2018 Community Health Needs Assessment Report

Central Georgia

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

Prepared for:
   Navicent Health

By:

   Professional Research Consultants, Inc.
   11326 P Street   Omaha, NE 68137-2316
   www.PRCCustomResearch.com

Professional Research Consultants, Inc.

Table of Contents

Introduction

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2012 and 2015, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Navicent Health. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

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

Methodology

This assessment incorporates data from primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

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

PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

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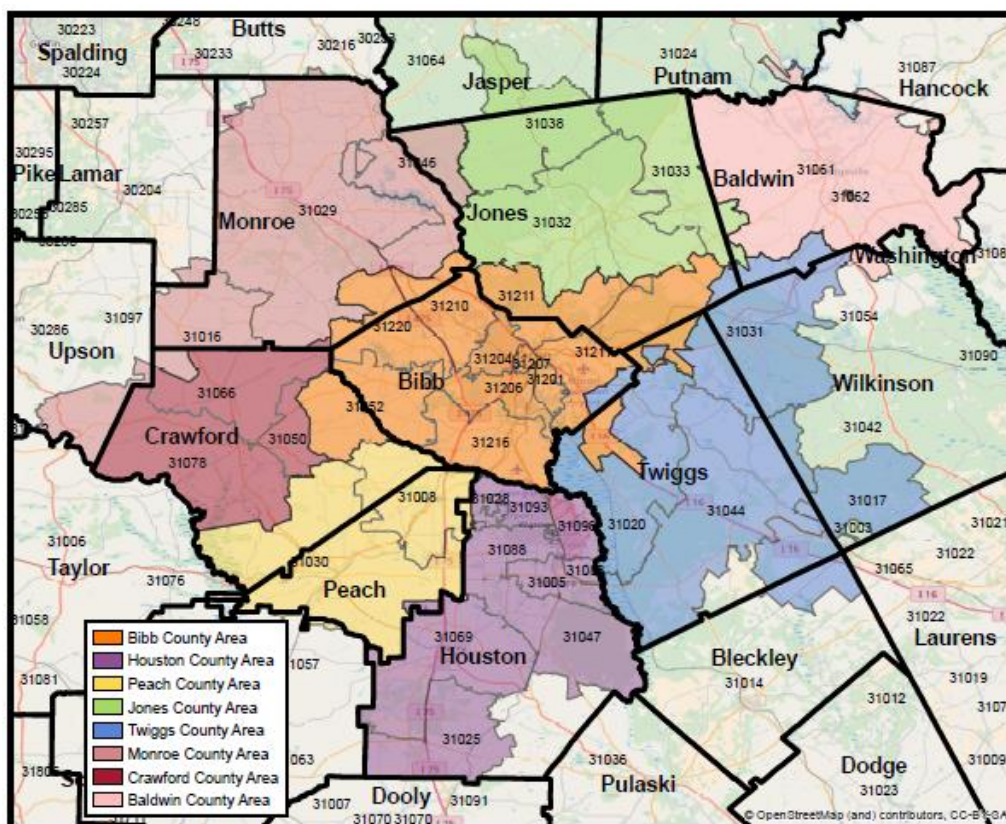
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 1,202 individuals age 18 and older in the Total Area, including 201 in Baldwin County, 300 in Bibb County, 300 in Houston County, 201 in Peach County, and 200 in the Other Counties. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,202 respondents is ±2.8% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 1,203 Respondents at the 95 Percent Level of Confidence
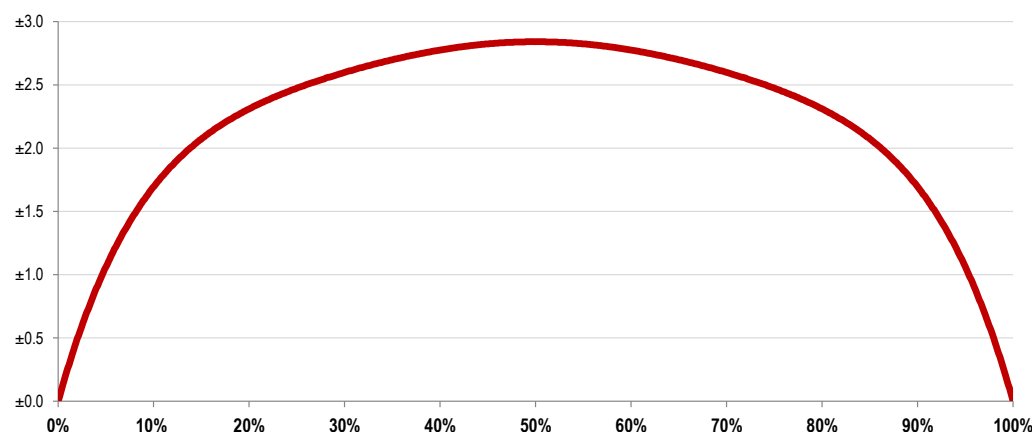
Note: ● The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: ● If 10% of the sample of 1,200 respondents answered a certain question with a "yes," it can be asserted that between 8.3% and 11.7% (10% ± 1.7%) of the total population would offer this response.
● If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.2% and 52.8% (50% ± 2.8%) of the total population would respond "yes" if asked this question.

Sample Characteristics

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

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

Population & Survey Sample Characteristics
(Total Area, 2018)

Legend: ☐ Actual Population   ■ Weighted Survey Sample

Category	Actual Population	Weighted Survey Sample
Men	47.5%	47.5%
Women	52.5%	52.5%
18 to 39	39.8%	39.8%
40 to 64	42.9%	43.0%
65+	17.4%	17.2%
White	55.9%	56.8%
Black	33.0%	34.7%
Hispanic	3.4%	3.5%
<200% FPL	42.9%	42.9%
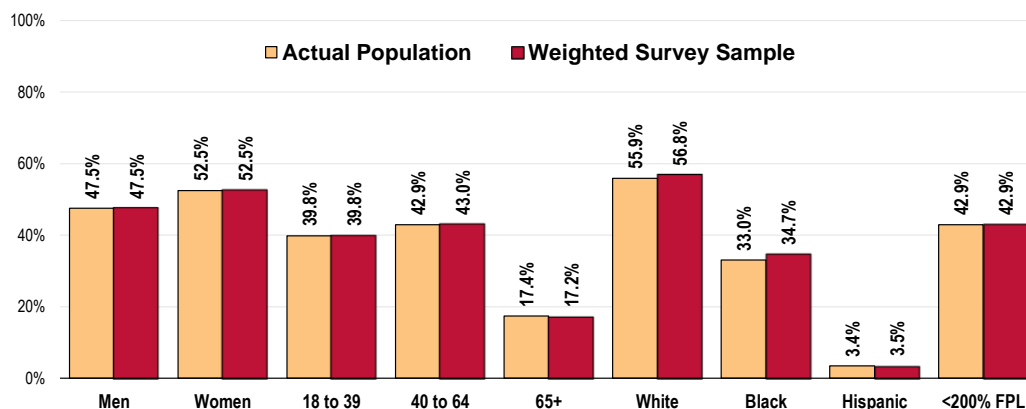
Sources: • Census 2010, Summary File 3 (SF 3). US Census Bureau.
• 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

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 2017 guidelines place the poverty threshold for a family of four at $24,400 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 (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

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

Key Informant Focus Groups

As part of this Community Health Needs Assessment, 5 focus groups were held with 40 local key informants May 2nd and May 3rd. These included 3 groups held in Macon, Georgia (for key informants who serve Bibb and surrounding counties), as well as county-specific focus groups in Baldwin and Peach counties. The focus group participants included physicians, public health representatives, other health professionals, social service providers, and other community leaders.

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. Confirmation calls were placed the day before the groups were scheduled to ensure a reasonable turnout.

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 and Hispanic residents), or other medically underserved populations (specifically, the uninsured/underinsured and non-English speakers).

- Baldwin County Health Department
- Bibb County Health Department
- Bibb County Sheriff's Department
- CAFÉ-Central Freedom Church
- Children's Hospital
- City of Byron
- Community Health Care System
- Crawford County
- Crawford Family Medicine
- Crescent House
- Daybreak
- EMS the Medical Center of Navicent Health
- Family Counseling Center of Central Georgia
- First Choice – Primary Care
- Georgia College & State University
- Goodwill Industries of Middle Georgia

- Head Start, Macon Bibb County EOC, Inc.
- Houston County
- Houston Healthcare
- Jones County
- Macon Housing Authority
- Macon Rescue Mission
- Macon Volunteer Clinic
- Meals on Wheels Baldwin County
- Mercer University
- Mercer University School of Medicine
- Navicent Health
- Oconee CSB Behavioral Health
- Overview, Inc.
- Peach Chamber of Commerce
- Peach County Commission
- Peach County Health Department
- River Edge Behavioral Health Center
- Three Rivers Home Health

Verbatim comments in this report are taken from audio recorded during the focus group sessions. 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 groups were designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- 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

Note that secondary data reflect county-level data.

Benchmark Data

Trending

Similar surveys were administered in the Total Area in 2012 and 2015 by PRC on behalf of Navicent Health. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Note that the community definition has changed slightly, with the addition of Baldwin County in 2018. Historical data for secondary data indicators are also included for the purposes of trending.

Georgia Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. 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 *2017 PRC National Health Survey*; the methodological approach for the national study is similar 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. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

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 the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% 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 medical conditions that are not specifically addressed.

Public Comment

Navicent Health made its prior Community Health Needs Assessment (CHNA) report publicly available in 2015 through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Navicent Health had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Navicent Health will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

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 (2017)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	9
Part V Section B Line 3b *Demographics of the community*	42
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	258
Part V Section B Line 3d *How data was obtained*	9
Part V Section B Line 3e *The significant health needs of the community*	18
Part V Section B Line 3f *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 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	19
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	12
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	262

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).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	- Barriers to Access - Inconvenient Office Hours - Cost of Prescriptions - Appointment Availability - Lack of Transportation - Culture/Language - Skipping/Stretching Prescriptions - Difficulty Accessing Children's Healthcare - Specific Source of Ongoing Medical Care - Emergency Room Utilization
Cancer	- Cancer is a leading cause of death. - Prostate Cancer Deaths - Lung Cancer Incidence - Cervical Cancer Screening [Age 21-65]
Dementia, Including Alzheimer's Disease	Alzheimer's Disease Deaths
Diabetes	- Diabetes Prevalence - Prevalence of Borderline/Pre-Diabetes - Diabetes ranked as a top concern in the Key Informant Focus Groups.
Heart Disease & Stroke	- Cardiovascular disease is a leading cause of death. - Heart Disease Deaths - Stroke Deaths - Blood Pressure Screening - High Blood Pressure Prevalence - Blood Cholesterol Screening
HIV/AIDS	- HIV/AIDS Deaths - HIV Prevalence
Infant Health & Family Planning	- Infant Mortality - Teen Births

Injury & Violence	• Motor Vehicle Crash Deaths • Firearm-Related Deaths • Homicide Deaths • Violent Crime Experience • Injury and Violence ranked as a top concern in the Key Informant Focus Groups.
Kidney Disease	• Kidney Disease Deaths • Kidney Disease Prevalence
Mental Health	• "Fair/Poor" Mental Health • Symptoms of Chronic Depression • Taking Medication for Mental Health • Stress • Suicide Deaths • Mental Health ranked as a top concern in the Key Informant Focus Groups.
Nutrition, Physical Activity, & Weight	• Fruit/Vegetable Consumption • Low Food Access • Food Insecurity • Overweight & Obesity [Adults] • Children's Physical Activity • Access to Recreation/Fitness Facilities • Nutrition, Physical Activity, and Weight ranked as a top concern in the Key Informant Focus Groups.
Potentially Disabling Conditions	• Activity Limitations • Sciatica/Chronic Back Pain Prevalence • Caregiving • Multiple Chronic Conditions
Respiratory Diseases	• Pneumonia/Influenza Deaths • Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Asthma Prevalence [Children]
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Drinking & Driving • Illicit Drug Use • Substance Abuse ranked as a top concern in the Key Informant Focus Groups.
Tobacco Use	• Environmental Tobacco Smoke Exposure at Home ○ Including Among Households With Children • Use of Vaping Products

Community Feedback on Prioritization of Health Needs

On September 27, 2018, Navicent Health convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. A hospital representative also provided guidance to the group, describing existing activities, initiatives, resources, etc., relating to the Areas of Opportunity. Finally, participants were provided an overview of the prioritization exercise that followed.

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

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

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

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

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Access to Healthcare Services**
2. **Mental Health**
3. **Diabetes**
4. **Heart Disease & Stroke**

5. **Substance Abuse**

6. **Injury & Violence**

7. **Nutrition, Physical Activity & Weight**

8. **Infant Health**

9. **Cancer**

10. **Sexually Transmitted Diseases**

11. **HIV/AIDS**

12. **Respiratory Diseases**

13. **Tobacco Use**

14. **Dementias, Including Alzheimer's Disease**

15. **Kidney Disease**

16. **Potentially Disabling Conditions**

Hospital Implementation Strategy

Navicent Health will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

■ In the following charts, Total Area results are shown in the larger, blue column. For survey-derived indicators, this column represents the ZIP Code–defined hospital service area; for data from secondary sources, this column represents findings for the county as a whole. *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

■ The green columns [to the left of the Total Area column] provide comparisons among the five communities, identifying differences for each as "better than" (☀), "worse than" (🦑), or "similar to" (☁) the combined opposing areas.

■ ■ The columns to the right of the Total Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Total Area compares favorably (☀), unfavorably (🦑), or comparably (☁) to these external data.

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

Each Sub-Area vs. Others

Social Determinants	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	Total Area vs. Benchmarks vs. GA	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)	similar 1.5	worse 2.1	similar 1.7	better 0.2	better 0.6	1.4	better 3.3	better 4.5		
Population in Poverty (Percent)	worse 27.8	better 18.0	similar 21.0	worse 29.7	better 16.3	22.3	worse 17.8	worse 15.1		
Population Below 200% FPL (Percent)	similar 49.2	better 34.4	similar 43.4	worse 55.7	better 37.7	42.5	similar 38.0	worse 33.6		
Children Below 200% FPL (Percent)	worse 64.7	similar 47.9	similar 54.1	worse 69.9	better 44.5	55.4	similar 48.7	worse 43.3		
No High School Diploma (Age 25+, Percent)	similar 15.7	better 10.2	similar 14.9	similar 18.4	similar 16.9	14.3	similar 14.2	similar 13.0		
Unemployment Rate (Age 16+, Percent)	similar 4.7	better 4.0	similar 5.0	similar 5.2	similar 4.1	4.4	similar 4.1	similar 4.1		
% Worry/Stress Over Rent/Mortgage in Past Year	similar 28.9	better 23.0	similar 27.1	worse 34.9	similar 27.4	27.4		similar 30.8		
% Low Health Literacy	worse 29.6	similar 20.7	similar 18.9	similar 25.2	similar 19.8	24.4		similar 23.3		
% Attended a Religious/Spiritual Service in Past Month	similar 54.6	similar 55.5	worse 48.2	better 64.5	similar 57.0	55.7				worse 65.9

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better / similar / worse

Overall Health

Overall Health	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	17.5	18.3	16.9	27.3	24.6	19.7	19.1	18.1		19.4
% Activity Limitations	27.7	29.7	33.2	33.5	28.2	29.4	20.2	25.0		20.9
% Caregiver to a Friend/Family Member	28.0	27.8	26.4	22.8	27.2	27.2		20.8		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better   similar   worse

Access to Health Services

Access to Health Services	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	20.0	12.4	9.0	7.2	16.1	14.9	20.3	13.7	0.0	18.6
% Difficulty Accessing Healthcare in Past Year (Composite)	45.8	42.4	39.6	48.8	40.9	44.0		43.2		40.6
% Difficulty Finding Physician in Past Year	13.7	10.1	14.2	19.2	20.0	14.1		13.4		12.3
% Difficulty Getting Appointment in Past Year	16.1	20.2	20.9	17.5	21.5	18.6		17.5		14.1
% Cost Prevented Physician Visit in Past Year	19.0	19.8	10.8	24.0	14.0	18.4		15.4		21.3

Access to Health Services (continued)	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Transportation Hindered Dr Visit in Past Year	12.4	11.2	16.3	14.9	14.0	12.9		8.3		9.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.9	12.7	8.4	20.7	12.5	14.0		12.5		10.2
% Language/Culture Prevented Care in Past Year	2.3	2.2	1.9	0.3	10.2	3.1		1.2		
% Cost Prevented Getting Prescription in Past Year	23.1	18.7	17.4	17.5	19.2	20.2		14.9		21.5
% [Insured] Deductible Prevented Healthcare	14.3	14.0	3.2	13.9	12.6	12.9				
% Skipped Prescription Doses to Save Costs	19.0	19.5	14.4	18.2	19.3	18.7		15.3		19.6
% Difficulty Getting Child's Healthcare in Past Year						10.4		5.6		5.4
Primary Care Doctors per 100,000	167.6	52.3	26.0	56.6	30.0	86.7	72.9	87.8		
% Have a Specific Source of Ongoing Care	66.8	73.7	69.4	63.6	71.5	69.3		74.1	95.0	68.3
% Have Had Routine Checkup in Past Year	76.7	71.7	72.4	77.1	79.9	75.3	74.0	68.3		70.2
% Child Has Had Checkup in Past Year						85.1		87.1		83.1

Access to Health Services (continued)

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Two or More ER Visits in Past Year	worse 22.9	similar 17.6	better 10.7	similar 16.9	similar 15.4	18.6		worse 9.3		worse 13.3
% Rate Local Healthcare "Fair/Poor"	similar 15.6	better 12.3	similar 11.8	worse 29.6	similar 15.5	15.8		similar 16.2		similar 16.6
% Willing to Use Telemedicine	similar 70.9	similar 74.7	similar 76.0	better 79.1	similar 69.8	73.2				

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: ☀ better ☁ similar 🌧 worse

Cancer

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	similar 175.9	similar 159.6	worse 206.2	similar 174.7	similar 152.0	168.3	similar 162.9	similar 158.5	similar 161.4	similar 183.6
Lung Cancer (Age-Adjusted Death Rate)						46.6	similar 42.5	similar 40.3	similar 45.5	
Prostate Cancer (Age-Adjusted Death Rate)						23.5	similar 21.6	worse 19.0	similar 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)						20.8	similar 21.9	similar 20.3	similar 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)						16.2	similar 15.5	similar 14.1	similar 14.5	

Each Sub-Area vs. Others / **Total Area vs. Benchmarks**

Cancer (continued)	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	vs. GA	vs. US	vs. HP2020	TREND
Female Breast Cancer Incidence Rate	(similar) 125.4	(similar) 111.9	(similar) 134.9	(better) 101.6	(similar) 118.1	**118.2**	(similar) 123.5	(similar) 123.5		
Prostate Cancer Incidence Rate	(worse) 153.5	(similar) 107.5	(similar) 117.8	(similar) 119.3	(similar) 133.2	**130.0**	(similar) 129.3	(similar) 114.8		
Lung Cancer Incidence Rate	(similar) 79.7	(better) 69.2	(similar) 87.5	(similar) 74.9	(similar) 85.7	**77.9**	(worse) 65.9	(worse) 61.2		
Colorectal Cancer Incidence Rate	(similar) 47.7	(similar) 48.7	(worse) 65.8	(similar) 42.2	(better) 36.2	**46.2**	(similar) 41.4	(similar) 39.8		
% Cancer (Other Than Skin)	(better) 4.4	(similar) 9.9	(similar) 8.8	(similar) 7.6	(similar) 11.0	**7.6**	(similar) 5.8	(similar) 7.1		(similar) 5.6
% Skin Cancer	(similar) 6.9	(similar) 9.7	(better) 4.2	(similar) 5.3	(similar) 11.2	**7.9**	(similar) 5.9	(similar) 8.5		(similar) 7.3
% [Women 50-74] Mammogram in Past 2 Years	(similar) 75.1	(similar) 83.0	(better) 88.3	(better) 86.5	(worse) 66.0	**77.2**	(similar) 79.3	(similar) 77.0	(similar) 81.1	(similar) 81.5
% [Women 21-65] Pap Smear in Past 3 Years	(similar) 69.5	(similar) 73.6	(better) 89.7	(similar) 72.2	(similar) 63.3	**71.7**	(worse) 79.8	(similar) 73.5	(worse) 93.0	(worse) 81.5
% [Age 50-75] Colorectal Cancer Screening	(similar) 80.5	(similar) 81.4	(similar) 82.6	(similar) 86.1	(worse) 72.1	**80.2**	(better) 63.3	(similar) 76.4	(better) 70.5	(similar) 79.7

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better (sun) — similar (cloud) — worse (rain)

Dementias, Including Alzheimer's Disease

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	☁ 35.5	☁ 28.6	🌧 75.7	☀ 20.0	☁ 32.8	33.6	☀ 39.6	🌧 28.4		🌧 21.5

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☀ better ☁ similar 🌧 worse

Diabetes

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate)	☀ 13.8	☁ 24.5	🌧 47.3	☁ 23.1	☀ 14.0	19.8	☁ 21.6	☁ 21.1	☁ 20.5	☁ 20.0
% Diabetes/High Blood Sugar	☁ 17.9	☁ 15.3	☁ 16.6	☁ 17.5	☁ 22.2	17.5	🌧 12.1	🌧 13.3		☁ 15.6
% Borderline/Pre-Diabetes	☁ 5.6	☁ 6.9	☁ 4.7	☁ 5.7	🌧 10.6	6.6	🌧 1.8	☀ 9.5		🌧 1.7
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	☁ 52.1	☁ 50.3	🌧 41.4	☀ 60.4	☁ 54.6	51.8		☁ 50.0		☁ 55.5

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☀ better ☁ similar 🌧 worse

Heart Disease & Stroke

Heart Disease & Stroke	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	(similar) 282.3	(better) 191.1	(similar) 251.6	(similar) 242.2	(better) 189.6	229.9	(worse) 179.6	(worse) 167.0	(worse) 156.9	(similar) 222.4
Stroke (Age-Adjusted Death Rate)	(similar) 53.0	(similar) 44.0	(worse) 69.6	(similar) 48.3	(better) 36.7	47.4	(similar) 44.1	(worse) 37.1	(worse) 34.8	(better) 57.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	(better) 6.6	(similar) 10.7	(similar) 7.6	(similar) 8.1	(similar) 12.7	8.9		(similar) 8.0		(similar) 7.3
% Stroke	(similar) 5.2	(similar) 4.5	(similar) 6.8	(similar) 2.9	(similar) 6.0	5.0	(similar) 3.8	(similar) 4.7		(similar) 4.7
% Blood Pressure Checked in Past 2 Years	(similar) 91.1	(similar) 91.6	(similar) 93.4	(similar) 86.8	(similar) 88.8	90.7		(similar) 90.4	(worse) 92.6	(worse) 95.1
% Told Have High Blood Pressure (Ever)	(similar) 46.0	(similar) 44.9	(similar) 40.2	(similar) 45.9	(similar) 49.4	45.6	(worse) 36.2	(worse) 37.0	(worse) 26.9	(similar) 43.2
% [HBP] Taking Action to Control High Blood Pressure	(worse) 83.9	(better) 94.3	(better) 98.6	(similar) 91.2	(better) 94.8	90.3		(similar) 93.8		(similar) 93.4
% Cholesterol Checked in Past 5 Years	(similar) 83.4	(better) 92.2	(better) 90.0	(similar) 84.4	(similar) 83.8	83.7	(better) 79.2	(similar) 85.1	(similar) 82.1	(worse) 90.9
% Told Have High Cholesterol (Ever)	(similar) 34.6	(similar) 37.4	(similar) 32.5	(similar) 31.9	(similar) 36.5	35.2		(similar) 36.2	(worse) 13.5	(similar) 35.8
% [HBC] Taking Action to Control High Blood Cholesterol	(worse) 81.0	(better) 92.8	(similar) 84.1	(better) 94.3	(similar) 90.3	87.5		(similar) 87.3		(similar) 88.5
% 1+ Cardiovascular Risk Factor	(similar) 89.2	(similar) 85.9	(similar) 87.1	(similar) 90.6	(similar) 89.6	88.2		(similar) 87.2		(better) 91.1

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Legend: ☀ better | ☁ similar | 🌧 worse

Each Sub-Area vs. Others

HIV	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	Total Area vs. Benchmarks vs. GA	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)	🌧️ 6.5	☀️ 2.0	🌧️ 12.2		☀️ 2.9	4.5	⛅ 4.6	🌧️ 2.5	🌧️ 3.3	
HIV Prevalence Rate	🌧️ 826.0	☀️ 193.6	⛅ 265.4	🌧️ 584.0	☀️ 171.6	449.1	⛅ 512.7	🌧️ 353.2		

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☀️ better	⛅ similar	🌧️ worse

Each Sub-Area vs. Others

Immunization & Infectious Diseases	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	Total Area vs. Benchmarks vs. GA	vs. US	vs. HP2020	TREND
% [Age 65+] Flu Vaccine in Past Year	⛅ 70.5	⛅ 80.2	⛅ 69.9	⛅ 74.6	⛅ 63.0	72.3	☀️ 58.3	⛅ 76.8	⛅ 70.0	⛅ 67.2
% [High-Risk 18-64] Flu Vaccine in Past Year	⛅ 49.6	⛅ 56.7	🌧️ 30.7	⛅ 55.6	⛅ 49.2	50.8		⛅ 55.7	🌧️ 70.0	⛅ 46.2
% [Age 65+] Pneumonia Vaccine Ever	⛅ 81.6	⛅ 78.7	⛅ 76.0	⛅ 74.3	⛅ 80.5	79.5	☀️ 72.3	⛅ 82.7	🌧️ 90.0	☀️ 64.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	🌧️ 35.7	⛅ 51.5	⛅ 32.2	☀️ 62.3	⛅ 52.0	44.9		⛅ 39.9	🌧️ 60.0	⛅ 38.5

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☀️ better	⛅ similar	🌧️ worse

Each Sub-Area vs. Others

Infant Health & Family Planning	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	Total Area vs. Benchmarks			TREND
							vs. GA	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	☁ 17.0	☁ 15.3				16.2	☀ 23.9	☀ 22.2	☀ 22.1	
Infant Death Rate	🌧 14.3	☀ 6.3	☁ 11.6	☁ 10.3	☀ 8.9	10.4	🌧 7.6	🌧 5.9	🌧 6.0	☁ 11.4
Births to Teenagers Under Age 20 (Percent)	🌧 60.9	☁ 42.8	☁ 40.0	☀ 30.3	☀ 32.3	45.6	☁ 45.3	🌧 36.6		☁ 50.3

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀	☁	🌧
better	similar	worse

Each Sub-Area vs. Others

Injury & Violence	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	Total Area vs. Benchmarks			TREND
							vs. GA	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	🌧 49.3	☀ 28.7	☁ 41.8	☀ 34.9	🌧 53.7	41.4	☁ 43.0	☁ 43.7	☁ 36.4	☁ 46.1
Motor Vehicle Crashes (Age-Adjusted Death Rate)	☁ 15.1	☀ 10.8			🌧 22.8	15.1	☁ 13.6	🌧 11.0	🌧 12.4	
[65+] Falls (Age-Adjusted Death Rate)	☁ 82.8	☀ 59.0				64.1	🌧 53.0	☁ 60.6	🌧 47.0	
% [Age 45+] Fell in the Past Year	☁ 32.6	☁ 33.8	☁ 34.1	☁ 33.8	☁ 32.9	33.1		☁ 31.6		
Firearm-Related Deaths (Age-Adjusted Death Rate)	☁ 20.2	☀ 14.8		🌧 25.0	☁ 17.2	18.1	☁ 16.0	🌧 12.9	🌧 9.3	

Injury & Violence (continued)

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
Homicide (Age-Adjusted Death Rate)	⛈️ 13.7	☀️ 4.9				8.1	☁️ 7.3	⛈️ 5.7	⛈️ 5.5	☀️ 9.5
Violent Crime Rate	☁️ 627.9	☀️ 326.4	☁️ 545.9	☁️ 563.7	☀️ 151.9	425.2	☁️ 378.0	☁️ 379.7		
% Victim of Violent Crime in Past 5 Years	☁️ 3.9	⛈️ 7.5	☀️ 0.8	☁️ 6.0	☁️ 3.8	4.9		☁️ 3.7		⛈️ 2.3
% Victim of Domestic Violence (Ever)	☁️ 13.3	☁️ 15.0	☀️ 8.3	☁️ 15.5	☁️ 13.7	13.7		☁️ 14.2		☁️ 14.5

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☀️ better ☁️ similar ⛈️ worse

Kidney Disease

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	☁️ 28.8	☁️ 28.3	⛈️ 36.2	☁️ 24.7	☀️ 16.9	26.1	⛈️ 18.7	⛈️ 13.2		☀️ 30.3
% Kidney Disease	☁️ 6.3	☁️ 6.5	☁️ 5.7	☀️ 3.1	☁️ 6.9	6.0	⛈️ 3.4	⛈️ 3.8		⛈️ 3.3

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀️ better ☁️ similar ⛈️ worse

Mental Health	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	similar 17.0	similar 18.1	better 9.2	similar 18.0	similar 13.3	16.3		worse 13.0		worse 12.0
% Diagnosed Depression	similar 23.6	similar 23.7	similar 25.9	similar 20.2	similar 18.8	22.8	worse 16.6	similar 21.6		similar 20.1
% Symptoms of Chronic Depression (2+ Years)	similar 36.6	similar 34.5	similar 33.7	similar 35.7	similar 33.4	35.2		similar 31.4		worse 26.3
% Typical Day Is "Extremely/Very" Stressful	similar 13.9	similar 16.3	similar 19.3	better 5.5	similar 16.8	14.5		similar 13.4		worse 10.3
Suicide (Age-Adjusted Death Rate)	better 12.2	better 16.3	worse 25.8	similar 20.5	similar 19.4	16.3	worse 12.9	worse 13.0	worse 10.2	worse 12.0
% Taking Rx/Receiving Mental Health Trtmt	similar 19.9	similar 19.3	worse 27.0	similar 17.0	similar 16.6	19.6		worse 13.9		
% Have Ever Sought Help for Mental Health	similar 33.4	similar 36.4	similar 36.7	similar 32.6	worse 27.4	33.7		similar 30.8		better 18.9
% [Those With Diagnosed Depression] Seeking Help						84.9		similar 87.1		better 73.8
% Unable to Get Mental Health Svcs in Past Yr	similar 7.0	similar 6.0	similar 4.9	better 2.9	similar 6.3	6.0		similar 6.8		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better   similar   worse

Nutrition, Physical Activity & Weight	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Food Insecure	⛈ 37.5	☀ 25.8	☁ 30.4	☀ 25.5	☁ 37.1	32.1		⛈ 27.9		
% Eat 5+ Servings of Fruit or Vegetables per Day	☁ 29.5	☁ 32.2	☁ 27.9	⛈ 21.0	☁ 31.5	29.5		⛈ 33.5		⛈ 41.3
% "Very/Somewhat" Difficult to Buy Fresh Produce	☁ 22.1	☁ 20.0	☁ 19.9	☁ 22.9	⛈ 32.2	22.7		☁ 22.1		☁ 21.8
Population With Low Food Access (Percent)	☁ 31.9	⛈ 42.2	☁ 27.6	☀ 18.8	☀ 13.7	30.4	☁ 30.8	⛈ 22.4		
% No Leisure-Time Physical Activity	⛈ 34.3	☁ 26.5	☁ 23.4	☁ 28.3	☁ 25.4	29.3	☁ 27.3	☁ 26.2	☀ 32.6	☀ 35.8
% Meeting Physical Activity Guidelines	☁ 20.7	☁ 21.8	⛈ 11.7	☀ 31.9	⛈ 15.9	20.8	☁ 18.7	☁ 22.8	☁ 20.1	
Recreation/Fitness Facilities per 100,000	☀ 9.6	☁ 6.4	☁ 7.2	☁ 6.6	⛈ 5.2	7.4	⛈ 9.8	⛈ 11.0		
% Overweight (BMI 25+)	☁ 68.2	☁ 66.6	⛈ 79.4	☁ 74.9	☁ 73.2	70.1	⛈ 65.8	☁ 67.8		☁ 70.2
% Healthy Weight (BMI 18.5-24.9)	☁ 28.2	☁ 28.9	⛈ 19.5	☁ 21.9	☁ 22.4	26.3	⛈ 32.4	⛈ 30.3	⛈ 33.9	☁ 28.3
% [Overweights] Trying to Lose Weight	☁ 55.3	☁ 64.2	☀ 69.3	☁ 60.8	☁ 53.7	59.5		☁ 61.3		
% Obese (BMI 30+)	☁ 39.9	☁ 38.8	☁ 41.7	☁ 43.7	☁ 37.2	39.8	⛈ 31.4	⛈ 32.8	⛈ 30.5	☁ 36.2

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Medical Advice on Weight in Past Year	☁ 25.5	☁ 28.6	☁ 28.2	☁ 31.0	☁ 30.7	27.9		☀ 24.2		☁ 28.7
% [Overweights] Counseled About Weight in Past Year	☁ 31.3	☁ 34.0	☁ 32.5	☁ 38.3	☁ 35.4	33.5		☁ 29.0		☁ 35.7
% Child [Age 5-17] Healthy Weight						54.5		☁ 58.4		☁ 59.2
% Children [Age 5-17] Overweight (85th Percentile)						26.0		☁ 33.0		☁ 26.4
% Children [Age 5-17] Obese (95th Percentile)						14.4		☁ 20.4	☁ 14.5	☁ 18.4
% Child [Age 2-17] Physically Active 1+ Hours per Day						43.5		☁ 50.5		🌧 57.7

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀	☁	🌧
better	similar	worse

Oral Health

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
Oral Health	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	vs. GA	vs. US	vs. HP2020	TREND
% Have Dental Insurance	similar 65.7	similar 69.8	better 79.2	similar 60.5	similar 60.9	66.9		better 59.9		better 61.2
% [Age 18+] Dental Visit in Past Year	similar 58.8	better 68.9	similar 55.8	similar 57.4	similar 62.6	61.9	similar 63.1	similar 59.7	better 49.0	similar 61.7
% Child [Age 2-17] Dental Visit in Past Year						81.0		similar 87.0	better 49.0	similar 80.8

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better	similar	worse
☀	☁	🌧

Potentially Disabling Conditions

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
Potentially Disabling Conditions	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	vs. GA	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	similar 34.1	similar 44.2	similar 42.8	similar 36.9	similar 38.6	38.7		similar 38.3		better 47.1
% [50+] Osteoporosis	similar 10.5	similar 12.3	similar 7.0	better 5.2	better 5.2	9.3		similar 9.4	worse 5.3	better 12.6
% Sciatica/Chronic Back Pain	similar 22.8	similar 24.8	similar 31.1	similar 23.2	worse 32.1	25.4		similar 22.9		worse 20.9
% Multiple Chronic Conditions	similar 61.9	similar 63.7	similar 62.9	similar 68.1	similar 65.1	63.6		worse 56.8		
% Eye Exam in Past 2 Years	similar 58.2	similar 60.9	similar 52.8	better 67.6	similar 58.0	59.5		better 55.3		similar 60.1

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better	similar	worse
☀	☁	🌧

Respiratory Diseases	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	⛅ 47.7	⛅ 53.6	🌧️ 64.4	⛅ 53.1	⛅ 46.6	50.6	⛅ 46.5	🌧️ 40.9		⛅ 45.6
Pneumonia/Influenza (Age-Adjusted Death Rate)	⛅ 22.4	☀️ 18.5			⛅ 21.6	19.8	🌧️ 15.3	🌧️ 14.6		⛅ 21.0
% [Adult] Currently Has Asthma	⛅ 10.9	⛅ 11.9	☀️ 5.4	⛅ 9.9	⛅ 10.9	10.6	⛅ 8.5	⛅ 11.8		⛅ 8.2
% Adults Asthma (Ever Diagnosed)	⛅ 16.8	⛅ 20.4	⛅ 20.6	⛅ 14.7	⛅ 15.7	17.8	🌧️ 13.4	⛅ 19.4		🌧️ 14.5
% [Child 0-17] Currently Has Asthma						8.9		⛅ 9.3		🌧️ 4.4
% Child [Age 0-17] Asthma (Ever Diagnosed)						14.6		⛅ 11.1		🌧️ 8.0
% COPD (Lung Disease)	⛅ 13.4	⛅ 12.1	⛅ 9.2	⛅ 15.4	⛅ 14.1	13.0	🌧️ 7.7	🌧️ 8.6		⛅ 11.2

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀️	⛅	🌧️
better	similar	worse

Sexually Transmitted Diseases

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
Chlamydia Incidence Rate	worse 1038.0	similar 584.5	worse 829.2	similar 556.1	better 243.0	693.6	worse 516.5	worse 456.1		
Gonorrhea Incidence Rate	worse 354.8	similar 155.1	worse 207.3	similar 160.7	better 56.2	210.4	worse 137.8	worse 110.7		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better	similar	worse
☀	☁	🌧

Substance Abuse

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	better 8.8				worse 11.6	6.6	better 11.2	better 14.3	better 11.3	similar 7.2
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	similar 8.7	similar 9.1				8.4	similar 8.9	better 10.6	similar 8.2	worse 7.1
% Current Drinker	worse 50.6	similar 46.8	better 33.3	better 30.2	similar 50.9	45.9		better 55.0		similar 46.2
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	similar 16.4	similar 16.2	better 8.4	better 4.9	similar 17.4	14.6		better 20.0	better 24.4	similar 16.7
% Excessive Drinker	similar 17.2	similar 16.7	better 8.4	better 8.4	similar 20.6	15.8		better 22.5	better 25.4	similar 18.9
% Drinking & Driving in Past Month	similar 7.6	similar 6.6	better 0.0	better 2.6	similar 8.0	6.1	similar 4.1	similar 5.2		worse 1.7

Substance Abuse (continued)

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Illicit Drug Use in Past Month	☁️ 5.7	☁️ 5.3	☁️ 7.6	☁️ 5.3	☁️ 3.4	5.4		🌧️ 2.5	☀️ 7.1	🌧️ 2.5
% Ever Sought Help for Alcohol or Drug Problem	☁️ 7.3	☁️ 4.2	☁️ 3.8	🌧️ 2.0	☁️ 6.1	5.4		☀️ 3.4		☁️ 5.2
% Life Negatively Affected by Substance Abuse	☁️ 33.1	☁️ 36.9	☀️ 25.9	☁️ 38.2	☁️ 39.1	34.9		☁️ 37.3		

	☀️ better	☁️ similar	🌧️ worse

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Tobacco Use

	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
% Current Smoker	🌧️ 23.8	☁️ 18.5	☀️ 11.0	☁️ 15.0	☁️ 18.6	19.6	☁️ 17.9	☁️ 16.3	🌧️ 12.0	☀️ 23.2
% Someone Smokes at Home	☁️ 22.4	☁️ 16.9	☁️ 17.4	☁️ 21.9	☁️ 18.5	19.8		🌧️ 10.7		☁️ 19.1
% [Nonsmokers] Someone Smokes in the Home	☁️ 8.0	☁️ 7.3	🌧️ 15.0	☁️ 12.9	☁️ 5.7	8.7		🌧️ 4.0		🌧️ 5.8
% [Household With Children] Someone Smokes in the Home						23.6		🌧️ 7.2		☁️ 23.2
% [Smokers] Have Quit Smoking 1+ Days in Past Year						44.9		☁️ 34.7	🌧️ 80.0	☁️ 54.2

Tobacco Use (continued)	Each Sub-Area vs. Others					Total Area	Total Area vs. Benchmarks			TREND
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2020	
% [Smokers] Received Advice to Quit Smoking						74.2		☀ 58.0		☀ 56.5
% Currently Use Vaping Products	🌧 9.5	☁ 5.5	☀ 3.1	☀ 2.5	☁ 4.9	6.4	☁ 4.8	🌧 3.8		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀	☁	🌧
better	similar	worse

Community Description

Summary of Key Informant Perceptions

Participants in the Key Informant Focus Groups were asked to rate the degree to which each of 21 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings are also outlines throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community

Health Topic	Major	Moderate
Mental Health	76.9%	18.0%
Substance Abuse	71.1%	26.3%
Diabetes	64.1%	28.2%
Nutrition, Physical Activity, and Weight	59.0%	28.2%
Injury and Violence	51.4%	32.4%
Heart Disease and Stroke	47.4%	42.1%
Access to Healthcare Services	44.7%	50.0%
Tobacco Use	44.7%	44.7%
Oral Health/Dental Care	38.5%	46.2%
Chronic Kidney Disease	37.8%	35.1%
Family Planning	35.1%	48.6%
Sexually Transmitted Diseases	30.6%	55.6%
Infant and Child Health	21.6%	54.1%
Cancer	18.9%	78.4%
HIV/AIDS	18.9%	54.1%
Immunization and Infectious Diseases	13.5%	51.4%
Respiratory Diseases	11.1%	63.9%
Dementia/Alzheimer's Disease	10.8%	51.4%
Arthritis/Osteoporosis/Back Conditions	5.7%	54.3%
Hearing and Vision Problems	5.3%	44.7%

■ Major   ■ Moderate   ☐ Minor   ☐ No Problem

Population Characteristics

Total Population

The combined Total Area (Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, and Twiggs counties), the focus of this Community Health Needs Assessment, encompasses 2,507.12 square miles and houses a total population of 452,637 residents, according to latest census estimates.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Bibb County	154,194	249.31	618.48
Houston County	149,137	375.55	397.12
Peach County	26,907	150.27	179.06
Baldwin County	45,808	258.62	177.12
Other Counties	76,591	1,473.37	51.98
Total Area	452,637	2,507.12	180.54
Georgia	10,099,320	57,594.80	175.35
United States	318,558,162	3,532,068.58	90.19

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2018 from Community Commons at http://www.chna.org.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

Population Change 2000-2010

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

Between the 2000 and 2010 US Censuses, the population of the Total Area increased by 44,106 persons, or 11.0%.

- A lesser proportional increase than seen across the state, though slightly higher than the nation overall.
- By county, highest in Houston County.

Change in Total Population
(Percentage Change Between 2000 and 2010)
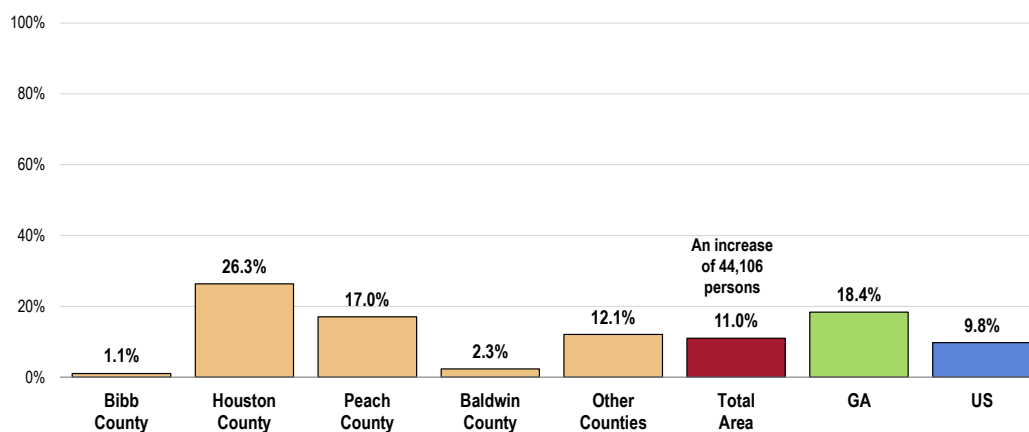
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved June 2018 from Community Commons at http://www.chna.org.

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

Note that while most of the Total Area counties have seen increases in population, the populations of Twiggs County and the northeastern portions of Bibb and Houston counties have significantly decreased.
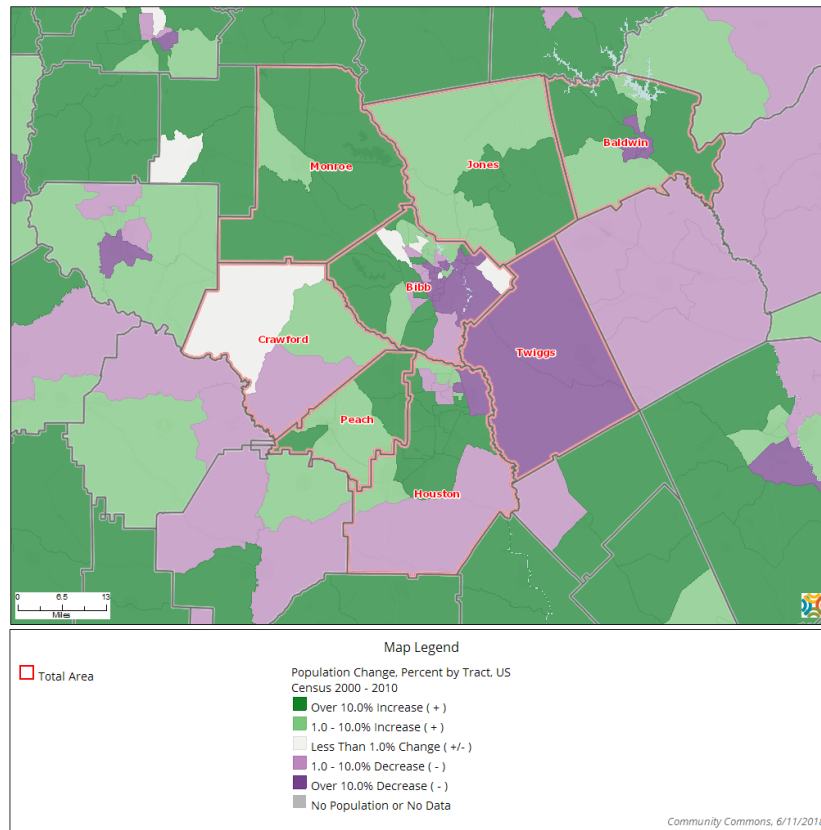
Urban/Rural Population

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

The Total Area is predominantly urban, with 71.9% of the population living in areas designated as urban.

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

Urban and Rural Population
(2010)

☐ % Urban ☐ % Rural

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
% Urban	85.6%	90.0%	61.8%	64.9%	18.9%	71.9%	75.1%	80.9%
% Rural	14.4%	10.0%	38.2%	35.1%	81.1%	28.1%	24.9%	19.1%
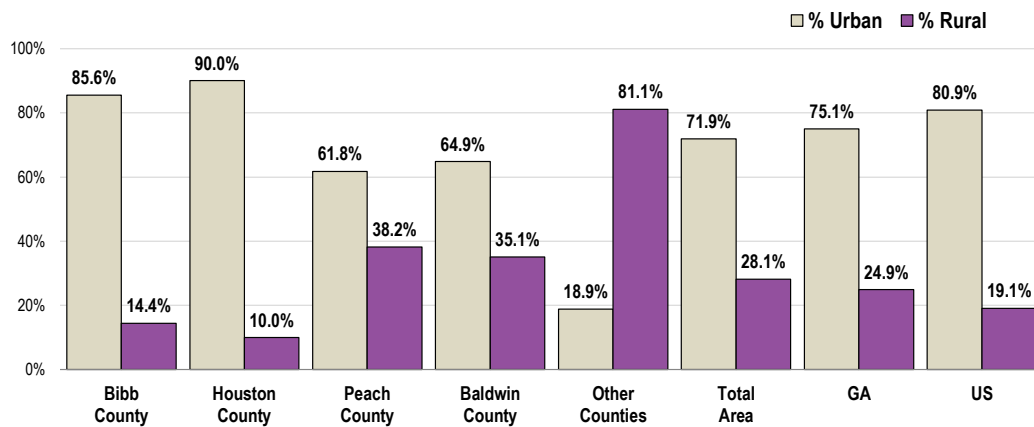
Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved June 2018 from Community Commons at http://www.chna.org.

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

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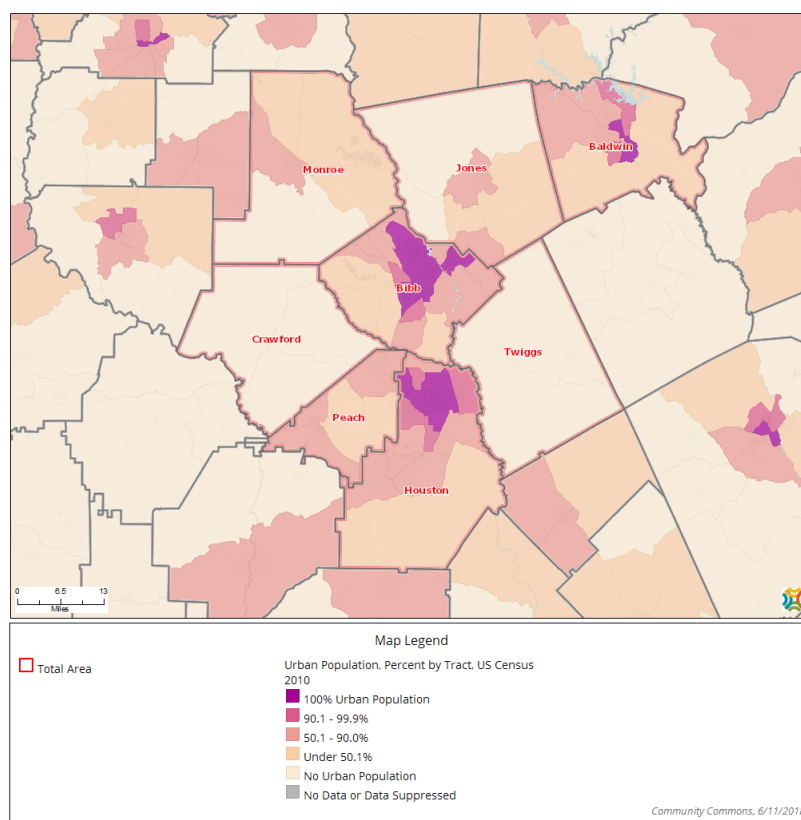
Age

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

In the Total Area, 24.1% of the population are infants, children, or adolescents (age 0-17); another 62.3% are age 18 to 64, while 13.6% are age 65 and older.

- The percentage of older adults (65+) is similar to both the state and the nation.

Total Population by Age Groups, Percent
(2012-2016)
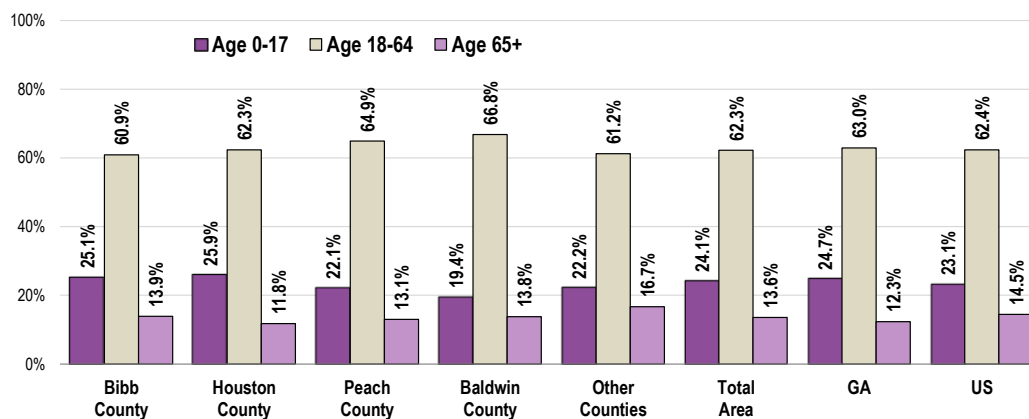
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2018 from Community Commons at http://www.chna.org.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

Median Age

Four of the eight counties are "older" than the state and the nation in that the median age is higher (highest in Twiggs County and lowest in Baldwin County).

Median Age
(2012-2016)
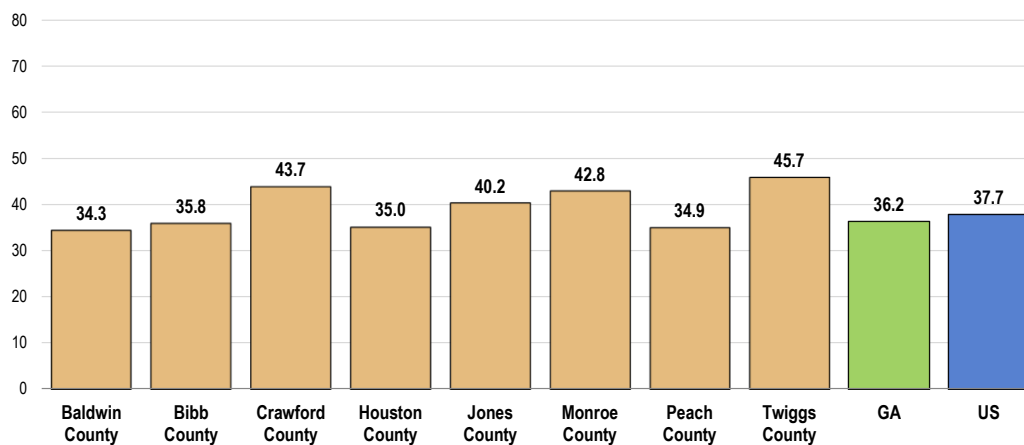
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2018 from Community Commons at http://www.chna.org.

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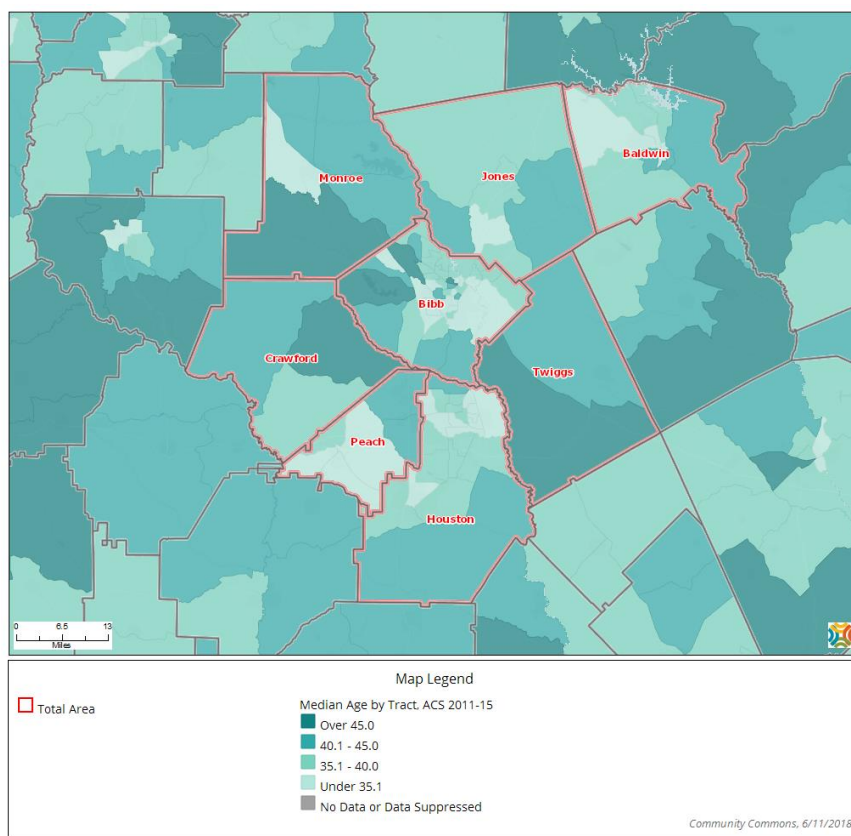
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 55.2% of residents of the Total Area are White and 39.4% are Black.

- Statewide and nationally, the population is more White, less Black, and more "other" race.

Total Population by Race Alone, Percent
(2012-2016)
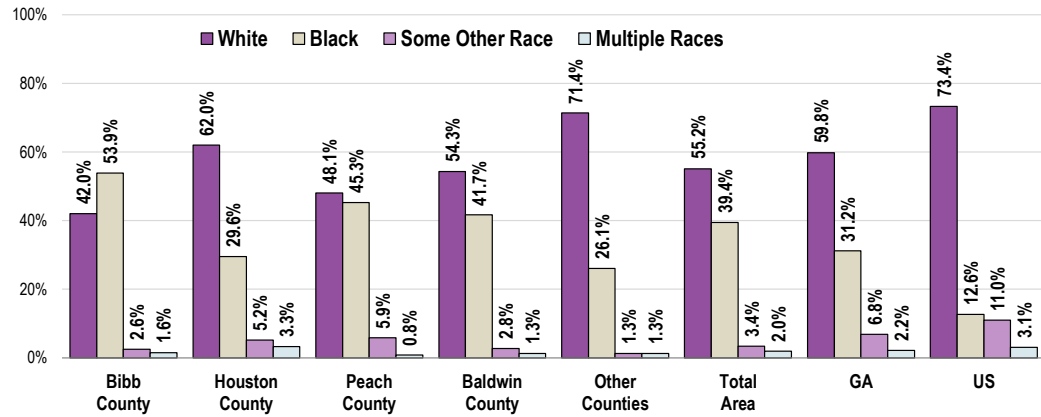
Legend: ■ White ☐ Black ■ Some Other Race ☐ Multiple Races

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
White	42.0%	62.0%	48.1%	54.3%	71.4%	55.2%	59.8%	73.4%
Black	53.9%	29.6%	45.3%	41.7%	26.1%	39.4%	31.2%	12.6%
Some Other Race	2.6%	5.2%	5.9%	2.8%	1.3%	3.4%	6.8%	11.0%
Multiple Races	1.6%	3.3%	0.8%	1.3%	1.3%	2.0%	2.2%	3.1%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2018 from Community Commons at http://www.chna.org.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

Ethnicity

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

- Much lower than state and nationwide percentages.
- Highest in Houston and Peach counties.

Hispanic Population
(2012-2016)
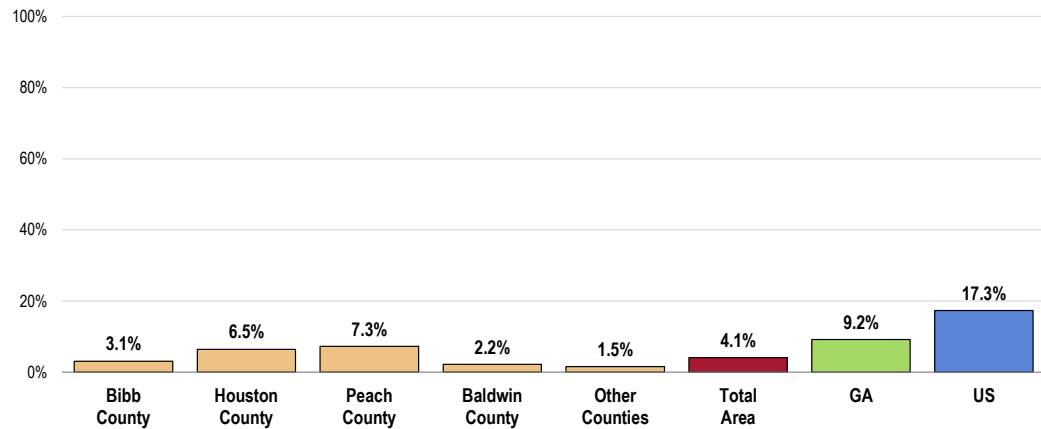
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
3.1%	6.5%	7.3%	2.2%	1.5%	4.1%	9.2%	17.3%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2018 from Community Commons at http://www.chna.org.

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

- The Hispanic population appears to be most concentrated in central Peach County, southern Bibb County, and northern Houston County
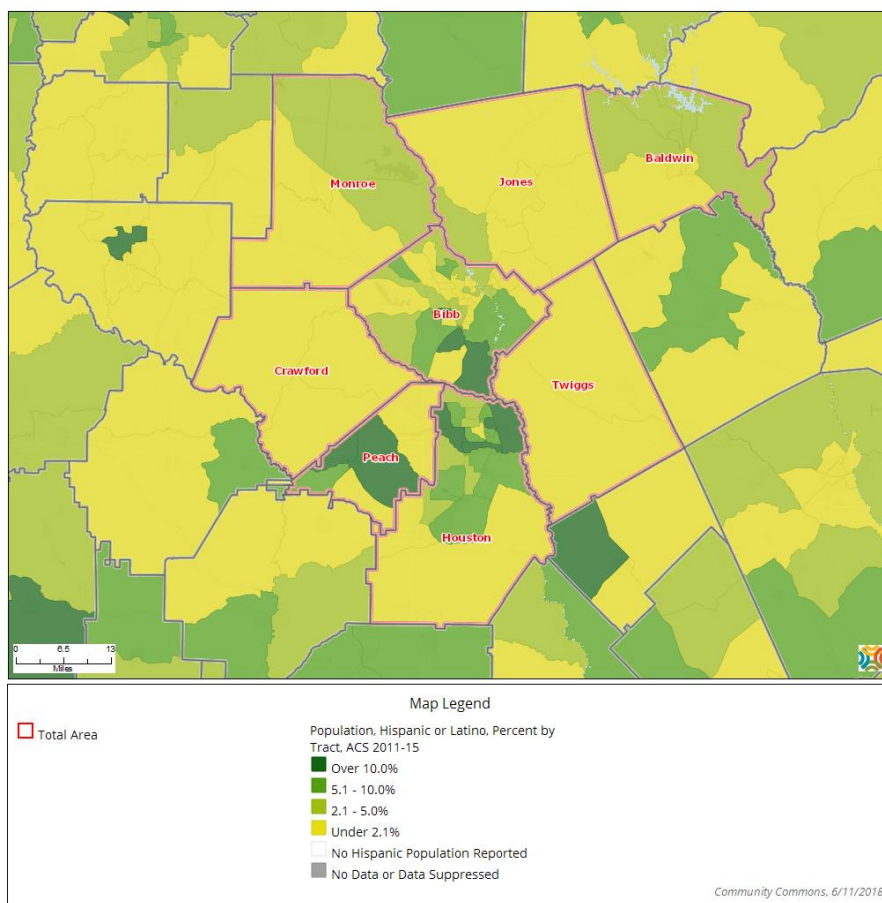
Between 2000 and 2010, the Hispanic population in the Total Area increased by 9,133, or 116.3%.

- Much higher (in terms of percentage growth) than found statewide and (especially) nationally.

