Summary Report

2015 Community Health Needs Assessment

Peach County, Georgia

Prepared for:

The Medical Center of Peach County
Navicent Health

By:

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NOTICE: This document and the information contained herein are embargoed until edited to include the hospital's selected priorities.

Professional Research Consultants, Inc.

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Introduction

About This Assessment

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Peach County, Georgia. 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 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 comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of focus groups with various community stakeholders.

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.

Community Defined for This Assessment

The study area for the survey effort is inclusive of ZIP Codes 31008 and 31030 which comprise Peach County, Georgia. This area definition is illustrated in the following map.
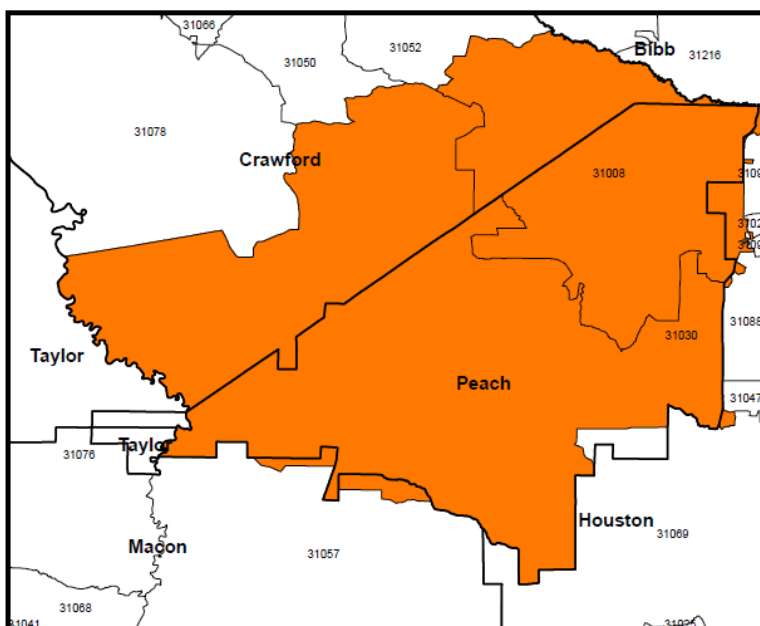
Sample Approach & Design

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 random sample of 201 individuals age 18 and older in Peach County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Peach County 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 201 respondents is ±6.9% at the 95 percent level of confidence.

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.

The following chart outlines the characteristics of the Peach County 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
(Peach County, 2015)
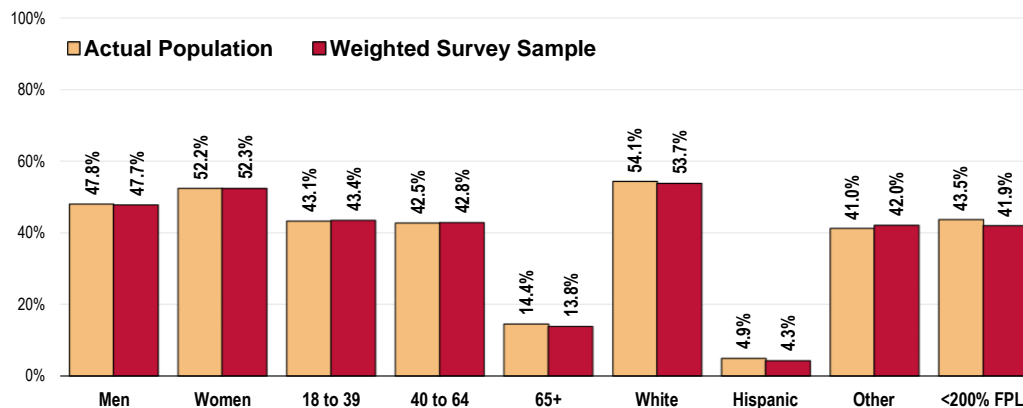
Sources: ● Census 2010, Summary File 3 (SF 3). US Census Bureau.
● 2015 PRC Community Health Survey, Professional Research Consultants, Inc.

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 Peach County with a high degree of confidence.

Key Informant Focus Groups

As part of this Community Health Needs Assessment, three focus groups were held with local key informants on March 10 and 11, 2015, including one focusing specifically on the needs of Peach County and two focusing on more regional needs.

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

A total of 10 participants took part in these focus groups, including a physician, a public health representative, other health professionals, a social service provider, other community leaders.

Key Informant Type	Number Invited	Number Participating
Physicians	12	1
Other Health Providers	9	4
Public Health Representatives	7	1
Social Services Representatives	12	1
Other Community Leaders	32	3

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.

Final participation included representatives of the organizations outlined below. 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).

Participating Organizations

- Central Georgia Tech
- City of Jeffersonville
- Community Health Works
- Free Medical Clinic, Feed Center Outreach Ministries
- Houston County Public School Health Services
- Houston Healthcare
- Medical Operations Squadron
- Monroe County Hospital
- Peach County Health Deptartment
- 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 Peach County 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
- Georgia Department of Public Health
- ESRI ArcGIS Map Gallery
- 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

State 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 *A definition of the community served by the hospital facility*	5
Part V Section B Line 1b *Demographics of the community*	29
Part V Section B Line 1c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	143
Part V Section B Line 1d *How data was obtained*	5
Part V Section B Line 1f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 1g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	PENDING
Part V Section B Line 1h *The process for consulting with persons representing the community's interests*	7
Part V Section B Line 1i *Information gaps that limit the hospital facility's ability to assess the community's health needs*	10

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	• Primary Care Physician Ratio • Emergency Room Utilization • *Access to Healthcare tied as the #2 concern among focus group participants*

Cancer	• Cancer Deaths
	  ○ Including Lung Cancer, Prostate Cancer, Colorectal Cancer Deaths
	• Cancer Incidence
	  ○ Including Lung Cancer, Prostate Cancer, Female Breast Cancer, Colorectal Cancer Incidence

Chronic Kidney Disease	• Kidney Disease Deaths
Dementia, Including Alzheimer's Disease	• Alzheimer's Disease Deaths
Diabetes	• Diabetes Deaths • Diabetes Prevalence • *Diabetes tied as the #2 concern among focus group participants*
Heart Disease & Stroke	• Heart Disease Deaths • Stroke Deaths • Stroke Prevalence • High Blood Pressure Prevalence • High Blood Cholesterol Prevalence • Overall Cardiovascular Risk • *Heart Disease & Stroke ranked as the #3 concern among focus group participants*
HIV/AIDS	• HIV/AIDS Deaths
Infant Health & Family Planning	• Low-Weight Births • Infant Mortality • Teen Births

Injury & Violence	• Unintentional Injury Deaths
	  ○ Including Motor Vehicle Crash Deaths
	• Firearm-Related Deaths
	• Firearm Prevalence
	  ○ Prevalence in Homes With Children
	  ○ Firearm Storage/Safety
	• Violent Crime Rate

Mental Health	• Suicide Deaths

Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	• Low Food Access • Overweight & Obesity [Adults] • Meeting Physical Activity Guidelines • Access to Recreation/Fitness Facilities • *Nutrition, Physical Activity & Weight ranked as the #1 concern among focus group participants*
Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths • Pneumonia/Influenza Deaths
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Drug-Induced Deaths

Summary Tables:
Comparisons With Benchmark Data

The following tables provide an overview of indicators in Peach County. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Data Summary Tables

🟦 In the following charts, Peach County results are shown in the larger, blue column.

🟧 The columns to the right of the Peach County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether the county 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.

Overall Health	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	16.0	☁ 19.1	☁ 15.3		☁ 23.6
% Activity Limitations	22.0	☁ 18.7	☁ 21.5		☁ 24.3
		☀ better	☁ similar	🌧 worse	

Access to Health Services	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	11.8	☀ 27.3	☁ 15.1	🌧 0.0	☀ 29.4
% [Insured] Went Without Coverage in Past Year	7.9		☁ 8.1		☁ 8.4
% Difficulty Accessing Healthcare in Past Year (Composite)	38.1		☁ 39.9		☁ 44.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.7		☁ 15.4		☁ 16.0
% Cost Prevented Getting Prescription in Past Year	16.1		☁ 15.8		☀ 29.5

Access to Health Services *(continued)*	Peach County	Peach County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% Cost Prevented Physician Visit in Past Year	15.8		☁ 18.2		☀ 28.1
% Difficulty Getting Appointment in Past Year	9.9		☀ 17.0		☁ 15.9
% Difficulty Finding Physician in Past Year	7.3		☁ 11.0		☀ 15.0
% Transportation Hindered Dr Visit in Past Year	11.1		☁ 9.4		☁ 10.4
% Skipped Prescription Doses to Save Costs	14.1		☁ 15.3		☀ 21.6
% Difficulty Getting Child's Healthcare in Past Year	3.3		☁ 6.0		☁ 0.0
Primary Care Doctors per 100,000	25.3	🌧 63.6	🌧 74.5		
% [Age 18+] Have a Specific Source of Ongoing Care	70.8		☁ 76.3	🌧 95.0	☀ 58.9
% [Age 18-64] Have a Specific Source of Ongoing Care	69.4		☁ 75.6	🌧 89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	78.1		☁ 80.0	🌧 100.0	
% Have Had Routine Checkup in Past Year	75.5	☁ 71.7	☀ 65.0		☁ 73.0
% Child Has Had Checkup in Past Year	80.2		☁ 84.1		☁ 83.2
% Two or More ER Visits in Past Year	14.2		🌧 8.9		☁ 15.2
% Rate Local Healthcare "Fair/Poor"	14.9		☁ 16.5		☁ 22.2

☀ better	☁ similar	🌧 worse

Arthritis, Osteoporosis & Chronic Back Conditions	Peach County	Peach County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% [50+] Arthritis/Rheumatism	43.8	☁ 37.3			☁ 47.7
% [50+] Osteoporosis	12.4	☁ 13.5		🌧 5.3	☁ 8.2
% Sciatica/Chronic Back Pain	21.1	☁ 18.4			☁ 25.3

	☀ better	☁ similar	🌧 worse

Cancer	Peach County	Peach County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	210.2	🌧 178.0	🌧 175.0	🌧 161.4	
Lung Cancer (Age-Adjusted Death Rate)	66.3	🌧 52.0	🌧 48.6	🌧 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	31.2	🌧 26.0	🌧 22.4	🌧 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	18.3	☀ 22.3	☀ 22.6	☀ 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	24.3	🌧 16.4	🌧 16.3	🌧 14.5	
Prostate Cancer Incidence per 100,000	156.4	☁ 161.0	🌧 142.3		
Female Breast Cancer Incidence per 100,000	129.2	☁ 123.8	🌧 122.7		
Lung Cancer Incidence per 100,000	74.2	🌧 69.9	🌧 64.9		
Colorectal Cancer Incidence per 100,000	55.0	🌧 43.3	🌧 43.3		

Cancer *(continued)*	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Skin Cancer	3.5	☁ 5.7	☀ 6.7		☁ 6.5
% Cancer (Other Than Skin)	8.5	☁ 5.4	☁ 6.1		☁ 4.6
% [Women 50-74] Mammogram in Past 2 Years	83.3	☁ 81.0	☁ 83.6	☁ 81.1	☁ 86.0
% [Women 21-65] Pap Smear in Past 3 Years	83.5	☁ 80.5	☁ 83.9	🌧 93.0	☁ 80.6
% [Age 50+] Sigmoid/Colonoscopy Ever	77.6	☀ 69.4	☁ 75.2		☁ 78.3
% [Age 50+] Blood Stool Test in Past 2 Years	44.9	☀ 18.0	☁ 36.9		☁ 45.2
% [Age 50-75] Colorectal Cancer Screening	77.7		☁ 75.1	☁ 70.5	☁ 80.2
		☀ better	☁ similar	🌧 worse	

Chronic Kidney Disease	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	39.9	🌧 20.7	🌧 14.4		
% Kidney Disease	5.3	☁ 2.7	☁ 3.0		
		☀ better	☁ similar	🌧 worse	

Diabetes	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	36.3	🌧️ 21.6	🌧️ 22.3	🌧️ 20.5	
% Diabetes/High Blood Sugar	16.1	🌧️ 10.8	☁️ 11.7		☁️ 17.3
% Borderline/Pre-Diabetes	7.3		☁️ 5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	55.3		☁️ 49.2		
		☀️ better	☁️ similar	🌧️ worse	

Dementias, Including Alzheimer's Disease	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	31.6	🌧️ 27.1	🌧️ 24.1		
		☀️ better	☁️ similar	🌧️ worse	

Family Planning	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Teen Births per 1,000 (Age 15-19)	40.0	☀️ 45.3	🌧️ 36.6		
		☀️ better	☁️ similar	🌧️ worse	

Hearing & Other Sensory or Communication Disorders	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	7.7		☁ 10.3		☁ 11.6

	☀ better	☁ similar	🌧 worse

Heart Disease & Stroke	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	249.7	🌧 202.1	🌧 189.8	🌧 156.9	
Stroke (Age-Adjusted Death Rate)	67.5	🌧 48.5	🌧 41.6	🌧 34.8	
% Heart Disease (Heart Attack, Angina, Coronary Disease)	7.3		☁ 6.1		☁ 6.4
% Stroke	9.1	🌧 2.8	🌧 3.9		☁ 5.7
% Blood Pressure Checked in Past 2 Years	96.2		☀ 91.0	☀ 92.6	☁ 94.5
% Told Have High Blood Pressure (Ever)	44.4	🌧 35.1	🌧 34.1	🌧 26.9	☁ 39.9
% [HBP] Taking Action to Control High Blood Pressure	96.0		☀ 89.2		☁ 93.3
% Cholesterol Checked in Past 5 Years	90.8	☀ 77.5	☁ 86.6	☀ 82.1	☁ 91.0
% Told Have High Cholesterol (Ever)	37.7	☁ 38.1	🌧 29.9	🌧 13.5	☁ 32.6
% [HBC] Taking Action to Control High Blood Cholesterol	87.2		☁ 81.4		☁ 86.8
% 1+ Cardiovascular Risk Factor	90.4		🌧 82.3		☁ 86.7

	☀ better	☁ similar	🌧 worse

HIV	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)	12.6	⛈ 5.8	⛈ 5.7	⛈ 3.3	
HIV Prevalence per 100,000	204.4	☀ 428.8	☀ 340.4		
% [Age 18-44] HIV Test in the Past Year	26.0		☁ 19.3		☁ 29.0

	☀ better	☁ similar	⛈ worse

Immunization & Infectious Diseases	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year	73.6	☀ 54.6	☀ 57.5	☁ 70.0	☁ 60.0
% [High-Risk 18-64] Flu Vaccine in Past Year	36.7		☁ 45.9	⛈ 70.0	
% [Age 65+] Pneumonia Vaccine Ever	81.6	☀ 66.5	☀ 68.4	☁ 90.0	☁ 64.4
% [High-Risk 18-64] Pneumonia Vaccine Ever	44.6		☁ 41.9	⛈ 60.0	
% Have Completed Hepatitis B Vaccination Series	38.4		☁ 44.7		☀ 28.8

	☀ better	☁ similar	⛈ worse

Injury & Violence Prevention	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	57.9	⛈ 42.2	⛈ 39.1	⛈ 36.4	
Motor Vehicle Crashes (Age-Adjusted Death Rate)	20.8	⛈ 15.1	⛈ 12.8	⛈ 12.4	
% "Always" Wear Seat Belt	88.1		☁ 84.8	☁ 92.0	☁ 85.6

Injury & Violence Prevention *(continued)*	Peach County	Peach County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	87.5		☁ 92.2		☁ 91.2
% Child [Age 5-17] "Always" Wears Bicycle Helmet	43.9		☁ 48.7		
Firearm-Related Deaths (Age-Adjusted Death Rate)	14.9	🌧 12.6	🌧 10.2	🌧 9.3	
% Firearm in Home	53.7		🌧 34.7		☁ 53.4
% [Homes With Children] Firearm in Home	53.7		🌧 37.4		☁ 52.7
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	36.3		🌧 16.8		☁ 30.1
Violent Crime per 100,000	643.8	🌧 386.2	🌧 395.5		
% Victim of Violent Crime in Past 5 Years	1.4		☁ 2.8		☀ 6.0
% Victim of Domestic Violence (Ever)	12.4		☁ 15.0		☁ 19.4
		☀ better	☁ similar	🌧 worse	

Maternal, Infant & Child Health	Peach County	Peach County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Low Birthweight Births (Percent)	9.9	☁ 9.5	🌧 8.2	🌧 7.8	
Infant Death Rate	10.4	🌧 7.7	🌧 6.6	🌧 6.0	
		☀ better	☁ similar	🌧 worse	

Mental Health & Mental Disorders	Peach County	Peach County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	10.3		☁ 11.9		☁ 10.8
% Diagnosed Depression	20.2		☁ 20.4		
% Symptoms of Chronic Depression (2+ Years)	26.4		☁ 30.4		☁ 27.0
Suicide (Age-Adjusted Death Rate)	15.0	🌧 11.3	🌧 11.7	🌧 10.2	
% Have Ever Sought Help for Mental Health	19.4		☁ 23.7		☁ 18.6
% Typical Day Is "Extremely/Very" Stressful	13.6		☁ 11.9		☁ 8.7
% Attended a Religious or Spiritual Meeting in the Past Month	68.2				
		☀ better	☁ similar	🌧 worse	

Nutrition & Weight Status	Peach County	Peach County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	36.7		☁ 39.5		☁ 42.2
% "Very/Somewhat" Difficult to Buy Fresh Produce	18.8		☁ 24.4		
Population With Low Food Access (Percent)	29.4	☀ 31.5	🌧 23.6		
% Medical Advice on Nutrition in Past Year	42.5		☁ 39.2		☁ 41.6
% Healthy Weight (BMI 18.5-24.9)	16.7	🌧 32.4	🌧 34.4	🌧 33.9	🌧 25.8
% Overweight (BMI 25+)	83.1	🌧 65.7	🌧 63.1		🌧 74.2

Nutrition & Weight Status *(continued)*	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Obese (BMI 30+)	39.2	🌧 30.3	🌧 29.0	🌧 30.5	☁ 37.7
% Medical Advice on Weight in Past Year	25.1		☁ 23.7		☁ 31.9
% [Overweights] Counseled About Weight in Past Year	29.1		☁ 31.8		☁ 38.3
% [Obese Adults] Counseled About Weight in Past Year	41.8		☁ 48.3		☁ 56.4
% [Overweights] Trying to Lose Weight Both Diet/Exercise	44.3		☁ 39.5		☁ 40.5
% Children [Age 5-17] Overweight (85th Percentile)	30.2		☁ 31.5		
% Children [Age 5-17] Obese (95th Percentile)	17.4		☁ 14.8	☁ 14.5	
		☀ better	☁ similar	🌧 worse	

Oral Health	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	62.4	☁ 64.1	☁ 65.9	☀ 49.0	☀ 51.9
% Child [Age 2-17] Dental Visit in Past Year	93.6		☀ 81.5	☀ 49.0	
% Have Dental Insurance	62.3		☁ 65.6		☁ 53.8
		☀ better	☁ similar	🌧 worse	

Physical Activity	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% No Leisure-Time Physical Activity	22.3	☁ 27.2	☁ 20.7	☀ 32.6	☀ 31.3
% Meeting Physical Activity Guidelines	42.1		🌧 50.3		☁ 39.5
% Moderate Physical Activity	30.6		☁ 30.6		☁ 23.7
% Vigorous Physical Activity	33.4		☁ 38.0		☁ 35.0
Recreation/Fitness Facilities per 100,000	3.6	🌧 7.8	🌧 9.4		
% Medical Advice on Physical Activity in Past Year	44.3		☁ 44.0		☁ 46.9
% Child [Age 2-17] Physically Active 1+ Hours per Day	68.3		☀ 48.6		
		☀ better	☁ similar	🌧 worse	

Respiratory Diseases	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	49.5	🌧 46.0	🌧 42.4		
Pneumonia/Influenza (Age-Adjusted Death Rate)	19.4	☁ 19.3	🌧 17.1		
% COPD (Lung Disease)	9.8	☁ 6.5	☁ 8.6		☁ 12.8
% [Adult] Currently Has Asthma	13.0	☁ 8.4	☁ 9.4		☁ 10.1
% [Child 0-17] Currently Has Asthma	4.5		☁ 7.1		☁ 6.4
		☀ better	☁ similar	🌧 worse	

Sexually Transmitted Diseases	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	244.4	🌧 152.1	🌧 107.5		
Chlamydia Incidence per 100,000	992.0	🌧 534.1	🌧 456.7		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	0.0		☀ 11.7		
% [Unmarried 18-64] Using Condoms	23.5		☁ 33.6		
		☀ better	☁ similar	🌧 worse	

Substance Abuse	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	14.0	🌧 7.8	🌧 9.3	🌧 8.2	
% Current Drinker	40.0	☀ 47.1	☀ 56.5		☁ 38.8
% Excessive Drinker	12.5			☀ 25.4	☁ 18.3
% Drinking & Driving in Past Month	0.4		☀ 5.0		☁ 0.0
Drug-Induced Deaths (Age-Adjusted Death Rate)	12.1	🌧 10.4	☀ 12.8	🌧 11.3	
% Illicit Drug Use in Past Month	0.7		☀ 4.0	☀ 7.1	☀ 4.6
% Ever Sought Help for Alcohol or Drug Problem	5.0		☁ 4.9		☁ 5.6
		☀ better	☁ similar	🌧 worse	

Tobacco Use

Tobacco Use	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Current Smoker	10.3	☀️ 18.8	☁️ 14.9	☁️ 12.0	☀️ 24.4
% Someone Smokes at Home	8.5		☁️ 12.7		☀️ 21.4
% [Non-Smokers] Someone Smokes in the Home	2.8		☀️ 6.3		☀️ 8.6
% [Household With Children] Someone Smokes in the Home	10.1		☁️ 9.7		☀️ 26.1
% Smoke Cigars	0.7	☀️ 4.1	☁️ 0.2		☀️ 8.0
% Use Smokeless Tobacco	5.7		☁️ 4.0	🌧️ 0.3	☁️ 3.4

☀️ better	☁️ similar	🌧️ worse

Vision

Vision	Peach County	Peach County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	11.3	🌧️ 5.2	☁️ 8.5		☁️ 14.9
% Eye Exam in Past 2 Years	55.6		☁️ 56.8		☁️ 59.0

☀️ better	☁️ similar	🌧️ worse

Data Charts &
Key Informant Input

Community Characteristics

Population Characteristics

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, density, age, race/ethnicity and language. Keep in mind:

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

Population Characteristics

	Peach County	Georgia	United States
Total Population	27,481	9,810,417	311,536,591
Total Land Area (sq. miles)	150.23	57,498.67	3,530,997.60
Population Density	182.93	170.62	88.23
2000-2010 Population Change	17.0%	18.3%	9.7%
Urban Population	61.8%	75.1%	80.9%
Age 0-17	22.4%	25.4%	23.7%
Age 18-64	66.0%	63.5%	62.9%
Age 65+	11.6%	11.1%	13.4%
Median Age	33.6	35.6	37.3
White Alone	47.3%	60.6%	74.0%
Black Alone	46.5%	30.7%	12.6%
Some Other Race	4.4%	6.7%	10.6%
Multiple Races	1.8%	2.0%	2.8%
Hispanic or Latino	7.0%	8.9%	16.6%
2000-2010 Hispanic Population Change	89.4%	96.2%	42.7%
Linguistically Isolated Population	2.8%	3.6%	4.8%

Sources: ● Community Commons. Retrieved April 2015 from http://www.chna.org.
Notes: ● Data are derived from the US Census Bureau American Community Survey 5-year estimates (2008-2012).

Key Informant Input: Older Adults

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

- Disproportionate older population
- Falls
- Violence

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.

> *"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.

Participants also noted cases of **violence** against older adults who are unable to defend themselves.

> *"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*

> *"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*

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)

Social Determinants	Peach County	vs. GA	vs. US
Linguistically Isolated Population (Percent)	2.8	☀ 3.6	☀ 4.8
Population in Poverty (Percent)	24.6	🌧 18.2	🌧 15.4
Population Below 200% FPL (Percent)	43.5	🌧 38.7	🌧 34.2
Children Below 200% FPL (Percent)	37.7	🌧 25.3	🌧 21.6
No High School Diploma (Age 25+, Percent)	17.3	🌧 15.3	🌧 14.0
Unemployment Rate (Age 16+, Percent)	9.9	🌧 7.5	🌧 7.1
	☀ better	⛅ similar	🌧 worse

The following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.
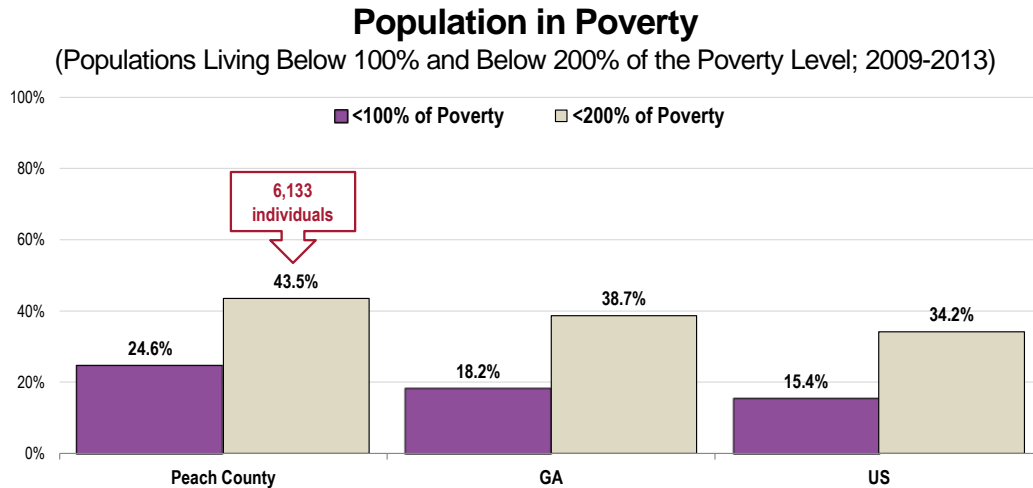
Population in Poverty
(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)

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.

