	21.6		
No High School Diploma (Age 25+, Percent)	17.6	11.2	17.3	18.4	15.5	15.3	14.0		
Unemployment Rate (Age 16+, Percent)	7.2	6.4	8.8	7.1	6.9	8.2	7.4	4.6	
<small>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>						better	similar	worse	

Overall Health	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	19.7	18.7	16.0	13.9	18.2	19.1	15.3	19.4	
% Activity Limitations	22.2	22.2	22.0	17.0	21.4	18.7	21.5	20.9	
<small>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>						better	similar	worse	

Access to Health Services	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	12.6	9.8	11.8	12.2	11.5	27.3	15.1	0.0	18.6
% [Insured] Went Without Coverage in Past Year	9.1	6.0	7.9	4.0	7.2		8.1		7.6
% Difficulty Accessing Healthcare in Past Year (Composite)	43.2	36.1	38.1	37.0	39.5		39.9		40.6
% Inconvenient Hrs Prevented Dr Visit in Past Year	11.1	9.7	12.7	9.7	10.6		15.4		10.2
% Cost Prevented Getting Prescription in Past Year	21.1	18.6	16.1	14.8	18.9		15.8		21.5
% Cost Prevented Physician Visit in Past Year	21.6	14.9	15.8	15.5	18.0		18.2		21.3
% Difficulty Getting Appointment in Past Year	12.2	15.8	9.9	14.7	13.5		17.0		14.1
% Difficulty Finding Physician in Past Year	11.4	12.1	7.3	10.5	11.1		11.0		12.3
% Transportation Hindered Dr Visit in Past Year	10.3	6.4	11.1	8.5	8.8		9.4		9.7
% Skipped Prescription Doses to Save Costs	17.7	15.5	14.1	14.8	16.2		15.3		19.6
% Difficulty Getting Child's Healthcare in Past Year	1.7	1.5	3.3	3.2	2.0		6.0		5.4

Access to Health Services (continued)	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
Primary Care Doctors per 100,000	 116.3	 53.4	 25.3	 27.5	70.9	 63.6	 74.5		
% [Age 18+] Have a Specific Source of Ongoing Care	 77.2	 75.9	 70.8	 75.2	75.9		 76.3	 95.0	 68.3
% [Age 18-64] Have a Specific Source of Ongoing Care	 76.6	 76.2	 69.4	 72.4	75.1		 75.6	 89.4	 66.7
% [Age 65+] Have a Specific Source of Ongoing Care	 81.8	 76.4	 78.1	 85.0	80.5		 80.0	 100.0	 78.1
% Have Had Routine Checkup in Past Year	 75.7	 77.1	 75.5	 77.4	76.4	 71.7	 65.0		 70.2
% Child Has Had Checkup in Past Year	 95.7	 94.9	 80.2	 87.1	92.3		 84.1		 83.1
% Two or More ER Visits in Past Year	 13.4	 10.9	 14.2	 10.5	12.2		 8.9		 13.2
% Rate Local Healthcare "Fair/Poor"	 12.7	 15.2	 14.9	 12.7	13.7		 16.5		 16.6
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					 better  similar  worse				

Arthritis, Osteoporosis & Chronic Back Conditions	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	45.6	42.8	43.8	41.1	43.9		37.3	47.1	
% [50+] Osteoporosis	13.4	9.3	12.4	5.0	10.8		13.5 5.3	12.6	
% Sciatica/Chronic Back Pain	21.9	26.2	21.1	22.3	23.3		18.4	20.9	
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						better	similar	worse	

Cancer	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	201.5	169.1	223.3	159.9	183.1	169.0	166.2	161.4	192.0
Lung Cancer (Age-Adjusted Death Rate)					55.0	47.8	44.7	45.5	
Prostate Cancer (Age-Adjusted Death Rate)					24.7	22.9	19.8	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)					22.6	22.2	21.3	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)					17.2	15.3	14.9	14.5	
Prostate Cancer Incidence per 100,000	198.4	132.6	156.4	173.5	168.9	161.0	142.3		

Cancer (continued)	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
Female Breast Cancer Incidence per 100,000	129.1	115.7	129.2	118.2	122.6	123.8	122.7		
Lung Cancer Incidence per 100,000	75.4	75.1	74.2	91.4	78.8	69.9	64.9		
Colorectal Cancer Incidence per 100,000	48.6	47.8	55.0	42.4	47.4	43.3	43.3		
Cervical Cancer Incidence per 100,000					7.0	8.2	7.8		
% Skin Cancer	6.8	7.1	3.5	5.8	6.4	5.7	6.7	7.3	
% Cancer (Other Than Skin)	4.6	5.9	8.5	6.6	5.7	5.4	6.1	5.6	
% [Women 50-74] Mammogram in Past 2 Years	83.3	81.9	83.3	83.8	83.0	81.0	83.6	81.1	
% [Women 21-65] Pap Smear in Past 3 Years	88.6	87.6	83.5	85.7	87.4	80.5	83.9	93.0	
% [Age 50-75] Colorectal Cancer Screening	83.6	78.6	77.7	77.0	80.5		75.1	70.5	
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						better	similar	worse	














































































Chronic Kidney Disease	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	26.4	20.7	30.0	15.0	22.3	18.3	13.2		29.0
% Kidney Disease	2.6	4.5	5.3	1.3	3.3	2.7	3.0		
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					better similar worse				























Diabetes	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
Diabetes Mellitus (Age-Adjusted Death Rate)	19.9	23.8		20.5	21.6	23.1	21.3		24.7
% Diabetes/High Blood Sugar	14.8	11.2	16.1	16.9	14.1	10.8	11.7		15.6
% Borderline/Pre-Diabetes	10.3	8.4	7.3	8.2	9.1		5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	55.3	55.1	55.3	57.1	55.5		49.2		
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					better similar worse				








































Dementias, Including Alzheimer's Disease	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	37.5	28.2		23.2	31.4	26.7	24.0		21.1
<small>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>						better	similar	worse	

Family Planning	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
Teen Births per 1,000 (Age 15-19)	60.9	42.8	40.0	32.3	47.8	45.3	36.6		
<small>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>						better	similar	worse	

Hearing & Other Sensory or Communication Disorders	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Deafness/Trouble Hearing	7.8	10.4	7.7	8.4	8.7		10.3		11.8
<small>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>						better	similar	worse	

Heart Disease & Stroke	Each County vs. Others				Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	 259.3	 164.3	 269.3	 196.2	213.7	 179.6	 171.3	 156.9	 248.5
Stroke (Age-Adjusted Death Rate)	 51.8	 43.6	 71.8	 38.0	47.3	 41.9	 37.0	 34.8	 62.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 9.0	 6.3	 7.3	 8.1	7.8	 6.1		 7.3	
% Stroke	 5.0	 3.2	 9.1	 2.0	4.4	 2.8	 3.9	 4.7	
% Blood Pressure Checked in Past 2 Years	 95.7	 97.1	 96.2	 98.5	96.6	 91.0		 92.6	
% Told Have High Blood Pressure (Ever)	 45.4	 36.8	 44.4	 45.8	42.5	 35.1	 34.1	 26.9	
% [HBP] Taking Action to Control High Blood Pressure	 89.4	 90.4	 96.0	 97.9	91.6	 89.2		 93.4	
% Cholesterol Checked in Past 5 Years	 90.6	 93.1	 90.8	 93.5	91.8	 77.5	 86.6	 82.1	
% Told Have High Cholesterol (Ever)	 36.5	 27.3	 37.7	 40.3	34.2	 38.1	 29.9	 13.5	
% [HBC] Taking Action to Control High Blood Cholesterol	 93.6	 92.7	 87.2	 84.9	91.2	 81.4		 88.5	
% 1+ Cardiovascular Risk Factor	 89.6	 85.3	 90.4	 89.8	88.3	 82.3		 91.1	
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					 better  similar  worse				

HIV	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
HIV/AIDS (Age-Adjusted Death Rate)	 9.1	 2.2	 12.6	 3.4	5.7	 5.8	 3.2	 3.3	
HIV Prevalence per 100,000	 718.2	 150.3	 204.4	 131.1	369.7	 428.8	 340.4		
% [Age 18-44] HIV Test in the Past Year	 36.6	 32.0	 26.0	 26.6	32.7		 19.3	 29.5	
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						 better	 similar	 worse	

Immunization & Infectious Diseases	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	 56.7	 68.1	 73.6	 63.2	62.3	 54.6	 57.5	 70.0	 67.2
% [High-Risk 18-64] Flu Vaccine in Past Year	 42.2	 48.0	 36.7	 47.4	44.2		 45.9	 70.0	 46.2
% [Age 65+] Pneumonia Vaccine Ever	 65.1	 79.4	 81.6	 74.0	71.8	 66.5	 68.4	 90.0	 64.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	 40.6	 49.1	 44.6	 25.3	41.4		 41.9	 60.0	 38.5
% Have Completed Hepatitis B Vaccination Series	 46.9	 55.4	 38.4	 47.5	48.8		 44.7		 37.6
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						 better	 similar	 worse	

Injury & Violence Prevention	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	44.7	34.9	65.3	56.5	44.3	39.2	39.2	36.4	50.3
Motor Vehicle Crashes (Age-Adjusted Death Rate)	15.4	10.5		24.1	15.6	12.5	10.7	12.4	19.4
% "Always" Wear Seat Belt	86.8	89.6	88.1	76.0	86.3		84.8	92.0	85.7
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	94.9	92.8	87.5	89.1	92.5		92.2		91.4
% Child [Age 5-17] "Always" Wears Bicycle Helmet	47.5	45.8	43.9	25.8	42.8		48.7		44.9
Firearm-Related Deaths (Age-Adjusted Death Rate)	15.6	11.5		14.5	13.8	12.7	10.4	9.3	15.3
% Firearm in Home	46.9	48.7	53.7	68.7	51.3		34.7		49.0
% [Homes With Children] Firearm in Home	45.9	47.4	53.7	71.8	51.4		37.4		49.1
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	40.4	28.0	36.3	35.1	35.2		16.8		31.1
Homicide (Age-Adjusted Death Rate)	10.9	4.6			7.4	6.4	5.3	5.5	8.6
Violent Crime per 100,000	544.9	335.1	643.8	155.6	404.1	386.2	395.5		

Injury & Violence Prevention (continued)	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Victim of Violent Crime in Past 5 Years	4.1	2.3	1.4	0.5	2.7	2.8			2.3
% Victim of Domestic Violence (Ever)	14.8	12.4	12.4	14.3		13.7	15.0		
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>							better	similar	worse

























Maternal, Infant & Child Health	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	14.6	16.7			15.6	13.8	17.3	22.1	
Low Birthweight Births (Percent)	13.1	8.9	9.9	10.7		11.1	9.5	8.2	7.8
Infant Death Rate	11.7	7.7		7.0	9.4		6.6	6.0	6.0
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						better	similar	worse	






































Mental Health & Mental Disorders	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	15.0	11.9	10.3	14.1	13.4	11.9			12.0
% Diagnosed Depression	21.6	19.7	20.2	16.8		20.1	20.4		

Mental Health & Mental Disorders (continued)	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Symptoms of Chronic Depression (2+ Years)	31.0	27.0	26.4	32.2	29.5	30.4		26.3	
Suicide (Age-Adjusted Death Rate)	9.7	11.3		10.0		11.8	12.5	10.2	12.8
% [Those With Diagnosed Depression] Seeking Help					73.8	76.6			
% Attended a Religious or Spiritual Meeting in the Past Month	66.6	62.1	68.2	70.8	65.9				
% Typical Day Is "Extremely/Very" Stressful	9.2	10.7	13.6	14.8	10.9	11.9		10.3	
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					better similar worse				

Nutrition & Weight Status	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	32.1	42.2	36.7	31.4	35.7	39.5		41.3	
% "Very/Somewhat" Difficult to Buy Fresh Produce	23.5	16.8	18.8	29.9		24.4			
Population With Low Food Access (Percent)	29.7	42.3	29.4	12.1	30.7	31.5	23.6		
% Medical Advice on Nutrition in Past Year	50.9	44.1	42.5	51.0	47.9	39.2		45.1	

Nutrition & Weight Status (continued)	Each County vs. Others				Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	TREND
% Healthy Weight (BMI 18.5-24.9)	21.3	26.5	16.7	25.0	23.1	32.4	34.4	33.9	28.3
% Overweight (BMI 25+)	78.0	72.9	83.1	73.6	76.2	65.7	63.1		70.2
% Obese (BMI 30+)	41.0	39.8	39.2	39.4	40.2	30.3	29.0	30.5	36.2
% Medical Advice on Weight in Past Year	30.6	28.8	25.1	36.6	30.4		23.7		28.7
% [Overweights] Counseled About Weight in Past Year	35.8	36.6	29.1	46.8	36.9		31.8		35.7
% [Obese Adults] Counseled About Weight in Past Year	52.1	55.8	41.8	64.7	54.1		48.3		51.1
% [Overweights] Trying to Lose Weight Both Diet/Exercise	39.5	39.8	44.3	31.6	39.0		39.5		36.7
% Child [Age 5-17] Healthy Weight	59.6	65.1	64.3	46.8	59.2		56.7		
% Children [Age 5-17] Overweight (85th Percentile)	38.3	30.5	30.2	46.8	36.7		31.5		26.4
% Children [Age 5-17] Obese (95th Percentile)	22.3	17.7	17.4	33.3	22.6		14.8	14.5	18.4
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					<p> better similar worse</p>				

Oral Health	Each County vs. Others				Total Area	Total Area vs. Benchmarks				
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	TREND	
% [Age 18+] Dental Visit in Past Year	 59.9	 73.6	 62.4	 69.7	66.1	 64.1	 65.9	 49.0	 61.7	
% Child [Age 2-17] Dental Visit in Past Year	 89.3	 85.6	 93.6	 92.5		89.0	 81.5		 49.0	 80.8
% Have Dental Insurance	 67.9	 73.6	 62.3	 66.1			69.0	 65.6		 61.2
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					 better  similar  worse					

Physical Activity	Each County vs. Others				Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	TREND
% No Leisure-Time Physical Activity	 28.2	 25.1	 22.3	 28.6	26.7	 27.2	 20.7	 32.6	 35.8
% Meeting Physical Activity Guidelines	 44.4	 44.5	 42.1	 37.7		43.2	 50.3		 36.4
% Moderate Physical Activity	 25.1	 28.4	 30.6	 27.1			27.0	 30.6	
% Vigorous Physical Activity	 37.3	 33.3	 33.4	 28.2	34.3	 38.0		 28.3	
Recreation/Fitness Facilities per 100,000	 9.6	 7.9	 3.6	 6.5		8.0	 7.8	 9.4	
% Medical Advice on Physical Activity in Past Year	 52.8	 48.6	 44.3	 58.5	51.5		 44.0		 48.7

Physical Activity (continued)	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Child [Age 2-17] Physically Active 1+ Hours per Day	54.2	56.8	68.3	61.2	57.7		48.6		
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						better	similar	worse	

Respiratory Diseases	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	48.4	42.0	53.7	45.2	45.6	45.2	42.0	48.5	
Pneumonia/Influenza (Age-Adjusted Death Rate)	20.8	17.3		15.9	18.6	16.9	15.3	19.4	
% COPD (Lung Disease)	12.2	11.8	9.8	14.1	12.1	6.5	8.6	11.2	
% [Adult] Currently Has Asthma	8.0	11.9	13.0	1.7	8.8	8.4	9.4	8.2	
% [Child 0-17] Currently Has Asthma	5.2	15.6	4.5	9.9	9.3		7.1	4.4	
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						better	similar	worse	

Sexually Transmitted Diseases	Each County vs. Others				Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	431.5	159.8	244.4	48.4	249.6	152.1	107.5		
Chlamydia Incidence per 100,000	894.3	500.3	992.0	269.3	642.8	534.1	456.7		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	11.8	11.9	0.0	1.1	9.3		11.7	14.7	
% [Unmarried 18-64] Using Condoms	38.8	37.8	23.5	54.4	39.3		33.6	48.3	
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						better	similar	worse	

Substance Abuse	Each County vs. Others				Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	6.7	10.1			7.6	8.1	9.9	8.2	8.6
% Current Drinker	46.9	51.2	40.0	43.1	47.1	47.1	56.5		46.2
% Excessive Drinkers	16.8	13.3	12.5	6.1	13.7		23.2	25.4	18.9
% Drinking & Driving in Past Month	1.4	0.8	0.4	1.0	1.1		5.0		1.8
Drug-Induced Deaths (Age-Adjusted Death Rate)	10.1	7.9		14.4	10.3	11.2	14.1	11.3	9.0

Substance Abuse (continued)	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Illicit Drug Use in Past Month	3.3	0.7	0.7	2.8	2.1		4.0	7.1	2.5
% Ever Sought Help for Alcohol or Drug Problem	3.5	3.7	5.0	4.5		3.9		4.9	
Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							better	similar	worse

Tobacco Use	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Current Smoker	19.5	16.5	10.3	17.1	17.3	18.8	14.9	12.0	23.2
% Someone Smokes at Home	17.2	12.1	8.5	12.4		14.0		12.7	
% [Non-Smokers] Someone Smokes in the Home	6.0	6.3	2.8	6.5	5.8			6.3	
% [Household With Children] Someone Smokes in the Home	18.1	8.2	10.1	6.0		12.0		9.7	
% [Smokers] Received Advice to Quit Smoking					78.4			67.8	
% [Smokers] Have Quit Smoking 1+ Days in Past Year						60.3		55.9	80.0
% Smoke Cigars	1.2	2.6	0.7	3.1	1.9			4.1	0.2

Tobacco Use (continued)	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Use Smokeless Tobacco	5.1	2.0	5.7	6.3	4.3	5.0	4.0	0.3	4.6
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					better similar worse				

Vision	Each County vs. Others				Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Blindness/Trouble Seeing	13.0	5.7	11.3	6.0	9.4	5.2	8.5		12.6
% Eye Exam in Past 2 Years	64.9	62.4	55.6	54.6	61.7		56.8		60.1
<p>Note: In the green section, each county area is compared against the others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					better similar worse				

Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

The combined Total Area (Bibb, Houston, Peach, Jones, Twiggs, Monroe, and Crawford counties), the focus of this Community Health Needs Assessment, encompasses 2,247.85 square miles and houses a total population of 402,888 residents, according to latest census estimates.

Note that Bibb and Houston counties are homes to much larger populations than are Peach County and the Other Counties combined.

Total Population
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Bibb County	155,524	249.7	622.85
Houston County	143,205	375.44	381.43
Peach County	27,481	150.23	182.93
Other Counties	76,678	1,472.49	52.07
Total Area	402,888	2,247.85	179.23
Georgia	9,810,417	57,498.67	170.62
United States	311,536,591	3,530,997.6	88.23

Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

Notes:

- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

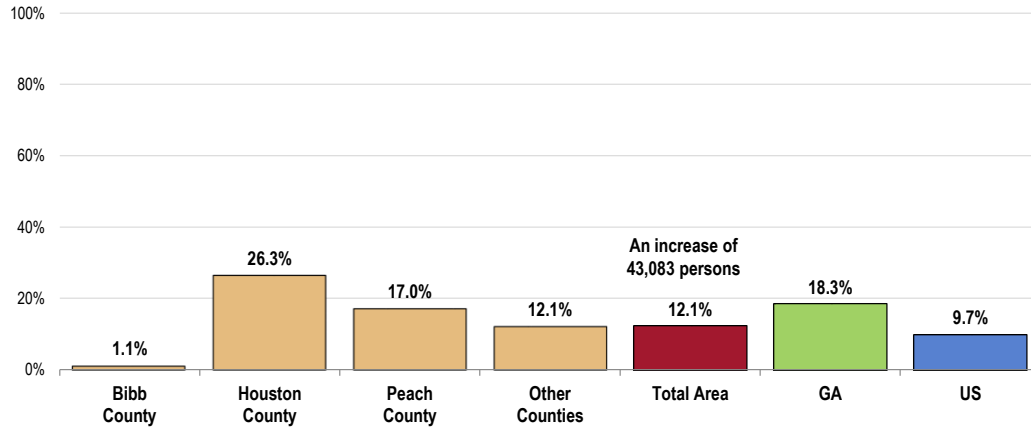
Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the Total Area population increased by 43,083 persons, or 12.1%.

- A lower proportional increase than seen across the state.
- A greater proportional increase than seen nationwide.
- Note the increase of 26.3% in Houston County between 2000 and 2010.

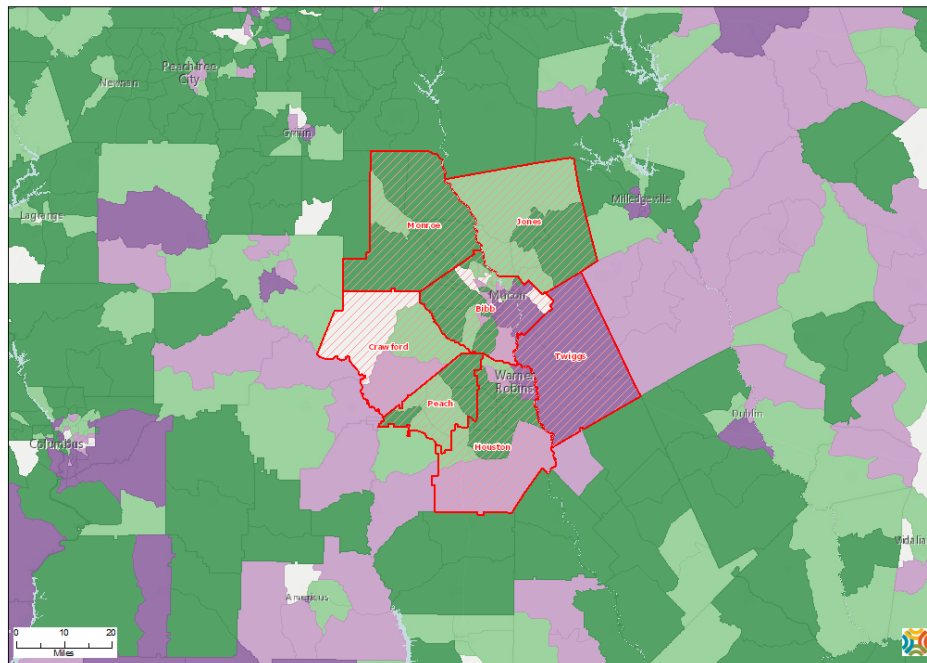
Change in Total Population (Percentage Change Between 2000 and 2010)



- Sources:
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.
 - US Census Bureau Decennial Census (2000-2010).
- Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

The following map provides an illustration by county of the variance in population change between 2000 and 2010.

Population Change, Percent by Tract, US Census 2000-2010



Map Legend

Population Change, Percent by Tract, US
Census 2000 - 2010

- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data

Community Commons, 4/7/2015

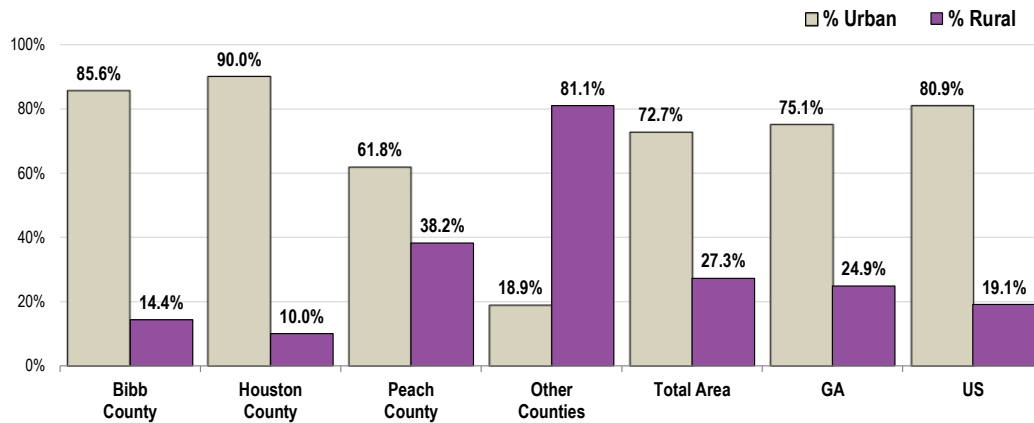
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Area is predominantly urban, with 72.7% of the population living in areas designated as urban.

- At least 75% of the state and national populations live in urban areas.
- Note, however, the mostly rural nature of the Other Counties.

Urban and Rural Population (2010)



Sources:

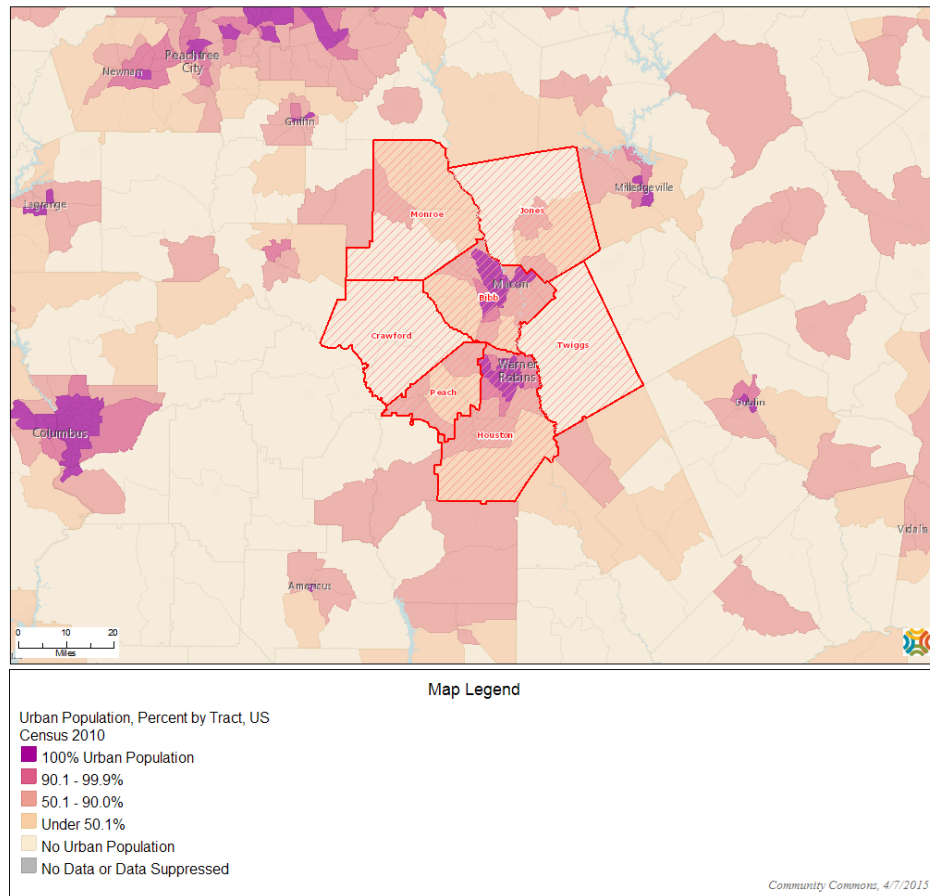
- US Census Bureau Decennial Census (2010).
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Note the following map outlining the urban population in the Total Area census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



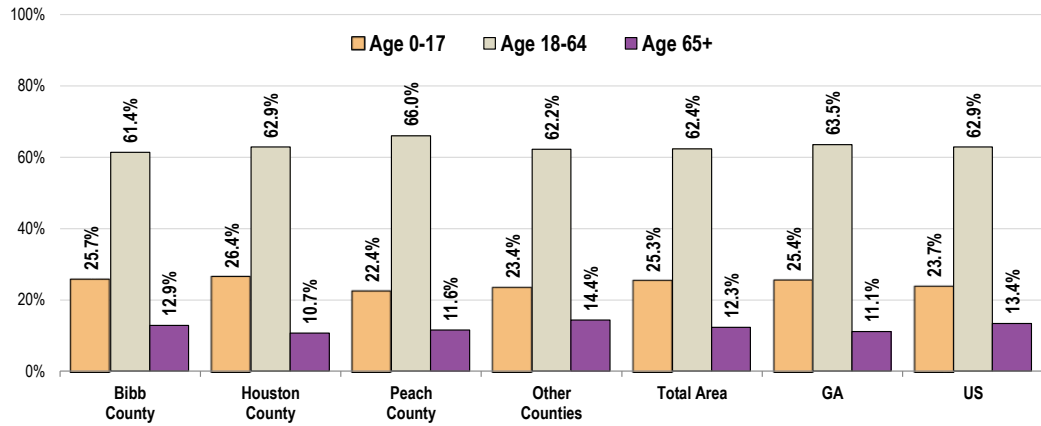
Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In the Total Area, 25.3% of the population are infants, children or adolescents (age 0-17); another 62.4% are age 18 to 64, while 12.3% are age 65 and older.

- Overall, the breakout by age is similar to state and national proportions.
- The senior population (age 65+) is higher in the Other Counties.

Total Population by Age Groups, Percent (2009-2013)



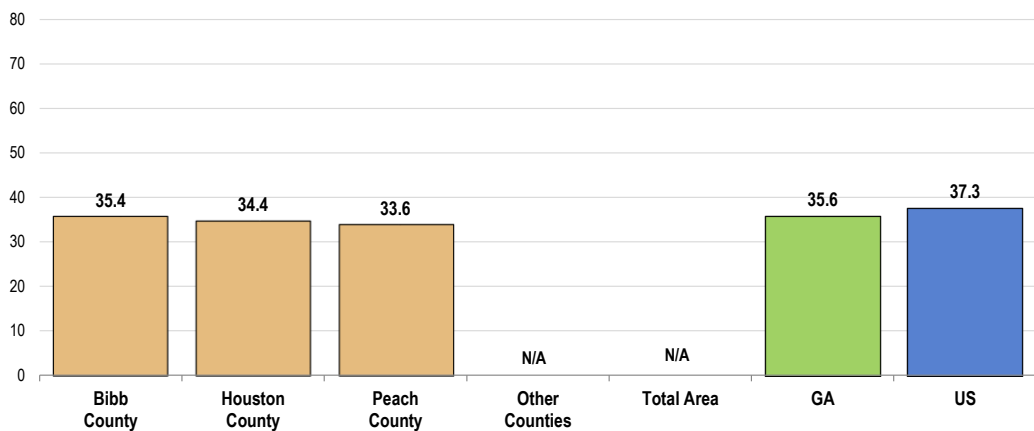
Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Median Age

Of the three counties shown below, note that Peach County is slightly “younger” in that the median age is lower.

Median Age (2009-2013)

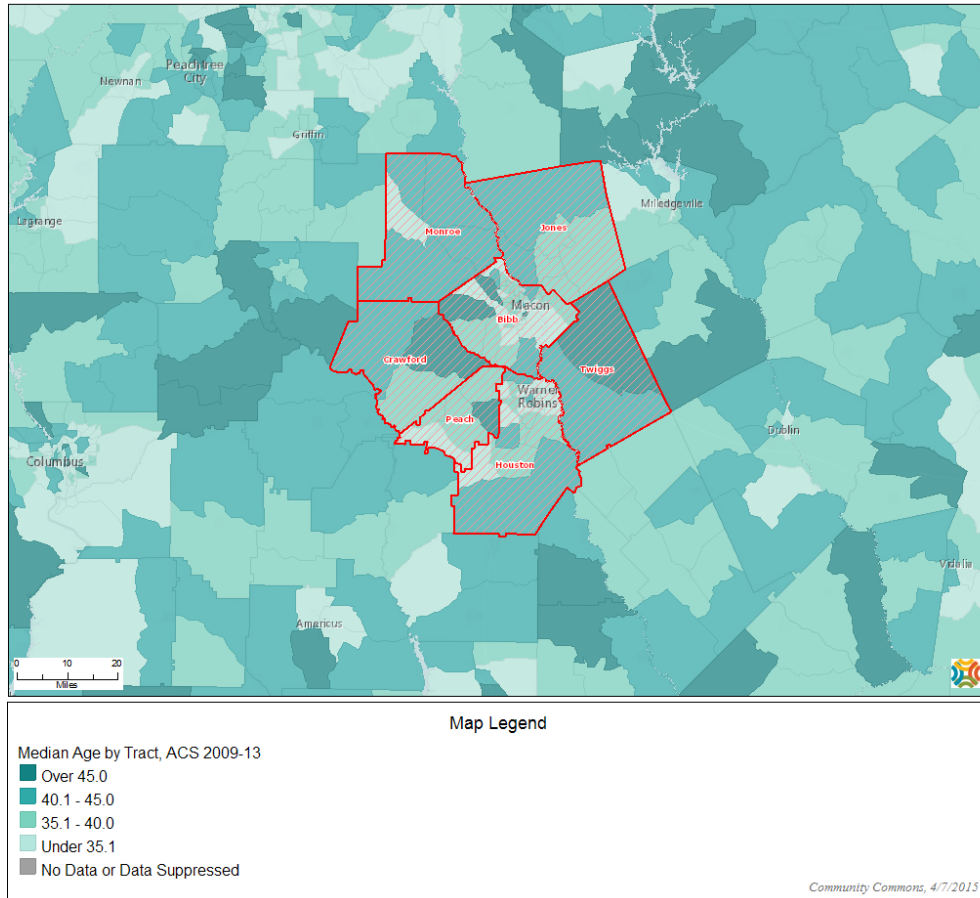


Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- The following map provides an illustration of the median age in the Total Area, segmented by census tract.

Median Age, by Tract, ACS 2009-2013



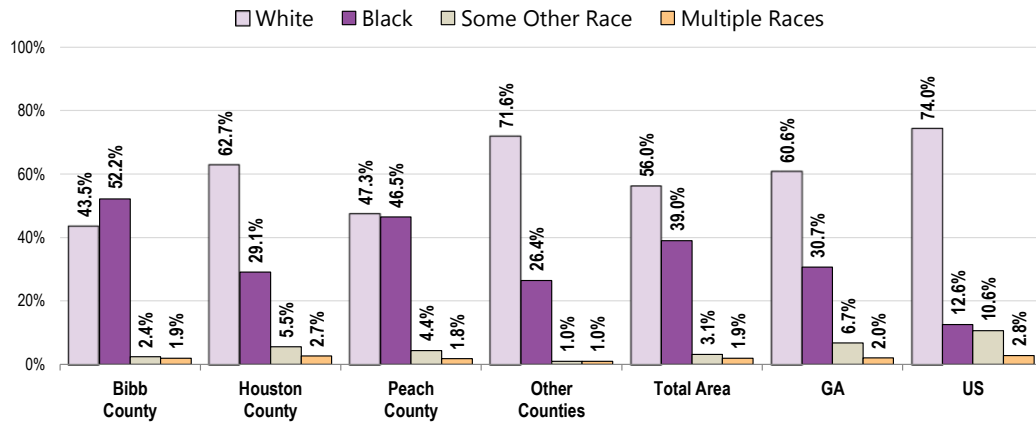
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 56.0% of Total Area residents are White and 39.0% are Black.

- This is generally less White than the state and national racial distributions.
- By county, Bibb and Peach counties house the largest Black populations.

Total Population by Race Alone, Percent (2009-2013)



Sources:

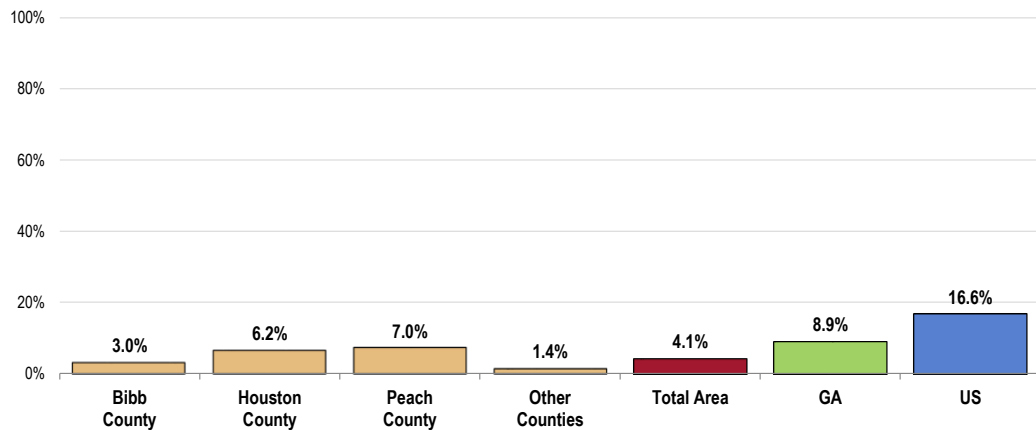
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Ethnicity

A total of 4.1% of Total Area residents are Hispanic or Latino.

- Half the statewide proportion.
- One-fourth of the national proportion.
- Ranging from 7.0% in Peach County to 1.4% in the Other Counties.

Percent Population Hispanic or Latino (2009-2013)



Sources:

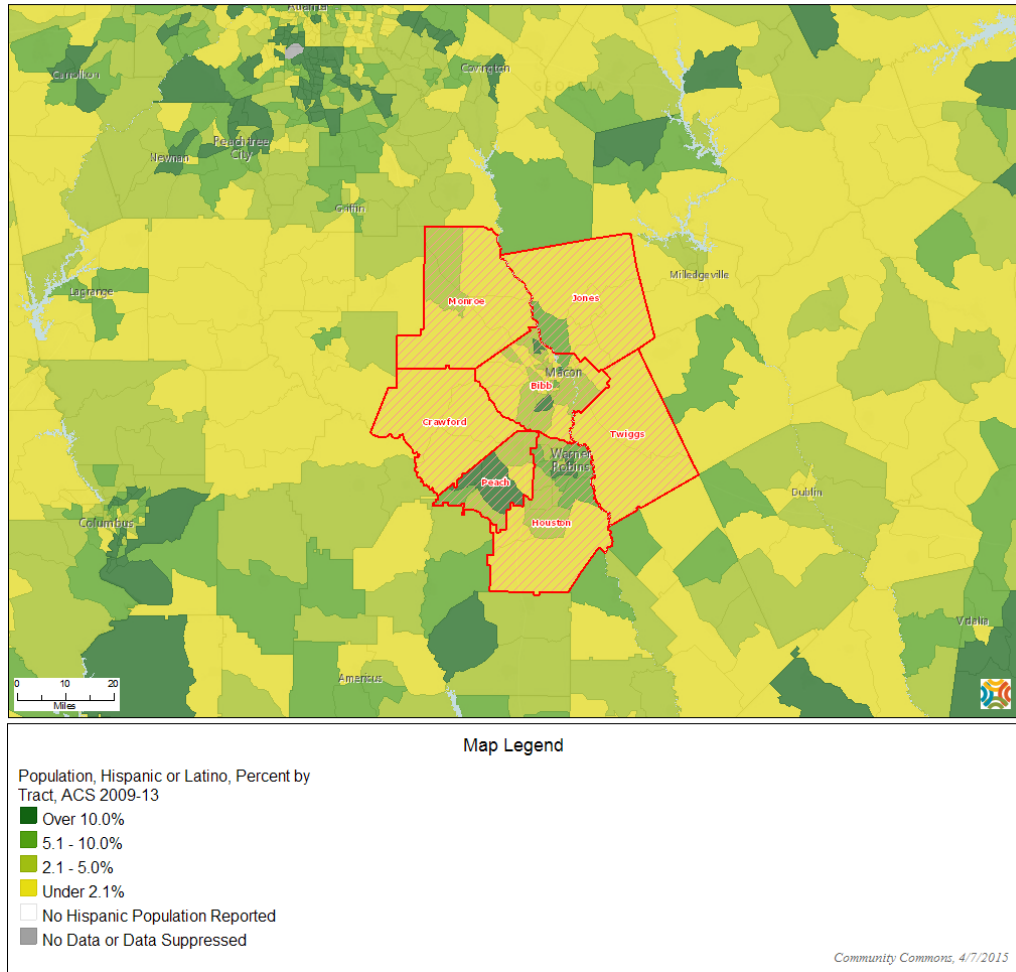
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

Notes:

- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- The Hispanic population appears to be most concentrated in Peach County.

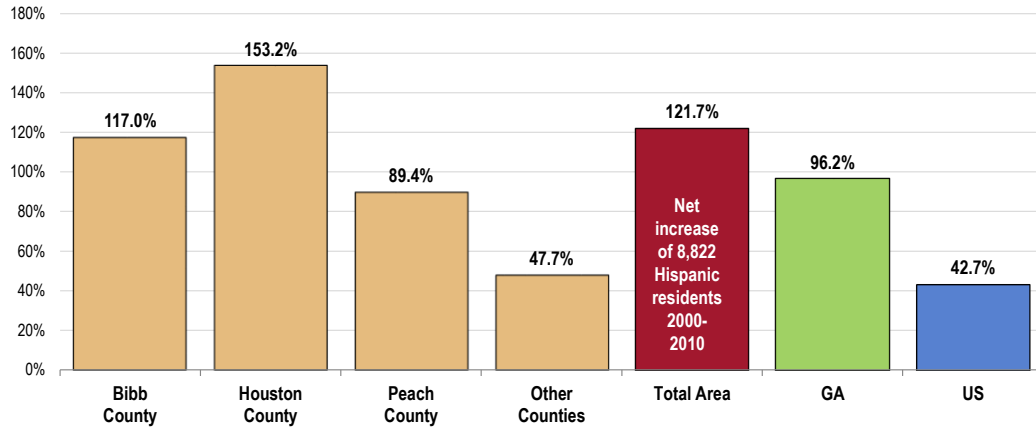
Population Hispanic or Latino, Percent by Tract, ACS 2009-2013



Between 2000 and 2010, the Hispanic population in the Total Area increased by 8,822 or 121.7%.

- Higher (in terms of percentage growth) than found statewide.
- Much higher (in terms of percentage growth) found nationally.
- The increase was highest in Houston County and lowest in the Other Counties.

Hispanic Population Change (Percentage Change in Hispanic Population Between 2000 and 2010)



Sources:

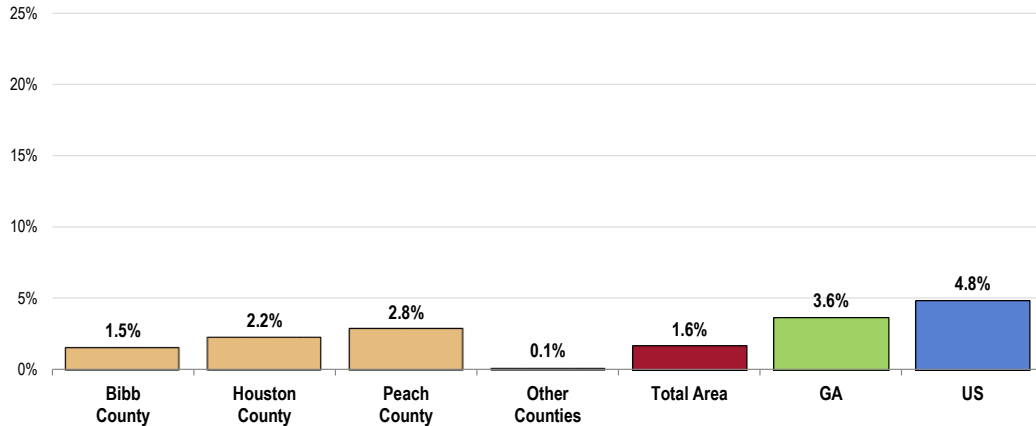
- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Linguistic Isolation

A total of 1.6% of the Total Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Lower than found statewide.
- Lower than found nationally.
- Lowest (nearly zero) in the Other Counties.

Linguistically Isolated Population (2009-2013)



Sources:

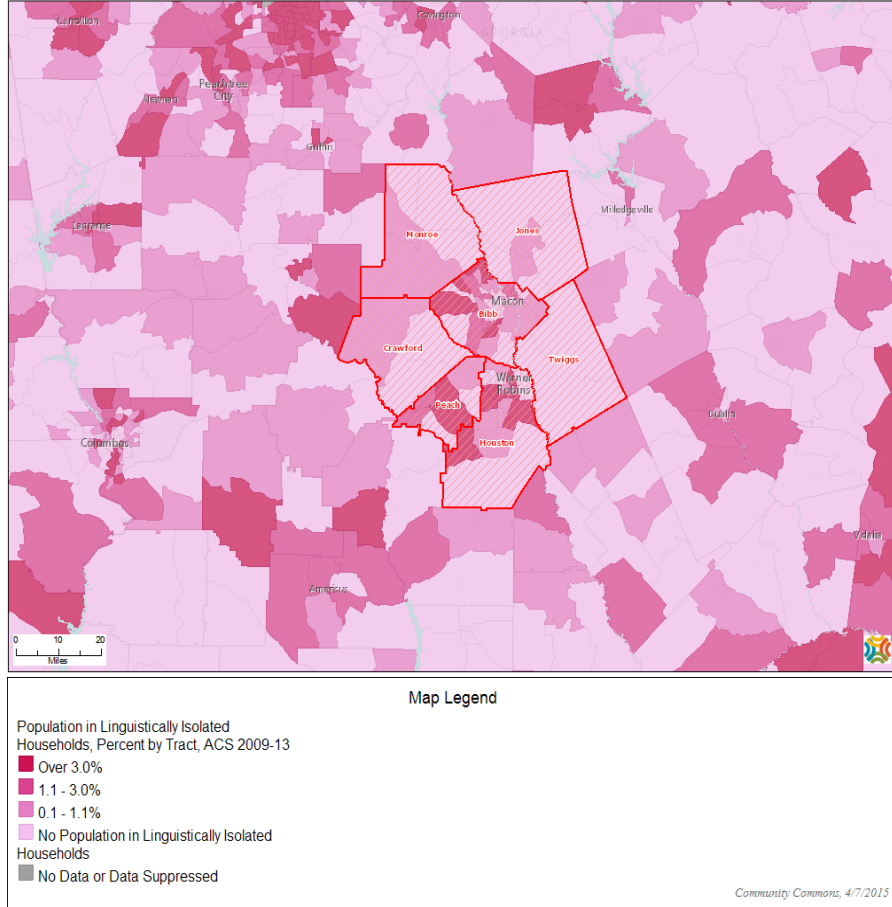
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

 Notes:

- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Note the following map illustrating linguistic isolation in the Total Area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013



Key Informant Input: Older Adults

Focus group participants noted several special health concerns for older adults, including:

- Disproportionate older population
- Caregiving for grandchildren
- Falls
- Violence
- Access to healthcare

This region has a **disproportionate** population of older adults, especially in the rural areas. A sizable number of retirees come from the military base, but there is also an effect of the younger population moving out and older adults moving back to be near family. In Monroe County alone, there are three nursing homes, even though it is a small community.

Older adults have more health issues and require more healthcare services than the younger population. Adding to this, it is becoming more common that grandparents are filling the role as primary **caregiver** for their grandchildren; they are using their limited resources to take care of the children before attending to their own health.

“The other thing we’ve seen with the elderly, in particular, are a lot of grandparents be primary caretakers of these children. So that changes the dynamics of the family... They’ve got their own health problems.” – Bibb County participant

“Monroe, for how small it is, there are three nursing homes in the county.” – Regional participant

“Young people are moving out- The ones able to go to college go and don’t come back. And the ones that are coming back are in their 70’s and 80’s and coming to live with their adult child. We’re seeing a lot of that.” – Regional participant

In addition to the typical morbidity rates associated with chronic diseases and acute illnesses such as influenza and pneumonia, **falls** are often a major health issue for the older population. A co-occurring issue with this is that many older adults are less engaged with family members and may not have someone that checks up on them regularly; the consequence of this is that an individual could fall and break a bone, but not get treatment until someone finds them a few days later. There are some prevention programs in place to teach older adults how to prevent injuries, as both Monroe and Houston counties have such services. The hospital in Monroe has a wellness center that conducts fall assessments before patients are discharged, and the Matter of Balance program in Houston County is intended to educate older adults about making their homes safer and how to strengthen their bodies. Bibb County respondents noted the need for a prevention program in their county, which could be as simple as educating older adults on how to make their home safer in terms of mobility; overall, they agree that these simple changes could amount to millions of saved dollars. Participants also noted cases of **violence** against older adults who are unable to defend themselves.

“For our elderly population- It’s something you don’t think about- but one of our highest injuries in the elderly is falls from a single level at home. The most dangerous time for an elderly person is when they get up to go to the bathroom at night. Astronomical numbers of patients coming in, and so we’re actually looking into that and trying to develop a prevention program. How do you get the word out to the elderly and do that?” – Bibb County participant

“Probably the number-one concern that I have for the elderly in our community is the fact that they are not connected or checked up on a lot. We hear a lot of our patients say, ‘Oh, my mom fell. Their house is cluttered; they don’t have a clear path to the bathroom.’ The parent falls in the middle of the night, and nobody goes and checks on them for a day or two.” – Bibb County participant

“We do check on them. Our clients are seen every day. But there are a lot of clients that have family in the area, and their family doesn’t see about them. So we deliver meals to them, and we see a lot of elderly that have no network at all.” – Bibb County participant

“This program is called ‘Matter of Balance,’ and I think it’s 8 sessions. They talk about making homes safe, but they also teach some muscle strengthening.” – Regional participant

“Maybe we can work through E.M.S. If they’re in the home, be like, ‘Maybe you should change that throw rug.’ Or, ‘Hey, maybe you should clear a route to the bathroom.’ There are just some simple things we could do to save lives, as well as millions of dollars in health care just by a few interventions at home. It’s not a lot of high tech stuff, but we need access to the patients at home.” – Bibb County participant

“We also have patients whose homes were broken into. Elderly people who have been raped and beaten. Broken bones... I know in the 10 years that I was there, we had 2 that were raped and beaten. But the elderly that we mostly took care of was the elderly that had fallen and had no one in their

home. Not because it was a trauma or a bad situation, just because they were alone for days with no one to check on them.” – Regional participant

The issue of **access** to healthcare services is one that is shared across all age groups in the region; however, it is especially problematic for older adults. Participants depicted an issue of access in general, as patients often cannot get to the doctor for various reasons. Medicare is an issue, as many have difficulties accessing services in a system that is unsustainable. Transportation was also noted as a particular concern, as elder care transportation is lacking, especially in the rural counties surrounding Bibb County. Though public transportation has greatly improved in the community- mainly in Bibb County- it progressively costs the provider more money to take the patient, and there are more barriers for older adults attempting to use public transportation. Medicaid does offer some rides, though only for the identified patient and only to a certain location and not the pharmacy or other needed places. Furthermore, it can be confusing and overwhelming to go to the medical center, especially if it has new types of technology.

“If you’re an older adult who can’t ambulate, you need a wheelchair, or you’re homebound, you may not find the transportation to get you to your doctor’s appointment. And they certainly don’t come to you. So it makes a big difference.” – Bibb County participant

“There is a paratransit van. Macon is lucky enough to have a paratransit system, which is great. But it’s still hard for some seniors to navigate, especially those who use wheelchairs.” – Bibb County participant

“Non-emergency transportation for people who are not ambulatory can get quite expensive. And the only ones that Medicaid pays for are those that are in Medicaid long-term care waivers (to keep them out of nursing homes). Which is a limited amount of people, and those that have SSI Medicaid. Any other type of Medicaid does not pay for non-emergency transport.” – Bibb County participant

“I understand why doctors are taking less and less Medicare. In my practice, it costs me money, generally, to take care of a Medicare patient. So, at some point it’s not a sustainable equation, but there’s a large group of patients that can’t access primary care because they’re Medicare.” – Bibb County participant

“It’s very confusing. I mean, if you have to the med center, and you’re 80-plus and you’re dealing with that type-in registration, it’s overwhelming... There’s a huge barrier. My dad would rather not go to certain places because he’d have to sign in electronically. He’s like, ‘What happened to the people behind the desk helping me?’” – Bibb County participant

Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

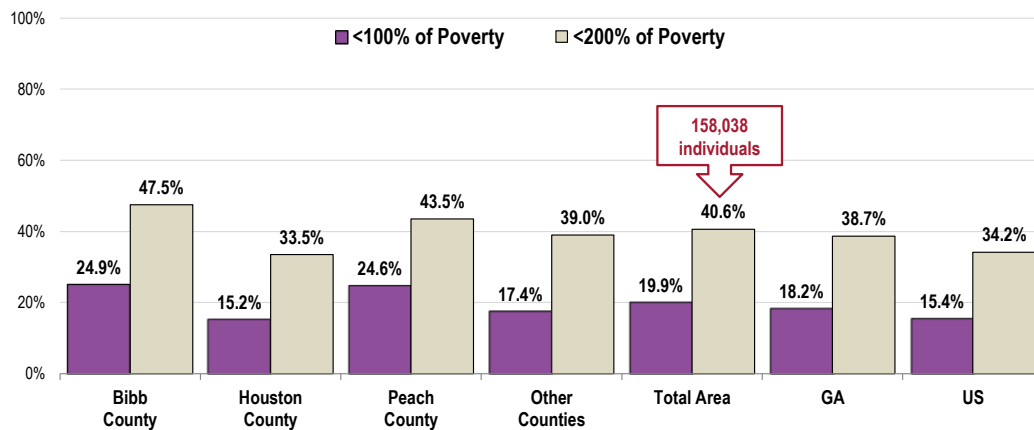
The latest census estimate shows **19.9%** of Total Area population living below the federal poverty level.

In all, **40.6%** of Total Area residents (an estimated **158,038 individuals**) live below 200% of the federal poverty level.

- Similar to the proportion reported statewide.
- Higher than found nationally.
- Poverty is highest in Bibb and Peach counties.

Population in Poverty

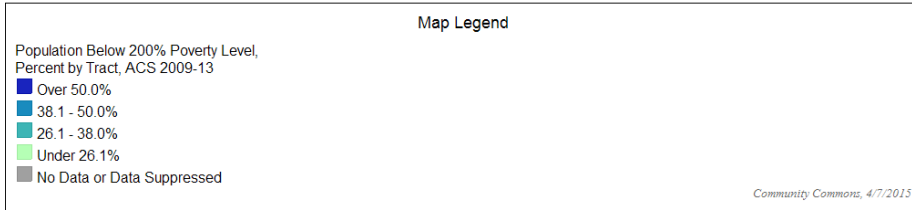
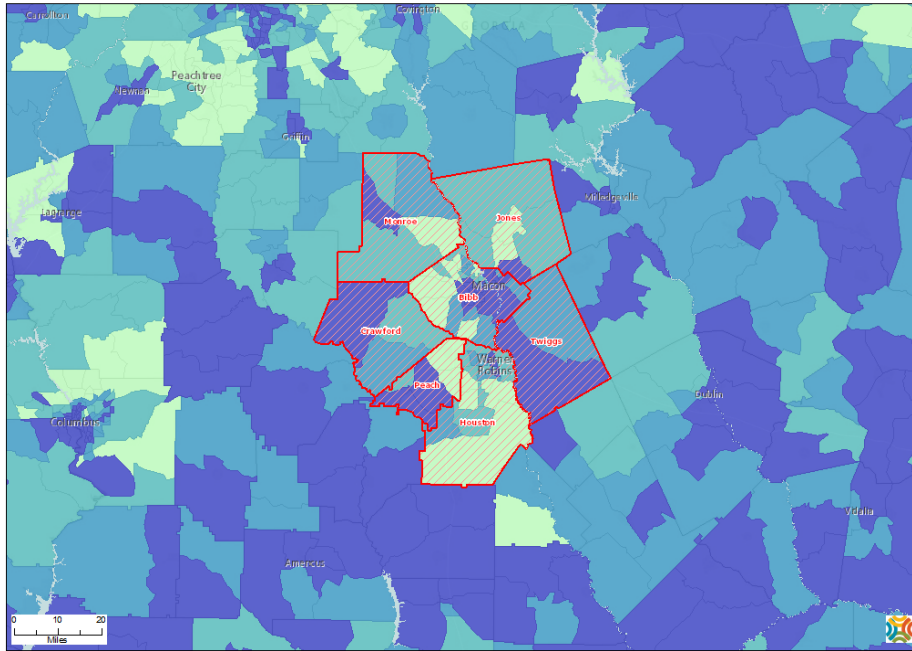
(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
 - Retrieved April 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Note the following map illustrating the proportion of people living below 200% of the federal poverty level, segmented by county.

Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013

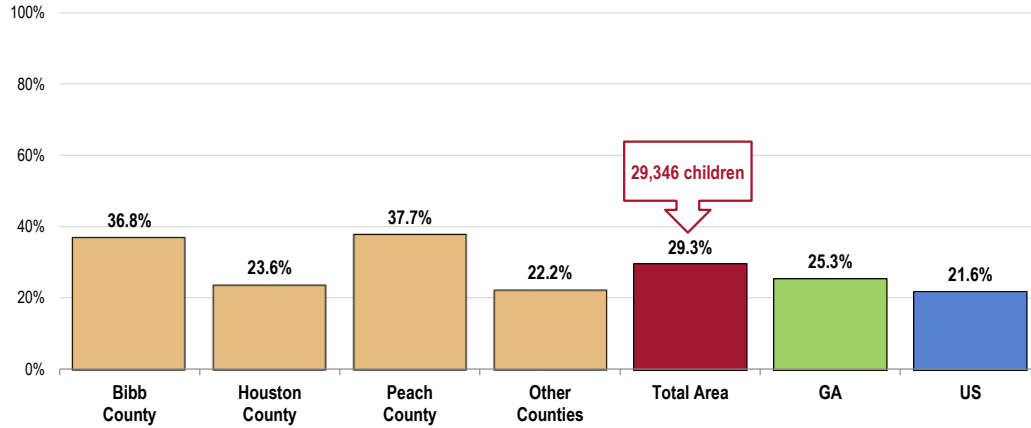


Children in Low-Income Households

Additionally, 29.3% of Total Area children age 0-17 (representing an estimated 29,346 children) live below the 200% poverty threshold.

- Worse than the proportion found statewide.
- Worse than the proportion found nationally.
- Highest in Bibb and Peach counties.

Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)



Sources:

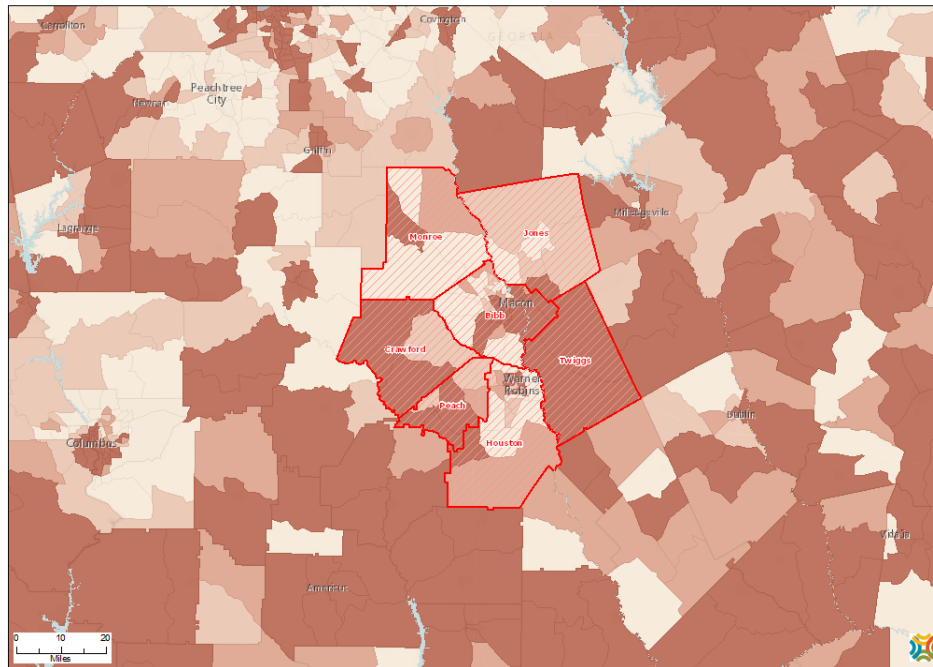
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Geographically, a notably higher concentration of children in lower-income households is found in Bibb, Crawford, Peach, and Twiggs counties.

Children (0-17) Living Below Poverty, Percent by Tract, ACS 2009-2013



Map Legend

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2009-13

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Community Commons, 4/7/2015

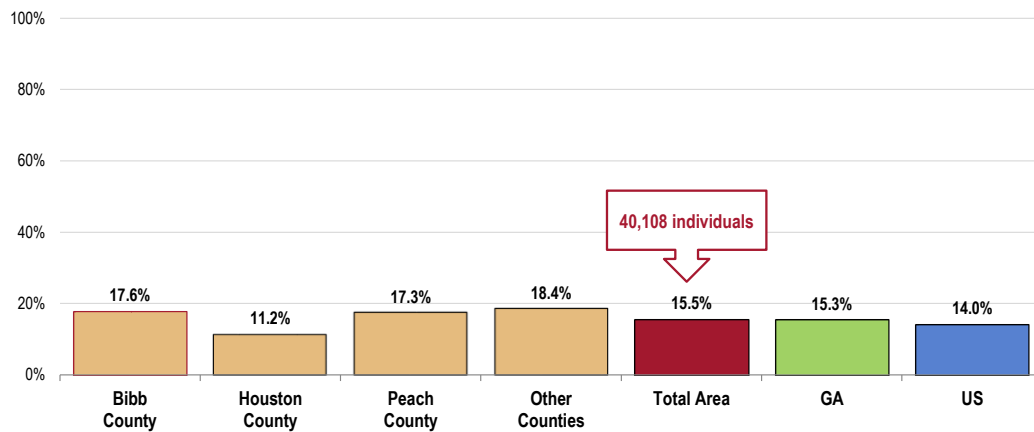
Education

Among the Total Area population age 25 and older, an estimated 15.5% (over 40,100 people) do not have a high school education.