Hispanic Population Change
(Percentage Change in Hispanic Population Between 2000 and 2010)
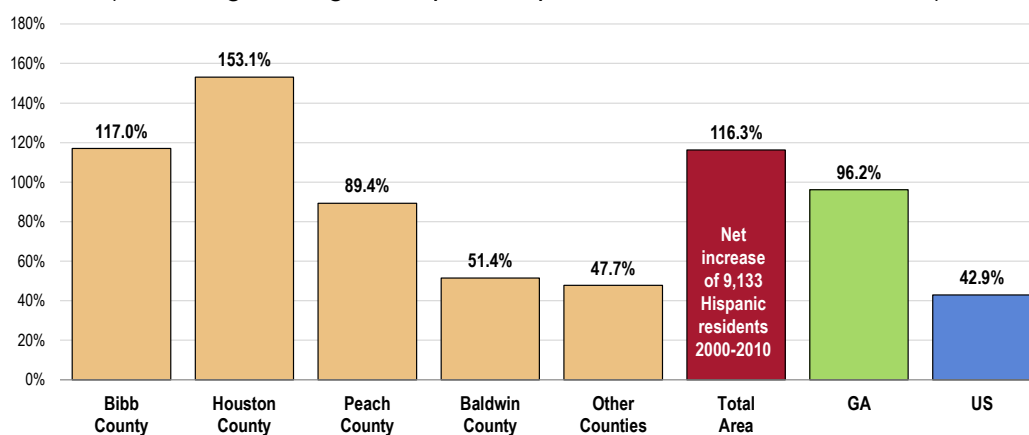
Sources: ● US Census Bureau Decennial Census (2000-2010).
● Retrieved June 2018 from Community Commons at http://www.chna.org.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

Linguistic Isolation

A total of 1.4% of the Total Area population age 5 and older live in a home in which <u>no</u> persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Lower than found statewide and nationally.
- Linguistic isolation is highest in Houston County.

Linguistically Isolated Population
(2012-2016)
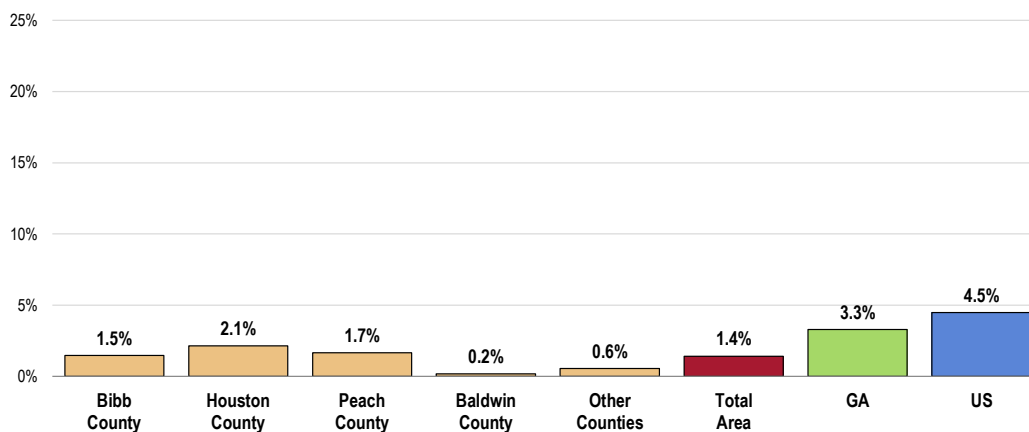
Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Retrieved June 2018 from Community Commons at http://www.chna.org.
Notes: ● This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

● Note the following map illustrating linguistic isolation in the Total Area.
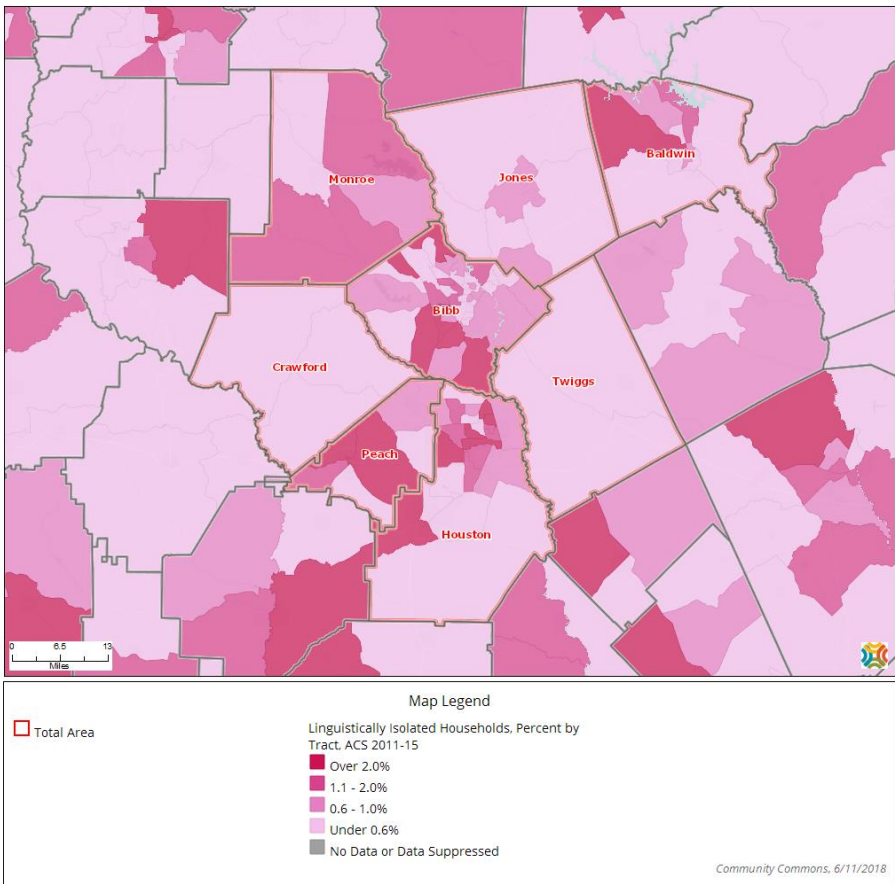
Social Determinants of Health

About Social Determinants

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

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 22.3% of Total Area population living below the federal poverty level.

- Higher than both state and national levels.

In all, 42.5% of Total Area residents (an estimated 185,598 individuals) live below 200% of the federal poverty level.

- Similar to the proportion reported statewide.
- Higher than that found nationally.

Population in Poverty
(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)
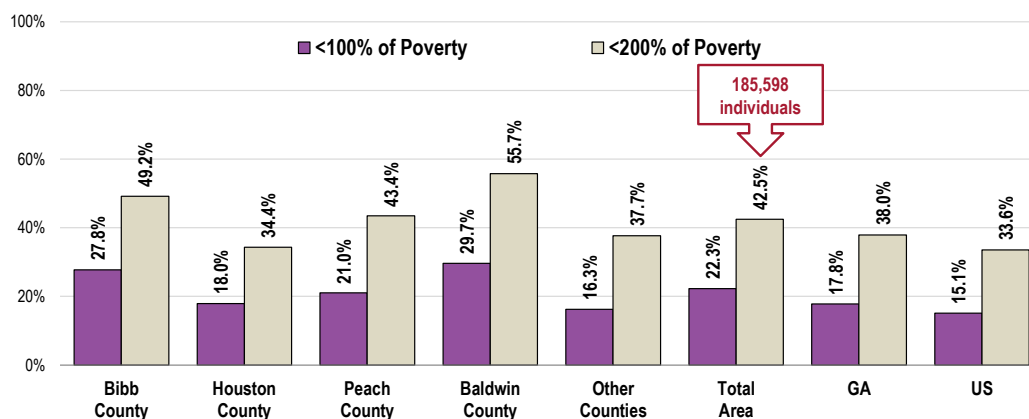
	<100% of Poverty	<200% of Poverty
Bibb County	27.8%	49.2%
Houston County	18.0%	34.4%
Peach County	21.0%	43.4%
Baldwin County	29.7%	55.7%
Other Counties	16.3%	37.7%
Total Area	22.3%	42.5%
GA	17.8%	38.0%
US	15.1%	33.6%

185,598 individuals

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2018 from Community Commons at http://www.chna.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- Note the concentration of persons living below the 100% and 200% poverty thresholds in the Total Area.

Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2011-15

Total Area

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Community Commons, 6/11/2018

Map Legend

Population Below 200% Poverty Level, Percent by Tract, ACS 2011-15

Total Area

- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed

Community Commons, 6/11/2018
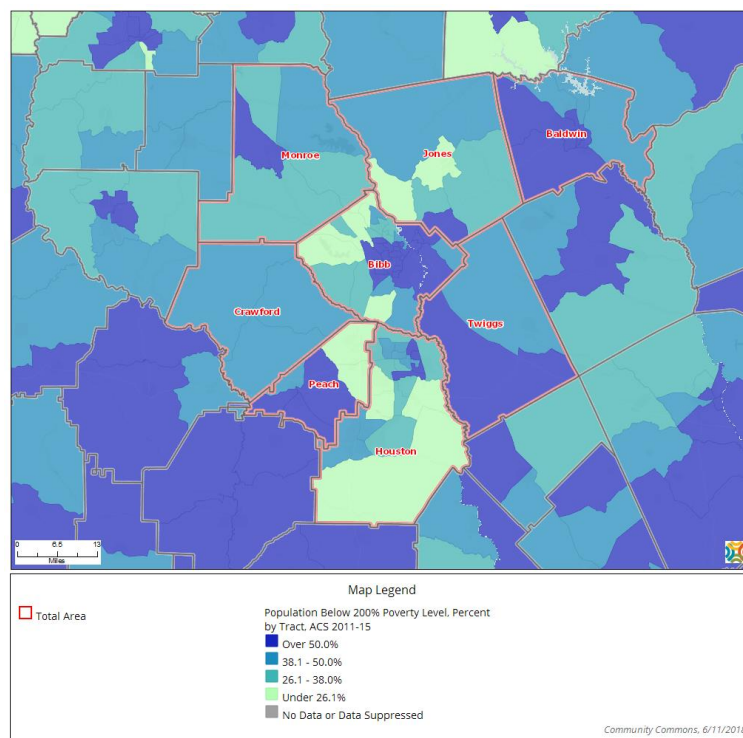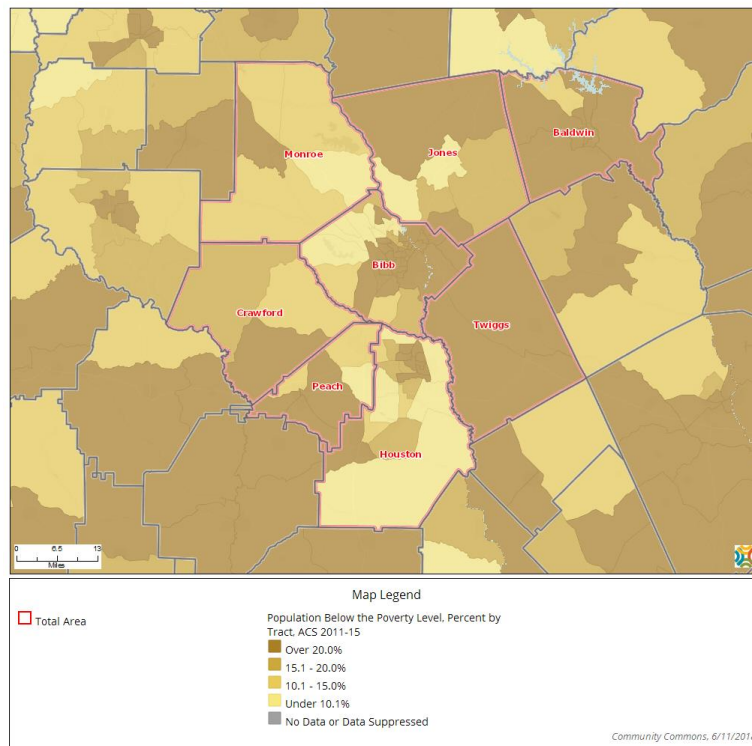
Children in Low-Income Households

Additionally, over half (55.4%) of Total Area children age 0-17 (representing an estimated 59,375 children) live below the 200% poverty threshold.

- Statistically similar to the proportion found statewide.
- Above the proportion found nationally.
- Highest in Baldwin and Bibb counties.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)
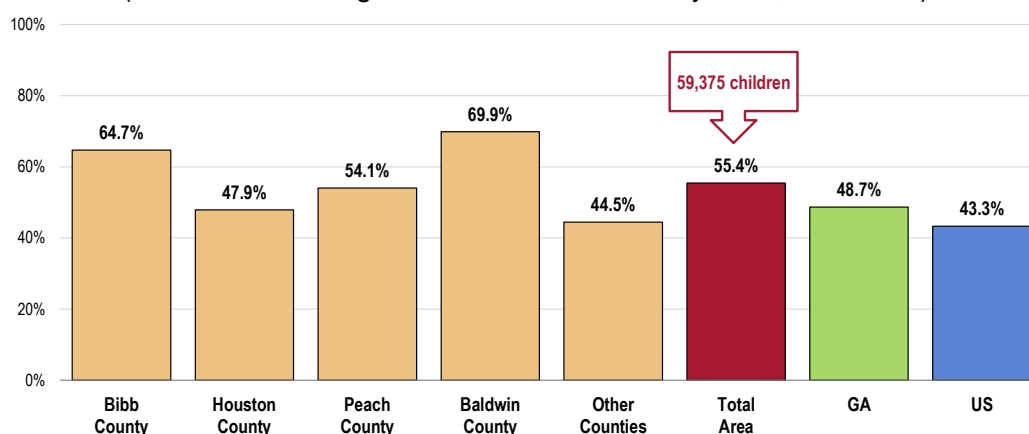
Bar chart values:
- Bibb County: 64.7%
- Houston County: 47.9%
- Peach County: 54.1%
- Baldwin County: 69.9%
- Other Counties: 44.5%
- Total Area: 55.4% (59,375 children)
- GA: 48.7%
- US: 43.3%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2018 from Community Commons at http://www.chna.org.

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

- The following map depicts the concentration of children in lower-income households.

Map Legend

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2011-15
- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Total Area

Community Commons, 6/11/2018
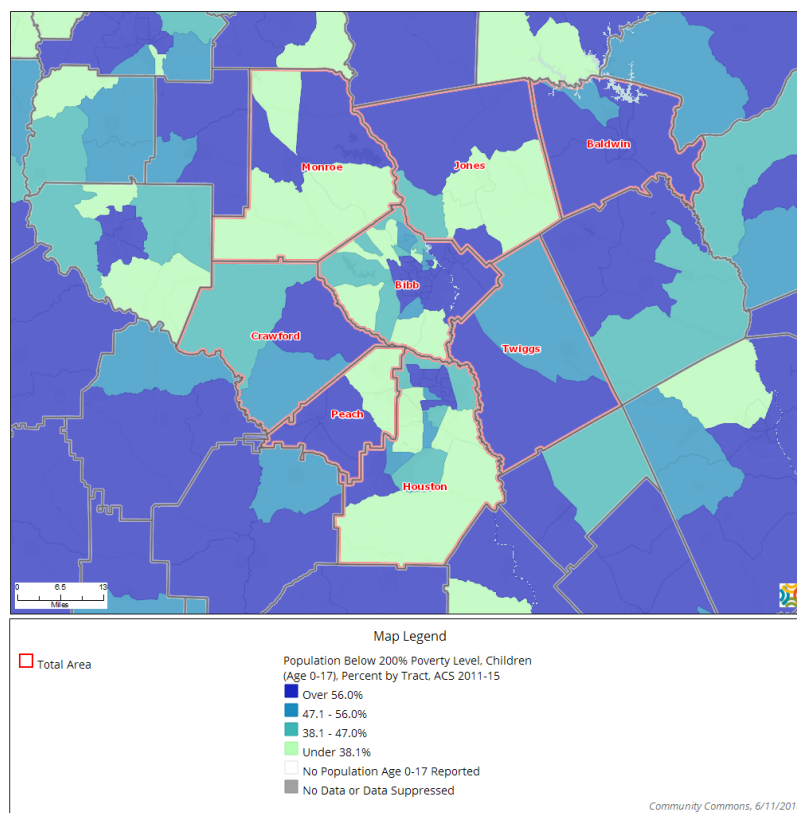
Education

Among the Total Area population age 25 and older, an estimated 14.3% (almost 42,000 people) do not have a high school education.

- Comparable to state and national prevalences.
- Residents in Houston County are most likely to have a high school diploma.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)
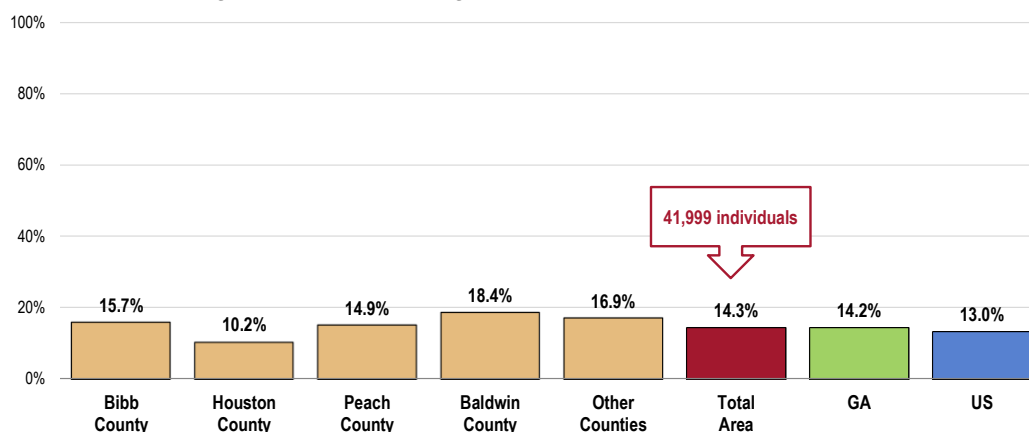
41,999 individuals

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
15.7%	10.2%	14.9%	18.4%	16.9%	14.3%	14.2%	13.0%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- Geographically, this indicator is widespread in Twiggs, Monroe, and Peach counties, as well as parts of the remaining counties in the Total Area.
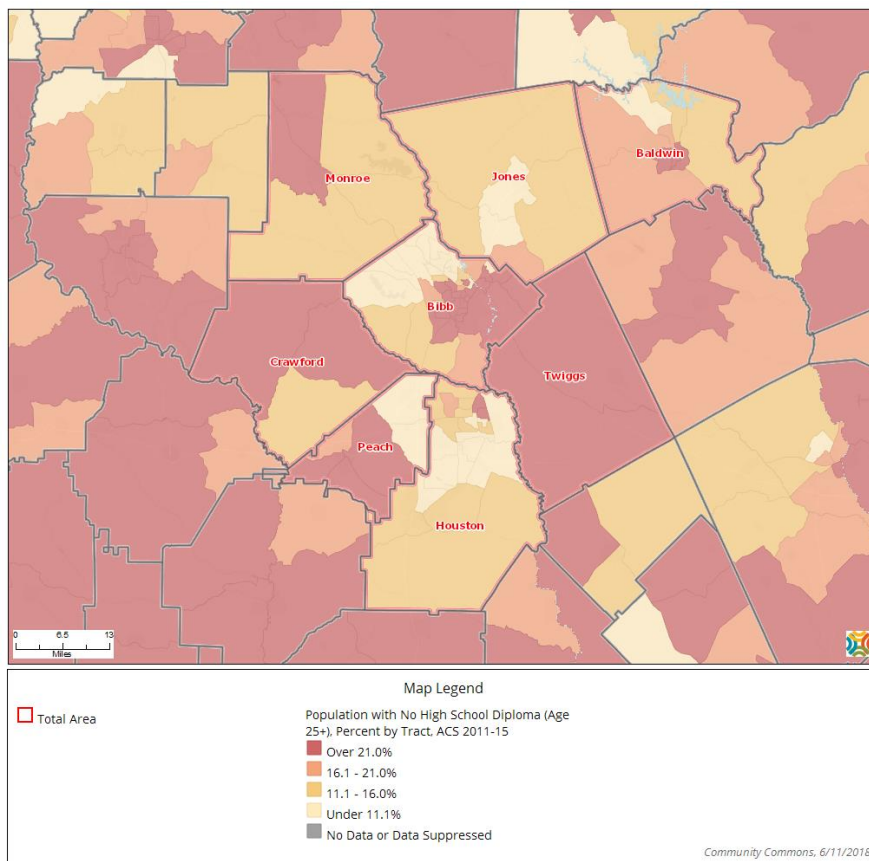
Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Area as of March 2018 was 4.4%.

- Similar to the statewide and national unemployment rates.
- TREND: Unemployment for the Total Area has trended downward since 2010, echoing the state and national trends.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)
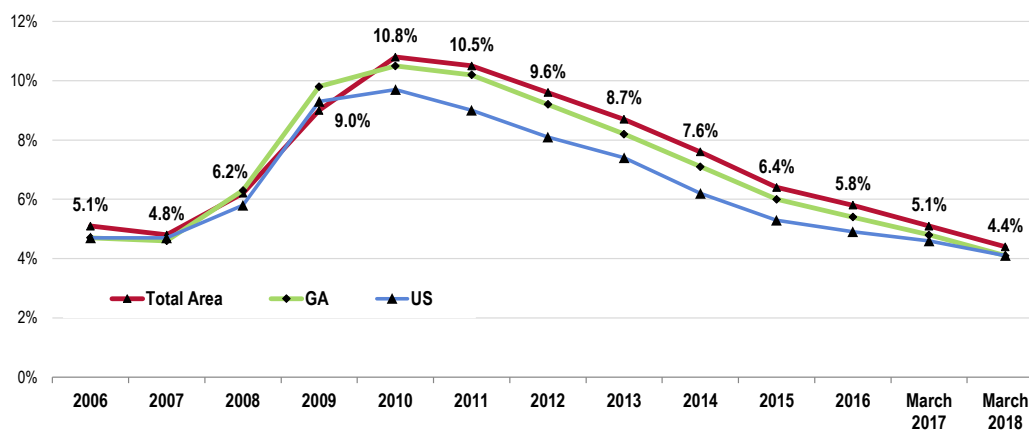
Sources: ● US Department of Labor, Bureau of Labor Statistics.
● Retrieved June 2018 from Community Commons at http://www.chna.org.
Notes: ● This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Insecurity

While most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (27.4%) reported that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

Frequency of Worry or Stress
Over Paying Rent/Mortgage in the Past Year
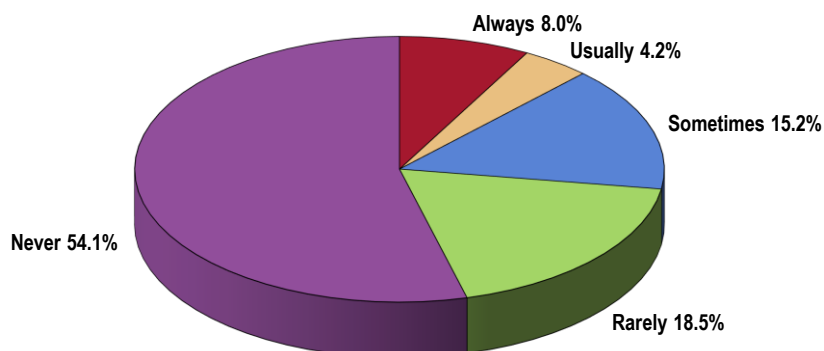
(Total Area, 2018)

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: ● Asked of all respondents.

- Compared to the US prevalence, the Total Area proportion of adults who worried about paying for rent or mortgage in the past year is similar.
- Housing insecurity appears highest in Baldwin County and lowest in Houston County.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
	28.9%	23.0%	27.1%	34.9%	27.4%	27.4%	30.8%
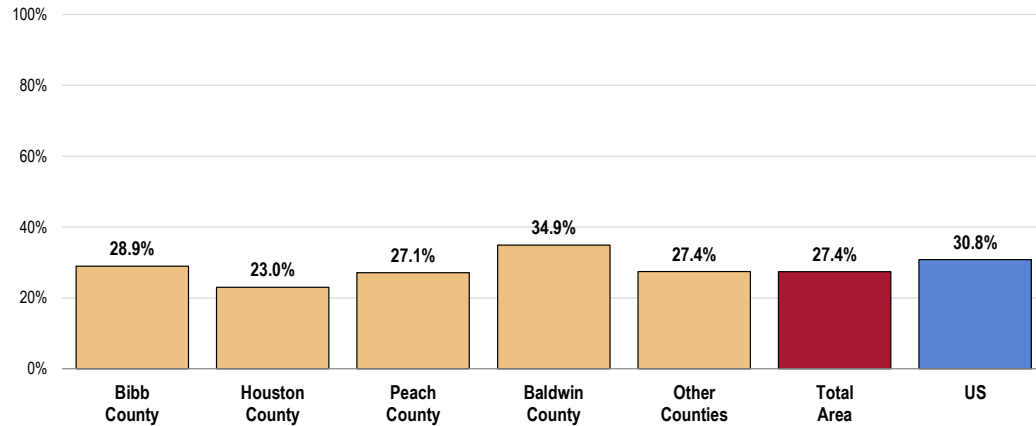
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Adults more likely to report housing insecurity include:

- Women.
- Those under age 40 (negative correlation with age).
- Residents living at lower incomes.
- Black residents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Total Area, 2018)

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

In the past year, 28.3% of Total Area adults "often" or "sometimes" worried about whether their food would run out before they had money to buy more.

Another 24.7% report a time in the past year ("often" or "sometimes") when the food they bought just did not last, and they did not have money to get more.

• Higher than the national prevalence.

Food Insecurity
(Total Area, 2018)
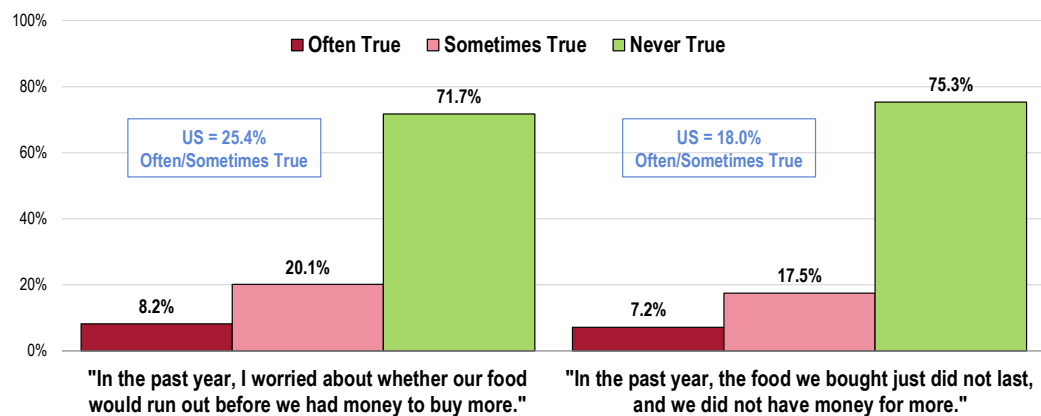
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects the total sample of respondents.

Overall, 32.1% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

- Compared to US data, this prevalence is higher.
- Highest in Bibb County.

Food Insecurity
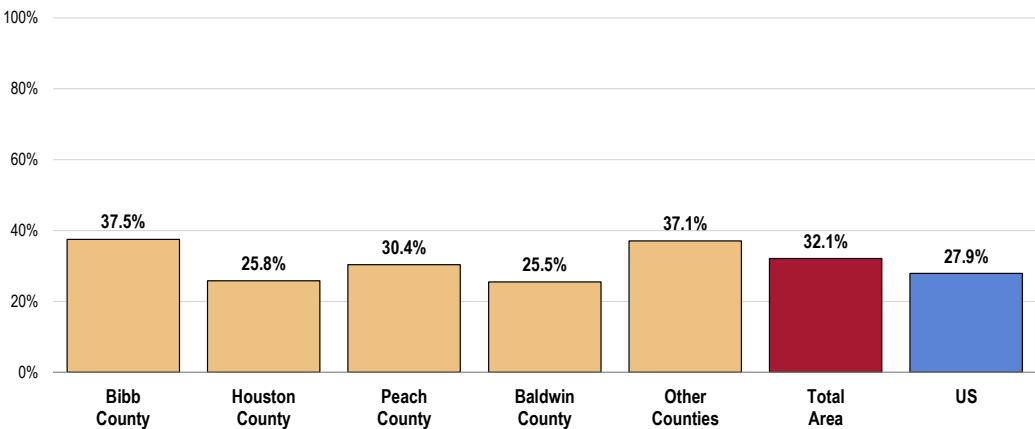
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

Note the 57.2% of low-income residents reporting food insecurity. Other demographics <u>more</u> likely affected by food insecurity include:

- Women.
- Those under age 40 (negative correlation with age).
- Black respondents.

Food Insecurity
(Total Area, 2018)
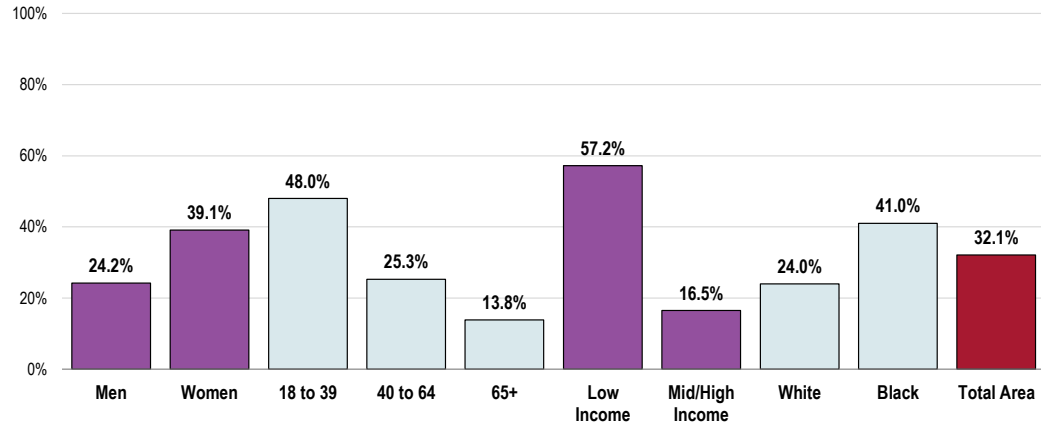
Chart showing Food Insecurity percentages:
- Men: 24.2%
- Women: 39.1%
- 18 to 39: 48.0%
- 40 to 64: 25.3%
- 65+: 13.8%
- Low Income: 57.2%
- Mid/High Income: 16.5%
- White: 24.0%
- Black: 41.0%
- Total Area: 32.1%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Religious/Spiritual Meeting Attendance

Over half (55.7%) of Total Area respondents attended a religious or spiritual meeting in the past month.

- Prevalence is highest in Baldwin County and lowest in Peach County.
- TREND: Religious/spiritual meeting attendance has significantly declined since 2015 findings.

Attended a Religious or Spiritual Meeting in the Past Month
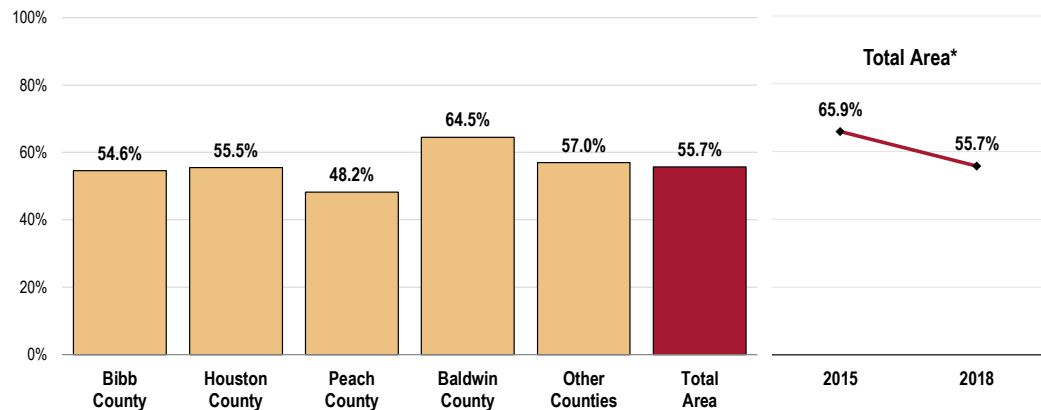
Chart showing percentages:
- Bibb County: 54.6%
- Houston County: 55.5%
- Peach County: 48.2%
- Baldwin County: 64.5%
- Other Counties: 57.0%
- Total Area: 55.7%

Total Area*:
- 2015: 65.9%
- 2018: 55.7%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2015 data did not include Baldwin County.

- Attendance at religious or spiritual meetings appears to be positively correlated with age and income.

Attended a Religious or Spiritual Meeting in the Past Month
(Total Area, 2018)
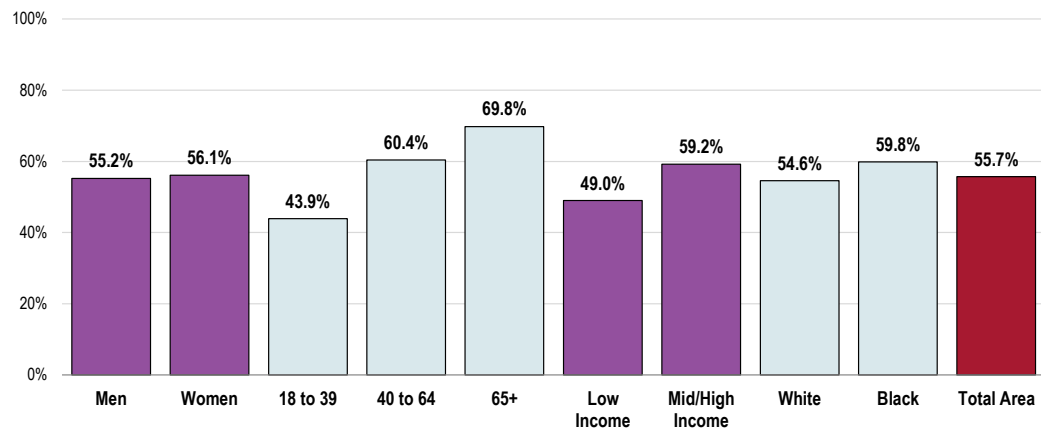
Category	Value
Men	55.2%
Women	56.1%
18 to 39	43.9%
40 to 64	60.4%
65+	69.8%
Low Income	49.0%
Mid/High Income	59.2%
White	54.6%
Black	59.8%
Total Area	55.7%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]

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

General Health Status

Overall Health Status

Evaluation of Health Status

A total of 48.3% of Total Area adults rate their overall health as "excellent" or "very good."

- Another 32.0% gave "good" ratings of their overall health.

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

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

Self-Reported Health Status
(Total Area, 2018)
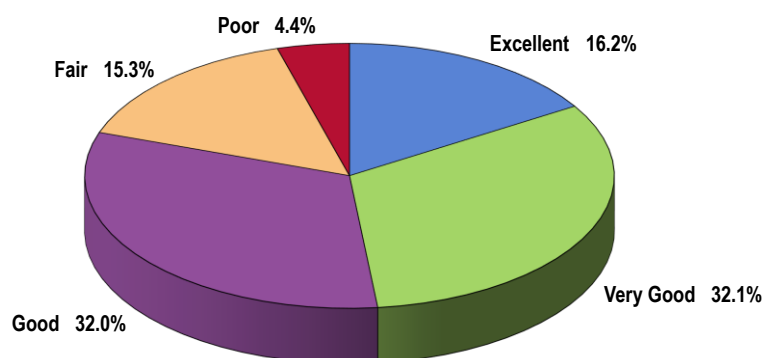
Poor 4.4%
Fair 15.3%
Excellent 16.2%
Very Good 32.1%
Good 32.0%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 19.7% of Total Area adults believe that their overall health is "fair" or "poor."

- Comparable to statewide and national findings.
- Least favorable in Baldwin County.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

Experience "Fair" or "Poor" Overall Health

Total Area*

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US		2012	2015	2018
	17.5%	18.3%	16.9%	27.3%	24.6%	19.7%	19.1%	18.1%		19.4%	18.2%	19.7%

Sources:
- 2018 PRC Community Health Survey, 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): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Adults <u>more</u> likely to report experiencing "fair" or "poor" overall health include:

- Those age 40 and older.
- Residents living at lower incomes.
- Black respondents.

Experience "Fair" or "Poor" Overall Health
(Total Area, 2018)
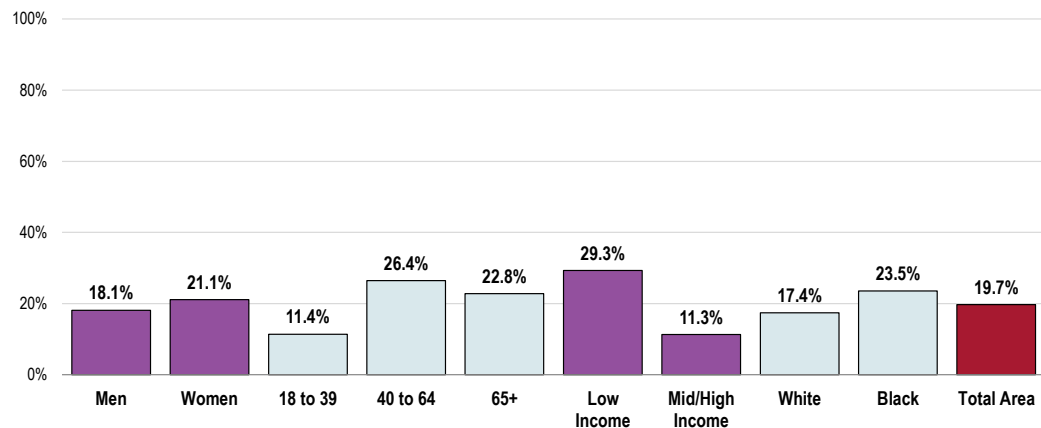
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
18.1%	21.1%	11.4%	26.4%	22.8%	29.3%	11.3%	17.4%	23.5%	19.7%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

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

Activity Limitations

About Disability & Health

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

A total of 29.4% of Total Area adults are limited in some way in some activities, due to a physical, mental, or emotional problem.

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

- Less favorable than the prevalence statewide and nationally.

- Similar by county area.

- TREND: Marks a statistically significant increase in activity limitations since 2012.

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

Total Area*

Bibb County: 27.7%
Houston County: 29.7%
Peach County: 33.2%
Baldwin County: 33.5%
Other Counties: 28.2%
Total Area: 29.4%
GA: 20.2%
US: 25.0%

2012: 20.9%
2015: 21.4%
2018: 29.4%
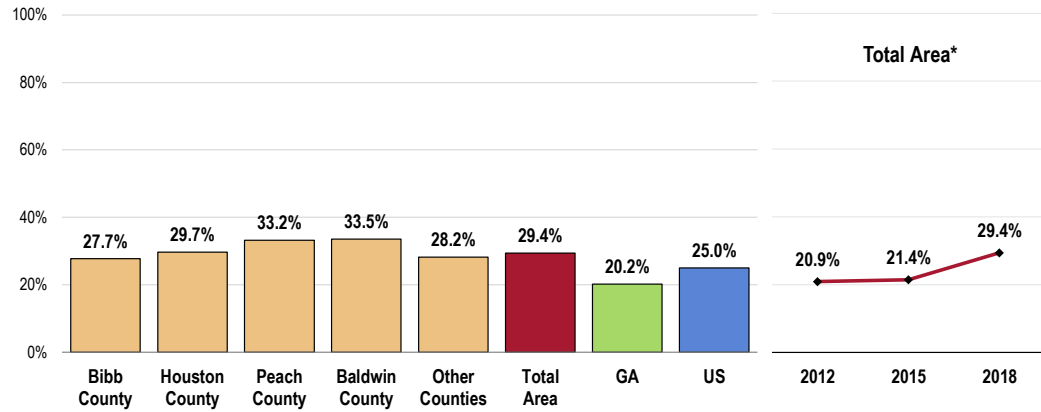
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Georgia data.
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

- In looking at responses by key demographic characteristics, adults age 40 and older, and low-income adults are statistically more likely to report some type of activity limitation.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Total Area, 2018)
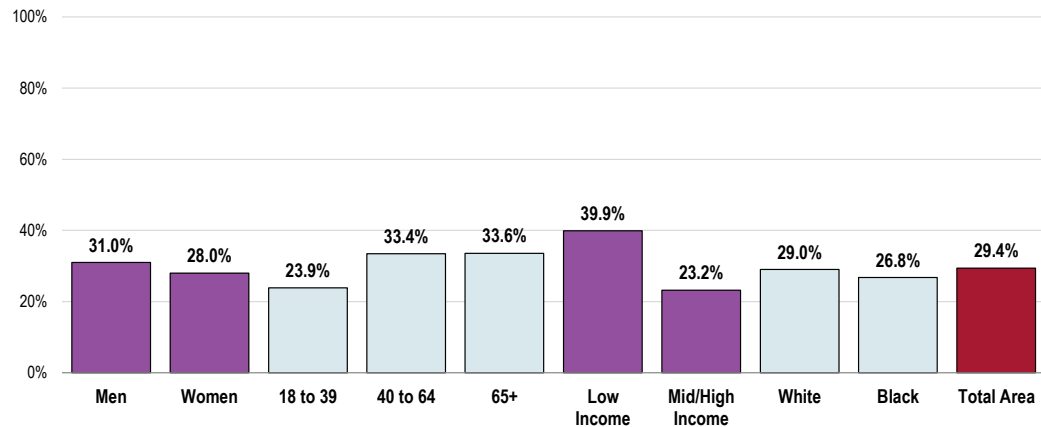
Men: 31.0%
Women: 28.0%
18 to 39: 23.9%
40 to 64: 33.4%
65+: 33.6%
Low Income: 39.9%
Mid/High Income: 23.2%
White: 29.0%
Black: 26.8%
Total Area: 29.4%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Other limitations noted with some frequency include those related to mental health (depression, anxiety), vision, and the heart.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Total Area, 2018)

Category	Percentage
Back/Neck Problem	23.9%
Depression/Anxiety/Mental	10.8%
Arthritis/Rheumatism	10.2%
Fracture/Bone/Joint Injury	9.2%
Walking Problem	5.8%
Eye/Vision Problem	5.5%
Heart Problem	3.3%
Various Other (<3% Each)	31.3%
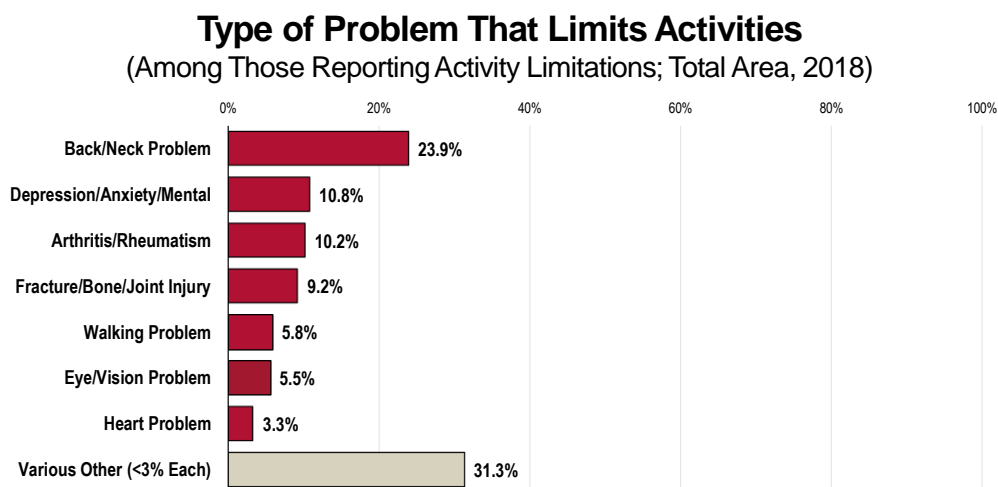
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: ● Asked of those respondents reporting activity limitations.

Caregiving

A total of 27.2% of Total Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Higher than the national finding.
- Statistically similar by community.

Of these adults, 4 in 10 (43.3%) are the *primary* caregiver for the individual receiving care.

Act as Caregiver to a Friend or Relative
with a Health Problem, Long-Term Illness, or Disability

Respondent is the
Primary Caregiver: 43.3%

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
28.0%	27.8%	26.4%	22.8%	27.2%	27.2%	20.8%
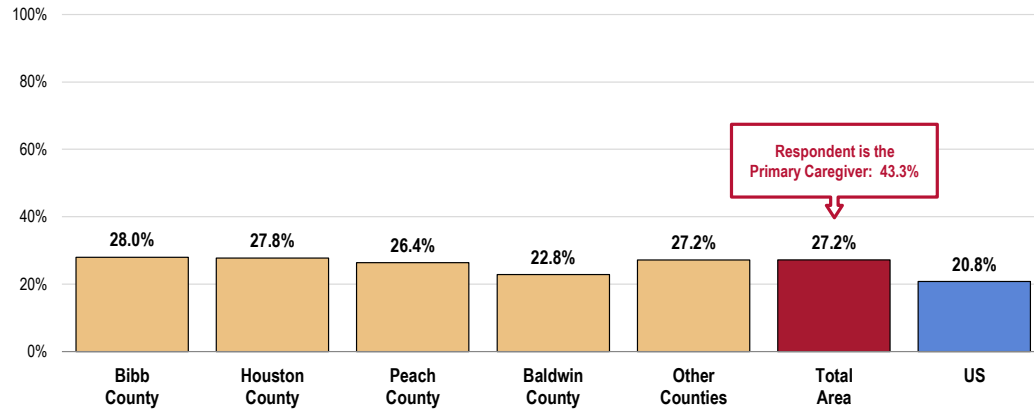
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]
        ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
      ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

● The prevalence of caregivers in the community is notably higher among women and adults between the ages of 40 and 64.

Act as Caregiver to a Friend or Relative
with a Health Problem, Long-Term Illness, or Disability
(Total Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
22.3%	31.6%	22.0%	32.9%	25.4%	28.5%	26.1%	28.8%	23.5%	27.2%
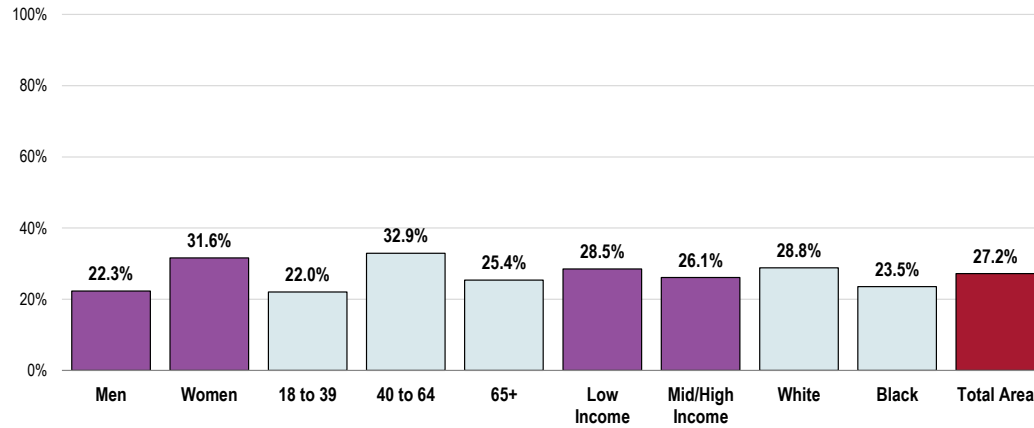
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]
Notes: ● Asked of all respondents.
      ● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
      ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

For those who provide care or assistance, the top health issues affecting those receiving their care include **heart disease/stroke** (18.8%), **old age/frailty** (10.6%), **mental illness** (9.7%), and **dementia/cognitive impairment** (9.2%).

Primary Health Issue of Person Receiving Care or Assistance
(Among Caregivers Providing Regular Care to a Friend/Family Member;
Total Area, 2018)

Heart Disease/Stroke 18.8%
Old Age/Frailty 10.6%
Mental Illness 9.7%
Dementia/Cognitive Impairment 9.2%
Arthritis/Rheumatism 5.1%
Diabetes 5.0%
Cancer 4.3%
Mobility Problems 3.7%
Injury 3.4%
Respiratory Condition 3.3%
Other 26.9%
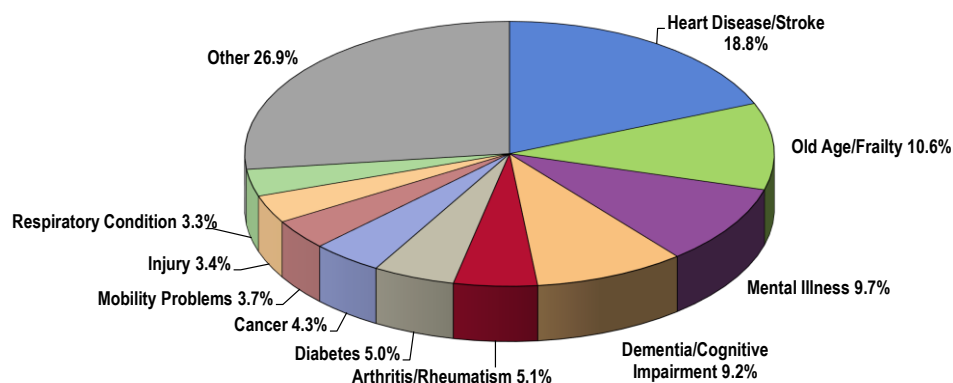
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: ● Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

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, and 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)

Evaluation of Mental Health Status

Six in 10 Total Area adults (59.0%) rate their overall mental health as "excellent" or "very good."

"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?"

- Another 24.8% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Total Area, 2018)
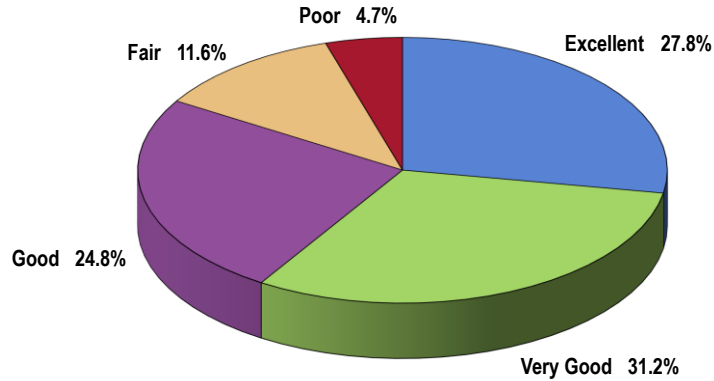
Poor 4.7%
Fair 11.6%
Excellent 27.8%
Good 24.8%
Very Good 31.2%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: ● Asked of all respondents.

A total of 16.3% of Total Area adults, however, believe that their overall mental health is "fair" or "poor."

- Less favorable than the "fair/poor" response reported nationally.
- "Fair/poor" ratings are lowest in Peach County.
- TREND: Statistically increased since 2012.

Experience "Fair" or "Poor" Mental Health

Total Area*

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018
17.0%	18.1%	9.2%	18.0%	13.3%	16.3%	13.0%	12.0%	13.4%	16.3%
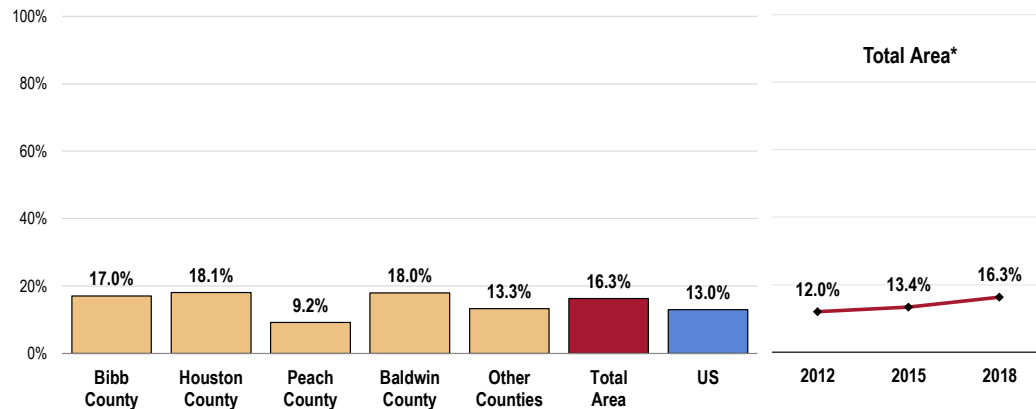
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

- Note the negative correlation between poor mental health and income.
- Women and adults under the age of 65 are much more likely to report experiencing "fair/poor" mental health than their demographic counterparts.

Experience "Fair" or "Poor" Mental Health
(Total Area, 2018)
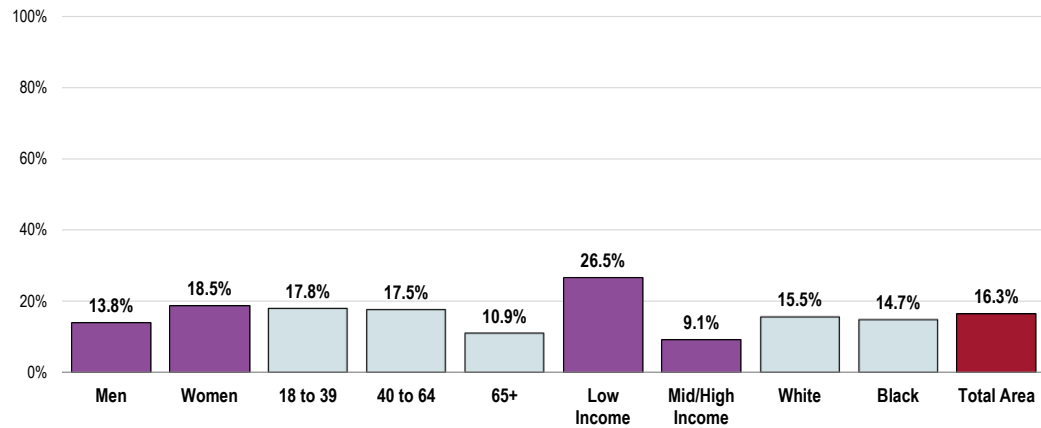
	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
%	13.8%	18.5%	17.8%	17.5%	10.9%	26.5%	9.1%	15.5%	14.7%	16.3%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

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

Depression

Diagnosed Depression

A total of 22.8% of Total Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the national finding.
- Higher than the state finding.
- Statistically similar by community.
- TREND: Statistically unchanged since first asked in 2015.

Have Been Diagnosed With a Depressive Disorder

Total Area*

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US		2015	2018
	23.6%	23.7%	25.9%	20.2%	18.8%	22.8%	16.6%	21.6%		20.1%	22.8%
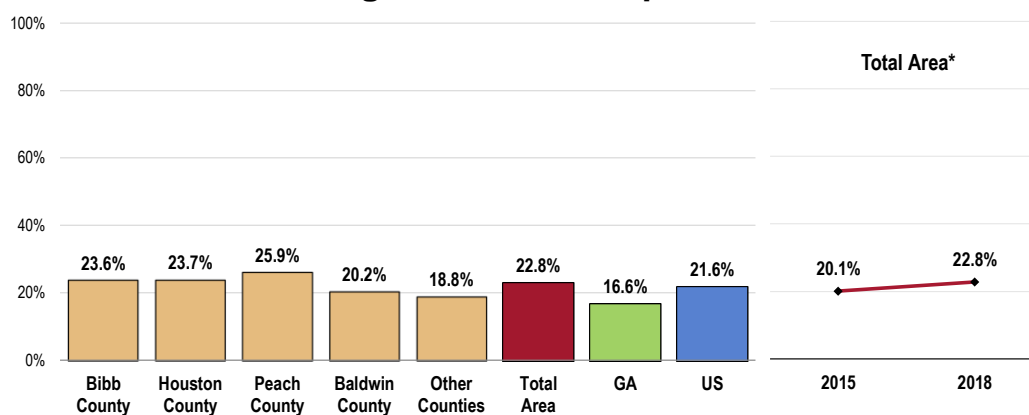
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2015 data did not include Baldwin County.

Symptoms of Chronic Depression

A total of 35.2% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Comparable to national findings.
- Comparable by community.
- TREND: Symptoms of chronic depression have significantly increased over time.

Have Experienced Symptoms of Chronic Depression
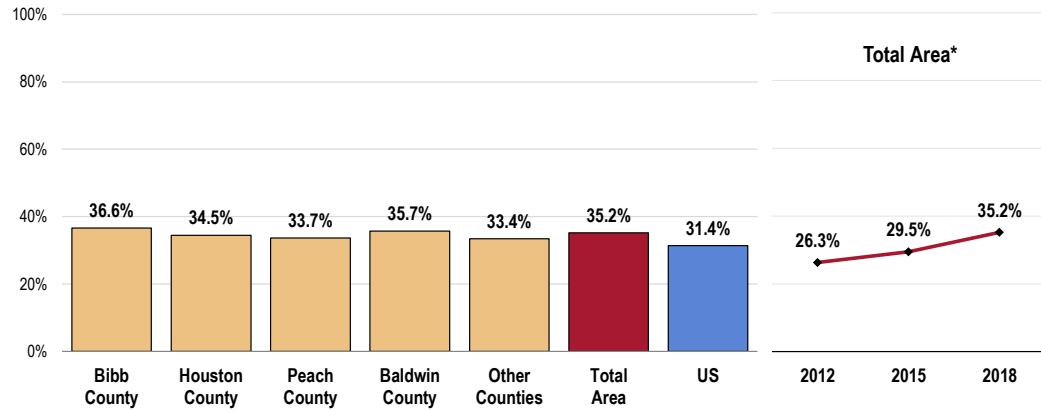
Bibb County: 36.6%
Houston County: 34.5%
Peach County: 33.7%
Baldwin County: 35.7%
Other Counties: 33.4%
Total Area: 35.2%
US: 31.4%

Total Area*
2012: 26.3%
2015: 29.5%
2018: 35.2%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
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.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

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

- Women.
- Adults under age 65.
- Those with lower incomes.

Have Experienced Symptoms of Chronic Depression
(Total Area, 2018)
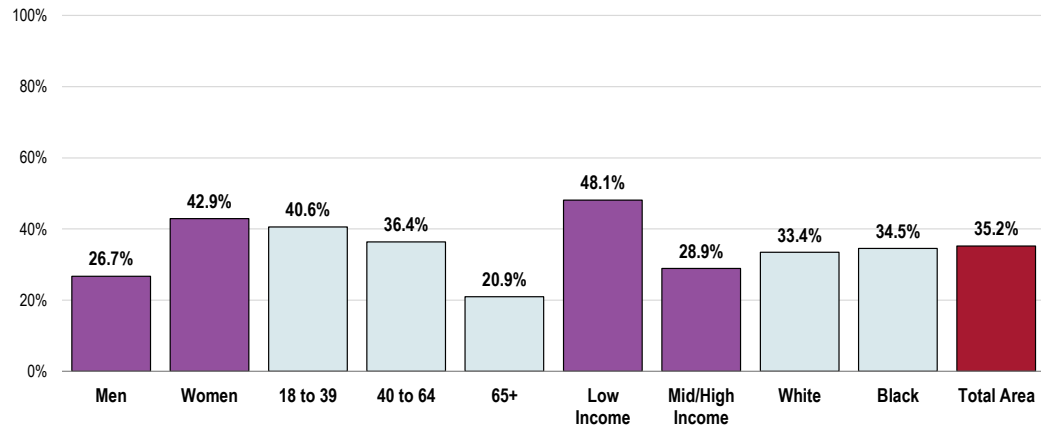
Men: 26.7%
Women: 42.9%
18 to 39: 40.6%
40 to 64: 36.4%
65+: 20.9%
Low Income: 48.1%
Mid/High Income: 28.9%
White: 33.4%
Black: 34.5%
Total Area: 35.2%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
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.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

Just under one-half (47.6%) of Total Area adults consider their typical day to be "not very stressful" (29.0%) or "not at all stressful" (18.6%).

- Another 38.0% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day
(Total Area, 2018)
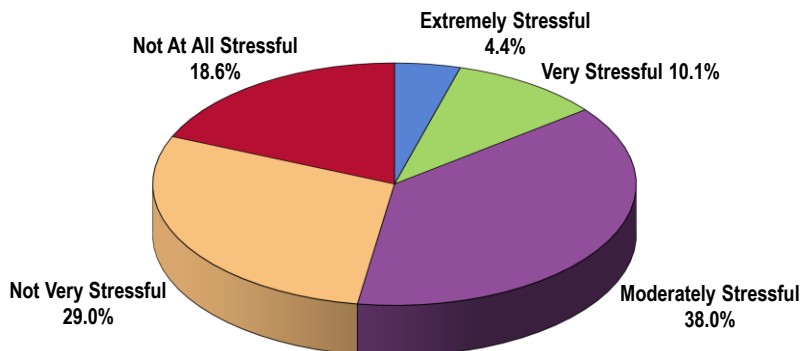
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: ● Asked of all respondents.

In contrast, 14.5% of Total Area adults experience "very" or "extremely" stressful days on a regular basis.

- Similar to national findings.
- The prevalence of stress is lowest in Baldwin County.
- TREND: Statistically increased since previous findings.

Perceive Most Days As "Extremely" or "Very" Stressful
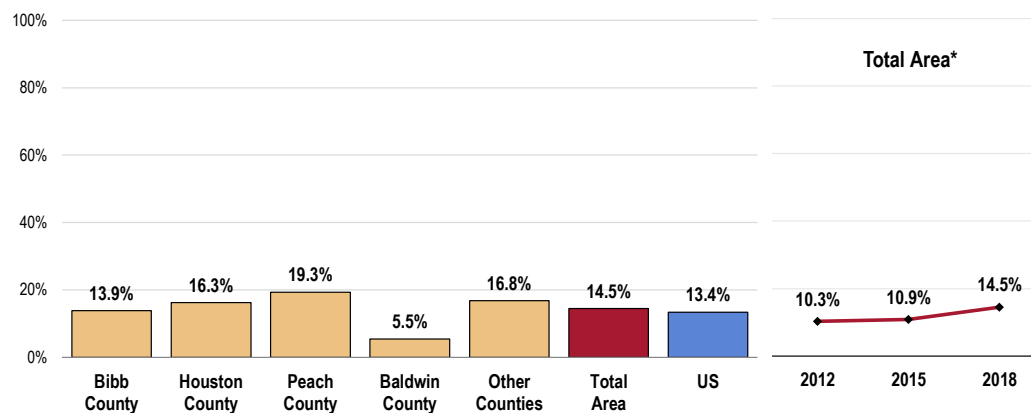
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

- Note that high stress levels are more prevalent among women, adults under age 65, and those with lower incomes.

Perceive Most Days as "Extremely" or "Very" Stressful
(Total Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
11.5%	17.3%	20.3%	14.2%	2.4%	21.9%	11.4%	12.7%	13.7%	14.5%

Suicide

Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 16.3 deaths per 100,000 population in the Total Area.

- Higher than the state and national rates.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Highest in Peach County.

Suicide: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
12.2	16.3	25.8	20.5	19.4	16.3	12.9	13.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

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

- When looking by race, the suicide rate in the Total Area is dramatically higher among Non-Hispanic Whites than among Non-Hispanic Blacks.

Suicide: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower

Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities
23.2	6.1	22.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- 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.

- TREND: The area suicide rate has overall trended upward after a slight decrease over the first half of the last decade.