Education levels are reflected in the proportion of our population without a high school diploma:
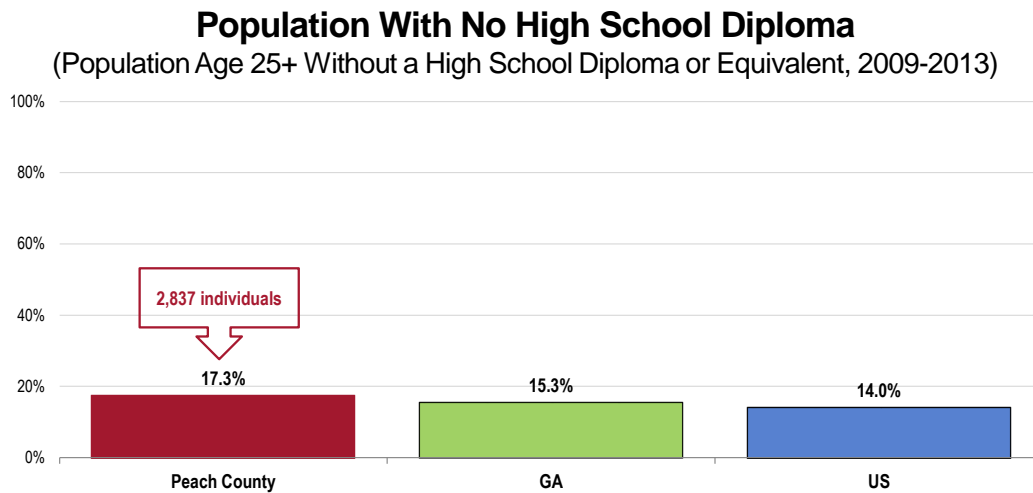
Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)

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.

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. One positive is a program in Houston County that distributes snack sacks for elementary kids in the county on Fridays. However, the issue of poverty also plays into other facets of healthcare, including transportation and insurance, which are discussed later in this report.

> *"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

> *"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

> *"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

"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

"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

General Health Status

Overall Health Status

Self-Reported Health Status

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
(Peach County, 2015)
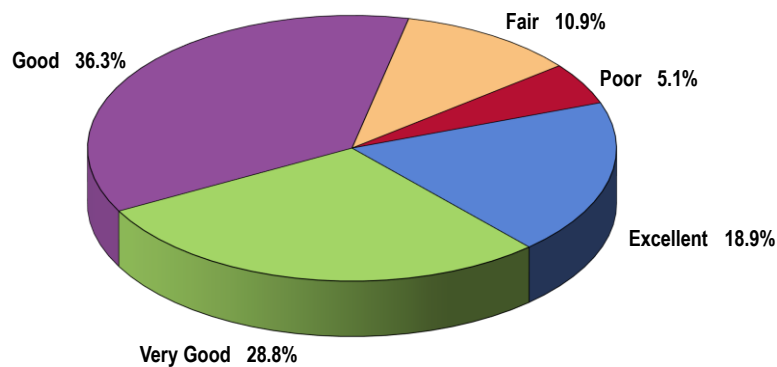
Good 36.3%
Fair 10.9%
Poor 5.1%
Excellent 18.9%
Very Good 28.8%

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

The following charts further detail "fair/poor" overall health responses in Peach County in comparison to benchmark data, as well as by basic demographic characteristics (namely by gender, age groupings, income [based on poverty status], and race/ethnicity).

Experience "Fair" or "Poor" Overall Health

	Peach County	GA	US
	16.0% (2012: 23.6%)	19.1%	15.3%
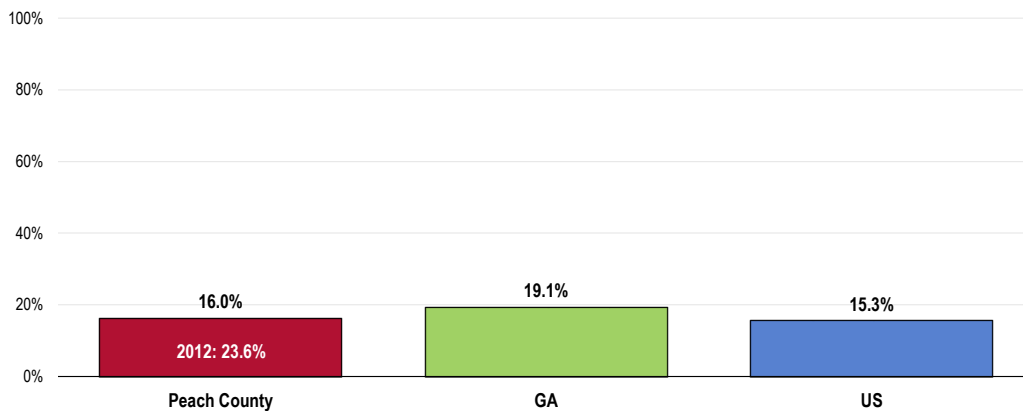
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(Peach County, 2015)

Chart showing percentages:
- Men: 13.4%
- Women: 18.4%
- 18 to 44: 5.8%
- 45 to 64: 31.7%
- 65+: 15.5%
- Low Income: 25.6%
- Mid/High Income: 5.1%
- White: 14.4%
- Black: 17.5%
- Peach County: 16.0%

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

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)

"Are you limited in any way in any activities because of physical, mental or emotional problems?"

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

Peach County: 22.0% (2012: 24.3%)
GA: 18.7%
US: 21.5%
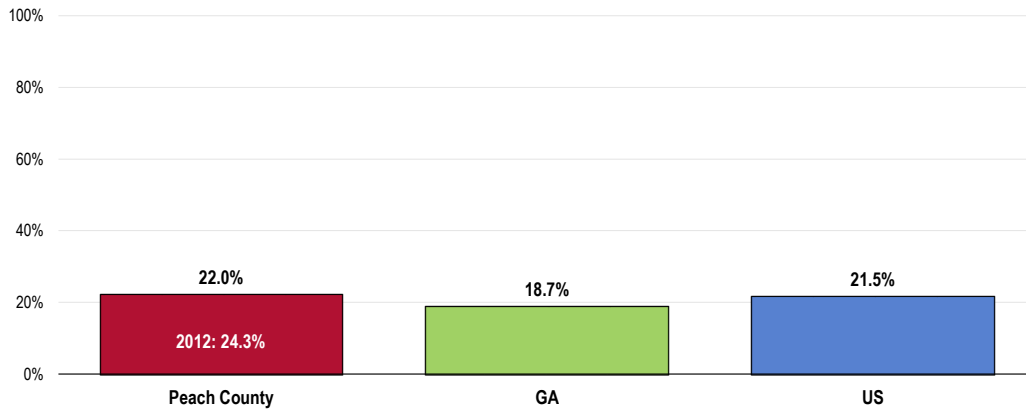
Sources:
● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes:
● Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Peach County, 2015)
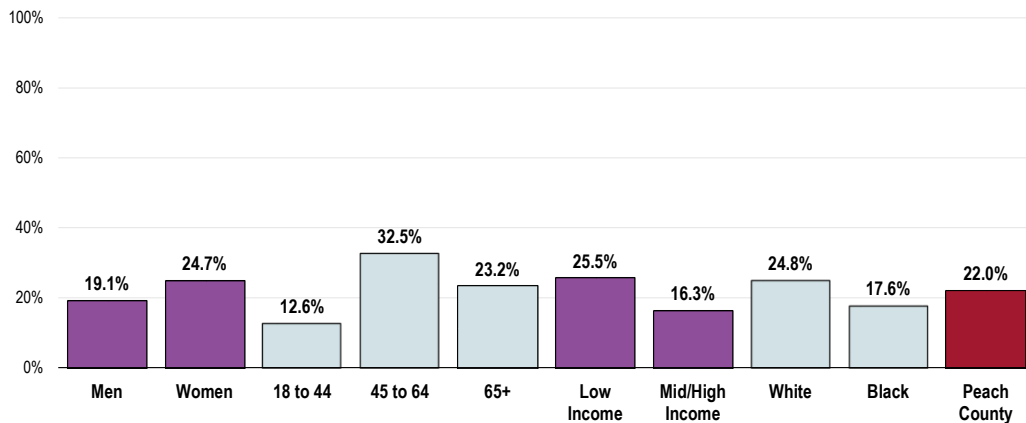
Men: 19.1%
Women: 24.7%
18 to 44: 12.6%
45 to 64: 32.5%
65+: 23.2%
Low Income: 25.5%
Mid/High Income: 16.3%
White: 24.8%
Black: 17.6%
Peach County: 22.0%

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

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?"

Self-Reported Mental Health Status
(Peach County, 2015)
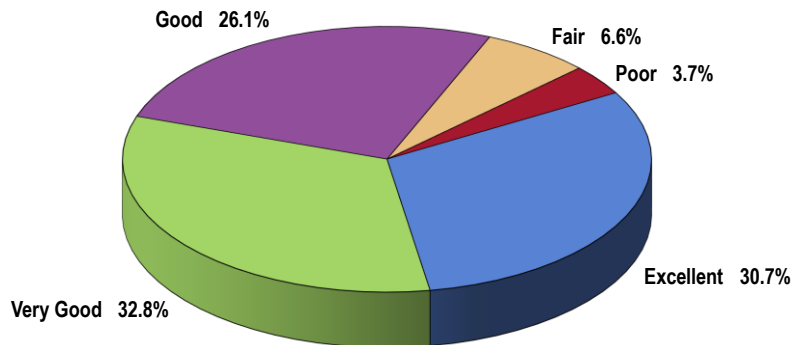
Good 26.1%
Fair 6.6%
Poor 3.7%
Excellent 30.7%
Very Good 32.8%

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

Experience "Fair" or "Poor" Mental Health
(Peach County, 2015)

									2012: 10.8%	
Men	Women	18 to 44	45 to 64	65+	Low Income	Mid/High Income	White	Black	Peach County	US
6.0%	14.3%	12.5%	14.2%	8.1%	17.1%	4.5%	12.5%	8.9%	10.3%	11.9%
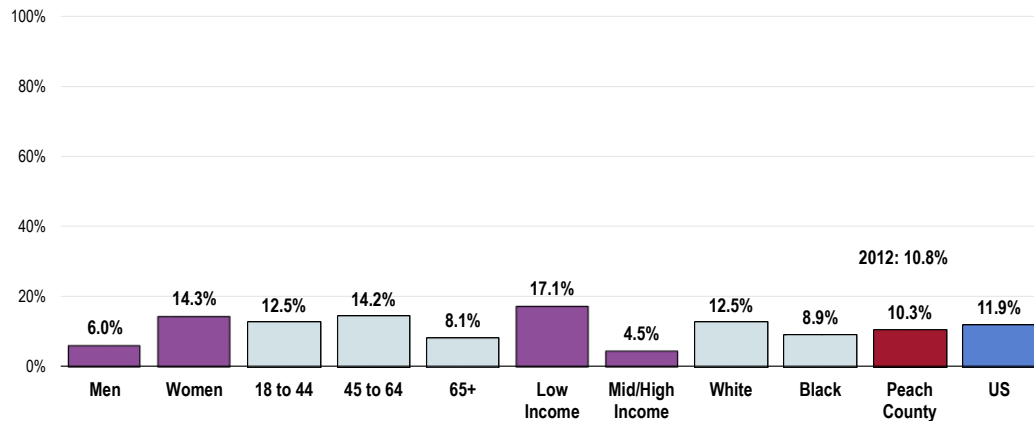
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Diagnosed Depression: *"Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?"*

Symptoms of Chronic Depression: *"Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?"*

Depression

Peach County / US

	Diagnosed With a Depressive Disorder	Symptoms of Chronic Depression
Peach County	20.2%	26.4% (2012: 27.0%)
US	20.4%	30.4%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 100, 101, 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.
- 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.

Have Experienced Symptoms of Chronic Depression
(Peach County, 2015)

Men	Women	18 to 44	45 to 64	65+	Low Income	Mid/High Income	White	Black	Peach County
17.5%	34.6%	22.2%	36.2%	21.6%	44.1%	13.1%	27.4%	28.6%	26.4%
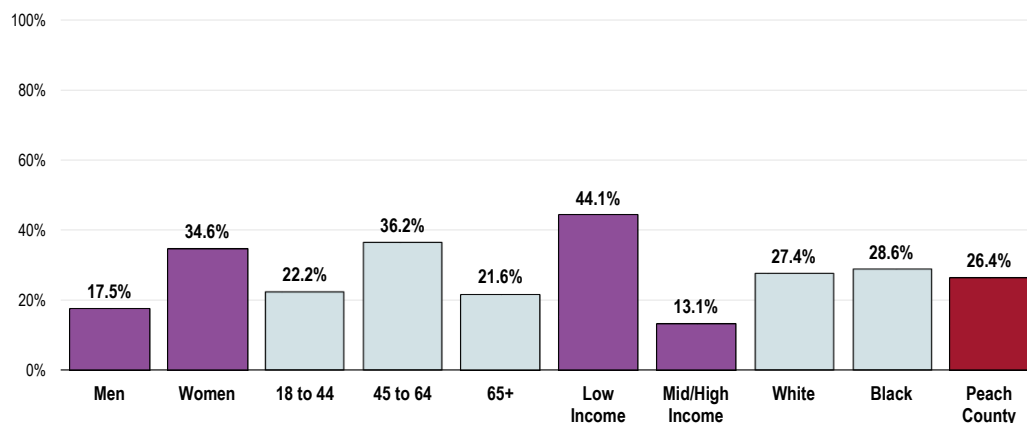
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

"Thinking about the amount of stress in your life, would you say that most days are: Extremely Stressful, Very Stressful, Moderately Stressful, Not Very Stressful or Not At All Stressful?"

Perceived Level of Stress On a Typical Day
(Peach County, 2015)

Not Very Stressful
28.1%

Not At All Stressful
14.5%

Extremely Stressful
3.5%

Very Stressful 10.1%

Moderately Stressful
43.9%
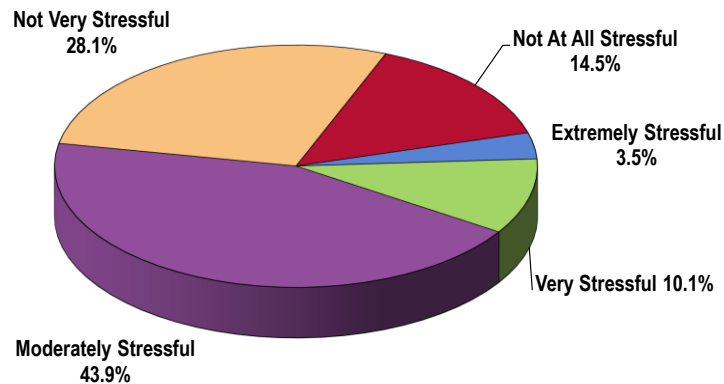
Sources:	● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes:	● Asked of all respondents.

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population. (Refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates.)

Suicide: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower
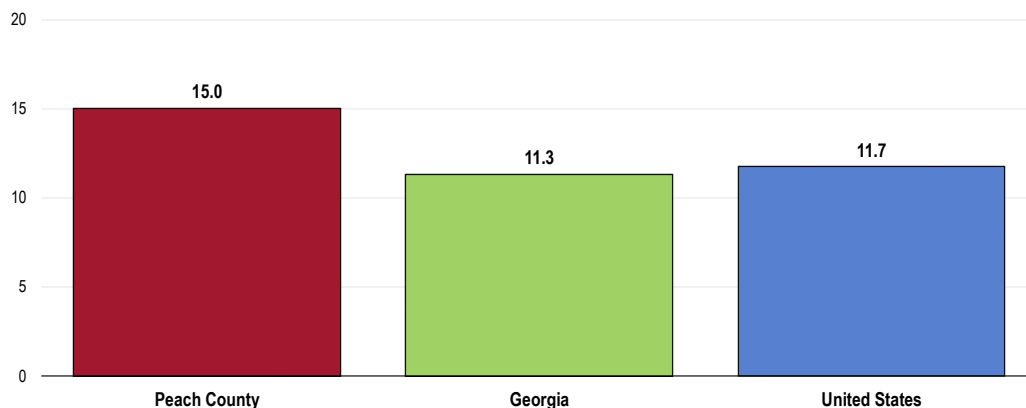
Peach County	Georgia	United States
15.0	11.3	11.7

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.

Mental Health Treatment

Treatment for Self

"Have you ever sought help from a professional for a mental or emotional problem?"

**Adults Who Have Ever Sought
Professional Help for a Mental or Emotional Problem**
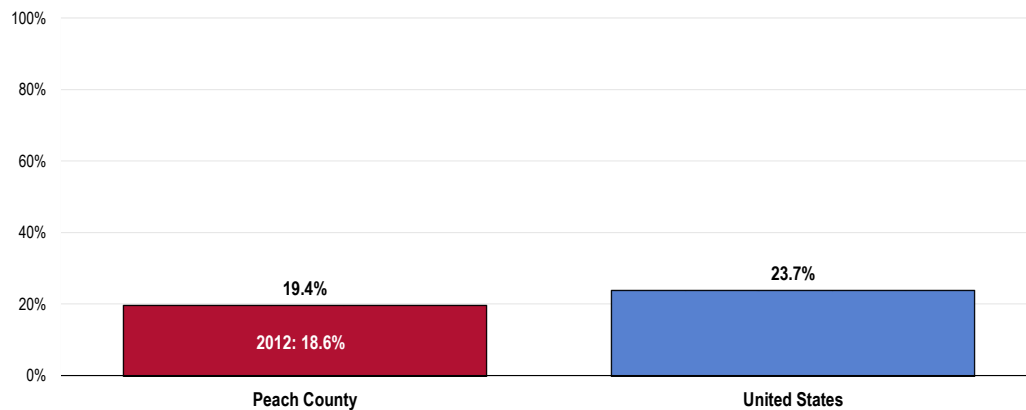
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 104]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects the total sample of respondents.

Key Informant Input: Mental Health

Key informants taking part in the focus groups characterized *Mental Health* as equally a "major problem" and a "moderate problem" in the community.

**Perceptions of Mental Health
as a Problem in the Community**
(Key Informants, 2015)
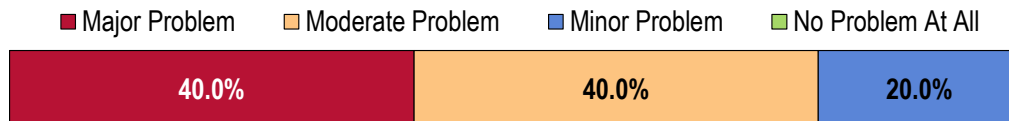
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

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

- Access to treatment
- 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. The Robins Air Force Base in Houston County 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. 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 would need a radical overhaul to address mental health issues- more than just funding." — Regional 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

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the county.
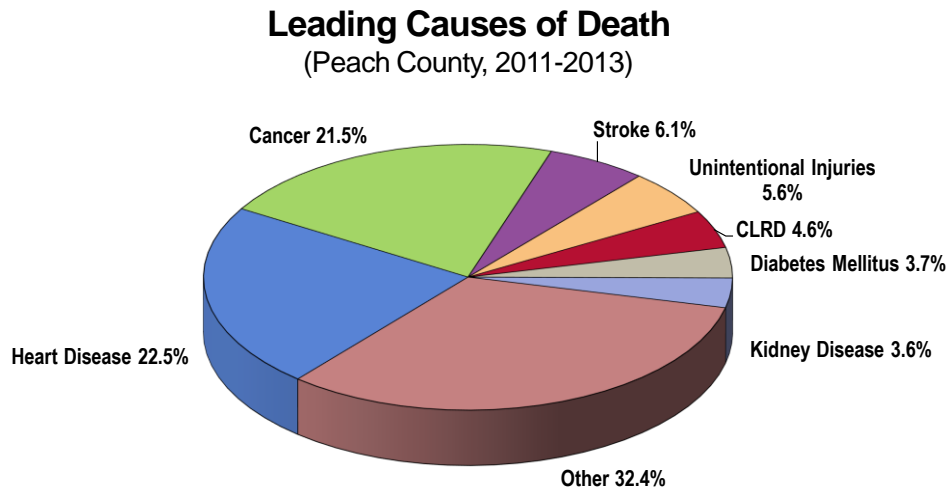
Leading Causes of Death
(Peach County, 2011-2013)

Cancer 21.5%
Stroke 6.1%
Unintentional Injuries 5.6%
CLRD 4.6%
Diabetes Mellitus 3.7%
Kidney Disease 3.6%
Heart Disease 22.5%
Other 32.4%

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 county with other localities (in this case, the state 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 annual average age-adjusted death rates per 100,000 population for selected causes of death in the area. (For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.)

Age-Adjusted Death Rates for Selected Causes
(2004-2013 Deaths per 100,000 Population)

	Peach County	Georgia	US	HP2020
Diseases of the Heart	249.7	202.1	189.8	156.9*
Malignant Neoplasms (Cancers)	210.2	178.0	175.0	161.4
Cerebrovascular Disease (Stroke)	67.5	48.5	41.6	34.8
Unintentional Injuries	57.9	42.2	39.1	36.4
Chronic Lower Respiratory Disease (CLRD)	49.5	46.0	42.4	n/a
Kidney Diseases	39.9	20.7	14.4	n/a
Diabetes Mellitus	36.3	21.6	22.3	20.5*
Alzheimer's Disease	31.6	27.1	24.1	n/a
Motor Vehicle Deaths	20.8	15.1	12.8	12.4
Pneumonia/Influenza	19.4	19.3	17.1	n/a
Intentional Self-Harm (Suicide)	15.0	11.3	11.7	10.2
Firearm-Related	14.9	12.6	10.2	9.3
Cirrhosis/Liver Disease	14.0	7.8	9.3	8.2
HIV/AIDS	12.6	5.8	5.7	3.3
Drug-Induced	12.1	10.4	12.8	11.3

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

The greatest share of cardiovascular deaths is attributed to heart disease.
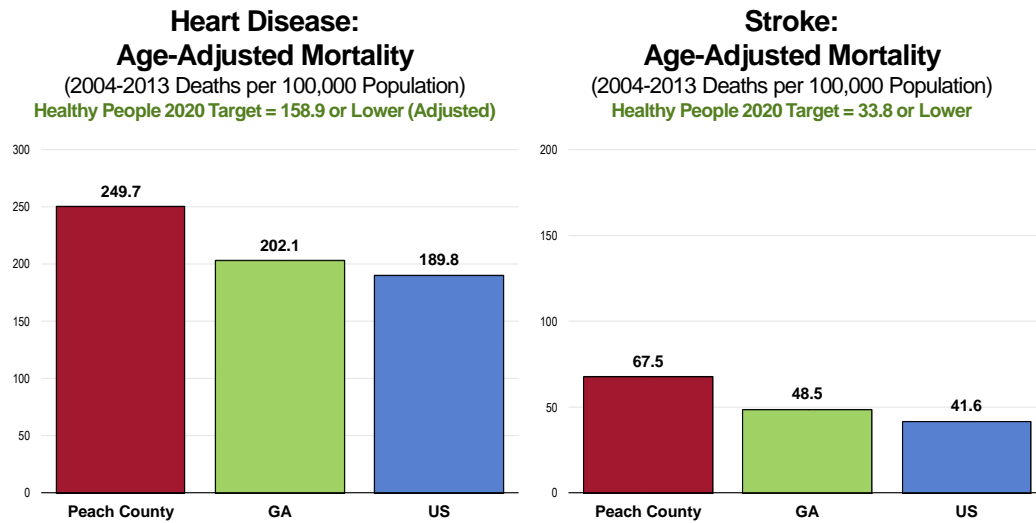
Heart Disease:
Age-Adjusted Mortality
(2004-2013 Deaths per 100,000 Population)
Healthy People 2020 Target = 158.9 or Lower (Adjusted)

Stroke:
Age-Adjusted Mortality
(2004-2013 Deaths per 100,000 Population)
Healthy People 2020 Target = 33.8 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 [Objectives HDS-2 and 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.
● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Prevalence of Heart Disease & Stroke

"Has a doctor, nurse or other health professional ever told you that you had: A Heart Attack, Also Called a Myocardial Infarction; or Angina or Coronary Heart Disease?" (Heart disease prevalence below is a calculated prevalence that includes those responding affirmatively to either.)

"Has a doctor, nurse or other health professional ever told you that you had a stroke?"

Prevalence of Heart Disease & Stroke
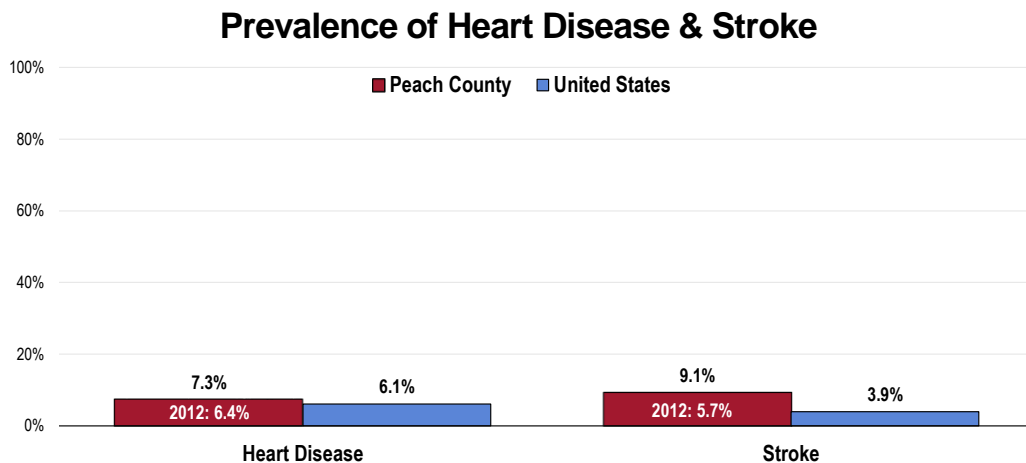
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 36, 124]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Heart disease includes diagnoses of heart attack, angina or coronary heart disease.