- Comparable to that found statewide.
- Worse than that found nationally.
- Highest in the Other Counties, lowest in Houston County.

Population With No High School Diploma

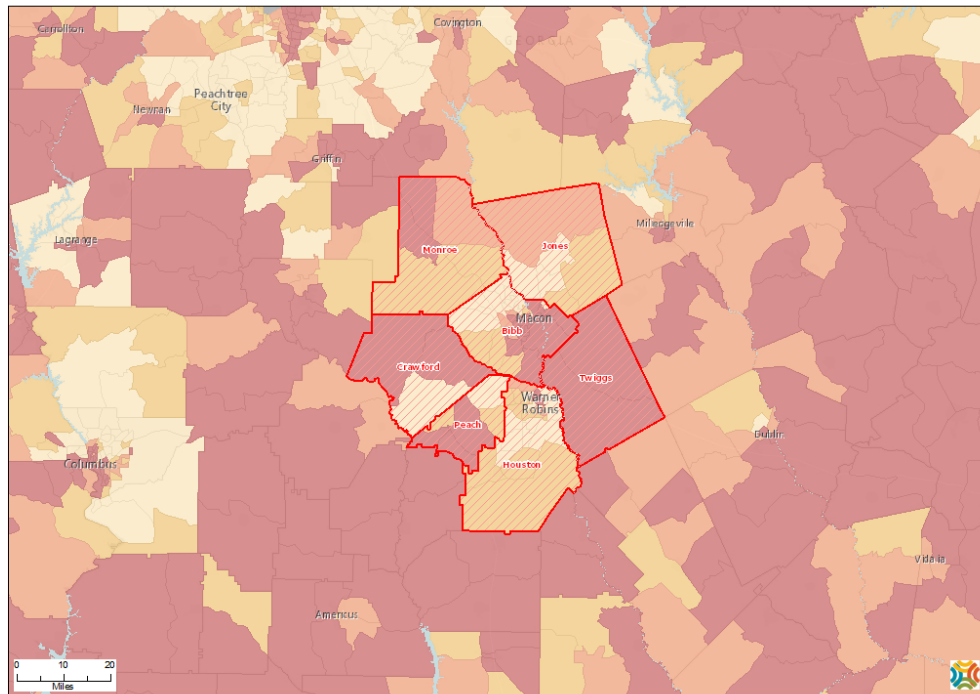
(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
 - Retrieved April 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Geographically, this indicator is more concentrated in Crawford, Peach, and Twiggs counties.

Population With No High School Diploma, Percent by Tract, ACS 2009-2013



Map Legend

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2009-13

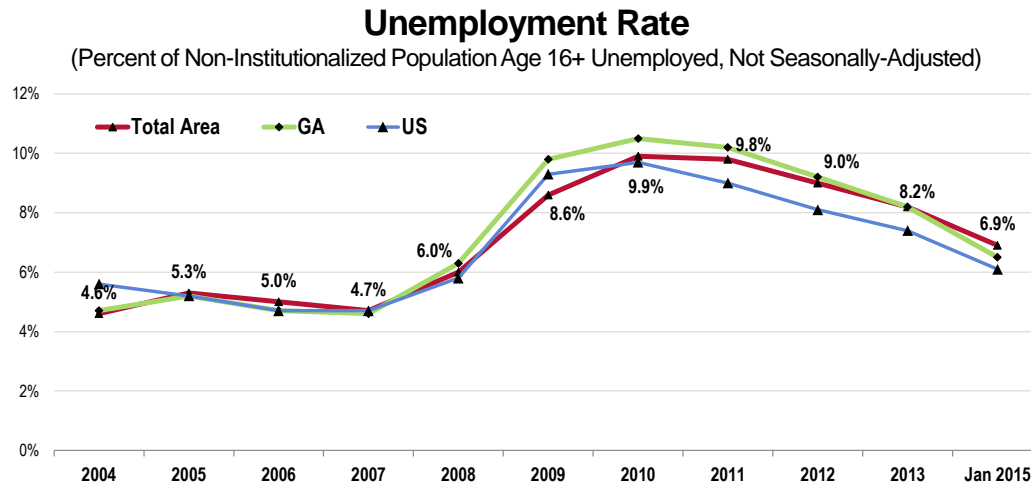
- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

Community Commons, 4/8/2015

Employment

According to data derived from the US Department of Labor, the January 2015 unemployment rate in the Total Area was 6.9%.

- Better than the statewide unemployment rate.
- Better than the national unemployment rate.
- Highest in Peach County (not shown).
- TREND: Unemployment for Total Area increased sharply in the late 2000s, but has since declined considerably, echoing the state and national trends.



Sources:

- US Department of Labor, Bureau of Labor Statistics.
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Key Informant Input: Social Determinants

Many focus group participants were concerned with the effect of social determinants on the health of the community, with discussion focusing on the following two issues in particular:

- Poverty
- Education

Respondents were quick to explain that there are many factors seemingly unrelated to health that actually drive the health of a community; overall, **poverty** and the economic health of community residents were discussed at length in each group. Participants feel that a culture of poverty is present throughout the region, which affects health. Poverty is more than just financial hardship; it also affects individual self-esteem and the hope to make a better life. Participants mentioned that this leads to a sense of fatalism, as those living in poverty might feel that they cannot escape the cycle. Many community adults are living under the federal poverty level but do not qualify for care under the Affordable Care Act. The key informants related that they attempt to educate residents on what to do with their healthcare, but poverty and other social determinants like poor basic education add great difficulty. The issue of poverty also plays into other facets of healthcare, including transportation and insurance, which are discussed later in this report.

The issue of poverty, perhaps, is best illustrated in the schools. Currently, all students in the Bibb County school district receive free or reduced-price school lunches; one participant stated that it was easier to just extend this to all the students once they found that 80% qualified; Houston County also has a program that distributes snack sacks for elementary kids in the county on Fridays.

“Poverty is such a pervasive issue. All of our public school children receive free or reduced-price lunch, and it’s because 80-plus percent qualified for free and reduced lunch. It just didn’t make sense

to do the paperwork for the other 20 percent. So this past school year, every school child in the public school system received free lunch.” — Bibb County participant

“The economic health of the community drives the physical health of the community. And I think that what we need to do is improve the education so that companies want to come to Macon- that they find that we have an educated workforce to offer... So, improve education, bring the companies here, and we’re going to flourish economically. And then parents will be able to role model for their children. ‘Look, I’ve got an education; I’m doing better.’ And kids are going to say, ‘Oh, I like this life. I want to be better.’ But we have to get that first generation with that economic success in order to drive those other things.” — Bibb County participant

“A lot of health is determined by things that are not health. Putting in a free clinic or urgent care is a band aid; it treats the symptoms of a greater underlying problem. Programs around helping folks understand food labels- That’s great, but if they can’t read ... These fundamental pieces are lacking, particularly in Central Georgia, but not uncommon to other places; if you just treat the health issues you’re putting a band aid on the problem.” — Regional participant

“I was asked why Macon County is so unhealthy. I forget the statistics, but the literacy rate is half of Bibb County, probably. The illiteracy rate is basically double the rest of the area. There’s a breakdown in education... If someone isn’t educated, you can have all the programs in the world; those folks are less likely to take advantage of those programs. If you could get every kid to finish high school, that, in and of itself, wouldn’t break the cycle, but it would help slow the cycle.” — Regional participant

“I hesitate to say, ‘More services, more services, more services.’ I think that as a community, we need to become more connected. And I just think that there needs to be more interaction and more opportunities for people to engage each other in our community.” — Bibb County participant

“More than 50 percent of the people who we work with don’t qualify for the ACA- Because we’re not a Medicaid expansion state. They’re under 133 percent of federal poverty. Sometimes you scratch your head.” — Regional participant

“It’s definitely a poverty issue, and it is a knowledge base issue of what’s important. If you have to prioritize whether you’re going to feed your children that day or take them to the dentist, you’re going to choose feeding them or where you’re going to sleep tonight, instead of healthcare. So it is highbrow to get services if you don’t have insurance.” — Regional participant

“I know with the children and families that we see, it’s not just one issue; it’s all these compounding issues. And so, the attitude that we see is just apathetic: ‘Nothing’s going to change.’” — Bibb County participant

“My perception is that it’s more about fatalism: ‘My mother has diabetes, my grandmother had it, I’m bound to get it. So why should I try?’ It’s not that they don’t really care, but they don’t really feel like they’ve got the tools or the knowledge... Or a role model to see a way out of that.” — Bibb County participant

“It’s a systemic problem for the whole community. The poverty affects health care, which affects crime; it affects everything.” — Peach participant

Much of group discussion also centered on **educational** outcomes and the acknowledgement that poverty issues contribute to knowledge base issues, and vice versa. There is a shared belief among key informants that this community ranks well below both state and national averages, and this poor education affects teenage pregnancy rates, as well. Another issue with education stems from a low graduation rate in the region. Some participants believe that the graduation rate is one of the lowest in the nation; some of the counties in the region have better graduation rates than others, with Houston County representatives reporting a more stable population and higher graduation rates than Twiggs County.

Participants feel that the number of available health programs means nothing without first having general education, and this cycle is continually perpetuated. Along with this comes a disparity in self-advocacy, with individuals at higher income levels more willing to pay attention and advocate for their own health. Those dealing with the economic effects of poverty do not

make preventive healthcare a priority, as they have other areas in their lives about which to worry.

“I think a lot of it boils down to the cycle of lack of education and poverty. When you look at communities with high teenage dropout rates, you also see high teenage pregnancy rates. The lower the level of education the worse everything is. A couple years ago, Macon County scored in the bottom ten of all counties in the U.S. by the University of something-or-another's health index score.”
— Regional participant

“We are way below state average for outcomes. And for some things, we are the lowest in the country for. So whatever excellent facilities and state-of-the-art care we might have access to, it is not translating into a healthy community. And I think there are socioeconomic and illiteracy reasons.”
— Bibb County participant

“There are some stubborn problems that we know are there, and we try to address them through education and other things. But we just don't get the result that we seem to be looking for in this community.”
— Bibb County participant

“A lot of it plays into breaking the cycle in the education piece- Getting it into the community so that your community is exercising, eating better, not needing as much healthcare.”
— Regional participant

“In this community, I believe that we are actually headed in the right direction... We finally discovered that if a child hasn't learned to read effectively by the third grade, they'll probably wind up in jail or not going to graduate. So now we're focusing on making sure that whatever it takes – if the families don't take the time to read or don't have that kind of time, we have to do other things. We have a Head Start in our Bloomfield community that is helping somewhat, but we've got to make sure that those communities are reading.”
— Bibb County participant

“Education is going to be key... Things that we used to do in the fourth and fifth grades for students, we now go to kindergarten and start. It's evidence-driven, if you don't make an impact early on, by the time you get to fifth grade, it's not effective- or it's not as effective as it could be.”
— Bibb County participant

“The culture of poverty is huge. But I think, quite naturally, education is where it all starts. But I see a lot of kids or families, where there is just a big need to improve their self-esteem. And I think education is a good way to do that, starting with the life skills with the parents and helping the kids realize that they are more than this poverty that they see- that there are some options out there... The pervasive issue of the poverty of culture is huge. If you can get the education going, you can improve the self-esteem. But if you can get the self-esteem going, you can prove their want and thirst for education. And then when it all is said and done, the educational system has to be up to par and able to handle educating the people.”
— Bibb County participant

“Our population [in Houston County] is just different. We have a more stable population, with a stable income that has access to healthcare because of the military base. We do have a higher level of education. We have a higher graduation rate.”
— Regional participant

“In the state of Georgia... the number of kids that leave high school without graduating- We are number 1. Also, the SAT scores in the state of Georgia are second-worst of the 50 states. And number three, of all the school districts in the state of Georgia, Peach County is second from last.”
— Peach County participant

“When the education system is in the state that it is, and you have folks dropping out of school, they're not paying attention to these things. They're not self-advocating. They're not trying to ensure that they're getting the best care that they can get. They've been beaten down by the cycle of dependency. They've been in this system for so long. It's just: 'Keep your head down and keep going.’”
— Regional participant

“Another thing about our community: going back to the education issue, we have a huge impoverished portion of our community. And when you look, demographically, how people receive information- The wealthy, they'll ask someone, 'Go get this information for me.' Middle class people typically do their own research; they go on the internet, they go to the library, they read books, and they figure out what they need to know. And then the lower socioeconomic class, they ask the people that they trust- peers at work, people from church, maybe their pastor. This is how so much of this bad information comes from... This is where we need to build the trust in our community so that people are actually going to experts, as opposed to going to a neighbor or somebody who has no business giving them information.”
— Bibb County participant

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Self-Reported Health Status

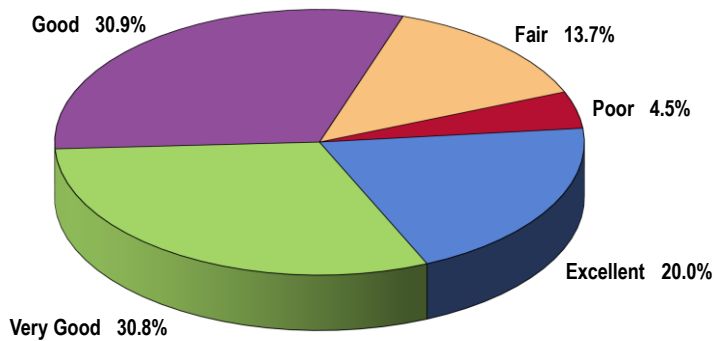
Half of Total Area adults (50.8%) rate their overall health as “excellent” or “very good.

- Another 30.9% gave “good” ratings of their overall health.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

“Would you say that in general your health is: excellent, very good, good, fair or poor?”

Self-Reported Health Status
(Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 18.2% of Total Area adults believe that their overall health is “fair” or “poor.”

- Comparable to statewide findings.
- Comparable to the national percentage.
- No statistically significant difference by county.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous (2012) survey results.

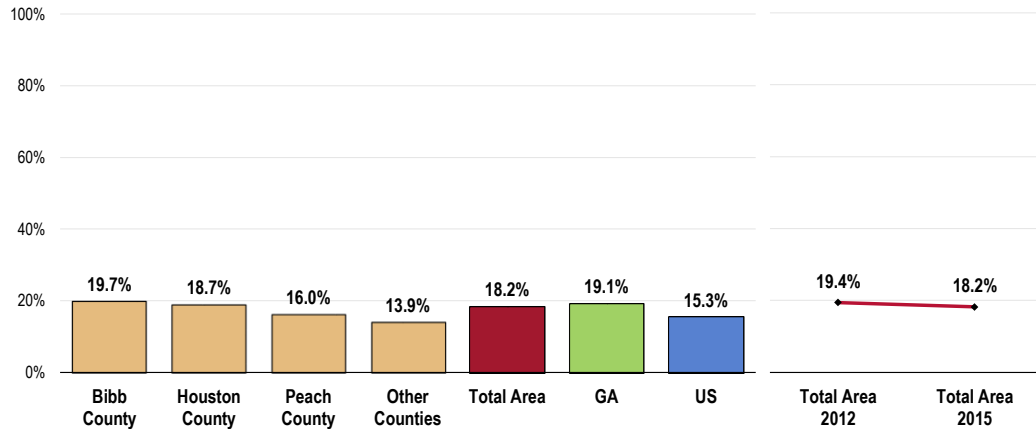
NOTE:

Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, community-level data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

Experience “Fair” or “Poor” Overall Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

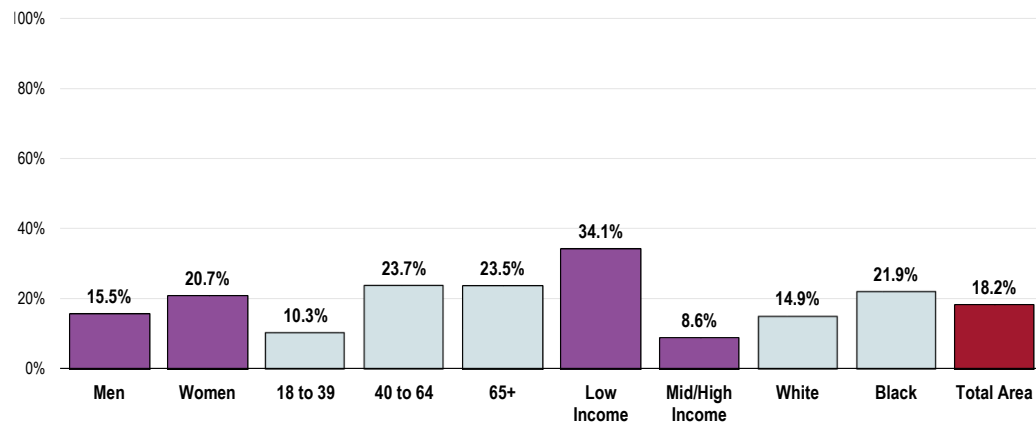
Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Women.
- Adults age 40 and older.
- Residents living at lower incomes (especially).
- Blacks.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Experience “Fair” or “Poor” Overall Health (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

RELATED ISSUE:
See also
*Potentially Disabling
Conditions in the
Death, Disease &
Chronic Conditions*
section of this report.

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

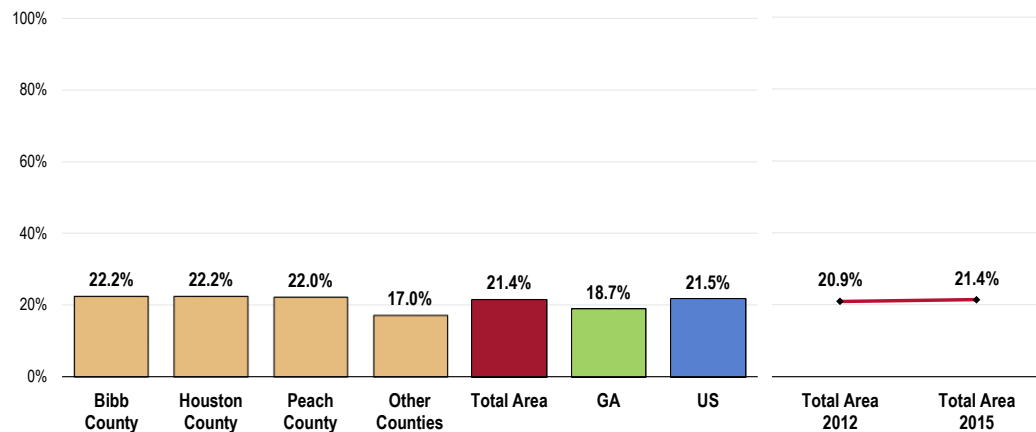
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

- Healthy People 2020 (www.healthypeople.gov)

A total of 21.4% of Total Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the prevalence statewide.
- Similar to the national prevalence.
- Similar findings by county.
- TREND: Statistically unchanged over time.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



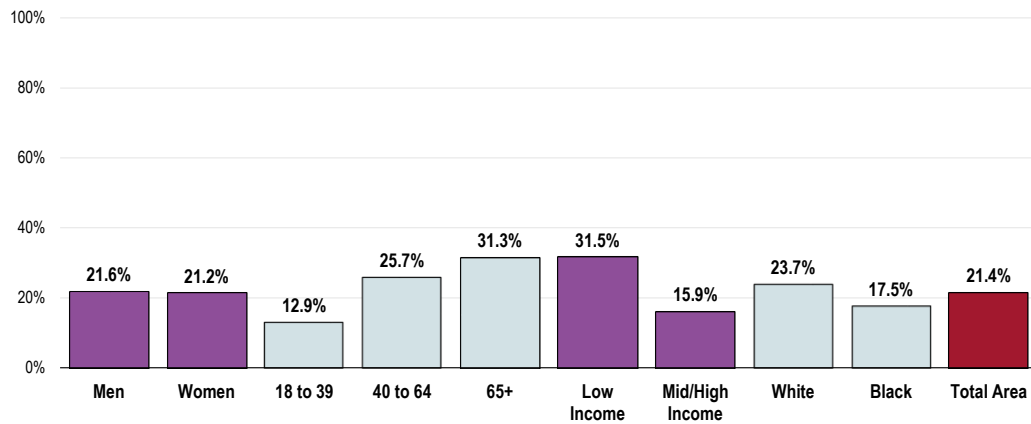
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Low-income residents are more likely to report some type of activity limitation.
- Whites are more likely than Blacks to report activity limitations.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Total Area, 2015)

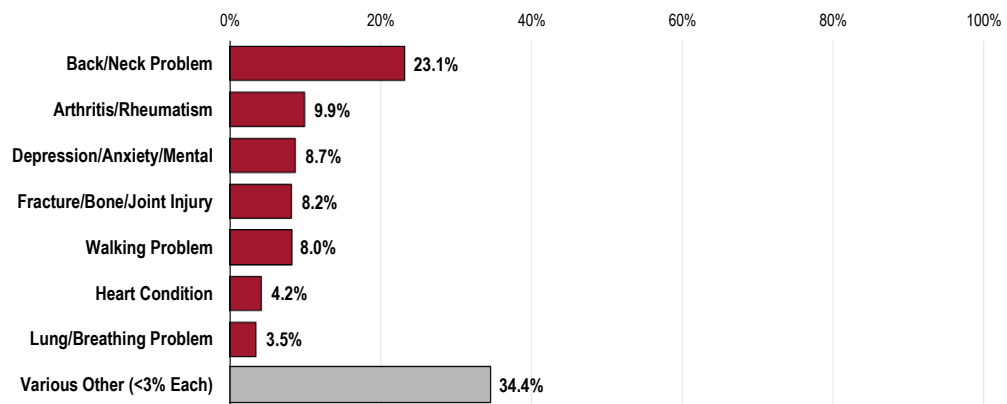


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, fractures or bone/joint injuries, or difficulty walking.

Other limitations mentioned with some frequency include mental health/depression issues, heart conditions, and lung/breathing problems.

Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
 Notes: • Asked of those respondents reporting activity limitations.

Mental Health

RELATED ISSUE:

See also
*Potentially Disabling
Conditions in the
Death, Disease &
Chronic Conditions
section of this report.*

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

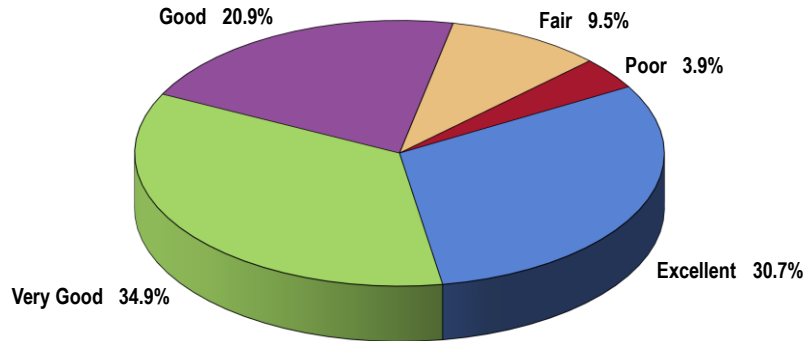
Self-Reported Mental Health Status

“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?”

A total of 65.6% of Total Area adults rate their overall mental health as “excellent” or “very good.”

- Another 20.9% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Total Area, 2015)

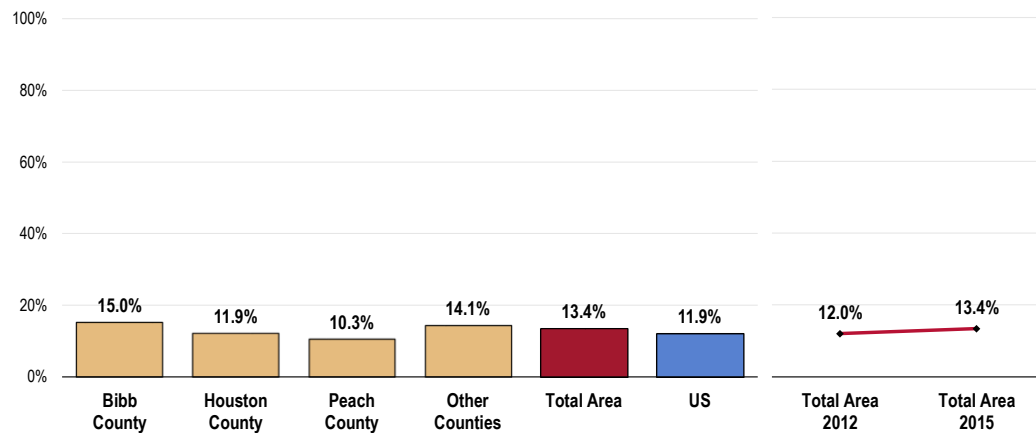


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 13.4% of Total Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- Similar findings by county.
- TREND: Statistically unchanged since 2012.

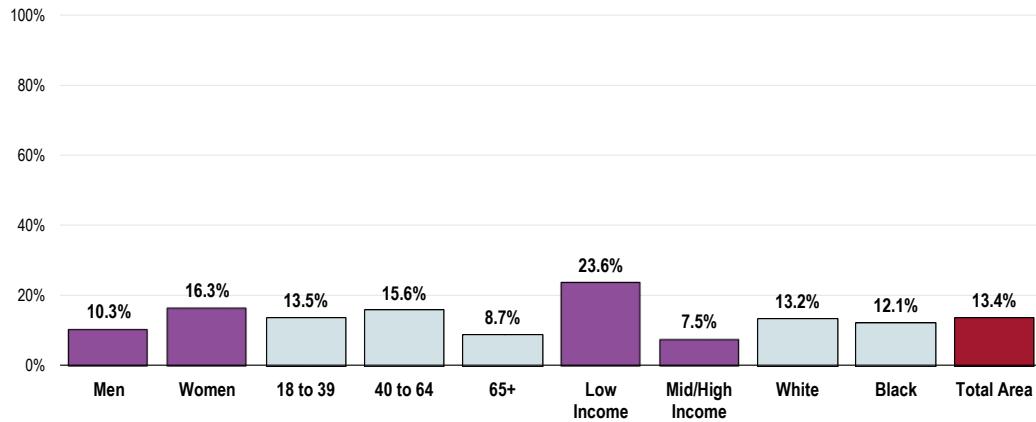
Experience “Fair” or “Poor” Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• “Other Counties” is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Women, adults under 65, and low-income residents (especially) are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

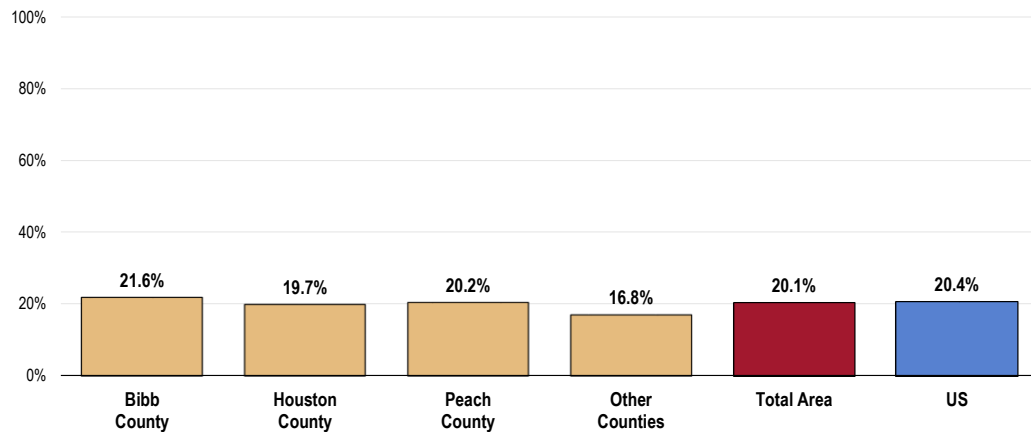
Depression

Diagnosed Depression

One in five Total Area adults (20.1%) has been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the national finding.
- Statistically similar by county.

Have Been Diagnosed With a Depressive Disorder



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

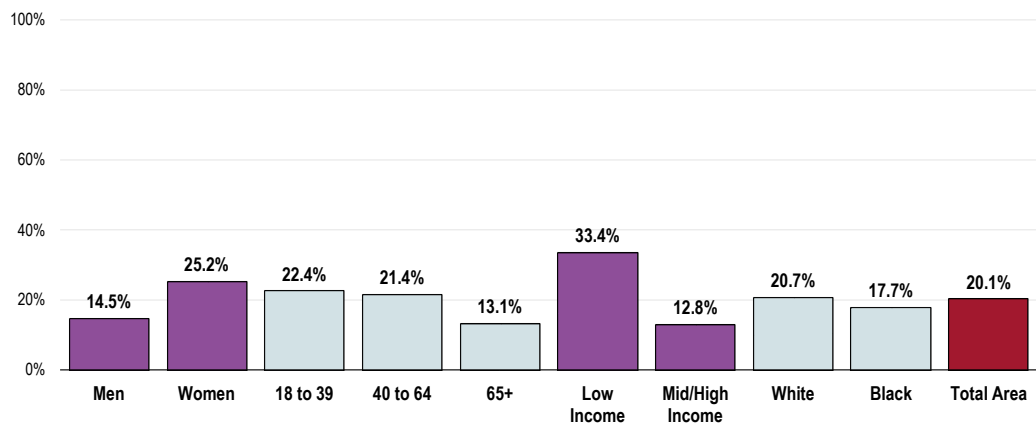
• Depressive disorders include depression, major depression, dysthymia, or minor depression.

• "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

The prevalence of diagnosed depression is notably higher among:

- Women.
- Adults under 65.
- Community members living at lower incomes (especially).

Have Been Diagnosed With a Depressive Disorder (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes: • Asked of all respondents.

• Depressive disorders include depression, major depression, dysthymia, or minor depression.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

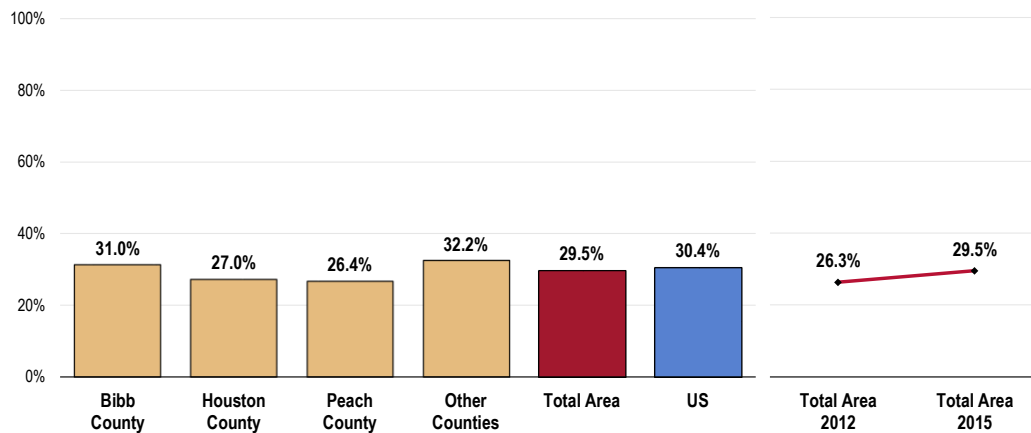
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 29.5% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Comparable to national findings.
- Comparable findings by county.
- TREND: Similar to that reported in the Total Area in 2012.

Have Experienced Symptoms of Chronic Depression



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

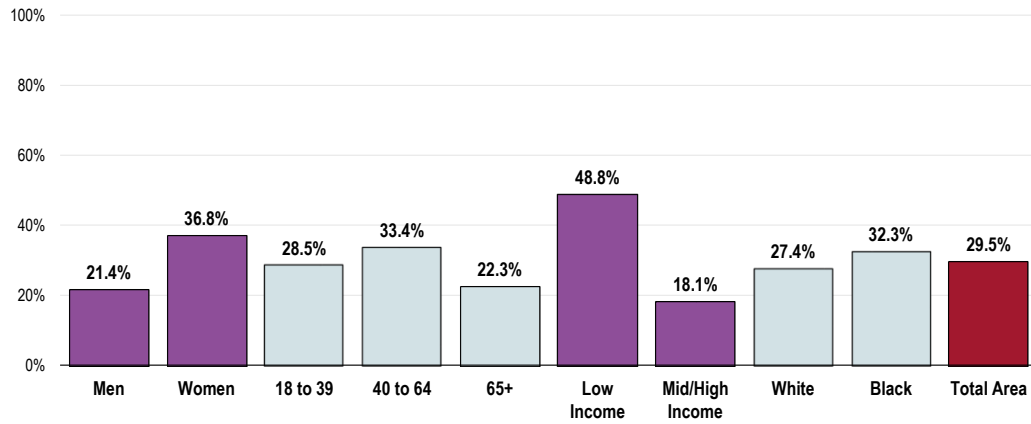
• "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Adults age 40 to 64.
- Adults with lower incomes (especially).

Have Experienced Symptoms of Chronic Depression (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

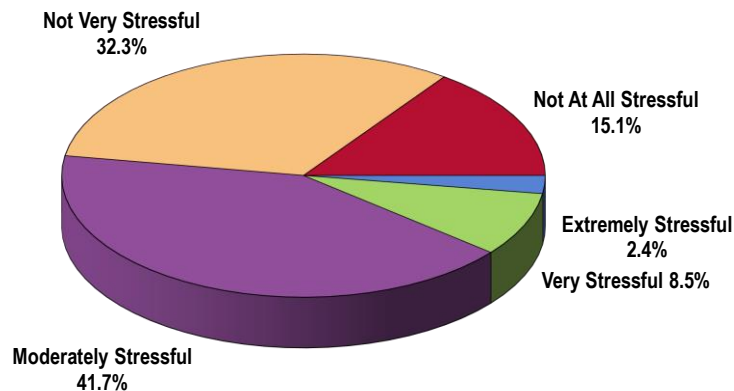
Nearly one-half of Total Area adults consider their typical day to be "not very stressful" (32.3%) or "not at all stressful" (15.1%).

RELATED ISSUE:

- Another 41.7% of survey respondents characterize their typical day as "moderately stressful."

See also *Substance Abuse in the Modifiable Health Risks* section of this report.

Perceived Level of Stress On a Typical Day (Total Area, 2015)

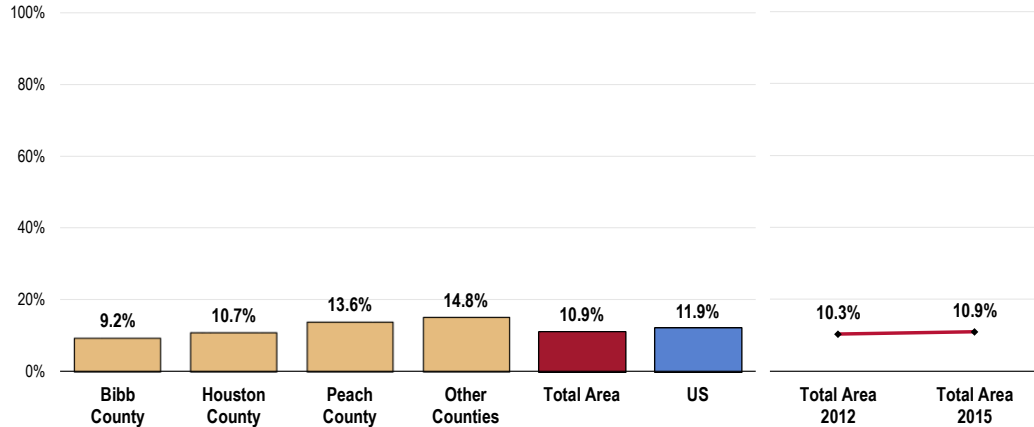


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 Notes: • Asked of all respondents.

In contrast, 10.9% of Total Area adults experience “very” or “extremely” stressful days on a regular basis.

- Statistically similar to the US prevalence.
- Statistically similar findings by county.
- TREND: Statistically similar to the 2012 findings.

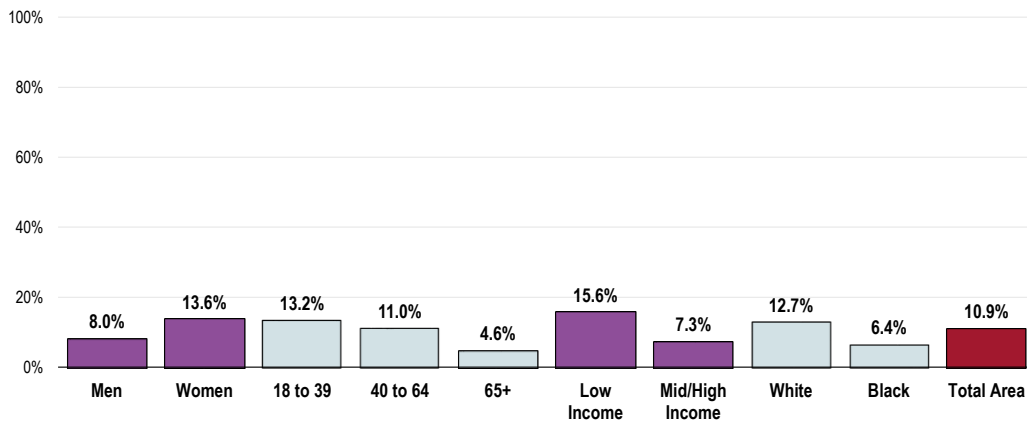
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • “Other Counties” is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Note that high stress levels are more prevalent among women, adults under 65, low-income residents, and Whites.

Perceive Most Days as “Extremely” or “Very” Stressful (Total Area, 2015)



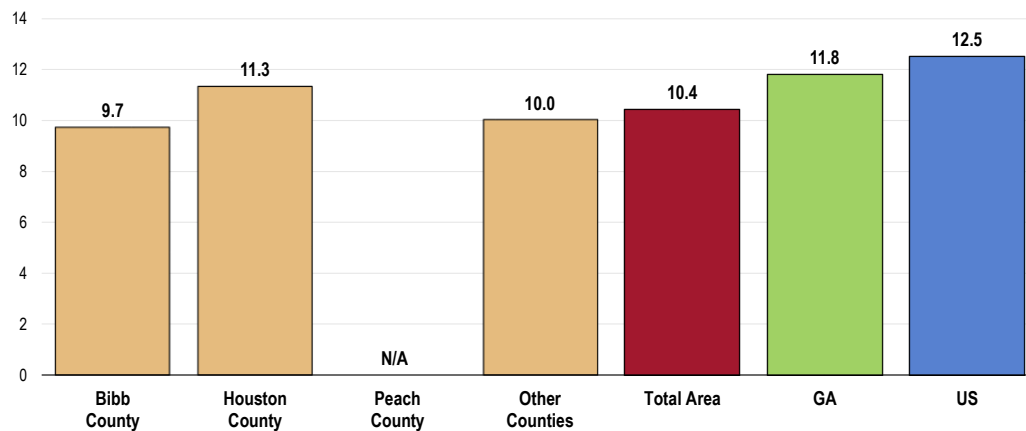
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 10.4 deaths per 100,000 population in the Total Area.

- Lower than the statewide rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target of 10.2 or lower.
- Higher in Houston County.

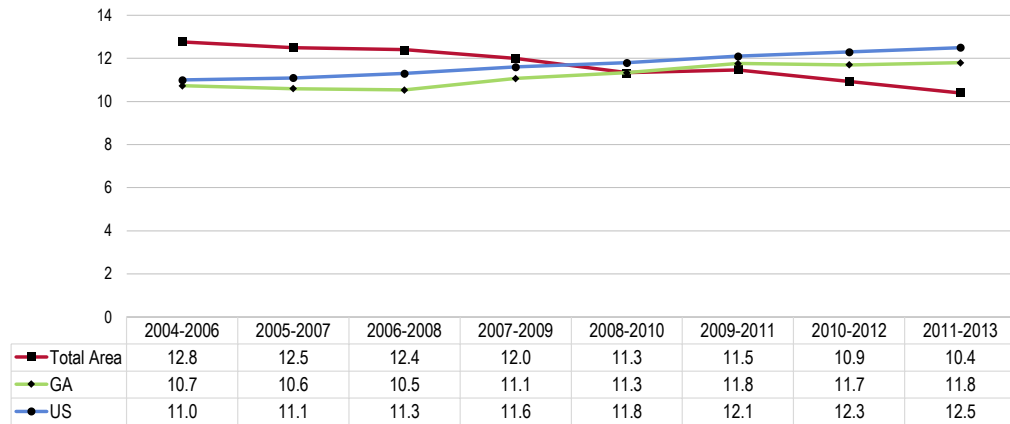
Suicide: Age-Adjusted Mortality
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- **TREND:** The area suicide rate has overall trended downward, in contrast to the state and national trends.

Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



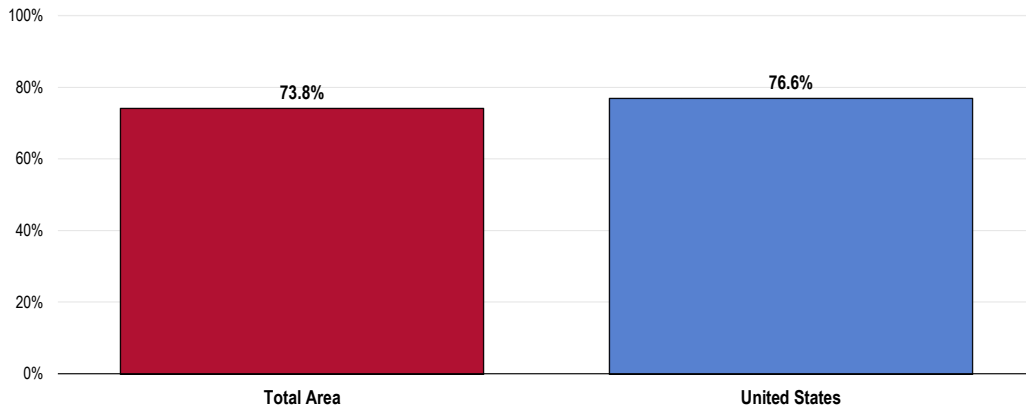
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • Local, state and national data are simple three-year averages.

Mental Health Treatment

Among adults with a diagnosed depressive disorder, 73.8% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem (Among Adults With Diagnosed Depressive Disorder)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

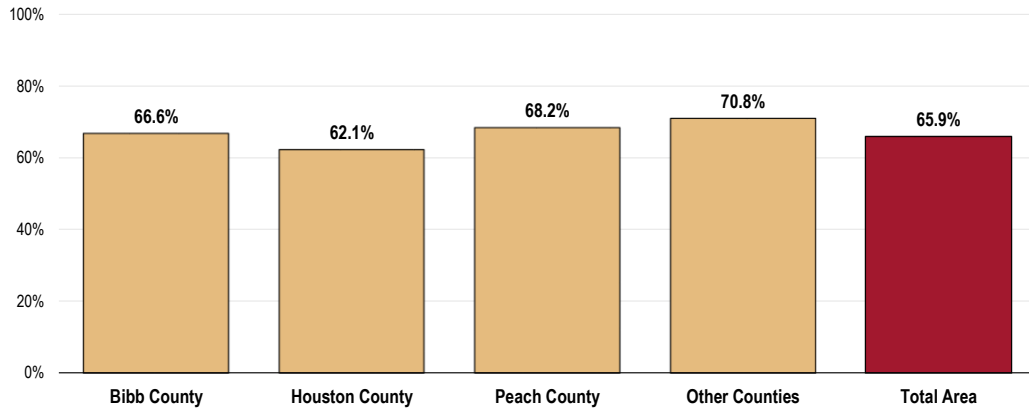
“Diagnosed depressive disorder” includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

Religious Meetings

Nearly two in three survey respondents (65.9%) attended a religious or spiritual meeting in the past month.

- Statistically similar findings by county.

Attended a Religious or Spiritual Meeting in the Past Month

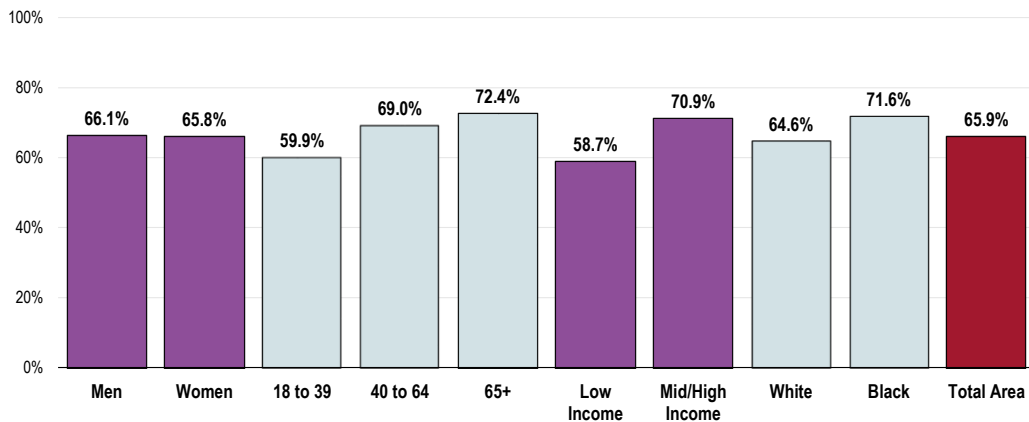


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 301]
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Attendance at a religious or spiritual meeting in the past month is less likely among:

- Adults under age 65 (note the positive correlation with age).
- Adults with lower incomes.
- Whites.

Attended a Religious or Spiritual Meeting in the Past Month (Total Area, 2015)

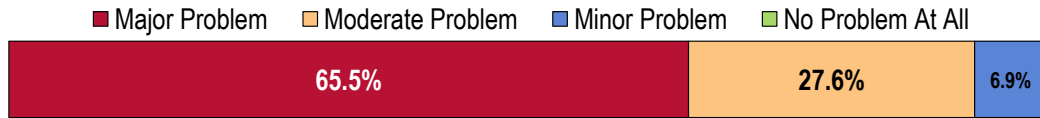


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

The greatest share of key informants taking part in the focus groups characterized *Mental Health* as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, March 2015.

Focus group participants noted several barriers that community residents encounter relative to mental health services in the community.

- Access to treatment
- Lack of breadth of services
- Children with mental health needs

Throughout the focus groups, participants were concerned about **access** to mental health services. Though some of the counties possess some inpatient availability, as well as some outpatient services through the Phoenix Center, participants did not feel that the available services meet all the need in the community. Additionally, participants noted that affordability is a central issue for this community, even for the insured.

One group, in particular, came up in conversation: the homeless. This population is perceived to make up a large proportion of the need. Overall, participants feel that mental health issues are well-entrenched in the community and that funding alone might not fix, unless accompanied by a community-wide initiative.

“The base has a huge industrial complex, and a lot of it is civilians/retirees, who do not have other than emergent access to our mental health clinic. But they’re on the base; they have the similar stressors that our active duty do. So they’re trying to make that bridge, to bring in some of those off-base services- health services, chaplain services- so they can help with urgent intervention.” — Regional participant

“The homeless population in Macon is largely a mental health problem” — Regional participant

“We have a large homeless population, and they’re not all from Macon. The word spreads; you would be surprised. Throughout the state of Georgia, it is known that you can come to Macon... We’ve had some come from Washington, D.C., that heard that Macon is the place to come.” — Bibb County participant

“We would need a radical overhaul to address mental health issues- more than just funding.” — Regional participant

Participants were quick to acknowledge that much of the mental health issue is not due to a lack of inpatient mental health services, but a **lack of service breadth**. Medications are hard to come by, and there is no funding for counseling services. Insurance is also changing, and many places are no longer accepting Medicare. The Houston County military base has a mental health clinic that is pooling all their resources in an effort to understand the effect of stress on base and its relationship with a handful of suicides that have occurred.

“My understanding is that we don't have counseling anymore because they don't have any funding. So, to me, it's like salt and pepper- pancakes and syrup. You've got to have both of those when they're that sick mentally, because they don't have within themselves the resources for – you just need more. – Bibb County participant

“At River's Edge, if they show up intoxicated or have some other issues- They'll call the E.M.S, and they go to the E.R. Then, once they leave the E.R., they ship them out to River's Edge. So, you just create multiple bottlenecks in the system that you really don't need. It needs to be comprehensive: If you walk in there, and you need psychiatric help or medication, you should be able to get it all at one place... Most of them leave the E.R., and go back to the streets.” — Bibb County participant

“People use the E.R. because it's convenient, instead of actually going to a primary care provider or going to a clinic.” — Bibb County participant

“Unfortunately, we've had several suicides [on the base]- civilian suicides. So they're looking at ways to intervene and mitigate that. And one of the things, for us, is to reach out to the community.” — Regional participant

For **children** in the community, their mental and behavioral issues are often misattributed to physical issues. Group discussion covered the dearth of available school counselors and the need for more; insurance issues also often deter children from receiving needed counseling services.

“Often, I think we're blaming mental and behavioral issues on physical issues, so these things are not getting addressed.” — Regional participant

“There is a counselor available in the schools, but we always need more.” — Regional participant

Death, Disease & Chronic Conditions



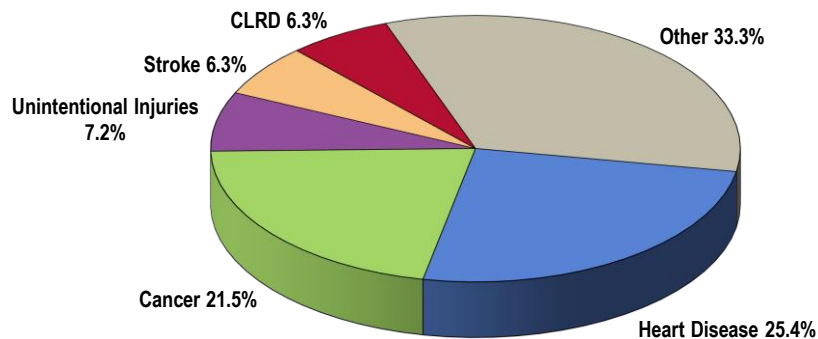
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in the Total Area in 2013.

Leading Causes of Death
(Total Area, 2013)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, Georgia and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Area.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Note that age-adjusted mortality rates in the Total Area are worse than national rates for all illustrated causes of death except suicide, diabetes mellitus, cirrhosis, and drug-related deaths.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Total Area rates fail to satisfy the related goals for each cause of death

shown, with the exceptions of suicide, cirrhosis, and drug-induced deaths.

Age-Adjusted Death Rates for Selected Causes (2011-2013 Deaths per 100,000 Population)

	Total Area	GA	US	HP2020
Diseases of the Heart	213.7	179.6	171.3	156.9*
Malignant Neoplasms (Cancers)	183.1	169.0	166.2	161.4
Cerebrovascular Disease (Stroke)	47.3	41.9	37.0	34.8
Chronic Lower Respiratory Disease (CLRD)	45.6	45.2	42.0	n/a
Unintentional Injuries	44.3	39.2	39.2	36.4
Alzheimer's Disease	31.4	26.7	24.0	n/a
Kidney Diseases	22.3	18.3	13.2	n/a
Diabetes Mellitus	21.6	23.1	21.3	20.5*
Pneumonia/Influenza	18.6	16.9	15.3	n/a
Motor Vehicle Deaths	15.6	12.5	10.7	12.4
Firearm-Related	13.8	12.7	10.4	9.3
Intentional Self-Harm (Suicide)	10.4	11.8	12.5	10.2
Drug-Induced	10.3	11.2	14.1	11.3
Cirrhosis/Liver Disease	7.6	8.1	9.9	8.2
Homicide/Legal Intervention	7.4	6.4	5.3	5.5
HIV/AIDS	5.7	22.9	3.6	3.3

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.

Note:

- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.

- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

- Local, state and national data are simple three-year averages.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

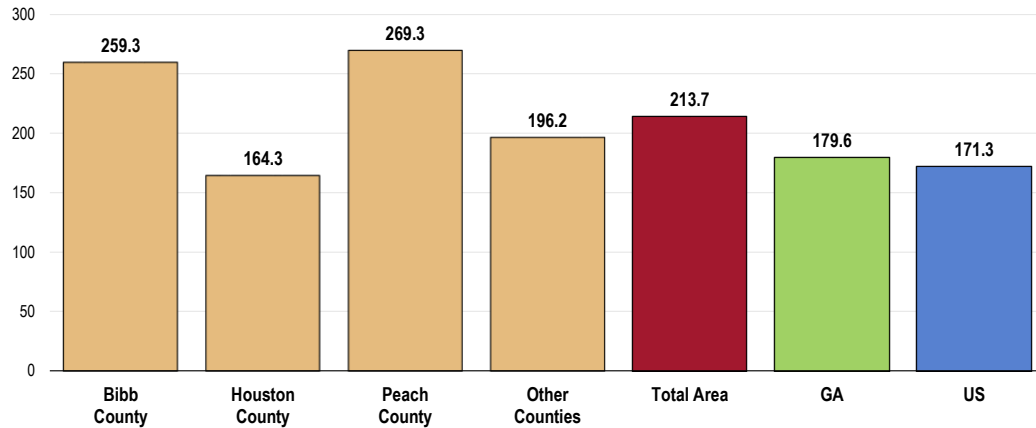
Heart Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 213.7 deaths per 100,000 population in the Total Area.

- Worse than the statewide rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Higher in Bibb and Peach counties.

The greatest share of cardiovascular deaths is attributed to heart disease.

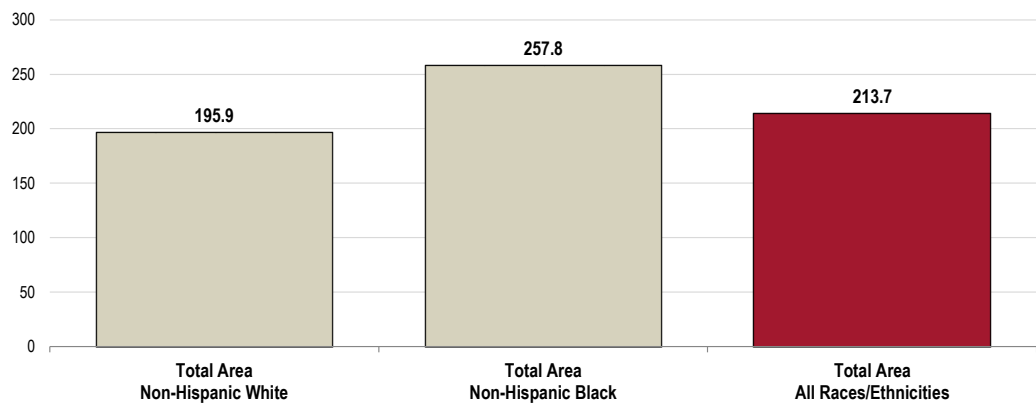
Heart Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- By race, the heart disease mortality rate is notably higher among Blacks when compared with Whites in the Total Area.

Heart Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



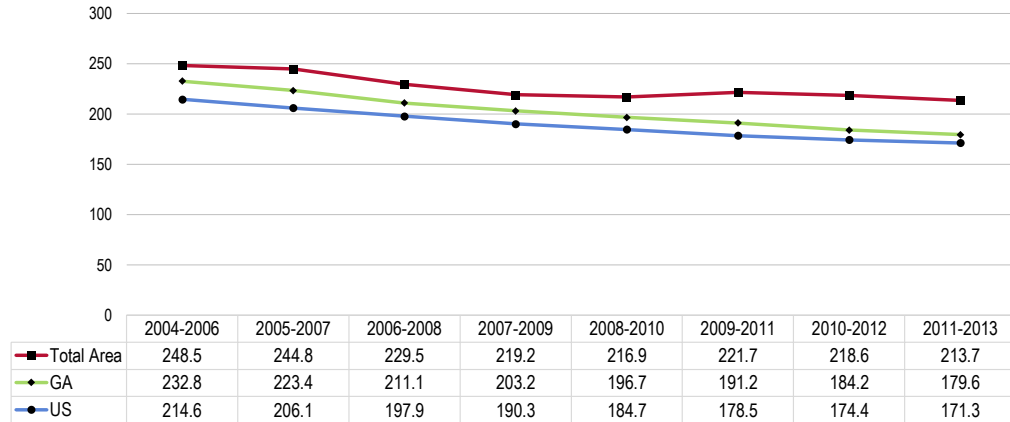
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- **TREND:** The heart disease mortality rate has decreased in the Total Area, echoing the decreasing trends across Georgia and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



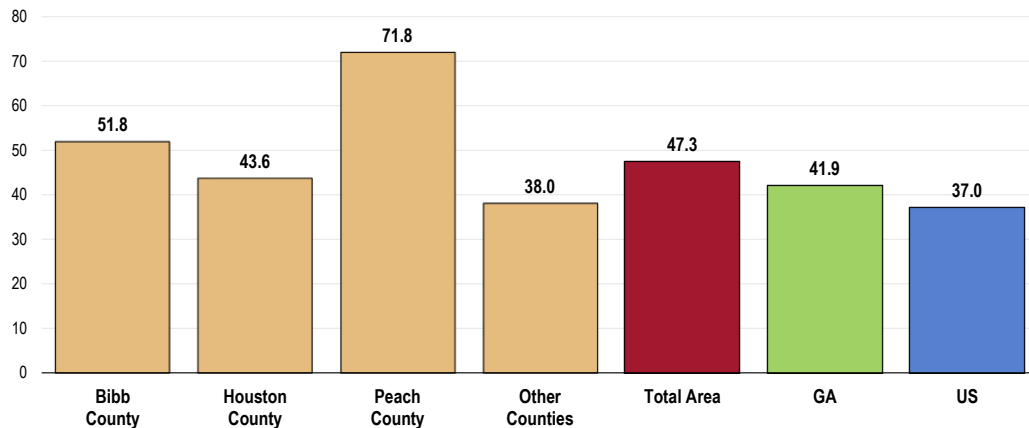
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Local, state and national data are simple three-year averages.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 47.3 deaths per 100,000 population in the Total Area.

- Less favorable than the Georgia rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.
- Higher in Bibb and Peach counties.

Stroke: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



Sources:

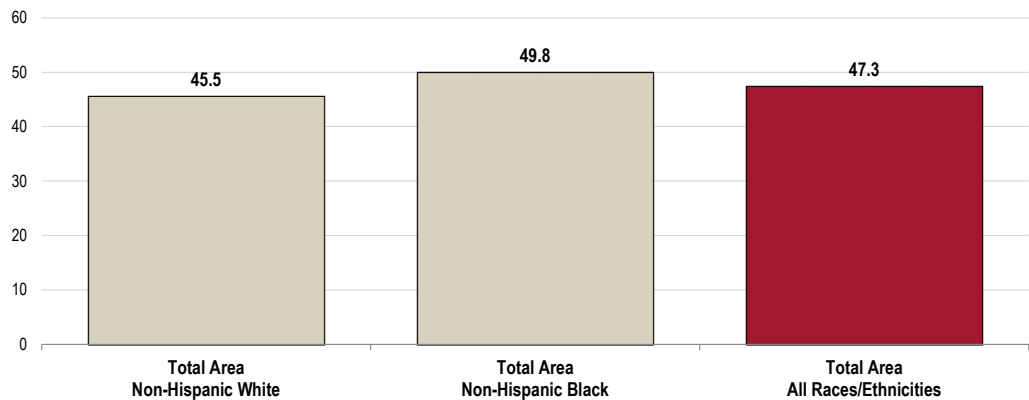
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Stroke mortality is somewhat higher among Blacks than Whites in the Total Area.

Stroke: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



Sources:

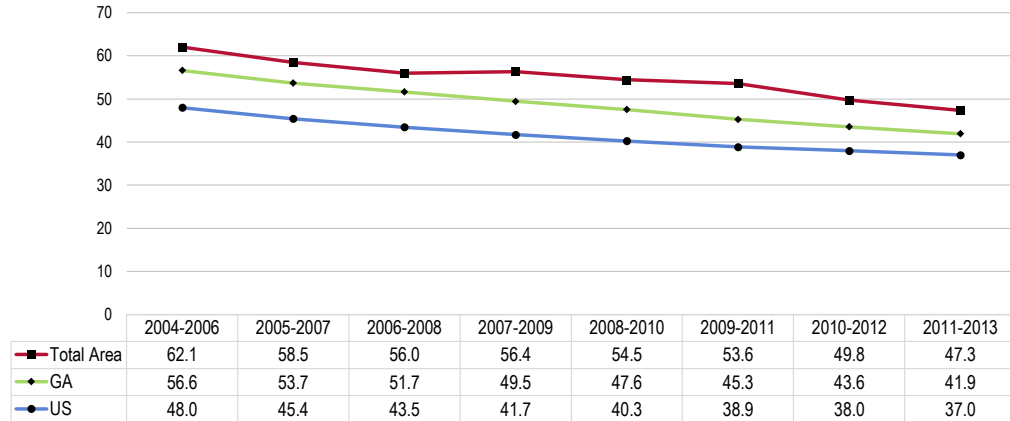
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The stroke rate has declined in recent years, echoing the trends reported across Georgia and the US overall.

Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 34.8 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 ● Local, state and national data are simple three-year averages.