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

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	12.0	11.2	11.1	10.5	10.3	11.6	13.5	16.3
GA	11.1	11.3	11.8	11.7	11.8	12.1	12.4	12.9
US	11.3	11.6	11.8	12.1	12.3	12.5	12.7	13.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- 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

One-third (33.7%) of Total Area adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 19.6% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Compared to national findings, those currently taking medication or receiving mental health treatment is significantly higher.

Mental Health Treatment

Legend: ■ Total Area ■ US

Ever Sought Help for a Mental or Emotional Problem
- Total Area: 33.7%
- US: 30.8%

Currently Taking Medication/ Receiving Mental Health Treatment
- Total Area: 19.6%
- US: 13.9%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 6.0% of Total Area adults report a time in the past year when they needed mental health services but were not able to get them.

- Similar to the national finding.
- Barriers to accessing mental health services are <u>lowest</u> in Baldwin County.

Unable to Get Mental Health Services When Needed in the Past Year
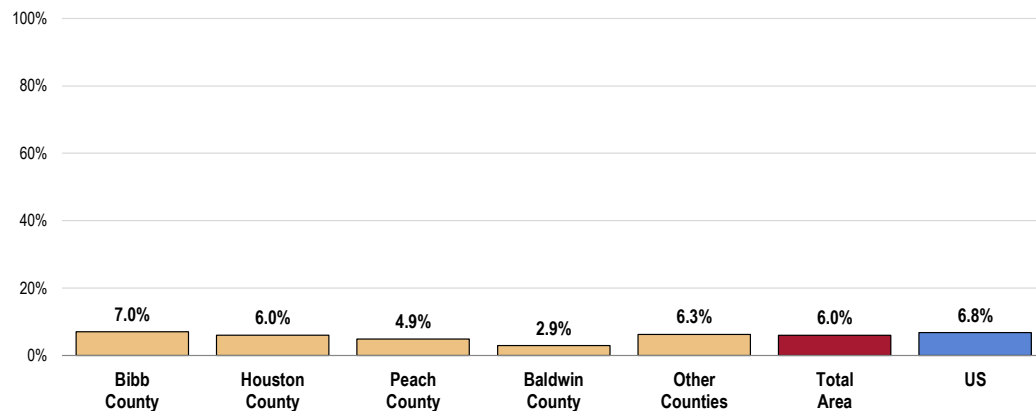
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
7.0%	6.0%	4.9%	2.9%	6.3%	6.0%	6.8%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Note that access difficulty is notably more prevalent among:

- Women.
- Adults under age 65 (negative correlation with age).
- Adults with lower incomes.

Among persons citing difficulties accessing mental health services in the past year, these are predominantly attributed to **cost or insurance issues**.

Unable to Get Mental Health Services
When Needed in the Past Year
(Total Area, 2018)
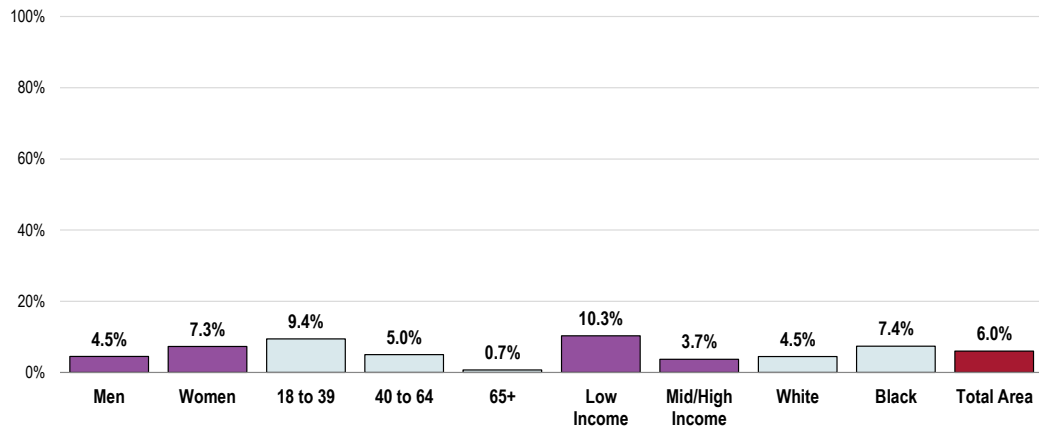
	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
%	4.5%	7.3%	9.4%	5.0%	0.7%	10.3%	3.7%	4.5%	7.4%	6.0%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

Over three-quarters of key informants taking part in a series of focus groups characterized *Mental Health* as a "moderate problem" in the community.

Perceptions of Mental Health
as a Problem in the Community
(Key Informants, 2018)
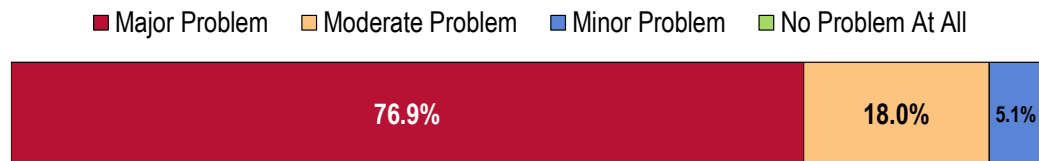
■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem
76.9%	18.0%	5.1%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Focus group members discussed the fragmented mental health system and the limited services available to residents, with focus on:

- Incidence/prevalence
- Inadequate number of psychiatrists and treatment programs
- Medication expense
- Central State Hospital
- Psychiatric services for youth
- Co-occurring substance abuse
- Misuse of emergency room
- Law enforcement
- Stigma

During the focus group, issues surrounding mental health services arose several times. The focus group members feel that the **prevalence of mental illness** is high in the community. There are many community members suffering from some type of mental illness, including depression and anxiety.

> *The acuity of the behavioral health needs in our community is much, much higher than it was, I promise you, 10 years ago or 20 years ago, because I worked in this community 20 years ago in behavioral health. Because of the lack of the hospital, we're treating people in the streets. I mean, and if they go into the – if they go inpatient, we're talking about three to five days, maybe seven at the very most. – Baldwin County Participant*

Overall, attendees think that the region has an **inadequate number of psychiatrists and inpatient and outpatient treatment programs** available to residents, including providers to oversee medication management.

> *You got to have somebody that can prescribe the medicine that's needed after. So many times, there's a counselor or somebody in that field can give you the right advice and can talk you through, but they can't write you what you need. – Regional Social Service Provider*
>
> *When our people get into River's Edge, we have some people that did wonderful, have done just fabulous. We have one person working for us now. But there's just not enough slots over there for the uninsured. – Regional Social Service Provider*
>
> *So many of those people, which, like you said, speaks to their illness, they're not capable of living independently, even congregationally in a community. Their illness, they're just not. But they're out there, because there's nowhere else for them. – Baldwin County Participant*

There are also not a sufficient number of counseling resources for those suffering with depression and anxiety. Several focus groups brought up RiverEdge as a resource, but they need additional staff. The respondents also want case-management services for those residents suffering with mental illness.

> *They have mainstreamed the mentally ill, and it's turned into a disaster. They have no safe place for themselves or the public. – Peach County Participant*

In addition to a limited capacity, the limited coverage by insurance companies and the cost of behavioral health services limit many residents' access to the much-needed care. **Medications** to treat mental illness are also very **expensive** and organizations have limited resources to assist residents with these costs. Furthermore, medication side effects can be a barrier to compliance.

Many of the focus group participants spent time discussing the former **Central State Hospital** and feel that once that closed, the number of individuals in the community with mental health issues grew dramatically and has stayed high in the community, which taxes the already at-capacity behavioral health providers and other resources.

> *If she goes to the ER, they'll stabilize her and then send her back out. Then she'll go to the doctor— she really, I say it's like a ping pong table, that I throw you the ball and you fix the ball just enough to get them out and then you throw me the ball. – Regional Social Service Provider*
>
> *I see people every day on the street not capable of being on the street, but they're on the street. Eventually, police would get them, put them in jail. Then they stay there and get out with nothing else to do. I think some of them go back so they have a place to stay and they'll have food and medical. – Peach County Participant*
>
> *They have mainstreamed the mentally ill, and it's turned into a disaster. They have no safe place for themselves or the public. – Peach County Participant*
>
> *So I made the comment before that the reason a place like Central State Hospital was closed down was because of the dire conditions, the bad settings that had manifested themselves over the years. I think the idea of a facility like that, it's one of those things the idea may have been good. It's the implementation and over the years that evolved into a bad thing. Because there are long-term residential treatment facilities for people where they're productive. There are people that keep a watch on them and they're able to stay on their medication. – Regional Community Leader*

Psychiatric services for youth also experience high demand in the region, but few resources exist for the community's adolescent population. In Bibb County the participants only knew of a single child psychologist. All youth services are located outside of the region and families have to travel to Atlanta. Participants would like to see more resources exist for this population; there is a specific need to identify and reach children before they are school aged.

> *The rise of behavioral health needs in children have just skyrocketed over the last several years. The stats that we keep have been astronomical in terms of the crisis kids and the kids that we're seeing younger and younger that have major behavioral health needs, and it's generally generational. You generally have a whole family that have needs. – Baldwin County Participant*

Many that suffer from mental illness have **co-occurring substance abuse issues**; these individuals often self-medicate with drugs or alcohol. In addition, many mentally ill residents are "frequent fliers" of the **emergency room**, but the community does not have adequate outpatient programs to assist these individuals and they will often regress and end back up in the emergency room. Attendees stress that this issue creates burdens on the hospital, law enforcement, and community agencies. The mentally ill person also never receives appropriate and adequate treatment.

> *Most of the mental health patients we pick up, we pick them up and they'll go to Houston, I think it's fourth floor for a while, maybe two weeks or so, and they're right back and same problem comes up. It's just a cycle. One problem we run into is who wants to be responsible for that person. Whether it's alcohol- or drug-related or just regular mental health, everybody wants to push them off on law enforcement. Law enforcement wants to push them off on us (EMS). Then we're stuck. What do we do with that patient? Bring them here, maybe they need to be sent to a place where they can really get mental health on a regular basis. They're out in less than a couple weeks and right back in the same position, same environment. So, it's just a cycle. – Peach County Participant*

Law enforcement also spends an enormous amount of resources transporting these individuals to hospitals outside of the region because of limited beds. All of the attendees agree that incarceration is not the answer.

Last, participants describe the **stigma** surrounding mental illness that may impact a resident's willingness to access behavioral health services for themselves

Death, Disease, & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for one-half of all deaths in the Total Area in 2016.

Leading Causes of Death
(Total Area, 2016)
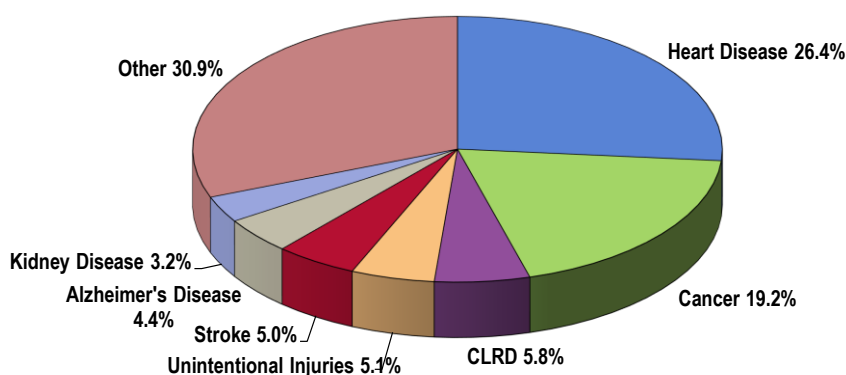
Other 30.9%
Heart Disease 26.4%
Kidney Disease 3.2%
Alzheimer's Disease 4.4%
Stroke 5.0%
Unintentional Injuries 5.1%
CLRD 5.8%
Cancer 19.2%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
           ● CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Area.

Each of these is discussed in greater detail in subsequent sections of this report.

Age-Adjusted Death Rates for Selected Causes

(2014-2016 Deaths per 100,000 Population)

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

	Total Area*	GA	US	HP2020
Diseases of the Heart	229.9	179.6	167.0	156.9*
Malignant Neoplasms (Cancers)	168.3	162.9	158.5	161.4
Chronic Lower Respiratory Disease (CLRD)	60.6	46.5	40.9	n/a
Cerebrovascular Disease (Stroke)	47.4	44.1	37.1	34.8
Unintentional Injuries	41.4	46.5	40.9	36.4
Alzheimer's Disease	33.6	39.6	28.4	n/a
Kidney Disease	26.1	18.7	13.2	n/a
Pneumonia/Influenza	19.8	15.3	14.6	n/a
Diabetes	19.8	21.6	21.1	20.5*
Firearm-Related	18.1	16.0	12.9	9.3
Intentional Self-Harm (Suicide)	16.3	12.9	13.0	10.2
Motor Vehicle Deaths	15.1	13.6	11.0	12.4
Cirrhosis/Liver Disease	8.4	8.9	10.6	8.2
Homicide/Legal Intervention	8.1	7.3	5.7	5.5
Unintentional Drug-Related Deaths	6.6	11.2	14.3	11.3
HIV/AIDS	4.5	4.6	2.5	3.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- 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.

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

Between 2014 and 2016, there was an annual average age-adjusted heart disease mortality rate of 229.9 deaths per 100,000 population in the Total Area.

- Much higher than the statewide and national rates.
- Far from satisfying the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Lowest in Houston County and the Other Counties area.

Heart Disease: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Bibb County: 282.3
Houston County: 191.1
Peach County: 251.6
Baldwin County: 242.2
Other Counties: 189.6
Total Area: 229.9
GA: 179.6
US: 167.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
• "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

● By race, the heart disease mortality rate is notably higher among Blacks when compared with Whites.

Heart Disease: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

Total Area White (Non-Hispanic): 217.3
Total Area Black (Non-Hispanic): 270.4
Total Area All Races/Ethnicities: 229.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
• The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- TREND: Overall, the heart disease mortality rate in the Total Area has remained relatively constant, while trends across Georgia and the US have decreased.

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

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	222.4	218.2	223.1	219.9	215.4	212.4	222.5	229.9
GA	203.2	196.7	191.2	184.2	179.6	178.7	179.5	179.6
US	190.3	182.9	176.7	172.6	171.3	169.1	168.4	167.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 47.4 deaths per 100,000 population in the Total Area.

- Similar to the Georgia rate.
- Notably higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.
- Highest in Peach County.

Stroke: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

Bar chart values:
- Bibb County: 53.0
- Houston County: 44.0
- Peach County: 69.6
- Baldwin County: 48.3
- Other Counties: 36.7
- Total Area: 47.4
- GA: 44.1
- US: 37.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

- Stroke mortality is higher among Blacks when compared with Whites in the Total Area.

Stroke: Age-Adjusted Mortality by Race

(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

Bar chart values:
- Total Area White (Non-Hispanic): 43.9
- Total Area Black (Non-Hispanic): 58.3
- Total Area All Races/Ethnicities: 47.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

- TREND: The stroke rate has declined in recent years, at a slightly higher pace than the trends reported statewide and nationally.

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

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	57.9	56.1	54.7	49.9	47.1	45.8	47.4	47.4
GA	49.5	47.6	45.3	43.6	41.9	41.9	43.1	44.1
US	41.7	39.9	38.5	37.6	37.0	36.5	36.8	37.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 8.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Similar to the national prevalence.
- Lower in Bibb County.
- TREND: Statistically unchanged since 2012.

Prevalence of Heart Disease
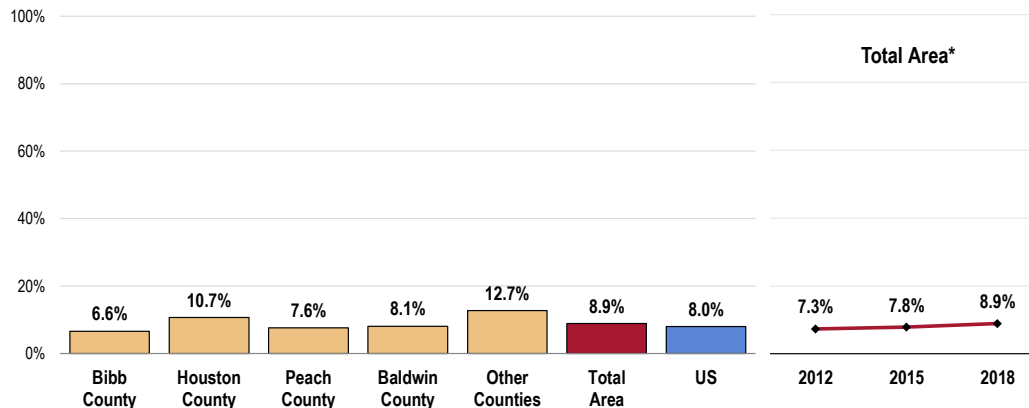
								Total Area*		
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US		2012	2015	2018
6.6%	10.7%	7.6%	8.1%	12.7%	8.9%	8.0%		7.3%	7.8%	8.9%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
　　　　 ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
　　　　 ● Includes diagnoses of heart attack, angina, or coronary heart disease.
　　　　 ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
　　　　 ● *Note that 2012 and 2015 data did not include Baldwin County.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (age 65+; positive correlation with age).

Prevalence of Heart Disease
(Total Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
11.7%	6.3%	4.1%	10.3%	17.1%	10.5%	7.6%	7.9%	9.3%	8.9%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes: ● Asked of all respondents.
　　　　 ● Includes diagnoses of heart attack, angina, or coronary heart disease.
　　　　 ● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
　　　　 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 5.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide and national findings.
- Similar by county area.
- TREND: No significant change in stroke prevalence over time.

Prevalence of Stroke

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US		Total Area* 2012	2015	2018
	5.2%	4.5%	6.8%	2.9%	6.0%	5.0%	3.8%	4.7%		4.7%	4.4%	5.0%
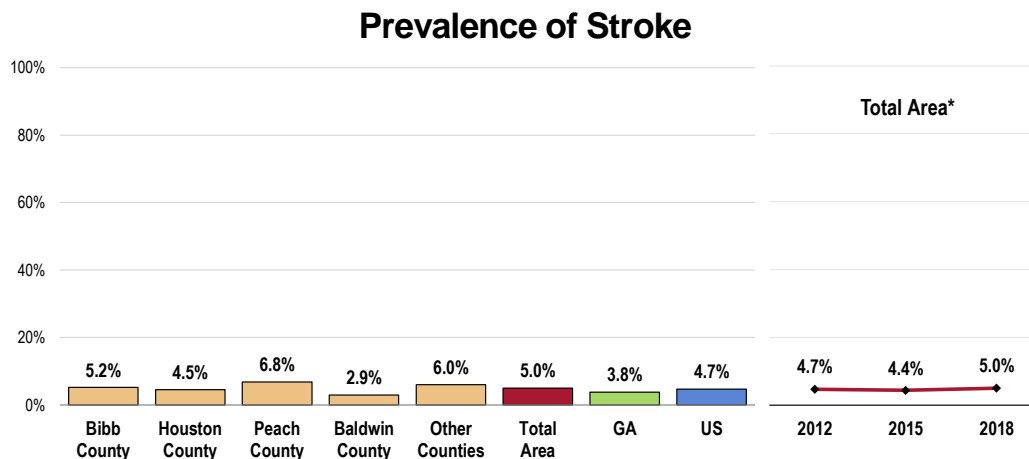
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
• *Note that 2012 and 2015 data did not include Baldwin County.

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

High Blood Pressure Testing

Nine in 10 Total Area adults (90.7%) have had their blood pressure tested within the past two years.

- Almost identical to national findings.
- Fails to satisfy the Healthy People 2020 target (92.6% or higher).
- Similar by county area.
- TREND: Blood pressure testing has significantly decreased over time.

Have Had Blood Pressure Checked in the Past Two Years
Healthy People 2020 Target = 92.6% or Higher

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018
91.1%	91.6%	93.4%	86.8%	88.8%	90.7%	90.4%	95.1%	96.6%	90.7%

Total Area*
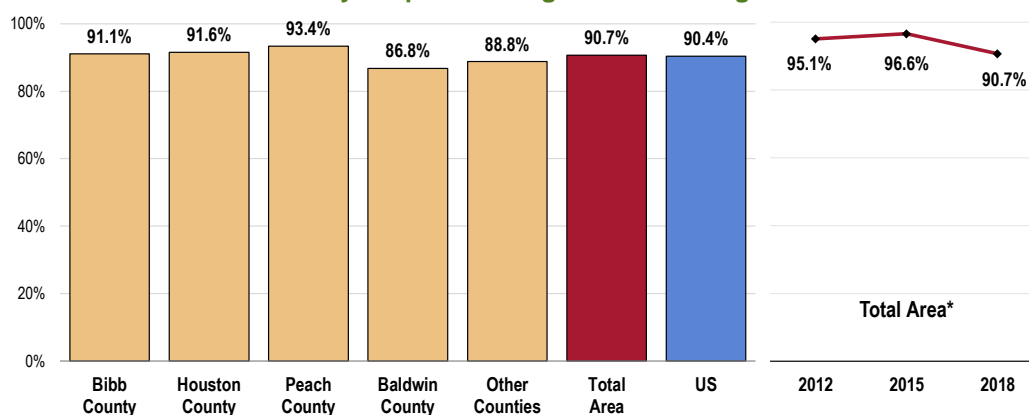
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Prevalence of High Blood Pressure

A total of 45.6% of Total Area adults have been told at some point that their blood pressure was high.

- Less favorable than the Georgia or national prevalences.
- Notably higher than the Healthy People 2020 target (26.9% or lower).
- No significant difference by community.
- TREND: Statistically unchanged since 2012.

Among adults with multiple high blood pressure readings, 90.3% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

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

90.3% of adults with multiple HBP readings are taking action to help control their levels (such as medication, diet, and/or exercise).

Total Area*

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	46.0%	44.9%	40.2%	45.9%	49.4%	45.6%	36.2%	37.0%

2012	2015	2018
43.2%	42.5%	45.6%
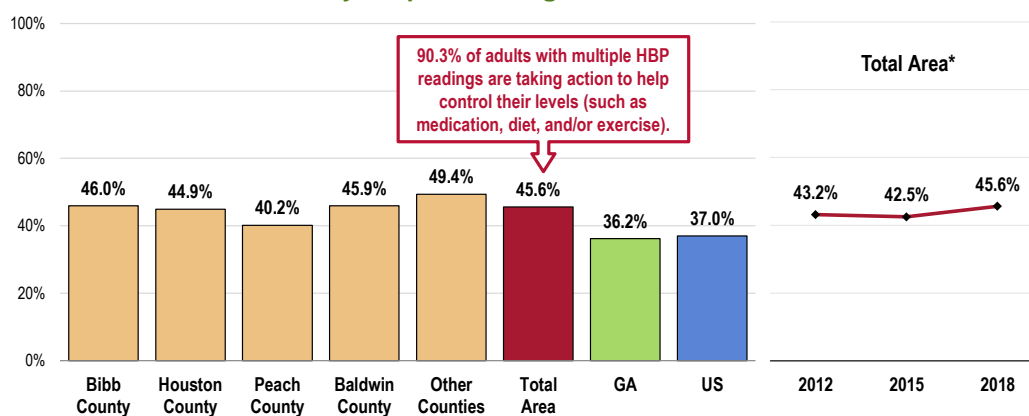
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

High blood pressure is more prevalent among:

- Adults age 40 and older, and especially those age 65+.
- Blacks.

Prevalence of High Blood Pressure
(Total Area, 2018)
Healthy People 2020 Target = 26.9% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
46.4%	45.0%	26.3%	56.4%	63.7%	46.5%	44.9%	39.9%	55.1%	45.6%
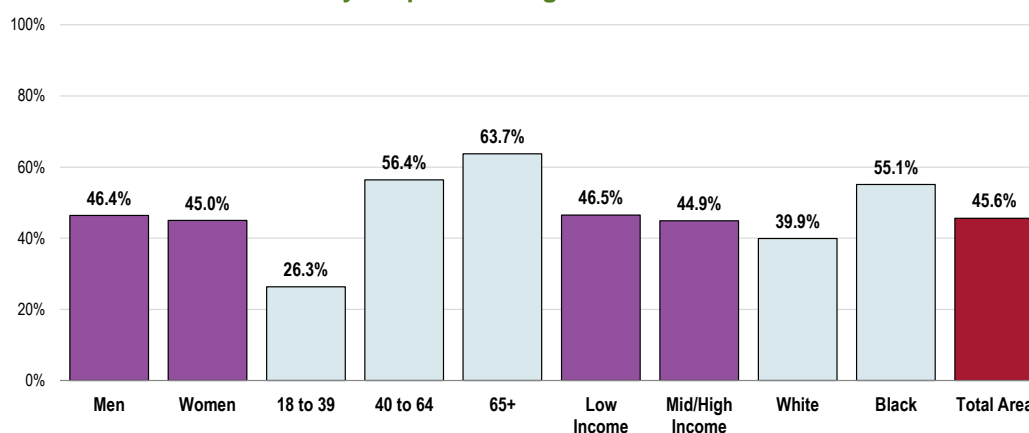
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

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

High Blood Cholesterol

Blood Cholesterol Testing

A total of 83.7% of Total Area adults have had their blood cholesterol checked within the past five years.

- More favorable than Georgia findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (82.1% or higher).
- Highest in Houston and Peach counties.
- TREND: Denotes a statistically significant decrease since 2012.

Have Had Blood Cholesterol Levels Checked in the Past Five Years
Healthy People 2020 Target = 82.1% or Higher

Bibb County: 83.4%, Houston County: 92.2%, Peach County: 90.0%, Baldwin County: 84.4%, Other Counties: 83.8%, Total Area: 83.7%, GA: 79.2%, US: 85.1%

Total Area*: 2012: 90.9%, 2015: 91.8%, 2018: 83.7%
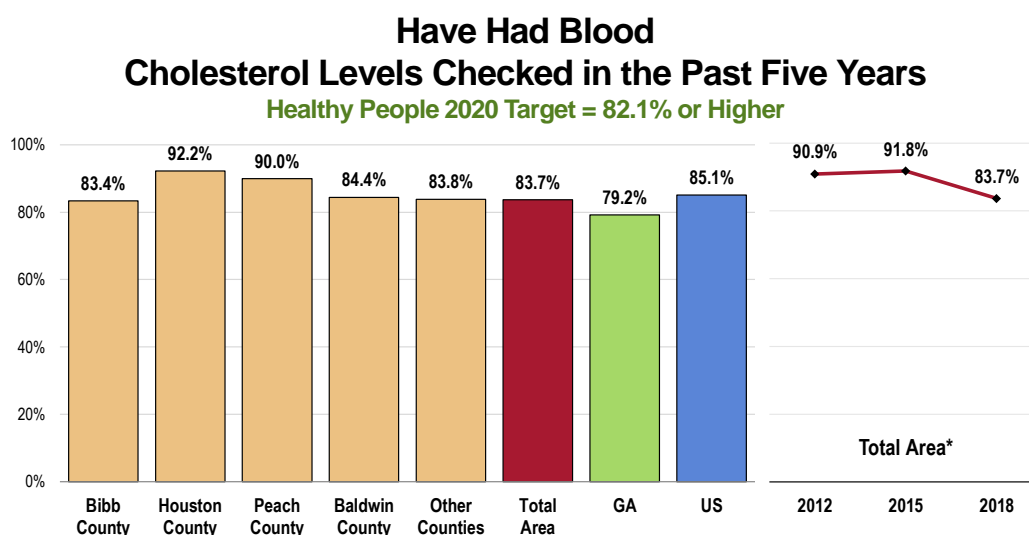
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Prevalence of High Blood Cholesterol

A total of 35.2% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the national prevalence.
- Over twice the Healthy People 2020 target (13.5% or lower).
- Similar by county area.
- TREND: Statistically unchanged since 2012.

Among adults with high blood cholesterol readings, 87.5% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

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

87.5% of adults are taking action to help control their levels (such as medication, diet, and/or exercise).

Total Area*

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
	34.6%	37.4%	32.5%	31.9%	36.5%	35.2%	36.2%

2012	2015	2018
35.8%	34.2%	35.2%
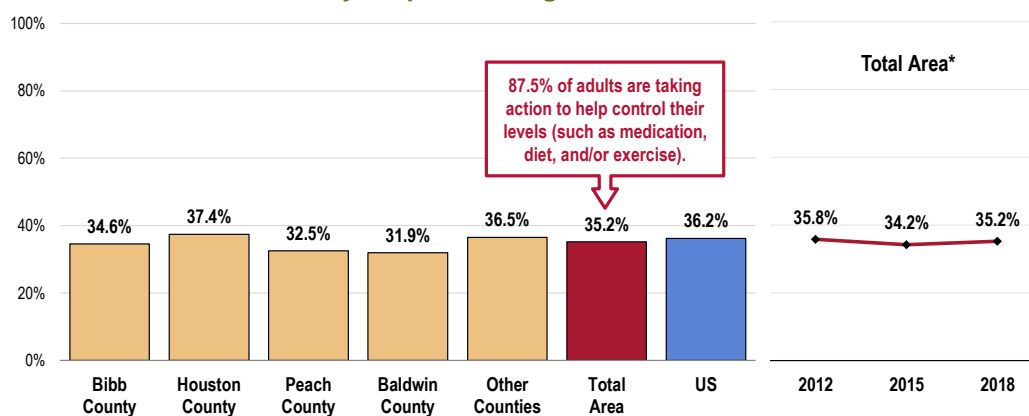
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Further note the following:

- Men are more likely to have high blood cholesterol readings than women.

- Over half of seniors (age 65+) report having been told they have high cholesterol.

- There is a higher prevalence among higher-income adults.

Prevalence of High Blood Cholesterol
(Total Area, 2018)
Healthy People 2020 Target = 13.5% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
38.7%	32.1%	15.5%	47.0%	50.5%	30.7%	37.8%	36.0%	31.2%	35.2%
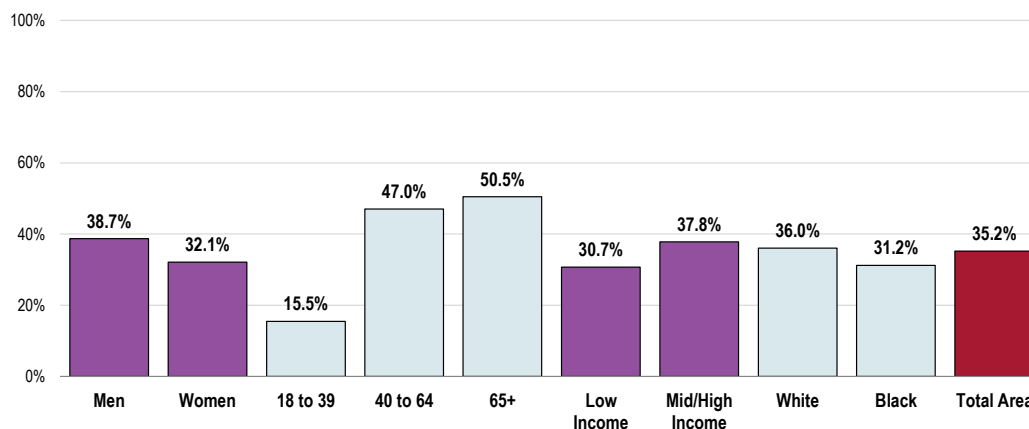
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

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

About Cardiovascular Risk

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

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

Total Cardiovascular Risk

A total of 88.2% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

RELATED ISSUE:
See also *Nutrition*, *Physical Activity, Weight Status,* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.
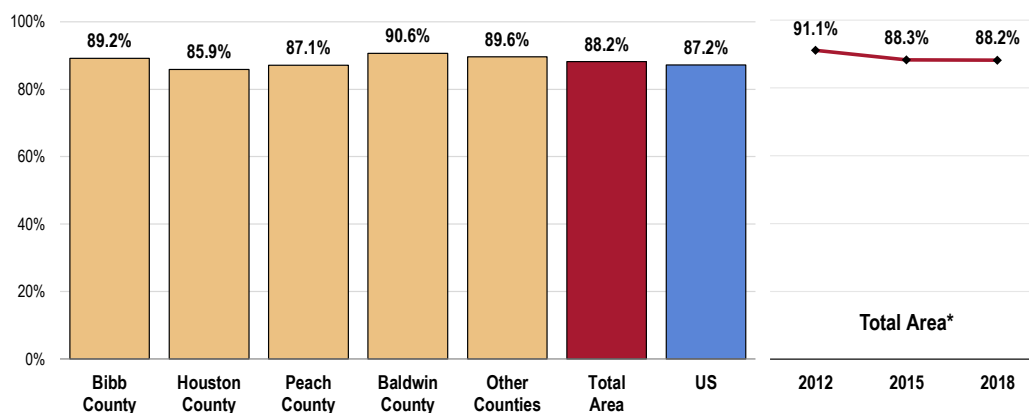
- Similar to national findings.
- Similar by county area.
- TREND: Marks a significant decrease over 2012 findings (almost identical to 2015).

Present One or More Cardiovascular Risks or Behaviors

Bibb County: 89.2%
Houston County: 85.9%
Peach County: 87.1%
Baldwin County: 90.6%
Other Counties: 89.6%
Total Area: 88.2%
US: 87.2%

Total Area*
2012: 91.1%
2015: 88.3%
2018: 88.2%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, especially seniors (age 65+).
- Black respondents.

Present One or More Cardiovascular Risks or Behaviors
(Total Area, 2018)

Men: 90.9%
Women: 85.8%
18 to 39: 80.6%
40 to 64: 93.1%
65+: 94.5%
Low Income: 88.0%
Mid/High Income: 88.3%
White: 86.1%
Black: 91.0%
Total Area: 88.2%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
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.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

Key informants taking part in a series of focus groups characterized *Heart Disease & Stroke* as a "major problem" slightly more often than they rated it a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke
as a Problem in the Community
(Key Informants, 2018)

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

47.4%	42.1%	10.5%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Cancer

About Cancer

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

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

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

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

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 168.3 deaths per 100,000 population in the Total Area.

- Statistically similar to the rates found state- and nationwide.
- Similar to the Healthy People 2020 target of 161.4 or lower.
- Higher in Peach County.

Cancer: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
Rate	175.9	159.6	206.2	174.7	152.0	168.3	162.9	158.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

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

Cancer: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

	Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities
Rate	167.7	179.1	168.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

● TREND: Cancer mortality has trended downward over the past several years in the Total Area, similar to state and national trends.

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

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	183.6	179.5	188.1	182.9	183.4	174.7	174.0	168.3
GA	178.7	175.2	173.6	171.4	169.0	167.4	165.4	162.9
US	176.4	173.0	170.5	168.2	166.2	163.6	161.0	158.5

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]
Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

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

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

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

● Each of the Total Area cancer death rates is similar to the state rate.
● The Total Area **prostate cancer** death rate is higher than the national rate (other cancer death rates are similar).
● Note that each of the Total Area cancer death rates detailed in the following chart is similar to the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site
(2014-2016 Annual Average Deaths per 100,000 Population)

	Total Area	GA	US	HP2020
ALL CANCERS	168.3	162.9	158.5	161.4
Lung Cancer	46.6	42.5	40.3	45.5
Prostate Cancer	23.5	21.6	19.0	21.8
Female Breast Cancer	20.8	21.9	20.3	20.7
Colorectal Cancer	16.2	15.5	14.1	14.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

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

Within the Total Area:

- Bibb County exhibits the highest annual average age-adjusted prostate cancer incidence rate.
- Baldwin County has the lowest female breast cancer incidence rate.
- The lung cancer incidence rate is lowest in Houston County.
- The Other Counties display the lowest colorectal cancer incidence rate.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)

Legend: Bibb County | Houston County | Peach County | Baldwin County | Other Counties | Total Area

Prostate Cancer: 153.5, 107.5, 117.8, 119.3, 133.2, 130.0
Female Breast Cancer: 125.4, 111.9, 134.9, 101.6, 118.1, 118.2
Lung Cancer: 79.7, 69.2, 87.5, 74.9, 85.7, 77.9
Colon/Rectal Cancer: 47.7, 48.7, 65.8, 42.2, 36.2, 46.2

Sources: ● State Cancer Profiles.
● Retrieved June 2018 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.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

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

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

The 2010-2014 Total Area annual average age-adjusted <u>lung cancer</u> incidence rate is worse than the state and US rates (other cancer incidence rates are similar).

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)

Legend: ■ Total Area ■ GA ■ US

Site	Total Area	GA	US
Prostate Cancer	130.0	129.3	114.8
Female Breast Cancer	118.2	123.5	123.5
Lung Cancer	77.9	65.9	61.2
Colon/Rectal Cancer	46.2	41.4	39.8

Sources: ● State Cancer Profiles.
● Retrieved June 2018 from Community Commons at http://www.chna.org.
Notes: ● This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

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

Cancer Incidence Rates by Site and Race/Ethnicity
(Annual Average Age-Adjusted Incidence per 100,000 Population, Total Area, 2010-2014)
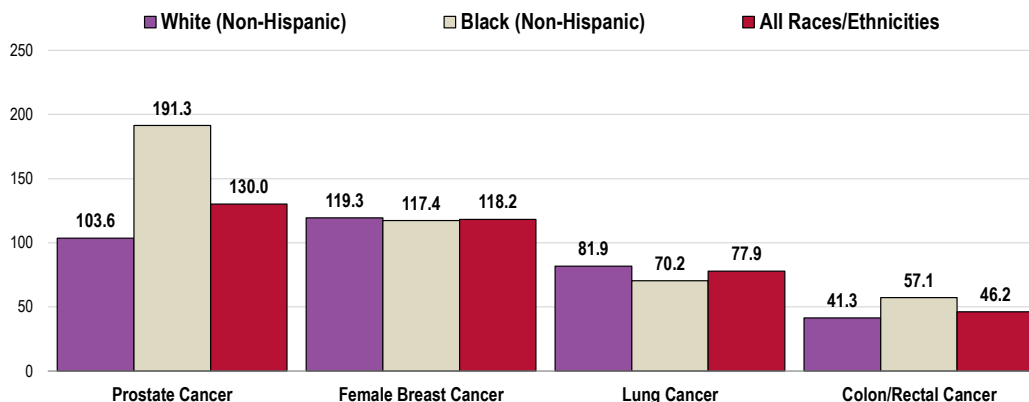
Legend: ■ White (Non-Hispanic) □ Black (Non-Hispanic) ■ All Races/Ethnicities

Site	White (Non-Hispanic)	Black (Non-Hispanic)	All Races/Ethnicities
Prostate Cancer	103.6	191.3	130.0
Female Breast Cancer	119.3	117.4	118.2
Lung Cancer	81.9	70.2	77.9
Colon/Rectal Cancer	41.3	57.1	46.2

Sources: ● State Cancer Profiles.
● Retrieved June 2018 from Community Commons at http://www.chna.org.
Notes: ● This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

Skin Cancer

A total of 7.9% of surveyed Total Area adults report having been diagnosed with skin cancer.

- Similar to what is found at the state and national levels.
- Particularly low in Peach County.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer

Total Area*

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2012	2015	2018
	6.9%	9.7%	4.2%	5.3%	11.2%	7.9%	5.9%	8.5%	7.3%	6.4%	7.9%
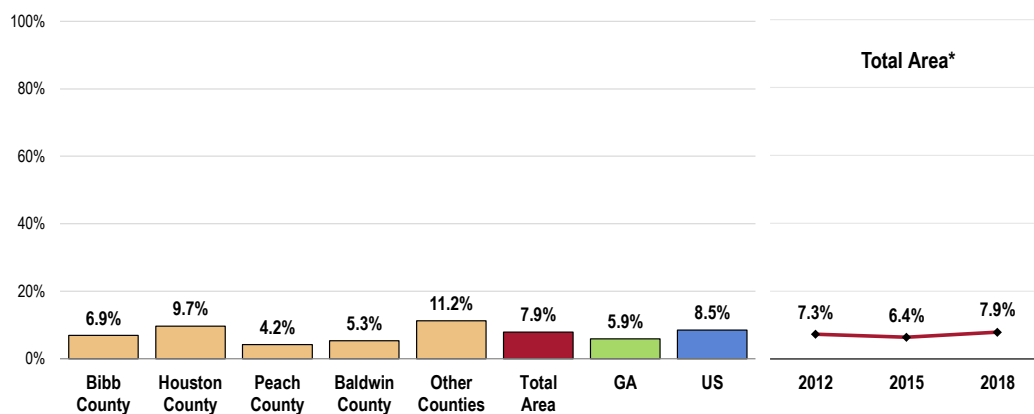
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Other Cancer

A total of 7.6% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- Lowest in Bibb County.
- TREND: The increase in prevalence of cancer over time is not significant.

Prevalence of Cancer (Other Than Skin Cancer)
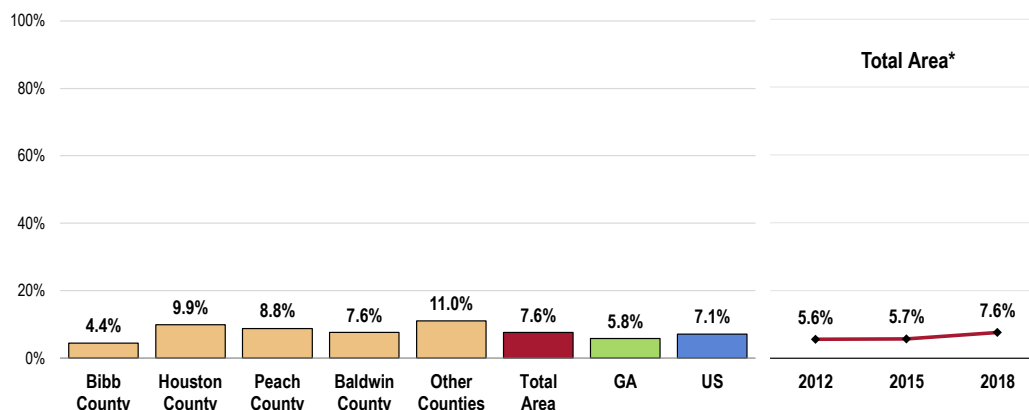
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

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 three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

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

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

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

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

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

Mammography

Among women age 50-74, 77.2% have had a mammogram within the past 2 years.

- Similar to statewide and national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Screening is lower among women in the Other Counties area.
- TREND: Represents a significant decrease since 2015, though statistically similar to 2012 findings.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	75.1%	83.0%	88.3%	86.5%	66.0%	77.2%	79.3%	77.0%

Total Area*

2012	2015	2018
81.5%	83.0%	77.2%
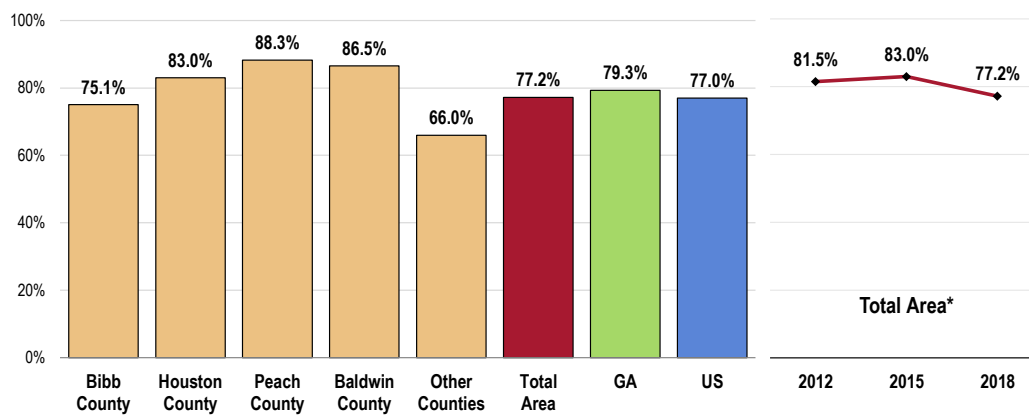
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Cervical Cancer Screenings

About Screening for Cervical Cancer

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

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

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

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

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

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

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

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

Pap Smear Testing

Among Total Area women age 21 to 65, 71.7% have had a Pap smear within the past 3 years.

- Less favorable than Georgia findings.
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Highest among women in Peach County.
- TREND: Cervical cancer screening has significantly decreased over the years.

Have Had a Pap Smear in the Past Three Years
(Among Women Age 21-65)
Healthy People 2020 Target = 93.0% or Higher

Bar chart values: Bibb County 69.5%, Houston County 73.6%, Peach County 89.7%, Baldwin County 72.2%, Other Counties 63.3%, Total Area 71.7%, GA 79.8%, US 73.5%.

Total Area* trend: 2012 = 81.5%, 2015 = 87.4%, 2018 = 71.7%.
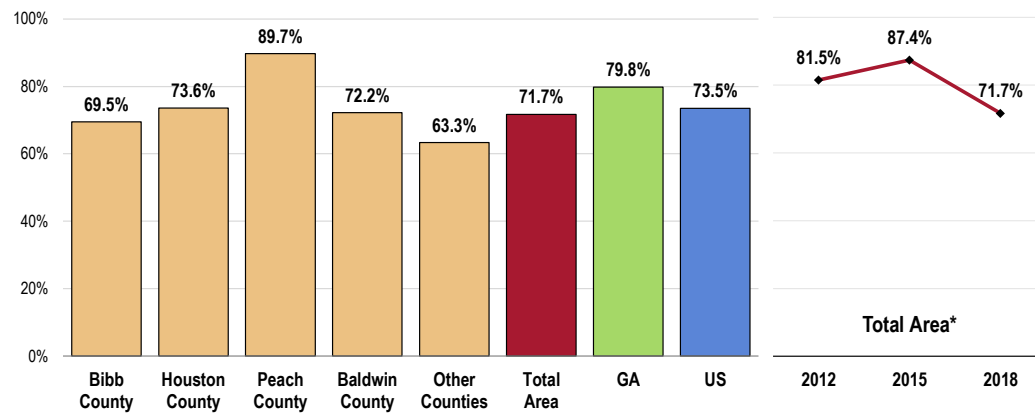
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

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 (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

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

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

Colorectal Cancer Screening

Among adults age 50-75, 8 in 10 (80.2%) have had an appropriate colorectal cancer screening.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

- Similar to national findings, though notably higher than state findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Colorectal cancer screening is lowest in the Other Counties area.
- TREND: No significant change over time.

Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)
Healthy People 2020 Target = 70.5% or Higher

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US		2012	2015	2018
80.5%	81.4%	82.6%	86.1%	72.1%	80.2%	63.3%	76.4%		79.7%	80.5%	80.2%

Total Area*
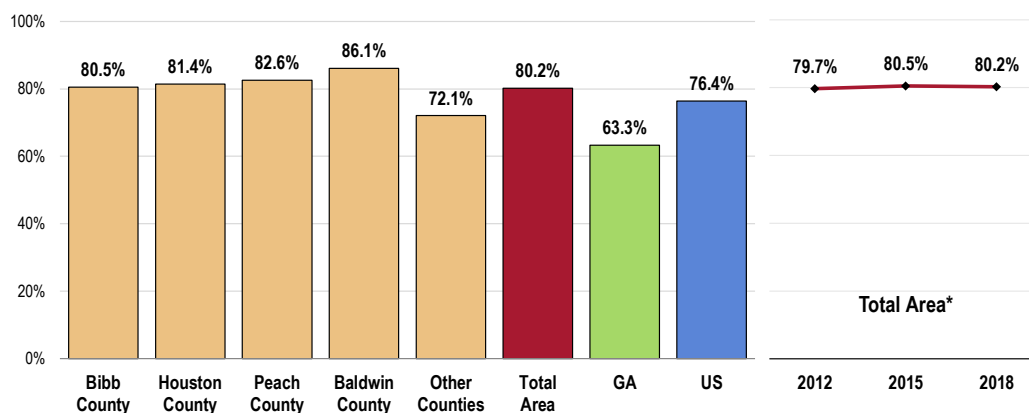
Sources:
● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

Notes:
● Asked of all respondents age 50 through 75.
● In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

Key Informant Input: Cancer

Three-fourths of key informants taking part in a series of focus groups characterized *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer
as a Problem in the Community
(Key Informants, 2018)
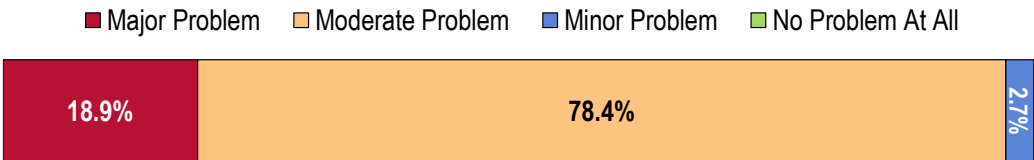
■ Major Problem　□ Moderate Problem　■ Minor Problem　□ No Problem At All

18.9%	78.4%	2.7%

Sources:　● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes:　● Asked of all respondents.

Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

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

Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 50.6 deaths per 100,000 population in the Total Area.

- Similar to that found statewide.
- Higher than the national rate.
- Highest in Peach County.

CLRD: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
47.7	53.6	64.4	53.1	46.6	50.6	46.5	40.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.

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

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

CLRD: Age-Adjusted Mortality by Race
(2014-2016 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 June 2018.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● CLRD is chronic lower respiratory disease.

● TREND: Despite some increases in the latter half of the past decade (not seen across the state or nation), CLRD mortality in the Total Area overall has not changed appreciably over the past decade.

CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
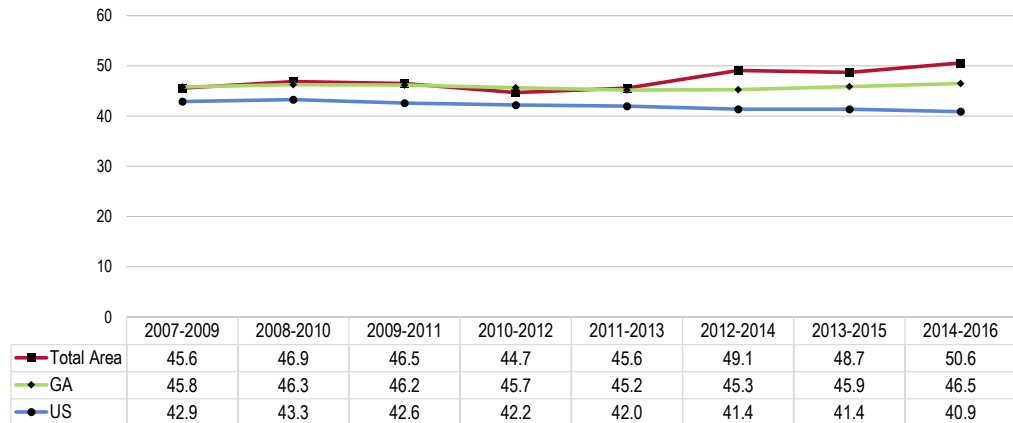
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	45.6	46.9	46.5	44.7	45.6	49.1	48.7	50.6
GA	45.8	46.3	46.2	45.7	45.2	45.3	45.9	46.5
US	42.9	43.3	42.6	42.2	42.0	41.4	41.4	40.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
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.

Pneumonia/Influenza Deaths

Between 2014 and 2016, the Total Area reported an annual average age-adjusted pneumonia influenza mortality rate of 19.8 deaths per 100,000 population.

*For prevalence of vaccinations for pneumonia and influenza, see also Immunization & Infectious Diseases in the **Infectious Disease** section of this report.*

- Higher than found statewide and nationally.
- Lower in Houston County.

Pneumonia/Influenza: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
22.4	18.5	n/a	n/a	21.6	19.8	15.3	14.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.

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

- The pneumonia/influenza mortality rate in the Total Area is slightly higher among Whites.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)

Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities
20.6	18.6	19.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.

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

● TREND: No clear trend in Total Area pneumonia/influenza mortality. Statewide and nationally, pneumonia/influenza death rates have decreased.

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

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	21.0	21.1	20.3	18.8	18.1	18.1	19.0	19.8
GA	19.5	19.1	18.3	17.4	16.9	16.5	16.2	15.3
US	17.0	16.6	16.0	15.3	15.3	15.1	15.4	14.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
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.

Asthma

Adults

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

A total of 10.8% of Total Area adults currently suffer from asthma.

● Similar to the statewide and national prevalences.

● Lowest in Peach County.

● TREND: The prevalence of adults with current asthma has not changed significantly since 2012.

Adult Asthma: Current Prevalence

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US		Total Area* 2012	2015	2018
	10.9%	11.9%	5.4%	9.9%	10.9%	10.6%	8.5%	11.8%		8.2%	8.8%	10.6%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

- Women and adults under age 65 are more likely to currently suffer from asthma.

Currently Have Asthma
(Total Area Adults, 2018)
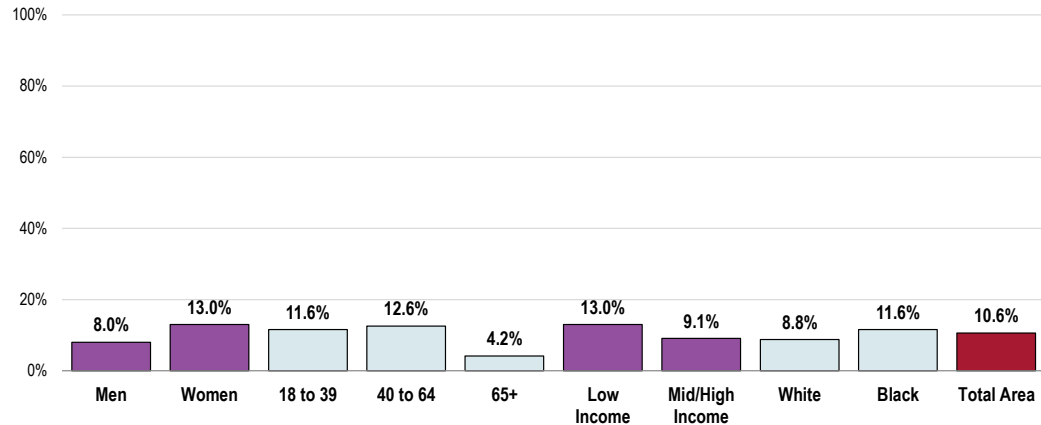
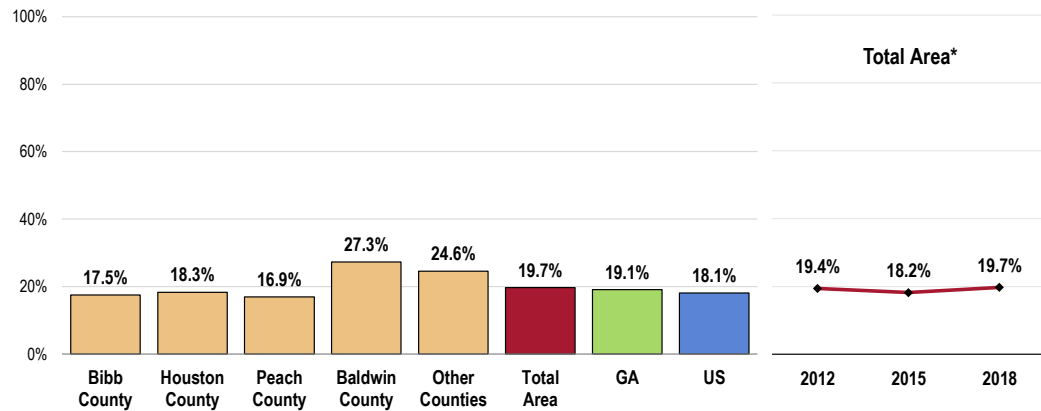|	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
%	8.0%	13.0%	11.6%	12.6%	4.2%	13.0%	9.1%	8.8%	11.6%	10.6%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
Notes: ● Asked of all respondents.
   ● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
   ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Total Area children under age 18, 8.9% currently have asthma.

- Comparable to national findings.
- Statistically comparable by county area.
- TREND: Child asthma has increased since 2012 findings.

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

Total Area*

	Total Area	US	2012	2015	2018
%	8.9%	9.3%	4.4%	9.3%	8.9%
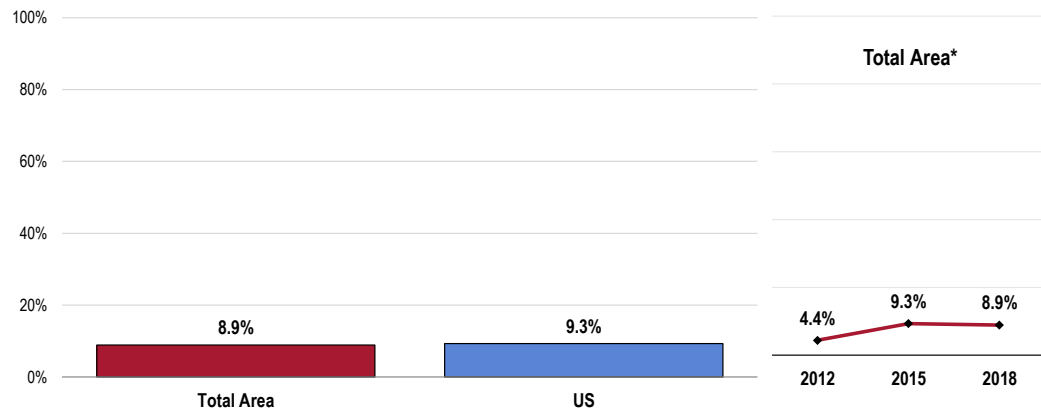
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
   ● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
   ● Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
   ● *Note that 2012 and 2015 data did not include Baldwin County.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 13.0% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Higher than the state and national prevalences.
- Similar by county.
- TREND: In comparing to 2012 data, the change in prevalence is not statistically significant.
- NOTE: In 2012, this question was asked slightly differently; respondents were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema," as is asked currently.

**Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)**

Bibb County 13.4%; Houston County 12.1%; Peach County 9.2%; Baldwin County 15.4%; Other Counties 14.1%; Total Area 13.0%; GA 7.7%; US 8.6%. Total Area*: 2012 11.2%; 2015 12.1%; 2018 13.0%.
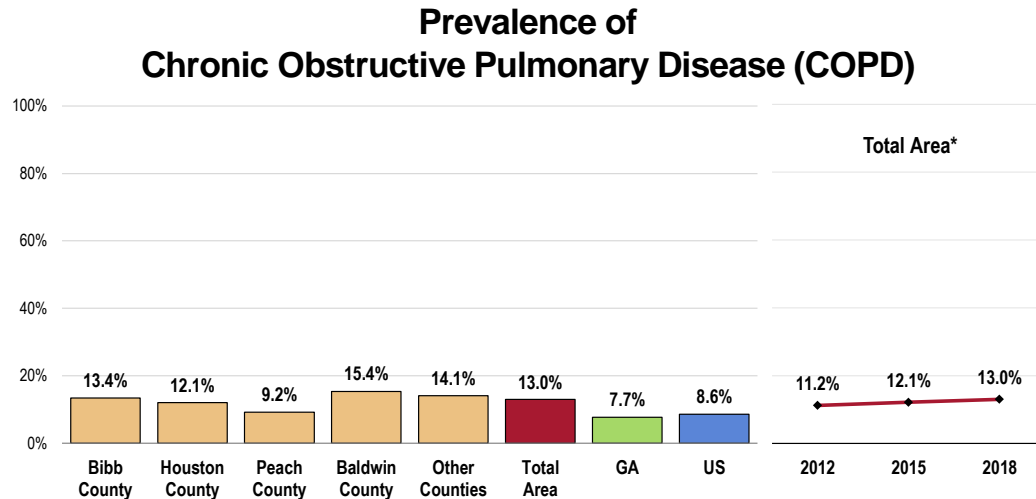
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.
- In 2012 data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Key Informant Input: Respiratory Disease

Six in 10 key informants taking part in a series of focus groups characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases
as a Problem in the Community
(Key Informants, 2018)

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

11.1%	63.9%	25.0%
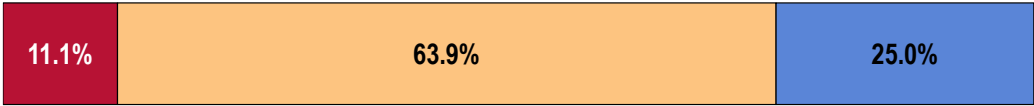
Sources:　●　PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes:　　●　Asked of all respondents.

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)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 41.4 deaths per 100,000 population in the Total Area.

- Similar to the state and national rates.
- Similar to the Healthy People 2020 target (36.4 or lower).
- Higher in the Other Counties and Bibb County.

Unintentional Injuries: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

Bibb County: 49.3 | Houston County: 28.7 | Peach County: 41.8 | Baldwin County: 34.9 | Other Counties: 53.7 | Total Area: 41.4 | GA: 43.0 | US: 43.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

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

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

Unintentional Injuries: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

Total Area White (Non-Hispanic): 48.7 | Total Area Black (Non-Hispanic): 33.1 | Total Area All Races/Ethnicities: 41.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

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

- TREND: There is no clear trend in the unintentional injury mortality rate in Total Area over time; meanwhile, the Georgia and national trends are slowly increasing.

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

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	46.1	43.5	45.4	42.1	43.7	40.5	39.8	41.4
GA	43.2	41.6	41.0	40.0	39.2	39.1	40.5	43.0
US	39.0	38.6	38.6	39.1	39.2	39.7	41.0	43.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Motor vehicle accidents, falls, poisoning (including accidental drug overdose), fire, and suffocation accounted for most accidental deaths in the Total Area between 2014 and 2016.

Leading Causes of Accidental Death
(Total Area, 2014-2016)
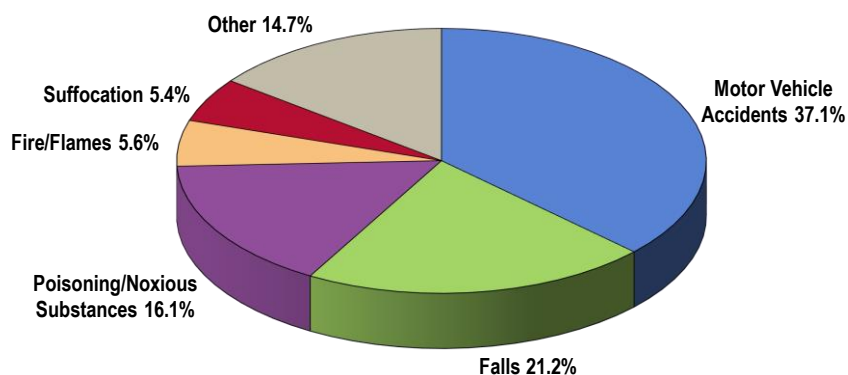
- Other 14.7%
- Suffocation 5.4%
- Fire/Flames 5.6%
- Poisoning/Noxious Substances 16.1%
- Motor Vehicle Accidents 37.1%
- Falls 21.2%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Selected Injury Deaths

The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

Compared to the US, the Total Area annual average age-adjusted <u>motor vehicle accident</u> mortality rate is worse.