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)

High Blood Pressure & Cholesterol Testing

"About how long has it been since you last had your blood pressure taken by a doctor, nurse or other health professional?" (Chart below reflects responses indicating testing within the past 2 years.)

"About how long has it been since you last had your blood cholesterol checked?" (Chart below reflects responses indicating testing within the past 5 years.)

**Blood Pressure
Checked in the Past 2 Years**
Healthy People 2020 Target = 92.6% or Lower

**Blood Cholesterol
Checked in the Past 5 Years**
Healthy People 2020 Target = 82.1% or Lower

Peach County: 96.2% | US: 91.0%
Peach County 2012: 94.5%

Peach County: 90.8% | US: 86.6%
Peach County 2012: 91.0%
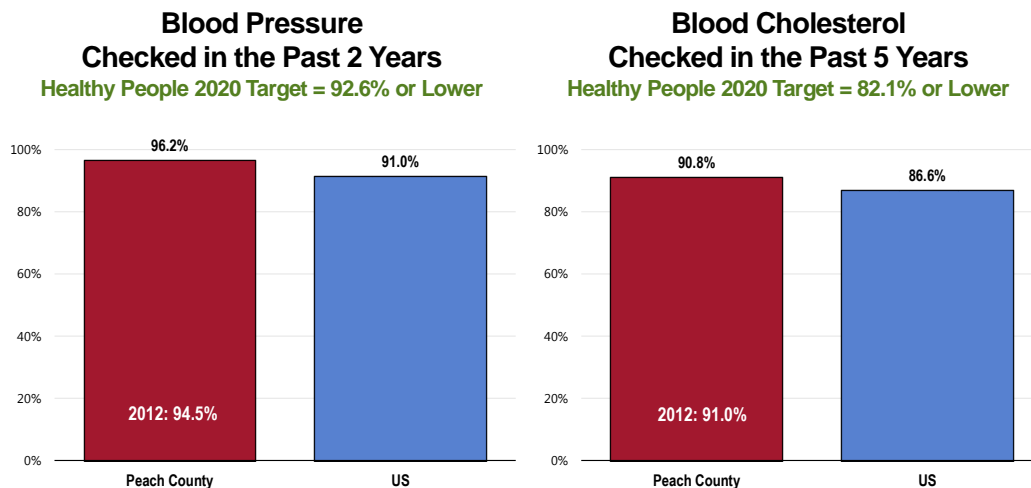
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 45, 48]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-4, HDS-6]

High Blood Pressure & Cholesterol Prevalence

"Have you ever been told by a doctor, nurse or other health care professional that you had high blood pressure?

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

"Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"

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

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

Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

96.0% are taking action to control their condition

Peach County: 44.4% (2012: 39.9%)
US: 34.1%

87.2% are taking action to control their condition

Peach County: 37.7% (2012: 32.6%)
US: 29.9%
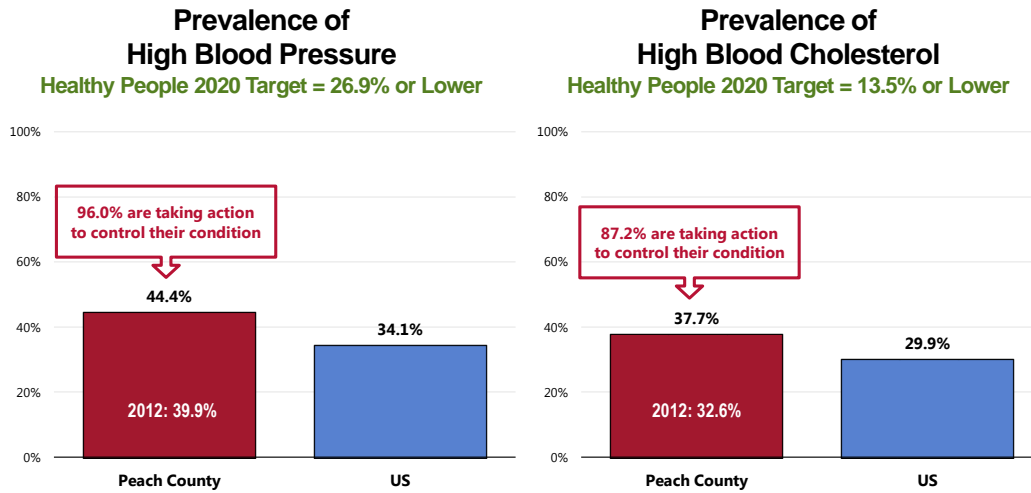
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 47, 125, 126]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1 and HDS-7]
Notes: ● Asked of all respondents.

Prevalence of High Blood Pressure
(Peach County, 2015)
Healthy People 2020 Target = 26.9% or Lower

Men	Women	18 to 44	45 to 64	65+	Low Income	Mid/High Income	White	Black	Peach County
42.0%	46.6%	12.3%	68.7%	80.3%	51.3%	39.7%	32.6%	62.0%	44.4%
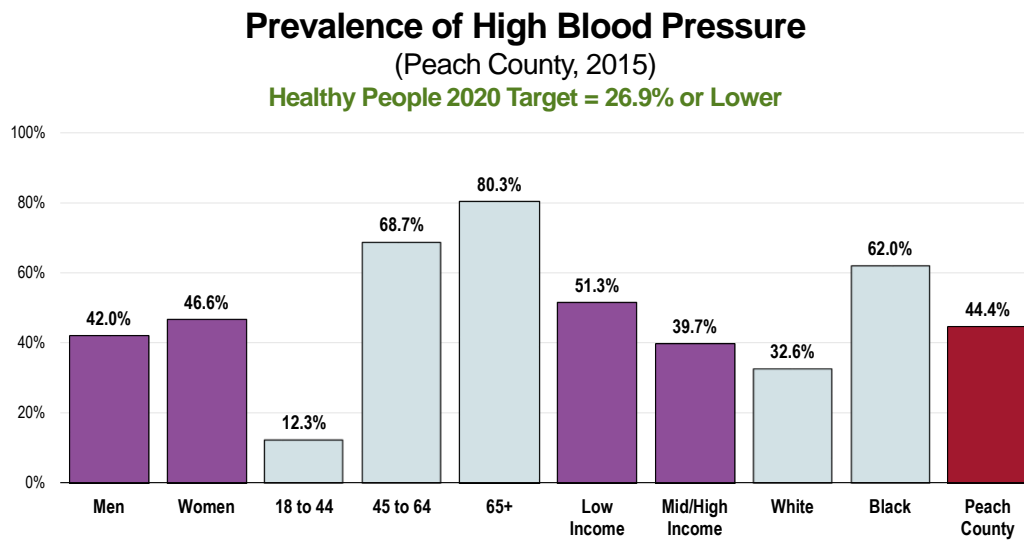
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of High Blood Cholesterol
(Peach County, 2015)
Healthy People 2020 Target = 13.5% or Lower
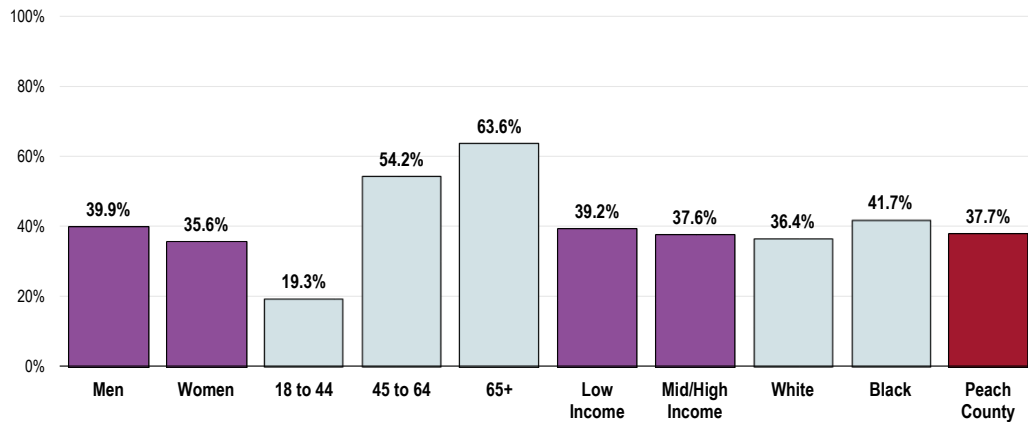
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

The following chart reflects the percentage of adults in the Total Service area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol. See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the Modifiable Health Risk section of this report.

Present One or More Cardiovascular Risks or Behaviors
(Peach County, 2015)

Category	Percentage
Men	91.1%
Women	89.8%
18 to 44	82.5%
45 to 64	97.3%
65+	96.6%
Low Income	99.2%
Mid/High Income	84.9%
White	88.3%
Black	96.5%
Peach County	90.4% (2012: 86.7%)
US	82.3%
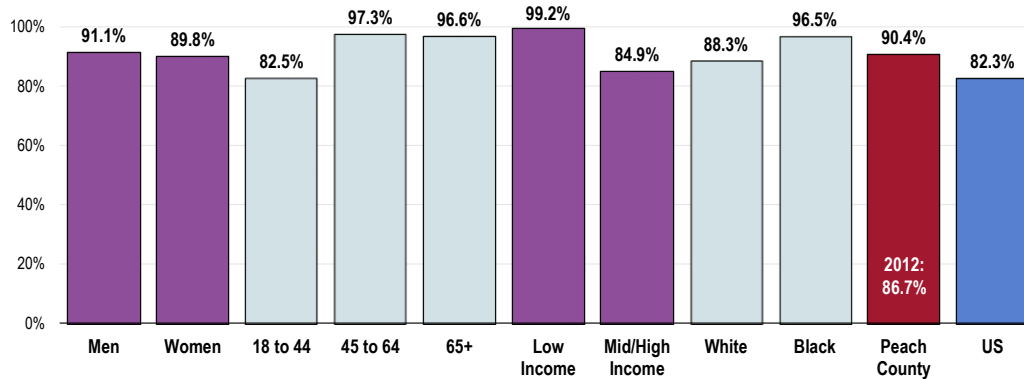
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.
- 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% 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 the focus groups 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)

■ Major Problem	□ Moderate Problem	■ Minor Problem	□ No Problem At All

Major Problem	Moderate Problem	Minor Problem
70.0%	20.0%	10.0%
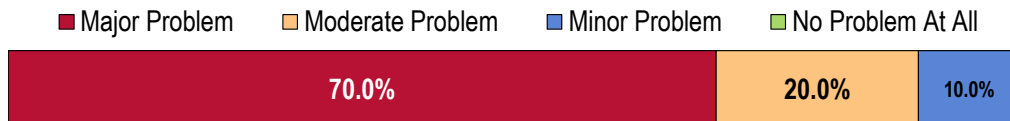
Sources:
- PRC Key Informant Focus Groups, Macon, GA, March 2015.

Cancer

Age-Adjusted Cancer Deaths

Lung cancer is by far the leading cause of cancer deaths in the area. Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

Age-Adjusted Cancer Death Rates by Site
(2004-2013 Annual Average Deaths per 100,000 Population)

	Peach County	Georgia	US	HP2020
Lung Cancer	66.3	52.0	48.6	45.5
Prostate Cancer	31.2	26.0	22.4	21.8
Colorectal Cancer	24.3	16.4	16.3	14.5
Female Breast Cancer	18.3	22.3	22.6	20.7

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

Cancer Incidence

Incidence rates (or case rates) reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. They are usually expressed as cases per 100,000 population per year. Here, these rates are also age-adjusted.

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

Legend: ■ Peach County □ GA ■ US

	Prostate Cancer	Female Breast Cancer	Lung Cancer	Colon/Rectal Cancer
Peach County	156.4	129.2	74.2	55.0
GA	161.0	123.8	69.9	43.3
US	142.3	122.7	64.9	43.3
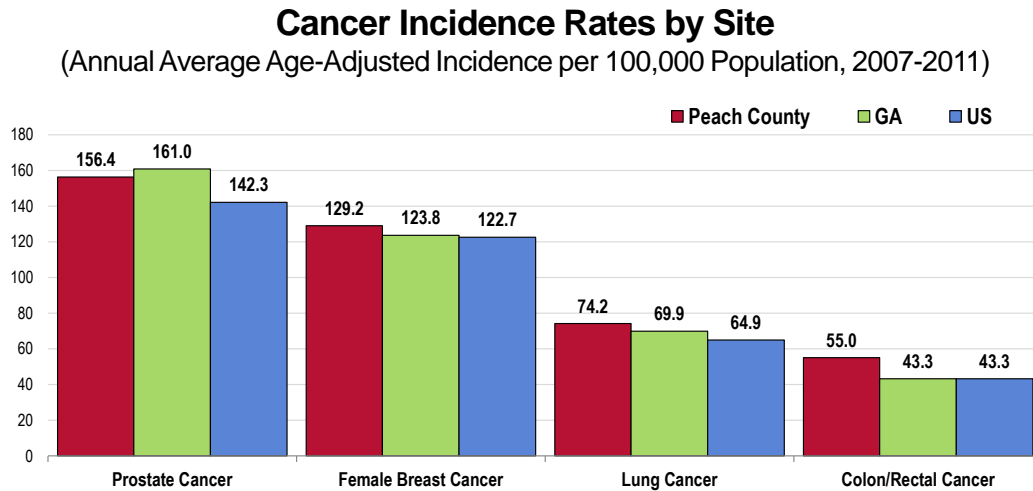
Sources: ● State Cancer Profiles: 2007-11.
● Retrieved April 2015 from Community Commons at http://www.chna.org.

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

"Would you please tell me if you have ever suffered from or been diagnosed with cancer, not counting skin cancer?"

"Would you please tell me if you have ever suffered from or been diagnosed with skin cancer?"

Prevalence of Cancers
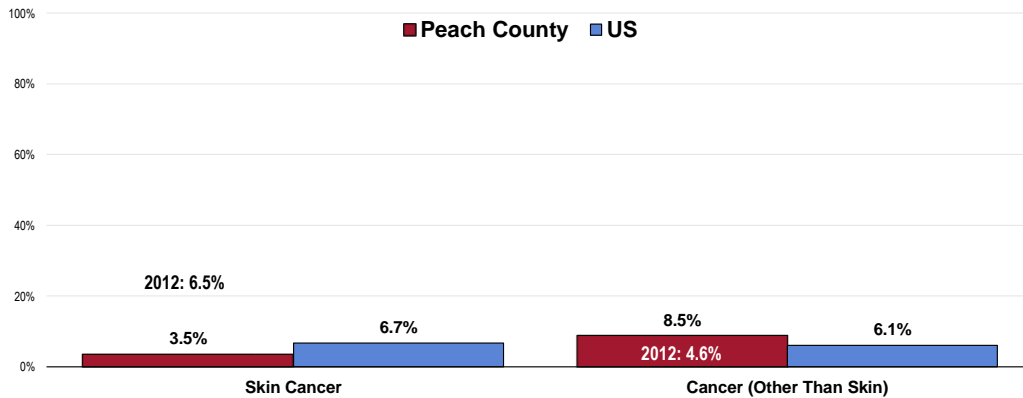
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 30, 31]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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.

Screening levels in the community were measured in the PRC Community Health Survey relative to: 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.

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.

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.

Breast Cancer Screening: *"A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?"* (Calculated below among women age 50 to 74 indicating screening within the past 2 years.)

Cervical Cancer Screening: *"A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?"* (Calculated below among women age 21 to 65 indicating screening within the past 3 years.)

Colorectal Cancer Screening: *"Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?"* and *"A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?"* (Calculated below among both genders age 50 to 75 indicating fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

Cancer Screenings

Healthy People 2020 Target = 81.1% or Higher (Mammograms)
Healthy People 2020 Target = 93.0% or Higher (Pap Smears)
Healthy People 2020 Target = 70.5% or Higher (Colorectal)

■ **Peach County** ■ **US**

	Peach County	US
Mammogram in Past 2 Years (Women 50-74)	83.3% (2012: 86.0%)	83.6%
Pap Smear in Past 3 Years (Women 21-65)	83.5% (2012: 80.6%)	83.9%
Appropriate Colorectal Cancer Screening (Both Genders 50-75)	77.7% (2012: 80.2%)	75.1%
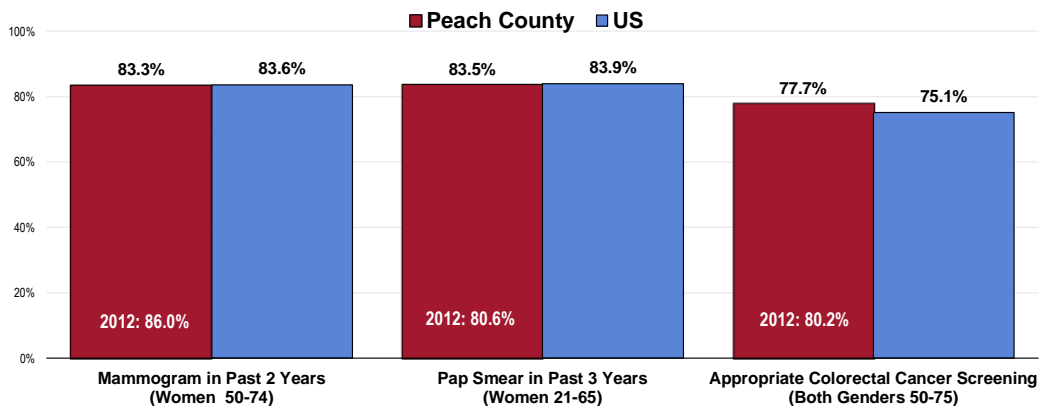
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-130]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, and C-17]

Key Informant Input: Cancer

Key informants taking part in the focus groups equally characterized *Cancer* as a "moderate problem" and a "minor problem" in the community.

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

■ Major Problem	□ Moderate Problem	■ Minor Problem	□ No Problem At All

20.0%	40.0%	40.0%
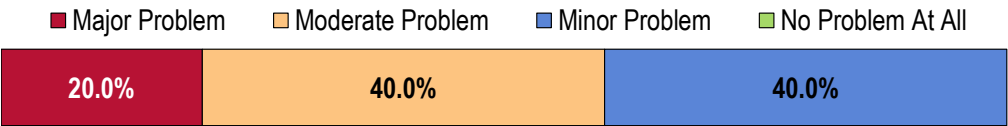
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

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 diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

Pneumonia and influenza mortality is also illustrated in the following chart. For prevalence of vaccinations against pneumonia and influenza, see also *Immunization & Infectious Disease*.

Chronic Lower Respiratory Disease: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)

- Peach County: 49.5
- GA: 46.0
- US: 42.4

Pneumonia/Influenza: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)

- Peach County: 19.4
- GA: 19.3
- US: 17.1

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.

Prevalence of Respiratory Diseases

COPD

"Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)
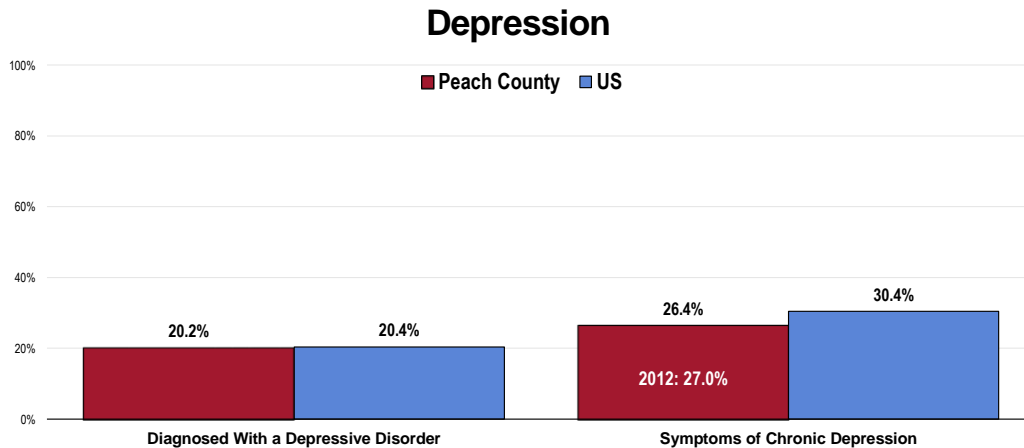
- Peach County: 9.8% (2012: 12.8%*)
- GA: 6.5%
- US: 8.6%
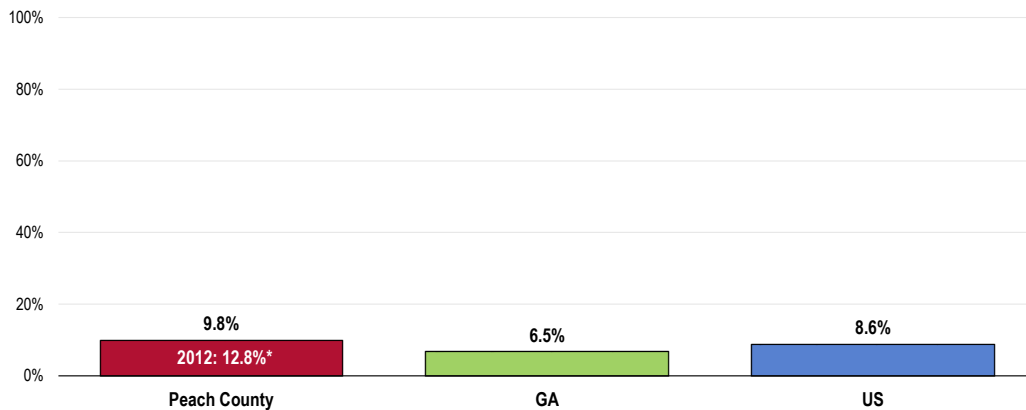
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
Notes: ● Asked of all respondents.
● Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
● *2012 respondents were asked about their prevalence of "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema" as is asked currently.

Asthma

Adults: *"Have you ever been told by a doctor, nurse, or other health professional that you had asthma?"* and *"Do you still have asthma?"* (Calculated below as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma ["current asthma"]).

Children: *"Has a doctor or other health professional ever told you that this child had asthma?"* and *"Does this child still have asthma?"* (Calculated below as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma ["current asthma"]).

Adults:
Current Asthma Prevalence

- Peach County: 13.0% (2012: 10.1%)
- US: 9.4%

Children:
Current Asthma Prevalence

- Peach County: 4.5% (2012: 6.4%)
- US: 7.1%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 134, 135]
　　　　 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

Adults: Currently Have Asthma
(Peach County, 2015)

Men	9.8%	
Women	15.8%	
18 to 44	20.6%	
45 to 64	17.0%	
65+	3.9%	
Low Income	20.2%	
Mid/High Income	8.7%	
White	16.7%	
Black	9.6%	
Peach County	13.0%	

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in the focus groups characterized *Respiratory Disease* as a "moderate problem" in the community.

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

■ Major Problem　□ Moderate Problem　■ Minor Problem　□ No Problem At All

33.3%	44.4%	22.2%
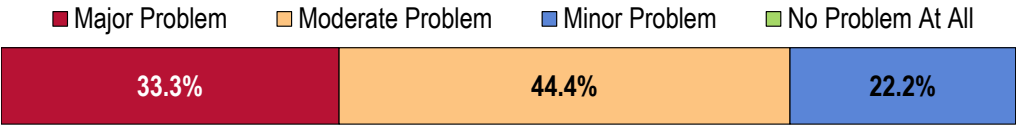
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

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

Leading causes of accidental death in the area include the following:

Leading Causes of Accidental Death
(Peach County, 2004-2013)
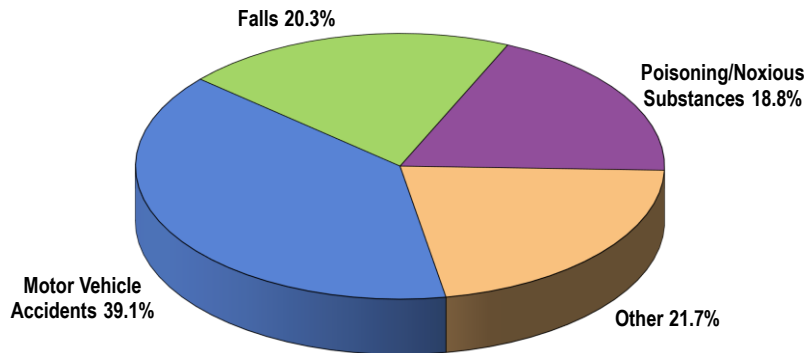
Falls 20.3%

Poisoning/Noxious Substances 18.8%

Motor Vehicle Accidents 39.1%

Other 21.7%

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

The following chart outlines age-adjusted mortality rates for unintentional injury in the area, including age-adjusted mortality rates attributed specifically to motor vehicle crashes.

● Note the Healthy People 2020 targets.
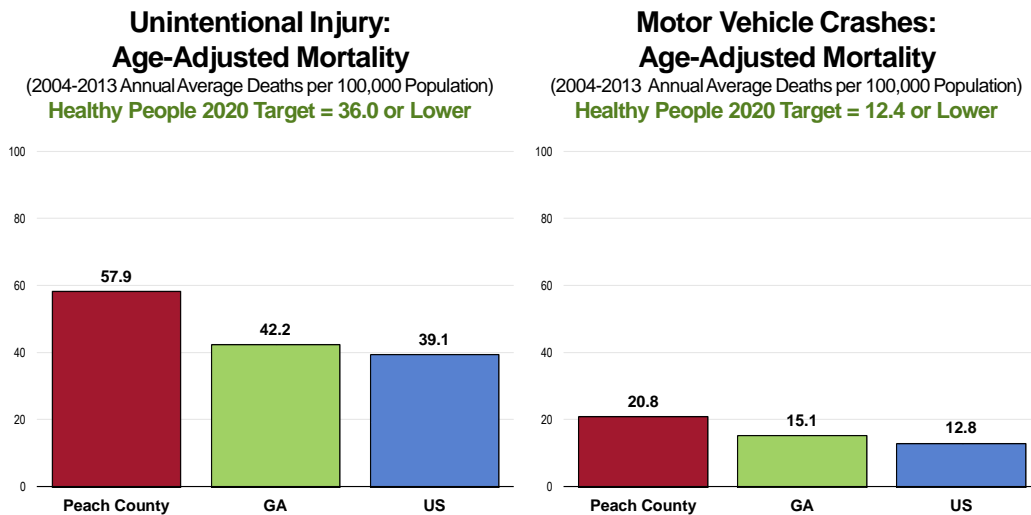
Unintentional Injury: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.0 or Lower

Peach County	GA	US
57.9	42.2	39.1

Motor Vehicle Crashes: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 12.4 or Lower

Peach County	GA	US
20.8	15.1	12.8

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 [Objectives IVP-11 and 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.