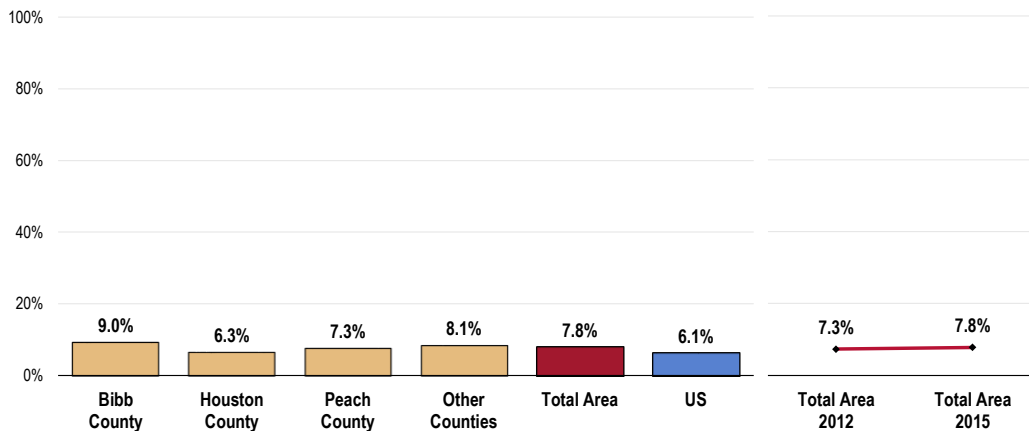
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Similar findings by county.
- TREND: Statistically unchanged since 2012.

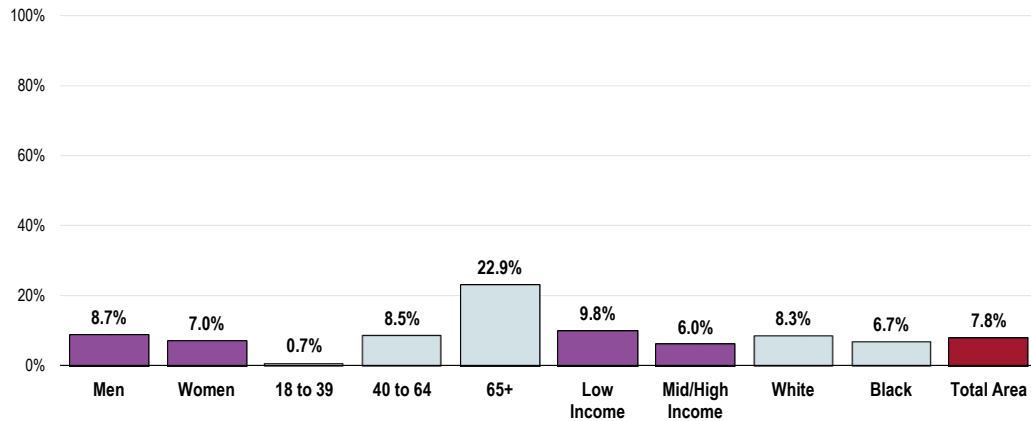
Prevalence of Heart Disease



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 ● Includes diagnoses of heart attack, angina or coronary heart disease.

- Note the positive correlation between age and heart disease in the Total Area.

Prevalence of Heart Disease (Total Area, 2015)



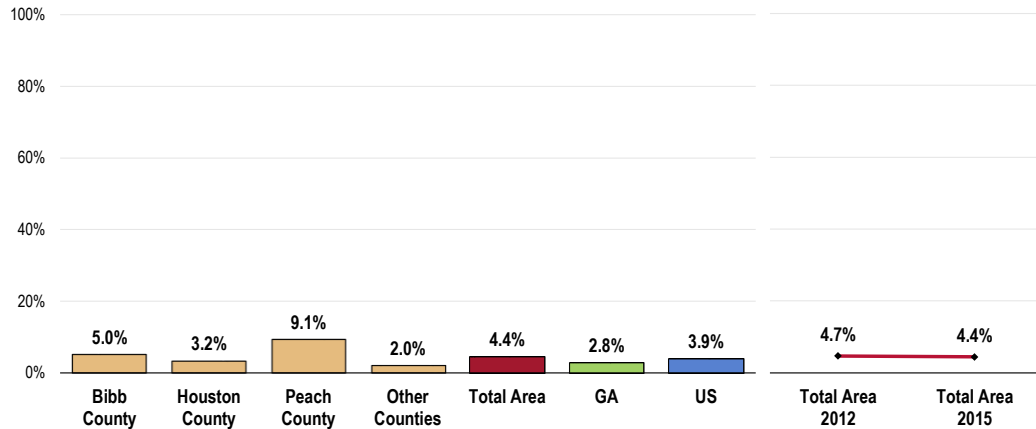
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 4.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Worse than statewide findings.
- Similar to national findings.
- Highest in Peach County, lowest in the Other Counties.
- TREND: Statistically unchanged over time.

Prevalence of Stroke



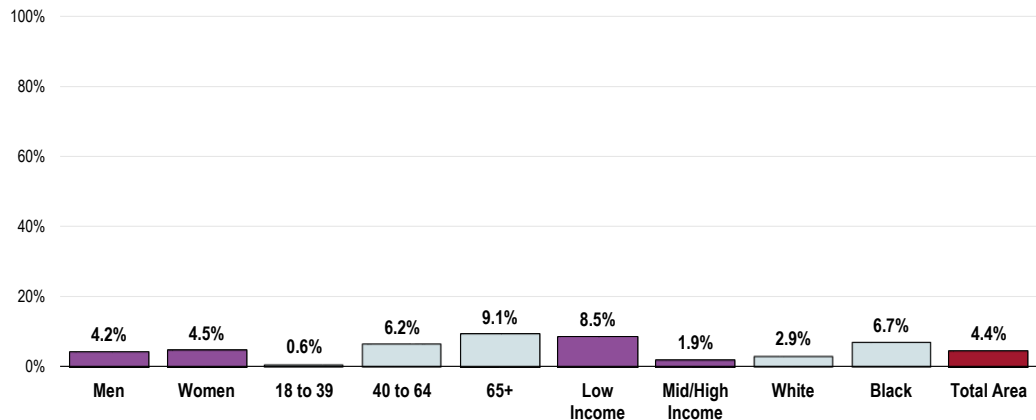
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.

Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Adults more likely to have been diagnosed with stroke include:

- Residents age 40 and older (positive correlation with age).
- Low-income residents.
- Blacks.

Prevalence of Stroke (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

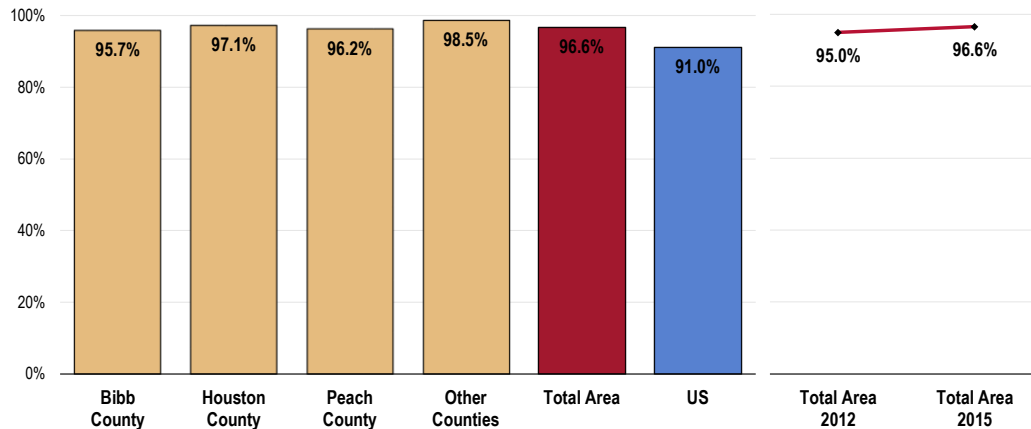
High Blood Pressure Testing

A total of 96.6% of Total Area adults have had their blood pressure tested within the past two years.

- Better than national findings.
- Satisfies the Healthy People 2020 target (94.9% or higher).
- Most favorable in the Other Counties.
- TREND: Statistically unchanged since 2012.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



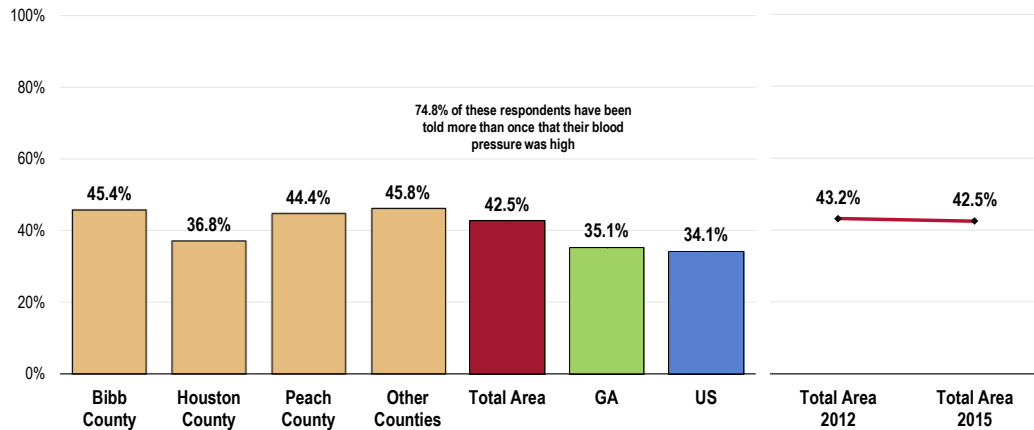
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
- Notes:
- Asked of all respondents.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Prevalence of Hypertension

A total of 42.5% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Georgia prevalence.
- Less favorable than the national prevalence.
- Far from the Healthy People 2020 target (26.9% or lower).
- Most favorable in Houston County.
- TREND: Statistically unchanged since 2012.
- Among hypertensive adults, 74.8% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure
 Healthy People 2020 Target = 26.9% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

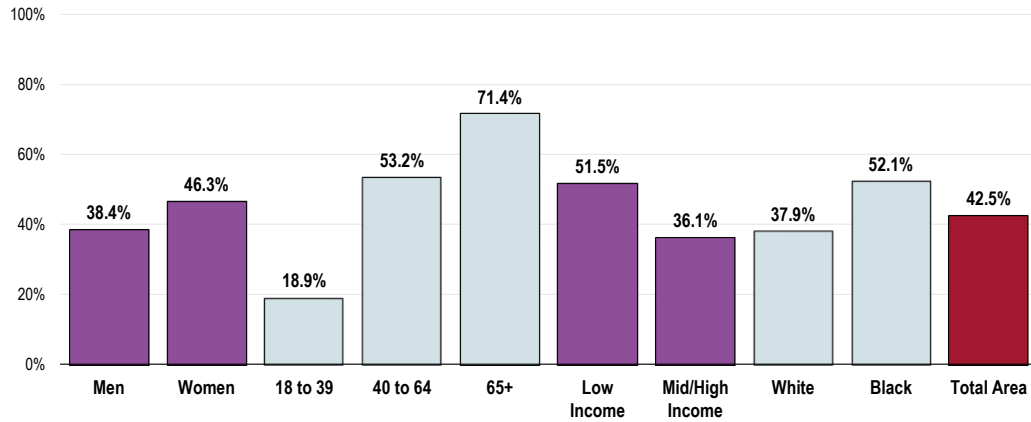
Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Hypertension diagnoses are higher among:

- Women.
- Adults age 40 and older, and especially those age 65+.
- Low-income residents.
- Blacks.

Prevalence of High Blood Pressure (Total Area, 2015)

Healthy People 2020 Target = 26.9% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

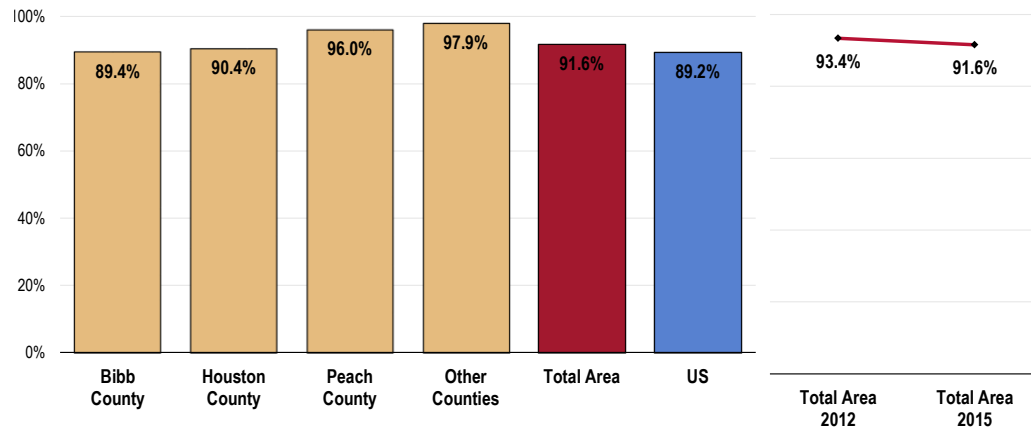
Among respondents who have been told that their blood pressure was high, 91.6% report that they are currently taking actions to control their condition.

- Similar to national findings.
- Highest in the Other Counties.
- TREND: Statistically unchanged since 2012.

Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Taking Action to Control Hypertension (Among Adults With High Blood Pressure)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood pressure.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

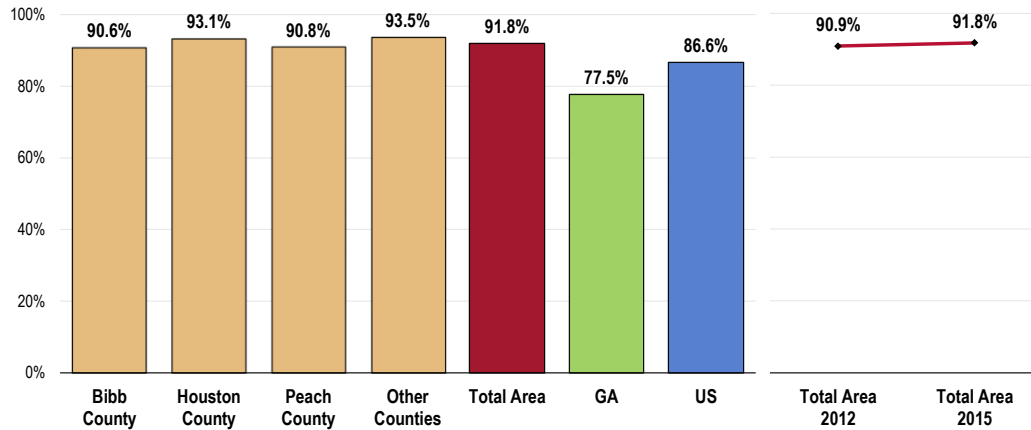
Blood Cholesterol Testing

A total of 91.8% of Total Area adults have had their blood cholesterol checked within the past five years.

- More favorable than Georgia findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Statistically similar by county.
- TREND: Statistically unchanged since 2012.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher

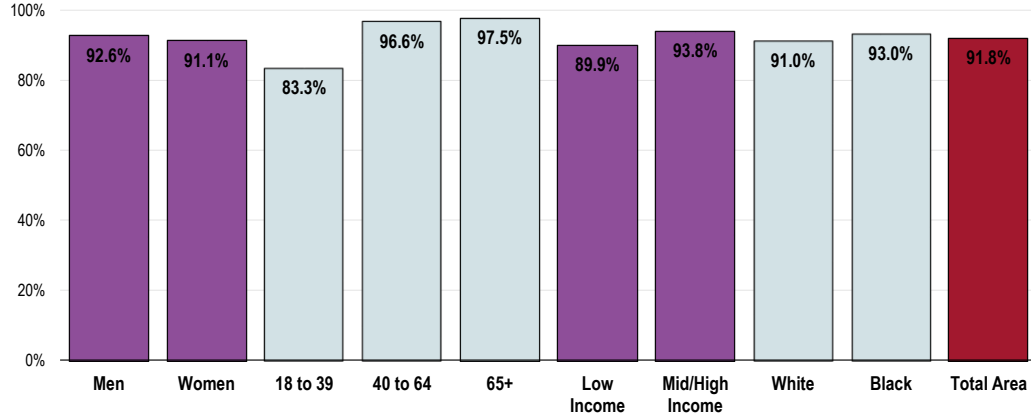


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
- Notes:
- Asked of all respondents.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Note the lower screening levels among young adults (under age 40).

Have Had Blood Cholesterol Levels Checked in the Past Five Years (Total Area, 2015)

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

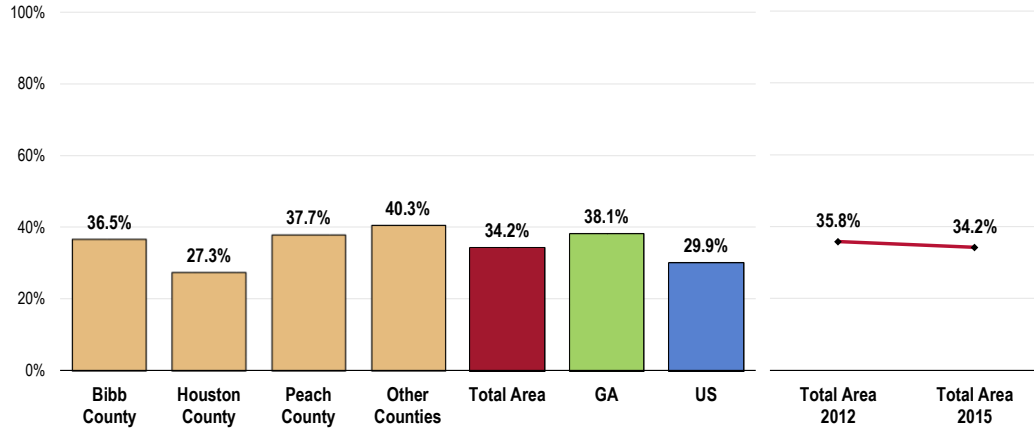
Self-Reported High Blood Cholesterol

A total of 34.2% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Georgia findings.
- Less favorable than the national prevalence.
- Over twice the Healthy People 2020 target (13.5% or lower).
- Favorably low in Houston County.
- TREND: Statistically unchanged since 2012.

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
- Notes:
- Asked of all respondents.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - *The GA data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

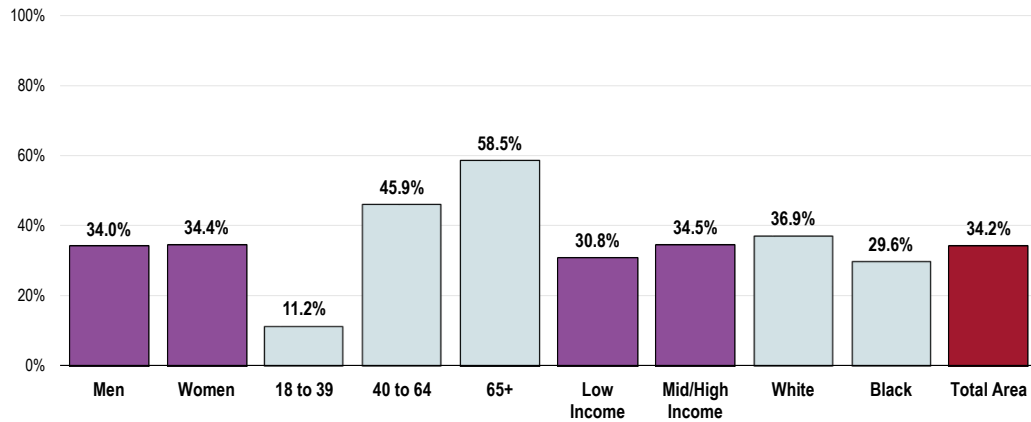
Note that 13.9% of Total Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- Whites report a higher prevalence than Blacks in the Total Area.
- Keep in mind that "unknowns" are relatively high in young adults and lower-income residents.

Prevalence of High Blood Cholesterol (Total Area, 2015)

Healthy People 2020 Target = 13.5% or Lower



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

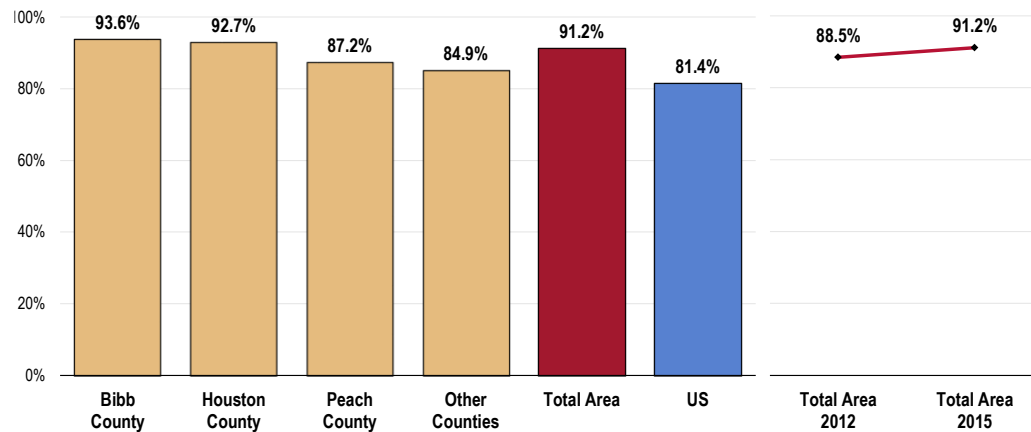
Respondents reporting high cholesterol were further asked:

"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 91.2% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- Similar findings by county.
- TREND: Statistically unchanged over time.

Taking Action to Control High Blood Cholesterol Levels (Among Adults With High Cholesterol)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - In this case, the term "action" refers to medication, change in diet, and/or exercise.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
 - High Blood Cholesterol
 - Tobacco Use
 - Physical Inactivity
 - Poor Nutrition
 - Overweight/Obesity
 - Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

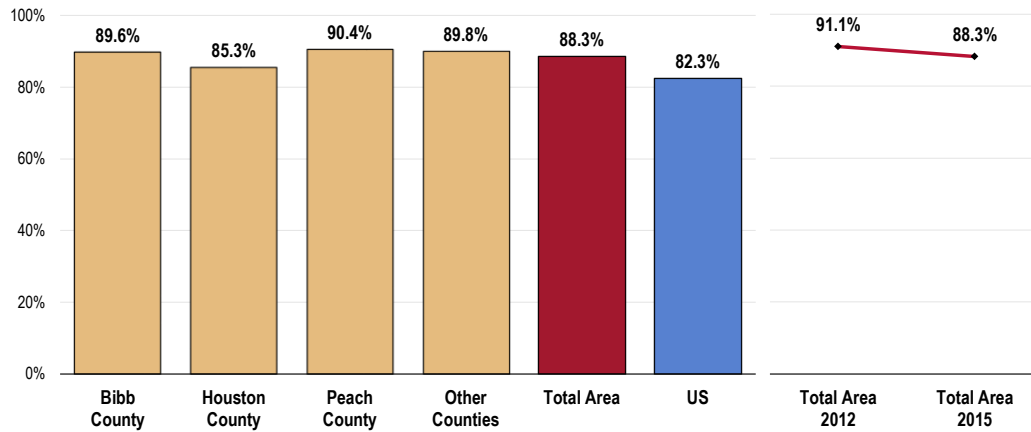
Total Cardiovascular Risk

A total of 88.3% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Notably higher than national findings.
- No statistically significant difference by county.
- TREND: Denotes a statistically significant decrease over time.

RELATED ISSUE:
See also
Nutrition &
Overweight, Physical
Activity & Fitness and
Tobacco Use in the
Modifiable Health
Risk section of this
report.

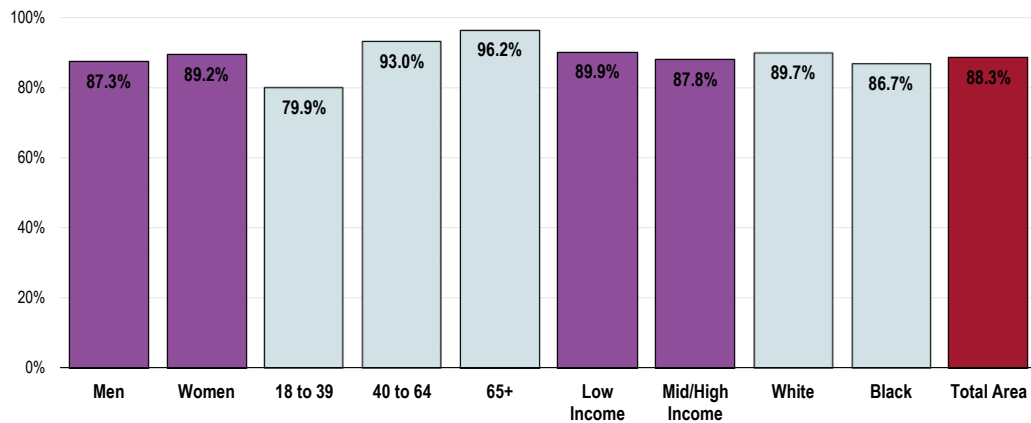
Present One or More Cardiovascular Risks or Behaviors



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • 'Other Counties' is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Note the positive correlation between age and the prevalence of cardiovascular risk factors in the Total Area.

Present One or More Cardiovascular Risks or Behaviors (Total Area, 2015)

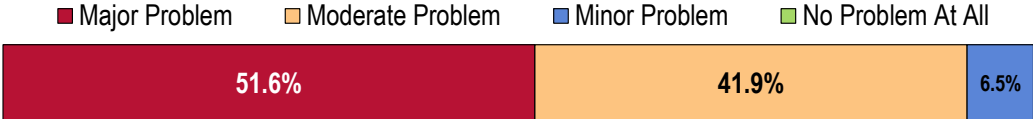


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “major problem” in the community.

**Perceptions of Heart Disease and Stroke
as a Problem in the Community**
(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
 - Cervical cancer (using Pap tests)
 - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

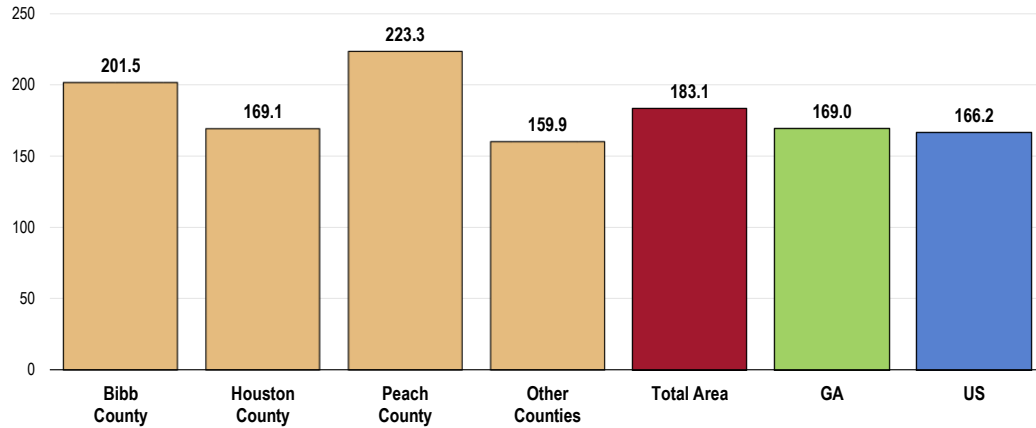
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 183.1 deaths per 100,000 population in the Total Area.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.
- Higher in Bibb and Peach counties.

Cancer: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources:

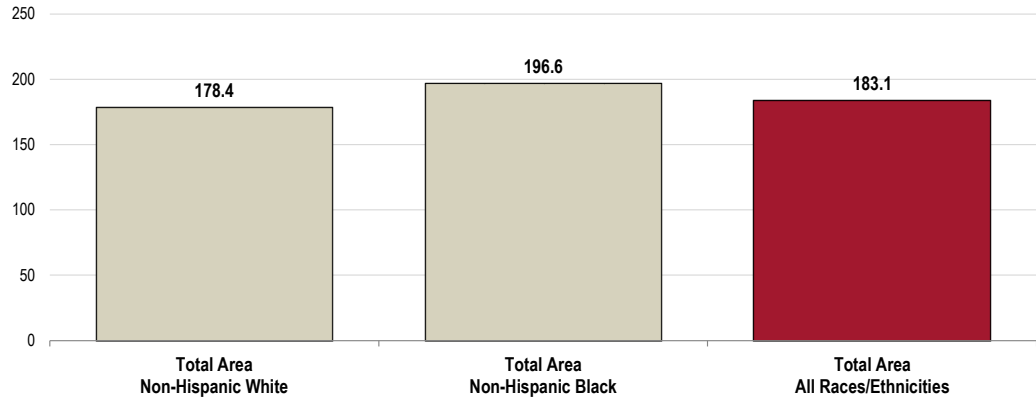
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- The cancer mortality rate is higher among Total Area Blacks.

Cancer: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources:

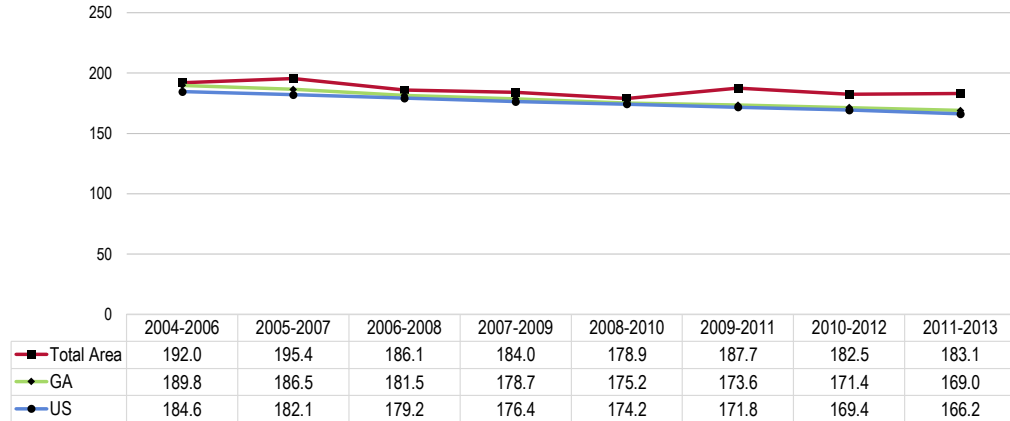
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Cancer mortality has overall decreased over the past decade in the Total Area; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - State and national data are simple three-year averages.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Total Area.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The Total Area **lung cancer** death rate is worse than both the state and national rates.
- The Total Area **prostate cancer** death rate is worse than both the state and national rates.
- The Total Area **female breast cancer** death rate is similar to the Georgia rate but worse than the US rate.
- The Total Area **colorectal cancer** death rate is worse than both the state and national rates.

Note that each of the Total Area cancer death rates detailed in the following chart **fails to satisfy** the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site (2008-2010 Annual Average Deaths per 100,000 Population)

	Total Area	GA	US	HP2020
Lung Cancer	55.0	47.8	44.7	45.5
Prostate Cancer	24.7	22.9	19.8	21.8
Female Breast Cancer	22.6	22.2	21.3	20.7
Colorectal Cancer	17.2	15.3	14.9	14.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Between 2007 and 2011, the Total Area had an annual average age-adjusted incidence rate of prostate cancer of 168.9 cases per 100,000 population.

- Comparable to the statewide incidence rate.
- Worse than the national incidence rate.

There was an annual average age-adjusted incidence rate of 122.6 female breast cancer cases per 100,000 in the Total Area.

- Similar to the statewide incidence rate.
- Similar to the national incidence rate.

There was an annual average age-adjusted incidence rate of 78.8 lung cancer cases per 100,000 in the Total Area.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

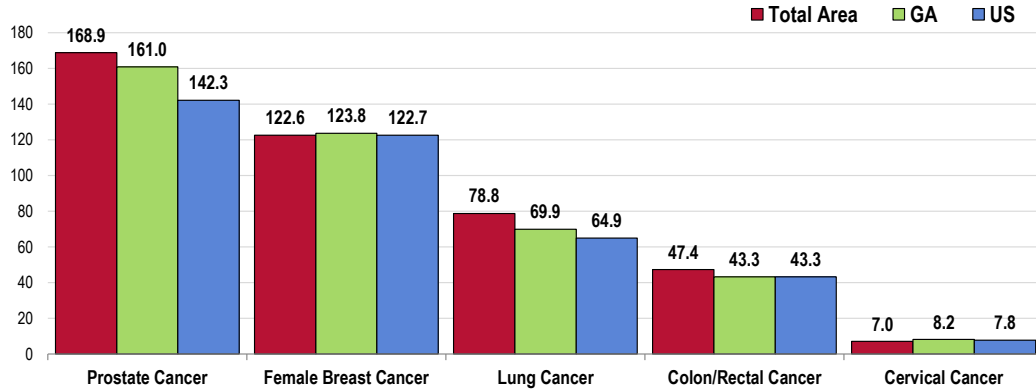
There was an annual average age-adjusted incidence rate of colorectal cancer of 47.4 cases per 100,000 in the Total Area.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

There was an annual average age-adjusted incidence rate of **cervical cancer** of **7.0** cases per 100,000 in the Total Area.

- Better than the statewide incidence rate.
- Better than the national incidence rate.

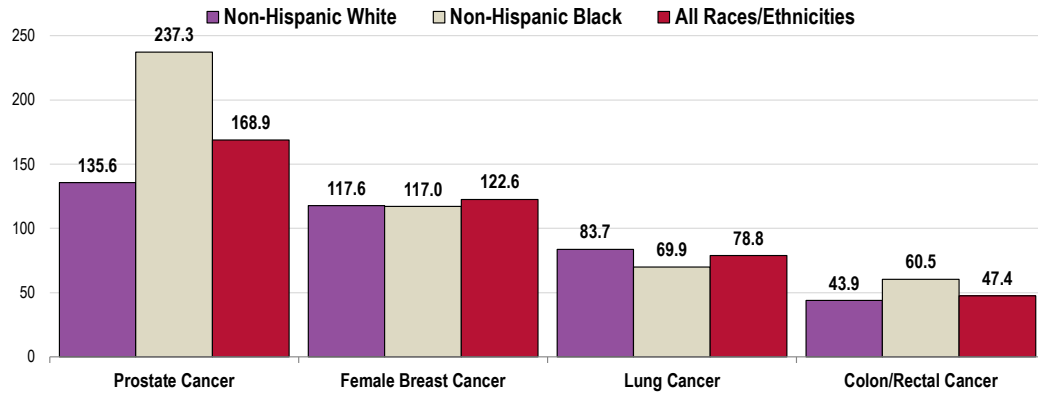
Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



Sources: • State Cancer Profiles: 2007-11.
 • Retrieved April 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- By available race data, Blacks experience notably higher prostate and colorectal cancer incidence rates than Whites in the Total Area.
- In contrast, Total Area Whites have a higher incidence of lung cancer in the Total Area (the female breast cancer rates are similar by race).

Cancer Incidence Rates by Site and Race/Ethnicity (Annual Average Age-Adjusted Incidence per 100,000 Population, Total Area 2007-2011)



Sources: • State Cancer Profiles: 2007-11.
 • Retrieved April 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

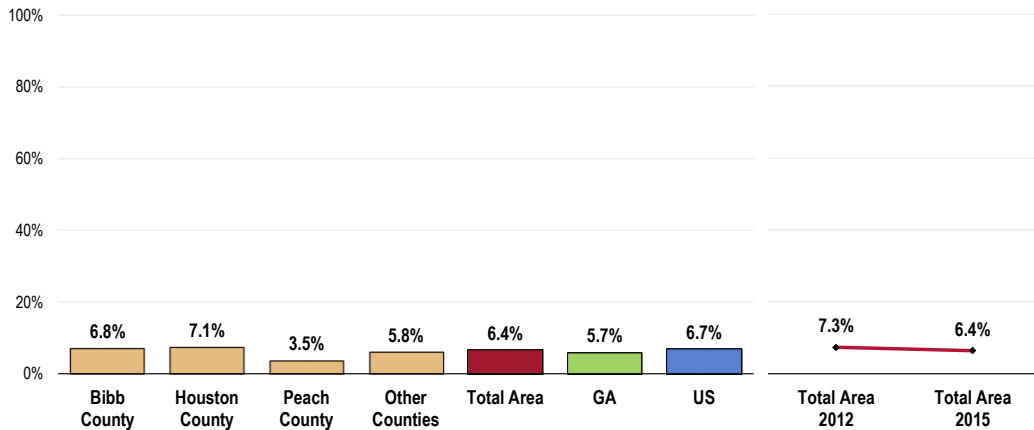
Prevalence of Cancer

Skin Cancer

A total of 6.4% of surveyed Total Area adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- Similar to the national average.
- Favorably low in Peach County.
- TREND: Statistically unchanged over time.

Prevalence of Skin Cancer



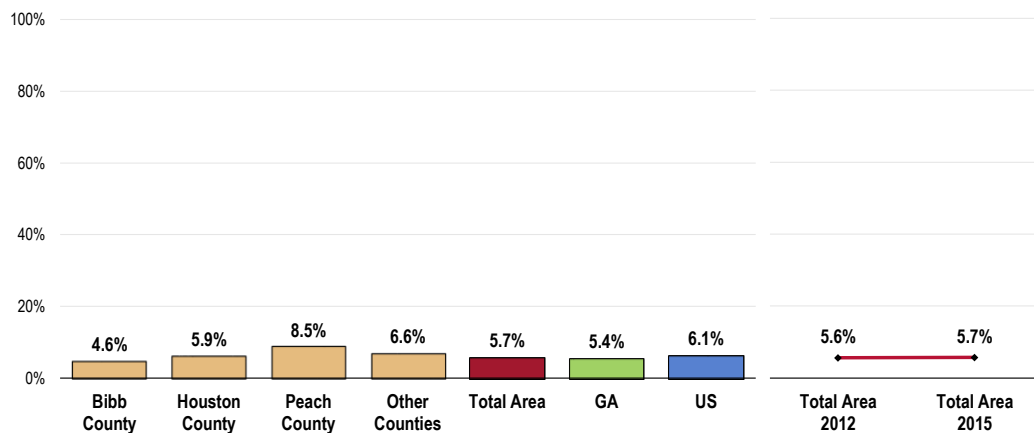
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Other Cancer

A total of 5.7% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Similar findings by county.
- TREND: The prevalence of cancer has not changed since 2012.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Cancer Risk

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

RELATED ISSUE:
 See also
*Nutrition & Overweight,
 Physical Activity &
 Fitness and Tobacco
 Use in the Modifiable
 Health Risk* section of
 this report.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

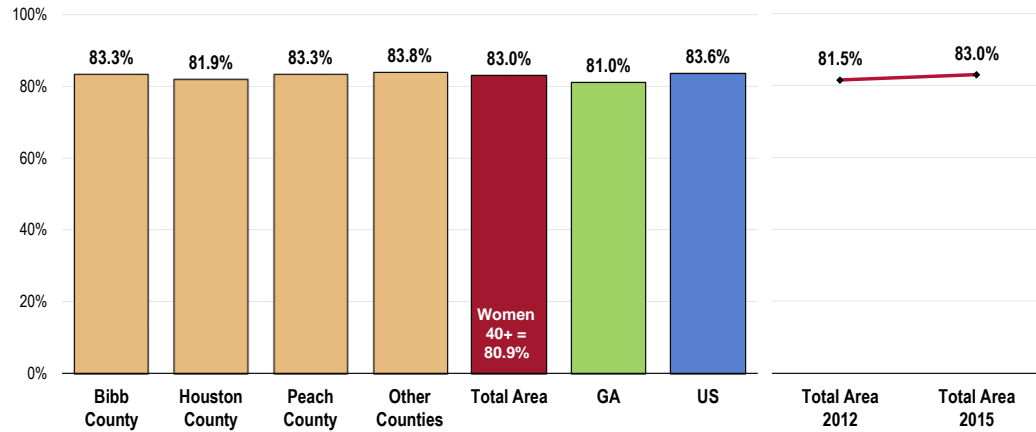
Mammography

Among women age 50-74, 83.0% have had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Similar findings by county.
- Among women 40+, 80.9% have had a mammogram in the past two years.
- TREND: Statistically unchanged since 2012.

Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents 50-74.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

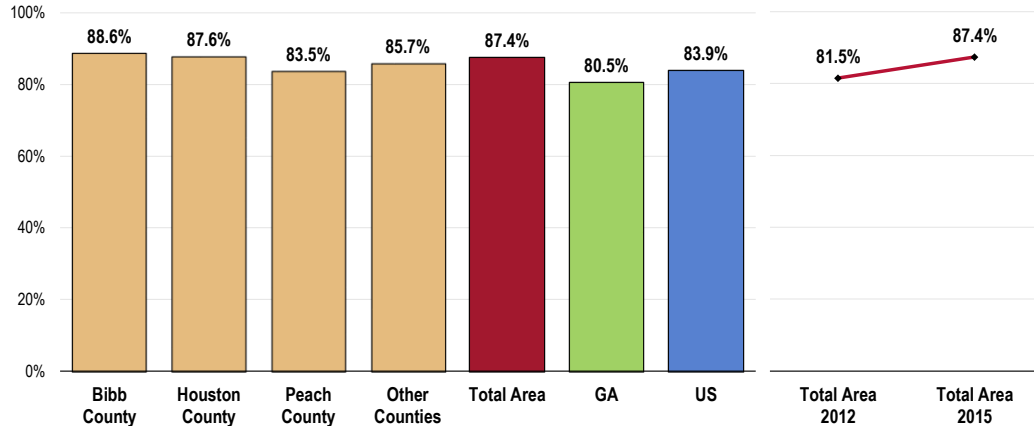
Pap Smear Testing

Among women age 21 to 65, 87.4% have had a Pap smear within the past three years.

- Better than the Georgia findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Similar findings by county.
- TREND: Marks a statistically significant increase over time.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- PRC Community Health Surveys. Professional Research Consultants, Inc. [Item 130]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
- Notes:
- Reflects female respondents age 21 to 65.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - *Note that the GA percentage represents all women age 18 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

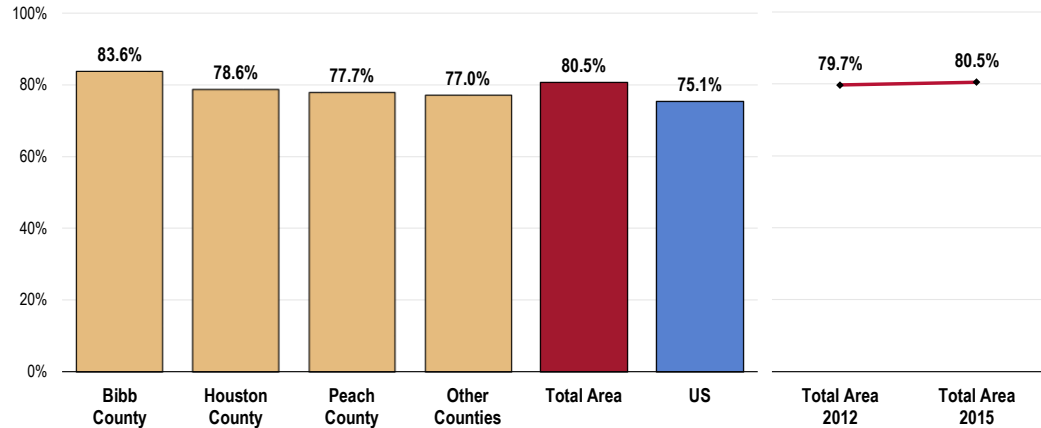
Colorectal Cancer Screening

Among adults age 50-75, 80.5% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Better than national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Statistically similar findings by county.
- TREND: Statistically unchanged over time.

Have Had a Colorectal Cancer Screening (Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes:

• Asked of all respondents age 50 through 75.

• "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

• In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, more than 8 in 10 (82.4%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

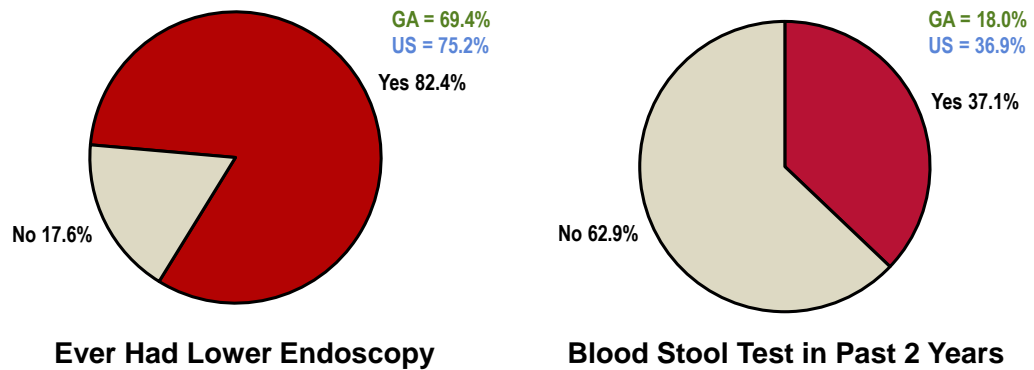
- More favorable than Georgia findings.
- More favorable than national findings.

Blood Stool Testing

Among adults age 50 and older, 37.1% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Better than Georgia findings.
- Similar to national findings.

Colorectal Cancer Screenings (Among Total Area Adults Age 50 and Older, 2015)



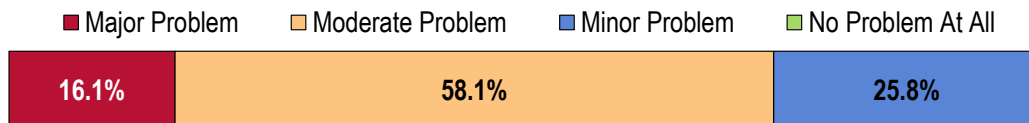
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.

Notes: • Asked of respondents age 50 and older.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer

Most key informants taking part in an online survey characterized **Cancer** as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

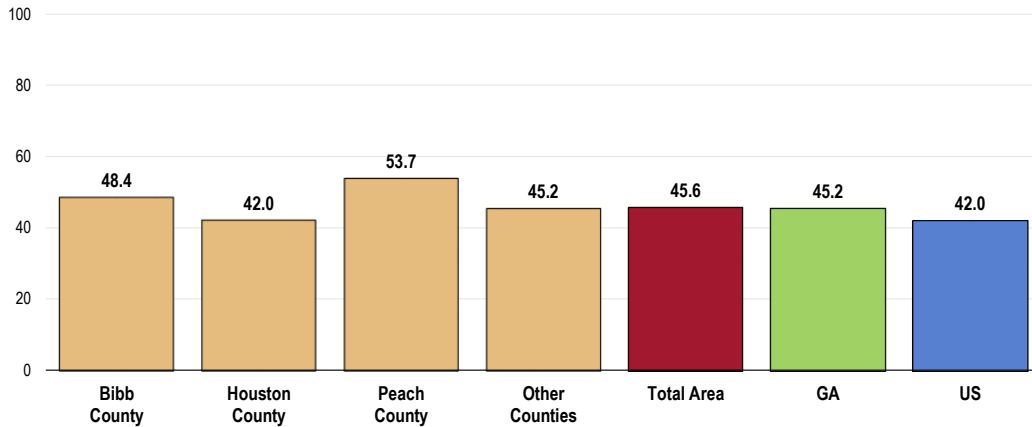
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 45.6 deaths per 100,000 population in the Total Area.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

- Similar to the rate found statewide.
- Worse than the US rate.
- Highest in Peach County; lowest in Houston County.

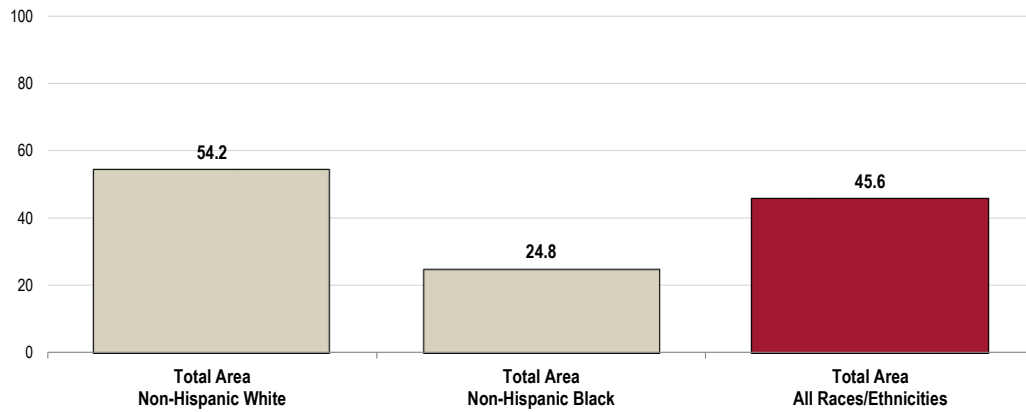
CLRD: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - CLRD is chronic lower respiratory disease.

- CLRD mortality appears notably higher among Non-Hispanic Whites in the Total Area.

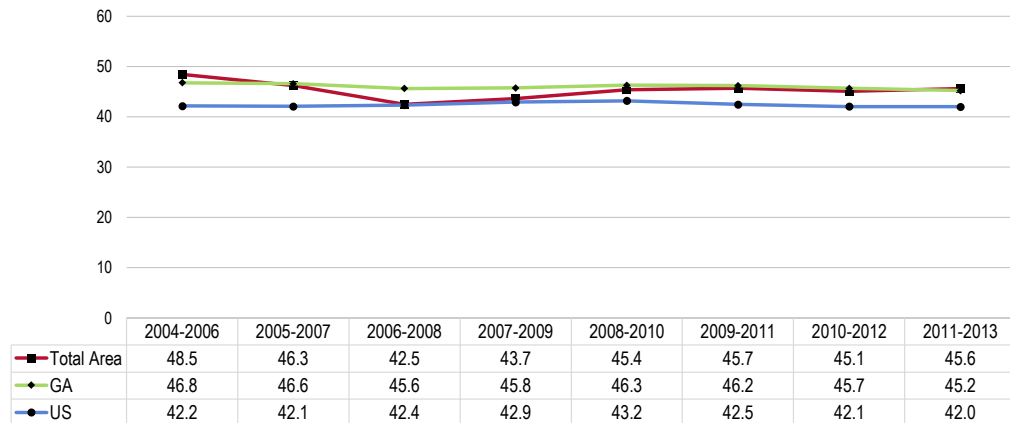
CLRD: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

- **TREND:** CLRD mortality in the Total Area declined, then increased, in the late 2000s, but has since leveled off.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - State and national data are simple three-year averages.
 - CLRD is chronic lower respiratory disease.

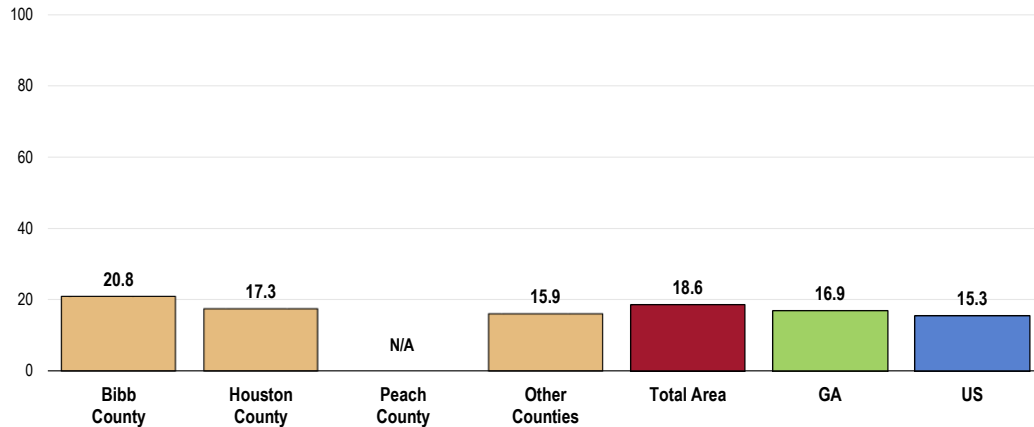
Pneumonia/Influenza Deaths

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 18.6 deaths per 100,000 population in the Total Area.

- Higher than found statewide.
- Higher than the national rate.
- The rate is highest in Bibb County.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

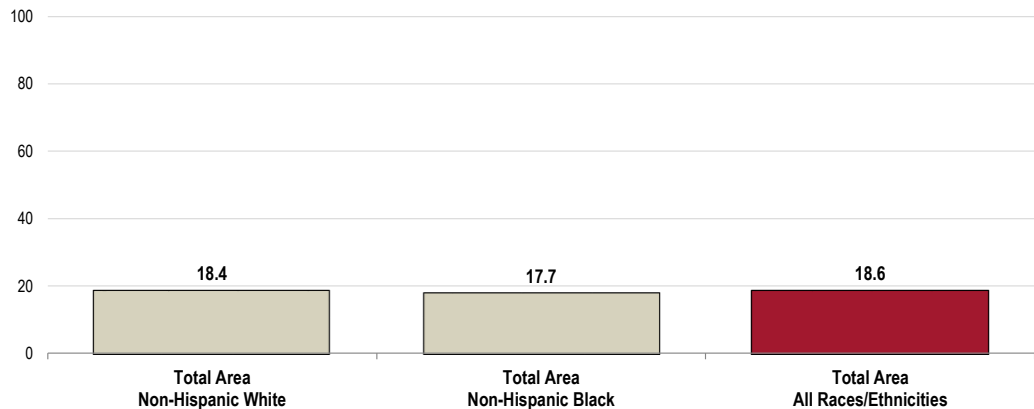
Pneumonia/Influenza: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Note the following breakout by race.

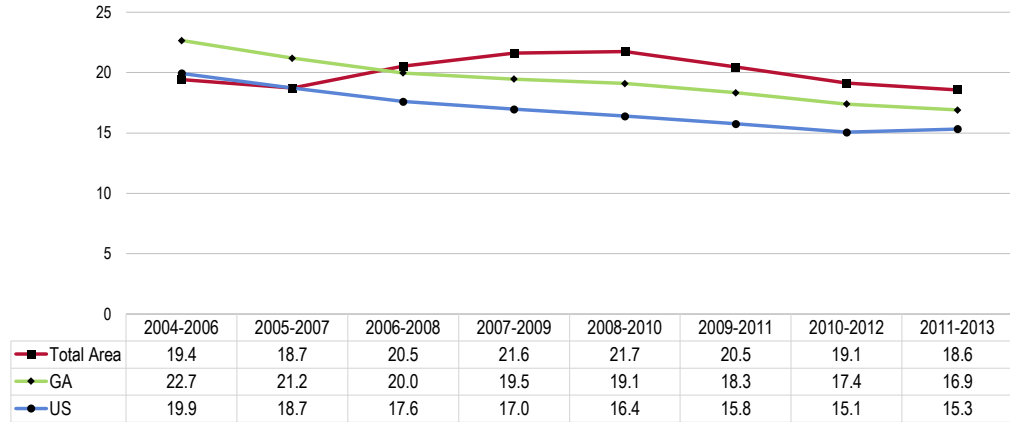
Pneumonia/Influenza: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The most recent trend in Total Area pneumonia/influenza mortality has been a decline, but this follows a sharp increase in the late 2000s.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • State and national data are simple three-year averages.

Chronic Obstructive Pulmonary Disease (COPD)

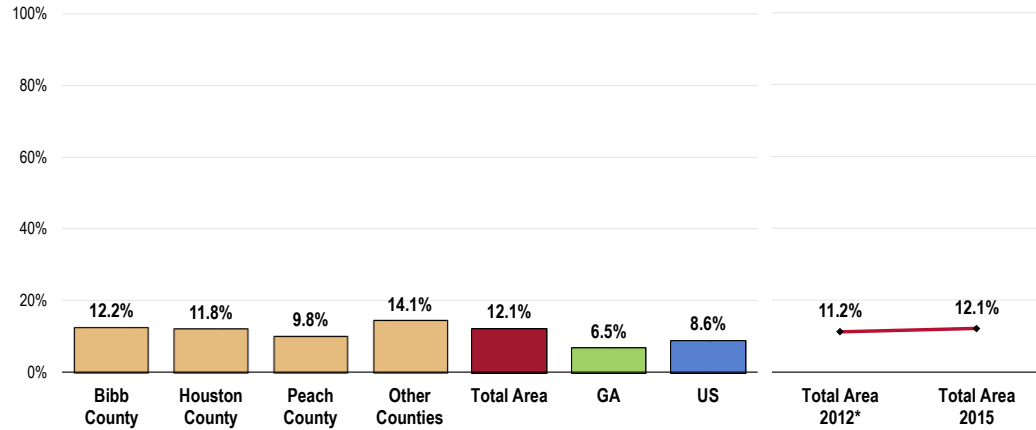
A total of 12.1% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

- Worse than the national prevalence.
- Worse than the state prevalence.
- Statistically similar findings by county.
- **NOTE:** in prior data, this question was asked slightly differently; respondents in 2012 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

TREND: In comparing to 2012 data, the change in prevalence is not statistically significant.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 - *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

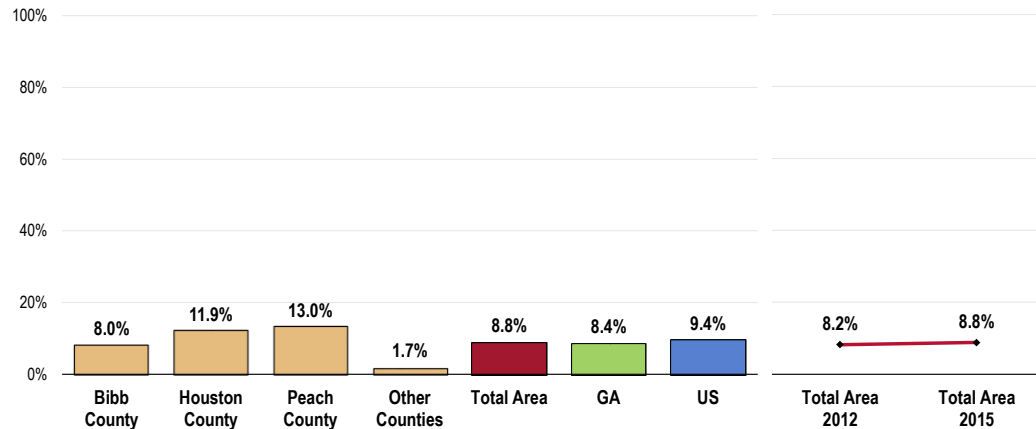
Asthma

Adults

A total of 8.8% of Total Area adults currently suffer from asthma.

- Similar to the statewide and national proportions.
- The prevalence is notably low in the Other Counties.
- TREND: The prevalence has not changed significantly since 2012.

Adult Asthma: Current Prevalence

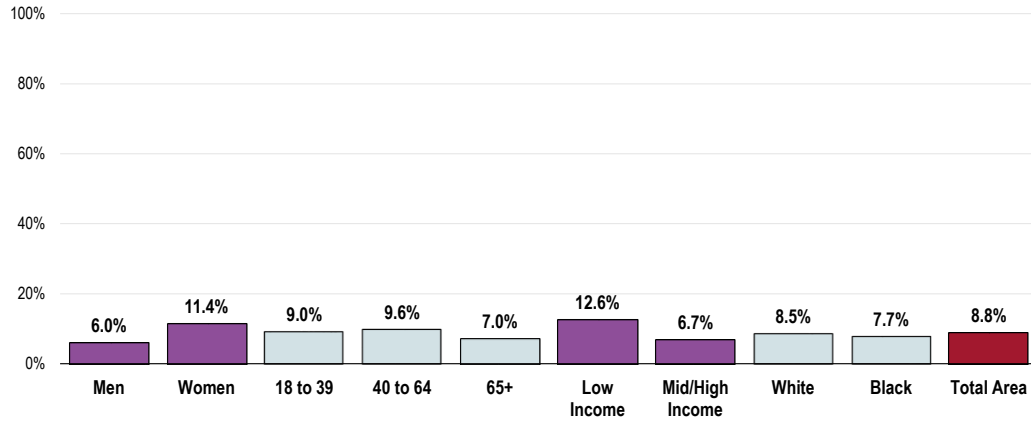


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
- Notes:
- Asked of all respondents.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Low-income residents.

Currently Have Asthma (Total Area, 2015)



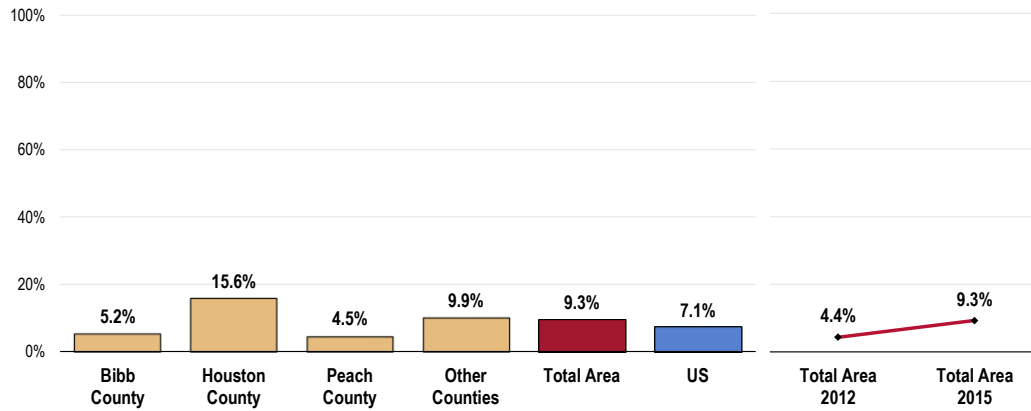
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Total Area children under age 18, 9.3% currently have asthma.