- Drug-related deaths are lower, and age 65+ falls are similar.

Compared to the state, Total Area mortality rates are worse for <u>age 65+ falls</u>.

- Drug-related deaths are lower, and motor vehicle accidents are similar.

Select Injury Death Rates
(By Cause of Death; 2014-2016 Annual Average Deaths per 100,000 Population)
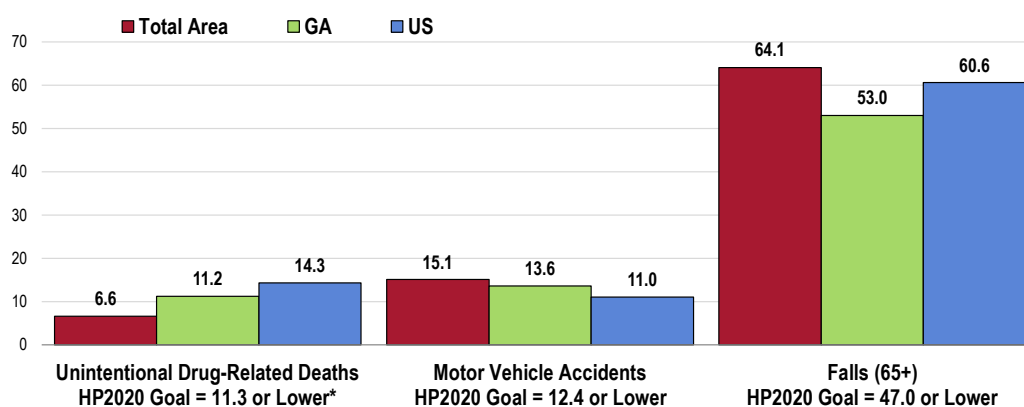
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, 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.
- *Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Total Area adults age 45 and older, one-third (33.3%) fell at least once in the past year, including 10.1% who fell three or more times.

Number of Falls in Past 12 Months
(Among Adults Age 45 and Older; Total Area, 2018)
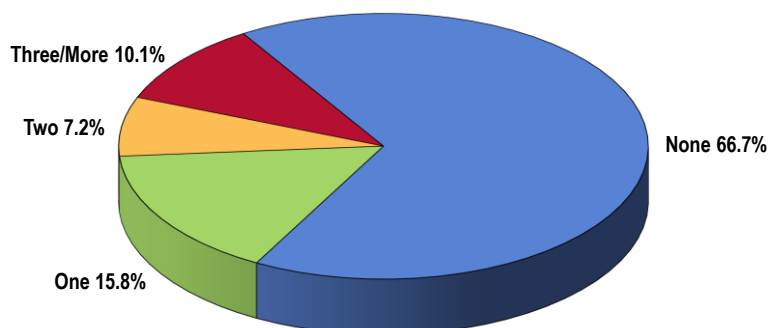
Three/More 10.1%
Two 7.2%
One 15.8%
None 66.7%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.
- Similar by county area.

Among those who fell in the past year, 43.8% were injured as a result of the fall.

Fell One or More Times in the Past Year
(Among Respondents Age 45 and Older)
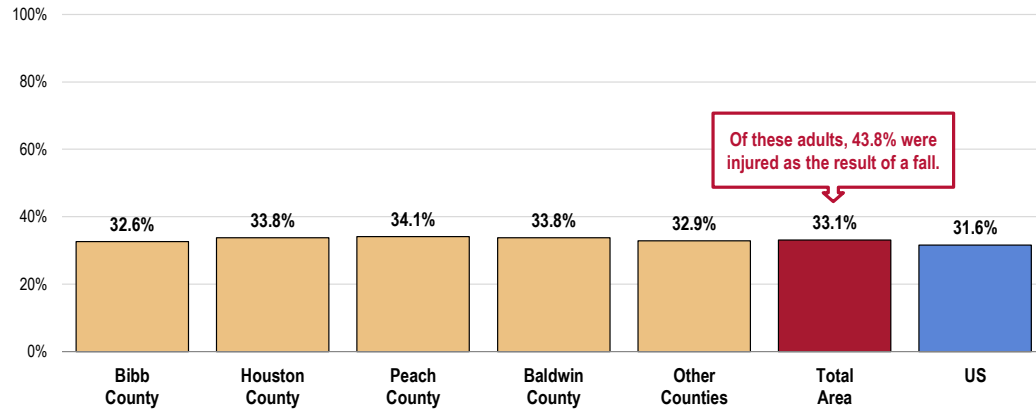
Of these adults, 43.8% were injured as the result of a fall.

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
	32.6%	33.8%	34.1%	33.8%	32.9%	33.1%	31.6%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of those respondents age 45 and older.
• "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- Low-income respondents are more likely to have fallen in the past year.

Fell One or More Times in the Past Year
(Among Respondents Age 45 and Older; Total Area, 2018)
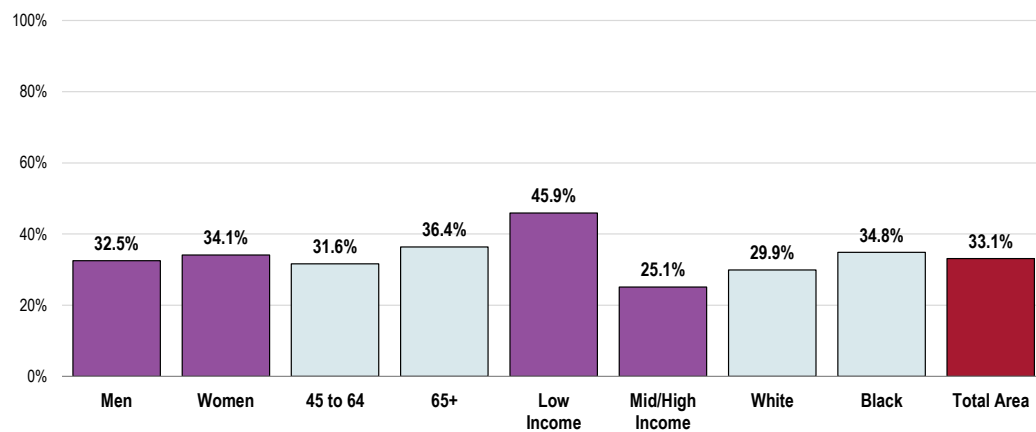
Men	Women	45 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
32.5%	34.1%	31.6%	36.4%	45.9%	25.1%	29.9%	34.8%	33.1%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: • Asked of those respondents age 45 and older.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Firearm Safety
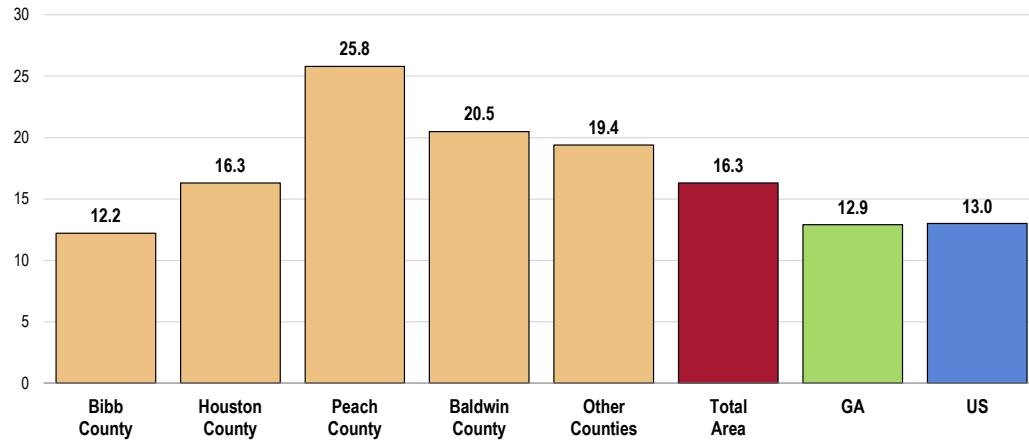
Age-Adjusted Firearm-Related Deaths

Between 2014 and 2016, firearms in the Total Area contributed to an annual average age-adjusted rate of 18.1 deaths per 100,000 population.

- Similar to the Georgia rate.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- Higher in Baldwin County.

Firearms-Related Deaths: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 9.3 or Lower
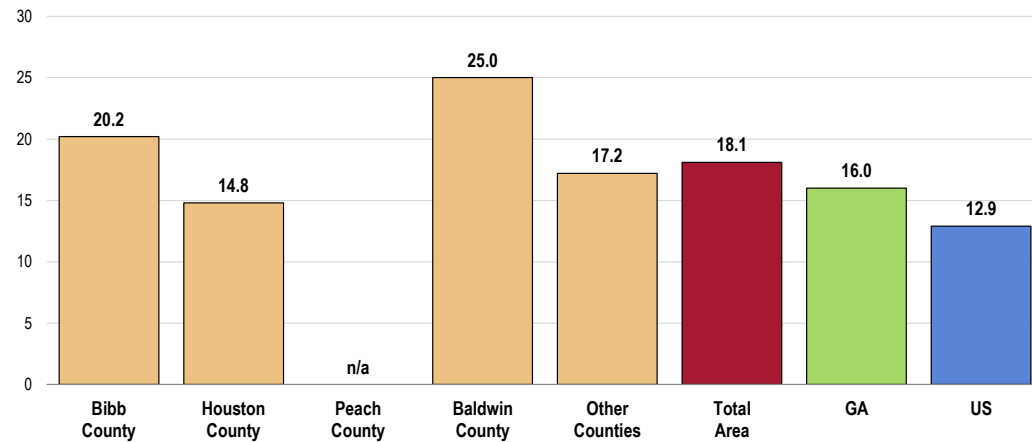
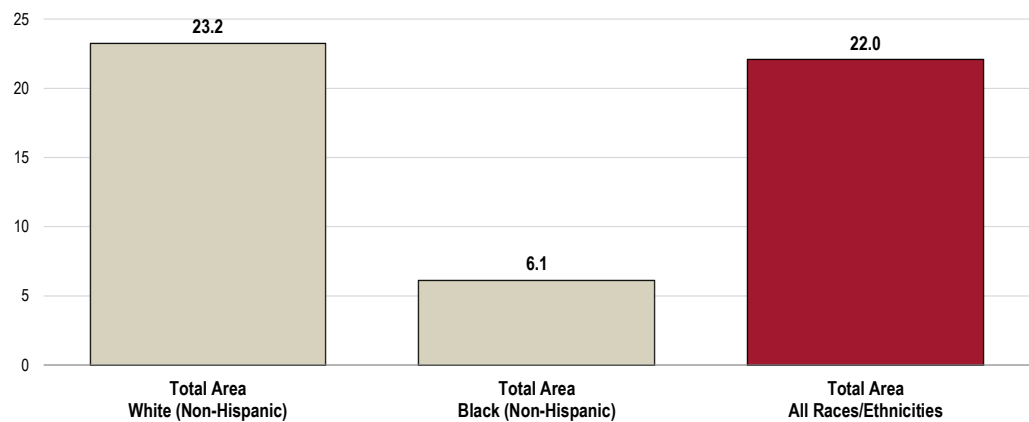| Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
20.2	14.8	n/a	25.0	17.2	18.1	16.0	12.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2014 and 2016, there was an annual average age-adjusted homicide rate of 8.1 deaths per 100,000 population in the Total Area.

RELATED ISSUE:

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

- Similar to the rate found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.
- Higher in Bibb County.

Homicide: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower

Bar chart values:
- Bibb County: 13.7
- Houston County: 4.9
- Peach County: n/a
- Baldwin County: n/a
- Other Counties: n/a
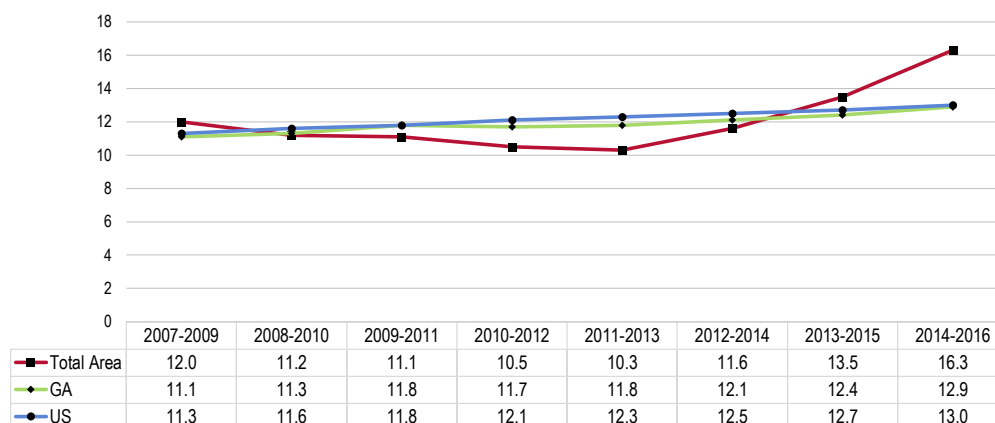- Total Area: 8.1
- GA: 7.3
- US: 5.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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

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

Homicide: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower

Bar chart values:
- Total Area White (Non-Hispanic): 3.4
- Total Area Black (Non-Hispanic): 14.8
- Total Area All Races/Ethnicities: 8.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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

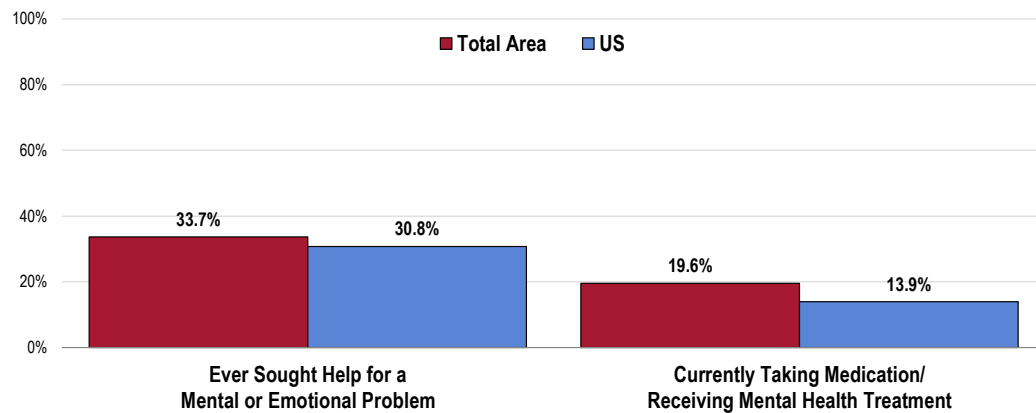- TREND: Despite an increase since 2011, the homicide rate has decreased overall in the Total Area since 2007; in contrast, the Georgia and national rates have remained fairly constant.

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

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	9.5	9.4	8.1	8.0	7.1	7.6	7.9	8.1
GA	7.4	6.9	6.5	6.5	6.4	6.5	6.8	7.3
US	5.8	5.6	5.4	5.3	5.3	5.2	5.3	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 June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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

Violent Crime

Violent Crime Rates

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

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

Between 2012 and 2014, there were a reported 425.2 violent crimes per 100,000 population in the Total Area.

- Statistically similar to the Georgia and US rates for the same period.
- Lower in Houston County and the Other Counties.

Violent Crime
(Rate per 100,000 Population, 2012-2014)

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
Rate	627.9	326.4	545.9	563.7	151.9	425.2	378.0	379.7
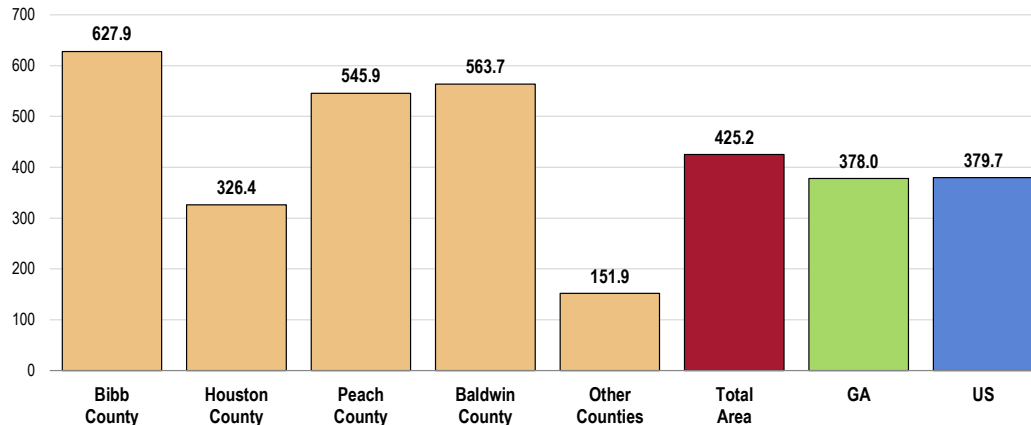
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved June 2018 from Community Commons at http://www.chna.org.

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

Community Violence

A total of 4.9% of surveyed Total Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- Statistically similar to national findings.
- Higher in Houston County.
- TREND: Marks a statistically significant increase over time.

Victim of a Violent Crime in the Past Five Years

Total Area*

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018
3.9%	7.5%	0.8%	6.0%	3.8%	4.9%	3.7%	2.3%	2.7%	4.9%
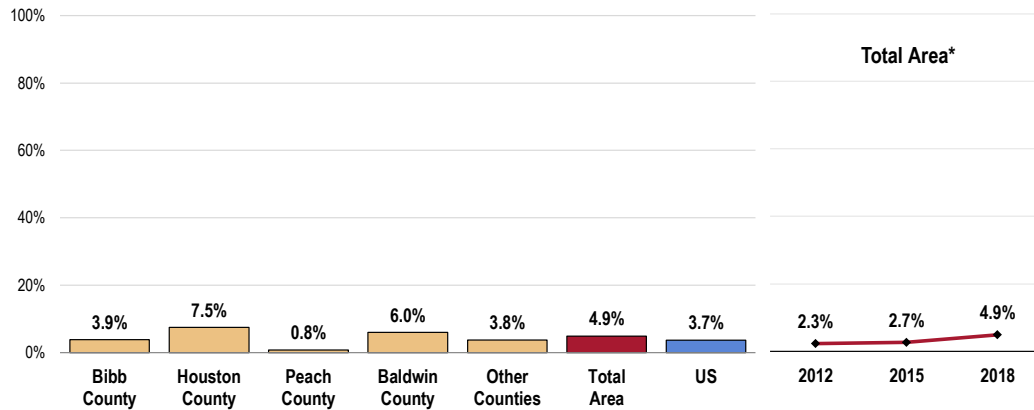
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

- Reports of violence are notably higher among adults under age 40.

Victim of a Violent Crime in the Past Five Years
(Total Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
3.8%	5.9%	9.7%	2.0%	1.5%	7.2%	4.7%	3.9%	5.2%	4.9%
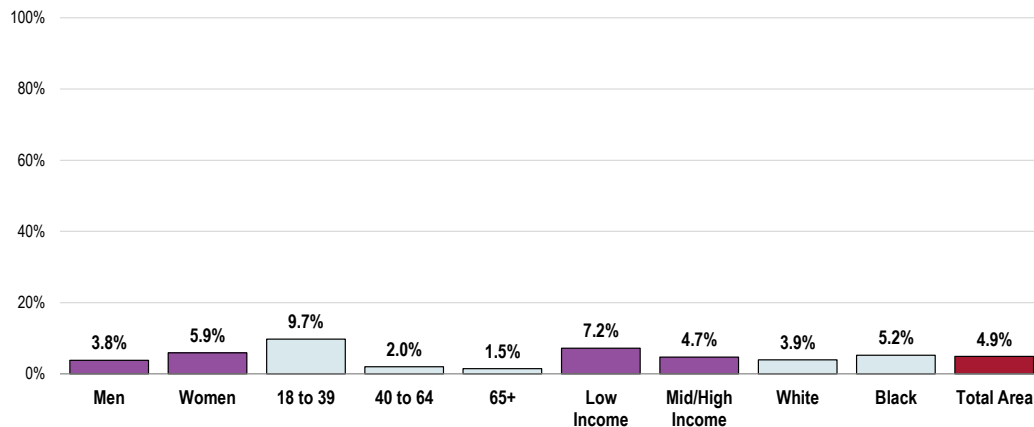
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

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

Respondents were read:

"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."

- Comparable to national findings.
- <u>Lowest</u> in Peach County.
- TREND: The prevalence of domestic violence in the Total Area has not significantly changed over time.

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

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US		Total Area* 2012	2015	2018
	13.3%	15.0%	8.3%	15.5%	13.7%	13.7%	14.2%		14.5%	13.7%	13.7%
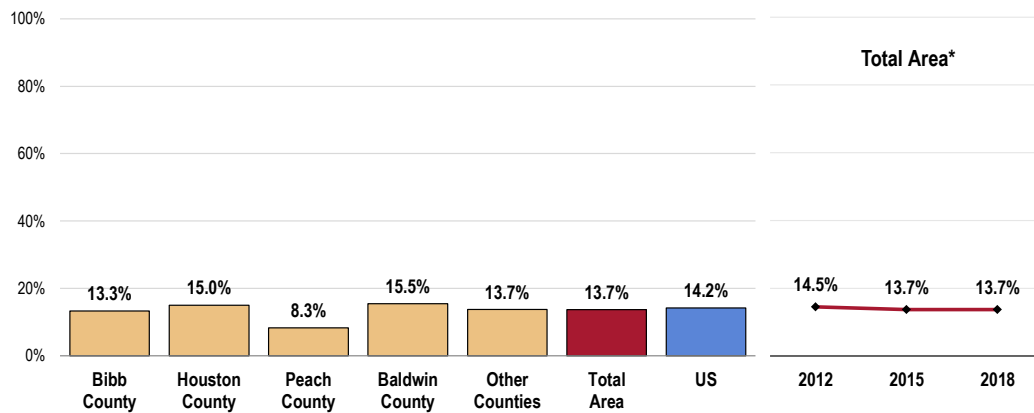
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

Reports of domestic violence are also notably higher among:

- Women.
- Adults under age 40 (negative correlation with age).
- Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Total Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
8.1%	18.8%	18.3%	12.9%	5.6%	20.7%	10.9%	13.3%	11.2%	13.7%
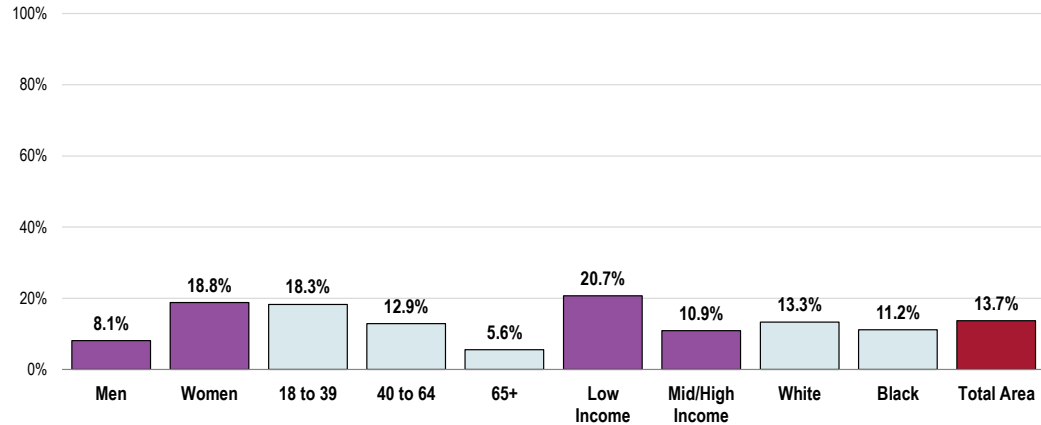
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

Over half of key informants taking part in a series of focus groups characterized *Injury & Violence* as a "major problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2018)
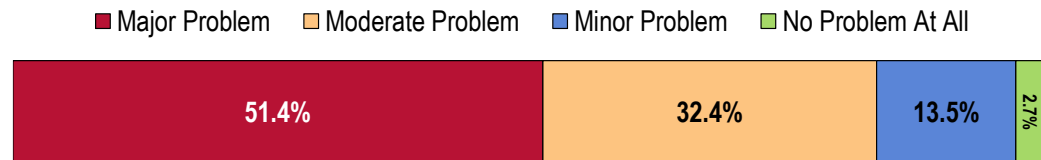
■ Major Problem □ Moderate Problem ■ Minor Problem □ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
51.4%	32.4%	13.5%	2.7%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Violence

Focus group attendees spent time discussing violence in the region, with primary concerns including:

- Prevalence
- Gun Violence
- Bibb County

Several focus group participants express concern with the **prevalence of violence** in the region and feel that it has increased dramatically in recent years, especially gun violence. Attendees also feel that there is a perception from surrounding counties that Bibb County is very dangerous. As a respondent describes:

> *East and South Macon. Bloomfield. Those are places you would not want to be going to at night. Even during the day. I mean, those are tough areas. And if you hear people from Houston County talk, they wouldn't even come to Bibb County during the day. – Regional Social Service Provider*

Focus group attendees are additionally concerned about the prevalence of domestic violence in the area.

> *The mentality behind domestic violence is beyond measure. It just blows me away that they believe that they "deserve this" - that "this is what Mama got." – Regional Social Service Provider*

Respondents did feel that poverty is a contributing factor to the level of violence.

> *We tend to have more violence, I think, in subsidized housing units than we do in the – you know, in the standard homes. – Peach County Participant*

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths
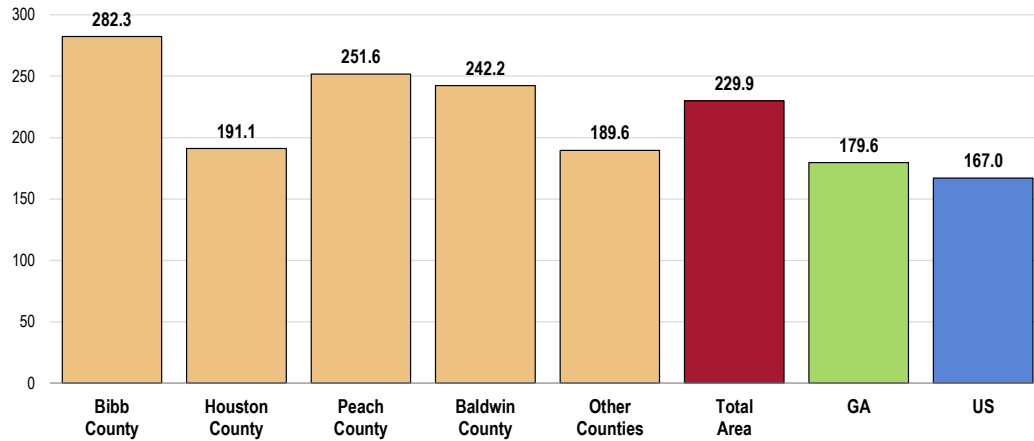
Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 19.8 deaths per 100,000 population in the Total Area.

- Similar to that found statewide and nationally.
- Similar to the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Notably higher in Peach County.

Diabetes: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- The diabetes mortality rate in the Total Area is notably higher among Whites than among Blacks.
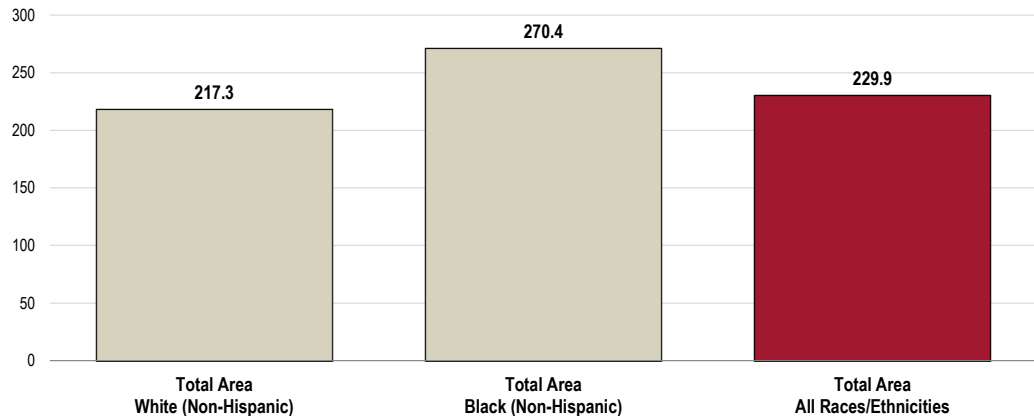
Diabetes: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: The diabetes mortality trend appears to be relatively stable in the Total Area, similar to the US rate. Statewide, the rate appears to have decreased slightly since 2010.

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

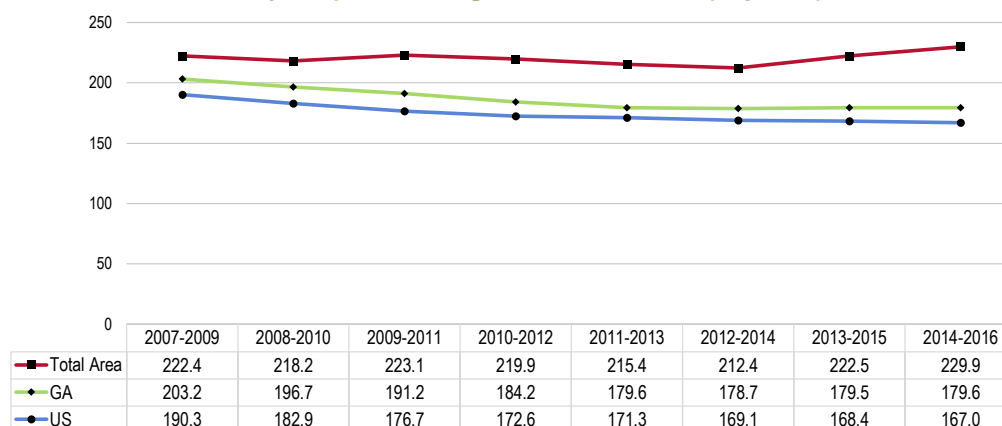|	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	20.0	20.5	20.7	21.6	21.2	20.6	19.8	19.8
GA	18.9	19.9	21.8	23.1	23.1	22.6	22.2	21.6
US	21.9	21.5	21.4	21.5	21.3	21.1	21.1	21.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
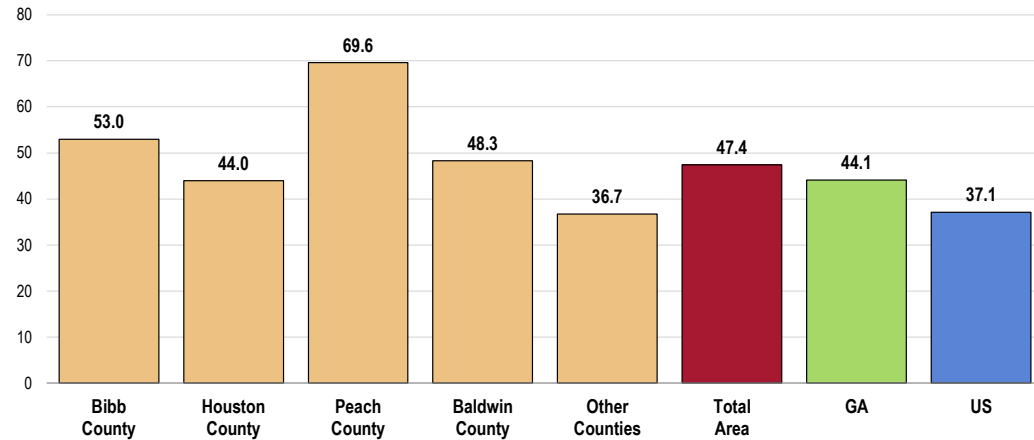- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 17.5% of Total Area adults report having been diagnosed with diabetes.

- Higher than the statewide and national proportions.
- Statistically similar by community.
- TREND: Increase since 2015 findings, though statistically unchanged since 2012.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.6% of Total Area adults report that they have "pre-diabetes" or "borderline diabetes."

- Comparable to the US prevalence.
- Highest in the Other Counties area (not shown).

Prevalence of Diabetes
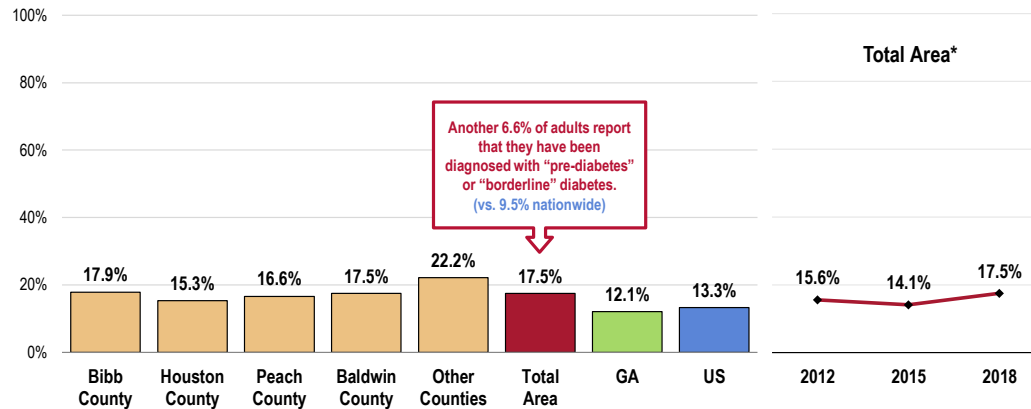
Another 6.6% of adults report that they have been diagnosed with "pre-diabetes" or "borderline" diabetes.
(vs. 9.5% nationwide)

									Total Area*		
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US		2012	2015	2018
17.9%	15.3%	16.6%	17.5%	22.2%	17.5%	12.1%	13.3%		15.6%	14.1%	17.5%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

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

- Men.
- Older adults (note the 28.4% of seniors diagnosed with diabetes, compared with 6.1% of those under age 40).
- Black respondents.

Prevalence of Diabetes
(Total Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
20.0%	15.2%	6.1%	23.7%	28.4%	19.5%	17.0%	14.9%	21.1%	17.5%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]

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

Diabetes Testing

Of area adults who have <u>not</u> been diagnosed with diabetes, over half (51.8%) report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Blood sugar testing is <u>least</u> common in Peach County.
- TREND: Statistically unchanged since 2015.

Have Had Blood Sugar Tested in the Past Three Years
(Among Nondiabetics)
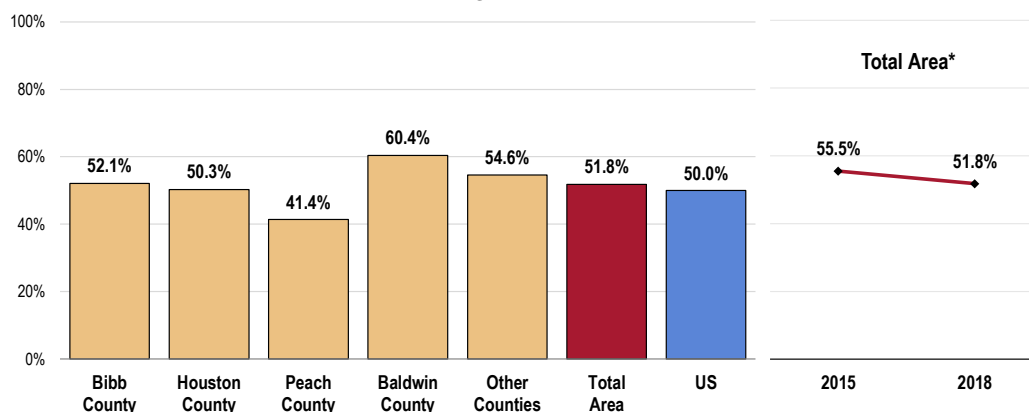
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
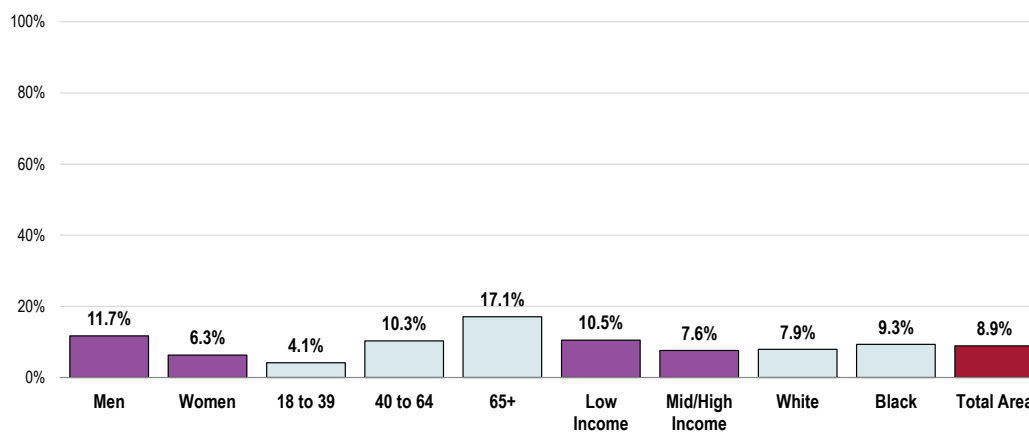- Asked of respondents who have not been diagnosed with diabetes.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2015 data did not include Baldwin County.

Key Informant Input: Diabetes

Close to two-thirds of key informants taking part in a series of focus groups characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes
as a Problem in the Community
(Key Informants, 2018)
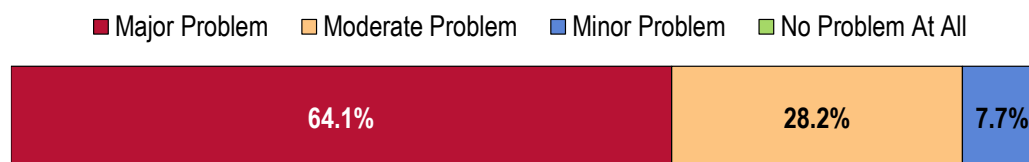
■ Major Problem ▫ Moderate Problem ▫ Minor Problem ▫ No Problem At All

| 64.1% | 28.2% | 7.7% |

Sources:
- PRC Key Informant Focus Groups, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Alzheimer's Disease

About Dementia

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 33.6 deaths per 100,000 population in the Total Area.

- More favorable than the statewide rate.
- Less favorable than the national rate.
- Significantly higher in Peach County.

Alzheimer's Disease: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)

	Value
Bibb County	35.5
Houston County	28.6
Peach County	75.7
Baldwin County	20.0
Other Counties	32.8
Total Area	33.6
GA	39.6
US	28.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.

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

● The Alzheimer's disease mortality rate appears higher among Whites.

Alzheimer's Disease: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)

Total Area White (Non-Hispanic)	36.8
Total Area Black (Non-Hispanic)	27.7
Total Area All Races/Ethnicities	33.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

● TREND: The Alzheimer's disease mortality rate in the Total Area has increased over the past decade.

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

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	21.5	24.0	27.1	29.4	29.6	28.5	27.4	33.6
GA	26.9	27.2	27.7	27.8	26.7	27.6	33.0	39.6
US	24.6	24.9	24.5	24.4	24.0	24.2	26.1	28.4

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

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

Perceptions of Dementia/Alzheimer's Disease
as a Problem in the Community
(Key Informants, 2018)
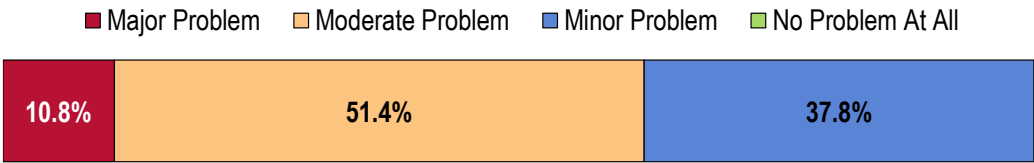
■ Major Problem ☐ Moderate Problem ■ Minor Problem ☐ No Problem At All

10.8%	51.4%	37.8%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Kidney Disease

About Kidney Disease

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 26.1 deaths per 100,000 population in the Total Area.

- Much higher than the Georgia or US rates.
- Higher in Peach County.

Kidney Disease: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)

Category	Rate
Bibb County	28.8
Houston County	28.3
Peach County	36.2
Baldwin County	24.7
Other Counties	16.9
Total Area	26.1
GA	18.7
US	13.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.

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

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

Kidney Disease: Age-Adjusted Mortality by Race
(2014-2016 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 June 2018.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

● TREND: After a period of decline over the first half of the past decade, the age-adjusted kidney disease mortality rate death rate has increased in recent years; state and national rates have decreased slightly over the same time period.

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

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	30.3	30.2	27.7	25.7	22.4	24.6	23.8	26.1
GA	22.3	21.9	21.0	19.4	18.3	18.3	18.6	18.7
US	15.0	14.5	14.0	13.3	13.2	13.2	13.3	13.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
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.

Prevalence of Kidney Disease

A total of 6.0% of Total Area adults report having been diagnosed with kidney disease.

- Higher than the state and national proportions.
- By community, lowest in Baldwin County.
- TREND: The prevalence has increased since 2015.

Prevalence of Kidney Disease

Total Area*

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2015	2018
	6.3%	6.5%	5.7%	3.1%	6.9%	6.0%	3.4%	3.8%	3.3%	6.0%
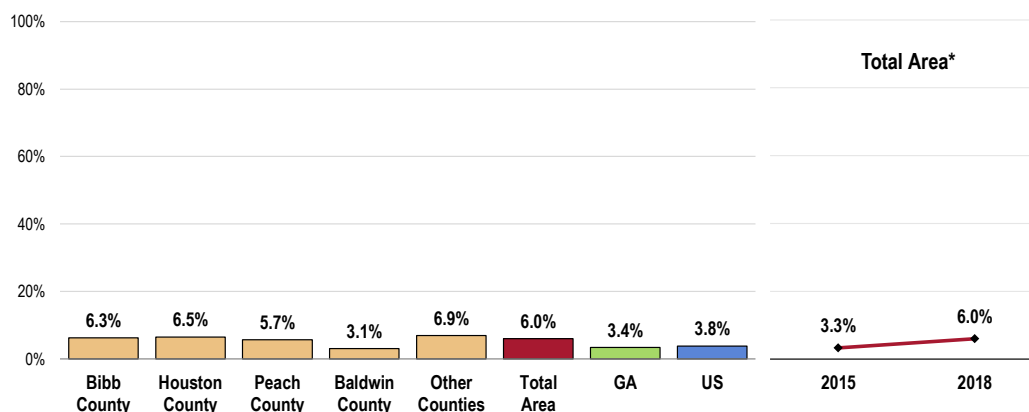
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
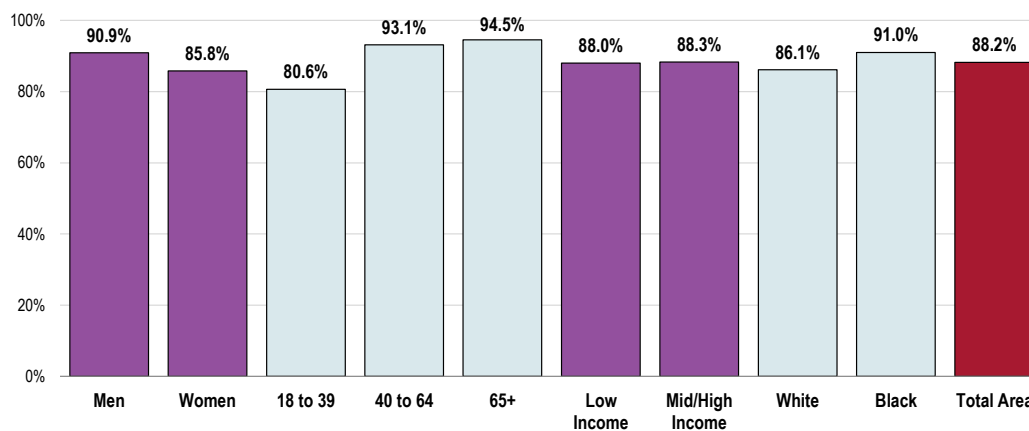
Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2015 data did not include Baldwin County.

- A higher prevalence of kidney disease is reported among men and older adults (age 65+).

Prevalence of Kidney Disease
(Total Area, 2018)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
	8.3%	4.0%	3.9%	4.8%	14.3%	6.7%	5.6%	5.5%	7.0%	6.0%
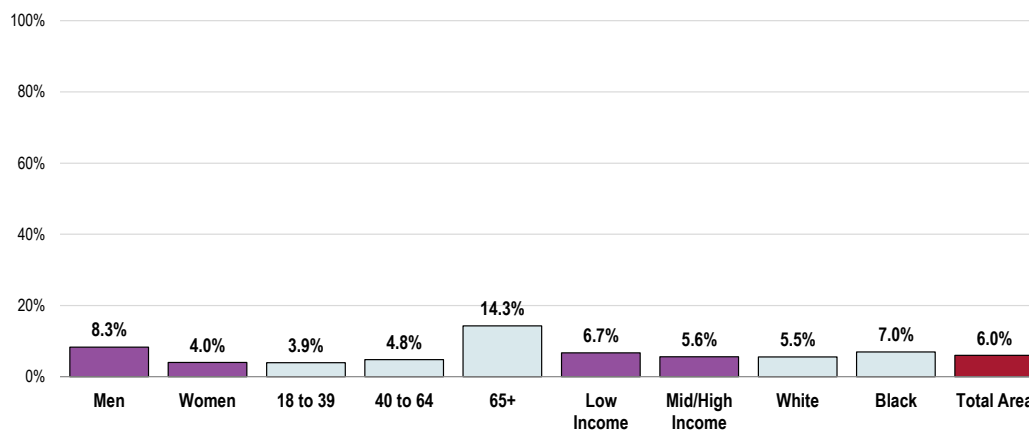
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
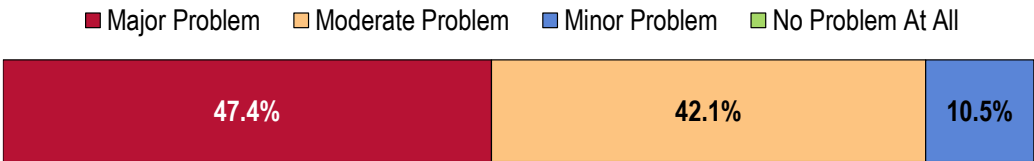
Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Key informants taking part in a series of focus groups were generally split regarding *Kidney Disease* as a problem in the community, with a slightly higher proportion rating it as a "major problem" than a "moderate problem."

Perceptions of Kidney Disease
as a Problem in the Community
(Key Informants, 2018)
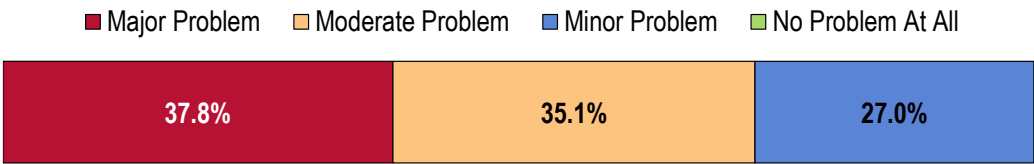
■ Major Problem   ☐ Moderate Problem   ■ Minor Problem   ☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem
37.8%	35.1%	27.0%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Potentially Disabling Conditions

Arthritis, Osteoporosis, & Chronic Back 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)

Nearly 4 in 10 Total Area adults age 50 and older (38.7%) report suffering from arthritis or rheumatism.

- Nearly identical to national findings.

A total of 9.3 % Total Area adults age 50 and older have osteoporosis.

- Almost identical to national findings.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

One-quarter (25.4%) of Total Area adults (age 18 and older) suffer from chronic back pain or sciatica.

- Similar to that found nationwide.

RELATED ISSUE:

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

Prevalence of Potentially Disabling Conditions

Legend: ■ Total Area ■ US

Condition	Total Area	US
Arthritis/Rheumatism (50+)	38.7%	38.3%
Osteoporosis (50+) HP2020 Objective = 5.3% or Lower	9.3%	9.4%
Sciatica/Chronic Back Pain (18+)	25.4%	22.9%
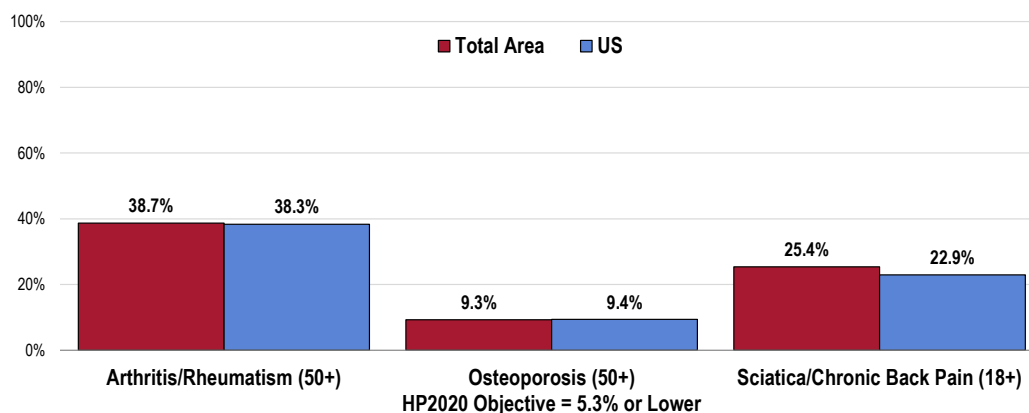
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in a series of 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, 2018)

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

Major Problem	Moderate Problem	Minor Problem
5.7%	54.3%	40.0%

Sources:
- PRC Key Informant Focus Groups, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

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

Perceptions of Vision and Hearing
as a Problem in the Community
(Key Informants, 2018)
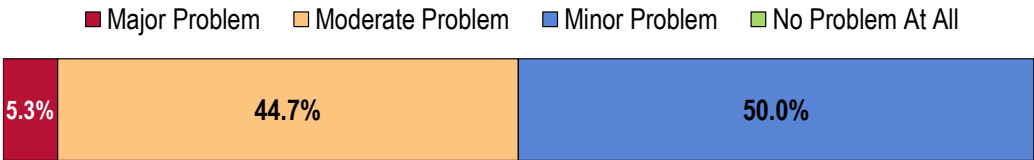
■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

5.3%	44.7%	50.0%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Multiple Chronic Conditions

Among Total Area survey respondents, most report currently having at least one chronic health condition, including 19.4% with one condition, 19.5% with two conditions, and 44.1% with three or more chronic conditions.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(Total Area, 2018)
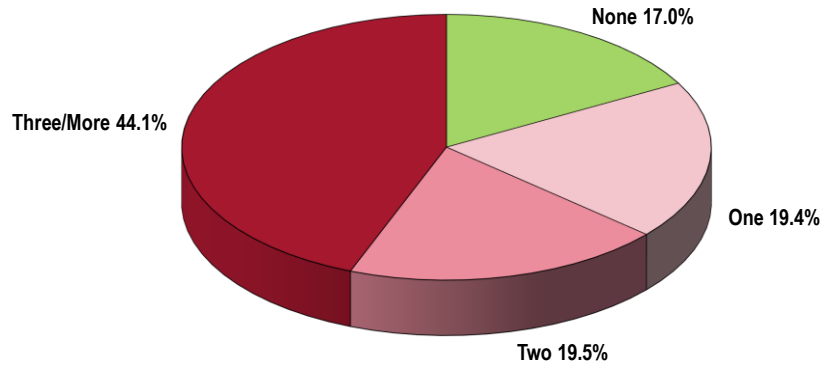
- None 17.0%
- One 19.4%
- Two 19.5%
- Three/More 44.1%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of multiple (2+) chronic conditions among Total Area residents (63.6%) is less favorable than the US prevalence.
- No significant difference when viewed by area.

Currently Suffer From Multiple Chronic Conditions
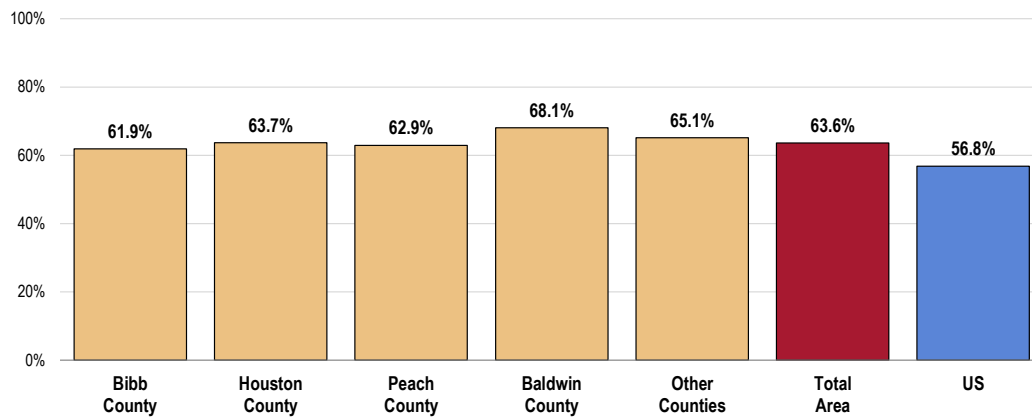
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
61.9%	63.7%	62.9%	68.1%	65.1%	63.6%	56.8%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- This prevalence appears to be strongly correlated with age, with 8 in 10 seniors currently suffering from multiple chronic conditions.

Currently Suffer From Multiple Chronic Conditions
(Total Area, 2018)
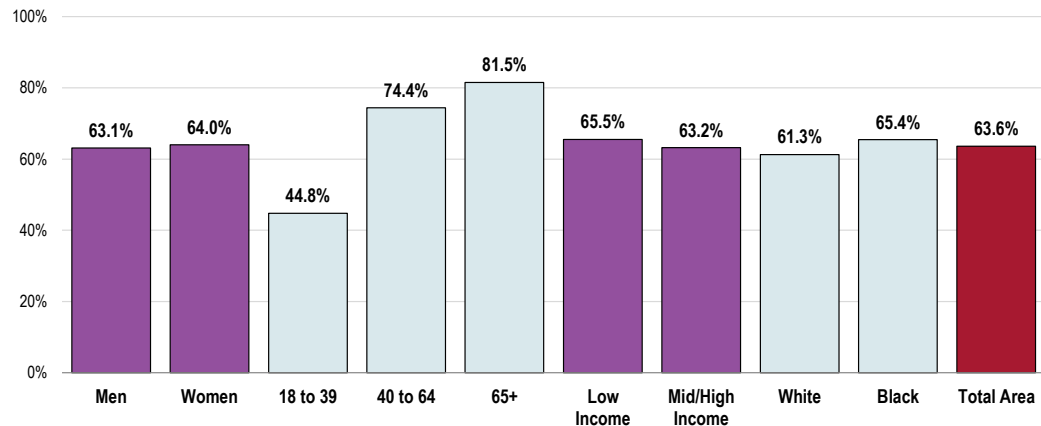
	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
	63.1%	64.0%	44.8%	74.4%	81.5%	65.5%	63.2%	61.3%	65.4%	63.6%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Chronic Conditions & Healthcare Access

Adults with chronic conditions often go without needed medical care or prescription drugs due to cost, and uninsured adults with common chronic conditions suffer serious, identifiable gaps in needed medical care.

Note these positive correlations between the number of chronic conditions among Total Area adults and various barriers to healthcare access:

- Access difficulties (composite total)
- Skipping or stretching a prescription medication

Chronic Conditions and Healthcare Access
(Total Area Adults, 2018; By Number of Chronic Conditions)
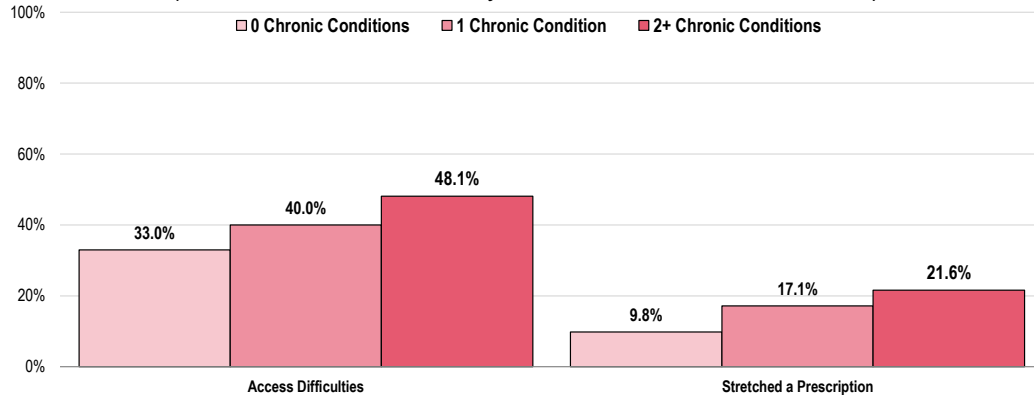
□ 0 Chronic Conditions   ▨ 1 Chronic Condition   ▨ 2+ Chronic Conditions

Access Difficulties: 33.0%, 40.0%, 48.1%

Stretched a Prescription: 9.8%, 17.1%, 21.6%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 14, 143, 171]
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Key Informant Input: Chronic Disease

Focus group members believe that there is a high prevalence of chronic disease in the region including:

- Diabetes
- Hypertension
- Obesity
- Asthma
- "Pre-disease"

The region has a high prevalence of **diabetes**, **hypertension**, **obesity**, and **asthma,** according to focus group members.

> *Diabetes is really … in fact, you wonder sometimes is there anybody around who ain't got it, the way it's going. Hypertension is always a problem. But I'd put diabetes higher on the list than hypertension. Hypertension I guess will kill you like that, but diabetes wears you down. – Peach County Participant*
>
> *We have a big burden of chronic disease here, and that's multifactorial. – Regional Healthcare Provider*
>
> *When you think about not only Bibb County but other counties … in order to be healthy you have to live healthy, eat healthy, and be in a healthy environment. And if we look just in Bibb County there are so many areas that people don't have access to quality more than the convenience store and a discount store to buy groceries. So in order to be healthy, you have to have access to healthy living. – Regional Community Leader*
>
> *You know, 11.2 percent of the population here has diabetes. That's one in every nine people. That's unbelievable. Biggest growth industry in this community is dialysis clinics, and it's only going to get worse. – Baldwin County Participant*

Focus group attendees feel that residents either do not realize they have the disease or do not take the **"pre-disease" diagnosis** seriously and do nothing to stop the disease from progressing.

> *You can go pretty long before some really serious complications occur, so they don't really see the damage until it's there, and they'll not follow up sometimes even when they have the money, and*

they'll kind of cheat on the eating because they know they can and feel okay to do that. – Peach County Participant

I think there's also lack of education in terms of how we manage chronic disease. I see a lot of patients who are pre-diabetic, and I am not sure how seriously everyone takes that bridge. – Regional Healthcare Provider

Respondents cite a work-driven lifestyle and the lack of education as contributing factors.

Just lack of education. Just really lack of education. And I'm always amazed at that point in their life, and how long maybe they've had an illness, or how many doctors they've been to, how little they really know on how to manage their illness and stay out of the hospital, because that's our goal, to help people. We're not going to cure diabetes, but we certainly aim to help people learn how to manage it and live a healthy lifestyle, with just a few small changes, you know? – Baldwin County Participant

But just the amount of people that are on blood pressure medicine that don't know what a normal blood pressure is, and don't own a blood pressure cuff. And the same with diabetes. How do you manage your disease if you don't even know what normal is? – Baldwin County Participant

Focus group participants did note that the local health departments have health programs to combat chronic diseases.

I mean a blood pressure and diabetes program. It's only for – it's for the uninsured, and also anyone with simple cases to make. Not complicated cases, meaning no history of stroke, heart attack, can't be pregnant. Have to be about 18 years of age. We can manage those with the help of a nurse practitioner who comes to us part time. – Peach County Participant

Infectious Disease

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 Vaccination

Among Total Area seniors, 72.3% received a flu shot within the past year.

- Much more favorable than the Georgia finding.
- Comparable to the national finding.
- Similar to the Healthy People 2020 target (70% or higher).
- Statistically comparable by community.
- TREND: Statistically unchanged since 2012, though higher than 2015 findings.

"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

Half (50.8%) of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year
(Among Adults Age 65+)
Healthy People 2020 Target = 70.0% or Higher
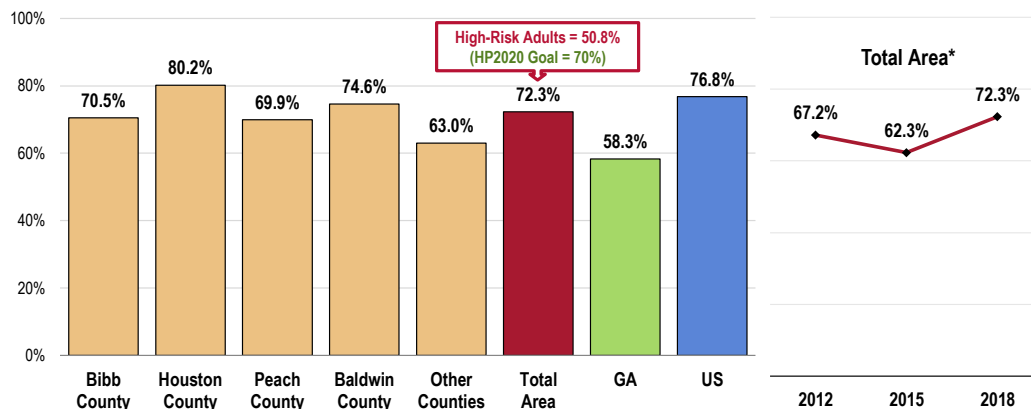
High-Risk Adults = 50.8%
(HP2020 Goal = 70%)

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	70.5%	80.2%	69.9%	74.6%	63.0%	72.3%	58.3%	76.8%

Total Area*

| 2012	2015	2018
67.2%	62.3%	72.3%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Pneumonia Vaccination

Among Total Area adults age 65 and older, 8 in 10 (79.5%) have received a pneumonia vaccination at some point in their lives.

- Higher than the Georgia finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by community.
- TREND: Considerable and steady increase since 2012.