Seat Belt/Car Seat Usage

Adults: *"How often do you use seat belts when you drive or ride in a car? Would you say: always, nearly always, sometimes, seldom, or never?"*

Children: *"How often does this child wear a child restraint or seat belt when riding in a car? Would you say: always, nearly always, sometimes, seldom, or never?"*

**"Always" Wear a Seat Belt
When Driving or Riding in a Vehicle**
Healthy People 2020 Target = 92.0% or Higher
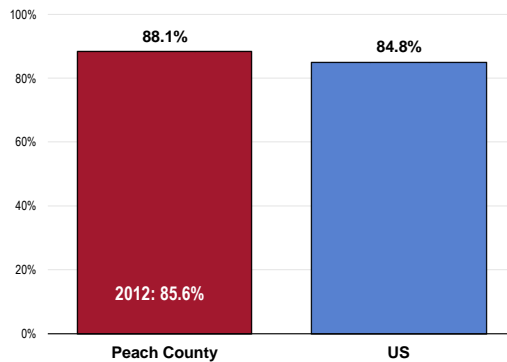
**Child "Always" Uses Appropriate
Safety Restraint (Seat Belt/Car Seat)
When Riding in a Vehicle**
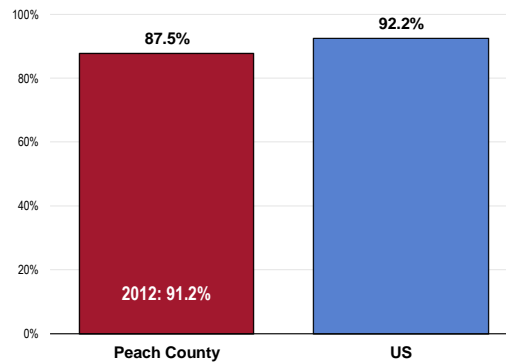
Sources:
● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 49 and 122]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]
Notes:
● Asked of all respondents.

**"Always" Wear a Seat Belt
When Driving or Riding in a Vehicle**
(Peach County, 2015)
Healthy People 2020 Target = 92.0% or Higher
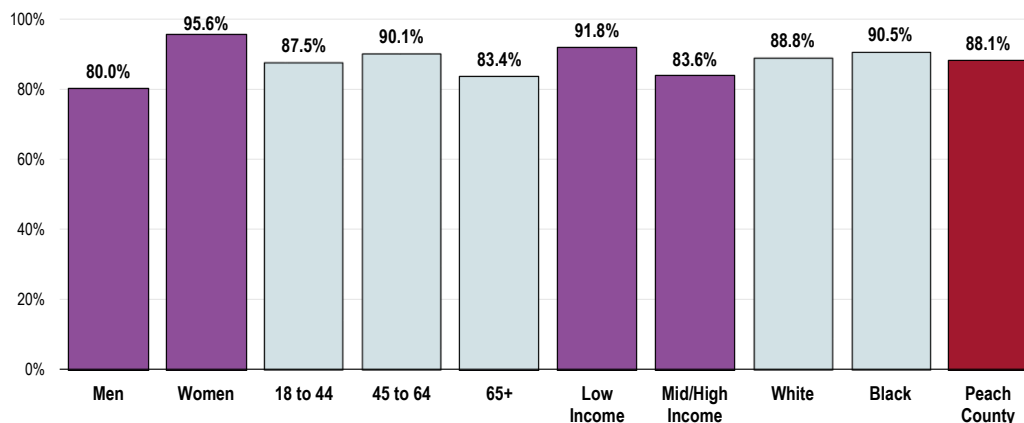
Sources:
● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-15]
Notes:
● Asked of all respondents.
● Hispanics can be of any race. Other race 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Firearms

Age-Adjusted Firearm-Related Deaths

The following chart outlines the age-adjusted mortality rate in the area attributed to firearms (including both accidental and intentional discharge), compared to state and national rates.

Firearms-Related Deaths: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 9.3 or Lower
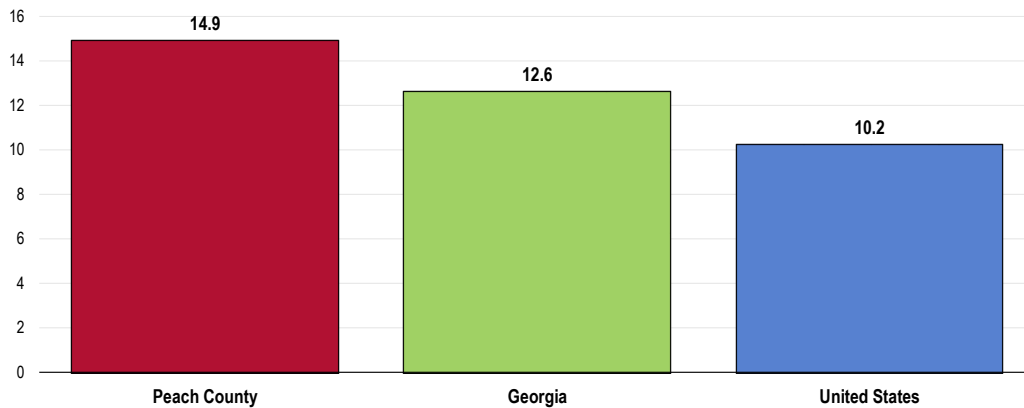
	Peach County	Georgia	United States
Value	14.9	12.6	10.2

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

"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."

"An unlocked firearm is one that does NOT need a key or combination to get to the gun or fire it. The safety is NOT counted as a lock. Are any of these firearms unlocked?" and *"Are any of these unlocked firearms now loaded?"* (Calculated below as the percentage of respondents who have firearms at home and who keep at least one firearm unlocked and loaded.)

Have a Firearm Kept in or Around the House
(Peach County, 2015)

Chart data:

Category	Percentage
Men	67.9%
Women	41.8%
18 to 44	72.3%
45 to 64	54.1%
65+	44.8%
Low Income	31.4%
Mid/High Income	73.0%
White	70.4%
Black	38.3%
Peach County	53.7% (2012: 53.4%)
US	34.7%
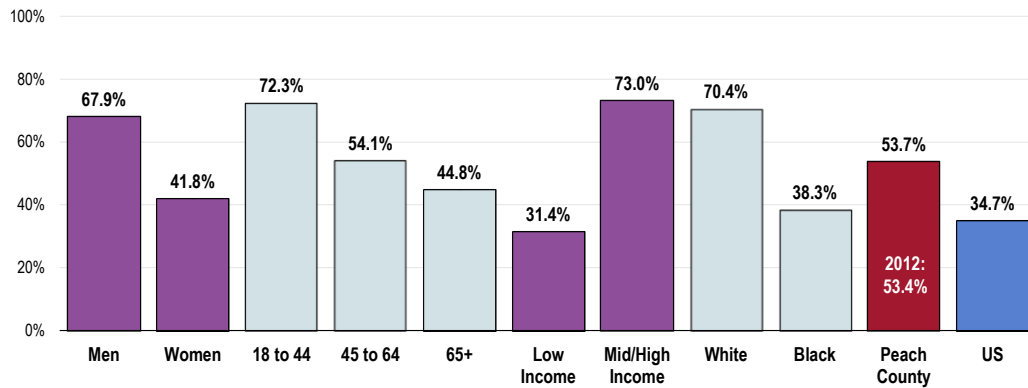
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 52]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Intentional Injury (Violence)

Violent Crime

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 complete-ness of reporting among various jurisdictions.

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

Location	Rate
Peach County	643.8
Georgia	386.2
United States	395.5
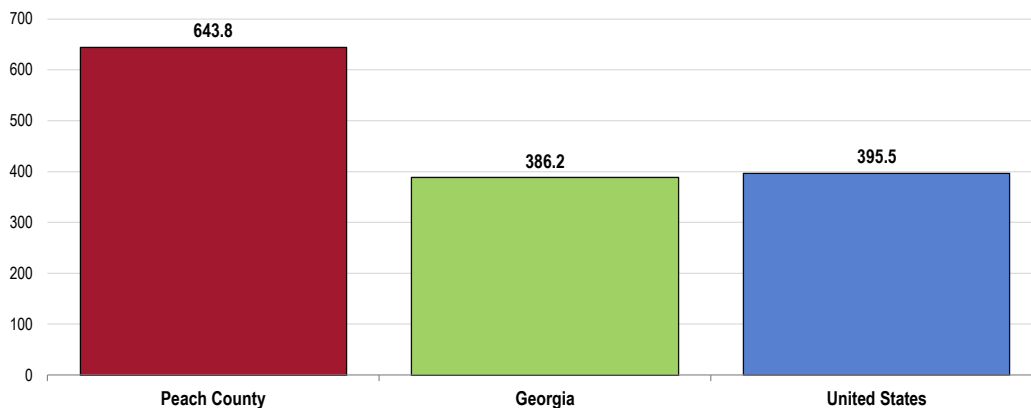
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

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.
- 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.

Violent Crime Experience: *"Have you been the victim of a violent crime in your area in the past 5 years?"*

Intimate Partner Violence: *"The next questions are about different types of violence in relationships with an intimate partner. 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. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"*

**Victim of a Violent Crime
in the Area in the Past Five Years**

2012: 6.0%	
1.4% Peach County	**2.8%** US

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

12.4%	**15.0%**
2012: 19.4% Peach County	US
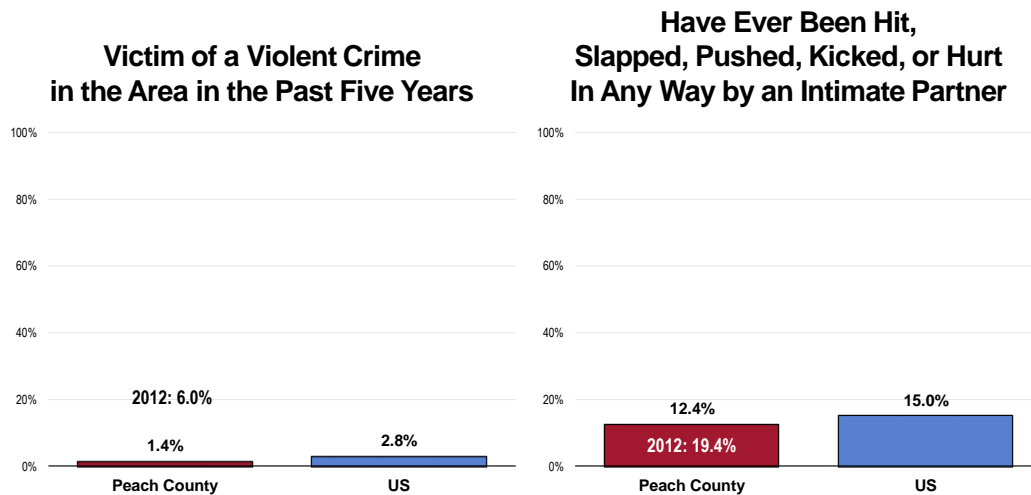
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 50, 51]
          ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

Most key informants taking part in the focus groups characterized *Injury & Violence* as a "minor problem" in the community.

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

■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

11.1%	88.9%
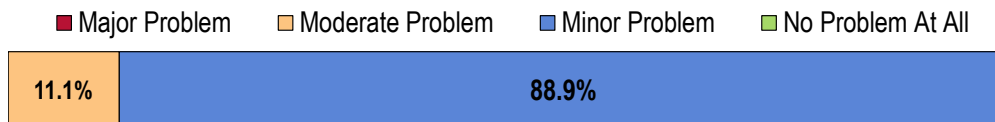
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

This region continues 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.

> *"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*

> *"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*

> *"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*

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

Age-adjusted diabetes mortality for the area is shown in the following chart.

- Note the Healthy People 2020 target (as adjusted to account for diabetes mellitus-coded deaths).
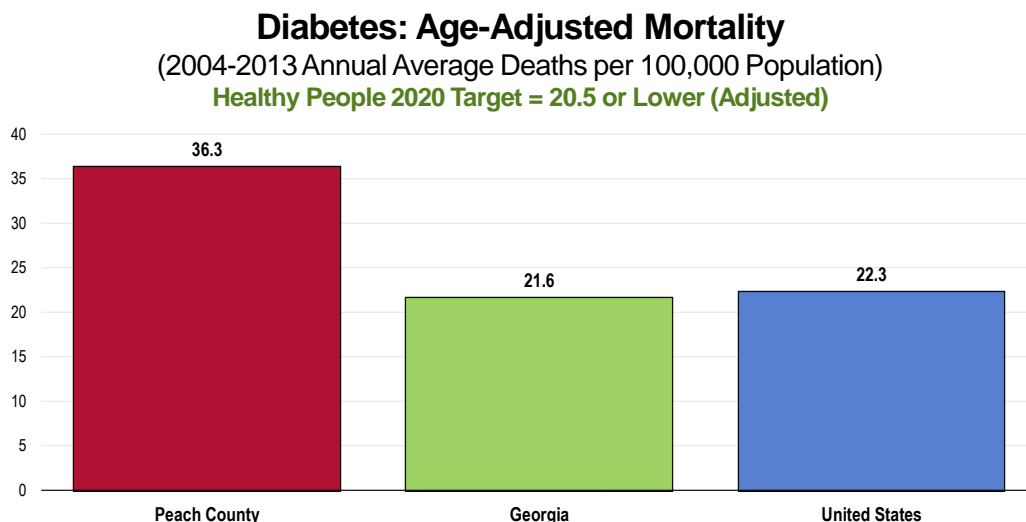
Diabetes: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

	Peach County	Georgia	United States
Value	36.3	21.6	22.3

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 [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

"Have you ever been told by a doctor that you have diabetes? (If female, add: Not counting diabetes only occurring during pregnancy?)"

"(If female, add: Other than during pregnancy,) Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?"

Prevalence of Diabetes

Another 7.3% of adults report that they have been diagnosed with "pre-diabetes" or "borderline" diabetes
(vs. 5.1% nationwide)

- Peach County: 16.1% (2012: 17.3%)
- Georgia: 10.8%
- United States: 11.7%
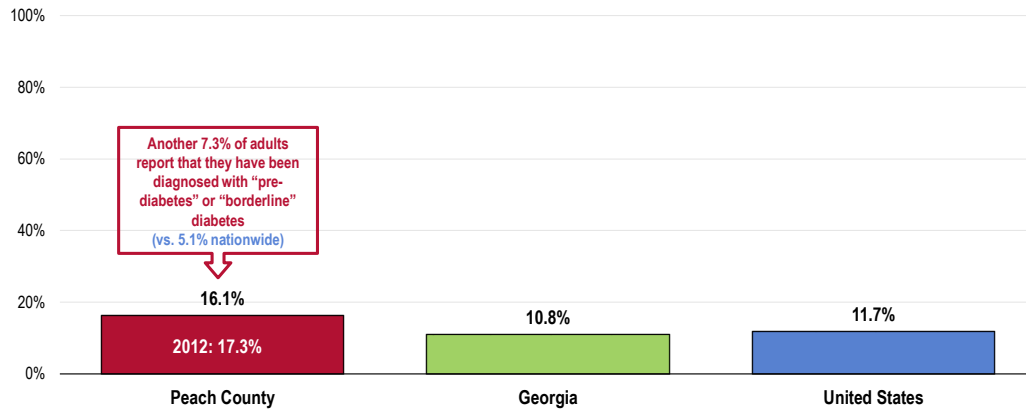
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Peach County, 2015)
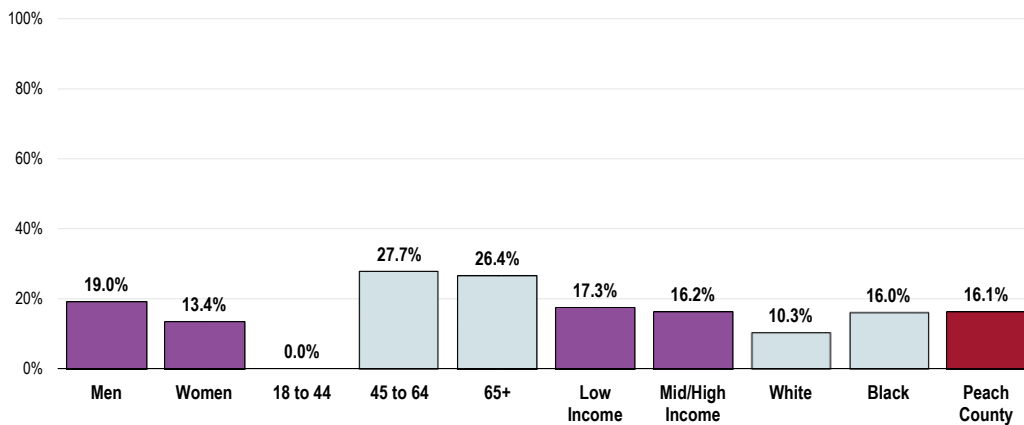
- Men: 19.0%
- Women: 13.4%
- 18 to 44: 0.0%
- 45 to 64: 27.7%
- 65+: 26.4%
- Low Income: 17.3%
- Mid/High Income: 16.2%
- White: 10.3%
- Black: 16.0%
- Peach County: 16.1%

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% 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

"Have you had a test for high blood sugar or diabetes within the past three years?"

Have Had Blood Sugar Tested in the Past Three Years
(Among Non-Diabetics)
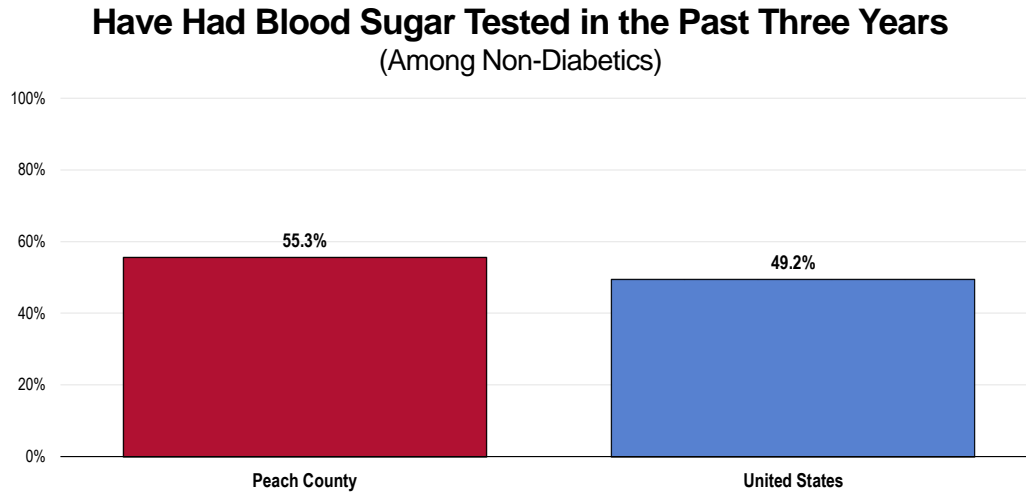
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
         ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

Seven in 10 key informants taking part in the focus groups 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
- 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 see some very sick patients. Almost all of them, by the way, are diabetics and hypertensive."* — *Peach County participant*

> *"Educational programs to educate folks on how to stay well just don't exist."* — *Regional 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

Age-adjusted Alzheimer's disease mortality rates for the region and select towns are outlined in the following chart.

Alzheimer's Disease: Age-Adjusted Mortality
(2004-2013 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.
● Local, state and national data are simple three-year averages.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in the focus groups are as likely to consider *Dementias, Including Alzheimer's Disease* as a either a "moderate problem" or "minor problem" in the community.

Perceptions of Dementia/Alzheimer's Disease
as a Problem in the Community
(Key Informants, 2015)
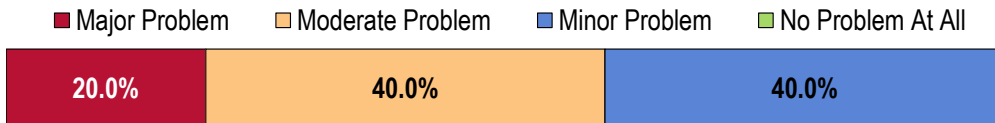
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

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

Age-adjusted kidney disease mortality is described in the following charts.

Kidney Disease: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)

	Value
Peach County	39.9
Georgia	20.7
United States	14.4

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

Prevalence of Kidney Disease

"Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?"

Prevalence of Kidney Disease

|	Peach County	Georgia	United States
	5.3%	2.7%	3.0%
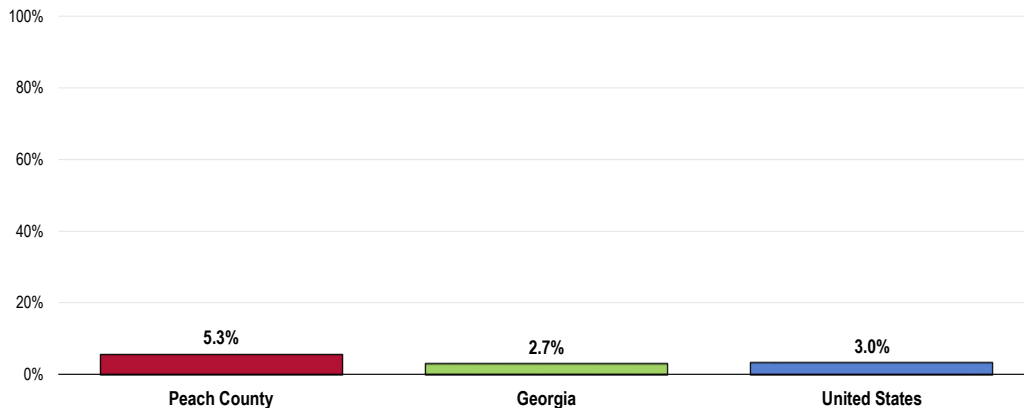
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.

Notes:
- Asked of all respondents.

Key Informant Input: Chronic Kidney Disease

Key informants taking part in the focus groups generally characterized *Chronic Kidney Disease* as a "major problem" in the community.

Perceptions of Chronic Kidney Disease
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem　■ Moderate Problem　■ Minor Problem　■ No Problem At All

Major Problem	Moderate Problem	Minor Problem
40.0%	30.0%	30.0%
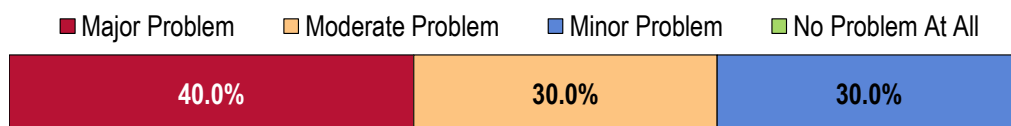
Sources:
- PRC Key Informant Focus Groups, Macon, GA, March 2015.

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

"Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism?" (Reported among only those age 50+.)

"Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?" (Reported among only those age 50+.)

"Would you please tell me if you have ever suffered from or been diagnosed with sciatica or chronic back pain?" (Reported among all adults age 18+.)

See also *Activity Limitations* in the General Health Status section of this report.

Prevalence of Arthritis, Osteoporosis & Chronic Back Conditions

■ Peach County ■ US

- Arthritis (Age 50+): Peach County **43.8%** (2012: 47.7%), US **37.3%**
- Osteoporosis (Age 50+): Peach County **12.4%** (2012: 8.2%), US **13.5%**
- Sciatica/Chronic Back Pain (Age 18+): Peach County **21.1%** (2012: 25.3%), US **18.4%**
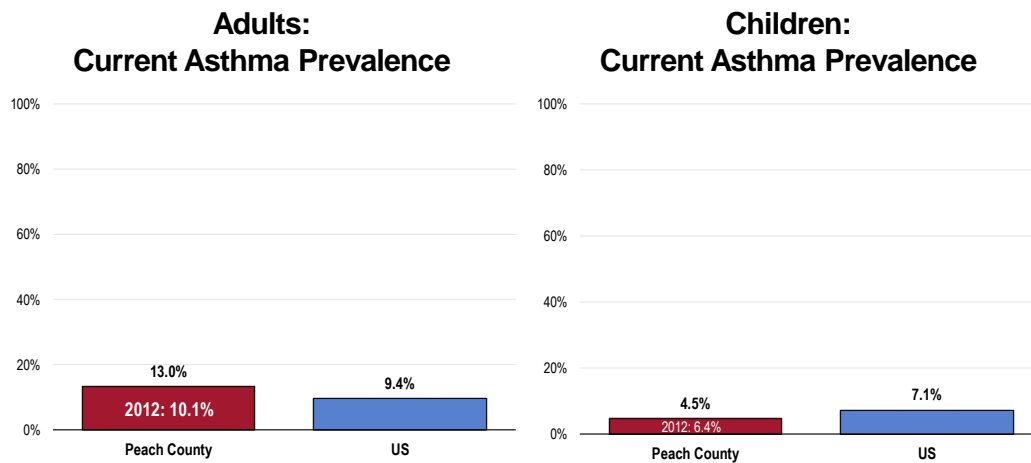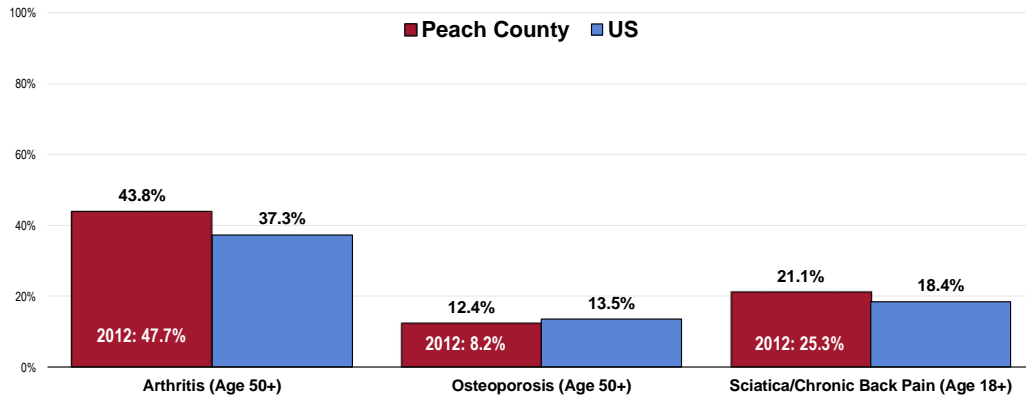
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 29, 139, 140]
             ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Most key informants taking part in the focus groups 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)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
10.0%	50.0%	30.0%	10.0%
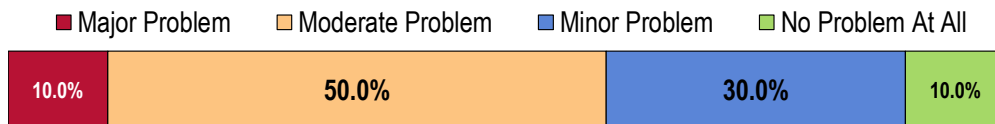
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

Vision & Hearing Impairment

Vision Trouble

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)

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 a 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)

 "Would you please tell me if you have ever suffered from or been diagnosed with blindness or trouble seeing, even when wearing glasses?"