- Similar to national findings.
- Worst in Houston County.
- TREND: The prevalence of children with asthma has increased significantly over time.

Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)

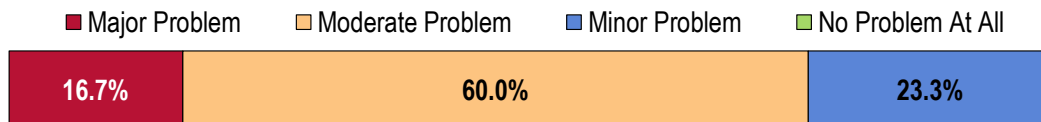


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2015)



- Sources:
- PRC Key Informant Focus Groups, Macon, GA, March 2015.

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

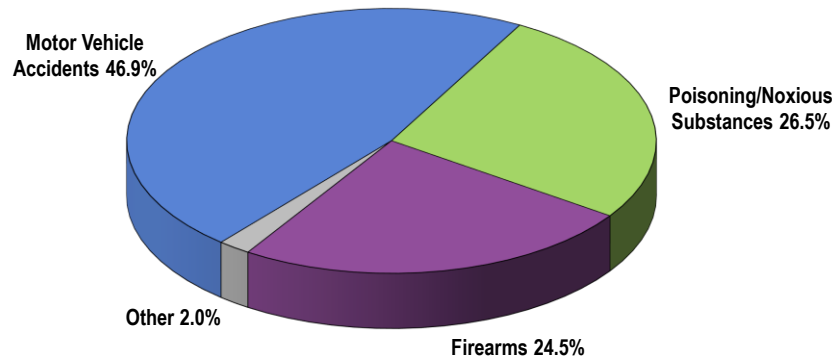
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

• Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose, and firearms accounted for the vast majority of accidental deaths in the Total Area in 2013.

Leading Causes of Accidental Death (Total Area, 2013)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

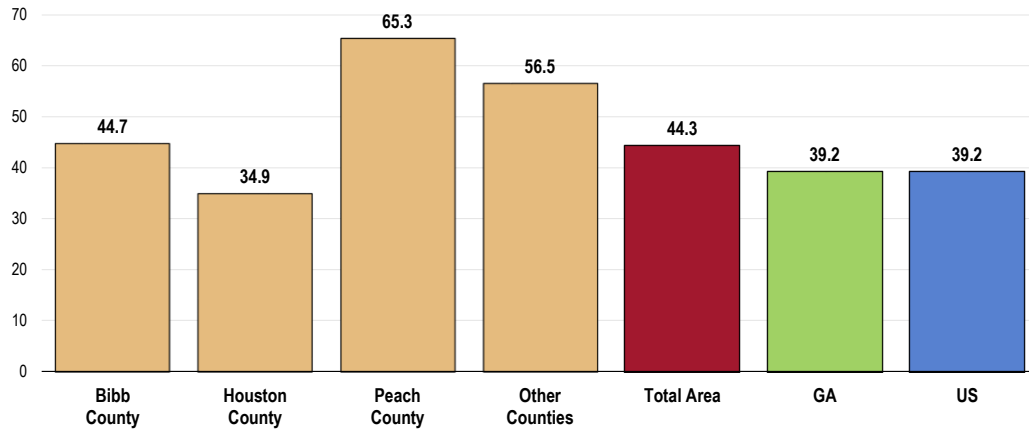
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 44.3 deaths per 100,000 population in the Total Area.

- Less favorable than the Georgia rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).
- Higher in Peach County and the Other Counties.

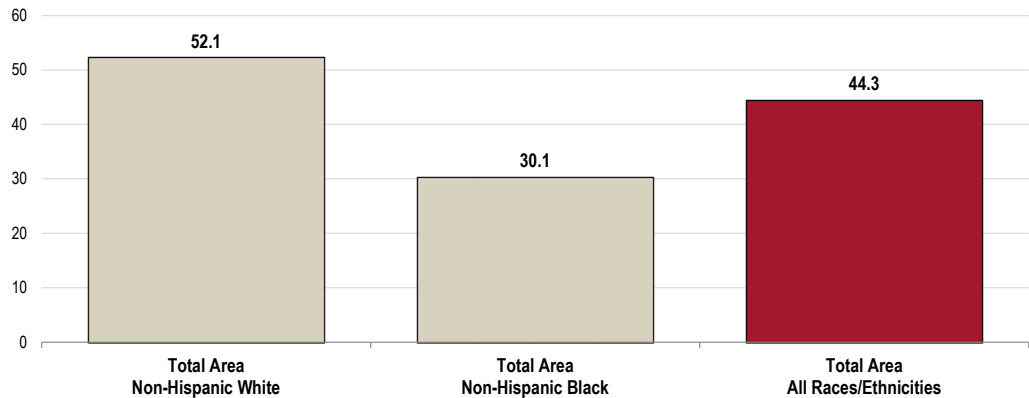
Unintentional Injuries: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - *Other Counties* is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- The mortality rate is notably higher among Whites when compared with Blacks in the Total Area.

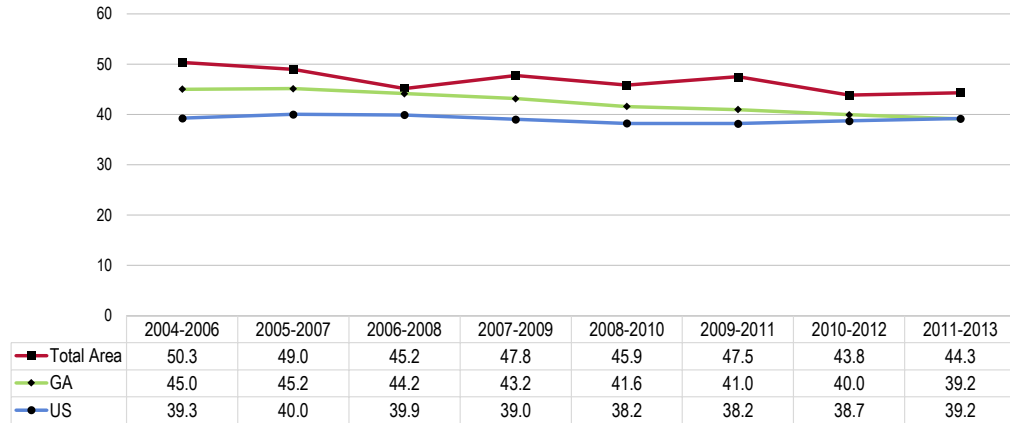
Unintentional Injuries: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** There is a general downward movement in the unintentional injury mortality rate in the Total Area, echoing the Georgia trend (the US has been stable).

Unintentional Injuries: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Local, state and national data are simple three-year averages.

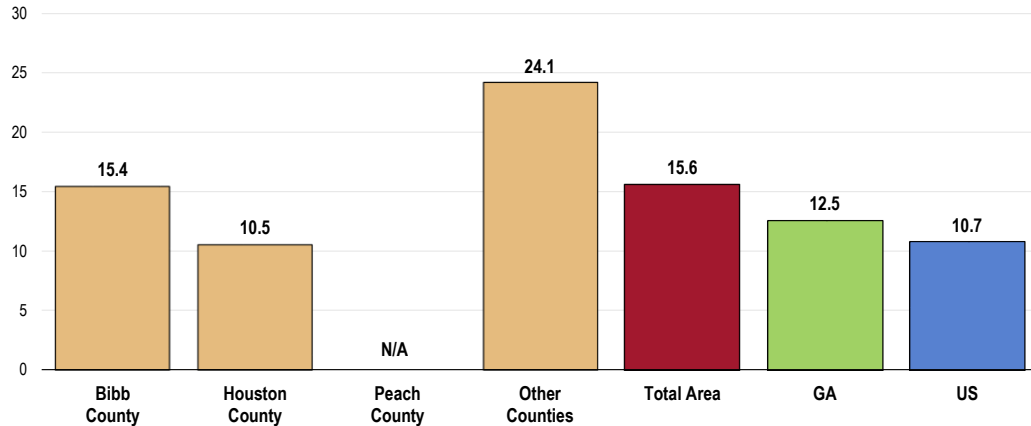
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 15.6 deaths per 100,000 population in the Total Area.

- Worse than found statewide.
- Worse than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).
- Unfavorably high in the Other Counties.

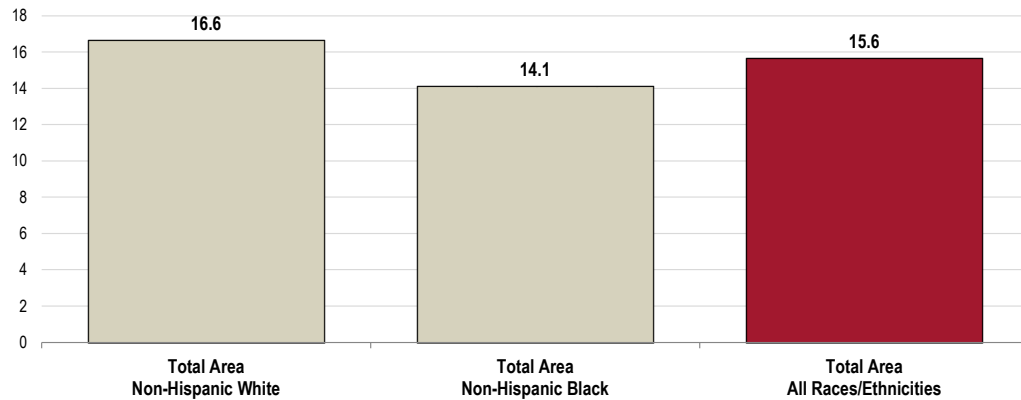
Motor Vehicle Crashes: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 12.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- The Total Area motor vehicle crash mortality rate is higher in the White population.

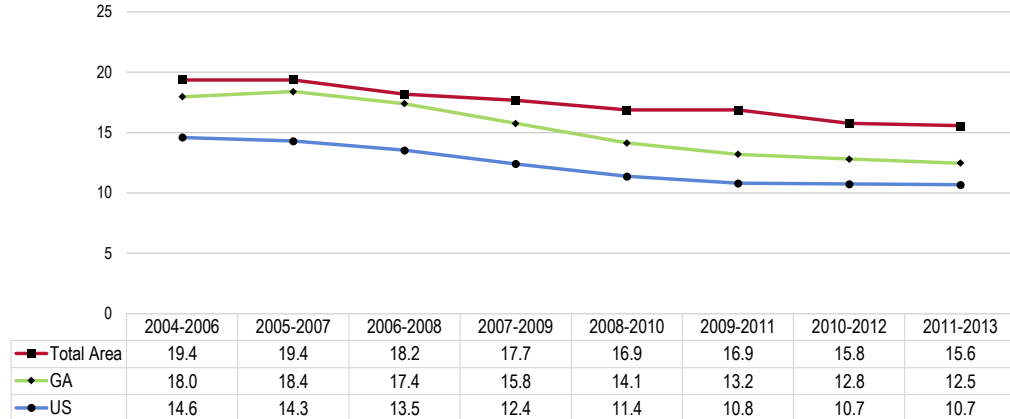
Motor Vehicle Crashes: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 12.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The mortality rate in the Total Area decreased over the past decade, in keeping with state and national trends.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 12.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Local, state and national data are simple three-year averages.

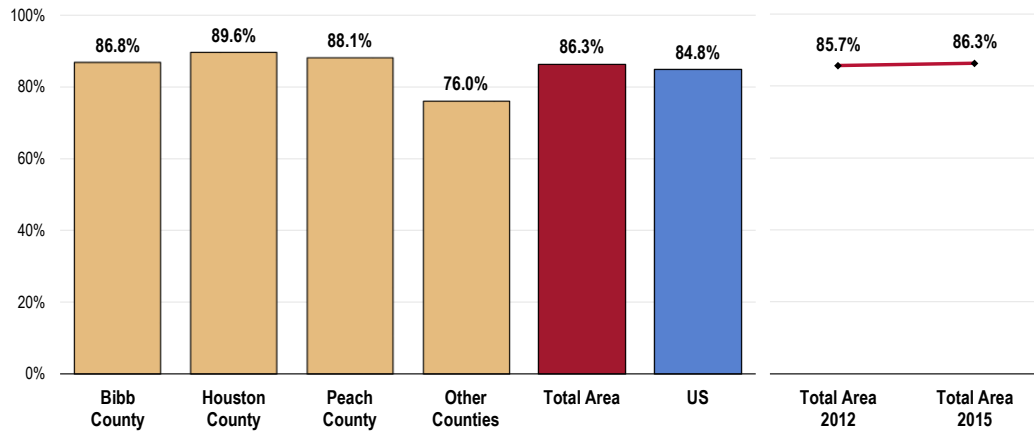
Seat Belt Usage – Adults

Most Total Area adults (86.3%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Similar to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.4% or higher.
- Unfavorably low in the Other Counties; highest in Houston County.
- **TREND:** No significant change since 2012.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

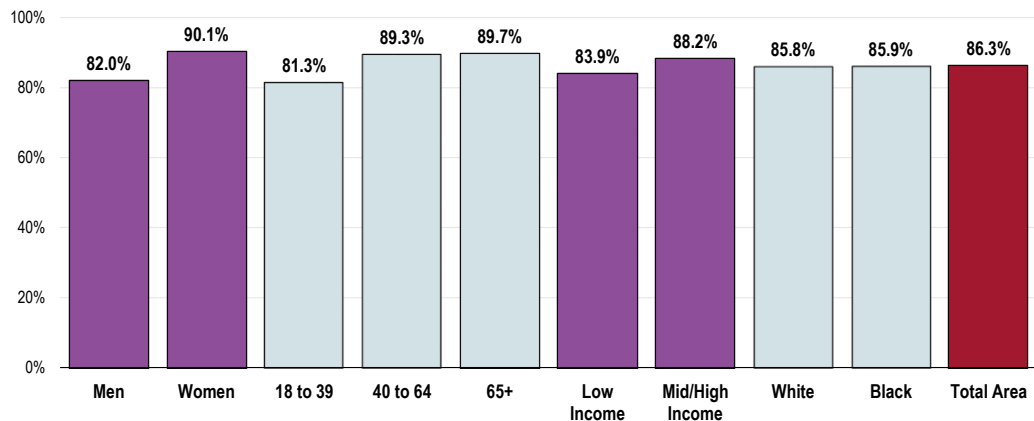
These population segments are less likely to report consistent seat belt usage:

- Men.
- Young adults.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle

(Total Area, 2015)

Healthy People 2020 Target = 92.0% or Higher



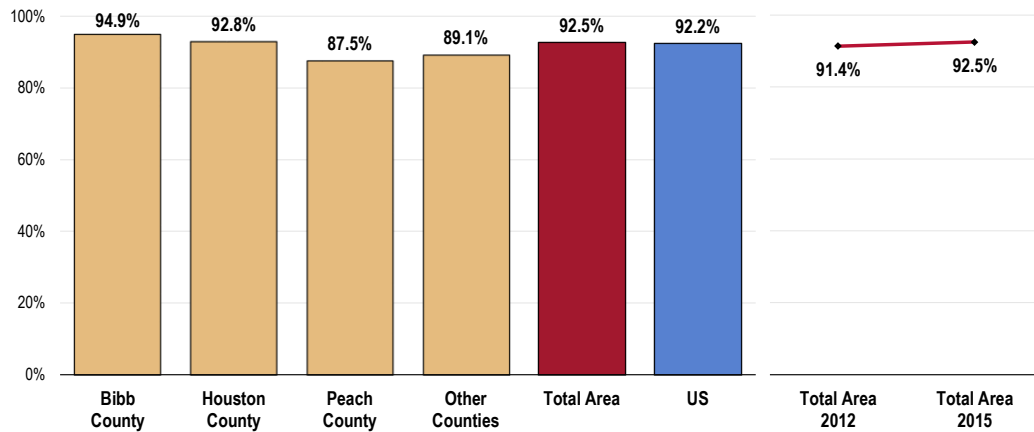
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage – Children

A full 92.5% of Total Area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Nearly identical to what is found nationally.
- Statistically comparable by county.
- TREND: Statistically unchanged since 2012.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle
(Among Parents of Children Age 0-17)



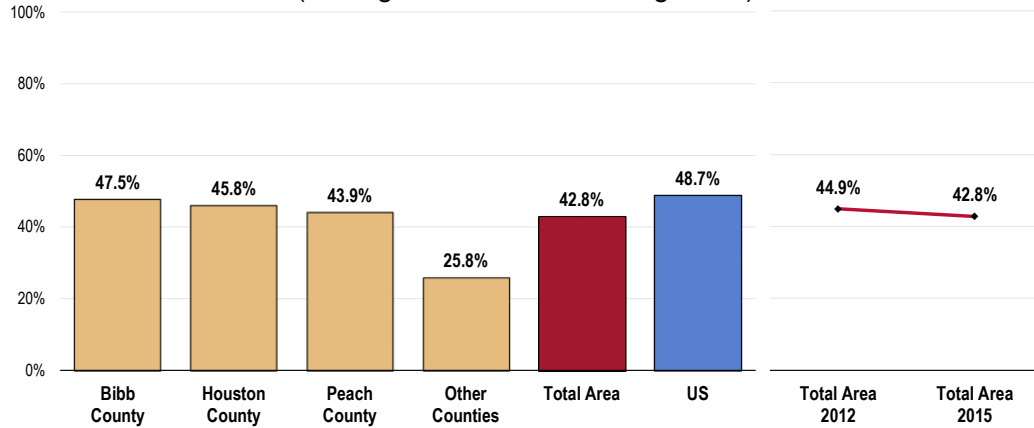
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • “Other Counties” is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Bicycle Safety

Just over 4 in 10 Total Area children age 5 to 17 (42.8%) are reported to “always” wear a helmet when riding a bicycle.

- Comparable to the national prevalence.
- Unfavorably low in the Other Counties.
- TREND: Statistically unchanged over time.

Child “Always” Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5 to 17 at home.
 • “Other Counties” is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Firearm Safety

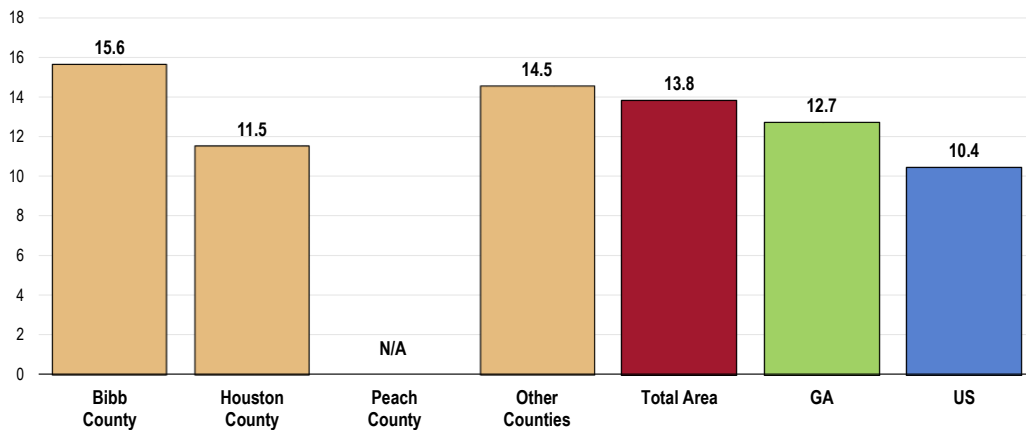
Age-Adjusted Firearm-Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted rate of 13.8 deaths per 100,000 population due to firearms in the Total Area.

- Higher than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- Unfavorably high in Bibb County.

Firearms-Related Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

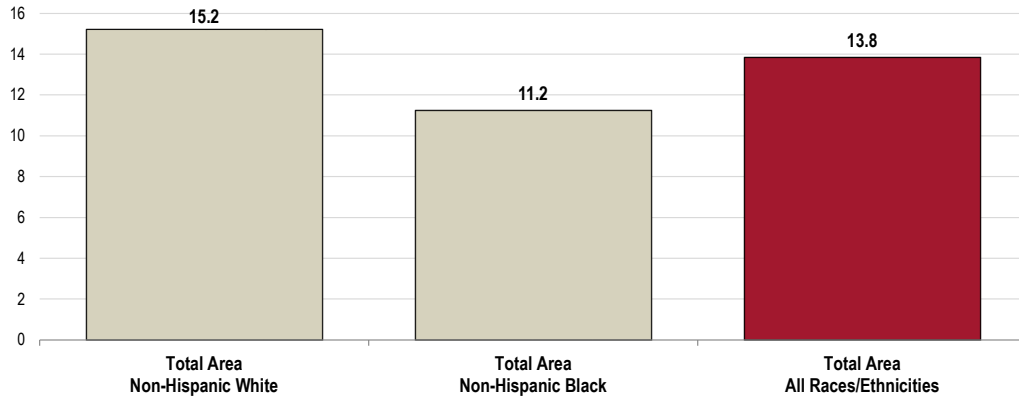
Healthy People 2020 Target = 9.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population; “Other Counties” include Jones, Twiggs, Monroe, and Crawford counties.

- The Total Area firearm-related mortality rate is higher among Whites than among Blacks in the Total Area.

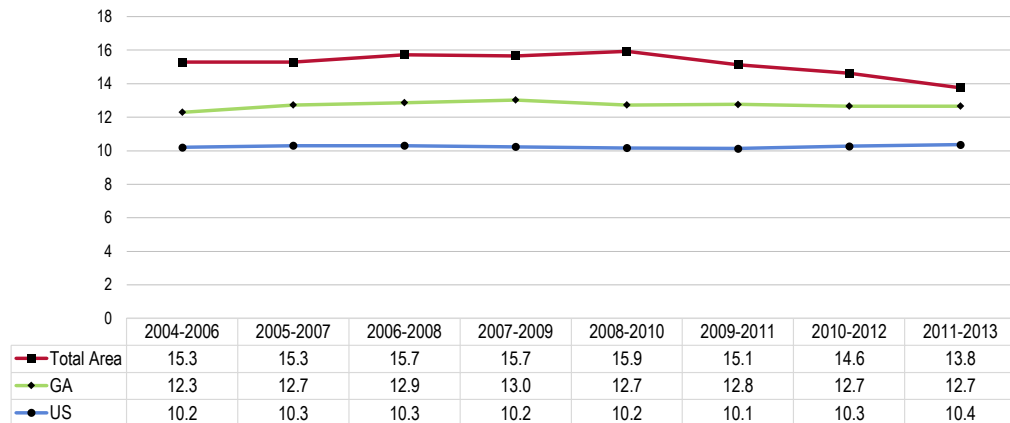
Firearms-Related Deaths: Age-Adjusted Mortality by Race
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 9.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate in the Total Area decreased in recent years; state and national rates have been stable.

Firearms-Related Deaths: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 9.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • Local, state and national data are simple three-year averages.

Presence of Firearms in Homes

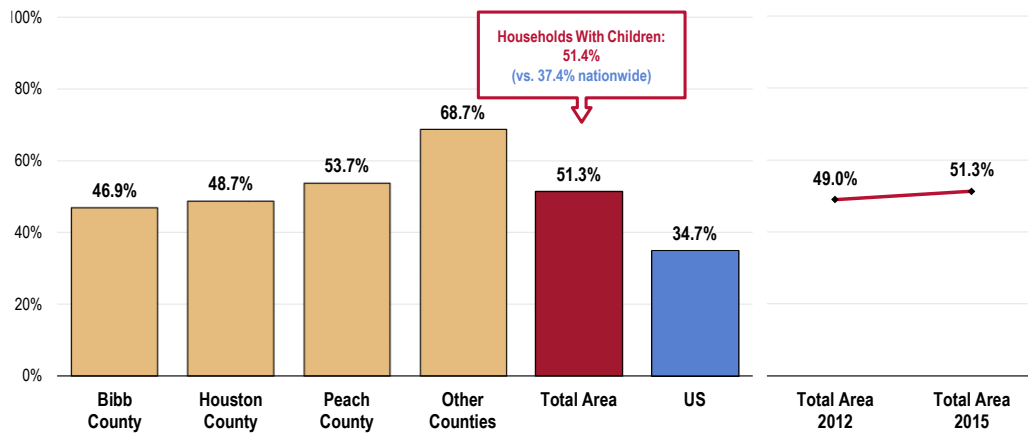
Survey respondents were further asked about the presence of weapons in the home:

“Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, ‘firearms’ include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.”

Overall, just over half of Total Area adults (51.3%) has a firearm kept in or around their home.

- Much higher than the national prevalence.
- Unfavorably high in the Other Counties; lowest in Bibb County.
- Among Total Area households with children, 51.4% have a firearm kept in or around the house (Less favorable than reported nationally).
- TREND: Similar to that reported in 2012 (overall households as well as those with children).

Have a Firearm Kept in or Around the Home

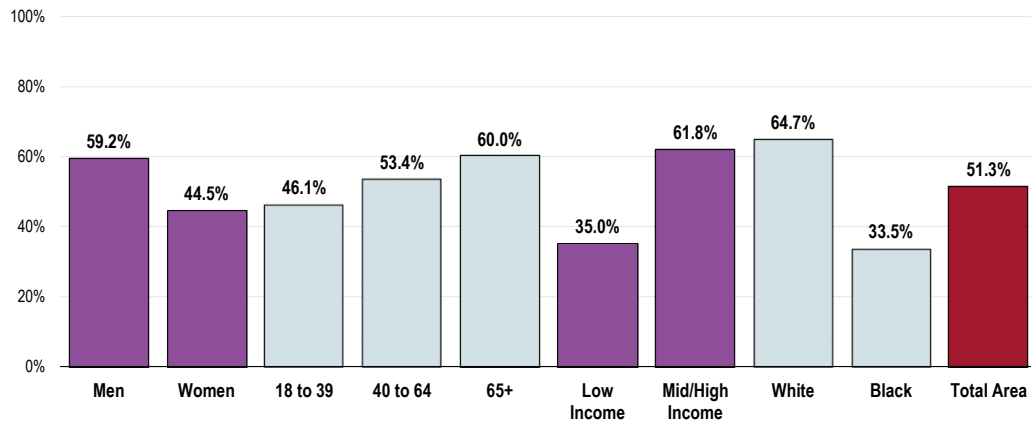


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • “Other Counties” is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Adults age 40+ (positive correlation with age).
- Higher-income households.
- White respondents.

Have a Firearm Kept in or Around the House (Total Area, 2015)

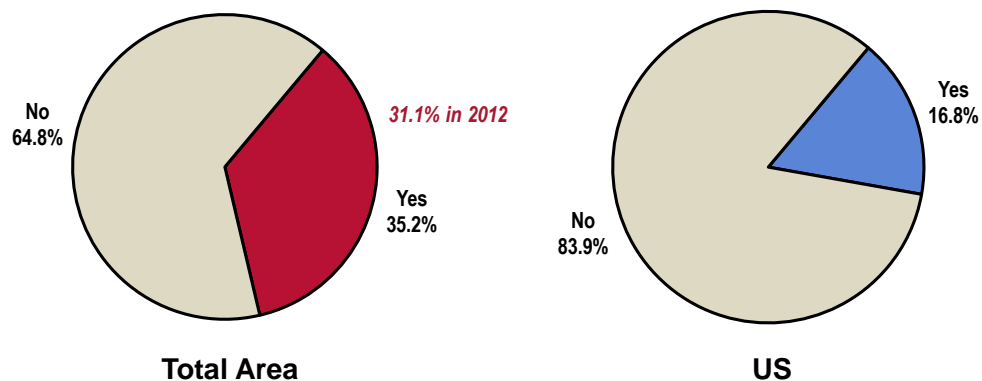


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Total Area households with firearms, 35.2% report that there is at least one weapon that is kept unlocked and loaded.

- More than twice that found nationally.
- Favorably low in Houston County (not shown).
- TREND: Statistically similar to that reported in 2012.

Household Has An Unlocked, Loaded Firearm (Among Respondents Reporting a Firearm in or Around the Home)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with a firearm in or around the home.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

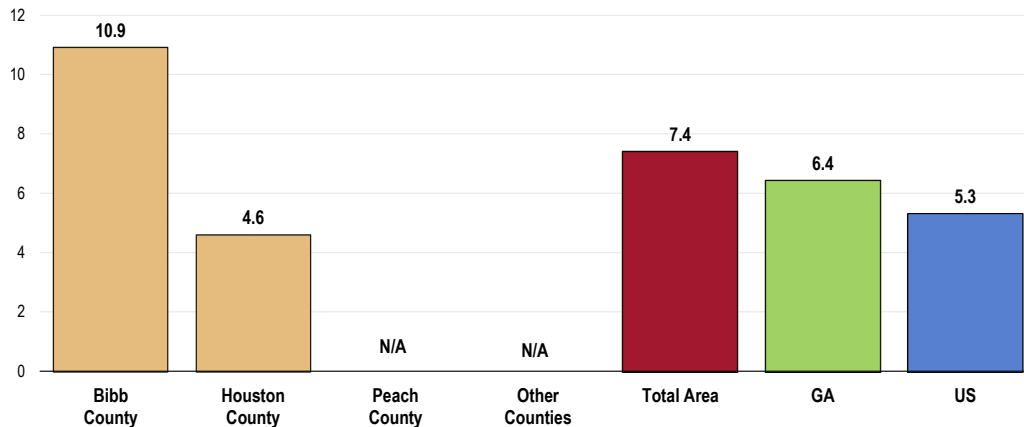
Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 7.4 deaths per 100,000 population in the Total Area.

RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.

- Less favorable than the rate found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.
- The homicide rate is more than twice as high in Bibb County as in Houston County.

Homicide: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower

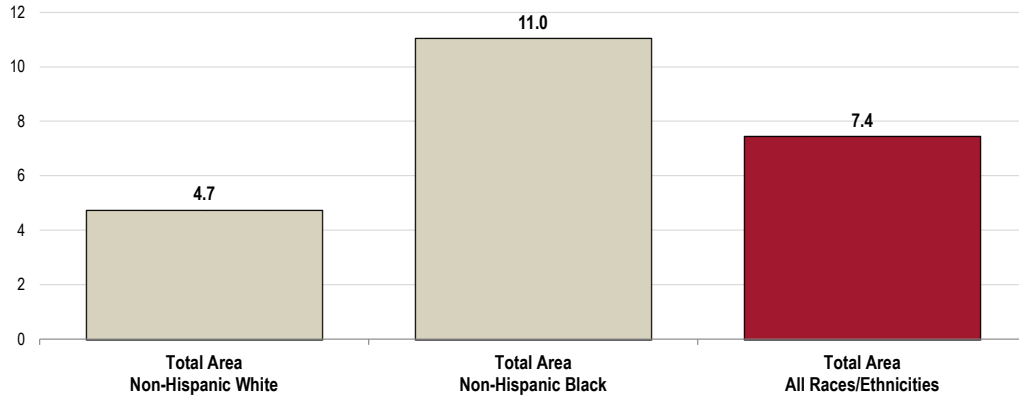


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- The homicide rate is notably higher among Blacks in the Total Area.

Homicide: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower

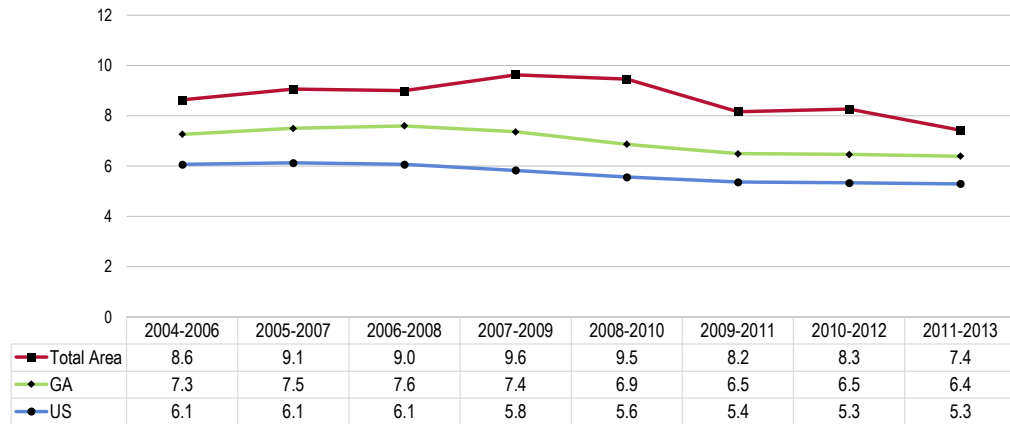


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Following increases in the late 2000s, the homicide rate has decreased in the Total Area.

Homicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Local, state and national data are simple three-year averages.

Violent Crime

Violent Crime Rates

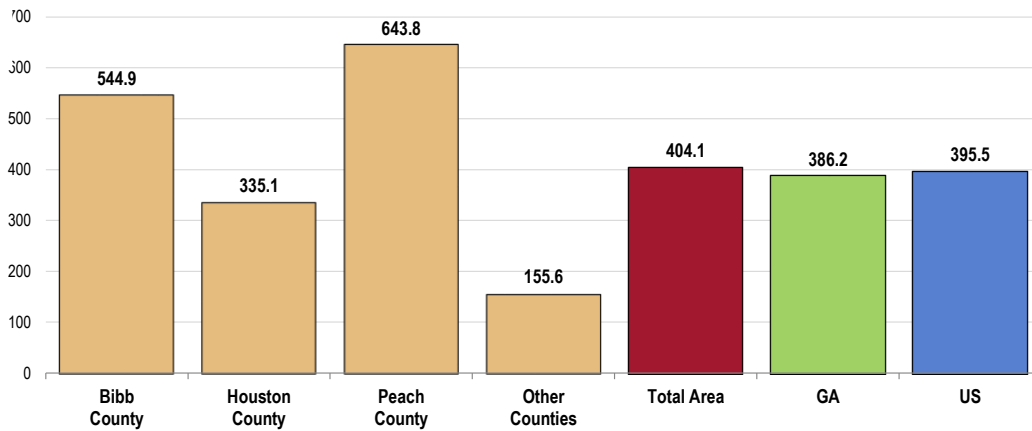
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2010 and 2012, there were a reported 404.1 violent crimes per 100,000 population in the Total Area.

- Similar to the Georgia rate for the same period.
- Similar to the national rate.
- Unfavorably high in Bibb and Peach counties.

Violent Crime
(Rate per 100,000 Population, 2010-2012)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

Notes:

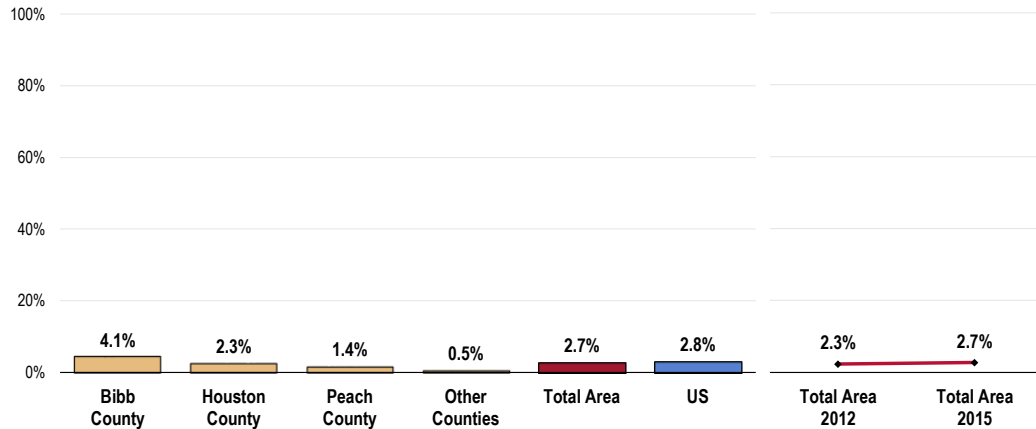
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Self-Reported Violence

A total of 2.7% of Total Area adults acknowledge being the victim of a violent crime in the past five years.

- Similar to national findings.
- Highest in Bibb County; lowest in the Other Counties.
- TREND: Statistically unchanged over time.

Victim of a Violent Crime in the Past Five Years

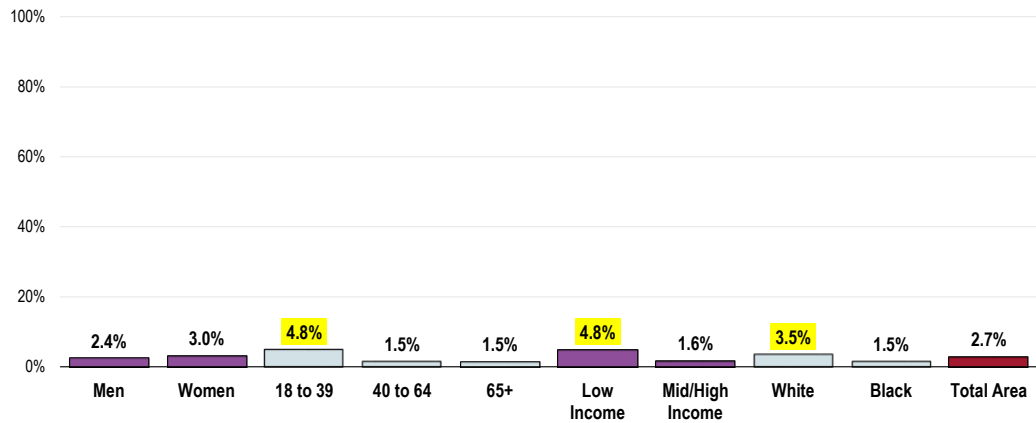


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Reports of violence are notably higher among young adults, those living in lower-income households, and Whites.

Victim of a Violent Crime in the Past Five Years (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported Family Violence

A total of 13.7% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

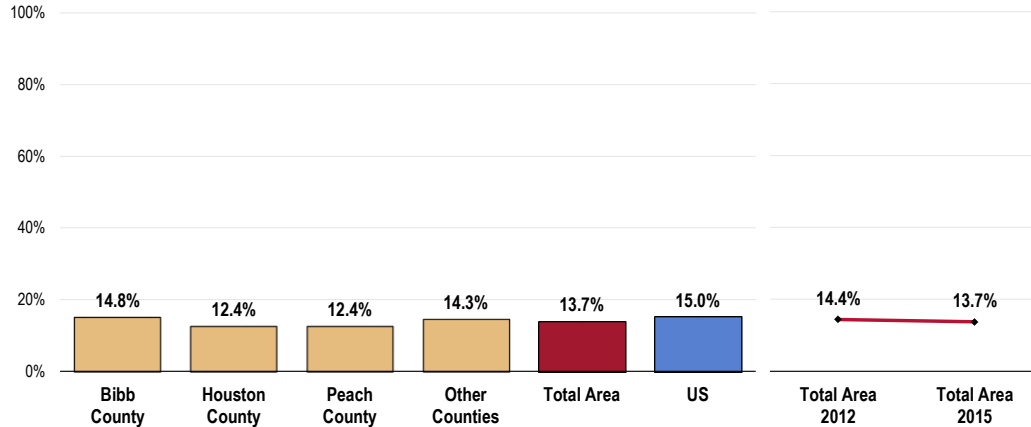
- Similar to national findings.

Respondents were told:

“By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner.”

- Similar findings by county.
- TREND: Unchanged over time.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

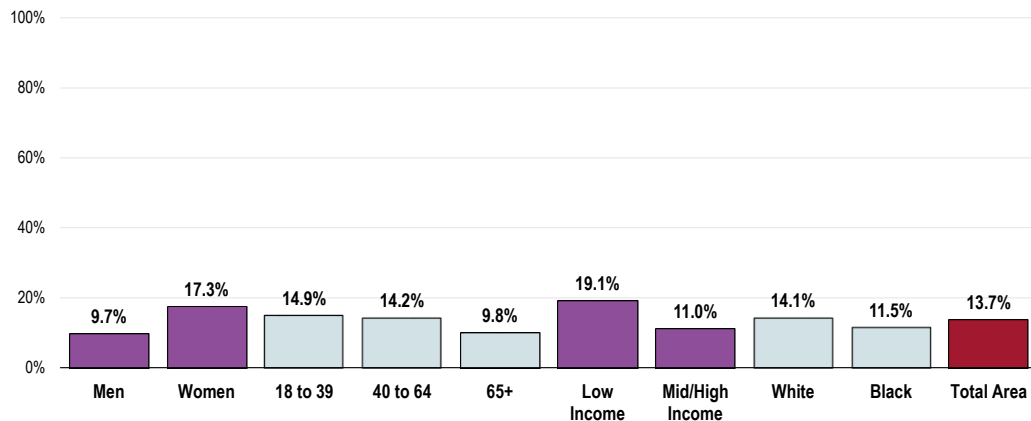


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Reports of domestic violence are also notably higher among:

- Women.
- Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Total Area, 2015)

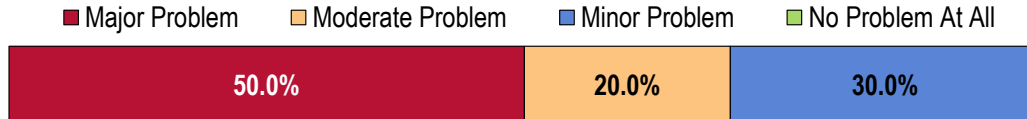


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

Half of key informants taking part in an online survey characterized *Injury & Violence* as a “major problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Injury and violence are issues that are perceived to have grown worse over time in this community. Themes surrounding injury and violence were:

- Geography
- Collaboration
- Poverty
- Children and young adults
- Pedestrian safety

Though **geographically** centered in Bibb County, respondents mentioned that violence is present throughout this community. Participants described poverty, drugs, illiteracy, and gang activity as contributors. The surrounding counties continue to see intermittent episodes of violence, yet key informants feel that this is not as big of an issue as others in their communities; the rural nature of these counties may play a role in this. The Houston County military base occasionally sees physical fights or after-effects of violence, but the incidence is relatively limited, and its effects, minor. In terms of child abuse and domestic violence, participants acknowledged relatively few substantiated cases overall, but mentioned that prevention efforts should target adults and home life.

“Clayton’s a very violent place- I mean, very highly violent. Some of it obviously impacts health, and the trauma system, and all the health systems around.” — Bibb County participant

“And I can’t honestly say I ever – maybe once or twice I was suspicious of child abuse. But in the 10-11 years I’ve been here, I’ve only had maybe one case that was questionable.” — Peach County participant

“And most of these guys in jail, they were very honest. They said, ‘It was my education; it wasn’t crime. The crime came because I didn’t have an education. Crime came because I want the same thing everybody else has; I just don’t have a means of getting it.’ And then you end up with pride; ‘I’m too proud to go back to school.’ Or, ‘If I get in here, they’re going to laugh at me because I’m trying to get a GED, but I’m truly on a third-grade level- I’m 27 years old, and I don’t want nobody looking at me.’ And then that’s the person we see arrested 42 times. If you’re arrested 42 times, you would think crime may not be the job that you should be in. You need a new career set, because this is just not going to

work for you. Most of them have at least seven or eight prior arrests.” — Bibb County participant

“We get all the gangbangers and all the traumas- gunshot wounds- every single day. And when you go to these rooms, you speak to these young men who are as kind and sweet as anyone. And you think, ‘What happened in your life that got you where you’re at right now?’ You know, 17-18 years old, and they’ve killed somebody. Or have horrendous injuries from a gunshot wound, and it’s blown up their arm. It’s just amazing. There are areas in Macon- We used to go out into the community and do education, and there were areas they wouldn’t let us go to. They said, ‘Don’t even drive down that street. Go around, and here’s the path that you’re going to take.’ Because it was so violent. I’ve never heard of that in Monroe, but in Macon...” — Regional participant

“I think one of the things that we need to think about that doesn’t often get thought about... is education about child abuse and prevention efforts. It could be one of these chicken and the egg things- You know, which came first. We just have so many instances of child abuse, and statistically it’s all tied back to all kinds of adult health issues and all of the teen pregnancies and issues like that... Because we see so many instances with our parents where children are put in such situations where it’s just almost inevitable that something’s going to happen. Or providing parents education on how to deal with children and how to deal with all the stresses of raising a child, and especially if you have multiple children in a family and stuff like that.” — Bibb County participant

“The most common reason that children are physically abused is potty training. Potty training! More children are killed due to potty training issues. And then it comes back to domestic violence and the stressors in the home: ‘You’ve got to make that child behave; you’ve got to make them do this. They can’t mess up their clothes, they can’t mess up this.’ And think about it, what does that, then, teach that child when they get a little bit older? That cycle, again, continues. And again the cycle, when you’re talking about child sexual abuse- All of those problems that that brings on tie into domestic violence, teen pregnancies, STDs, crime- All of that.” — Bibb County participant

Violence can be such a pervasive issue that a community-wide effort is required to make an impact, with early intervention in grade school being a potentially powerful strategy.

Collaboration with local law enforcement has great potential as well, although a couple of participants feel that law enforcement is passing off responsibility to the healthcare system; on the other hand, it is perceived that crime overall has decreased in the community. Discussion also covered the need for new alternatives for those without a good home situation, such as the Boys and Girls Club, as well as changes in school curriculum to teach children how to get ahead. Several respondents described a fragmented community that is not taking responsibility for its issues with violence.

“We could have the whole meeting just on that one thing [violence]. We see that a lot at the trauma center. So, if you impact that in any way, you would certainly impact admissions; you would impact the health care dollar, you’d impact the quality of life- You’d impact all those things because there is a lot of that going on. And that would take a community effort; it can’t just be the trauma center doing some prevention.” — Bibb County participant

“And believe it or not, crime is actually going down. I mean, I applaud the guys and ladies for going out there and arresting them... Just look at the incidents; they’re still bad, and there are still a lot of them, but there are not as many as there used to be.” — Bibb County participant

“A lot of it’s related to law enforcement. They know where the crime is and where the problems are. But they have to be proactive to go after it. They know it’s just going to get worse and create more problems. They have to address it, but a lot of the time they pass the buck to health care and think, ‘We can put them in the E.R.,’ and it will solve some of their issues, or at least alleviate some of their burden.” — Bibb County participant

“I think the community itself is fragmented; you have the haves and the have-nots. The people who have the ability and the resources are moving further and further north, and it’s someone else’s problem... And it’s not until you can help everyone understand that it’s really all of our problem because we’re living with the crime issues, you’re living with the teenage pregnancy issues- which in some way will eventually touch us all... You’re not going to have anyone that wants to come into this community when they see two different communities. When we talk in terms of bolstering the infrastructure, bringing in companies, yeah, you need an educated workforce. But I think the

community itself is too fragmented. And I often struggle with the fact of how do you get people to care about something that they don't see has an impact on them directly?" — Bibb County participant

Poverty is an important determinant of health, and group members recognized this as having an overarching effect on the violence of the region. One potential solution mentioned is to address the poverty issue in the home, where other issues come into play, such as limited education and lack of self-efficacy to break the cycle. Respondents detailed a poverty cycle that begins when individuals drop out of school and continues as some become career criminals, as a result of the environment in which they are living.

"Some of the people that we all see, their lives are unimaginable; we have people that are born so far behind the eight ball. We've got young black males out committing crime after crime. And it's not just young black males- it's those who are impoverished. And think about going to school when your mother may have a drug and alcohol problem." — Bibb County participant

"He was born into it. They're not the best career criminals, but you've got to look at the environment they came from. It's a holistic approach. You've got to address them as the individual; you've got to address the household and the surroundings." — Bibb County participant

"We have a graduate from our program. Part of his testimony is that, starting at the age of 10, he was told by those that he looked up to, 'You'll never amount to anything. You'll never do anything good in your life.' And so he had no hope from that young age. So he didn't try in school, he didn't try and get good grades. He didn't have any aspirations of going to college or going to tech school because he was always told, 'You'll never amount to anything.' So why even try? And I think that that's a problem in the homes." — Bibb County participant

Participants are especially concerned about the **younger generations** when it comes to violence in the region. The law enforcement side is seeing an increase in juvenile crime, which several participants feel might be related to poverty and home life. These individuals feel that it sometimes is the result of young people having nothing to do, who are without education or opportunities. Jail also can be a status symbol for some of this population or at least not perceived to have a negative connotation.

"The home life is critical for our community and our children. And our children are exposed to these issues early, so it's no wonder we have a high juvenile population in detention centers." — Bibb County participant

"It seems like we have almost a lost generation coming in Macon. I look at this group behind us, and they're not real educated. We... went to Waffle House, and our waitress... didn't know what ten percent is... She is not going to do much better than the job that she has at Waffle House because she doesn't have the education to back her proceeding to the next-level jobs. That's got to change; we've got to do better by the people in our community. Our children deserve a safe learning environment that's rigorous enough to keep them engaged, so that when they graduate, they are able to go to any university in the country and be prepared to take on everyone else. I want the people in our community to succeed." — Bibb County participant

"There's just a lack of anger management among the youth. You get angry; you don't turn around and kill your friend because you're angry. That's something you can't take back, and you've ruined a life." — Bibb County participant

"They go down there with no criminal record, and then they come out with a status symbol. I remember one kid- he was just with some guy that stole a lady's pocketbook. He wound up staying there about a week because nobody would make his bond... He came out like it was a status symbol, instead of being like, 'I never want to go back down there again.'" — Bibb County participant

"It's almost the norm now. When I'm interviewing children, I'll say, 'Who lives in your home?' And they'll talk about maybe a daddy or a mama. And I'll say, 'Well, where are they?' 'Well, they're in jail.' Or a brother or somebody, they're in jail." — Bibb County participant

"It's all tied together, but the home life- for me- is critical. Or the community and our children. And our children are exposed to these issues early, so it's no wonder that we have a high juvenile population in the youth detention center." — Regional participant

"My saddest days on the job are when we've had to arrest a kid. If they're under 16, they're going to RYDC, and if they're 17 or above, they're going downtown to the law enforcement center. A lot of times, it suddenly dawns on them what's about to happen, and they start to cry. And, you know, the deed is done. You can't go back and un-ring a bell." — Bibb County participant

Pedestrian fatalities are another issue in this community, mostly in Bibb County. The issue stems mainly from the built environment, which is not built to be walking-friendly.

Respondents mentioned a lack of sidewalks and a need for more crosswalks. Though there are currently some crosswalks, it is common for individuals to take shortcuts across the street instead of walking all the way to a crosswalk. Currently, the Safe Routes to School program teaches children how to safely cross streets so they can make better decisions later in life; part of this program employs the 'walking school bus,' which offers children protection through numbers to and from school because it is not uncommon to have children walking alone.

Participants shared that the police commissioner is currently talking about locations for better crosswalk placement, and schools are also working on improving the walking infrastructure.

"One of the issues we're addressing in the health board are pedestrian fatalities. Bibb County has twice the state average- And we're working with the sheriff's office on this issue, too. But we are the second-highest in the state; I think one county near Augusta is actually the highest per capita. We're trying to address it on multiple fronts, in the school district and the health board." — Bibb County participant

"One thing I see as a health problem in our community is the lack of a walking-friendly community and having the infrastructure for walking-friendly community." — Bibb County participant

"That is one of the craziest things to me, that we don't have more sidewalks. We have a beautiful community, and that's how people connect to each other- through that interaction. And I think that a lot of people are very isolated." — Bibb County participant

"I saw yesterday on Bloomfield Drive three little kids. They were walking down the street with nobody to protect them. You know, the times that we're living in, I just thought that was kind of ugly... To me, a child that age ought to have somebody watching over them." — Bibb County participant

"There are crossings, but people want to take shortcuts. So I think as you look at all the different angles of this, that might be one measure that we take to decrease fatalities... And where you don't have a sidewalk to begin with, it's hard to really expect people to walk to the corner. You know, it's not this well-delineated path." — Bibb County participant

"We've got our schools working on that now, to try to identify areas where we can put in sidewalks. Under Georgia law, if you live within a mile-and-a-half of the school you're supposed to either arrive by your parent or walk or ride a bicycle. If you live further than a mile-and-a-half, you can utilize the school bus service." — Bibb County participant

"With a walking school bus, an adult will stand at this corner and walk them to the next corner, and then they hand them off to the next. So that way they are supervised through the whole walk by a registered volunteer." — Bibb County participant

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

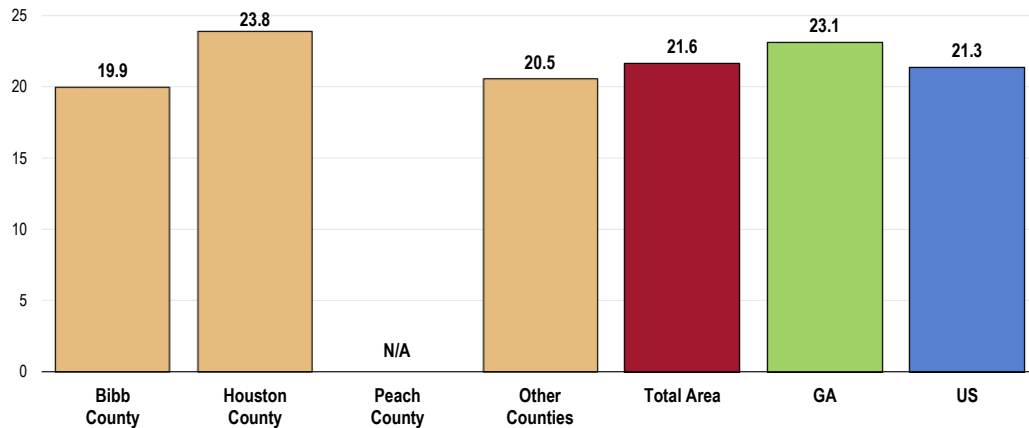
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 21.6 deaths per 100,000 population in the Total Area.

- More favorable than that found statewide.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Unfavorably high in Houston County.

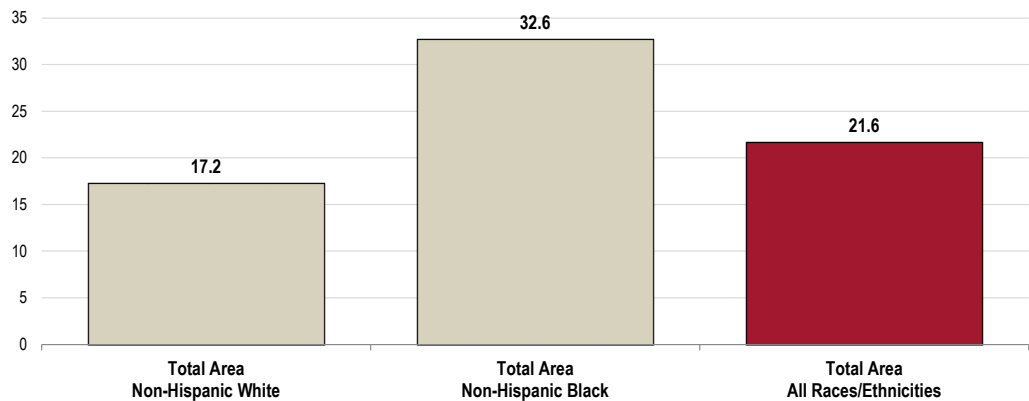
Diabetes: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in the Total Area is notably higher among Blacks than among Whites.

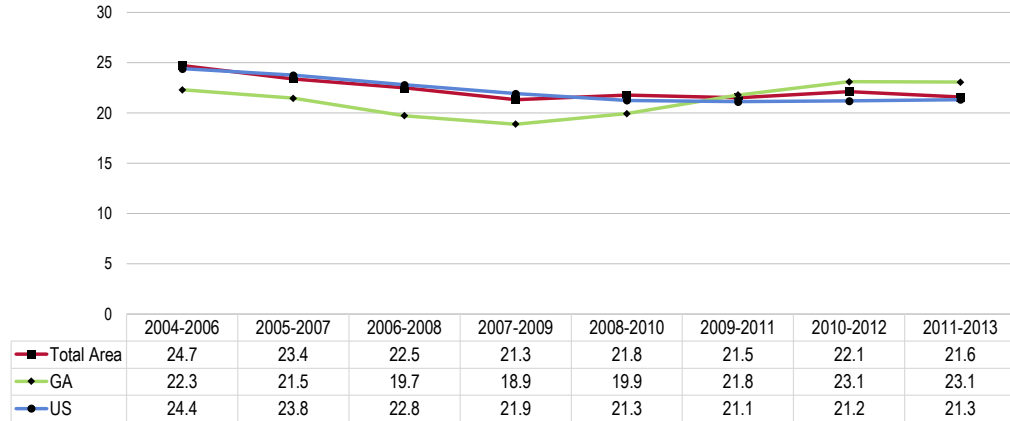
Diabetes: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- **TREND:** The diabetes mortality rate has decreased over time in the Total Area, in keeping with the US trend. Statewide, the rate has increased in recent years.

Diabetes: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - Local, state and national data are simple three-year averages.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

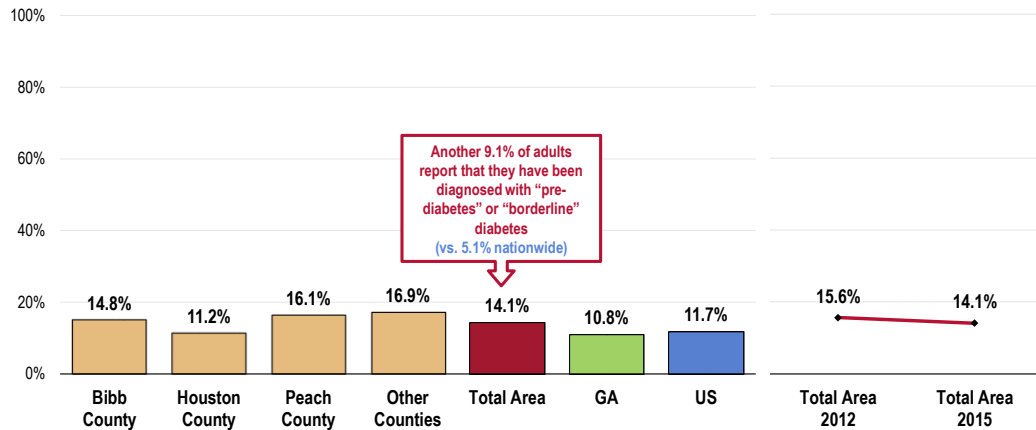
Prevalence of Diabetes

A total of 14.1% of Total Area adults report having been diagnosed with diabetes.

- Worse than the statewide proportion.
- Similar to the national proportion.
- Statistically similar by county.
- **TREND:** Statistically unchanged since 2012.

In addition to the prevalence of diagnosed diabetes referenced above, another 9.1% of Total Area adults report that they have “pre-diabetes” or “borderline diabetes.”

Prevalence of Diabetes



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.

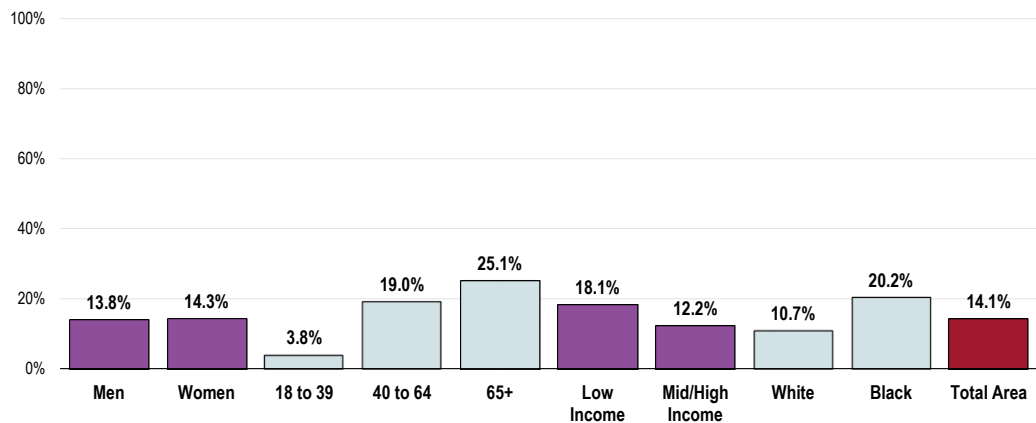
 Notes:

- Asked of all respondents.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong positive correlation between diabetes and age, with 25.1% of seniors with diabetes).
- Residents in low-income households.
- Black respondents.

Prevalence of Diabetes (Total Area, 2015)



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

 Notes:

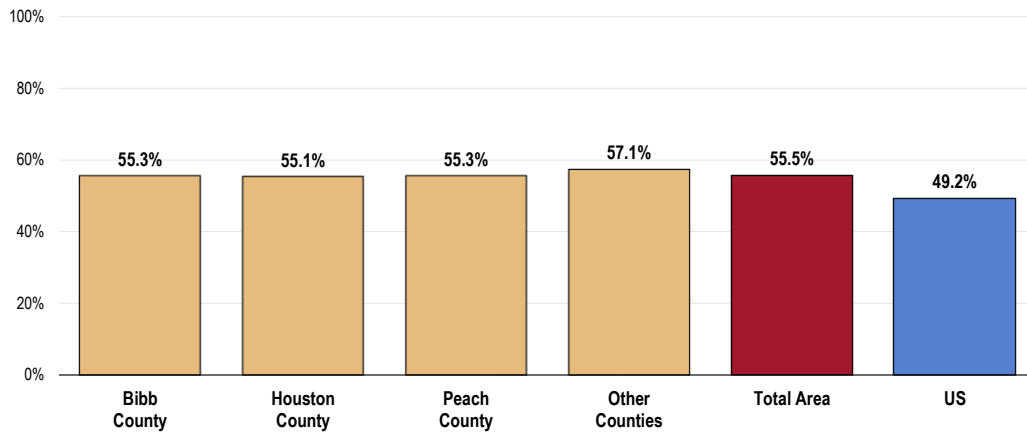
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of Total Area adults who have not been diagnosed with diabetes, 55.5% report having had their blood sugar level tested within the past three years.