A total of 44.9% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher
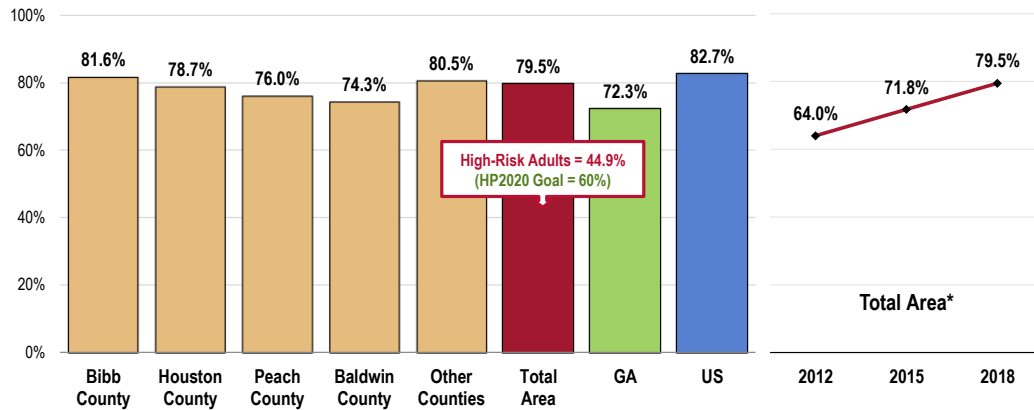
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2012	2015	2018
	81.6%	78.7%	76.0%	74.3%	80.5%	79.5%	72.3%	82.7%	64.0%	71.8%	79.5%

High-Risk Adults = 44.9%
(HP2020 Goal = 60%)

Total Area*

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 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 IID-13.1, IID-13.2]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2007 and 2016, there was an annual average age-adjusted HIV/AIDS mortality rate of 4.5 deaths per 100,000 population in the Total Area.

- Comparable to the statewide rate.
- Higher than rate reported nationally.
- Fails to satisfy the Healthy People 2020 target (3.3 or lower).
- Higher in Peach and Bibb counties.

HIV/AIDS: Age-Adjusted Mortality
(2007-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower

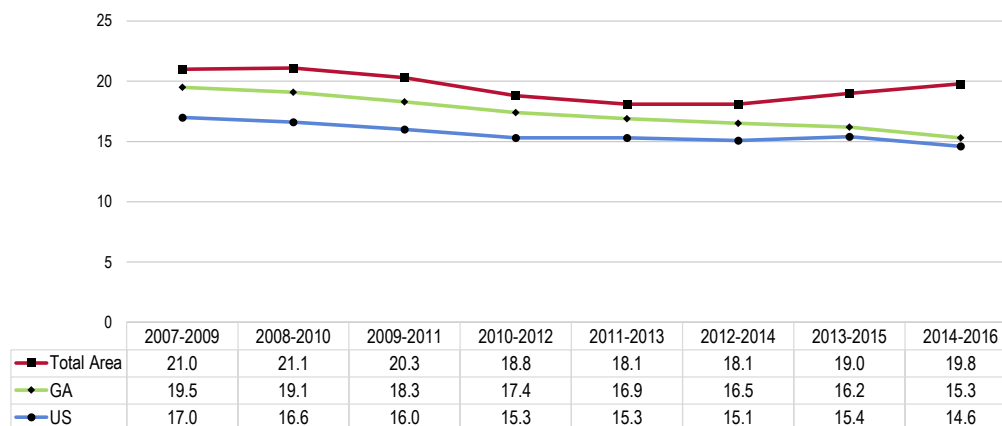| Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
6.5	2.0	12.2	n/a	2.9	4.5	4.6	2.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

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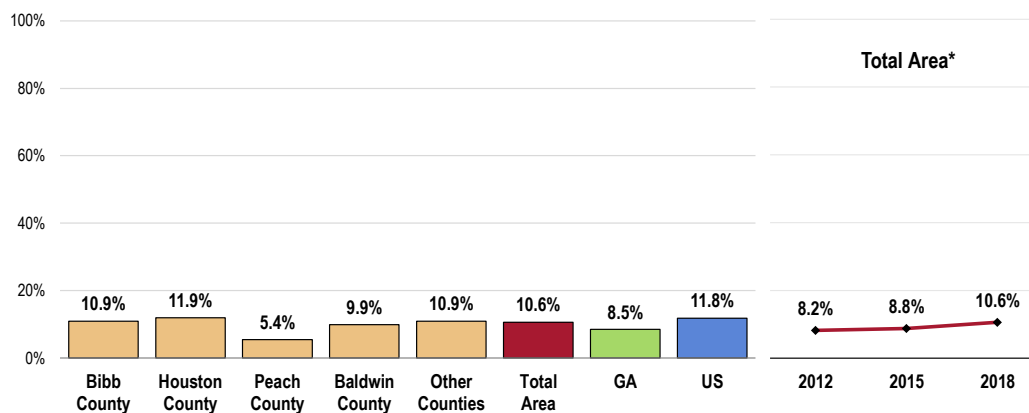- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- The HIV mortality rate among Blacks is more than six times that of Whites.

HIV/AIDS: Age-Adjusted Mortality by Race
(2007-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
● 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

In 2013, there was a prevalence of 449.1 HIV cases per 100,000 population in the Total Area.

- Similar to the statewide prevalence.
- Less favorable than the national prevalence.
- Notably higher in Bibb County, as well as Baldwin County.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2013)
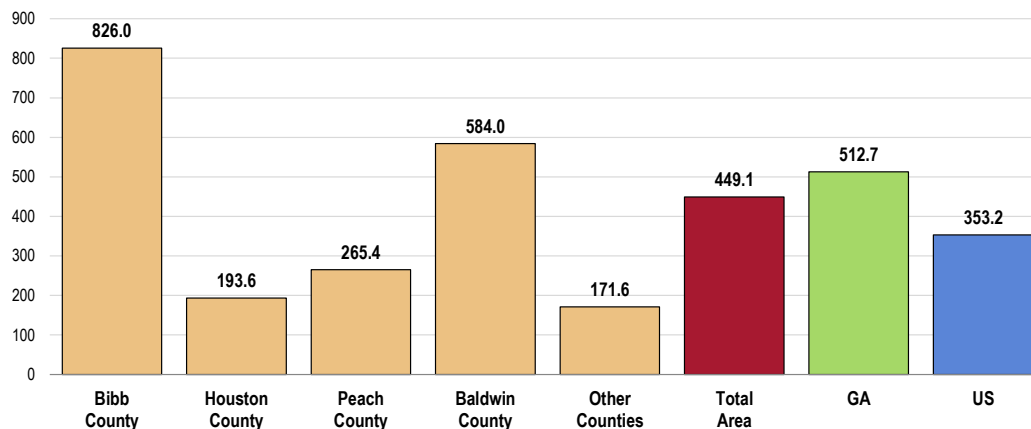
Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Retrieved June 2018 from Community Commons at http://www.chna.org.
Notes: ● This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

● By race and ethnicity, HIV/AIDS prevalence in the Total Area is particularly high among non-Hispanic Blacks, although to a lesser degree than found statewide or nationally.

HIV Prevalence by Race/Ethnicity
(Rate per 100,000 Population, 2013)
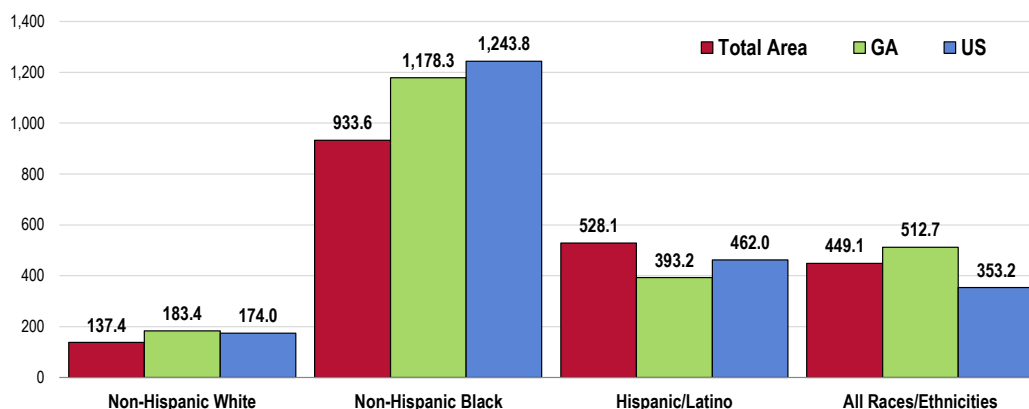
■ Total Area   ■ GA   ■ US

Race/Ethnicity	Total Area	GA	US
Non-Hispanic White	137.4	183.4	174.0
Non-Hispanic Black	933.6	1,178.3	1,243.8
Hispanic/Latino	528.1	393.2	462.0
All Races/Ethnicities	449.1	512.7	353.2

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Retrieved June 2018 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.

Key Informant Input: HIV/AIDS

Key informants taking part in a series of focus groups most often characterized *HIV/AIDS* as a "moderate problem" in the community.

Perceptions of HIV/AIDS
as a Problem in the Community
(Key Informants, 2018)
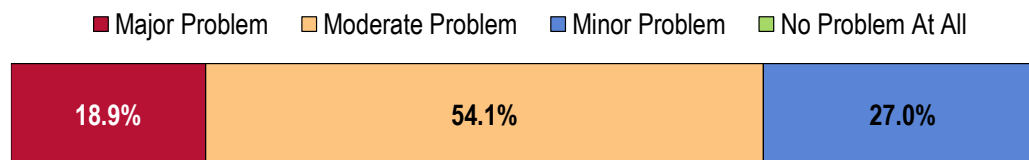
■ Major Problem   □ Moderate Problem   ■ Minor Problem   □ No Problem At All

Major Problem	Moderate Problem	Minor Problem
18.9%	54.1%	27.0%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in the Total Area was 693.6 cases per 100,000 population.

- Notably higher than the Georgia and US incidence rates.
- Significantly higher in Bibb County, as well as Peach County.

The Total Area gonorrhea incidence rate in 2014 was 210.4 cases per 100,000 population.

- Above the state and national incidence rates.
- Highest in Bibb and Peach counties.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2014)
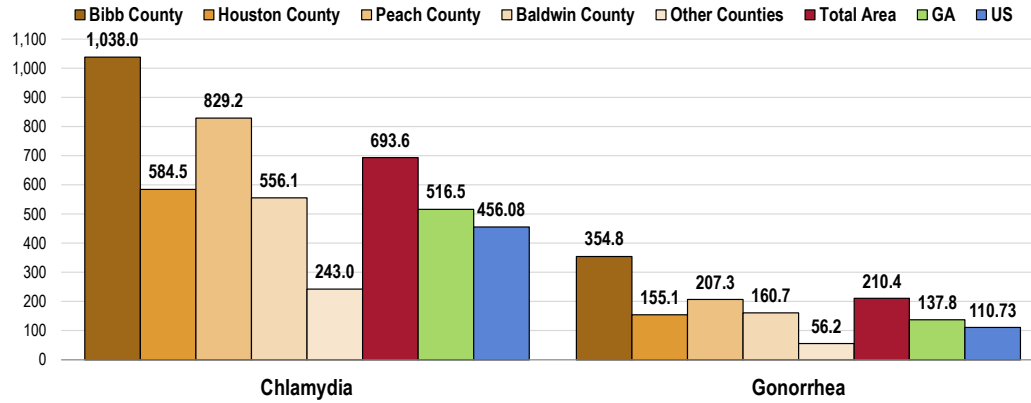
Legend: ■ Bibb County ■ Houston County ■ Peach County ■ Baldwin County □ Other Counties ■ Total Area ■ GA ■ US

Chlamydia
- Bibb County: 1,038.0
- Houston County: 584.5
- Peach County: 829.2
- Baldwin County: 556.1
- Other Counties: 243.0
- Total Area: 693.6
- GA: 516.5
- US: 456.08

Gonorrhea
- Bibb County: 354.8
- Houston County: 155.1
- Peach County: 207.3
- Baldwin County: 160.7
- Other Counties: 56.2
- Total Area: 210.4
- GA: 137.8
- US: 110.73

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved June 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

Key Informant Input: Sexually Transmitted Diseases

A majority of key informants taking part in a series of 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, 2018)
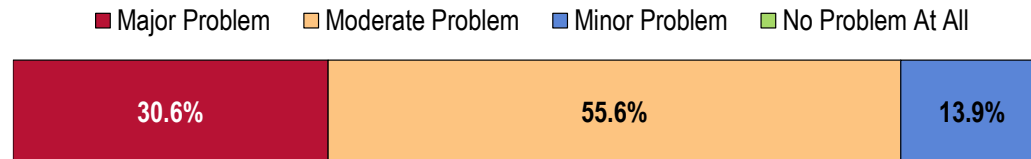
Legend: ■ Major Problem □ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem
30.6%	55.6%	13.9%

Sources:
- PRC Key Informant Focus Groups, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in a series of focus groups most often characterized *Immunization & Infectious Diseases* as a "moderate problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community
(Key Informants, 2018)

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

13.5%	51.4%	32.4%	2.7%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Births

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

Between 2007 and 2016, 16.2% of all Total Area births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

- Lower than the state and national proportions.
- Satisfies the Healthy People 2020 target (22.1% or lower).
- Comparable by community.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2007-2016)
Healthy People 2020 Target = 22.1% or Lower
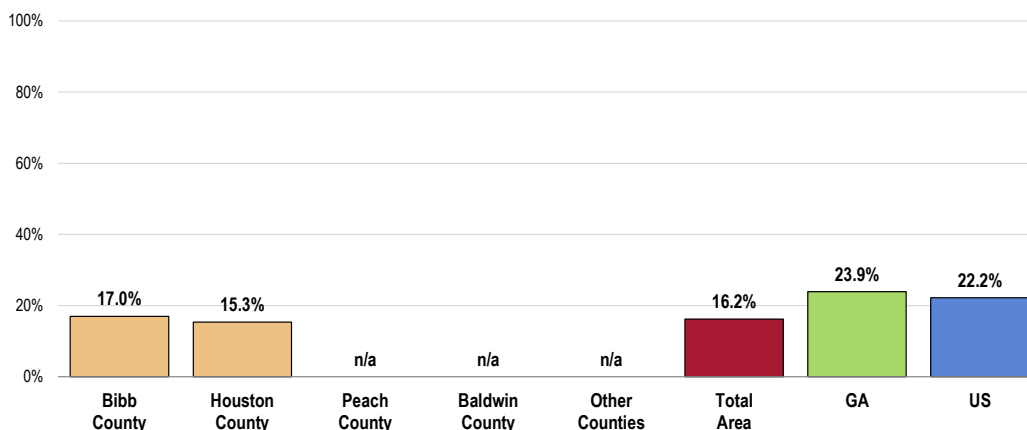
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	17.0%	15.3%	n/a	n/a	n/a	16.2%	23.9%	22.2%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2007-16. Accessed using CDC WONDER.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

Birth Outcomes & Risks

Infant Mortality

Between 2014 and 2016, there was an annual average of 10.4 infant deaths per 1,000 live births.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.
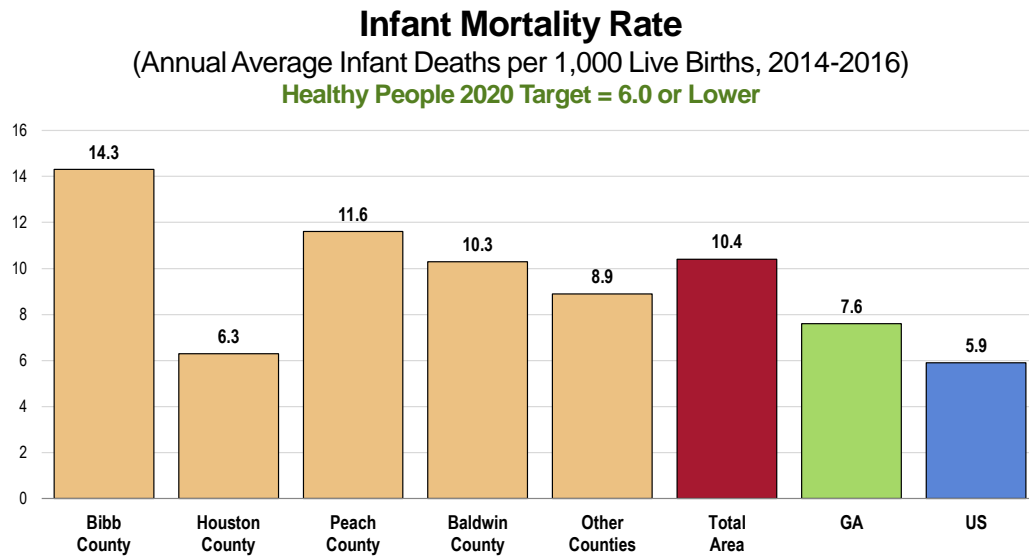
- Less favorable than the Georgia and national rates.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births or lower.
- Higher in Bibb County.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)
Healthy People 2020 Target = 6.0 or Lower

Area	Rate
Bibb County	14.3
Houston County	6.3
Peach County	11.6
Baldwin County	10.3
Other Counties	8.9
Total Area	10.4
GA	7.6
US	5.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2018.
- 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.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- The infant mortality rate is more than three times higher among births to Black mothers as among births to White mothers.

Infant Mortality Rate by Race/Ethnicity
(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)
Healthy People 2020 Target = 6.0 or Lower

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2018.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
● Infant deaths include deaths of children under 1 year old.
● This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

● TREND: After a sharp decrease in the late 2000s, the infant mortality rate in the Total Area has increased steadily in recent years. The Georgia rate has echoes this trend to a lesser degree, while the national rate has been slowly and steadily decreasing.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2020 Target = 6.0 or Lower
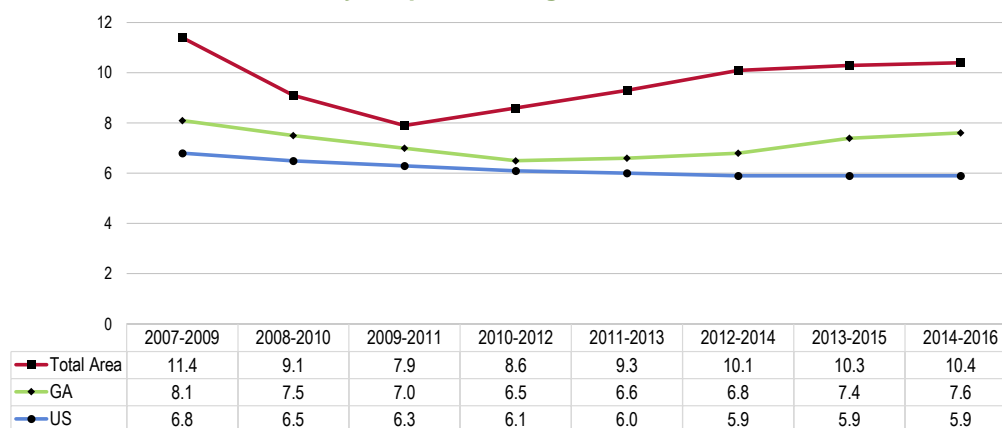
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	11.4	9.1	7.9	8.6	9.3	10.1	10.3	10.4
GA	8.1	7.5	7.0	6.5	6.6	6.8	7.4	7.6
US	6.8	6.5	6.3	6.1	6.0	5.9	5.9	5.9

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2018.
● Centers for Disease Control and Prevention, National Center for Health Statistics.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
● Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

The greatest share of key informants taking part in a series of focus groups characterized *Infant & Child Health* as a "moderate problem" in the community.

Perceptions of Infant and Child Health
as a Problem in the Community
(Key Informants, 2018)

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

21.6%	54.1%	24.3%
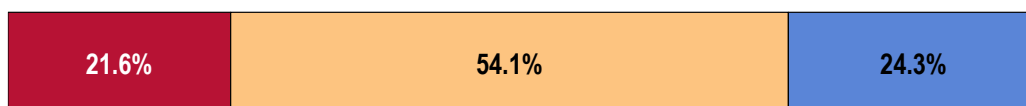
Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Child Abuse

Half of key informants taking part in a series of focus groups characterized *Child Abuse* as a "moderate problem" in the community.

Perceptions of Child Abuse
as a Problem in the Community
(Key Informants, 2018)

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

26.5%	50.0%	23.5%
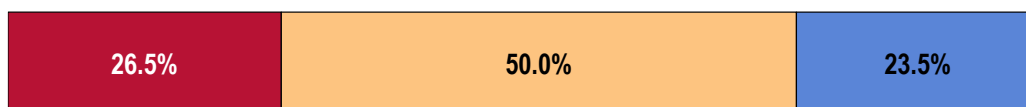
Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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)

When compared against all births in the Total Area between 2007 and 2016, there was a total of 7.6% births to teens (under age 20).

- Higher than the Georgia and US prevalences.
- By county, highest in Bibb County.

Percent of Births to Teens (Under Age 20)
(As a Percent of All Births, 2007-2016)
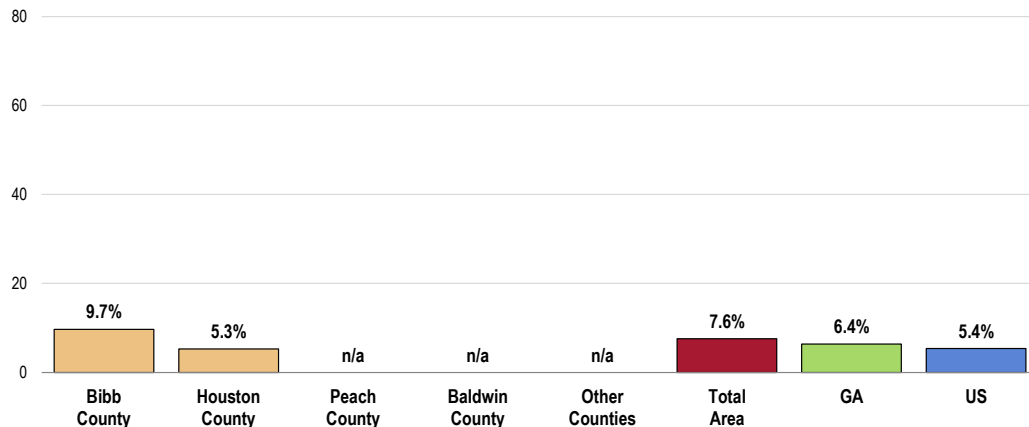
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
9.7%	5.3%	n/a	n/a	n/a	7.6%	6.4%	5.4%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2007-16. Accessed using CDC WONDER.

Notes:
- This indicator reports the percentage of total births to women under the age of 20, as a percent of all births. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- By race, Blacks exhibit a higher prevalence of teen births in the Total Area (as is also found statewide and nationally).

Percent of Births to Teens (Under Age 20)
(As a Percent of All Births; Total Area by Race/Ethnicity, 2007-2016)
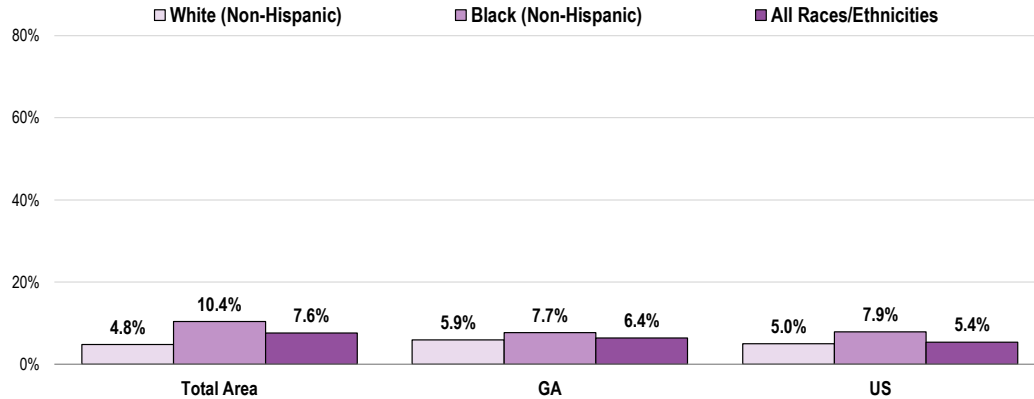
☐ White (Non-Hispanic)　　☐ Black (Non-Hispanic)　　☐ All Races/Ethnicities

	White (Non-Hispanic)	Black (Non-Hispanic)	All Races/Ethnicities
Total Area	4.8%	10.4%	7.6%
GA	5.9%	7.7%	6.4%
US	5.0%	7.9%	5.4%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2007-16. Accessed using CDC WONDER.

Notes:
- This indicator reports the percentage of total births to women under the age of 20, as a percent of all births. 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 a series of 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, 2018)
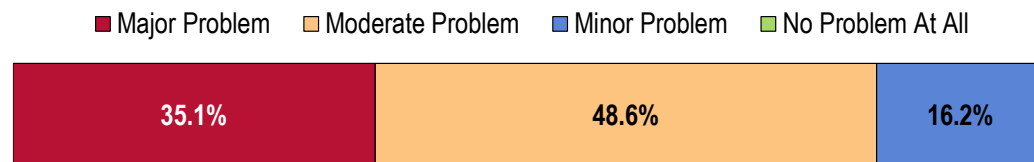
■ Major Problem　　☐ Moderate Problem　　■ Minor Problem　　☐ No Problem At All

Major Problem	Moderate Problem	Minor Problem
35.1%	48.6%	16.2%

Sources:
- PRC Key Informant Focus Groups, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Modifiable Health Risks

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

Three in 10 Total Area adults (29.5%) report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Less favorable than national findings.
- Fruit and vegetable consumption is lowest in Baldwin County.
- TREND: Fruit and vegetable consumption has steadily and significantly decrease over time (Note that this was asked slightly differently in 2012).

Consume Five or More Servings of Fruits/Vegetables Per Day
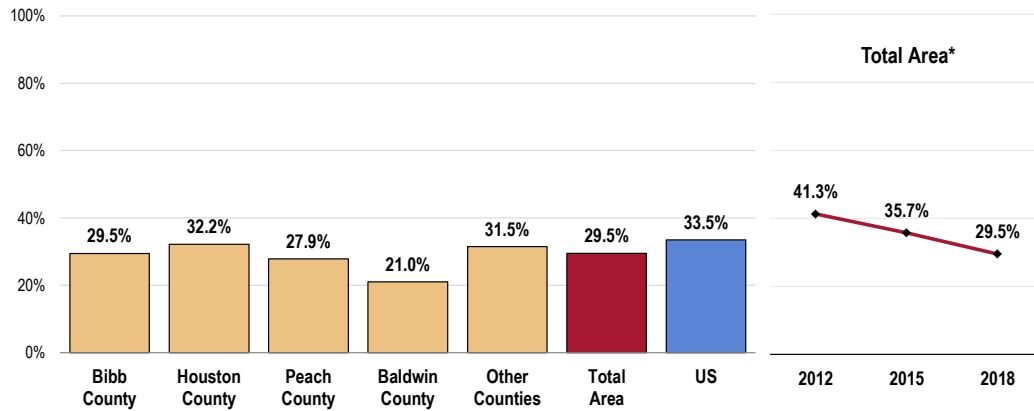
Bibb County: 29.5%
Houston County: 32.2%
Peach County: 27.9%
Baldwin County: 21.0%
Other Counties: 31.5%
Total Area: 29.5%
US: 33.5%

Total Area*
2012: 41.3%
2015: 35.7%
2018: 29.5%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County, and 2012 was asked slightly differently.

- Area men are <u>less</u> likely to get the recommended servings of daily fruits/vegetables, as are low-income adults.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Total Area, 2018)
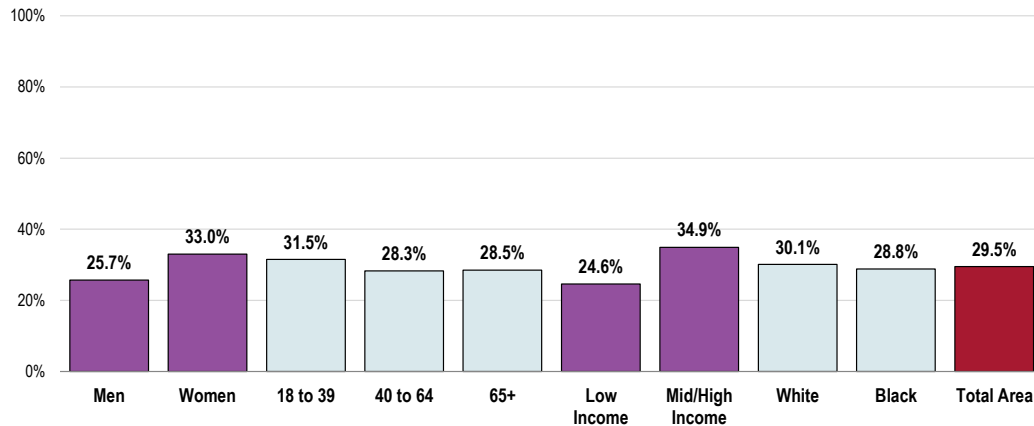
Men: 25.7%
Women: 33.0%
18 to 39: 31.5%
40 to 64: 28.3%
65+: 28.5%
Low Income: 24.6%
Mid/High Income: 34.9%
White: 30.1%
Black: 28.8%
Total Area: 29.5%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

While most report little or no difficulty, 22.7% of Total Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Area, 2018)
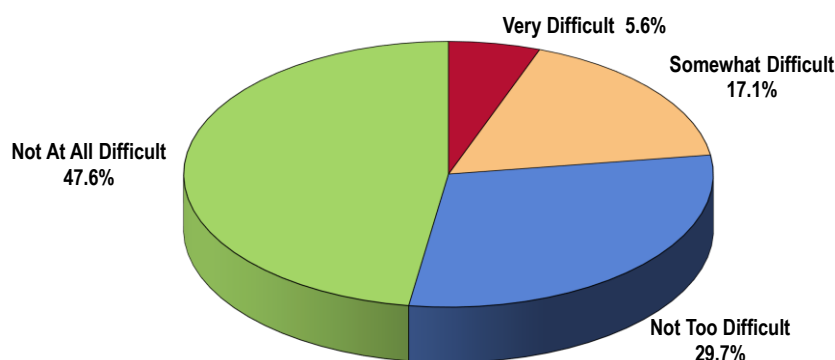
Very Difficult 5.6%
Somewhat Difficult 17.1%
Not At All Difficult 47.6%
Not Too Difficult 29.7%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: ● Asked of all respondents.

- Similar to national findings.
- Difficulties are highest in the Other Counties.
- TREND: The prevalence has not changed significantly since first asked in 2015.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2015	2018
	22.1%	20.0%	19.9%	22.9%	32.2%	22.7%	22.1%	21.8%	22.7%

Total Area*
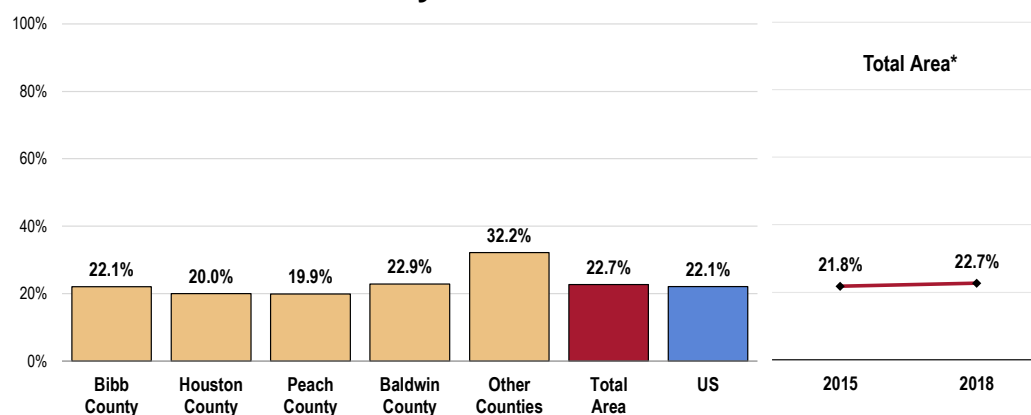
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
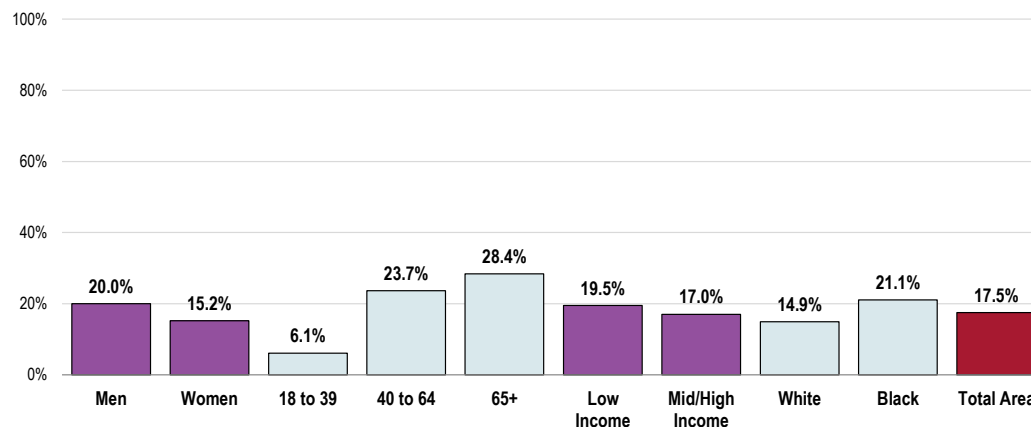● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Those under age 40 (strong negative correlation with age).
- Lower-income residents (especially).

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Total Area, 2018)
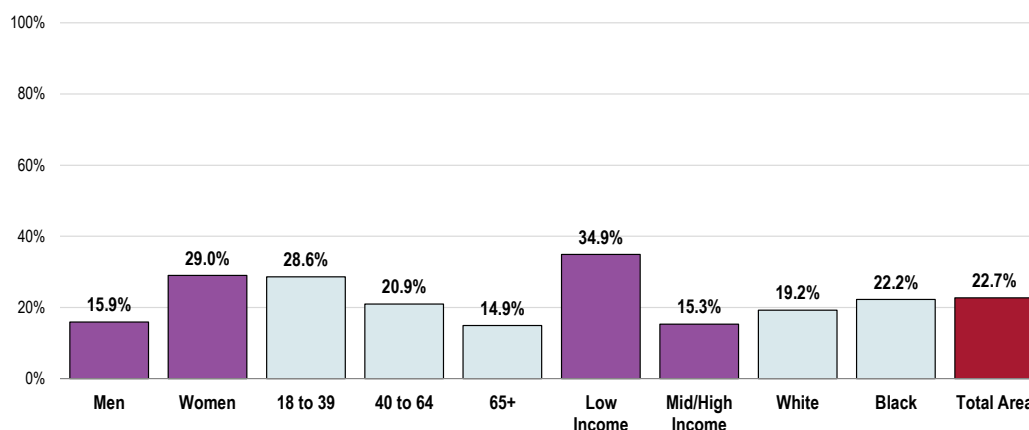
| Category	Percent
Men	15.9%
Women	29.0%
18 to 39	28.6%
40 to 64	20.9%
65+	14.9%
Low Income	34.9%
Mid/High Income	15.3%
White	19.2%
Black	22.2%
Total Area	22.7%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

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.

US Department of Agriculture data show that 30.4% of the Total Area population (representing over 135,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Comparable to statewide findings.
- Less favorable than national findings.
- Low food access is highest in Houston County.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)

135,326 individuals have low food access

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
31.9%	42.2%	27.6%	18.8%	13.7%	30.4%	30.8%	22.4%
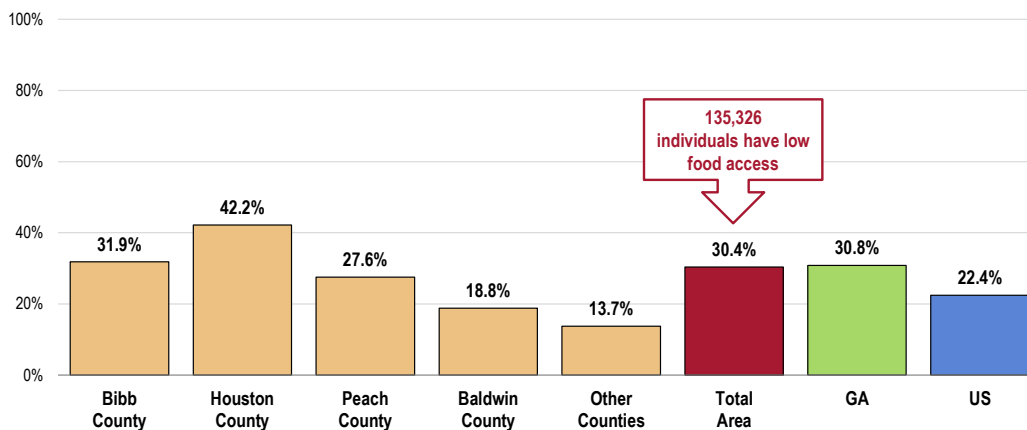
Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved June 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access in the central portion of the Total Area, as well as parts of Baldwin County.

Map Legend

Total Area

Population with Limited Food Access, Percent by Tract, FARA 2015
- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

Community Commons, 6/11/2018
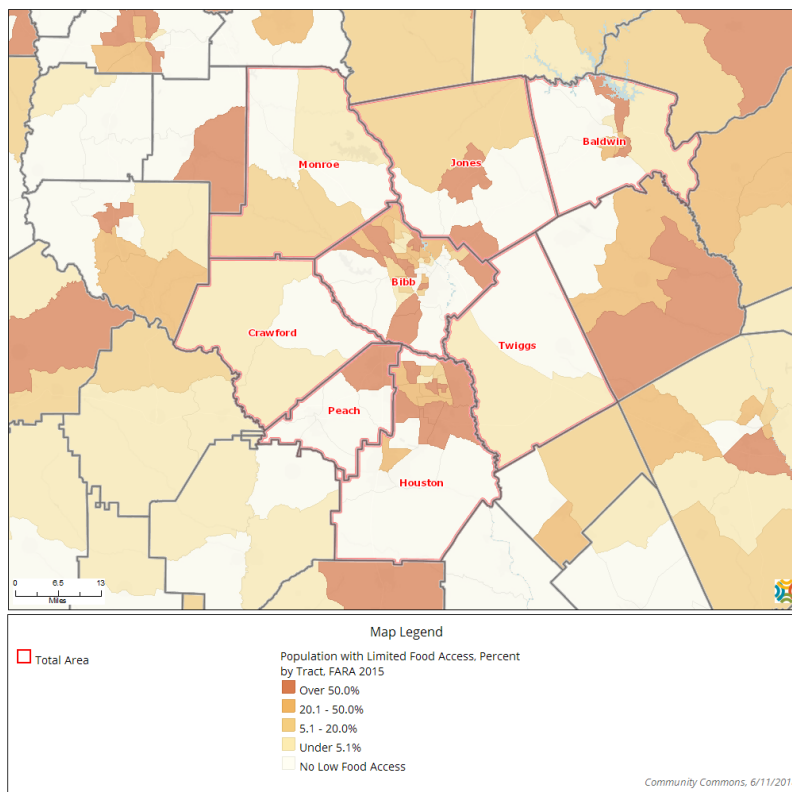
Physical Activity

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, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

Three in 10 Total Area adults (29.3%) report no leisure-time physical activity in the past month.

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.

- Similar to statewide and national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Less favorable in Bibb County.
- TREND: Decrease from 2012 findings, though statistically similar to 2015.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower
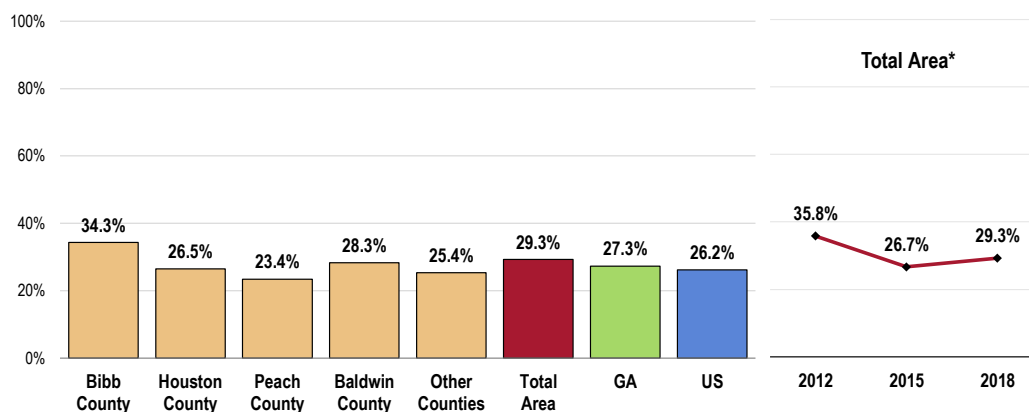
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Lack of leisure-time physical activity in the area is higher among:

- Women
- Lower-income residents.
- Black respondents.

No Leisure-Time Physical Activity in the Past Month
(Total Area, 2018)
Healthy People 2020 Target = 32.6% or Lower

Category	Percentage
Men	25.5%
Women	32.7%
18 to 39	27.6%
40 to 64	30.0%
65+	32.2%
Low Income	37.1%
Mid/High Income	21.3%
White	23.3%
Black	35.3%
Total Area	29.3%
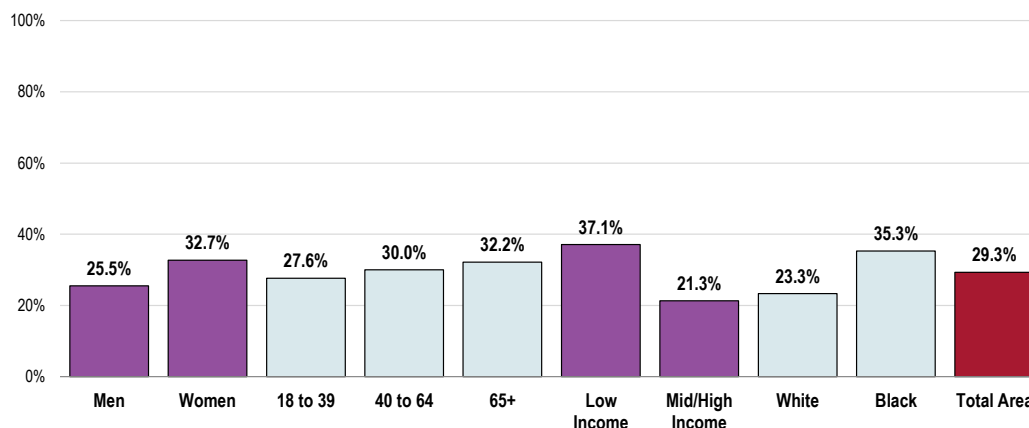
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

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

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

Aerobic & Strengthening Physical Activity

Based on reported physical activity intensity, frequency, and duration over the past month, nearly half of Total Area adults (48.4%) are found to be "insufficiently active" or "inactive."

A total of 58.2% of Total Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- "Inactive" includes those reporting no aerobic physical activity in the past month.

- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.

- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.

- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

Participation in Physical Activities
(Total Area, 2018)

Inactive 38.2%

Highly Active 36.1%

Insufficiently Active 10.2%

Active 15.6%

Aerobic Activity

2+ Times/Wk 31.1%

Not At All 58.2%

1 Time/Wk 6.2%

<1 Time/Wk 4.5%
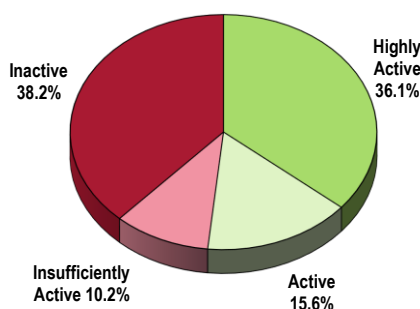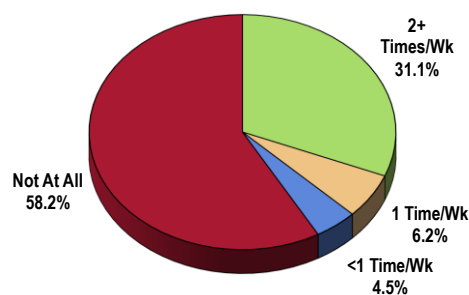
Strengthening Activity

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]
Notes: ● Reflects the total sample of respondents.
● In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1–149 minutes of aerobic activity in the past week; "active" adults are those with 150–300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

One in five Total Area adults (20.8%) regularly participates in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

- Comparable to Georgia and US findings.
- Similar to the Healthy People 2020 target (20.1% or higher).
- Lowest in Peach County and the Other Counties area.

Meets Physical Activity Recommendations
Healthy People 2020 Target = 20.1% or Higher
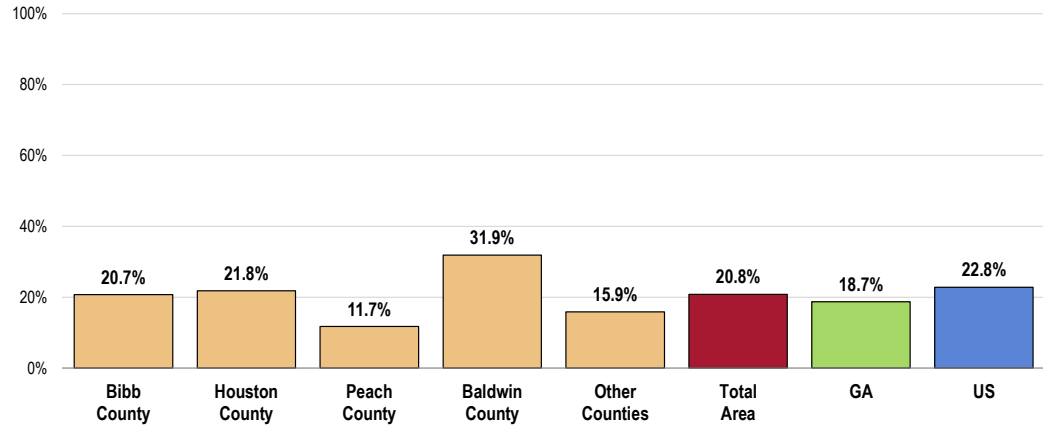
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	20.7%	21.8%	11.7%	31.9%	15.9%	20.8%	18.7%	22.8%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 Georgia data.
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes: • Asked of all respondents.
• Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity _and_ report doing physical activities specifically designed to strengthen muscles at least twice per week.

Those <u>less</u> likely to meet physical activity requirements include:

- Women.
- Older Adults (age 65+).
- Low-income respondents.

Meets Physical Activity Recommendations
(Total Area, 2018)
Healthy People 2020 Target = 20.1% or Higher
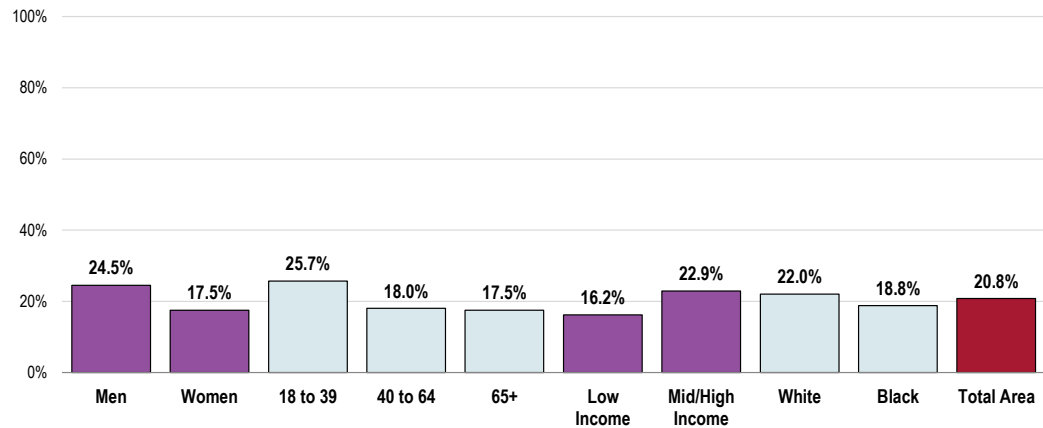
	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
	24.5%	17.5%	25.7%	18.0%	17.5%	16.2%	22.9%	22.0%	18.8%	20.8%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]
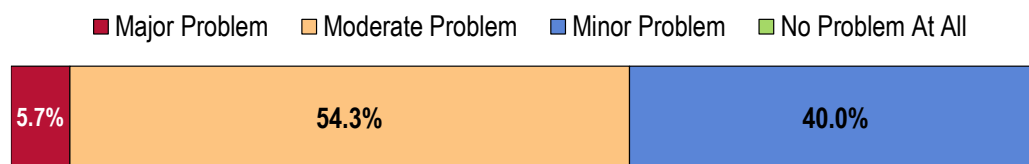
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity _and_ report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Total Area children age 2 to 17, 43.5% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

- Statistically comparable to the national proportion.
- Less common among girls.
- By age, lower among those age 13-17.
- TREND: Dramatic decrease from 2015 findings.

Child Is Physically Active for One or More Hours per Day
(Among Children Age 2-17)

Total Area*

							2015	2018
Total Area: Boys 48.5%	Total Area: Girls 37.5%	Total Area: Age 2-12 48.6%	Total Area: Age 13-17 35.2%	Total Area 43.5%	US 50.5%		57.7%	43.5%
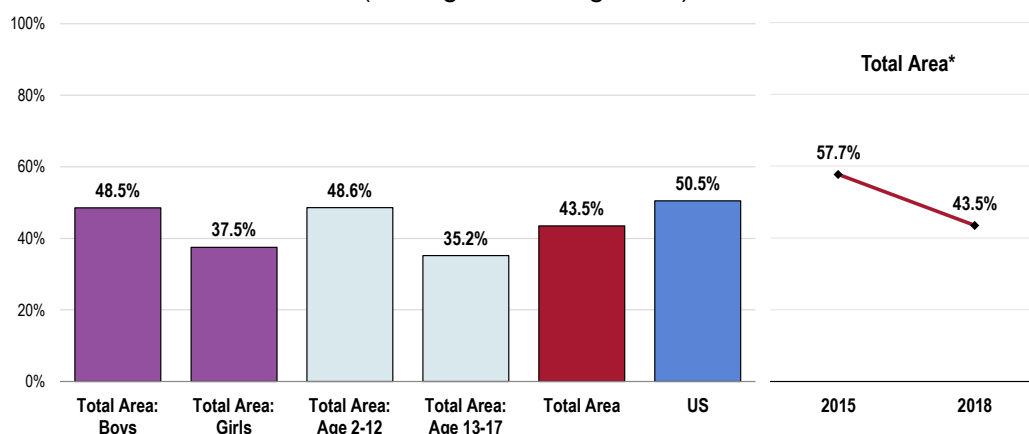
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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.
- *Note that 2015 data did not include Baldwin County.

Access to Physical Activity

In 2016, there were 7.4 recreation/fitness facilities for every 100,000 population in the Total Area.

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.

- Less favorable than what is found at the state and national levels.
- Access is lowest in the Other Counties.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
Value	9.6	6.4	7.2	6.6	5.2	7.4	9.8	11.0
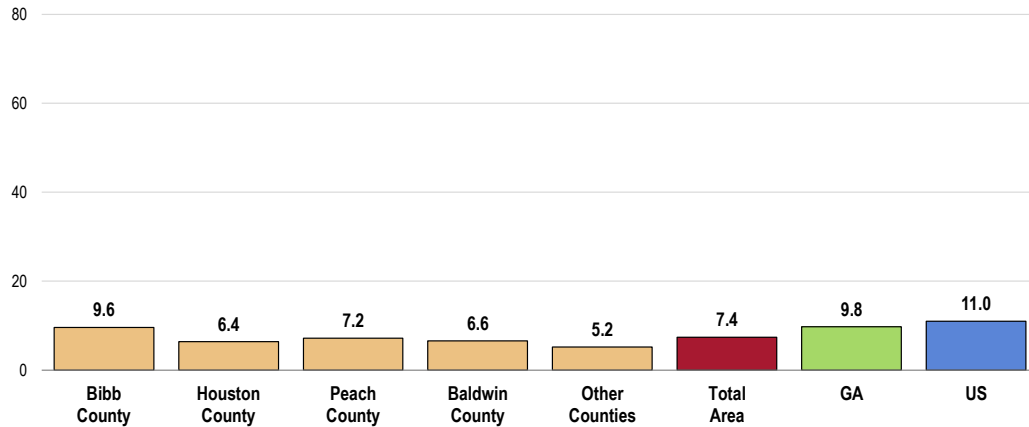
Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved June 2018 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

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.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

A total of 7 in 10 Total Area adults (70.1%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- Less favorable than the Georgia prevalence.
- Similar to the US overweight prevalence.
- Least favorable in Peach County.
- TREND: Statistically unchanged since 2012, though lower than 2015 findings.

Note that 59.5% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight (Overweight or Obese)
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

59.5% are trying to lose weight.

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2012	2015	2018
68.2%	66.6%	79.4%	74.9%	73.2%	70.1%	65.8%	67.8%	70.2%	76.2%	70.1%
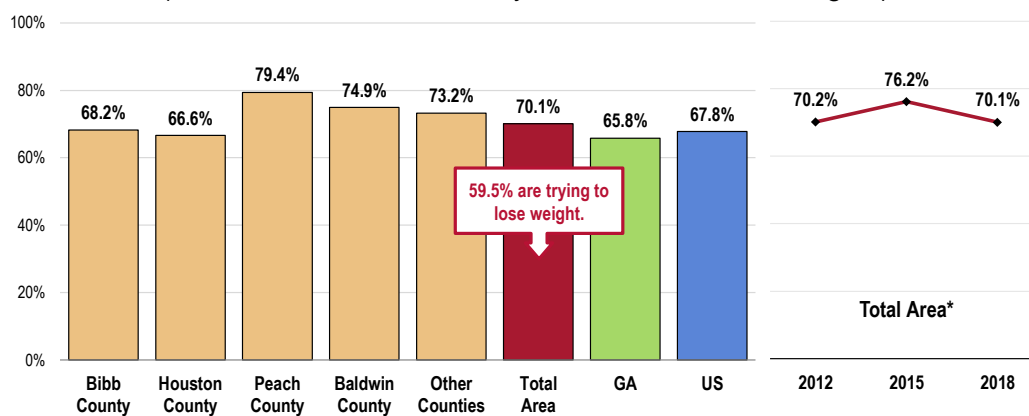
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

Further, 39.8% of Total Area adults are obese.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Less favorable than Georgia and US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- No significant difference by county.
- TREND: The increase from 2012 findings is not statistically significant.

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower
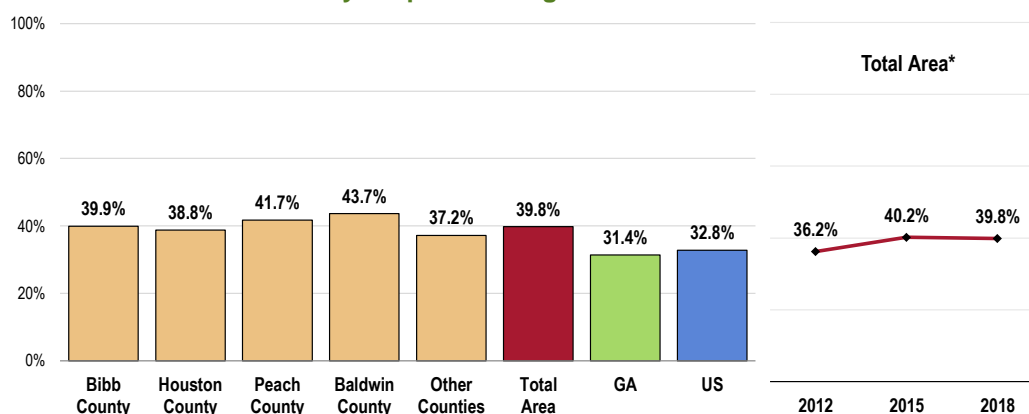
Total Area*

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	39.9%	38.8%	41.7%	43.7%	37.2%	39.8%	31.4%	32.8%

2012	2015	2018
36.2%	40.2%	39.8%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 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.
- 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.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Obesity is notably more prevalent among:

- Women.
- Those under age 40.
- Blacks respondents.

Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; Total Area, 2018)
Healthy People 2020 Target = 30.5% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
35.7%	43.7%	34.8%	44.3%	40.8%	39.9%	39.6%	34.8%	47.6%	39.8%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- 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.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Health Advice

A total of 27.9% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Statistically higher than the national findings.
- TREND: Statistically unchanged from that reported in 2012.
- Note that 33.5% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while two-thirds have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 98, 156-157]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- *Note that 2012 and 2015 data did not include Baldwin County.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

The correlation between overweight and various health issues cannot be disputed.

- High blood pressure.
- High cholesterol.
- Activity limitations.
- Arthritis/rheumatism.
- "Fair" or "poor" physical health.
- Diabetes.

Overweight/obese residents are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues
(By Weight Classification; Total Area, 2018)
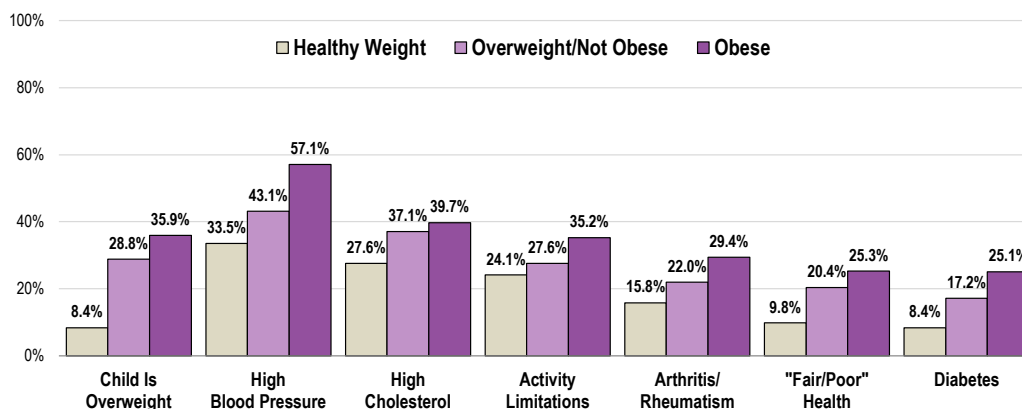
Legend: Healthy Weight | Overweight/Not Obese | Obese

Category	Healthy Weight	Overweight/Not Obese	Obese
Child Is Overweight	8.4%	28.8%	35.9%
High Blood Pressure	33.5%	43.1%	57.1%
High Cholesterol	27.6%	37.1%	39.7%
Activity Limitations	24.1%	27.6%	35.2%
Arthritis/Rheumatism	15.8%	22.0%	29.4%
"Fair/Poor" Health	9.8%	20.4%	25.3%
Diabetes	8.4%	17.2%	25.1%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 25, 109, 129, 130, 140, 154, 158]
Notes: ● Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight   <5th percentile
- Healthy Weight   ≥5th and <85th percentile
- Overweight   ≥85th and <95th percentile
- Obese   ≥95th percentile

● Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 26.0% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- TREND: Decrease since 2015, though statistically unchanged since 2012.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)
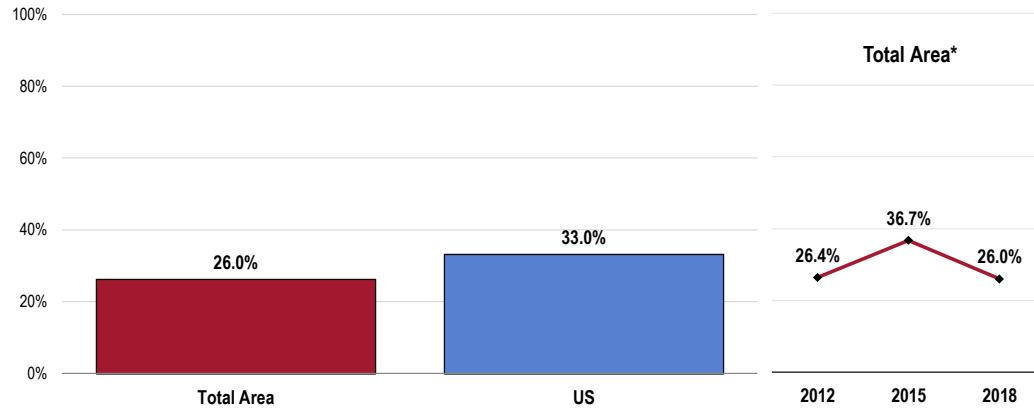
Total Area*

26.0% (Total Area) 33.0% (US)

26.4% (2012) 36.7% (2015) 26.0% (2018)

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
● *Note that 2012 and 2015 data did not include Baldwin County.

Further, 26.0% of area children age 5 to 17 are obese (≥95th percentile).

- Statistically similar to the national percentage.
- Similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Significantly lower than 2015 findings, though statistically unchanged since 2012.
- Statistically similar by child's age and sex.

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2020 Target = 14.5% or Lower
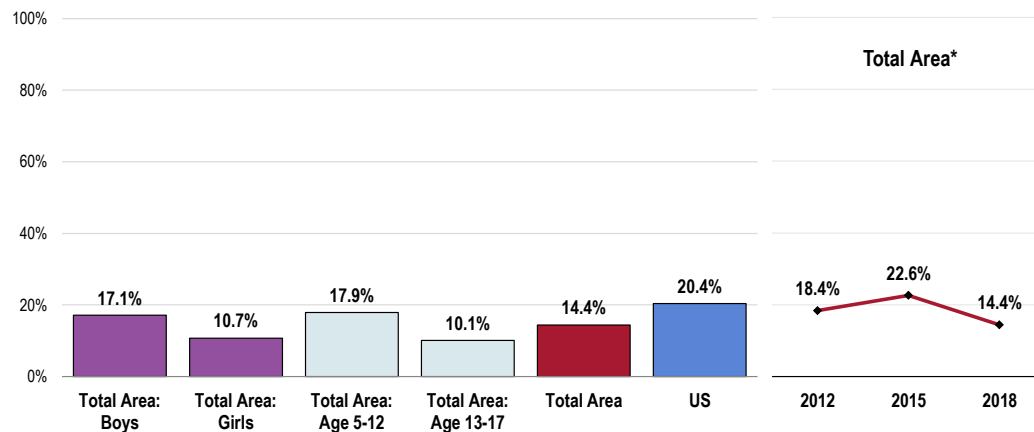
Total Area*

17.1% (Total Area: Boys) 10.7% (Total Area: Girls) 17.9% (Total Area: Age 5-12) 10.1% (Total Area: Age 13-17) 14.4% (Total Area) 20.4% (US)

18.4% (2012) 22.6% (2015) 14.4% (2018)

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]
Notes: ● Asked of all respondents with children age 5-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
● *Note that 2012 and 2015 data did not include Baldwin County.

Key Informant Input: Nutrition, Physical Activity, & Weight

Six in 10 key informants taking part in a series of focus groups most often 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, 2018)

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

59.0%	28.2%	12.8%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Much of the focus group discussion centered around nutrition, physical activity, and weight. The main findings include:

- Poor nutrition habits
- Obesity prevalence
- Lack of knowledge
- Food deserts
- Cost
- Cultural traditions
- Hunger concerns
- Physical activity

Focus group attendees spent time discussing the **poor nutrition habits** that community members currently have and the **high prevalence of overweight and obesity** in the area. Unfortunately, the region offers ample access to unhealthy food choices and busy, work-driven lifestyles lend themselves to fast, convenient meals. In addition, many residents **lack knowledge** about how to make healthy choices.