"Would you please tell me if you have ever suffered from or been diagnosed with deafness or trouble hearing?"

- Note the higher prevalence among older adults (age 65+).

Prevalence of Vision & Hearing Difficulty
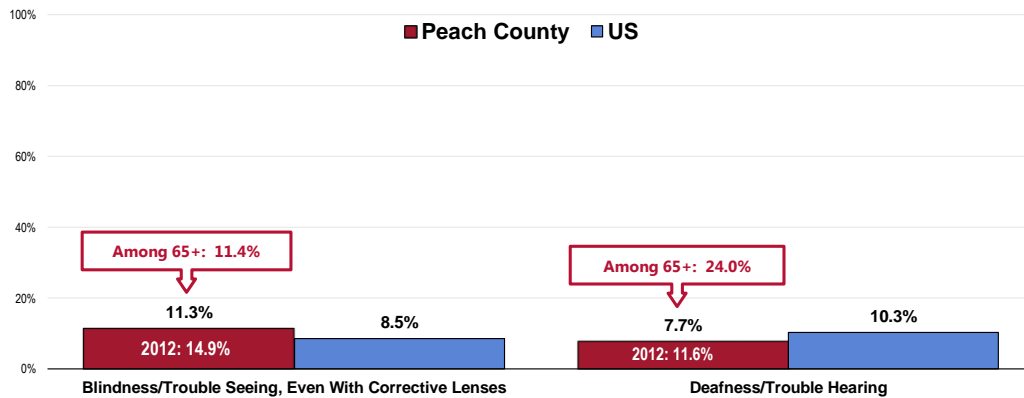
■ Peach County ■ US

- Blindness/Trouble Seeing, Even With Corrective Lenses
  - Among 65+: 11.4%
  - 11.3%
  - 2012: 14.9%
  - US: 8.5%
- Deafness/Trouble Hearing
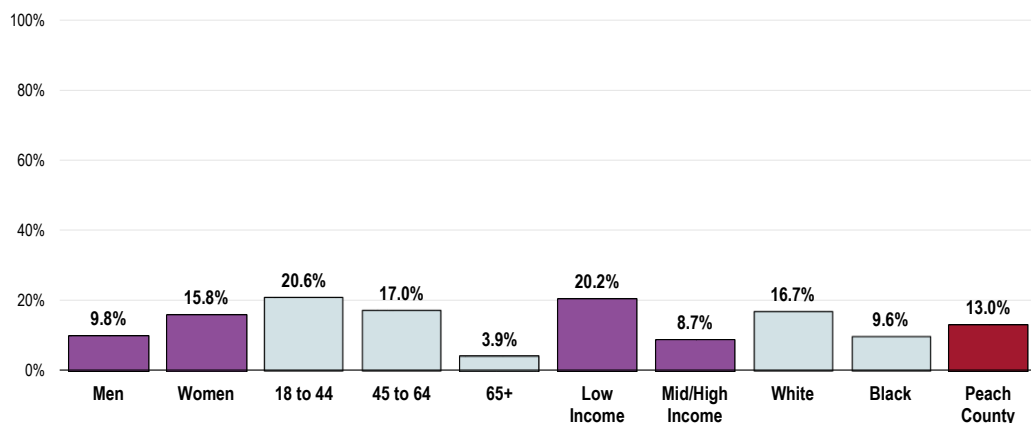 - Among 65+: 24.0%
  - 7.7%
  - 2012: 11.6%
  - US: 10.3%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 26-27]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Vision & Hearing

A majority of key informants taking part in the focus groups characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Hearing and Vision
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem ☐ Moderate Problem ■ Minor Problem ■ No Problem At All

Moderate Problem	Minor Problem
20.0%	80.0%
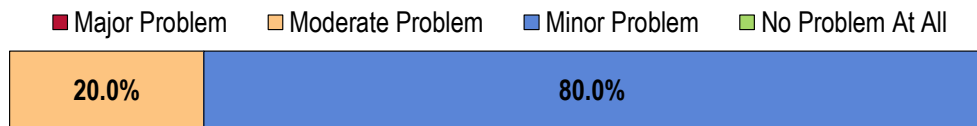
Sources:
- PRC Key Informant Focus Groups, Macon, GA, March 2015.

Infectious Disease

About Immunization & Infectious Diseases

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.
- Healthy People 2020 (www.healthypeople.gov)

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

"There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist®. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?"

"A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the seasonal flu shot. Have you ever had a pneumonia shot?"

Chart columns below show these findings among those age 65+. Percentages for "high-risk" adults age 18-64 in Peach County are also shown; here, "high-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.)

● Note also the Healthy People 2020 targets.

Influenza & Pneumonia Vaccination
Healthy People 2020 Target = 90.0% or Higher*

■ Peach County ■ US

Flu Vaccine in Past Year (65+)
- Peach County: 73.6% (2012: 60.0%; High-Risk Adults = 36.7%)
- US: 57.5%

Pneumonia Vaccine Ever (65+)
- Peach County: 81.6% (2012: 64.4%; High-Risk Adults = 44.6%)
- US: 68.4%
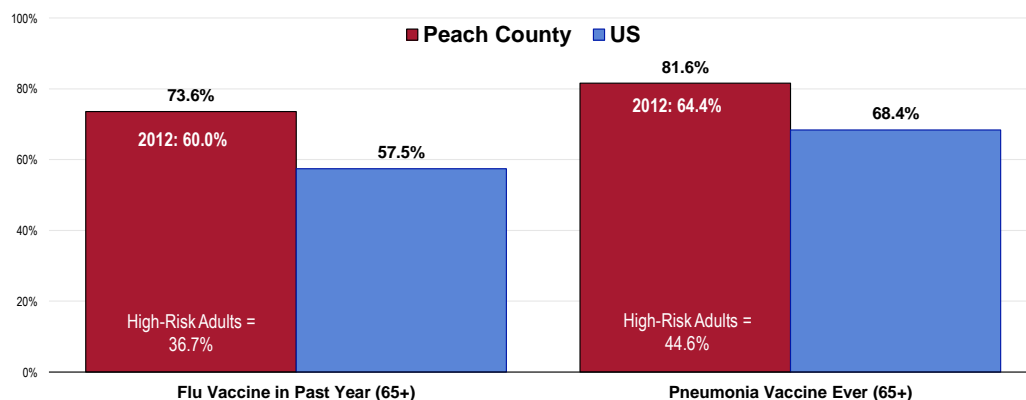
Sources:
● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 141-144]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, 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 [Objectives IID-12.6, 12.7, 13.1, 13.2]

Notes:
● Asked of all respondents.
● *The 2020 target is 90% for all 4 indicators, with the exception of pneumonia vaccines for high-risk adults (the related goal is 60% or higher).

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)

HIV/AIDS Deaths

The following chart outlines age-adjusted mortality rates for the area in comparison with state and national rates.

HIV/AIDS: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower
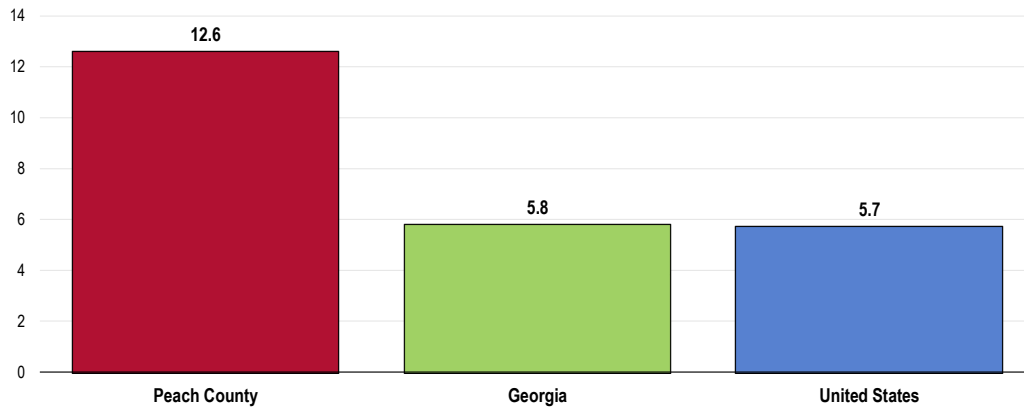
	Peach County	Georgia	United States
	12.6	5.8	5.7

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.

HIV Prevalence

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.

HIV Prevalence Rate
(Prevalence Rate of HIV per 100,000 Population, 2010)
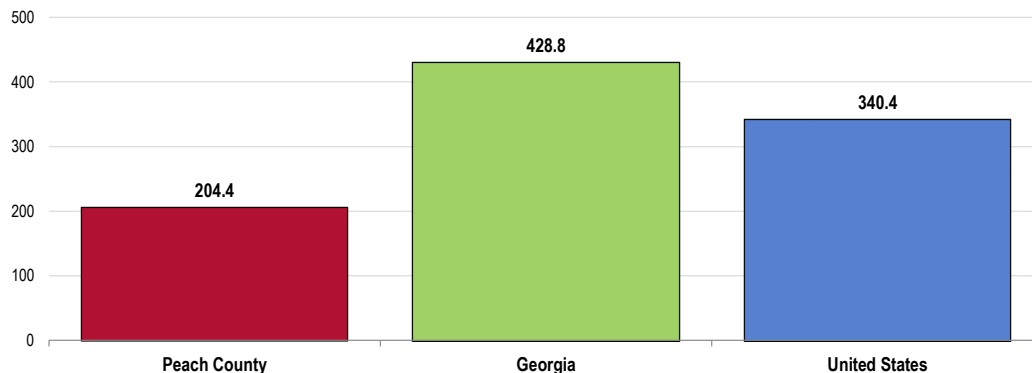
	Peach County	Georgia	United States
	204.4	428.8	340.4

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

"Not counting tests you may have had when donating or giving blood, when was the last time you were tested for HIV?" (Reported below only among adults age 18 to 44.)

Tested for HIV in the Past Year
(Among Adults Age 18-44)


Peach County: 26.0% (2012: 29.0%)
United States: 19.3%
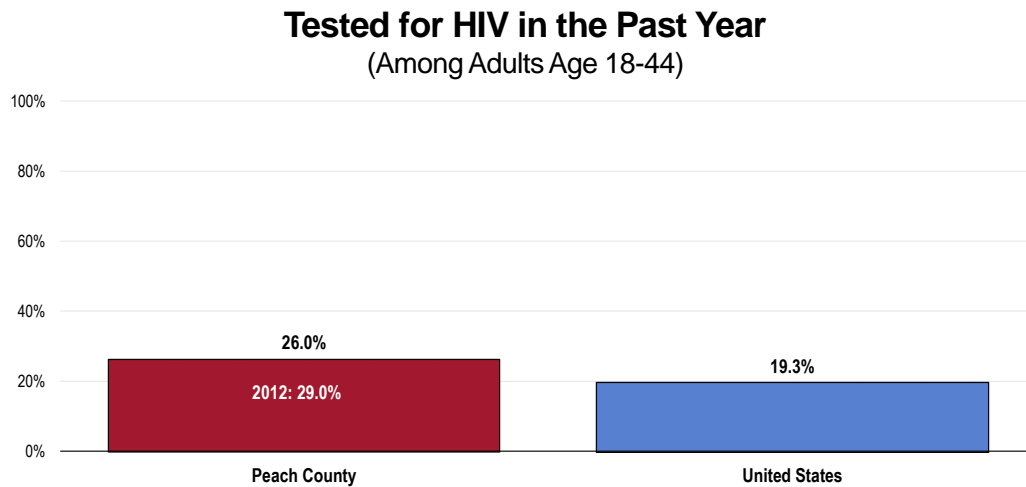
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

A majority of key informants taking part in the focus groups characterized *HIV/AIDS* as a "minor problem" in the community.
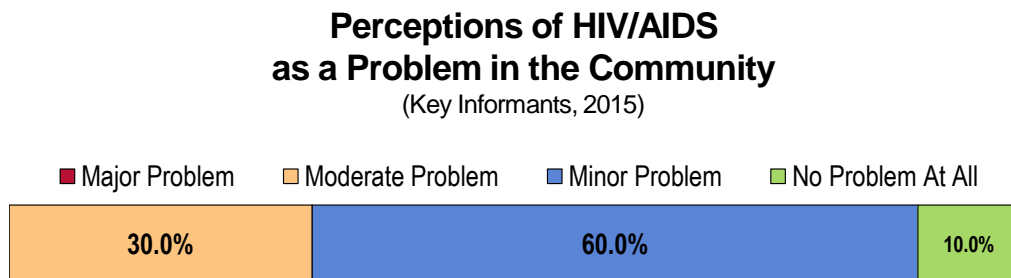
Perceptions of HIV/AIDS
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

| 30.0% | 60.0% | 10.0% |

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

Chlamydia. Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia don't know it since the disease often has no symptoms.

Gonorrhea. Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following charts outline local incidence for these STDs.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2012)
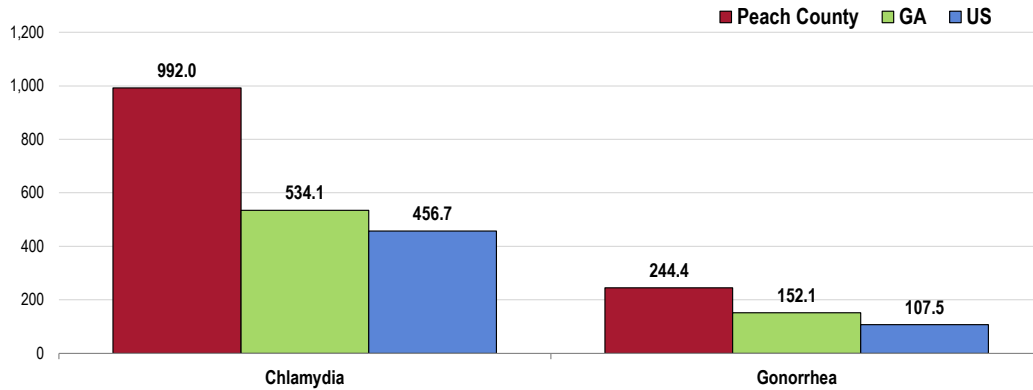
■ Peach County ■ GA ■ US

	Chlamydia	Gonorrhea
Peach County	992.0	244.4
GA	534.1	152.1
US	456.7	107.5

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.

Hepatitis B Vaccination

"To be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. Have you completed a hepatitis B vaccination series?"

Have Completed the Hepatitis B Vaccination Series
(Peach County, 2015)

Men	Women	18 to 44	45 to 64	65+	Low Income	Mid/High Income	White	Black	Peach County	US
36.7%	40.0%	46.5%	35.8%	7.4%	30.4%	47.0%	36.4%	47.6%	38.4% (2012: 28.8%)	44.7%
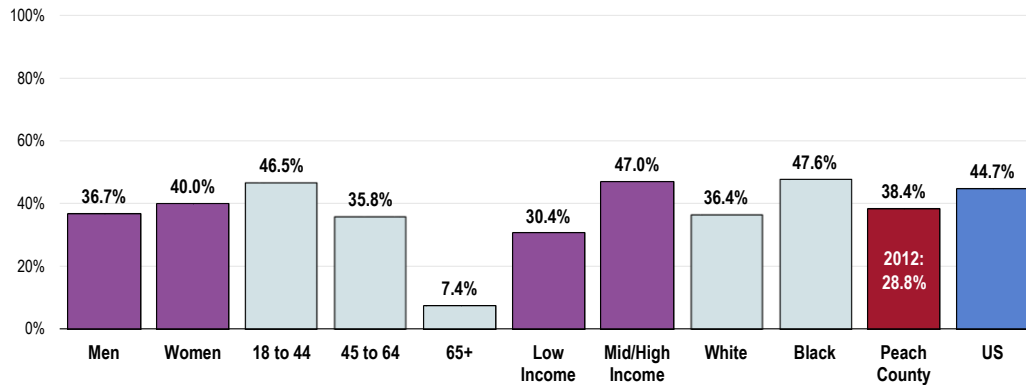
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% 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

"During the past 12 months, with how many people have you had sexual intercourse?"

"Was a condom used the last time you had sexual intercourse?"

Each of these is reported below only among adults who are unmarried and between the ages of 18 and 64.

Safe Sexual Practices
(Among Unmarried Adults Age 18-64; Peach County, 2015)

■ **Peach County** ■ **United States**

Had 3+ Sexual Partners in the Past Year: Peach County 0.0%, United States 11.7%

Condom Was Used During Last Sexual Intercourse: Peach County 23.5%, United States 33.6%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 86-87]
　　　　 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

Most key informants taking part in the focus groups 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)

■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

Moderate Problem 60.0% | Minor Problem 40.0%

Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.
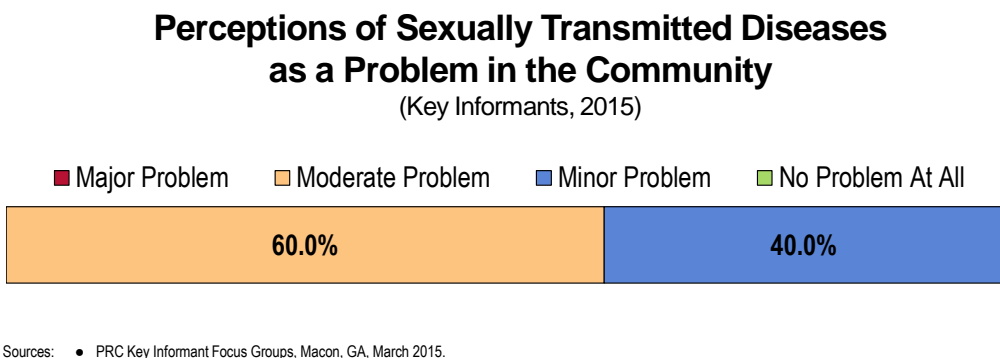
Sexually transmitted diseases, or STDs, were mentioned as a health concern in one of the focus groups, citing issues in the school-age population. Respondents feel that the main factor is a lack of contraceptives available through the schools; this affects the teen pregnancy rate, but also safe sexual 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*

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

A majority of key informants taking part in the focus groups characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

33.3%	55.6%	11.1%
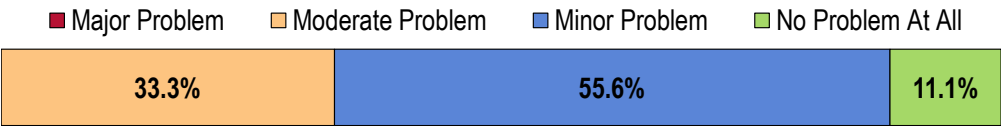
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

Births

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)

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. Births of low-weight infants are described below.

● Note the Healthy People 2020 target.
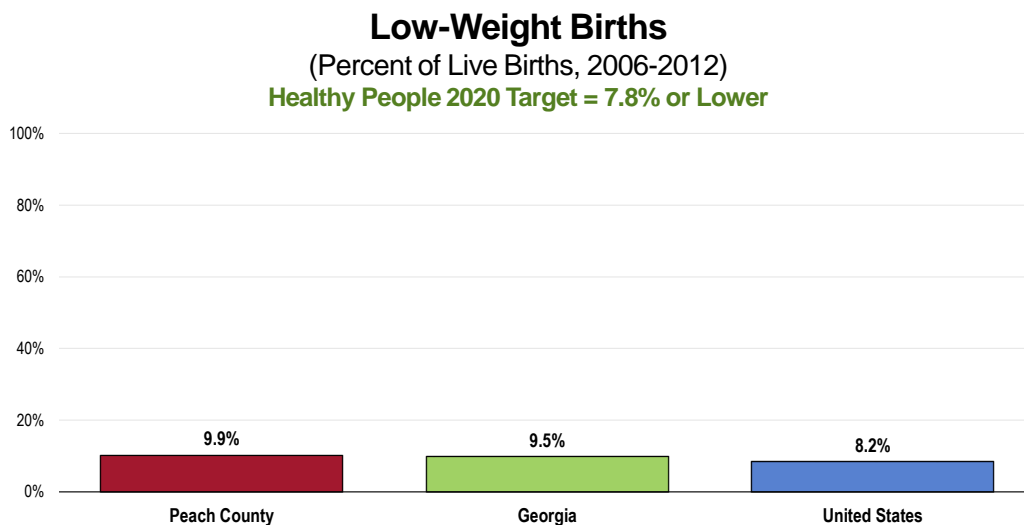
Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 Target = 7.8% or Lower

	Peach County	Georgia	United States
	9.9%	9.5%	8.2%

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.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following charts.

● Note the Healthy People 2020 target.
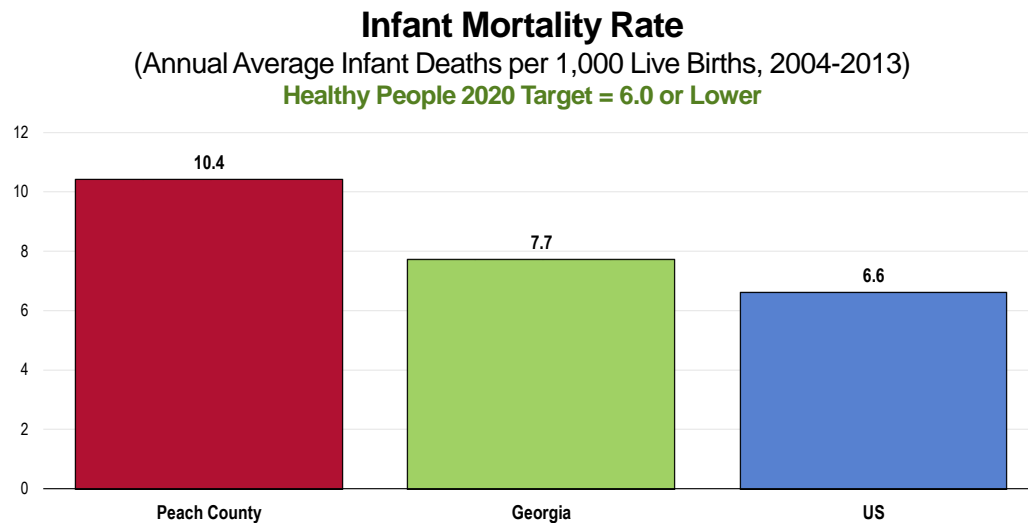
Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2004-2013)
Healthy People 2020 Target = 6.0 or Lower

	Peach County	Georgia	US
	10.4	7.7	6.6

Sources:
● Centers for Disease Control and Prevention, National Vital Statistics System: 2004-13. 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.

Key Informant Input: Infant & Child Health

Key informants taking part in the focus groups generally characterized *Infant & Child Health* as a "minor problem" in the community.

Perceptions of Infant and Child Health
as a Problem in the Community
(Key Informants, 2015)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem
20.0%	20.0%	60.0%
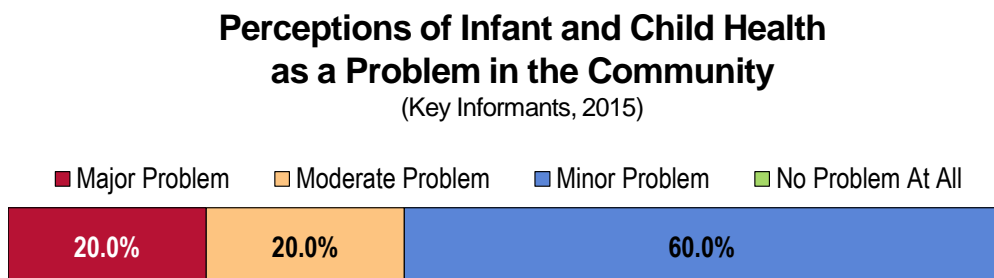
Sources:
● PRC Key Informant Focus Groups, Macon, GA, March 2015.