- Higher than the national proportion.
- Statistically similar by county.

Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)

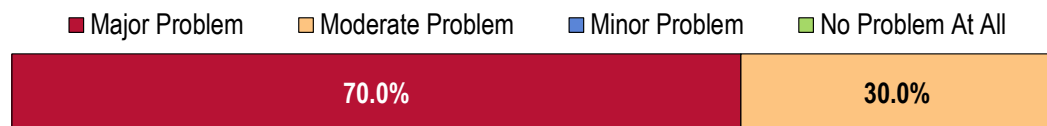


- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of respondents who have not been diagnosed with diabetes.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Key Informant Input: Diabetes

Seven in 10 key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2015)



- Sources:
- PRC Key Informant Focus Groups, Macon, GA, March 2015.

Focus group participants are extremely concerned about diabetes in this community, although most of their discussion was based on contributing factors such as nutrition, physical activity and weight (described later). Of the conversations regarding diabetes distinctly, the following issues were raised:

- Incidence
- Health education
- Medications

Participants feel that the **incidence** of diabetes is increasing in this community, so much so that it feels like everyone seeking health services is diabetic. Respondents noted a dearth of **programs to educate** these residents about how to manage their diabetes, as well as about nutrition, although some programs in the surrounding counties help diabetics better understand their blood sugar. Overall, participants feel as though there are a lot of needs that will not dissipate in the foreseeable future.

“We have great access, but yet I see people with diabetes, hypertension, hemoglobin A count. They walk into my door- hemoglobin A1C is a 14, drinking Coca Colas, eating Snicker bars- and so, I think, we need to create primary prevention because the best way to get out of trouble is to stay out of trouble.” — Bibb County participant

“They did some diabetes education through churches, but there definitely needs to be more.” — Bibb County participant

“Educational programs to educate folks on how to stay well just don’t exist.” — Regional participant

“We see some very sick patients. Almost all of them, by the way, are diabetics and hypertensive.” — Peach County participant

Also a major issue for diabetics is accessing and affording their insulin and other **medications**. Insulin is expensive, and this community is already fraught with poverty issues. Healthcare providers attempt to give as many samples as possible, but patients eventually run out and have no medications.

“That’s another problem with diabetes, because so many of our patients have to be on insulin. And the cheapest insulin is... \$27.00 now. But all other insulins are over \$100.00.” — Peach County participant

“When they run out of the samples, they’re out of their meds for a while. Then you come back in, and you have no clue where they are, because you have no medication. So, you’re constantly trying to keep them in samples.” — Peach County participant

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

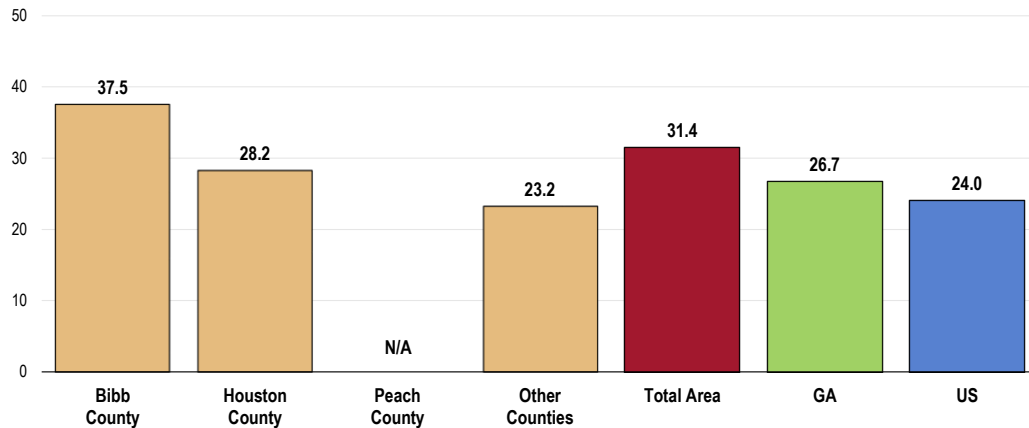
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 31.4 deaths per 100,000 population in the Total Area.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Unfavorably high in Bibb County; lowest in the Other Counties.

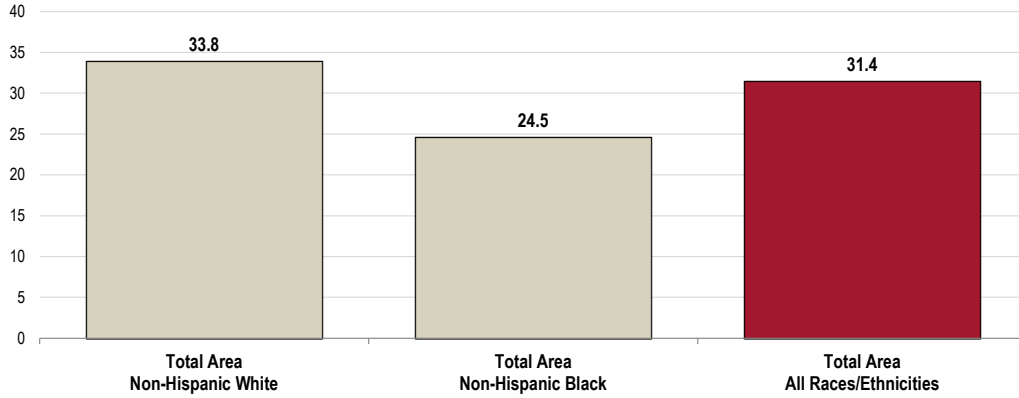
Alzheimer's Disease: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- The Alzheimer's disease mortality rate appears higher among Whites in the Total Area.

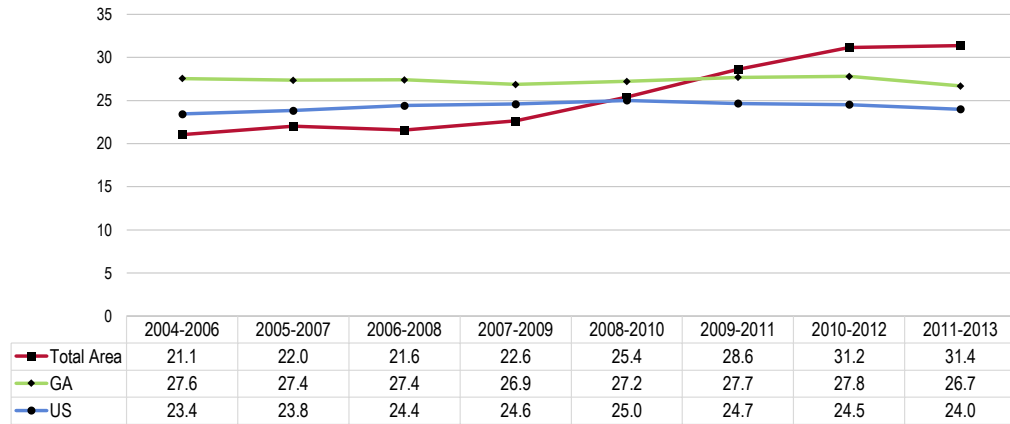
Alzheimer's Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Alzheimer's disease mortality has increased over time in the Total Area. In contrast, state and national rates have been more stable.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



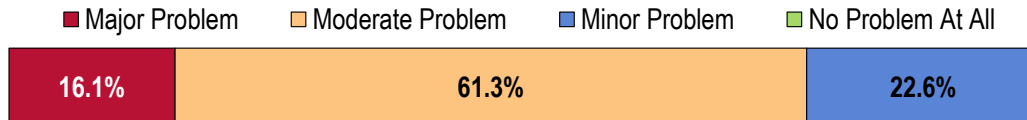
- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease*, as a "moderate problem" in the community.

**Perceptions of Dementia/Alzheimer's Disease
as a Problem in the Community**

(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

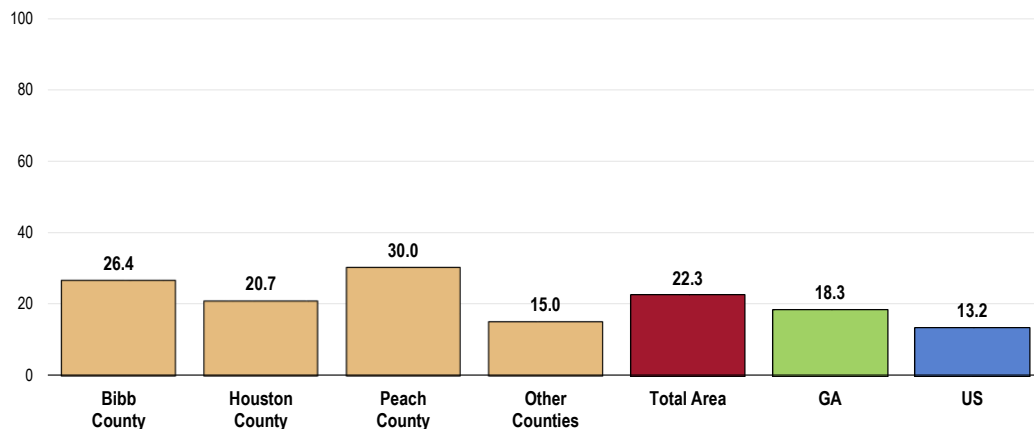
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 22.3 deaths per 100,000 population in the Total Area.

- Higher than the rate found statewide.
- Higher than the national rate.
- Higher in Bibb and Peach counties.

Kidney Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

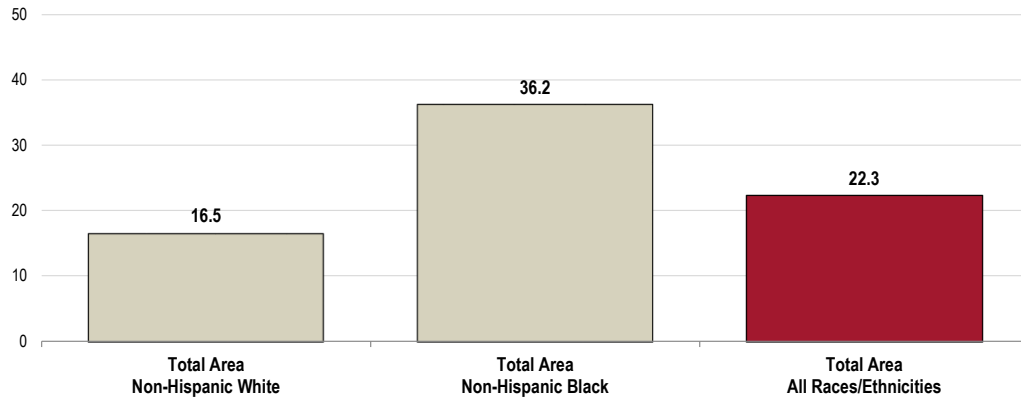


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- The kidney disease mortality rate in the Total Area appears much higher among Blacks.

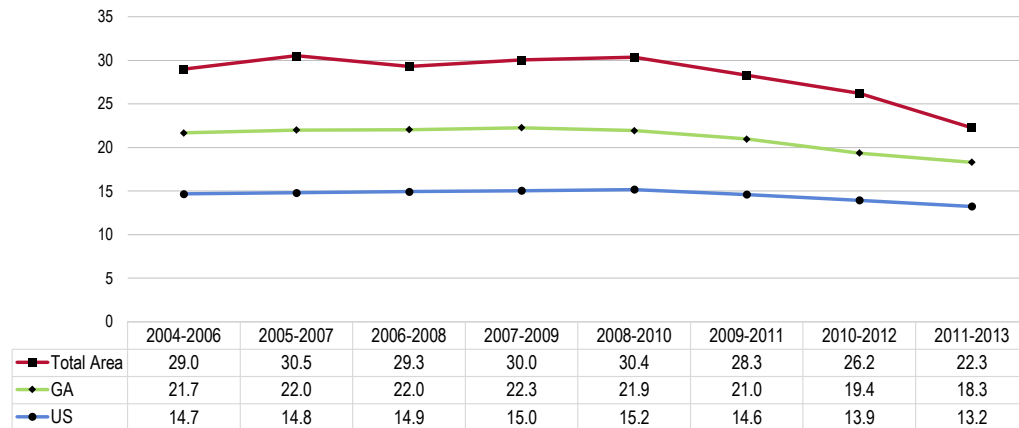
Kidney Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The death rate has decreased over the past decade in the Total Area.

Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



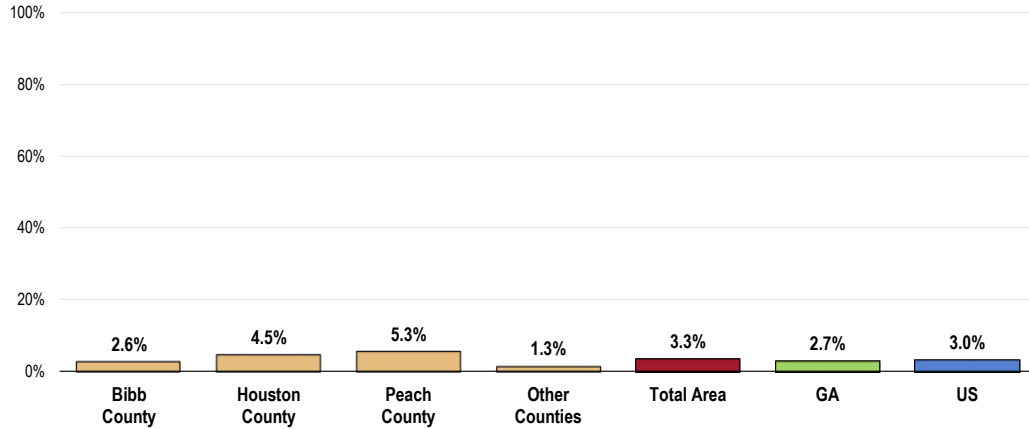
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - State and national data are simple three-year averages.

Prevalence of Kidney Disease

A total of 3.3% of Total Area adults report having been diagnosed with kidney disease.

- Similar to the national proportion.
- Similar to the state proportion.
- Favorably low in the Other Counties.

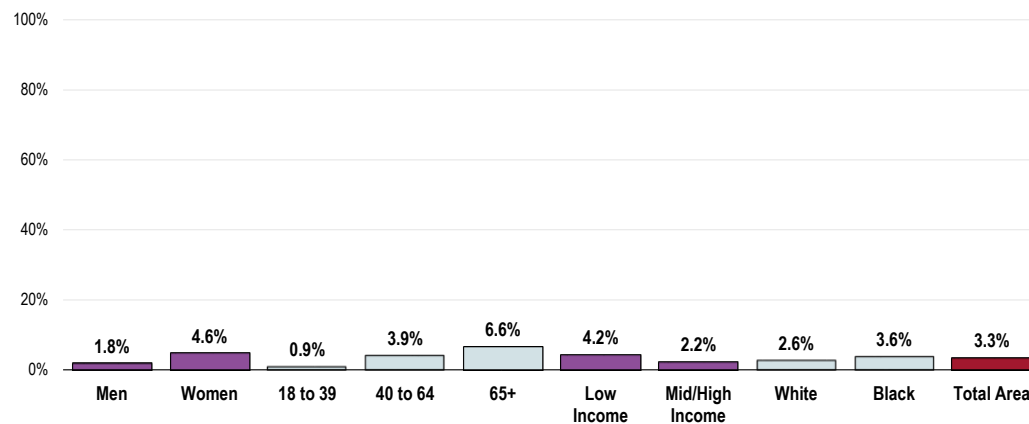
Prevalence of Kidney Disease



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- A higher prevalence of kidney disease is reported among women and adults age 40 and older in the Total Area (positive correlation with age).

Prevalence of Kidney Disease (Total Area, 2015)



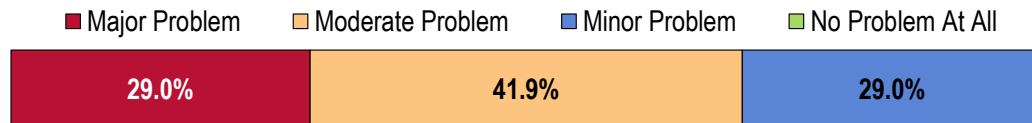
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

Key informants taking part in an online survey generally characterized *Chronic Kidney Disease* as a “moderate problem” in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

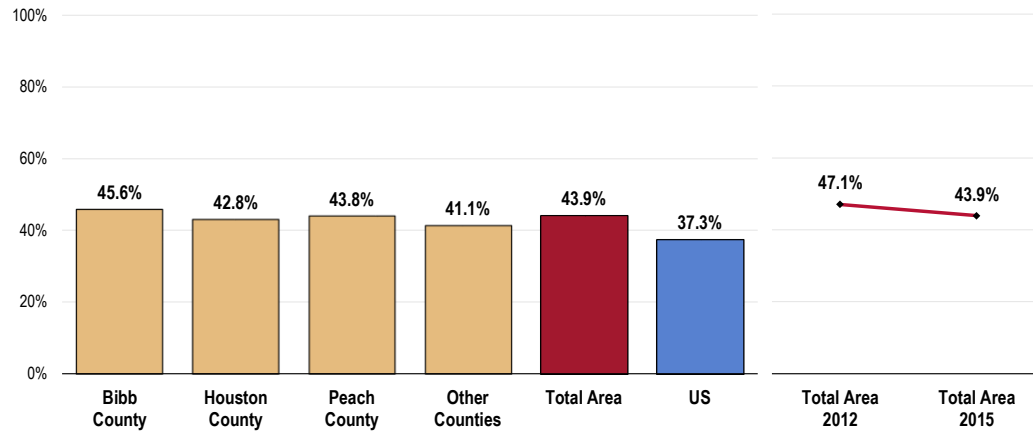
More than 4 in 10 Total Area adults age 50 and older (43.9%) report suffering from arthritis or rheumatism.

- Less favorable than that found nationwide.
- Statistically comparable findings by county.
- TREND: The prevalence of arthritis/rheumatism is similar to that reported in 2012.

RELATED ISSUE:

See also *Activity Limitations* in the **General Health Status** section of this report.

Prevalence of Arthritis/Rheumatism (Among Adults Age 50 and Older)



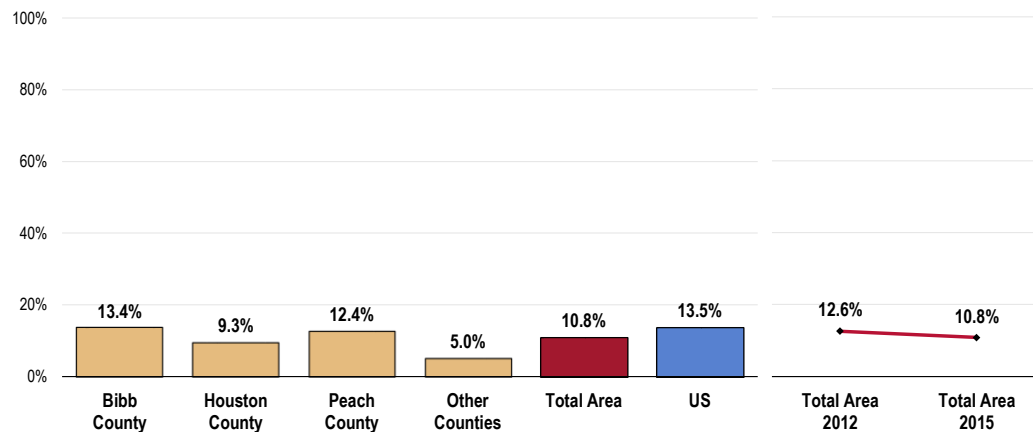
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 50 and older.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Prevalence of Osteoporosis

A total of 10.8% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- Favorably low in the Other Counties.
- TREND: Statistically unchanged over time.

Prevalence of Osteoporosis (Among Adults Age 50 and Older) Healthy People 2020 Target = 5.3% or Lower



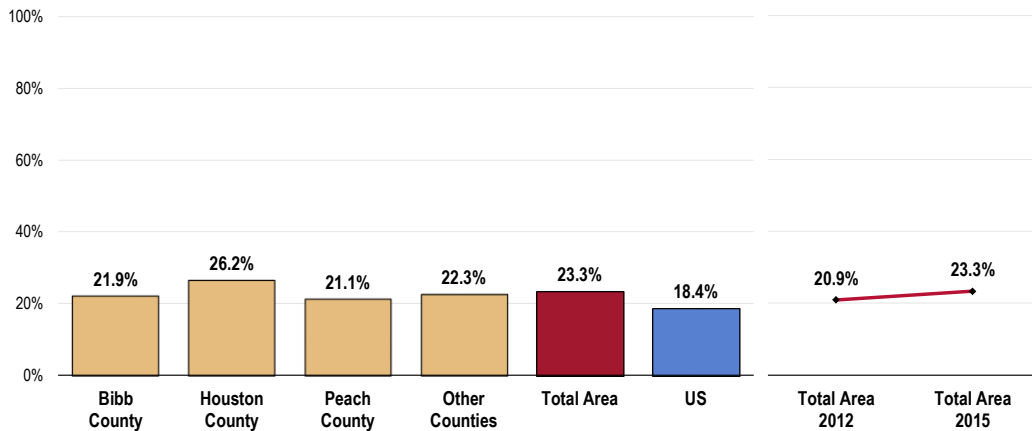
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects respondents age 50 and older.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Prevalence of Sciatica/Chronic Back Pain

A total of 23.3% of survey respondents suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.
- Comparable findings by county.
- TREND: Statistically similar findings over time.

Prevalence of Sciatica/Chronic Back Pain

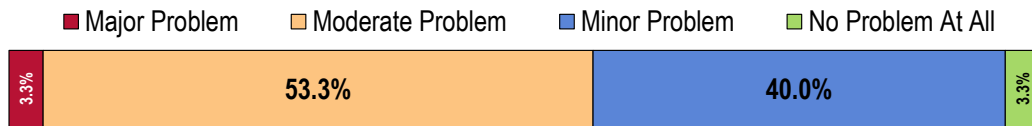


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Most key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

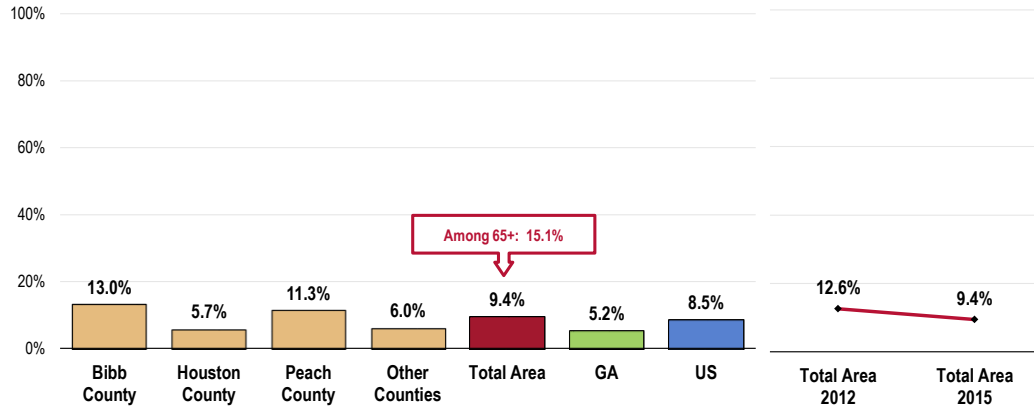
A total of 9.4% of Total Area adults are blind, or have trouble seeing even when wearing corrective lenses.

- Less favorable than the Georgia proportion.
- Comparable to that found nationwide.
- Unfavorably high in Bibb County; lowest in the Other Counties.
- TREND: Denotes a statistically significant decrease over time.
- Among Total Area adults age 65 and older, 15.1% have vision trouble.

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

Prevalence of Blindness/Trouble Seeing



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

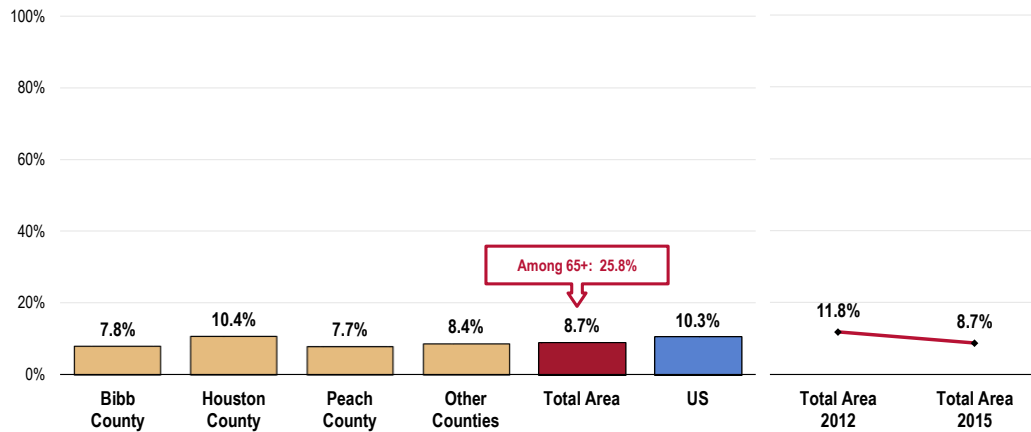
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

• Healthy People 2020 (www.healthypeople.gov)

In all, 8.7% of Total Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Similar findings by county.
- TREND: Marks a statistically significant decrease over time.
- Among Total Area adults age 65 and older, 25.8% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

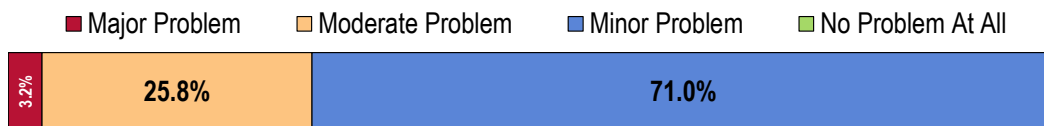


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Key Informant Input: Vision & Hearing

A majority of key informants taking part in an online survey characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Hearing and Vision as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

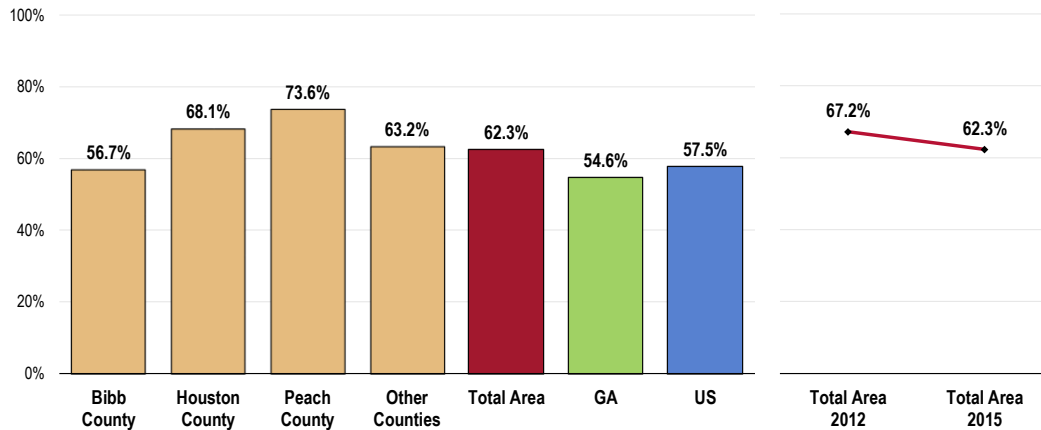
Among Total Area seniors, 62.3% received a flu shot (or FluMist®) within the past year.

- Statistically higher than the Georgia finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by county.
- TREND: Statistically unchanged since 2012.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys. Professional Research Consultants, Inc. [Item 141]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - Includes FluMist as a form of vaccination.

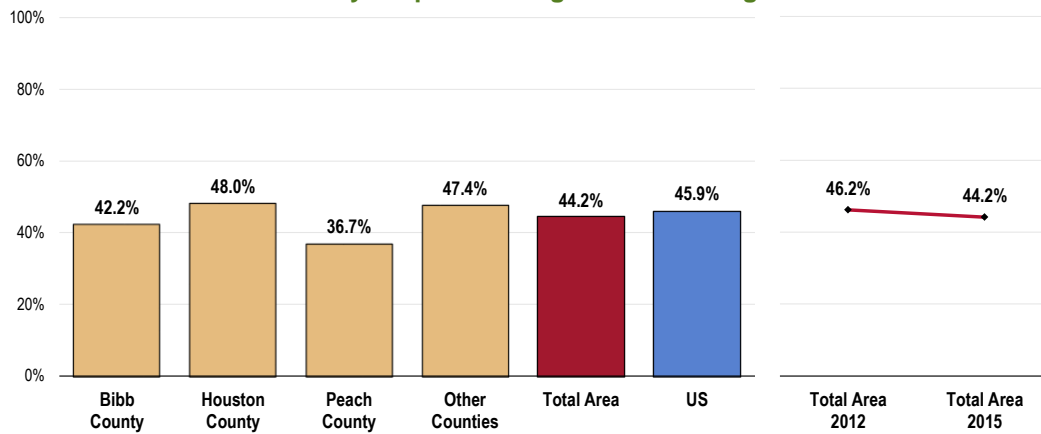
High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 44.2% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by county.
- TREND: Statistically unchanged over time.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year (Among High-Risk Adults Age 18-64) Healthy People 2020 Target = 70.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
 Notes: • Reflects high-risk respondents age 18-64.
 • “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
 • “Other Counties” is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • Includes FluMist as a form of vaccination.

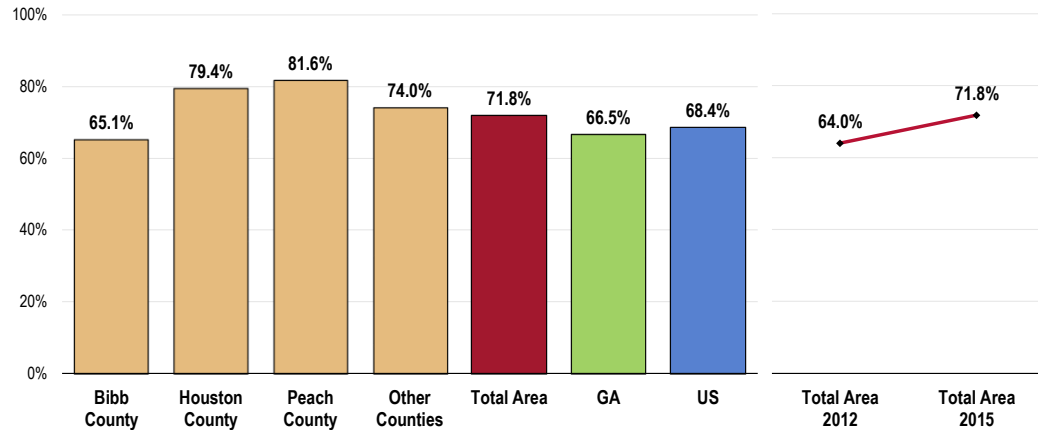
Pneumonia Vaccination

Among adults age 65 and older, 71.8% have received a pneumonia vaccination at some point in their lives.

- Similar to the Georgia finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Unfavorably low in Bibb County.
- TREND: Statistically unchanged since 2012.

Older Adults: Have Ever Had a Pneumonia Vaccine (Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]

Notes: • Reflects respondents 65 and older.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

High-Risk Adults

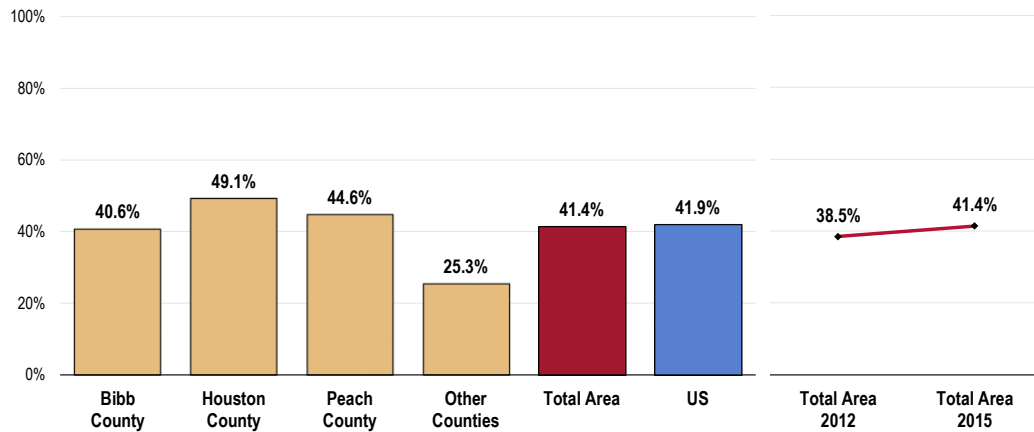
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 41.4% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Almost identical to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Unfavorably low in the Other Counties.
- TREND: Statistically unchanged since 2012.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine (Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.2]
- Notes:
- Asked of all high-risk respondents under 65.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

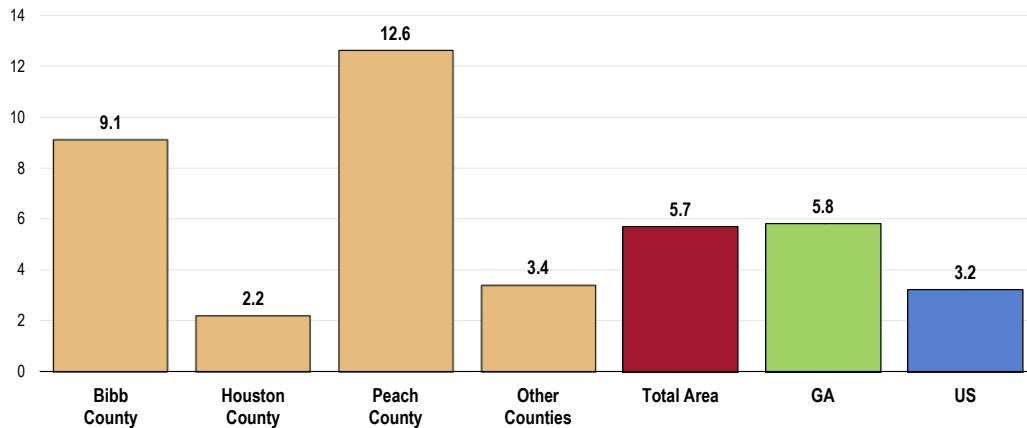
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2011 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 5.7 deaths per 100,000 population in the Total Area.

- Similar to the Georgia rate.
- Less favorable than the rate reported nationally.
- Fails to satisfy the Healthy People 2020 target (3.3 or lower).
- Unfavorably high in Bibb and Peach counties.

HIV/AIDS: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower

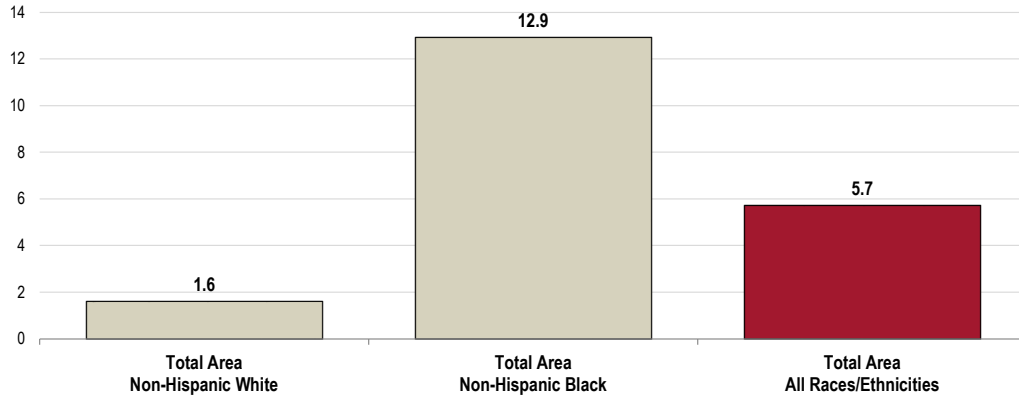


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.

- Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
 • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- The HIV mortality rate among Blacks in the Total Area is 8 times higher than the rate among Whites.

HIV/AIDS: Age-Adjusted Mortality by Race (2004-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 3.3 or Lower



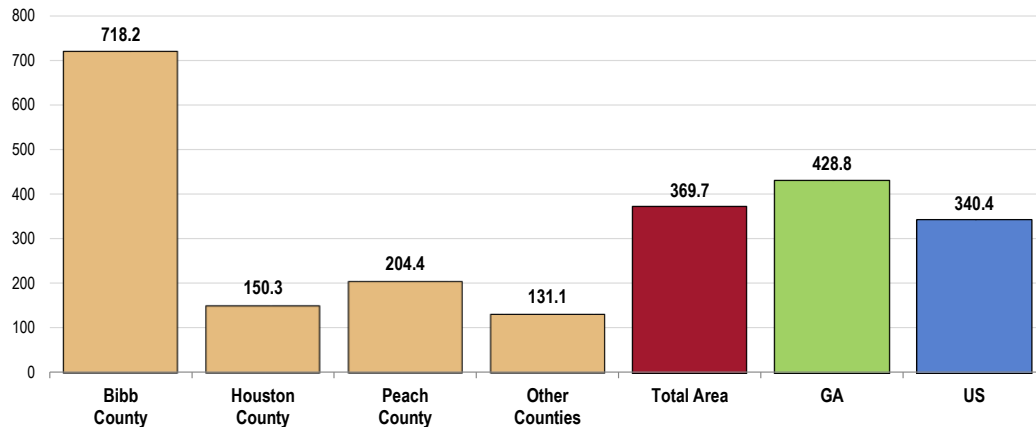
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

HIV Prevalence

In 2010, the area reported a rate of 369.7 HIV cases per 100,000 population.

- More favorable than the statewide prevalence.
- Less favorable than the national prevalence.
- Dramatically higher in Bibb County.

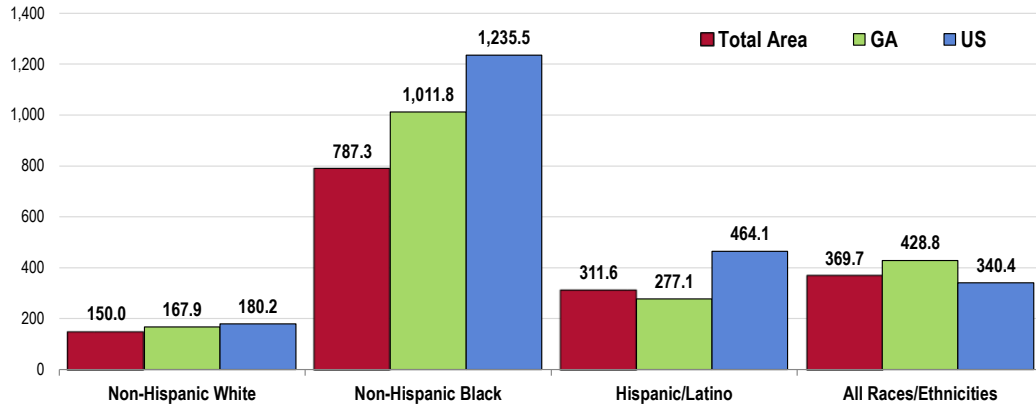
HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2010)



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
 - Retrieved April 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- By race and ethnicity, HIV prevalence in the Total Area is particularly high among non-Hispanic Blacks, although to a lesser degree than found statewide or nationally.

HIV Prevalence Rate by Race/Ethnicity (Prevalence Rate of HIV per 100,000 Population, 2010)



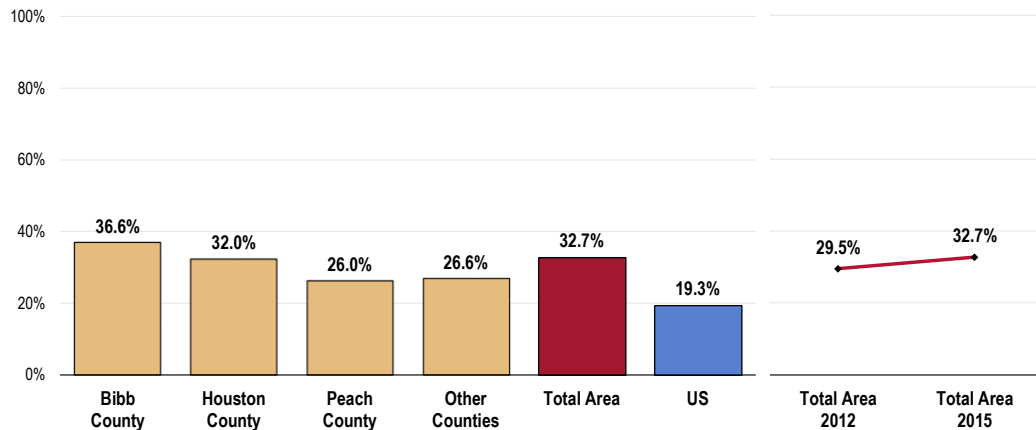
Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
 • Retrieved April 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Testing

Among Total Area adults age 18-44, 32.7% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Much higher than the proportion found nationwide.
- Statistically similar by county.
- TREND: Testing has remained stable since 2012.

Tested for HIV in the Past Year (Among Adults Age 18-44)

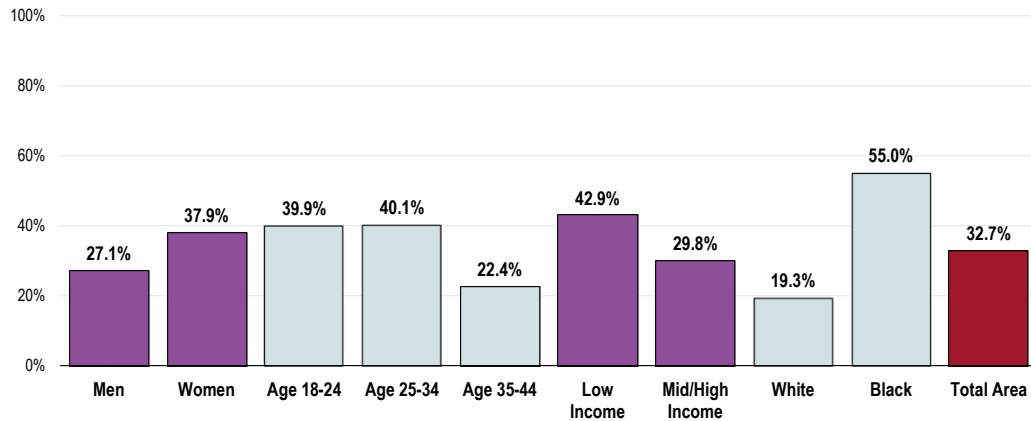


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 18 to 44.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

These adults (age 18 to 44) are less likely to have been tested for HIV in the past year:

- Men.
- Those age 35 to 44.
- Upper-income residents.
- Whites.

Tested for HIV in the Past Year (Among Adults Age 18-44)

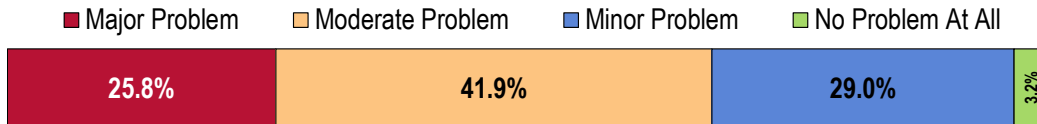


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
 Notes: • Reflects respondents age 18 to 44.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: HIV/AIDS

A majority of key informants taking part in an online survey characterized *HIV/AIDS* as a "moderate problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in the Total Area was 642.8 cases per 100,000 population.

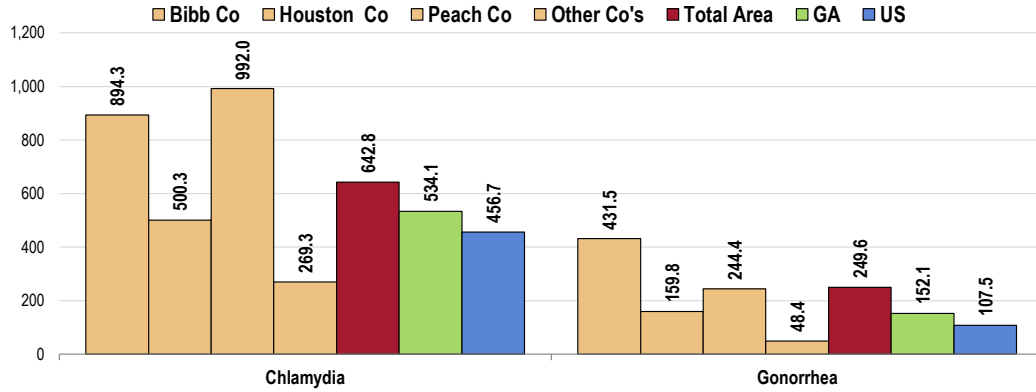
- Notably higher than the Georgia incidence rate.
- Notably higher than the national incidence rate.
- Unfavorably high in Bibb and Peach counties.

The area’s 2012 gonorrhea incidence rate was 249.6 cases per 100,000 population.

- Higher than the statewide rate.
- Higher than the national incidence rate.

- Unfavorably high in Bibb and Peach counties.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2012)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
 • Retrieved April 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

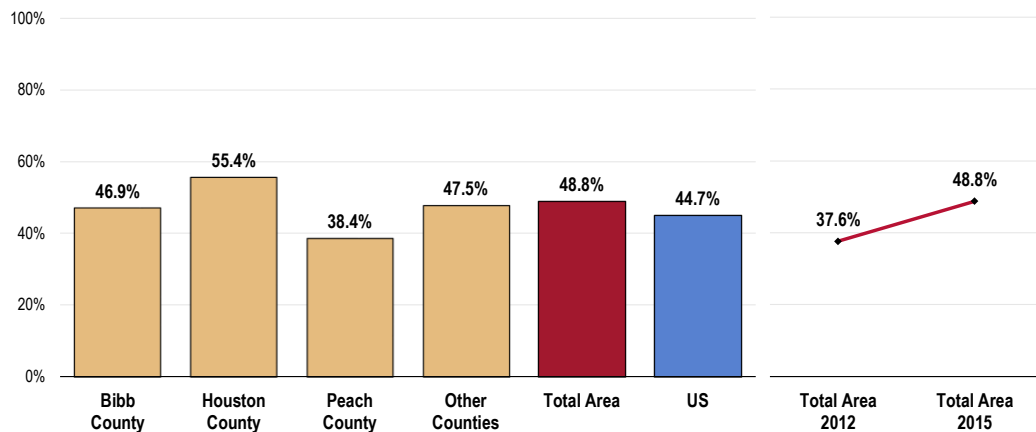
Hepatitis B Vaccination

Based on survey data, nearly half of Total Area adults (48.8%) report having received the hepatitis B vaccination series.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

- Similar to what is reported nationwide.
- Highest in Houston County, lowest in Peach.
- TREND: Marks a statistically significant increase over time.

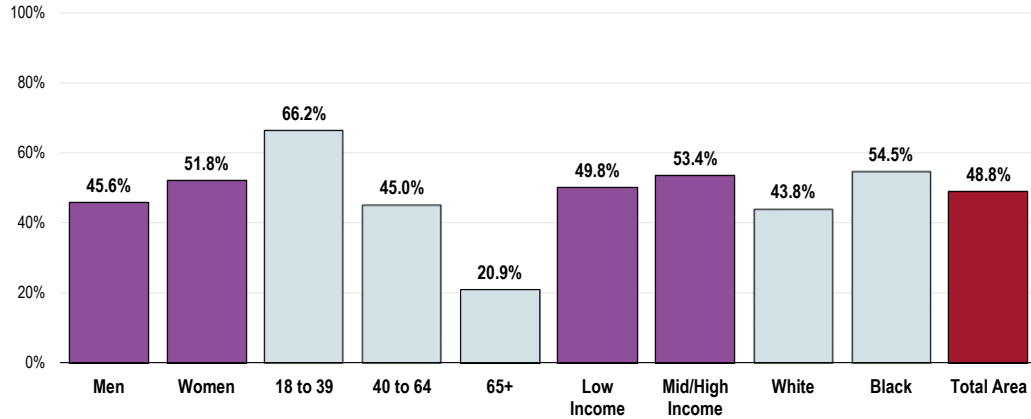
Have Completed the Hepatitis B Vaccination Series



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • Includes a series of three shots, usually administered at least one month between shots

- Note the negative correlation between age and hepatitis B vaccination.
- In addition, Whites are less likely than Blacks to have received the hepatitis B vaccine.

Have Completed the Hepatitis B Vaccination Series (Total Area, 2015)



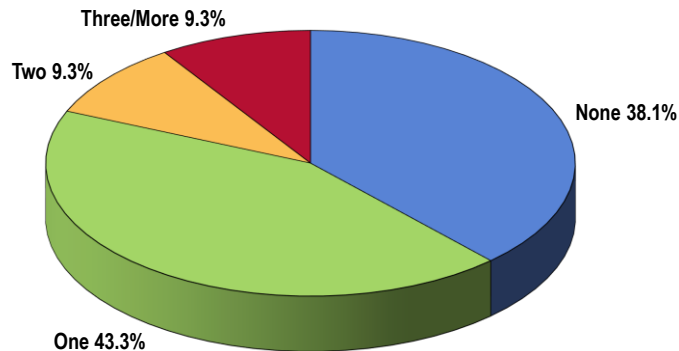
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Sexual Partners

Among unmarried Total Area adults under 65, the vast majority cites having one (43.3%) or no (38.1%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months (Among Unmarried Adults Age 18-64; Total Area, 2015)

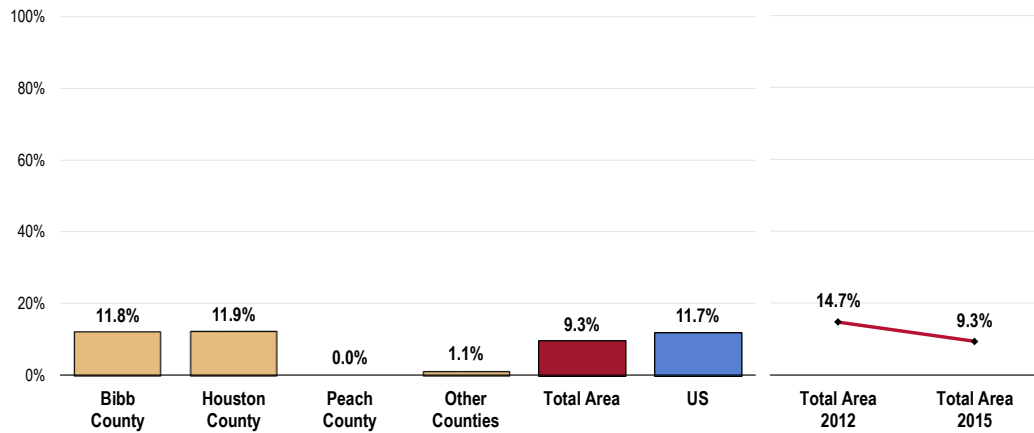


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all unmarried respondents under the age of 65.

However, 9.3% report three or more sexual partners in the past year.

- Comparable to that reported nationally.
- Favorably low in Peach County and the Other Counties.
- TREND: Denotes a statistically significant decrease over time.

Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

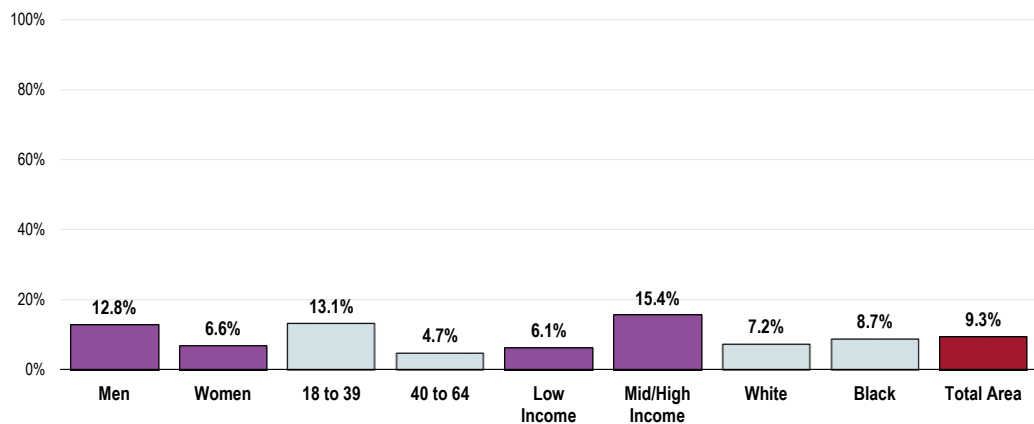
Notes: • Asked of all unmarried respondents under the age of 65.

• "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Men, young adults, and residents in upper-income households.

Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64; Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

Notes: • Asked of all unmarried respondents under the age of 65.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

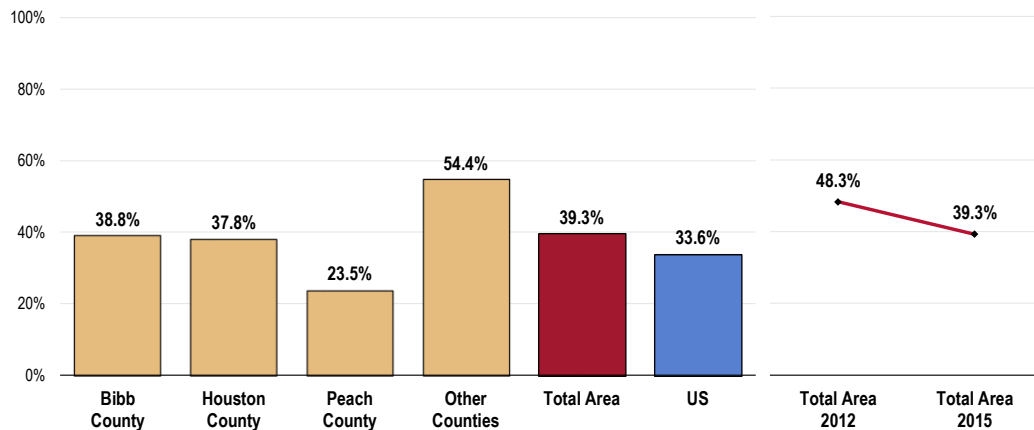
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Condom Use

Among Total Area adults who are under age 65 and unmarried, 39.3% report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.
- Lowest in Peach County, highest in the Other Counties.
- TREND: Marks a statistically significant decrease over time.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)

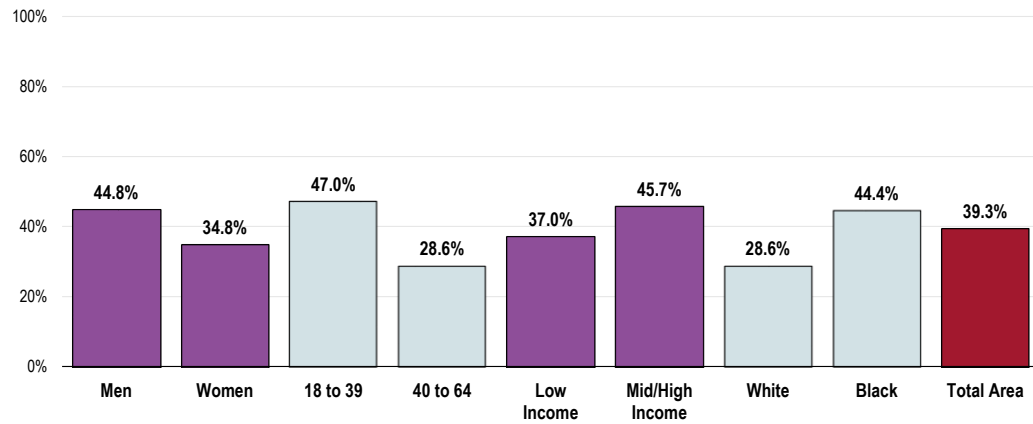


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Women.
- Residents age 40 through 64.
- Respondents with lower incomes.
- Whites.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64; Total Area, 2015)

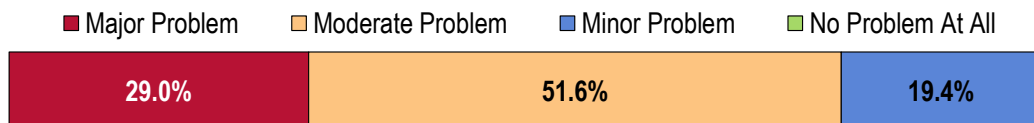


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
 Notes: • Asked of all unmarried respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Sexually Transmitted Diseases

Most key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "moderate problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Sexually transmitted diseases, or STDs, were mentioned as a health concern in one of the focus groups, citing issues in the school-age population. Respondents feel that the main factor is a lack of contraceptives available through the schools; this affects the teen pregnancy rate, but also safe sexual practices. The clinic through the local health department has information and birth control, but teenagers do not utilize these services, either through pride or because of fear of their parents. Not surprisingly, many parents view these services as promoting ways for their children to be sexually active, so there is pushback to the schools when it comes to offering contraceptives or sexual education classes. Participants who work in the schools mentioned that they have students wanting to practice safe sexual behaviors, but there is nothing to offer to them; even limited supplies would be more helpful than nothing.

“Our public health departments are there for family planning- to help prevent pregnancies, to educate them on STDs and stuff like that. If the school bus isn’t dropping them off there, then it still comes back to poverty and back to just their choice. A parent may have a ride, but they don’t want to spend their afternoon at a health department. Priorities, choice, and poverty; it’s just a cycle.” — Regional participant

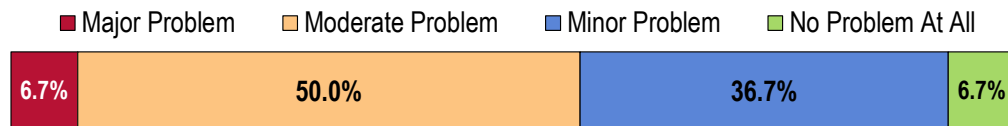
“I’m having conversations with teenagers that I shouldn’t even have to have. Their public health nurse should be talking about sexual stuff: preventing pregnancy, STDs, that kind of stuff. To a certain degree, even though I do my best, there obviously still seems to be a lack of education and a lack of understanding of what is out there.” — Regional participant

Key Informant Input: Immunization & Infectious Diseases

Half of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “moderate problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Births



Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

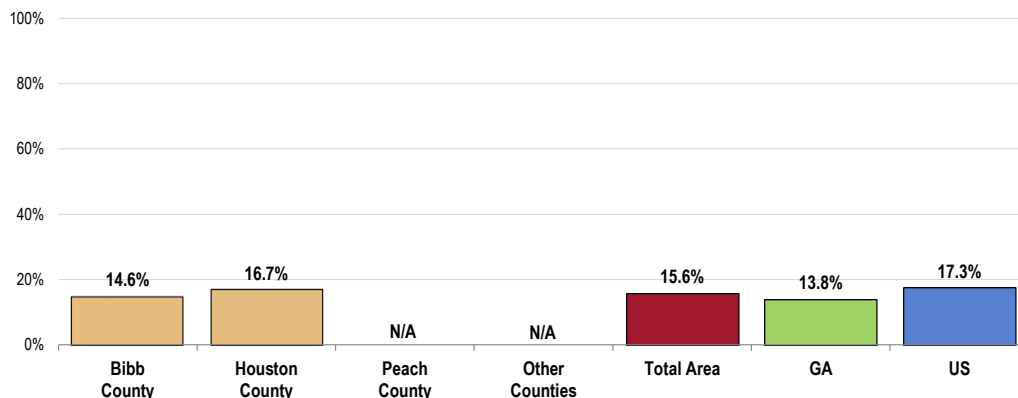
Early and continuous prenatal care is the best assurance of infant health.

Between 2011 and 2013, 15.6% of all Total Area births did not receive prenatal care in the first trimester of pregnancy.

- Less favorable than the Georgia proportion.
- More favorable than the national proportion.
- Satisfies the Healthy People 2020 target (22.1% or lower).
- Lower in Bibb County than in Houston.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2007-2010)

Healthy People 2020 Target = 22.1% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2007-10. Accessed using CDC WONDER.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
- Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Birth Outcomes & Risks

Low-Weight Births

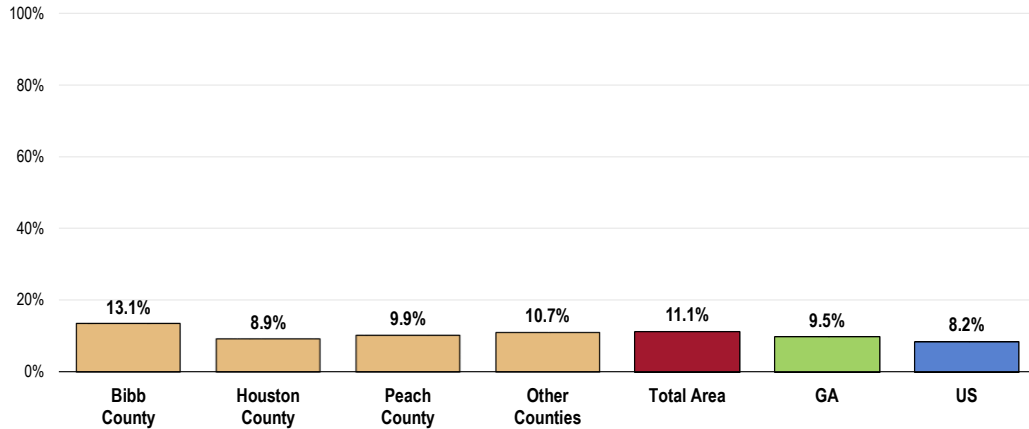
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 11.1% of 2006-2012 Total Area births were low-weight.