> *I mean, we've got kids that go to school that leave school and can't read above a third- or fifth-grade education and yet we're going to say teach them how to eat properly. It's a horrendous problem. – Regional Community Leader*

> *It's not easy, but a lot of our mamas will think that they're buying right, but again, if they haven't learned to look at those food labels, juice can be worse than what they think. – Baldwin County Participant*

Compounding the issue, the rural communities and lower-income neighborhoods do not have easy access to a grocery store, nor are they within proximity. These residents live in **food deserts** and may only have "Dollar Stores" nearby.

> *Crawford lost the only grocery store they had. And then Fort Valley just in the last month lost one of its*

> *two main grocery stores. And the other is some distance out from town. It's like 2.8 miles from Fort Valley State to the nearest grocery store, and it's 1.8 miles, which is difficult for people who don't have transportation and have to either ride a bicycle or walk to get that far. – Peach County Participant*
>
> *We are lacking a grocery store, so I've commented to folks in sessions like this that my patients obtain their groceries at the Dollar Store, so that's where they tend to shop. – Regional Healthcare Provider*
>
> *You walk through some neighborhoods, and there's a Dollar Store or a Family Dollar on every corner. And if you do go into the grocery store that's there, what's available is not something you would probably want to feed your family. – Regional Healthcare Provider*
>
> *Well, there are neighborhoods right here in Macon that are as they would call them 'food deserts' that are not within walking distance of a grocery store that has fresh vegetables, fresh fruits, whatever. But they're within walking distance of a Dollar Store or a convenient store that has Mountain Dews and Monster energy drinks. – Regional Community Leader*

The **cost** of healthier (less processed) food is also prohibitive for many residents, even working families.

> *People tend to buy what they can afford, and it may not always be the healthiest. It's usually a lot of inexpensive high carbs. – Peach County Participant*
>
> *Over the course of three weeks everybody had to submit, had to make an effort to try to change habits and diets. And my family, just my family just alone we saw a significant increase in our grocery budget just trying to eat fresh vegetables and lean cuts and fish. Probably upwards of 30 to 40 percent more of our grocery budget in looking at that. – Regional Community Leader*
>
> *The cost of doing that makes the cost of fresh fruits and vegetables in many cases prohibitive. It's like this young lady mentioned. It's being able to sit back and say do I buy this versus that. Both of them got calories in them. This one is 50 cents, this one is a dollar. What am I going to do? And it's a huge education process and I don't know how you get through it. – Regional Community Leader*
>
> *Don't have access to quality more than the convenience store and a discount store to buy groceries. So in order to be healthy, you have to have access to healthy living. – Regional Community Leader*
>
> *But have that food at a price point to where it's comparable or a little better than some of the junk food. So that folks make that decision. – Regional Community Leader*

Attendees agree that another factor in the community's battle with weight are the southern, rural **cultural traditions** influence food choices. Many celebrations and events center on food, specifically fried foods. A respondent explains how churches and other festivities revolve around meals:

> *it's interesting, sometimes, when you go to places, there's just—all there is fried food and different things. – Regional Social Service Provider*

Focus group members also have concern about the prevalence of childhood obesity, despite the local pediatric obesity clinic.

> *I think kids that are eating a lot of junk food, which of course contributes to obesity, and they're not exercising. – Baldwin County Participant*

Hunger concerns were also brought up by many participants. Participants agree that there are children and senior citizens in the community who do not get regular meals. The prevalence of low-income families and the lack of access to affordable food concerns respondents. To combat hunger, the schools offer <u>all</u> children free lunch and provide a food backpack, which provides families with food for the weekend.

> *We've got some people right in Crawford County like what we're saying about him being in school. At least they're going to get a meal. But when they get home it's not guaranteed they're going to get another meal until he gets back to school. – Regional Community Leader*
>
> *I had a lady that was blind. In fact, she would come in and ask me to put her food on her table and open and tell her what was there, and then she'd hand me cans and say, what is this? It's like tuna, or is it cat food? So yeah. I mean, some of them can cook, but a lot of them can't, because they can't go anywhere to get food, buy groceries, and they're dangerous, probably, some of them, cooking. –*

Baldwin County Participant

In addition, many of the communities have food banks and soup kitchens. Meals on Wheels also operates within Baldwin County. Still, focus group attendees struggle with the fact that those individuals who are the most food insecure do not have ample nutritious options available.

> *Our food bank has just started a new initiative to try to do more fresh fruits and vegetables and produce, which is kind of where folks are trying to head. But that's a slow process. But yeah, what you can—you can get food through the food bank; whether it's, at this point, necessarily the most nutritious food is another question. – Regional Social Service Provider*

> *I think there's a difference between hunger and nutrition. And I see nutrition being more of an issue in this community, necessarily, than hunger. – Regional Social Service Provider*

Several focus group members feel that the community gets an adequate amount of **physical activity**, but this opinion varied between focus groups. Respondents in Bibb, Peach, and Houston County feel that there are many free, safe options for physical activity, including several new parks that are quite popular.

> *There are people from all over the community walking, jogging, riding bikes. There's a playground and now there's this fitness equipment. People fish, there's an outfitter now that does boat trips around. – Regional Social Service Provider*

> *So, there's an effort to have parks. That's a sign of health for me. – Regional Social Service Provider*

> *This is just Bibb County, because I think, for a long time, parks here meant ball fields. And that was it. I mean, and it wasn't just open green space or walking trails. But the development of Amerson Park has made a real difference. Somehow, everybody feels welcome there. It's different from Central City Park. – Regional Social Service Provider*

> *I feel like in general, I see more people now out walking and that sort of thing, more than I ever have, so I feel like there's a sense of people wanting to be healthy, in general, and they feel safe enough in the community go out and walk. – Regional Healthcare Provider*

In addition, there appears to be a lot of momentum around parks and recreation centers in the region.

> *The old hospital … my notion was tear it down, you already have pavement there. Put a gazebo or two and a barbeque pit for small groups like a family. – Peach County Participant*

> *It doesn't have to be a race. It could be a walk. It could be whatever. But promote these types of activities because the children see this, and they go I've never been exposed to that. I want to be like that guy or I want to be like that gal. And so, I think our health, the Navicents, the Colosseums, the health providers can really get out into the community and promote this kind of stuff. And it won't happen overnight but over time it might catch fire with someone and it might save their life one day. – Regional Community Leader*

> *People get an idea of 'man, I'm joining the gym. I'm going to do this race' and they burn themselves out. They get injured or they become disillusioned because they're not in as good of shape as they thought they would be. So I think that goes back to the home and to the kids and even to the schools to instill that idea early of physical activity and movement. And make that a priority and make that something that people should do. – Regional Community Leader*

Other participants feel that the level of physical activity has room for improvement.

> *It's not as much I'll say. I played ball. My brother played ball and all. But you don't see kids doing the activities that we did when we come along. It's more inside with the computers and that's what their thing now. That's all social media what they do. You want to get a kid, you take his cell phone from him. Now that's the real punishment. – Regional Community Leader*

> *The infrastructure is bad, and it doesn't connect to places where people want to go, and it doesn't connect with low income neighborhoods. So it's something that we need to do. We have no way for our kids to get to school other than by bus. We're trying to build an off-road trail that would connect some neighborhoods to schools, but that's a – it costs money. It's an uphill battle. – Baldwin County Participant*

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2014 and 2016, the Total Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.4 deaths per 100,000 population.

- Similar to the statewide rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target (8.2 or lower).
- Similar by county.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

Bibb County: 8.7
Houston County: 9.1
Peach County: n/a
Baldwin County: n/a
Other Counties: n/a
Total Area: 8.4
GA: 8.9
US: 10.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

- The cirrhosis mortality rate appears to be higher among Whites when compared with Blacks in the Total Area.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

Total Area White (Non-Hispanic): 9.9
Total Area Black (Non-Hispanic): 5.6
Total Area All Races/Ethnicities: 8.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

- TREND: The mortality rate has increased steadily over time, echoing the state and national trends.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	7.1	6.7	7.3	7.2	7.6	8.0	8.2	8.4
GA	7.4	7.3	7.4	7.8	8.1	8.5	8.7	8.9
US	9.1	9.3	9.5	9.8	9.9	10.2	10.5	10.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE:
See also *Mental Health: Stress* in the **General Health Status** section of this report.

A total of 15.8% of area adults are excessive drinkers (heavy and/or binge drinkers).

- More favorable than the national proportion.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- No significant difference when looking by county.
- TREND: Statistically unchanged since 2012.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower

Bar chart values: Bibb County 17.2%, Houston County 16.7%, Peach County 8.4%, Baldwin County 8.4%, Other Counties 20.6%, Total Area 15.8%, US 22.5%

Total Area* line chart: 2012 = 18.9%, 2015 = 13.7%, 2018 = 15.8%

● Note the strong negative correlation between excessive drinking and age, with one-quarter of young adults reporting excessive drinking.

Excessive Drinkers

(Total Area, 2018)

Healthy People 2020 Target = 25.4% or Lower

Bar chart values: Men 17.9%, Women 14.0%, 18 to 39 25.8%, 40 to 64 10.9%, 65+ 5.5%, Low Income 16.9%, Mid/High Income 17.6%, White 14.9%, Black 15.4%, Total Area 15.8%

Drinking & Driving

A total of 6.1% of Total Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the state and national findings.
- <u>Lowest</u> in Peach and Baldwin counties.
- TREND: The drinking and driving prevalence has significantly increased from 2012 and 2015 findings.

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

Total Area*

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US		2012	2015	2018
	7.6%	6.6%	0.0%	2.6%	8.0%	6.1%	4.1%	5.2%		1.7%	1.0%	6.1%
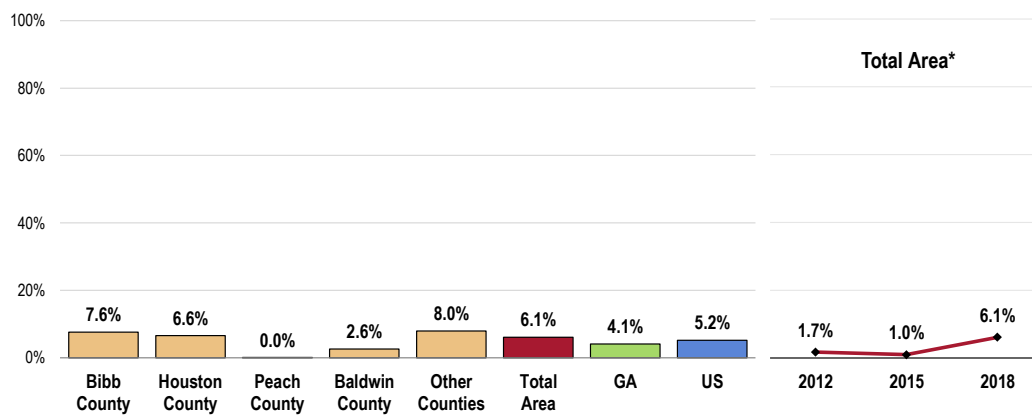
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 6.6 deaths per 100,000 population in the Total Area.

- Relatively high in the two county areas for which individual data are available.
- Much lower than the state and national rates.
- Satisfies the Healthy People 2020 target (11.3 or lower).

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2014-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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

- TREND: The mortality rate has fluctuated widely in the region, showing no clear trend. Statewide and nationwide, rates have increased.

Unintentional Drug-Related Deaths:
Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
Total Area	7.2	7.4	8.4	7.8	8.6	7.3	7.3	6.6
GA	8.5	8.6	9.0	9.1	9.3	9.6	10.3	11.2
US	9.2	9.7	10.2	10.6	10.8	11.3	12.4	14.3
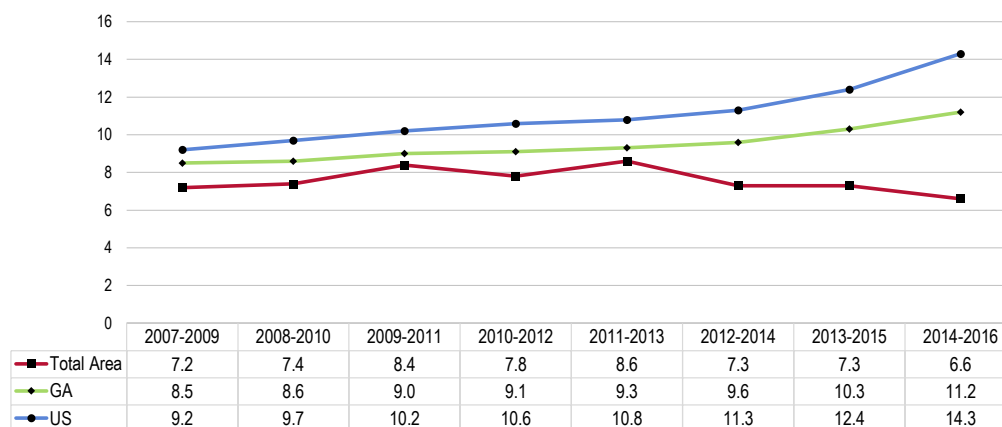
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2018.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12].

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

Illicit Drug Use

A total of 5.4% of Total Area adults acknowledge using an illicit drug in the past month.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- More than twice the proportion acknowledged nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Similar by county area.
- TREND: Marks a statistically significant increase over time.

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

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018
	5.7%	5.3%	7.6%	5.3%	3.4%	5.4%	2.5%	2.5%	2.1%	5.4%

Total Area*
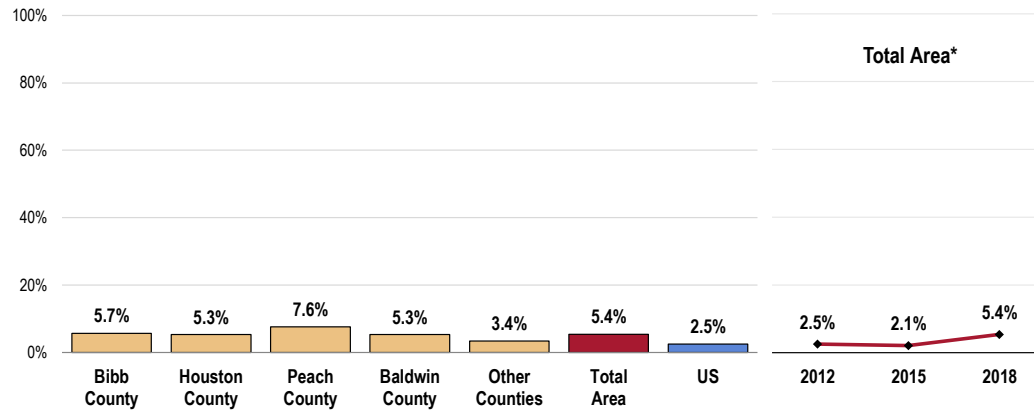
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

- Illicit drug use is more prevalent among younger adults, low income residents, and Black respondents.

Illicit Drug Use in the Past Month
(Total Area, 2018)
Healthy People 2020 Target = 7.1% or Lower

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
	4.3%	6.4%	11.4%	1.7%	1.0%	9.5%	3.9%	3.2%	7.6%	5.4%
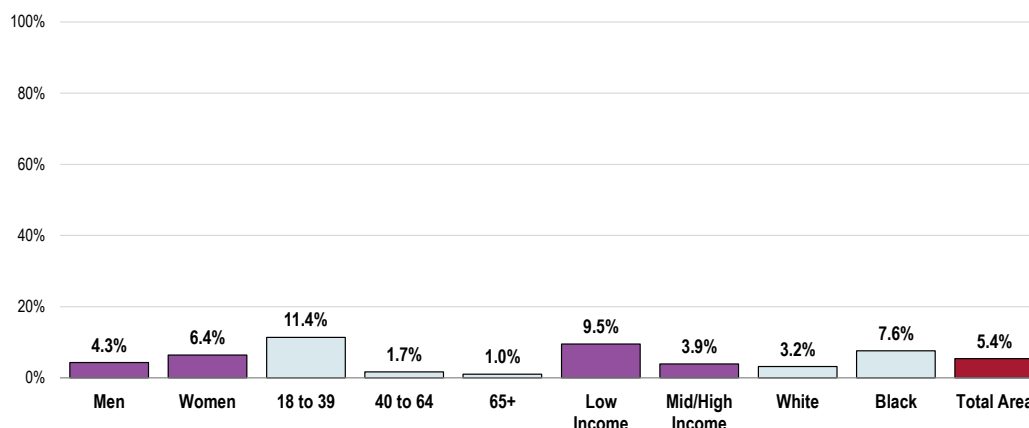
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 5.4% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Higher than national findings.
- Lowest in Baldwin County.
- TREND: Statistically unchanged over time.

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

Total Area*

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018
	7.3%	4.2%	3.8%	2.0%	6.1%	5.4%	3.4%	5.2%	3.9%	5.4%
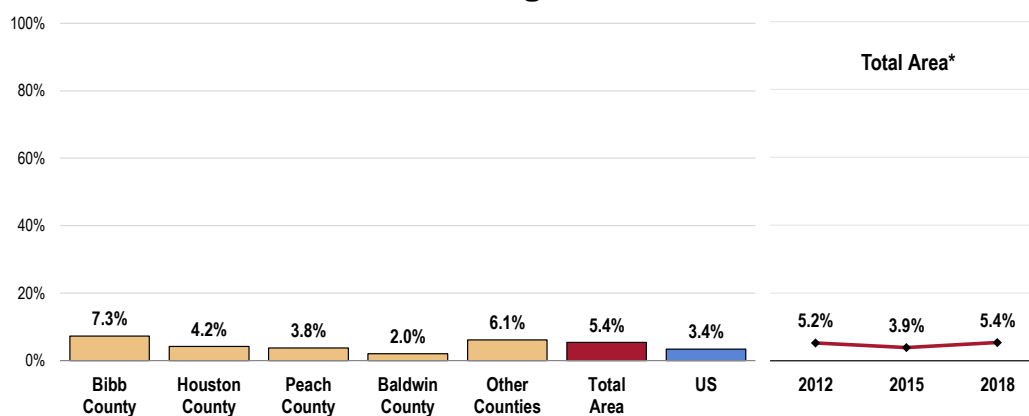
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

Negative Effects of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

In all, most respondents have not been negatively affected (65.1% "not at all" responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)
(Total Area, 2018)
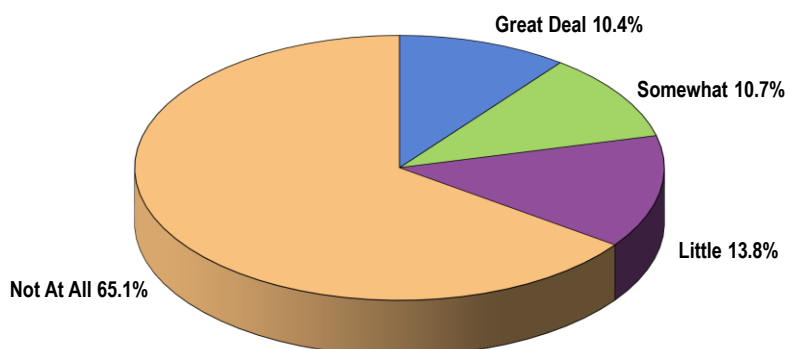
Great Deal 10.4%

Somewhat 10.7%

Little 13.8%

Not At All 65.1%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 61]
Notes: ● Asked of all respondents.

In contrast, 34.9% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 10.4% who report having been affected "a great deal."

- Similar to the US figure.
- By area, lowest in Peach County.

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
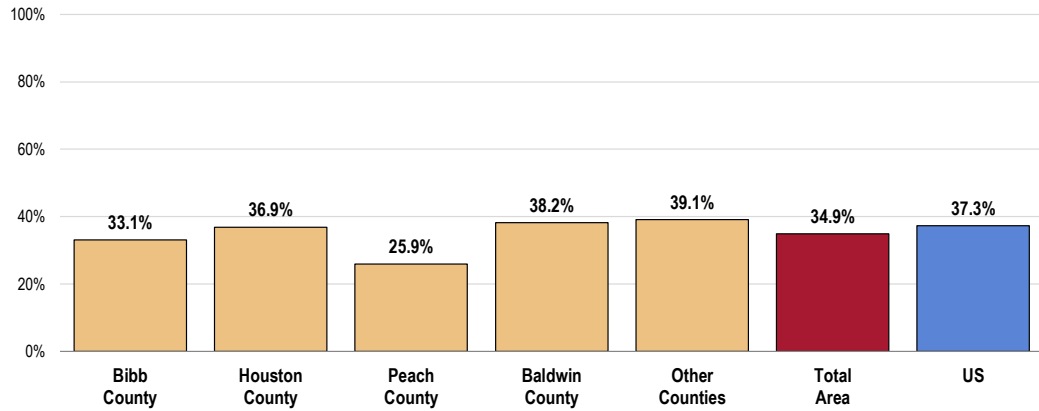
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," and "a little."
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is higher among the following:

- Women.
- Young adults (under age 40).
- White residents.

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
(Total Area, 2018)
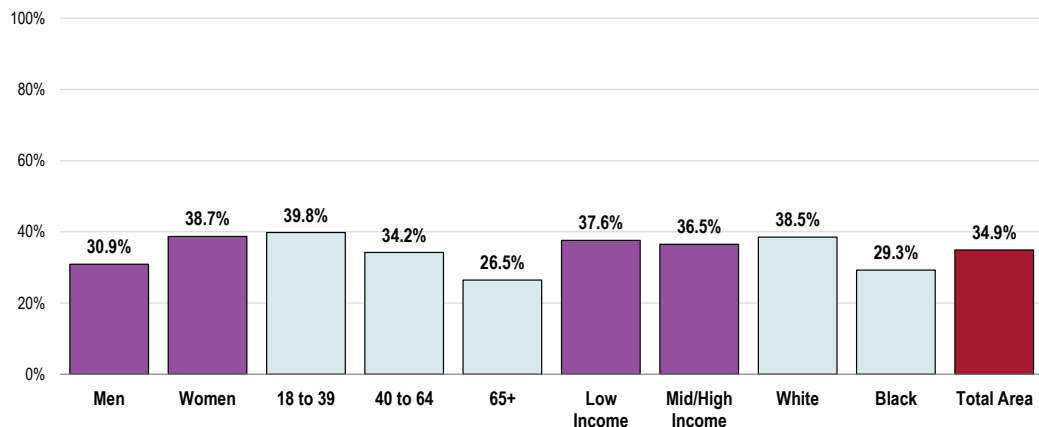
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," and "a little."
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

Seven in 10 key informants taking part in a series of focus groups characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse
as a Problem in the Community
(Key Informants, 2018)

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

71.1%	26.3%	2.6%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Focus group members discussed the fragmented behavioral health system and the limited services available to residents, with focus on:

- Prevalence
- Opioid epidemic
- Self-medicating
- Need for additional treatment programs

A number of focus group participants express concern with the **prevalence** of substance use in the community because it negatively impacts the family and other aspects of an individual's life. Furthermore, the substance abuse use is taxing on law enforcement and their limited resources. Respondents describe specific concern about alcohol abuse, marijuana, heroin, opioids, and prescription drugs.

> *Smoking (marijuana) is so routine. It's hard for me to assess a young person that doesn't do marijuana. I do remind them it's illegal still here in Georgia. – Peach County Participant*
>
> *But I think the whole acceptance of pot has really become on the same wave level as alcohol, and what we know or what we believe is that alcohol and pot is a gateway drug to – especially with those individuals who are drawn to addiction or who have the propensity towards addiction, those are gateway opportunities to then become hooked. – Baldwin County Participant*
>
> *The whole thing about bath salts, and the things that you can walk into a convenience store and get and buy. You talk about behavioral health and hallucinations, that stuff can really mess you up in a hurry. And so yes, substance abuse is a huge issue here. – Baldwin County Participant*

Specifically, attendees describe concern regarding **opioid** use among all segments of society. Substance abuse is impacting community members regardless of gender, age, income, or race.

> *Law enforcement sees of course marijuana, cocaine, the opioids, the crack cocaine, and now we're looking at heroin back on our streets. It's dangerous for anyone that has that substance abuse problem because when you get into that it's taxing on of course that person, the family – it touches so many different people for that one individual that has that substance abuse problem. – Regional Community Leader*

> *It's going to affect us, everybody around the table. – Regional Community Leader*

Attendees also worry that residents use substances to "**self-medicate**."

> *Self-medicating, yeah, and it's been primarily prescription. And of course the other problem with the meth, meth stuff. I mean people get to a point where they just can't take it anymore. Just want to do some harm to themselves to solve the problem. – Peach County Participant*

Attendees believe that the community **needs additional substance abuse treatment programs** and facilities. Currently, there is an inadequate number of treatment programs and no free- or reduced-cost, local inpatient option. The focus group participants believe that RiverEdge operates at capacity all the time. There is a desire for more outpatient treatment centers and a detox center in addition to the resources that RiverEdge currently offers.

> *We have group homes. I don't think they're successful, but that's all that they have. A lot of them are invited by a judge to live there. – Peach County Participant*
>
> *Our boat is so small, and the sea is so wide. That's how I would say it, quite frankly. It's a huge issue, and it continues to grow. – Baldwin County Participant*

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 19.6% of Total Area adults currently smoke cigarettes, either regularly (13.5% every day) or occasionally (6.1% on some days).
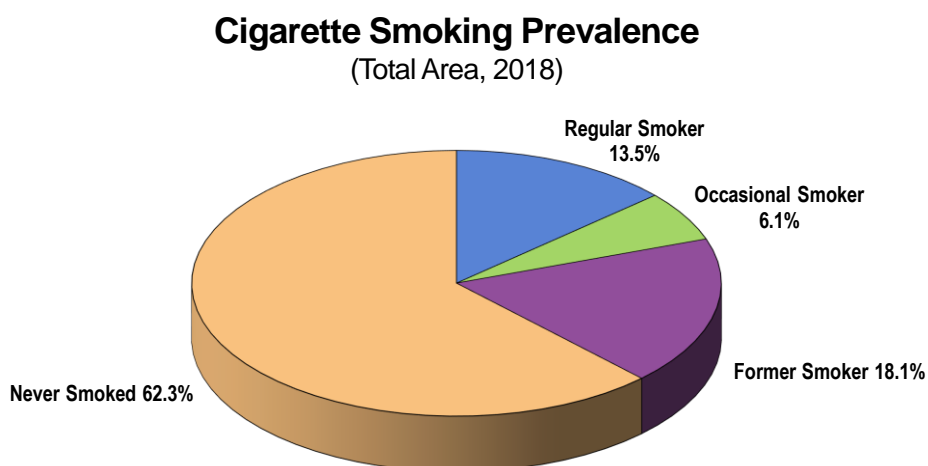
Cigarette Smoking Prevalence
(Total Area, 2018)

Regular Smoker 13.5%
Occasional Smoker 6.1%
Former Smoker 18.1%
Never Smoked 62.3%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc.   [Item 159]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Highest in Bibb County.
- TREND: The percentage is statistically lower than 2012 findings (similar to 2015).

Current Smokers
Healthy People 2020 Target = 12.0% or Lower
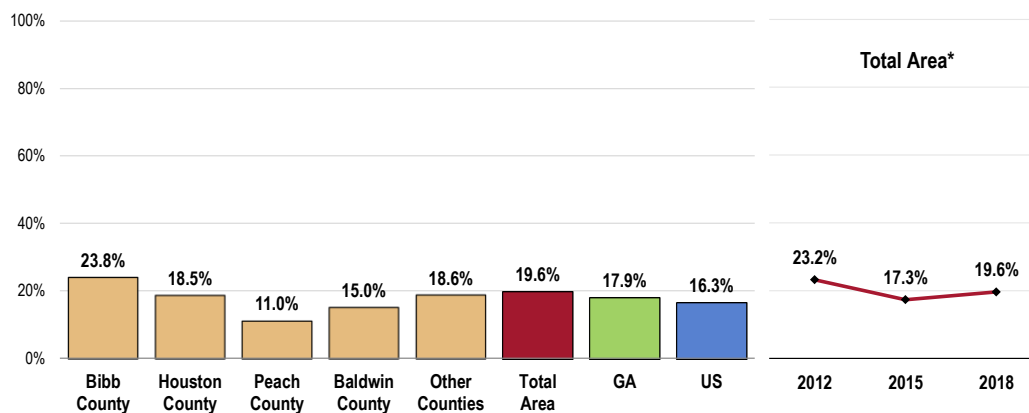
Total Area*

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2012	2015	2018
23.8%	18.5%	11.0%	15.0%	18.6%	19.6%	17.9%	16.3%	23.2%	17.3%	19.6%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
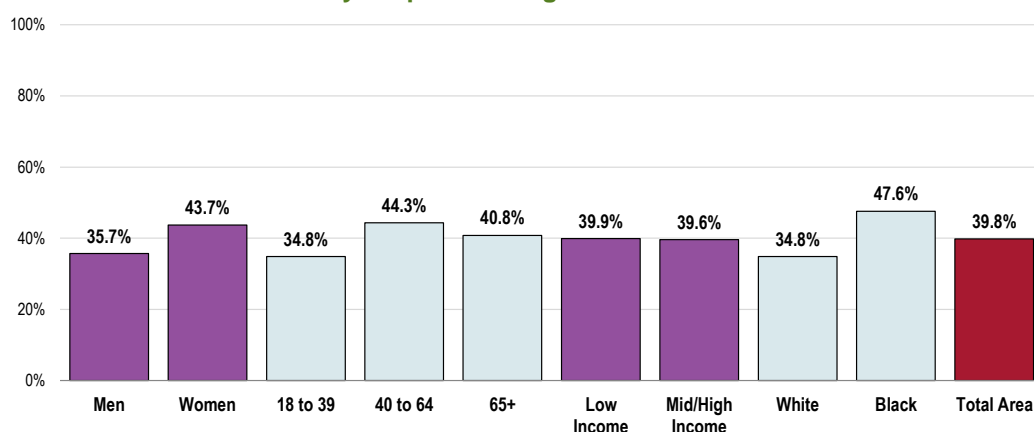- *Note that 2012 and 2015 data did not include Baldwin County.

- Cigarette smoking is more prevalent among low-income respondents, as well as those under the age of 65.

Current Smokers
(Total Area, 2018)
Healthy People 2020 Target = 12.0% or Lower
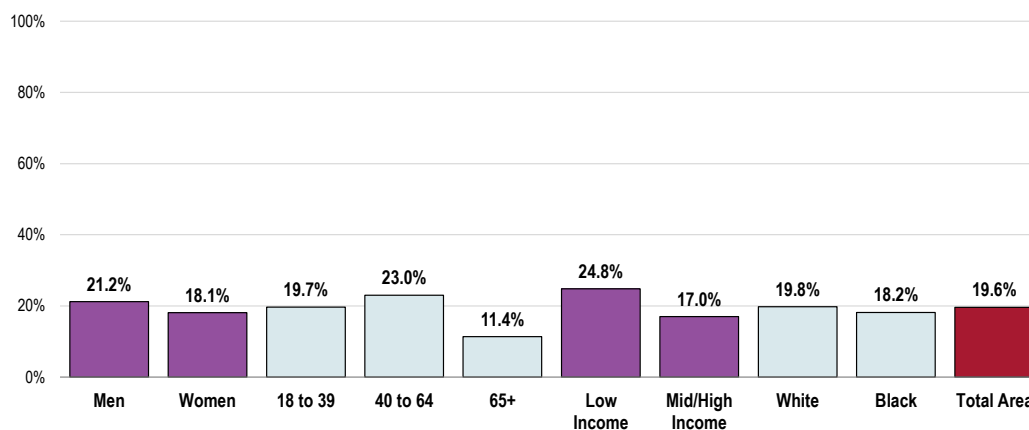
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
21.2%	18.1%	19.7%	23.0%	11.4%	24.8%	17.0%	19.8%	18.2%	19.6%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]
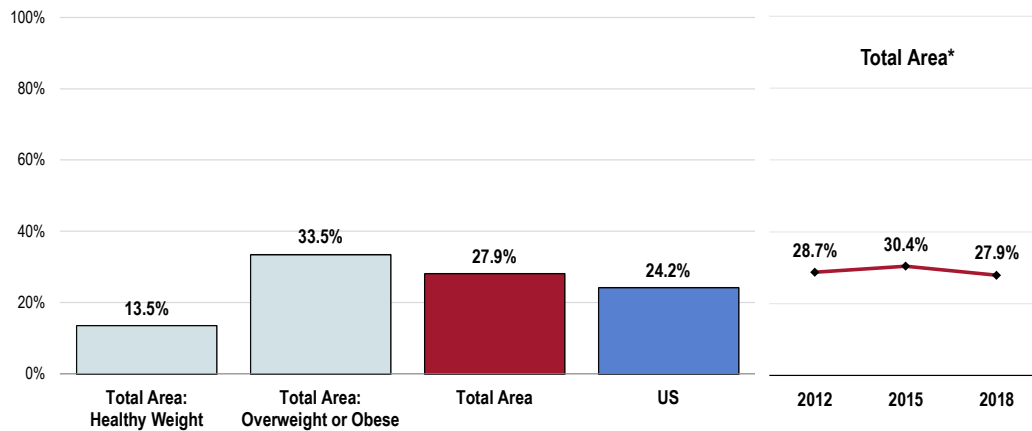
Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

A total of 19.8% of Total Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Much less favorable than national findings.
- Similar by county.
- TREND: Marks a statistically significant increase since 2015 findings, though similar to 2012.

Note that 23.6% of Total Area children are exposed to cigarette smoke at home.

Member of Household Smokes at Home
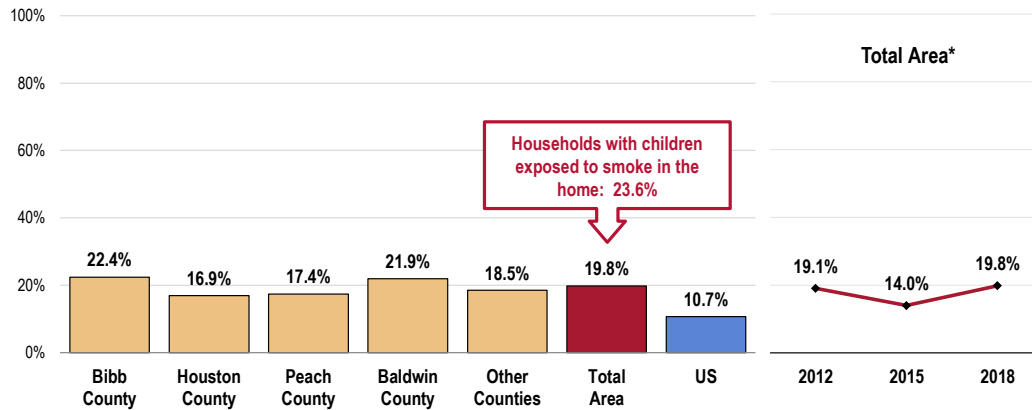
Households with children exposed to smoke in the home: 23.6%

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
	22.4%	16.9%	17.4%	21.9%	18.5%	19.8%	10.7%

Total Area*

2012	2015	2018
19.1%	14.0%	19.8%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "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 Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

- Notably higher among residents with lower incomes, as well as younger adults (negative correlation with age).

Member of Household Smokes At Home
(Total Area, 2018)

Bar chart showing percentages:
- Men: 18.8%
- Women: 20.7%
- 18 to 39: 22.9%
- 40 to 64: 19.8%
- 65+: 12.4%
- Low Income: 28.7%
- Mid/High Income: 14.1%
- White: 18.4%
- Black: 21.5%
- Total Area: 19.8%
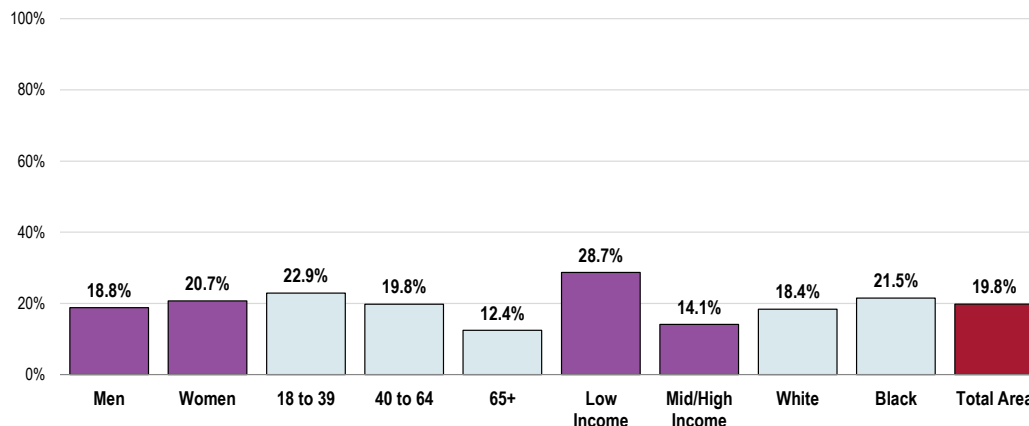
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

● Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation Attempts

Four in 10 regular smokers (44.9%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Statistically similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: Significant difference from 2015 findings (similar to 2012).

Three-quarters (74.2%) of current smokers have been advised by a healthcare professional in the past year to quit smoking.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)
Healthy People 2020 Target = 80.0% or Higher

Most current smokers (74.2%) were advised to quit in the past year by a healthcare professional.

Total Area: 44.9%
US: 34.7%

Total Area*
2012: 54.2%
2015: 60.3%
2018: 44.9%
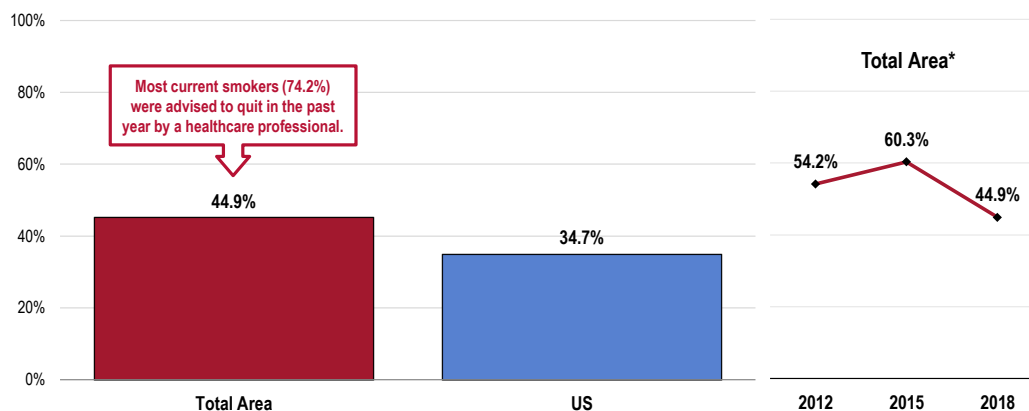
Sources:
● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

Notes:
● Asked of respondents who smoke cigarettes every day.
● *Note that 2012 and 2015 data did not include Baldwin County.

Other Tobacco Use

Use of Vaping Products

A total of 6.4% of Total Area adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (3.2% every day) or occasionally (3.2% on some days).

Use of Vaping Products
(Total Area, 2018)
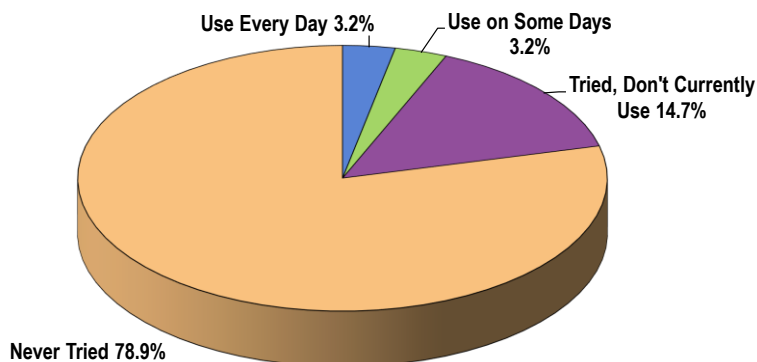
Use Every Day 3.2%
Use on Some Days 3.2%
Tried, Don't Currently Use 14.7%
Never Tried 78.9%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
Notes: ● Asked of all respondents.

- Higher than national findings.

- This prevalence is highest in Bibb County.

Currently Use Vaping Products
(Every Day or on Some Days)

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	9.5%	5.5%	3.1%	2.5%	4.9%	6.4%	4.8%	3.8%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
- 2017 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): 2016 Georgia data.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- Note the strong negative correlation between electronic cigarette/other vaping product use and age.

Currently Use Vaping Products
(Total Area, 2018)
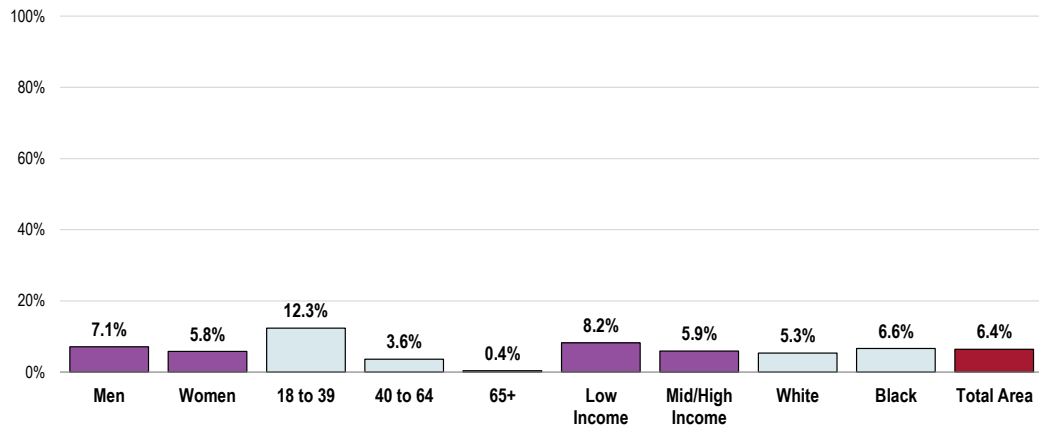
	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
	7.1%	5.8%	12.3%	3.6%	0.4%	8.2%	5.9%	5.3%	6.6%	6.4%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

Key informants taking part in a series of focus groups equally characterized *Tobacco Use* as a "major problem" and "moderate problem" in the community.

Perceptions of Tobacco Use
as a Problem in the Community
(Key Informants, 2018)

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

44.7%	44.7%	10.5%

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Access to Health Services

Health Insurance Coverage

Type of Healthcare Coverage

A total of 47.0% of Total Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 38.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Area, 2018)

- No Insurance/ Self-Pay 14.9%
- Other Gov't Coverage 1.6%
- Medicaid & Medicare 3.0%
- VA/Military 9.7%
- Medicaid 10.9%
- Medicare 13.0%
- Insured, Employer-Based 39.2%
- Insured, Self-Purchase 5.7%
- Insured, Unknown Type 2.1%
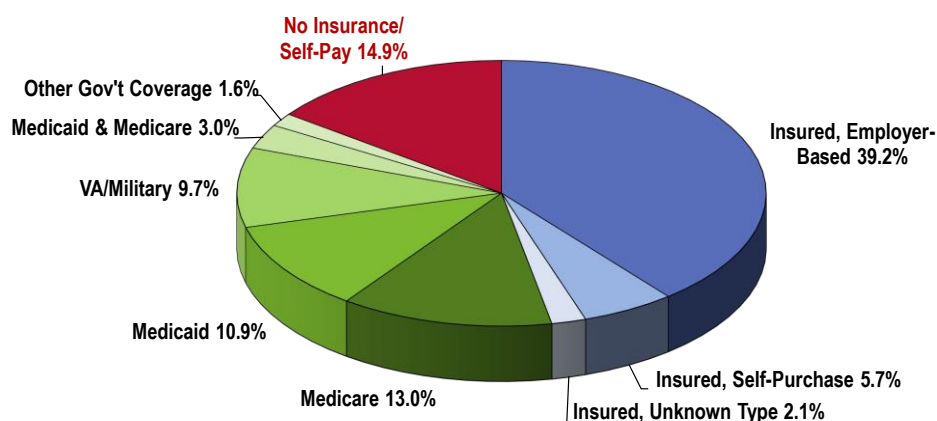
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 14.9% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Less favorable in Bibb County.
- TREND: Statistically similar to previous findings.

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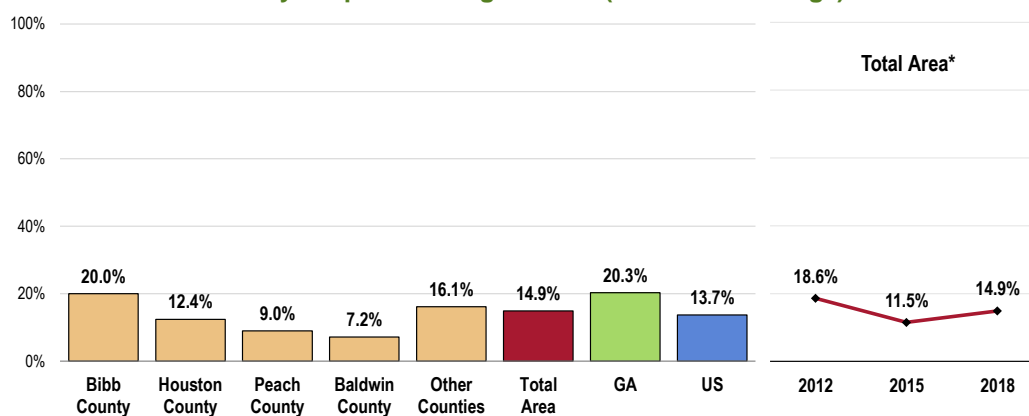
Total Area*

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US		2012	2015	2018
	20.0%	12.4%	9.0%	7.2%	16.1%	14.9%	20.3%	13.7%		18.6%	11.5%	14.9%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

The following population segments are more likely to be without healthcare insurance coverage:

- Women.
- Young adults (age 18-39).
- Residents living at lower incomes.
- Blacks.

Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; Total Area, 2018)
Healthy People 2020 Target = 0.0% (Universal Coverage)
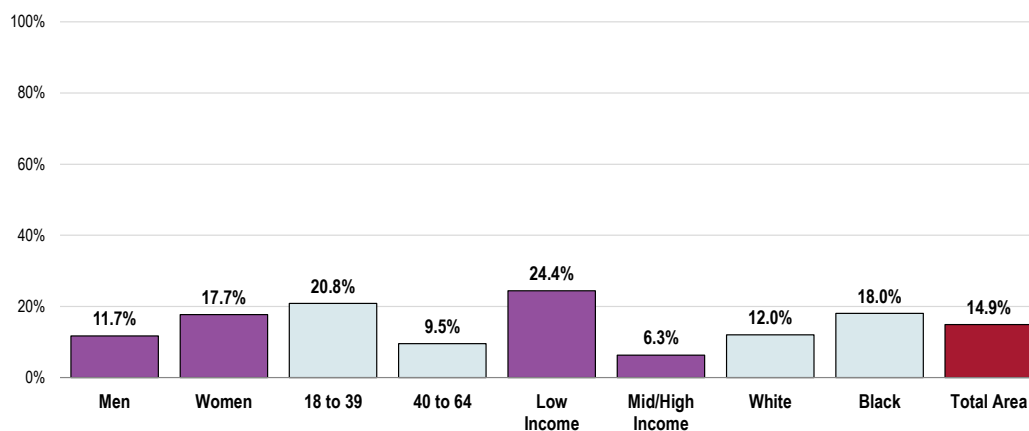
Men	Women	18 to 39	40 to 64	Low Income	Mid/High Income	White	Black	Total Area
11.7%	17.7%	20.8%	9.5%	24.4%	6.3%	12.0%	18.0%	14.9%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 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.
- Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 44.0% of Total Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

- Similar to national findings.
- Statistically similar by community.
- TREND: Higher than the 2015 percentage, though statistically similar to what was reported in 2012.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
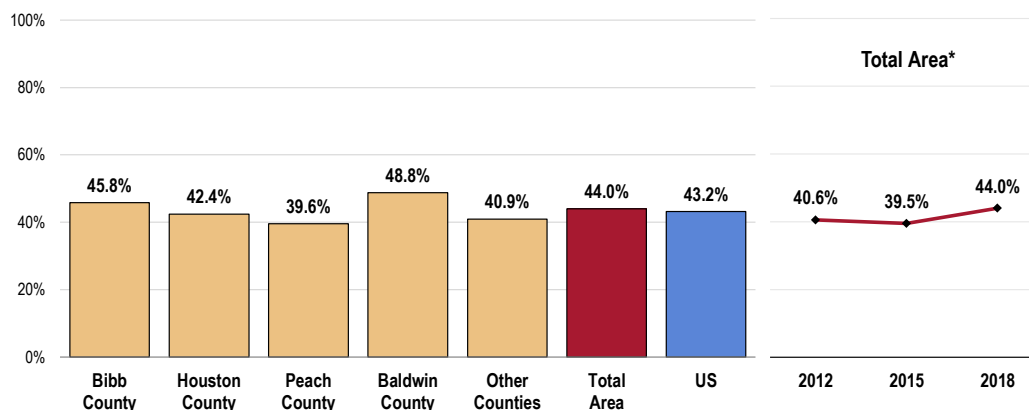
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Note that the following demographic groups <u>more often</u> report difficulties accessing healthcare services:

- Women.
- Adults under age 65 (strong negative correlation with age).
- Lower-income residents.
- Blacks.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Total Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
36.5%	50.7%	54.0%	42.3%	25.4%	59.5%	34.8%	38.4%	49.2%	44.0%

Sources: ●   2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
Notes: ●   Asked of all respondents.
        ●   Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
        ●   Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
        ●   Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Healthcare Access

Of the tested barriers, cost of prescriptions impacted the greatest share of Total Area adults (20.2%) say that cost prevented them from obtaining a prescription in the past year).

- The proportion of impacted Total Area adults is statistically higher than that found nationwide for the following barriers: cost of prescriptions, lack of transportation, and language/culture (other barriers are statistically comparable).

Barriers to Access Have
Prevented Medical Care in the Past Year

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
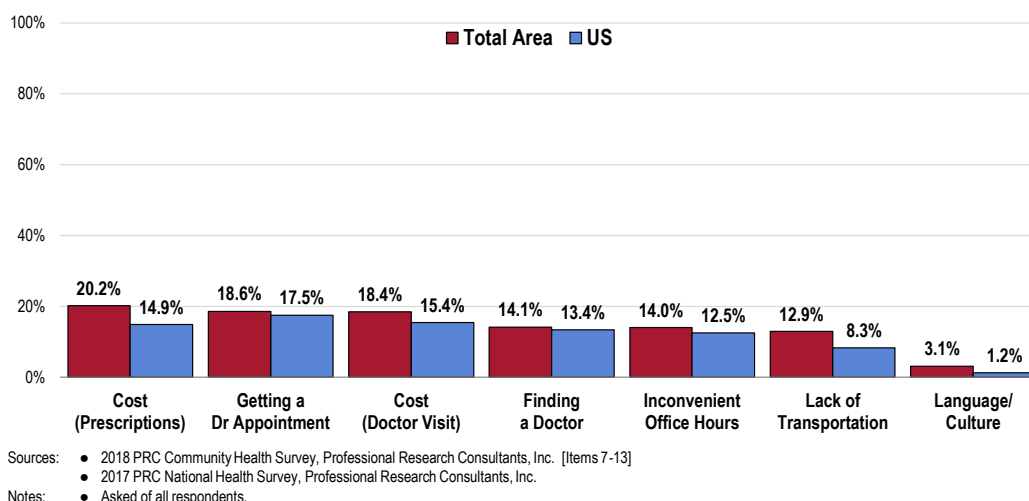
Prescriptions

Among all Total Area adults, 18.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Less favorable than national findings.
- Comparable by county area.
- TREND: Statistically similar to findings from previous years.

Skipped or Reduced Prescription Doses in
Order to Stretch Prescriptions and Save Money
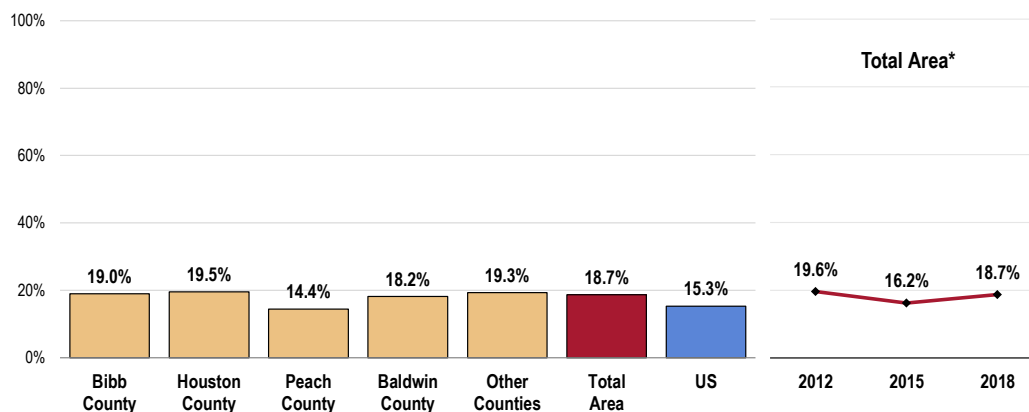
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults age 18 to 39 (strong negative correlation with age).
- Respondents with lower incomes.
- Black residents.
- Uninsured adults.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(Total Area, 2018)
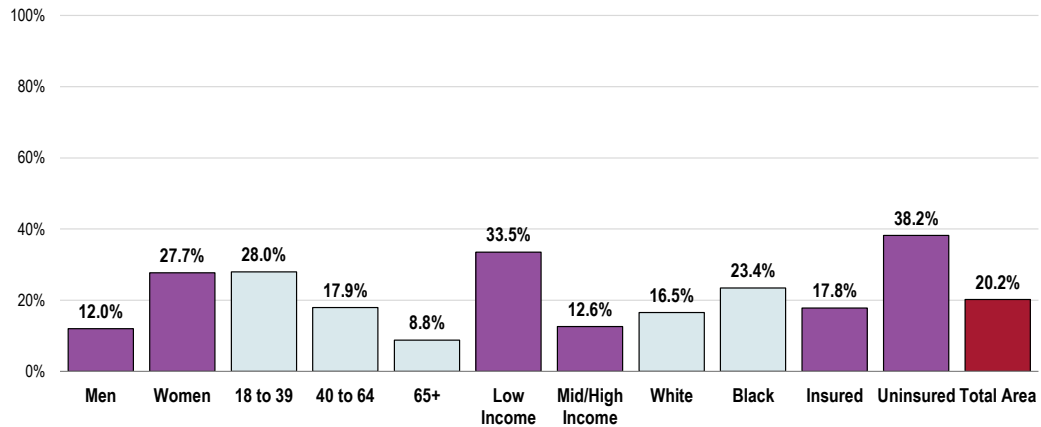
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Size of Deductible

Among currently insured adults in the Total Area, 12.9% report that the size of their insurance deductible prevented them from obtaining healthcare at some point in the past year.

- This barrier is reported least often in the Peach County area.

Size of Deductible
Prevented Healthcare in the Past 12 Months
(Among Insured Respondents)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area
14.3%	14.0%	3.2%	13.9%	12.6%	12.9%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: ● Asked of all insured respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

The prevalence of this barrier is highest among the following demographics:

- Women.
- Younger adults (negative correlation with age).
- Low-income residents.
- Black respondents.

Size of Deductible
Prevented Healthcare in the Past 12 Months
(Among Insured Total Area Respondents, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
9.7%	16.0%	20.1%	12.1%	2.1%	19.4%	10.6%	8.8%	17.1%	12.9%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: ● Asked of all insured respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

One in 10 parents (10.4%) say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Higher than what is reported nationwide.
- TREND: Statistically higher than findings from previous years.
- Similar by child's age.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits for appointments.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Among Parents of Children 0-17)
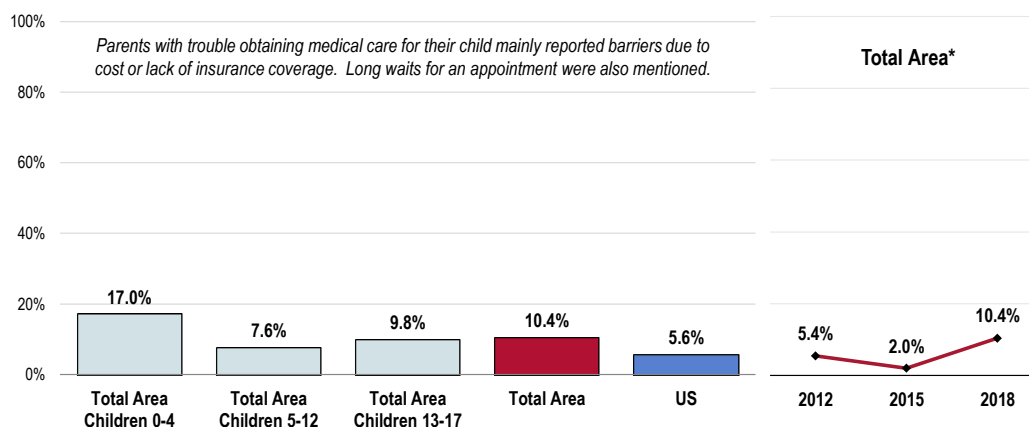
Parents with trouble obtaining medical care for their child mainly reported barriers due to cost or lack of insurance coverage. Long waits for an appointment were also mentioned.

Total Area*

Total Area Children 0-4	17.0%
Total Area Children 5-12	7.6%
Total Area Children 13-17	9.8%
Total Area	10.4%
US	5.6%

2012	2015	2018
5.4%	2.0%	10.4%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- *Note that 2012 and 2015 data did not include Baldwin County.

Key Informant Input: Access to Healthcare Services

Half of key informants taking part in a series of focus groups characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services
as a Problem in the Community
(Key Informants, 2018)

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

Major Problem	Moderate Problem	Minor Problem
44.7%	50.0%	5.3%

Sources:
- PRC Key Informant Focus Groups, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Focus group participants feel that residents encounter several barriers when trying to access healthcare services, including:

- Medicaid recipients
- Insurance coverage
- Physician office hours
- Transportation
- 911 Emergency services
- Outmigration
- Social determinants
- Socioeconomic status
- Importance of preventive care
- Ownership of their own health

Focus group participants feel that residents encounter multiple barriers when trying to access healthcare services. Most of the communities in the region only have one or two physicians. Although respondents recognize that there are a number of hospitals in Bibb, Houston, Peach, and Baldwin counties, the surrounding counties do not have any acute care settings. Key informants believe that a number of physicians in the community will not accept **Medicaid recipients** and some other insurance carriers. Even with the expansion of insurance coverage, focus group members worry that access will not improve because there is an inadequate number of providers in the area. This makes it very difficult for those residents to obtain medical care.

> *You know, we don't have the number of physicians here. There's many of us that do have health insurance, we go outside this county to get health care. – Baldwin County Participant*

Physician office hours also do not support working families. The traditional 8-to-5 p.m. office hours can delay a resident's ability to access healthcare. Other barriers to care include the high **insurance coverage** deductibles and copays. These expenses mean even those with insurance remain unable to get routine care.

> *But then the copay comes into effect. If they haven't met their deductible, which can be anywhere from $3,000.00 to $5,000.00. They were better off before they had insurance, because of the high copay, or either the high – and when I say high copay, $25.00 to $30.00 for us may not seem like a lot, but $25.00 to $30.00 for a family can be a lot. But then, like I said, then that high deductible, so that I'm not sure we've improved access from our perspective, because as someone said, prevention is not built into it. – Baldwin County Participant*

> *I see it with our employees, our bus drivers, our school nutrition folks. We offer health insurance, but they can't afford to pay the monthly fee, so they go without it. – Baldwin County Participant*

Many healthcare clinics do have sliding fee scales.

> *There are some offices which will do a sliding scale. The health department is available. There are resources. But I think the utilization of the resources is an issue, and that is concerning. – Regional Healthcare Provider*

> *For a lot of families if they have access to healthcare that's probably one of the things that they don't take advantage of because they can't afford it. And so that's one area where they go lacking. And for children we know that equates to their health, their performance in school. – Regional Community Leader*

> *You hear people say 'well, I don't know what I got insurance for. It drains me when I go.' Like you said, they're not going to go because knowing that they can't afford to continue to pay the money. – Regional Community Leader*
>
> *It's not that they haven't been to a doctor. But with the rising cost of prescriptions, it is so hard to stay on your blood pressure medication and your insulin and your different medication. You can't afford them. So we see a lot of that. – Regional Community Leader*

Further, the cost of medications and access to pharmacies is a burden or residents,

Transportation can also act as a barrier, with few (if any) transit options in the rural communities surrounding Macon.

> *Our parents might want to bring their children to counseling, but there is a transportation issue. And sometimes, with some families—transportation can be a crutch. It can be a block, but it can also be a crutch. 'I want to, I'm going to schedule this, okay, and I'm going to tell you that this is important for my child,' but then the day comes, and, 'Oh, I couldn't get there,' But you know darn well that they can get somewhere else if they need to. – Regional Social Service Provider*
>
> *I know that Crawford County has the transportation. We have three buses that the county runs. But it's like $3.00; they'll take you to a doctor in Macon for $3.00. They will bring you back on it for $3.00. They will take you to a drug store for $3.00. But the question still gets to if you've got somebody that has a very low income, even though on one hand I'd love for somebody to drive to my house, pick me up, drive me to Macon and take me back home for $6.00, the reality of it is you're only making $200.00, $300.00, $400.00, $500.00 a month, still got all of your other living expenses. $3.00 is still $3.00. – Regional Community Leader*

For residents without personal transportation, they must walk or bicycle to get to their destination. Crawford County does have low-cost buses available.

Other respondents feel that **911 emergency services** have become the new primary care and also can act as transportation methods for individuals without such means. The emergency room is overused and has become the "general physician" for residents.

> *There's a Medicaid transit bus or van. Then there is the ambulance service. And that is typically the default for those who don't have any transportation. – Peach County Participant*
>
> *I've spent a lot of time even in their emergency center. And literally when people are coming in there are so many people that it's not an emergency and so they are really now taking up the space and the energy for those where it would be to a point where one day I was there. They literally had beds along walls and most of those people were not really emergency. In a normal situation they should have just been going to a primary care provider but again no insurance so I'm just saying no knowledge. – Regional Community Leader*
>
> *The individuals that live at or below the poverty level based on their income, the expansion of health care, they did not have it before, and with the expansion, they do not – there was no impact, no penalty, anything like that. They just continued to use – utilize the hospital emergency room as their primary care. I think someone said earlier that they're in survival mode all the time. – Baldwin County Participant*

Outmigration for specialist services also occurs because the community lacks access to specialty care; focus group members feel this access has worsened in recent years. Further, for those without insurance, access to specialists is a huge issue.