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. 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)

The following charts describe local teen births.
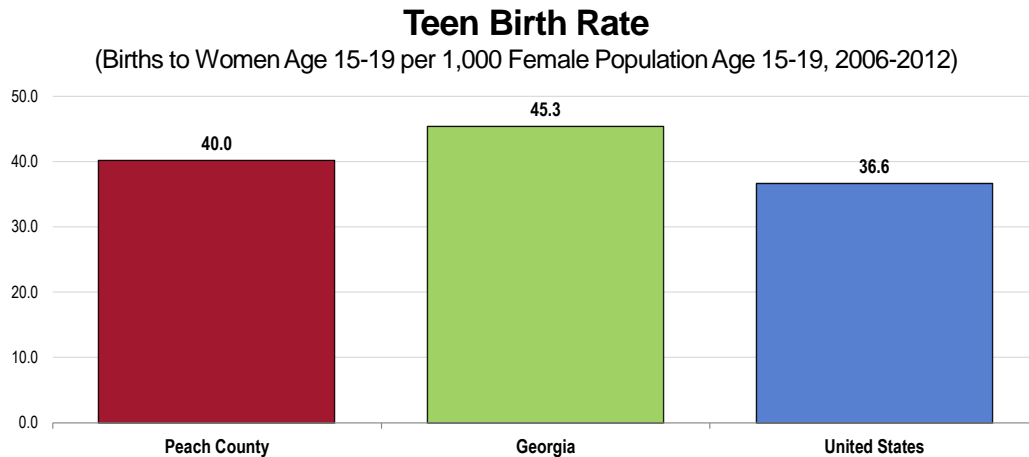
Teen Birth Rate

(Births to Women Age 15-19 per 1,000 Female Population Age 15-19, 2006-2012)

Peach County	Georgia	United States
40.0	45.3	36.6

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.
- This indicator reports the rate of total births to women age 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 the focus groups largely characterized *Family Planning* as a "moderate problem" in the community.

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

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

11.1%	55.6%	33.3%
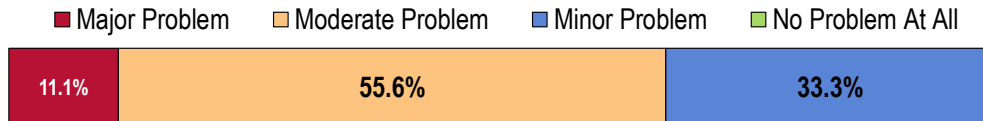
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

Though not a new issue in this community, **teenage pregnancy rates** are believed to have drastically increased. This region only offers sexual education classes with parental permission, and participants fear that many parents are also not educating their children at home. 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.

> *"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*

> *"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*

> *"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

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
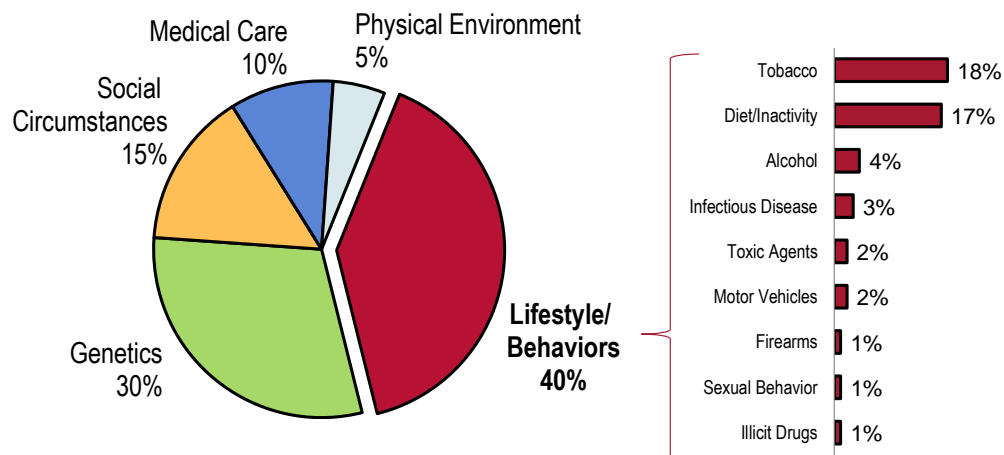
Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, 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 & Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition, Physical Activity & Weight

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

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.

"Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?"

"How many servings of vegetables did you have yesterday?"

The questions above are used to calculate daily fruit/vegetable consumption for adults at the respondent level. The proportion reporting having 5 or more servings per day is shown below.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Peach County, 2015)

Men	31.2%
Women	41.5%
18 to 44	51.3%
45 to 64	32.8%
65+	33.5%
Low Income	31.6%
Mid/High Income	42.7%
White	44.2%
Black	31.6%
Peach County	36.7% (2012: 42.2%)
US	39.5%
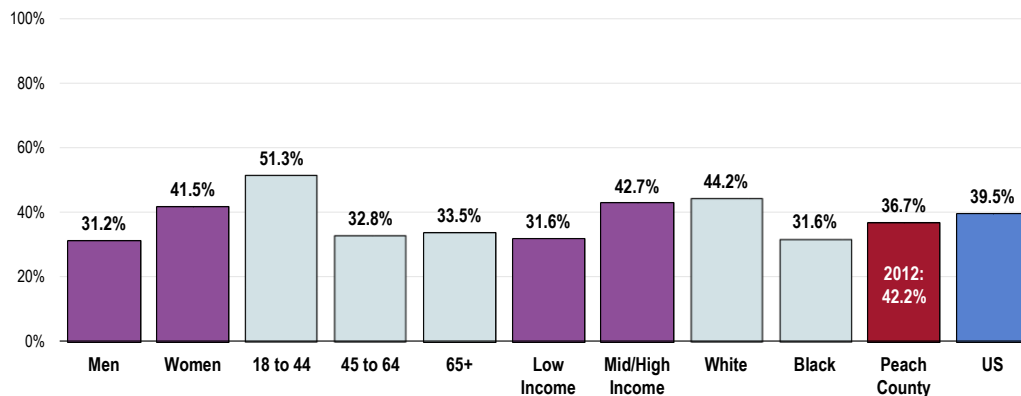
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

"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?"

Find It "Very" or "Somewhat"
Difficult to Buy Affordable Fresh Produce
(Peach County, 2015)

Category	Value
Men	12.0%
Women	25.1%
18 to 44	17.3%
45 to 64	20.3%
65+	25.6%
Low Income	28.4%
Mid/High Income	8.9%
White	16.1%
Black	24.1%
Peach County	18.8%
US	24.4%

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.
- 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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. The chart for this indicator below is based on US Department of Agriculture data.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

8,140 individuals have low food access

Location	Value
Peach County	29.4%
Georgia	31.5%
United States	23.6%

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.

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)

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

Physical Activity Levels

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.

"During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

- Note the corresponding Healthy People 2020 target in the chart below.

Meeting Physical Activity Recommendations. Meeting physical activity requirements means satisfying a minimum threshold of minutes per week with a combination of vigorous- and/or moderate-intensity physical activity (as determined from the questions below). These thresholds are described in the orange box above.

"Vigorous activities cause large increases in breathing or heart rate, while moderate activities cause small increases in breathing or heart rate. Now, thinking about when you are not working, how many days per week or per month do you do <u>vigorous</u> activities for at least 20 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing and heart rate?"

"And on how many days per week or per month do you do <u>moderate</u> activities for at least 30 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?"

No Leisure-Time
Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower

Meets Physical Activity
Recommendations

No Leisure-Time Physical Activity in the Past Month
Peach County: 22.3% (2012: 31.3%); US: 20.7%

Meets Physical Activity Recommendations
Peach County: 42.1% (2012: 39.5%); US: 50.3%

No Leisure-Time Physical Activity in the Past Month
(Peach County, 2015)
Healthy People 2020 Target = 32.6% or Lower

Men	Women	18 to 44	45 to 64	65+	Low Income	Mid/High Income	White	Black	Peach County
16.9%	27.2%	14.0%	26.0%	47.0%	27.8%	14.9%	25.9%	20.9%	22.3%

Meets Physical Activity Recommendations
(Peach County, 2015)

Men	Women	18 to 44	45 to 64	65+	Low Income	Mid/High Income	White	Black	Peach County
47.3%	37.5%	52.6%	35.1%	30.3%	36.9%	48.5%	40.9%	47.1%	42.1%

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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Access to Physical Activity

Recreation & Fitness Facility Access. 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)

Peach County	Georgia	United States
3.6	7.8	9.4
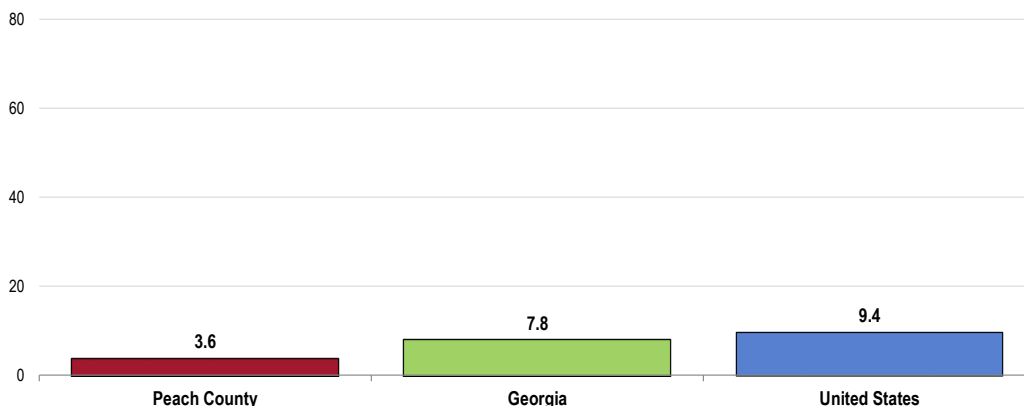
Sources: ● US Census Bureau, County Business Patterns: 2012. Additional data analysis by CARES.
● Retrieved April 2015 from Community Commons at http://www.chna.org.
Notes: ● Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *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.

Children's Physical Activity

"During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"

Child Is Physically Active for One or More Hours per Day
(Among Children Age 2-17)
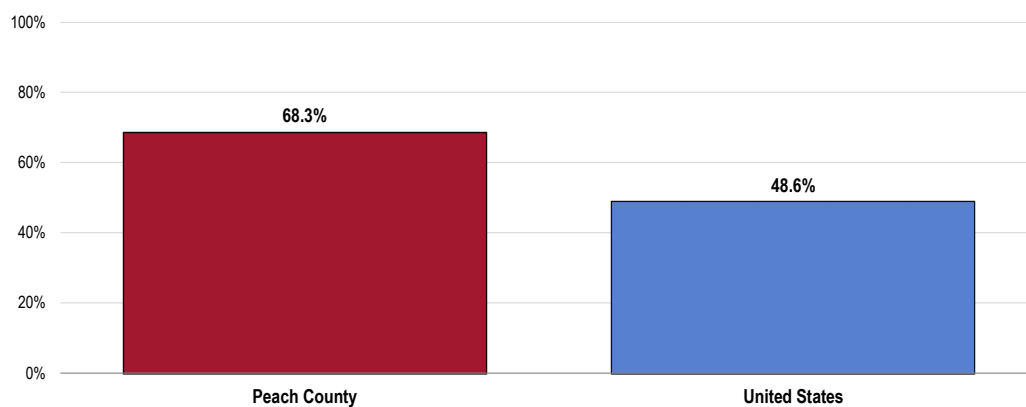
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
           ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
           ● Includes children reported to have one or 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: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥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 ≥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
Healthy Weight	18.5 – 24.9
Overweight, not Obese	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

"About how much do you weigh without shoes?"

"About how tall are you without shoes?"

The survey questions above were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

- Note the Healthy People 2020 target for obesity.

Overweight or Obese
(Adults With a BMI of 25+)

```
100%
80%        83.1%
60%                       63.1%
40%
20%
 0%   2012: 74.2%
      Peach County        US
```
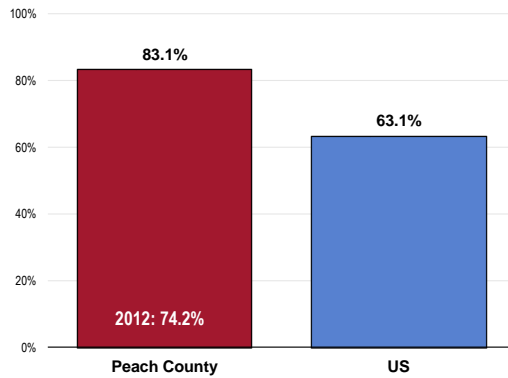
Obese
(Adults With a BMI of 30+)
Healthy People 2020 Target = 30.5% or Lower

Only 16.7% of Peach County adults are at a Healthy Weight (BMI 18.5-24.9)

```
100%
80%
60%
40%        39.2%
20%                       29.0%
 0%   2012: 37.7%
      Peach County        US
```
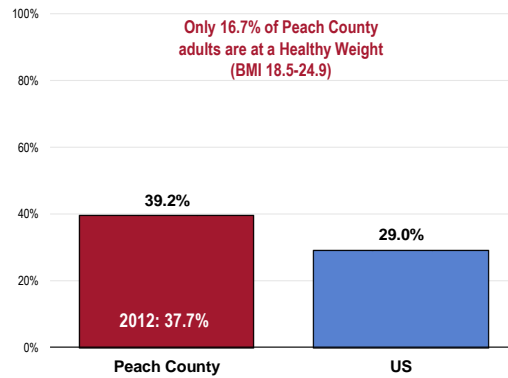
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
Notes: ● Based on reported heights and weights, asked of all respondents.

Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; Peach County, 2015)
Healthy People 2020 Target = 30.5% or Lower
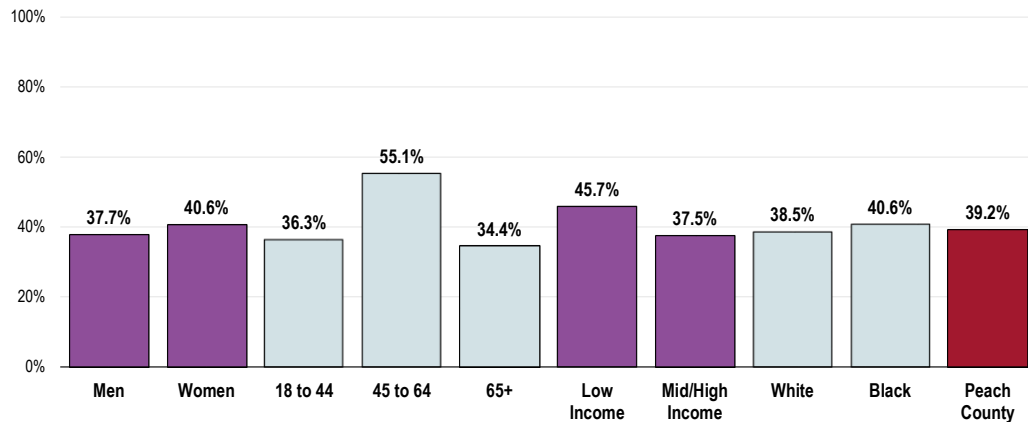
```
100%

 80%

 60%                              55.1%
                                                        45.7%
 40%   37.7%  40.6%  36.3%               34.4%                 37.5%  38.5%  40.6%  39.2%

 20%

  0%   Men   Women  18 to  45 to  65+   Low    Mid/High White  Black  Peach
                     44    64          Income  Income                  County
```

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% 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.

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)

Weight Management. The following three questions were used to calculate the proportion of adults who are overweight or obese and who are using a combination of both diet and exercise in order to try to lose weight.

"Are you now trying to lose weight?"

"Are you eating either fewer calories or less fat to lose weight?"

"Are you using physical activity or exercise to lose weight?"

Trying to Lose Weight by Both
Modifying Diet and Increasing Physical Activity
(Among Overweight or Obese Respondents)
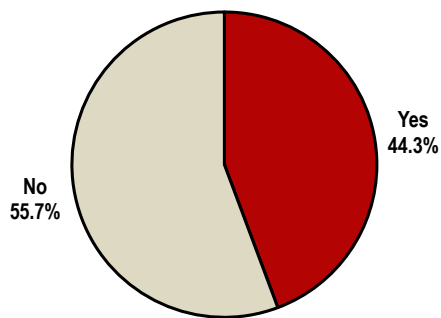
Peach County
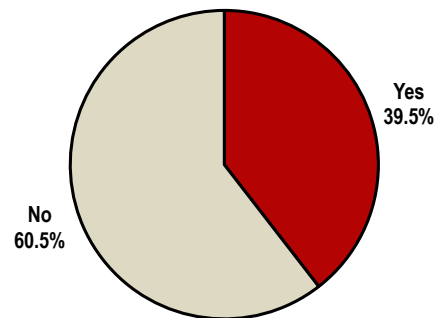
Yes
44.3%

No
55.7%

United States

Yes
39.5%

No
60.5%

Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
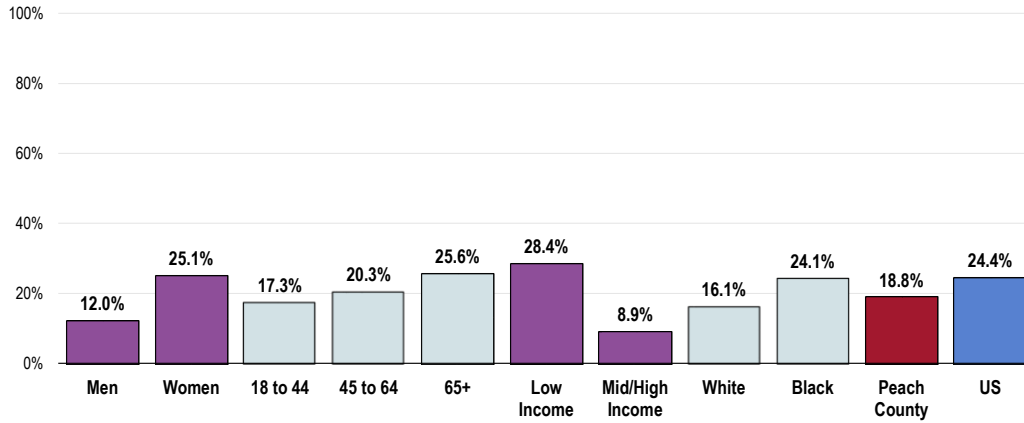   ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents who are overweight or obese based on reported heights and weights.

Health Advice About Physical Activity & Exercise

"During the past 12 months, has a doctor asked you about or given you advice regarding diet and nutrition?"

"During the past 12 months, has a doctor asked you about or given you advice regarding physical activity or exercise?"

"In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?"

The chart below details responses to these questions among the total sample of respondents, as well as responses segmented by weight classification based on calculated BMI.
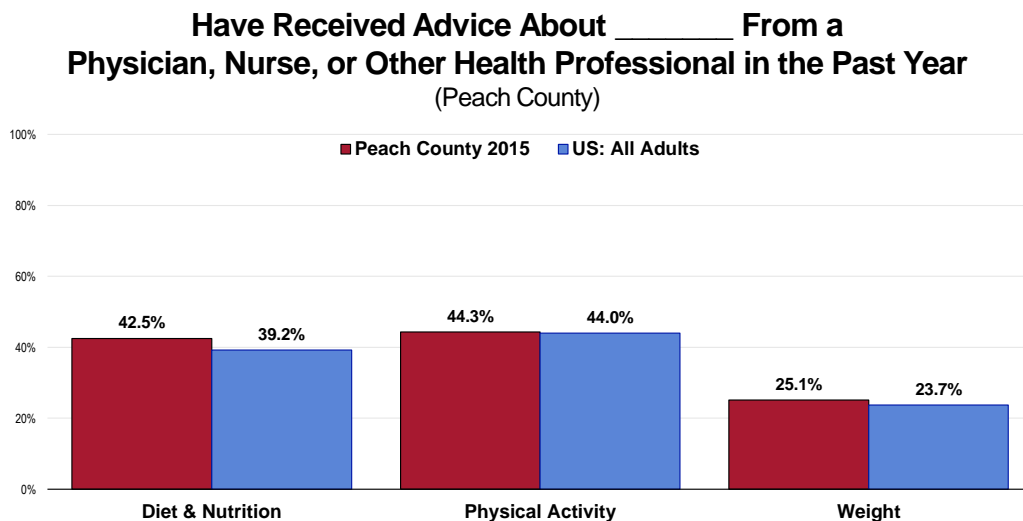
Have Received Advice About _____ From a Physician, Nurse, or Other Health Professional in the Past Year
(Peach County)

	Diet & Nutrition	Physical Activity	Weight
Peach County 2015	42.5%	44.3%	25.1%
US: All Adults	39.2%	44.0%	23.7%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 26-27]
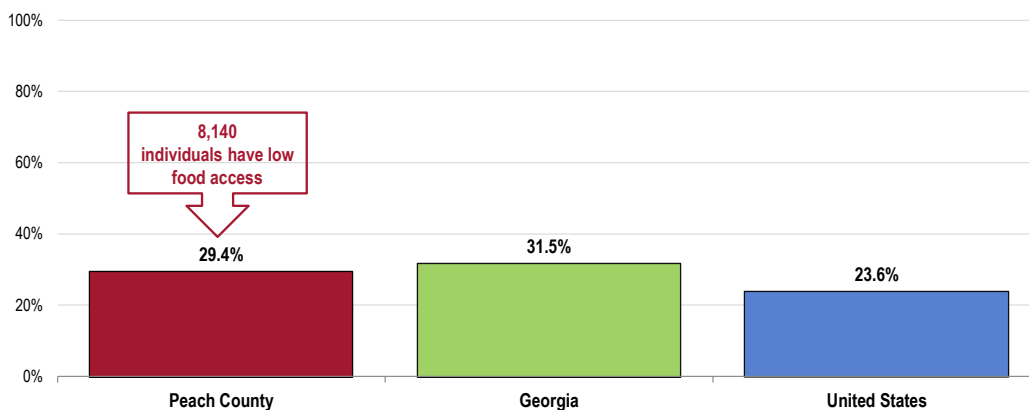　　　　　● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes:　● Asked of all respondents.

Key Informant Input: Nutrition, Physical Activity & Weight

A majority of key informants taking part in the focus groups 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)

■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

80.0%	20.0%
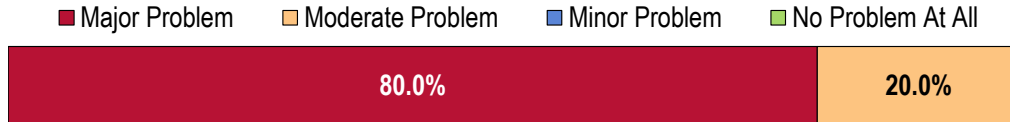
Sources: • PRC Key Informant Focus Groups, Macon, GA, March 2015.

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. 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. On a positive note, at least one farmers' market (Mulberry in Houston County) matches SNAP dollars so that low-income residents can qualify for more healthful 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.

> *"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 this region, 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. Overall, 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*

> *"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 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*

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. This area also has a phone referral service that acts as a navigator for residents, and the county hospital 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*

> *"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)

Related Age-Adjusted Mortality

Cirrhosis/Liver Disease. Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The chart below outlines age-adjusted mortality for cirrhosis/liver disease in the area.

Drug-Induced Deaths. Drug-induced deaths include all deaths for which drugs are the underlying cause, including those attributable to acute poisoning by drugs (drug overdoses) and deaths from medical conditions resulting from chronic drug use (e.g., drug-induced Cushing's syndrome). A "drug" includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. These deaths may also be either intentional (e.g., suicide) or unintentional (accidental). The chart below outlines local age-adjusted mortality for drug-induced deaths.

- Note the corresponding Healthy People 2020 targets.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower
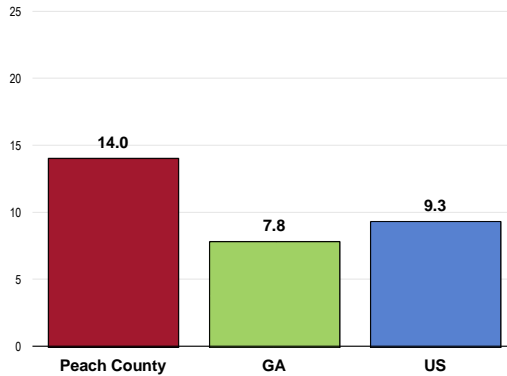
Peach County	GA	US
14.0	7.8	9.3

Drug-Induced Deaths: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower
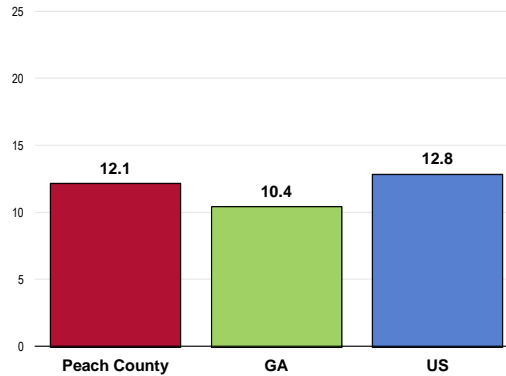
Peach County	GA	US
12.1	10.4	12.8

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 [Objectives SA-11 and 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.
● Local, state and national data are simple three-year averages.

Alcohol Use

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, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

"During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"

Excessive Drinkers. 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.

"On the day(s) when you drank, about how many drinks did you have on the average?"

"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?"

Current Drinkers

- Peach County: 40.0% (2012: 38.8%)
- US: 56.5%

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower


- Peach County: 12.5% (2012: 18.3%)
- US: 23.2%
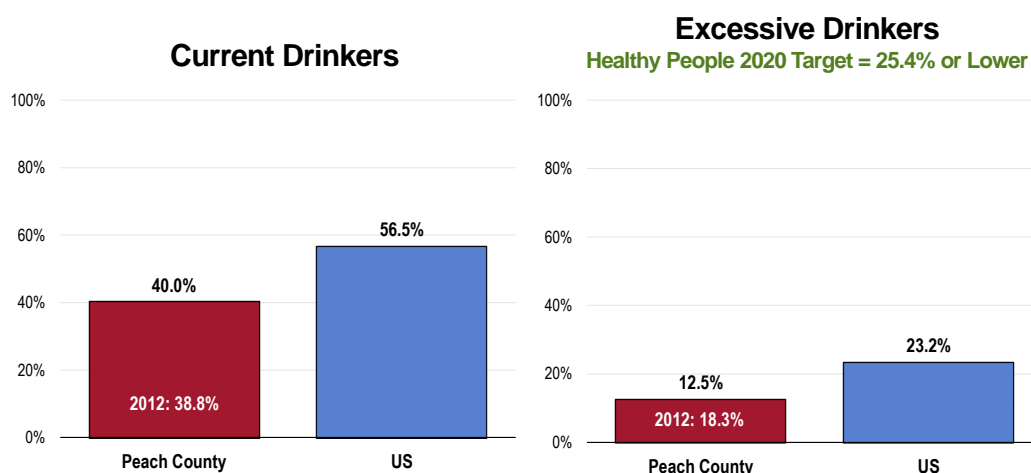
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 160, 164]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Current drinkers had at least one alcoholic drink in the past month.
● Excessive drinking reflects the number of persons 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.