- Higher than the Georgia proportion.
- Higher than the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Highest in Bibb County, lowest in Houston.

Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 Target = 7.8% or Lower



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
 • Retrieved April 2015 from Community Commons at <http://www.chna.org>.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

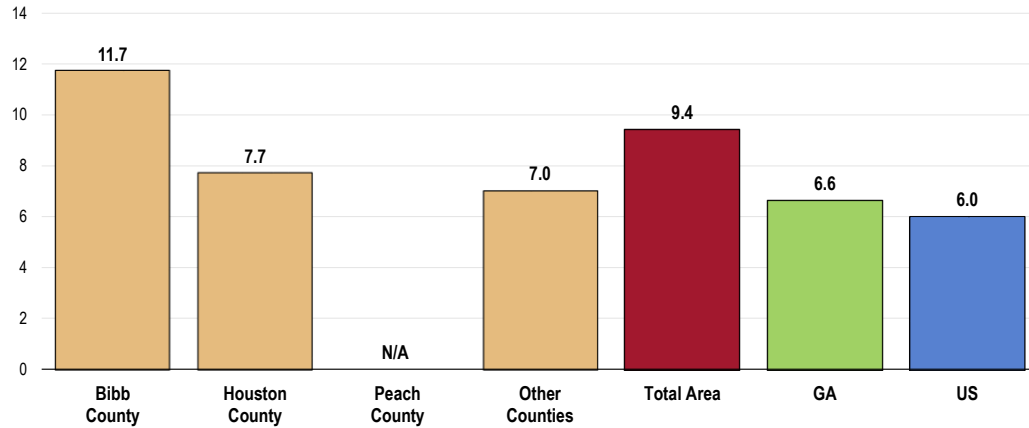
Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2011 and 2013, there was an annual average of 9.4 infant deaths per 1,000 live births.

- Less favorable than the Georgia rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.
- Unfavorably high in Bibb County.

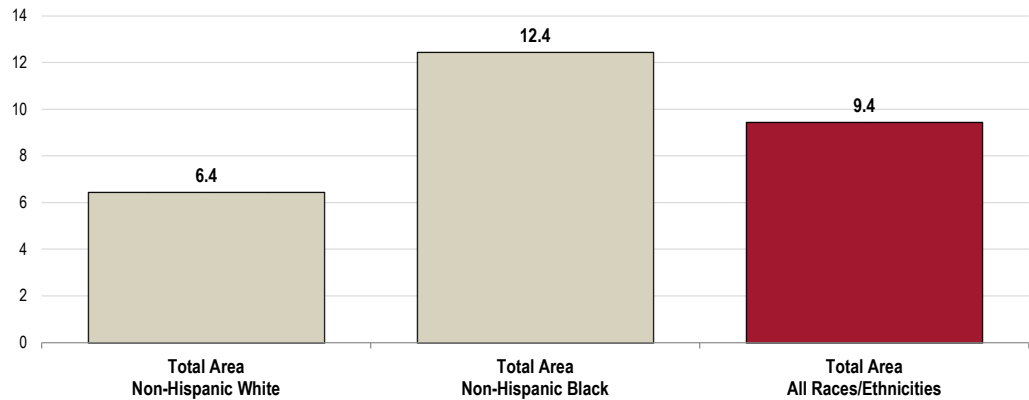
Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2011-2013) Healthy People 2020 Target = 6.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
 - Retrieved April 2015 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - *Other Counties* is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is notably higher among births to Black mothers.

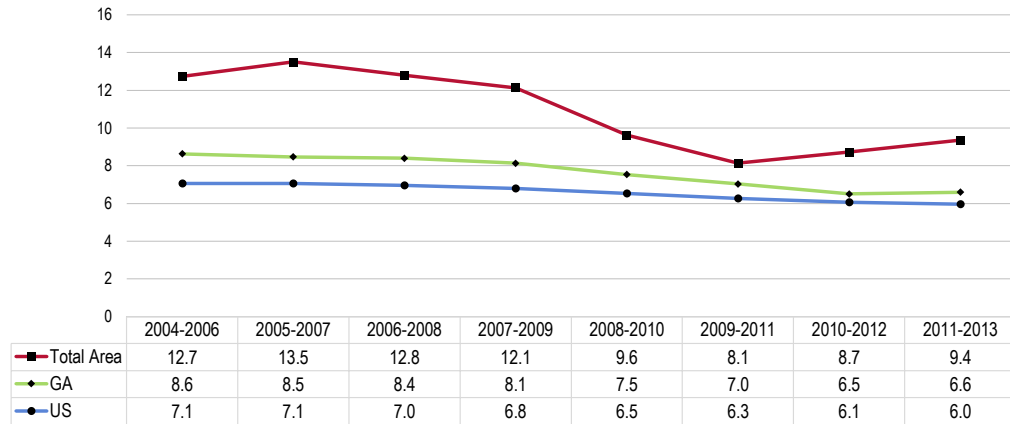
Infant Mortality by Race/Ethnicity (Annual Average Infant Deaths per 1,000 Live Births, 2011-2013) Healthy People 2020 Target = 6.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
 - Retrieved April 2015 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: The infant mortality rate has generally decreased over the past decade.

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 Target = 6.0 or Lower

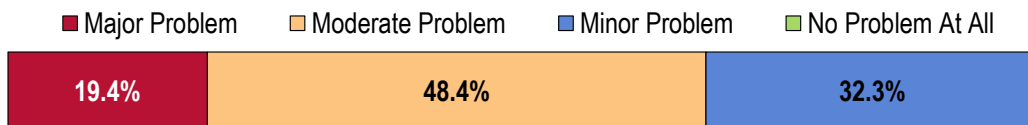


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 ● Centers for Disease Control and Prevention, National Center for Health Statistics.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: ● Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2015)



Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

Of concern in this region is a lack of **prenatal care**. In some of the counties – such as Monroe – there are great services overall, but no pediatric or OB/GYN care. The military base in Houston County has a full pediatric clinic with newborn care and growing support programs, but many other prenatal services must be sought off-base. Incredibly, there are still women smoking throughout their pregnancy, even though the adverse health effects of this have been well-documented and publicized. Key informants discussed a need for collaborations to offer additional/better prenatal care services.

“If someone associated with the base is pregnant, or a spouse is pregnant, they’re referred to our new parents support program. They bring them in, do home visits, all that. They’ve really started looking at the family more than when I first got there. There are more support services.” — Regional participant

“What we’re seeing in Houston County is low birthweights. Low birthweights and premature babies. I think Macon has one of the highest rates of low birthweights.” — Regional participant

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

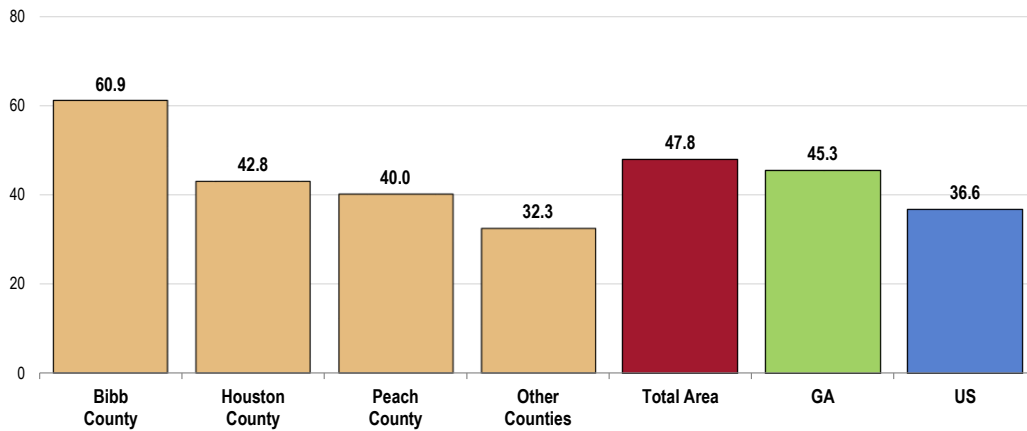
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 47.8 births to women age 15-19 per 1,000 population in that age group.

- Higher than the Georgia proportion.
- Higher than the national proportion.
- Much higher in Bibb County.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)



Sources:

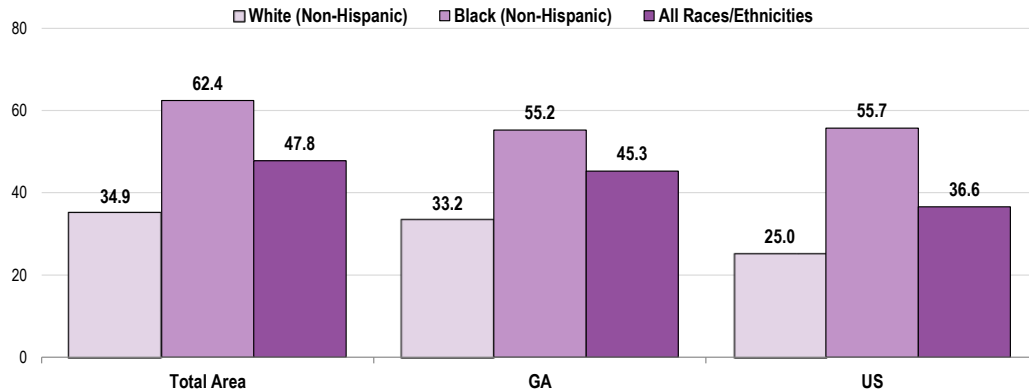
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Blacks exhibit the highest teen birth rate in the Total Area (as is also found statewide and nationally) when compared with Whites.

Teen Birth Rate (Births to Women Age 15-19 Per 1,000 Female Population Age 15-19; Total Area by Race/Ethnicity, 2006-2012)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

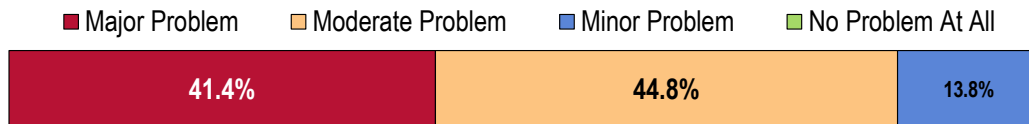
 Notes:

- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2015)



Sources:

- PRC Key Informant Focus Groups, Macon, GA, March 2015.

Though not a new issue in this community, **teenage pregnancy rates** are believed to have drastically increased. Respondents explained that there is currently no sexual education in Bibb County schools, although one group member explained that this would be changing; the surrounding counties only offer these classes with parental permission. They fear that many parents are also not educating their children at home. Because their education is minimal or non-existent, many teenagers do not understand their own reproductive system or the

consequence of risky behaviors. Group members felt that abstinence programs are not addressing the issue and that abstinence is an adult decision that teenagers should not be expected to choose; if anything, a law would be more helpful.

Also of consequence is the culture of sex and pregnancy in this region. Participants were horrified to hear from another participant that young girls are describing their female anatomy with such terms as “pocketbook” or “money-maker.” For some young girls, all they want is love, and having a baby is how they see themselves getting that. Even more worrisome is that the cycle continues, with very young girls having babies, who then grow up to have their own babies also at a young age.

“The three greatest health challenges that we have statistically are obesity, it’s smoking, and it’s teen pregnancy. Talking about perpetuating this cycle of poverty and illiteracy- You know, the teen pregnancy rate really needs to be addressed. And again, it goes back to culture”. — Bibb County participant

“I interview children of all ages... And it is rare that we have children that will tell you appropriate names for their body parts. I cannot tell you how many young children- three, four, five-year-olds- who call their female body part their ‘moneymaker.’ Or their ‘pocketbook.’” — Bibb County participant

“We’ve had 25-year-old grandmothers. The cycle repeated itself- She had a baby at 13. Her 11-year-old got pregnant. She is a 25-year-old grandmother.” — Bibb County participant

“I know that in Crawford County, if you’re pregnant under the age of 19, it’s a 70 percent rate. It’s a huge statistic in that county.” — Regional participant

“I think in some ways for young women, having a baby is their only way they see out or the only future they see for themselves... To have someone love them. They can give that love to someone, give something to someone that they didn’t get.” — Bibb County participant

“And they didn’t get any kind of sex education in the schools. It’s just – you know, it floors me that in a community with this level of teen pregnancy... we still don’t talk about it.” — Bibb County participant

“With parent permission, the counselor is allowed to do classes. Then they have health class when they’re in high school. But K through 5 gets the ‘good touch/bad touch,’ as I call it.” — Regional participant

“There is a draft policy [for Bibb County schools] that goes beyond just abstinence. It’s a significant change... I would describe it as abstinence plus. It’s more than what we’ve had since the ‘90’s.” — Bibb County participant

“I think part of this education is that we talk about what resources are needed out there. What we see as very pervasive, too. When we interview a lot of young girls in statutory rape situations, most of them never heard that there were laws out there for the age of consent. But then, also along that is sex education. I think they aren’t taught anymore in families- number one- about sex at all. And number two, again, and it goes back to all these same issues: self-esteem. These girls, they have no self-esteem. And these guys probably know. You would be boggled to hear the situations where they have sex. I mean, like somebody just texts them and says, ‘Hey, meet me somewhere. They’ve never met this person before. And so they meet them out behind a house, and that’s their first sexual experience.” — Bibb County participant

“Naming a program ‘abstinence-only’ is sort of doing it a disservice. The curriculum does go into STDs and pregnancy and all of that. But the ‘abstinence only’ title can be somewhat divisive. But again, that’s just teaching that the only sure-fire way to avoid any of this is abstinence.” — Bibb County participant

“To choose abstinence as a teenager, that’s an adult decision. We need a way to flip it around and say, ‘We’re not yelling at you; you have to make a decision.’ I think it needs to have a piece of that in the law, too... It’s an adult decision to make, and that’s why the law was written as the law was written.” — Bibb County participant

“I think because there’s such young women having these babies, there’s no supervision for them. Maybe they’re trying to make ends meet, and they’re trying to work. So they’re having their next door neighbor taking care of the children, so they don’t have supervision... There are children running the streets.” — Regional participant

Modifiable Health Risks



Professional Research Consultants, Inc.

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

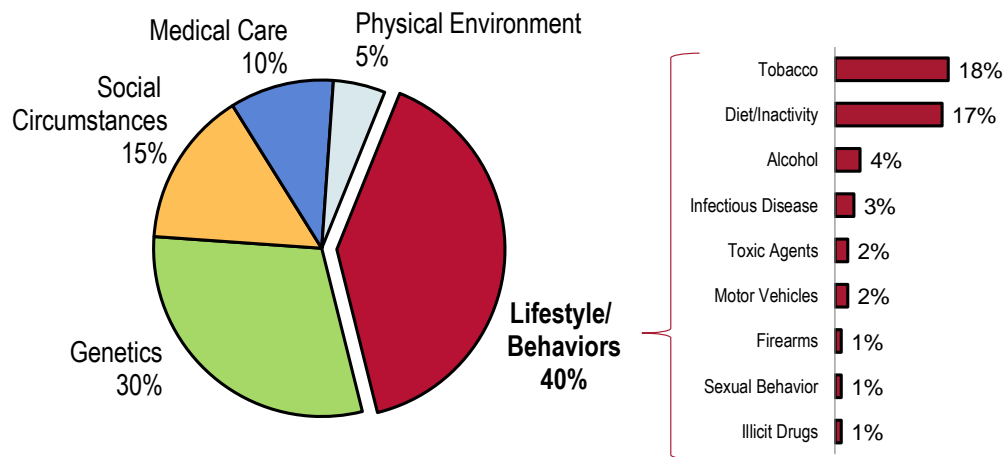
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

• Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
 "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

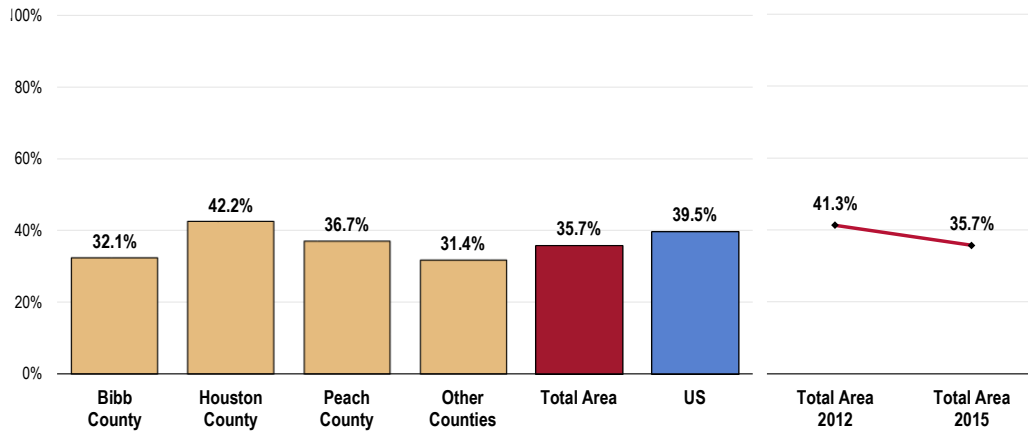
Daily Recommendation of Fruits/Vegetables

A total of 35.7% of Total Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Similar to national findings.
- Lowest in Bibb County, highest in Houston County.
- TREND: Note the statistically significant decrease since 2012.

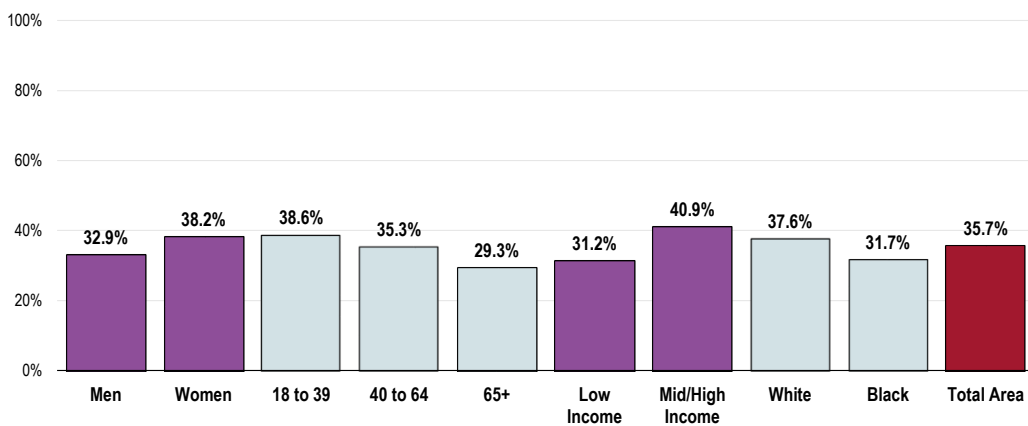
Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - For this issue, respondents were asked to recall their food intake on the previous day.

- Note the negative correlation between fruit/vegetable consumption and age in the area, along with the lower prevalence of consumption among low-income adults.

Consume Five or More Servings of Fruits/Vegetables Per Day (Total Area, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- Notes:
- Asked of all respondents; respondents were asked to recall their food intake on the previous day.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Access to Fresh Produce

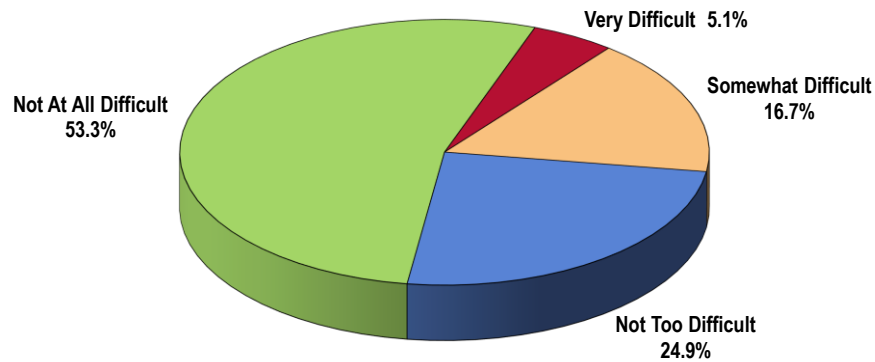
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 21.8% of Total Area adults report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

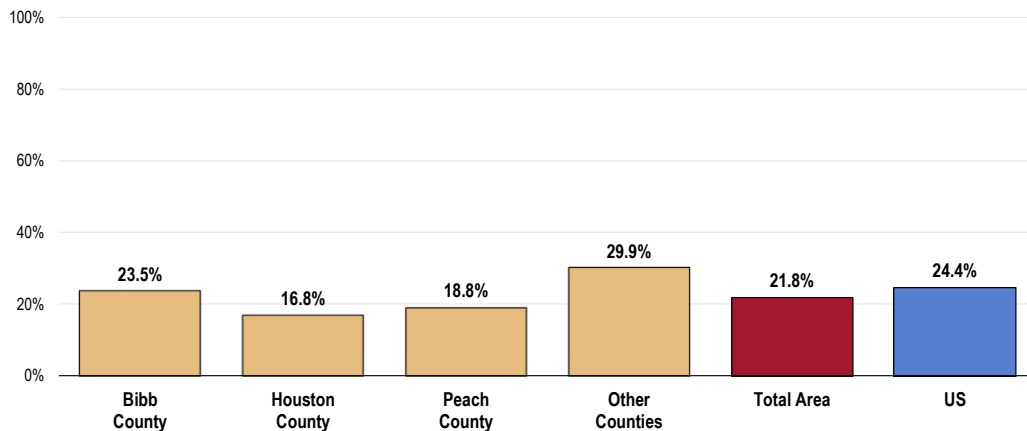
Level of Difficulty Finding Fresh Produce at an Affordable Price (Total Area, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
 Notes: ● Asked of all respondents.

- Comparable to national findings.
- Lowest in Houston County, highest in the Other Counties.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

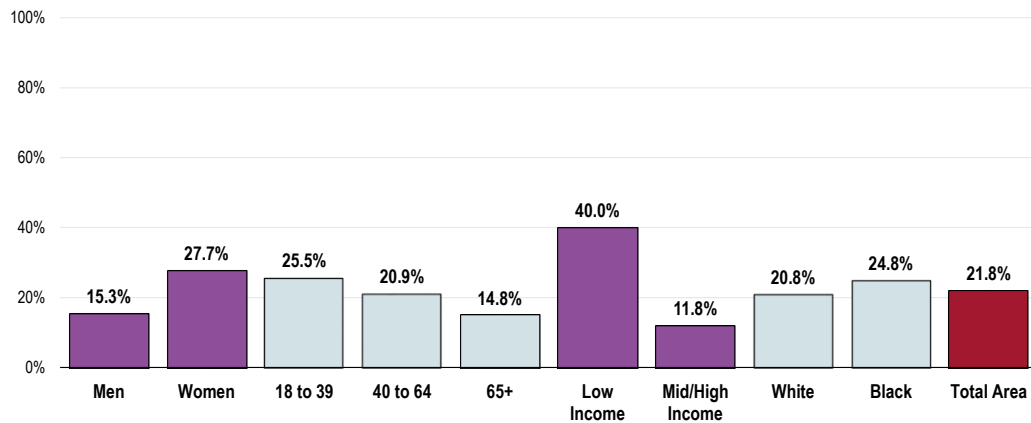


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● “Other Counties” is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Adults under 65 (negative correlation).
- Lower-income residents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

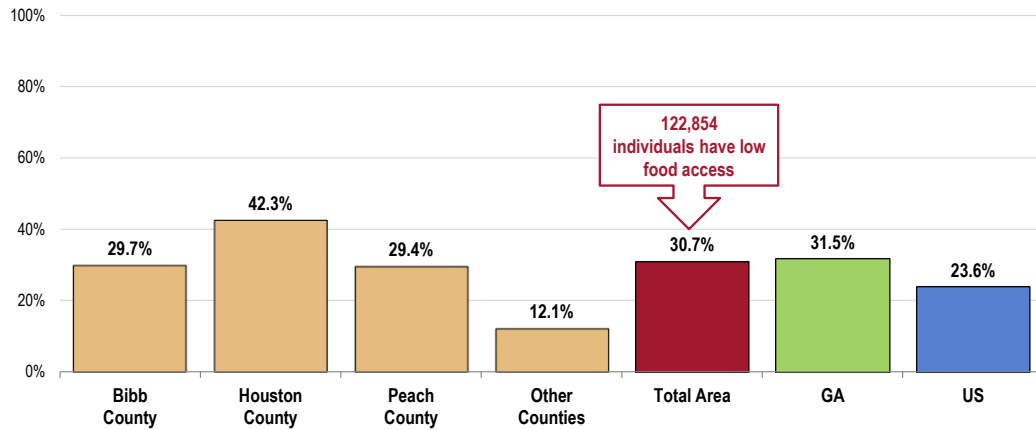
US Department of Agriculture data show that 30.7% of Total Area population (representing over 122,800 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Comparable to statewide findings.
- Less favorable than national findings.
- Unfavorably high in Houston County; lowest in the Other Counties.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.

Population With Low Food Access

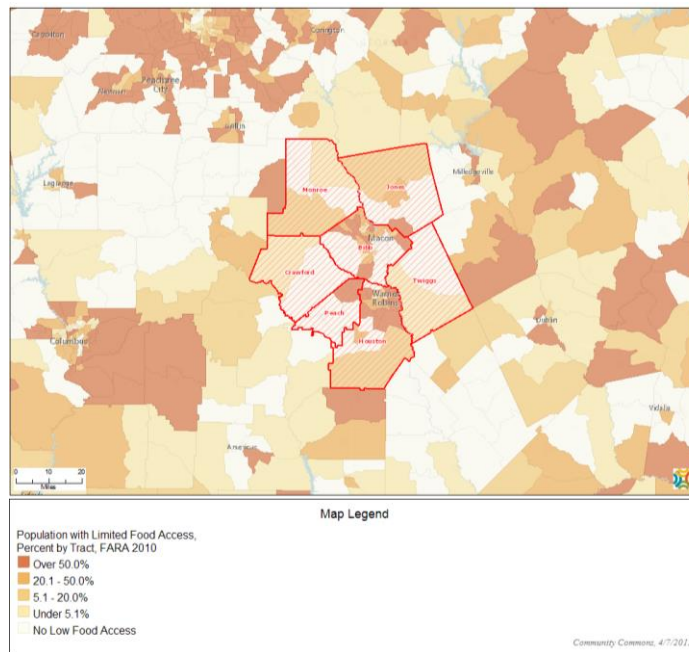
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
 - Retrieved April 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access in Houston County.

Population With Limited Food Access, Percent by Tract, FARA 2010

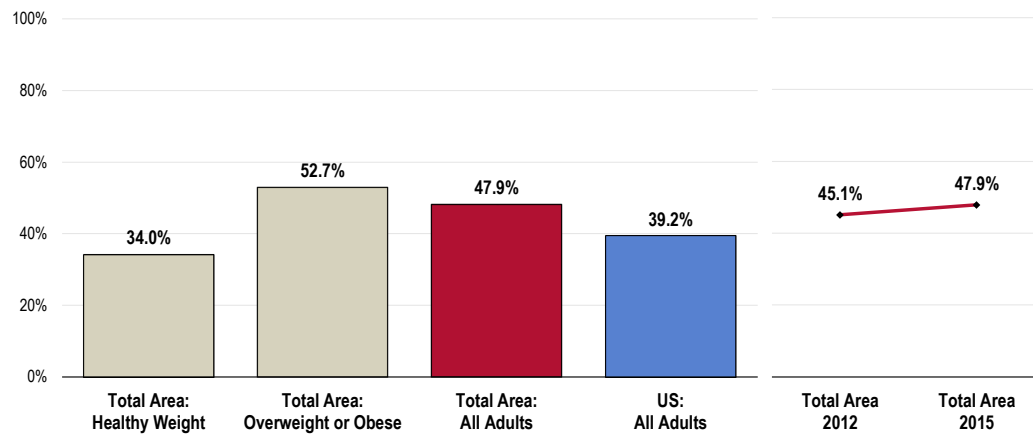


Health Advice About Diet & Nutrition

A total of 47.9% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- A higher prevalence than the national findings.
- Comparable findings by county (not shown).
- TREND: Statistically unchanged since 2012.
- Note: Among overweight/obese respondents, 52.7% report receiving diet/nutrition advice (meaning that nearly one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

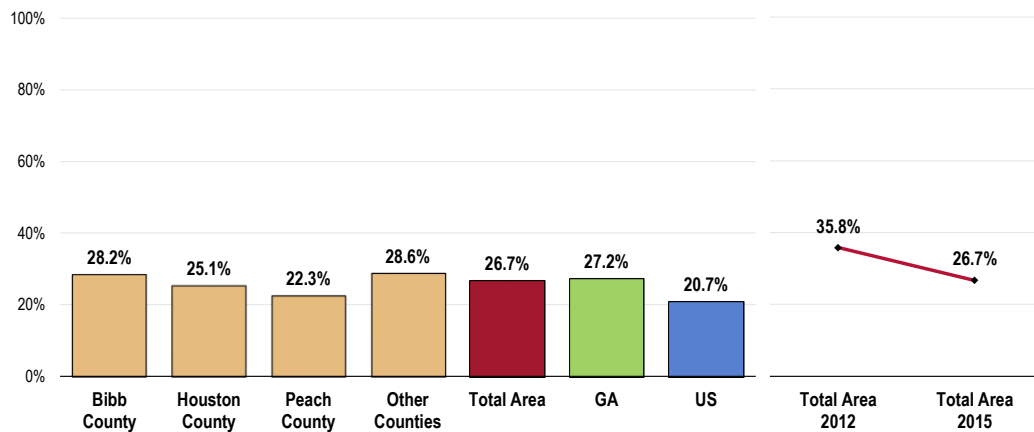
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 26.7% of Total Area adults report no leisure-time physical activity in the past month.

- Similar to the Georgia proportion.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- No statistically significant difference by county.
- TREND: Note the statistically significant improvement over time.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

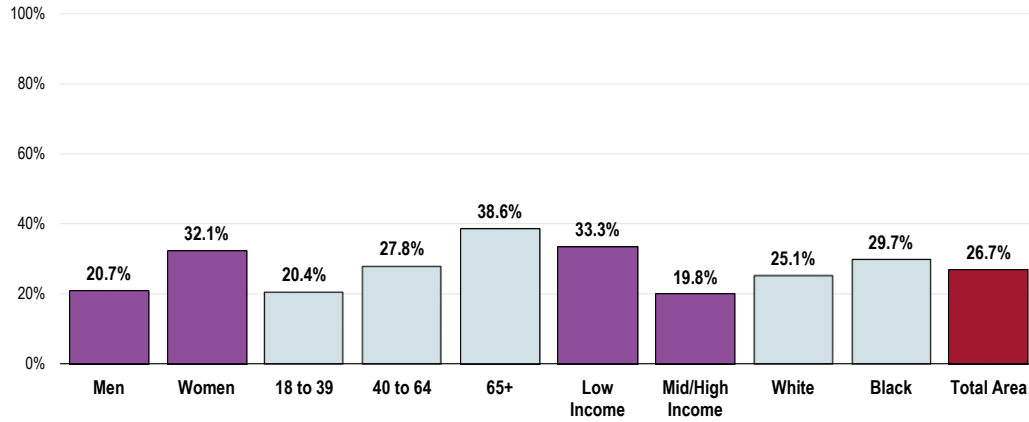
Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Lack of leisure-time physical activity in the area is higher among:

- Women.
- Adults age 40 and older (positive correlation with age).
- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month (Total Area, 2015)

Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

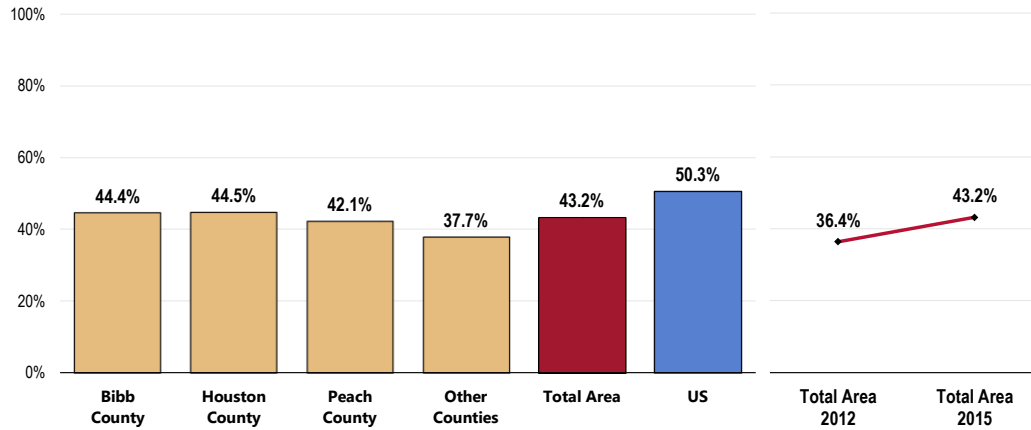
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 43.2% of Total Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Less favorable than national findings.
- No difference by county.
- TREND: Denotes a statistically significant improvement since 2012.

Meets Physical Activity Recommendations

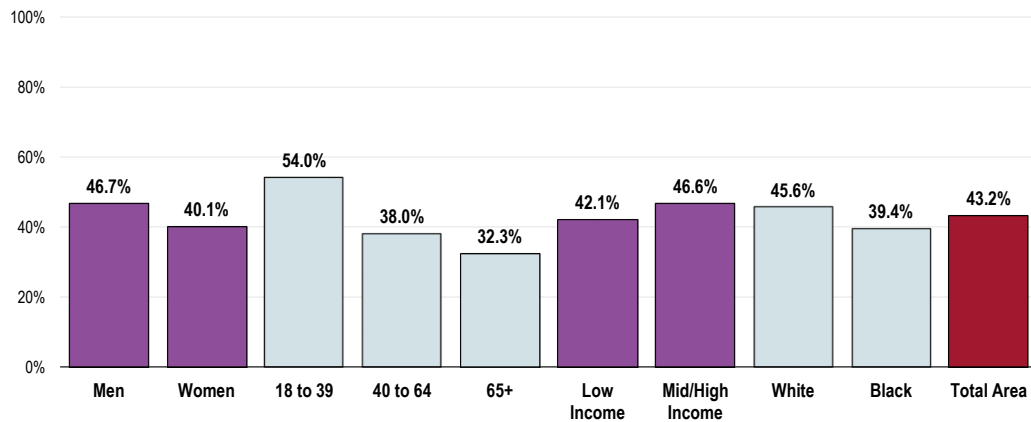


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Those less likely to meet physical activity requirements include:

- Women.
- Adults age 40 and older (negative correlation with age).

Meets Physical Activity Recommendations (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

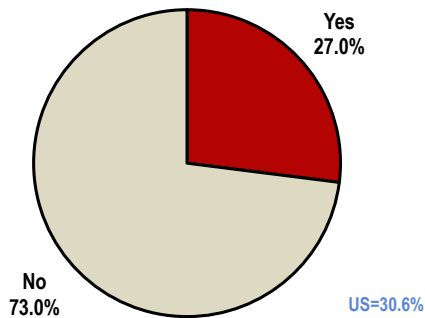
A total of 27.0% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Similar to the national level.
- Similar findings by county (not shown).
- TREND: Marks a statistically significant increase since 2012.

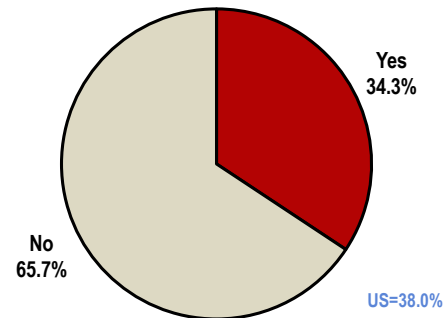
A total of 34.3% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Similar to the nationwide figure.
- Statistically low in the Other Counties (not shown).
- TREND: Marks a statistically significant increase since 2012.

Moderate & Vigorous Physical Activity (Total Area, 2015)



Moderate Physical Activity



Vigorous Physical Activity

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
 • Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Access to Physical Activity

Access to Recreation & Fitness Facilities

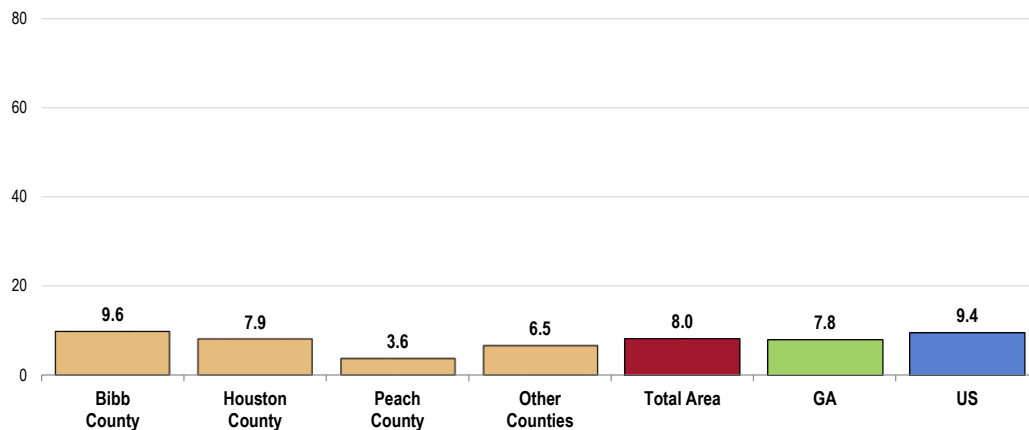
In 2012, there were 8.0 recreation/fitness facilities for every 100,000 population in the Total Area.

- Comparable to what is found statewide.
- Below what is found nationally.
- Highest in Bibb and Houston counties; lowest in Peach County and the Other Counties.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2008-2012)



Sources:

- US Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES.
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

Notes:

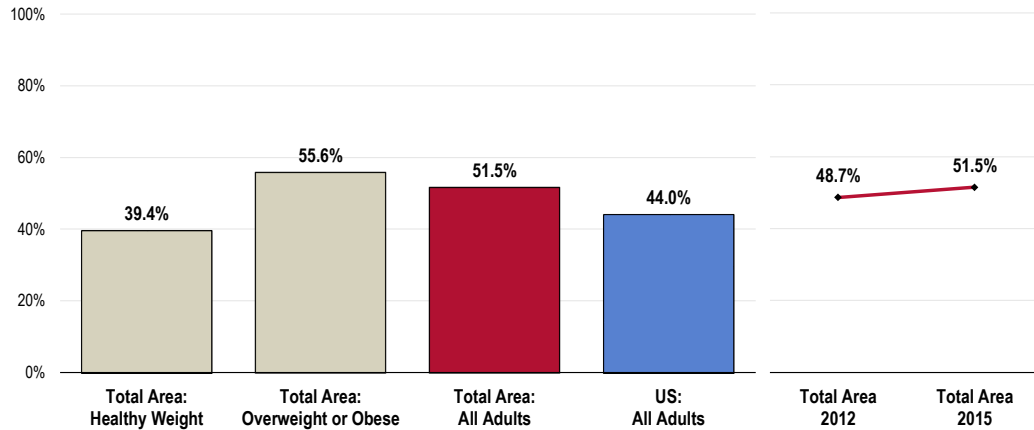
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities"*. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Health Advice About Physical Activity & Exercise

A total of 51.5% of Total Area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- More favorable than the national average.
- Lowest in Peach County, highest in the Other Counties (not shown).
- TREND: Similar to 2012 survey findings.
- Note: 55.6% of overweight/obese Total Area respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



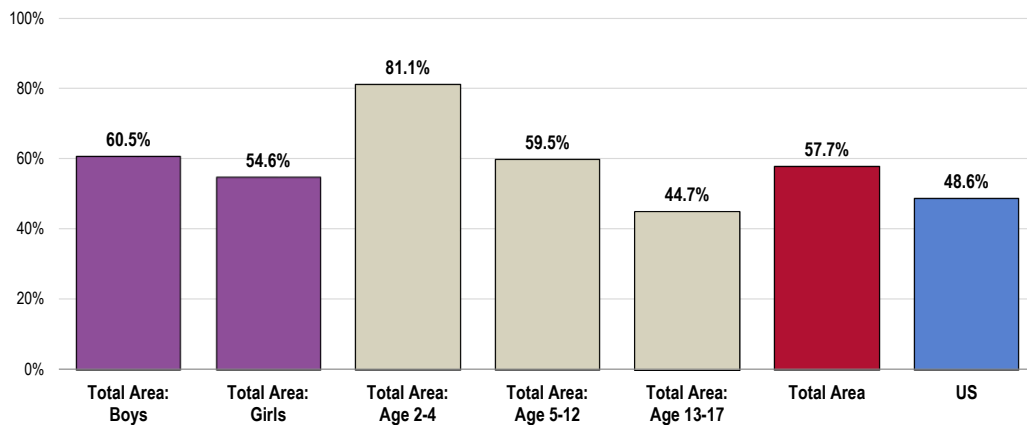
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Children’s Physical Activity

Among Total Area children age 2 to 17, 57.7% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- More favorable than found nationally.
- No difference by county (not shown).
- Higher in boys and younger children (negative correlation with age).

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 23.1% of Total Area adults are at a healthy weight.

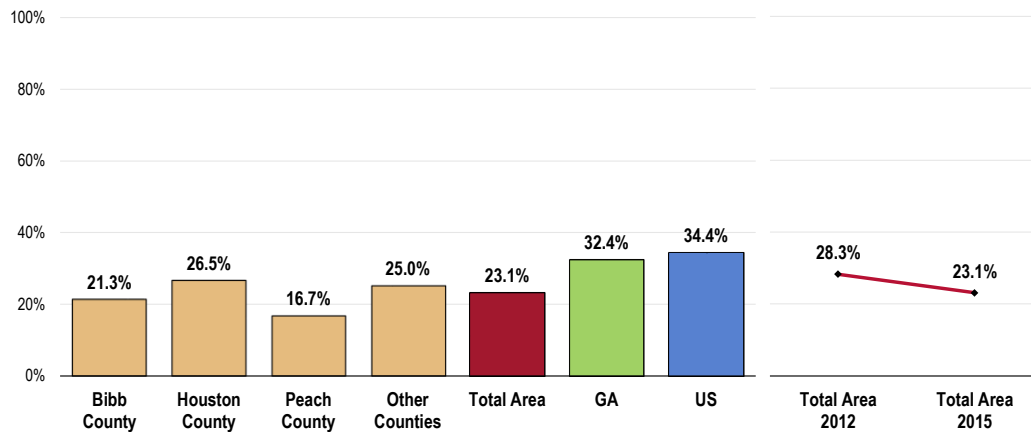
“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

- Well below the state proportion.
- Well below the national proportion.
- Far from satisfying the Healthy People 2020 target (33.9% or higher).
- Least favorable in Peach County.
- TREND: Marks a statistically significant decrease in healthy weight over time.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]
 Notes: • Based on reported heights and weights, asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Overweight Status

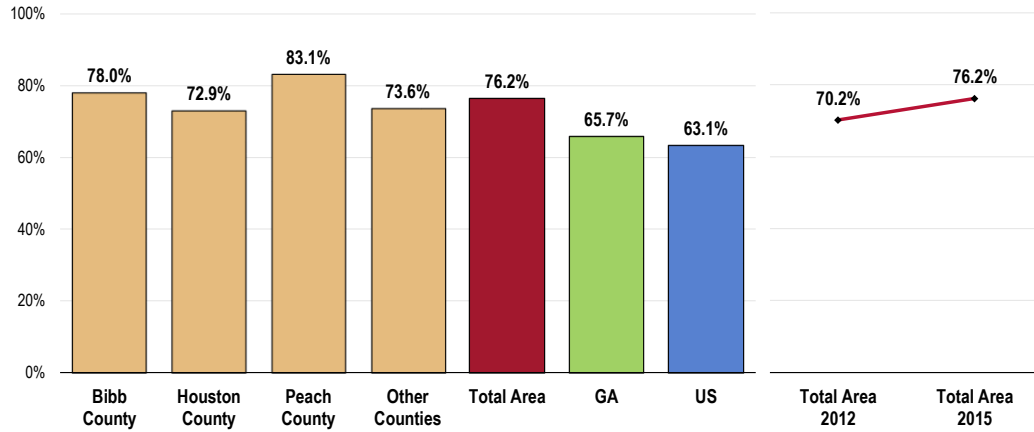
A total of 3 in 4 Total Area adults (76.2%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Worse than the Georgia prevalence.
- Worse than the US overweight prevalence.
- Least favorable in Peach County.
- TREND: Denotes a statistically significant increase in overweight since 2012.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.

Notes: • Based on reported heights and weights, asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 40.2% of Total Area adults are obese.

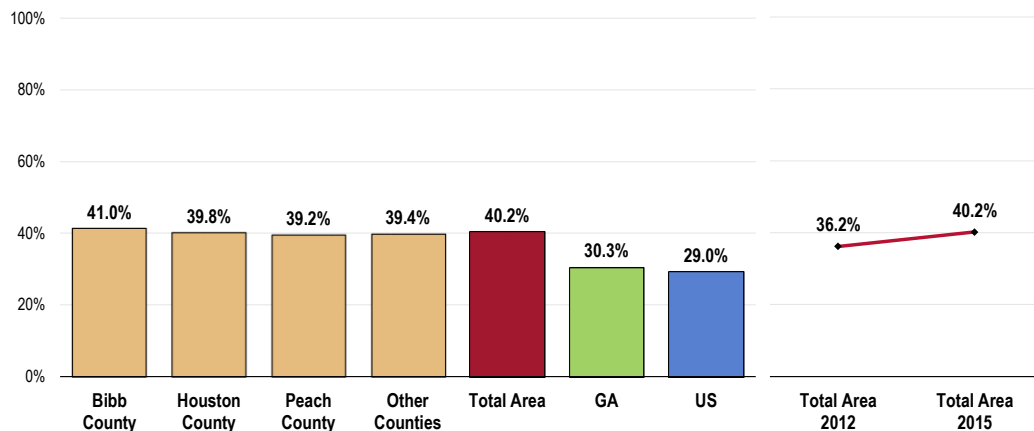
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Less favorable than state and national findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- Similar findings by county.
- TREND: Statistically unchanged over time.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



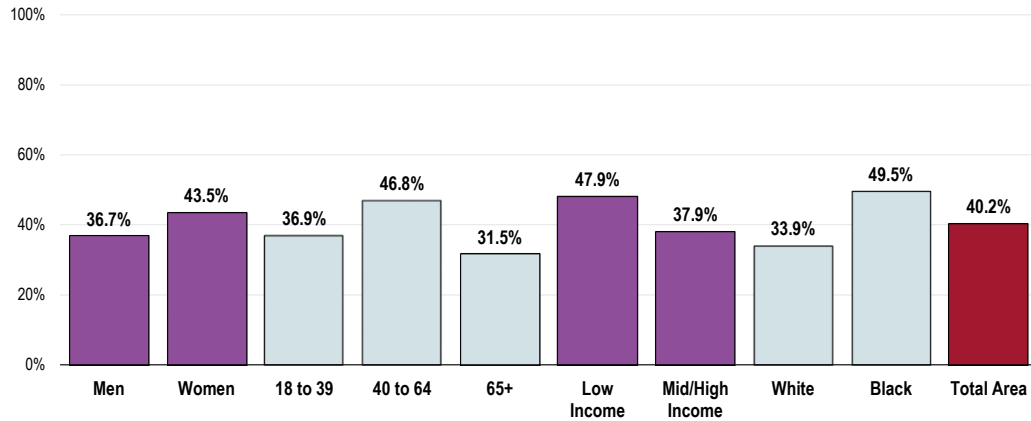
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.

Notes: • Based on reported heights and weights, asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Women.
- Those between the ages of 40 and 64.
- Adults in lower-income households.
- Black residents.

Prevalence of Obesity
 (Percent of Adults With a BMI of 30.0 or Higher; Total Area, 2015)
Healthy People 2020 Target = 30.5% or Lower



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

 Notes:

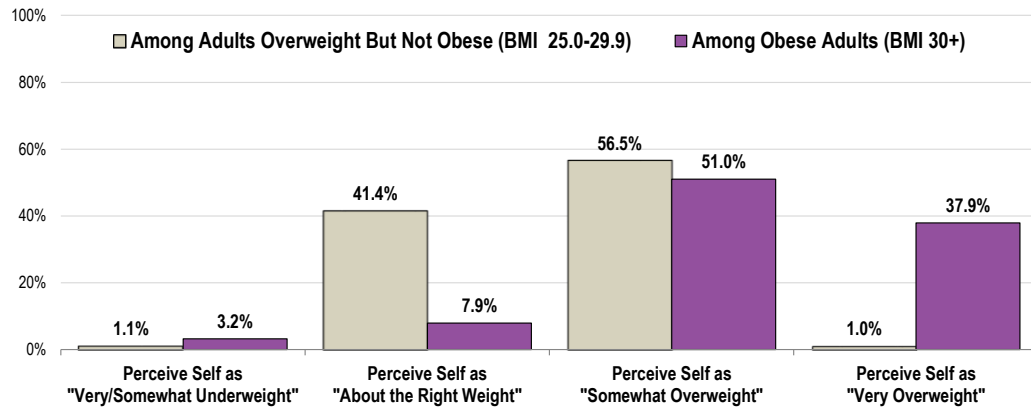
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

A total of 7.9% of obese adults and 41.4% of overweight (but not obese) adults feel that their current weight is "about right."

- 56.5% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 37.9% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status (Among Overweight/Obese Adults Based on BMI; Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • BMI is based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

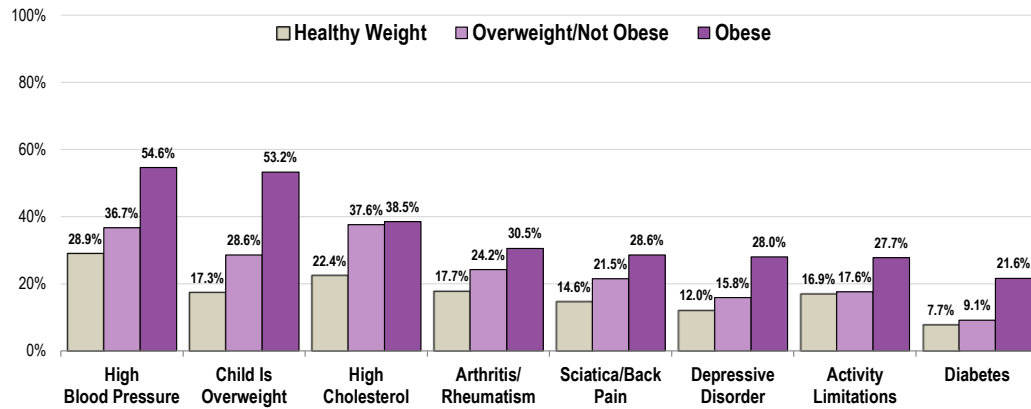
Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- Arthritis/rheumatism.
- Sciatica/chronic back pain.
- Depressive disorder.
- Activity limitations.
- Diabetes.

The correlation between overweight and various health issues cannot be disputed.

Overweight/obese residents are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues (By Weight Classification; Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 29, 103, 105, 125, 126, 136, 155]
 Notes: • Based on reported heights and weights, asked of all respondents.

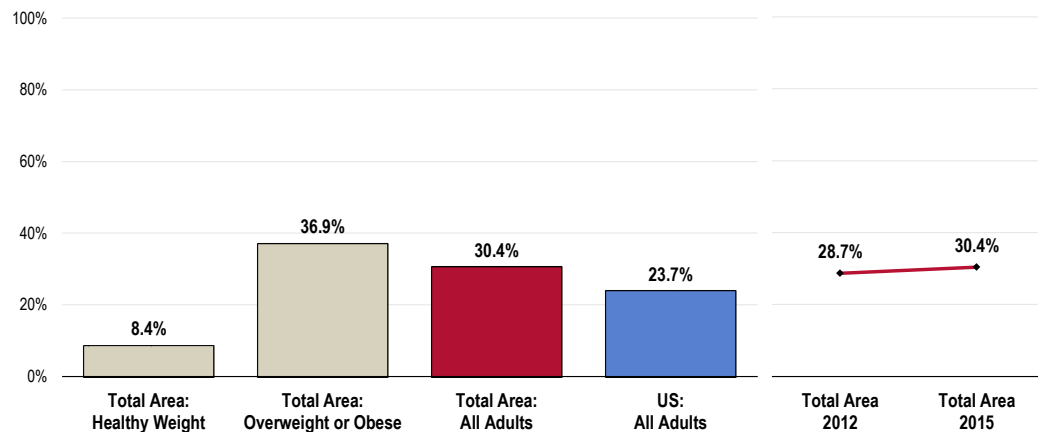
Weight Management

Health Advice

A total of 30.4% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- More favorable than the US proportion.
- Similar findings by county (not shown).
- TREND: Statistically unchanged from that reported in 2012.
- Note that 36.9% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over 6 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 98, 153]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

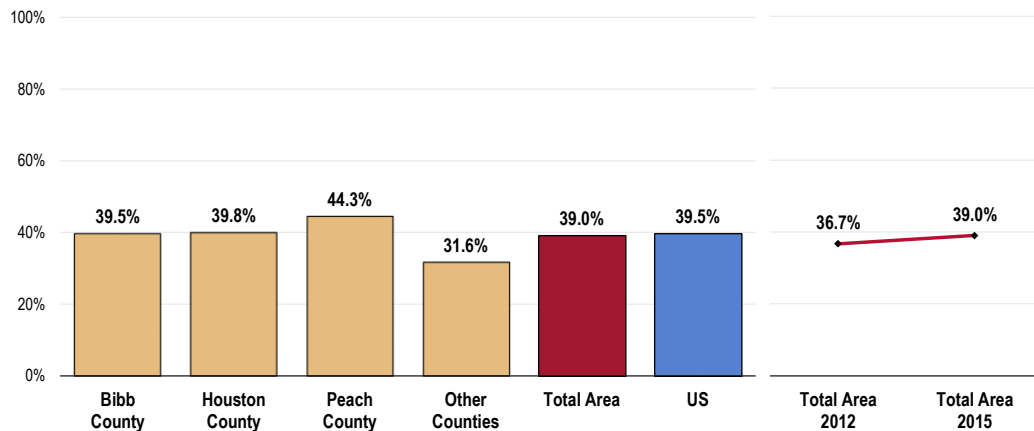
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 39.0% of Total Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- Statistically similar findings by county.
- TREND: Statistically similar to that reported among overweight adults in 2012.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Among Overweight or Obese Respondents)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Reflects respondents who are overweight or obese based on reported heights and weights.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

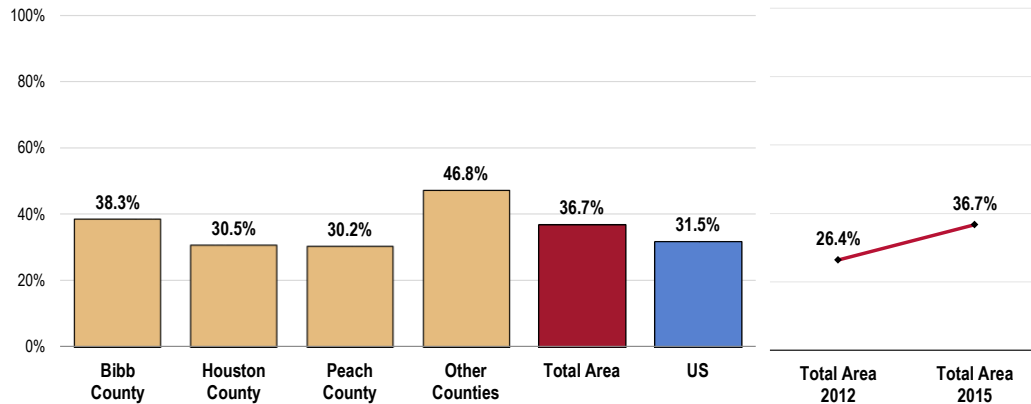
• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 36.7% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- Statistically comparable findings by county.
- TREND: Childhood overweight has increased significantly since 2012.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.

• "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

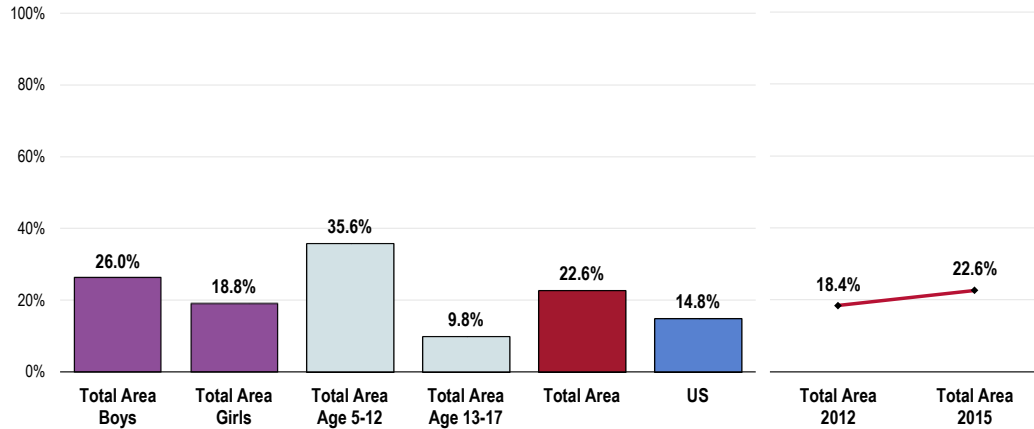
• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 22.6% of Total Area children age 5 to 17 are obese (≥95th percentile).

- Less favorable than the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- Similar findings by county (not shown).

- TREND: Statistically unchanged since 2012.
- Higher among boys age 5-17 and children age 5-12.

Child Obesity Prevalence
 (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
 Healthy People 2020 Target = 14.5% or Lower

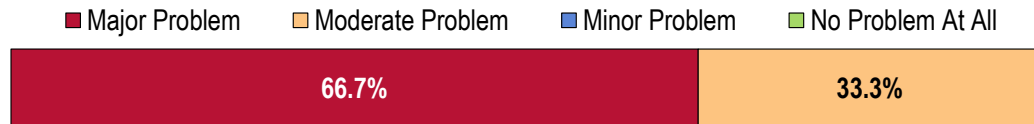


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

A majority of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
 (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

On paper, combating obesity and other chronic diseases based on lifestyle is as simple as healthful eating and getting plenty of exercise; in reality, however, there are far more factors that come into play. Issues under discussion in the focus groups included:

- Nutrition
- Physical activity
- Children
- Collaboration

Nutrition is an issue across all income levels in this community. One participant expressed amazement at the young ages found in local obituaries and attributed much of this to lifestyle factors. Some local programs are helping, like Meals on Wheels that offers hot meals to those in need, and at least one farmers' market (Mulberry in Houston County) that matches SNAP dollars so that low-income residents can qualify for more healthful food.

Currently, the region has programs that teach residents how to read nutrition labels; however, there is still the issue of availability, with few close grocery stores and abundant convenience stores and fast food restaurants. In the rural counties, many of the residents are farmers, though few actually grow their own food. Some areas of Monroe County also have restrictions of what residents can do to their yard, which may deter potential gardeners. Community gardens are becoming more prevalent, along with a greenhouse at the Twiggs County schools, so group participants are hopeful that this trend will make an impact.

One respondent noted that society is now so focused on fresh and organic everything that it is missing an educational opportunity – canned vegetables can still be healthful, too, and it is a small change that can lead to large reward, especially in “food deserts” that exist in parts of this community.

“Diet and exercise, I don't think that has anything to do with income.” — Peach County participant

“It sounds crazy, but in the Sunday paper sometimes, I look at the obituaries, and I just am amazed at the ages of the people. So young, just so young. And it's because of the lifestyle. And a lot of time, it's because of poverty. They don't have access.” — Peach County participant

“It's a nice little farmers' market. It's a nice little niche. My wife likes it; she tries to go as much as she can. It's where we get all our milk. It's good to see, and it's steadily growing, but they just need to increase advertising.” —Regional participant

“There's not a lot of grocery stores in that part of Warner Robins. A lot of businesses are closed down, there's a lot of bars on the windows.” —Regional participant

Another lifestyle factor that plays a role in chronic disease is **physical activity**. Gyms and recreation centers are not common in the counties surrounding Bibb County, though even if there were funding for such things, it could likely be better spent elsewhere. Particular areas of Twiggs and Peach counties are built for biking or walking, yet there are elementary schools without gymnasiums. Areas like Warner Robins in Houston County lack a central downtown area or large park for walking, and other issues like safety deter residents from venturing outside. Some participants feel that developing targeted campaigns to get the community

involved would be successful, though others feel that our complacent American culture would overrule this effort. It does not seem to be an issue of individuals genuinely not knowing what to do, but a lack of motivation. Current employer-based initiatives (such as one at the military base) that essentially pay employees to exercise and prioritize their health are underutilized.