> *We'll have to send people up to Atlanta to get urology care. – Regional Healthcare Provider*
>
> *If you go to the emergency room and you've got a broken bone, you're going to be shipped right out of here, because there's no orthopedic. We're still limited in this community in the services that are available. We've always been limited somewhat, but more so now than I've ever seen, on availability of specialists. – Baldwin County Participant*

Social determinants of health—such as low education levels, dilapidated housing, and poverty—have a huge impact on accessing healthcare. Health literacy also plays a significant role in the access landscape and focus group members agreed that the community has low

health literacy (many community members lack knowledge regarding healthy behaviors).

> *I don't think that we as a community have been able to communicate and educate the importance of preventative care. And I think it all boils down to that. No matter how much you talk about that, if you're living in poverty, or if you're struggling with homelessness, preventative care is just—it goes down at the bottom of the list. – Regional Social Service Provider*

> *Health literacy—right. Even knowing, you know, are patients taking it twice a day, what does that mean? That's just a concept that you would think would be self-evident, but it is not. – Regional Social Service Provider*

> *We still have issues with our third-grade reading level. We don't finish high school. And they're just stone walls. – Regional Healthcare Provider*

In each of the focus groups, participants agreed that **socioeconomic status** affects health status in their community. Low-income residents operate in survival mode, so healthcare is not a priority.

> *Yeah, just thinking about our patients at the Volunteer Clinic, you know, we always say they're like one flat tire away from disaster, which is hard for us to comprehend, but they're just one car repair or just one something and it's like, their whole life just collapses, taking everything with it. So, it's just a very hard dynamic to work with. – Regional Social Service Provider*

> *So, when you live in that environment, it's all about surviving from one day to the next—period. And so, we may look at it different, but to them? 'Okay, I've got to get food, I've got to get transportation'—whatever it is. That's sort of the whole life of that person for that day, which has a direct impact on the children. – Regional Social Service Provider*

> *Our access, my office is open to everyone. What limits access is people's choice to go or not to go, or whether they can, depending on financial status, whether they're uninsured, underinsured, etcetera. But I think we try to do our best. – Regional Healthcare Provider*

> *I was thinking I can't tell my patients to eat better if they haven't gotten a GED and they can't get a good job. You know, their finances are limited. And so, by the time it gets to us as a physician, there are all these other things that have happened. – Regional Healthcare Provider*

> *Break the cycle of poverty with the kids. Instill the value of an education. Get them to graduate from high school, and then have options, whether it be going into the workforce, the military, you know, two-year college, four-year college. But I think it's planting that seed of hope, because of that sense of hopelessness that they live in. – Baldwin County Participant*

Further, the "working poor" (those living just above the federal poverty level) often do not qualify for safety-net services, as do those living in poverty.

> *Not poor enough to qualify for Medicaid, I guess that's what it is. And some of the medical help they get. It's the bunch in the middle not making quite enough income. Making a little more than they need, but not quite enough where they can afford coverage. And they generally work in areas where there's no benefit. They work at McDonald's. They work those places where no coverage, and generally less than it takes to be covered. Those are the ones where you see the most problem. – Peach County Participant*

> *It's unbelievable, for example, for me, how many women come in who have not had a Pap smear in five or ten years. It's just unbelievable. And I think the biggest part of that is that sector of people who don't have health insurance, but they're working, working all the time. And so, they're not able to tap into the system like they should. – Regional Healthcare Provider*

Focus group members also spent time discussing the **importance of preventive care**. Participants agree that residents lack awareness and do not take advantage of the current health programs, and that residents' healthcare maintenance is reactive versus proactive. Currently, community members do not access care until they become very ill.

> *I want to say we may be the only nation in the world that we have a maintenance program for my car. It'll tell me when it needs to be—and they call me, so it doesn't wear down and you don't have the engine—but we don't have a maintenance program for our bodies. – Peach County Participant*

Furthermore, respondents worry that many residents have a fatalistic view surrounding their health and life expectancy, believing that chronic disease will happen to them- regardless of their preventive efforts because that is all they have ever seen in their family. Other factors brought up include lack of motivation and engagement in one's own health. Focus group attendees describe that residents don't take **ownership over their own health**.

> *But, again, transportation comes into play. And, you know, we make that free for them, and they still don't go. – Regional Social Service Provider*
>
> *A lot of it is noncompliance with what the doctor has asked them to do or what they need to do. – Regional Community Leader*

Health Literacy

Population With Low Health Literacy

The majority (59.6%) of Total Area respondents reported a medium level of health literacy, while another 16.1% reported high health literacy.

Level of Health Literacy
(Total Area, 2018)
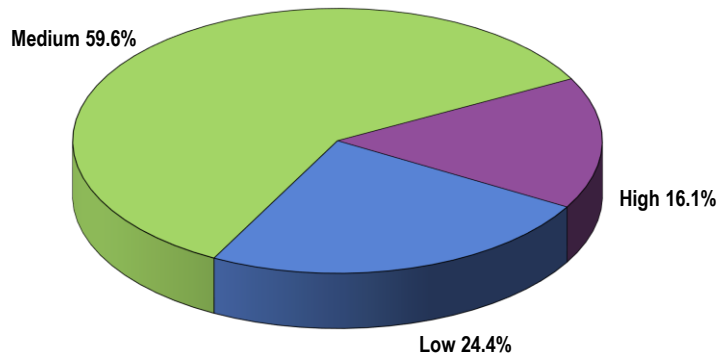
Medium 59.6%

High 16.1%

Low 24.4%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
Notes: • Asked of all respondents.
• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

A remaining 24.4% of Total Area adults are found to have low health literacy.

- Similar to national findings.
- Reports of low health literacy is more prevalent in Bibb County.

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
29.6%	0.7%	18.9%	25.2%	19.8%	24.4%	23.3%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.
• "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

These local adults are more likely to have low levels of health literacy:

- Younger adults (age 18-39; negative correlation with age).
- Low-income residents.
- Black respondents.

Low Health Literacy
(Total Area, 2018)
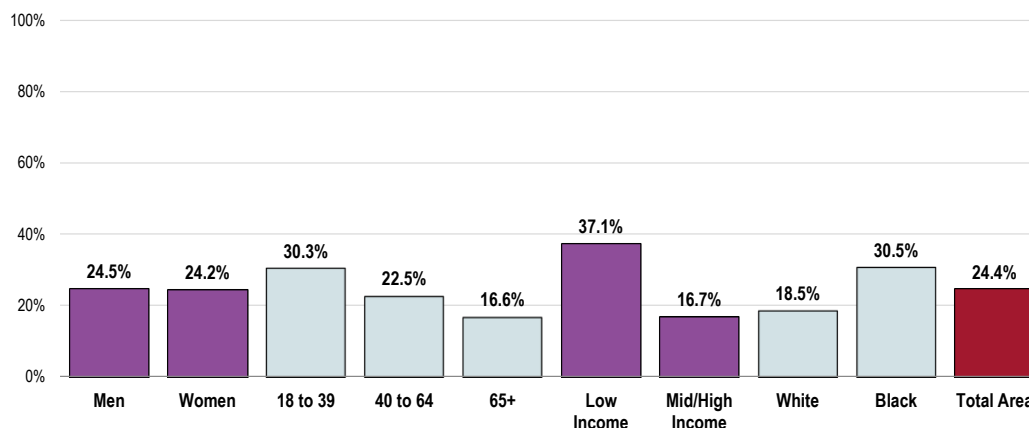
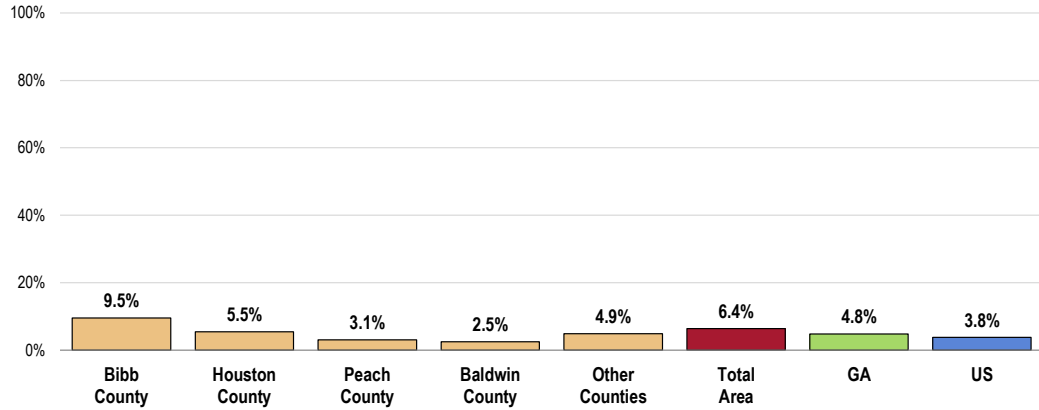|									
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
24.5%	24.2%	30.3%	22.5%	16.6%	37.1%	16.7%	18.5%	30.5%	24.4%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Understanding Health Information

The following individual measures are used to determine the health literacy levels described above.

Written & Spoken Information

While a majority of Total Area adults generally find health information to be easy to understand, 12.5% experience some difficulty with <u>written</u> health information and 8.3% experience some difficulty with <u>spoken</u> health information (responding "seldom" or "never" easy to understand).

Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

How often is health information **written** in a way that is easy for you to understand?

How often is health information **spoken** in a way that is easy for you to understand?"

Frequency With Which Health Information Is _____ in a Way That is Easy to Understand
(Total Area, 2018)
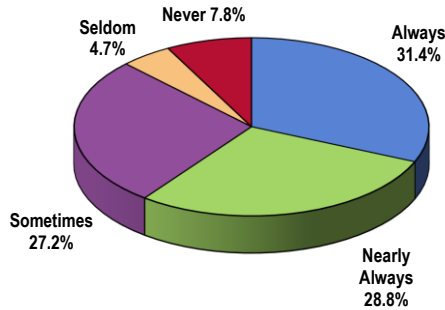
Written
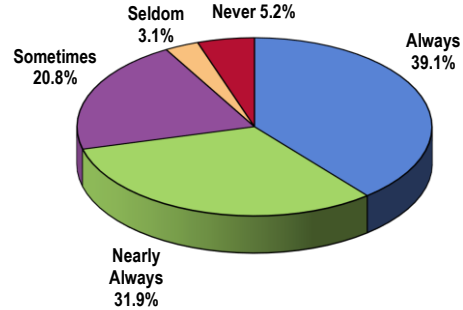
- Never 7.8%
- Seldom 4.7%
- Always 31.4%
- Nearly Always 28.8%
- Sometimes 27.2%

Spoken

- Seldom 3.1%
- Never 5.2%
- Sometimes 20.8%
- Always 39.1%
- Nearly Always 31.9%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]
Notes: ● Asked of all respondents.

Reading Health Information & Completing Health Forms

A total of 8.9% of Total Area adults "always" or "nearly always" need to have someone help them read health information.

A total of 4.4% of adults are "not at all confident" in their ability to fill out health forms by themselves.

Frequency of Needing Help Reading Health Information
(Total Area, 2018)

- Always 4.4%
- Nearly Always 4.5%
- Sometimes 18.1%
- Seldom 17.8%
- Never 55.2%
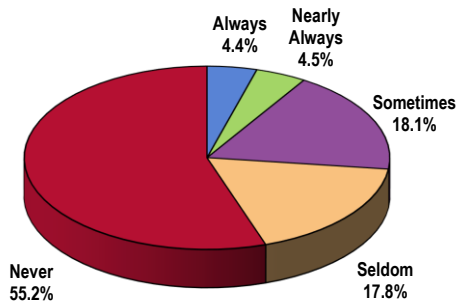
Confidence in Ability to Fill Out Health Forms
(Total Area, 2018)

- Not At All Confident 4.4%
- Somewhat Confident 34.6%
- Extremely Confident 61.0%
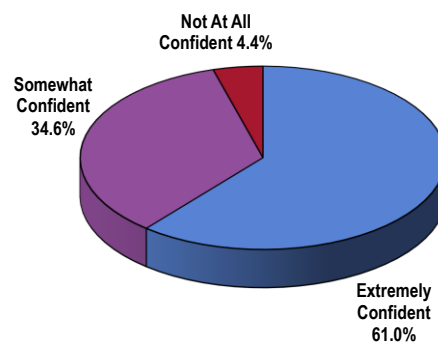
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]
Notes: ● Asked of all respondents.
● In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In the Total Area in 2014, there were 392 primary care physicians, translating to a rate of 86.7 primary care physicians per 100,000 population.

- Above what is found statewide.
- Comparable to the national rate.
- Lowest in Peach County and the Other Counties.
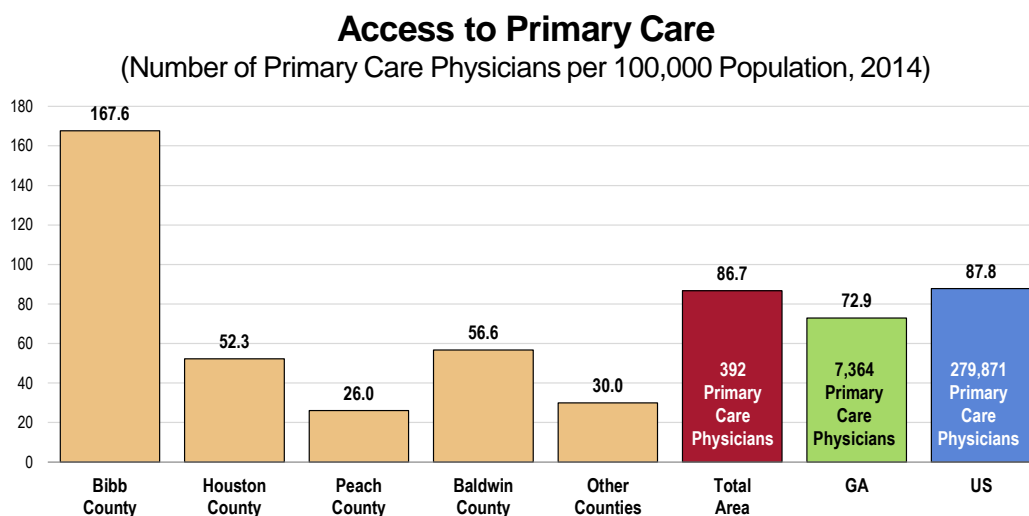
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2014)

Area	Rate
Bibb County	167.6
Houston County	52.3
Peach County	26.0
Baldwin County	56.6
Other Counties	30.0
Total Area	86.7 (392 Primary Care Physicians)
GA	72.9 (7,364 Primary Care Physicians)
US	87.8 (279,871 Primary Care Physicians)

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved June 2018 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.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

● TREND: Access to primary care (in terms of the rate of primary care physicians to population) has not changed greatly over the past decade in the Total Area.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)
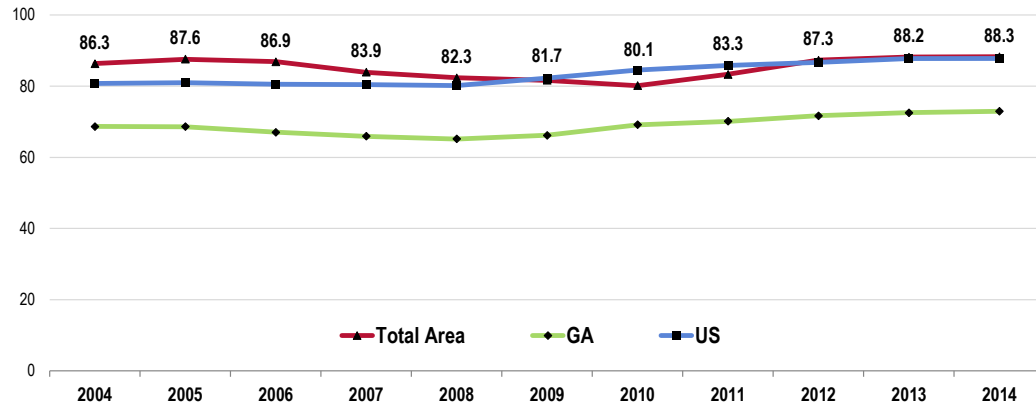
Sources: ● US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
　　　　 ● Retrieved June 2018 from Community Commons at http://www.chna.org.
Notes: ● This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
　　　 ● These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Specific Source of Ongoing Care

A total of 69.3% of Total Area adults have a specific source of ongoing medical care.

● Less favorable than national findings.
● Fails to satisfy the Healthy People 2020 objective (95% or higher).
● Highest in Houston County.
● TREND: Marks a statistically significant decrease since 2015, though similar to 2012 findings.

Have a Specific Source of Ongoing Medical Care
Healthy People 2020 Target = 95.0% or Higher
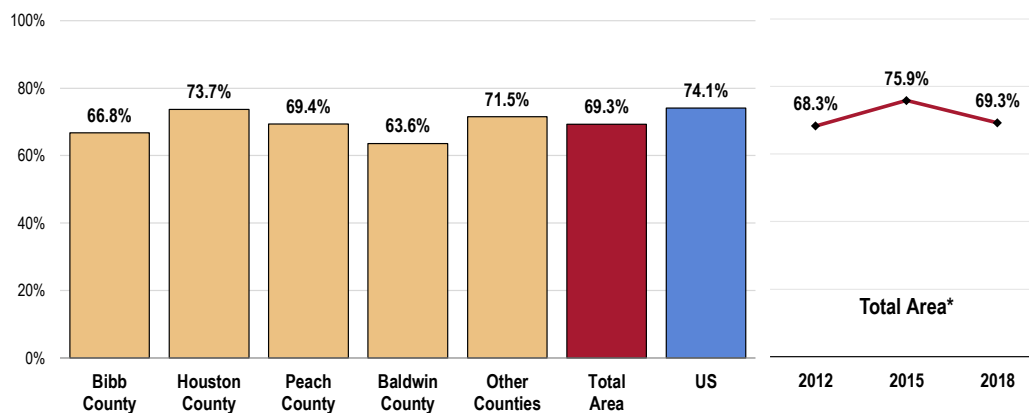
Bibb County: 66.8%
Houston County: 73.7%
Peach County: 69.4%
Baldwin County: 63.6%
Other Counties: 71.5%
Total Area: 69.3%
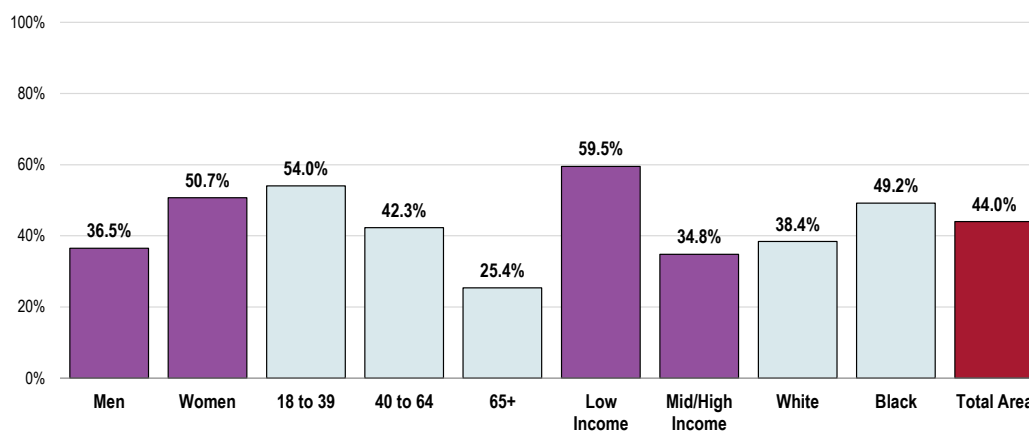US: 74.1%

Total Area*
2012: 68.3%
2015: 75.9%
2018: 69.3%

Sources:
● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]
Notes:
● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40 (strong positive correlation with age).
- Lower-income adults (especially).
- Black respondents.

Have a Specific Source of Ongoing Medical Care
(Total Area, 2018)
Healthy People 2020 Target = 95.0% or Higher
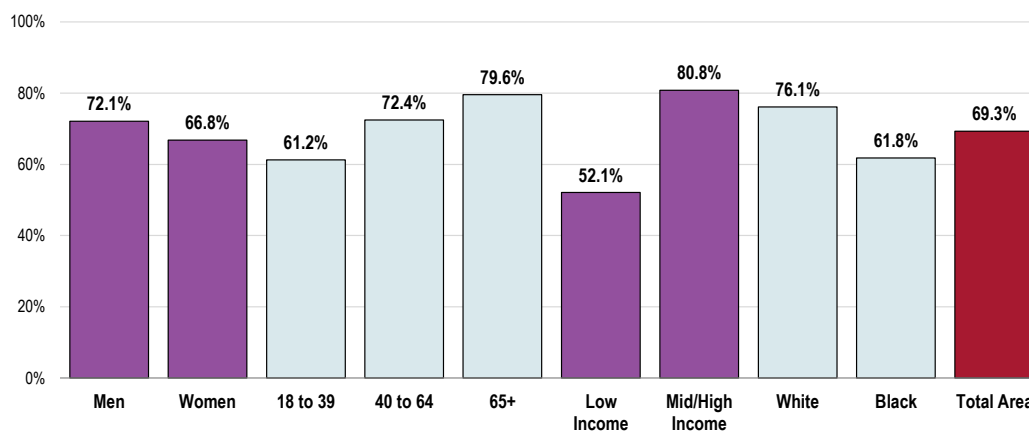
Men: 72.1%
Women: 66.8%
18 to 39: 61.2%
40 to 64: 72.4%
65+: 79.6%
Low Income: 52.1%
Mid/High Income: 80.8%
White: 76.1%
Black: 61.8%
Total Area: 69.3%

Sources:
● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]
Notes:
● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Utilization of Primary Care Services

Adults

Three-quarters (75.3%) of adults in the Total Area visited a physician for a routine checkup in the past year.

- Comparable to state findings.
- Higher than national findings.
- Comparable by community.
- TREND: Statistically higher than 2012 findings (similar to 2015).

Have Visited a Physician for a Checkup in the Past Year
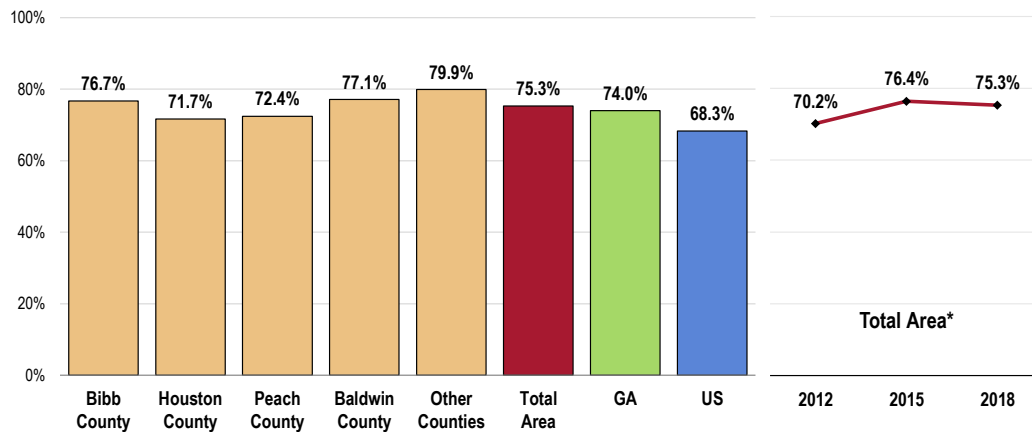
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

- Adults under age 40 are less likely to have received routine care in the past year (note the strong positive correlation with age).
- Low-income residents are also less likely to have recently received this type of care.

Have Visited a Physician for a Checkup in the Past Year
(Total Area, 2018)

Men: 75.8%
Women: 74.9%
18 to 39: 58.3%
40 to 64: 83.8%
65+: 92.0%
Low Income: 68.7%
Mid/High Income: 78.3%
White: 75.8%
Black: 75.8%
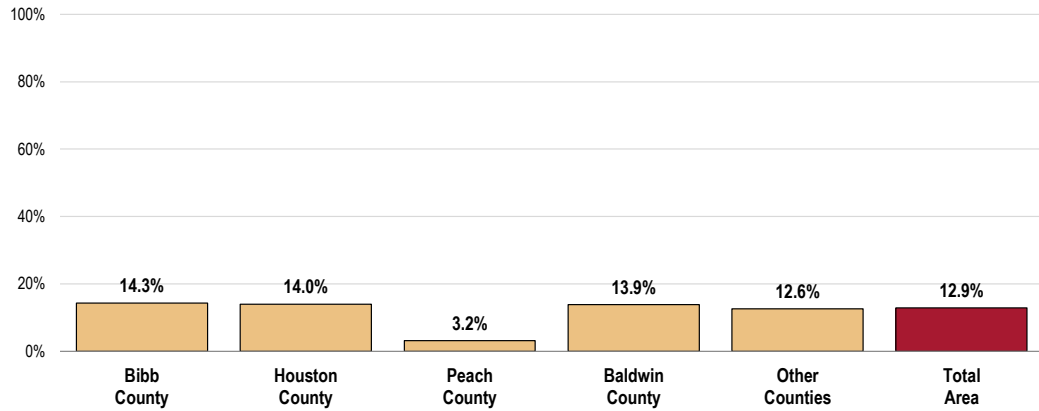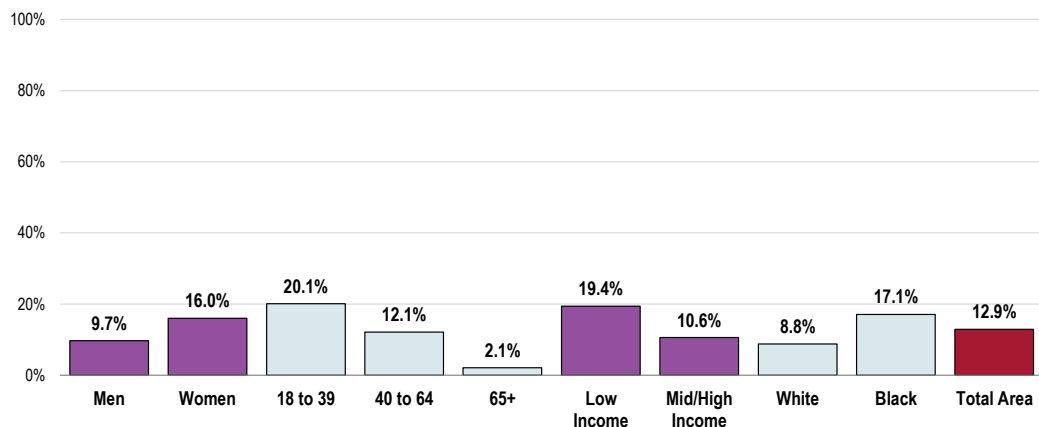Total Area: 75.3%
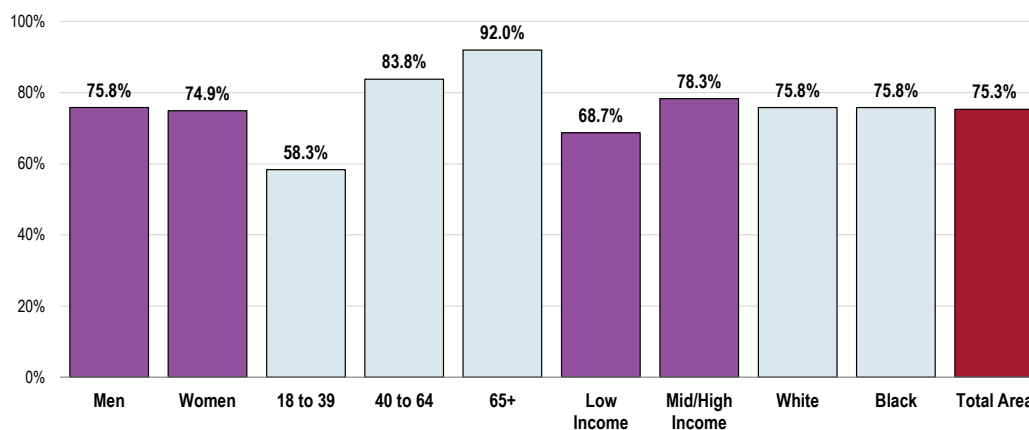
Sources: ●   2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
Notes: ●   Asked of all respondents.
               ●   Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
               ●   Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households
                   with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 85.1% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- TREND: Statistically similar to findings from previous years.
- Similar by child's age.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)

Total Area Children 0-4: 77.6%
Total Area Children 5-12: 89.1%
Total Area Children 13-17: 85.0%
Total Area: 85.1%
US: 87.1%

Total Area*
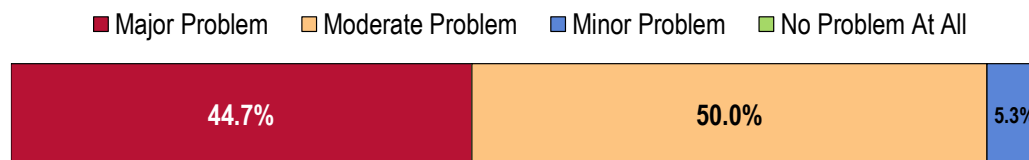2012: 83.1%
2015: 92.3%
2018: 85.1%
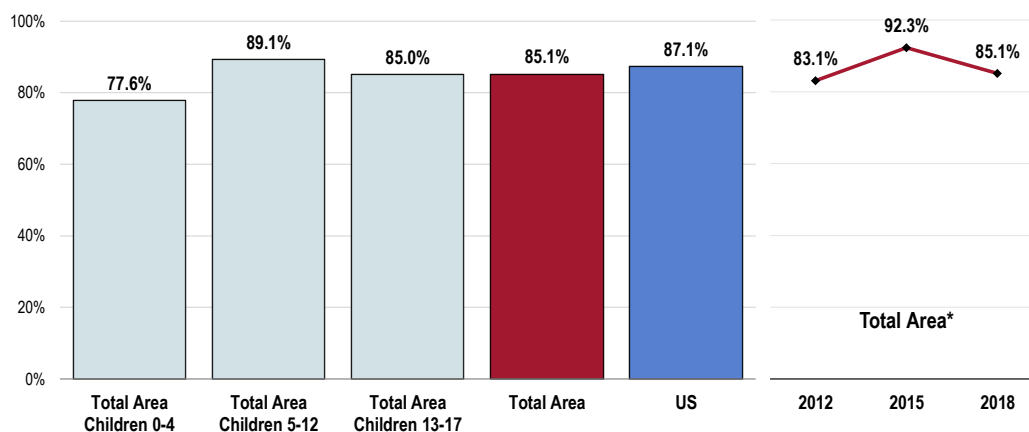
Sources: ●   2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
               ●   2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ●   Asked of all respondents with children 0 to 17 in the household.
               ●   *Note that 2012 and 2015 data did not include Baldwin County.

Retail Health Clinic Utilization

A total of 14.9% of adults report having used a retail health clinic in the past two years.

- This prevalence is highest in Houston County and lowest in Baldwin County and the Other Counties.

The most common reasons given include **convenience** (21.5%), **general medical issues** (17.2%), **office hours** (14.4%), **cost/insurance** (12.2%), **long wait for appointment** (11.8%), and **vaccinations** (9.3%).

"In some parts of the country, a new concept in patient care known as retail health clinics has been developed. These clinics provide walk-in care for very minor illnesses or conditions, such as ear infections, strep throat, and cold sores. Patients pay at the time of service. These clinics are often found in grocery stores, pharmacies, or department stores and may or may not be staffed by a doctor. During the past two years, have you used a retail health clinic?"

Have Used a Retail Health Clinic in the Past Two Years

Top Reasons:
- Convenience = 21.5%
- General Medical = 17.2%
- After Hours/Wkd = 14.4%
- Cost/Insurance = 12.2%
- Long Wait for Appt = 11.8%
- Vaccination = 9.3%

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area
13.8%	20.1%	16.2%	8.9%	10.6%	14.9%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 312-313]
Notes: • Asked of all respondents.
• "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.

- Low-income and Black respondents are <u>less</u> likely to have used a retail health clinic in the past two years.

Have Used a Retail Health Clinic in the Past Two Years
(Total Area, 2018)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Total Area
14.2%	15.6%	16.8%	14.6%	11.8%	8.4%	21.6%	17.6%	12.5%	14.9%
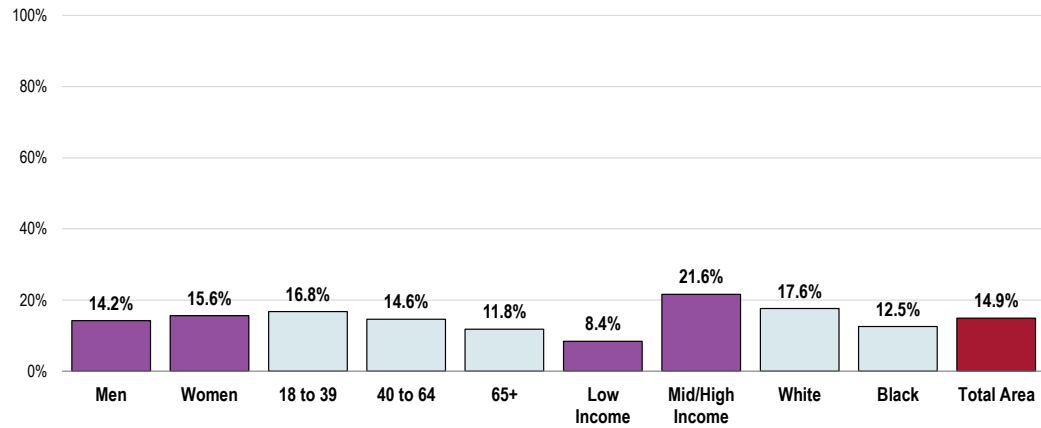
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Those who have used a retail health clinic in the past two years were further asked to rate the likelihood of recommending this retail health clinic to friends and family.

Using a scale of 0-10, with 0 being "Not At All Likely" and 10 being "Extremely Likely", 14.9% of respondents are "Extremely Likely" to recommend this retail health clinic (not shown).

Emergency Room Utilization

A total of 18.6% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Double the national findings.
- Emergency room utilization is highest in Bibb County.
- TREND: The prevalence of those using emergency rooms has increased over time.

Of those using a hospital ER, over half (52.4%) say this was due to an **emergency or life-threatening situation**, while 23.4% indicated that the visit was during **after-hours or on the weekend**. A total of 11.2% cited **difficulties accessing primary care** for various reasons.

Have Used a Hospital
Emergency Room More Than Once in the Past Year

Total Area*

Used the ER because:
- Emergency Situation = 52.4%
- Weekend/After Hours = 23.4%
- Access Problems = 11.2%

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
22.9%	17.6%	10.7%	16.9%	15.4%	18.6%	9.3%

2012	2015	2018
13.3%	12.2%	18.6%
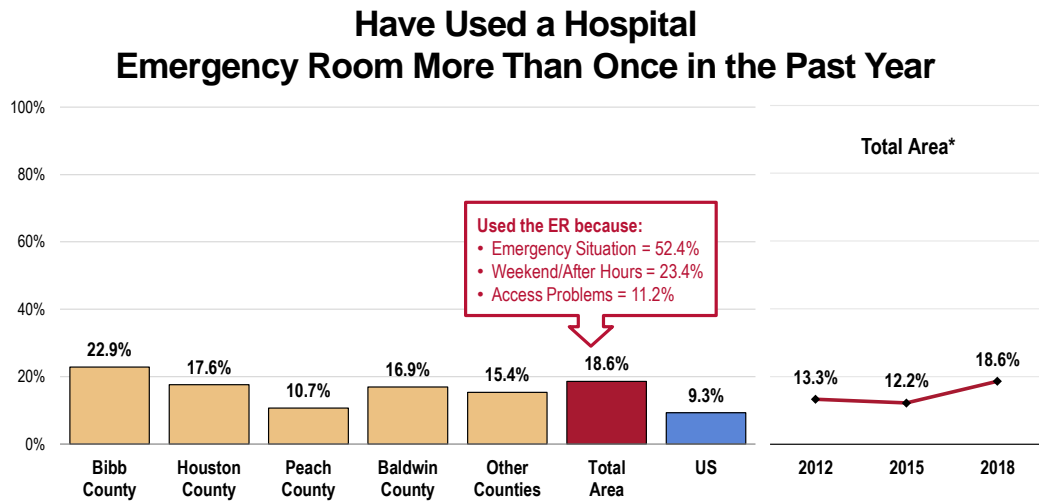
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

These population segments are more likely to have used an ER for their medical care more than once in the past year:

- Women.
- Young adults (under age 40).
- Low-income residents.
- Black respondents.

Have Used a Hospital Emergency Room
More Than Once in the Past Year
(Total Area, 2018)

Men: 13.9%
Women: 23.0%
18 to 39: 25.7%
40 to 64: 15.2%
65+: 12.0%
Low Income: 31.6%
Mid/High Income: 9.8%
White: 13.4%
Black: 28.1%
Total Area: 18.6%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Telemedicine

"Now I would like to mention that some doctor's offices are beginning to offer tele-medicine visits. In a tele-medicine visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face. In the future, instead of going to a hospital, doctor's office, or clinic, how willing would you be to substitute a tele-medicine visit with a doctor, nurse practitioner, or physician assistant? "

Willingness to Use Telemedicine Visits

When asked to rate their willingness to use telemedicine visits in lieu of a traditional doctor's visit, 26.8% would be "not at all willing."

Conversely, close to three-quarters (73.2%) of respondents would be "very" or "somewhat" willing to use tele-health visits.

Willingness to Use Telemedicine Visits if Offered
(Total Area, 2018)
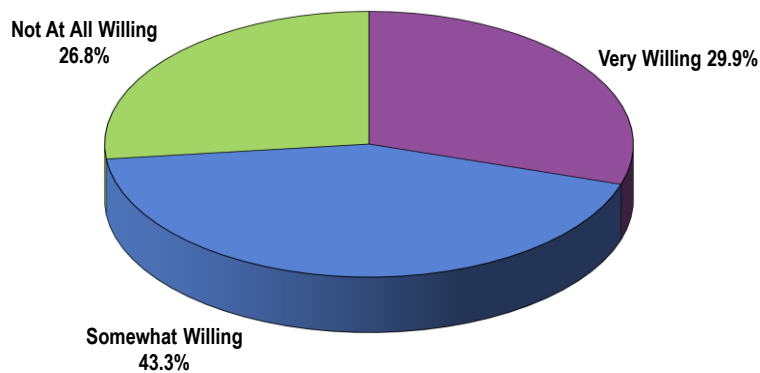
Not At All Willing 26.8%

Very Willing 29.9%

Somewhat Willing 43.3%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents.

- This willingness is <u>less</u> prevalent among older adults (strong negative correlation with age) and Black respondents.

"Very/Somewhat Willing" to Use Telemedicine Visits if Offered
(Total Area, 2018)
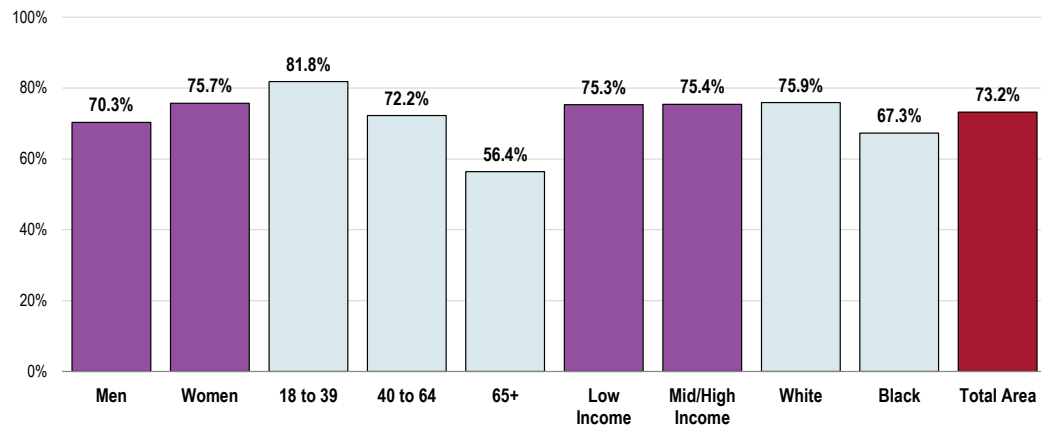
Category	Value
Men	70.3%
Women	75.7%
18 to 39	81.8%
40 to 64	72.2%
65+	56.4%
Low Income	75.3%
Mid/High Income	75.4%
White	75.9%
Black	67.3%
Total Area	73.2%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Represents respondents who are "very willing" or "somewhat willing" to use telemedicine visits.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Of those interested in potentially using telemedicine visits, the vast majority would be interested in using telemedicine videoconferences for **sick visits** (92.1% "very/somewhat interested") or **follow-up visits** (92.7% "very/somewhat interested").

Level of Interest in Using Telemedicine Videoconferences for _____

(Total Area Respondents Who Are "Very/Somewhat Willing" to Use Telemedicine Visits, 2018)
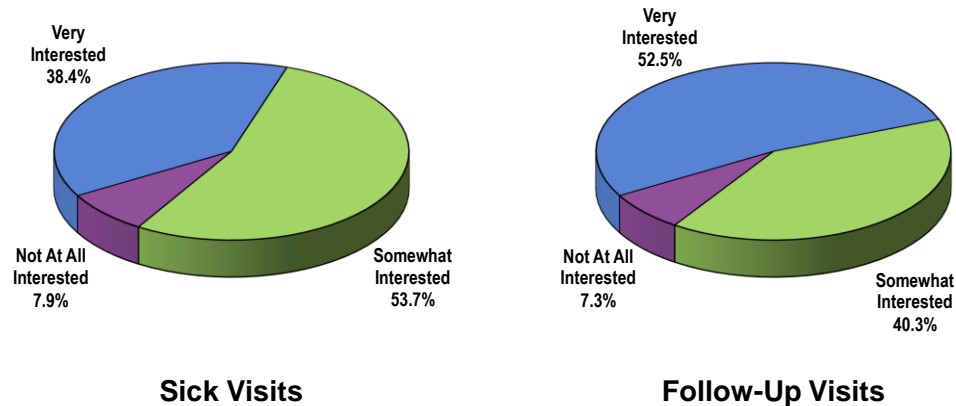
Sick Visits

Very Interested 38.4%
Not At All Interested 7.9%
Somewhat Interested 53.7%

Follow-Up Visits

Very Interested 52.5%
Not At All Interested 7.3%
Somewhat Interested 40.3%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 302, 303]
Notes: ● Represents respondents who would be "very willing" or "somewhat willing" to use telemedicine.

Use of Mobile Health Apps

Hospital or Insurance Company Mobile App

A total of 21.7% of Total Area respondents currently use a health app developed by a hospital or health insurance company.

The most commonly-reported apps include <u>BlueCross BlueShield</u> (22.4%), <u>Navicent</u> or <u>Wellness Center Navicent</u> (5.7%), <u>Healow</u> (5.2%), <u>MyHumana</u> (3.7%), an <u>app from a doctor's office</u> (3.3%), and <u>UnitedHealthcare Health4Me</u> (3.1%).

Use a Hospital/Health Insurance Company's Health Care App
(Total Area, 2018)
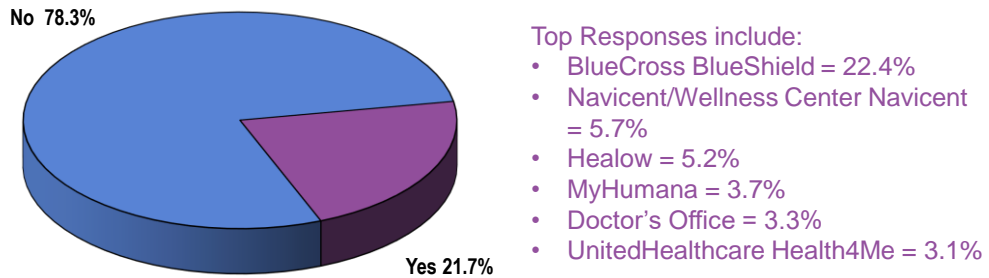
No 78.3%

Yes 21.7%

Top Responses include:
- BlueCross BlueShield = 22.4%
- Navicent/Wellness Center Navicent = 5.7%
- Healow = 5.2%
- MyHumana = 3.7%
- Doctor's Office = 3.3%
- UnitedHealthcare Health4Me = 3.1%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 308-309]
Notes: ● Asked of all respondents.

Mobile Wellness App

Similarly, 27.7% of respondents report using a wellness app to monitor their health, diet, or weight.

Of these, the majority cite <u>Fitbit</u> (19.0%) or <u>My Fitness Pal</u> (13.6%), while others use <u>Apple Health</u> (4.4%), <u>Samsung Health</u> (4.2%), or <u>Weight Watchers</u> (3.5%).

Use Wellness App to Monitor Health/Diet/Weight
(Total Area, 2018)

No 72.3%

Yes 27.7%

Top Responses include:
- Fitbit= 19.0%
- My Fitness Pal = 13.6%
- Apple Health = 4.4%
- Samsung Health = 4.2%
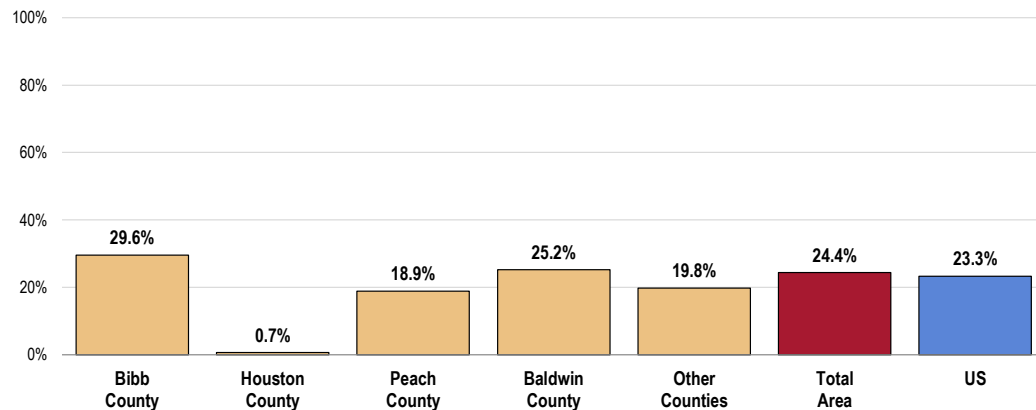- Weight Watchers = 3.5%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 310-311]
Notes: ● Asked of all respondents.

Interest in Mobile Health App Features

When asked their level of interest regarding different potential features of an app from their preferred healthcare provider, that majority would be "very" or "somewhat interested in an app that:

— Enables respondents to have access to their personal medical records (81.3%).

— Allows respondents to set health improvement goals and to track progress (61.4%)

— Reminds respondents to take their medication (75.8%).

- Of those "very/somewhat interested" in having an app that gives medication reminders, 94.0% would be "very/somewhat likely" to actually use this app.

Level of Interest in an App
From Preferred Healthcare Provider That:
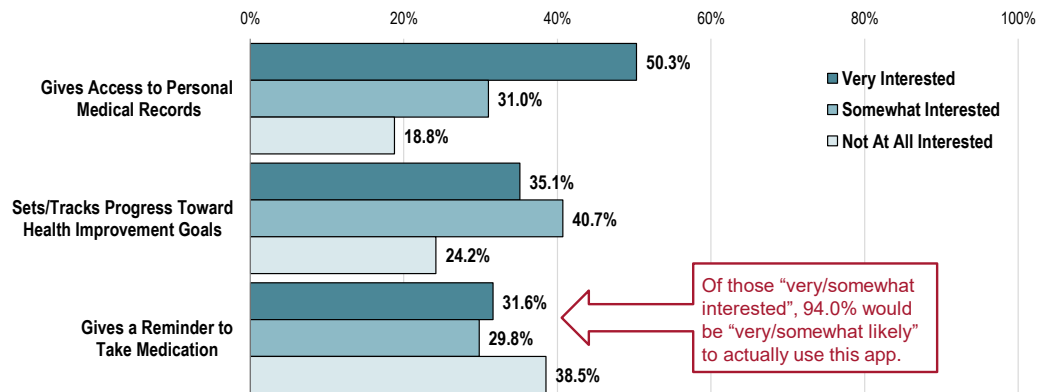
Gives Access to Personal Medical Records
- 50.3% Very Interested
- 31.0% Somewhat Interested
- 18.8% Not At All Interested

Sets/Tracks Progress Toward Health Improvement Goals
- 35.1%
- 40.7%
- 24.2%

Gives a Reminder to Take Medication
- 31.6%
- 29.8%
- 38.5%

Of those "very/somewhat interested", 94.0% would be "very/somewhat likely" to actually use this app.

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 304-307]
Notes: ● Asked of all respondents.

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 Insurance

Two-thirds (66.9%) of Total Area adults have dental insurance that covers all or part of their dental care costs.

- More favorable than the national finding.

- Highest in Peach County.

- TREND: Statistically higher than 2012 findings.

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

Bar chart showing percentages by county/area and a line chart for Total Area*:

Area	Percentage
Bibb County	65.7%
Houston County	69.8%
Peach County	79.2%
Baldwin County	60.5%
Other Counties	60.9%
Total Area	66.9%
US	59.9%

Total Area*

2012	2015	2018
61.2%	69.0%	66.9%
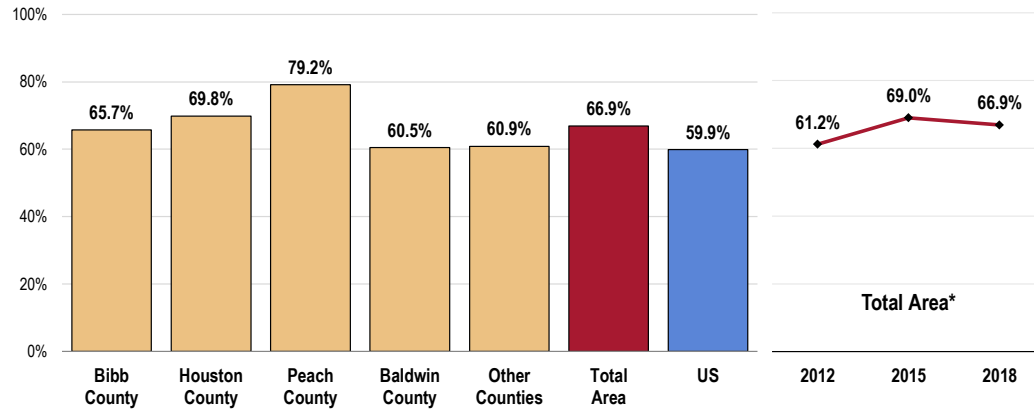
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

These adults are <u>less</u> likely to be covered by dental insurance:

- Older adults (age 65+).
- Low-income residents.
- White respondents.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
(Total Area, 2018)

Group	Percentage
Men	69.0%
Women	65.0%
18 to 39	70.2%
40 to 64	70.1%
65+	53.1%
Low Income	56.9%
Mid/High Income	76.0%
White	65.5%
Black	71.7%
Total Area	66.9%
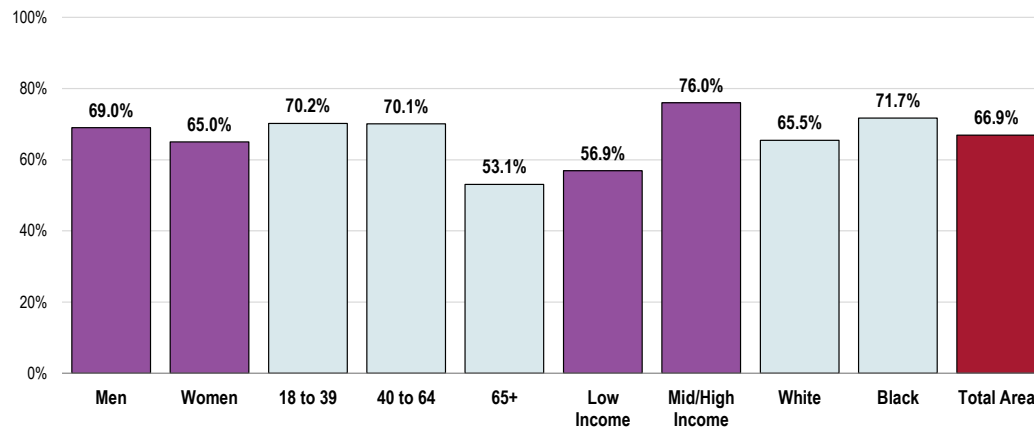
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

Adults

A total of 61.9% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide and national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Higher in Houston County.
- TREND: Virtually identical to 2012 findings, though significantly lower than 2015.

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2020 Target = 49.0% or Higher

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	58.8%	68.9%	55.8%	57.4%	62.6%	61.9%	63.1%	59.7%

Total Area*

2012	2015	2018
61.7%	66.1%	61.9%
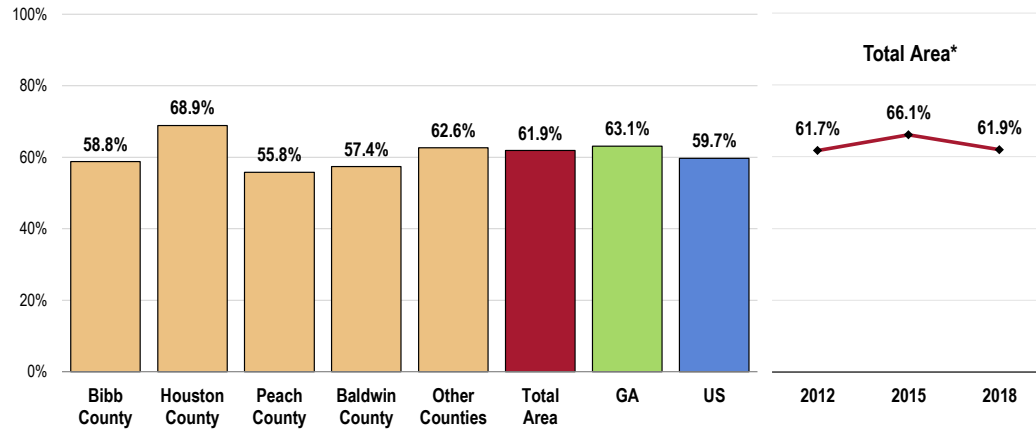
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 Georgia data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- Whites are much more likely than Blacks to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or
Dental Clinic Within the Past Year
(Total Area, 2018)
Healthy People 2020 Target = 49.0% or Higher

Chart: "Have Visited a Dentist or Dental Clinic Within the Past Year" (Total Area, 2018):

Category	Percent
Men	63.9%
Women	60.0%
18 to 39	58.5%
40 to 64	62.5%
65+	66.4%
Low Income	38.0%
Mid/High Income	77.0%
White	69.3%
Black	52.7%
Dental Insurance	71.0%
No Dental Insurance	44.1%
Total Area	61.9%
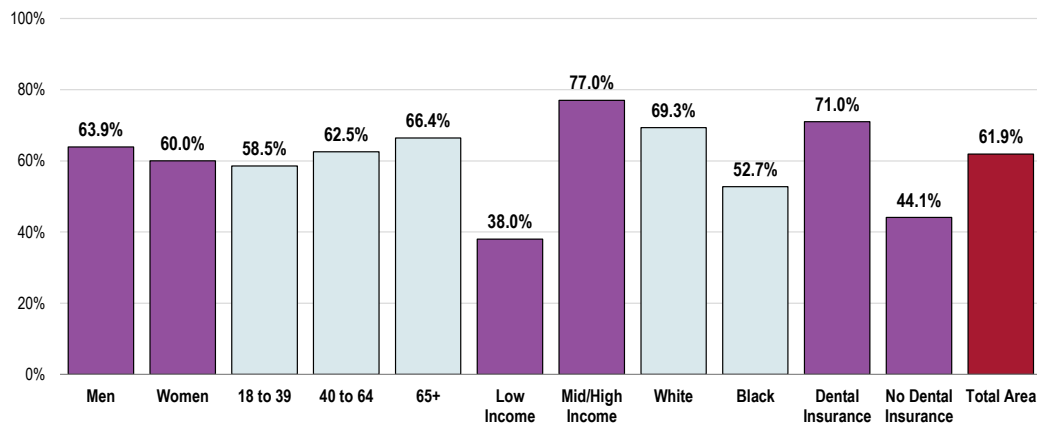
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

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

Children

A total of 81.0% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically comparable to national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).
- TREND: Marks a statistically significant decrease in children's dental care since 2015, though virtually identical to 2012 findings.
- Regular dental care is statistically similar by child age.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Parents of Children Age 2-17)
Healthy People 2020 Target = 49.0% or Higher
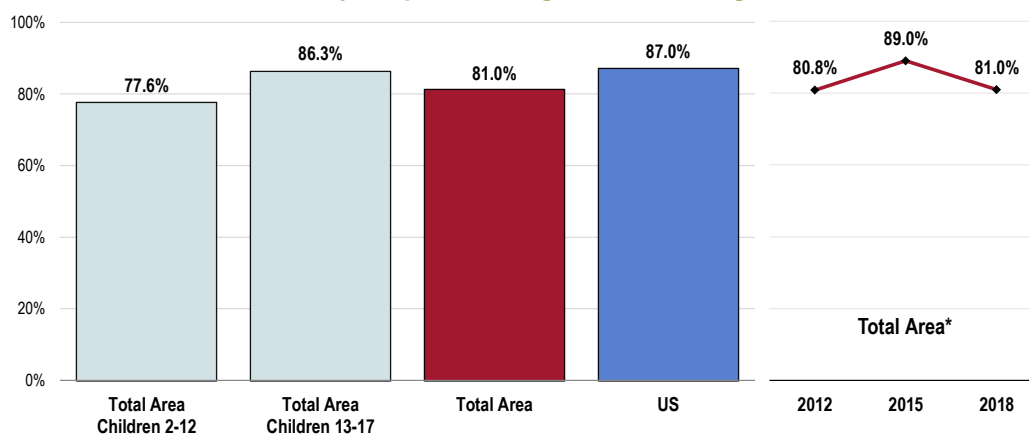
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: ● Asked of all respondents with children age 2 through 17.
● *Note that 2012 and 2015 data did not include Baldwin County.

Key Informant Input: Oral Health

Key informants taking part in a series of focus groups most often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health
as a Problem in the Community
(Key Informants, 2018)

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

| 38.5% | 46.2% | 12.8% | 2.6% |

Sources: ● PRC Key Informant Focus Groups, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Focus group attendees spent time discussing oral health in the community, with primary concerns including:

- Importance of regular preventive dental care
- Cost
- Medicaid recipients
- Emergency care

According to focus group attendees, oral health is a need for the region. Key informants recognize the **importance of regular preventive dental care**. The **cost** of dental care is also a barrier for those with and without insurance. Only a limited number of dentists will accept **Medicaid recipients**. Barriers to accessing oral health services in some of the more rural counties outside of Bibb and Houston include transportation, cost, and a low number of providers.

> *We are inundated because we do have a dental program, we have a waiting list—we could do dental 24/7. Because there really, there isn't anywhere—at this time—for adults to go, except to the ER. So, the ER has seen a lot of them in pain. – Regional Social Service Provider*
>
> *Dental care, and lack of dental access, is huge, and that's where you get the individuals that have huge abscesses, and guess where they – the only place they can come? The emergency room. The emergency room is not dental, but you see somebody with their jaw swollen and they're in pain, this is where they have to come. – Baldwin County Participant*

The region does have sliding scale/free dental care services at the Federally Qualified Health Centers and the free clinic, but the capacity is limited and wait lists are long. Many residents face barriers in accessing dental treatment because of the distance to care.

> *We have two clinics. Bibb County has one that we can refer patients, and again, they have to have transportation. That's a big thing for a lot of my folks. 'Okay, I can tell you about it and we can get you to a sliding scale fee to get your extraction, your cleaning, your x-rays. But you've got to get there. – Peach County Participant*

Focus group participants discussed that the many residents who do not get preventive dental care, or who only seek care when it's an **emergency**, are more likely to seek care at the emergency room or to need teeth extractions. These types of procedures impact the individual's overall health, self-esteem, and potential to obtain quality employment.

> *It's all reactive med, dental health. We do have some dentists that will see—actually, we have a dentist coming by, I think he might come do a clinic I'm trying to set up, and it'll be an extraction clinic. Which will be great, because it's answering the critical issue, but it makes me sad, because I don't have it, and I'm not—except my wisdom teeth, I am not missing' any teeth, and I'm not planning' on missing' any teeth for a long time. And because of that, I mean, if I smile, people will give me a job, because I look nice and I will have nutrition because I can eat. – Regional Social Service Provider*
>
> *Everybody that comes to the soup kitchen, we actually prepare our meals in a certain way because there are so many people that cannot eat regular food. – Baldwin County Participant*

Vision Care

Six in 10 Total Area residents (59.5%) had an eye exam in the past two years during which their pupils were dilated.

- Higher than national findings.
- By county area, highest in Baldwin County.
- TREND: No significant change in the prevalence of vision care over time.

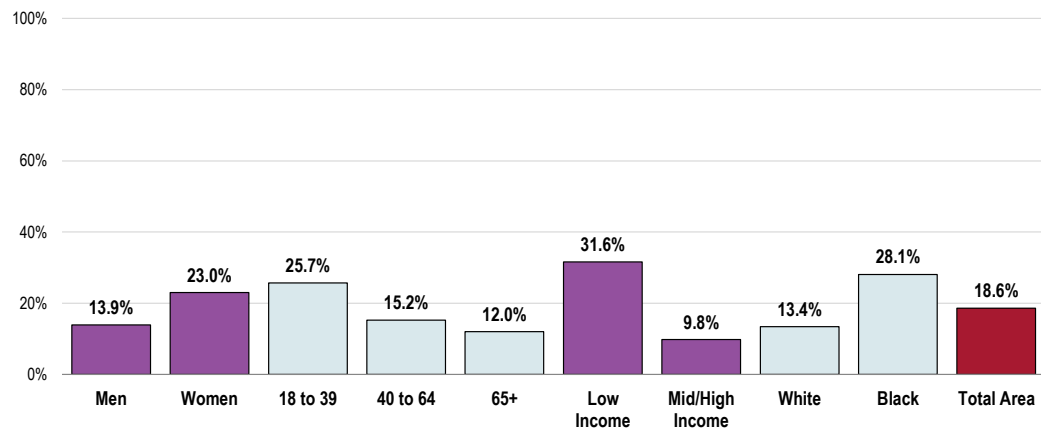## Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
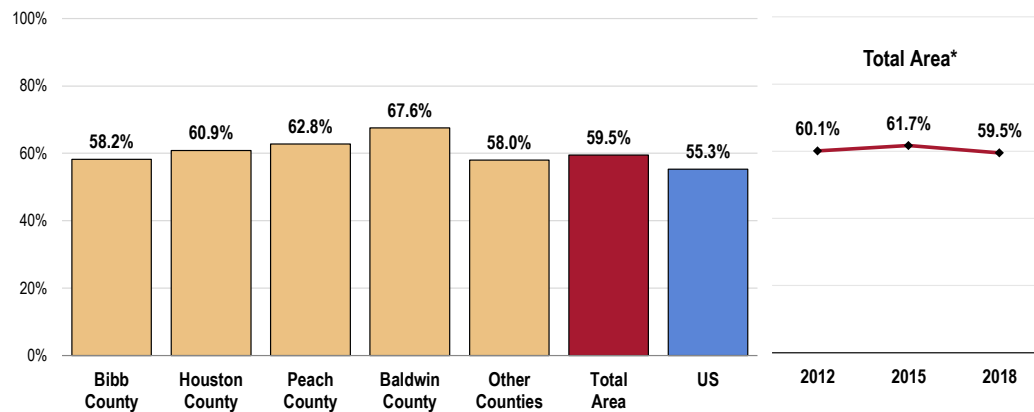
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
- *Note that 2012 and 2015 data did not include Baldwin County.