Excessive Drinkers
(Total Area, 2015)
Healthy People 2020 Target = 25.4% or Lower

- Men: 15.8%
- Women: 9.6%
- 18 to 44: 14.7%
- 45 to 64: 12.1%
- 65+: 4.7%
- Low Income: 6.5%
- Mid/High Income: 18.9%
- White: 13.9%
- Black: 8.8%
- Peach County: 12.5%
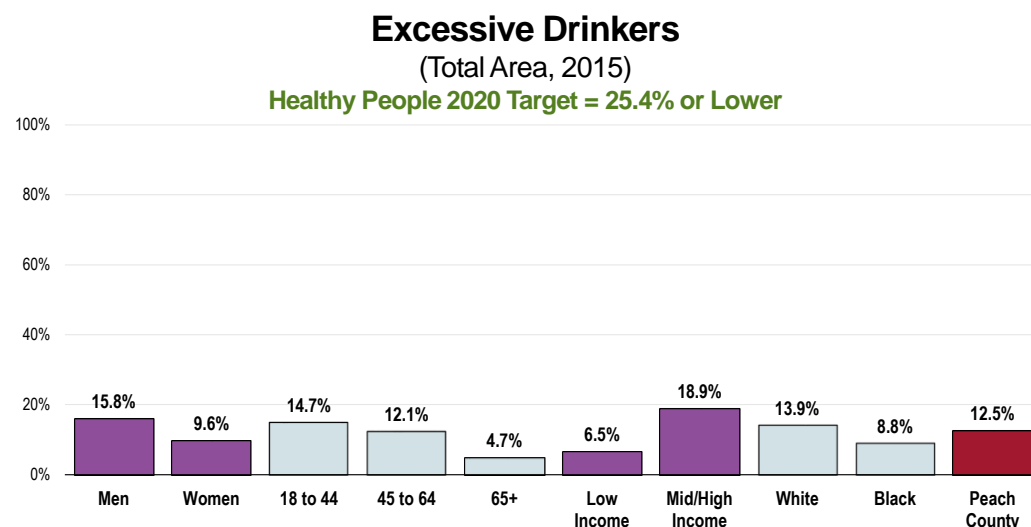
Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% 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. 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.

"During the past 30 days, how many times have you driven when you've had perhaps too much to drink?"

Have Driven in the Past Month
After Perhaps Having Too Much to Drink
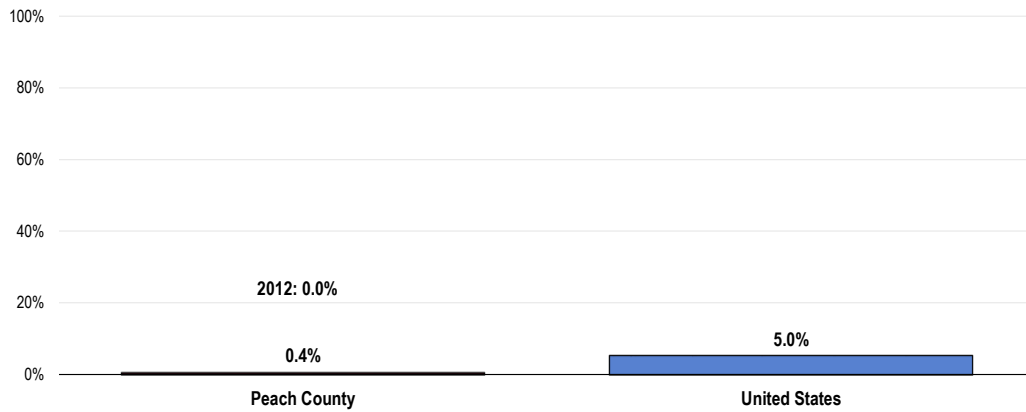
100%

80%

60%

40%

20%

2012: 0.0%

0.4%

5.0%

0%

Peach County

United States

Illicit Drug Use

"During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?"

Illicit Drug Use in the Past Month
Healthy People 2020 Target = 7.1% or Lower
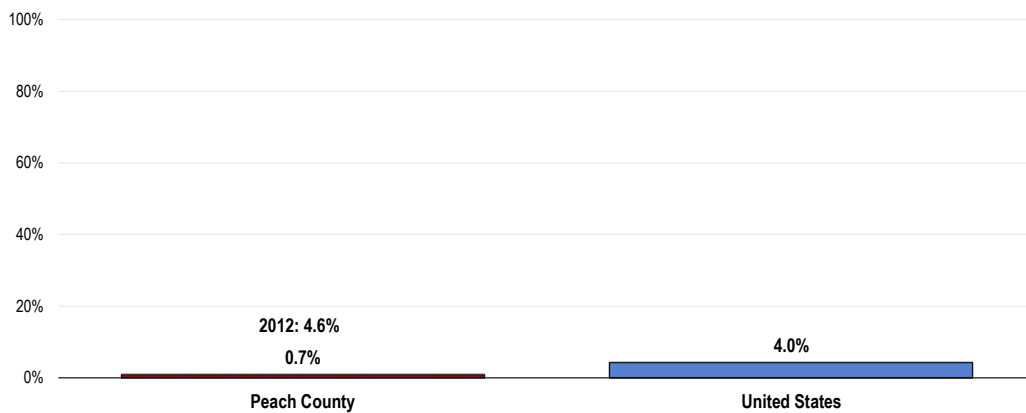
100%

80%

60%

40%

20%

2012: 4.6%

0.7%

4.0%

0%

Peach County

United States

Alcohol & Drug Treatment

"Have you ever sought professional help for an alcohol or drug-related problem?"

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

2012: 5.6%

	Peach County	United States
	5.0%	4.9%
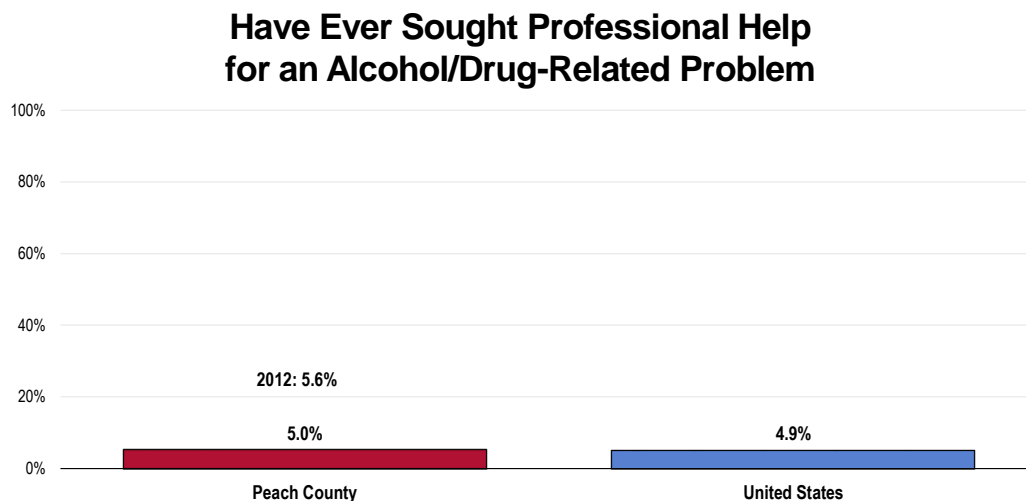
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in the focus groups characterized *Substance Abuse* as a "moderate problem" in the community.

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

■ Major Problem ☐ Moderate Problem ☐ Minor Problem ☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem
10.0%	60.0%	30.0%
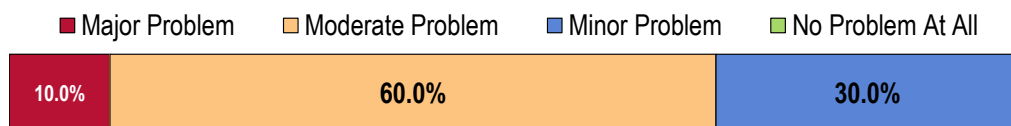
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

Substance abuse is not a new issue in this community, but 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. Participants believe that marijuana has become commonplace in the region and is 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

"Do you now smoke cigarettes every day, some days, or not at all?"

- Note the Healthy People 2020 target.

Current Smokers
Healthy People 2020 Target = 12.0% or Lower

Peach County	Georgia	United States
10.3% (2012: 24.4%)	18.8%	14.9%
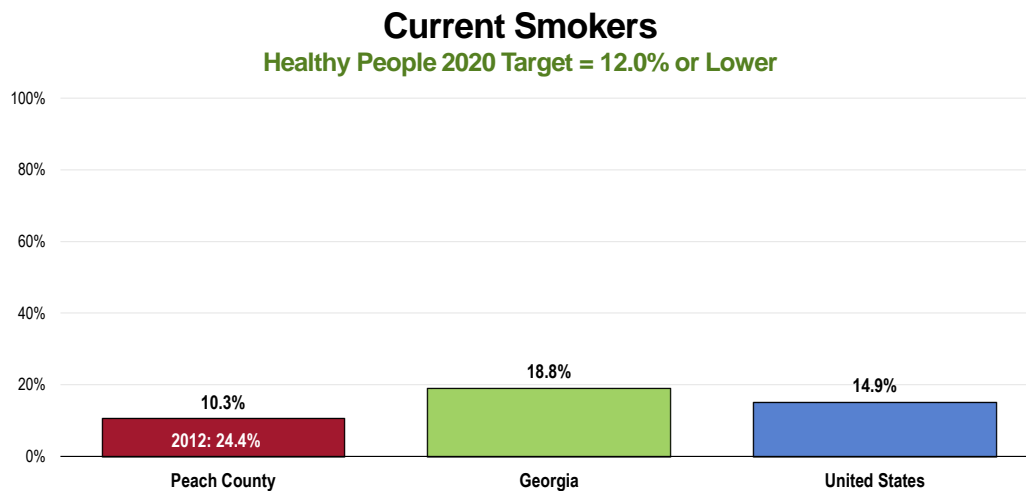
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers 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.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

Current Smokers
(Peach County, 2015)
Healthy People 2020 Target = 12.0% or Lower
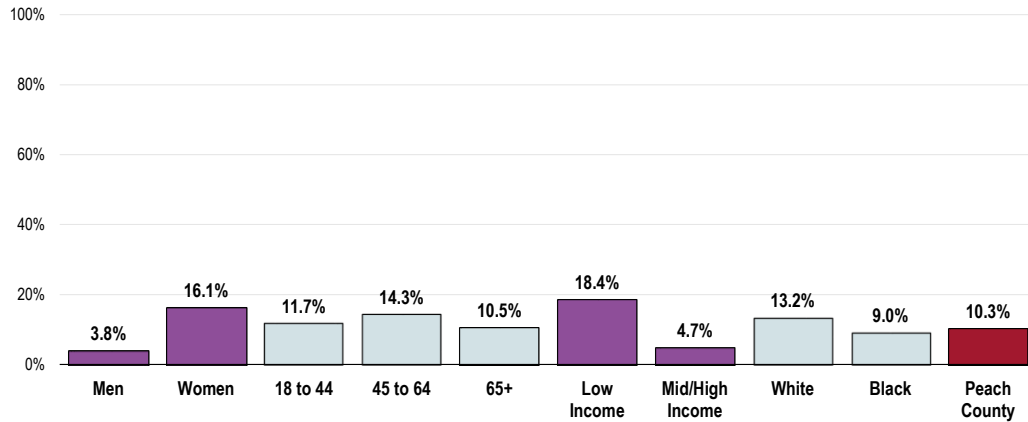
Category	Percentage
Men	3.8%
Women	16.1%
18 to 44	11.7%
45 to 64	14.3%
65+	10.5%
Low Income	18.4%
Mid/High Income	4.7%
White	13.2%
Black	9.0%
Peach County	10.3%

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% 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).

Secondhand Smoke

"In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?"

The following chart details these responses among the total sample of respondents, as well as among only non-smokers and only households with children age 0-17.

Member of Household Smokes At Home
(Peach County, 2015)

Non-smokers exposed to smoke in the home: 2.8%
(US = 6.3%)

Category	Percentage
Men	4.1%
Women	12.6%
18 to 44	6.8%
45 to 64	9.8%
65+	6.6%
Low Income	14.5%
Mid/High Income	5.1%
White	7.1%
Black	7.7%
Peach County	8.5% (2012: 21.4%)
US	12.7%
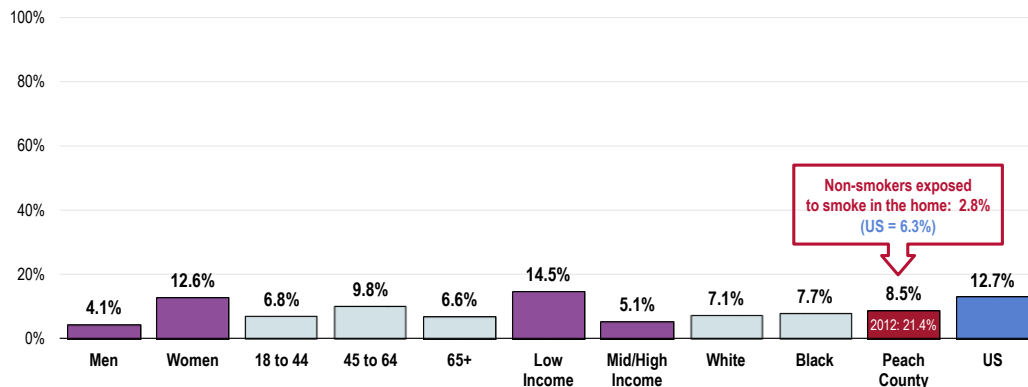
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% 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.

Other Tobacco Use

"Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?"

"Do you now smoke cigars every day, some days, or not at all?"

Use of Smokeless Tobacco
Healthy People 2020 Target = 0.3% or Lower

2012: 3.4%

Peach County	US
5.7%	4.0%

Use of Cigars
Healthy People 2020 Target = 0.2% or Lower

2012: 8.0%

Peach County	US
0.7%	4.1%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 60, 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 [Objectives TU-1.2 and TU-1.3]
Notes: ● Asked of all respondents.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in the focus groups characterized *Tobacco Use* as a "moderate problem" in the community.

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

■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

Major Problem	Moderate Problem	Minor Problem
30.0%	50.0%	20.0%
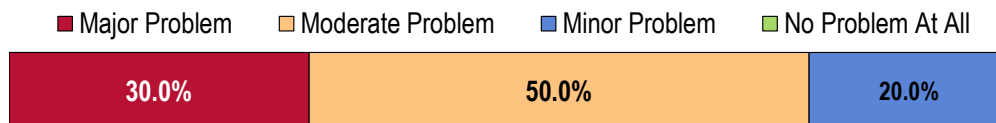
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

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 an awareness campaign, 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.

> *"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*

> *"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 Healthcare Services

Access to Health Services

Lack of Health Insurance Coverage (Age 18 to 64)

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources. 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).

"Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?"

"Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?"

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64)
Healthy People 2020 Target = 0.0% (Universal Coverage)

	Peach County	Georgia	United States
	11.8% (2012: 29.4%)	27.3%	15.1%
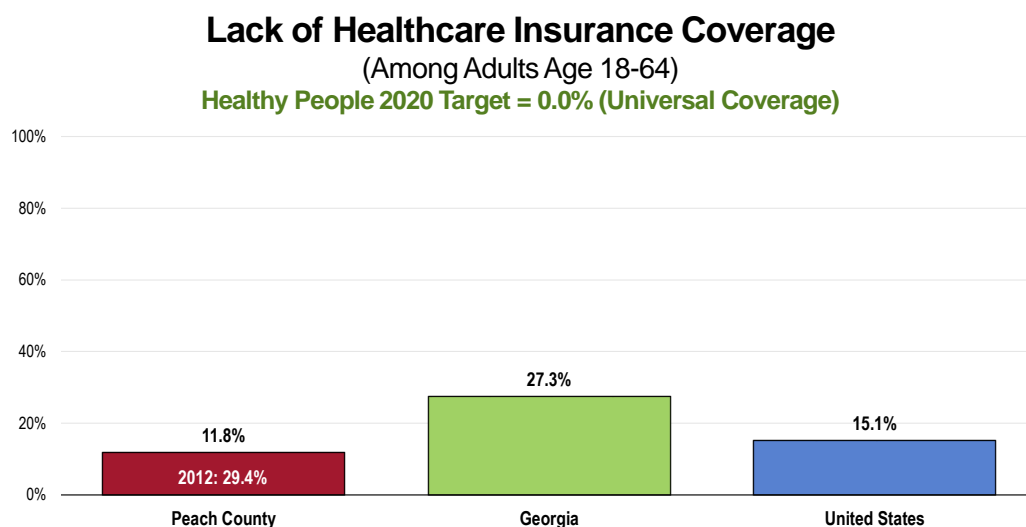
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
- 2013 PRC 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.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; Peach County, 2015)
Healthy People 2020 Target = 0.0% (Universal Coverage)
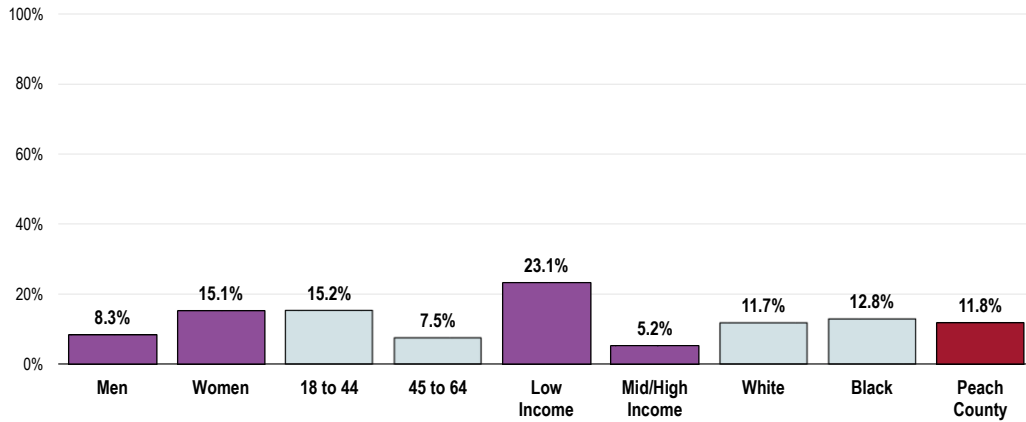
Chart values:
- Men: 8.3%
- Women: 15.1%
- 18 to 44: 15.2%
- 45 to 64: 7.5%
- Low Income: 23.1%
- Mid/High Income: 5.2%
- White: 11.7%
- Black: 12.8%
- Peach County: 11.8%

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among insured respondents only: *"During the past 12 months, did you have health insurance coverage ALL of the time, or was there a time in the year when you did NOT have any health coverage?"*

Went Without Healthcare Insurance Coverage At Some Point in the Past Year
(Among Insured Adults; Peach County, 2015)

Chart values:
- Men: 7.6%
- Women: 8.2%
- 18 to 44: 22.4%
- 45 to 64: 4.4%
- 65+: 0.9%
- Low Income: 16.0%
- Mid/High Income: 4.0%
- White: 12.1%
- Black: 4.5%
- Peach County: 7.9% (2012: 8.4%)
- US: 8.1%
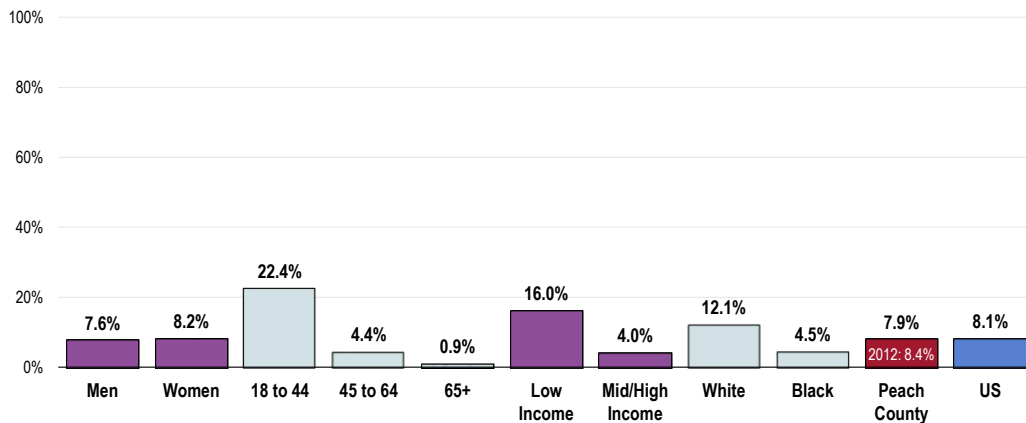
Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% 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)

Barriers to Healthcare Access

To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

"Was there a time in the past 12 months when…

- *… you needed medical care, but had **difficulty finding a doctor**?"*
- *… you had **difficulty getting an appointment** to see a doctor?"*
- *… you needed to see a **doctor, but could not because of the cost**?"*
- *… a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?"*
- *… you were not able to see a doctor because the **office hours were not convenient**?"*
- *… you needed a **prescription medicine, but did not get it because you could not afford it**?"*

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have
Prevented Medical Care in the Past Year

Legend: Peach County 2012, Peach County 2015, US

	Cost (Prescriptions)	Cost (Doctor Visit)	Inconvenient Office Hours	Lack of Transportation	Getting a Dr Appointment	Finding a Doctor
Peach County 2012	29.5%	28.1%	16.0%	10.4%	15.9%	15.0%
Peach County 2015	16.1%	15.8%	12.7%	11.1%	9.9%	7.3%
US	15.8%	18.2%	15.4%	9.4%	17.0%	11.0%
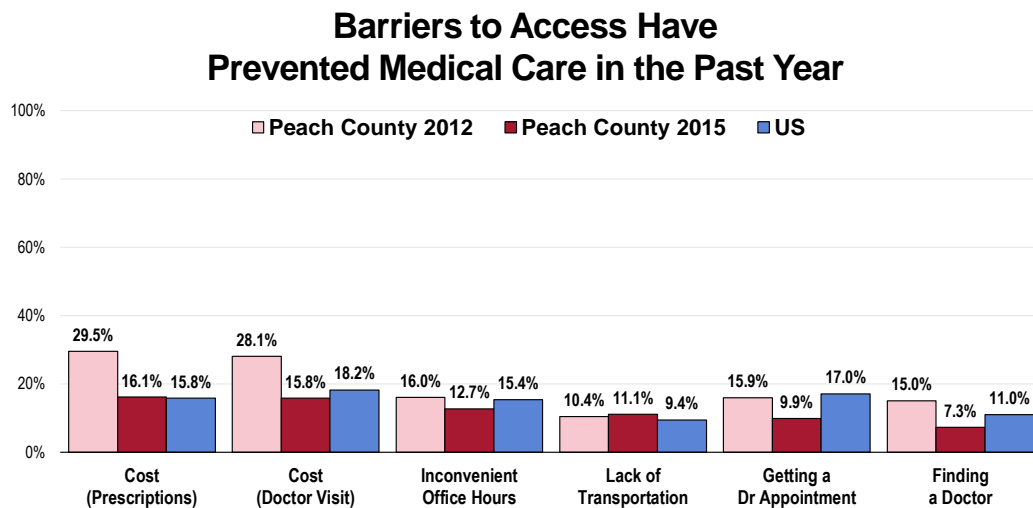
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

The following chart reflects the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Peach County, 2015)

Category	Value
Men	30.5%
Women	45.0%
18 to 44	33.3%
45 to 64	44.3%
65+	14.4%
Low Income	56.5%
Mid/High Income	22.9%
White	33.4%
Black	38.9%
Peach County	38.1% (2012: 44.2%)
US	39.9%
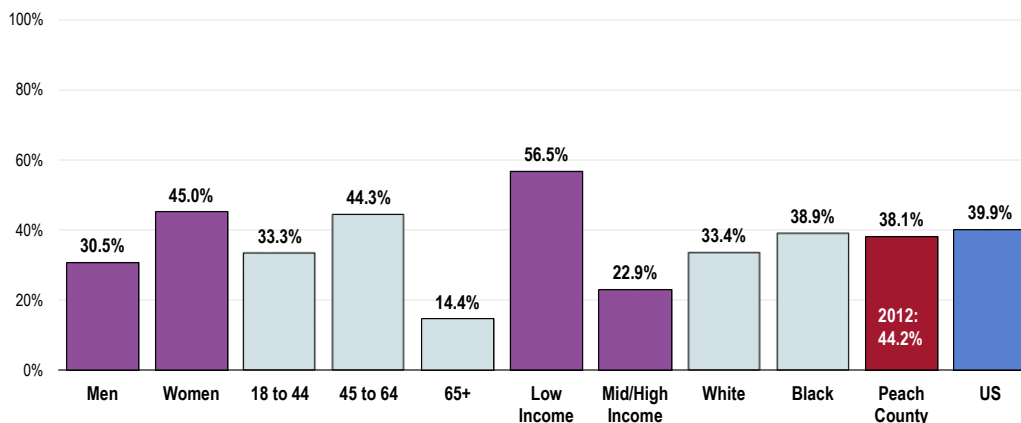
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prescriptions

"Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?"