"I own eight acres. I could easily walk around my own property and never step foot on a public space, but I don't. Why don't I? There are other things going on. For me, I work 12 or 14 hours a day. Physical activity is just as simple as stepping outside but, oftentimes, we just don't do it. It may be resources misspent to think that putting in a rec center is going to have a dramatic impact on the health of that community. There are some more basic things that you probably need to address first." — Regional participant

"In Twiggs County, exercise is as close as just stepping out your front door and walking. You can bike. You can walk. There are not places like rec centers where adults and children can get together for basketball games. But if you want to walk for your health or ride a bike, there's lots of open space where you can do that safely." — Regional participant

"America has become a great nation of complacency. I'm complacent and I know that if something happens to me they'll fix it. So I'll eat what I want. I'll do whatever is comfortable and I feel like doing and if there's an outcome that I don't like they'll fix it. If I die from a heart attack eating this cheeseburger that I saw on TV, at least I die happy because that hamburger sure was good." — Regional participant

"If there are things that you can really reach into the community, maybe you start it around children. You have fun activities for kids. It brings out parents as well. You have to get something that gets people engaged and then just keep building from that. Just having a program out there, I don't think, does it. It's a campaign." — Regional participant

"Folks know basically what they need to do. Sometimes diabetics may not understand the concept of hidden sugar but we don't need to tell people that they need to eat less or be more active. They know that. I think we're wasting our money if we are educating them about it; we need to be trying to motivate them to do what they already know that they need to do, then build that bandwagon of, 'other folks are doing it.'" — Regional participant

"The base will pay you. They'll tell you, 'Leave work early.' You get one hour, three times a week. Even base employees don't take advantage of that." — Regional participant

"We're a health improvement organization. I have 23 employees. We provide up to \$500.00 per year in reimbursement for gym memberships and other healthy activities. Do you know how many people take advantage of it? Probably about 7." — Regional participant

"I you're a member of the Houston County Board of Education, you get a free gym membership. But just because I sign up doesn't mean I'm going to go." — Regional participant

Participants are concerned about **children** and the future role that chronic disease will play in their lives. Much of the issue is cultural, as respondents explained that the long-term health consequences of a traditional Southern diet is difficult to explain to a young person. They recognize that local children live in a place that often prizes football higher than health or academics. Culture is learned behavior; growing up in this environment, it becomes a cycle. Focus group participants were doubtful that schools offer nutrition education outside of what is offered through available nutritionists or the WIC (Women, Infants, and Children) program. Even with mandatory changes to school lunches, it is difficult to convince children to enjoy novel items like whole grains. However, participants feel that the best way to address lifestyle-based chronic diseases is through children, and the effects will trickle up to their parents.

"I think that if you train children and teach them what they need to know, they have a better chance of making a healthy choice. As you see, in the school system, there are already children who are stuck in that cyclic environment where there's not a healthy choice at home and they're not going to make the healthy choice at school. They're already obese and they're in second grade." — Regional participant

"I think programs that engage children and sometimes that can have impacts on parents. We have events where, after school, we were able to do things for the kids that brought parents in. The parents heard the message too. That program was actually very successful. Start with the kids and working on the kids to get to the parents." — Regional participant

"The ER is just packed with little kids who obviously haven't had health care. And that affects generations." — Peach County participant

"It's very hard – once their family members, their parents and grandparents have hypertension, hyperlipidemia, diabetes, and they have a traditional Southern diet – to try to explain to this younger person- before he goes down that path- that he has to change that, or he's headed in that direction." — Peach County participant

"And this is a typical Southern state in the sense that high school football is more important than anything else. More important than health. More important than academics." — Peach County participant

"I personally think, genetics and medical care kind of go hand-in-hand, but the social circumstances, physical environment, lifestyle- making those healthy choices one day at a time, getting out there and exercising... I had one lady the other day: "I live in the projects," and she doesn't feel safe, or if it's in the summer you've got to be careful here in Bibb County. You've got to do it early in the morning or early at night." — Bibb County participant

There is a good amount of **collaboration** and programs occurring in the realm of nutrition, physical activity, and weight. Houston County, in particular, has recognized the need and seems to be very busy in its collaborative efforts with the military base, physicians, and others. Houston County also has a phone referral service that acts as a navigator for residents. The hospital in this county plans to open an education center in order to continue its nationally-recognized chronic disease management efforts. Last, the county has a nursing program that brings together the faith-based community and nurses to offer health education, referrals, and screenings through the Houston Healthcare Center. Schools are willing to collaborate in these areas, but cite common issues of limited and exhausted resources.

"When we do programs in the community, there seems to be more community engagement, with the community leaders- like the mayor of the community- getting behind something. But it's another thing to get grassroots folks in the community to get behind an initiative. You see that in Houston County more than you see it in some of the other counties, from our experience" — Regional participant

"The hospital has just bought the Houston mall; the hospital bought the whole mall, and they're renovating it. They just put in a new education center for the community, so most of our classes are going to be held there... Houston has two hospitals, but we're the only hospital system for the counties. So we've got our chronic disease management, which is nationally-recognized and CDE's, or Community Diabetic Educators, who are doing that program." — Regional participant

"Because the base doesn't have schools, there's a lot of interaction with the Houston school system." — Regional participant

"A lot of collaborative efforts are on the table, but the education is going to be key. I take care of outreach for the sheriff's department. Things that we used to do in the fourth and fifth grades for students, we now go to kindergarten and start. As evidence-driven, if you don't make an impact early on, by the time you get to fifth grade- if you haven't started making some ground rules- it's not effective or it's not as effective as it could be." —Bibb County participant

"Most of the school systems would be willing to partner on [programs]. They're overwhelmed. They're overworked... But when you frame it... to see the bigger picture, that's why I thought that we were actually very successful." — Regional participant

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

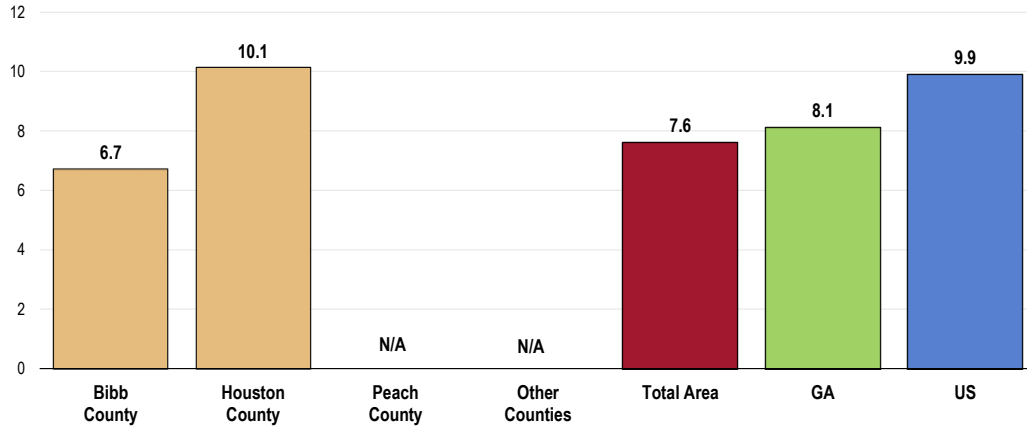
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 7.6 deaths per 100,000 population in the Total Area.

- Better than the statewide rate.
- Better than the national rate.
- Satisfies the Healthy People 2020 target (8.2 or lower).
- Much higher in Houston County than in Bibb.

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower

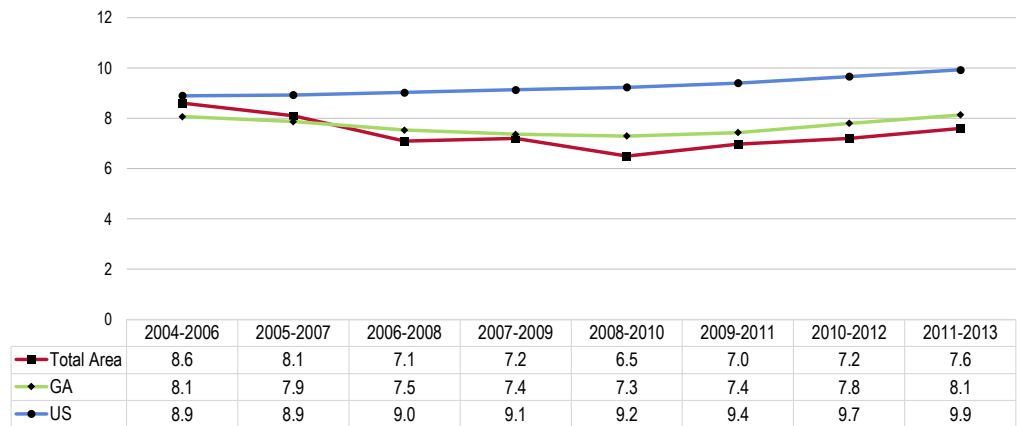


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- **TREND:** The cirrhosis/liver disease mortality rate in the Total Area declined in that latter 2000s, but has since begun increasing.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - State and national data are simple three-year averages.

High-Risk Alcohol Use

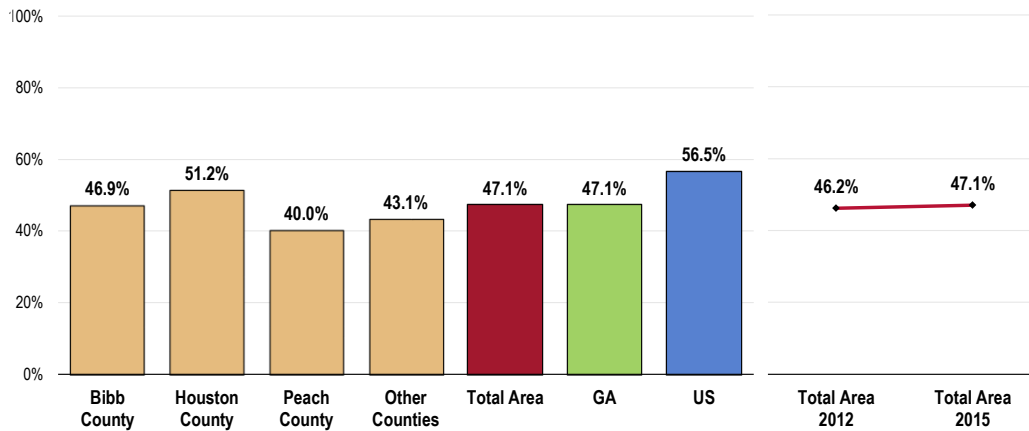
Current Drinking

A total of 47.1% of area adults had at least one drink of alcohol in the past month (current drinkers).

“Current drinkers” include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine or bottle of wine cooler, one cocktail, or one shot of liquor.

- Identical to the statewide proportion.
- More favorable than the national proportion.
- Favorably low in Peach County.
- TREND: Statistically unchanged since 2012.

Current Drinkers



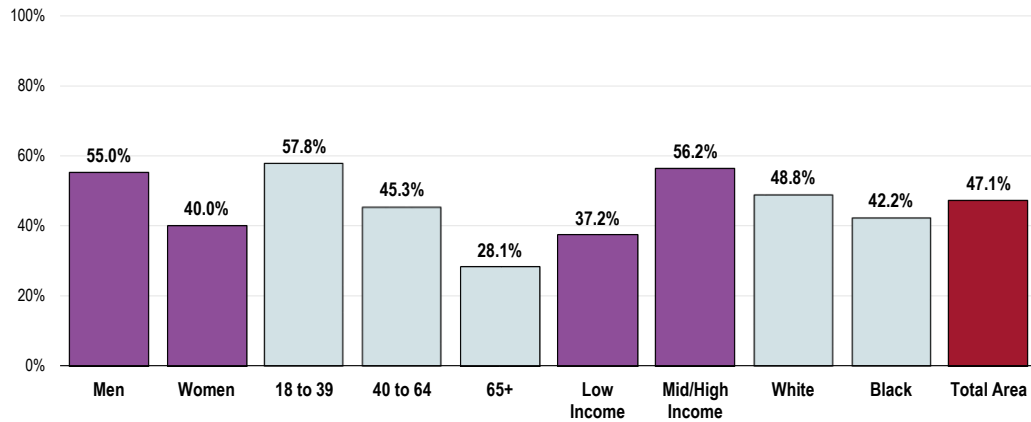
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • “Other Counties” is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • Current drinkers had at least one alcoholic drink in the past month.

The following populations are more likely to be current drinkers:

- Men.
- Young adults (negative correlation with age).
- Upper-income residents.

Current Drinkers (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Current drinkers had at least one alcoholic drink in the past month.

Excessive Drinking

Excessive drinkers" include:

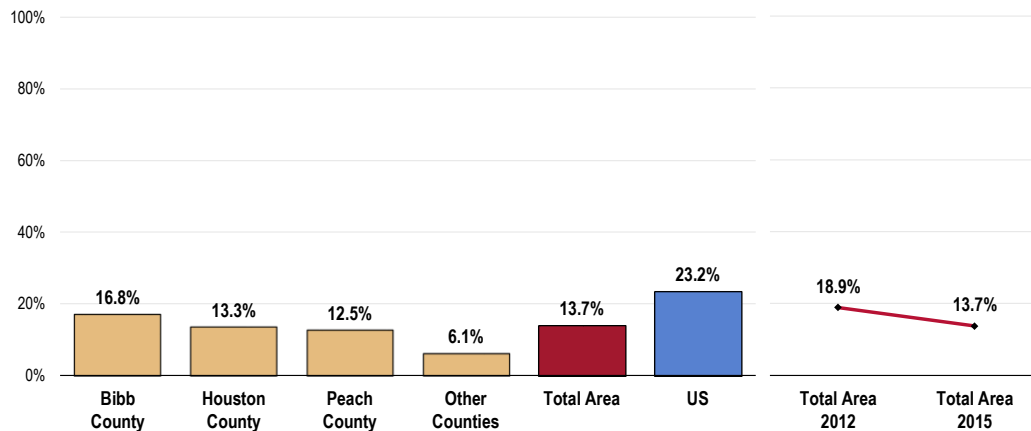
- 1) Heavy drinkers: men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drinks per day in the month preceding the interview; [OR](#)
- 2) Binge drinkers: men reporting 5+ alcoholic drinks on any single occasion or women reporting 4+ alcoholic drinks on any single occasion in the past month.

A total of 13.7% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Lower than national findings.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- Highest in Bibb County; lowest in the Other Counties.
- TREND: Marks a statistically significant decrease over time.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower

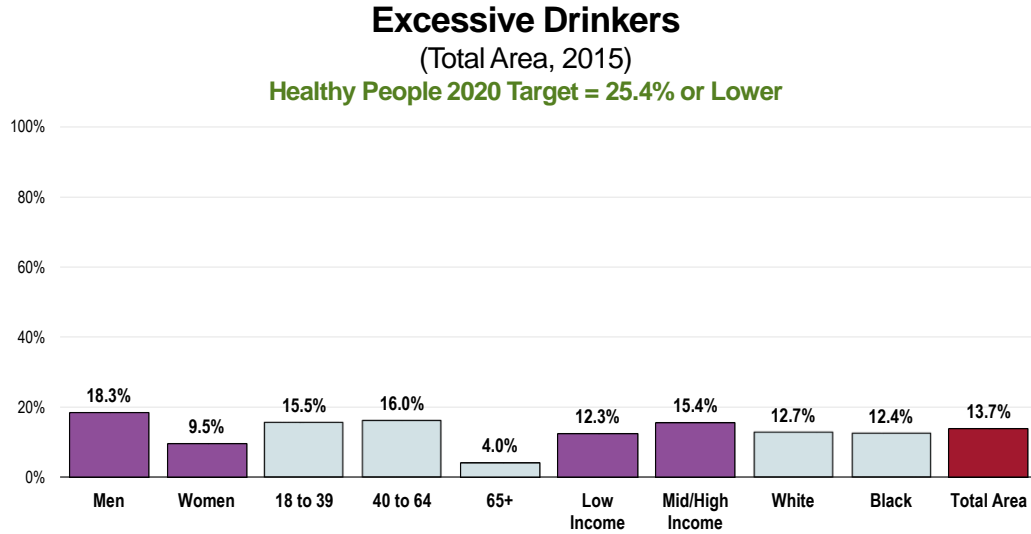


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) [OR](#) who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

RELATED ISSUE:
 See also Stress in the Mental Health & Mental Disorders section of this report.

Excessive drinking is more prevalent among:

- Men.
- Adults under 65.



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

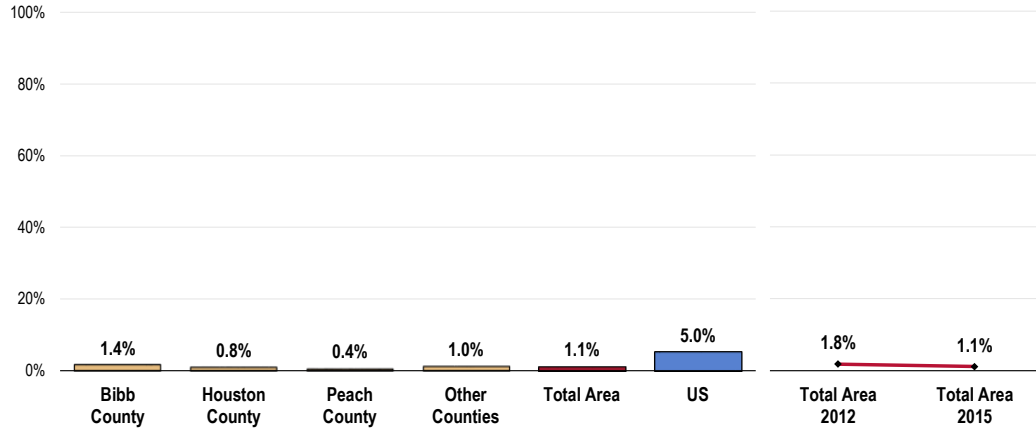
Drinking & Driving

Just 1.1% of Total Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Well below the national findings.
- Comparable findings by county.
- TREND: The drinking and driving prevalence has not changed significantly since 2012.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

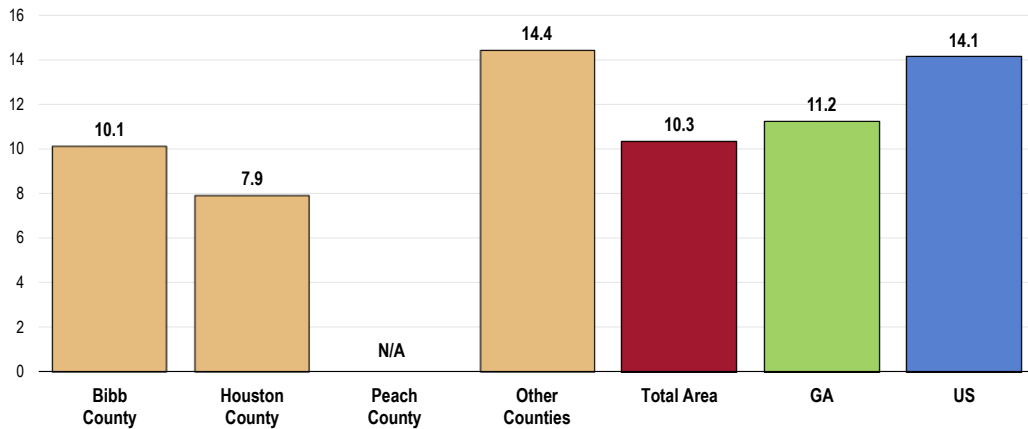
Age-Adjusted Drug-Induced Deaths

Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 10.3 deaths per 100,000 population in the Total Area.

- Better than the statewide rate.
- Better than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).
- Unfavorably high in the Other Counties.

Drug-Induced Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

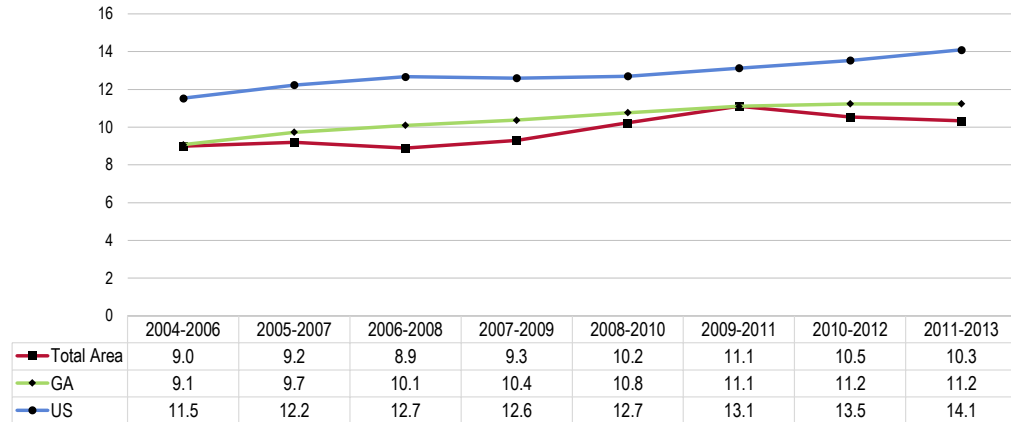
Healthy People 2020 Target = 11.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- TREND: Drug-induced mortality has generally increased over the past decade.

Drug-Induced Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 • County, state and national data are simple three-year averages.

Illicit Drug Use

A total of 2.1% of Total Area adults acknowledge using an illicit drug in the past month.

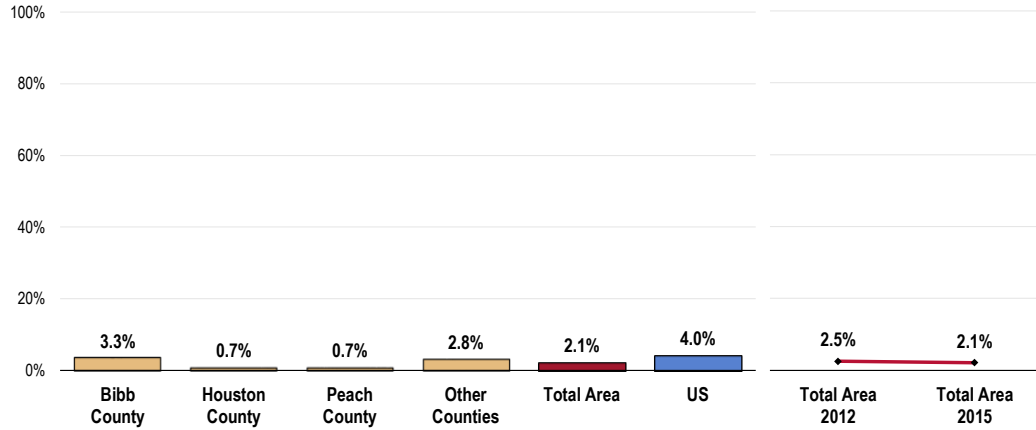
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

- More favorable than the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Unfavorably high in Bibb County.
- TREND: Statistically unchanged over time.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]

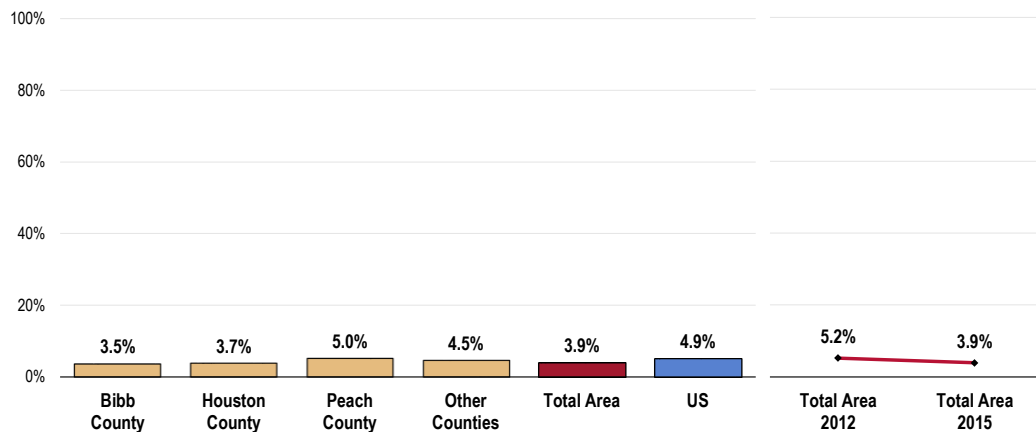
Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Alcohol & Drug Treatment

A total of 3.9% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Similar findings by county.
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



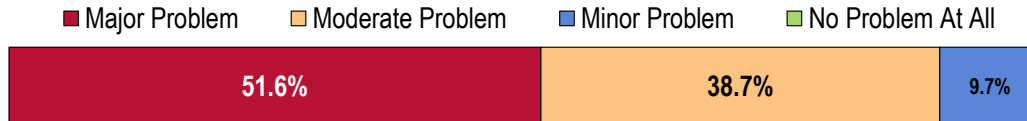
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized **Substance Abuse** as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Substance abuse is not a new issue in this community, and focus group participants are especially concerned with the following issues:

- Drug prevalence
- Restricting access

Participants were quick to divide substance abuse into three categories – alcohol, street drugs, and prescription drugs- and seemed more concerned with the **prevalence of drugs**, overall. Marijuana is believed to have become commonplace in the region and appears to be a much bigger issue than in the past.

“The most smoking I see on my end is marijuana- That’s the big popularity. Marijuana’s becoming a much bigger issue.” — Peach County participant

“Certainly since when I first started here, street drugs are much, much, much more prevalent.” — Regional participant

“I think it goes hand-in-hand with these other things we’ve been talking about. And I’ll tell you what, we see it on Base, too.” — Regional participant

“Marijuana is just so commonplace, and they think nothing of it as an illegal drug anymore. It’s just their favorite pastime, it seems like.” — Peach County participant

Discussion focused heavily on prescription drug use and abuse. According to participants, prescription drug abuse has increased in recent years, although a law was recently passed that will allow better control over this class of drugs. **Restricting access** to prescription drugs also becomes an issue because it creates a demand that leads some individuals to selling drugs as a way to make money. Another consequence of this occurs when clinics run out of drugs to prescribe; one participant cited the effect of the local military base running out of hydrocodone.

“Just recently there’s been more control of prescription drugs. A new law went into effect. It creates an access issue, so now people have to go in to get the prescription... And I think that’s helped, but that’s very new- less than 6 months.” — Regional participant

“Our pharmacy at one point ran out of hydrocodone. So that then impacts how we can get it off Base because only one physician can write for that- And only one Georgia-licensed physician. So there was a bit of a hiccup. And, again, if it gets it off the streets, the benefits outweigh the inconvenience.” — Regional participant

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

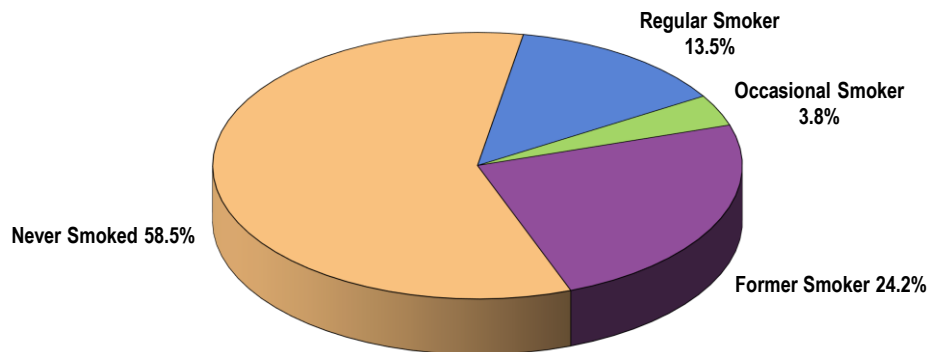
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 17.3% of Total Area adults currently smoke cigarettes, either regularly (13.5% every day) or occasionally (3.8% on some days).

Cigarette Smoking Prevalence
(Total Area, 2015)



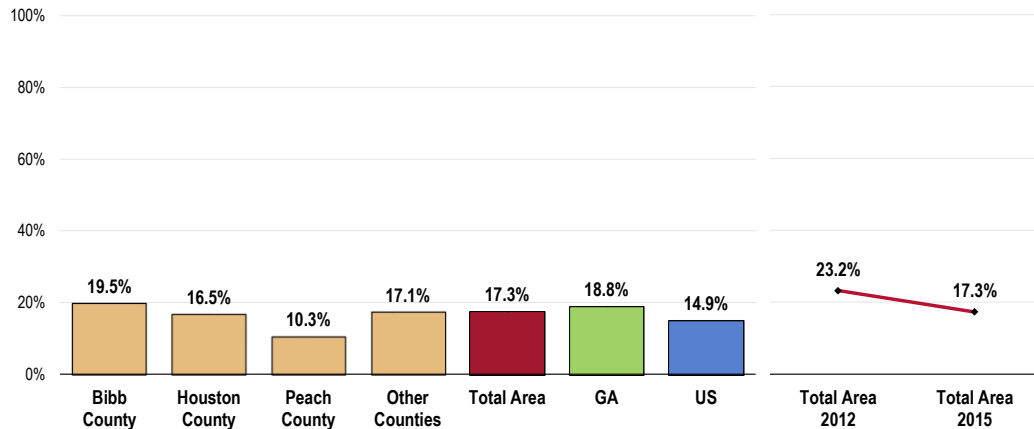
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

- Favorably low in Peach County.
- TREND: Denotes a statistically significant decrease in smoking since 2012.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



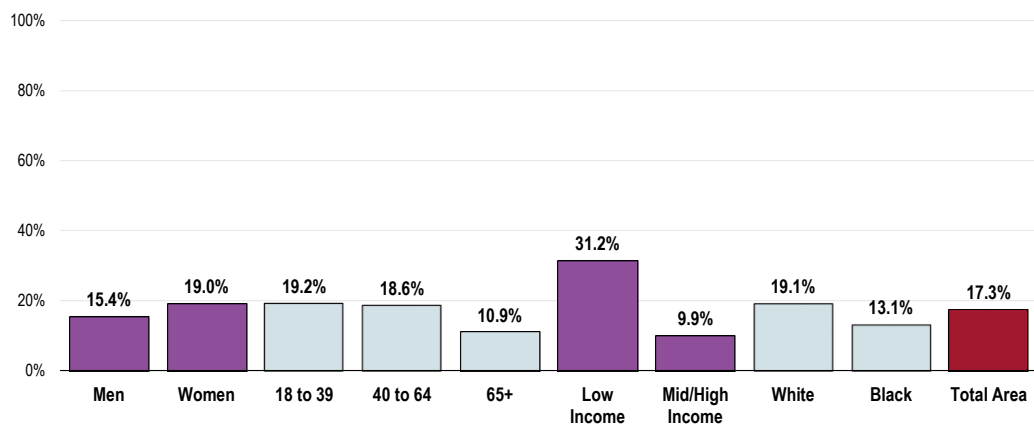
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2013 Georgia data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

- Cigarette smoking is more prevalent among adults under 65, those in lower-income households, and Whites.

Current Smokers

(Total Area, 2015)

Healthy People 2020 Target = 12.0% or Lower



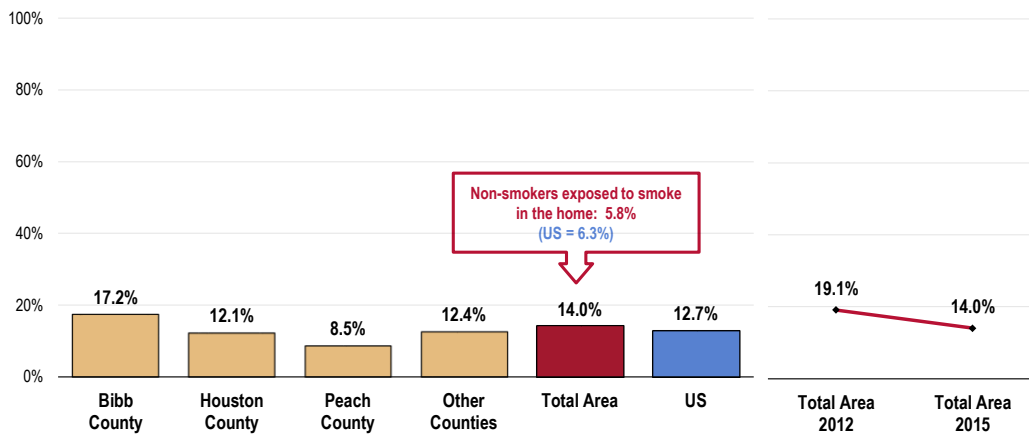
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 14.0% of Total Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Similar to national findings.
- Highest in Bibb County, lowest in Peach.
- TREND: Marks a statistically significant decrease over time.
- Note that 5.8% of Total Area non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home

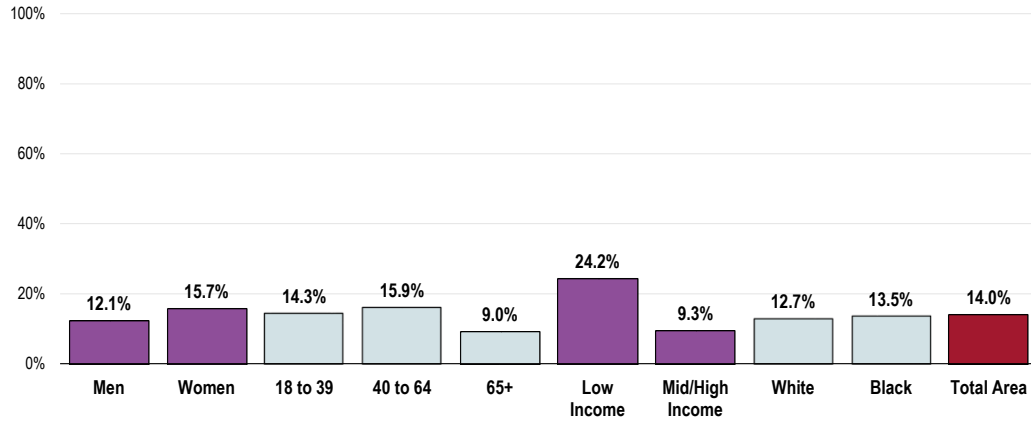


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- The prevalence is notably higher among residents under 65 and those in households with lower incomes.

Member of Household Smokes At Home (Total Area, 2015)

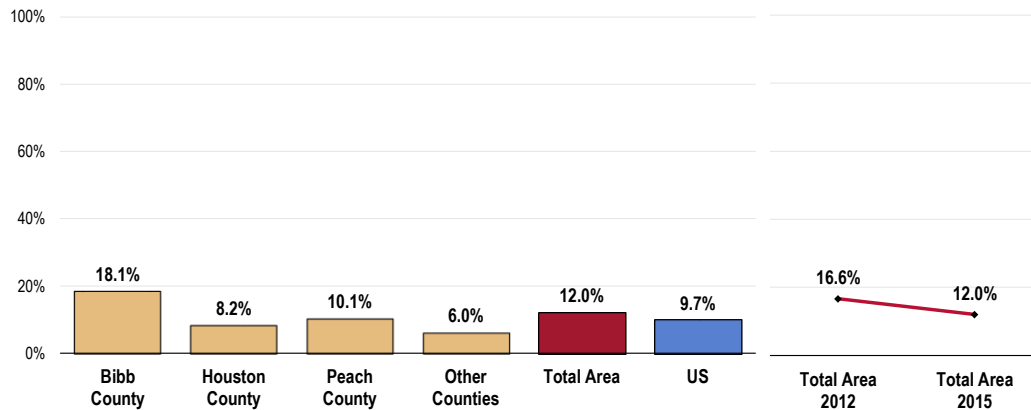


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 12.0% have someone who smokes cigarettes in the home.

- Comparable to national findings.
- Unfavorably high in Bibb County; lowest in the Other Counties.
- Statistically unchanged over time.

Percentage of Households With Children In Which Someone Smokes in the Home (Among Households With Children)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents with children 0 to 17 in the household.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

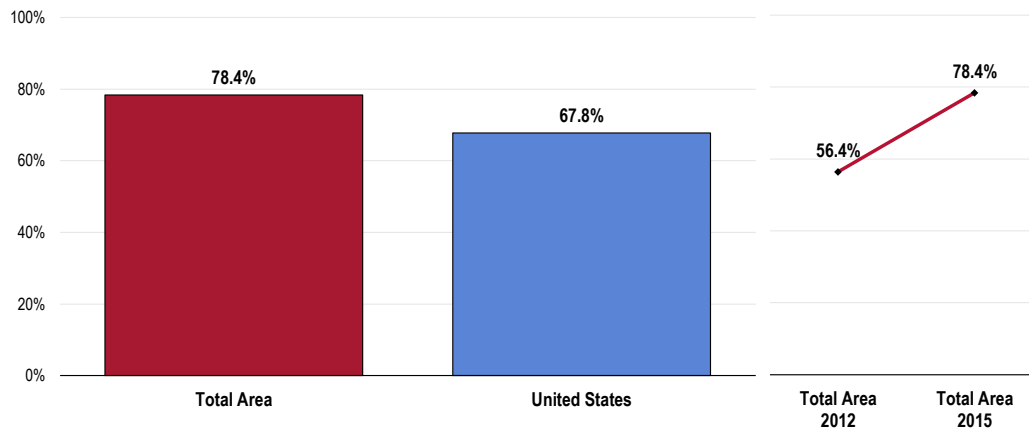
- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 78.4% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Higher than the national percentage.
- TREND: Marks a statistically significant increase since 2012.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all current smokers.

Smoking Cessation Attempts

A total of 6 in 10 regular smokers (60.3%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

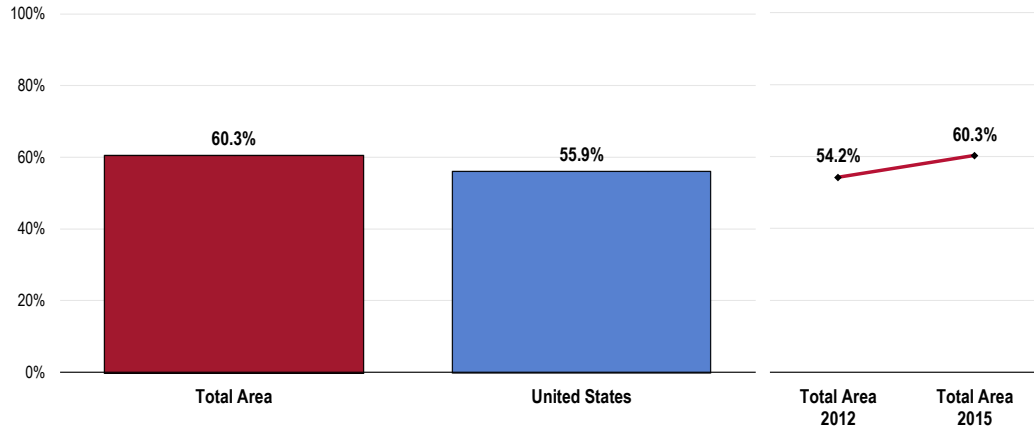
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).

- TREND: No statistically significant change since 2012.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
 Notes: • Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

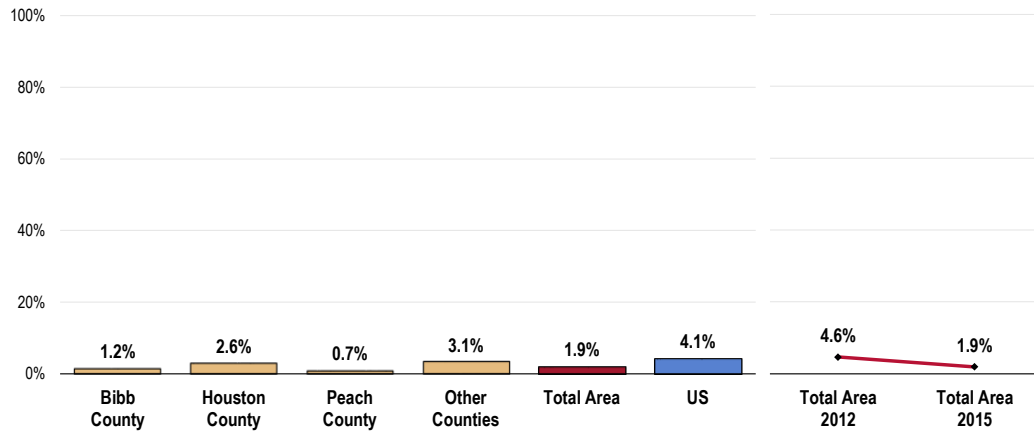
Cigars

A total of 1.9% of Total Area adults use cigars every day or on some days.

- Well below the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- No statistical difference by county.
- TREND: Marks a statistically significant decrease over time.

Use of Cigars

Healthy People 2020 Target = 0.2% or Lower



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]
- Notes:
- Asked of all respondents.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

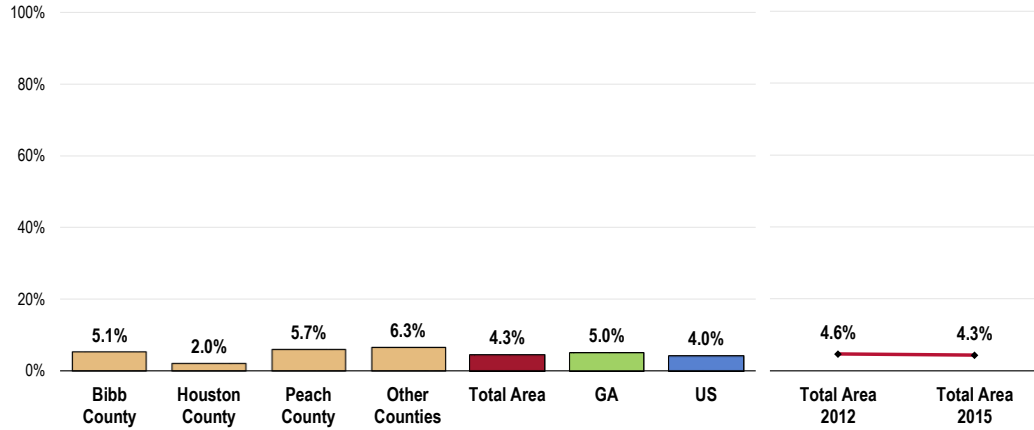
Smokeless Tobacco

A total of 4.3% of Total Area adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Comparable to the national percentage.
- Comparable to the state percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Favorably low in Houston County.
- TREND: Similar to 2012 findings.

Use of Smokeless Tobacco Healthy People 2020 Target = 0.3% or Lower

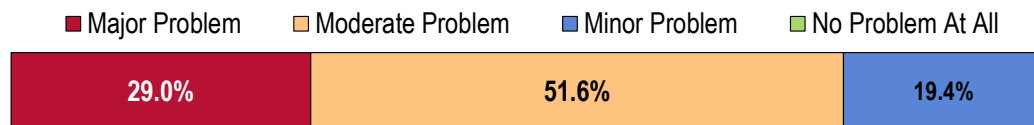


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 • Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Focus group respondents believe that tobacco use, in general, has declined in the region, though new issues are becoming prominent alongside others that are well-entrenched:

- Education programs
- Teenagers

Due to existing **programs** and tobacco settlement money, group respondents are positive about the declining trend in tobacco use. Hospitals have their own system programs, and there is also education in schools regarding the risks of smoking. Participants acknowledge that some programs have been more successful than others, and some have very poor attendance. Overall, healthcare providers agree that tobacco use is still an issue in the region, and they make strategic efforts to educate smokers about the Georgia Quit Line, which is free and anonymous. At Robins Air Force Base, there is a health and wellness center that offers smokers medication and smoking cessation patches if they go through educational classes. One respondent noted that there is a lot of information and attempt at intervention when individuals first come to the base.

“I think another thing that the tobacco settlement money in the state of Georgia did – there’s a 1-800-QUIT line, which is good if our patients will be tenacious and access it. You can get nicotine in either gums or patches.” – Bibb County participant

“There’s been a huge tobacco push [in the community]- The risks of smoking, what it does...” – Regional participant

“We stopped doing cessation classes because no one was showing up. Theirs [the base’s] worked, ours didn’t. Georgia has the Georgia quit line, which is staffed by trained counselors and is free and anonymous... The hospital really pushes it for patients.” – Regional participant

“There’s a lot of intervention in the early years [on the base]. There’s a lot of information at first when they’re training. And I can tell you from just being in the community, there’s more smoking here than up North and in other areas.” – Regional participant

Several group participants work in the school system and acknowledged a wide availability of cigarettes and alcohol for **teenagers**. Some participants feel that teenagers are smoking without understanding the long-term effects, so perhaps there is a need for increased tobacco education in schools. Others feel it is less an issue of education than of parents’ complicity.

A newer issue regarding tobacco use is the use of electronic cigarettes, or e-cigarettes, which appear to be more prevalent in the younger generation. Even if traditional tobacco use is declining, the use of e-cigarettes is becoming more prevalent in the community, although not necessarily in schools. Participants blame the flashy advertising signs and their promotion of the variety of available flavors, rather than implying any sort of risk.

“They have all these flavors and flashy signs; my kids want to look at them.” – Regional participant

“There are e-cigarettes, especially among the young.” – Bibb County participant

“E-cigarettes are becoming more popular... And I’m thinking- now they’re coming out- that’s not healthy.” – Peach County participant

“I think that’s people just trying to stop smoking [by using e-cigarettes]. They’re trying.” – Peach County participant

“I wish it would be illegal to advertise [for e-cigarettes], but they are advertising.” – Regional participant

Access to Health Services



Professional Research Consultants, Inc.

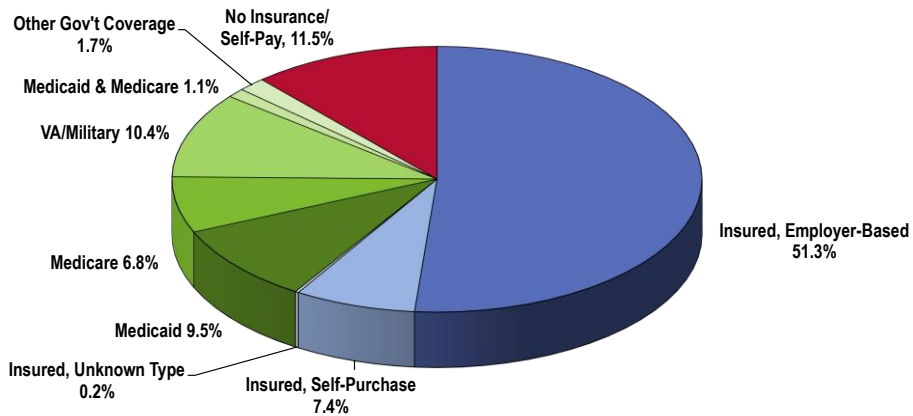
Health Insurance Coverage

Type of Healthcare Coverage

A total of 58.9% of Total Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 29.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 11.5% report having no insurance coverage for healthcare expenses.

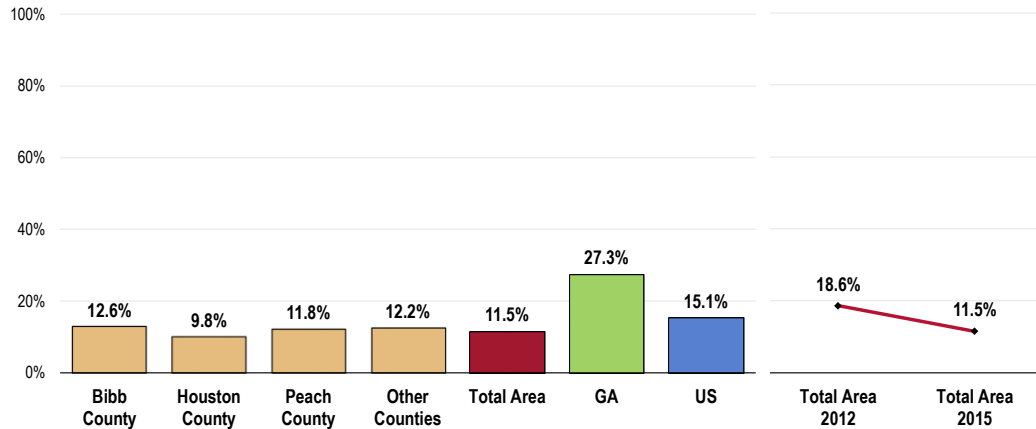
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Much lower than the state prevalence.
- Lower than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Statistically similar findings by county.
- TREND: Marks a statistically significant decrease over time.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents under the age of 65.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

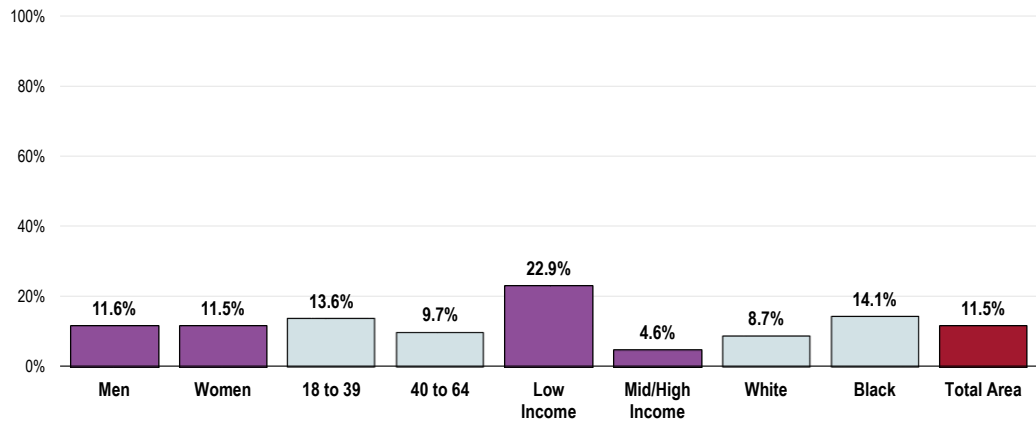
The following population segments are more likely to be without coverage:

- Young adults.
- Residents living at lower incomes (note the 22.9% uninsured prevalence among low-income adults).
- Blacks.

Lack of Healthcare Insurance Coverage

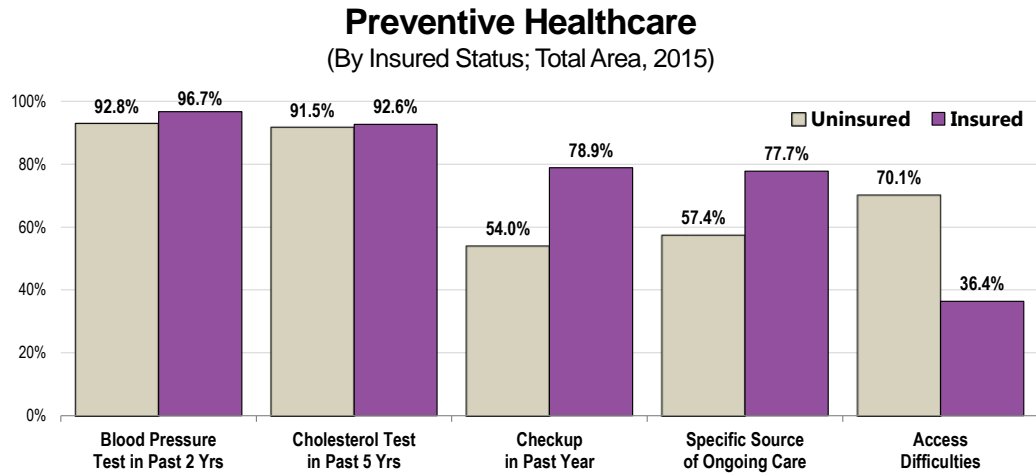
(Among Adults Age 18-64; Total Area, 2015)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- As might be expected, uninsured adults in the Total Area are less likely to receive routine care and preventive health screenings, and are more likely to have experienced difficulties accessing healthcare.



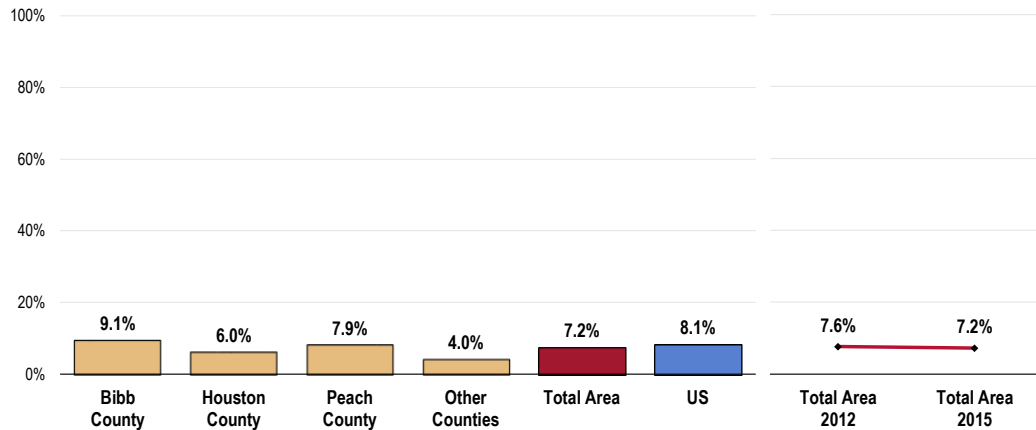
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 23, 45, 48, 166, 169]
 Notes: • Asked of all respondents.

Recent Lack of Coverage

Among currently insured adults in the Total Area, 7.2% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.
- Favorably low in the Other Counties.
- TREND: Statistically unchanged over time.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)

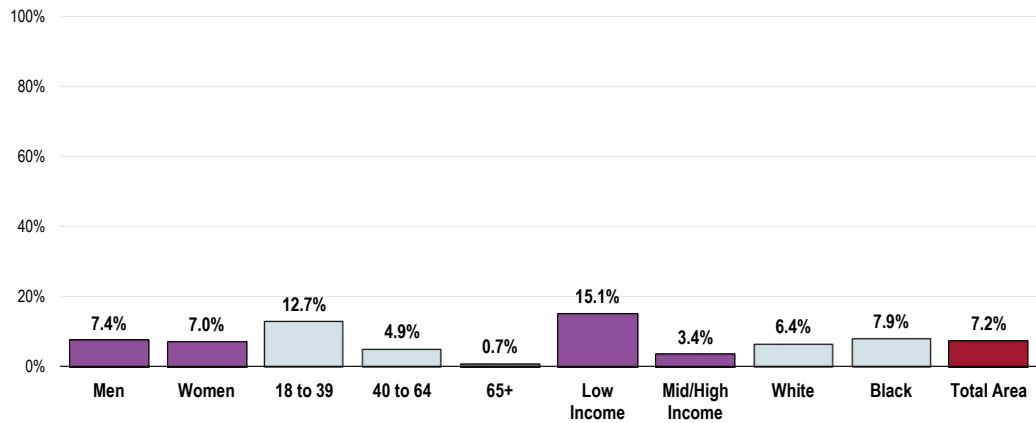


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all insured respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40 (negative correlation with age).
- Lower-income residents.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
 Notes: • Asked of all insured respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

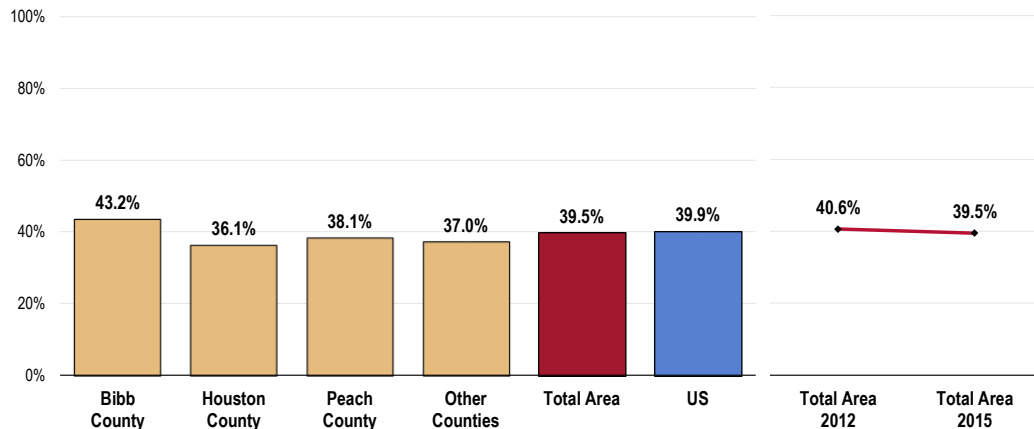
Difficulties Accessing Services

A total of 39.5% of Total Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

- Nearly identical to national findings.
- Unfavorably high in Bibb County.
- TREND: Similar to the percentage reported in 2012.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



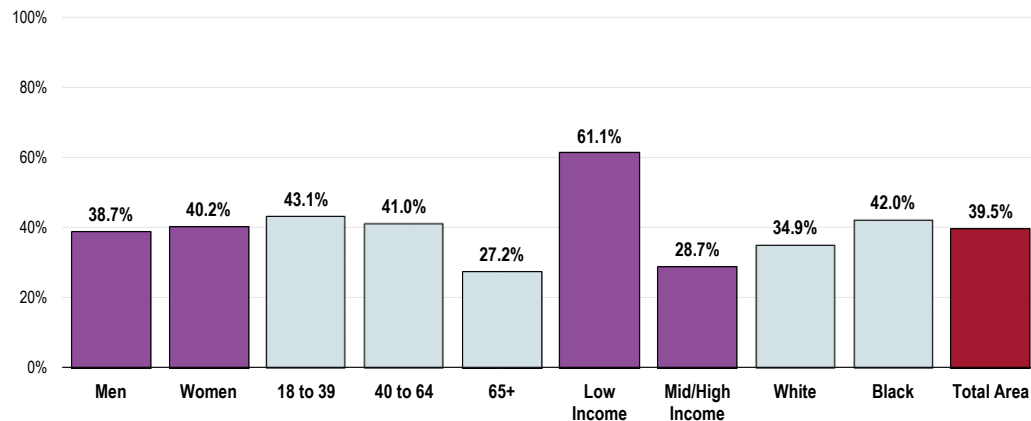
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.
 - Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under the age of 65 (negative correlation with age).
- Lower-income residents.
- Black adults.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

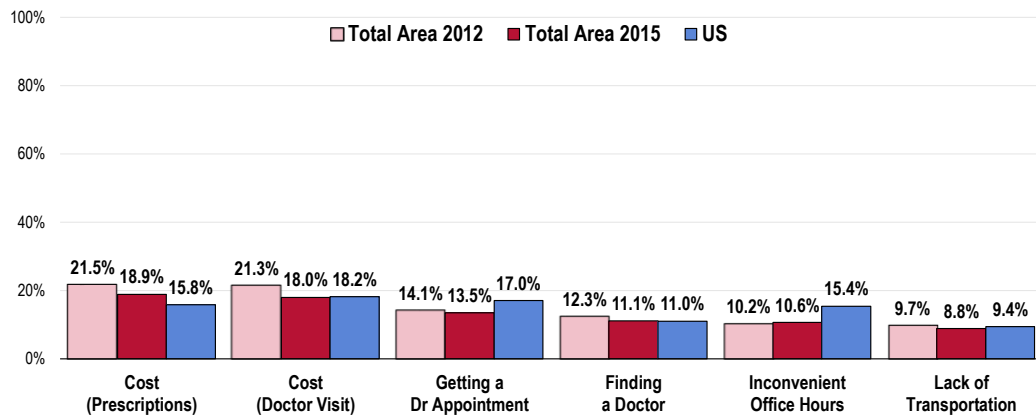
Of the tested barriers, cost of a prescription medication impacted the greatest share of Total Area adults (18.9% say that cost prevented them from obtaining a needed prescription in the past year).

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

- The proportion of Total Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.
- TREND: Compared to baseline 2012 data, there were no statistically significant changes in barriers to healthcare access.

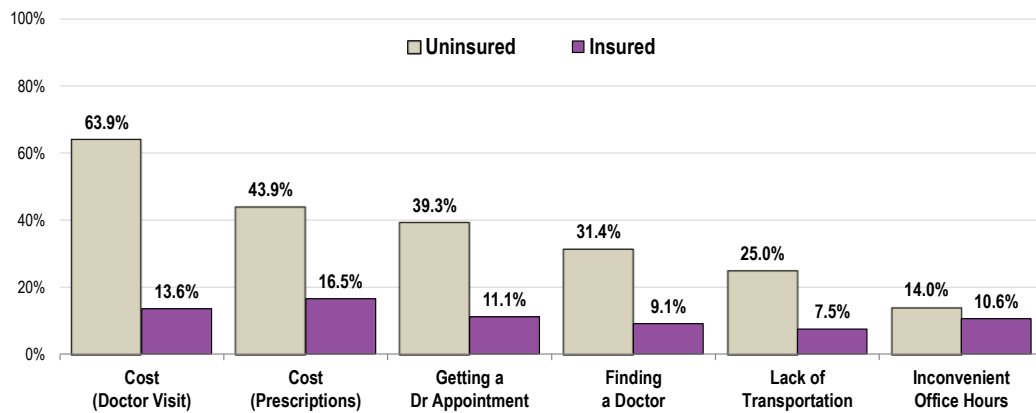
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- As might be expected, Total Area adults without health insurance are much more likely to report access barriers when compared to the insured population, particularly those related to cost.

Barriers to Healthcare Access (By Insured Status; Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
 Notes: • Asked of all respondents.