Recent vision care in the Total Area is more often reported among:

- Older adults (strong positive correlation with age).
- Residents with higher incomes.

Had an Eye Exam in the Past Two
Years During Which the Pupils Were Dilated
(Total Area, 2018)

Chart data:
- Men: 57.8%
- Women: 61.1%
- 18 to 39: 47.1%
- 40 to 64: 61.7%
- 65+: 79.9%
- Low Income: 47.1%
- Mid/High Income: 67.5%
- White: 61.9%
- Black: 59.1%
- Total Area: 59.5%
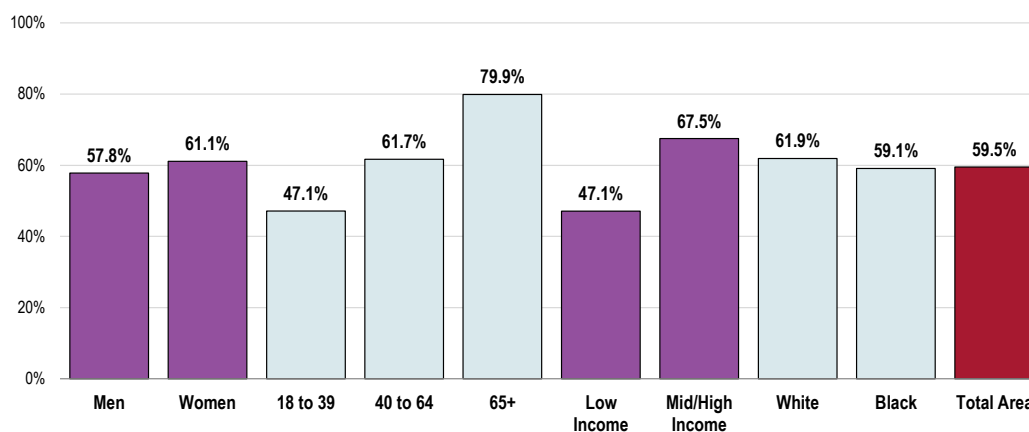
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
Notes: ● Asked of all respondents.
● Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Perceptions of Local Healthcare Services

Just over one-half of Total Area adults (56.8%) rates the overall healthcare services available in their community as "excellent" or "very good."

- Another 27.5% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Total Area, 2018)
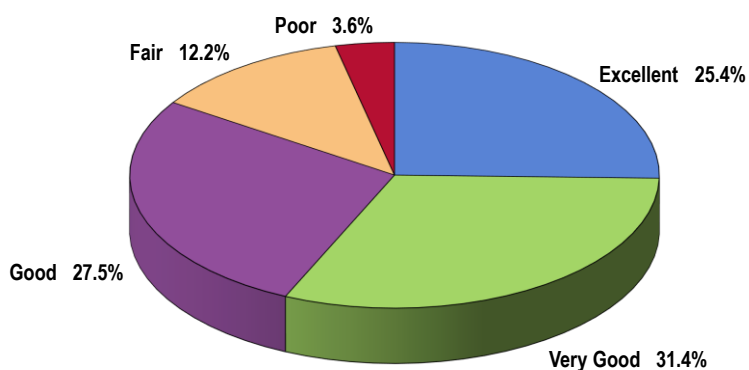
Poor 3.6%
Fair 12.2%
Excellent 25.4%
Good 27.5%
Very Good 31.4%

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 15.8% of residents characterize local healthcare services as "fair" or "poor."

- Comparable to that reported nationally.
- Less favorable in Baldwin County.
- TREND: Statistically constant over time.

Perceive Local Healthcare Services as "Fair/Poor"

Total Area*

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US		2012	2015	2018
15.6%	12.3%	11.8%	29.6%	15.5%	15.8%	16.2%		16.6%	18.2%	15.8%
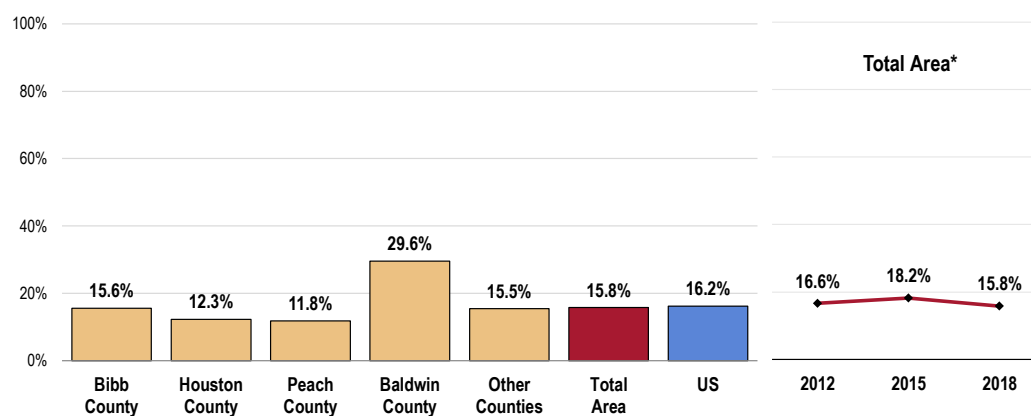
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs Counties.
● *Note that 2012 and 2015 data did not include Baldwin County.

The following residents are more critical of local healthcare services:

- Women.
- Adults under age 65 (negative correlation with age).
- Residents with lower incomes.
- Uninsured adults (especially).

Perceive Local Healthcare Services as "Fair/Poor"
(Total Area, 2018)

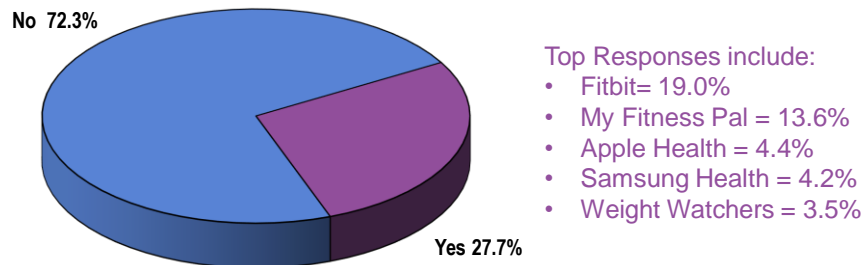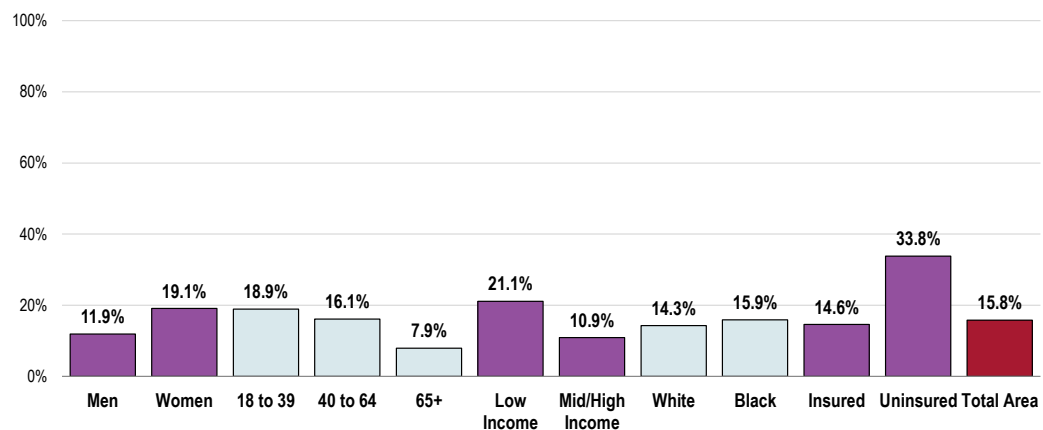|											
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Insured	Uninsured	Total Area
11.9%	19.1%	18.9%	16.1%	7.9%	21.1%	10.9%	14.3%	15.9%	14.6%	33.8%	15.8%

Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.
• Race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within the Total Area as of March 2018.
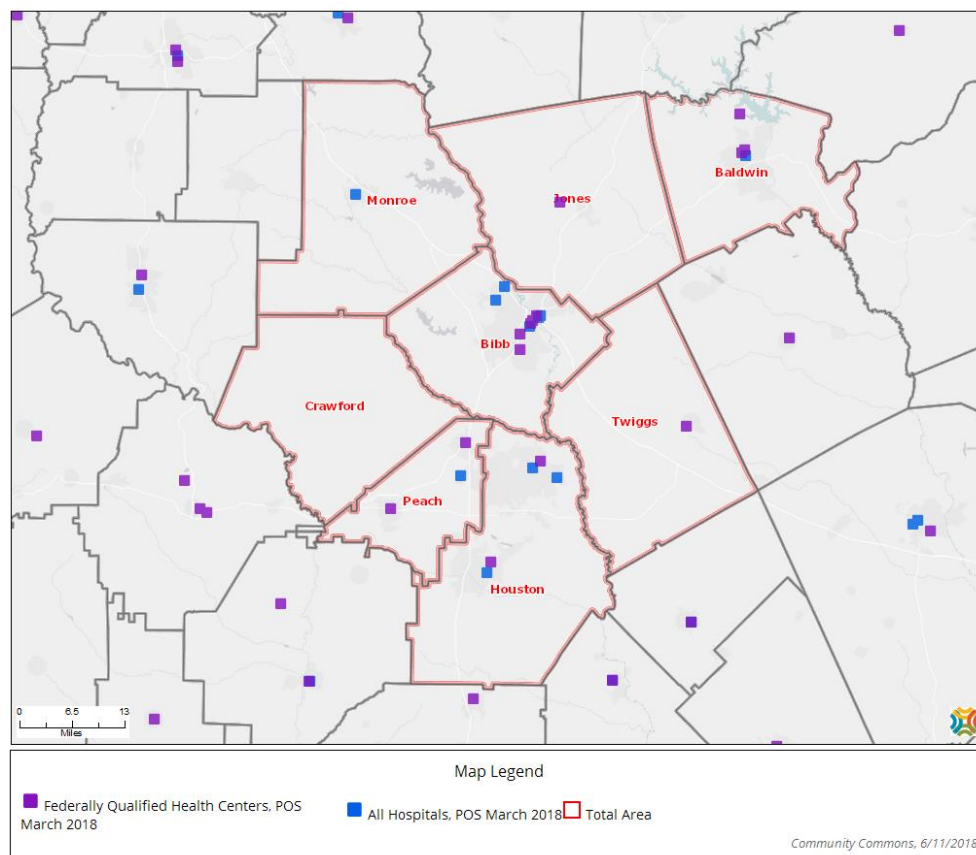
Key Informant Input: Collaboration

Participants spent time discussing the amount of collaboration occurring in their communities among nonprofit organizations, healthcare facilities, and law enforcement. The comments surrounding collaboration included:

- Varying levels
- Volunteerism
- Silos
- Ownership/Leader
- Faith-based organizations

Key informants describe that there are **varying levels** of collaboration occurring in the region. Many of the focus group respondents consider a culture of collaboration to exist within Baldwin County. Several feel there is excellent collaboration happening in the community between businesses, schools, nonprofits, and healthcare facilities. Baldwin County respondents indicate that great things are happening in their community.

> *I just wanted to add as far as collaboration, that as a school district, we have a lot of social service agencies that we work with, as well as business partners, and so we try to leverage the resources that we have in our community to meet the needs of our students. So I'm very proud of those collaborations that we have. – Baldwin County Participant*

> *I think sharing information with the school system, River Edge and Oconee Center, they're working together. I think the collaboration is working well. It's just communication, continue improving on that collaboration. But I think there are a wealth of resources and working together in the community. – Baldwin County Participant*

Baldwin County participants also believe the level of **volunteerism** is high within their community.

> *When I first started volunteering for Meals on Wheels, I assumed I would have to deliver once a week, and our volunteers deliver once a month, because we have so many. – Baldwin County Participant*

> *And speaking of volunteers, Georgia College is a blessing to us. I mean, more than I can tell you. They do – they just help us so much. Those kids do a great job. They're happy. They're enthusiastic. They talk to everybody. – Baldwin County Participant*

However, the regional focus group attendees feel that the current organizations working in healthcare are not good at partnering, and so they operate in **silos.**

> *In terms of resources connecting the medical community with the business community, education community, in a different way, I don't see that happening like I think it should to help us support the infrastructure. – Regional Healthcare Provider*

> *I think there are a lot of opportunities for us to really not work in silos in terms of professions and really come together to help. – Regional Healthcare Provider*

> *But in Bibb County, we've got so much stuff to support families and kids that we don't know how to control it. We don't know how to coordinate it. We don't know how to organize it. Nobody has ownership. – Regional Social Service Provider*

> *There's someone else that's doing the same thing. But they're not pulling everybody from the community that should be there. It's just the same people every time, and it needs to include some other people. – Baldwin County Participant*

However, many agencies want to collaborate and also coordinate.

> *I work in housing. We don't always think about the health aspect. We have partnerships with EOC, with the sheriff's department. We've got partnerships with investors. We've got partnerships with federal*

> *HUD. We've got partnerships with the county, the mayor, the commissioners. I mean on and on and on. But that seems to be a piece that frankly I haven't thought a whole lot about. And so maybe … and I'm glad we're all here because now let's form some partnerships. What can we do on the health piece of it? Because in my view at least that's missing. – Regional Community Leader*

Others feel strongly that the region has quite a few resources, though residents are not aware of them, and communication needs to improve. In addition, collaborative efforts lack an individual or organization to **lead** the joint effort, and this is prohibiting progress.

> *Everybody individually has these wonderful things going on, but there is no master plan that I'm aware of. – Regional Social Service Provider*
>
> *In Bibb County, we've got so much stuff to support families and kids that we don't know how to control it. We don't know how to coordinate it. We don't know how to organize it. Nobody has ownership. – Regional Social Service Provider*
>
> *We have resources. The flip side of that coin, however, is the resources that we do have are not well-communicated to people, and we have some duplication of resources, and so it makes the system very inefficient, and I think it's hard for the people that need the resources to know that they're out there and how they get there and that sort of thing. – Regional Healthcare Provider*
>
> *But I think we have a lot of pockets of things going on where individual organizations like Meals on Wheels are meeting a need in a fairly defined area, but yet maybe could do more if we marshaled our resources. We've got a lot of different organizations that are maybe trying to do the same thing, and what would happen if we brought some of those together under the same roof, and reduced administrative costs, and that type of thing? Maybe we could serve more people. – Baldwin County Participant*

Focus group participants feel that **faith-based organizations and churches** need to be leveraged and partnered with because they already have buy-in with their congregations/ communities.

> *The churches have a lot of power, and there's a lot to be said at the pulpit on Sunday. – Regional Community Leader*

Several focus groups also had conversation around social marketing and the need to leverage this type of opportunity for getting information out to the community.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Key Informant Focus Groups and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- *Coliseum Hospitals*
- *Community Health Care Systems*
- *Compassionate Care*
- *Daybreak*
- *Federally Qualified Health Centers*
- *First Choice*
- *Ft. Valley Feed Center*
- *Hospital*
- *Insurers*
- *Macon Volunteer Clinic*
- *Macon Youth Commission*
- *Macon Youth Development Center*
- *Navicent Health*
- *Oconee Center*
- *Private Doctors*
- *Rivers Edge Urgent Care*
- *Tendercare Clinic*
- *W.T. Andersen Clinic*

Arthritis, Osteoporosis, & Chronic Back Conditions

- *Community Healthcare Systems*
- *Compassionate Care*
- *Hospital*
- *Private Doctors*
- *Tendercare Clinic*

Cancer

- *American Cancer Society*
- *Cancer Center*
- *Community Healthcare Systems*
- *Compassionate Care*
- *Health Department*
- *Hospital*
- *Navicent Affiliate*
- *Private Doctors*

- *Social Security Administration*
- *Tendercare Clinic*

Child Abuse

- *Baldwin County Solicitor*
- *Bibb County Sherriff's Office*
- *Community Healthcare Systems*
- *Crescent House (Forensic Services)*
- *Crescent House*
- *Crisis Center*
- *Department of Justice*
- *Division of Family and Children Services*
- *Navicent Health*
- *Rescue Mission*
- *River Edge*

Diabetes

- *Baldwin Health Department*
- *Community Healthcare Systems*
- *Compassionate Care*
- *Daybreak*
- *Doctors*
- *Educare (HHC)*
- *First Choice Clinic*
- *FQHC Health Department*
- *Ft. Valley Feed Center*
- *Home Health Education*
- *Hospital-Based Education Classes*
- *Hospitals*
- *Live Healthy Baldwin*
- *Macon Volunteer Clinic*
- *Navicent Health*
- *Tendercare*

Family Planning

- *Baldwin County Health Department*
- *Community Healthcare Systems*
- *Crossroads Pregnancy Center*
- *Department of Public Health*

Division of Family and Children Services
FQHC Health Department
Macon Volunteer Clinic
Navicent Health
OB/GYN Groups
Rivers Edge
Teen Clinic

Hearing & Vision

Baldwin County Health Department
Community Healthcare Systems

Heart Disease & Stroke

American Heart Association
Community Healthcare Systems
Feed Center
Georgia College
Health Department
Home Health Education
Navicent Health Cardiovascular Center

HIV/AIDS

Community Healthcare Systems
FQHC Health Department
Hope Center
Macon Volunteer Clinic
Navicent Health
River's Edge Behavioral Health

Immunization & Infectious Diseases

Baldwin County Health Department
Community Healthcare Systems
FQHC Health Department
Macon Volunteer Clinic
Navicent Health

Infant & Child Health

Baldwin Schools
Community Healthcare Systems
Division of Family and Children Services
Family Advancement Ministries
Family Counseling Center of Central Georgia
First Choice
Health Department
Middle Georgia Community Food Bank
Navicent Health

Injury & Violence

Baldwin County Sheriff's Department
Community Healthcare Systems

DARE program
Georgia College Public Safety
Law Enforcement Center
Level 1 Trauma
Mentoring
Milledgeville Police
Navicent Health
Rescue Mission
River's Edge Behavioral Health
Training Programs

Kidney Disease

Community Healthcare Systems
Compassionate Care
Dialysis Center
First Choice
Hospital
Private Doctors
Tendercare Clinic

Mental Health

Coliseum Behavioral
Community Healthcare Systems
Crossroads Counseling
Family Counseling Center of Central Georgia
Family Life Center
Fort Valley State University County Extension
Local Hospitals
Oconee Center
Private Psychiatrists
River's Edge

Nutrition, Physical Activity, & Weight

Access to Medicine Foundation
Baldwin County Schools
Community Healthcare Systems
Fort Valley State University County Extension
FQHC Health Department
Georgia College
Live Healthy Baldwin
Macon Volunteer Clinic
Meals on Wheels of Baldwin County
Navicent Health
School Board programs

Oral Health

Community Healthcare Systems
Dentist Offices

Public Health Department
Volunteer Clinics

Respiratory Diseases

American Lung Association
Community Healthcare Systems
Home Health Education

Sexually Transmitted Diseases

Baldwin Health Department
Bibb County Health Department
Clinics
Community Healthcare Systems
Department of Public Health
Fort Valley State University County Extension
FQHC Health Department
Hope Center
Macon Volunteer Clinic
Navicent Health
Rivers Edge

Substance Abuse

Alcoholics Anonymous
Celebrate Recovery
Navicent Health
Oconee Center
Phoenix Center
Rescue Mission
Residential Treatment Centers
Rivers Edge (Crisis Unit)
Various Churches

Tobacco Use

American Cancer Society
American Lung Association
Georgia Quit Line

Appendix

Evaluation of Past Activities

Implementation Plan

2016 - 2018

Navicent Health
The Medical Center
Main Entrance
777

Selected Priorities
From 2015

Community

Health Needs Assessment
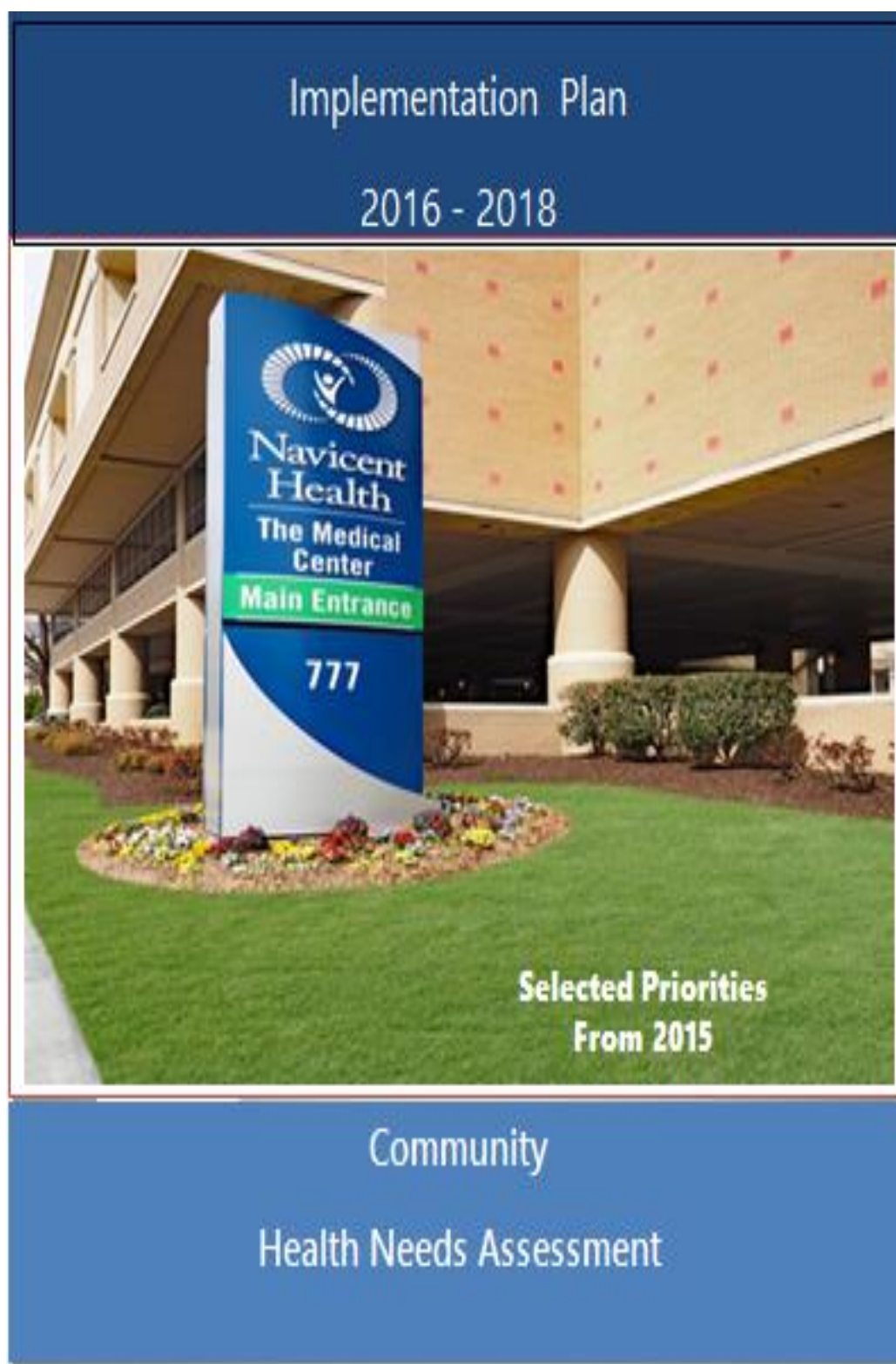
Introduction

The Medical Center of Central Georgia DBA Medical Center, Navicent Health (MCNH) located in Macon, Georgia is a not-for-profit, 637-bed, acute care, tertiary, regional and academic medical center serving Central Georgia (Macon/Bibb County and 28 surrounding counties). MCNH, a part of Navicent Health, is the second largest hospital in Georgia, the only designated Level I Trauma Center in the region and is one of 150 three-time designated Magnet® hospitals for nursing excellence nationwide. MCNH is accredited by Det Norske Veritas (DNV) and was selected as one of the 100 SafeCare Hospitals, Fit Friendly Workplace, best regional hospitals in the Coastal Plains region for 2013-2015 by U.S. News and World Report—ranked number three (3) of all the hospitals in Georgia, Becker's 100 Heart Programs in 2013.

The mission of MCNH is to enhance the health status of our community in partnership with our medical staff, our employees and community organizations. As such, our mission extends beyond our facilities and direct services to encompass the well-being of the communities we serve. The evolving and changing face of healthcare and meeting the healthcare needs of the people we serve require partners with joint destinies. MCNH is an organization dedicated to understanding the needs of our community and working cooperatively with others to meet these needs.

 In order to know and understand how our community can become a better place for all residents to live, work and play, the health needs of our communities must be assessed. There is no better way to do that than to ask our residents. MCNH conducted its community health needs assessment in 2015 to determine the health status, behaviors and needs of residents in Bibb, Houston, Peach, Jones, Twiggs, Crawford and Monroe Counties—the primary service area for MCNH with more than 70% of admissions to MCNH originating from this seven-county area. The Community Health Needs Assessment (CHNA) was completed through a random health survey of residents in these counties, by convening key community leaders and consulting existing data sources.

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2012, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Navicent Health. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness. The Community Health Needs Assessment will further serve as a strategic plan to develop and implement initiatives for the community MCNH serves to reach the at-risk citizens' needs. The CHNA has defined the following counties: Bibb, Houston, Peach, Jones, Twiggs, Monroe and Crawford Counties in central Georgia as the MCNH's primary service area (PSA).

After reviewing the Community Health Needs Assessment findings and the community stakeholders' prioritization of health needs, the MCNH Community Health Needs Assessment Team and the governing members of MCNH Board determined the health needs to be prioritized for implementation FY 2016-FY2018.

In consideration of the top health priorities identified through the Community Health Needs Assessment process and in overall alignment with the hospitals' mission, goals and strategic priorities, it was determined that the Medical Center, Navicent Health would

focus on developing, supporting and collaborating on the highlighted strategies and initiatives to improve:

★ Access to Healthcare Services	★ Cancer	Chronic Kidney Disease	Dementia	Diabetes
★ Heart Disease & Stroke	HIV/AIDS	★ Infant Health & Family Planning	★ Injury & Violence	Mental Health
★ Nutrition, Physical Activity & Weight	Potentially Disabling Conditions	★ Respiratory Diseases	★ Sexually Transmitted Diseases	Substance Abuse

The following criteria were established and used in the prioritization process:

- **Impact/Seriousness**: The degree to which the issue affects or exacerbates other quality of life and health related issues and the opportunities to improve risk factors affecting quality of life.
- **Collaboration:** The opportunities to work and partner with other community resources addressing like or similar issues to leverage resource utilization and enhance the number of persons served.
- **Feasibility:** The ability to reasonably impact the issue, given available resources.
- **Outcomes:** The ability to measure impact and determine results of interventional measures.

The Medical Center, Navicent Health (MCNH) has been a committed and involved community partner in Community Health Action Councils and Coalitions, Community Health Summits and Health Task Forces focused on planning for and improving the health of the residents in this community.

Collaborating and partnering with churches, retirement centers, colleges and universities, health care facilities, primary and secondary schools, businesses, voluntary health agencies, city and county governmental entities and public health organizations continues to be central and critical to achieving the mission of MCNH which is "to enhance the health status of our community in partnership with our medical staff, our employees and *community organizations".*

The areas of opportunity identified through the Community Health Needs Assessment (CHNA) and prioritized for implementation used as one of its key criteria, collaboration--opportunities to partner with other community resources addressing same or similar issues. Leveraging the collective resources in a community and aligning like or complimentary goals for improving the health of the community extend the breadth and depth of the services that can be delivered, the number of persons reached, and outcomes realized. There are several key partnerships actively addressing other areas of opportunity identified through the CHNA. It is important to note that prioritization considered the extensive work already being done in these areas by MCNH and others in the community.

Priority 1: To Improve Access to Healthcare Services

- To reduce potentially avoidable admissions.
- To increase extended periods of wellness, as well as maintenance services.
- To reduce the percentage of residents without on-going medical care from 24.1% to 20% in the primary service area. This sentence does not come off the tongue too well. Could it say instead: To reduce the percentage of residents without on-going medical care from……

While regionally, there are statistically enough primary care physicians to achieve the Healthily People 2020 goal of primary care access, the large proportion of those physicians practicing in academics and in Inpatient Only roles falsely elevates their perceived capacity. Access challenges exist across the Navicent Health total service area, as the access is especially difficult in lower income neighborhoods. Twenty-four percent (24%) of Central Georgia adults report not having a specific source of on-going medical care. In Bibb County alone, 43% reported that they experienced difficulties or delays of some kind in receiving needed healthcare in the past year in comparison to the total service area and the United States at 39.5% and 39.9% respectively.

Closely associated with this finding is the number of residents living below 200% of the Poverty Level which is 40.6% for the area and 47.5% in Bibb; nearly one in two Bibb residents. Even if low income residents qualify for a government sponsored insurance plan, they also have social determinants that impact their access to care with lack of transportation being key. Many private physician offices are not accepting Medicaid patients, and many have now limited their practice to new Medicare patients.

Navicent Health (then called Central Georgia Health System) operated two Neighborhood Health Centers in low income areas of Macon from 1996-2006. These Nurse Practitioner-staffed clinics served as the medical home for approximately 8,000 area residents providing basic primary and preventative care to Children and Adults including pre-natal care.

Originally, the CHNA action plan embarked on efforts to re-open two clinics and to focus on east Macon and South Macon.   However, after additional discussions with First Choice Primary Care (FCPC) the Bibb County FQHC (Federally Qualified Health Center), it was determined that partnering with them to open additional access points beyond the 3 they already operate in Bibb County would be more impactful. By mission, and with support from HRSA, FQHCs are committed to serve the under and un-insured populations. As of 2014, there was a deficit of 47 primary care physicians in the primary service area.

Navicent Health is providing enabling funds to FCPC to establish two additional access clinics.

The first site involved the incorporation of South Macon Family Medicine on South Houston Avenue.   This is the practice of a private Family Medicine physician who is planning to scale back his practice and ultimately retire within the next few years.   He is the only private practice in this zip code and has a large panel of patients in his practice, many of whom literally walk to his office.   FCPC has employed this physician and added additional mid-level providers so additional patients can use this site as their

Medical Home, FCPC's current patients and new patients from the south Macon area now have the convenience of this location and eliminated transportation barriers for a number of patients. This clinic transitioned to FCPC in March 2017.

The second site will be a clinic site to be located in the Curtis Raines Senior Health Center (CRSHC) and involves a partnership of Navicent Health, FCPC, the Curtis Raines Senior Foundation and Community Health Services of Georgia (CHofG). The CRSHC is the former site of the Bel Arbor Nursing Home and has been vacant for the last 4 years. In addition to the primary care FCPC will offer in the site, the Health Center envisions wellness services, dental services and behavioral health. The location is ideal as there is no other private physician within a 4-mile radius and the neighborhood includes high density senior housing and many low-income households.

Navicent will again provide enabling funds to FCPC to open and equip this clinic site and will provide a separate grant for the general renovations of the building to allow a primary care clinic to be established. A specific opening time line is being worked on by all the partners, but a projected opening date is still pending.

Navicent Health will also place one of our Healthy Community Case Managers at the Raines Center and his/her role will be to establish the Community Health Coach Program. This program will involve members of the Bellevue Neighborhood who will be recruited and trained to by "lay health coaches" and make home visits to area residents to encourage healthy behaviors and monitor their health conditions before they decline to the point of needing to be seen in an emergency room. Let's consider leaving this paragraph out and/or addressing this in the Tindall Fields Transformational Committee.

Navicent Health understands providing care locally is paramount to customer engagement especially in light of the CHNA findings of access issues, high-age adjusted death rate for preventative conditions, and health-risk factors. Supporting the Raines Community center in an area at high-risk of health outcome disparities will better position NH to positively impact these outcomes. Given the lack of mental health resources in our primary service area and the high-depression rates noted in the CHNA, focusing on extending periods of mental wellness is equally

important to physical wellness. Behavioral supportive services are planned to be provided in the clinic by advanced practice nurses and physicians.

Tower Medicine/Access to Healthcare – Older Adults

The Central Georgia region has a disproportionate population of older adults, especially in the rural counties. A sizeable number of retirees come from Warner Robins (Houston County) military base, but there is also an effect of the younger population moving out and older adults moving back to be near family. Older adults have more health issues and require more healthcare services than the younger population. The older population (65 years and older) of the Central Georgia is 19.5% who do not have a specific source of medical care. Approximately 9% reported difficulty accessing transportation to medical care facilities.
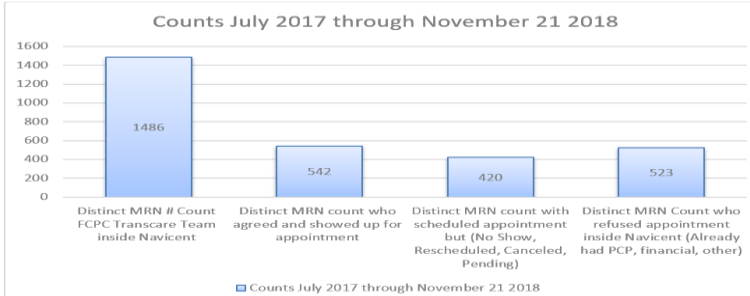
Our focus will be to provide education, health screenings and case management services to residents of Bibb County Senior Living Towers allowing these customers access where they live. The strategic objective is to focus on potentially avoidable admissions and extended periods of wellness, as well as maintenance services (i.e., home health therapy) using Healthy Communities Case Managers.

Tindall Fields Transformational Community

The Macon Housing Authority (MHA) undertook a significant project in late 2016 for the redevelopment of Tindall Fields public housing. The residents had been relocated into other MHA properties and the 1950's apartments were demolished. MHA had plans to apply to the State Department of Community Affairs (DCA) for Low Income Housing Credits as part of the project. To succeed, MHA needed to write a plan for a "Transformational Community" and the plan had to address four key aspects: (1) Employment; (2) Education; (3) Transportation and (4) Healthcare. Navicent Health along with First Choice Primary Care and Mercer Medicine developed the plan for healthcare using feedback from surveys of area residents and the residents who were displaced from Tindall Fields prior to the demolition.

MHA prevailed in receiving the DCA award and was the highest ranked application in the State of Georgia for the 2017 Grants.   Navicent Health is already serving the Tindall Fields Senior Tower and will place a Community Health Coordinator in the second phase of Tindall Fields. This Coordinator will assist all residents navigate to needed healthcare services and will also recruit and train lay "Health Coaches" to connect will all citizens in Tindall Fields, Felton Homes and the Anthony Road neighborhood.

Priority 1: To Improve Access to Healthcare Services	Impact from plan 2016-2018
To reduce lack of access to healthcare services.	Provided enabling funds to First Choice Primary Care (FCPC) to maintain the practice of the South Macon Family Medicine on South Houston Avenue since this is the only primary care practice in this neighborhood.
To increase extended periods of wellness, as well as maintenance services.	Provided enabling funds to FCPC to start a clinic in the Curtis Raines, Sr. Health Center in a partnership with Navicent Health, the Curtis Raines, Sr. foundation and the Community Health Services of Georgia. Although the goal was for the site to open in 2017, delays in other funding have moved the timeline to Spring 2019.
To reduce the rate of "lack of on-going medical care" from 24.1% to 20% in the primary service area.	Many patients in NH's population do not have a primary care physician to transfer the care to when the patients are discharged home. Patients going home without a PCP may be readmitted to the hospital because they did not have the opportunity to follow-up in seven days after discharge. NH recognized that this need was imperative to keep patients healthy and not returning to the hospital, thus partnered with First Choice Primary (FQHC) to provide the services of a PCP. Two members of the First-Choice Primary team meets with patients to offer their services as a primary care service; the patient makes the final decision on following-up with the First Choice Primary Services. **FIRST CHOICE PRIMARY CARE** *Middle Georgia's Community Health Center* Counts July 2017 through November 21 2018 1486 — Distinct MRN # Count FCPC Transcare Team inside Navicent 542 — Distinct MRN count who agreed and showed up for appointment 420 — Distinct MRN count with scheduled appointment but (No Show, Rescheduled, Canceled, Pending) 523 — Distinct MRN Count who refused appointment inside Navicent (Already had PCP, financial, other) ☐ Counts July 2017 through November 21 2018
	Education, health screenings and case management services were provided to the approximately 445 Bibb County Senior citizens at various locations including the living in the Bibb County Senior Living Towers. Approximately 1451 seniors participated in health promotion classes ranging from topics such as HIV/AIDS, Arthritis, prostate cancer, stress reduction, smoking cessation, prevention of heart disease, diabetes, senior health and wellness, etc.
	Despite our efforts discussed in this report to reduce the rate, "lack of on-going medical care" from 24.1% to 20%, this goal was not met due to constraints because of changes in requirements for the Affordable Care Act relating to access. One major constraint was the Georgia legislature voted to not expand Medicaid which if passed would have provided the opportunity of access to medical care for many Georgians below the poverty level of 200%.

Priority 2: To promote, advocate and facilitate improved health status in this community by identifying and addressing gaps in services for adults.

- To reduce potentially avoidable admissions and readmissions
- To increase extended periods of wellness as well maintenance services

Palliative Care Counseling Program for Heart Failure/Heart Disease

 Heart disease is the leading cause of death in the United States. Heart disease and stroke are the most widespread and costly health problems facing the nation today accounting than $500 billion in healthcare expenditures and related expenses in 2010 alone. Heart disease (heart failure) is the #1 leading cause of death in Navicent Health's primary service area. Between 2011 and 2013, there was an average age-adjusted heart disease rate of 213.7 deaths per 100,000. These statistics fared worse than the Georgia's rate as well as the national rate. This rate fails to satisfy the Healthy People 2020 target of 156.9 per 100,000 or lower as adjusted to account for all diseases of the heart. Focus group participants ranked heart disease as a "major problem".

In fiscal year 2015, there were over 1,200 admissions to Medical Center, Navicent Health and data revealed an obvious disparity in the age mix of Black and White patients with disparity Blacks being both younger and sicker related to more comorbidity. Over 90% of the admissions under the age of 50 years are Blacks. The mortality of heart failure is determined more by the presence of the condition than by age, so a disparity in age adjusted mortality is strongly suspected. Navicent Health will focus on the presence and the severity of this disease with the plan to design and implement a palliative care project around heart failure. Palliative Care Counselors will provide services to individuals who have later stages of Heart Failure through inpatient and home visits. The focus will be to increase the understanding of the severity of the illness and taking an active role in managing the Patient's own illness. The counselor will be using motivational interviewing; developing a stronger support system and initiating advance care planning. Through this program, morbidity, readmission and mortality will be reduced among this population.

Community Education and Services for Chronic Obstructive Pulmonary Disease

The prevalence of tobacco use (% of current smokers) is 17.3 % in our PSA compared to 18.8% for Georgia and 14.9% for the US. Cigarette smoking is the most common cause of chronic obstructive pulmonary disease (COPD) and quitting smoking is the best way to avoid developing COPD. Community education programs about COPD and risk factors such as tobacco use will be offered in counties throughout the primary service area. A COPD Disease

Management Program will also be offered for patients diagnosed with COPD who are smokers and have chosen to quit smoking to improve their health and well-being. Participants will be chosen form patients readmitted with COPD exacerbations identified through MCNH Cardiopulmonary Rehab, Navicent Health and Respiratory Service Staff and must be MD referred. The program will be facilitated by Heartworks staff. COPD patients will be referred to Home Health, Navicent Health for home monitoring and continued follow-up and management. Home Health, Navicent will be involved in the community education programs on chronic obstructive pulmonary disease and risk factors for COPD.

Faith-Based Outreach Program

The Faith Based Outreach Program will serve as an intermediary between the faith and health communities. The church-based nurse or allied health worker will provide educational programs to the church members and provide selected screenings. The program will assist the church to improve social support and social networking that will encourage healthy behaviors. This will lead to improved health in that church community as the church members begin to take an active role in managing their own health. Sixty-five percent (65%) of respondents in the 2015 CHNA report they attended a church service within the last month, so contacting Central Georgians through their churches is an excellent point of contact. The goals for FY 2017 and 2018 are to establish two Faith Based Programs in predominately African American churches.

MedLaw Program – Medical Legal Partnership (MLP)

A substantial number of patients in central Georgia face significant obstacles to their total wellness; an estimated 40% of health outcomes are shaped not by genetics or bad habits but by powerful socioeconomic factors, namely income, education, and employment. One of every six people lives in the low-income range, and every low-income person in that group has 2-3 unmet legal needs. Left unresolved, these legal issues negate the work of the medical team and set patients back in treatment and management of their conditions.

REFERRALS	
Dates	#of referrals
October 2016 – March 2017	50
April 2017–September 2017	92
October 2017 – March 2018	73
April 2018 – August 2018	76

OPENED LEGAL CASES	
Dates	# of opened cases
October 2016 – March 2017	29
April 2017–September 2017	36
October 2017 – March 2018	38
April 2018 – August 2018	37

MERCER LAW INTERNS	
Semester	# of interns
Spring 2017	2
Summer 2017	2
Fall 2017	1
Spring 2018	1
Summer 2018	1
Fall 2018	2

Cancer Resource Navigator Program

The Cancer Life Center works very closely with CHW, the local partner for the Georgia Cancer Coalition. The Cancer Life Center partners extensively with the Bibb County American Cancer Society (ACS) for community education, patient navigation, prevention and screening activities. ACS works in collaboration with Navicent Health, Cancer Life Center to provide a cancer resource navigator that supports the underserved population of this region.

Cancer Well Fit

The Cancer WellFit project has numerous community partners including ACS, Susan G. Komen Breast Cancer Foundation, Medcen Community Health Foundation, H.E.A.T. (Health Employees Achieving Tomorrow), MCNH Retirees and Auxiliary making it possible to provide this exercise, education and support program to oncology patients at no cost to any Central Georgia citizen diagnosed with cancer.

Priority 2: To promote, advocate, and facilitate improved health status in this community by identifying and addressing gaps in services for adults.	Impact from plan 2016-2018
To reduce potentially avoidable	Palliative care counselors provided services to individuals diagnosed with later stages of Heart Failure through inpatient and home visits.

admissions and readmissions.

To increase extended periods of wellness and maintenance services.

Decrease in Avoidable Admissions
Advanced Illness Program
Healthy Communities
2017

Studied Sample of 57 patients out of total 359 (16%)
Average decrease in # Hospitalizations = .9
359 x .9 = 323 visits avoided
Avg Cost of these visits $6,436 X 359 =
$2 million Savings and potential for 323 patients in 2017

$2 Million Savings

323 New Patient Capacity
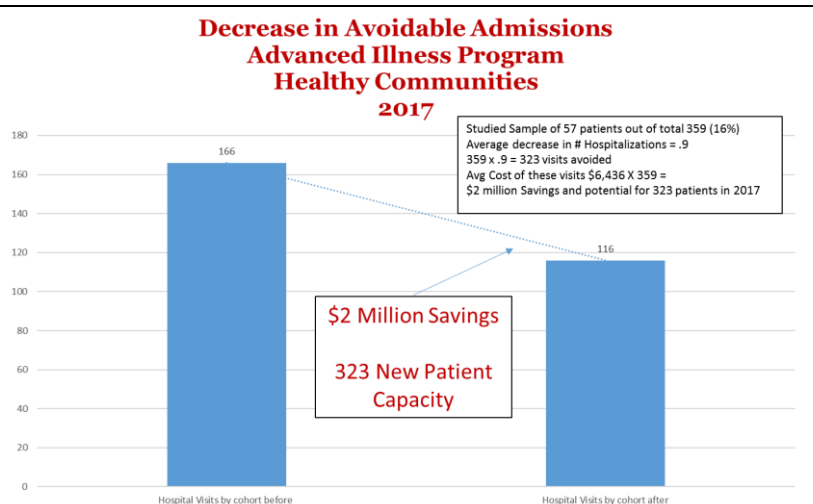
The Pulmonary Rehab program provided the *Breathe Easy* program which incorporates exercise and education and is designed for patients with less disease acuity; the services were offered three times a week.

Breathe Easy

	2016	**2017**
Patient Visits	409	322
New Patients	18	20

- Quality of life scores: +14.5% and Functional capacity improvement: +98.5%
- Smoking cessation participants in 2016 was 14 and program moved to oncology in 2017.
- In 2017, the Peyton Anderson Cancer Center provided Smoking Cessation 101; classes are held monthly on the 2nd and 4th Tuesday. Participants for this service in Spring 2017 was 6.

Faith-Based Programs

- The goal was to establish two (2) Faith-based programs in predominately African American (AA) churches; one (1) faith-based program was initiated in a Macon AA church.
- The second initiative provided faith-based churches with a toolkit with information on diabetes, cardiovascular disease and nutrition; approximately 50 toolkits were disbursed to churches.

Interpretative Services:

- Recording Audio and Audio/Visual Interpreting provided by DT Interpreting

Calendar Year	Client Contacts	Interpreting Services provided (hours)
2016	577	110.5
2017	2,717	354.7
2018 (to 10.30.18)	2,617	427.9

Note: These data points do not include face-to-face interpreting by on-site interpreters.

Priority 3: To Promote, advocate and facilitate improved health status in this community by identifying and addressing gaps in services for Infants, Children and Families.

- To increase knowledge of chronic diseases
- To increase extended periods of wellness and maintenance
- To decrease childhood and infant mortality

Pediatric Educational Program for Asthma

Asthma is a significant public health burden. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health. In The Medical Center Navicent Health's primary service area, children under the age of 18, 4.4% currently have asthma of which 5.3% of the total service area lives in Bibb County. The prevalence of asthma for this age group has increased significantly over time. Sixteen percent (16%) of the focus group participants perceived that childhood asthma is a "moderate" problem. Significant disparities in asthma morbidity and mortality exist. The populations with higher rates of asthma include boys (among children), Blacks, and people living below the Federal poverty level. One issue that has been identified in MCNH's primary service area is pediatric patients are staying in the "Yellow Zone" too long without seeking medical advice related to lack of awareness by families of the gravity of the disease. MCNH is focused on providing appropriate education on the Asthma Action Plan for pediatric patients and parents at the Children Health Center. Another focus is to reinforce home monitoring by implementing a school nurse-monitoring program in Bibb County with the goal of early recognition of illness leads to early interventions.

Nutrition, Physical Activity and Weight Program for Children

In partnership with The Wellness Center, a 12-month program which includes an intensive nutrition and fitness camp will be held for 20-30 children who fall in the category of 91st-95th percentile in weight for their age group. The program will target children 8-11 years of age. The percentage of children ages 5-17 who spent more than 3 hours per day watching television and using computers (screen time) was 61.4% as compared to 43.4% for the US. Also, more than 25% of children in this age group are overweight. The goals for Children's Hospital Simmer Day Camp are:
1. Provide a four-part (4) Nutrition Education Series entitled "Eating Healthy on A Budget".
2. Provide 40 hours of exercise and movement to offset sedentary lifestyles.
3. Provide 20 hours of Anti-Bullying and Bullying Prevention.
4. Increase performance by 20% - President's Fitness Test (pre/post-tests).

Bo's Camp
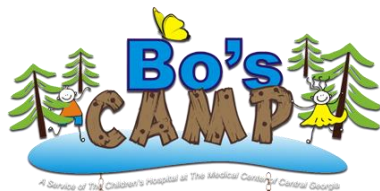
Bo's Camp is a weekend bereavement camp for children and their parents or guardians held at Hephzibah Children's Home in Macon, GA. It is a free camp held annually the last weekend in September. This year's camp dates were September 23rd-25th, 2016.

Children's Hospital, Navicent Health has an active palliative care program called HUGS (Helping Understanding Guiding & Support) which provides support and care for children and their families with chronic medical conditions or life limiting illnesses. Bo's Camp is an outreach service of this program.

The camp name and the spirit of Bo's Camp are based upon the many lives of children and loved ones that have gone too soon. It is because of children like Bo and others that camp fulfills a mission and a need in our region. Bo's Camp offers a safe place for campers to explore their feelings and share experiences with others their age in a professional, compassionate and family-centered environment that will assist in the healing process. Our mission is to offer hope for brighter tomorrows.

Community Outreach and Injury Prevention Initiatives

In general, our community outreach and injury prevention initiatives include a wide range of activities aimed at reducing risks or threats to health. These activities can be grouped into one of three categories: 1- Primary prevention seeks to totally eliminate the injury incident from occurring. 2- Secondary prevention minimizes the severity of injuries that occur during incidents that cannot be primarily prevented. 3- Tertiary prevention involves efforts following the incident that will optimize the outcome from injury, regardless of injury severity. A comprehensive injury prevention and outreach program seeks to address one or more categories of injury prevention as any single approach to injury prevention may be ineffective. The multi-faceted approach utilizes by Trauma Services is designed to reduce the occurrence of injuries as well as reduce the morbidity and mortality of injuries once they occur.

> *Georgia Teens Ride with P.R.I.D.E.* (Parents Reducing Injuries and Driver Error) program was created by the Georgia Traffic Injury Prevention Institute (GTIPI) in an effort to reduce the high number of crashes, injuries and fatalities involving teen drivers in our state. The Georgia Teens Ride with P.R.I.D.E. program is a National Awarded-Winning Program supported by a grant from the Governor's Office of Highway Safety. Program consist of a 2-hour course for teens and parents that addresses driver's attitude, knowledge and behavior. The program is also supported by the Nations Highway Traffic Safety Administration (NHTSA), Georgia Department of Driver's Services and the Georgia State Patrol. Navicent partnered with GTIPI and number area law enforcement agencies to conduct local P.R.I.D.E. offerings. Navicent has both hosted and participated in the delivery of this offering.

Raiders United Promise Center

Navicent Health with United Way as a primary partner has submitted a Federal Grant application to open a Promise Center called Raiders United. It will be located in the North East High School, Appling Middle School, and three elementary schools in the East Macon school zone. We plan to work with First Choice Primary Care (FQHC), Mercer School of Medicine, Bibb County Health Department and other partners to provide school-based clinic programs that will focus around teenage services. The goals include reduction in teenage pregnancy rates and associated conditions, such as, low birth weights, premature infants and sexually transmitted diseases. The Promise Center will provide services for teenagers, adolescents and their families to address the social determinants that prevent them from

healthy living. A pledge has been made for Navicent Health to donate a Neonatal Transport Ambulance that will be renovated with the grant funds to serve as a Mobile Health Clinic throughout east Macon where Raiders United is focused. A grant application was submitted for this project; however, the grant was not approved.

Priority 3: To promote advocate and facilitate improved health status in this community by identifying and addressing gasp in services for Infants, Children and Families.	Impact from plan 2016-2018
To increase knowledge of chronic diseases To increase extended periods of wellness and maintenance To decrease childhood and infant mortality	Provided appropriate patient education on the Asthma Action Plan for pediatric patients and parents at the Children Health Center and extension educational *Pediatric Asthma Camp* which lasts one day. The Asthma Camp was held on June 11, 2016, June 10, 2017 and June 9, 2018.

Year	Kids (campers)	Adults (caregivers)	Total
2016	17	19	36
2017	7	9	16
2018	19	14	33
Total	43	42	85

In partnership with the Wellness Center, the *Summer Camp fun n' fit program* provided four weeks of exercise, education and exploration. Activities included local and non-local field trips, various group fitness, marital arts, nutrition, arts, crafts, swimming and lots of fun. The campers received specific information regarding prevention and interactions of chronic diseases as well as an hour of anti-bullying and bullying prevention. Parents received education and resource materials with practical suggestions for better health.

Year	Kids (campers) served	Elevated BMI	Chronic health conditions
2016	63	37	9
2017	62	14	9
2018	58	12	
Total	183	63	18

Helping Understanding Guiding & Support (HUGS) is an active palliative care support program for children who experience chronic conditions and their families.

Year	Children and Families Served
2016	225
2017	269
2018	242

In outpatient, Pediatric Palliative Care Services provided care to an average of 31 families per year (2015 -2018).

Priority 3: To promote advocate and facilitate improved health status in this community by identifying and addressing gasp in services for Infants, Children and Families.	Impact from plan 2016-2018
	Community outreach initiatives included various activities aimed at reducing risks or threats to health including hosting and participation; however, the *Georgia Teens Ride with P.R.I.D.E.* (Parents Reducing Injuries and Driver Error) was not conducted due to lack of funding from the State of Georgia. The Raider's United Promise Center was not opened as planned as the federal grant not approved. However, discussions between NH and First Choice Primary Care (FQHC) are ongoing for the possibility of opening a Health clinic when the Appling Middle School and Northeast High schools are combined on one campus.

Health Priorities Not Chosen for Action

Health Priorities Not Chosen for Action	Reason
Cancer	The Medical Center feels efforts already exist to provide access to health services, early detection of cancer and community education about cancer prevention (via the Cancer Life Center, Central Georgia Breast Center and community health fairs). Limited resources excluded cancer-specific initiatives as an area chosen for action at this time.
Chronic Kidney Disease	The Medical Center feels that more pressing health needs exist in the community. Limited resources and lower priority excluded this as an area chosen for action.
HIV/AIDS	The Medical Center believes that this priority area falls more within the purview of the county health department, The Hope Center, and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.
Potentially Disabling Conditions	The Wellness Center at Navicent Health offers reasonable cost for membership and access to many club activities including Silver Sneakers, Aqua Zumba and Aqua Fitness. Limited resources and lower priority excluded this as an area chosen for action.
Dementia, Including Alzheimer's Disease	The Medical Center believes that this priority area falls more within the purview of the county health department and other community organizations (River Edge Behavioral Health Center, HODAC and Lake Bridge Behavioral Center). Limited resources and lower priority excluded this as an area chosen for action.
Mental Health and Substance Abuse	The Medical Center believes that this priority area falls more within the purview of the county health department and other community organizations (River Edge Behavioral Health Center, HODAC and Lake Bridge Behavioral Center). Limited resources and lower priority excluded this as an area chosen for action.

Summary and Going Forward

The priorities that are listed in this plan are not all inclusive of the many services and efforts Navicent Health offers each year to improve the health status of the communities we serve. It is a dynamic process where we will continue to add strategies as needs arise. In the past three years, Creating Healthy Communities became one of the four pillars of Navicent Health. The previous work that had been done around population health was expanded and a new department, Healthy Communities, was formed to provide services in Care Coordination in Advance Illness, Community Education through outreach into specific neighborhoods where inequities of access to care was identified and a nursing program to address disease specific education. The work that has been done led to the AHA National Award for Health Equity. Navicent Health has formed several partnerships with County Government, Public Health, Educational and Housing organizations, Non-Profits and others to improve the health status in all of Central Georgia. (*See Appendix A for The American Hospital Association Equity of Care Award*).

For Immediate Release

Contacts:

Arika Trim, (202) 626-2319 atrim@aha.org

Marie Johnson, (202) 626-2351 mjohnson@aha.org

Megan Allen, (478) 550-4380 allen.megan@navicenthealth.org

American Hospital Association Recognizes Navicent Health with 2018 Equity of Care Award
Four Health Systems Recognized as Honorees

WASHINGTON (July 19, 2018) – The American Hospital Association (AHA) today announced that **Navicent Health** of Macon, Ga. will receive the 2018 AHA Equity of Care Award. The award recognizes hospitals and health systems for their efforts to reduce health care disparities, and advance diversity and inclusion to support the goals of the National Call to Action to Eliminate Health Disparities, of which the AHA is a founder. In addition, **Rush University Medical Center**, Chicago, Ill.; **Atrium Health**, Charlotte, N.C.; **Regional Health,** Rapid City, S.D.; and **Cone Health**, Greensboro, N.C. will be recognized as honorees. The award will be presented July 27 at the AHA Leadership Summit in San Diego.

"Every day, hospitals and health systems strive to be leaders, innovators, and connectors in their communities, within their leadership and staff, and across the field," **said AHA President and CEO Rick Pollack.** "This year's Equity of Care winner and honorees are pushing the field forward in diversity, inclusion, and health equity. They have demonstrated that hospitals and health systems are committed to understanding the social determinants of health within their communities, and are on the frontlines of bridging the gaps of equity within the field."

The AHA Equity of Care Award is awarded annually and was created to recognize outstanding efforts among hospitals and health care systems to advance equity of care to all patients, and to spread lessons learned and progress toward achieving health equity. Applicants from across the country showcased measurable improvement in the performance of equity, diversity and inclusion within the hospital, health system or community, and provided clear models for the field.

Since committing to AHA's Equity 123 pledge in 2015, Navicent Health has taken measurable steps to improve diversity, inclusion and health equity and has demonstrated comprehensive gains in addressing the health disparities in the community it serves. During fiscal year 2014-2015, Navicent Health made a commitment to document health outcomes by evaluating race, ethnicity, and language (REaL) preference data collected at the time of admission in patients with certain conditions.

As a result, programs were created to help influence social determinants of health and improve condition-specific access to clinics for diabetes, heart failure and chronic obstructive pulmonary disease (COPD). Since then, Navicent Health has resolved readmission health disparities among African American patients with COPD, heart failure,

and diabetes, as well as health disparities among females with diabetes. In addition, it is improving the overall readmission disparity among African Americans.

"We are thrilled at all that our Healthy Communities program has accomplished in such a brief time frame. We are taking measurable steps to improve the health of individuals, minimizing disparities and ensuring equity for all. Recognition from AHA is a testament to the work taking place at Navicent Health each day. We are humbled by this recognition, and grateful to serve our community," said Dr. Ninfa M. Saunders, FACHE, President and CEO of Navicent Health.

Navicent Health's dedication to health equity also resulted in the development of a cultural competency and engagement program, which supported patients, employees, associates, physicians, vendors and other partners in 2017. In addition, the Navicent Health Board follows a competency-based performance guide in recruitment, selection and re-appointment of board members. Each year, Navicent Health uses an assessment to identify gaps and opportunities in talent and diversity on the board. Since implementing this tool, diverse board membership and board committee leadership increased to 35.3 percent and 41.6 percent, respectively in 2018.

Navicent Health is also committed to conducting a Community Health Needs Assessment every three years, which identifies health disparities in its service area. One of the focus areas from the 2015 survey was access to care, due to the limited number of physicians working with Medicare, Medicaid and vulnerable populations. Navicent Health addressed this challenge by giving initial funding to assist Macon-Bibb County's Federally Qualified Health Center in expanding into new areas of Bibb County, augmenting gaps in services to other clinics and by developing new access points through community partnerships with government, civic, recreational and educational establishments and religious organizations.

Highlights of the Equity of Care Award Honorees

Atrium Health – Charlotte, N.C.

Atrium Health achieved collection of 90 percent of race, ethnicity, and language preference data, and created an electronic scorecard, which is available to leaders across the system.

The electronic scorecard includes selected population health, quality and clinical outcome measures along with teammate and patient experience data. The tool arranges the REaL data across dimensions of race/ethnicity, and gender and location, allowing organization leaders to identify gaps in outcomes across populations and attain more targeted interventions.

Cone Health – Greensboro, N.C.

To better serve its communities, Cone Health formed a data analytics team that provides strategic support for not only collecting REaL data but also for designing interventions to address disparities and improve care. In the fall of 2017, the network adopted a new strategic priority prompting the team to take a system approach to equity. Cone Health's CEO commissioned its leadership team to take unconscious bias training. Having better understood the value and need for this awareness, Cone Health extended the training to its directors, and the training is now being developed to engage frontline staff. The unconscious bias training will be added to a number of already developed health equity trainings focused on issues such as cultural competency and cultural humility.

Regional Health –Rapid City, S.D.

In 2016, Regional Health launched a system wide effort to create awareness focused on cultural competency education within a 12-month period. As a result, 60 percent of

caregivers participated in face-to-face training. This included special sessions created for medical staff. In 2017, this training was extended to all new caregivers on their first-day orientation. In 2018 an additional session was included on their 90th-day follow-up orientation. Regional Health also developed a job shadowing program for Native American students and organizations focused on eliminating social and economic disparities. In addition, Regional Health has consciously worked to diversify the members of its board governance. The System increased racial diversity on its board from zero percent to a current 15 percent.

Rush University Medical Center – Chicago, Ill.

Since 2007, Rush has shown dedicated commitment — with sustained growth and performance — to address diversity, inclusion and health equity. In 2017, Rush led the formation of West Side United, a collaborative comprised of residents, health care organizations, businesses, government agencies and community organizations with the goal of reducing by half the 16-year life expectancy gap in half among Chicago's West Side and the Loop by 2030. Using a strategy of hiring, buying and sourcing, investing, and volunteering locally, Rush is committing to hire more than 1,000 employees and investing $2 million annually in the West Side over three years.

About the American Hospital Association
The AHA is a not-for-profit association of health care provider organizations and individuals that are committed to the health improvement of their communities. The AHA is the national advocate for its members, which include nearly 5,000 hospitals, health care systems, networks, other providers of care and 43,000 individual members. Founded in 1898, the AHA provides education for health care leaders and is a source of information on health care issues and trends. For more information, visit the AHA website at www.aha.org.

About Navicent Health
Navicent Health was incorporated on November 17, 1994, as a nonprofit corporation whose primary purpose is to coordinate The Medical Center, Navicent Health and other affiliated entities in their mission of providing a comprehensive continuum of high quality, reasonably priced healthcare services to the region. Navicent Health has 970 beds for medical, surgical, rehabilitation and hospice purposes. The health system includes The Medical Center, Navicent Health, a nationally recognized tertiary teaching hospital; Beverly Knight Olson Children's Hospital, Navicent Health, the region's only dedicated pediatric hospital; Navicent Health Baldwin and Medical Center of Peach County, Navicent Health, both rural hospitals; Rehabilitation Hospital, Navicent Health, the region's oldest and most experienced rehabilitation provider; Pine Pointe, Navicent Health, which provides palliative and hospice care in homes and in its facility; Carlyle Place, Navicent Health, the area's first continuing care retirement community; Navicent Health Foundation, the philanthropic arm of Navicent Health; as well as diagnostic and home care services. For more information, please visit www.navicenthealth.org.

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