Skipped or Reduced Prescription Doses in
Order to Stretch Prescriptions and Save Money
(Peach County, 2015)

Chart showing percentages by category:
- Men: 11.7%
- Women: 16.3%
- 18 to 44: 12.6%
- 45 to 64: 25.7%
- 65+: 5.1%
- Low Income: 22.7%
- Mid/High Income: 6.5%
- White: 14.6%
- Black: 12.9%
- Insured: 11.6%
- Uninsured: 35.7%
- Peach County: 14.1% (2012: 21.6%)
- US: 15.3%
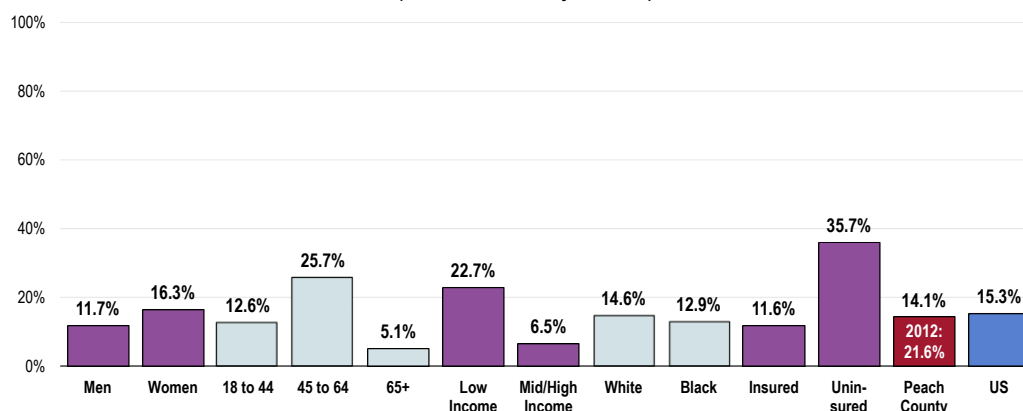
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% 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

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.

"Was there a time in the past 12 months when you needed medical care for this child, but could not get it?"

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child reported barriers due to cost or lack of insurance coverage.

- Peach County: 3.3% (2012: 0.0%)
- United States: 6.0%
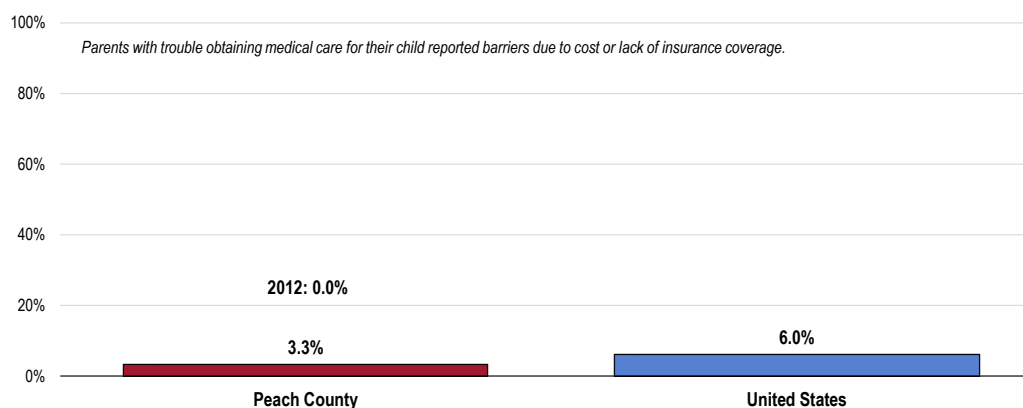
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

Key informants taking part in the focus groups 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)

■ Major Problem	□ Moderate Problem	■ Minor Problem	□ No Problem At All

70.0%	30.0%
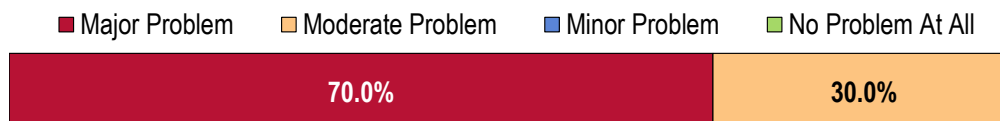
Sources:　● PRC Key Informant Focus Groups, Macon, GA, March 2015.

Group discussion regarding access to healthcare services centered on the following concerns:

- Health education
- Limited resources
- Lack of providers
- Lack of specialists
- Cost
- Funding
- Transportation

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

On a positive note, 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. 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. 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.

> *"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

Throughout the focus groups, participants relayed how **limited** and overwhelmed many of their health resources are. This area often finds their healthcare resources to be extremely limited, and participants note that even routine healthcare can be difficult to access. 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.

Nevertheless, many respondents in this region are 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.

> *"All we've been talking about here is trying to throw a cup of water on a raging fire."* — Peach 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, 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 these 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*

> *"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. Dental services are also a great need here, as many patients are being 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 are being repeatedly admitted to the ER, due to a lack of follow-up services.

> *"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 region overall, especially in terms of insurance, treatment for specific health issues, and medications. 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. 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 <u>with</u> 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*

> *"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

"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, as residents face lacking 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; therefore, 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. 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*

> *"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 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

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)

Bar chart:
- Peach County: 25.3 (7 Primary Care Physicians)
- Georgia: 63.6 (6,312 Primary Care Physicians)
- United States: 74.5 (233,862 Primary Care Physicians)
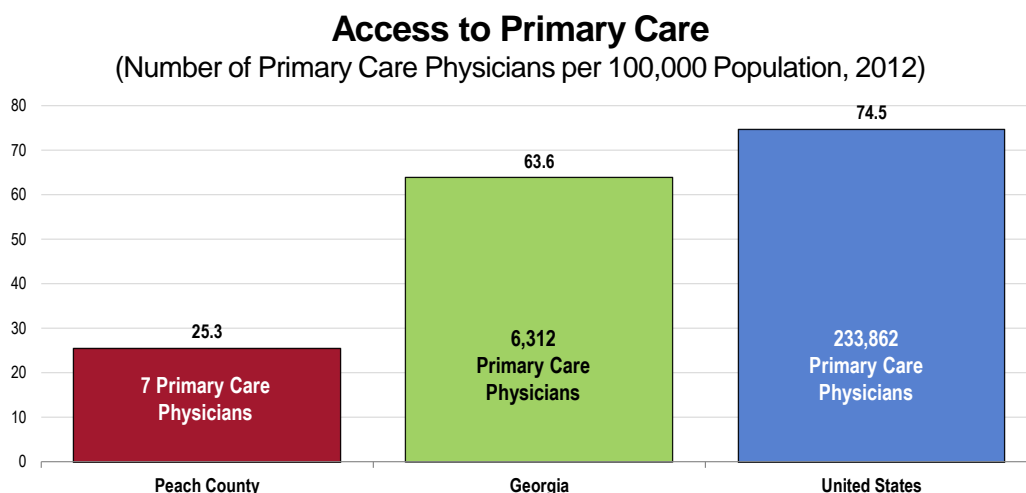
Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved April 2015 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

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).

"Is there a particular place that you usually go to if you are sick or need advice about your health?"

"What kind of place is it: a medical clinic, an urgent care center/walk-in clinic, a doctor's office, a hospital emergency room, military or other VA healthcare, or some other place?"

The following chart illustrates the proportion of Peach County population with a specific source of ongoing medical care. Note that a hospital emergency room is <u>not</u> considered a specific source of ongoing care in this instance.

- Note the Healthy People 2020 objectives.

Have a Specific Source of Ongoing Medical Care
(Peach County, 2015)
Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]

Chart values:
- Men: 79.3%
- Women: 62.9%
- 18 to 44: 74.9%
- 45 to 64: 69.0%
- 65+: 78.1%
- Low Income: 58.7%
- Mid/High Income: 81.7%
- White: 78.1%
- Black: 67.5%
- Peach County: 70.8% (2012: 58.9%)
- US: 76.3%

(18-64 = 69.4%)
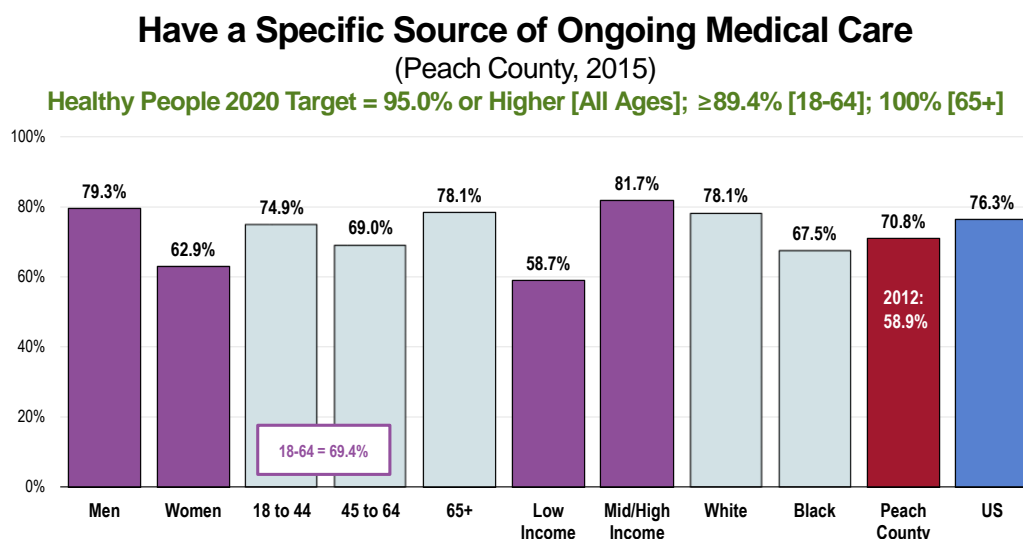
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 166-168]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Utilization of Primary Care Services

Adults: *"A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"*

Children: *"About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"*

Have Visited a Physician
for a Routine Checkup in the Past Year

■ **Peach County** ■ **US**

	Peach County	US
Adults	75.5% (2012: 73.0%)	65.0%
Children	80.2% (2012: 83.2%)	84.1%

Sources:
● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 17, 113]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes:
● Asked of all respondents.

Adults: Have Visited a Physician for a Checkup in the Past Year
(Peach County, 2015)

Men	Women	18 to 44	45 to 64	65+	Low Income	Mid/High Income	White	Black	Peach County
81.4%	70.1%	58.5%	85.4%	95.6%	64.6%	79.8%	71.4%	88.7%	75.5%
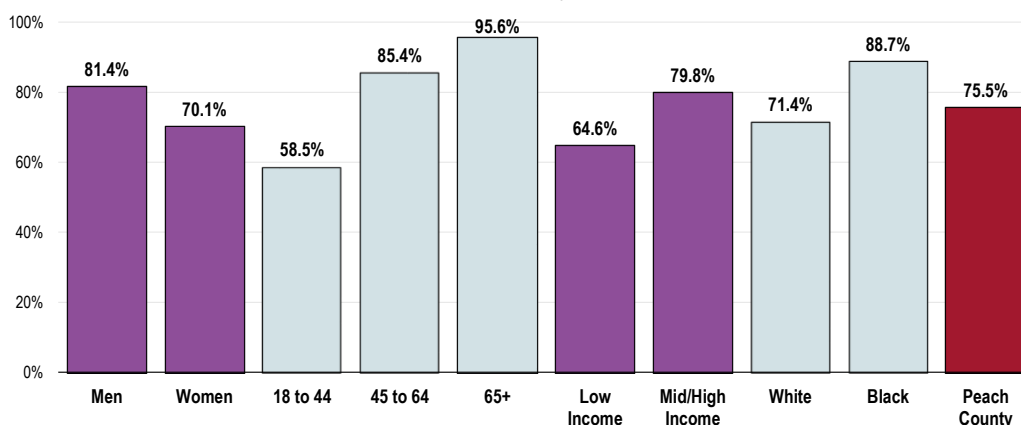
Sources:
● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
Notes:
● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Emergency Room Utilization

"In the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes ER visits that resulted in a hospital admission." (Responses below reflect the percentage with two or more visits in the past year.)

"What is the main reason you used the emergency room instead of going to a doctor's office or clinic?"

Have Used a Hospital Emergency Room
More Than Once in the Past Year
(Peach County, 2015)

Men	Women	18 to 44	45 to 64	65+	Low Income	Mid/High Income	White	Black	Peach County	US
8.1%	19.8%	9.5%	17.5%	27.6%	19.6%	11.1%	10.2%	20.2%	14.2% (2012: 15.2%)	8.9%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 23]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
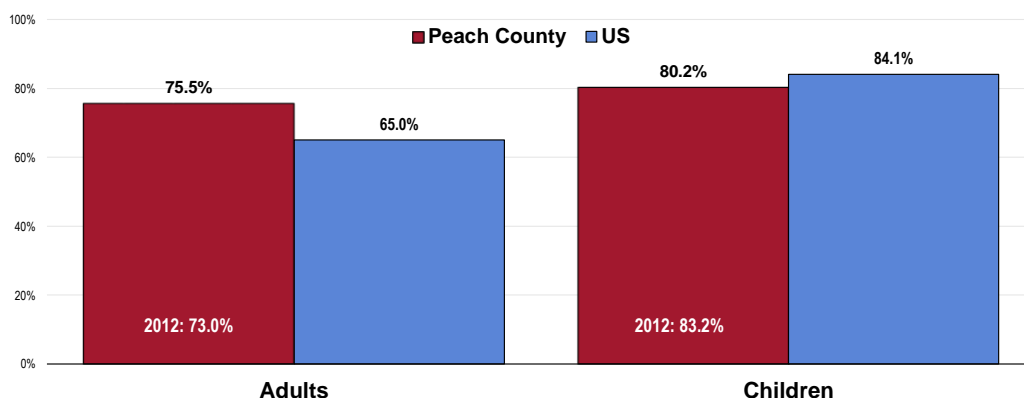
Oral Health

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: *"About how long has it been since you last visited a dentist or a dental clinic for any reason?"*

Children Age 2-17: *"About how long has it been since this child visited a dentist or dental clinic?"*

- Note the Healthy People 2020 target.

Have Visited a Dentist or
Dental Clinic Within the Past Year
Healthy People 2020 Target = 49% or Higher (Adults & Children)

■ **Peach County** ■ **US**

Adults: Peach County 62.4% (2012: 51.9%), US 65.9%
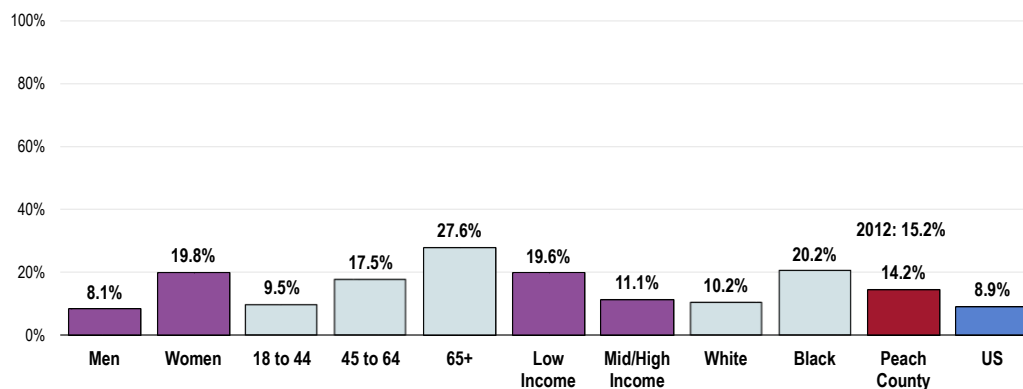Children: Peach County 93.6%, US 81.5%
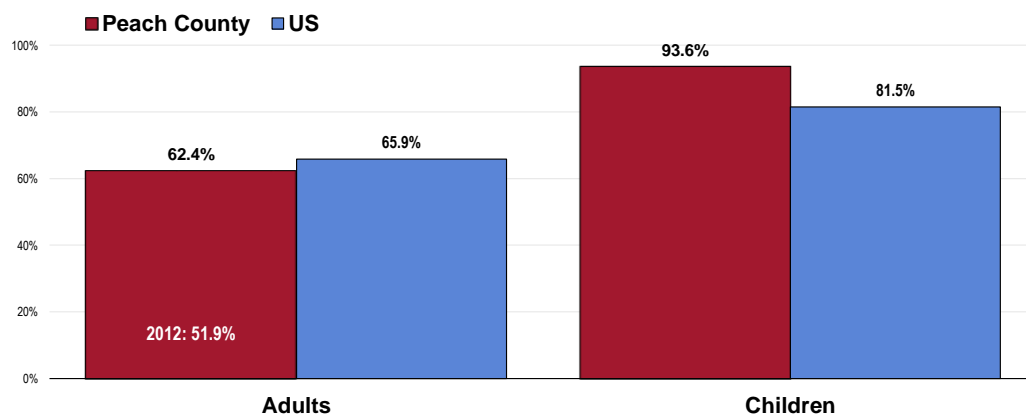
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 21, 116]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Have Visited a Dentist or
Dental Clinic Within the Past Year
(Peach County, 2015)
Healthy People 2020 Target = 49.0% or Higher

Men	Women	18 to 44	45 to 64	65+	Low Income	Mid/High Income	White	Black	Dental Insur	No Dental	Peach County
64.1%	60.8%	69.4%	57.4%	44.1%	39.2%	78.4%	66.5%	58.7%	77.7%	35.4%	62.4%

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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Insurance

"Do you currently have any health insurance coverage that pays for at least part of your dental care?"

**Have Insurance Coverage That Pays
All or Part of Dental Care Costs**

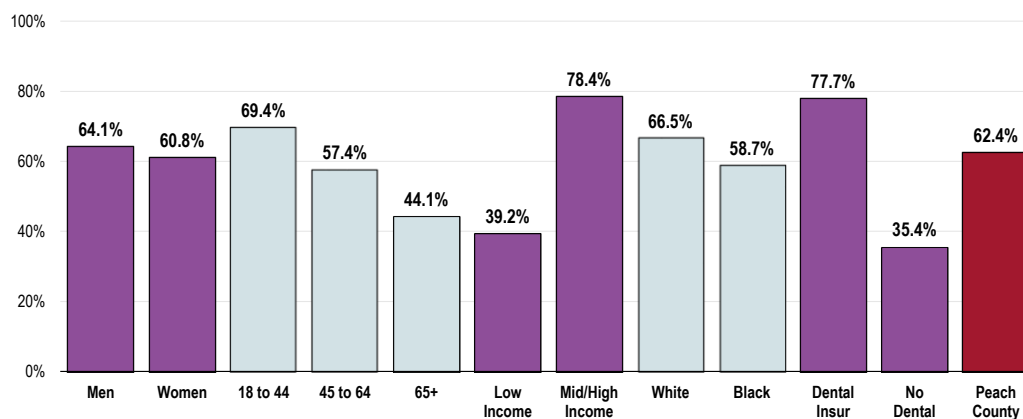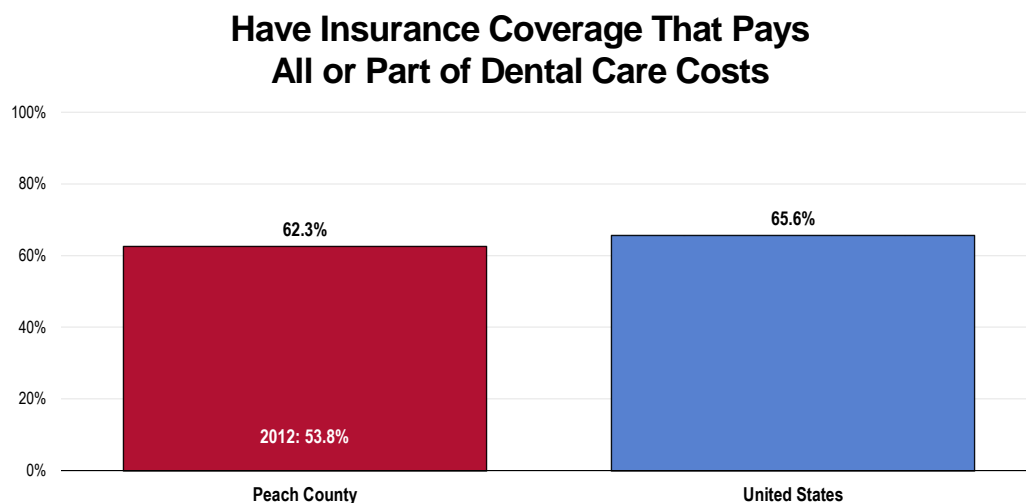Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Oral Health

Half of key informants taking part in the focus groups characterized *Oral Health* as a "moderate problem" in the community.

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

■ Major Problem	■ Moderate Problem	■ Minor Problem	■ No Problem At All
30.0%	50.0%	20.0%	
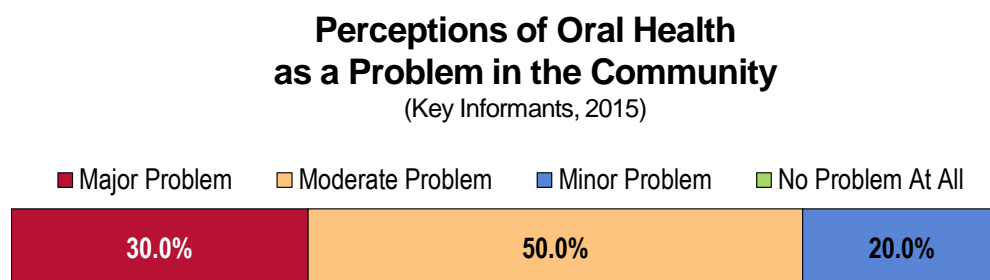
Sources: ● PRC Key Informant Focus Groups, Macon, GA, March 2015.

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
- Cost

Dental providers in this region, overall, are very limited, though this seems to vary by **geography**. Recently, the area 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. 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, other counties (such as Twiggs County) do not have any dentists, though this county does possess the Help a Child Smile mobile RV program. Overall, group members agree that the **cost** of dentistry is also an issue. Participants agree that there needs to be more screenings and services, in general, for the uninsured or underinsured.

> *"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*

> *"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*

> *"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*
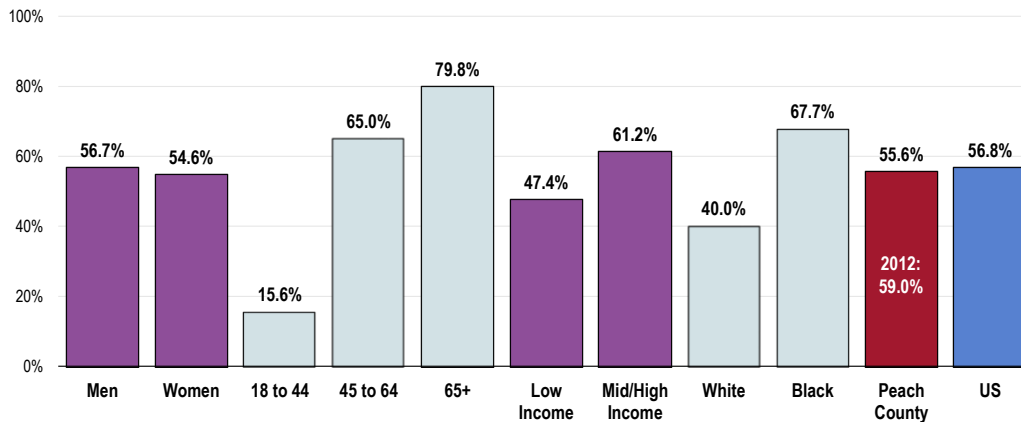
> *"The cost of dentistry is definitely an issue." — Regional participant*

Vision Care

"When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light." (Responses in the following chart represent those with an eye exam within the past 2 years.)

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

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Peach County, 2015)

Category	Percentage
Men	56.7%
Women	54.6%
18 to 44	15.6%
45 to 64	65.0%
65+	79.8%
Low Income	47.4%
Mid/High Income	61.2%
White	40.0%
Black	67.7%
Peach County	55.6% (2012: 59.0%)
US	56.8%

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.
● 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Perceptions of Local Healthcare Services

"How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair or poor?" (Combined "fair/poor" responses are outlined in the following chart.)

Perceive Local Healthcare Services as "Fair/Poor"
(Peach County, 2015)

Category	Value
Men	6.9%
Women	22.1%
18 to 44	16.7%
45 to 64	10.9%
65+	12.0%
Low Income	25.3%
Mid/High Income	6.0%
White	11.9%
Black	7.0%
Insured	12.2%
Uninsured	37.4%
Peach County	14.9% (2012: 22.2%)
US	16.5%

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.
- 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 less than 100% of the federal poverty level, along with those households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
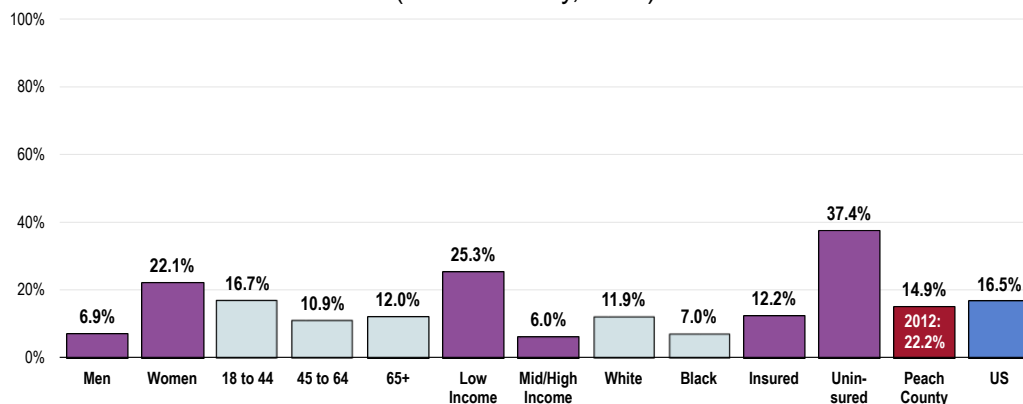
Resources Available to Address the Significant Health Needs

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.

- Central Georgia Cancer Care
- Feed Center Free Medical Clinic
- Local Dentists
- Local Diabetes Management Programs
- Local Gyms
- Local Parks and Trails
- Local Physicians
- Local School Counselors
- Local School Nutrition
- Local Stroke Prevention Programs
- Peach County Health Department
- Phoenix Center
- Rehoboth Organization
- The Medical Center of Peach County Navicent Health
- Volunteer Medical Clinic
- W T Anderson Health Center
- WIC Program