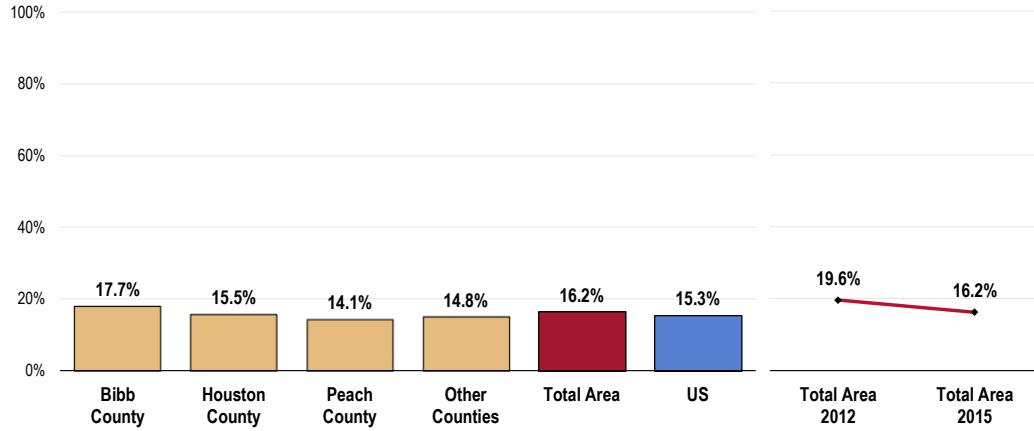
Prescriptions

Among all Total Area adults, 16.2% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.
- Comparable findings by county.

- **TREND:** Denotes a statistically significant decrease over time.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

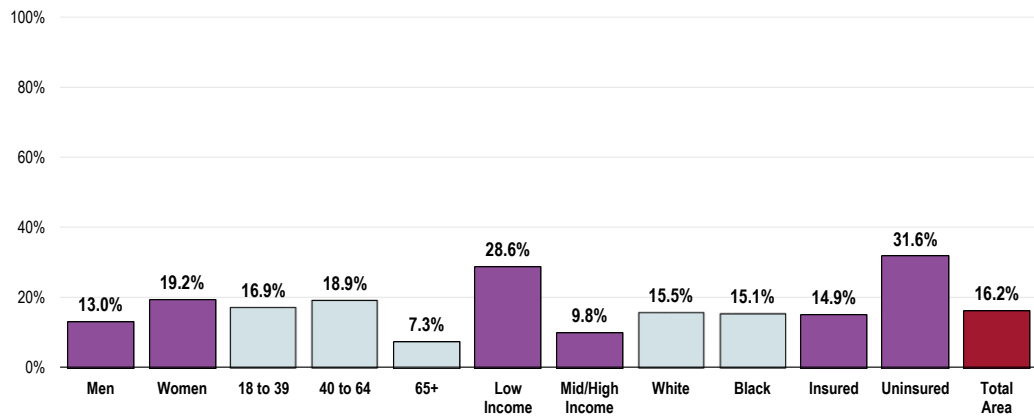


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Those under age 65.
- Respondents with lower incomes.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

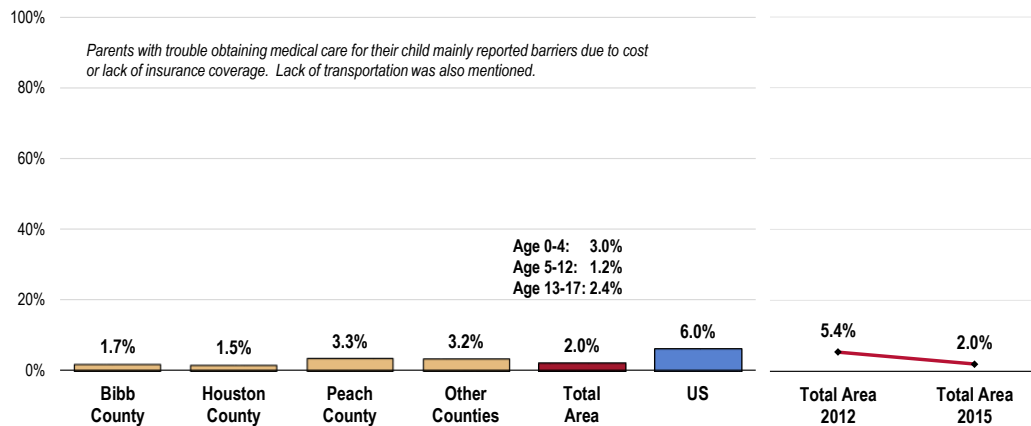
Accessing Healthcare for Children

A total of 2.0% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- More favorable than what is reported nationwide.
- Similar findings by county.
- TREND: Marks a statistically significant decrease since 2012.
- No significant difference by child's age.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



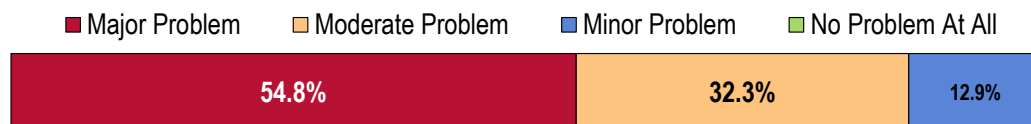
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.
• "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited lack of transportation.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a "major problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

In terms of access to healthcare services, focus group discussion was starkly divided, based largely on geography, but centered on the following concerns:

- Disconnect with prevention
- Health education
- Limited resources
- Lack of providers
- Lack of specialists or follow-up
- Cost
- Funding
- Transportation

Participants who work in Bibb County noted that the area possesses some great services for cardiovascular disease and trauma, although the community seems to have a **disconnect with prevention**. Possible reasons for this were attributed to not understanding the need, a lack of initiative, pride, and poverty. Even at Robins Air Force Base in Houston County, it is common for individuals to delay seeking a doctor until they are on military orders. In terms of county health rankings, one focus group participant noted that the community ranks highly for clinical services, but ranks dismally for health behaviors.

Many respondents in the surrounding counties were positive regarding basic health services for children, and they referenced a government-sponsored public health program that provides immunizations, well baby checks, and referrals for those with disabilities. Furthermore, most schools still offer flu vaccinations and other screenings, although these are fewer than in the past.

"Of course, health education is a lovely thing to have, but people prioritize... If it's something that they don't absolutely have to do, they are always going to choose to work because that's going to keep the roof over their heads. They're not going to want to go to an education class or see the doctor if it's going to affect their livelihood." — Bibb County participant

"How do you get people to care about something that they don't see has an impact on them directly?" — Bibb County participant

"I think it's all our responsibility, not just a hospital or a church. I think it's everybody's responsibility to help, but then the people have to take responsibility too, for their own health care, and make healthy choices every day." — Bibb County participant

"I think education in this community, as far as health care, is widely needed at all levels. The mentality I have frequently is that they tell you, "Just give me a pill for it." They don't want to take responsibility for their own health. We frequently have to tell them that they have to participate as well." — Bibb County participant

"There's a website called Camden Community Health Rankings. Bibb County ranks number five in terms of clinical care. However, I think the total rank of Bibb County out of the 159 counties in Georgia is well past 100. So, in terms of the health behaviors in Bibb County, it's below 100." — Bibb County participant

"We have great facilities, but health behaviors, health outcomes, access... even with all the resources we have here, we just can't quite seem to address all the disparities in the community. I think there's a lot of attempts at collaboration, and there are resources there. But there are some very stubborn problems." — Bibb County participant

Participants recognize the wide need for **health education**, both educating about available services and educating about specific health issues. Each focus group noted that, although their respective counties might have a fair number of services available, community residents might not know about them – There is no exhaustive list available. One participant remembered a time when someone from outside the community was able to come and utilize all the relevant services because someone had taken the time to educate them; conversely, there are many within the community that are not even aware what they have near them.

On a positive note, there is some health education available through the hospitals and Mercer University, although it is not enough to meet the demand. The free medical clinic in Peach County holds classes one day a month, but respondents do feel that all the topics (e.g., Ebola) are especially pertinent to attendees. Other programs and health fairs through churches have low participation; even so, focus group participants noted the potential in getting pastors together as authority figures. For the services that are available, it is hard to motivate individuals to attend classes. Group participants mentioned the advantages of using programs for children to bring in the parents, but they mentioned that the school system is poor, which compromises the quality of education classes. Another mentioned strategy is to make the health education a fun community-wide event that is located where residents already go, yet other participants believe more is needed to instill lifestyle changes.

“There’s got to be some way we can network out into our community to avail all these great services that we have. It’s funny, because we have a really great community, and there are a lot of people that do a lot of phenomenal things.” — Bibb County participant

“We just had a patient a few months ago, and she couldn’t afford to feed her teenage son. And so she decided she was going to drink a bottle of Gatorade each day, and she came in with her electrolytes all crazy. She didn’t understand that there were other opportunities for her in the community where she could get food to feed both of them. And she was willing to put her health at risk to take care of her child.” — Bibb County participant

“The first educational class on a Monday evening was on Ebola. As if Ebola is a major problem [in this area]!” — Peach County participant

“I think there are probably a lot of things available that just not everybody knows about. And if there was some way to put all that together in a booklet, where everyone would have access to it, so we would know what was available, and what the contact numbers are, so you could get access and help to your patients, I meant that would be a beneficial thing, I think, to improve the care.” — Peach County participant

“You need something to get the towns up and exercising. A whole town’s going to lose the weight, and they get everybody out and walking or something.” — Peach County participant

“Starting small with the kids in the school system would be important, as part of their curriculum. The problem is, the school system stinks.” — Peach County participant

“A lifestyle change in education isn’t something that you tell someone once a year. You know, it has to be sort of woven into the curriculum. I realize that’s probably really going to be hard and, maybe, unrealistic at first, but it’s something that we’ve got to go for. Because, otherwise, the culture of the Southern food- They go, ‘Ew, I’m not eating those green beans if they haven’t been cooked with a slab of bacon in them.’” — Peach County participant

“I had a patient who came from the Washington County Jail. He said, ‘I got a free bus ticket here, and the person at the jail told me I could get seven free meals a day because of all the churches.’ He said, ‘I could be well-fed, and there’s a place for me to stay. And I could pick up day labor here-and-there to get some spending money and get my cigarettes.’ And I’m sitting there, thinking, ‘Here is somebody from outside of our community coming in and working the system and taking advantage of our bird feeder.’” — Bibb County participant

“I have patients who are too proud to take something because they feel like that’s for people who are

worse-off than they are- not realizing that they are the people that the services are designed for.” — Bibb County participant

“We work with children in our youth programs, and we use the children to bring in the parents. Because if I can get your kid into my program- and your kid is doing better- I can get you. I don’t offer all of these resources- We’re the sheriff’s department. But we tell them about the programs that are offered– There’s a food bank, there’s Loaves & Fishes; there are other sources for food.” — Bibb County participant

Throughout the focus groups, participants relayed how **limited** and overwhelmed many of their health resources are. Bibb County respondents were generally positive regarding the wealth of health resources in their county, whereas those in the surrounding counties were less so, especially those in Peach County. Respondents from the surrounding counties, especially, find their healthcare resources to be extremely limited and note that even routine healthcare can be difficult to access. Participants from other counties rated Bibb County’s overall access very high, due to the county’s general availability of care and emergent care services. These same individuals categorized Bibb County as having a different type of access problem than the others; while there are more people and providers, it is more difficult for individuals to use the system. Often, though, even Bibb County key informants feel that not much progress is being made. Without all the basics to treat someone – medications, screening, and bloodwork – health providers feel they are just spinning their wheels without really getting anywhere. Several healthcare providers across all the counties expressed frustration with the limited amount of time available to educate patients about prevention, such as nutrition.

Participants noted that the quality of care is drastically reduced when there are not enough resources, and the existing resources are stretched too thin. Twiggs County has community health services; however, there is only one location for primary care, and that single location is not open every day. One participant noted that there is only one doctor for all of Crawford County. In Peach County, a new hospital has recently been built to replace an older one, though group participants noted that the former hospital had more available services. This area does have a free medical clinic that currently has 400 enrolled patients, but its ability to meet the need is limited. Whereas hospitals in surrounding counties have the ability to complete bloodwork for all their uninsured patients, the free medical clinic in Peach County can only serve 20 patients per month for bloodwork; everyone else who needs bloodwork must wait until the following month.

“Sometimes I feel like I’m not doing anything, that I’m just spinning my wheels. How do you make a difference? I just get so overwhelmed. How is even just the little bit that we’re doing making any kind of impact? So resources for us I think are important, as well. Also, that we know that somehow we’re making an impact.” — Bibb County participant

“I think when you talk about the education that social service agencies can help provide, our resources are so overwhelmed- positions are cut, their people resources are down. So they’re doing the bare minimum, themselves, to provide and to educate for the families that they’re dealing with... And we’re just trying day-to-day- trying to survive.” — Bibb County participant

“All we’ve been talking about here is trying to throw a cup of water on a raging fire.” — Peach County participant

“There is a different problem with access to care. In Twiggs County and Crawford County, you just don’t have anybody to see them. In Bibb County, you have so many people, yet you still have few indigent care resources.” — Regional participant

“We have extremely limited resources. And with the number of patients that you have to see, you don’t have time to sit and talk to them at length. You can give them handouts, and you can keep asking them and asking them- And you’ll get, like, one out of ten that’ll actually start making a change. But then you’ve got nine others that you’ve failed.” — Bibb County participant

“The moral of the story in the rural counties- In Twiggs County, there’s one location for primary care. I don’t think it’s open every day of the week. In Crawford County, there’s one doctor in all of Crawford County. No dentists in either of those.” — Regional participant

“To the patients that really need it, the access isn’t as good. This facility’s beautiful, and that facility was a pit. But the people that needed health care, at least, could access the pit... Moving to a prettier facility has not improved the level of care.” — Peach County participant

“LabCorp allows us to do 20 blood works. Six miles away from here, the free clinic in Houston County does all their blood work for them for nothing.” — Peach County participant

Falling under the umbrella of limited and overwhelmed services is the region’s **need for more providers**. This is especially true in the smaller hospitals in rural areas, which find it more difficult to attract physicians and nurses, especially those with vital higher degrees; it is near impossible to find providers to volunteer their time for programs and free clinics. Even schools find that they cannot find enough school nurses to work at each school on five consecutive school days; one participant noted that budget issues are forcing some schools to only have a nurse a couple of days per week.

If participants from the rural counties were able to fix one major need in their community, they would increase the number of providers. Suggested recruitment/retention strategies include reimbursing school loans because it is one hurdle to find providers to move to the community, and it is another to convince them to stay long-term.

“We always need physicians. And I know that Peach could use some nurses.” — Regional participant

“Those school nurses- They play a key role because those kids do learn to trust those nurses. And they will ask them questions about STDs and other health issues that they won’t ask their parents or anybody else- Because they know the information they’re going to get is credible. So I would love to find a way to have enough school nurses, where they’re in every school, every day.” — Bibb County participant

“Support for education for physicians and nurses- Money is so tight, but it would be something to get them to stay in these smaller hospitals. We are really short on nurses. And physicians. Maybe something that supports getting them to a hospital and supporting them with their school loans. And then once school loans are paid off, maybe they might be a little more self-sufficient. Nurses, the only ones we can attract right now are LPN’s, and you can’t run a hospital with just LPN’s- You’ve got to have Registered Nurses. And getting a BSN nurse is like a miracle.” — Regional participant

“I’m the only school nurse that serves 1000 kids. I go spend my morning at the middle/high school, and then I go to the elementary school. If there’s an emergency – Yesterday, I ran back and forth three times... I do my best.” — Regional participant

Discussion also covered the minimal **specialist services** that exist in the region, in general. Peach County respondents explained that one specialist visits the Phoenix Center once per month, yet doesn’t accept appointments. These health providers feel that residents must seek most services outside the county. In the surrounding counties, dental services are greatly needed; here, many patients are transferred out, even those with insurance. There are also

no specialists on the Houston County Robins Air Force Base, although they are working on increasing emergent access there.

Another failing of the system is that many residents – especially in Bibb County – are being repeatedly admitted to the ER, due to both convenience and a **lack of follow-up services**; providers find themselves memorizing the birthdays of these individuals because they come in so often.

“When you start memorizing people's birthdays and Social Security numbers, you know you've seen them too many times. We have people that call E.M.S. 50-80 times a year. There was one, a number of years ago- It was over 200 times in one year. You have your regulars and your frequent fliers. The majority of them, though, I would have to say, are psych patients.” — Bibb County participant

“It's unfortunate, because a lot of the patients- Once they're acutely sick, nine times out of ten, they need a specialist. So, they can't even come to the local hospital and get a lot of what they need. They end up having to go to a larger facility and to go out of town because they need more specialty care that we don't really have access to here.” — Peach County participant

“On the Base, we don't have specialists. We're essentially primary care... So we'll refer off some folks to Macon.” — Regional participant

“The only specialists I know of that come to Peach County is on Wednesday afternoons- the nephrologists.” — Peach County participant

“A lot of patients are transferred out because we just don't have the services.” — Regional participant

“We have the Phoenix Center, but I think the specialist is only there maybe once a month- One day a month. And you can't schedule an appointment. It's like, 'Well, just tell them to show up this day, and we'll see if we can get them in.' And I'm not sure she is physically there- It's Skype.” — Peach County participant

“Those rural counties don't even have urgent care. In parts of Twiggs County, it's more than 35 minutes [to the nearest hospital]. It's 35 minutes from here to Jeffersonville. So that would be over an hour for an emergency that might not have 35 minutes.” — Regional participant

“Even then, there's no follow-up care. I can treat you here, and when I discharge you with your month's worth of medications- After a month, you're back up with your blood pressure because there's no follow-up care; that creates that cyclic effect as well. Back in the E.R., your costs go back up.” — Regional participant

Cost is also an issue in the community overall, especially in terms of insurance, treatment for specific health issues, and medications. Participants discussed the burden that deductibles place even on those who are not low-income. Up to half of the population serviced by some focus group participants' organizations do not qualify for the Affordable Care Act (ACA), yet they fall under the federal poverty level. Participants feel that a large portion of community members, in general, cannot afford the insurance available through the ACA. Furthermore, participants noted that it is difficult to enroll individuals in Medicaid in the state of Georgia, as it is not a Medicaid expansion state. Those who lack insurance often do not qualify for specific services, or they cannot find a provider who accepts their insurance; this forces them to sometimes go as far as Atlanta for a simple screening procedure. Overall, focus group respondents felt that, although the ACA was intended to be a solution for the uninsured, other safety net resources are depleting.

Other participants noted a related problem with individuals attempting to navigate the system. In Peach County, patients who want to utilize the free medical clinic cannot have insurance; if they do, they are turned away. This becomes another problem for those with insurance who

cannot afford healthcare, as they are caught in the middle without access. Healthcare providers are finding that many individuals – insured included – are refusing to be screened because they know they would not be able to afford the necessary treatment or medications; there is a similar problem with referrals, as many cannot afford specialty services if they are uninsured/underinsured. Medication affordability, too, becomes an issue, with some residents being forced to choose between food or needed prescriptions. Although there are some low-cost medications available through various drugstores, healthcare providers occasionally admit individuals just so they are able to give them medications; often, even when residents have a prescription order, they cannot afford to buy those necessary medicines. Though poverty definitely plays a role in this need, participants do not feel as though it is only prevalent in Georgia.

Focus group participants also noted that some individuals are visiting two or more different drugstores during a trip in order to take advantage of less expensive drugs at each. Peach County group participants explained that, overall, the biggest improvement that could be made to their current health system would be to make medications and basic services such as imaging and lab work more accessible and affordable.

“The ACA has been viewed as the solution for the uninsured, but we’re not really fixing the uninsured in Georgia because we’re not a Medicaid expansion state. The other safety net things are starting to dry up, so it leaves you almost in a worse position for a lot of folks than pre-ACA.” — Regional participant

“I’m seeing an increasing number of small business owners who were previously well-insured who now can’t afford their deductibles or can’t afford the health insurance because the prices have gone so high. So, they either choose not to be insured or they choose to get such a ridiculous deductible that they won’t access care because they can’t afford it.” — Bibb County participant

“Sometimes the hardest thing now, especially with older patients- with the prevention and the screenings- is they don’t want to be screened, because they can’t afford if you find something.” — Peach County participant

“We’ve admitted patients to the hospital for no other reason than to give them meds. We’re just chasing resources.” — Regional participant

“Regardless of health insurance or incomes, anything that’s going to be a major medical event – 24 hours in the hospital with a couple of stents, \$97,000.00- Nobody can afford that.” — Peach County participant

“I had a lady who struggled to get ObamaCare because she was told she had to. She finally found a physician in Atlanta that would do her colonoscopy. She had to drive all the way to Atlanta... But there’s no one in the middle Georgia area that will take her insurance.” — Peach County participant

“Patients aren’t able to navigate the system. They don’t know where to go for help. And then once they find out where to go for help, there are often intimidated by the process, and there’s where they give up.” — Bibb County participant

“The resources are out there, but if people don’t qualify for the services, then that’s a problem. We’re seeing people at the Health Department come in with blood pressures that are through the roof. We can refer them to urgent care or the volunteer clinic, but there’s criteria that they have to meet in order to be able to be seen there or at First Choice for continuous care. We can send them for a quick fix at the urgent care, but it’s like a revolving door. They’re coming back, and they still haven’t gotten that problem taken care of with the provider that’s going to follow them.” — Regional participant

“Enrollment for services through the free medical clinic is very strict. They can’t have insurance. They can be working, but can’t have insurance. Because it’s all controlled by Georgia.” — Peach County participant

“They signed her up and changed her to Care Improvement Plus, or something. And it changed everything. Her strips for her glucose meter went from \$0 a month to \$35.00 a month. Her prescription medication went up to \$100.00 a month. And she said, ‘You know, I only have this much

money to buy food with. So, I had to decide, do I buy my medicine this month, or do I buy my food?"
— Peach County participant

"I'd make medications more accessible, make imaging more accessible and more affordable. And labs. The basics that you need to treat people. Just those basics." — Peach County participant

Available **funding** is key to the availability of and access to services. This plays into providing more health care services and social service programs, as well as improving infrastructure. According to one participant, many of the hospitals in this area are aging, and there is no money to make infrastructure repairs. Houston County is finding this funding issue to be especially pertinent, as its population is growing rapidly, and there is not enough revenue coming in to support the increase in programs and services needed. Respondents from Peach and the surrounding counties dream about having a mobile clinic with access to lab-work and screening capabilities, and they feel that this could serve a much-needed niche, if only there were available funding. Overall, if given the option to allocate funding, participants would opt for a 50/50 split between increasing health services and improving general education.

"I think one of the biggest things, honestly, is funding- Putting money towards boosting access, boosting the specialty services- primary care, family health."— Regional participant

"The infrastructure itself- The hospitals are aging with no funds for repairs or getting equipment... So it's just a struggle sometimes." — Regional participant

"I think it would be neat in this county if I had a million dollars- I think it would be neat to have a mobile clinic." — Peach County participant

"If we had a million dollars- In this day and age, it probably wouldn't be enough. But it would probably be 50% education, 50% increasing services." — Regional participant

"The Base is working more and more with the county and the medical system, trying to plan and get things figured out. Because this Houston County is just exploding, population-wise. And there's a lot of new construction, new business. I know a lot of it is related to the Base. So there's a lot more people out in the area. We just need that money coming into the area to help." — Regional participant

Accessing **transportation** to healthcare services is also a pressing issue across the region, but especially in the rural areas. In the more urban Bibb County, issues stem from a lack of transportation across town for services or to the grocery store; the surrounding rural areas lack public transit, and not everyone has cars. Because the new hospital in Peach County is much less centrally-located than before, individuals living in counties without their own hospitals now have nothing. Transportation for these residents has become a major barrier. According to one participant, hospital decision-makers in Peach County had discussed implementing a transit service, but nothing ended up happening. Currently, the only service available is Medicaid transportation, but it cannot be used in the event of an emergency and is perceived to be unreliable. One Peach County participant noted a particular issue that occurs when residents call 911 and are admitted to the hospital, but then they do not have a way to travel back home.

"They can't get here [to the hospital]. And people say, 'Well, just call 9-1-1.' And that's fine- You call 9-1-1; you call an ambulance; you get here. How are you going to get home?" — Peach County participant

"There's Medicaid transportation, but it's not a very reliable. And you have to give them a three-day

notice- You have to plan it. You can't have an emergency and need a ride out to the ER." — Peach County participant

"I think changes in insurance- Whereas some providers who were close to home used to be on their plan, now they're not on their plan anymore. So they may have to travel across town to go see a different provider, and they may not have transportation to go see that provider and may not go as frequently. They don't have bus money or they don't have transportation or a ride to get them there. They may be able to take them there once, but then they can't follow-up for any other visits." — Bibb County participant

"Houston has no public transportation at all for the whole county. And not everyone has cars. It's definitely an issue." — Regional participant

"The only acute care hospital here is on the very edge of the county, right next to the other county and the other hospital. Since they moved it from the center of the county- where it not only served Peach, but served Crawford, Taylor, and Macon. The other hospital was – as far as location- was a much better location... They should have moved it further towards Crawford and Taylor and put it in a tri-county. Because Crawford and Taylor are in the same situation." — Peach County participant

"The other problem with Medicaid transportation is if you have children – We have found that for Medicaid to get a child and a parent, and particularly a working parent, it just doesn't work. And they're not going to stop by the pharmacy on the way home or allow them to bring younger siblings along. It goes from point A to point B. It will not go to anywhere off that path, and it will only take the identified patient." — Bibb County participant

"The hospital had actually talked about a transit service that was going to run between Fort Valley and the hospital, taking people back and forth, but that never came to fruition." — Peach County participant

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

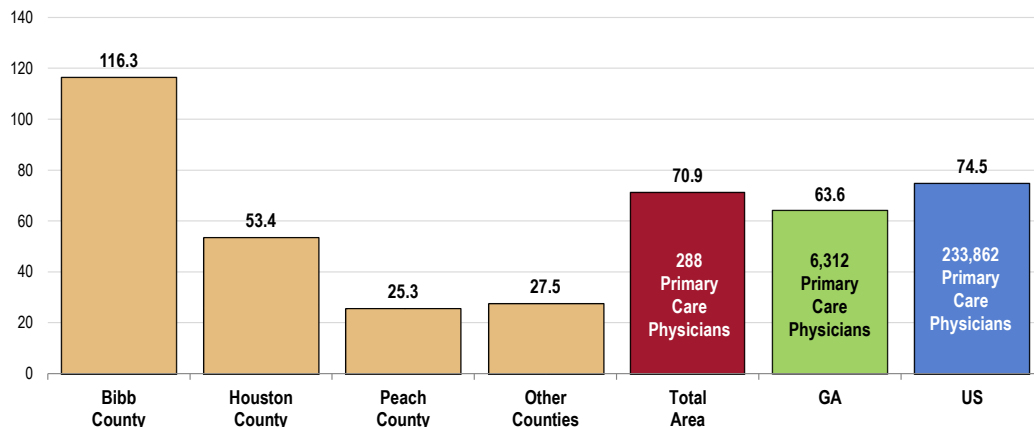
- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In the Total Area in 2012, there were 288 primary care physicians, translating to a rate of 70.9 primary care physicians per 100,000 population.

- Above the primary care physician-to-population ratio found statewide.
- Below the ratio found nationally.
- Highest in Bibb and Houston counties.

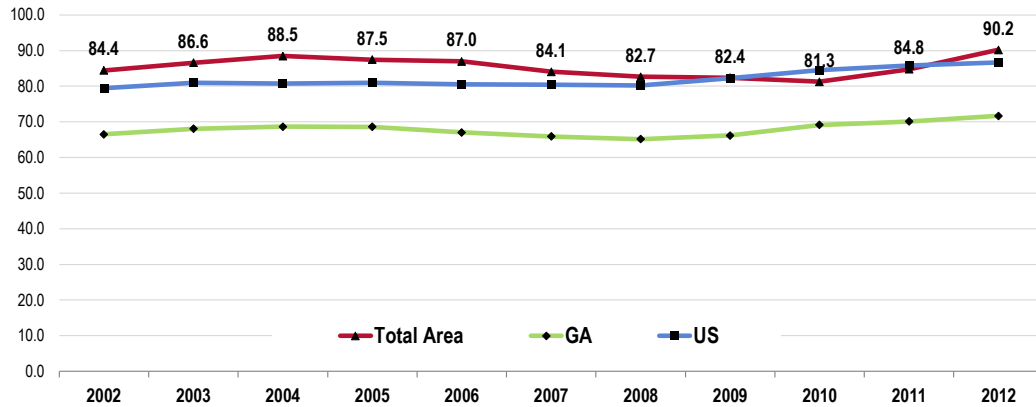
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
 - Retrieved April 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
 - In counties with teaching hospitals, this figure may differ from the rate reported above.
 - "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- **TREND:** Access to primary care (in terms of the ratio of primary care physicians to population) has increased over the past decade in the Total Area.

Trends in Access to Primary Care (Number of Primary Care Physicians per 100,000 Population)



Sources:

- US Department of Labor, Bureau of Labor Statistics: 2013.
- Retrieved April 2015 from Community Commons at <http://www.chna.org>.

 Notes:

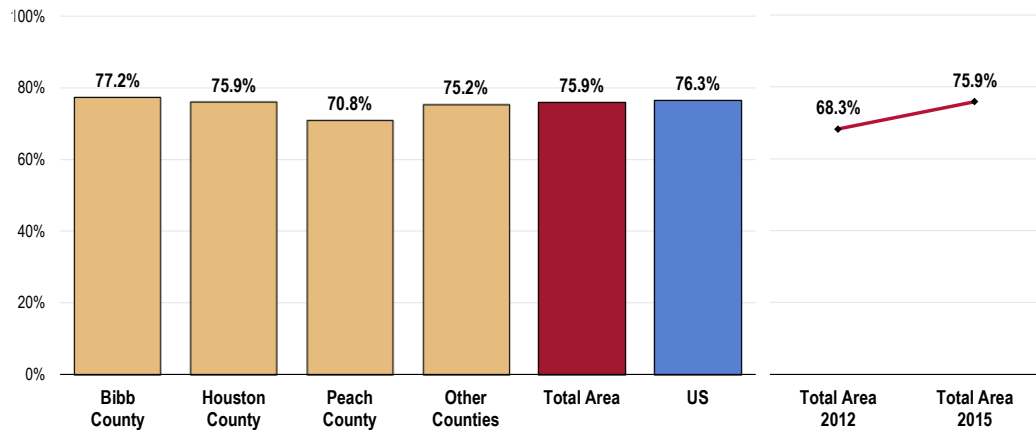
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
- In counties with teaching hospitals, this figure may differ from the rate reported above.

Specific Source of Ongoing Care

A total of 75.9% of Total Area adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar findings by county.
- TREND: Marks a statistically significant increase since 2012.

Have a Specific Source of Ongoing Medical Care Healthy People 2020 Target = 95.0% or Higher [All Ages]



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]

 Notes:

- Asked of all respondents.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

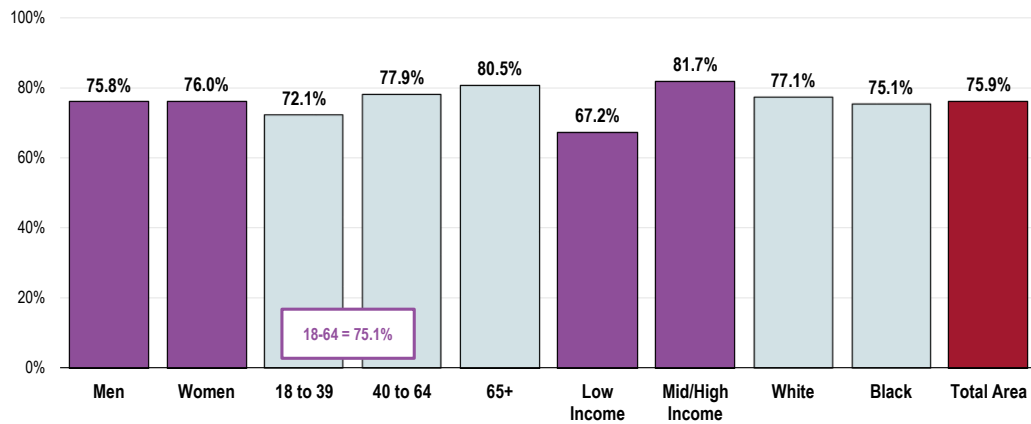
A hospital emergency room is not considered a specific source of ongoing care in this instance.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40 (positive correlation with age).
- Lower-income adults.
- Among adults age 18-64, 75.1% have a specific source for ongoing medical care, similar to national findings.
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 80.5% have a specific source for care, similar to the percentage reported among seniors nationally.
 - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care (Total Area, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]

 Notes:

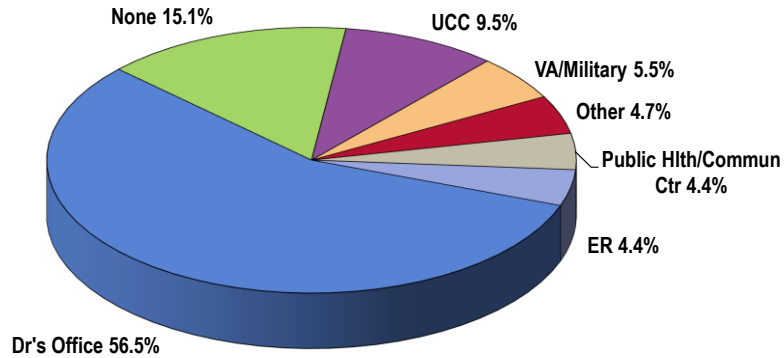
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (56.5%) identified a particular doctor's office.

A total of 9.5% say they usually go to some type of urgent-care clinic, while 5.5% use a military or VA facility and 4.4% rely on a public health or community center. Note that 4.4% use a hospital emergency room for their medical care.

Particular Place Utilized for Medical Care (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
 Notes: • Asked of all respondents.

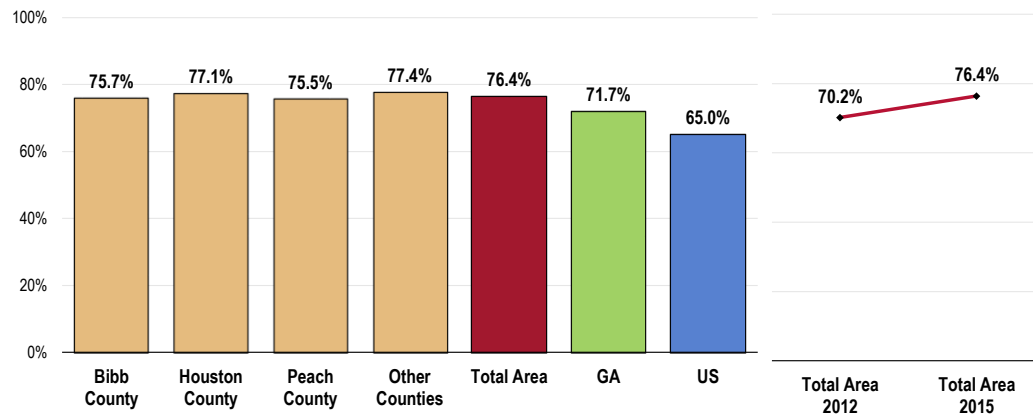
Utilization of Primary Care Services

Adults

Three in four adults (76.4%) visited a physician for a routine checkup in the past year.

- Better than national findings.
- Better than state findings.
- Comparable by county.
- TREND: Marks a statistically significant increase over time.

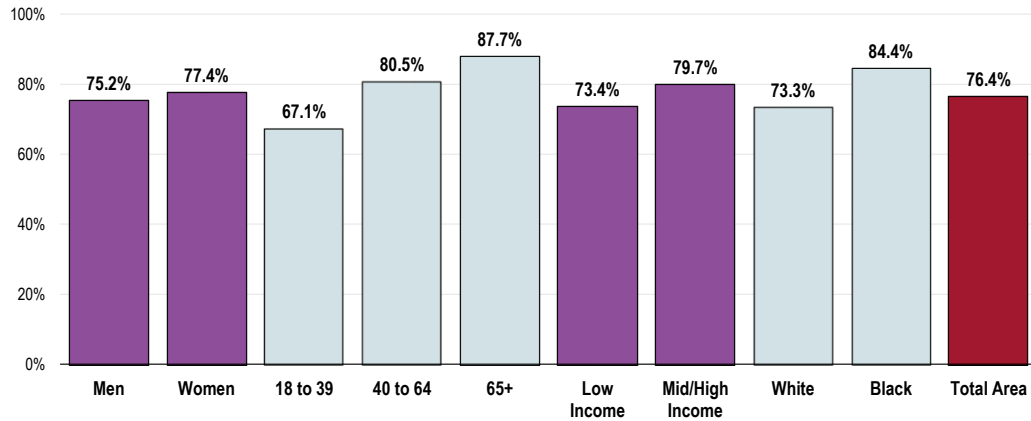
Have Visited a Physician for a Checkup in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age), as are residents in lower-income households and White adults.

Have Visited a Physician for a Checkup in the Past Year
(Total Area, 2015)



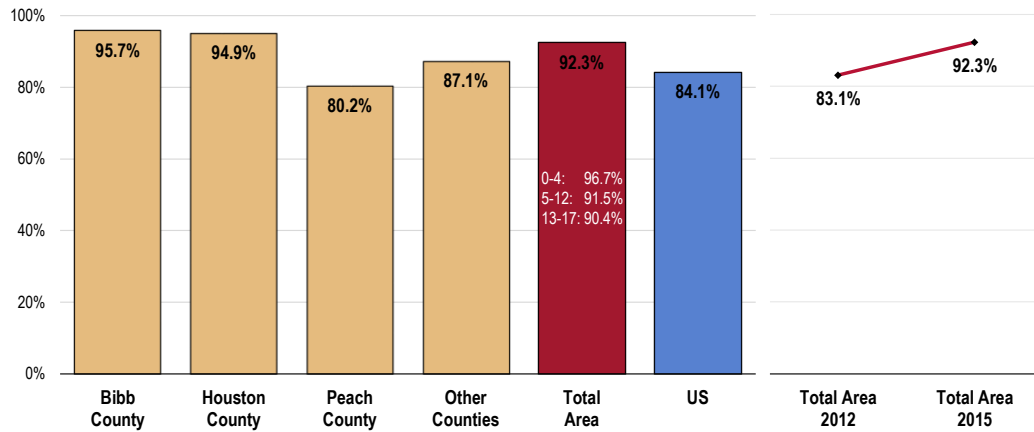
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 92.3% report that their child has had a routine checkup in the past year.

- Higher than the national proportion.
- Unfavorably low in Peach County.
- TREND: Marks a statistically significant increase over time.
- Note that routine checkups are highest in the Total Area among children under age 5.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



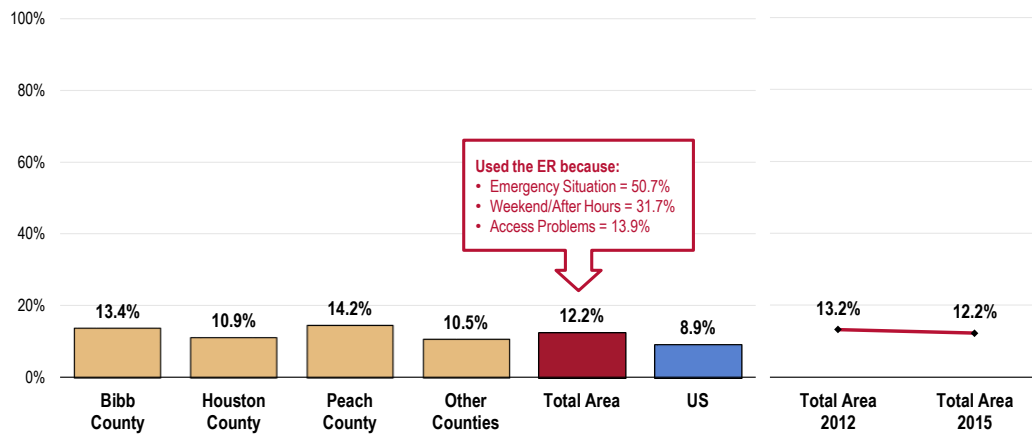
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 12.2% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Higher than national findings.
- Favorably low in the Other Counties.
- TREND: Statistically unchanged over time.

Have Used a Hospital Emergency Room More Than Once in the Past Year

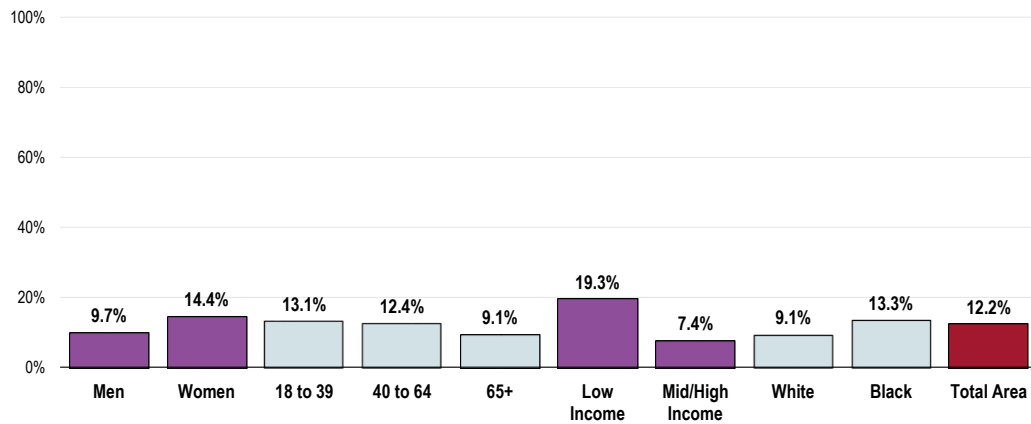


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Of those using a hospital ER, 50.7% say this was due to an **emergency or life-threatening situation**, while 31.7% indicated that the visit was during **after-hours or on the weekend**. A total of 13.9% cited **difficulties accessing primary care** for various reasons.

- Use is highest among women and lower-income residents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Area, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

• Healthy People 2020 (www.healthypeople.gov)

Dental Care

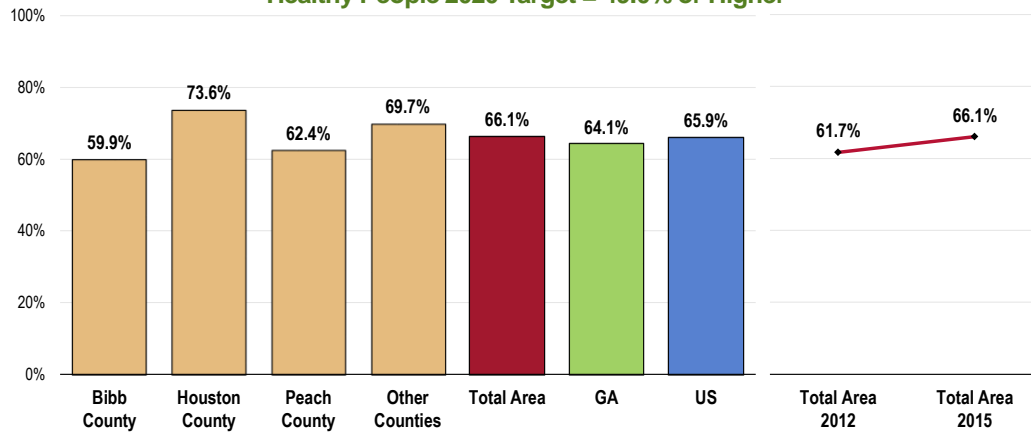
Adults

Two in three Total Area adults (66.1%) have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Highest in Houston County, lowest in Bibb County.
- TREND: Denotes a statistically significant increase over time.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.

Notes:

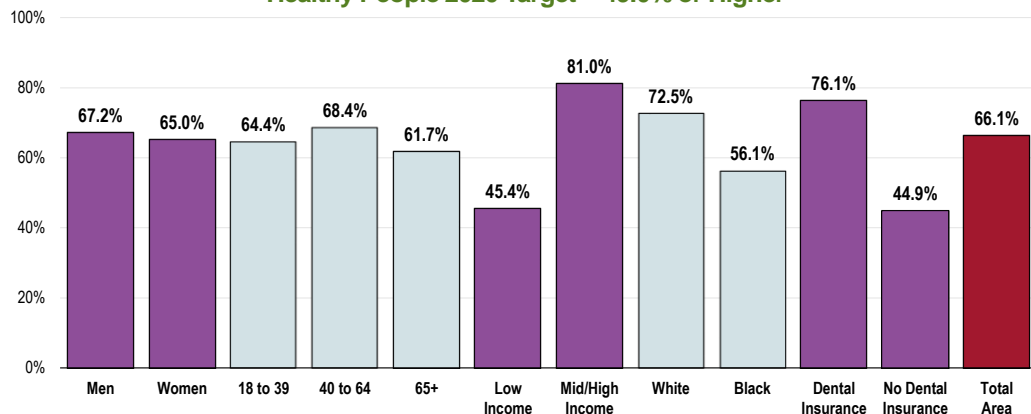
- Asked of all respondents.
- "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- Whites are much more likely than Blacks to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Area, 2015)

Healthy People 2020 Target = 49.0% or Higher



Sources:

- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes:

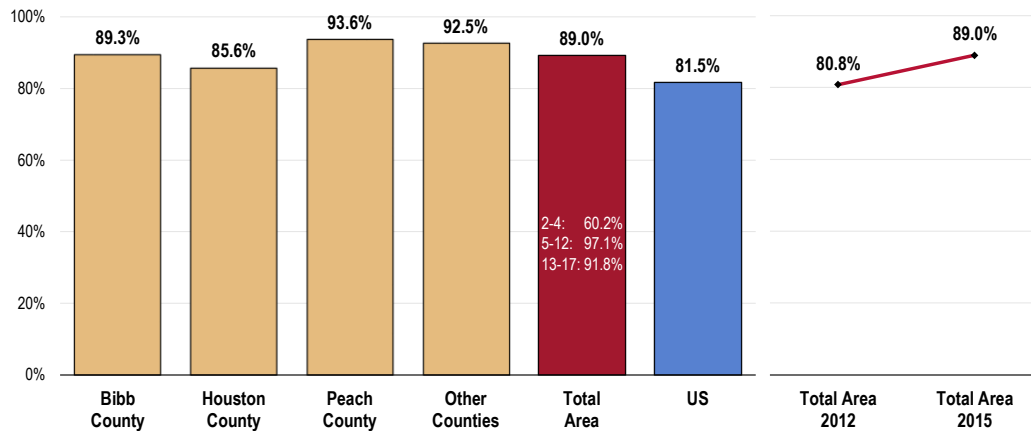
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

A total of 89.0% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar findings by county.
- TREND: Marks a statistically significant increase in children’s dental care over time.
- Regular dental care is notably lower among children age 2 to 4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
 (Among Parents of Children Age 2-17)
 Healthy People 2020 Target = 49.0% or Higher



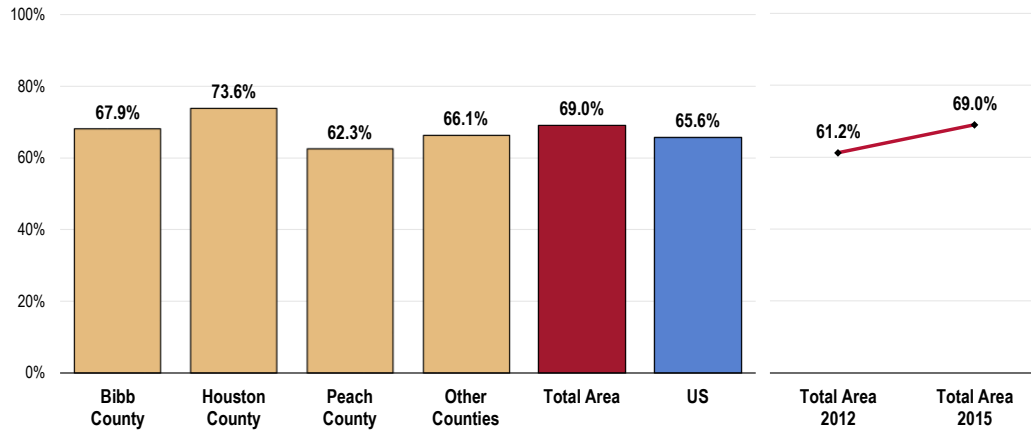
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

Just less than 7 in 10 Total Area adults (69.0%) have dental insurance that covers all or part of their dental care costs.

- Comparable to the national finding.
- Higher in Houston County, lower in Peach County.
- TREND: Marks a statistically significant increase since 2012.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

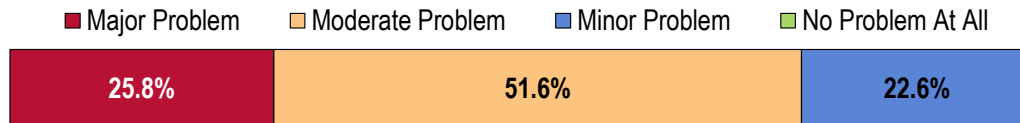


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2015)



Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

Oral health is seen as something that is improving in the community, although participants acknowledge that the issue persists due to the following factors:

- Geography
- Insurance and cost
- Children

The number of services available in the community has improved over time, including an increased number of dentists, overall, although this varies by **geography**. Most of Bibb County has basic dental services available, but it is a different story in the rural outlying

counties. There, dental providers are much more limited, even though they do possess some programs and services that Bibb County does not. The surrounding counties recently had a grant for extractions and cleanings, but participants noted that the funding went so quickly due to the great need. Houston County is the exception for the region, and participants note that it offers great dental care; its military base, too, has several dental providers for preventive and minor procedures. However, other counties (such as Twiggs County) do not have any dentists. Even in Bibb County, there are still community adults who have never been to a dentist, and many residents are still using emergency services for preventable dental issues.

"I think we're trying to improve it, but I don't think it's where it needs to be. I've seen some 40-year-old patients that have never been to the dentist, which is kind of scary." — Bibb County participant

"A few years ago, we had a \$25,000 grant to pay for just extractions and cleanings- That went by so quickly. Literally, we were on the news at 11:00 at night, and by noon the next day, we had had over 1000 telephone calls. We have 24 telephone lines, and we couldn't make a phone call for a day because of the number of people who don't have access to dental care." — Regional participant

"There is one source for indigent dental care in Central Georgia that we know of. Where you see that lead to is folks who have really serious issues may end up with an abscess- in the hospital, in the E.R.- getting some antibiotics and sent home because they don't pull teeth in the E.R. It's greatly overlooked." — Regional participant

Participants also agree that there needs to be more screenings and services, in general, for the **uninsured or underinsured**. In Peach County, a free dental clinic conducts cleanings and extractions, with the potential for other dental services in the future. Students at Central Georgia Technical College also offer some minimal-fee services to residents in this area. However, the available services in Bibb County do not accept appointments; many uninsured residents begin lining up at 5:00 a.m. in order to be seen. Overall, group members agree that the **cost** of dentistry is an issue.

"Some people are in line at 5:00 in the morning because they don't take appointments certain days, and it's first-come, first-served. So people get up very, very early." — Bibb County participant

"The cost of dentistry is definitely an issue." — Regional participant

"They can call our dental hygiene clinic at the college. Which, I realize, that's Houston County, but it's really only a few miles. So, if you have people that are looking for some dental care, if they can't get it. There's some fee, but it's really reduced at the Central Georgia Tech Clinic." — Peach County participant

"Our dental hygiene students volunteer there from the college." — Peach County participant

"At our clinic we do have access to the Central Georgia Technical College dental hygiene students, which is really good. And also, if you just want to go out to Central Georgia Tech, you can get x-rays and a teeth cleaning at a reduced rate; that's the limit that you can do there. At our volunteer clinic, we extract teeth, and we are trying to expand to restorative services. The last thing a dentist wants to do is pull a tooth, but usually everybody's so far-gone that they pull teeth. I do see a lot of people going to the E.R. for abscesses. But I think it could improve." — Bibb County participant

Overall, respondents recognize that oral health needs begin early, with **children**. They agreed on the need to increase education at younger ages, before children know any other way. On a positive note, there are currently some dental services for children throughout the region: Bibb County has the Smiles program that offers services at a reduced rate; and Twiggs County has Help a Child Smile mobile RV program. However, there is no dental screening in schools, so

these services can only serve a portion of the need.

"I think it's, again, get them when they're young- what I call healthy brainwashing- teach them how to brush their teeth, get the gums." — Bibb County participant

"Parents just aren't taking advantage- Because we're trying to provide these kids dental care. They can use any insurance, but I think it's lack of education on understanding how the system works to provide this for your kids." — Regional participant

Vision Care

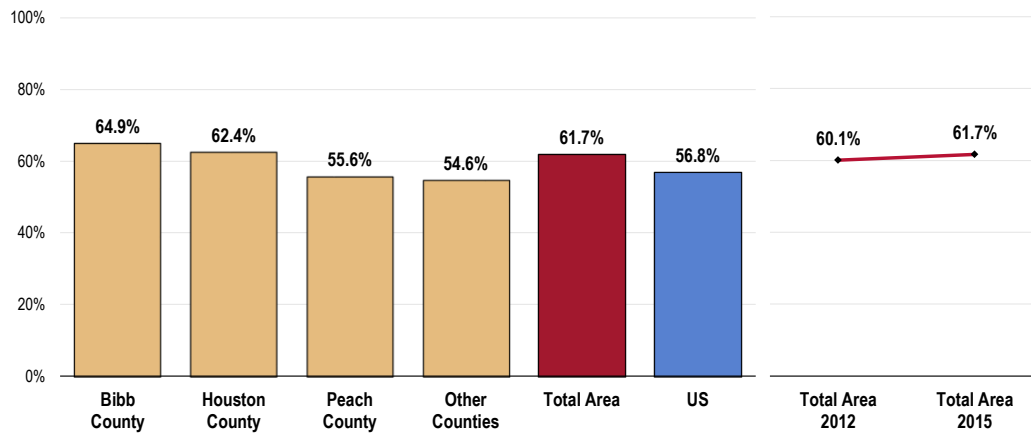
A total of 61.7% of residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also [Vision & Hearing](#) in the [Death, Disease & Chronic Conditions](#) section of this report.

- Statistically higher than national findings.
- Unfavorably low in the Other Counties.
- TREND: Statistically unchanged over time.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

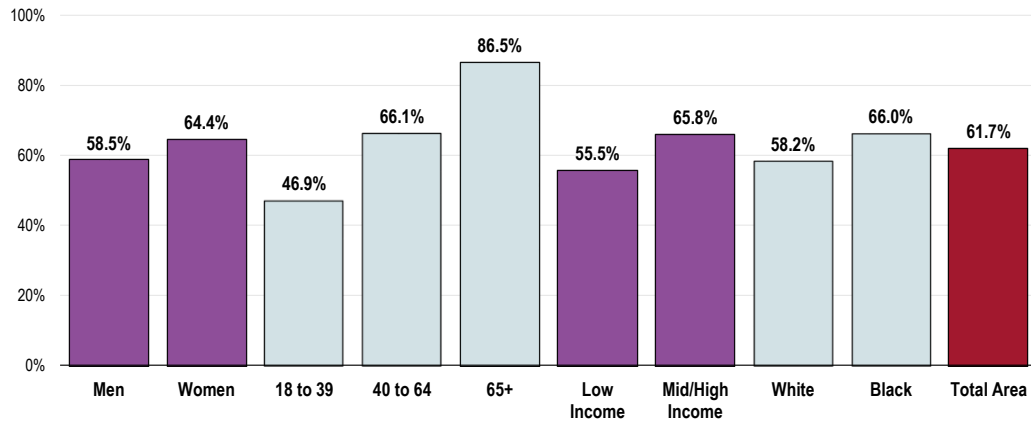


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Other Counties" is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Recent vision care in the Total Area is more often reported among:

- Older adults (positive correlation with age).
- Upper-income residents.
- Blacks.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Total Area, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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Local Resources



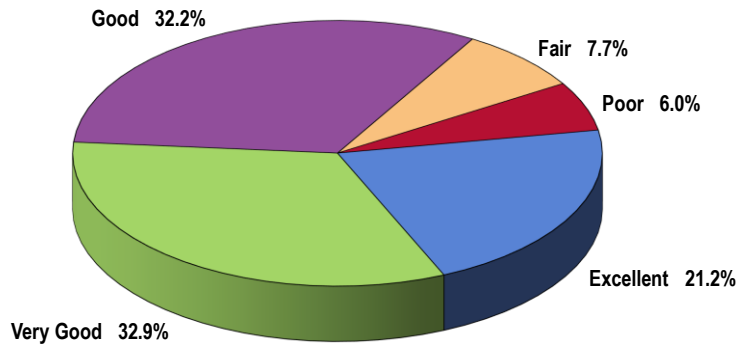
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

Just over one-half of Total Area adults (54.1%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 32.2% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Total Area, 2015)

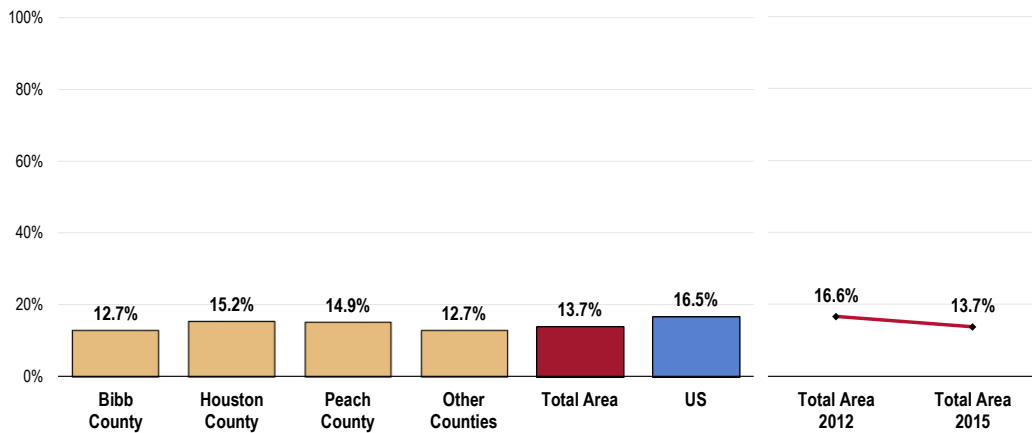


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 13.7% of residents characterize local healthcare services as “fair” or “poor.”

- Comparable to that reported nationally.
- Comparable findings by county.
- TREND: Statistically unchanged over time.

Perceive Local Healthcare Services as “Fair/Poor”

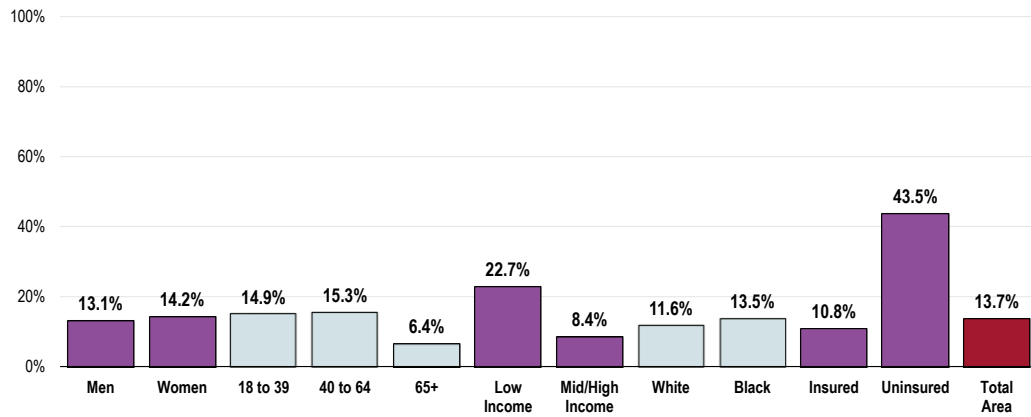


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• “Other Counties” is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes.
- Uninsured adults.

Perceive Local Healthcare Services as “Fair/Poor” (Total Area, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

- American Cancer Society
- Central Georgia Cancer Care
- Central Georgia Tech
- Coliseum Health System
- DARE
- Division of Family and Children's Services
- Feed Center Free Medical Clinic
- First Choice Primary Care
- Heart Association
- Help A Child Smile School Mobile Dental Program
- Jay's HOPE
- Loaves & Fishes
- Local Churches
- Local Dentists
- Local Diabetes Management Programs
- Local Family Counseling
- Local Gyms
- Local Hospitals
- Local Law Enforcement
- Local Level 1 Trauma Centers
- Local Parks & Recreation Departments
- Local Parks and Trails
- Local Pharmacies
- Local Physicians
- Local Physicians
- Local Public Health Departments
- Local Public Safety Departments
- Local School Counselors
- Local School Nutrition
- Local Schools
- Local Stroke Prevention Programs
- Macon Volunteer Clinic

- Macon-Bibb County Health Department
- Navicent Health
- Oglethorpe Dental Clinic
- Peach County Health Department
- Phoenix Center
- Rehoboth Organization
- Rescue Mission of Middle Georgia
- River Edge Behavioral Health
- Salvation Army
- Small Smiles
- The Medical Center of Peach County Navicent Health
- Volunteer Medical Clinic
- W T Anderson Health Center
- WIC Program